

COMMUNITY HEALTH IMPROVEMENT PLAN

REPORT 2024

ESSEX COUNTY, NJ



Joseph N. DiVincenzo, Jr., Essex County Executive
Board of County Commissioners
Essex County Office of Public Health Management

www.essexcountynjhealth.org

ESSEX COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 2024-2027

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LETTER FROM THE COUNTY EXECUTIVE



OFFICE OF THE COUNTY EXECUTIVE

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Joseph N. DiVincenzo, Jr.
Essex County Executive

Dear Essex County Residents:

As your County Executive, my foremost priority is to ensure that our community thrives in an environment where health and wellness are accessible and equitable for all. To help accomplish this, we completed our Essex County Community Health Improvement Plan. I am pleased to present this plan, which provides a roadmap to enhance the well-being of individuals across Essex County.

In developing this plan, we have listened to the voices of our residents, consulted with health professionals and examined the needs and opportunities within our diverse communities. This input was essential in helping us identify and address critical health challenges, reduce disparities and foster a healthier, more resilient Essex County.




The Community Health Improvement Plan focuses on several key areas:

1. Access to Quality Healthcare: We are committed to expanding access to comprehensive and affordable healthcare services, especially in underserved areas, to ensure that everyone receives the care they need.
2. Preventive Health Measures: Promoting preventive care is crucial to combat chronic diseases. Our initiatives will emphasize health education, screenings and vaccinations to empower residents to take charge of their health proactively.
3. Mental Health Support: Mental health is a cornerstone of overall well-being. We will enhance resources and support systems to address mental health challenges and provide necessary assistance and treatment.
4. Community Engagement and Empowerment: Our plan includes strategies to engage community members in health initiatives and encourage local leadership in promoting wellness.

Together, we can make significant strides in improving health outcomes across Essex County. Your involvement and support are vital as we work toward a healthier future. Let us unite in our efforts, advocate for positive change, and celebrate the progress we achieve.

Thank you for your commitment to our community's health and well-being. Working together we will continue *Putting Essex County's Health First*.

Sincerely,


Joseph N. DiVincenzo, Jr.
Essex County Executive

Putting Essex County First

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

LETTER FROM THE HEALTH OFFICER

Dear Essex County Community Members,

As we move forward with our Community Health Improvement Plan, I want to address the vital health priorities that will guide our efforts over the coming years. Our commitment to fostering a healthier Essex County is rooted in a deep understanding of the critical issues impacting our residents. With this plan, we focus on three key areas: mental health and substance use, social determinants of health, and chronic disease.

Mental Health and Substance Use

Mental health is foundational to overall well-being, and addressing substance use is crucial to ensuring a healthier community. We recognize the increasing need for accessible mental health services and support for those struggling with substance use. Our plan emphasizes enhancing mental health resources, reducing stigma, and improving access to treatment and support systems. By collaborating with local organizations and healthcare providers, we aim to create a network of care that supports individuals and families in need.

Social Determinants of Health

Health does not exist in a vacuum; it is deeply influenced by social factors such as economic stability, education, social and community context, health care access, and neighborhood environments. Our plan will focus on addressing these social determinants by promoting equity and inclusivity. We are committed to working on initiatives that tackle disparities and create opportunities for all residents to thrive. By improving access to quality education, affordable housing, and safe environments, we aim to build a stronger foundation for health and well-being in our community.

Chronic Disease

Chronic diseases such as diabetes, heart disease, and hypertension are significant health challenges that affect many individuals and families. Our approach to managing chronic diseases includes enhancing preventive care, supporting healthy lifestyles, and providing resources for effective disease management. We will work to increase awareness, promote healthy behaviors, and ensure that those living with chronic conditions receive the support they need to manage their health effectively.

Our success in these areas relies on the collective effort of our community, healthcare providers, and local organizations. Together, we can build a healthier Essex County, where every individual has the opportunity to lead a fulfilling and healthy life. Thank you for your continued support and commitment to our shared vision of health and well-being.

Sincerely,

Maya Harlow
Essex County Health Officer

ACKNOWLEDGEMENTS

Key Contributors

Essex County Office of Public Health Management (ECOPHM) is organized to improve the overall health and welfare of Essex County residents. The primary focus of the ECOPHM is to ensure health equity for Essex County residents as well as facilitate timely and effective responses to public health threats and emergencies. ECOPHM promotes the welfare of the Essex County population, ensures its security, and protects it from the spread of infectious disease and environmental hazards. ECOPHM helps to ensure quality care to benefit Essex County residents.



ECOPHM Mission Statement

“Our goal is to promote emotional and physical resilience in the community. We aim to prevent, detect, and educate about diseases while developing new policies to advance the well-being of our residents. We strive to be culturally inclusive and provide the best quality of care.”

This Community Health Improvement Plan was made possible in partnership with Strategic Health Solutions, LLC, and through the Enhancing Local Public Health Infrastructure, Local Health Department Grant Award from New Jersey Association of County and City Health Officials, with funding from the New Jersey Department of Health.



Strategic Health Solutions, LLC is a consulting firm dedicated to supporting the needs of public health organizations and enhancing the health of communities by bringing a broad scope of experience and skills to their diverse clientele in both governmental and non-governmental organizations.

The Healthy Essex Coalition, established in 2022, is dedicated to improving the health status of all Essex County residents. The primary goal of this Coalition is to ensure effective and efficient access to quality health care resources. This goal is achieved through extensive collaboration and participation by organizations throughout the county including, but not limited to, local health departments, hospitals, hospital systems, colleges, universities, community-based organizations, advocacy groups, and faith-based organizations.

MEMBER ORGANIZATIONS

African American Office of Gay Concerns
Bloomfield Department of Health
Bridges4Life
Choose Healthy Life
City of Newark, Office of Sustainability
Core Faculty for Preventive Medicine Residency, Rutgers NJMS
Councilman Kelly Office
Essex County Community Action
Essex County Family Service League, Sexual Assault & Violence Education (SAVE)
Essex County Office of LGBTQ Affairs
Essex Passaic Wellness Coalition
Essex Regional Health Commission
Family Service League Essex County
Garden State Equality
Health Care Foundation
Hyacinth AIDS Foundation
Irvington Department of Health
JCC MetroWest
Law Enforcement Assisted Diversion (LEAD)-Irvington
Maplewood Health Department
Mary Eliza Mahoney Health Center
MEND Hunger
Mental Health Association in New Jersey, NJ Hope and Healing
Montclair Health Department
Montclair State University
New Jersey Community Research Initiative (NJCRI)
Newark Beth Israel Medical Center
Newark Community Health Centers
Orange Health Department
Orange Huub
OUT Agency
Outrageous Outreach
Partners for Health Foundation
Partners NJ
Perinatal Health Equity Initiative
Prevention Is Key
Rutgers Cooperative Extension of Essex County
Rutgers New Jersey Medical School
Rutgers University
RWJBarnabas Health Clara Maass Medical Center
Senior Living Partners
St. Michaels Medical Center
Township of Nutley
United Way of Greater Newark
Unity Fellowship Church, Newark Faith-Based Initiative
University Hospital
West Caldwell Health Department
West Orange Department of Health

EXECUTIVE SUMMARY

The Essex County Office of Public Health Management (ECOPHM) and the Healthy Essex Coalition partner to improve the health of all Essex County residents through extensive collaboration. Conducting the Community Health Assessment (CHA) with support from an external consultant, Strategic Health Solutions LLC, was the first step in identifying community strengths and challenges used to prioritize strategies aimed at improving health. Information from the 2023 CHA was used in the development of the 2024-2027 Community Health Improvement Plan (CHIP) for Essex County.

The creation of the CHA/CHIP was an inclusive process that incorporated the voices and perspectives of many community members, conducted through a lens of health equity, and focused on social determinants of health. The 2024-2027 CHIP for Essex County reflects the results of a collaborative planning process that included significant involvement by a variety of community sectors.

According to the Centers for Disease Control and Prevention (CDC), multi-sector collaborations are essential to improving health results in proactive, broad, and diverse communities. The CDC defines a CHIP as “a long-term, systematic effort to address public health problems on the basis of the results of health assessment activities and the health improvement process.” The 2024-2027 CHIP for Essex County is a community-driven, 3-year strategic plan to address the key issues identified in the 2023 CHA.

