

SECTION 5: NJ CHAPTER TOOL

The New Jersey Community Health Assessment, Policy Tracking and Environmental Resources (CHAPTER) tool was one of the backbone elements of the needs assessment process. By providing local information on policies and environments, the tool was able to give us insight into our target counties that was not available in any other data source. While not a standalone assessment, the data generated by the tool completes the picture created by the other data elements.

BACKGROUND

In order to provide a picture of the health of each county that went beyond the data points already collected through other needs assessments, NJPN and the Strategic Advisory Group members searched for a way to show qualitative data on current health policies and practices. To accomplish this task, the Community Health Assessment and Group Evaluation (CHANGE) tool, developed by CDC was used as a framework for part of the project. The purpose of the CHANGE tool is to help communities identify and monitor important policy, systems and environmental changes over time and help determine various approaches being used related to policy and system changes. After thorough review, significant modifications were made which created a new tool that is more appropriate for the Community Transformation Grant (CTG) project and for its use within New Jersey. The revised tool is now referred to as the NJ Community Health Assessment, Policy Tracking & Environmental Resources (NJ CHAPTER) tool.

The creation of this tool was done with help from the Strategic Advisory Group members. Their knowledge and expertise of the state's current climate helped determine where holes existed in the data collection conducted statewide, as well as what policies were already required by law in New Jersey. This process helped to make the NJ CHAPTER tool unique and asked thought provoking questions that go beyond current New Jersey laws. NJ CHAPTER also prevented any duplication of efforts by collecting information that has not already been collected by other entities performing concurrent needs assessments in the state. The final tool achieved the goal of being both comprehensive in its own right and synergistic with other projects.

Like the CHANGE tool, NJ CHAPTER tool was not intended to be a written self-assessment survey. The intention and expectation was for the tool to guide talking points that address the CDC's five strategic directions for the CTG project through a comprehensive discussion and interview with key stakeholders within the four identified sectors (community-at-large, community institutions/organizations, schools, and worksites). Though the original CHANGE tool was a policy and resource scan tool, it did not delve into the details of any policies or resources that might be identified through the interview process. To overcome this gap, the Chronic Disease Resource Inventory worksheet and the Policy Scan worksheet was added to the tool. These allowed the interviewers to gather this key information. By compiling the results of these worksheets, two separate data sources were created. The first, the Chronic Disease Resource Inventory, is a directory of agencies tackling chronic disease in the target counties. The second is a collection of policies that are currently implemented by organizations being interviewed. However, due to privacy concerns, the Policy Scan worksheet was an optional activity so the resulting database only contains policies from organizations that agreed to share and does not reflect the entirety of the policies currently in place.

The NJ CHAPTER tool has five modules that model the Community Transformation Grant five strategic directions:

1. Tobacco-Free Living
2. Active Living and Healthy Eating
3. High Impact Quality Clinical and Other Preventive Services
4. Healthy and Safe Physical Environments
5. Social and Emotional Wellness

Each module contains questions appropriate to the specific sector. For example, within the Community-At-Large Sector, Healthy and Safe Physical Environments Module, a NJ CHAPTER question is *“To what extent does the community maintain a network of biking routes (e.g., institute a bike lane program to add bike lanes when repaving roads)?”* Modules are located in the Appendix.

The modules are in each of the four separate tools, one for each sector, to ensure a diversified review of policies, systems and environmental strategies. Sectors represent locations and venues where people spend the most time when they are not at home. Each sector represents a different venue where the bulk of New Jersey’s population is subject to policies and regulations on a regular basis. By looking at sectors the data can demonstrate which policies affect people most frequently.

The **Community-At-Large Sector** consists of government entities whose work includes community-wide efforts that impact the social and built environments, such as food access, walkability or bikeability, tobacco-free policies and personal safety. Primarily the Community-At-Large Sector is identified as municipal or county level government agencies such as:

- Housing, Building and Zoning Department or Community Development
- Municipal or Regional Health Department
- Recreation or Parks Department
- Human, Senior or Social Services
- Public Works
- Public Safety or Police/Fire Department
- County or Municipal Clerk
- Administration such as the Mayor

The **Community Institution/Organization Sector** includes entities within the community that provide a broad range of human services and access to facilities, such as childcare settings, faith-based organizations, senior centers, health care organizations (non-hospital), youth servicing organizations (e.g., Boys and Girls Clubs and YMCA) and pharmacies.

The **School Sector** includes all primary and secondary learning institutions whether private, public or parochial (e.g., elementary, middle and high schools).

The **Work Site Sector** includes places of employment, such as private offices, restaurants, retail establishments and government offices that have 100 or more employees. Schools were excluded from this category.

METHODOLOGY

The NJ CHAPTER tool, as noted above, was not designed to be a self-written assessment, nor was it designed to be used in isolation from other empirical data sources to assess need. Rather, it is one part of the broader needs assessment used to help understand the complexity of the policies and environment of each sector.

A training explaining the tool and how to use it was provided to partners located in each of the 13-counties. The County Partners were assigned the task of completing a specific number of interviews in each of the four sectors. Sites were selected from within the 13-county region. Selection was based on the identified populations that were experiencing health disparities in the county. The site requirements for the four sectors were as follows:

- **Community-At-Large:** at least three (3).
- **Community Institutions/Organizations:** at least seven (7). Because of the broad nature of this sector, and in order to ensure more homogeneous data collection, County Partners were required to conduct their interviews at the following types of sites: daycare centers; faith-based organizations; healthcare organization (non-hospital); senior center; and youth servicing organizations. At least one interview had to be conducted at each of the six different site types, with the seventh interview being at any of the site types.
- **Schools:** at least five (5).
- **Worksites:** at least five (5) with a minimum of 100 employees. (Schools were excluded)

County Partners asked a series of questions to one or more representatives from each site. Responses were scored on a five-point scale provided in the CHANGE tool instrument. Table 18 describes how the scores were determined. The rating scale was used to examine the stage of progression as it relates to the question.

Once interviews were completed, the County Partner teams analyzed responses and the teams' knowledge and assessment of the policies and environmental strategies in place at each site to determine a score. Once entered into an online database with comments, the compiled ratings were tallied. Each site received a percentage score within the strategic direction module, which was tabulated using the process based by the CDC CHANGE tool. The percentage divided the summated ratings by the total possible score in each module. The sites were then placed into a three bracket rating system for both policy and environment based on their final percentage scores. The three brackets were Low (0-40%), Medium (41-80%) and High (81-100%). The brackets indicate the number of policies or environmental strategies that were in place. Therefore, if a site was placed in the Low bracket it had been rated to have none to few policies or strategies in place, identifying a liability or need. Whereas, falling in the High bracket signifies that the sites have begun to implement strategies or have strong ones already in place, indicating an asset.

As a result of the interviews many new connections were made between county partners and the sites. The comments recorded indicate that sites were interested in additional information that would help initiate or support the suggested policies in the NJ CHAPTER Tool.

Table 18: NJ CHAPTER Tool Policy and Environmental Scale

Response #	Policy	Environment
1	This stage represents the time when the issue has not yet been identified as a concern or a problem.	At this point, no elements are in place in the environment.
2	This stage involves getting a problem onto the radar screen of the authoritative body that must deal with the issue. This is usually done when the issue or problem is categorized as a social or public problem.	At this point, only a few elements are in place in the environment.
3	This stage involves analyzing policy goals and solutions, the development or creation of alternative recommendations to resolve or address the identified public problem, and final selection of a policy.	At this point, there are some elements in place in the environment.
4	This occurs within organizations directed to carry out adopted policies. Implementation begins once a policy has been formulated and adopted, and administrators have made a decision about how to deploy necessary resources (human and financial) to actualize the policy.	At this point, most elements are in place in the environment.
5	This stage involves determining to what extent the policy has been enforced, and what occurred as a result of the policy. Based on the evaluation results, adjustments can be made to the current policy to ensure effectiveness.	At this point, all elements are in place in the environment.
99	This type of policy is not appropriate for this site.	This type of environmental change strategy is not appropriate for this site.

SECTOR DATA RESULTS

Community-At-Large

Demographics: There were over 42 communities included in the evaluation of the Community-At-Large (CAL) Sector. The majority (76%) of the communities interviewed identified themselves as suburban areas. Over 14% of the sites interviewed report having more than 20% of the population living in poverty, and 45.24% of the sites had an unemployment rate

over 10% (New Jersey’s unemployment rate in January 2012 was 9.2%, U.S. Bureau of Labor Statistics). Less than half (47.5%) of the sites interviewed had a community garden, whereas 92.5% had parks or playgrounds. Table 19 demonstrates that most scores for both policy and environment fall within the 21-60% range across all strategic directions.

Table 19: Community-At-Large Sector Data Grids, Per Strategic Direction

		Low		Medium		High
		0-20%	21-40%	41-60%	61-80%	81-100%
Community-At-Large (POLICY)	Tobacco	21.95%	36.59%	26.83%	9.76%	4.88%
	ALHE	7.14%	57.14%	28.57%	4.76%	2.38%
	HICP	17.95%	20.51%	25.64%	20.51%	15.38%
	SEW	12.50%	30.00%	35.00%	17.50%	5.00%
	HSPE	5.00%	20.00%	27.50%	30.00%	17.50%

		Low		Medium		High
		0-20%	21-40%	41-60%	61-80%	81-100%
Community-At-Large (ENVIRONMENT)	Tobacco	4.88%	43.90%	34.15%	9.76%	7.32%
	ALHE	0.00%	38.10%	42.86%	14.29%	4.76%
	HICP	5.13%	15.38%	28.21%	33.33%	17.95%
	SEW	7.50%	22.50%	37.50%	10.00%	22.50%
	HSPE	0.00%	25.00%	22.50%	40.00%	12.50%

Figure 40: Community-At-Large Demographics (N=42)

Type of Community Setting	
Urban	14.29%
Suburban	76.19%
Rural	9.52%

Sustainable Jersey	
Certified	38.10%
Non-Certified	61.90%

Percentage without HS Diploma	
< 5%	9.52%
5 – 9%	23.81%
10 – 14%	28.57%
15 – 19%	16.67%
>= 20%	21.43%

Percent in Poverty	
< 5%	19.05%
5 – 9%	33.33%
10 – 14%	21.43%
15 – 19%	11.90%
>= 20%	14.29%

Percent Unemployed	
< 5%	4.76%
5 – 9%	50.00%
10 – 14%	28.57%
15 – 19%	14.29%
>= 20%	2.38%

Median Income Brackets	
< \$25,000	2.38%
\$25,000 - \$34,999	9.52%
\$35,000 - \$49,999	19.05%
\$50,000 - \$74,999	54.76%
\$75,000 - \$99,999	9.52%
\$100,000 - \$124,999	4.76%

Community Assets	
Have a Community Garden	47.50%
Have Parks or Playgrounds	92.50%
Have Bikes Lanes/Sharrows on Major Roads	22.50%
Have Neighborhood Watch Programs	50.00%

