2015 Community Health Assessment

MONMOUTH COUNTY, NEW JERSEY
HEALTH IMPROVEMENT COALITION OF MONMOUTH COUNTY
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Process for Doing the Community Health Assessment

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

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

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

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

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

The federal Accountable Care and Patient Protection Act requires all non-profit hospitals to do a Community Health Needs Assessment (CHNA) at least once every three years. In the process of doing the CHNA, the hospitals
collect the same quantitative information on community health as would be collected in doing a Community Health Status Assessment. The Meridian Health System, which operates six hospitals in Monmouth and Ocean counties, is a member of the Coalition. Meridian graciously agreed to share the Monmouth County data it collected in the course of doing the CHNA for its facilities in the Fall of 2015. This data was used to develop the Community Health Status section of this report.

1. **Community Health Status Assessment**

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

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

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

   To solicit input from key informants, i.e. those individuals who have a broad interest in the health of the community, an on-line Key informant Survey was also implemented as part of this process. A list of recommended participants was provided by Meridian Health; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders.
Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. Reminder emails were sent as needed to increase participation. In all, 106 community stakeholders took part in the Online Key Informant Survey (Appendix A).

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

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

2. Community Themes and Strengths Assessment

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

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

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

3. Forces of Change Assessment

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

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

The forces of change impacting Monmouth County identified by the participants in the course of doing this Assessment, and the threats and opportunities they present, are described in the results section of this document.
Community Health Assessment Results
2015 Community Health Status Assessment
Community Description
Total Population

<table>
<thead>
<tr>
<th></th>
<th>Total Population(^1)</th>
<th>Total Land Area (Square Miles)(^2)</th>
<th>Population Density (Per Square Mile)(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monmouth County</td>
<td>629,279</td>
<td>468.79</td>
<td>1,344.7</td>
</tr>
<tr>
<td>New Jersey</td>
<td>8,938,175</td>
<td>7,354.22</td>
<td>1,195.5</td>
</tr>
<tr>
<td>United States</td>
<td>318,857,056</td>
<td>3,531,905.43</td>
<td>87.4</td>
</tr>
</tbody>
</table>

U.S Census Bureau Quick Facts 2014 Estimates

U.S Census Bureau Quick Facts 2010

Total Population Change

Between 2010 and 2014, the Monmouth County population **decreased** by 1,099 persons, or .2%

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

Change in Total Population

U.S Census Bureau Quick Facts 2014 Estimates

Meridian Health 2015 Community Health Needs Assessment
### Age Distributions

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

#### 2009 Age Distributions

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

#### 2010-2014 Age Distributions

<table>
<thead>
<tr>
<th>Age Group</th>
<th>U.S.</th>
<th>New Jersey</th>
<th>Monmouth County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>6.4%</td>
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<td>5.3%</td>
</tr>
<tr>
<td>5-9 years</td>
<td>6.5%</td>
<td>6.3%</td>
<td>6.2%</td>
</tr>
<tr>
<td>10-14 years</td>
<td>6.6%</td>
<td>6.6%</td>
<td>7.0%</td>
</tr>
<tr>
<td>15-19 years</td>
<td>6.8%</td>
<td>6.6%</td>
<td>7.0%</td>
</tr>
<tr>
<td>20-24 years</td>
<td>7.1%</td>
<td>6.3%</td>
<td>5.6%</td>
</tr>
<tr>
<td>25-34 years</td>
<td>13.5%</td>
<td>12.8%</td>
<td>10.5%</td>
</tr>
<tr>
<td>35-44 years</td>
<td>13.0%</td>
<td>13.5%</td>
<td>12.8%</td>
</tr>
<tr>
<td>45-54 years</td>
<td>14.1%</td>
<td>15.4%</td>
<td>17.2%</td>
</tr>
<tr>
<td>55-59 years</td>
<td>6.6%</td>
<td>6.8%</td>
<td>7.5%</td>
</tr>
<tr>
<td>60-64 years</td>
<td>5.7%</td>
<td>5.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td>65-74 years</td>
<td>7.6%</td>
<td>7.5%</td>
<td>7.9%</td>
</tr>
<tr>
<td>75-84 years</td>
<td>4.3%</td>
<td>4.4%</td>
<td>4.4%</td>
</tr>
<tr>
<td>85 years and over</td>
<td>1.9%</td>
<td>2.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td><strong>65 &amp; Over Population Change (‘09 to ‘14)</strong></td>
<td>.9%</td>
<td>.5%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

