COMMUNITY HEALTH ASSESSMENT

SOMERSET COUNTY/

RWJUH SOMERSET SERVICE AREA

2018

RWJBarnabas HEALTH

ACKNOWLEDGMENTS

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The RWJ Barnabas Health CHNA Steering Committee oversees the 2018-2019 CHNA process to update Hospitals CHNAs and create new Implementation/Community Health Improvement Plans. The key tasks of the Steering Committee include:

- Oversight and guidance of CHNA implementation plan development
- Review facility implementation/health improvement plans and results
- Review of suggested priorities for facility implementation planning
- Share strategies and best practices

Members of the RWJ Barnabas Health CHNA Steering Committee include:

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- Adult Day Center
- Aetna Better Health of NJ
- Aflac
- AHS - MMC
- Allstate
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- Anew Wellness
- Arbor Glen
- ARC Somerset
- Arthritis Foundation
- Assembly Andrew Zwicker
- Blaustein-Rutgers
- Boro SAFE
- Borough of Manville
- Borough of Watchung
- Branchburg Township
- Brandywine Living
- Brandywine Senior Care
- Brandywine Senior Living
- Bridgewater Marriot
- Bridgewater Township
- Bridgewater United Methodist Church
- Bridgeway Rehab (PESS)
- Brother International
- Cancer Support Community
- Carrier Clinic
- Center for Tourette Syndrome
- Center Path
- Center Path Wellness
- Central Jersey Family Health Consortium
- CHFHC Early Intervention
- CJFHC Central Intake
- Community in Crisis
- Community Visiting Nurse Association
- DOH
- Duke Farms
- EmPoWER Somerset
- EOS Partners
- Family & Community Health Sciences, RCE
- Feeding Hands
- Final Touch Plantscaping
- Gannett New Jersey
- Green Brook Township
- Green Brook Township Public Schools
- Healthy Families
- Healthy Vending Zone
- Hillsborough Ag Adv.
- Hillsborough BOE
- Hillsborough Township
- Horizon Blue Cross Blue Shield
- Horizon NJ Health
- HQSI
- Inventiv Health
- Jewish Family Services
- Jewish Renaissance MC
- Johnson & Johnson
- Komen North Jersey
- Kwenyan and Associates
- Literacy Volunteers of Somerset County
- Matheny
- MCS Healthcare Public Relations
- MHANJ
- Middle Earth
- Middle-Brook Regional Health Commission
- Montgomery Township
- Montgomery Township, Somerset County Health Officers Association
- MyCentralJersey.com
- NAMI
- Natural Medicine & Rehabilitation
- NJ Center for Tourette Syndrome & Associated
- NJ Department of Health
- NJ Sharing Network
- NJCTS
- Nova Spine & Pain
- Office of Youth Services
- Perkins Partnership
- Pfizer
- Prestige Medical Solutions
- Quantum Floats
- Raritan Valley Habitat for Humanity
- Regional Chronic Disease Coalition
- Ridewise, Inc.
- Robert Wood Johnson Barnabas Health
- Rock Steady Boxing
- Rutgers
- RWJ Somerset
- RWJ Somerset - Security
- Safe+Sound Somerset
- Saint Peters University Hospital
- Sanofi
- SCCYC
- SCDOH
- SCLS NJ
- Senior Bridge
- Shoprite
- Snap-Ed
- Social Security
- Somerset County Office on Aging & Disability Services
- Somerset County Sheriffs Dept.
- Somerset County - Rutgers Cooperative Extension
- Somerset County Business Partnership
- Somerset County Department of Health
- Somerset County Freeholders
- Somerset County Library System
- Somerset County Planning
- Somerset County Prosecutor's Office
- Somerset County YMCA
- Somerset County-Morris Somerset Regional Chronic Disease Coalition
- Somerset Hills YMCA
- Somerset County YMCA
- Steeple Chase Cancer Center - RWJUH Somerset
- Summit Medical Group
- Symrise
- The Jointure & Compassus Hospice
- United Way of Northern New Jersey
- VNA of Somerset Hills
- Wakefern Food Corporation
- Wilf Campus for Senior Living
- WWFH-NJ

• Food Bank Network of Somerset • Franklin Township • Future Project	• Resource Center of Somerset • Richard Hall	• Zufall Health Center

RWJBarnabas Health STEERING COMMITTEE CONSULTANT ADVISORS

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- New Solutions Inc. (Nancy Erickson[1])

Questions regarding the Community Needs Assessments should be directed to RWJ Barnabas Health System Development/Planning at BHPLanningDept@RWJBH.org.

1 The CHNA's development consultants, New Solutions, Inc., have planned and conducted numerous community needs assessments and implementation plans with multiple organizations including individual hospitals, health systems, other health care and community organizations such as consortia comprised of a wide range of participant organizations. The NSI team, of which two are Ph.D. prepared, includes: planning consultants, market researchers, epidemiologists, computer programmers and data analysts. NSI has extensive regional and local community knowledge of health issues, community services and provider resources for the community reviewed by this assessment. This expertise, as well as the methodological and technical skills of the entire staff, was brought to bear in conducting this Needs Assessment and Health Improvement Plan.

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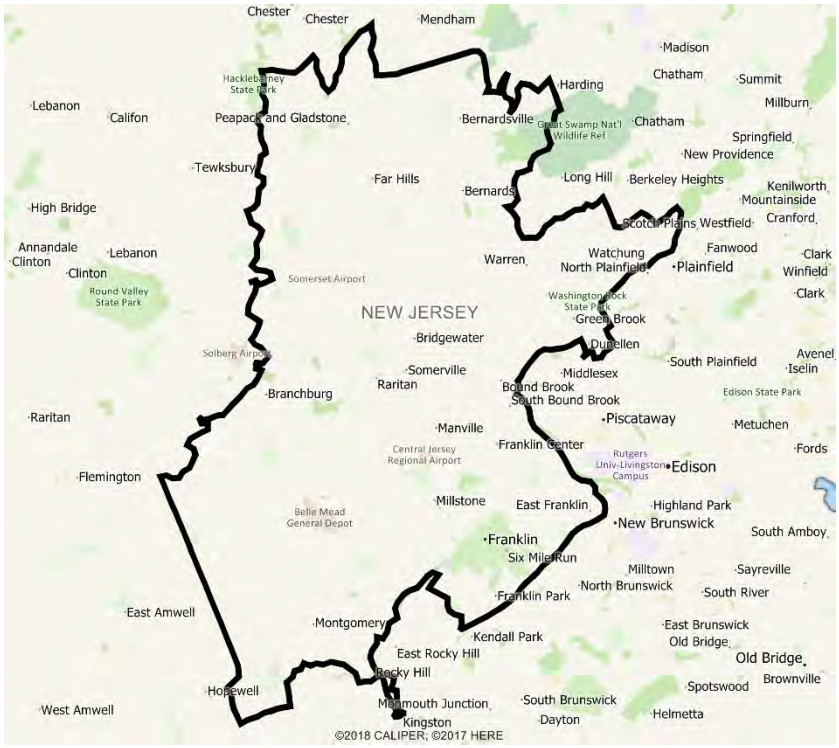
EXECUTIVE SUMMARY

Background

SOMERSET COUNTY



The Somerset County Community Health Assessment (CHA) was designed to ensure that the Medical Center and other community stakeholders continue to effectively and efficiently serve the health needs of Somerset County residents and the communities served by the Hospital. The CHA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code and, in accordance with New Jersey regulations N.J.A.C. 8.52 10.1-10.3 governing local boards of health. The Somerset County health assessment was undertaken in this context and developed for the purpose of enhancing the health and quality of life throughout the community. This assessment builds upon the CHA conducted in 2015. The 2015 CHA Implementation Plan results are reviewed in **Appendix A**.

The CHA uses detailed health data available at state, county, and community levels, a community health survey, focus groups, key informant interviews and a survey of Somerset County public health officers, and other community stakeholders. RWJUH Somerset is a member of RWJ Barnabas Health, which convenes a multi-disciplinary, multi-facility Steering Committee that provides additional support and leadership. Also, insight and expertise from the RWJUH Somerset CHA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

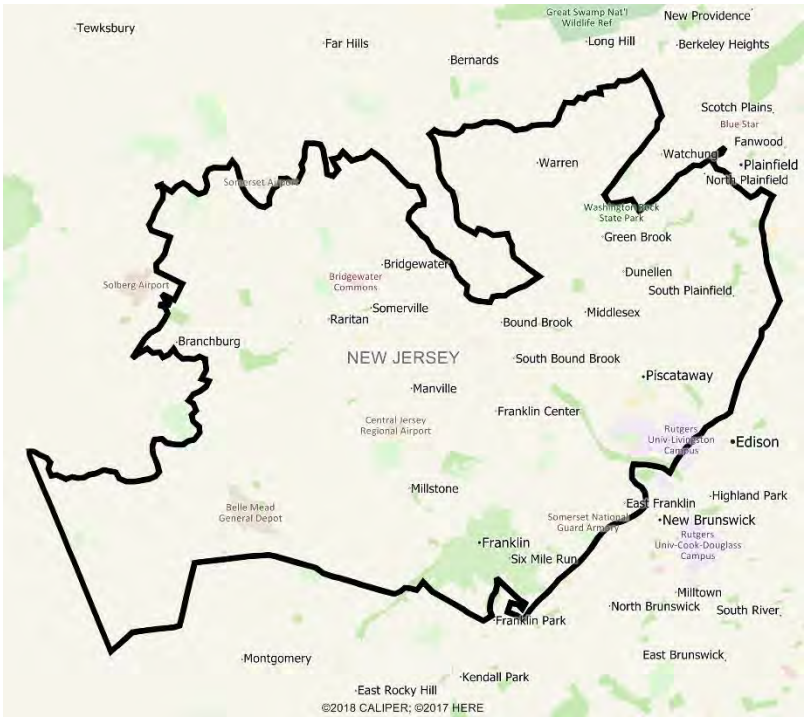
Service Area

The CHA focuses primarily on the health needs of Somerset County residents. Much of the data is provided at the county level, but where available city or zip code level data are provided to enhance the understanding of specific regions or populations. The county encompasses 305 square miles comprised of 21 townships and boroughs, and 46 zip codes. The county and its subdivisions are largely suburban. The county is bordered by Morris County to the north, Union County to the east, Middlesex County on the southeast, Mercer County on the south, and Hunterdon County to the west.

RWJUH Somerset is located in Somerville, New Jersey. It is the sole hospital serving residents in Somerset County. The Hospital's primary service area (PSA) consists of the following zip codes:

ZIP Code	ZIP Name
07059	Warren
07060	Plainfield
07080	South Plainfield
08805	Bound Brook
08807	Bridgewater
08812	Dunellen
08835	Manville
08844	Hillsborough
08846	Middlesex
08854	Piscataway
08869	Raritan
08873	Somerset
08876	Somerville
08880	South Bound Brook

RWJUH Somerset Service Area



The service area is determined using three primary factors: patient origin, market share, and geographic continuity/proximity. Zips representing approximately 50% of the RWJUH Somerset patient origin form the initial PSA. Added to this list is any zip code in which the Hospital has a high market share presence, any zip code with low market share is deleted from the PSA definition and becomes part of the secondary service area (SSA). Geographic proximity to create a contiguous area completes the service area determination. This area contains some zip codes from the contiguous counties of Union and Middlesex. For purposes of this CHA, Somerset County statistics were deemed to be most relevant for review.

While primarily a wealthy county, wealth is not uniform across all communities within the county. Wide disparities exist within some communities. The high cost of living and a lack of affordable housing have led to expressed concerns over a dwindling middle class. The following are examples of a few social and economic differences identified in this review.

- Somerset County's population has a slightly larger proportion of whites than residents within the state of New Jersey.
- Somerset County's Asian population is estimated to have grown by 33% between 2010 and 2018, and Hispanic and Latino populations grew 22% during the same timeframe.
  - The town of Somerset has the highest concentration of Hispanics at 27.2%.
  - Franklin Township has the largest Asian population.
- Somerset County's population grew 3.7% compared to 2% for New Jersey (between 2010 and 2018).
- The County's population distribution by age is similar to that of the State.
- The County's median household income was over $100,000 in 2016, compared to $73,000 in New Jersey.
  - Skillman had the highest median household income at over $180,000.

    - Manville ($65,163), Bound Brook ($68,857), and South Bound Brook ($77,713) had amongst the lowest median household income.
- Somerset County's unemployment rate for 2016 was 3.7%, below the statewide rate of 5.2%.
    - Skillman had the lowest unemployment rate, (1.6%)
    - Manville (5.8%) and Bound Brook (6.2%) had unemployment rates higher than that of New Jersey.
- Poverty rates in Somerset County for families, people, children, and seniors were lower than the State rates.
    - Children in Bound Brook and Manville had among the highest rates of poverty, at 15%.
- The percent of Somerset County residents with a graduate or professional degree was 23.8% compared to 14.4% of New Jersey residents.
    - 42% of Skillman residents had a graduate or professional degree compared to only 2.9% of Manville residents.
    - 15% of Bound Brook residents failed to complete high school.
- Less than 10% of Somerset County residents are estimated to have limited English proficiency.
    - Residents of Manville, South Bound Brook, and Bound Brook had rates of low English proficiency that were over 10%.
    - 20% of Somerset County children were eligible for free school lunches.

In addition to social and demographic differences, disparities in Somerset County and RWJUH Somerset PSA residents' incidence and prevalence of illness identified in this CHA include:

- The White age-adjusted mortality rate (2007-2016) for heart disease was more than double that for Blacks.
- The rate of low birth rate babies is, and has been, higher among Blacks than for both White and Hispanic residents since 2011.
- The percent of Somerset County residents reporting high cholesterol is more than double the *Healthy People 2020* target.
- The general hospital inpatient use rate in Somerset County (137.7 per 100,000) is lower than that of the State, but the zip codes of Kingston, Manville, Somerset, Raritan, and South Bound Brook all have hospital use rates well above the statewide rate.
- ED use rates for Somerset County are also below those of the State while residents of Kingston, Manville, Bound Brook, Somerset, and South Bound Brook experience rates of ED use above that of the State.
- Bound Brook and Manville have CNI scores that are among the highest in the County while Martinsville, Far Hills, Skillman, Hillsborough, and Neshanic Station have the lowest CNI scores in the County.
- The rate of persons hospitalized with a heart attack was highest in Somerville in 2016.
- Among patients who used a hospital, the rate for stroke was highest among residents of South Bound Brook.
- The highest hospital use rate of diabetes, pneumonia, COPD, substance use and mental health, obesity, heart failure/CHF, and hypertension were seen in patients from Manville.

TOP HEALTH ISSUES

The Healthier Somerset County Coalition, in conjunction with the RWJUH Somerset Data and Internal Oversight Steering Committee, considered primary and secondary data to determine the top health issues. Prioritization was based upon capacity, resources, competencies, and needs specific to the populations it serves. The selected issues are within the Coalition and Hospital's purview, competency and resources to impact in a meaningful manner and include: behavioral health; overweight, obesity and nutrition; chronic diseases; and access to care and healthy foods.

1. Behavioral Health

Behavioral health refers to a constellation of mental health and substance use disorders which together affect more than 25% of Americans aged 18 and over.[2] These disorders are recurrent, serious and may co-occur, but they are treatable and many people recover.

Mental disorders are health conditions characterized by alterations in thinking, mood, and/or behavior associated with distress and or impaired functioning. Risk factors for mental illness include family history, stressful life situations, chronic medical conditions, brain damage, and substance abuse.

Serious mental illnesses include schizophrenia, major depression, and bi-polar disorder among others. Patients with serious mental illness are more likely to be unemployed, involved with law enforcement, and have housing insufficiency.[3] According to the 2015 National Survey of Drug Use & Health, an estimated 98 million adults 18 or older in the U.S. had a serious mental illness, including 2.5 million living below the poverty level.[4] The relationship between poverty and serious mental illness is complex. Poverty may heighten the experience of mental illness as well as increase the likelihood of the onset of mental illness. In addition, experiencing a mental illness can also increase one's chances of living below poverty level.

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Risk factors for substance abuse are similar to mental health conditions and also include poverty and drug availability. Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

Behavioral health disparities impact diverse groups in the U.S., including racial and ethnic groups, young adults, women, and the LGBTQIA community. There is stigma associated with mental health diagnosis and treatment, particularly among African-Americans and Latinos. Behavioral health plays a major role in one's ability to maintain good physical health. Problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

Of late, the issue of opioid misuse and addiction has captured the attention of federal and state governments, leading to the U.S. President declaring the opioid crisis a public health emergency. To help

[2] *https://www.samhsa.gov/disorders.*
[3] *Ibid.*
[4] *http://www.samhsa.gov/data/*

clarify some of the reasons for this decision, the National Institute on Drug Abuse has estimated that 115 people a day die as a result of an opioid overdose. In 2014 alone, AHQR reported New Jersey had the 6th highest rate of emergency room visits for opioids (265.4/100,000 population). Between 2014 and 2016, there was a 40% rise in the number of deaths as a result of drug overdoses in the State. The majority of the victims had heroin or fentanyl in their systems.

To help combat this issue, New Jersey announced a statewide initiative to help combat the opioid crisis. One of the initiatives will include a 24-hour response team which will include first responders, mental health advocates, substance abuse counselors specially trained in dealing with addiction, and a beefed-up prescription monitoring program funded by more than a million dollars in federal grants.

- In 2016, 12.5% of Somerset County residents reported a history of depression, up from 9.2% in 2012.
- In 2016, the percent of Somerset County residents reporting heavy drinking was higher than the adjacent counties of Hunterdon and Morris, as well as being higher than the statewide rate.
- In 2016, the leading reason for admission to a drug-related treatment center was alcohol, followed by heroin use.
- Between 2012 and 2016, there was an increase in the rate of ED visits for substance abuse in all Somerset County age cohorts, except those aged 0-17.
- Manville had mental health and substance abuse admission rates that were higher than the State in 2016.
- Manville and Somerville had higher mental health ED visit use rates than the State rate in 2016.
- Manville had a higher ED visit use rate for substance abuse than the State rate in 2016.

RWJUH Somerset and Carrier Clinic are two in-county providers of inpatient and outpatient (outpatient, partial and intensive outpatient) treatment for a variety of behavioral health disorders. Patients requiring inpatient involuntary commitment (STCF) beds are served by Mercer County providers Capital Health, St. Francis Medical Center, and Princeton House Behavioral Health. In addition, Robert Hall Community Mental Health Center provides a wide range of outpatient, homeless, partial care, and supported employment services. Bridgeway Rehabilitation Services provides the Psychiatric Emergency Screening Services (PESS) for this county along with supportive housing, outpatient services, and PACT services. Easter Seals Society of New Jersey provides integrated case management services (ICMS), residential services, intensive family support services, and supportive housing. Other county-based service providers include Freedom Trails Self-Help Center, and Community Hope and Alternatives (supportive housing).

2. Overweight, Obesity and Nutrition

Obesity and overweight are abnormal or excessive fat accumulation that presents a health risk. A crude population measure of obesity is body mass index (BMI), a person's weight (in kilograms) divided by the square of his or her height (in meters). A person with a BMI of 30 or more is considered obese; a person with a BMI equal to or more than 25 is overweight. Once considered a problem only in high income countries, overweight and obesity rates are now increasing in low and middle-income countries, particularly in urban settings.

Being overweight or obese can have a serious impact on health. Overweight and obesity are risk factors for a number of chronic diseases, including: cardiovascular disease (mainly heart disease and stroke), type 2 diabetes, musculoskeletal disorders like osteoarthritis, and some cancers (endometrial, breast and

colon). These conditions cause premature death and disability. Onset of increased risk begins when someone is only slightly overweight, and the risk increases as weight rises. Many conditions cause long-term consequences for individuals and families. In addition, the costs of care are high. Prevention and wellness programs are necessary to address the insidious effects of excess weight.

Genetics affect the amount of body fat stored, where fat is distributed, and how efficiently the body converts food into energy. Family eating and physical activity habits play a role in the development of obesity. Prolonged inactivity can result in an imbalance of caloric metabolism, where the intake of calories is higher than the burning of calories. Often, inactivity is a result of other medical problems like arthritis or injuries. An unhealthy diet, high in calories and lacking in fruits and vegetables, is a significant contributor to weight gain. Research has linked social and economic factors to obesity. Socioeconomic factors include: not having safe areas to exercise, cultural traditions of eating unhealthy and obese family members.

Approximately 39.8% of the U.S. population, or 93.3 million adults, are affected by obesity according to the 2015-2016 National Center for Health Statistics data brief. But some groups are disproportionately impacted. For example, Hispanics (47%), non-Hispanic Blacks (46.85) had the highest age-adjusted prevalence of obesity followed by non-Hispanic Whites (37.9%) and non-Hispanic Asians (12.7%). The association between obesity and income or education level is complex and differs by age, sex and ethnicity.

- Overall, men and women with college degrees had lower obesity prevalence compared to those with less education.
- By race/ethnicity, the same obesity and education pattern was seen among non-Hispanic White, non-Hispanic Black, and Hispanic women, and also among non-Hispanic White men, although the differences were not all statistically significant. Although the difference was not statistically significant among non-Hispanic Black men, obesity prevalence increased with educational attainment. Among non-Hispanic Asian women and men, and Hispanic men there were no differences in obesity prevalence by education level.
- Among men, obesity prevalence was lower in the lowest and highest income groups compared with the middle income group. This pattern was seen among non-Hispanic White and Hispanic men. Obesity prevalence was higher in the highest income group than in the lowest income group among non-Hispanic Black men.
- Among women, obesity prevalence was lower in the highest income group than in the middle and lowest income groups. This pattern was observed among non-Hispanic White, non-Hispanic Asian, and Hispanic women. Among non-Hispanic Black women, there was no difference in obesity prevalence by income.[5]

Obesity can occur at any age, even among young children. Hormonal changes and physical inactivity in older individuals also increase risk. The amount of body muscle decreases with age, leading to a decrease in metabolism. Quitting smoking is also associated with weight gain, sometimes resulting in obesity. Structured smoking cessation programs can help mitigate the effects of weight gain associated with quitting. Not getting enough sleep or conversely getting too much sleep can cause changes in the hormones that increase appetite and contribute to weight gain.

[5] https://www.cdc.gov/obesity/data/adult.html

Poor nutrition and a lack of a healthy diet pattern, and regular physical activity, are health behaviors that contribute to obesity. A healthy diet pattern is one that emphasizes eating whole grains, fruits, vegetables, lean protein, low fat and fat-free dairy products, and drinking water. Healthy activity patterns include 150 minutes of moderate intensity activity or 75 minutes of vigorous activity or a combination of both, along with two days of weight training per week.

- Nearly 21% of Somerset residents reported a BMI >=30 in 2016.
- 12.7/1,000 patients who used a hospital service in Somerset County had a diagnosis of obesity compared to 14.1/1,000 New Jersey residents.
  - Obesity rates were found to be amongst the highest in South Bound Brook (24.65/1,000) and Manville (29.52/1,000).
- Between 2014-2016 the percent of Somerset County residents reporting no leisure time activity trended upwards from 15.8% in 2014 to 23.6% in 2016.
- Obesity was the second highest priority health issue reported from the Workplace Wellness focus groups.
- More than half of all survey respondents claimed to have hypertension, high cholesterol or a weight problem.
- Obesity was the number 1 concern among survey respondents from Somerset County.
  - 67% of males were particularly concerned about obesity.
- One-third of survey residents indicating obesity said they were under a physician's care for the issue, while 38% were monitoring it on their own.

Obesity treatment is available in Somerset County in both inpatient and outpatient clinic settings and include obesity psychologists, Somerset obesity treatment centers and obesity counselors. Eleven obesity treatment centers and two eating disorder centers are located in the county. RWJUH Somerset offers restrictive and malabsorptive bariatric surgery for morbidly obese patients. Cooking and Nutrition classes, Life-Changing Weight Loss Seminars and Bariatric Surgery Support Groups are available through the hospital's Education Center. Private therapists and non-profit organizations offer an array of services in obesity counseling, education, personal obesity prevention planning, nutrition, healthy eating courses, and exercise programs.

Community nutrition programs are available through the Supplemental Nutrition Assistance Program (SNAP), Meals-on-Wheels through the Somerset County Division of Senior Services and other privately funded programs. Public health partnerships include coordinated school health programs, emPoWER Somerset, Food Bank Network of Somerset County, community gardens, farmers markets, the Obesity Society, Greater Somerset Public Health Partnership, Mayor's Wellness Campaign, Somerset County Business Partnership, Somerset County Park Commission, Somerset County Wellness Committee and Somerset County YMCA. A Somerset County website dedicated to obesity training focuses on prevention through education and strategies that promote health eating, active living and behavioral change: http://healthiersomerset.org/obesity.html.

3. Chronic Disease

Chronic diseases are non-communicable diseases that are prolonged in duration and are rarely cured completely. These conditions include heart disease, cancer, stroke, diabetes and arthritis. Two of these chronic diseases—heart disease and cancer—together accounted for nearly 48% of all deaths in the U.S.

Arthritis is the most common cause of disability. Of the 53 million adults with a doctor diagnosis of arthritis, more than 22 million say they have trouble with their usual activities because of arthritis. Diabetes is the leading cause of kidney failure, lower-limb amputations other than those caused by injury, and new cases of blindness among adults. As previously discussed, Obesity is a serious health concern and factor affecting incidence of chronic diseases.

Chronic diseases tend to become more common with age. Eighty-nine percent of Americans over the age of 65 have at least one chronic condition, and 68% or more have two or more chronic diseases. In 2015, the ten most common chronic conditions for adults 65+ on Medicare were hypertension (58%), high cholesterol (47%), arthritis (31%), ischemic heart disease (29%), diabetes (27%), chronic kidney disease (18%), heart failure (14%), depression (14%), Alzheimer's Disease and dementia (11%), and chronic obstructive pulmonary disease (11%).

Chronic diseases and conditions are on the rise worldwide. An aging population and behavioral factors including the adoption of more sedentary lifestyles are pushing obesity rates and cases of diseases such as diabetes upwards. According to the World Health Organization, chronic disease prevalence is expected to rise 57% by the Year 2020.

Some chronic diseases are impacted by factors which are beyond an individual's control like age, family history and genetics, but many are preventable with behavioral modifications like quitting or avoiding smoking, secondhand smoke, chemical fumes and dust; exercising; eating healthy by avoiding high fats, salt, and sugar; sleeping; managing stress levels; and abstaining from excessive alcohol consumption.

- Four of the top 5 leading causes of death for Somerset County are chronic diseases: diseases of the heart, cancer, stroke, and Alzheimer's Disease.
- Somerset County's Average Annual Mortality Rate (AAMR) for heart disease deaths (169.0/100,000) was higher than the CHR benchmark of 103.4/100,000.
- The AAMR for Alzheimer's Disease increased 74% between 2007 and 2016.
- Hospitalized patients from Somerville and Manville had among the highest rates for heart failure and CHF diagnoses.
- More than a quarter (26.7%) of Somerset County residents indicated they were told they had high blood pressure.
- A third of Somerset County residents reported high cholesterol.
- Patients using a hospital service from Skillman reported the highest rate for cancer diagnosis (45.62/1,000).
- Residents of Manville had the highest rate of COPD diagnosis.
- Nearly 10% of Somerset County residents reported diabetes, higher than New Jersey residents' statewide rate and rates for residents of Hunterdon and Morris Counties.
- The percent of Somerset County residents reporting arthritis increased from 18.8% in 2013, to 22.5% in 2016.
- Chronic Disease was the top health priority selected by the Workplace Wellness focus group.
- Early on-set of chronic diseases due to sedentary lifestyle and a number of chronic diseases were among top health priorities identified by key informants.
- Somerset County male survey respondents and those over 65 were the sub-groups most concerned about cancer.
- Diabetes was a top concern among Hispanics and those with lower incomes.
- Chronic heart failure was of highest concern to those over 65.

Ample resources are available in Somerset County for treatment of chronic disease. Private physician practices and multiple urgicare centers are located throughout the county. Primary care clinics accepting Medicaid provide treatment for chronic illnesses are located at RWJUH Somerset and Zufall Health Center in Somerville. Resources available for detection of chronic disease at RWHUH Somerset include the Tobacco Quitcenter, Cancer Risk Evaluation Program, Cardiac Testing Services, CPR Classes, Community Health Programs, Health Information and Women's Services. Community-based programs are available at American Diabetes Association, Cancer Support Center of Central New Jersey, Somerset County Office on Aging and Disabilities, Regional Chronic Disease Coalition for Morris and Somerset County (RCDC), and United Way of Northern New Jersey.

4. Access to Care

An individual's ability to access health services has a profound impact on every aspect of their health. Regular and reliable access to care can prevent disease and disability, detect and treat illnesses or health conditions, increase quality of life, and increase life expectancy. Access to quality preventive care may detect disease at earlier, more treatable stages.

The largest barrier to access is a lack of insurance. People without insurance are less likely to have a regular source of care and more likely to skip routine medical care due to cost. Both of these factors increase risk of serious illness and disability. Individuals with a usual source of care have better outcomes, fewer disparities, and lower costs.

Health literacy and transportation are additional barriers to health. Language, culture, and low health literacy are other barriers to high quality care. Delivering high quality care is dependent upon cultural competency and communication. Transportation impacts people living in income challenged communities and the elderly, many of whom no longer drive, most profoundly. Transportation barriers lead to rescheduled or missed appointments, delayed care, and missed or delayed medication use. These consequences may result in poorer management of chronic illness and poorer health outcomes.[6] Assisting elderly patients, more dependent on public transit, with navigating and access to the health care system can help ensure timely and appropriate diagnosis and treatment of disease.

In addition to financial and environmental barriers, access to healthy foods presents a barrier to maintaining one's personal health. Diets high in fruits and vegetables, whole grains and lean proteins can help us maintain healthy weight and avoid chronic diseases. Poor nutrition can also impact day-to-day life by affecting concentration, work or school performance. For children, a poor diet can impact growth and development. But for many families and individuals eating a healthy diet is not as simple as choosing to eat healthier food. Some communities or neighborhoods lack grocery stores that sell fresh fruits and vegetables, and sometimes these foods are too expensive for people to buy. In order to eat healthier, people need better access to healthy and affordable food.

Educating people about the benefits of eating healthy is important, but these efforts alone are insufficient. To change behavior and improve population level dietary habits, experts recommend a collective approach that improves the availability and affordability of healthy foods where people live, work, learn and play. Various strategies have been employed by cities and towns to do just that. For example, zoning

6 http://www.ncbi.nlm.nih.gov/pubmed/23543372

and tax laws can make it easier for new grocery stores, farmer's markets and community gardens to locate in the area, schools can develop farm-to-school programs that support buying locally grown fruits and vegetables, and provide gardening experiences, and local governments can work to improve the production, distribution, and affordability of fruits and vegetables in underserved communities.

- Key informants expressed concern over (1) the lack of health equity and transportation; (2) the lack of health professionals for medically underserved populations; and (3) health literacy.
- Focus group members had similar concerns with economic and environmental barriers to access.
- More Somerset County children were using SNAP benefits than children in Hunterdon or Morris Counties.
- Approximately 20% of Somerset County children were eligible for the free school lunch program.
- Approximately 7% of Somerset County residents had limited access to healthy food.
- In 2016, nearly 7% of Somerset County residents 18-64 were uninsured.

Visiting Nurse Association of Somerset and Middlesex Counties provides home nursing, home health aide and homemaker assistance to eligible county residents based on medical and financial need. Zufall Health Center sponsors a Delta Dental mobile van. Free breast and cervical cancer prevention and treatment is available to women of low income through New Jersey Cancer Education and Early Detection (CEED) screening program.

Free or low-cost bus transportation provided by the county include SCOOT, DASH, CAT and a ride hailing service through RideWise TMA. Somerset County Transportation Para-Transit Services serves seniors (60+) and disabled. Medical transportation for Medicaid recipients is available from the county through Logisticare, Inc. Zufall Health Center, a federally qualified health center, will provide transportation services as well as outreach programs for agricultural workers, homeless persons, veterans, seniors, pregnant women and public housing residents.

Public access programs in Somerset County are offered through Somerset County Office of Human Services, Food Bank Network, Office on Aging and Disabilities as well as United Way of Northern New Jersey. The Somerset County Homelessness Trust Fund offers rental assistance, supportive services and housing assistance. SNAP food assistance is also available through the county. Community-based organizations offering access assistance include Catholic Charities, Jewish Family Services, Resource Center of Somerset County, Zerepath Christian Church and other church-based groups.