A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. New Jersey statute requires local health departments to participate in a county level CHA/CHIP. Additionally, the development of a CHA/CHIP meets multiple requirements for public health accreditation through the Public Health Accreditation Board (PHAB). A CHA/CHIP aims to:

- Improve organizational and community coordination and collaboration
- Increase knowledge about health and the interconnectedness of issues
- Strengthen partnerships within local systems addressing health
- Identify strengths, weaknesses, and gaps to inform quality improvement efforts
- Establish benchmarks for public health and health-related practice improvement

This plan was created by the ECOPHM and the Office of the County Executive, in partnership with the Healthy Essex Coalition, and Strategic Health Solutions, LLC. It provides direction for the County Commissioners/Board of Health, community leaders, public health partners, and community members to address health issues and health disparities in Essex County.

The 2024-2027 Community Health Improvement Plan intends to guide Essex County communities and organizations to strategically address health issues together by maximizing resources and supporting populations who are most at risk, through goals and strategies to improve overall community health.

DEFINITIONS

Behavioral Health generally refers to mental health and substance use disorders, life stressors, crises, and stress-related physical symptoms.

Chronic Disease is broadly defined as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both.

Community Health Assessment (CHA), sometimes called a community health needs assessment (CHNA), refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.

Community Health Improvement Plan (CHIP) is a community-driven plan that outlines goals and strategies to be used by coalitions, organizations, and citizens to address the identified health priorities in the community.

Health Equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health disparities.

Health Disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Marginalized Populations are defined as groups and communities that experience discrimination and exclusion due to unequal power relationships across economic, political, social, and cultural dimensions.

Mobilizing for Action through Planning & Partnerships (MAPP) is a community-wide strategic planning process for improving community health and strengthening the local public health system.

Performance Management encompasses the ongoing process of measuring, monitoring, and reporting of progress toward strategic organization, division, and program goals and objectives.

Primary Data is information collected by the organization through surveys, interviews, or focus groups, specifically designed for understanding and solving the research problem at hand.

Secondary Data is information that has already been collected through primary sources by someone else other than the researcher and made readily available for researchers to use.

Social Determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

VMSG (Vision, Mission, Services, and Goals) is a dashboard public health performance management system to track progress on plans, goals, and objectives. VMSG is a comprehensive, operational planning and implementation system. The plans are brought to life through the Real-Time Planning system which reaches out to internal and external partners to collect real-time information about plan status.

METHODOLOGY

The 2024-2027 Essex County Community Health Improvement Plan (CHIP) was developed between January and August 2024, based on the findings of the 2023 Essex County Community Health Assessment (CHA). The CHA was conducted from September 2022 through December 2023 using the American Hospital Association’s Community Health Assessment Toolkit and the Mobilizing for Action through Planning and Partnership (MAPP) framework. The CHA used primary and secondary data sources to identify health trends and disparities in the communities of Essex County.

The Institute of Medicine’s Community Health Improvement Process was adapted for the Essex County CHIP using a problem identification and prioritization cycle to determine priority areas, followed by an analysis and implementation cycle to develop an action plan for each priority and build in accountability.

During the November 2023 coalition meeting, the draft CHA was presented. After reviewing the data, a facilitated discussion was held to prioritize topics and target populations. Coalition members were asked to brainstorm priority populations based upon the CHA data. After the list of populations was created a process of combining similar groups was created until there were approximately 10 groups. The coalition members discussed, ranked, and voted on five priority populations.

Using the same process, coalition members brainstormed priority topic areas. A list of areas was created, and coalition members discussed combining similar themes based upon CHA data including a brief discussion of the forces of change activity done earlier in the year (March to May 2023). Coalition members used the process of combining common themes until there were three priority areas that were voted on and approved as initial priorities to be addressed as strategies for the CHIP. At the December 2023 meeting, the final CHA was presented for approval which included the voted upon populations of interest and priority areas to be addressed during the CHIP process.

Populations of Special Interest

- Seniors
- Low income
- Youth/young adults
- Uninsured/undocumented
- Sandwich generation (caregivers including single parents and their children)

Priority Areas

- Chronic Disease
- Mental health/substance use
- Social determinants of health and/or Health Equity (technology/communication, housing, homelessness, transportation, bike/pedestrian safety, socioeconomic security, education, food insecurity)

The following table provides the priority areas of chronic disease, behavioral health, and social determinants of health, with corresponding indicators and page numbers from the 2023 CHA.

Priority Areas

Domain	Priority Area	Indicator (Secondary Data)	CHA Pages
Chronic Disease	Cardiovascular Disease (CVD)	<ul style="list-style-type: none"> • CVD Deaths • Heart Attack Hospitalizations • Stroke Mortality • High Blood Pressure 	23 34-35
	Cancer	<ul style="list-style-type: none"> • Cancer Incidence • All Cancer Mortality • Prostate Cancer Incidence & Mortality • Breast Cancer Incidence & Mortality • Colorectal Cancer Mortality • Cancer Screenings 	52-53
	Diabetes & Risk Factors	<ul style="list-style-type: none"> • Diabetes Prevalence & Mortality • Adult Obesity • Physical Inactivity 	53-54
Behavioral Health	Mental Health	<ul style="list-style-type: none"> • Suicide Deaths • Frequent Mental Distress 	23 34-35
	Substance Use	<ul style="list-style-type: none"> • Alcohol Impaired Driving • Binge or Heavy Drinking • Drug Overdose Deaths • Fentanyl Overdoses • Heroin Overdoses 	55-57
Social Determinants of Health	Socioeconomic Stability	<ul style="list-style-type: none"> • Poverty • Employment • High School Diploma • Bachelor’s Degree or Higher 	15-16 28-33 35-39
	Housing & Homelessness	<ul style="list-style-type: none"> • Severe Housing Problems • Unhoused 	40-45 64-68
	Transportation & Pedestrian/Bike Safety	<ul style="list-style-type: none"> • Long Commute 	69
	Food Insecurity	<ul style="list-style-type: none"> • Food Insecurity Rate • Below SNAP Threshold • Average Meal Cost • Food Environment Index 	70
	Healthcare Access	<ul style="list-style-type: none"> • Uninsured 	

Community Health Improvement Plan (CHIP) 2024-2027

HOW THIS PLAN IS ORGANIZED

The 2024-2027 Community Health Improvement Plan for Essex County addresses the following priorities:

1. Chronic Disease
2. Mental Health & Substance Use
3. Health Equity & Social Determinants of Health

The Overview provides a summary of each priority, with corresponding goals and objectives that are specific, measurable, attainable, relevant, time-bound, inclusive, and equitable (SMARTIE). Implementation of the plan requires ongoing community and organizational integration and coordination. Each priority has a corresponding workgroup that will provide leadership for implementation.

The Action Plan provides annual action steps that the workgroups will use to implement the CHIP. Implementation focuses on positive change to improve access, encourage efficiency, enhance quality, and achieve measurable improvements in health outcomes. The Action Plan identifies target dates for each action, lead organizations, resources needed, potential partners, and includes specific process measures for each of the three priority areas.

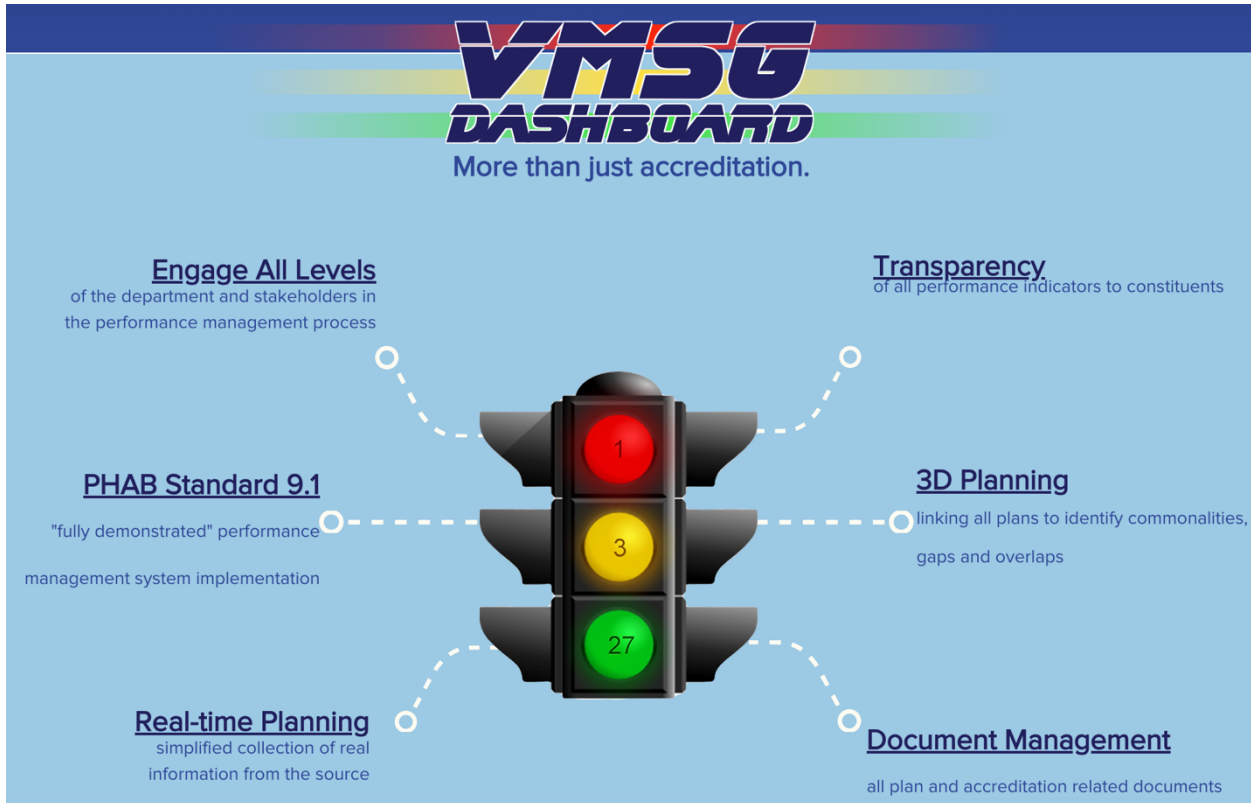
Process measures allow The Healthy Essex Coalition to track progress, celebrate achievements, and change course when desired outcomes are not being met. The workgroups will take the lead on implementing and tracking progress and will provide updates to the coalition, the ECOPHM, the Board of Commissioners, and the community. The following table provides the Workgroup Lead and contact email for each workgroup.