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

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

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

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

### Median Age 2010-2014

- **Monmouth County**: 39.3
- **New Jersey**: 37.5
- **United States**: 36.0

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

### 65 & Older Population Change 2009-2014

<table>
<thead>
<tr>
<th></th>
<th>Monmouth County</th>
<th>New Jersey</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>11.2%</td>
<td>11.7%</td>
<td>10.0%</td>
</tr>
<tr>
<td>2010</td>
<td>12.3%</td>
<td>12.2%</td>
<td>10.9%</td>
</tr>
<tr>
<td>2011</td>
<td>13.4%</td>
<td>12.3%</td>
<td>11.8%</td>
</tr>
<tr>
<td>2012</td>
<td>14.5%</td>
<td>12.4%</td>
<td>11.7%</td>
</tr>
<tr>
<td>2013</td>
<td>15.6%</td>
<td>12.5%</td>
<td>11.6%</td>
</tr>
<tr>
<td>2014</td>
<td>16.7%</td>
<td>12.6%</td>
<td>11.5%</td>
</tr>
</tbody>
</table>

### Total Population by Age Group 2010-2014

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Monmouth County</th>
<th>New Jersey</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19</td>
<td>26.3%</td>
<td>29.0%</td>
<td>31.8%</td>
</tr>
<tr>
<td>20-64</td>
<td>60.5%</td>
<td>59.9%</td>
<td>59.9%</td>
</tr>
<tr>
<td>65+</td>
<td>13.2%</td>
<td>11.1%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

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

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

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

Racial Breakdown (2014)

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

The Monmouth County population is comprised of 84.7% White residents and 8.3% Black residents.

- This is above the percentage of White residents and below the percentage of Black residents across both New Jersey and the United States.
- Statewide and nationally, the population is less white, more Black, and more “other” race.
- Monmouth County also has fewer Asians than the statewide figure, but is consistent with the nationwide percentage.

10.1% of Monmouth County residents are Hispanic/Latino

- Slightly greater than half the statewide percentage
- Lower than the national statistic
Between 2000 and 2010, the Hispanic population in Monmouth County increased by 59.6%  
- Greater percentage growth than state figure  
- Greater percentage growth than national figure

**Linguistic Isolation**

A lack of proficiency in the English language can pose as a barrier in accessing healthcare for individuals in a community and can consequently effect one’s health status. Therefore, linguistic isolation is an important aspect to examine when assessing a community.

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

- Below statewide and national averages  
- Higher in Monmouth County than neighboring Ocean County (2.6%)
Understanding Social Determinants of Health

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

Centers for Disease Control and Prevention
Population in Poverty

In 2014, 7.4% percentage of Monmouth County’s population was living below 100% of the poverty level
- Slight increase from 2010 to 2014
- Lower than state and national percentages

Children in Poverty

Meridian Health 2015 Community Health Needs Assessment
**Education**

**Percentage of Population 25 years and Over - No High School Diploma**

<table>
<thead>
<tr>
<th>Year</th>
<th>Monmouth County</th>
<th>New Jersey</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>8.1%</td>
<td>12.1%</td>
<td>14.2%</td>
</tr>
<tr>
<td>2013</td>
<td>7.7%</td>
<td>11.9%</td>
<td>13.9%</td>
</tr>
<tr>
<td>2014</td>
<td>7.4%</td>
<td>11.6%</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

