

SUSSEX COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN



Photo: Fredon Township, courtesy of Nicholas A. Tonelli

An Initiative of the Sussex County
Department of Environmental & Public Health Services
Community Health Partnership

July 2008



Public Health
Prevent. Promote. Protect.

EXECUTIVE SUMMARY

We are pleased to provide you with our Community Health Improvement Plan (CHIP), a combined effort of the work of the Sussex County Community Health Partnership (SCCHP). The SCCHP is made up of a group of committed representatives from a cross section of health-focused community leaders, representing public health, private healthcare, mental health and other disciplines that are listed on page four. The Partnership was charged with the task of completing a broad range of assessments, to help develop a 'real-time snapshot' of the county's health status.

The plan identifies several health related issues that adversely impact the health of the community and also identifies which demographic groups are at higher risks. This plan not only provides us with a snapshot of the current health status of the community, it leads us into providing solutions for improving the health status of our community. These improvements will be spearheaded by the Partnership and health and human service organizations.

In order for the partnership to form this "real-time snapshot" from which our goals would be drawn, three assessments were prepared. The following is a brief outline:

- **Statistical profile:** statistical information was gathered from various sources that provided indicators of current health status in our community.
- **External Forces:** taking into account external forces of change, ie social, environmental, governmental and economic changes that have an impact on health services.
- **Community Survey:** a community health survey designed by the Partnership was completed by over 1,100 adult residents. The survey provided an in-depth look at the health-related behaviors of the many different segments of our community.

The importance of gathering this information is that the Partnership can now develop long-term, strategic health plans, with goals and objectives directed at the most significant health issues in Sussex County. This is particularly important due to the limited and steadily decreasing amount of funding available to public health in New Jersey. By prioritizing our goals the Partnership can properly allocate and coordinate funding that is available where it will have the most beneficial impact on the health of our entire Sussex County community.

We welcome your feedback to this Community Health Improvement Plan, and encourage you to learn more about the Sussex County Community Health Partnership. Visit us at www.sussex.nj.us/health to learn more or call (973) 579-0370 to learn how you can be a part of implementing our CHIP in Sussex County.

Sincerely,

Herbert Yardley
Administrator/Health Officer

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WHO WE ARE

The Sussex County Community Health Partnership (SCCHP) is committed to making a positive difference regarding the health concerns of the residents of Sussex County. The SCCHP is engaged in a community-wide strategic planning process created to improve community health by prioritizing public health issues and identifying resources to address health and quality of life issues using the national Mobilizing for Action through Planning and Partnerships (MAPP) model. (See page six for details!)

The SCCHP consists of representatives from a broad cross-section of Sussex County service providers, as well as a number of active community members. Without their commitment and dedication to the MAPP process, this project could not have been started.

We are pleased to present the results of the recent Community Health Assessment, as well as this resulting *Community Health Improvement Plan (CHIP)* to county residents, community organizations and civic groups. This has been the result of a two-year process which has culminated in the Partnership’s decision to target the broadest areas of need to have the most impact for the Sussex County community.

The Community Health Partnership consists of members representing a broad spectrum of the community and subscribe to a broad definition of health.

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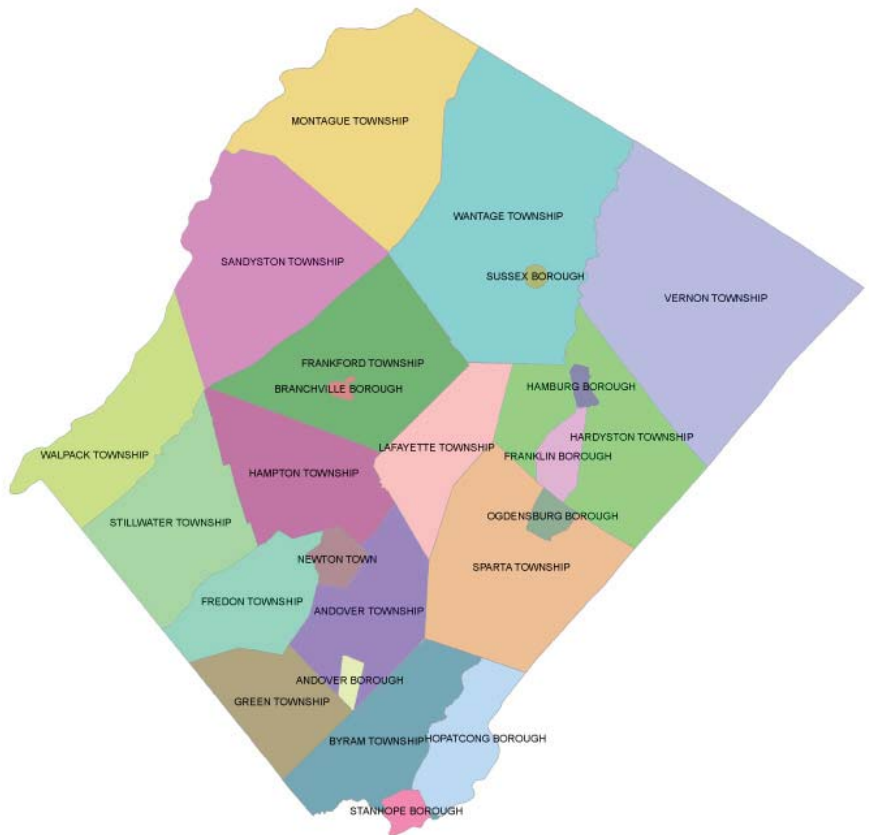
OUR VISION

