2016

2016 Community Health Assessment

MONMOUTH COUNTY, NEW JERSEY

HEALTH IMPROVEMENT COALITION OF MONMOUTH COUNTY

ACKNOWLEDGEMENTS

The members of the Health Improvement Coalition of Monmouth County (HICMC) wish to thank The Meridian Health System, a fellow member organization, for graciously sharing Monmouth County data, which they collected in 2015 for their Community Health Needs Assessment for its six hospitals in Monmouth and Ocean Counties.

We also wish to express our gratitude to the Monmouth County Health Department for financially supporting the work of the coalition, and to Brett Nance, Coordinator of HICMC, for her tireless work on this document.

Table of Contents

Methodology

Methodology

The Community Health Assessment (CHA) was done using a process called Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-wide strategic planning process for improving public health. This framework helps communities prioritize public health issues, identify resources for addressing them, and take action to improve conditions that support healthy living. MAPP was developed by the National Association of County and City Health Officials (NACCHO), with support from the U.S. Centers for Disease Control and Prevention (CDC), to provide structured guidance that results in an effective strategic planning process that is relevant to public health agencies and the communities they serve.

The MAPP process is based on four assessments which, when combined, provide a comprehensive picture of what is happening related to health in a community. The four assessments are:

- The Community Health Status Assessment- provides quantitative information on community health conditions.
- The Community Themes and Strengths Assessment- identifies assets in the community and issues that are important to community members.
- The Local Public Health System Assessment measures- how well different local public health system partners work together to deliver the Essential Public Health Services.
- The Forces of Change Assessment- identifies forces that may affect a community and opportunities and threats associated with those forces.

The MAPP process was used in developing the first Community Health Improvement Plan for Monmouth County, dated April 2007. In the course of updating that Plan in 2012, the Coalition hired a health data expert to do a Secondary Data Profile of the county, which served the same purpose as the Community Health Status Assessment.

In completing this CHA, the Coalition used a modified version of the MAPP process that focused on using two of the four MAPP assessments: the Community Themes and Strengths Assessment and the Forces of Change Assessment. The Local Public Health System was not assessed because the Steering Committee of the Coalition determined that there had not been a substantial change in the Monmouth County public health system since the previous 2006 assessment.

The federal Accountable Care and Patient Protection Act requires all non-profit hospitals to do a Community Health Needs Assessment (CHNA) at least once every three years. In the process of doing the CHNA, the hospitals

collect the same quantitative information on community health as would be collected in doing a Community Health Status Assessment. The Meridian Health System, which operates six hospitals in Monmouth and Ocean counties, is a member of the Coalition and graciously agreed to share the Monmouth County data collected in the course of doing the CHNA for its facilities in the Fall of 2015. This data was used to develop the Community Health Status section of this report.

1. Community Health Status Assessment

A Community Health Needs Assessment was conducted on behalf of Meridian Health by Professional Research Consultants, Inc. (PRC) and incorporated data from both quantitative and qualitative sources. Quantitative data included primary research (a Community Health Survey) and secondary research (vital statistics and other existing health-related data). Quantitative components allowed for trending and comparison to benchmark data at the state and national levels. The insights obtained from quantitative data were complimented by qualitative data input gathered through an on-line Key Informant Survey.

The survey instrument developed by PRC for this study was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) as well as other public health surveys that address gaps in health indicator data. The final survey instrument was similar to the previous surveys used in the region, allowing for data trending. To ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed.

The sample design used for this effort consisted of a stratified random sample of individuals age 18 and older in the two counties. Additional oversampling was employed to increase representation among African American, Hispanic/Latino, and Asian residents. In all, 1,065 interviews were completed, including 893 in Monmouth County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Meridian Health Regional Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

To solicit input from key informants, i.e. those individuals who have a broad interest in the health of the community, an on-line Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by 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. In all, 106 community stakeholders took part in the Online Key Informant Survey (Appendix A).

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data were obtained from the following sources:

- Center for Applied Research and Environmental Systems (CARES)
- 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
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- 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

2. Community Themes and Strengths Assessment

The Coalition invited representatives of health care providers, local health departments, non-profit organizations and the community to a meeting on September 17, 2015 to participate in conducting the Community Themes and Strengths Assessment. Thirty-five people attended the meeting. The list of the participants in the meeting is in Appendix B. The meeting began with presentations from Coalition leaders, which covered the 2007 and 2012 Community Health Improvement Plans for Monmouth County, the accomplishments of the Coalition in implementing those plans, and the use of the MAPP process to develop a new Community Health Assessment that will guide the update and revision of the county Plan.

The participants then divided into three facilitated discussion groups. In doing the assessment the participants in these groups discussed four questions:

- How important is health in relation to the other things that are important to your community?
- How important is good health to your community's perception of the quality of life?
- Are there specific health concerns or health-related issues which are particularly important to your community?
- What assets does your community have that can be used to improve community health?

The health issues in Monmouth County identified by the participants in the course of doing this Assessment, and the assets present in the county that are available to address these issues, are described in the results section of this document.

3. Forces of Change Assessment

The Forces of Change Assessment was done at a meeting of the Coalition's Steering Committee on January 15, 2016. The list of the participants in this meeting is in Appendix C.

Forces of Change are those realities that affect the local public health system and the community, but are largely outside of the control of the Coalition members. Forces are a broad, all-encompassing category that includes trends, events and factors. Trends are patterns over time, such as changes in population or increases in diseases. Events are one-time occurrences, such as a natural disaster, a change in policy, or the closure of a hospital. Factors are specific elements, such as ethnic and income diversity or the physical environment. The forces considered include social, economic, political, technological, environmental and legal factors. In doing this Assessment, the participants are particularly looking for those forces that create the most significant threats to, or opportunities to improve, the health of the community.

The forces of change impacting Monmouth County identified by the participants in the course of doing this Assessment, and the threats and opportunities they present, are described in the results section of this document.

Community Health Assessment Results

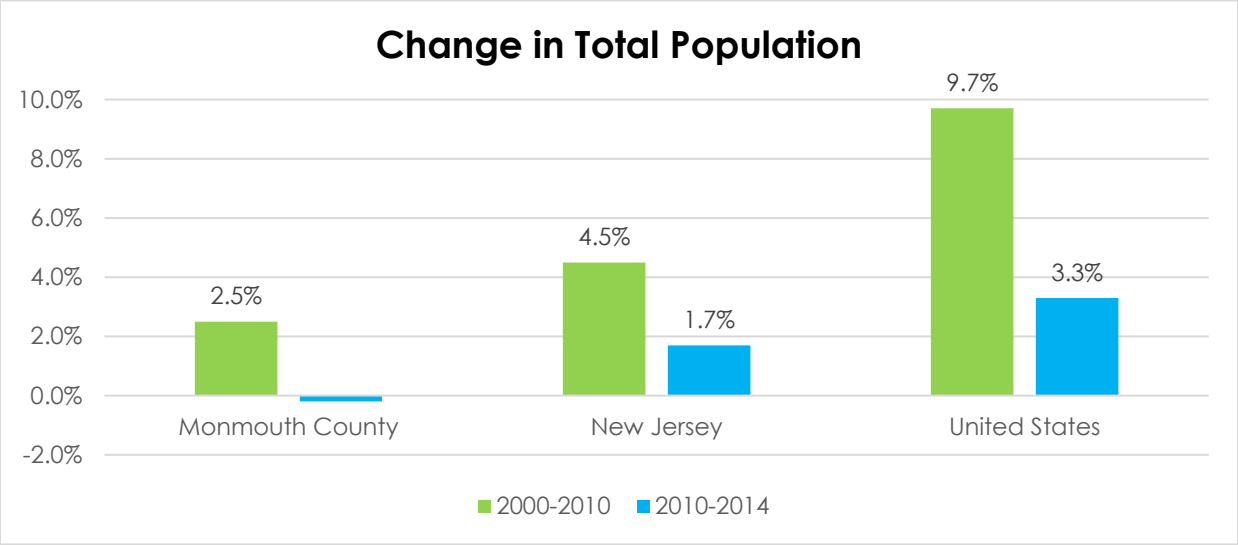
Total Population

	Total Population[1]	Total Land Area (Square Miles)[2]	Population Density (Per Square Mile)[2]
Monmouth County	629,279	468.79	1,344.7
New Jersey	8,938,175	7,354.22	1,195.5
United States	318, 857,056	3,531,905.43	87.4

U.S Census Bureau Quick Facts 2014 Estimates

U.S Census Bureau Quick Facts 2010

Total Population Change



Retrieved October 2015 from Community Commons at http://www.chna.org. US Census Bureau Decennial Census (2000-2010)

U.S Census Bureau Quick Facts 2014 Estimates

Between 2010 and 2014, the Monmouth County population <u>decreased</u> by 1,099 persons, or .2%

- Statewide there was a population **<u>increase</u>** of 4.5%
- Nationwide there was a population **<u>increase</u>** of 3.3%

Age Distributions

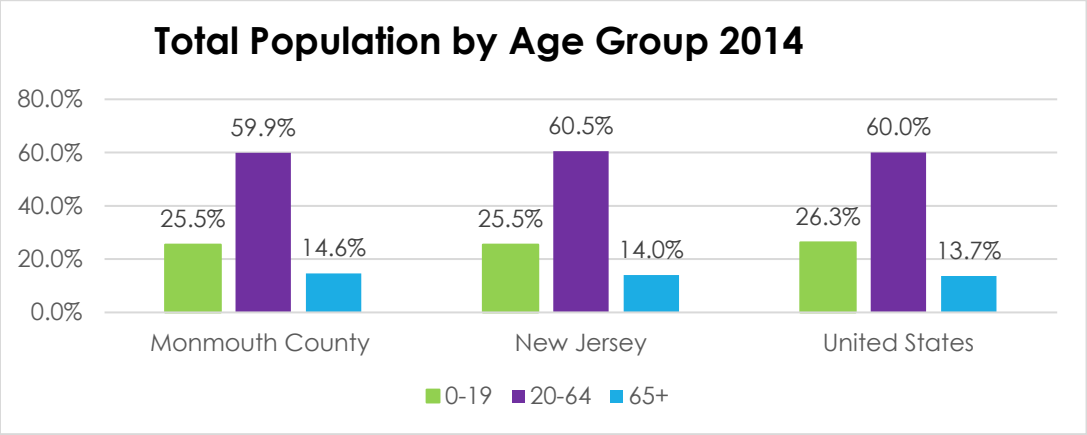
It is important to examine the age distribution of a community as different age groups have distinctive health needs. The way that age is distributed throughout a community will greatly influence the need for health care and how resources are allocated.

2009 Age Distributions	U.S.	New Jersey	Monmouth County
Under 5 years	6.9%	6.4%	5.7%
5-9 years	6.7%	6.5%	6.6%
10-14 years	6.5%	6.5%	7.1%
15-19 years	7.0%	6.7%	7.1%
20-24 years	7.0%	6.1%	5.9%
25-34 years	13.5%	12.8%	9.8%
35-44 years	13.5%	14.4%	14.1%
45-54 years	14.5%	15.7%	17.6%
55-59 years	6.2%	6.3%	6.9%
60-64 years	5.2%	5.2%	5.7%
65-74 years	6.8%	7.0%	7.0%
75-84 years	4.3%	4.5%	4.5%
85 years and over	1.8%	2.0%	2.0%
65 & Over Population Change ('00 to '09)	**.5%**	**.3%**	**.9%**

Monmouth County, New Jersey Secondary Data Profile – March 2011

2014 Age Distributions	U.S.	New Jersey	Monmouth County
Under 5 years	6.4%	6.0%	5.3%
5-9 years	6.5%	6.3%	6.2%
10-14 years	6.6%	6.6%	7.0%
15-19 years	6.8%	6.6%	7.0%
20-24 years	7.1%	6.3%	5.6%
25-34 years	13.5%	12.8%	10.5%
35-44 years	13.0%	13.5%	12.8%
45-54 years	14.1%	15.4%	17.2%
55-59 years	6.6%	6.8%	7.5%
60-64 years	5.7%	5.7%	6.3%
65–74 years	7.6%	7.5%	7.9%
75-84 years	4.3%	4.4%	4.4%
85 years and over	1.9%	2.1%	2.3%
65 & Over Population Change ('09 to '14)	**.9%**	**.5%**	**1.1%**

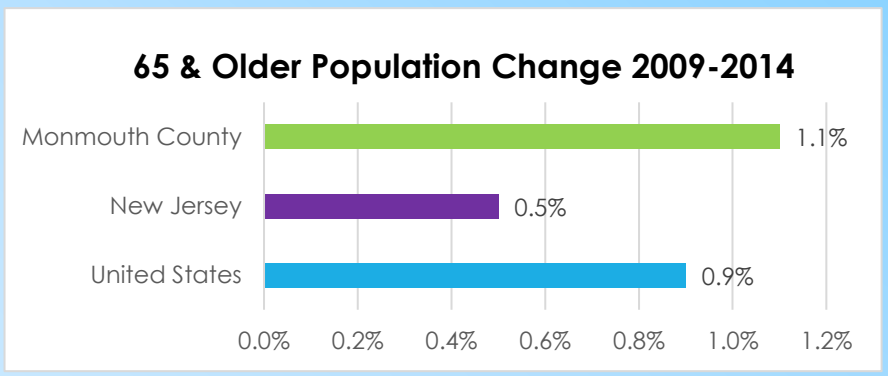
U.S. Census Bureau, American Fact Finder ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2010-2014 American Community Survey 5- Year Estimate



U.S. Census Bureau, American Fact Finder ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2010-2014 American Community Survey 5- Year Estimate

In Monmouth County 25.5% of the population are age 0 to 19, 59.9% are age 20 to 64, and 14.6% are age 65 and older.

- The percentage of the population 65+ is greater than state and national figures.

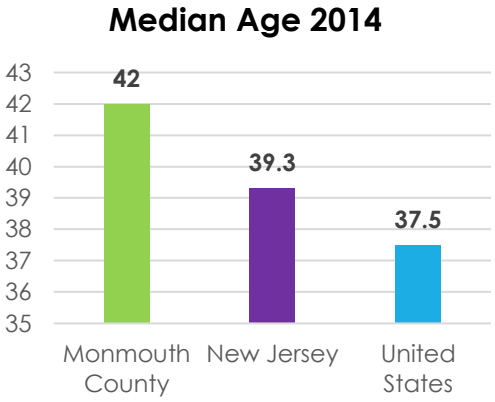


65 & Older Population Change

The nation has and will continue to experience an exponential growth in its 65 and older population. This is largely due to the fact that in 2011, the baby boomers began turning 65 years old, and that humans are generally living longer.

Between 2009 and 2014, Monmouth County's 65 & older population increased by 1.1%

- A greater increase than seen statewide
- A greater increase than seen nationwide



Monmouth County is considered **older** than the state and nation in the sense that its median age is higher.

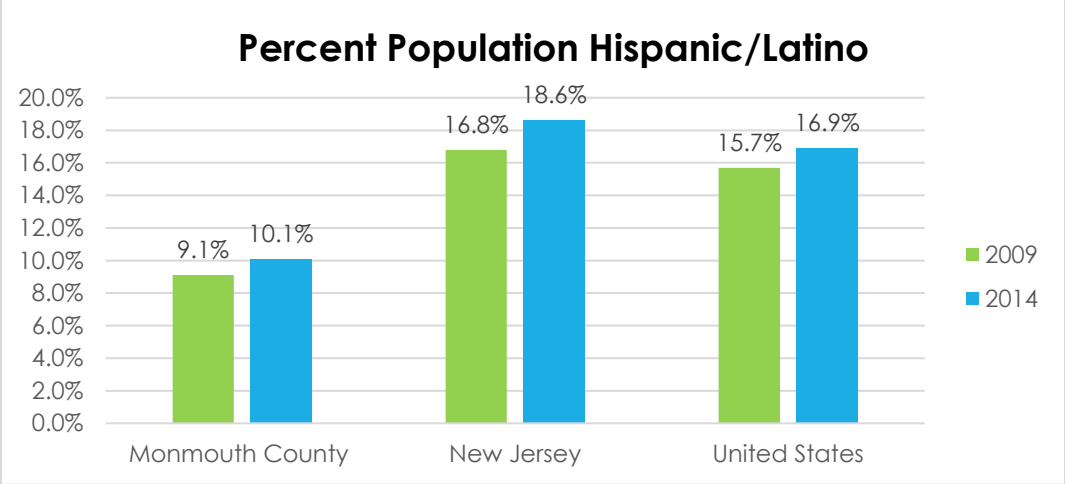
Racial Distribution (2014)

Race alone or in combination with one or more other races	Monmouth County	New Jersey	United States
White	84.7%	70.6%	76.3%
Black or African American	8.3%	14.7%	13.7%
American Indian and Alaska Native	0.7%	0.7%	1.7%
Asian	5.9%	9.6%	5.9%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.4%
Some other race	2.6%	7.0%	5.2%
Hispanic or Latino	10.1%	18.6%	16.9%

U.S. Census Bureau, American Fact Finder ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2010-2014 American Community Survey 5- Year Estimate

The Monmouth County population is comprised of 84.7% White residents, 8.3% Black residents, 5.9% Asian residents, 2.6% "other race", and less than 1% American Indian/Alaska Native and Native Hawaiian/Pacific Islander residents.

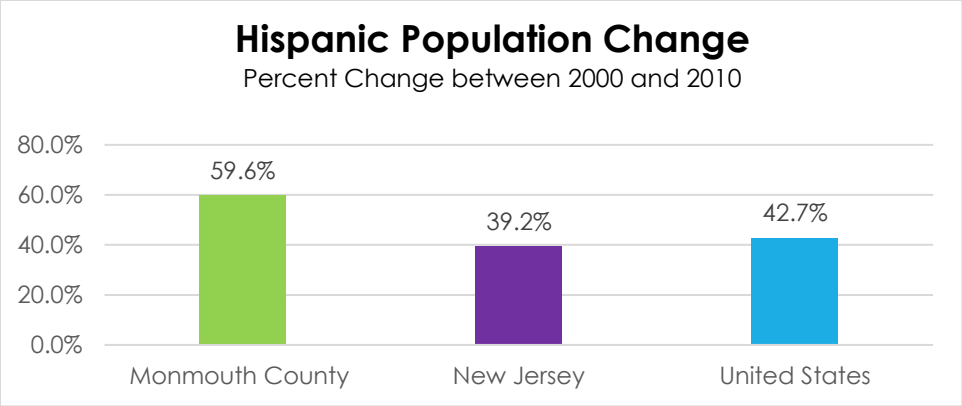
- Monmouth County is more White, less Black, and less "other race," compared to state and national racial distributions
- Monmouth County also has a lower percentage of Asians than the statewide figure, but is consistent with the nationwide percentage.



U.S. Census Bureau, American Fact Finder ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2010-2014 American Community Survey 5- Year Estimate

10.1% of Monmouth County residents are Hispanic/Latino

- Slightly greater than half of the statewide percentage
- Lower than the national statistic

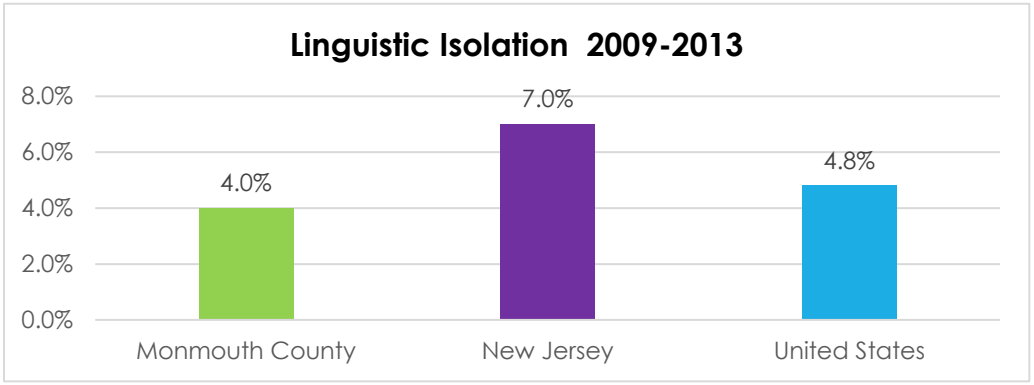


US Census Bureau Decennial Census (2000-2010)
Retrieved October 2015 from Community Commons at http://www.chna.org.

Between 2000 and 2010, the Hispanic population in Monmouth County increased by 59.6%

- Greater percentage growth than state figure
- Greater percentage growth than national figure

Linguistic Isolation



US Census Bureau American Community Survey 5-year estimates (2009-2013). Retrieved October 2015 from Community Commons at http://www.chna.org

4.0% of the Monmouth County Population, ages 5 and older, live in a home where no persons age 14 or older are proficient in English (speaking only English or speaking English "very well")

- Below statewide and national averages
- Higher in Monmouth County than neighboring Ocean County (2.6%)

Social Determinants

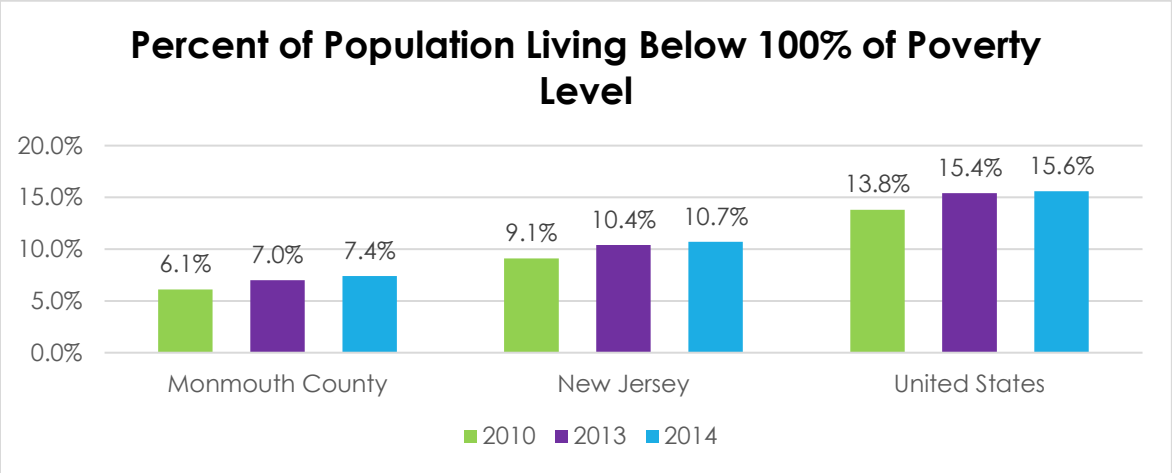
Understanding Social Determinants of Health

"Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH). We know that poverty limits healthy foods and safe neighborhoods and that more education is a predictor of better health. We also know that differences in health are striking in communities with poor social determinants of health such as unstable housing, low income, unsafe neighborhoods, or substandard education. By applying what we know about social determinants of health, we can not only improve individual and population health but also advance health equity."