Educational Attainment 2010-2014 American Community Survey 5-Year Estimates

Meridian Health 2015 Community Health Needs Assessment

**Unemployment**

**Unemployment Rate 2007 Through 2015**

Bureau of Labor Statistics

The unemployment rate for Monmouth County is 5.5%

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

**Experience Fair or Poor Overall Health**

- 14.8% of Monmouth County adults classify their overall health as being fair or poor
  - Slightly lower than statewide percentage
  - Similar to national figure
  - No significant change when comparing 2011 and 2015 percentages

**Limited in Activities Due to Physical, Mental, or Emotional Problem**

- 20% of Monmouth County adults are limited in activities due to a physical, mental, or emotional problem.
  - Higher than the state finding
  - Similar to national figure
  - Increased percentage compared to 2011

**Poor Physical Health Days**

The average number of reported physically unhealthy days per month for a sample of Monmouth County is 3.0 days. Ranked highest and lowest in New Jersey are Salem County with 4.4 days and Morris County with 2.5 days respectively. The state average is 3.3 days per month.

**Seniors, low income residents, and Hispanics are more likely to experience fair or poor overall health**
Mental Health

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

9.6% of Monmouth County adults indicate experiencing fair or poor mental health
  - Below Ocean County percentage
  - Below United States percentage
  - No significant change since 2011

Poor Mental Health Days

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

2015 County Health Rankings
Stress

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

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

Depression

21.7% of Monmouth County adults experience symptoms of Chronic Depression in which they have had two or more years in their lives when they felt depressed or sad on most days

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

The annual age adjusted suicide mortality rate between 2011 and 2013 was 8.0 deaths per 100,000 population in Monmouth County

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

Mental Health Provider Ratio

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

Source: 2015 County Health Rankings

Key Informant

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

2015 Meridian Health Community Health Needs Assessment
Death, Disease & Chronic Conditions
Cardiovascular Disease

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

Non-modifiable risk factors include those in which an individual does not have control over:
- Family history
- Ethnicity
- Age
- Gender

Other modifiable risk factors in which an individual has the ability to change include:
- Tobacco use
- Physical inactivity
- Diet
- Diabetes
- Alcohol use
- High blood pressure
- High cholesterol
- Obesity

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

Source: WorldHeartFederation.org, CDCfoundation.org, CDC.gov
Cardiovascular Disease and Stroke Mortality Rates

The annual age adjusted cardiovascular disease mortality rate between 2011 and 2014 was 163.5 deaths per 100,000 population in Monmouth County
- Decrease from 2005-2007, as seen in state and national rates
- Below state and national rates
- Fails to satisfy Healthy People 2020 target of 156.9 deaths per 100,000 population

The annual age adjusted stroke mortality rate between 2011 and 2013 was 32.3 deaths per 100,000 population in Monmouth County
- Decrease from 2005-2007, as seen in state and national rates
- Similar to statewide rate
- Below national rate
- Fails to satisfy Healthy NJ 2020 target of 28.6 deaths per 100,000 population

Cardiovascular Disease: Age-Adjusted Mortality
Annual Average Deaths per 100,000 Population

Stroke: Age-Adjusted Mortality
Annual Average Deaths per 100,000 Population

Meridian Health 2011, 2015 Community Health Needs Assessment
9% of Monmouth County adults surveyed indicated that they suffer from or at one point had been diagnosed with some form of cardiovascular disease

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

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

- Similar to prevalence in Ocean County
- Similar to national prevalence
Cardiovascular Disease Risk Factors
High Blood Pressure (Hypertension)

Prevalence

35.9% of Monmouth County adults have been diagnosed with high blood pressure at some point
- Significant increase since 2011
- Higher than statewide prevalence
- Similar to national prevalence
- Fails to satisfy Healthy People 2020 Target of 26.9%

Testing

95.6% of Monmouth County adults have had their blood pressure checked within the past two years
- Greater than national percentage
- Satisfies Healthy People 2020 Target of 92.6%
- No change overtime
High Blood Cholesterol