“A responsive, financially sustainable public health system, that through cooperative efforts of the entire public health community, both private and public, will promote/maintain health (bio/psycho/social), prevent disease and prolong life for all the residents of Sussex County.”



Sussex County is located at the most northern tip of New Jersey, and is well-recognized for its rural and picturesque environment. It boasts the beauty of the rugged Kittatinny Mountains, the heavily wooded Highlands, hundreds of natural and man-made lakes, and endless acres of parkland. The county is located in the Skylands Region, bordered by New York State, the Delaware River, and Warren, Morris and Passaic Counties and consists 521 square miles of land. It is the fourth largest county in the state in square miles. From 2000 to 2005, Sussex County experienced a 6% growth in population.

According to the 2006 American Community Survey data conducted through the U.S. Census Bureau, the population in Sussex County is 153,384. The county population is the fifth smallest in the state. Population density is also one of the smallest in the state. There are approximately 55,000 households in Sussex County and the average household size is 2.8 people. 79% of the households are families, including both married-couple families (66%) and other families (10%). The average family size is 3.19. 50.5% of the population is female, 25.9% of is under the age of 18 and 9.4% is 65 years or older.



Mobilizing For Action Through Planning and Partnerships

“MAPP - 101”

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. This tool, which has been implemented here in Sussex County, as well as the rest of NJ and the country, helps communities improve health and quality of life through community-wide strategic planning.

Using the MAPP process, communities work together to improve health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

The MAPP model, shown in the center of this page, was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group comprised of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000.

The MAPP process is broken into several components, with its foundation being the development of a strong Partnership to implement it. (Our partners are identified on page four.) As noted in the model in the center of this page, the Partnership was charged

with identifying ‘strategic issues’ -- that is, important health concerns of the community -- by conducting a series of four assessments. These assessments are designed to gather a variety of information about our community, so we can best identify the most significant health concerns for Sussex County residents. Those assessments are described below.



1. Community Themes and Strengths Assessment identifies themes that interest and engage the community, perceptions about quality of life and community assets.

2. Local Public Health System Assessment measures the capacity of the local public health system to conduct essential public health services.

3. Community Health Status Assessment identifies priority community health and quality of life issues based on input from local residents.

4. Forces of Change Assessment identifies forces that are occurring or will occur that will affect the community or the local public health system.

***Read on to learn how
this model was applied
here in Sussex County!***

The Benefits of Applying MAPP in Sussex County

- Helps lead to a healthy community and a better quality of life
- Highlights the importance of public health issues
- Prepares communities to better anticipate and manage change
- Creates a stronger public health infrastructure
- Engages residents and creates community ownership of public health priorities

Community Themes and Strengths and Forces of Change Assessments

Each of these assessments required that the Partnership look very broadly at the issues expressed as significant concerns to residents, and identify the existing strengths within our community to address them. The Forces of Change Assessment, in particular, required participants to dialogue on a broad range of issues affecting Sussex County, including social (such as transportation, cultural changes, affordable housing), economic (such as increasing costs of health care, local job opportunities), environmental, political, and legal, just to name a few. Each issue was evaluated looking closely at both the risks AND opportunities posed by each.