Healthy Essex Coalition Workgroups	ECOPHM Workgroup Lead
Chronic Disease	Nikki Durand ndurand@dchs.essexcountynj.org
Mental Health & Substance Use	Samantha Mendoza smendoza@dchs.essexcountynj.org
Health Equity & Social Determinants of Health	Ebony Felton efelton@dchs.essexcountynj.org

ONGOING MONITORING

Essex County Office of Public Health Management (ECOPHM) utilizes the [VMSG \(Vision, Mission, Services, and Goals\) Dashboard Public Health Performance Management System](#) to track progress on its plans, goals, and objectives. VMSG is a comprehensive, operational planning and implementation system. The plans are brought to life through the Real-Time Planning system which reaches out to internal and external partners to collect real-time information about plan status.

The VMSG system will track and record the goals, objectives, and actions of the Essex County CHIP. ECOPHM will upload these components from the CHIP Action Plan into the system for continuous progress monitoring, plan updating, and progress reporting. Target dates, lead person or organization, resources needed, potential partners, and process measures will be assigned to each action through the system.



Action leads will update the status of each action on an on-going basis and note when the action is complete. The system allows for email reminders to be sent to Healthy Essex Coalition members, who can enter their updates in a simple dialogue box that gets uploaded into the system. Through the VMSG system, the Coalition and the ECOPHM will monitor progress, make necessary updates and changes, create reports, and easily track other CHIP actions at any time. This allows for transparency, accountability, and continuous quality improvement. See Appendix A for an example of how the CHIP's progress is monitored.

OVERVIEW

Priority 1: Chronic Disease

GOAL 1: INCREASE ACCESSIBILITY TO DIABETES MANAGEMENT SERVICES

Objective: 1a. By December 31, 2027, host at minimum of three diabetes screening events annually, for vulnerable populations throughout Essex County.

GOAL 2: REDUCE RATES OF CHRONIC DISEASE BY PROMOTING HEALTHY LIFESTYLES

Objectives: 2a. By October 1, 2024, pilot The Monday Campaigns in the Bloomfield School District.
2b. By September 30, 2025, adopt a healthy meeting workplace policy in the Essex County Office of Public Health Management.

Priority 2: Mental Health & Substance Use

GOAL 1: INCREASE EQUITABLE ACCESS TO COMMUNITY RESOURCES FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER IN ESSEX COUNTY AND REDUCE STIGMA.

Objectives: 1a. By December 31, 2027, offer a minimum of two harm reduction trainings per year in Essex County.
1b. By December 31, 2027, offer a minimum of four mental health first aid trainings per year to the educational stakeholders & institutions within Essex County.

GOAL 2: REDUCE THE STIGMA OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS IN ESSEX COUNTY.

Objective: 2a. By August 1, 2025, develop and implement a stigma free toolkit which includes adopt of Stigma-Free Campaign Resolutions for Essex County municipalities.

Priority 3: Health Equity & Social Determinants of Health

GOAL 1: INCREASE ACCESS TO CARE AND SOCIAL SERVICES IN ESSEX COUNTY

Objectives: 1a. By December 1, 2027, provide annual access to a current county-wide resource directory.
1b. By May 1, 2025, the Healthy Essex Coalition will host a kick-off health collaboration event to cultivate relationships.
1c. By November 1, 2027, the Healthy Essex Coalition will host two collaborative health events for residents of Essex County.

ACTION PLAN

COLOR KEY

YEAR 1:	YEAR 2:	YEAR 3:
Action Step	Action Step	Action Step

Throughout this plan a darker shade of blue (see example below) indicates the presence of health disparities in the data. Where data is available, racial disparities are also represented.

Indicator	Essex County	New Jersey	Newark
Indicator 1			
Indicator 2			

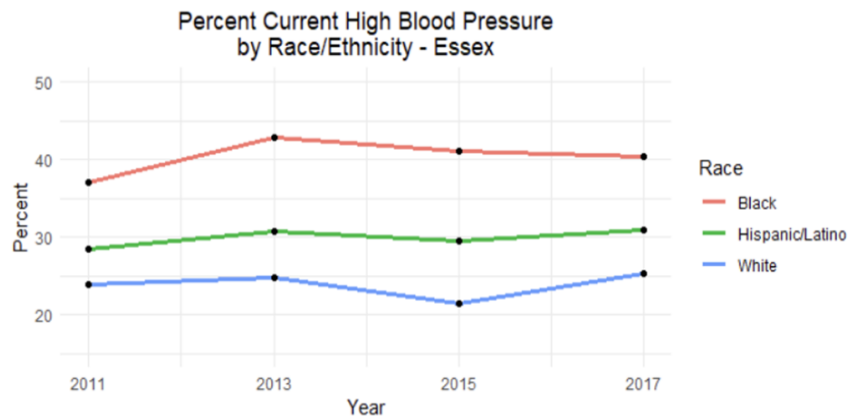
Darker shade of blue indicates disparity. 

Priority 1: Chronic Disease

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limited activities of daily living, or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. They are also leading drivers of the nation’s \$4.1 trillion in annual health care costs. Many chronic diseases are caused by high-risk behaviors such as tobacco use and exposure to secondhand smoke; poor nutrition, including diets low in fruits and vegetables and high in sodium and saturated fats; physical inactivity; excessive alcohol use; and not staying up to date on recommended preventive screenings (NCCDPHP, 2022).

THE PROBLEM:

In Essex County, racial and ethnic disparities in heart disease is clear, with Black residents having significantly higher mortality rates from cardiovascular disease and stroke (CDC, 2023). Rates of high blood pressure are significantly higher for Black residents in Essex County, and trending towards



increasing for Hispanic and White residents. In NJ, racial and ethnic disparities are clearer, with Black and Hispanic residents having significantly higher hypertension rates than White residents (NJSHAD, 2020).

In Essex County, the percentage of women who have received a mammogram in the past 2 years (17.2%) is lower than the state (21.1%), and similarly those who have not received a Pap test for cervical cancer in the past 3 years (22.5%) is higher than the state (20%). Over 90% of HPV-associated cancers are preventable through vaccination. All youth ages 11 or 12 should receive two doses of HPV vaccine six to twelve months apart. In New Jersey, only an estimated 63.7% of adolescents ages 13-17 had completed the HPV vaccination series in 2022. This indicates that one-third of adolescents are not fully protected against HPV in the state (NJCDS, 2023).

