



Community Health Improvement Plan

**Making the City of Trenton
The Healthiest City in New Jersey:
*Creating a Culture of Health***

Trenton, New Jersey

January 2014

Acknowledgments

We wish to acknowledge the Robert Wood Johnson Foundation, through its New Jersey Health Initiatives, for funding the Community Health Needs Assessment for the six zip codes of Trenton.

We also wish to recognize The Nicholson Foundation for its operating support of the Trenton Health Team, which has enabled us to improve health care access, outcomes, and delivery of services while lowering system costs.

We are deeply grateful for the contributions of hundreds of anonymous community members who shared their views and concerns through one-on-one interviews and forums.

We are also indebted to our many partners who are working alongside us to improve the health of the Trenton community. Our partners are listed at the back of this report; we apologize for any inadvertent omissions.

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Executive Summary

The Trenton Health Team (THT) has completed a comprehensive, data-informed Community Health Needs Assessment (CHNA), in which Trenton residents played a key role in identifying and articulating the city's top health priorities. THT, a collaborative of the city's two hospitals, St. Francis Medical Center and Capital Health; its only Federally Qualified Health Center, Henry J. Austin Health Center; and the city government's Department of Health & Human Services, partnered with 29 community and social service agencies across Trenton to develop one CHNA for the city as a whole.

CHIP Priorities

Within the overarching priority of poverty, the CHNA process identified five health priorities that require community-wide attention and focus:

- Health Literacy & Disparities
- Safety & Crime
- Obesity & Healthy Lifestyles
- Substance Abuse & Behavioral Health
- Chronic Disease: Diabetes, Hypertension, and Cancer

These were chosen from a longer list of issues that had been derived using health data from THT partner organizations and public sources. These data were shared with the community, whose input was the key driver in selecting our priority areas. During THT's unique community engagement efforts, hundreds of Trenton residents and THT members talked in over 300 individual interviews and 30 forums held in places of worship, community organizations, and public facilities. Priorities emerged as residents shared their personal stories, their fears, their frustrations, and their health and life challenges, in discussions guided by THT professionals.

Results of the CHNA, which were presented in a number of public forums and are available for download via the THT website¹, were used to drive the development of our Community Health Improvement Plan (CHIP), which includes realistic, measurable goals to address the emerging priorities uncovered by the CHNA. Each CHNA health priority was assigned to a community leader who will lead that priority's improvement initiative, guided by the CHIP Steering Team.

As noted in the CHNA, Trenton's health challenges are numerous. Some of those challenges, while beyond the scope of the current CHNA and therefore not a primary focus of the CHIP, bear mentioning in order to fully understand the picture of health in Trenton. Additional factors impacting health outcomes in the city include:

- HIV/AIDS and Hepatitis C
- Teen pregnancy and poor birth outcomes

¹ <http://www.trentonhealthteam.org/tht/TrentonCommunityHealthNeedsAssessmentJuly2013.pdf>

- Sexually transmitted diseases
- Lead poisoning
- Other chronic conditions such as asthma
- Transportation

Efforts are currently under way to address these issues, which may ultimately overlap with some of our CHIP initiatives. While they will not be our primary focus, THT supports the efforts and will participate in collaboration with organizations that are working to address them. Among these are Planned Parenthood of the Mercer Area, HiTOPS, Children's Futures, Isles, Inc., and the City of Trenton. We will continue to acknowledge the impact of these issues, as applicable, while we focus on the emerging priorities identified by our quantitative data and community engagement efforts.

Also noted as a limitation of the CHNA is the transience of the Trenton population, which means our data snapshot may not exactly reflect the situation on any given day. Population mobility also presents a challenge in tracking outcomes of the CHIP, as individuals and families move within and beyond the community's geography. It is our goal, however, to demonstrate quantifiable improvement on key targets using the most accurate measures available to us. We anticipate that the Trenton Health Information Exchange, launched and maintained by THT as of January 2014, will be a valuable resource in this endeavor.

Overarching Goals and Objectives

Targets for improvement over the three-year period of the CHIP have been set, relating to each of the priority areas. While these targets have been set with the recognition that further improvements will be needed to align with national norms, achieving them will begin to address the current disparities. It should be noted that strategies for cultural competency and the removal of barriers will be a necessary and integral component for all priority areas. Our success in this regard will depend upon strong partnerships with appropriate community agencies throughout the city. Our targets include the following:

- Engage city providers in health literacy and cultural competency trainings and secure commitments to adopt best practices in this area
- Reduce the violent crime rate
- Reduce the obesity rate for children and adults
- Adopt substance abuse and mental health screenings city wide, expanding the SBIRT program and expanding available services for behavioral health
- Reduce the adult diabetes rate and improve self-management of the disease
- Include smoking cessation counseling at all of the city's seven clinics
- Increase routine screenings for cancers, especially for lung, prostate, breast, and colorectal cancer

It is also worth noting that our CHIP goals and objectives support and align with the NJ Department of Health Strategic Plan, 2012-2015, and *Partnering for a Healthy New Jersey: New Jersey Chronic Disease Prevention and Health Promotion Plan, 2013-2018*. In each of these plans there is an emphasis on public-private partnerships and collaboration,

community engagement, culturally appropriate communication, effective use of data, fostering prevention and wellness strategies, and promoting early detection and self-management of chronic disease.

Priority Area Goals and Objectives

Within the overarching CHIP goals, specific objectives and strategies have been developed, with primary goals and strategies for each priority area as follows:

Priority Area 1: Health Literacy & Disparities	
Goal 1.1	Increase access for everyone to accurate and actionable health information; support lifelong learning to promote good health
1.1.1	By July 2014, each member organization of the Community Advisory Board will commit to developing a plan to incorporate best-practice health literacy standards for both communication strategies and printed outreach and educational materials.
1.1.2	By September 2014, establish a relationship to support NJPHK’s efforts to embed information regarding CHNA priorities and CHIP goals into school health curriculum at all grade levels (also Obesity & Healthy Lifestyles).
Goal 1.2	Deliver person-centered health information and services
1.2.1	By July 2014, engage with faith-based and other community organizations to develop a plan to conduct cultural competency trainings at primary care clinics and behavioral health providers throughout the city.
1.2.2	By September 2014, convene from among the Community Advisory Board partners, those individuals serving in community outreach positions (including the roles of peer leader, community ambassador, patient navigator, health advocate, <i>Promotora</i> , or Community Health Worker) to share best practices and align strategies around CHIP goals.
1.2.3	By July 2015, develop and provide an educational program focusing on access to care and care disparities for physicians and other providers

Priority Area 2: Safety & Crime

Goal 2.1	Reduce street-level violence by implementing the Trenton Violence Reduction Strategy (TVRS), an evidence-based, public health approach
2.1.1	By March 2014, begin conducting call-ins to confront gang members and violent offenders and offer them the choice to accept social service interventions and an alternate lifestyle or face lengthy jail time.
2.1.2	By July 2014, develop a highly specific, data-informed plan for building community and agency capacities to incorporate and promote violence reduction strategies.
Goal 2.2	Increase residents' perceptions of safety
2.2.1	By January 2014, conduct task force activities, thereby increasing police presence in identified "hot spot" areas.
2.2.2	By March 2014, reduce criminal presence by beginning program of long-term incarcerations for repeat offenders who refuse positive interventions.

Priority Area 3: Obesity & Healthy Lifestyles

Goal 3.1	Increase residents' access to and consumption of healthy foods
3.1.1	By April 2014, obtain letters of commitment from THT's Community Advisory Board to support the Trenton Healthy Food Network, building on existing initiatives such as NJPHK (http://www.njhealthykids.org/) and Shaping NJ (http://www.shapingnjcommunity.org/).
3.1.2	By July 2014, work with Capital Health to refine and develop additional strategies for its Delivery System Reform Incentive Payment (DSRIP) program, which is focused on reducing obesity.
3.1.3	By July 2015, seek funding to expand Healthy Corner Stores initiative to add four or more participating stores distributed on the basis of need.
Goal 3.2	Increase access to and practice of physical activity
3.2.1	By May 2014, re-establish collaboration among public departments and agencies such as the City of Trenton Recreation Department, TPD, and schools to ensure that physical fitness activities are available regularly at public parks and community centers.
3.2.2	By September 2014, craft organizational wellness policies for THT partners and promote adoption of similar policies in Trenton schools, public and private agencies, and workplaces by July 2015.

