



Burlington County

Community Health Improvement Plan

CHIP 2014

Burlington County Community Health Assessment Advisory Group



Public Health
Prevent. Promote. Protect.



The Tri County Health Assessment Collaborative was conducted under the auspices of health-related organizations from Burlington, Camden and Gloucester. Our partners include:

- Cooper University Healthcare
- Inspira Medical Center– Woodbury
- Kennedy Health Systems
- Lourdes Health Systems
- Virtua Health
- Burlington County Health Department
- Camden County Health Department
- Gloucester County Health Department

Executive Summary

“Working together today for a healthier tomorrow.”

The Burlington County Health Department’s (BCHD) Community Health Improvement Plan (CHIP) is a summation of health disparity in the county and interventions to guide our efforts to keep our residents healthy. With data gathered from the Tri-County Health Assessment Collaborative, Burlington County worked with Camden County, Gloucester County, local area hospitals and health systems to conduct a comprehensive regional community health needs assessment (CHNA). From September 2012 to June 2013, the counties, partners and residents were contributing valuable information to help identify areas of health concern to be targeted for strategic interventions.

Using an independent contractor, the CHNA conducted a Behavioral Risk Factor Surveillance System (BRFSS) based telephone survey that collected data from a statistically representative sample population from the county. Focus groups, key-informant interviews and a secondary data profile were also conducted to bolster the data gathered from the survey. The results of these efforts led to the identification of health disparities that informed key priority areas.

With the identification of these issues, BCHD collated and compiled interventions and available associated resources to initiate actions. This text aims to educate readers on disparities, as well as suggested ways to improve on all of them.

The next step with the CHIP will be to encourage our gracious community partners to collaborate with us on making all of our residents healthier. We eagerly seek resident input to help us make Burlington County a safe and healthier place to live and work.

Please contact the Burlington County Health Department at **(609)265-5548** to discuss our CHIP.

Burlington County Key Community Health Issues

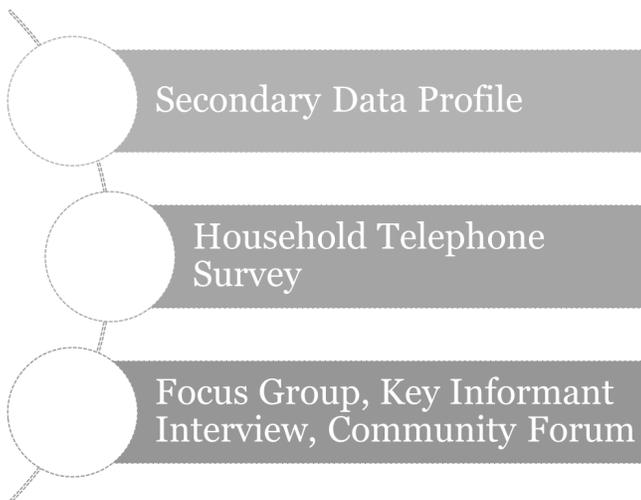
- ◆ Access to Healthcare
- ◆ Chronic Health Conditions
Diabetes, Heart Disease, Cancer
- ◆ Overweight/Obesity

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is an ongoing process that helps healthcare professionals figure out where their communities need more attention. CHNA's are done by local health departments to create plans to help them decide what types of programs to implement, where they are succeeding and how their residents compare to others.

Burlington County, with two county partners, five healthcare systems, and all our community partners, teamed up to figure out where we stood in terms of health. Our Tri-County collaborative, compiled by Holleran, yielded results for Burlington, Camden and Gloucester County. The results of Burlington County's CHNA was used to create this, the Community Health Improvement Plan.

Here is how we did it:



A **secondary data profile** used data from the New Jersey Hospital Association and the Health Research & Educational Trust of New Jersey to compile statistics on residents. Demographic and general health were looked at to paint a picture of our county.

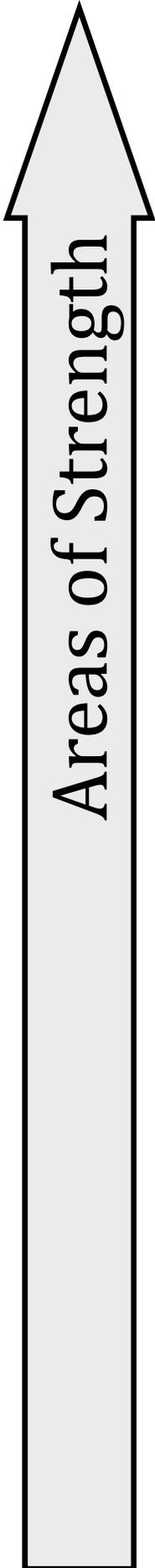
The **household telephone survey** was administered to a random sample of statistically significant and representative individuals in the county. It asked them questions that were modeled off the CDC's Behavioral Risk Factor Surveillance System Survey (BRFSS).

Key Informant Surveys were conducted with 154 local community leaders who identified key health issues they saw in their communities. The survey questions focused on health needs, underserved populations and access to care.

The counties conducted 2 **Focus Groups** each, with a total of 65 residents participating. Residents were asked about their access to care, key health issues, nutrition/ physical activity and obesity . A compilations of key themes were created based off of the discussion in the groups.

All of the components are analyzed and compiled to create the **Community Health Needs Assessment**. Using the information, health professionals prioritize key areas and create goals that will help them measure the impact of future planning.

The future plan that outlines the areas and goals is the **Community Health Improvement Plan**. It is a brief overview of the data and recommendations for reaching goals to improve health. This process is redone every 3-5 years to evaluate and ensure continuity in the process.



The data showed:

Demographic Indicators

- More married households
- Fewer children living in single parent household
- Fewer low-income, poverty individuals
- More owner-occupied housing units

Healthcare Access

- Fewer uninsured adults
- Lower rates of Medicaid, public/government assistance
- Fewer emergency department visits for primary care
- Lower hospital readmission rates

Safety

- Fewer children in Division of Youth and Family Services, receiving in-home services

Health Behaviors

- Lower tobacco use among female, 18-24 age group, Hispanic population
- Lower alcohol consumption among females, 25-44 year olds, Hispanic population
- More adults 50+ have had a colonoscopy
- More males 40+ with PSA test
- Lower substance abuse treatment admissions

Maternal/ Child Health

- More breastfeeding

Communicable/Chronic Disease

- Lower sexually transmitted infection rates
- Lower prostate cancer among Hispanic

Mortality Rates

- Fewer premature death
- Fewer death due to diabetes
- Lower overall cancer rate among Blacks

The data showed:

Demographic Indicators

Fewer graduate/professional degrees
Increased unemployment rates
Increase in Temporary Assistance for Needy Families (TANF),
Supplemental Nutrition Assistance Program (SNAP), Women,
Infants and Children (WIC)

