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Introduction

There are many public health coalitions in New Jersey. The state is not unusual in this respect. Public health coalitions are a common approach used in efforts to improve health outcomes. This report was prepared for the Walter Rand Institute of Rutgers University with the goal of shedding light on the use of this organizing strategy to impact the public’s health, specifically in South Jersey.¹

The project was initiated as a broad effort to learn more about public health in South Jersey. In the course of trying to narrow the focus down, the decision was made to focus on South Jersey public health coalitions. The goal of the project was to gather data on their missions, goals and strategies, accomplishments and impact on health outcomes. Over the course of several months, it became clear that the goal of the project needed to be further reframed given the timeframe and resources available for the project.

This report therefore provides a summary of some key findings from the literature on coalitions, in particular, what makes them effective and how effectiveness can be measured. It also highlights research findings on some of the methodological challenges in measuring effectiveness. The report then provides summary information on a sample of the more prominent public health coalitions in South Jersey, including their missions, goals and strategies, and geographic reach. This compilation is by no means exhaustive. The coalitions included here were identified through an iterative process that began with discussions with government officials, and then representatives of several coalitions and—in the process—identified other coalitions prominent in South Jersey which were then included. Several coalitions were identified through a search of the internet using search terms such as “NJ health coalitions.”

In order to be able to suggest where the goals of coalitions in South Jersey match trends in key health indicators and identified priorities for the region, a review was conducted of some of the available data on key public health indicators for South Jersey, as well as health priorities that have been established through the community health assessment processes in South Jersey. The report provides a summary of this available data, including the County Health Reports, as well as the priorities identified from the seven county community health assessments.

The report also provides anecdotal information gathered through interviews with a small sample of local leaders of some of the coalitions in South Jersey as well as findings from an online survey conducted with a small, non-random sample of representatives of these coalitions. In both approaches, participants were asked about the accomplishments of their coalitions and their perceptions of its impact on public health.

Because this study focuses on South Jersey, the term “community” is used here to refer to individuals and groups with a common purpose or interest because of their geographic location in close proximity to each other. For purposes of this study, the common purpose was defined as promoting the health of populations in geographically proximate communities in South Jersey. Their shared perception of a common place helps define them as a community.²

There exists a significant body of research on coalitions in general—studies that have attempted to identify key factors that make them work and research looking at whether they are an effective way to accomplish social change. A brief review of some of this literature was conducted in order to learn more about the structure and workings of coalitions in general, as well as their strengths, weaknesses and challenges. In 2011, the California Endowment funded a report What Makes an Effective Coalition? This report provides a concise summary of much of this literature.³ In addition, Roussos and Fawcett⁴ examined the use of coalitions as a strategy for improving health at different levels. Presented in Section 2 are some key findings from both studies as well as others.

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2. ABOUT COALITIONS

About Coalitions

A coalition is “an organization or organizations whose members commit to an agreed on purpose and shared decision making to influence an external institution or target, while each member organization maintains its own autonomy.”

Coalitions have become a central component of efforts to improve community health, working to create systems change with scarce resources. At the local level, citizens and organizations early on learned the importance of organizing around key health issues. The early sanitation and labor movements found that in coalescing they were able to make important health improvements in communities and the workplace. These lessons were carried forward and used to make specific advancements around reproductive health, substance abuse, and more recently, obesity. In the 1980s and 1990s policies shifted responsibility for solving public problems from the jurisdiction of the federal government to that of state and local levels. This “defederalization” effort resulted in local groups having to come together to form coalitions to address many public health concerns including violence and crime, obesity, substance abuse, and reproductive health concerns such as teen pregnancy. Both public and private funding agencies have come to embrace the partnership or coalition model as a requirement for planning and implementation. Funders have begun to either encourage development of coalitions and partnerships as a prerequisite for funding in the areas of health or, at a minimum, making partnerships a first step in a participatory research process.

Coalitions are also sometimes referred to as collaborative partnerships. Collaborative partnerships are alliances among people and organizations from multiple sectors, such as schools and businesses, which agree to work together to achieve a common purpose.

In public health, coalitions and partnerships attempt to improve conditions and outcomes related to the health and well-being of entire communities. Coalitions and partnerships engage in social planning, community organizing, community development, and policy advocacy. In essence, they act as catalysts for community change. The goal of coalitions and partnerships is to engage the community to work together to create and sustain conditions that promote and maintain healthy behaviors.

Coalitions and partnerships are important in efforts to improve the health of the community because by acting together they create opportunities for enhanced resources, access and trust. Today in highly diverse communities there are a multitude of social determinants shaping health outcomes. As Green, Mark and Novick point out, chronic diseases involve a much broader array of possible lifestyle and social circumstances that impact both the cause and course of disease compared with the problem of communicable diseases in past public health efforts. Within a community, different groups have different life experiences related to smoking, eating, physical activity and other aspects of lifestyle in relation to health—based on age, ethnicity, socio-economic status and place of residence. No one organization or entity has all the resources needed—nor does any one agency have the access and trust relationship needed—to address this wide range of social determinants shaping public health today. In addition to limited resources (and in many cases, shrinking resources), the mandates of agencies are often narrow. As they attempt to be agents of change within these diverse population groups, certain segments of the population are likely to challenge their credibility. And all of these factors—resources, reach, mandate, credibility, and trust—are imperative in creating sustainable public health partnerships.

The fields of health promotion and disease prevention emphasize the importance of using an ecological approach in dealing with complex chronic diseases. An ecological approach views the individual as a microcosm, within a larger sphere that extends outward to include family, extended family and friends, organizational relationships, and the broader environmental, cultural and socio-economic forces that surround organizational relationships. This makes community coalitions very important in addressing health problems. People’s understanding of health issues and the impact of their behavioral choices on health along with changes necessary to improve health are tangled up within the layers of relationships they have with family, friends, and the larger environment in which they live.

Coalitions and partnerships offer other important benefits as well. Butterfloss and others have identified many of these including:

- Opportunities to interact with others outside of their organizations and see new possibilities and new ways to address problems
- Opportunities to become involved in addressing critical issues in the community without having to take full responsibility for these issues
Greater ability to represent issues to the community (both the public and elected officials) as having a larger constituency—and therefore worthy of increased attention.

• Ability to bring together a larger critical mass for social action and change within the community

• Ability to work smarter together and eliminate needless duplication of efforts and mobilizing resources.

Effectiveness of Coalitions and Partnerships

In their review of the literature on coalitions, Ruossos and Fawcett\(^1\) have concluded that there is only limited empirical evidence on the effectiveness of coalitions in improving community-level health outcomes.

They divide the evidence on effectiveness into three categories of findings:

• Evidence of effectiveness on more distal population-level outcomes

• Evidence of effectiveness on community-wide behavior change

• Evidence of effectiveness on community and systems change (environmental change)

Ruossos and Fawcett found that in 10 out of 34 studies, there was some evidence of effectiveness in population-level outcomes that could be attributed to activities of a collaborative partnership. For example, a NY coalition focused on preventing lead poisoning reported a 43\% reduction in lead poisoning of children in NYC within 4 years of starting the coalition.\(^1\)

Evidence of the effectiveness of coalitions on distal population-level outcomes is difficult because changes in health outcomes (for example rates of chronic disease in the population) often take years to manifest themselves—longer than the lifetime of many coalitions and partnerships. And as Ruossos and Fawcett point out, attempting to measure effectiveness of efforts to reduce health disparities can take generations.\(^1\)

Indicators of change in health are often not sensitive enough to detect small changes in health concerns. And problems of delays in reporting, underreporting and lack of data at the level of neighborhood or city make the process even more challenging. Some even recommend against trying to measure the impact of coalitions on progress in population-level health outcomes because of these concerns.

On the positive side, evidence of effectiveness on community-wide behavior change can be more easily measured according to Ruossos and Fawcett. Behavioral changes include changes in risk taking and protective behaviors. These might include measures such as self-reports of diet or substance use. Other measures might include use of observational data to track change in consumption patterns of high-calorie foods or purchases of tobacco products.