Centers for Disease Control and Prevention. (2015, Oct 19). *Social Determinants of Health: Know what Affects Health. Retrieved from http://www.cdc.gov/socialdeterminants/*

Healthypeople.gov

Population in Poverty

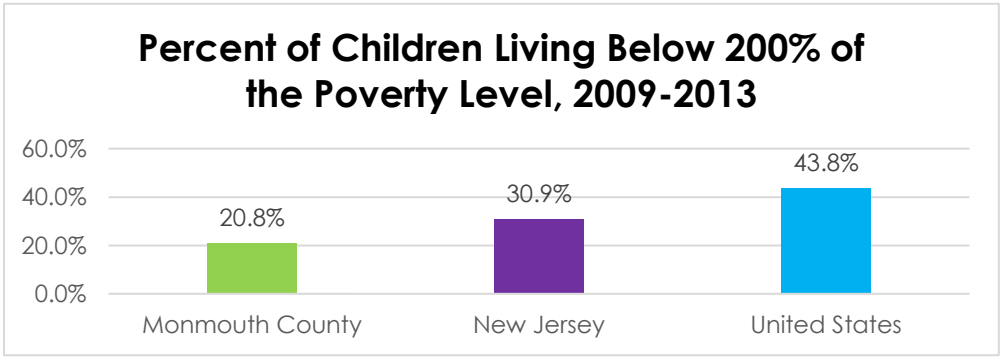


U.S. Census Bureau, American Fact Finder ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2010-2014 American Community Survey 5- Year Estimate

In 2014, 7.4% percentage of Monmouth County's population was living below 100% of the poverty level

- Slight increase from 2010 to 2014
- Lower than state and national percentages

Children in Poverty



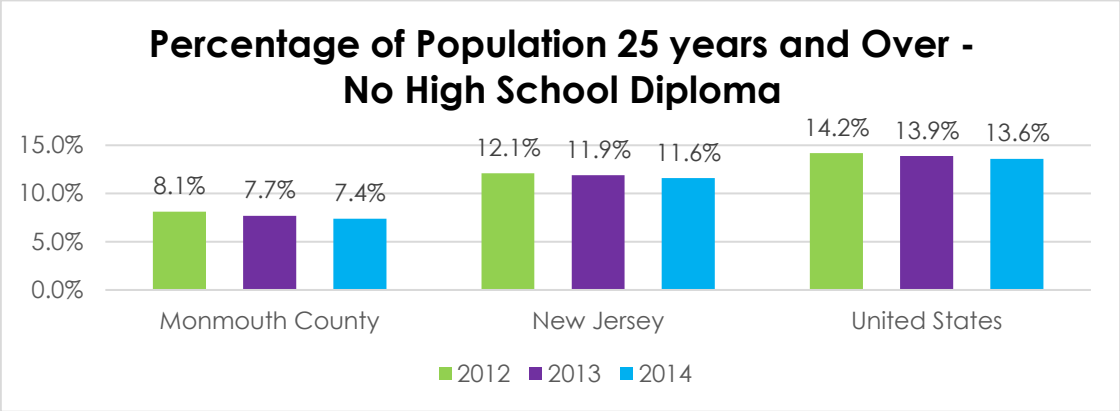
US Census Bureau American Community Survey 5-year estimates (2009-2013)

Retrieved October 2015 from Community Commons at http://www.chna.org.

20.8% of Monmouth County Children live below 200% of the poverty level

- Although percentage is lower than New Jersey and United States, it is still one-fifth of children in the county

Education

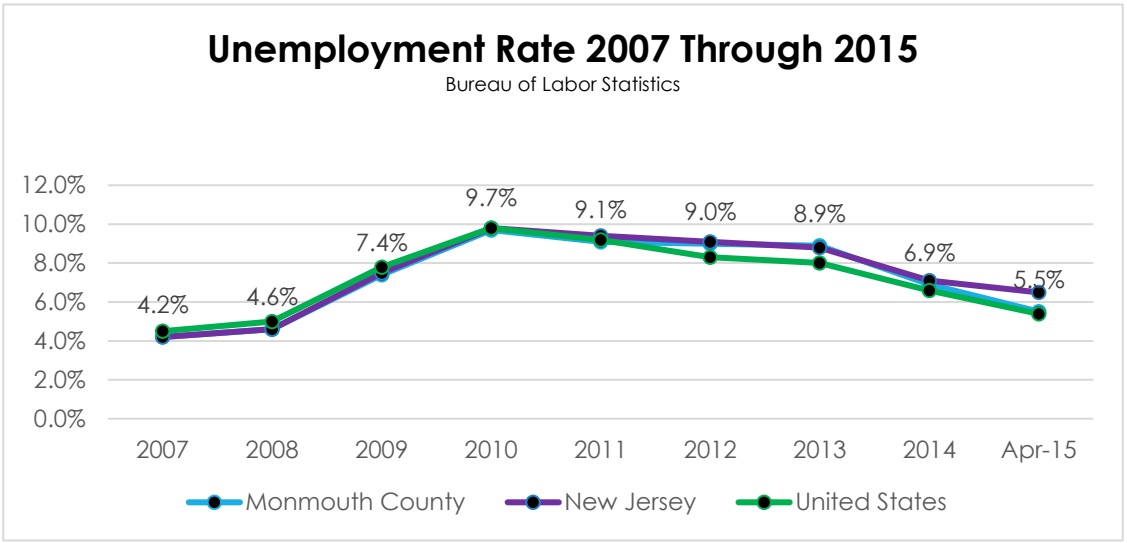


Educational Attainment 2010-2014 American Community Survey 5-Year Estimates
US Census Bureau American Community Survey 5-year estimates (2009-2013)
Retrieved October 2015 from Community Commons at http://www.chna.org

7.4% of individuals 25+ years of age in Monmouth County do not have a complete high school education

- Slightly lower than percentages in previous years
- Favorably lower than state and national figures

Unemployment

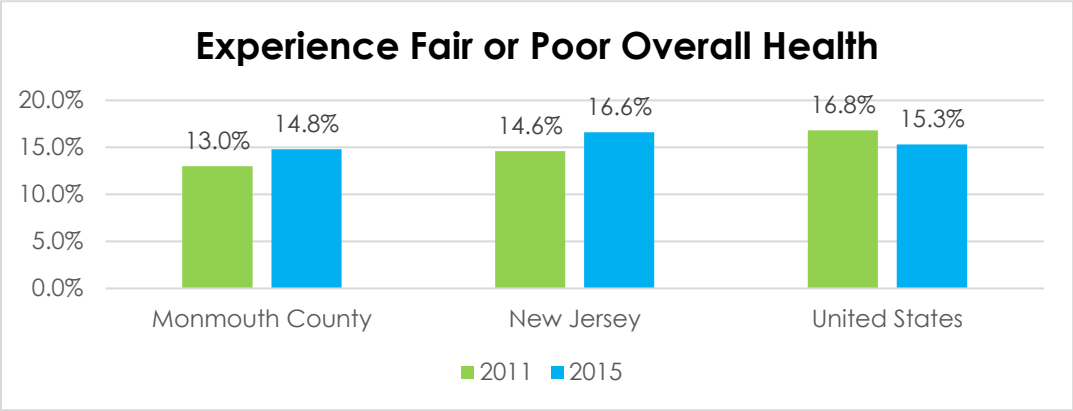


The unemployment rate for Monmouth County is 5.5%

- Below state unemployment rate
- Similar to national unemployment rate
- Since 2007, Monmouth County unemployment rates have followed the state trend

General Health Status

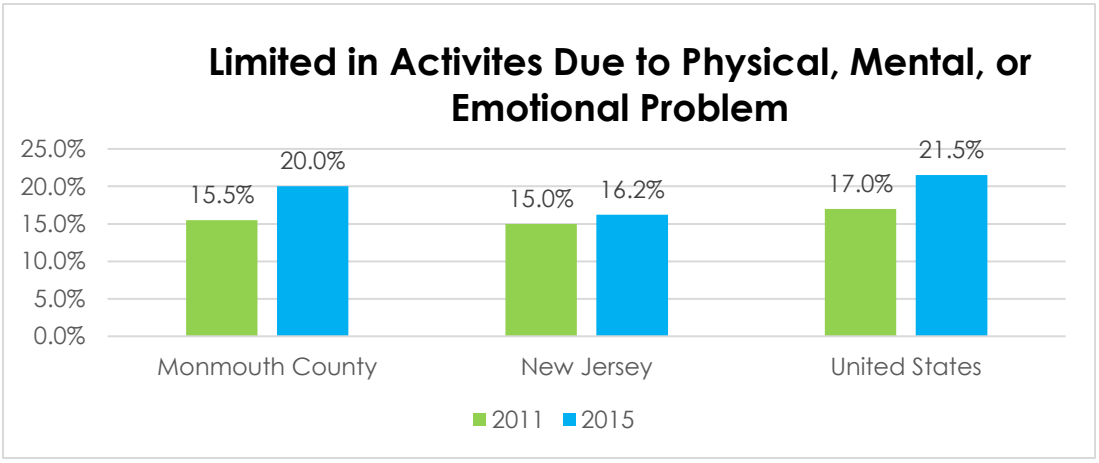
General Health Status



2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

14.8% of Monmouth County adults classify their overall health as being fair or poor

- Slightly lower than statewide percentage
- Similar to national figure
- No significant change when comparing 2011 and 2015 percentages



PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC):

2013 New Jersey data. 2013 PRC National Health Survey, Professional Research Consultants, Inc.

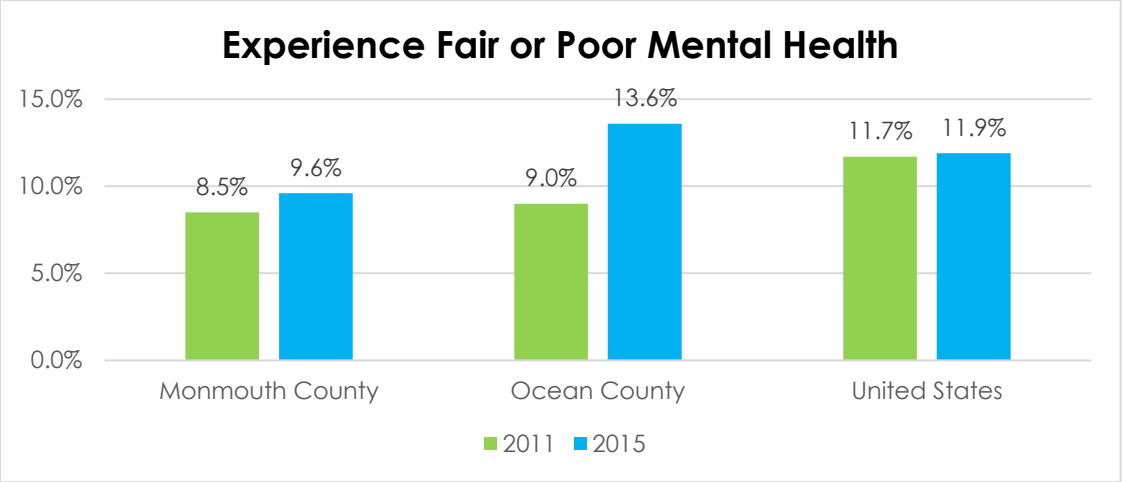
20% of Monmouth County adults are limited in activities due to a physical, mental, or emotional problem.

- Higher than the state finding
- Similar to national figure
- Increased percentage compared to 2011

Mental Health

"The World Health Organization defines health as a state of complete physical, mental, and social well-being -not merely the absence of disease or infirmary." Mental health is an important component to consider in assessing the needs of a community as poor mental health has a great impact on overall well-being.

Preamble to the Constitution of the World Health Organization



PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100] 2013 PRC National Health Survey, Professional Research Consultants, Inc.

9.6% of Monmouth County adults admit to experiencing fair or poor mental health

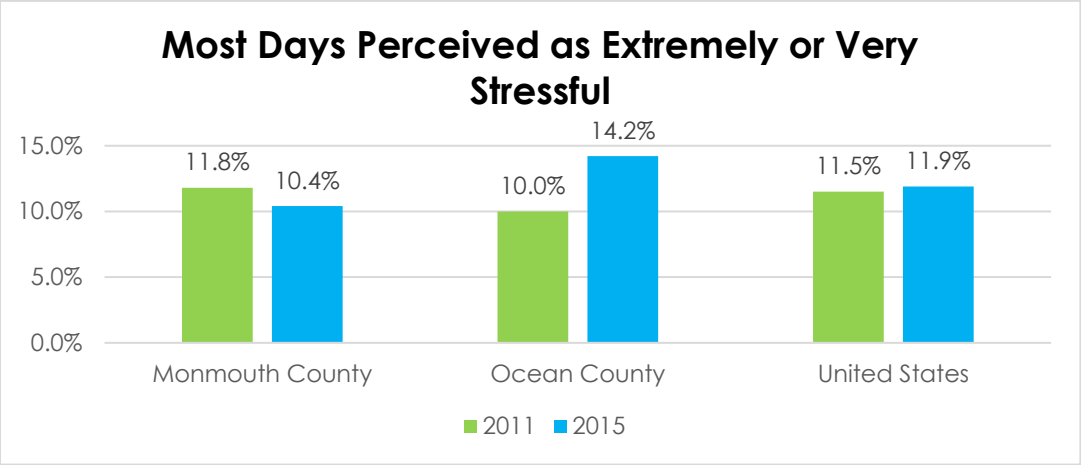
- Below Ocean County percentage
- Below United States percentage
- No significant change since 2011

Poor Mental Health Days

The average number of reported poor mental health days per month for a sample of **Monmouth County** is **3.4 days**. Ranked **highest** and **lowest** in New Jersey are Camden County with **4.1 days** and Hunterdon County with **2.5 days** respectively. The **state** average is **3.3 days** per month.

2015 County Health Rankings

Stress

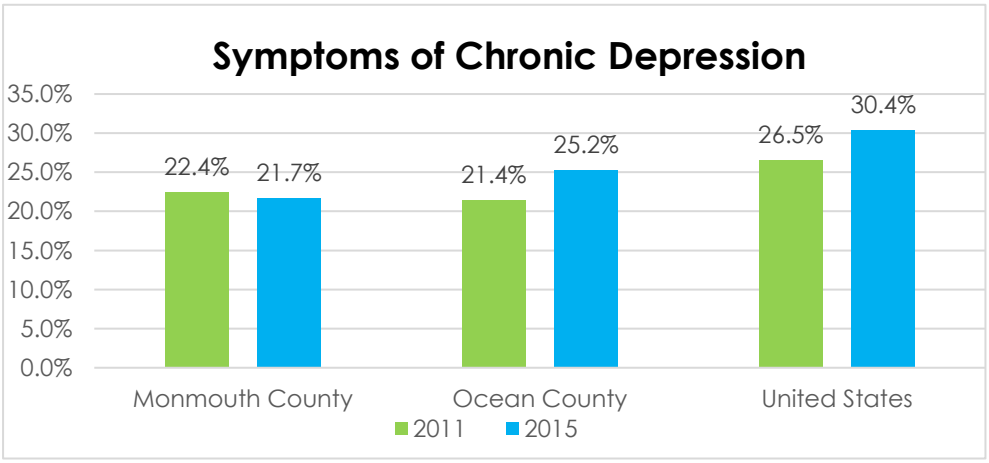


Community Health Surveys, Professional Research Consultants, Inc. [Item 102] 2013 PRC National Health Survey, Professional Research Consultants, Inc.

10.4% of Monmouth County adults perceive most of their days as extremely or very stressful.

- No significant change in Monmouth County over time
- Below Ocean County percentage
- Comparable to national findings

Depression

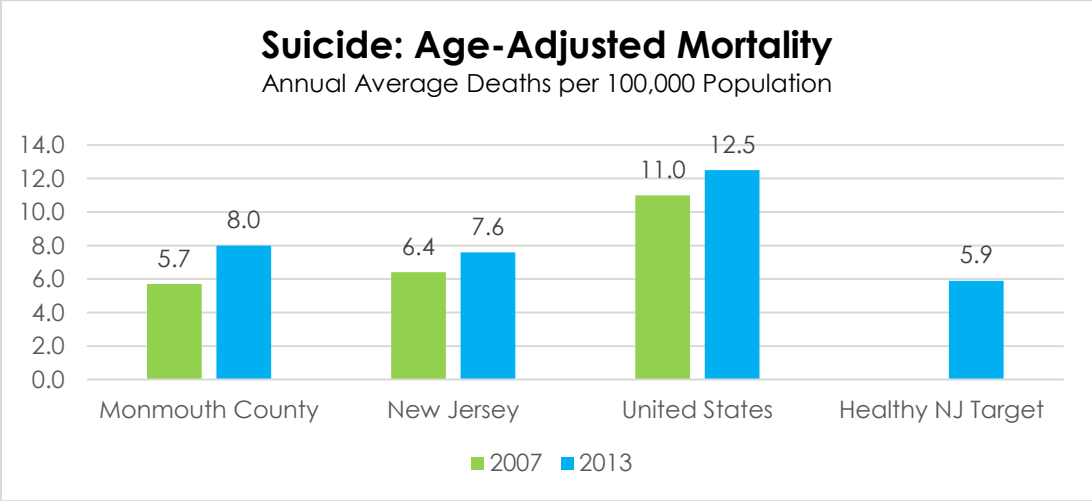


PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101] 2013 PRC National Health Survey, Professional Research Consultants, Inc.

21.7% of Monmouth County adults experience symptoms of Chronic Depression, in which they have had two or more years feelings depressed or sad on most days.

- Below Ocean County and national percentages
- No significant change since 2011

Suicide



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

The annual age-adjusted suicide mortality rate in 2013 was 8.0 deaths per 100,000 population in Monmouth County

- Significant increase from 2005-2007 figure
- Similar to statewide rate but below national rate
- Monmouth County, New Jersey, and the U.S. have all experienced increases in suicide mortality rates
- Most recent data fails to satisfy Healthy NJ 2020 Target of 5.9

Mental Health Provider Ratio

The population to mental health provider ratio in Monmouth County is 494:1. In comparison, the ratios for Ocean County and New Jersey are 826:1 and 623:1 respectively.

2015 County Health Rankings

Key Informant

Among key informants that reported access to healthcare as a major problem in the community, mental health care was identified as most difficult to access.

2015 Meridian Health Community Health Needs Assessment

Death, Disease & Chronic Conditions

Cardiovascular Disease

"Heart disease is the leading cause of death in the United States for men and women. Each year, about 610,000 individuals nationwide die from heart disease, accounting for 1 in 4 of all deaths. There are both modifiable and non-modifiable risk factors associated with cardiovascular disease."

Non-modifiable risk factors include those in which an individual does not have control over:

- Family history
- Ethnicity
- Age
- Gender

Other modifiable risk factors in which an individual has the ability to change include:

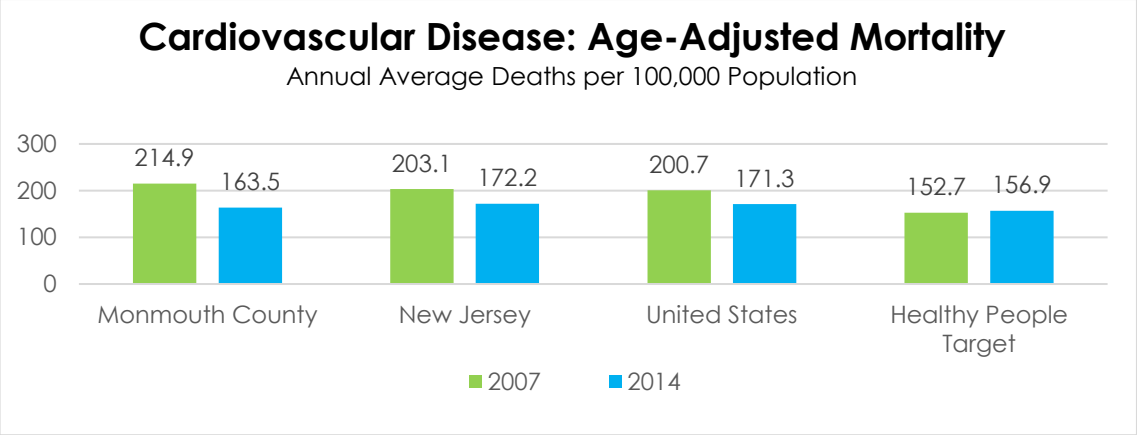
- Tobacco use
- Physical inactivity
- Diet
- Diabetes
- Alcohol use
- High blood pressure
- High cholesterol
- Obesity

"About 1 in every 6 U.S. health care dollars is spent on cardiovascular disease. By 2030, the annual direct medical costs associated with cardiovascular disease are estimated to exceed $818 billion. Although a gradual and consistent decline in cardiovascular disease mortality rates has occurred, it still remains a significant health issue among Americans."

CDC Foundation. (2015, Apr 29). *Heart Disease and Stroke Cost America Nearly $1Billion a Day in Medical Cost, Lost Productivity.*

Retrieved from http://www.cdcfoundation.org/pr/2015/heart-disease-and-stroke-cost-america-nearly-1-billion-day-medical-costs-lost-

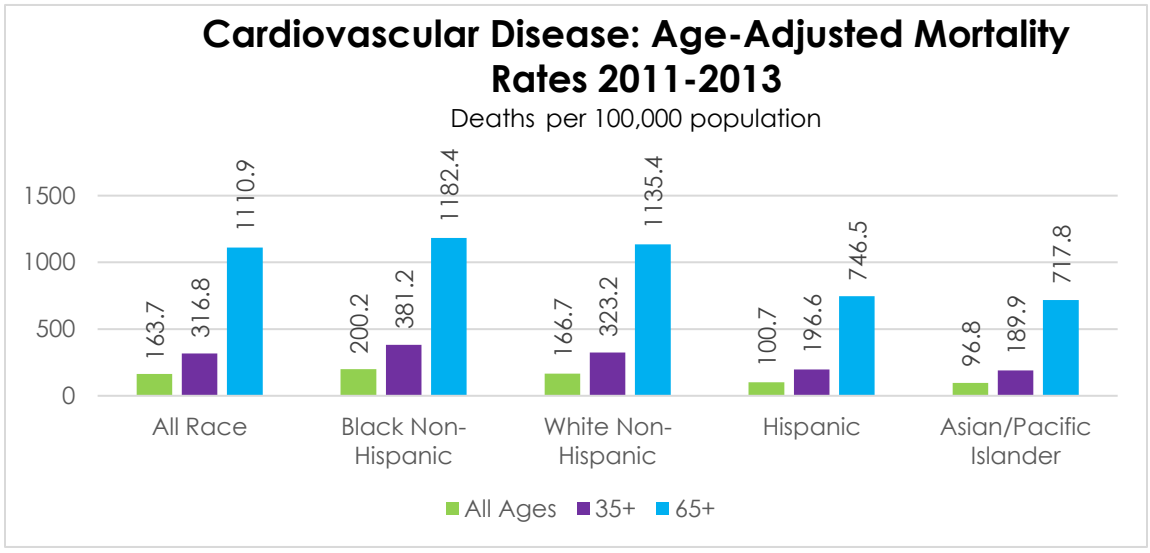
Cardiovascular Disease and Stroke Mortality Rates



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

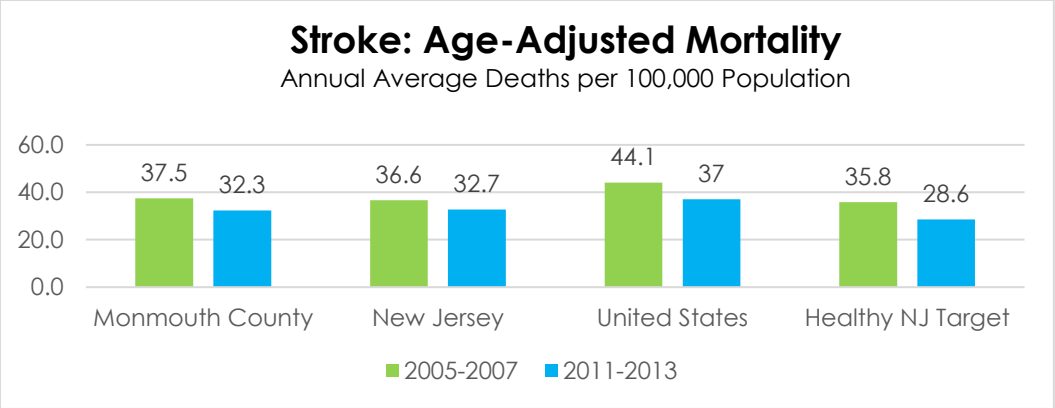
The annual age-adjusted cardiovascular disease mortality rate between 2011 and 2014 was 163.5 deaths per 100,000 population in Monmouth County

- Decrease from 2005-2007, as seen in state and national rates
- Below state and national rates
- Fails to satisfy Healthy People 2020 target of 156.9 deaths per 100,000 population



DHSDP Interactive Atlas County Report: Heart Disease and Stroke Tables. Retrieved from http://nccd.cdc.gov/dhdspatlas/