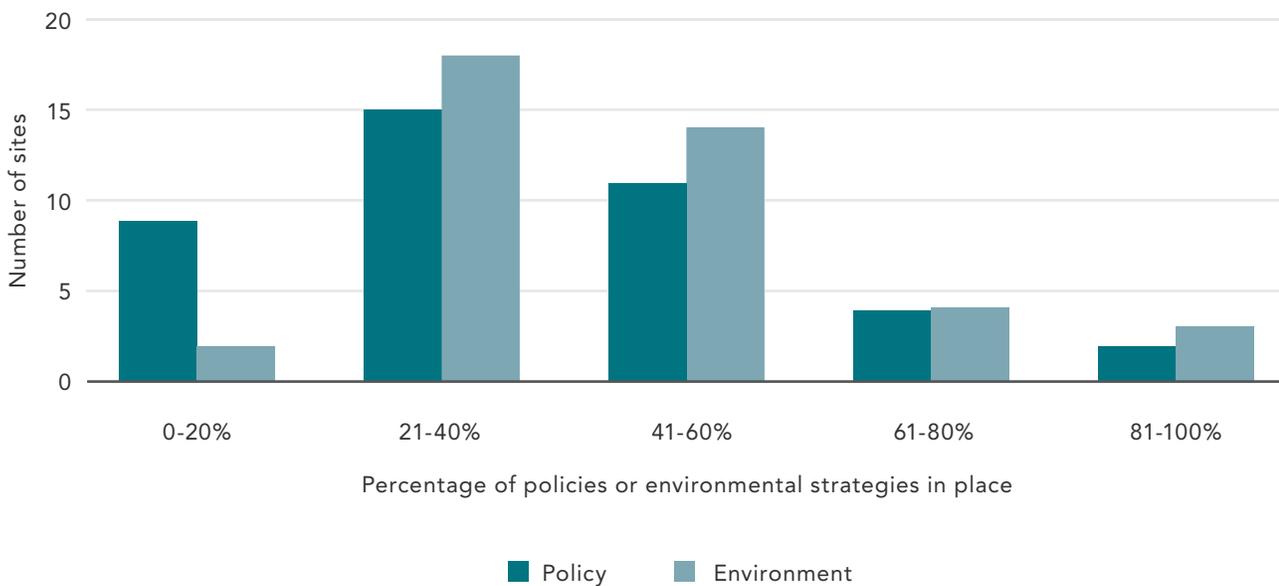
Access to Healthy Foods	
Have a Grocery Store	62.50%
Have a Supermarket	62.50%
Have a Farmer's Market	80.00%

Tobacco-Free Living: Policies relating to Tobacco-Free Living in the CAL Sector were lacking, with the majority of sites (24) scoring in the lower bracket, as compared to 17 who scored in the Medium and High brackets. On the environment side, things were slightly better, with 20 respondents in the Low bracket compared to 21 in the Medium to High range, but these numbers still reflect a lack of strategies in place relating to Tobacco-Free Living in the CAL Sector.

According to comments received, ten percent of respondents feel that either the county or the municipality supports tobacco-free efforts and some were in the process of instituting smoke-free policies 24/7 for outdoor public places. Additional comments included that funding cuts to Tobacco Age of Sale Enforcement (TASE) makes it difficult if not impossible to enforce compliance checks of tobacco product retailers selling to underage customers, although one site indicated that they perform compliance checks annually. When asked about a successful environmental strategy, policy or practice respondents would like to highlight, the most common response was Tobacco-Free Living response was the promotion of tobacco cessation programs.

Figure 41: Community-At-Large Site Response For Tobacco-Free Living Module

Community-At-Large: Tobacco-Free Living

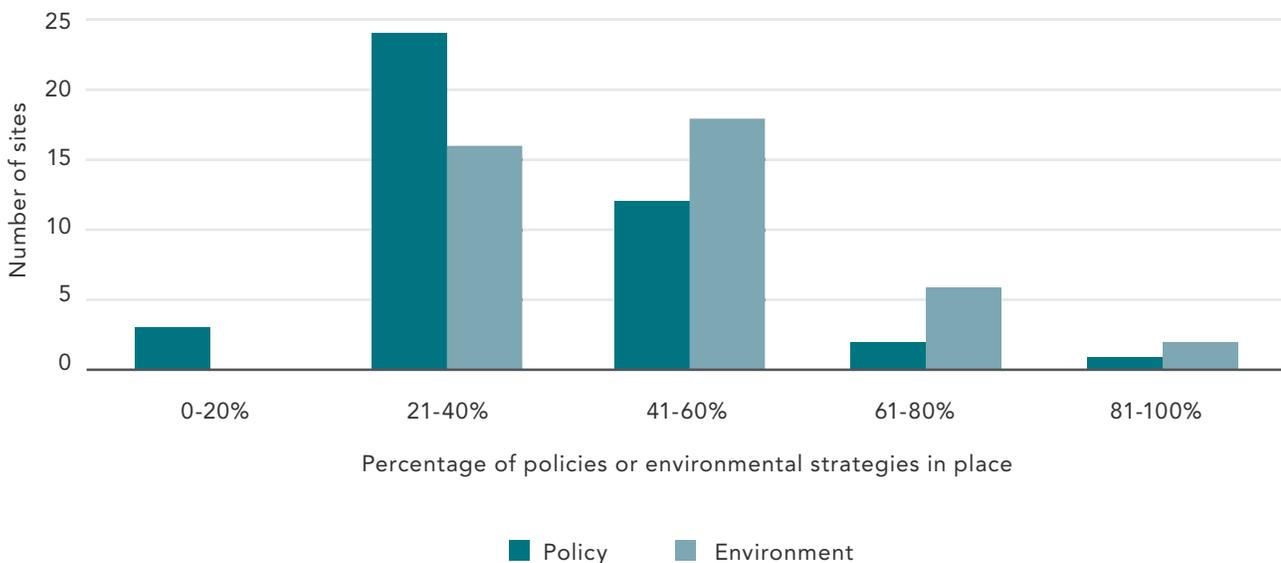


Active Living and Healthy Eating: Within the Active Living and Healthy Eating module there were 27 of the CAL sites with Low policy scores compared to 15 with scores in the Medium to High range. The opposite is true for the environment, with 26 scoring in the Medium to High range, and only 16 in the Low range. These numbers show that while the environment for Active Living and Healthy eating is strong, the policies that support it are not there. No sites scored in the 0-20% range for environment.

Six respondents commented that a shared-use agreement exists with schools and one municipality had included it in the Master Plan and was waiting for county administration approval. When asked about a successful environmental strategy, policy or practice respondents would like to highlight, the most common responses were that they provided farmer’s markets and walking or biking accessibility.

Figure 42: Community-At-Large Site Response For Active Living and Healthy Eating Module

Community-At-Large: Active Living and Healthy Eating



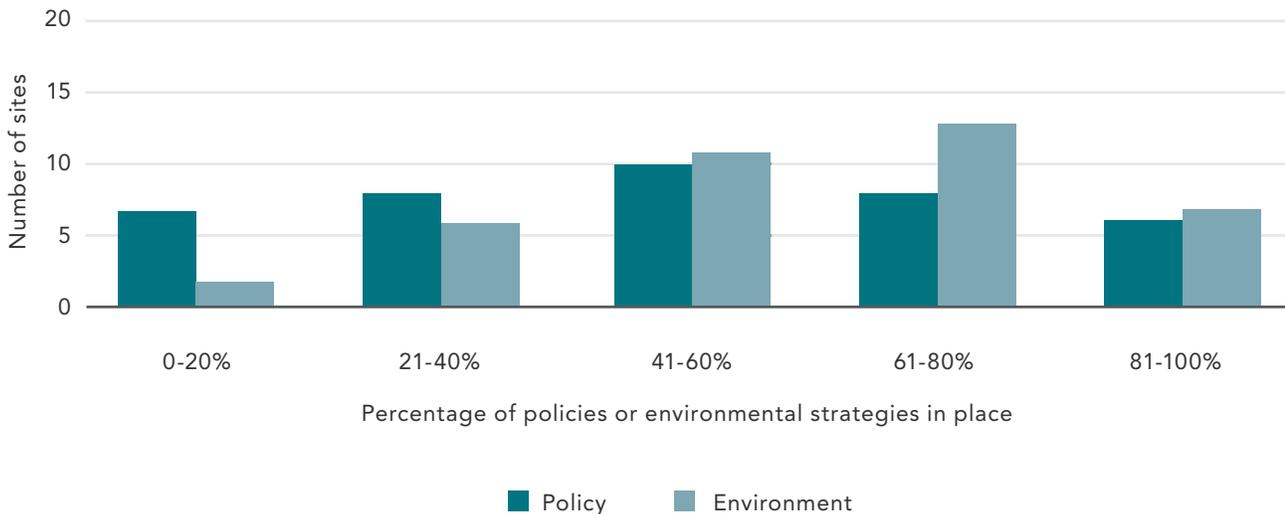
High Impact Quality Clinical and Other Preventive Services: There are 24 CAL sites that placed into the Medium to High brackets, compared to just 15 in the Low bracket for policies in place. Thirty-one (31) CAL sites ranked Medium to High compared to eight in the Low bracket for environmental strategies in place.

Respondents detailed that there was a focus on educating senior residents, and utilizing health fairs and other programs such as the Mayors Wellness Campaign to implement strategies to educate residents. Sites shared that they are working with the Integrated Municipal Advisory Council (IMAC) on tobacco related issues and

that presentations are given to either the public council or the Board of Health as a method of participating in the public policy process. When asked about a successful environmental strategy, policy or practice, respondents highlighted the regular screening programs offered for high blood pressure, cholesterol, diabetes and educational programs regarding preventing chronic diseases. One county level CAL stated they have begun to focus on establishing walking areas, encouraging businesses to provide employee health benefits and encouraging individuals to be informed of their “health numbers”- e.g., cholesterol, blood pressure etc.

Figure 43: Community-At-Large Site Response For High Impact Quality Clinical and Other Preventive Services Module

Community-At-Large: High Impact Quality Clinical and Other Preventive Services

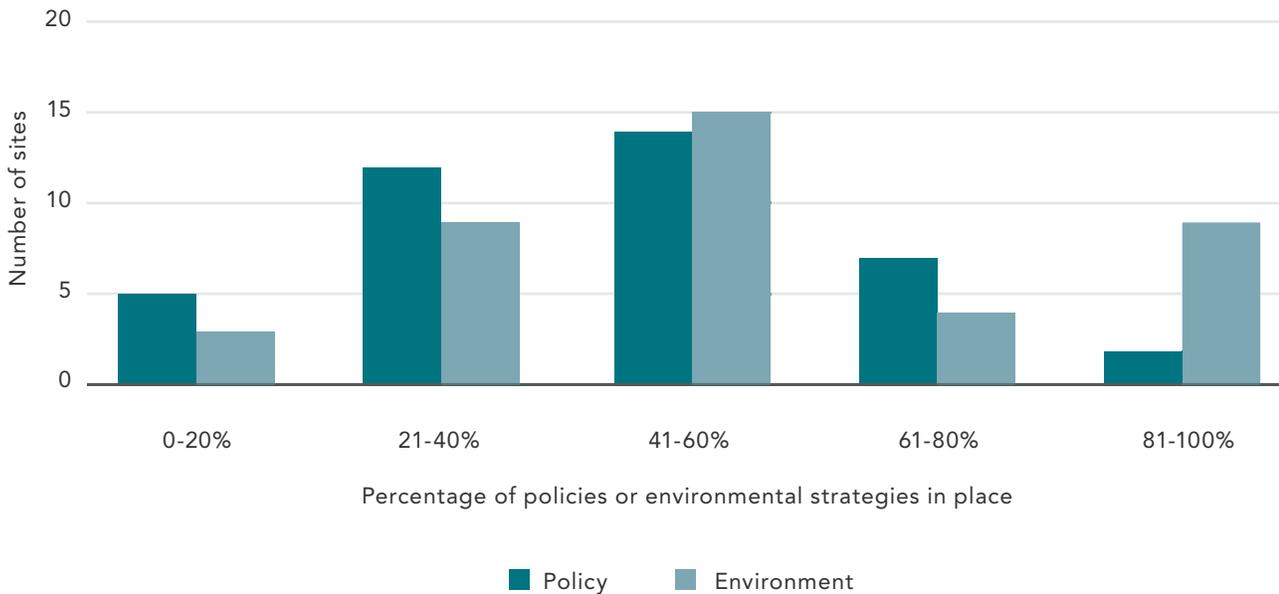


Social and Emotional Wellness: Policies relating to Social and Emotional Wellness predominately fall into the Medium bracket, with 21 being scored as such, compared to 17 in the Low bracket and just two in the High bracket. For environment, we again see the majority falling into the Medium bracket (19), but nine fall into the High bracket and 12 fall into the Low bracket.