In addition to the prioritized needs discussed above, this CHA identified the following as additional health needs for the communities:

- Health concerns related to aging
- Transportation
- Awareness of services and resources
- LGBTQIA
- Health Equity
- Cancer diagnosed at late state
- Heart disease and related risk factors
- Diabetes

1. INTRODUCTION

In 2018, Robert Wood Johnson University Hospital Somerset (RWJUH Somerset), in partnership with the Healthier Somerset County Coalition, undertook development of its third Community Health Assessment (CHA). The CHA was designed to ensure that the Hospital and other Somerset County public, private, and community-based organizations continue to effectively and efficiently serve the needs of their communities. The CHA was developed in accordance with all federal rules and statutes, specifically PL 111-148 (The Affordable Care Act) which added Section 501(c) to the internal revenue code and, in accordance with New Jersey regulations N.J.A.C. 8:52 10.1-10.3 governing local boards of health. The latter regulations govern: the collection, computation, interpretation, and communication of vital statistics and health status measures within one or more New Jersey counties; the identification of threats to health; the assessment of health service needs; and the analysis, communication, and publication of access, utilization, quality, and outcome of personal health issues. This needs assessment was undertaken in this context and developed for the purpose of enhancing the quality of life throughout Somerset County and the communities served by RWJUH Somerset. This assessment builds upon the CHA conducted in 2015. In accordance with rules established in 2015, the 2015 Community Health Improvement Plan (CHIP), also referred to as the Implementation Plan, results are reviewed in **Appendix A** of this document.

The CHA uses detailed secondary public health and demographic data at state, county and municipality or zip code levels, as well as primary data collected through a community health survey, a survey of public health officers and other members of the Healthier Somerset County Coalition, focus groups and key informant interviews. In addition to the input provided by the Healthier Somerset County Coalition, a consortium of public, private and community-based organizations, RWJUH Somerset is a member of RWJBH, which convenes a multidisciplinary, multi-facility Steering Committee that provides additional support and leadership. Also, insight and expertise from the RWJUH Somerset CHA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology Section of this CHA details the data collection process and analysis.

RWJUH Somerset, formerly Somerset Medical Center, is located in Somerville, New Jersey. RWJUH Somerset is the sole provider of inpatient acute medical care in the county. Somerset County is located in the north-central area of the State. It is the 13th most populous county in New Jersey. In 2015, Somerset County ranked 2nd in the State and 25th among counties in the United States in terms of per capita income. Most recently, Somerset County was ranked 2nd healthiest of 21 New Jersey Counties in New Jersey by the RWJ County Health Ranking. The county once largely agricultural is now made up of mainly suburban communities. RWJUH Somerset's primary service area consists of communities located in the central portion of the county and adjacent areas of Union and Middlesex Counties.

The Healthier Somerset County Coalition in its review of both primary and secondary source data, determined four top health priority areas. The priority areas were selected using criteria that considered population health impact and if actions to improve status would be within its purview, competency and resources to implement in a meaningful manner. The top four areas are: Behavioral Health; obesity, overweight and nutrition; chronic diseases; and access to care and healthy foods.

- *Behavioral Health (Mental Health and Substance Use Disorders)* affects people from all walks of life, all racial and ethnic groups, and all ages. It is estimated that over 18% of adults 18+ suffer

from some form of mental illness. Approximately 8.4% of adults had a substance use disorder in the last year and of those nearly 38% had both a substance use disorder and a mental illness.[7]

- *Obesity, overweight and nutrition* impact about 93.3 million Americans and obesity was a top concern of nearly 50% of Somerset County survey respondents. Overweight and obesity are risk factors for a number of chronic diseases including heart disease, stroke, diabetes, arthritis, and some cancers. Poor nutrition, unhealthy eating patterns, and lack of physical activity are behaviors that contribute to overweight and obesity.
- *Chronic Diseases.* Chronic diseases are non-communicable diseases that are prolonged in duration and are rarely cured completely. These conditions include heart disease, cancer, stroke, diabetes and arthritis. Two of these chronic diseases—heart disease and cancer—together accounted for nearly 48% of all deaths.
- *Access to Care and Healthy Food.* An individual's ability to access health services has a profound impact on every aspect of their health. Regular and reliable access to care can prevent disease and disability, detect and treat illnesses or health conditions, increase quality of life, and increase life expectancy. Access to quality preventive care may detect disease at earlier, more treatable stages. Access is also impacted by economic factors like health insurance and having a regular source of care and by environmental factors like transportation barriers and barriers to healthy foods.

The CHA uses detailed secondary public health data at state, county, and municipality/zip code levels, from various sources including *Healthy People 2020* and the County Health Rankings, hospital discharge data, Census Bureau, and CDC, to name a few. The two benchmark sources are described below.

- *Healthy People 2020* is a 10-year agenda to improve the nation's health that encompasses the entire continuum of prevention and care. For over three decades *Healthy People* has established benchmarks and monitored progress over time to measure the impact of prevention activities. *Healthy People 2020* benchmarks are used throughout the report to assess the health status of residents.
- The County Health Rankings, published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, rank the health of nearly all counties in the United States. The rankings look at a variety of measures that affect health such as high school graduation rates, air pollution levels, income, rates of obesity and smoking, etc. These rankings are also used throughout the report to measure the overall health of Somerset County residents. County rates are also compared to statewide rates.

The Somerset County needs assessment was undertaken and developed for the purpose of enhancing the health and quality of life throughout the community. To this end, a broad array of information both internal and external was used to understand recent health indicators and the opportunities to provide a positive impact on health and wellness. In addition to the priority areas mentioned above, other significant needs determined through this process include:

- Health concerns related to aging
- Transportation

[7] *https://www.samhsa.gov/disorder, 5/10/18.*

- Awareness of services and resources
- LGBTQIA
- Health Equity
- Cancer diagnosed at late stage
- Heart disease and related risk factors
- Diabetes

2. ***METHODOLOGY/SERVICE AREA***

A. METHODOLOGY

RWJ Somerset and Healthy Somerset Coalition developed an evidenced-based process to determine the health needs of Somerset County and Hospital primary service area (PSA) residents. The CHA data sources include both primary and secondary data to provide qualitative and quantitative information about the communities. Data from these sources were reviewed by the Coalition and Hospital Steering Committee to identify and prioritize the top issues facing residents in the service area (see Top Health Issues section).

The flow chart below identified the CHA and CHIP process.

CHA AND CHIP PROCESS

Prioritization Process

Following the Coalition's review of quantitative and qualitative findings, a list of 10 issues were identified as common themes of the research. These issues became the suggested priority issues and included:

- Mental Health and Substance Abuse
- Chronic Diseases
- Overweight, Obesity, Nutrition
- Health Concerns Related to Aging
- Transportation
- Awareness of Services and Resources
- Access to Care

- Heart Disease and Related Risk Factors
- Cancer Diagnosed at a Late State
- Diabetes

Through discussion the Coalition determined to add the following to the list of health priority areas:

- LGBTQIA Health
- Health Equity
- Access to Care and Healthy Foods

Coalition members voted for each priority issue using five prioritization criteria:

- The number of people impacted
- Risk of mortality and morbidity associated with the problem
- Impact of the problem on vulnerable populations
- Meaningful progress can be made within a 3-year timeframe
- Community's capability and competency to impact.

A tally of all ballots cast resulted in the top 4 priority areas being selected:

- Mental Health and Substance Abuse
- Overweight, Obesity, Nutrition
- Chronic Disease
- Access to Care and Healthy Foods

Secondary Data Sources

Over 100 secondary data sources are compiled in this CHA, presenting data by indicator by county and state. Sources include: The United States Census Bureau, Centers for Disease Control and Prevention (CDC), New Jersey Department of Health (NJDOH), and Behavioral Risk Factor Surveillance System (BRFSS). See **Appendix B** for a detailed list of sources.

Appendix C contains a detailed report of cancer incidence and mortality by cancer site for Somerset County for the years 2010-2017. In addition, hospital tumor registry data is utilized to understand stage of cancer at time of diagnosis.

Health Profile

Section 5 provides a comprehensive discussion of health outcomes, as well as the health factors that contribute to the health and well-being of Somerset County residents.

Color Indicator Tables

Throughout the Health Profile Section of this CHA, the color indicator tables compare county level data to *Healthy People 2020* targets, County Health Rankings benchmarks, and New Jersey State data. Data by race/ethnicity is compared to data for all races in the county, unless otherwise indicated. Somerset County was the midpoint value compared to a range 20% higher than the value for New Jersey, *Healthy People*

2020, or County Health Rankings Benchmarks, or 20% lower than the value for New Jersey, *Healthy People 2020*, or County Health Rankings Benchmarks. If the county value was within the range 20% lower or 20% higher than the comparison indicator, or considered within reasonable range, the indicator will be yellow. The table will be red if the Somerset County value is more than 20% worse or lower than the indicator value. If the Somerset County value is 20% better or higher than the indicator value, the table will be green.

Primary Data Sources

Community Health Needs Surveys

On-line survey Interviews were conducted among 792 residents of Somerset County and 701 residents of RWJUH Somerset's PSA. To ensure a representative sample, on-line responses were supplemented with telephone administered surveys to an additional 37 individuals. Bruno and Ridgway Research Associates, Inc. administered the on-line and telephone surveys from April to May 2018. Survey results are incorporated into this CHA. (See Section 3)

A Community Health Survey was also undertaken of residents of RWJUH Somerset's Primary Service Area. The respondents' views largely followed those of the county. A slightly larger percentage of PSA residents identified obesity as a major concern, and a slightly higher percentage of county residents noted their health as very good or excellent. Results of the Community Health Survey of RWJUH Somerset survey respondents can be found in Appendix D.

Healthier Somerset County Coalition Survey

A survey was administered to members of the Healthier Somerset County Coalition. The survey consisted of the following questions:

1. Identify the top six priority health needs for municipalities in Somerset County
2. Identify the primary barriers to improvement for these health needs
3. Identify additional items to consider in the Community Health Assessment.

The top three health needs identified in the county included behavioral health, transportation, and access to care. The top three barriers to care included stigma, transportation, and access to care.

Focus Group Discussions

Three focus groups were undertaken to uncover additional information from key community groups and individuals with respect to health needs, challenges and barriers, and suggestions for improving access to health care services. A focus group was conducted with providers, advocates and peers in Behavioral Health, another was conducted agency representatives of organizations working with Medicaid and Medically Underserved residents. A third group was held with business groups to discuss the issue of workplace health.

Key Informant Interviews

The key informant interviews reached out to other community representatives to ensure that their needs and concerns were given consideration.

World Café Meeting

The World Café meeting was held on June 28, 2018, and brought together community representatives to discuss four issues including:

1. What does a healthy community look like, and what do you view as barriers to good health in Somerset County?
2. What is the best thing about Healthier Somerset? Why are you here today, and a year from now what will you bring back to your organization?
3. Based on the data you heard today, which items are most relevant to our Community Needs Assessment? What, or whose, input is missing?
4. For our 2015-2018 Community Health Improvement Plan implementation, what worked well? What didn't go so well? What lessons did we learn implementing the 2015 CHIP that we can do better next time? Or, what one thing do you wish we could all work together on over the next three years to make our towns healthier?

Assets and Gaps

Section 6, Assets and Gaps, summarizes the preceding components of the CHA. Assets highlight county, zip code, or RWJUH Somerset service area information indicating improvement over time, in comparison to other counties and the State, or in comparison to other races or genders. Gaps focus on disparities in Somerset County or the RWJUH Somerset service area that have a negative trend, in comparison to other counties in the State or to other races or genders.

Resource Inventory

A service area-specific resource inventory is included as **Appendix E,** which details health and social service resources available to residents in Somerset County. Providers' names, addresses, and phone numbers and type of services provided are contained in the inventory.

B. SERVICE AREA

The CHA focuses primarily on the health needs of Somerset County residents. Much of the data is provided at the county level, but where available city or zip code level data are provided to enhance understanding of specific regions or populations. The county consists of the following zip codes:

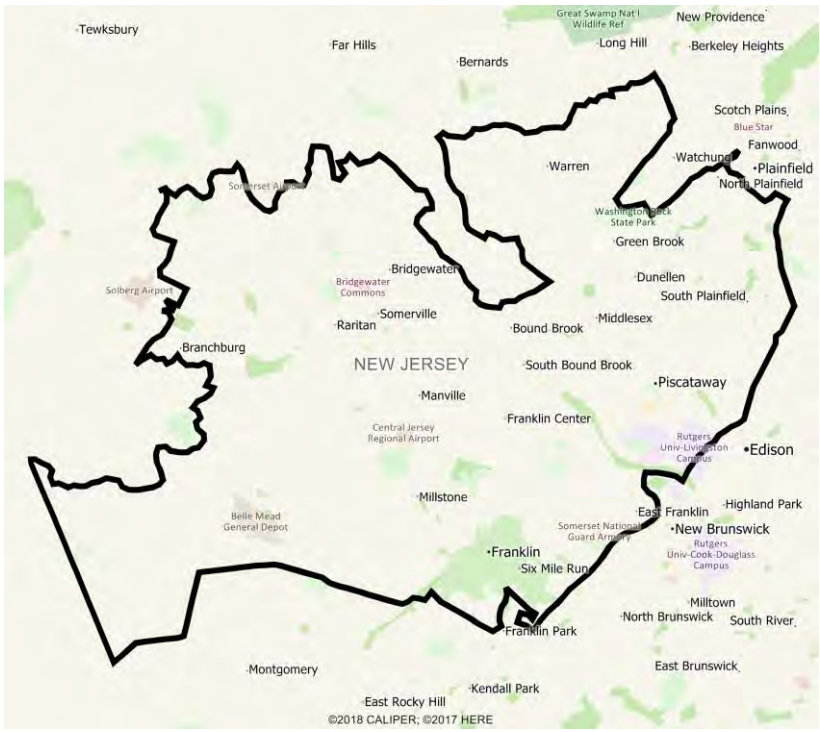
ZIP Code	ZIP Name
07059	Warren
07069	Plainfield
07059	Watchung
07920	Basking Ridge
07921	Bedminster
07924	Bernardsville
07931	Far Hills
07934	Gladstone
07938	Liberty Corner
07938	Basking Ridge
07939	Lyons
07977	Peapack
07978	Pluckemin
08502	Montgomery
08502	Belle Mead
08504	Blawenburg
08528	Kingston
08553	Rocky Hill
08558	Montgomery
08558	Skillman
08805	Bound Brk
08805	Bound Brook
08807	Bridgewater

ZIP Code	ZIP Name
08821	Flagtown
08823	Franklin Park
08835	Manville
08836	Martinsville
08844	Hillsborough
08844	Millstone
08853	Neshanic Station
08853	Branchburg
08869	Raritan
08873	Franklin Township
08873	East Millstone
08873	Zarepath
08873	Somerset
08873	Middlebush
08875	East Millstone
08875	Somerset
08876	Finderne
08876	Branchburg
08876	South Branch
08876	Somerville
08876	North Branch
08880	South Bound Brook
08890	Zarepath

RWJUH Somerset is located in Somerville, New Jersey. It is the sole hospital serving residents in Somerset County. Due to the close proximity of the Hospital to Middlesex County its service area includes towns in Middlesex County (e.g., Piscataway, Middlesex). In addition, the Primary Service Area doesn't extend into many of the wealthier northern Somerset County towns including Far Hills, Bernardsville, or to the south townships of Monroe, Belle Meade or Skillman. The Hospital's primary service area (PSA) consists of the following zip codes:

ZIP Code	ZIP Name
07059	Warren
07060	Plainfield
07080	South Plainfield
08805	Bound Brook
08807	Bridgewater
08812	Dunellen
08835	Manville
08844	Hillsborough
08846	Middlesex
08854	Piscataway
08869	Raritan
08873	Somerset
08876	Somerville
08880	South Bound Brook

RWJUH-Somerset Service Area



The Hospital's service area is determined by taking into consideration three factors: patient origin, market share, and geographic continuity/ proximity. Zips representing approximately 50% of the RWJUH Somerset patient origin form the initial PSA. Added to this list is any zip code in which the Hospital has a high market share presence, any zip code with low market share is deleted from the PSA definition and becomes part of the secondary service area (SSA). Geographic proximity to create a contiguous area completes the service area determination. This area contains some zip codes from the contiguous counties of Union and Middlesex. For purposes of this CHA, Somerset County statistics were deemed to be most relevant for review.

Most of the secondary data in this report is based on county level data. City or zip code level data is provided wherever possible to enhance the understanding of the specific needs of service area residents. Data obtained from the qualitative analyses provide further insight into health issues facing the county as well as the communities served by RWJUH Somerset.

3. SOMERSET COUNTY COMMUNITY HEALTH SURVEY

A. SOMERSET COUNTY RESIDENT SURVEY SUMMARY

Research Objective

The primary objective of this research was to obtain opinions of residents within Somerset County in order to meet the government CHA requirements. Areas of focus included:

- Health issues and concerns that impact the community.
- Barriers to accessing health care.
- Strengths and weaknesses of community services offered.
- Personal health attitudes, conditions and behaviors.

Methodology

Interviews were conducted among residents of Somerset County. Interviews were conducted on-line and by telephone. A link to the on-line survey was displayed on hospital web pages and social media sites. Additionally, postcards were handed out at area businesses and libraries, directing residents to the on-line survey link. A telephone augment was conducted to capture additional interviews in specific areas and among specific ethnic groups. For the telephone portion, a representative sample of households was generated from a database of residential telephone numbers. The interview averaged 15-20 minutes in length and was conducted April 27-June 18, 2018.

Sample Composition Highlights

A total of 792 interviews were conducted in Somerset County among adults aged 21+. These interviews broke down among gender, age and ethnicity as follows: 548 (69%) Females, 194 (24%) Males; 208 (26%) 21-49 years of age, 302 (38%) 50-64 years of age, 232 (29%) 65+ years of age; 529 (67%) Caucasian, 52 (7%) African-American, 99 (13%) Hispanic, 44 (6%) Asian.[8]

Executive Summary

This Community Health Assessment study has generated learnings and insights that can be used to effectively serve the health care needs of the community.

Obesity is the #1 health concern of area residents. High levels of concern were also cited for chronic illnesses such as diabetes, cancer and heart disease.

- Obesity is a leading contributor to chronic illnesses and a major cause of death in the U.S. More than one-half of those surveyed claim to have high blood pressure, high cholesterol and/or a weight problem.

[8] Not shown are "other" mentions and "no answer".

- Increasing outreach and developing educational programs that address nutrition and wellness, with focus on preventative lifestyle behaviors, could improve the health and overall well-being of area residents.
- Healthy eating and exercise programs in schools could aid in lowering childhood obesity and the risks associated with chronic conditions.

Additionally, high levels of concern were cited regarding mental health, substance use/abuse, health concerns related to aging and high stress lifestyles.

- The rising opioid epidemic and increased concern about mental health issues presents opportunity to increase education to both community residents and to health care professionals in an effort to help reduce the growing trend of opioid/Rx drug abuse and the stigma associated with mental health.

Regardless of age, income level or ethnicity, the key barriers to seeking medical care are insurance issues and related cost concerns.

- Addressing the economic challenges associated with access to care, including insurance issues, will serve to improve access and affordability of care to a greater proportion of the community.

Somerset County is regarded highly by most residents, with many positive services offered to the community. However, specific needs for improvement are cited in the areas of transportation services, healthy food choices in school, safe/affordable housing and interpersonal violence.

- Since access to services can be challenging for some, expanding transportation services, particularly for seniors and persons with disabilities, can improve access to care for these population groups.

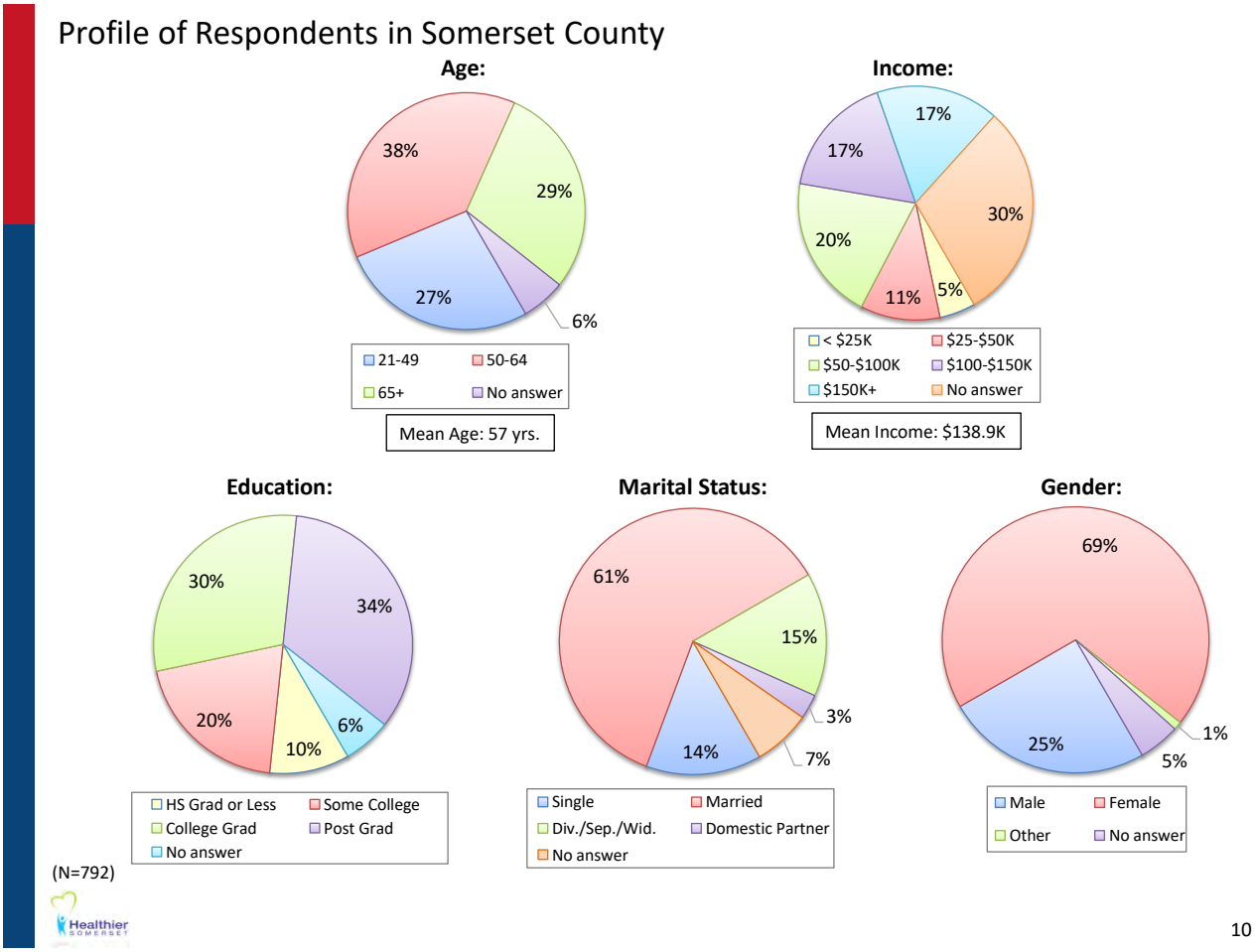
Somerset County residents describe their overall health as being good/very good and exhibit many positive health-related behaviors (healthy eating, physical activity, annual physicals and recommended screening tests). They report their children eat breakfast daily and are physically active. However, a substantial portion of residents (Hispanics, lower income, older residents) do not eat healthy, lead a sedentary lifestyle, do not get recommended screening tests, and/or suffer chronic medical conditions.

- Diagnostic screenings are crucial in the early detection, treatment and management of chronic diseases. The availability of these preventative services should be expanded to ensure they are reaching and serving minority and lower income populations in a cost-efficient manner.

In summary, survey data suggests that wellness initiatives, programs and services addressing the availability, accessibility and affordability of care would meet a significant portion of the communities' needs.

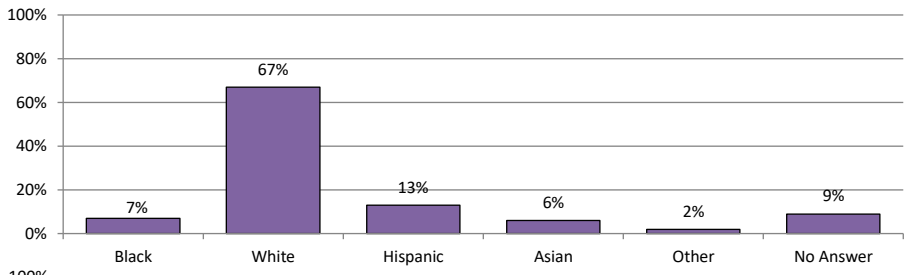
B. SUMMARY TABLES OF SOMERSET COUNTY RESIDENT SURVEY

Who Responded?

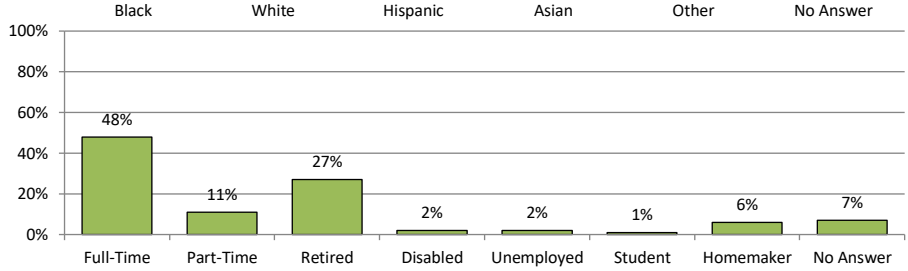


Profile of Respondents in Somerset County – (continued)

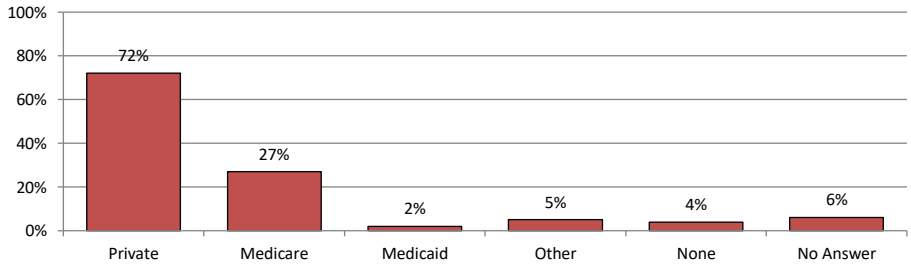
Ethnicity*^:



Employment^:



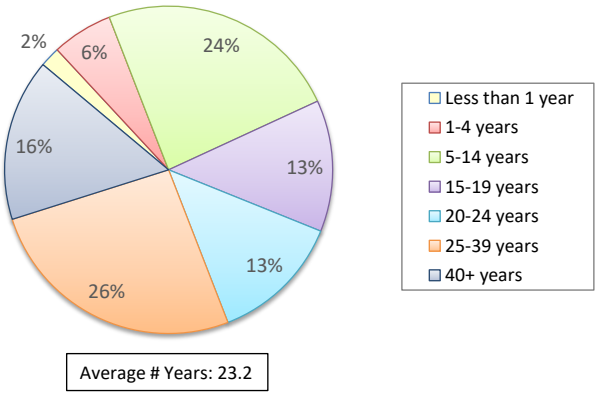
Health Insurance^:



(N=792)
*Quotas were established to align closely with census data.
^ = Multiple mentions.

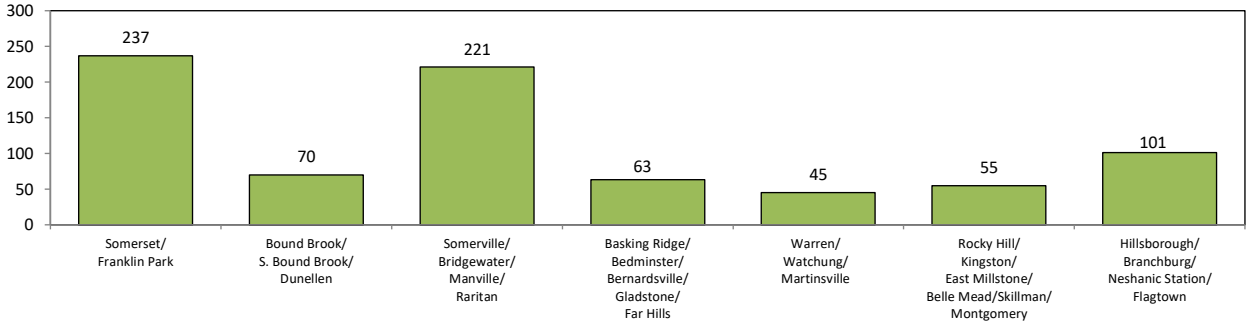
11

Length of Time in Area



Average # Years: 23.2

Towns/Zips Where Interviews Came From



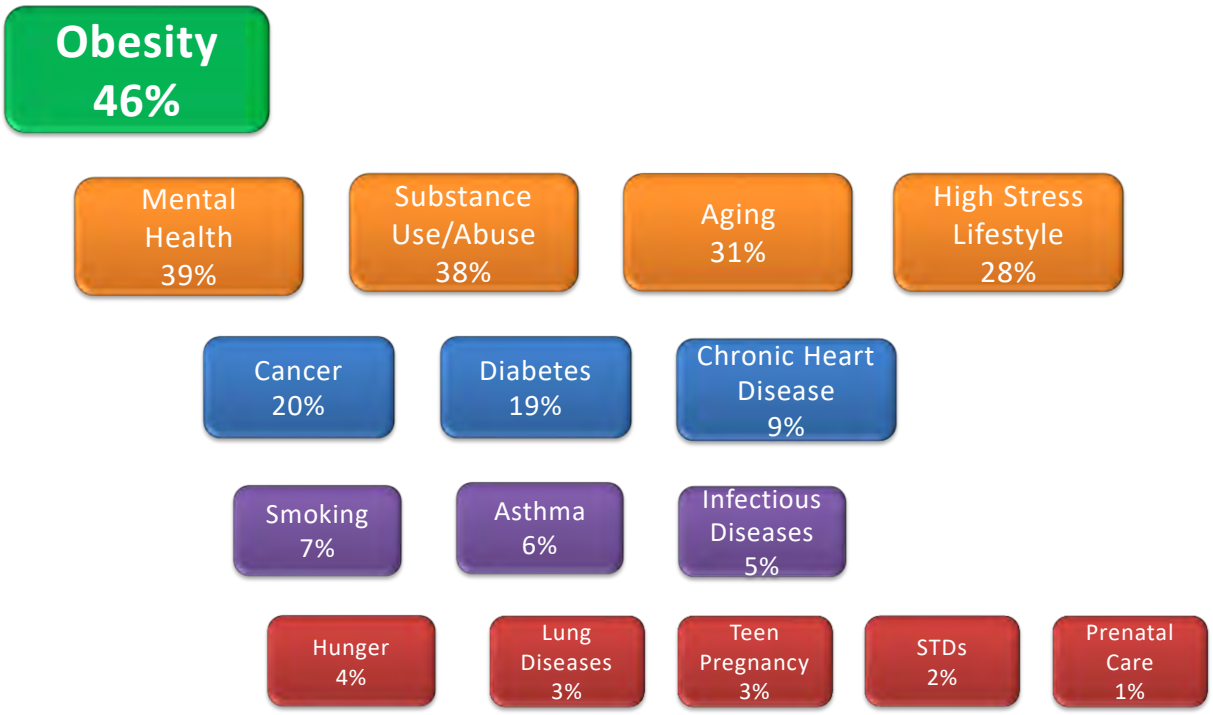
(N=792)

12

Health-Related Concerns of Area Residents

Major Health Concerns Among Residents in the Somerset County Community

- Obesity is the #1 health concern among area residents.



(N=792)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

14

Summary of Health Concerns by Subgroups

Obesity

- #1 health concern among most age, gender, income, education and ethnic groups.
- Particularly high concern among males; least concern among Asians.