Priority Area 4: Substance Abuse & Behavioral Health

Goal 4.1	Expand screening and improve referral to quality behavioral treatment services, including reducing cultural barriers for behavioral health treatment
4.1.1	By July 2014, expand the SBIRT program to all city clinics and emergency rooms and develop a plan for including adolescents; by July 2015, expand SBIRT to non-clinical settings such as Rescue Mission and TASK.
4.1.2	By September 2015, develop a pilot “transitional” outpatient clinic model designed to divert emergency room visits to more appropriate settings for care, and improve patient engagement in treatment programs.
4.1.3	By July 2016, re-establish detoxification programming within the Trenton geography.
Goal 4.2	Improve access to and utilization of prevention services
4.2.1	By January 2014, work with Mercer County Prevention Coalition, Trenton Municipal Alliance, and the County Comprehensive Plan to coordinate and expand knowledge of available prevention resources.
4.2.2	By July 2015, develop “ready access” scheduling at behavioral health providers and develop resources for helping individuals pay for medications.

Priority Area 5: Chronic Disease: Diabetes, Hypertension, and Cancer

Goal 5.1	Improve disease management for diabetes and hypertension (HTN) by adopting evidence-based practice guidelines in each of the city’s clinics
5.1.1	By July 2014, implement a self-management tool for diabetes and HTN at each site.
5.1.2	By July 2014, work with St. Francis Medical Center to refine and develop additional strategies for its DSRIP program, which is focused on diabetes care and prevention.
5.1.3	By September 2014, have self-management goals for 60% of established patients with diagnosis of diabetes/HTN at all clinic sites.
Goal 5.2	Expand cancer screenings for the community by facilitating a partnership with NJCEED (Cancer Education and Early Detection)
5.2.1	By July 2014, establish a process that will result in referrals for cancer screening by primary care practitioners or NJCEED.
5.2.2	By July 2014, provide a navigator model of care at each site that will assure confirmation of appropriate screening services for clients.
5.2.3	By July 2015, identify GI specialist referral resources for patients with abnormal colorectal screenings.

Introduction

Our Health Priorities

The Trenton Health Team (THT), in collaboration with its community partners, recently completed a comprehensive, data-informed Community Health Needs Assessment (CHNA) in which Trenton residents played a key role in identifying and articulating the city's top health priorities. Within the overarching priority of poverty, the CHNA has identified five health priorities that require community-wide attention and focus. These are:

1. Health Literacy & Disparities
2. Safety & Crime
3. Obesity & Healthy Lifestyles
4. Substance Abuse & Behavioral Health
5. Chronic Disease: Diabetes, Hypertension, and Cancer

As noted in the CHNA, Trenton's health challenges are numerous. Some of those challenges, while beyond the scope of the current CHNA and therefore not a primary focus of the CHIP, bear mentioning in order to fully understand the picture of health in Trenton. Additional factors impacting health outcomes in the city include:

- HIV/AIDS and Hepatitis C
- Teen pregnancy and poor birth outcomes
- Sexually transmitted diseases
- Lead poisoning
- Other chronic conditions such as asthma
- Transportation

Efforts are currently under way to address these issues, which are extremely important and may ultimately overlap with some of our CHIP initiatives. While they will not be our primary focus, THT supports the efforts and will participate in collaboration with organizations that are working to address them. Among these are Planned Parenthood of the Mercer Area, HiTOPS, Children's Futures, Isles, Inc., and the City of Trenton. We will continue to acknowledge the impact of these issues, as applicable, while we focus on the emerging priorities identified by our quantitative data and community engagement efforts.

Developing Our CHIP Strategies

The next, all-important step is to take the identified needs and, with continued community engagement, drive plans to address them. This is the goal of our Community Health Improvement Plan (CHIP), which we envision as a living document that will guide our efforts over the next three years.

To adequately address the five health priority areas identified in the CHNA, the THT executive leadership created workgroups by reaching out to its Community Advisory Board (CAB) for volunteers to provide leadership in each of the five health priority areas. The

CAB collaborated with workgroup leaders to identify Trenton city residents with relevant interests and expertise to participate. One of the THT executive leaders was also assigned to each of the five workgroups, with additional THT staff as resources.

Each workgroup held a series of meetings, which were convened with the purpose of developing goals, objectives, and strategies to provide measurable improvements related to their particular CHNA priority. A summary of those discussions was then reviewed and refined by the THT Executive Committee and leaders of the workgroups, with the goal of creating consensus regarding those objectives and strategies that could create the most meaningful impact on the health of the community within the three-year time frame of the CHIP. The resulting goals, objectives, and strategies are summarized in this document, along with the organizations that will have primary responsibility for implementation in each category.

We are grateful to all our workgroup members and community partners, whom we have listed in Appendix A, for their thoughtful participation in the CHIP development process and for their continued engagement in its implementation. Together, we can move towards our vision of making Trenton the healthiest city in the State of New Jersey.

Vision and Values

The vision of the Trenton Health Team (THT) is to make Trenton the healthiest city in the state. Our mission is to transform healthcare for the city through a committed partnership with the community, with a continued focus is on the triple aim of improved patient experience, improved patient outcomes, and lower healthcare costs.

We recognize that this is an ambitious undertaking – one that can be accomplished only through the committed partnership of the entire community. The collaborative structure of THT, which brings former competitors together to address major health concerns in a coordinated way, has already shown dramatic results, including significant reductions in inappropriate and costly use of emergency departments, increased access to primary care, integration of behavioral services into primary care, and establishment of a system for improved efficiencies through shared data via the Trenton Health information Exchange (HIE).

Community Health Status

The Challenges and Our Priorities

As described in the CHNA, the challenges for Trenton are enormous, including low income and educational levels, high unemployment, poor housing conditions, inadequate transportation, limited access to fresh food sources, high levels of crime and homelessness, plus chronic disease and health disparities. Pervasive poverty and concerns for safety are issues that cannot be ignored when seeking to improve health outcomes for the community. Indeed, violence is a serious public health concern beyond the direct physical harm to its victims.

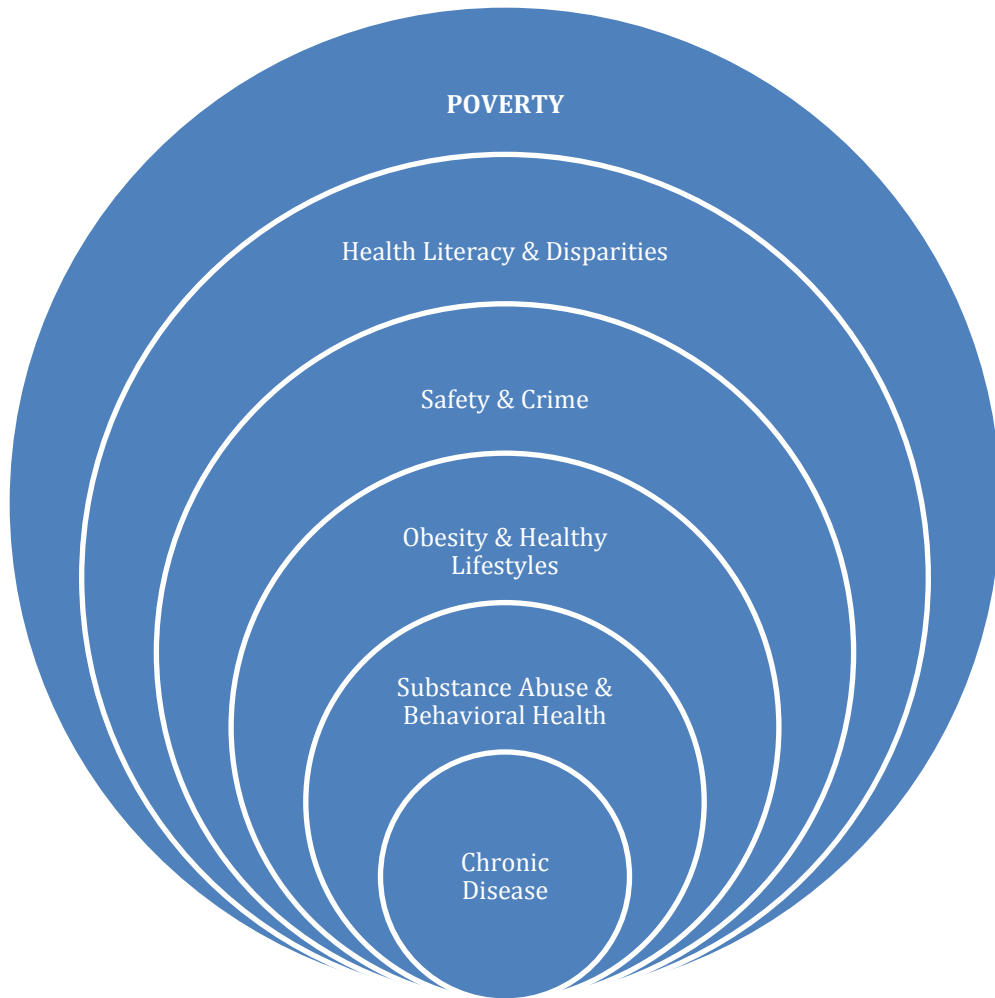
In developing the CHNA, a long list of needs was generated using quantitative data. From that list, community residents identified these needs as the top health concerns in Trenton:

