



# Monmouth County Regional Health Commission No. 1

Health Promotion and  
Communication Strategy

2017  
to  
2020



**Public Health**  
Prevent. Promote. Protect.

Monmouth County Regional Health Commission No. 1  
1540 West Park Ave., Suite 1  
Ocean, NJ 07712  
732-493-9520  
[www.mcrhc.org](http://www.mcrhc.org)

		more	area to encourage people to walk or bike more. Install bike racks near popular destinations in town.
Worksite	High tobacco use rates	Provide information on quitting smoking	Make entire office campus smoke-free. Offer financial incentives for quitting.

Health promotion can be one of the tools applied to achieve policy, systems, and environmental changes with the use of public health data and evidence-based strategies. By educating decision makers on the benefits of certain policy changes, it is possible to increase the impact of the MCRHC’s health promotion efforts. When possible, MCRHC will work with community coalitions, schools, and municipal planning boards to use data to inform a systems change approach to improve health.

## Health Promotion

The World Health Organization (WHO) acknowledges the growing evidence that health promotion and preventive health approaches are effective in improving overall health and wellbeing, reducing the burden of chronic disease and injury, addressing health inequalities, facilitating the better use of resources, and enhancing economic productivity. The WHO defines health promotion as “the process of enabling people to increase control over, and to improve, their health.” It represents a comprehensive approach to bringing about social change to improve health and wellbeing by expanding the focus beyond individual health behavior to include:

- Building healthy public policy – By going beyond educating the public and conducting programs, health promotion helps to put health in all policies. The intention is to inform policy-makers and key stakeholders about how seemingly unrelated policy decisions affect health. By focusing on equity, health, and sustainability, we can ensure that important decisions work to improve health outcomes, not harm them. Examples include: adding bike lanes on local streets; passing no-smoking ordinances in parks; and school immunization policies. The American Public Health Association, along with other prominent public health organizations, published the “Health in All Policies: A Guide for State and Local Governments” booklet which should serve as a resource.
- Reorienting the health services – Health care providers are not the only ones with a responsibility to promote policies that improve health. Individuals, health professionals, institutions, and governments all have a shared stake in health promotion. This requires a shift from traditional understandings of healthcare to include preventive care and policies. Therefore, a physician may advise patient on local smoking cessation programs; a police department can recommend drug treatment programs or implement drug prevention programs; or a youth program coordinates a suicide prevention program. The ultimate goal is to make sure that health promotion reaches people where they live, work, and play, and not just when they show up in the doctor’s office.
- Creating supportive environments – As humans we are constantly affected by the world around us. The best way to help someone make healthy changes is to create an environment supportive of that goal. This involves looking at the social, economic, and physical environments that people exist in and find ways to improve them to create conditions that allow healthy choices to be the easy choices. Examples include: healthy food vending machines at worksites or hospitals; not providing sugar sweetened beverages at worksite meetings; and offering discounted fruits and vegetables in school cafeterias and bodegas.

- Strengthening community action – This action is centered around communities coming together to achieve a common goal. Health promotion supports community groups in setting priorities, making decisions, planning strategies, and then implementing them. At the heart of this process is the empowerment of communities. Examples include: developing alcohol-free events for young people; engaging school community (teachers, administration, parents and students) in creating a drug education and prevention program; or pulling together diverse community groups to create a Community Health Improvement Plan.
- Developing personal skills – For people to make healthy changes, they need the knowledge to understand why it’s important and to develop skills on how to do it. Health promotion supports personal and social development by providing information, education for health, and enhancing life skills that create continuous health benefits. Examples include: Health education program in school that teaches comprehensive sexual health, providing free resources marketed to community, brochures at medical offices about preventable diseases such as meningitis and rubella.  
(Ottawa Charter for Health Promotion WHO, 1986)

## Monmouth County Regional Health Commission No. 1’s Health Promotion Plan

Creating healthy communities and encouraging Monmouth County residents to be as healthy as they can be is the focus of this Health Promotion Plan. This plan addresses modifiable risk factors for the leading causes of death, disability, and reduced quality of life issues. This plan can be applied to each of the 10 Public Health Essential Functions and will work to prevent needless injuries, disabilities, and premature deaths.

