2019 Community Health Needs Assessment Summary Report

Southern Ocean Medical Center Service Area

Prepared for:
Southern Ocean Medical Center

Hackensack Meridian *Health*

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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 Southern Ocean Medical Center. 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 Southern Ocean 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.

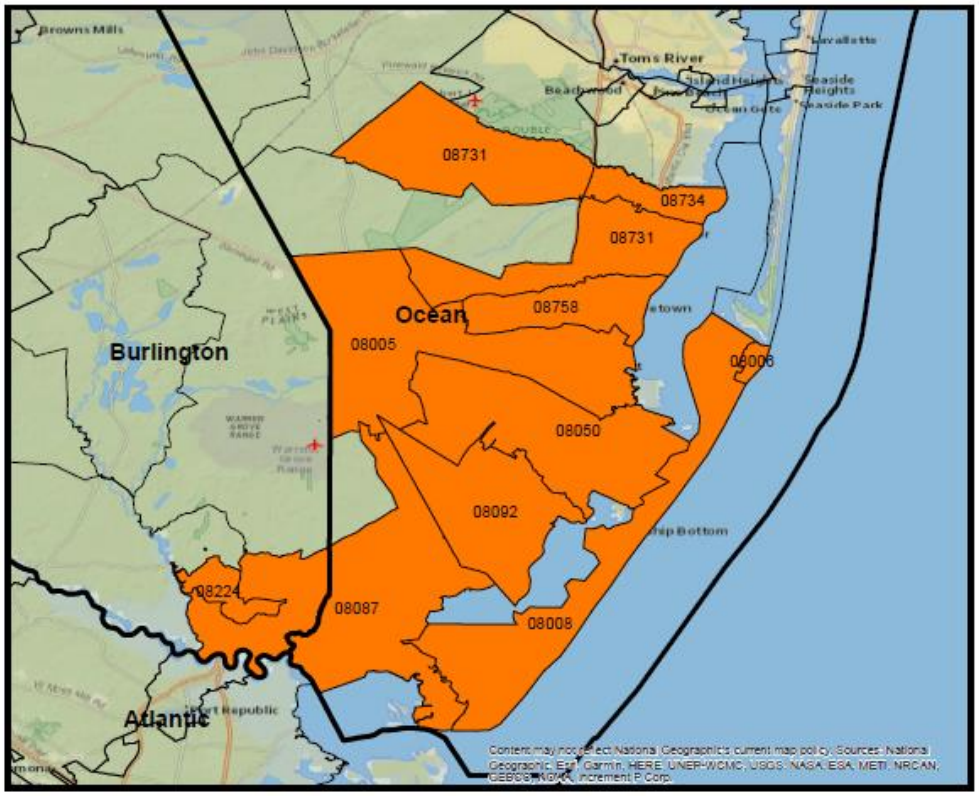
PRC Community Health Survey

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 “Southern Ocean Medical Center Service Area” or the “SOMC Service Area” in this report) is defined as each of the residential ZIP Codes comprising the primary service area of Southern Ocean Medical Center. This community definition, determined based on the ZIP Codes of residence of recent patients of Southern Ocean 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 200 individuals age 18 and older in the SOMC 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 SOMC Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

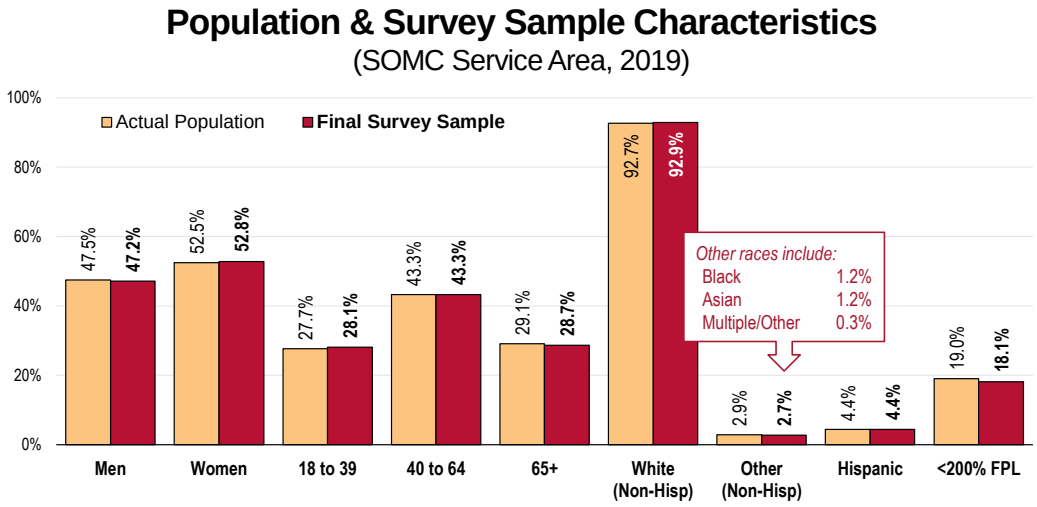
For statistical purposes, the maximum rate of error associated with a sample size of 200 respondents is ±6.9% at the 95 percent confidence level.

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 SOMC 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.]



Sources:
- U.S. 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; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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 Ocean County; the input also included stakeholders who work more regionally or statewide. In all, 79 community stakeholders in the SOMC Service Area took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation	
Key Informant Type	**Number Participating**
Physicians	4
Public Health Representatives	13
Other Health Providers	16
Social Services Providers	18
Other Community Leaders	28

Final participation included representatives of the organizations outlined below.

- American Cancer Society
- Borough of Point Pleasant
- Brick Senior Center
- Central Jersey Family Health Consortium
- CentraState Healthcare System
- CHEMED Health Center
- Circus Own/Super Foodtown
- Coastal Volunteers in Medicine
- Community Affairs & Resource Center (CARC)
- Department of Maternal and Child Health
- Dr. Herbert N. Richardson School
- EZ Ride
- Family Resource Network
- Georgian Court University
- HABcore
- Heritage Bay

- H & M Potter Elementary School
- Horizon Blue Cross Blue Shield of NJ
- Horizon NJ Health
- Jewish Renaissance Foundation
- LBI Health Department
- LunchBreak
- Metuchen Library
- Mirage
- MONOC (Monmouth-Ocean Hospital Service Corporation)
- NAHN-NJ Chapter School Nurse Program Rutgers
- Neighborhood Health Services Corporation
- New Jersey Blind Citizens Association
- Ocean County Department of Human Services
- Ocean County Health Department
- Ocean County Office of Senior Services
- Ocean County YMCA
- Ocean Health Initiatives, Inc.
- Ocean Medical Center
- Ocean Medical Center Community Advisory Committee
- Ocean-Monmouth Health Alliance (Cancer Coalition)
- Plainfield Connections - Maternal and Child Home Visitation Programs
- Point Pleasant Schools
- Preferred Behavioral Health Group
- Roosevelt Care Center
- Saint Peter's University Hospital and Robert Wood Johnson University Hospital
- Seacrest Village
- Shore Rehabilitation Institute (SRI)
- Southern Ocean Medical Center (SOMC)
- Southern Regional School District
- Stafford Police Department
- Susan G. Komen Central and South Jersey
- Township of Brick
- United Way of Northern NJ
- VNA Health Group - Children & Family Health Institute
- Wellspring Center for Prevention
- Wintrode Family Foundation

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 SOMC 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 SOMC Service Area secondary data reflect county-level data for Ocean County in New Jersey.

Benchmark Data

Trending

A similar survey was administered in the area in 2006, 2013, and 2016 by PRC on behalf of Southern Ocean Medical Center. Trending data for Ocean County, 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

Southern Ocean 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, Southern Ocean 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. Southern Ocean 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 *A definition of the community served by the hospital facility*	5
Part V Section B Line 3b *Demographics of the community*	31
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	147
Part V Section B Line 3d *How data was obtained*	5
Part V Section B Line 3e *The significant health needs of the community*	14
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	15
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	5
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	155

Summary of Findings

Significant Health Needs: SOMC 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	• Poverty • *Key Informants identified poverty and employment as having the greatest impact on community health.*

Access to Healthcare Services	• Barriers to Access
	  ○ Inconvenient Office Hours
	  ○ Cost of Prescriptions
	  ○ Appointment Availability
	  ○ Finding a Physician
	• Primary Care Physician Ratio
	• Emergency Room Utilization

Cancer	• Leading Cause of Death • Lung Cancer Deaths • Lung Cancer Incidence • Cervical Cancer Screening [Age 21-65]
Diabetes	• Prevalence of Borderline/Pre-Diabetes • *Key Informants: Diabetes ranked as a top concern.*
Heart Disease & Stroke	• Leading Cause of Death • Heart Disease Deaths • High Blood Pressure Prevalence • High Blood Pressure Management • High Blood Cholesterol Prevalence • *Key Informants: Heart disease and stroke ranked as a top concern.*
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash Deaths • Violent Crime Experience
Kidney Disease	• Kidney Disease Deaths • Kidney Disease Prevalence

-continued on next page-

Areas of Opportunity (continued)	
Mental Health	• "Fair/Poor" Mental Health • Diagnosed Depression • Stress • Suicide Deaths • Mental Health Provider Ratio • *Key Informants: Mental health ranked as a top concern.*
Nutrition, Physical Activity & Weight	• Low Food Access • Overweight & Obesity [Adults] • Access to Recreation/Fitness Facilities • *Key Informants: Nutrition, physical activity, and weight ranked as a top concern.*
Potentially Disabling Conditions	• Activity Limitations • Sciatica/Chronic Back Pain Prevalence • Multiple Chronic Conditions • Alzheimer's Disease Deaths
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Asthma Prevalence [Adults] • Flu Vaccination [Age 65+]
Septicemia	• Septicemia Deaths
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Unintentional Drug-Related Deaths • Illicit Drug Use • Use of Prescription Opiates • *Key Informants: Substance abuse ranked as a top concern.*
Tobacco Use	• Cigarette Smoking Prevalence • Environmental Tobacco Smoke Exposure at Home

Community Feedback on Prioritization of Health Needs

On August 15, 2019, Southern Ocean 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
   - Kidney Disease
   - Potentially Disabling Conditions
   - Septicemia
2. **Behavioral Health**, including:
   - Mental Health
   - Substance Abuse
3. **Social Determinants of Health**, including:
   - Access to Care
   - Poverty
   - Employment
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

Southern Ocean 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 SOMC Service Area, grouped by health topic.

Reading the Summary Tables

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 OMC Service Area.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes in Ocean County 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 county-level data.

In the following tables, SOMC 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 SOMC 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 SOMC 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.

Social Determinants	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
Linguistically Isolated Population (Percent)	2.2	7.5	6.4	4.4		
Population in Poverty (Percent)	10.9	12.2	10.7	14.6		
Children in Poverty (Percent)	18.7	17.7	15.3	20.3		
No High School Diploma (Age 25+, Percent)	8.8	11.9	10.8	12.7		
Unemployment Rate (Age 16+, Percent)	4.1	4.2	4.2	4.0		4.1
% Worry/Stress Over Rent/Mortgage in Past Year	36.3	36.9		30.8		
% Low Health Literacy	28.0	30.3		23.3		
			better	similar	worse	

Overall Health	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% "Fair/Poor" Overall Health	14.9	13.4	18.4	18.1		16.1
			better	similar	worse	

Access to Health Services	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% [Age 18-64] Lack Health Insurance	6.1	7.1	13.1	13.7	0.0	7.9

Access to Health Services (continued)	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% Difficulty Accessing Healthcare in Past Year (Composite)	45.8	41.6		43.2		36.1
% Difficulty Finding Physician in Past Year	19.4	13.9		13.4		10.1
% Difficulty Getting Appointment in Past Year	24.7	19.8		17.5		14.1
% Cost Prevented Physician Visit in Past Year	11.3	13.3		15.4		12.1
% Transportation Hindered Dr Visit in Past Year	11.5	9.5		8.3		6.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	19.5	20.2		12.5		15.1
% Culture/Lang Hindered Medical Care in Past Year	0.7	5.2				
% Cost Prevented Getting Prescription in Past Year	18.0	12.2		14.9		11.0
% Skipped Prescription Doses to Save Costs	8.3	13.9		15.3		13.5
Primary Care Doctors per 100,000	48.1	101.4	101.6	87.8		
% Have a Specific Source of Ongoing Care	79.1	72.7		74.1	95.0	81.5
% Have Had Routine Checkup in Past Year	74.9	70.0	76.1	68.3		68.0
% Two or More ER Visits in Past Year	16.0	12.4		9.3		7.2
% Rate Local Healthcare "Fair/Poor"	9.6	9.2		16.2		14.4
			better	similar	worse	

Cancer	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
Cancer (Age-Adjusted Death Rate)	167.0	144.3	148.4	155.6	161.4	185.1
Lung Cancer (Age-Adjusted Death Rate)	41.8	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)	21.8	20.1	20.7	20.1	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	16.2	14.1	14.0	13.9	14.5	
Female Breast Cancer Incidence Rate	130.8	129.7	133.4	124.7		
Prostate Cancer Incidence Rate	125.8	135.1	134.7	109.0		
Lung Cancer Incidence Rate	70.3	55.4	57.3	60.2		
Colorectal Cancer Incidence Rate	45.5	41.8	41.9	39.2		
% Cancer	12.2	7.6				
% [Women 50-74] Mammogram in Past 2 Years	79.1	74.0	80.7	77.0	81.1	79.5
% [Women 21-65] Pap Smear in Past 3 Years	64.6	72.6	82.1	73.5	93.0	88.5
% [Men 40+] PSA Test in Past 2 Years	61.3	57.5	50.0			59.2
% [Age 50-75] Colorectal Cancer Screening	76.4	72.4	65.1	76.4	70.5	74.3
			better	similar	worse	

Diabetes	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
Diabetes (Age-Adjusted Death Rate)	13.8	18.4	17.5	21.3	20.5	17.3
% Diabetes/High Blood Sugar	14.0	12.6	11.1	13.3		12.2
% Borderline/Pre-Diabetes	10.9	7.6	2.1	9.5		5.2
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	60.0	45.3		50.0		47.7
			better	similar	worse	

Heart Disease & Stroke	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
Diseases of the Heart (Age-Adjusted Death Rate)	200.2	164.7	164.6	166.3	156.9	205.7
Stroke (Age-Adjusted Death Rate)	30.5	29.9	30.6	37.5	34.8	31.2
% Heart Disease (Heart Attack, Angina, Coronary Disease)	7.5	6.8		8.0		9.4
% Stroke	3.2	2.6	2.5	4.7		2.1
% Blood Pressure Checked in Past 2 Years	96.0	88.7		90.4	92.6	96.8
% Told Have High Blood Pressure (Ever)	47.2	33.6	33.0	37.0	26.9	33.9
% [HBP] Taking Action to Control High Blood Pressure	72.9	87.1		93.8		94.6
% Cholesterol Checked in Past 5 Years	86.4	84.8	91.1	85.1	82.1	87.1

Heart Disease & Stroke (continued)	SOMC Service Area	SOMC Service Area vs. Benchmarks				TREND (Ocean Co.)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
% Told Have High Cholesterol (Ever)	43.1	35.8		36.2	13.5	37.4
% [HBC] Taking Action to Control High Blood Cholesterol	88.1	79.9		87.3		88.5
% 1+ Cardiovascular Risk Factor	86.9	83.8		87.2		91.7
			better	similar	worse	

Infant Health & Family Planning	SOMC Service Area	SOMC Service Area vs. Benchmarks				TREND (Ocean Co.)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	22.5	26.3	24.9		22.1	
Low Birthweight Births (Percent)	6.3	8.1	8.0	8.2	7.8	6.3
Infant Death Rate	3.0	4.1	4.4	5.8	6.0	3.0
Births to Adolescents Age 15 to 19 (Percent)	1.6	3.2	3.0	5.4		3.7
			better	similar	worse	

Injury & Violence	SOMC Service Area	SOMC Service Area vs. Benchmarks				TREND (Ocean Co.)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	58.5	37.8	40.6	46.7	36.4	35.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)	7.9	5.7	6.5	11.4	12.4	
[65+] Falls (Age-Adjusted Death Rate)	24.4	27.9	30.1	62.1	47.0	

Injury & Violence (continued)	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% [Age 45+] Fell in the Past Year	23.4	22.6		31.6		
Firearm-Related Deaths (Age-Adjusted Death Rate)	3.6	5.6	5.4	11.6	9.3	
Homicide (Age-Adjusted Death Rate)	1.7	5.0	4.4	6.0	5.5	1.6
Violent Crime Rate	97.9	318.4	277.7	379.7		
% Victim of Violent Crime in Past 5 Years	2.6	4.7		3.7		0.7
% Victim of Domestic Violence (Ever)	16.9	14.6		14.2		12.3
			better	similar	worse	

Kidney Disease	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
Kidney Disease (Age-Adjusted Death Rate)	16.8	14.2	14.0	13.2		17.5
% Kidney Disease	6.0	2.4	2.8	3.8		3.2
			better	similar	worse	

Mental Health	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% "Fair/Poor" Mental Health	17.9	16.6		13.0		7.8
% Diagnosed Depression	25.1	16.8	14.8	21.6		16.7

Mental Health (continued)	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% Symptoms of Chronic Depression (2+ Years)	27.4	27.4		31.4		25.9
% Typical Day Is "Extremely/Very" Stressful	16.8	17.9		13.4		9.7
% 3+ Days/Month Mental Issues Limited Activities	15.5	14.1				
Suicide (Age-Adjusted Death Rate)	8.6	7.0	7.9	13.6	10.2	9.3
Mental Health Providers per 100,000	139.6	171.9	200.6	202.8		
% Taking Rx/Receiving Mental Health Trtmt	18.0	13.6		13.9		
% Have Ever Sought Help for Mental Health	35.5	28.4		30.8		19.8
% Ever Discussed Mental Health Issues with Doctor	28.6	26.7				
% Unable to Get Mental Health Svcs in Past Yr	4.1	7.5		6.8		
			better	similar	worse	

Nutrition, Physical Activity & Weight	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% Food Insecure	21.8	32.3		27.9		
% 5+ Servings of Fruits/Vegetables per Day	32.8	27.1		33.5		37.9
% "Very/Somewhat" Difficult to Buy Fresh Produce	21.3	20.0		22.1		17.3

Nutrition, Physical Activity & Weight (continued)	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
Population With Low Food Access (Percent)	41.9	22.3	23.7	22.4		
% No Leisure-Time Physical Activity	25.3	26.8	29.0	26.2	32.6	32.4
% Meeting Physical Activity Guidelines	26.4	22.0	21.9	22.8	20.1	
% 3+ Hours/Day Screen Time for Entertainment	57.3	51.8				
Recreation/Fitness Facilities per 100,000	11.3	14.2	15.7	11.0		
% Healthy Weight (BMI 18.5-24.9)	25.8	31.3	36.1	30.3	33.9	31.6
% Overweight (BMI 25+)	74.2	65.9	62.6	67.8		65.7
% Obese (BMI 30+)	33.9	29.8	27.3	32.8	30.5	26.9
% Medical Advice on Weight in Past Year	25.5	25.5		24.2		27.1
% [Overweights] Trying to Lose Weight	78.6	67.6		61.3		61.1
% [Overweights] Counseled About Weight in Past Year	31.1	30.2		29.0		33.7
			better	similar	worse	

Oral Health	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% Have Dental Insurance	76.5	73.9		59.9		58.5
% [Age 18+] Dental Visit in Past Year	70.6	68.4	73.4	59.7	49.0	69.9
			better	similar	worse	

Potentially Disabling Conditions	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% Activity Limitations	35.5	21.6	17.2	25.0		23.5
% [50+] Arthritis/Rheumatism	34.7	28.5		38.3		45.0
% [50+] Osteoporosis	7.8	8.2		9.4	5.3	16.6
% Sciatica/Chronic Back Pain	28.8	18.8		22.9		28.4
% Eye Exam in Past 2 Years	69.2	64.4		55.3		63.0
% 3+ Chronic Conditions	56.3	32.4		41.4		
Alzheimer's Disease (Age-Adjusted Death Rate)	24.4	19.2	21.5	30.2		23.0
% Caregiver to a Friend/Family Member	20.7	20.6		20.8		27.4
			better	similar	worse	

Respiratory Diseases	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
CLRD (Age-Adjusted Death Rate)	35.6	27.9	28.7	41.0		33.3
Pneumonia/Influenza (Age-Adjusted Death Rate)	9.6	10.8	11.6	14.3		10.3
% [Adult] Currently Has Asthma	22.1	9.2	8.6	11.8		7.6
% COPD (Lung Disease)	10.1	7.6	6.1	8.6		11.5
% [Age 65+] Flu Vaccine in Past Year	55.3	59.7	63.4	76.8	70.0	71.8
% [Age 65+] Pneumonia Vaccine Ever	76.8	67.0	71.6	82.7	90.0	74.5
			better	similar	worse	

Septicemia	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
Septicemia (Age-Adjusted Death Rate)	16.0	18.8	17.4	10.8		17.1
			better	similar	worse	

Sexual Health	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
Chlamydia Incidence Rate	193.5	406.4	385.3	497.3		
Gonorrhea Incidence Rate	33.3	97.5	91.1	145.8		

Sexual Health (continued)	SOMC Service Area	SOMC Service Area vs. Benchmarks				TREND (Ocean Co.)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
HIV/AIDS (Age-Adjusted Death Rate)	1.0	4.2	3.1	2.3	3.3	
HIV Prevalence Rate	135.4	583.8	473.7	362.3		
			better	similar	worse	

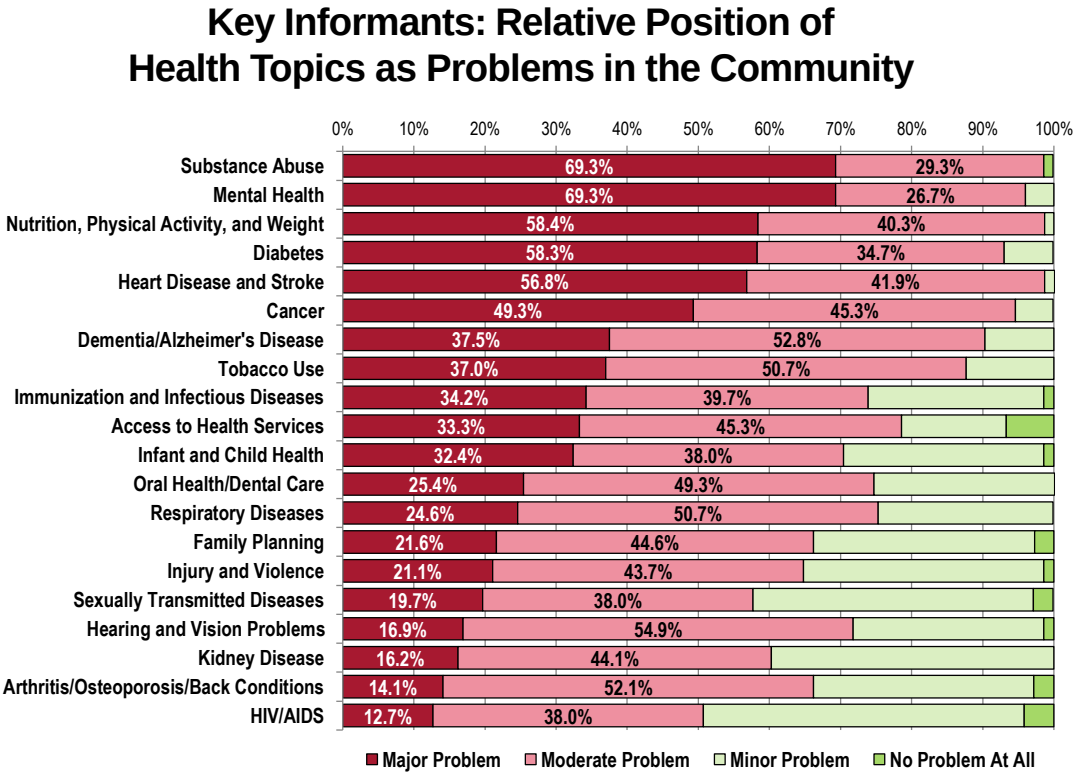
Substance Abuse	SOMC Service Area	SOMC Service Area vs. Benchmarks				TREND (Ocean Co.)
		vs. HMH	vs. NJ	vs. US	vs. HP2020	
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	38.1	20.3	21.8	16.7	11.3	15.1
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	10.5	7.4	7.3	10.8	8.2	10.4
% Current Drinker	64.4	60.2	57.3	55.0		62.3
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	20.7	21.0	16.6	20.0	24.4	15.4
% Excessive Drinker	25.6	23.8		22.5	25.4	15.6
% Drinking & Driving in Past Month	1.0	1.6	2.4	5.2		2.2
% Illicit Drug Use in Past Month	3.8	3.1		2.5	7.1	1.2
% Used Prescription Opiate in Past Year	19.7	11.0				
% Ever Sought Help for Alcohol or Drug Problem	10.4	3.1		3.4		2.7

Substance Abuse	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% HH Member Ever Treated/Referred for Rx Addiction	12.0	7.4				
% Personally Impacted by Substance Abuse	35.1	30.0		37.3		
			better	similar	worse	

Tobacco Use	SOMC Service Area	SOMC Service Area vs. Benchmarks				
		vs. HMH	vs. NJ	vs. US	vs. HP2020	TREND (Ocean Co.)
% Current Smoker	19.1	11.0	13.7	16.3	12.0	15.8
% Someone Smokes at Home	17.2	11.2		10.7		13.3
% [Nonsmokers] Someone Smokes in the Home	5.4	5.1		4.0		6.7
% Currently Use Vaping Products	5.2	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.)



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.