Mental Health
- Female
- Younger (<65)
- Highest income ($150K+)
- Caucasian

Substance Use/Abuse
- Caucasian
- Younger (<65)

Aging
- Caucasian
- Older (65+)

High Stress Lifestyle
- Asian/Hispanic
- Younger (<65)

Cancer
- Male
- Older (65+)

Diabetes
- Lower income (<$50K)
- Hispanic

Chronic Heart Disease
- Older (65+)

Smoking
- Male
- Younger (<50)
- Hispanic
- Lower income (<$50K)

Asthma

Infectious Diseases
- Hispanic/Asian
- Lower income (<$50K)

Hunger

Lung Disease
- Older (65+)

Prenatal Care
- Hispanic
- Lower income ($25-$50K)

STDs
- Hispanic
- Lower income (<$50K)

Teen Pregnancy
- Hispanic
- Lower income (<$50K)
- Younger (<50)

(N=792)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

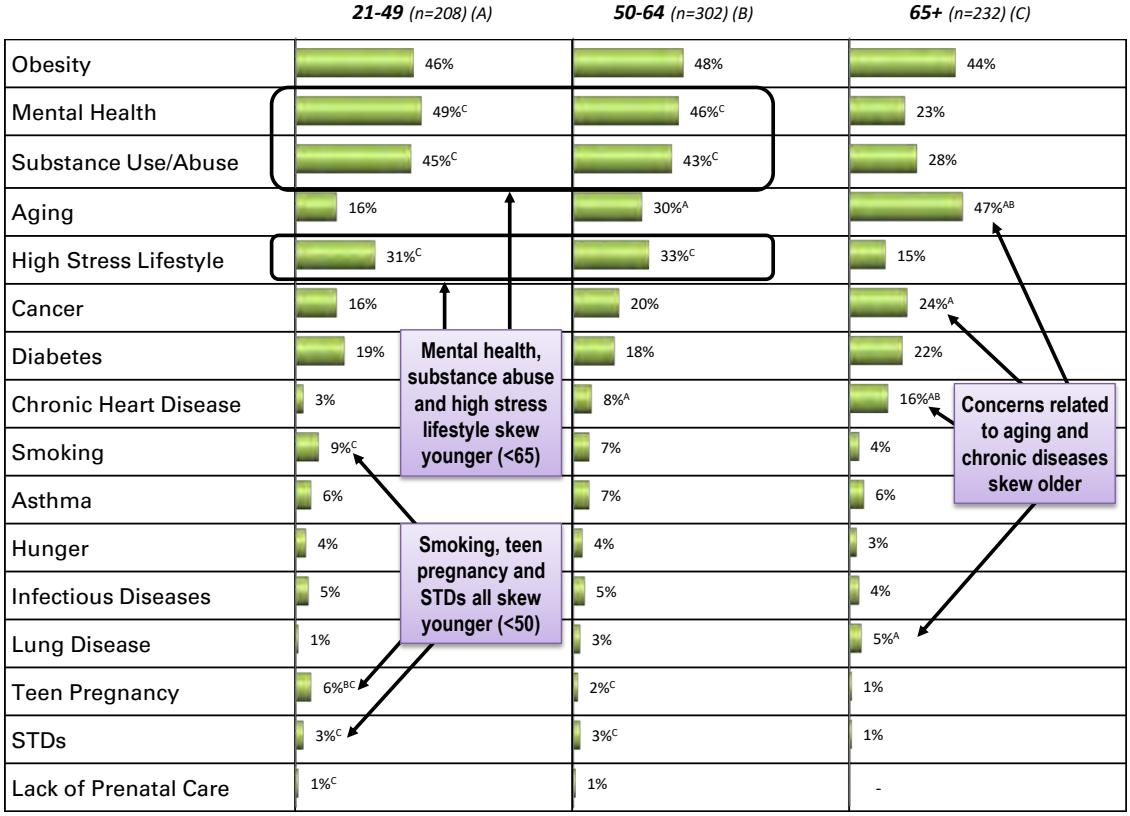
15

Community Health-Related Issues of Concern – by Ethnicity

Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

16

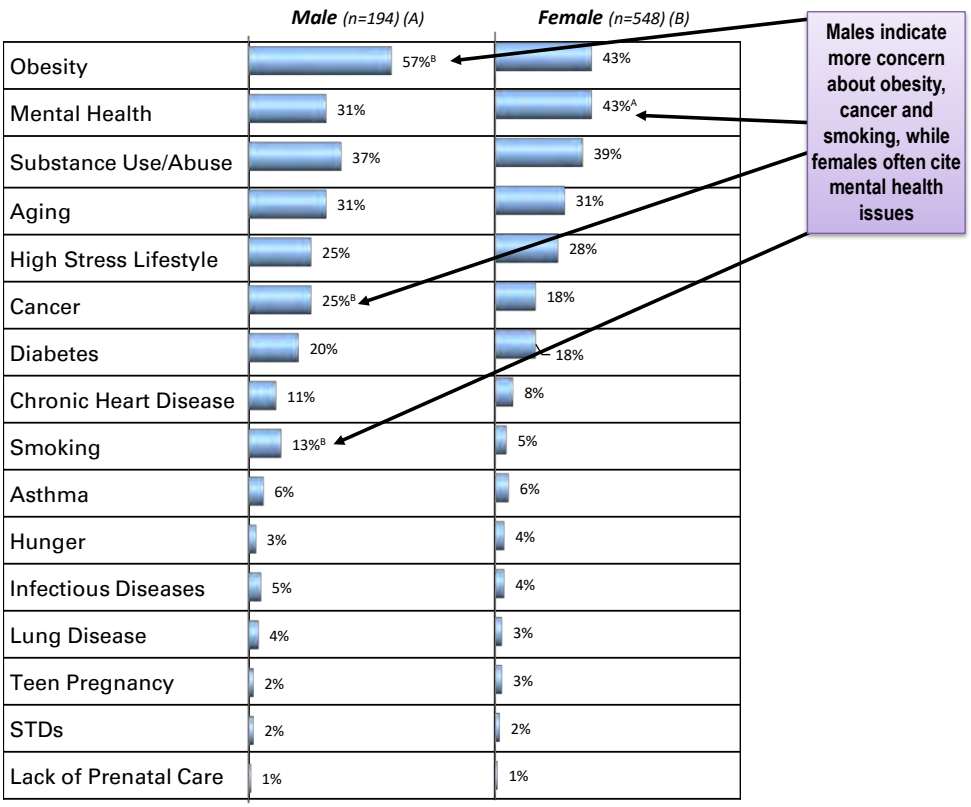
Community Health-Related Issues of Concern – by Age



Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

17

Community Health-Related Issues of Concern – by Gender



Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B) = Significantly greater than indicated cell at the 90% confidence level.

Community Health-Related Issues of Concern – by Income

	Under $25K *(n=41) (A)*	***$25-50K*** *(n=85) (B)*	***$50-100K*** *(n=158) (C)*	***$100-150K*** *(n=140) (D)*	***$150K+*** *(n=132) (E)*
Obesity	54%	47%	48%	44%	51%
Mental Health	32%	40%	37%	44%	53%^{ABC}
Substance Use/Abuse	32%	47%^{AC}	36%	44%	47%^{AC}
Aging	37%^{E}	24%	27%	36%^{BE}	20%
High Stress Lifestyle	12%	32%^{A}	25%^{A}	26%^{A}	35%^{AC}
Cancer	20%	25%	17%	16%	17%
Diabetes	39%^{CDE}	26%^{CDE}	15%	16%	11%
Chronic Heart Disease	10%	11%	5%	9%	8%
Smoking	5%	14%^{AE}	11%	7%	6%
Asthma	5%	6%	7%	8%	4%
Hunger	2%	4%	5%	4%	2%
Infectious Diseases	10%^{E}	7%^{E}	5%^{E}	6%^{E}	-
Lung Disease	2%	11%^{ACDE}	1%	4%^{CE}	1%
Teen Pregnancy	5%	7%^{CE}	1%	4%^{C}	2%
STDs	2%	7%^{E}	3%	2%	2%
Lack of Prenatal Care	-	5%^{ACDE}	-	-	-

Lower income groups cite more concern about diabetes.

High concern about mental health

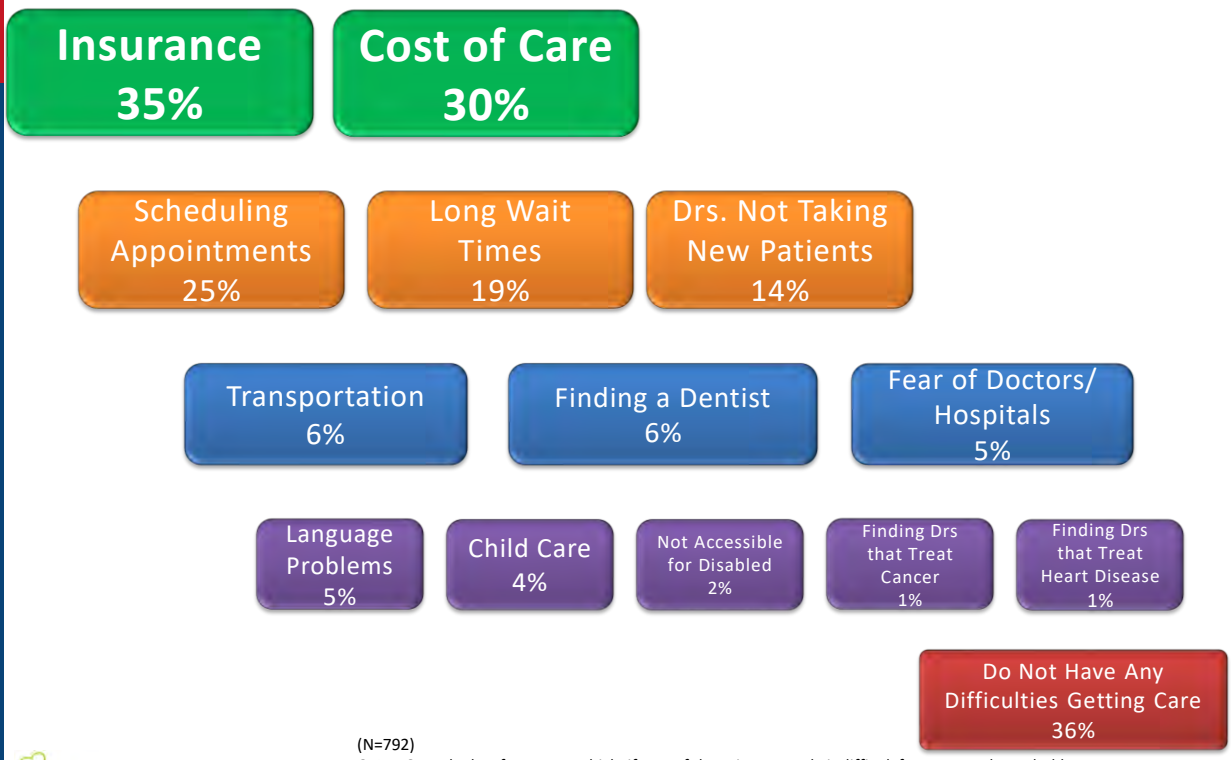
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

19

Barriers to Accessing Health Care Services

Major Barriers to Accessing Health Care in the Somerset County

- Insurance and cost of care are the key barriers to obtaining health care services among area residents.
- Roughly one-third of residents claim they do not experience any difficulty accessing the care they need.



(N=792)

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

21

Summary of Health Care Barriers by Subgroups

Insurance

Cost of Care

- Virtually all age, gender, income, education and ethnic groups cite insurance and cost of care as key issues.
- Particularly high concern among lower income residents and Hispanics.

Scheduling Appointments
- Younger (<65)
- Female

Long Wait Times
- Younger (<65)

Doctors Not Taking New Patients

Transportation
- Hispanic
- Lowest income(<$25K)

Fear of Doctors/ Hospitals
- Asian
- Lowest income (<$25K)

Finding a Dentist
- Lower income (<$50K)
- Hispanic
- Younger (<50)

Language Problems
- Lower income (<$50K)
- Hispanic
- Younger (<50)

Child Care
- Younger (<50)
- Hispanic

Not Accessible for Disabled
- Hispanic

Find Drs that Treat Cancer
- Lowest income (<$25K)

Find Drs that Treat Heart Disease
- Lower income (<$50K)

No Difficulty Getting Care
- Older (65+)
- Higher income ($50K+)
- *Least among Hispanics*

(N=792)

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

22

Barriers to Accessing Health Care Services – by Ethnicity

	Caucasian *(n=529) (A)*	***African American*** *(n=52) (B)*	***Hispanic*** *(n=99) (C)*	***Asian*** *(n=44) (D)*
Insurance Problems	30%	40%	62%^{ABD}	36%
Cost of Care	26%	39%^{A}	54%^{ABD}	27%
Scheduling Appointments	25%	21%	24%	23%
Long Wait Times	17%	15%	21%	25%
Drs Not Taking New Patients	14%	14%	12%	14%
Transportation Problems	5%	2%	10%^{B}	7%
Fear of Doctors/Hospitals	4%^{BC}	-	1%	11%^{BC}
Finding a Dentist	5%	4%	12%^{ABD}	5%
Language Problems	2%	2%	23%^{ABD}	5%
Child Care	2%	6%	11%^{AD}	2%
Not Accessible for Disabled	2%^{BD}	-	4%^{BD}	-
Finding Drs that Treat Cancer	1%^{B}	-	3%^{B}	2%
Finding Drs that Treat Heart Disease	*	-	5%^{AB}	2%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	41%^{C}	37%^{C}	10%	32%^{C}

Most likely to cite insurance/ cost issues

Cite more barriers vs. other ethnic groups

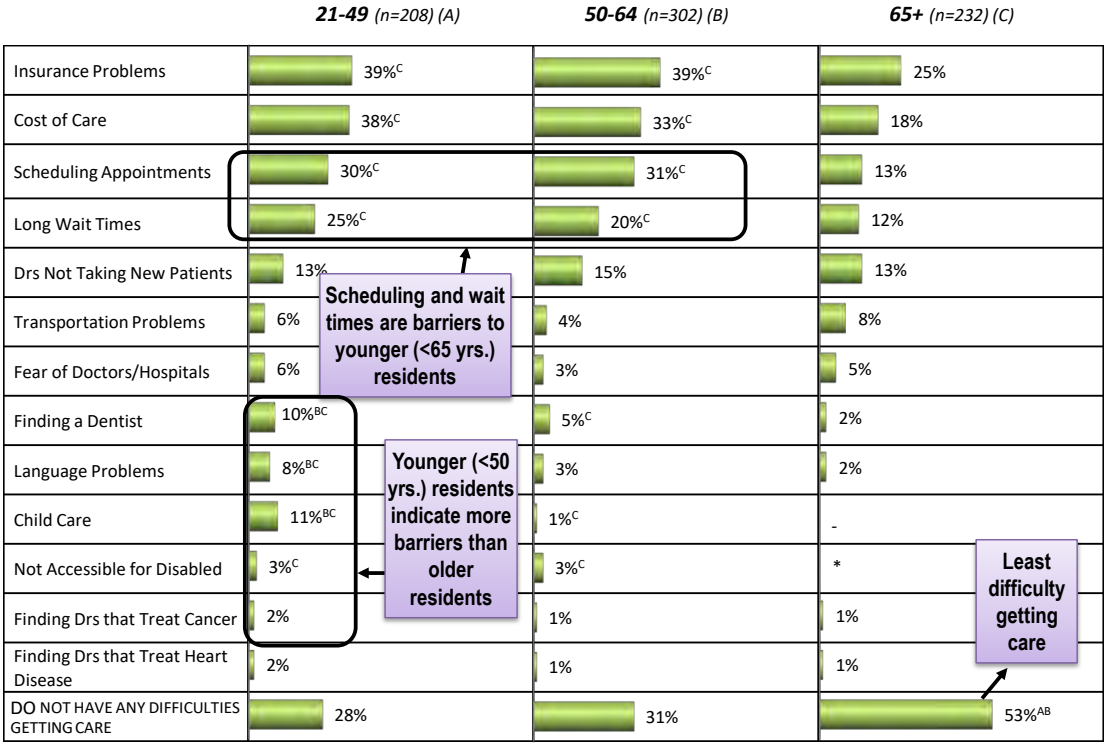
* = Less than 0.5%.

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

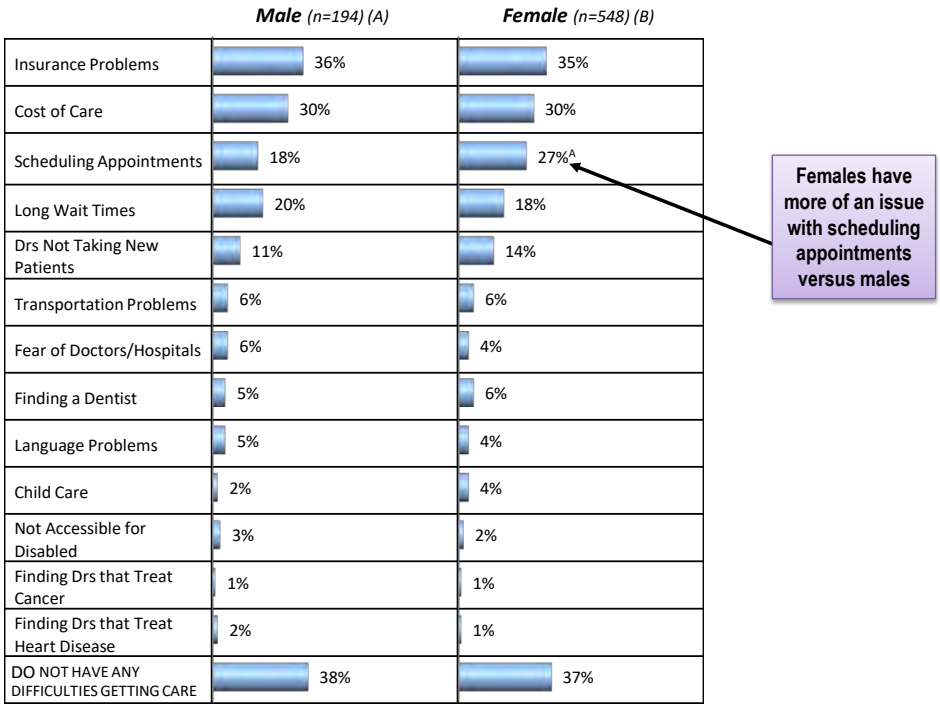
23

Barriers to Accessing Health Care Services – by Age



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Barriers to Accessing Health Care Services – by Gender



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B) = Significantly greater than indicated cell at the 90% confidence level.

25

Barriers to Accessing Health Care Services – by Income

- Lower income groups (<$50K) have more barriers vs. higher income groups and are the most likely to encounter insurance/cost problems when seeking care.

	Under $25K *(n=41) (A)*	***$25-50K*** *(n=85) (B)*	***$50-100K*** *(n=158) (C)*	***$100-150K*** *(n=140) (D)*	***$150K+*** *(n=132) (E)*
Insurance Problems	56%CDE	55%CDE	39%DE	29%	27%
Cost of Care	54%CDE	57%CDE	32%DE	19%	23%
Scheduling Appointments	20%	29%	23%	26%	27%
Long Wait Times	15%	22%	15%	19%	24%C
Drs Not Taking New Patients	22%B	6%	11%	17%B	17%B
Transportation Problems	29%BCDE	6%	8%DE	1%	2%
Fear of Doctors/ Hospitals	12%DE	6%	6%DE	1%	2%
Finding a Dentist	17%DE	14%DE	8%DE	4%	1%
Language Problems	5%	15%ACDE	6%E	2%	2%
Child Care	5%	6%	5%	3%	4%
Not Accessible for Disabled	5%	4%	3%	1%	2%
Finding Drs that Treat Cancer	5%	2%	1%	-	1%
Finding Drs that Treat Heart Disease	2%	4%E	1%	1%	-
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	5%	17%A	35%AB	43%AB	42%AB

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

Community Strengths and Weaknesses

Area Strengths and Weaknesses

- A large majority of residents surveyed feel their community is a good place to raise a family, with safe places to walk/play, ease of finding fresh food and ample places to socialize.
- On the other hand, the community receives relatively low scores in the areas of interpersonal violence, safe, affordable housing, healthy food offerings at schools and transportation services to assist residents.

(N=792) **Top 2 Box Agreement**
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

28

Summary of Community Strengths and Weaknesses by Subgroups

- Overall, Asians tend to rate community services high, while Hispanics rate community services low versus other ethnic groups.
- Additionally, those in higher income brackets are more positive to their community services versus those in lower income brackets.

Safe Outdoor Places to Walk/Play
- Asian
- Higher income ($50K+)
- *Least among Hispanic*

Easy to Find Fresh Fruits/Veggies
- Higher income ($50K+)
- *Least among Hispanic*

Good Place to Raise a Family
- Asian
- Higher income ($50K+)
- *Least among Hispanic*

Places to Socialize
- Older (65+)
- Higher income ($50K+)

Easy to Live a Healthy Lifestyle
- Higher income ($50K+)
- Older (50+)
- *Least among Hispanic*

Low Level of Violence
- Highest income ($150K+)
- *Least among Hispanic*

Educational Opportunities
- Higher income ($50K+)
- Older (65+)
- *Least among Hispanic*

Affordable Basic Needs
- Asian
- Older (65+)
- Male
- Higher income ($100K+)

Job Opportunities
- Male
- Caucasian/Asian
- Higher income ($50K+)

Transportation Services for Disabled/Seniors
- African American
- Male

Low Interpersonal Violence
- Male
- Asian

Ample/Safe Affordable Housing
- Asian
- Higher income ($100K+)

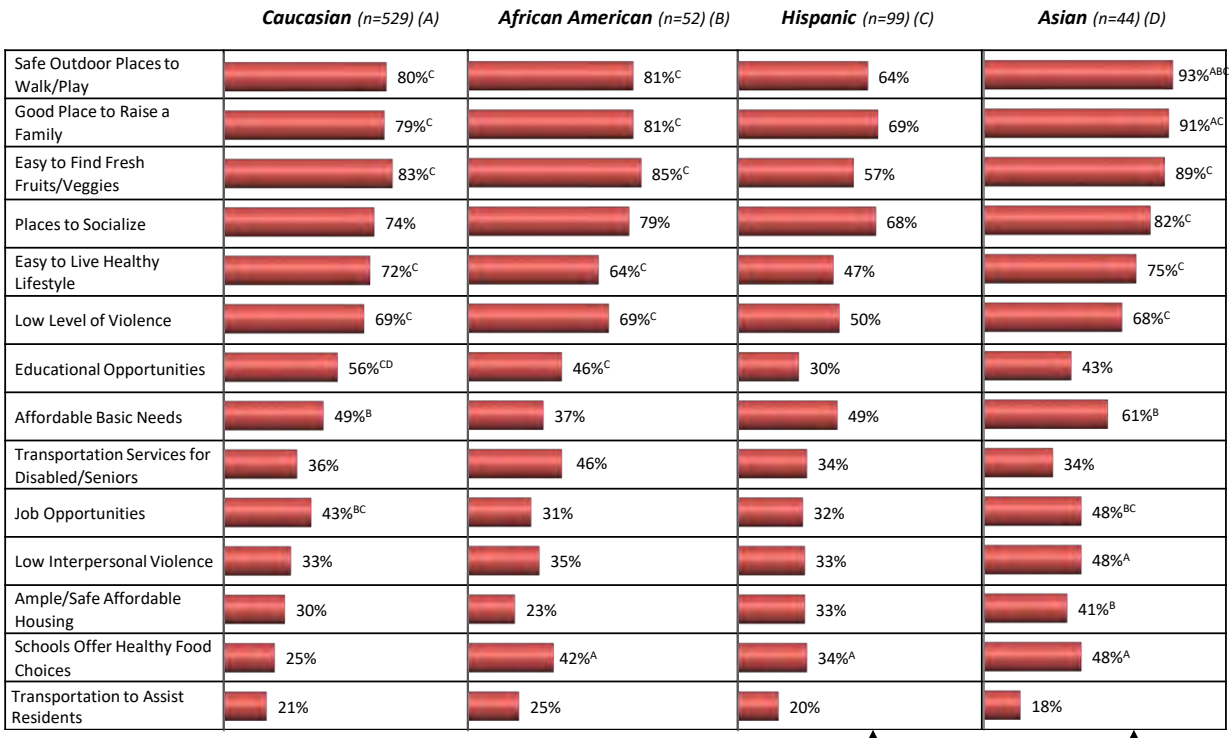
Schools Offer Healthy Food Choices
- Younger (<50)
- *Lowest among Caucasian*

Transportation Services to Assist Residents
- Older (65+)
- Lower income (<$50K)

(N=792) **Top 2 Box Agreement**
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

29

Community Strengths and Weaknesses – by Ethnicity



Top 2 Box Agreement

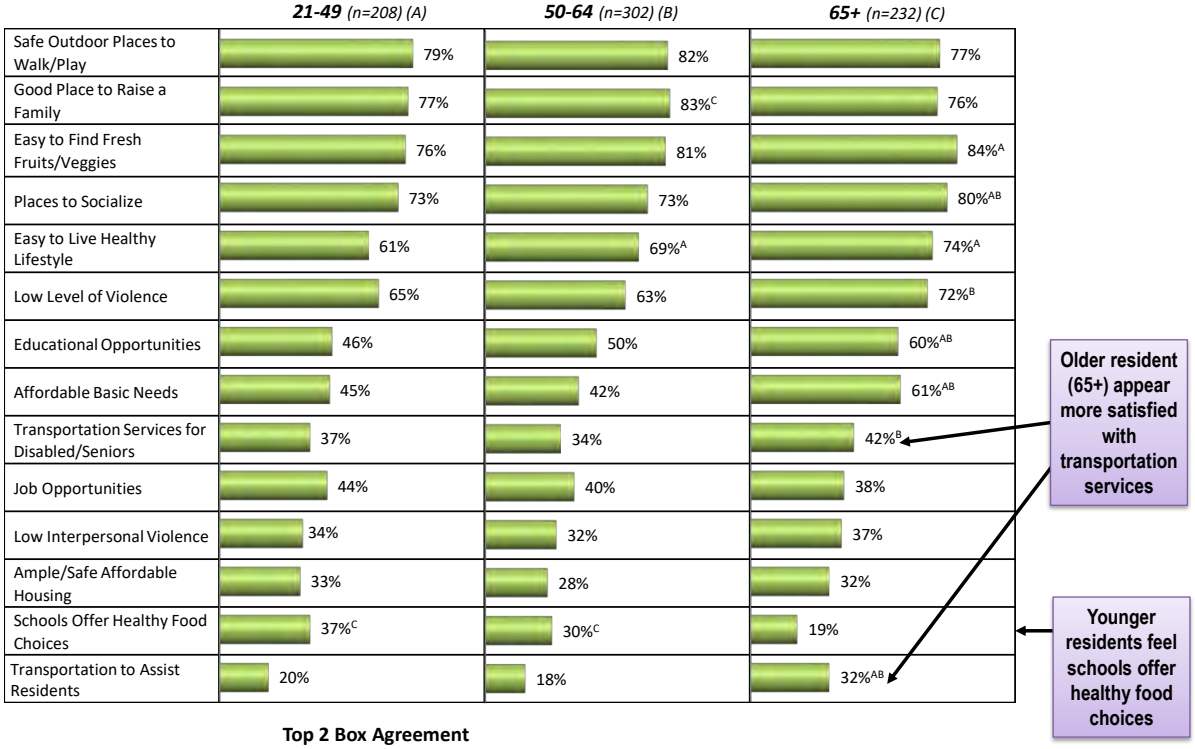
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

30

Community Strengths and Weaknesses – by Age

- Older residents (65+) are more positive towards many community services such as having places to socialize, educational opportunities and affording basic needs vs. their younger counterparts.

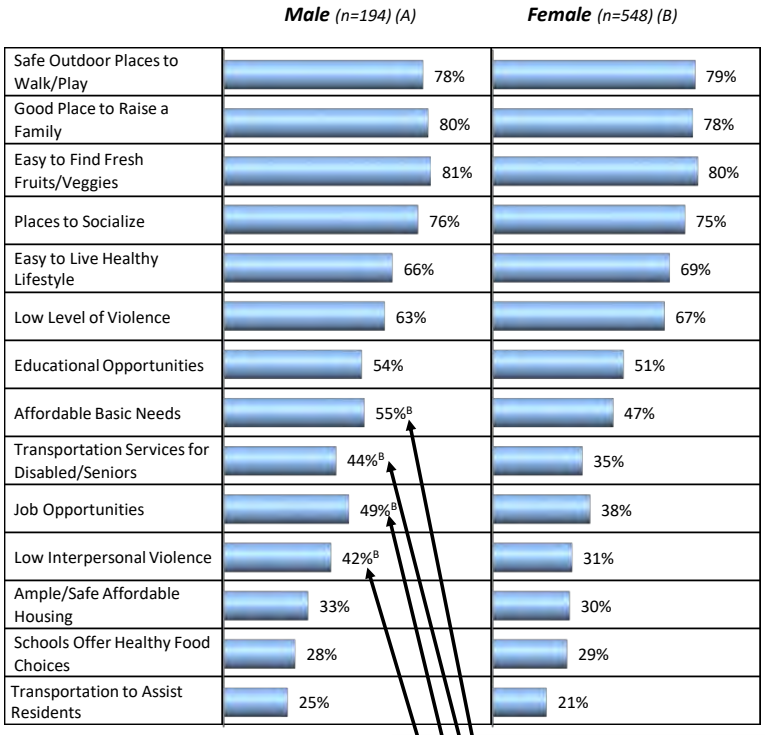


Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Community Strengths and Weaknesses – by Gender



Males cite more job opportunities, a low level of interpersonal violence, better able to afford basic needs and transportation services for seniors/disabled vs. females

Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.
(A/B) = Significantly greater than indicated cell at the 90% confidence level.

32

Community Strengths and Weaknesses – by Income

- In general, those in higher income brackets are more positive to their community services versus those in lower income groups.

Top 2 Box Agreement

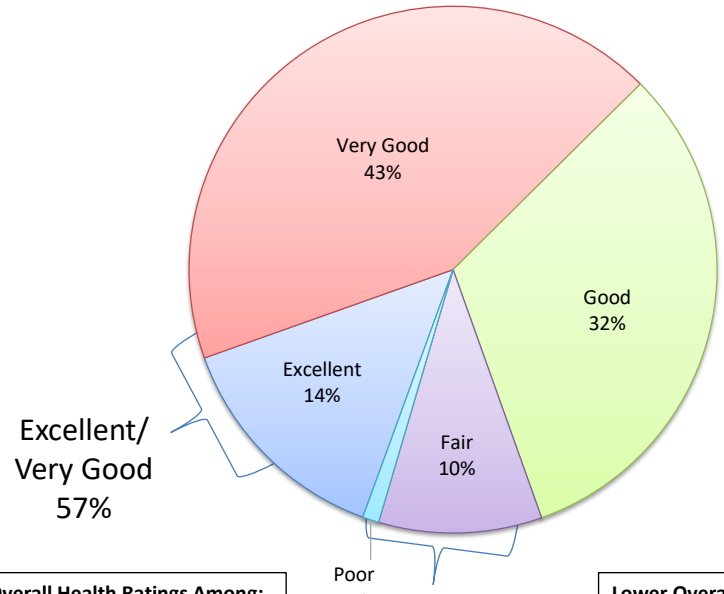
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

33

Personal Health Habits and Practices

Self-Description of Overall Health

- In all, over one-half of residents describe their health as being excellent or very good; one-third describes it as good, while 11% say their health is fair or poor.



Better Overall Health Ratings Among:
- Younger (21-49)
- Female
- Caucasian
- Higher income ($50K+)

Lower Overall Health Ratings Among:
- Male
- Lowest income (<$25K)

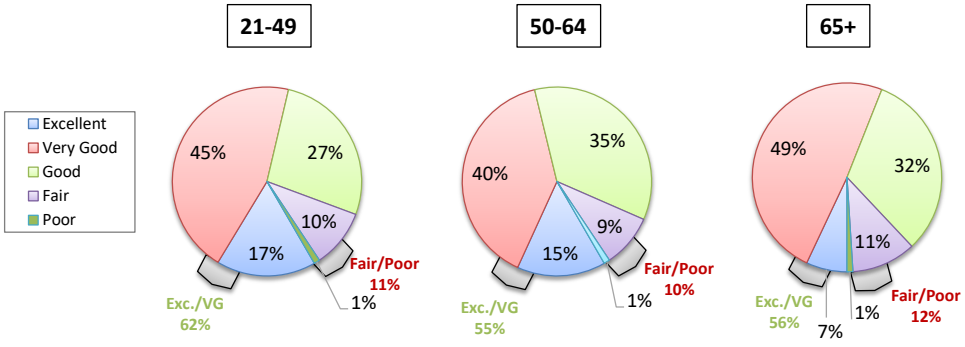
(N=792)
Q.6 - How would you describe your overall health?