Although the goals and objectives set out in the Healthy New Jersey 2020 plan, Healthy People 2020 and the Community Health Assessment serve as a framework for the MCRHC Health Promotion Plan, it is not possible to address all objectives in each document due to a lack of human resources and financial limitations. However, the most recent data from the Monmouth County Community Health Assessment, New Jersey State Health Assessment Data, the 2010 U.S. Census and other sources has been reviewed and analyzed to shape MCRHC’s health promotion plan. Our plan will focus health promotion in the following priority areas:

- Chronic Disease Prevention
  - Cardiovascular Disease – Heart Disease and Stroke
  - Diabetes
- Childhood Immunizations
- Healthy Eating and Active Living
- Sexually Transmitted Infections, including HIV/AIDS
- Substance Abuse
- Tobacco Use

MCRHC respects and honors the diversity of the 21 towns we serve. We envision neighborhoods that are healthy, livable, walkable, bikeable, and safe. To achieve the objectives set out by this plan, Healthy New Jersey 2020, Healthy People 2020, and the current Monmouth County Community Health Improvement Plan, MCRHC will work extensively with local partners and coalitions and help mobilize communities. MCHRC will utilize health literacy tools and cultural competency skills that address health equity. Further, we recognize that many of the goals set forth by the aforementioned plans require additional efforts focused on education geared towards key stakeholders in the community.

Health promotion efforts and health communication strategies will be developed based in part on data and identified priority areas from:

- The Centers for Disease Control and Prevention
- New Jersey Department of Health
- Monmouth County Community Health Assessment
- Monmouth County Community Health Improvement Plan
- Monmouth County Regional Health Commission No. 1 Strategic Plan
- Monmouth County Risk Communication Plan

## Development of Program and Health Education Materials

MCRHC will adhere to the [NJ Practice Standards 8:52-6.1 Health Education and Health Promotion](#) (see Appendix A). All MCRHC health promotion programs that are developed or revised shall take into account the following considerations during the planning process:

1. The issue being addressed aligns with and supports local, state, national and/or funding priorities;
2. The program addresses populations at a higher risk for poorer health outcomes in order to impact health inequities;
3. The program considers inclusion of health equity factors for specific populations;
4. The program considers community factors that encourage or discourage health;
5. The program includes the use of evidence-based strategies and/or promising practices;
6. The target population was engaged in the design, development and implementation of the program;
7. Program implementation strategies include collaboration with, or consideration of, partners and stakeholders;
8. The program includes plans for evaluation and continuous improvement; and
9. The health promotion program does not negatively impact or counter other programming efforts within MCRHC.

All MCRHC staff planning or revising health promotion programs shall use the Health Promotion Program/ Materials Checklist (Appendix B) and/or the [CDC Simply Put](#) guide to guide their work.

- The checklist includes the topics that should be considered when planning or revising any health promotion program and includes a description and additional resources to aid in planning.
- The completed checklist is to be saved along with other program-related planning files for future reference.

Translation Services (see Appendix C) should be used when considering creating culturally and linguistically appropriate materials for the public.

## Measurable Indicators

Based on trend data, current scientific knowledge, and available resources, the projected goals and objectives represent a challenging but achievable level of activities and services. This plan takes into consideration the issue of health disparities between racial, ethnic, gender, and age groups. The MCRHC attempts to address equal access to comprehensive, culturally competent, community-based health education programs that are committed to serving the diverse needs of individuals and promoting community health.

The following identified health indicators from the Healthy New Jersey 2020 and Healthy People 2020 align with our vision, mission and goals, the results of the Monmouth County Community Health Assessment, the goals of the NJ State Chronic Disease Plan, and the Shaping NJ Obesity Prevention Plan. The identified indicators will be used to guide health promotion program development and activities at MCHRC.

<b>Chronic Disease: Heart and Stroke</b>	
<b>Healthy New Jersey 2020</b>	<b>Healthy People 2020 Objective</b>
<b>Reduce the death rate due to coronary heart disease. (ICD-10 codes: I11, I20-I25)</b>	Reduce coronary heart disease deaths
<b>Reduce the stroke death rate. (ICD-10 codes: I60-I69)</b>	Proportion of adults aged 18 and older who have had their blood cholesterol checked by a health professional within the past five years.
	Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years

<b>Chronic Disease: Diabetes</b>	
<b>Healthy New Jersey 2020</b>	<b>Healthy People 2020 Objective</b>
<b>Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement (AC1) at least twice a year to 59.4%.</b>	Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year
	Increase prevention behaviors in persons at high risk for diabetes with prediabetes