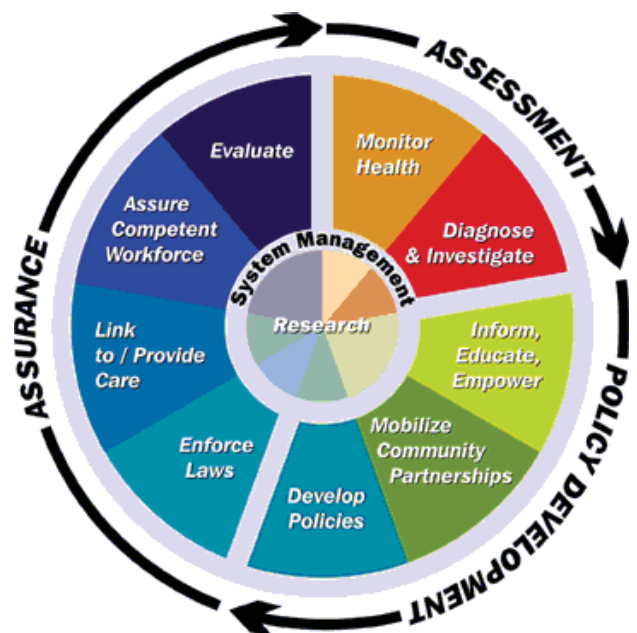
Local Public Health System Assessment

To help ensure that a region's public health infrastructure best met the needs of the towns it serves, the New Jersey Department of Health and Senior Services required local health departments to form a *Governmental Public Health Partnership (GPHP)*. The GPHP is intended to advocate for improvement of the public health infrastructure; implement the state's public health practice standards; conduct community health assessments; provide mutual aid and assistance; and develop strategies for delivering public health services to persons who reside and work in this region.

However, we in Sussex County felt it essential that other community agencies, and even community individuals, be a part of the process. *Therefore, instead of a GPHP, we formed the Sussex County Community Health Partnership*, which includes the county's three governmental public health agencies, and most importantly, numerous other community health organizations and active community members.

The Sussex County local public health partners participated in this particular assessment and found the strengths of the system to be: Essential Public Health Service #2, Diagnosing and investigating health problems, #4, Mobilizing community partnerships, and #6, Enforcing laws and regulations.

The opportunities for improvement exist with Essential Public Health Service #7, Linking people to personal health services, #8, Assuring a competent public health workforce,



Ten Essential Services of Public Health

How Healthy Are We?

Far and away, the most comprehensive of the four MAPP Assessments implemented in Sussex County was the Community Health Status Assessment. To ensure the most thorough analysis, the Sussex County Community Health Partnership began a two-year, multi-level process to help best capture a clear snapshot of resident health status. This effort first evaluated and analyzed the results of recent health surveys conducted by various local agencies, as well as publicly available existing data provided by the US Census Bureau and varied federal, state and county-level health agencies. These included, but were not limited to:

• County Population Demographic data	• Morbidity (illness) and mortality data	• Statistics related to drug and alcohol use
• Drug and alcohol abuse	• Use of local mental health services	• Birth and death rates
• Violence in schools	• HIV / AIDS	• State Cancer data

The analysis of all of this existing data, referred to collectively as “secondary data” proved to be very informative in forming a picture of our county’s health status. However, there were still many gaps in the information that was needed to best define the health issues of greatest significance. To address this gap in information, the SCCHP undertook a mammoth task -- to directly survey over 1,000 adult residents via a 20 minute, comprehensive, anonymous, health survey.



Developing the Survey

Based in part on the national Behavioral Risk Factor Surveillance Survey (see <http://www.cdc.gov/brfss> for details about this survey), developed by the Centers for Disease Control and Prevention, the SCCHP developed a county-specific, 54-question health survey. After careful analysis of all questions by Partnership members, the survey was pilot-tested for reliability in early July of 2005, and ready

to be distributed later that same month. Through a massive media effort including ads on four local radio stations, in six different newspapers as well as fliers posted throughout the county, residents were urged to complete the survey and help the SCCHP identify the core health risks facing county residents.

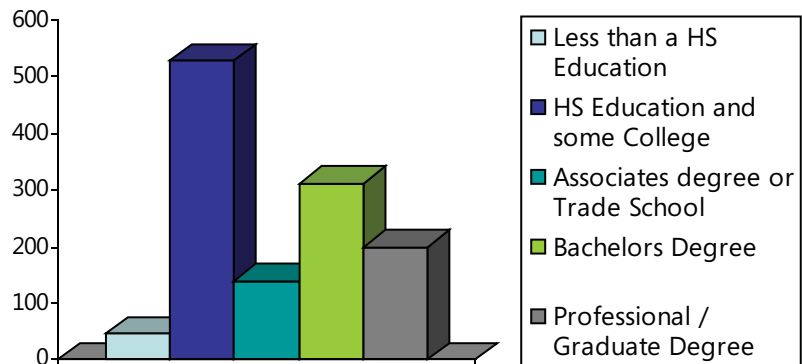
Taking It To The Streets

Adult members of the community had several opportunities to complete the survey, including three different county-based websites with electronic versions of the survey available (the Sussex County Website - www.sussex.nj.us; Around the Area, Inc. - www.aroundthearea.com; and the Sussex County Division of Senior Surveys Website - www.sussexcountyaging.com). However, by far the largest majority of surveys were completed 'live', through data collection efforts at the New Jersey State Fair, August 5th - 14th. Nearly 50 trained volunteers literally 'took it to the streets' (well ok, the fairgrounds!), and directly to the hands of county residents. In total, over 1,300 surveys were completed, an outstanding response! Additional surveys were completed in various venues, resulting in a final count of 1,243 usable surveys, ready for analysis! (Note that in large community assessments, some surveys will always be deemed unusable due to incomplete information.)

