CentraState Healthcare System®

The full circle of health and wellness dedicated to excellence.

CentraState Medical Center

Freehold, New Jersey

Community Health Needs Assessment

and

Implementation Plan

FY 2016

CentraState Medical Center - CentraState Healthcare System

2016 Community Health Needs Assessment

and Implementation Plan

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Foreword

The 2010 Patient Protection and Affordable Care Act requires that nonprofit hospitals must perform a community health needs assessment (CHNA) every three years and adopt an implementation strategy to meet the significant community health needs identified in the assessment as a condition of maintaining the institution's tax exemption.

The CHNA must:

- Take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health
- Be made widely available to the public

The CHNA may be based on current information collected by a public health agency or non-profit organization and may be conducted with one or more organizations including related organizations.

The Internal Revenue Code Section 6033(b)(15)(A) requires hospital organizations to include in their annual information return (Form 990) a description of how the organization is addressing the needs identified in the CHNA conducted under Section 501(r) (3) and a description of any significant health needs that are not being addressed along with the reasons why the needs are not being addressed. While CentraState continues to contribute to the high county-wide health ratings (see Appendix A) the area is still faced with significant health needs. CentraState Medical Center will address each of the significant health needs identified in the CHNA process.

CentraState Medical Center has prepared this assessment and implementation strategy in fiscal year 2016 and will use the documents as a planning tool to help create strategic initiatives regarding medical services and community outreach efforts in order to meet critical health needs of members of our community whose health is considered to be at-risk.

Mission & Vision

Our Mission: To enhance the health and well being of our communities through the compassionate delivery of quality health care.

Our Vision: An organization of caring professionals trusted as our community's health care system of choice for clinical excellence.

Community Served by the Hospital

CentraState Medical Center defined its community or service area based on the Metropolitan Statistical Area (MSA) adjusted to the hospital's geographic location and the geographic area from which a significant number of the patients utilizing hospital services reside.

CentraState Medical Center's defined community or service area is Monmouth County, in general, and western Monmouth County in particular. Monmouth County is one of 12 counties in one of the four divisions of the New York-Newark-Jersey City NY-NJ-PA Metropolitan Statistical Area (MSA) as defined by the U.S. Office of Management and Budget (OMB), and used by the U.S. Census Bureau and other federal government agencies for statistical purposes. The communities of western Monmouth County are: Colts Neck Township, Manalapan Township, Borough of Englishtown, Borough of Farmingdale, Boro of Freehold, Freehold Township, Howell Township, Marlboro Township (including Morganville), and Millstone Township (including Clarksburg and Perrineville). Based on geography and utilization, CentraState Medical Center elected to include Jackson Township (Ocean), Monroe Township (Middlesex) and East Windsor (Mercer) in its defined community/service area as well.

CentraState is targeting a significant population in Freehold Boro which has been identified by this Community Health Needs Assessment as a medically underserved, low-income, or minority population and is at risk of not receiving adequate medical care as a result of being uninsured, underinsured or due to environmental, language, financial, educational or other barriers.

Process and Methods

CentraState Medical Center is a founding member of the Health Improvement Coalition of Monmouth County (HICMC) and has a seat on the organization's seven-member Steering Committee, along with representatives of county and local health departments and other Monmouth County hospitals. Organized in 2005, HICMC, with the cooperation of the Governmental Public Health Partnership of Monmouth County, area agencies, organizations, health care providers including all five hospitals in Monmouth County, and individuals, has collaborated to conduct a Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) every five years (2007 and 2012). The current Monmouth County plan was completed in 2016 and is for the years 2016-2019 and includes the communities of western Monmouth County.

CentraState is also a participating member of the Ocean Monmouth Health Alliance and the Prevention Coalition of Monmouth County. (see Appendix for details.)

For the purposes of this CHNA, CentraState also reviewed the CHNA's and CHIP's of adjacent counties, specifically Ocean, Mercer and Middlesex, and conducted surveys in Ocean (Jackson Township) and Monmouth (Freehold Township and Howell Township) and determined the results were consistent with the Monmouth County assessments and plans upon which CentraState Medical Center based its CHNA.

A "Secondary Data Profile" and an "Urban Profile" were prepared for Monmouth County by Holleran Consulting of Philadelphia that included demographic and household information, mortality rates, communicable disease rates and cancer incidence and mortality rates. The profiles were updated periodically.

Copies of both studies are available in the CentraState community relations office. The coalition examined scientific survey data from nearly 600 households, as well as focus group feedback. CentraState further reviewed the Healthy New Jersey 2020 Objectives, Baselines, and Targets. Because many of the statistics reflect available county-wide or state-wide data, CentraState conducted an additional four surveys as well as several interviews and meetings designed to further identify the health needs particular to western Monmouth County. The results were ranked according to severity by local community, business and government leaders. CentraState Medical Center also performed a gap analysis of its programs and services. Finally, a meeting was conducted between CentraState CHNA leadership and the public health officers serving Monmouth County as well as each of the communities in western Monmouth County to identify the significant health needs of the CentraState communities.

CentraState CHNA Calendar 2016

January:	Kick-Off/Leadership Organization; Briefing to Board Strategic Planning Committee
February:	Collection of Primary and Secondary Data
March:	Surveys/Focus Group/Interviews
April:	Briefing to Board Strategic Planning Committee
May/June:	Prioritize Identified Needs in collaboration with public health officers
July:	Update to Board Strategic Planning Committee
August/Sept:	Development of Implementation Strategies
October:	Approval of proposed CHNA & Implementation Strategies
	Recommendation to Board of Trustees
November:	Present Proposed CHNA and Implementation Strategies to Board of Trustees
	Approval by Board of Trustees
December:	Post CHNA and Implementation Strategies on CentraState Website and Publish
2017:	File CHNA and Implementation Strategies with IRS 2016 Return

The CentraState Healthcare System Board of Trustees Strategic Planning Committee participated in the year-long process beginning in January 2016 and culminating at the committee's regular meeting of October 20, 2016, with a recommendation of approval of the CHNA and the Implementation Plan to the CentraState Healthcare System Board of Trustees.

The CentraState Healthcare System Board of Trustees approved the CHNA and Implementation Plan at its regular meeting on November 10, 2016.

The CHNA and Implementation Plan is being made widely available to the public by posting the documents on the CentraState Healthcare System website (www.centrastate.com) and a hardcopy is available in the CentraState community relations office.

Identified Health Needs

The following health needs (in no priority order) in Monmouth County were preliminarily identified by the Health Improvement Coalition of Monmouth County, the Ocean Monmouth Health Alliance, the Prevention Coalition of Monmouth County or CentraState primary and secondary data:

- Risk factors for heart disease
- Obesity/overweight issues (for both adults and children)
- Physical Activity
- Mental health (suicide rate among adolescents on the rise)
- Substance abuse (teens, seniors, prescription drug abuse, to include tobacco use)
- Access to primary care
- Long-term management of chronic illness (self-management)
- Domestic violence (teens, families)
- Caregiving needs
- Transportation barriers
- Ability to pay for care
- Lack of health insurance
- Cancer
- Prescription medication unaffordable
- Stroke
- Drug abuse (prescription)
- Drug abuse (illegal substances)
- Alcohol abuse
- Asthma
- Infectious/contagious diseases
- Sexually transmitted diseases
- Teen pregnancy
- Lack of prenatal care
- Lack of dental care

Significant Health Needs

CentraState hosted a meeting in its Conference Center of the HICMC on September 23, 2016 where the needs identified in the 2016 Community Health Assessment (See Appendix) were analyzed and prioritized.

The CentraState Medical Center CHNA leadership team also convened a meeting with the public health officers of the western Monmouth County communities in order to review and analyze the HICMC identified health needs for Monmouth County and the CentraState Medical Center identified and ranked health needs for western Monmouth County. The group utilized the following criteria to identify and rank the health concerns:

- Assessing the magnitude of the problem
- Seriousness of the consequences and potential burden to the community
- Feasibility of addressing or correcting the problem

The result was the identification of three significant health needs with specific issues of the CentraState Medical Center Community Health Needs Assessment 2016:

1. **Mental Health**
   Substance Abuse
   Suicide

2. **Health Equity**
   Access to Care
   Cultural Diversity
   Demographic Disparities
   Health Ed/Promotion
   Health Literacy

3. **Healthy Lifestyles**
   Obesity
   Diabetes
   Cancer
   Cardiovascular

CentraState also identified Freehold Boro as a significant population from this Community Health Needs Assessment that is medically underserved, low-income, or a minority population and is at risk of not receiving adequate medical care as a result of being uninsured, underinsured or due to environmental, language, financial, educational or other barriers. Freehold Boro is specifically addressed as a part of Significant Health Need #2: Health Equity.

Significant Health Need #1: Mental Health (Substance Abuse, Suicide)

Mental Health has been continuously identified as an area in need of attention by Health Improvement Coalition members, as access to mental health providers and services are limited within the county.

The drug induced mortality rate in Monmouth County has increased significantly in recent years. The rate in Monmouth County exceeds the rates for New Jersey, the United States and the Healthy People 2020 standards.

The suicide mortality rate in Monmouth County is on an upward trend, similar to the statewide and national rates. The current rate in Monmouth County fails to satisfy the Healthy NJ 2020 target.

Significant Health Need #2: Health Equity (Access to Care, Cultural Diversity, Demographic Disparities, Health Ed/Promotion, Health Literacy)

Access to healthcare services has been a longstanding item on the CentraState and the Health Improvement Coalition's agenda. In 2016, the coalition identified problems in accessing both services and information within Monmouth County. Health care clinics are sparse and are concentrated in the eastern part of the county with none in western Monmouth County, hours are inconvenient, and transportation continues to be a significant barrier for residents. There are five Federally Qualified Health Centers (FQHC) in Monmouth County but none in western Monmouth. Cultural and language barriers exist, due to the growing Hispanic population in Monmouth County and specifically in Freehold Boro. The issue of health literacy, including educational materials, health forms, prescriptions and health insurance, creates a barrier for our residents in accessing and receiving quality healthcare as well.

The most significant health equity needs are in Freehold Boro.

Special Population: Freehold Boro

Freehold Borough is a quaint urban-like community nestled inside the Township of Freehold in central Monmouth County, New Jersey.

The USD Data Mapper shows the zip code 07728, which is shared with Freehold Township and other nearby communities, a population of 56,039 with 10,967 (19.6%) identified as low income. Of those low income, only 470 (4.2%) receive care from a Federally Qualified Health Center (FQHC). Market penetration is low because transportation is a significant barrier to access of care with the closest FQHC being 24 minutes away by car without traffic. Most low-income residents do not own cars and musts rely on public transportation or taxis.

A 2012 study, commissioned by the Freehold Health Department to determine the potential need for a local FQHC, revealed that transportation was the most commonly cited barrier to health care, as stated by resident focus groups and key informant interviews. Participants noted that local public transportation is not very efficient or accessible and using taxis can cost up to $20 per round trip. Some residents admitted to forgoing healthcare because of lack of transportation.

A few existing clinics and services are available in the area however, participants of the study view the clinics as limited in their capacity to address the needs of the community due to inconvenient hours, staffing, available services and significant waiting times. In addition, residents admitted to using the emergency room at CentraState Medical Center for primary care services because of the available charity care. Establishing a medical clinic within walking distance of Freehold Borough that services the needs of

the low income is a necessity for the community and when asked if they would use a comprehensive clinic in Freehold, one resident stated "If Freehold had a health center like that, we would help build it and maintain it and promote it. It is very badly needed."

a) Unemployment, income level and/or literacy

Freehold Borough is a diverse community that is known for their restaurants and street nightlife. Many residents are employed by local business or by landscapers and construction companies serving the more affluent surround areas. According to the 2014 U.S. Census Bureau, unemployment ranged from 5.9% to 12.1% across the four census tracts compared to New Jersey unemployment rates of 7.8%. However, unemployment reveals only part of the story.

As mentioned earlier, Freehold Borough is two-square mile community of a little over 12,000 people that is nestled in the larger and more affluent Township of Freehold (population 36,184). As a result, the two communities share the same zip code, which has a profound negative impact on the Borough when describing income levels and the uninsured. According to ZCTA level map, people living at or below poverty for the 07728 zip code is 19.6%. However, ZCTA dilutes the actual percentage of people living in poverty in the Borough because of the significant size of the higher earning Township. For example, in 2014, the median income for Freehold Borough was $53,375 compared to the Township's median income of $102,511. In fact, in one of the Borough's census tract, 8108, the median income was reported to be $34,884.

More alarming and according to the U.S. Census Bureau, the percentage of children living in poverty has increased from 19.8% percent to 30.7% in just ten years. The area is home to a substantial population of undocumented immigrants whose existence is not reflected in the census statistics, but whose American-born children are clearly impacted. According the Freehold Borough School District, Hispanics comprise 72.91% of the school population, of which 77.4% of all children within the schools receive Free/Reduced meals. Clearly, the future of the young Borough population are at risk and need to be afforded the outreach services and primary health care that a *local* Community Health Center (CHC) can provide.

b) Lack of insurance coverage

The percent of uninsured remains alarmingly high. Again, when considering the entire zip code with a population 56,039, the true numbers of the uninsured are minimized and mask the true needs of the Freehold Borough population. The uninsured status of the target population is at 29.6% and as high as 36.7% in census tract 8110. In addition, the undocumented, who are not counted in the U.S. census inflate those numbers even more, as they are not eligible for insurance under the ACA.

According to the FQHC feasibility study commissioned by the Freehold Health Department, focus group participants indicated that insurance and cost were major barriers to accessing health care. Several mentioned that health insurance is available but they cannot afford the cost of the premiums or the out-of-pocket costs. "Our jobs do not pay us enough for health care," and, "my bill for one visit to the doctor was more than two month's rent," were quotes from two of the participants.

c) Health disparities

Health disparities are evident and reflect the inconsistent access to reliable health care for some of the population. For example, the prevalence of diabetes among Freehold Borough residents is at 9.8%, 21% over the National Benchmark and above the severe benchmark of 9.2%. Colorectal cancer mortality is 33% higher at 20.3/100,000 than the severe benchmark of 15.3/100,000. In addition, drug poisoning mortality and childhood obesity are above National Benchmarks.

Health disparities primarily exist because of socio-economic differences that influence health status. Optimum health for the Freehold Borough community is a challenge for many due to immigration, poverty, food insecurity and insufficient medical care. The more affluent neighboring communities with financial resources, including transportation, have the means to address and prevent chronic disease, as reflected in the hypertension hospital admission rates from the Health Care Cost and Utilization Project. Patients in the lowest quartile for income levels, are 2.5 times more likely to be admitted (93.850/100,000) than patients from the highest quartile (37.769). Those at the lowest income struggle financially needed resources to address and prevent chronic disease. Access to a CHC for Freehold Borough residents will affect positive outcomes for those most at risk.

Source: Freehold Health Dept.

Significant Health Need #3: Healthy Lifestyles (Obesity, Diabetes, Cancer, Cardiovascular)

Although the average diabetes mortality rate in Monmouth County has decreased over the years, the current mortality rate fails to satisfy the Healthy NJ 2020 target. Diabetes mortality is significantly higher among Blacks than Whites. The prevalence of diabetes in Monmouth County is higher than in Ocean County and is above the national prevalence and much higher than the state prevalence and has increased since 2011. Diabetes is more common among older adults age 65+ (27%), those living in poverty (33%), and Hispanic individuals (25%). The rates are noticeably higher overall in Freehold Boro residents (21% over the national benchmark.) While New Jersey has the 9th lowest adult obesity rate in the nation at 25.6%, it remains that one out of every four adults in New Jersey is obese, a leading contributor to heart disease and stroke. The rate of new adult diabetes cases is increasing in the state. Adults who are obese are at increased risk of morbidity from hypertension, high LDL cholesterol, type 2 diabetes, coronary heart disease, stroke, and osteoarthritis. Obesity has tripled among adolescents in the past 30 years. Obese youth are more likely to have prediabetes and risk factors for cardiovascular disease and are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.

Prostate and female breast cancer incidence is higher in Monmouth County than seen at the state and national levels. Disparities exist when considering who is most affected by these types of cancer, with Blacks and Hispanics experiencing higher prostate cancer incidence, and white non-Hispanic and Black females experiencing higher breast cancer incidence. Skin cancer is also of concern in Monmouth County, as the prevalence has increased since 2011 and is higher in Monmouth County than in New Jersey and the United States.

Cardiovascular disease mortality has decreased since 2011, however, the 2014 age-adjusted mortality rate fails to satisfy the Healthy People 2020 target. Disparities among different populations also exist. These rates are higher among Black non-Hispanics and those 65 and older.

CentraState Medical Center

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2016 Implementation Plan

Significant Health Need #1: Mental Health (Substance Abuse, Suicide)

Strategies:

Consult with elected and appointed state officials to regulate mental health insurance to increase access to mental health services, including treatment for substance use disorders.

Collaborate with the Monmouth County Mental Health Director on strategies and programs to address mental health issues.

Substance Abuse

Tobacco use is the leading preventable cause of death in the United States. Smoking claims 480,000 lives each year. It has been shown that smoking increases the risk for chronic lung disease, coronary heart disease, and stroke, as well as cancer of the lungs, larynx, esophagus, mouth, and bladder. In addition, smoking contributes to cancer of the cervix, pancreas, and kidneys. Exposure to secondhand smoke increases the risk for heart disease and lung cancer among nonsmokers. Tobacco use is usually initiated during adolescence. Nearly 90% of adult smokers begin smoking before 18 years of age.

24.4% of Monmouth County adults are excessive drinkers as compared to 15.6% in Ocean County and higher than the 23.2% in the United States.

The age-adjusted drug-induced mortality rate between 2011 and 2015 in Monmouth was 14.8 deaths per 100,000 population which is greater than the state and national rate and a significant increase from the 2005-2007 rate. Heroin and other opioids, alcohol and prescription medication are the most problematic subsances.

Collaborate, share resources and develop programming with the local Municipal Alliances for the Prevention of Substance Abuse for programming and education in the community and particularly in the schools.

Increase participation in the Prevention Coalition of Monmouth County to plan comprehensive substance abuse awareness planning and programming; to provide a forum for community members and organizations to work together to improve substance abuse prevention strategies within the service area while increasing public awareness related to substance abuse trends and community resources.

Increase and expand substance abuse programming at the CentraState Student Health Awareness Center.

Revise health care processes and provider roles to integrate mental health and substance abuse treatment into primary care.

Utilize certified Recovery Coaches in the Emergency Department to engage with patients who have been administered naloxone (NARCAN).

Suicide

Suicide is the 10th leading cause of death among Americans and 13th among New Jerseyans. The average annual suicide count among New Jersey residents is 600-700 and there are generally 1.7 suicides for every homicide in the state. Suicide is the 3rd leading cause of death among New Jersey teens.

The CentraState Student Health Awareness Center, in cooperation with school counselors, undertake plans to develop and deliver a curriculum-based program that helps all students learn to recognize warning signs of suicide in themselves and others.

Provide low income or at-risk public school students and their families with information about social services and health care supports.

Significant Health Need #2: Health Equity (Access to Care, Cultural Diversity, Demographic Disparities, Health Ed/Promotion, Health Literacy)

Strategies:

Access to Care

Health Insurance Coverage. Lack of health insurance is strongly associated with lack of access to health care services, particularly preventive and primary care. The uninsured are significantly more likely to be in fair or poor health, to have unmet medical needs or surgical care, not to have had a physician or other health professional visit, and to lack satisfaction in quality of care received.

Partner with community-based organizations to increase outreach and education about enrollment for health insurance coverage through the Health Insurance Marketplaces (Exchanges).

Continue to grow the CentraState Community Health Plan.

Medical Home or Health Care Provider. As each new health care need arises, an individual's first point of contact with the health care system is typically his or her personal doctor. In most cases a personal doctor can effectively and efficiently manage a patient's medical care because they understand that person's medical history and social background. Having a regular source of health care is also an indicator of overall access to care.

Continue to establish CentraState Health Pavilions, which include Family Practice at CentraState offices, rehabilitation and laboratory services and Immediate Care Centers, in service area communities.

Recruit graduating residents from the CentraState-based Family Residency Program.

Continue to recruit primary care physicians, physician assistants, nurse practitioners and specialty care physicians to the service area.

Cultural Diversity, Demographic Disparities

The most significant health equity needs are in Freehold Boro.

Collaborate with the newly created coalition "Greater Freehold: Building a Healthier Future" led by the Visiting Nurse Association (VNA) Health Group and the Freehold Health Dept. under a grant from the Robert Wood Johnson Foundation. The organization goals are to find solutions to health issues within the community through collaboration.

The five Federally Qualified Health Centers (FQHC) located in Monmouth County are clustered on the eastern side (Asbury Park, Red Bank, Long Branch, Neptune and Keansburg), severely limiting access to those in need of such services on the west side.

Support the effort to locate a Federally Qualified Health Center (FQHC) in Freehold Boro and commit CentraState resources to the facility and its programs/services.

Collaborate with the Mayor's Freehold Boro Wellness Council to conduct a health fair for residents, including follow-up with education and free screenings.

Provide culturally sensitive assistance and care coordination, and guide patients through available medical, insurance, and social support (Patient navigators).

Tailor health care to patients' norms, beliefs, and values, as well as their language and literacy skills.

Develop programs in conjunction with the Freehold Boro schools to address health issues of students and families.

<u>Health Ed/Promotion, Health Literacy:</u>

Develop programs through the CentraState Health Awareness Center in conjunction with other departments to provide the community with health education, promotion and literacy.

Use media-based efforts, in particular social media platforms, to educate residents and change the attitudes and beliefs that contribute to unhealthy behaviors.

Use vouchers, tickets for prize drawings, and other incentives to encourage patients to undergo preventive care such as screenings, vaccinations, etc.

Significant Health Need #3: Healthy Lifestyles (Obesity, Diabetes, Cancer, Cardiovascular)

Strategies:

Obesity, Diabetes

Fruits and vegetables contain essential vitamins, minerals, fiber and other nutrients that may help prevent many chronic diseases. Compared with people who consume a diet with only small amounts of fruits and vegetables, those who eat more generous amounts as part of a healthful diet are likely to have reduced risk of chronic diseases, including stroke and perhaps other cardiovascular diseases, and certain cancers. Fruits and vegetables also help people to achieve and maintain a healthy weight, because they are relatively low in energy density.

Maintenance of a physically active lifestyle is recognized in public health as one of the essential features of a healthy life. While it has long been known that physical activity can prevent heart disease, newer studies suggest that, on average, physically active persons outlive those who are inactive.

Research has shown that engaging in physical activity is important in maintaining a healthy lifestyle. The epidemic of childhood overweight and obesity can be partly attributed to the over-consumption of media by children.

Consumption of sugar-sweetened beverages appears to be associated with being at increased risk for overweight in children

Individuals with diabetes are at a greater risk for eye related health problems than those without diabetes. A dilated eye exam tests for diabetic retinopathy which is the leading cause of blindness in American adults. Timely treatment and appropriate follow-up care of diabetic retinopathy can reduce the risk of blindness up to 95% according to the National Eye Institute.

Proper diabetes management requires regular monitoring of blood sugar levels. Glucometers provide immediate feedback on blood sugar levels. An A1C test, however, tells a person what his or her average blood sugar level has been over the past two or three months and is a more reliable indicator of blood sugar control. An A1C level indicates the amount of sugar that is attached to red blood cells (hemoglobin cells). Red blood cells are replaced every two or three months and sugar stays attached to the cells until they die. When levels of blood sugar are high, more sugar is available to attach to red blood cells. For most people with diabetes, the target A1C level is less than 7 percent. Higher levels suggest that a change in therapy may be needed. Therefore, obtaining regular A1C tests plays an important role in diabetes management.

The American Diabetes Association recommends that people with diabetes have an A1C test at least two times a year. However, the test should be conducted more often for individuals who are not meeting target blood sugar goals, or who have had a recent change in therapy.

Increase education for diabetes prevention, early identification and disease management to high-risk populations in our service area.

Expand pre-diabetes education programming at the hospital and in the community.

Provide increased access of Diabetes Center nurses to primary care physicians in Freehold Boro for nutrition counseling (English and Spanish classes) to include glucose testing, education and follow-up evaluations.

Include free glucose screening at community events in the service area.

Provide "Live Life Well" programs including seminars on eating well, relaxing well and moving well.

Continue nutrition seminars for senior centers.

Expand the "Plant Powered Program" (a 10-week program on plant based eating which has been shown to significantly help with weight loss, improved digestion, lower cholesterol and triglycerides, drop blood pressure and help with blood sugar management.)

Provide live cooking demonstrations for the community

Expand participation in the Shaping NJ Grant for schools in Freehold Boro and Freehold Township advising of nutritional content of school food recipes and benefits of exercising

Increase participation in service area school wellness councils and activities.

Partner with the fitness center to provide nutrition education for children.

Cancer

Lung cancer is the leading cause of deaths due to cancer in New Jersey and in the nation as a whole. This is true for both males and females and for each racial/ethnic group. In the United States, about 90% of lung cancer cases are due to smoking which is an avoidable risk factor. (See also tobacco use in Significant Health Need #1 above.)

Nearly 14 million Americans with a previous cancer diagnosis are living in the United States. People are living longer after a cancer diagnosis because of advances in early detection and treatment. However, cancer survivors are at greater risk for recurrence and for developing second cancers due to the effects of treatment, unhealthy lifestyle behaviors, underlying genetics, or risk factors that contributed to the first cancer.

Cervical Cancer Screening. Cervical cancer is one of the most curable cancers if detected early through routine screening.

Almost all cases of cervical cancer are caused by infection with high-risk types of the human papillomavirus (HPV). The HPV vaccine protects against the HPV types that most often cause cervical cancer. Women who have had an HPV vaccine still need to have routine Pap smears because the vaccine does not fully protect against all the strains of the virus and other risk factors that can cause cervical cancer.

HPV is transmitted through sexual contact. Any woman who is sexually active is at risk for developing cervical cancer. Other risk factors include giving birth to many children, having sexual relations at an early age, having multiple sex partners or partners with many other partners, cigarette smoking, and use of oral contraceptives.

Cervical cancer screening should begin about three years after a woman begins having intercourse but no later than 21 years of age. Cervical screening should be performed every year with conventional Pap tests or every two years with liquid-based Pap tests. Beginning at age 30, women who have had three normal test results in a row may undergo screening every two to three years.

Colorectal Cancer Screening. The fecal occult blood test and sigmoidoscopy are important tools in the detection of various health conditions, especially cancer of the colon and rectum. Colorectal cancer is unfortunately relatively common, does not have symptoms in its early stages, and has a risk that increases with

age. Regular colorectal cancer screening is one of the most effective means by which colorectal cancer can be prevented or found early, when treatment is easier. Such screening helps people stay healthy and protects lives. The majority of diagnoses of this type of cancer occur in people who are over the age of 50. As a result, most people are advised to begin receiving these screening tests at age 50. Screening for hidden blood in the stool, using the fecal occult blood test, results in the detection of colorectal cancer at relatively high rates. Additionally, widespread use of this non-invasive, annual test has been shown to decrease both incidence and mortality in randomized controlled trials. By contrast, sigmoidoscopy is a minimally invasive test which uses a tiny video camera to examine the structure of the rectum and the lower part of the colon to find any abnormal areas. A sigmoidoscopy is usually performed only once every 5 years, depending on one's personal risk for colorectal cancer, but is also proven to decrease colorectal cancer incidence and mortality. Although this is a more involved procedure, sigmoidoscopy does have an enhanced ability, when compared to the fecal occult blood test, to find both cancer and colorectal polyps. Polyps are small growths which can over time become cancer, if left in place. Any polyps that are discovered can immediately be extracted through the medical device used for a sigmoidoscopy to prevent possible progression to cancer or to better assess whether or not any cancer is currently present.

Breast Cancer Screening. About one in eight women in the United States will develop breast cancer during their lifetime and this risk increases with age. A mammogram is an X-ray of the breast and is the most accurate tool for detecting breast cancer. It is recommended that women over age 40 receive a mammogram each year by a trained health professional whether or not they experience symptoms of breast cancer. Furthermore, clinical breast exams can also aid early detection of breast cancer.

Prostate Cancer Screening. Prostate cancer is the most commonly occurring form of cancer (excluding skin cancer) among men and is the second leading cause of cancer death for men in New Jersey and the U.S. All men over 40 should visit their doctor for a routine health visit which may include a discussion on prostate health.

Sunburn Prevalence. Sunburn is a risk factor for skin cancer, the most common of all cancers. About 3.5 million cases of basal and squamous cell skin cancer are diagnosed in the U.S. each year. Melanoma, a more dangerous type of skin cancer, accounted for more than 73,000 cases of skin cancer in the U.S. in 2015.

Continue to partner with the Ocean Monmouth Health Alliance to conduct programs aimed at education, prevention and access to treatment for cancer. Programs include "Choose Your Cover" (free skin cancer education and screenings at the beach); "Cancer You Can Prevent" (Colorectal cancer toolkits for primary care physicians to prevent colorectal cancer); Free Oral Cancer Screenings; promote with local governments Tobacco-Free Living at beaches, parks and recreational areas; preventing cervical cancer by increasing HPV immunizations.