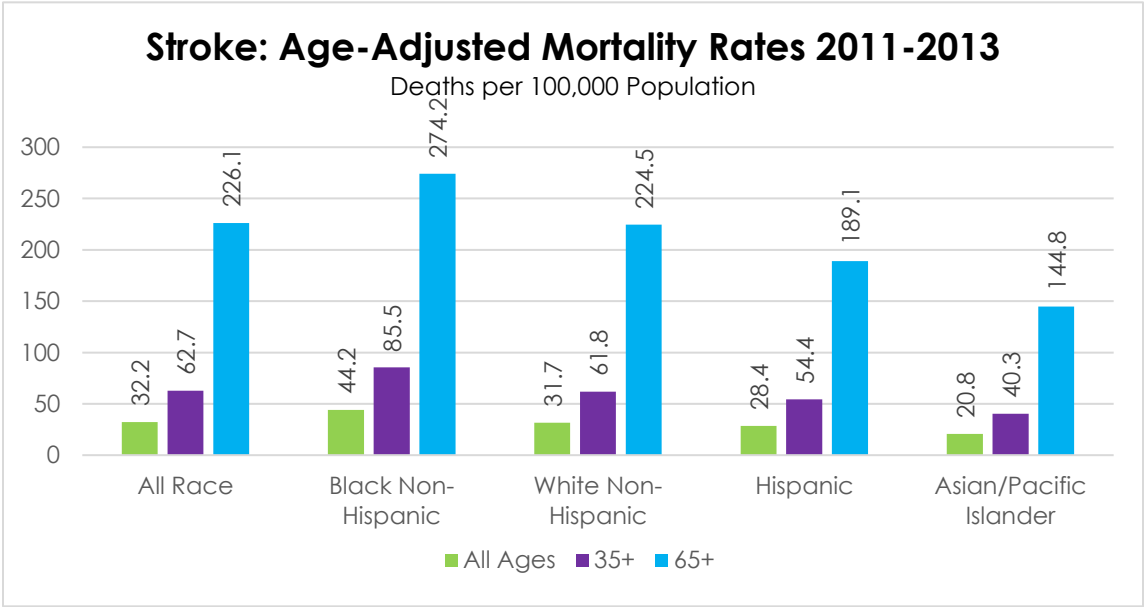
In Monmouth County, cardiovascular disease mortality rates are highest among Black non-Hispanics and individuals ages 65 and older



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

The annual age-adjusted stroke mortality rate between 2011 and 2013 was 32.3 deaths per 100,000 population in Monmouth County

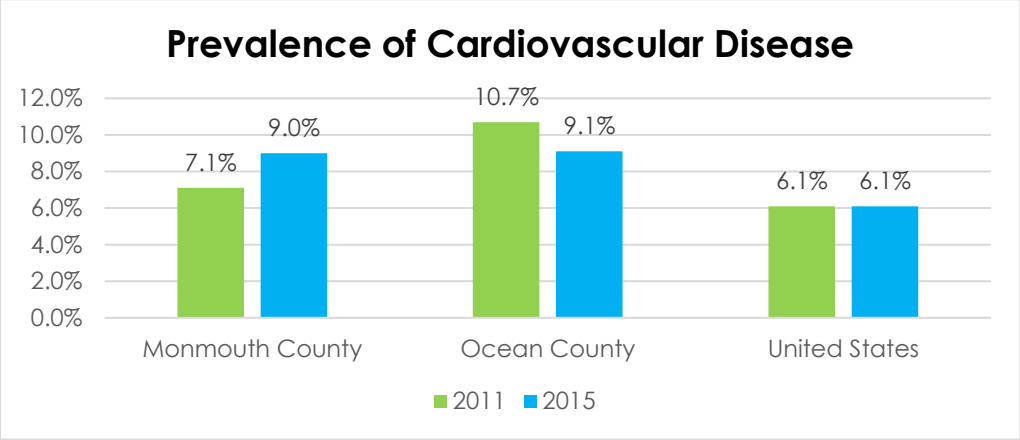
- Decrease from 2005-2007, as seen in state and national rates
- Similar to statewide rate
- Below national rate
- Fails to satisfy Healthy NJ 2020 target of 28.6 deaths per 100,000 population



DHSDP Interactive Atlas County Report: Heart Disease and Stroke Tables. Retrieved from http://nccd.cdc.gov/dhdspatlas/

In Monmouth County, stroke mortality rates are highest among Black non-Hispanics and individuals ages 65 and older

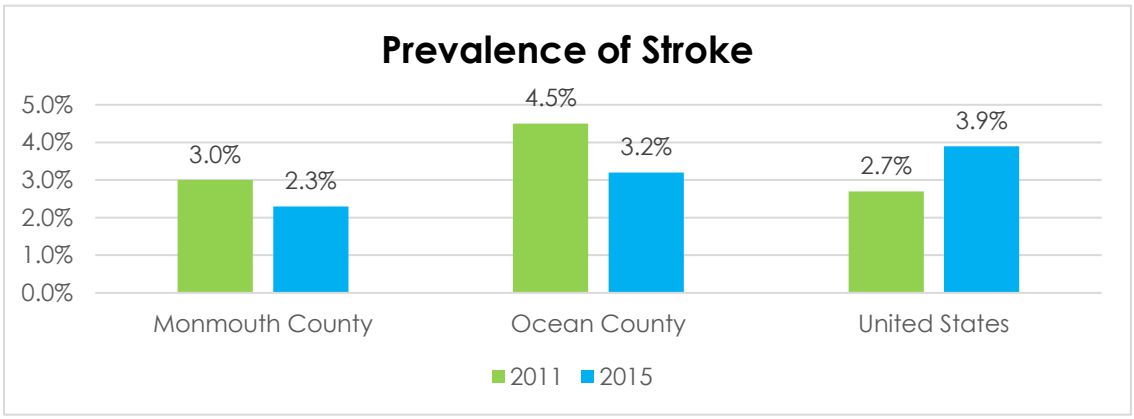
Cardiovascular Disease and Stroke Prevalence



PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124] 2013 PRC National Health Survey, Professional Research Consultants, Inc.

9% of Monmouth County adults surveyed indicated that they have, or at one point, had been diagnosed with some form of cardiovascular disease

- Similar to neighboring Ocean County prevalence
- Greater than national prevalence of cardiovascular disease

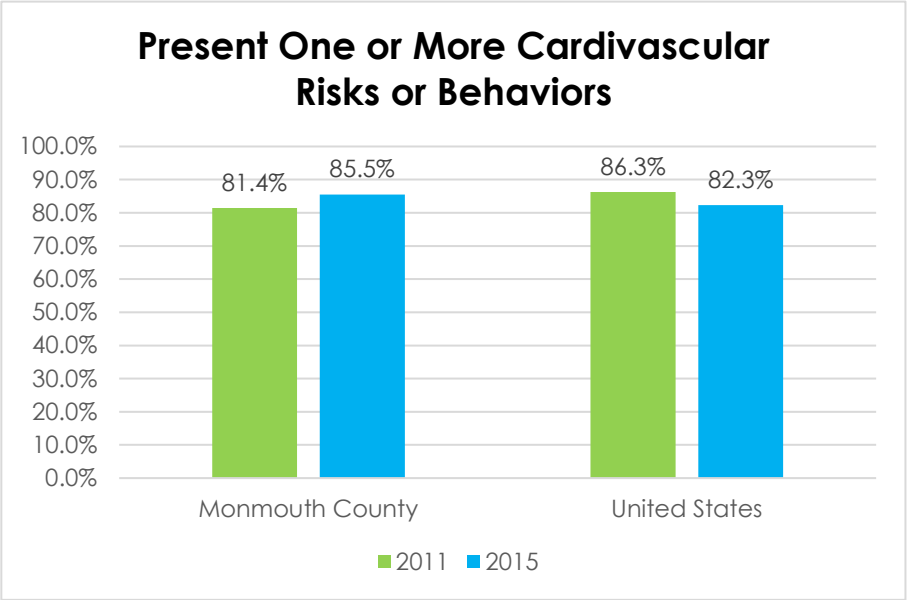


PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.

2.3% of Monmouth County adults surveyed indicated that they currently suffer from or at one point had been diagnosed with a stroke

- Lower than Ocean County prevalence
- Similar to national prevalence

Cardiovascular Disease Risk Factors



Risk factors for cardiovascular disease include: high blood pressure, high blood cholesterol, tobacco use, physical inactivity, poor nutrition, overweight/obesity,

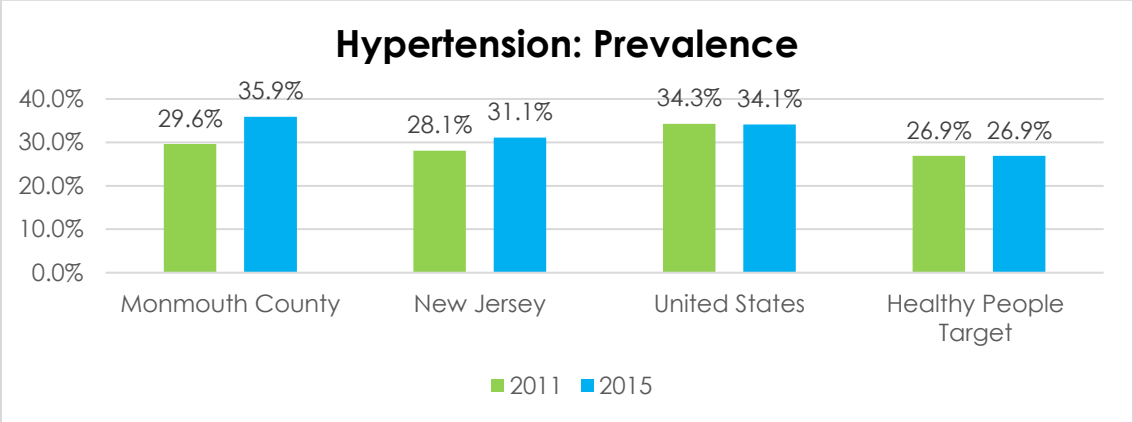
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]

2013 PRC National Health Survey, Professional Research Consultants, Inc.

85.5% of Monmouth County adults indicate having one or more cardiovascular risk factors

- Higher percentage than national figure
- Increase since 2011

High Blood Pressure (Hypertension)



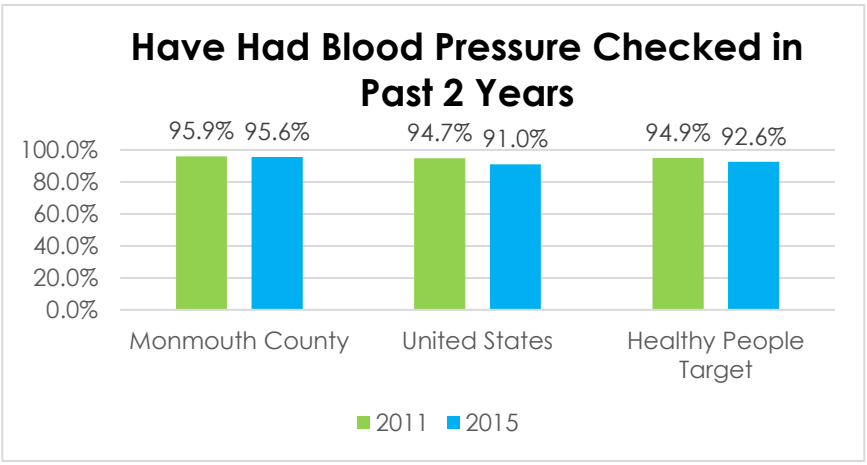
PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]

Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.

2013 PRC National Health Survey, Professional Research Consultants, Inc. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

35.9% of Monmouth County adults have been diagnosed with high blood pressure at some point

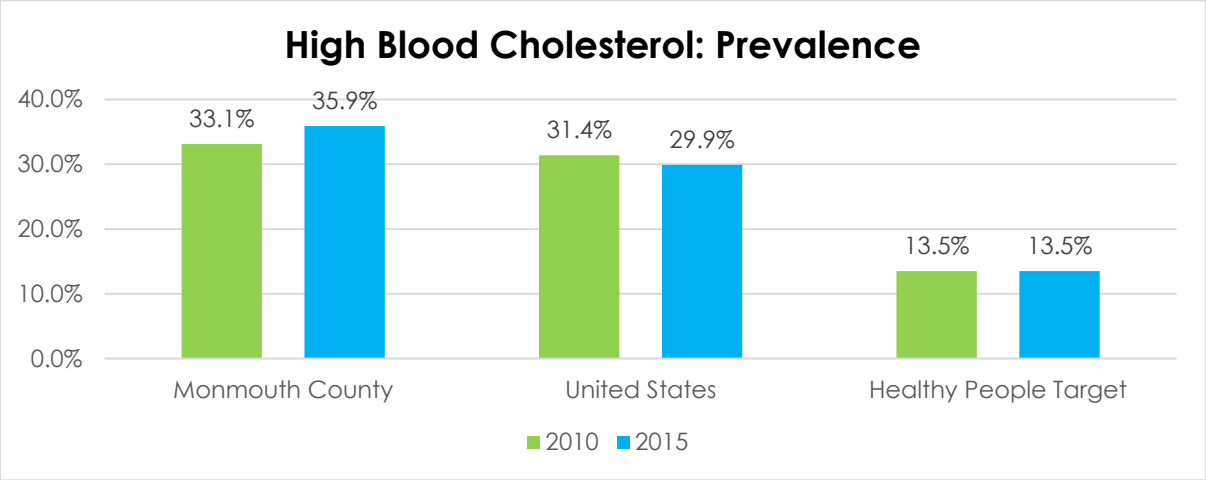
- Significant increase since 2011
- Higher than statewide prevalence
- Similar to national prevalence
- Fails to satisfy Healthy People 2020 Target of 26.9



95.6% of Monmouth County adults have had their blood pressure checked within the past two years

- Greater than national percentage
- Satisfies Healthy People 2020 Target of 92.6%
- No change overtime

High Blood Cholesterol



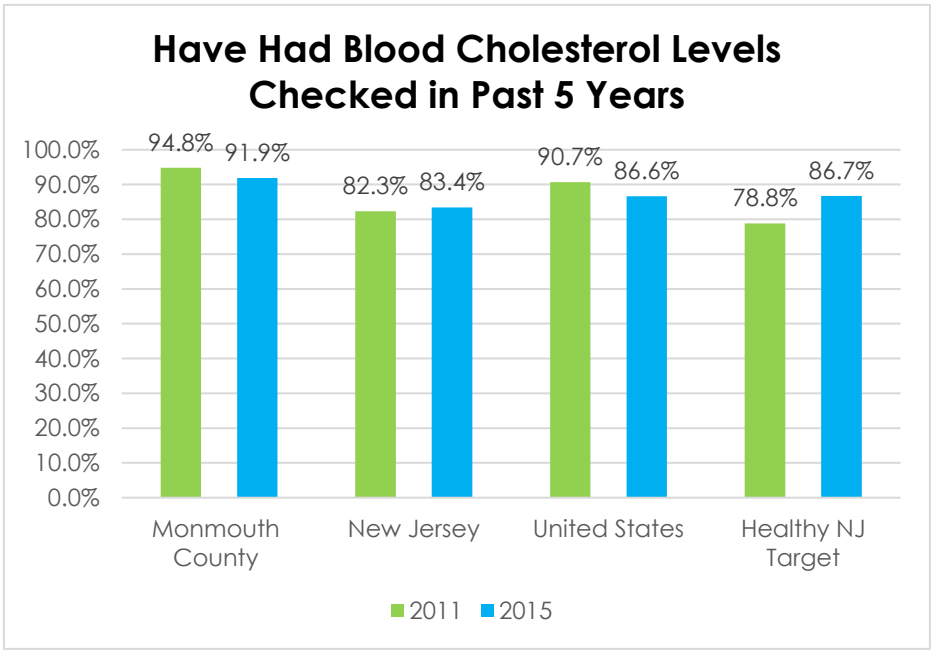
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]

2013 PRC National Health Survey, Professional Research Consultants, Inc.

US Department of Health and Human Services. Healthy People 2020.December 2010.http://www.healthypeople.gov[Objective HDS-7]

35.9% of Monmouth County adults have been told at some point that their cholesterol was high

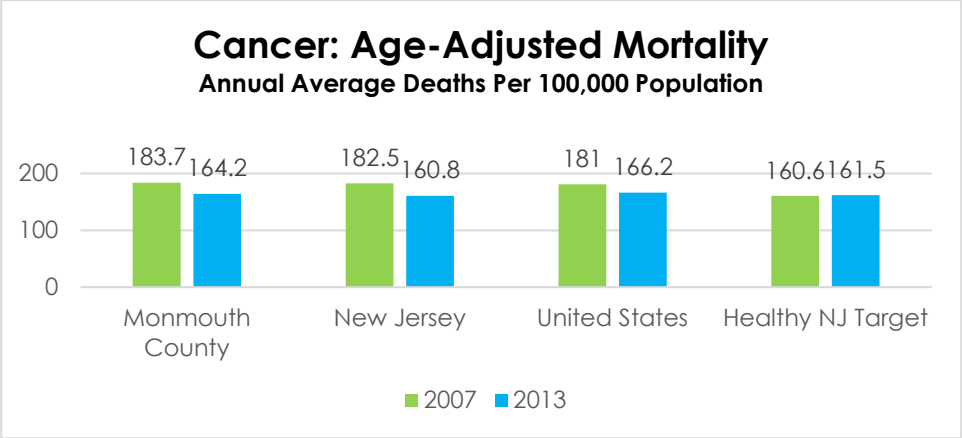
- Notably higher than national prevalence
- 2.7 times the Healthy People 2020 Target of 13.5%
- Increased prevalence since 2010



91.9% of Monmouth County adults have had their blood cholesterol checked in the past 5 years

- Higher than state and national percentages
- Satisfies Healthy NJ 2020 Target
- Slight decrease since 2011

Cancer

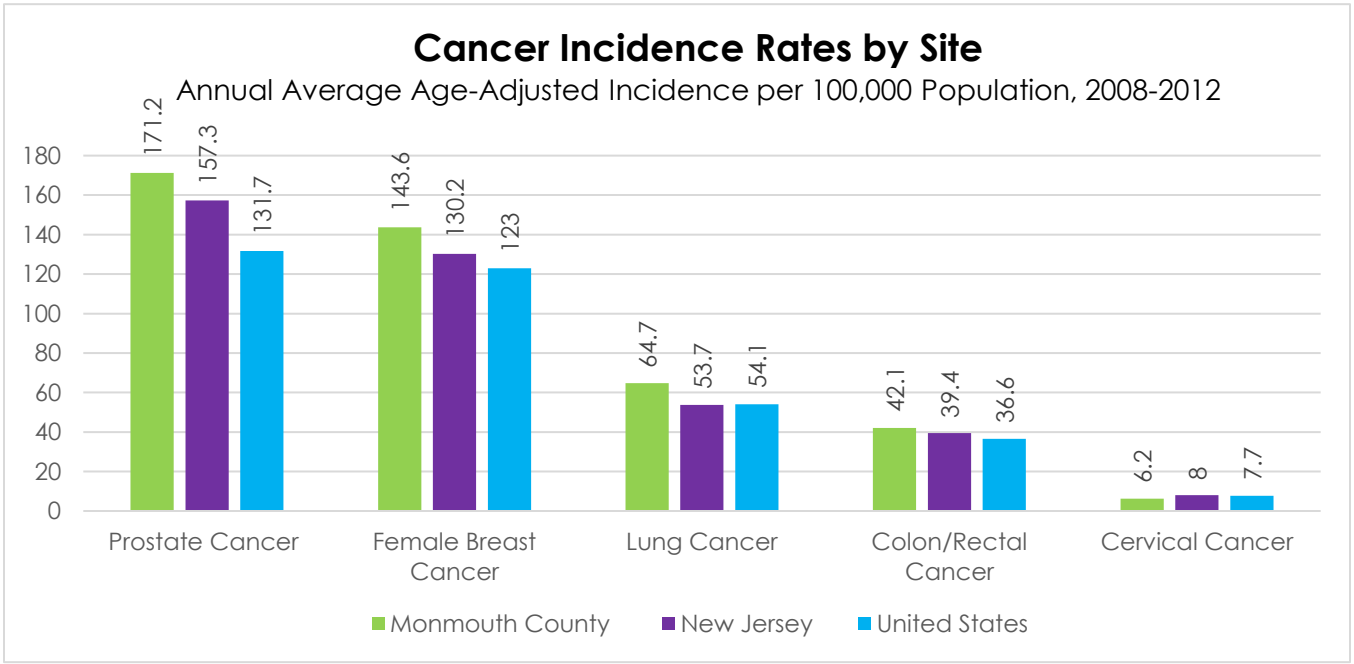


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.

US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

The annual age-adjusted cancer mortality rate in Monmouth County between 2011and 2013 was 164.2 per 100,000 population

- Similar to state and nationwide findings
- Similar to Healthy NJ 2020 target of 161.4 deaths per 100,000
- Decreased mortality rate in Monmouth County since 2005-2007



National Cancer Institute State Cancer Profiles: 2008-2012

Cancer Incidence 2008-2012

There was an annual age-adjusted incidence rate of prostate cancer of 171.2 per 100,000 in Monmouth County.

- Higher than state and national incidence rates
- Higher in Monmouth County than Ocean County (159.9 per 100,000)

Monmouth County reported an annual age-adjusted incidence rate of 143.6 female breast cancer cases per 100,000.

- Higher than state and national findings
- Higher in Monmouth County than Ocean County (127.8 per 100,000)

Monmouth County had an annual age-adjusted incidence rate of lung cancer of 64.7 per 100,000 between 2007 and 2011.

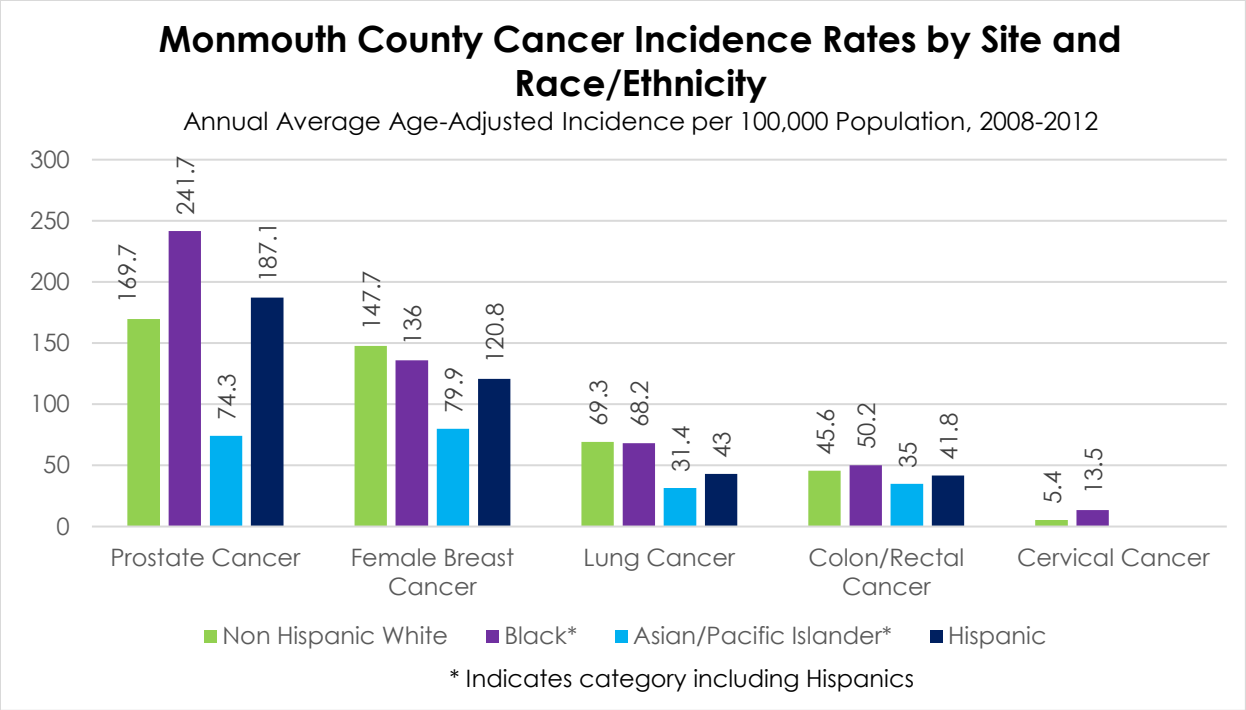
- Higher than statewide and national incidence rate
- More favorable than Ocean County (75.0 per 100,000)

There was an annual age-adjusted incidence rate of colorectal cancer of 42.1 per 100,000 in Monmouth County

- Similar to statewide incidence rate
- Higher than national incidence rate
- Similar findings when comparing Monmouth and Ocean County

Monmouth County reported an annual age-adjusted incidence rate of cervical cancer of 6.2 per 100,000.

