

**Mobilization for Action through Planning and
Partnership (MAPP):
Community Themes and Strengths Assessment in
Monmouth County, New Jersey**

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Abstract

My fieldwork project was a community needs assessment in Monmouth County, New Jersey. I helped to jump start a community needs assessment process by conducting a Community Themes and Strengths Assessment (CTSA) throughout Monmouth County. This assessment was designed by the New Jersey State Health Department, to have the residents of Monmouth County communicate what they perceived as risky behavior and important health issues in the community, to give them a sense of ownership in the planning process, and to help test new ways to identify community health priorities. The CTSA involved a six-question anonymous survey to be completed by 1,378 Monmouth County citizens.

The Monmouth County Health Department utilized the CTSA as one component of a strategic planning tool entitled Mobilizing for Action through Planning and Partnerships (MAPP), developed through a collaboration between the National Association of County and City Health Officials (NACCHO) and the Center for Disease Control (CDC). MAPP was designed to help communities prioritize public health issues, identify resources to address them, and ultimately develop a Community Health Improvement Plan. (Fact Sheet on MAPP, 2005.) The Community Themes and Strengths Assessment identified low crime and safe neighborhoods as the most important barrier to a healthier community; cancer as the most important health issue; and drug abuse as the most important risky behavior. Cost was the most crucial barrier to service.

MAPP was conceived to bridge the gap between practitioner and consumer-based models, MAPP joins health professionals with consumer members of priority population to make decisions about the interventions that will affect them. Collectively, four MAPP assessments will provide insight on the gaps that exist between the community and what is envisioned for the community by the MAPP committee. This committee formed among local public health system partners will eventually formulate goals and strategies to address the significant issues identified through the MAPP process. The collaboration of public health providers is crucial to adequately meet the demands of the community while not duplicating services.

Introduction

Citizens of Monmouth County completed the Community Themes and Strengths Assessment as part of a community needs assessment facilitated by the Monmouth County Health Department. The CTSA is a six question qualitative survey that gathers the citizens of Monmouth County's opinions on what they felt were the most prevalent health issues in the community. The Monmouth County Health Department and the members of the MAPP Committee will then use the CTSA results as a guide, along with three other MAPP assessments, for developing a Community Health Improvement Plan for Monmouth County. The MAPP Committee is composed of representatives in Monmouth County from the healthcare industry, a variety of large organizations, Governmental Public Health Partnership, and citizen representatives.

Assessing the health of a community was identified as one of the core functions of public health in the Institute of Medicine's *The Future of Public Health*. The National Public Health Performance Standards Program indicates that partners from throughout the local public health system should collaborate in assessing a community's health needs, and participants should include representatives from organizations that contribute to the delivery of public health services in the community.

MAPP was developed in the mid-1990's to improve the *Assessment Protocol for Excellence in Public Health* (APEXPH), which local health departments were using to assess their internal capacity and their communities health status. Many public health professionals called for a revised APEXPH, a tool that would address needs of community networking and evaluating community resources. In 1997, the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC), initiated a groundbreaking effort to develop a strategic planning tool for community health. At the time, the nation's healthcare system and public health agencies were in a climate of unprecedented change that prompted local health departments (LHDs) to rethink their roles and reorient activities toward core functions as mentioned in the 1988 Institute of Medicine (IOM) report, *The Future of Public Health*. The core functions of public health have been thoroughly articulated in the following decades as the 10 Essential Public Health Services. Public health leadership recognized that LHDs must utilize the core functions and essential services to become responsive and relevant agents for a healthier nation.

Public health has demonstrated strengths in planning for health programs and the internal operations of local health departments. However, it was becoming apparent that a new tool was needed to assist health departments and their communities in planning at a level that takes into account the dramatic changes in the public health practice environment. To achieve optimal health, each community must use its resources wisely, take into account its unique circumstances, and form effective partnerships for taking strategic action. To respond to these needs, NACCHO and the CDC undertook a systematic and broadly inclusive process to develop a new community-wide strategic planning tool- *Mobilization for Action through Planning and Partnership* (MAPP).