Increase number and frequency of cancer screenings offered through the CentraState Statesir Cancer Center and the Health Awareness Center.

Increase breast cancer screenings (mammograms) by the CentraState Women's Center.

Combine information about human papillomavirus (HPV) and the benefits of vaccination with efforts to support vaccine series completion (e.g., patient and parent education or reminders, physician education, etc.)

Cardiovascular

Heart disease is the leading cause of death of men and women in the United States and in New Jersey. Coronary heart disease is the most common type of heart disease and can cause heart attack, angina, heart failure, and arrhythmias.

Stroke is the third leading cause of death in New Jersey and fifth in the US. It is third among women, as well as among Blacks and Asians. It is the fourth leading cause of death among men, as well as among Whites and Hispanics.

Cholesterol testing is considered a necessary preventive health care measure. High blood cholesterol has been linked to hardening of the arteries, heart disease, as well an increased risk of death from heart attacks.

Develop and implement programs and services to enhance knowledge of heart disease management and control the risk factors for heart disease.

Offer a cardiac support group for the public.

Increase community outreach efforts including lectures and screenings (blood pressure and cholesterol) by participating in community events (town days, fairs, senior center events and American Heart Association programs and events.

Provide cardiopulmonary resuscitation classes for the community.

Offer weight management programs and classes.

Promote and expand the Gloria Saker Women's Heart Program at CentraState (for women at risk) including education and awareness, prevention, risk factor assessment and program referral (dietary counseling, smoking cessation, stress management) in collaboration with area physicians.

Implementation, Monitoring and Evaluation

Within CentraState Medical Center and CentraState Healthcare System, the Senior Vice President of Organizational Transformation and Chief Legal Officer, along with the Community Relations Coordinator, will have primary responsibility for monitoring and tracking the Implementation Plan. The primary and secondary data utilized in the Community Health Needs Assessment will become the baseline against which all progress in meeting the goals of the Implementation Plan will be measured. The individuals named above will keep the board of trustees informed through the strategic planning committee of the board. An annual report will be published and provided to the board of trustees and made available on www.centrastate.com.

Comments

CentraState Medical Center encourages and welcomes comments from the community regarding the Community Health Needs Assessment and the Implementation Plan. Please forward comments to CentraState Medical Center, ATTN: Community Relations, 901 West Main St., Freehold, NJ 07728.

Approved by the CentraState Healthcare System Board of Trustees on November 10, 2016

Appendix A

US Census Report

	NEW JERSEY	MONMOUTH COUNTY	FREEHOLD TOWNSHIP	FREEHOLD BOROUGH,	UNITED STATES
Population					
iPopulation estimates, July 1, 2015, (V2015)	8,958,013	628,715	35,807	11,959	321,418,820
iPopulation estimates base, April 1, 2010, (V2015)	8,791,936	630,378	36,184	12,052	308,758,105
iPopulation, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	1.9%	-0.3%	-1.0%	-0.8%	4.1%
iPopulation, Census, April 1, 2010	8,791,894	630,380	36,184	12,052	308,745,538
Age and Sex					
iPersons under 5 years, percent, July 1, 2015, (V2015)	5.9%	5.1%	X	X	6.2%
iPersons under 5 years, percent, April 1, 2010	6.2%	5.5%	4.8%	8.2%	6.5%
iPersons under 18 years, percent, July 1, 2015, (V2015)	22.3%	22.0%	X	X	22.9%
iPersons under 18 years, percent, April 1, 2010	23.5%	23.8%	24.3%	24.5%	24.0%
iPersons 65 years and over, percent, July 1, 2015, (V2015)	15.0%	16.1%	X	X	14.9%
iPersons 65 years and over, percent, April 1, 2010	13.5%	13.8%	13.0%	11.0%	13.0%
iFemale persons, percent, July 1, 2015, (V2015)	51.2%	51.4%	X	X	50.8%
iFemale persons, percent, April 1, 2010	51.3%	51.4%	50.5%	47.2%	50.8%
Race and Hispanic Origin					
iWhite alone, percent, July 1, 2015, (V2015) (a)	72.6%	84.6%	X	X	77.1%
iWhite alone, percent, April 1, 2010 (a)	68.6%	82.6%	84.3%	65.7%	72.4%
iBlack or African American alone, percent, July 1, 2015, (V2015) (a)	14.8%	7.7%	X	X	13.3%
iBlack or African American alone, percent, April 1, 2010 (a)	13.7%	7.4%	5.3%	12.6%	12.6%
iAmerican Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)	0.6%	0.3%	X	X	1.2%
iAmerican Indian and Alaska Native alone, percent, April 1, 2010 (a)	0.3%	0.2%	0.1%	0.5%	0.9%
iAsian alone, percent, July 1, 2015, (V2015) (a)	9.7%	5.6%	X	X	5.6%
iAsian alone, percent, April 1, 2010 (a)	8.3%	5.0%	7.0%	2.9%	4.8%
iNative Hawaiian and Other Pacific Islander alone, percent, July 1,	0.1%	0.1%	X	X	0.2%

2015, (V2015) (a)					
iNative Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)	Z	Z	Z	0.1%	0.2%
iTwo or More Races, percent, July 1, 2015, (V2015)	2.1%	1.7%	X	X	2.6%
iTwo or More Races, percent, April 1, 2010	2.7%	2.0%	1.7%	2.9%	2.9%
iHispanic or Latino, percent, July 1, 2015, (V2015) (b)	19.7%	10.7%	X	X	17.6%
iHispanic or Latino, percent, April 1, 2010 (b)	17.7%	9.7%	7.8%	42.9%	16.3%
iWhite alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)	56.2%	75.3%	X	X	61.6%
iWhite alone, not Hispanic or Latino, percent, April 1, 2010	59.3%	76.7%	78.6%	41.1%	63.7%
Population Characteristics					
iVeterans, 2010-2014	416,037	34,056	1,760	419	20,700,711
iForeign born persons, percent, 2010-2014	21.5%	13.0%	13.1%	32.3%	13.1%
Housing					
iHousing units, July 1, 2015, (V2015)	3,593,604	260,686	X	X	134,789,944
iHousing units, April 1, 2010	3,553,562	258,410	13,140	4,249	131,704,730
iOwner-occupied housing unit rate, 2010-2014	65.0%	74.8%	85.1%	51.1%	64.4%
iMedian value of owner-occupied housing units, 2010-2014	$319,900	$386,900	$394,000	$277,100	$175,700
iMedian selected monthly owner costs -with a mortgage, 2010-2014	$2,428	$2,643	$2,710	$2,195	$1,522
iMedian selected monthly owner costs -without a mortgage, 2010-2014	$972	1,000+[1]	1,000+[1]	$859	$457
iMedian gross rent, 2010-2014	$1,188	$1,241	$1,723	$1,275	$920
iBuilding permits, 2015	30,560	1,399	X	X	1,182,582
Families and Living Arrangements					
iHouseholds, 2010-2014	3,188,498	233,730	12,529	3,972	116,211,092
iPersons per household, 2010-2014	2.72	2.66	2.76	3.01	2.63
iLiving in same house 1 year ago, percent of persons age 1 year+, 2010-2014	90.1%	91.2%	91.9%	92.0%	85.0%
iLanguage other than English spoken at home, percent of persons age 5 years+, 2010-2014	30.3%	16.9%	15.9%	42.7%	20.9%
Education					
iHigh school graduate or higher, percent of persons age 25 years+, 2010-2014	88.4%	92.6%	94.1%	75.4%	86.3%
iBachelor's degree or higher, percent of persons age 25 years+, 2010-2014	36.4%	42.0%	45.0%	21.1%	29.3%
Health					
iWith a disability, under age 65 years, percent, 2010-2014	6.5%	5.8%	5.1%	5.9%	8.5%
iPersons without health insurance, under age 65 years, percent	⚠12.6%	⚠10.1%	⚠8.3%	⚠32.4%	⚠12.0%

Economy					
iIn civilian labor force, total, percent of population age 16 years+, 2010-2014	66.2%	66.4%	64.7%	68.6%	63.5%
iIn civilian labor force, female, percent of population age 16 years+, 2010-2014	60.7%	59.1%	60.0%	56.4%	58.7%
iTotal accommodation and food services sales, 2012 ($1,000) (c)	19,673,558	1,318,879	116,536	29,403	708,138,598
iTotal health care and social assistance receipts/revenue, 2012 ($1,000) (c)	60,375,232	4,809,461	549,610	37,019	2,040,441,203
iTotal manufacturers shipments, 2012 ($1,000) (c)	108,854,971	3,053,144	445,056	D	5,696,729,632
iTotal merchant wholesaler sales, 2012 ($1,000) (c)	288,467,844	4,888,826	260,581	98,269	5,208,023,478
iTotal retail sales, 2012 ($1,000) (c)	133,665,728	11,026,097	1,618,215	364,336	4,219,821,871
iTotal retail sales per capita, 2012 (c)	$15,079	$17,519	$44,843	$30,118	$13,443
Transportation					
iMean travel time to work (minutes), workers age 16 years+, 2010-2014	30.7	33.4	36.5	22.6	25.7
Income and Poverty					
iMedian household income (in 2014 dollars), 2010-2014	$72,062	$85,605	$102,511	$53,375	$53,482
iPer capita income in past 12 months (in 2014 dollars), 2010-2014	$36,359	$43,548	$43,557	$23,219	$28,555
iPersons in poverty, percent	⚠11.1%	⚠8.2%	⚠4.8%	⚠14.8%	⚠14.8%
Businesses					
iTotal employer establishments, 2014	230,600[2]	18,997	X	X	7,563,085
iTotal employment, 2014	3,526,716[2]	228,837	X	X	121,079,879
iTotal annual payroll, 2014	202,658,061[2]	11,047,854	X	X	5,940,442,637
iTotal employment, percent change, 2013-2014	1.0%[2]	2.1%	X	X	2.4%
iTotal nonemployer establishments, 2014	653,271	52,370	X	X	23,836,937
iAll firms, 2012	792,088	64,460	3,184	843	27,626,360
iMen-owned firms, 2012	464,592	38,993	1,817	541	14,844,597
iWomen-owned firms, 2012	252,944	18,167	937	173	9,878,397
iMinority-owned firms, 2012	237,242	10,636	480	204	7,952,386
iNonminority-owned firms, 2012	533,808	51,804	2,460	589	18,987,918
iVeteran-owned firms, 2012	57,996	4,813	273	38	2,521,682
iNonveteran-owned firms, 2012	707,975	57,426	2,691	756	24,070,685
Geography					
iPopulation per square mile, 2010	1,195.5	1,344.7	939.8	6,180.5	87.4
iLand area in square miles, 2010	7,354.22	468.79	38.50	1.95	3,531,905.43
i FIPS Code	34	34025	3402525230	3425200	00

Appendix B

2016 County Health Rankings

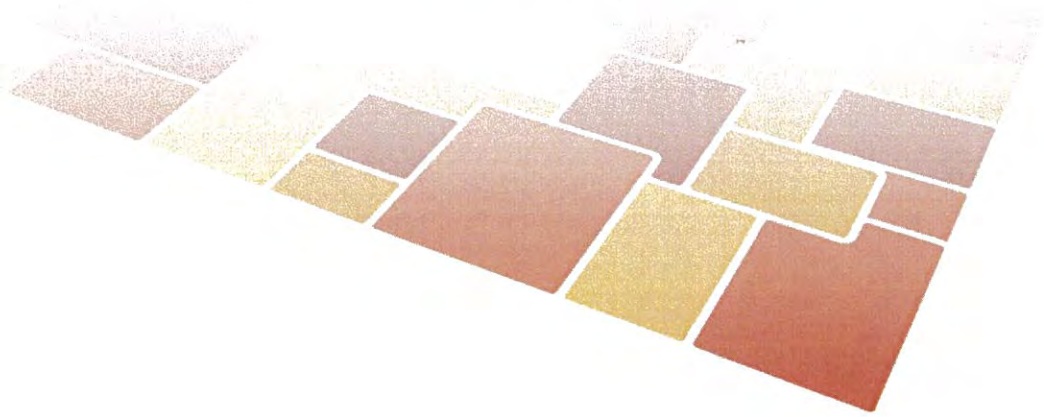
County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

2016 *County Health Rankings*

New Jersey



A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

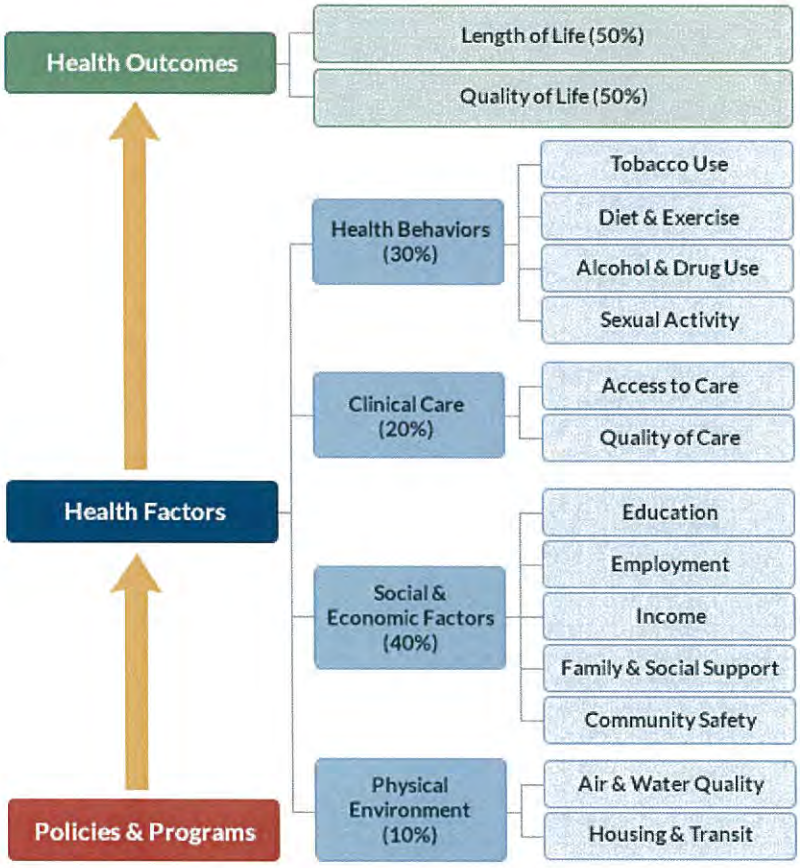
Support provided by
Robert Wood Johnson Foundation

INTRODUCTION

The *County Health Rankings & Roadmaps* program brings actionable data and strategies to communities to make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps* show what we can do to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

WHAT ARE THE *COUNTY HEALTH RANKINGS*?

Published online at **countyhealthrankings.org**, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of nearly every county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to help identify issues and opportunities for local health improvement, as well as to garner support for initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



DIGGING DEEPER INTO HEALTH DATA

Although we know that a range of factors are important for good health, every state has communities that lack both opportunities to shape good health and strong policies to promote health for everyone. Some counties lag far behind others in how well and how long people live – which we refer to as a "health gap." Find out what's driving health differences across your state and what can be done to close those gaps. Visit countyhealthrankings.org/reports.

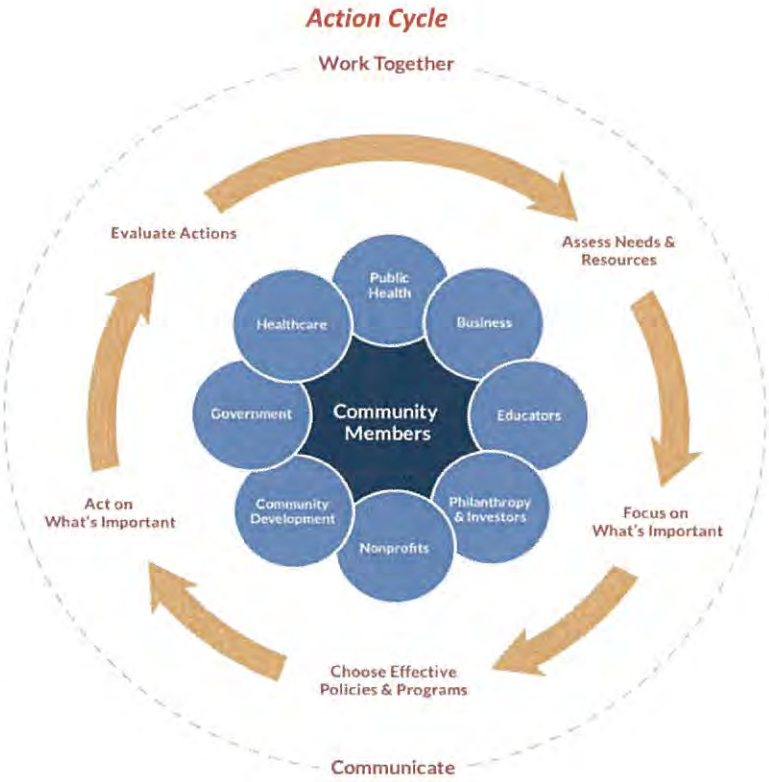
To further explore health gaps and other data sources in your community, check out the feature to find more data for your state and dig deeper on differences in health factors by geography or by population subgroups. Visit countyhealthrankings.org/using-the-rankings-data.

MOVING FROM DATA TO ACTION

Roadmaps to Health help communities bring people together to look at the many factors that influence health and opportunities to reduce health gaps, select strategies that can improve health for all, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from *awareness* about their county's ranking to *actions* designed to improve everyone's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health
- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at countyhealthrankings.org



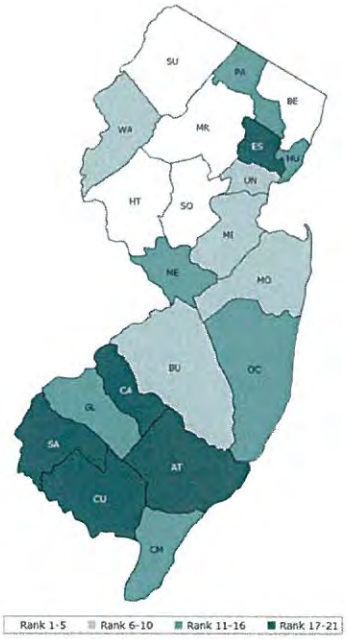
HOW CAN YOU GET INVOLVED?

You might want to contact your local affiliate of United Way Worldwide, the National Association of Counties, Local Initiatives Support Corporation (LISC), or Neighborworks– their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit countyhealthrankings.org to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.

HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of New Jersey's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at **countyhealthrankings.org**.

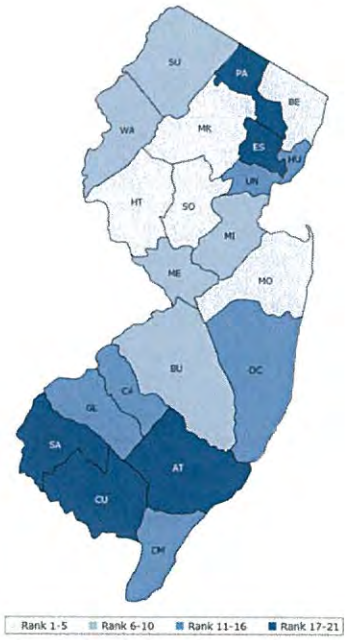


County	Rank	County	Rank	County	Rank	County	Rank
Atlantic	18	Essex	20	Monmouth	7	Sussex	5
Bergen	4	Gloucester	16	Morris	2	Union	8
Burlington	9	Hudson	12	Ocean	11	Warren	10
Camden	19	Hunterdon	1	Passaic	14		
Cape May	15	Mercer	13	Salem	17		
Cumberland	21	Middlesex	6	Somerset	3		

HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays New Jersey's summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at **countyhealthrankings.org**



County	Rank	County	Rank	County	Rank	County	Rank
Atlantic	19	Essex	17	Monmouth	5	Sussex	8
Bergen	4	Gloucester	13	Morris	3	Union	11
Burlington	7	Hudson	16	Ocean	12	Warren	9
Camden	15	Hunterdon	1	Passaic	18		
Cape May	14	Mercer	10	Salem	20		
Cumberland	21	Middlesex	6	Somerset	2		

2016 *COUNTY HEALTH RANKINGS*: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population	7,700	5,500	3,900	8,100
Poor or fair health	% of adults reporting fair or poor health	16%	16%	10%	23%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.2	2.5	4.1
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.7	3.4	2.8	3.9
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	8%	6%	10%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	% of adults who are current smokers	18%	15%	11%	19%
Adult obesity	% of adults that report a BMI ≥ 30	31%	25%	20%	34%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.2	8.2	6.7	9.3
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	28%	24%	18%	28%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	62%	95%	65%	100%
Excessive drinking	% of adults reporting binge or heavy drinking	17%	17%	16%	20%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	26%	17%	38%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	287.7	319.6	110.2	662.8
Teen births	# of births per 1,000 female population ages 15-19	40	20	4	59
CLINICAL CARE					
Uninsured	% of population under age 65 without health insurance	17%	15%	8%	23%
Primary care physicians	Ratio of population to primary care physicians	1,990:1	1,170:1	2,410:1	800:1
Dentists	Ratio of population to dentists	2,590:1	1,220:1	3,240:1	800:1
Mental health providers	Ratio of population to mental health providers	1,060:1	570:1	1,890:1	350:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	60	55	42	75
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	84%	79%	89%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	61%	52%	69%
SOCIAL AND ECONOMIC FACTORS					
High school graduation	% of ninth-grade cohort that graduates in four years	86%	88%	77%	95%
Some college	% of adults ages 25-44 with some post-secondary education	56%	66%	39%	77%
Unemployment	% of population aged 16 and older unemployed but seeking work	6.0%	6.6%	4.7%	12.0%
Children in poverty	% of children under age 18 in poverty	23%	16%	5%	28%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	5.1	3.7	6.4
Children in single-parent households	% of children that live in a household headed by a single parent	32%	30%	15%	47%
Social associations	# of membership associations per 10,000 population	13.0	8.3	4.8	14.1
Violent crime	# of reported violent crime offenses per 100,000 population	199	302	48	674
Injury deaths	# of deaths due to injury per 100,000 population	74	42	31	67
PHYSICAL ENVIRONMENT					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	11.3	10.9	11.7
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	NA	NA	No	Yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	23%	16%	34%
Driving alone to work	% of workforce that drives alone to work	80%	72%	39%	86%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	29%	42%	25%	58%

2016 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Premature death	National Center for Health Statistics – Mortality files	2011-2013
Quality of Life	Poor or fair health	Behavioral Risk Factor Surveillance System	2014
	Poor physical health days	Behavioral Risk Factor Surveillance System	2014
	Poor mental health days	Behavioral Risk Factor Surveillance System	2014
	Low birthweight	National Center for Health Statistics – Natality files	2007-2013
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking	Behavioral Risk Factor Surveillance System	2014
Diet and Exercise	Adult obesity	CDC Diabetes Interactive Atlas	2012
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2013
	Physical inactivity	CDC Diabetes Interactive Atlas	2012
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014
Alcohol and Drug Use	Excessive drinking	Behavioral Risk Factor Surveillance System	2014
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2010-2014
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013
	Teen births	National Center for Health Statistics - Natality files	2007-2013
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2013
	Primary care physicians	Area Health Resource File/American Medical Association	2013
	Dentists	Area Health Resource File/National Provider Identification file	2014
	Mental health providers	CMS, National Provider Identification file	2015
Quality of Care	Preventable hospital stays	Dartmouth Atlas of Health Care	2013
	Diabetic monitoring	Dartmouth Atlas of Health Care	2013
	Mammography screening	Dartmouth Atlas of Health Care	2013
SOCIAL AND ECONOMIC FACTORS			
Education	High school graduation	EDFacts	2012-2013
	Some college	American Community Survey	2010-2014
Employment	Unemployment	Bureau of Labor Statistics	2014
Income	Children in poverty	Small Area Income and Poverty Estimates	2014
	Income inequality	American Community Survey	2010-2014
Family and Social Support	Children in single-parent households	American Community Survey	2010-2014
	Social associations	County Business Patterns	2013
Community Safety	Violent crime	Uniform Crime Reporting – FBI	2010-2012
	Injury deaths	CDC WONDER mortality data	2009-2013
PHYSICAL ENVIRONMENT			
Air and Water Quality	Air pollution - particulate matter [1]	CDC WONDER environmental data	2011
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2008-2012
	Driving alone to work	American Community Survey	2010-2014
	Long commute – driving alone	American Community Survey	2010-2014

[1] Not available for AK and HI.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

	New Jersey	Monmouth (MO) , NJ	Ocean (OC) , NJ	Middlesex (MI) , NJ	Mercer (ME) , NJ
Health Outcomes		7	11	6	13
Length of Life		6	14	5	13
Premature death	5,500	5,000	6,200	4,600	6,100
Quality of Life		5	9	8	14
Poor or fair health	16%	11%	14%	14%	15%
Poor physical health days	3.2	2.9	3.6	2.9	3.2
Poor mental health days	3.4	3.3	3.8	3.1	3.5
Low birthweight	8%	8%	6%	8%	9%
Health Factors		5	12	6	10
Health Behaviors		6	13	5	12
Adult smoking	15%	14%	17%	12%	16%
Adult obesity**	25%	23%	27%	24%	24%
Food environment index**	8.2	8.5	7.6	8.5	8.2
Physical inactivity**	24%	20%	27%	24%	22%
Access to exercise opportunities	95%	96%	86%	96%	97%
Excessive drinking	17%	19%	16%	17%	18%
Alcohol-impaired driving deaths	26%	26%	30%	29%	24%
Sexually transmitted infections**	319.6	195.1	133.5	256.5	465.9
Teen births	20	11	17	14	22
Clinical Care		5	12	9	7
Uninsured	15%	12%	14%	14%	15%
Primary care physicians	1,170:1	870:1	2,100:1	1,050:1	950:1
Dentists	1,220:1	1,020:1	1,580:1	1,210:1	1,290:1
Mental health providers	570:1	460:1	780:1	640:1	350:1
Preventable hospital stays	55	53	58	57	57
Diabetic monitoring	84%	84%	86%	85%	85%
Mammography screening	61%	62%	64%	61%	64%

	Jersey	(MO) , NJ	NJ	NJ	(ME) , NJ
Social & Economic Factors		6	12	8	11
High school graduation**	88%	93%	89%	89%	83%
Some college	66%	72%	63%	72%	63%
Unemployment	6.6%	6.0%	7.2%	6.0%	5.7%
Children in poverty	16%	11%	21%	11%	16%
Income inequality	5.1	5.1	4.6	4.3	5.3
Children in single-parent households	30%	22%	21%	25%	31%
Social associations	8.3	8.3	6.2	6.4	11.7
Violent crime**	302	187	114	178	445
Injury deaths	42	39	50	36	44
Physical Environment		8	10	3	2
Air pollution - particulate matter	11.3	11.0	11.0	11.1	11.3
Drinking water violations		Yes	Yes	No	No
Severe housing problems	23%	21%	21%	20%	19%
Driving alone to work	72%	76%	82%	73%	71%
Long commute - driving alone	42%	43%	43%	44%	30%

** Compare across states with caution
Note: Blank values reflect unreliable or missing data

2016

Appendix C

Community Characteristics
Freehold Boro

OMB No.: 0915-0285. Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

Form 4: COMMUNITY CHARACTERISTICS

FOR HRSA USE ONLY	
Grant Number	**Application Tracking Number**
	FREEHOLD BORO

Note: *The Service Area Percent and Target Population Percent will auto-calculate in EHB and can only be viewed on the read-only version of the form under Review Program Specific Forms in the left side menu.*

Race	**Service Area Number**	**Service Area Percent**	**Target Population Number**	**Target Population Percent**
Native Hawaiian	0	0.0%	0	0.0%
Other Pacific Islanders	0	0.0%	0	0.0%
Asian	3,820	6.8%	428	3.9%
Black/African American	3,770	6.7%	1,577	14.2%
American Indian/Alaska Native	41	0.1%	0	0.0%
White	46,693	83.3%	8,192	74.7%
More than One Race	569	1.0%	165	1.5%
Unreported/Declined to Report (if applicable)	1,146	2.0%	625	5.7%
Total: *will auto-calculate in EHB*	56,039	100%	10,967	100%
Hispanic or Latino Ethnicity	**Service Area Number**	**Service Area Percent**	**Target Population Number**	**Target Population Percent**
Hispanic or Latino	8,311	14.8%	5,111	46.6%
Non-Hispanic or Latino	47,728	85.2%	5,856	53.4%
Unreported/Declined to Report (if applicable)	0	0.0%	0	0.0%
Total: *will auto-calculate in EHB*	56,039	100%	10,967	100%
Income as a Percent of Poverty Level	**Service Area Number**	**Service Area Percent**	**Target Population Number**	**Target Population Percent**
Below 100%	1,337	2.4%	1,337	12.1%
100-199%	9,630	17.2%	9,630	87.9%
200% and Above	43,638	77.9%	0	0.0%
Unknown	1,434	2.6%	0	0.0%
Total: *will auto-calculate in EHB*	56,039	100%	10,967	100%
Primary Third Party Payment Source	**Service Area Number**	**Service Area Percent**	**Target Population Number**	**Target Population Percent**
Medicaid				
Medicare				
Other Public Insurance				
Private Insurance				
None/Uninsured	3,643	6.5%	3,246	29.6%
Total: *will auto-calculate in EHB*	56,039	100%	10,967	100%

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 4: COMMUNITY CHARACTERISTICS	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note: *The Service Area Percent and Target Population Percent will auto-calculate in EHB and can only be viewed on the read-only version of the form under Review Program Specific Forms in the left side menu.*

Special Populations	Service Area Number	Service Area Percent	Target Population Number	Target Population Percent
Migratory/Seasonal Agricultural Workers and Families	1,574	2.8%	968	8.8%
Homeless	456	0.8%	107	1.0%
Residents of Public Housing	213	0.4%	213	1.9%
Lesbian, Gay, Bisexual, and Transgender	897	1.6%	175	1.6%
HIV/AIDS-Infected Persons	197	0.35%	44	0.4%
Persons with Behavioral Health/Substance Abuse Needs	653	1.2%	128	1.2%
School Age Children	11,226	20.0%	3,073	28%
Infants Birth to 2 Years of Age	1,600	2.9%	420	3.8%
Women Age 25-44	6,682	11.9%	1,529	13.9%
Persons Age 65 and Older	8,189	14.6%	1,678	15.3%
Other Please Specify:_____				

Note: When completing Form 4 – Community Characteristics – please note that all information provided regarding race and/or ethnicity will be used only to ensure compliance with statutory and regulatory Governing Board requirements. Data on race and/or ethnicity collected on this form will not be used as an awarding factor.