- **Health Literacy and Disparities** – Obstacles to building health knowledge and communicating about health affect many aspects of care. For example, many foreign-born residents struggle to adapt to a different healthcare system in a new country. Diverse and complex language barriers also impact health literacy in Trenton, where over 35 percent of the population speaks a language other than English in the home.
- **Safety and Crime** – Trenton’s rate of violent crime in 2010 was 4.5 times higher than in New Jersey as a whole. At least two of Trenton’s 11 gangs operate within the city’s schools. Decreased numbers of police officers, ongoing gang activity and poverty all fuel Trenton’s high crime rate.
- **Obesity/Healthy Lifestyles** – Nearly half of the city’s children – even those as young as three to five years old – are obese. Trenton has been identified as a food desert, due to lack of access to healthy foods. Poor food options and limited places to play have taken a toll on Trenton’s children. Hunger is also an issue, with 17 percent of Trenton households regularly lacking enough food to eat.
- **Substance Abuse/Behavioral Health** – Fifty-five percent of the 2012 Mercer County substance abuse treatment admissions were cases from Trenton. Emergency departments are overrun by patients with substance abuse issues. Cultural and socioeconomic disparities result in a hesitancy to seek mental health services.
- **Chronic Disease** – Trenton residents have high rates of diabetes, hypertension, and cancer. Sixteen percent of the city’s residents were diabetic in 2009. Heart disease and cancer are two of the three leading causes of death in Mercer County. Unmanaged chronic illness leads to acute, costly, avoidable emergencies.

Addressing the Social Determinants of Health

Because health is about much more than the treating of symptoms or isolated body parts, our success depends on our ability to address the underlying issues, often called the social determinants of health, within our target geography. Hence our ongoing efforts to engage with public and private agencies, corporate and non-profit entities, educators and social service providers, policy makers, and individuals who care about the wellbeing of the greater Trenton area.

These overlapping issues are reflected in our CHIP priorities, described above and depicted in the stacked Venn diagram below to illustrate their interdependence and causal relationship. These priorities undergird the selection of our implementation strategies, all of which call for a team effort from the medical, social service, environmental, behavioral, and educational sectors. They also call for the collaboration of public/ governmental and private entities, including businesses and non-profit organizations.



This CHIP represents input from the full range of our partners, but is also designed to continue as a blueprint for building partnerships and collaborative strategies around the realization of our shared vision for a healthy and vibrant Trenton community. As noted previously, there are significant health issues that extend beyond these priorities. However, we believe that a strategic focus on these critical areas will generate meaningful improvements to population health in the Trenton community and, through increased knowledge and access to information and services, will have a positive impact on many of the issues that are not being directly targeted.

While we understand that the issues are complex and the solutions will not be easy, we have developed goals and objectives that will move the needle and improve the outcomes for a vast number of our residents. We believe that Dr. Lavizzo-Mourey, CEO of the Robert Wood Johnson Foundation, is correct in stating that “Our zip code may be more important to our health than our genetic code.” Therefore, we want to make sure that residents of the six zip codes of Trenton have the promise of a bright future. Through collaborative efforts, we are aiming to improve health and health outcomes for the community by working to ensure access to high-quality healthcare services and supports while also bolstering educational, social, and economic opportunities for the community.

Priority Area 1: Health Literacy & Disparities

Workgroup membership: Francis E. Blanco (Executive Director, Living Hope Empowerment Center), M. Carolyn Daniels, DHSc (NJ Department of Health), Patricia Fizer (Fizer Dental), Ruth Perry, MD (THT Executive Leadership), Harry Reyes, LPC, LCADC (Deputy Director, NJ Department of Human Services/DMHAS), Carol Rogers (Tour Guide Liaison, NJ Office Legislative Services), Yvette Graffie-Cooper (Epidemiologist, City of Trenton Department of Health and Human Services), Kendall Watson (THT Support Staff)

The Health Literacy & Disparities (HLD) workgroup was led by M. Carolyn Daniels, Executive Director of the Office of Minority and Multicultural Health, New Jersey Department of Health. Accountability for implementation of strategies related to this priority will be with THT in cooperation with the NJ Department of Health and community and faith-based organizations in the Trenton geography.

Background and Rationale

Numerous factors were considered in determining HLD as one of the five priority health areas. Poverty, which is more than 25 percent in Trenton, was a primary consideration for designating all priority areas. Poverty has a significant impact on one's education, employment, housing and homelessness, plus access to vital services – all of which are considered social determinants of health as identified by Healthy People 2020.²

Because Trenton has a significant non-English speaking population, including immigrants and refugees from all over the world (35.4 percent speak a language other than English in the home), there are cultural, linguistic, and educational barriers that must be overcome. In addition, Trenton is a majority-minority city, with approximately 50 percent African American and over 30 percent Hispanic/ Latino. Both of these minority groups have statistically higher rates of obesity and chronic disease, including diabetes, heart disease, and cancer. Key findings in the 2013 Health Disparities report from the CDC³ are particularly relevant for Trenton:

- Cardiovascular disease is the leading cause of death in the United States, with non-Hispanic black adults at least 50% more likely to die prematurely of heart disease or stroke than their non-Hispanic white counterparts.
- The prevalence of adult diabetes is higher among Hispanics, non-Hispanic blacks, and those of other or mixed races than among Asians and non-Hispanic whites. Prevalence is also higher among adults without college degrees and those with lower household incomes.

² U.S. Department of Health and Human Services. (2000). *Healthy People 2010* (2nd ed.) [with Understanding and Improving Health (vol. 1) and Objectives for Improving Health (vol. 2)]. Washington, DC: U.S. Government Printing Office. Healthy People.Gov.2020. <http://www.healthypeople.gov/2020/about/disparitiesAbout.aspx>

³ <http://www.cdc.gov/media/releases/2013/p1121-health-disparities.html>

This disparity holds true for Trenton, where adult obesity is an alarming 39 percent, diabetes is 16 percent, and heart disease is a leading cause of death. Many Trenton residents do not prioritize cardiovascular preventive care due to disparities in insurance, lack of access to multicultural health professionals, distrust of medical professionals, and decreased overall awareness of lifestyle and health practices that increase risk of heart disease. In addition, many residents forego cancer screenings due to fear or a lack of information or insurance.

Health literacy can be improved through linguistically and culturally competent education and services, and improved access to primary and specialty care. Addressing health literacy, which may be defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions,”⁴ is essential to reducing health disparities.

Key Findings and Assumptions

Basic assumptions can be made about health literacy and the overall impact on the healthcare system.⁵

- Health literacy is a major public health issue and can be substantiated by extensive data.
- The association between health literacy and health outcomes is supported by an evidence base.
- The issues of limited health literacy exceed individual limitations and therefore should also be extended and recognized as a healthcare and health information systemic problem.
- Hidden costs associated with system changes should be weighed and considered as costs associated with interventions to improve health literacy.

Poor health outcomes drive cost in all healthcare/health information systems and, as noted previously, contribute to the high prevalence of health disparities noted among minority populations. As supported by the HLD literature review, one component of health literacy, namely, health-related print literacy, can significantly mediate racial/ethnic disparities.⁶ It is important to make this correlation so as not to forget that health disparities continue to drive poor outcomes for racial and ethnic populations.

⁴ Institute of Medicine of the National Academies. A prescription to end confusion [Internet] Washington, DC: The Institute; 2004. [cited 10 Sept 2013]. <http://www.iom.edu/Reports/2004/Health-Literacy-A-Prescription-to-End-Confusion.aspx>.