Project Description

Community Themes and Strengths Assessment

The Monmouth County Health Department has chosen to utilize the Community Themes and Strengths Assessment as an information gathering mechanism pertaining to the Monmouth County citizens' public health related interests and opinions. I have analyzed data from the CTSA that has been collected from 1,378 residents of Monmouth County. The assessment gathered the community's thoughts, opinions and concerns, while providing insight to the issues of importance to the community. This information will lead to a portrait of the community as seen through the eyes of the residents.

Several benefits are gained by including the Community Themes and Strengths Assessment in the MAPP process.

Community members have become more vested in the health improvement process when they have a sense of ownership in and responsibility for the outcomes. This occurs when their concerns are genuinely considered and visibly affect the process. The impressions and thoughts of community residents help to pinpoint important issues and highlight possible solutions. Mobilizing and engaging the community is a challenging task, however, when successful, it ensures greater sustainability and enthusiasm for the process. The CTSA and the MAPP process will enable the local health departments to deliver public health services based on the specific needs of each community and its unique population and health status characteristics.

Mobilization for Action through Planning and Partnership (MAPP)

The Governmental Public Health Partnership of Monmouth County, New Jersey is taking on an initiative that will assess community health, utilizing a strategic planning tool called *Mobilization for Action through Planning and Partnerships (MAPP)*. This tool helps communities prioritize public health issues, identify resources to address them and develop a Community Health Improvement Plan. For a Community Health Improvement Plan to be realistically implemented it must be developed through broad participation by persons who share the commitment to and have a role in the community's health and overall well being. As mentioned previously, selected members of the community that have an impact on the community and its health were invited to become members of the MAPP Committee.

To initiate the MAPP process, the Local Health Departments of Monmouth County and the MAPP Committee members came together in September 2005 to develop a framework for pursuing long-range community goals. During this phase, the MAPP Committee members answered questions such as, "What would we like our community to look like in five years from now in 2010?" The MAPP Committee agreed on the following as its vision statement: "Monmouth County: A model community committed to empowering all residents to achieve optimum health." The top five values of the MAPP Committee partnership: 1) increasingly cohesive and coordinated public health structure that responds to local, regional, and county needs; 2) measurable outcomes/monitoring/evaluation; 3) collaboration; 4) shared ownership; 5) sustainability.

Planning has always been an important role of public health. Historically in public health, planning was a support activity and today professionals are beginning to recognize it as a key-enabling factor. MAPP was developed to provide a structured direction in a strategic planning process that would satisfy public health agencies and the communities they serve. The success of MAPP as a planning tool is based on both building on the history of planning in public health and on introducing new approaches that connect public health agencies to the challenges of today and to the partners of they will need to meet those challenges.

"The following four MAPP assessments will be conducted, providing critical insights into the challenges throughout the community: the Community Themes and Strengths Assessment provides a deep understanding of the issues residents feel are important.

Next, the Local Public Health System Assessment is a comprehensive assessment of all of the organizations and entities that contribute to the public's health. The Local Public Health System Assessment uses the local public health performance standards to assess the local public health system's capacity and performance. The Community Health Status Assessment identifies priority issues related to community health and quality of life, acting as the foundation for analyzing and identifying community health issues and determining where the community stands in relation to state and national data. Finally, the Forces of Change Assessment focuses on the identification of forces such as legislation, technology, and other issues that affect the context in which the community and its public health system operates." (Fact Sheet on MAPP, 2005)

After the issues have been identified, the MAPP Committee members will formulate goals and strategies for addressing each issue, leading to the final phase of MAPP, the action cycle. During this phase, participants plan for action, implementation, and evaluation. These activities build upon one another in a continuous and interactive manner and ensure continued success of MAPP. Upon completion of the MAPP process there will be a report submitted to the CDC. The Monmouth County Health Department's objective is to have the MAPP report finalized by February 2007. The Community Themes and Strengths Assessment is a basic component to the lengthy and involved MAPP process.

Methods/ Data Management

The Health Officers and I organized, distributed, and collected of the Community Themes and Strengths Assessment throughout the county. The survey data was collected throughout the months of September and October 2005. The Monmouth County Health Department utilized surveys as the information gathering mechanism for the CTSA, reaching a large number of people in a small time frame. The CTSA's were financially affordable for the Local Health Departments because the only monetary cost of the surveys were the paper and ink.