35

Self-Description of Overall Health – by Subgroups

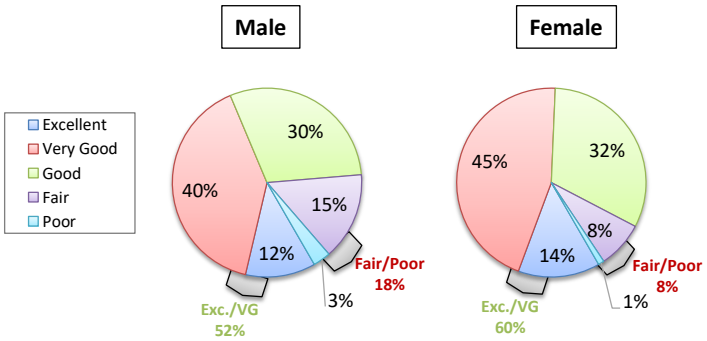
Age:

Younger residents describe their overall health being slightly better vs. older residents.



Gender:

Females describe their overall health as better vs. males.



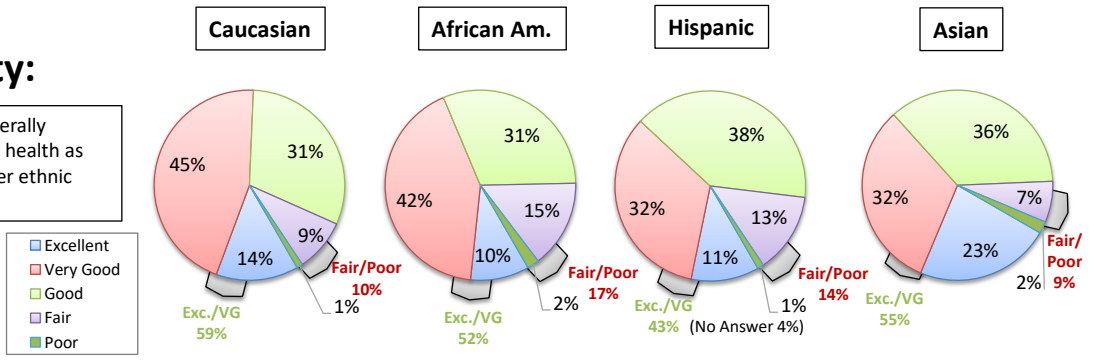
(N=792)
Q.6 - How would you describe your overall health?

36

Self-Description of Overall Health – by Subgroups – (continued)

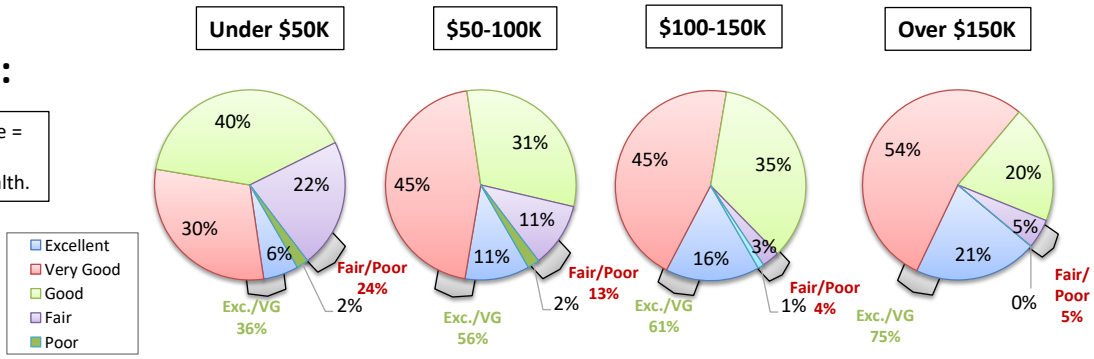
Ethnicity:

Hispanics generally describe their health as worse vs. other ethnic groups.



Income:

Higher income = better self described health.

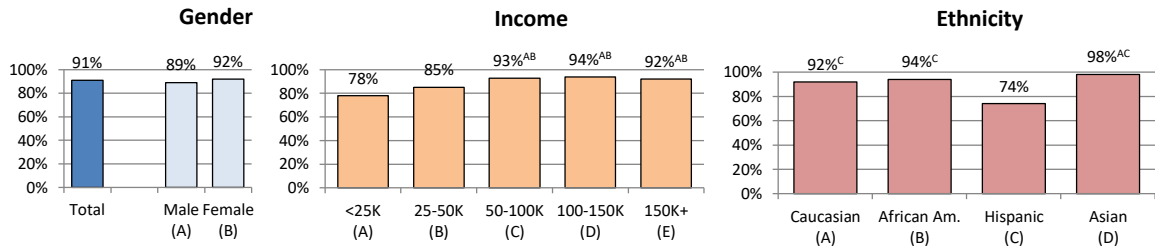


(N=792)
Q.6 - How would you describe your overall health?

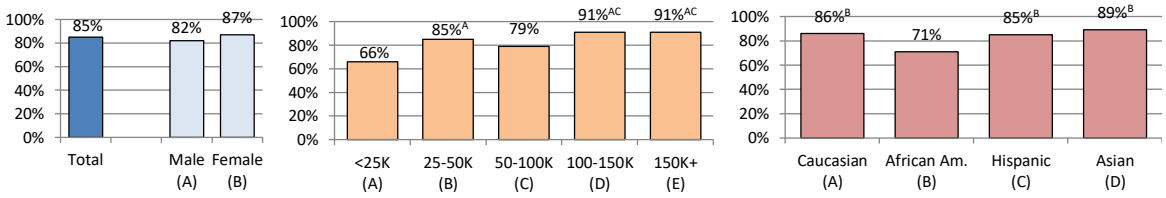
Self-Description of Understanding and Eating Healthy

- The vast majority of residents feel they understand what food is healthy and most say they eat healthy food regularly.
- Those with higher incomes are most likely to eat healthy on a regular basis.
- While African Americans claim to understand what healthy food is, they are the least likely to eat healthy regularly.

Have enough information to understand what food is healthy



Eat healthy food on a regular basis

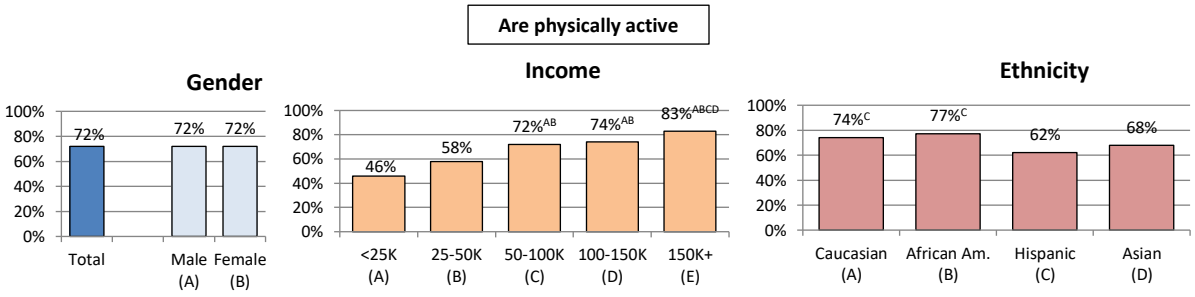


(N=792)
Q.11 - Do you feel that you…
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

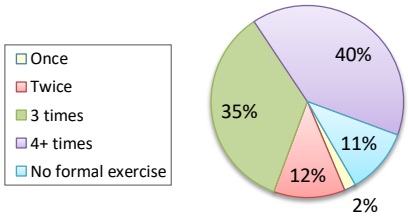
38

Self-Description of Physical Activity

- In all, 7 of 10 residents claim to be physically active; highest among the higher income brackets.
- Hispanics tend to be the least physically active.



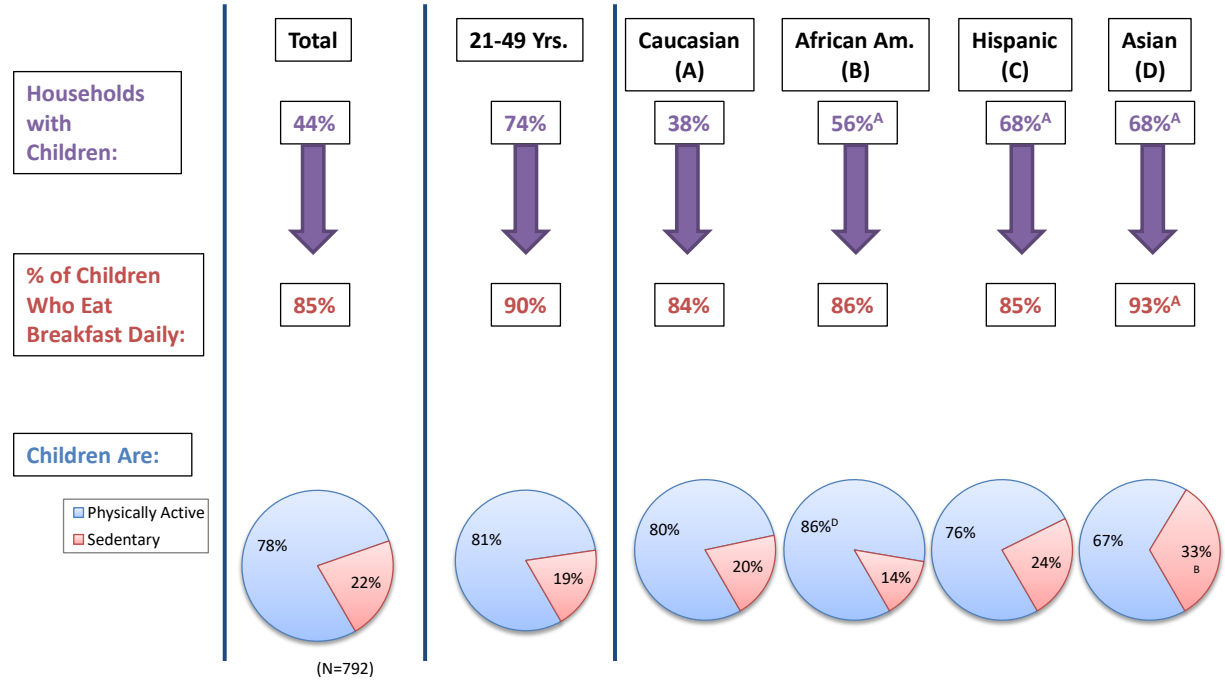
 # Times Exercise per Week
(Among those who are physically active)
(N=571)



Q.11 - Do you feel that you…
Q.11 - How often do you exercise each week?
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Activity Level of Children in Household

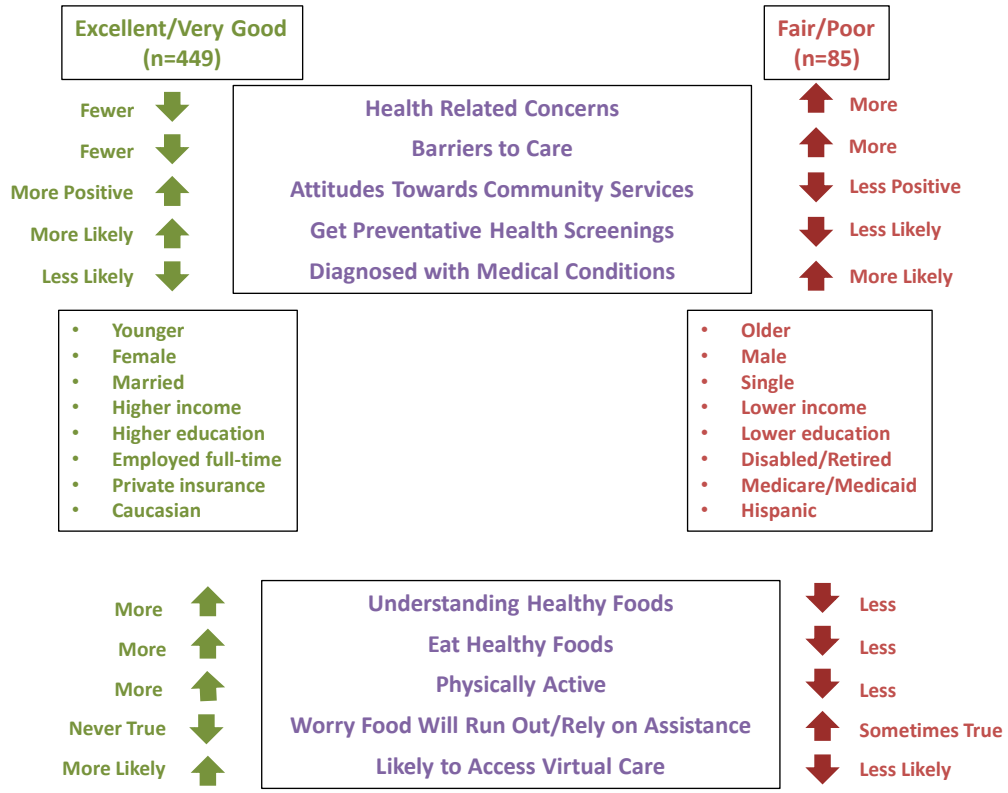
- In households with children, the large majority are eating breakfast daily and are physically active.
- While both Hispanics and Asians have a high level of children present in the household, they have the lowest level of physically active children.



(N=792)
Q.11a - Do you have any children that live with you?
Q.11b - Do they eat breakfast before the start of the school day?
Q.11c - Would you describe your child(ren) as physically active or sedentary during after school hours and weekends?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

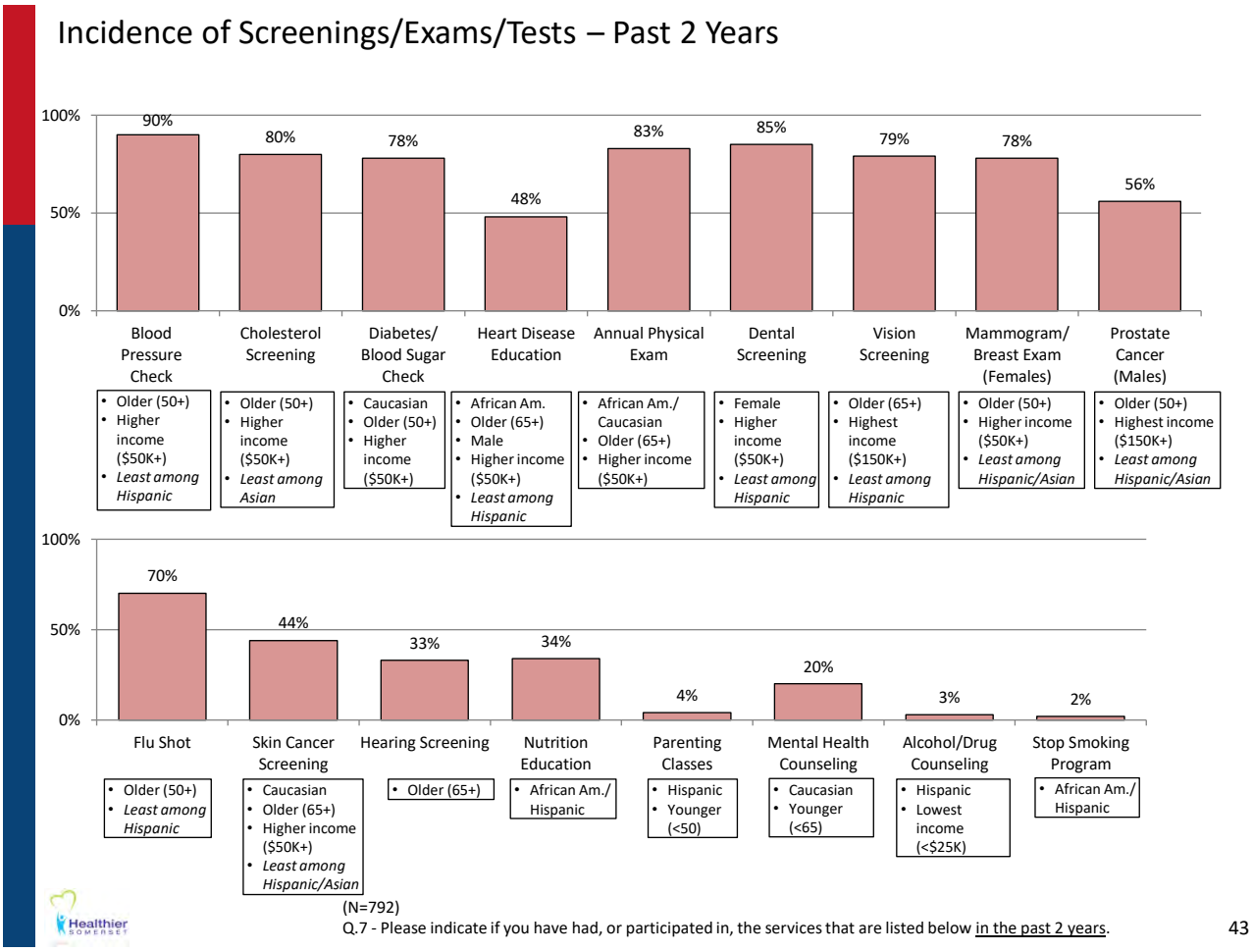
40

Profile of Those in "Excellent/Very Good" Health vs. Those in "Fair/Poor" Health



41

Incidence of Screening Tests and Conditions Diagnosed

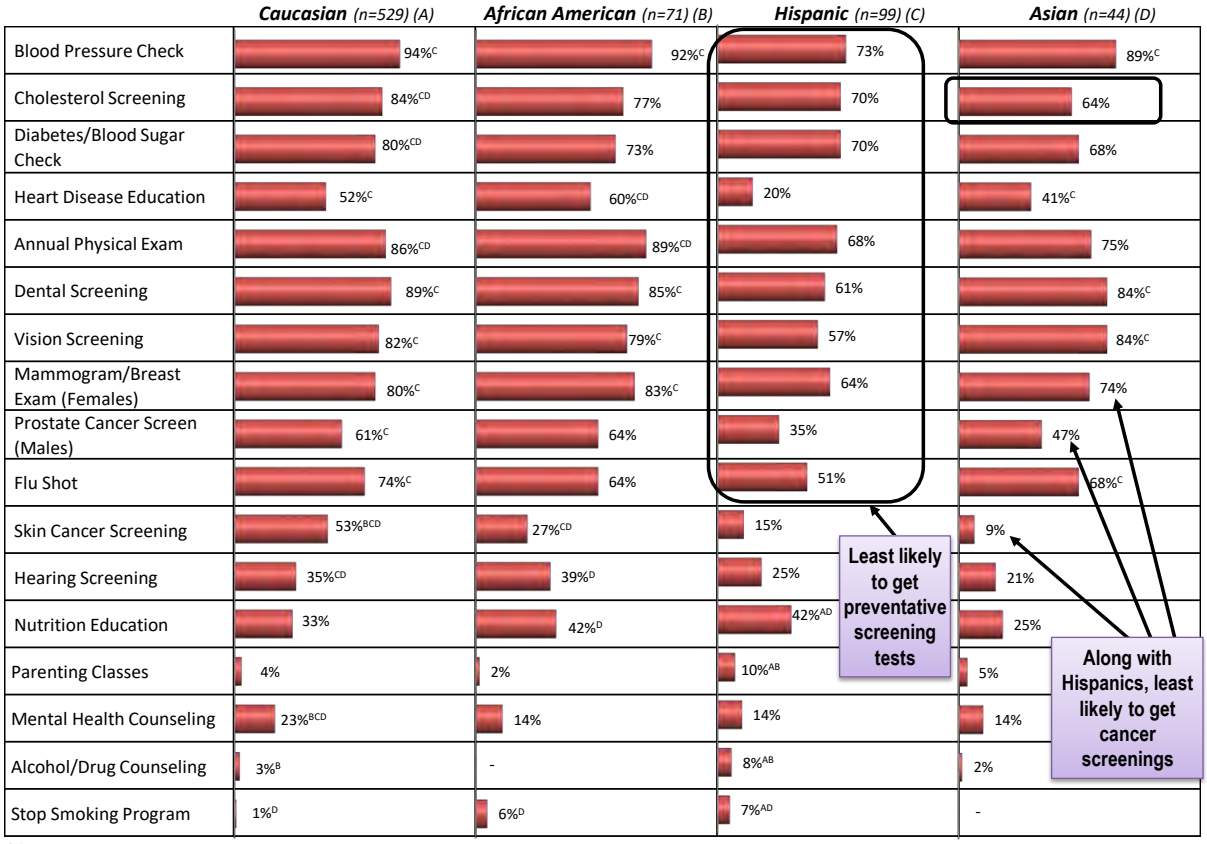


(N=792)

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.

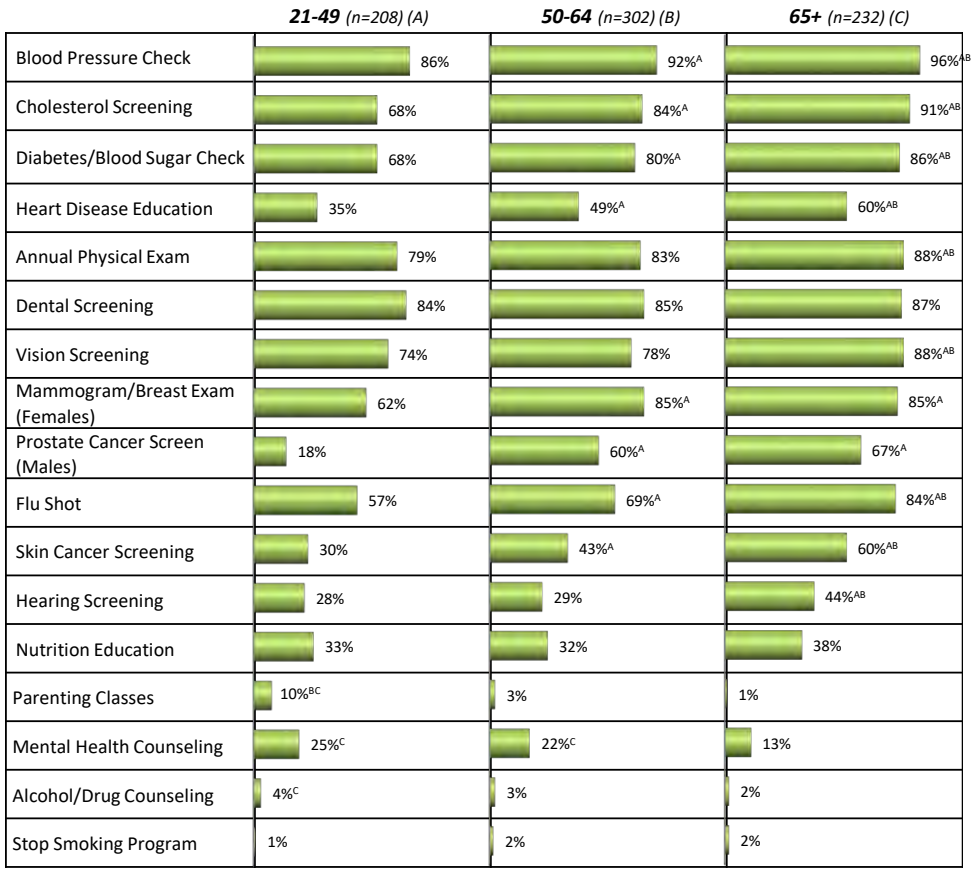
43

Incidence of Screenings/Exams/Tests – by Ethnicity



Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Incidence of Screenings/Exams/Tests – by Age

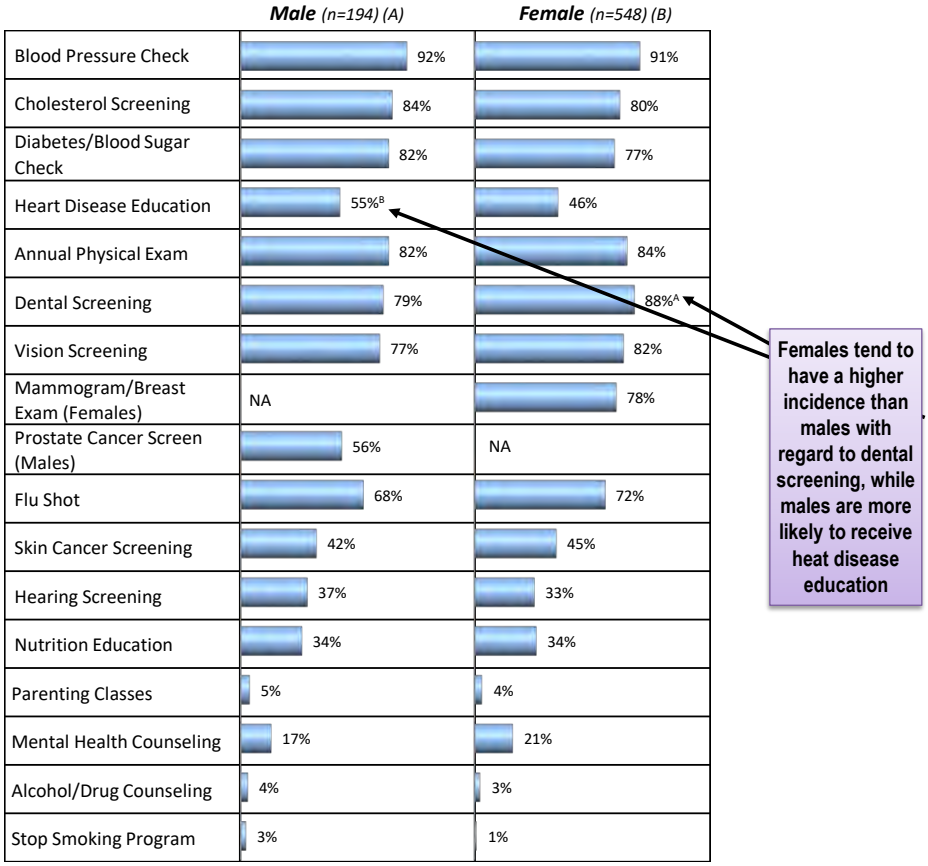


Most screening exams skew towards the older population (50+), with the exception of mental health/drug counseling and parenting classes

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

45

Incidence of Screenings/Exams/Tests – by Gender



Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B) = Significantly greater than indicated cell at the 90% confidence level. NA = Not applicable.

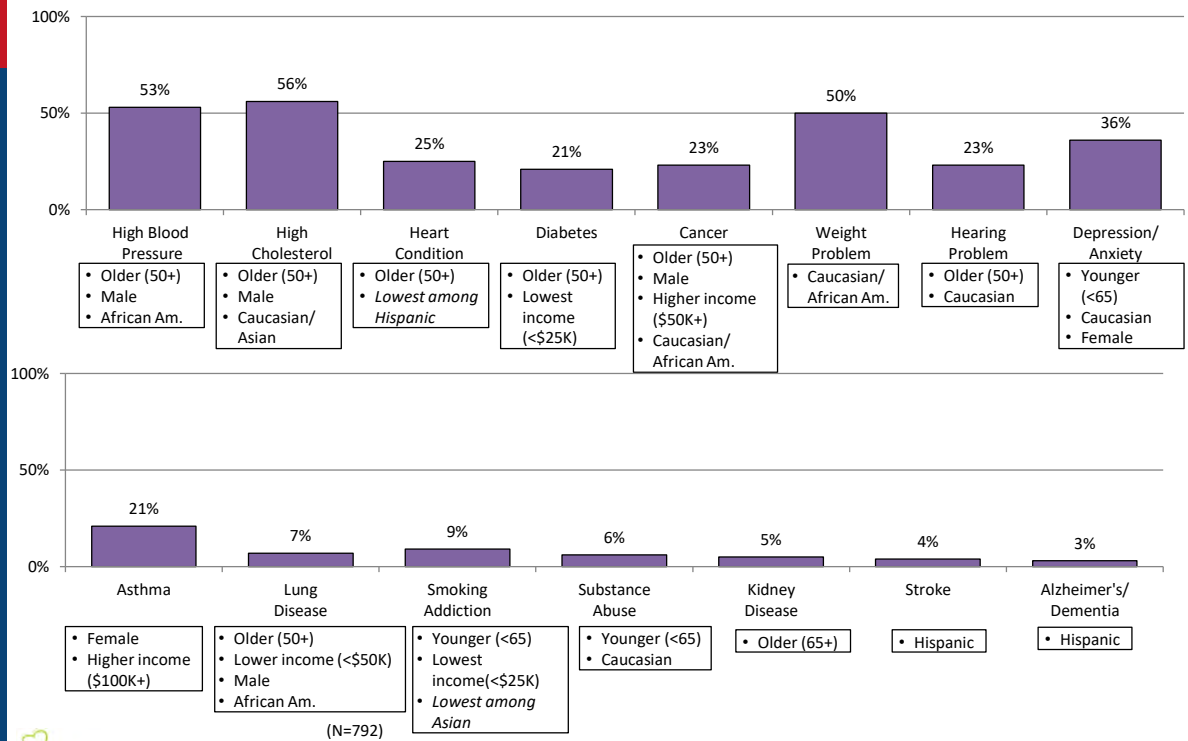
Incidence of Screenings/Exams/Tests – by Income

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

47

Conditions Diagnosed by Physician (Self or Family Member)

- Older residents (50+) report being diagnosed with more conditions versus their younger counterparts, although depression/anxiety, smoking addiction and substance abuse skew towards the younger population.
- Males report somewhat higher incidence of high blood pressure, high cholesterol, cancer and lung disease, while females report more depression/anxiety and asthma.

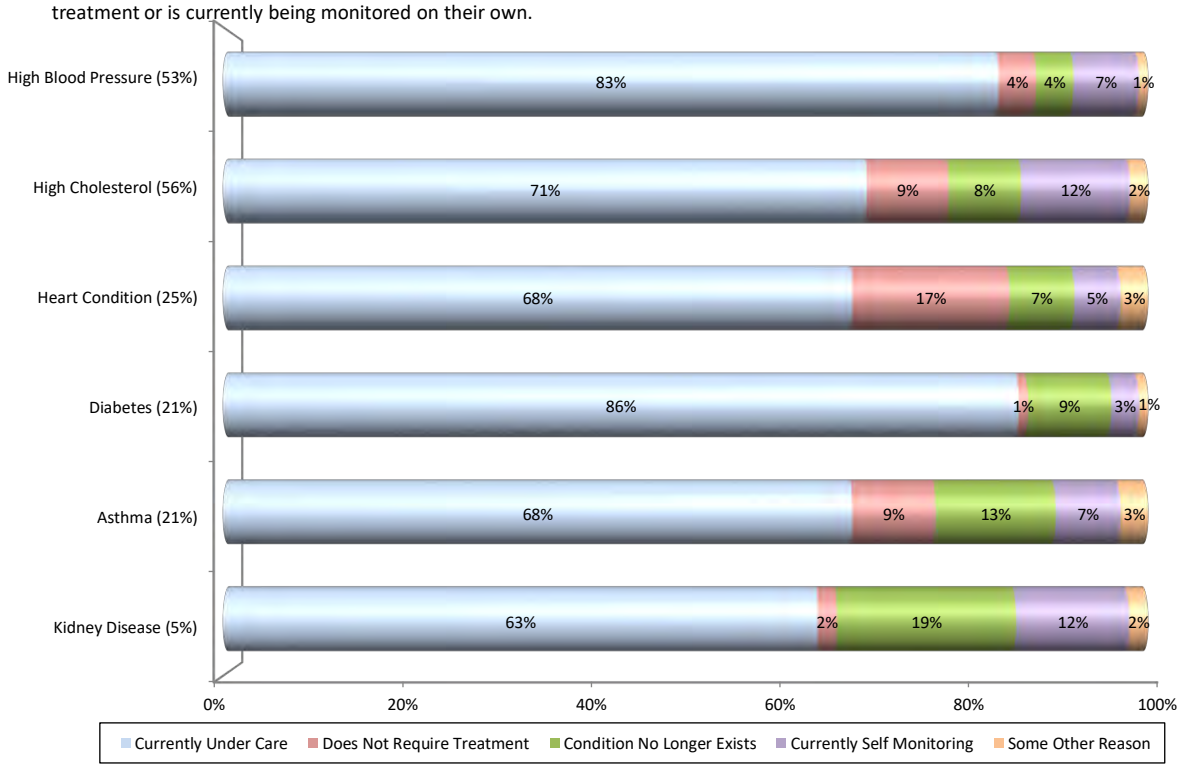


(N=792)

Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

How Conditions Are Being Managed

- The large majority of those reporting high blood pressure, diabetes, high cholesterol, heart conditions, asthma and kidney disease are currently under care for their conditions, with some reporting the condition no longer exists, does not require treatment or is currently being monitored on their own.