Prevalence

35.9% of Monmouth County adults have been told at some point that their cholesterol was high
- Notably higher than national prevalence
- 2.7 times the Healthy People 2020 Target of 13.5%
- Increased prevalence since 2010

Testing

91.9% of Monmouth County adults have had their blood cholesterol checked in the past 5 years
- Higher than state and national percentages
- Satisfies Healthy NJ 2020 Target
- Slight decrease since 2011
85.5% of Monmouth County adults indicate having one of more cardiovascular risk factors

- Higher percentage than national figure, less favorable
- Increase since 2011

Risk factors for cardiovascular disease include: high blood pressure, high blood cholesterol, tobacco use, physical inactivity, poor nutrition, overweight/obesity, diabetes
The annual age-adjusted cancer mortality rate in Monmouth County between 2011 and 2013 was 164.2 per 100,000 population:

- Similar to state and nationwide findings
- Similar to Healthy NJ 2020 target of 161.4 deaths per 100,000
- Decreased mortality rate in Monmouth County since 2005-2007
Cancer Incidence 2007-2011

There was an annual age-adjusted incidence rate of prostate cancer of 178.5 per 100,000 in Monmouth County.
- Higher than state and national incidence rates
- Higher in Monmouth County than Ocean County (159.9 per 100,000)

Monmouth County reported an annual age-adjusted incidence rate of female breast cancer cases per 100,000.
- Higher than state and national findings
- Higher in Monmouth County than Ocean County (127.8 per 100,000)

Monmouth County had an annual age-adjusted incidence rate of lung cancer of 68.6 per 100,000 between 2007 and 2011.
- Higher than statewide and national incidence rate
- More favorable than Ocean County (75.0 per 100,000)

There was an annual age-adjusted incidence rate of colorectal cancer of 46.2 per 100,000 in Monmouth County
- Similar to statewide incidence rate
- Higher than national incidence rate
- Similar findings when comparing Monmouth and Ocean County

Monmouth County reported an annual age-adjusted incidence rate of cervical cancer of 7.3 per 100,000.
- Better than statewide incidence rate
- Similar finding to national incidence rate

When looking at combined race data for Monmouth and Ocean County, prostate cancer incidence was higher among blacks than whites. Colorectal cancer incidence rates were also higher among blacks, while Whites experienced higher female breast, lung, and cervical cancer incidence rates.

Meridian Health 2015 Community Health Needs Assessment
Skin Cancer Prevalence

**Prevalence of Skin Cancer**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monmouth County</td>
<td>6.8%</td>
<td>8.4%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>5.1%</td>
<td>8.1%</td>
</tr>
<tr>
<td>United States</td>
<td>6.7%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

Meridian Health 2011, 2015 Community Health Needs Assessment

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

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

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

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

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

Division of Cancer Prevention and Control, Centers for Disease Control and Prevention
Screenings

Female Breast Cancer Screenings

Meridian Health 2015 Community Health Needs Assessment

73.3% of women in Monmouth County ages 50 to 74 have had a mammogram in the past two years
- Lower than statewide finding which includes women 50 and over
- Lower than national percentage
- Lower than Healthy People 2020 Target of 81.1%

Cervical Cancer Screenings – Pap Smear testing

Meridian Health 2011, 2015 Community Health Needs Assessment

81.9% of women in Monmouth County ages 21 to 65 have had a pap smear in the past three years
- Similar to statewide finding which includes women 18 and over
- Similar to national percentage
- Does not satisfy Healthy People 2020 target of 93.0%
- Decrease since 2011
Colorectal Cancer Screenings

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

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

- Similar to national percentage
- Greater than Healthy People 2020 target of 70.5%
The annual average age-adjusted Chronic Lower Respiratory Disease (CLRD) mortality rate in Monmouth County was 35.2 per 100,000 population between 2011 and 2013. CLRD includes emphysema, bronchitis, COPD, and cystic fibrosis:

