

Focus Area: Health

Vision- Improving people's health

1. Targeted Issue: Information and awareness of health services

Target population (s): a) Households, b) Health service providers

Objective: 1) Connect households in need of health services with available programs

Basic needs/crisis Prevention/developm	Strategies	Resources	UWMC Invest	UWMC leverage	Timeframe
	Provide information & referral services <ul style="list-style-type: none"> 2-1-1 New Jersey 	Funding	\$40,000		On-going
	Increase awareness of 2-1-1 to connect people with available benefits <ul style="list-style-type: none"> Conduct media campaign 	Public education & awareness			Year 1
	Ensure all health providers information are included and up-to-date in 2-1-1 database	Collaboration			Year 1

Community	Strategies	Resources	UWMC Invest	UWMC leverage	Timeframe
	Support and advocate for state & federal funding & legislation to support 2-1-1	Advocacy			TBD
Collaborate/coordinate with MAPP Comprehensive Healthcare Despite the High Cost of Living in Monmouth County workgroup to implement initiatives as appropriate	Collaboration	TBD	TBD	Year 1	

2. Targeted Issue: Eligibility and access to health services

Target Population(s): a) un-/under-insured children & adults, b) lower-income households

Objective: 1) Overcoming barriers to ensure people receive timely, regular preventive & primary health care

	Strategies	Resources	UWMC Invest	UWMC leverage	Timeframe
Basic needs/crisis	Support preventative & primary healthcare that provide free/low-cost services to un-/under-insured persons, to ensure: <ul style="list-style-type: none"> Children receive immunizations Children & adults receive timely primary & preventative care Children & adults receive preventative & regular dental care (EDUCATION) 	Advocacy Funding RFP	TBD	TBD	Year 1 or 2
	Provide discount prescription cards for people without insurance <ul style="list-style-type: none"> Family Wise program (INCOME) 	Collaboration		\$149,301	On-going
	Address gaps and expand capacity in mental health programs and resources for identified un-/under- served target populations	Advocacy Funding	TBD	TBD	TBD

	Strategies	Resources	UWMC Invest	UWMC leverage	Timeframe
Prevention/deve	Ensure households apply for & receive health benefits for which they are eligible, i.e. Women, Infants and children nutrition program (WIC) Medicaid/Children's Health Insurance Program (CHIP) <ul style="list-style-type: none"> Identify & connect with coalition partners currently engaged in outreach efforts Incorporate health coverage outreach into existing initiatives & across impact areas Enlist corporate partners to reach eligible employees/households 	Collaboration Public education & awareness		TBD	Year 1 or 2

	Strategies	Resources	UWMC Invest	UWMC leverage	Timeframe
Community	Advocate for legislation to increase funding for and expand SCHIP	Advocacy			TBD
	Advocate for reauthorization of WIC and increased funding to ensure the needs of all those who are eligible for the program are able to participate	Advocacy			TBD
	Collaborate/coordinate with MAPP Barriers to Healthcare and Transportation Barriers workgroups to implement initiatives as appropriate	Collaboration	TBD	TBD	Year 1

3. Targeted Issue: High-risk behaviors

Target Populations: a) High risk target population(s)/community(s)-TBD
by consideration of Risk & Protective Factors & secondary data

Objective: 1) Improve the health and well-being of children and their families

Objective: 2) Reduce the likelihood of youth involvement with high-risk behaviors, including:

- Alcohol and drug use,
- Violence,
- Sexual activity,
- Tobacco use,
- Depression and attempted suicide,
- Antisocial behavior,
- School problems,
- Driving and alcohol, and
- Gambling

		Strategies	Resources	UWMC Invest	UWMC leverage	Timeframe
Prevention/development	Community	Increase the Developmental Assets ¹ - relationships, opportunities, and personal qualities -that young people need to avoid risks and to thrive by: (EDUCATION) <ul style="list-style-type: none"> • Supporting and implementing selective and indicated evidenced based programs • Engaging adults from all walks of life to develop sustained, strength-building relationships with children and adolescents, both within families and in neighborhoods • Mobilizing young people to use their asst builders and change agents • Activating all sectors of the community-such as schools, congregations, youth, business, human services and health-care organizations-to create an asset-building culture and to contribute fully to young people's healthy development • Invigorating, expanding and enhancing programs to become more asset rich and to be available to and accessed by all children and youth • Influencing decision makers and opinion leaders to leverage financial, media, and policy resources in support of this positive transformation of communities and society 	Advocacy Collaboration Funding RFP Public awareness & education Volunteers	TBD	TBD	Year 1
	C	Collaborate/coordinate with MAPP Tobacco, Drugs and Alcohol workgroup to implement initiatives as appropriate	Collaboration	TBD	TBD	Year 1