- Lower than statewide incidence rate
- Similar finding to national incidence rate

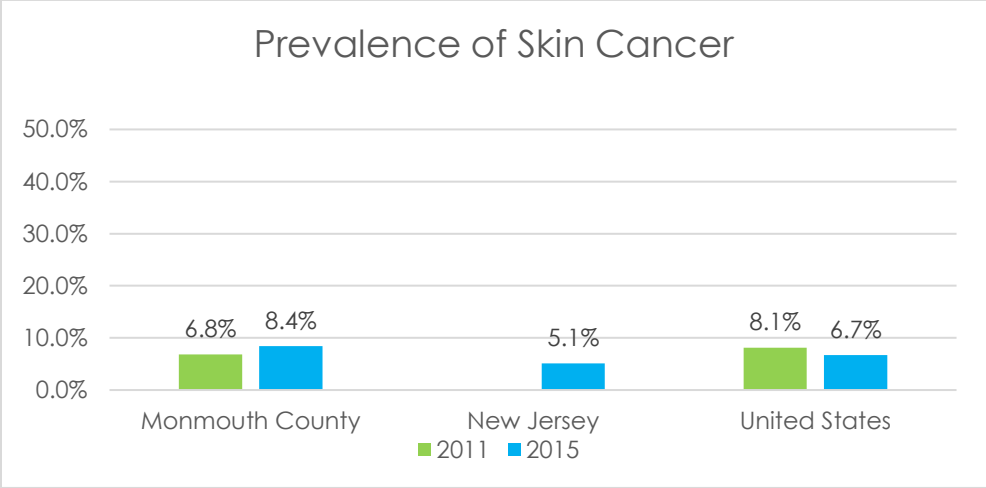


National Cancer Institute State Cancer Profiles: 2008-2012

Race Data not available for American Indian/Alaskan Natives

- Blacks and Hispanics experience a higher prostate cancer incidence than Whites
- Whites experience a higher female breast cancer incidence than Blacks and Hispanics
- Lung cancer incidence is statistically similar among Whites and Blacks, and is experienced at a lower rate among Hispanics
- Blacks experience a higher colorectal cancer incidence than Whites and Hispanics
- Blacks experience a higher cervical cancer incidence than Whites
- Overall, Asian/Pacific Islanders experience the lowest incidence across all cancer sites

Skin Cancer Prevalence



Meridian Health 2011, 2015 Community Health Needs Assessment

8.4% of Monmouth County adults have been diagnosed with skin cancer

- Higher than statewide and national prevalence
- Prevalence has increased since 2011

Cancer Risk

"The number of new cancer cases can be reduced and many cancer deaths can be prevented. Research shows that screening for cervical, colorectal, and breast cancer as recommended helps prevent these diseases by finding pre-cancerous lesions that can be treated before they become cancerous, or at an early stage, when treatment works best.

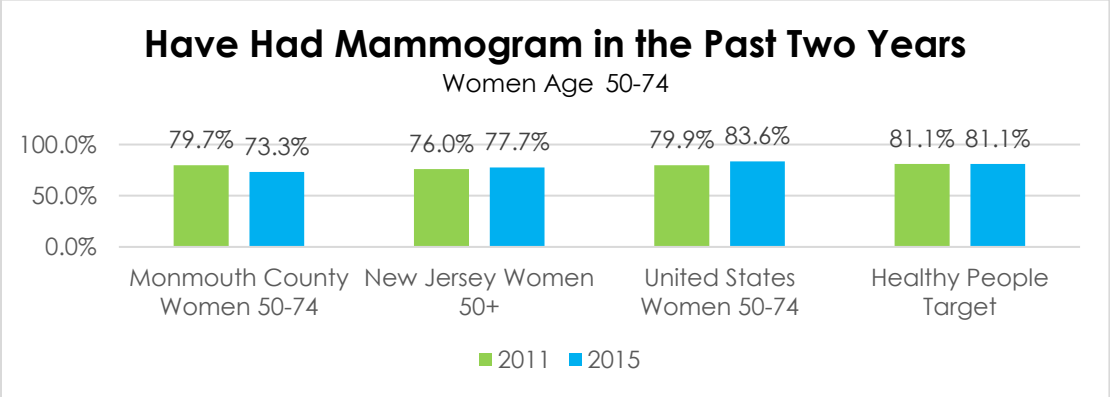
Vaccines can also help lower cancer risk. For example, the human papillomavirus (HPV) vaccine helps prevent most cervical cancers and several other kinds of cancer, and the hepatitis B vaccine can help lower liver cancer risk.

A person's cancer risk can be reduced with healthy choices like avoiding tobacco, limiting alcohol use, protecting your skin from the sun and avoiding indoor tanning, eating a diet rich in fruits and vegetables, keeping a healthy weight, and being physically active."

Division of Cancer Prevention and Control, CDC. (2016, Feb 3). *How to Prevent Cancer or Find it Early.* Retrieved from http://www.cdc.gov/cancer/dcpc/prevention/

Screenings

Female Breast Cancer Screenings

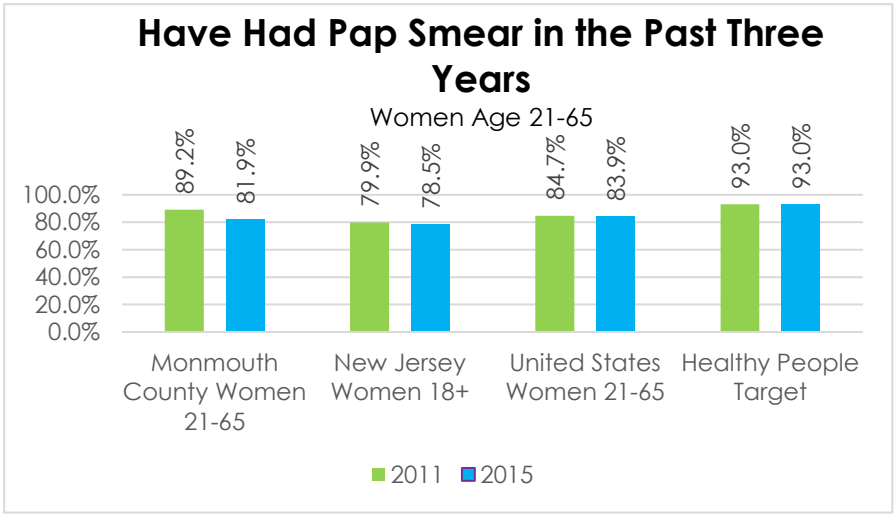


PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data. 2013 PRC National Health Survey, Professional Research Consultants, Inc. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

73.3% of women in Monmouth County ages 50 to 74 have had a mammogram in the past two years

- Lower than statewide finding which includes women 50 and over
- Lower than national percentage
- Lower than Healthy People 2020 Target of 81.1%
- Lower percentage in 2015 than in 2011, trending in opposite direction from state and national data

Cervical Cancer Screenings – Pap Smear testing

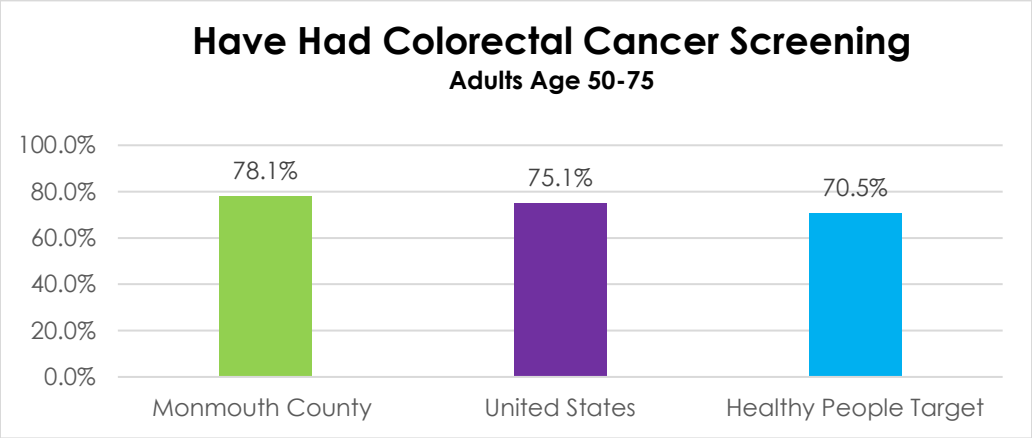


81.9% of women in Monmouth County ages 21 to 65 have had a pap smear in the past three years

- Similar to statewide finding which includes women 18 and over
- Similar to national percentage
- Does not satisfy Healthy People 2020 target of 93.0%

PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 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): 2013 New Jersey data. 2013 PRC National Health Survey, Professional Research Consultants, Inc.US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Colorectal Cancer Screenings



2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133] 2013 PRC National Health Survey, Professional Research Consultants, Inc.

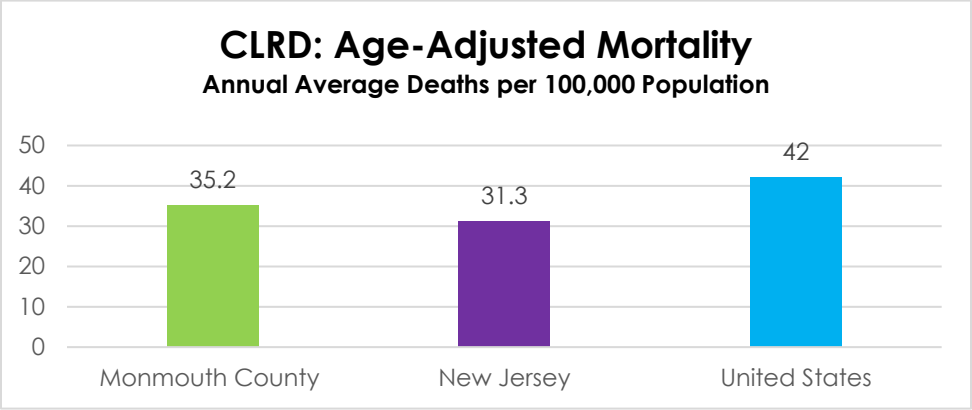
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

78.1% of adults in Monmouth County ages 50 to 75 have had an appropriate colorectal cancer screening

(Appropriate colorectal cancer screening indicates a fecal occult blood test within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years)

- Similar to national percentage
- Greater than Healthy People 2020 target of 70.5%

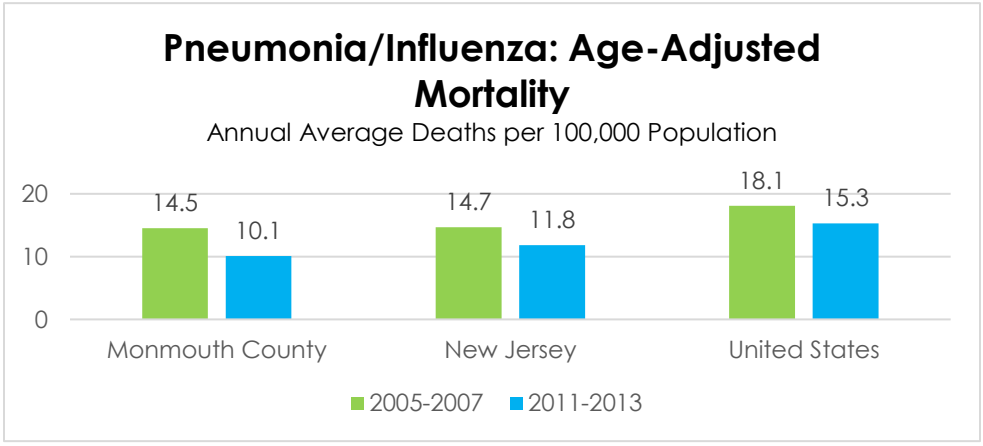
Respiratory Disease



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.

The annual average age-adjusted Chronic Lower Respiratory Disease (CLRD) mortality rate in Monmouth County was 35.2 per 100,000 population between 2011 and 2013 (CLRD includes emphysema, bronchitis, COPD, and cystic fibrosis)

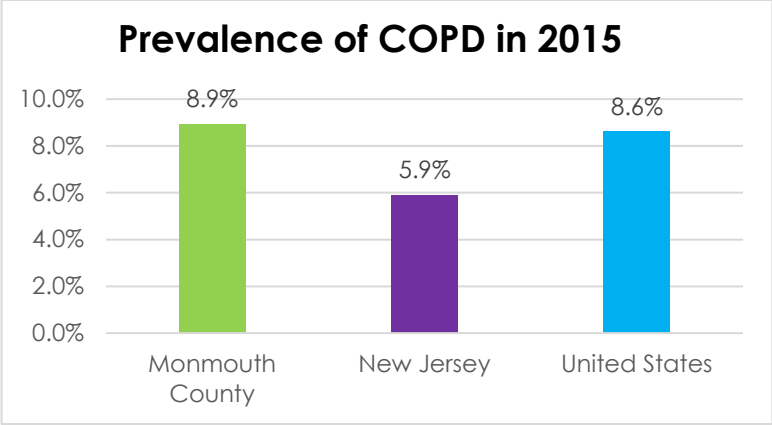
- Higher than statewide mortality rate
- Lower than national mortality rate
- CLRD mortality in Monmouth County has increased over time, while state and national rates have remained relatively steady



CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015

The annual average age-adjusted Pneumonia/ Influenza mortality rate in Monmouth County between 2011 and 2013 was 10.1 deaths per 100,000

- Lower than state and national rates
- Decrease trend overtime



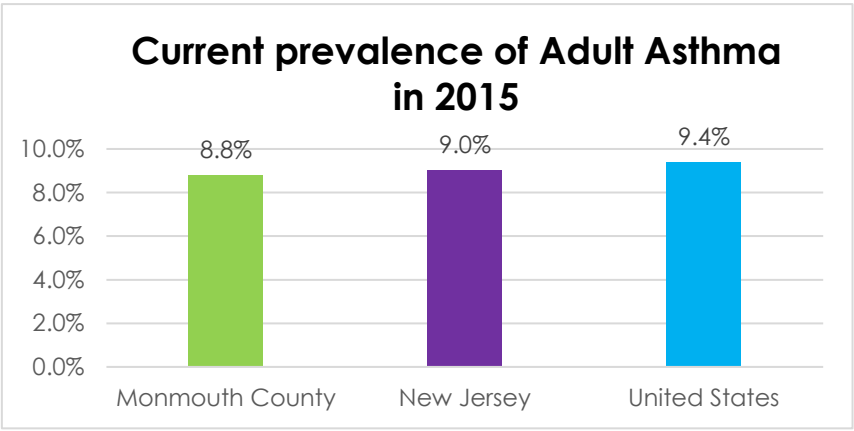
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]

8.9% of Monmouth County adults have been diagnosed with chronic obstructive pulmonary disease, which includes emphysema and bronchitis

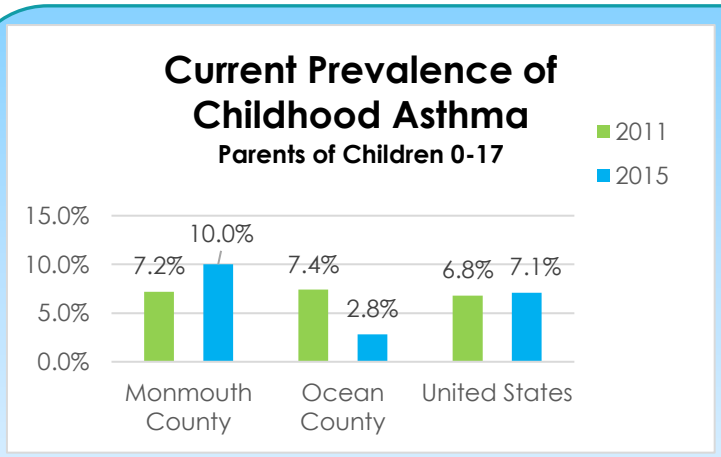
- Higher than statewide prevalence
- Similar to national prevalence

8.8% of Monmouth County adults suffer from asthma

- Similar to state and national prevalence



PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]



PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]

10% of Monmouth County children under the age of 18 suffer from asthma

- Much higher than Ocean County
- Higher than national prevalence
- Increase since 2011, while Ocean County experienced a decrease

PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24, 134, 135] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.

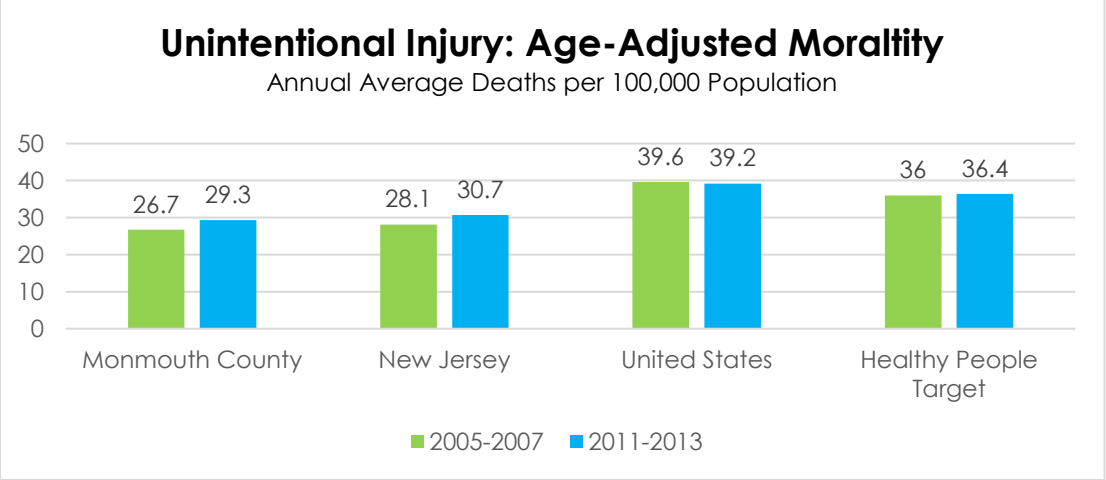
Injury and Violence

"Injuries and violence affect everyone, regardless of age, race, or economic status. In the first half of life, more Americans die from violence and injuries – such as motor vehicle crashes, falls, or homicides – than from any other cause, including cancer, HIV, or the flu.

Deaths are only the tip of the iceberg. Each year, millions of people are injured and survive. Many are faced with life-long mental, physical, and financial problems."

National Center for Injury Prevention and Control CDC. (2016, May 24). *Injury Prevention & Control: Data & Statistics (WISQUARS)*

Unintentional Injury

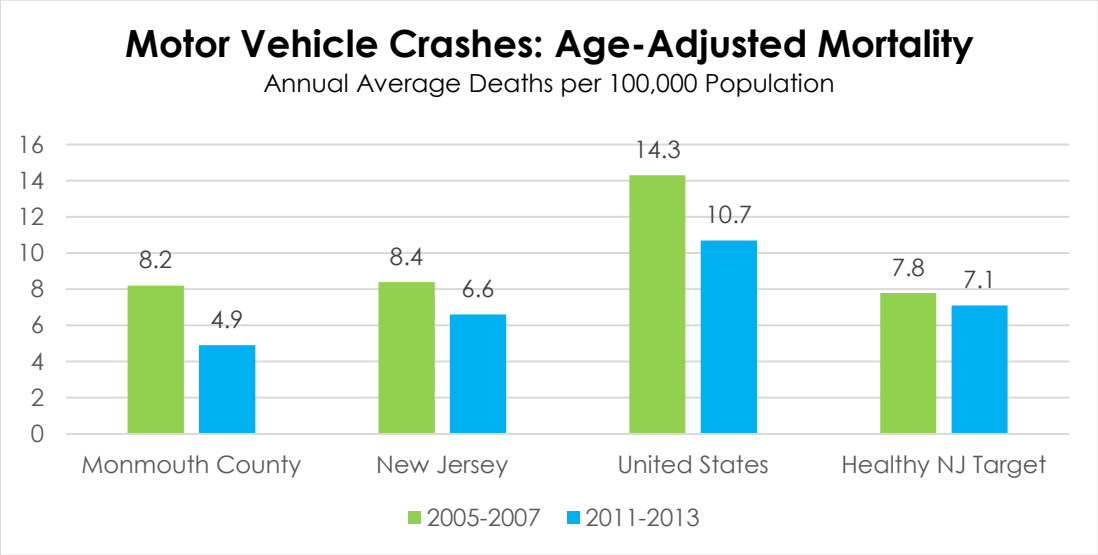


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.