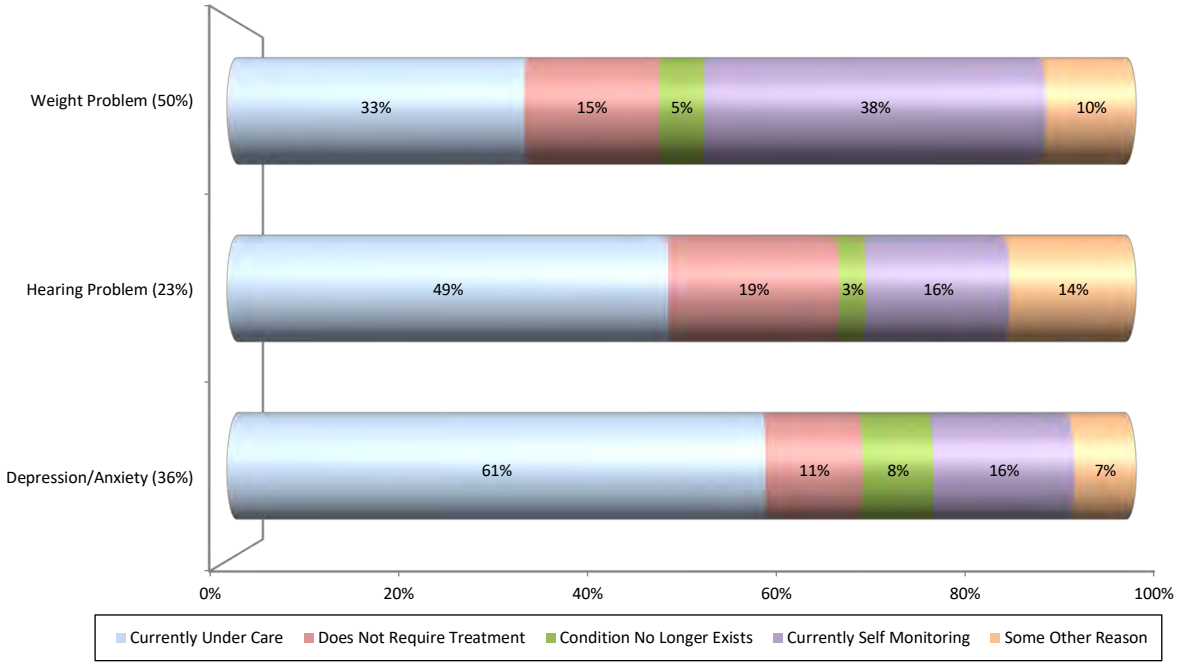


NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned? Would you say it is because…

49

How Conditions Are Being Managed – (continued)

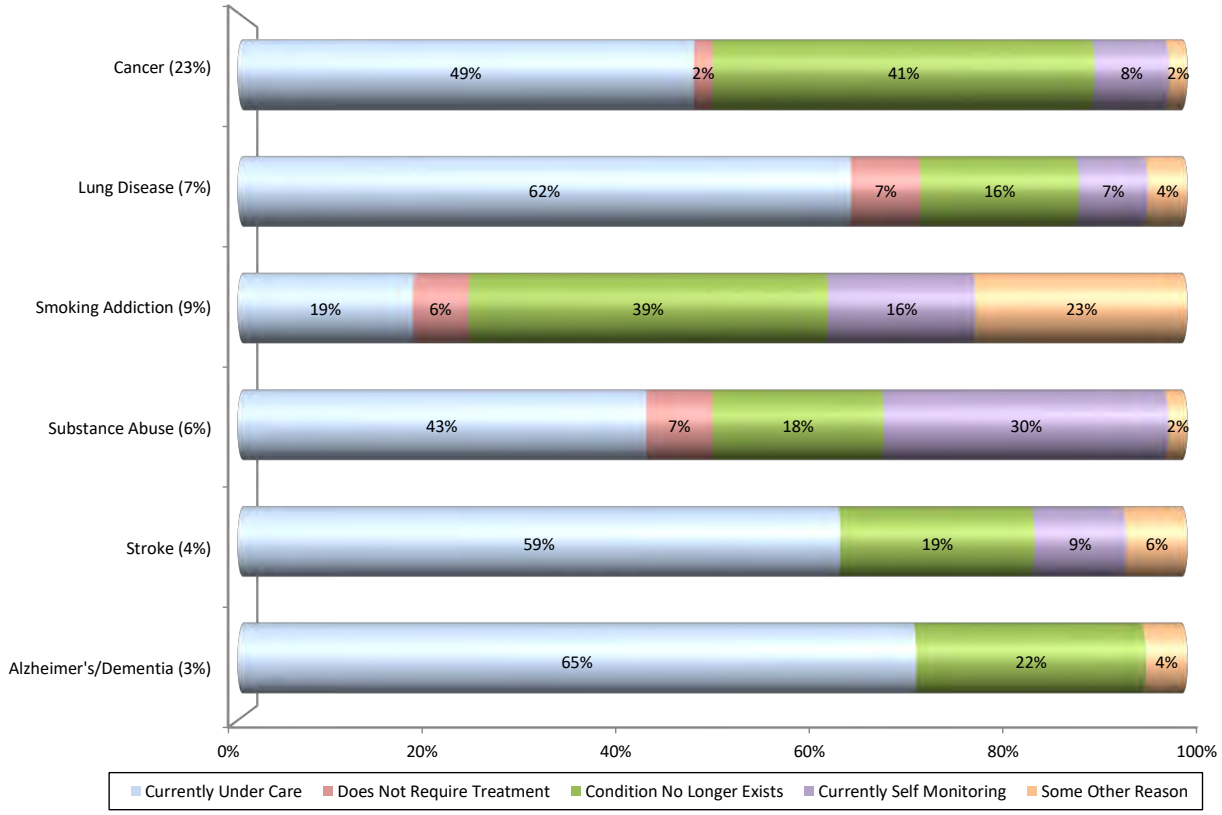
- Of those reporting weight issues, one-third (33%) say they are currently under a physicians care for the condition, while over one-third (38%) say they are currently monitoring on their own; 15% say the condition does not warrant treatment and a handful say the condition no longer exists.
- While a majority of those diagnosed with depression/anxiety are currently under care, some are monitoring it on their own, say it doesn't require treatment or the condition no longer exists.



NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned? Would you say it is because…

How Conditions Are Being Managed – (continued)

- Few residents are under a physicians care for smoking addiction, with many saying the condition no longer exists.

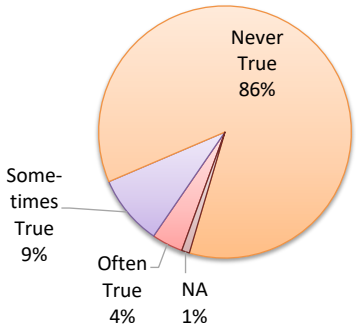


NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned? Would you say it is because…

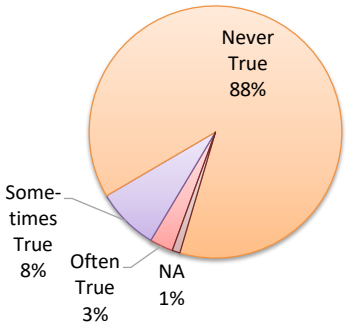
Additional Data

Statements About Ample Food/Food Assistance Programs

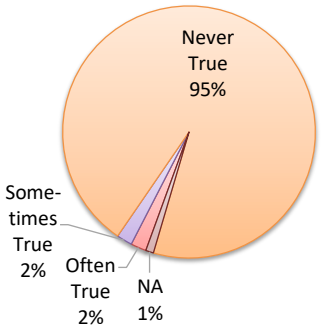
"We worried whether our food would run out before we got money to buy more."



"The food that we bought just didn't last and we didn't have money to get more."



"We rely on a community supper program, food pantry or meal assistance program to supplement our household."



Those who agree with these statements tend to be: lower income, younger, African Am. or Hispanic.

(N=792)
Q.12 - Please read the following statements that people have made about their food situation. For each one, indicate how true the statement was for your household over the last 12 months.

53

Physician Habits

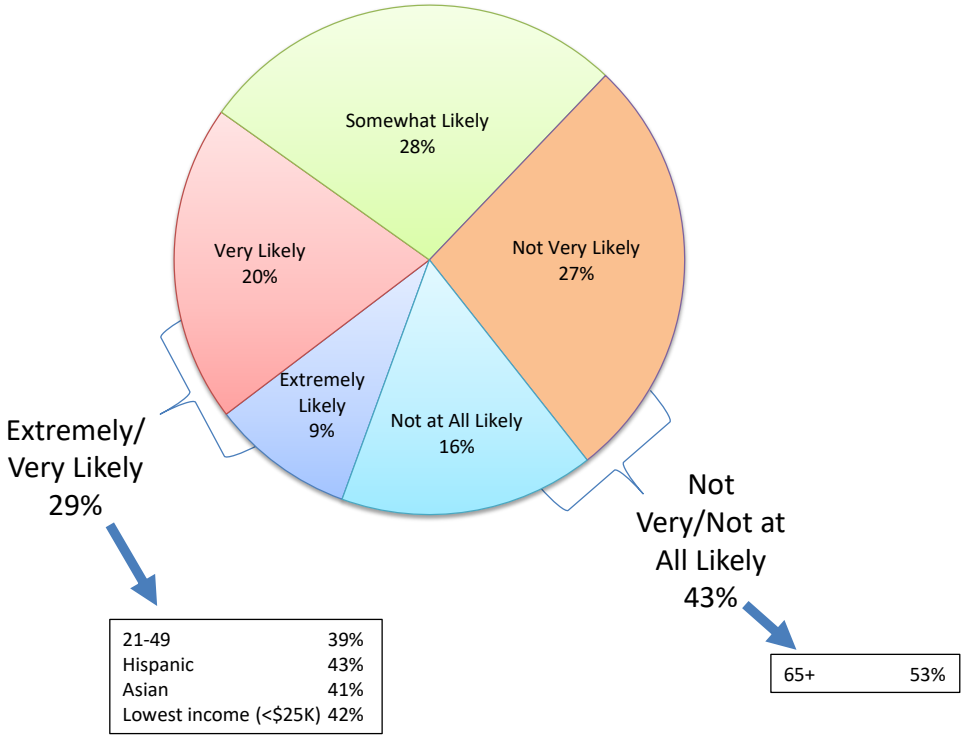
- Older and higher income residents are significantly more likely versus their younger/lower income counterparts to visit the same doctor or group every year or two for a check-up, while the younger and lower income residents are more likely to visit the doctor only when sick or need medical care.
- Hispanics tend to visit the doctor only when sick or urgent care is needed.

	Total	Age			Income					Ethnicity			
		21-49 (A)	50-64 (B)	65+ (C)	<25 (A)	25-50 (B)	50-100 (C)	100-150 (D)	150+ (E)	Caucasian (A)	AA (B)	Hispanic (C)	Asian (D)
	%	%	%	%	%	%	%	%	%	%	%	%	%
Go to Dr/group every year or two for check-up	76	70	78[A]	85[AB]	56	64	72[A]	81[ABC]	91[ABCD]	81[C]	77[C]	58	71
Go to Dr/group only when sick/hurt	18	27[BC]	19[C]	11	22	31[DE]	22[E]	16	13	17	15	23	30[AB]
Go to Urgent Care or ER when need medical care	10	17[BC]	9[C]	4	20[DE]	15[DE]	9	7	5	7	4	26[AB]	16[B]

(N=792)
NOTE: Multiple mentions.
Q.13 - When you need medical care, which of the statements below best describes you?
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Likelihood of Accessing Medical Care Virtually

- Few residents indicated a strong likelihood of accessing medical care virtually.



(N=792)
Q.14 - If you were able to access medical care virtually, for example, through FaceTime or Skype, how likely would you be to use this type of technology?

Sampling of Additional Comments - (Reference Data File for Complete List)

Q.15 - Use the space below to expand on a topic previously mentioned or an important health related topic that was not mentioned in this survey.

56

4. FOCUS GROUP DISCUSSIONS/KEY INFORMANT INTERVIEWS/WORLD CAFÉ MEETING

A. BEHAVIORAL HEALTH FOCUS GROUP

A focus group was held with 16 representatives from the provider, volunteer and peer communities on May 24, 2018. The areas discussed included service needs and challenges; resource availability; family and patient support; stigma; challenges and barriers; underserved consumers; and integrated care.

Service Needs and Challenges

Among the issues mentioned as most problematic in Somerset County was a lack of psychiatric services (psychiatrists and nurse practitioners) for medication monitoring and evaluation. Other significant resource issues included a lack of bilingual clinicians for Latino and Hispanic populations, and provider burnout. Key comments regarding resource issues included:

- "Non-profits are constricted in what we are able to reimburse and that makes it difficult."
- "We struggle to balance the cost of a psychiatrist and making sure we are using them properly for billable hours; but there is all this documentation, so it's a constant struggle to balance out billable hours as well as making sure the documentation is completed."
- "As far as the salaries, that's probably at the top of the list – that we cannot meet the salary requirements of a psychiatrist, especially one with a specialty."
- "We get a lot of juvenile justice system clients. The courts and even a lot of police departments come up with these provisions – we want this child evaluated, medication monitoring, substance abuse counseling – not understanding the limitation of services."
- "The burnout rate in the field for therapists, social workers – I think no one talks about that but it's exhausting. You see the turnover in agencies; you see people not going into the field; you see people leaving the field because of it."

Participants also acknowledged a rise in addiction issues and of clients needing detox services and Medication Assisted Treatment (MAT), and the stigma against MAT. The stigma against MAT was characterized as so strong that even people who are treated in the ED with Narcan are refusing it because of the negative concepts about the treatment.

Others mentioned the lack of access to transportation, lack of insurance or ability to pay, and the degree to which these are exacerbated for undocumented and immigrant clients, as well as for victims of domestic violence. Young adults on the spectrum and young Muslim women who have mental health issues are also populations for whom resources were described as limited or non-existent.

The connection between traumatic experiences such as domestic violence, extreme poverty, homelessness, living in fear of deportation, depression, anxiety, PTSD, suicide, poor health outcomes, and drug and alcohol abuse was also discussed, particularly as it relates to need for trauma informed behavioral health resources.

Resource Availability

Most participants believe that services exist in the community but are outstripped by the extent of growing need. Others commented on the lack of information to help people navigate the system as well

as transportation access, lack of child care; and the confusing array and levels of service, and the wish that more people received needed services before they were in crisis.

Among the list of services people felt were missing were: recovery support services including transportation, housing, youth groups with a focus on trauma; relapse prevention; prevention and early intervention, and screening services for children; navigation services to help patients navigate the mental health system and link them to services; and re-entry services for people leaving prison.

Stigma

Participants agreed that stigma is often fueled by fear or denial or shame and cultural issues.

- "A parent looking at their child might say it's not anxiety, it's not depression, you're too young. You can't be experiencing these symptoms, you don't need mental health because you're just exhibiting adolescent behavior."
- "Another factor of stigma has to do with culture, and that has to do with a certain amount of competitiveness and how someone with a problem is seen as different . . . so there is a lot of shame around that."
- "Stigma is fairly strong in the African-American faith-based community, so it's not atypical to hear, 'Pray on it' and reject other therapies that may be available."
- "The media causes some stigma because they are always blowing up stories of people with mental illness who commit murder while the majority of people with mental health problems are doing well."

Most believe that the only way to reduce stigma is to educate the community, parents and providers, and as a result, many have become actively involved in this pursuit, as noted in the discussion below.

Services or Strategies That Have Yielded Success

Several people mentioned success in developing psychiatric cooperatives in which the services of a psychiatrist were shared among several providers to enhance access among service providers and another suggested training Advanced Practice Nurse Practitioners / Nurse Practitioners to work independently or in partnership with a physician to create more patient access.

A number of participants talked about the development of mental health stigma-free zones as a means of helping to link people to needed services and reducing stigma via education. Stigma-free zones are a grassroots, volunteer-led initiatives to enhance information in individual towns about mental health, services available, or to provide support outreach services to specific populations. Others talked about how programs aimed at training town councils, police and first responders, teachers or school administrators have helped to enhance awareness about mental health issues and to break down stigma.

One of the other successes mentioned was the growing interest of many schools to incorporate behavioral health education into their health curriculum as well as implementing other initiatives to educate children and adolescents. Such initiatives include offering anti-stigma clubs, mental health awareness days and health fairs, and teaching coaches and health educators how to talk with their students about behavioral health issues and how to refer them to appropriate services.

While most were pleased with the progress being made through the schools, and the increasing interest of teachers, there was some concern that at least some resources were under-utilized, like AIR (Attitudes In Reverse), Minding Your Mind and Ending the Silence. Others were concerned that while students, teachers and counselors were eager and passionate about learning and gaining skills, some of them were getting pushback from their superintendents.

- "'I think a lot of time the Administrators are afraid of being sued."
- "A lot of time teachers say they don't know what to say, they don't feel equipped, they don't have the education or skills to say, 'Hey, I'm noticing a difference'."
- "The issue I hear from the guidance counselors is that they are sometimes overwhelmed by the mental health complexities and they are not equipped to deal with them, and sometimes getting a student from school to an actual referral is very difficult because of the stigma, and parents don't necessarily want to put their child into therapy outside of the school setting."
- "There are some clients that will call in for help from the Traumatic Loss Coalition whenever there is a tragedy and, I have some school districts that will not call, will not acknowledge a loss – it's swept under the rug and that's it, we never talk about it."

Another participant talked about how the use of peers or peer advocates provided a low-cost way to help clients avoid crisis by linking them to others who had experienced the same issues. New Jersey Cares offers a program to help develop local access to peers.

Parents and Significant Others

Asked what parents or significant others could do for someone who shows signs of a behavioral health problem yielded a number of interesting insights. Overall, participants felt that a behavioral health diagnosis is quite overwhelming for parents and significant others.

- "They feel alone and don't know where to go, some type of navigator would be helpful."

Others felt that it would be helpful if parents or significant others were taught some de-escalation techniques and skills, to help them deal with issues until the client can see a provider, and when a more appropriate approach would be to call 911.

Still others talked about the needs parents, caregivers and significant others have for support services that are available through NAR-A-CON or AL-ANON of NAMI.

- "In our support group there are families that often are coming from the hospital."
- ". . . and they'll call and say, 'This is happening with my child, what can I do?'"
- "People need to know about it (NAMI) – we're New Jersey's best kept secret, sometimes."

An interesting suggestion from the group was to explore the possibility of offering navigator services through social media to help link people to services they need.

Integrated Care

All participants agreed that people with behavioral health issues often have medical conditions that go unaddressed or undiagnosed and believe that a stronger link is needed between primary and behavioral

health care. Most are seeing more collaboration between agencies and groups providing primary care and mental health services.

- "We are in the third year of our grant and finding we really need to have the nurse talk with the psychiatrist or case manager. They aren't separate entities anymore and can't be considered that way."
- "We are trying to drive the primary care physician to refer to mental health providers so that the patient gets a complete continuum of services not just medication."
- "The path would be to make sure if there is medication prescribed it be done by the mental health practitioner because it's just not followed the same way if it's from the primary care physician."

Others mentioned the need to integrate wellness activities such as yoga, exercise and mindfulness into treatment.

- "When you talk about educating younger kids on mental health and addiction issues they need to understand there are other strategies beside medication to deal with stress be it walking, yoga, mindfulness that needs to become part of their life."
- "I heard about a wonderful program that's doing resiliency training, particularly targeting minority populations. Just teaching kids coping skills."

Still others brought up the problems that behavioral health clients sometimes encountered within the health care system, such as long waits in health clinics and too much stimuli in EDs, which too often exacerbates a client's mental health issue so that the provider may see only that dimension during the screening, the lack of continuity of care, and the need for better referral practices ("hand offs" to new providers), or using health care managers or nurse practitioners to provide the linkage between the behavioral health services provider and the primary care practitioner.

B. MEDICALLY UNDERSERVED POPULATIONS FOCUS GROUP

A focus group was held on June 26th with five representatives of agencies serving Medicaid and medically underserved populations. Their observations regarding the health needs and barriers for these populations are outlined below.

Most Pressing Problems

Navigating the complexities of the system for Medicaid and low income populations seems to be by far one of the greatest issues confronting the underinsured and uninsured. Related to this is the issue of accessing resources on a timely basis.

> "Access at all levels is needed, i.e., enough providers, enough transportation and help in navigating the system. This is especially important for people on Medicaid where you can assume these people are disabled, low income and may not have the capacity to navigate a very complex system. Our concern is that it delays appropriate and preventative care for these people. The health issues are then amplified because they aren't getting the car they need when they need it and then the issue becomes catastrophic as well as expensive."

Of equal difficulty is finding a physician who takes Medicaid and dealing with the complexities of using an insurer's automated system to gain assistance, particularly for non-English speakers. Suggestions for fixing these issues included having a case manager or social worker assist people in getting appropriate services and follow-up care. Another suggested the ER connect patients to Medicaid providers they could see for follow-up/ongoing medical care.

When asked what medical services are the most difficult to access, dental services, psychiatry and neurology were mentioned.

Successful Services

The group was in agreement about what makes for a success – that developing a relationship with a client/patient is the key to successfully serving the patient's needs.

> "Where there is a relationship (consistency of use, medical memory of this person, etc.) that's where things go right."

Along with building a relationship, providers need to spend time and effort to understand the population they are serving. Understanding includes knowing what the patient's environment and circumstances are in order to ensure that follow-up care is realistic and can be delivered given the patient's circumstances.

Missing Services and Those Needing Improvement

Participants spoke of the need for a better triage system for patients regardless of where they might enter the care or social services arena to ensure the patient/client receives the services. Participants identified the loss of community centers as central locations that could link people to services, offer low-cost recreational services, and provide other community services.

Another spoke of difficulties in working with patients who were looking for a fast cure but were unwilling to modify behaviors to avoid issues that brought about the illness. This suggests a need for better education regarding preventative care, something that is a luxury when trying to keep up with the number of people with acute medical needs of those who are medically underserved.

Missing services were characterized as information, referral and advocacy.

Asked for examples of services that worked to alleviate these problems, one mentioned managed care plans that employ case managers to check in with patients and ensure they receive necessary follow-up support. Another mentioned a health clinic service for disabled people that provides all specialties in one place. Efforts such as those required sponsorship by larger entities than local COBs but they do reduce access issues for patients.

Barriers or Challenges to Accessing Health Services

In addition to the paucity of providers who accept Medicaid, most participants felt that transportation is a high barrier people face in accessing care.

> "Transportation is a big issue and getting back and forth and even the logistics here are not timely and if you are disabled it makes this a bigger issue."

> "Transportation could change everything in a positive way."
>
> "The county provides some transportation but, if you have children they cannot have access to the transportation. They will not transport anyone under 18, even if the child is disabled.

In addition to the lack of transportation for regular medical care, the absence of emergency transportation services was also mentioned.

Healthy Community

Some of the issues regarding healthy community revolved around issues related to air quality, access to healthy and nutritious food.

> "I think the general health of the community is a function of access and to some degree, wealth. If you have money you can buy a gym membership and eat healthy foods. If not, you eat sugar and bad food because that's what you can afford."

The absence of fresh food, vegetables and fruit, at most food banks was identified as another issue and an example of work being undertaken in Franklin Township was offered as a suggestion. They employ a model called Grow A Row which is a volunteer effort to grow food to supply area food banks.

The issue of the impact of wealth and geography on community health was also mentioned, as well as having access to safe recreational spaces.

Populations and Communities That are Underserved

A number of towns were mentioned as being underserved including Bridgewater, Bound Brook, Manville and South Plainfield. Many of the residents living in these towns are low income or undocumented individuals who are not receiving care due to deportation issues. There were also questions raised why some of the service needs of children are not provided by schools, as was once the case (e.g., dental exams).

Other participants mentioned groups of individuals who are homeless, have mental health or substance abuse disorders, and older people without language skills having access issues.

> "They cannot get to where they need to go, they don't know where to go, they don't have an advocate."
>
> "I see 3 patients a month who end up in jail because they are not given their medication, or they are looking on the street for something they can't get from the doctor, or can't get in to see them."

Others mentioned the fact that many medical conditions go undiagnosed by providers because a person with a mental health or intellectual disability does not always present with, or are able to communicate their physical ailments leading to the medical issue being ignored or not pursued, and only the behavioral issue being addressed, leading to delayed medical care.

Other Issues and Concerns

Participants also mentioned the need for better disaster planning, and outreach and education so that community residents are aware of services that are available.

C. WORKPLACE WELLNESS FOCUS GROUP

The Somerset County Business Partnership (SCBP) is a Chamber of Commerce serving the businesses and residents of Somerset County. SCBP works with Healthier Somerset, a coalition of representatives from healthcare, government, business, education, non-profit organizations, and faith-based communities in Somerset County, to achieve their mutual goal of making Somerset County the healthiest county in New Jersey.

SCBP hosted a focus group for employers to contribute information and perspectives from the business community to help inform this CHA. Approximately 20 employers attended the focus group, which included sole proprietors and representatives of mid-size companies and large corporations, public education systems, and county government. Attendees were asked first to identify their greatest health issues, then to discuss how they, as employers, addressed those issues.

Priority Health Issues

Attendees used the paired comparison process to prioritize the top health issues impacting the Somerset County business community. The group prioritized among these issues, which were identified as the greatest health concerns in the 2016-2019 CHIP: mental health; substance abuse; chronic disease; overweight/obesity; and health concerns related to aging.

Attendees prioritized these concerns in this order:

1. Chronic disease
2. Overweight/Obesity
3. Mental Health
4. Substance Abuse
5. Health Concerns Related to Aging

Themes

Discussion revealed these themes:

1. Somerset County employers consider health a priority in the workplace but that is often not effectively communicated to employees. Employers see the results of poor physical and mental health in the workplace through the impact of employee absenteeism, job performance, job training and retention. Many small employers suffer from a lack of time and financial resources to prepare long-range employee health plans or to even offer one-shot health challenges or “lunch and learn” programs. Even among employers who offer substantial employee wellness programs, employees often fail to participate or become aware of the opportunities offered to them through the programs. The employers who experienced greater degrees of success found that constant messaging and providing work time for employee participation in health programs were key outcome drivers.

2. Somerset County employers often focus on cures rather than prevention because employees fail to maintain healthy lifestyles. Employers understand that good health is a process and that keeping employees healthy is more cost-effective and produces more positive health outcomes than treating illness or chronic disease. However, because many employees fail to effectively manage their health, employers are often faced with seriously ill employees and growing healthcare costs.

3. Somerset County employers understand the connection between mental health and substance abuse and see mental health as the more serious issue. Not all Somerset County employers reported dealing directly with substance abuse issues in their workplaces, but all said that they deal directly with employees' mental health issues. Stress, caused by family issues, lack of work/life balance, and job-related pressures, is the leading indicator of poor mental health in these workplaces, which results in both employee absenteeism and "presenteeism" (employees who are not fully-functioning in the workplace because of these issues). Some employers cited the New Jersey Family Leave Act as a positive factor in employee mental health but a challenge for employers.

4. The aging population presents both direct and indirect challenges for Somerset County employers. Employers noted that the uncertain economy and lack of retirement savings are beginning to force employees to postpone retirement and work longer than they had planned. As a result, employers are dealing with increased medical costs related to severe chronic and age-related diseases. The aging employee population also means that an increasing number of employees are dealing with both aging parents and children of their own, another source of stress for the employees.

5. Somerset County employers do not instinctively see the connection between a healthy Somerset County and benefits for their businesses. At the outset of the focus group, approximately half of the attendees were aware of the goal to make Somerset County the healthiest county in New Jersey. Even among those who were aware, however, there was a lack of understanding of the marketing benefits and the economic development that could accrue to the County, as well as to their employee attraction and retention efforts, if this goal were achieved.

Recommendations

As the focus group concluded, participants were asked to enumerate ways in which SCBP and Healthier Somerset could help their efforts to make health a priority in their workplaces. They identified three primary areas:

1. Education. The majority of Somerset County employers said that they would welcome more information about employee health programs and about health in general. Substance abuse was cited as an area where many felt overwhelmed by their lack of knowledge.

2. Access to information. Somerset County employers were not aware of available resources through Healthier Somerset or SCBP. One participant cited the need for a comprehensive list of mental health resources available to Somerset County residents, unaware that this information is on the Healthier Somerset website. Similarly, SCBP offers an annual Health and Wellness Expo, and several who had attended noted the value offered through screenings and information. Employers can also be sources of health information for employees and constituents, such as the parents in a school district.

3. Support for new and existing employee wellness programs. Somerset County employers returned to a theme from the opening of the focus group: their inability to make health a true priority in their workplaces because of lack of employee participation. This lack of participation may be direct (non-recognition of health as a personal priority) or indirect (lack of time and resources), but ultimately each employee must be motivated to maintain or achieve good health, and that motivation will be different for every individual. Employers must identify the emotional drivers that will encourage employees to manage their health as well as the "pain points" that will push employees to achieve their goals. Somerset County employers need the support of the entire community to see the benefits that can accrue from effective employee wellness programs.

Conclusion

The themes elicited from this focus group represent an important call to action. The responses indicate that Somerset County employers view health as a priority and are working to improve employee health in their workplaces. Barriers to success include lack of knowledge, lack of information, and inability of employees to participate fully. Both Healthier Somerset and SCBP have working committees and structures to provide education and information. Another opportunity exists regarding Somerset County's economic development messaging and the importance of good health to the County's brand. As Somerset County's economic development arm, SCBP plays a major role in educating the business community about the benefits of good health to their own economic success.

D. KEY INFORMANT INTERVIEWS

Key interviews were conducted with representatives of Healthier Somerset representing racial and ethnic groups that were not as well represented in the survey (Asian and Southeast Asians), service providers serving disabled populations, transportation and housing advocates, faith-based leaders, and public health officers, each of whom offered unique perspectives to the needs assessment. A total of 15 individuals were interviewed through the process of individual or group interviews.

Healthy Community

Most key informants believe that the most important thing is education and awareness, particularly about prevention.

Additional views considered the role of a healthy environment, access to services and resources, understanding of the value of public health, physical, mental and spiritual health for everyone, health and economic inequality among individuals, access to decent and affordable housing, access to transportation, and the ability to access, navigate and participate in essential services.

Improvements Encountered

Informants felt that there had been some positive changes over the last several years in that there have been efforts to raise awareness of services in the community, a greater emphasis on physical fitness and nutrition, shuttle services into Somerville, development of diverse partnerships to address issues, outreach by hospitals and hospital systems to interact with diverse ethnic groups in the community with programs to encourage people to be more involved in their health and medical care. Another perspective

was that service availability had improved because there were additional services that providers could bill.

Services that Declined

When queried about areas of concern that declined, nearly all mentioned various aspects of behavioral health including the stigma that prevents individuals from seeking help. Others mentioned the stress and anxiety of high-pressured jobs, the isolation of adolescents, the anxiety and pressure for adolescents to achieve academic success (mentioned specifically for Asian population, as well as generally), the lack of coping skills or ability to deal with loss among younger people, mental health issues associated with low income and homeless populations. Others commented on the lack of access to medical professionals to treat Medicaid and disabled people, high cost of housing and health care, accessing information from insurance companies, doctors and hospitals regarding coverage, obesity, early on-set of disease, increasing use of opioids and other substances, STDs, HIV and cancer were also mentioned.

Access to Care

Insurance coverage issues were mentioned by some individuals, particularly being billed by providers who you were not told were not covered by your plan, finding doctors that are in your plan, and contacting insurers to find providers who are in your plan, and the delays these issues cause in obtaining treatment. Being and staying healthy are often compromised by the amount of work people have to do to provide for themselves and their families – some to make ends meet, some in pursuit of material wealth. Transportation barriers were among the most mentioned access barriers for people who do not drive (disabled, elderly, minorities), and the lack of flexibility of most government-sponsored services. Cultural and attitudinal barriers are problems faced by Asians, minorities and disabled populations.

Other challenges included housing, education, health literacy, financial access to services and providers, and the availability of evening and weekend services. Another mentioned barrier was that screening services were not as prevalent as previously.

Health Concerns

Public Health Officers were concerned about the public's lack of understanding of health in all of its contexts and were concerned with the lack of resources, financial and human, that are dedicated to these pursuits.

Others were more focused on problems such as the higher rates of cancer in New Jersey, the health and mental health stigmas that prevent people (Asian and others) from seeking early and preventive services, early on-set of chronic diseases and sedentary lifestyles, heart disease, stroke, obesity, Hepatitis B, mental health and opioid use, care for the undocumented, and aging populations of disabled patients facing co-occurring chronic disease issues.

Underserved Populations

Most agreed that undocumented people are among the most underserved because of the fear of discovery and deportation. Other groups mentioned included older immigrant populations with language, transportation and cultural barriers who are dealing with loss of spouse or friends and do not know how

to cope; homeless, low income individuals, dually diagnosed and developmentally disabled populations with mental health issues were also mentioned.