Measurement of self-reported behavioral changes often rely on surveys tools such as the Center for Disease Control's Behavioral Risk Factor Surveillance Survey (BRFSS).\(^1\) In the past the data for these self-reported changes were not always available at the neighborhood or city level—compared with other outcomes such as mortality or morbidity data. In New Jersey, however, BRFSS has become a popular tool used in many of the recent MAPP efforts (discussed below), which has improved the quality of and access to behavioral change data for NJ communities. In 15 of 34 studies where researchers attempted to assess the impact of coalitions and partnerships on community-wide behavioral changes, Ruossos and Fawcett found there was evidence to support improvements in risk taking behaviors around tobacco, alcohol and illicit drug use, as well as physical activity and safer sexual practices.

For Ruossos and Fawcett, evidence of effectiveness on community and systems change or environmental change emphasizes change in the environment in which behaviors occur. Recently coalitions and partnerships have been directed by many funders to focus on environmental and policy change—not just implementation of more programs and their subsequent evaluation. Consequently, effectiveness on community and systems change or environmental change has become increasingly important. Here the idea is to change the physical environment as well as policies within the community and—in the process—produce widespread behavioral change in the community. These changes are then thought to produce changes in population health outcomes—not just changes in individual behaviors.

Community and systems change includes changes in the physical environment (e.g., making parks accessible to the population, creating safe streets that promote biking and walking to encourage physical activity and efforts to encourage healthier foods options in corner stores) as well as policy changes (e.g., adoption of smoke-free policies in recreational areas and changes in school food policies).
make broader changes like these, public health coalitions and partnerships need to consider expanding to include non-traditional partners from other sectors such as transportation, recreation, and educational sectors. They also sometimes require a focus on multiple settings including the workplace, schools, and faith-based communities. Ruossos and Fawcett found that all the studies they reviewed reported evidence of new programs and services facilitated by partnerships (e.g., new preventive health services); however, broader system-level and policy changes were reported in only some cases (e.g., changes in school lunch menus, development of bike paths, and changes in school policy). They concluded that while evidence suggests partnerships impact community and system level change, making definitive links to the work of partnerships or coalitions is difficult.

In summary, studies of coalitions and partnerships have produced weak outcomes and contradictory results. Methodological challenges abound and more research is obviously needed. These studies, however, seem to suggest that coalitions and partnerships can have some impact population health depending on the amount, intensity of strategy, and duration.

On the other hand, the literature is very clear on what characteristics are likely to make coalitions and partnerships more effective. Studies found the following characteristics:

- Having a clear vision and mission
- Planning for community and system change (Identifying what to do and when and how to do it)
- Developing and supporting leadership
- Engaging in documentation and providing ongoing feedback on progress
- The provision of technical assistance and support by professionals outside of the coalition (whether in person or online)
- Obtaining financial resources to support the work of the coalition
- Making outcomes matter to community members, grant makers, and influential leaders within and beyond the community

At the same time, research has also demonstrated that broader factors are more important contributors to the health of communities than coalitions and partnerships as public health strategies. These include social and economic factors, the extent of social capital in a community, and the context in which partnerships operate.

Social and economic factors — including community and social ties, poverty and income inequality, and educational attainment — are stronger predictors of population-level health outcomes than the interventions undertaken by coalitions. Social capital refers to the degree to which citizens are engaged with their community and have trust in their neighbors. This works to enhance a community’s capacity to act on behalf of the public. Some research suggests social capital might be even more important than economic indicators. Finally, the context of a partnership—or the conditions that give rise to a coalition can influence its development and potential impact on health. This refers to the community’s sense of “felt need” for action and its sense of ownership of the agenda.
3. PROFILES OF COALITIONS IN SOUTH JERSEY

Profiles of Coalitions in South Jersey

Community Partnership for Healthy Adolescents (CPHA)
Community Partnership for Healthy Adolescents (CPHA) are community-based, adolescent-focused Partnerships. They were established with support from the NJ Department of Health, Child and Adolescent Health Program. The goal of the CPHA is to engage community collaboration to develop a comprehensive plan for coordinating the education and resources needed by adolescents to attain and maintain positive health habits. Members of the partnerships include stakeholders who represent youth and family serving organizations, school administration, educators, family planning organizations, local and or county health departments, law enforcement, mental health and substance abuse organizations, and the business sector and policy makers. Through a needs assessment of the partnership’s youth, priority issues are then identified and using “best practices” models, the partnerships attempt to address these priority issues. Partnerships also focus on strengthening referral practices between community adolescent service providers.

Eight partnerships were established. One CPHA partnership is in South Jersey in Burlington County.
• Burlington County Health Department/ Burlington County Community Partnership for Healthy Adolescents. This Partnership focuses on issues related to pregnancy, STIs and substance abuse. http://www.southjersey.com/articles/?articleid=18454

For more information about the CPHA go to: http://www.state.nj.us/health/fhs/children/comm_part.shtml

Community Transformation Grant / Coalition for a Healthy NJ
Formed by New Jersey Prevention Network (NJPN) with funds from the Center for Disease Control and Prevention (CDC), the Community Transformation Grant/Coalition for a Healthy NJ aims to support public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending. The Coalition works to create healthier communities across NJ by building capacity among professionals and community members. The coalition’s focus is on maximizing health impact through prevention; improving health equity; and using and expanding the evidence base for local policy, environmental, and infrastructure changes that improve health.

The Coalition includes the southern counties of Atlantic, Burlington, Cape May, Cumberland, Gloucester and Salem counties. It does not include large counties with populations exceeding 500,000. Therefore it does not include Camden
The Coalition for a Healthy NJ targets different issues in different parts of South Jersey. In Burlington, Gloucester, Salem, Cumberland and Cape May Counties the Coalition focuses on promoting Worksite Wellness. In particular it works to:
• Identify and utilize local wellness resources to enhance business wellness
• Conduct presentations on worksite wellness to local businesses
• Enroll local businesses in the Rutgers Cooperative Extension Worksite Wellness Program
• Provide technical assistance to local businesses

In Atlantic County the Coalition focuses on promoting Smoke-Free Multi-Unit Housing. In particular it works to:
• Identify local champions
• Conduct second-hand smoke awareness activities
• Contact and meet with management, landlords and residents
• Distribute “The Uninvited Guest” (second-hand smoke) to schools

For more information on the Coalition for Healthy NJ go to: http://www.njpn.org/about-us/

Family and Community Partnerships
Family and Community Partnerships (FCP) are organized through the NJ Department of Children and Families. These Partnerships are built on and comprised of best-practices and technical-assistance teams committed to building partnerships to strengthen families and prevent child abuse or neglect. They have developed a network of prevention support and services that are culturally responsive, strength-based and family-centered.

There are seven Partnerships in South Jersey—one in each county. Each partnership provides family support services, domestic violence services, early childhood services, and school-linked services through various agencies in the county.

For more information on the Family and Community Partnerships go to: http://www.state.nj.us/dcf/about/divisions/dfcp/

Governmental Public Health Partnership
Today local public health systems need to address issues beyond their historic geopolitical boundaries. This is critical for emergency preparedness planning for vulnerable populations, and the need to identify common threats, reduce duplication, and make efficient use of limited resources. Wide-scale disasters require regional mechanisms that are being addressed in New Jersey through Governmental Public Health Partnerships (GPHPs). These partnerships include representatives from county and local health departments.

In addition to emergency preparedness planning, the GPHPs play a leadership role in strategic, county-wide community health needs assessment planning. These planning initiatives (part of Mobilizing Around Partnership and Planning- MAPP discussed below) are
efforts to work with area hospitals, clinics, community service providers, businesses and the general community. The MAPP process usually includes review of available mortality and morbidity data, behavioral risk data, and data drawn from interviews from key leaders within the county. The processes have led to the development of county-wide Community Health Improvement Plans or CHIPS. Each CHIP includes a limited number of high priority public health issues that the county plans to focus efforts on along with implementation plans for each of the identified priority issues.

The Southern Region GPHP includes the counties of Atlantic, Burlington, Camden, Cape May, Cumberland/Salem, and Gloucester.