Four respondents who provided additional comments shared that they do not provide services to children and therefore four of the seven questions in this module do not apply to those sites. Most sites have stated a policy was in place addressing sexual abuse in regards to adults working with children, citing particularly that a background check of volunteers or coaches must be completed. When asked about a successful environmental strategy, policy or practice, respondents highlighted life skills programs and family mentoring programs.

Figure 44: Community-At-Large Site Response For Social and Emotional Wellness Module

Community-At-Large: Social and Emotional Wellness



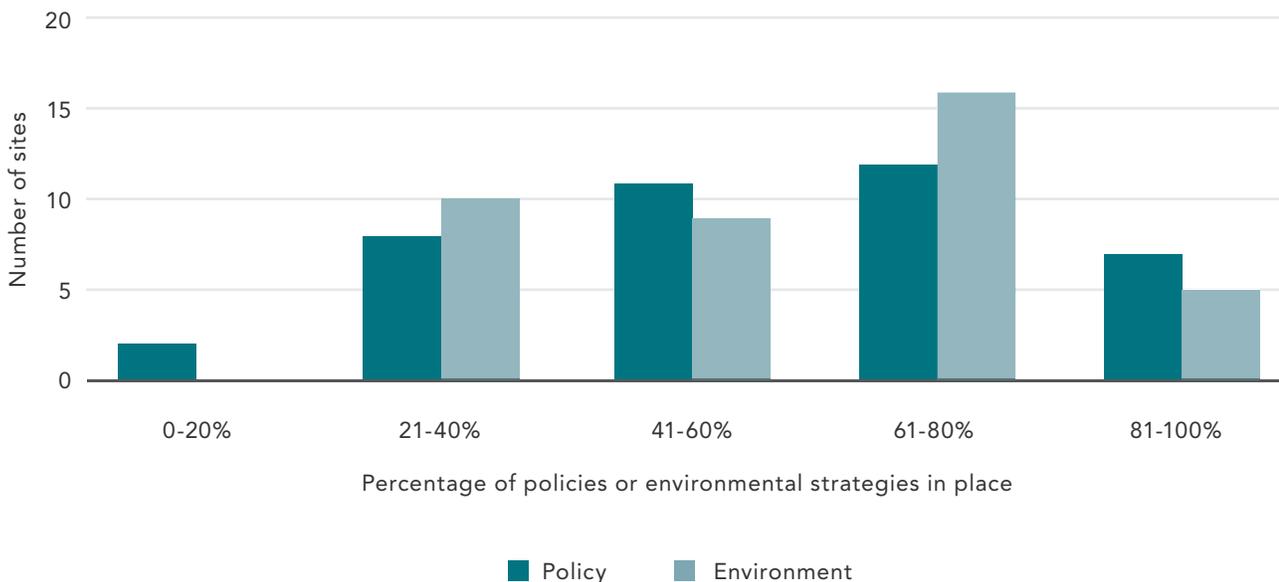
Healthy and Safe Physical Environments:

As with Social and Emotional Wellness, policies relating to Healthy and Safe Physical Environments predominately fall into the Medium bracket, with 23 being scored as such, compared to ten in the Low bracket and seven in the High bracket. For environment, the majority also fall into the Medium bracket with 25, but five fall into the High bracket and ten fall into the Low bracket. No respondents scored in the 0-20% range for environment.

When asked about a successful environmental strategy, policy or practice, one site highlighted that the town is currently creating a road to connect the elementary school, community center, municipal building and one of the town’s large parks, supporting pedestrian and bicycle use by children and families. That site also shared that residents building new homes are given the option of having a sidewalk or contributing to a municipal sidewalk fund, which pays for maintenance and repair of public sidewalks. Other sites had little or no response.

Figure 45: Community-At-Large Site Response For Healthy and Safe Physical Environment Module

Community-At-Large: Healthy and Safe Physical Environment



Community Institutions/Organizations

Demographics: There were 107 sites included in the evaluation of the Community Institutions/Organizations Sector. The majority (77%) of the worksites interviewed identified themselves as being in suburban areas. Sites were primarily for-profit organizations (81%). Types of institutions/organizations varied with most being a youth servicing organization (28%), and faith-based and health care organizations represented 17.8% of the sites each.

Table 20: Community Institutions/Organizations Site Data Grid, Per Strategic Direction

		Low		Medium		High
		0-20%	21-40%	41-60%	61-80%	81-100%
Community Institution (POLICY)	Tobacco	29.91%	11.21%	19.63%	24.30%	14.95%
	ALHE	11.43%	34.29%	20.00%	21.90%	12.38%
	HICP	33.01%	16.50%	16.50%	22.33%	11.65%
	SEW	9.26%	19.44%	19.44%	32.41%	19.44%
	HSPE	51.43%	8.57%	24.76%	7.62%	7.62%
		Low		Medium		High
		0-20%	21-40%	41-60%	61-80%	81-100%
Community Institution (ENVIRONMENT)	Tobacco	13.08%	20.56%	19.63%	24.30%	22.43%
	ALHE	0.95%	8.57%	28.57%	32.38%	29.52%
	HICP	8.91%	20.79%	24.75%	25.74%	19.80%
	SEW	4.63%	12.04%	17.59%	29.63%	36.11%
	HSPE	11.32%	17.92%	35.85%	18.87%	16.04%

Figure 46: Community Institutions / Organizations Demographics (N=107)

Profit Type	
For-Profit	81.31%
Not-for-Profit	18.69%

Sector Type	
Public	32.71%
Private	67.29%

Median Income Brackets	
< \$25,000	12.15%
\$25,000 - \$34,999	14.95%
\$35,000 - \$49,999	14.02%
\$50,000 - \$74,999	38.32%
\$75,000 - \$99,999	16.82%
\$100,000 - \$124,999	2.80%
≥ \$125,000	0.93%

Type of Institution	
Senior Center	14.02%
Faith-based Organization	17.76%
Daycare Center	11.21%
Youth Servicing Organization	28.04%
Pharmacy	11.21%
Health Care Organization, Non-Hospital	17.76%

Community Setting	
Rural	6.54%
Urban	15.89%
Suburban	77.57%

Active Living Options	
Onsite Bike Parking	31.78%
Onsite Fitness Equipment	39.25%

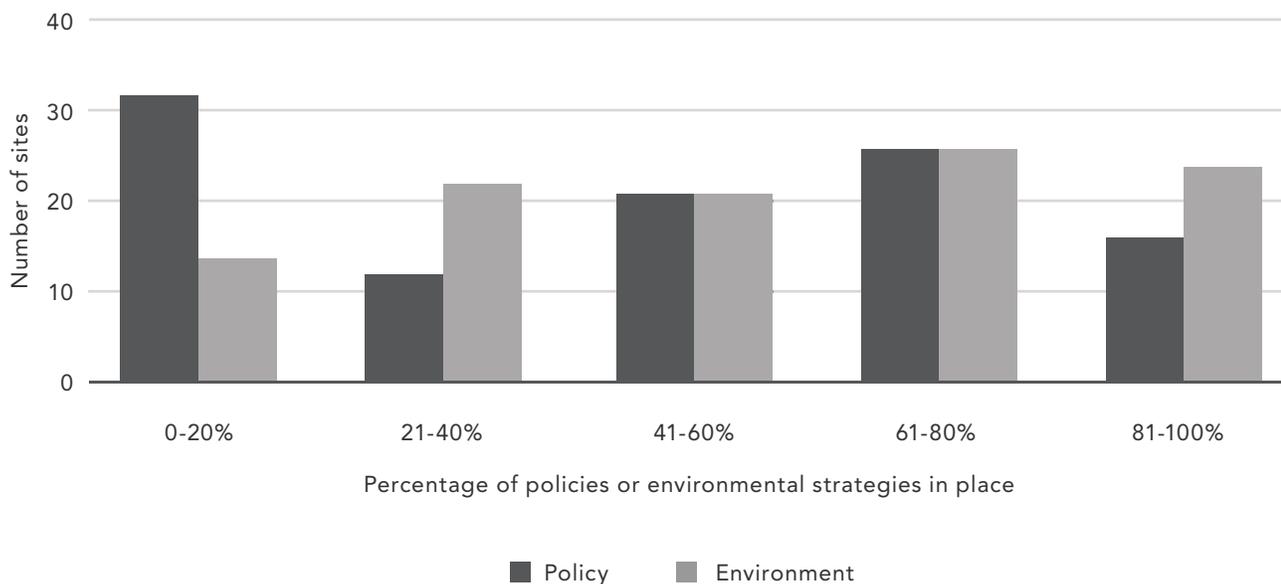
Tobacco-Free Living: Policies relating to Tobacco-Free Living at the sites interviewed in the Community Institutions/Organizations Sector were spread out across the spectrum. However, the largest individual category was the 0-20% category with 32 respondents being scored there. On the environment side, the scores were spread out fairly evenly, with the lowest number of sites (14) coming in the 0-20% category.

When respondents were asked “To what extent does your organization implement a referral system to help patrons to access tobacco

cessation resources and services” comments ranged from there is no policy in place, or brochures are available, to referrals are made to agencies or the Quitline and patches are provided. When asked about a successful environmental strategy, policy or practice responses varied. One site highlighted that they had a medicine drop box for patrons, another shared that there was a designated smoking area outside for staff, and yet another noted that there is a “no smoking” sign posted but no formal written policy.

Figure 47: Community Institution Site Response For Tobacco-Free Living Module

Community Institutions/Organizations: Tobacco-Free Living

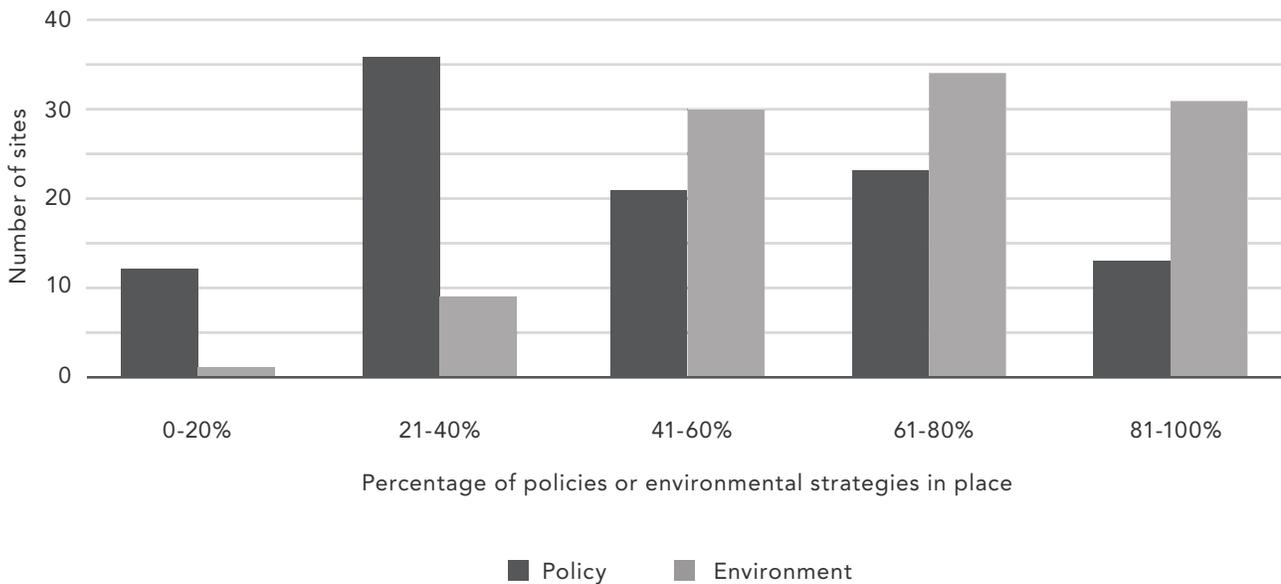


Active Living and Healthy Eating: Within the Active Living and Healthy Eating module, the Community Institutions/Organizations surveyed had a broad range of scores on the policy side. The largest number of sites (36) fell into the 21-40% range in the Low bracket; however, the Medium and Low brackets were comparable overall: 44 in the Medium bracket to 48 in the Low. The environment side was not nearly as diverse, with 95 of the 105 sites falling into the Medium and High brackets.