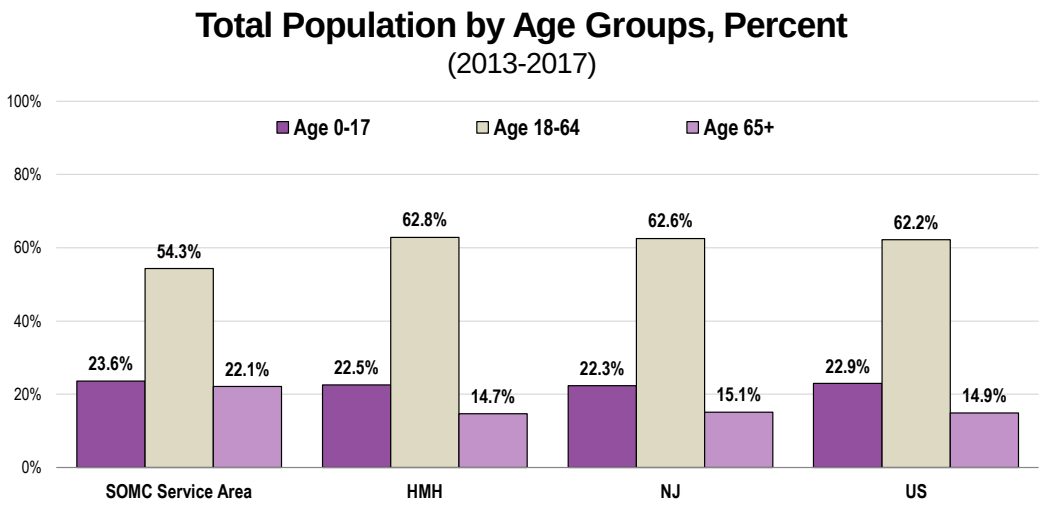
Total Population
(Estimated Population, 2013-2017)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
SOMC Service Area	589,699	628.83	937.77
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

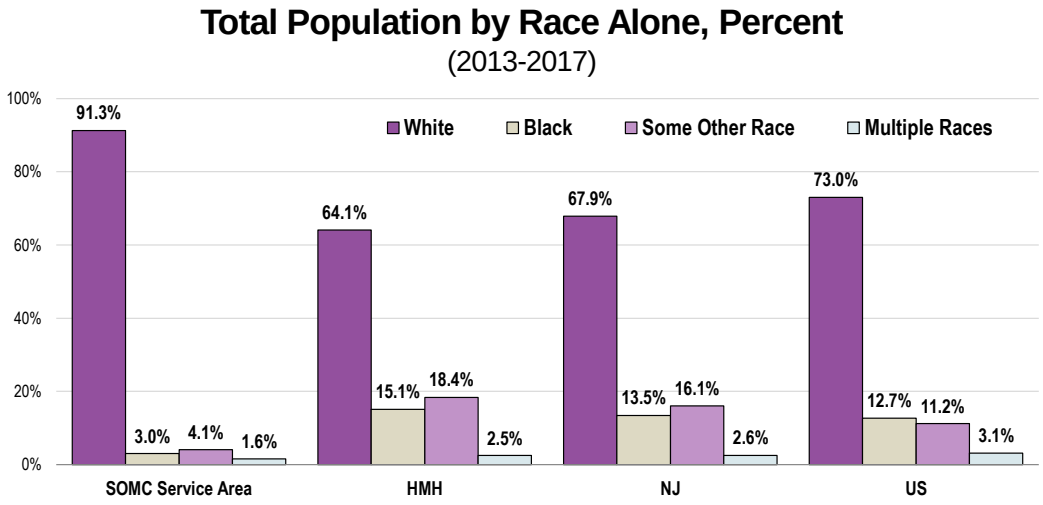
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.



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

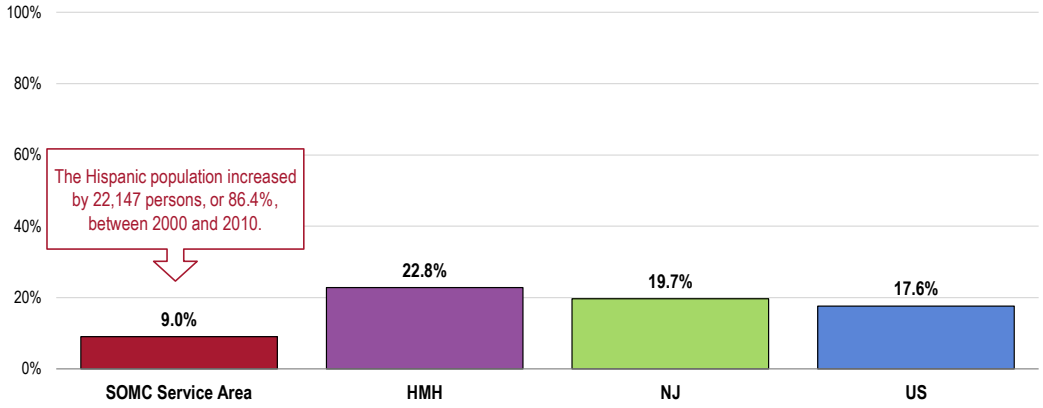
Race & Ethnicity

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



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

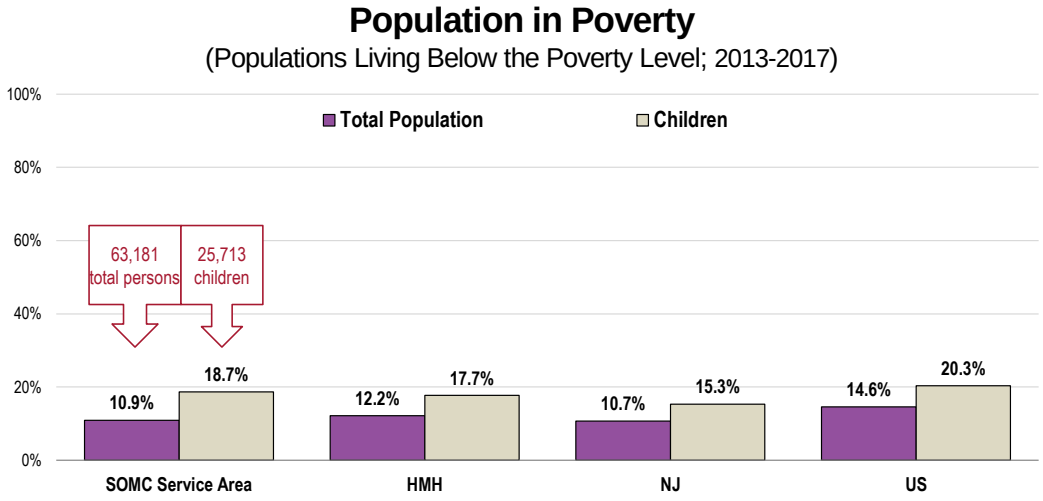
About Social Determinants

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.



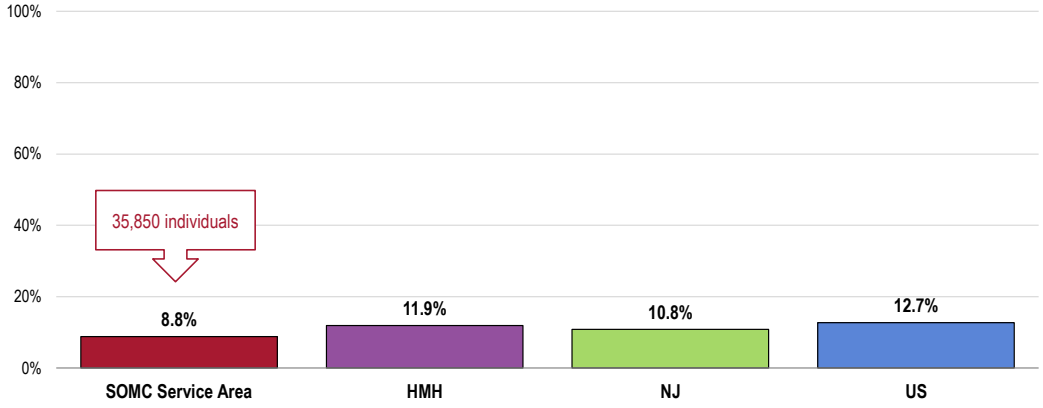
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2019 from CARES Engagement Network at https://engagementnetwork.org.

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)



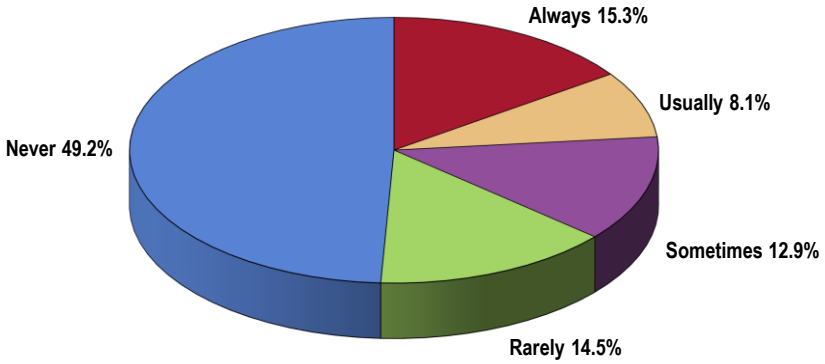
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved June 2019 from CARES Engagement Network at https://engagementnetwork.org.

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
(SOMC Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 71]

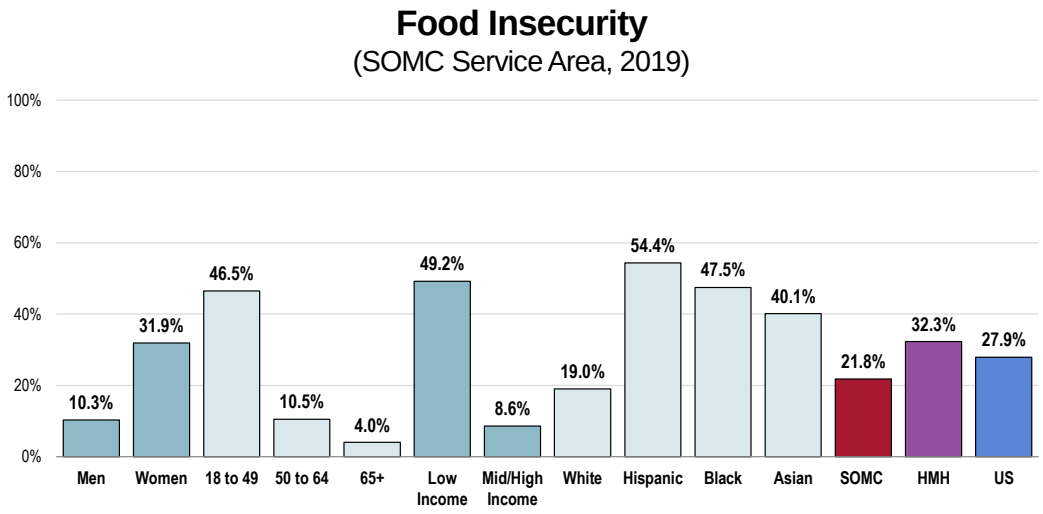
Notes:
- Asked of all respondents.

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.



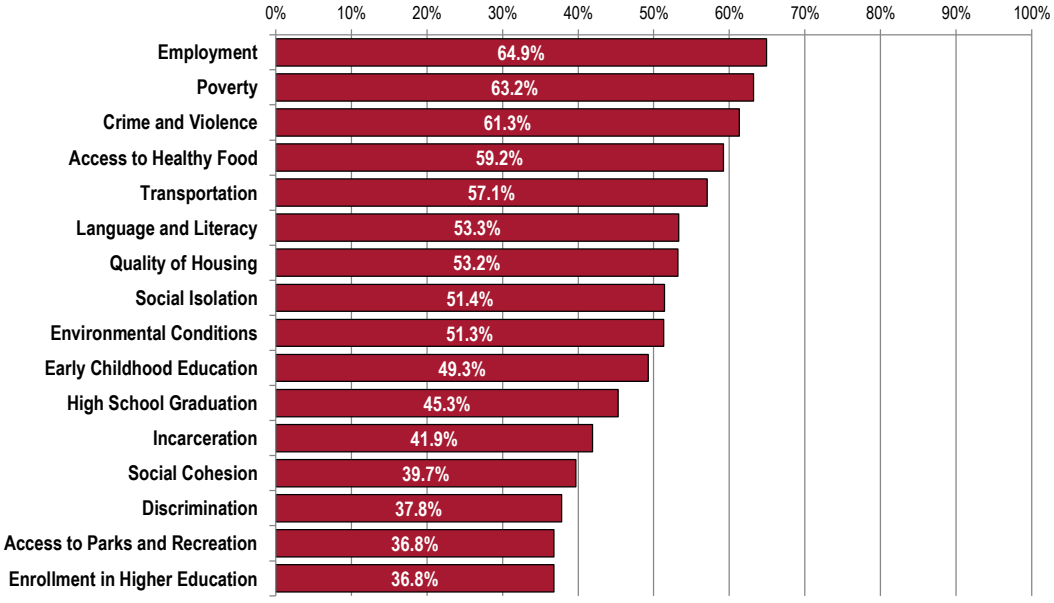
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 149]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
• "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.
• 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 *employment* and *poverty* 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

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

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

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)

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)

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

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

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

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

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

Community Outreach

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)

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)

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)

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)

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

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

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)

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)

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)

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

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

Access to Care/Services

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)

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)

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)

Collaboration

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)

Support programs that would address these issues. – Other Health Provider (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)

Community Partnerships

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)

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)

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)

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)

Access to Transportation

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)

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)

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)

Environmental Contributors

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

Mobile Outreach

Mobile outreach to communities, schools, retailers. – Community/Business Leader (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)

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)*

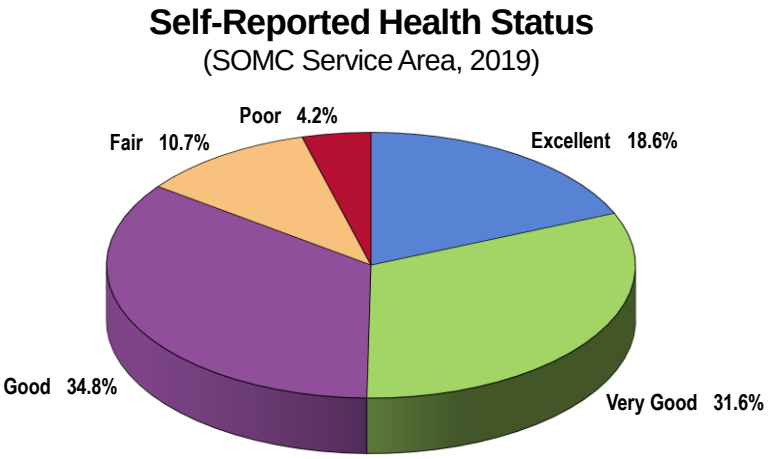
General Health Status

Overall Health Status

Self-Reported Health Status

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

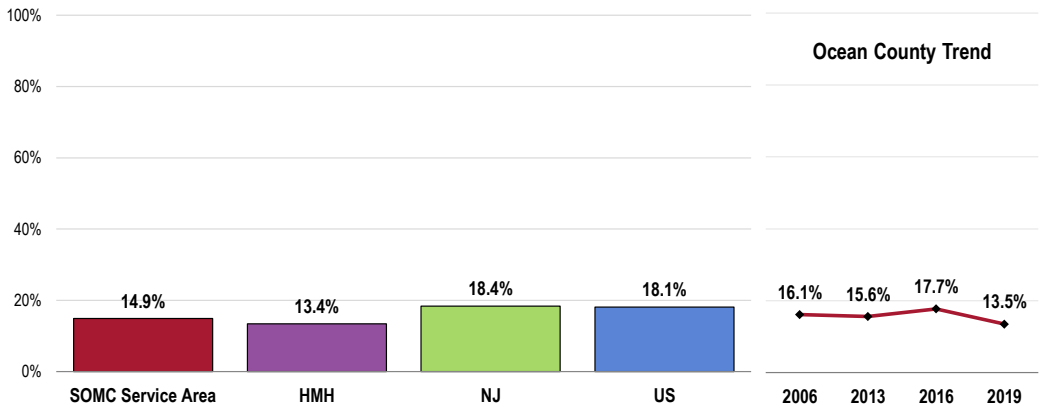
"Would you say that in general your health is: excellent, very good, good, fair, or poor?"



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 SOMC 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

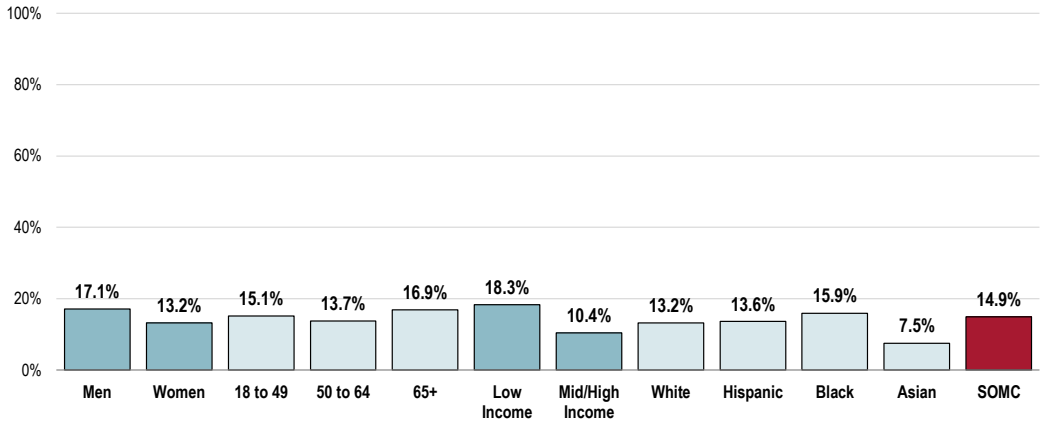


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 New Jersey data.
- 2017 PRC National Health Survey,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

Notes:
- Asked of all respondents.

Experience "Fair" or "Poor" Overall Health

(SOMC 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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

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.

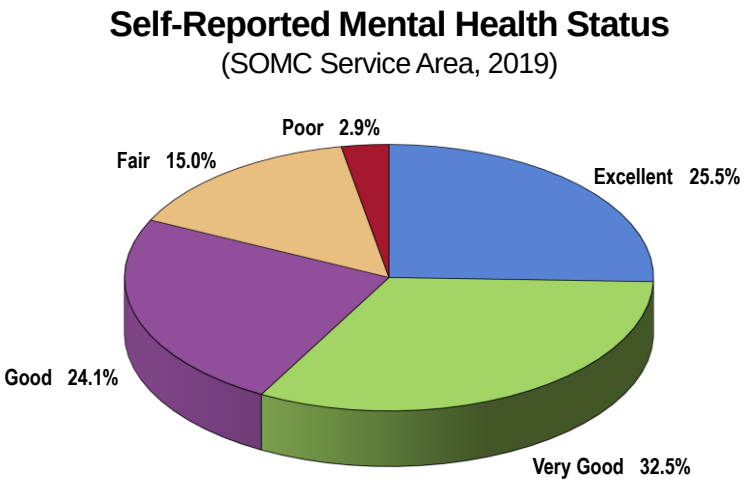
The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, 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.

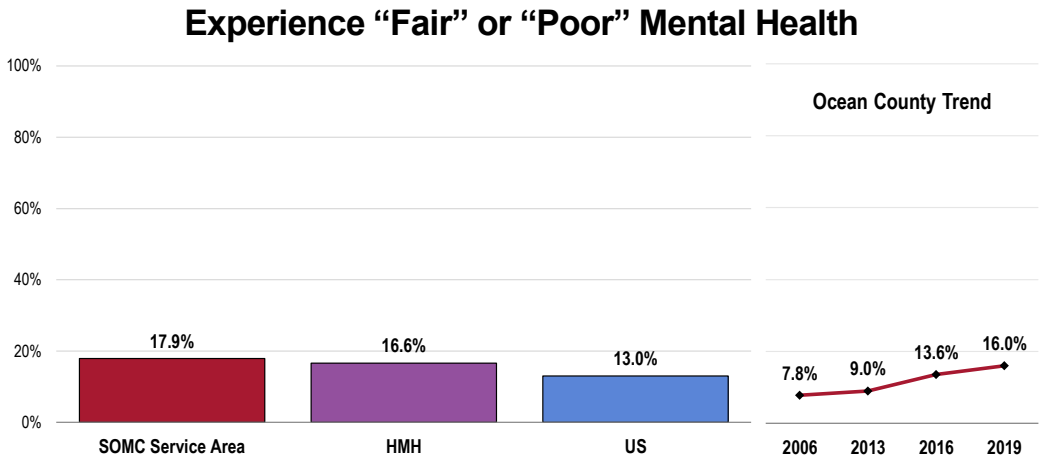
— Healthy People 2020 (www.healthypeople.gov)

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?"



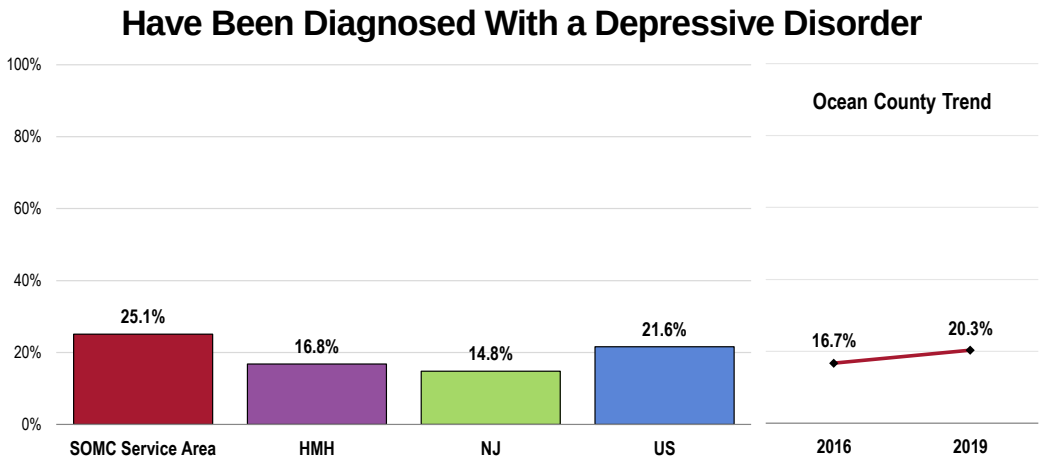
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
Notes: • Asked of all respondents.



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

Depression

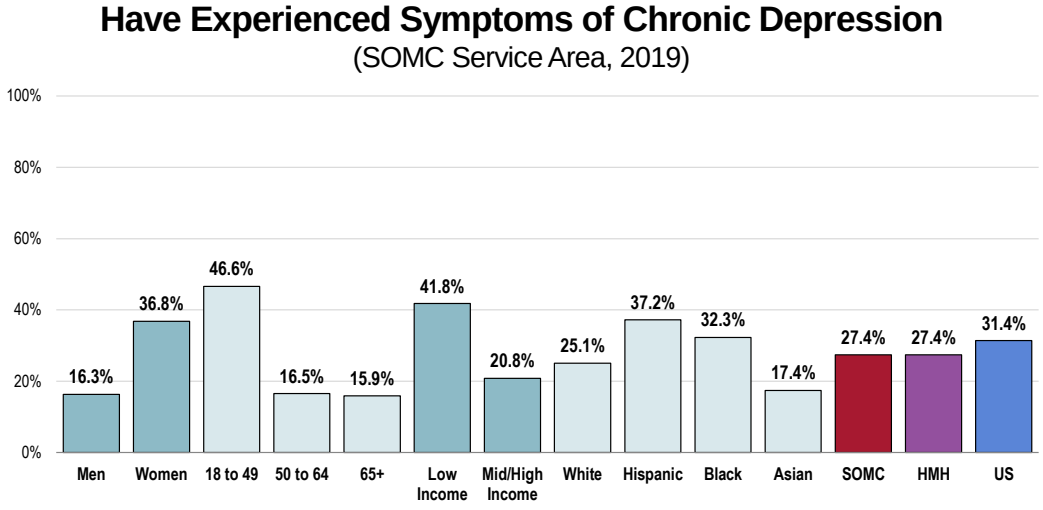
Diagnosed Depression: "Has a doctor or other healthcare provider ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"



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?"



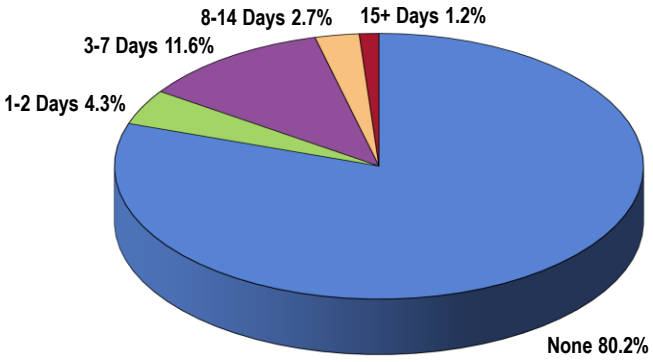
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]

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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

Limitations Due to Mental or Emotional Health

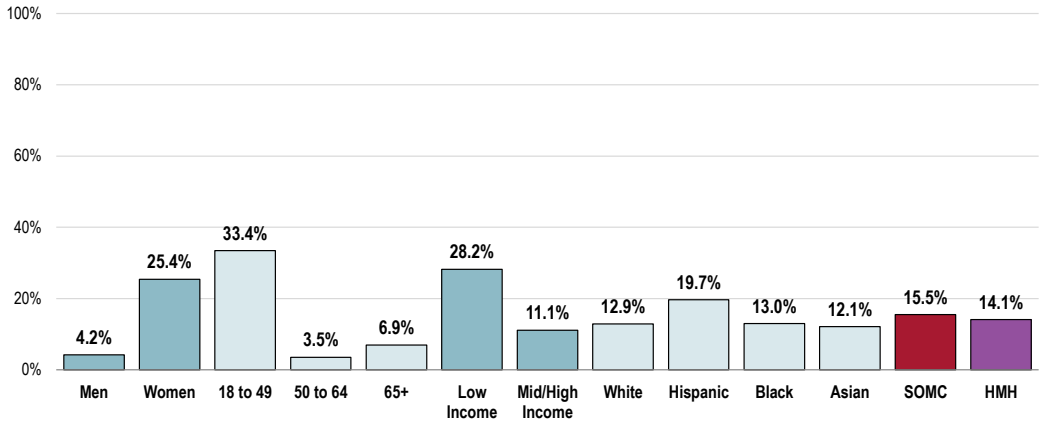
"During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?"