For more information on the Governmental Public Health Partnerships go to: http://www.state.nj.us/health/lh/gphp.shtml

New Jersey Hospital Association / Community Health Assessment Committees and Community Benefits
The Affordable Care Act creates an opportunity for hospital organizations, numerous governmental public health agencies, and other stakeholders to work together to improve the health of their communities by conducting community health needs assessments (CHNA) every three years and then implementing strategies to address identified health priorities. These requirements (discussed in greater detail below) are found in section 501(r)(3) of the Affordable Care Act. These assessments help hospital organizations satisfy their annual community benefit obligations and maintain their tax-exempt status. A condition of these hospital assessments imposed by the ACA is that they must demonstrate that they were undertaken in partnership with local health departments and members of the larger community.

Hospitals in South Jersey have been working with their communities and health departments to conduct these assessments. Below are the CHNA conducted recently in South Jersey.

Tri-County Health Assessment -Burlington, Gloucester and Camden (Lourdes, Cooper, Virtua, Kennedy and Inspira Woodbury)
http://gethealthycumberlandsalem.org/data/

Cumberland/Salem/Gloucester Health and Wellness Alliance (Inspira Vineland and Elmer)
http://gethealthycumberlandsalem.org/data/

Atlantic and Cape May

NJ Partnership for Healthy Kids
NJ Partnership for Health Kids (NJPHK) is a statewide program of the Robert Wood Johnson Foundation (RWJF). Technical assistance and direction for these coalitions is provided by the NJYMCA State Alliance. The goal of the program is to convene, connect and empower community partnerships across the state to implement environment and policy changing strategies that prevent childhood obesity. There are five community coalitions; two are located in South Jersey. Statewide, NJPHK supports six priority areas identified by the RWJF for improving nutrition and increasing physical activity opportunities in communities in order to reduce childhood obesity. They are:

1. Ensure that all foods and beverages served and sold in schools meet or exceed the most recent dietary guidelines.
2. Increase access to high-quality, affordable foods through new or improved grocery stores and healthier corner stores and bodegas.
3. Increase the time, intensity and duration of physical activity during the school day and out-of-school programs.
4. Increase physical activity by improving the built environment in communities.
5. Use pricing strategies – both incentives and disincentives – to promote the purchase of healthier foods.
6. Reduce youth exposure to unhealthy food marketing through regulation, policy and effective industry self-regulation.

Individual coalitions choose different strategies for increasing access to healthy foods and creating safe environments.

Camden City
NJPHK-Camden is focusing on four strategies:
1. Together with the Camden city Public School District and Catholic Partnership Schools, they are working to adopt and implement school wellness policies that will improve opportunities for healthy eating and physical activity in Camden’s schools.
2. Targeting North Camden and Parkside neighborhoods, the NJPHK-Camden is attempting to increase awareness about and access to farmers’ markets and community gardens and partner with corner stores to increase the healthy food options available to their customers.
3. NJPHK-Camden is working to increase opportunities for safe physical activity by revitalizing a local park in North Camden and Parkside Neighborhoods.
4. NJPHK is working to creating an agreement between the city of Camden and Camden city School District that will allow residents to use school recreational facilities for physical activity outside of normal school hours.

Partners within the coalition include the Camden Coalition of
Healthcare Providers, Campbell Soup Company, Cooper's Ferry Partnership, Cooper Health System, Cooper University Hospital, Jaws Youth Playbook, Rutgers Cooperative Extension of Camden County, Rutgers University-Camden, United Way of Greater Philadelphia and Southern NJ in Camden County, YMCA of Burlington and Camden Counties, and legacy UMDNJ.

Vineland City
NJPHK-Vineland is focusing on the following four strategies:
1. They have partnered with Vineland city Public School District and the Alliance for a Healthy Generation to improve opportunities for healthy eating and physical activity in Vineland’s schools by implementing a school wellness policy.
2. They have also partnered with the Rutgers Food Innovation to integrate healthy food options into the Vineland School District meal program.
3. Together with corner stores and restaurants in Vineland, they are working to increase the healthy food options available to their customers.
4. Together with the city of Vineland Engineering and Police Departments, they are working on the creation of an open streets policy for center city Vineland that will close streets to traffic at specified days and times allowing residents to use the streets for recreation.

Participating partners include the Alliance for a Healthier Generation, National Center for Bicycling and Walking, City of Vineland Departments of Health and Planning, Cumberland Cape Atlantic YMCA, Rutgers Center for State Health Policy, Rutgers Food Innovation Center, The Food Trust, The Richard Stockton College of NJ, Triad Associates, Vineland City Hall, Vineland Public Schools, and Watson Institute for Public Policy.

For more information on NJ Partnership for Health Kids go to: http://www.njhealthykids.org/

Partnership for School-Based HIV, STD and Pregnancy Prevention
The Partnerships for School-Based HIV, STD, and Pregnancy Prevention are organized by the New Jersey Department of Education (NJDOE) and funded by the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health. NJDOE has partnered with 13 school districts for the five-year period 2013—2018 to improve student health using strategies shown to have impact on both student behavior and academic success. The goal is to promote adolescent health through school-based HIV, STD and pregnancy prevention. The NJDOE has invited community-based health and social service agencies that provide adolescent-friendly services around sexual health to join the partnerships.

There are two Partnerships in South Jersey:

• Cumberland: Bridgeton Public Schools and Millville Board of Education
• Gloucester: Deptford Township Public School District

For more information on the Partnership for School-Based HIV, STD and Pregnancy Prevention go to: http://www.nj.gov/education/students/safety/cdc/

Regional Childhood Lead Poisoning Prevention (CLPP) Coalitions
The Regional Childhood Lead Poisoning Prevention (CLPP) Coalitions provide and coordinate educational initiatives in high-risk communities statewide. The Southern Regional CLPP Coalition is the one CLPP Coalition in South Jersey. It serves Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem. It works with communities on issues around workplaces and work practices, lead safe homes and cleaning tips, and lead testing for children. The Coalition is funded out of the NJ Department of Community Affairs and the NJ Department of Health and their work is coordinated by the Southern New Jersey Perinatal Cooperative.

For more information on the Regional Childhood Lead Poisoning Prevention Coalitions go to: http://southjerseylead.org/

Regional Chronic Disease Coalitions
Regional Chronic Disease Coalitions are regional community-based partnerships that are attempting to support the implementation of policy, environmental system change, and evidence based interventions for cancer and chronic diseases. They are implementing evidence-based strategies to reduce the incidence of late stage cancer and foster prevention and control of chronic diseases. Their goals are to affect policy, systems and environmental change within their regions.

The Regional Chronic Disease Coalitions offer three core interventions
1. Targeting cancer (including colorectal, breast, cervical, prostate and oral cancers), they are using the ACS colorectal tool-kit
2. Targeting obesity, they are working with Shaping NJ (statewide initiative) using strategies such as development of joint-use agreements or complete streets projects
3. Targeting tobacco use, they are using the Office of Tobacco Control Smoke-Free policy toolkit

In addition, there are supplemental programs that each regional coalition can chose to use as well. Members of these coalitions include area hospitals, hospices, mammography centers, Center for Primary Health Care (CPHC), and NJ Cancer Education and Early Detection Program (CEED), area nutrition and physical activity programs, and the Southern
PROFILES OF COALITIONS IN SOUTH JERSEY

Perinatal Cooperative.

There are three Regional Chronic Disease Coalitions in South Jersey:
- In Region 8 / Burlington-Camden County Regional Chronic Disease Coalition the focus is on creating smoke-free environments, complete streets, use of the Body and Soul initiative which is targeting nutrition and exercise through the faith-based community, and cancer including colorectal, breast, cervical, prostate and oral. Their area includes Camden and Burlington (heavy focus on city of Camden)
- The Region 10: Cancer and Chronic Disease Coalition focuses on cancer; hypertension (high blood pressure), stroke, chronic respiratory disease, heart disease, diabetes and obesity. They are using evidence-based strategies that have been shown to reduce the incidence of late stage cancer, and that foster prevention and control of chronic diseases. They promote regular physical activity and good nutrition in their targeted communities; promote colon cancer screening, smoking cessation, and encourage physical activity and sound nutrition. Their area includes Cumberland, Salem and Gloucester.
- Cape Atlantic Coalition for Health focuses its efforts in three areas: encouraging healthcare providers and the public to work together on evidence-based community clinical interventions to reduce chronic disease; implementing effective policy, system and environmental changes to improve public health; and enacting the NJ Comprehensive Cancer Control Plan. Their area includes Cape May and Atlantic Counties.