The Community Themes and Strengths Assessments were collected from a convenient sample consisting of a variety of age groups, ethnicities, socioeconomic status and geographic locations. The sample that participated in the survey consisted of 1,378 residents located throughout Monmouth County. The Health Officers of Monmouth County dispersed and collected the surveys from large organizations in their jurisdictions. I administered the CTSA at the following eleven locations: 1) Aberdeen-Matawan Town Fair, 2) Bayshore Hospital Health Fair, 3) Asbury Park Community Wellness Day, 4) Middletown Shoprite, 5) Monmouth County Library- Shrewsbury Branch, 6) Royal Day Care- Atlantic Highlands, 7) Meals at Noon- Long Branch 8) School Health Education Conference- Tinton Falls, 9) Brookdale Community College, 10) Middletown Senior Day Care Center, and 11) Trinity Episcopal Asbury Park Pantry.

The Partnership Coordinator at the Monmouth County Health Department was strategizing a convenient sample consisting of residents dispersed in all townships across Monmouth County.

The Health Department sought representation of a variety of age groups, races and socioeconomic status residents. The goal was to have representation from a wide variety of social networks to calculate an average of health issues in each community.

Consideration and effort was given to recruit underprivileged and minority residents.

Once the surveys were gathered, I inputted all of the data into a Microsoft Access database that was formed by the Health Department. My supervisor and I tracked the response locations weekly to distinguish which municipalities were lacking participation and we focused on collecting additional data from these municipalities. The data was then exported from Microsoft Access into SPSS. A frequency distribution calculation was then completed in SPSS for each possible response for each question. Frequency distributions demonstrated which responses were the most frequently chosen from the residents of Monmouth County that participated in the Community Themes and Strengths Assessment. The more often selected responses are topics that the Monmouth County Health Department and the MAPP Committee should be attentive to and plan to improve upon in the Action Cycle.

The Monmouth County Health Department generalized that this convenient sample is representative of all of the residents of Monmouth County. This is based upon the theoretical distribution of a standard normal distribution. When working with a sample, statisticians infer that the population from which the sample is drawn is normally distributed. Therefore, if the population is normally distributed, the mean of the sampling distribution will be equal to the mean of the population. The Health Department will assume that the CTSA convenient sample results are similar to the population's results, if they were to survey the entire population of Monmouth County.

Demographic Profile and Health Statistics

Monmouth County is located in east-central New Jersey and incorporates a major part of New Jersey's northern coastline along the Atlantic Ocean. It is situated between New York City and Philadelphia, and borders Burlington, Mercer, Middlesex, and Ocean Counties. "According to the 2000 U.S. Census of Population, Monmouth County's population increased 11% over the last ten years, rising from 553,124 to 615,301, making it New Jersey's fourth largest county in terms of population." (Monmouth County Planning Board, 2004).

The population of Monmouth County is predominantly white (84.4%) with small concentrations of black and ethnic groups. From 1990-2000, the number of white residents increased by 7.4% and the number of blacks increased by 5.0%. However, Hispanic residents increased by 70.4% and the number of Asians increased by 61.6%, making these the fastest growing racial/ethnic groups in the county. In some municipalities, Hispanics outnumber African-Americans and constitute the largest minority population. African-Americans comprise 8.1% of the Monmouth County population, as opposed to 13.6% statewide. In addition, 4.0% of the county's residents are Asian, compared to 5.7% Asians in the state. (Monmouth County Planning Board, 2004).

The baby boomer cohort dominates Monmouth County; people currently aged mid-40 to mid-50. In 2000, the median age of residents of Monmouth County was 37.7 years. Appendix A demonstrates the Monmouth County population distribution by age from both 1990 and 2000. As a whole, the county is growing older.

It is significant that the elderly (ages 75-84) and the very elderly (85+) increased by 18.7% and 36.7% respectively over the last decade.

“According to the National Center for Health Statistics (NCHS), the top ten leading causes of death in New Jersey in 2002 were; 1)heart disease, 2)cancer, 3)stroke, 4) chronic respiratory disease, 5)unintentional injury, 6)diabetes, 7)septicemia (severe blood disorder), 8)influenza and pneumonia, 9)kidney disease, and 10)Alzheimer’s disease.” (New Jersey Department of Health and Senior Services, 2002.) Monmouth County has several invasive cancer incidence rates that are significantly above the NJ state averages. “Invasive cancer incidence rates for all sites in general New Jersey has a rate of 544.9 cases per 100,000 people and Monmouth County has an average of 578.2 cases per 100,000 people. Melanoma of the skin, New Jersey has 17.5 average cases per 100,000 people and Monmouth County has 25.0 average cases. New Jersey has an average of 71.5 cases per 100,000 people of lung and bronchus cancer and Monmouth County has an average of 75.7 cases per 100,000 people.” (Monmouth County Health Report, 2004).