⁵ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. National Action Plan to Improve Health Literacy. Section 3.Goal 7. [Internet] Washington, DC: http://www.health.gov/communication/HLActionPlan/pdf/Health_Lit_Action_Plan_Summary.pdf.

⁶ Annals of Family Medicine. The Contribution of Health Literacy to Disparities in a Self-Rated Health Status and Preventive Health Behaviors in Older Adults. http://www.medscape.com/viewarticle/703457_4.

Recommendations of the HLD Workgroup

The HLD workgroup has recommended the adoption of the *National Action Plan to Improve Health Literacy*⁷ as a blueprint so that health literacy principles are interwoven throughout the CHIP. The *Plan* seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy. The *Plan* is based on the principles that (1) everyone has a right to health information that helps them make informed decisions and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life. The *Plan* also includes key strategies, with the following examples being most applicable to THT and its partner organizations:

Developing and Disseminating Health and Safety Information

- Participate in ongoing training in health literacy that focuses on improving clear communication and information design practices.
- Involve members of the target population—including persons with limited health literacy—in planning, developing, implementing, disseminating, and evaluating health and safety information.
- Ensure that health and safety information is culturally and linguistically appropriate and motivating. Issue plain language guidance for the development of all public health and safety information.
- Build networks with community and faith-based organizations, social service agencies, and nontraditional partners—such as foster care services, poison control centers, and literacy service providers—to deliver health and safety information to and through different points in the community.
- Leverage technology and electronic health tools to deliver health information and services at the time, in the place, and in the multiple formats people need and want.
- Promote health literacy improvement efforts through professional and advocacy organizations.
- Create documents that demonstrate best practices in clear communication and information design.
- Ensure that all consumer health communication—including applications, benefits materials, rights and responsibilities, letters, and health and wellness information—incorporate health literacy principles.

Strategies for Print, Audiovisual, and Electronic Media

- Report consistent, clear messages with action steps for health promotion and disease prevention.
- Use local, community, and ethnic media to raise awareness of health information and services in the community and overcome barriers to care.
- Tell stories about the impact of poor-quality health information and services on people and organizations in the community.

⁷ U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. National Action Plan to Improve Health Literacy. Section 3.Goal 7. [Internet] Washington, DC: http://www.health.gov/communication/HLActionPlan/pdf/Health_Lit_Action_Plan_Summary.pdf.

Strategies for Employers

- Develop workplace policies that increase and improve health information and services for employees and their families.
- Ensure that information and services are culturally and linguistically appropriate.
- Provide training, tools, and resources for employees to improve their health information-seeking and decision-making skills.

Strategies for Health Care Executives

- Train all staff, including executives and support staff, in the principles of health literacy and Culturally and Linguistically Appropriate Services (CLAS).
- Remove informational barriers and create a welcoming, easy-to-navigate, shame-free environment by using such methods as well-designed signage and offering assistance with forms.
- Encourage employees to take advantage of continuing education opportunities to improve communication and CLAS skills. (The HLD workgroup recommends the Think Cultural Health Website- <https://www.thinkculturalhealth.hhs.gov/> for online CLAS standards training).
- Provide incentives to encourage employees to use good communication practices.

Action Steps

Based on the HLD workgroup recommendations, THT has committed itself to raising awareness of the need for culturally competent communication and delivery of services across its member organization and collaborating agencies. The CHIP Steering Committee has embraced two primary goals, with related objectives and strategies as follows:

Priority Area 1: Health Literacy & Disparities	
Goal 1.1	Increase access for everyone to accurate and actionable health information; support lifelong learning to promote good health
1.1.1	By July 2014, each member organization of the Community Advisory Board (CAB) will commit to developing a plan to incorporate best-practice health literacy standards for both communication strategies and printed outreach and educational materials <ul style="list-style-type: none"> • CAB to identify specific programs and projects affected by limited health literacy • THT to identify materials and resources that are available through government agencies and foundation websites to support activities and educational efforts, e.g., http://www.state.nj.us/health/omh/culturalcompetency.shtml http://www.cdc.gov/minorityhealth/internships/opportunities.html • HLD workgroup to select most relevant and valuable materials for distribution through partner organizations and develop activities that can improve effectiveness
1.1.2	By September 2014, establish a relationship to support NJPHK’s efforts to embed information regarding CHNA priorities and CHIP goals into school health curriculum at all grade levels (also Obesity & Healthy Lifestyles)

Priority Area 1: Health Literacy & Disparities	
	<ul style="list-style-type: none"> • Work with NJPHK and school district liaison to coordinate meetings with appropriate school/district personnel • Identify opportunities in the curriculum and key elements that can be interwoven within the class structures
Goal 1.2	Deliver person-centered health information and services
1.2.1	<p>By July 2014, engage with faith-based and other community organizations to develop a plan to conduct cultural competency trainings at primary care clinics and behavioral health providers throughout the city</p> <ul style="list-style-type: none"> • Through CAB, identify needs pertaining to cultural issues • HLD workgroup to select/design trainings based upon issues that have been identified
1.2.2	<p>By September 2014, convene from among the CAB partners, those individuals serving in community outreach positions (including the roles of peer leader, community ambassador, patient navigator, health advocate, <i>Promotora</i>, or Community Health Worker) to share best practices and align strategies around CHIP goals</p> <ul style="list-style-type: none"> • Based upon CAB needs assessment regarding cultural competency, conduct workshops 2-3 times per year and establish networks of community workers for ongoing learning and sharing of best practices and resources • Develop programming to empower community workers to address issues related to healthy lifestyles and particular diseases (e.g., diabetes, heart disease) that are priorities for the Trenton community
1.2.3	<p>By July 2015, develop and provide an educational program focusing on access to care and care disparities for physicians and other providers</p> <ul style="list-style-type: none"> • Using knowledge gained through CAB assessment and community workshops, develop training agenda for physicians and providers • Make arrangements for expert presenter(s), venues, etc. • Present trainings and gather participant feedback
Metrics	
CAB partners (at least 80%) will sign covenants regarding use of culturally competent communications, including availability of translations, design for appropriate reading levels, and commitment to staff trainings. Numbers of individuals trained will be tracked and participants surveyed for perceived quality.	
Partners and Resources	
NJ Department of Health, including Office of Minority and Multicultural Health; City of Trenton Department of Health and Human Services; Trenton Public Schools' telephonic interpretation services; Horizon Foundation, through health literacy grants to THT, Millhill Child and Family Development Center, and Children's Futures; RWJF through NJHI grant to El Centro for health literacy within Latino community	

Priority Area 2: Safety & Crime

Workgroup membership: James Brownlee (THT Leadership and City of Trenton Health Department), Alexis Durlacher (Trenton Police Department), Grady Griffin (Chief of Trenton Emergency Medical Services), Jerome Harris (Shiloh CDC)

The Safety & Crime workgroup was led by Alexis Durlacher, a detective in the Office of Police Director, Trenton Police Department (TPD). Accountability for this priority will be with TPD, supported by THT plus Rutgers University-Camden and the College of New Jersey (TCNJ) for data and research.

Background and Rationale

The area of Safety & Crime is a critical social determinant of health and has a profound impact on all the other areas that have been identified as priorities for the CHIP. A biochemical relationship exists between crime and health, as safety concerns cause toxic stress leading to subsequent emotional, mental, and physical issues and disparities beginning in childhood and throughout adult life.⁸

Through the CHIP, we are seeking to reduce the rates of crime through an evidence-based approach to curtailing gang activity and street-level violence, which will be a centerpiece of our strategy for this priority area. Funding has been secured by TPD to launch the Trenton Violence Reduction Strategy (TVRS), a comprehensive model that blends the best elements of two existing evidence-based policing strategies: Boston Ceasefire and Chicago Ceasefire (now CURE). The goals of TVRS are to change the criminogenic behavior of a targeted population of gang members identified by the TPD, mobilize social service and outreach workers into neighborhoods experiencing high levels of criminal activity, work with individuals and families to reduce violence, and provide needed job training, life skills and other aid to at-risk teens, young adults, and families as an alternative to engaging in criminal behavior.

One of the key pillars of TVRS is its reliance on experts engaging in research and sharing their knowledge to inform practices on the ground. It emphasizes the importance of ongoing information gathering, data analysis, assessment, evaluation, and training. An interdisciplinary group of faculty experts from TCNJ and Rutgers-Camden (including former advisors to the current U.S. Attorney General and the former Governor of New Jersey) will oversee the research efforts.