Who Took the Survey?

Extra effort was taken to ensure that survey participants represented every municipality in Sussex County, with a larger number of surveys collected from the larger communities. In addition, the following is noted about survey participants:

- Women made up 64.2% (798) of the participants; men, 35.5% (441). *The larger number of women participating is very typical with community-based surveys, as women tend to be more interested in health-related questionnaires*
- Age ranges were from 18 to 96 years
 - 18 - 30 years of age: 144
 - 31 - 54 years of age: 609
 - 55 and older: 471
- Education levels in survey generally reflected broader Sussex County education levels
- Household income levels ranged from less than \$15,000 to more than \$105,000
- Races were represented as described below

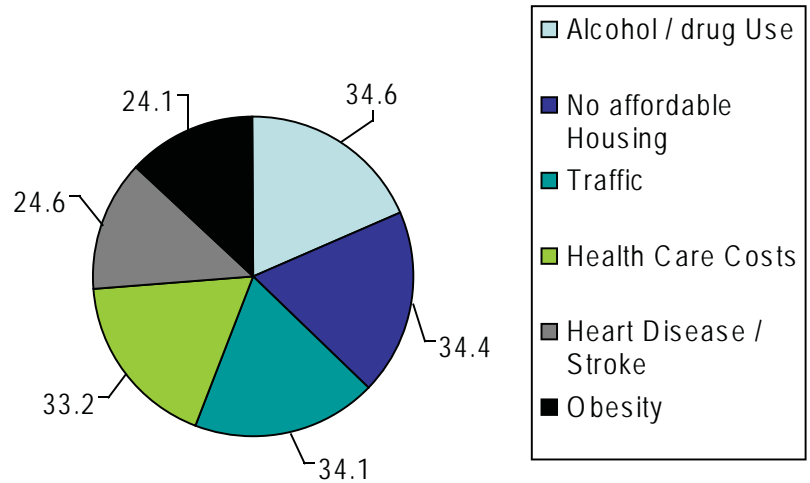


Education Level of those surveyed

White, non-Hispanic	White, Hispanic race	African American	American Indian/ Alaskan Native	Asian Indian	Filipino	Korean	Pacific Islander	Other
924	267	6	20	5	5	1	2	7

What Matters to YOU

In addition to asking participants numerous questions about their health status and health behaviors, residents were also asked to select from a large list of items what they felt were the most significant issues in their community. As seen in the graph to the right, the top six issues residents felt to be of greatest concern are 1) Alcohol and drug use 2) Lack of affordable housing 3) Traffic 4) Health Care Costs 5) Heart Disease and Stroke and 6) Obesity.



Along with the above question, survey participants were also asked what they think are the three most important factors that define a "Healthy Community" -- that is, what factors most affect the quality of life in a community. Here are the top six factors selected by residents:

- ◆ Good Place to Raise Children47.8%
- ◆ Low Crime / Safe Neighborhoods.....47.8%
- ◆ Good Schools39.1 %
- ◆ Clean Environment.....29.7%
- ◆ Good Jobs and Healthy Economy.....18.1%
- ◆ Access to Health Care & Other Services.....18.3%



PUBLIC HEALTH PRIORITIES

~AT A GLANCE~

After careful analysis of all primary and secondary data sources, the Sussex County Community Health Partnership identified three public health priorities on which to focus its interventions. Those are Obesity, Mental Health and Cancer. Each health issue, along with specific data related to Sussex County, is presented here. In addition, the SCCHP also identified for each the risk factors associated with the issue (i.e. the conditions or circumstances that put people at greater risk), objectives to strive for to reduce those risk factors and strategies to help meet those objectives. Sounds great, right? Except here is where the work really begins: where objectives are further refined, where suggested strategies are prioritized, and action plans begin to take shape.

"Coming together is the beginning. Keeping together is progress. Working together is success."
~ Henry Ford ~

According to our Health Survey, 57% of adults reported their health status as 'Very Good' or 'Excellent'. Compare this to similar NJ data, where 53% reported the same.

GOOD NEWS!

In many cases, Sussex County residents were found to engage in healthy behaviors *more frequently* than the statewide average. For example, over 85% of those surveyed indicated they do not smoke, as compared to the state average of 82%. Further, of the 14% who do smoke, more than half have reported they have tried to quit.



