Community Health Improvement Plan

Making the City of Trenton the Healthiest City in New Jersey

Trenton, New Jersey

January 2014

This Executive Summary is presented in DRAFT form as of 12/30/13. The full Community Health Improvement Plan will be released in January 2014 after it is reviewed and adopted by THT's Community Advisory Board.

Acknowledgments

Executive Summary

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

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

- Health Literacy & Disparities
- Safety & Crime
- Obesity & Healthy Lifestyles
- Substance Abuse & Behavioral Health
- Chronic Disease

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

Results of the CHNA, which were presented in a number of public forums and are available for download via the THT website[1], were used to drive the development of our Community Health Improvement Plan (CHIP), which includes realistic, measurable goals to address the emerging priorities uncovered by the CHNA. Each CHNA health priority was assigned to a community leader who will lead that priority's improvement initiative, guided by the CHIP Steering Team.

As noted in the CHNA, Trenton's health challenges are numerous. Some of those challenges, while beyond the scope of the current CHNA and therefore not a primary

---

[1] http://www.trentonhealthteam.org/tht/TrentonCommunityHealthNeedsAssessmentJuly2013.pdf

focus of the CHIP, bear mentioning in order to fully understand the picture of health in Trenton. Additional factors impacting health outcomes in the city include:

- HIV/AIDS and Hepatitis C
- Teen pregnancy and poor birth outcomes
- Sexually transmitted diseases
- Lead poisoning
- Asthma
- Transportation

Efforts are currently under way to address these issues, which may ultimately overlap with some of our CHIP initiatives. We will continue to acknowledge the impact of these issues, as applicable, while we focus on the emerging priorities identified by our quantitative data and community engagement efforts.

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

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

- Engage city providers in health literacy and cultural competency trainings and secure commitments to adopt best practices in this area
- Reduce the violent crime rate
- Reduce the obesity rate for children and adults
- Adopt substance abuse and mental health screenings city wide, expanding the SBIRT program and expanding available services for behavioral health
- Reduce the adult diabetes rate and improve self–management of the disease

- Include smoking cessation counseling at all of the city's seven clinics
- Increase routine screenings for cancers, especially for lung, prostate, breast, and colorectal cancer

Priority Area Goals and Objectives

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

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

Priority Area 2: Safety & Crime	
Goal 2.1	**Reduce street-level violence by implementing the Trenton Violence Reduction Strategy (TVRS), an evidence-based, public health approach**
2.1.1	By January 2014, work with Trenton Prevention Policy Board and Trenton Police Department (TPD) to develop a plan for targeting resources to individuals and communities most at risk based on data collection and analysis
2.1.2	By June 2014, develop a highly specific, data-informed plan for building community and agency capacities to incorporate and promote violence reduction strategies

Priority Area 2: Safety & Crime	
Goal 2.2	**Increase residents' perceptions of safety**
2.2.1	By May 2014, develop a plan to provide safe corridors to and from schools and expand security at parks and recreational facilities
2.2.2	By June 2014, obtain a commitment from TPD for plans to increase school crossing guards, police presence at parks, neighborhood watch groups, and crime prevention through environmental design

Priority Area 3: Obesity & Healthy Lifestyles	
Goal 3.1	**Increase residents' access to and consumption of healthy foods**
3.1.1	By January 2014, obtain letters of commitment from THT's Community Advisory Board to support the Trenton Healthy Food Network, building on existing initiatives such as NJPHK (http://www.njhealthykids.org/) and Shaping NJ (http://www.shapingnjcommunity.org/)
3.1.2	By June 2015, seek funding to expand Healthy Corner Stores initiative to add four or more participating stores distributed on the basis of need
3.1.3	By June 2014, work with Capital Health to refine and develop additional strategies for its Delivery System Reform Incentive Payment (DSRIP) program, which is focused on reducing obesity
Goal 3.2	**Increase access to and practice of physical activity**
3.2.1	By May 2014, reestablish collaboration among public departments and agencies such as the City of Trenton Recreation Department, TPD, and schools to ensure that physical fitness activities are available regularly at public parks and community centers
3.2.2	By September 2014, craft organizational wellness policies for THT partners and promote adoption of similar policies in Trenton schools, public and private agencies, and workplaces by June 2015