“According to the 2004 BRFSS study, Monmouth County adults are more likely to have consumed alcohol in the previous 30 days, to be a heavy drinker and to binge drink compared to the rest of the region and the state. Excessive alcohol use, as measured by admissions to alcohol abuse treatment facilities, is also higher in Monmouth County than many other counties in New Jersey. Alcohol addiction accounts for 29.2% of all substance abuse admissions in the county.” (National Center for Chronic Disease Prevention & Health Promotion, 2003).

This can be viewed as a positive aspect of the county, that there are alcohol rehabilitation facilities in the county, or a downfall of the county, that Monmouth County has more alcohol dependant citizens.

Results of the Community Themes and Strengths Assessment

The community needs assessment model is expected to improve the quality of information concerning the target population, also improving the overall quality of life in the community. The Health Department can now acknowledge the current overall health interests of the residents of Monmouth County. The Monmouth County Health Department will utilize this data in planning for future public health projects in the community.

The first question of the Community Themes and Strengths Assessment asked, **“In the following list, what do you think are the three most important factors for a healthy community?”** Low crime/safe neighborhoods was chosen the most frequently by 55.9% of the respondents. Good schools was chosen by 45.6% of the respondents; good place to raise children was chosen 43.8% of the survey participants; clean environment was chosen by 27.1% of the respondents; and access to healthcare was chosen by 24.8%. Good jobs and a healthy economy was chosen by 20.8% of the respondents. All of these responses are illustrated in Appendix B.

The second question asked, **“In the following list, what do you think are the three most important health problems in our community?”**

Cancer was the most frequently chosen health issue in the community by 39.0% of the respondents; heart disease and stroke was chosen by 32.9% of the respondents; aging problems was chosen by 32.1% of the survey participants; and domestic violence was selected by 20.1% of the respondents. Motor vehicle crash injuries was selected by 19.8% of the participants. The responses to this question are illustrated in Appendix C.

The next question asked the participants, **“In the following list, what do you think are the three most important risky behaviors in our community? (Those behaviors which have the greatest impact on overall community health)”** The most frequently chosen response was drug abuse selected by 59.3% of the participants. Alcohol abuse was chosen by 57.0%; being overweight was chosen by 37.5% of the respondents; tobacco use was chosen by 33.8%; and unsafe sex was chosen 26.1% of the respondents. Lack of exercise was selected by 25.4% of the sample. These responses are displayed in a histogram in Appendix D.

The fourth question on the Community Themes and Strengths Assessment ask the participants, **“In the following list, what do you think are the three most important barriers to service in our community? (Those barriers that might prevent people from using the existing services)”** The most frequently selected response was cost of the services with 60.4% of the respondents selecting it. Lack of information about available services was chosen by 51.4%; wait for services too long was chosen by 32.1% of the participants; lack of transportation was chosen by 28.9%; and inconvenient hours or days was chosen by 22.2% of the participants. Appendix E illustrates these responses. The pie chart in Appendix F demonstrates the sample population’s ages.

Discussion, limitations, and recommendations

I would encourage the Health Department to communicate with the Monmouth County educational system and police force to acknowledge the community's top concerns of low crime/safe neighborhoods, good schools, and a good place to raise children. I would recommend the Health Department to focus educational programs on heart disease, cancer, and aging problems. Cancer screenings would be beneficial for some, but would cause a dilemma for those that do not have health insurance, and can not afford medical services upon diagnosis. I would encourage substance abuse and tobacco educational programs for school age children and counseling programs as a top priority. I would also improve upon the communication to the underserved residents of the services available, this is critical to improve the health status of the poor. The Health Department should also be involved in the political agenda of lowering cost of healthcare services and be attentive to the residents outcry.