The analysts will examine crime statistics, economic data, social service information, an analysis of the physical environment, qualitative information of individuals residing in target communities as well as other relevant figures. Dr. Louis Tuthill of Rutgers

⁸ Centers for Disease Control and Prevention findings on associations between adverse childhood experience (ACEs) and later-life health and well-being: <http://www.cdc.gov/ace/>

University-Camden is currently analyzing TPD crime data. Dr. Tuthill has a long history of working with local, tribal, and Federal law enforcement agencies to develop deterrent strategies. TCNJ will provide monitoring and analysis of grant outcomes relative to the social service interventions.

The chosen focus areas for year one of TVRS are Donnelly Homes and Spring Street. This was determined through parallel analysis by the TPD and the Department's Violent Enterprise Source Targeting (VEST) group, coupled with an understanding of the location of important services. In taking a targeted approach, TVRS is moving social service resources and agents who can have an impact on reducing violence directly to where they are most needed. This is similar to the way law enforcement focuses resources on hot spots. We want to drive offenders away from a life of gang and criminal behavior by providing directed "alternative ladders of opportunity" to them.

Geographic focus areas for subsequent years will be determined based on outcomes and continued data analysis. The goal is not to implement a program that will have a moderate impact for a modest period. The purpose of TVRS is to enable agencies and the community to collaborate and continue their work together in a strategic, focused, scientific, and purposeful manner. After addressing the violent crime that is currently plaguing the City of Trenton, we aim to mobilize similar community and academic resources to address other tertiary factors or crimes that can contribute to violence and victimization. These include intimate partner violence, closed indoor recreational spaces, juvenile delinquency, and truancy. By addressing these factors, we create sustainability for the effort while continuing to have an indirect, positive impact on street level violence.

In addition to TVRS, the City has announced plans to hire more police officers in each of the next few years, which will be an important support for crime prevention efforts. We are also working to provide increased security in public spaces in a way that will promote positive community engagement and perceptions of safety. These efforts overlap with and are described in more detail in the section on Priority Area 3: Obesity & Healthy Lifestyles.

Key Findings and Assumptions

Among the key findings of the CHNA regarding crime and safety are the following:

- Trenton's crime index is significantly higher than that of New Jersey, the US and neighboring municipalities in Mercer County. For example, New Jersey averaged 1,154 offenses known to law enforcement per 100,000 population; Trenton averaged 3,169 on the same scale. The rate is around ten-fold lower, in some cases more, in every neighboring municipality in the county.
- Decreases in the number of city police officers, increases in the number of vacant homes and high rates of gang activity fuel Trenton's high crime rates, along with declining business and poverty.
- Trenton is one of six New Jersey towns with multiple gangs of more than 100 members, with 11 total reported gangs comprising around 5,325 members and two

to four of these gangs present in the city’s schools. About 45 percent of Trenton parents feel that their neighborhoods are somewhat or very unsafe due to crime.

Recommendations of the Safety & Crime Workgroup

As described above, the central recommendation of the Safety & Crime workgroup was adoption of the TVRS, which includes three categories for collaborative activity:

1. Law enforcement
2. Social services/outreach and education
3. Research and data analysis through area institutions of higher education

This cross-sector collaboration is a hallmark of the TVRS approach and a vital characteristic of the model. Another distinctive feature is its inclusion of families and its holistic approach in providing services to individuals who choose to engage in the process of turning their lives around. Another key component is its reliance on data, including the ongoing collection of performance and process measures and the use of focus groups and regular data analysis to track changes.

Action Steps

Based on the Safety & Crime workgroup recommendations, the CHIP Steering Committee has embraced two primary goals, with related objectives and strategies as follows:

Priority Area 2: Safety & Crime	
Goal 2.1	Reduce street-level violence by implementing the Trenton Violence Reduction Strategy (TVRS), an evidence-based, public health approach to crime reduction
2.1.1	By March 2014, begin conducting call-ins to confront gang members and violent offenders and offer them the choice to accept social service interventions and an alternate lifestyle or face lengthy jail time <ul style="list-style-type: none"> • Begin provision of wraparound services for offenders and families who choose to break with the past and turn their lives around • Pursue federal prosecutions for non-repentant perpetrators
2.1.2	By July 2014, develop a highly specific, data-informed plan for building community and agency capacities to incorporate and promote violence reduction strategies <ul style="list-style-type: none"> • Work with Rutgers-Camden to complete data-mapping and analysis for crime hot spots • Work with TCNJ and Bonner Fellows to develop mobile phone apps and online system for reporting low-level crimes
Goal 2.2	Increase residents’ perceptions of safety
2.2.1	By January 2014, conduct task force activities, thereby increasing police presence in identified “hot spot” areas <ul style="list-style-type: none"> • Investigate funding to install security cameras at strategic locations

Priority Area 2: Safety & Crime	
	<ul style="list-style-type: none"> Conduct ongoing analysis of crime data and program participant outcomes, including metrics tied to educational and job development efforts
2.2.2	<p>By March 2014, reduce criminal presence by beginning program of long-term incarcerations for repeat offenders who refuse positive interventions</p> <ul style="list-style-type: none"> TCNJ Bonner Fellows to conduct resident surveys in focus areas (Donnelly Homes and Spring Street) regarding safety concerns and perceptions; to be followed up for comparison in subsequent years Monitor reporting of crimes by residents as an indicator of increased confidence in law enforcement
Metrics	
<p>Regular monitoring of crime data and performance outcomes for participating offenders relative to educational and job development efforts (e.g., GED completion, avoidance of further criminal activity, placement and persistence in internships and positions of employment). Specific measurements will be developed by higher education partners in collaboration with social service providers.</p>	
Partners and Resources	
<p>Trenton Police Department, including the newly established Police Chaplaincy Program; TCNJ, including Bonner Fellows and Trenton Policy and Prevention Board; Rutgers University-Camden; Trenton Council of Civic Associations; social service providers (TBA based upon results of bidding process)</p>	

Priority Area 3: Obesity & Healthy Lifestyles

Workgroup membership: Andrew Carten* (CityWorks), Janet Heroux (Shaping NJ), Connie Polonsky (NJ Prevention Network), Francis Blanco* (Living Hope Empowerment Center), Susan Jones* (Henry J. Austin Health Center), Jerome Harris* (Shiloh CDC), Elyse Pivnick* (Isles), Marissa Davis* and Shannon O'Connor* (New Jersey Partnership for Healthy Kids/NJPHK), Michelle Kennedy (Rutgers University)

*also member of the NJPHK steering committee

The Obesity & Healthy Lifestyles workgroup was led by Elyse Pivnick, Vice President of Environment and Community Health Programs at Isles, Inc. Accountability for implementation will be with THT and NJPHK.

Background and Rationale

The area of obesity and healthy lifestyles is one that has been in the national spotlight in recent years, due to the alarming increase in obesity, both among adults and children. As described in the CHNA, the problem in Trenton is significant, with rates of obesity that exceed both the national norm and the rates of neighboring communities.

Because of the scope and seriousness of the obesity issue, much work is being done within the region and, rather than “reinvent the wheel” for this CHIP, the Obesity & Healthy Lifestyles workgroup consolidated and reviewed the goals and objectives from five separate obesity/healthy lifestyle plans that include Trenton: Greater Mercer Community Health Plan, Community Transformation Project of New Jersey Prevention Network, Shaping NJ, New Jersey Partnership for Healthy Kids (NJPHK), and NJ Chronic Disease Plan.⁹ There was agreement that we should build on existing work by selecting goals and objectives from these plans that best meet Trenton’s needs, assuming some modifications. Final recommendations were drawn from five categories:

- Healthy food access
- Increased physical activity
- Crime and safety – (partnership with that workgroup)
- Workplace
- Childcare

Key Findings and Assumptions

As noted in the CHNA, crime is intrinsically linked with health in the realm of obesity and sedentary lifestyles. The lack of physical activity exhibited by many Trenton residents partially stems from feeling unsafe in their neighborhoods and subsequently not using sidewalks and parks in the city for exercise. This issue, in combination with a lack of access to healthy food in Trenton, has created an unhealthy environment fueling the city’s obesity

⁹ http://www.state.nj.us/health/newsletter/documents/sept_2012.pdf

epidemic, with approximately 39 percent of Trenton residents being obese, compared to 19.7 percent in Mercer County and 23.7 percent in New Jersey as a whole.¹⁰

Supermarkets are considered the healthiest option of all available food outlets, yet are the least accessible. The lack of access to supermarkets coincides with disparities experienced by various racial/ethnic groups and those of low socio-economic status. Because of the paucity of supermarkets, Trenton has been deemed a “food desert,” which is defined as an urban neighborhood where fresh fruit and vegetables are scarce and obesity and diabetes are correspondingly common.¹¹

The lowest rates for being overweight or obese in the U.S. are found where people have easy access to supermarkets and grocery stores. Those who live farther away from grocery stores than from convenience stores or limited service restaurants have significantly higher rates of premature death from diabetes. Overall, most Trenton area supermarkets are inaccessible without a car, representing a major disparity. Many residents do not own cars and, while public transportation in the city is unreliable, it is also costly.