US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

The annual average age-adjusted unintentional injury mortality rate in Monmouth County between 2011 and 2013 was 29.3 deaths per 100,000

- Increase from 2005-2007 mortality rate
- Similar to statewide mortality rate
- Lower than national figure
- Satisfies Healthy People 2020 target of 36.4 per 100,000 deaths

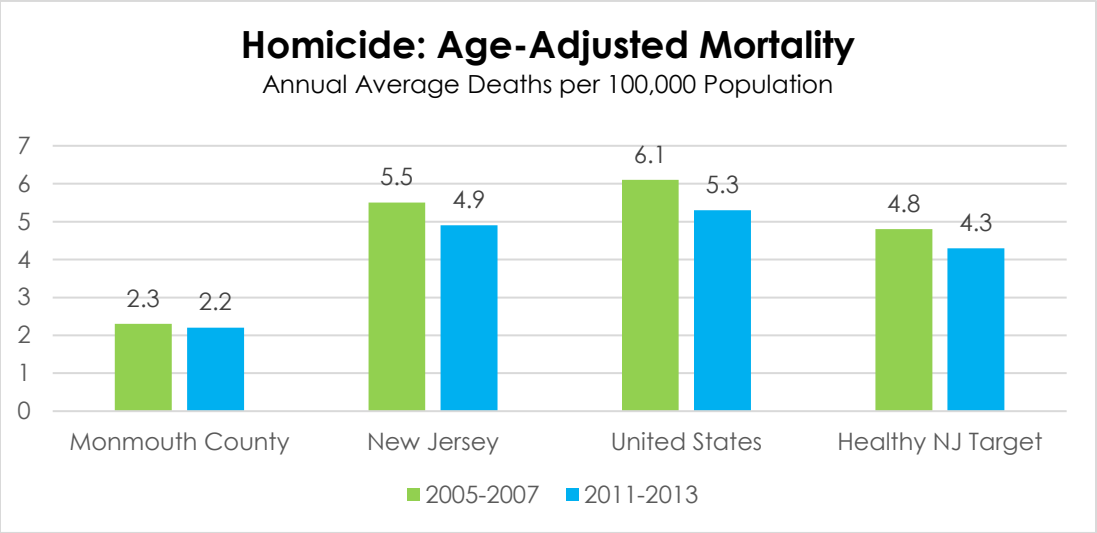


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1]

Between 2011 and 2013 there was an annual average age-adjusted motor vehicle crash mortality rate of 4.9 deaths per 100,000 population

- Below state and national rate
- Decrease from 2005-2007 rate
- Lower than Healthy NJ 2020 Target of 7.1

Intentional Injury – Violence

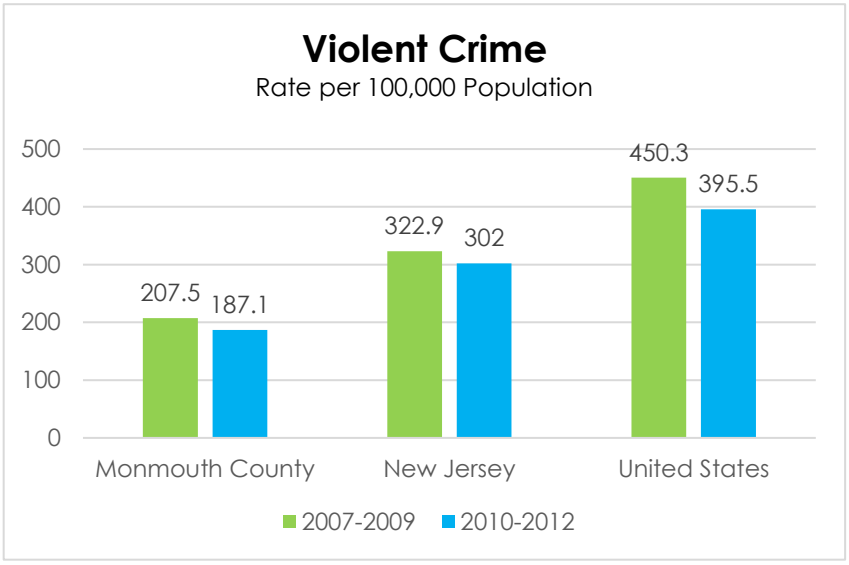


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015. US

Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

The annual average age-adjusted homicide mortality rate in Monmouth County between 2011 and 2013 was 2.2 deaths per 100,000

- Unchanged since 2005-2007
- Lower than state and national mortality rate
- Below Healthy NJ 2020 target



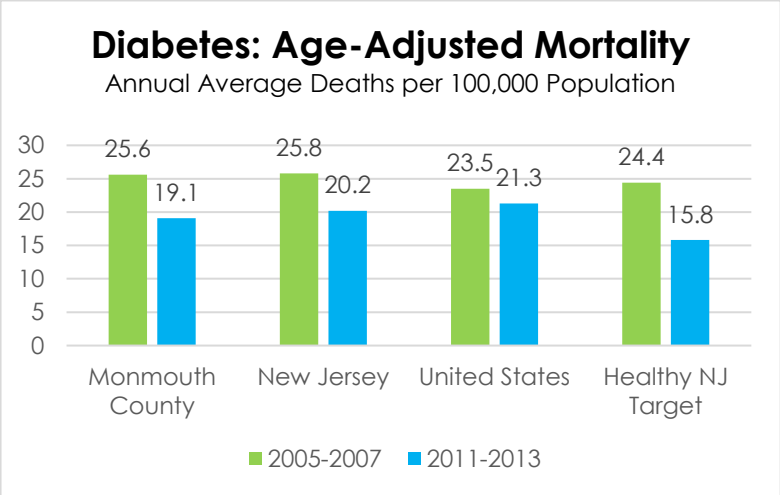
There were 187.1 violent crimes per 100,000 population reported in Monmouth County between 2010 and 2012

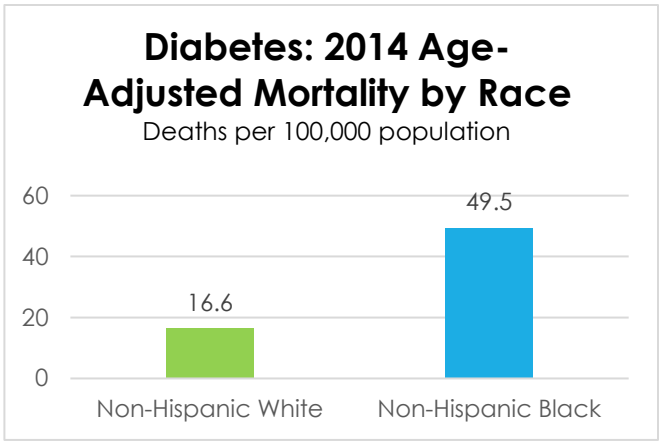
- Decreasing trend from 2005-2007
- Well below state and national rate

Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.

Retrieved October 2015 from Community Commons at http://www.chna.org.

Diabetes



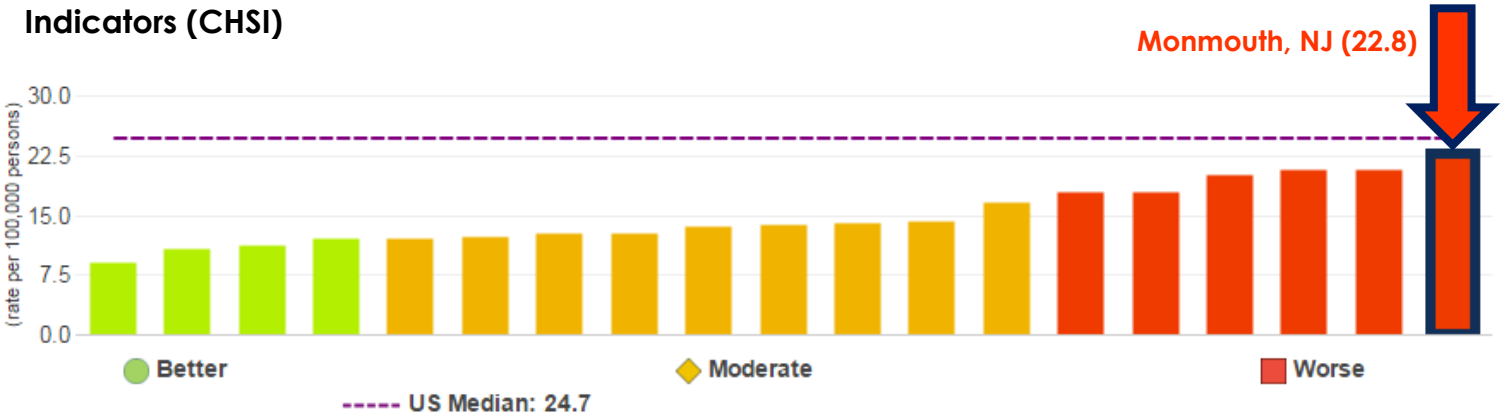


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

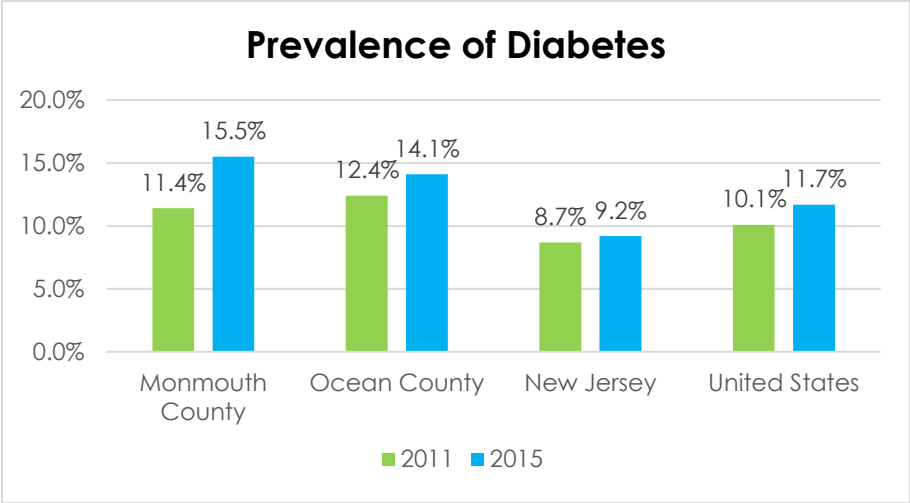
In Monmouth County, there was an annual average age-adjusted diabetes mortality rate of 19.1 per 100,000 population between 2011 and 2013

- Decrease from 2005-2007 mortality rate
- Similar to state and national findings
- Fails to satisfy Healthy NJ 2020 target of 15.8
- Significantly higher among Blacks compared to Whites

Distribution of 2005-2011 diabetes death rate per 100,000 among peer counties in the United States with similar demographics to Monmouth County as per CDC Community Health Status Indicators (CHSI)



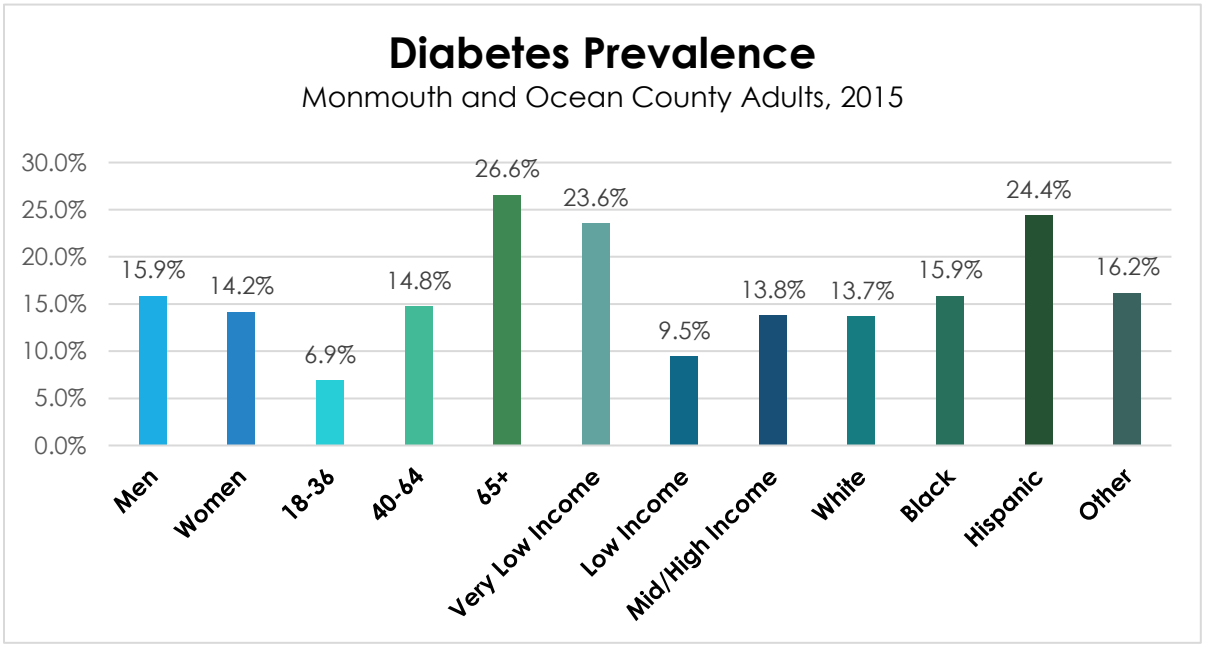
From left to right: Marin, CA (9.1); Nassau, NY (10.7); Rockland, NY (11.3); Westchester, NY (12.0); DuPage, IL (12.1); San Mateo, CA (12.3); Montgomery, MD (12.8); Middlesex, MA (12.8); Montgomery, PA (13.6); Suffolk, NY (13.8); Norfolk, MA (14.0); Placer, CA (14.3); Bergen, NJ (16.7); Contra Costa, CA (18); Morris, NJ (18); Lake, IL (20); Somerset, NJ (20.8); Middlesex, NJ (20.8); **Monmouth, NJ (22.8)**



15.5% of Monmouth County community report being diagnosed with diabetes.

- Increase in prevalence from 2011
- Much higher than state prevalence
- Above national prevalence
- Similar to Ocean County

PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.



2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]

Populations experiencing higher diabetes prevalence include: older adults, those living below the poverty level, and Hispanic

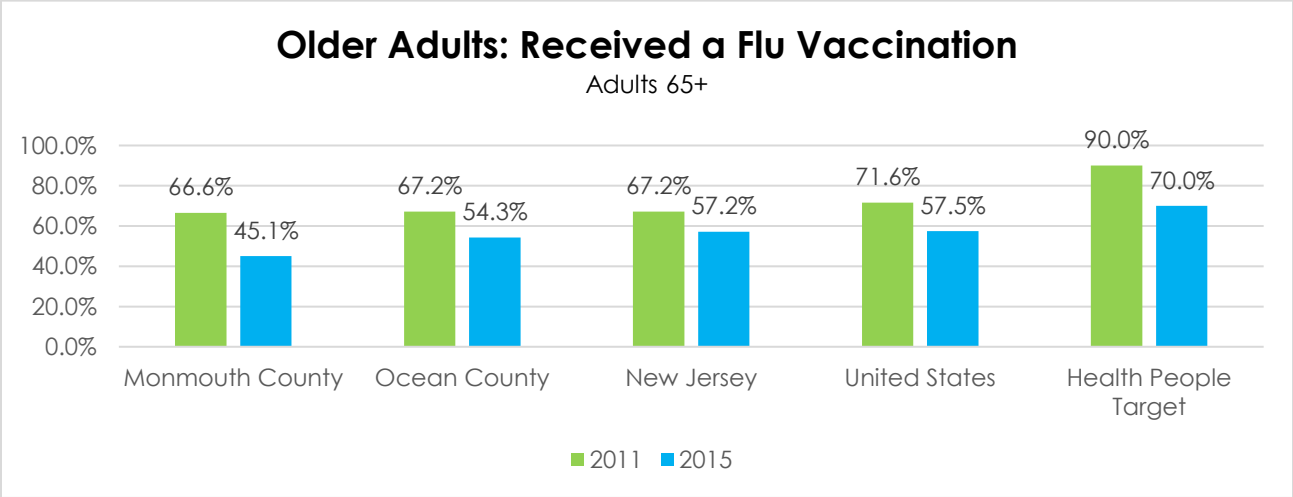
Infectious Disease

Flu Vaccinations

Influenza is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. Over a period of 31 seasons between 1976 and 2007, estimates of flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. During recent flu seasons, between 80% and 90% of flu related deaths have occurred in people 65 years and older. "Flu season" in the United States can begin as early as October and last as late as May.

During this time, flu viruses are circulating at higher levels in the U.S. population. An annual seasonal flu vaccine is the best way to reduce the chances that you will get seasonal flu and spread it to others. When more people get vaccinated against the flu, less flu spreads through that community.

National Center for Immunization and Respiratory Diseases CDC. (2016, May 25). *Key facts about Seasonal Flu Vaccine.* Retrieved from http://www.cdc.gov/flu/protect/keyfacts.htm

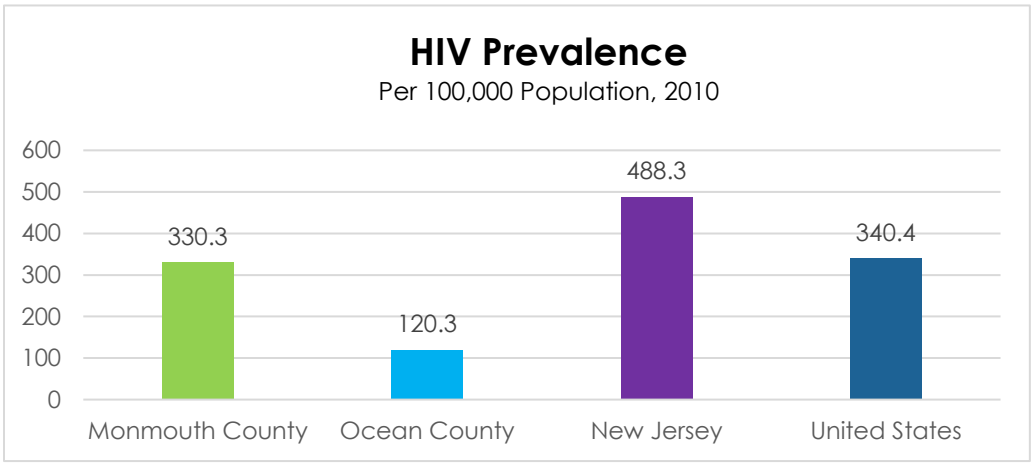


PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

45.1% of Monmouth County seniors 65 and older have had a flu vaccination in the past year

- Lower than state and national percentages
- Lower than Ocean County
- Significant decrease since 2011, following state and national trend
- Does not satisfy Healthy People 2020 Target of 80%

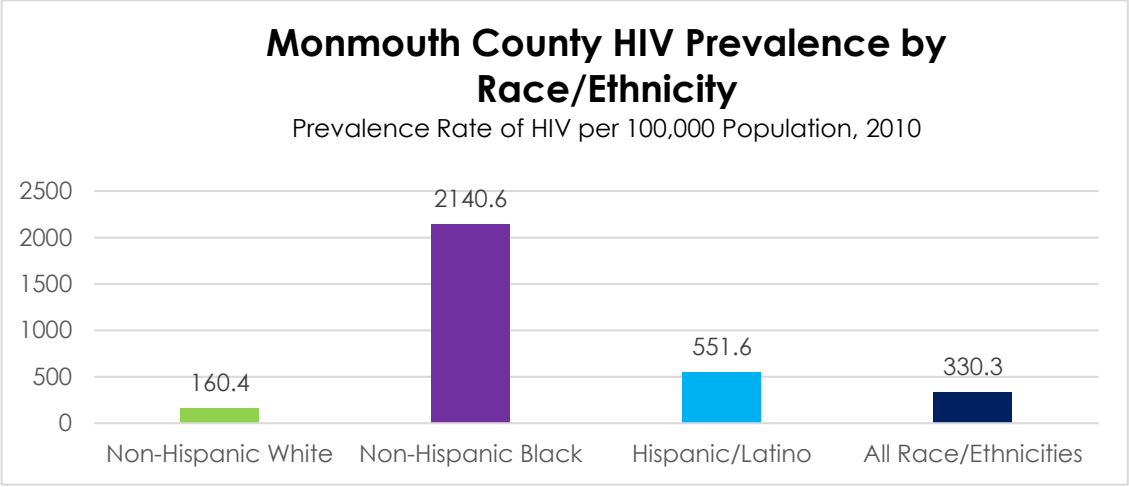
HIV



Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.Retrieved October 2015 from Community Commons at http://www.chna.org.

In 2010, there were 330.3 cases of HIV per 100,000 population throughout Monmouth County

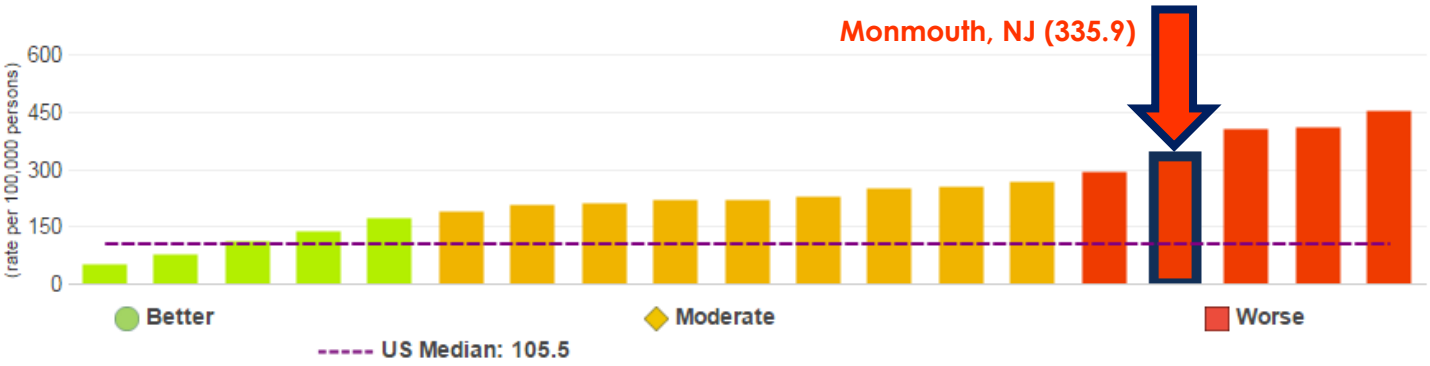
- Lower than state and national prevalence
- Significantly higher in Monmouth County compared to Ocean County



Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010. Retrieved October 2015 from Community Commons at http://www.chna.org.

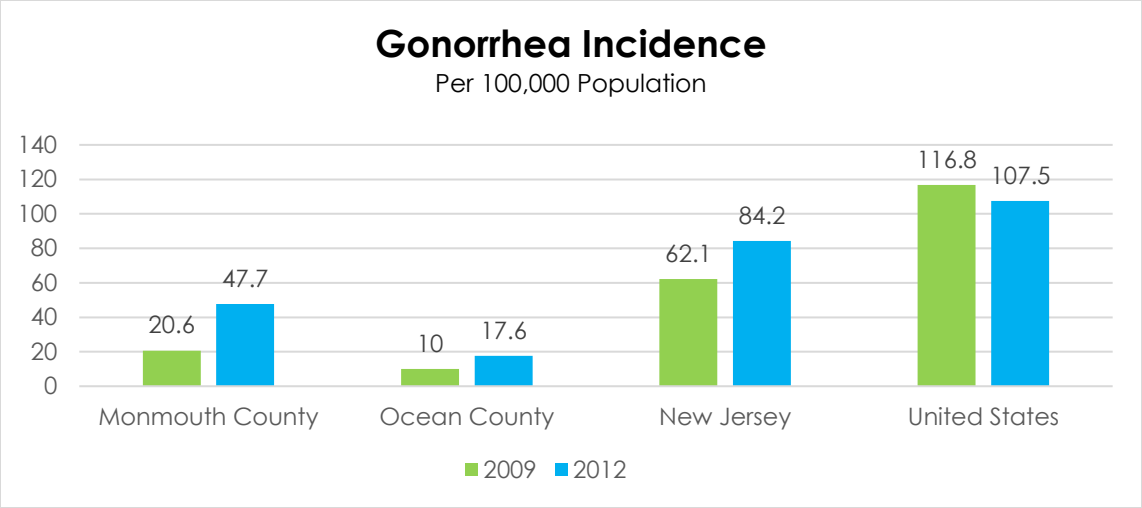
HIV prevalence in Monmouth County is significantly higher among Blacks

Distribution of 2011 rates of persons living with HIV per 100,000 population among peer counties in the United States with similar demographics to Monmouth County as per CDC Community Health Status Indicators (CHSI)



From left to right: Placer, CA (51.5); DuPage, IL (79.4); Lake, IL (111.4); Montgomery, PA (138.5); Norfolk, MA (172.5); Morris, NJ (191.2); Contra Costa, CA (207.1); Somerset, NJ (213.2); San Mateo, CA (218.2); Suffolk, NY (220.7); Bergen, NJ (229.3); Nassau, NY (249.5); Middlesex, MA (256.8); Rockland, NY (267.8); Middlesex, NJ (991.5); **Monmouth, NJ (335.9)**; Montgomery, MD (407.0); Marin, CA (408.0); Westchester, NY (452.8)

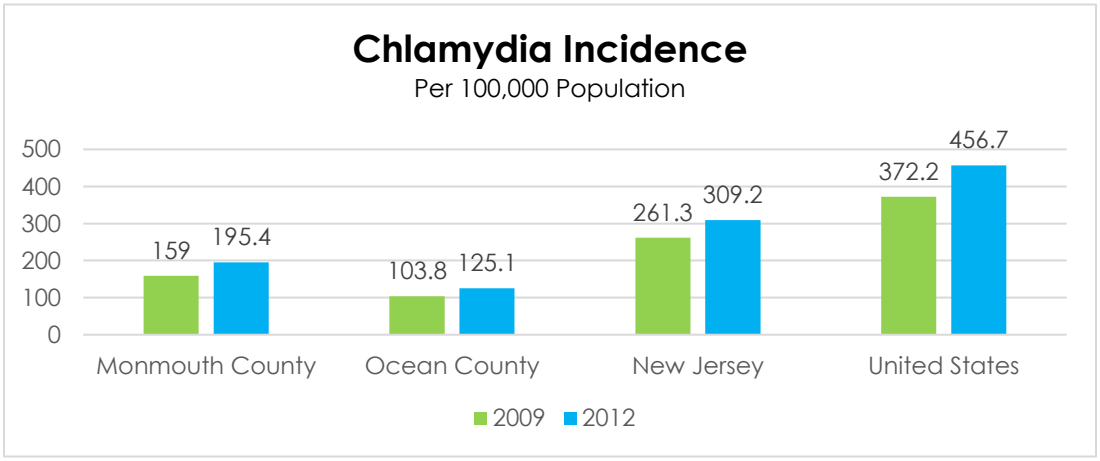
Sexually Transmitted Infection



Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012. Retrieved October 2015 from Community Commons at http://www.chna.org.

The incidence rate for Gonorrhea in Monmouth County increased from 20.6 per 100,000 between 2007 and 2009 to 47.4 per 100,000 in 2012

- Higher in Monmouth County than Ocean County
- Below state and national incidence
- Increasing trend in Monmouth County while decreasing trend nationally



Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012. Retrieved October 2015 from Community Commons at http://www.chna.org.