Section II: CORE HEALTH INDICATORS *Note: Report data for one Core Health Indicator in each category*	
Diabetes	
Core Health Indicator	Age-Adjusted Diabetes Prevalence
National Benchmark	8.1% (severe 9.2%)
Data Response	9.8%
Year to which Data Apply	2014
Data Source/Description	BRFSS
Methodology Utilized/Extrapolation method	Extrapolated borough from NJ on household income
Identify Geographic Service Area or Target Population for Data	Freehold Borough , New jersey
Cardiovascular Disease	
Core Health Indicator	Hypertension hospital admission rate (18 years and older per 100,000)
National Benchmark	61.4/100,000 (severe 66.3/100,000)
Data Response	93.85/100,000
Year to which Data Apply	2014
Data Source/Description	Health Care Cost and Utilization Project
Methodology Utilized/Extrapolation method	NIS/TRENDWT – First Quartile (lowest income)
Identify Geographic Service Area or Target Population for Data	United States
Cancer	
Core Health Indicator	Age-adjusted colorectal cancer mortality (per 100,000)
National Benchmark	14/100,000 (15.3/100,000 severe)
Data Response	20.3/100,000
Year to which Data Apply	2007-2011
Data Source/Description	UDS Mapper
Methodology Utilized/Extrapolation method	
Identify Geographic Service Area or Target Population for Data	Monmouth County, New Jersey
Prenatal and Perinatal Health	
Core Health Indicator	Low Birth Weight
National Benchmark	7.9% (9.4% severe)
Data Response	8%
Year to which Data Apply	2007-2013
Data Source/Description	County Health Rankings
Methodology Utilized/Extrapolation method	
Identify Geographic Service Area or Target Population for Data	Monmouth County, New Jersey
Child Health	
Core Health Indicator	Children who are obese
National Benchmark	15% (18.1% severe)
Data Response	17.5%
Year to which Data Apply	2014
Data Source/Description	Child Health Data
Methodology Utilized/Extrapolation method	Extrapolated borough from NJ on race and ethnicity
Identify Geographic Service Area or Target Population for Data	Freehold Borough
Behavioral Health	
Core Health Indicator	Age-adjusted drug poisoning (i.e. overdose) mortality rate per 100,000 population
National Benchmark	12.3/100,000 (severe 14.8/100,000)
Data Response	17.3/100,000
Year to which Data Apply	2014
Data Source/Description	CDC Wonder

Methodology Utilized/Extrapolation method	
Identify Geographic Service Area or Target Population for Data	Monmouth County

Section III: OTHER HEALTH AND ACCESS INDICATORS *Note: Report data for 2 out of 13 Other Health and Access Indicators*	
Indicator #1	
Health and Access Indicator	Percent Population Linguistically Isolated (percent of people 5 years and over who speak language other than English at home)
National Benchmark	10.3%
Data Response	27%
Year to which Data Apply	2014
Data Source/Description	American Community Survey
Methodology Utilized/Extrapolation method	
Identify Geographic Service Area or Target Population for Data	Freehold Borough, NJ
Indicator #2	
Health and Access Indicator	Adults that Could not See a Doctor in the Past Year Due to Cost
National Benchmark	13.4%
Data Response	14%
Year to which Data Apply	2014
Data Source/Description	BRFSS
Methodology Utilized/Extrapolation method	
Identify Geographic Service Area or Target Population for Data	New Jersey

Appendix D

Social Characteristics
Freehold Boro

SELECTED SOCIAL CHARACTERISTICS IN THE UNITED STATES
2010-2014 American Community Survey 5-Year Estimates

Subject	Freehold borough, New Jersey			
	Estimate	Margin of Error	Percent	Percent Margin of Error
HOUSEHOLDS BY TYPE				
Total households	3,972	+/-251	3,972	(X)
Family households (families)	2,756	+/-142	69.4%	+/-4.5
With own children under 18 years	1,487	+/-149	37.4%	+/-4.6
Married-couple family	1,864	+/-166	46.9%	+/-4.6
With own children under 18 years	985	+/-149	24.8%	+/-4.0
Male householder, no wife present, family	264	+/-102	6.6%	+/-2.6
With own children under 18 years	110	+/-73	2.8%	+/-1.9
Female householder, no husband present, family	628	+/-141	15.8%	+/-3.5
With own children under 18 years	392	+/-135	9.9%	+/-3.4
Nonfamily households	1,216	+/-241	30.6%	+/-4.5
Householder living alone	1,033	+/-234	26.0%	+/-4.5
65 years and over	504	+/-145	12.7%	+/-3.1
Households with one or more people under 18 years	1,658	+/-152	41.7%	+/-4.8
Households with one or more people 65 years and over	959	+/-174	24.1%	+/-3.5
Average household size	3.01	+/-0.19	(X)	(X)
Average family size	3.56	+/-0.19	(X)	(X)
RELATIONSHIP				
Population in households	11,957	+/-37	11,957	(X)
Householder	3,972	+/-251	33.2%	+/-2.1
Spouse	1,827	+/-157	15.3%	+/-1.3
Child	3,747	+/-327	31.3%	+/-2.7
Other relatives	1,487	+/-393	12.4%	+/-3.3
Nonrelatives	924	+/-279	7.7%	+/-2.3
Unmarried partner	286	+/-104	2.4%	+/-0.9
MARITAL STATUS				
Males 15 years and over	4,959	+/-334	4,959	(X)
Never married	2,235	+/-309	45.1%	+/-4.5
Now married, except separated	2,220	+/-209	44.8%	+/-4.1
Separated	91	+/-67	1.8%	+/-1.4
Widowed	149	+/-80	3.0%	+/-1.6
Divorced	264	+/-89	5.3%	+/-1.8
Females 15 years and over	4,555	+/-228	4,555	(X)
Never married	1,492	+/-209	32.8%	+/-3.7
Now married, except separated	2,103	+/-172	46.2%	+/-4.2
Separated	122	+/-56	2.7%	+/-1.3
Widowed	429	+/-137	9.4%	+/-2.8
Divorced	409	+/-112	9.0%	+/-2.4
FERTILITY				
Number of women 15 to 50 years old who had a birth in the past 12 months	211	+/-83	211	(X)

Subject	Freehold borough, New Jersey			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Unmarried women (widowed, divorced, and never married)	133	+/-67	63.0%	+/-16.1
Per 1,000 unmarried women	94	+/-42	(X)	(X)
Per 1,000 women 15 to 50 years old	74	+/-28	(X)	(X)
Per 1,000 women 15 to 19 years old	29	+/-44	(X)	(X)
Per 1,000 women 20 to 34 years old	156	+/-63	(X)	(X)
Per 1,000 women 35 to 50 years old	25	+/-26	(X)	(X)
GRANDPARENTS				
Number of grandparents living with own grandchildren under 18 years	206	+/-78	206	(X)
Responsible for grandchildren	44	+/-39	21.4%	+/-17.7
Years responsible for grandchildren				
Less than 1 year	0	+/-19	0.0%	+/-14.6
1 or 2 years	34	+/-34	16.5%	+/-15.7
3 or 4 years	0	+/-19	0.0%	+/-14.6
5 or more years	10	+/-13	4.9%	+/-6.2
Number of grandparents responsible for own grandchildren under 18 years	44	+/-39	44	(X)
Who are female	33	+/-28	75.0%	+/-21.1
Who are married	22	+/-31	50.0%	+/-42.0
SCHOOL ENROLLMENT				
Population 3 years and over enrolled in school	2,921	+/-301	2,921	(X)
Nursery school, preschool	204	+/-93	7.0%	+/-3.1
Kindergarten	178	+/-68	6.1%	+/-2.4
Elementary school (grades 1-8)	1,110	+/-171	38.0%	+/-6.6
High school (grades 9-12)	855	+/-201	29.3%	+/-5.6
College or graduate school	574	+/-198	19.7%	+/-5.7
EDUCATIONAL ATTAINMENT				
Population 25 years and over	7,713	+/-299	7,713	(X)
Less than 9th grade	1,159	+/-312	15.0%	+/-4.0
9th to 12th grade, no diploma	736	+/-197	9.5%	+/-2.5
High school graduate (includes equivalency)	2,399	+/-366	31.1%	+/-4.7
Some college, no degree	1,347	+/-201	17.5%	+/-2.6
Associate's degree	442	+/-132	5.7%	+/-1.7
Bachelor's degree	871	+/-164	11.3%	+/-2.1
Graduate or professional degree	759	+/-166	9.8%	+/-2.1
Percent high school graduate or higher	(X)	(X)	75.4%	+/-4.3
Percent bachelor's degree or higher	(X)	(X)	21.1%	+/-3.1
VETERAN STATUS				
Civilian population 18 years and over	8,826	+/-258	8,826	(X)
Civilian veterans	419	+/-119	4.7%	+/-1.3
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION				
Total Civilian Noninstitutionalized Population	12,011	+/-32	12,011	(X)
With a disability	1,153	+/-223	9.6%	+/-1.9

Subject	Freehold borough, New Jersey			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Under 18 years	3,185	+/-257	3,185	(X)
With a disability	147	+/-74	4.6%	+/-2.3
18 to 64 years	7,642	+/-277	7,642	(X)
With a disability	495	+/-145	6.5%	+/-1.9
65 years and over	1,184	+/-192	1,184	(X)
With a disability	511	+/-121	43.2%	+/-7.8
RESIDENCE 1 YEAR AGO				
Population 1 year and over	11,822	+/-83	11,822	(X)
Same house	10,877	+/-368	92.0%	+/-3.0
Different house in the U.S.	908	+/-346	7.7%	+/-2.9
Same county	669	+/-331	5.7%	+/-2.8
Different county	239	+/-109	2.0%	+/-0.9
Same state	121	+/-81	1.0%	+/-0.7
Different state	118	+/-75	1.0%	+/-0.6
Abroad	37	+/-35	0.3%	+/-0.3
PLACE OF BIRTH				
Total population	12,018	+/-30	12,018	(X)
Native	8,138	+/-599	67.7%	+/-5.0
Born in United States	7,997	+/-603	66.5%	+/-5.0
State of residence	5,859	+/-523	48.8%	+/-4.4
Different state	2,138	+/-343	17.8%	+/-2.9
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	141	+/-73	1.2%	+/-0.6
Foreign born	3,880	+/-602	32.3%	+/-5.0
U.S. CITIZENSHIP STATUS				
Foreign-born population	3,880	+/-602	3,880	(X)
Naturalized U.S. citizen	654	+/-210	16.9%	+/-5.2
Not a U.S. citizen	3,226	+/-565	83.1%	+/-5.2
YEAR OF ENTRY				
Population born outside the United States	4,021	+/-606	4,021	(X)
Native	141	+/-73	141	(X)
Entered 2010 or later	6	+/-12	4.3%	+/-8.9
Entered before 2010	135	+/-74	95.7%	+/-8.9
Foreign born	3,880	+/-602	3,880	(X)
Entered 2010 or later	195	+/-123	5.0%	+/-3.1
Entered before 2010	3,685	+/-588	95.0%	+/-3.1
WORLD REGION OF BIRTH OF FOREIGN BORN				
Foreign-born population, excluding population born at sea	3,880	+/-602	3,880	(X)
Europe	102	+/-67	2.6%	+/-1.7
Asia	351	+/-210	9.0%	+/-5.2
Africa	52	+/-55	1.3%	+/-1.4
Oceania	0	+/-19	0.0%	+/-0.8

Subject	Freehold borough, New Jersey			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Latin America	3,365	+/-557	86.7%	+/-5.7
Northern America	10	+/-15	0.3%	+/-0.4
LANGUAGE SPOKEN AT HOME				
Population 5 years and over	10,967	+/-174	10,967	(X)
English only	6,287	+/-606	57.3%	+/-5.5
Language other than English	4,680	+/-604	42.7%	+/-5.5
Speak English less than "very well"	2,966	+/-486	27.0%	+/-4.4
Spanish	4,088	+/-559	37.3%	+/-5.1
Speak English less than "very well"	2,624	+/-461	23.9%	+/-4.2
Other Indo-European languages	185	+/-103	1.7%	+/-0.9
Speak English less than "very well"	72	+/-66	0.7%	+/-0.6
Asian and Pacific Islander languages	327	+/-199	3.0%	+/-1.8
Speak English less than "very well"	252	+/-181	2.3%	+/-1.6
Other languages	80	+/-96	0.7%	+/-0.9
Speak English less than "very well"	18	+/-33	0.2%	+/-0.3
ANCESTRY				
Total population	12,018	+/-30	12,018	(X)
American	367	+/-153	3.1%	+/-1.3
Arab	27	+/-36	0.2%	+/-0.3
Czech	11	+/-16	0.1%	+/-0.1
Danish	37	+/-51	0.3%	+/-0.4
Dutch	34	+/-27	0.3%	+/-0.2
English	571	+/-183	4.8%	+/-1.5
French (except Basque)	117	+/-58	1.0%	+/-0.5
French Canadian	39	+/-28	0.3%	+/-0.2
German	1,022	+/-271	8.5%	+/-2.3
Greek	20	+/-24	0.2%	+/-0.2
Hungarian	140	+/-96	1.2%	+/-0.8
Irish	1,520	+/-264	12.6%	+/-2.2
Italian	1,042	+/-227	8.7%	+/-1.9
Lithuanian	124	+/-121	1.0%	+/-1.0
Norwegian	28	+/-26	0.2%	+/-0.2
Polish	791	+/-235	6.6%	+/-2.0
Portuguese	69	+/-52	0.6%	+/-0.4
Russian	74	+/-41	0.6%	+/-0.3
Scotch-Irish	42	+/-27	0.3%	+/-0.2
Scottish	152	+/-93	1.3%	+/-0.8
Slovak	36	+/-33	0.3%	+/-0.3
Subsaharan African	272	+/-218	2.3%	+/-1.8
Swedish	66	+/-41	0.5%	+/-0.3
Swiss	0	+/-19	0.0%	+/-0.3
Ukrainian	54	+/-43	0.4%	+/-0.4
Welsh	48	+/-44	0.4%	+/-0.4
West Indian (excluding Hispanic origin groups)	116	+/-86	1.0%	+/-0.7
COMPUTERS AND INTERNET USE				

Subject	Freehold borough, New Jersey			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Total Households	(X)	(X)	(X)	(X)
With a computer	(X)	(X)	(X)	(X)
With a broadband Internet subscription	(X)	(X)	(X)	(X)

Subject	Freehold borough, New Jersey			
	Estimate	Margin of Error	Percent	Percent Margin of Error

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

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

Appendix E

CentraState Coalitions

Health Improvement Coalition of Monmouth County

Coalition Type:

- County Health Improvement Plan (CHIP) Coalition

Coalition Description

The Health Improvement Coalition of Monmouth County is a collaborative group of area agencies, organizations, healthcare providers, and individuals that work together to ensure that we live in a community where all residents have the privilege of living a healthy life. The work we partake in aims to fulfill our mission statement of "being a model community committed to empowering all residents to achieve optimum health."

The coalition identified the three key health issues of: risk factors for heart disease, obesity/overweight issues for children and families, and access to comprehensive health care, as the priority areas for our 2012-2016 Community Health Improvement Plan. We are currently working to revitalize our CHIP, utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) process. Our coalition will set key community health priorities, establish goals, and identify outcome measures that will serve as a guiding force in developing interventions and implementation strategies for Monmouth County.

Managing Organization Information

Managing Organization: Freehold Health Department

Street Address: 1 Municipal Plaza

City: Freehold

Zip Code: 07728

Phone: (732) 294-2060

Primary Funders: Freehold Health Department

Website: http://twp.freehold.nj.us/health

Primary Contact Information

Contact Person: Brett Nance

Title: Health Improvement Coalition Coordinator

Phone: (732) 294-2044

E-mail: bnance@twp.freehold.nj.us

Community Health Focus Area:

- Asthma
- Diabetes
- Heart Disease

- Mental Health
- Obesity Prevention

General Focus Area:

- Access to Health Care Services
- Active Living
- Healthy Eating
- Social and Emotional Wellness
- Transportation Options

Geographic Area:

- Monmouth

Sites Work Focused:

- Community-at-large

Special Populations Served:

- General Population
- Under-served Geographic Areas

Types of Interventions Implemented:

- Behavioral change
- Increase access to clinical services
- Public awareness/Health communication

Types of Unique Data:

- Completed Needs Assessment Document or other related Report

Ocean Monmouth Health Alliance

Coalition Type:

- Regional Chronic Disease Coalition

Coalition Description

Ocean Monmouth Health Alliance is a chronic disease coalition funded by the NJ DOH, Office of Cancer Control. Our purpose is to reduce the state's cancer burden and improve health outdoes for people with, or at risk for, cancer another chronic diseases in Monmouth and Ocean Counties.

Our mission is to increase the quality and years of healthy life for Monmouth and Ocean County residents through programs aimed at education, prevention, and access to treatment.

We make an impact in the community through collaboration and partnerships. Projects include:
* Choose Your Cover -- free skin cancer education and screenings at the beach. Chooseyourcover.org
* Cancer You Can Prevent - Colorectal cancer toolkits for primary care physicians to prevent colorectal cancer
* Free Oral Cancer Screenings
* Tobacco-Free living at beaches, parks and recreational areas.
* Preventing cervical cancer by increasing HPV immunizations
* Healthy Living among our youth with Big Brothers Big Sisters of Ocean County

Managing Organization Information

Managing Organization: Community Medical Center

Street Address: 565 River Terrace

City: Toms River

Zip Code: 08755

Phone: (732) 286-3693

Primary Funders: NJDOH Office of Cancer Control and Prevention

Website: http://oceanmonmouth.org

Primary Contact Information

Contact Person: Debra Levinson

Title: Regional Director

Phone: (732) 286-3693

E-mail: dlevinson.omha@gmail.com

Community Health Focus Area:

- Arthritis
- Asthma
- Cancer
- Diabetes
- Heart Disease
- Obesity Prevention
- Other:healthy living - youth
- Stroke
- Tobacco Control

General Focus Area:

- Health Equity
- Healthy Eating
- Tobacco-Free Living

Geographic Area:

- Monmouth
- Ocean

Sites Work Focused:

- Community-at-large
- Faith-based
- Healthcare Setting
- Schools (primary and/or secondary)

Special Populations Served:

- Age Group of Special Population
  - 65 and older
- Business Professionals
- Healthcare Professionals
- Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) Community
- Media
- Men
- Older Adults
- Parents
- Poverty/Low Income
- Racial/ethnic minorities
  - African American/Black
  - Asian
  - Hispanic/Latino
  - Native American/Native Alaskan

    - Native Hawaiian/Pacific Islander
    - Other
- Under-served Geographic Areas
- Women

Types of Interventions Implemented:

- Behavioral change
- Environmental change
- Evidence-based program implementation
- Increase access to clinical services
- Policy change
- Public awareness/Health communication
- Systems change

Types of Unique Data:

- Completed Needs Assessment Document or other related Report

The Prevention Coalition of Monmouth County

Coalition Type:

- Drug-Free Communities Coalition
- Regional Substance Abuse Prevention Coalition

Coalition Description

The Prevention Coalition of Monmouth County (PCMC) was formed in 1998 and is currently funded by the Substance Abuse and Mental Health Services Administration and the New Jersey Department of Human Services, Division of Mental Health and Addiction Services. The PCMC is committed to reducing substance abuse in Monmouth County to ensure healthy, safe and drug-free lives. The coalition exists to meet the need for comprehensive substance abuse awareness planning and programming to create environmental change throughout Monmouth County. Its purpose is to provide a forum for community members and organizations to work together to improve substance abuse prevention strategies within Monmouth County while increasing public awareness related to substance abuse trends and community resources.

Managing Organization Information

Managing Organization: Prevention First, Inc.

Street Address: 1405 Highway 35 North, Suite 201

City: Ocean

Zip Code: 07712

Phone: (732) 663-1800

Primary Funders: SAMHSA, DMHAS, MCDMHAS, YSC

Website: http://pcofmc.org

Primary Contact Information

Contact Person: Eileen Cox

Title: Regional Coalition Project Director

Phone: (732) 663-1800

E-mail: ECox@preventionfirst.net

Secondary Contact Information

Contact Person: Liza DeJesus

Title: Director of Prevention Services

Phone: (732) 663-1800

E-mail: LDeJesus@preventionfirst.net

Community Health Focus Area:

- Addiction
- Tobacco Control

General Focus Area:

- Access to Educational, Economic and Job Opportunities
- Access to Health Care Services
- Substance Abuse Prevention/Addictive Disorders
- Tobacco-Free Living
- Violence

Geographic Area:

- Monmouth

Sites Work Focused:

- Community-at-large
- Elder Care Facility
- Healthcare Setting

Special Populations Served:

- General Population
- Healthcare Professionals
- Older Adults
- Other:Youth
- Parents

Types of Interventions Implemented:

- Environmental change
- Evidence-based program implementation
- Policy change
- Public awareness/Health communication

Types of Unique Data:

- Completed Needs Assessment Document or other related Report

Appendix F

Survey
Prioritizing Needs 2016

CentraState Healthcare System®

Community Health Needs Assessment 2016

Prioritizing Needs Survey

Please rank in numerical order (#1, 2, 3, etc.) what you believe to be the most significant health needs, from most significant (#1) to least significant (#7); You may indicate "other" and fill in another need (and rank it) if you wish. Thank you.

- ○ Diabetes
- ○ Obesity/Nutrition/Physical Activity
- ○ Heart Disease/Stroke
- ○ Substance Abuse
- ○ Mental Health/Suicide
- ○ Access to Primary Care
- ○ Cancer
- ○ Other:_____

Appendix G

2016 Community Health Assessment

Health Improvement Coalition of Monmouth County

(HICMC)

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.

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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

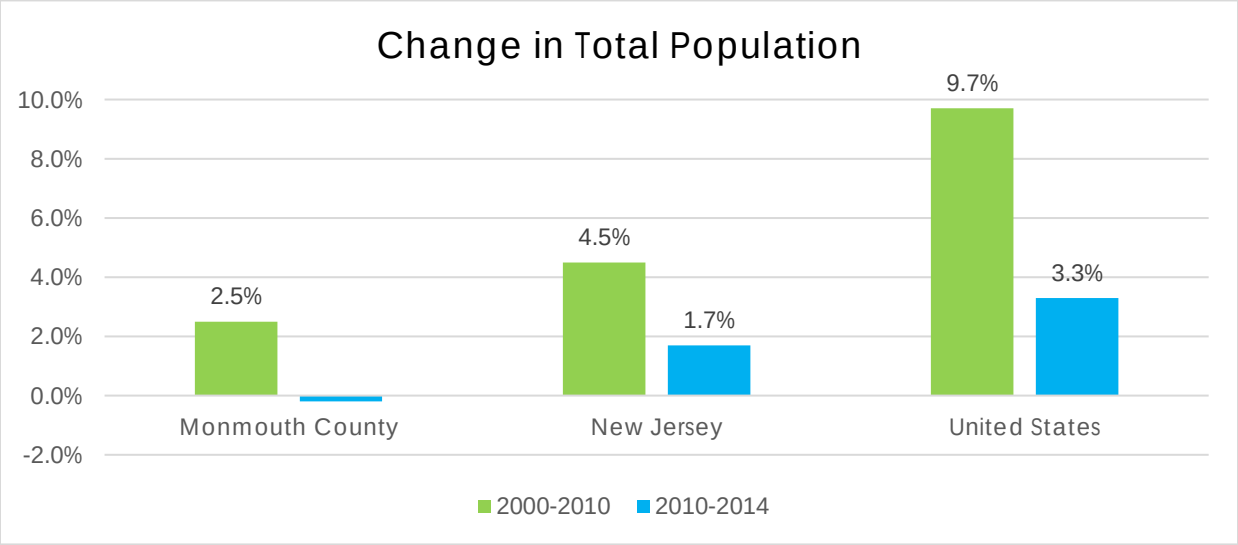
Total Population

	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 decreased by 1,099 persons, or .2%

- Statewide there was a population increase of 4.5%
- Nationwide there was a population increase of 3.3%

Age Distributions

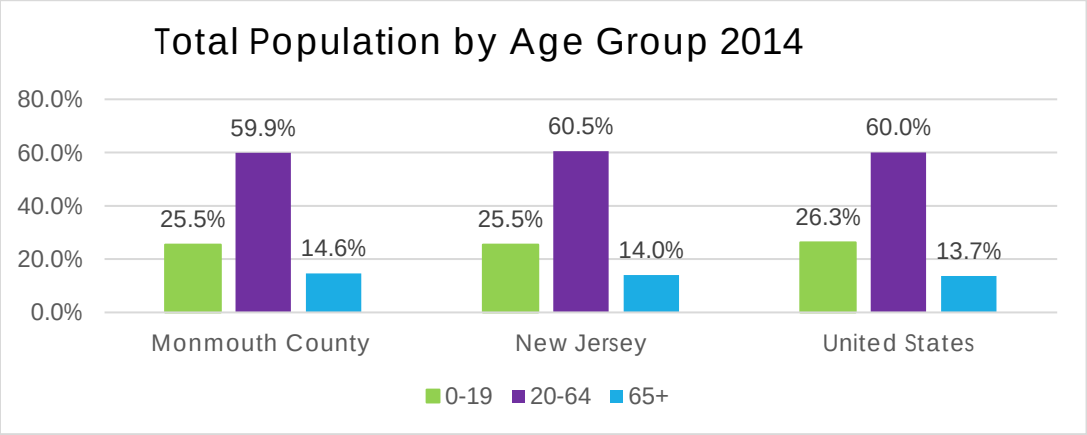
It is important to examine the age distribution of a community as different age groups have distinctive health needs. The way that age is distributed throughout a community will greatly influence the need for health care and how resources are allocated.

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%**

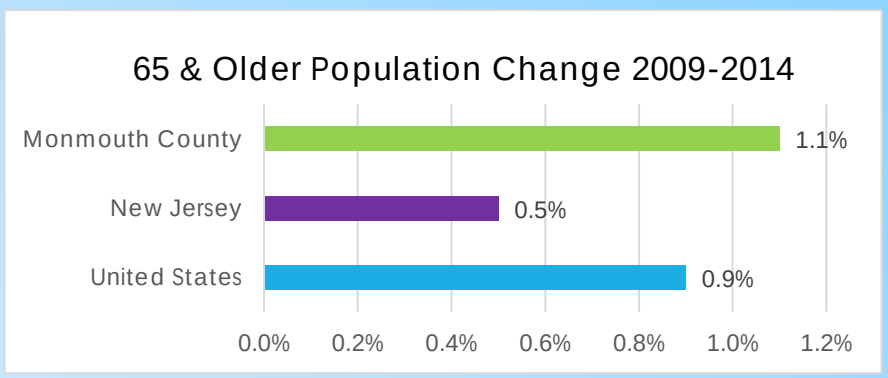
U.S. Census Bureau, American Fact Finder ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2010-2014 American Community Survey 5- Year Estimate



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.

