



2022 COMMUNITY HEALTH NEEDS ASSESSMENT

CentraState Medical Center Service Area
Western Monmouth County, New Jersey

Sponsored by

CENTRASTATE MEDICAL CENTER



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TABLE OF CONTENTS

INTRODUCTION	3
PROJECT OVERVIEW	4
Methodology	4
IRS Form 990, Schedule H Compliance	12
SUMMARY OF FINDINGS	13
DATA CHARTS & KEY INFORMANT INPUT	24
COMMUNITY CHARACTERISTICS	25
Population Characteristics	25
Social Determinants of Health	30
HEALTH STATUS	36
Overall Health	36
Mental Health	38
DEATH, DISEASE & CHRONIC CONDITIONS	44
Cardiovascular Disease	44
Cancer	49
Respiratory Disease	54
Injury & Violence	59
Diabetes	63
Kidney Disease	65
Potentially Disabling Conditions	67
BIRTHS	70
Birth Outcomes & Risks	70
Family Planning	72
MODIFIABLE HEALTH RISKS	74
Nutrition	74
Physical Activity	77
Weight Status	80
Substance Abuse	85
Tobacco Use	90
Sexual Health	94
ACCESS TO HEALTH CARE	96
Lack of Health Insurance Coverage	96
Difficulties Accessing Health Care	97
Primary Care Services	100
Oral Health	103
LOCAL RESOURCES	106
Perceptions of Local Health Care Services	106
Federally Qualified Health Centers (FQHCs)	107
Resources Available to Address the Significant Health Needs	108
APPENDIX	111
EVALUATION OF PAST ACTIVITIES	112
Community Benefit	112
Addressing Significant Health Needs	112
Evaluation of Impact	113





INTRODUCTION

PROJECT OVERVIEW

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of CentraState Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness. A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment was conducted on behalf of CentraState Medical Center by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

CentraState Medical Center defined its community or service area based on the Core-Based Statistical Area (CBSA) created in FY 2021 adjusted to the hospital's geographic location and the geographic area from which a significant number of the patients utilizing hospital services reside.

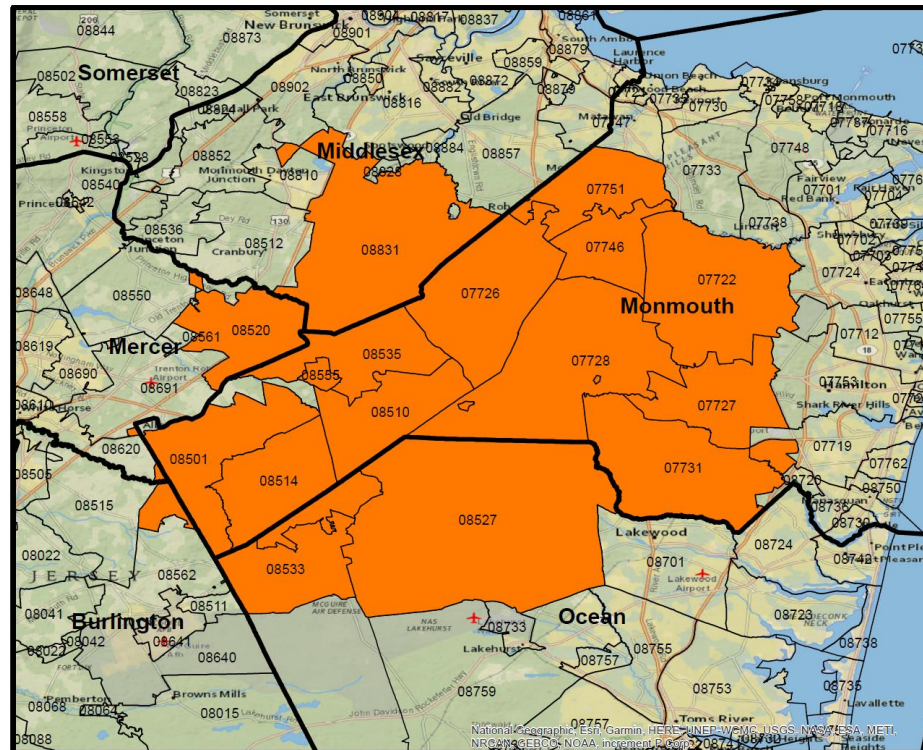
CentraState Medical Center's defined community or service area is Monmouth County, which along with Ocean, Middlesex, and parts of Somerset County moved from the Newark, NJ-PA CBSA to the newly created New Brunswick-Lakewood, NJ CBSA. This was done according to new boundaries set by the Office of Management and Budget and used by the US Census Bureau and other federal government agencies for statistical purposes.

CentraState Medical Center's defined service area is Monmouth County, in general, and western Monmouth County in particular. The communities of western Monmouth County are: Colts Neck Township, Manalapan Township, Borough of Englishtown, Borough of Farmingdale, Borough 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 Borough which has been identified by this and our previous Community Health Needs Assessments (2013, 2016, 2020) 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.



The study area for the survey effort (referred to as the “CentraState Service Area” in this report) is illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsor through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 203 surveys at random throughout the defined service area.

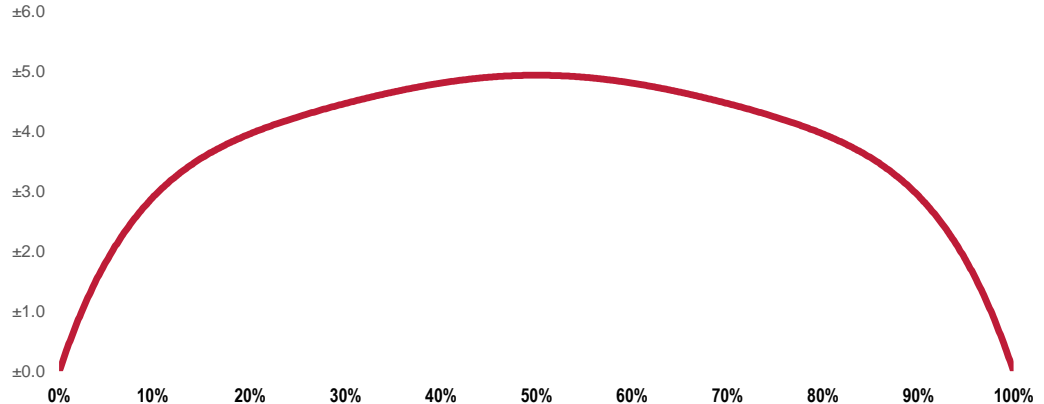
COMMUNITY OUTREACH SURVEYS (CentraState Medical Center) ► PRC also created a link to an online version of the survey, and the study sponsor promoted this link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 221 surveys to the overall sample.

In all, 424 surveys were completed through these mechanisms. Once the interviews were completed, these were weighted in proportion to the actual population distribution at the ZIP Code level so as to appropriately represent the CentraState Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 424 respondents is $\pm 4.9\%$ at the 95 percent confidence level.



Expected Error Ranges for a Sample of 424 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 424 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% ($10\% \pm 2.9\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% ($50\% \pm 4.9\%$) of the total population would respond "yes" if asked this question.

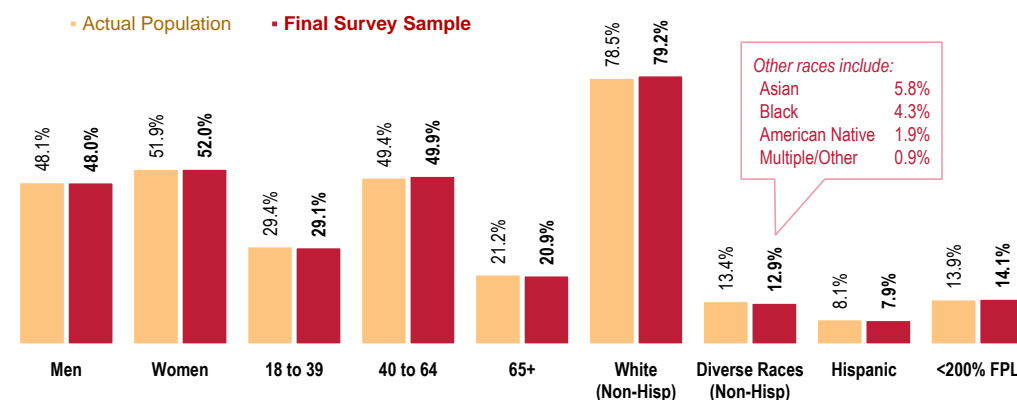
Sample Characteristics

Once all interviews were completed, these were combined and weighted to best reflect the area as a whole. To accurately represent the population studied, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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



Population & Survey Sample Characteristics (CentraState Service Area, 2022)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
• 2022 PRC Community Health Survey, PRC, Inc.

Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at \$26,500 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. “White” reflects non-Hispanic White respondents; “People of Color” includes Hispanics and non-White race groups.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by CentraState Health System; 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, 45 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:



ONLINE KEY INFORMANT SURVEY PARTICIPATION

KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	4
Health Providers	1
Community Leaders	26
Social Services Providers	14

Final participation included representatives of the organizations outlined below.

- Acelero Learning Center (HeadStart)
- American Heart Association
- Bethel AME Church
- Blessing Bag Bridge
- Casa Freehold
- CentraState Healthcare System
- Colts Neck Schools
- Community Affairs & Resource Center
- Court Street School
- Dwight D. Eisenhower Middle School
- Freehold Borough
- Freehold Borough Educational Foundation
- Freehold Borough Police Department
- Freehold Borough Public Library
- Freehold Borough School District
- Freehold Community Wellness Center
- Freehold High School
- Freehold Regional High School District
- Freehold Township
- Freehold Township School District
- Howell Chamber of Commerce
- Jackson Health Department
- Laura Donovan Elementary School
- Marshall W. Errickson Elementary School
- Monmouth County
- Monmouth County Regional Health Commission
- Monmouth County Workforce Development Board
- Monmouth Regional Chamber of Commerce
- Monmouth University
- Neighborhood Connections to Health
- Park Avenue Elementary School
- Relevance Recovery
- Society for the Prevention of Teen Suicide
- Visiting Nurse Association Children & Family Health Institute
- VNA Central Jersey WIC (Women, Infants & Children)
- VNA Community Health Centers
- West Freehold Elementary School

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

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

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



Public Health, Vital Statistics & Other Data

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

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

Note that secondary data reflect county-level data for Monmouth County.

Benchmark Data

New Jersey Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.



Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

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

Information Gaps

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

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

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



Public Comment

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



IRS Form 990, Schedule H Compliance

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

IRS FORM 990, SCHEDULE H (2019)		See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility		4
Part V Section B Line 3b Demographics of the community		25
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community		106
Part V Section B Line 3d How data was obtained		4
Part V Section B Line 3e The significant health needs of the community		13
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs		14
Part V Section B Line 3h The process for consulting with persons representing the community's interests		7
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		114



SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT

CANCER	<ul style="list-style-type: none">▪ Leading Cause of Death▪ Prostate Cancer Incidence
HEART DISEASE & STROKE	<ul style="list-style-type: none">▪ Leading Cause of Death▪ Heart Disease Prevalence▪ High Blood Cholesterol Prevalence
MENTAL HEALTH	<ul style="list-style-type: none">▪ “Fair/Poor” Mental Health▪ Diagnosed Depression▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none">▪ Low Food Access▪ Fast Food Prevalence▪ Lack of Leisure-Time Physical Activity▪ Overweight & Obesity [Adults]▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
SUBSTANCE ABUSE	<ul style="list-style-type: none">▪ Binge Drinking▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none">▪ Use of Vaping Products



Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. [Mental Health](#)
2. [Substance Abuse](#)
3. [Nutrition, Physical Activity & Weight](#)
4. [Tobacco Use](#)
5. [Heart Disease & Stroke](#)
6. [Cancer](#)

Hospital Implementation Strategy

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

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



Summary Tables: Comparisons With Benchmark Data

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

















Reading the Summary Tables

- In the following tables, CentraState Service Area results are shown in the larger, gray column.
- The columns to the right of the CentraState Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether the area compares favorably (☀️), unfavorably (💜), or comparably (☁️) to these external data.

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

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





SOCIAL DETERMINANTS	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	3.0	 6.1	 4.1	
Population in Poverty (Percent)	6.5	 9.7	 12.8	 8.0
Children in Poverty (Percent)	7.9	 13.3	 17.5	 8.0
Unemployment Rate (Age 16+, Percent)	3.1	 3.5	 3.4	
Housing Exceeds 30% of Income	34.4	 36.8	 30.4	
% Unable to Pay Cash for a \$400 Emergency Expense	18.1		 24.6	
% HH Member Lost Job, Wages, Insurance Due to Pandemic	24.3			
No High School Diploma (Age 25+, Percent)	6.3	 9.7	 11.5	
% Unhealthy/Unsafe Housing Conditions	10.5		 12.2	


better


similar
















worse

OVERALL HEALTH	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
% "Fair/Poor" Overall Health	11.6	 11.7	 12.6	


better


similar


worse

ACCESS TO HEALTH CARE	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	1.2	 14.1	 8.7	 7.9
% Cost Prevented Physician Visit in Past Year	10.9	 10.5	 12.9	
% Cost Prevented Getting Prescription in Past Year	12.5		 12.8	
% Transportation Hindered Dr Visit in Past Year	10.1		 8.9	
% Difficulty Getting Child's Health Care in Past Year	7.3		 8.0	
Primary Care Doctors per 100,000	119.6	 85.4	 76.5	
% Have Had Routine Checkup in Past Year	72.0	 74.4	 70.5	
% Child Has Had Checkup in Past Year	92.1		 77.4	
% Rate Local Health Care "Fair/Poor"	7.3		 8.0	












better




















similar
























worse













CANCER	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
Cancer (Age-Adjusted Death Rate)	140.0	 141.0	 149.4	 122.7
Cancer Incidence Rate (All Sites)	524.4	 486.7	 448.6	
Female Breast Cancer Incidence Rate	147.1	 137.2	 126.8	
Prostate Cancer Incidence Rate	141.6	 134.4	 106.2	


















CANCER (continued)	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
Lung Cancer Incidence Rate	58.5	 54.5	 57.3	
Colorectal Cancer Incidence Rate	40.2	 40.1	 38.0	
% Cancer	10.2	 9.9	 10.0	
Mammogram in Past 2 Years (% Women 50-74)	77.6	 75.1	 74.8	 77.1
		 better	 similar	 worse













DIABETES	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
% Diabetes/High Blood Sugar	11.4	 10.0	 13.8	
		 better	 similar	 worse

















HEART DISEASE & STROKE	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
Coronary Heart Disease (Age-Adjusted Death Rate)	82.6	 89.3	 91.5	 90.9
Diseases of the Heart (Age-Adjusted Death Rate)	159.6	 162.8	 164.8	 127.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	9.5	 6.2	 6.1	
Stroke (Age-Adjusted Death Rate)	31.5	 30.5	 37.6	 33.4
% Stroke	2.9	 2.7	 4.3	
% Told Have High Blood Pressure	37.5	 33.0	 36.9	 27.7







HEART DISEASE & STROKE (continued)	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
% Told Have High Cholesterol	41.9		 32.7	
% 1+ Cardiovascular Risk Factor	84.6		 84.6	
		 better	 similar	 worse









INFANT HEALTH & FAMILY PLANNING	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
No Prenatal Care in First Trimester (Percent)	3.8	 6.0	 6.1	
Low Birthweight Births (Percent)	7.4	 8.0	 8.2	
Infant Death Rate	3.4	 4.3	 5.7	 5.0
Births to Adolescents Age 15 to 19 (Rate per 1,000)	5.5	 10.9	 19.3	
		 better	 similar	 worse







INJURY & VIOLENCE	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
Unintentional Injury (Age-Adjusted Death Rate)	48.8	 47.5	 50.4	 43.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)	5.6	 6.4	 11.5	 10.1
Firearm-Related Deaths (Age-Adjusted Death Rate)	3.2	 4.9	 12.2	 10.7
Homicide (Age-Adjusted Death Rate)	1.6	 4.0	 6.4	 5.5
Violent Crime Rate	151.7	 242.0	 416.0	
		 better	 similar	 worse











MENTAL HEALTH	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	23.0		 13.4	
% Diagnosed Depression	22.3	 15.2	 20.6	
Suicide (Age-Adjusted Death Rate)	8.4	 7.8	 13.8	 12.8
Mental Health Providers per 100,000	304.7	 260.8	 282.3	
% Unable to Get Mental Health Svcs in Past Yr	10.3		 7.8	
		 better	 similar	 worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.3		 21.1	
Population With Low Food Access (Percent)	34.1	 23.8	 22.2	
Fast Food (Restaurants per 100,000)	90.1	 76.4	 75.9	
% No Leisure-Time Physical Activity	25.8	 21.0	 31.3	 21.2
% Child [Age 2-17] Physically Active 1+ Hours per Day	35.0		 33.0	
Recreation/Fitness Facilities per 100,000	25.3	 16.6	 11.9	
% Overweight (BMI 25+)	66.6	 64.6	 61.0	
% Obese (BMI 30+)	33.6	 27.7	 31.3	 36.0

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
% Children [Age 5-17] Overweight (85th Percentile)	22.0		 32.3	
% Children [Age 5-17] Obese (95th Percentile)	9.8		 16.0	 15.5
		 better	 similar	 worse

ORAL HEALTH	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
Dentists per 100,000	106.4	 87.8	 71.6	
% [Age 18+] Dental Visit in Past Year	71.2	 68.1	 62.0	 45.0
		 better	 similar	 worse

POTENTIALLY DISABLING CONDITIONS	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
Disability Prevalence (%)	10.3	 10.4	 12.7	
% Activity Limitations	26.2		 24.0	
		 better	 similar	 worse

RESPIRATORY DISEASE	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
Lung Disease (Age-Adjusted Death Rate)	30.1	 27.1	 39.1	
Pneumonia/Influenza (Age-Adjusted Death Rate)	10.2	 12.0	 13.6	
% Asthma	10.8	 8.7	 12.9	
% COPD (Lung Disease)	6.8	 4.9	 6.4	
COVID-19 (Age-Adjusted Death Rate)	358.7	 382.1	 306.0	
% Fully/Partially Vaccinated for COVID-19	90.4			
% Mental Health Has Worsened During Pandemic	25.9			
% Have Foregone Medical Care Due to Pandemic	34.5			









better



similar



worse

SEXUAL HEALTH	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
HIV Prevalence Rate	309.9	 464.4	 372.8	
Chlamydia Incidence Rate	284.0	 405.5	 539.9	
Gonorrhea Incidence Rate	46.9	 100.7	 179.1	










better











similar



worse

SUBSTANCE ABUSE	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
% Binge Drinker	34.3	 15.3	 24.5	
% Used an Prescription Opioid in Past Year	8.8		 12.9	
% Personally Impacted by Substance Abuse	33.8		 35.8	
		 better	 similar	 worse

TOBACCO USE	CentraState Service Area	CENTRASTATE vs. BENCHMARKS		
		vs. NJ	vs. US	vs. HP2030
% Current Smoker	8.5	 10.8	 17.4	 5.0
% Currently Use Vaping Products	9.0	 5.0	 8.9	
		 better	 similar	 worse

COMMUNITY CHARACTERISTICS

Population Characteristics

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density. [COUNTY-LEVEL DATA]

Total Population
(Estimated Population, 2016-2020)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Monmouth County	620,821	468.18	1,326
New Jersey	8,885,418	7,354.76	1,208
United States	326,569,308	3,533,038.14	92

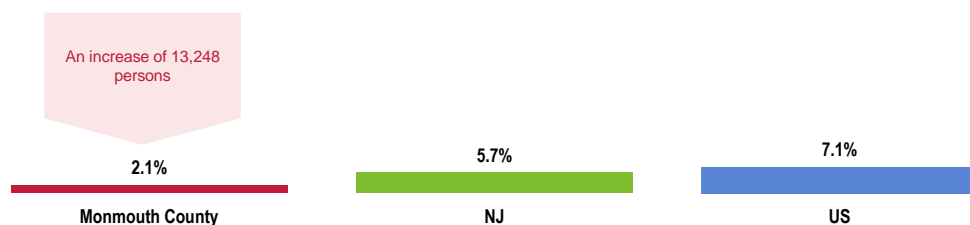
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Monmouth County between the 2010 and 2020 US Censuses. [COUNTY-LEVEL DATA]

Change in Total Population
(Percentage Change Between 2010 and 2020)



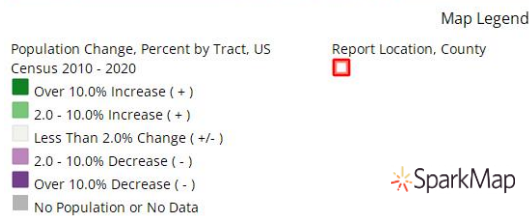
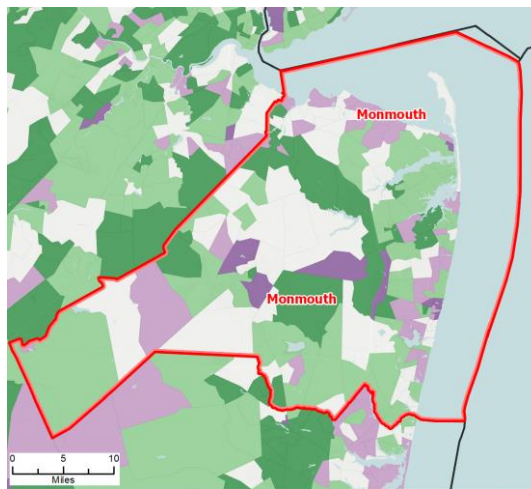
Sources:

- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

- A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

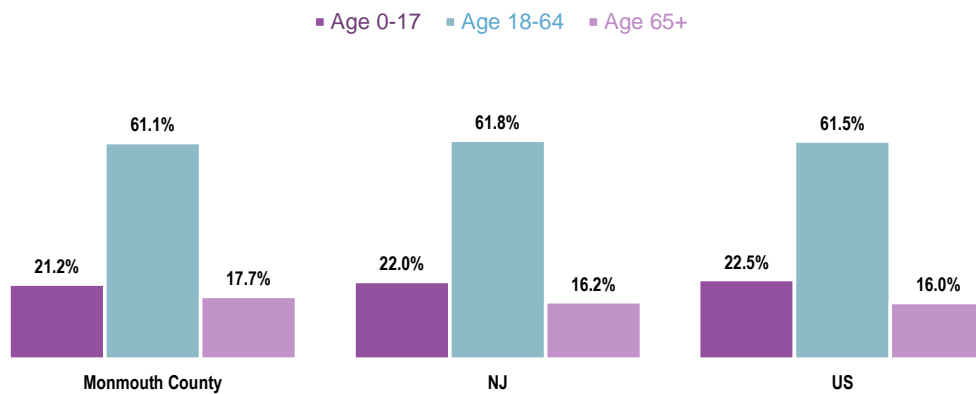




Age

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

Total Population by Age Groups (2016-2020)



Sources:

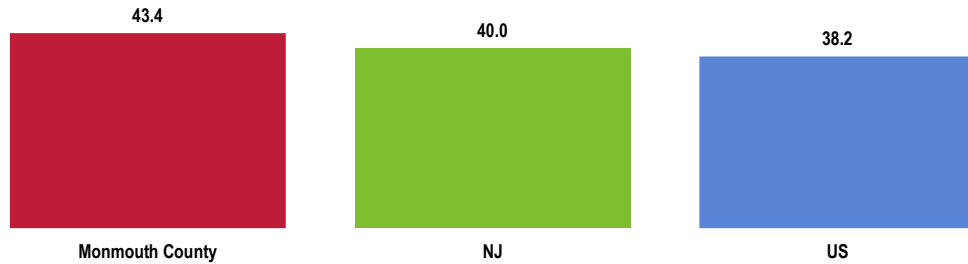
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).