Number of Days Mental Health/Emotional Issues Limited Usual Activities in the Past Month
(SOMC 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
(SOMC 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.
• "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

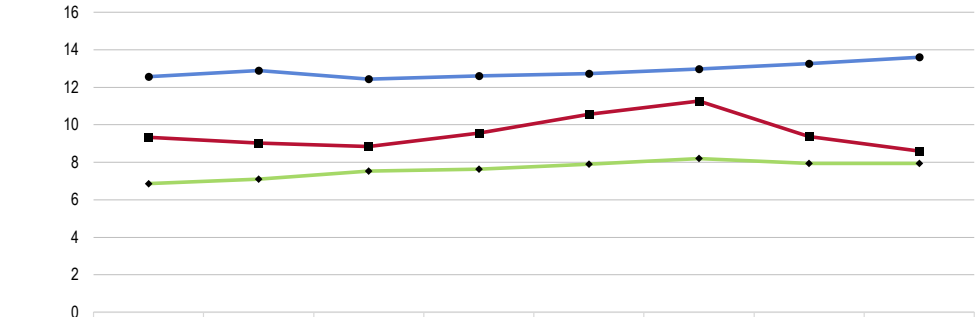
Suicide

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



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	9.3	9.0	8.8	9.6	10.6	11.3	9.4	8.6
NJ	6.9	7.1	7.5	7.6	7.9	8.2	7.9	7.9
US	12.6	12.9	12.4	12.6	12.7	13.0	13.3	13.6

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]

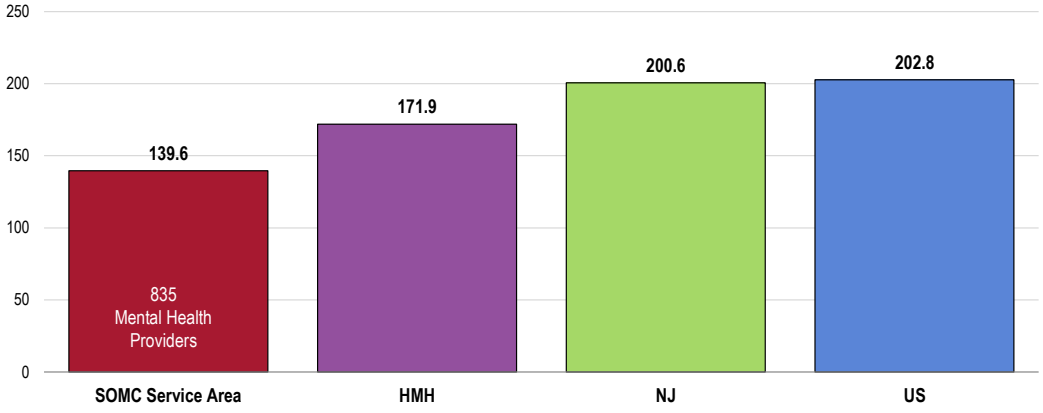
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors 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)



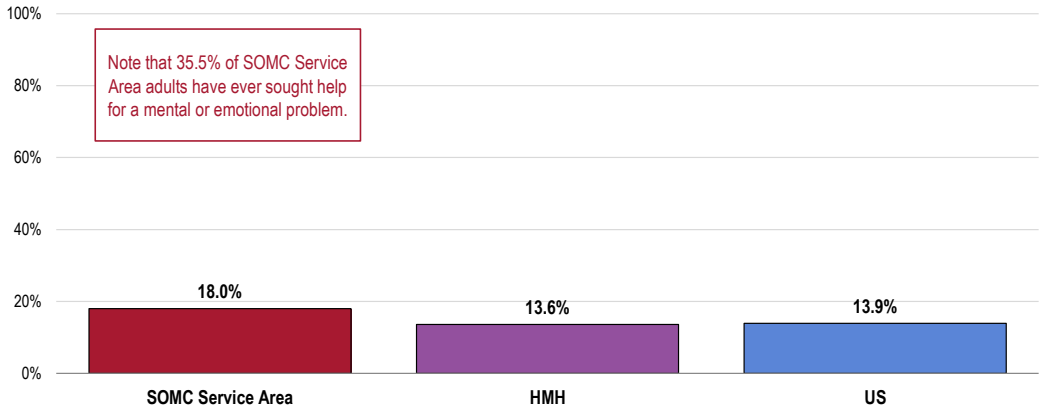
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Retrieved June 2019 from CARES Engagement Network at https://engagementnetwork.org.

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



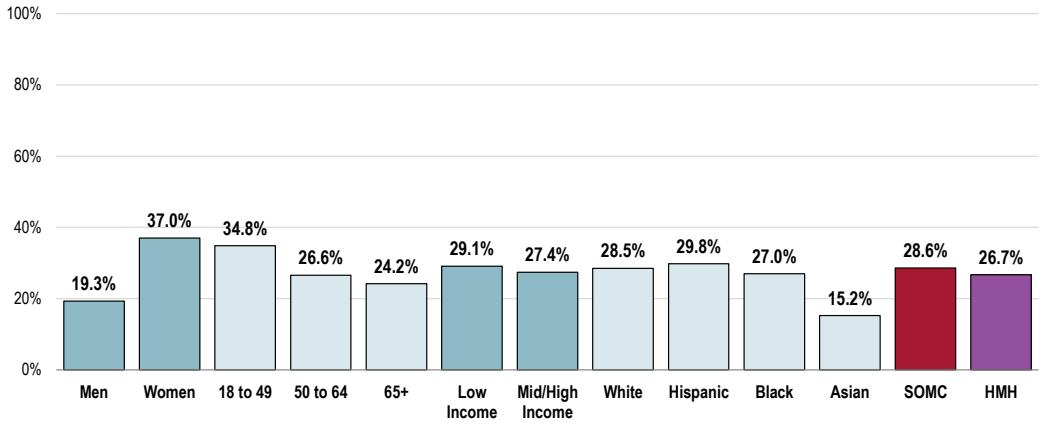
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 103-104]
- 2017 PRC National Health Survey, PRC, Inc.

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

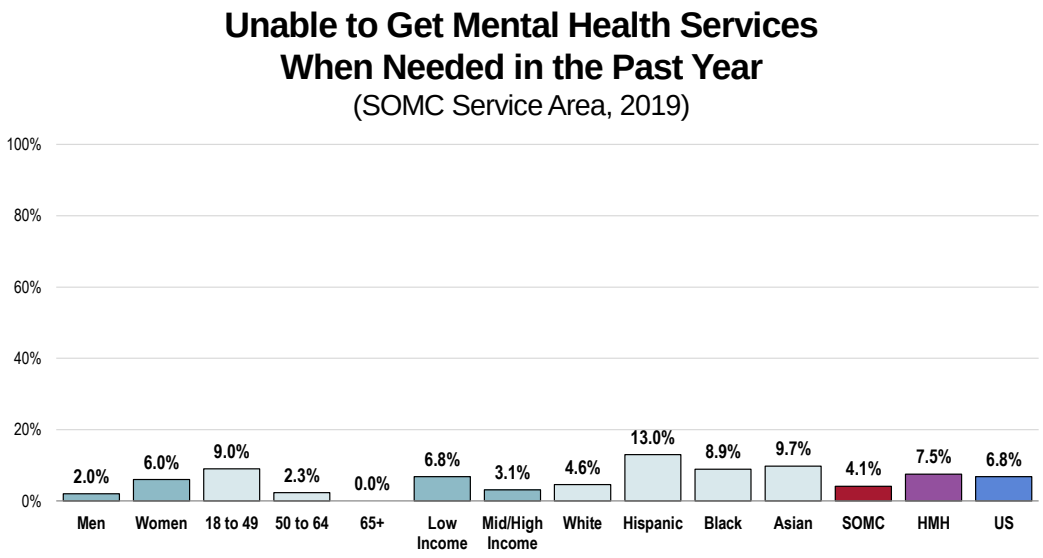
(SOMC Service Area, 2019)



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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

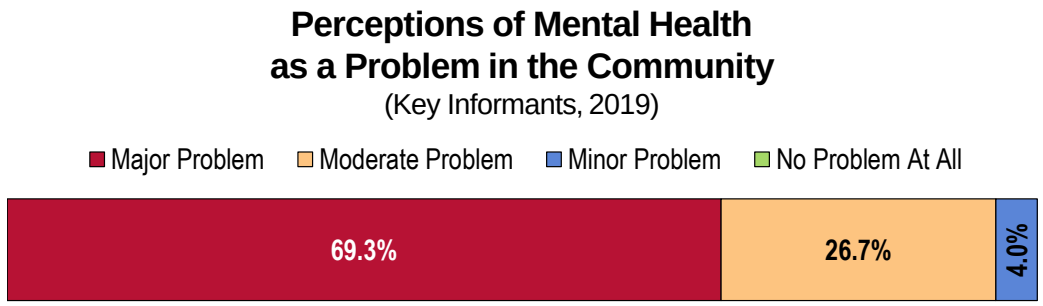
"Was there a time in the past 12 months when you needed mental health services but were not able to get them?"



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.
• "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* 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," the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

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)

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)

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)

Not knowing the resources available to help and self-medicating with drugs/alcohol. – Community/Business Leader (Ocean County)

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)

Poor resources, inappropriate placement with patients, access to immediate care, follow through and support of patients and their families. – 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)

Need better access to care for 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)

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

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

Denial/Stigma

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)

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)

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)

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)

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

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)

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

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

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)

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)

Access to Medications/Therapy

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

Diagnosis/Treatment

Underdiagnosed. – Public Health Representative (Ocean County)

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)

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)

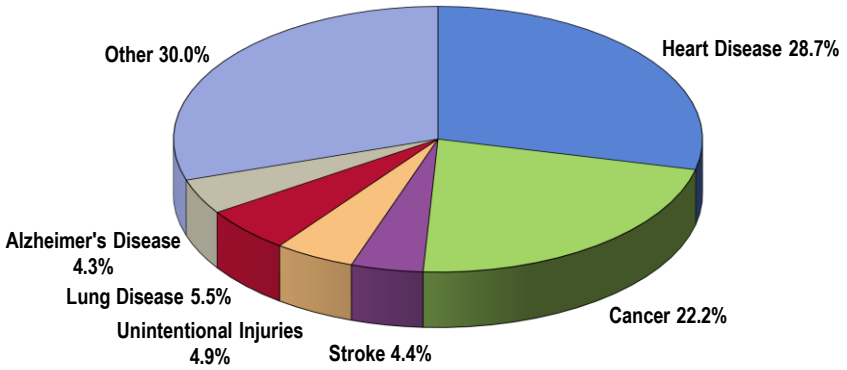
Death, Disease & Chronic Conditions

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
(SOMC 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)

	SOMC Service Area	HMH	NJ	US	HP2020
Diseases of the Heart	200.2	164.7	164.6	166.3	156.9*
Malignant Neoplasms (Cancers)	167.0	144.3	148.4	155.6	161.4
Unintentional Injuries	58.5	37.8	40.6	46.7	36.4
Drug-Induced	38.1	20.3	21.8	16.7	11.3
Chronic Lower Respiratory Disease (CLRD)	35.6	27.9	28.7	41.0	n/a
Cerebrovascular Disease (Stroke)	30.5	29.9	30.6	37.5	34.8
Alzheimer's Disease	24.4	19.2	21.5	30.2	n/a
Kidney Diseases	16.8	14.2	14.0	13.2	n/a
Diabetes Mellitus	13.8	18.4	17.5	21.3	20.5*
Cirrhosis/Liver Disease	10.5	7.4	7.3	10.8	8.2
Pneumonia/Influenza	9.6	10.8	11.6	14.3	n/a
Intentional Self-Harm (Suicide)	8.6	7.0	7.9	13.6	10.2
Motor Vehicle Deaths	7.9	5.7	6.5	11.4	12.4
Firearm-Related	3.6	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)

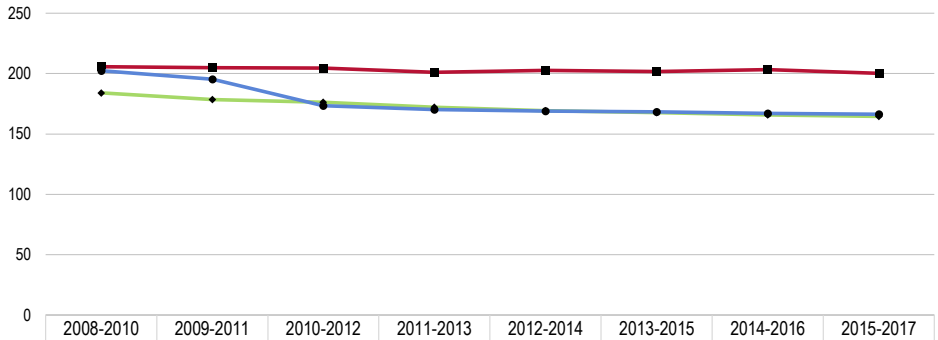
Age-Adjusted Heart Disease & Stroke Deaths

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)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	205.7	205.0	204.6	201.1	202.7	201.8	203.3	200.2
NJ	184.1	178.5	176.1	172.2	169.3	167.7	165.9	164.6
US	202.4	195.2	173.4	170.3	169.1	168.4	167.0	166.3

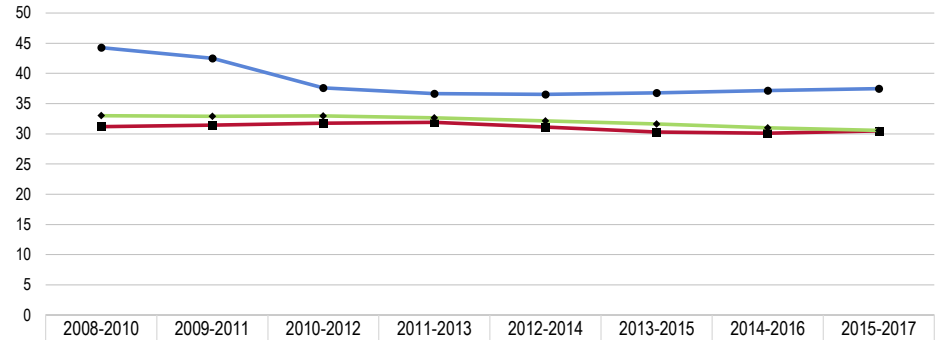
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov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



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	31.2	31.5	31.8	31.9	31.1	30.3	30.1	30.5
NJ	33.0	32.9	33.0	32.7	32.2	31.6	31.0	30.6
US	44.3	42.5	37.6	36.7	36.5	36.8	37.1	37.5

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 [Objective HDS-3]

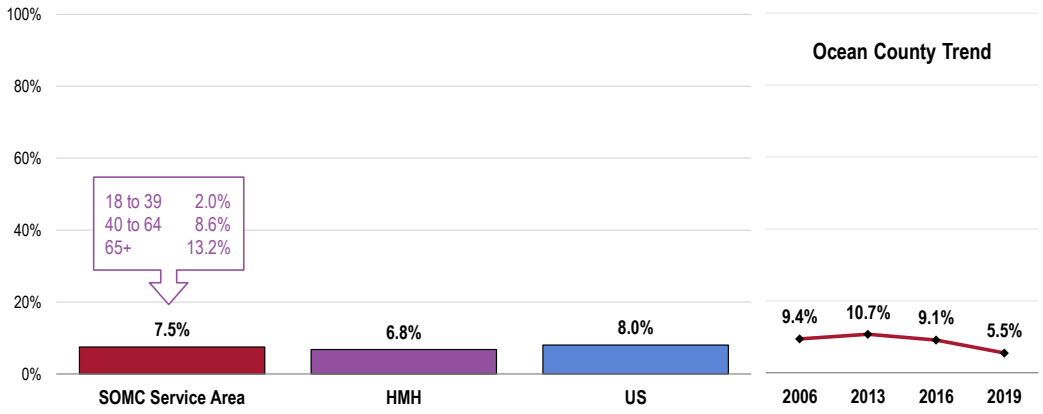
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

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?"

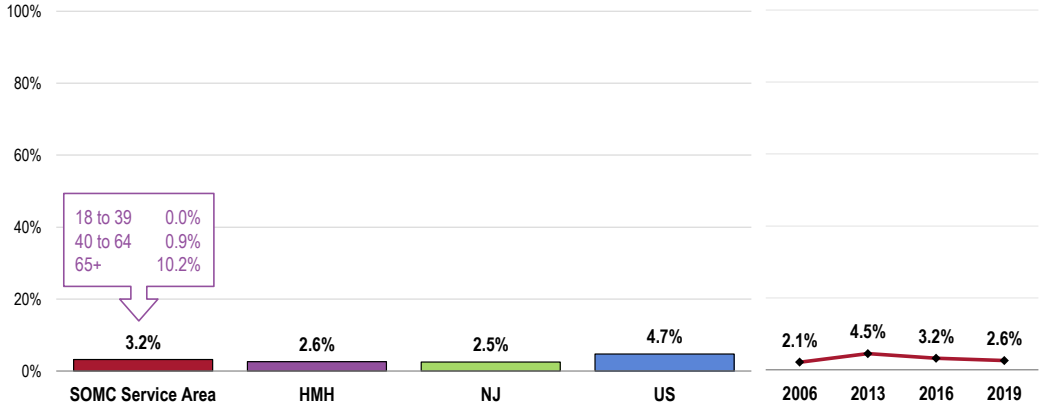
Prevalence of Heart Disease



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.

Prevalence of Stroke



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.

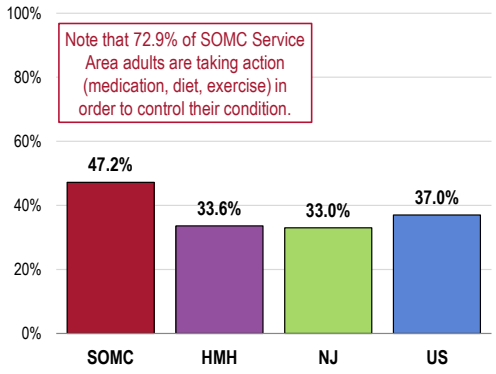
— Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure & Cholesterol Prevalence

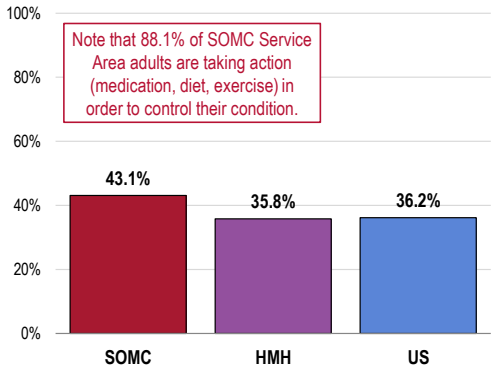
"Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"

"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.

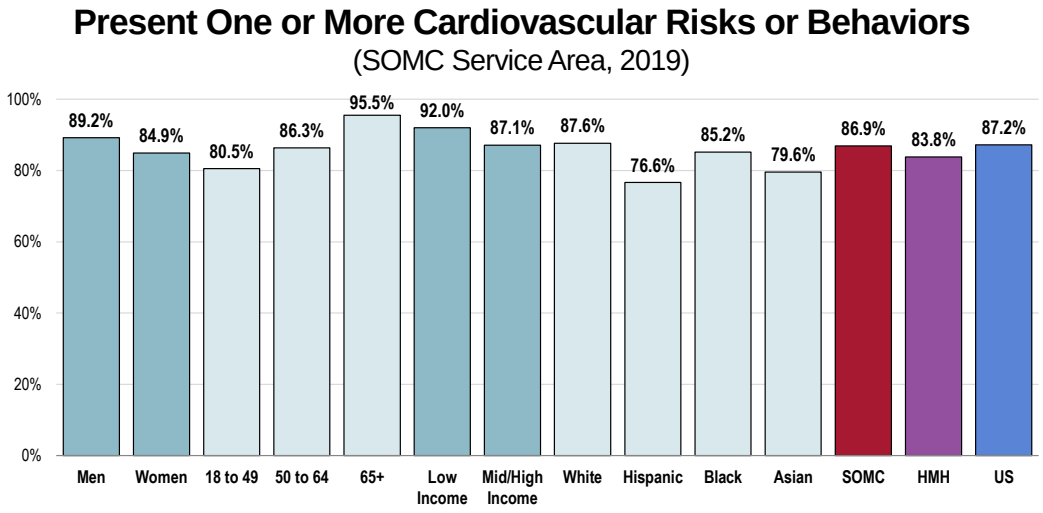
Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

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 SOMC 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.

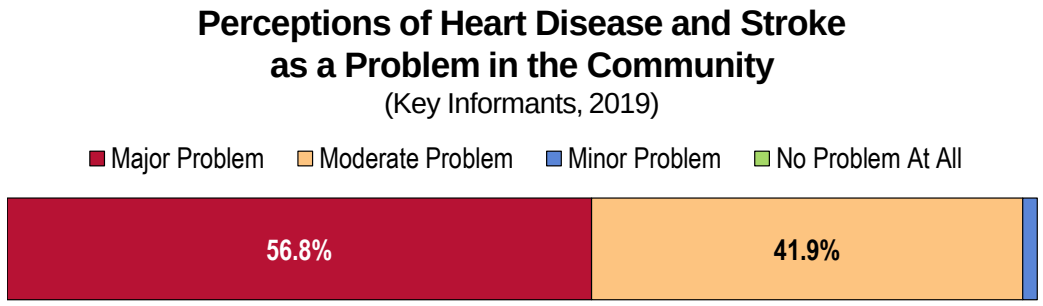


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]

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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

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:



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

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

Disease Management

> *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)

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)

Health Awareness/Education

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)

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

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

Leading Cause of Death

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)

Leading causes of death in the USA. – Community/Business Leader (Northern and Central New Jersey)

Nutrition & Physical Activity

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)

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)

Prevalence/Incidence

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

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

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)

Comorbidities

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

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)

Impact on Quality of Life

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

Lifestyle

> *People not exercising or eating healthy foods. – Public Health Representative (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)

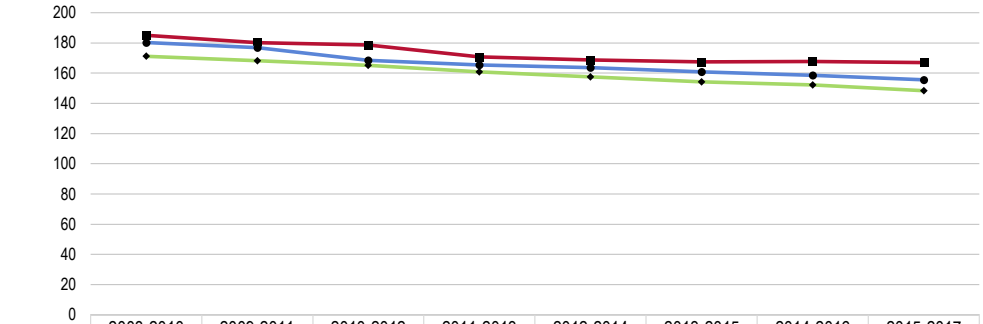
Age-Adjusted Cancer Deaths

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

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	185.1	180.1	178.6	170.8	168.9	167.4	167.6	167.0
NJ	171.2	168.2	165.3	160.8	157.5	154.4	152.2	148.4
US	180.3	177.0	168.6	165.4	163.6	161.0	158.5	155.6

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 C-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.

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)

	SOMC Service Area	HMH	NJ	US	HP2020
ALL CANCERS	167.0	144.3	148.4	155.6	161.4
Lung Cancer	41.8	32.0	33.4	38.5	45.5
Female Breast Cancer	21.8	20.1	20.7	20.1	20.7
Prostate Cancer	16.5	17.6	17.3	18.9	21.8
Colorectal Cancer	16.2	14.1	14.0	13.9	14.5

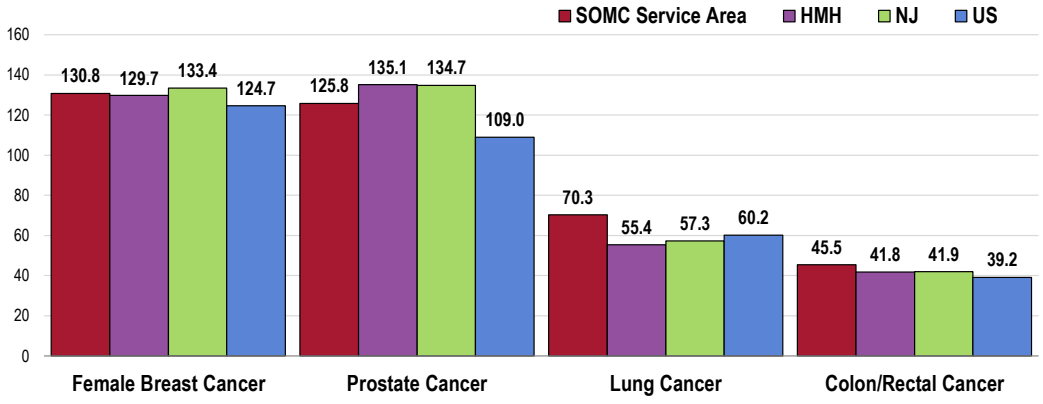
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

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.)

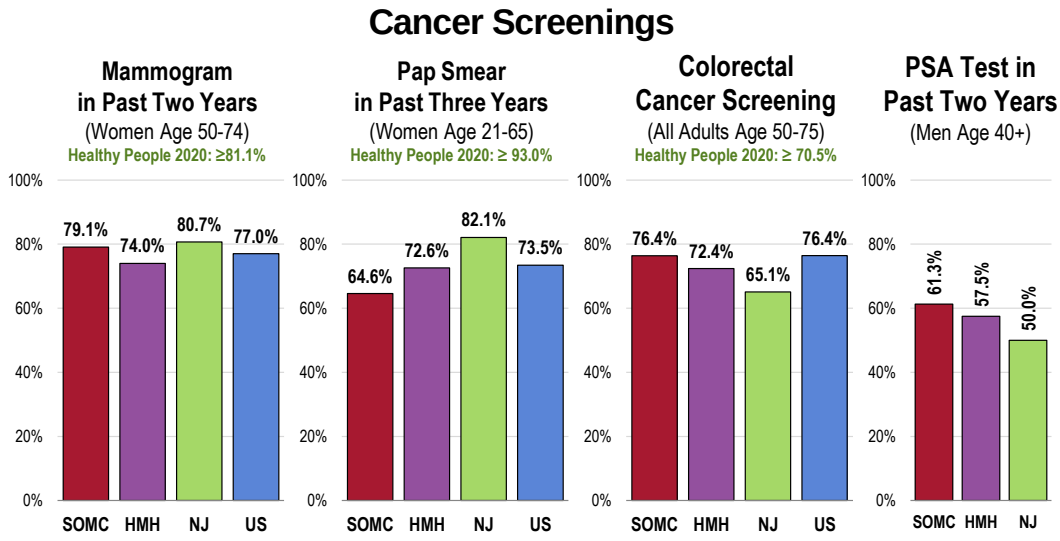
Cervical Cancer Screening: "A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?" (Calculated here among women age 21 to 65 who indicate screening within the past 3 years.)

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.)