¹ Search Institute 40 Developmental Assets

Appendix 1 –Search Institutes 40 Developmental Assets

Internal Assets

Commitment to learning

- Motivation to mastery/achievement motivation
- Engagement in learning experiences/school engagement
- Home-program connection/homework
- Bonding to programs/school
- Early literacy/reading for pleasure

Positive values

- Caring
- Equality and social justice
- Integrity
- Honesty
- Responsibility
- Self-regulation

Social competencies

- Planning and decision making
- Interpersonal skills/competence
- Cultural awareness and sensitivity/competence
- Resistance skills
- Peaceful conflict resolution

Positive identity

- Personal power
- Self-esteem
- Sense of purpose
- Positive view of personal future

External Assets

Support

- Family support
- Positive family communication
- Other adult relationships
- Caring neighbors
- Caring climate in child care & education settings/school
- Parent involvement in child care & educational settings/school

Empowerment

- Community cherishes and values young children
- Children seen as resources
- Service to others
- Safety

Boundaries and expectations

- Family boundaries
- Boundaries in child care and educational settings/school
- Neighborhood boundaries
- Adult role models
- Positive peer relationships
- Positive expectations/high expectations

Constructive use of time

- Play & creative activities
- Out-of-home and community programs/child youth programs
- Religious community
- Time at home

Appendix 2-Risk & Protective Factors

1) Health and well-being of children & families; child abuse & neglect²

Protective Factors

- Nurturing and attachment, i.e. parent/child bonding, parental affection
- Knowledge of parenting and of child and youth development; i.e. provide respect, communication, listening, consistent rules & expectations
- Parental resilience; i.e. stress coping mechanisms
- Social connections; i.e. social network of emotional support-family, friends, neighbors
- Concrete supports for parents; i.e. meet basic needs and access to essential services

Risk Factors

- Parent or caregiver factors- Personality characteristics/mental health; History of abuse; exposure to abuse/violence; Substance abuse; Child rearing approaches, i.e. lack of understanding of appropriate developmental norms; Teen parents
- Family factors- Family structure; Domestic violence; Stressful life events
- Child factors- Birth to age 3; Disabilities
- Environmental factors- Poverty & unemployment; Social isolation and social support; Violence in communities

2) Substance use, violence, teen pregnancy and participation in antisocial behavior³

Protective Factors

- Peer & Individual Domain Protective Factor refer to youth's religiosity, social skills, belief in the moral order, interaction with prosocial peers; i.e. friends behavior/attitudes and prosocial involvement; i.e. volunteering, extracurricular activities
- Family Domain Protective Factor refer to family dynamics defined by family attachment, family opportunities for prosocial involvement and family rewards for prosocial involvement
- School Domain Protective Factor refers to students having opportunities in school for prosocial involvement and having school rewards for prosocial involvement
- Community Domain Protective Factor refers to neighborhoods where there are community rewards for prosocial involvement, i.e. neighborhood support and community opportunities for prosocial involvement, i.e. sports, clubs

Risk Factors

- Peer-Individual Domain Risk Factor refers to youths' attitudes about drug use and antisocial behavior, the age which they began using drugs and engaging in antisocial behavior, whether or not their friends use drugs or are delinquents, and if there are peer rewards for delinquent behavior.

² Child Welfare Information Gateway-the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services

³ Communities That Care, Hawkins and Catalano

- Family Domain Risk Factor refers to family dynamics defined by the following characteristics: little parental supervision, unclear behavioral expectations, and inconsistent rewards/punishments for behavior, parents are tolerant of children's antisocial behaviors or drug/alcohol use; and parents engage in criminal behavior or drug/alcohol abuse.
- School Domain Risk Factor refers to students achieving failing grades and having little commitment to school, as demonstrated by not liking school, seeing schoolwork as irrelevant, and skipping or cutting class.
- Community Domain Risk Factor refers to neighborhoods where residents feel little attachment to the community; where there is a high population density, physical deteriorations, and high crime rates; where children experience frequent residential moves; and where drugs and weapons are perceived to be readily available

3) Suicide⁴

Protective Factors

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent way of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

Risk Factors

- Family history of suicide
- Family history of child maltreatment
- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)
- Physical illness
- Easy access to lethal methods
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or to suicidal thoughts

⁴ National Center for Injury Prevention and Control, Division of Violence Prevention