Surveys were useful as the information gathering mechanism for the CTSA reaching a large number of people in the county in a timely manner. However, the surveys did not gather in-depth information about the population's health concerns. The participants could have felt as though the issues that concern them were not mentioned on the assessment. I would recommend the CTSA to have been followed with focus groups or forums. The Health Department could have recruited community representatives from each Local Health Department's district to gather additional detailed information in combination with the surveys. This would have been a fairly easy task to implement and if completed in group settings would not have been extremely timely.

Focus groups in combination with the Community Themes and Strengths Assessment would have been a more complete analysis of the population's needs. The CTSA did have several limitations, however the findings are significant feedback of the residents' interests.

A sizable limitation of the Community Themes and Strengths Assessment is that the participants were a convenience sample not a random sample. Therefore, the results of the assessment can be skewed based upon the participating sample. In a convenience sample, the researcher uses individuals that are available rather than selecting from the entire population. Because some members of the population have no chance of being sampled, the extent to which a convenience sample – regardless of its size – actually represents the entire population cannot be known. The Health Department did not have the time or monetary resources to mail out surveys to random households in the county and there was concern that there would be a low return rate if they did a mail home survey.

Another considerable limitation of the Community Themes and Strengths Assessment is the respondent bias. Hard-to-reach populations often do not respond to surveys, attempting to reach the underserved populations of Monmouth County, I distributed surveys in soup kitchens in Asbury Park and Long Branch City. While I was distributing the surveys in the poor and underserved communities I noticed that respondents often had difficulty reading and comprehending the survey content. If they did fully complete the survey, the validity of their responses are questionable.

The participant may have been illiterate or unable to fully comprehend the survey at the reading level it was formed at. I would suggest lowering the reading level that the survey was written at.

Spanish speaking communities make up a large portion of the underserved population in Monmouth County. The Health Department did have a Spanish version of the Community Themes and Strengths Assessment written but it was not dispersed unless it was requested by participants. The survey was anonymous but many Spanish speaking people still refused to participate. Some of the Hispanic population may not be registered citizens and that could be an explanation for refusing to participate.

The survey asked that the participants select three answers to each question. Some participants may have found exactly three answers that were of interest to them, but many people completing the survey may have agreed with only one or two of the options. Given the directions to choose exactly three, the participant will select an option arbitrarily to correctly follow the directions. Many participants only chose one or two for some of the questions. This obviously will affect the Community Themes and Strengths Assessment results.

I would recommend that the Health Department shorten the length of the survey by reducing the number of response options that each question had. The Community Themes and Strengths Assessment gave many response options, in between ten to sixteen, for each question. There is a response-order bias that participants choose responses based on the order they are on the survey. Response-order effects occur when the order in which alternatives are presented in a multiple-choice question influences choice.

Response order effects are assumed to arise from the difficulty respondents face in keeping in mind all the alternatives presented, and have been found to be more common when the list of alternatives is long. Some even suggest that one way of minimizing primacy effect is to shorten the list of alternatives.

Conclusion

Public health has set goals to improve the health status of communities at large. In Monmouth County, the problem exists that most of the county is middle-class families but there are pockets of severe poverty that exist with out much concern. It is the Health Department's responsibility to address and focus on improving the status of this population's accessibility to and quality of health care. The population living below the poverty level are where the Health Department's efforts should be focused. The needs of the poverty stricken populations should be targeted accurately and held as a higher priority as their needs are crucial to survival.

The Community Themes and Strengths Assessment formed by the Monmouth County Health Department consisted of numerous limitations and biases, however I proposed the following recommendations. The Monmouth County educational system and police force should be informed of the community's top concerns of low crime/safe neighborhoods, good schools, and a good place to raise children. I would recommend the Health Department to focus educational programs on heart disease, cancer, and aging problems.

I would encourage substance abuse and tobacco educational programs for school age children and counseling programs as a top priority. I would also improve upon the communication to the underserved residents of the services available, this is critical to improve the health status of the poor.

The Monmouth County Health Department fieldwork was a great educational opportunity for myself as a public health student to observe how a public health organization operates a community needs assessment. The staff at the Monmouth County Health Department acknowledged that the Community Themes and Strengths Assessment was not scientifically accurate however, every planning tool involving the community will hold challenges and limitations.