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

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

- Lower than state and national rates
- Decrease trend overtime

8.9% of Monmouth County adults have been diagnosed with chronic obstructive pulmonary disease, which includes emphysema and bronchitis.
8.9% of Monmouth County adults suffer from asthma
- Higher than statewide prevalence
- Similar to national prevalence

8.8% of Monmouth County adults suffer from asthma
- Similar to state and national prevalence

10% of Monmouth County children under the age of 18 suffer from asthma
- Much higher than Ocean County
- Less favorable than national prevalence
- Increase since 2011, while Ocean County experienced a decrease
Injuries and violence affect everyone, regardless of age, race, or economic status. In the first half of life, more Americans die from violence and injuries – such as motor vehicle crashes, falls, or homicides – than from any other cause, including cancer, HIV, or the flu.

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

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control
Unintentional Injury

Unintentional Injury: Age-Adjusted Mortality
Annual Average Deaths per 100,000 Population

Injury and Violence Quick Facts

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

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

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

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
The annual average age-adjusted unintentional injury mortality rate in Monmouth County between 2011 and 2013 was 29.3 deaths per 100,000 population.

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

**Motor Vehicle Crashes: Age-Adjusted Mortality**

Annual Average Deaths per 100,000 Population

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

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

**Homocide: Age-Adjusted Mortality**

Annual Average Deaths per 100,000 Population

In Intentional Injury – Violence
The annual average age-adjusted homicide mortality rate in Monmouth County between 2011 and 2013 was 2.2 deaths per 100,000 population:

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

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

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

Diabetes mortality is higher in Monmouth County (19.1) than Ocean County (15.6) in Monmouth and Ocean County combined, diabetes mortality is higher among blacks and Hispanics than Whites.
In Monmouth County, there was an annual average age-adjusted diabetes mortality rate of 19.1 per 100,000 population between 2011 and 2013

- Decrease from 2005-2007 mortality rate
- Similar to state and national findings
- Fails to satisfy Healthy NJ 2020 target of 15.8

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

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

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

- Increase in prevalence from 2011
- Much higher than state prevalence
- Above national prevalence
- Similar to Ocean County
- In Monmouth and Ocean County combined, higher prevalence among older adults, those living below the poverty level, and Hispanic adults
Infectious Disease
Flu Vaccinations

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

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

Centers for Disease Control and Prevention: CDC.gov/flu

**Older Adults: Have Had a Flu Vaccination**

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monmouth County</td>
<td>66.6%</td>
<td>45.1%</td>
</tr>
<tr>
<td>Ocean County</td>
<td>67.2%</td>
<td>54.3%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>67.2%</td>
<td>57.2%</td>
</tr>
<tr>
<td>United States</td>
<td>71.6%</td>
<td>57.5%</td>
</tr>
<tr>
<td>Health People Target</td>
<td>90.0%</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

Meridian Health 2011, 2015 Community Health Needs Assessment

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

- Lower than state and national percentages
- Lower than Ocean County
- Significant decrease since 2011, following state and national trend
- Does not satisfy Healthy People 2020 Target of 80%
Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50 percent of new HIV infections occur as a result of people who have HIV but do not know it (21%). (Healthy People 2020)

In 2010, there were 330.3 cases of HIV per 100,000 population throughout Monmouth County:
- Lower than state and national prevalence
- Significantly higher in Monmouth County compared to Ocean County
- HIV prevalence is significantly higher among Blacks in Monmouth County

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

From left to right: Placer, CA (51.5); DuPage, IL (79.4); Lake, IL (111.4); Montgomery, PA (138.5); Norfolk, MA (172.5); Morris, NJ (191.2); Contra Costa, CA (207.1); Somerset, NJ (213.2); San Mateo, CA (218.2); Suffolk, NY (220.7); Bergen, NJ (229.3); Nassau, NY (249.5); Middlesex, MA (256.8); Rockland, NY (267.8); Middlesex, NJ (991.5); Monmouth, NJ (335.9); Montgomery, MD (407.0); Marin, CA (408.0); Westchester, NY (452.8)
The incidence rate for Gonorrhea in Monmouth County increased from 20.6 per 100,000 between 2007 and 2009 to 47.4 per 100,000 in 2012
- Higher in Monmouth County than Ocean County
- Below state and national incidence