Median Age

Note the median age of our population, relative to state and national medians. [COUNTY-LEVEL DATA]

Median Age (2016-2020)



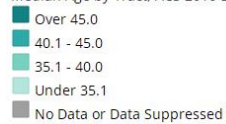
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).



Map Legend

Median Age by Tract, ACS 2016-20



Report Location, County



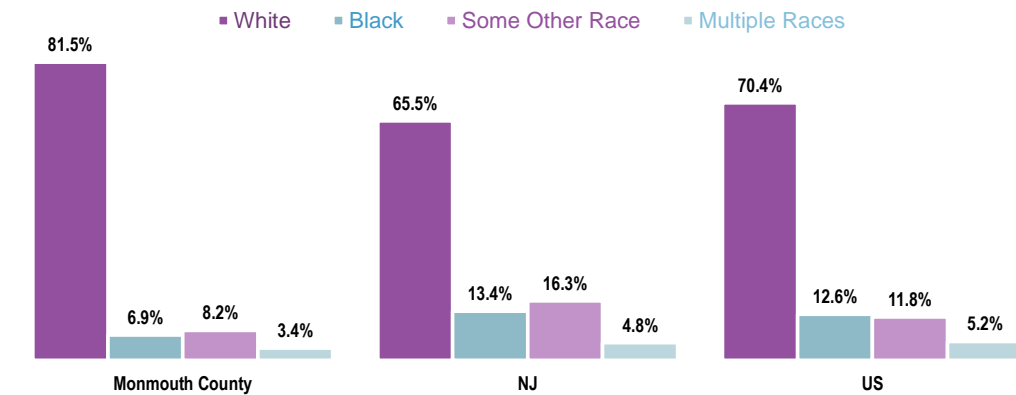
SparkMap



Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States — people who identify their origin as Hispanic, Latino, or Spanish may be of any race. [COUNTY-LEVEL DATA]

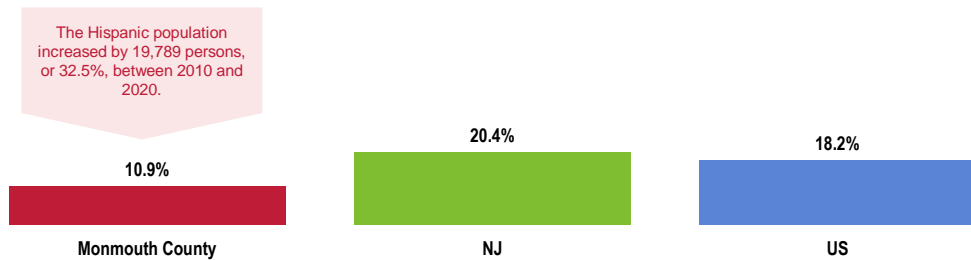
Total Population by Race Alone
(2016-2020)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Hispanic Population
(2016-2020)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

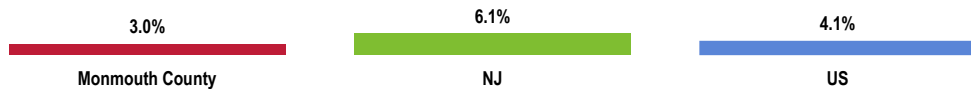
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



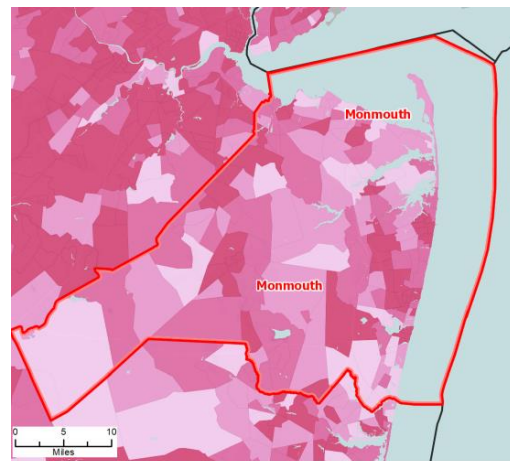
Linguistic Isolation

This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.” [COUNTY-LEVEL DATA]

Linguistically Isolated Population (2016-2020)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



Map Legend

Population in Linguistically Isolated Households, Percent by Tract, ACS 2016-20

- Over 3.0%
- 1.1 - 3.0%
- 0.1 - 1.1%
- No Population in Linguistically Isolated Households
- No Data or Data Suppressed

Report Location, County

SparkMap



Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Income & Poverty

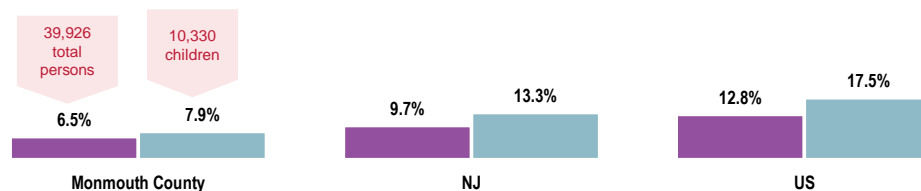
Poverty

The following chart outlines the proportion of our population below the federal poverty threshold (for the total population as well as only among children) in comparison to state and national proportions. [COUNTY-LEVEL DATA]

Population in Poverty (Populations Living Below the Poverty Level; 2016-2020)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



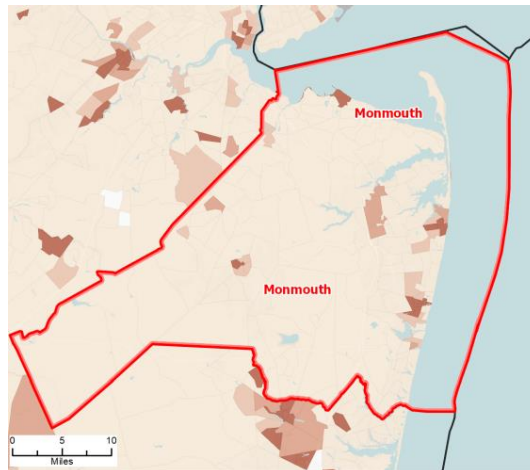
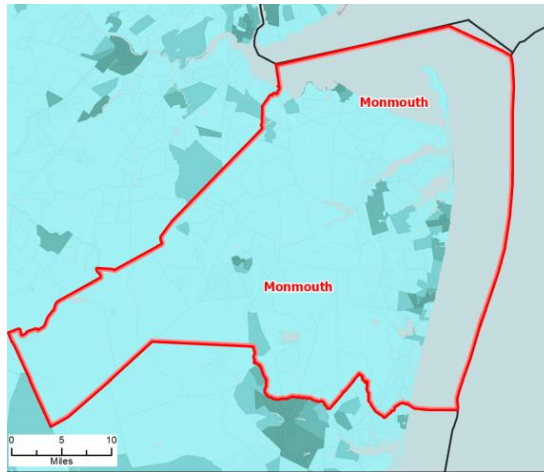
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

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



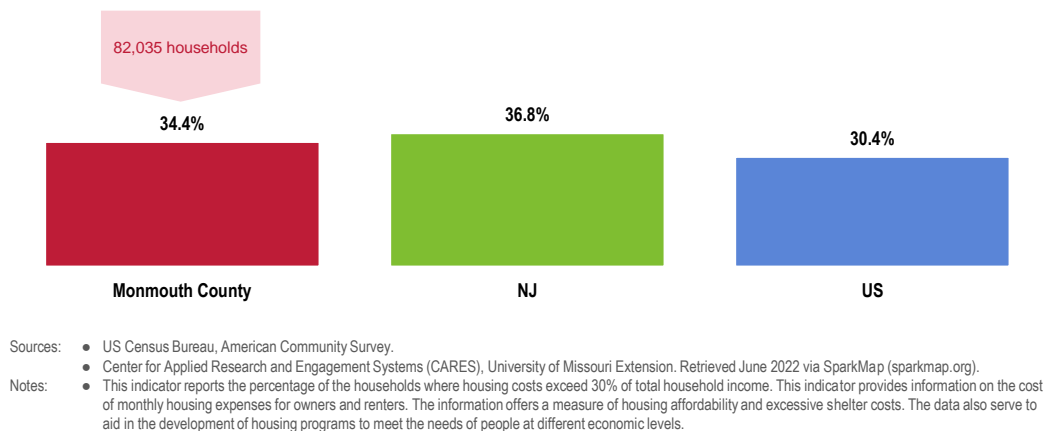


“Housing burden” reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

Housing Burden

The following chart shows the housing burden in the county. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. [COUNTY-LEVEL DATA]

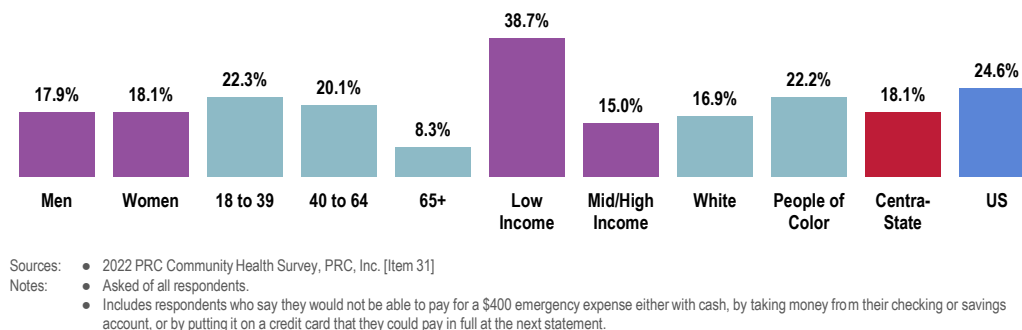
Housing Costs Exceed 30% of Household Income (2016-2020)



Financial Resilience

“Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?”

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (CentraState Service Area, 2022)

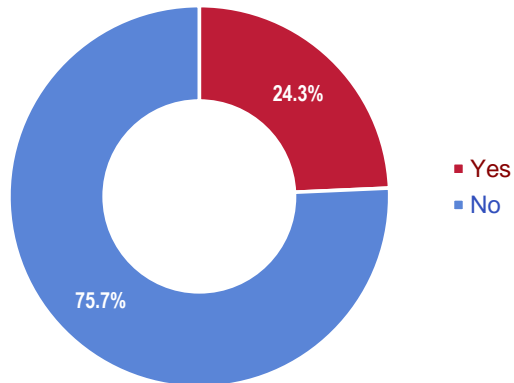


Financial Impact of the Coronavirus Pandemic

See also *Coronavirus Disease/COVID-19* in the **Death, Disease & Chronic Conditions** section of this report.

“Has the coronavirus pandemic caused you or other household members to lose a job, work fewer hours than you wanted or needed, or led to a loss of health insurance coverage?”

Household Member has Lost a Job, Hours/Wages, or Health Insurance as a Result of the Pandemic (CentraState Service Area, 2022)

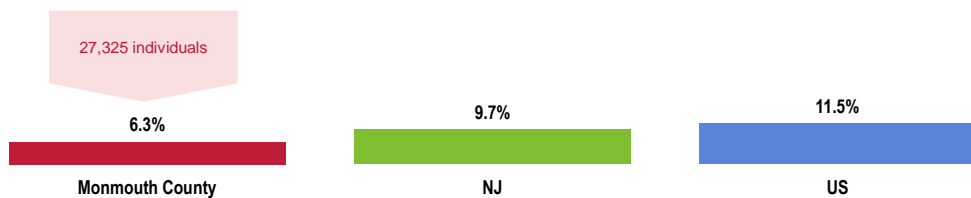


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.

Education

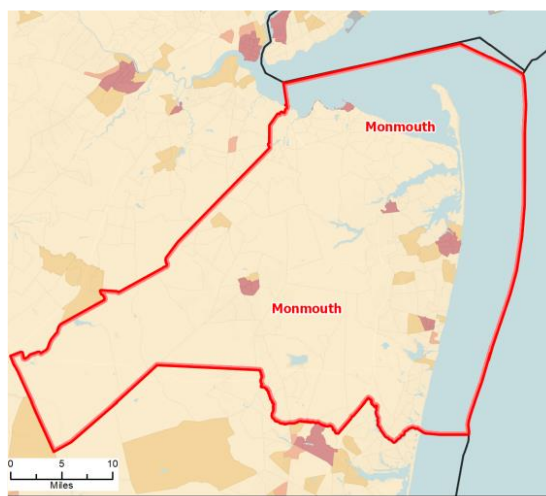
Education levels are reflected in the proportion of our population without a high school diploma. [COUNTY-LEVEL DATA]

Population With No High School Diploma (Population Age 25+ Without a High School Diploma or Equivalent, 2016-2020)



Sources: • US Census Bureau American Community Survey 5-year estimates.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.



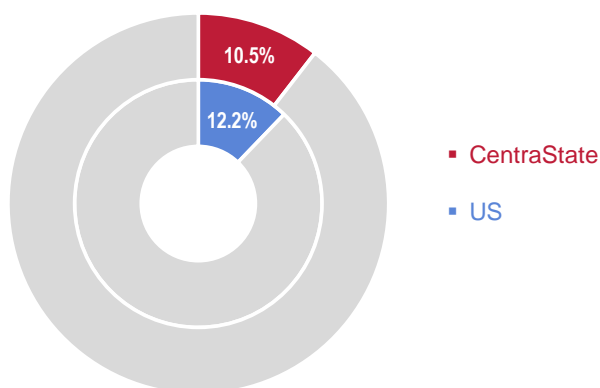


Housing

Unhealthy or Unsafe Housing

“Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?”

Unhealthy or Unsafe Housing Conditions in the Past Year



Sources:

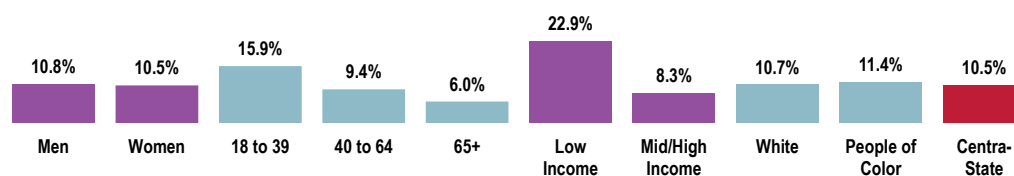
- 2022 PRC Community Health Survey, PRC, Inc. [Item 32]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



Unhealthy or Unsafe Housing Conditions in the Past Year (CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 32]

Notes: • Asked of all respondents.

• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

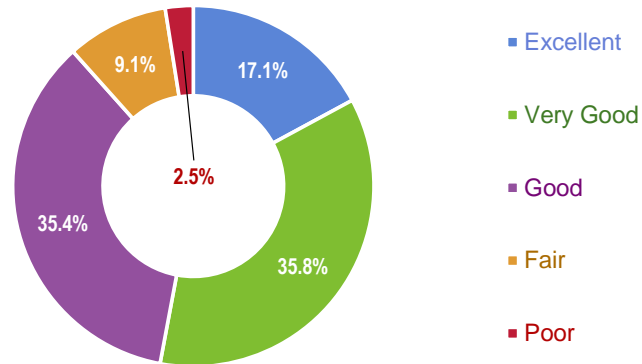


HEALTH STATUS

Overall Health

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

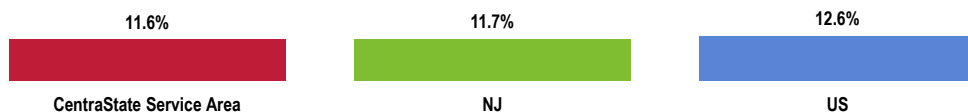
Self-Reported Health Status
(CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

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

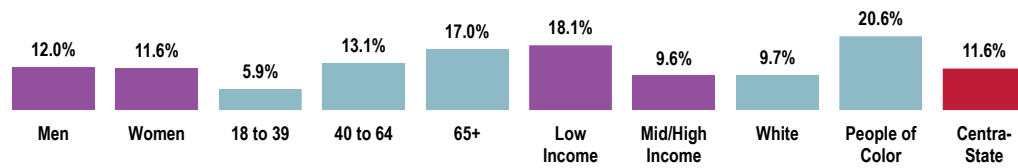
Experience “Fair” or “Poor” Overall Health



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2021 NJ data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.



Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

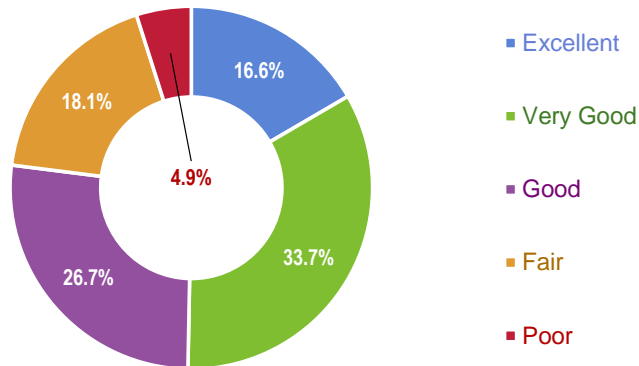
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

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

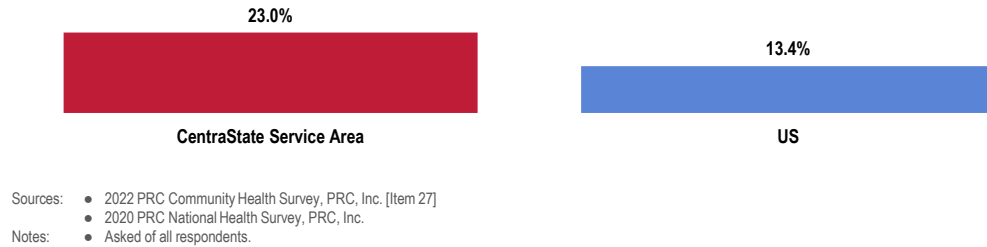
Self-Reported Mental Health Status
(CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 27]
Notes: • Asked of all respondents.