Healthcare Access

Lower physical supply, internal medicine providers, pediatricians,
surgical specialists

Safety

Higher rates of reported child abuse
Lower percentage of children tested for lead poisoning

Health Behaviors

More male tobacco use
More tobacco use among 25-44 year olds
Heavy alcohol use among males
Heavy alcohol use among 45-64 year olds
Higher proportion of obese adults
Higher percentage of Blacks who are overweight/obese

Maternal/Child Health

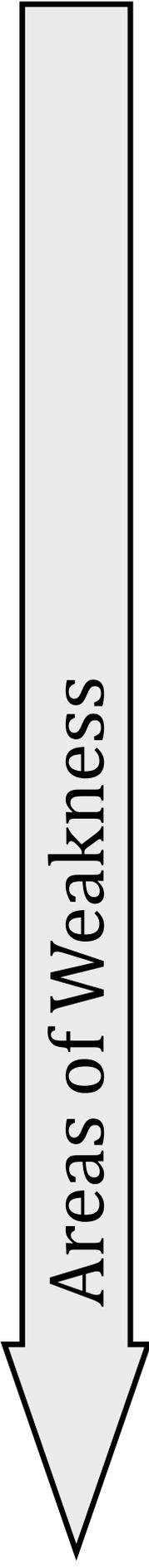
More mother's who smoked during pregnancy

Communicable/Chronic Disease

Higher rates of Babesiosis, Lyme, Influenza, Ehrlichiosis
Higher overall cancer rates

Mortality Rates

Higher overall cancer mortality
Higher rates for diseases of the heart
Higher rates for stroke
Higher rates for chronic respiratory disease
Higher rates for Alzheimer's disease



Areas of Weakness

Federal Initiative



- ◆ 10-year national objective for improving the health of the Nation.
- ◆ 3 decades of study have established a baseline and standard to monitor health trend over time
- ◆ Encourages collaborations at all levels to ensure the health of our citizens
- ◆ Measures the impact and displays importance of prevention activities

Launched on December 2, 2010, the Healthy People 2020 Objectives span over 40 primary areas of health concerns. Topics include: Access to Health Services, HIV, Immunization, LGBT Health, Social Determinants of Health and many more. These areas are critical in health today and have specific goals that need to be met.

For more information, please visit:

<http://www.healthypeople.gov/>

State Initiative



Out of the numerous Healthy People 2020 priority areas, New Jersey focuses on 5:

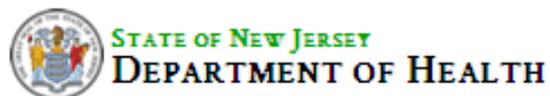
1. Public Health Delivery
2. Maternal & Child Health
3. Health & Wellness
4. Environment
5. Chronic & Infectious Diseases

They are further broken down into subsets that provide clear objective and a constant track of progress towards the goal.

Healthy New Jersey 2020 is a good way to gauge if the state is on track to meet the national goals.

For more information, please visit:

<http://www.state.nj.us/health/chs/hnj2020/>



HEALTH STARTS HERE

Burlington County 2020

Secondary Data Profile Overview

The areas of opportunity that were presented as a result of the secondary data are:

- Access to Healthcare
- Obesity/ Overweight
- Chronic Health Conditions (Heart Disease/Cancer)
- Substance Abuse/ Alcohol Abuse

Household Telephone Survey Overview

The areas of opportunity that were presented as a result of the telephone survey are:

- Access to Healthcare
- Diabetes
- Asthma/COPD
- Skin Cancer

Key Informant Interview Overview

The areas of opportunity that were presented as a result of the key informant interviews are:

- Access to Healthcare/ Uninsured/ Underinsured
- Overweight/ Obesity
- Diabetes
- Substance Abuse/ Alcohol Abuse
- Mental Health/ Suicide
- Heart Disease

Focus Group Overview

The areas of opportunity that were presented as a result of the focus groups are:

- Access to Healthcare
- Mental & Behavioral Health/ Substance Abuse
- Obesity/ Overweight
- Diabetes
- Heart Disease

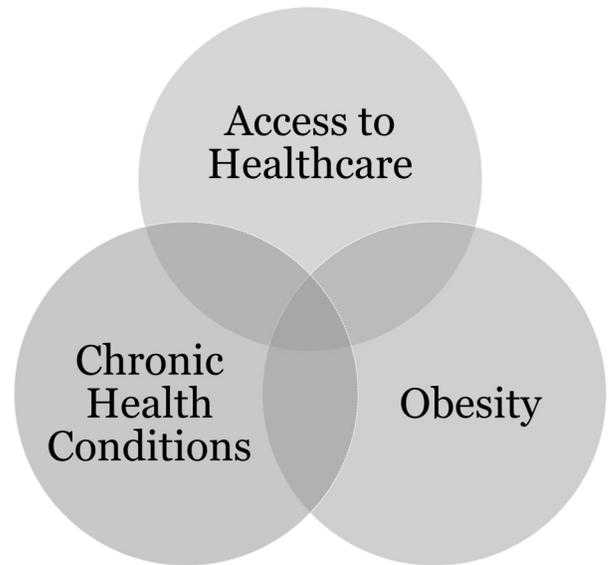
Overall Assessment Findings and Conclusions:

There are quite a few areas identified by residents as health issues. We saw the following reoccurring themes among the health issues of Burlington County:

Health Starts Here: Burlington County 2020 Priority Objectives

- ◆ ***Access to Healthcare***
- ◆ ***Chronic Health Conditions (Diabetes, Health Disease, Cancer)***
- ◆ ***Overweight/Obesity***

Health Starts Here: Burlington County 2020



ACCESS TO HEALTHCARE

- (+) County residents are more likely to have insurance and less likely to visit the ER for primary/ambulatory care
- (-) The total physician supply in Burlington County is low compared to the state
- (-) County has fewer Internal Medicine providers, fewer Pediatricians, and fewer Surgical Specialists when compared to the state

CHRONIC HEALTH CONDITIONS

Focus on Cancer, Heart Disease, Diabetes

- (-) Overall cancer incidence rates are higher in Burlington County. These include, but are not limited to, breast, ovarian, prostate, colon, lung cancer, lymphoma, and melanoma.
- (-) Overall cancer mortality rates are higher in the county
- (-) Higher mortality rates for heart disease, stroke, chronic respiratory disease and Alzheimer's.

OVERWEIGHT/OBESITY

- (-) The proportion of adults who are obese is higher than the state average
- (-) The percentage of Blacks who are overweight or obese is higher than the state

Access to Healthcare

Improve Access to comprehensive, quality healthcare services— Healthy People 2020

Why is this issue important to Burlington County Residents?