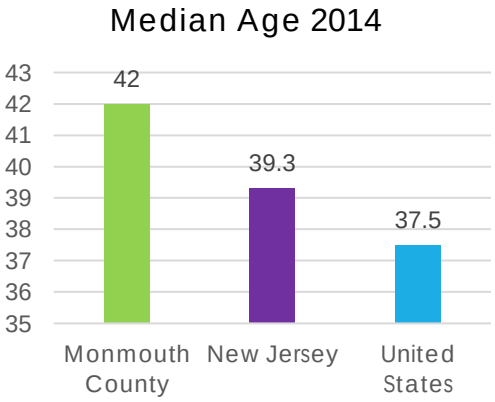


65 & Older Population Change

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.

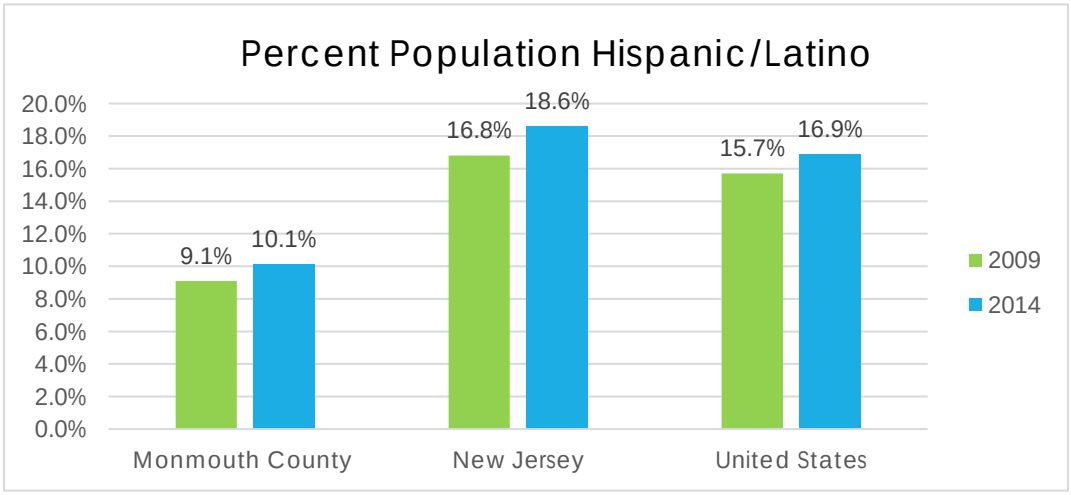
Racial Distribution (2014)

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.

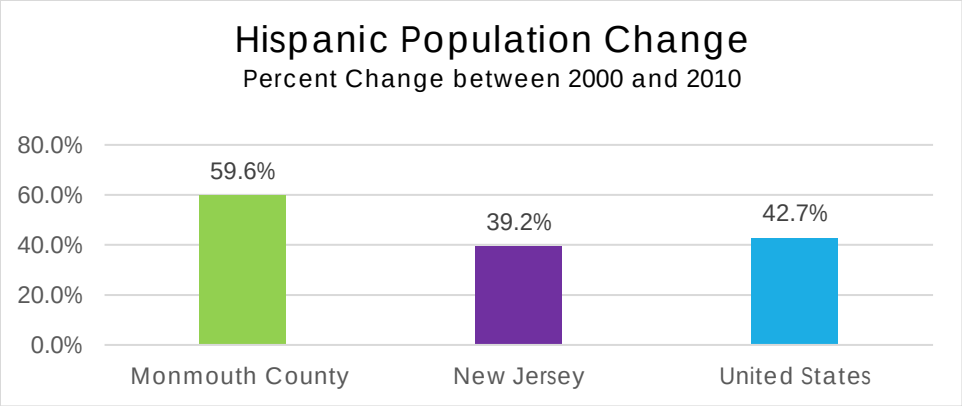
- Monmouth County is more White, less Black, and less "other race," compared to state and national racial distributions
- Monmouth County also has a lower percentage of Asians than the statewide figure, but is consistent with the nationwide percentage.



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

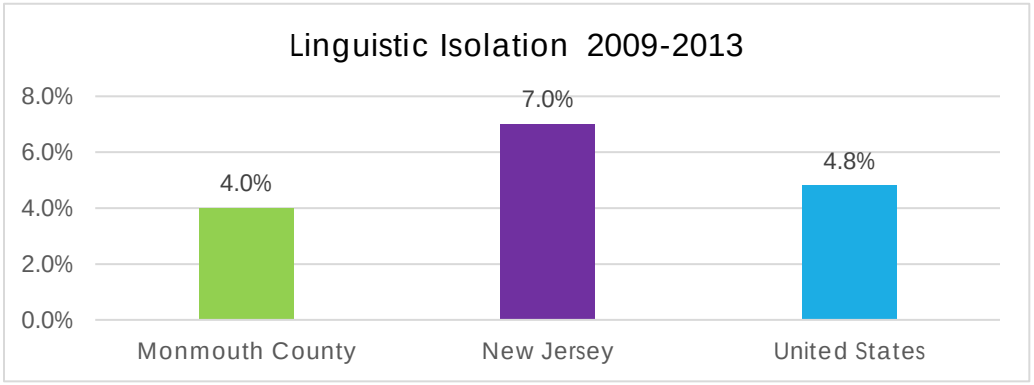


US Census Bureau Decennial Census (2000-2010)
Retrieved October 2015 from Community Commons at http://www.chna.org.

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

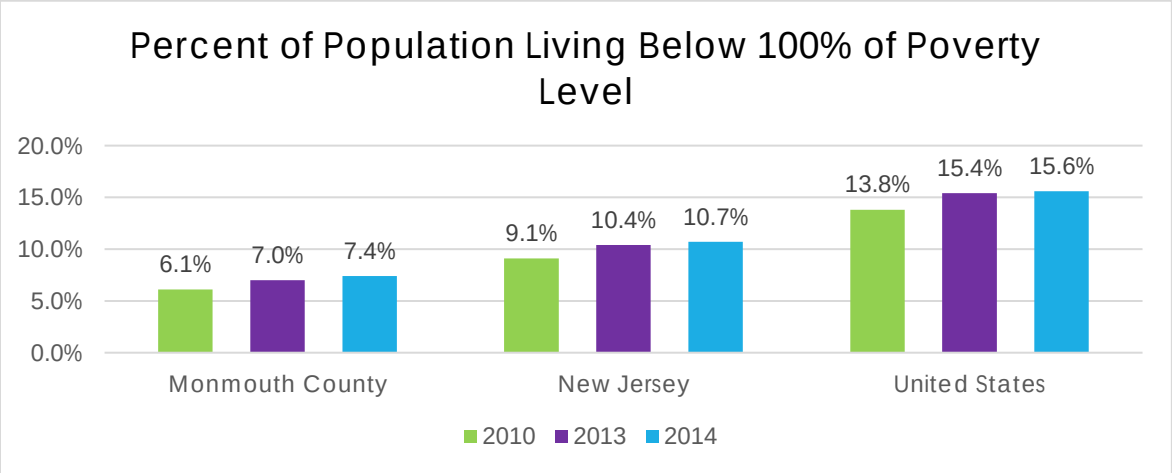
Understanding Social Determinants of Health

"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

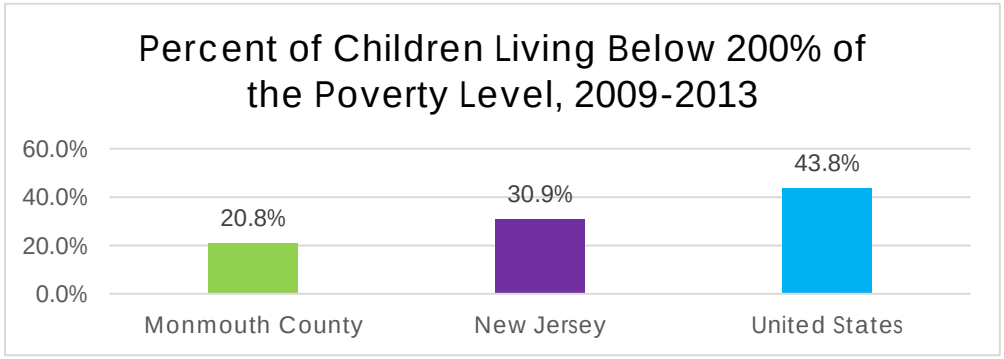


U.S. Census Bureau, American Fact Finder ACS DEMOGRAPHIC AND HOUSING ESTIMATES 2010-2014 American Community Survey 5- Year Estimate

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



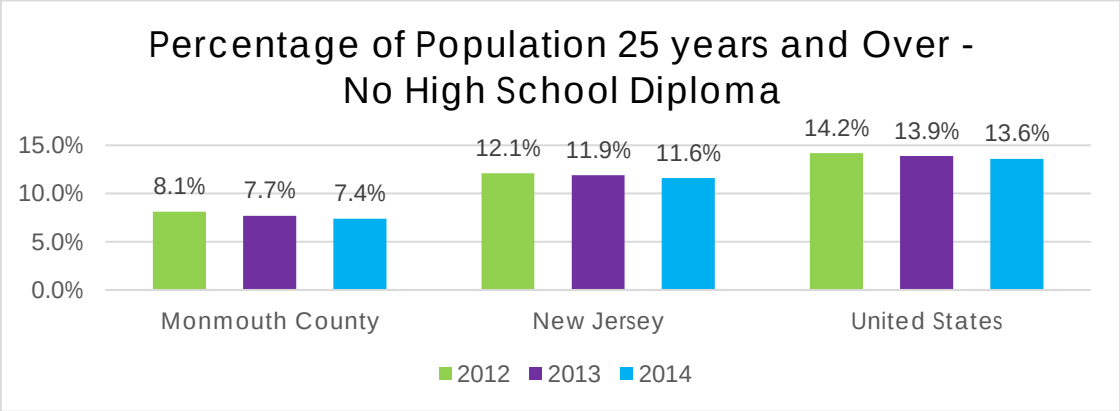
US Census Bureau American Community Survey 5-year estimates (2009-2013)

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

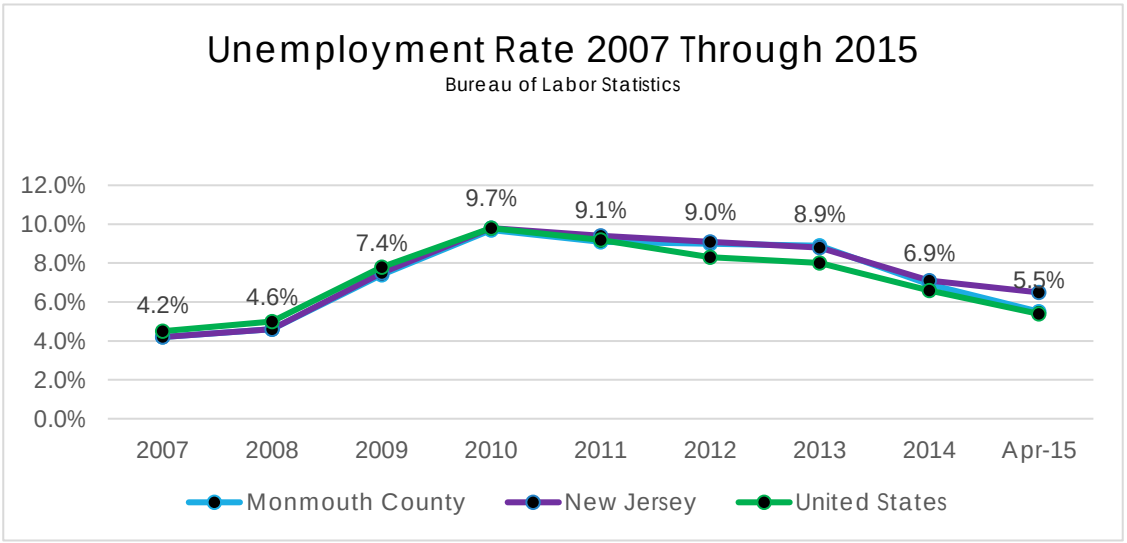


Educational Attainment 2010-2014 American Community Survey 5-Year Estimates
US Census Bureau American Community Survey 5-year estimates (2009-2013)
Retrieved October 2015 from Community Commons at http://www.chna.org

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

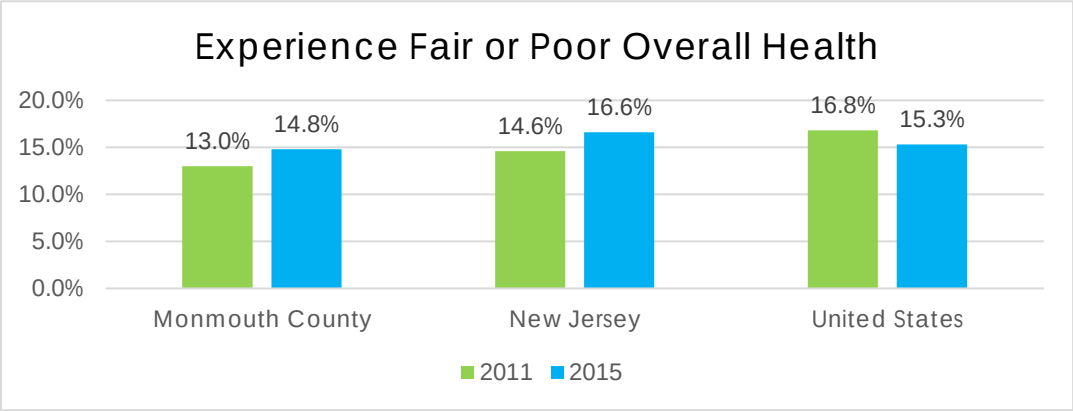


The unemployment rate for Monmouth County is 5.5%

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

General Health Status

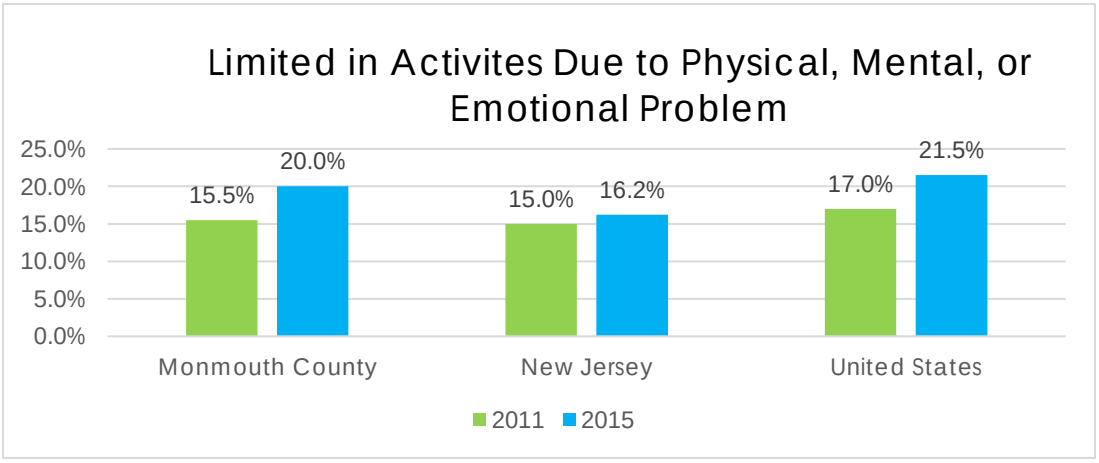
General Health Status



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.

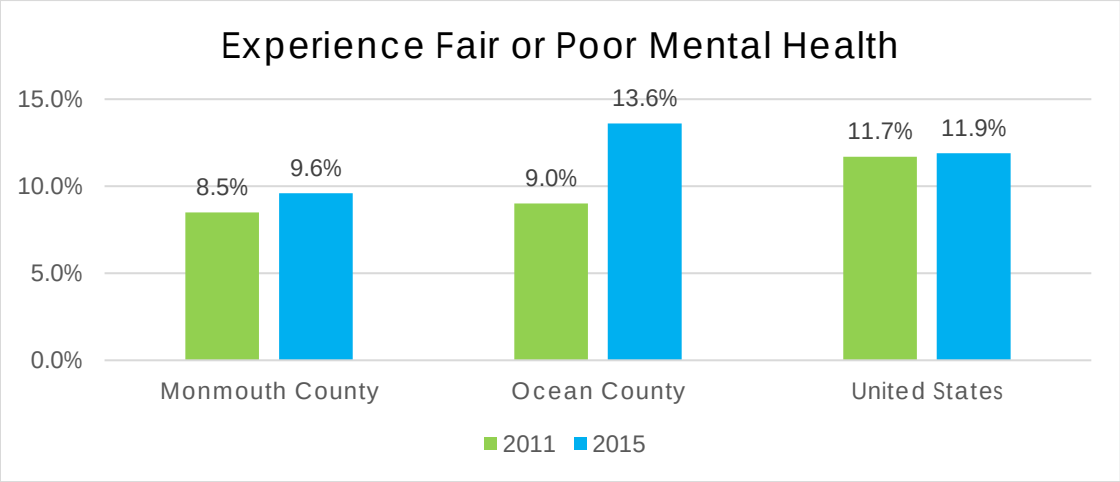
20% of Monmouth County adults are limited in activities due to a physical, mental, or emotional problem.

- 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

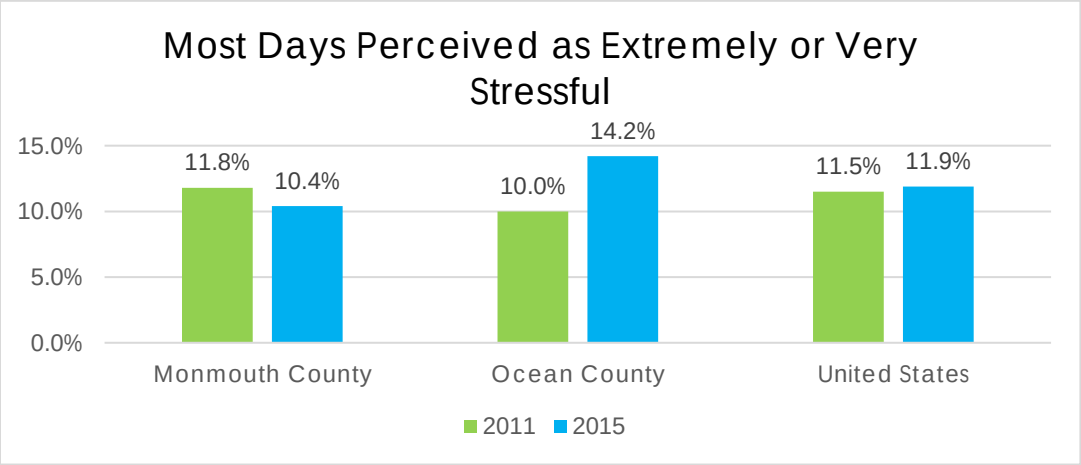
- Below Ocean County percentage
- Below United States percentage
- No significant change since 2011

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

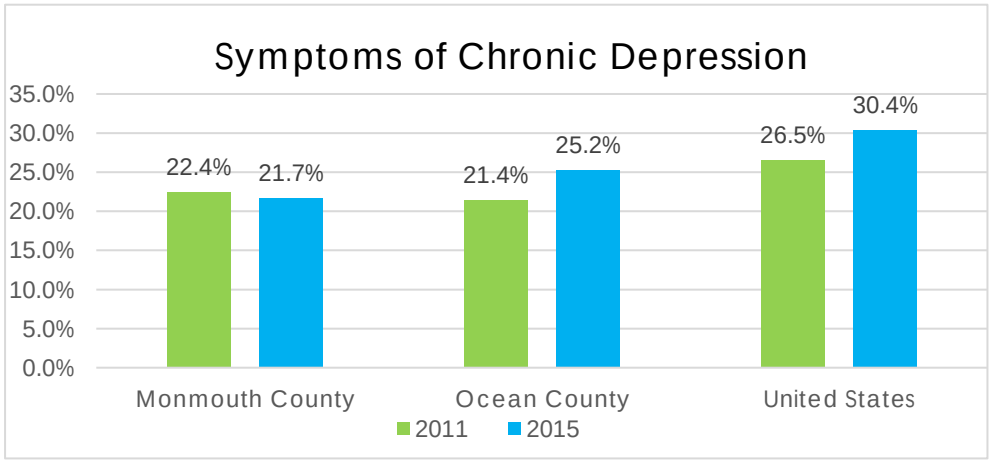


Community Health Surveys, Professional Research Consultants, Inc. [Item 102] 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

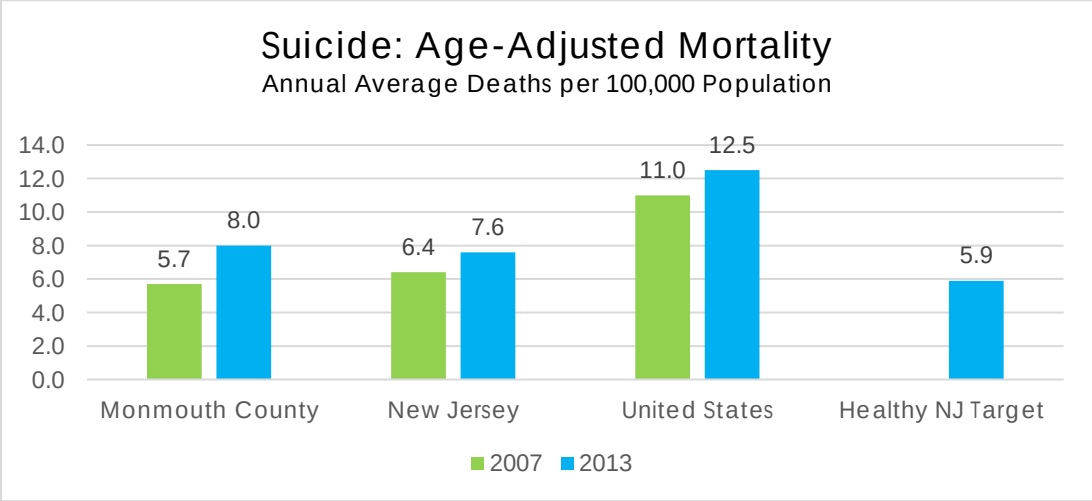


PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101] 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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:

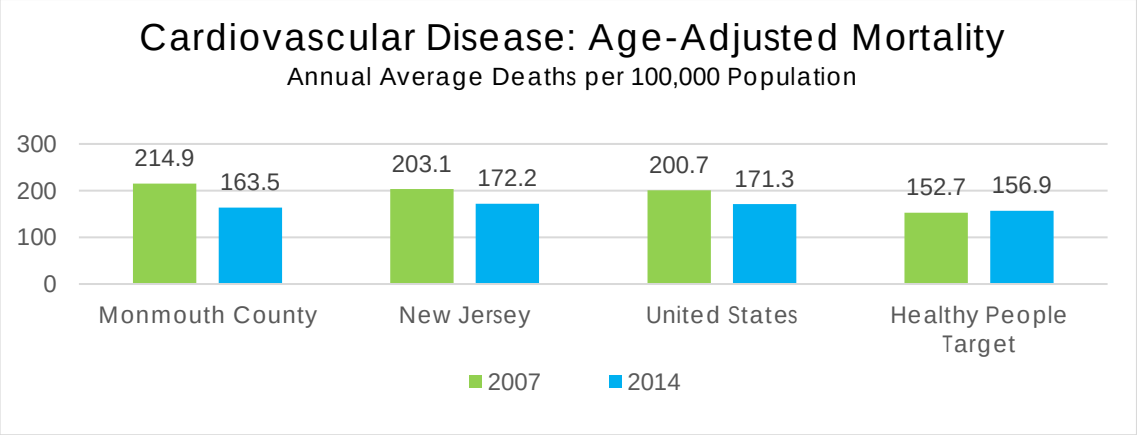
- Tobacco use
- Physical inactivity
- Diet
- Diabetes
- Alcohol use
- High blood pressure
- High cholesterol
- Obesity

"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-

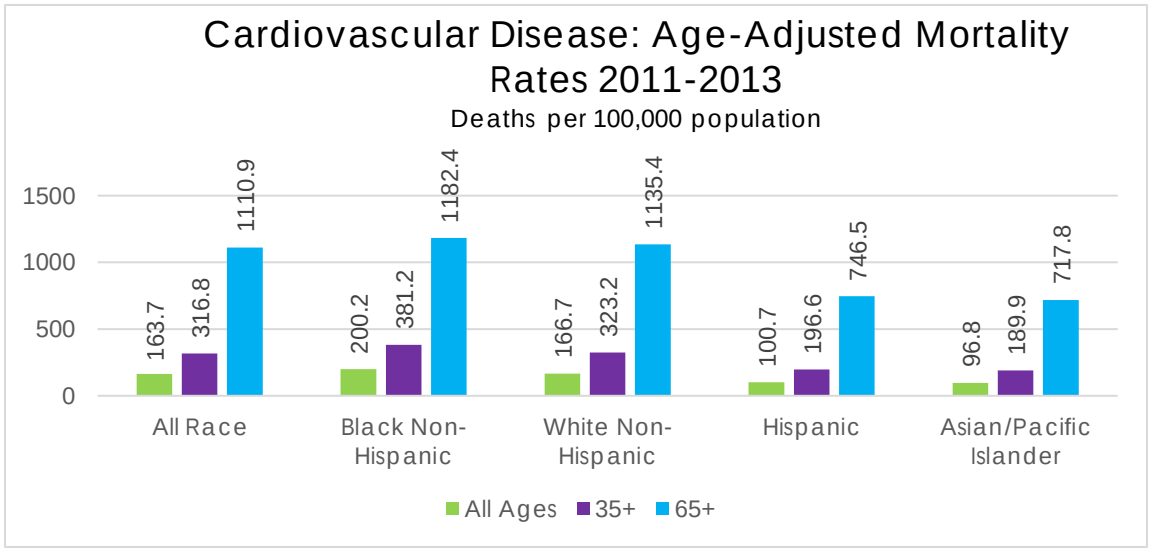
Cardiovascular Disease and Stroke Mortality Rates



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]

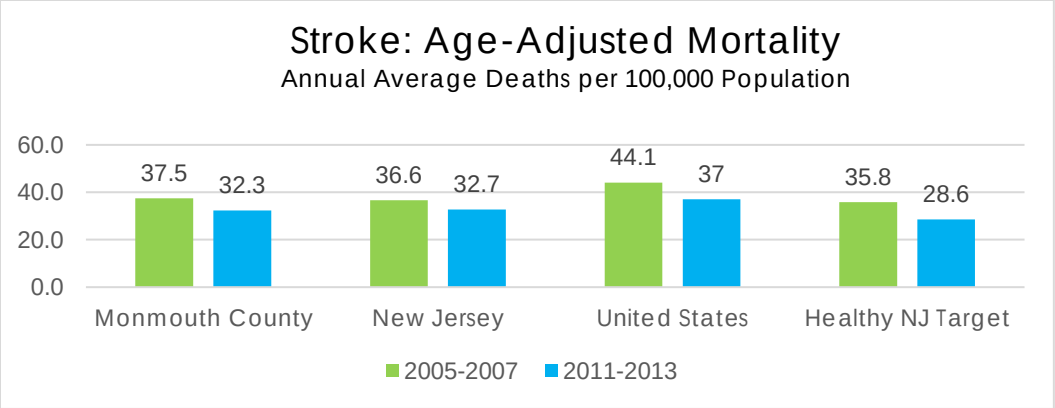
The annual age-adjusted cardiovascular disease mortality rate between 2011 and 2014 was 163.5 deaths per 100,000 population in Monmouth County

- 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/

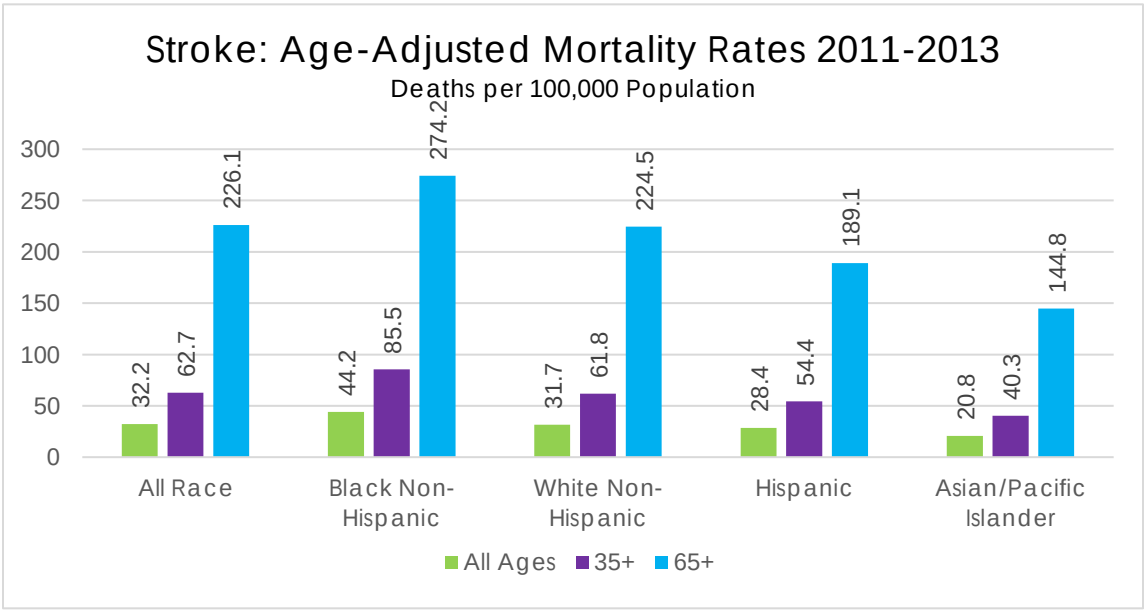
In Monmouth County, cardiovascular disease mortality rates are highest among Black non-Hispanics and individuals ages 65 and older