The vision for implementing the MAPP approach involves improving health and quality of life through mobilized partnerships and taking strategic action. MAPP will be beneficial to the Health Department and the other members of the MAPP Committee because of the partnerships those involved are building. Public health organizations that are serving the same community need to educate one another of their organization's functions, to better serve the community's public health needs. MAPP is a valuable planning tool and I look forward to learning the results of the MAPP process.

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Appendix A

Monmouth County Population Distribution

By Gender and Age Group 1990-2000

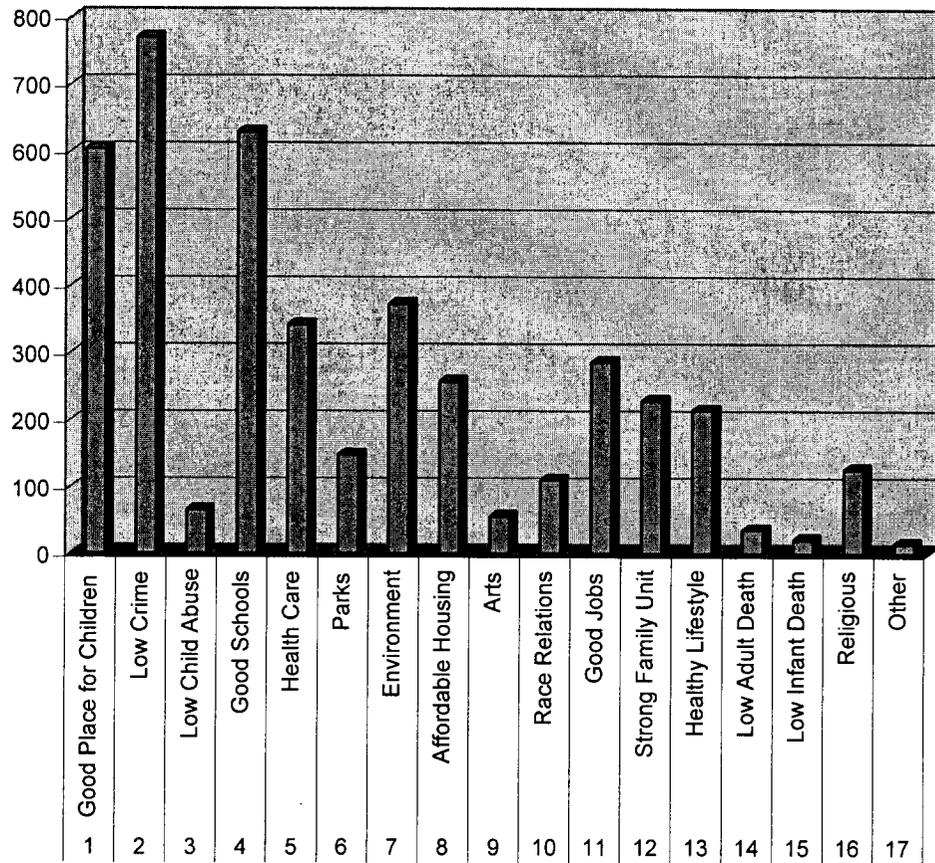
	Population 1990		Population 2000		Percent Change 1990-2000
Total Population	553,124	100%	615,301	100%	11.2%
Male	268,150	48.5%	298,839	48.6%	11.3%
Female	284,974	51.5%	316,462	51.4%	11.0%
By Age					
Under 15 years	112,764	20.4%	135,509	22.0%	20.2%
15-39 years	210,883	38.1%	198,051	32.2%	-6.1%
40-49 years	81,754	14.8%	105,075	17.1%	28.5%
50-64 years	77,336	14.0%	99,743	16.2%	29.0%
65-74 years	40,443	7.3%	40,084	6.5%	-0.9%
75 years and over	29,944	5.4%	36,839	6.0%	23.0%
Median Age	35.0		37.8		3.8%

*Source: U.S. Bureau of the Census, United States 1990 Census of Population and Housing, Summary Tape File 1 (100% Data) Retrieved September 21, 2003;