Healthcare encompasses much more than just insurance and physicians. It refers to all aspects of health and well being, from an individual level to the community, to the world. Access to healthcare includes access to insurance, physicians, specialists, doctors, surgeons, hospitals, clinics, etc. There are four areas we talk about when we address access to care: coverage, services, timeliness and the workforce.

Access to healthcare is an overarching concept in wellness. It is a pathway to ensure mental, physical and social health by preventing disease and disability. When individuals have the ability to access the resources they need, they can live a longer, more productive life, free from disease and disability.

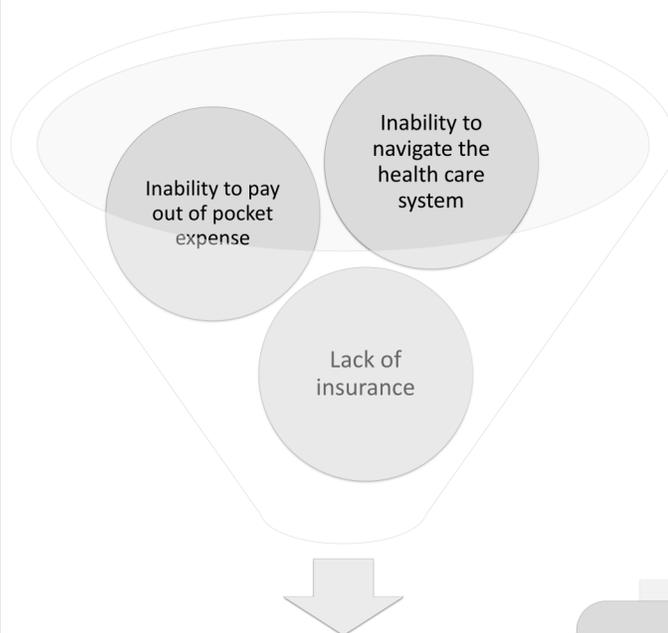
Areas that are of concern right now include:

- ♦ Access to appropriate, safe, effective care and preventative services
- ♦ Access to care for diverse populations— racial, ethnic minorities, older adults
- ♦ Safe long term and palliative care, access to emergency care

By monitoring and supporting these areas, we can generate a healthier population that doesn't fall back onto the emergency system. Promoting the proper access and use of healthcare can dramatically reduce the incidence of illness in our community, keeping our residents healthy as a community.

Burlington County Data

BCHD data compares the county favorable in terms of individuals with health insurance— 90.9% of respondents, compared to the 87.4% in the state. However, the county lacks in terms of healthcare providers— general physician and internal medicine practitioners. Residents have fewer practitioners when compared to state average and country average. Due to the shortage of physicians, there are parts of the population demographic that lack service or are underserved.



Barriers to Healthcare Access

Gain entry into health care system

Access health care locations where services are provided

Find a provider the patient can communicate with and trust

While the overall percentage of residents with health insurance is above average, there is a shortage of Internal Medicine Providers, Pediatricians, Surgical Specialists.

Selected Informant Responses

“Access to healthcare is essential for prevention and treatment”

“Access is the leading issue within the healthcare industry and has a direct relationship to the national debt and quality of life”

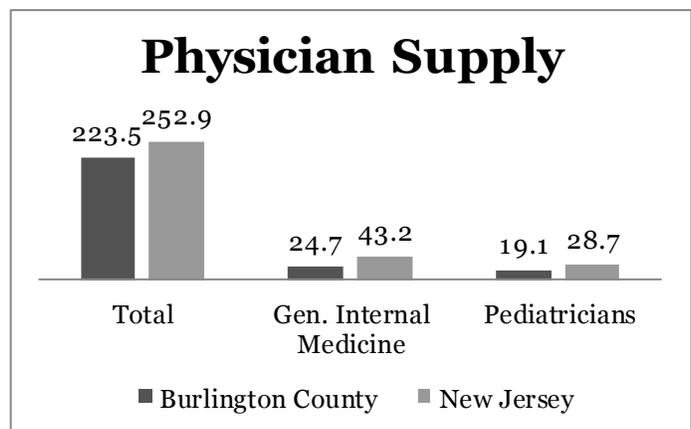
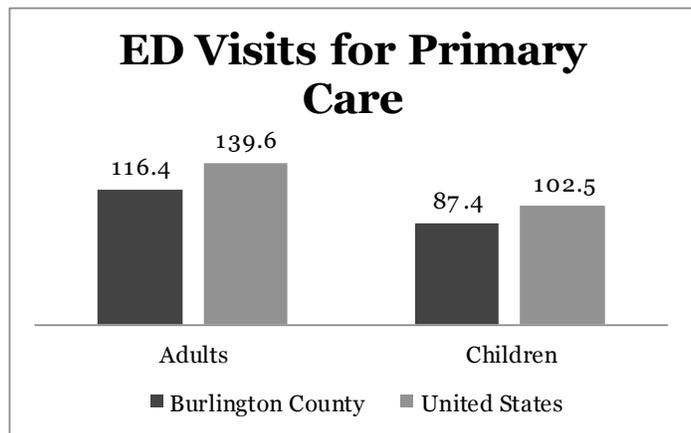
“Research evidence indicates access to care is critical to maintaining a healthy population.

Control of chronic disease such as diabetes, cancer, and forms of heart disease cannot be managed effectively

without proper access to care”

“ People absolutely use the ER as their doctor’s office”

“1 out of every 5 individuals has a diagnosable mental health disorder”



When surveyed, 74% of respondents selected access in their top 5 issues, with 36% selecting it as their most significant. Most of the responders disagree when asked about access and availability of more specialized care. Barriers to access include, but are not limited to: lack of insurance, inability to pay out of pocket expenses and the convoluted healthcare system. Further, a majority of respondents noted that there were specific populations of the community that are not being adequately served by local health services. Access to healthcare is important from an administrative standpoint— it helps keep the population healthy, which lessens the financial burden later.

Overall Goal: - Improve access to comprehensive, quality healthcare services

| Outcome Goal | Impact Objective |
|--|---|
| <p>By 2020, the percentage of Burlington County residents who use the Federally Qualified Health Centers (FQHC) or health clinics in the county will increase 5%</p> <p>By 2020, the percentage of Burlington County residents who have location and procedural awareness of local health clinics and FQHCs will increase by 10%</p> <p>By 2020, the percentage of Burlington County residents who have a specific source of ongoing care will increase by 5%.</p> | <p>By 2020, after promotion of FQHC’s and clinics, 40% of Burlington County residents will have knowledge of services provided</p> <p>By 2020, after promotion of local FQHC’s and clinics, the percentage of Burlington County residents who report poor health days will decrease by 3%</p> <p>By 2020, the percentage of underinsured/uninsured Burlington County Residents who prefer FQHC’s as their primary source of healthcare will increase by 10%</p> |



Risk Factors

- Lack of medical providers in the area
- High cost of medical services- out of pocket, co-payments
- Minorities, Immigrants
- Low income
- Language barrier, inability to communicate with clinician



Potential Barriers

- Lack of medical providers in the area
- Inadequate knowledge to navigate health care system
- Lack of transportation to appointments
- Lack of interpreters for non-native English speakers
- Attitudes towards FQHC;s and clinics
- Lack of financing for medical related expenses



Suggested Interventions/ Available Resources

Advocating for local FQHC's, health clinics, urgent care and minute clinics to encourage resident patronage.