The incidence rate of Chlamydia in Monmouth County increased from 159 per 100,000 between 2007 and 2009 to 195.4 per 100,000 in 2012

- Higher in Monmouth County than Ocean County
- Below state and national incidence

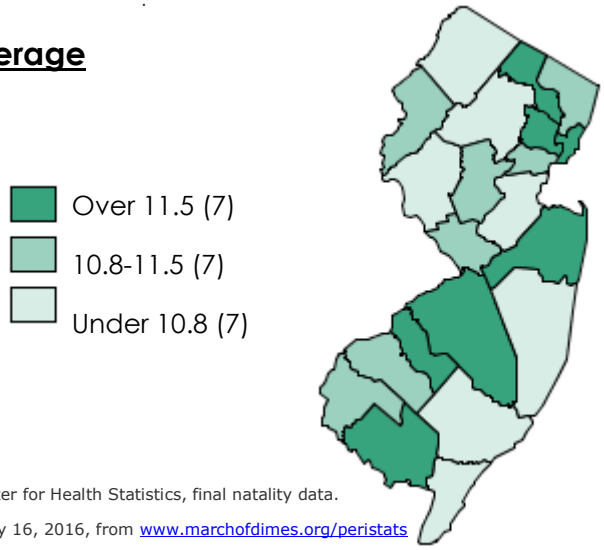
Births

Preterm Births

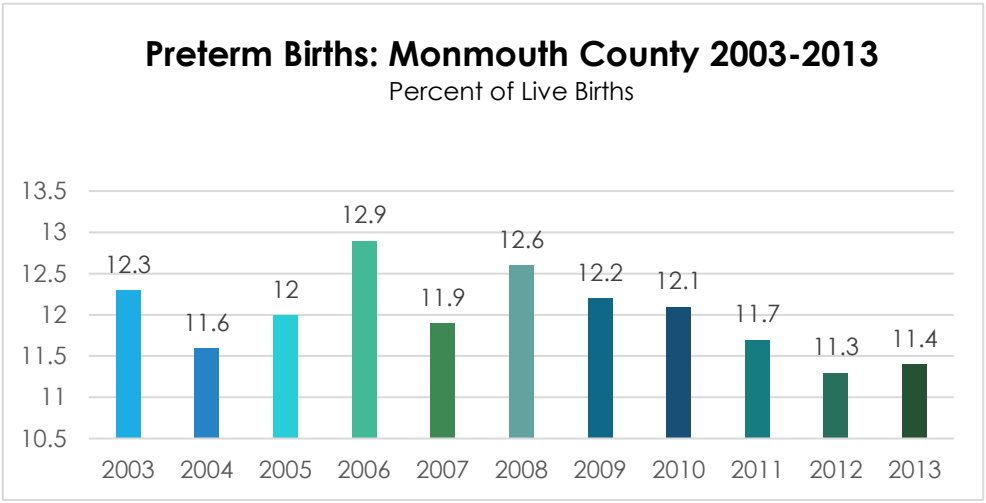
Preterm Births, Monmouth County 2010-2013 Average

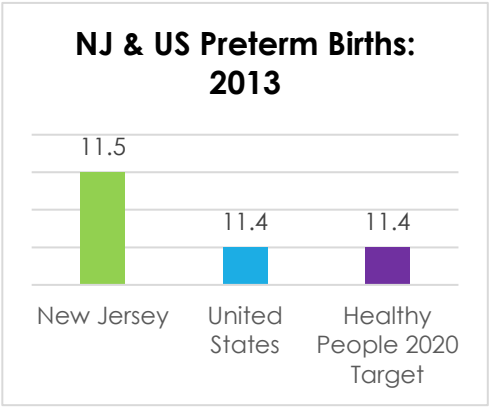
Percent of live births (21 counties)

- The average preterm birth rate in Monmouth County between 2010 and 2013 was 11.6%
- Monmouth county is in the top third of New Jersey counties with the highest average percentage of preterm births between 2010 and 2013



National Center for Health Statistics, final natality data.
Retrieved May 16, 2016, from www.marchofdimes.org/peristats

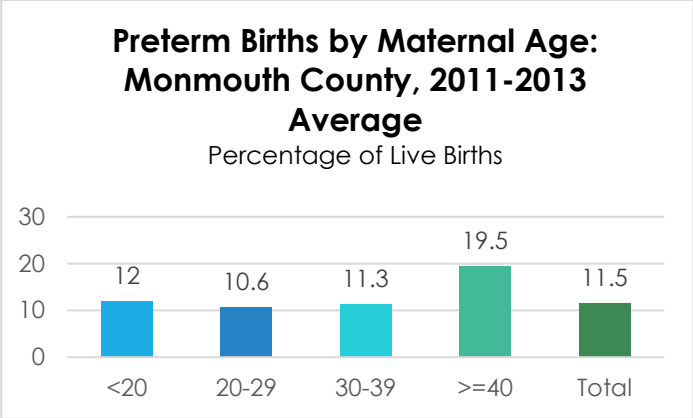


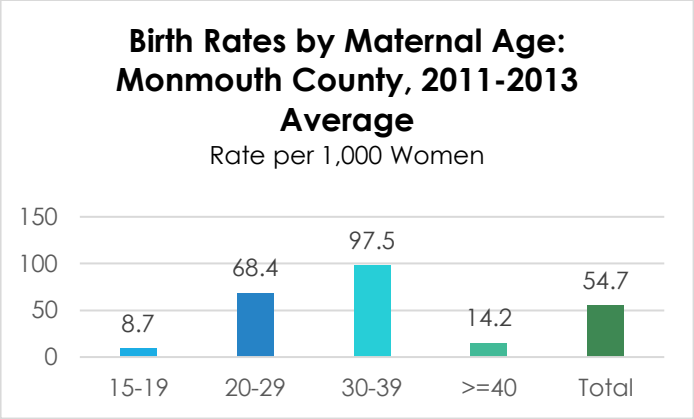


National Center for Health Statistics, final natality data. Retrieved May 16, 2016, from www.marchofdimes.org/peristats.

In 2013, 11.4% of live births in Monmouth County were preterm

- Similar to state and national findings
- Satisfies Healthy People 2020 Target
- Preterm birth rates have decreased by more than 7% between 2003 and 2013

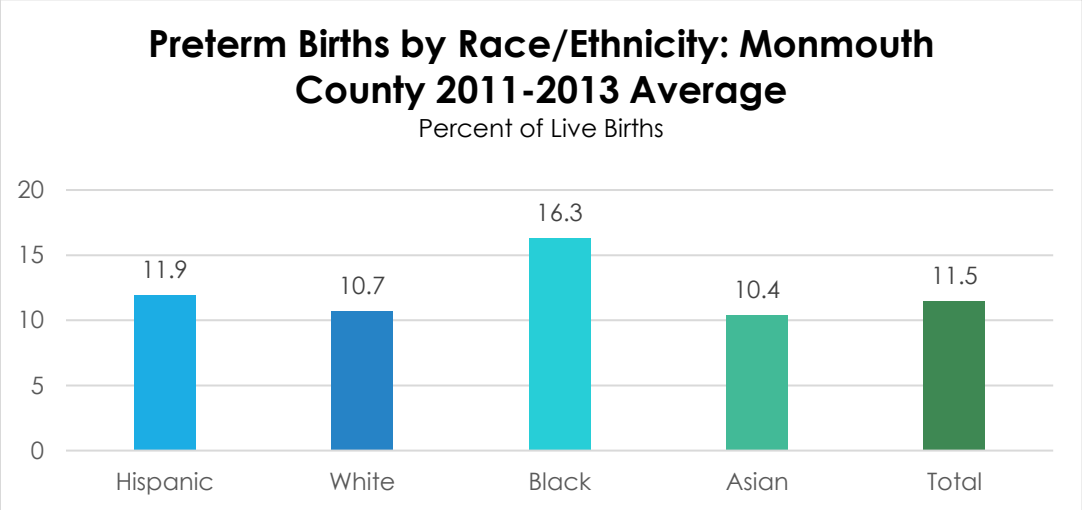




National Center for Health Statistics, final natality data. Retrieved May 16, 2016, from www.marchofdimes.org/peristats.

Between 2011 and 2013, preterm birth rates (average) were highest among women ages 40 and older

- Women under the age of 20 had the second highest preterm birth rates, followed by women ages 30-39, and women ages 20-29
- Average birth rates in Monmouth County between 2011 and 2013 were highest in women ages 30-39

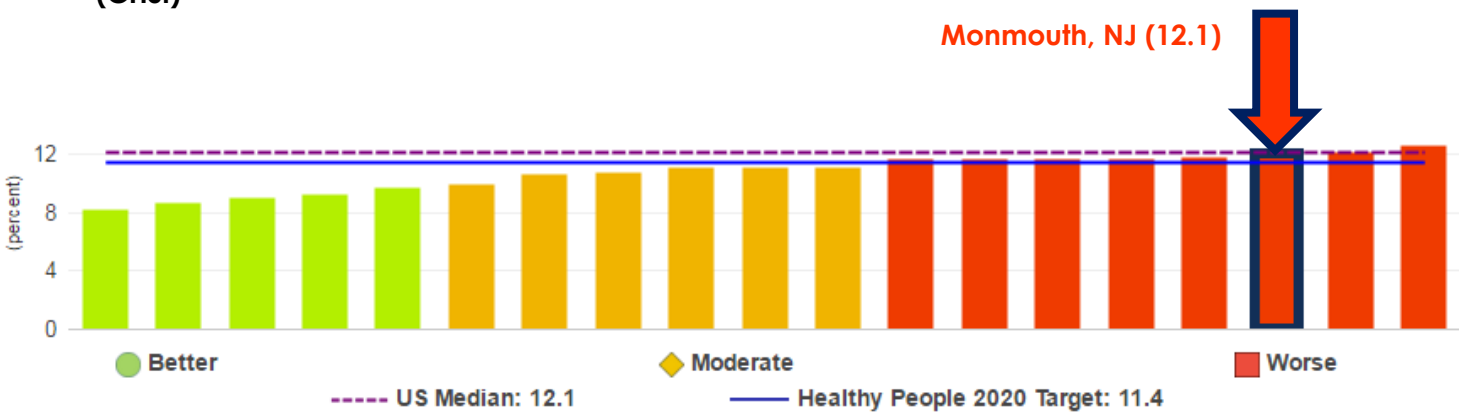


National Center for Health Statistics, final natality data. Retrieved May 16, 2016, from www.marchofdimes.org/peristats.

Between 2011 and 2013, average preterm birth rates were highest among black infants

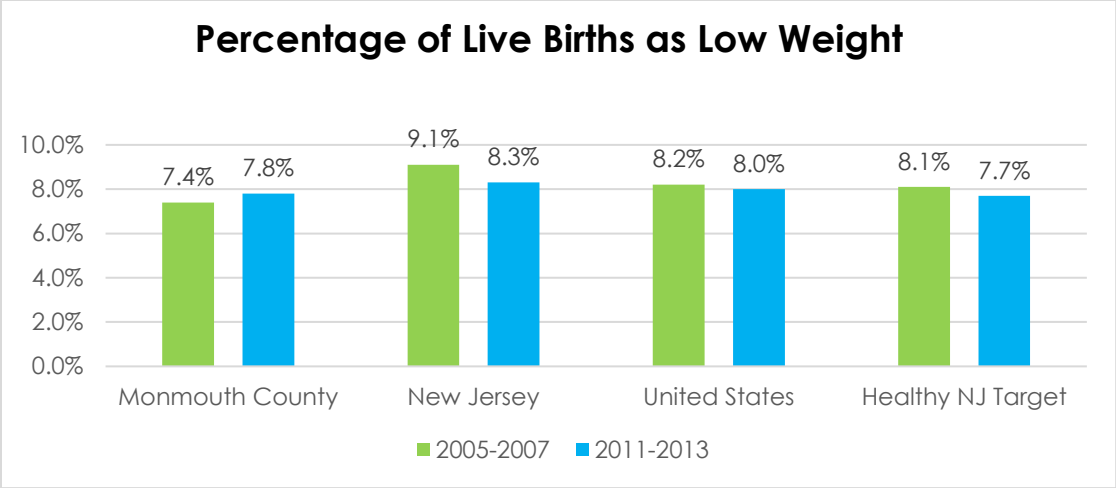
- Hispanics have the second highest preterm birth rates, followed by whites, and Asians

Distribution of 2006-2012 preterm birth rates among peer counties in the United States with similar demographics to Monmouth County as per CDC Community Health Status Indicators (CHSI)



From left to right: Marin, CA (8.2); Placer, CA (8.6); Rockland, NY (9); San Mateo (9.2); Montgomery, PA (9.7); Contra Costa, CA (9.9); Middlesex, MA (10.6); Morris, NJ (10.7); Norfolk, MA (11); DuPage, IL (11); Middlesex, NJ (11.1); Bergen, NJ (11.6); Lake, IL (11.6); Somerset, NJ (11.6); Nassau, NY (11.6); Montgomery, MD (11.7); **Monmouth, NJ (12.1)**; Suffolk, NY (12.1); Westchester, NY (12.5)

Low Birth Weight & Infant Mortality

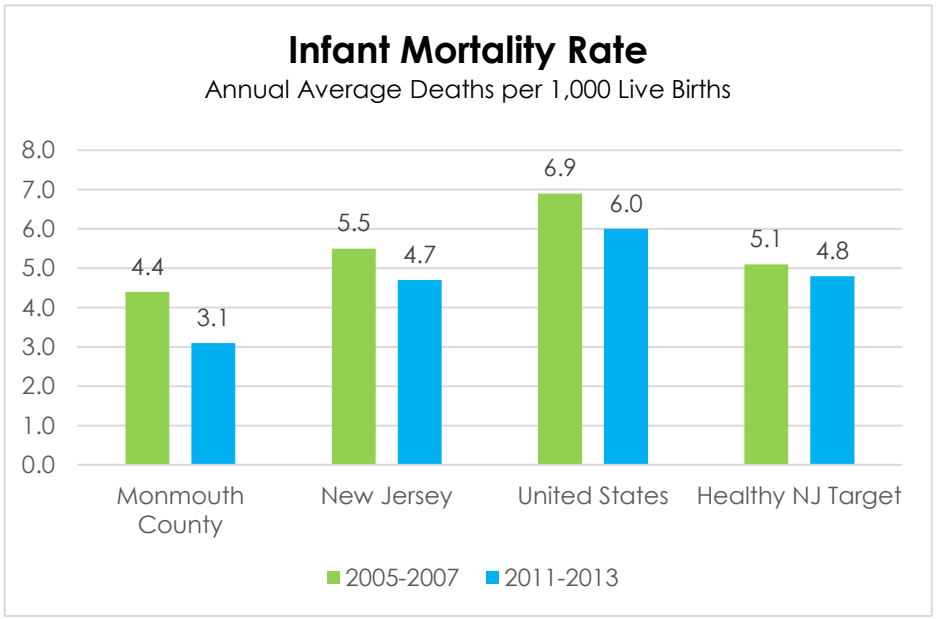


Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.

US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Between 2011 and 2013, 7.8% of live births in Monmouth County were low weight

- Lower than state and similar to national percentage
- Just about meets Healthy NJ 2020 Target
- Monmouth County satisfied Healthy NJ in 2005-2007
- Slight increasing trend in Monmouth County in percentage of low weight births, while decreasing trend seen on state and national levels

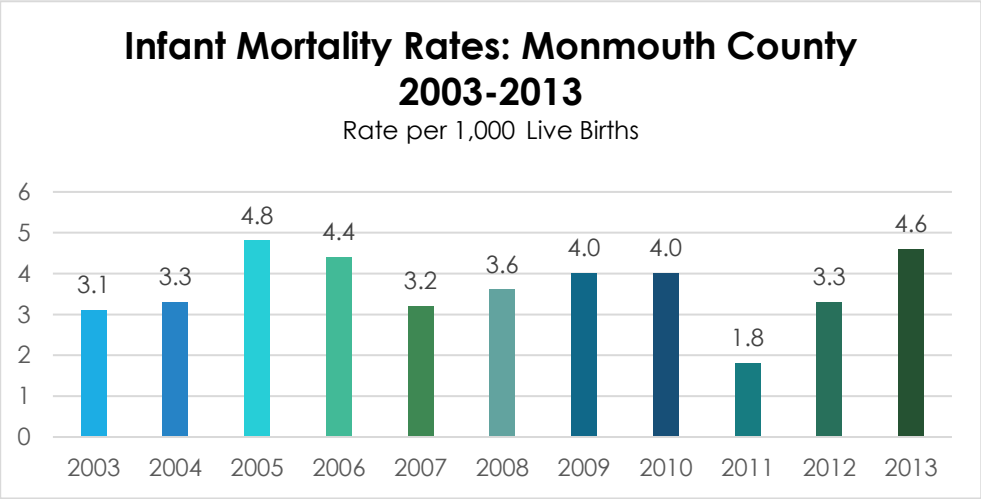


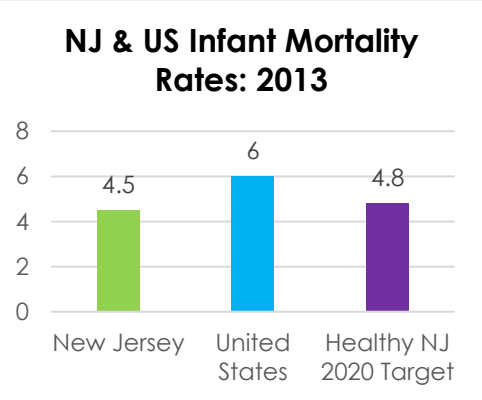
The annual average death rate in Monmouth County between 2011 and 2013 was 3.1 per 1,000 live births

- Below state and national mortality rate
- Satisfies Healthy NJ 2020 target of 4.8 per 1,000 live births
- Shows decrease since 2005-2007 rate

Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.

US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

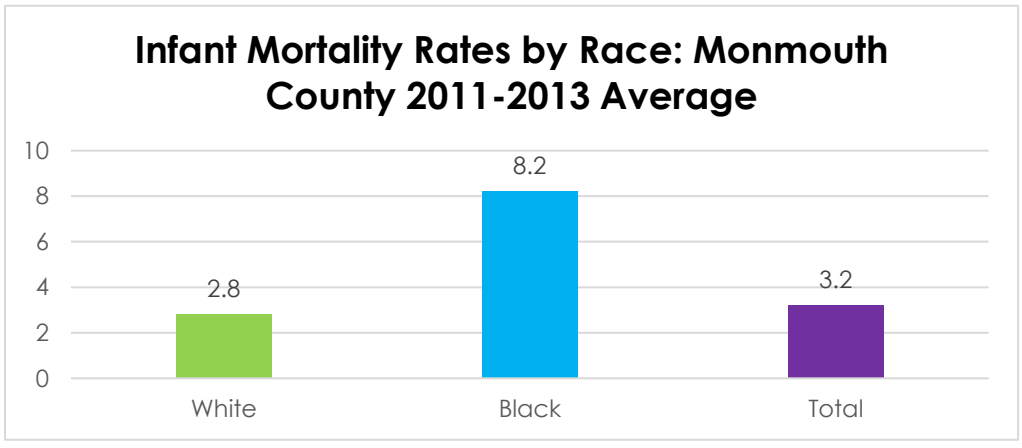




National Center for Health Statistics, final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present. Retrieved May 17, 2016, from www.marchofdimes.org/peristats.

Between 2010 and 2011, the infant mortality rate in Monmouth County decreased dramatically

- In the following years, infant mortality rates have continued to increase
- The 2013 infant mortality rate in Monmouth County is similar to the statewide finding and below the national rate
- 2011-2013 average satisfies Healthy NJ 2020 target, however there is an overall increasing trend toward the target



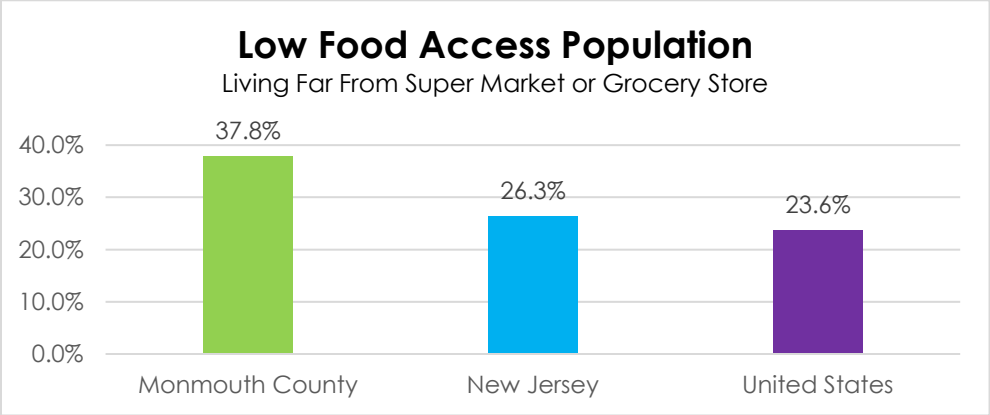
National Center for Health Statistics, period linked birth/infant death data. Retrieved May 17, 2016, from www.marchofdimes.org/peristats.