Responses received to the various questions included comments that several sites do not have vending machines; some sites have or participate in a community garden; and at some sites there is someone acting in a wellness coordinator capacity but not necessarily titled as such. When asked about a successful environmental strategy, policy or practice, one site highlighted that they had a written policy that requires a nutrition specialist to speak quarterly to patrons. The nutrition specialist also ensures that healthy food is prepared and served. Another site responded that they promoted healthy eating in collaboration with other agencies.

Figure 48: Community Institution Site Response For Active Living and Healthy Eating Module

Community Institutions/Organizations: Active Living and Healthy Eating

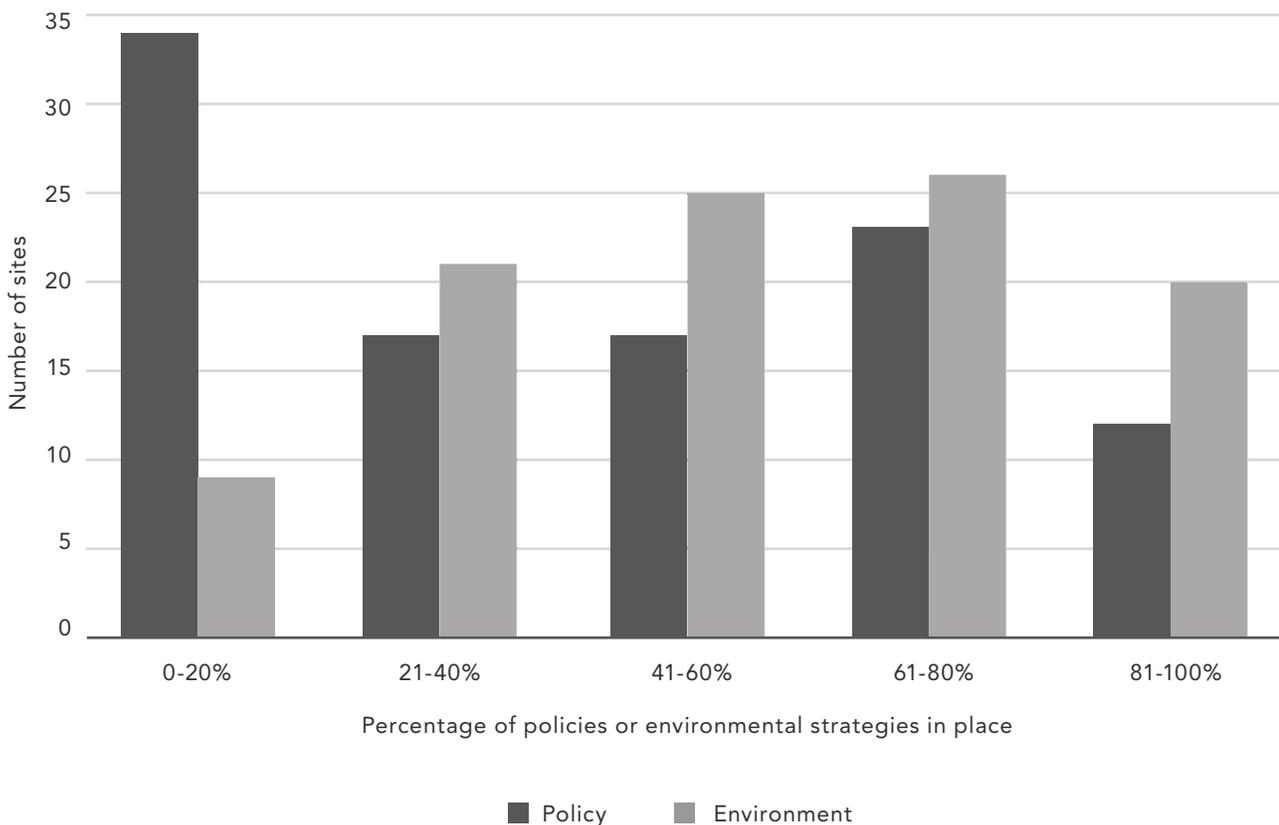


High Impact Quality Clinical and Other Preventive Services: The scores for the policies relating to High Impact Quality Clinical and Other Preventive Services were weighted towards the Low bracket with 51 of the 103 sites that responded to this section being included. Noticeably, 34 of those 51 fell into the 0-20% category. On the environment side, the 0-20% category was the outlier, with only 9 sites scoring there, with the remainder of the categories being fairly, with scores staying between 20 and 26..

The question with the most comments was “To what extent does your organization address the following in policies: provide routine screening, follow-up counseling and education to patrons to help address chronic diseases and related risk factors?” Responses stated that the screenings offered varied from nutritional assessments, checking hemoglobin, blood sugar and blood pressure levels, screening for lead poisoning and skin cancer and taking height and weight measurements, . When asked about a successful environmental strategy, policy or practice, one site highlighted that they follow an integrated health care model with primary health and mental care on site.

Figure 49: Community Institution Site Response For High Impact Quality Clinical and Other Preventive Services Module

High Impact Quality Clinical and Other Preventive Services

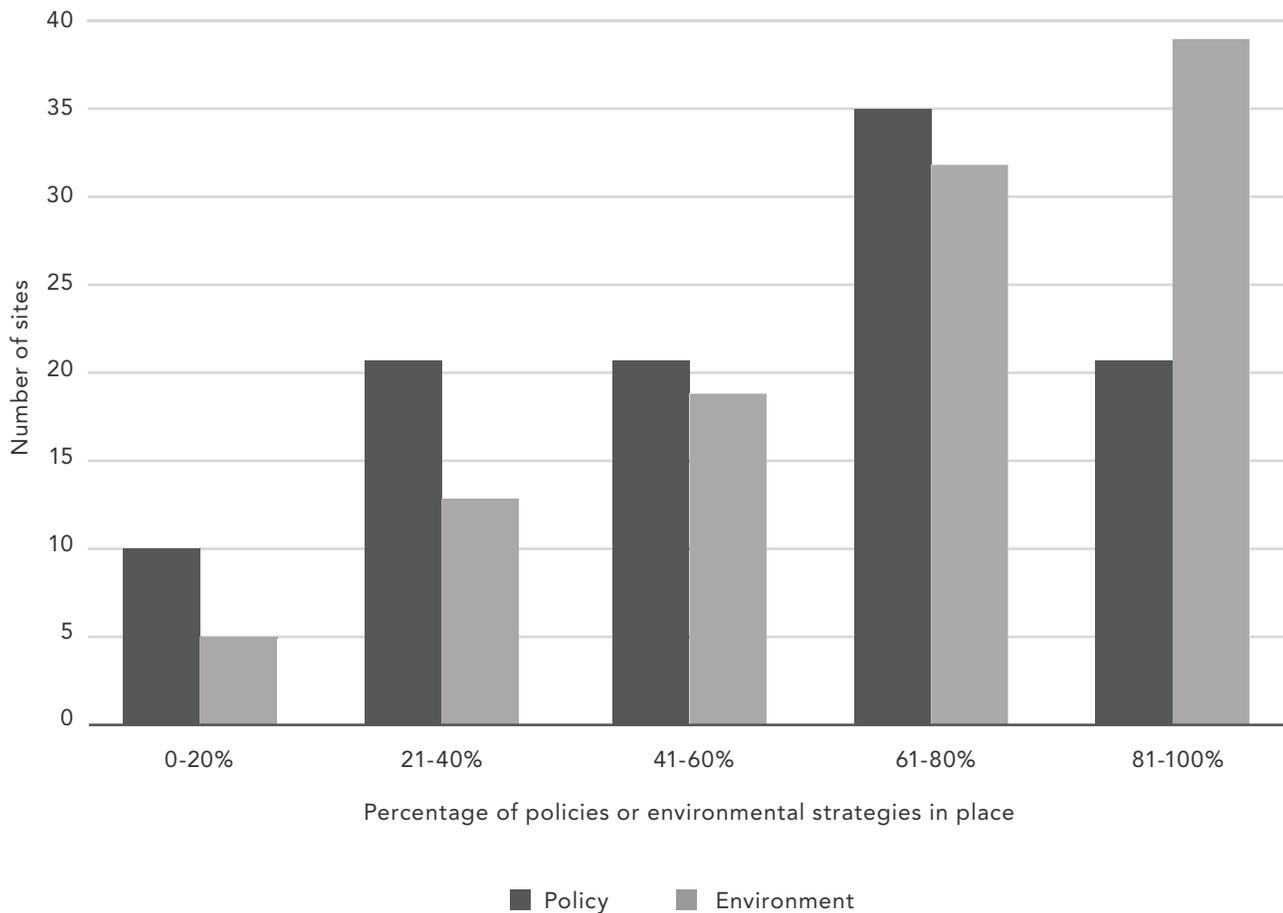


Social and Emotional Wellness: Of the 108 respondents, 77 sites fell into the Medium and High brackets for Social and Emotional Wellness policies. On the environment side, this number jumps to 90.

When asked about a successful environmental strategy, policy or practice, one site highlighted that their facility rents space on the weekends and that when a code of conduct is included as part of the rental contract it specifies that the event is alcohol free.