- Mass marketing to raise awareness of local health care— “This is Public Health”
- Inform local area hospitals of presence and encourage referral of non-critical patients to FQHC's and clinics

Targeting at-risk populations for education efforts

- Cater education to populations primarily served by FQHC
- Migrant workers and minorities are most at-risk populations for lack of preventative health care

Informing public about administrative capacities of FQHC

- Reinforce that no patient is turned away due to financial needs or lack of translators
- Emphasize and explain sliding-scale payment to residents

Promote Health Department services

- Encourage WIC mother to look into low-cost medical treatments and preventative care at the health department or FQHC's
- County social workers encourage their patients to visit low-cost health clinics provided by the county and the FQHC
- Children in County care are recommended to visit FQHC for low-cost treatment and preventative health care

Available Resources

- Burlington County Health Department
- Burlington County CEED Program (Cancer Education Early Detection)
- Southern Jersey Family Medical Center (FQHC)
- Virtua Health Systems
- Lourdes Medical Center
- American Cancer Society
- Cooper University Healthcare
- Perinatal Cooperative of Southern NJ
- Women, Infant and Children (WIC)
- New Jersey Department of Health

Chronic Health Conditions

Prevent and manage chronic disease through education, screening, nutrition and physical activity. –Healthy People 2020

Why is this issue important to Burlington County Residents?

Chronic diseases are health conditions that last 3 months or longer, that cannot be prevented by vaccinations or cured by medication. Disease incidence increases with age, with the older population being the primary age group with chronic health issues. Arthritis, cancer, heart disease, and Alzheimer's are all common chronic conditions. Currently, more than half of the adult American population is living with a chronic health condition; causes of death are overwhelmingly related to chronic illness.

The CDC reports that chronic illness makes up a hefty portion of healthcare spending. More than 75% of cost in 2009 was spent on chronic condition. The medical costs linked to diagnosis, treatment and care reach into the hundred-billions of dollars a year. In addition to direct medical spending, money is lost in terms of workplace productivity and outstanding

circumstances as a result of illness episodes.

Health behavior can be a key indicator of susceptibility of a future chronic illness. Non-smoking behaviors, moderate alcohol consumption, healthy eating and exercising all contribute as protective factors from chronic disease. By keeping the body and mind healthy in the present, we can prevent the future need of chronic management care.

In Burlington County:

- ♦ 41.1% of residents have been told they have high cholesterol by a healthcare professional, as opposed to 37% in NJ and 38.8% in the country
- ♦ 5.4% have been told they've had a heart attack, as opposed to 3.8% in NJ and 4.3% in the country
- ♦ 18.5% have been diagnosed with asthma, as opposed to 13.3% in NJ and 13.5% in the country
- ♦ 22.2% of residents are disabled because of physical, mental, or emotional problems

Mortality Rates

- Higher overall cancer mortality rate
- Higher prostate and colon cancer mortality rates among Black residents
- Higher lung cancer mortality rates among White males
- Higher mortality rates for stroke
- Higher mortality rates for chronic respiratory disease
- Higher mortality rates for Alzheimer's disease

Burlington County Data

Chronic diseases can impact individuals at any point in their lives and range in severity. Resident habits can factor into the range and prevalence of chronic disease in our community. Currently, Burlington County has higher rates of cancer, heart disease, diabetes, select zoonosis, hepatitis C and death from Alzheimer's.

Chronic disease is no longer looked at as a life sentence. It has been translated into a manageable condition, that requires time and effort. Despite prevention and education efforts, we are seeing a rise in chronic conditions.

Vector-borne

Burlington County has a high prevalence of Lyme's Disease and Babesiosis. Vector-borne diseases are carried and transmitted by living things, such as insects and animals, and add another level of education and prevention needs. With an increase in the number of diseases, population and incidences, the management of associated symptoms can become a chronic issue.

The issue with vector-borne disease is the incubation period. With some of the diseases, symptoms can show up months later with the individual often having no recollection of how it

was acquired.

Cancer

The county compares unfavorably when compared to state and national data on cancer. Incidence, prevalence and mortality from cancer are higher than state average, raising flags to the causes.

Lifestyle Choices

Burlington County has higher rates of smoking among the 25-44 year old age group and among males. There is also heavy alcohol use by males. A higher percentage of county residents are classified as obese by BMI.

All of these health issues can lead to other chronic conditions, especially cancer. By engaging in risky behaviors, residents are setting themselves up for health disparities later.

A lack of awareness of habits, health problems, access to screening and their connection to chronic disease can contribute to the high rates of disease. Seasonal exposure and delayed onset of symptoms can further exacerbate the effects of illness.



Pictured: Tick, the vector for Babesiosis

Communicable and Chronic Disease

- Higher rates of Babesiosis, Lyme Disease, Influenza A, Ehrlichiosis
- Higher overall cancer incidence rates
- Higher breast cancer incidence rates
- Higher uterine cancer incidence rates among Black and Hispanics
- Higher prostate cancer incidence rates among Whites and Blacks
- Higher colon cancer incidence rates among Blacks and Hispanics
- Higher lung cancer incidence rates among Whites
- Higher lymphoma incidence rates among females and Hispanics
- High melanoma incidence rates among males and Whites

Outcome Objectives

By 2020, the percentage of residents who have been told they have high cholesterol by a healthcare professional will reduce by 5%

By 2020, the percentage of Burlington County residents who participate in chronic disease self-management care under the guidance of a health professional will increase by 10%

By 2020, the percentage of female Burlington County residents over the age of 40 who get yearly mammograms will increase by 10%

By 2020, the percentage of female residents that go more than 5 years without having pap-smears will decrease by 5%

By 2020, 80% of male Burlington County residents over the age of 49 will have had a sigmoidoscopy or colonoscopy exam based on the most recent procedural guidelines

By 2020, 20% of Burlington County residents will smoke cigarettes every day, a drop from 27.1%

By 2020, the number of Burlington County residents who have been told they have diabetes/prediabetes by a healthcare professional will decrease by 10%

Overall Goal:

Prevent and manage chronic disease through education, screening, nutrition and physical activity– Healthy People 2020

Impact Objective

By 2020, increase the percentage of Burlington County residents with chronic diseases who participate in disease self-management programs by 10%

By 2020, increase the percentage of Burlington County residents aged 20 and above who know the signs and symptoms of a heart attack by 10%

By 2020, increase the percentage of Burlington County residents actively using preventative measures to protect against skin cancer

Risk Factors

- Race
- Level of education attained
- Lack of knowledge of services offered by local health department
- Lack of knowledge of smoking cessation programs
- Lack of substance abuse/detox centers
- Availability of screenings
- Family history of disease
- Low income, poverty

Potential Barriers

- Lack of money, poverty
- Lack of knowledge of resources
- Lack of physician intervention
- Uninsured or underinsured
- Lack of available, affordable screenings
- Attitudes towards chronic disease

Increase education/outreach efforts promoting preventative healthcare services

- Increase education/outreach efforts promoting diet and exercise management
- Increase youth targeted education/outreach efforts promoting healthy behaviors
- Increase male targeted and expectant mother targeted education/outreach efforts promoting smoking cessation programs and quit lines
- Promote smoking cessation tip lines, services
- Create and maintain online resources for access to preventative services
- Set up and operate farmers markets in low-access and high-risk areas
- Promote and incentivize local farmers to supply at farmers markets
- Increase transportation services

Increase awareness of benefits of early screening and services related

- Increase education/outreach efforts to promote screenings at FQHC's and local health department
- Increase availability of free screenings offered to residents
- Incentivize businesses to encourage employee screening
- Partner with local FQHC to refer screenings
- Increase screening programs conducted by health department in high risk areas

Incentivize businesses and community organizations to implement employee/resident wellness programs

- Increase the number of health related programming offered by businesses
- Increase education/outreach efforts towards business owners regarding cost of health care
- Increase exercise and nutrition programs offered to professionals
- Promote and incentivize employees to quit smoking
- Encourage management to provide health, alternative lunch options
- Increase employee knowledge of insurance mechanisms and costs

Available Resources

- Burlington County Health Department
- Burlington County CEED Program (Cancer Education Early Detection)
- Southern Jersey Family Medical Center (FQHC)
- Virtua Health Systems
- Lourdes Medical Center
- American Cancer Society
- Cooper University Healthcare
- New Jersey Department of Health
- Rapid screenings for HIV
- Local gyms/ fitness center
- Faith-based organizations
- PTA/Youth Organizations
- Prevention Plus
- Burlington and Camden County Regional Chronic Disease Coalition (BCCRCDC)
- YMCA
- Burlington County Division of Parks

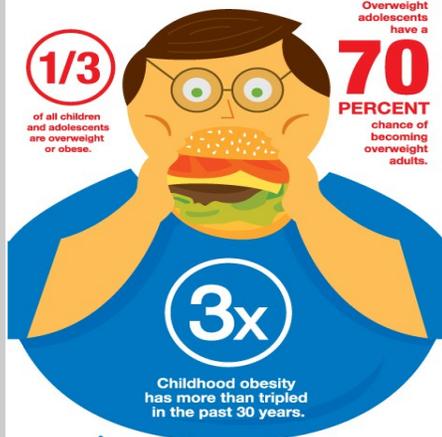
Overweight/ Obesity

Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weight– Healthy People 2020



Why is this issue important to Burlington County Residents?

CHILDHOOD OBESITY



With more than one-third of American adults categorized as obese, this issue is weighing down in all different spheres. As one of the costliest diseases, obesity affects not only the health of the individual and community, but that of the economy. Obesity can be a predisposing factor for a host of other illnesses: heart disease, stroke, diabetes, cancer, etc. As a potentially causative factor, weight can play a role in how healthy an individual is later in life.

incidence rates of 20.5% and Hispanic children at 22.4%. However, the rates went down for low-income, preschool age kids.

Our environment plays a part in the obesity epidemic. Areas with limited pedestrian accommodations and bicycle paths tend to contribute to obesity rates. When communities rely solely on their cars to get around, it cuts out a subset of physical exercise. Along with vehicle centric communities, food deserts can also be a factor. Food deserts are areas with limited access to fresh produce, so consumers will rely more on processed and fast food to maintain calorie heavy diets. This, paired with inactivity leads to unhealthy bodies.

Maintaining a healthy diet and exercise routine is a key component in avoiding obesity. Balanced diets composed of fruits, vegetable, lean meats and fish are optimal when paired with a physician recommended aerobic exercise regimen to maintain a healthy body weight.

Eating right and exercising are simple ways to combat the epidemic of our generation. By taking our lifestyle into our own hands, we have the ability to live a happier, healthier, more productive life.

According to the CDC, the estimate annual medical cost of obesity hovers around \$150 billion. Due to expenditure on weight related issues and other comorbid factors, individuals who are obese spend an average of \$1500 extra annually on care.



SOLUTIONS



The population most at risk are non-Hispanic blacks, Hispanics and non-Hispanic whites, all with incidence rates of above 30%. Since the early 1990's, the obesity epidemic has been sweeping the nation to it is current status, with no state less than 20% incidence. Childhood obesity rates are still high, but there has been improvement.

Approximately 17% of children ages 2-19 are obese. Racial and age disparities put 12-19 year olds with

Source: CDC, U.S. Department of Health and Human Services, Mayo Clinic, College of William & Mary, Healthchildren.org

Burlington County Data

Burlington County residents are more likely to be obese when compared to residents in the state. 25.4% of residents are categorized as obese according to their Body Mass Index (BMI), which is greater than 30. Black/African American residents are particularly susceptible, with 16.8% categorizing as obese.

Obesity is highly likely to occur with other issues that affect the county. Cardiac related illness, asthma, diabetes and cancer all are impacted by body weight and body fat percentage.

Residents need to be more vigilant of their diets and exercise regime. 11.5% of residents consume fast food on a daily basis, with .5% on almost a twice-daily intake and 1% reporting it for a majority of their daily meals. 10.1% of residents have a sweetened drink on a daily basis. With increased levels of sodium and sugar intake, residents are

more susceptible to a host of illnesses and chronic conditions, further exacerbating the impact of obesity.