Regional Chronic Disease Coalitions work with Integrated Municipal Advisory Councils (IMACs). Local Integrated Municipal Advisory Councils (IMACs) are community-based tobacco control coalitions that focus on community mobilization and policy action. IMACs are facilitated across New Jersey by Tobacco Free for a Healthy New Jersey. The goal of each IMAC is to assist municipalities and Counties in creating ordinances that prohibit the use of tobacco products in public places. The IMACS work with the Regional Chronic Disease Coalitions to adopt smoke free policies. They provide toolkits that help communities create ordinances promoting tobacco-free outdoor air environments.

The Regional Chronic Disease Coalitions also work closely with the county based New Jersey Cancer Education and Early Detection (NJCEED) agencies as well. These agencies provide comprehensive screening services for breast, cervical, prostate, and colorectal cancer, as well as education, outreach, early detection, case management, screening, tracking, and follow-up.

There is considerable overlap with coordinators for the Regional Chronic Disease Coalitions and those who work on NJCEED. Many Regional Chronic Disease Coalitions and NJCEED have events together because of the overlap.

For more information on the Regional Chronic Disease Coalitions go to: http://www.nj.gov/health/ccp/li.shtml
For more information on the Integrated Municipal Advisory Councils go to: http://www.tobaccofreenj.com/community/
For more information on NJCEED go to: http://www.state.nj.us/health/cancer/njceed/

Regional Substance Abuse Prevention Coalitions
The Regional Substance Abuse Coalitions develop regional, evidenced-based addiction and substance use prevention strategies that target at-risk groups. They focus their efforts on reducing rates of substance use in their regions. The coalitions work in tandem with the community to identify, collect, analyze, and assess data on regional problems and assess the region’s capacity to effectively address the identified problems. In particular, they target three substance abuse issues in youth and adult populations:
- Efforts to reduce underage drinking;
- Efforts to reduce use of illegal substances – with a special focus on the use of opioids among young adults 18-25 years of age; and
- Efforts to reduce prescription medication misuse across lifespan; reduce use of new/ emerging drugs of abuse across lifespan.

They work to build infrastructure through education using evidence-based models (Strategic Prevention Framework23). SPF is a 5-step planning process that guides the selection, implementation, and evaluation of evidence-based, culturally appropriate, sustainable prevention activities around prevention of substance abuse. These steps are: assess need, build capacity, plan, implement and evaluation. The steps have key milestones and products that help validate the process. SPF focuses on systems development using a public health, or community-based approach to deliver effective care.

Coalition members are drawn from multiple sectors including residents, local government, law enforcement, schools, non-profit organizations, the faith community, youth, media, businesses and other key groups. The Coalitions work with the NJ Prevention Network and NJ DHS/Division of Addiction Services/Prevention and Early Detection Services. They collaborate with Municipal Alliances in their region, which are funded and overseen by the Governor’s Council on Alcoholism and Drug Abuse. In addition, they coordinate efforts with regional federally-funded Drug Free Community Support Programs in New Jersey.

There are a total of 17 Regional Substance Abuse Prevention Coalitions statewide; five in South Jersey:
- Camden Coalition (Camden County Council on Alcoholism and Drug Abuse)
- Atlantic/Cape May Coalition (Cape Assist)
- Burlington Coalition (Prevention Plus)
The Regional Substance Abuse Prevention Coalitions often include within them a number of other coalitions—targeting youth, adults, seniors, parents, and veterans.

The coalitions have libraries of educational resources, which they make available to the community. Depending upon the issue and audience, they use different educational approaches. For example, for underage drinking they educate the community through town hall meetings and many participate in the “Parents Who Host Lose the Most” program. For prescription drugs (chosen because it is seen as a gateway drug for heroin which many do not target directly) they work with the police on “take-back” events as well as the creation of permanent “drop-boxes.” Secure tamper-proof drop boxes are placed in convenient locations (pharmacies, police departments) and used to collect unused prescription drugs. Take-back events are held to encourage the public to bring in unused pharmaceutical drugs. These events help educate the general public about the potential for abuse of medications. They host symposiums to educate the provider community about the Prescription Drug Monitoring Program (PMP) to encourage providers to register and use the system more. They have developed initiatives with realtors alerting them to the problem of people leaving prescription medicines where they can be taken during an open house. They host Community Prevention Days and health fairs and collaborate with organizations in South Jersey. They use environmental strategies to bring about change in the infrastructure while at the same time attempting to build the educational knowledge base. These coalitions are using evidence-based models and hold a firm belief in using research tested approaches. They are attempting to make environmental change (e.g., physical environmental change as well as change through education that creates greater awareness of the issues) as well as policy change (e.g., changes to curriculum).

For more information on the Regional Substance Abuse Prevention Coalitions go to: http://www.state.nj.us/humanservices/das/prevention/coalitions/

ShapingNJ
ShapingNJ is a statewide partnership for nutrition, physical activity and obesity prevention. The goal of this partnership is to prevent obesity and improve the health of populations that are at risk for poor health outcomes in New Jersey by making "the healthy choice, the easy choice."

The partnership’s work focuses on:
- Child care centers
- Schools
- Communities
- Worksites and Businesses
- Healthcare

Thirty-two (32) communities are funded under the third round of ShapingNJ community grants. These communities are working to increase access to healthy food and physical activity through initiatives such as planning a pedestrian-friendly downtown, placing bike racks along community trails, piloting a farmers market, working with faith congregations to adopt healthy policies, promoting school breakfast programs and designing safer parks. Unique tools geared to each environment (workplace, business, childcare centers, schools, and healthcare) are provided for use by community groups. The Office of Nutrition & Fitness (ONF) at the Department of Health (DOH) coordinates ShapingNJ.

There are partnership initiatives in Atlantic, Burlington, Camden, Cumberland and Gloucester counties. For more information on ShapingNJ go to: http://nj.gov/health/fhs/shapingnj/

Southern NJ Perinatal Cooperative
The Southern NJ Perinatal Cooperative works to improve perinatal and pediatric health in South Jersey. SNJPC focuses on four core areas:
- They provide regional clinical programs to support access to cost-effective services and the appropriate use of resources.
- They offer both consumer and professional education programs that integrate current theory and practice.
- They conduct data collection and analysis to identify unmet needs and trends.
- They engage in regional assessment and planning for a coordinated health care network responsive to the region’s unique issues

SNJPC serves Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem counties.

For more information on the Southern NJ Perinatal Cooperative go to: http://www.snjpc.org/

Traumatic Loss Coalitions (TLC)
The Traumatic Loss Coalitions (TLC) provides a coordinated response to traumatic loss incidents that occur in the community. The Coalitions seek to address the prevention of destructive behaviors of adolescents and their families, including suicides, homicides, motor vehicle crashes, natural or man made disasters, including terrorist attacks. The Coalitions are supported by a combination of Federal block grant funds administered by the
Department of Children and Families (NJDHS), as well as whatever State and county funds each coalition generates on its own. The Department of Children and Families also funds a full-time state coordinator and central office for the coalitions. Each TLC includes representatives from schools, local governments, hospitals, clergy, and local police, fire, EMS and mental health agencies. In addition to creating a coordinated response to traumatic incidents and actually responding to these incidents, the coalitions sponsor workshops and training to both lay people and professionals on issues including dealing with mental illness, the traumatic effects of bullying and domestic violence, managing traumatic loss in schools, and suicide prevention.

There are six TLC Coalitions in South Jersey:
• Atlantic County TLC
• Burlington County TLC
• Camden and Gloucester Counties TLC
• Cape May County TLC
• Cumberland County TLC
• Salem County TLC

For more information on the Traumatic Loss Coalitions go to: http://www.childrenssafetynetwork.org/spotlight/new-jersey-traumatic-loss-coalitions

Statewide Coalitions
In addition to regional coalitions, there are also a number of statewide coalitions that work in the region. These include:

Coalition for Battered Women focuses on prevention of violence against women in NJ through advocacy, training, public awareness and research.