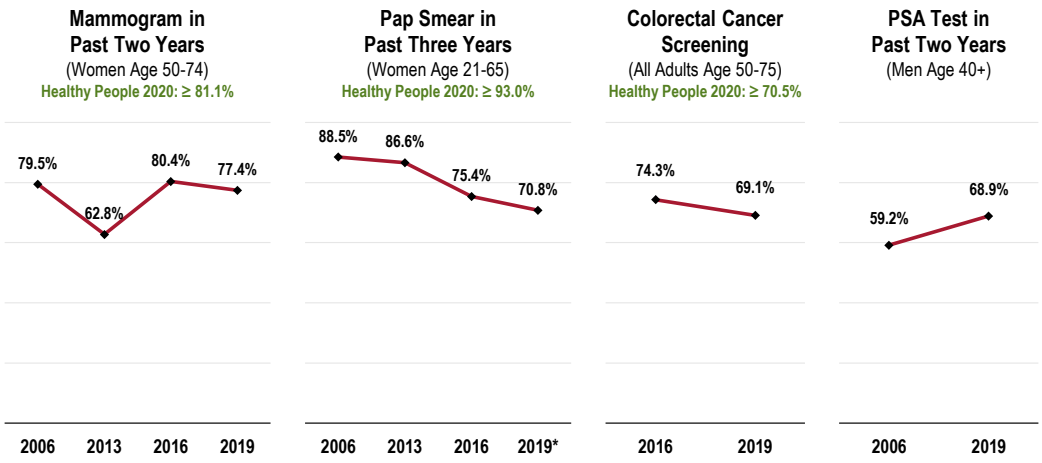
Prostate Screening: "A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since you had your last PSA test?" (Calculated here among men age 40 and older who indicate screening within the past 2 years.)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137, 309]
- 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: Ocean County Trends

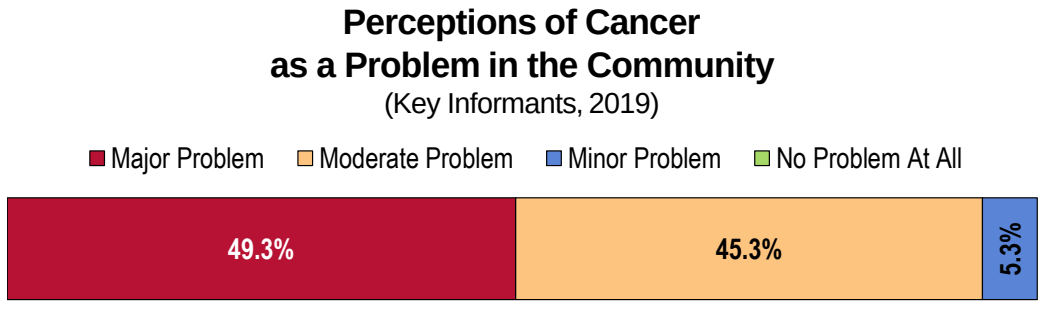


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

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:



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

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 that 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)

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 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)

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)

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)

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

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)

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)

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)

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

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)

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

Early Detection/Screenings

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)

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

Contributing Factors

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)

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

Access to Care/Services

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

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

Health Awareness/Education

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)

Insurance Issues

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

Leading Cause of Death

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

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.]

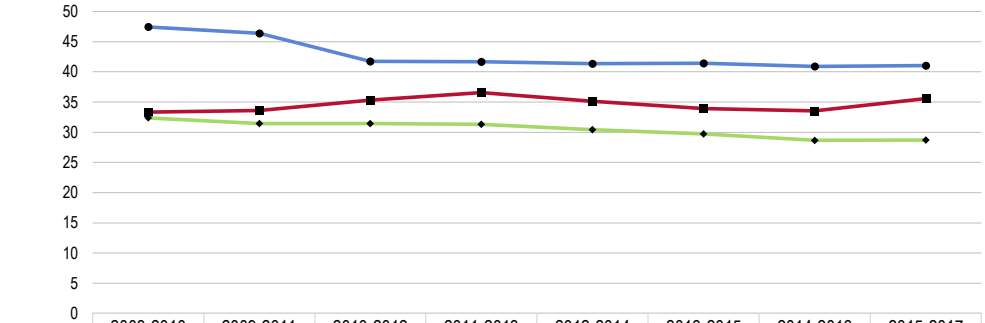
Age-Adjusted Respiratory Disease Deaths

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)



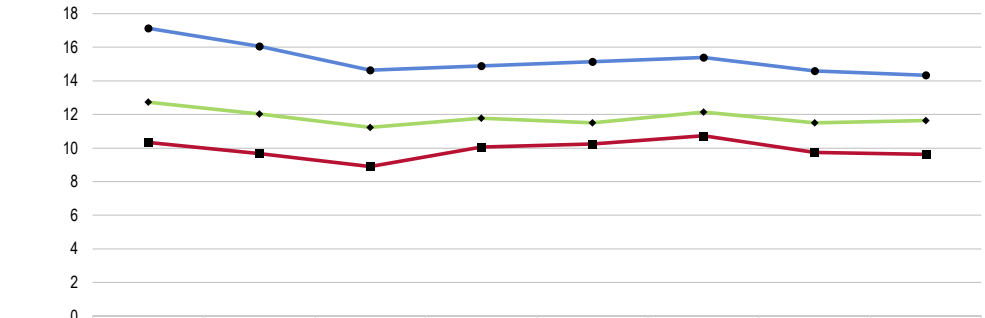
	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	33.3	33.6	35.3	36.6	35.1	33.9	33.5	35.6
NJ	32.4	31.5	31.4	31.3	30.4	29.7	28.7	28.7
US	47.4	46.4	41.7	41.7	41.4	41.4	40.9	41.0

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)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	10.3	9.7	8.9	10.1	10.2	10.7	9.7	9.6
NJ	12.7	12.0	11.2	11.8	11.5	12.1	11.5	11.6
US	17.1	16.1	14.6	14.9	15.1	15.4	14.6	14.3

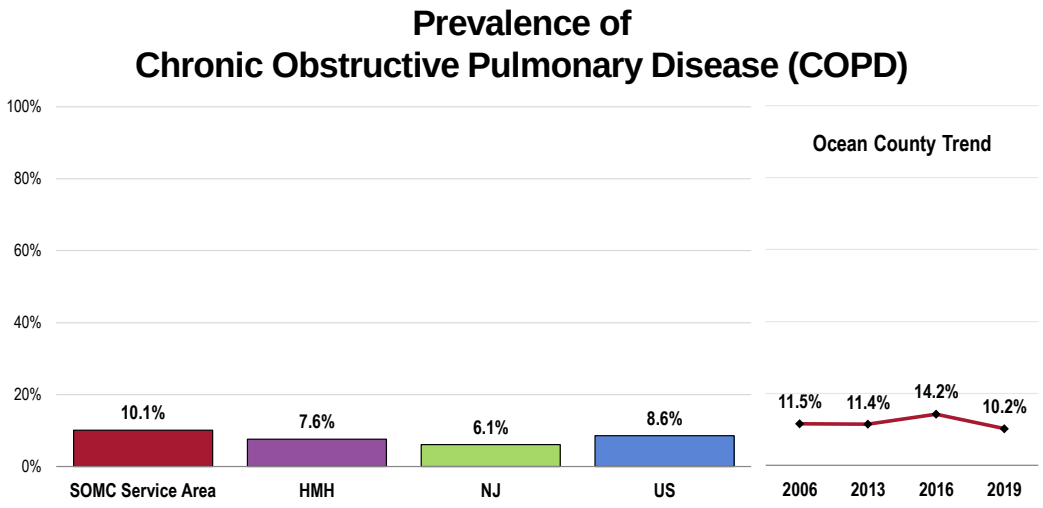
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.

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?"

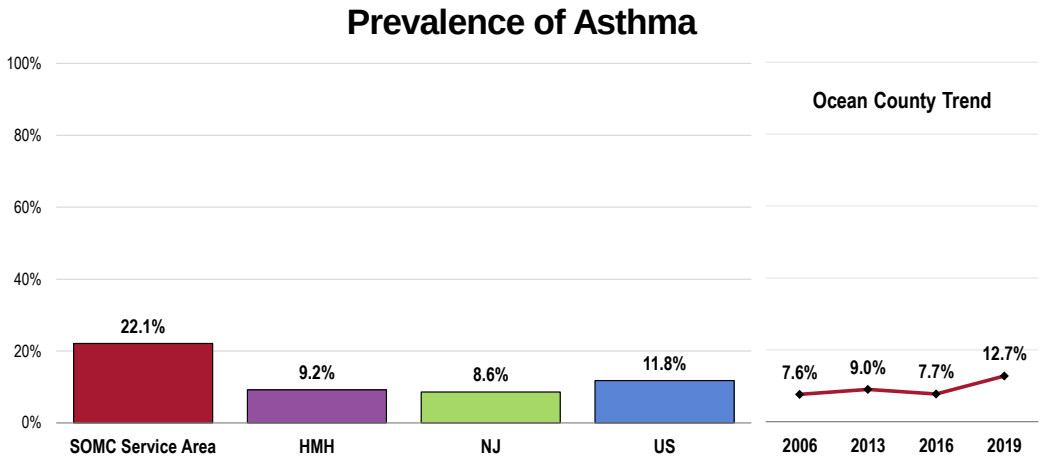


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 New Jersey data.
- 2017 PRC National Health Survey,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

Adult Asthma

"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.)



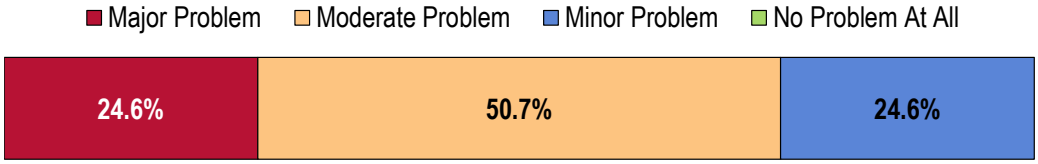
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 New Jersey data.
- 2017 PRC National Health Survey,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

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

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:

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)

Environmental Contributors

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)

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)

Tobacco Use

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)

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

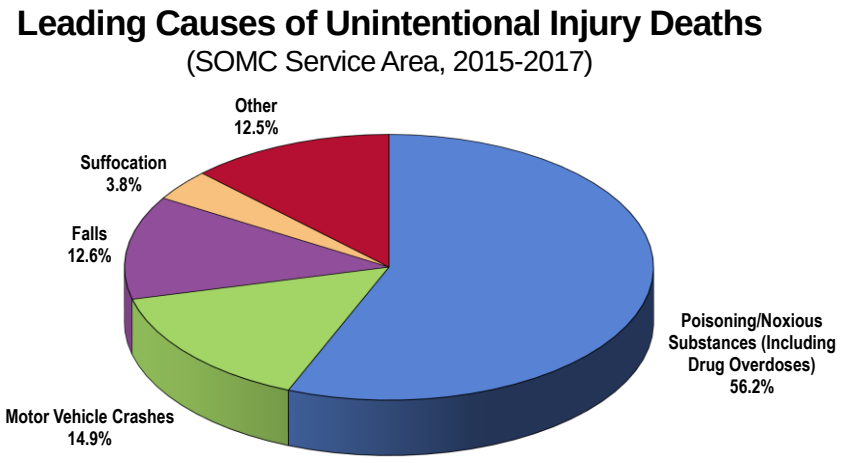
Efforts to prevent violence may focus on:

- 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:



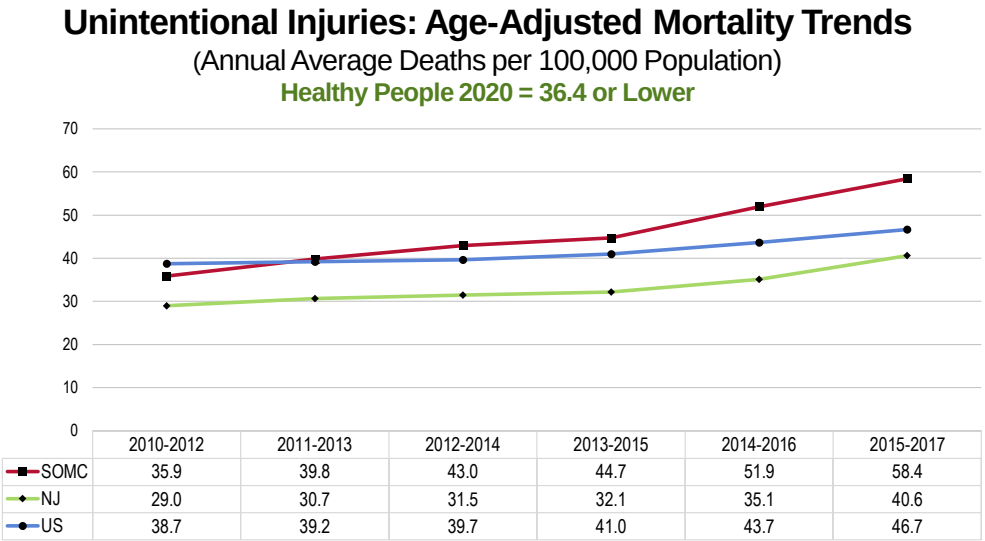
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.

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.



	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	35.9	39.8	43.0	44.7	51.9	58.4
NJ	29.0	30.7	31.5	32.1	35.1	40.6
US	38.7	39.2	39.7	41.0	43.7	46.7

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)

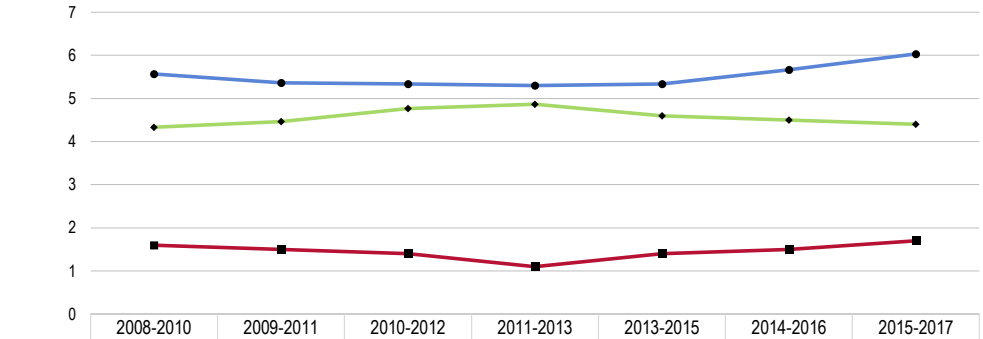
Homicide

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



	2008-2010	2009-2011	2010-2012	2011-2013	2013-2015	2014-2016	2015-2017
SOMC	1.6	1.5	1.4	1.1	1.4	1.5	1.7
NJ	4.3	4.5	4.8	4.9	4.6	4.5	4.4
US	5.6	5.4	5.3	5.3	5.3	5.7	6.0

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]

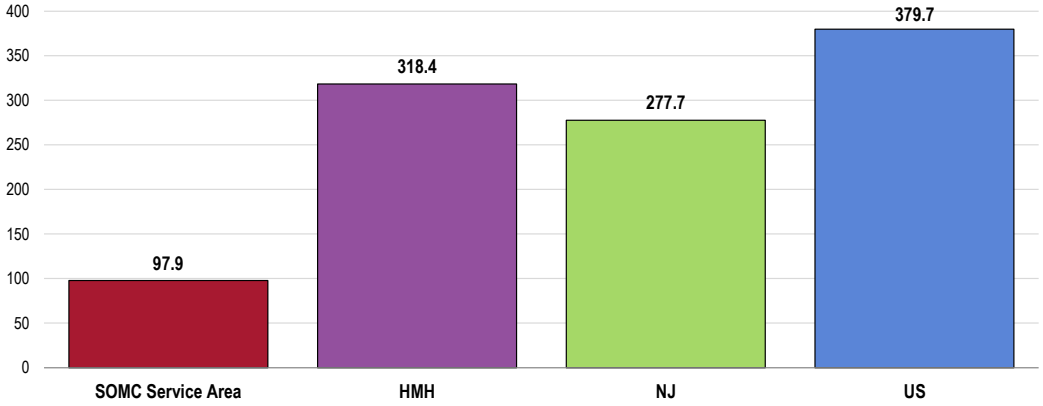
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- Note that 2012-2014 data is not available.

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)



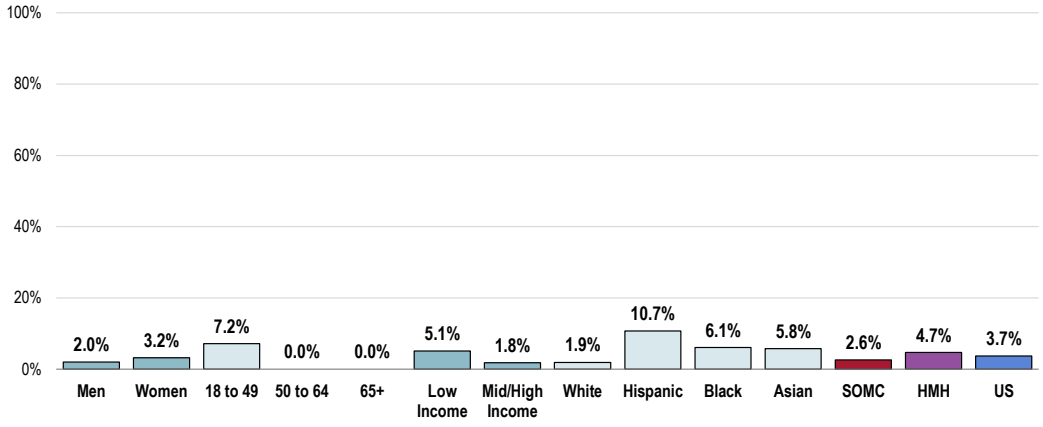
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved June 2019 from CARES Engagement Network at https://engagementnetwork.org.

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

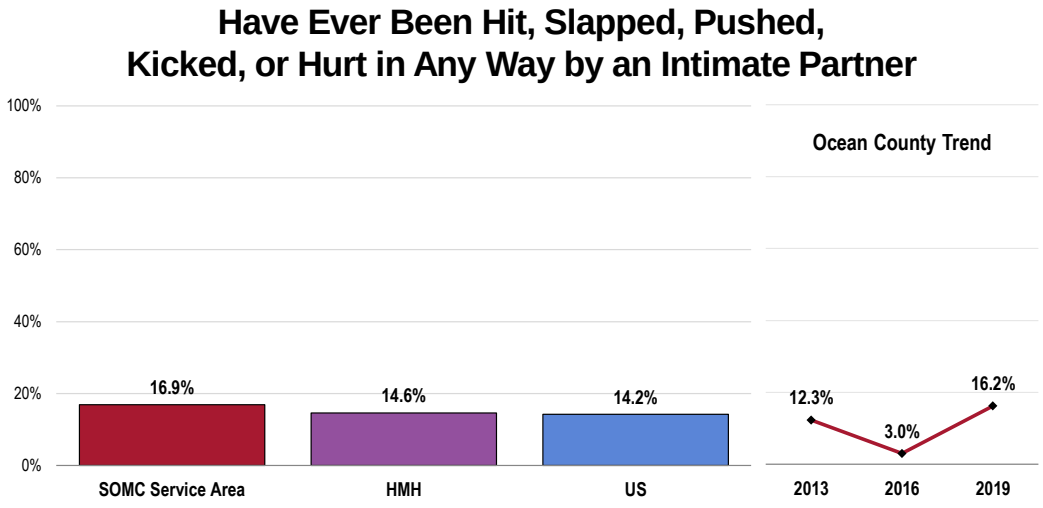
(SOMC Service Area, 2019)



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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

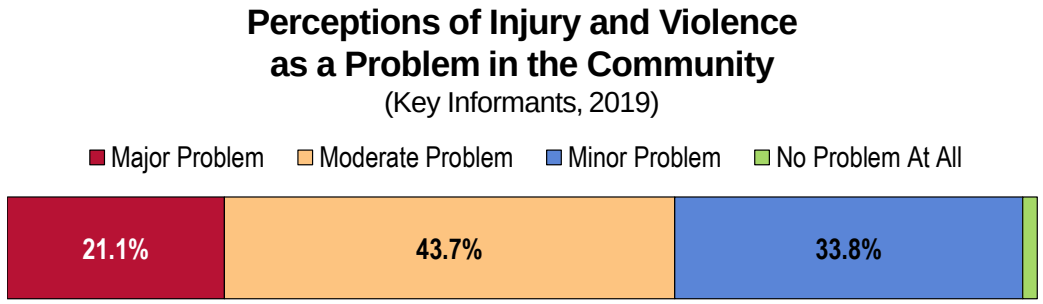
Intimate Partner Violence: "The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner.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



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:



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

> *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)*
>
> *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)*

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)*
>
> *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)*

Alcohol/Drug Use

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

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)*

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)*

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)

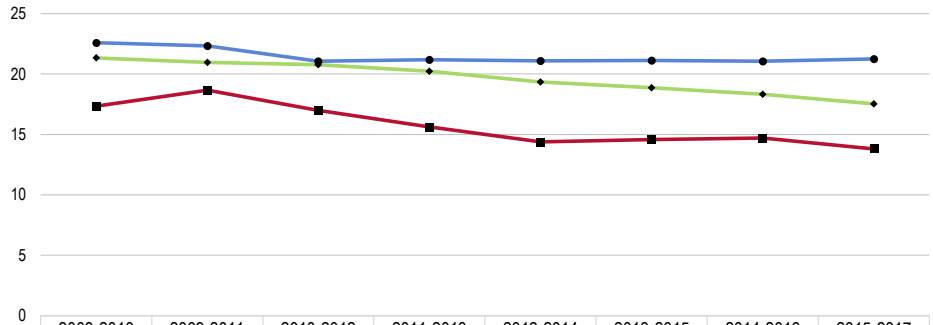
Age-Adjusted Diabetes Deaths

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)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	17.3	18.7	17.0	15.6	14.4	14.6	14.7	13.8
NJ	21.3	21.0	20.8	20.2	19.3	18.9	18.3	17.5
US	22.6	22.3	21.1	21.2	21.1	21.1	21.1	21.3

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]

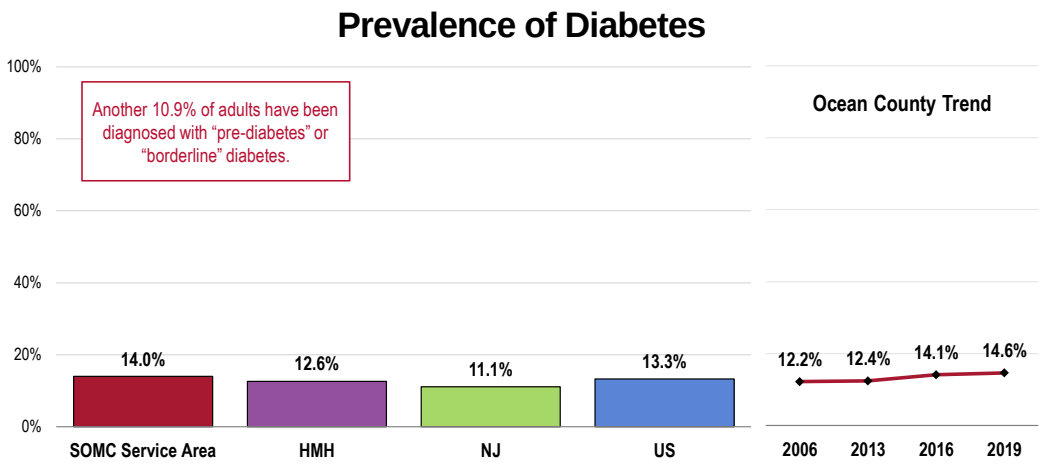
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account 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?)"

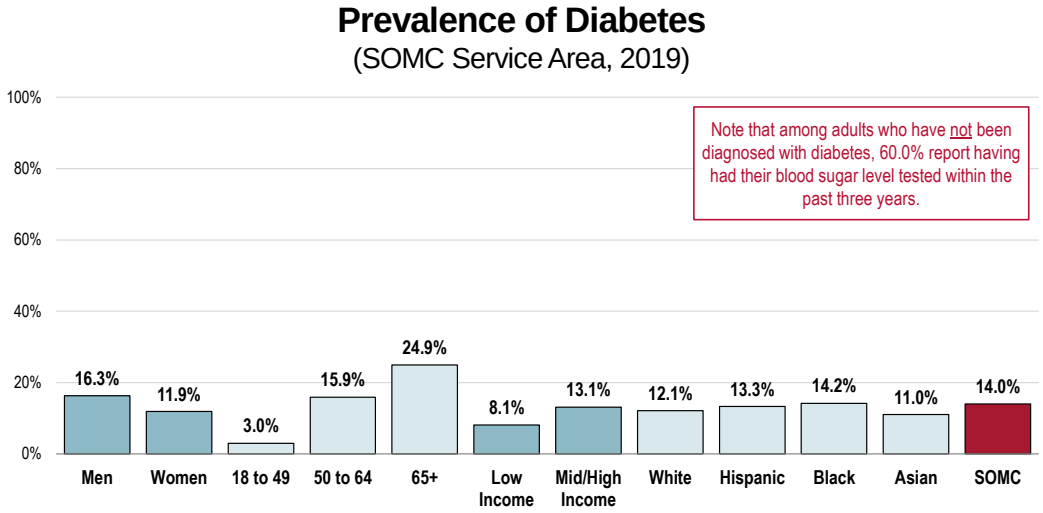
"Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)"

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.

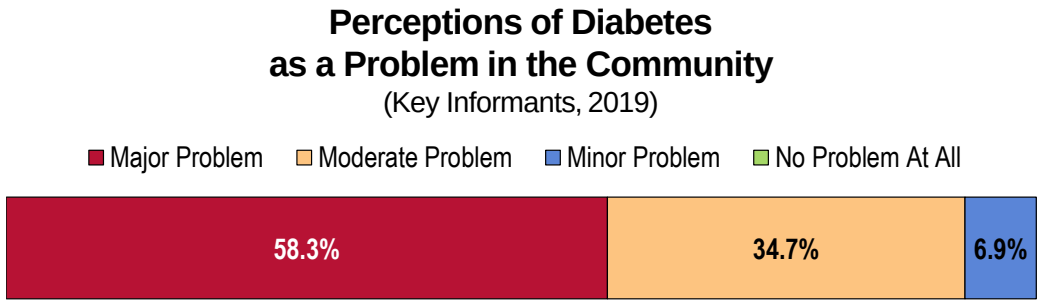


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 37, 140]

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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.
- 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:



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

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)

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)

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)

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

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

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 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)

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)

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

Nutrition & Physical Activity

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

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

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)

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)

Contributing Factors

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)

Older people eat out very often not making good choices, limited income and limited resources. – Community/Business Leader (Ocean County)

Access to Medications/Supplies

They have no financial resources to get the insulin if they don't have insurance. – Social Services Provider (Northern and Central New Jersey)

Insulin and testing strip access. – Other Health Provider (Northern and Central New Jersey)

Weight Management

Weight management and reliance on insulin and the high cost associated with it. – Social Services Provider (Northern and Central New Jersey)

Weight control. – Community/Business Leader (Northern and Central New Jersey)

Prevalence/Incidence

The numbers are just increasing too fast. Need to work more diligently to change this trend. – Public Health Representative (Northern and Central New Jersey)

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)

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.

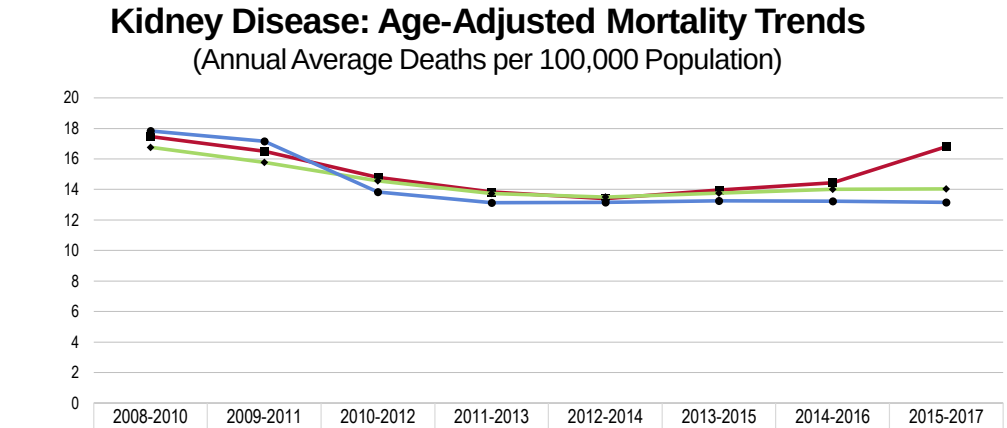
Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression 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.