Figure 50: Community Institution Site Response For Social and Emotional Module

Social and Emotional Wellness

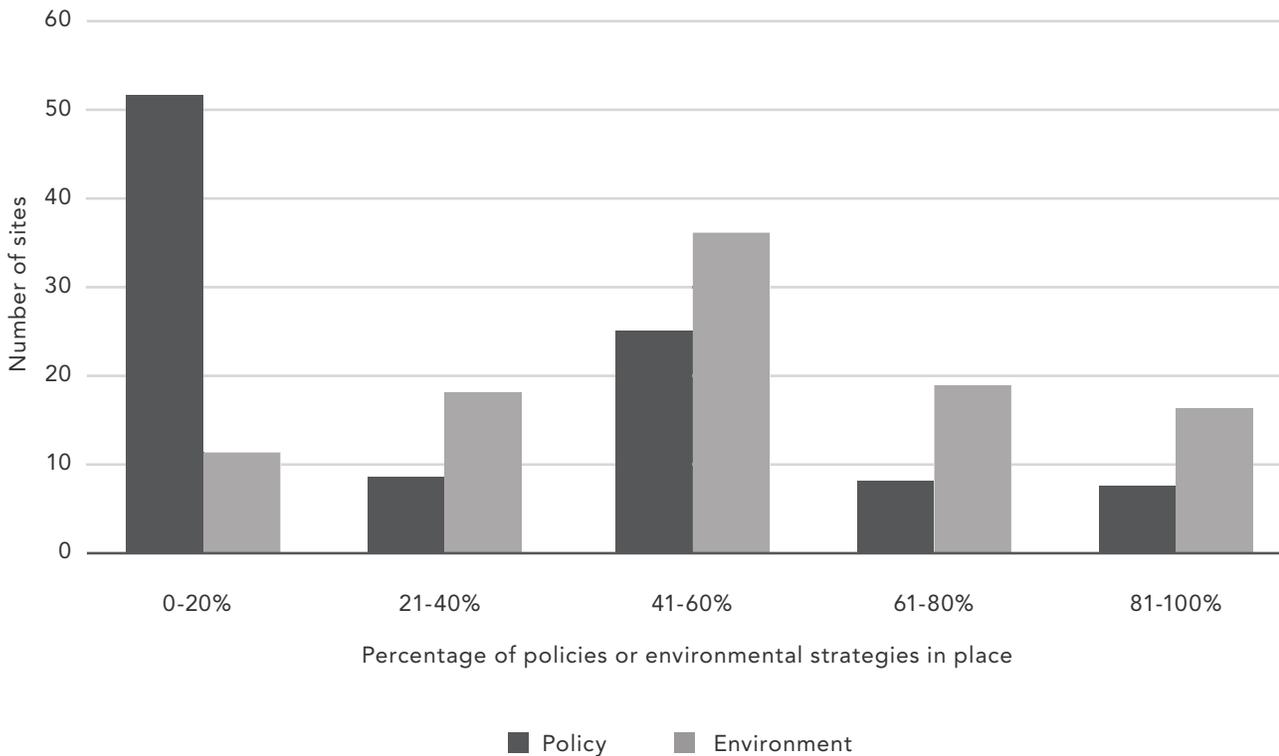


Healthy and Safe Physical Environments: The number of Community Institutions/Organizations that scored in the 0-20% category for Healthy and Safe Physical Environments was 54, representing over 51% of all respondents. This is the largest number of sites in any sector and any strategic direction to score in the lowest category. There is a very clear and distinct lack of policies in this area. The environment scores were fairly balanced, with the 41-60% category having the most sites included with 38.

When respondents were asked “To what extent does your organization provide a safe area outside to allow constituents and employees to walk or be physically active” seven sites commented that there is outdoor lighting and seven sites commented that there was a walking or biking path adjacent to site. When asked about a successful environmental strategy, policy or practice, one site highlighted that they paid a landscaping company to cut walking/ hiking trails in a wooded area on the property and another stated they did not have a policy in place but the agency had bike racks.

Figure 51: Community Institution Site Response For Healthy and Safe Physical Environment Module

Community Institution/Organization: Healthy and Safe Physical Environments



Schools

There were over 70 schools included in the evaluation of the School Sector. The majority (77%) of the schools interviewed identified themselves as being in suburban areas. The majority of the schools (88.5%) were also public schools. Schools could identify themselves as serving multiple grade levels. Half of the school sites identified themselves as a middle school grade level (35), 31 identified as elementary schools and 28 identified as high schools. Most participating schools were identified in the District Factor Group (DFG) CD (21%). The DFG least represented was J (1.5%). School Sector is the only sector that had few sites falling under the Low bracket in all strategic directions for both policy and environmental strategies.

Table 21: School Data Grids, Per Strategic Direction

		Low		Medium		High
		0-20%	21-40%	41-60%	61-80%	81-100%
School (POLICY)	Tobacco	2.86%	1.43%	15.71%	47.14%	32.86%
	ALHE	0.00%	20.00%	34.29%	28.57%	17.14%
	HICP	15.15%	4.55%	30.30%	27.27%	22.73%
	SEW	15.71%	11.43%	10.00%	22.86%	40.00%
	HSPE	11.43%	15.71%	41.43%	27.14%	4.29%
		Low		Medium		High
		0-20%	21-40%	41-60%	61-80%	81-100%
School (ENVIRONMENT)	Tobacco	0.00%	4.29%	15.71%	35.71%	44.29%
	ALHE	0.00%	4.29%	24.29%	48.57%	22.86%
	HICP	3.03%	6.06%	19.70%	21.21%	50.00%
	SEW	5.80%	4.35%	17.39%	10.14%	62.32%
	HSPE	7.14%	10.00%	41.43%	28.57%	12.86%

Figure 52: School Demographics (N=70)

Pre-K	
Numbers of Schools That Have Public Funded Pre-K	10
Numbers of School That Haves Private Funded Pre-K	6

Grade Levels Served	
Elementary School	31
Middle School	35
High School	28

School Setting	
Rural	12.86%
Urban	10.00%
Suburban	77.14%

Type of School	
Public	88.57%
Private	4.29%
Parochial	2.86%
Other	4.29%

School Resources	
Schools with Vegetable Gardens	30.43%
Schools with Bike Parking	60.87%
Schools with a Safe Routes to School Program	26.09%

Median Income Brackets	
< \$25,000	2.86%
\$25,000 - \$34,999	7.14%
\$35,000 - \$49,999	25.71%
\$50,000 - \$74,999	37.14%
\$75,000 - \$99,999	17.14%
\$100,000 - \$124,999	5.71%
≥ \$125,000	4.29%

Median Income Brackets	
A	18.57%
B	11.43%
CD	21.43%
DE	14.29%
FG	8.57%
GH	5.71%
I	18.57%
J	1.43%

Student Support Staff	
Schools with Student Assistance Counselors	66.67%
Schools with Student Resource Officers	46.38%

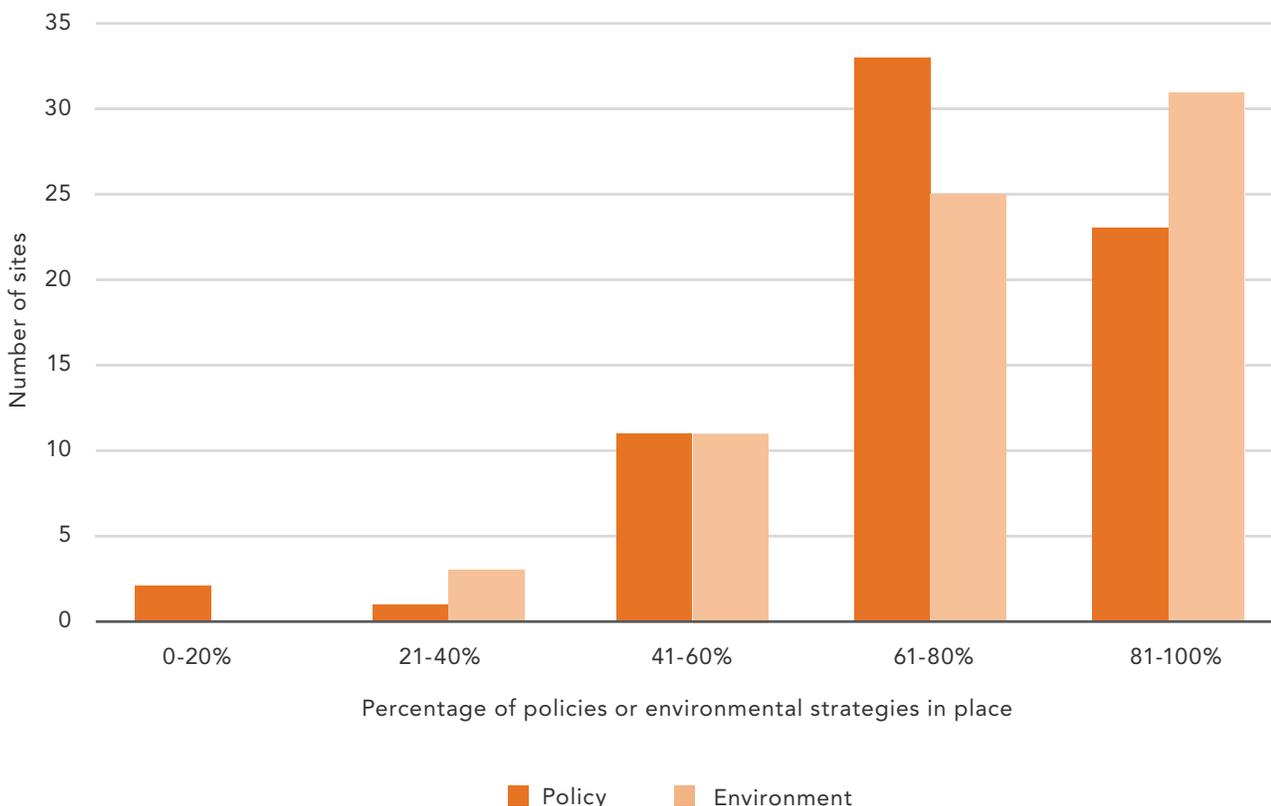
Tobacco-Free Living: Tobacco-Free Living policies are prevalent in the schools interviewed. Of 70 schools visited, only three rated in the Low bracket for policies. The same was true for the environment, but with the added fact that no schools fell into the 0-20% category.

Of those comments received to the question “To what extent does the school institute a tobacco-free policy that requires students who were caught using tobacco products to participate in an assistance, education, or cessation program?” six indicated that referrals were made to the Student Assistance Councilor, Guidance Department or an external cessation program. Four indicated that a suspension or after school

detention is imposed after a student is caught. Various comments were given when asked about a successful environmental strategy, policy or practice that the interviewed sites would like to highlight. One school continued their Reaching Everyone By Exposing Lies (REBEL) program and renamed it the “599 Club” that promotes smoke-free education to students and the community. Another school implemented a snuff and chewing tobacco specific portion to their health classes because it was identified as a high risk behavior to students in the school’s geographic area. There was also one site that noted it was unaware of any local tobacco cessation services.