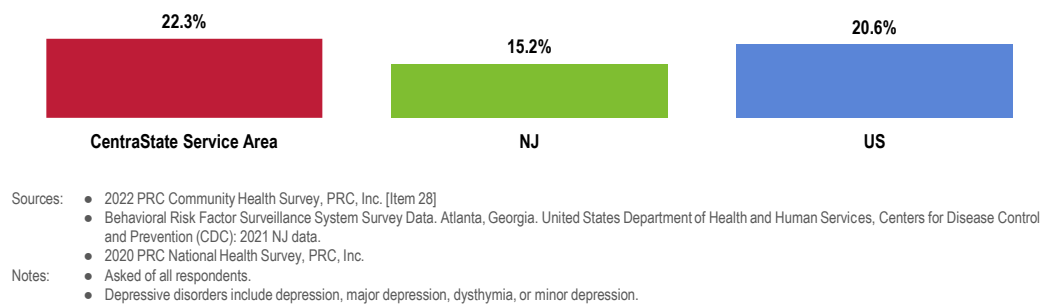
Experience “Fair” or “Poor” Mental Health



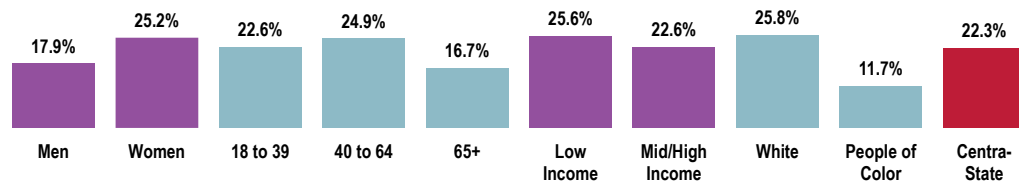
Diagnosed Depression

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

Have Been Diagnosed With a Depressive Disorder



Have Been Diagnosed With a Depressive Disorder (CentraState Service Area, 2022)

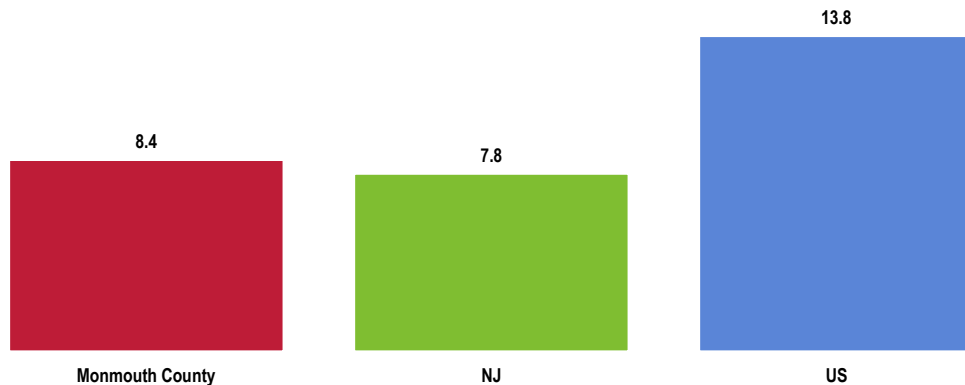


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 28]
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

Suicide

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

Suicide: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 12.8 or Lower



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

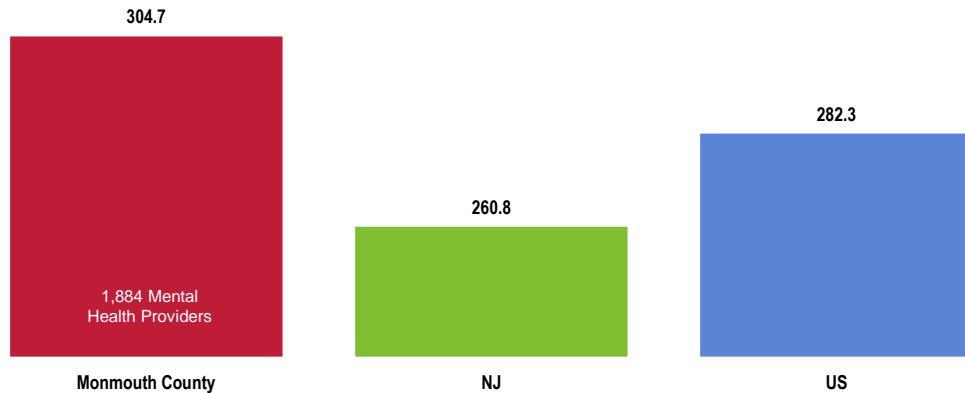


Mental Health Treatment

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Monmouth County and residents in Monmouth County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care) per 100,000 county residents. [COUNTY-LEVEL DATA]

Access to Mental Health Providers (Number of Mental Health Providers per 100,000 Population, 2021)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

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

Unable to Get Mental Health Services When Needed in the Past Year (CentraState Service Area, 2022)



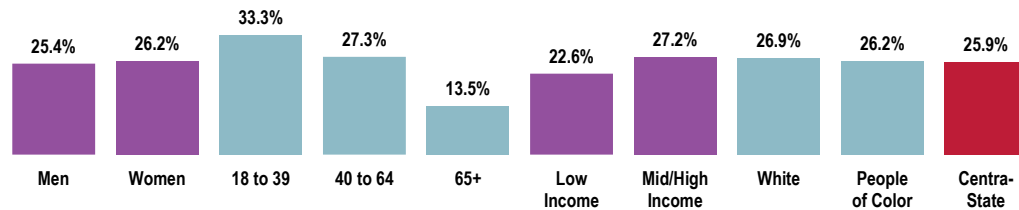
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 29]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Mental Health Impact of Pandemic

“Since the start of the pandemic, would you say that your mental health has improved, stayed about the same, or become worse?”

Mental Health Has Gotten Worse Since the Beginning of the Pandemic (CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: • Asked of all respondents.
• Beginning of pandemic specified as March 2020.

Key Informant Input: Mental Health

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

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2022)

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



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

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

Access to Care/Services

Lack of access to mental health services. There are very few mental health professionals who accept insurance. Those who do accept insurance have booked schedules that require new patients to wait months for access to support services. Those that do not accept health insurance are unaffordable and have very long waits to get appointments. – Community Leader

Getting immediate and appropriate response in at risk situation. Emergencies happen 24/7 and we need systems that can respond. – Social Services Provider

Access to in-network care and lack of pediatric resources overall. – Community Leader

This is a huge deficit. We are always looking for mental health services for our children and our parents, especially after and during COVID as many families dealt with death and financial issues. There is also a huge need to postpartum services. – Social Services Provider



I am a school nurse and more times than not; we see a delay in our students receiving fast and appropriate services during crisis or help in managing chronic mental health issues. Children in crisis are being held in the ED, there are few inpatient beds available, they might be referred to an inpatient or outpatient treatment center but there are even fewer of those beds available. So, they are returning home and to school to face the same stressors without the tools and treatment that is needed. So many children are experiencing anxiety and depression. Parents struggle to find timely appointments with mental health professionals and psychiatrists. – Community Leader

Access to long-term care and linkage to services. There are simply not enough mental health providers to meet the needs of youth and families tied to our school community. – Community Leader

Limited to no access. – Community Leader

Access to care. – Public Health Representative

Access to care and inpatient facilities. – Public Health Representative

Lack of resources. – Social Services Provider

Access to mental health services is a nationwide problem. Adding to the problem is the increase in ANXIETY among all people in regard to COVID 19. This pandemic has caused people who could normally handle the challenges, unable to cope. Our mental health system is filled with problems. Admissions to in-patient facilities are marred with endless waiting with no treatment being offered during the waiting. Then once a person is discharged from mental health facility, the follow up is spotty at best. If you add adolescents into the mental health fold, the problem is 100x worse. I work in an ED and deal with adolescents who come in with SI. The process to get them the help they need is a joke. If you were not suicidal at the time of your ER visit, you will be suicidal by the time they decide what help you need. – Community Leader

Need far outweighs resources. Resources that do exist only provide acute care, there is no stable place for follow up care. There is still a stigma in receiving mental health care. – Community Leader

Access to mental health clinicians. There are waiting lists, copays, and language barriers for current people seeking help. Also, those that do not have health insurance nor the finances to do self-pay. – Other Health Provider

Access to affordable service providers, trust, bad experiences, no diversity in therapist, lack of insurance to cover services. – Community Leader

Quality of care and access to care. – Social Services Provider

Resources -- a therapist is a trusting relationship and there needs to be a connection with the patient in order to address the underlying issues. Individuals may not always recognize that they need support and nor do they know where to go. Some still feel that there is a stigma attached to being weak if they look for help – Community Leader

Stigma, insurance coverage for services and access to qualified providers. Language barriers are also an issue. – Social Services Provider

Insurance Issues

Insurance companies do not pay enough for mental health care and there are not enough providers for noninsured. – Community Leader

Therapists are not covered by insurance. People seeking help for addiction aren't able to get help without paying out of pocket for facilities and doctors. – Community Leader

Vulnerable Populations

Concentration of people in central Monmouth/Freehold Borough with mental health and substance-abuse treatment needs. This is likely a positive for peer-support and physical access to services but is possibly a challenge in that unhealthy patterns are reinforced when people in recovery are confronted with others in the community that influence choices that lead to relapse (in the case of substance abuse). In cases of substance abuse, returning to the same environment where one developed harmful habits and has familiar pathways, plus peer pressure, may make recidivism more likely. In terms of mental health without particular substance abuse involvement, the frequent association of mental health treatment with substance abuse issues may factor into the availability of treatment options (i.e., a provider who "specializes" in substance abuse treatment may not be a good match for someone who is in need of other services). Also, insurance acceptance and capacity issues. – Social Services Provider

Affordable Care/Services

Lack of affordable resources, therapists, SWs, etc. – Community Leader

Teen/Young Adult Usage

A lot of the kids are suffering from anxiety. – Social Services Provider



DEATH, DISEASE & CHRONIC CONDITIONS

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

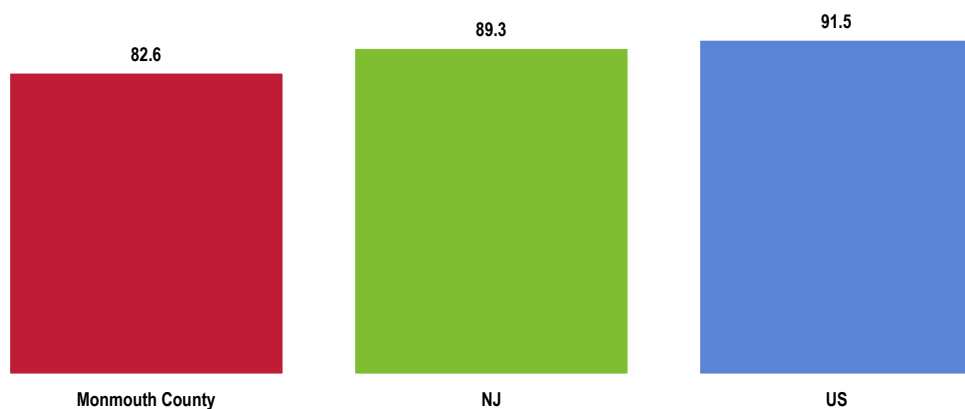
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Coronary Heart Disease & Stroke Deaths

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

Coronary Heart Disease: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population)

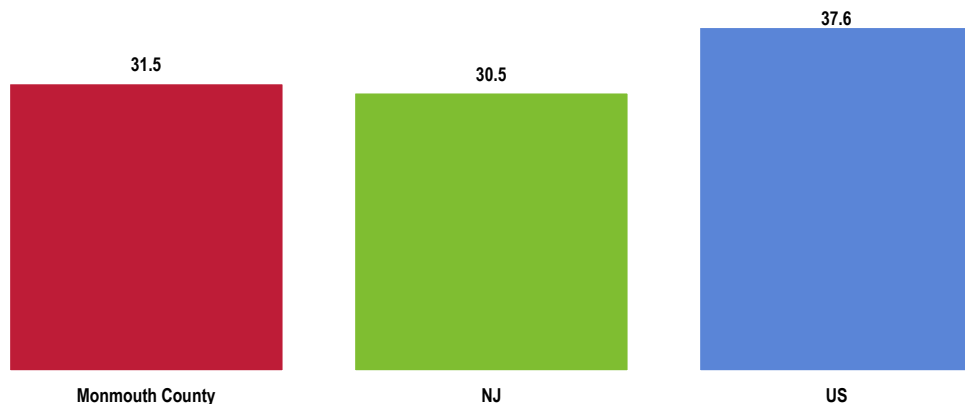
Healthy People 2030 = 90.9 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



Stroke: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov/Objective/HDS-3>

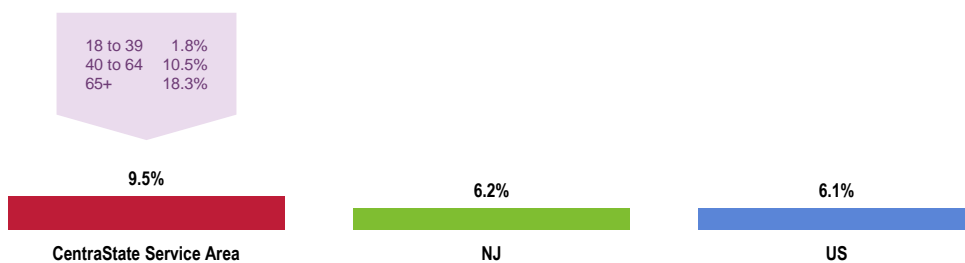
Notes:

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

Prevalence of Heart Disease & Stroke

“Has a doctor, nurse, or other health professional ever told you that you had heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?”

Prevalence of Heart Disease



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Item 13]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
- 2020 PRC National Health Survey, PRC, Inc.

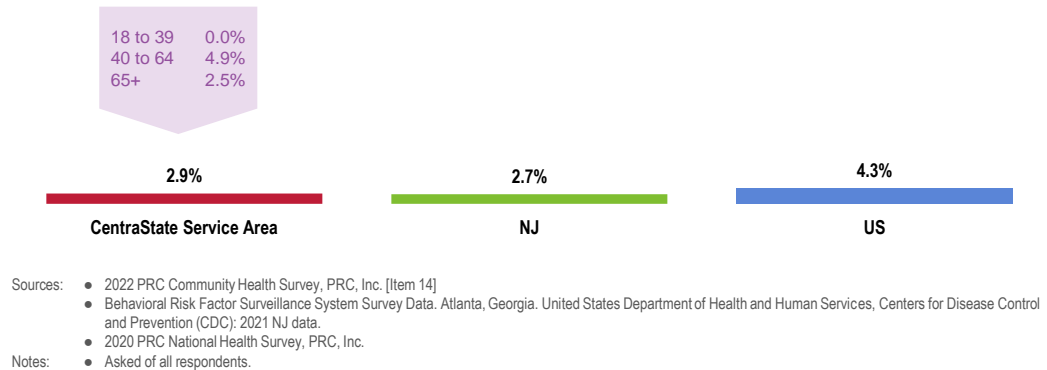
Notes:

- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.



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

Prevalence of Stroke



Cardiovascular Risk Factors

Blood Pressure & Cholesterol

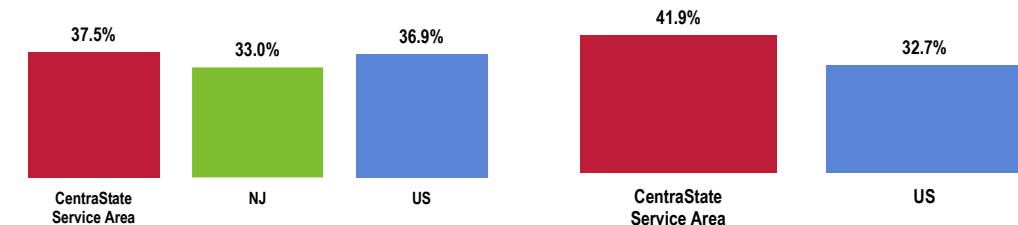
“Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

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

Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower

Prevalence of High Blood Cholesterol



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Items 15-16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.



Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

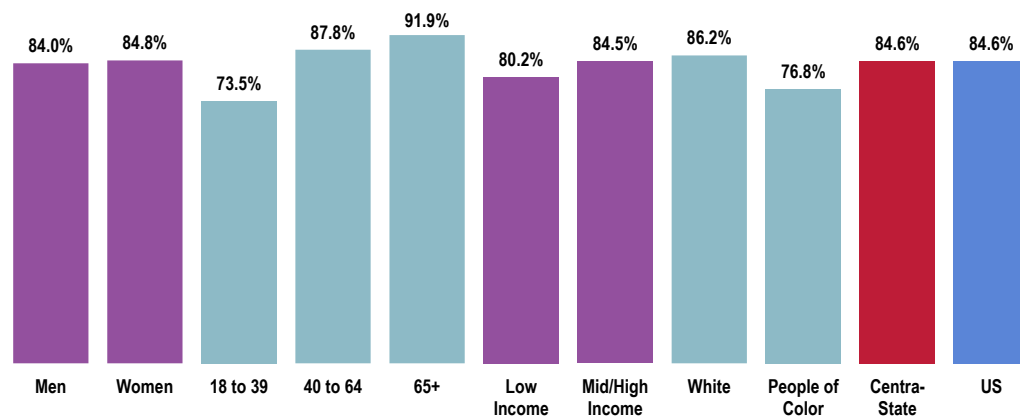
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

The following chart reflects the percentage of adults in the CentraState Service Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

Present One or More Cardiovascular Risks or Behaviors
(CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 51]
• 2020 PRC National Health Survey, PRC, Inc.

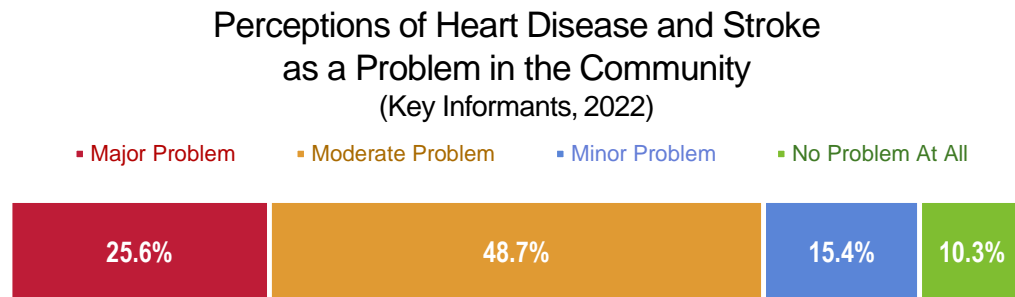
Notes: • Reflects all respondents.

• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



Key Informant Input: Heart Disease & Stroke

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



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

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

Incidence/Prevalence

Heart disease is the number one reason for mortality in New Jersey. With COVID-19, it is clear that many people across the planet did not keep up with regular medical screenings, well visits and even chemo treatments as they were nervous about visiting or, doctors may have been apprehensive about seeing patients as well. – Public Health Representative

They are leading causes of death. – Public Health Representative

Heart disease and stroke appears to be the major cause of death and/or disability in our area. – Community Leader

Heart disease. – Community Leader

Lifestyle

High incidence of smoking, uncontrolled hypertension, excessive alcohol use, genetics. – Community Leader

Lots of folks suffer from these later in life. Factors that contribute are stress level of communing community, poor diets, high blood pressure, and alcoholism, which is increasing because of the pandemic. – Community Leader

Nutrition

Affordable options for healthy eating, maintaining exercise regimen, affordable prescription medication, living alone with minimal family involvement. – Community Leader

A lot of it has to do with the diet that they have. – Social Services Provider

Access to Care/Services

MI and stroke victims go to Jersey Shore, Monmouth Med or RWJ for care. – Community Leader



Cancer

ABOUT CANCER

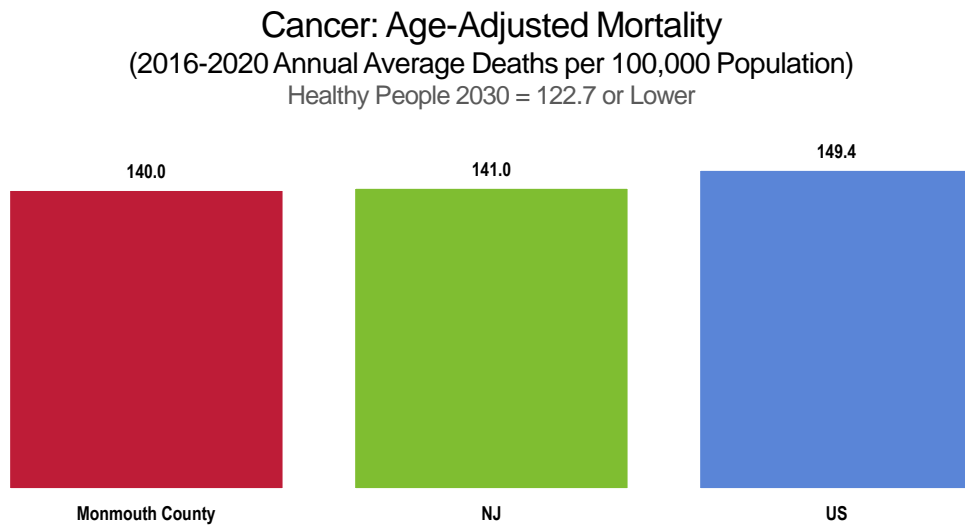
Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in Monmouth County. [COUNTY-LEVEL DATA]



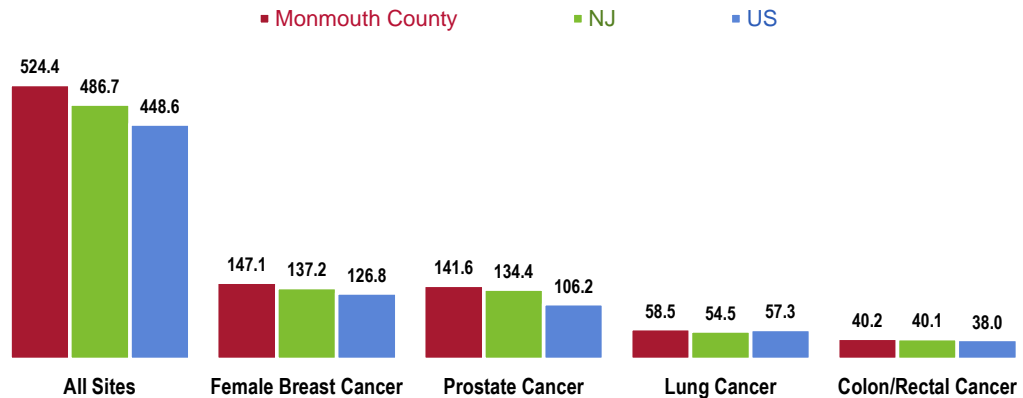
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year. [COUNTY-LEVEL DATA]

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)



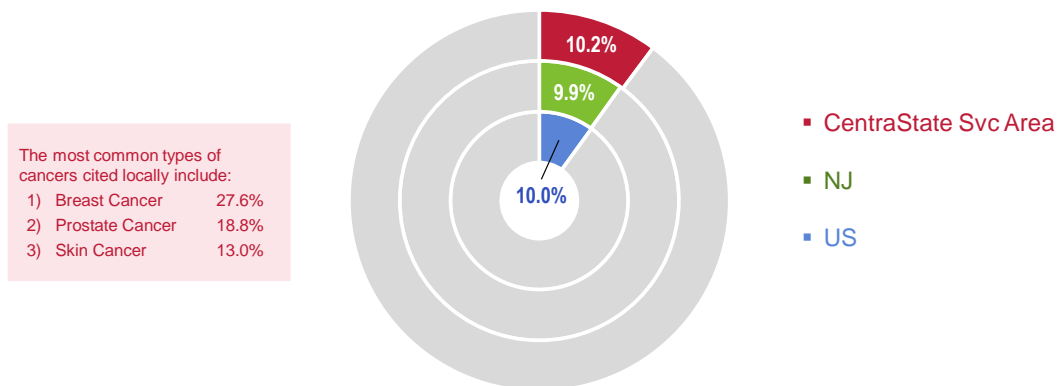
Sources: • State Cancer Profiles.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

“Have you ever suffered from or been diagnosed with cancer?”

“Which type of cancer were you diagnosed with? (If more than one past diagnosis, respondent was asked about the most recent.)

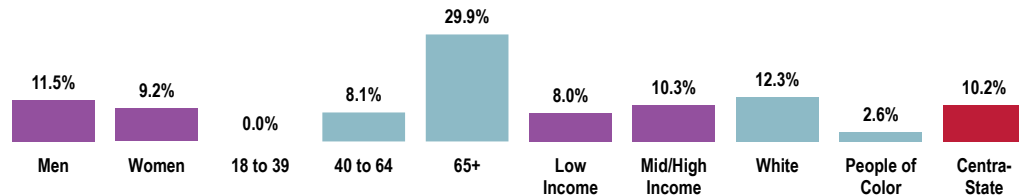
Prevalence of Cancer



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 18]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Reflects all respondents.



Prevalence of Cancer (CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 18]
Notes: • Reflects all respondents.

ABOUT CANCER RISK

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

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

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

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Mammograms

FEMALE BREAST CANCER

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

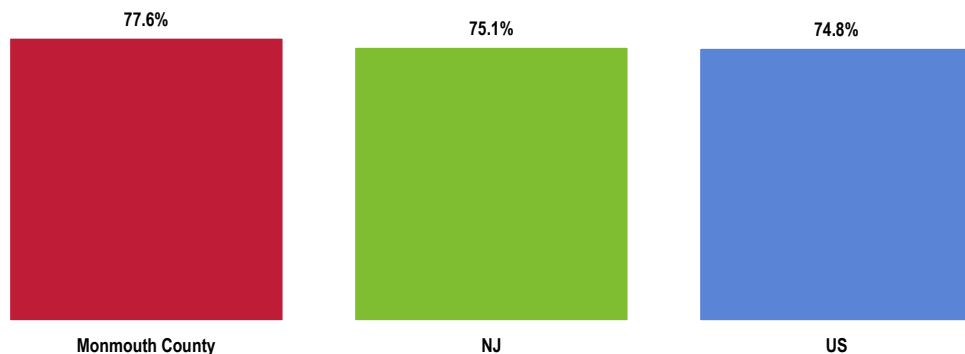
- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

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



The following indicator outlines the percentage of women age 50 to 74 who have received a mammogram in the past two years. Mammography is important as a preventive behavior for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers. [COUNTY-LEVEL DATA]

Mammogram in Past Two Years (Women Age 50-74; 2018) Healthy People 2030 = 77.1% or Higher

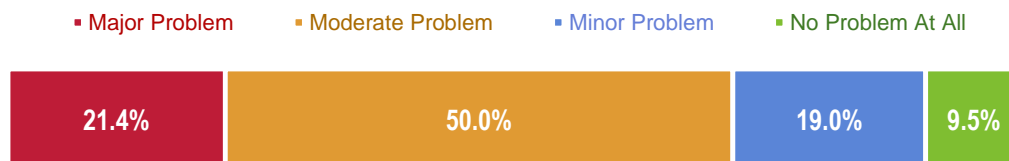


Sources: • Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.

Key Informant Input: Cancer

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

Perceptions of Cancer as a Problem in the Community (Key Informants, 2022)



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

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

Incidence/Prevalence

The incidence of cancer is on average with the state of New Jersey. Residents travel to MSK in Middletown or CINJ in New Brunswick for cancer care. – Community Leader

There are a lot of folks suffering from cancer, including what seems like an uptick in childhood cancers. – Community Leader

Isn't it a major concern everywhere? – Community Leader

A large number of my contacts have a family member(s) diagnosed with some type of cancer. – Community Leader



Access to Care/Services

| Cases of cancer and access to care. – Public Health Representative

Quality of Care

| Quality healthcare is an issue. – Social Services Provider

Prevention/Screenings

| Limited resources for early detection. – Social Services Provider



Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

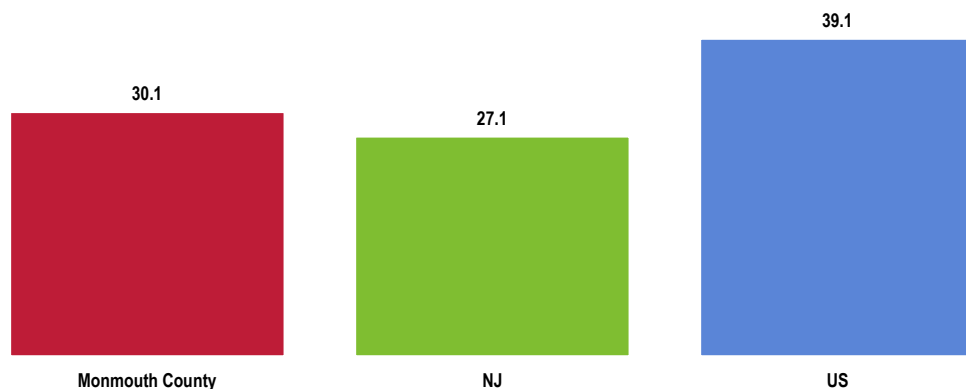
— Healthy People 2030 (<https://health.gov/healthypeople>)

Lung Disease Deaths

The mortality rate for lung disease in Monmouth County is summarized below, in comparison with New Jersey and national rates. [COUNTY-LEVEL DATA]

Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Lung Disease: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - This indicator is relevant because lung disease is a leading cause of death in the United States.

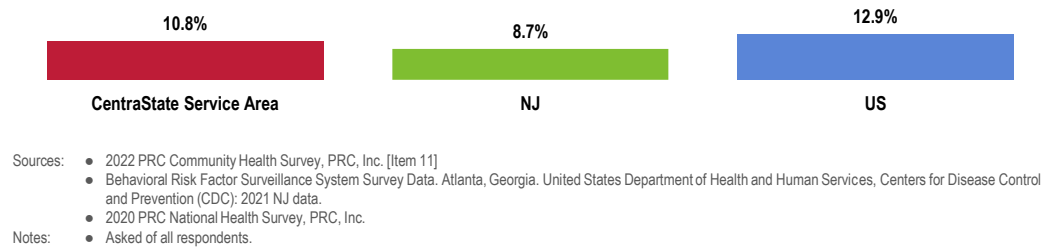


Prevalence of Respiratory Disease

Asthma

“Do you currently have asthma that was diagnosed by a doctor, nurse, or other health professional?”

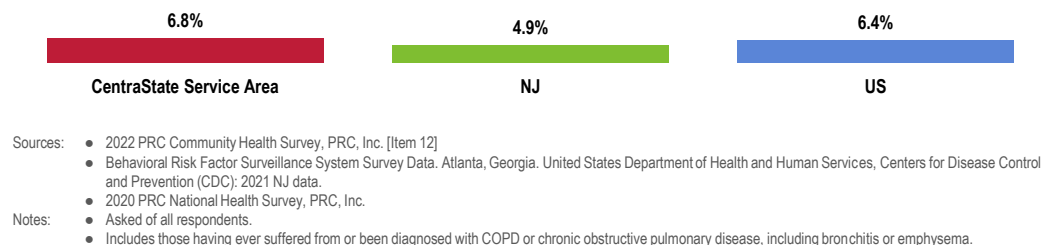
Prevalence of Current Asthma



Chronic Obstructive Pulmonary Disease (COPD)

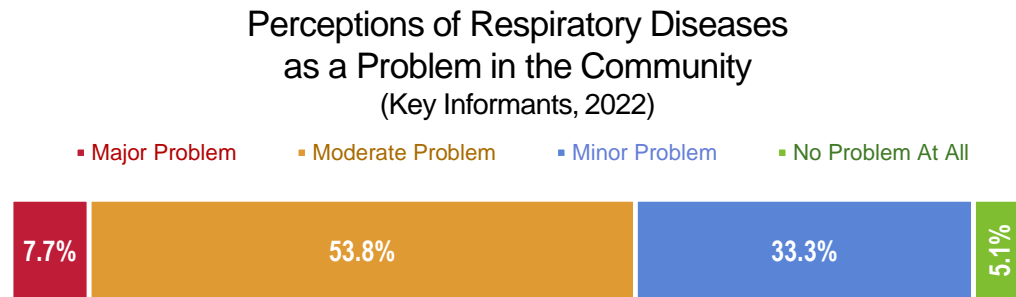
“Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Key Informant Input: Respiratory Disease

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



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

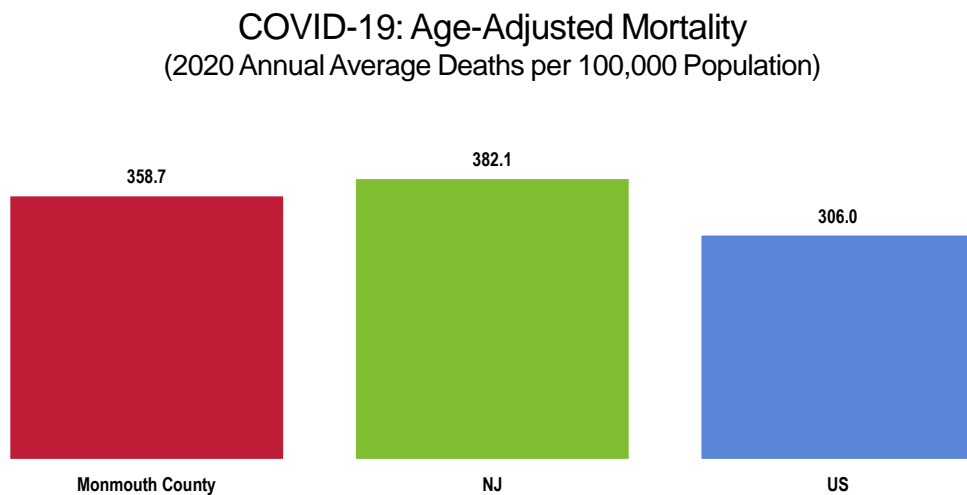
Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Asthma and COPD effects residents. – Community Leader

Coronavirus Disease/COVID-19 Deaths

The 2020 mortality rate for COVID-19 in Monmouth County is summarized below, in comparison with New Jersey and national rates. [COUNTY-LEVEL DATA]



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

See also *Financial Loss Due to the Coronavirus Pandemic* in the **Social Determinants of Health** section of this report.



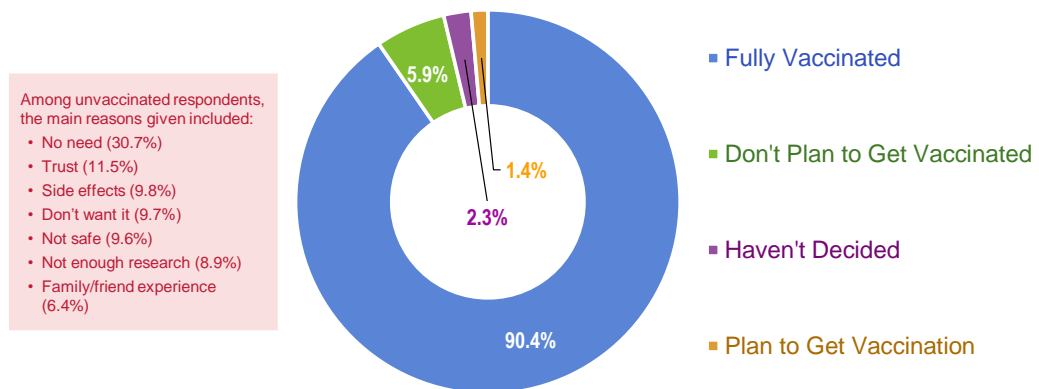
COVID-19 Vaccination Status

“The next question is about the COVID-19 vaccine. Please tell me which of the following statements best describes you:

- I am vaccinated for COVID-19.
- I plan to receive the vaccine.
- I do not plan to receive the vaccine.
- I haven’t decided whether to receive the vaccine.”

“What is the reason you have not received the COVID-19 vaccine?”

Prevalence of COVID-19 Vaccination
(CentraState Service Area, 2022)

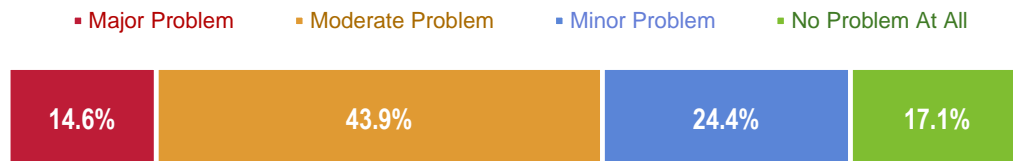


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 304–305]
Notes: • Asked of all respondents.

Key Informant Input: Coronavirus Disease/COVID-19

The following chart outlines key informants' perceptions of the severity of *Coronavirus Disease/COVID-19* as a problem in the community:

Perceptions of Coronavirus Disease/COVID-19
as a Problem in the Community
(Key Informants, 2022)



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



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

Incidence/Prevalence

This deadly Pandemic has not been reduced significantly. Not enough people have been fully vaccinated or boosted. COVID misinformation is still present. COVID-19 has become political, and it should not be. Insufficient funding for public health, healthcare to prepare for the next waves of variants – Public Health Representative

I believe COVID19 affected a great many people living in Freehold area. The area is home to immigrant farm workers, uninsured or underinsured, large population of Hispanic Spanish speaking only who did not receive enough education and guidance timely re: precautions, PPE or how to get access to vaccines when they became available. In addition, there are many who live in this area with underlying diseases such as respiratory, diabetes, and obesity. – Other Health Provider

Since the introduction of the disease and the spread of multiple variants, there have been impacts on multiple lives. After 2 years, there seems to be a better handle but with time, there may be additional spikes, variations that impact the health of the community. Vaccinations assist with the management but there are still so many at risk due to their individual risks to the disease in how their bodies react + other health concerns. – Community Leader

Vulnerable Populations

Undocumented families are scared to seek help when diagnosed and will not go to the hospital. – Social Services Provider

Impact on Quality of Life

Significant disruption in life as we know it as recently as a couple months ago. Testing and vaccination access was a challenge. – Social Services Provider

Lack of Coordination of Services

More coordination needed amongst response agencies and communication was a huge problem during the pandemic. – Public Health Representative



Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

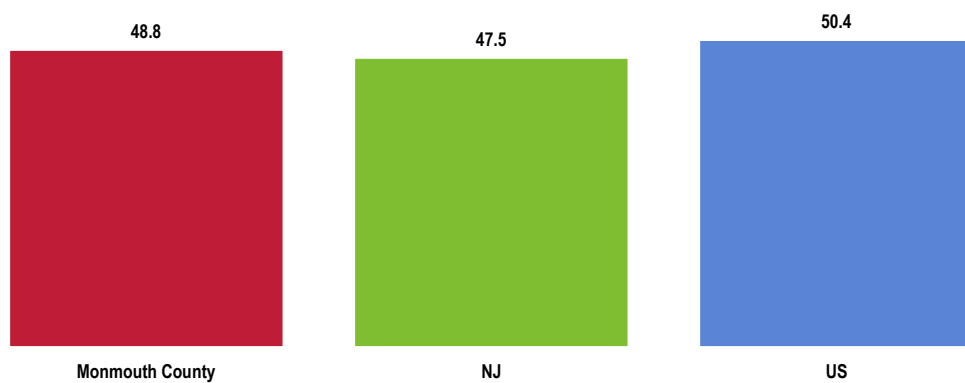
– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Monmouth County, New Jersey, and the US. [COUNTY-LEVEL DATA]

Unintentional Injuries: Age-Adjusted Mortality
(2016-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



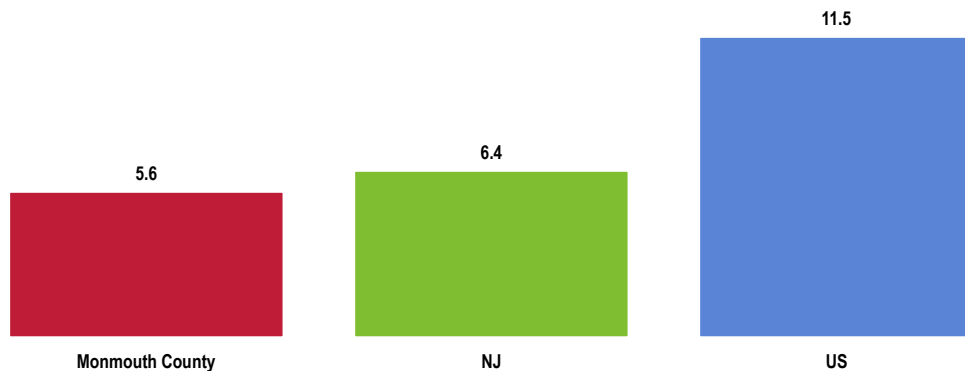
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



Age-Adjusted Motor Vehicle Crash Deaths

Motor vehicle crashes contribute to a significant share of unintentional injury deaths in the community. Mortality rates for motor vehicle crash deaths are outlined below. [COUNTY-LEVEL DATA]

Motor Vehicle Crashes: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 10.1 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - This indicator is relevant because motor vehicle crash deaths are preventable, and they are a cause of premature death.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Age-adjusted mortality attributed to homicide is shown in the following chart. [COUNTY-LEVEL DATA]

Homicide: Age-Adjusted Mortality (2016-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower



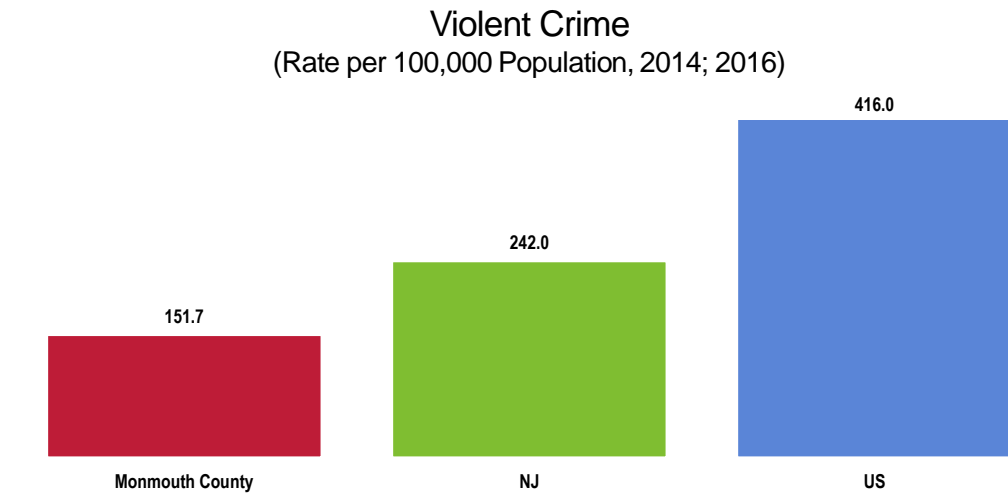
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.