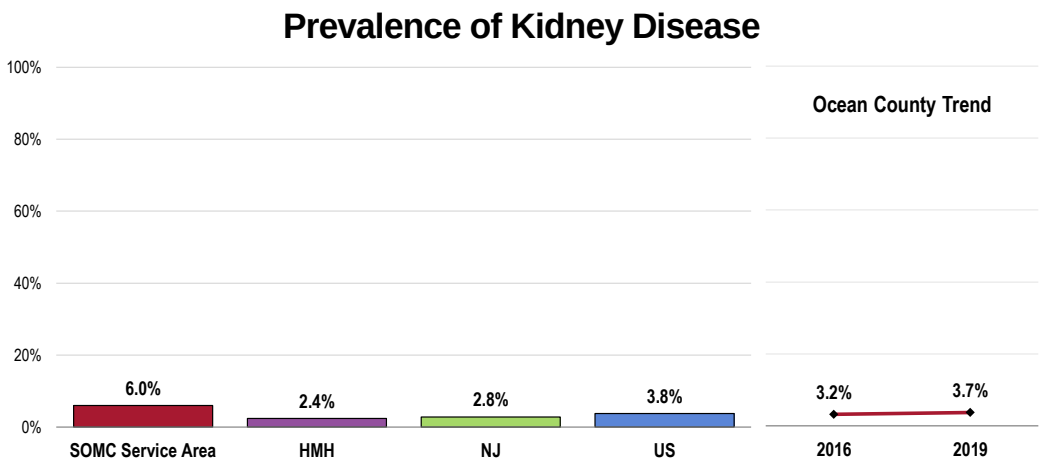
	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	17.5	16.5	14.8	13.8	13.4	14.0	14.4	16.8
NJ	16.8	15.8	14.6	13.7	13.5	13.8	14.0	14.0
US	17.8	17.2	13.8	13.1	13.2	13.3	13.2	13.2

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?"

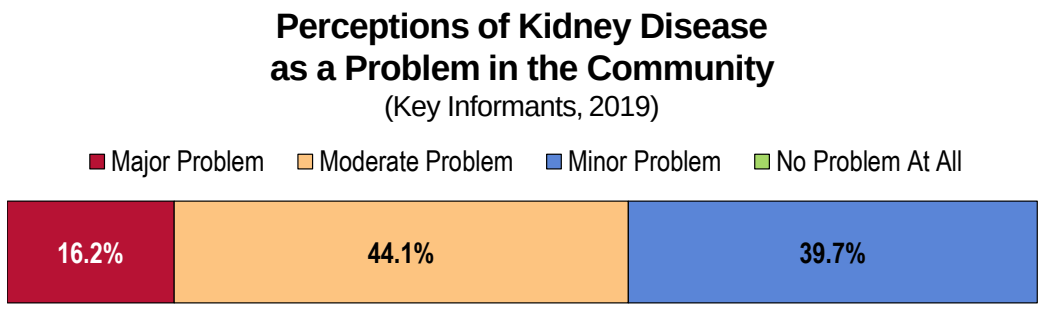


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 New Jersey data.
- 2017 PRC National Health Survey,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

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)*
>
> *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)*

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)*

Lack of Providers

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

Prevalence/Incidence

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

Potentially Disabling Conditions

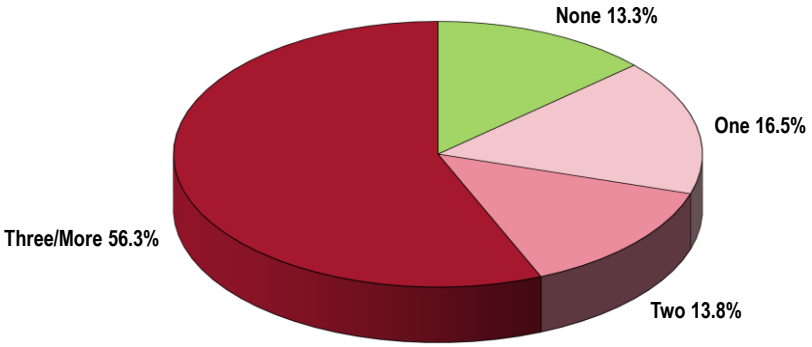
Multiple Chronic Conditions

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

(SOMC Service Area, 2019)

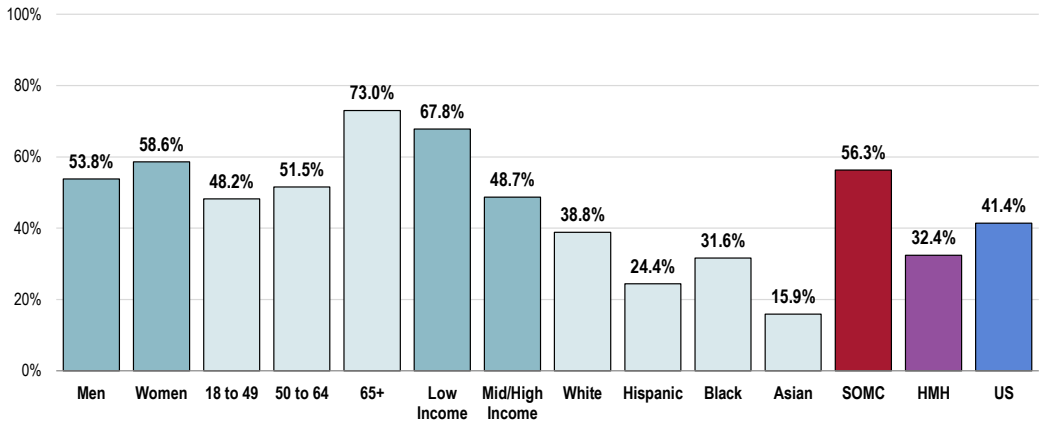


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 143]

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

(SOMC 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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.
- 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.

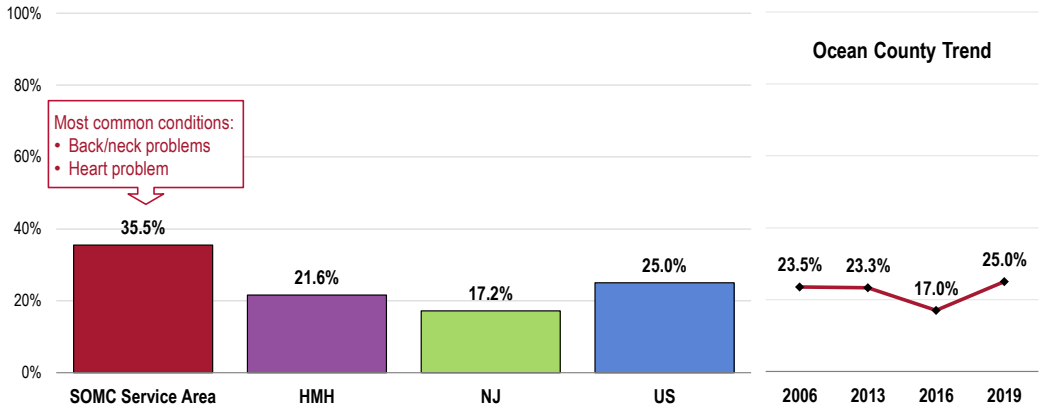
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **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

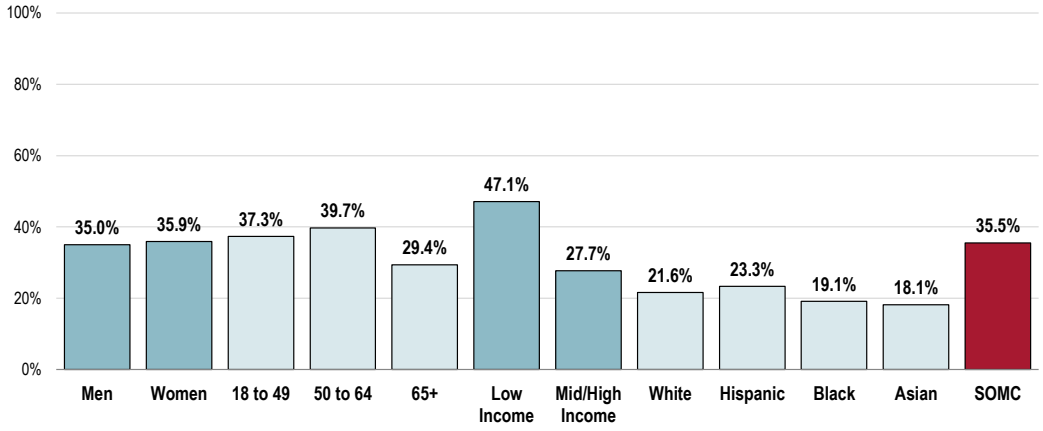


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 109-110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 New Jersey data.
- 2017 PRC National Health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

Notes:
- Asked of all respondents.

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

(SOMC 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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

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.

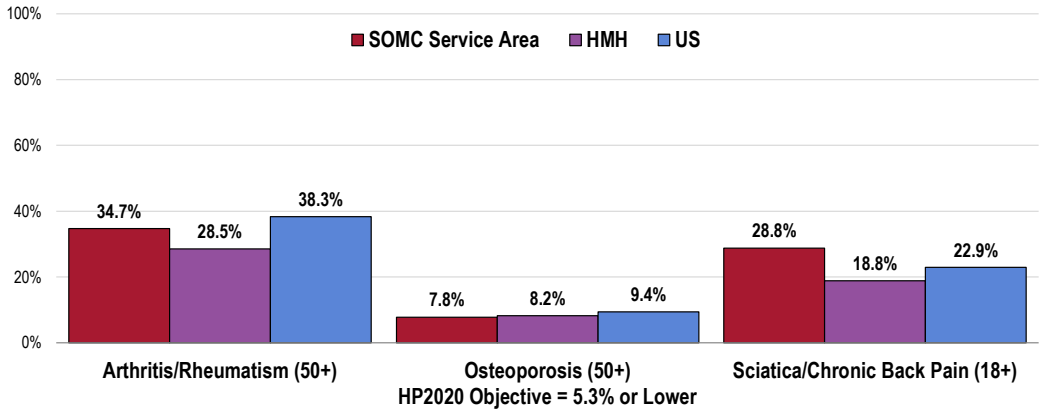
— Healthy People 2020 (www.healthypeople.gov)

"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]

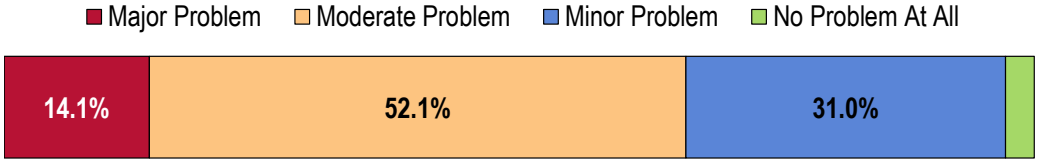
Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

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)

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)

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)*

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.

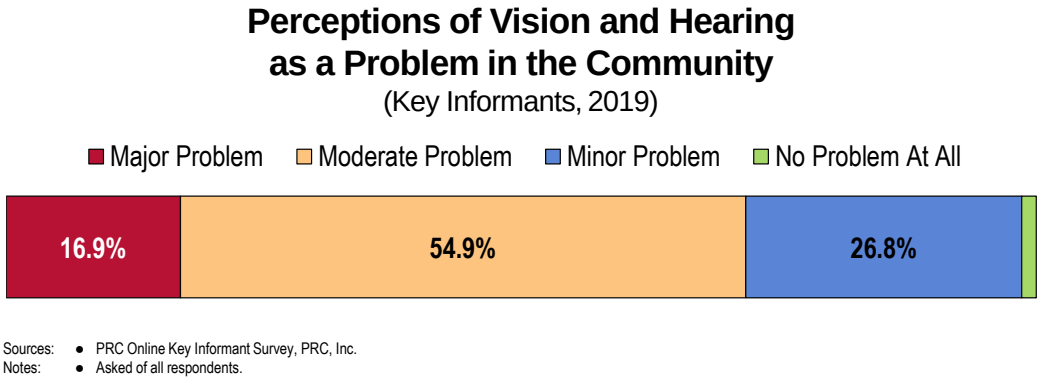
Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, 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:



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

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)

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)

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

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)

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.

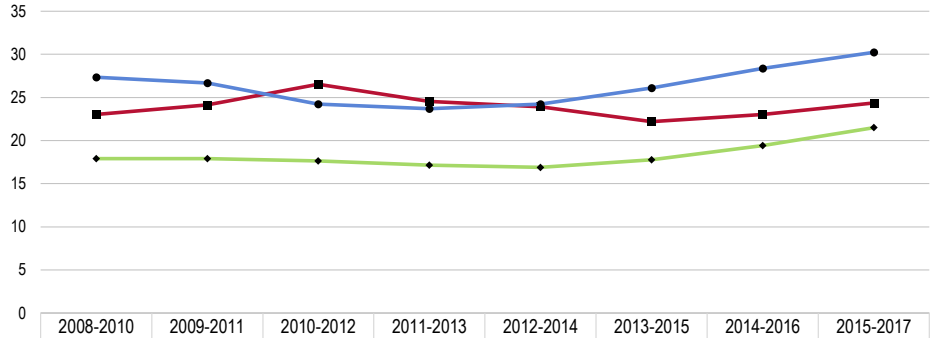
— Healthy People 2020 (www.healthypeople.gov)

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)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	23.0	24.1	26.5	24.6	23.9	22.2	23.0	24.4
NJ	17.9	17.9	17.7	17.2	16.9	17.8	19.4	21.5
US	27.4	26.7	24.2	23.7	24.2	26.1	28.4	30.2

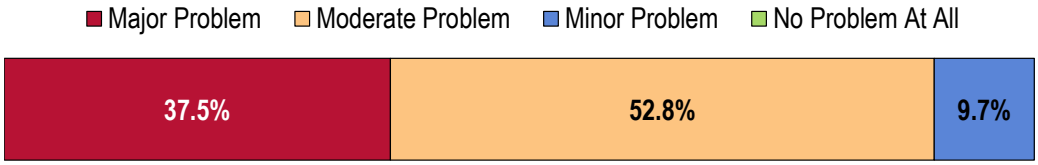
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2019.

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)



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

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

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)

An aging population. The demographics of the area. – Community/Business Leader (Northern and Central New Jersey)

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)

Our community has many senior developments. – Community/Business Leader (Ocean County)

Elderly population in the community. – Community/Business Leader (Ocean County)

Prevalence/Incidence

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)

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)

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

Impact on Family/Caregivers

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)*

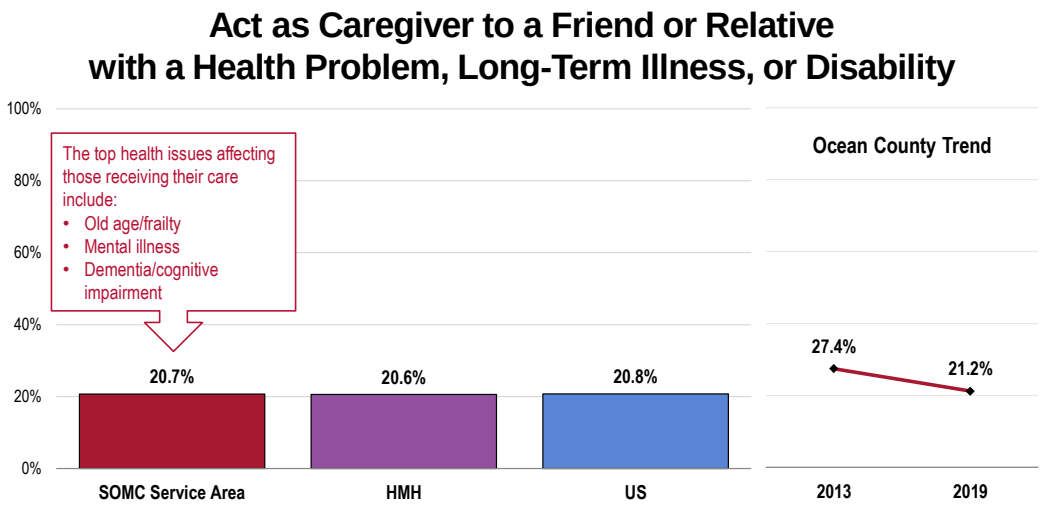
Treatment

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

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?"



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

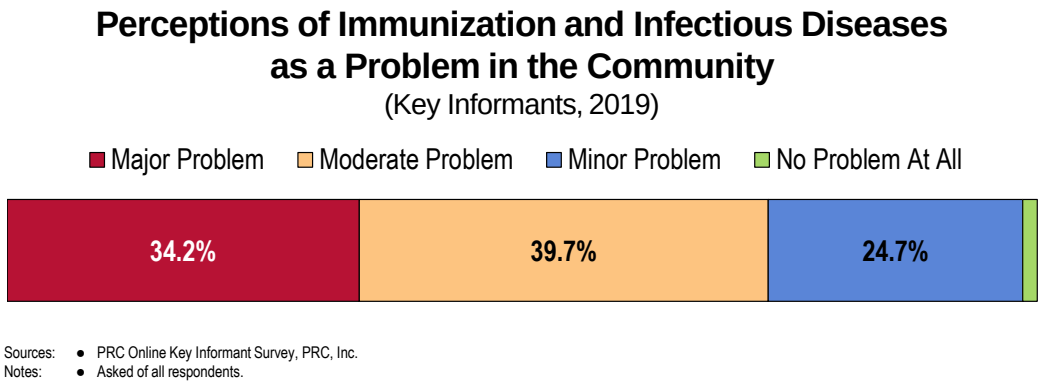
Vaccines are among the most cost-effective clinical preventive services and are a core component of any preventive services package. Childhood immunization programs provide a very high return on investment. For example, for each birth cohort vaccinated with the routine immunization schedule, society:

- 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:



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

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)

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

Anti-vaxxers 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)

Health Awareness/Education

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)

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

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

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 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)

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)

Contributing Factors

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

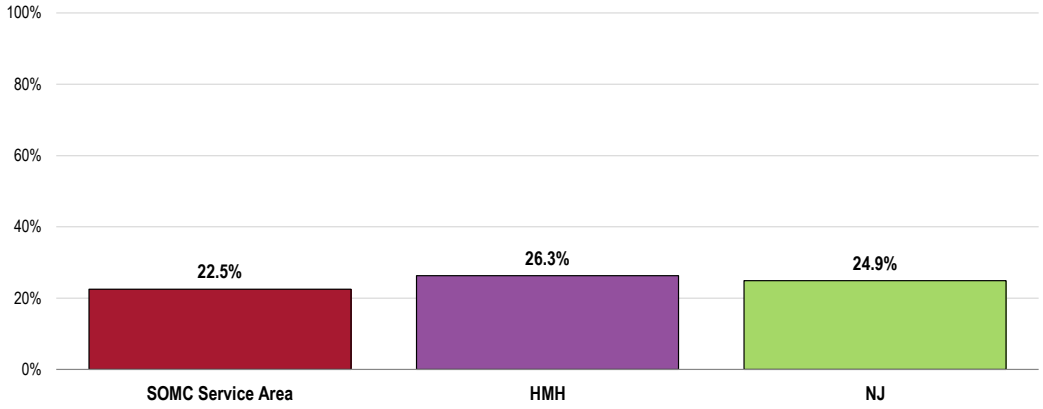
Prenatal Care

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.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

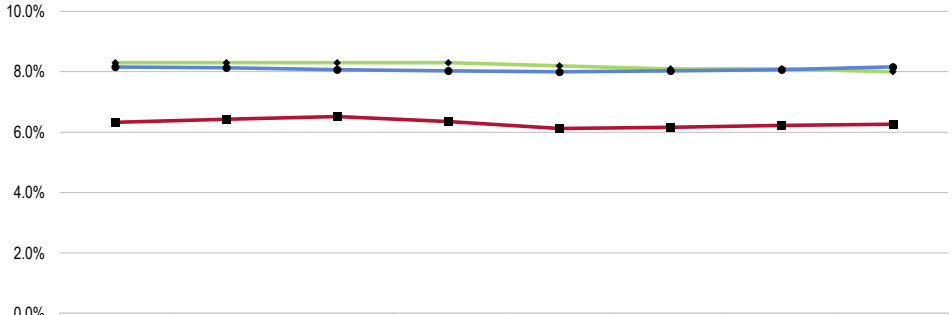
Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access 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.

Low-Weight Births
(Percent of Live Births)
Healthy People 2020 = 7.8% or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	6.3	6.4	6.5	6.3	6.1	6.2	6.2	6.3
NJ	8.3	8.3	8.3	8.3	8.2	8.1	8.1	8.0
US	8.2	8.1	8.1	8.0	8.0	8.0	8.1	8.2

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.

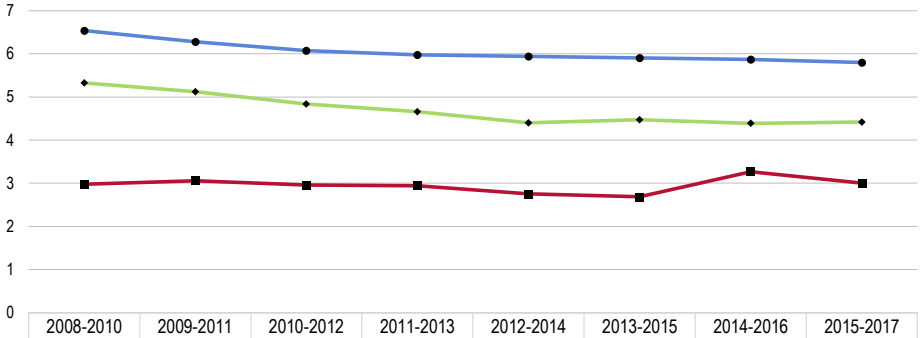
Infant Mortality

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



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	3.0	3.1	3.0	2.9	2.8	2.7	3.3	3.0
NJ	5.3	5.1	4.8	4.7	4.4	4.5	4.4	4.4
US	6.5	6.3	6.1	6.0	5.9	5.9	5.9	5.8

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]

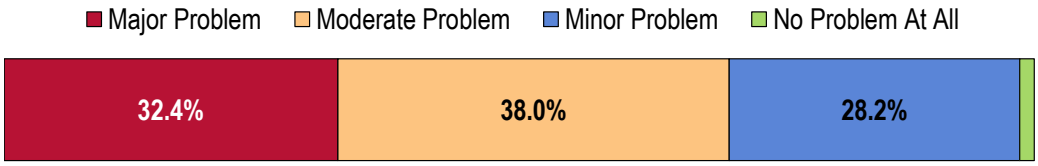
Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

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:

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)*

Health Awareness/Education

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)

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

Access to Care/Services

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

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)

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)

Insurance Issues

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

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)

Vulnerable Populations

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)

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.

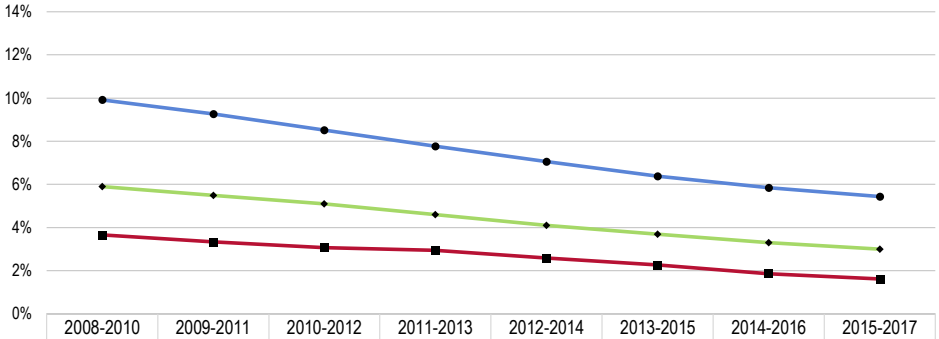
Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become 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)



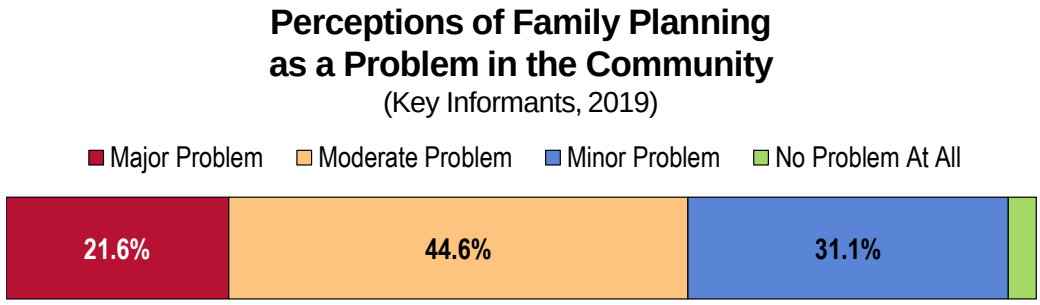
	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	3.7	3.3	3.1	3.0	2.6	2.3	1.9	1.6
NJ	5.9	5.5	5.1	4.6	4.1	3.7	3.3	3.0
US	9.9	9.3	8.5	7.8	7.1	6.4	5.8	5.4

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:



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

Family planning is not practiced, due to religion or ignorance. – Community/Business Leader (Northern and Central New Jersey)

Large religious group who don't believe in family planning. Less funding for planned parenthood. – Community/Business Leader (Ocean County)

Access to Care/Services

There are not enough facilities available to offer family planning programs. – Community/Business Leader (Northern and Central New Jersey)

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)

Contributing Factors

Not enough people are using it, and the fear of Planned Parenthood being underfunded. – Community/Business Leader (Northern and Central New Jersey)

Politics

Because of threats to programs under current administration. – Community/Business Leader (Northern and Central New Jersey)

Poverty

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)

Teen Pregnancies

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)

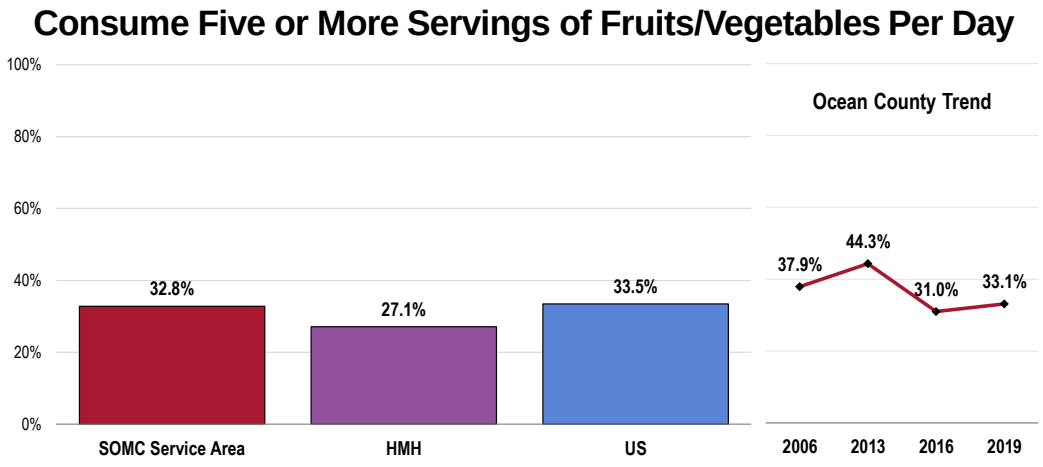
Daily Recommendation of Fruits/Vegetables

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.