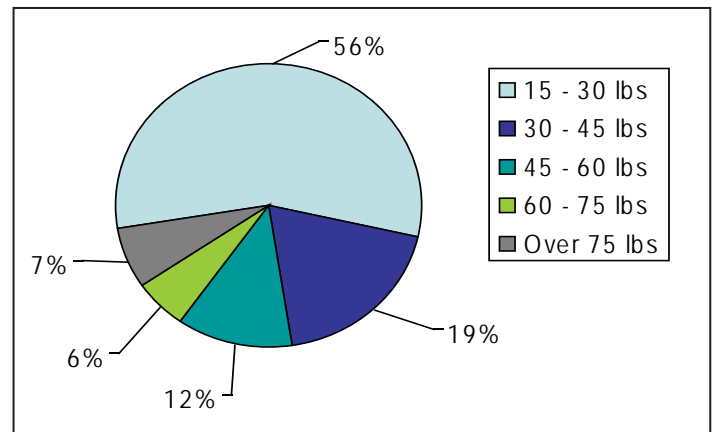
PUBLIC HEALTH PRIORITIES

~AT A GLANCE~

Issue One: Obesity / Physical Activity

Clearly it has been well-documented nationally and statewide that obesity is a very significant health concern that greatly impacts our health status. In fact, in New Jersey nearly 60% of adults are considered to be either overweight or obese.

According to our recent health survey, nearly 56% (712 individuals) of respondents self-reported that they were overweight. Further, when asked "by how much", answers ranged from a minimum of fifteen pounds to over 75 pounds (see chart to right). Although this percentage is less than the state average (59.2%), it is still a great concern. This issue appears to affect both genders equally, and span all age brackets, income brackets and regions of the county. Survey data also showed us the following:



Number of pounds overweight as self-reported by 712 respondents

- Nearly 25% indicated that 1/3 of their daily calories comes from food high in fat and cholesterol
- *Less than 33%* of survey participants reach the recommended levels for physical activity (Compare to NJ where 45% reach guideline recommendations)

These facts, combined with low daily consumption of whole grains, fruits and vegetables, have made the issue of obesity a prime concern. In addition to strain on the cardiovascular system, obesity - particularly in adults - is a significant risk factor for diabetes, a growing concern in this country. Significant steps must be taken to improve our eating habits and make exercise a routine part of our daily lives!



To promote and maintain health, all healthy adults aged 18–65 need moderate-intensity aerobic physical activity for a minimum of 30 minutes, five days each week or vigorous-intensity aerobic activity for a minimum of 20 minutes three days each week.

ISSUE	OBESITY
<p>Goal Reduce the prevalence of obesity and overweight through improved nutrition and physical activity</p>	<p>Outcome Objectives/Indicators</p> <ul style="list-style-type: none"> ◆ Increase the intake of fruits and vegetables ◆ Increase the percentage of people who engage in regular physical activity ◆ Reduce the percentage of children who have a 'Body Mass Index' (BMI) above the recommended level**
<p>Risk Factors</p> <ul style="list-style-type: none"> ◆ Unhealthy diet ◆ Physical inactivity ◆ Lack of education ◆ Low income ◆ Minority group member 	<p>Impact Objectives</p> <ul style="list-style-type: none"> ◆ Increase the number of restaurants/school cafeterias offering healthy choices ◆ Increase the number of community groups developing policies on healthy snacks ◆ Increase the number of families engaging in physical activity together ◆ Increase the number of low cost/free cooking and exercise classes in the community
<p>Direct contributing factors</p> <ul style="list-style-type: none"> ◆ Lack of knowledge ◆ Lack of time ◆ Poor eating habits ◆ Lifestyle does not incorporate physical activity <p>Indirect contributing factors</p> <ul style="list-style-type: none"> ◆ Advertising unhealthy foods to children ◆ Low access to wholesome foods ◆ Easy access of calorie-dense, non-nutritious food ◆ Using food to manage stress ◆ Low access to exercise facilities ◆ Environment unfavorable to physical activity ◆ Lack of role models ◆ Chronic illness and/or disabilities 	<p>Suggested Intervention Strategies</p> <ul style="list-style-type: none"> ◆ Increase awareness and knowledge of the benefits of regular physical activity and good nutrition for all county residents throughout the lifespan ◆ Improve consumers' perceptions concerning the value of healthy food choices and regular exercise, especially for children ◆ Advocate for creating/sustaining an environment conducive to physical activity including "walkable" communities that respect pedestrian rights and have sidewalks in good repair, bicycle paths, improved lighting, etc. ◆ Increase awareness and access to different types of physical activity, programs and facilities ◆ Develop/advocate for policies in schools, senior programs, worksites and other community groups that are consistent with good nutrition and physical activity ◆ Advocate for expanded nutrition/physical education in schools and other community settings ◆ Increase knowledge and skills among all groups needed to purchase, prepare and consume healthy foods ◆ Advocate for restrictions on unhealthy food advertising aimed at children ◆ Increase awareness of sources of credible nutrition information and criteria for determining credibility ◆ Advocate for food providers to develop and implement incentive programs that promote consumers' healthy food choices ◆ Increase awareness of programs and resources providing increased access to healthy food choices
<p>Resources Available</p> <ul style="list-style-type: none"> ◆ Municipal and county parks; ◆ Non-profit recreational organizations ◆ School and hospital exercise facilities; private gyms ◆ American Dietetic Association website ◆ 5-A-Day Program ◆ WIC Food Program ◆ Internship programs at local colleges 	<p>Barriers</p> <ul style="list-style-type: none"> ◆ Cost ◆ Time constraints ◆ Lack of knowledge ◆ Attitudes about nutrition/physical activity ◆ Concerns about safety that prevent use of outdoor recreation