Violent Crime

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions. [COUNTY-LEVEL DATA]



Sources:

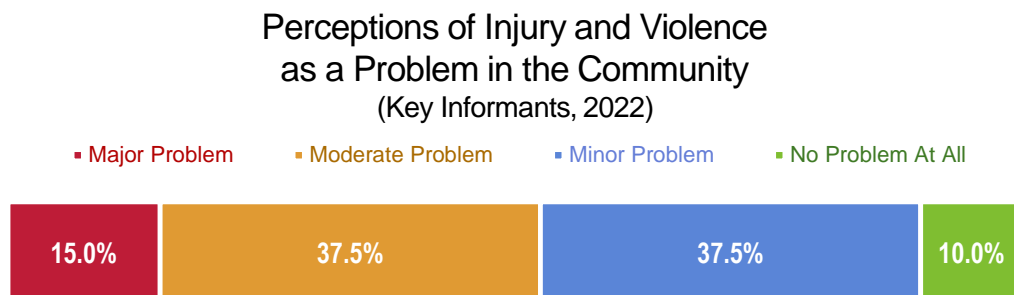
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

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

Key Informant Input: Injury & Violence

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



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.



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

Domestic/Sexual Violence

Violence against women is a constant problem that never seems to have enough resources. – Community Leader

A lot of the women are victims of sexual and domestic violence. – Social Services Provider

Vulnerable Populations

We work with the immigrant community, mostly undocumented people. When there is violence, the result is jail and following that immigration detention. Once this happens it is often impossible to have any positive intervention on behalf of the family. More often than not the result is deportation whether or not the person is found guilty. This is destructive to the children and adults involved. Immigrants do the most dangerous work and sadly have the most work accidents, up to and including deaths. Many receive no help either due to lack of knowledge, threats by their employers or unsuccessful attempts to get help. Immigrants are vulnerable due to language and cultural barriers. – Social Services Provider

Due to COVID-19

Injuries and violence have been on the increase since the pandemic. This may be due to distractions, stress, inattention, depression, and a misplaced sense of grievance. – Public Health Representative

General Violence

Shootings and stabbings are happening in the neighborhood. Domestic violence has happened in the past. There are rumors of sex houses located in residential neighborhoods, drug overdoses, and self-harm/suicides have happened over the last five years. – Community Leader



Diabetes

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

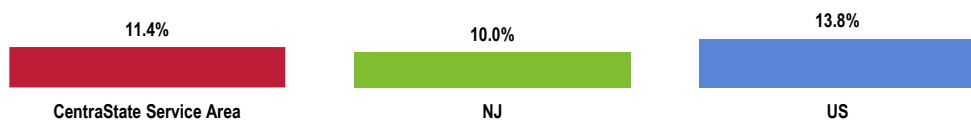
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Prevalence of Diabetes

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

Prevalence of Diabetes



Sources:

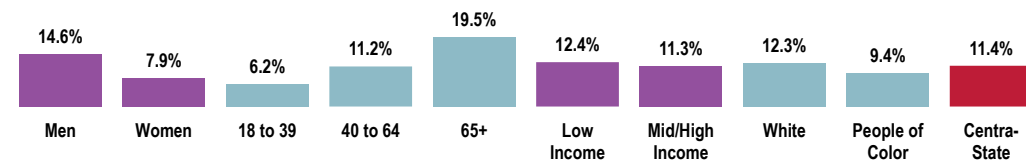
- 2022 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.



Prevalence of Diabetes (CentraState Service Area, 2022)

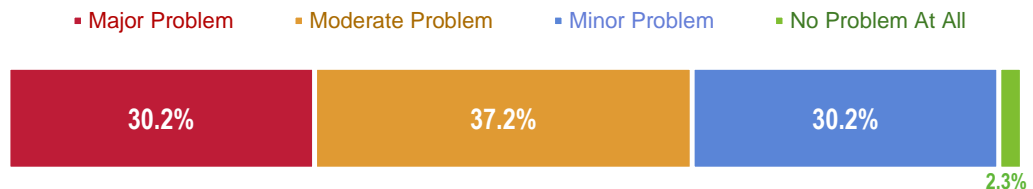


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 17]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

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

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2022)



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

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

Lifestyle

- Diabetes begins with BMI and family history. I believe that there should be robust educational outreach in schools regarding eating habits, food choices, and sedentary lifestyle. – Public Health Representative
- Fast food availability, obesity, and lack of fitness. – Community Leader
- Proper exercise and dietary regimen, insulin affordability. – Community Leader
- Modifying behavior. – Public Health Representative

Awareness/Education

- Education and the cost of meds. – Community Leader
- A lack of understanding about diabetes in general. A lack of understanding that diabetes is more than sugary treats or drinks. Knowing how help control diabetes through diet and exercise, knowing how to get access to insulin or oral medications with assistance. adhering to regular doctor visits, understanding the importance of monitoring skin and wounds, that diabetes can lead to kidney damage another chronic or life threatening diseases. continuous glucose monitoring devices and how to ask PCP/HCP for a continuous monitoring device. Understanding the multiple stages of diabetes and the difference between type 1 and type 2 and pre-diabetic stages. – Community Leader



Access to Care/Services

The cost of the medication, the lack and easy access to local endocrinologist, and lack of access to healthy foods here in Freehold especially for those in the community who need to walk to stores. Local small markets are more expensive to purchase fresh fruits and vegetables. Cost is a big concern when preparing and feeding a family. Snacks and soda are very cheap and filling however really not good healthy choices. – Other Health Provider

Access to follow up care and prevention. – Social Services Provider

Affordable Care/Services

Medical costs. – Social Services Provider

Co-Occurrences

Diabetes is a major risk factor for so many other serious diseases. – Community Leader

Diagnosis/Treatment

Getting tested and using appropriate medications to control diabetes. – Public Health Representative

Disease Management

Managing sugar levels. – Community Leader

Incidence/Prevalence

Diabetes is a problem everywhere, not just in Freehold. We are a spoiled society and people are not willing to be disciplined. – Community Leader

Kidney Disease

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. ...People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

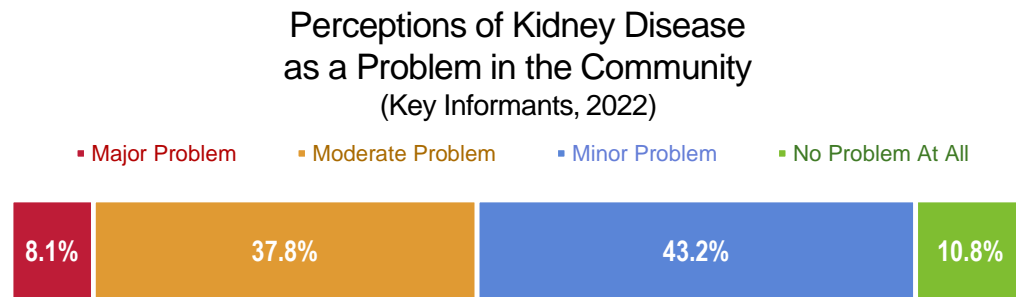
Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (<https://health.gov/healthypeople>)



Key Informant Input: Kidney Disease

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



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

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

Diagnosis/Treatment

- Availability and avoidance of renal dialysis. – Community Leader
- Quality of care. – Social Services Provider

Co-Occurrences

- With diabetes and obesity, kidney disease in Ocean County remains a concern. We have over 200,000 senior citizens and I know that transportation is an issue for the dialysis patient because of the time commitment involved. – Public Health Representative



Potentially Disabling Conditions

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

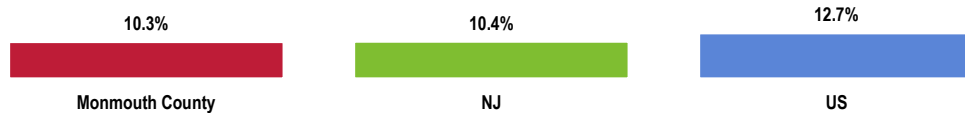
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Disability

The following represents the percentage of the total civilian, non-institutionalized population in Monmouth County with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach. [COUNTY-LEVEL DATA]

Population With Any Disability (Total Civilian Non-Institutionalized Population; 2016-2020)



Sources:

- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

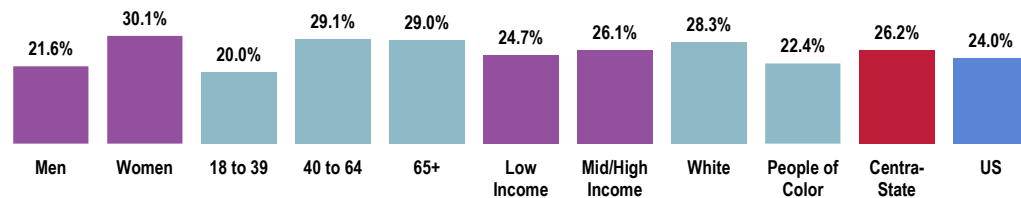
- This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.



Activity Limitations

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

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (CentraState Service Area, 2022)

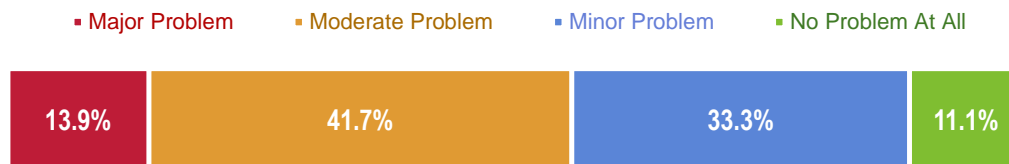


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 30]
Notes: • Asked of all respondents.

Key Informant Input: Disability & Chronic Pain

The following chart outlines key informants' perceptions of the severity of *Disability & Chronic Pain* as a problem in the community:

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2022)



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

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

Disease Management

- Prescription medication affordability, lack of insurance, in home caregivers to aid and inability to get physical therapy. – Community Leader
- Managing disabilities to resume activities of daily living. – Community Leader



Work Related

Many are forced to work standing up for 8 plus hours a day and are unable to sit. Many are forced to continue working even after retirement age and since they are not qualified for more they must stay in the job that they are in. They are also in very physical jobs and therefore more prone to injury and unable to seek medical help – Social Services Provider

Co-Occurrences

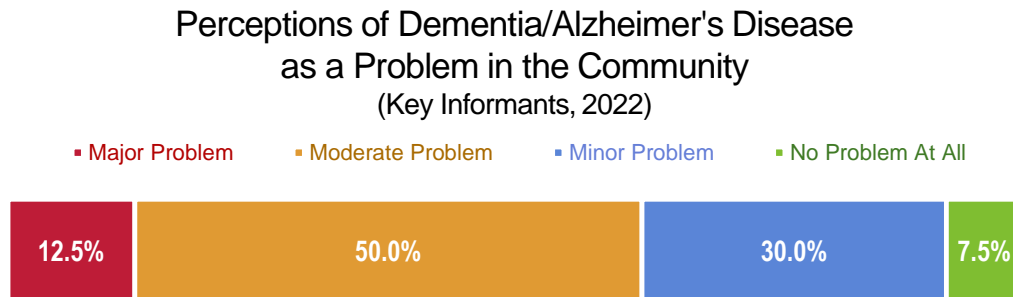
Disability from strokes, excessive alcohol. – Community Leader

Incidence/Prevalence

Several staff and families have shared personal medical conditions. – Community Leader

Key Informant Input: Dementia/Alzheimer's Disease

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



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

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

Incidence/Prevalence

A larger percentage of our population is beyond, at, or approaching their senior years and I know a number of families are struggling with parent(s) with memory issues. Their struggles are related to care for their loved one so they can go to work, the costs associated with placing a loved one in a memory care unit, etc. – Community Leader

We have a number of seniors in the area that may not have been diagnosed but have the symptoms. Also, obtaining the appropriate care if the funds are not available to get the proper care. – Community Leader

Aging Population

Aging population. – Social Services Provider

Diagnosis/Treatment

Quality of care. – Social Services Provider

Follow-Up/Support

Limited support for families and patients. – Social Services Provider



BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

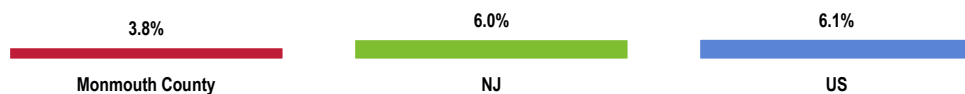
Birth Outcomes & Risks

Lack of Prenatal Care

Early and continuous prenatal care is the best assurance of maternal and infant health.

This indicator reports the percentage of Monmouth County women who did not receive prenatal care during the first trimester of pregnancy (if at all). This indicator can signify a lack of access to preventive care, a lack of health knowledge, or other barriers to services. [COUNTY-LEVEL DATA]

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2019)



Sources:

- Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Note:

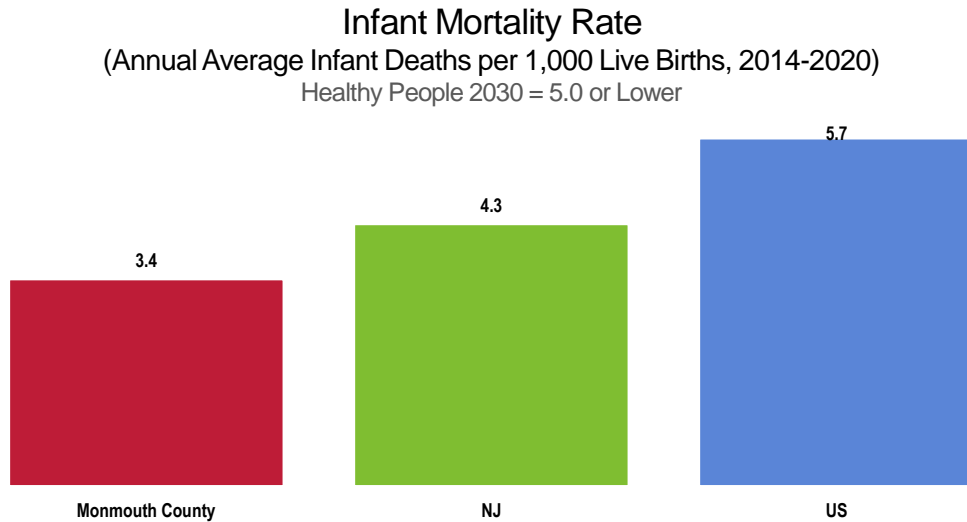
- This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.



Infant Mortality

Infant mortality includes the death of a child before his/her first birthday, expressed as the number of such deaths per 1,000 live births.

The following chart shows the number infant deaths per 1,000 live births in Monmouth County. High infant mortality can highlight broader issues relating to health care access and maternal/child health. [COUNTY-LEVEL DATA]



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



Family Planning

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

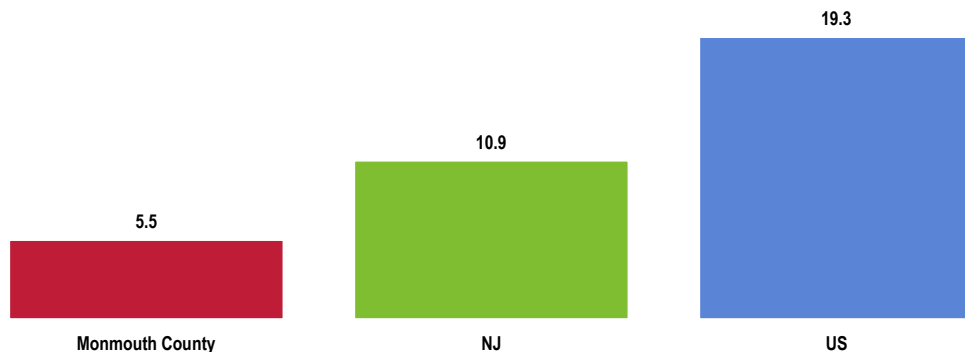
— Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

The following chart outlines the teen birth rate in Monmouth County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior. [COUNTY-LEVEL DATA]

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

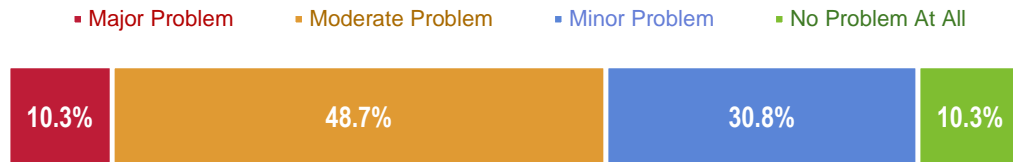
- This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health and Family Planning* as a problem in the community:

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2022)



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

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

Access to Care/Services

- Limited access to care with limited specialization help. For most of the problems, must head out of area for help.
– Community Leader
- Not enough resources, i.e., Planned Parenthood. – Community Leader
- Young women need access to family planning materials. Stigma around birth control. – Social Services Provider



MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

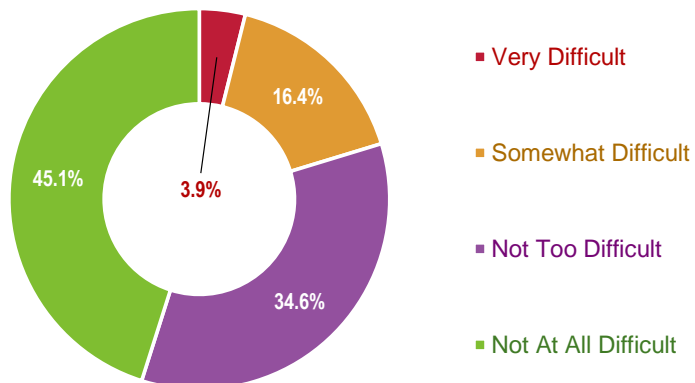
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Fresh Produce

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

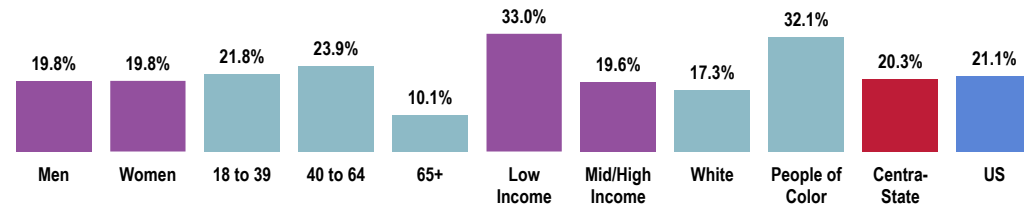
Level of Difficulty Finding Fresh Produce at an Affordable Price
(CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 25]
Notes: • Asked of all respondents.