Addressing Health Concerns

A number of informants suggested ways to address some of the issues mentioned. For example, it was suggested that insurers have translators available who can explain coverage policies and assist clients find covered providers. It was suggested that when hospitals, health systems and other organizations conduct outreach programs these services should be in the community where people are comfortable; and a belief that outreach, particularly in terms of education and prevention, needs to be ongoing to build a relationship with immigrant populations and understand their culture. Others indicated:

- Enhancing relationships with the schools and school nurses to enhance access to health and mental health education.
- Greater emphasis on workplace health by employers.
- Recruiting and training people in the community to do outreach work and act as community health workers.
- Enhancing awareness of resources.
- Reconfiguring systems so that the money follows the person regardless of what system they are in.
- Training health care workers to better understand co-existing mental health and disability issues.
- Establishing the role of a Chief Health Strategist as a convenience of services to ensure non-duplicative work.
- Enhance education efforts about available services and resources.

E. WORLD CAFÉ MEETING

The Greater Somerset Public Health Partnership, in cooperation with Healthier Somerset, held a World Café Listening Session on June 28, 2018.

Structured conversations were held in which groups of people discussed a topic area at several tables, with individuals switching tables periodically and being introduced to the previous discussion at their new table by a table host. Among the topics were, "What Does a Healthy Community Look Life?"; "Whose Voice Do We Still Need to Hear?"; and "What One Thing Do You Wish We Could All Work Together On Over The Next Three Years To Make Our Towns Healthier?" A summary of the perspectives provided by World Café participants is presented below. Please see **Appendix F** for the World Café Exercise Report.

What Does a Healthy Community Look Like?

- Walkable, with soft streets.
- Access to health, affordable food.
- Economic options are available.
- Where people are engaged and interacting with each other.
- Trees, gardens, clean air.
- Equity in everything.
- People can access the resources they need – mental health, wellness and spiritual.

- Friendly, welcoming and stigma-free.
- Disease is prevented.

Whose Voice Do We Still Need To Hear?

- Youth (teens and millennials).
- Faith-based.
- Insurance companies.
- LGBT, immigrant and homeless people.
- People in recovery.
- Veterans.
- Community leaders.

What One Thing Do You Wish We Could All Work Together On Over The Next Three Years To Make Our Towns Healthier?

- Share more data.
- Help people who don't speak English.
- Primary Care Clinic and Mental Health Clinic next to the ED.
- Build a Youth Center.
- Make policies consistent across school districts.
- Focus on equity.
- Teach health care providers about mental health.

5. SOMERSET COUNTY/RWJUH SOMERSET SERVICE AREA HEALTH PROFILE

The Somerset County/RWJUH Somerset Service Area(s) Health Profile provides comparative analysis of health outcomes and health factors across the region, neighboring counties, New Jersey, *Healthy People 2020* targets and County Health Rankings benchmarks. Health outcomes depict the health of a region. Health factors represent health influences within a geographic area; an evaluation of health behaviors, access to care, social, economic and cultural specific issues and behavioral health are provided. Included also are social determinants of health, factors that influence health outcomes, disparities in health, and equity in health care.

A. SOMERSET COUNTY OVERVIEW

Somerset County is located in the north central section of New Jersey. The county encompasses a land mass of 305 square miles with 21 townships, boroughs and 46 zip codes. The county and its subdivisions are now largely suburban. The county is home to over 300,000 residents, making it the 13th most populous county in the State. Within Somerset County, Franklin Township is the most populous place with 10,665 residents, while Hillsborough is the largest area within the county, covering 55 miles.

Somerset County is one of the oldest American counties, first settled in 1681 and named after the English county of Somerset. For much of its history, Somerset County was largely agricultural. In the late 19th century the Somerset Hills area became a popular county home for wealthy industrialists.[9] In the 1960s, townships that were once agricultural were transformed into suburban communities, aided in large part by the strong pharmaceutical and technology presence in the county. Somerset County is bordered by Morris County to the north, Union County to the east, Middlesex County to the southeast, Mercer County to the south, and Hunterdon County to the west.

In 2015, Somerset County ranked 2nd in the State and 25th among counties in the United States in terms of per capita income. Most recently, Somerset County was ranked 2nd of 21 New Jersey Counties, as one of the healthiest counties in New Jersey by the RWJ County Health Ranking. The county once largely agricultural is now made up of mainly suburban communities. RWJUH Somerset's primary service area consists of communities located in the central portion of the county and adjacent areas of Union and Middlesex Counties.

B. SOCIAL DETERMINANTS OF HEALTH

Social determinants of health include socioeconomic and environmental factors which influence health outcomes, disparities in health, equity in health care, and are important tools to assess health at the local level. *Healthy People 2020* provides a framework for assessing social determinants of health across five topic areas: economic stability; education; social and community context; health and health care; and, neighborhood and built environment. While a relatively affluent county, there are residents of Somerset County and the RWJUH Somerset Service Area that face many socioeconomic challenges that may have consequences for health and health care in the region.[10]

[9] *https://wikipedia.org/somerset_county_newjersey*
[10] *https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health*

1. ***Economic Stability***

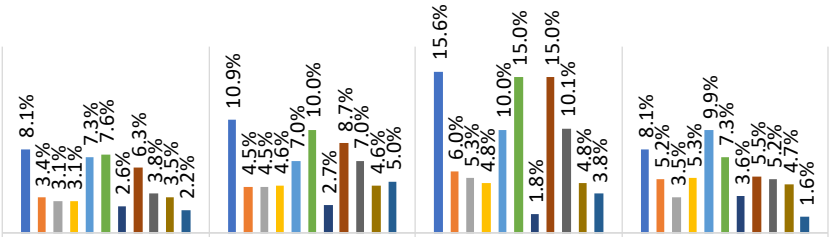
Poverty

Many believe that the Federal Poverty Level (FPL) understates true poverty and is prejudicial to New Jersey as it fails to adjust for differences in the cost of living across states.

Somerset is ranked 18th out of 21 New Jersey counties with 5.2% of residents sustaining an income below poverty.

- According to the Census, in 2016, Somerset County (4.5%) has fewer individuals living below the Federal Poverty Level than New Jersey as a whole (10.9%).
- Bound Brook and Manville have among the highest poverty rates and exceed the County rate. The 2016 ACS Survey reports 7.6% of Bound Brook families and 6.3% of Manville families are living below the FPL compared to 3.4% in Somerset County and 8.1% statewide.
- Regarding poverty, the percent of individuals living below the FPL, Somerset County ranks among the best quartile relative to all 21 New Jersey counties.

Income Below Federal Poverty Level
State and County Comparisons 2016



	Families	People	Children	Seniors
New Jersey	8.1%	10.9%	15.6%	8.1%
Somerset County	3.4%	4.5%	6.0%	5.2%
Hunterdon County	3.1%	4.5%	5.3%	3.5%
Morris County	3.1%	4.6%	4.8%	5.3%
Skillman (08558)	7.3%	7.0%	10.0%	9.9%
Bound Brook (08805)	7.6%	10.0%	15.0%	7.3%
Franklin Township (08823)	2.6%	2.7%	1.8%	3.6%
Manville (08835)	6.3%	8.7%	15.0%	5.5%
Somerset (08873)	3.8%	7.0%	10.1%	5.2%
Somerville (08876)	3.5%	4.6%	4.8%	4.7%
South Bound Brook (08880)	2.2%	5.0%	3.8%	1.6%

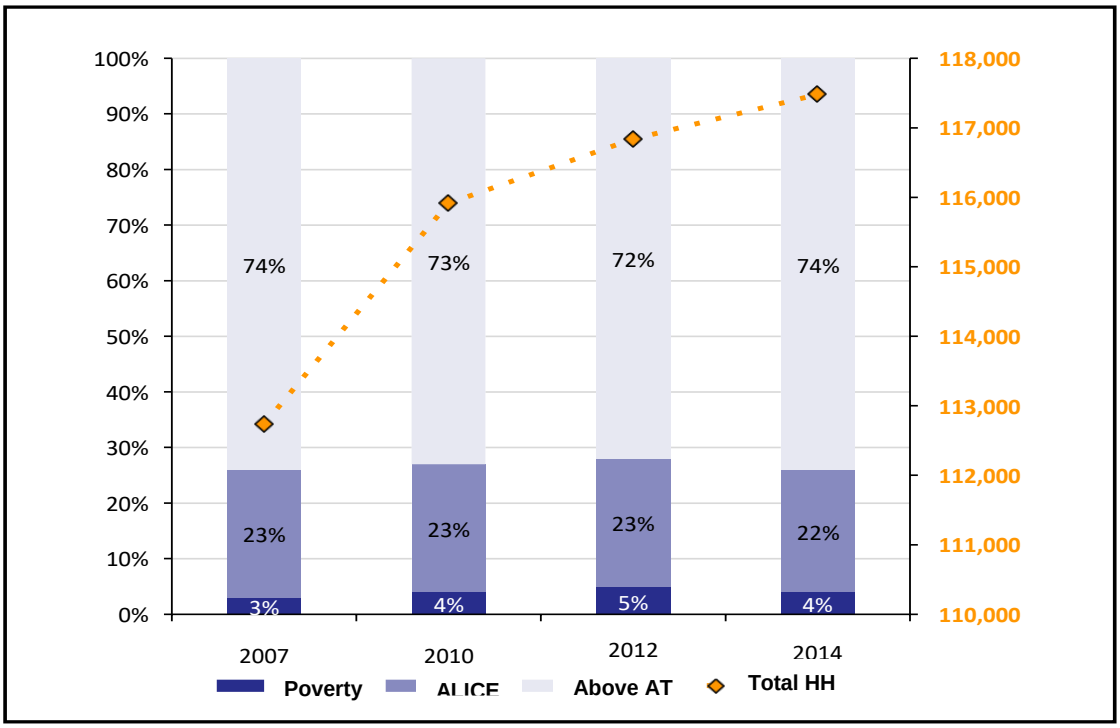
Source: United States Census 2016 5 Year ACS Estimates

To ascertain the number of household that may be struggling due to the high cost of living in New Jersey we turned to the United Way's ALICE (Asset Limited Income Constrained Employed project)[11] to get a better idea of the number of households that earn more than the Federal Poverty Level but less than the basic cost of living in Somerset County. As shown in the chart below, the Alice Threshold (AT) combined

[11] *http://www.unitedwaynj.org/ourwork/aliceatnj.php*

the number of households in poverty and ALICE households equals the population struggling to afford basic needs. In Somerset County, this percentage amounts to 26% (2014).

Household Income 2007-2014



The United Way's analysis shows ALICE households in Somerset County may earn above the Federal Poverty Level for a single adult, $11,670, or $23,850 for a family of four, but less than the household survival budget.

Household Survival Budget, Somerset County

	SINGLE ADULT	2 ADULTS, 1 INFANT, 1 PRESCHOOLER
Monthly Costs		
Housing	$928	$1,458
Child Care	$–	$1,907
Food	$202	$612
Transportation	$338	$676
Health Care	$131	$525
Miscellaneous	$194	$607
Taxes	$337	$889
Monthly Total	$2,130	$6,674
ANNUAL TOTAL	$25,560	$80,088
Hourly Wage	$12.78	$40.04

Sources: ***2014 Point-in-Time Data****: American Community Survey.* ***ALICE Demographics:*** *American Community Survey; the ALICE Threshold.* ***Budget:*** *U.S. Department of Housing and Urban Development (HUD); U.S. Department of Agriculture (USDA); Bureau of Labor Statistics (BLS); Internal Revenue Service (IRS); State of New Jersey Department of the Treasury; Child Care Aware NJ (CCANJ).*

There appear to be wide differences among municipalities in Somerset County in terms of the percentage of households living in poverty or at the AT. Bound Brook, Manville, South Bound Brook and Raritan are municipalities in which 40% of households are living in poverty or at the AT.

Households Living in Poverty or at the AT
Somerset County, 2014

Somerset County, 2014		
Town	Total HH	% ALICE & Poverty
Bedminster	4,125	28%
Bernards	9,618	17%
Bernardsville	2,767	18%
Bound Brook	3,470	45%
Branchburg	5,101	20%
Bridgewater	15,276	21%
Far Hills	396	26%
Franklin	23,749	28%
Green Brook	2,318	17%
Hillsborough	13,294	22%
Manville	3,874	44%
Millstone	173	28%
Montgomery	7,408	16%
North Plainfield	7,255	39%
Peapack and Gladstone	939	27%
Raritan	2,695	40%
Rocky Hill	234	22%
Somerville	4,590	39%
South Bound Brook	1,575	41%
Warren	4,999	17%
Watchung	2,085	25%

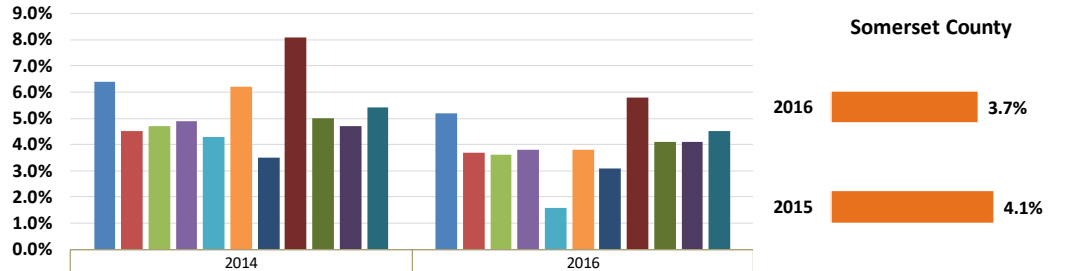
Note: Municipal-level data on this page is for Places and County Subdivisions, which include Census Designated Places (CDP). These are overlapping geographies so totals will not match county-level data.
Municipal-level data often relies on 5-year averages and is not available for the smallest towns that do not report income.

Unemployment

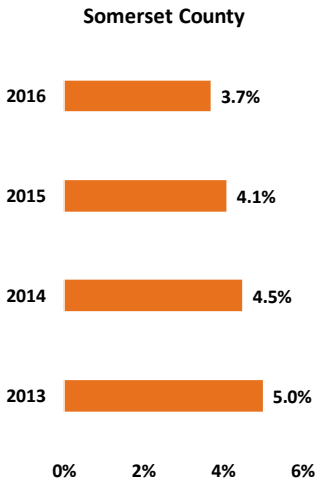
Those who are unemployed face greater challenges to health and well-being, including lost income and health insurance. Unemployed individuals are 54% more likely to be in poor or fair health as compared to employed individuals. According to CHR, racial and ethnic minorities and those with less education, often already at-risk for poor health outcomes, are most likely to be unemployed. Labor statistics indicate unemployment rates peaked at the height of the recession in 2010 and began to show some improvement by 2014.

- In 2016, the Manville unemployment rate (8.1%) is more than double that of Somerset County (3.7%).
- Between 2013 and 2016, New Jersey, Somerset County, Franklin Township, Somerset and Somerville experience at least a 20% reduction in unemployment while Skillman, South Bound Brook and Manville demonstrate a 40% or more decline in the same timeframe.
- In regard to unemployment, Somerset County ranks among the top quartile relative to all New Jersey counties.

State, County and Select Zip Code Unemployment Comparisons



	2014	2016
New Jersey	6.4%	5.2%
Somerset County	4.5%	3.7%
Hunterdon County	4.7%	3.6%
Morris County	4.9%	3.8%
Skillman (08558)	4.3%	1.6%
Bound Brook (08805)	6.2%	3.8%
Franklin Township (08823)	3.5%	3.1%
Manville (08835)	8.1%	5.8%
Somerset (08873)	5.0%	4.1%
Somerville (08776)	4.7%	4.1%
South Bound Brook (08880)	5.4%	4.5%



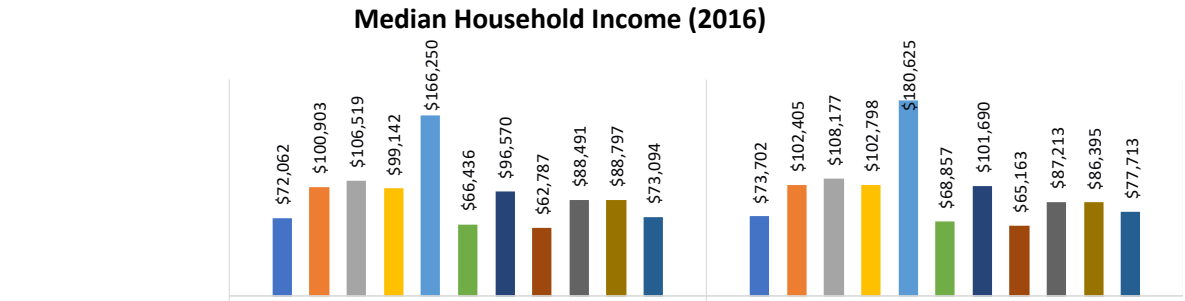
Source: United States Census 201320142016 5 Year ACS Estimates

Income

Income allows families and individuals to purchase health insurance and medical care, but also provides options for healthy lifestyle choices. While the starkest difference in health is between those with the highest and lowest incomes, this relationship persists throughout all income brackets.[12]

[12] *www.countyhealthrankings.org/our-approach/health-factors*

- The Somerset County 2016 median household income ($102,405) exceeds the New Jersey median household income ($73,702) by $28,703, or 28%.
- Manville's 2016 median household income is $65,163 (36%) less than Somerset County and $8,539 (12%) less than New Jersey.
- Relative to all 21 counties Statewide, Somerset County ranks among the top quartile for median household income.



	2014	2016
New Jersey	$72,062	$73,702
Somerset County	$100,903	$102,405
Hunterdon County	$106,519	$108,177
Morris County	$99,142	$102,798
Skillman (08558)	$166,250	$180,625
Bound Brook (08805)	$66,436	$68,857
Franklin Township (08823)	$96,570	$101,690
Manville (08835)	$62,787	$65,163
Somerset (08873)	$88,491	$87,213
Somerville (08876)	$88,797	$86,395
South Bound Brook (08880)	$73,094	$77,713

Source: United States Census 2016 5 Year ACS Estimates

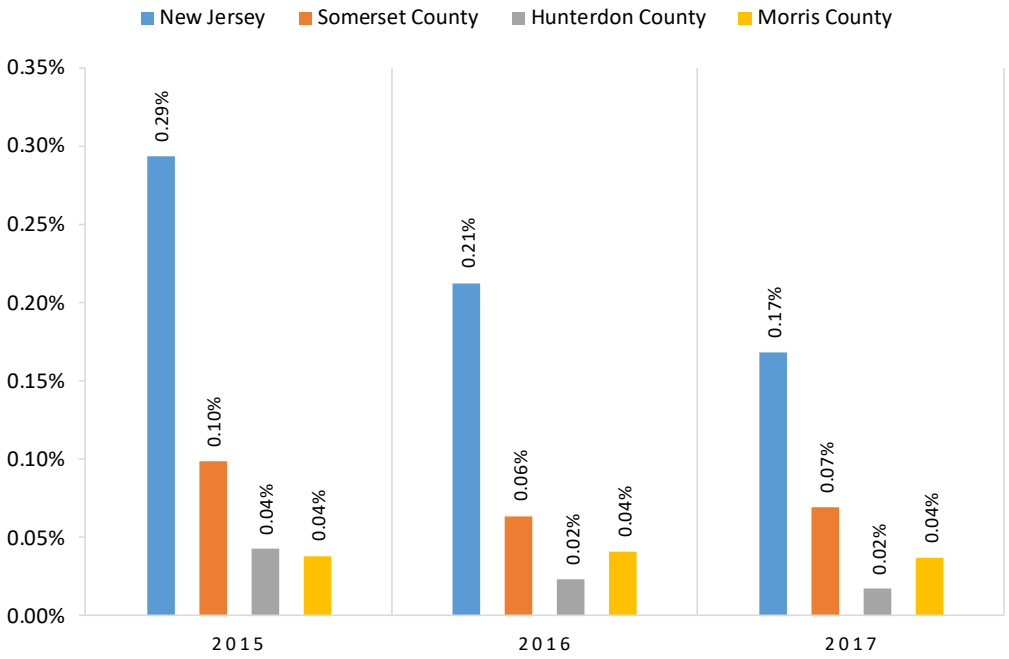
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Unemployment *Percent of Labor Force Unemployed*	N.A		
Income *Median Household*	N.A		
Income in the Past Year Below Federal Poverty Level *Percent of Total Population*	N.A	N.A	
Income in the Past Year Below Federal Poverty Level *Percent of Families*	N.A.	N.A	
Income in the Past Year Below Federal Poverty Level *Percent of Children*	N.A	N.A.	
Income in the Past Year Below Federal Poverty Level *Percent of Seniors*	N.A	N.A	

Temporary Assistance Needy Families (TANF)

In order to qualify for TANF in New Jersey, applicants must comply with all requirements of Work First New Jersey. This includes signing over rights of child support payments, helping to establish paternity of children, cooperating with work requirements and applying for all assistance programs for which a household may be eligible. Additionally, eligible applicants must meet income and resource guidelines.[13]

- As of December 2017, 0.54% of Somerset County children are receiving Work First NJ/TANF benefits, 61% fewer than statewide (1.39%); Somerset County ranks in the top quartile in New Jersey.
- As of December 2017, 0.1% of Somerset adults are receiving Work First NJ/TANF benefits, fewer than statewide (.29%).
- Between 2015 and 2017, the percentage of adults and children receiving WFNJ/TANF benefits declines by 40% and 25%, respectively.

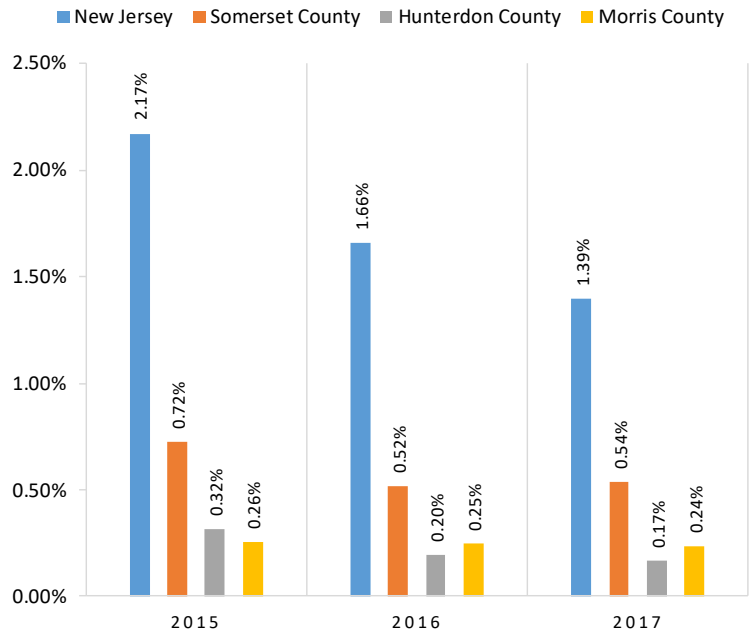
Temporary Assistance to Needy Families
State & County Comparisons Adults 2015 - 2017



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

[13] *http://www.tanfprogram.com/new-jersey-tanf-eligibility*

Temporary Assistance to Needy Families
State & County Comparisons Children 2015 - 2017



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

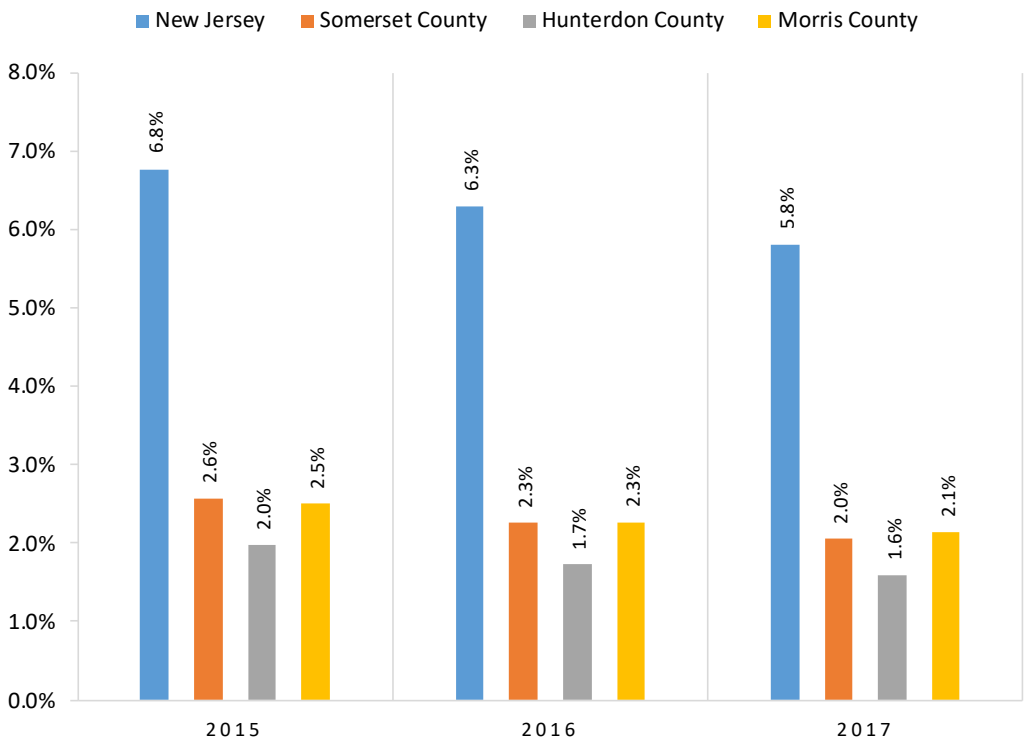
Supplemental Nutrition Assistance Program (SNAP)

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families. The Food and Nutrition Service works with State agencies, nutrition educators and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance make informed decisions and access benefits.[14]

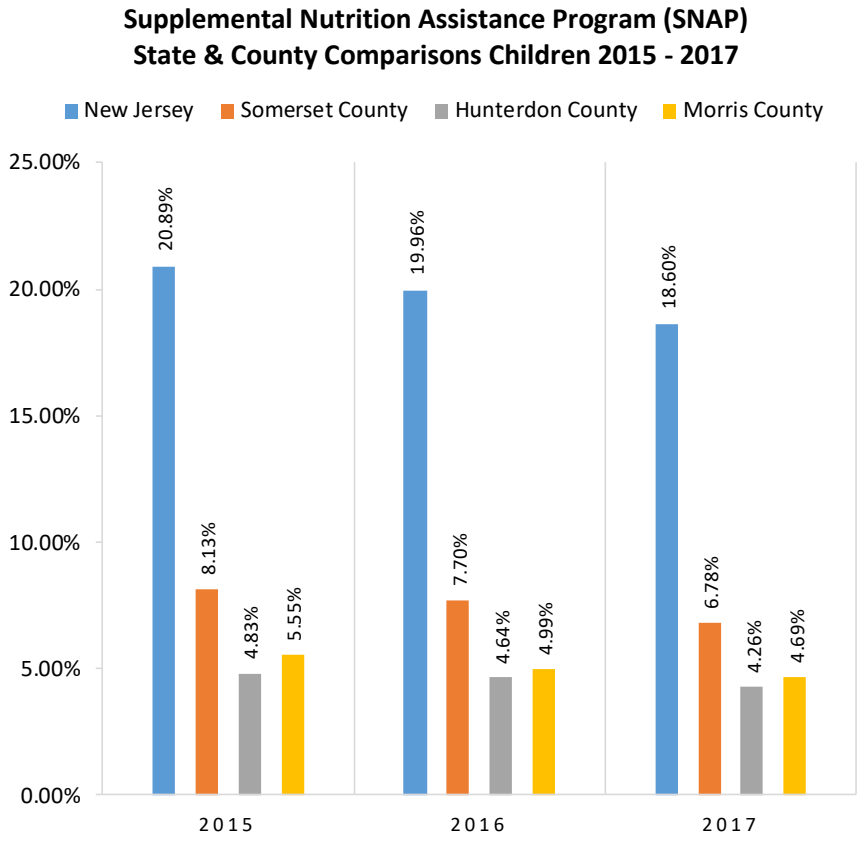
- In 2017, 63.5% fewer Somerset County children (6.78%) use SNAP benefits than children Statewide (18.60%).
- In 2017, 65.5% fewer Somerset County adults (2.0%) use SNAP benefits than throughout the State (5.8%).
- Between 2015 and 2017, Somerset County experienced a 23.07% decline in the percentage of adults and a 16.6% decline in the percentage of children receiving SNAP benefits.
- The percentage of Somerset County children and adults receiving SNAP benefits ranks in the top performing quartile among all counties.

[14] *http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap*

Supplemental Nutrition Assistance Program (SNAP)
State & County Comparisons Adults 2015 - 2017



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf



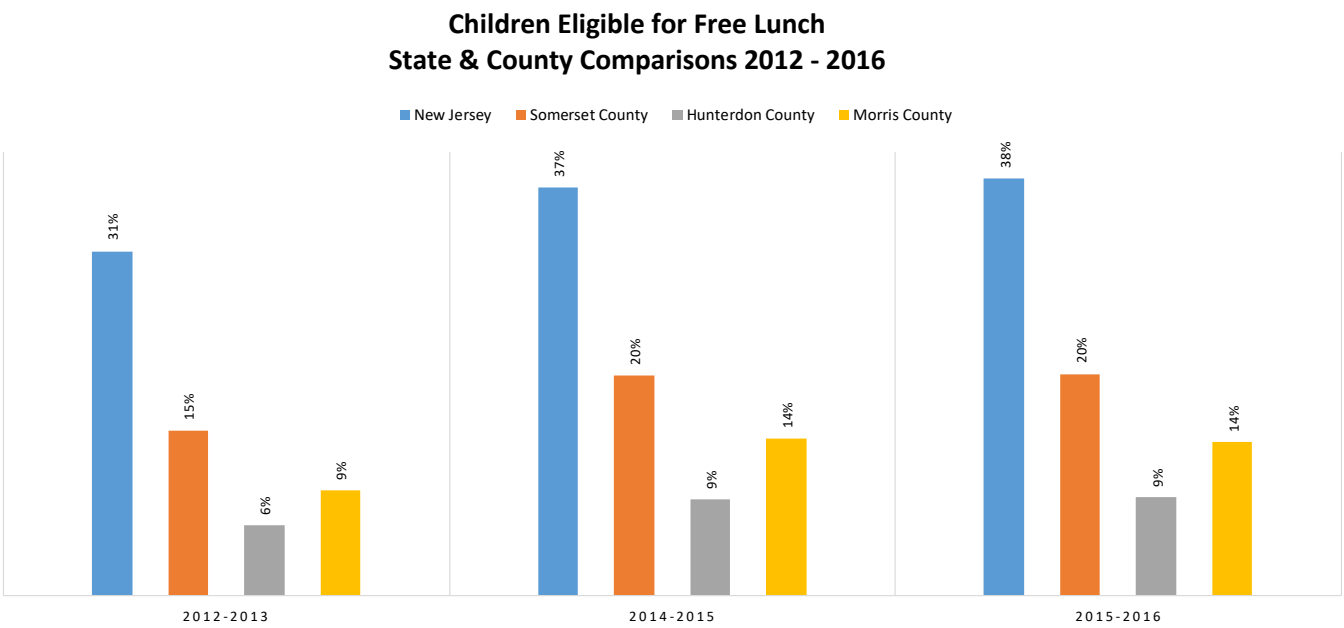
Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Children Eligible for Free Lunch

Public schools nationwide and across New Jersey have free lunch programs for children living at or near poverty. New Jersey requires public schools serve school lunches meeting at least one-third of recommended dietary allowances. According to the National School Lunch Program, the objective is "to provide a nutritious, well-balanced lunch for children in order to promote sound eating habits, to foster good health and academic achievement and to reinforce the nutrition education taught in the classroom."[15]

- The percentage of children eligible for free lunch increased throughout New Jersey, Somerset, Hunterdon and Morris counties between 2012-2013 and 2015-2016.
- Somerset County reported a 5 percentage point increase in students eligible for free lunch from 15% during the 2012-2013 school years to 20% in 2015-2016 school years.
- Somerset County is within the lowest quartile compared to of all New Jersey counties for free school lunch eligibility.