Coalition for Peace Action is a grassroots citizens organization that brings together the community in support of three goals: global abolition of nuclear weapons, building a peace economy, and halting the trafficking of weapons at home and abroad.

Coalition Against Sexual Assault (NJ CASA) focuses on promoting the compassionate and just treatment of survivors of sexual assault and their loved ones. The coalition attempts to foster collaborative relationships between community systems and affect attitudinal and behavioral changes in society as they work toward the elimination of sexual violence against all people.

NJ Coalition for the Prevention of Developmental Disabilities focuses on the prevention of developmental disabilities and aims to: (1) inspire and mobilize government, agencies, communities, families and individuals in a strong statewide prevention effort; (2) foster cooperation among health/mental health, education and human service systems in prevention education and advocacy; and (3) identify needs and develop resources; and to advocate for relevant programs, services and legislation.

NJ Anti-Hunger Coalition focuses on supporting emergency food providers around the state and raising awareness of hunger in NJ. They educate the public and policy makers about hunger and food insecurity and work to increase poor and low-income people's access to adequate food for healthy living by advocating for responsible public policies and programs on the local, state and federal levels.

NJ Coalition Against Human Trafficking is a coalition of NJ faith-based organizations, non-profits, government agencies, law enforcement, and direct service providers who come together with the mission of ending human trafficking in NJ through education, advocacy, and assistance to survivors.

NJ Coalition for Bullying Awareness and Prevention works to increase community awareness of bullying as a common serious problem of school-age children and to advocate for the implementation of effective bullying prevention approaches in the State of New Jersey.

NJ Coalition to End Homelessness focuses on the eradication of homelessness in NJ and toward that end, they advocate, educate, organize and, if necessary, litigate for emergency and permanent solutions to homelessness.

NJ Environmental Federal/Clean Water Action works to promote policies to keep toxics out of waterways and drinking water.

NJ Sierra Club works to protect water, air, and land through local chapters around the state.

NJ Teen Safe Driving Coalition works with law enforcement, school officials and local organizations to deliver outreach, education and training programs that encourage, educate and engage communities to help teens become good drivers for life.

Statewide Coalition on Disabilities and Addictions is a coalition of agencies and individuals interested in learning and sharing resources with other professionals about disabilities and addiction issues.
Public Health Indicators for South Jersey

Trends in Public Health Indicators for South Jersey are based on the County Health Rankings. The County Health Rankings\(^{24}\) (a collaboration between the University of Wisconsin and the RWJ Foundation) provide key health indicators for every county in the US. They are a very helpful tool that can be used to capture a snapshot of how health is influenced by where we live, learn, work and play. Below are some key public health indicators for the seven South Jersey counties and whether trend data shows them as improving, staying the same, or getting worse over time.

<table>
<thead>
<tr>
<th>County</th>
<th>Getting Better</th>
<th>Getting Worse</th>
<th>Staying Same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>Premature Death, Preventable Hospital Stays, Diabetic Screening, Air Pollution</td>
<td>Adult Obesity, STIs, Unemployment, Childhood Poverty,</td>
<td>Physical Inactivity, Uninsured, Mammography Screening, Violent Crime</td>
</tr>
<tr>
<td>Burlington</td>
<td>Premature Death, Uninsured, Diabetic Screening and Mammography Screening, Violent Crime, Air Pollution</td>
<td>Adult Obesity, STIs, Unemployment, Childhood Poverty</td>
<td>Physical Inactivity, Preventable Hospital Stays</td>
</tr>
<tr>
<td>Camden</td>
<td>Premature Death, Preventable Hospital Stays, Diabetic and Mammography Screening, Violent Crime, Air Pollution</td>
<td>Adult Obesity, STIs, Unemployment, Childhood Poverty</td>
<td>Physical Inactivity, Uninsured, Violent Crime</td>
</tr>
<tr>
<td>Cape May</td>
<td>Premature Death, Uninsured Preventable Hospital Stays, Diabetic and Mammography Screening, Violent Crime, Air Pollution</td>
<td>Physical Inactivity, STI’s, Unemployment, Childhood Poverty</td>
<td>Adult Obesity</td>
</tr>
<tr>
<td>Cumberland</td>
<td>Premature Death, Preventable Hospital Stays, Diabetic and Mammography Screening, Violent Crime, Air Pollution</td>
<td>Adult Obesity, STI’s, Uninsured, Unemployment, Childhood Poverty</td>
<td>Physical Inactivity</td>
</tr>
<tr>
<td>Gloucester</td>
<td>Premature Death, Preventable Hospital Stays, Diabetic and Mammography Screening, Violent Crime, Air Pollution</td>
<td>Adult Obesity, STI’s, Unemployment, Childhood Poverty</td>
<td>Physical Inactivity, Uninsured</td>
</tr>
<tr>
<td>Salem</td>
<td>Preventable Hospital Stays, Diabetic Screening, Air Pollution</td>
<td>Adult Obesity, Physical Inactivity, STI’s, Unemployment, Childhood Poverty</td>
<td>Premature Death, Uninsured, Mammography Screening, Violent Crime</td>
</tr>
</tbody>
</table>

South Jersey County Trends in Health Indicators, 2014

Prioritized Health Needs for South Jersey

Across New Jersey, all 21 counties have been engaged in community health assessments as part of the Mobilizing Action Through for Partnership and Planning (MAPP).\(^{25}\) MAPP is an initiative of the National Association of County and City Health Officials or NACCHO. MAPP is a process used by communities to assess community health needs. Based on the findings of these assessments, Community Health Improvement Plans or CHIPS are developed by each community.

In South Jersey many of these assessment efforts have been coupled with the community health needs assessments required by the Affordable Care Act. The Act requires hospitals to work with governmental public health agencies and other community stakeholders to conduct community health assessments every three years in order to maintain their tax-exempt status. Hospitals are then required to implement strategies to address priority issues in their community. The IRS now requires documentation of this process on form 990 which hospitals must complete.\(^{26}\)

In the seven South Jersey counties—the top health priorities identified through the MAPP process were:

Atlantic\(^ {27} \)
- Ensure affordable health care access to all county residents
- Identify and develop resources for treatment of health conditions identified through screenings, particularly for the un-/under insured
- Increase collaboration to maximize awareness of available services and programs while reducing unnecessary duplication of services
- Promote healthy lifestyle choices (obesity, tobacco, teen pregnancy, prenatal care, drug use)
- Understand and address the needs of the growing older adult population

- Increase public awareness and understanding of mental illness and mental health treatment
- Increase awareness of cultural/ethnic differences and create services that reflect these differences
improving, staying the same, or getting worse over time.

collaboration between the University of Wisconsin and the RWJ

mined, i.e., based on population. Because population density is

Respondents expressed frustration about the lack of awareness on

become worse and then they are more costly and less successfully

barriers—as a concern in South Jersey. They suggested the need to

as preventing people from recognizing, for example, that drugs are a

ted staff willing and able to champion agency goals across an entire

greater geographic areas. They expressed concerns about the

thing that impacts those most in need. In a similar vein, a number

healthcare and support from various social service agencies—some-

one person noted, “It’s frustrating when services are there but there

effectiveness of these coalitions. In general, most respondents felt

improve public health in South Jersey.