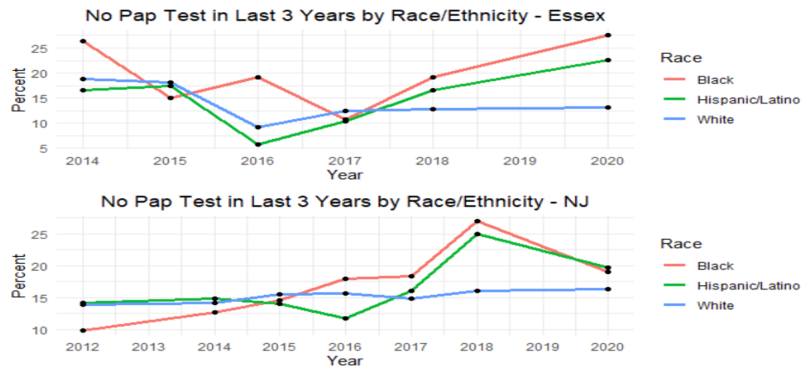
Cancer affects 1 in 3 people in the United States. Breast, lung, prostate, and colorectal cancers account for almost 50% of all new cancer cases, while lung, colorectal, pancreatic, and breast cancers are responsible for nearly 50% of all cancer deaths (National Cancer Institute, 2023).

In Essex County, the percentage of women who have received a mammogram in the past 2 years (17.2%) is lower than the state (21.1%), and similarly those who have not received a Pap test for cervical cancer in the past 3 years (22.5%) is higher than the state (20%). Over 90% of HPV-associated cancers are preventable through vaccination. All youth ages 11 or 12 should receive two doses of HPV vaccine six to twelve months apart. In New Jersey, only an estimated 63.7% of adolescents ages 13-17 had completed the HPV vaccination series in 2022. This indicates that one-third of adolescents are not fully protected against HPV in the state (NJCDS, 2023).

Indicator	Essex County	New Jersey	United States
Cancer Incidence (per 100,000)	489.6	534.1	403
All Cancer Mortality (per 100,000)	123.7	136.4	144
Prostate Cancer Incidence (per 100,000 males)	157.5	134.5	100.0
Prostate Cancer Mortality (per 100,000 males)	19.6	16.2	18.5
Breast Cancer Incidence (per 100,000 females)	138.7	137.2	119.2
Breast Cancer Mortality (per 100,000 females)	20.6	20.1	19.4
Mammogram in Past 2 Years (Women, Age 50-74)	17.2%	21.1%	--
No Pap Test in Past 3 Years (Women, Age 21-65)	22.5%	20%	--
Current with Colorectal Cancer Screening	72.9%	69.2%	--
Colorectal Cancer Deaths (per 100,000)	14.2	12.6	13.1

Sources: NJSHAD 2020; CDC Cancer Data and Statistics 2020

Rates of women having no Pap test in the last 3 years are significantly increasing for Black and Latina residents in Essex County, while staying stable among White residents. Compared to NJ, racial and ethnic disparities are clear, where overall rates are trending down in the state.



Risk factors that contribute to type 2 diabetes include eating an unhealthy diet, being overweight, and physical inactivity. Over 37 million people in the US have diabetes, contributing to \$237 billion in direct medical costs and \$90 billion in lost productivity (NIDDK, 2023). Certain racial and ethnic groups are at a higher risk of developing diabetes, including American Indian and Alaska Natives, Black, and Hispanic populations. In 2020, the age-adjusted prevalence of diagnosed diabetes in New Jersey was 8.5%. Hispanics (13.1%), Asians (13.0%), and Blacks (11.5%) have a higher prevalence of diabetes compared to Whites (6.3%) (NJSHAD, 2023).

Indicator	Essex County	New Jersey	United States
Diabetes Prevalence (Age-Adjusted)	9.2%	8.5%	11.3%
Diabetes Mortality (per 100,000)	25	18.2	22.6
Kidney Disease Mortality (per 100,000)	16.6	14.3	12.8
Obesity, BMI \geq 30 (Adults \geq 20 years)	34.8%	28.6%	32%
Physical Inactivity (Adults \geq 18 years)	30%	28%	26%

Sources: NJSHAD 2020; CDC Cancer Data and Statistics 2020

GOAL 1: INCREASE ACCESSIBILITY TO DIABETES MANAGEMENT SERVICES

OBJECTIVE:

1a. By December 31, 2027, host at minimum of three diabetes screening events annually, for vulnerable populations throughout Essex County.

Diabetes Management Services

To increase accessibility to diabetes management services among vulnerable populations a diabetes/A1C screening is conducted to identify those who have diabetes. After identifying those who have diabetes, a self-management education program that includes resources will equip participants with the skills needed to mitigate their diabetes.

YEAR 1:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Partner with NJ Diabetes Foundation to increase access to diabetes management	September 1, 2024	ECOPHM	1. Essex County usage data 2. City Health Dashboard	NJ Diabetes Foundation	1. Documentation of scheduled meetings & agenda 2. Signed MOU
2. Partner with RWJBarnabas to provide diabetes/A1C screening	September 1, 2024	ECOPHM	1. Essex County usage data 2. City Health Dashboard	RWJBarnabas	1. Documentation of scheduled meetings & agenda 2. Signed MOU
3. Identify locations to hold screening events	December 1, 2024	Chronic Disease Workgroup	1. Essex County Parks Department 2. ECOPHM	1. Healthy Essex Coalition 2. RWJBarnabas 3. NJ Diabetes Foundation	MOU of location for each event
4. Identify 4 days during Diabetes Awareness Month in Nov. to host event	June 1, 2025	Chronic Disease Workgroup	Location, Equipment (e.g. tables and chairs)	1. American Diabetes Association 2. RWJBarnabas	4 events are scheduled on mobile unit calendar
5. Collaborate with supermarket-based and/or other dietitians for diabetes screening	June 1, 2025	ECOPHM	Grocery stores in targeted municipalities	1. Supermarket dietitians within Essex County 2. Other dietitians	1. Dietitians identified and scheduled 2. MOU with supermarkets
6. Create event slogan	June 1, 2025	Chronic Disease Workgroup	None	None	Slogan posted on flyers, social media handles
7. Identify/create diabetes education materials	July 1, 2025	ECOPHM	American Diabetes Association	NJ Diabetes Foundation	Developed materials (e.g. brochures, games, infographics)
8. Create participant registration form	July 1, 2025	ECOPHM	None	RWJBarnabas	Registration form template
9. Collect and review evaluation feedback after each event	December 1, 2025	Chronic Disease Workgroup	Survey generator (e.g. Survey Monkey)	Healthy Essex Coalition Members	Evaluation of feedback from partners

YEAR 2:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Continue partnership with NJ Diabetes Foundation to discuss increasing access to diabetes management	June 1, 2026	ECOPHM	1. Essex County usage data 2. City Health Dashboard	1. NJ Diabetes Foundation 2. RWJBarnabas	Documentation of scheduled meetings, agenda & sign-in sheets
2. Continue partnership with RWJBarnabas to conduct diabetes/A1C screening	June 1, 2026	ECOPHM	1. Essex County usage data 2. City Health Dashboard	RWJBarnabas	Documentation of scheduled meetings, agenda & sign-in sheet
3. Identify locations to hold screening events	June 1, 2026	Chronic Disease Workgroup	1. Essex County Parks Department 2. ECOPHM	Healthy Essex Coalition	MOU of location for each event
4. Identify 4 days during Diabetes Awareness Month in Nov. to host event	June 1, 2026	Chronic Disease Workgroup	American Diabetes Association	None	4 events scheduled on mobile unit calendar
5. Collaborate with dietitians for diabetes screening	June 1, 2026	ECOPHM	1. Dietitians 2. American Diabetes Association	1. Supermarket dietitians within Essex County 2. Other dietitians	1. Dieticians identified and scheduled 2. MOU with supermarkets
6. Update event slogan	June 1, 2026	Chronic Disease Workgroup	None	None	Slogan posted on flyers and social media handles
7. Identify/create diabetes education materials	July 1, 2026	ECOPHM	American Diabetes Association	NJ Diabetes Foundation	Developed materials (e.g. brochures, infographics, games)
8. Update participant registration form	July 1, 2026	ECOPHM	None	RWJBarnabas	Registration form template
9. Collect and Review evaluation feedback	December 1, 2026	Chronic Disease Workgroup	Survey generator (e.g. Survey Monkey)	Healthy Essex Coalition Members	Evaluation of feedback from partners