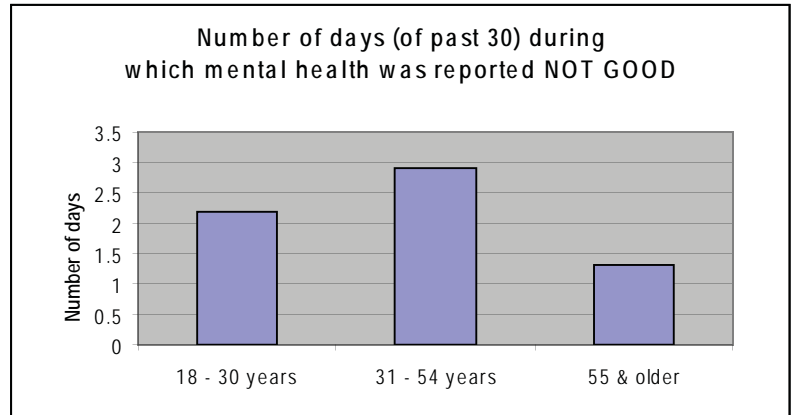
** For information about calculating the BMI for adults and youth, visit <http://www.cdc.gov/nccdphp/dnpa/bmi/>

PUBLIC HEALTH PRIORITIES

~AT A GLANCE~

Issue Two: Mental Health

As described in a recent Surgeon General Report, *“Mental Health is fundamental to overall health and productivity. It is the basis for successful contributions to family, community, and society. Throughout the lifespan, mental health is the wellspring of thinking and communication skills, learning, resilience, and self-esteem. It is all too easy to dismiss the value of mental health until problems appear. Mental health problems and illnesses are real and disabling conditions that are experienced by **one in five Americans**. Left untreated, mental illnesses can result in disability and despair for families, schools, communities, and the workplace. This toll is more than any society can afford.”*



We couldn't agree more. This, coupled with a variety of county-specific data regarding mental health status and access to services is why the Community Health Partnership ranks mental health as a priority issue. Everyone experiences some unhappiness, often as a result of a change, either in the form of a setback or a loss. However, when the way we cope with, or mask that unhappiness takes the form of alcohol or substance abuse, there is reason for concern. According to our health survey, of 1,185 individuals who answered the question "How many times have you used recreational or illegal drugs in the past year?" the following applied:

- 24 indicated the use of recreational or illegal drugs at least 1 - 2 times in the past year
- 13 indicated use 3 - 10 times in the past year
- 5 indicated use 11 - 50 times in the past year
- 8 indicated use 51 - 100 times in the past year
- 5 indicated use more than 100 times in the past year



On average, residents surveyed indicated their mental health was NOT GOOD nearly 3 out of the past 30 days.

Recognizing that there are numerous mental health agencies and professionals within the county that are committed to the issue, many of our suggested activities will be considered in close cooperation with those professionals.