Figure 53: School Site Response For Tobacco-Free Living Module

Schools: Tobacco-Free Living



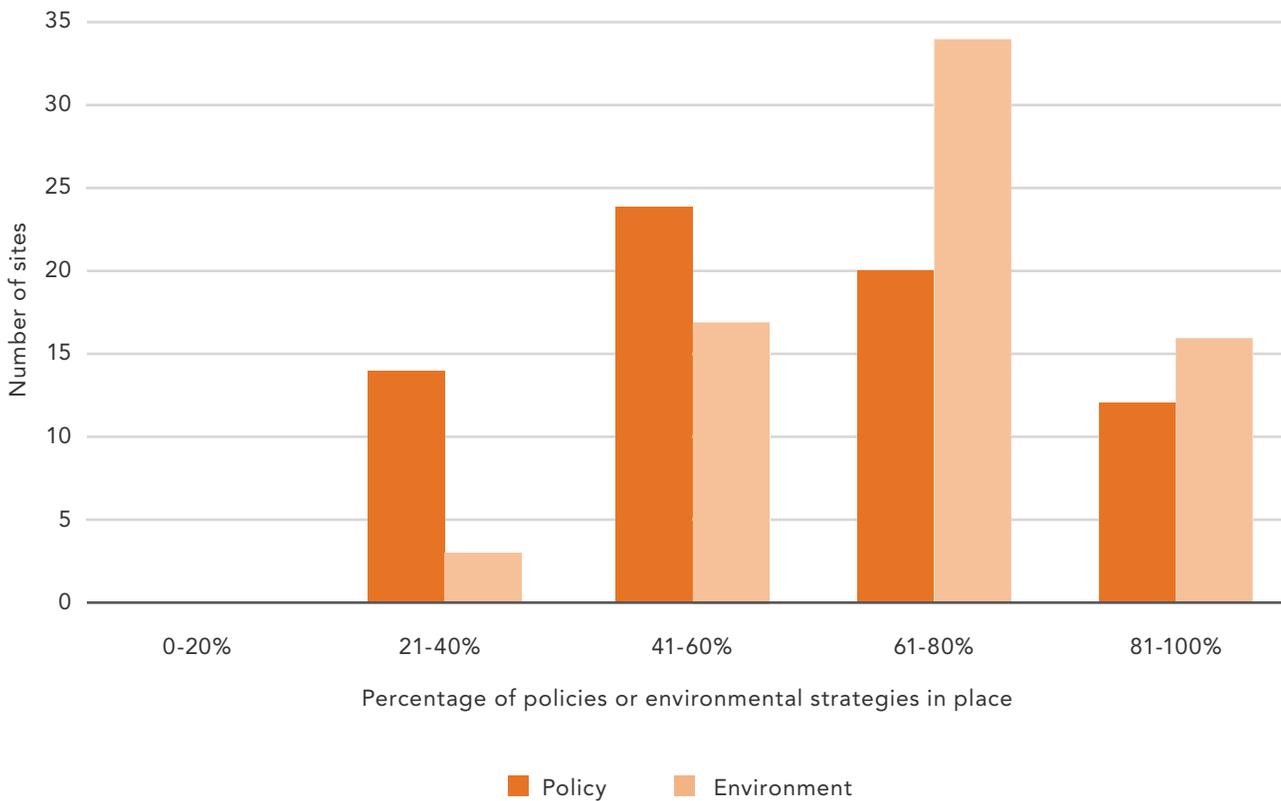
Active Living and Healthy Eating: Most schools interviewed were scored in the Medium bracket for policies, with 44 falling into that category, while 12 rated in the High bracket and 12 in the Low bracket. For environment, 47 scored in the Medium bracket, 16 in the High and three in the Low. No schools scored in the 0-20% range in either policy or environment.

When respondents were asked “To what extent does the school offer alternative service methods to increase school breakfast participation?” nine respondents stated they make breakfast available and four stated there was no program in place. When asked “To what extent does the school require daily physical education for all middle school and

high school students?” respondents noted that health class was required during one school quarter and physical education for the remaining three quarters. One site shared that students who participate in offsite activities (often intense physical activity, such as dance, gymnastics, etc.), can receive credit for this offsite physical activity and not have to take physical education in school. When asked about a successful environmental strategy, policy or practice, one site highlighted they recently hired a chef to cook healthy foods daily. Another site highlighted their coordination with the Parent Teacher Organization to encourage healthier options when choosing fundraisers and when planning celebrations.

Figure 54: School Site Response For Active Living and Healthy Eating Module

Schools: Active Living and Healthy Eating

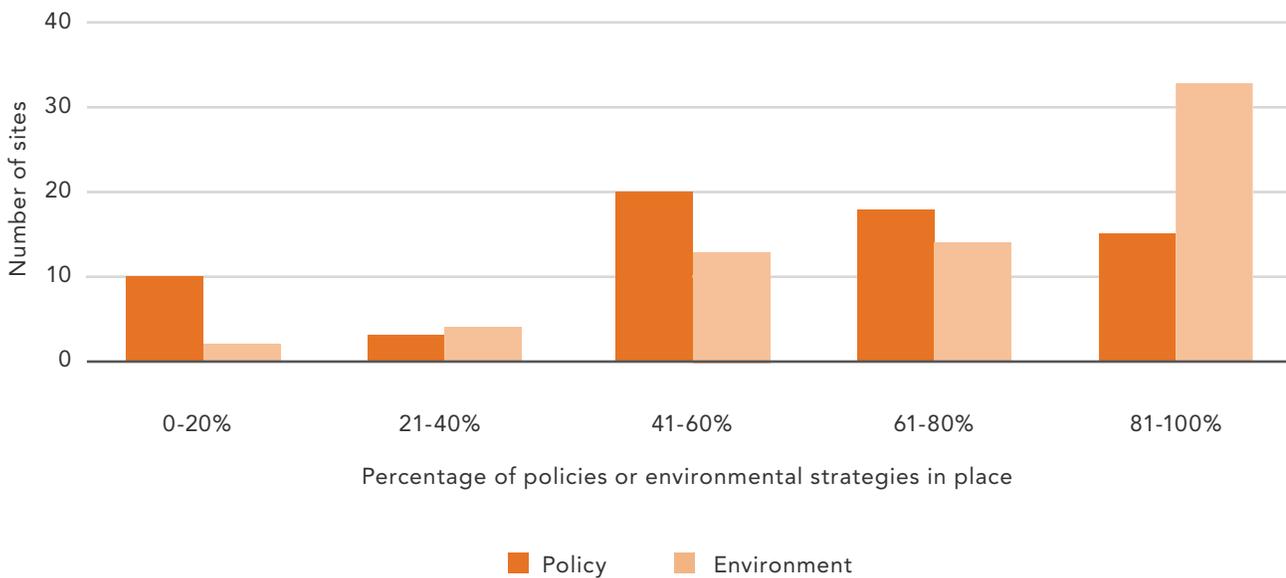


High Impact Quality Clinical and Other Preventive Services: Of the 66 schools that responded to questions regarding High Impact Quality Clinical and Other Preventive Services, 53 of them fell into the Middle or High brackets. On the environment side the number was even higher, with 60 falling into the Middle or High brackets.

When asked about a successful environmental strategy, policy or practice a majority of sites highlighted presentations by guest speakers on various topic areas to students including substance abuse and nutrition.

Figure 55: School Site Response For High Impact Quality Clinical and Other Preventive Services Module

Schools: High Impact Quality Clinical and Other Preventive Services

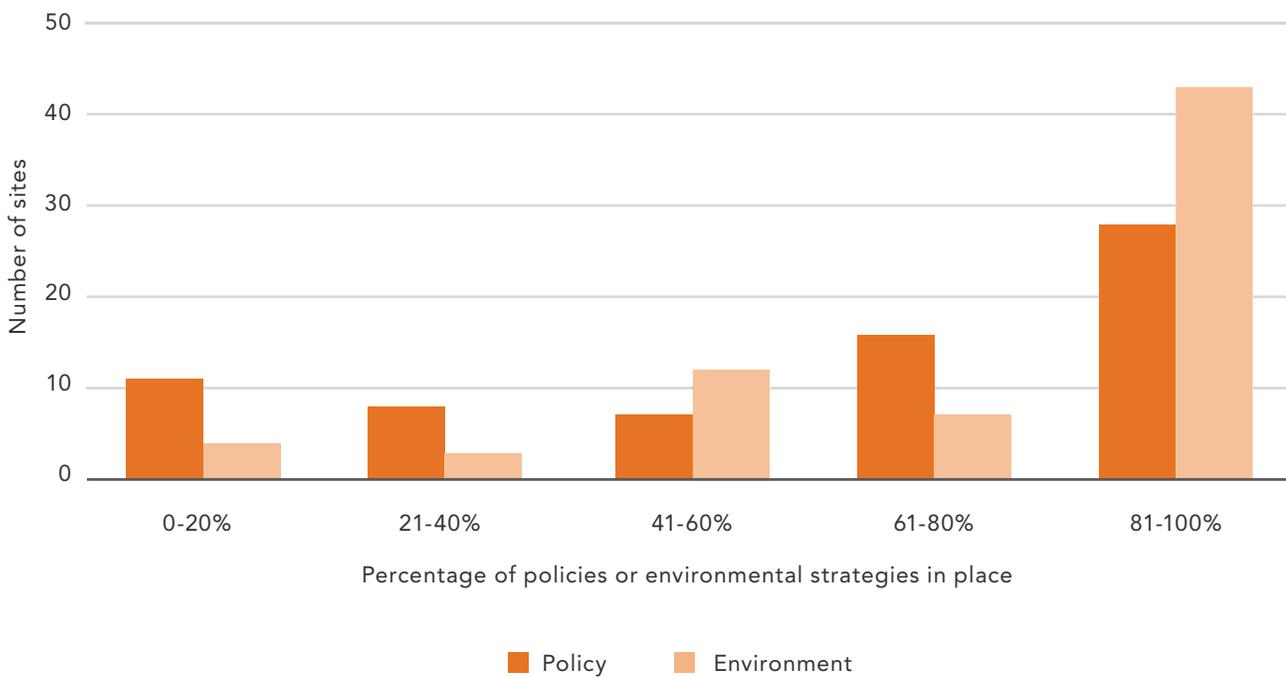


Social and Emotional Wellness: Schools rated very highly in the Social and Emotional Wellness category, with 28 of the 70 respondents scoring in the High bracket for policy, and 43 scoring in the High bracket for environment.

When asked about a successful environmental strategy, policy or practice, bullying programs were frequently mentioned.

Figure 56: School Site Response For Social and Emotional Wellness Module

Schools: Social and Emotional Wellness



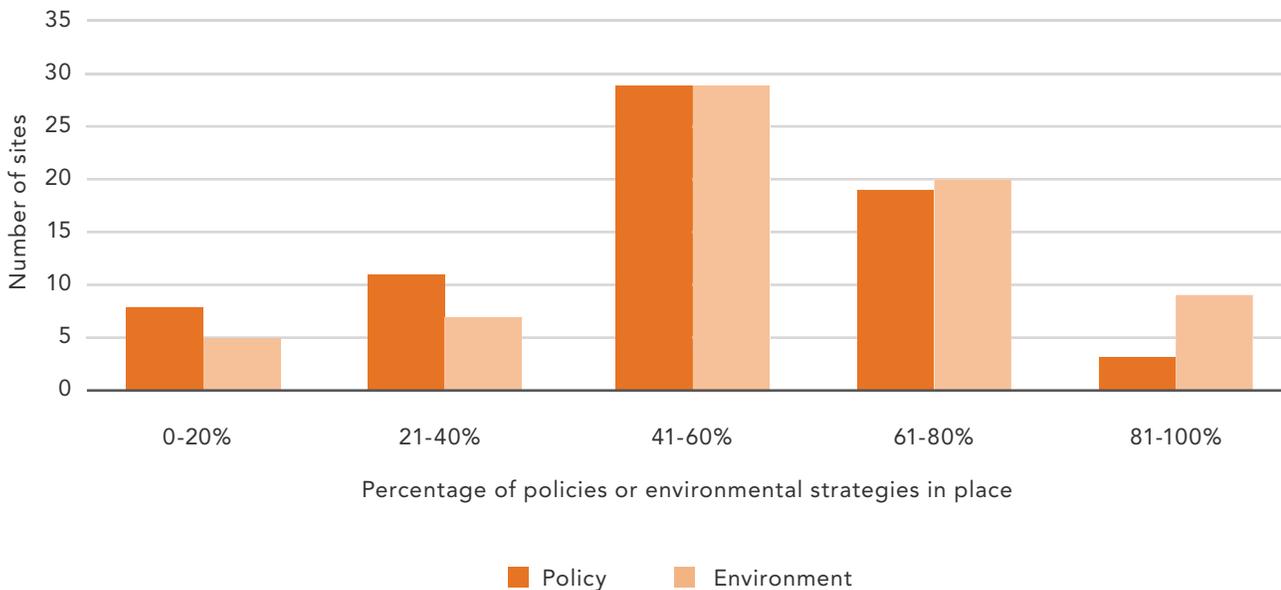
Healthy and Safe Physical Environments:

Schools predominately fell into the Medium bracket in both policy and environment when rated on Healthy and Safe Physical Environments. On the policy side, 48 were scored as being in the Medium bracket, 19 were in the Low bracket and only three were in the High bracket. On the environment side, 49 were scored in the Medium bracket, 12 in the Low bracket and nine in the High bracket.