Public Health Partnerships, and the NJ Prevention Network.

with leaders of various coalitions and representatives of government,

seven counties participated in the online survey. (33%) of respondents completed the survey. Respondents from all

Survey Findings

Healthcare Resources/Poverty

• Needs of Older Adult Population

• Tobacco, Drugs, & Alcohol

• Access to Health Care

• Obesity/Overweight and Nutrition

• Mental Health & Substance Abuse

• Chronic Health Conditions (Diabetes, Heart Disease & Cancer)

• Environmental Health

Environmental Health

Promotion of Infectious Disease Prevention and Treatment (HIV and Sexually Transmitted Diseases, Hepatitis C, vector-borne diseases)

Promotion of Environment Health (overcrowding, air quality, traffic, water quality, pest control, litter, and Superfund sites)

Promotion of Peace and Well-Being (Alcohol and drug abuse, mental health, violence)

Burlington

Promotion of Nutrition and Physical Activity
(Obesity, Cardiovascular health, Blood pressure and Diabetes)

Promotion of Preventative Healthcare Practices
(Cancer, Immunizations)

Cumberland

• Substance Abuse (Tobacco, Drugs and Alcohol)

• High Risk Behaviors (Teen Pregnancies and STI)

• Nutrition Related Illness (Obesity)

• Healthcare Resources (ACA education and educating community about United Way 211 resource)

• Chronic Diseases (Diabetes, Heart Disease, Stroke)

Gloucester

• Health Maintenance (through regular screening & checkups) because of inability to manage health conditions or lack of early diagnosis for certain conditions

• Improving diet and increase physical activity (over weight/obesity and lack of physical activity)/Promote healthy behaviors

• Increase awareness of existing health services and resources

Salem

• High Risk Behaviors/Sexual Risk Behaviors/Violence

• Nutrition Related Illnesses/Chronic Disease

• Substance Abuse/Relationship Health

• Poor Preventative Practices/Community Resources

• Healthcare Resources/Poverty

Summary of Overall Trends in County Health Rankings in South Jersey

Areas of Improvement or Maintenance:
All seven counties are getting better or staying the same in the following indicators:
1. Premature death
2. Preventable hospital stays
3. Diabetic screening
4. Mammography screening
5. Violent crime
6. Air pollution/fine particulate matter

Areas of Decline:
All seven counties are getting worse or staying the same in the following indicators:
1. Adult Obesity
2. Sexually transmitted infections
3. Unemployment
4. Children in poverty
Interview Findings

A series of face-to-face and telephone interviews were conducted with leaders of various coalitions and representatives of government, including representatives of the Regional Chronic Disease Coalitions, the Regional Substance Abuse Coalition, the Governmental Public Health Partnerships, and the NJ Prevention Network.

In the interviews respondents were asked about the goals and work of their coalitions as well as their successes in efforts to improve public health in South Jersey and the advantages of working in a coalition. They were also asked about challenges coalitions face in accomplishing their goals as well as challenges facing efforts to improve public health in South Jersey.

These interviews were somewhat helpful in learning more about the specific work of the various coalitions and some of the challenges coalitions are facing. They were less helpful in measuring the effectiveness of these coalitions. In general, most respondents felt their coalitions were effective in improving the health of the populations with whom they were working.

Successes of Coalitions

Identified successes focused primarily on ability to reach larger numbers in the community, growing recognition of the work of the coalition within their communities, successful prevention programs, and greater recognition of important health concerns among the population.

Specific successes that were identified included things such as:
- Increased visibility—both from greater turn out at community events as well as their inclusion in more community events as people come to know them; Long-term they believe this will translate into a change in health indicators;
- Greater community readiness for their public health messages—they have moved beyond a “NIMBY mentality” around certain health concerns such as drugs; starting to see people recognizing health problems they denied in the past and consequently, more groups reaching out to their coalition.
- Increased med/surge capacity in disasters and sheltering capacity enhanced;
- Greater participation of other groups (other community providers, other entities such as county leadership) in their partnership and in their public health planning efforts (for example, one coalition in Camden cited their expanded membership that now includes groups such as the DEA, county health department, National Guard, Riversharks, police, Girl Scouts, and the Susquehanna Center);
- Development of targeted health education materials for specific communities;
- Successful implementation of certain public health initiatives such as the Body and Soul program—a faith-based initiative targeting nutrition and physical activity;
- Environmental changes. A number of groups referred to changes such as enhanced lighting (targeting violence, drugs), signage (targeting responsible behavior) drop boxes for prescription drugs.

Advantages of Working in Coalitions

Respondents were asked about the advantages of working in coalitions. Below are some of the major advantages cited by respondents:
- Ability to work jointly on county needs assessments which are more on target in terms of needs in the community
- Ability to pool resources and then be able to do more and reach more people.
- As a coalition, members benefit from each other’s resources and together they are able to achieve more.

Challenges Facing Coalitions

In interviews respondents were asked about the challenges coalitions face. Most coalition members interviewed saw little overlap of issues among the multiple coalitions but they did recognize overlap in membership as a challenge. Many pointed out that they are part of multiple coalitions—which they felt was a challenge for them in terms of time and ability to participate fully in the efforts of each coalition. One individual noted that it is often the same group of people around the table at different coalitions.

In a related vein, another challenge mentioned by nearly everyone involved was staffing cuts to community agencies and health departments. With smaller staffs, resources are spread thin. The public health message is often diluted in larger counties where staff have more geography to cover. When asked about needed changes, everyone suggested additional funding and most said they would use additional funds to hire more staff.

There were mixed feelings regarding the benefits of using “evidence-based” models in efforts to change health behaviors. Some felt this emphasis on tested models was what was improving public health efforts overall; others found it frustrating when models that were developed in more suburban settings became a “straight jacket” in terms of what could be done in more urban areas with slightly different issues and cultures.

Other challenges facing coalitions that were identified included:
- The challenge of attempting to accomplish unfunded mandates from government
- The challenge of broadening mandates which stretch their ability to make a difference. For example, one coalition was expanded from a focus on cancer to a broader focus on chronic disease. This was perceived by some as stretching thin the ability of a coalition trying to address multiple diseases.
- The challenge of finding truly committed organizations to help do the work and not just those after the dollars
• The challenge of having to work towards sustainability in the future in order to continue their work. As one respondent said, “We worry because the funding will end in four or five years and this creates a sense of impermanence to the work we are doing.”

• The challenge of increasing the geography of a coalition from a city focus to a county-level focus. Several respondents suggested that rather than attempting county-wide initiatives, they felt it was more effective to target specific communities where there are a larger proportion of individuals at risk.

Challenges for Improving Health Outcomes in South Jersey

When specifically asked about challenges specific to South Jersey in relation to health outcomes, many respondents pointed to problems in the transportation system, trends toward greater regionalization, a slowing economy, a lack of youth related services and programs, and increasing demands for needed services by a growing elderly population.

Transportation issues were mentioned by many individuals as having a negative impact on health outcomes in South Jersey. As one person noted, “It’s frustrating when services are there but there is no way for people to access them. This is a particular challenge for the elderly, the disabled, and other vulnerable populations including migrant workers.” Transportation barriers were seen as particularly problematic in Cape May County where there is no countywide public transportation system. And while the Fare Free program has helped, one respondent lamented the lack of funding to expand the program to all parts of the county. Transportation barriers were seen as the source of barriers for people needing healthcare and support from various social service agencies—something that impacts those most in need. In a similar vein, a number of individuals spoke of concerns around bike safety in South Jersey—hence need for greater bike safety lanes and biking paths.

The economy and its impact on housing, taxes, and income were viewed as serious challenges for South Jersey. Rising housing costs in South Jersey were thought to be making it harder for young families to afford the cost of living in South Jersey. Owing to economic demands on the population, people were described as having more time constraints and fewer resources and options to tackle health concerns.

Many participants mentioned the lack of services for younger populations. As a result, youth get into trouble because they have nothing to do; they have few places to go; there are limited opportunities for increased physical activity for youth, and hence growing obesity concerns among youth.

The aging of the population and the growing number of seniors was described as a serious challenge for the health system in South Jersey. In particular, the growing proportion of the population 85+ was viewed as likely to impose greater demands on the health care system. This segment of the population also is experiencing extra problems with transportation and housing supports. Hospital closings and mergers were mentioned as concerns because they were reducing care delivery options for the elderly in South Jersey. They expressed worries about the stigma of being treated at a clinic and scheduling problems.

Tobacco, drugs and alcohol use were described as serious concerns for South Jersey. It was described as a real problem for bored teenagers as well as for the elderly population prone to prescription drug abuse. Getting parents to recognize that the drug problem is more than marijuana use and underage drinking; when it comes to heroin they are less inclined to see this as a problem that affects them.

