



2019 Community Health Needs Assessment Summary Report

**Jersey Shore University Medical Center
Service Area**

Prepared for:
Jersey Shore University Medical Center



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2019-0270-02
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Introduction



About This Assessment

This Community Health Needs Assessment, building on past assessments conducted in 2006, 2013, and 2016, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Jersey Shore University Medical Center (also served by K. Hovnanian Children's Hospital). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment for Jersey Shore University Medical Center is part of a regional project conducted by Professional Research Consultants, Inc. (PRC) for Hackensack Meridian *Health* on behalf of its network hospitals. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey of various community stakeholders.

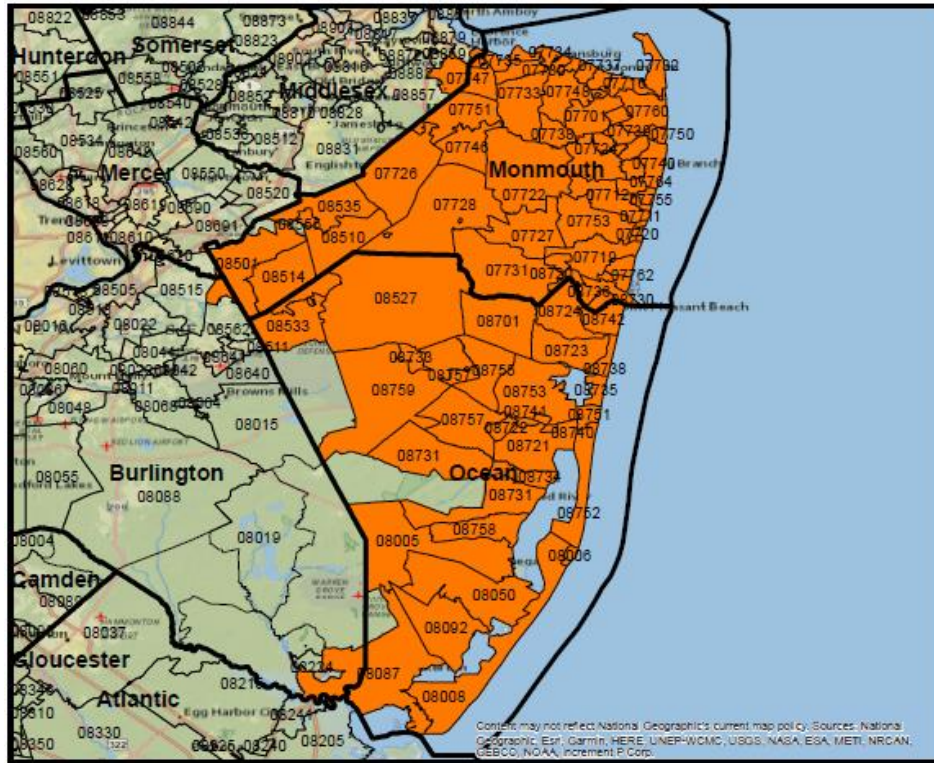
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Hackensack Meridian *Health* and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Jersey Shore University Medical Center Service Area" or the "JSUMC Service Area" in this report) is defined as each of the residential ZIP Codes comprising the primary service area of the medical center. This community definition, determined based on the ZIP Codes of residence of recent patients of Jersey Shore University Medical Center, is illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

The sample design used for this effort consisted of a random sample of 882 individuals age 18 and older in the JSUMC Service Area. Because this study is part of a larger effort involving multiple regions and hospital service areas, the surveys were distributed among various strata. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the JSUMC Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 882 respondents is $\pm 3.3\%$ at the 95 percent confidence level.

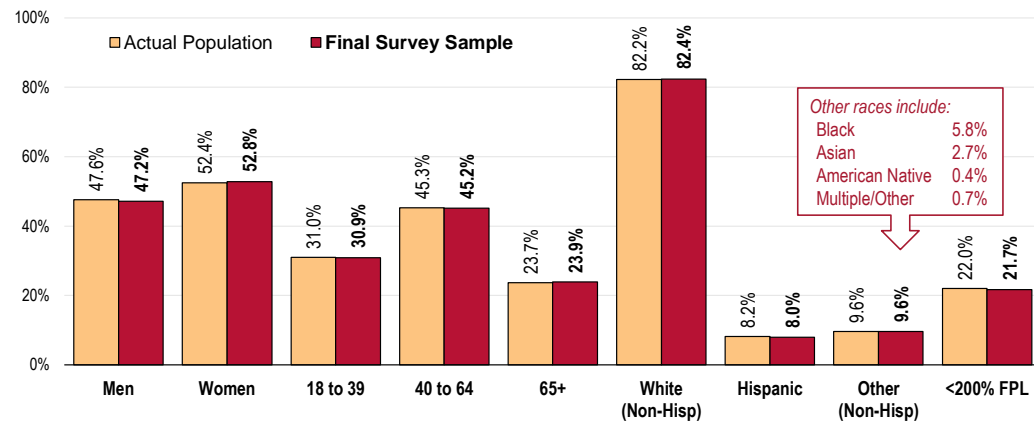
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this

random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of the JSUMC Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics (JSUMC Service Area, 2019)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2019 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

The poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2019 guidelines place the poverty threshold for a family of four at \$25,750 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level and earning up to twice (<200% of) the poverty threshold.

Further note that, in order to provide stronger samples and more meaningful data, race and ethnicity breakouts shown throughout this report are drawn from the broader Northern and Central New Jersey assessment findings.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Hackensack Meridian *Health*; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. Local stakeholders were asked to provide input about communities in Monmouth and Ocean counties; the input also included stakeholders who work more regionally or statewide. In all, 120 community stakeholders in the JSUMC Service Area took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation	
Key Informant Type	Number Participating
Physicians	14
Public Health Representatives	17
Other Health Providers	23
Social Services Providers	23
Other Community Leaders	43

Final participation included representatives of the organizations outlined below.

- American Cancer Society
- Bayshore Medical Center Community Advisory Committee
- Central Jersey Family Health Consortium
- CentraState Healthcare System
- Circus Own/Super Foodtown
- Coastal Volunteers in Medicine
- Community Affairs & Resource Center (CARC)
- Community Child Care Solutions (CCCS)
- Department of Maternal and Child Health
- Dr. Herbert N. Richardson School
- EZ Ride
- HabCore
- Horizon Blue Cross Blue Shield of NJ
- Jewish Renaissance Foundation
- Johnson & Johnson – Safe Kids
- LunchBreak
- Metuchen Library
- Metuchen Senior Center
- Middletown School District
- Monmouth County Office of Mental Health

- MONOC (Monmouth-Ocean Hospital Service Corporation)
- Mt. Carmel Nursing Service
- NAHN-NJ Chapter School Nurse Program – Rutgers
- Neighborhood Health Services Corporation
- New Jersey Blind Citizens Association
- Ocean-Monmouth Health Alliance (Cancer Coalition)
- Preferred Behavioral Health Group
- Georgian Court University
- Red Bank Law
- Riverview Medical Center
- Riverview Medical Center
- Community Advisory Committee
- Roosevelt Care Center
- Saint Peter's University Hospital and Robert Wood Johnson University Hospital
- Sayreville Senior Center
- Southern Regional School District
- Susan G. Komen Central and South Jersey
- United Way of Northern NJ
- VNA Health Group – Children & Family Health Institute
- VNA Health Group – WIC Perth Amboy
- Wellspring Center for Prevention

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the JSUMC Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- New Jersey Department of Health
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that the JSUMC Service Area secondary data reflect aggregated county-level data for Monmouth and Ocean counties in New Jersey.

Benchmark Data

Trending

A similar survey was administered in 2006, 2013, and 2016 by PRC on behalf of Jersey Shore University Medical Center. Trending data for Monmouth and Ocean counties, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Regional Data

Because this assessment was part of a broader, regional project conducted by Hackensack Meridian *Health* (HMH), a regional benchmark for survey indicators is available that represents all of the ZIP Codes in the primary service areas of HMH hospitals throughout Central and Northern New Jersey. Secondary data for the HMH Service Area are drawn from Essex, Hudson, Mercer, Middlesex, Monmouth, Ocean, Passaic, and Somerset counties.

New Jersey Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Jersey Shore University Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Jersey Shore University Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Jersey Shore University Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2018)	See Report Page
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>	5
Part V Section B Line 3b <i>Demographics of the community</i>	32
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	164
Part V Section B Line 3d <i>How data was obtained</i>	5
Part V Section B Line 3e <i>The significant health needs of the community</i>	14
Part V Section B Line 3f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	15
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>	5
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	174

Summary of Findings

Significant Health Needs: JSUMC Service Area

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	
Social Determinants of Health	<ul style="list-style-type: none"> • Housing Stability • Health Literacy • <i>Key Informants identified poverty and employment as having the greatest impact on community health.</i>
Access to Healthcare Services	<ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ◦ Inconvenient Office Hours • Routine Medical Care (Adults) • Use of the Emergency Room
Cancer	<ul style="list-style-type: none"> • Leading Cause of Death • Cancer Deaths <ul style="list-style-type: none"> ◦ Including Lung Cancer • Cancer Incidence <ul style="list-style-type: none"> ◦ Including Lung Cancer, Prostate Cancer • Prevalence of Cancer • Female Breast Cancer Screening [Age 50-74] • Cervical Cancer Screening [Age 21-65] • Prostate Cancer Screening [Men Age 40+] • Colorectal Cancer Screening [Age 50-75]
Diabetes	<ul style="list-style-type: none"> • Prevalence of Borderline/Pre-Diabetes • <i>Key Informants: Diabetes ranked as a top concern.</i>
Heart Disease & Stroke	<ul style="list-style-type: none"> • Leading Cause of Death • Blood Pressure Screening • High Blood Pressure Prevalence • High Blood Pressure Management • Blood Cholesterol Screening • <i>Key Informants: Heart disease and stroke ranked as a top concern.</i>

—continued on the following page—

Areas of Opportunity (continued)	
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths <ul style="list-style-type: none"> ◦ Including Motor Vehicle Crash Deaths • Domestic Violence Experience
Mental Health	<ul style="list-style-type: none"> • “Fair/Poor” Mental Health • Diagnosed Depression • Suicide Deaths • <i>Key Informants: Mental health ranked as a top concern.</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Fruit/Vegetable Consumption • Low Food Access • Overweight & Obesity [Adults] • Overweight & Obesity [Children] • Screen Time [Adults] • Children’s Physical Activity • <i>Key Informants: Nutrition, physical activity, and weight ranked as a top concern.</i>
Potentially Disabling Conditions	<ul style="list-style-type: none"> • Activity Limitations • Sciatica/Chronic Back Pain • 3+ Chronic Conditions • Alzheimer’s Disease Deaths
Respiratory Diseases	<ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths • Flu Vaccination [Age 65+] • Pneumonia Vaccination [Age 65+]
Septicemia	<ul style="list-style-type: none"> • Septicemia Death
Substance Abuse	<ul style="list-style-type: none"> • Unintentional Drug-Related Deaths • Illicit Drug Use • Personally Impacted by Substance Abuse (Self or Other’s) • <i>Key Informants: Substance abuse ranked as a top concern.</i>
Tobacco Use	<ul style="list-style-type: none"> • Environmental Tobacco Smoke in Households with Children • Use of Vaping Products

Community Feedback on Prioritization of Health Needs

On August 14, 2019, Jersey Shore University Medical Center took part in a regional, collaborative prioritization process with other Hackensack Meridian *Health* hospitals in the South Region. For this regional retreat, HMH convened a group of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues, based on findings of this Community Health Needs Assessment (CHNA).

Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above) for the region and individual hospital service areas. Following the data review, PRC answered any questions about the data findings.

Following the data presentation, representatives of John Snow, Inc. (JSI), polled the audience to identify the issues of greatest concern. Using a wireless audience response system, each participant was able to register her/his “top 3” health issues using a small remote keypad. The audience then discussed the voting results and, through consensus, grouped the results to arrive at the following priorities:

1. **Chronic & Complex Conditions**, including:
 - Heart Disease & Stroke
 - Diabetes
 - Cancer
 - Respiratory Disease
 - Potentially Disabling Conditions
 - Septicemia
2. **Behavioral Health**, including:
 - Mental Health
 - Substance Abuse
3. **Social Determinants of Health**, including:
 - Access to Care
 - Poverty
 - Employment
 - Housing
 - Health Literacy
4. **Wellness & Prevention (Risk Factors)**, including:
 - Nutrition, Physical Activity & Weight
 - Injury & Violence

Once the priority areas were chosen, attendees had the opportunity to take part in three sequential, moderated breakout groups to further discuss the chosen priority areas and identify key concerns and ideas for action. Members of the HMH team recorded the content of these discussions. Following the breakout groups, participants were thanked for their input and the meeting was concluded.

Hospital Implementation Strategy

Jersey Shore University Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the JSUMC Service Area, grouped by health topic.

Reading the Summary Tables

■ In the following tables, JSUMC Service Area results are shown in the larger, blue column.

Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

■ ■ The columns to the right of the JSUMC Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Symbols indicate whether the JSUMC Service Area compares favorably (☀️), unfavorably (🦋), or comparably (☁️) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

TREND SUMMARY

(Current vs. Baseline Data)

Survey Data Indicators:

Trends for survey-derived indicators represent significant changes since 2006 or the first year a question was asked. Note that survey data reflect the ZIP Code-defined JSUMC Service Area.

Other (Secondary) Data













Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).































Note that secondary data reflect aggregated county-level data (Monmouth and Ocean counties).

Social Determinants	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	2.9	7.5	6.4	4.4		
Population in Poverty (Percent)	9.2	12.2	10.7	14.6		
Children in Poverty (Percent)	14.3	17.7	15.3	20.3		
No High School Diploma (Age 25+, Percent)	8.0	11.9	10.8	12.7		
Unemployment Rate (Age 16+, Percent)	4.7	4.2	4.2	4.0	4.5	
% Worry/Stress Over Rent/Mortgage in Past Year	35.7	36.9		30.8		
% Low Health Literacy	23.3	30.3		23.3		
		better	similar	worse		

Overall Health	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	13.8	13.4	18.4	18.1	13.9	
		better	similar	worse		

Access to Health Services	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	7.1	7.1	13.1	13.7	0.0	8.8
% Difficulty Accessing Healthcare in Past Year (Composite)	41.1	41.6		43.2		36.3
% Difficulty Finding Physician in Past Year	13.6	13.9		13.4		10.9
% Difficulty Getting Appointment in Past Year	20.1	19.8		17.5		16.8
% Cost Prevented Physician Visit in Past Year	11.9	13.3		15.4		11.1
% Transportation Hindered Dr Visit in Past Year	6.5	9.5		8.3		6.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	18.5	20.2		12.5		17.1
% Culture/Lang Hindered Medical Care in Past Year	1.5	5.2				
% Cost Prevented Getting Prescription in Past Year	12.3	12.2		14.9		9.7
% Skipped Prescription Doses to Save Costs	11.6	13.9		15.3		11.2
% Difficulty Getting Child's Healthcare in Past Year	5.8	9.5		5.6		
Primary Care Doctors per 100,000	94.1	101.4	101.6	87.8		
% Have a Specific Source of Ongoing Care	75.8	72.7		74.1	95.0	78.8
% Have Had Routine Checkup in Past Year	71.6	70.0	76.1	68.3		66.8

Access to Health Services (continued)	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
% Child Has Had Checkup in Past Year	87.8	 78.7		 87.1		 92.0
% Two or More ER Visits in Past Year	9.3	 12.4		 9.3		 6.4
% Rate Local Healthcare "Fair/Poor"	9.6	 9.2		 16.2		 13.3
						
		better	similar	worse		

Cancer	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	153.6	 144.3	 148.4	 155.6	 161.4	 180.8
Lung Cancer (Age-Adjusted Death Rate)	38.1	 32.0	 33.4	 38.5	 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	16.5	 17.6	 17.3	 18.9	 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	20.6	 20.1	 20.7	 20.1	 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	14.0	 14.1	 14.0	 13.9	 14.5	
Female Breast Cancer Incidence Rate	137.3	 129.7	 133.4	 124.7		
Prostate Cancer Incidence Rate	135.0	 135.1	 134.7	 109.0		
Lung Cancer Incidence Rate	66.3	 55.4	 57.3	 60.2		











Cancer (continued)	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
Colorectal Cancer Incidence Rate	43.8	41.8	41.9	39.2		
% Cancer	10.5	7.6				
% [Women 50-74] Mammogram in Past 2 Years	74.9	74.0	80.7	77.0	81.1	78.9
% [Women 21-65] Pap Smear in Past 3 Years	71.4	72.6	82.1	73.5	93.0	91.1
% [Men 40+] PSA Test in Past 2 Years	67.0	57.5	50.0			81.9
% [Age 50-75] Colorectal Cancer Screening	70.8	72.4	65.1	76.4	70.5	
		better	similar	worse		



























Diabetes	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)	14.9	18.4	17.5	21.3	20.5	18.2
% Diabetes/High Blood Sugar	11.7	12.6	11.1	13.3		10.4
% Borderline/Pre-Diabetes	7.9	7.6	2.1	9.5		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	49.4	45.3		50.0		
		better	similar	worse		

Heart Disease & Stroke	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)	181.8	164.7	164.6	166.3	156.9	192.1
Stroke (Age-Adjusted Death Rate)	28.8	29.9	30.6	37.5	34.8	31.6
% Heart Disease (Heart Attack, Angina, Coronary Disease)	5.1	6.8		8.0		7.4
% Stroke	2.4	2.6	2.5	4.7		1.8
% Blood Pressure Checked in Past 2 Years	93.3	88.7		90.4	92.6	96.6
% Told Have High Blood Pressure (Ever)	40.1	33.6	33.0	37.0	26.9	31.2
% [HBP] Taking Action to Control High Blood Pressure	85.1	87.1		93.8		92.1
% Cholesterol Checked in Past 5 Years	85.1	84.8	91.1	85.1	82.1	89.2
% Told Have High Cholesterol (Ever)	36.3	35.8		36.2	13.5	35.0
% [HBC] Taking Action to Control High Blood Cholesterol	82.4	79.9		87.3		85.5
% 1+ Cardiovascular Risk Factor	86.0	83.8		87.2		89.7
		better	similar	worse		

Infant Health & Family Planning	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	20.5	26.3	24.9		22.1	
Low Birthweight Births (Percent)	6.7	8.1	8.0	8.2	7.8	6.9
Infant Death Rate	3.0	4.1	4.4	5.8	6.0	3.5
Births to Adolescents Age 15 to 19 (Percent)	1.8	3.2	3.0	5.4		3.9
		better	similar	worse		







































Injury & Violence	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	49.9	37.8	40.6	46.7	36.4	32.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	7.1	5.7	6.5	11.4	12.4	
[65+] Falls (Age-Adjusted Death Rate)	25.6	27.9	30.1	62.1	47.0	
% [Age 45+] Fell in the Past Year	21.3	22.6		31.6		
Firearm-Related Deaths (Age-Adjusted Death Rate)	3.7	5.6	5.4	11.6	9.3	
Homicide (Age-Adjusted Death Rate)	1.7	5.0	4.4	6.0	5.5	1.7
Violent Crime Rate	131.2	318.4	277.7	379.7		
% Victim of Violent Crime in Past 5 Years	2.3	4.7		3.7		1.2
% Victim of Domestic Violence (Ever)	14.9	14.6		14.2		2.0
















Kidney Disease	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	15.4	 14.2	 14.0	 13.2		 18.2
% Kidney Disease	2.7	 2.4	 2.8	 3.8		
		 better		 similar		 worse




























Mental Health	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	17.0	 16.6		 13.0		 8.3
% Diagnosed Depression	18.7	 16.8	 14.8	 21.6		
% Symptoms of Chronic Depression (2+ Years)	27.0	 27.4		 31.4		 23.5
% Typical Day Is "Extremely/Very" Stressful	14.8	 17.9		 13.4		 12.2
% 3+ Days/Month Mental Issues Limited Activities	14.2	 14.1				
Suicide (Age-Adjusted Death Rate)	9.0	 7.0	 7.9	 13.6	 10.2	 8.2
Mental Health Providers per 100,000	189.7	 171.9	 200.6	 202.8		
% Taking Rx/Receiving Mental Health Trtmt	15.1	 13.6		 13.9		
% Have Ever Sought Help for Mental Health	32.1	 28.4		 30.8		 20.9






























Mental Health (continued)	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
% [Those With Diagnosed Depression] Seeking Help	93.7	89.3		87.1		
% Ever Discussed Mental Health Issues with Doctor	27.6	26.7				
% Unable to Get Mental Health Svcs in Past Yr	4.2	7.5		6.8		
		better	similar	worse		








Nutrition, Physical Activity & Weight	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
% Food Insecure	24.8	32.3		27.9		
% 5+ Servings of Fruits/Vegetables per Day	31.3	27.1		33.5	38.6	
% "Very/Somewhat" Difficult to Buy Fresh Produce	18.2	20.0		22.1		
Population With Low Food Access (Percent)	38.3	22.3	23.7	22.4		
% No Leisure-Time Physical Activity	26.6	26.8	29.0	26.2	32.6	30.9
% Meeting Physical Activity Guidelines	25.2	22.0	21.9	22.8	20.1	
% 3+ Hours/Day Screen Time for Entertainment	59.2	51.8				
Recreation/Fitness Facilities per 100,000	17.5	14.2	15.7	11.0		

Nutrition, Physical Activity & Weight (continued)	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HMM	vs. NJ	vs. US	vs. HP2020	
% Healthy Weight (BMI 18.5-24.9)	27.0	 31.3	 36.1	 30.3	 33.9	 35.9
% Overweight (BMI 25+)	70.0	 65.9	 62.6	 67.8		 61.9
% Obese (BMI 30+)	34.7	 29.8	 27.3	 32.8	 30.5	 25.9
% Medical Advice on Weight in Past Year	25.6	 25.5		 24.2		 24.5
% [Overweights] Trying to Lose Weight	71.2	 67.6		 61.3		 62.0
% [Overweights] Counseled About Weight in Past Year	30.3	 30.2		 29.0		 33.4
% Children [Age 5-17] Healthy Weight	56.1	 49.0		 58.4		 74.2
% Children [Age 5-17] Overweight (85th Percentile)	35.1	 35.6		 33.0		 25.8
% Children [Age 5-17] Obese (95th Percentile)	19.6	 16.0		 20.4	 14.5	 12.1
% Child [Age 2-17] Physically Active 1+ Hours per Day	31.9	 29.1		 50.5		
		 better  similar  worse				

Oral Health	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
% Have Dental Insurance	76.1	 73.9		 59.9		 64.0
% [Age 18+] Dental Visit in Past Year	73.0	 68.4	 73.4	 59.7	 49.0	 73.3
% Child [Age 2-17] Dental Visit in Past Year	80.0	 74.9		 87.0	 49.0	 78.3
		 better  similar  worse				











Potentially Disabling Conditions	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
% Activity Limitations	22.7	 21.6	 17.2	 25.0		 19.1
% [50+] Arthritis/Rheumatism	29.5	 28.5		 38.3		 40.0
% [50+] Osteoporosis	8.5	 8.2		 9.4	 5.3	 14.9
% Sciatica/Chronic Back Pain	22.6	 18.8		 22.9		 22.8
% Eye Exam in Past 2 Years	64.8	 64.4		 55.3		 63.7
% 3+ Chronic Conditions	37.4	 32.4		 41.4		
% Any Child in HH w/Major Impairment or Health Problem	14.2	 12.7				
% [Child 2-17] Diagnosed With Autism	9.0	 6.8				
Alzheimer's Disease (Age-Adjusted Death Rate)	23.0	 19.2	 21.5	 30.2		 22.8
% Caregiver to a Friend/Family Member	19.7	 20.6		 20.8		




























Respiratory Diseases	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	33.0	 27.9	 28.7	 41.0	 35.6	
Pneumonia/Influenza (Age-Adjusted Death Rate)	9.4	 10.8	 11.6	 14.3	 10.5	
% [Adult] Currently Has Asthma	8.0	 9.2	 8.6	 11.8	 8.0	
% [Child 0-17] Currently Has Asthma	11.5	 9.0		 9.3		
% COPD (Lung Disease)	7.3	 7.6	 6.1	 8.6	 9.5	
% [Age 65+] Flu Vaccine in Past Year	64.0	 59.7	 63.4	 76.8	 70.0	
% [Age 65+] Pneumonia Vaccine Ever	74.9	 67.0	 71.6	 82.7	 90.0	
		 better	 similar	 worse		

Septicemia	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
Septicemia (Age-Adjusted Death Rate)	15.4	 18.8	 17.4	 10.8	 16.1	
		 better	 similar	 worse		

Sexual Health	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
Chlamydia Incidence Rate	232.6	406.4	385.3	497.3		
Gonorrhea Incidence Rate	43.2	97.5	91.1	145.8		
HIV/AIDS (Age-Adjusted Death Rate)	1.4	4.2	3.1	2.3	3.3	
HIV Prevalence Rate	233.2	583.8	473.7	362.3		
		better	similar	worse		

Substance Abuse	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	30.8	20.3	21.8	16.7	11.3	13.6
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	8.4	7.4	7.3	10.8	8.2	9.6
% Current Drinker	65.1	60.2	57.3	55.0		63.9
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	16.8	21.0	16.6	20.0	24.4	16.8
% Excessive Drinker	20.6	23.8		22.5	25.4	19.2
% Drinking & Driving in Past Month	2.1	1.6	2.4	5.2		1.1
% Illicit Drug Use in Past Month	5.1	3.1		2.5	7.1	1.6

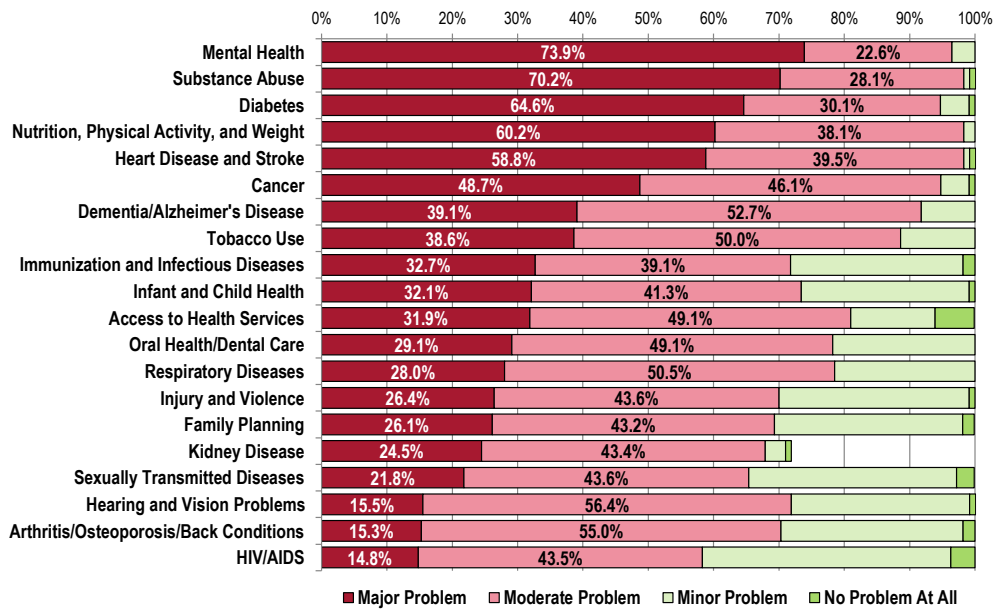
Substance Abuse (continued)	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
% Used Prescription Opiate in Past Year	13.3	 11.0				
% Ever Sought Help for Alcohol or Drug Problem	5.1	 3.1		 3.4		 3.1
% HH Member Ever Treated/Referred for Rx Addiction	9.0	 7.4				
% Personally Impacted by Substance Abuse	34.6	 30.0		 37.3		
						
		better	similar	worse		

Tobacco Use	JSUMC Service Area	JSUMC Service Area vs. Benchmarks				TREND (Monmouth/Ocean)
		vs. HHM	vs. NJ	vs. US	vs. HP2020	
% Current Smoker	12.7	 11.0	 13.7	 16.3	 12.0	 16.9
% Someone Smokes at Home	12.5	 11.2		 10.7		 15.3
% [Nonsmokers] Someone Smokes in the Home	5.1	 5.1		 4.0		 7.8
% [Household With Children] Someone Smokes in the Home	16.2	 9.2		 7.2		 12.4
% [Smokers] Have Quit Smoking 1+ Days in Past Year	63.0	 52.8		 34.7	 80.0	 54.2
% [Smokers] Received Advice to Quit Smoking	76.2	 69.3		 58.0		 64.7
Currently Use Vaping Products	6.5	 7.3	 4.4	 3.8		
						
		better	similar	worse		

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Data Charts & Key Informant Input

The following sections present data from multiple sources, including the random-sample PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.



Community Characteristics

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2013-2017)

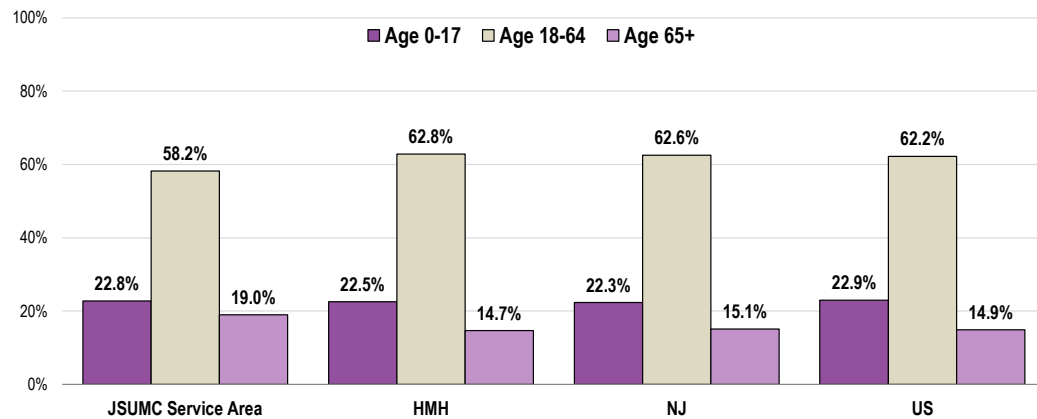
	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
JSUMC Service Area	1,217,250	1,097.22	1,109.39
HMH Service Area	4,751,936	2,290.98	2,074.19
New Jersey	8,960,161	7,355.14	1,218.22
United States	321,004,407	3,532,315.66	90.88

Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

Total Population by Age Groups, Percent
(2013-2017)

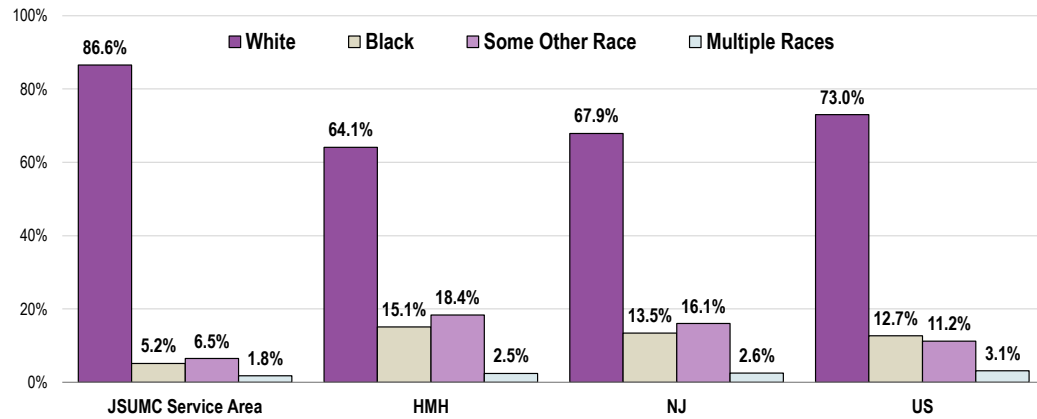


Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race.

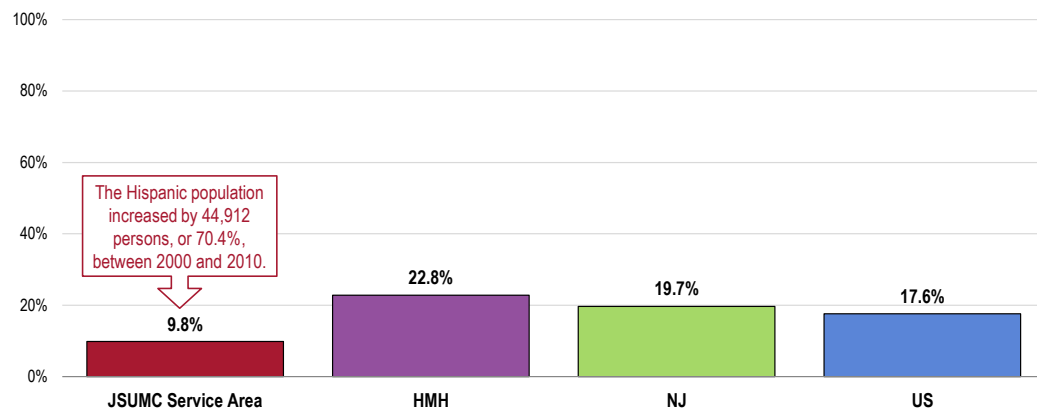
Total Population by Race Alone, Percent (2013-2017)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Hispanic Population (2013-2017)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

 Notes:

- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Social Determinants of Health

About Social Determinants

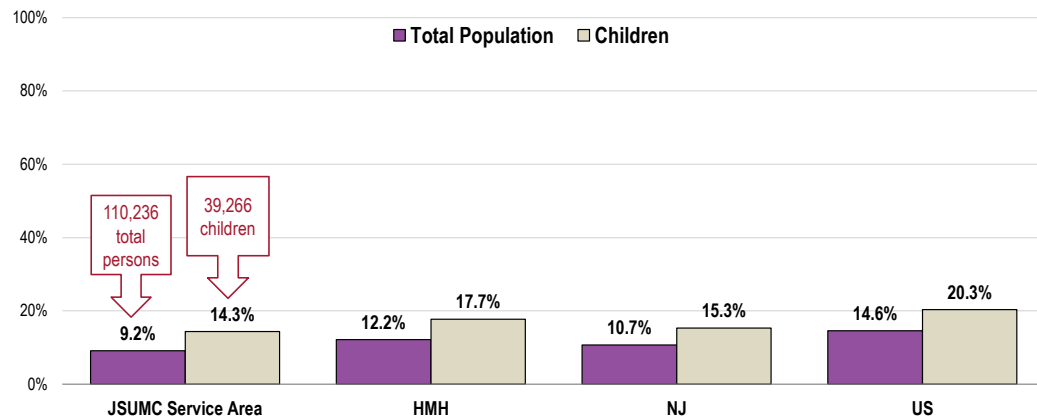
Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold, as well as below 200% of the federal poverty level, in comparison to state and national proportions.

Population in Poverty
(Populations Living Below the Poverty Level; 2013-2017)



Sources: • US Census Bureau American Community Survey 5-year estimates.

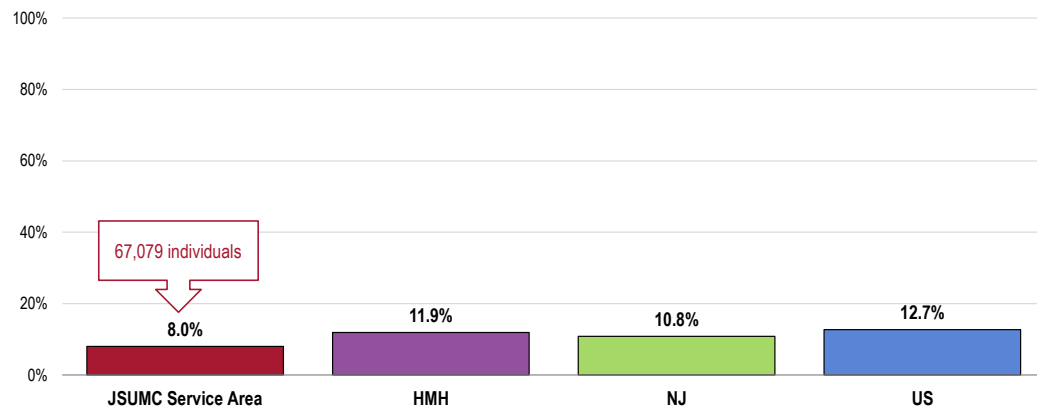
• Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Education

Education levels are reflected in the proportion of our population without a high school diploma:

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2013-2017)

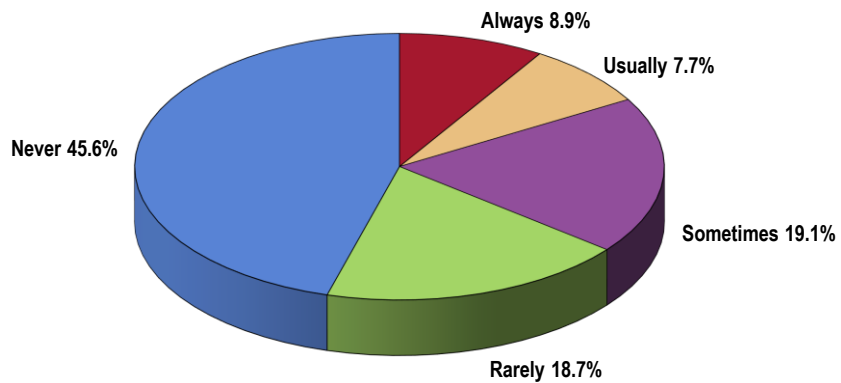


Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.

Housing Insecurity

“In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?”

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year
(JSUMC Service Area, 2019)



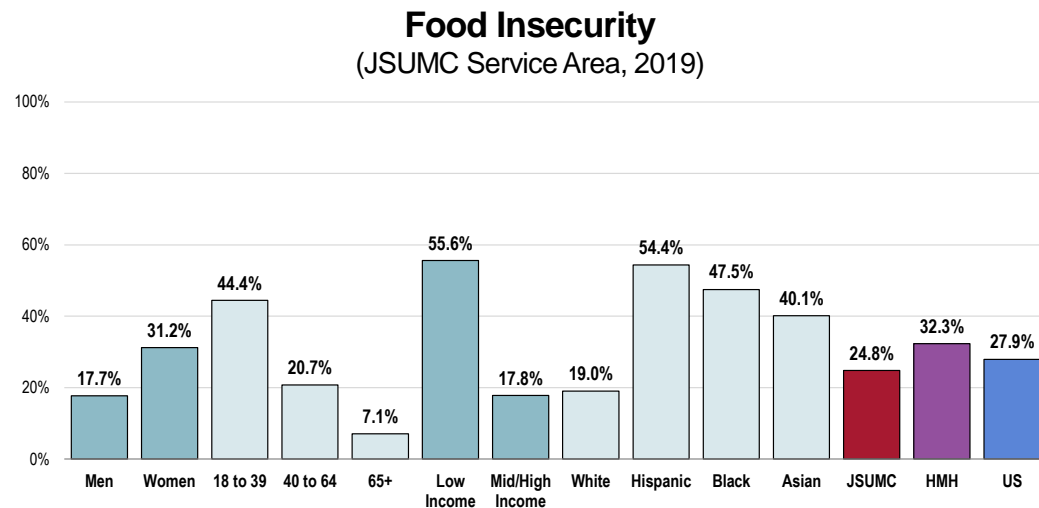
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 71]
 Notes: • Asked of all respondents.

Food Insecurity

“Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was ‘often true,’ ‘sometimes true,’ or ‘never true’ for you in the past 12 months.

- The first statement is: ‘I worried about whether our food would run out before we got money to buy more.’
- The next statement is: ‘The food that we bought just did not last, and we did not have money to get more.’”

Agreement with either or both of these statements (“often true” or “sometimes true”) defines food insecurity for respondents.



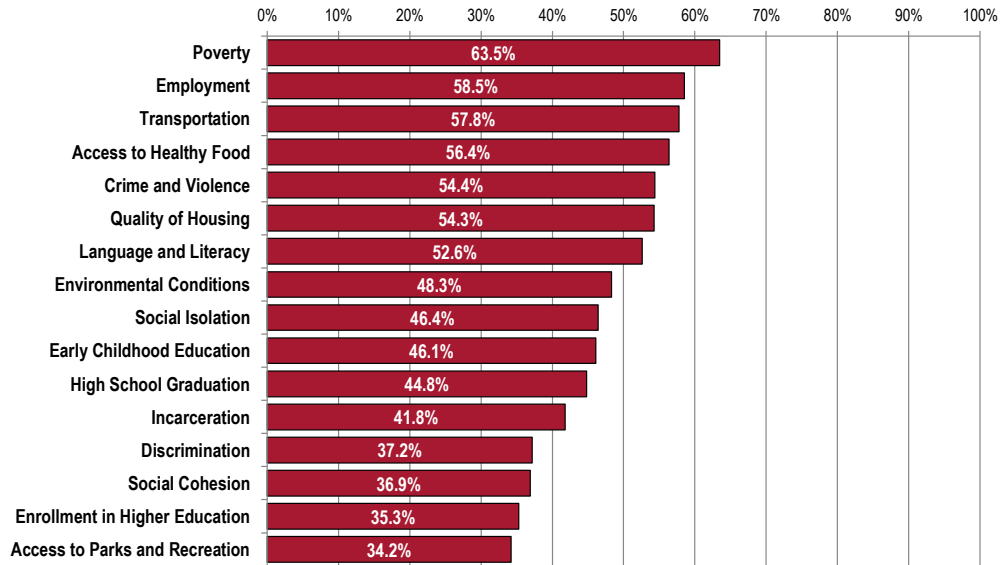
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 149]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Key Informant Input: Perceived Impact of Social Determinants of Health

As part of the Online Key Informant Survey, participants were presented with 15 factors (social determinants) and asked to rate each as to the degree of impact they perceive it to have on health in their community (“Major Impact,” “Moderate Impact,” “Minor Impact,” or “No Impact”).