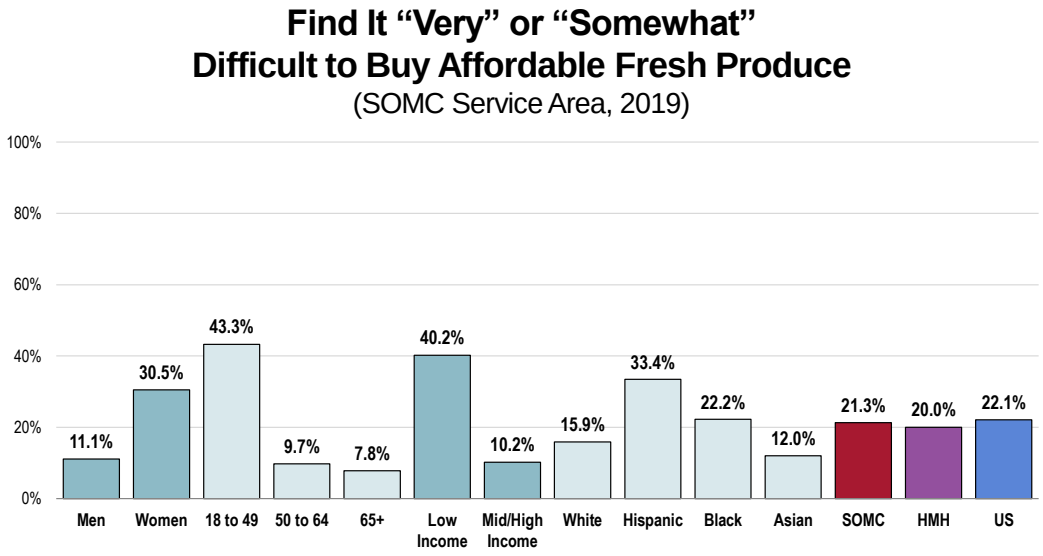


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

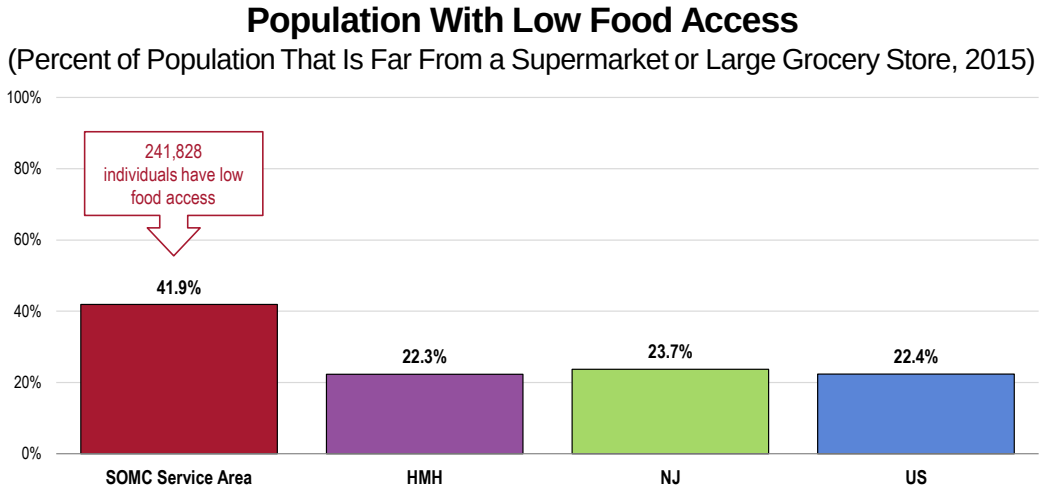
"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"



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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

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.



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

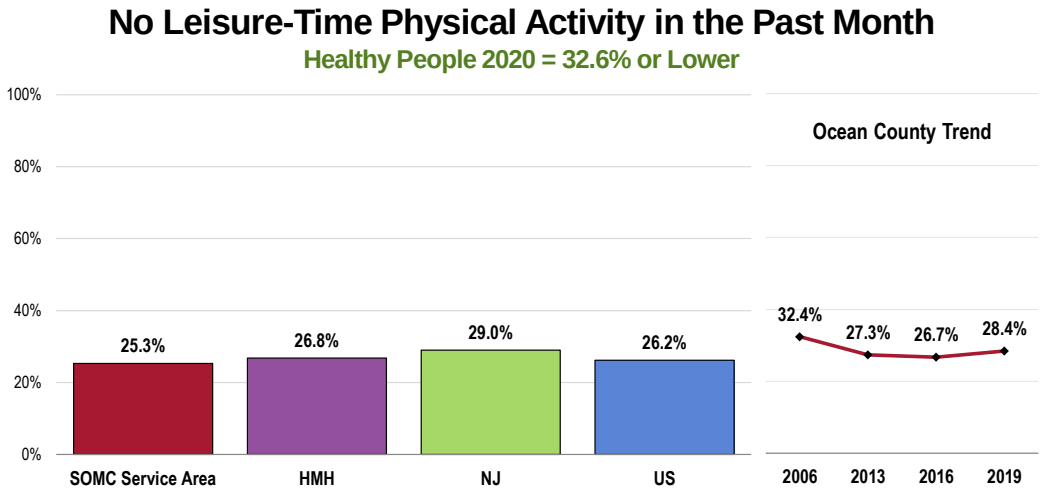
People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— 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?"



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."

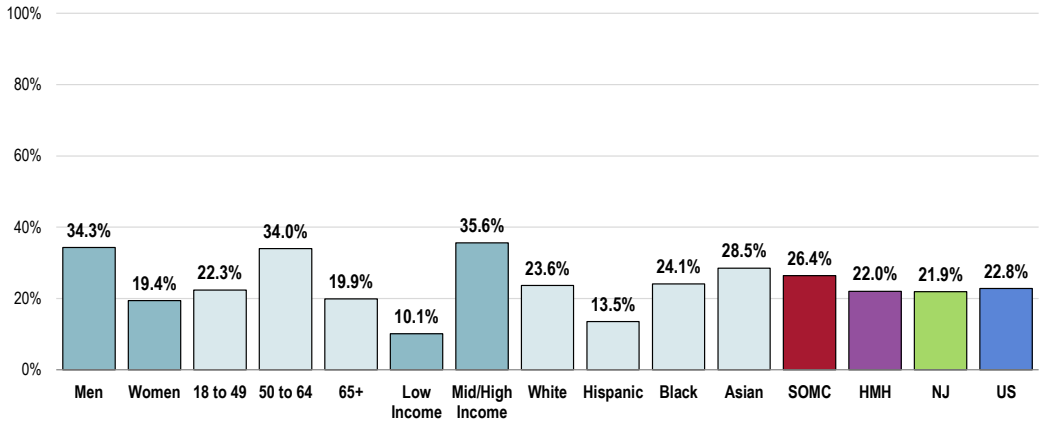
"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activity:

- 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

(SOMC 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 breakouts represent findings from the broader, Northern and Central New Jersey assessment.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.
- 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.

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: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥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 ≥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.

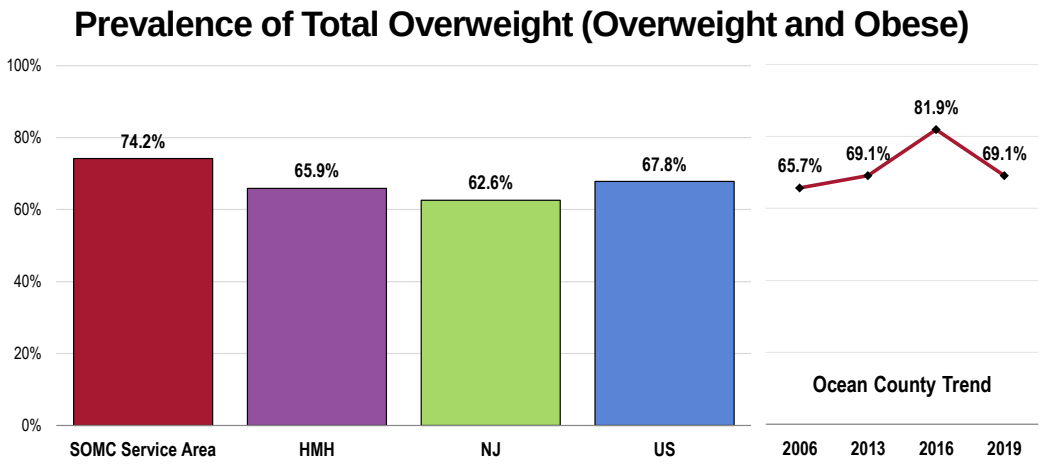
Adult Weight Status

"About how much do you weigh without shoes?"

"About how tall are you without shoes?"

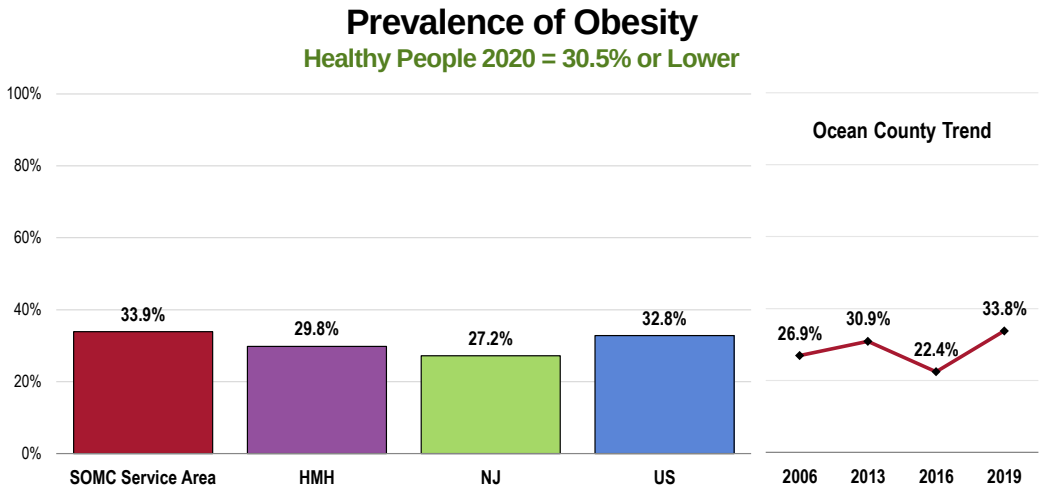
"Are you now trying to lose weight?"

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).



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 155, 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.



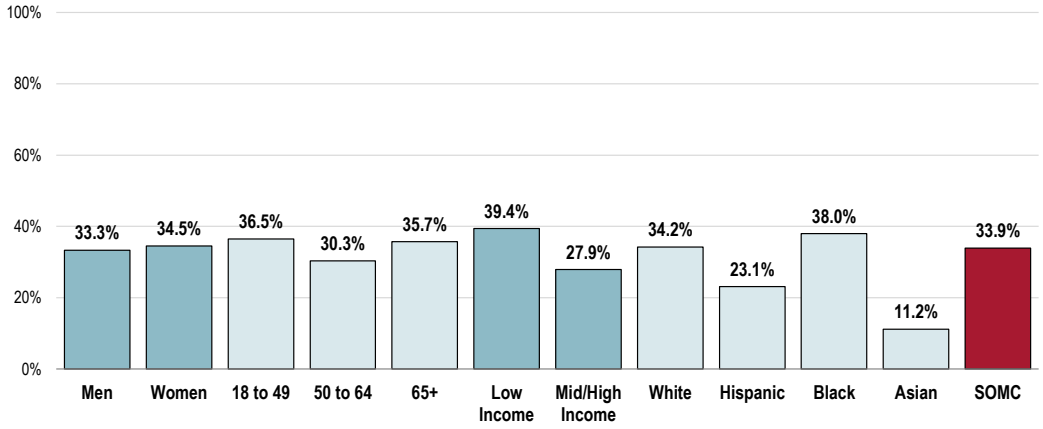
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 New Jersey data.
- 2017 PRC National Health Survey, 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

(SOMC 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]

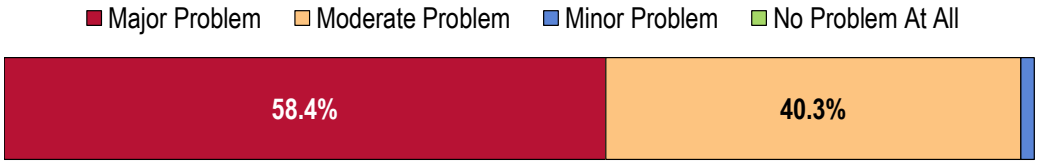
Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.
- 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.

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

> *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)*
>
> *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)

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)

Health Awareness/Education

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)

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)

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)

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 is a growing problem. – Social Services Provider (Northern and Central New Jersey)

Obesity. – Community/Business Leader (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)

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)

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)*

Lack of Physical Activity

> *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)*

Affordable Services

> *No affordable nutritional or weight management programs. – Physician (Ocean County)*

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

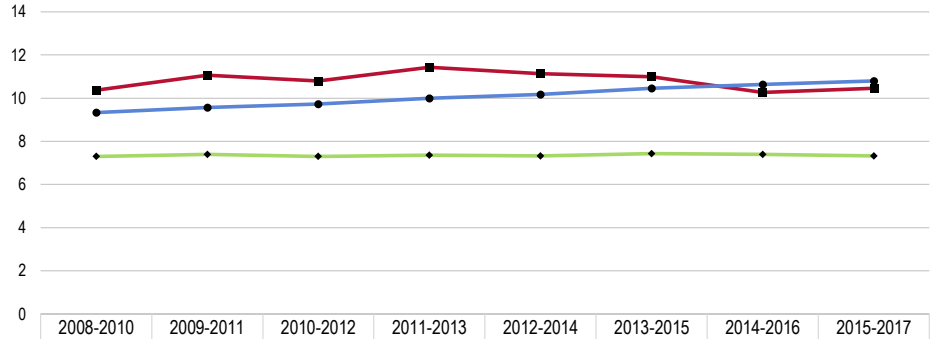
Cirrhosis/Liver Disease

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



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	10.4	11.1	10.8	11.4	11.1	11.0	10.3	10.5
NJ	7.3	7.4	7.3	7.4	7.3	7.4	7.4	7.3
US	9.3	9.6	9.7	10.0	10.2	10.5	10.6	10.8

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.

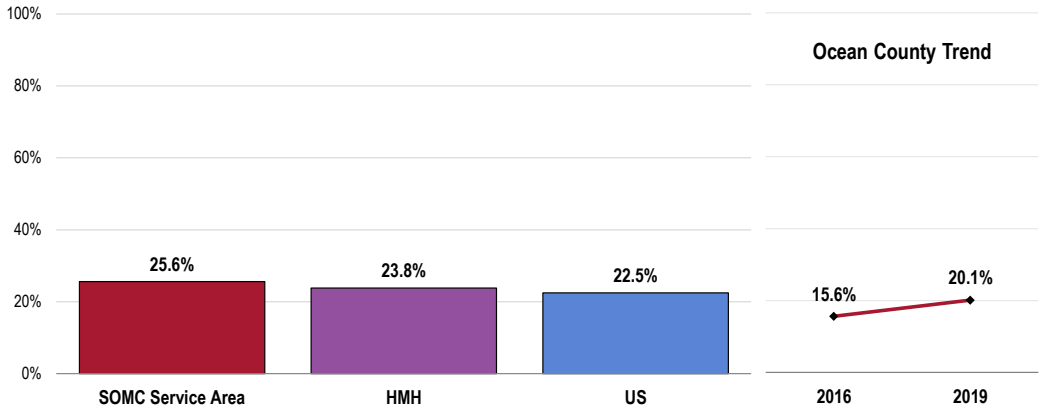
"During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"

"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

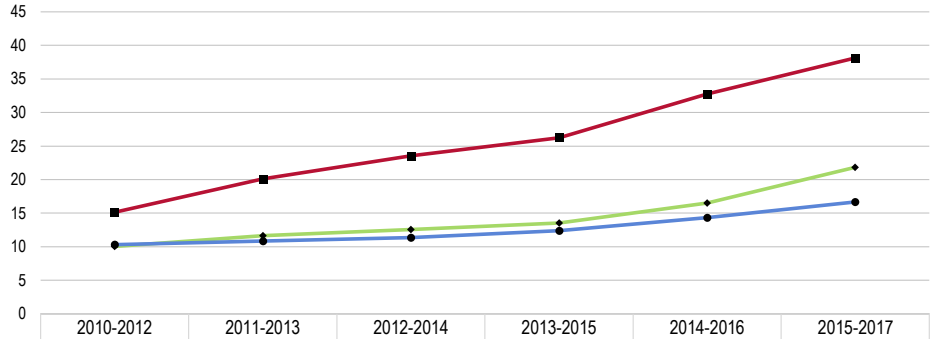
Unintentional Drug-Related Deaths

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



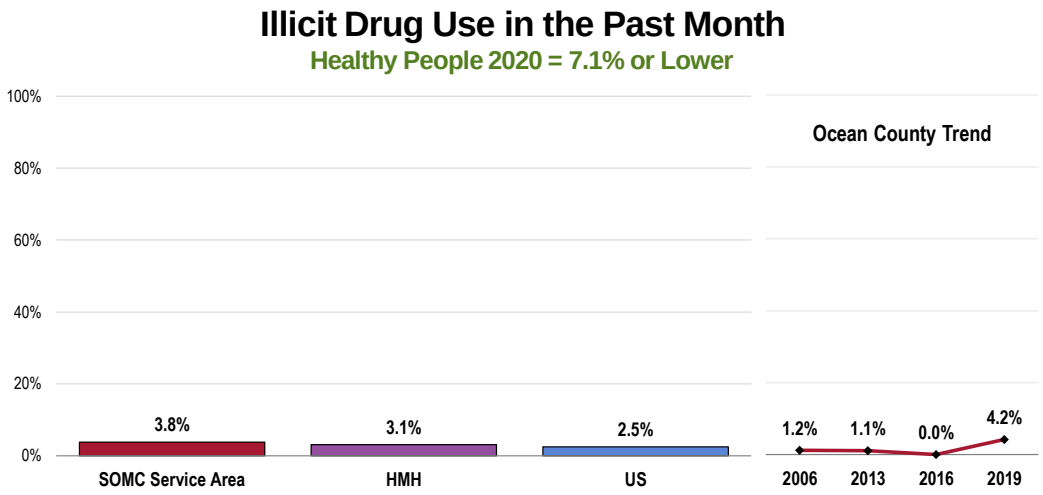
	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
SOMC	15.1	20.1	23.5	26.2	32.8	38.1
NJ	10.0	11.6	12.5	13.5	16.5	21.8
US	10.3	10.8	11.3	12.4	14.3	16.7

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?"

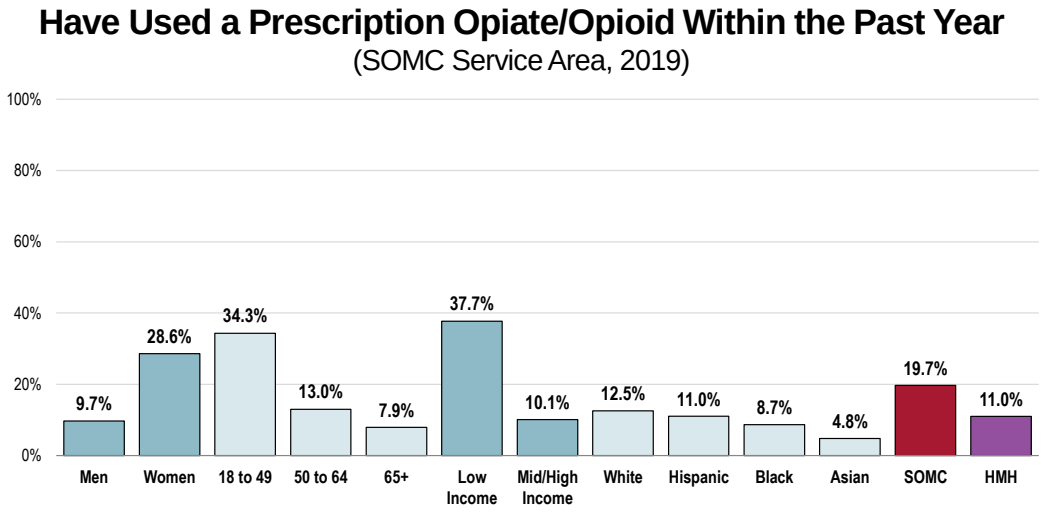


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

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?"



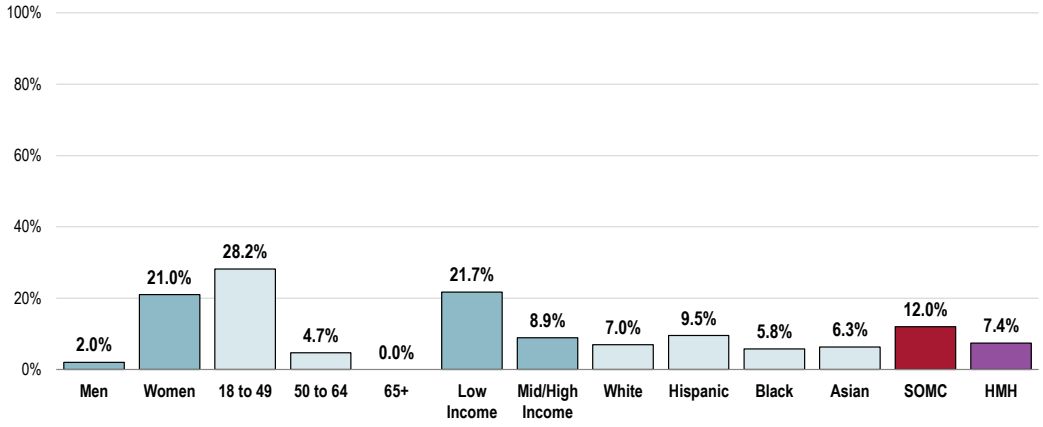
Sources:
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]

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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

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
(SOMC Service Area, 2019)



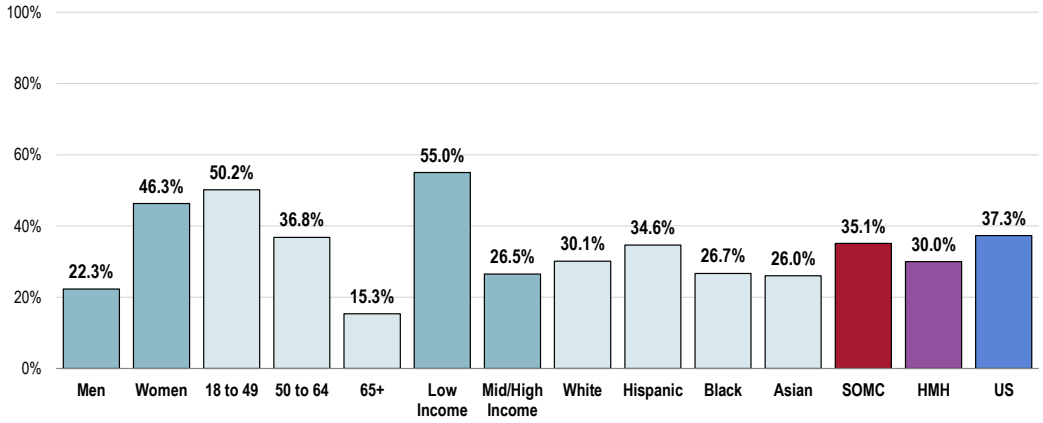
Sources: • 2019 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
• "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

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)

(SOMC Service Area, 2019)



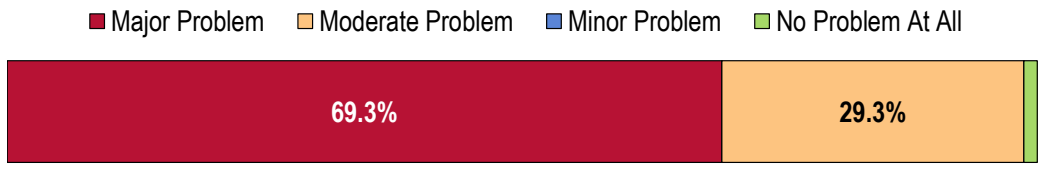
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 195]
Notes: • Asked of all respondents.
• Includes response of "a great deal," "somewhat," and "a little."
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
• "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

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

> *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)*
>
> *More treatment facilities for young people, not jail, or boot camps, but evidence-based counseling, etc. – Community/Business Leader (Northern and Central New Jersey)*
>
> *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)

Recidivism, lack of community support once rehab is over. – Community/Business Leader (Ocean County)

Limited resources and addiction. – Social Services Provider (Northern and Central New Jersey)

Lack of treatment beds. – Social Services Provider (Northern and Central New Jersey)

Lack of beds for addicted wanting assistance. – Community/Business Leader (Ocean County)

Lack of treatment facilities. – Social Services Provider (Northern and Central New Jersey)

Prevalence/Incidence

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)

Heroin. – Physician (Ocean County)

Health Awareness/Education

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)

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)

Contributing Factors

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

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

Social stigma attached. – Social Services Provider (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)*

Lack of Providers

> *Availability of providers and long wait times to see a provider. – Public Health Representative (Northern and Central New Jersey)*

Opioid Crisis

> *Opioid crisis. – Public Health Representative (Northern and Central New Jersey)*

Overdose Rates

> *Too many people are dying from accidental overdoses in county and the state. – Other Health Provider (Northern and Central New Jersey)*

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

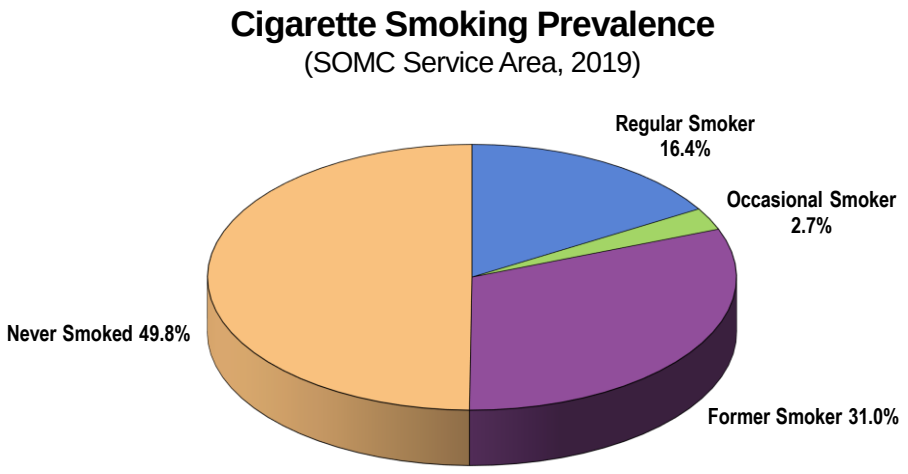
There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

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

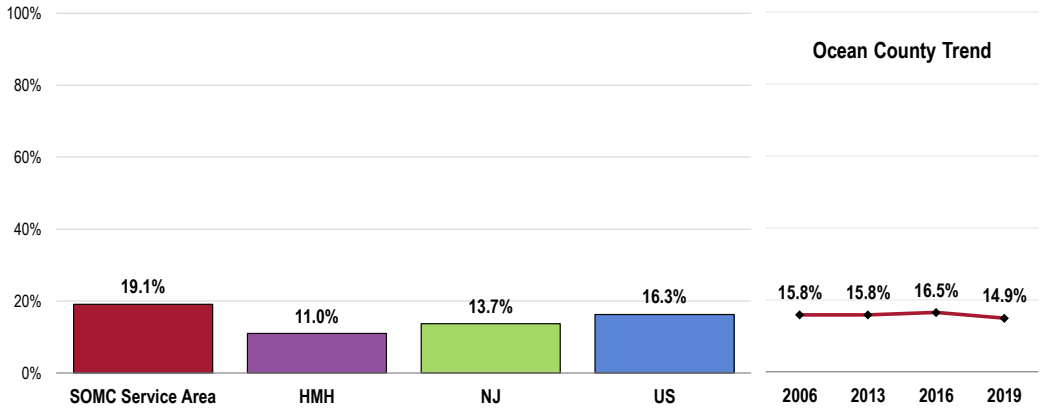
"Do you now smoke cigarettes every day, some days, or not at all?" ("Current smokers" include those smoking "every day" or on "some days.")