YEAR 3:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Continue partnership with NJ Diabetes Foundation to discuss increasing access to diabetes management	June 1, 2027	ECOPHM	1. Essex County usage data 2. City Health Dashboard	1. NJ Diabetes Foundation 2. RWJBarnabas	Documentation of scheduled meetings, agenda & sign-in sheets
2. Continue partnership with RWJBarnabas to conduct diabetes/A1C screening	June 1, 2027	ECOPHM	1. Essex County usage data 2. City Health Dashboard	RWJBarnabas	Documentation of scheduled meetings, agenda & sign-in sheet
3. Identify locations to hold screening events	June 1, 2027	Chronic Disease Workgroup	1. Essex County Parks Department 2. ECOPHM	Healthy Essex Coalition	MOU of location for each event
4. Identify 4 days during Diabetes Awareness Month in Nov. to host event	June 1, 2027	Chronic Disease Workgroup	American Diabetes Association	None	4 events scheduled on mobile unit calendar
5. Collaborate with dieticians for diabetes screening	June 1, 2027	ECOPHM	Grocery store in total per municipality	1. Irvington HD 2. Nutley HD 3. Belleville HD 4. East Orange HD 5. Newark HD	1. Dieticians identified and scheduled 2. MOU with supermarkets
6. Update event slogan	June 1, 2027	Chronic Disease Workgroup	None	None	Updated slogan posted on flyers, social media handles
7. Identify/create diabetes education materials	July 1, 2027	ECOPHM	American Diabetes Association	NJ Diabetes Foundation	Developed materials (e.g. brochures, infographics, games)
8. Update participant registration form	July 1, 2027	ECOPHM	None	RWJBarnabas	Registration form template
9. Collect and Review evaluation feedback	December 1, 2027	Chronic Disease Workgroup	Survey generator (e.g. Survey Monkey)	Healthy Essex Coalition Members	Evaluation of feedback from partners

GOAL 2: REDUCE RATES OF CHRONIC DISEASE BY PROMOTING HEALTHY LIFESTYLES

OBJECTIVES:

2a: By October 01, 2024, pilot The Monday Campaigns in the Bloomfield school district.

[The Monday Campaigns](#) is an evidence-based public health initiative associated with leading health institutions that seeks to reduce the incidence of preventable diseases by dedicating every Monday to health. Research demonstrates that Monday is the day people are thinking about their health and most open to making healthier choices.

Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Meet with Bloomfield BOE to discuss piloting The Monday Campaigns	April 16, 2024	1. ECOPHM 2. Bloomfield HD	None	1. Bloomfield BOE 2. Bloomfield HD	Agenda, sign-in sheet & meeting minutes
2. Brainstorming meeting to determine best way to spread The Monday Campaigns messages, research successful campaign models & map potential partners	August 1, 2024	ECOPHM	Meeting Space	1. NJCU Interns 2. Bloomfield BOE 3. Superintendent	1. Agenda, sign-in sheet & meeting minutes 2. Documentation of campaign models & mapping of potential partners
3. Execute MOU with Bloomfield BOE for pilot	August 26, 2024	ECOPHM	None	1. Bloomfield BOE 2. Bloomfield HD	Signed MOUs
4. Present program to selected staff of Bloomfield BOE for buy-in	August 26, 2024	1. ECOPHM 2. Bloomfield HD	None	1. Bloomfield BOE 2. Deputy 3. Superintendent	Agenda, sign-in sheet & meeting minutes
5. Issue press release regarding campaign	September 1, 2024	ECOPHM	None	1. County media outlets 2. Bloomfield local media outlets	Copy of published/issued press release
6. Pilot The Monday Campaigns in Bloomfield school(s)	September 1, 2024	ECOPHM	Contact for district-wide messaging toolkit	1. Bloomfield BOE 2. HD social media staff	Documentation of messaging
7. Conduct evaluation of pilot	December 21, 2024	ECOPHM	Evaluation tool	Bloomfield Parents, Teachers & Students	Evaluation data

2b: By 12/31/2027 adopt a healthy meeting workplace policy in the Essex County Office of Public Health Management.

Healthy Meeting Workplace Policy

Nearly half of our waking hours are spent at work, and many of those hours are spent in meetings. Healthy meeting policies provide guidelines so organizations can help to create an environment that supports employees’ and volunteers’ efforts to eat well and be physically active.

[National Alliance for Nutrition and Activity: Healthy Meeting Toolkit](#)

Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Develop a survey for employees to assess employee wellness.	December 1, 2024	ECOPHM	Google form	Purchasing	Surveys completed
2. Evaluate survey responses	February 1, 2025	ECOPHM	None	None	Evaluation Data
3. Create/ develop a healthy meeting policy	March 1, 2025	ECOPHM	None	None	Policy created
4. Meet with Human Resources Department for policy approval	April 1, 2025	ECOPHM	Essex County HR	None	Meeting scheduled on calendar
5. Implement office-wide policy within ECOPHM.	June 1, 2025	ECOPHM	None	None	Policy implemented
6. Evaluate healthy meeting policy	September 1, 2025	ECOPHM	Google Form	None	Review evaluation results

Priority 2: Mental Health & Substance Use

Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. According to the Substance Abuse and Mental Health Services Administration, one in five adults in the U.S. have a clinically significant mental health or substance use disorder. Furthermore, the prevalence and severity of mental health conditions among children and teens has increased sharply. Many people fail to receive treatment due in part to the long-standing shortage of behavioral health providers (SAMHSA, 2023).

THE PROBLEM:

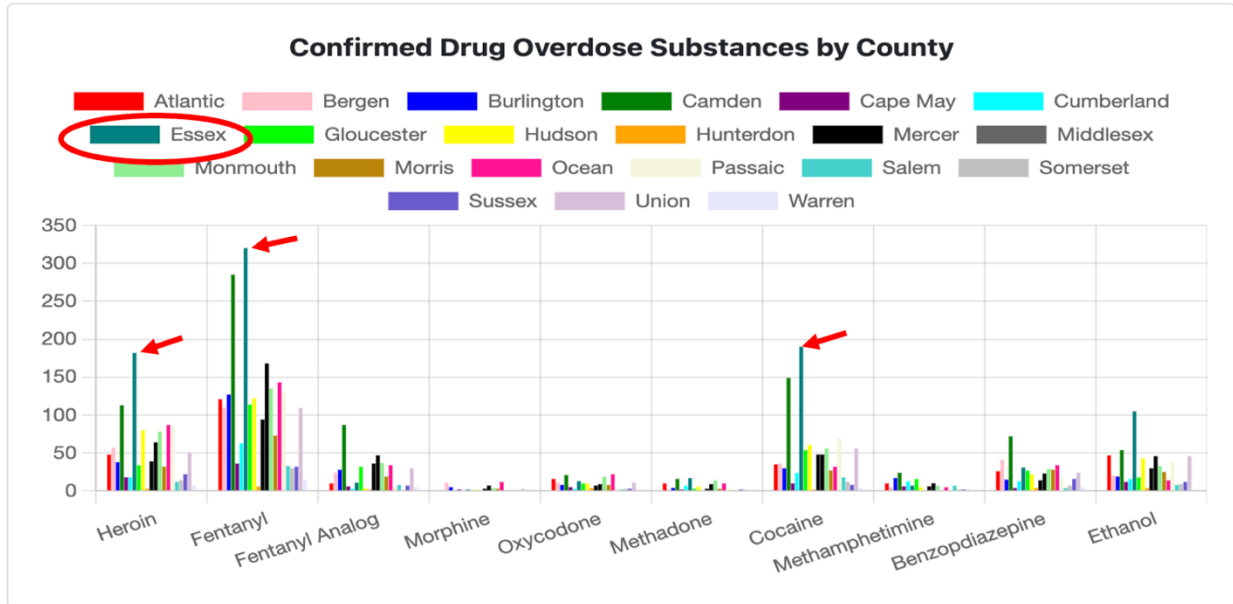
Suicide mortality is significantly lower in Essex County than in NJ and the US. New Jersey, likewise, has a significantly lower suicide mortality rate than the US. In contrast, Essex County has more mental and behavioral disorders diagnosed in emergency departments, with Black and Hispanic residents being significantly more likely to receive a diagnosis in the ED.

Indicator	Essex County	New Jersey	United States
Suicide Deaths (per 100,000)	6	7.8	13.9
Frequent Mental Distress	12.5%	12.8%	--
Alcohol-Impaired Driving Deaths (percentage of driving deaths with alcohol involvement)	16%	23%	27%
Binge or Heavy Drinking (Adults ≥ 18 years)	17%	19%	19%
Drug Overdose Deaths (per 100,000)	38	32	23
Fentanyl Overdoses (2019)	320	2266	--
Heroin Overdoses (2019)	182	1082	--

Source: NJSHAD 2020; County Health Rankings & Roadmaps 2020; NJ Overdose Data Dashboard 2019

According to the Centers for Disease Control and Prevention, the number of people who died from a drug overdose in 2021 was over six times the number in 1999. The number of drug overdose deaths increased more than 16% from 2020 to 2021. Over 75% of the nearly 107,000 U.S. drug overdose deaths in 2021 involved an opioid. Fentanyl is a synthetic opioid pain reliever. It is many times more powerful than other opioids and is approved for treating severe pain, typically advanced cancer pain. Illegally made and distributed fentanyl has been on the rise in several states, including New Jersey. Most recent cases of fentanyl-related harm, overdose, and death in the U.S. are linked to illegally made fentanyl. It is sold through illegal drug markets for its heroin-like effect. It is often mixed with heroin and/or cocaine as a combination product, with or without the user’s knowledge, to increase its euphoric effects (CDC, 2023).