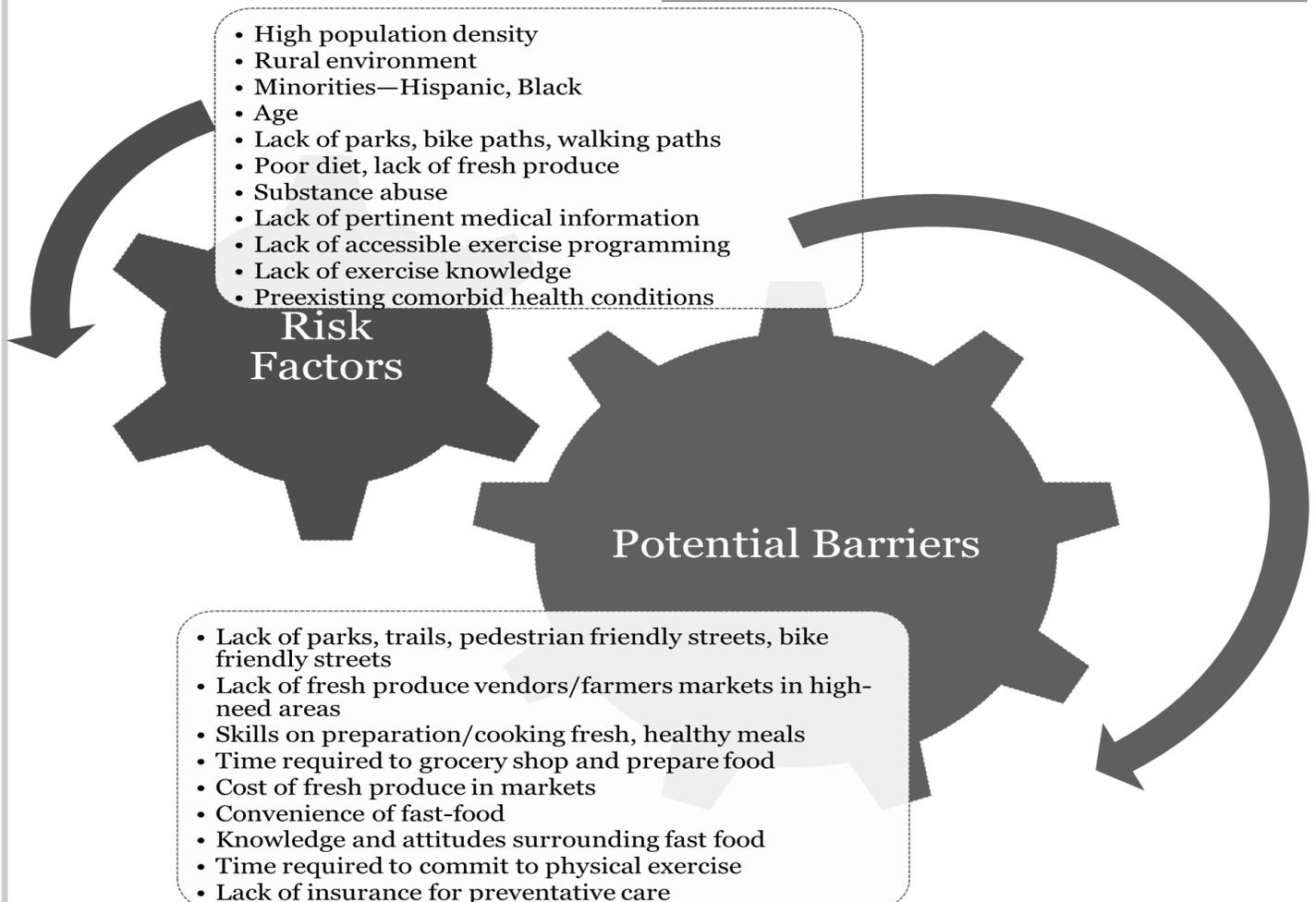
23.7% of residents reported not participating in exercise, higher than state and national levels of non-participants— 26.6% and 24.4%, respectively.

Calculate your BMI at:

http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

In Burlington County:

- 25.4% of residents have a BMI greater than 30
- More than 20% of residents don't participate in physical activity
- More than 10% of residents eat fast food daily



Outcome Objectives

By 2020, 80% of Burlington County residents will participate in regular aerobic exercise

By 2020, the percentage of obese residents in Burlington County will decrease from 25.9% to 23%.

By 2020, the percentage of Black residents in Burlington County who are overweight/obese will decrease from 16.8% to 14.0%

By 2020, the percentage of Burlington County who consume fast-food on a daily or semi-daily basis will decrease by 5%.

By 2020, the percentage of of Burlington County residents who consume sweetened drinks daily or semi-daily will decrease by 5%

By 2020, Burlington County will have established weekly exercise programs for seniors, youths and at-risk populations

Impact Objective

By 2020, 70% of residents will be able to explain the basics of maintaining a heart healthy diet

By 2020, increase the percentage of Burlington County residents who actively seek fresh produce by 25%

By 2020, the at-risk populations in Burlington County will have a positive attitude towards produce purchases at local farmers markets and stands.

By 2020, the percentage of overweight/obese residents in Burlington County who receive nutritional and exercise education counseling sessions with their primary care provider will increase by 10%.

Overall Goal:

Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weight



Increase obesity education/outreach efforts in high-risk areas

- Create and maintain a website with nutritional and exercise information for residents
- Collaborate with community partners to make more exercise and educational programs available to residents
- Provide links to community restaurants that have healthy portions and meals
- Compile exercise routines that can be implemented into daily life
- Provide education/outreach for restaurant owners on portion sizing
- Target schools, restaurants, senior programs and facilities with food to increase heart healthy choices
- Coordinate local community partners to help incentivize, educate and promote healthy nutrition and exercise habits



Advocate to implement Complete Streets in the county to encourage biking and walking among residents

- Alter current county residential roads to include more bike/walk lanes
- Provide more programming in local parks that encourage outdoor activity
- Promote local county parks and activities

Available Resources

- Burlington County Health Department
- Southern Jersey Family Medical Center (FQHC)
- Virtua Health Systems
- Lourdes Medical Center
- Cooper University Healthcare
- New Jersey Department of Health
- Local gyms/ fitness centers
- Faith-based organizations
- PTA/Youth Organizations
- Prevention Plus
- Burlington and Camden County Regional Chronic Disease Coalition (BCCRDC)
- YMCA
- Burlington County Division of Parks
- County Farmers Markets
- Women, Infants and Children (WIC) Supplemental Food Program
- Burlington County Healthy Kids Heroes Program
- Servicios Latinos de Burlington County
- Rutgers Cooperative Extension

Continuing the Process

The Burlington County Health Department is responsible for monitoring and maintaining the health status of our residents. We gather and review health statistics, as well as ardently seek community input on our activities and resources.

The Community Health Improvement Plan is one way we create, implement, track and report our county health information. We use a universally accepted Strategic Planning Tool from National Association of City and County Health Officers, which is recognized by Public Health Departments nationwide.

The CHIP is a useful way to create goals for our future and employ strategies to make our community better. We are able to collaborate with our local partners to create new and innovative ways to help our residents live happier, healthier lives.