The greatest shares of key informants taking part in an online survey characterized *poverty, employment, transportation, and access to healthy foods* as having “major impact” on community health.

Key Informants: Perceived “Major Impact” Evaluations of Social Determinants on Community Health



Asked how hospitals can address social determinants, key informants participating in an online survey mentioned the following:

Health Awareness/Education

Educate. – Other Health Provider (Northern and Central New Jersey)

Produce information campaigns to educate the public. Offer seminars on specific topics, such as healthy eating, etc. – Community/Business Leader (Northern and Central New Jersey)

Monthly magazine that presents professional articles about the individual items. Like the hospital health magazine. – Community/Business Leader (Monmouth and Ocean Counties)

Provide information to the community. Support organizations in the community that promotes Health, Education and economic development. The hospital did have an organization in the community, entitled "Partners in Health" which has been inactive since the hospital was merged with Hackensack. This organization was instrumental in promoting the hospital in the community. – Community/Business Leader (Monmouth and Ocean Counties)

Educate the public on benefits of healthy eating and exercise. – Public Health Representative (Monmouth and Ocean Counties)

Take time to explain items discussed. Try to ensure person understands language used and instructions. – Social Services Provider (Northern and Central New Jersey)

In any case.... hospitals could actively teach and promote healthy lifestyles and work with insurance companies to get this covered. I think screenings are good and one thing, but healthy cooking, yoga, mindfulness, acupuncture, etc., would all be great. – Community/Business Leader (Monmouth County)

Educate public and employees. – Physician (Monmouth and Ocean Counties)

Educational presentations, access to affordable health care, quality care by physicians and social services, knowledge of and linkage to appropriate agencies. – Social Services Provider (Ocean County)

Education programs. – Public Health Representative (Northern and Central New Jersey)

Provide resources that address not only health issues but other social determinants of health, cultural and linguistically proficient staff training. – Public Health Representative (Northern and Central New Jersey)

Continue to get the word out to schools, on social media, and churches, the services and information available to them to provide better health information for them and their children. – Social Services Provider (Ocean County)

Hospitals could become the social community center for addressing needs; the hospital tends to be a major hub of community activity; perhaps to advertise a hospital as being not only a center for illness, rather a center of health education as well. Holding open forums for community residents in a community room within the hospital could place the mindset on health – Community/Business Leader (Northern and Central New Jersey)

Education about breast feeding, healthy eating habits, increase awareness about ill effects of sugary drinks, fast food, encourage fresh fruits and vegetables rather than fruit snacks, etc. – Physician (Monmouth and Ocean Counties)

Become more involved such as more open presentations during more convenient hours for people to attend. Utilize the churches, do community outreach and education. – Other Health Provider (Northern and Central New Jersey)

Offer educational opportunities. – Social Services Provider (Ocean County)

Because health outcomes are deeply influenced by social factors outside of health care, lack of education around health issues and the awareness of local resources/programs to address them has profoundly impacted the health of our community. Lack of education and awareness of community resources continues to be a leading reason for delays at various stages of care, which can ultimately contribute to poorer health outcomes. – Community/Business Leader (Northern and Central New Jersey)

Wellness and educational programs regarding diet, lifestyle, fitness, well exams and screenings. – Physician (Monmouth and Ocean Counties)

Offer more community based educational seminars/lectures. Be more of a presence in the community outreach. – Community/Business Leader (Northern and Central New Jersey)

Education programs that are advertised in the public so less fortunate are aware of the programs and help. Also how to get help at the hospital. I see folks with no insurance and are minorities that get free help, but if you are without ins and have worked and lost a job, too bad. – Community/Business Leader (Monmouth and Ocean Counties)

Educational programs/outreach. – Community/Business Leader (Ocean County)

Provide appropriate education at local venues to afford access. – Public Health Representative (Northern and Central New Jersey)

Provide more community education. Provide free nutritional counseling in the community. Provide food when patients leave the Emergency Room. – Other Health Provider (Northern and Central New Jersey)

Better health education. – Community/Business Leader (Monmouth County)

Train and educate our community in areas where it is needed the most. Use local meeting areas or community schools to hold activities, hands-on and teach in their language, at their level of education. – Community/Business Leader (Northern and Central New Jersey)

Provide education for those in need. – Social Services Provider (Monmouth and Ocean Counties)

Health education and community outreach, mostly mental health services. – Physician (Ocean County)

Community Outreach

Treat individuals as a whole being by combining health services with mental health services. Provide health education to local residents. – Social Services Provider (Northern and Central New Jersey)

Look at the whole person and what is going on in their lives. – Community/Business Leader (Northern and Central New Jersey)

Have more outreach, educational lectures at schools of HS and elementary level about basic health issues. – Physician (Monmouth and Ocean Counties)

More programs for healthy food, access to medication, transportation and more housing assistance. – Other Health Provider (Monmouth and Ocean Counties)

Actively engage with community, providing workshops in the neighborhood as distinct from workshops offered at the hospital. Support development of affordable housing in local area and training in healthy lifestyles. – Social Services Provider (Monmouth and Ocean Counties)

Access to care is a huge issue. Hospitals should continue doing outreach to the underserved communities as well as health screenings for people who are underinsured and don't qualify for Charity care or NJ CEED funds but can't afford their co-pays and therefore go without care. – Community/Business Leader (Northern and Central New Jersey)

Through getting to know the patients on a socioeconomic level. – Social Services Provider (Monmouth and Ocean Counties)

Provide information and training to entry level jobs to those that may not have the capacity to find the jobs easily. – Other Health Provider (Monmouth and Ocean Counties)

Work with community outreach programs – Other Health Provider (Northern and Central New Jersey)

Hospitals could provide services or community outreach initiatives that would help serve and inform families and community members about preventative care and the importance of well-being. I believe that many of the families in the communities I work with encounter a variety of barriers that prevent them the opportunity to get the proper care. In order to address these hospitals should provide quality services in which community initiatives and services are provided in conjunction with partnerships with well-established community organizations. Hospitals should be able to become well immersed within communities so that families are aware of services and aware of the importance of care. Additionally, community presentations that address these factors could help assist and establish rapport within the community. – Public Health Representative (Northern and Central New Jersey)

Outreach to community. Better home care are more local clinics. – Physician (Monmouth County)

Outreach programs, transportation. – Social Services Provider (Northern and Central New Jersey)

Free and equal health care because it's a right and not a privilege, more education about resources available in the community and work with non-profits that have access to the people, educating doctors about local resources and nonprofits in the area so they can direct patients to access other needs.

Work with food manufacturers to limit salt, sugar and substitute products, work with farmers to see how to get produce to locations that have pockets of poverty, produce is very expensive and low-income individuals and families cannot afford it. Work with groceries to provide more healthy options and less shelf space for junk food, give incentives to people such as coins to wash your clothes at a local laundry for taking a HIV or Mammography or blood pressure screening. We have found that a big expense for people in poverty is having the money to wash their clothes at a laundromat. – Social Services Provider (Northern and Central New Jersey)

Reach the public more in poorer communities. Have small clinic settings in needier areas teaching, feeding and helping those in need. Provide jobs with good salaries and health care. Coordinate with churches and shelters to give information and help have a strong outreach program – Community/Business Leader (Ocean County)

When considering New Jersey as a whole, these social determinants, listed in the survey, do not seem to have a major impact on the health of NJ residents. However, there are groups of individuals residing in pockets of poverty and rural communities that are majorly impacted and challenged by these social determinants, which hospital systems can better address. Creating targeted programs to reduce the barriers that these conditions create for populations in need will be beneficial. – Community/Business Leader (Northern and Central New Jersey)

Social outreach and education seminars that are catered to the vulnerable populations. Targeted weekly social events like church gatherings to educate the populace would improve the current situation. – Physician (Monmouth and Ocean Counties)

Community Partnerships

Partner with various organizations to see if any of the needs could be addressed. Become more politically active to change laws and policies for funding to assist the needs. Seek grants that could possibly assist and partner to address issues. Have focus groups with key stakeholders about available services in the area that people may not even know about. In terms of the partnership, work with schools, faith-based organizations and others by bringing services to those locations. A major thing would be to have all hospital/nursing home employees educated about population health and social determinants so they can understand how their role ties in and what the importance is for the overall healthcare system (people get into positions and cannot see beyond it as hospitals are for reactive acute care generally, and to understand the preventative care and need to move out into communities is not well understood.) – Community/Business Leader (Monmouth and Ocean Counties)

Looking at Central Jersey overall the community is fine. Hospitals target areas using the social vulnerability index from CDC. Continue community partnerships. Target outreach to decrease health disparities, increase screenings for the underinsured, uninsured – Social Services Provider (Northern and Central New Jersey)

I think the hospitals need to be more proactive in community engagement and environmental change initiatives in the community. By and large, most of the community remains in denial about many of the social determinants of health. One good place to begin would be to ask questions about social determinants as part of a patient's health record. – Social Services Provider (Ocean County)

Be more active participants with local community-based organizations (CBO). Plan and deliver more programs in collaboration with CBO. – Public Health Representative (Northern and Central New Jersey)

Focus more on overall health of the community, such as engaging the community by going out to the community and partnering with organizations such as schools, restaurants, sports, etc... to increase children's awareness and understanding of healthy behaviors – cancer screening, nutrition, mental health, drug addiction, etc. – Social Services Provider (Northern and Central New Jersey)

Collaboration

Support programs that would address these issues. – Other Health Provider (Northern and Central New Jersey)

Make more connections out in the community. Connect with advocate groups that are already out there doing good & collaborate with them. Join to provide more opportunities for healthy eating, employment, exercise in local parks & activities to reduce senior social isolation. Mentor the young to keep them on the right roads. We can re-invest in the health screenings that Community Outreach does- so many cuts have been made there. Angioscreens and Health screens bring people into the system. Their diagnostic procedures will more than pay for the cost of the staff doing the screening- let alone any interventions the patient has. We can't wait for our community to come to us- we need to do more to get "us" out in the community. Provide structured volunteer opportunities for our staff utilizing talents where our employees shine to bring assistance & mentorship to our community. Summer mentorship opportunities to high school and early college students; we need help, they need experience, mentorship, and sometimes a meal. – Other Health Provider (Monmouth and Ocean Counties)

Active engagement with local organizations that are already addressing these aspects of health. – Social Services Provider (Monmouth and Ocean Counties)

Collaborate with local government, public health agencies, non-profits and community organizations to identify and implement activities addressing the social determinants. – Community/Business Leader (Monmouth and Ocean Counties)

Continue linkages with the community and public health departments to address the social determinants of health. Also, continuing their important work on community health assessments and community health improvement plans. – Public Health Representative (Monmouth and Ocean Counties)

Become centers of community health along with centers of health emergencies and crisis. No reimbursement, or very little, but partnerships with local non-profits would benefit the community. – Social Services Provider (Northern and Central New Jersey)

I think hospitals should be a part of local Coalitions within their communities. Grass-root Coalitions allow for the community voice to be heard when it comes to planning for physical activities, access to health care, transportation gaps, insurance concerns, and environmental hazards present in the community. I also believe hospitals need to be more proactive when it comes to prevention interventions for all ages. – Other Health Provider (Northern and Central New Jersey)

Participate in more collaborations with local faith-based communities, and local community organizations. Many people turn to their houses of worship for aid and many are afraid to ask for help. Preventive care should be promoted more. – Public Health Representative (Northern and Central New Jersey)

Join forces with local nonprofits who are working on these specific issues many times in isolation. – Other Health Provider (Northern and Central New Jersey)

Continue to work closely with public health departments. Improve discharge planning for patients and ensure patients have appropriate medication and follow up care prior to discharge. – Public Health Representative (Monmouth and Ocean Counties)

Partner with local governments and community organizations in providing mutually beneficial housing, employment and various health-oriented education. – Community/Business Leader (Monmouth and Ocean Counties)

Community Programs

Hospitals can inquire about the living conditions of their patients, their access to fresh food, nutrition education that is culturally sensitive and relevant and provide referrals to community partners that can help address the issues raised. – Other Health Provider (Northern and Central New Jersey)

Community Based preventive screenings and health services such as vaccinations, wellness evaluation, physicals and labs. Bringing health services to the community. – Other Health Provider (Northern and Central New Jersey)

Be more present in the communities. – Other Health Provider (Monmouth and Ocean Counties)

Offer community-based programs that would address some of these determinants and focus on prevention factors. – Public Health Representative (Northern and Central New Jersey)

Begin programs like Walk With A Doc and ParkRx America to get people to do more outdoor exercise in nature. – Community/Business Leader (Northern and Central New Jersey)

Continue to offer programs at various centers and the hospital to help inform the community. – Community/Business Leader (Ocean County)

More seminars about health, diet, exercise and programs advising everyone where these facilities are available. – Community/Business Leader (Monmouth and Ocean Counties)

More health programs at night. – Community/Business Leader (Ocean County)

More community-based initiatives. – Physician (Monmouth and Ocean Counties)

Go into communities, be visible. Create opportunity for gatherings such as educational, social, pertinent to enhancing communities in NJ. – Community/Business Leader (Northern and Central New Jersey)

Community programs. – Public Health Representative (Northern and Central New Jersey)

Prevention

Begin by addressing issues before patients come into the hospital. Actively participate and invest into the communities they are serving. – Other Health Provider (Northern and Central New Jersey)

There needs to be competent nonjudgmental health care for persons who are in the LGBT community. These individuals do not receive the same level of care secondary to discrimination and lack of places to go for services, the end result, they fall out of the health care system. – Other Health Provider (Monmouth and Ocean Counties)

Access to Care/Services

Quality of food provided during hospital stay; insurance/health care costs, health education, transportation to and from hospital for the elderly. – Community/Business Leader (Ocean County)

Disparity and access to medical treatment. – Social Services Provider (Monmouth and Ocean Counties)

The Behavioral Health Department at Ocean Medical Center ER is a good place to start. As a provider of mental healthcare in Ocean County, this department does not adequately serve those in need. The providers in the Behavioral Health Department do not seek the best care for a patient and do not support the families of the patient. Rather than being a resource for mental health care, I feel this department is a deterrent to helping people in need of assistance. – Community/Business Leader (Ocean County)

I believe hospitals should ensure patients get the best care, offer healthy foods, provide security for patients and visitors alike, and provide referral services for those in need for those areas discussed. – Community/Business Leader (Ocean County)

Easier access to charity care; support of free health clinics; support of transportation. – Social Services Provider (Northern and Central New Jersey)

Bring services more into communities through satellite locations. Increase focus on mental as well as physical wellness, as well as prevention services. – Other Health Provider (Northern and Central New Jersey)

Be more accessible with affordable care, transportation and making patients feel safe and comfortable. – Public Health Representative (Northern and Central New Jersey)

Access to Transportation

Increase transportation options for individuals without access. – Other Health Provider (Monmouth and Ocean Counties)

Offer transportation and better food in the hospital and publicize your mental health therapy. – Community/Business Leader (Monmouth and Ocean Counties)

Transportation around Ocean County is a deterrent to healthcare access as is the age and often resultant isolation in the community. – Other Health Provider (Ocean County)

Provide transportation to health facilities for people who cannot otherwise get there. Initiate a physical exercise group in the community. – Social Services Provider (Northern and Central New Jersey)

Public transportation is poor. Bike lanes are not available in most places. There are local fresh food stands missing from local communities. They are not available by walking or biking. The housing costs in Monmouth county are not affordable for many people. Teens need to be put to work in summer jobs and in community volunteer programs. Affordable day care is not available outside of the Abbott towns of Neptune, Asbury, Long Branch and Red Bank. These Abbott preschools work and should be available to other towns on a sliding fee schedule. – Physician (Monmouth and Ocean Counties)

Cultural Awareness

Providing centers within the city to provide preventative care and acute care services using members of the community as staff that speak the language and understands and respects the culture. – Social Services Provider (Northern and Central New Jersey)

Improve accessibility to cultural relevant services and support. Create a nurturing and caring environment for the minority and elderly population. – Social Services Provider (Monmouth and Ocean Counties)

Perhaps, address health disparities on a cultural level. Using members of a community to partner with, to act as liaisons, to obtain participation among; thus educating. – Community/Business Leader (Monmouth and Ocean Counties)

Housing

Many of these issues are related to affordability of housing and basic infrastructures of transportation. Offering more community based low cost services may help. – Social Services Provider (Northern and Central New Jersey)

Partner with housing organizations to have a continuum of varying housing settings with different levels of supervision and support. – Social Services Provider (Northern and Central New Jersey)

Housing/poverty, these are factors that carry a great weight to them because without proper housing or income, health will not be a top priority for someone suffering from those risk factors. – Other Health Provider (Northern and Central New Jersey)

Substandard housing. Affects aging population as well as families living in unsafe and unhealthy indoor environments. – Social Services Provider (Monmouth and Ocean Counties)

Discharge Planning

Improved discharge planning. Collaboration with local ADRC on services and supports to help sustain patients in the community once discharged. For example, linking clients to the ADRC for MOW, food shopping, transportation, Medicare assistance, Utility Assistance or Homecare programs. And then, follow up post discharge to ensure those linkages. – Social Services Provider (Northern and Central New Jersey)

Have patient navigators that, upon discharge, assist people in navigating bureaucracy, funding pathways to housing, access to food along with a sustainable continuing health plan with an eye on compliance to the plan. – Public Health Representative (Northern and Central New Jersey)

Programs for Healthy Eating

Support healthy eating for patients, do preventive nutrition health education with patients, help fund healthy restaurants and corner stores, provide healthy snacks in hospital cafeterias and vending machines, provide health benefits for staff, hire more people from underserved communities, support public transportation and transport for patients to get care, – Public Health Representative (Northern and Central New Jersey)

Mobile Outreach

Mobile outreach to communities, schools, retailers. – Community/Business Leader (Northern and Central New Jersey)

Mobile health van for areas where people lack reliable transportation. More school-based health services for children. More substance abuse treatment centers. – Physician (Monmouth and Ocean Counties)

Environmental Contributors

Promote clean, renewable energy to help with air quality to reduce asthma. Help improve transportation to healthcare. – Physician (Ocean County)

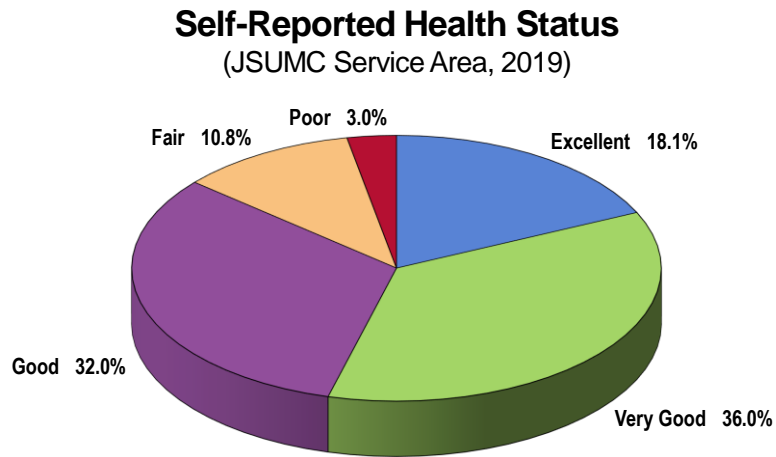
General Health Status

Overall Health Status

Self-Reported Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

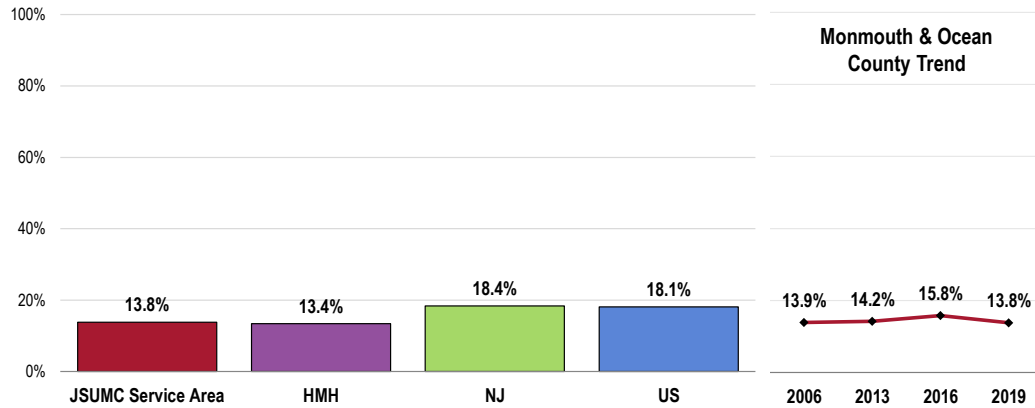
“Would you say that in general your health is: excellent, very good, good, fair, or poor?”



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

The following charts further detail “fair/poor” overall health responses in the JSUMC Service Area in comparison to benchmark data, as well as by basic demographic characteristics (namely by sex, age groupings, income [based on poverty status], and race/ethnicity).

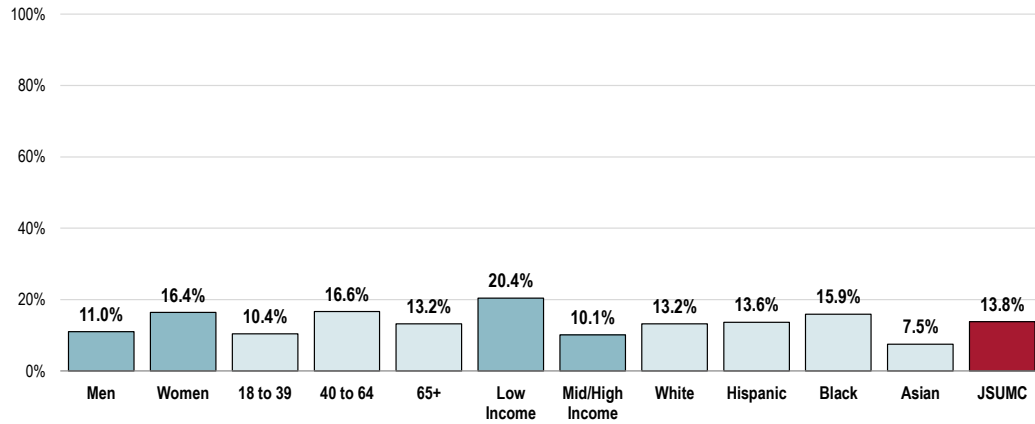
Experience “Fair” or “Poor” Overall Health



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Overall Health (JSUMC Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

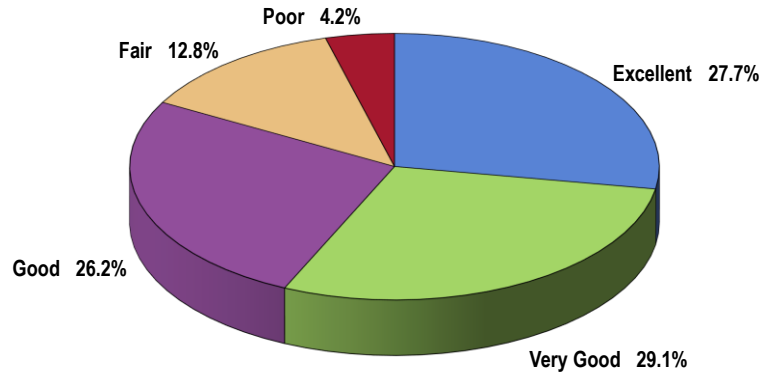
- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 (www.healthypeople.gov)

Self-Reported Mental Health Status

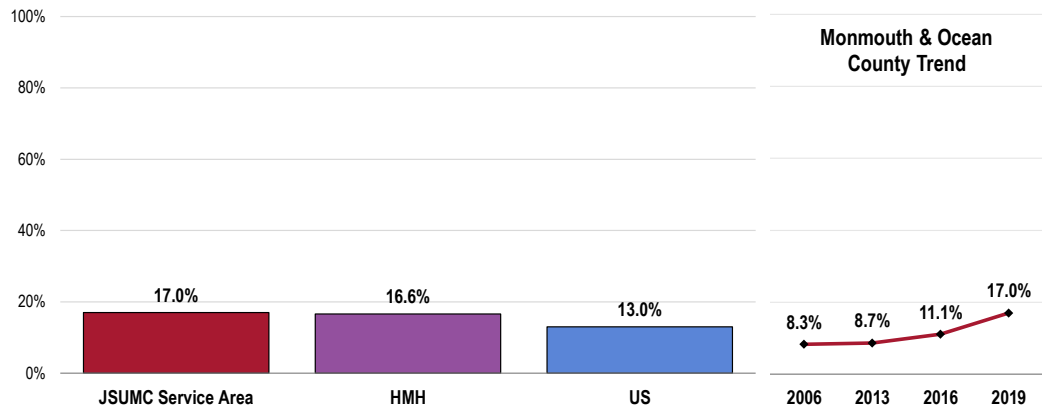
“Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?”

Self-Reported Mental Health Status (JSUMC Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
 Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Mental Health

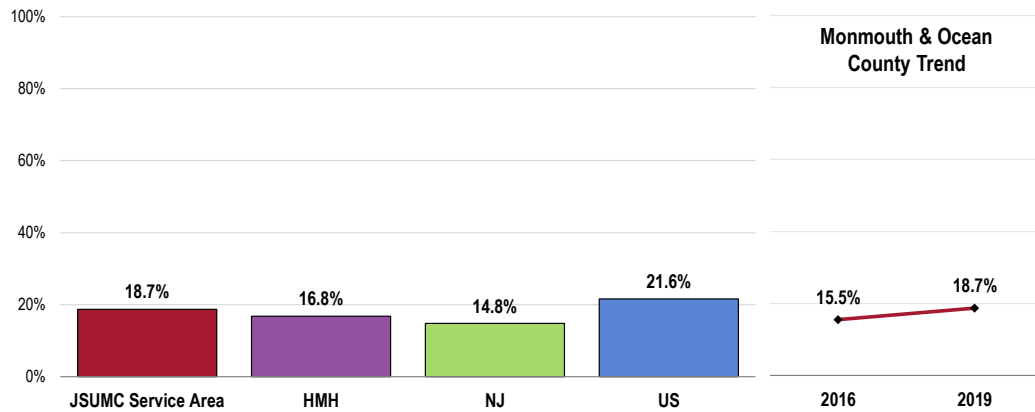


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Depression

Diagnosed Depression: “Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

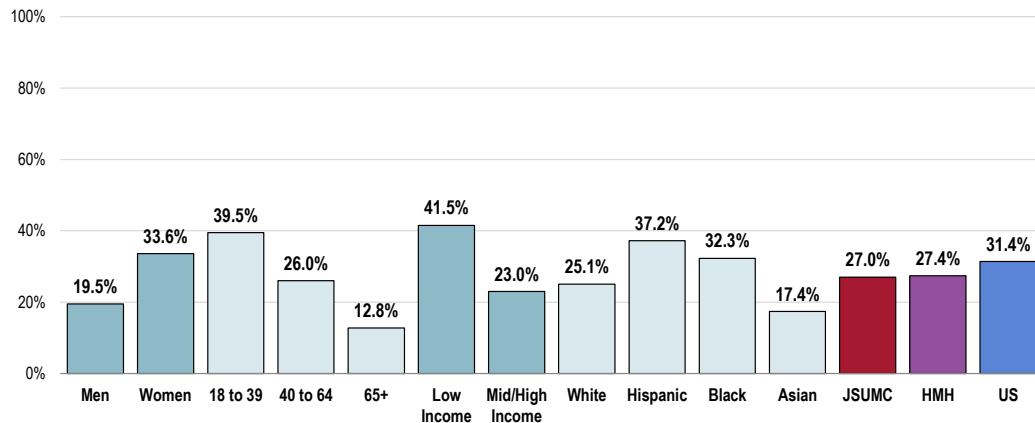
Have Been Diagnosed With a Depressive Disorder



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 102]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 New Jersey data.
 - 2017 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression: “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

Have Experienced Symptoms of Chronic Depression (JSUMC Service Area, 2019)

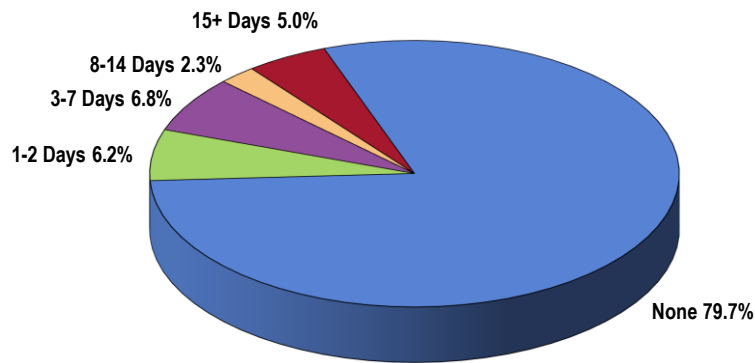


- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]
- Notes:
- Asked of all respondents.
 - Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Limitations Due to Mental or Emotional Health

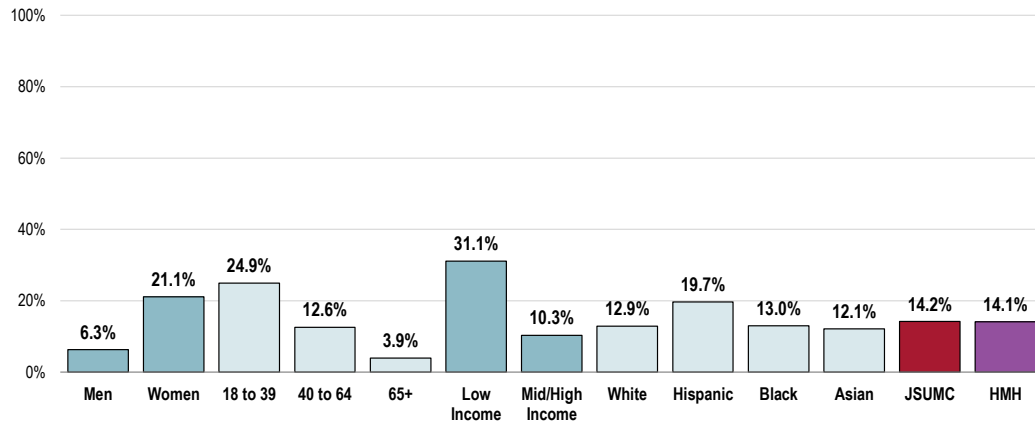
“During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?”

Number of Days Mental Health/Emotional Issues Limited Usual Activities in the Past Month
(JSUMC Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 311]
Notes: • Asked of all respondents.

Average Three or More Days per Month on Which Mental Health Limits Activities
(JSUMC Service Area, 2019)

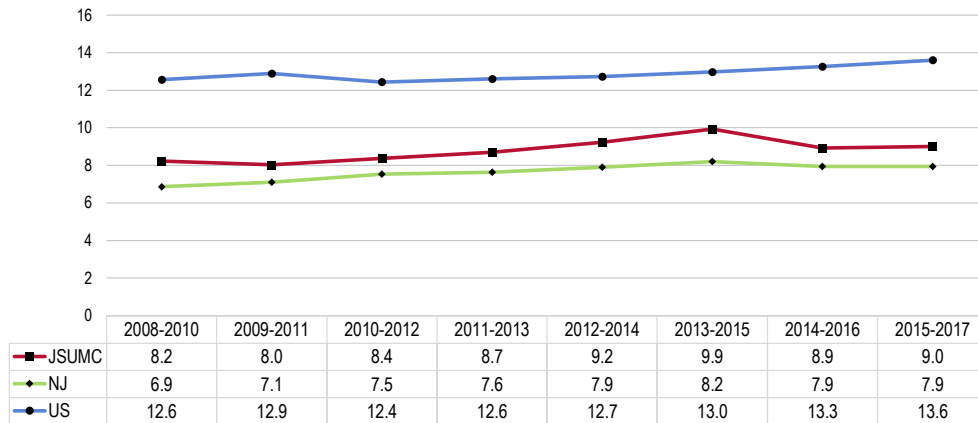


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 345]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
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Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population. (Refer to “Leading Causes of Death” for an explanation of the use of age-adjusting for these rates.)

Suicide: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 = 10.2 or Lower

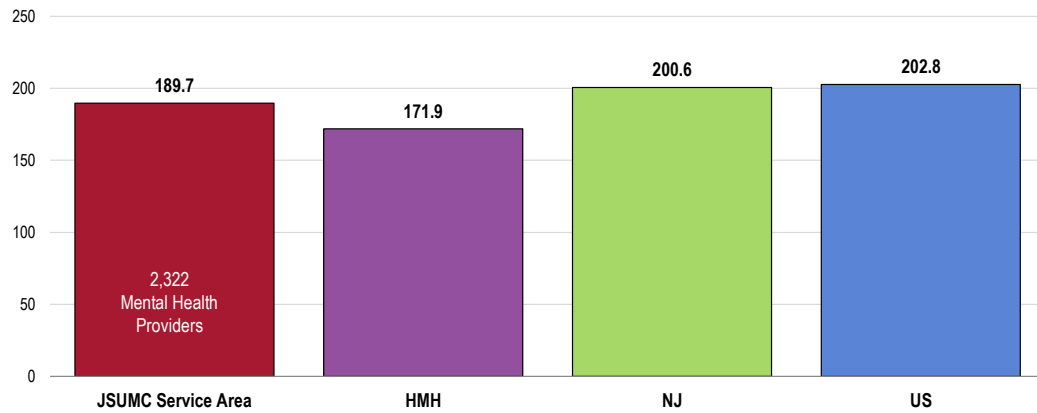


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) per 100,000 residents.

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2017)



Sources:

- University of Wisconsin Population Health Institute, County Health Rankings.
- Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

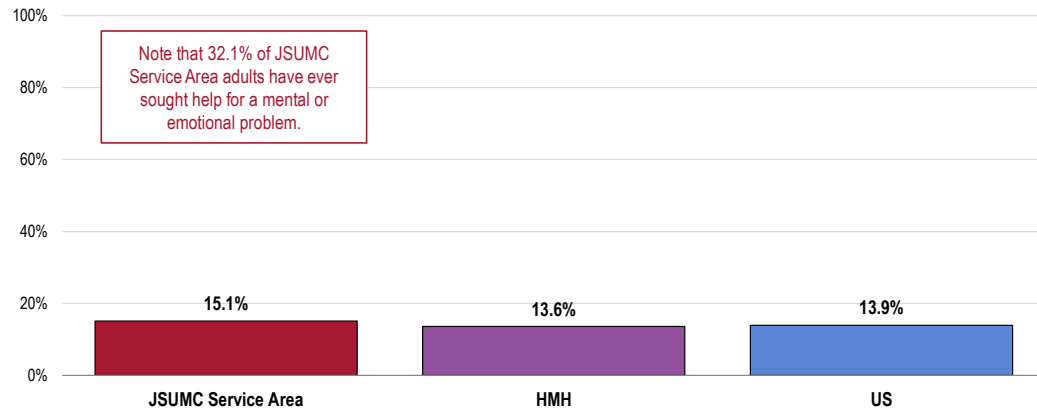
Notes:

- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

“Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?”

“Have you ever sought help from a professional for a mental or emotional problem?”

Currently Receiving Mental Health Treatment



Sources:

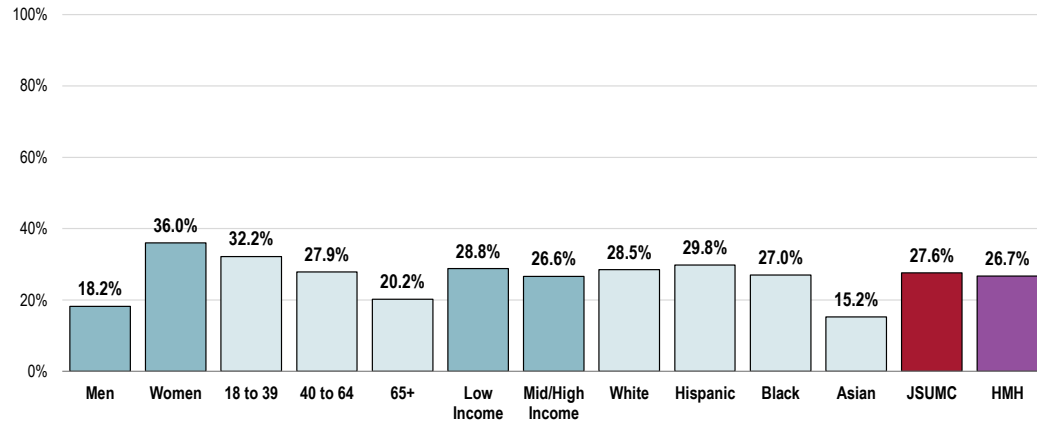
- 2019 PRC Community Health Survey, PRC, Inc. [Items 103-104]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- “Treatment” can include taking medications for mental health.

“Has a doctor ever talked with you about mental health issues?”

