

Community Health *Improvement* Plan
of
Cumberland and Salem Counties



May 2007

This plan may be revised at a future date.

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Cumberland and Salem
New Jersey
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Section 1:
Vision and Values of the Partnership

The Cumberland and Salem Community Public Health Partnership welcomes the following Vision and Values:

Vision

**Promote a healthy, physically active,
and substance-free community by
increasing prevention efforts,
education, and literacy within the
community.**

Values

**Partnership
Community
Awareness
Preservation
Empowerment**

Section 2:
Executive Summary

Mobilizing for Action in Planning and Partnerships (MAPP) was developed by the **Centers for Disease Control and Prevention (CDC)** and the **National Association of County and City Health Officers (NACCHO)** as a process to involve the community in identifying local areas of concern and resources for addressing them. Overall the MAPP process enables the community to assess and improve community health and quality of life. The New Jersey Department of Health and Senior Services adopted MAPP as the tool for each county to utilize in order to develop a **Community Health Improvement Plan (CHIP), as outlined in Public Health Practice Standards, NJAC 8:52-10 and 11**. The CHIP will facilitate the provision of appropriate public health services in the community and sharing of information about health issues and resources with area agencies and community residents.

In June 2005, to accomplish the task of development of a CHIP, a community based consultative body called Cumberland and Salem **Community Public Health Partnership (CPHP)** was founded with Cumberland and Salem County Departments of Health taking on the role as lead agency. CPHP gradually built its membership to consist of agencies from both Cumberland and Salem Counties. Now the partnership consists of 18 member agencies with one to two staff from each agency participating on a regular basis.

The CPHP assisted the Cumberland and Salem Departments of Health in conducting four recommended MAPP assessments and in reviewing available data related to the jurisdictions of Cumberland and Salem counties. The assessments included Community Themes and Strengths, Forces of Change, Community Health Status, and the Local Public Health System Assessment. They facilitated the identification of community's health need and perception, forces or trends that influence the health and quality of life of the community and strengths and weaknesses of the local public health system. The four MAPP assessments were completed in December 2006.

Cumberland and Salem County Departments of Health, with the technical assistance from Holleran Consulting, made a final review of the MAPP assessment data that resulted into the compilation of a list of twelve strategic issues. The CPHP members were then asked to participate in the "Prioritization of Strategic Issues" survey during which each partner rated the twelve strategic issues according to their significance. This process provided the CPHP with the following top seven strategic health issues common to both counties:

1. **Tobacco, drugs and alcohol**
 2. **Healthy Lifestyles and obesity**
 3. **Heart Disease and Stroke**
 4. **Teen pregnancy**

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A subcommittee was formed to review the four identified strategic health issues and to suggest goals, objectives, barriers and activities to address these issues. This laid the foundation for the development of the CHIP that intends to achieve the following major goals:

1. Over a 5 year period, reduce substance abuse and tobacco use, as measured by alcohol related drug admissions and smoking rates, by 10%.
2. Over a 5 year period, reduce county obesity rates by 5%
3. Decrease reported high blood pressure rates to NJ levels, thereby reducing morbidity and hence impacting mortality, over a 5 year period.
4. Decrease teen birth rates to NJ levels over a 5 year period.

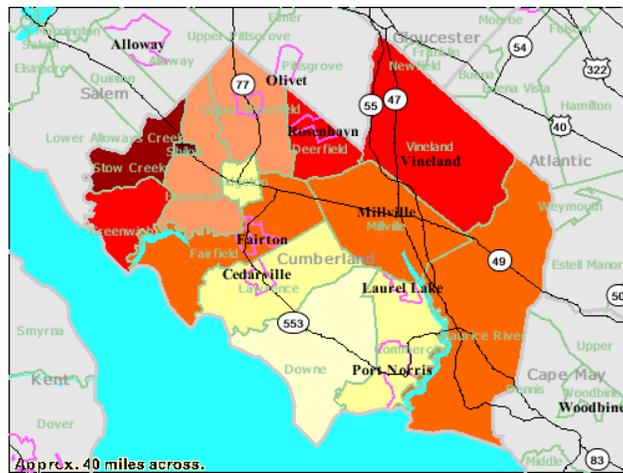
The Action Cycle, the final phase of MAPP, will allow the partnership to form a workgroup for each identified issue. Each work group will include existing partners such as public health, hospitals, and community organizations as well as volunteers and community members. In order to avoid duplicative health improvement efforts, the CPHP will work diligently to combine our formed task forces with an existing collaborative currently working on similar issues. This will increase manpower, support and productivity while decreasing duplication.

We all have a vested interest in adopting these healthy lifestyles. Not only will we reap personal benefit from achieving these objectives but it will also be cost effective for our communities.

Section 3:
County Demographic Profile

Cumberland County, New Jersey

Cumberland County is located in the southwestern portion of the state along the Delaware Bay. It comprises 489 square miles of land including rich farmland, vast wetlands, and undisturbed natural habitation along the Bay. It is bordered by Salem County to the north and Atlantic and Cape May counties to the east. The county had a population of 146,438 according to the 2000 Census. There are 14 townships, boroughs, and municipalities in the county. According to the 2000 Census, the largest city was Vineland City (population 56,271), and the smallest was Shiloh Borough (population 534). The county is a multifaceted community of diverse ethnic groups and industry. Highlights of Cumberland County demographics are as follows:



- Blacks represented 20.2% of the county population in 2000 (compared to 12.3% of the state population). The black population in Cumberland has grown by 27% since 1990. The three largest municipalities – Vineland, Bridgeton, and Millville – house 72% of the black population. In 1999, one in four blacks in the county (26%) lived below the federal poverty level (19% statewide), compared to 10% of the county’s white residents.
- Hispanic residents represented 19.0% of the county population in 2000 (compared to 12.5% statewide). The Hispanic population in Cumberland County has grown by 52% since 1990. Six of Cumberland County’s municipalities house 97% of the county’s total Hispanic population: Vineland (where Hispanics represent 30% of the municipality’s total population), Bridgeton (24%), Millville (11%), Maurice River (9.2%), Fairfield (8.9%), and Upper Deerfield (4.5%). Cumberland County’s rapidly growing Hispanic population provides much of the county’s farm labor.

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- In Cumberland County, 66% of the Hispanic population is Puerto Rican, concentrated primarily in the city of Vineland, which is surrounded by farms. Since 1990, 5,395 persons have moved to Vineland, many of whom are of Puerto Rican ethnicity.



Farm in Cumberland County

- Mexican residents represent 18% of the county's Hispanic population, many of whom live in the city of Bridgeton and work on nearby farms. A total of 3,451 persons have moved to Bridgeton since 1990; many of these new arrivals are of Mexican ethnicity. From 1990 to 2000, there was a 560 % increase in the Bridgeton Mexican population.
- In Cumberland County, 28% of Hispanic residents had incomes below the federal poverty level in 1999; this was the highest percentage among groups for which separate data were available. Many fewer non-Hispanic whites in Cumberland County (8.4%) had incomes below the federal poverty level. In New Jersey, only 18% of the Hispanic population was living below the poverty level.
- American Indian and Asian ethnicities each represent 1% of the total county population.



White Tiger at the Bridgeton Zoo

- In Cumberland County, during 1990 and 2000, the percentage increase in population was highest for the persons belonging to the age groups of 40 to 54 and 75 years and over.
- Persons aged 50 years and over represents 28% of the county population.