Behavioral health concerns, including lack of needed mental health services, insurance coverage for care, and issues of co-occurring issues of substance abuse and behavioral health issues were described as health concerns for South Jersey. Several expressed concerns about the lack of mental health funding in South Jersey.

Several respondents spoke about concerns around a trend towards
regionalization in South Jersey. They expressed concerns about reduced funding that often accompanies this phenomenon. They felt in some cases newly created entities were being pushed to cover greater geographic areas. They expressed concerns about the unevenness that results as they try to serve a greater geographic area that comes with regionalization. One respondent said it becomes more difficult to reach everyone equally and harder to get committed staff willing and able to champion agency goals across an entire region.

Many respondents spoke of attitudinal and cultural barriers that keep people from recognizing health problems. Attitudes were seen as preventing people from recognizing, for example, that drugs are a real concern, that obesity is a problem not only for themselves but also for their children, that HIV and STIs are issues outside of urban communities. Several respondents spoke about attitudes around obesity and notions of healthy eating and body image. They expressed concerns about resistance to change and the need to desensitize the public to certain issues such as risk of drugs and HIV. They also mentioned people's fear of knowing. Several respondents mentioned problems of cultural barriers—in particular language barriers—as a concern in South Jersey. They suggested the need to create a culture of greater sensitivity through training for service providers and staff. They pointed out a lack of Spanish-speaking radio stations. As a result, people often are not knowledgeable about existing resources. Consequently, they wait until health problems become worse and then they are more costly and less successfully treated. Lack of insurance and care options for immigrant populations was mentioned as a concern.

Respondents expressed frustration about the lack of awareness on the part of people in South Jersey that resources are available free or at reduced cost. They also suggested that it can be challenging to reach certain segments of the population (e.g., seniors and vets) who do not want to come out to events.

Several respondents expressed concerns about how funding is determined, i.e., based on population. Because population density is lower in South Jersey, some respondents felt the communities in South Jersey experience shortfalls in funding. As one respondent noted, “South Jersey to always come up short.” Respondents pointed out that while the South lacks population, the larger geographic area that needs to be covered coupled with a weaker transportation system needs to be taken into account.

Many respondents spoke about concerns around obesity rates in South Jersey. Both adult and childhood obesity were viewed as on the rise in South Jersey. And related to this are concerns about rising rates of diabetes.

While most respondents spoke favorably about the potential impact of expanded access under the Affordable Care Act, concerns were expressed about increasing demand for services.

Respondents expressed concerns about the level of detailed program requirements which often end up excluding people—sometimes those with the greatest need—from participating in some programs, e.g., populations with language barriers.

Survey Findings

An online survey was sent out to representatives of identified coalitions in South Jersey using SurveyMonkey. Thirty-three percent (33%) of respondents completed the survey. Respondents from all seven counties participated in the online survey.

<table>
<thead>
<tr>
<th>Geographic reach of responding coalition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic County</td>
</tr>
<tr>
<td>Burlington</td>
</tr>
<tr>
<td>Camden</td>
</tr>
<tr>
<td>Cape May</td>
</tr>
<tr>
<td>Cumberland</td>
</tr>
<tr>
<td>Gloucester</td>
</tr>
<tr>
<td>Salem</td>
</tr>
</tbody>
</table>

Based on responses, the main issues that coalitions are focusing on in South Jersey are obesity, substance abuse and access to care. Very few are focusing on homelessness, development of public health infrastructure, injury and violence prevention, and development of social support systems.

Survey Findings: Main Issue my Coalition is focusing on...

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Care</td>
<td>42%</td>
</tr>
<tr>
<td>Aging-Related Issues</td>
<td>25%</td>
</tr>
<tr>
<td>Asthma</td>
<td>17%</td>
</tr>
<tr>
<td>Birth Outcomes</td>
<td>17%</td>
</tr>
<tr>
<td>Cancer</td>
<td>33%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>33%</td>
</tr>
<tr>
<td>Emergency Preparedness</td>
<td>33%</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>25%</td>
</tr>
<tr>
<td>Health Disparities</td>
<td>33%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>33%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>8%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>17%</td>
</tr>
<tr>
<td>Injury and Violence Prevention</td>
<td>0%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>25%</td>
</tr>
<tr>
<td>Obesity</td>
<td>58%</td>
</tr>
<tr>
<td>Public Health Infrastructure</td>
<td>0%</td>
</tr>
<tr>
<td>Social Support</td>
<td>8%</td>
</tr>
<tr>
<td>Substance Abuse (Alcohol &amp; other drugs)</td>
<td>58%</td>
</tr>
<tr>
<td>Substance Abuse (Tobacco)</td>
<td>58%</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>17%</td>
</tr>
</tbody>
</table>
Respondents were asked a series of three questions about impact. They were asked about individual-level impact, system level impacts, and policy-level impacts. Individual impacts were defined as changes in health or behavior at the person level. An example of an individual-level outcome associated with a coalition’s activities might be increased screening rates. Systems-level impacts were defined as changes in infrastructure or capacity in the community. An example of a system-level outcome associated with a coalition’s activities might be successful implementation of a system for patient tracking and for managing use of services. Policy impacts were defined as changes at the local, state and federal levels in laws, regulations, ordinances and policies impacting the public’s health associated with the activities of community coalitions. An example of a policy impact would be a change in city or county policy surrounding alcohol and tobacco billboards and storefront advertising.

Almost three-quarters of respondents said their coalition has had individual level impacts on health.

<table>
<thead>
<tr>
<th>Thinking about the impact of your coalition’s work, would you say that your coalition has had...</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>...individual-level impact</td>
<td>70%</td>
<td>0%</td>
<td>30%</td>
</tr>
<tr>
<td>...system-level impacts?</td>
<td>70</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>...policy-level impacts?</td>
<td>90</td>
<td>0</td>
<td>10</td>
</tr>
</tbody>
</table>

Respondents were asked to give examples of each type of impact whenever possible. Below is a summary of different kinds of impacts at the various levels.

Respondents were also asked about the role of various factors such as funding and community interest in limiting their ability to impact the health of their communities. Funding was identified by almost three-fourths of respondents as a key factor limiting their ability to impact health in the community. And half of respondents suggested the economic climate of the region limited their ability to make a difference. Lack of community interest or involvement was also seen as an impediment.

Factors limiting coalition’s ability to impact Health of Community/Survey Findings

- Insufficient funding 70%
- Lack of coalition member engagement 10
- Time constraints 30
- Lack of community interest or involvement 40
- Lack of government support 0
- Economic climate of the region 50
- Political climate of the region 20
- Too many targeted issues 30
- Targeted issues are not well defined 0
- Lack of coordination with other coalitions working on these issues 30

Examples of Individual-Level Impacts/ Survey Findings

- School data on BMIs suggests improvement in rates of obesity
- Increase in screening numbers
- Decrease in smoking rates
- Increased community participation in Rx Take Back Events
- Increased emergency preparedness among community members provision of on-going mental health services, tobacco cessation treatment for all cancer patients
- Provision of programs and services designed to affect the health of individuals in the county TB clinics, Shots for Tots clinic, STD clinics, Mobile Children’s Dental Van, HIV Testing Van, Rx Assistance, etc

Examples of Systems-Level Change/Survey Findings

- Working together with many different coalitions in South Jersey as well as department of health
- Working on corner store initiatives to get stores to stock healthier foods
- Improvements in parks to encourage more access for physical activities
- Increased police department participation in Rx Take Back Events
- Organized structure of general and medical need shelters in working with public health, OEM, hospital, Red Cross
- Collaboration with regional health departments to establish a more coordinated response during public health events
- Successful effort to increase access by bringing a Federally Qualified Health Center (FQHC) to the county
- Improved Pregnancy Outcomes program that helps both men and women maintain their health pre-, during and post pregnancy including continued patient tracking to ensure access to information, advice and assistance throughout pregnancy

Examples of Policy-Level Change/Survey Findings

- Working at local levels to create smoke free policies in recreation-al areas and other public places, including efforts to create ordinances assuring smoke free areas on the gaming floors in Atlantic City
- Working to create numerous local ordinances restricting underage drinking on private property
- Efforts to change school food policy including breakfast in the classroom and policies that prevent junk foods in schools
- Efforts to create policies promoting permanent Drop Boxes for prescription drugs in police departments
- Establishment of uniform public health emergencies policies
- Efforts to create policies promoting “complete streets” activities
- Working on efforts to curb gang violence through education in schools
5. DISCUSSION AND RECOMMENDATIONS

Discussion and Recommendations

Public health coalitions in South Jersey focus on health promotion and prevention—prevention of obesity through better nutrition and physical activity, prevention of substance abuse, cancer and chronic diseases, HIV and sexually transmitted diseases, lead exposure and suicide, strengthening families, improving reproductive health and building public health preparedness infrastructure. Coalitions are working broadly across communities, as well as targeting various sectors within the community, such as workplaces, schools, and the faith-based community. There are coalitions focusing their efforts on youth, several working with the elderly, and others attempting to target hard to reach segments of the population such as veterans.