Between 2011 and 2013, average infant mortality rates were highest among black infants

- Black infants were approximately 3 times more likely than white infants to die during their first year of life

Modifiable Health Risks

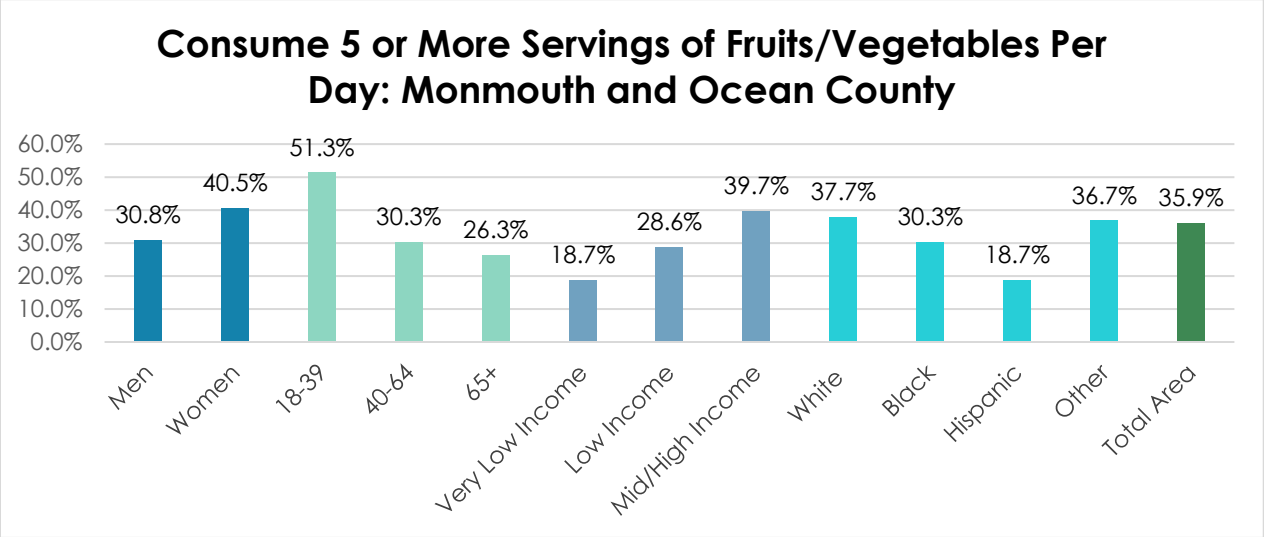
Nutrition and Food Access



US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010. Retrieved October 2015 from Community Commons at http://www.chna.org

37.8% of the Monmouth County population has low access to food

- Higher percentage of low food access population than state and nation
- Percentages of individuals who find it "very" or "somewhat" difficult to buy afforable produce are highest among low and very low income as well as Hispanics



2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]

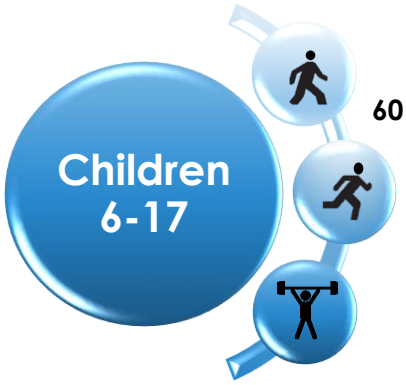
In Monmouth and Ocean County, residents are less likely to consume the recommended 5 or more servings of fruits/vegetables per day if they are:

- 40 years and older
- Black
- Hispanic
- Low Income

Physical Activity

Regular physical activity helps improve overall health and fitness, and reduces the risk for many chronic diseases and conditions. Listed below are the *2008 Physical Activity Guidelines for Americans.*

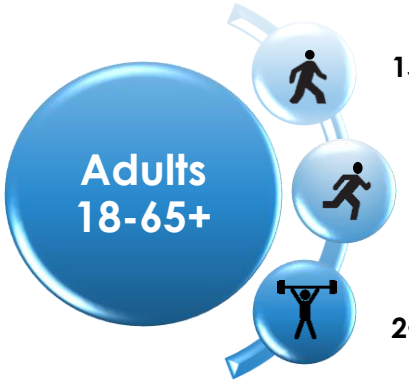
Centers for Disease Control and Prevention DNPAO



60 minutes or more moderate/vigorous aerobic activity per day
***Vigorous activity at least 3 days per week**

PLUS

Muscle strength activities at least 3 days per week as part of child's 60 minutes or more



150 minutes moderate intensity aerobic activity

OR

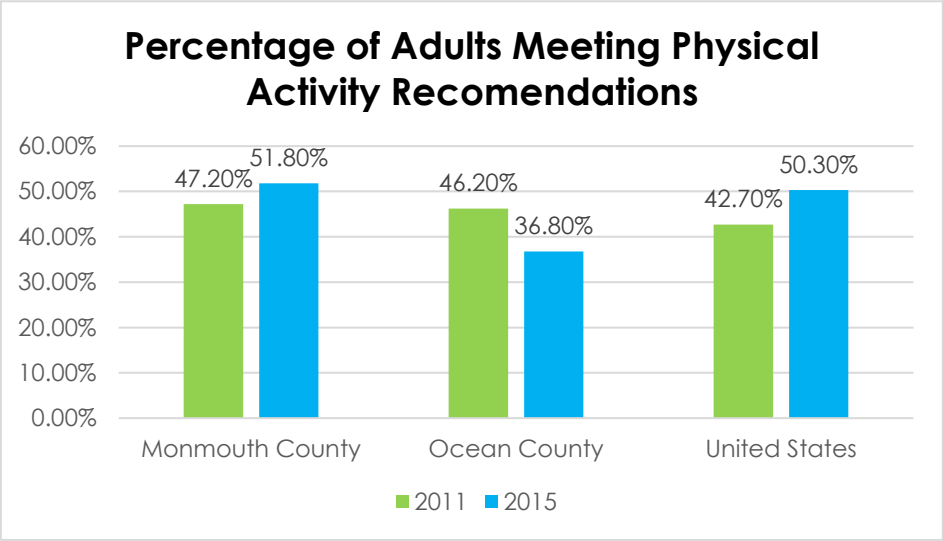
75 minutes vigorous intensity aerobic activity

PLUS

2+ days of muscle strength activities per week

Centers for Disease Control and Prevention DNPAO

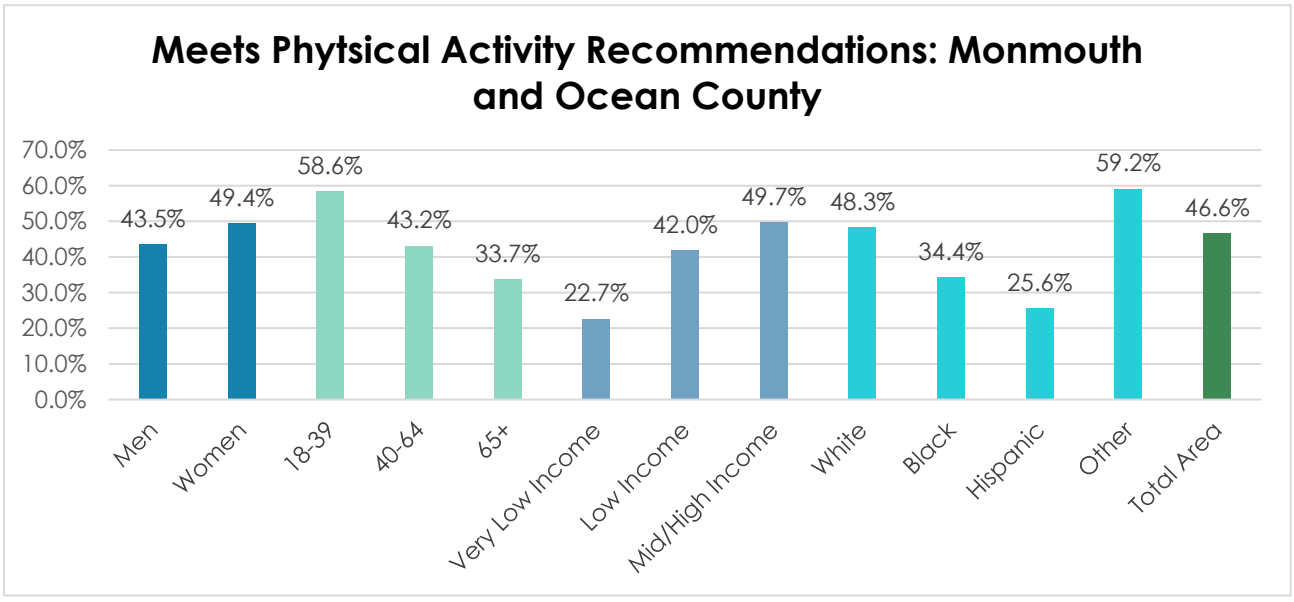
Meeting Physical Activity Recommendations



51.8% of Monmouth County adults report engaging in regular physical activity as recommended by the CDC

- Increased from 2011 percentage
- Higher than Ocean County
- Similar to national finding

PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147] 2013 PRC National Health Survey, Professional Research Consultants, Inc.



2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]

Low income, older (40-64 and 65+), Black and Hispanic residents are less likely to engage in physical activity that satisfies recommendations

Weight Status

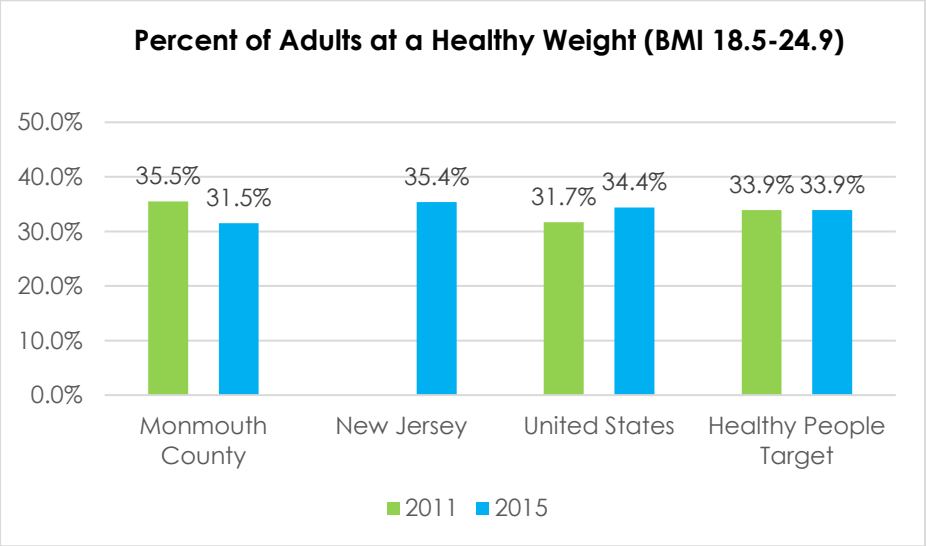
Body Mass Index (BMI) is a tool used for estimating body fat. BMI is the ratio of an individual's weight relative to their height.

National Institutes of Health, National Heart, Lung, and Blood Institute

The table below indicates how the different classifications of weight status are defined in relation to BMI.

Weight Status Classification	BMI
Underweight	Below 18.5
Normal or Healthy	18.5-24.9
Overweight	25-29.9
Obese	30+

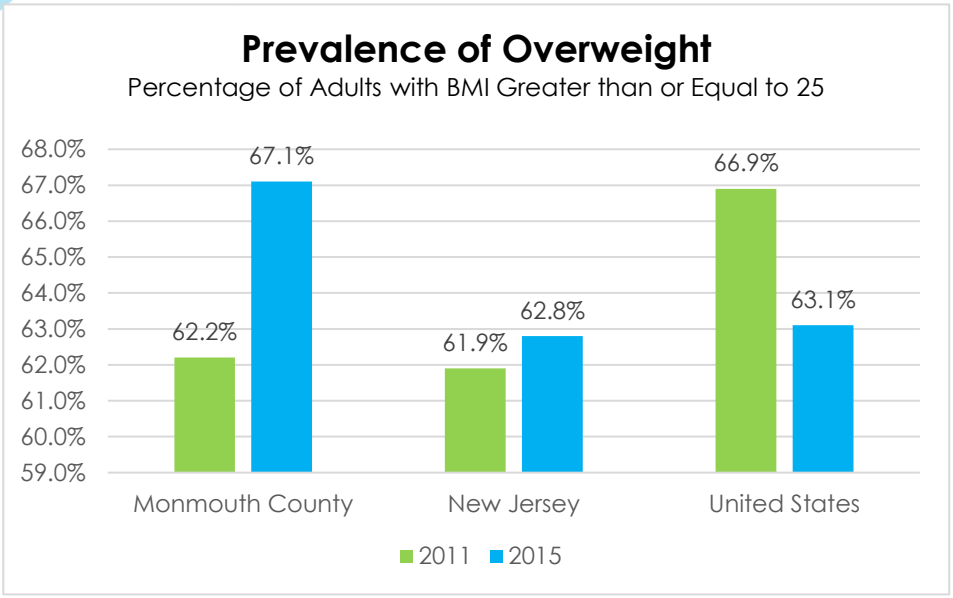
Adult Health Status



31.5% of Monmouth County Adults are at a healthy weight as per self-reported height and weight data

- Below state and national percentages
- Does not satisfy Health People 2020 Target
- Significant decrease in healthy weight overtime

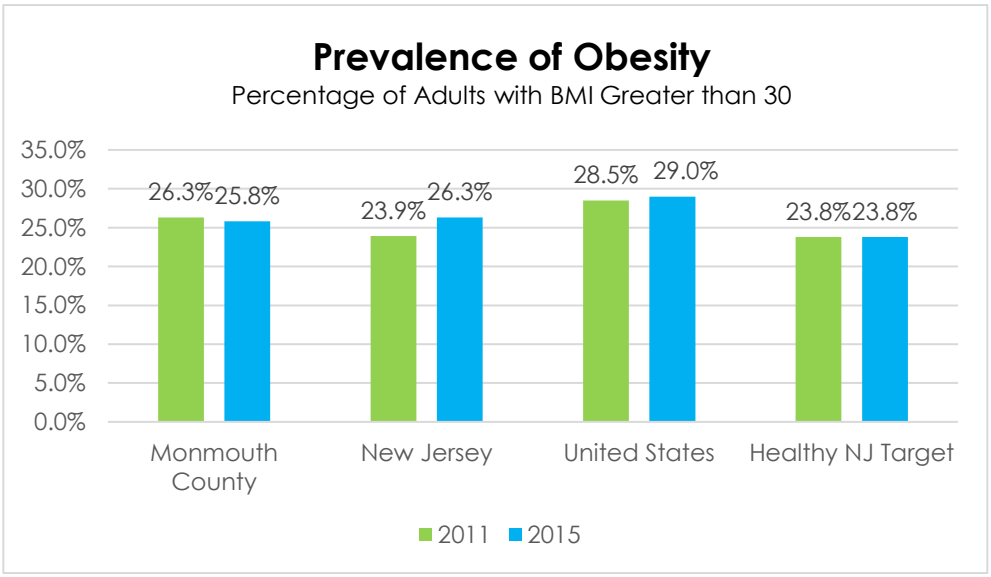
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-8]



67.1% Monmouth County adults have a BMI greater than or equal to 25

- Higher than state and national prevalence
- Significant increase in Monmouth County since 2011

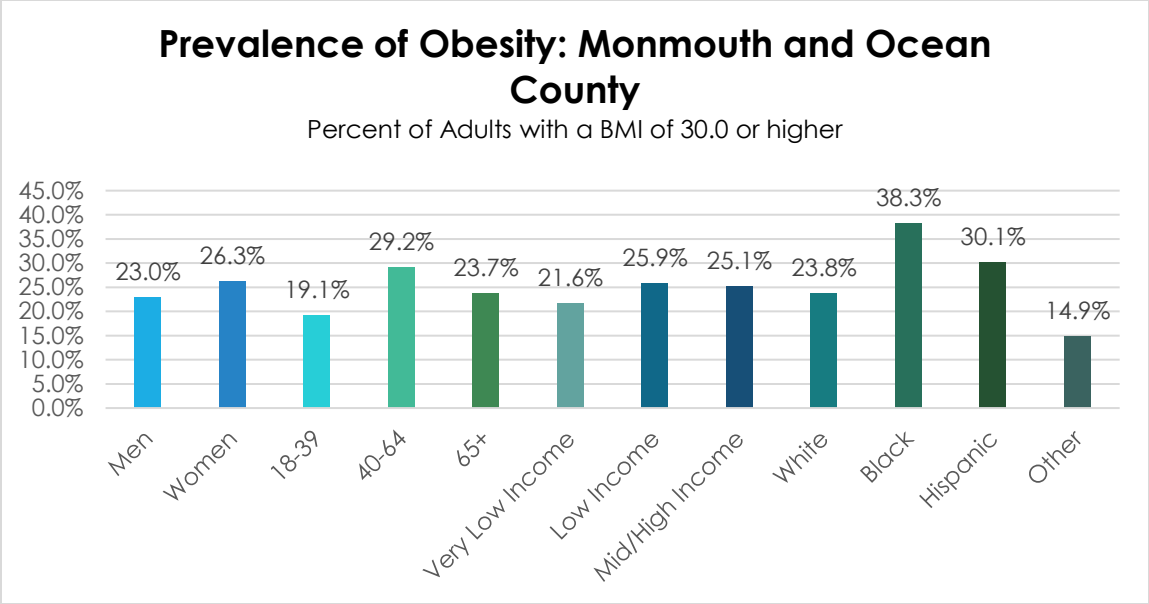
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data



25.8% of Monmouth County adults are obese

- Similar to statewide prevalence
- Lower than national prevalence
- Fails to satisfy Healthy NJ target of 23.8%

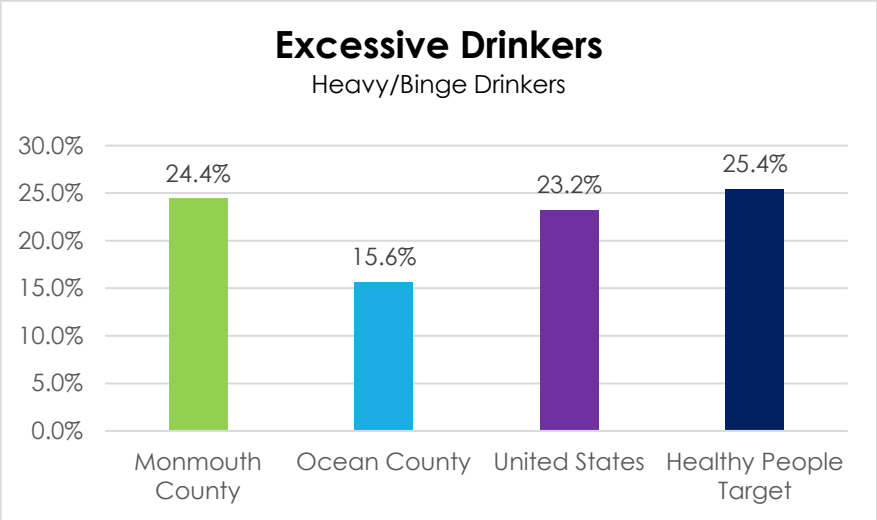
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151] 2013 PRC National Health Survey, Professional Research Consultants, Inc. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9] Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.



2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151] US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Obesity is more prevalent among individuals 40-64 years of age, Blacks, and Hispanics.

Substance Abuse



Heavy Drinker:

- 2+ drinks/day for men
- 1+ drink/day for women

Binge Drinker:

- 5+ drinks/day for men
- 4+ drink/day for women

Drinking is more common among

- Males
- Adults under 65
- Higher income Residents
- Whites
- Blacks

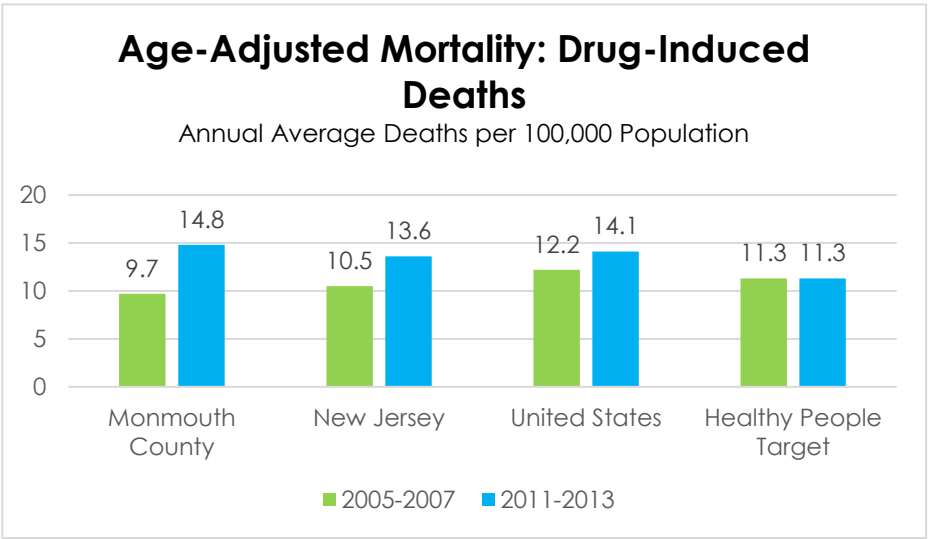
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]

2013 PRC National Health Survey, Professional Research Consultants, Inc.

US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

24.4% of Monmouth County adults are excessive drinkers

- Higher in Monmouth County than ocean County
- Similar to national findings
- Just satisfies Healthy People 2020 Target of 25.4%



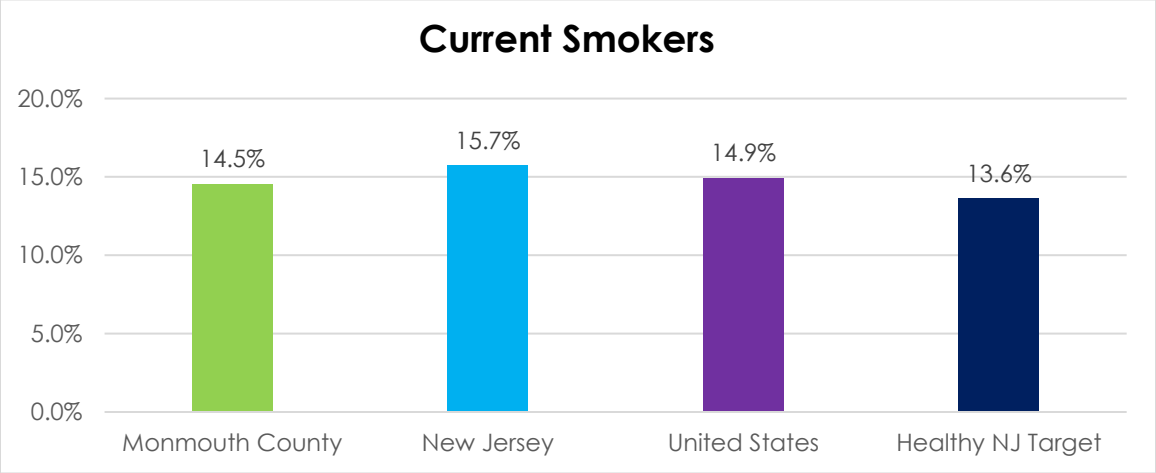
CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

Data extracted October 2015.

The average age-adjusted drug-induced mortality rate between 2011 and 2015 in Monmouth was 14.8 deaths per 100,000 population

- Greater than state and national rate
- Does not satisfy Healthy People 2020 Target of 11.3 deaths
- Significant increase from 2005-2007 rate
- Heroin/other opioids, alcohol, and prescription medication were identified as most problematic substances by key informants

Tobacco Use

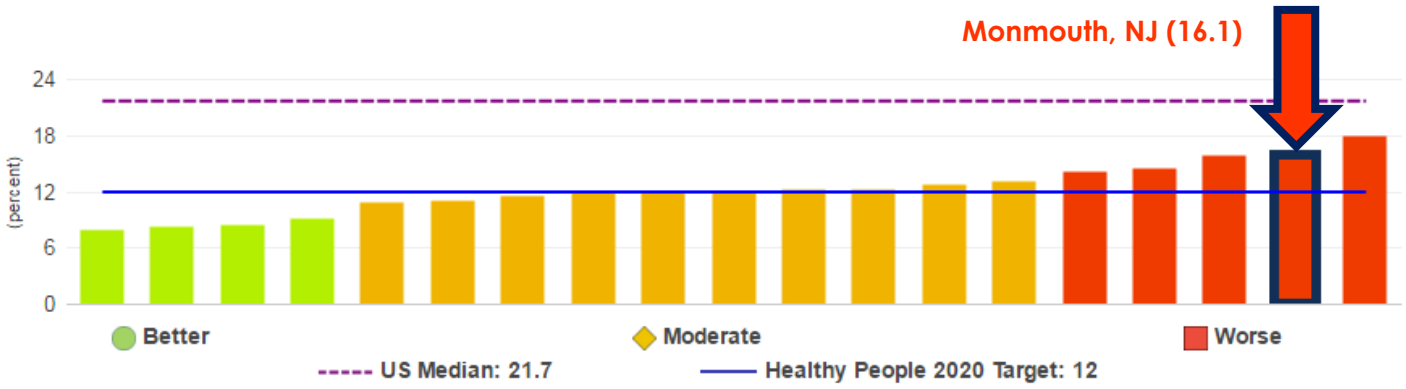


PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

14.5% of Monmouth County adults are current smokers

- Similar to state and national findings
- Does not satisfy Healthy NJ 2020 target of 13.6%

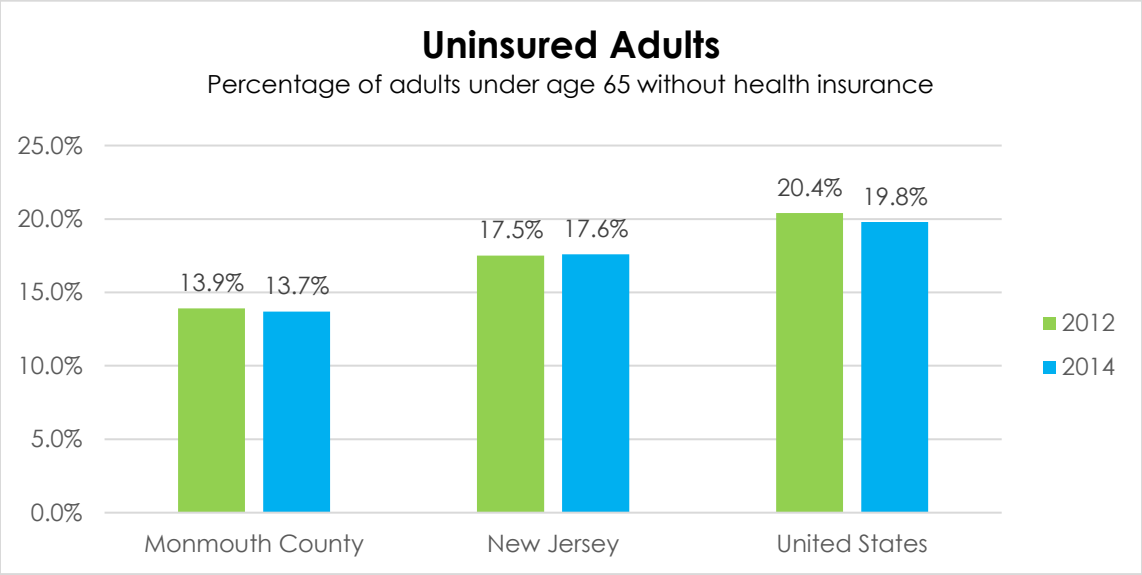
Distribution of 2006-2012 adult smoking percentages among peer counties in the United States with similar demographics to Monmouth County as per CDC Community Health Status Indicators (CHSI)