The incidence rate of Chlamydia in Monmouth County increased from 159 per 100,000 between 2007 and 2009 to 195.4 per 100,000 in 2012
- Higher in Monmouth County than Ocean County
- Below state and national incidence
Births
Preterm Births

In 2012, preterm birth affected more than 450,000 babies—that is 1 in every 9 infants born in the United States. Preterm birth is the birth of an infant before 37 weeks of pregnancy. All causes of preterm-related death accounted for 35% of all infant deaths in 2010, more than any other single cause. Preterm birth is also a leading cause of long-term neurological disabilities in children. Preterm births cost the U.S. health care system more than $26 billion in 2005.

The earlier a baby is born. Some Problems may include:
- Breathing problems
- Vision problems
- Hearing impairment
- Developmental delay
- Feeding difficulties
- Cerebral Palsy

CDC, Division of Reproductive Health National Center for Chronic Disease Prevention and Health Promotion

In 2013, 11.6% of live births in Monmouth County were preterm. Between 2011 and 2013 in New Jersey, preterm births rates were highest among women over 40 and Black infants.

March of Dimes Born too small and too Soon in New Jersey

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

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

Percentage of Live Births as Low Weight

![Bar chart showing percentage of live births as low weight for Monmouth County, New Jersey, United States, and Healthy NJ Target.]

Monmouth County: 7.4% (2005-2007), 7.8% (2011-2013)
United States: 8.2% (2005-2007), 8.0% (2011-2013)
Healthy NJ Target: 8.1% (2005-2007), 7.7% (2011-2013)

Meridian Health 2011, 2015 Community Health Needs Assessment

The annual average death rate in Monmouth County between 2011 and 2013 was 3.1 per 1,000 live births
- Below state and national mortality rate
- Satisfies Healthy NJ 2020 target of 4.8 per 1,000 live births
- Shows decrease since 2005-2007 rate
- Rate significantly higher among Black mothers who have given birth

Infant Mortality Rate
Annual Average Deaths per 1,000 Live Births

![Bar chart showing infant mortality rate for Monmouth County, New Jersey, United States, and Healthy NJ Target.]


Meridian Health 2011, 2015 Community Health Needs Assessment
Modifiable Health Risks
In Monmouth and Ocean County, residents who are 40 years and older, Black, Hispanic, or low income are less likely to consume the recommended 5 or more servings of fruits/vegetables per day.

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

- Higher percentage of low food access population than state and nation
- Percentages of individuals who find it “very” or “somewhat” difficult to buy affordable produce are highest among low and very low income as well as Hispanics
Regular physical activity helps improve overall health and fitness, and reduces the risk for many chronic diseases and conditions. Listed below are the 2008 Physical Activity Guidelines for Americans.

Centers for Disease Control and Prevention DNPAO

### Physical Activity

**Children 6-17**

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

  PLUS

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

**Adults 18-65+**

- 150 minutes moderate intensity aerobic activity
  - OR
  - 75 minutes vigorous intensity aerobic activity

  PLUS

- 2+ days of muscle strength activities per week

Centers for Disease Control and Prevention DNPAO
Meeting Physical Activity Recommendations

**Percentage of Adults Meeting Physical Activity Recommendations**

<table>
<thead>
<tr>
<th></th>
<th>Monmouth County</th>
<th>Ocean County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>47.20%</td>
<td>46.20%</td>
<td>51.80%</td>
</tr>
<tr>
<td>2015</td>
<td>51.80%</td>
<td>46.20%</td>
<td>50.30%</td>
</tr>
</tbody>
</table>

Meridian Health 2011, 2015 Community Health Needs Assessment

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

- Increased from 2011 percentage
- Higher than Ocean County
- Similar to national statistic and overall increasing trend
- Low income, older, and Black and Hispanic residents are less likely to engage in physical activity that satisfies recommendations