Priority Area 4: Substance Abuse & Behavioral Health	
Goal 4.1	**Expand screening and improve referral to quality behavioral treatment services, including reducing cultural barriers for behavioral health treatment**
4.1.1	By June 2014, expand SBIRT program to all city clinics and emergency rooms and develop a plan for including adolescents; by June 2015, expand SBIRT to non-clinical settings such as Rescue Mission and TASK.
4.1.2	By September 2014, develop a pilot "transitional" outpatient clinic model designed to decrease emergency room visits and improve patient engagement in treatment programs.

	Priority Area 4: Substance Abuse & Behavioral Health
4.1.3	By June 2016, reestablish detox programming within the Trenton geography.
Goal 4.2	**Improve access to and utilization of prevention services**
4.2.1	By January 2014, work with Mercer County Prevention Coalition, Trenton Municipal Alliance, and the County Comprehensive Plan to coordinate and expand knowledge of available prevention resources.
4.2.2	By June 2015, develop "ready access" scheduling at behavioral health providers and develop resources for helping individuals pay for medications.

	Priority Area 5: Chronic Disease
Goal 5.1	**Improve disease management for diabetes and hypertension (HTN) by adopting evidence-based practice guidelines in each of the city's clinics**
5.1.1	By June 2014, implement a self-management tool for diabetes and HTN at each site.
5.1.2	By September 2014, develop self-management plans for all patients who are diagnosed with diabetes/HTN.
5.1.3	By June 2014, work with St. Francis Medical Center to refine and develop additional strategies for its DSRIP program, which is focused on diabetes care and prevention.
Goal 5.2	**Expand cancer screenings for the community by facilitating a partnership with NJCEED (Cancer Education and Early Detection)**
5.2.1	By June 2014, establish a process that will result in referrals for cancer screening by primary care practitioners or NJCEED.
5.2.2	By June 2014, provide a navigator model of care at each site that will assure confirmation of appropriate screening services for clients.
5.2.3	By June 2015, identify GI specialist referral resources for patients with abnormal colorectal screenings.

Social Services Agencies

Connie Mercer
President and Chief Executive Officer

Mary Gay Abbott-Young
Chief Executive Officer

Barry Cole, PhD
Executive Director

Elise Pivnik, Senior
Advisor and Director, Environmental Health

Cheryl Davis
Program Supervisor
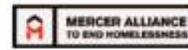
Herb Levine
Executive Director

Floyd Morris
CEO and President

JoAnne Ruden
President and Chief Executive Officer

Rev. Brian McCormick
Executive Director

Dennis Micai
Executive Director

Donna Pressma
Chief Executive Officer

Debby D'Arcangelo
President and CEO

Joseph Fleming
Executive Director

Jerome Harris,
COO Shiloh Community Development Corporation

Francis Hahn
Executive Director

Government Organizations

Ruth Carter
Director of Social Services

Carolyn Daniels, DHSc
Director

Kathy McBride
President, City Council

Mary Grace Billek
Director

Frank Cirillo
Executive Director

Academia

Barbara George Johnson
Executive Director

Robin Walton
Director of Government and Community Affairs

William Amadio, PhD
Professor, Information Systems

Faith Communities

Concerned Pastors

Dr. Lucy Guzman
Liaison

Rev. Rene John
Dean

Shiloh Baptist Church

Rev. Darrell L. Armstrong

Bishop Felton May

Primary Care Centers

Christy Stephenson, RN, MBA, *EVP Strategic Transformation*
Russ Hansel, *Director Outreach/Ministries*

Robert Remstein, DO, MBA
VP Medical Affairs

Kemi Alli, MD
Chief Medical Officer

Vedat Obuz, MD

Vince Pappacio
COO