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- Persons aged 65 years and over represents 13% of the county population.
- The City of Vineland alone, the largest municipality in the county (home to 38% of the county's total population) contains 42% of the county's population aged 65 and over. The combined populations of residents aged 65 and over in Bridgeton City, Millville City, Upper Deerfield Township, and Hopewell Township represent another 42% of the county population 65 and over.
- Among the county's population over five years of age, 20% speak a language other than English. Of the languages spoken, Spanish is the most common (spoken by 17% of the total population).



Maurice River, Cumberland County

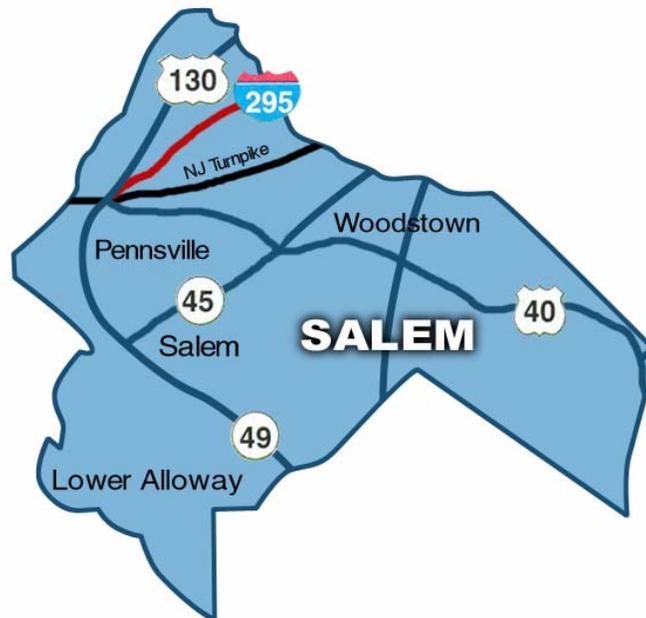
- Compared to New Jersey as a whole, higher percentage of the residents of Cumberland County live below the federal poverty level (12.4% for the state versus 15% for the county). In 12 of the county's 14 municipalities, 10% or more of the residents in at least one of the following categories live below the poverty line: all ages; related children under the age of 18 years; adults aged 65+; or families. Bridgeton City has the highest percentages of residents living below the poverty level: one-third of related children under 18 (33.3%); 27% of residents of all ages; 23% of families; and 18% of adults aged 65 years and older.
- There is one federal penitentiary and three state correctional facilities in Cumberland County, including South Wood State Prison, New Jersey Department of Correction's largest facility. Combined, there are over 8,000 inmates incarcerated in these facilities.

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Salem County, New Jersey

Salem County New Jersey is comprised of several inland communities that border Delaware. Salem County is the gateway to New Jersey from Delaware and has a population of 64,285 people divided into 15 municipalities. Salem County is ranked the smallest county in New Jersey by population; 21st out of the 21 counties. Located at the southwest edge of the state, the county covers 337.88 square miles of land. The county has the lowest population density for the state (190.3 people per square miles of land compared to 1,134.40 for New Jersey). Salem County, created in 1694, has been home to a rich farm economy for 300 years. Salem County's economy was enhanced by the railroad industry as many goods and produce could be more quickly transported to markets across New Jersey. The population of Salem County is located in a combination of rural and urban areas.



Salem County is consistent with New Jersey relative to age distribution. The median age for Salem County, at 38.0, was only slightly higher than New Jersey's 35.3, according to the 2000 Census data. Among the age categories fluctuations exist in which Salem County or New Jersey is higher or lower in regards to age percentages, but the variations are all small. These small fluctuations explain why there is a slightly higher median age and a slightly older population.

Salem County's total population decreased by 1.5% compared to New Jersey's increase of 8.9% and the United States' 13.2% from 1990 to 2000. Salem County's decrease in population represents an interesting phenomenon. Several factors may be responsible for the decrease in population. A large percent of the population is in the 35 to 54 years of age at 30.6% and there is a large decrease in the number of children under five. It is difficult to account for the substantial decrease in the 20 to 34 year age group. Based on the data, the population is aging out of childbearing years.

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Riverview Beach Park, Pennsville

Senior citizens represent 14.4% of the population of Salem County. Consequently, 5.9% of the total county population is senior men and 8.6% is senior women. Men constitute 40.6% of the senior population, women are 59.4%. Salem County has specific communities with a higher senior citizen population compared to the county.

The majority of Salem County's population is white (81.2%) compared to New Jersey (75.1%). The black population of Salem County at 14.8% is also higher than the 12.3% for New Jersey. Salem County has a lower percent of other races than New Jersey. There are 2,498 Hispanic people in Salem County. At 3.9%, Salem County has a small Hispanic population compared to New Jersey's 12.5%.

The vast majority of Salem County speaks English. Only a very small portion of the population does not speak English. According to the 2000 Census, Salem County has approximately 9.5% of the population who is at poverty level or below compared to the state at 12.4%.



Farm in Mannington

Combined, Salem and Cumberland Counties comprise just 2.5% of the population of the State of New Jersey; however, at 11.15% of the state's landmass, Salem and Cumberland Counties combined make up the single largest health jurisdiction in the State. Additionally, these counties have certain unique attributes that significantly differentiate them from the remainder of the State.

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Located in Salem County near the Cumberland County border is the second largest nuclear generating complex in the United States. The Salem-Hope Creek generating station is, made up of three separate nuclear power generators, all located on the same complex, known as Artificial Island in Lower Alloways Creek. Additionally, of the top 100 critical infrastructure sites in the State of New Jersey, Salem and Cumberland have a full 10%. Salem and Cumberland have fertile fields producing a significant quantity of agriculture for the State, chemical manufacturing concerns, and power generating stations. Additionally, the southern terminus of both the New Jersey Turnpike and I-295 is the Delaware Memorial Bridge, the world's longest twin suspension bridge. The bridge carries more than 80,000 vehicles per day between Delaware and New Jersey, making Salem County responsible for a significant portion of the daily commerce along the northeastern corridor of the United States.