According to the 2019 New Jersey Overdose Data Dashboard, Essex County has some of the highest number of drug overdoses in the state. These include fentanyl, heroin, and cocaine. In 2019, Essex County had 414 fatalities due to overdosing, the highest number for any county in the state.



Source: NJ Overdose Data Dashboard 2019

GOAL 1: INCREASE EQUITABLE ACCESS TO COMMUNITY RESOURCES FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER IN ESSEX COUNTY AND REDUCE STIGMA.

OBJECTIVES:

1a: By December 31, 2027, offer a minimum of 2 harm reduction trainings in Essex County per year.

Harm Reduction Program

Harm reduction is a key pillar in the U.S. Department of Health and Human Services' Overdose Prevention Strategy. Harm reduction is a practical and transformative approach that incorporates community-driven public health strategies — including prevention, risk reduction, and health promotion — to empower people who use drugs (and their families) with the choice to live healthy, self-directed, and purpose-filled lives. Harm reduction is a way to center the lived and living experience of people who use drugs, especially those in underserved communities, in these strategies and the practices that flow from them.

YEAR 1:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Identify 5 most impacted municipalities	October 31, 2024	Michele O'Reilly, Health Officer Nutley Health Department	1. Essex CHA 2. NJSHAD 3. NJ Opioid Overdose Database	NJCRI	List of 5 most impacted municipalities
2. Identify locations to host trainings	October 31, 2024	1. Ellen Robertson, Wellness Director, JCC MetroWest 2. ECOPHM	Facility	1. Irvington HD 2. Newark HD 3. East Orange HD	2 locations secured
3. Schedule dates/times of trainings	October 31, 2024	1. Ellen Robertson, Wellness Director, JCC MetroWest 2. ECOPHM	Facility	1. Irvington HD 2. Newark HD 3. East Orange HD	2 locations secured
4. Identify Harm Reduction program	October 31, 2024	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification & selection of training
5. Secure speakers for trainings	December 31, 2024	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification, selection & booking of speaker
6. Advertise and recruit participants for Harm Reduction programs.	February 2025 and ongoing	Recruitment and marketing team	Healthy Essex Coalition Members	Identifying participants for HR programs	Recruitment and marketing team
7. Host 5 Harm Reduction programs	June 30, 2025	MH/SUD Workgroup	Facility	Healthy Essex Coalition Members	Completion of 5 programs and collected evaluation data
8. Review evaluation data for planning of Year 2	August 31, 2025	MH/SUD Workgroup	Review Committee from Healthy Essex Coalition Members	Healthy Essex Coalition Members	Analyzed data for year 1

YEAR 2:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Identify 5 municipalities (new and/or recurring)	September 30, 2026	Michele O'Reilly, Health Officer Nutley Health Department	1. Essex CHA 2. NJSHAD 3. NJ Opioid Overdose Database	NJCRI	List of 5 impacted municipalities
2. Identify locations to host trainings	September 30, 2026	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
3. Schedule dates/times of trainings	September 30, 2026	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
4. Identify Harm Reduction program	September 30, 2026	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification and selection of training
5. Secure speakers for trainings	December 31, 2026	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification, selection, booking of speaker
6. Advertise and recruit participants for Harm Reduction programs.	February 2026 and ongoing	1. OPHM 2. MH/SUD Workgroup	Recruitment & marketing team	Healthy Essex Coalition Members	Identifying participants for HR programs
7. Host 5 Harm Reduction programs	June 30, 2026	MH/SUD Workgroup	Facility	Healthy Essex Coalition Members	Completion of 5 programs and collected evaluation data
8. Review evaluation data for planning year 3	August 31, 2026	MH/SUD Workgroup	Review Committee from Healthy Essex Coalition Members	Healthy Essex Coalition Members	Analyzed evaluation data

YEAR 3:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Identify 5 municipalities (new and/or recurring)	September 30, 2027	Michele O'Reilly, Health Officer Nutley Health Department	1. Essex CHA 2. NJSHAD 3. NJ Opioid Overdose Database	NJCRI	List of 5 impacted municipalities
2. Identify locations to host trainings	September 30, 2027	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
3. Schedule dates/times of trainings	September 30, 2027	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
4. Identify Harm Reduction program	September 30, 2027	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification and selection of training
5. Secure speakers for trainings	December 31, 2027	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification, selection & booking of speaker
6. Advertise and recruit participants for Harm Reduction programs	February 2027 and ongoing	Recruitment & marketing team	Healthy Essex Coalition Members	Identifying participants for HR programs	Recruitment and marketing team
7. Host 5 Harm Reduction programs	June 30, 2027	MH/SUD Workgroup	Facility	Healthy Essex Coalition Members	Completion of 5 programs and collection of evaluation data
8. Review evaluation data	August 31, 2027	MH/SUD Workgroup	Review Committee, Healthy Essex Members	Healthy Essex Coalition Members	Analyzed evaluation data

1b. By December 31, 2027, offer a minimum of 4 mental health first aid trainings to the educational stakeholders & institutions within Essex County per year.

Mental Health First Aid (MHFA) is a course that teaches how to identify and respond to signs of mental illnesses and substance use disorders. The training provides skills needed to reach out and support someone who may be developing a mental health or substance use problem or experiencing a crisis. Mental Health First Aid takes the hesitation out of starting conversations by improving understanding and providing an action plan that teaches people to safely and responsibly identify and address a potential mental health or substance use challenge.

YEAR 1:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Identify 5 most impacted municipalities	October 31, 2024	Michele O'Reilly, Health Officer Nutley Health Department	1. Essex CHA 2. NJSHAD	MHFA Trainings Essex County	List of 5 impacted municipalities
2. Identify locations to host trainings	October 31, 2024	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
3. Schedule dates/times of trainings	October 31, 2024	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
4. Identify MHFA trainings to be offered	October 31, 2024	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification & selection of training
5. Secure MHFA trainers	December 31, 2024	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification, selection, booking of speaker
6. Advertise and recruit participants for MHFA trainings	February 2025 and ongoing	OPHM & MH/SUD Workgroup	Recruitment and marketing team	Healthy Essex Coalition Members	Identified participants for MHFA trainings
7. Host 5 MHFA trainings	June 30, 2025	MH/SUD Workgroup	Facility	Healthy Essex Coalition Members	Completion of 5 programs and collection of evaluation data
8. Review evaluation data for planning	August 31, 2025	MH/SUD Workgroup	Review Committee, Healthy Essex Coalition	Healthy Essex Coalition Members	Analyzed evaluation data

YEAR 2:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Identify 3 municipalities (new and/or recurring)	September 30, 2025	Michele O'Reilly, Health Officer Nutley Health Department	Essex CHA, NJSHAD, NJ	MHFA Trainings Essex County	List of 5 impacted municipalities
2. Identify 2 locations for MHFA Train the Trainer courses	September 30, 2025	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
3. Identify MHFA Trainings and Train the Trainer offerings	September 30, 2025	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
4. Identify locations to host trainings	September 30, 2025	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification and selection of training
5. Schedule dates/times of trainings (for each type of trainings)	December 31, 2025	MH/SUD Workgroup	Collective Research Stakeholder Engagement	Stakeholders MH/SUD Workgroup members	Identification, selection & booking of speaker
6. Advertise and recruit MHFA participants	February 2026 and ongoing	OPHM & MH/SUD Workgroup	Recruitment & marketing team	Healthy Essex Coalition Members	Identified participants for HR programs
7. Advertise, recruit and select MHFA Train the Trainer participants	February 2026 and ongoing	MH/SUD Workgroup	Facility	Healthy Essex Coalition Members	Secured 5 programs & locations
8. Host 3 MHFA trainings	June 30, 2026	MH/SUD Workgroup	Healthy Essex Members	Healthy Essex Coalition Members	Secured location for 3 trainings
9. Host 2 MHFA Train the Trainer Programs	June 30, 2026	MH/SUD Workgroup	Facility	Healthy Essex Coalition Members	Completion of 2 trainings & collection of evaluation data
10. Review evaluation data for planning Year 3	August 31, 2026	MH/SUD Workgroup	Review Committee, Healthy Essex Coalition Members	Healthy Essex Coalition Members	Analyzed evaluation data for Year 2