**Weight Status**

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

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

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

<table>
<thead>
<tr>
<th>Weight Status Classification</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Below 18.5</td>
</tr>
<tr>
<td>Normal or Healthy</td>
<td>18.5-24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25-29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>30+</td>
</tr>
</tbody>
</table>
Adult Health Status

Healthy Weight

31.5% of Monmouth County Adults are at a healthy weight as per self-reported height and weight data
- Below state and national percentages
- Does not satisfy Healthy People 2020 Target
- Significant decrease in healthy weight overtime

Overweight

67.1% Monmouth County adults have a BMI greater than or equal to 25
- Higher than state and national prevalence
- Significant increase in Monmouth County since 2011
**Obese**

25.8% of Monmouth County adults are obese

- Similar to statewide prevalence
- Lower than national prevalence
- Fails to satisfy Healthy NJ target of 23.8%
- More prevalent among ages 40-64, Blacks, and Hispanics

**Childhood Obesity**

In 2011, 28.7% of children ages 6-17 in Monmouth County were overweight or obese (85th percentile or higher), as per height/weight data collected from surveyed parents. In comparison 25.2% of Ocean County children ages 6-17 were overweight or obese, resulting in a total area overweight/obesity prevalence of 27.3%. The current childhood overweight/obesity prevalence is 24.6%. Findings are comparable by county and to the national prevalence. Childhood overweight/obesity prevalence is statistically unchanged overtime.

**Substance Abuse**
**Excessive Drinkers**

Heavy/Binge Drinkers

- **Monmouth County:** 24.4%
- **Ocean County:** 15.6%
- **United States:** 23.2%
- **Healthy People Target:** 25.4%

**24.4% of Monmouth County adults are excessive drinkers**
- Higher in Monmouth County than Ocean County
- Similar to national findings
- Just satisfies Healthy People 2020 Target of 25.4%

**Tobacco Use**

- **Heavy Drinker:**
  - 2+ drinks/day for men
  - 1+ drink/day for women

- **Binge Drinker:**
  - 5+ drinks/day for men
  - 4+ drink/day for women

**Drinking is more common among**
- Males
- Adults under 65
- Higher income Residents
- Whites
- Blacks

**Age Adjusted Mortality: Drug-Induced Deaths**

Annual Average Deaths per 100,000 Population

- **Monmouth County:** 9.7
- **New Jersey:** 10.5
- **United States:** 12.2
- **Healthy People Target:** 11.3 (2005-2007) 11.3 (2011-2015)

**The average age adjusted drug-induced mortality rate between 2011 and 2015 in Monmouth was 14.8 deaths per 100,000 population**
- Greater than state and national rate
- Does not satisfy Healthy People 2020 Target of 11.3 deaths
- Significant increase from 2005-2007 rate
- Heroin/other opioids, alcohol, and prescription medication were identified as most problematic substance by key informants
14.5% of Monmouth County adults are current smokers

- Similar to state and national findings
- Does not satisfy Healthy NJ 2020 target of 13.6%
- Smoking trends have not changed significantly overtime

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

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

- Among Monmouth County adults age 18-64, 4.7% indicate having no health insurance coverage
- This denotes a significant decrease in lack of healthcare insurance coverage over time (7.7% in 2011)
- Low income residents, Blacks, and Hispanics are less likely to have healthcare insurance coverage
- 39.8% of Monmouth County adults experienced difficulty or delay in receiving healthcare in the past year
- Women, adults under 65 years of age, low income residents, and Hispanics experienced more difficulty accessing healthcare services

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

- Notable decrease in cost of visit as a barrier from 2011 to 2015
- Finding a doctor seen slightly as slightly more of a barrier in 2015
- Transportation seen as slightly less of a barrier in 2015
- Culture/Language introduced as a barrier in 2015
Difficulty Getting Doctor’s Appointment for Child in Past Year

Among parents of children 0-17 in Monmouth and Ocean County, 9.8% reported difficulty in getting a Doctor’s appointment for their child in the past year. This is a significant increase from the 2.6% in 2011. In both 2011 and 2015, percentages were comparable by individual county. Parents of children 0-4 reported the most difficulty.