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]

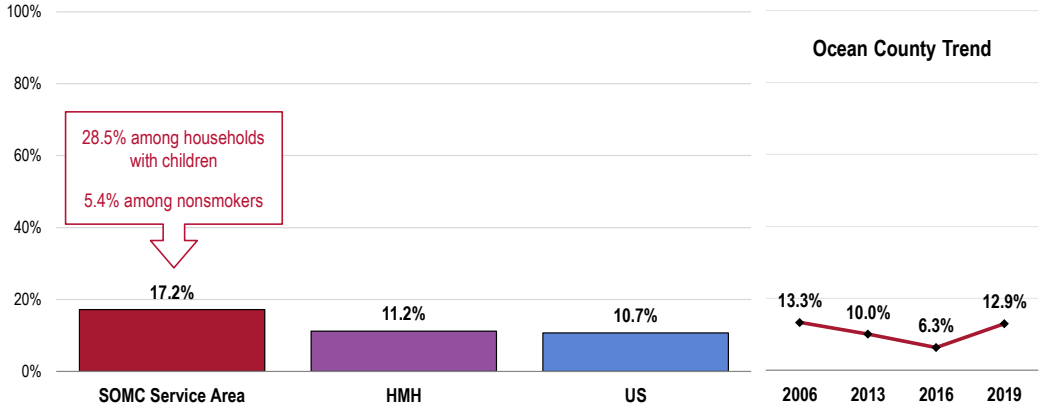
Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

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.

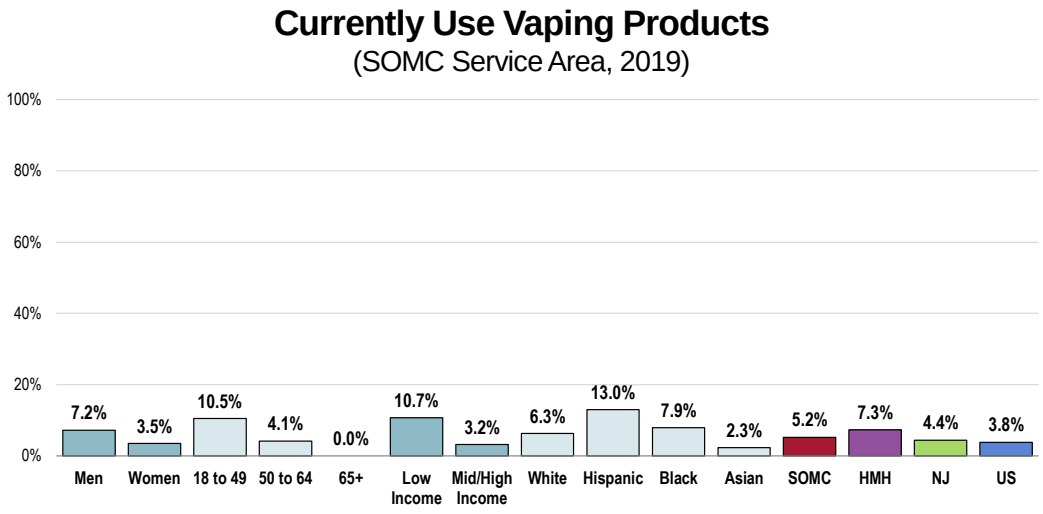
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

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."

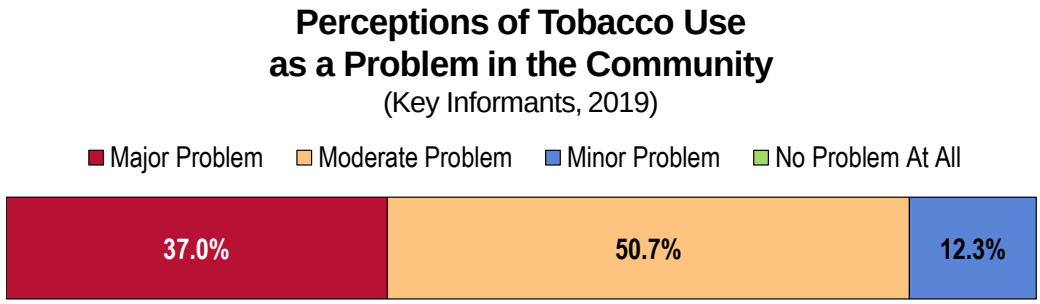


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 194]

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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.
- 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:



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)

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 people are smoking, especially the teenagers. – Social Services Provider (Northern and Central New Jersey)

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 smokers and e-smokers. – Community/Business Leader (Northern and Central New Jersey)

Vaping/E-Cigarettes

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)

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)

Youth vaping rates are alarmingly high. – Other Health Provider (Northern and Central New Jersey)

Vaping. – Social Services Provider (Northern and Central New Jersey)

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)

Denial

People like to smoke. They refuse to believe it can happen to them. – Community/Business Leader (Ocean County)

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)*

Youth Usage

> *Younger people smoking and not having the education regarding risks. – 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:

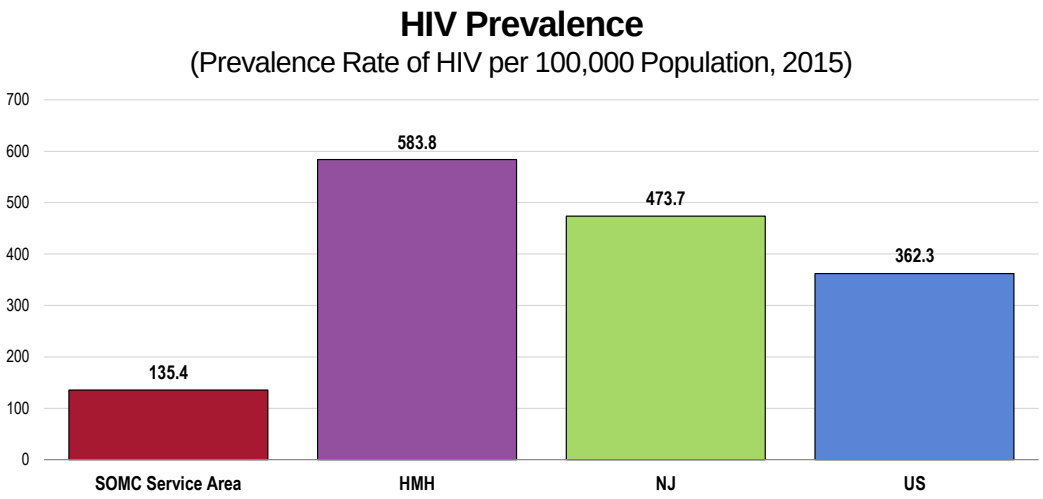
- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

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.

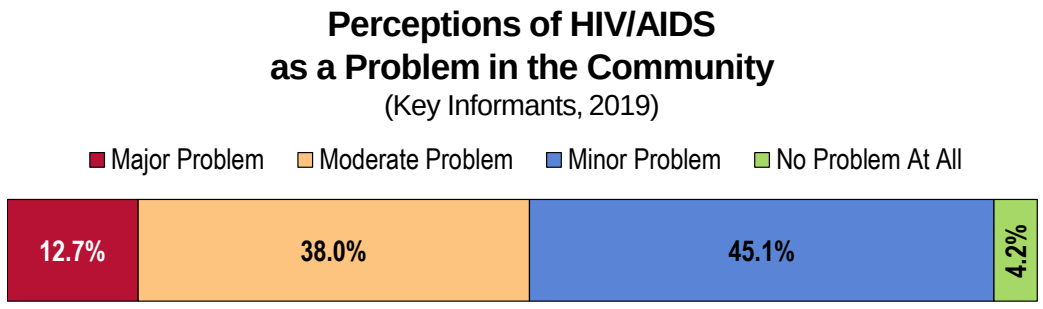


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved June 2019 from CARES Engagement Network at https://engagementnetwork.org.

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:

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)*

Prevalence/Incidence

> *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)*
>
> *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)*

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).

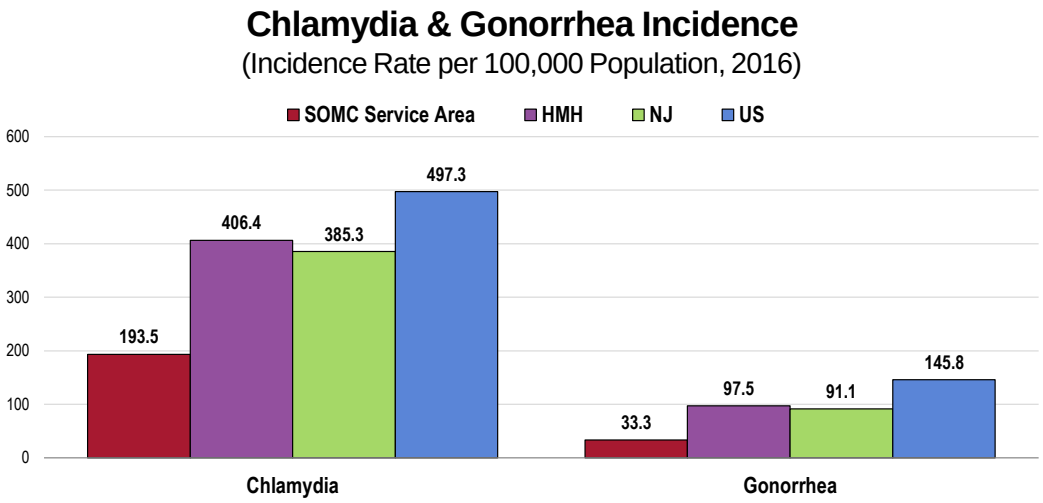
— Healthy People 2020 (www.healthypeople.gov)

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.

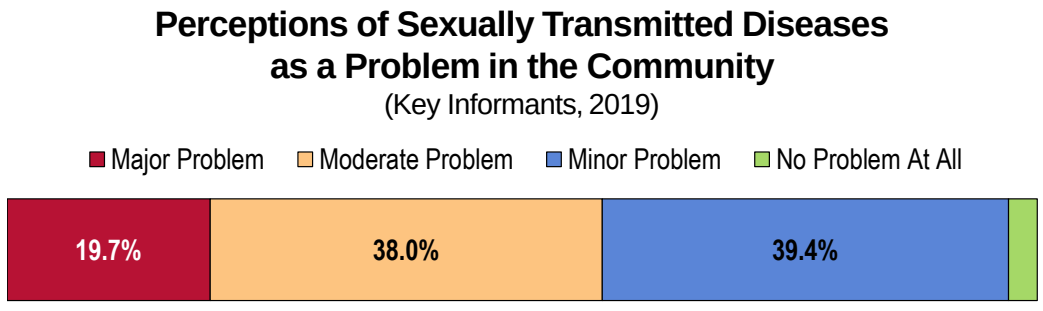


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved June 2019 from CARES Engagement Network at https://engagementnetwork.org.

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:



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 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)

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)

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)

Health Awareness/Education

Lack of knowledge to protect self and different age groups, elderly thinking they are not at risk. – Community/Business Leader (Ocean County)

Access to Health Services

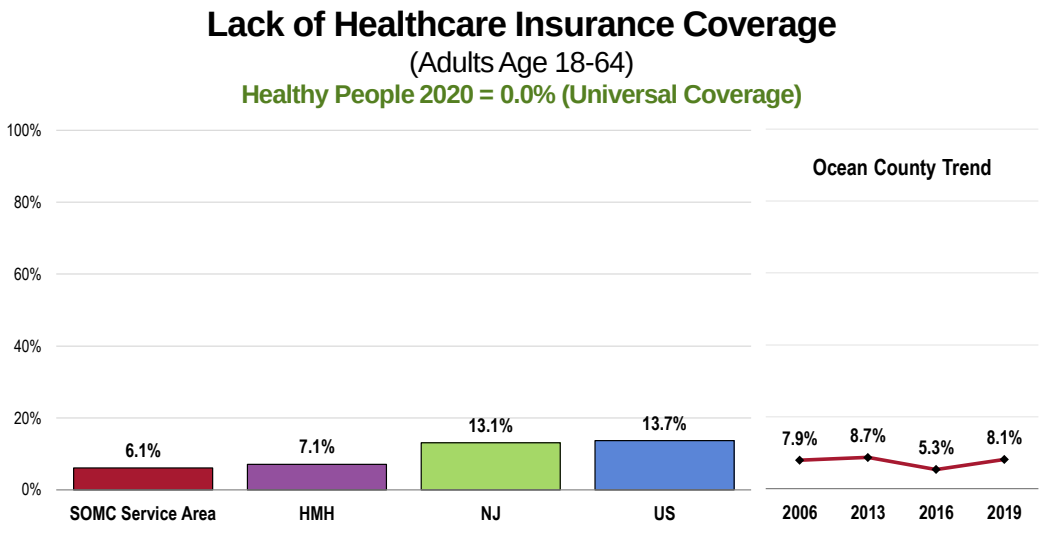
Lack of Health Insurance Coverage (Age 18 to 64)

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).



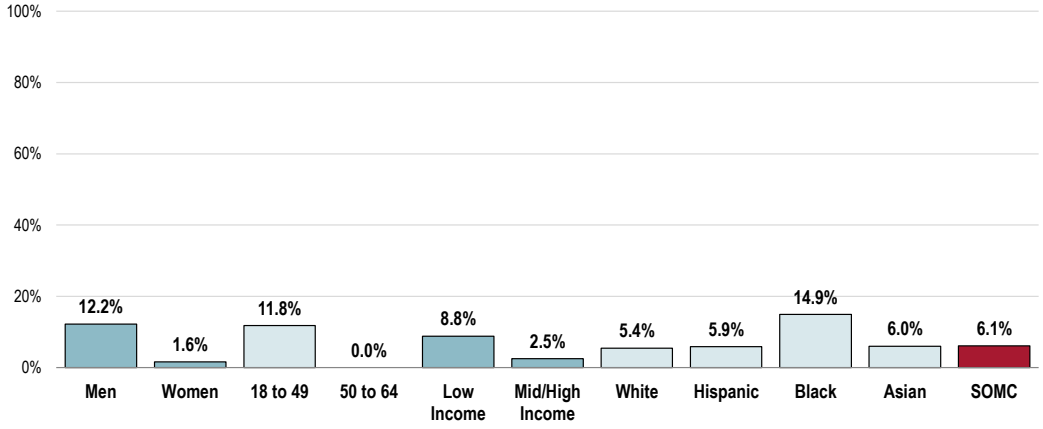
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 New Jersey data.
- 2017 PRC National Health Survey, 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; SOMC 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.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

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

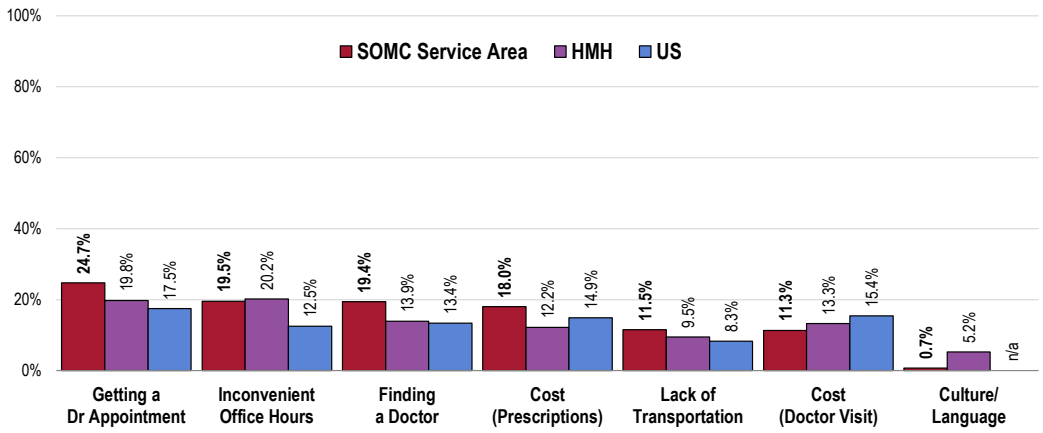
To better understand healthcare access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

"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

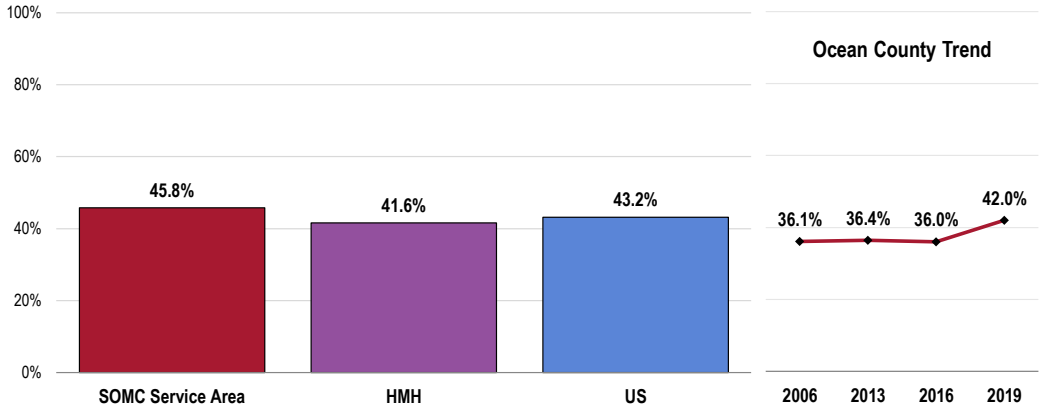


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 7-13]
- 2017 PRC National Health Survey, PRC, Inc.

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

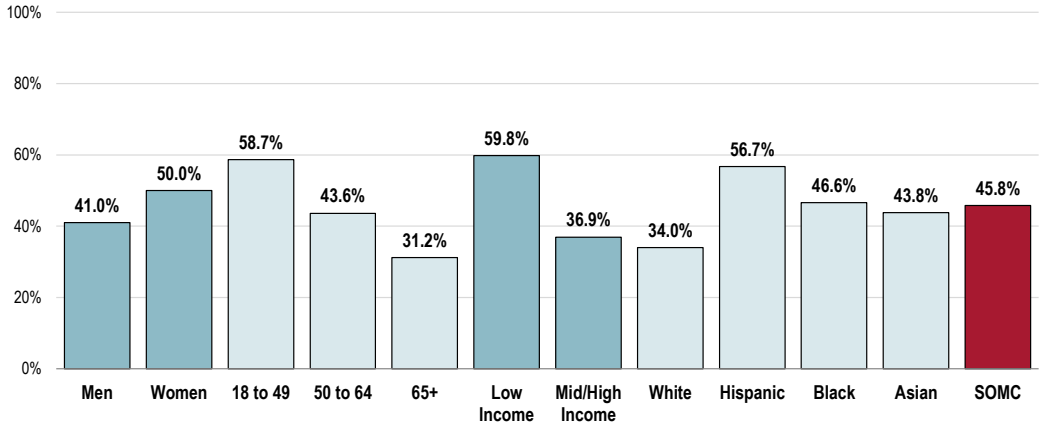


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]
- 2017 PRC National Health Survey, PRC, Inc.

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

(SOMC Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]

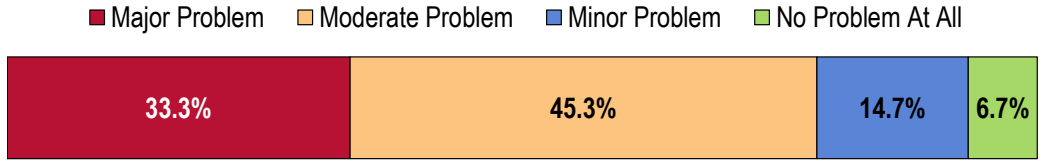
Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents). In order to provide stronger samples, race/ethnicity breakouts represent findings from the broader, Northern and Central New Jersey assessment.
- "Low Income" includes households with incomes below $57,800 per year; "Mid/High Income" includes households with annual incomes of $57,800 or higher.

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)



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

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)

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)

Language, health services apprehension, discrimination, health literacy. – Other Health Provider (Northern and Central New Jersey)

Affordable Care/Services

All should have access to healthcare but there are also real-world costs associated with same. HSA's 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)

People cannot afford preventative health, and do not take the time to address it. – Other Health Provider (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)

Insurance Issues

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)

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)

Many people in the community don't have insurance or are underinsured. – Social Services Provider (Northern and Central New Jersey)

Lack of access to providers accepting family care health insurance. – Community/Business Leader (Ocean County)

Access to Care/Services

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)

Medically underserved areas, number of doctors to people. Health insurance and preventative care. – Social Services Provider (Northern and Central New Jersey)

Access to care. – Other Health Provider (Northern and Central New Jersey)

Health Awareness/Education

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)

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)

Awareness and accessibility. – Community/Business Leader (Ocean County)

Transportation

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)

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 and language barrier. – Public Health Representative (Northern and Central New Jersey)

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)

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:

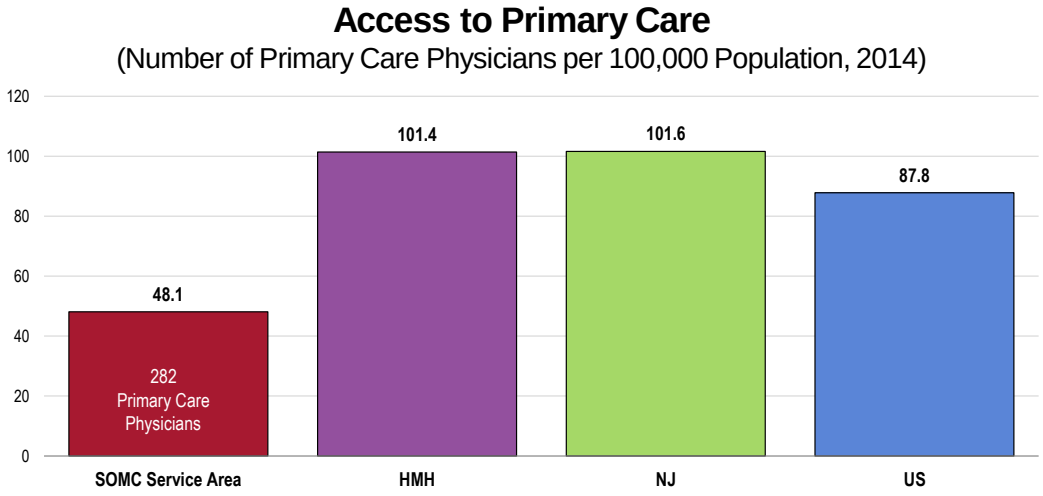
- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

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.

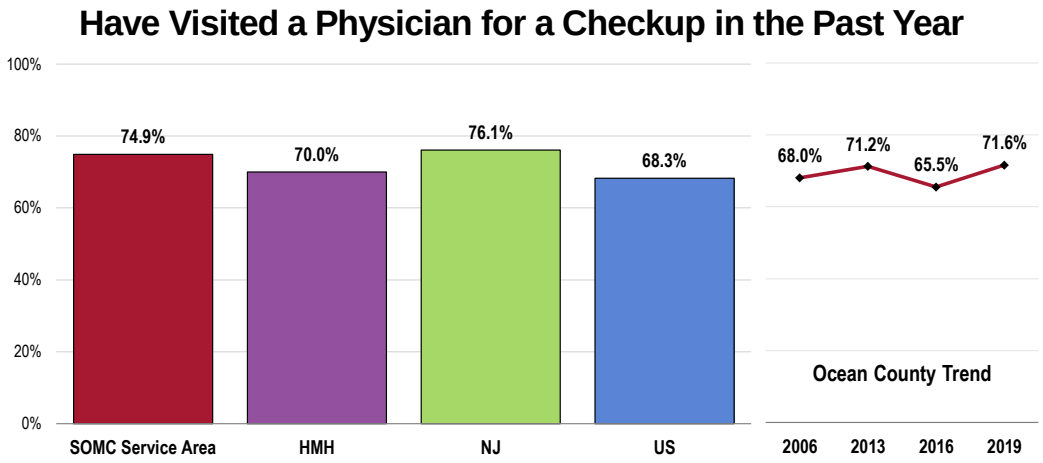


Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved June 2019 from CARES Engagement Network at https://engagementnetwork.org.

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

"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?"



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.

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.