YEAR 3:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Identify 5 municipalities (new and/or recurring)	September 30, 2026	Michele O'Reilly, Health Officer Nutley Health Department	1. Essex CHA 2. NJSHAD	MHFA Trainings Essex County	List of 5 impacted municipalities
2. Identify 2 locations for MHFA Train the Trainer courses	September 30, 2026	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
3. Identify MHFA Trainings and Train the Trainer offerings	September 30, 2026	Location TBD	Facility	Healthy Essex Coalition Members	2 locations secured
4. Identify locations to host trainings	September 30, 2026	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification & selection of training
5. Schedule dates/times of trainings (for each type of trainings)	December 31, 2026	MH/SUD Workgroup	Collective Research Stakeholder Engagement	1. Stakeholders 2. MH/SUD Workgroup members	Identification, selection & booking of speaker
6. Advertise and recruit for MHFA trainings	February 2027 and ongoing	OPHM & MH/SUD Workgroup	Recruitment and marketing team	Healthy Essex Coalition Members	Identified participants for HR programs
7. Advertise, recruit and select MHFA Train the Trainer participants	February 2027 and ongoing	MH/SUD Workgroup	Facility	Healthy Essex Coalition Members	Secure 5 programs and locations
8. Host 5 MHFA Trainings	June 30, 2027	MH/SUD Workgroup	Healthy Essex Members	Healthy Essex Coalition Members	Completion of 5 trainings & collection of evaluation data
9. Host 2 MHFA Train the Trainer Programs	June 30, 2027	MH/SUD Workgroup	Facility	Healthy Essex Coalition Members	Secure 2 locations for MHFA trainer programs
10. Review evaluation data	August 31, 2027	MH/SUD Workgroup	Review Committee, Healthy Essex Coalition Members	Healthy Essex Coalition Members	Analyzed evaluation data for Year 3

GOAL 2: REDUCE THE STIGMA OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS IN ESSEX COUNTY.

OBJECTIVE:

2a: By August 1, 2025, develop and implement a stigma free toolkit which includes adoption of Stigma-Free Campaign Resolutions for Essex County Municipalities.

Stigma-Free Toolkit is designed to provide information and resources to address stigma associated with mental illness by raising awareness of the disease and creating a culture wherein residents who have mental illness feel supported by their community and neighbors and feel free to seek treatment without fear of stigma.

Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Create a Stigma-Free Task Force	October 31, 2024	ECOPHM & MH/SUD Workgroup	Collective Research Stakeholder Engagement	Essex County Residents	Secure a team of stigma-free ambassadors who embrace the initiative
2. Research current Stigma-Free Toolkits for potential adoption by Essex County	December 1, 2024	ECOPHM & MH/SUD Workgroup	TBD	Healthy Essex Coalition Members	Minutes reflecting results of research and recommendations
3. Develop Stigma-Free Toolkit that includes promotional materials, action plans, and sample resolution	January 31, 2025	ECOPHM & MH/SUD Workgroup	TBD	Healthy Essex Coalition Members	Completion of local stigma-free campaign toolkit
4. Distribute Stigma-Free Toolkit to Essex County Municipalities	February 28, 2025	ECOPHM	Toolkit in printed and electronic format	Essex County Municipalities/Local Health Departments	Number of toolkits distributed
5. Stigma-free ambassadors assist municipalities in passing stigma-free resolutions during Mental Health Awareness Month	April 30, 2025	Health Essex Coalition Stigma-free Ambassadors	TBD	Essex County Municipalities/Local Health Departments	Number of resolutions passed
6. Review evaluation data.	August 31, 2025	MH/SUD Workgroup	Review Committee from Healthy Essex Members	Healthy Essex Coalition Members	Analyze evaluation data

Priority 3: Health Equity & Social Determinants of Health

According to Healthy People 2030, “social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Social determinants of health have a major impact on people’s health, well-being, and quality of life. Examples of SDOH include safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; and language and literacy skills. Social determinants of health contribute to health disparities and inequities. For example, people who do not have access to healthy food are less likely to have quality nutrition, increasing their risk of health conditions like heart disease, diabetes, and obesity; and lowering life expectancy compared to people who do have access to healthy food (Healthy People 2030, n.d.).

THE PROBLEM:

According to the U.S. Census Bureau, 15.1% of the population in Essex County live below the poverty line, a number that is higher than the national average of 12.8%. The largest demographic living in poverty are females (25-34), followed by females (35-44) and then females (45-54). In 2022, 18.4% of the children ages 5-17 were living in poverty, and Essex is one of the four counties in New Jersey with the highest rate of poverty for children under 5 years of age. The most common racial or ethnic group living below the poverty line in Essex County is Black, followed by Hispanic.

Indicator	Essex County	New Jersey	Newark
Poverty, children <5 (2020)	22.1%	14.2%	--
Poverty, ages 5-17 (2021)	18.4%	--	28.8%
Poverty, all ages (2021)	15.1%	9.7%	25.8%

Sources: U.S. Census QuickFacts 2021; NJSHAD 2020; SAIPE (census.gov); Newark City School District

According to County Health Rankings & Roadmaps, 27% of the population was experiencing severe housing problems in Essex County in 2022. Severe housing problems means that residents have at least one of the following housing issues: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Comparing the racial breakdown of those experiencing homelessness to that of the general population and those in poverty, demonstrates clear disparities across racial lines, and indicates that poverty alone does not determine who will experience homelessness. Additional information can be found in the [NJ Counts 2023 PIT Report: Essex County](#).

Access to transportation is a neighborhood characteristic that also influences health outcomes. For example, people need reliable transportation to go to the doctor and access healthy food. There are seven (7) NJ Transit commuter rail lines in Essex County. Of residents, 20.1% report the use of public

transit, including trains, buses, and ferries. Of workers 16 years or older, the mean travel time to work is 34.2 minutes, according to the American Community Survey 2016-2021.

Communities near highways are often low-income and communities of color. Living near a highway or major roadway increases a person's exposure to traffic-related air pollution, which is linked to respiratory conditions like wheezing and decreased lung functioning, and cardiovascular disease. Long-term exposure to traffic-related air pollution is linked to childhood asthma (American Lung Association, 2023).

Indicator	Essex County	New Jersey	United States
Severe Housing Problems	27%	20%	17%
Unhoused: 2023 Point In Time (PIT) Count (per 10,000)	18	11	18
Long Commute: driving alone	45%	43%	37%
Air Pollution: particulate matter	8.9	7.8	7.4

Source: County Health Rankings & Roadmaps 2020; NJ Counts Report 2022; USA Facts 2022

Lack of health insurance is strongly associated with lack of access to health care services, particularly preventive and primary care. Uninsured people are significantly more likely to be in poor health, have unmet medical needs, have not had a physician or other health professional visit, and lack satisfaction in quality of care received (NJSHAD, 2020). Overall, 11.7% of Essex County residents age <65 years of age lack health insurance. This is higher than both the state of New Jersey (8.3%) and the U.S. overall (10.4%). Of youth 19 years of age and younger, 5.4% are uninsured.

Indicator	Essex County	New Jersey	United States
Uninsured (<65 years of age)	11.7%	8.3%	10.4%
Uninsured (<19 years of age)	4.4%	3.5%	5.4%

Source: SAHIE (census.gov) 2021

Access to information and resources through the Internet has become an increasingly critical aspect of everyday life. Access to the Internet significantly improves the average health condition and alleviates health inequality. Internet access significantly facilitates healthcare access and mitigates the negative impact of income inequality on healthcare access (Yu, 2022). Eighty-four percent of households in Essex County have a broadband internet subscription, while 92.5% have a computer.

GOAL 1: INCREASE ACCESS TO CARE AND SOCIAL SERVICES IN ESSEX COUNTY

OBJECTIVES:

1a. By December 1, 2027, provide access to a current county-wide resource directory annually.

Resource Directory

A resource directory provides clear, timely and centralized information which improves accessibility to resources. It caters to diverse populations and ensures that marginalized groups have access to essential services.