Through the CHIP process, we get a snapshot of where we need to focus in terms of health. It allows us to better plan for the future of our residents. The goals and objectives we have are lofty, but they can be reached.

With our new direction, we aim to sail towards change. We expect several revisions and unforeseen circumstances, but we will continue our strides towards achieving a healthier Burlington County tomorrow.



Sculpture by Tom Peterson; Volunteers sewing wraps for cancer patients;
Graduation Caps from High School graduation.



Burlington County

Community Health Improvement Plan

Appendices

Appendix A: Municipalities and Populations

| Township | Pop. | Township | Pop. |
|-------------------|--------|-------------------|--------|
| Bass River** | 1,443 | Medford Lakes** | 4,146 |
| Beverly** | 2,577 | Moorestown** | 20,726 |
| Bordentown City** | 3,916 | Mount Holly | 9,536 |
| Bordertown Twp** | 11,367 | Mount Laurel | 41,846 |
| Burlington City** | 9,220 | New Hanover | 7,385 |
| Burlington Twp** | 22,594 | North Hanover | 7,678 |
| Chesterfield | 7,699 | Pemberton Borough | 1,409 |
| Cinnaminson** | 15,596 | Palmyra | 7,398 |
| Delanco** | 4,283 | Pemberton | 27,912 |
| Delran** | 16,896 | Riverside | 8,079 |
| Eastampton** | 6,069 | Riverton | 2,779 |
| Edgewater Park** | 8,881 | Shamong | 6,490 |
| Evesham** | 45,538 | Southampton | 10,464 |
| Fieldsboro | 540 | Springfield** | 3,414 |
| Florence** | 12,109 | Tabernacle** | 6,949 |
| Hainesport | 6,110 | Washington | 687 |
| Lumberton** | 12,559 | Westampton | 8,813 |
| Mansfield** | 8,544 | Willingboro** | 31,629 |
| Maple Shade | 19,131 | Woodland | 1,788 |
| Medford** | 23,033 | Wrightstown | 802 |

** Participation in New Jersey's Mayors Wellness Campaign

Appendix B: Helpful Links

| Organization | Website | Phone number |
|---|---|----------------------|
| American Cancer Society | www.cancer.org | 800-227-2345 |
| American Red Cross- Burlington County Chapter | http://www.redcross.org/nj/camden | (856) 365-7100 |
| Brain Injury Association of NJ, Inc | http://bianj.org/ | 1800-669-4323 |
| Burlington Church of the Nazarene | http://burlingtonfirstnazarene.com/ | (319) 752-4245 |
| Burlington City Board of Health | | (609) 386-1542 |
| Burlington County Board of Chosen Freeholders | http://www.co.burlington.nj.us/201/Board-of-Chosen-Freeholders | 609-265-5020 |
| Burlington County Cancer Coalition | http://www.co.burlington.nj.us/340/Cancer-Coalition | 609-265-5291 |
| Burlington County Chamber of Commerce | http://www.bccoc.com/ | 856-439-2520 |
| Burlington County CEED Program (Cancer Education Early Detection) | http://www.bcls.lib.nj.us/cancer-education-early-detection-ceed | 1-888-Virtua-3 |
| Burlington County College | http://www.bcc.edu/pages/1.asp | (609) 894-9311 |
| Burlington County College Center for Public Health Preparedness | https://www.bcc.edu/pages/370.asp | (609)894-9311 x 2085 |
| Burlington County Community Action Program | http://www.bccap.org/ | 609-386-5800 |
| Burlington County Division of Parks and Cultural Affairs | http://www.sjca.net/burlington-county-office-cultural-heritage-affairs/ | 609-265-5838 |
| Burlington County Economic Development & Regional Planning | | (609)-265-5055 |
| Burlington County Medical Reserve Corps | https://www.medicalreservecorps.gov/MrcUnits/UnitDetails/327 | 240-453-2839 |
| Burlington County Medical Society | http://bcms-nj.org/ | (856) 231-1515 |
| Burlington County Office of Community Development | http://www.co.burlington.nj.us/257/Community-Development-Housing | 609-265-5072 |
| Burlington County Office of Emergency Management | http://www.co.burlington.nj.us/209/Emergency-Management | 609-518-7200 |
| Burlington County Office of Human Services | http://www.co.burlington.nj.us/166/Human-Services | 609-265-5800 |

| | | |
|---|---|----------------|
| Burlington County Office of Tourism | | |
| Burlington County Prosecutor's Office | http://www.co.burlington.nj.us/262/Prosecutor | 609-265-5035 |
| Burlington County Resource Conservation | http://www.co.burlington.nj.us/165/Resource-Conservation | 856-642-3850 |
| Burlington County Sheriff's Office | http://www.co.burlington.nj.us/130/Sheriffs-Department | 609-265-5127 |
| Burlington County Superintendent of Schools | http://www.co.burlington.nj.us/553/Superintendent-of-Schools | 609-265-5060 |
| Camden County Health Department | http://camdencountyhealth.org/ | 573-346-5479 |
| Christ Baptist Church | http://www.christbaptistchurch.us/ | 609-387-1234 |
| Church of Nazareth | | |
| Church of the Nazarene-Burlington | | |
| Cinnaminson Environmental Commission | | |
| Citizen Advocacy Program | http://www.bcls.lib.nj.us/citizen-advocacy-program-arc-new-jersey | 609-267-5880 |
| Community Planning & Advocacy Council | http://cpachvi.org/ | 856.663.3998 |
| CONTACT of Burlington County | http://www.bcls.lib.nj.us/contact-burlington-county | 856-234-5484 |
| Cooper University Health Care | http://www.cooperhealth.org/ | 856-342-2000 |
| County Farmers Markets | http://www.burlcoagcenter.com/farmers-market/ | (856) 642-3850 |
| Deborah Heart & Lung Center | http://www.deborah.org/ | 1-800-555-1990 |
| Family Services-School Based Youth Services Program | http://njcdc.org/youth/youth-services/ | |
| Farm Fair | http://www.burlingtoncountyfarmfair.com/ | 609-784-8371 |
| Fox Chase Virtua Health Center | http://www.virtua.org/locations/fox-chase-cancer-program.aspx | 1-888-VIRTUA-3 |
| Health Ministry-Our Lady Queen of Peace | http://www.qopc.org/queen-of-peace-parish/pastoral-care-health-ministry/ | 608-231-4617 |
| Infection Control Practitioners | | |