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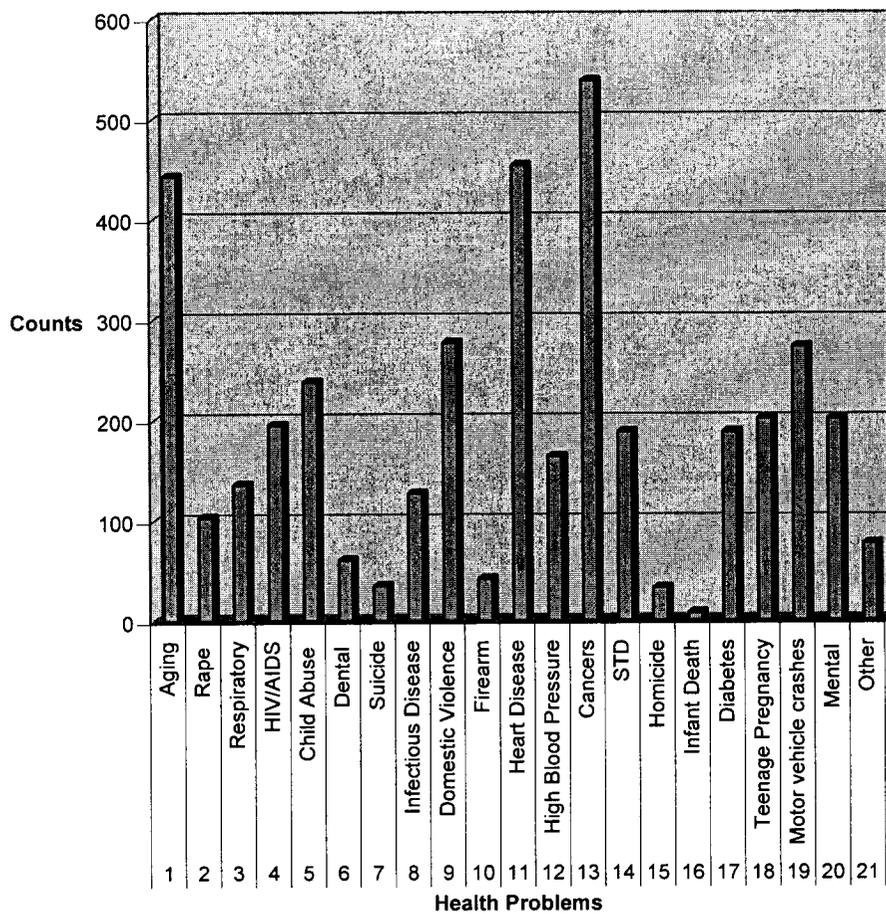
Appendix B