Utilization of Primary Health Care Services

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

- Lower than percentage for state
- Similar to national percentage
- Increase in primary care utilization from 2006 to 2011
- Significant decrease from 2011 to 2015
- Adults under 40, very low income residents, and Hispanics are less likely to have received primary care health services in the past year

Distribution of FQHC in Monmouth County

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

Communitycommons.org
Community Themes and Strengths Assessment
Community Themes and Strengths Assessment

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

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

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

Health-related behaviors
- People do not recognize that behavior affects health (i.e. diet/diabetes).
- Community should provide the proper environment and promote policies that encourage health behaviors.
- Physical fitness is limited for kids (schools, electronics, etc.).
- Life stressors: people are overwhelmed and cannot make good choices.
- Social skills
- Health literacy: understanding health information/navigating insurance plans.
Financial/Insurance/Access Issues
- Income affects access which affects health
- Insurance: more people there are too few providers for sub-specialties, which creates long wait for appointments
- Need funding to care for those who have nothing.

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

Senior Health Issues
- Health for seniors and caregivers are put on the back burner as they struggle with appointments and transportation – especially for the caregiver
- Aging: If cannot stay in place health is not as important.

Disease-specific Issues
- Vaccination rates are low for Monmouth County.
- For people with eating disorders lack of providers.
- Focus on risks for heart disease.
- Heroin
- Nutrition/obesity/diabetes.
- Mental health / substance abuse / suicide.

The participants also identified the following assets present in Monmouth County that can be engaged to address these issues:
- Healthcare providers
- Farms
- Social media
- Non-profit organization network
- Faith-based organizations
- Parks and park systems
- VNA – Special Child Health Services
- Schools (including use of their facilities off hours)
- Religious groups / churches
- The Coalition has a lot of expertise and members are willing to cooperate and coordinate to bring health and behavioral health to the residents
Forces of Change Assessment
Forces of Change Assessment

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

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

### Summary Point

**Problem:** silos  
**Opportunity:** Collaboration

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

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

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

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Abraham</td>
<td>Gary</td>
<td>Monmouth County Division MH+AS</td>
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<tr>
<td>Andl</td>
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<td>Burian</td>
<td>Anna</td>
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<td>Callamaras</td>
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<td>Caroll</td>
<td>Debra</td>
<td>CHANT (Annie Hainesworth)</td>
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<td>Cerco</td>
<td>Allison</td>
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<td>Cohen</td>
<td>Ellen</td>
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<td>Collot</td>
<td>Drew</td>
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<td>Feingold</td>
<td>Shelley</td>
<td>Monmouth County Office Mental Health</td>
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<td>Frank</td>
<td>Tom</td>
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<td>Greene</td>
<td>Angela</td>
<td>Rutgers Cooperative Extension NJSNAP</td>
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<td>Guinee</td>
<td>Daniel</td>
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<td>Hearne</td>
<td>Tim</td>
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<td>Jeryl</td>
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<td>Krippa</td>
<td>Robin</td>
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<td>Levinson</td>
<td>Deb</td>
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<td>Mann</td>
<td>Lauren</td>
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<td>John</td>
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<td>Kevin</td>
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<td>Polonsky</td>
<td>Concetta</td>
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<tr>
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<td>Marta</td>
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<td>Thomas</td>
<td>Leonard</td>
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<tr>
<td>Whiteman</td>
<td>Lynette</td>
<td>Caregiver Volunteers of Central Jersey</td>
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Appendix C

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

<table>
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<th>Last Name</th>
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<td>Ahern</td>
<td>Laura</td>
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<td>Henry</td>
<td>David</td>
<td>Monmouth County Regional Health Commission</td>
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<td>Hughes</td>
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