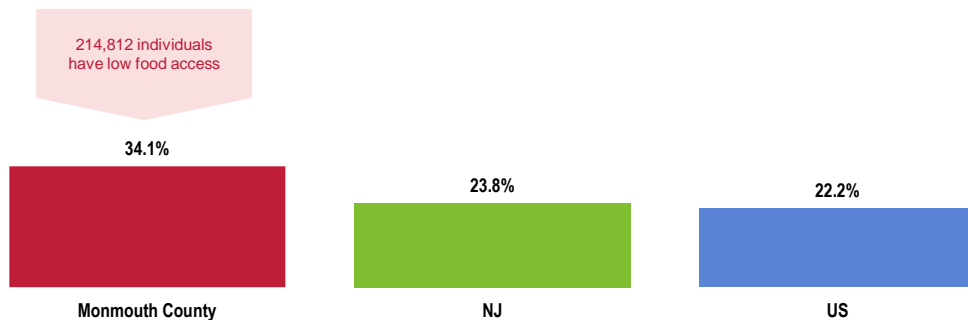
Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 25]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

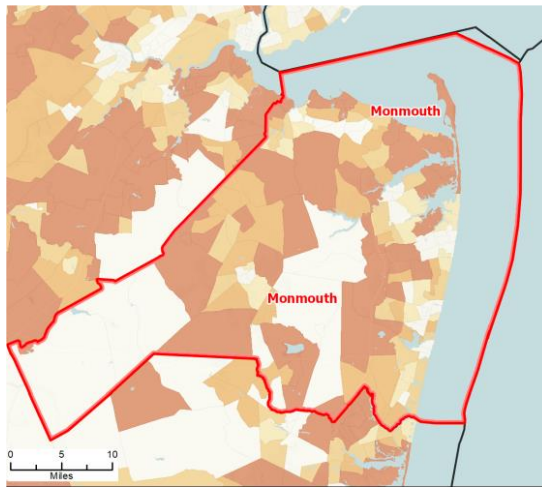
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This related chart is based on US Department of Agriculture data. [COUNTY-LEVEL DATA]

Population With Low Food Access (Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)



Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
 Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

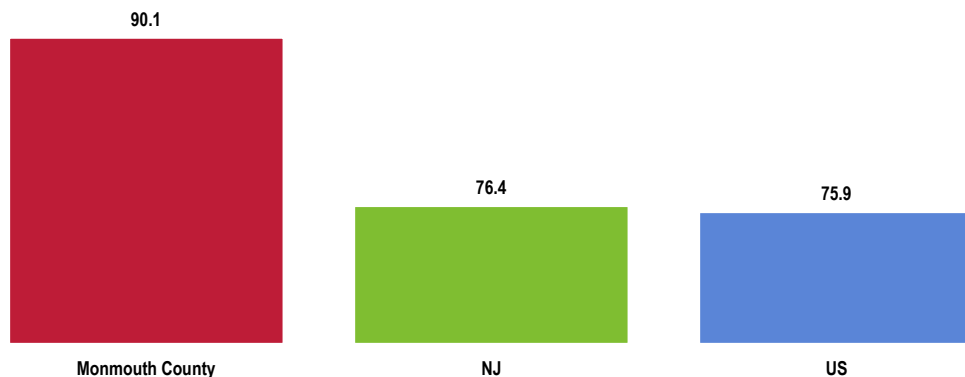




Food Environment: Fast Food

The following shows the number of fast food restaurants in Monmouth County, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on nutrition. [COUNTY-LEVEL DATA]

Fast Food Restaurants (Number of Fast Food Restaurants per 100,000 Population, 2020)



Sources:

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.



Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

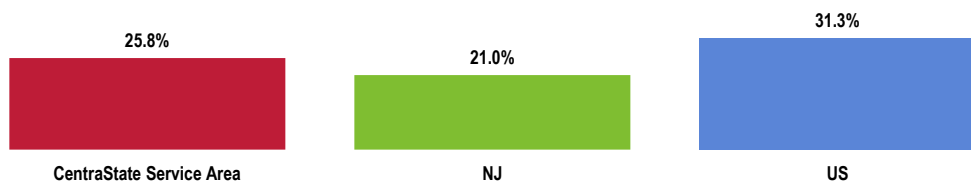
– Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

“During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

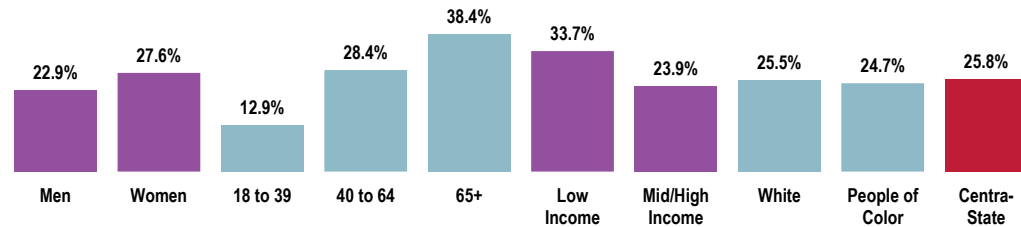
Notes:

- Asked of all respondents.



No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.2% or Lower



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 26]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: • Asked of all respondents.

Children's Physical Activity

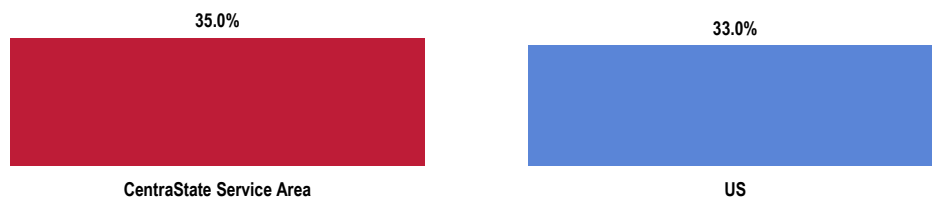
CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

“During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



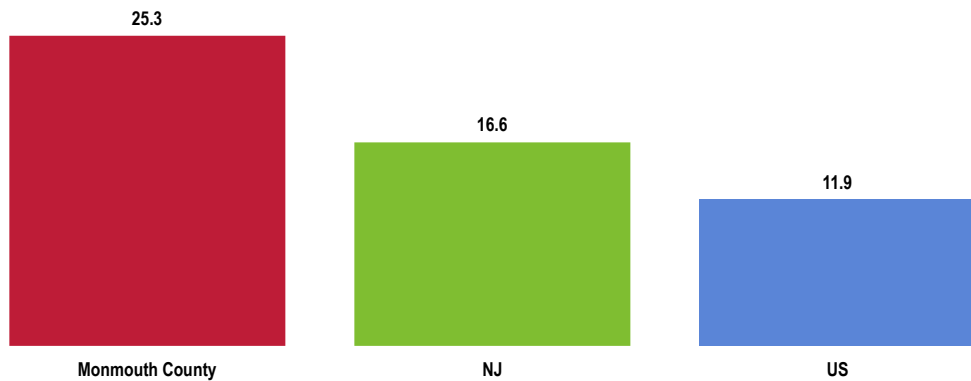
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 48]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.



Access to Physical Activity

The following chart shows the number of recreation/fitness facilities for every 100,000 population in Monmouth County. This is relevant as an indicator of the built environment's support for physical activity and other healthy behaviors. [COUNTY-LEVEL DATA]

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2020)



Sources:

- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.



Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: $[\text{weight (pounds)}/\text{height squared (inches}^2)] \times 703$.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥ 30 kg/m^2 . The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥ 30 kg/m^2 , mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

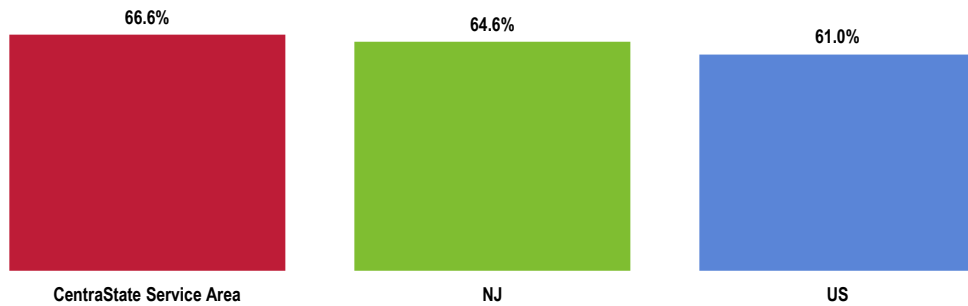
“About how much do you weigh without shoes?”

“About how tall are you without shoes?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).



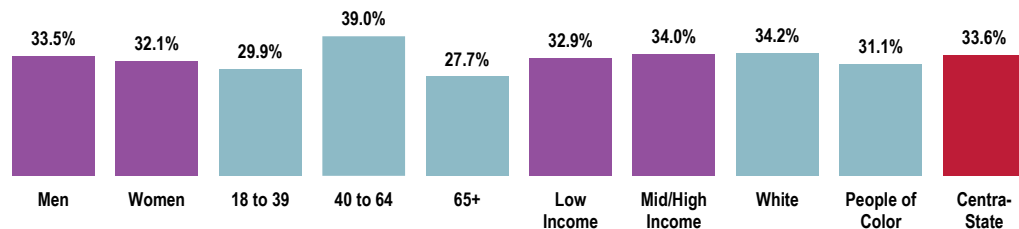
Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 54]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity (CentraState Service Area, 2022)

Healthy People 2030 = 36.0% or Lower



- Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 54]
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- | | |
|------------------|--|
| ▪ Underweight | <5 th percentile |
| ▪ Healthy Weight | ≥5 th and <85 th percentile |
| ▪ Overweight | ≥85 th and <95 th percentile |
| ▪ Obese | ≥95 th percentile |

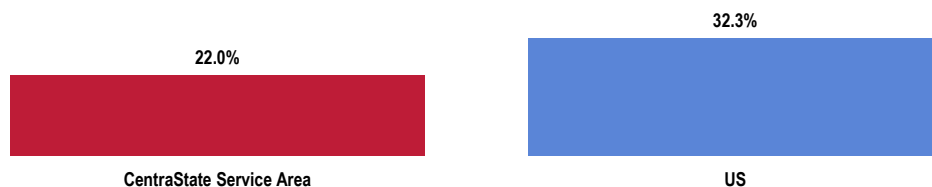
– Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

“How much does this child weigh without shoes?”

“About how tall is this child?”

Prevalence of Overweight in Children (Parents of Children Age 5-17)



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Item 57]
- 2020 PRC National Health Survey, PRC, Inc.

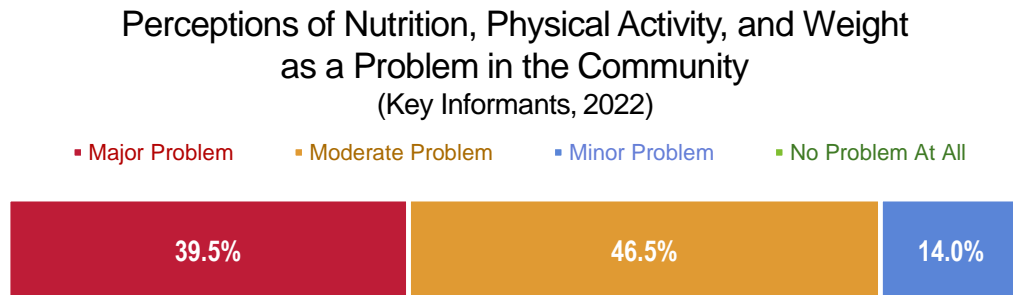
Notes:

- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.



Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:



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

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

Access to Affordable Healthy Food

Food costs vs income, poor quality of food in local grocery stores, convenience of foods with poor nutritional value, easy access to processed foods, no role model in physical activity, cultural practices. – Community Leader

Lack of healthy choices. Cheapest foods are not healthy. Transportation to get to better stores. Papers, nutrition education and weight management programs. Expenses are overwhelming, ability to afford a healthy lifestyle. – Community Leader

Access to healthy food due to both economic affordability and lack of grocery store chains that are walkable in Freehold area; lack of prevention programs geared to those who are low-income or do not have insurance; and engagement efforts with populations that are at high risk – Other Health Provider

Healthy food deserts in our urban communities, fast food culture. – Public Health Representative

Lifestyle

Education, cultural issues. – Community Leader

Same pattern as across the nation; it's so easy to drive everywhere and public transit (though more accessible in Freehold than most areas in western Monmouth) isn't convenient and is sometimes unreliable. Also, using bicycles as purposeful transportation isn't widely accepted (and is probably dangerous on many roads) and there are few accommodations to pedestrian/bicycle/public travelers (safe and comfortable places to wait or shelter in bad weather, protected bicycle lanes, public restroom access). Sidewalk infrastructure is poor in some areas (many areas don't require sidewalks, or you have interruptions such as in Freehold Township near ShopRite or Walmart). A positive is the high quality of most area parks, but many organized recreational activities/facilities are costly (youth sports leagues, YMCA, CentraState gym). There are no real community pool/swimming options. – Social Services Provider

Changing personal behavior. – Public Health Representative

Youth

As the school nurse in the community, we have a large percentage of children in grade P-K through 8th who are obese and some who are morbidly obese. Recreational sports are no longer available for community children. If you want to play baseball or soccer, there are no rec programs to join. You have to find a travel team which costs \$\$ and requires travel. We have school sports and we open up these programs to all the students but it's not enough – Community Leader

As I understand it, some schools no longer offer gym class. Hopefully, I am wrong in this regard. Physical education and activity is as important to our kids as academics. We need nutrition education as part of some other applicable, related subject matter already being taught and, students need time in school allotted for physical activity. – Public Health Representative

Access to Care/Services

Limited access. There should be more smaller centers promoting healthy food habits and physical activity. – Community Leader



Monetary Cost

Gyms are overpriced and there are no incentives to become members of gyms. It is disappointing that CentraState has a gym and does not offer discount programs to their partners in the education community. Preparing healthy foods is very expensive. – Community Leader

Diagnosis/Treatment

Quality of care. – Social Services Provider

Lack of Time

Many people are unwilling to work out because they work all day. – Social Services Provider

Nutrition

Food pantries and soup kitchens are forced in some instances to give unhealthy or not fresh food to those in need. They give this out because that is all they have or know to do. We need more emphasis on healthy eating but not sure how we can accomplish that. – Community Leader



Substance Abuse

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (<https://health.gov/healthypeople>)

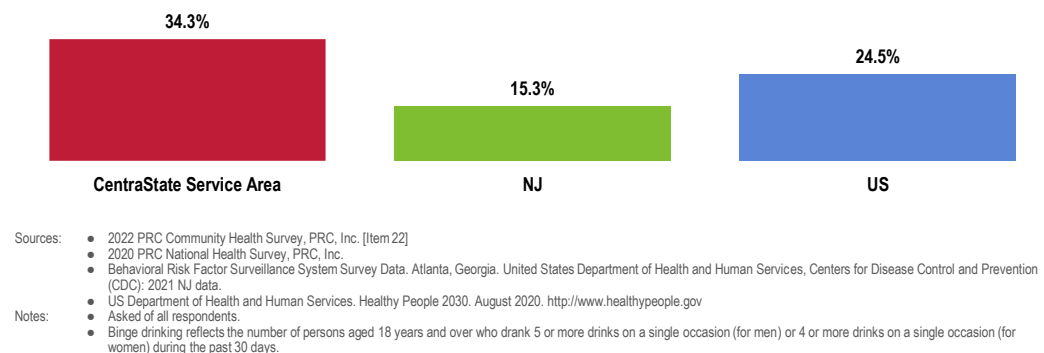
Alcohol

Binge Drinking

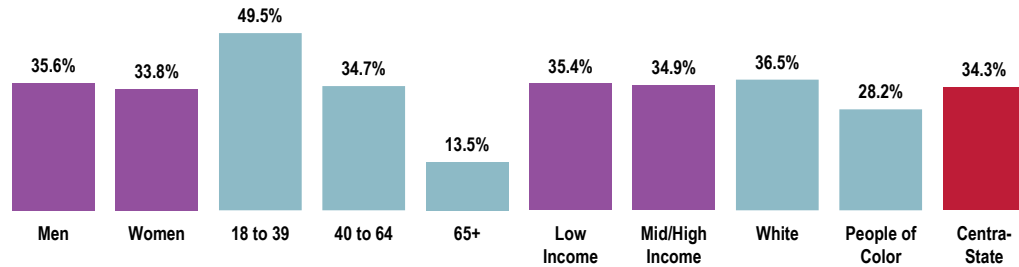
“Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

Binge Drinkers

Healthy People 2030 = 25.4% or Lower



Binge Drinkers (CentraState Service Area, 2022) Healthy People 2030 = 25.4% or Lower



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Item 22]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov> [Objective SA-15]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2021 NJ data.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

- Asked of all respondents.
- Binge drinking reflects the number of persons aged 18 years and over who drank 5 or more drinks on a single occasion (for men) or 4 or more drinks on a single occasion (for women) during the past 30 days.

Use of Prescription Opioids

“Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?”

Used a Prescription Opioid in the Past Year



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

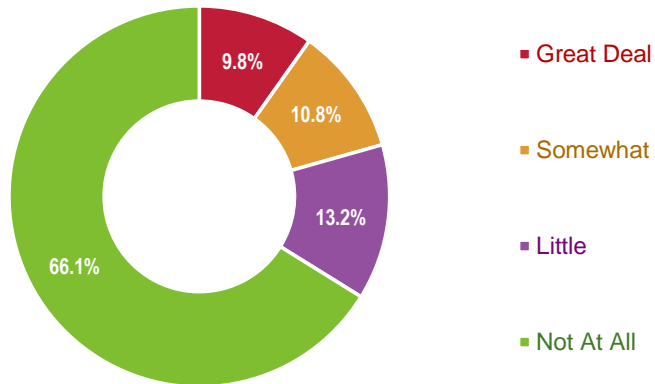
- Asked of all respondents.



Personal Impact From Substance Abuse

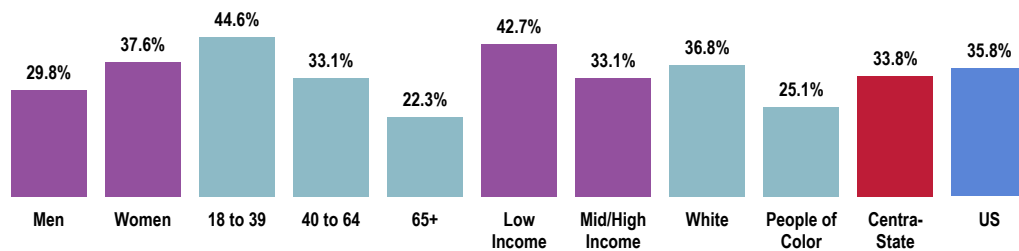
“To what degree has your life been negatively affected by your own or someone else’s substance abuse issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other’s)
(CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: • Asked of all respondents.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)
(CentraState Service Area, 2022)

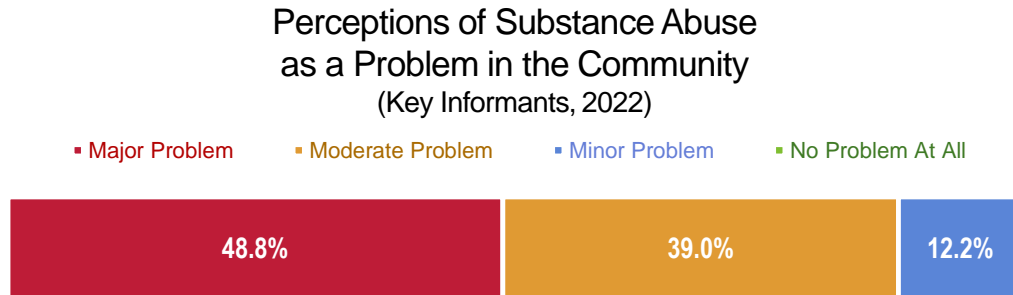


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 24]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes response of "a great deal," "somewhat," and "a little."



Key Informant Input: Substance Abuse

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



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

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

Access to Care/Services

Not aware of any access. – Community Leader

Not enough to keep up with demand. – Social Services Provider

Facilities with bed space. – Public Health Representative

CFC Loud n Clear Foundation 260 Casino Dr. Farmingdale, New Jersey 07727833-300-4673 Mission Statement: Founded in 2012, CFC Loud n Clear Foundation 501c3 is a grassroots New Jersey registered nonprofit Recovery Community Organization (RCO) providing a model relapse prevention program that supports all pathways to recovery through peer driven and operated programs. CFC is committed to helping individuals and families struggling with addiction find, maintain, and strengthen their recovery through peer-based support & programs. “I always describe addiction as more of an infection than a disease. It starts off as a wound that isn't taken care of properly whether that is a chemical imbalance, a belief system that is irrational, unresolved trauma or the inability to cope with conditions. A person finds a substance or behavior that fixes the symptoms but not the problem and the wound becomes infected (addiction). Addiction Treatment is where one goes to clean that wound out of the in – Community Leader

Lack of available inpatient/intensive outpatient rehab. – Community Leader

Open bed space for those in need. Access to facilities immediately. – Community Leader

Insurance coverage or out-of-pocket costs. Ease of acquiring dangerous substances. Pressure to continue abusing habits. Capacity of providers for timely and follow-up treatment. – Social Services Provider

Funding/costs, availability of inpatient/residential facilities. – Community Leader

Stigma/Denial

Lack of awareness, stigma, fear of imprisonment, peer pressure, embarrassment, lack of acceptance and support system. – Community Leader

Stigma, insurance coverage, language barriers. – Social Services Provider

Folks feel that there is a stigma to admitting you have a problem, also a lack of knowledge about treatments available and providers. Lack of insurance coverage is also a barrier to treatment. – Community Leader

Diagnosis/Treatment

Quality of care. – Social Services Provider

Substance abuse tends to go immediately to the criminal justice system, thus hindering treatment, because the criminal justice system is not equipped to effectively treat substances abuse, and often simply exacerbates the problem. It is often very divided by income and privilege. Higher income people are able to persuade judges to allow their family member to go for often costly inpatient treatment. – Social Services Provider



Marijuana Use

Weed use and addiction in children 12-18 years old. These young people are receiving mixed messages about weed and its safe use. They believe that smoking/vaping weed, or consuming weed-laced edibles are both harmless since they are natural. They do not believe weed can be addictive! The truth is that when weed is consumed during the period of brain growth and development, it can cause permanent damage to brain function. By the time they learn the truth, they are already smoking on a regular basis and are mildly, if not, moderately addicted. – Community Leader

Education/Awareness

Not enough programs available. More education and prevention information needed to target a younger audience. – Community Leader

Lack of Providers

Not enough providers. – Community Leader



Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

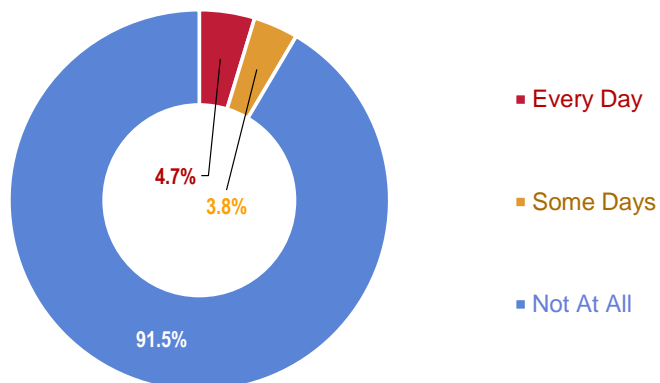
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

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

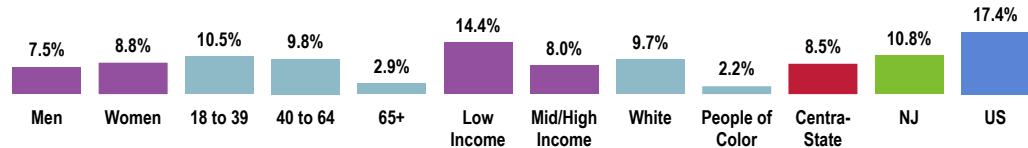
Cigarette Smoking Prevalence
(CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
Notes: • Asked of all respondents.