ISSUE	MENTAL HEALTH
<p>Goal <i>Support good Mental Health in the community</i></p>	<p>Outcome Objectives/Indicators</p> <ul style="list-style-type: none"> ◆ Increase days able to do usual activities during past 30 days due to good mental health from 27 to 28 ◆ Reduce the proportion of the adult population reporting their mental health was not good more than 7 days in the past month
<p>Risk Factors</p> <ul style="list-style-type: none"> ◆ Family history ◆ Lack of access to care 	<p>Impact Objectives</p> <ul style="list-style-type: none"> ◆ Improve access to mental health services ◆ Reduce stigma of mental illness in the community ◆ Strengthen the linkage and referral system between mental health providers and other service organizations ◆ Increase the proportion of mental health care providers who are culturally and linguistically competent
<p>Direct contributing factors</p> <ul style="list-style-type: none"> ◆ Poverty ◆ Aging ◆ Lack of insurance coverage ◆ Cost of treatment/medications ◆ Lack of treatment resources ◆ Lack of culturally-competent care ◆ Stigma ◆ Domestic violence ◆ Lack of understanding that treatment is available and works <p>Indirect contributing factors:</p> <ul style="list-style-type: none"> ◆ Substance abuse ◆ Social attitudes 	<p>Suggested Intervention Strategies</p> <ul style="list-style-type: none"> ◆ Increase awareness and use of mental health referral and help lines ◆ Advocate for additional outpatient services ◆ Increase awareness and use of the community mental health system ◆ Increase awareness and use of Employee Assistance Programs ◆ Promote depression and anxiety screening by medical providers and encourage referral to appropriate services ◆ Incorporate mental health promotion, including media messages, into chronic disease prevention efforts ◆ Advocate for expanded mental health care programs ◆ Advocate for increasing the number of specifically trained treatment specialists to address unique and various cultural groups ◆ Increase understanding and knowledge of the people affected and the community at large concerning mental illnesses ◆ Increase the pool of child and adolescent psychiatrists by advocating for parity coverage for providers and an increase in Medicaid reimbursement ◆ Improve parenting skills through education and treatment ◆ Facilitate training of school and youth group based personnel to enable earlier preventive interventions ◆ Advocate for increased character development and education (e.g., anti bullying, positive coping mechanisms, social interaction, etc.) to minimize isolation and increase opportunities for prevention/early intervention ◆ Replicate successful substance abuse treatment program models with special attention to Mentally Impaired Chemically Addicted, parent/child settings, chronic substance abuse and adolescent girls
<p>Resources Available</p> <ul style="list-style-type: none"> ◆ County supported mental health system ◆ Free/reduced cost prescription drug programs ◆ NAMI (National Alliance on Mental Illness) 	<p>Barriers</p> <ul style="list-style-type: none"> ◆ Transportation ◆ Stigma ◆ Language ◆ Cultural

PUBLIC HEALTH PRIORITIES

~AT A GLANCE~

ISSUE THREE: CANCER

Throughout NJ and the country, cancer is very common and is actually a group of over 100 different diseases with different causes and risk factors. In general, most cancers are related to a combination of factors including heredity, family or personal health history, reproductive patterns and life-style factors such as smoking, diet, exercise, sunlight exposure and alcohol consumption.

Sussex County & New Jersey
1996 - 2000 Average Annual Age-adjusted
Incidence & Mortality Rates by Site

Based on a report from the NJ State Office on Cancer Control and Prevention (NJ-CCCP), from 1996-2000, an average of 637.8 men and 485.2 women per 100,000 were diagnosed with cancer each year in Sussex County, compared to the New Jersey rate of 628.7 for men and 453.7 for women. Further breakdown of the most common cancers in Sussex County and New Jersey are described in the table to the right.

	Incidence Rate ¹		Mortality Rate ²	
	Sussex County	NJ	Sussex County	NJ
All Cancers	637.8	628.7	264.0	261.1
Male	637.8	628.7	264.0	261.1
Female	485.2	453.7	190.0	181.6
NJ-CCCP Priority Cancer by Gender				
Breast, female	138.4	138.5	32.8	31.3
Cervical, female	8.6	10.9	3.3	3.1
Colorectal, male	94.3	79.0	34.6	29.5
Colorectal, female	60.3	54.4	19.8	20.1
Lung, male	94.5	92.5	78.0	74.8
Lung, female	65.0	55.4	50.2	41.6
Melanoma, male	19.9	20.1	4.5	4.4
Melanoma, female	16.3	11.9	2.5	1.9
Oral / oropharyngeal, male	12.8	15.7	3.3	4.2
Oral / oropharyngeal, female	9.6	6.4	1.0	1.6
Prostate, male	180.7	194.3	27.5	32.9

Sources: ¹ New Jersey State Cancer Registry, New Jersey Department of Health and Senior Services, August 2003 ² National Cancer Institute and Centers for Disease Control and Prevention, State Cancer Profiles (Accessed at <http://state-cancerprofiles.cancer.gov/>) Note: Rates are per 100,000 and age-adjusted to the 2000 U.S. Census population standards. A rate at least 10% higher than the corresponding state rate is shown in bold italics.