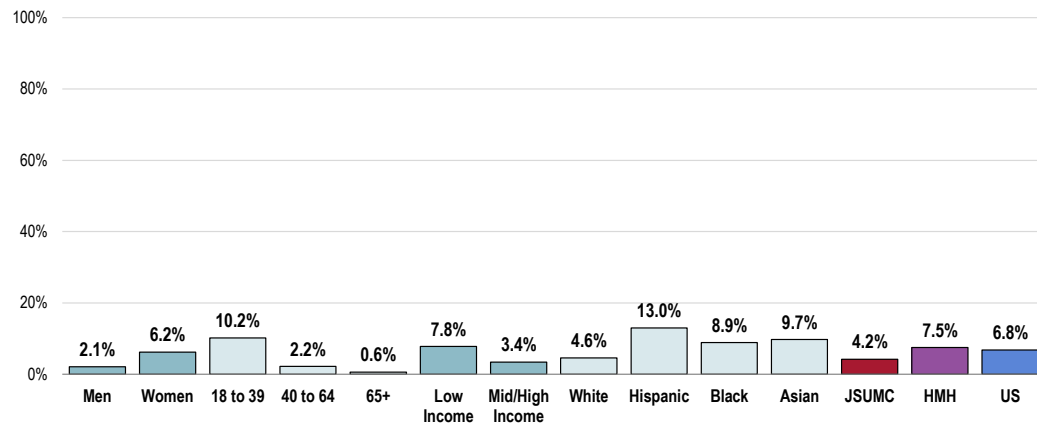
Ever Discussed Mental Health Issues With Physician (JSUMC Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 312]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

“Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

Unable to Get Mental Health Services When Needed in the Past Year (JSUMC Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:

**Perceptions of Mental Health
as a Problem in the Community**
(Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

- Accessing services in a timely fashion is a problem for adults and children. We offer behavioral health services, but many patients need medication that needs to be prescribed by psychiatrists that are not so readily available for charity care or Medicaid patients. – Other Health Provider (Monmouth and Ocean Counties)*
- Not knowing the resources available to help and self-medicating with drugs/alcohol. – Community/Business Leader (Ocean County)*
- An often-forgotten part of the public health and health care system. – Public Health Representative (Monmouth and Ocean Counties)*
- Knowledge and access to available resources. Financial coverage for treatment. – Public Health Representative (Monmouth and Ocean Counties)*
- Access to inpatient facilities, especially for children. – Other Health Provider (Monmouth and Ocean Counties)*
- Lack of care facilities. – Social Services Provider (Monmouth and Ocean Counties)*
- Inadequate knowledge of and/or access to resources for counseling and treatment. Social stigma that discourages people from seeking help. – Community/Business Leader (Monmouth and Ocean Counties)*
- There are capacity limitations and timely access to care for mental health problems. Additionally, there is a shortage of psychiatrists and outpatient services. – Social Services Provider (Northern and Central New Jersey)*
- Need better access to care for mental health issues. – Other Health Provider (Northern and Central New Jersey)*
- Resources and access. There are minimal resources in Union County for Mental Health services. There is one center in Elizabeth which is located in the Eastern section of the county. It is very difficult to access from Plainfield which is located in the Western most section of the county. – Social Services Provider (Northern and Central New Jersey)*
- Knowledge of available services, timely access to services and treatment. – Public Health Representative (Northern and Central New Jersey)*
- Availability of programs for youth, stigma around mental health issues. – Other Health Provider (Northern and Central New Jersey)*

Where do you go that you are actually listened to? – Community/Business Leader (Northern and Central New Jersey)

Poor access to quality mental health services, counseling, etc. Limited access to psychiatrists who accept insurance and who are taking new patients. – Physician (Monmouth and Ocean Counties)

There are not many facilities for people to live in. – Community/Business Leader (Ocean County)

No facilities. – Community/Business Leader (Ocean County)

Poor resources, inappropriate placement with patients, access to immediate care, follow through and support of patients and their families. – Community/Business Leader (Ocean County)

Access to care. – Physician (Monmouth County)

Not enough resources, i.e., counselors, social workers, psychologists in school to assist with student problems especially problems related to traumatic events like a parent passing due to overdose or lack of parents in their lives due to drug abuse. – Community/Business Leader (Ocean County)

No available services that have less than a six month wait or are affordable for our patients. – Physician (Ocean County)

Denial/Stigma

Subject has to be de-stigmatized; help has to be available and affordable; help has to start younger and coping and stress skills need to be taught early, more mental health professionals trained and willing to work with underserved community members. – Community/Business Leader (Northern and Central New Jersey)

Stigma associated with mental health causes patients to not seek treatment. – Social Services Provider (Northern and Central New Jersey)

The stigma. – Community/Business Leader (Monmouth and Ocean Counties)

Accepting that they have mental health issues and seeking out help. – Social Services Provider (Northern and Central New Jersey)

Stigma associated with having a mental health or substance use problem that prevents early detection and intervention until the problem becomes acute. – Social Services Provider (Northern and Central New Jersey)

Denial of issues. Resistance to linking to Mental Health Services. Lack of quick availability to Mental Health Services when a client is willing to link. – Social Services Provider (Northern and Central New Jersey)

Social stigma in our society leaves many in our society undiagnosed, difficult to find affordable care, difficult to get access to care, not enough mental health care givers. – Physician (Monmouth and Ocean Counties)

Some of the biggest challenges for people with mental health are hesitation to seek help due to stigma associated with mental health, lack of culturally sensitive and culturally relevant services, affordable treatment and supportive services. Lack of transportation which often hinders access to services. – Social Services Provider (Monmouth and Ocean Counties)

Stigma causes many people not to seek help. – Other Health Provider (Monmouth and Ocean Counties)

Stigma, getting help and access to care. – Public Health Representative (Northern and Central New Jersey)

Much like the rest of the country, mental health is just not something people talk about. We are so locked into a bootstrap mentality that it blinds all of us to the suffering of others. We want to tell folks "If I could deal with it, so can you!" The tough love approach has failed too many folks. Once you overcome those hurdles and you actually get the courage to ask for care or convince someone that they need it; most people have to wait 6-8 weeks before they can get an appropriate appointment. – Social Services Provider (Ocean County)

Seeking proper care and dealing with the stigma associated with mental health diseases. – Social Services Provider (Ocean County)

Still a huge stigma on mental health, it needs to become more normalized in public health. – Other Health Provider (Northern and Central New Jersey)

Contributing Factors

Lack of access to mental health counselors. Lack of supportive housing programs. Lack of and cost for care facilities. – Social Services Provider (Monmouth and Ocean Counties)

Lack of Providers

Lack of psychiatrists or other prescribers in community mental health centers, and primary care centers needing a separate license and other barriers to provide mental health care, coupled with decreasing lengths of stays in psychiatric inpatient units. – Social Services Provider (Northern and Central New Jersey)

Not enough providers to see patients in a timely manner who are in need of mental health counseling and support. – Other Health Provider (Monmouth and Ocean Counties)

Finding a provider in the local area is the number one problem. To be more specific, if a patient has no insurance or is underinsured it is nearly impossible. – Physician (Monmouth and Ocean Counties)

Lack of treatment and mental health professionals, most insurances are not taken by private mental health professionals. – Public Health Representative (Monmouth and Ocean Counties)

Patients not able to make appointments with psychiatrist, since most of psychiatrist either do not participate in insurance or they have a long waiting time. – Physician (Monmouth and Ocean Counties)

Health Awareness/Education

Mental health underpins many social issues that we face. Better handling and education of those with mental health issues toward appropriate resources is necessary. – Community/Business Leader (Northern and Central New Jersey)

Awareness and treatment. – Community/Business Leader (Northern and Central New Jersey)

If I had a drinking problem, a drug problem that lead to mental health issues, I would not know where to start to get help in the community. What churches, what hospitals offer groups or support. More publicity needs to be done. – Community/Business Leader (Monmouth and Ocean Counties)

Lack of education, lack of resources. – Community/Business Leader (Northern and Central New Jersey)

Prevalence/Incidence

Depression and anxiety are challenges for many people from school age children to the elderly. – Social Services Provider (Northern and Central New Jersey)

The biggest issues are the reoccurring patients that are seen by the first responders and health care professionals. – Community/Business Leader (Ocean County)

Affordable Care/Services

Getting affordable access to a psychiatrist. – Community/Business Leader (Northern and Central New Jersey)

Finding care that is affordable, easy to schedule, and timely. – Other Health Provider (Northern and Central New Jersey)

Insurance Issues

To me the biggest issue is not having insurance coverage for therapists that doctors recommend. You'd have to pay out of pocket. Very few good ones take average insurance. There is such a stigma still around mental health that I'm sure many people don't seek treatment. I also feel like treatment centers around drugs which I don't think is the answer. It also focuses on psychiatry instead of other practitioners. – Community/Business Leader (Monmouth County)

Diagnosis/Treatment

Underdiagnosed. – Public Health Representative (Ocean County)

Early Detection/Screenings

Early identification. People identified with memory loss confused with dementia. Ignored by family members who claim dementia does not run in previous generations, therefore they don't have it. – Community/Business Leader (Monmouth and Ocean Counties)

Homelessness

Too many homeless that are mentally ill, no help, but more incarceration. Food can heal. – Social Services Provider (Monmouth and Ocean Counties)

Isolation

Loneliness or lack of community. – Community/Business Leader (Monmouth County)

Suicide

Suicide – although this could be classified under mental health. Southern Monmouth County experienced a suicide contagion about 10 years ago that the CDC came down to examine. Suicide should be treated as a health issue – from a planning perspective the State of NJ has this issue scattered among many departments but there is not centralized office of suicide prevention that crosses the age continuum. This has caused NJ to miss out on federal funding opportunities – due to our poor coordination efforts. Monmouth County's suicides are primarily among middle aged men. – Other Health Provider (Northern and Central New Jersey)

Access to Medications/Therapy

Access to meds and behavioral therapy. – Other Health Provider (Northern and Central New Jersey)

Housing

Housing. – Other Health Provider (Monmouth and Ocean Counties)

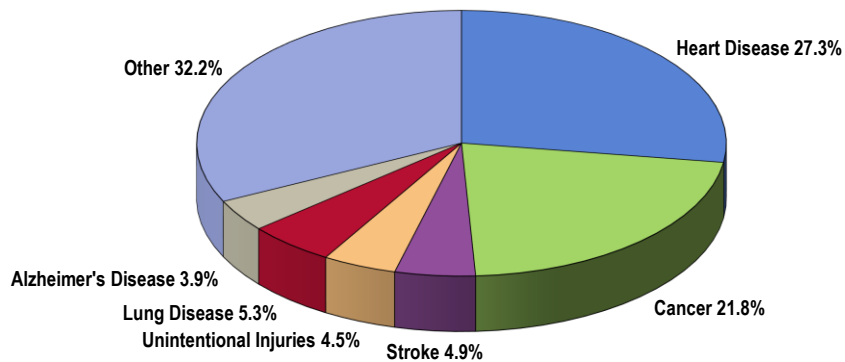
Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Cancers and cardiovascular disease (heart disease and stroke) are leading causes of death in the community.

Leading Causes of Death
(JSUMC Service Area, 2017)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

About Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, New Jersey and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 objectives.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the area. (For infant mortality data, see also *Birth Outcomes & Risks* in the **Births** section of this report.)

Age-Adjusted Death Rates for Selected Causes (2015-2017 Deaths per 100,000 Population)

	JSUMC Service Area	HMH	NJ	US	HP2020
Diseases of the Heart	181.8	164.7	164.6	166.3	156.9*
Malignant Neoplasms (Cancers)	153.6	144.3	148.4	155.6	161.4
Unintentional Injuries	49.9	37.8	40.6	46.7	36.4
Chronic Lower Respiratory Disease (CLRD)	33.0	27.9	28.7	41.0	n/a
Drug-Induced	30.8	20.3	21.8	16.7	11.3
Cerebrovascular Disease (Stroke)	28.8	29.9	30.6	37.5	34.8
Alzheimer's Disease	23.0	19.2	21.5	30.2	n/a
Kidney Diseases	15.4	14.2	14.0	13.2	n/a
Diabetes Mellitus	14.9	18.4	17.5	21.3	20.5*
Pneumonia/Influenza	9.4	10.8	11.6	14.3	n/a
Intentional Self-Harm (Suicide)	9.0	7.0	7.9	13.6	10.2
Cirrhosis/Liver Disease	8.4	7.4	7.3	10.8	8.2
Motor Vehicle Deaths	7.1	5.7	6.5	11.4	12.4
Firearm-Related	3.7	5.6	5.4	11.6	9.3
Homicide	1.7	5.0	4.4	6.0	5.5

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
- Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
 - *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

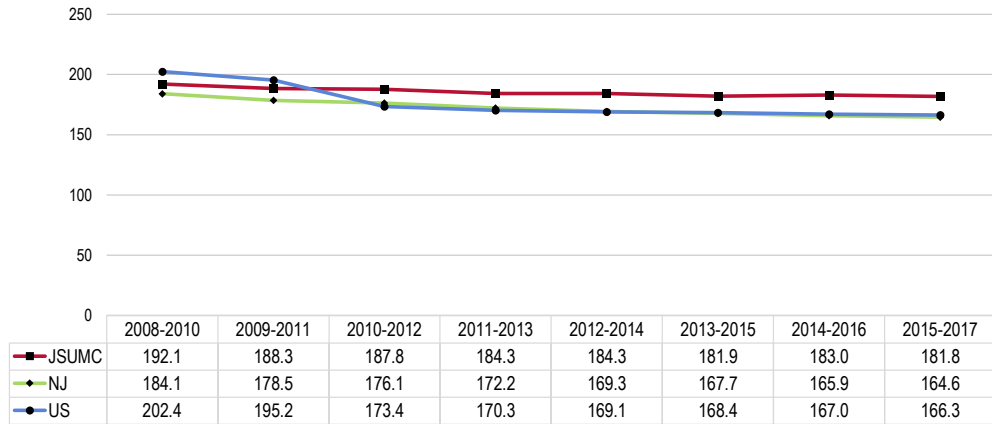
Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

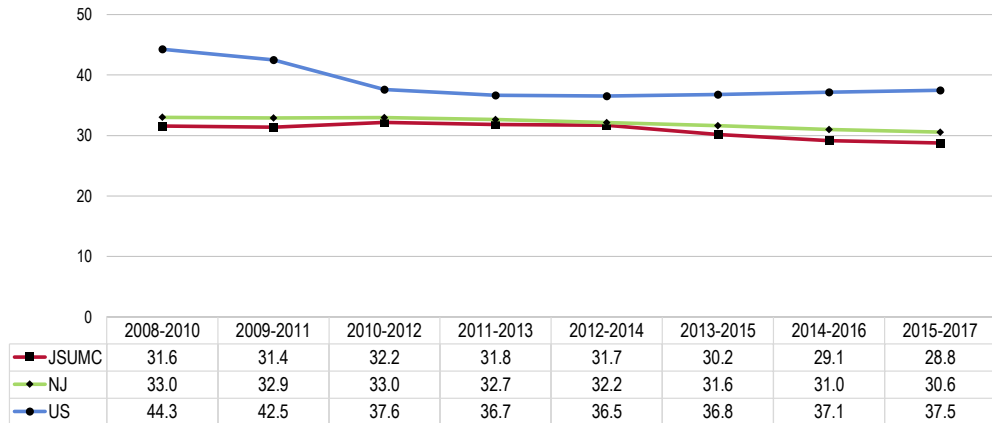
The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 156.9 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 34.8 or Lower

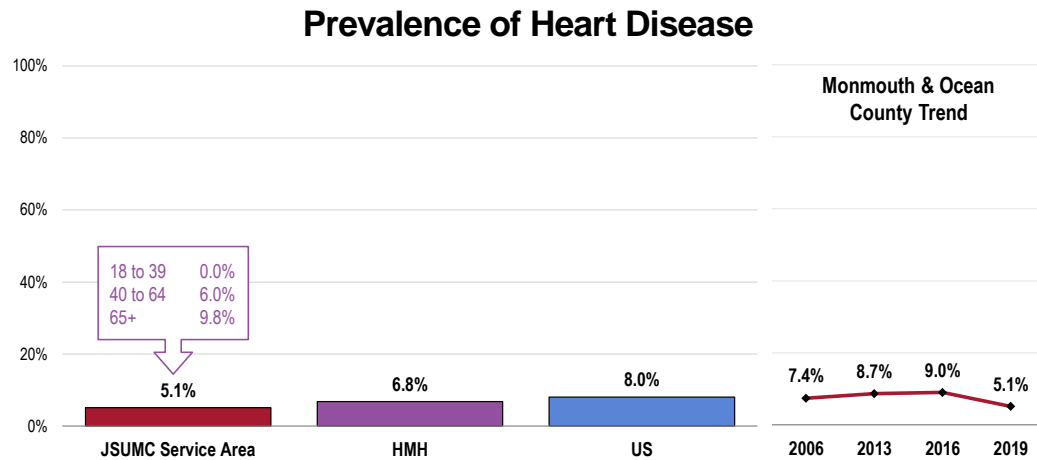


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

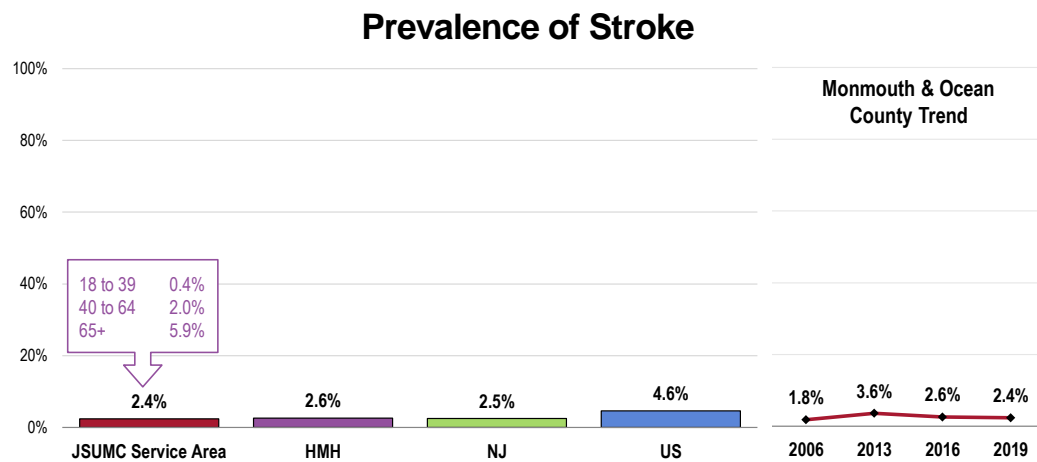
Prevalence of Heart Disease & Stroke

“Has a doctor, nurse, or other health professional ever told you that you had: a heart attack, also called a myocardial infarction; or angina or coronary heart disease?” (Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.)

“Has a doctor, nurse, or other health professional ever told you that you had a stroke?”



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 128]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina, or coronary heart disease.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

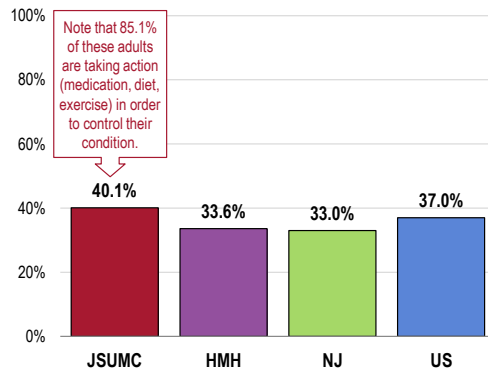
— Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure & Cholesterol Prevalence

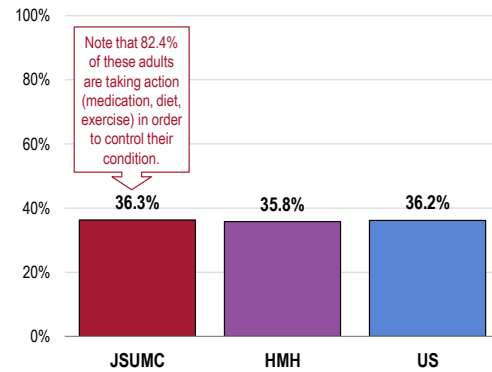
“Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

“Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

Prevalence of High Blood Pressure
Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol
Healthy People 2020 = 13.5% or Lower



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 - 2017 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives HDS-5.1, HDS-7]
- Notes:
- Asked of all respondents.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

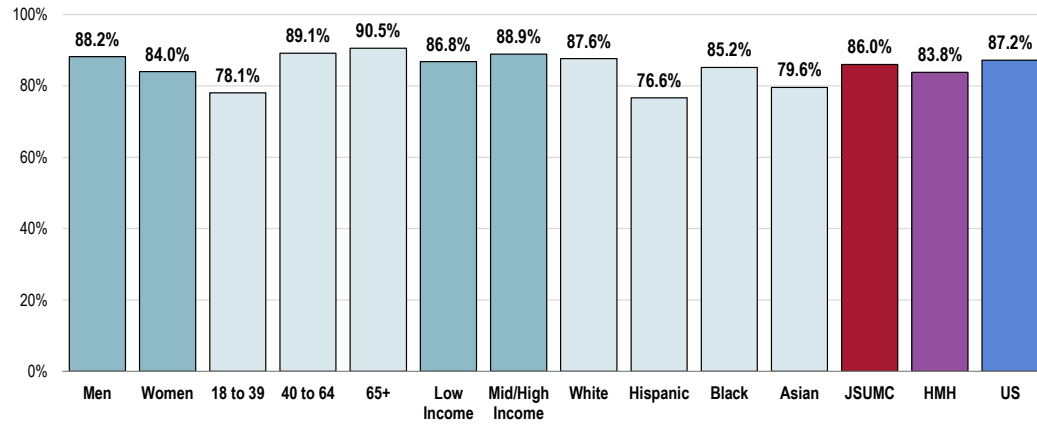
Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Total Cardiovascular Risk

The following chart reflects the percentage of adults in the JSUMC Service Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol. See also *Nutrition*, *Physical Activity*, *Weight Status*, and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

Present One or More Cardiovascular Risks or Behaviors (JSUMC Service Area, 2019)

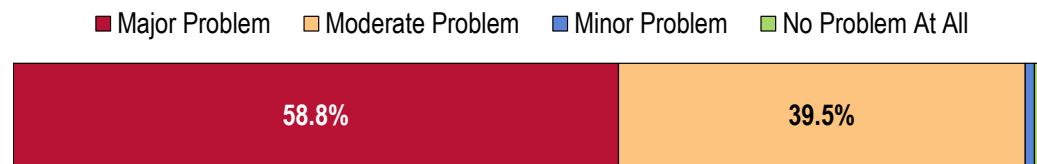


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 131]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Leading Cause of Death

- Leading causes of death in the USA. – Community/Business Leader (Northern and Central New Jersey)
- Heart is number one cause of death in Ocean and Monmouth Counties. – Social Services Provider (Northern and Central New Jersey)
- It's a leading cause of death and effects so many people in terms of quality of life overall. – Public Health Representative (Northern and Central New Jersey)

Prevalence/Incidence

It is a national problem. – Community/Business Leader (Northern and Central New Jersey)

Media lists numbers this occurs and gender. – Community/Business Leader (Ocean County)

Affects so many. More young people are smoking. – Other Health Provider (Monmouth and Ocean Counties)

High rates of heart disease and stroke. – Public Health Representative (Monmouth and Ocean Counties)

One of the most common among men and women. Mostly lately with women. – Community/Business Leader (Monmouth and Ocean Counties)

I feel like I know quite a few people who have heart issues, whether it's previous heart attack or stroke, stents, on statins, etc. – Community/Business Leader (Monmouth County)

Because of what you read in the news of specific well-known individuals that died from the disease. My friend and also a brother died from heart attacks. – Community/Business Leader (Monmouth and Ocean Counties)

As with cancer, millions of Americans are affected by heart disease. – Social Services Provider (Northern and Central New Jersey)

Health Awareness/Education

Education, people just don't know the signs and preventive measures to take. – Community/Business Leader (Northern and Central New Jersey)

Lack of knowledge of symptoms and follow up medical appointments. No insurance or large co-pays and not taking medications because not affordable. – Community/Business Leader (Ocean County)

Lack of awareness of early stroke symptoms. – Physician (Monmouth and Ocean Counties)

Lack of education, diet, exercise and knowing the warning signs of a heart attack. – Other Health Provider (Monmouth and Ocean Counties)

Lack of education, lack of exercise, substance abuse. – Other Health Provider (Ocean County)

News speaks about it all the time. Flyers and information about fast, strokes and statistics. – Community/Business Leader (Monmouth and Ocean Counties)

Nutrition & Physical Activity

Due to our standard American diet, creates sickness, heart disease, diabetes. Food is medicine and will create lasting change. Sugar is the culprit. – Social Services Provider (Monmouth and Ocean Counties)

Poor diets. – Other Health Provider (Monmouth and Ocean Counties)

Poor diets and lack of exercise. Parents are working long hours, getting home from work later and later, just find it difficult to prepare healthy meals. – Social Services Provider (Ocean County)

A lot of members of the community do not take care of their health, improper eating, high blood pressure that is not under control. Obesity. – Social Services Provider (Northern and Central New Jersey)

Poor diets, lack of exercise, unhealthy lifestyles. – Community/Business Leader (Northern and Central New Jersey)

Disease Management

Non-compliance, lack of education on the early signs and symptoms, poor lifestyle choices, lack of availability of reasonably priced healthy foods and knowledge on how to prepare favorite foods in a healthy way. – Public Health Representative (Northern and Central New Jersey)

Managing the disease, learning the risk factors, etc. – Public Health Representative (Northern and Central New Jersey)

Non-compliance, language barriers, barriers to medication. Money for those who have no insurance for medication. No time for exercise, no time for proper nutrition, cultural recipes that have high salt content. – Community/Business Leader (Northern and Central New Jersey)

Comorbidities

Uncontrolled high blood pressure. Lack of exercise, increased sodium intake and smoking. – Public Health Representative (Ocean County)

Hypertension, diabetes and obesity are all related. Poor diet, lack of exercise and smoking are all contributors. – Physician (Monmouth and Ocean Counties)

Chronic conditions, long lasting effects on health throughout a person's lifetime if not properly treated. Uninsured population does not have access to healthcare/prescriptions. Conditions are not managed until they reach a crisis stage. – Public Health Representative (Monmouth and Ocean Counties)

Aging Population

Senior developments around in my area. – Community/Business Leader (Ocean County)

Aging population with greater stress due to financial challenges. – Social Services Provider (Northern and Central New Jersey)

Elderly community, heart disease and stroke are common. – Community/Business Leader (Ocean County)

Overweight/Obesity

Our community is dealing with obesity, lack of physical exercise and a lack of knowledge of these two diseases. Despite messaging, women still are not being treated even if they show up in the Emergency Room for potential heart attacks. – Other Health Provider (Northern and Central New Jersey)

We have a sedentary and obese older population. New medications are expensive, and seniors have other medical issues also. – Community/Business Leader (Ocean County)

Overweight, unhealthy lifestyles and bad genes. – Community/Business Leader (Northern and Central New Jersey)

I feel obesity is causing premature heart disease. – Physician (Monmouth and Ocean Counties)

Lifestyle

Lifestyle, diet and exercise factors, uncontrolled or undiagnosed hypertension. – Physician (Monmouth and Ocean Counties)

People not exercising or eating healthy foods. – Public Health Representative (Northern and Central New Jersey)

Early Diagnosis/Prevention

Another chronic illness that can be possibly be prevented through reducing risk factors that person is doing that are associated with heart disease and stroke. – Other Health Provider (Northern and Central New Jersey)

Warning signs often times ignored leading to potentially disabling event. – Social Services Provider (Monmouth and Ocean Counties)

Vulnerable Populations

Heart disease and stroke are major problems among the minority population, many report family histories of these problems. – Social Services Provider (Monmouth and Ocean Counties)

Access to Care/Services

Communities with limited access to food, information and medical preventative care often have high incidence of heart disease and stroke. – Other Health Provider (Northern and Central New Jersey)

Access to Medications/Supplies

Many of the patients cannot afford their medication to control their blood pressure, cholesterol, etc. – Other Health Provider (Monmouth and Ocean Counties)

Impact on Quality of Life

Without healthy hearts, the body cannot function properly. – Community/Business Leader (Northern and Central New Jersey)

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

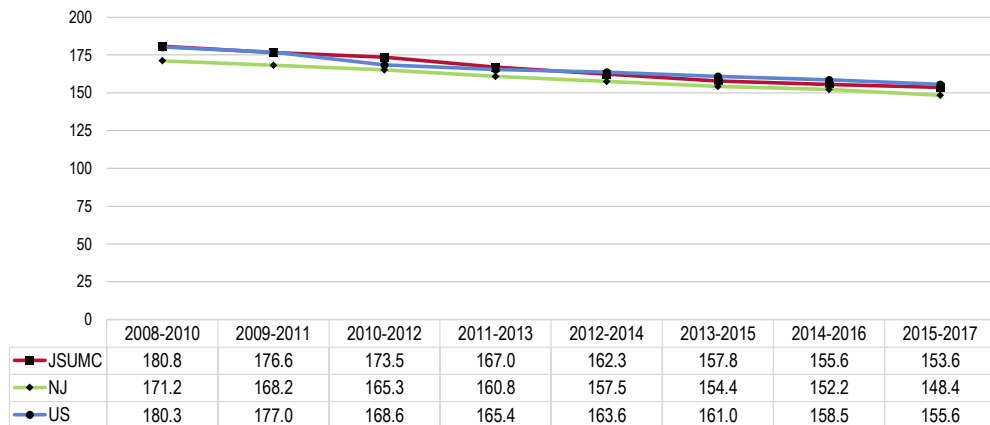
- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in the JSUMC Service Area.

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 161.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Lung cancer is by far the leading cause of cancer deaths in the area. Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both sexes).

Age-Adjusted Cancer Death Rates by Site (2015-2017 Annual Average Deaths per 100,000 Population)

	JSUMC Service Area	HMH	NJ	US	HP2020
ALL CANCERS	153.6	144.3	148.4	155.6	161.4
Lung Cancer	38.1	32.0	33.4	38.5	45.5
Female Breast Cancer	20.6	20.1	20.7	20.1	20.7
Prostate Cancer	16.5	17.6	17.3	18.9	21.8
Colorectal Cancer	14.0	14.1	14.0	13.9	14.5

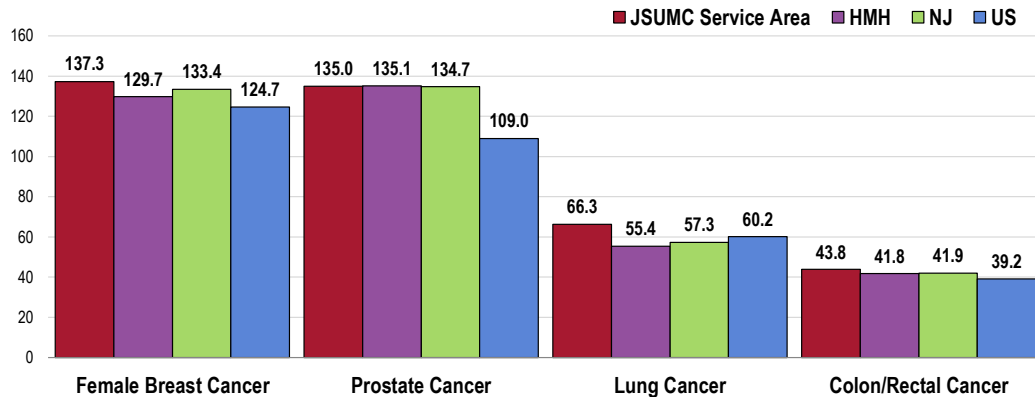
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

Incidence rates (or case rates) reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. They usually are expressed as cases per 100,000 population per year. These rates are also age-adjusted.

Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)



Sources:

- State Cancer Profiles.
- Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

 Notes:

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to four cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); colorectal cancer (sigmoidoscopy and fecal occult blood testing); and prostate cancer (prostate-specific antigen or PSA testing).

Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.

Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

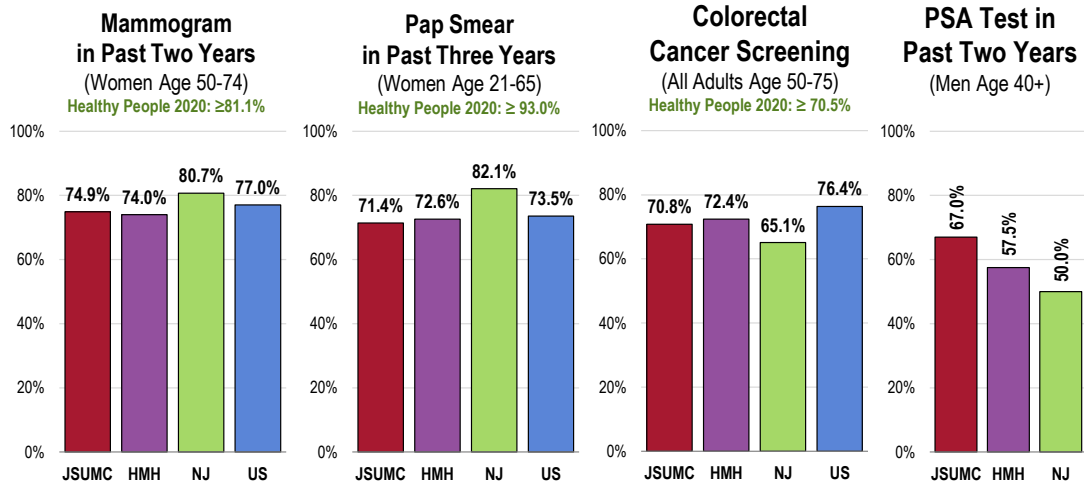
Breast Cancer Screening: “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?” (Calculated here among women age 50 to 74 who indicate screening within the past 2 years.)

Cervical Cancer Screening: “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?” (Calculated here among women age 21 to 65 who indicate screening within the past 3 years.)

Colorectal Cancer Screening: “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?” and “A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?” (Calculated here among both sexes age 50 to 75 who indicated fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years.)

Prostate Screening: “A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since you had your last PSA test?” (Calculated here among men age 40 and older who indicate screening within the past 2 years.)

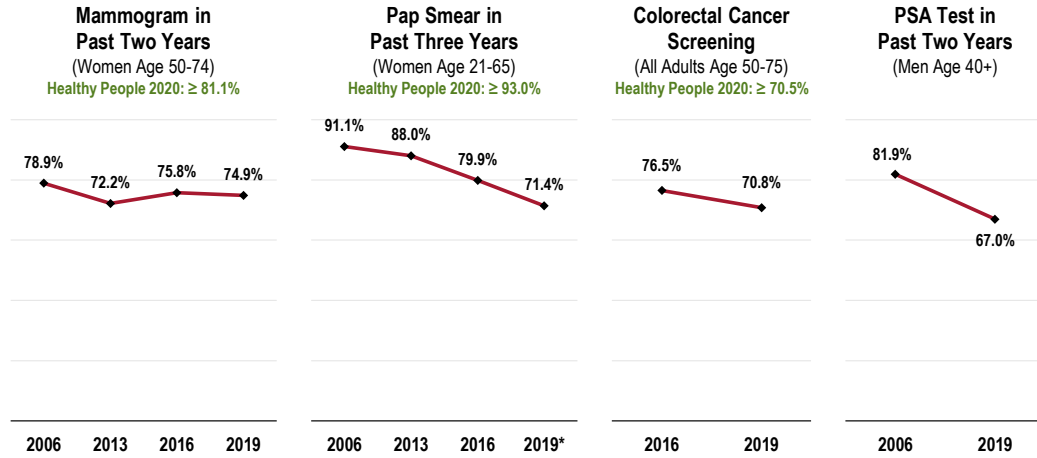
Cancer Screenings



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137, 343]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-15, C-16, C-17]

Notes: • Each indicator is shown among the gender and/or age group specified.

Cancer Screenings: Monmouth & Ocean County Trends

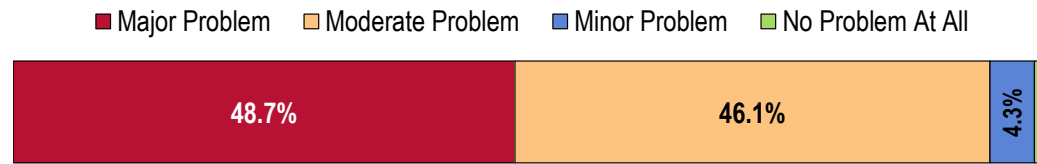


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-15, C-16, C-17]
 Notes: • Each indicator is shown among the gender and/or age group specified.
 • *The 2019 prevalence of recent Pap smears excludes respondents who have had a hysterectomy.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of Cancer as a problem in the community:

Perceptions of Cancer as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Prevalence/Incidence

When rating "Cancer," I am only considering breast cancer because it's my area of expertise. Central and South Jersey (our service area) has higher incidence, late-stage diagnosis and mortality rates than the state of NJ and US as a whole. According to the ACS 2019 Cancer Status Report, breast cancer incidence and death rates remain higher for NJ residents than the US as a whole. In each of these three geographic regions (Central and South Jersey, NJ, and the US), mortality and late-stage diagnosis rates are significantly higher for African-American women than any other race/ethnicity. – Community/Business Leader (Northern and Central New Jersey)

A large majority of people, men, and women have been diagnosed and treated for various types of cancer. In many cases, cancer reoccurs even after treatment. – Community/Business Leader (Monmouth and Ocean Counties)

We've had a number of clients who have family members with cancer and even some of our clients and volunteers have passed away due to cancer. – Social Services Provider (Northern and Central New Jersey)

There are simply too many people that I know, children and adults who have been afflicted with cancer. – Community/Business Leader (Northern and Central New Jersey)

My nursing organization does health screening in the community and at every church we attend people are battling cancer. – Other Health Provider (Monmouth and Ocean Counties)

The rate of incidents. – Community/Business Leader (Northern and Central New Jersey)

Affects a large number of people. More education on causes and dietary methods to help prevent cancer. – Social Services Provider (Ocean County)

Nearly everyone has a family member or friend with cancer or someone in remission. I was told by a colleague who just returned from a cancer symposium that the first statement from the speaker was "One out of every three of you will get cancer or pass from it." I want to see funding spread out among all cancers and not just some. Is cancer more prevalent now than in 1980? I am not sure, but I would like to see a concentration on the cancers that we can likely avoid like those caused by obesity and colorectal screenings to avoid colon cancer. Are there diets that we as community members can share with each other? I go door-to-door in my community each year and although completely qualitative, it appears that I see more residents with cancer each year than I would like to. Access to "new" immunotherapy interventions appears to be important – A multi-faceted issue for certain and a despicable disease. – Public Health Representative (Northern and Central New Jersey)

The state of NJ has the seventh highest cancer rates in the U.S. Monmouth and Ocean Counties rank 8 and 10 out of the 21 counties. – Social Services Provider (Northern and Central New Jersey)

Millions of Americans are affected by cancer every year. The cancer centers in our community service thousands of patients every year. At the American Cancer Society, we work with each cancer center to support those patients and their families. – Social Services Provider (Northern and Central New Jersey)

Additional cases being diagnosed due to earlier and better detection. – Social Services Provider (Northern and Central New Jersey)

It is on everyone's mind after reading articles and hearing about areas where it seems to hit. – Community/Business Leader (Monmouth and Ocean Counties)

Cancer is a major concern in every community, not just Ocean and Monmouth Counties. Hackensack Meridian provides appropriate access for cancer care regardless of ability to pay. Charity care program will cover most services for our patients who need cancer care treatment – Other Health Provider (Monmouth and Ocean Counties)

We have seen the statistics for the area, although in some specific cancers low, the opening of cancer care centers in our area tells the tale. – Community/Business Leader (Monmouth and Ocean Counties)

Cancer is a problem in every community. Older and young people getting cancer care is long term and expensive. Chemo and radiation are debilitating. Care is needed, many are alone. – Community/Business Leader (Ocean County)

I feel like I hear about it all the time. We all know someone with cancer. I feel like I read about it all the time, but that's not my community, I guess. I feel like there are many environmental concerns re: cancer, especially in NJ....maybe water, air, etc. Also, driving by RMC you see the Booker Cancer Center. I know that MSKCC is a few miles away. So, we are set up to treat a common problem. I think that cancer will continue to be a problem because mainstream medicine doesn't focus enough on prevention such as eating well, exercise, environment, etc. They are very reactive and treat with chemo, radiation, etc..... which I know have their place, but I think there should be just as much emphasis on food and lifestyle. – Community/Business Leader (Monmouth County)

Media constantly shows medicines and talks about cancer continuing to grow. – Community/Business Leader (Ocean County)

There have been many cancer related illnesses and deaths at my place of employment. – Community/Business Leader (Ocean County)

Cancer incidence is higher than other areas of the state and country. – Public Health Representative (Northern and Central New Jersey)

It shows up on every survey, assessment, etc. that I have been a part of, or that I have reviewed from pediatric cancers to older adults. I believe it is in the top three causes of death in NJ. – Other Health Provider (Northern and Central New Jersey)

Early Detection/Screenings

I feel it is not detected early. – Community/Business Leader (Northern and Central New Jersey)

Due to diverse and undocumented causes of cancer, I believe that cancer is an ongoing challenge and problem in the community. – Public Health Representative (Monmouth and Ocean Counties)

Cancer doesn't seem to be at the forefront for many individuals. Again, since many people are dealing with issues such as lack of food, housing, money etc. they may not think that cancer is an urgent issue. Many people look at health problems that affect them immediately such as pain, diabetes, high blood pressure. People are dying from cancer because they are not getting screened. The Regional Chronic Disease Coalition of Middlesex & Union Counties has been working towards providing education and also connecting people with cancer screening services. It would be great to have more help from the local hospitals for individuals who are uninsured or underinsured. Early screening is the best way to prevent cancer deaths, but many people are catching cancer too late. Thus, it is a major problem in our community. – Public Health Representative (Northern and Central New Jersey)

Not enough emphasis on pre diagnosis. – Community/Business Leader (Monmouth County)

Many people do not have a primary care doctor or do not have regular checkups. When they seek medical care, it is often too late. – Community/Business Leader (Monmouth and Ocean Counties)

Lifestyle

As our technology progresses, we are able to detect cancers earlier. Lifestyles, diet and environmental conditions still exist as some basis for development of some cancers. – Physician (Monmouth and Ocean Counties)

Contributing Factors

Prevalent disease state. Costs are prohibitive. Particularly difficult for Medicaid patients. – Other Health Provider (Ocean County)

To many people are still being diagnosed with the disease, which in some cases can be prevented with screening/vaccination (Colorectal/HPV). Too many people are still smoking, especially young people are using e-cigs and Juuls, and our State isn't putting enough financial resources into smoking cessation programs, especially for the underserved. Rates of alcohol use and obesity are rising and therefore so will the cancer diagnosis rates. – Community/Business Leader (Northern and Central New Jersey)

Blood pressure medicine such Losartan that has been identified as a cancer-causing drug. It is difficult to detect until it's too late. – Community/Business Leader (Monmouth and Ocean Counties)

Access to Care/Services

Our cancer facility is booked six months in advance for respite care. – Social Services Provider (Monmouth and Ocean Counties)

Confidence in consumers that they have access to the best care. Many look to New York or Philadelphia for care and treatment, but for some, this is too far to drive. – Social Services Provider (Northern and Central New Jersey)

Environmental Contributors

Cancer is not going away. We are unfortunately sick due to our food system being toxic, stress, environment, and our health care is more like disease care. We are keeping our society sick and nearly dead for profit. – Social Services Provider (Monmouth and Ocean Counties)

Environmental issue that may cause an increase, such as brownfields and pollution. – Community/Business Leader (Northern and Central New Jersey)

Leading Cause of Death

High mortality and morbidity cancer rates. – Public Health Representative (Ocean County)

Impact on Family/Caregivers

Cancer has a major burden, not just on the person who is diagnosed, but their family and also the hospitals (financially). There is enough research to support that some forms of cancer could have been delayed or may have not developed at all if patient avoided possible risk factors. If we can begin to look at people as a whole and address issues in the community and environment, I believe we would see a decrease in certain forms of cancer and other chronic diseases. – Other Health Provider (Northern and Central New Jersey)

It has such an impact on the lives of people and families. Many types of cancer are preventable through early detection and proper precautions of exercise, nutrition etc. – Public Health Representative (Northern and Central New Jersey)

Insurance Issues

Supportive/alternative care is sometimes not included in insurance and cost prohibited. – Community/Business Leader (Ocean County)

Health Awareness/Education

Misconception that cancer is always fatal. – Community/Business Leader (Monmouth County)

Many people are unaware of screening services that are available within the counties, the importance of screening is advertised on television, but medical facilities do not promote screening and health education. – Community/Business Leader (Northern and Central New Jersey)

Vulnerable Populations

Cancer is a major problem in these communities; however, the African American/Blacks population tend to have late diagnosis and poor prognosis/survival rates. – Social Services Provider (Monmouth and Ocean Counties)

Affordable Care/Services

Have high percentage of pay. – Physician (Monmouth and Ocean Counties)

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 (www.healthypeople.gov)

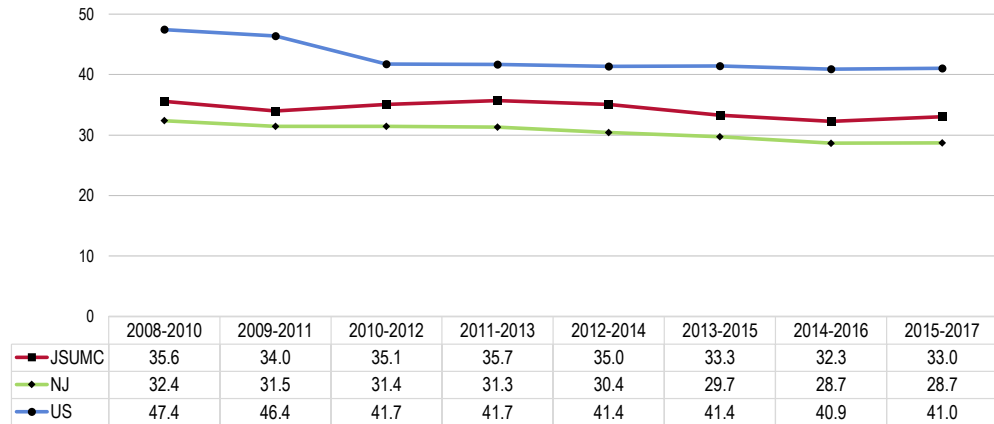
[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for CLRD is illustrated in the charts that follow.

Pneumonia and influenza mortality is also illustrated.