View of Delaware Memorial Bridge from
Riverview Beach Park Pennsville

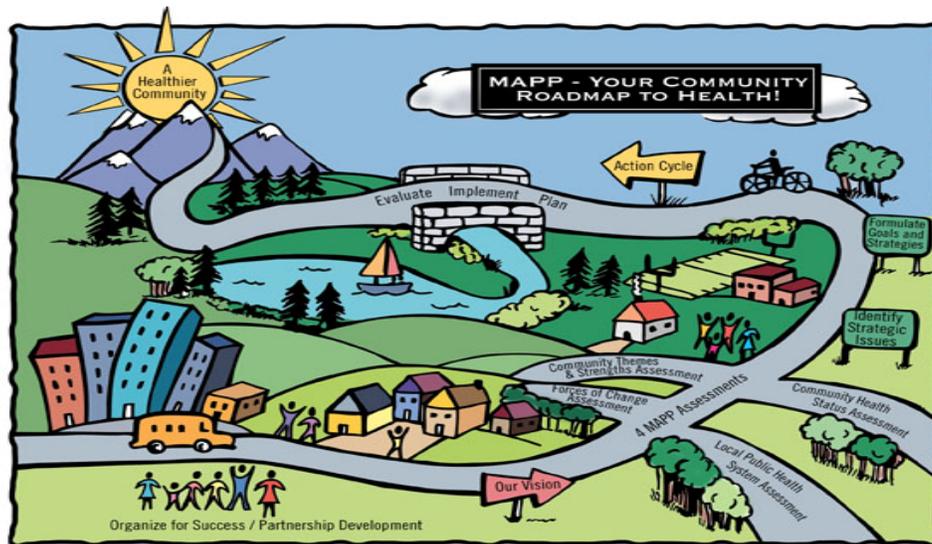
Section 4:
MAPP Assessment Overview

Mobilizing for Action in Planning and Partnerships (MAPP) was developed by the **Centers for Disease Control and Prevention (CDC)** and the **National Association of County and City Health Officers (NACCHO)** as a process to involve the community in identifying local areas of concern and resources for addressing them. Overall the MAPP process results in enabling the community to assess and improve community health and quality of life. The New Jersey Department of Health and Senior Services adopted MAPP as the tool for each county to utilize in order to develop a **Community Health Improvement Plan (CHIP)**, as outlined in Public Health Practice Standards.

The **Community Public Health Partnership (CPHP)** met for the first time in the summer of 2005. The partners were briefed on the **Mobilizing for Action through Planning and Partnerships (MAPP)** process. The partners also worked together to create a shared vision, as well as common values. The Vision for Cumberland and Salem is to *“Promote a healthy, physically active, and substance-free community by increasing prevention efforts, education, and literacy within the community”*.

The partnership, with the Cumberland and Salem County Departments of Health as the lead agency, began to conduct the four assessments recommended in the MAPP process. The recommended assessments included the following:

- Community Themes and Strengths
- Forces of Change
- Community Health Status
- Local Public Health System Assessment.



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Community Themes and Strengths

Cumberland and Salem County Departments of Health, with the assistance of Holleran Consulting, conducted the Community Themes and Strengths Assessment. The purpose of this assessment was to gain improved understanding about the health need and perceptions of County residents. The assessment aimed at collecting information related to community's views and perception about health, illness and the quality of life. Staff from Cumberland and Salem County Departments of Health randomly distributed 1,100 surveys to residents in both counties. Surveys were accompanied by a postage-paid return envelope for return directly to Holleran Consulting. A total of 419 surveys were returned.

Among respondents, 69.5% were female and 30.5% were male. The majority of the respondents belonged to the 40 to 65 and older age group (76.4%). Respondents were predominantly white (82.7%) of which 64.6% were married, and 54.7% were employed with the household income of \$50,000 and over. Based upon the response from the respondents, the major findings of the Community Themes and Strengths Assessment were as follows:

The top three factors for a "healthy community":

- Low crime/safe neighborhoods (54.7%)
- Good jobs and Healthy economy (35.3 %)
- Good schools (34.6%)

The most important health problems in the community are:

- Cancers (50.8%)
- Heart Disease and stroke (33.4%)

The most important risky behaviors are:

- Drug abuse (64.7%)
- Alcohol abuse (51.6%).

Verbatim comments were also recorded by survey respondents and were a valuable addition to the survey results:

- **Recreation activities that I would use if they were available in my community** – bike or walking path, bowling, additional movie theatre, dog parks, indoor pool and fitness center, live theatre and concerts, skating rink, and safe recreation areas.
- **I would spend more time participating in community activities if** – I didn't work so much, activities were more accessible, I had the time, I felt safe, there was a community center, there was adequate transportation, and they were advertised more often and in a timely manner.
- **Additional comments** – need more entertainment venues such as a mall, movie theatres, bars, and clubs, as well as more social events for seniors and activities for children

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The gathered thoughts and opinions of community residents provided insight into the issues important to the community and will have added value to the findings of the other three MAPP assessments.

Forces of Change

The purpose of the Forces of Change Assessment was to identify the forces that are or will be influencing the health and quality of life of the community and the work of the local public health system. Participants were asked the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

The Forces of Change Assessment session was held on September 26, 2005. Approximately 20 individuals participated in the discussion. The discussion was lead by Holleran Consulting. The first half of the meeting consisted of a brainstorming exercise in which participants shared what they perceived to be forces with Salem and Cumberland Counties. A list of 32 forces was identified during the brainstorming exercise. The second half of the session consisted of prioritizing the 32 forces. The forces were prioritized using a wireless keypad technology, called OptionFinder. Once the top 10 forces were identified, the threats and opportunities associated with each were discussed.

Based on ratings from 1 (no impact) through 5 (significant impact), the following 10 forces of change were voted as having the most significant impact on the community:

- 1. Funding**
- 2. Drug & Alcohol Addictions**
- 3. Transportation (availability and affordability)**
- 4. Low education levels among residents**
- 5. Poverty levels**
- 6. Lack of insurance or poor insurance coverage**
- 7. Fuel costs**
- 8. Crime**
- 9. Overlap in efforts/services
(lack of coordination)**
- 10. Teen pregnancies**

Discussion of threats and opportunities associated with each force of change resulted in the following threats and opportunities:

<u>Force</u>	<u>Threat</u>	<u>Opportunity</u>
Funding	grants taken away, prioritizing/other programs lose out	may lead to cut in wasteful funding and increased partnership/collaboration
Drug & Alcohol Addictions	negative health impact on families and community, safety issues, domestic violence	more cost effective to treat than the associated problems such as crime, effective drug court system, and increased collaboration
Transportation	negative impact on employment and access to services	opportunity for area new transportation business
Low education levels	self esteem issues and impact on family income	larger corporations partnering with educational institutions and scholarship programs
Poverty levels	increased crime, access to healthcare, increased school dropout rates, and mental health population	more opportunities to succeed and learning from other systems/change in government philosophy
Lack of insurance/poor coverage	under reported illnesses, seek medical help at later stage of disease, and ER becomes primary care	provide/develop services, develop partnerships, and create county center for health insurance counseling
Fuel costs	not enough money for other bills and increased transportation issue	increase in car pools or use of public transportation and emergency legislative support to help low-income families
Crime	residents feel unsafe, higher murder rate, and decreased outdoor activities	development of rehab programs for offenders, develop education programs for kids/teens to prevent crime, and formation of neighborhood watches
Overlap in services/effort	waste of money/time and people falling through the cracks	may lead to more collaboration/partnerships and increased communication and potential to develop master list of all resources in the county with contact persons
Teen pregnancies	uneducated mothers, high STD rates, and daycare difficult to find	development of education programs to prevent teen pregnancies and schools might be open to alternative sex education programs.

These forces of change, threats and opportunities associated with them in conjunction with the results of other MAPP Assessments will lay a foundation for the identification of strategic issues and formulation of goals, impact objectives and activities for addressing each of the strategic issues identified.