PUBLIC HEALTH PRIORITIES

~AT A GLANCE~

PREVENTION

- ◆ One way to help reduce the risk of *colorectal cancer*, is to eat plenty of fruits, vegetables, and whole grain foods and to limit intake of high-fat foods.
 - ◆ *Over 56% of survey participants reported that their daily diet DID NOT HAVE two servings of fresh fruit*
 - ◆ *Over 56% reported that they DID NOT HAVE three servings of vegetables each day*
 - ◆ *Over 65% reported that they DID NOT HAVE six servings of whole grains in each day*
- ◆ Skin cancer is the most common of all cancer types. An important way to reduce the risk of melanoma is *regular use of sunscreen*. According to our health survey,
 - ◆ *45% of participants reported having a sunburn in the past 12 months*
 - ◆ *Less than 50% reported that they use sunscreen with an SPF of 15 or higher on a regular basis when outdoors*
- ◆ The incidence of lung cancer in Sussex County, particularly in women, is noted as being higher than the rest of New Jersey. While tobacco is not the only cause of lung cancer, it is by far the leading cause.
 - ◆ *Nearly 15% of those surveyed indicated they smoke cigarettes*
 - ◆ *Over 10% noted they smoke more than 1/2 a pack a day*

EARLY DETECTION

- ◆ One of the most powerful weapons in preventing most cancers is early screening. Screening, or testing, is done while you are feeling well, to detect any abnormalities BEFORE signs and symptoms of disease appear. Beginning at age 50, men and women who are at average risk for developing colorectal cancer should have one of several screening options.
 - ◆ *In Sussex, 52% and 46% of age-appropriate women and men, respectively, have a (fecal-occult) blood stool test every year to screen for colorectal cancer*
- ◆ If skin cancer does develop, finding it early is the best way to ensure it can be treated effectively - and all you need is a mirror to check for abnormalities
 - ◆ *In Sussex, just under 48 % of men and women had a full skin cancer screening*
- ◆ Quitting smoking is one of the best things you can do for yourself and your loved ones.
 - ◆ *Nearly 10% of smokers noted that they have tried to quit within the past year*

PUBLIC HEALTH PRIORITIES

~AT A GLANCE~



ISSUE THREE: CANCER (continued)

The Sussex County Cancer Coalition is working to help residents better understand the risk factors and prevention methods associated with various types cancers - especially those where Sussex County experienced higher rates than the New Jersey average. This diverse partnership of community members and resource agencies is working collaboratively to encourage cancer prevention behaviors and increase early cancer detection in Sussex County residents. The Coalition is coordinated through the Sussex County Department of Environmental and Public Health Services.

Using a variety of public education mechanisms, the Coalition will focus on increasing resident awareness of identified risk factors, and most importantly, ways to reduce or eliminate them. In fact, beginning in April 2008, the Coalition will begin broad distribution of a quarterly, *county-focused* newsletter, packed with information, prevention tips and local resources. Other upcoming planned activities include hosting a Municipal Leaders' Breakfast, to ensure local-level awareness of the Coalition and its resources, working with local businesses to help distribute educational information to employees, and a school nurse survey to help the Coalition better understand the existing health education activities within county schools. However, these are just the very early action steps of the Coalition. Planning for activities related to patient access and resources for care, advocacy, and other important issues are also underway. Watch your local papers for other upcoming programs and activities information, or visit our website at www.sussexagainstcancer.org.

The Sussex County Cancer Coalition is made possible by a grant from the New Jersey Department of Health and Senior Services' Office of Cancer Control and Prevention. The mission of the Sussex County Cancer Coalition is to implement the New Jersey Comprehensive Cancer Control Plan in Sussex County. For more information on Comprehensive Cancer Control Plan in New Jersey, please visit: www.njcancer.gov.

WHERE DO WE GO FROM HERE?

As noted earlier, it is from this point forward where the 'rubber meets the road.' For each issue, SMART (Simple, Measurable, Achievable, Realistic, Time-oriented) objectives must be established, with clearly-defined strategies to meet them. Evaluation standards must be woven into all initiatives, assessing both 'how well the process is working' as well as whether or not we are meeting our objectives. In fact, this portion is the last phase of the MAPP model - called the Action Phase - where we move through the cyclical process of planning, implementing and evaluating.

Because no single organization has the depth of resources needed to raise community health to an optimal level or even to maintain it at its current level, task forces are now being organized. Community members and organizations are encouraged to be part of the process to assist in improving Sussex County's health status.



The more participation, the greater the investment to make a difference in our community and in creating a healthy community for ourselves, our neighbors, and our children who are the future of the County. You are encouraged to join the Partnership as we now move into the Action Phase. For more information, please contact the Sussex County Department of Environmental and Public Health Services at 973-579-0370 and ask for the Partnership Coordinator.



Sussex County
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*Our mission is to protect, promote, maintain and improve
the health and quality of life for Sussex County
citizens and visitors through a responsive,
well managed, organized community effort.*



Public Health
Prevent. Promote. Protect.