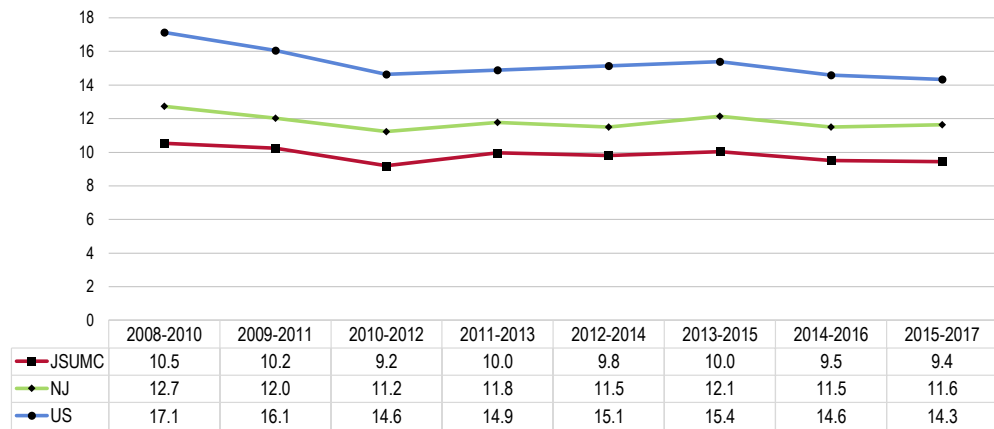
CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● CLRD is chronic lower respiratory disease.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



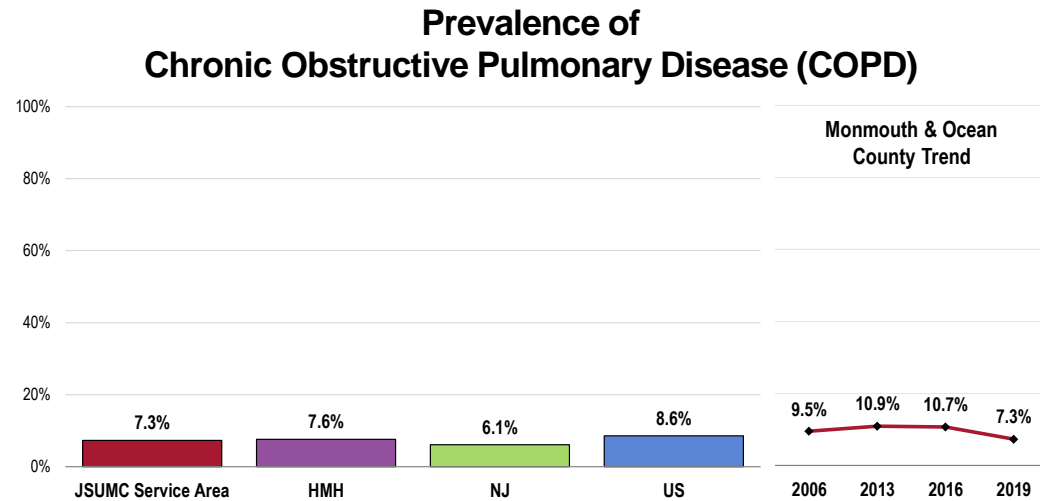
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Respiratory Diseases

COPD

“Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.

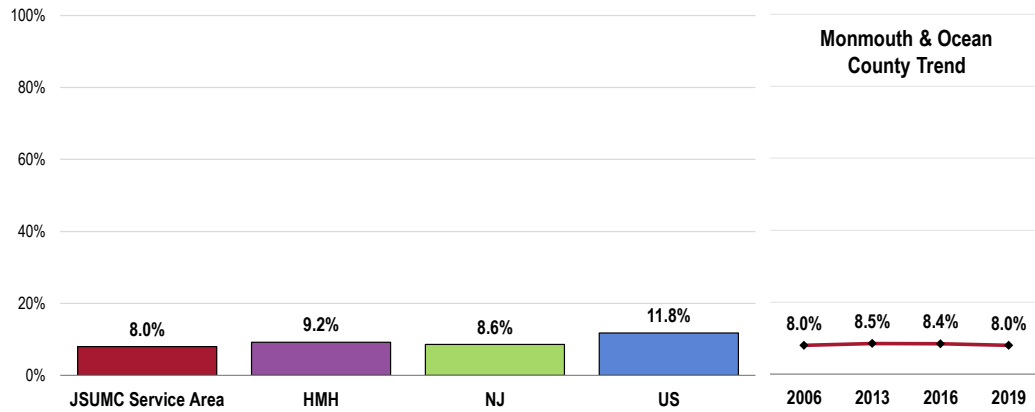
Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Asthma

Adults: “Have you ever been told by a doctor, nurse, or other health professional that you had asthma?” and “Do you still have asthma?” (Calculated here as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma.)

Children: “Has a doctor or other health professional ever told you that this child had asthma?” and “Does this child still have asthma?” (Calculated here as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma.)

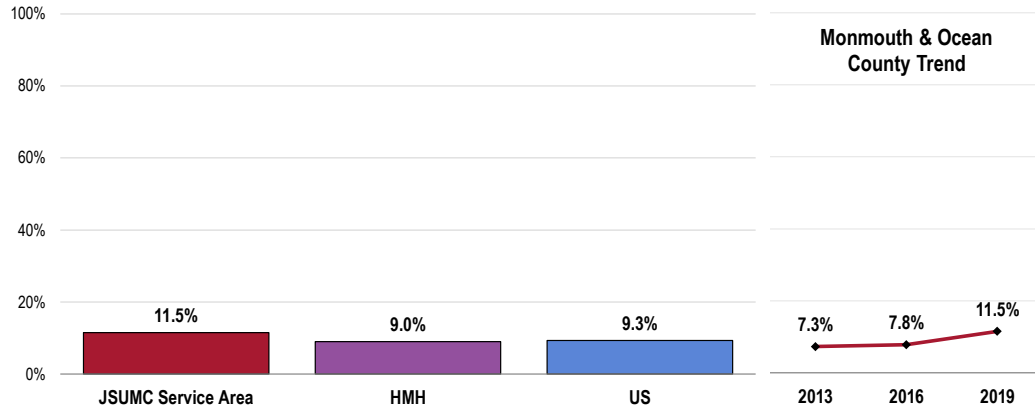
Prevalence of Asthma



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Prevalence of Asthma in Children (Parents of Children Age 0-17)



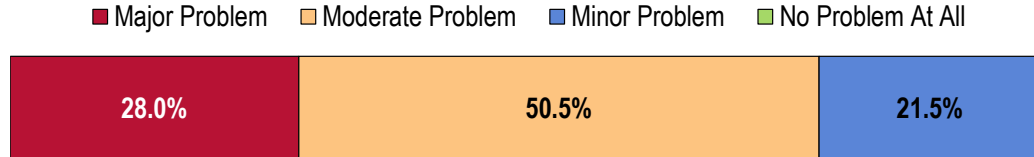
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Diseases as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

As a nurse, asthma is a significant problem in pediatrics and adults, and common medications are very costly for people with no insurance. – Other Health Provider (Monmouth and Ocean Counties)
COPD hospitalizations increased according to NJ SHAD data. Asthma continues to be a problem. – Public Health Representative (Monmouth and Ocean Counties)

Environmental Contributors

Poor air quality. Increasing number of people with environmental allergies. – Physician (Monmouth and Ocean Counties)
Asthma and allergens major issues and we see people now who never experienced symptoms due to environmental factors now being diagnosed. – Community/Business Leader (Monmouth and Ocean Counties)
Poor air quality. – Other Health Provider (Monmouth and Ocean Counties)
We live in the pine barrens, lots of pollen, and allergies. Large population of old smokers or ex-smokers. – Community/Business Leader (Ocean County)
Our environment at home, work, or even schools. May not be properly maintained. – Community/Business Leader (Northern and Central New Jersey)

Contributing Factors

No access to expensive medication. Environmental reasons. Smoking. – Other Health Provider (Monmouth and Ocean Counties)
Chronic behaviors such smoking, obesity and environmental factors such a poor housing conditions. – Social Services Provider (Monmouth and Ocean Counties)

Tobacco Use

Many have damaged lungs due to smoking. – Other Health Provider (Monmouth and Ocean Counties)
Some people have used tobacco all their life and as they get older, they experience many respiratory diseases. – Social Services Provider (Northern and Central New Jersey)
Smoking is a form of addiction that adds to the disease. – Social Services Provider (Monmouth and Ocean Counties)

Aging Population

- Aging population and greater diagnosis. – Social Services Provider (Northern and Central New Jersey)*
- Older age population and air quality. – Public Health Representative (Ocean County)*

Disease Management

- Uncontrolled asthma. – Community/Business Leader (Ocean County)*

Early Diagnosis/Prevention

- They are not diagnosed until later stages because individuals do not seek early intervention. – Community/Business Leader (Ocean County)*

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

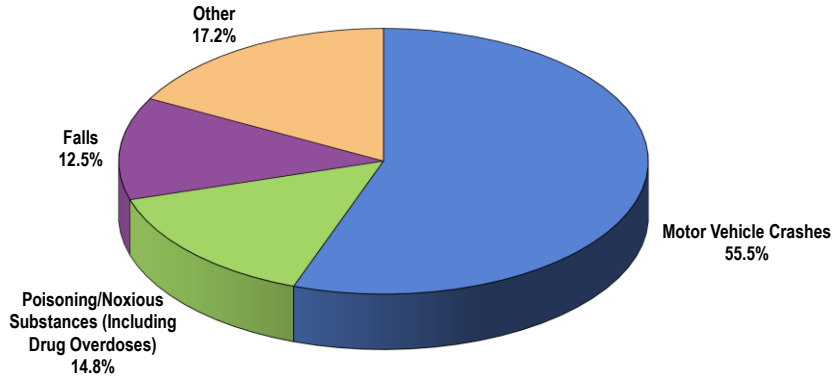
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

— Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Leading causes of accidental death in the area include the following:

Leading Causes of Unintentional Injury Deaths (JSUMC Service Area, 2015-2017)



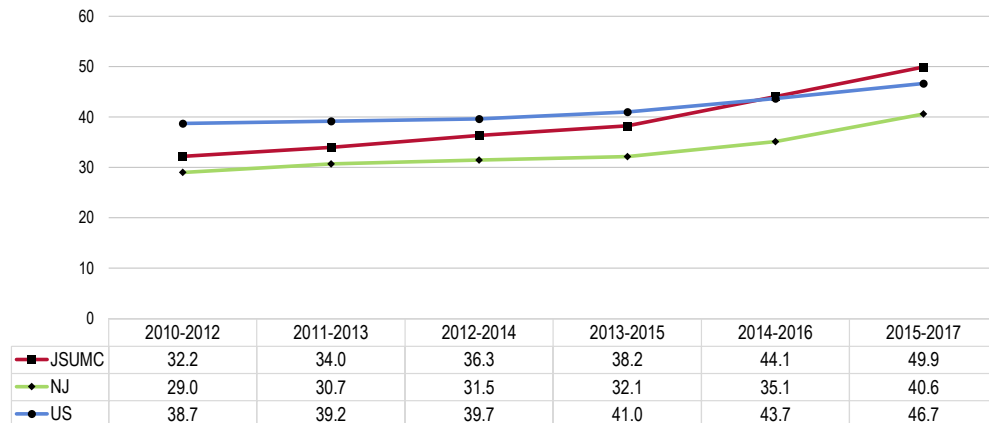
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area.

Unintentional Injuries: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 36.4 or Lower



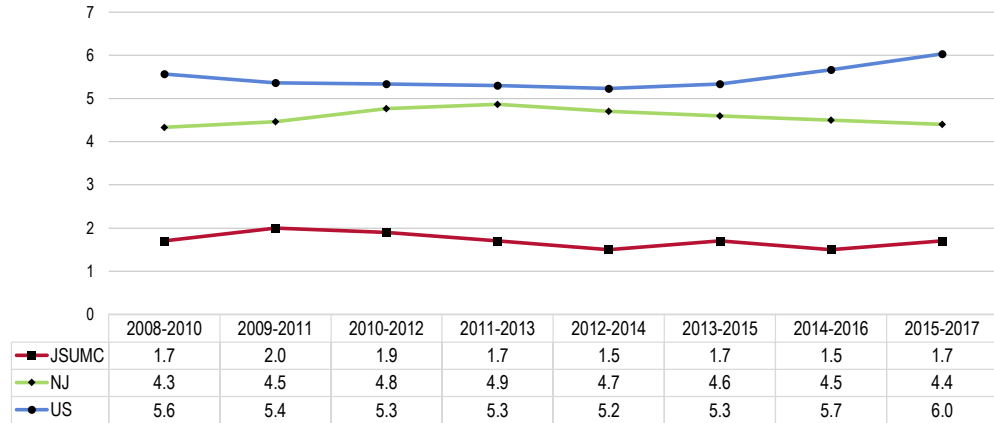
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Homicide

Age-adjusted mortality attributed to homicide is shown in the following chart.

Homicide: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 = 5.5 or Lower

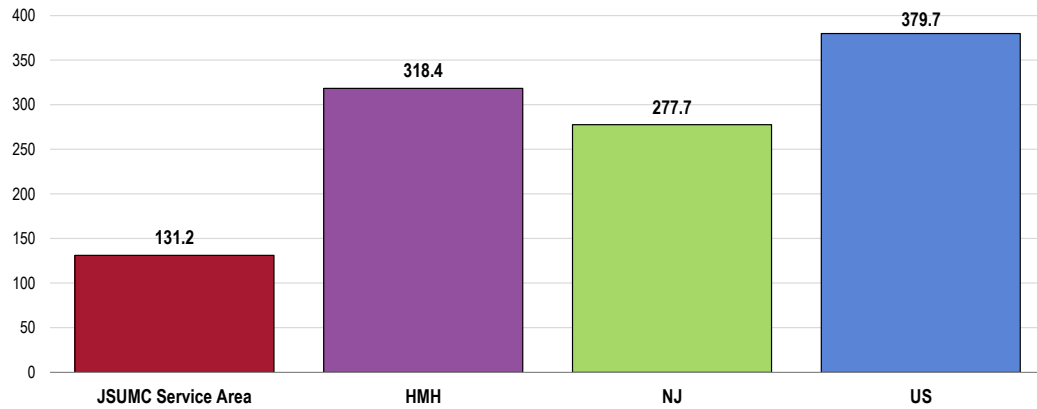


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault. Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime (Rate per 100,000 Population, 2012-2014)



Sources:

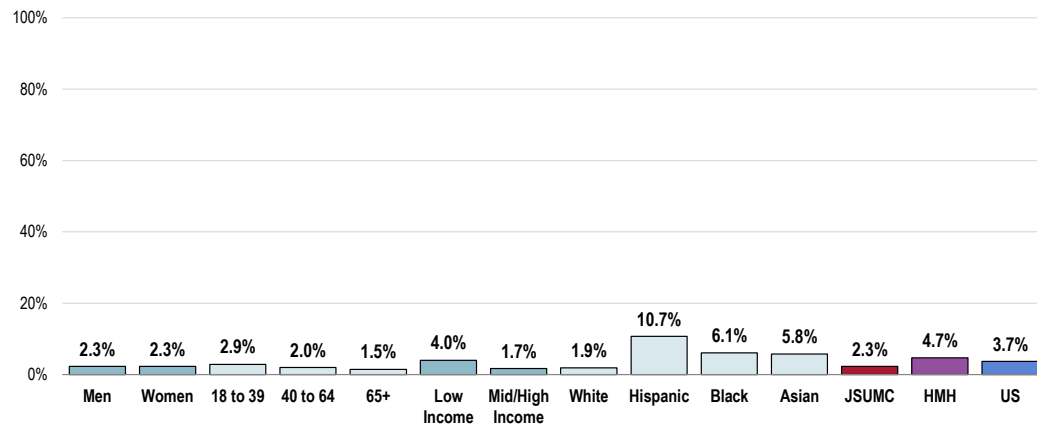
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes:

- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Violent Crime Experience: "Have you been the victim of a violent crime in your area in the past 5 years?"

Victim of a Violent Crime in the Past Five Years (JSUMC Service Area, 2019)



Sources:

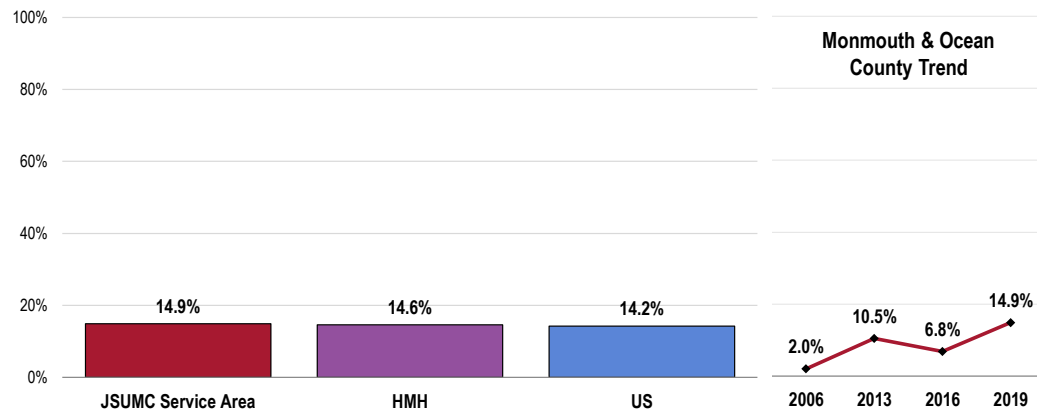
- 2019 PRC Community Health Survey, PRC, Inc. [Item 46]

Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Intimate Partner Violence: “The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

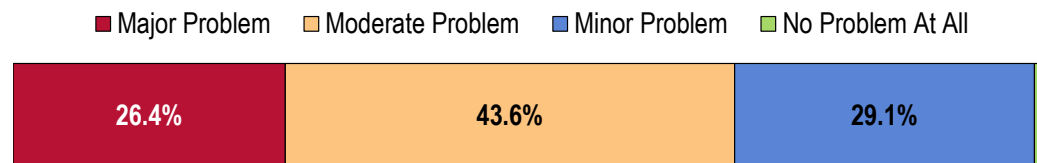


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 47]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

The following chart outlines key informants’ perceptions of the severity of *Injury & Violence* as a problem in the community:

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

I work a trauma center that sees many traumas. – Other Health Provider (Monmouth and Ocean Counties)

Unfortunately, it's the way of the world. Social media. – Community/Business Leader (Northern and Central New Jersey)

Some of the areas/town in our community have huge problems with crime. – Social Services Provider (Northern and Central New Jersey)

Extremely high crime rate neighborhood. – Social Services Provider (Monmouth and Ocean Counties)

Many lives lost or life changing injuries due to falls, motor vehicle accidents and pedestrian. Certain communities are high risk for violence and that starts a vicious cycle. – Other Health Provider (Monmouth and Ocean Counties)

A significant number of individuals suffer injury as a result of domestic violence, family violence, assaults, bullying accidents and falls. – Social Services Provider (Monmouth and Ocean Counties)

Injuries can happen to us all and there are many types of violence including community safety, domestic and sexual violence that occurs. – Public Health Representative (Northern and Central New Jersey)

Trauma

Violence creates trauma in the community, in our community the violence tends towards domestic abuse, murder/suicide within families and self-harm. – Social Services Provider (Northern and Central New Jersey)

Gangs

People are afraid to talk or to say what they see, due to gangs or other officials. – Community /Business Leader (Northern and Central New Jersey)

Gun violence and gang violence is prominent in Asbury and Neptune. – Other Health Provider (Monmouth and Ocean Counties)

Street violence, gang violence and access to guns. Diminished respect for human life. Violent video games. Bleak vision of the future for distressed urban area youth. – Social Services Provider (Monmouth and Ocean Counties)

Gang activity is present right in our own neighborhoods. We are also seeing a rise in high school violence and vandalism. – Social Services Provider (Ocean County)

Contributing Factors

These two items result in unnecessary costs to healthcare system and create a sense of fear in the community. – Other Health Provider (Northern and Central New Jersey)

Alcohol/Drug Use

Drugs, alcohol and neglect in many communities leads to violence and crime. – Community/Business Leader (Northern and Central New Jersey)

Unemployment

Related to unemployment and underemployment. – Physician (Monmouth and Ocean Counties)

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

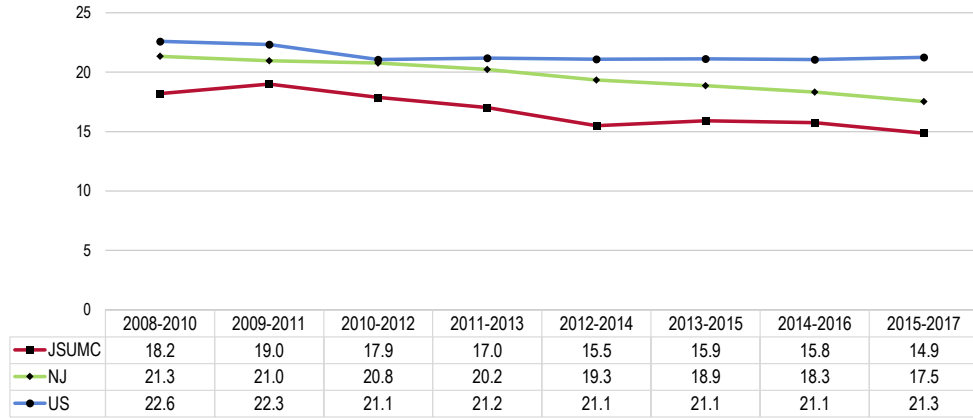
Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 20.5 or Lower (Adjusted)



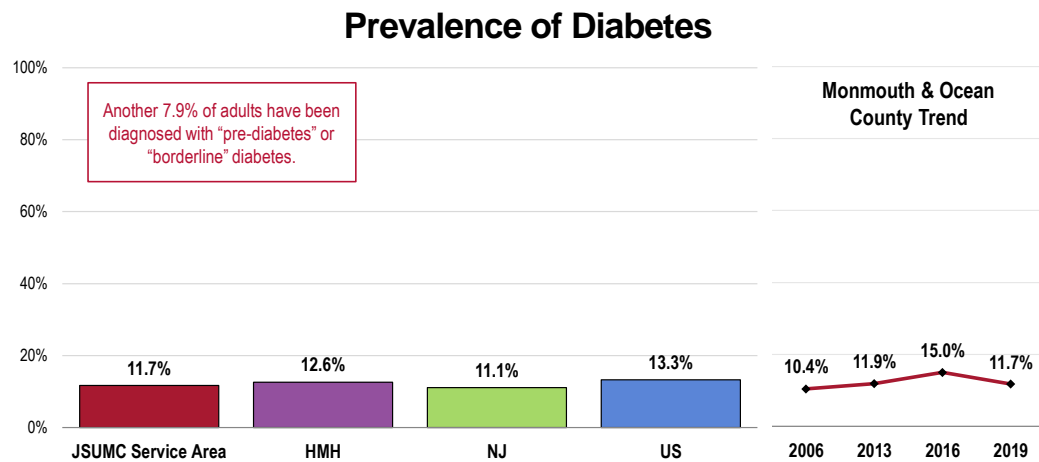
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
● The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

“Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)”

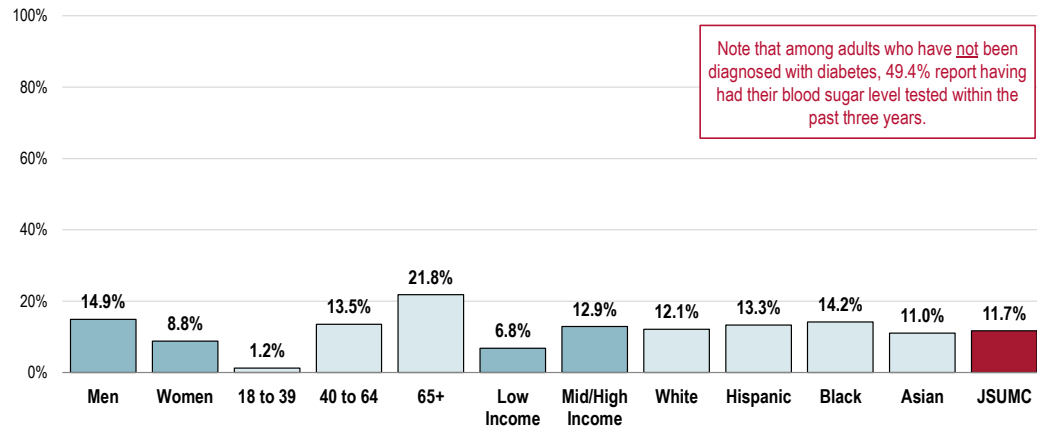
“Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)”

Adults who do not have diabetes: “Have you had a test for high blood sugar or diabetes within the past three years?”



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 140]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Prevalence of Diabetes (JSUMC Service Area, 2019)

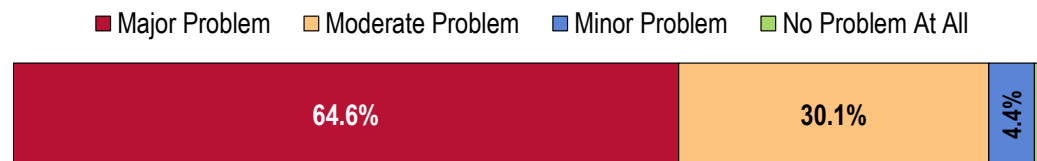


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 37, 140]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Challenges

Among those rating this issue as a "major problem," the biggest challenges for people with diabetes are seen as:

Health Awareness/Education

The lack of knowledge how the type of food and amount will affect the overall disease. Proper nutrition information is extremely important to these individuals. – Social Services Provider (Ocean County)
T2D is the most preventative form of chronic illness by proper education and practice in healthy eating and exercise. – Other Health Provider (Northern and Central New Jersey)

Lack of education regarding sugar intake and its dangers. – Community/Business Leader (Northern and Central New Jersey)

Understanding the medication regimen and the affordability of diabetic supplies. The cost of insulin and newer pumps and subcutaneous glucose testing devices is very expensive even with insurance coverage. For those with little to no insurance, these costs then interfere with the person purchasing what is needed such as testing sticks. Without careful attention to food choices, activity and exercise, and accurate medication regimen, the person then develops complications that can mean more frequent hospitalizations, loss of work, school, etc. – Other Health Provider (Northern and Central New Jersey)

Not knowing how to prevent it, then not following up with diet and exercise. – Community/Business Leader (Northern and Central New Jersey)

Community support programs, including nutrition/dietary counseling. Cost of medications. – Physician (Monmouth and Ocean Counties)

Education and understanding diet and medication management. – Community/Business Leader (Ocean County)

Lack of education in schools regarding health and lifestyle and increased risk of developing diabetes. Cost of fresh vegetables, meats and fruits vs. processed prepacked goods. – Community/Business Leader (Ocean County)

Education, obtaining medication, diet and exercise. – Other Health Provider (Monmouth and Ocean Counties)

Disease Management

Having the tools to self-manage the disease, i.e. manage medications, diet, providers, and avoid complications. – Public Health Representative (Northern and Central New Jersey)

Compliance with medication. – Physician (Monmouth and Ocean Counties)

Compliance with medication and lifestyle change. Also, they tend to not believe it will really affect them until it is too late. – Public Health Representative (Northern and Central New Jersey)

Compliance with care. – Community/Business Leader (Northern and Central New Jersey)

Maintaining healthy blood sugar levels, weight and living health lifestyles. – Community/Business Leader (Northern and Central New Jersey)

Blood glucose control through diet, exercise and medication. – Public Health Representative (Ocean County)

Nutrition & Physical Activity

Not giving them a lifestyle change, food can heal. – Social Services Provider (Monmouth and Ocean Counties)

Making total lifestyle changes. – Community/Business Leader (Monmouth and Ocean Counties)

Support groups, finding places to eat and buy healthier foods, changing their eating and exercise habits. – Public Health Representative (Northern and Central New Jersey)

There needs to be walkable places to get healthy food such a fruit stand. There needs to be adult endocrine providers that take Medicaid for adults. They should not only have the option of clinic care. – Physician (Monmouth and Ocean Counties)

Overweight. Obesity. Overeating. Lack of physical activity. – Community/Business Leader (Northern and Central New Jersey)

Overweight and eating the wrong things. Emphasis on drugs and not on lifestyle and good food. – Community/Business Leader (Monmouth County)

Access to healthy foods and education. – Public Health Representative (Northern and Central New Jersey)

Cooking and eating affordable healthy foods. – Community/Business Leader (Northern and Central New Jersey)

Access to and assistance with healthy nutrition. – Community/Business Leader (Monmouth and Ocean Counties)

Diet and access to proper foods. Access to proper care and insulin. – Community/Business Leader (Monmouth and Ocean Counties)

Lack of healthy alternatives to high fat/sugar diets in areas that don't have many good food choices. – Social Services Provider (Northern and Central New Jersey)

Food and exercise choices. – Public Health Representative (Monmouth and Ocean Counties)

Contributing Factors

- Diet, obesity and access to earlier care. – Physician (Monmouth and Ocean Counties)*
- Lack of health education and social media/marketing of food. Lack of physical activities for youth/elderly. – Community/Business Leader (Ocean County)*
- They need support groups and nutritional counseling and transportation to attend. – Social Services Provider (Northern and Central New Jersey)*
- Access to healthy foods for low income residents in Middlesex County, cost of medication. – Other Health Provider (Northern and Central New Jersey)*
- Many of the patients that have diabetes do not have the money to purchase healthy food and don't have the money to purchase some of the medication that is not on any assistance program. Therefore, they do not eat right, and their blood glucose goes up, and they can't take the medication they need to keep their diabetes under control. – Other Health Provider (Monmouth and Ocean Counties)*
- Older people eat out very often not making good choices, limited income and limited resources. – Community/Business Leader (Ocean County)*
- Maintaining diet, access to affordable medication/medication compliance. Lack of a true understanding of diabetes and how it affects the body. – Public Health Representative (Monmouth and Ocean Counties)*

Access to Medications/Supplies

- Supplies, change for healthy habits that correlate to their beliefs and cultural aspects. – Community/Business Leader (Monmouth and Ocean Counties)*
- Being able to afford the supplies. – Other Health Provider (Monmouth and Ocean Counties)*
- Access to affordable medication and maintaining an effective diet. – Social Services Provider (Monmouth and Ocean Counties)*
- Medicine cost forces individuals to go without proper treatment until it's too late. – Community/Business Leader (Monmouth and Ocean Counties)*
- Insulin and testing strip access. – Other Health Provider (Northern and Central New Jersey)*
- They have no financial resources to get the insulin if they don't have insurance. – Social Services Provider (Northern and Central New Jersey)*

Prevalence/Incidence

- Affects so many patients. Leads to so many health issues. – Other Health Provider (Monmouth and Ocean Counties)*
- Undiagnosed and new cases of diabetes. – Public Health Representative (Monmouth and Ocean Counties)*
- Major of all ages. – Community/Business Leader (Monmouth and Ocean Counties)*
- The numbers are just increasing too fast. Need to work more diligently to change this trend. – Public Health Representative (Northern and Central New Jersey)*

Weight Management

- Weight control. – Community/Business Leader (Northern and Central New Jersey)*
- Weight management and reliance on insulin and the high cost associated with it. – Social Services Provider (Northern and Central New Jersey)*

Insurance Issues

- Lack of health insurance coverage for diabetes control and management. – Public Health Representative (Monmouth and Ocean Counties)*

Vulnerable Populations

- Cultural sensitivity. Many communities in UC have large number of new or first-generation immigrants. The nutrition education and access to health food is limited. – Other Health Provider (Northern and Central New Jersey)*
- African American population. – Social Services Provider (Monmouth and Ocean Counties)*

Access to Care/Services

- Too few providers, physicians, diabetes educators and diabetes literacy among patients. – Physician (Monmouth and Ocean Counties)*

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

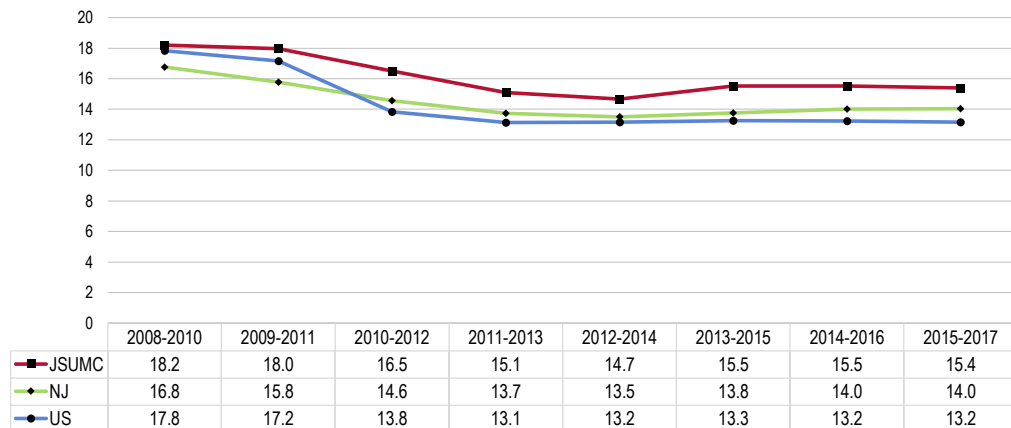
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Age-adjusted kidney disease mortality is described in the following chart.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

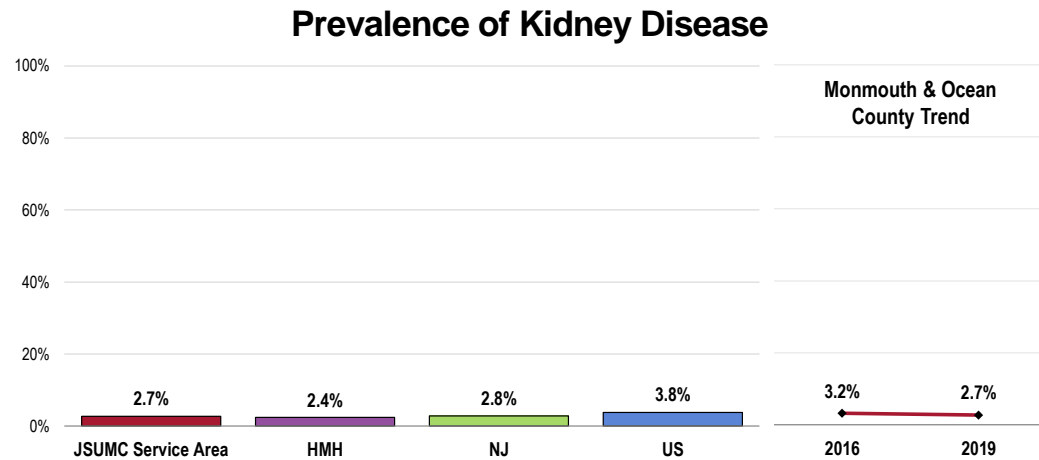


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

“Would you please tell me if you have ever suffered from or been diagnosed with kidney disease?”

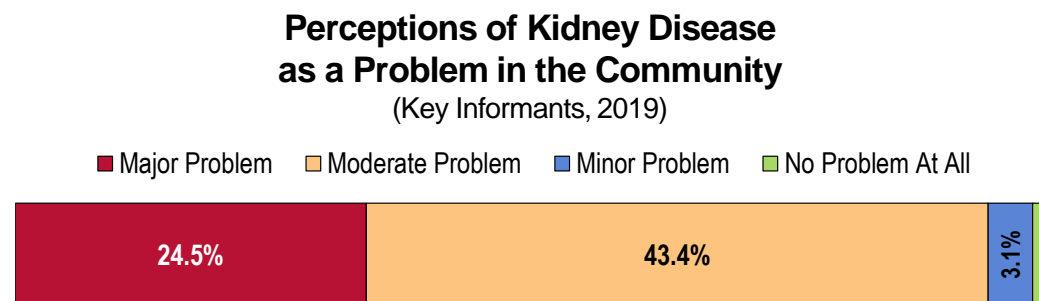


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Key Informant Input: Kidney Disease

The following chart outlines key informants’ perceptions of the severity of *Kidney Disease* as a problem in the community:



Sources: • PRC Online Key Informant Survey, PRC, Inc.

Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

As a nurse I see this diagnosis frequently in our population we serve. – Other Health Provider (Monmouth and Ocean Counties)

The number of facilities for dialysis has increased in my community in the past five years. The number of people receiving treatment that I know is increasing. – Community/Business Leader (Monmouth and Ocean Counties)

During my twenty plus years of working experience in this community, I have seen a significant number of individuals with kidney disease, in addition to reports of family members with some type of kidney disease. – Social Services Provider (Monmouth and Ocean Counties)

A lot of people in the community have renal failure and need dialysis. – Community/Business Leader (Monmouth and Ocean Counties)

High rates of people being diagnosed. – Community/Business Leader (Northern and Central New Jersey)

Increased usage of dialysis clinics. – Public Health Representative (Monmouth and Ocean Counties)

We have seen the statistics for the area, the opening of kidney care centers in our area tells the tale or the addition of seats for patients has increased in existing centers. – Community/Business Leader (Monmouth and Ocean Counties)

Comorbidities

I feel that due to diabetes and not taking care of it properly, other issues like chronic kidney disease have developed. – Community/Business Leader (Northern and Central New Jersey)

Diabetes, drug use, young people using over the counter products for muscle building which overload the kidneys. – Other Health Provider (Monmouth and Ocean Counties)

Hypertension, diabetes, obesity are all prequels to kidney disease. All are uncontrolled as a population. – Physician (Monmouth and Ocean Counties)

Due to growing number of patients with high blood pressure, kidney disease is more serious. – Social Services Provider (Northern and Central New Jersey)

Associated with many other chronic illnesses like hypertension and diabetes. – Physician (Northern and Central New Jersey)

Diabetes is on the rise leading to kidney disease. – Community/Business Leader (Northern and Central New Jersey)

Access to Care/Services

Lack of known resources. – Community/Business Leader (Monmouth County)

Impact on Family/Caregivers

Any chronic disease can have major impact on the person affected and the community as a whole. Kidney disease requires dialysis, which is both costly and time consuming. If a patient is required to go through that treatment, it can have detrimental effects on their financial and mental health. – Other Health Provider (Northern and Central New Jersey)

Vulnerable Populations

African American population. – Social Services Provider (Monmouth and Ocean Counties)

This is one of the number one killers of African Americans with a large population in this area. Poor diets and not enough education. – Other Health Provider (Monmouth and Ocean Counties)

Lack of Providers

Health care specialist availability. – Community/Business Leader (Ocean County)

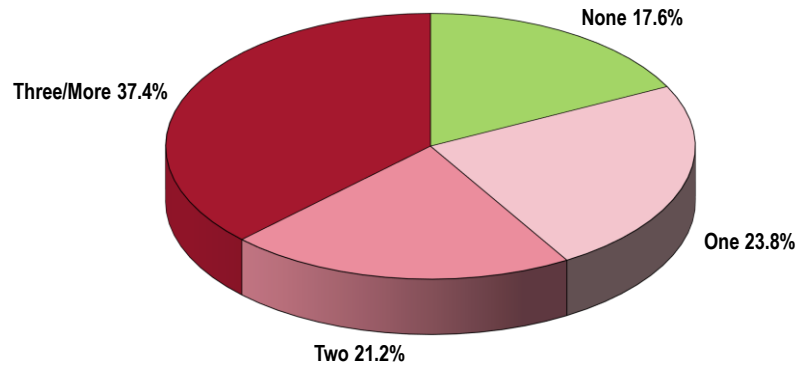
Potentially Disabling Conditions

Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

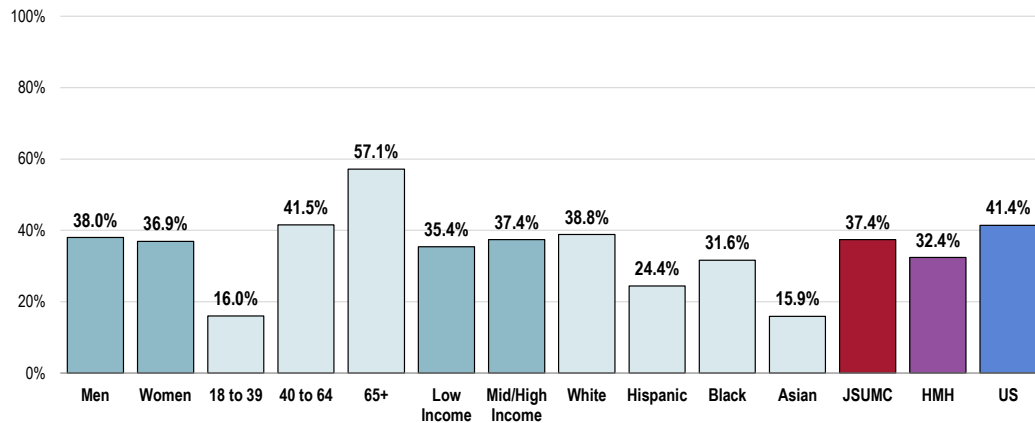
In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Number of Current Chronic Conditions
(JSUMC Service Area, 2019)



- Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(JSUMC Service Area, 2019)



- Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

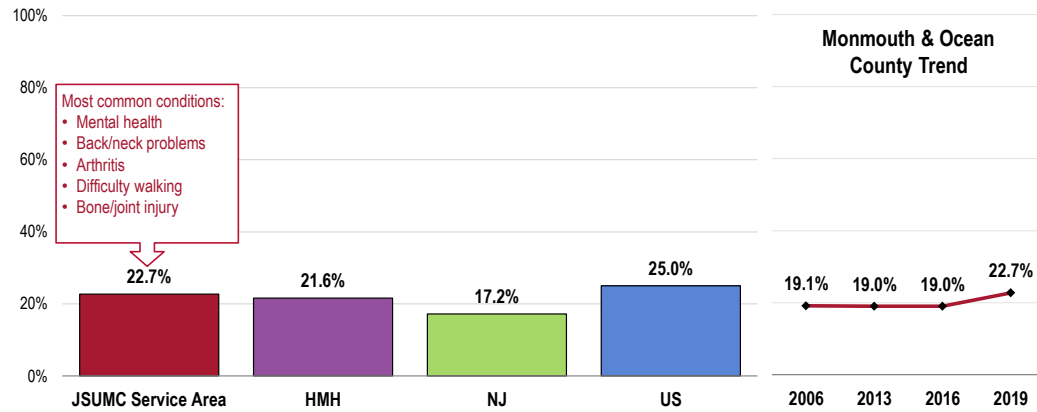
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

— Healthy People 2020 (www.healthypeople.gov)

“Are you limited in any way in any activities because of physical, mental, or emotional problems?”