| | | |
|---|---|----------------|
| Interfaith Hospitality Network | http://www.ihnbc.org/ | 856-638-0110 |
| Lourdes Medical Center | https://www.lourdesnet.org/ | 856-757-3500 |
| Lutheran Home | | |
| Lutheran Social Ministries of NJ | http://www.lsmnj.org/ | (609) 386-7171 |
| McGuire AFB 305 Medical Group | http://www.jointbasemdl.af.mil/shared/media/document/AFD-080609-041.pdf | 609-754-9306 |
| Moorestown Visiting Nurse Association & Hospice | http://www.moorestownvna.org/ | 856-552-1300 |
| Mount Laurel Township Medical Emergency Service | http://www.mlems.org/ | 856-778-1274 |
| National Association of City & County Health Officials | http://naccho.org/ | |
| New Jersey Department of Health | http://www.state.nj.us/health/ | 609-292-7838 |
| New Jerusalem House of God | http://newjerusalemhog.com | (609) 267-7600 |
| NJ DYFS-Office of Children's Services/ Division of Prevention and Community Partnerships | http://www.state.nj.us/dcf/about/divisions/dfcp/ | 1-855-463-6323 |
| Our Lady Queen of Peace | http://www.ourladyqop.org/ | (609) 267-0230 |
| Pemberton Partners | | |
| Perinatal Cooperative of Southern NJ | http://www.snjpc.org/ | (856) 665-6000 |
| Powhatan Renape Nation | http://www.powhatan.org/ | 877-287-7550 |
| Prevention Plus | http://www.prevplus.org/ | 609-261-0001 |
| Providence House Domestic Violence | | |
| PTA/PTO Association | | |
| Rutgers Cooperative Extension | http://njaes.rutgers.edu/extension/ | 609-265-5052 |
| SASCA Hispanic Social Service Center | http://sascanj.org/ | 609-835-1111 |
| Servicios Latinos de Burlington County | http://servicioslatinos-nj.org | (609) 518-7171 |

| | | |
|---|---|----------------|
| Southern Jersey Family Medical Center | http://www.sjfmcc.org/ | 609-567-0200 |
| St. Andrews Episcopal Church | http://www.standrewschurch-mh.org/ | 609-267-0225 |
| St. Peter's Health Ministry | http://www.stpetersmedford.org/Ministries.html | 609-654-2963 |
| Superior Court of New Jersey/Burlington County | http://www.judiciary.state.nj.us/burlington/index.htm | 609-518-2600 |
| Sykesville Presbyterian Church | | |
| United Way of Burlington County | http://www.unitedforimpact.org/burlington | 609-267-4500 |
| Virtua Health Emergency Management | http://www.virtua.org/ | 1-888-VIRTUA-3 |
| Virtua Health System | http://www.virtua.org/ | 1-888-VIRTUA-3 |
| Wiley Church | http://www.wileymission.org/ | 856-983-0506 |
| Willingboro Environmental Commission | http://www.willingboronj.gov | 609-877-2200 |
| Women, Infants and Children (WIC) Supplementary Nutritional Program | http://www.co.burlington.nj.us/403/Women-Infant-Children-WIC-Program | 609-267-4304 |
| Wrightstown Borough | http://wrightstownborough.com/ | 609-723-4450 |
| Y of Burlington County | http://www.ymca-bc.org/ | 856-231-9622 |

Appendix C: BMI Chart

| BMI | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
|--------|------------------|-----|-----|-----|-----|-----|------------|-----|-----|-----|-----|-------|-----|-----|-----|-----|-----|
| Height | Weight in Pounds | | | | | | | | | | | | | | | | |
| 4'10" | 91 | 96 | 100 | 105 | 110 | 115 | 119 | 124 | 129 | 134 | 138 | 143 | 148 | 153 | 158 | 162 | 167 |
| 4'11" | 94 | 99 | 104 | 109 | 114 | 119 | 124 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 173 |
| 5' | 97 | 102 | 107 | 112 | 118 | 123 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 174 | 179 |
| 5'1" | 100 | 106 | 111 | 116 | 122 | 127 | 132 | 137 | 143 | 148 | 153 | 158 | 164 | 169 | 174 | 180 | 185 |
| 5'2" | 104 | 109 | 115 | 120 | 126 | 131 | 136 | 142 | 147 | 153 | 158 | 164 | 169 | 175 | 180 | 186 | 191 |
| 5'3" | 107 | 113 | 118 | 124 | 130 | 135 | 141 | 146 | 152 | 158 | 163 | 169 | 175 | 180 | 186 | 191 | 197 |
| 5'4" | 110 | 116 | 122 | 128 | 134 | 140 | 145 | 151 | 157 | 163 | 169 | 174 | 180 | 186 | 192 | 197 | 204 |
| 5'5" | 114 | 120 | 126 | 132 | 138 | 144 | 150 | 156 | 162 | 168 | 174 | 180 | 186 | 192 | 198 | 204 | 210 |
| 5'6" | 118 | 124 | 130 | 136 | 142 | 148 | 155 | 161 | 167 | 173 | 179 | 186 | 192 | 198 | 204 | 210 | 216 |
| 5'7" | 121 | 127 | 134 | 140 | 146 | 153 | 159 | 166 | 172 | 178 | 185 | 191 | 198 | 204 | 211 | 217 | 223 |
| 5'8" | 125 | 131 | 138 | 144 | 151 | 158 | 164 | 171 | 177 | 184 | 190 | 197 | 203 | 210 | 216 | 223 | 230 |
| 5'9" | 128 | 135 | 142 | 149 | 155 | 162 | 169 | 176 | 182 | 189 | 196 | 203 | 209 | 216 | 223 | 230 | 236 |
| 5'10" | 132 | 139 | 146 | 153 | 160 | 167 | 174 | 181 | 188 | 195 | 202 | 209 | 216 | 222 | 229 | 236 | 243 |
| 5'11" | 136 | 143 | 150 | 157 | 165 | 172 | 179 | 186 | 193 | 200 | 208 | 215 | 222 | 229 | 236 | 243 | 250 |
| 6' | 140 | 147 | 154 | 162 | 169 | 177 | 184 | 191 | 199 | 206 | 213 | 221 | 228 | 235 | 242 | 250 | 258 |
| 6'1" | 144 | 151 | 159 | 166 | 174 | 182 | 189 | 197 | 204 | 212 | 219 | 227 | 235 | 242 | 250 | 257 | 265 |
| 6'2" | 148 | 155 | 163 | 171 | 179 | 186 | 194 | 202 | 210 | 218 | 225 | 233 | 241 | 249 | 256 | 264 | 272 |
| 6'3" | 152 | 160 | 168 | 176 | 184 | 192 | 200 | 208 | 216 | 224 | 232 | 240 | 248 | 256 | 264 | 272 | 279 |
| | Healthy Weight | | | | | | Overweight | | | | | Obese | | | | | |

Source: US Department of Health and Human Services, National Institutes of Health, National Health, Lung, and Blood Institute. The Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: Evidence Report. September 1998 [NIH pub. No. 98-4083].

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