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

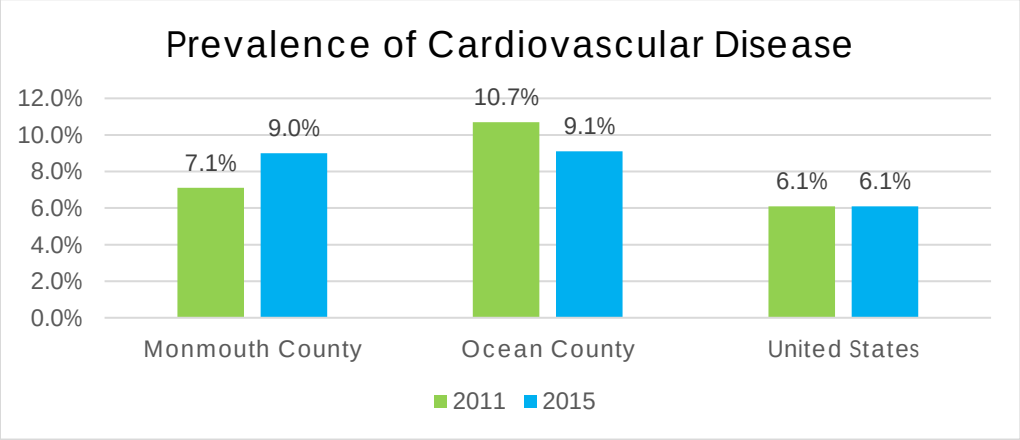
- Decrease from 2005-2007, as seen in state and national rates
- Similar to statewide rate
- Below national rate
- Fails to satisfy Healthy NJ 2020 target of 28.6 deaths per 100,000 population



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

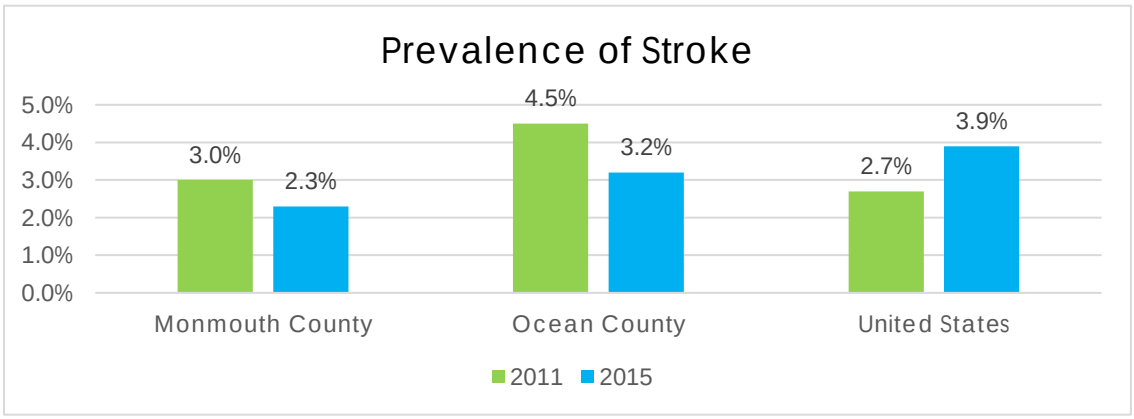
Cardiovascular Disease and Stroke Prevalence



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

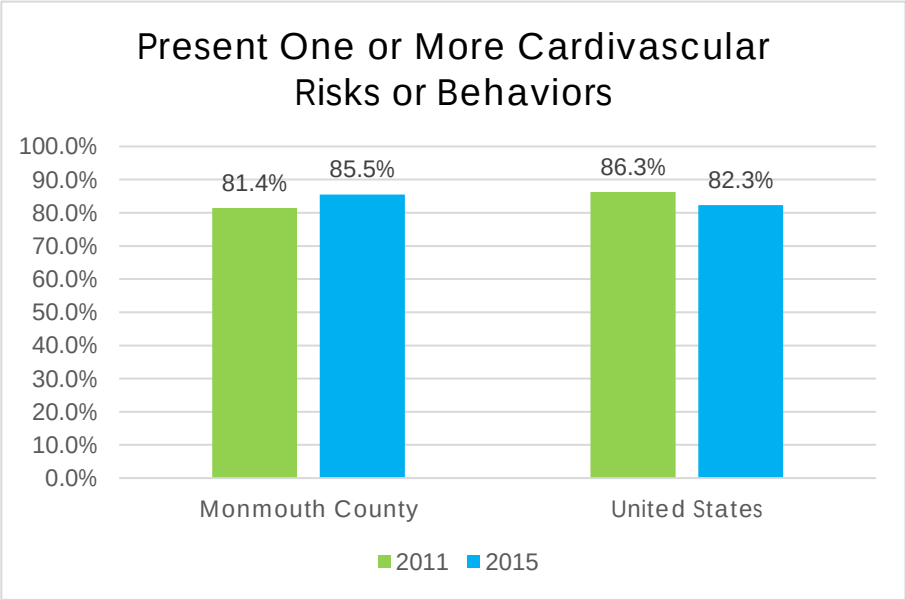


PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease 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,

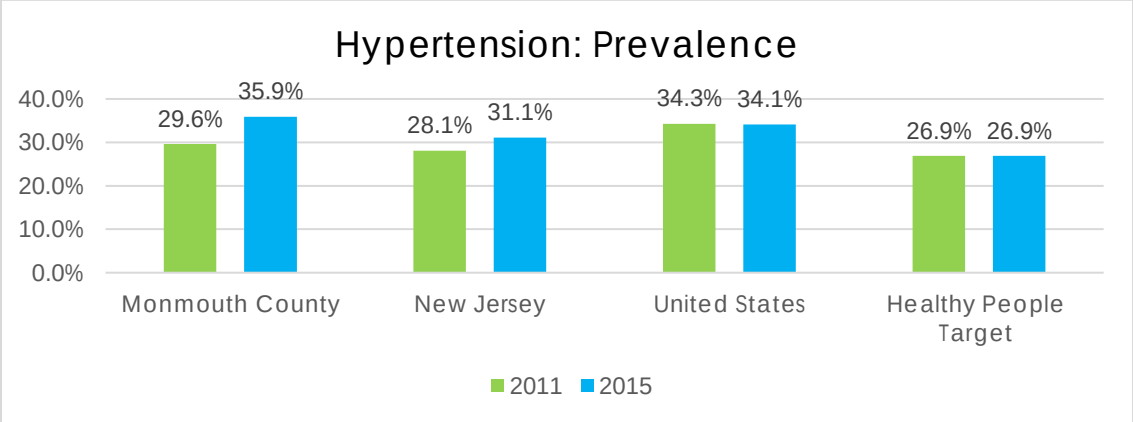
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]

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)



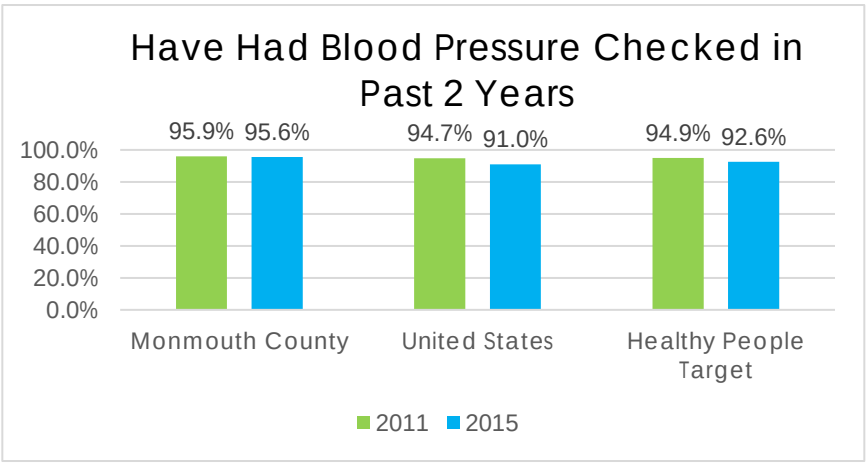
PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]

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

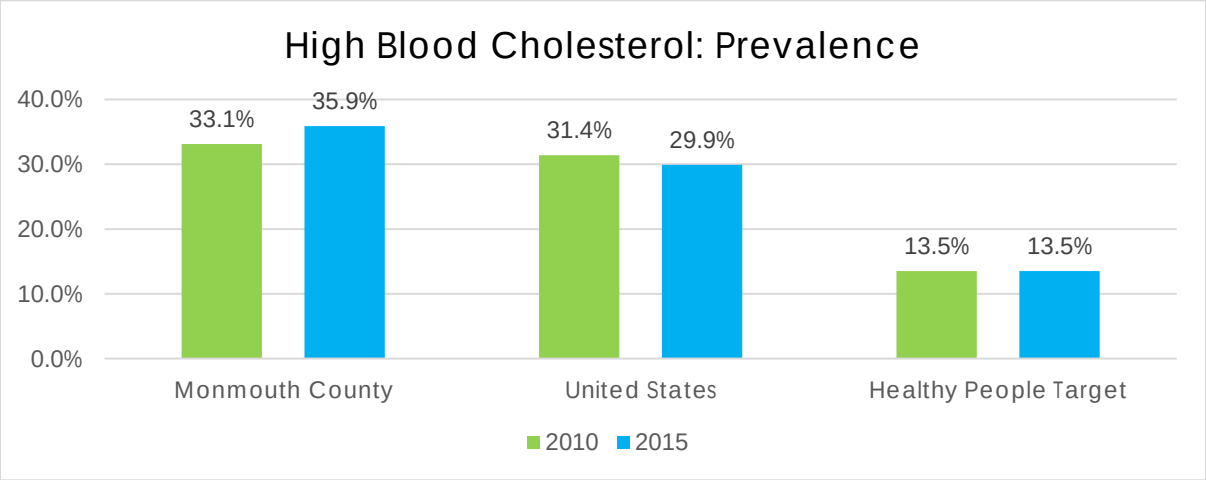
- Significant increase since 2011
- Higher than statewide prevalence
- Similar to national prevalence
- Fails to satisfy Healthy People 2020 Target of 26.9



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



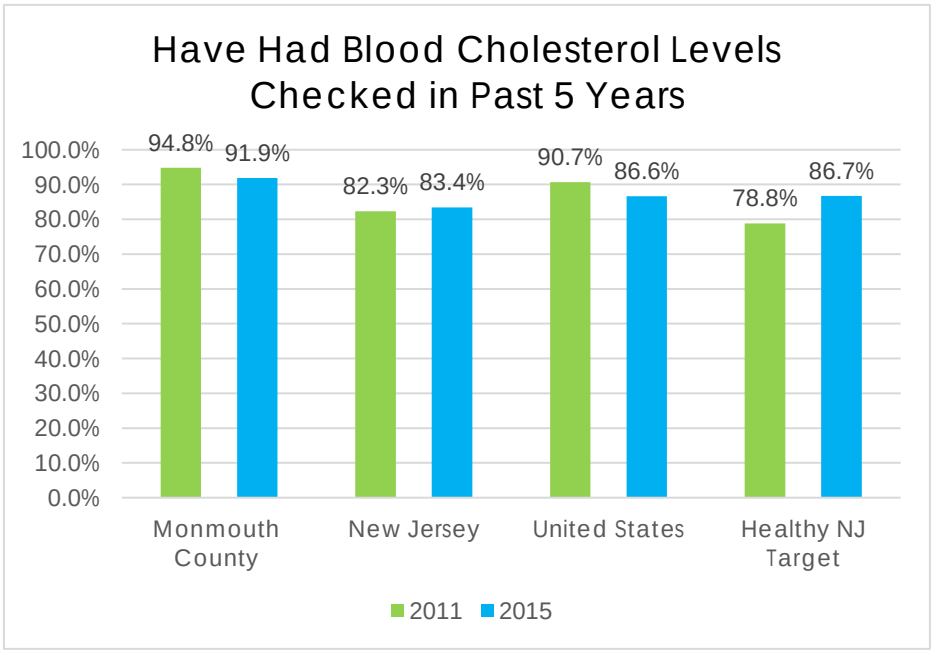
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]

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

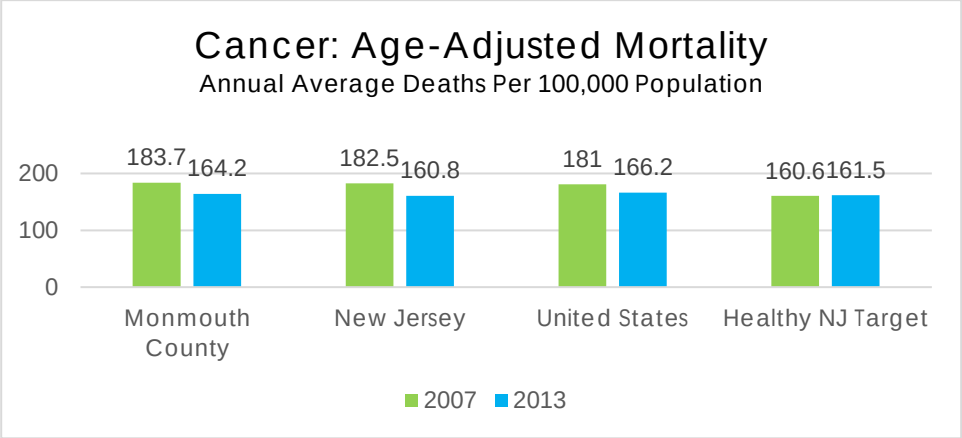
- Notably higher than national prevalence
- 2.7 times the Healthy People 2020 Target of 13.5%
- Increased prevalence since 2010



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

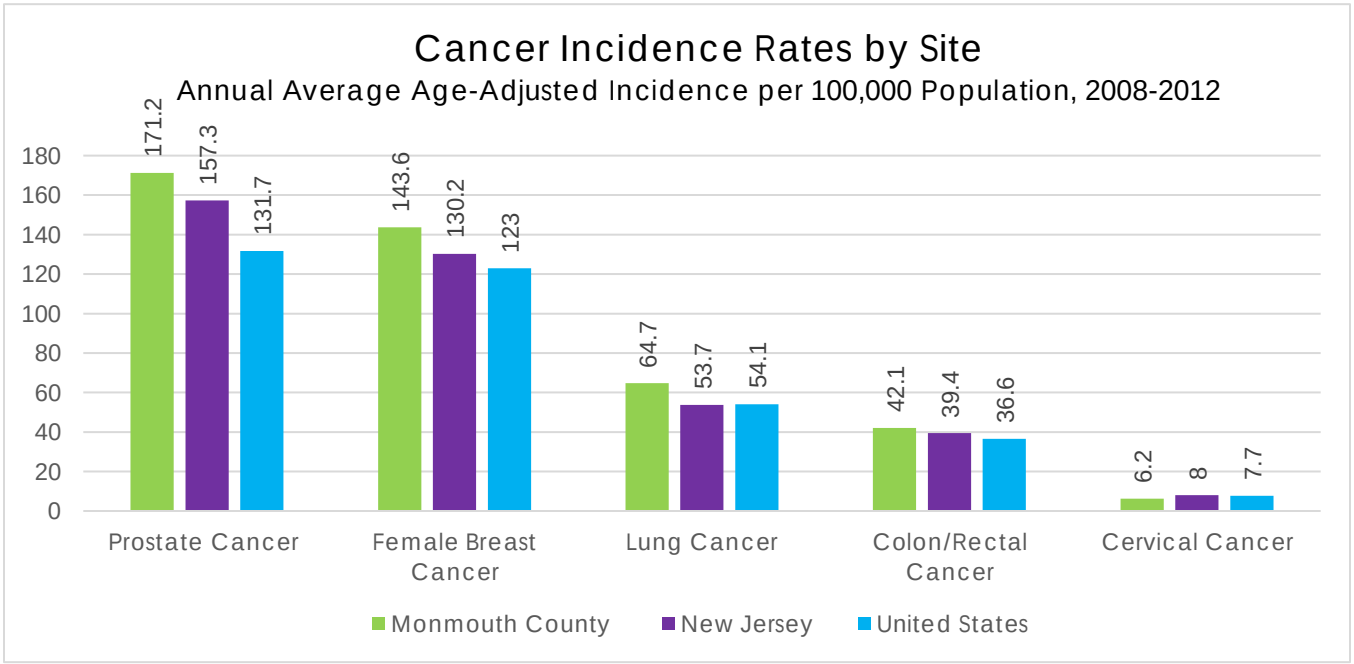


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.

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.

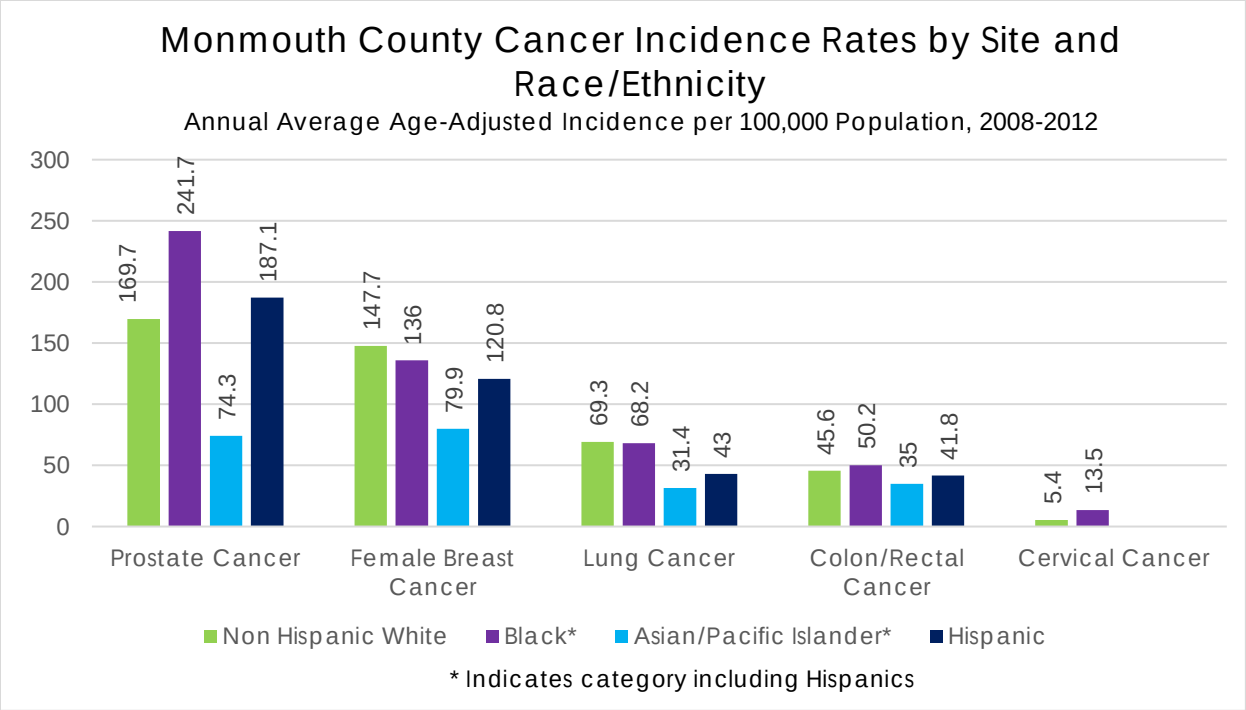
- Higher than statewide and national incidence rate
- More favorable than Ocean County (75.0 per 100,000)

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

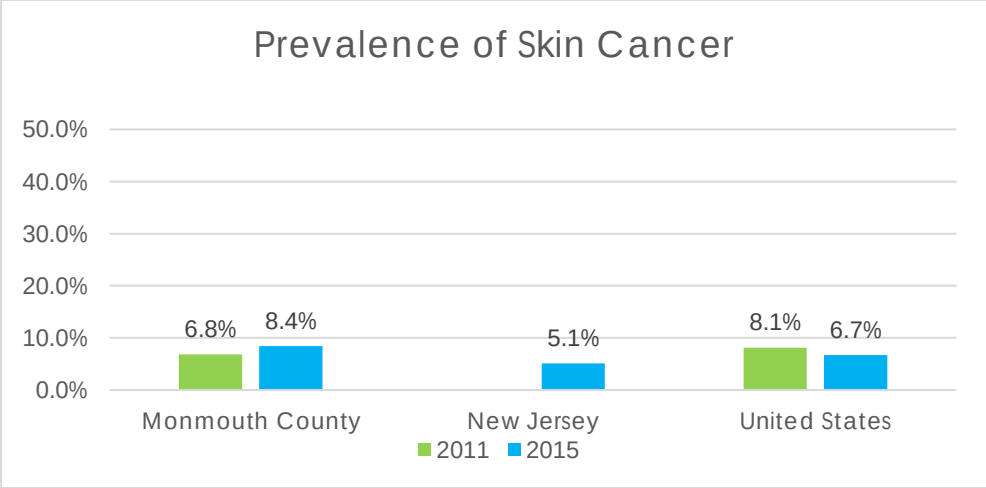


National Cancer Institute State Cancer Profiles: 2008-2012

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.

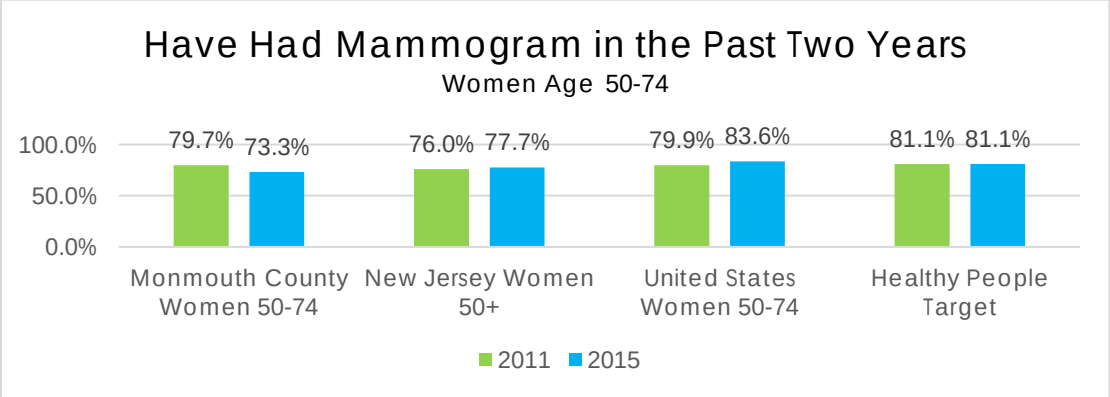
Vaccines can also help lower cancer risk. For example, the human papillomavirus (HPV) vaccine helps prevent most cervical cancers and several other kinds of cancer, and the hepatitis B vaccine can help lower liver cancer risk.

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

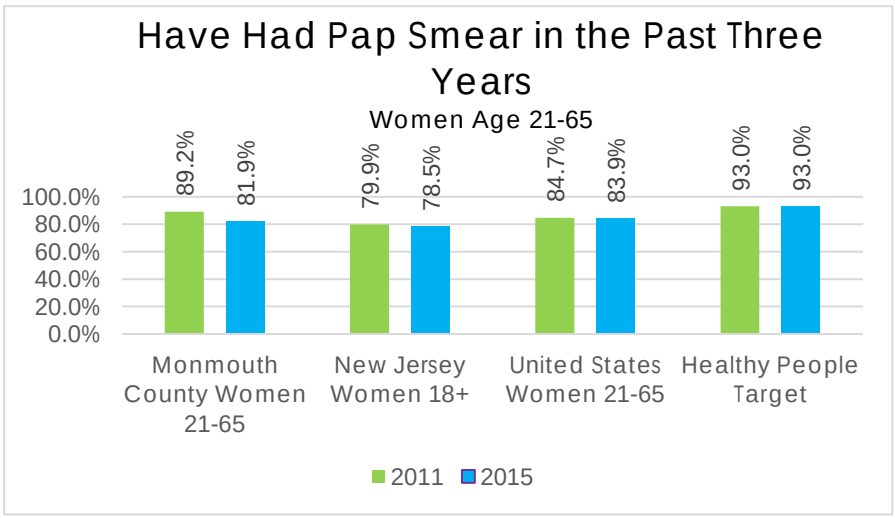


PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data. 2013 PRC National 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

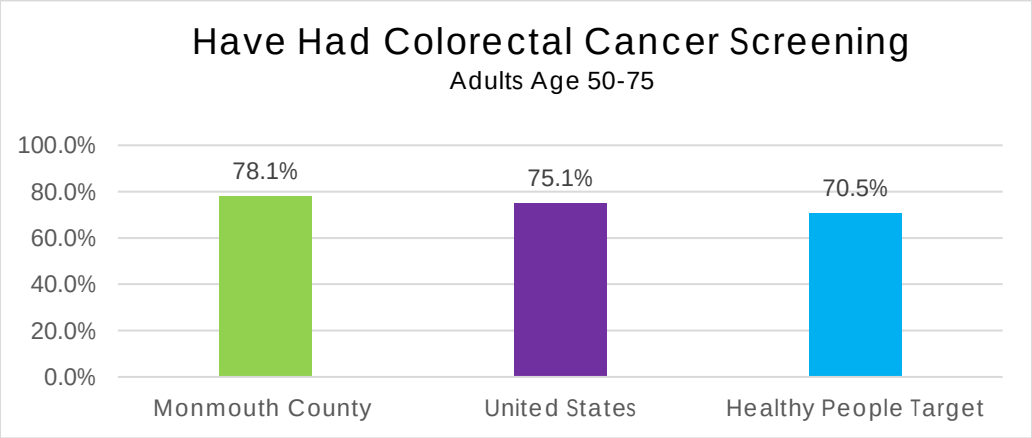


81.9% of women in Monmouth County ages 21 to 65 have had a pap smear in the past three years

- 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.