Community Health Status Assessment

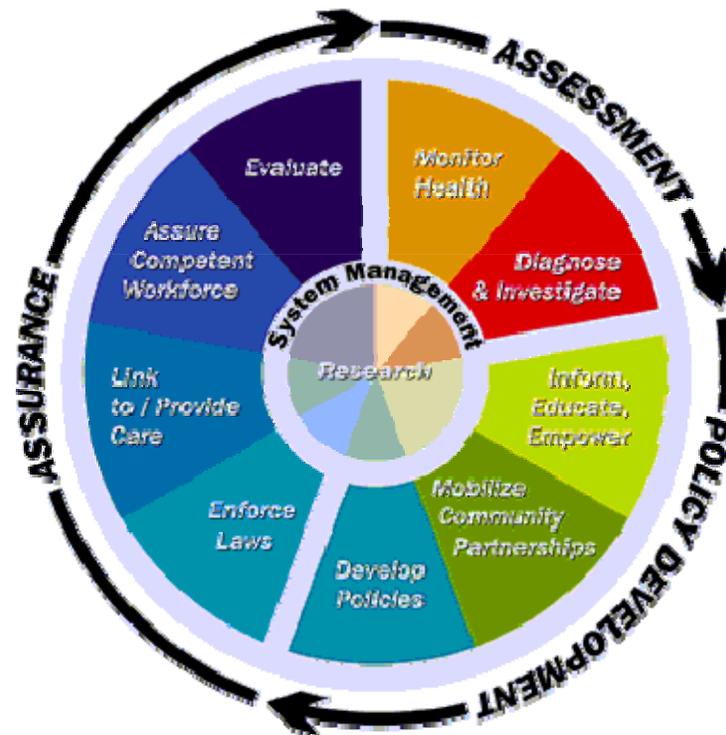
A Community Health Profile was developed to display various statistics regarding health status, education, mortality, crime, employment, and others. These statistics have been collected to portray the current status of both Cumberland and Salem County residents. The conclusions derived are based on both comparisons to the New Jersey and National data. Areas where the counties fare “better” than New Jersey and/or nation are considered “strengths.” Areas where the counties fare “worse” than New Jersey and/or nation are considered “opportunities.” These strengths and opportunities were also utilized in the identification of the strategic issues and development of goals, impact objectives and activities to address them.

<u>Area of “Strength”</u>	<u>Cumberland</u>	<u>Salem</u>
Health care coverage	According to the 2004 Behavioral Risk Factor Surveillance System (BRFSS), 91.9% of Cumberland County and 93.3% of Salem County residents have some kind of health insurance, which is higher than both New Jersey (85.6%) and National (85.1%) comparisons	
Flu immunizations	The 2004 BRFSS also showed that 40.6% of Cumberland County and 40.1% of Salem County residents reported having a flu shot within the past year in 2004, which is considerably higher than New Jersey (29.1%) and National (32.1%) comparisons from 2005	
Alcohol consumption	According to the 2004 BRFSS, only 41.0% of Cumberland County and 47.1% of Salem County adults reported having an alcoholic drink in the past 30 days, which is considerably lower than New Jersey (59.7%) and National (57.1%) comparisons	
Hazardous air pollutants (These percentile scores indicate where Cumberland and Salem Counties rank with respect to counties at both National and State level. Clean or best county scores fall in the lower percentiles)	Cumberland County ranked in the 10 th percentile of counties in New Jersey for added cancer risk from hazardous air pollutants.	In 2003, Salem County ranked in the bottom tenth percentile of counties in New Jersey for number of people living in areas where the cancer risk from hazardous air pollutants exceeds 1 in 10,000 and the number of people living in areas where noncancer risk from hazardous air pollutants exceeds 1

Area of “Opportunities”	Cumberland and Salem
Educational Attainment	According to the 2005 American Community Survey, 19.2% of Salem County and 15.7% of Cumberland County residents have a bachelor’s degree or higher, which is lower than both New Jersey (34.2%) and National (27.2%)
Heart Disease Mortality	The age-adjusted mortality rate for heart disease in Salem County and Cumberland County was 299.5 and 277.1 per 100,000 respectively, both of which are considerably higher than New Jersey (232.2) and National (232.3) mortality rates for heart disease
Malignant Neoplasms Mortality Rate	In 2003, Salem (214.5) and Cumberland (216.9) Counties had similar age-adjusted mortality rates for malignant neoplasms, which is considerably higher than both New Jersey (191.1) and National (190.1) comparisons
Cerebrovascular Disease Mortality Rate	In 2003, the age-adjusted death rate for cerebrovascular diseases was 57.0 for Cumberland County and 56.9 for Salem which is much higher than the New Jersey mortality rate of 41.6
Obesity	According to the 2004 BRFSS, 31.8% of Cumberland County and 32.1% of Salem County residents are obese. This is considerably higher than both New Jersey (21.9%) and National (23.2%) comparisons, and is more than double the Healthy People 2010 objective of 15.0%
Diabetes Prevalence	According to the 2004 BRFSS, 14.3% of Salem County and 12.5% of Cumberland County residents have diabetes. This is higher than both New Jersey (6.8%) and National (7.0%) comparisons
Hepatitis C	Between 2004 and 2005, New Jersey had a 24.2% decrease in the number of reported cases of Hepatitis C while Cumberland County had a 0.1% increase in the number of cases and Salem County’s numbers displayed no change
Teen Birth Rates	The 2004 birth rate for teens aged 18 to 19 was 133.9 in Cumberland County and 75.0 in Salem County, compared to 42.5 in New Jersey
Tobacco Use During Pregnancy	In 2004, 17.6% of and 17.9% of mothers in Cumberland and Salem Counties respectively, used tobacco during their pregnancy, while only 7.7% used tobacco during pregnancy in New Jersey
Superfund Sites	Cumberland and Salem Counties have superfund sites that are either on or eligible for inclusion on the National Priorities List. Sites on the National Priorities List may have the potential to pose a threat to human health or the environment.

Local PH System Assessment

The **Local Public Health System Assessment (LPHSA)** focuses on the “local public health system” or all entities that contribute to the delivery of public health services within a community such as hospitals, physicians, schools, social service agencies, community-based organizations as well as others. This system includes all public, private, and voluntary entities, as well as individuals and informal associations. The local instrument was developed by **National Association of City and County Health Officials (NACCHO)** and **Centers for Disease Control and Prevention (CDC)**. The LPHSA is designed around the ten Essential Public Health Services which are shown in the image below. These services are the foundation of public health practice, illustrate a variety of public health responsibilities and focus on the overall public health system rather than individual agencies.



Various public health partners such as health department staff, hospitals, and community agencies met over a two-month period to complete the LPHSA. There were a total of five meetings focusing on two Essential Services at a time. Each essential service was assessed to measure our public health system’s ability to provide or deliver each service.