YEAR 1:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Test usability of current ECOPHM resource directory	August 1, 2024	ECOPHM	Existing directory	1. Essex County Department of Family Assistance and Benefits (DFAB) 2. SDOH Workgroup	100 completed usability surveys
2. Initiate outreach campaign for inclusion in ECOPHM resource directory	September 1, 2024	ECOPHM	N/A	Healthy Essex Coalition Members	Documentation (e.g. flyer, press release, etc.) of outreach efforts
3. Review current ECOPHM resource directory for comprehensiveness, usability, accuracy, and currency	October 1, 2024	SDOH Workgroup	Shared copy of existing directory	Healthy Essex Coalition Members	Revised list of relevant services
4. Promote and share with partners	January 1, 2025	SDOH Workgroup	Existing Directory	Healthy Essex Coalition Members	List of recommended edits
5. Review website analytics for engagement with current resource directory	June 1, 2025	SDOH Workgroup	Office website	Essex County website personnel	Engagement through website

YEAR 2:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Revise current ECOPHM resource directory based on recommended edits	September 1, 2025	ECOPHM	Existing directory	Healthy Essex Coalition Members	Revised resource directory
2. Update website with revised resource directory	November 1, 2025	ECOPHM	Existing directory	Healthy Essex Coalition Members	Revised resource directory
3. Promote and share with partners	November 1, 2025	ECOPHM	Existing directory	Healthy Essex Coalition Members	Emails
4. Review website analytics	June 1, 2026	SDOH Workgroup	N/A	Healthy Essex Coalition Members	Engagement through website
5. Solicit feedback from users/partners	June 1, 2026	SDOH Workgroup	Survey generator (e.g. Survey Monkey)	Healthy Essex Coalition Members	Developed survey
6. Review feedback for needed changes	September 1, 2026	ECOPHM	N/A	Healthy Essex Coalition Members	Evaluation of feedback from partners

YEAR 3:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Revise current ECOPHM resource directory based on recommended edits	December 1, 2026	ECOPHM	Existing directory	Healthy Essex Coalition Members	Revised resource directory
2. Update website with revised resource directory	December 1, 2026	ECOPHM	Existing directory	Healthy Essex Coalition Members	Revised resource directory
3. Promote and share with partners	December 1, 2026	ECOPHM	Existing directory	Healthy Essex Coalition Members	Emails
4. Review website analytics	June 1, 2027	ECOPHM	N/A	Essex County website personnel	Engagement through website
5. Solicit feedback from users/partners	June 1, 2027	ECOPHM	Survey generator (e.g. Survey Monkey)	Healthy Essex Coalition Members	Developed survey
6. Review feedback for needed changes	September 1, 2027	ECOPHM	N/A	Healthy Essex Coalition Members	Evaluation of feedback from partners

1b. By May 2025, the Healthy Essex Coalition will host a kick-off health collaboration event to cultivate relationships.

Collective Impact

Collective impact is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change. Collective Impact Model- <https://collectiveimpactforum.org/what-is-collective-impact/>

Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Identify date and location for event	January 1, 2025	ECOPHM	Space for event	N/A	Location, date & time are secured
2. Identify potential partners to invite to the event	February 1, 2025	SDOH Workgroup	Contact information	Healthy Essex Coalition Members	List of attending partners
3. Create agenda and activities for partner network event	March 1, 2025	SDOH Workgroup	N/A	Healthy Essex Coalition Members	Sign in sheets of attendees & photos
4. Host event	April 1, 2025	ECOPHM	1. Location 2. Office supplies/ materials, equipment (chairs, tables)	Healthy Essex Coalition Members	Event is held
5. Review evaluation feedback	July 1, 2025	SDOH Workgroup	Survey generator (e.g. Survey Monkey)	Healthy Essex Coalition Members	Evaluation of feedback from partners

1c: By December 2027, the Healthy Essex Coalition will host two collaborative health events for residents of Essex County.

One-Stop-Shop Model

The One-Stop-Shop Model is multiple health and human service providers in a single location to deliver services. <https://www.ruralhealthinfo.org/toolkits/services-integration/2/one-stop-shop>

YEAR 2:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Determine services to provide based on current CHA findings	January 1, 2026	ECOPHM	Essex County CHA	Healthy Essex Coalition Members	List of services to be provided at event
2. Invite potential partners to participate in the program based upon interest from health collaboration event (1B)	February 1, 2026	ECOPHM	N/A	Healthy Essex Coalition Members	List of attending/invited partners
3. Host a planning meeting with partners to determine type of event, date, location, and other logistics	April 1, 2026	ECOPHM	1. Location 2. office supplies/ materials, equipment(chairs and tables)	Healthy Essex Coalition Members	Minutes from planning meeting
4. Secure location, date and time	May 1, 2026	ECOPHM	N/A	Healthy Essex Coalition Members	Location, date & time secured
5. Advertise and recruit participants to event	May- August 2026	SDOH Workgroup	Social media platforms	Healthy Essex Coalition Members	Emails, social media post, event flier
6. Host event	September 1, 2026	ECOPHM	location	Healthy Essex Coalition Members	Photos
7. Collect feedback and evaluation data from both providers and participants	September 1, 2026	SDOH Workgroup	Survey generator (e.g. Survey Monkey)	Healthy Essex Coalition Members	Evaluation survey data collected

YEAR 3:					
Action Step	Target Date	Lead Person or Organization	Resources Needed	Potential Partners	Process Measure
1. Determine services to provide based on evaluation data findings and CHA updates	January 1, 2027	ECOPHM	Essex County CHA	Healthy Essex Coalition Members	List of services to be provided at event
2. Assess and invite potential partners to participate in the program based upon data	February 1, 2027	ECOPHM	N/A	Healthy Essex Coalition Members	List of attending/inviting partners
3. Host a planning meeting with partners to outline event, date, location, and other logistics based upon data	April 1, 2027	ECOPHM	1. Location 2. Office supplies/ materials, equipment (chairs and tables)	Healthy Essex Coalition Members	Minutes from planning meeting
4. Secure location, date and time	May 1, 2027	ECOPHM	N/A	Healthy Essex Coalition Members	Location, date & time secured
5. Advertise and recruit participants to Health Event	May- August 2027	SDOH Workgroup	Social media platforms	Healthy Essex Coalition Members	Emails, social media post & event flier
6. Host event	September 1, 2027	ECOPHM	Location	Healthy Essex Coalition Members	Photos
7. Collect feedback and evaluation data from both providers and participants	September 1, 2027	SDOH Workgroup	Survey generator (e.g. Survey Monkey)	Healthy Essex Coalition Members	Evaluation survey data collected
8. Review feedback data for needed changes	November 1, 2027	SDOH Workgroup	Evaluation survey	Healthy Essex Coalition Members	Evaluation feedback/ results

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APPENDIX A VMSG EXAMPLE

Progress Report

EssexCoOPHM: 2-CHIP - Community Health Improvement Plan



Group: - 2-CHIP | - Community Health Improvement Plan

Service 1: Chronic Disease



Goal Reduce rates of chronic disease by promoting healthy lifestyles.

1.2:



Objective 1.2.1: By 10/01/2024, pilot the Monday campaigns in the Bloomfield school district.

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.1.1		[Project] By April 16, 2024, meet with Bloomfield BOE to discuss piloting The Monday Campaigns.	[between and 4/16/2024]	% Complete
	1.2.1.2		[Project] By August 1, 2024, hold brainstorming meeting to determine best way to spread The Monday Campaigns messages, research successful campaign models, & map potential partners.	[between and 8/1/2024]	% Complete
	1.2.1.3		[Project] By August 26, 2024, execute MOU with Bloomfield BOE for pilot.	[between and 8/26/2024]	% Complete
	1.2.1.4		[Project] By August 26, 2024, present program to selected staff of Bloomfield BOE for buy-in.	[between and 8/26/2024]	% Complete
	1.2.1.5		[Project] By September 1, 2024, issue press release regarding campaign.	[between and 9/1/2024]	% Complete
	1.2.1.6		[Project] By September 1, 2024, pilot The Monday Campaigns in Bloomfield school(s).	[between and 9/1/2024]	% Complete
	1.2.1.7		[Project] By December 21, 2024, conduct evaluation of pilot.	[between and 12/21/2024]	% Complete



Objective 1.2.2: By 9/30/2025 adopt a health meeting workplace policy in the Essex County Office of Public Health Management.

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.2.1		[Project] By December 2024, develop a survey for employees to assess employee wellness.	[between 9/1/2024 and 12/1/2024]	100% Complete
	1.2.2.2		[Project] By February 2025, evaluate survey responses.	[between 9/1/2024 and 2/1/2025]	50% Complete
	1.2.2.3		[Project] By March 2025, create/develop a healthy meeting policy.	[between 9/1/2024 and 3/1/2025]	85% Complete
	1.2.2.4		[Project] By April 2025, meet with Human Resources Department for policy approval.	[between 9/1/2024 and 4/1/2025]	0% Complete
	1.2.2.5		[Project] By June 2025, implement office-wide policy within ECOPHM.	[between 9/1/2024 and 6/1/2025]	0% Complete
	1.2.2.6		[Project] By September 2025, evaluate healthy meeting policy.	[between 9/1/2024 and 9/1/2025]	0% Complete