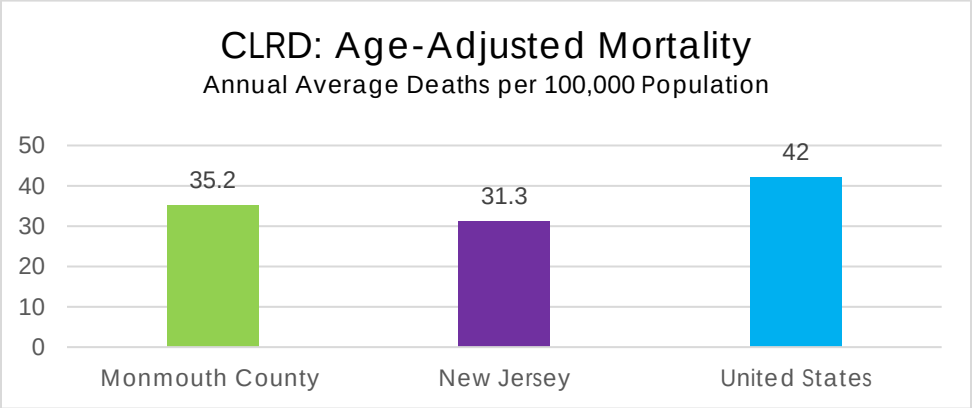
US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

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%

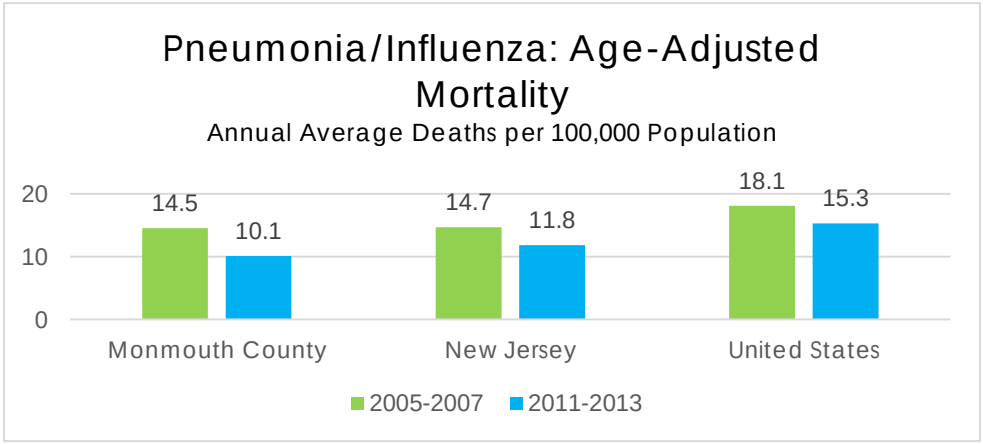
Respiratory Disease



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)

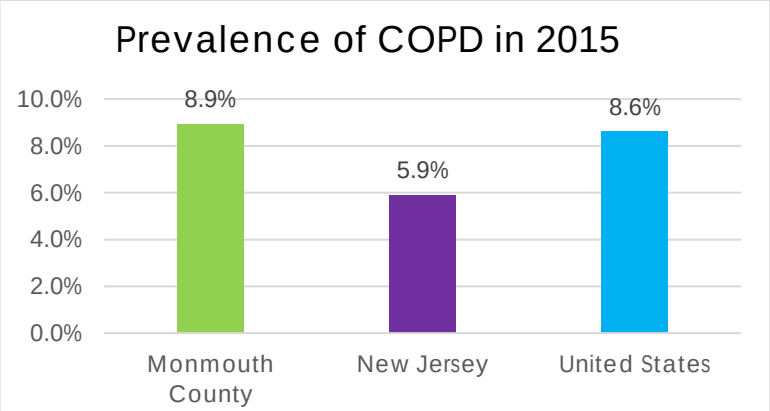
- Higher than statewide mortality rate
- Lower than national mortality rate
- CLRD mortality in Monmouth County has increased over time, while state and national rates have remained relatively steady



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



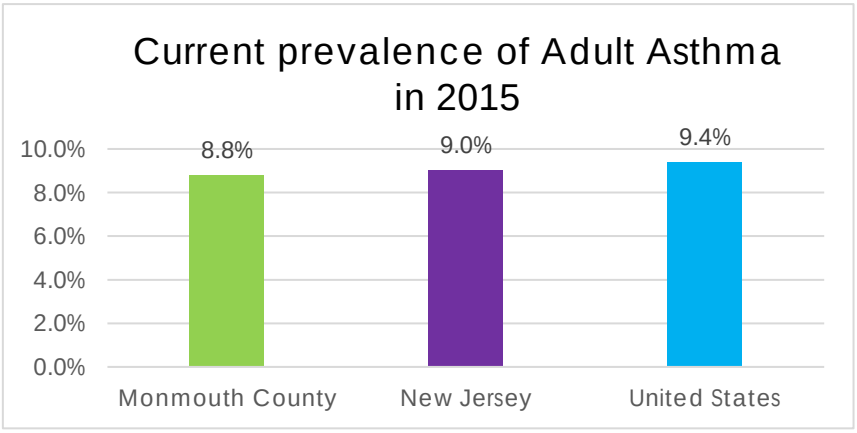
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 24]

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

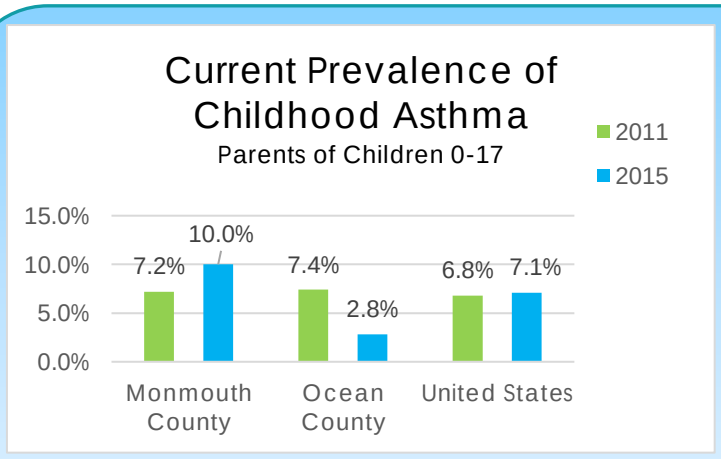
- Higher than statewide prevalence
- Similar to national prevalence

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)*

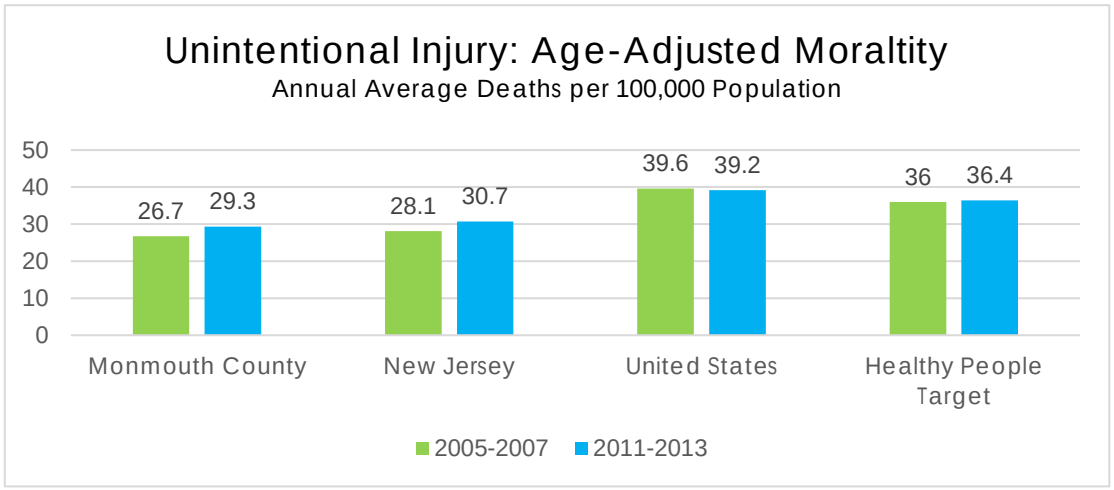
Nearly 192,900 people die from violence and injuries each year–nearly 1 person every 3 minutes. [1]

More than 3 million people are hospitalized and 27 million people treated in emergency rooms as a result of violence and injuries each year. [1]

Violence and injuries cost more than $671 billion in medical care and lost productivity each year. [2]

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Data. (2016)
2. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) Nonfatal Injury Data. (2016)

Unintentional Injury

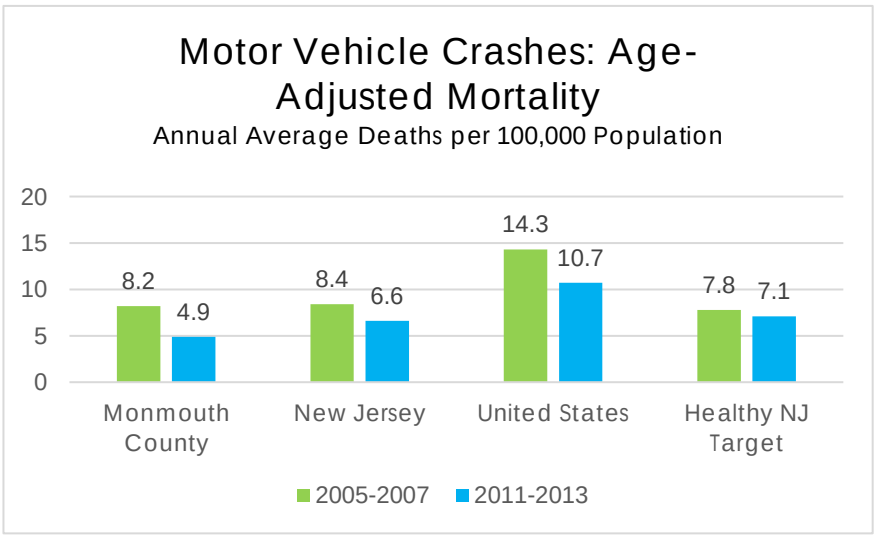


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.

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



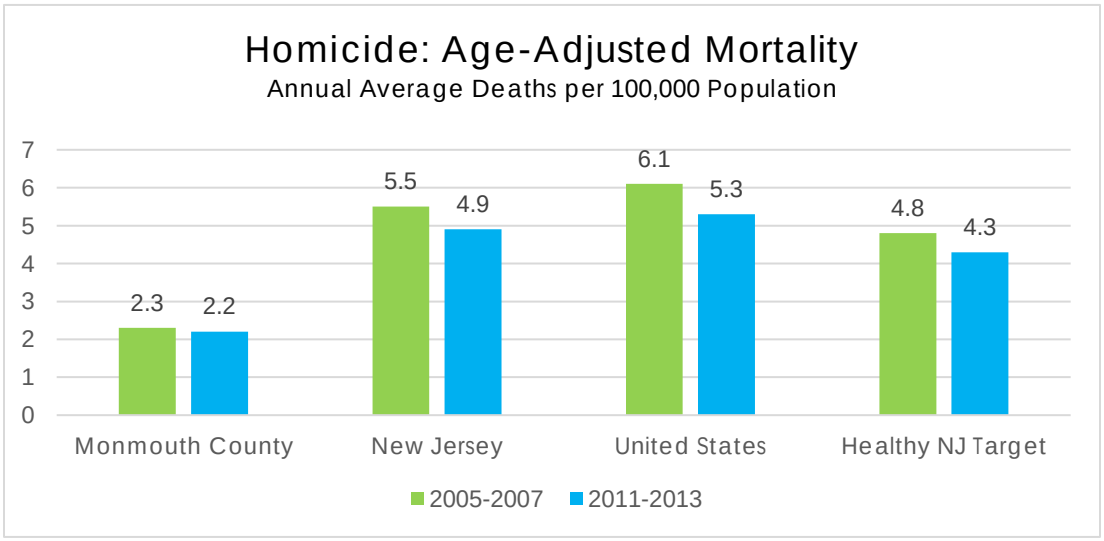
Between 2011 and 2013 there was an annual average age-adjusted motor vehicle crash mortality rate of 4.9 deaths per 100,000 population

- Below state and national rate
- Decrease from 2005-2007 rate
- Lower than Healthy NJ

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]

Intentional Injury – Violence

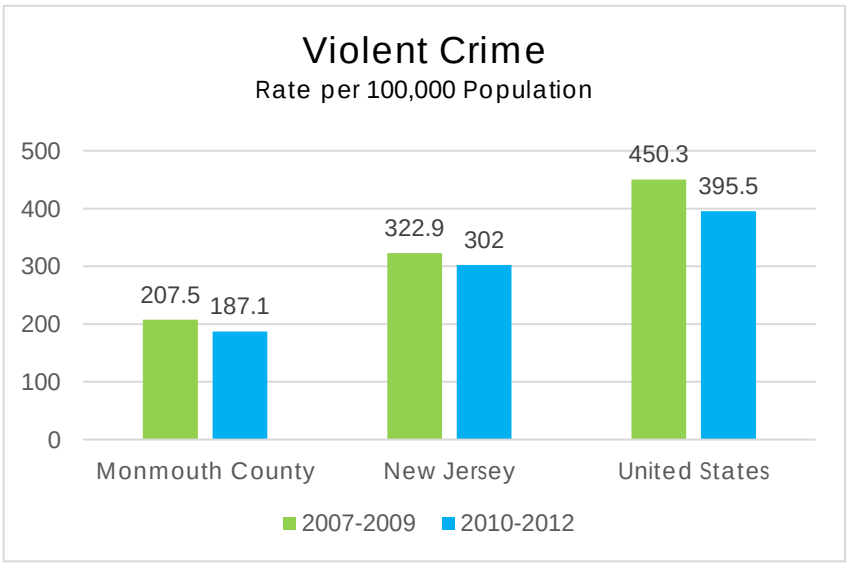


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015. US

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



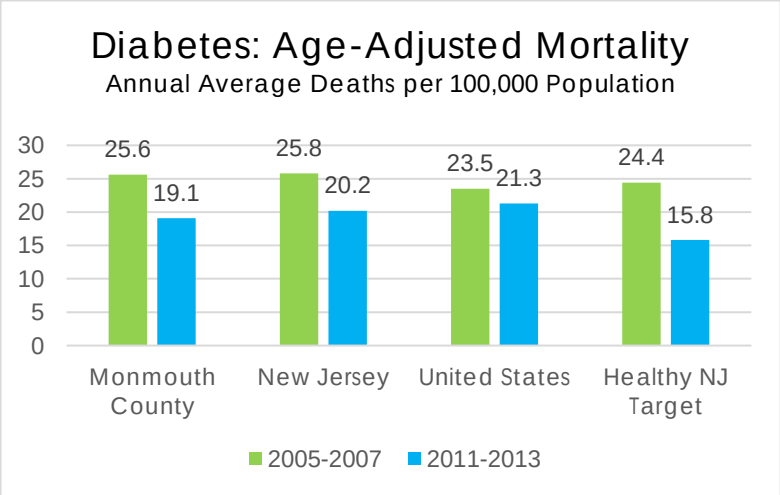
There were 187.1 violent crimes per 100,000 population reported in Monmouth County between 2010 and 2012

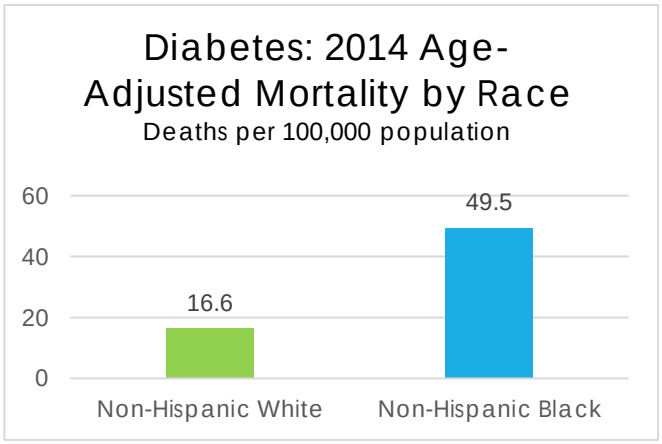
- Decreasing trend from 2005-2007
- Well below state and national rate

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

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

Diabetes



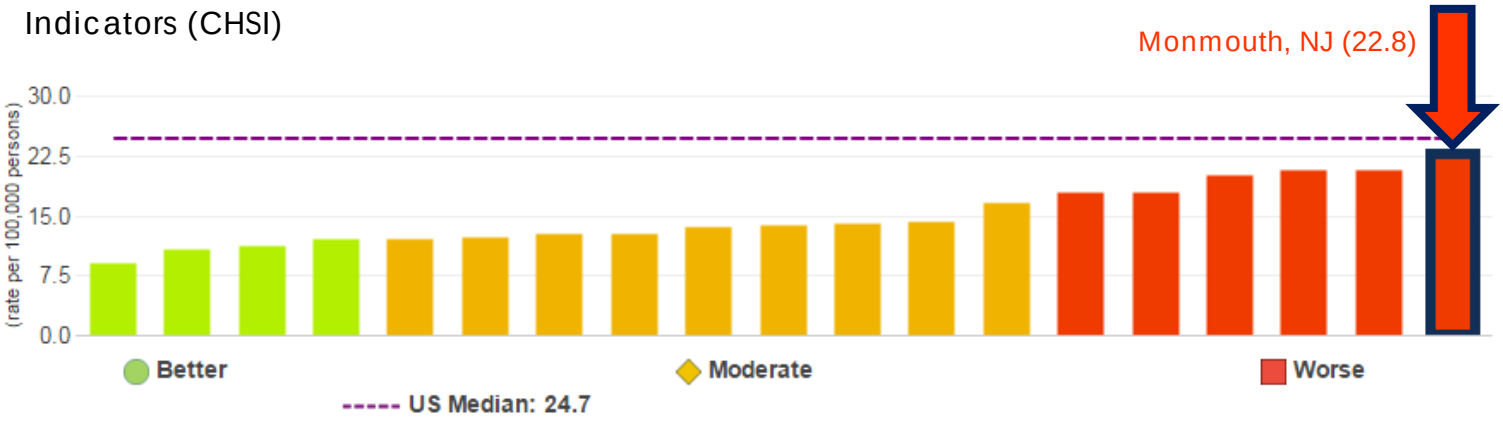


CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective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

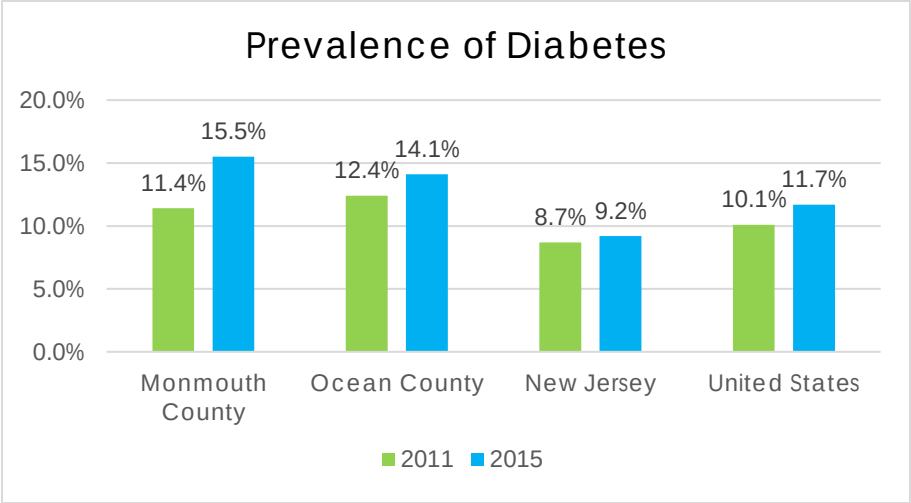
In Monmouth County, there was an annual average age-adjusted diabetes mortality rate of 19.1 per 100,000 population between 2011 and 2013

- 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)



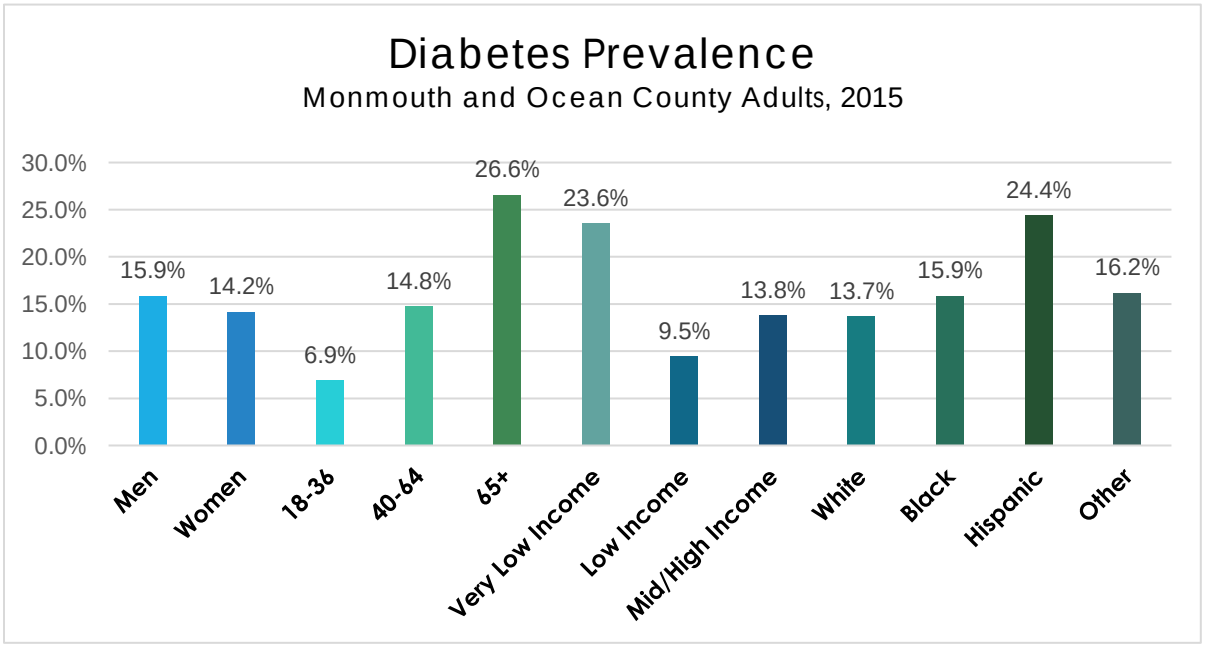
From left to right: Marin, CA (9.1); Nassau, NY (10.7); Rockland, NY (11.3); Westchester, NY (12.0); DuPage, IL (12.1); San Mateo, CA (12.3); Montgomery, MD (12.8); Middlesex, MA (12.8); Montgomery, PA (13.6); Suffolk, NY (13.8); Norfolk, MA (14.0); Placer, CA (14.3); Bergen, NJ (16.7); Contra Costa,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

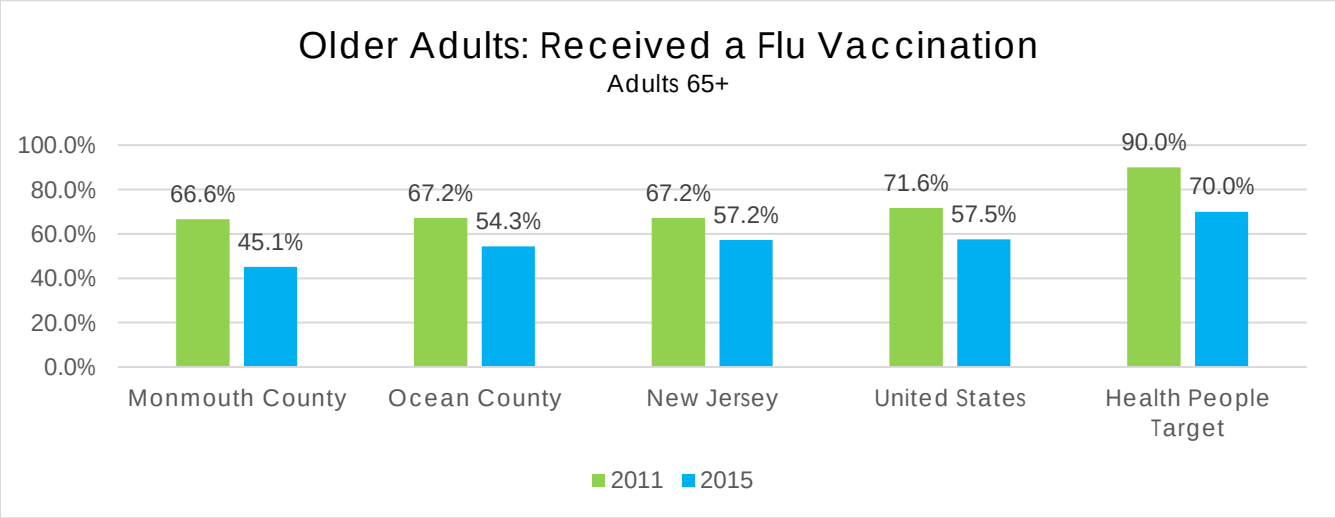
Infectious Disease

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

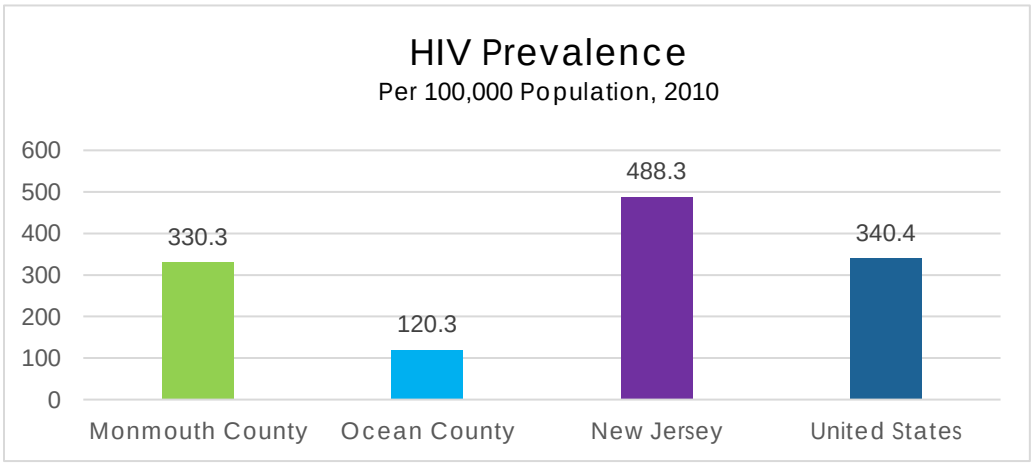


PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease 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%

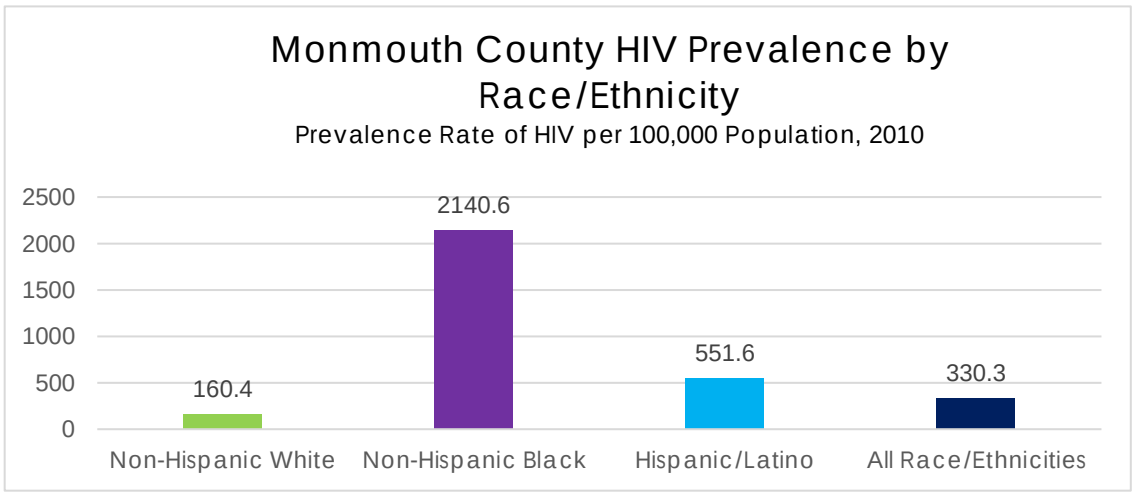
HIV



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

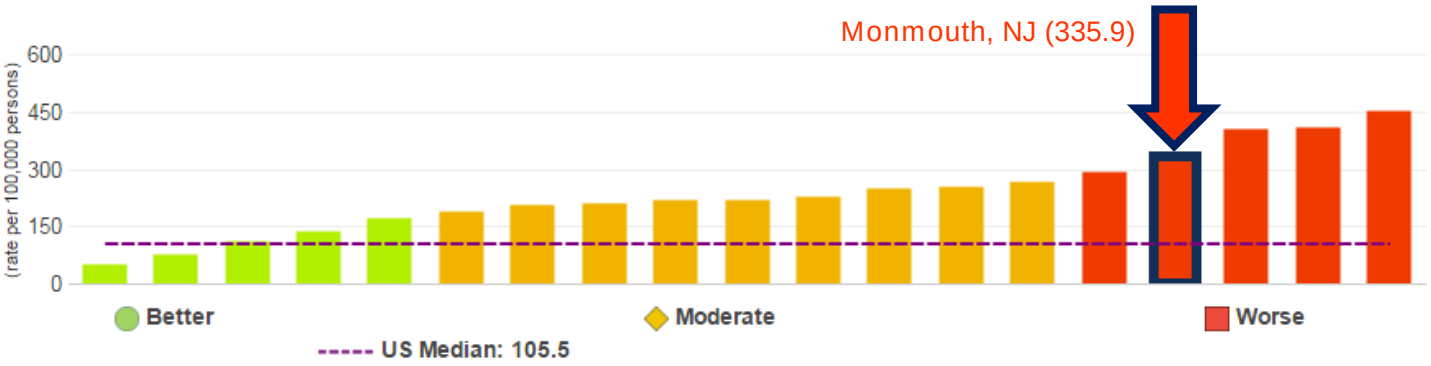
- Lower than state and national prevalence
- Significantly higher in Monmouth County compared to Ocean County



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.