[15] http://www.nj.gov/agriculture/divisions/fn/childadult/school_lunch.html



Source: http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Children Eligible for Free Lunch	N.A		
SNAP (Supplemental Nutrition Assistance Program) *Percent of Population Receiving SNAP*	N.A	N.A.	
SNAP- Children *Percent of Children Receiving SNAP*	N.A	N.A	
WFNJ/TANF (Supplemental Nutrition Assistance Program) *Percent of Population*	N.A	N.A.	
WFNJ/TANF- Children *Percent of Children*	N.A	N.A	

2. ***Education***

Educational Attainment

Higher levels of education are linked to better health, healthier lifestyle decisions and fewer chronic conditions.[16] Lower levels of educational attainment often signals issues of health literacy and inability to follow medical advice.

- New Jersey and Somerset County residents have a higher percentage of individuals who did not complete a high school education than the *Healthy People 2020* target of 2.1%.
- In 2016, 5.9% of the Somerset County population did not earn a high school diploma, compared to 11.1% in New Jersey.

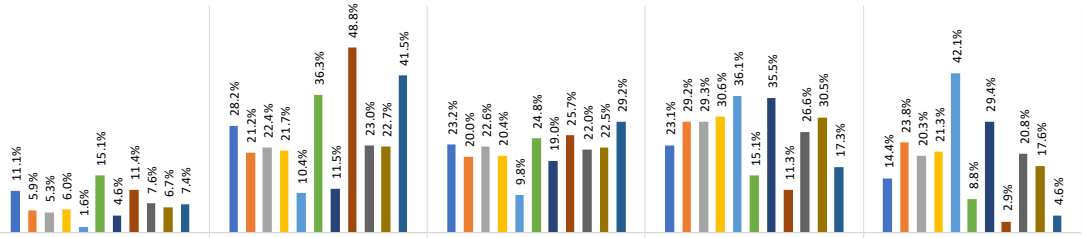
[16] *www.countyhealthrankings.org/our-approach/health-factors*

- In 2016, approximately 15.1% of Bound Brook residents reported not completing high school.

- The percent of Somerset County residents (23.8%) with a graduate or professional degree in 2016 is 37% higher than the State (14.4%).
  - In 2016, Bound Brook (15.1%) had nearly three times the number of residents with less than a high school education than Somerset County (5.9%).

- In 2016, nearly one-third of Somerset County residents earned a Bachelor's degree, exceeding the State (23.1%) by over 6 percentage points.
  - Manville (2.9%) has less than four times the number of residents with a graduate or professional degree than the State (14.4%).

Educational Attainment
State & County Comparisons 2016



	No High School Diploma	High school graduate (includes equivalency)	Some College/associate's degree	Bachelor's degree	Graduate or professional degree
New Jersey	11.1%	28.2%	23.2%	23.1%	14.4%
Somerset County	5.9%	21.2%	20.0%	29.2%	23.8%
Hunterdon County	5.3%	22.4%	22.6%	29.3%	20.3%
Morris County	6.0%	21.7%	20.4%	30.6%	21.3%
Skillman (08558)	1.6%	10.4%	9.8%	36.1%	42.1%
Bound Brook (08805)	15.1%	36.3%	24.8%	15.1%	8.8%
Franklin Township (08823)	4.6%	11.5%	19.0%	35.5%	29.4%
Manville (08835)	11.4%	48.8%	25.7%	11.3%	2.9%
Somerset (08873)	7.6%	23.0%	22.0%	26.6%	20.8%
Somerville (08876)	6.7%	22.7%	22.5%	30.5%	17.6%
South Bound Brook (08880)	7.4%	41.5%	29.2%	17.3%	4.6%

Source: United States Census 2016 5 Year ACS Estimates

Healthy People 2020

Baseline: 89.0 %
Target: 97.9%
Somerset County 2016: 94.0%

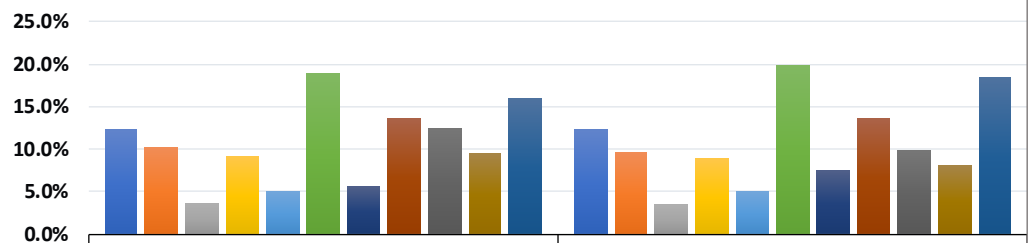
Limited English Proficiency

The lack of English proficiency can negatively impact one's ability to understand and follow medical directions. Somerset County residents experienced a decrease in the percentage of the population over age 5 with limited English proficiency.

- In 2016, according to the U.S. Census, 9.6% of Somerset County residents over age 5 report speaking English as "less than very well" compared to 12.2% of New Jersey residents.

- Somerset County experiences a 0.6 percentage point decrease in the population that reports limited English proficiency between 2014 (10.2%) and 2016 (9.6%).
- Somerset County ranks in the middle quartile, relative to all NJ counties.

Limited English Proficiency
State & County Comparisons 2014 – 2016



	2014	2016
New Jersey	12.2%	12.2%
Somerset County	10.2%	9.6%
Hunterdon County	3.6%	3.4%
Morris County	9.1%	8.8%
Skillman (08558)	5.0%	4.9%
Bound Brook (08805)	18.9%	19.9%
Franklin Township (08823)	5.6%	7.4%
Manville (08835)	13.6%	13.6%
Somerset (08873)	12.4%	9.8%
Somerville (08876)	9.4%	8.0%
South Bound Brook (08880)	15.9%	18.4%

Source: United States Census 2014 2016 ACS 5 Year Estimates; Persons Age 5+ reporting speaking English "less than well".

3. Social and Community Context

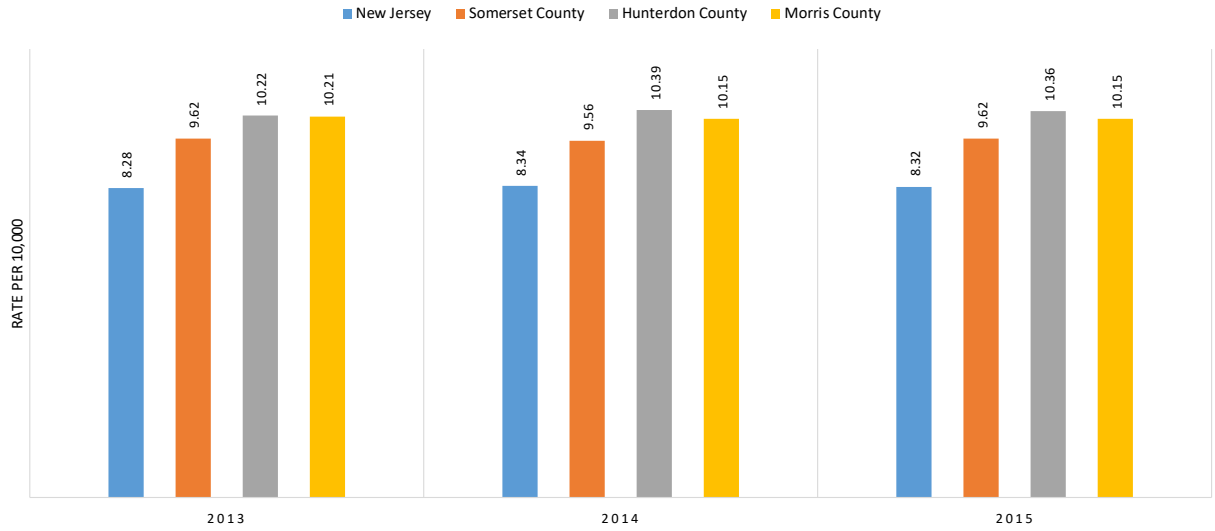
Social Associations

Social isolation can negatively impact health outcomes. Having a strong social network is associated with healthy lifestyle choices, positive health status, and reduced morbidity and mortality. Participation in community organizations can enhance social trust and a sense of belonging.[17] Social associations include structured membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, business and professional associations.

- Between 2013 and 2015, Somerset County had higher membership association rates than New Jersey, but lower than the comparison counties of Hunterdon and Morris.
- The membership association rate for Somerset County falls within the middle performing quartile compared to all 21 counties statewide.

[17] http://www.countyhealthrankings.org/app/new-jersey/2015/measure/factors/140/description

Number of Membership Organizations



Source: County Health Rankings, CDC Wonder Mortality Data, 2010 - 2016

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 22.1
Somerset County 2016: 9.6

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Educational Attainment: No High School Diploma *Percent of Population (Age 25+)*		N.A.	
Limited English Proficiency (LEP) *Percent of Population (Age 5+)*	N.A	N.A	
Membership Organizations	N.A		

4. Health and Health Care

Access to affordable quality health care is important to physical, social, and mental health. Health insurance helps individuals and families access needed primary care, specialists, and emergency care, but does not ensure access. It is also necessary for providers to offer affordable care, be available to treat patients and be near patients.[18]

Health Insurance

The expansion of Medicaid coverage and the Affordable Care Act's (ACA) coverage provisions, which began taking effect in 2010, helped decrease the nation's uninsured rate by 7.2 percentage points, from 16 percent in 2016. That translates into 20.4 million fewer people who lacked health insurance in 2016 compared to 2010. The uninsured rate is estimated to have increased to 15.5% in the first quarter of 2018, meaning another 4 million lost coverage since 2016 due to changes in health policy and insurance offerings. The uninsured are less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Those without insurance are often diagnosed at later, less treatable disease stages than those with insurance and, overall, have worse health outcomes, lower quality of life, and higher mortality rates.

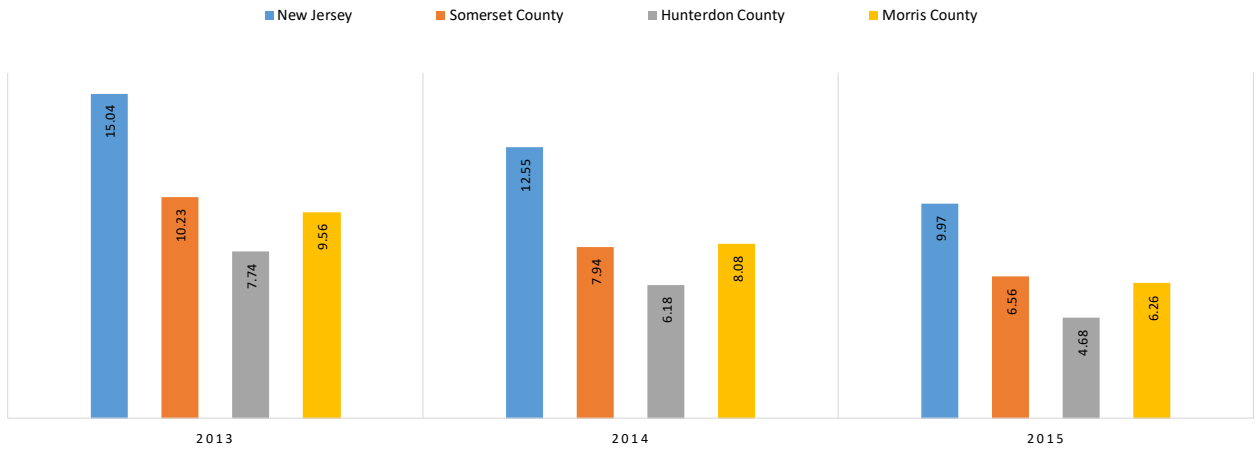
Neighborhoods with low health insurance rates often have fewer providers, hospital beds and emergency resources than areas with higher rates. Even the insured have more difficulty getting care in these areas.

Cost can be a barrier to care even for those who have insurance. Lack of insurance creates barriers to timely access to care for patients and financial burdens to the providers who care for them.

- In 2013, 10.2% of Somerset County and 15% of New Jersey non-elderly residents reported not having health coverage.
- Coverage for Somerset County residents improved from 10.2% without insurance in 2013 to 6.6% in 2015.
- In 2015, Somerset County (6.6%) was higher than the ambitious *Healthy People 2020* target of no person without health coverage. Somerset County also had a higher percentage of individuals without insurance than the CHR Benchmark.

[18] *http://www.countyhealthrankings.org/our-approach/health-factors/access-care*

Non-elderly Population Without Health Insurance
State & County Comparisons 2013 - 2015



Source: Healthy People 2020 - CDC Behavioral Risk Factor Surveillance System
County Health Rankings - US Census Bureau's Small Area Health Insurance Estimates (SAHIE)
Source: Sara R. Collins et al., First Look at Health Insurance Coverage in 2018 Finds ACA Gains Beginning and Reserve. Findings from the Commonwealth Fund Affordable Care Act Tracking Survey, Feb.-March 2018

Healthy People 2020

Baseline: 10.0%
Target: 0.0%
Somerset County 2016: 6.6%

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 6.0%
Somerset County 2016: 6.6%

Access to Care

Access to affordable quality health care is important to ensuring physical, social, and mental health. Health insurance assists individuals and families to obtain primary care, specialists, and emergency care, but does not ensure access. Access to care goes beyond just insurance, it is also necessary for providers to offer affordable care, be available to treat patients and be near patients.[19]

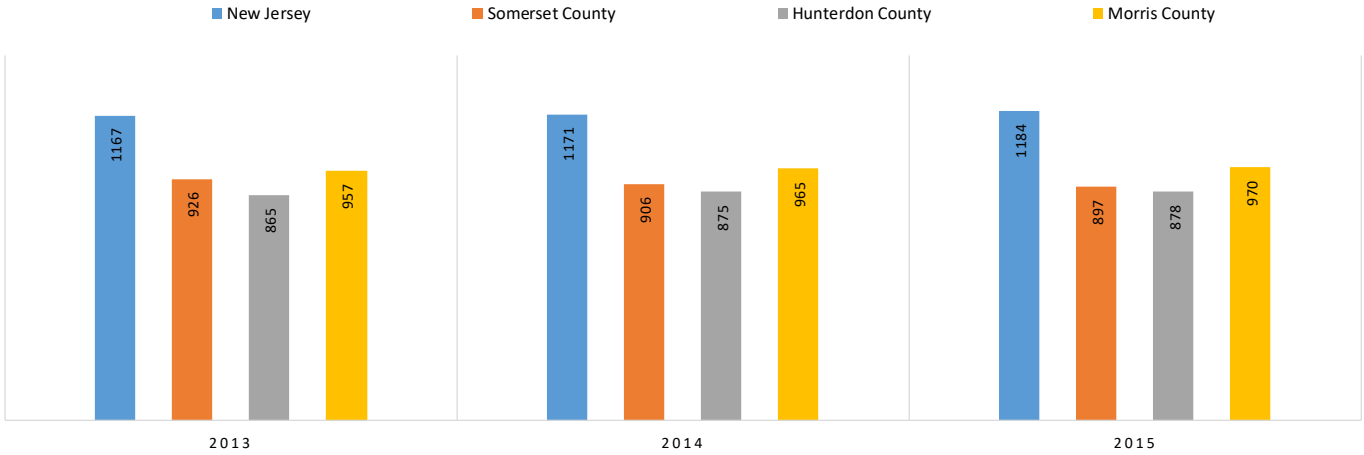
Primary Care Physicians

Nationally, many areas lack sufficient providers to meet patient needs; as of June 2014, there are about 7,200 primary care, 5,000 mental health and 5,900 dental federally designated Health Professional Shortage Areas in the US. Having a usual primary care provider is associated with a higher likelihood of appropriate care and better outcomes. In 2017, 88% of Americans had a usual source of care, but those with low incomes are less likely to than those with higher incomes, and the uninsured are twice as likely as the insured to lack a usual care source.[20], [21]

[19] *http://www.countyhealthrankings.org/our-approach/health-factors/access-care*
[20] *http://www.countyhealthrankings.org/our-approach/health-factors/access-care*
[21] *http://www.cdc.gov/fastfactsaccesstohealthcare.htm*

- Between 2013 and 2015, the ratio of population to physicians in Somerset County decreased from 926:1 to 897:1.
- In 2015, the Somerset County (897:1) ratio for primary care providers was better than the CHR national benchmark.
- Somerset County performs in the top quartile of all New Jersey counties for the ratio of primary care physicians to population.

Ratio of Population to Physician
State & County Comparisons 2013 - 2015



Source: County Health Rankings – HRSA Area Resource File

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
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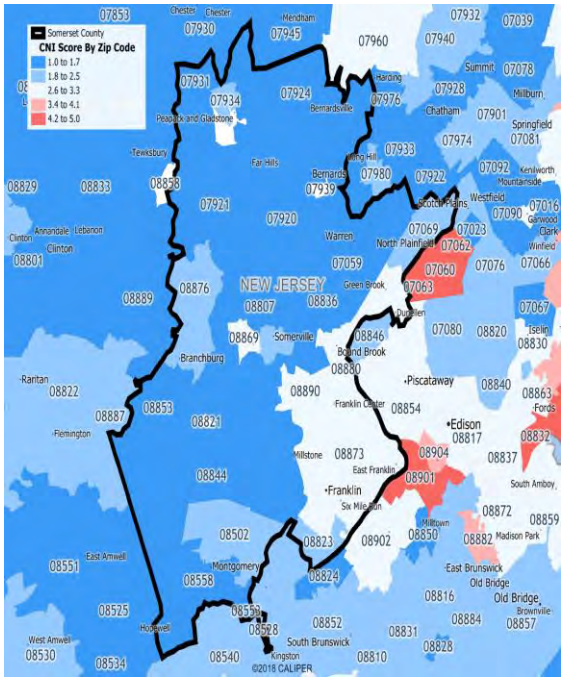
National Benchmark: 1030
Somerset County 2016: 897

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Primary Care Physicians *Rate/ 100000 Population*	N.A		
Non-elderly Population Without Health Insurance *Do You Have Any Kind of Coverage % No*			

Community Need Index [22]

The Community Need Index (CNI), jointly developed by Dignity Health and Truven Health in 2004, is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for services.

Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP Code in the United States. A score of 1.0 indicates a ZIP Code with the least need and a score of 5.0 represents a ZIP Code with the most need. The CNI is useful as part of a larger community health needs assessment to pinpoint specific areas with greater need than others.



COMMUNITY NEED INDEX (Dignity Health)
Darker Red Areas Indicate A Higher CNI Score (Higher Need)

The CNI score is an average of five barrier scores that measure socio-economic indicators of each community using 2017 source data. The five barriers are:

1. Income Barrier
   - Percentage of households below poverty line, with head of household age 65 or older
   - Percentage of families with children under 18 below poverty line
   - Percentage of single female-headed families with children under 18 below poverty line
2. Cultural Barrier
   - Percentage of population that is minority (including Hispanic ethnicity)
   - Percentage of population over age 5 that speaks English poorly or not at all
3. Education Barrier
   - Percentage of population over 25 without a high school diploma
4. Insurance Barrier
   - Percentage of population in the labor force, aged 16 or more, without employment
   - Percentage of population without health insurance
5. Housing Barrier
   - Percentage of households renting their home

A comparison of CNI scores and hospital utilization reveals a strong correlation between need and use. Communities with low CNI scores can be expected to have high hospital utilization. There is a causal relationship between CNI scores and preventable hospitalizations and ED visits for manageable conditions. Communities with high CNI scores may have more hospitalization and ED visits that could have been avoided with improved healthy community structures and appropriate outpatient and primary care.

[22] *Truven Health Analytics, 2017; Insurance Coverage Estimates, 2017; Claritas 2017; and Community Need Index, 2017. http://cni.chw-interactive.org/*

Community Needs Index

	County	ZIP Code	ZIP Code Description	CNI Score
Highest CNI Score (Highest Need)	Somerset	08805	Bound Brook	3.2
	Somerset	08835	Manville	3
	Somerset	08869	Raritan	2.8
	Somerset	08880	South Bound Brook	2.8
	Somerset	08873	Somerset	2.6
Lowest CNI Score (Lowest Need)	Somerset	07931	Far Hills	1.6
	Somerset	08558	Skillman	1.6
	Somerset	08844	Hillsborough	1.6
	Somerset	08853	Neshanic Station	1.6
	Somerset	08836	Martinsville	1.4

Source: 2017 Dignity Health, Truven Health Analytics, 2016; Insurance Coverage Estimates, 2016; Claritas 2016; and Community Need Index, 2016.

Bound Brook's CNI score (3.2) indicates highest need in the County, followed by Manville (3.0), Raritan (2.8), South Bound Brook (2.8) and Somerset (2.6). Conversely, Martinsville's score (1.4) represents the lowest CNI score in the County followed by Far Hills, Skillman, Hillsborough, and Neshanic Station (the latter all at a score of 1.6).

Timeliness of Service

A key indicator of the timeliness of service is emergency department (ED) utilization for conditions that could have been treated in a primary care setting.

Reasons for accessing the ED instead of a more appropriate, lower acuity level of care include:

- No regular source of primary care
- Lack of health insurance
- Cost
- Transportation
- Office hours
- Citizenship status

ED Utilization for Ambulatory Care Sensitive Conditions

Ambulatory Care Sensitive Conditions (ACSC) are potentially preventable medical conditions that are treated in the ED although more appropriate care should have been provided in a non-emergent outpatient primary care setting. ED utilization rates may be reduced by addressing primary care access issues.

- In 2016, Somerset County's ACSC ED visit rate (at 30.51/1,000) was 47.6% lower than the statewide rate (58.22/1,000).
- Somerset County had the second lowest ACSC ED visit rate of the 21 Counties in 2016; at 30.51/1,000, this was a 14.9% decrease from the 2013 rate.

Total ACSC ED Visits Rate/1,000 Population

ACSC - ED Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
CUMBERLAND	82.08	89.34	7.26
CAMDEN	92.53	87.44	(5.09)
ESSEX	81.43	85.99	4.56
ATLANTIC	85.64	84.99	(0.65)
SALEM	77.56	75.01	(2.55)
MERCER	73.13	74.33	1.20
PASSAIC	70.77	72.95	2.18
CAPE MAY	71.68	66.41	(5.27)
UNION	61.98	64.24	2.26
HUDSON	58.01	63.83	5.81
OCEAN	62.11	59.29	(2.83)

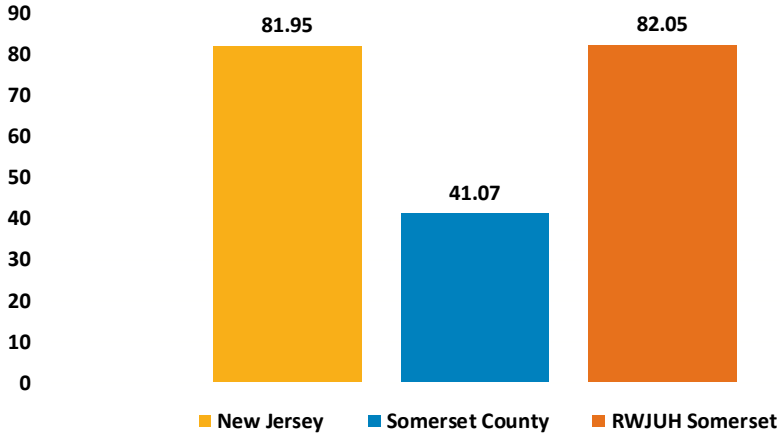
ACSC - ED Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
GLOUCESTER	53.34	53.60	0.27
MONMOUTH	52.97	52.52	(0.46)
BURLINGTON	53.85	48.54	(5.31)
MIDDLESEX	48.46	47.45	(1.01)
WARREN	36.90	41.28	4.38
SUSSEX	25.76	36.14	10.38
MORRIS	30.40	32.96	2.56
BERGEN	31.74	31.49	(0.25)
SOMERSET	30.77	30.51	(0.26)
HUNTERDON	23.72	26.62	2.90
STATEWIDE	57.56	58.22	0.65

Source: NJDHSS 2013/2016 UB-04 Data – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

Children

- In 2016, Somerset County's ACSC ED visits for children age 0-17 (at 45.04/1,000) was 44.3% less than the statewide rate (80.36/1,000).
- The 2016 ACSC visit rate among children was also lower than the rate in the RWJUH Somerset Hospital Service Area.
- The towns with the highest ACSC ED visit rate were Manville, Bound Brook, Somerset, South Bound Brook, and Raritan.

Total ACSC ED Visits for Children (Age 0-17): Rate/1,000 Population



Source: UB-04 2016 Discharges

- The 2016 pediatric ED ACSC rate in RWJUH Somerset's hospital service area (78.20/1,000) is higher than the county and only slightly lower than New Jersey rate.
- The ED utilization rate for children in Somerset County is significantly lower than that experienced in New Jersey or the RWJUH Somerset service area.
- The towns of Manville, Somerset and Bridgewater all had pediatric ACSC ED visit rates that were higher than the county.
- These towns had pediatric ED visit rates that exceed those of the State.

ED ACSC VOLUME: TOP 5 BY SERVICE AREA ZIP CODES – Pediatric (AGE 0-17)
Rate / 1,000 Population

GEOGRAPHIC AREA	RATE	HIGHEST SERVICE AREA RATES		
Somerset County	45.04	8873	SOMERSET	177.01
New Jersey	81.95	8835	MANVILLE	175.63
RWJUH Somerset	82.05	8807	BRIDGEWATER	84.02
		8880	BERNARDSVILLE	58.51
		8844	HILLSBOROUGH	55.63

Source: UB-04 2016 Discharges

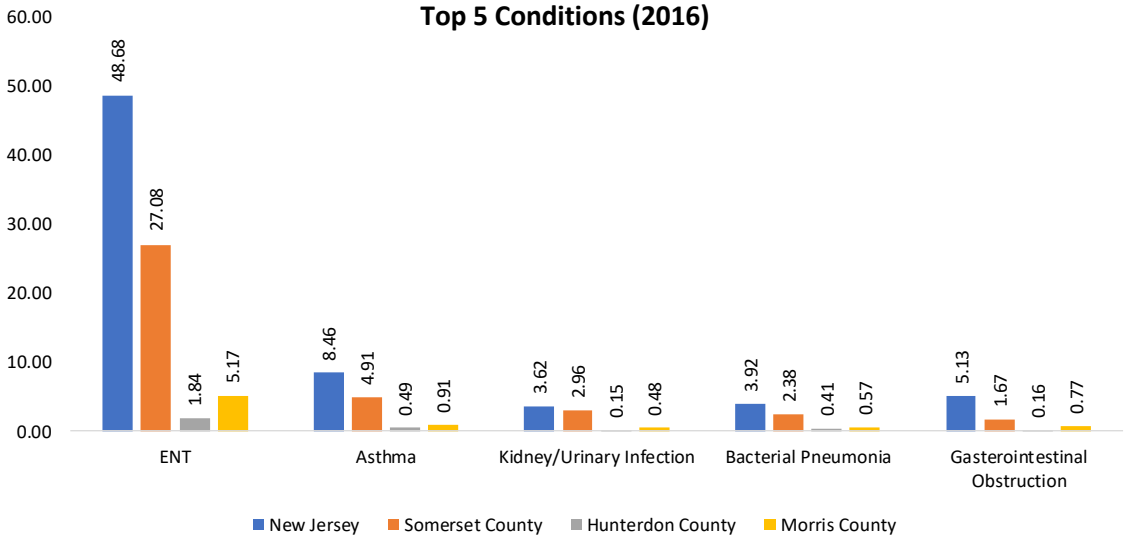
- There was a total of 6,194 ACSC ED visits for children from Somerset County in 2016.
- ENT is the most common ACSC that resulted in an ED visit for children, followed by asthma, kidney/urinary infection, bacterial pneumonia and gastrointestinal obstruction.
- In 2016, Somerset County children's ED visit rate for ENT conditions was 38% less than the statewide rate.

ACSC ED Volume: Top 5 by Service Area – Pediatric (Age 0-17)

EMERGENCY DEPARTMENT (2016) – AGE(0-17)		
Service area	ACSC Description (Top 5 Combined)	TOTAL IN AREA
RWJUH Somerset	ENT	4,109
	Asthma	531
	Bacterial Pneumonia	305
	Kidney/Urinary Infection	255
	Gastrointestinal Obstruction	177
	All Others	625
	TOTAL RWJUH Somerset	6,194

Source: UB-04 2016 Discharges

Total ACSC ED Visits for Children (Age 0-17): Rate/1,000 Population
Top 5 Conditions (2016)



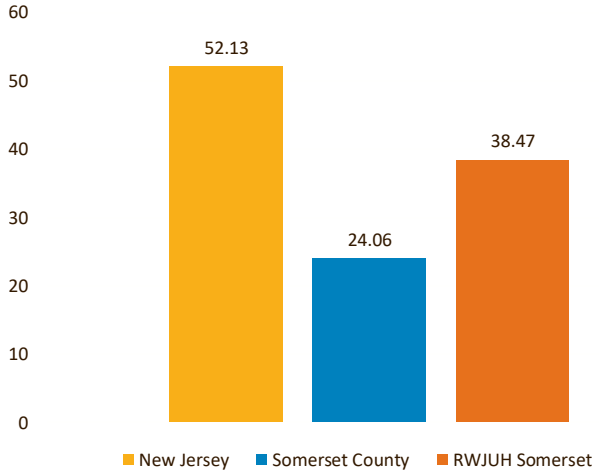
ED ACSC (2016) Pediatrics (Age 0-17)				
Geographic Area	Rate	Geographic Area		Rate
Somerset County	45.04	08873	SOMERSET	177.01
New Jersey	81.95	08835	MANVILLE	175.63
RWJUH Somerset	82.05	08807	BRIDGEWATER	84.02
		08880	BERNARDSVILLE	58.51
		08844	HILLSBOROUGH	55.63

Source: UB-04 2016 Discharges

Adults

- The 2016 Somerset County adult ED ACSC rate (24.06/1,000) is less than half the statewide rate (52.13).
- Somerset County adult ED ACSC rate is also lower than the RWJUH Somerset hospital service area rate.

Total ACSC ED Visits for Adults (Age 18+): Rate 1,000 Population



Source: UB-04 2016 Discharges

- The 2016 adult ED ACSC rate in New Jersey (52.13/1,000) is more than double the Somerset County rate (24.06/1,000).
- The 2016 Manville (102.39/1,000) adult ED ACSC rate was nearly twice the State rate (52.92/1,000).

ACSC ED 2016 – Adults (Age 18+)
Rate / 1,000 Population

GEOGRAPHIC AREA	RATE	TOP 5 ZIP CODES		RATE
Somerset County	24.06	08835	MANVILLE	102.39
New Jersey	52.13	08873	SOMERSET	72.68
RWJUH Somerset	38.47	08807	BRIDGEWATER	57.71
		08876	SOMERVILLE	35.48
		08844	HILLSBOROUGH	34.64

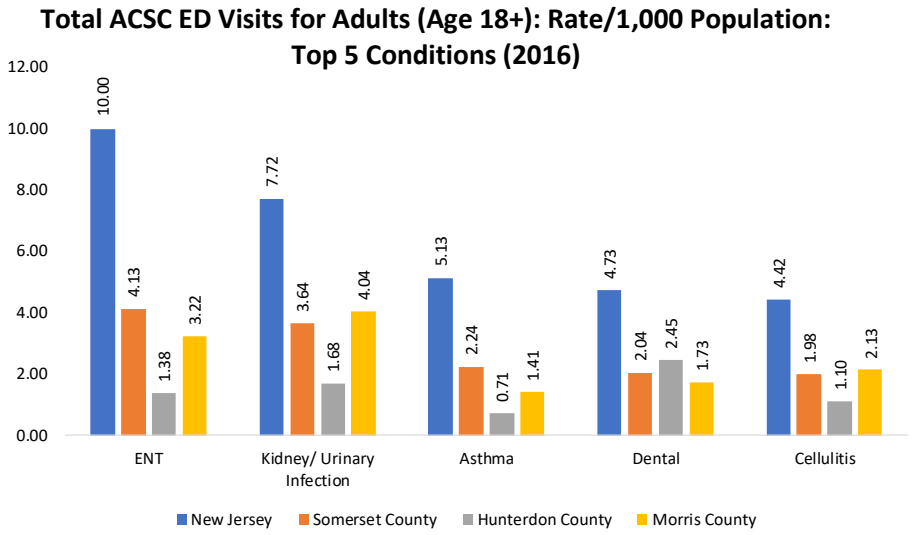
**Source: UB-04 2016 Discharges*

- There was a total of 9,824 adult ED ACSC visits in 2016.

EMERGENCY DEPARTMENT (2016) – AGE 18+		
Service area	ACSC Description (Top 5 Combined)	TOTAL IN AREA
RWJUH	ENT	1,903
	Kidney/Urinary Inf.	1,593
	Dental Conditions	894
	Asthma	890
	Cellulitis	688
	All Others	3,856
	TOTAL RWJUH SOM AREA	9,824

Source: UB-04 2016 Discharges

- In 2016, ENT was the leading cause of adult ED ACSC followed by kidney/urinary infection, dental conditions, asthma, and cellulitis in Somerset County.
- In 2016, Somerset County adults (4.13/1,000) had a lower ED visit rate for ENT ACSC than the State (10.00/1,000).