Income disparities also play into access to healthy food and subsequently impact health. The Food Trust, a nonprofit organization started in Philadelphia, found that obesity rates in New Jersey are over 35 percent higher for those earning less than \$15,000 a year when compared to those earning \$50,000 or above.¹²

The combination of issues related to safety and crime, a lack of transportation, economic challenges, limited knowledge regarding nutrition and inadequate availability of fresh produce all combine to drive Trenton’s high rates of obesity and related chronic diseases. Our goals in the CHIP are to focus on several key areas that can begin to have a positive impact on these interrelated factors.

Recommendations of the Obesity & Healthy Lifestyles Workgroup

There was consensus regarding the following recommendations:

- Reestablish the functions of the city’s recreation department, which lost its entire staff soon after Mayor Mack took office. These functions include programs of physical activity at community centers and parks, park maintenance, park security, and safe routes to parks and centers.
- Pursue the creation of joint-use agreements between school district and City of Trenton that would allow opening of school parks outside of school hours and including weekends.
- Reestablish a partnership among police commissioner, school superintendent, and City of Trenton to address security problems.

¹⁰ Centers for Disease Control and Prevention, Adult Obesity Facts, Behavioral Risk Factor Surveillance System 2011, Retrieved from <http://www.cdc.gov/obesity/data/adult.html#baseline>

¹¹ New Jersey Department of Law & Public Safety, Division of State Police, Intelligence Section, Gangs in New Jersey, Municipal Law Enforcement Response to the 2010 NJSP Gang Survey. Retrieved from http://www.njsp.org/info/pdf/gangs_in_nj_2010.pdf

¹² Fitzgerald, B. (2012). More Cash Coming to Help Eliminate New Jersey’s Food Deserts, NJ Spotlight. Retrieved from <http://www.njspotlight.com/stories/12/0104/0034/>

- Expand the Healthy Corner Store initiative of NJPHK, which has been working with The Food Trust to provide new refrigerators and display apparatus to four stores where the owners agreed to sell more healthy food items and to feature the healthy items prominently in their stores.
- Increase the availability of fresh produce at Trenton food pantries either through new partnerships or grants.
- Expand the number of urban gardens by adding plots at schools, in parks, and in other public spaces.
- Offer cooking classes in publicly available spaces such as neighborhood schools, community and senior centers, and area churches. Classes are needed because many residents do not know how to prepare fresh foods.

Also discussed as possible strategies were the adoption of zoning regulations that would limit approval of new fast food establishments or prescribe a minimum distance between them and a policy that gives restaurants an incentive to feature healthy food items and to post calories of all menu items. These may be pursued through the newly established Trenton Healthy Food Network.

Action Steps

Based on the Obesity & Healthy Lifestyles workgroup recommendations, the CHIP Steering Committee has embraced two primary goals, with related objectives and strategies as follows:

Priority Area 3: Obesity & Healthy Lifestyles	
Goal 3.1	Increase access to and consumption of healthy foods
3.1.1	By April 2014, obtain letters of commitment from THT’s Community Advisory Board to support the Trenton Healthy Food Network, building on existing initiatives such as NJPHK (http://www.njhealthykids.org/) and Shaping NJ (http://www.shapingnjcommunity.org/) <ul style="list-style-type: none"> • Present information and a letter for adoption at the CAB meeting on April 28th • THT Executive Committee and CAB members to promote efforts within their respective organizations, including especially those with food pantries and provision of meals to community members
3.1.2	By July 2014, work with Capital Health to refine and develop additional strategies for its Delivery System Reform Incentive Payment (DSRIP) program, which is focused on reducing obesity <ul style="list-style-type: none"> • CH to present progress report for discussion at THT Executive Committee meetings in May – June • Refinements/new strategies to be presented to CAB at July meeting
3.1.3	By July 2015, seek funding to expand Healthy Corner Stores initiative to add four or more participating stores distributed on the basis of need <ul style="list-style-type: none"> • NJPHK/Trenton Healthy Food Network to conduct assessment of existing corner stores and determine locations of need and interest

Priority Area 3: Obesity & Healthy Lifestyles	
	<ul style="list-style-type: none"> • Representatives from THT, Isles, and NJPHK to develop a list of funding prospects, develop outreach and solicitation plans, and submit proposals for consideration
Goal 3.2	Increase access to and practice of physical activity
3.2.1	<p>By May 2014, re-establish collaboration among public departments and agencies such as the City of Trenton Recreation Department, TPD, and schools to ensure that physical fitness activities are available regularly at public parks and community centers (THT to serve as convener)</p> <ul style="list-style-type: none"> • Establish regular meetings and representation across key agencies • Confirm plans to provide safe corridors to and from schools and expand security at parks and recreational facilities • Monitor effectiveness through levels of usage and resident feedback
3.2.2	<p>By September 2014, craft organizational wellness policies for THT partners and promote adoption of similar policies in Trenton schools, public and private agencies, and workplaces by July 2015</p> <ul style="list-style-type: none"> • THT and Obesity workgroup to identify materials and resources that are available through government agencies and foundation websites to support policy development • Workgroup to develop recommendations for distribution through and adoption by partner organizations • THT to work through the THT Executive Committee to facilitate partner buy-in and implementation • Engage the Chamber of Commerce to encourage adoption within the business community (July 2015)
Metrics	
<p>Numbers and success of healthy corner stores will be tracked. Levels of access to parks and recreation centers will be monitored (e.g., increased hours of operation, program offerings, etc.). NJPHK, in partnership with Rutgers University, is monitoring the BMI of students in Trenton public schools; heights and weights will be collected and analyzed for academic years 2013-14 and 2015-16.</p>	
Partners and Resources	
<p>NJ Department of Health, including Shaping NJ; City of Trenton, including TPD and Department of Health; Trenton Public Schools; NJPHK partners; Trenton Healthy Food Network; NJ Prevention Network; CAB members, including Trenton Council of Civic Associations, Visiting Nurse Association of Mercer County, TASK, HomeFront, faith community, Capital Health; and Rutgers University</p>	

Priority Area 4: Substance Abuse & Behavioral Health

Workgroup membership: Mary Gay Abbott-Young (CEO, Rescue Mission of Trenton), Marygrace Billek (Director, Mercer County Department of Human Services), Dr. Gary Brown (Chair, Department of Psychiatry Capital Health Regional Medical Center), Jill Claudio (Screening Director, Capital Health), Ann Dorocki (Chief of Addiction Services, Mercer County), Chris Freeman (Clinician, Catholic Charities), Leslie Karpf (Vice President, Greater Trenton Behavioral Healthcare), Michele Madiou (Mental Health Administrator, Mercer County), Cynthia Oberkofler (CEO, Millhill Child and Family Development Center), Anita Porbeni (THT, SBIRT Program Coordinator), Jennifer Priest (Social Worker, Henry J. Austin Health Center), Jeffery Robbins (Executive Director, Family Guidance Center), Barbara Sprechman (Prevention Coalition Coordinator, Mercer Council on Alcoholism and Drug Abuse), Dawn J. Tuminaro, LSW (Emergency Room Social Worker, St. Francis Medical Center), Kendall Walton (THT Support)

The Substance Abuse & Behavioral Health (SA/BH) workgroup was led by Marygrace Billek, Director of Human Services for Mercer County. Accountability for implementation will be with THT, its corporate partners, and the Mercer County Department of Human Services.