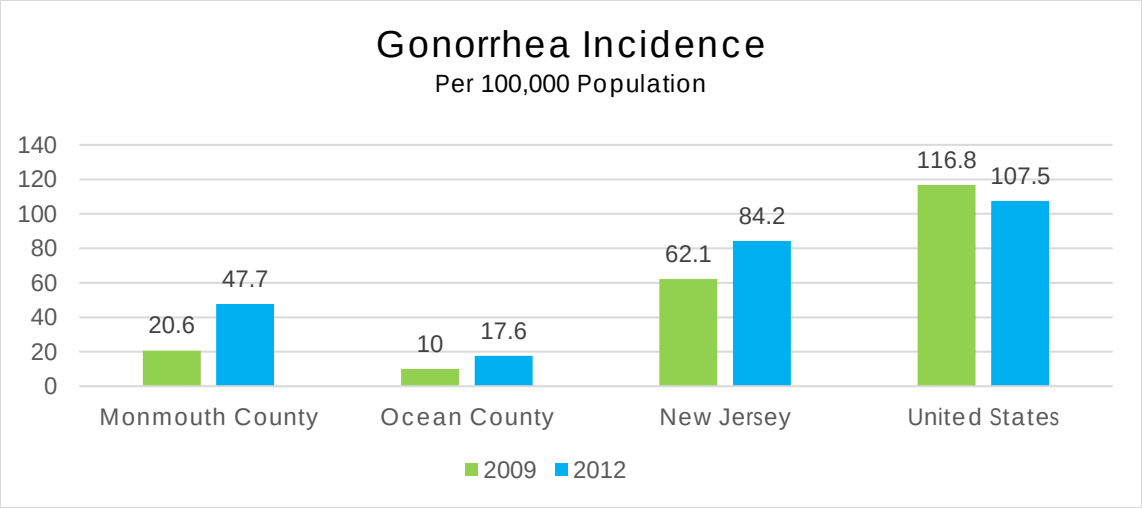
HIV prevalence in Monmouth County is significantly higher among Blacks

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)

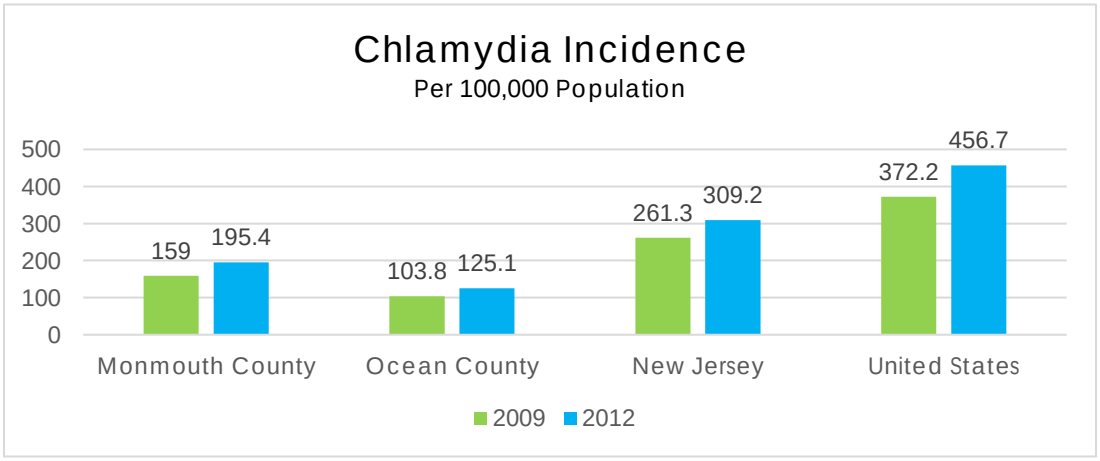
Sexually Transmitted Infection



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

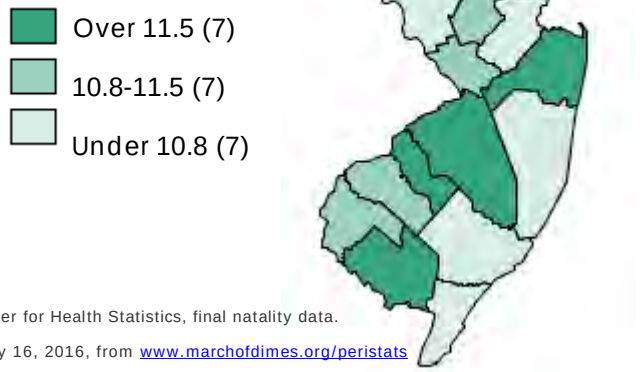
Births

Preterm Births

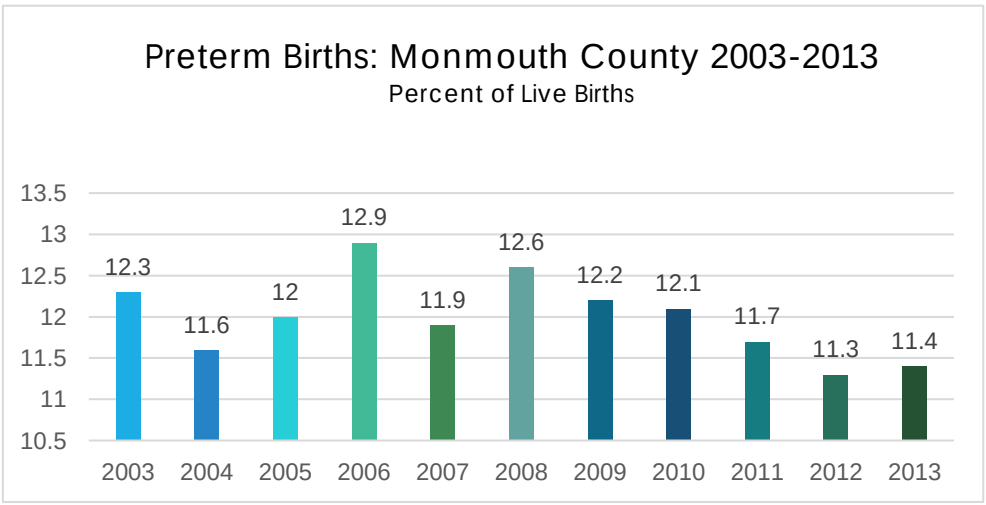
Preterm Births, Monmouth County 2010-2013 Average

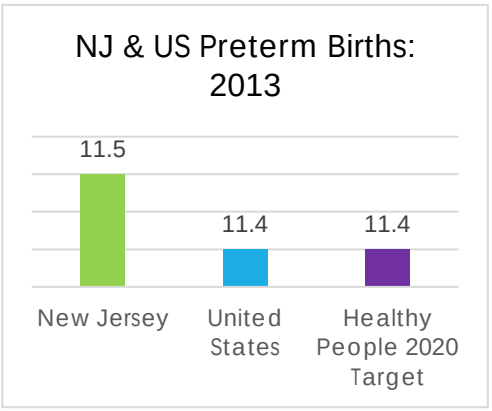
Percent of live births (21 counties)

- 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

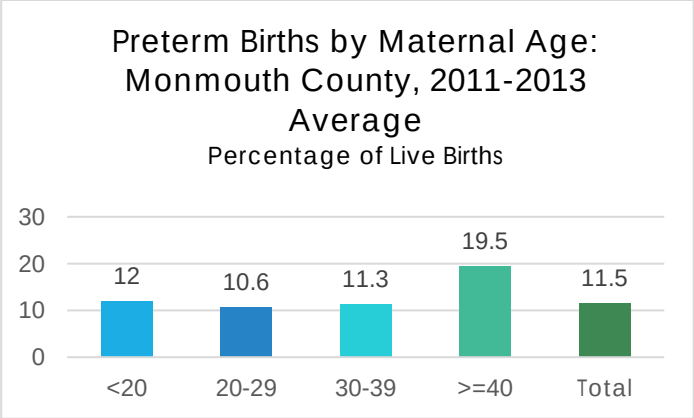


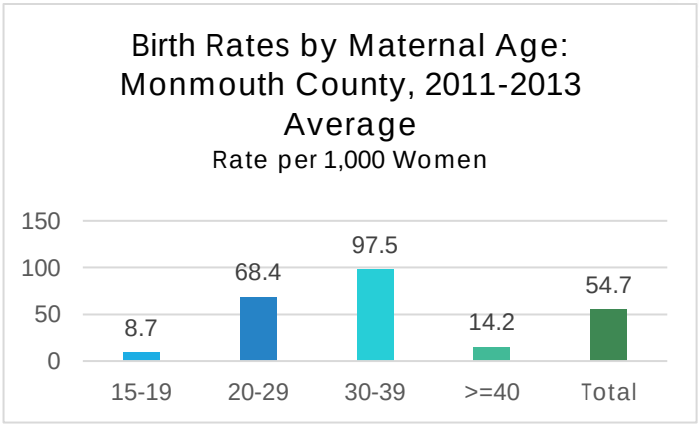


National Center for Health Statistics, final natality data. Retrieved May 16, 2016, from www.marchofdimes.org/peristats.

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

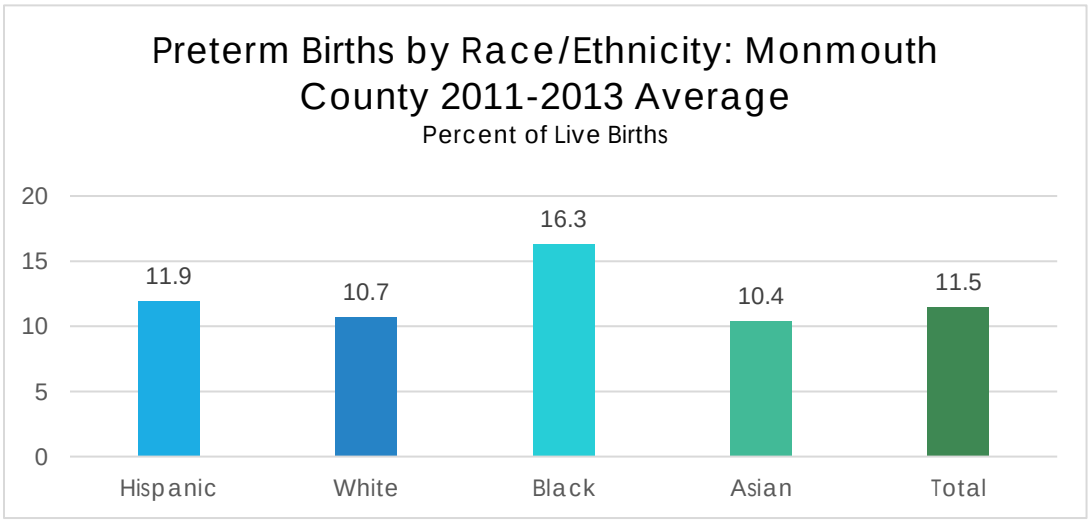




National Center for Health Statistics, final natality data. Retrieved May 16, 2016, from www.marchofdimes.org/peristats.

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

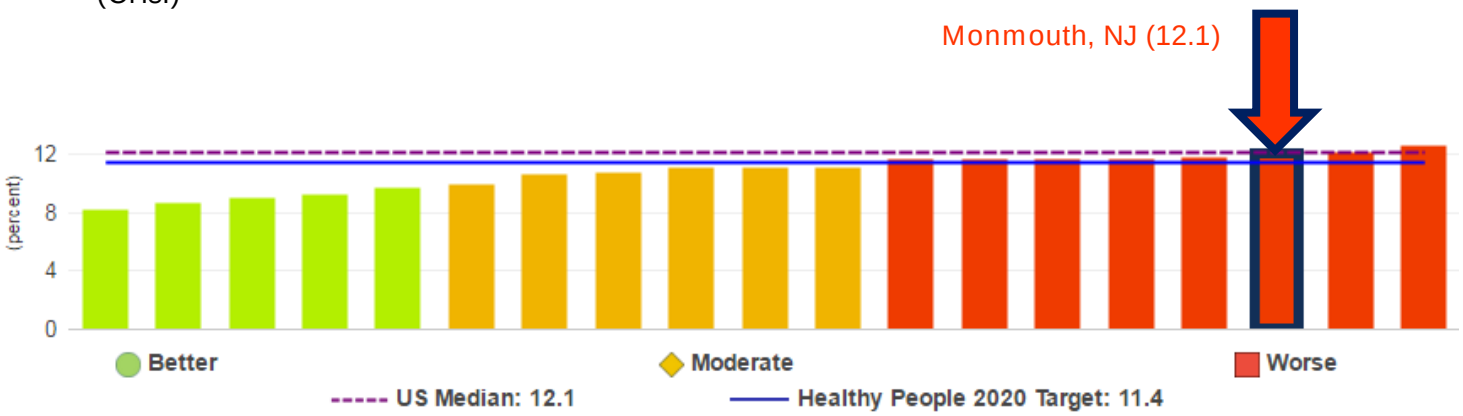


National Center for Health Statistics, final natality data. Retrieved May 16, 2016, from www.marchofdimes.org/peristats.

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

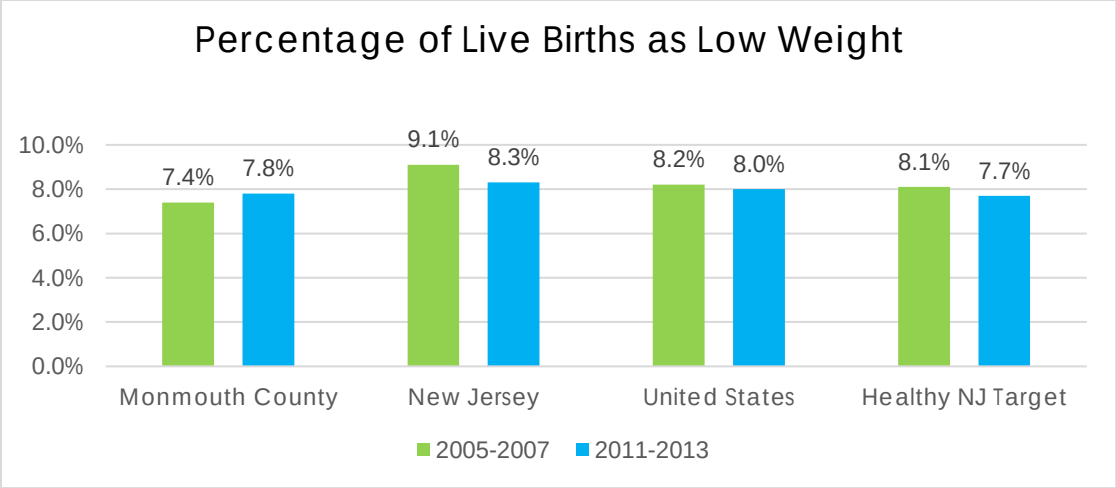
- Hispanics have the second highest preterm birth rates, followed by whites, and Asians

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

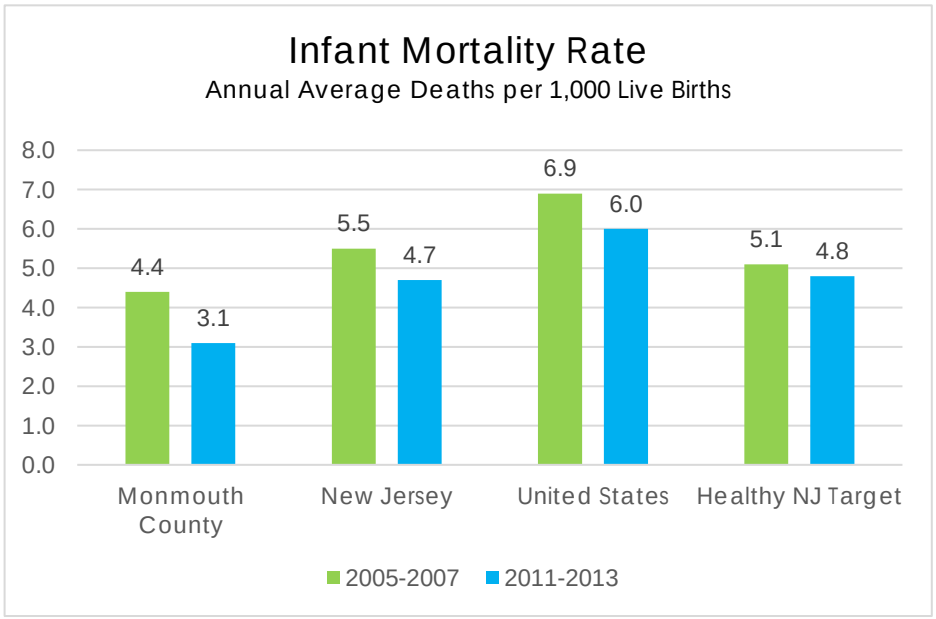


Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.

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

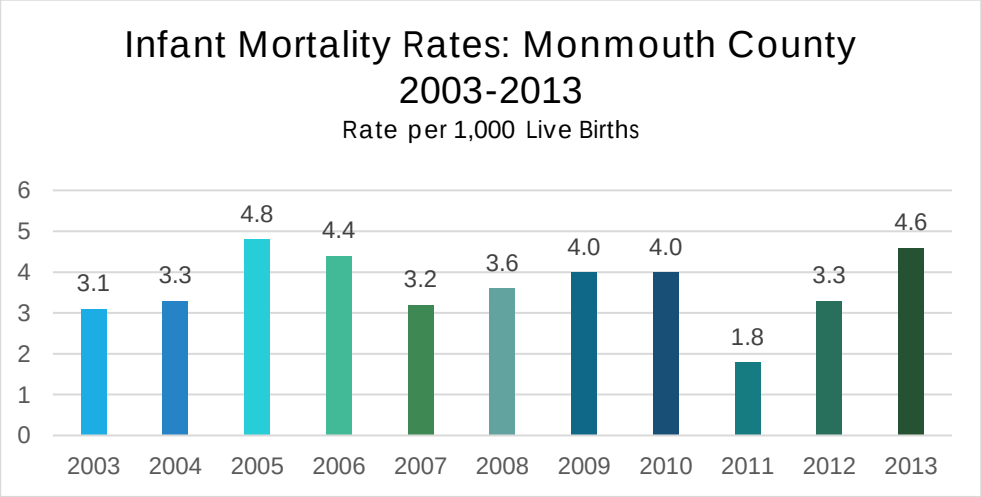


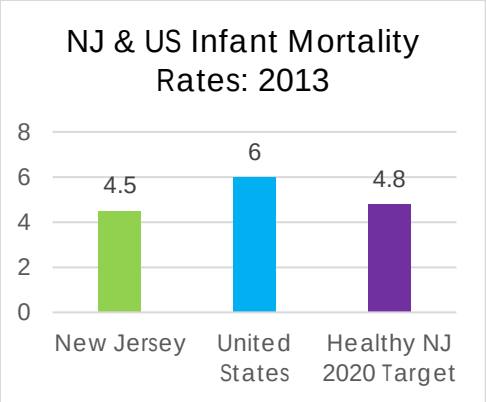
The annual average death rate in Monmouth County between 2011 and 2013 was 3.1 per 1,000 live births

- 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]

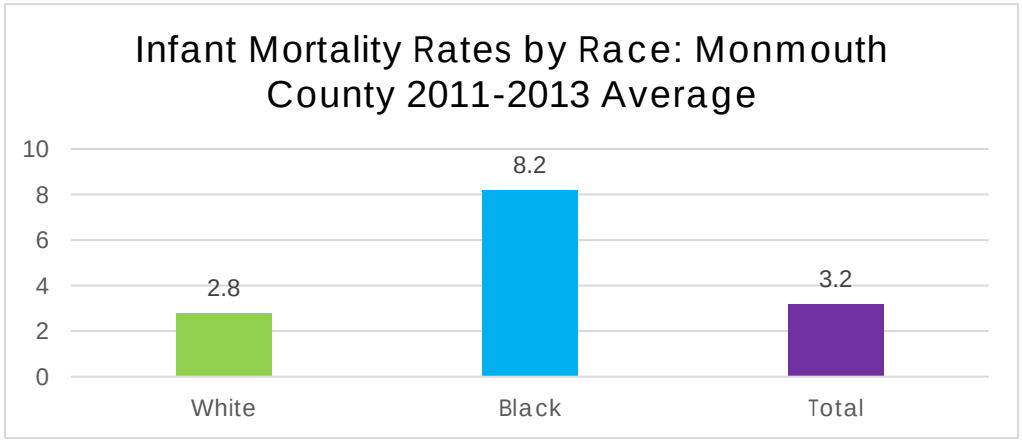




National Center for Health Statistics, final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present. Retrieved May 17, 2016, from www.marchofdimes.org/peristats.

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



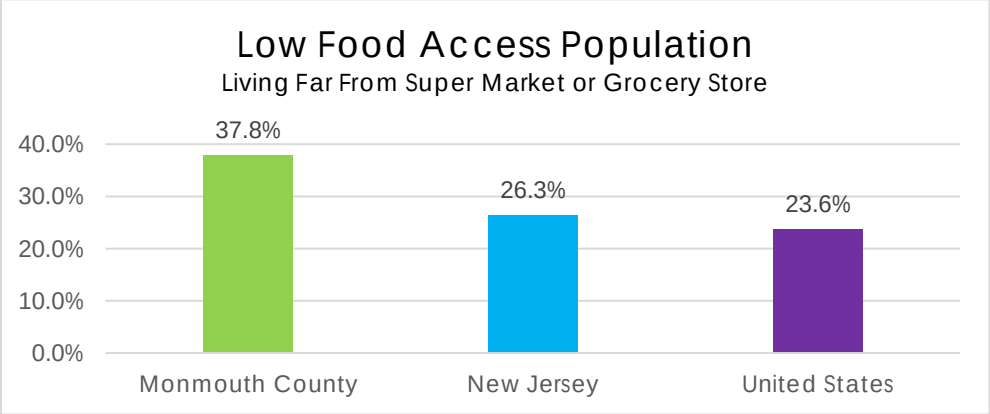
National Center for Health Statistics, period linked birth/infant death data. Retrieved May 17, 2016, from www.marchofdimes.org/peristats.

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

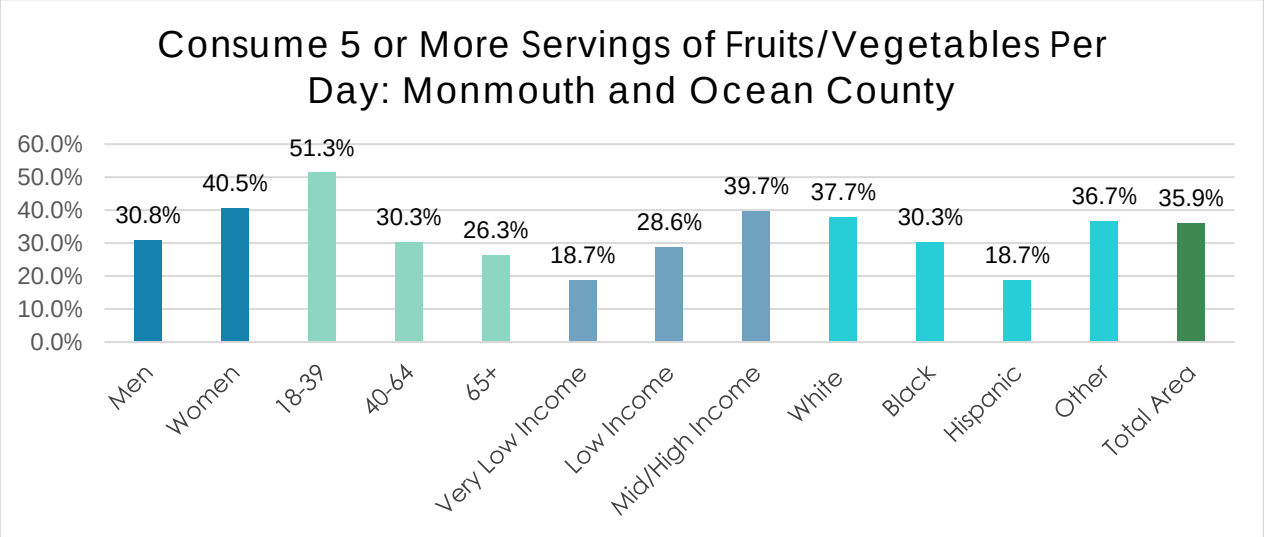
Nutrition and Food Access



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]

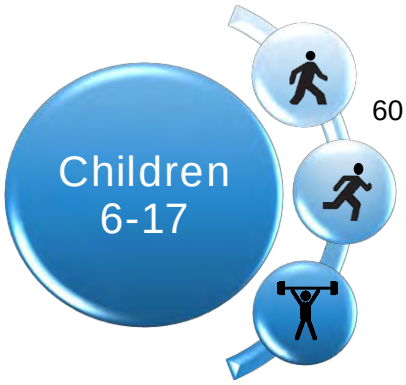
In Monmouth and Ocean County, residents are less likely to consume the recommended 5 or more servings of fruits/vegetables per day if they are:

- 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.*

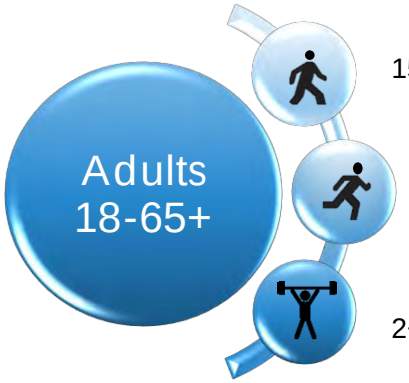
Centers for Disease Control and Prevention DNPAO



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

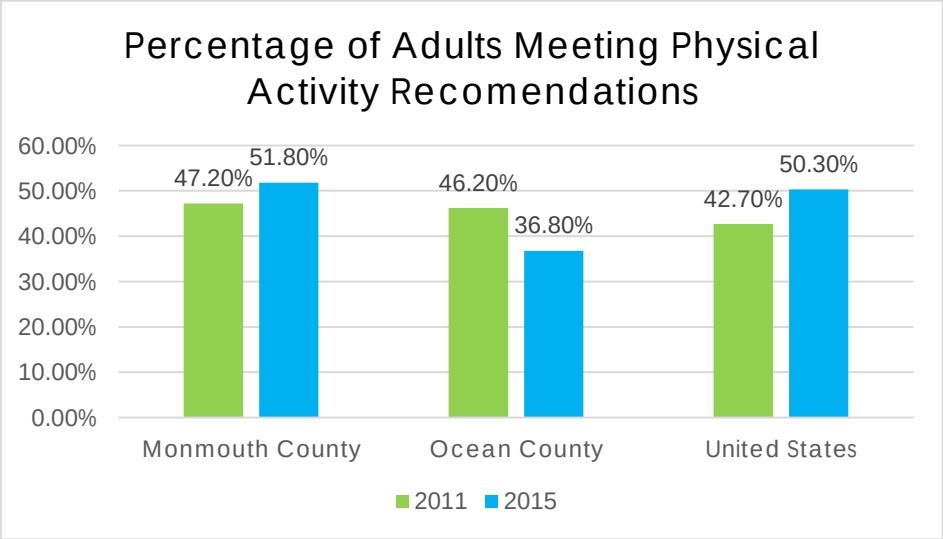
75 minutes vigorous intensity aerobic activity

PLUS

2+ days of muscle strength activities per week

Centers for Disease Control and Prevention DNPAO

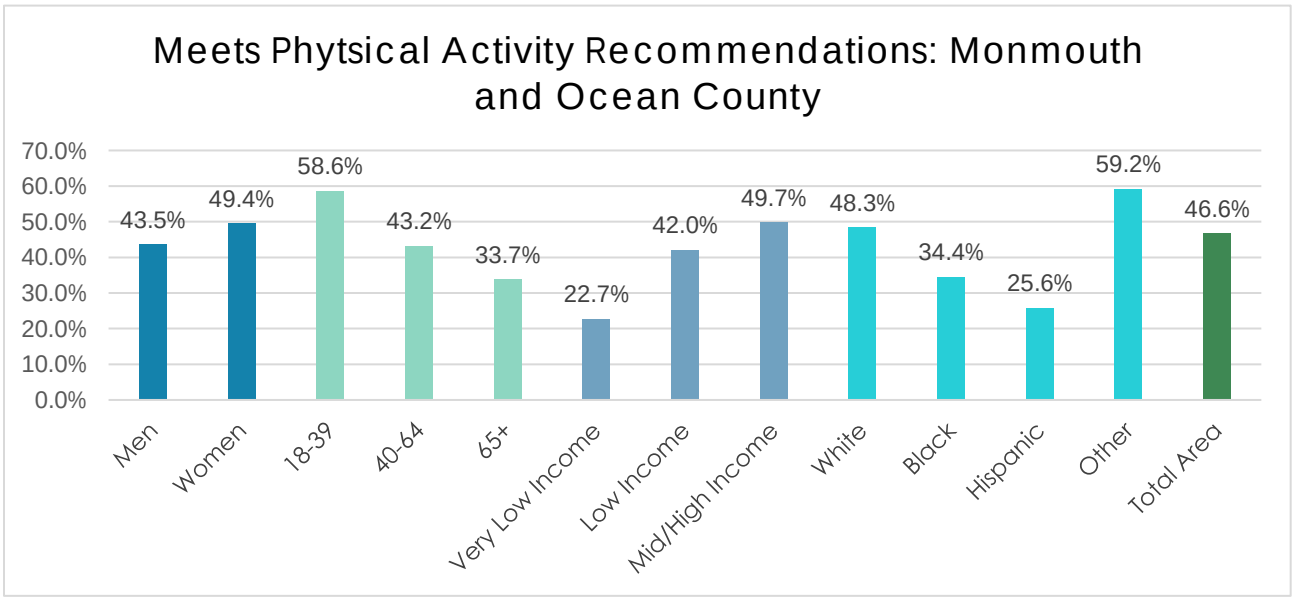
Meeting Physical Activity Recommendations



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

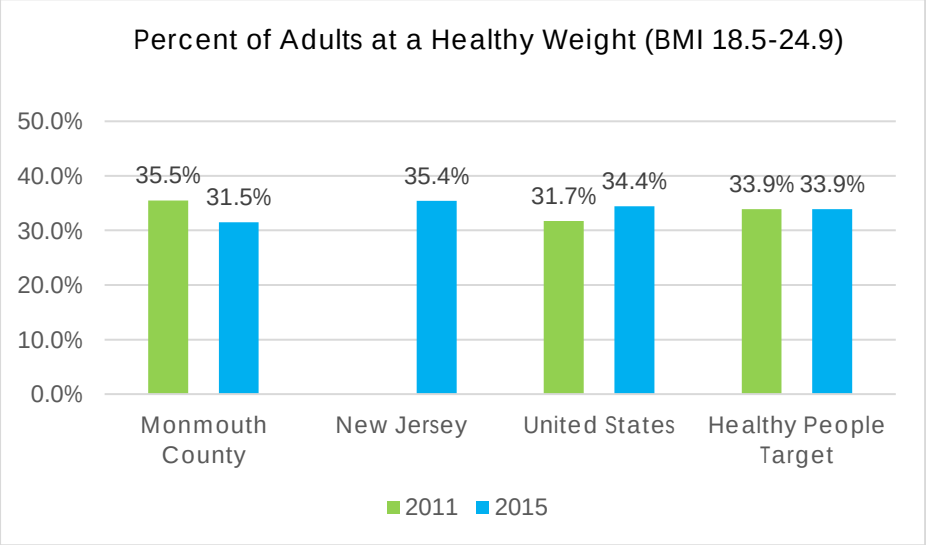
Body Mass Index (BMI) is a tool used for estimating body fat. BMI is the ratio of an individual's weight relative to their height.