Responses to the Local Instrument are used to provide a summary of performance score for each of the 10 Essential Public Health Services (EPHS). Each score can be understood as the overall degree to which the public health system meets the performance standards defined for each essential service. Scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum

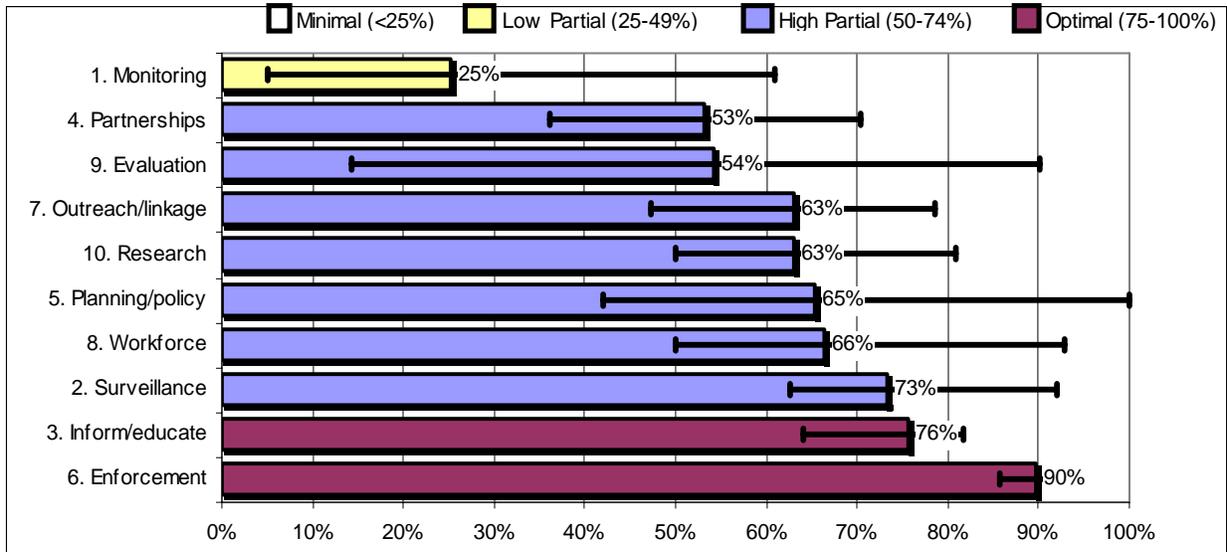
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possible value of 100% (all activities associated with the standards are performed at optimal levels). The following figure (**Figure 2**) ranks each score from low to high, easily identifying where service performance is relatively strong or weak.

FIGURE 2:

RANK ORDERED PERFORMANCE SCORES FOR EACH ESSENTIAL SERVICE



Identifying Strategic Issues

Holleran Consulting provided technical assistance in reviewing findings from the four MAPP assessments that resulted into the compilation of a list of twelve strategic issues common to both Cumberland and Salem Counties. The CPHP members were then asked to complete the “Prioritization of Strategic Issues” survey during which each partner rated the twelve strategic issues according to their significance. The survey resulted in identifying the top four strategic health issues common to both Cumberland and Salem Counties. The top four strategic health issues are as follows:

- Tobacco, drugs and alcohol
- Healthy lifestyles associated with obesity
- Heart disease and stroke
- Teen pregnancy

Formulating Goals & Strategies

A subcommittee was formed to review the four identified strategic health issues and to suggest goals, objectives, barriers and activities to address these issues. This process laid the foundation for the development of **Community Health Improvement Plan (CHIP)**. Each of the top four issues is highlighted with a detailed goal statement, objectives, suggested activities, possible barriers, and available resources. Jobs and economic opportunities, poverty, and crime were also identified as higher priorities but are not the primary focus of this community improvement plan:

Section 5:
Strategic Issues

Strategic Issue #1
Tobacco, drugs and alcohol

The Community Themes and Strengths Assessment aimed at collecting information related to community's views and perception about health, illness and quality of life. The results of the assessment demonstrated that residents felt alcohol and drug abuse were the most important risky behaviors while tobacco use was among the top five risky behaviors. According to the New Jersey Student Health Survey, high school students were more likely to believe that smoking a pack of cigarettes per day was a greater health risk (70%) than drinking one or two drinks per day (33%). The Forces of Change Assessment identified the forces that are or will be influencing the health and quality of life of the community and the work of the local public health system. Drug and alcohol addictions were among the top ten forces affecting our jurisdiction. The Community Health Profile (CHP) demonstrated that within the last year, compared to New Jersey, fewer Cumberland and Salem County residents have stopped smoking.

In Salem County, of those who smoked at least 100 cigarettes in their lifetime, 35.3% now smoke everyday compared to 27.1% in NJ. *

*data from the Community Health Profile January

In Cumberland County, of those who smoked at least 100 cigarettes in their lifetime, 38.8% now smoke everyday compared to 27.1% in NJ. *

*data from the Community Health Profile January

According to the CHP, the 2005 Cumberland and Salem County drug and alcohol abuse admission rates were higher than New Jersey in the following areas: alcohol, marijuana, and cocaine. According to many prevention and treatment specialists, underage alcohol consumption is a big issue in both Cumberland and Salem Counties. The CHP also showed a breakdown of alcohol admissions by age, whereas those aged 18 to 21 and under represent almost 20% of these admissions.

In Salem County, 33% of drug admissions were from alcohol compared to 27% in New Jersey.*

*data from the Community Health Profile 2007

In Cumberland County, 31% of drug admissions were from alcohol compared to 27% in New Jersey. *

*data from the Community Health Profile 2007

In 2004, 17.6% and 17.9% of mothers in Cumberland and Salem Counties respectively, used tobacco during their pregnancy, while only 7.7% used tobacco during pregnancy in New Jersey. Alcohol and drug use during pregnancy is also considerably higher among Salem and Cumberland women compared to New Jersey women as a whole.

Goal: Over a 5 year period, reduce substance abuse and tobacco use, as measured by alcohol related drug admissions and smoking rates, by 10%.	
Impact Objective:	
<ul style="list-style-type: none"> • Reduce the percentage of those who smoke everyday by 10 percent. • Increase the enforcement of Tobacco Age of Sale laws. • Increase the enforcement of Underage Drinking laws. • Increase the awareness of the adverse effects of tobacco, drug and alcohol use among school-aged students. • Increase awareness of adverse health effects of substance abuse among adult community members. 	
Suggested Activities:	
<ul style="list-style-type: none"> • Through a bi-county media campaign increase the awareness of area Quit Smoking Programs utilizing our current tobacco education programs. • Collaborate with local health departments and agencies to educate retail merchants on the law prohibiting the sale of tobacco products to minors via extensive media campaign. • Collaborate with local health departments and agencies to educate retail merchants on the law prohibiting the sale of alcohol to underage drinkers. • Collaborate with area prevention programs to develop an education program i.e. Train the Trainer program to train volunteers and professionals in order to educate the community on the adverse effects of substance abuse. • Collaborate with area prevention programs to develop informational sheet of frequently asked questions related to substance abuse to disperse to the community. • Compile and publicize a calendar of events, electronically and traditionally, from various substance abuse prevention organizations. 	
Barriers:	<ul style="list-style-type: none"> • Limited public transportation • Lack of community interest
<ul style="list-style-type: none"> • Limited media outlets • Low literacy levels • Limited local resources 	
Suggested Resources*:	<ul style="list-style-type: none"> • Cumberland County Alcoholism & Drug Abuse Services • Salem County Alcohol and Drug Coordinator • Municipal Alliance for the Prevention of Substance Abuse • TASE program • SJHS Smoking Cessation Program • Prosecutors Office • Inter-Agency Council • Human Services
<ul style="list-style-type: none"> • The Southwest Council • REBEL • Cumberland County Childhood Drinking Prevention Coalition • Salem County Childhood Drinking Prevention Coalition • SODAT • Mom's Quit Connection • NJ Quitline/Quitnet • Local United Ways 	

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| <ul style="list-style-type: none">• Healthy Mothers Healthy Babies• Maryville | <ul style="list-style-type: none">• Salem Health & Wellness Foundation• Seabrook House |
|--|---|

* This is not intended to be a comprehensive list of all resources available in Cumberland and Salem Counties.