<b>Childhood Immunizations</b>	
<b>Healthy New Jersey 2020</b>	<b>Healthy People 2020 Objective</b>
<b>Increase the percentage of young children who receive effective vaccination coverage levels for universally recommended vaccines by a given age</b>	Increase the proportion of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines
	Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children: A birth dose of hepatitis B vaccine (0 to 3 days between birth date and date of vaccination, reported by annual birth cohort)

<b>Healthy Eating and Active Living</b>	
<b>Healthy New Jersey 2020</b>	<b>Healthy People 2020 Objective</b>
<b>Prevent an increase in the proportion of high school students in grades 9-12 who are obese. Targets are 10.3% for the total population, 8.2% among Whites, 16.5% among Blacks, and 14.4% among Hispanics.</b>	Reduce the proportion of adults who are obese
<b>Increase the proportion of high school students that meet current physical activity guidelines for moderate or vigorous physical activity to 23.4%</b>	Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-

among the total population, 25.4% among Whites, 20.5% among Blacks, and 20.6% among Hispanics.	strengthening activity: Aerobic physical activity

Sexually Transmitted Diseases	
<b>Healthy New Jersey 2020</b>	<b>Healthy People 2020 Objective</b>
Increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old	Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections: Among females aged 15 to 24 years attending family planning clinics

Substance Abuse	
<b>Healthy New Jersey 2020</b>	<b>Healthy People 2020 Objective</b>
	Increase the proportion of adolescents who perceive great risk associated with substance abuse
	Increase the proportion of adolescents who disapprove of substance abuse

Tobacco Use	
<b>Healthy New Jersey 2020</b>	<b>Healthy People 2020 Objective</b>
Reduce the proportion of high school student (grades 9-12) nonsmokers exposed to secondhand smoke to 43.3% in the total population, 46.9% among Whites, 41.8% among Blacks, 38.7% among Hispanics, and 27.9% among Asians.	Reduce the proportion of the population who are current smokers (any use in past 30 days) adults aged 18+ years to 13.6 %.
Reduce current tobacco use (cigarettes, cigars, smokeless tobacco, bidis) by high school students (grade 9-12) to 20% among all students, 21.5% among Whites, 19.5% among Blacks, and 22.6% among Hispanics.	Reduce the proportion of nonsmokers exposed to secondhand smoke: Adolescents aged 12 to 17 years
	Reduce tobacco use by adolescents in grades 9 through 12: Tobacco products (past month)

Public Health Infrastructure	
<b>Healthy New Jersey 2020</b>	<b>Healthy People 2020 Objective</b>
Increase the percentage of local public health agencies actively participating in county-wide community public health partnerships to 100%.	
Increase the proportion of local health departments that achieve voluntary national accreditation to 75%.	

## Appendix B: Health Promotion Program/Materials Checklist



### Monmouth County Regional Health Commission No. 1 Health Promotion Program/Materials Checklist

This checklist can be used to ensure that critical factors in project design are considered during the planning process of any health promotion program or materials. The checklist includes the topics to be considered, a description and additional resources to aid in planning.

Project Name: \_\_\_\_\_

Staff Member Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Topics	Yes	No	N/A
<p><b>Issue Identification:</b> <i>The issue being addressed aligns with and supports local, agency, state, national and/or funding priorities.</i></p> <p>Community priorities should inform issue identification and support decision making. Priorities may be driven by existing community health planning efforts, the MCRHC strategic plan, community input, funding/grants, and political will. Resources include, but are not limited to: Community Health Improvement Plan, MCRHC Strategic Plan, <i>Monmouth County Community Health Assessment</i> data and other issue specific reports created by the MCRHC, Health Improvement Coalition of Monmouth County, or Monmouth County Government.</p>			
<p><b>Primary Population</b> <i>The program/material addresses populations at a higher risk for poorer health outcomes in order to positively impact health inequities.</i></p> <p>The primary population for health promotion programs should be clearly defined so that interventions can be designed and tailored for those individuals and populations at highest risk/need. As data are available, population breakdowns may be included in county reports by race, gender, geographic location, etc. Information regarding the primary population may also be gathered through community input. (See Community Engagement below.)</p>			
<p><b>Health Equity</b> <i>The program/material considers inclusion of health equity factors for specific populations.</i></p> <p>Not everyone has the same opportunities to be healthy. We see differences in health based on race, ethnicity, neighborhood, sexual orientation, and other factors. Health inequities are differences in health status and death rates that are unfair or unjust.<sup>1</sup> These differences are sustained over time and are beyond the control of individuals<sup>2</sup>.</p>			
<p><b>Community Factors that Impact Health</b> <i>The program considers community factors that encourage or discourage health.</i></p> <p>Factors that positively or adversely influence health include social determinants of health, existing policies, the physical and built environment, and accessibility of programs and resources (including program location, cost and transportation). <a href="#"><i>Health Impact Assessment</i></a> (HIA) is a tool used to ensure that health is considered in all policies, projects, plans or key decisions within our community.</p>			