In response to the question “To what extent does the school allow the use of school buildings and facilities by the public during non-school hours to maximize opportunities for physical activity before and after school?” all nine comments received stated they did allow the facilities or intended to. When asked about implementing a walk or bike to school initiative the most common responses were that either an annual event was hosted or that students walked or biked daily. Several comments were that roads are too hazardous and therefore walking or biking was not encouraged and may be prohibited.

Figure 57: School Site Response For Healthy and Safe Physical Environments Module

Schools: Healthy and Safe Physical Environments



Worksites

There were 67 worksites included in the evaluation of the Worksite Sector. The majority (83%) of the worksites interviewed identified themselves as being in suburban areas. Types of worksites that participated varied. Twenty-four percent were healthcare related, 12.9% identified as a manufacturing, factory or warehouse and a majority of worksites fell into the “other” category. Most common worksites identifying as other were colleges/universities, government agencies, pharmaceutical companies, and insurance companies.

Table 22: Worksite Sector Data Grids, Per Strategic Direction

		Low		Medium		High
		0-20%	21-40%	41-60%	61-80%	81-100%
Worksite (POLICY)	Tobacco	13.64%	18.18%	22.73%	13.64%	31.82%
	ALHE	17.91%	35.82%	29.85%	10.45%	5.97%
	HICP	3.03%	21.21%	31.82%	18.18%	25.76%
	SEW	1.52%	12.12%	31.82%	27.27%	27.27%
	HSPE	40.30%	20.90%	16.42%	16.42%	5.97%
		Low		Medium		High
		0-20%	21-40%	41-60%	61-80%	81-100%
Worksite (ENVIRONMENT)	Tobacco	16.67%	18.18%	27.27%	18.18%	19.70%
	ALHE	1.49%	7.46%	46.27%	29.85%	14.93%
	HICP	13.64%	33.33%	24.24%	13.64%	15.15%
	SEW	0.00%	22.73%	36.36%	25.76%	15.15%
	HSPE	1.49%	16.42%	28.36%	31.34%	22.39%

Figure 58: Worksite Demographics (N=67)

Community Setting	
Rural	11.94%
Urban	4.48%
Suburban	83.58%

Profit Type	
For-Profit	55.22%
Not-for-Profit	44.78%

Percent of Worksites with an Employee Assistance Program	
	80.60%

Percent of Worksites with Onsite Fitness Equipment	
	37.31%

Percent of Worksites with Onsite Bike Parking	
	64.18%

Percent of Worksites with Onsite Health Screenings	
	56.72%

Vending Machines	
Worksites That Have Vending Machines	79.10%
Of those Vending Machines, Percent Offering Healthy Options	64.29%

Sector Type	
Public	31.43%
Private	64.29%

Type of Business	
Retail Sales	0.00%
Bank or Credit Union	2.86%
Restaurant/Food Service	4.29%
Hotel/Motel	1.43%
Auto/Repair Shop	2.86%
Grocery Store/Food Market	5.71%
Manufacturing, Factory, Warehouse	12.86%
Healthcare (e.g. clinic, hospital, medical practice)	24.29%
Other, please specify:	41.43%

Number of Employees	
<100	7.14%
100 – 249	35.71%
250 – 499	18.57%
500 – 999	11.43%
1,000 – 1,499	7.14%
1,500 +	15.71%

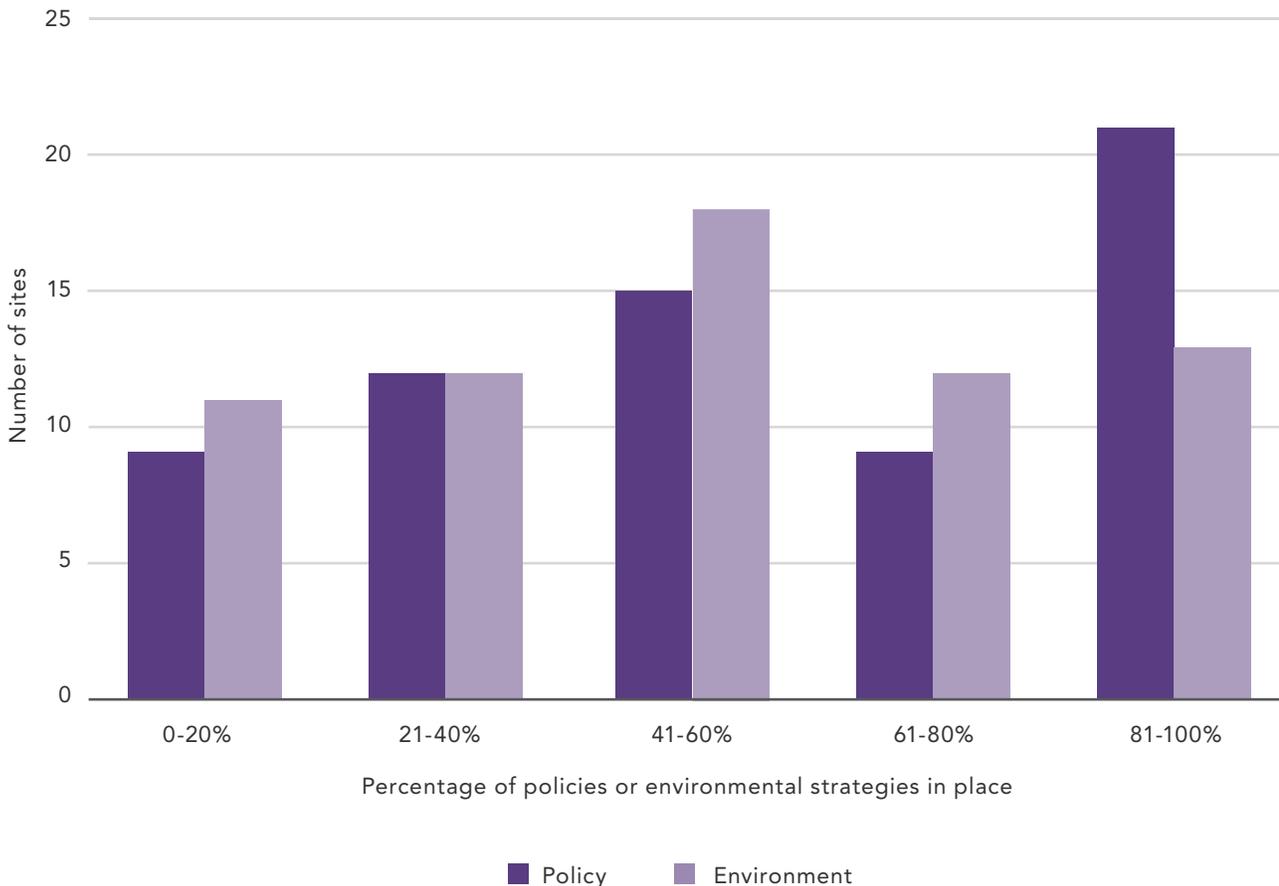
Tobacco-Free Living: Worksites appear to be spread out across the spectrum when it comes to Tobacco-Free Living policies. However, the largest concentration (21) of the respondents were scored in the High bracket. The environment for Tobacco-Free Living was also spread about across all three brackets, but the Medium bracket had the largest amount with 30 of the 66 respondents falling into that bracket.

Of the 21 comments recorded, 17 noted that there was either a smoke-free or tobacco-free policy. Policies addressed either worksite campuses being smoke/tobacco-free or that there were designated areas for smoking.

One site stated that it was okay to smoke in cars. Respondents indicated that those worksites that provide medical or health insurance offer coverage for tobacco cessation services or products. There were no comments that indicated a policy was in place to refer employees for cessation resources although some practices were explained, for instance a referral to the Employee Assistance Program or to services onsite. When asked about a successful environmental strategy, policy or practice two sites commented that the owner helped pay for medical products or services for employees trying to quit.

Figure 59: Worksite Site Response For Tobacco-Free Living Module

Worksite: Tobacco-Free Living



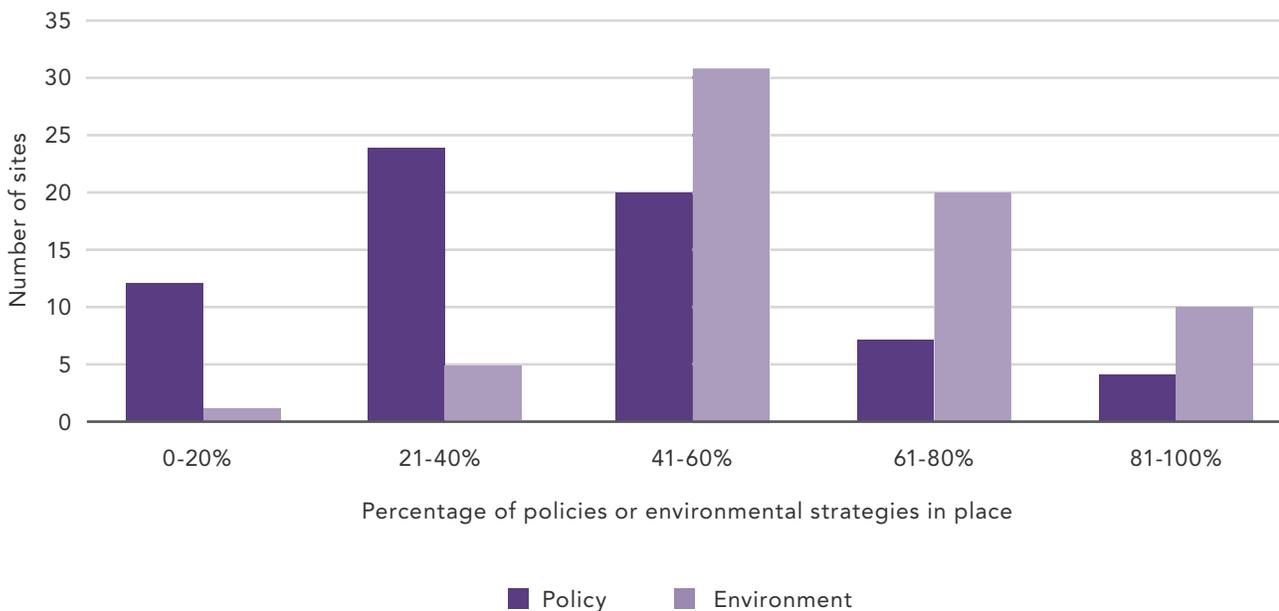
Active Living and Healthy Eating: Active Living and Healthy Eating policies in the Worksites sector are towards the lower end of the spectrum, with the majority (36) falling into the low bracket. Conversely, the majority of sites scored in the environment were in the medium and high brackets (61 of 67). There is a clear disconnect between policy and environment in this category.

When asked about the extent to which worksites “institute only healthy food and beverage options for company sponsored meetings and onsite food venues or healthy food purchasing practices for onsite venues, thirteen comments reflected that some healthy options are offered onsite. Two sites specified that a financial incentive program was in place for employees

to select healthier food options. When asked about the extent to which the worksite provides access to or promotion of physical activity most comments reflected that a discounted gym membership was offered either through the health insurance carrier or the workplace. Three sites noted that they have promotional signs encouraging stairwell use. When asked about a successful environmental strategy, policy or practice comments included worksite has: measured walking distances, built a gym on property, initiated a wellness program such as Wellness Wednesdays (sneakers are allowed to encourage walking), created Wellness committee, walking meetings, provided lunch and learns, and a worksite provided employee transportation to farmers market.