Adults with activity limitations: “What is the major impairment or health problem that limits you?”

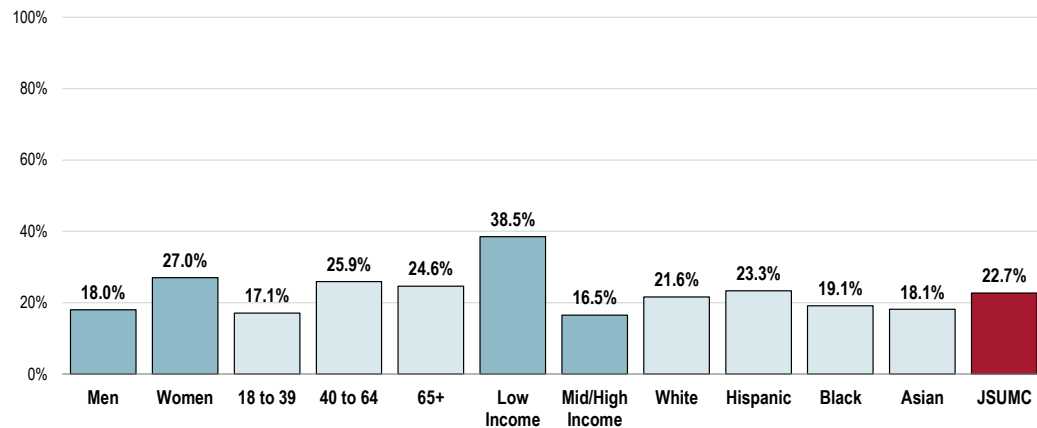
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 109-110]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2015 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (JSUMC Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 109]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

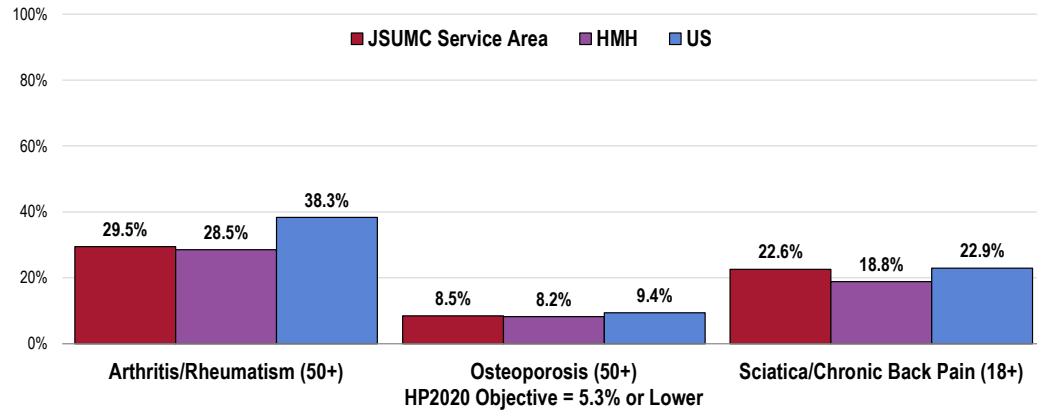
— Healthy People 2020 (www.healthypeople.gov)

“Would you please tell me if you have ever suffered from or been diagnosed with arthritis or rheumatism?” (Reported here among only those age 50+.)

“Would you please tell me if you have ever suffered from or been diagnosed with osteoporosis?” (Reported in the following chart among only those age 50+.)

“Would you please tell me if you have ever suffered from or been diagnosed with sciatica or chronic back pain?” (Reported here among all adults age 18+.)

Prevalence of Potentially Disabling Conditions

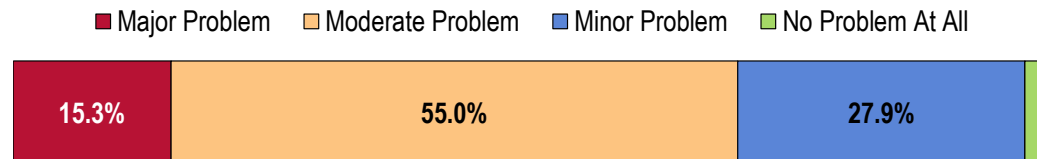


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 26, 141-142]
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: • The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The following chart outlines key informants’ perceptions of the severity of *Arthritis, Osteoporosis & Chronic Back Conditions* as a problem in the community:

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Aging Population

Because of the large amount of over 55-year communities, there is a dense population who are elderly. Elderly have chronic problems. A lot of men in construction jobs have these problems many in this category do not have good health benefits. Not on Medicare. – Community/Business Leader (Ocean County)

People we are seeing more and more seniors in our center. – Social Services Provider (Northern and Central New Jersey)

Whether injury-related for back conditions or general body changes for arthritis, as our population ages they are going to deal with these issues that end up contributing to health care dollar usage, loss of work, family stress, other pressures. Generally, everyone will eventually have some type of osteo issue. – Community/Business Leader (Monmouth and Ocean Counties)

Most elders I know suffer from arthritis and back problems. – Community/Business Leader (Monmouth and Ocean Counties)

The aging population we face in Ocean County. – Social Services Provider (Ocean County)

Large elderly population. – Community/Business Leader (Ocean County)

We have many senior developments in our county. – Community/Business Leader (Ocean County)

Baby boomers are living longer and more active hence more treatment and care needed for the degenerative conditions. Hips, knees, back, neck and low back pain is the second most common reason for a doctor visit. First is the common cold. – Physician (Monmouth and Ocean Counties)

Comorbidities

Poor diet and obesity cause back problems and contribute to arthritis. – Public Health Representative (Northern and Central New Jersey)

Diagnosis/Treatment

People want to get to the root of their problem, not get medicated so the pain goes away. – Community/Business Leader (Northern and Central New Jersey)

Contributing Factors

Three primary items, loss to the workforce. Increased risk for fracture/injury. Chronic opioid use and dependency. Social isolation. Increased risk factors for obesity, heart disease and other chronic diseases. Loss of self-worth. – Physician (Monmouth County)

Lack of Providers

As a nurse I see this as a major concern with limited access to physicians who will care for people with chronic back issues. – Other Health Provider (Monmouth and Ocean Counties)

Injury

They lead to Falls, loss of independence and high medical costs. – Other Health Provider (Monmouth and Ocean Counties)

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

— Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

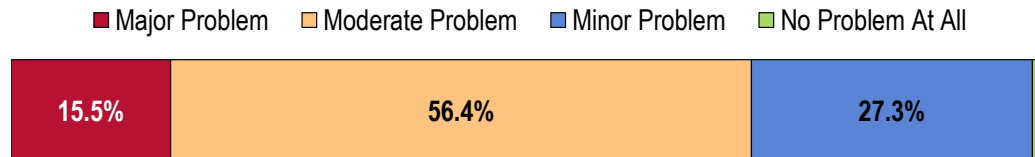
As the nation’s population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

— Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

The following chart outlines key informants’ perceptions of the severity of *Vision & Hearing* as a problem in the community:

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Care/Services

- Hearing aids are very expensive. Medicare does not pay for them. Seniors have trouble getting used to them. – Community/Business Leader (Ocean County)*
- Lack of money and information to our kids and families lead to worsening their conditions. – Community/Business Leader (Northern and Central New Jersey)*
- Medical care that is not critical is often not addressed. For families with limited income and/or no insurance this is a luxury and not a necessity. – Other Health Provider (Northern and Central New Jersey)*

Insurance Issues

- Medicare does not cover eyeglasses or hearing aids. Many of the elderly patients cannot afford these items and do without. – Other Health Provider (Monmouth and Ocean Counties)*

Aging Population

The aging population has little access to information about vision/hearing loss and how to go about resolving it. Most have difficulty with transportation and affordability of such services. Lot of seniors are becoming isolated. – Social Services Provider (Northern and Central New Jersey)

Older population has natural occurrence in our community. – Other Health Provider (Northern and Central New Jersey)

Prevalence/Incidence

A significant number of individuals report problems with vision and or hearing but many do not have the necessary insurance, or they are under insured. – Social Services Provider (Monmouth and Ocean Counties)

Approximately 25% of school aged children have vision problems. Families sometimes do not understand the importance of follow up for vision referrals and ensuring their child wears their glasses. – Community/Business Leader (Ocean County)

Impact on Quality of Life

Poor vision and hearing leads to decreased independence and increased falls. – Other Health Provider (Monmouth and Ocean Counties)

Alzheimer's Disease**About Dementia**

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

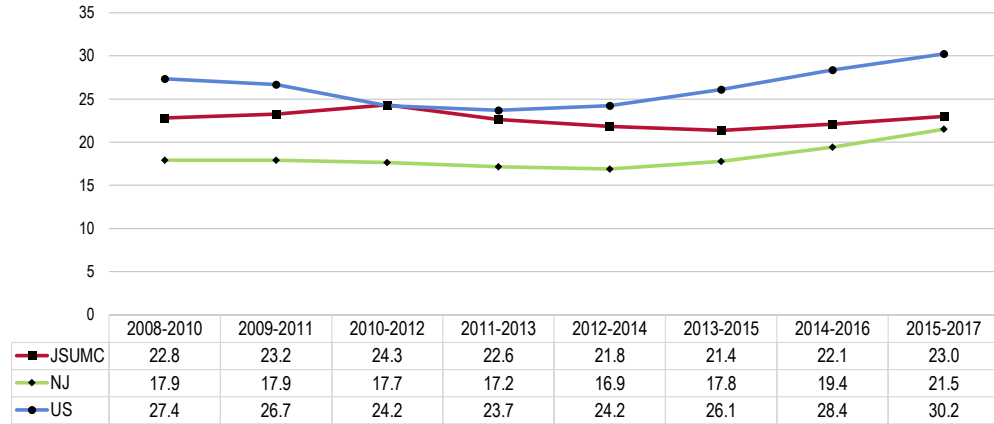
Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined in the following chart.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer's Disease

The following chart outlines key informants' perceptions of the severity of *Dementias, Including Alzheimer's Disease* as a problem in the community:

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

- Elderly population in the community. – Community/Business Leader (Ocean County)
- Only one of aging problems. – Community/Business Leader (Monmouth and Ocean Counties)
- Aging baby boomers and more people being diagnosed with Alzheimer's. – Social Services Provider (Northern and Central New Jersey)
- Ocean County has a large number of seniors living in it. It would seem that with such a large population, this is a factor. – Social Services Provider (Northern and Central New Jersey)
- Ocean County is home to one of the largest older adult populations in the country. The number of at-risk individuals is so large. – Public Health Representative (Northern and Central New Jersey)
- An aging population. The demographics of the area. – Community/Business Leader (Northern and Central New Jersey)
- Our community has many senior developments. – Community/Business Leader (Ocean County)
- As baby boomers age there is a higher amount of people suffering from dementia. – Other Health Provider (Monmouth and Ocean Counties)

Disease affecting the lives of many elderly in our community. Quality of life, depletion of funds, emotional stress for caregivers. – Social Services Provider (Ocean County)

Older parents and grandparents have not taken care of themselves or practiced measures that can prolong the disease. – Community/Business Leader (Northern and Central New Jersey)

Due to aging population, seeing an increase in our area and the opening of new Alzheimer/dementia units. – Community/Business Leader (Monmouth and Ocean Counties)

As the population ages and we see more living well into their 90s, assistance and medication designed to forestall the progression of these diseases is critical. – Community/Business Leader (Northern and Central New Jersey)

Prevalence/Incidence

Because of the number of people it affects, as well as their caregivers. – Community/Business Leader (Northern and Central New Jersey)

Increase in number of people affected. – Public Health Representative (Northern and Central New Jersey)

High number of people diagnosed, affects not only those who have it, but entire family unit. People often live far from family members who have it and therefore have trouble finding support services. – Community/Business Leader (Northern and Central New Jersey)

I, personally, know many people affected by this disease in our community. – Social Services Provider (Northern and Central New Jersey)

It has been identified in different settings. Churches, workplace, residential facilities, families etc., about the increase of dementia/Alzheimer's in individuals of various ages, race, gender, class and culture. – Social Services Provider (Monmouth and Ocean Counties)

Impact on Family/Caregivers

Care givers have little relief. Breaks down the next generation – Other Health Provider (Monmouth and Ocean Counties)

It affects so many generations. The patient and the caregivers. High risk of falls. – Other Health Provider (Monmouth and Ocean Counties)

I see clients on a daily basis struggling with this and there is little or no help unless they have LTHC to cover the problem. Help costs big dollars. Folks often need to quit their job to stay at home since they do not have the finances to help a parent. More should be done with community programs to babysit, home care from VA or community programs. I also believe it is not caught early enough to minimize the later effects. If it were it would be less costly. More programs should be available to educate the public of what to look for, where they can go for help. – Community/Business Leader (Monmouth and Ocean Counties)

The caregiving aspect of this disease is overwhelming and many times unless the family is well off financially, the burden of finding care in the home and possible placement for your loved one is difficult. There are a few respite programs that someone can apply for but these are limited. – Other Health Provider (Northern and Central New Jersey)

Caregiver burnout. Lack of Caregiver programs to provide relief and respite. Where caregiver programs do exist, they are insufficient to meet need due to lack of funding, staff and or too restrictive eligibility requirements. – Social Services Provider (Northern and Central New Jersey)

Family caregivers who neglect their own health because they are caring for another. – Community/Business Leader (Northern and Central New Jersey)

Treatment

Intervention is not early enough and caregiver education and support. – Community/Business Leader (Ocean County)

The indeterminant cause of dementia/Alzheimer's disease. – Public Health Representative (Monmouth and Ocean Counties)

There is no known cure for it. Derived from old age as well as from substance abuse. – Community/Business Leader (Monmouth and Ocean Counties)

Contributing Factors

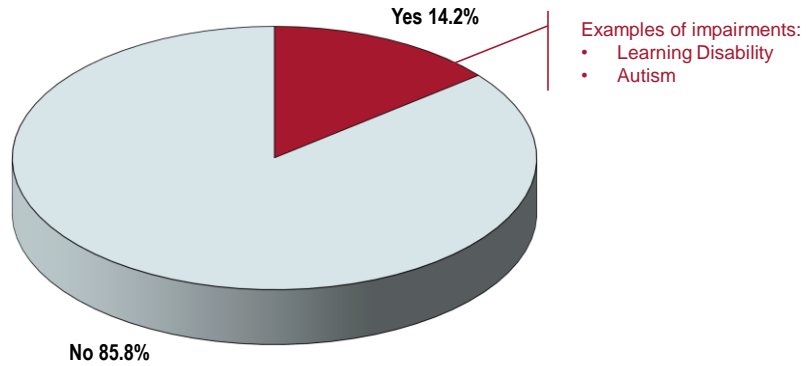
Too many vaccines along with poor foods add to health problems. – Social Services Provider (Monmouth and Ocean Counties)

Conditions Affecting Children

Major Impairments or Health Problems

“Does your child have a major impairment or health problem?”

Child Has Been Diagnosed With a Major Impairment or Health Problem (JSUMC Parents of Children Age 0-17)

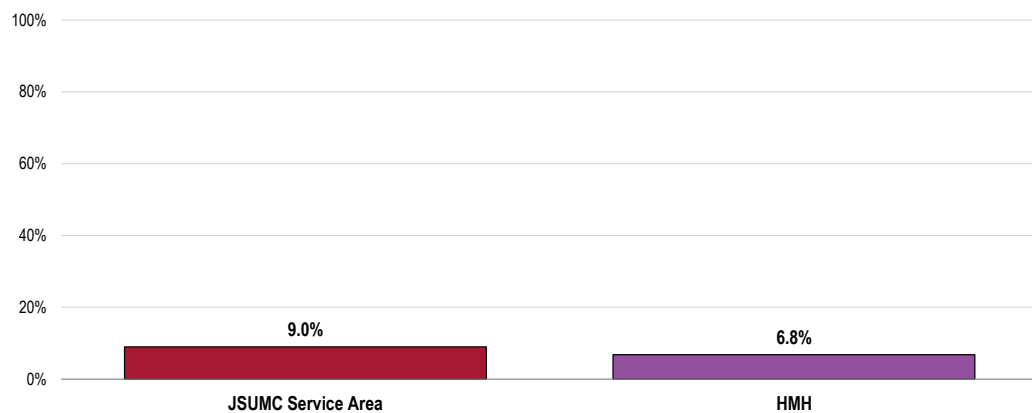


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 315-316]
 Notes: • Asked of respondents with children 0 to 17 in the household.

Autism

“Has a doctor or other health care provider ever told you that this child had autism?”

Child Has Been Diagnosed With Autism (Among Children Age 2-17)



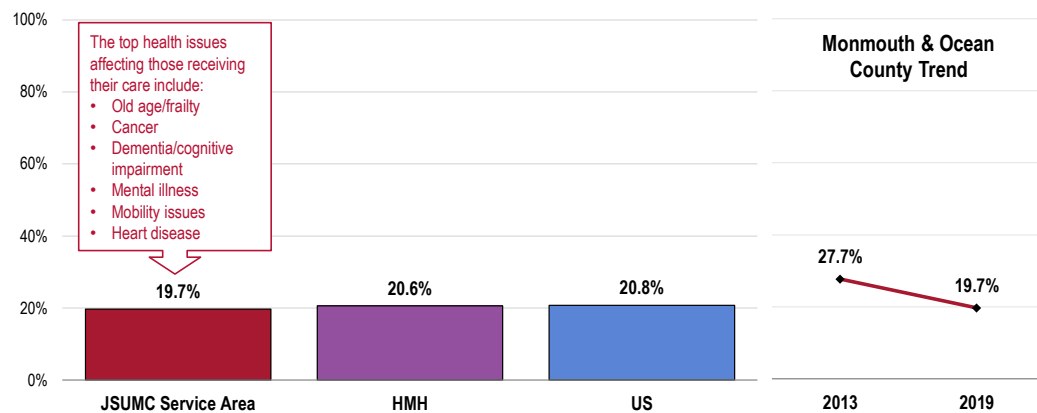
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 313-314]
 Notes: • Asked of all respondents with children age 2-17 at home.

Caregiving

“People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?”

Among those providing care: “What is the main health problem, long-term illness, or disability that the person you care for has?”

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 111-112]
 ● 2017 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

Infectious Disease

About Immunization & Infectious Diseases

The increase in life expectancy during the 20th century is largely due to improvements in child survival; this increase is associated with reductions in infectious disease mortality, due largely to immunization. However, infectious diseases remain a major cause of illness, disability, and death. Immunization recommendations in the United States currently target 17 vaccine-preventable diseases across the lifespan.

People in the US continue to get diseases that are vaccine-preventable. Viral hepatitis, influenza, and tuberculosis (TB) remain among the leading causes of illness and death across the nation and account for substantial spending on the related consequences of infection.

The infectious disease public health infrastructure, which carries out disease surveillance at the national, state, and local levels, is an essential tool in the fight against newly emerging and re-emerging infectious diseases. Other important defenses against infectious diseases include:

- Proper use of vaccines
- Antibiotics
- Screening and testing guidelines
- Scientific improvements in the diagnosis of infectious disease-related health concerns

Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- Saves 33,000 lives.
- Prevents 14 million cases of disease.
- Reduces direct healthcare costs by \$9.9 billion.
- Saves \$33.4 billion in indirect costs.

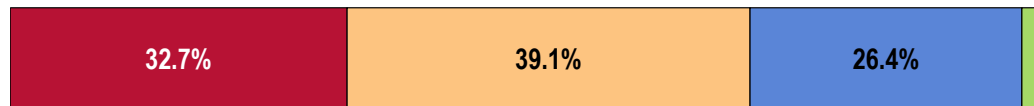
— Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Immunization & Infectious Diseases

The following chart outlines key informants' perceptions of the severity of *Immunization & Infectious Diseases* as a problem in the community:

Perceptions of Immunization and Infectious Diseases as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Cultural/Personal Beliefs

A lot of people do not believe in immunizations. – Other Health Provider (Monmouth and Ocean Counties)

MD nonadherence to ACIP regulations for age-appropriate immunizations. – Community/Business Leader (Northern and Central New Jersey)

In Monmouth County, there are low vaccination rates for children’s immunizations. This is a large public health problem. Infectious diseases impact the population as you visit different gathering areas such as restaurants, stores, schools. We need to focus on primary prevention activities. – Other Health Provider (Northern and Central New Jersey)

Anti-vaxers are a big problem for everyone. – Public Health Representative (Northern and Central New Jersey)

Some parents don’t see the importance of immunization, especially in the Jewish community. – Social Services Provider (Northern and Central New Jersey)

Increased vaccine refusal by parents. – Physician (Monmouth and Ocean Counties)

Anti-vaxers and the large number of communicable diseases. – Public Health Representative (Monmouth and Ocean Counties)

A growing issue, lack of trust with immunizations, growing outbreaks like measles. Failure to immunize has contributed to a growing number of vaccine preventable disease outbreaks. – Public Health Representative (Monmouth and Ocean Counties)

Cultural beliefs opposing immunizations. Lack of proper information. – Community/Business Leader (Monmouth County)

Measle Outbreaks

Measles outbreak is best example of why proper education on immunizations is need in the community. – Other Health Provider (Northern and Central New Jersey)

Immunization levels in the community are not adequate, participation among some sub-populations is low, as evidenced by the recent measles outbreaks. – Community/Business Leader (Monmouth and Ocean Counties)

Recent measles outbreak, low HPV rates in our state. Large number of anti-vax people in our state. – Community/Business Leader (Northern and Central New Jersey)

Measles outbreaks. People against vaccines create their own problems because the wrong beliefs. Malaria brought from other countries. – Community/Business Leader (Monmouth and Ocean Counties)

Measles outbreak, not so much in this community but there are pockets of non-immunized that could spread this disease. – Social Services Provider (Northern and Central New Jersey)

Health Awareness/Education

Education related to importance of vaccinations. – Social Services Provider (Ocean County)

Vaccination rates are not where they need to be, and we are seeing a resurgence of vaccine preventable disease. – Public Health Representative (Northern and Central New Jersey)

People are so misguided and not getting their children vaccinated. – Other Health Provider (Monmouth and Ocean Counties)

Misinformation about immunizations. – Community/Business Leader (Ocean County)

Contributing Factors

Money, religion, poor living conditions, limited knowledge of immunizations and infectious diseases. – Community/Business Leader (Northern and Central New Jersey)

Access to Care/Services

For the pediatric population, many doctors and clinics have difficulty obtaining immunizations causing newborns and toddlers become delayed in their immunization series. – Social Services Provider (Northern and Central New Jersey)

Births

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

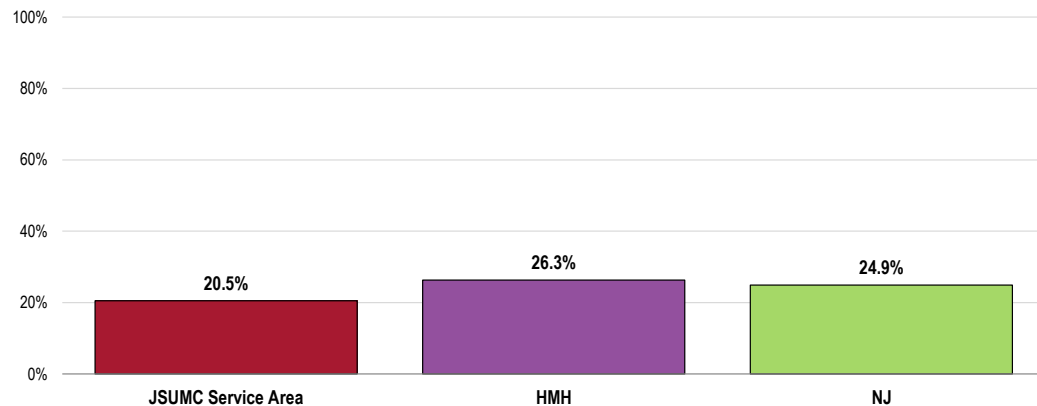
Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

— Healthy People 2020 (www.healthypeople.gov)

Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Lack of timely prenatal care (care initiated during the first trimester of pregnancy) is outlined in the following chart.

Lack of Prenatal Care in the First Trimester
 (Percentage of Live Births, 2016-2017)
 Healthy People 2020 = 22.1% or Lower



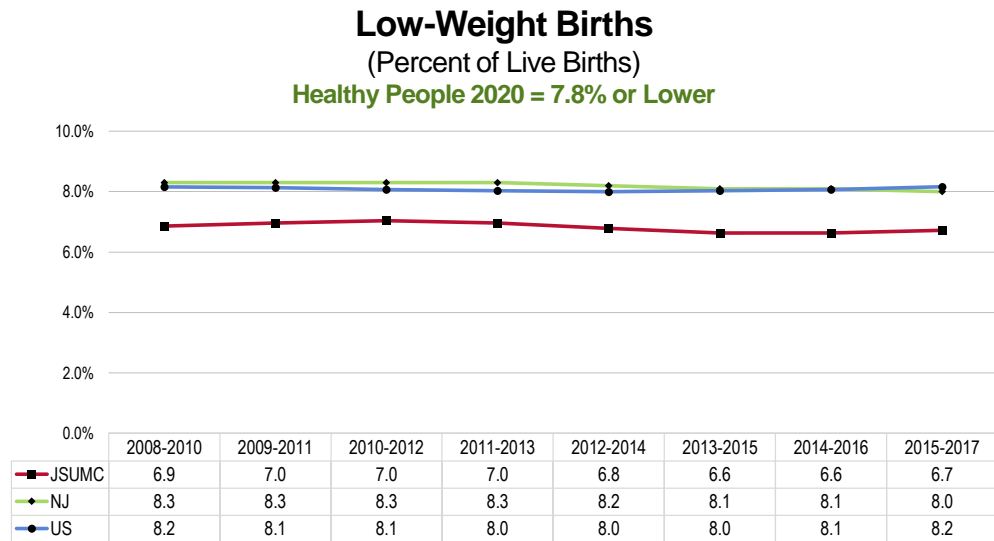
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2019.

Note: ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-10.1]
 ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. Births of low-weight infants are described in the following chart.



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

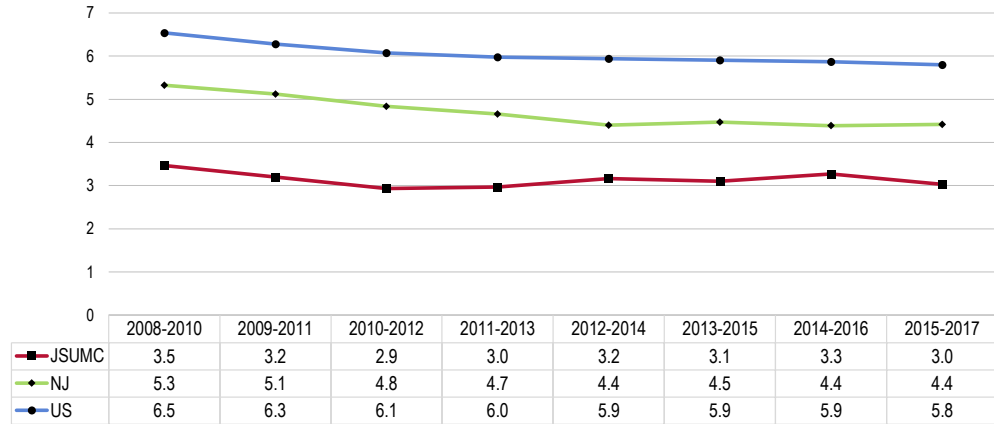
Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart.

Infant Mortality Trends (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 = 6.0 or Lower

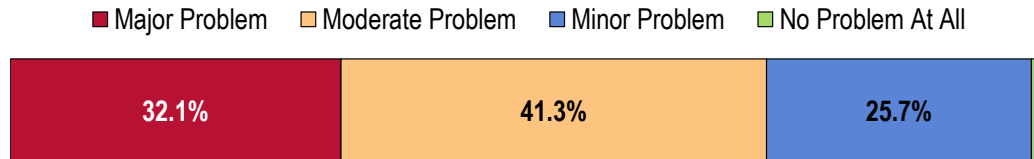


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2019.
 ● Centers for Disease Control and Prevention, National Center for Health Statistics.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: ● Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

The following chart outlines key informants’ perceptions of the severity of *Infant & Child Health* as a problem in the community:

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2019)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Vulnerable Populations

Some of the most vulnerable population. – Public Health Representative (Monmouth and Ocean Counties)

Infant and maternal healthcare for African American and Latinx Americans are disproportionately worse than that of Caucasians. More work needs to be done in order to have equitable care for all patients, mothers and babies. Also, development of early childhood health practices has been shown to increase potential for that child to have the better health outcomes in their life. – Other Health Provider (Northern and Central New Jersey)

Access to Care/Services

Lack of access and low priority for proper prenatal care. – Community/Business Leader (Monmouth County)

Limited access to pediatric care for low income families. – Social Services Provider (Northern and Central New Jersey)

Early Diagnosis/Prevention

Often communities start with interventions for seniors and people over age 18 years. If interventions, support, and financial resources are focused on infant and child health, we all could be healthier adults. – Other Health Provider (Northern and Central New Jersey)

Not so much a major problem as an area of major emphasis. A healthy start in life is the key to health throughout the lifespan. While there are numerous resources in Monmouth/Ocean available for infant and child health, not all families have access to them. – Community/Business Leader (Monmouth and Ocean Counties)

Contributing Factors

Lack of transportation to available resources. Lack of knowledge of status of insurance, travel and relocation. – Community/Business Leader (Northern and Central New Jersey)

Insurance Issues

Students without health insurance are sicker and miss more days of school. – Community/Business Leader (Ocean County)

Future Generations

If children are sick, it's trouble for generations. – Public Health Representative (Northern and Central New Jersey)

Too many neglected children and children born to children themselves perpetuates the cycle of dependency and crime. – Community/Business Leader (Northern and Central New Jersey)

Infant/child health and nutrition has lifelong effects and affects future generations. – Other Health Provider (Monmouth and Ocean Counties)

Teen Pregnancies

High number of single, young mother birthing. – Social Services Provider (Monmouth and Ocean Counties)

Young people birthing babies who lack maturity/means to support. – Social Services Provider (Monmouth and Ocean Counties)

Health Awareness/Education

Lack of knowing what resources are available. – Community/Business Leader (Ocean County)

Lack of knowledge, poor living conditions, not understanding the laws required for students to enter schools with vaccinations. – Community/Business Leader (Northern and Central New Jersey)

Maternal Mortality

Maternal mortality. – Physician (Monmouth and Ocean Counties)

Lead Poisoning

Childhood lead poisoning, not enough screening. Not a priority with pediatrics. Not enough education within the family medicine community. – Community/Business Leader (Northern and Central New Jersey)

Mental Health

Rising rates of youth as young as five years old in psychiatric crisis units. – Social Services Provider (Northern and Central New Jersey)

Unplanned Pregnancies

Too many children in too short a time. – Community/Business Leader (Ocean County)

Family Planning

Births to Adolescent Mothers

About Adolescent Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

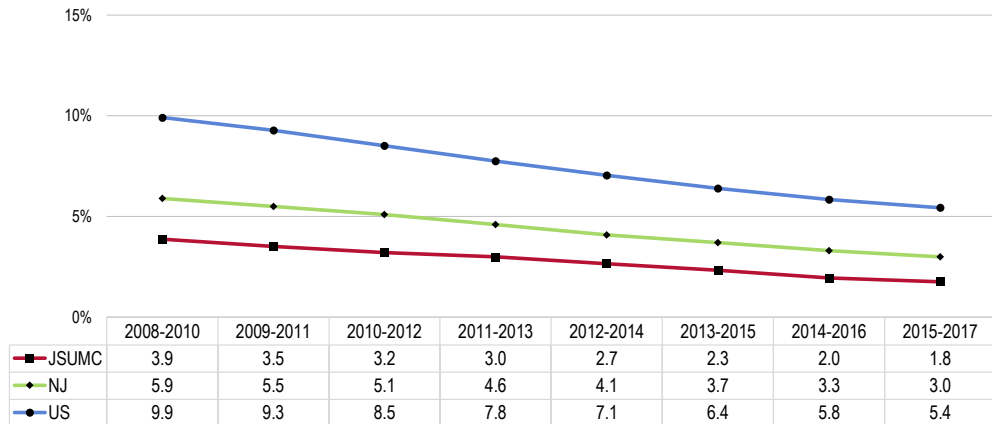
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

— Healthy People 2020 (www.healthypeople.gov)

The following chart describes births to adolescent mothers age 15 to 19 years old.

Adolescent Birth Trends
(Percentage of Births to Adolescents Age 15-19)

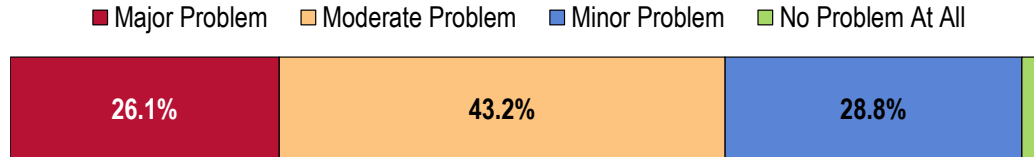


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
 - Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

The following chart outlines key informants' perceptions of the severity of *Family Planning* as a problem in the community:

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

There are not enough facilities available to offer family planning programs. – Community/Business Leader (Northern and Central New Jersey)

No nearby Planned Parenthood facility. Cultural practices and beliefs. – Physician (Monmouth and Ocean Counties)

Health Awareness/Education

The public should have family planning in every school, religious or not so these things do not happen. – Community/Business Leader (Monmouth and Ocean Counties)

Cultural/Personal Beliefs

Family planning is not practiced, due to religion or ignorance. – Community/Business Leader (Northern and Central New Jersey)

I believe it is due to cultural variables. Some cultures do not believe in contraception, others do not want to use contraception. It is getting better. There are programs for those that cannot afford to purchase contraceptive devices. – Other Health Provider (Monmouth and Ocean Counties)

Large religious group who don't believe in family planning. Less funding for planned parenthood. – Community/Business Leader (Ocean County)

Politics

Because of threats to programs under current administration. – Community/Business Leader (Northern and Central New Jersey)

Contributing Factors

Not enough people are using it, and the fear of Planned Parenthood being underfunded. – Community/Business Leader (Northern and Central New Jersey)

Important for family development. – Public Health Representative (Monmouth and Ocean Counties)

Poverty

Economically depressed neighborhood. – Social Services Provider (Monmouth and Ocean Counties)

Yes, family planning is a problem among the lower socioeconomic population. – Social Services Provider (Monmouth and Ocean Counties)

Some of our low-income families who do not use family planning resources or have access to birth control are starting families at such a young age, some alone with little family support. We must begin education at the earliest time possible. – Social Services Provider (Ocean County)

Affordable Care/Services

Access to care is an issue for families with limited resources and/or no access to insurance. – Other Health Provider (Northern and Central New Jersey)

Teen Pregnancies

Many young mothers in this area. – Other Health Provider (Monmouth and Ocean Counties)

Increase in teen pregnancy and work schedules of couples. – Public Health Representative (Northern and Central New Jersey)

Modifiable Health Risks

Nutrition, Physical Activity & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include: knowledge and attitudes; skills; social support; societal and cultural norms; food and agricultural policies; food assistance programs; and economic price systems.

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

— Healthy People 2020 (www.healthypeople.gov)

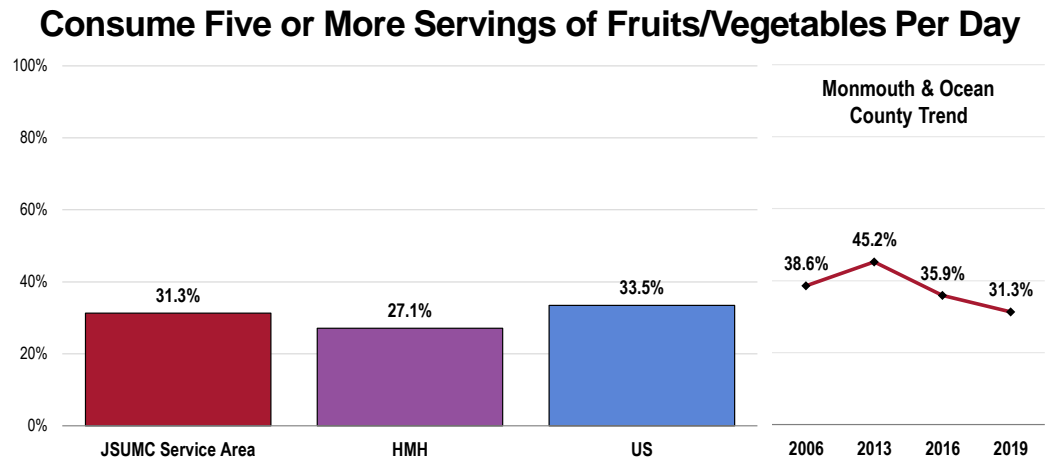
Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

“Now I would like you to think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?”

“How many servings of vegetables did you have yesterday?”

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

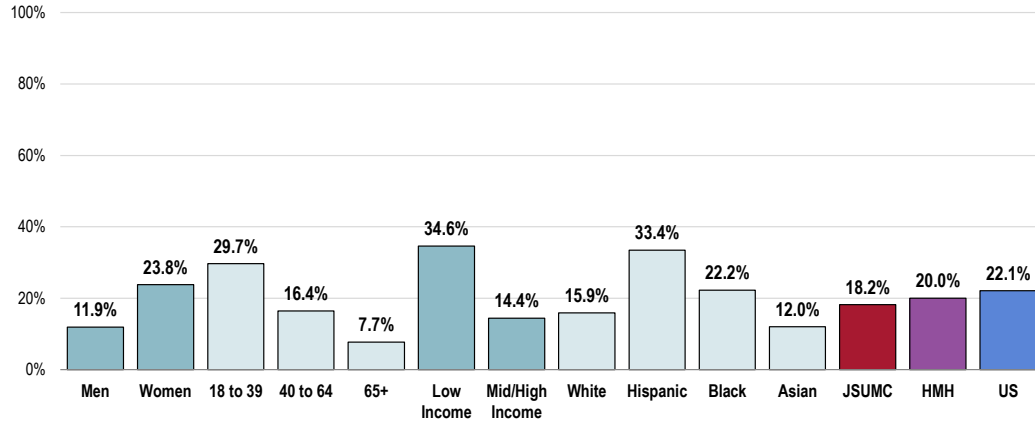


- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]
 - 2017 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

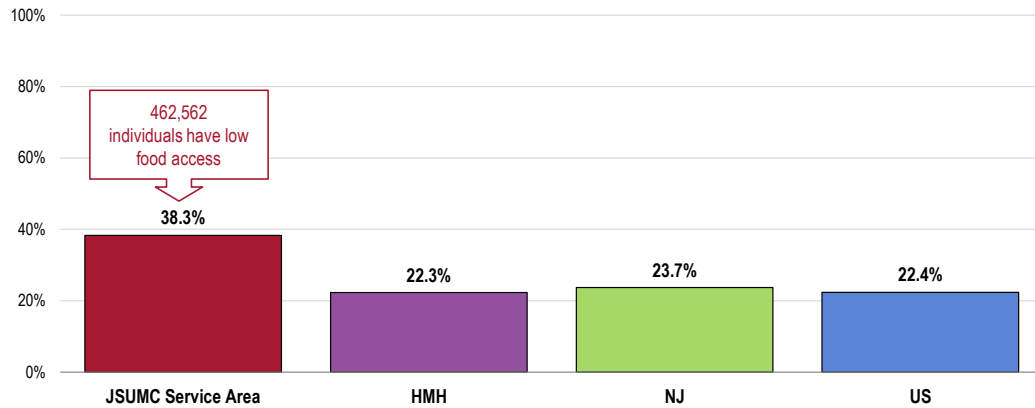
Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (JSUMC Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 189]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This related chart is based on US Department of Agriculture data.

Population With Low Food Access (Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 • Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
 Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

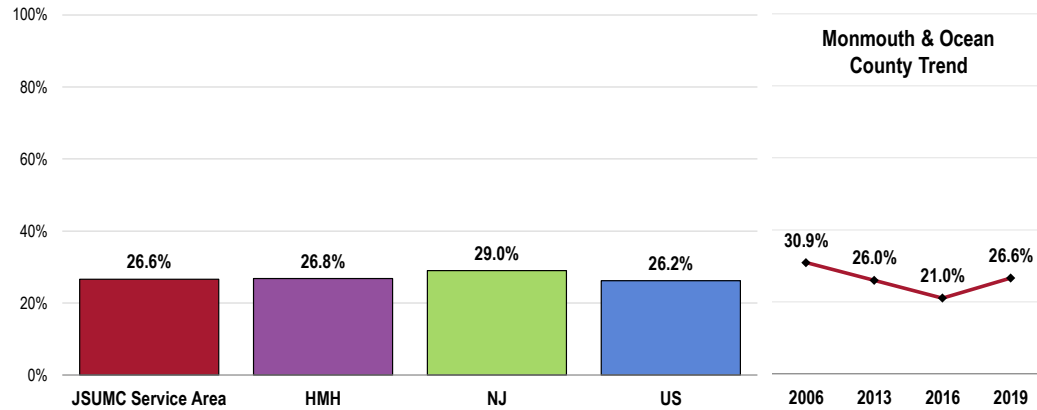
— Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

“During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

No Leisure-Time Physical Activity in the Past Month Healthy People 2020 = 32.6% or Lower



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 89]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Meeting Physical Activity Recommendations

To measure physical activity frequency, duration, and intensity, respondents were asked:

“During the past month, what type of physical activity or exercise did you spend the most time doing?”