Strategic Issue #2 Healthy lifestyles and obesity

The 2005 New Jersey Student Health Survey indicates that 12% of middle school students were classified as either overweight or obese based on their calculated Body Mass Index. Obesity in children and adolescents is a serious issue with many health and social consequences that often continue into adulthood. And recent studies link childhood obesity to a disturbing prediction: the current generation of children in America may have shorter life expectancies than their parents. More time spent in front of the television, computer and video games negatively impacts the health of our children by decreasing physical activity and increasing body weight. The American obesity epidemic has been passed on to our children. The number of children who are overweight or obese has doubled and/or tripled within the last two decades.

Since 1980, the percentage of children who are overweight has more than doubled and the rates of adolescents have tripled. *

*Robert Wood Johnson Foundation, A Nation at Risk: Obesity in the United States

In 2004, Cumberland and Salem County Departments of Health contracted with Holleran Consulting of Mountville, Pennsylvania to conduct a Behavioral Risk Factor Surveillance Study (BRFSS). A total of 1,241 residents from Cumberland and Salem Counties were interviewed by telephone to assess their health practices and health status. Physical activity is a major risk factor for obesity. Physical activity was a reoccurring issue across the various completed assessments including the BRFSS. Approximately 67% of the respondents from Salem and Cumberland Counties participated in exercise in the past month which is lower than the New Jersey (73.1%) and National (75.4%).

32.1% of Salem County's and 31.8% of Cumberland County's respondents are obese which is higher than the New Jersey (21.9%) and national (23.2%) data.*

*BRFSS 2004

69.5% in Salem County and 66.3% in Cumberland County participated in physical activity or exercise compared to 70.9% in New Jersey and 73.7% nationally. *

*data from the Community Health Profile 2007

Regular physical activity and proper nutrition will enhance an individual's overall health and lifestyle. The Community Themes and Strengths Assessment also provided verbatim comments from residents regarding "recreation activities that would be used if they were available in the community" such as a bike or walking path, bowling, dog parks, indoor pool and fitness center, skating rink, and safer recreation areas.

Goal: Over a 5 year period, reduce county obesity rates by 5%.

Impact Objective:

- Increase opportunities for physical activity for children and adolescents.
- Create awareness among parents, families and school students about the adverse health effects of obesity.
- Promote healthy life styles conducive to reduced weight among high risk community residents including school students.
- Increase nutritional knowledge of residents of all ages.

Suggested Activities:

- Collaborate with area school governing bodies to incorporate/improve health education programs in elementary, middle, and high school with emphasis on nutrition and daily physical activity.
- Through collaboration with municipal recreation committees, increase the promotion of opportunities for physical activity occurring in the community.
- Increase awareness on the importance of physical activity and proper nutrition by providing an educational campaign to residents.
- Participate in health fairs to include information on the benefits of proper nutrition and daily physical activity.
- Promote and encourage the Mayors Wellness Campaign in both counties.
- Promote opportunities for physical activity within municipality site plans.
- Work with mom’s groups to incorporate physical activity and/or nutritional activities with their children.
- Work with area restaurants to include nutritional information on their menus i.e “math of health”.

Barriers:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Access to schools and students • Transportation • Low literacy levels • Cultural barriers | <ul style="list-style-type: none"> • Safety • Attitudes toward nutrition/physical activity • Cost of nutritious foods • Language barrier |
|--|--|

Suggested Resources*:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Cumberland County Health Department • Salem County Health Department • Municipal and County Parks • YMCA • Mayors Wellness Campaign • Local United Ways • Salem Health & Wellness Foundation | <ul style="list-style-type: none"> • School Health teachers • Hospital Health Education Staff • Organized Sports • Healthy Millville • Healthy Bridgeton • Rutgers Cooperative Extension • Internet • Local Mom’s Groups |
|--|--|

* This is not intended to be a comprehensive list of all resources available in Cumberland and Salem Counties.

Strategic Issue #3 Heart Disease and Stroke

According to the White Paper on Cardiovascular Disease in New Jersey, cardiovascular disease is the leading cause of death in New Jersey. The Community Health Profile (CHP) also compared the top ten leading causes of death in Cumberland, Salem, New Jersey and the United States. Heart Disease was ranked highest and Stroke was ranked third in Cumberland and Salem Counties as well as in New Jersey and the United States. The CHP also provided data on mortality rates associated with Heart Disease. In 2003, the age adjusted mortality rates for heart disease in Salem and Cumberland counties were 299.5 and 277.1 respectively. This is considerably higher than both New Jersey (232.2) and national (232.3) mortality rates for heart disease

37.4 % of Cumberland County
respondents and 35.9% of Salem
County respondents were told they
have high blood pressure which is
higher than New Jersey (31.3%).*

*data from Community Health Profile 2007

The American Heart Association states that tobacco smoke, high cholesterol, high blood pressure, physical inactivity, obesity and diabetes are modifiable risk factors for heart disease and stroke. A constant theme shown throughout the various assessments was lack of physical activity and higher rates of obesity both of which significantly impact Cardiovascular Health. According to the 2004 Behavioral Risk Factor Surveillance Study (BRFSS), 69.5% of Salem County respondents and 66.3% of Cumberland County respondents participated in physical activities or exercise which is considerably less than the New Jersey (70.9%). The 2004 BRFSS also showed that Cumberland (32.1%) and Salem County (35.6%) respondents were significantly more obese as compared to the Healthy People 2010 goal (15%).

Obesity is a known risk factor for
numerous chronic diseases such as high
blood pressure, heart disease, and
diabetes.*

*NJDHSS Center for Health Statistics July 2006

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Goal: Decrease reported high blood pressure rates to NJ levels, thereby reducing morbidity and hence impacting mortality, over a 5 year period.

Impact Objective:

- Increase awareness of risk factors i.e hereditary traits and poor dental care, related to heart disease and stroke
- Increase physical activity of residents by 10%.
- Increase the regularity of health screenings of the affected population.
- Increase treatment adherence through availability of medication.

Suggested Activities:

- Educate people at risk for hypertension on the need to have regular blood pressure monitoring by a consistent medical service.
- Compile and publish a list of local recreational and/or physical activities to increase opportunities of activity.
- Develop and promote health education programs on the risk factors contributing to heart disease and stroke.
- Collaborate with area businesses, with 50 or more employees, to incorporate a healthy lifestyles program.
- Develop a cholesterol and nutrition program to our community and civic groups.
- Utilize media outlets to advertise health education programs.
- Develop a Social Marketing campaign related to lifestyle changes for improved cardiovascular health
- Organize a public health forum showcasing the prevention of heart disease, stroke, obesity, diabetes, and cardiovascular health.
- Promote available information referral services i.e. 211
- Promote preventive measures i.e. participation in regular health screenings, having a medical home, etc.
- Promote knowledge of alternate prescription assistance programs i.e. Rx4NJ, WalMart or Target affordable prescriptions, Rx Outreach.