Topics	YES	NO	N/A
<p><b>Evidence Based/Promising Practices</b>  <i>The program/material includes the use of evidence-based strategies and/or promising practices.</i></p>			
<p>Evidence-based practice is based on evaluation research that highlights interventions that have been found to be effective. See the MCRHC Health Promotion and Communication Plan. The <a href="#">National Institute of Health</a> also provides resources on best practices and promising programs.</p>			
<p><b>Community Engagement</b>  <i>The target population was engaged in the design, development and implementation of the program/material</i></p>			
<p>Engaging the community helps create buy-in and ownership of health promotion programming and provides critical information for successful design and implementation. MCRHC can reference the <a href="#">Minnesota Department of Health Community Engagement Guidebook</a> for strategies.</p>			
<p><b>Collaboration with Partners and Stakeholders</b>  <i>Program implementation strategies include collaboration with, or consideration of, partners and stakeholders.</i></p>			
<p>Program planners should check with the Health Officer to identify existing community partnerships that could be leveraged during the planning/revision process. These collaborations should be utilized to gather feedback on program design and implementation. This feedback should be taken into consideration in the planning efforts and then communicated back to the group to demonstrate the community-informed changes.</p>			
<p><b>Evaluation</b>  <i>The promotion program includes plans for evaluation and continuous improvement.</i></p>			
<p>Program planners should collaborate with stakeholders to determine key process, impact and outcome performance indicators prior to determining program goals and objectives. Methods for data collection, analysis and reporting processes should also be considered in this process. The <i>CDC Framework for Program Evaluation</i> may assist planners to establish evaluation measures for the program. The MCRHC Performance Management and Quality Improvement Plan, and Regional Health Educator are available to assist in program evaluation.</p>			
<p><b>Other MCRHC Programs</b>  <i>The program/material does not contradict other programming efforts within MCRHC.</i></p>			
<p>From time to time, a proposed strategy or incentive for one program may contradict strategies or messages in another program. MCRHC staff should remain vigilant when planning programs to avoid contradicting the messages or strategies set forth in another program area.</p>			

<sup>1</sup>World Health Organization, *Concepts and Principles for Tackling Social Inequalities in Health*, prepared by Margaret Whitehead and Goran Dahlgren, 200.

<sup>2</sup>Bay Area Regional Health Inequities Initiative (BARHII), *Local Health Department Organizational Self- Assessment Toolkit for Addressing Health Inequities*, addition to Whitehead and Dahlgren definition. Retrieved December 12, 2012 from glossary at [http://www.barhii.org/resources/downloads/self\\_assessment\\_toolkit.pdf](http://www.barhii.org/resources/downloads/self_assessment_toolkit.pdf).



Monmouth County Regional Health Commission No. 1  
 1540 West Park Ave., Suite 1  
 Tinton Falls, NJ 07754  
 732-493-9520

## Translation/Interpretation Services

Language	Contact	Phone
Spanish	Isabel Lopez	732-996-3809 imkupilik@aol.com
	Otilia Dos Santos	In-house
Italian	Lisa Muscillo	In-house
Portuguese	Otilia Dos Santos	In-house
Korean	Hada Bitar	In-house
Urdu	Ammar Rizvi	In-house
Panjabi	Ammar Rizvi	In-house
Hindi	Ammar Rizvi	In-house

TTY (Teletypewriter) - Kerri Sullivan at 732-431-7220 ext. 7222.

Monmouth County Library Services

A TTY is a device that allows persons to type telephone conversations back and forth. Conversations are read from a lighted display screen and/or a paper printout on the TTY. The Library may be reached via TTY at: 732-845-0064 (Headquarters) or 732-933-1285 (Eastern Branch). TTY devices in both locations will automatically answer calls and take messages 24 hours a day. The library also has a TTY available for loan.