Background and Rationale

The top three issues, as revealed in every behavioral health assessment for the community, are safety, cultural competence, and access. The SA/BH workgroup undertook a careful review of the CHNA and strongly supports the finding that safety and crime is the number one health crisis for residents of the City of Trenton. Issues of substance abuse and behavioral health are inextricably linked with safety and crime. Additional behavioral health challenges for Trenton include a shortage of medication providers – there are not enough generally or in Trenton specifically. Issues with dually diagnosed patients are very common, with more than one-third of those who come into Trenton emergency rooms having substance abuse issues. The need for addressing co-occurring treatment is very important. The current delivery system puts a burden on patients to find an outpatient provider and they struggle with wait times and waiting lists.

Key Findings and Assumptions

During one-on-one interviews and community forums in the CHNA process, the problems associated with substance abuse emerged as a recurring theme. It is of interest to note that the concerns were focused on drug use by high school students, as well as concerns for personal safety. While the THT grant for Screening, Brief Intervention and Referral to Treatment (SBIRT) is a valuable resource, including screening for co-occurring issues using the Mental Health Screening Form III,¹³ it does not currently screen adolescents and has

¹³ http://www.omh.ny.gov/omhweb/resources/providers/co_occurring/adult_services/screening.html

not yet been fully ramped up across the city – limitations we plan to address in the year ahead.

Addressing SA/BH issues is complicated by enormous housing and transportation needs. Many of the most frequent ER users (who are disproportionately affected by SA/BH issues) are homeless, many are undocumented, and there are increasing numbers of children represented. Additional complicating factors are cultural. Minority populations are very unlikely to seek and receive mental health services. Between the stigma associated with mental illness and inadequate screening by primary care practitioners, identification is often missed. For those fortunate enough to have received an intervention for an acute episode, the lack of follow-through with discharge plans and delays in the initiation of community-based follow-up services frequently result in a re-admission.¹⁴ The faith-based community can be an important resource, but engagement and training are needed.

Another key issue that emerged in discussions with the CHIP Screening Committee is the need for detoxification services within the community. Currently, the only services are a long distance from Trenton and referrals may be cumbersome, resulting in loss of valuable time and motivation. Hospital ERs are then obligated to accommodate intoxicated patients, but are penalized for inappropriate use of the facility. Patients would be better served at lower cost in a setting that is designed for this purpose. It was agreed that addressing this issue should be a priority of the CHIP.

Recommendations of the SA/BH Workgroup

Key recommendations of the SA/BH workgroup include the following:

- Deconstruct silos and increase collaborative efforts across organizations
 - Adopt an integrative model
 - Have one coordinated way of getting into treatment and having patients' needs met
 - Use warm hand-offs to other service providers/organizations
 - Engage/train culturally competent navigators and liaisons who are available to come to the consumer
 - Schedule at least 5-6 visits as follow-up to appointments
 - Have THT members participate on Mercer County Prevention Coalition and the Trenton Municipal Alliance Committee
- Address issues of prevention and access
 - Coordinate/provide transportation
 - Engage the faith-based community in developing ways to offer educational and culturally competent programming and de-stigmatize behavioral health issues
 - Work to remove economic barriers, including funding/insurance coverage for medications and prescribers
 - Arrange for resources to be available for childcare during treatment

¹⁴ Healthy New Jersey 2010, Center for Health Statistics, Office of the State Epidemiologist, Public Health Services, New Jersey Department of Health & Senior Services. Retrieved from <http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05.pdf>

- Work for more flexibility with regulatory bodies
- Expand SBIRT screenings into more settings (planned expansion into ERs in January, 2014) and add a tool and process for screening adolescents (e.g., CRAFFT, which was developed by the Center for Adolescent Substance Abuse Research and is recommended by the American Academy of Pediatrics’ Committee on Substance Abuse. CRAFFT is a mnemonic acronym of first letters of key words in the six screening questions.¹⁵)

Action Steps

Based on the SA/BH workgroup recommendations, the CHIP Steering Committee has embraced two primary goals, with related objectives and strategies as follows:

Priority Area 4: Substance Abuse & Behavioral Health	
Goal 4.1	Expand screening and improve referral to quality behavioral treatment services, including reducing cultural barriers for behavioral health treatment
4.1.1	By July 2014, expand SBIRT program to all city clinics and emergency rooms and develop a plan for including adolescents; by July 2015, expand SBIRT to non-clinical settings such as Rescue Mission and TASK <ul style="list-style-type: none"> • Develop MOUs with each agency regarding screening processes, resources, and referrals for treatment • Conduct training for staff in Motivational Interviewing and screening procedures • Work with NJPJK and schools regarding a plan for targeting adolescents • Collect data and monitor outcomes
4.1.2	By September 2015, develop a pilot “transitional” outpatient clinic model designed to divert emergency room visits to more appropriate settings for care, and improve patient engagement in treatment programs <ul style="list-style-type: none"> • THT leadership and SA/BH workgroup to determine issues, options, and opportunities to develop pilot • County Department of Human Services to coordinate outreach to potential service providers
4.1.3	By July 2016, re-establish detoxification programming within the Trenton geography <ul style="list-style-type: none"> • THT and SA/BH workgroup to convene meetings with City agencies, hospitals, and behavioral health collaborative to identify needs and obstacles, and explore possible locations for program • THT and City to develop plan for acquiring and readying facility • County Department of Human Services to coordinate outreach to potential service providers

¹⁵ <http://www.ceasar-boston.org/clinicians/crafft.php>

Priority Area 4: Substance Abuse & Behavioral Health	
Goal 4.2	Improve access to and utilization of prevention services
4.2.1	<p>By January 2014, work with Mercer County Prevention Coalition, Trenton Municipal Alliance, Trenton Prevention Policy Board, and the County Comprehensive Plan to coordinate and expand knowledge of available prevention resources</p> <ul style="list-style-type: none"> • THT representative to attend TPPB and TMAC meetings and report back to CAB • CAB members to share and disseminate information within and through respective organizations
4.2.2	<p>By July 2015, develop “ready access” scheduling at behavioral health providers and develop resources for helping individuals pay for medications</p> <ul style="list-style-type: none"> • THT leadership to work with behavioral health collaborative to develop plans for each agency to adopt scheduling system that has been successfully implemented at HJAHC and hospital clinics
Metrics	
<p>SBIRT metrics will be tracked, including numbers screened, numbers of brief interventions and brief treatments conducted, numbers referred to treatment, and numbers of patients who follow-through on referrals. Initial screening will be used as "baseline" data, and subsequent screenings, which are done annually, as "follow-up" data. In this way, providers can ascertain practice-based evidence to determine if brief intervention services are promoting positive patient behavior changes. Implementation of transitional pilot and detoxification programming will be measured against numbers continuing to use ER for this purpose. Baseline wait times for behavioral services will be measured against wait times after adoption of “ready access” scheduling.</p>	
Partners and Resources	
<p>THT corporate partners, behavioral and social service providers, including Catholic Charities Diocese of Trenton, Family Guidance Center, Greater Trenton Behavioral Healthcare, Millhill Child and Family Development Center, Rescue Mission of Trenton, Trenton Area Soup Kitchen, etc.); NJ Division of Mental Health and Addiction Services; Mercer County Department of Human Services, including Mercer Council on Drug and Alcohol Addiction and Trenton Municipal Alliance, TPPB, SBIRT grant to THT.</p>	

Priority Area 5: Chronic Disease: Diabetes, Hypertension, and Cancer

Workgroup Membership: Kemi Alli, MD (Chief Medical Officer, HJAHC), Jerome Harris (Shiloh CDC), Laura Hernandez-Paine, MSW (Director of CDPC, NJ Division of Family Health Services), Carol McAloon, RN, MSN (St. Francis Medical Center), Peri Nearon, MPA (Director of External Affairs and Strategic initiatives, NJ Division of Family Health Services), Robert Remstein, DO, MBA (THT leadership and Vice President for Accountable Care, Capital Health), Christy Stephenson, RN, MBA (Interim CEO/President, St. Francis Medical Center)

The Chronic Disease Workgroup was led by Carol McAloon. Accountability for implementation will be with the THT Executive Committee and corporate partners.

Background and Rationale

Chronic disease is a major health concern for the population of Trenton, with particular challenges due to diabetes, heart disease, and cancer – all of which occur within the community at higher than the nationally or regionally normal rates.