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+

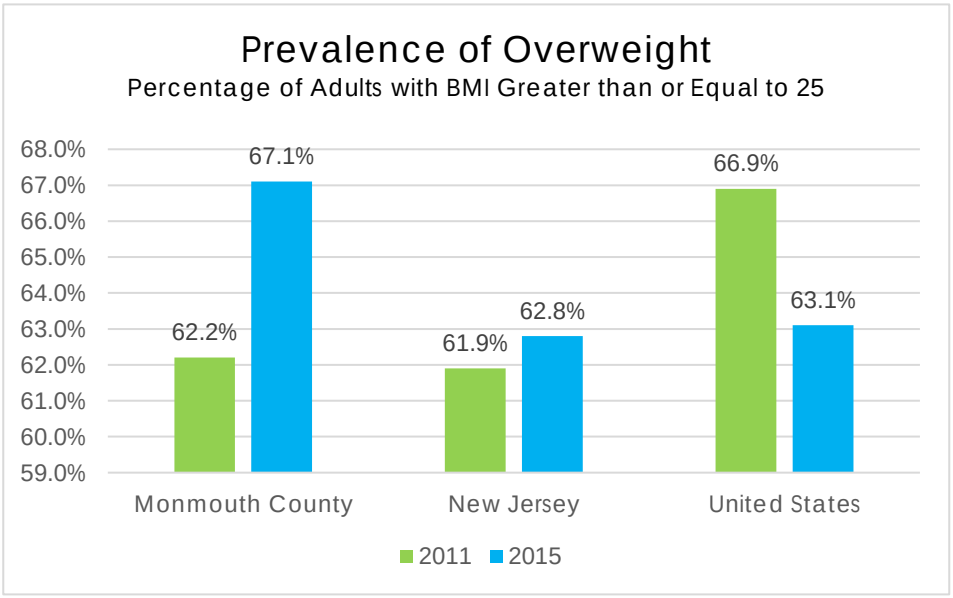
Adult Health Status



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

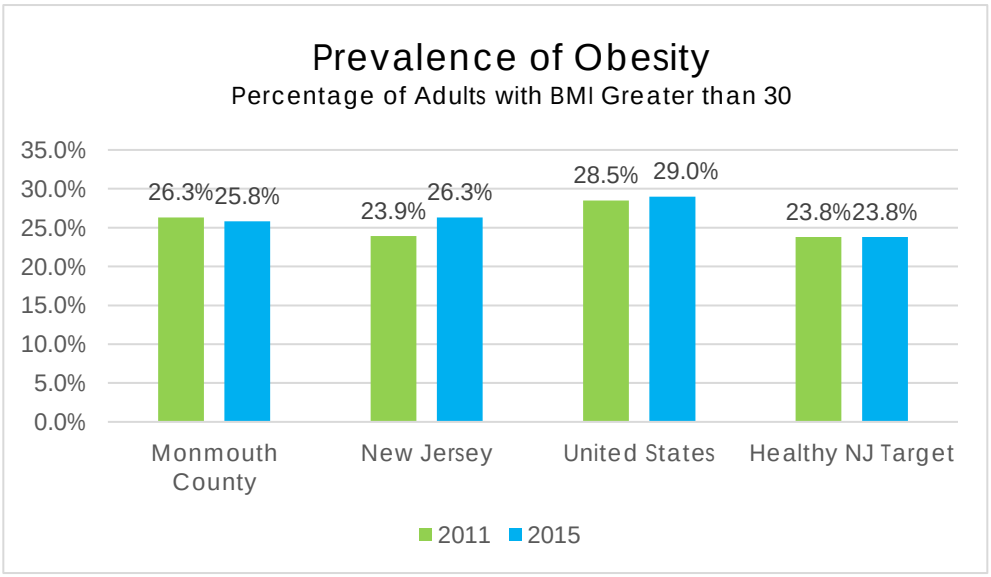
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease 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

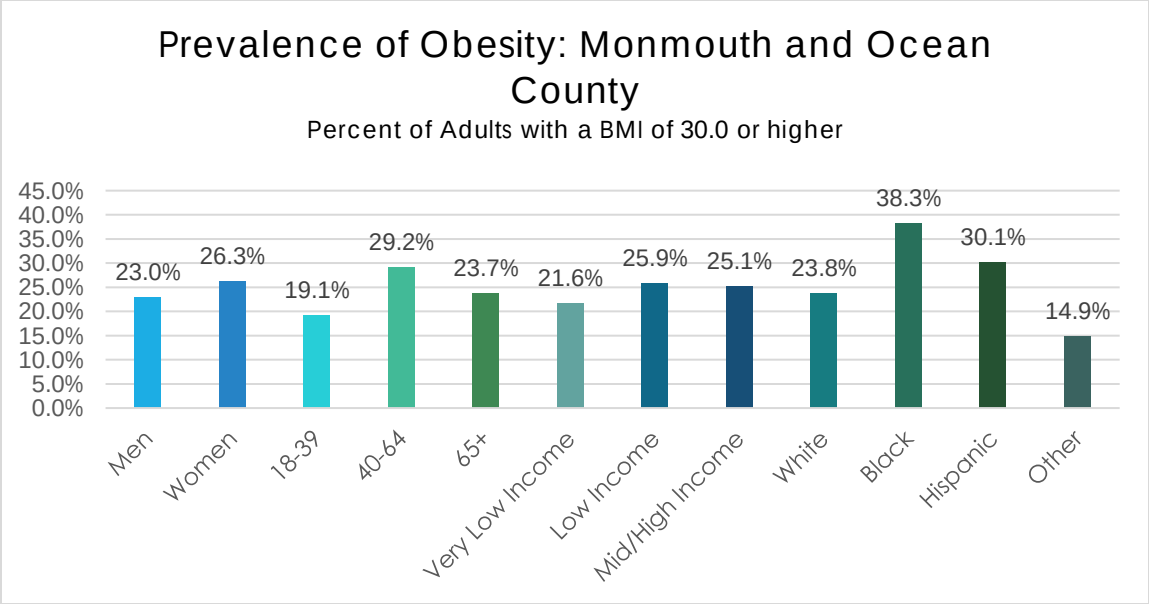
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease 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%

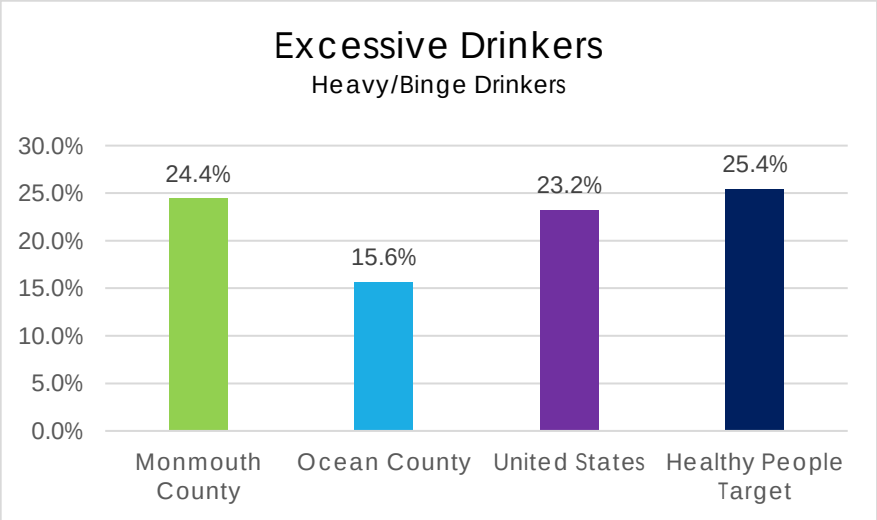
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151] 2013 PRC National Health Survey, Professional Research Consultants, Inc. US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9] Behavioral Risk Factor 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

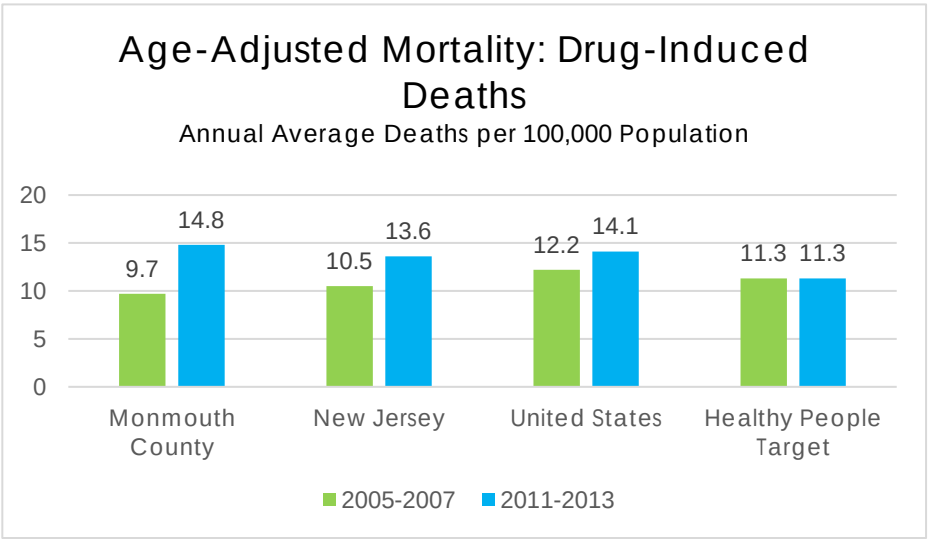
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]

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%



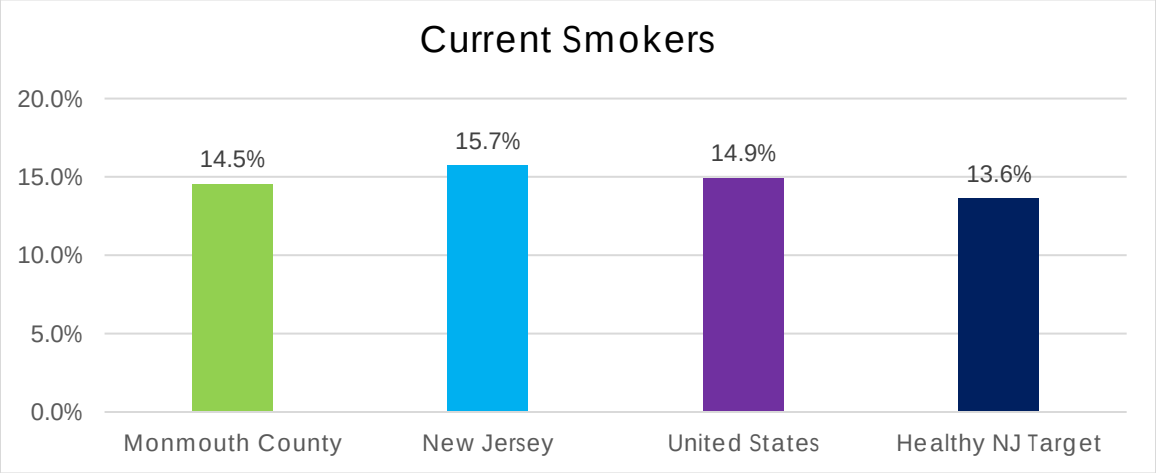
CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics.

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

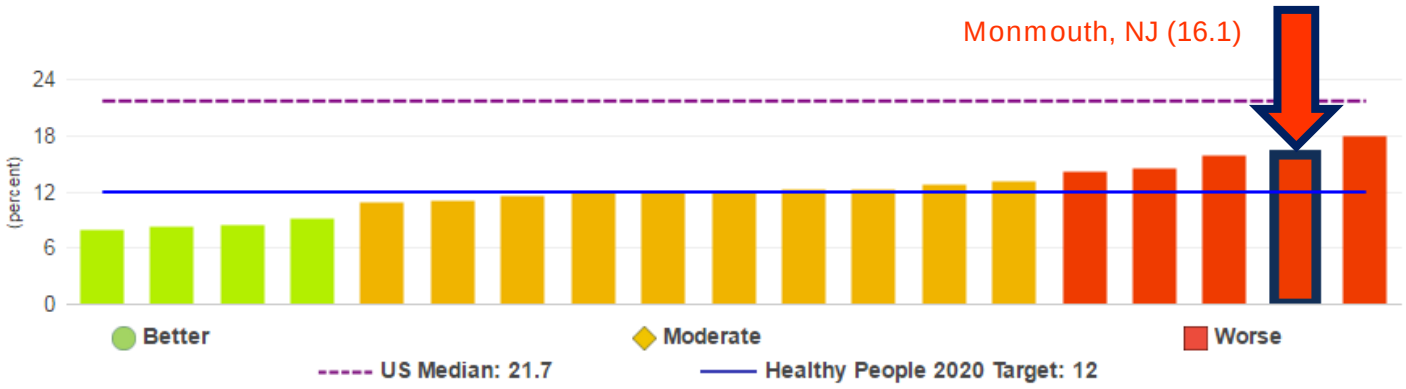


PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156] 2013 PRC National Health Survey, Professional Research Consultants, Inc. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease 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%

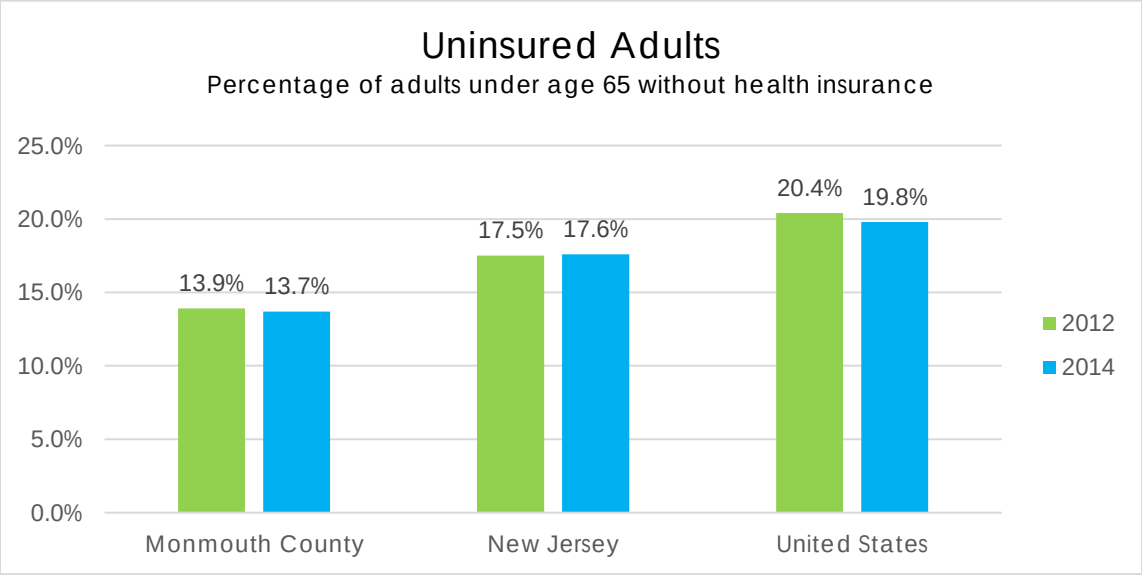
Distribution of 2006-2012 adult smoking percentages among peer counties in the United States with similar demographics to Monmouth County as per CDC Community Health Status Indicators (CHSI)



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

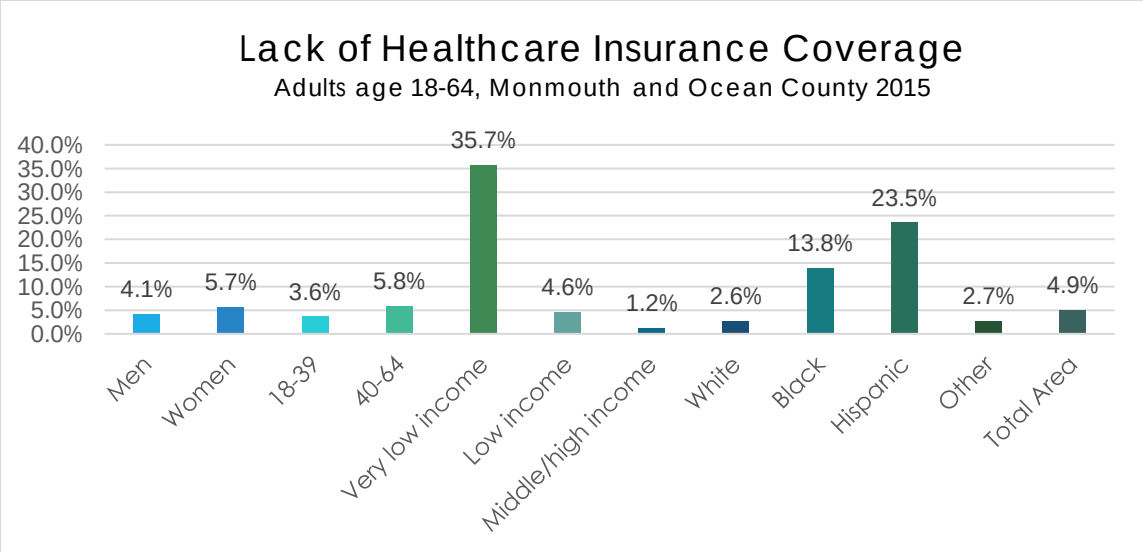
Health Insurance



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

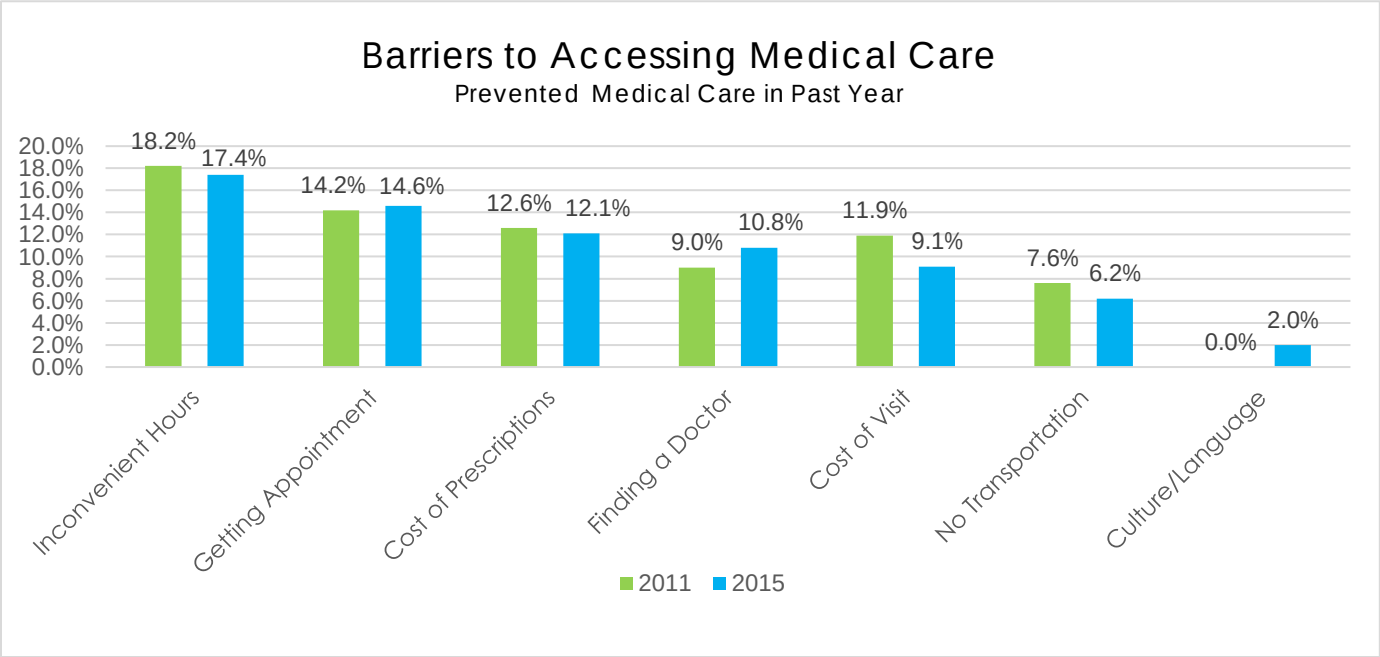
- Lower than state and national percentages
- Decrease in Monmouth County while increase in New Jersey



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

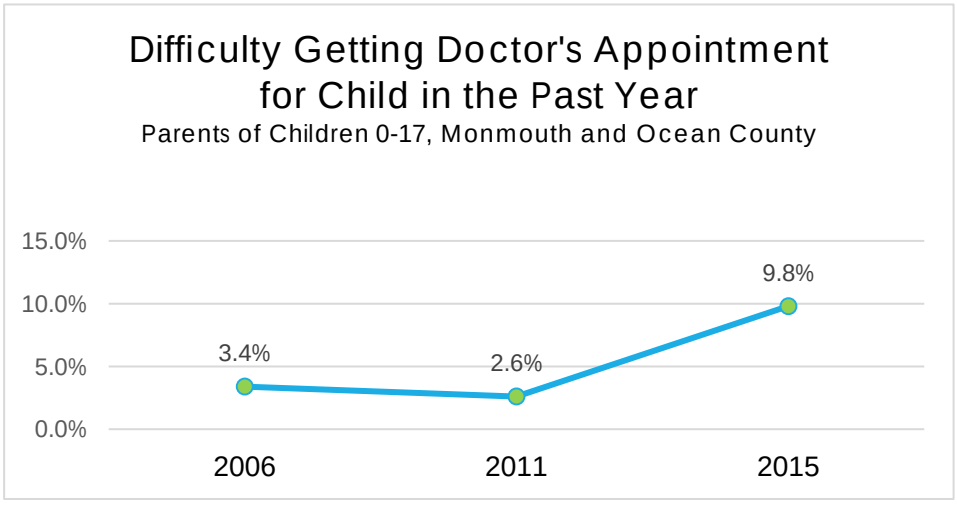


2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12, 307]

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



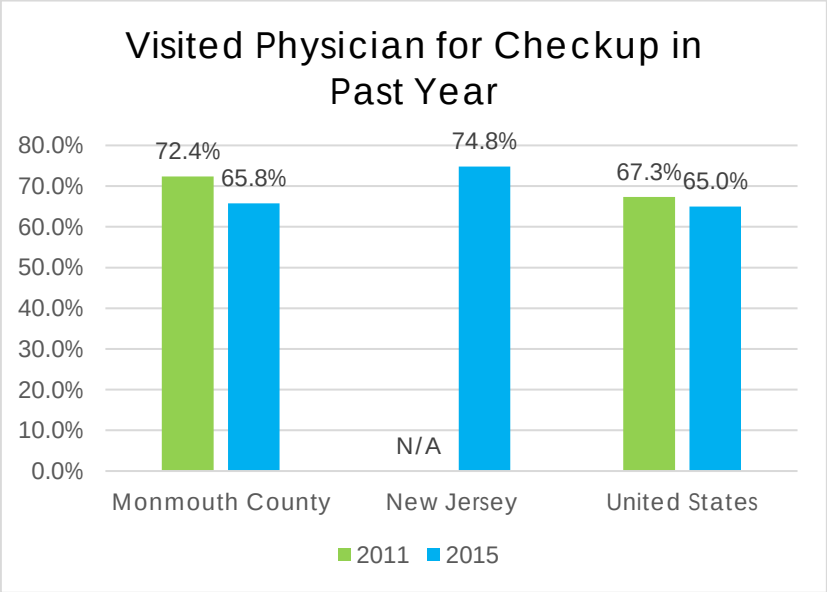
Among parents of children 0-17 in Monmouth and Ocean County, 9.8% reported difficulty in getting a **doctor's appointment for** their child in the past year

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

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

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

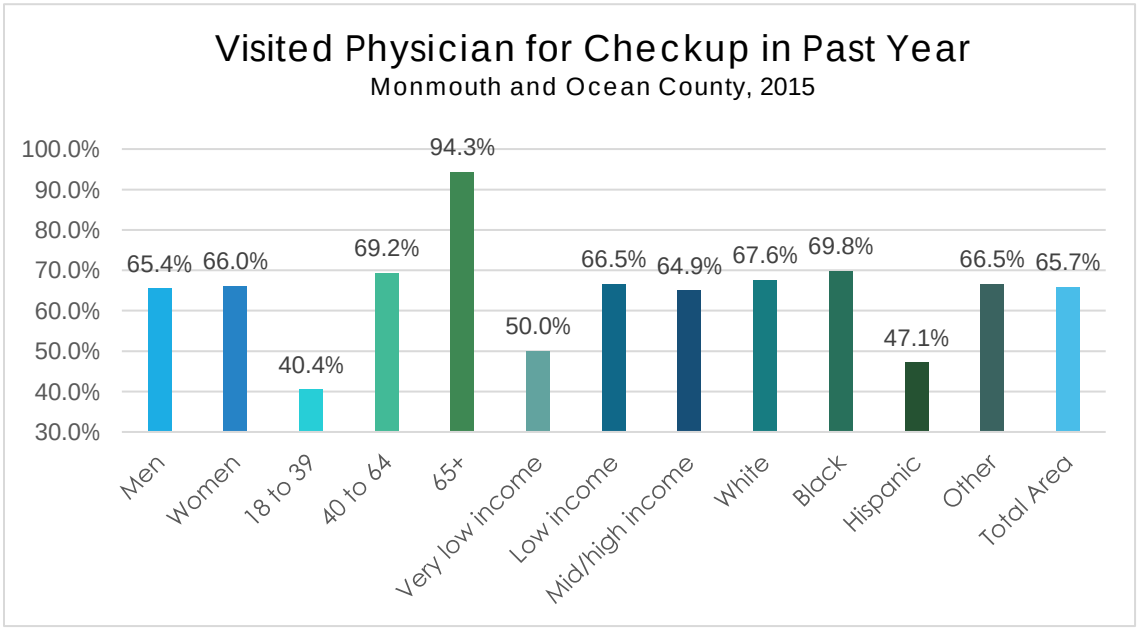
Utilization of Primary Health Care Services



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

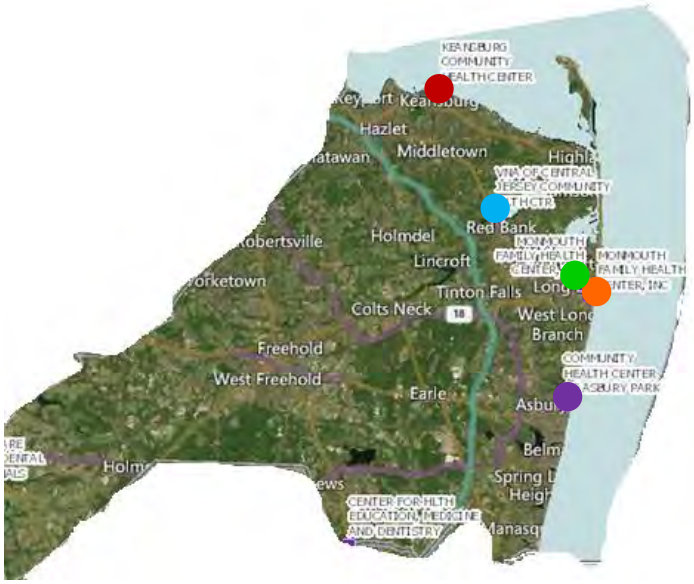
PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17] Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data. 2013 PRC National Health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

Summary Point 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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Monmouth County
The Place you Want to Be
Health Improvement Coalition
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WORK
LEARN
PLAY