Current Smokers (CentraState Service Area, 2022) Healthy People 2030 = 5.0% or Lower



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
- 2020 PRC National Health Survey, PRC, Inc.

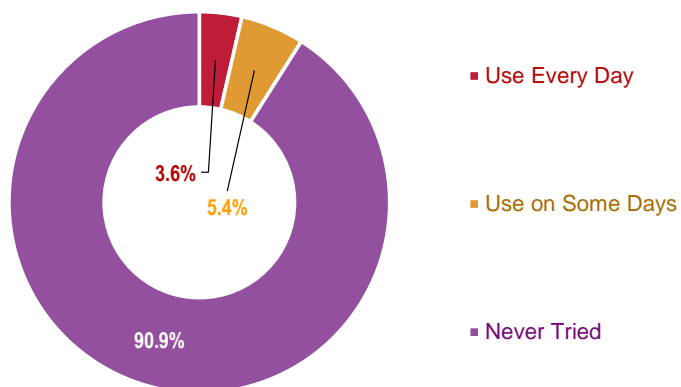
Notes:

- Asked of all respondents.
- Includes regular and occasion smokers (every day and some days).

Use of Vaping Products

“The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. Do you now use electronic vaping products, such as e-cigarettes, “every day,” “some days,” or “not at all?”

Use of Vaping Products (CentraState Service Area, 2022)



Sources:

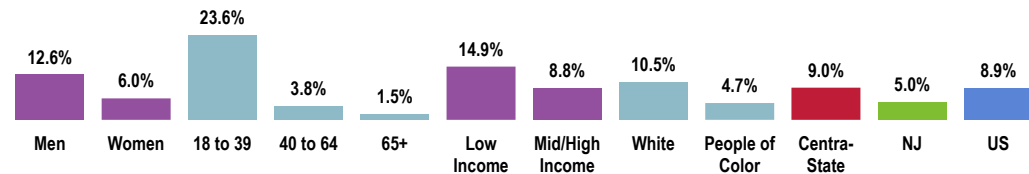
- 2022 PRC Community Health Survey, PRC, Inc. [Item 21]

Notes:

- Asked of all respondents.



Currently Use Vaping Products (CentraState Service Area, 2022)



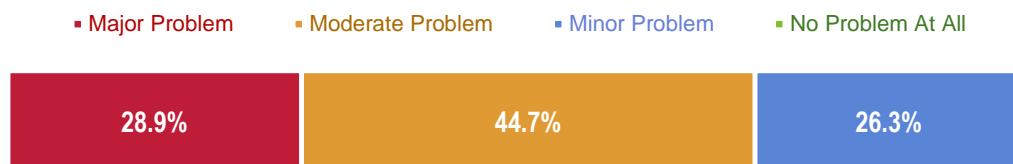
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 21]
 • 2020 PRC National Health Survey, PRC, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.

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

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2022)



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

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

E-Cigarettes

- I think cigarette smoking is about the same, but vaping is an issue. – Community Leader
- I am surprised vaping was not listed as early middle school students are using it. – Community Leader
- As commented in the previous questions, I am surprised vaping is not listed as it is very popular to middle school kids. – Community Leader
- Rise in vaping. – Community Leader
- Definitely a surge in use by younger people vaping. More kids vaping than not. – Community Leader

Incidence/Prevalence

- It kills 400,000 people a year in the US. It is a preventable problem. – Public Health Representative
- Tobacco use, again, is a problem everywhere, as is vaping. – Community Leader
- I believe it is a problem that is diminishing. – Social Services Provider



Aging Population

Older population continues to smoke, seen smoking in streets. – Community Leader

Co-Occurrences

Tobacco addiction leads to other addictive habits, such as marijuana usage and experimentation. Also used as a coping mechanism and a transition to vaping, particularly by our youth. – Community Leader



Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

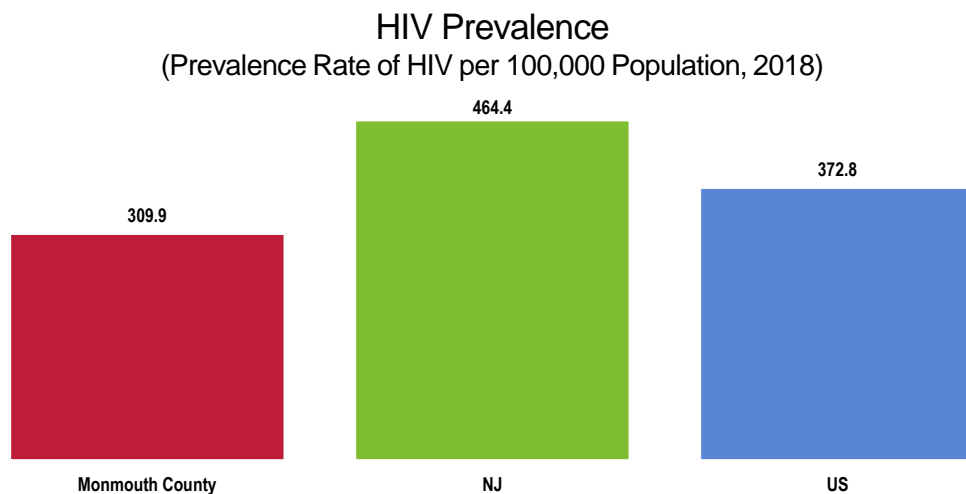
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area. [COUNTY-LEVEL DATA]



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

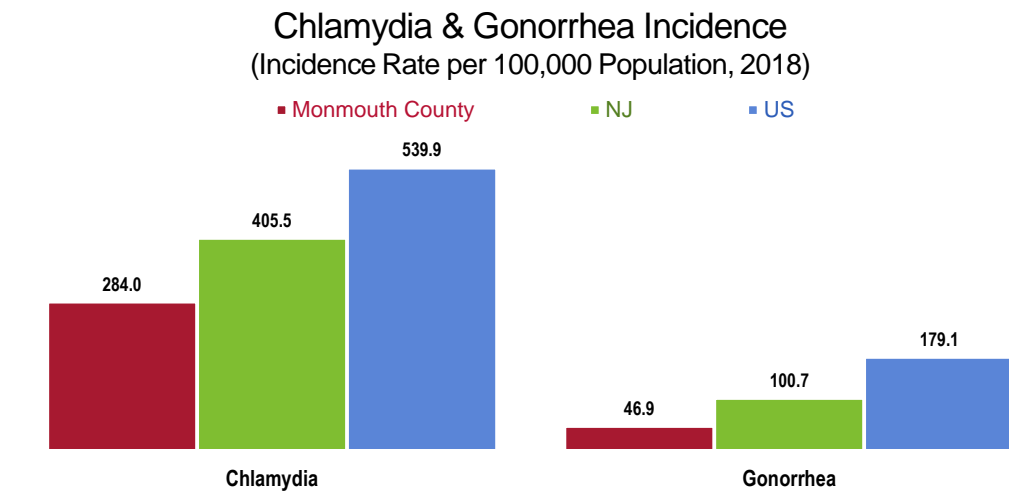


Sexually Transmitted Infections (STIs)

CHLAMYDIA ► Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

GONORRHEA ► Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STIs. [COUNTY-LEVEL DATA]



Sources:

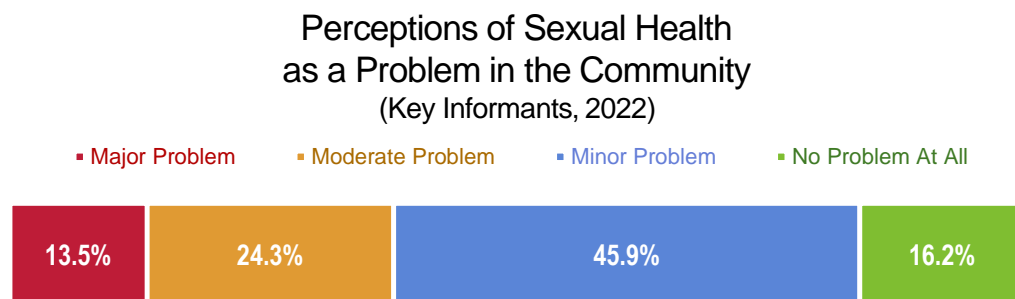
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

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



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

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

Awareness/Education

■ Lack of education. – Community Leader

Incidence/Prevalence

■ STD rates are skyrocketing across the nation, need more testing and treatment clinics, funding is low. – Public Health Representative



ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Lack of Health Insurance Coverage

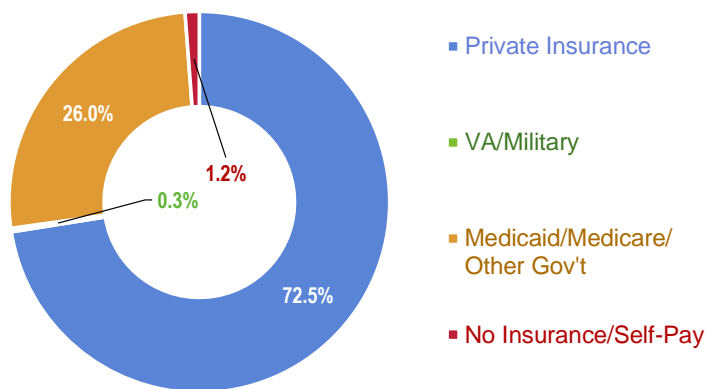
Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

“Do you have any government-assisted healthcare coverage, such as Medicare, Medicaid (or another state-sponsored program), or VA/military benefits?”

“Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself; or, you do not have health insurance and pay for health care entirely on your own?”

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

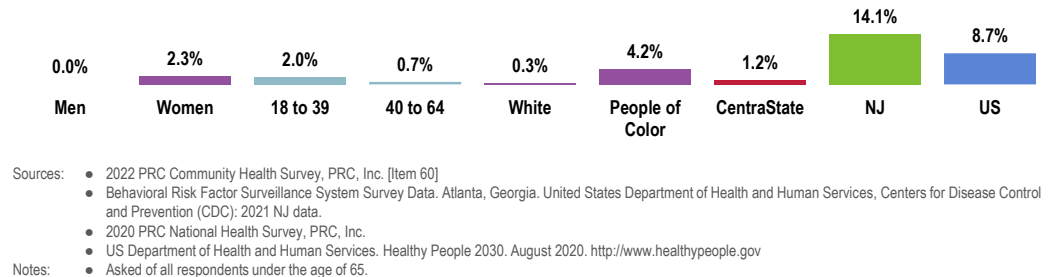
Health Care Insurance Coverage
(Adults Age 18-64; CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 60]
Notes: • Reflects respondents age 18 to 64.



Lack of Health Care Insurance Coverage (Adults Age 18-64; CentraState Service Area, 2022) Healthy People 2030 = 7.9% or Lower



Difficulties Accessing Health Care

Barriers to Health Care Access

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

“Was there a time in the past 12 months when you **needed to see a doctor, but could not because of the cost?”**

“Was there a time in the past 12 months when you **needed a prescription medicine, but did not get it because you could not afford it?”**

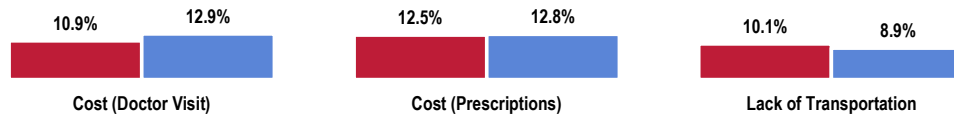
“Was there a time in the past 12 months when a **lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?”**

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.



Barriers to Access Have Prevented Medical Care in the Past Year

■ CentraState Service Area ■ US



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Items 6-8]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

“Was there a time in the past 12 months when you needed medical care for this child, but could not get it?”

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)



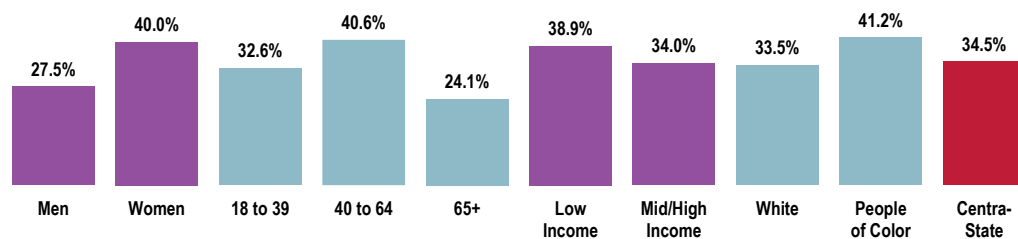
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 46]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.



Foregoing Medical Care During the COVID-19 Pandemic

“Has there been a time since March 11th (2020) when you needed medical care or had a medical appointment scheduled, but you chose to avoid receiving care due to concerns about coronavirus?”

Went Without Needed or Planned Medical Care Due to the Pandemic (CentraState Service Area, 2022)

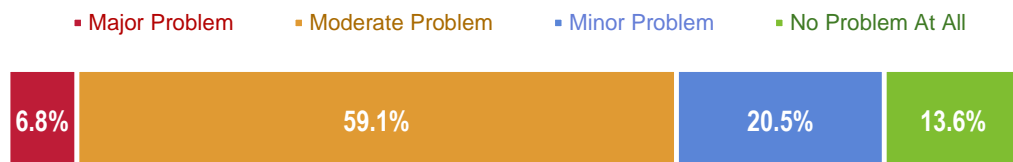


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of all respondents.
• Beginning of pandemic specified as March 2020.

Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2022)



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

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

Access to Care/Services



Deferred treatment or ignored symptoms due to poor access to health insurance; fear of going into medical debt; complicated and confusing gateways/interfaces to health providers and networks; lack of personal resources/abilities to navigate the complex/various agencies, providers, insurers, networks, government programs, etc. The specter of approaching any kind of health care provider for fear being told you're not covered for treatment, or having such long wait times that you give-up, or the access to services is so inconvenient as to be (or feel like) it's impossible to schedule. – Social Services Provider

Sufficient access to primary care and dental services. – Social Services Provider

Education/Awareness

People in the community do not know about available resources, how to access those resources, do not have medical insurance and do not believe they can get medical insurance. Some feel that the health services are for Latinos only, some feel that the services will get them removed from the US, others feel that it too expensive or not needed at all. – Community Leader

Specialty Care

Pediatric neurologists. Children often wait months to get an appointment. – Community Leader

Vulnerable Populations

Lack of health coverage for undocumented. This leads to putting off preventive appointments and care leading to more costly emergent situations. – Community Leader

Insurance Issues

Just the mere fact that many of them are not eligible to receive insurance except for charity care and most are not aware of that. – Social Services Provider

Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

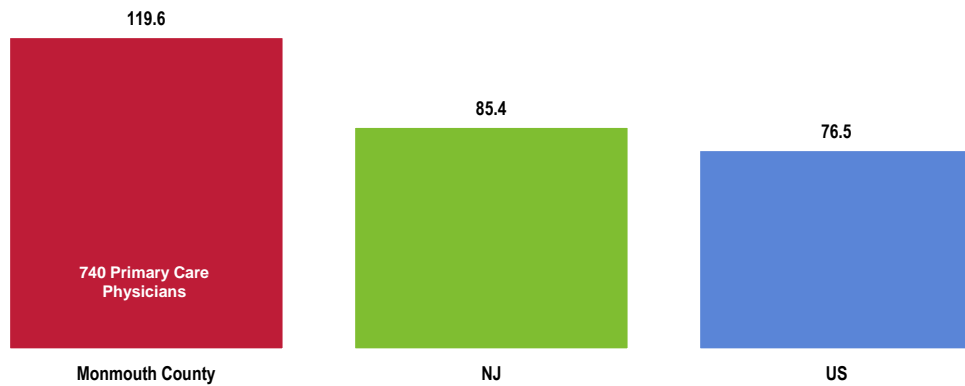
– Healthy People 2030 (<https://health.gov/healthypeople>)



Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues. [COUNTY-LEVEL DATA]

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2019)



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

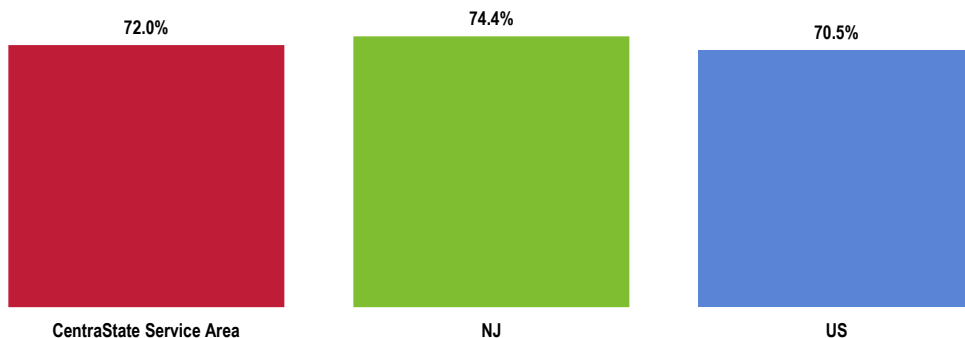
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Utilization of Primary Care Services

"A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"

[Parents] "About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"

Have Visited a Physician for a Checkup in the Past Year



Sources:

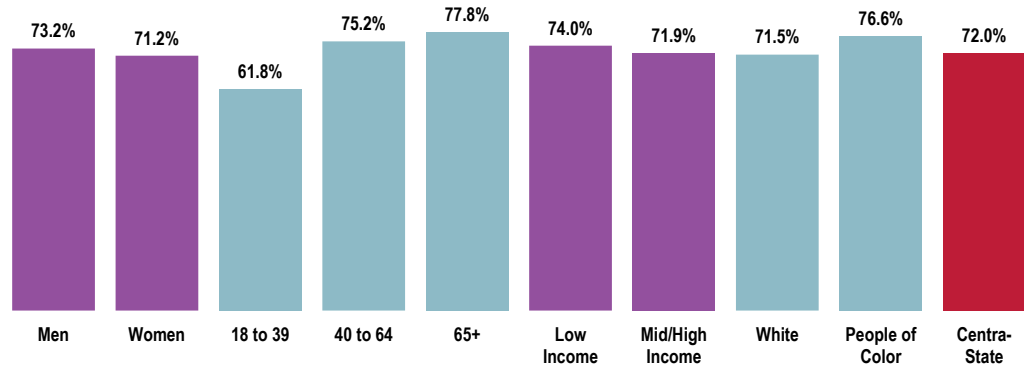
- 2022 PRC Community Health Survey, PRC, Inc. [Item 9]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.

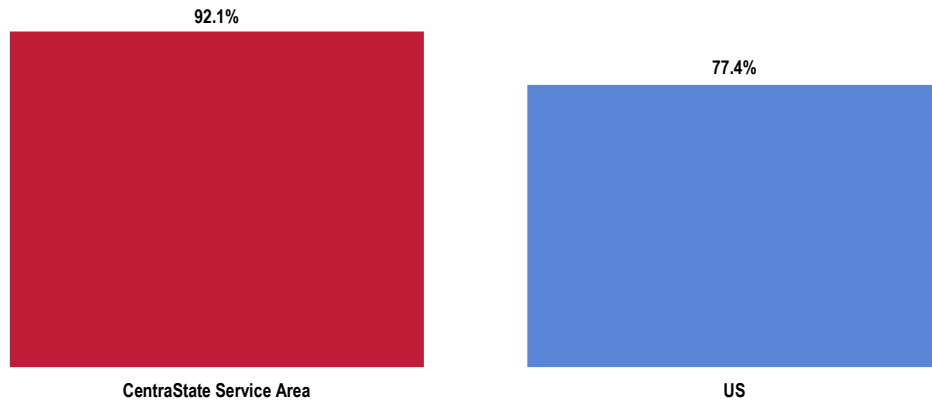


Have Visited a Physician for a Checkup in the Past Year (CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 9]
Notes: • Asked of all respondents.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 47]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.



Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

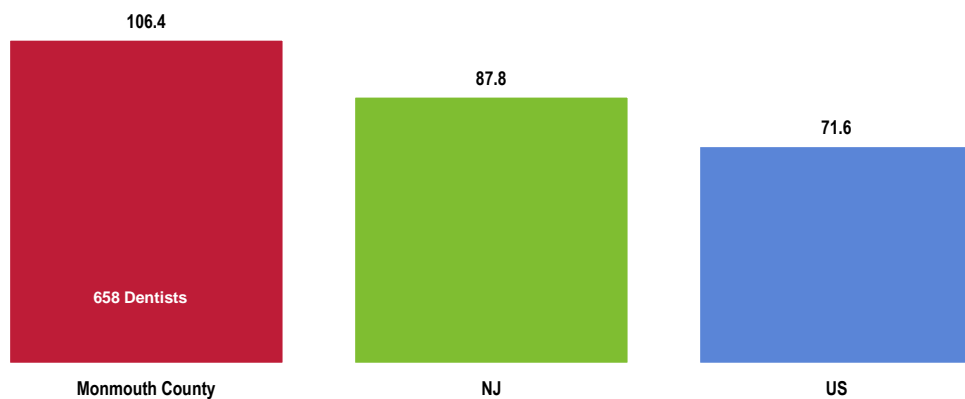
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Dentists

The following chart outlines the number of dentists for every 100,000 residents in Monmouth County. [COUNTY-LEVEL DATA]

Access to Dentists
(Number of Dentists per 100,000 Population, 2020)



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

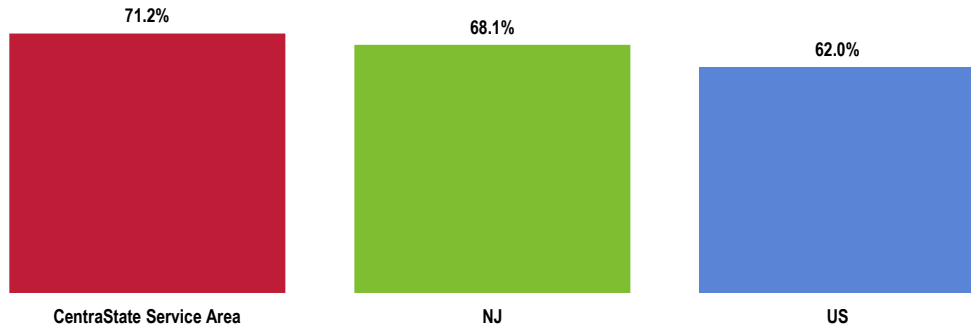


Dental Care

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

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



Sources:

- 2022 PRC Community Health Survey, PRC, Inc. [Item 10]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 NJ data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

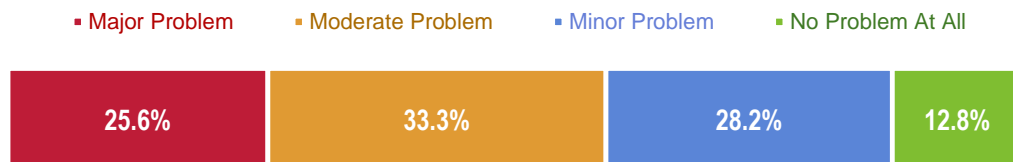
Notes:

- Asked of all respondents.

Key Informant Input: Oral Health

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

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2022)



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.

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

Access to Care/Services

Accepted insurances, lack of insurance, lack of awareness in oral health, knowledge of existing health practitioners are limited, limited practitioners. – Community Leader

Limited access to care. – Community Leader

Access to care. – Public Health Representative

Access for Medicare/Medicaid Patients

Oral health is very important. The lack of dentists that accept Medicaid is a problem for this population, both adult and children. – Other Health Provider



Lack of dentists that accept Medicaid. – Community Leader

Vulnerable Populations

Because we work with undocumented immigrants, they have no insurance that covers oral health. There are no nearby low-income dental clinics. Members of our community often wait until they are in acute pain and pay to have the infected tooth pulled. – Social Services Provider

Access to Care for Uninsured/Underinsured

Not enough dentists for uninsured. – Community Leader

Awareness/Education

Our students come in with bottle rot and parents need education on dental care for toddlers. – Social Services Provider

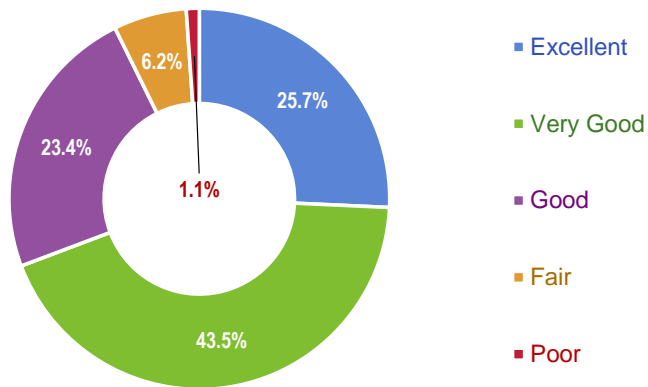


LOCAL RESOURCES

Perceptions of Local Health Care Services

“How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Rating of Overall Health Care Services Available in the Community
(CentraState Service Area, 2022)



Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”

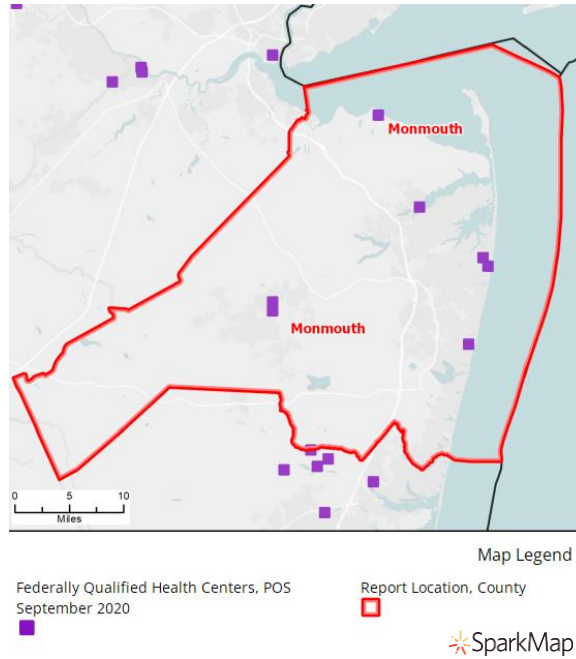


Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Monmouth County as of September 2020.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Central State Primary Healthcare
- CentraState Medical Center
- Charity Care
- Family Health Center
- Mayor's Wellness Campaign
- Monmouth County Health Department
- Ocean Health Initiative
- Social Services
- Visiting Nurse Association of Central Jersey

- Hospitals
- Neighborhood Connections to Health
- New Jersey Department of Health
- OEM Agencies
- Online Resources
- Testing Sites
- US CDC
- Visiting Nurse Association of Central Jersey
- VNA

Cancer

- American Cancer Society
- Breast Cancer Groups
- Cancer Education and Early Detection Program
- Cancer Support Groups
- Cancer Treatment Centers
- CentraState Medical Center
- CentraState Statesir Cancer Center
- Doctor's Offices
- Hospitals
- Jersey Shore Medical Center
- Liv Like a Unicorn
- Memorial Sloan Kettering
- Mental Health Association
- Memorial Sloan Kettering Cancer Center
- Penn
- Regional Cancer Care Associates
- Testing Sites
- Visiting Nurse Association of Central Jersey

Dementia/Alzheimer's Disease

- Assisted Living Facilities
- CPMC
- Home Healthcare
- National Organizations With a Local Chapter
- Nursing Homes
- Penn

Diabetes

- CentraState Medical Center
- CentraState Novo Nordisk Diabetes Center
- CentraState Wellness Center
- Doctor's Offices
- Faith-Based Organizations
- Family Health Center
- Fitness Centers/Gyms
- Freehold Family Health Center
- Hospitals
- Joslin Diabetes Center
- Mayor's Fitness Initiative
- Non-Profit Organizations
- Ocean County Health Department
- School System
- Visiting Nurse Association of Central Jersey
- VNA
- Wellness Programs

Coronavirus Disease/COVID-19

- Casa Freehold
- CentraState Medical Center
- Community Partners
- Faith-Based Organizations
- Federally Qualified Health Centers
- Freehold Health Department
- Health Department



Disability & Chronic Pain

- CentraState Medical Center
- Freehold Family Health Center
- Non-Profit Organizations
- Visiting Nurse Association of Central Jersey
- Wellness Programs

Heart Disease & Stroke

- American Heart Association
- CentraState Medical Center
- Doctor's Offices
- Family Health Center
- Hackensack Meridian Health
- Heart Specialists of Central Jersey
- Jersey Shore Medical Center
- Non-Profit Organizations
- Ocean County Health Department
- RWJ Barnabas Health
- Volunteer Exercise Programs

Infant Health & Family Planning

- CentraState Medical Center
- Doctor's Offices
- Freehold Family Health Center
- Planned Parenthood
- Visiting Nurse Association of Central Jersey

Injury & Violence

- 911
- Attorney
- Casa Freehold
- CentraState Medical Center
- Community Affairs and Resource Center
- Doctor's Offices
- Health Department
- Hospitals
- Police

Kidney Disease

- CPMC
- For-Profit Dialysis Centers
- Hackensack Meridian Health
- Ocean County Health Department
- Penn
- RWJ Barnabas Health

Mental Health

- Casa Freehold
- CentraState Medical Center
- Churches
- Community Health Law Project
- Counselors
- CPC
- Crisis Hotlines
- Doctor's Offices
- Emergency Housing and Advocacy Program
- Freehold Family Health Center
- Hospitals
- Jersey Shore University Medical Center
- Mental Health Association
- Mental Health Services
- Mental Health Services for Uninsured
- MMC: PESS Clinicians
- Mobile Response
- Monmouth County Community Engagement Programs
- Monmouth County Division of Behavioral Health
- Monmouth County Mental Health and Substance Use
- Monmouth Medical
- Open Door
- Pediatric Beds for In-House Treatment
- PerformCare
- School System
- Self-Help Center
- Society for the Prevention of Teen Suicide
- Stress Care Manalapan
- Substance Abuse Providers
- Visiting Nurse Association of Central Jersey
- Women's Support Groups
- YMCA

Nutrition, Physical Activity, & Weight

- Boy Scouts/Girl Scouts
- CentraState Health Awareness Center
- CentraState Medical Center
- Columbia
- Community Garden
- Farmer's Markets
- Food Pantries
- Freehold Borough Rec
- Freehold Borough Schools
- Fulfill Mobile Food Pantry
- Hackensack Meridian Health
- Mayor's Fitness Initiative
- Mayor's Wellness Campaign
- Neighborhood Connections to Health



- Parks and Recreation
- Pop-Up Fresh Produce
- School System
- SNAP Benefits
- Teach Pantries and Kitchens
- Visiting Nurse Association of Central Jersey
- YMCA

- Police
- Rehabilitation Centers
- Relevance Recovery
- RWJ Barnabas Health
- Substance Abuse and Mental Health Services Administration
- Substance Abuse Providers
- Visiting Nurse Association of Central Jersey

Oral Health

- CHEMED Dental Clinic
- Dental Clinic at Jersey Shore Med Univ Family Clinic
- Eric B. Chandler Health Center
- Federally Qualified Health Centers
- Neighborhood Connections to Health
- Tender Smiles
- Visiting Nurse Association of Central Jersey
- VNS Dental Clinic

Tobacco Use

- American Cancer Society
- CentraState Medical Center
- CFC
- Community Alliance
- County and State Organizations
- Doctor's Offices
- Health Department
- New Jersey Department of Health
- Patches
- School System
- Television Programs
- VNA
- Wellness Programs

Respiratory Disease

- Freehold Family Health Center

Sexual Health

- 180 Turning Lives Around
- CPC
- Doctor's Offices
- Planned Parenthood
- Sex Therapy
- Visiting Nurse Association of Central Jersey

Substance Abuse

- Catholic Charities
- CentraState Medical Center
- CFC
- Community Alliance
- Community Health Center
- Counseling Center
- Counselors
- CPC
- Emergency Housing and Advocacy Program
- Health and Human Services
- High Focus
- High Focus Centers
- Hope Sheds Light
- Monmouth County Mental Health and Substance Use
- New Hope
- Open Door





APPENDIX

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, CentraState Healthcare System has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- More than \$45 million in community benefit, excluding uncompensated Medicare, for 2020.
- More than \$47 million in community benefit, excluding uncompensated Medicare, for 2019.
- The provision of more than 85,000 COVID-19 vaccines for the community.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

CentraState Healthcare System conducted its last CHNA in 2020 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that CentraState Healthcare System would focus on developing and/or supporting strategies and initiatives to improve:

- Mental Health
- Chronic Disease
- Healthy Lifestyles

Strategies for addressing these needs were outlined in CentraState Healthcare System's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by CentraState Healthcare System to address these significant health needs in our community.



Evaluation of Impact

Priority Area: Mental Health	
Community Health Need	Increase access to services to support mental health.
Goal(s)	<ul style="list-style-type: none"> • Reduce substance use disorders, including smoking and vaping. • Expand access to suicide prevention programs and services.

Strategy #1: Provide programing and informational resources on the dangers of smoking and vaping.

Strategy Was Implemented?	Yes
Target Population(s)	All smokers in service area with particular emphasis on teenagers and their parents
Partnering Organization(s)	Internal: Medical Staff External: Freehold Township Municipal Alliance for the Prevention of Substance Abuse
Results/Impact	<ul style="list-style-type: none"> • Provision of smoking and vaping cessation classes – initially in person (Escape the Vape for Teens and A Time to Quit) and now through an on-demand digital program • Local school district developed and implemented curriculum on the dangers of vaping and smoking • Cover story on the dangers of Vaping for our quarterly magazine called Healthy Directions to more than 200,000 households in our primary service area – Winter 2020 issue “Can Vaping Be Deadly?”

Strategy #2: Provide programming to support the prevention of suicide

Strategy Was Implemented?	Yes
Target Population(s)	Service area with emphasis on teenagers, healthcare workers and employees.
Partnering Organization(s)	Internal: Family Practice of CentraState, External: Local EMTs and schools, Mental Health First Aid
Results/Impact	<ul style="list-style-type: none"> • Hosted two Mental Health First Aid training programs for healthcare professionals- 30 participants • Family Practice of CentraState hired a LCSW to support primary care practice patients • Increased mental health support services for 2,500 employees and staff during first wave of COVID-19 pandemic, including stress reduction classes, specialized support for nurses and \$0 copay for virtual behavioral health visits • Continued teaching Life Skills curriculum in local schools • Launched a virtual Grief Support group, led by Licensed Clinical Social Workers (LCSW) and certified in grief counseling



Priority Area: Chronic Disease

Community Health Need	Access to education and services that focus on prevention of chronic disease states: heart disease and stroke, cancer and diabetes.
Goal(s)	<ul style="list-style-type: none"> • Increase access points for care • Develop programming to prevent and care for chronic diseases.

Strategy #1: Develop and implement programs and services to educate the public and patients on the prevention of heart disease and stroke, and care for those identified with hypertension, congestive heart failure, or other risk factors.

Strategy Was Implemented?	Yes
Target Population(s)	Patients in service area with risk factors, hypertension or congestive heart failure
Partnering Organization(s)	Internal: CentraState Fitness and Wellness Center, Garden State Heart Care, Gloria Saker Women's Heart Program External: American Heart Association
Results/Impact	<ul style="list-style-type: none"> • Opening of Cardiovascular Interventional Suite, allowing for a higher level of cardiac care as well as increased volume capacity • Heart Failure education by RN Health Coach for 420 patients • More than 600 educated on hypertension • 400+ health screenings in the community • Provision of cardiopulmonary resuscitation classes for the community (approx. 2,200 per year) • Weigh of Life Program developed and launched • Availability of more than 170 group exercise classes, cardiovascular equipment, two pools in the Fitness and Wellness Center

Strategy #2: Develop and implement programs and services to educate the public and patients on risk factors and the prevention of cancer and provide screenings for all types of cancers.

Strategy Was Implemented?	Yes
Target Population(s)	Primary and secondary service areas
Partnering Organization(s)	Internal: Family Practice of CentraState External: Ocean Monmouth Health Alliance, Atlantic Health System
Results/Impact	<ul style="list-style-type: none"> • Provision of cancer screenings to approximately 300 per year, on-site and throughout the community (skin, colorectal, oral, lung and HPV) • Created a "no RX" needed mammogram program, increasing mammograms by 30% in first month • Educated teenage patients and their parents on human papillomavirus (HPV) and the benefits of vaccinations for it • Hired a Medical Director for the Statesir Cancer Center to broaden and deepen all cancer services, with focus on cancers of the liver and pancreas • Re-launched lung cancer screening program using low dose CT scans • Launched Pancreatic Cancer Screening program



Strategy #3: Increase education for diabetes prevention and disease management services for those at risk or with diabetes.

Strategy Was Implemented? Yes

Target Population(s) Patients at risk or with diabetes.

Partnering Organization(s) Internal:
External: Freehold Borough

Results/Impact

- Provided free glucose screenings at community events
- Provided access to diabetes center nurses to primary care physicians in Freehold Borough for nutrition counseling (English and Spanish), glucose testing, education and follow up
- Offered Diabetes Prevention Program in person and online—program recognized for excellence for the Centers for Disease Control



Priority Area: Healthy Lifestyles

Community Health Need	Improve access points and channels for care and provide services that support all aspects of healthy living.
Goal(s)	<ul style="list-style-type: none"> • Increase the number of access points and capacity for care.

Strategy #1: Increase access points for care.

Strategy Was Implemented?	Yes
Target Population(s)	Both primary and secondary service areas
Partnering Organization(s)	<p>Internal: Family Practice of ContraState, Medical Staff</p> <p>External: Visiting Nurse Association of Central Jersey, Rutgers Family Residency Program of ContraState, Neighborhood Connections to Health, Fulfill (food bank), Casa Freehold, Monmouth County Department of Health</p>
Results/Impact	<ul style="list-style-type: none"> • Continued as partner with the Freehold Family Health Center, a Federally Qualified Health Center that provides chronic disease education in a family practice environment as well as telehealth visits • Implemented telehealth at most Family Practice of ContraState practices to allow for virtual visits during COVID and beyond • Opened a new OB/GYN practice in Marlboro and East Windsor • Hired additional bariatric surgeon. • Hired additional physicians for Family Practice of ContraState • Collaborated with the Mayor's Freehold Boro Wellness Council to conduct health fairs, education and screening for residents • Worked with various community organizations and school districts and at pop-up events to deliver COVID-19 vaccines (more than 85,000), with an emphasis on reaching those at higher risk for chronic conditions or those who were vaccine hesitant • Used vouchers and other incentives to encourage patients to undergo preventive care such as screenings and vaccinations • Participated in monthly mobile food pantry distributions. • Created Vaccines and Veggies event in Oct. 2021 to distribute food and vaccinate against both COVID-19 and the flu.

Strategy #2: Provided "Live Life Well" programs, offered around the pillars of Eat Well, Move Well, Relax Well and Manage (conditions) Well

Strategy Was Implemented?	Yes
Target Population(s)	Entire service area and employees
Partnering Organization(s)	<p>Internal:</p> <p>External:</p>
Results/Impact	<ul style="list-style-type: none"> • Each year 45,000-55,000 education encounters are offered • Offered several hundred nutrition seminars for senior centers • Launched online health coaching platform



Strategy #3: Increase the sensitivity to our patients and team members on the issues that impact individuals including race, gender identity, socioeconomic status, insurance coverage and social support.

Strategy Was Implemented? Yes

Target Population(s) Patients and employees

Partnering Organization(s) Internal: LGBTQ Committee, Applewood Continuing Care Community
External: Board of Trustees, Casa Freehold, AME Bethel Church, Monmouth County Department of Health

Results/Impact

- Created a Diversity and Inclusion Committee as part of the Board of Trustees
- Created an employee-based LGBTQ Committee
- Provide training to staff on cultural sensitivity, for mandatory education and as part of our internal wellness program
- Opened gender-neutral bathrooms
- Created a series of educational Public Service announcements aimed at People of Color and those in the LatinX community regarding vaccine hesitancy