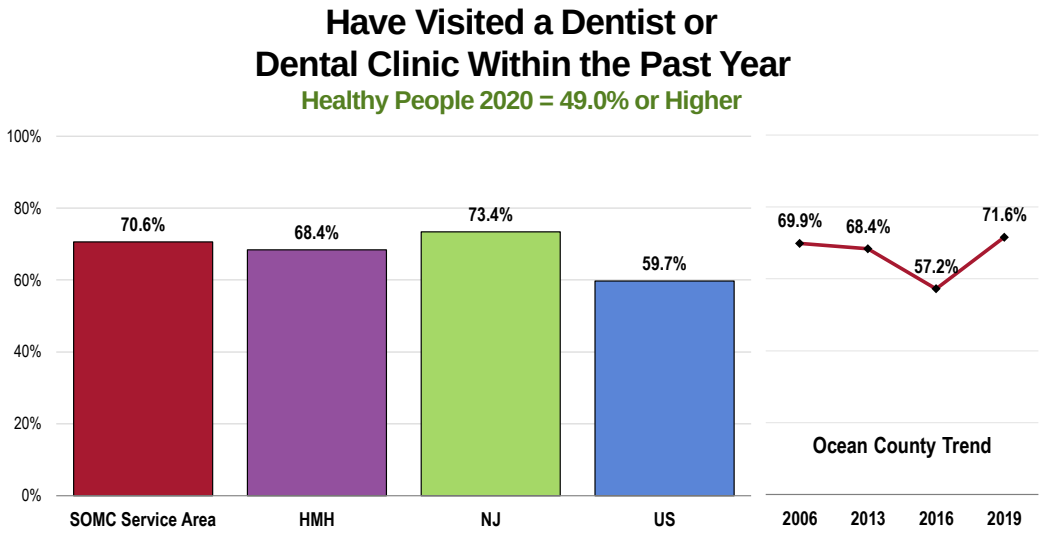
Potential strategies to address these issues include:

- 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

"About how long has it been since you last visited a dentist or a dental clinic for any reason?"

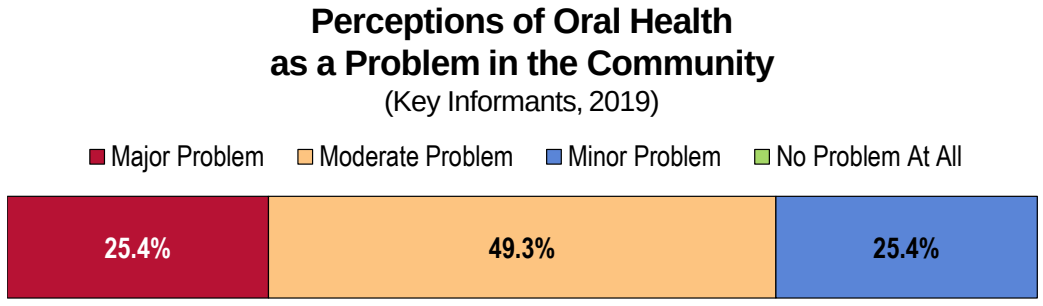


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 New Jersey data.
- 2017 PRC National Health Survey, 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.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* 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:

Access to Care/Services

> *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)*
>
> *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)

Lack of providers that accept family care insurance. Parents not taking students for routine care. – Community/Business Leader (Ocean County)

No access for people without insurance. Insurance plans are limited in coverage. – Community/Business Leader (Northern and Central New Jersey)

More services are needed for children and individuals with disabilities. – Social Services Provider (Northern and Central New Jersey)

Affordable Care/Services

Having check-ups yearly is not a priority. If there is no money, getting fed is. – Community/Business Leader (Northern and Central New Jersey)

No free dental clinics. – Community/Business Leader (Ocean County)

Impact on Overall Health

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)

Oral health is good indicator of overall health of the person. – Other Health Provider (Northern and Central New Jersey)

Comorbidities

Diabetes and other chronic diseases lead to poor dental health. – Social Services Provider (Northern and Central New Jersey)

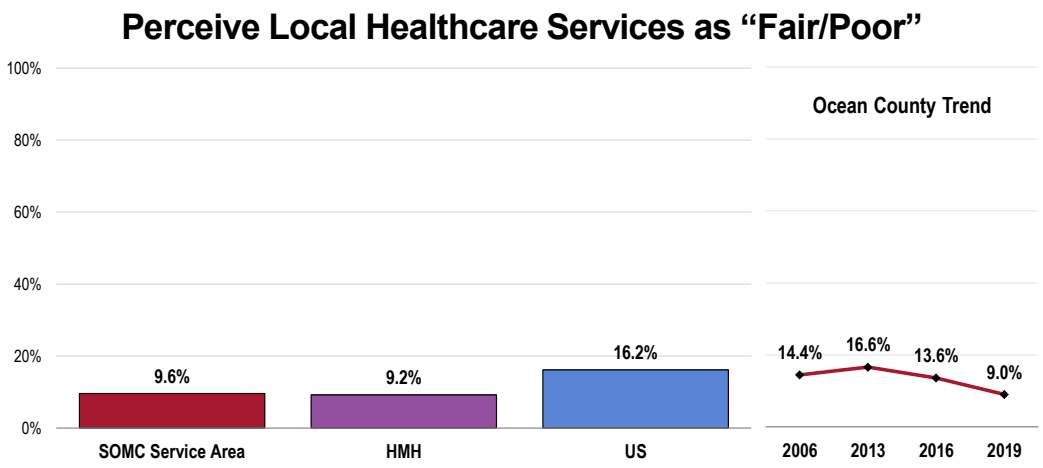
Health Awareness/Education

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)

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?"



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 to Healthcare Services

American Cancer Society
American Heart Association (AHA)
Atlantic Medical Imaging
Bike Share Program
Catholic Charities
CEED Program
CHEMED
Doctor's Offices
Early Childhood Success Hub
Emergency Care Facilities
Eric B. Chandler Health Center
Faith-Based Organizations
Family Success Centers
Federally Qualified Health Centers
Health Department
Healthy Plainfield
Hospitals
Lyft
Mental Health Services
Neighborhood Health Services
Ocean County Health Department
Ocean Ride
OHI (Ocean Health Initiatives)
Parker Family Health Center
Princeton YWCA Breast Cancer Resource Center
Puerto Rican Action Board
Regional Chronic Disease Coalition
Robert Wood Johnson University Hospital
SCAT Transportation
School System
SED Plainfield
Shaping Elizabeth Coalition
Susan G. Komen
Urgent Care Centers
Visiting Nurses Association (VNA)

Arthritis, Osteoporosis & Chronic Back Conditions

Community Health Center
Day Care Centers
Doctor's Offices
Eat Healthy, Be Active! Programs
Fitness Centers/Gyms
Health Department
Hospitals
Pain Management
Parks and Recreation
Physical Therapy
Rehabilitation Services
St. Frances
Superior Orthopedic Services

Cancer

American Cancer Society
Area Agencies on Aging
AtlantiCare
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 (Cancer Treatment Centers of America)
Doctor's Offices
Education Services
Faith-Based Organizations
Hackensack Meridian Health
Health Department
Health Wellness Fairs
Helping Hands
Hospice Care

- *Hospitals*
- *Mary's Place by the Sea*
- *MLTSS (Medicaid Managed Long Term Services and Supports)*
- *Mom's Quit Connection*
- *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*
- *SOMC (Southern Ocean Medical Center)*
- *Sports Clubs*
- *St. Frances*
- *Susan G. Komen*
- *The Beauty Foundation*
- *Urgent Care Centers*
- *Visiting Nurses Association (VNA)*
- *YMCA*

Dementias, Including Alzheimer's Disease

- *Adult Day Care Programs*
- *Alzheimer's Adult Day Program*
- *Alzheimer's Association*
- *Alzheimer's Respite*
- *Alzheimer's Support Groups*
- *Assisted Living*
- *Caregiver Volunteers of Ocean County*
- *Day Programs*
- *Department of New Jersey VFW (Veterans of Foreign Wars)*
- *Doctor's Offices*
- *Family and Children Services*
- *Hospitals*
- *Medical Day Care Centers*
- *Nursing Homes*
- *Office on Aging and Disability Services*
- *Parks and Recreation*
- *Respite Programs*
- *School System*
- *Senior Care Facilities*
- *Senior Centers*
- *Support Groups*
- *Visiting Nurses Association (VNA)*

Diabetes

- *Assisted Living*
- *Chronic Disease Self-Management Programs*
- *Community Medical Center*
- *Diabetes Foundation*
- *Diabetic Services*
- *Doctor's Offices*
- *Eric B. Chandler Health Center*
- *Federally Qualified Health Centers*
- *Fitness Centers/Gyms*
- *Food Banks*
- *Food Stamps*
- *Free Clinics*
- *Grocery Stores*
- *Health Department*
- *Health Wellness Fairs*
- *Hospitals*
- *HQSI (Healthcare Quality Strategies, Inc.)*
- *Joslin Diabetes Center*
- *Kula Cafe*
- *LunchBreak*
- *MCOHS*
- *Neighborhood Health Services*
- *Nursing Homes*
- *Nutrition Services*
- *Ocean County Health Department*
- *Parker Family Health Center*
- *Parks and Recreation*
- *PROCEED Inc.*
- *Robert Wood Johnson University Hospital*
- *School System*
- *Senior Centers*
- *SOMC (Southern Ocean Medical Center)*
- *Soul Kitchen*
- *Support Groups*
- *Take Control of Your Health Program*
- *Visiting Nurses Association (VNA)*
- *YMCA*

Family Planning

- *Doctor's Offices*
- *Family Planning Centers of Ocean County*
- *Federally Qualified Health Centers*
- *Health Department*
- *Ocean County Health Department*
- *Planned Parenthood*
- *School System*

Heart Disease & Stroke

- *AHA (American Heart Association)*
- *Cardiac Services*
- *Chronic Disease Self-Management Programs*
- *Community Medical Center*
- *Deborah Heart and Lung*
- *Doctor's Offices*
- *Education Services*
- *Federally Qualified Health Centers*
- *Fitness Centers/Gyms*
- *Grocery Stores*
- *Hackensack Meridian Health*
- *Health Department*
- *Hospitals*
- *Jersey Shore University Medical Center*
- *Neighborhood Health Center*
- *Neighborhood Health Services*
- *Ocean County Health Department*
- *Ocean Medical Center*
- *PAAD (Pharmaceutical Assistance to the Aged & Disabled)*
- *Parks and Recreation*
- *Pharmacies*
- *Regional Chronic Disease Coalition*
- *Rehabilitation Services*
- *Robert Wood Johnson University Hospital*
- *Senior Service Agencies*
- *SNAP Ed*
- *Stroke Facilities*
- *Stroke Support Groups*
- *Support Groups*
- *Take Control of Your Health Program*
- *Vascular Institute*
- *Visiting Nurses Association (VNA)*
- *YMCA*

HIV/AIDS

- *Doctor's Offices*
- *Equality Center, Asbury Park*
- *Eric B. Chandler Health Center*
- *Federally Qualified Health Centers*
- *Health Department*
- *Hospitals*
- *Hyacinth AIDS Program*
- *Robert Wood Johnson University Hospital*
- *Visiting Nurses Association (VNA)*

Immunization & Infectious Diseases

- *Doctor's Offices*
- *Eric B. Chandler Health Center*
- *Federally Qualified Health Centers*
- *Hackensack Meridian Health*
- *Health Department*
- *Hospitals*
- *MCOHS*
- *Medical Reserve Corp*
- *Municipal Health Officers*
- *Ocean County Health Department*
- *Pharmacies*
- *Robert Wood Johnson University Hospital*
- *School System*
- *Visiting Nurses Association (VNA)*

Infant & Child Health

- *CCIS (Children Crisis Intervention Services)*
- *Child Family Crisis Clinicians*
- *Doctor's Offices*
- *Education Services*
- *FCIU (Family Crisis Intervention Unit)*
- *Federally Qualified Health Centers*
- *Health Department*
- *Hospitals*
- *Johnson and Johnson Child Development Centers*
- *KinderCare Learning*
- *Mobile Response Unit*
- *Performcare*
- *Robert Wood Johnson University Hospital*
- *School System*
- *Visiting Nurses Association (VNA)*

Injury & Violence

- *Boys and Girls Club*
- *Domestic Violence Response Teams*
- *Faith-Based Organizations*
- *Funeral Home Directors*
- *Hospitals*
- *Law Enforcement*

Police Department
Prosecutor's Office
Robert Wood Johnson University Hospital
School System
Traumatic Loss Coalition
Women Aware

Kidney Disease

Dialysis Centers
Doctor's Offices
Federally Qualified Health Centers
Fresenius
Hackensack Meridian Health
Health Department
Kidney Care of Central Jersey
Robert Wood Johnson University Hospital
Senior Centers
YMCA

Mental Health

Barnabas Health Behavioral Health Center
Behavioral Health Referral and Resource Guide
Catholic Charities
Churches
Counseling Programs
CPC Behavioral Health
EAP Programs by Employers
Early Intervention Services
Federal CCBHC (Certified Community Behavioral Health Clinics)
Hackensack Meridian Health Carrier Clinic
Health Wellness Fairs
Hospitals
Mental Health Association
Mental Health Centers
Mental Health First Aid
Mental Health Services
Mobile Crisis Services
Mobile Response Unit
National Alliance on Mental Illness
New Hope
Ocean Health Initiatives
Ocean Medical Center
Ocean Mental Health Services
Office of Mental Health and Addiction Services
Pathways Behavioral Health
PESS (Psychiatric Emergency Screening Service)
Police Department
Preferred Behavioral Health
Princeton House
Referral Agencies
Rutgers Behavioral Health Care
School System
Senior Guidance Program
SOMC (Southern Ocean Medical Center)
Southern Ocean Medical Center - PESS Unit
Support Groups
The Blue Hart Program
The Bridge
YMCA

Nutrition, Physical Activity & Weight

Bariatric Programs
Boys and Girls Club
Brick Senior Center
Ciclovia
Community Affairs and Resource Center
Community Health Coalitions
Doctor's Offices
Farmer's Markets
Federally Qualified Health Centers
Fitness Centers/Gyms
Food Banks
Grocery Stores
Health Department
Health Wellness Fairs
Healthy Kids Camp
Mayor's Wellness Campaign
Meridian Health Center
Nutrition Services
Ocean Ride
Parks and Recreation
Robert Wood Johnson University Hospital
Running Clubs
School System
SNAP Ed
SOMC (Southern Ocean Medical Center)
Walk With a Doc
Weight Watchers
WIC
Yard Gardens
YMCA

Oral Health

- *Dentist's Offices*
- *Eric B. Chandler Health Center*
- *Federally Qualified Health Centers*
- *Neighborhood Health Services*
- *Ocean County Health Department*
- *OHI (Ocean Health Initiatives)*
- *Robert Wood Johnson University Hospital*
- *TenderSmiles Mobile Dentist Program*
- *UMDNJ (University of Medicine and Dentistry of New Jersey)*
- *Visiting Nurses Association (VNA)*

Respiratory Diseases

- *Central Jersey Sleep Disorders Centers*
- *Comprehensive Lung Care*
- *Doctor's Offices*
- *Health Wellness Fairs*
- *Hospitals*
- *Robert Wood Johnson University Hospital*
- *Support Groups*
- *Tobacco Dependence Clinic*
- *Visiting Nurses Association (VNA)*

Sexually Transmitted Diseases

- *County Sexual Hygiene Clinic*
- *Doctor's Offices*
- *Education Services*
- *Eric B. Chandler Health Center*
- *Federally Qualified Health Centers*
- *Health Department*
- *Hospitals*
- *Hyacinth AIDS Program*
- *PRAHD (Puerto Rican Association for Human Development, Inc.)*
- *Prevention First*
- *Robert Wood Johnson University Hospital*
- *School System*
- *Visiting Nurses Association (VNA)*

Substance Abuse

- *Blue Cares*
- *Brick Township Police Department*
- *Community Outreach*
- *Community Support Services*
- *COPE Center*
- *Counseling Centers of America*
- *County Department of Mental Health*
- *CPC Behavioral Health*
- *CURA Inc. Residential*
- *Damon House*
- *DART Coalition*
- *DayTop New Jersey*
- *Doctor's Offices*
- *Easy Access to Opioids and Pot*
- *Education Services*
- *Eric B. Chandler Health Center*
- *Hackensack Meridian Health Carrier Clinic*
- *Harbor House*
- *Hope Sheds Light*
- *Hospitals*
- *Law Enforcement*
- *Mental Health Association*
- *Mobile Response Unit*
- *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*
- *Seashore Family Services*
- *Substance Abuse Services*
- *The Blue Hart Program*
- *Tigger House*
- *Wellspring Center for Prevention*
- *Woodbridge Opioid Overdose Recovery Program*

Tobacco Use

- *Doctor's Offices*
- *Education Services*
- *Health Wellness Fairs*
- *Neighborhood Health Services*
- *New Jersey Prevention Network*
- *Rutgers Tobacco Dependence Program*
- *Smoking Cessation Programs*
- *Tobacco Dependence Clinic*
- *Visiting Nurses Association (VNA)*

Vision & Hearing

Doctor's Offices
Lions Club
New Jersey Blind Citizens Association
School System

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	• 21 Health Care Provider lectures
	  ○ 195 community members educated
	• 9 Weight Loss with Hypnosis lectures – taught by a board-certified hypnotist
	  ○ 137 community members educated

	Special Events
	• Annual Women's Health Night – features physician lectures, health screenings and dozens of interactive educational displays staffed by SOMC physicians and healthcare providers
	  ○ 923 women attended in total
	  ○ 343 women received screenings
	  ○ 2,723 screenings were provided in total
	• Annual Men's Health Night – features physician lectures, health screenings and dozens of interactive educational displays staffed by SOMC physicians and healthcare providers
	  ○ 303 men attended in total
	  ○ 293 men received screenings
	  ○ 1,494 screenings were provided in total
	• April Baby Showers Fair (held annually) – Provides new and expectant parents, and those who are thinking of having a baby, with everything they need to know about parenting and childbirth education- including nutrition and the benefits of breastfeeding

	• Educated children on how to eat right, stay active and be safe through Pawsitive Action programs
	  ○ 17 pediatric lectures
	  ○ 1,007 children educated
	  ○ 37 school programs
	  ○ 3,597 students educated

Offer preventive health screenings for adults to identify at-risk individuals	• Provided Body Mass Index (BMI) assessments
	  ○ 2,641 individuals screened
	  ○ 895 out-of-range results

Offer support services	• Nutrition counseling
	  ○ 1,050 individuals counseled
	• Bariatric support groups offered
	  ○ 714 individuals supported

Clinical Interventions including Weight loss surgery	• Bariatric lectures
	  ○ 298 individuals educated
	• Bariatric surgeries
	  ○ 1,537 total surgeries

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**

Implementation of Integrative Health and Medicine program	• Launched Integrative Health and Medicine program
	  • 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

- **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 3-10. The team travels with a pal from the hospital who helps reinforce messages of good health and safety in a way children will find memorable and fun.
- **The Center for Bariatrics at Southern Ocean 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 Bariatrics at Ocean Medical Center 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	• 30 Health Care Provider lectures ○ 569 community members educated
	Awareness Events • Annual Diabetes Health Fair at Southern Ocean Medical Center – features screenings, information on diabetes products and a chance to speak with physicians, nurse diabetes educators, dieticians and fitness instructors

	• Take Control of Your Health for Diabetes
	  ○ Peer Leader Training
	  ○ Collaboration with Ocean County Meals on Wheels to provide instructors for the 6-week course

Offer preventive health screenings for adults to identify at-risk individuals	• Glucose screenings
	  ○ 1,805 individuals screened
	  ○ 216 out-of-range results
	• Diabetic Retinopathy screenings
	  ○ 35 individuals screened
	• Diabetic Foot screenings
	  ○ 32 individuals screened

Offer support services	• Diabetes support group ○ 381 individuals supported

Selected Program Descriptions and Highlights

- ***Take Control of Your Health – for Diabetes***: 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.

Heart Disease and Stroke

Goal 1: Education and Awareness of Risk Factors	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**
Educate the community on the health risks associated with Heart Disease and Stroke	• 73 Health Care Provider lectures ○ 1,013 community members educated
	Special Events • Heart and Stroke Month events held annually, providing free preventive health screenings and education for community members

	• Educated children on how to eat right, stay active and be safe through Pawsitive Action programs
	  ○ 17 pediatric lectures
	  ○ 1,007 children educated
	  ○ 37 school programs
	  ○ 3,597 students educated
	• Community of Lifesavers
	  ○ 15 programs offered
	  ○ 934 children trained in CPR and AED use

Offer preventive health screenings for adults to identify at-risk individuals	• Blood Pressure
	  ○ 3,457 individuals screened
	  ○ 504 out-of-range results
	• Pulse
	  ○ 1,770 individuals screened
	  ○ 44 out-of-range results
	• Cholesterol
	  ○ 1,815 individuals screened
	  ○ 335 out-of-range results
	• Stroke Risk Assessment
	  ○ 1,457 individuals screened
	  ○ 123 out-of-range results
	• Body Mass Index (BMI) assessment
	  ○ 2,641 individuals screened
	  ○ 895 out-of-range results
	AngioScreen
	• AAA
	  ○ 1,117 individuals screened
	  ○ 33 out-of-range results
	• EKG
	  ○ 1,097 individuals screened
	  ○ 33 out-of-range results
	• Carotid
	  ○ 1,101 individuals screened
	  ○ 52 out-of-range results
	• ABI
	  ○ 1,098 individuals screened
	  ○ 78 out-of-range results

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**
Clinical Program Development/Equipment	• Earned The Joint Commission's Gold Seal of Approval® and the American Heart Association/American Stroke Association's Heart-Check mark for Advanced Certification for Primary Stroke Centers

Selected Program Descriptions and Highlights

- **Community of Lifesavers**: This program is offered at no cost to the school or student. Additionally, the program is designed to build a sustainable CPR training infrastructure; Hackensack Meridian *Health* will train staff from each school district as a CPR Instructor, enabling them to train additional teachers, administrators and students in their district.
- **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**

Promote awareness of mental health issues and stigma	• 3 Health Care Provider lectures on various topics including depression, stress and anxiety
	  ○ 26 community members educated
	• Project Aware
	  ○ 400 + students were educated from 3 school districts: Stafford Twp, Barnegat & Little Egg Harbor

	Special Events • Mental health Month events held annually to increase awareness of mental health issues to the community and promote mental health

	• Educated children on how to eat right, stay active and be safe through Pawsitive Action programs
	  ○ 17 pediatric lectures
	  ○ 1,007 children educated
	  ○ 37 school programs
	  ○ 3,597 students educated

Offer screenings to identify at-risk individuals	• Suicide Risk Assessment Implemented in the Emergency Department
Offer support services	• 600+ Narcan replacements distributed to first responders • Depression and Bipolar Support Group offered ○ 407 individuals supported

Selected Program Descriptions and Highlights

- **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.
- **Project Aware:** Hackensack Meridian Health Southern Ocean Medical Center and Stafford Intermediate School partnered along with local police department L.E.A.D officers (formerly D.A.R.E) and local anti-abuse leaders to present Project Aware, a dramatic presentation that informs and educates sixth -graders about the dangers of drug and alcohol abuse. Through realistic, dramatic presentations of real-life details that connect with students' lives and experiences, students learn the consequences of making bad choices and discover that they have the power to make smart decisions. The one-of-a-kind theatrical program began at the Stafford Theater Arts Center in Manahawkin and continued at the medical center's Emergency Department. The event concluded with a debriefing session in the Beach Plum Conference Room at Southern Ocean Medical Center.

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	• 28 Health Fairs ○ 6,337 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	Launched convenient care strategy
	• Urgent Care facilities- for non-life threatening medical conditions that require immediate treatment
	  ○ 8 locations in Central and Southern New Jersey
	• Retail Clinics- for minor illnesses, immunizations and health screenings
	  ○ 10 RediClinic locations in Central and Southern New Jersey

Training (healthcare providers)	• Mini Medical School with local high schools ○ 100+ students participated

Selected Program Descriptions and Highlights

- **Mini Medical School:** Students of Southern Regional High School got a taste of what it's like to be a physician by attending Hackensack Meridian Health Southern Ocean Medical Center's first annual mini-medical school. More than 100 juniors and seniors interested in the medical and health professions participated in the six-session educational enrichment program

  The opening session featured an introduction of the medical field by Dr. Kountz and, an interactive question and answer session by two medical students about what it is like to be in medical school. The ongoing weekly informative sessions featured guest speakers and hands-on demonstrations by Southern Ocean Medical Center's expert physicians including: Kimberly A. Hogan, M.D., Francis J. Schanne, M.D., and Paul Mastrokyriakos, D.O. Students also had the opportunity to learn about various heath care professions during a panel discussion hosted by the medical center's allied health practitioners.

Cancer

Goal 1: Education and Awareness of Resources	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**
Educate the community on cancer prevention	• 12 Freshstart Smoking Cessation and Stop Smoking with Hypnosis classes- provided by a Board Certified hypnotist ○ 85 smokers equipped with the knowledge and tools to overcome their tobacco addiction
	• 53 Health Care Provider lectures ○ 1,865 community members educated
	Special Events • Cancer Awareness Month events held annually – providing free preventive screenings and education for community members • Cancer Survivorship Family Picnic ○ 100+ Cancer survivors, friends and family attended

Provide preventive health screenings	• Colon-rectal cancer screening
	  ○ 72 kits distributed
	• Skin cancer screening
	  ○ 456 individuals screened

Offer Support Services	• Support Groups offered including Myeloma, Ostomy, Breast Cancer, General, Survivorship and more ○ 530+ individuals supported Collaborate with community-based organizations to address patient and community needs including; American Cancer Society, David's Dream and Believe, Stomp the Monster

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**
Clinical Program Development/Equipment	*2018 HMH Cancer Clinical Research for Monmouth & Ocean Counties:* • 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 • In 2018, our programs surpassed the American College of Surgeons enrollment criteria by 17.5%
Building/Infrastructure	• New cancer center opened in 2017 ○ 20 infusion stations ○ Surgical specialist and medical oncologist consultation offices ○ TrueBeam™ linear accelerator ○ Nurse navigator resources ○ Conference and family support space
Training (healthcare providers)	• 5 Clinicians trained and certified in alternative therapies

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.

Respiratory Diseases

Goal 1: Education and Awareness of Resources	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**
Educate the community on respiratory health	• 12 Freshstart Smoking Cessation and Stop Smoking with Hypnosis classes- provided by a Board-Certified hypnotist ○ 85 smokers equipped with the knowledge and tools to overcome their tobacco addiction
Offer Support Services	• Better Breathers support group

Injury and Violence

Goal 1: Education and Awareness of Resources	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**

Educate the community on injury prevention	• Balance and Fall lectures
	  ○ 11 programs offered
	  ○ 214 community members educated
	• Self Defense Exercise Class
	  ○ 31 classes offered
	  ○ 187 individuals educated

	• Safe Sitter
	  ○ 5 programs offered
	  ○ 59 teenagers educated
	• Bike and Helmet Safety
	  ○ 60 children educated

Provide preventive health screenings	• Balance screenings
	  ○ 134 individuals screened
	• Bone Density screenings
	  ○ 848 individuals screened

Goal 2: Identify Program & Service Enhancements	
Strategy (Initiative/Activity)	**Key Accomplishments / Highlights**
Training (healthcare providers)	• Human Trafficking Training for all team members administered through an online education platform

Selected Program Descriptions and Highlights

- **Bike and Helmet Safety***:* school-based assembly providing education on proper bike and helmet safety measures.
- **Fall Prevention:** A program designed to raise participants' knowledge and awareness, share steps they can take to reduce their fall risk, and improve their health and well-being.