From left to right: Montgomery, MD (8); Rockland, NY (8.3); Placer, CA (8.5); Somerset, NJ (9.2); San Mateo, CA (10.8); Marin, CA (11); Middlesex, MA (11.5); Norfolk, MA (12); Contra Costa, CA (12); DuPage, IL (12.1); Middlesex, NJ (12.2); Nassau, NY (12.2); Morris, NJ (12.8); Westchester, NY (13.2); Lake, IL (14.1); Bergen, NJ (14.5); Montgomery, PA (15.8); **Monmouth, NJ (16.1)**; Suffolk, NY (17.9)

Access to Health Services

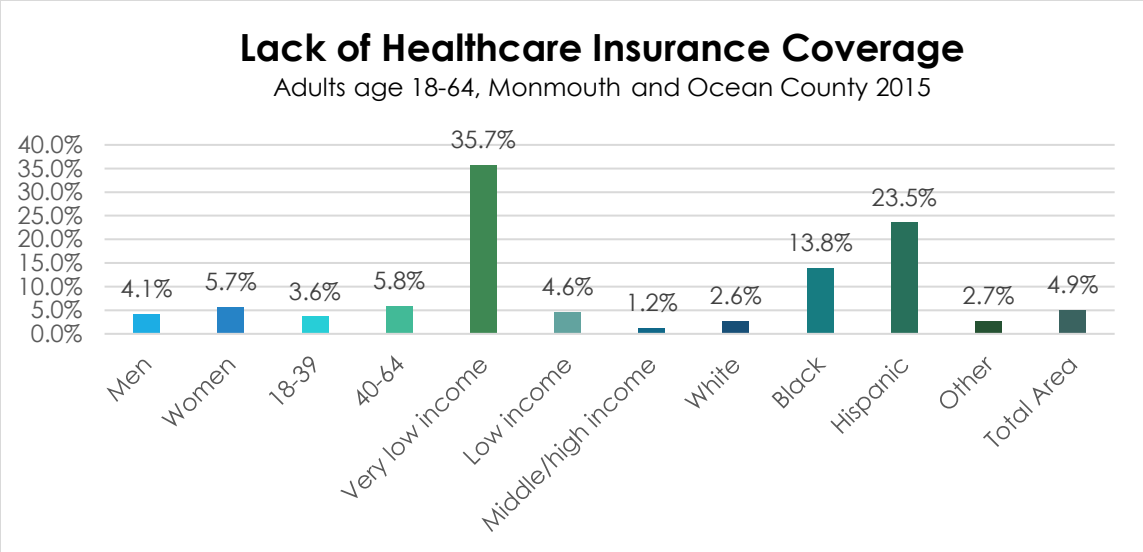
Health Insurance



U.S. Census Bureau, 2010-2014 American Community Survey 5- Year Estimates

Among Monmouth County adults age 18-64, 17.6% have no health insurance coverage

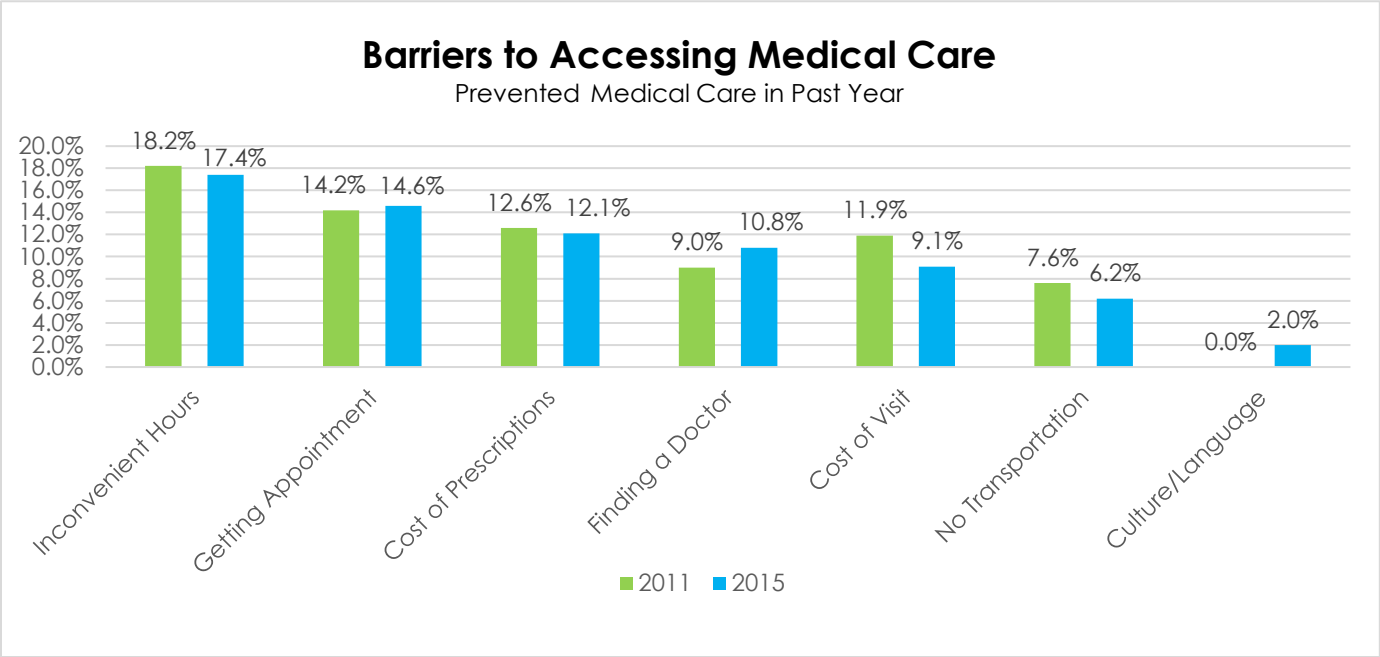
- Lower than state and national percentages
- Decrease in Monmouth County while increase in New Jersey



2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]

Low income, Black, and Hispanic populations are more likely to lack healthcare insurance coverage

Difficulties Accessing Healthcare Services

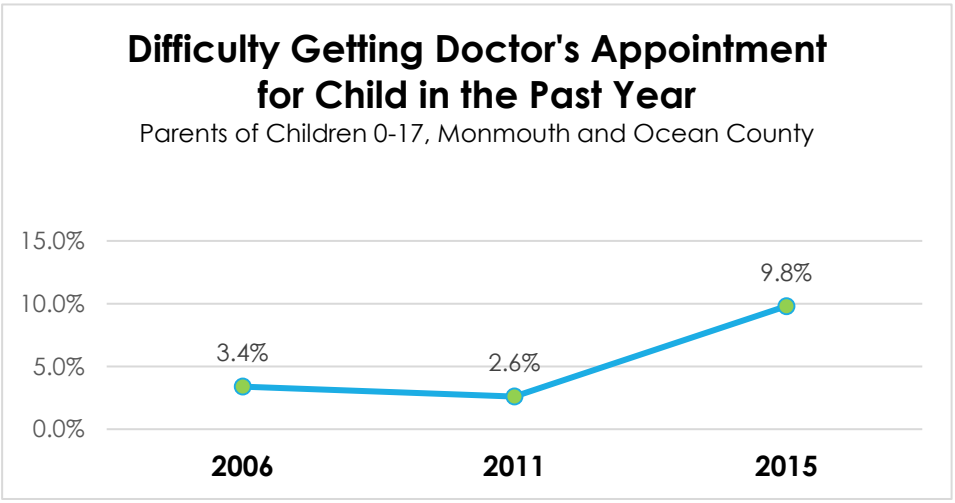


2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12, 307]

2013 PRC National Health Survey, Professional Research Consultants, Inc.

Among Monmouth County adults, barriers to accessing medical care have remained relatively similar overtime

- Decrease in cost of visit as a barrier from 2011to 2015
- Finding a doctor seen as slightly more of a barrier in 2015
- Transportation seen as slightly less of a barrier in 2015
- Culture/Language introduced as a barrier in 2015



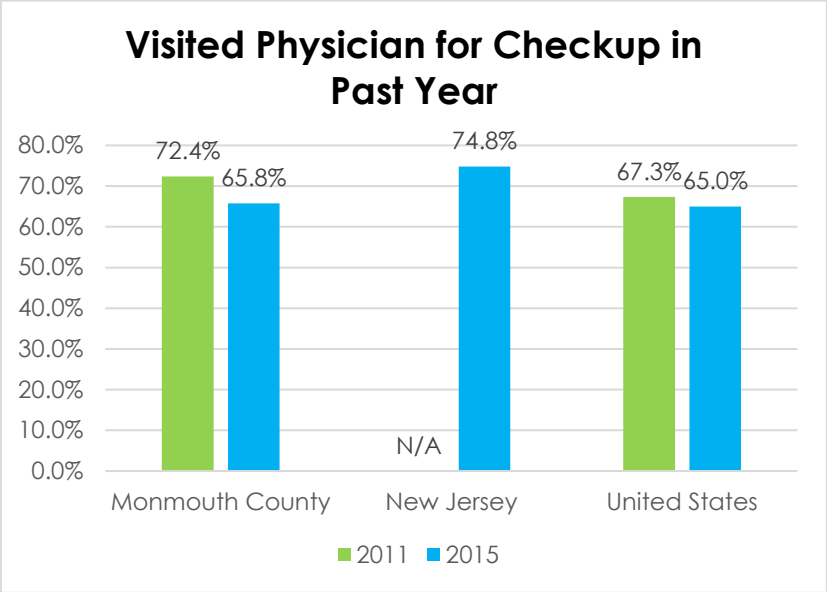
Professional Research Consultants, Inc. PRC Community Health Survey. [Items 131-132]

PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 327]

Among parents of children 0-17 in Monmouth and Ocean County, 9.8% reported difficulty in getting a doctor's appointment for their child in the past year

- Significant increase from 2011 finding
- Increased trend overtime
- County specific data noted as comparable

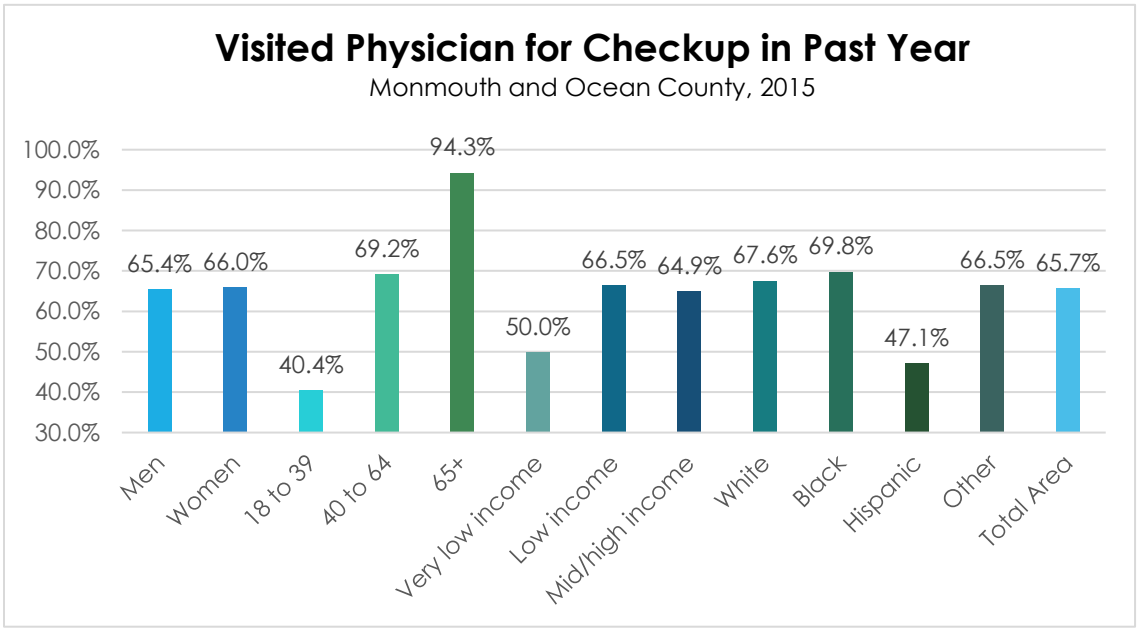
Utilization of Primary Health Care Services



65.8% of Monmouth County Adults visited a physician in the past year for a checkup

- Lower than percentage for state
- Similar to national percentage
- Significant decrease from 2011 to 2015
- Adults under 40, very low income residents, and Hispanics are less likely to have received primary care in the past year

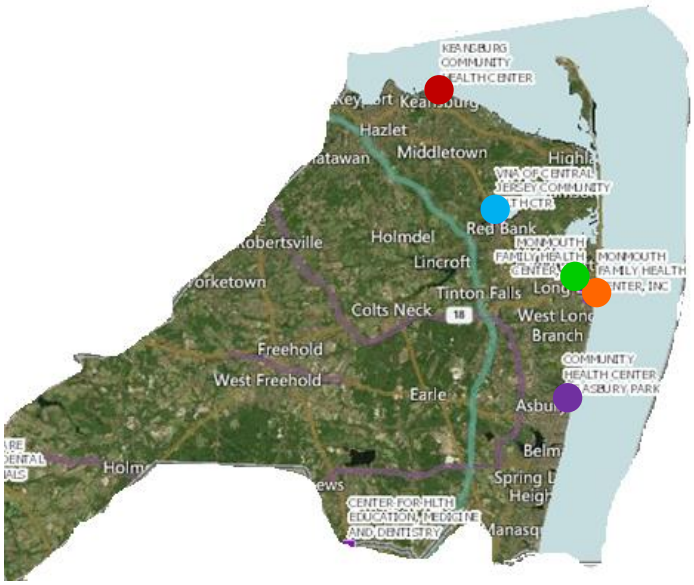
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17] Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data. 2013 PRC National Health Survey, Professional Research Consultants, Inc.



2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]

Adults under 40, very low income residents, and Hispanics are less likely to have received primary care health services in the past year

Distribution of Federally Qualified Health Centers (FQHC) in Monmouth County



- **Keansburg Community Health Center**
- **VNA of Central Jersey Community Health Center**
- **Monmouth Family Health Center, INC**
- **Monmouth Family Health Center, INC**
- **Community Health Center of Asbury Park**

Communitycommons.org

Federally qualified health centers located in Monmouth County are clustered on the eastern side, limiting access to those in need of such services on the west side.

Community Themes and Strengths Assessment

Community Themes and Strengths Assessment

The health-related issues and themes identified by the participants in the Community Themes and Strengths Assessment were:

Community Perceptions / Awareness of Health

- Health and mental health are not a priority for our residents post Superstorm Sandy.
- Quality of life is not always identified by health.
- Perception varies with regards to quality of life.
- Health affects every aspect of life.
- Health is an underlying factor that affects economics and mental stress of families.
- Identify communities: the haves and the have nots. For people who are socioeconomically well off, health is important and access to care is easier. In the less socioeconomically disadvantaged communities, health is not as important.
- How to influence perception of quality of life?
- There is a lack of dot connecting.

Social Determinants of Health

- Cost of living is high in Monmouth. Families struggle with paying for food, housing, caring for parents and lack of affordable insurance. This disparity is particularly pronounced with the undocumented population.
- People do not recognize that health affects other social determinants, unless they live it.
- There is a lack of knowledge about environmental hazards in the home (lead, etc.).
- Gangs and gun violence are a factor.
- Domestic violence is present.

Health-related behaviors

- People do not recognize that behavior affects health (i.e. diet/diabetes)
- Community should provide the proper environment and promote policies that encourage healthy behaviors.
- Physical fitness is limited for kids (schools, electronics, etc.).
- Life stressors: people are overwhelmed and cannot make good choices.
- Social skills are lacking.
- Health literacy: understanding health information/navigating insurance plans.

Financial/Insurance/Access Issues

- Income affects access which affects health
- Insurance: few providers for sub-specialties creates long wait for appointments.
- Need funding to care for those who have nothing.

Health Disparities

- Monmouth County has very diverse communities with different issues. This is a challenge.
- There are clusters in the county of the underserved population.
- Transient populations pose unique challenges.

Senior Health Issues

- Health for seniors and caregivers are put on the back burner as they struggle with appointments and transportation – especially for the caregiver.
- If seniors cannot stay at their home, health is not as important.

Disease-specific Issues

- There is a burden of chronic disease: obesity, cardiovascular disease, behavioral health, diabetes, and cancer.
- Vaccination rates are low for Monmouth County.
- For people with eating disorders, there is a lack of providers.
- Need to focus on risks for heart disease.
- Heroin is a problem.
- Nutrition/obesity/diabetes should be addressed.
- Mental health / substance abuse / suicide are on the rise.

The participants also identified the following assets present in Monmouth County that can be engaged to address these issues:

- Healthcare providers
- Farms
- Social media
- Non-profit organization network
- Faith-based organizations
- Parks and park systems
- VNA – Special Child Health Services
- Schools (including use of their facilities off hours)
- Religious groups / churches
- The Coalition has expertise and members who are willing to cooperate and coordinate to bring health and behavioral health to the residents

Forces of Change Assessment

Forces of Change Assessment

The primary Forces of Change identified by the participants in the assessment were:

- Even though Monmouth is perceived as an affluent county, it is a diverse county, with significant and growing ethnic, low-income populations.
- A high cost of living exacerbates the gaps between the "haves" and "have-nots."
- Population is aging, and living longer.
- There are changes in how healthcare is provided, due to the Affordable Care Act and other trends in healthcare, including consolidation of providers. More healthcare being delivered in outpatient and community/home settings instead of hospitals.
- There is a dramatic increase in opioid use and overdoses.
- There are increases in mental health issues, including suicides.
- Long-term impacts of Superstorm Sandy: health and social needs are continuing, but funding is short-term and expiring.
- There are decreases in public funding for health and social services.

The following table shows the Forces identified, and the Threats and Opportunities related to each.

<u>Summary Point</u> Problem: Silos Opportunity: Collaboration

Force	Threats	Opportunities
Access to Care	- More apt to transmit disease - Cost of containment	- Medical home - Transportation - Federally supported services on western side
Diversity of County	- Emerging foreign diseases: issues with handling, diagnosing, treating - Beliefs about "what is healthy" - Languages - Shift in cultural norms - Passing of torch between new and old leaders of communities	- Cultural competence in workforce - More participation from key people - Development and sustainment of community champions - Finding young leaders
Mental Health	- Violence - Drugs - Suicide - Effects on public health	- Legislative leaders - Redirect $ from special interest - Collaborating
Lack of Funding and Changing of Hospital Funding	- Can't meet needs - Can't maintain qualified people - Questionable distribution of funding - Decreasing workforce	- Health care facilities providing services - More collaboration - Branching in other services - Growth of hospitals - Education - Improved quality
Cost of Living	- Widens gap between "haves" & "have-nots" - Determines where you live which affects health status - Decreases population & tax base money	- Being aware of impact it has on residents being healthy - Philanthropic area - Support local organizations - Fostering collaboration
Immigration	- Disproportion of tax payers - Interpretation is an unpredictable cost to hospitals - Strain on public services	- Transfer of skills and cultural competency
Aging Population	- More demand as baby boomers enter their highest health care time period	- Volunteerism
Heroin/Opioid/Prescription Drug Abuse	- Continues to increase	- Not discussed

Appendices

Appendix A

Final participation in the Online Key Informant Survey included 106 stakeholders representing the following organizations (Meridian Health 2015 Community Health Needs Assessment)

- Advisory Committee at Meridian
- Asbury Park Pediatrics
- Asbury Park School District
- Brookdale Community College
- CAC
- Central Jersey Club of the National Association of Negro Business
- Centrastate Healthcare System
- Coastal Gastroenterology Associates
- Family Health Center
- Family Support Center of New Jersey
- Food Circus Supermarkets, Inc. COMMUNITY HEALTH NEEDS ASSESSMENT 13
- FoodBank of Monmouth and Ocean Counties
- Former School Health/Social Service Director
- Freehold Area Health Department
- Jane H. Booker Family Health Center
- Jersey Shore Geriatrics
- Jersey Shore University Medical Center
- Law Enforcement/Public Safety
- Lunch Break
- Marlboro Township Public Schools
- MARSD
- Meridian Health
- Meridian Partners in Health
- Monmouth County Health Department
- Monmouth County Regional Health Commission #1
- Monmouth Day Care Center Inc.
- Monmouth Family Medicine Group
- MONOC
- New Jersey Blind Citizens Association
- O.C.E.A.N. Inc./Head Start
- Ocean Monmouth Health Alliance
- Ocean Park Ob/Gyn
- Ocean Pulmonary
- Parker Family Health Center, American Legion
- Perinatal Institute
- Point Pleasant Presbyterian Church
- Seacrest Village
- Southern Ocean Medical Center
- Southern Ocean Rotary Club
- St. Francis Center, LBICC, Inc.
- Sunrise Counseling Services, LLC
- Township of Neptune
- United Way of Monmouth County
- Wall Community Alliance
- YMCA

Appendix B

The following individuals attended the Community Themes and Strengths Assessment meeting on September 17th, 2015.

Last Name	First Name	Organization
Abraham	Gary	Monmouth County Division MH+AS
Andl	Cindy	Meridian
Burian	Anna	Monmouth Medical Center
Callamaras	Cathy	Monmouth County Health Department
Caroll	Debra	CHANT (Annie Hainesworth)
Cerco	Allison	Meridian
Cohen	Ellen	Monmouth County Youth Services
Collot	Drew	NJ Department of Health
Feingold	Shelley	Monmouth County Office Mental Health
Frank	Tom	Colts Neck Health Department
Greene	Angela	Rutgers Cooperative Extension NJSNAP
Guinee	Daniel	Advances Studies in Medicine
Hearne	Tim	United Way of Monmouth
Hughes	Darryl	Meridian
Jagerburger	Christine	United Way of Monmouth
Jahn	Margy	Freehold Health Department
Krautle	Jeryl	Monmouth County Health Department
Krippa	Robin	Meridian Health
Levinson	Deb	Ocean Monmouth Health Alliance
Mann	Lauren	Freehold Alliance- Substance Abuse
McGeehan	John	CentraState
McNally	Kevin	Borough of Roosevelt Planning Board
Merkel	Chris	Monmouth County Health Department
Mulligan	Maureen	Coastal Habitat for Humanity
Nance	Brett	Freehold Health Department
Pichardo	Michelle	Rutgers Center for State Health Policy
Polonsky	Concetta	MCRHC
Reilly	Gail	Parker Family Health Clinic
Remhoff	Mary	VNAHG
Robinson	Diana	CJFHC
Schoenberger	Carol	Meridian Health
Silverberg	Marta	MFHC
Thomas	Leonard	Meridian Health
Whiteman	Lynette	Caregiver Volunteers of Central Jersey

Appendix C

The following individuals attended the Forces of Change Assessment meeting on January 15th, 2016.

Last Name	First Name	Organization
Ahern	Laura	Meridian Health
Henry	David	Monmouth County Regional Health Commission
Hughes	Darryl	Meridian Health
Jahn	Margy	Freehold Health Department
McGeehan	John	CentraState
McNally	Kevin	Borough of Roosevelt Planning Board
Merkel	Chris	Monmouth County Health Department
Nance	Brett	Freehold Health Department


New Jersey's
Monmouth County
The Place you Want to Be
Health Improvement Coalition
LIVE
WORK
LEARN
PLAY