Factors for a Healthy Community



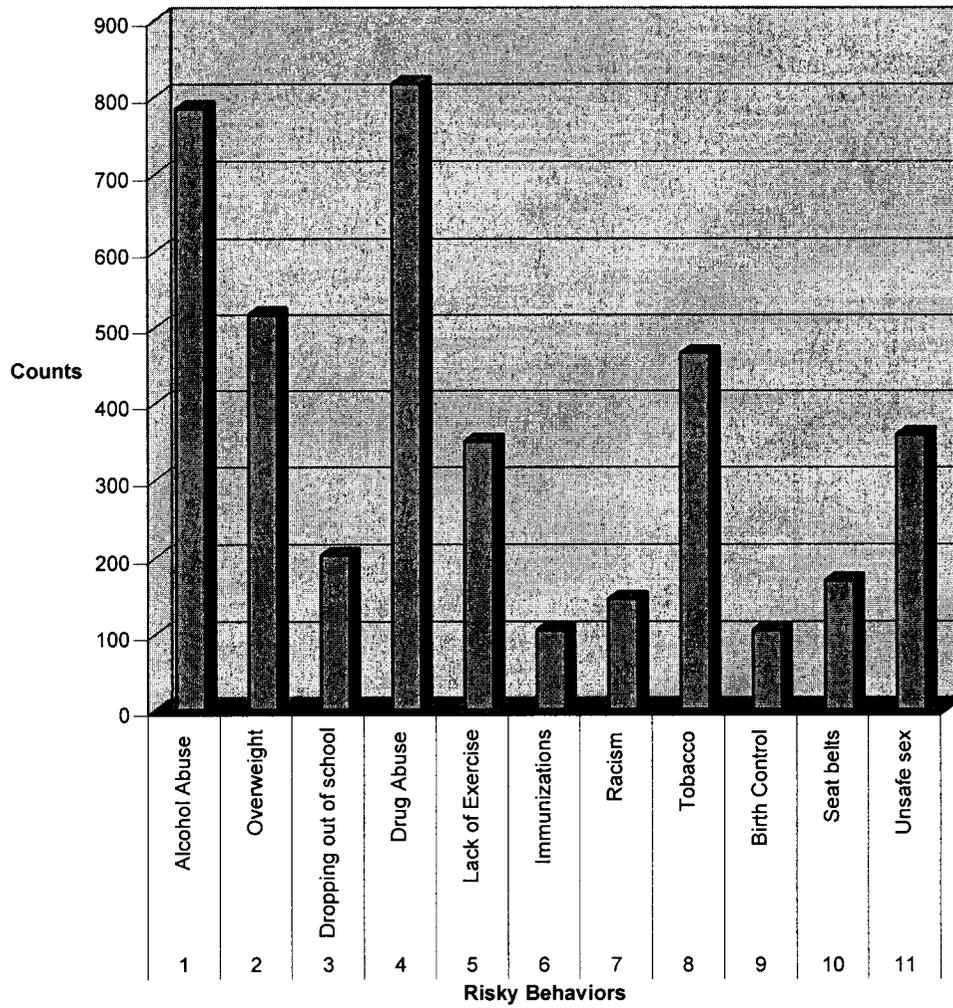
Appendix C

Health Problems in Monmouth County



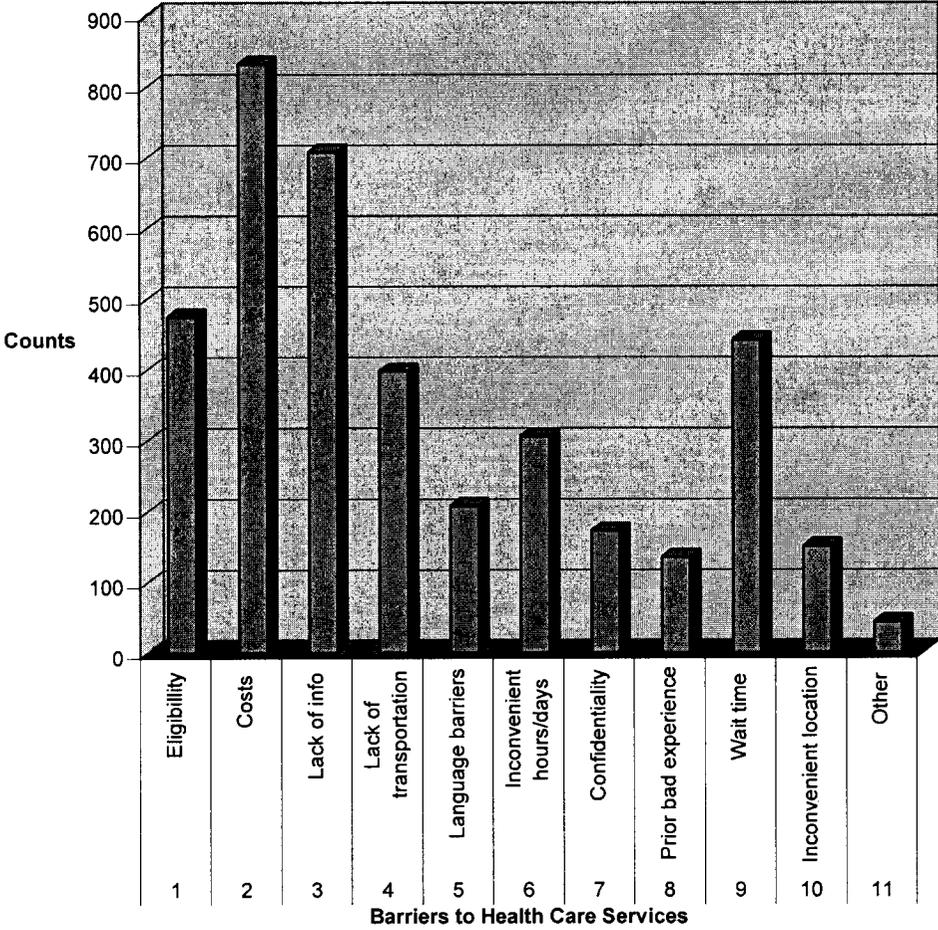
Appendix D

Risky Behaviors in Monmouth County



Appendix E

Barriers to Service in Monmouth County



Appendix F

Participant Ages