Diabetes is a disease that, if left uncontrolled and untreated, can lead to significant morbidity and mortality, including diseases of the heart and circulatory system, nervous system, eyes and kidneys. The disease has close links to hypertension, obesity, and heart disease to name just a few. It is one of the leading causes of hospitalization in the U.S.¹⁶ The total percentage of adults with diagnosed diabetes in 2010 was just over six percent in the U.S. and a little over eight percent in New Jersey. Comparatively, in 2009 just over nine percent of Mercer County residents and 16 percent of Trenton residents were diabetic. Individuals who do not achieve good control of their diabetes are more prone to short-term complications that can reduce the quality of life, increase chances of death and increase the overall cost of healthcare. The populations most at risk for diabetes are all represented to a significant degree in Trenton: those who are over the age of 45, minority populations (especially African Americans and Latinos) and persons who are obese. With the demographics and health disparities of Trenton, there is reason to believe that many diabetics in the community are not receiving the recommended interventions.

Heart disease is the leading cause of death of men and women in the United States and is one of the top three causes of death in Mercer County. The risk of dying from cardiovascular disease is double for African American men compared to white men. This disparity is most pronounced in the 45 to 64 year age group.¹⁷ Hypertension, diabetes, and high cholesterol play a role in the reason for this disparity, according to an article

¹⁶ Centers for Disease Control and Prevention, Diabetes Fact Sheet, 2009. Retrieved from <http://www.cdc.gov/diabetes/pubsestimates9.htm>

¹⁷ Healthy New Jersey 2010, Center for Health Statistics, Office of the State Epidemiologist, Public Health Services, New Jersey Department of Health & Senior Services. Retrieved from <http://www.state.nj.us/health/chs/hnj2010u05/hnj2010u05.pdf>

published by Health Power for Minorities (a nationally unique minority health improvement organization).¹⁸

Cancer is the third leading cause of death in Mercer County.¹⁹ Four sites represent over 50 percent of all new cancers and 48 percent of all cancer deaths. These are: lung, prostate, breast, and colorectal cancers. Early detection is the key to best survival rates. As is the case with other chronic diseases, cancer detection and treatment in Trenton is fraught with issues of disparity. From 2000 forward, the rate of advanced stage of breast cancer in African American women increased from 99 to 108 per 100,000 women. According to the 2011 National Healthcare Disparities Report, the benchmark of 79 cases per 100,000 has been achieved by both White and Latino women; African American women are moving away from the benchmark.

Key Findings and Assumptions

Unmanaged chronic illness leads to acute, costly, avoidable emergencies. Trenton residents have higher rates of chronic illnesses than Mercer County as a whole, the state of New Jersey, and the nation. The most significant chronic diseases in Trenton are diabetes, cardiovascular disease, and cancer. Co-pays for services (ranging from \$10 to \$80 per encounter) limit access and prevent early detection and effective management of chronic diseases. Through its innovative structure and collaborative approach, THT has been able to increase access to primary care, improve care coordination among providers, and reduce the avoidable and costly use of emergency services. This model will be central in addressing the continuing and complex challenges of chronic disease in the city.

Recommendations of the Chronic Disease Workgroup

Key recommendations of the Chronic Disease workgroup involve the adoption and implementation of consistent, evidence-based practices throughout the city, coupled with educational efforts aimed at increased screenings for cancer and improved self-management of chronic conditions.

Action Steps

Based on the Chronic Disease workgroup recommendations, THT will work to ensure that best-practices for addressing these chronic diseases will be used in all clinic locations. The CHIP Steering Committee has embraced two primary goals, with related objectives and strategies as follows:

¹⁸ <http://www.healthpowerforminorities.com>

¹⁹ American Cancer Society, New Jersey & New York. The Cancer Burden in New Jersey, 2012. Retrieved from http://www.acscan.org/ovc_images/file/action/states/nj/NJ_Cancer_Burden_Report_2012.pdf

Priority Area 5: Chronic Disease: Diabetes, Hypertension, and Cancer	
Goal 5.1	Improve disease management for diabetes and hypertension (HTN) by adopting evidence-based practice guidelines in each of the city's clinics
5.1.1	<p>By July 2014, implement a self-management tool for diabetes and HTN at each site</p> <ul style="list-style-type: none"> • Clinic sites to select and implement a self-management tool for diabetes and HTN (e.g., Stanford's Chronic Disease Self-Management Program or CDSMP) • THT to implement and monitor outcomes of GoMo mobile application funded through Horizon Foundation for diabetes management, with view towards broader adoption • Develop plan and implement training on self-management tool for staff at each site
5.1.2	<p>By July 2014, work with St. Francis Medical Center to refine and develop additional strategies for its Delivery System Reform Incentive Payment (DSRIP) program, which is focused on diabetes care and prevention</p> <ul style="list-style-type: none"> • SFMC to present progress report for discussion at THT Executive Committee meetings in May – June • Refinements/new strategies to be presented to CAB at July meeting
5.1.3	<p>By September 2014, have self-management goals for 60% of established patients with diagnosis of diabetes/HTN at all clinic sites</p> <ul style="list-style-type: none"> • An established patient will be defined as any patient with two or more medical visits in the previous 12 months, with second or later visit falling after June 2014 and the adoption of the self-management tool.
Goal 5.2	Expand cancer screenings for the community by facilitating a partnership with NJCEED (Cancer Education and Early Detection)
5.2.1	<p>By July 2014, establish a process that will result in referrals for cancer screening by primary care practitioners or NJCEED</p> <ul style="list-style-type: none"> • THT, through its corporate partners, will deliver education for providers regarding process and eligibility for referral to NJCEED
5.2.2	<p>By July 2014, provide a navigator model of care at each site that will assure confirmation of appropriate screening services for clients</p> <ul style="list-style-type: none"> • THT, through its corporate partners, will agree upon a navigator model and deliver education for providers regarding its system-wide adoption • Numbers of screenings and outcomes will be tracked through the Trenton HIE
5.2.3	<p>By July 2015, identify GI specialist referral resources for patients with abnormal colorectal screenings</p> <ul style="list-style-type: none"> • Workgroup to conduct assessment of resources and make recommendations to THT Executive Committee • THT to disseminate information through partners

Priority Area 5: Chronic Disease: Diabetes, Hypertension, and Cancer

Metrics

- Best practice metrics will be implemented in all clinics located in the city
- 80% of diabetics in the self-management program will have their HgA1c measured two times within a 12-month period of time, at least 90 days apart
- 80% of patients with HTN in the self-management program will have at least three blood pressure measurements within a 12-month period
- 50% of patients in self-management program (CDSMP) will demonstrate a blood pressure measurement in control (<140/90) for their most recent reading
- Numbers of patients screened for cancer will be tracked and compared from year to year, with data entered in the Trenton HIE
- 90% of patients 18 years and older will be screened for tobacco use and will receive tobacco cessation intervention (cessation counseling and/or pharmacological intervention) if a tobacco user within 24 months of most recent visit

Partners and Resources

THT corporate partners (CH, SFMC, HJAH, City of Trenton Department of Health); NJ Department of Health, including NJCEED and Chronic Disease Department; Planned Parenthood Association of the Mercer Area; Visiting Nurse Association of Mercer County; Shiloh CDC as lead agency for Mercer County NJCEED and Horizon Foundation grantee for Chronic Disease Self-Management Project; Horizon Foundation grant to THT for deployment of GoldMobile technology for diabetes self-management

Next Steps

With adoption of this Community Health Improvement Plan by the THT Community Advisory Board (CAB) and Executive Committee, the document is being shared broadly through partner agencies and organizations working to address health and related issues throughout the six zip codes of Trenton. Implementation will be coordinated and monitored by THT, through its CAB and Executive Committee, with workgroup leaders and members providing critical on-the-ground program direction, support, and feedback. Funding sources are being identified to support implementation of the CHIP and its priority areas.

We view this as a living document and encourage the ongoing engagement of partner organizations and community residents through CAB meetings, workgroups, and collaborations that focus on the CHIP priorities and concerns.

Conclusion

We recognize the enormity of the task ahead of us, but also acknowledge the dedication and thoughtful contributions of countless individuals who have come together to shape this effort and who work tirelessly on behalf of the residents of Trenton. With continued collaboration, communication, and an unwavering eye on outcomes, we can advance our vision of making Trenton the healthiest city in the state of New Jersey.

Appendix A – Stakeholders - Please note that new partners continue to be added as the implementation process unfolds. The following may not reflect the latest additions.

Trenton Health Team Community Advisory Board