Barriers:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Time constraints • Access to health facilities • Attitudes toward change • Lack of stable living environment • Lack of access to nutritious meals | <ul style="list-style-type: none"> • Lack of understanding and knowledge • Limited staff to provide programs • Ignorance • Language • Transportation • Lack of access to dental care |
|---|--|

Suggested Resources*:

- | | |
|---|--|
| <ul style="list-style-type: none"> • American Heart Association • Cumberland County Health Department | <ul style="list-style-type: none"> • Vineland Health Department • Municipal Recreation Departments |
|---|--|

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|--|--|
| <ul style="list-style-type: none">• Salem County Health Department• Memorial Hospital of Salem County• South Jersey Health System• Local United Ways• Salem Health & Wellness Foundation | <ul style="list-style-type: none">• FQHC's• Faith Based Organizations• Civic Organizations• 2-1-1 |
|--|--|

* This is not intended to be a comprehensive list of all resources available in Cumberland and Salem Counties.

Strategic Issue #4

Teen pregnancy

The Forces of Change Assessment identified Teen Pregnancy as a force impacting our communities. The assessment also resulted in possible threats linked to teen pregnancies such as lack of education, increased welfare benefits, higher STD rates, limited available and affordable daycare services, increased depression among teen parents, and limited focus of current programs. Knowledge of this information also creates opportunities for Cumberland and Salem agencies and residents to make a difference, focusing our efforts on the development of education programs and awareness initiatives.

In 2004 teen birth rates per 1000 women aged 10 to 19 was 18.0 for Salem County and 37.3 for Cumberland County which are higher compared to 11.7 in New Jersey.*

*data from Community Health Profile 2007

Of the 21 counties in NJ, Cumberland County ranks #1 for the highest percentage of total births to teens.*

*data from National Campaign to Prevent Teen Pregnancy

The 2004 Cumberland County teen birth rates per 1,000 women are 37.3 for 10-19 years old, 42.0 for 15-17 years old, 133.9 for 18-19 years old and 75.6 for 15-19 years old. The 2004 Salem County teen birth rates per 1,000 women are 18.0 for 10-19 years old, 14.8 for 15-17 years old, 75.0 for 18-19 years old, and 36.7 for 15-19 years old. Cumberland and Salem Counties teen birth rates are considerably higher than New Jersey in all age categories (Community Health Profile, 2007). Issues often associated with teen pregnancy and possibly contribute to low birth weight babies are poverty rates, low educational levels, lack of job opportunities, and substance abuse.

Late Prenatal Care is 4.6% for Salem County and 5.9% for Cumberland County which are higher compared to New Jersey at 3.5%.*

*data from Community Health Profile 2007

Percent of low birth weights was 10.3% for Salem County and 8.4% for Cumberland County, compared to New Jersey at 8.0%.*

*data from Community Health Profile 2007

In 2003, the number of infant deaths for Salem County was too small to calculate a reliable rate. The 2003 infant mortality rate for Cumberland County was 11.6 as compared to the New Jersey rate of 5.7 (Community Health Profile, 2007). The Community Themes and Strengths Survey results demonstrated that residents felt that teen pregnancy was in the top five most important health problems affecting the community. According to Singh and Darroch, the United States has much higher pregnancy and birth rates than other fully industrialized countries such as Canada, England, Japan and the Netherlands. Reasons for

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the lower rates of teenage childbearing in these countries include: providing mandatory, medically accurate sexuality education programs that provide comprehensive information and encourage teens to make responsible choices; access to contraception and other forms of reproductive health care.

Goal: Decrease teen birth rates to NJ levels over a 5 year period.	
Impact Objective:	
<ul style="list-style-type: none"> • Provide education programs that provide comprehensive information and encourage teens to make responsible choices • Increase awareness of available contraceptive methods • Increase out of school community activities • Increase parental involvement and communication about sex • Increase the awareness of birth control methods while decreasing STD's among teenagers • Increase awareness of STD's as a result of irresponsible behavior. 	
Suggested Activities:	
<ul style="list-style-type: none"> • Organize a collaborative task force to attack the issue of teen pregnancy. • Work with collaborative partners to provide community activities/games and workshops about different consequences for sex • Collaborate with area school governing entities to incorporate, improve or develop health education programs in schools with emphasis on teen pregnancy and birth control • Establish a mentoring program to include self esteem issues, homework, and body image • Advocacy activity that teaches responsibility of the entire family unit • Sponsor an annual community forum to address the issue of teen pregnancy 	
Barriers:	
<ul style="list-style-type: none"> • Parent participation • Motivation of youth • Access and availability of clinics • Lack of transportation • Cultural barriers • Media • Pop culture 	<ul style="list-style-type: none"> • Access to schools and students • Collaboration from community agencies • Behavior changes with morals and values • Cost of birth control • Sustainability of program funding • Lack of knowledge regarding government assistance • Religious restrictions on birth control
Suggested Resources*:	
<ul style="list-style-type: none"> • Cumberland County Health Department • Impact of SJHS • Human Resource Council • Area Schools • Board of Social Services • Health Start Program at Memorial Hospital • Salem City School Based Program 	<ul style="list-style-type: none"> • Robin's Nest • Housing Authorities • FQHC's • FamCare, Inc. • Tri-County Community Action Partnership • Vineland Health Department • SJ Perinatal Cooperative • Faith Based Organizations

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- Martin Luther King Outreach
- South Jersey AIDS Alliance
- Salem Health & Wellness Foundation
- Human Services
- Local United Ways

* This is not intended to be a comprehensive list of all resources available in Cumberland and Salem Counties.

Contributing Factors

Jobs and economic opportunities, poverty, and crime were also identified as high priorities but because the CPHP felt they did not have adequate human and other resources, these issues were not included into the scope of this CHIP. However, the CPHP decided to offer support to the agencies engaged in providing services related to these issues. Although these issues were not chosen to be the primary focus of the CHIP, they often directly or indirectly contribute to the top four identified issues.

The Inter-Agency Council-The Human Services Advisory Council of Salem County as well as the Human Services Advisory Council of Cumberland County were charged with the development of a Comprehensive Human Services Plan (CHSP). The CHSP encompasses all of the above mentioned issues. In the future the Community Public Health Partnership will collaborate with Human Services to avoid duplicative efforts.

The IAC-Human Services Advisory Council of Salem County developed a CHSP to be implemented in 2005-2007. In order to develop the plan, the council implemented needs assessment surveys, focus groups and reviewed other planning documents of the county. The Human Services Plan consisted of two levels of issues. Level one issues, which were immediate critical issues, are housing, information and referral services, and transportation. Level two issues that often cause level one issues, are health, jobs and substance abuse. Recommendations for improvement are also provided in detail for each of the above mentioned issues, as for example, identify and advocate for more affordable housing and other housing needs by utilizing various county agencies such as the Human Services Council, United Way, and HUD on an ongoing basis. Another recommendation involving job related issues was to assist in the implementation of the Department of Labor's "To Work" Plan by utilizing the Human Services Council, Department of Labor, County Office of Economic Development, and Salem Community College (Salem County Comprehensive Human Services Plan, 2004).

The Human Services Advisory Council of Cumberland County collaborated with the United Way of Greater Cumberland County in order to create the Cumberland County Comprehensive Human Services Plan. The assessment process conducted was designed to streamline efforts, consolidate resources, and broaden their impact. The primary goal was to identify strategic human services issues impacting Cumberland County residents. After carefully reviewing the collected data, the Planning Committee arrived at the following priorities: Transportation, Unemployment and related issues, Housing, Health, Substance abuse, and Crime prevention. These priorities, while impacting human services, do not fall under the scope of Human Services. This calls for strong outreach and coordinated efforts with other systems like labor, education, health, juvenile justice, and others. Recommendations for each priority area were also provided, for instance, the development of a transportation awareness program (Cumberland County Comprehensive Human Services Plan, 2004).