Figure 60: Worksite Site Response For Active Living and Healthy Eating Module

Worksite: Active Living and Healthy Eating



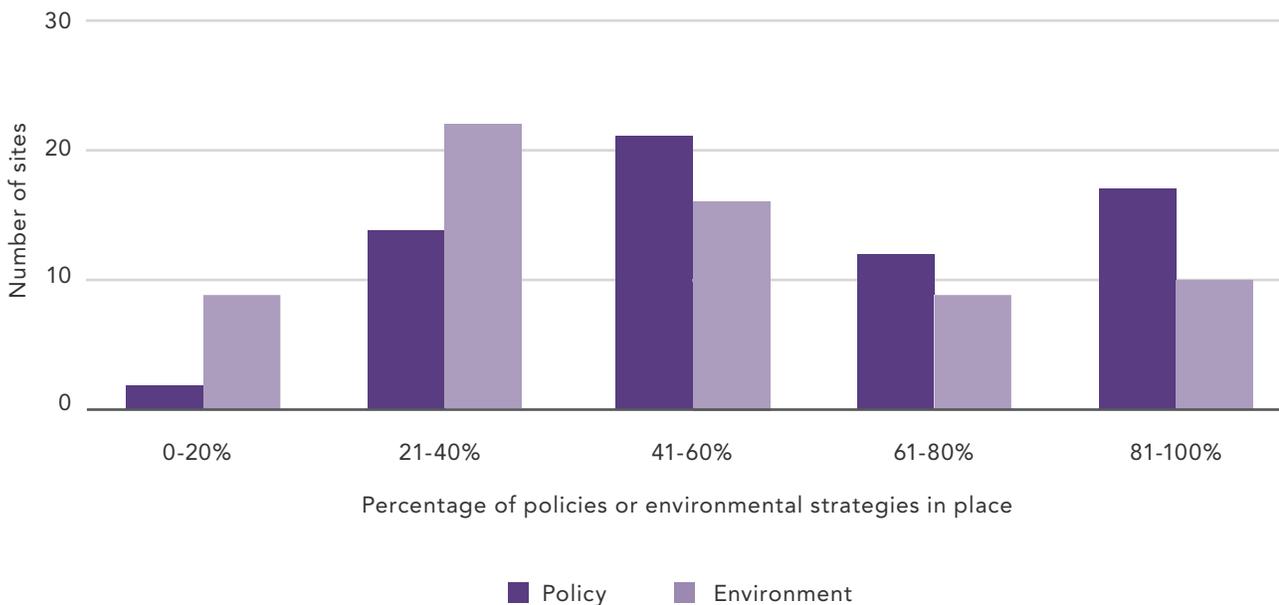
High Impact Quality Clinical and Preventive Services: High Impact Quality Clinical and Preventive Services policy scores fall into the Medium bracket for the Worksite Sector, with one half of them being classified in that bracket. However, the split between the High bracket and the Low bracket was almost equal, with 17 falling into the High bracket and 16 into the Low bracket. The environment side trended lower, with the largest bracket being the Low one with 31 sites, as opposed to 25 in the Medium bracket and ten in the High bracket. Additionally, 16 of the sites in the Medium bracket fell into the 41-60% range.

In response to the question “To what extent does the worksite provide office-based incentives participating in health risk assessments, initiatives, or support groups that promote chronic disease prevention measures?” six sites indicated a discount or reimbursement is given by the employer-based health insurance plan if the enrolled employee participated in a specific program or class.

When asked about a successful environmental strategy, policy or practice, one worksite commented that an analysis of health care costs and catastrophic claims by diagnosis shaped what wellness and screening programs are provided. This site also noted that cancer is the largest contributor to catastrophic claims.

Figure 61: Worksite Site Response For High Impact Quality Clinical and Preventive Services Module

Worksite: High Impact Quality Clinical and Preventive Services

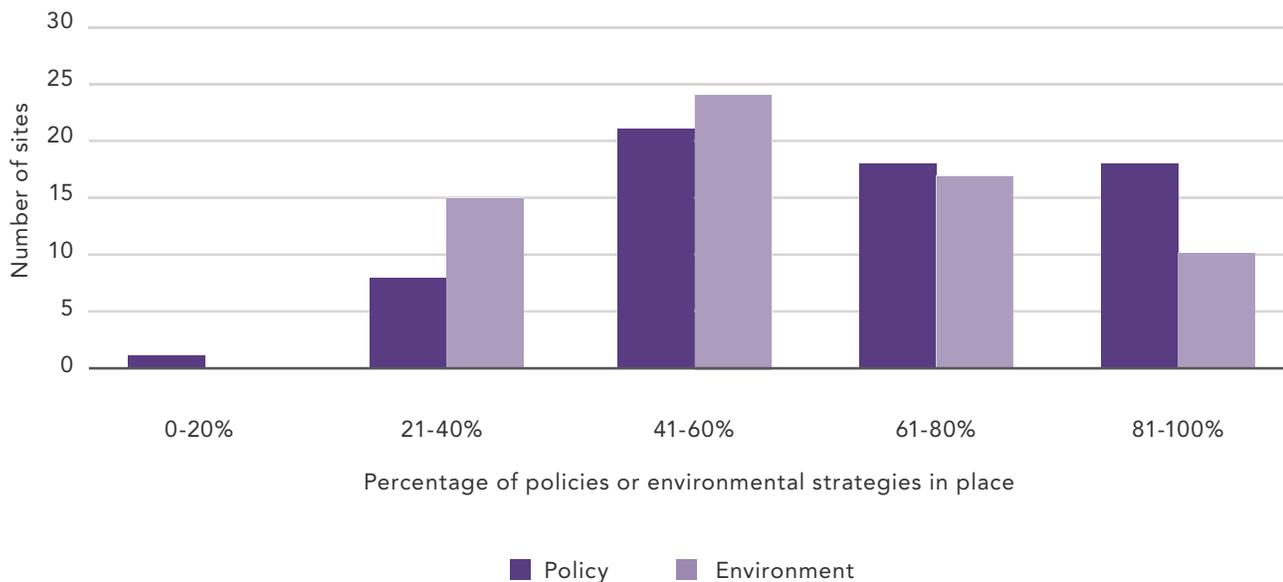


Social and Emotional Wellness: Worksites that were scored in the Social and Emotional Wellness category trended to the higher end of the spectrum, with 57 of the 66 sites interviewed falling into the Medium and High brackets. The environment scores are similar, but with 51 of 66 respondents being scored in the Medium to High brackets and 15 in the Low bracket. No respondents scored in the 0-20% range for environment.

When asked “To what extent does the worksite address promoting an Employee Assistance Program?” half of the sites which noted an Employee Assistance program exists (10) stated that the program and/or services are promoted to employees. When asked about a successful environmental strategy, policy or practice, one worksite commented that their Diabetes Coaching Program is led by a certified diabetes educator where employees, their spouse, and/or children over the age of 18 may participate. The program provides the following features: face-to-face coaching, a nutritionist, an onsite fitness center, free medication and the company’s own blood glucose monitoring system with iPod.

Figure 62: Worksite Site Response For Social and Emotional Wellness Module

Worksite: Social and Emotional Wellness



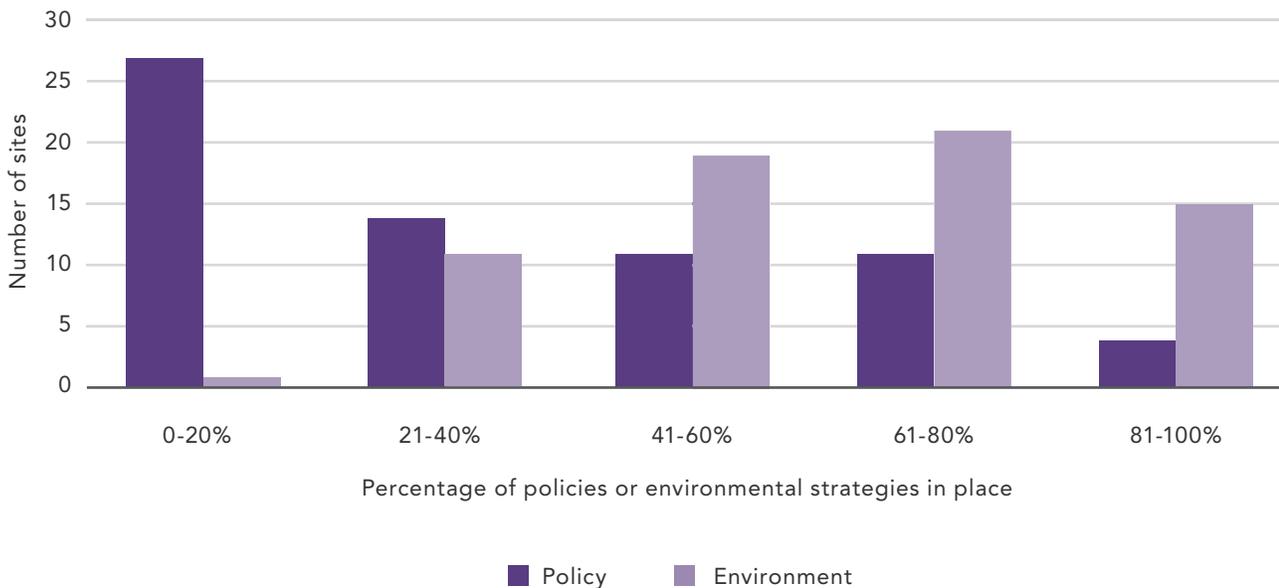
Healthy and Safe Physical Environments:

Policies for Healthy and Safe Physical Environments were lacking in the Worksite Sector. A total of 41 of the 67 sites that responded to the Healthy and Safe Physical Environments questions scored in the Low bracket, with 27 of those falling into the 0-20% range. Conversely, 55 sites were scored as being in the Medium or High bracket on the environment side. Only 12 fell into the Low bracket, and even then just one site scored in the 0-20% category for environment. As with Active Living and Healthy Eating above, there is a very clear disconnect between policy and environment.

When asked “To what extent does the worksite address providing a safe area outside or a walking path on or near building property to allow constituents and employees to walk or be physically active?” respondents frequently noted that a path existed and that safety measures such as lighting and guards were in place. When asked about a successful environmental strategy, policy or practice, one worksite commented that the owner installed a beach volleyball court on the property for employees to use at any time.

Figure 63: Worksite Site Response For Healthy and Safe Physical Environments Module

Worksite: Healthy and Safe Physical Environments



CONCLUSIONS

While originally focusing on the five strategic directions, CDC recognized the overlap between them and refocused the efforts of the Community Transformation Grant initiative to focus on health interventions in the following key areas: tobacco-free living; active living and physical activity; and high impact quality preventive services. The intent was to address each of these areas from a policy and systems perspective. Data from this Comprehensive Community Health Needs Assessment, focusing on the 13-counties in New Jersey with fewer than 500,000 residents, indicate that these issues are ripe for intervention. Chronic diseases, such as diabetes and asthma, and risk behaviors, such as sedentary lifestyle and tobacco use, are as pervasive in these specific counties as they are statewide. While rates on specific indicators vary by county, the County Partners were able to identify several specific populations (i.e., low-income residents, racial/ethnic minorities and older adults) that are disproportionately at-risk for these conditions.

However, the data also reveals that there may be opportunities of growth at the policy, systems and organizational level. In order to develop a data-driven planning process with a focus on sustainability and community ownership, the next steps in this process will be delving deeper into the local data and bringing partners together for a collaborative planning process. Using evidence-based strategies, which focus on the retail environment, housing, worksite settings and recreational areas, may provide particular opportunities for intervention to affect population health.