“And during the past month, how many times per week or per month did you take part in this activity?”

“And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

“During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands.”

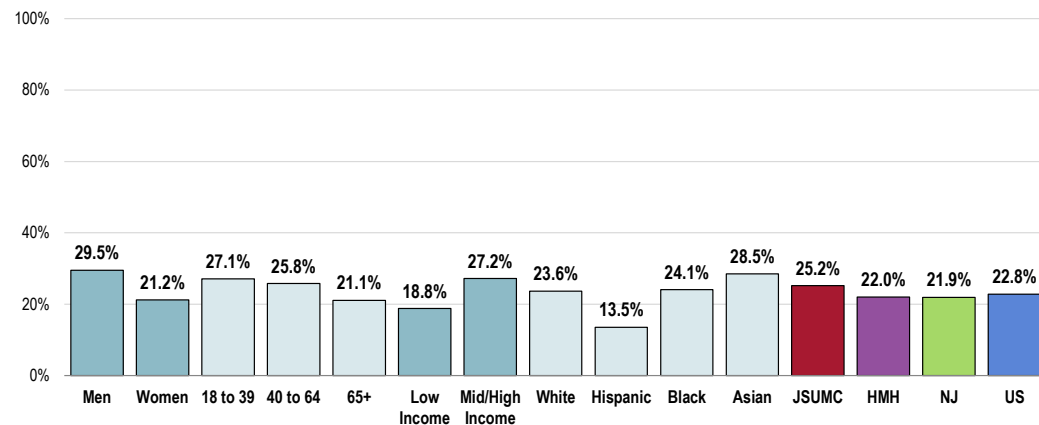
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations

(JSUMC Service Area, 2019)

Healthy People 2020 = 20.1% or Higher

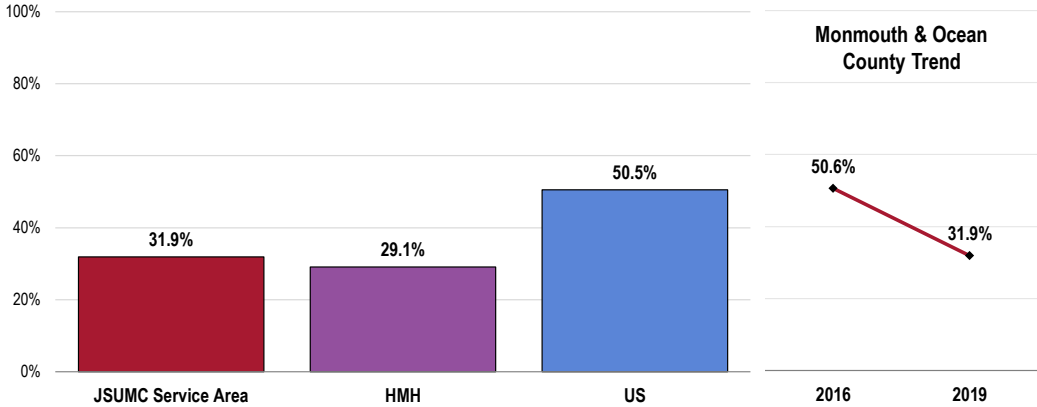


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakdowns represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children's Physical Activity

“During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 124]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 2-17 at home.
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight, not Obese	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

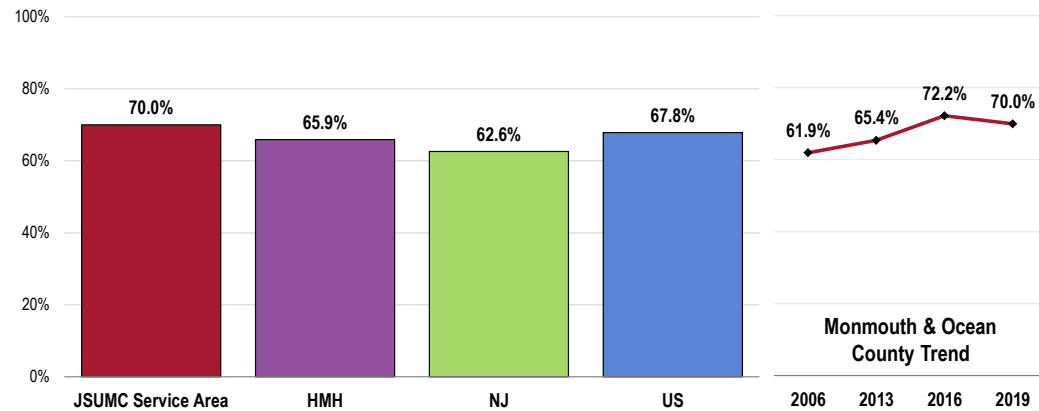
“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

“Are you now trying to lose weight?”

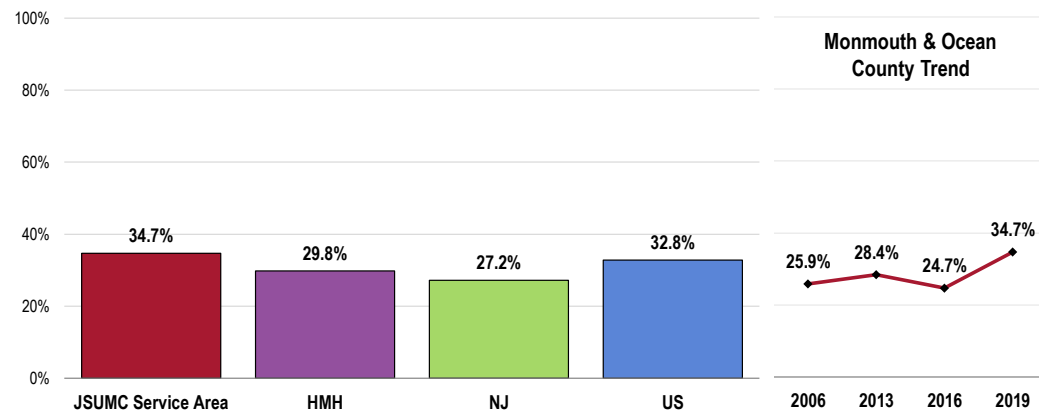
Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 191]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 - 2017 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

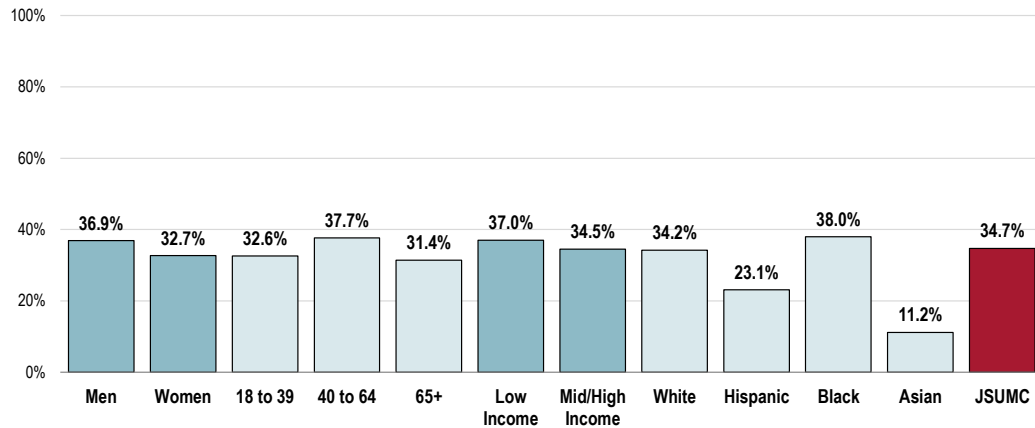
Prevalence of Obesity
 Healthy People 2020 = 30.5% or Lower



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 - 2017 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Prevalence of Obesity (JSUMC Service Area, 2019)

Healthy People 2020 = 30.5% or Lower



Sources:

- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

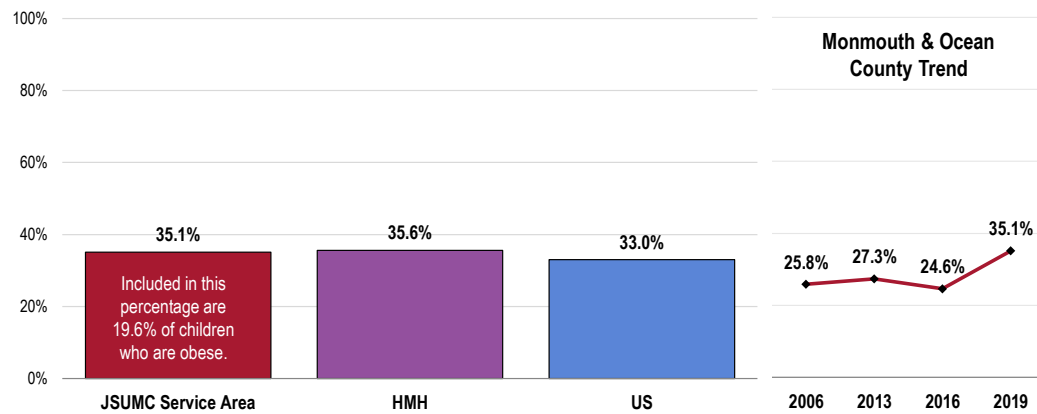
— Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

“How much does this child weigh without shoes?”

“About how tall is this child?”

Prevalence of Overweight in Children (Parents of Children Age 5-17)

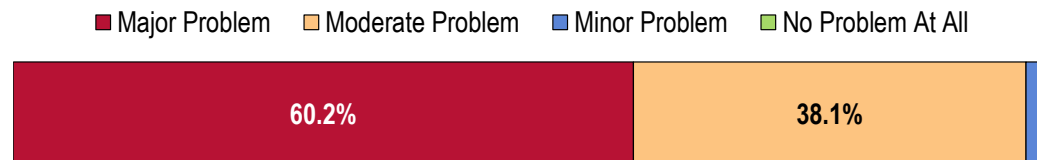


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 158]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants’ perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

- Lack of time, finances and education contribute to the nutrition, physical activity and weight challenges in our community. – Social Services Provider (Northern and Central New Jersey)*
- Work too many hours for low pay. No time for activity or cooking properly. Not healthy. – Community/Business Leader (Ocean County)*
- Increasing size of students, lack of physical activity, increased screen time even in school, nutrition is not taught in school. – Community/Business Leader (Ocean County)*
- Food insecurity, access to recreational facilities and transportation are the three major factors. – Social Services Provider (Ocean County)*
- Covered, but not enough resources given to nutrition, screening and injury prevention programs. – Other Health Provider (Monmouth and Ocean Counties)*

Community has been found to be an urban food desert. Also, lack of education about nutrition. – Social Services Provider (Monmouth and Ocean Counties)

Lack of access to and high cost of fresh foods. Plethora of junk food opportunities. Lack of awareness of nutritional value/content of food choices. Aversion to exercising for better health. – Social Services Provider (Monmouth and Ocean Counties)

Access to healthy, affordable nutritious foods, promotion of parks and open space for physical activity, attitudes and traditions about food to address behaviors and cultural influence. – Public Health Representative (Northern and Central New Jersey)

Health Awareness/Education

Get more information to public, healthier eating places available with good food, opportunities to access free exercise. – Public Health Representative (Northern and Central New Jersey)

Lack of knowledge on proper diet and exercise for optimal health. – Community/Business Leader (Ocean County)

People don't realize what they eat and they become obese, same thing with the children. – Social Services Provider (Northern and Central New Jersey)

Misunderstanding of healthy food choices. Children eating sugary foods and drinks, obesity in children. – Other Health Provider (Monmouth and Ocean Counties)

Lack of access to culturally relevant information, healthy food at affordable prices, alternative food choices, restaurants, and lack of access to resources for gyms, bikes, etc. – Other Health Provider (Northern and Central New Jersey)

Nutrition & Physical Activity

Poor nutrition and lack of exercise leads to poor health. – Community/Business Leader (Northern and Central New Jersey)

Access to healthy foods and to facilities for safe recreation/exercise. – Community/Business Leader (Monmouth and Ocean Counties)

Physical activity and proper nutrition lead to healthy bodies. You follow those two rules and you will never be overweight. There are many gyms available throughout the community. – Community/Business Leader (Monmouth and Ocean Counties)

These problems are result of poor diet and easy access to cheap fast food within the community. Sedentary behaviors such as watching TV & playing video games. And in many cases confinement to their apartments due the dangerous environment. Lack of affordable and accessible exercise activities and settings. – Social Services Provider (Monmouth and Ocean Counties)

As previously stated patients and individuals in the community do not have the money to purchase healthy food, join a gym or even take the time out to talk a walk or go to a park to walk because they have to work or have more than one job to be able to support their families. – Other Health Provider (Monmouth and Ocean Counties)

Easy access to fast food, sugary drinks, screen time. – Physician (Monmouth and Ocean Counties)

Obesity/Overweight

Ocean County, NJ and the US in general are continuing to see an increase in obesity which has huge consequences on overall health and other health conditions. – Public Health Representative (Northern and Central New Jersey)

Obesity is a growing problem. – Social Services Provider (Northern and Central New Jersey)

Obesity. – Community/Business Leader (Northern and Central New Jersey)

According to NJDOH, approximately one in four (25.6%) New Jersey adults are obese. Cumberland (34.5%), Salem (33.9%), and Gloucester (30.3%) counties have the highest three-year prevalence of adult obesity in New Jersey – each of these counties are located within our service area. If the prevalence of obesity continues to increase at the current pace, nearly half (48.6%) of New Jersey adults will be obese in 2030. For breast cancer patients, many studies link BMI to breast cancer risk (which increases with age) – revealing that women who are overweight or obese after menopause have a 30-60 percent higher breast cancer risk than those who are not overweight or obese. – Community/Business Leader (Northern and Central New Jersey)

Obesity and lack of activity lead to health problems and injuries. – Other Health Provider (Monmouth and Ocean Counties)

Society is more obese. – Other Health Provider (Monmouth and Ocean Counties)

Lack of Physical Activity

Sedentary lifestyle. This starts now at a very early age. Children are seen when they get in and out of the car. Walking, riding a bike or being outside, etc. are not desirable activities, an electronic device is. Exercise is even a minimum part of the school curriculum. Unhealthy habits formed early in life continue in many instances into adulthood. Thus, effecting an individual's health. – Community/Business Leader (Monmouth and Ocean Counties)

People work or are running around with the kids and do not find time to exercise. Picking up fast food while on the run, not knowing correct portion sizes. In areas where there is higher social vulnerability, access to food may be an issue, as well as cost. – Social Services Provider (Northern and Central New Jersey)

Challenging to fit in activity and exercise for multiple reasons. In suburban areas, more people are likely to drive than walk or bike. Pedestrian and bicycle safety could be better. Access to healthy, fresh fruits and vegetables is limited in certain areas of the county – Other Health Provider (Northern and Central New Jersey)

We need to decrease stress, have more time for exercise and allow it to be a part of our lifestyle. – Social Services Provider (Monmouth and Ocean Counties)

Access to Healthy Food

Hunger and provision of healthy food for those in need. – Community/Business Leader (Ocean County)

Too many fast food restaurants in town. – Community/Business Leader (Ocean County)

Poor neighborhoods have difficulty eating healthy. – Public Health Representative (Northern and Central New Jersey)

Access to healthy foods and education about food choices. – Other Health Provider (Northern and Central New Jersey)

Access the healthy food. – Physician (Monmouth County)

Nutrition

Cooking and eating affordable healthy foods. – Community/Business Leader (Northern and Central New Jersey)

Poor diet, heavy sugar intake, lack of knowledge of locations to access programs. – Social Services Provider (Ocean County)

I feel like this is getting better and that there are now many stores that carry organic. But it's expensive to shop and eat well. Many restaurants serve sub-optimal quality food as well. Also lack of time to shop and cook and lack of time to exercise. Many people don't prioritize it. – Community/Business Leader (Monmouth County)

Lifestyle

Competing priorities. – Physician (Monmouth and Ocean Counties)

Affordable Services

Lack of affordable programs and instructional programs and information. – Physician (Monmouth and Ocean Counties)

No affordable nutritional or weight management programs. – Physician (Ocean County)

Access to Care/Services

More resources and health promotion are needed in this area. – Public Health Representative (Monmouth and Ocean Counties)

Cultural/Personal Beliefs

Cultural and genetic issues. – Community/Business Leader (Monmouth and Ocean Counties)

Comorbidities

Poor weight management leading to chronic conditions of hypertension and diabetes. – Social Services Provider (Northern and Central New Jersey)

These are three factors that can be indicators for probability of future chronic diseases like, heart disease, stroke and diabetes. – Other Health Provider (Northern and Central New Jersey)

Denial

People are in denial about their health and need of exercise. – Community/Business Leader (Northern and Central New Jersey)

People don't see how their eating habits and types of food they eat are affecting them in more than one way. – Community/Business Leader (Northern and Central New Jersey)

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

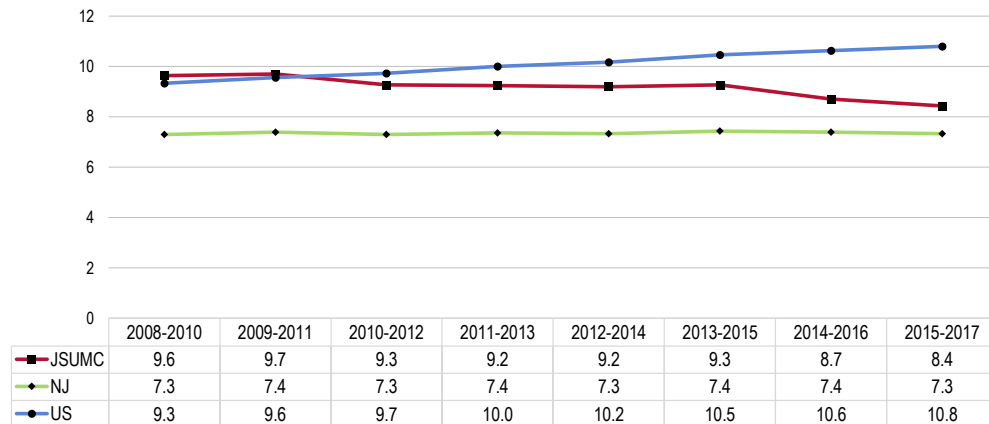
— Healthy People 2020 (www.healthypeople.gov)

Alcohol

Cirrhosis/Liver Disease

Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The following chart outlines age-adjusted mortality for cirrhosis/liver disease in the area.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 8.2 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Excessive Drinking

Excessive drinking reflects the number of adults (age 18+) who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women), or who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

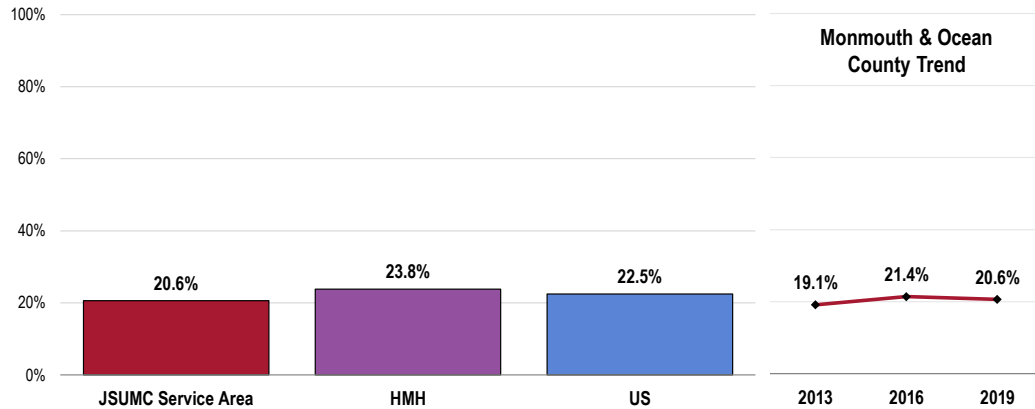
“During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

“On the day(s) when you drank, about how many drinks did you have on the average?”

“Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

Excessive Drinkers

Healthy People 2020 = 25.4% or Lower



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

Notes: • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drugs

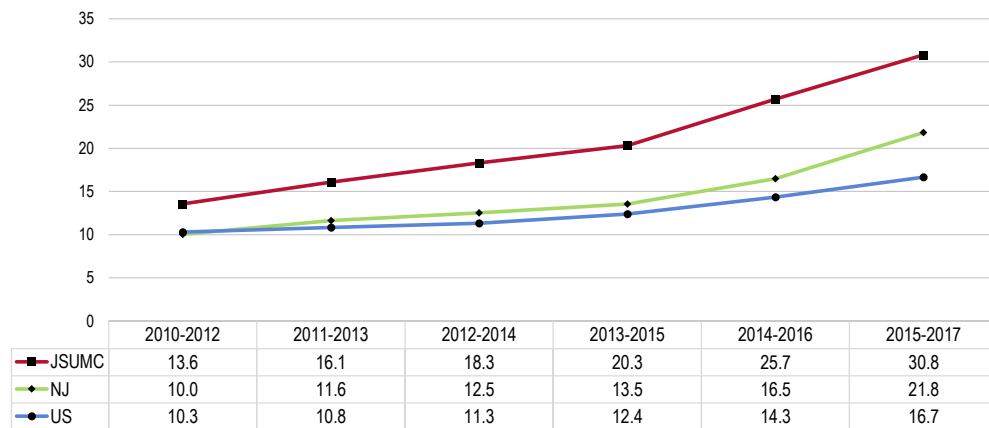
Unintentional Drug-Related Deaths

Unintentional drug-related deaths include all deaths, other than suicide, for which drugs are the underlying cause. A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 11.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
 • UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].

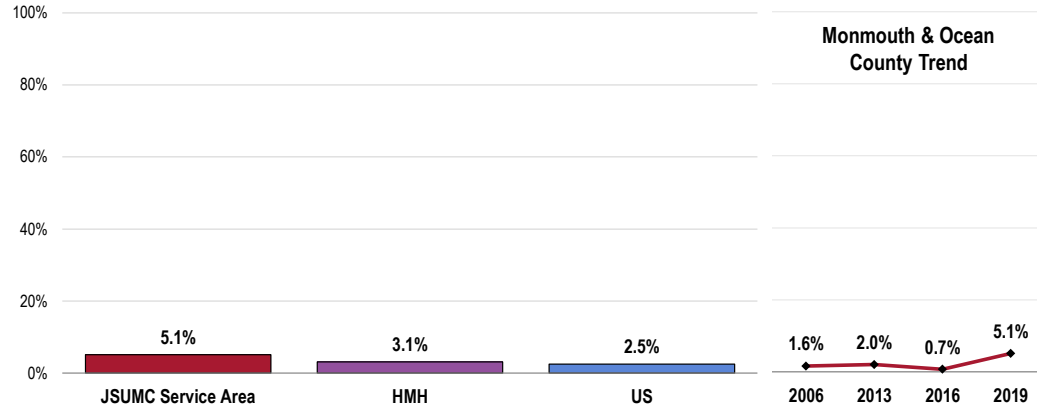
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

“During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

Illicit Drug Use in the Past Month

Healthy People 2020 = 7.1% or Lower

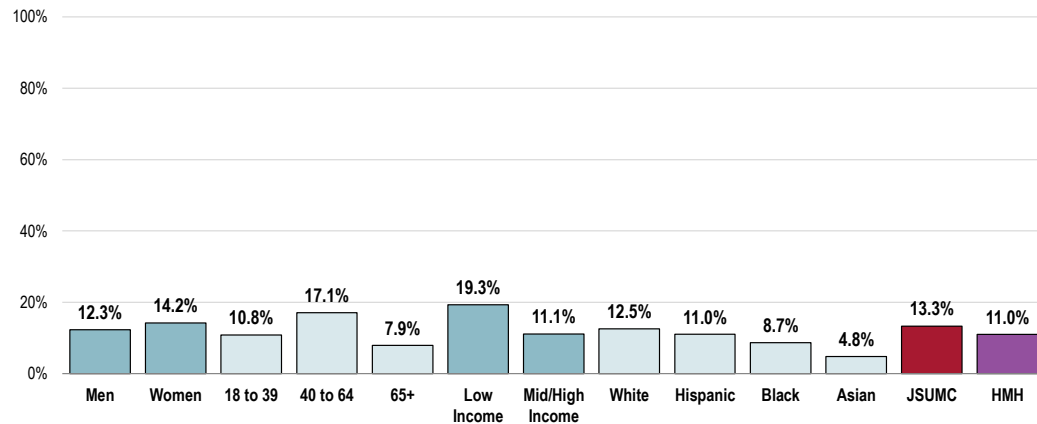


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

Prescription Opiate Use

“Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?”

Have Used a Prescription Opiate/Opioid Within the Past Year
 (JSUMC Service Area, 2019)

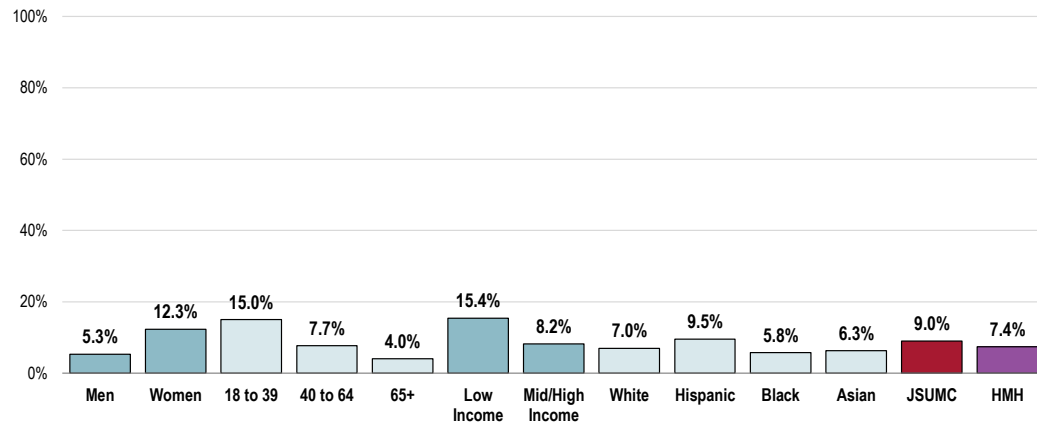


Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Treatment & Referral for Prescription Addiction

“Have you or has a member of your family ever received treatment for addiction to a prescription medication or been referred by a doctor, nurse, or other health professional for this type of care?”

Self/Member of Household Has Ever Been Treated or Referred for Prescription Addiction (JSUMC Service Area, 2019)



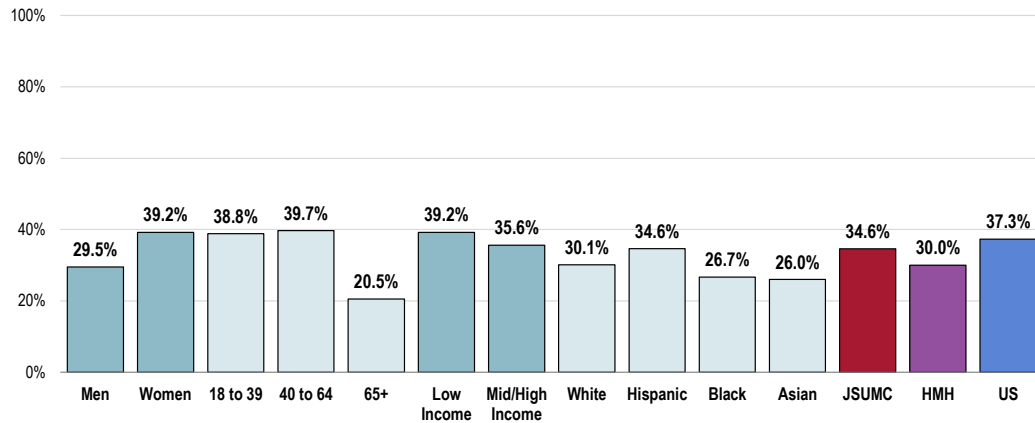
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Personal Impact of Substance Abuse

“To what degree has your life been negatively affected by your own or someone else's substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (JSUMC Service Area, 2019)

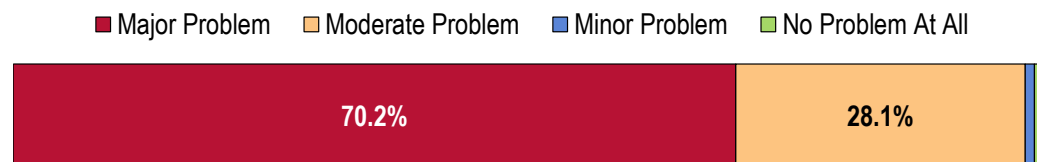


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 195]
 Notes: • Asked of all respondents.
 • Includes response of "a great deal," "somewhat," and "a little."
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

The following chart outlines key informants' perceptions of the severity of *Substance Abuse* as a problem in the community:

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care/Services

- Lack of treatment beds. – Social Services Provider (Northern and Central New Jersey)
- Limited access to care sites. – Physician (Monmouth and Ocean Counties)
- There are limited resources. New Hope in Marlboro, again overbooked, understaffed. – Other Health Provider (Monmouth and Ocean Counties)
- Lack of beds for addicted wanting assistance. – Community/Business Leader (Ocean County)

Lack of treatment facilities. – Social Services Provider (Northern and Central New Jersey)

Lack available outpatient and detox programs. – Social Services Provider (Monmouth and Ocean Counties)

NIMBY in relation to methadone and other treatment center. – Community/Business Leader (Northern and Central New Jersey)

MAT not being available in the emergency room at area hospitals. – Other Health Provider (Northern and Central New Jersey)

More treatment facilities for young people, not jail, or boot camps, but evidence-based counseling, etc. – Community/Business Leader (Northern and Central New Jersey)

Limited resources and addiction. – Social Services Provider (Northern and Central New Jersey)

The availability of programs for substance abusers vs. the number of people seeking assistance. Simply put, there are not enough professionals and services available for people in need. – Community/Business Leader (Ocean County)

Recidivism, lack of community support once rehab is over. – Community/Business Leader (Ocean County)

Not enough resources. – Physician (Monmouth County)

Health Awareness/Education

Lack of awareness of programs. Lack of motivation to get clean. Ready availability of drugs and economic opportunity through sale of same. – Social Services Provider (Monmouth and Ocean Counties)

Lack of knowledge about and/or access to treatment resources, insufficient treatment facilities. – Community/Business Leader (Monmouth and Ocean Counties)

Again, where do you start to look. If they have no insurance, then they have no starting point. – Community/Business Leader (Monmouth and Ocean Counties)

Confusion on the part of the client and/or their families. The many glossy ads and commercials for less than ethical rehabs. Stigma. – Other Health Provider (Northern and Central New Jersey)

Although it's in the news, I don't see advertising of resource centers available within the community. – Community/Business Leader (Northern and Central New Jersey)

General information about service availability as well as resources for indigent individuals. – Social Services Provider (Northern and Central New Jersey)

Lack of openness for discussions between family members/and schools regarding youth/adult drug addiction, alcohol consumption related problems. – Community/Business Leader (Ocean County)

Contributing Factors

Not enough resources, transportation. – Public Health Representative (Monmouth and Ocean Counties)

Stigma, lack of beds for treatment programs, lack of decriminalization, utilization of methods that did not work before, etc. – Social Services Provider (Ocean County)

Money and desire of abuser. – Community/Business Leader (Ocean County)

Denial/Stigma

The stigma. – Community/Business Leader (Monmouth and Ocean Counties)

Stigma. – Community/Business Leader (Northern and Central New Jersey)

Social stigma attached. – Social Services Provider (Northern and Central New Jersey)

Much stigma around doing so. I wonder if people don't know how to find this out or are ashamed to seek it out and get help. It also is way too easy to have a few drinks and get in a car and drive. Very scary. – Community/Business Leader (Monmouth County)

Opioid Crisis

Increase of opioids. Low cost. Easy access. Peer pressure. – Community/Business Leader (Monmouth County)

Ever expanding problem of opioids and other drugs in the community. – Public Health Representative (Monmouth and Ocean Counties)

Opioid crisis. – Public Health Representative (Northern and Central New Jersey)

False sense that marijuana is harmless. Opioid crisis. – Other Health Provider (Monmouth and Ocean Counties)

Affordable Care/Services

Access to affordable and local care facilities and counselors. Many people cannot access the practitioners needed unless first hospitalized for crisis. – Other Health Provider (Northern and Central New Jersey)

The expense. Does insurance cover it. Their job's insurance does not cover the cost. Afraid of what neighbors will say. – Community/Business Leader (Northern and Central New Jersey)

Money to pay for treatment. – Social Services Provider (Ocean County)

Prevalence/Incidence

Heroin. – Physician (Ocean County)

Far too many people are impacted by this issue. Overall life expectancy in US has declined for the first time due to substance abuse. Far too many people are dying or experience decreased quality of life due to substance abuse issues. – Public Health Representative (Northern and Central New Jersey)

Many young people are being arrested in our community for controlled dangerous substances and/or possession. Young people are also passing away. – Community/Business Leader (Ocean County)

Police report in the local newspapers. Media coverage on use of Narcan. – Community/Business Leader (Ocean County)

There is an epidemic in our counties of substance abuse. – Social Services Provider (Northern and Central New Jersey)

Insurance Issues

Lack of facilities for people with no insurance, Medicaid or inadequate private insurance. Not enough providers/treatment facilities. – Physician (Monmouth and Ocean Counties)

Lack of insurance. – Other Health Provider (Monmouth and Ocean Counties)

Overdose Rates

Too many people are dying from accidental overdoses in county and the state. – Other Health Provider (Northern and Central New Jersey)

Lack of Providers

Availability of providers. – Physician (Monmouth and Ocean Counties)

Availability of providers and long wait times to see a provider. – Public Health Representative (Northern and Central New Jersey)

Addiction

The philosophy that a person addicted to substances can just stop. – Community/Business Leader (Northern and Central New Jersey)

Funding

Too much funding goes to stopping it, not much for treating it. – Community/Business Leader (Ocean County)

Lack of Family Support

Family dynamics/lack of support/lack of knowledge. – Community/Business Leader (Ocean County)

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

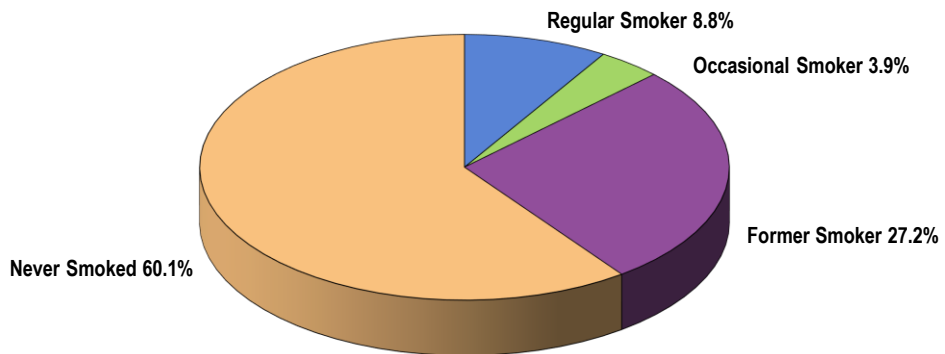
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

“Do you now smoke cigarettes every day, some days, or not at all?” (“Current smokers” include those smoking “every day” or on “some days.”)

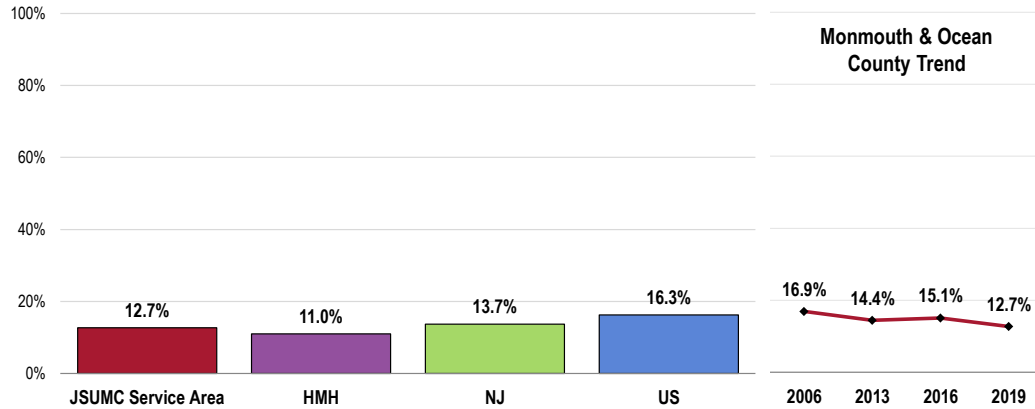
Cigarette Smoking Prevalence
(JSUMC Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 159]
Notes: • Asked of all respondents.

Current Smokers

Healthy People 2020 = 12.0% or Lower



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]

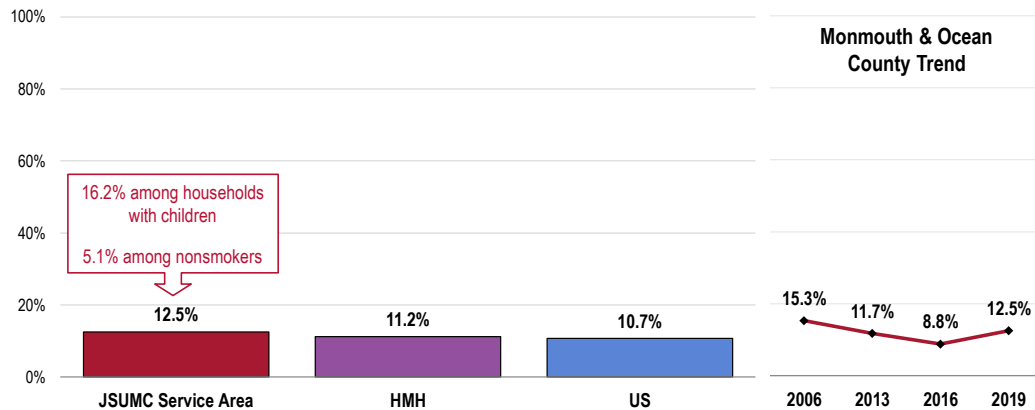
Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Exposure to Tobacco Smoke

“In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 52, 161-162]
 • 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

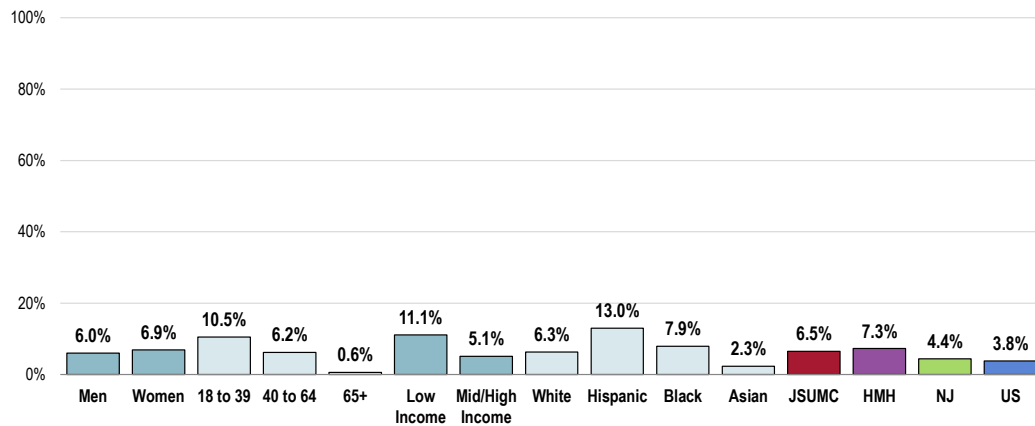
Use of Vaping Products

“The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. The cartridge or liquid "e-juice" used in these devices produces vapor and comes in a variety of flavors. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?”

“Do you now use electronic vaping products, such as e-cigarettes, "every day," "some days," or "not at all"?”

“Current use” includes use “every day” or on “some days.”

Currently Use Vaping Products (JSUMC Service Area, 2019)



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 194]

Notes: ● Asked of all respondents.

- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

Everywhere one goes, there are smoking areas in front of eating establishments. It is very hard to even get into the restaurant without walking through a haze of smoke. – Community/Business Leader (Ocean County)

High rate of tobacco use. – Public Health Representative (Monmouth and Ocean Counties)

Too many people are smoking, especially the teenagers. – Social Services Provider (Northern and Central New Jersey)

Excessive. Need to tax it to make it not available. – Social Services Provider (Monmouth and Ocean Counties)

It's a major issue worldwide. – Community/Business Leader (Ocean County)

My community is full of smokers. – Public Health Representative (Northern and Central New Jersey)

Too many people are still using it, younger adults are still purchasing them. One at a time at bodegas and other grocery stores. – Community/Business Leader (Northern and Central New Jersey)

Too many smokers and e-smokers. – Community/Business Leader (Northern and Central New Jersey)

Vaping/E-Cigarettes

The number of children that have started vaping nicotine has risen drastically in the last few years. – Social Services Provider (Northern and Central New Jersey)

Vaping really has taken a large stance over cigarettes in the area and children are being targeted by advertisement. – Community/Business Leader (Monmouth and Ocean Counties)

While rates are declining, tobacco use is such a serious health threat that any use is not acceptable. Misinformation about health consequences of e-cigarettes/vaping has resulting in significant increases in use among young people. – Community/Business Leader (Monmouth and Ocean Counties)

Vaping. – Social Services Provider (Northern and Central New Jersey)

Youth vaping rates are alarmingly high. – Other Health Provider (Northern and Central New Jersey)

I think the electronic tobacco devices are their derivatives will become the next health crisis in our community. These devices are everywhere, and they are targeting our children as aggressively as tobacco companies targeted the vulnerable in the 60s and 70s. – Social Services Provider (Ocean County)

Comorbidities

Tobacco use contributes to and exacerbates many chronic conditions. After years of decreasing use, rates are on the rise again due to the increase in vaping. Vaping has been marketed to teens and young adults. – Public Health Representative (Monmouth and Ocean Counties)

Lung cancer for many friends. – Community/Business Leader (Monmouth and Ocean Counties)
Major health problems result from use, cost, addictive. – Social Services Provider (Monmouth and Ocean Counties)

Addiction

Tobacco is an addiction. We need stricter adherence by the retail establishments to adhere to age of sale. Education must be offered on health risks. Tobacco cessation programs must be more accessible. – Community/Business Leader (Northern and Central New Jersey)

Youth Usage

Younger people smoking and not having the education regarding risks. – Community/Business Leader (Ocean County)

People smoking younger and vaping. – Other Health Provider (Monmouth and Ocean Counties)

More young people are smoking. Smokers have a high incidence of health-related problems. – Other Health Provider (Monmouth and Ocean Counties)

Health Awareness/Education

Lack of information and access to nicotine cessation products. Low income families don't have the resources for these expensive products. – Other Health Provider (Northern and Central New Jersey)

Denial

People like to smoke. They refuse to believe it can happen to them. – Community/Business Leader (Ocean County)

Sexual Health

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

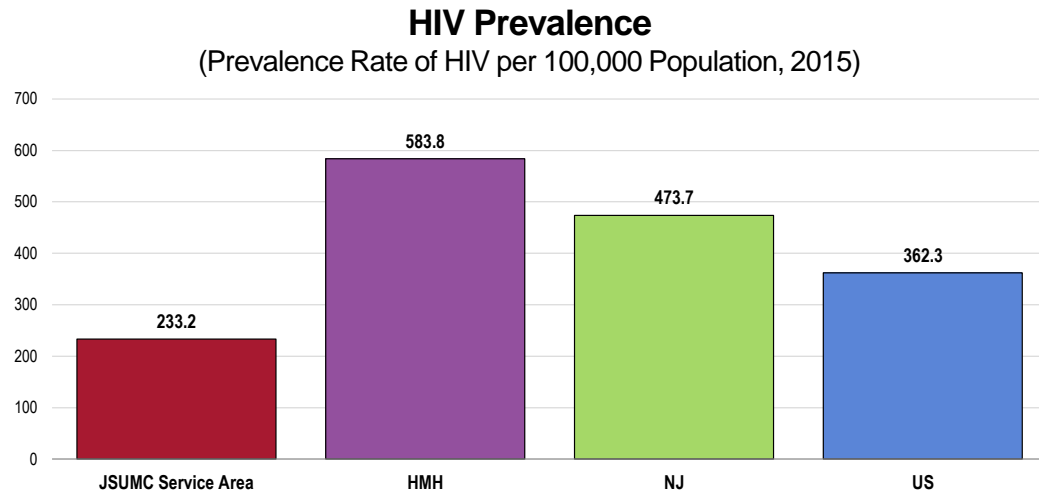
- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

— Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.



Sources:

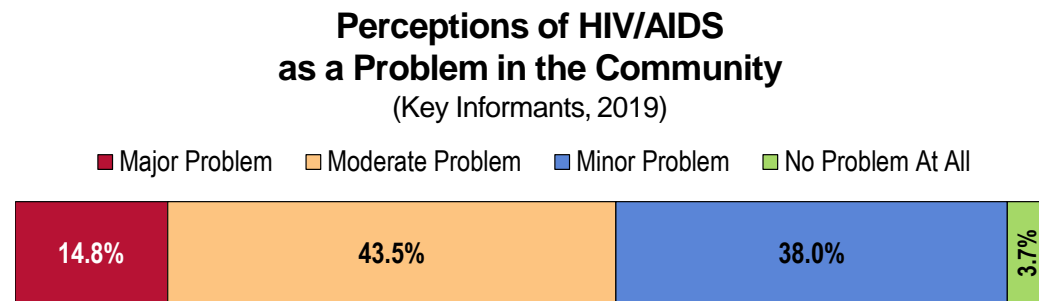
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

 Notes:

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

The following chart outlines key informants' perceptions of the severity of HIV/AIDS as a problem in the community:



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

 Notes:

- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- It is a problem that has been somewhat controlled, but it's my understanding that still affects the community. – Community/Business Leader (Monmouth and Ocean Counties)*
- High rates of HIV/AIDS in the community. – Public Health Representative (Monmouth and Ocean Counties)*

Should have been eradicated already, number of cases in NJ continues to grow. With rapid testing and treatments available this is a disease we can beat in NJ. – Other Health Provider (Northern and Central New Jersey)

HIV infection and sexually transmitted infections. – Other Health Provider (Monmouth and Ocean Counties)

There are still HIV positive cases being identified in our community and until we reach zero, it is a major problem. – Other Health Provider (Northern and Central New Jersey)

Health Awareness/Education

Misunderstanding of HIV/AIDS and how it is passed on. – Community/Business Leader (Northern and Central New Jersey)

Lack of education, barriers to testing. – Community/Business Leader (Northern and Central New Jersey)

I live in an area with a high LBGT population. There are not enough centers to educate and help. The priest from my parish some years ago left St. Anselm's to open a center in Asbury park for AIDS, homelessness, alcohol use and drug use. It has become a major success. It should be a model for other communities. Educate and send them back on the straight and narrow. – Community/Business Leader (Monmouth and Ocean Counties)

Alcohol/Drug Use

Large drug use community. – Other Health Provider (Monmouth and Ocean Counties)

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

— Healthy People 2020 (www.healthypeople.gov)

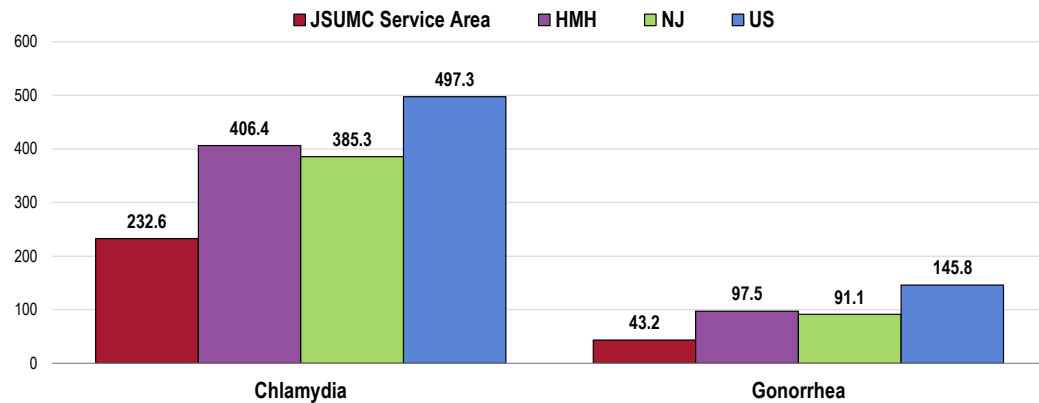
Chlamydia & Gonorrhea

Chlamydia. Chlamydia is the most commonly reported STD in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea. Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STDs.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2016)

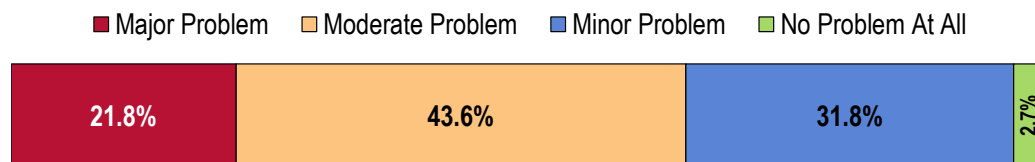


Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 ● Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.
 Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

The following chart outlines key informants’ perceptions of the severity of Sexually Transmitted Diseases as a problem in the community:

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2019)



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Prevalence/Incidence

- Increasing. – Other Health Provider (Monmouth and Ocean Counties)
I believe this is a major problem because we have seen a slight rise over the last few years. Healthy sexual behavior is still necessary education for the community. – Other Health Provider (Northern and Central New Jersey)
- STD’s are high in number in our community. This is a major problem due to spread of disease from partner to partner; insufficient treatment options; lack of insurance coverage, or fear of parents finding out if a minor. Sexual, reproductive health is not discussed in full by many in the health care arena. More education is needed in schools, community sites. – Other Health Provider (Northern and Central New Jersey)
- Too many cases of syphilis and gonorrhea showing up in youth. – Social Services Provider (Northern and Central New Jersey)

Data has shown that rates of STDs in Monmouth County are unacceptably high and increasing. – Community/Business Leader (Monmouth and Ocean Counties)

High rates of STD's in the community. – Public Health Representative (Monmouth and Ocean Counties)

Aware that is a factor that this increasing for teens and the elderly due to the Mon County Health Survey that was done. – Community/Business Leader (Monmouth and Ocean Counties)

Risky Behaviors

People are becoming very promiscuous and therefore infect all their different sexual partners. – Social Services Provider (Northern and Central New Jersey)

Young and older teens are experimenting with sex but are not using proper protection. – Community/Business Leader (Northern and Central New Jersey)

Young people do not plan ahead. – Community/Business Leader (Ocean County)

Health Awareness/Education

Poor education. – Other Health Provider (Monmouth and Ocean Counties)

Lack of knowledge to protect self and different age groups, elderly thinking they are not at risk. – Community/Business Leader (Ocean County)

Contributing Factors

Lack of self-control and lack of disease specific education. Language barriers and cultural barriers. – Community/Business Leader (Northern and Central New Jersey)

Access to Health Services

Lack of Health Insurance Coverage (Age 18 to 64)

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

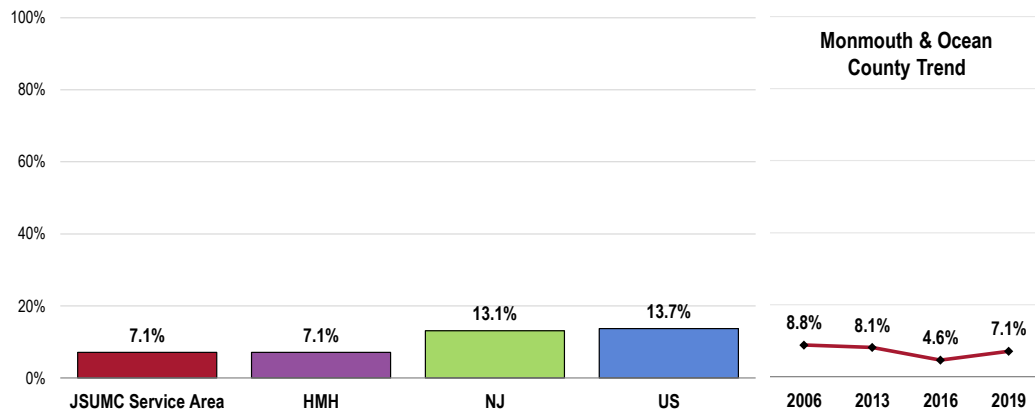
“Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?”

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Lack of Healthcare Insurance Coverage

(Adults Age 18-64)

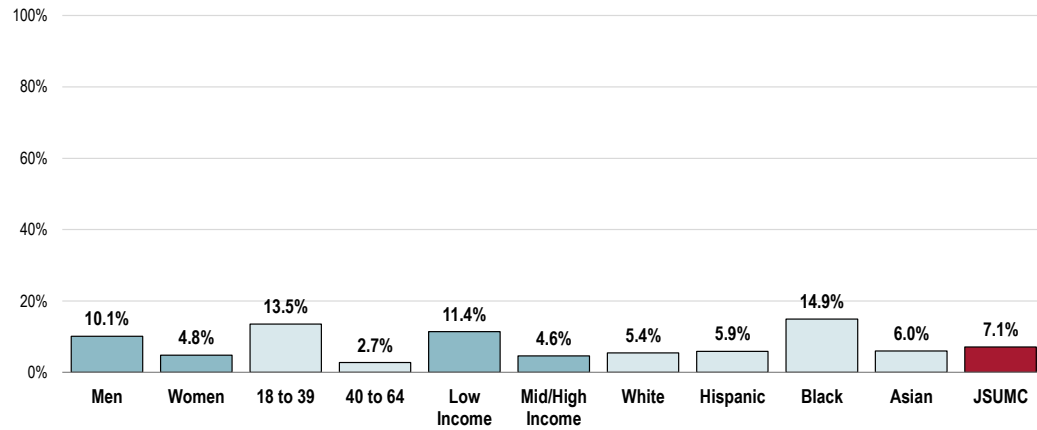
Healthy People 2020 = 0.0% (Universal Coverage)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

Lack of Healthcare Insurance Coverage (Adults Age 18-64; JSUMC Service Area, 2019) Healthy People 2020 = 0.0% (Universal Coverage)



- Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]
- Notes:
- Asked of all respondents under the age of 65.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 (www.healthypeople.gov)

Barriers to Healthcare Access

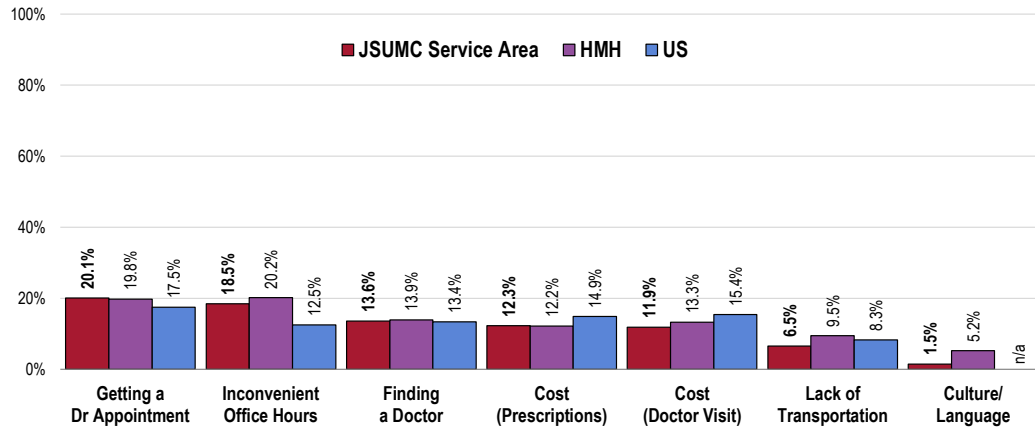
To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

“Was there a time in the past 12 months when...

- ... you needed medical care, but had **difficulty finding a doctor?**”
- ... you had difficulty getting an **appointment** to see a doctor?”
- ... you needed to see a doctor, but could not because of the **cost?**”
- ... a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?”
- ... you were not able to see a doctor because the **office hours were not convenient?**”
- ... you needed a **prescription medicine**, but did not get it because you could not afford it?”
- ... you were not able to see a doctor due to **language or cultural differences?**”

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

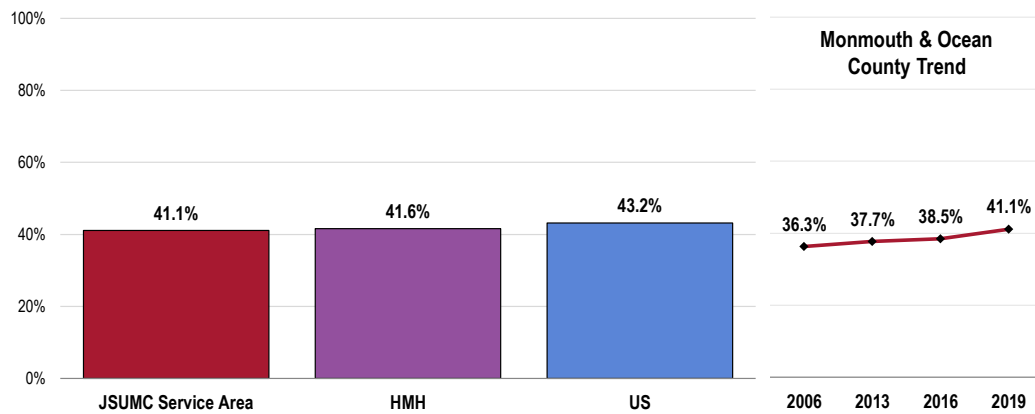
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 7-13]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

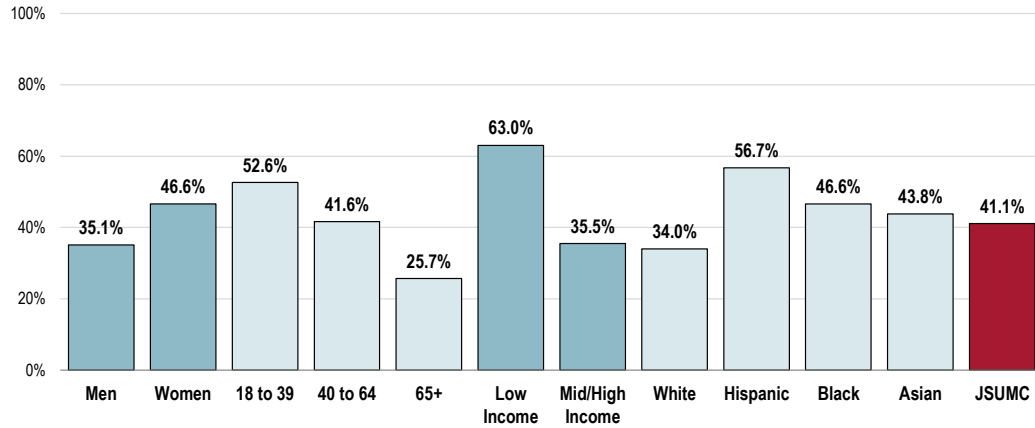
The following charts reflect the composite percentage of the total population experiencing problems accessing healthcare in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 171]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (JSUMC Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 171]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

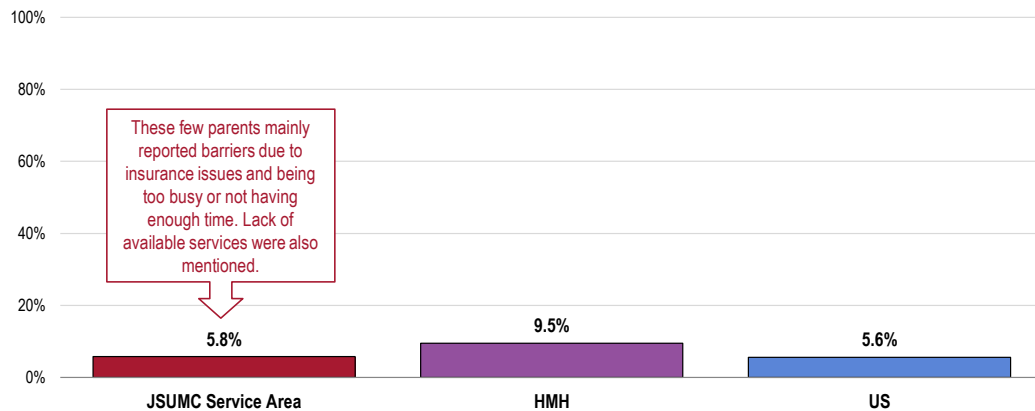
Accessing Healthcare for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

“Was there a time in the past 12 months when you needed medical care for this child, but could not get it?”

“What was the main reason you could not get medical care for this child?”

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 118-119]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

The following chart outlines key informants’ perceptions of the severity of Access to Healthcare Services as a problem in the community:

**Perceptions of Access to Healthcare Services
as a Problem in the Community**
(Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Contributing Factors

Easy access to and marketing of transportation assistance, insurance assistance, healthy nutrition and employment opportunities. – Community/Business Leader (Monmouth and Ocean Counties)

Transportation is an issue for many people to access healthcare. However, a main issue is lack of funds to access healthcare. Even if a person has insurance, the copays and filling prescriptions are all too expensive. Another roadblock is the fear factor people have of going to the doctor or hospital.

People are fearing that medical care has now become a money-making machine and because of this there is a major fear that one will be taken advantage of, especially if you have insurance. If you don't have insurance, there is that fear that you will receive substantial care so it's a lack of trust all the way around. – Social Services Provider (Northern and Central New Jersey)

Financial and insurance barriers present the biggest challenge to accessing care, particularly in communities where there is a myriad of issues related to poverty, educational attainment, and unemployment. Transportation barriers also present a major challenge to accessing care, especially in areas where there is an uneven distribution of resources, which is often compounded by systemic challenges such as limited service hours and insufficient distribution of bus routes. – Community/Business Leader (Northern and Central New Jersey)

Language, health services apprehension, discrimination, health literacy. – Other Health Provider (Northern and Central New Jersey)

Health care needs to be made accessible to all- need to think about language, culture, transportation, co-pays, insurance acceptance, new immigrants, ease of scheduling appointments, ease of arranging for specialist care if needed, ensuring medical devices and supplies can be purchased with reasonable fees and good customer service, and coordination between pharmacists, testing facilities and health providers is seamless for the patient. – Other Health Provider (Northern and Central New Jersey)

Lack of insurance and lack of transportation. Lack of awareness. Limited ability to recognize minor health issue before it becomes a major health concern. – Social Services Provider (Monmouth and Ocean Counties)

Access to Care/Services

Access to health care. At times applicants prefer to live with a sickness until it is too late rather than begging for the services. Those that have health insurance don't have a problem. – Community/Business Leader (Monmouth and Ocean Counties)

Lack of availability, lack of resources to pay, and lack of knowledge. – Social Services Provider (Monmouth and Ocean Counties)

Medically underserved areas, number of doctors to people. Health insurance and preventative care. – Social Services Provider (Northern and Central New Jersey)

Long waits in ED. Not enough free-standing Urgent Care Centers. – Other Health Provider (Monmouth and Ocean Counties)

Access to care. – Other Health Provider (Northern and Central New Jersey)

There are areas in our community like Plainfield that don't have adequate care available to them. There are transportation barriers and it can take over an hour to travel within the County. UC has many cities with large number of individuals that don't have access to health insurance. This limits their access to preventative care. – Other Health Provider (Northern and Central New Jersey)

Waiting to get a doctor's appointment. Seeing your doctor for a regular physical. – Community/Business Leader (Monmouth and Ocean Counties)

Insurance Issues

People who do not have FT jobs do not get access to employer supported health care, many people do not have FT jobs, people afraid of high hospital and doctor bills and do not go to see doctor annually, those who do not have transportation or PTO from jobs do not go to doctor appts as needed. – Public Health Representative (Northern and Central New Jersey)

Limited access for the uninsured, wellness clinics are needed. – Physician (Monmouth and Ocean Counties)

Many people in the community don't have insurance or are underinsured. – Social Services Provider (Northern and Central New Jersey)

Many in the community do not have health insurance or funds to pay for services. They need to know that they can obtain respectful health care at a low cost close to home. Many families verbalize that they are not treated well and need to wait for hours to be seen and even when they wait, frequently, they are told that they need to return the next day at the local FQHC. – Social Services Provider (Northern and Central New Jersey)

Lack of access to providers accepting family care health insurance. – Community/Business Leader (Ocean County)

Transportation

Transportation and insurance issues that serve as a barrier to accessing care. – Public Health Representative (Monmouth and Ocean Counties)

Transportation and language barrier. – Public Health Representative (Northern and Central New Jersey)

Available transportation has been a major issue for years. Navigation of services is a problem; residents are unsure of their insurance statuses. – Community/Business Leader (Northern and Central New Jersey)

Transportation, lack of insurance, fear of seeking help due to citizenship status, and overall poverty. Many people worried about the basic everyday needs, thus when compared with finding a way to eat on a daily basis or to have a decent place to live, their health may not seem to be a priority which leads many people to neglect their health. Lack of affordable childcare is another big issue. – Public Health Representative (Northern and Central New Jersey)

Lack of transportation. Large undocumented population without insurance. – Public Health Representative (Monmouth and Ocean Counties)

Affordable Care/Services

All should have access to healthcare but there are also real-world costs associated with same. HSAs for those that have no coverage through an employer are a way to at least meet if not solve the issue in a fair and well-intentioned manner. To this end, legislative action is necessary. – Public Health Representative (Northern and Central New Jersey)

Biggest challenge is cost. Since they have to work several jobs or shifts, time would also be a factor. Finally, access to these facilities or information about different illnesses in their language. – Community/Business Leader (Northern and Central New Jersey)

Financial issues are very key as well as knowledge and access to comprehensive health care services. – Community/Business Leader (Northern and Central New Jersey)

People cannot afford preventative health, and do not take the time to address it. – Other Health Provider (Northern and Central New Jersey)

Those caught in the middle. Paying high prices for sub-standard health coverage. High deductibles. High co-pay. This really hits small businesses and self-employed. – Other Health Provider (Monmouth and Ocean Counties)

Health Awareness/Education

People are not aware of services so they cannot take advantage of them. Services maybe hard to access because of difficulties navigating the system. Staff is not trained to deal with the variety of people who live and work in this area. – Public Health Representative (Northern and Central New Jersey)

Public knowledge. – Community/Business Leader (Monmouth County)

Knowledge of what's available, transportation, navigating the health care systems, fear of ICE for the undocumented, time away from work, language, fear of the unknown, fear of finding a diagnosis, financial and knowledge deficit around standards of health. – Community/Business Leader (Northern and Central New Jersey)

Awareness and accessibility. – Community/Business Leader (Ocean County)

Education. – Social Services Provider (Monmouth and Ocean Counties)

Lack of Providers

There are just not enough providers in the area, especially for pediatric specialists. In addition, transportation is a constant issue for all Ocean County residents. – Social Services Provider (Ocean County)

Vulnerable Populations

Care that is catered to the LGBTQ community and specifically the transgender community. – Physician (Monmouth and Ocean Counties)

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

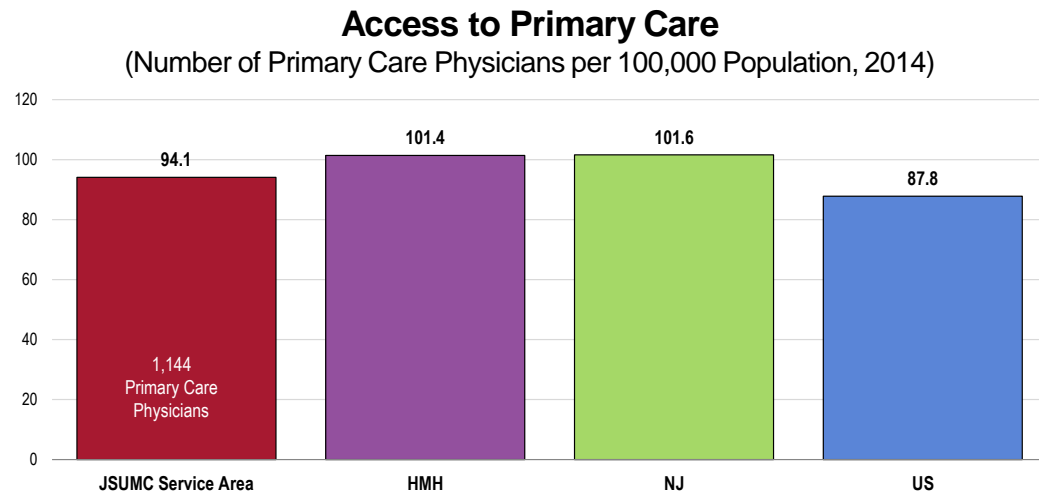
- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 • Retrieved June 2019 from CARES Engagement Network at <https://engagementnetwork.org>.

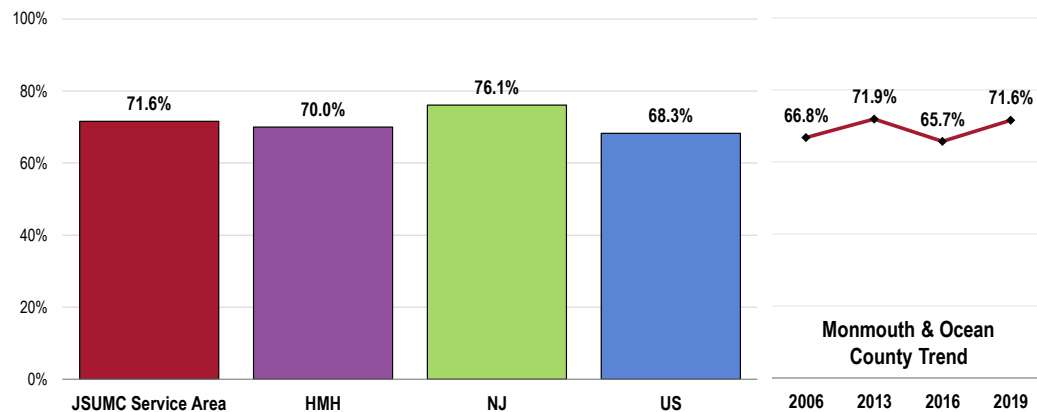
Notes: • Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Utilization of Primary Care Services

Adults: “A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?”

Children: “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

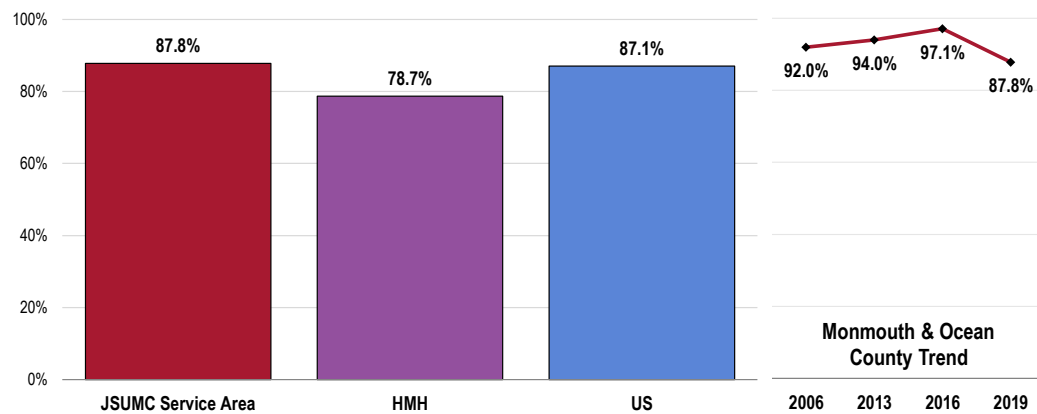
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2017 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 120]
 • 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children 0 to 17 in the household.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

— Healthy People 2020 (www.healthypeople.gov)

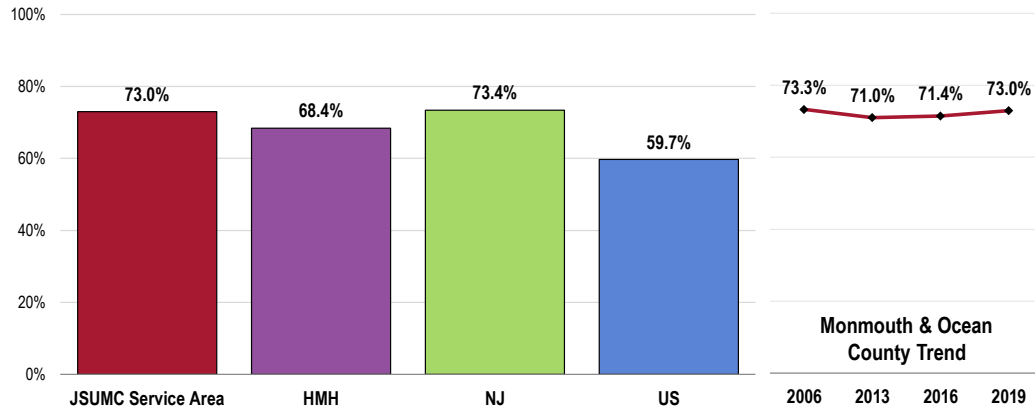
Dental Care

Adults: “About how long has it been since you last visited a dentist or a dental clinic for any reason?”

Children Age 2-17: “About how long has it been since this child visited a dentist or dental clinic?”

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 = 49.0% or Higher

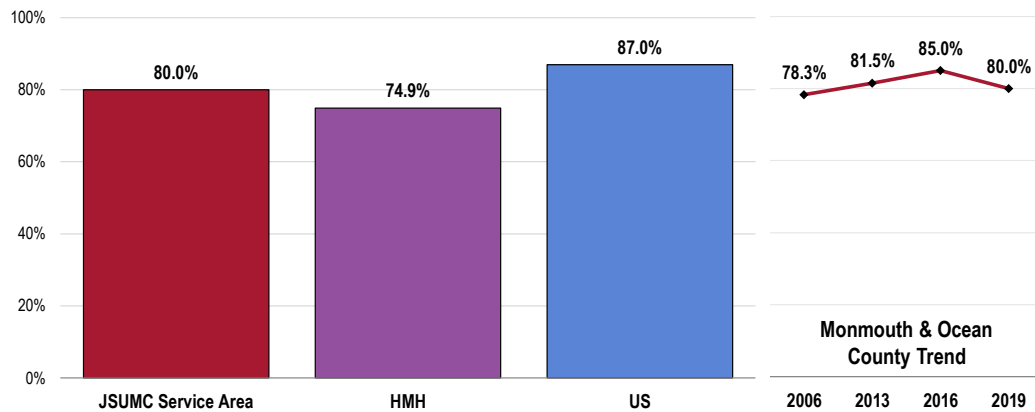


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2016 New Jersey data.
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2020 = 49.0% or Higher



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2017 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2019)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Communities where there are large number of low-income families with/without access to insurance focus on the most basic needs. Oral/dental care is expensive and often treated as a luxury and not a basic need. – Other Health Provider (Northern and Central New Jersey)

Dental services for people with no insurance are very limited. FQHC will only provide basic and preventive care and will not do complicated restorative dental care. Medicare does not cover dental services. – Other Health Provider (Monmouth and Ocean Counties)

Most people have inadequate Dental Coverage. Needed care is crushingly expensive. People are not aware of the strong correlation between good dental health and good cardiac health or pre-natal health. Poor dental health results in inflammation. – Other Health Provider (Monmouth and Ocean Counties)

Lack of providers that accept family care insurance. Parents not taking students for routine care. – Community/Business Leader (Ocean County)

Lack of comprehensive health plans for many in the community in which we work. – Social Services Provider (Monmouth and Ocean Counties)

No access for people without insurance. Insurance plans are limited in coverage. – Community/Business Leader (Northern and Central New Jersey)

The lack of services for underinsured residents, and lack of affordable and access to dental services. – Social Services Provider (Monmouth and Ocean Counties)

Too few dentists who accept Medicaid, sliding fee. Lack of education for new parents on appropriate age to begin dental care. Adults who are not employed, uninsured or retire, Medicare does not cover dental care. – Other Health Provider (Northern and Central New Jersey)

More services are needed for children and individuals with disabilities. – Social Services Provider (Northern and Central New Jersey)

There are limited facilities that can help the indigent and the services there are have a very long waiting list. – Other Health Provider (Monmouth and Ocean Counties)

Poor access to dental care. – Other Health Provider (Monmouth and Ocean Counties)

Affordable Care/Services

No free dental clinics. – Community/Business Leader (Ocean County)

Having check-ups yearly is not a priority. If there is no money, getting fed is. – Community/Business Leader (Northern and Central New Jersey)

Impact on Overall Health

Oral health is good indicator of overall health of the person. – Other Health Provider (Northern and Central New Jersey)

Dental health has a huge impact on overall health status of a person and many people do not receive proper dental care/treatment. – Public Health Representative (Northern and Central New Jersey)

Dental health is a major reflection of overall health, but for some reason our community culture doesn't really stress this to people. We have not really seen the shift to stress the importance for children and adults. – Community/Business Leader (Monmouth and Ocean Counties)

Health Awareness/Education

People do not realize that there are federal qualified health centers in the counties that they can go and do their dental work at a minimum cost. – Social Services Provider (Northern and Central New Jersey)

Those that are recent arrivals from various countries in many cases haven't been educated in mouth hygiene. – Community/Business Leader (Monmouth and Ocean Counties)

Comorbidities

Poor dental care leads to inflammation leading to cardiac, diabetic and other health issues as well as poor pre-natal care. – Other Health Provider (Monmouth and Ocean Counties)

Diabetes and other chronic diseases lead to poor dental health. – Social Services Provider (Northern and Central New Jersey)

Environmental Contributors

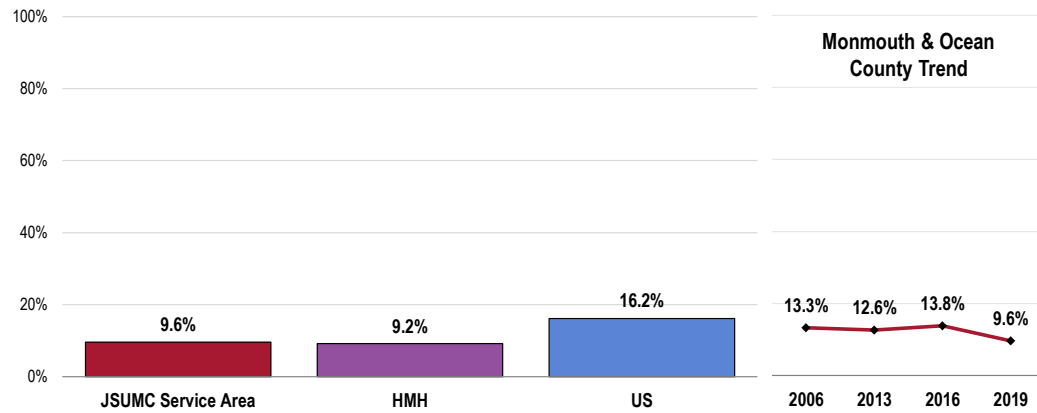
We add chlorine to our water; it's a toxin that contributes to disease. – Social Services Provider (Monmouth and Ocean Counties)

Local Resources

Perceptions of Local Healthcare Services

“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Perceive Local Healthcare Services as “Fair/Poor”



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
 • 2017 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access Problems

Access Link
 AHA
 American Cancer Society
 Atlantic Medical Imaging
 Bike Share Program
 Catholic Charities
 CEED Program
 Central Jersey Family Health Consortium
 CentraState Medical Center
 Charity Care
 CHEMED
 County Human Services Bus System
 Doctor's Offices
 Early Childhood Success Hub
 Education Services
 Emergency Care Facilities
 Eric B. Chandler Health Center
 Faith-Based Organizations
 Family Success Centers
 Federally Qualified Health Centers
 Food Banks
 Government Programs
 Hackensack Meridian Health Riverview Medical Center
 Health Department
 Healthy Plainfield
 Hospitals
 Jersey Shore Clinic
 Jersey Shore University Medical Center
 Jewish Renaissance Medical Center
 Lyft
 Mental Health Services
 Mercy Center of Asbury
 Monmouth County Health Department
 Monmouth County Scat
 Monmouth Family Health Center
 Neighborhood Health Services
 Neptune Senior Center
 New Jersey Transit

Ocean County Health Department
 Ocean Ride
 OHI
 Parker Family Health Center
 Princeton YWCA Breast Cancer Resource Center
 Puerto Rican Action Board
 Regional Chronic Disease Coalition
 Ride Share
 Robert Wood Johnson University Hospital
 Saint Peter's Family Health Center
 Saint Peter's University Hospital
 SCAT Transportation
 School System
 SCORE Monmouth County
 SED Plainfield
 Shaping Elizabeth Coalition
 Social Services
 Susan G. Komen
 Uber
 Urgent Care Centers
 Visiting Nurses Association

Arthritis/Osteoporosis/Back Conditions

Balance Programs and Physical Therapy
 Bone Density Screenings
 Community Health Center
 Day Care Centers
 Doctor's Offices
 Eat Healthy – Be Active Programs
 Fall-Prevention Lectures
 Fitness Centers/Gyms
 Health Department
 Hospitals
 Jersey Shore Family Health Center
 Newspapers
 Pain Management
 Parks and Recreation
 Physical Therapy
 Rehabilitation Services
 St. Frances

Superior Orthopaedic Services

Cancer

American Cancer Society
Area Agencies on Aging
AtlantiCare
Beauty Foundation
Booker Cancer Center
Cancer Center
Cancer Services
Cancer Support Groups
CEED Program
CentraState Medical Center
Chai Lifeline
Chronic Disease Coalitions
Churches
Collaboration of Agencies
Community Health Center
CTCA
Deans Natural Food Market
Doctor's Offices
Early Detection
Education Services
Faith-Based Organizations
Government Programs
Hackensack Meridian Health
Hackensack Meridian Health Riverview Medical Center
Health Department
Health Wellness Fairs
Helping Hands
Hospice Care
Hospitals
Integrative Wellness
Jersey Shore Family Health Center
Mary's Place by the Sea
MLTSS
Mom's Quit Connection
Monmouth County Division of Social Services
Monmouth Medical Center
Monmouth Southern Campus
MSKCC
National Children's Cancer Society
Nutrition Services
Ocean and Monmouth County Coalitions for Public Health
Ocean Medical Center
Ocean Monmouth Health Alliance
Oceans of Love

Pain Management
Patient Navigators
Penn Medicine Princeton Medical Center
Prevention Programs
RCCS
Regional Cancer Care Associates
Robert Wood Johnson University Hospital
Rutgers Cancer Institute
Saint Peter's University Hospital
Salvation Army
School System
Sloan Kettering
SOMC
Sports Clubs
St. Frances
Support Research
Susan G. Komen
Transportation
Urgent Care Centers
Visiting Nurses Association
Volunteers
YMCA

Chronic Kidney Disease

American Kidney Association
Davita
Dialysis Centers
Doctor's Offices
Federally Qualified Health Centers
Fitness Centers/Gyms
Fresenius
Hackensack Meridian Health
Health Department
Hospitals
Jersey Shore Family Health Center
Jersey Shore University Medical Center
Kidney Care of Central Jersey
Kidney Foundation
Monmouth Medical Center
Robert Wood Johnson University Hospital
Saint Peter's University Hospital
Senior Centers
Visiting Nurses Association
YMCA