The Prosecutor's Office is present to protect the community against crime which directly impacts quality of life. The Prosecutor is responsible for the detection, investigation, arrest and conviction of criminals.

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**Cumberland had a 15% increase
and Salem County had a 4%
increase in violent crime rate
between 2004-2005, while New
Jersey had no change.***

***data from Community Health Profile 2007**

The Salem County Prosecutor Office (SCPO) reaches out and works closely with the local police departments and especially the New Jersey State Police, which have jurisdiction in numerous municipalities in the County. The mission of the SCPO is to use all reasonable and lawful diligence for the detection, arrest, indictment and conviction of offenders against the laws of the State of New Jersey. The Salem County Prosecutor, as the chief law enforcement officer of the County, provides leadership and supervision over the Chiefs of Police and Municipal Prosecutors. The Salem County Prosecutor is committed to fulfilling the above-mentioned responsibilities as well as strengthening law enforcement's relations with the public and improving the quality of life of the residents of Salem County.

**2005 crime rate in Salem County
was 27.2 per 1,000 compared to New
Jersey's rate of 26.9.***

***data from Community Health Profile 2007**

The SCPO has partnered with police and several local businesses in an effort to prevent unwanted guns from being stolen or lost and later used in a crime. Salem County residents may surrender unwanted firearms in exchange for gift certificates up to \$150 to Wal-Mart, Acme, or Bottino's IGA Food Market. Gun Surrender Events are held at various locations within Salem County and at various times throughout the year. Since the inception of the Community Partnership Unit, the Special Operations Division with the assistance of the Narcotics Division and the Violent Crimes Division has made a wide variety of presentations at schools throughout the County. These presentations have involved students from grades K through 12 in addition to teachers and school administrators. The following are some presentations SCPO offers:

- Prom tragedy
- Club drugs
- General Narcotic Presentation

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- Basic drug prevention
- School violence/conflict resolution

The mission of the Cumberland County Prosecutor's Office (CCPO) is to create and preserve an environment of safety and security for the citizens of Cumberland County and more specifically:

1. To protect the life and property of the citizens of Cumberland County by successfully investigating and prosecuting criminal offenses.
2. To promote education of the public about the criminal justice system, crime prevention and victim's rights.
3. To identify law enforcement needs, to create initiatives to meet those needs, and to promote cooperation with other law enforcement agencies in the county.
4. To form cooperative partnerships with other public officials, community leaders and businesses in an effort to improve the quality of life in Cumberland County.

**2005 crime rate in Cumberland
County was 48.5 per 1,000
compared to New Jersey's rate of
26.9.***

*data from Community Health Profile 2007

The CCPO offers education programs to the community on the following issues: Child Abuse, Internet Safety and your Child, Senior Citizen Crime Prevention, Children and Family Violence, Crime and Crime Victims. The CCPO's number one community education request is for education and awareness about gangs. Cumberland County also has a County Gang Prevention Working Group (GPWG), a group of county residents and local law enforcement working together to discuss and implement gang prevention and education strategies. A Youth Directory of agencies that provide services around the county and who wished to participate was developed by the GPWG.

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Section 6:
Next Steps

Various agencies from both Cumberland and Salem Counties have contributed time, energy and insight to this process through their participation in partnership meetings resulting into the completion of the four MAPP assessments and the creation of the Community Health Improvement Plan (CHIP).

The Cumberland and Salem Community Public Health Partnership (CPHP) has brought various agencies together offering knowledge and expertise on health issues affecting our area. The partnership offered the necessary assistance in the completion of the CHIP.

To achieve the goal and objectives and implement activities outlined in the CHIP, the collective efforts of CPHP to organize work groups and develop specific ways is crucial. Work groups will be formed for each identified issue. Each work group will include existing partners such as public health, hospitals, and community organizations. Efforts to recruit volunteers and community members will also be explored. In order to avoid duplicative health improvement efforts, the CPHP will work diligently to combine our formed work groups with an existing collaborative currently working on similar issues. This will increase human resource, support and productivity while decreasing duplication. Cumberland and Salem County Departments of Health will continue to guide this process to ensure sustainability.

This plan will act as a guide for Cumberland and Salem agencies and community members to implement, follow, and encourage overall health improvement. Hard work and dedication from the CPHP and community members will provide the enthusiasm needed to address and improve the strategic issues identified in the CHIP, therefore, improving the health and quality of life of our residents.

Section 7:
All Hazards Planning

The Health Departments for Salem and Cumberland Counties have prepared a Public Health Emergency Response Plan (PHERP) that has been adopted for both jurisdictions. This plan details the responses of the Health Department and its supporting agencies for all hazards including but not limited to epidemics, accidental or intentional chemical releases that threaten the public's health, and other natural or man-made public health emergencies.

Included in this plan are strategies and methodologies for handling all aspects, relating to the responsibilities within Salem and Cumberland County for Public Health, of local, regional, national, and international emergencies affecting public health. These include responses to influenza pandemics, outbreaks of communicable diseases, and biological, chemical, and radiological attacks and emergencies. The plan details methodologies for helping to prevent the spread of disease throughout the two counties using traditional and non-traditional public health interventions including isolation, quarantine, and mass prophylaxis.

Portions of the all hazards plan (PHERP) have been exercised since its adoption. Different portions of the plan are exercised at least annually, with changes and expansions made as necessary.

Additionally, the Salem and Cumberland Counties Health Departments have formed a unified Medical Reserve Corps. This is a group of both medical professionals and general public volunteers who wish to offer their assistance in the event of a public health emergency. The Medical Reserve Corps undergoes ongoing training and has become a national accredited corps.

This plan is considered classified as "For Official Use Only" and is not, therefore, considered a public document. This plan has been reviewed and approved by all appropriate officials and has been in effect since 2004.

Section 8:
Participating Organizations

**American Cancer Society
American Red Cross
Cumberland County Cancer Coalition
Cumberland County Health Department
Cumberland County Technical School
Human Services Advisory Council
Martin Luther King Academy
Mayors Wellness Campaign
Memorial Hospital of Salem County
Salem Community College**

**Salem County Cancer Coalition
Salem County Health Department
Salem Health & Wellness Foundation
Salem County Municipal Alliance
South Jersey AIDS Alliance
South Jersey Family Medical Center
South Jersey Health Care
The Southwest Council
United Way of Greater Salem County**

Section 9:
Acronyms

BRFSS – Behavioral Risk Factor Surveillance Study

CCPO – Cumberland County Prosecutor’s Office

CDC – Centers for Disease Control and Prevention

CHIP- Community Health Improvement Plan

CHP- Community Health Profile

CHSP – Comprehensive Human Services Plan

CPHP - Community Public Health Partnership

GPWG – Gang Prevention Work Group

IAC – Inter-Agency Council

LPHSA – Local Public Health Systems Assessment

MAPP- Mobilizing for Action through Planning and Partnerships

NACCHO – National Association for County and City Health Officials

NJ – New Jersey

NJAC – New Jersey Administrative Code

SCPO – Salem County Prosecutor’s Office

SJHS – South Jersey Health System

STD – Sexually Transmitted Disease

TASE – Tobacco Age of Sale Enforcement

Section 10:
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