It would seem from an overview of the needs identified through the various recent community health assessments conducted in South Jersey—as well as from an examination of trends in key health indicators being tracked nationally through the County Health Rankings project that the foci of coalitions in South Jersey are well aligned with many of the major health concerns in the region. For example, many of the community health assessments conducted in the seven counties identify the issues of obesity and lack of physical activity, substance abuse, screening for chronic diseases, STIs, reproductive health, and promoting healthy lifestyles as key priorities. There seems to be less coalition activity, however, around the identified needs and health concerns of mental health and the prevention of violence.

Furthermore, many coalitions focus on a number of the key indicators where progress has been slow or actually getting worse in South Jersey—obesity, physical inactivity and STIs. Others where trends suggest improvements have been made—such as screenings for cancer and diabetes—continue to be the focus of a number of the coalitions.

Coalitions, understandably, have chosen to focus their efforts on more proximate factors as opposed to more distal factors. Proximate factors or risk behaviors that place people at risk of disease—poor diet, smoking, lack of exercise—are potentially controllable at the level of the individual. More distal causes reflect fundamental social conditions that are further removed from individuals and are not necessarily controllable at the individual level. For example, issues of childhood poverty and unemployment reflect larger social determinants of health that are not easily tackled by individual communities or any one coalition.

According to Link and Phelan, individuals use resources available to them to avoid being at risk of poor health. Resources might include, for example, knowledge, money, power, prestige, social connections, and social supports. Those segments of the population with resources use them to avoid risk and improve their health outcomes. As long as unemployment and poverty continue to challenge South Jersey, those segments of the population without resources will be less able to avoid risks and improve their health—regardless of the efforts of coalitions.

Key health indicators for South Jersey suggest that unemployment and childhood poverty continue to be problematic in all seven counties. As reported in The Press of Atlantic City in December of 2013, “Joblessness in South Jersey has been an ongoing struggle since the recession, as casino-related jobs, construction work and other industries plummeted.” In 2014, unemployment rates have been dropping throughout South Jersey. The unemployment rate for Salem County went from 8.4 percent in March to 7.1% in August, and in Cumberland County the rate decreased from 12.2 percent to 9.7 percent. The rates for the other counties in August 2014 were Atlantic County 9.3%; Camden 7.4%; Gloucester 6.9%; Burlington 6.5% and Cape May 6.3%.

The dropping unemployment rates however hide a darker side of the employment story. A growing number of people have been out of work so long—they have stopped looking for a job and completely dropped out of the workforce. Others have settled for part-time jobs or jobs at minimum wage where they are counted as working but still are struggling to make ends meet. And many of the new jobs being added to the economy are part-time, low-wage retail and service industry positions.

A Wall Street Journal article in early 2014 noted that while unemployment rates in parts of South Jersey experienced some of the sharpest drops in the country over the course of 2013, this was likely because many people dropped out of the workforce rather than found new jobs. In December of 2013 7000 residents of Atlantic, Cape May and Cumberland counties lost federal unemployment benefits when The Emergency Unemployment Compensation program was not renewed by Congress. Headlines such as “Atlantic County Tops Nation in Job Loss” reported in the Philadelphia Business Journal for August 28, 2014 suggest the problem may only get worse as thousands of casino workers face unemployment. Such events have larger implications that go beyond the casino industry. As the article points out: “Economists foresee a troubling time for not only casino employment but also industries that rely on people with steady incomes to spend money on food, clothing and housing”.

As suggested earlier, research has demonstrated that broader factors are more important contributors to the health of communities than coalitions. These include social and economic factors, social capital in a community, and the context in which partnerships operate. In light of the powerful role of these factors, resource use to organize around specific public health issues such as obesity or teen pregnan-
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cy is always subject to challenge as to whether these resources might be better allocated towards efforts to directly address more fundamental social determinants of health such as job creation and education.

The challenge in making recommendations is made difficult given the limitations of the research conducted here. This report in no way is meant to completely capture the work of coalitions in South Jersey. Nor is it able to definitively comment on their effectiveness. The following thoughts are offered in an effort to suggest ways in which communities—in particular the coalitions within these communities—can continue to make progress towards a culture of health in South Jersey.

Green and Kreuter\(^3\) describe three world views in any community. There is the public’s perception of needs and priorities; there are actual needs determined through research using specific measurement tools designed to be precise (which often fall short); and then there are needs that reflect the views of individuals who make decisions about resource allocation within the community. The latter is determined by what resources are available and what might be feasible given competing priorities. Usually it is where issues overlap that communities have the greatest likelihood of improving health outcomes. It is here that perceptions of needs (where public support is most likely to come from) are supported by data that suggests these needs are very real—and those in positions of power (who often require data to support requests for resources) are more inclined to fund initiatives to address these needs.

The challenge for coalitions then is to expand this area of overlap where all three world views come together. If one area is missing—little can be accomplished. In today’s world, key ingredients for change must include a galvanized public, data to support their concerns and political attention. Without public support (perceptions of need), the overlap of actual need and the views of legislators are limited by a disengaged public needed for passage or enforcement. Without data on actual needs, professionals will not be convinced because of a lack of measurement and those with power look for evidence to back up funding decisions when there are competing demands. And without the allocation of resources, needs—whether perceived or actual—will go unaddressed. It is really only when all three world views align that coalitions can be successful.

The options for communities therefore are threefold:

• Work to change perceptions of need through health education and the dissemination of scientific knowledge;

• Push to the foreground in a participatory research process, problems and concerns that traditional research often fails to overlook—changing the perceptions of professionals and researchers;

• Mobilize the community to demand greater funding for issues—moving politicians’ perceptions closer to public and profes-

sional perceptions.

In order to accomplish any of these options for change, coalitions need to work smarter—framing and communicating a clear vision and mission that can be understood by more than the public health professionals involved in the coalition. They need to share resources and avoid duplication of efforts.

Towards this end, the New Jersey Prevention Network has been facilitating an initiative to encourage “working smarter.” NJPN has hosted several gatherings of NJ coalitions—including many from South Jersey—where representatives of coalitions have the opportunity to meet members of other coalitions with a goal of working smarter together. At one session (September 15, 2014) coalitions were broken out by geographic region to provide opportunities for participants to learn what other coalitions are doing in their region. Participants also engaged in discussions of possible ways to align efforts for more effective prevention and cross cutting strategies to consider.

These joint gatherings offer opportunities to identify new strategies and discuss challenges. During one “Working Smarter” session, coalition members lamented the many missed opportunities to collect needed data and share available data. One strategy for “working smarter” might be to consider creating a South Jersey regional clearinghouse/data repository where coalitions in the seven counties can share best practices, reports and data sources that could be of use to other coalitions in their prevention efforts.

The Robert Wood Johnson Foundation/New Jersey Health Initiatives recently announced funding support for coalitions in New Jersey to encourage “working smarter.”\(^3\) South Jersey coalitions might well consider working together to pursue this funding to help build a culture of health.
REFERENCES

1. Southern New Jersey is defined here as including the counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem.


REFERENCES


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Contact:
Bernadette West, PhD
Associate Professor
Rutgers School of Public Health
40 East Laurel Rd.
Stratford, NJ 08084
856-566-6957
westbm@sph.rutgers.edu