Dementia/Alzheimer's Disease

Adult Day Care Programs
Alzheimer's Adult Day Program
Alzheimer's Association
Alzheimer's Respite

Alzheimer's Support Groups
 Assisted Living
 Atria
 Caregiver Volunteers of Ocean County
 Caregivers Support Groups
 Day Programs
 Doctor's Offices
 Facility for Dementia/Alzheimer's Patients
 Family and Children Services
 Government Programs
 Hackensack Meridian Health
 Hospitals
 Long-Term Care
 Medical Day Care Centers
 Nursing Homes
 Office on Aging and Disability Services
 Parks and Recreation
 Respite Programs
 School System
 Seabrook Village
 Senior Care Facilities
 Senior Centers
 Senior Day Care Centers
 Support Groups
 VFW
 Visiting Nurses Association

Diabetes

American Diabetes Association
 Assisted Living
 Casa Freehold
 CentraState Medical Center
 Chronic Disease Self-Management Programs
 Churches
 Community Health Center
 Community Medical Center
 Community Nursing Services
 County Programs
 Diabetes Foundation
 Diabetic Services
 Doctor's Offices
 Early Detection
 Eric B. Chandler Health Center
 Federally Qualified Health Centers
 Fitness Centers/Gyms
 Food Banks
 Food Pantries
 Food Stamps
 Free Clinics

Freehold Family Health Center
 Freehold Health Department
 Fulfill
 Good Rx
 Grocery Stores
 Hackensack Meridian Health
 Hackensack Meridian Health Riverview Medical Center
 Health Department
 Health Wellness Fairs
 Healthy Food Lectures
 Hospitals
 HQSI
 Jersey Shore Family Health Center
 Jersey Shore University Medical Center
 Joslin Diabetes Center
 Kula Cafe
 LunchBreak
 MCOHS
 Medicaid/Medicare
 Meridian Medical Group
 Mobile Food Truck
 Monmouth Family Health Center
 Monmouth Medical Center
 Neighborhood Health Services
 Nursing Homes
 Nutrition Services
 Ocean County Health Department
 Parker Family Health Center
 Parks and Recreation
 Prescription Drug Programs
 PROCEED Inc.
 Robert Wood Johnson University Hospital
 Saint Peter's Family Health Center
 Saint Peter's University Hospital
 School System
 Senior Centers
 Social Organizations
 SOMC
 Soul Kitchen
 Support Groups
 Take Control of Your Health Program
 Trinitas Hospital
 Visiting Nurses Association
 YMCA

Family Planning

Community Groups
 Doctor's Offices
 Education Services

Family Health Center
Family Planning Centers of Ocean County
Federally Qualified Health Centers
Hackensack Meridian Health Health Department
Jane H. Booker Family Health Center
Ocean County Health Department
Parker Family Health Center
Planned Parenthood
Prescription Drug Programs
School System
Social Organizations
Visiting Nurses Association

Hearing and Vision Problems

Charity Care
Doctor's Offices
Lions Club
New Jersey Blind Citizens Association
School System
St. Vincent de Paul Society

Heart Disease and Stroke

American Heart Association
Assistance With Medical Benefits
Cardiac Services
Chronic Disease Self-Management Programs
Community Health Nursing
Community Medical Center
Deborah Heart and Lung
Doctor's Offices
Education Services
Federally Qualified Health Centers
Fitness Centers/Gyms
Grocery Stores
Hackensack Meridian Health
Hackensack Meridian Health Riverview Medical Center
Health Department
Health Wellness Fairs
Healthy Food Lectures
Hospitals
Jersey Shore Family Health Center
Jersey Shore University Medical Center
JFK Medical Center
Monmouth Family Health Center
Monmouth Medical Health Programs
Neighborhood Health Center

Neighborhood Health Services
Nutrition Services
Ocean County Health Department
Ocean Medical Center
Pharmaceutical Assistance to the Aged & Disabled (PAAD)
Parker Family Health Center
Parks and Recreation
Paul M. McGuire Family Health Center
Pharmacies
Prescription Drug Programs
Public Health Department
Regional Chronic Disease Coalition
Rehabilitation Services
Robert Wood Johnson University Hospital
Saint Peter's University Hospital
Senior Service Agencies
SNAP Education
Stroke Facilities
Stroke Support Groups
Support Groups
Take Control of Your Health Program
Vascular Institute
Visiting Nurses Association
Vouchers for Patients
YMCA

HIV/AIDS

Community Nursing Services
Doctor's Offices
Equality Center, Asbury Park
Eric B. Chandler Health Center
Federally Qualified Health Centers
Hackensack Meridian Health Health Department
Hospitals
Hyacinth
Jane H. Booker Family Health Center
Meridian Health Center
Robert Wood Johnson University Hospital
Saint Peter's Family Health Center
The Center
Visiting Nurses Association

Immunization/Infectious Disease

Central Jersey Family Health Consortium
Doctor's Offices
Education Services
Eric B. Chandler Health Center
Federally Qualified Health Centers

Freehold Family Health Center
 Hackensack Meridian Health
 Health Department
 Health View Magazine
 Hospitals
 Jane H. Booker Family Health Center
 Jersey Shore Clinic
 Medical Reserve Corp
 Monmouth County Health Department
 Monmouth Family Health Center
 Monmouth Medical Center
 Municipal Health Officers
 Ocean County Health Department
 OHI
 Parker Family Health Center
 Pharmacies
 Public Health Department
 Robert Wood Johnson University Hospital
 Saint Peter's University Hospital
 School System
 Strong Community Support for
 Vaccinations
 Visiting Nurses Association

Infant and Child Health

Big Brother/Big Sister
 Car Seat Checks
 Case Management Services by Housing
 Agencies
 CCIS
 Central Jersey Family Health Consortium
 Central Jersey Maternal and Child Health
 Consortium
 Child Family Crisis Clinicians
 Doctor's Offices
 Education Services
 FCIU
 Federally Qualified Health Centers
 Health Department
 Hospitals
 Jersey Shore University Medical Center
 Johnson and Johnson Child Development
 Centers
 KinderCare Learning
 Mobile Response Unit
 Monmouth Medical Center
 Performcare
 Public Health Department
 Robert Wood Johnson University Hospital
 Safe Kids New Jersey

Saint Peter's University Hospital
 School System
 Visiting Nurses Association
 Workforce Training Programs

Injury and Violence

180 Turning Lives Around
 AAA
 Boys and Girls Club
 Community Policing
 Domestic Violence Response Teams
 Faith-Based Organizations
 Funeral Home Directors
 Hackensack Meridian Health
 Hospitals
 Jane H. Booker Family Health Center
 Jersey Shore University Medical Center
 Law Enforcement
 Mercy Center Community Victim Witness
 Advocacy Program
 Police Department
 Prosecutor's Office
 Robert Wood Johnson University Hospital
 School System
 Traumatic Loss Coalition
 Visiting Nurses Association
 Women Aware

Mental Health Issues

Asbury Park Department of Social
 Services
 Barnabas Behavioral Health
 Behavioral Health Referral and Resource
 Guide
 Behavioral Health Services
 Blue Hart Program
 Booker Outpatient
 Catholic Charities
 Children's Behavioral Services
 Churches
 Community Services
 Coordination Initiatives
 Counseling Programs
 County Department of Mental Health
 County Division of Social Services
 CPC Behavioral Health
 Doctor's Offices
 EAP Programs by Employers
 Early Intervention Services
 Early Intervention Social Services

Federal CCBHC
 Government Programs
 Hackensack Meridian Health
 Hackensack Meridian Health Carrier
 Clinic
 Hackensack Meridian Health Riverview
 Medical Center
 Health Improvement Coalition of
 Monmouth County
 Health Wellness Fairs
 Hope Tower
 Jane H. Booker Family Health Center
 Jersey Shore Family Health Center
 Jersey Shore University Medical Center
 Jewish Family and Children's Services
 Jersey Shore Addiction Services (JSAS)
 Mental Health Association
 Mental Health Centers
 Mental Health First Aid
 Mental Health Services
 Mercy Center Family Resource Center
 Mobile Crisis Services
 Mobile Response Unit
 Monmouth County Board of Social
 Services
 Monmouth County Mental Health
 Department
 Monmouth Family Health Center
 Monmouth Medical Center
 National Alliance on Mental Illness
 New Hope
 Ocean Health Initiatives
 Ocean Medical Center
 Ocean Mental Health Services
 Office of Mental Health and Addiction
 Services
 Park Place
 Parkway 100
 Pathways Behavioral Health
 Psychiatric Emergency Screening
 Services (PESS)
 Police Department
 Preferred Behavioral Health
 Princeton House
 Referral Agencies
 Rutgers Behavioral Health Care
 Saint Peter's University Hospital
 SAMHSA
 School System
 Senior Guidance Program
 SOMC

Southern Ocean Medical Center PESS
 Support Groups
 Teen Suicide Prevention
 The Bridge
 YMCA

Nutrition, Physical Activity, and Weight

Asbury Park Major's Wellness Initiative
 Bariatric Programs
 Boys and Girls Club
 Bradley Beach Fitness
 Brick Senior Center
 Ciclovía
 Community Affairs and Resource Center
 Community Health Coalitions
 Community Programs
 Doctor's Offices
 Farmer's Markets
 Federally Qualified Health Centers
 Fitness Centers/Gyms
 Food Banks
 Fulfill
 Grocery Stores
 Hackensack Meridian Health
 Health Department
 Health Fair
 Health Wellness Fairs
 Healthy Elizabeth Coalition
 Healthy Kids Camp
 Hospitals
 Jersey Shore Family Health Center
 Jersey Strong
 Mayor's Wellness Campaign
 Meridian Health Center
 Meridian University Center
 Nutrition Services
 Ocean Ride
 Parks and Recreation
 Robert Wood Johnson University Hospital
 Running Clubs
 Saint Peter's Family Health Center
 Saint Peter's University Hospital
 School System
 SNAP Education
 SOMC
 Soul Kitchen
 The Metro Club
 Training Centers
 Urban Farming Programs

Visiting Nurses Association
 Walk With a Doc
 Weight Watchers
 WIC
 YMCA

Oral Health/Dental Care

Dentist's Offices
 Doctor's Offices
 Eric B. Chandler Health Center
 Federally Qualified Health Centers
 Hackensack Meridian Health
 Jane H. Booker Family Health Center
 Jersey Shore Clinic
 Jersey Shore Family Health Center
 Medicaid/Medicare
 Meridian Medical Group
 Monmouth Family Health Center
 Neighborhood Health Services
 NJAAP
 Ocean County Health Department
 OHI
 Robert Wood Johnson University Hospital
 Saint Peter's Family Health Center
 TenderSmiles Mobile Dentist Program
 UMDNJ
 Visiting Nurses Association

Respiratory Diseases

American Lung Association
 Central Jersey Sleep Disorders Centers
 CentraState Medical Center
 CHF Program
 Comprehensive Lung Care
 Doctor's Offices
 Hackensack Meridian Health
 Hackensack Meridian Health Riverview Medical Center
 Health Wellness Fairs
 Hospitals
 Jersey Shore Family Health Center
 Jersey Shore University Medical Center
 Meridian University Center
 Monmouth Family Health Center
 Monmouth Medical Center
 PACNJ
 Prescription Drug Programs
 Robert Wood Johnson University Hospital
 Support Groups
 Tobacco Dependence Clinic

Visiting Nurses Association

Sexually Transmitted Diseases

County Sexual Hygiene Clinic
 Doctor's Offices
 Education Services
 Eric B. Chandler Health Center
 Federally Qualified Health Centers
 Hackensack Meridian Health
 Hackensack Meridian Health Riverview Medical Center
 Health Department
 Health Improvement Coalition of Monmouth County
 Hospitals
 Hyacinth
 Jersey Shore University Medical Center
 Monmouth Family Health Center
 Monmouth Medical Center
 Planned Parenthood
 PRAHD
 Prevention First
 Public Health Department
 Robert Wood Johnson University Hospital
 Saint Peter's Family Health Center
 School System
 Visiting Nurses Association

Substance Abuse

180 Turning Lives Around
 Asbury Park Center
 Blue Cares
 Blue Hart Program
 Brick Township Police Department
 Community Outreach
 Community Support Services
 COPE Center
 Counseling Centers of America
 County Department of Mental Health
 County Prosecutors
 CPC Behavioral Health
 CURA, Inc.
 Damon House
 DART Coalition
 Day Top
 Doctor's Offices
 Education Services
 Epiphany House
 Eric B. Chandler Health Center
 Faith-Based Organizations

Government Programs

Hackensack Meridian Health
Hackensack Meridian Health Carrier Clinic
Harbor House
Hope Sheds Light
Hospitals
Jersey Shore University Medical Center
Jewish Family and Children's Services
JSAJ
Law Enforcement
Local, County, Federal DEA/HIDTA
Medicine Drop Boxes
Mental Health Association
Methadone Programs
Mobile Response Unit
Monmouth County Addiction Services
Monmouth County Board of Social Services
Monmouth Family Health Center
Monmouth Medical Center
Monmouth Prevention Coalition
New Hope
Oaks Integrated Care
Ocean County Health Department
Ocean Mental Health Services
Office of Mental Health and Addiction Services
Opioid Fatality Review Team
Partnership for Drug-Free Kids
Preferred Behavioral Health
Prevention First
Princeton House
Recovery Counselors
Robert Wood Johnson University Hospital
Rutgers Behavioral Health Care
Saint Peter's University Hospital
School System
Seabrook
Seashore Family Services
Substance Abuse Services
Teen Safety Lectures
The Discovery Institute
Tigger House
Treatment Centers
Wellspring Center for Prevention
Woodbridge Opioid Overdose Recovery Program

Tobacco Use

CentraState Medical Center
Community Programs
Doctor's Offices
Education Services
Hackensack Meridian Health Health Department
Health Wellness Fairs
Monmouth Family Health Center
Neighborhood Health Services
New Jersey Prevention Network
New Jersey Quitline
New Jersey Global Advisors on Smokefree Policy (NJGASP)
Public Health Department
Rutgers Tobacco Dependence Program
Saint Peter's University Hospital School System
Smoking Cessation Programs
Television Advertisements
Tobacco Dependence Clinic
Visiting Nurses Association

Appendix



Evaluation of Past Activities

Nutrition, Physical Activity and Weight

Goal 1: Education and Awareness on Healthy Choices	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Educate the community on the health risks associated with poor nutrition, physical activity and weight	<ul style="list-style-type: none"> • Launched a Healthy Cooking program in 2018 <ul style="list-style-type: none"> ○ 5 programs offered ○ 97 community members educated ○ Partners: Super Foodtown, Ocean Township
	<ul style="list-style-type: none"> • 37 Health Care Provider lectures <ul style="list-style-type: none"> ○ 310 community members educated • Weight Loss with Hypnosis classes provided by a board-certified hypnotist <ul style="list-style-type: none"> ○ 7 programs offered ○ 141 individuals educated
	<ul style="list-style-type: none"> • Annual Senior Health & Fitness Day at YMCA of Western Monmouth County <ul style="list-style-type: none"> ○ 200+ community members engaged ○ 350+ preventive health screenings provided • National Women’s Health & Fitness Day at YMCA of Western Monmouth County <ul style="list-style-type: none"> ○ 95 community members engaged ○ 150+ preventive health screenings provided
	<ul style="list-style-type: none"> • Educated children on how to eat right, stay active and be safe through Pawsitive Action Team programs <ul style="list-style-type: none"> ○ 42 pediatric lectures ○ 2,265 children educated ○ 45 school-based programs ○ 4,355 students educated
Offer preventive health screenings for adults to identify at-risk individuals	<ul style="list-style-type: none"> • Provided Body Mass Index assessments <ul style="list-style-type: none"> ○ 4,978 individuals screened ○ 1,676 of out-of-range results
Clinical Interventions including Weight loss surgery	<ul style="list-style-type: none"> • 57 Bariatric lectures provided <ul style="list-style-type: none"> ○ 300+ individuals educated on their options for weight loss surgery
Offer support services	<ul style="list-style-type: none"> • The hospital was recognized by the New Jersey Breastfeeding Coalition (NJBC) as an “NJ Breastfeeding Friendly Worksite” <ul style="list-style-type: none"> ○ The first hospital in New Jersey to be recognized by the NJBC breastfeeding supportive practices

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Implementation of Integrative Health and Medicine program	<ul style="list-style-type: none"> • Launched Integrative Health and Medicine program <ul style="list-style-type: none"> ○ Hired 4 Wellness Coaches ○ Hired 2 Nutritionists • Provided 1,200 IHM Five Pillar Self-Assessments to community members at events • Presented to over 15,000 community members

Selected Program Descriptions and Highlights

- **Healthy Cooking Program:** Launched a healthy cooking program to bring people and communities together through the healing power of food. Using the premise that simple changes in food choices can be the first step toward improved health, this program was designed to make healthy eating both delicious and informative. It offers practical solutions for everyday living. Key components included both clinical nutrition efforts as well as community-based programming.
- **Pawsitive Action Team:** Working with experts in children's entertainment and health, The Pawsitive Action Team was developed with a focus on having a welcoming and warm presence that is particularly appealing to children between the ages of 3 to 10. The team travels with a pal from the hospital who helps reinforce messages of good health and safety in a way that children will find memorable and fun.
- **The Center for Weight Loss Surgery at Jersey Shore University Medical Center:** For people struggling with weight loss through diet and exercise, and have accompanying health problems such as high blood pressure, high cholesterol, heart disease, diabetes, joint pain, sleep apnea, infertility, and more, the Center for Weight Loss Surgery offers a safe and healthy option to lose weight and keep it off.
- **Integrative Health & Medicine:** This program empowers patients to reach the highest expression of themselves, engaging their mind, body, and spirit to achieve optimal health and improved quality of life. The Hackensack Meridian Center for Integrative Health & Medicine couples traditional clinical medicine with healing therapies, treating the whole patient and not just their illness or disease. It is the only integrative health program to be built upon five Pillars of Wellness – Sleep, Activity, Purpose, Nutrition, and Resilience. Patients can address their health concerns and goals and receive a customized health and wellness plan developed by integrative specialists. Integrated health physician, health coaches, nutritionist, health psychologist, acupuncturist, and other professionals work with the patient and their specialty physicians to help each patient achieve their health and wellness goals.

Diabetes

Goal 1: Education and Awareness of Risk Factors	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Educate the community on the health risks associated with Diabetes	<ul style="list-style-type: none"> • Launched a Healthy Cooking platform <ul style="list-style-type: none"> ○ 5 programs offered ○ 97 community members educated
	<p>Awareness Events</p> <ul style="list-style-type: none"> • Diabetes Awareness Day Events held annually, providing preventive health screenings and education for community members <ul style="list-style-type: none"> ○ 140+ attendees • Sponsored One Walk to Cure Type 1 Diabetes annually <ul style="list-style-type: none"> ○ 4,000+ community members reached
	<ul style="list-style-type: none"> • 22 Health Care Provider lectures <ul style="list-style-type: none"> ○ 1,862 community members educated
	<p>Educated children on how to eat right, stay active and be safe through Pawsitive Action programs</p> <ul style="list-style-type: none"> ○ 42 pediatric lectures ○ 2,265 children educated ○ 45 school-based programs ○ 4,355 students educated
Provide preventive health screenings	<ul style="list-style-type: none"> • Glucose screenings <ul style="list-style-type: none"> ○ 2,435 individuals screened ○ 236 out-of-range results • Diabetic Retinopathy screenings <ul style="list-style-type: none"> ○ 35 individuals screened • Diabetic Foot screenings <ul style="list-style-type: none"> ○ 74 individuals screened
Offer support services	<ul style="list-style-type: none"> • Diabetes support group <ul style="list-style-type: none"> ○ 32 individuals supported
Clinical Program/Equipment	<ul style="list-style-type: none"> • In 2018, the hospital recruited 5 new Endocrinologists to serve a critical need in Monmouth and Ocean Counties • The Center for Wound Healing at Jersey Shore University Medical Center achieves a wound healing rate consistently over 92%.

Selected Program Descriptions and Highlights

- **Take Control of Your Health:** This evidence-based chronic disease self-management program developed by Stanford University's Patient Education Resource Center and has been successfully implemented throughout Hackensack Meridian *Health*. The program is a fun and practical course that helps people with chronic conditions and their caregivers overcome daily challenges and maintain an active and fulfilling life. The National Council on Aging reports that participants who complete the 6-week course feel healthier, are more active, less depressed, have better communication with their doctor and more.
- **The Center for Wound Healing at Jersey Shore University Medical Center:** Offers specialized treatment options such as hyperbaric oxygen (HBO) therapy, to promote healing for the most difficult wounds, including Diabetic ulcers.

The Center received a Center for Excellence Award and was named Centers of Distinction by Healogics, Inc., a company with an expertise in wound healing that works for the advancement of wound healing treatment.

Heart Disease and Stroke

Goal 1: Education and Awareness of Risk Factors	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
<p>Educate the community on the health risks associated with Heart Disease & Stroke</p>	<ul style="list-style-type: none"> • Launched a Healthy Cooking platform <ul style="list-style-type: none"> ○ 5 programs offered ○ 97 community members educated
	<ul style="list-style-type: none"> • 127 Health Care Provider lectures <ul style="list-style-type: none"> ○ 3,770 community members educated
	<p>Special Events</p> <ul style="list-style-type: none"> • Heart and Stroke Month events held annually, providing preventive health screenings and education for community members • Sponsored the Shoreline Heart Walk annually <ul style="list-style-type: none"> ○ 2,000+ community members reached
	<ul style="list-style-type: none"> • Educated children on how to eat right, stay active and be safe through Pawsitive Action programs <ul style="list-style-type: none"> ○ 42 pediatric lectures ○ 2,265 children educated ○ 45 school-based programs ○ 4,355 students educated <p>Community of LifeSavers</p> <ul style="list-style-type: none"> • 40 programs held • 1,439 children trained in CPR and AED use

<p>Offer preventive health screenings for adults to identify at-risk individuals</p>	<ul style="list-style-type: none"> • Blood Pressure <ul style="list-style-type: none"> ○ 5,476 individuals screened ○ 895 out-of-range results • Pulse <ul style="list-style-type: none"> ○ 2,518 individuals screened ○ 467 out-of-range results • Cholesterol <ul style="list-style-type: none"> ○ 2,420 individuals screened ○ 453 out-of-range results • Body Mass Index (BMI) assessment <ul style="list-style-type: none"> ○ 4,978 individuals screened ○ 1,676 out-of-range results • Stroke Risk Assessment <ul style="list-style-type: none"> ○ 2,280 individuals screened ○ 172 out-of-range results AngioScreen <ul style="list-style-type: none"> • AAA <ul style="list-style-type: none"> ○ 2,650 individuals screened ○ 59 out-of-range results • EKG <ul style="list-style-type: none"> ○ 2,650 individuals screened ○ 46 out-of-range results • Carotid <ul style="list-style-type: none"> ○ 2,650 individuals screened ○ 64 out-of-range results • ABI <ul style="list-style-type: none"> ○ 2,650 individuals screened ○ 146 out-of-range results
<p>Offer support services</p>	<ul style="list-style-type: none"> • Provided Mended Hearts support groups <ul style="list-style-type: none"> ○ 300+ individuals supported

<p>Goal 2: Identify Program & Service Enhancements</p>	
<p>Strategy (Initiative/Activity)</p>	<p>Key Accomplishments / Highlights</p>
<p>Clinical Program Development/Equipment</p>	<ul style="list-style-type: none"> • In November 2018, a new Advanced Heart Failure Center opened, offering specialized treatment options such as Left Ventricular Assist Device (LVAD) surgery, as well as services for patients with new onset heart failure, cardiomyopathy and valvular heart disease. • The Stroke Program implemented an mHealth platform, giving stroke survivors and their care providers on-demand access to discharge information and resources <ul style="list-style-type: none"> Results from deploying the Care Inform mobile app included: <ul style="list-style-type: none"> ○ Reduced readmission rate in the stroke program from 7.2% to 3.6% ○ A 7% improvement in medication compliance among stroke patients

	<ul style="list-style-type: none"> ○ A 3% boost in patients making follow-up visits with their providers
Training (healthcare providers)	<ul style="list-style-type: none"> ● Accreditation Council for Graduate Medical Education (ACGME) accredited Cardiology program <ul style="list-style-type: none"> ○ 6 Cardiology Fellows in 2018

Selected Program Descriptions and Highlights

- **Community of Lifesavers:** Developed in response to the rising incidence of sudden cardiac death among young athletes, this program is aimed at training students in hands-only CPR and the importance of calling 911. When everyday people are equipped with the skills to perform CPR, survival rates can double or even triple.
- **CPR/AED TRAINING:** Providing broad cardiopulmonary resuscitation (CPR) training to the community has been part of Hackensack Meridian *Health's* educational offerings for years, including health care workers, fire fighters, police, teachers, recreational coaches, EMTs, and community members. Our goal is to train as many community members as possible to become American Heart Association CPR/AED certified.
- **AngioScreen:** An in-depth screening for heart attack and stroke where all participants receive a printout with their results and a one-on-one consultation with a nurse educator. All participants are encouraged to share their results with their primary care physician. Follow-up phone calls are made to any participants with abnormal findings.

Mental Health & Substance Abuse

Goal 1: Education and Awareness of Risk Factors	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
<p>Promote awareness of mental health issues and stigma and educate the community on the health risks associated with substance abuse</p>	<ul style="list-style-type: none"> 15 Health Care Provider lectures <ul style="list-style-type: none"> 945 community members educated
	<p>Special Events</p> <ul style="list-style-type: none"> Mental health Month events held annually to increase awareness of mental health issues to the community and promote mental health Tween Self Esteem – An event focused on discussing the physical, social, and emotional changes that accompany teenage years and the importance of making healthy choices. The event features a variety of speakers including an OB/GYN, detective, cyber bullying expert, and a social worker <ul style="list-style-type: none"> 500 tweens, parents and caregivers educated Launched a Substance Use Disorders Educational Series: the Department of Psychology hosted a symposium <i>Substance Use Disorders in 2017: Tackling the Opioid Epidemic & More</i> <ul style="list-style-type: none"> 450 health care providers and community members attended
<p>Screenings for at-risk individuals</p>	<ul style="list-style-type: none"> Suicide Risk Assessment Implemented in the Emergency Department
<p>Offer support services</p>	<ul style="list-style-type: none"> 430+ Narcan replacements distributed to first responders free of charge Launched the Opioid Overdose Recovery Program (OORP) in 2016 <ul style="list-style-type: none"> 300 individuals served annually

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
<p>Clinical Program Development/Equipment</p>	<ul style="list-style-type: none"> The Christopher Center for Mental Health & Wellness opened in 2018, located in HOPE Tower, offering outpatient behavioral health care Jersey Shore University Medical Center is the first hospital in New Jersey to offer deep transcranial magnetic stimulation (dTMS) – a non-invasive treatment for

	depression that provides new hope for patients who have experienced side effects from medications or for whom medications have proven ineffective.
Training (health care providers, first responders, etc.)	<ul style="list-style-type: none"> • Launched an Accreditation Council for Graduate Medical Education (ACGME) approved residency program in Psychiatry in 2018 <ul style="list-style-type: none"> ○ 4 Psychiatry residents • Child and Adolescent Psychiatry just received accreditation <ul style="list-style-type: none"> ○ Will have 3 Child and Adolescent Psychiatry fellows in 2020

Selected Program Descriptions and Highlights

- **Opioid Overdose Recovery Program (OORP):** Developed with funding from the State and other sources to combat drug addiction in the Jersey Shore area. The program provides peer-to-peer bedside counseling with the goal of getting individuals who have been reversed by Narcan into an appropriate treatment program following an opioid overdose.
- **Narcan Replacement Kits Provided to First Responders:** Hackensack Meridian *Health* hospitals and several others have partnered with law enforcement agencies across the State to implement Narcan Replacement Kit Programs. The goal of the program is to save victims from fatal overdoses by equipping first responders with the opioid antidote, Narcan.

Access to Healthcare Services

Goal 1: Education and Awareness of Resources	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Educate the community about hospital-based resources to access care	<ul style="list-style-type: none"> • 46 Health Fairs <ul style="list-style-type: none"> ○ 7,880 community members engaged • Access services attend community events to sign people up for insurance

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Clinical Program Development/Equipment	<ul style="list-style-type: none"> • Launched Convenient Care Now by Hackensack Meridian <i>Health</i> <ul style="list-style-type: none"> ○ Provides on-demand video consultation for urgent care issues with a board-certified physician 24/7 Launched convenient care strategy • Urgent Care facilities- for non-life-threatening medical conditions that require immediate treatment <ul style="list-style-type: none"> ○ 8 locations in Central and Southern New Jersey

	<ul style="list-style-type: none"> • Retail Clinics- for minor illnesses, immunizations and health screenings <ul style="list-style-type: none"> ○ 10 RediClinic locations in Central and Southern New Jersey
<p>Building/Infrastructure</p>	<ul style="list-style-type: none"> • Opened the new HOPE Tower, a 10-story, 300,000-square-foot outpatient facility that focuses on all aspects of health and wellness. The facility expands access to outpatient services. <ul style="list-style-type: none"> ○ Pediatric specialties include: <ul style="list-style-type: none"> ▪ Gastroenterology ▪ Endocrinology ▪ Infectious disease ▪ Neurology ▪ Hematology/oncology ○ Adult specialties include: <ul style="list-style-type: none"> ▪ Internal medicine ▪ Psychiatry and behavioral health ▪ Infectious disease ▪ Rheumatology ▪ Endocrinology ▪ Uro-gynecology ▪ Obstetrics and gynecology ▪ Maternal/fetal medicine surgery • The Pediatric Emergency Department at K. Hovnanian Children’s Hospital expanded its hours and now provides specialized children’s services 24 hours a day seven days a week
<p>Training (health care providers)</p>	<p>12 Accreditation Council for Graduate Medical Education (ACGME) accredited residency and fellowship programs</p> <ul style="list-style-type: none"> • Totals for 2018: <ul style="list-style-type: none"> ○ 58 Internal Medicine residents ○ 6 Cardiology fellows ○ 2 Pulmonary fellows ○ 1 Critical Care fellow ○ 2 Nephrology fellows ○ 24 Pediatric residents ○ 16 OB/Gyn residents ○ 4 Psychiatry residents (a brand new program) ○ Child and Adolescent Psychiatry just received accreditation and will have 3 fellows in 2020

Selected Program Description and Highlights

- **HOPE Tower:** In June 2018, Jersey Shore University Medical Center opened the new HOPE Tower, a 10-story, 300,000-square-foot facility located on the east side of the hospital’s campus in Neptune, NJ. The \$265 million state-of-the-art facility, located on the east side of the hospital’s campus in Neptune, features a world-class cancer treatment center, modern clinical offices for pediatric and adult specialties, and high-tech academic and research space, creating a groundbreaking outpatient facility that focuses on all aspects of health and wellness. HOPE Tower represents a new Healing OutPatient Experience, where advanced technology and medical expertise is combined in a stunning facility that has been designed with patient convenience, easy access and peace of mind as core elements in care delivery.

Since the opening, thousands of patients have received care by more than 100 medical practitioners, over 9,600 linear accelerator treatments have been provided and more than 130 conferences, lectures, events and meetings have taken place in the John K. Lloyd Amphitheater located on the tenth floor of HOPE Tower.

Cancer

Goal 1: Education and Awareness of Resources	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Educate the community on cancer prevention	<ul style="list-style-type: none"> • Launched a Healthy Cooking platform <ul style="list-style-type: none"> ○ 5 programs offered ○ 97 community members educated • 14 Freshstart Smoking Cessation and Stop Smoking with Hypnosis classes-provided by a Board-Certified hypnotist <ul style="list-style-type: none"> ○ 68 smokers equipped with the knowledge and tools to overcome their tobacco addiction • Launched an educational series – <i>Cancer Science Today</i> in partnership with Memorial Sloan Kettering. Jersey Shore University Medical center hosted “Knowing Your Family’s Cancer Risk” where HMM and MSK physicians discussed cancer risk, genetic testing and counseling, and different treatment and preventative options available <ul style="list-style-type: none"> ○ 100+ healthcare providers and community members educated
	<ul style="list-style-type: none"> • 121 Health Care Provider lectures <ul style="list-style-type: none"> ○ 4,708 community members educated

	<p>Special Events</p> <ul style="list-style-type: none"> • Cancer awareness Month events held annually • Sponsored the National Brain Tumor Society Walk – Central NJ <ul style="list-style-type: none"> ○ 2,200 community members reached • Sponsored the Annual Seas It 5K Run/Walk <ul style="list-style-type: none"> ○ 800 community members reached • Sponsored Mary’s Place by the Sea Annual Let’s Walk Together <ul style="list-style-type: none"> ○ 2,000 community members engaged • Sponsored the Ovarian Cancer Walk at Avon by the Sea <ul style="list-style-type: none"> ○ 500+ community members reached
<p>Provide preventive health screenings</p>	<ul style="list-style-type: none"> • Colon-rectal cancer screening <ul style="list-style-type: none"> ○ 50 kits distributed • Skin cancer screening – choose your cover <ul style="list-style-type: none"> ○ 275 individuals screened • Lung cancer screening <ul style="list-style-type: none"> ○ 8 individuals screened
<p>Offer Support Services</p>	<ul style="list-style-type: none"> • Cancer Support Groups including Breast, Gynecologic, Thyroid, and General <ul style="list-style-type: none"> ○ 515 individuals living with cancer, cancer survivors, and family members supported

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Clinical Program Development/Equipment	<p><i>2018 HMM Cancer Clinical Research for Monmouth & Ocean Counties:</i></p> <ul style="list-style-type: none"> • 674 patients were enrolled in therapeutic and non-therapeutic clinical trials – a 55% increase in physicians enrolling patients • 74 physicians enrolled more than 240 patients into the Biorepository • 41 new physicians have joined the effort to enroll patients in clinical trials • 30% increase in clinical trial enrollment • Phase II, Phase III and investigator initiated trials are offered to patients <ul style="list-style-type: none"> ○ In 2018, our programs surpassed the American College of Surgeons enrollment criteria by 17.5%
Building/Infrastructure	<ul style="list-style-type: none"> • HOPE Tower at Jersey Shore University Medical Center opened in June 2018, featuring a cancer treatment center <ul style="list-style-type: none"> ○ TrueBeam™ linear accelerator ○ HDR Skin brachytherapy program ○ Nurse navigator resources ○ 33 infusion stations ○ Surgical specialist and medical oncologist consultation offices • Launched a High-Risk Genetic Clinic targeting cancer risk assessment

Selected Program Descriptions and Highlights

- **Colon-rectal program:** Hackensack Meridian Health partnered with the Colon Cancer Alliance to create a program called, “How Healthy is Your Colon?”. This lecture and screening program is aimed at high-risk groups in Monmouth and Ocean counties and most often takes place in a community setting. The screening kit used is the Fecal Immunochemical Test (FIT) kit, which is much easier to use than other fecal occult blood test kits. FIT increases compliance by removing barriers including dietary and medication restrictions and fewer samples are needed. It has also proven to be more sensitive than our previous test, resulting in improved screening results for our community. Prior to using the FIT, no positive screenings were found, since using the FIT, 24% have tested positive for possible cancer.
- **Hepatobiliary, Liver, and Pancreas Cancer Program Designation:** Jersey Shore University Medical Center is the first hospital in New Jersey to receive The Joint Commission’s Gold Seal of Approval® for Center of Excellence for Pancreas, Liver, and Bile Duct Cancer Certification. The Gold Seal of Approval® is a symbol of quality that reflects an organization’s commitment to providing safe and effective patient care.
- **Lung Cancer Certification and Esophageal Cancer Certification:** Jersey Shore University Medical Center earned The Joint Commission’s gold Seal of Approval® for two areas of expertise — Lung Cancer Certification and Esophageal Cancer Certification — a distinct status within New Jersey and the nation. Jersey Shore is the first hospital in New Jersey to hold Lung Cancer Certification, a distinction that few hospitals in the country have earned. The medical center is also the first certified organization for Esophageal Cancer in the United States.
- **Genetics Clinic:** Launched a Genetics Clinic at Jersey Shore, providing comprehensive outpatient genetic counseling programs, offering consultations and care to men, women and families who are predisposed to cancer causing genes such as BRCA1 and BRCA2 and those currently living with cancer. Our program allows patients to meet board certified physicians specializing in breast, gynecologic and gastrointestinal cancer treatment — all in one convenient appointment. Patients seen in our Genetics Clinic include those with a known or suspected hereditary cancer risk.

Respiratory Diseases

Goal 1: Education and Awareness of Resources	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Educate the community on respiratory health	<ul style="list-style-type: none"> • Asthma education <ul style="list-style-type: none"> ○ 16 programs held ○ 5,738 children educated • 14 Freshstart Smoking Cessation and Stop Smoking with Hypnosis classes-provided by a Board-Certified hypnotist <ul style="list-style-type: none"> ○ 68 smokers equipped with the knowledge and tools to overcome their tobacco addiction
Offer Support Services	<ul style="list-style-type: none"> • The Pulmonary Rehabilitation Program at Jersey Shore University Medical center offers support services including: <ul style="list-style-type: none"> ○ Education about breathing techniques, bronchial hygiene, medications, energy conservation, pulmonary disease management and more ○ Nutrition counseling ○ Pulmonary Support Group

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Clinical Program Development/Equipment	<ul style="list-style-type: none"> • Earned the 2019-2020 American Association for Respiratory Care (AARC) Apex Recognition Award for the hospital's commitment to excellence in professional development, evidence-based care, patient safety, patient satisfaction and quality improvement <ul style="list-style-type: none"> ○ One of only 16 hospitals in the nation to earn this award • Community Outreach for Asthma Care and Health (COACH) Program <ul style="list-style-type: none"> ○ 500+ children with asthma and their caregivers served ○ 20+ Neptune Public School students served

Selected Program Descriptions and Highlights

- **Community Outreach for Asthma Care and Health (COACH) at K. Hovnanian’s Children Hospital at Jersey Shore University Medical Center:** A program designed to improve the quality of life for children with asthma and their families. This focus is teaching asthma self-management and assisting with the identification and removal of asthma triggers in the child’s home.

In 2017, the COACH Team provided one-on-one education for approximately 360 children with asthma and their caregivers. In addition, about 20 children who attend Neptune public schools and have asthma were seen at the K. Hovnanian Wellness Center in Neptune’s Midtown School. These children received a free pulmonary evaluation by our Pediatric Pulmonologist and asthma education by a member of the COACH Team.

Injury and Violence

Goal 1: Education and Awareness of Resources	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Educate the community on injury prevention	<ul style="list-style-type: none"> • Launched Stop the Bleed in 2017 <ul style="list-style-type: none"> ○ 436 community members trained ○ 250 EMS/first aid squad members trained ○ 250+ high school students trained ○ 180+ school nurses trained • Car Seat Safety Fittings – provided in partnership with the New Jersey State Police <ul style="list-style-type: none"> ○ 9 programs held ○ 316 car seats checked • Bike and Helmet Safety Program <ul style="list-style-type: none"> ○ 5 programs offered ○ 980 children educated • Rude Awakening – a nationally-recognized drunk-driving awareness program geared towards Junior and Senior high school students. Partnered with 6 local high schools
	<ul style="list-style-type: none"> • Trauma Team attended several health fairs to provide education and resources <ul style="list-style-type: none"> ○ 1,125 community members engaged • Joined Street Smart NJ – a State safety campaign aimed at making travel safer for pedestrians to reduce pedestrian-motor vehicle crashes • National Stop the Bleed Day • 3D- Drinking, Drugging, and Driving <ul style="list-style-type: none"> ○ 1,470 high school students educated on the dangers of driving under the influence
	<ul style="list-style-type: none"> • Safe Sitter <ul style="list-style-type: none"> ○ 15 classes offered ○ 201 teenagers trained

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	Key Accomplishments / Highlights
Clinical Program Development/Equipment	<ul style="list-style-type: none"> • In 2018, the Trauma Center at Jersey Shore University Medical Center was verified as a Level II Pediatric Trauma Center by the Verification Review Committee (VRC) <ul style="list-style-type: none"> ○ The only hospital in Monmouth and Ocean Counties, and the eastern part of New Jersey to earn this elite designation ○ One of only three hospitals in the State with Level II Pediatric Trauma Center verification
Training (healthcare providers)	<ul style="list-style-type: none"> • Human Trafficking Training for all team members administered through an online education platform • Annual Emergency Psychiatry Symposium: Violence Prevention & Management continuing medical education for healthcare providers, social workers and case managers • Trauma education for EMTs and Paramedics/Trauma Triage and Transport- course was developed by the New Jersey Department of Health and the Trauma Center Council <ul style="list-style-type: none"> ○ 426 trained • Child Passenger Safety Technician Class <ul style="list-style-type: none"> ○ 19 health professionals trained

Selected Program Descriptions and Highlights

- **Bike and Helmet Safety:** school-based assembly providing education on proper bike and helmet safety measures.
- **Stop the Bleed:** This program provides civilians basic training in bleeding control principles so they are able to provide immediate, frontline aid until first responders are able to take over care of an injured person. Due to many situations, there may be a delay between the time of injury and the time a first responder is on the scene. Without civilian intervention in these circumstances, preventable deaths will occur. Hackensack Meridian *Health* is training EMS and nurses so they can be a trainer and help go out and train the community.
- **The Trauma Center at Jersey Shore University Medical Center is the only Level II Pediatric Trauma Center in the Shore Region:** In 2018, the Trauma Center at Hackensack Meridian *Health* Jersey Shore University Medical Center has been verified as a Level II Pediatric Trauma Center by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS).

This achievement recognizes the Trauma Center’s dedication to providing optimal care for pediatric patients who experience a traumatic event, such as motor vehicle accidents, falls, sports injuries, drowning, or physical assault. It expands upon the Level II Trauma Center designation already held by the medical center.