ED ACSC (2016) Adults 18+				
Geographic Area	Rate	Geographic Area		Rate
Somerset County	24.06	08835	MANVILLE	102.39
New Jersey	52.13	08873	SOMERSET	72.68
RWJUH Somerset	38.47	08807	BRIDGEWATER	57.71
		08876	SOMERVILLE	35.48
		08844	HILLSBOROUGH	34.64

Source: UB-04 2016 Discharges

Inpatient Utilization for Ambulatory Care Sensitive Conditions

Individuals may be admitted to the hospital due to an ACSC; higher rates of ACSC conditions among inpatients indicate primary care access issues, poor preventive care and barriers related to socioeconomic status.

- Somerset County ranks 18/21 counties with 13.09/1,000 ACSC Inpatient admissions in 2016, a (0.95%) decrease from 2013.
- In 2016, Somerset County (13.09/1,000) had fewer ACSC Inpatient admissions than the State (16.79/1,000).

Total Ambulatory Care Sensitive Conditions (ACSCs) Inpatient Admissions, per 1,000 Population

ACSC - IP Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
SALEM	26.07	27.81	1.75
CUMBERLAND	24.18	24.88	0.69
CAPE MAY	20.71	22.11	1.40
CAMDEN	22.87	21.04	(1.83)
OCEAN	24.79	20.38	(4.42)
ESSEX	21.61	19.69	(1.92)
ATLANTIC	23.63	19.27	(4.36)
BURLINGTON	18.91	18.03	(0.88)
HUDSON	20.58	17.39	(3.20)
PASSAIC	20.78	16.88	(3.89)
GLOUCESTER	19.84	16.86	(2.97)

ACSC - IP Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16
MONMOUTH	19.07	16.69	(2.38)
MERCER	20.17	16.60	(3.57)
MIDDLESEX	17.07	15.36	(1.71)
UNION	16.18	14.62	(1.55)
MORRIS	15.04	14.03	(1.01)
HUNTERDON	13.81	13.21	(0.60)
SUSSEX	15.34	13.05	(2.28)
WARREN	15.94	12.98	(2.96)
SOMERSET	14.04	13.09	(0.95)
BERGEN	15.20	12.17	(3.04)
STATEWIDE	19.13	16.79	(2.34)

Source: NJDHSS 2013/2016 UB-04 Data – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, Manville (44.56/1,000) has the highest inpatient admissions due to ACSC followed by Bridgewater (39.77/1,000) and Somerset (32.57/1,000).
- The 2016 Inpatient ACSC for Manville (44.56/1,000) was higher than the State rate (16.79/1,000).
- The 2016 inpatient ACSC rate for Somerset County (13.09/1,000) was lower than New Jersey (16.79/1,000).

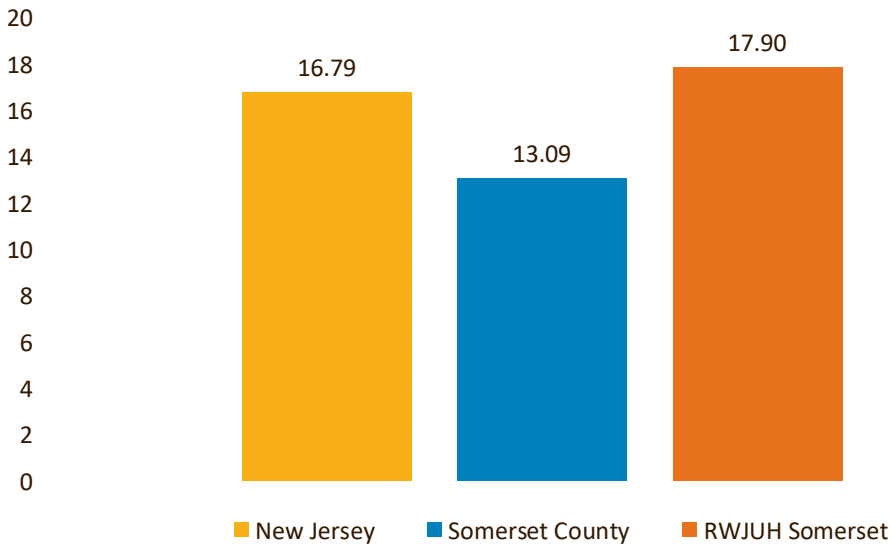
Total ACSC Inpatient Admissions – Rate/1,000 Population
All Ages 2016

GEOGRAPHIC AREA	RATE	HIGHEST SERVICE AREA RATES	
New Jersey	16.79	08835 Manville	44.56
Somerset County	13.09	08807 Bridgewater	39.77
RWJUH Somerset	17.90	08873 Somerset	32.37
		08844 Hillsborough	23.77
		07920 Basking Ridge	18.13

Source: UB-04 2016 Discharges

- In 2016, the RWJUH Somerset Service Area inpatient use rate for ACSC was higher than Somerset County.

Total ACSC Inpatient Admissions All Ages
per 1,000 Population, 2016



Source: UB-04 2016 Discharges

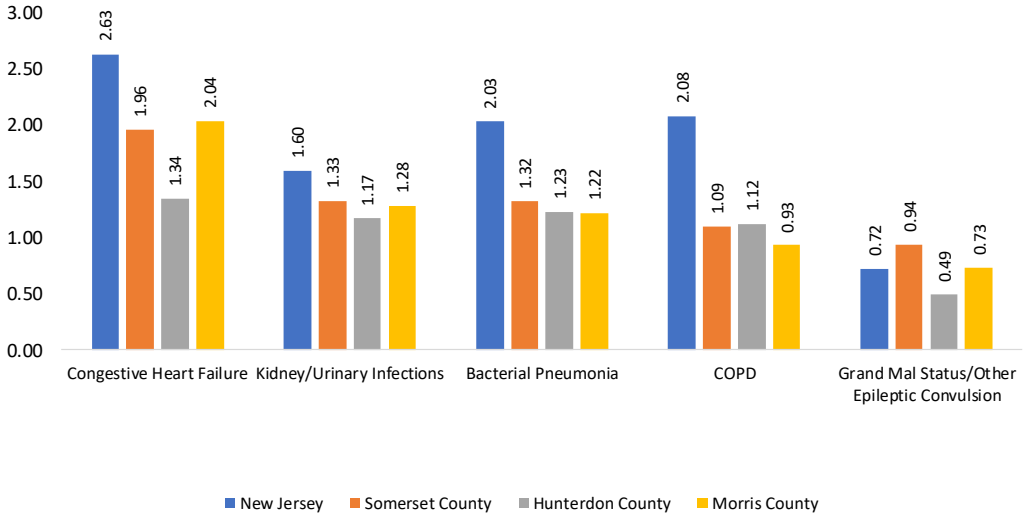
- In 2016, there were a total of 5,687 ACSC admissions from the Service Area from Somerset County.

INPATIENT (2016) – ALL AGES		
SERVICE AREA	ACSC Description (Top 5 Combined)	TOTAL IN AREA
RWJUH Somerset	Congestive Heart Failure	809
	Kidney/Urinary Infection	515
	Bacterial Pneumonia	547
	COPD	508
	Grand Mal/Epileptic Convulsions	427
	All Others	2,881
	TOTAL RWJUH SOMERSET	5,687

Source: UB-04 2016 Discharges

- In 2016, congestive heart failure was the leading cause of inpatient ACSC admissions in New Jersey and Somerset County followed by kidney and urinary infection, bacterial pneumonia, COPD and grand mal status.
- The 2016 Somerset County inpatient ACSC rates for 4 of the top 5 conditions were equal to or lower than State rates. ACSC use rates for grand mal status was higher than the State.

Total ACSC Inpatient Admissions by Top 5 Conditions, 2016: Rate/1,000 Population



IP ACSC (2016) All Ages				
Geographic Area	Rate	Geographic Area		Rate
Somerset County	13.09	08835	MANVILLE	44.56
New Jersey	16.79	08807	BRIDGEWATER	39.77
RWJUH Somerset	17.90	08873	SOMERSET	32.37
		08844	HILLSBOROUGH	23.77
		07920	BASKIN RIDGE	18.13

Source: UB-04 2016 Discharges

Additional information regarding Ambulatory Care Sensitive Conditions may be found in **Appendix G**: Discharges and Population 18-64 for Ambulatory Care Sensitive Conditions.

5. Neighborhood and Built Environment

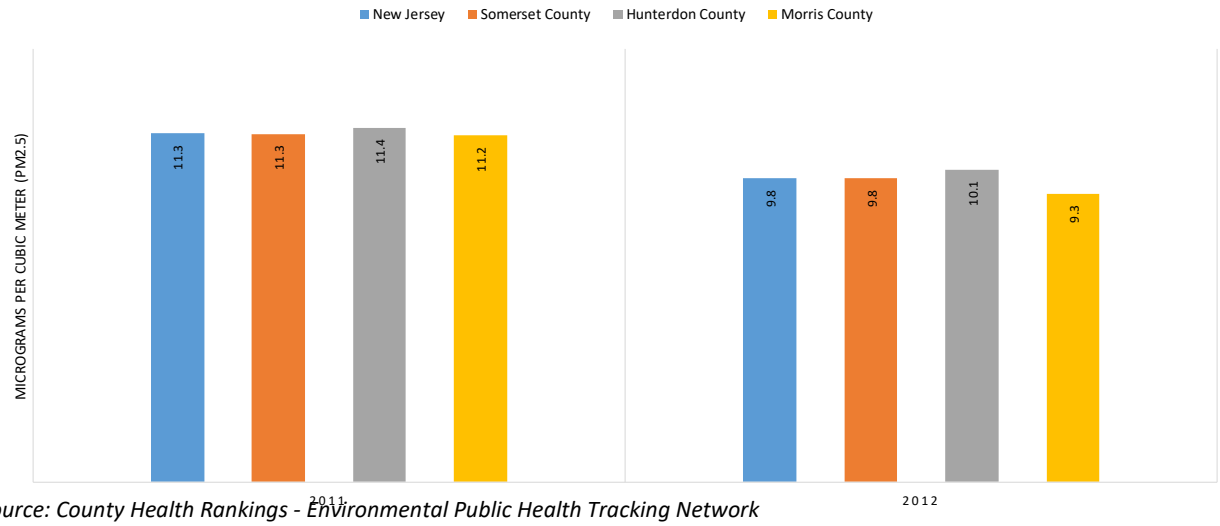
The neighborhood and built environment contribute to health in a variety of ways. Pollution, crime, and access to healthy food and water are environmental and neighborhood factors that may be hazardous to a community's health[23].

Air Quality

Outdoor air quality has improved since the 1990, but many challenges remain in protecting Americans from air quality problems. Air pollution may make it harder for people with asthma and other respiratory diseases to breathe.[24] County level data masks ZIP Code level analysis that may reveal higher concentrations of air pollution, particularly in industrialized areas of a county.

- In 2012, the daily measure of fine particle matter in Somerset County (9.8 PM2.5) is equivalent to the State (9.8 PM2.5). Compared to all 21 counties, Somerset County ranks in the middle quartile.
- Somerset County experienced a 13.3% reduction in fine particulate matter in between 2011 (11.3 per cubic meter) and 2012 (9.8 per cubic meter).
- In 2012, Somerset County (9.8 PM2.5) average daily measure of fine particles is 0.3 percentage point greater than the CHR national benchmark (9.5 PM2.5) and placing it in the in the second quartile.

Average Daily Density of Fine Particulate Matter
State & County Comparisons 2011 - 2012



Source: County Health Rankings - Environmental Public Health Tracking Network

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 6.7
Somerset County 2016: 9.8

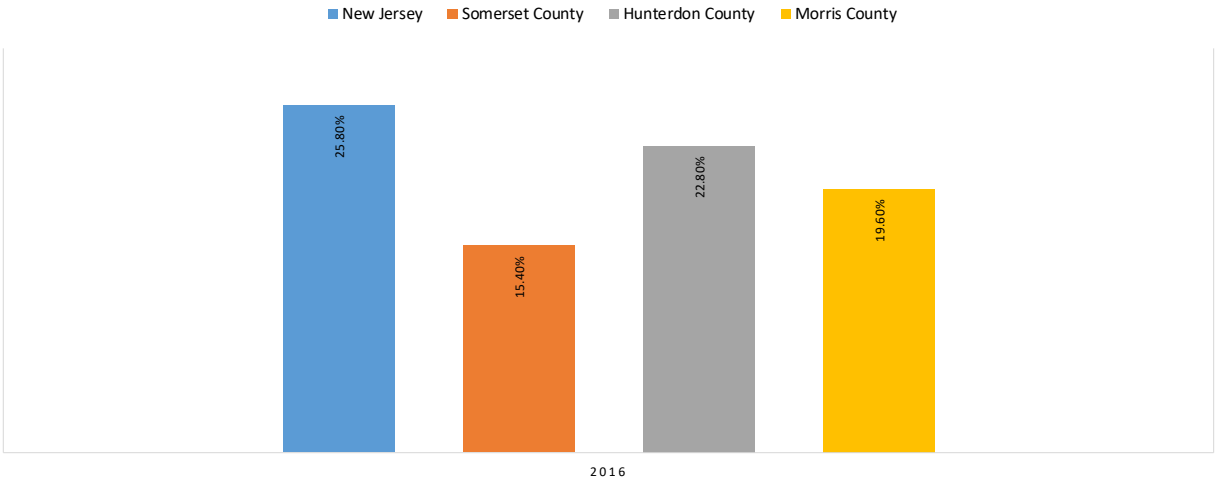
[23] *Source: Commission to Build a Healthier America, Robert Wood Johnson Foundation http://www.commissiononhealth.org/PDF/888f4a18-eb90-45be-a2f8-159e84a55a4c/Issue%20Brief%203%20Sept%2008%20-%20Neighborhoods%20and%20Health.pdf*
[24] *http://www.cdc.gov/air/default.htm*

Housing Built before 1950

The potential for exposure to lead based paint in housing units built before 1950 is high. A main source of lead exposure is found in household dust with lead-based paint. Children are highly vulnerable to exposure to lead because of its adverse effects on the developing brain and nervous system.[25]

- In 2016, 15.4% of Somerset County housing units were built before 1950, more than 10 percentage points fewer than New Jersey overall at 25.8%.
- Somerset County had the second lowest percentage of housing units built before 1950. Among all counties in New Jersey, Somerset County ranks in the best performing quartile.

Housing Built Before 1950 With Possible Lead-Based Paint Hazard
State & County Comparisons 2016



Source: https://www26.state.nj.us/doh-shad/indicator/view/pre1950home.percent.html

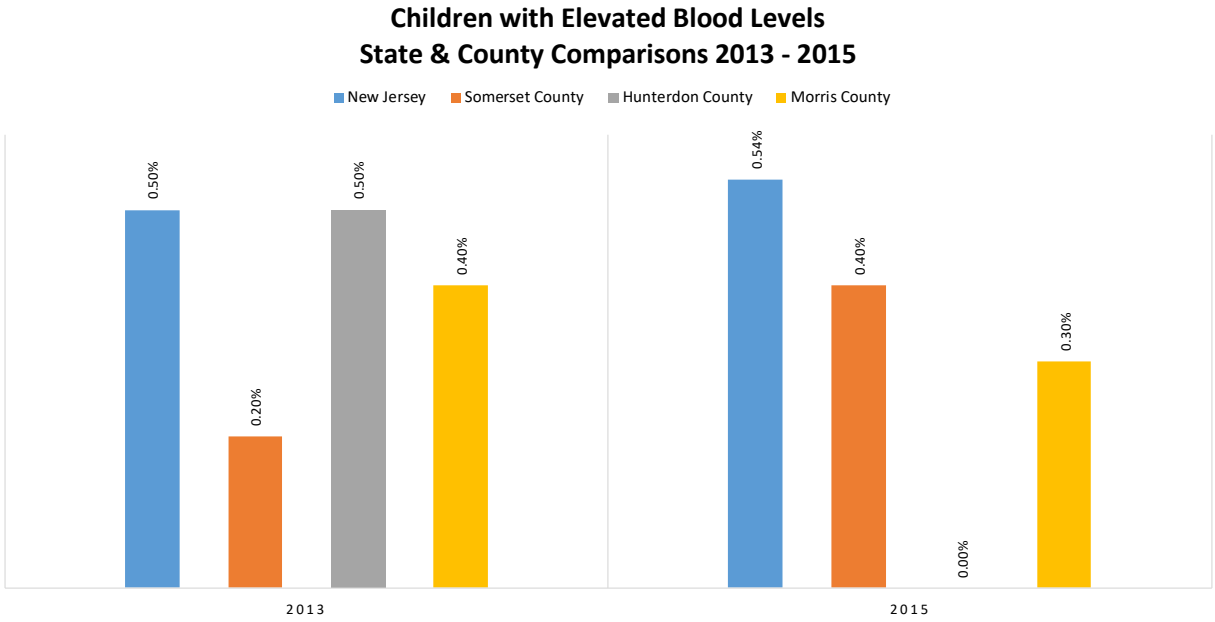
Lead Hazards

The Centers for Disease Control and Prevention (CDC) defines lead poisoning in children as a blood lead level of 10 micrograms per deciliter (µg/dL) or above. Young children can be exposed by swallowing lead dust or soil that gets on their hands or objects they put into their mouths such as toys; swallowing leaded paint chips; breathing leaded dust or lead contaminated air and eating food or drinking water that is contaminated with lead.

Very high levels of lead can cause seizures, brain damage, developmental or intellectual disabilities, coma and even death. Exposure to lead, even at low levels, has been associated with decrease hearing, lower intelligence, hyperactivity, attention deficit, and developmental problems.[26] County level analysis cannot reveal individual town disparities in blood lead levels particularly in towns with housing stock built before 1950.

[25] *Report On the National Survey of Lead-Based Paint in Housing, https://www.epa.gov/sites/production/files/documents/r95-003.pdf*
[26] *http://www.nj.gov/ health/fhs/newborn/ lead.shtml*

- In 2015, 0.4% of Somerset County children had elevated blood lead levels compared to 0.54% statewide.
- Somerset County reported an increase in children with elevated blood lead levels from 2013 (0.2%) to 2015 (0.4%). In 2015, Somerset County ranked among the middle quartile among all counties statewide (0.4%).



Source: https://www.cdc.gov/nceh/lead/data/state/njdata.htm

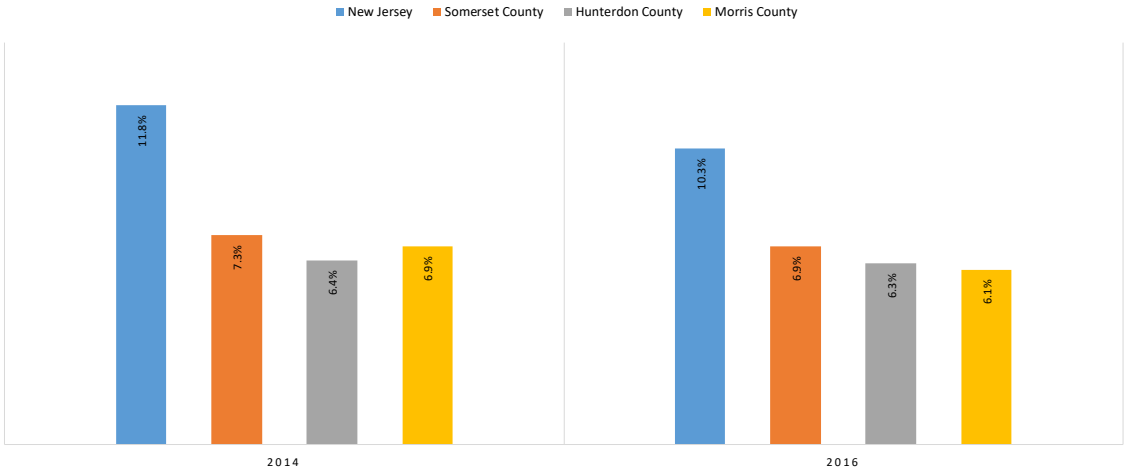
Access to Healthy Foods

Choices about food and diet are influenced by accessibility and affordability of retailers. Specifically, travel time to shopping, availability of healthy foods and food prices are key to decision making. Low-income families face greater barriers in accessing healthy and affordable food retailers, which in turn negatively affect diet and food security.[27]

- In 2016, 10.3% of New Jersey and 6.9% of Somerset County residents suffered from food insecurity.
- Between 2014 and 2016, the percent of Somerset County residents with food insecurity declined from 7.3% to 6.9%.

[27] *https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/*

Limited Access to Healthy Foods
State & County Comparisons 2014 - 2016



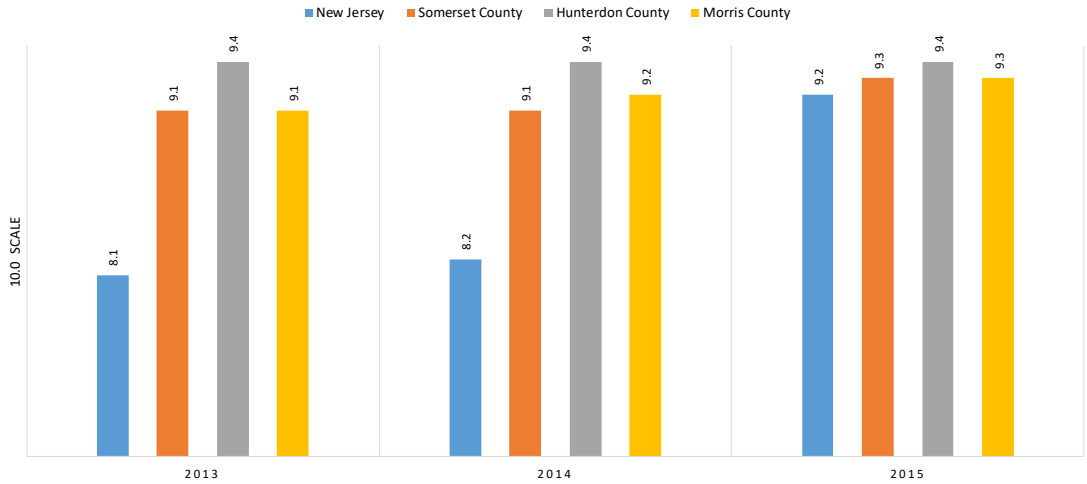
Source: Map The Meal Gap

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 2.0%
Somerset County 2016: 6.9%

- In 2015, Somerset County had a rate of 9.3 out of 10 on the food environment index which is an indicator of access to healthy foods.

Food Environment Index 2015



Source: USDA Food Environment Atlas, Map the Meal Gap from Feeding America, County Health Rankings

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 8.6
Somerset County 2016: 9.3

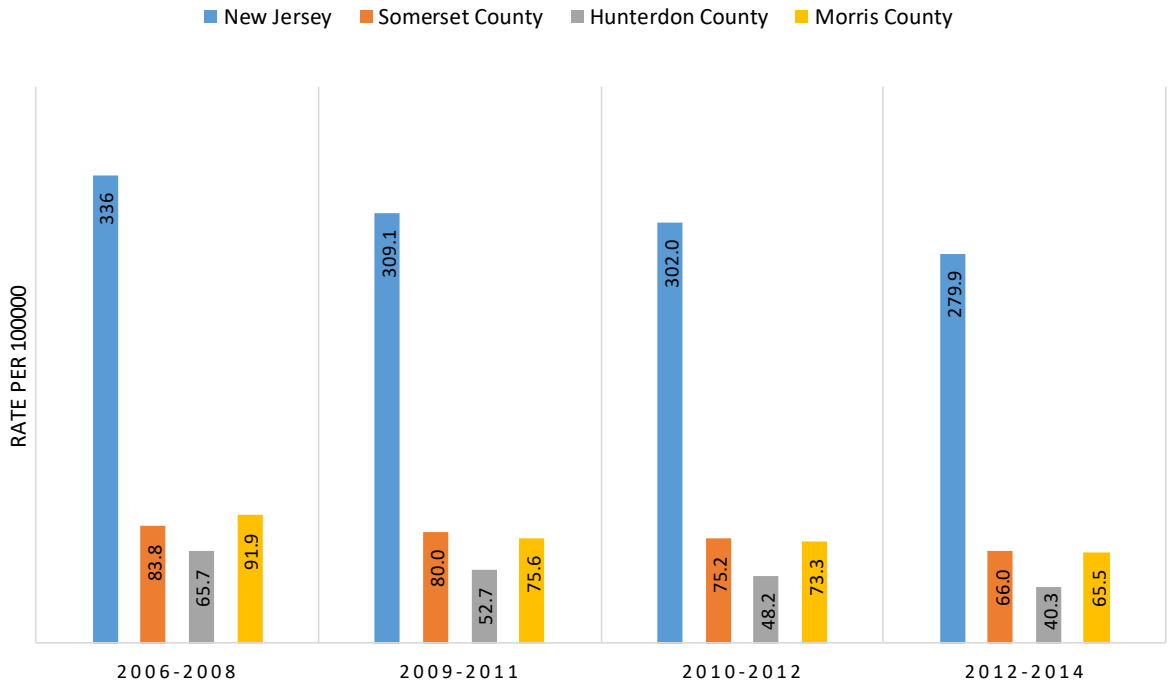
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Food Environment Index *Index of factors that contribute to a healthy food environment*	N.A.		
Annual Number of Unhealthy Air Quality Days *Due to Fine Particulate Matter*	N.A		
Housing Built Before 1950 with Possible Lead-Based Paint Hazard	N.A	N.A.	
Percent of Children With Elevated Blood Lead Levels *Percent of Children*	N.A.	N.A.	
Limited Access to Healthy Foods	N.A.		
Food Environment Index *Index of factors that contribute to a healthy food environment*	N.A.		

Injury and Crime Prevention

Injuries and violence are widespread. Most events resulting in injury, disability or death are predictable and preventable. Individual behaviors, physical environment, access to health services and the social environment affect the risk of unintentional injury and violence. Violent crime, burglaries and motor vehicle crash deaths in Somerset County have seen steady decreases and are lower than rates Statewide.

- The 2012-2014 violent crime rate in Somerset County (66/100,000) is 76.2% lower than the State crime rate (279.9/100,000).
- The violent crime rate in Somerset County decreases 21% from 2006-2008 (83.8/100,000) to 2012-2014 (66/100,000).
- From 2012-2014, the New Jersey (279.9/100,000) violent crime rate was more than 4 times greater than the Somerset County rate.
- Compared to all 21 counties statewide, and the County Health Rankings Benchmark, Somerset County's violent crime rate ranks in the best performing quartile.

Violent Crime
State & County Comparisons 2014 - 2016



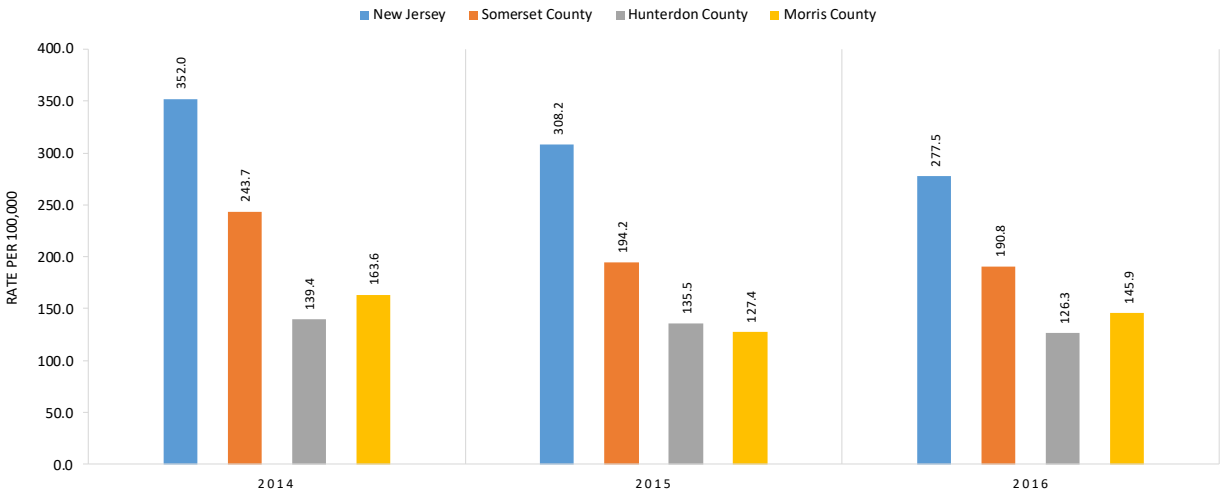
Source: County Health Rankings - The Uniform Crime Reporting (UCR) Program

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 62
Somerset County 2016: 66

- Somerset County (190.8/100,000) had 31.2% fewer burglaries than New Jersey (277.5/100,000) in 2016.
- The Somerset County burglary rate decreased 21.7% from 243.7/100,000 in 2014 to 190.8/100,000 in 2016.
- Somerset County's violent crime rate ranks in the middle quartile of New Jersey counties.

Burglary Rate
State and County Comparison – 2014-2016



Source: http://www.njsp.org/ucr/2015/pdf/2015a_sect_7.pdf

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 62
Somerset County 2016: 66

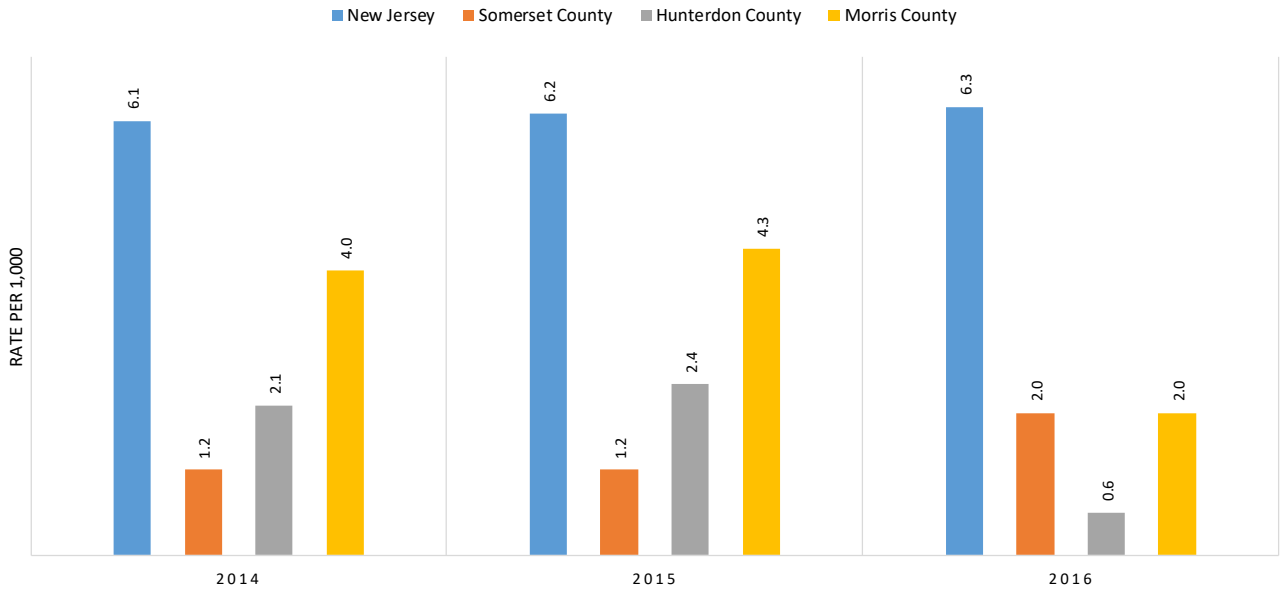
- In 2010-2016, Somerset County (5.46/100,000) had 13.7% fewer motor vehicle crash deaths than New Jersey (6.59/100,000).
- Deaths due to motor vehicle accidents decrease 2.8% in Somerset County between 2009-2015 (5.62/1,000) and 2010-2016 (5.46/1,000).
- 2010-2016 Somerset County (5.46/1,000) car accident related deaths occurred 55.9% less often than the *Healthy People 2020* target (12.4/1,000).

Domestic Violence Offenses

Domestic violence can negatively impact a victim's health beyond the domestic violence incident. Victims of domestic violence exhibit physical and emotional problems including, but not limited to, chronic pain, depression, anxiety, eating disorders, and post-traumatic stress disorder.[28]

- Compared to New Jersey (6.3/1,000), Somerset County (2.0/1,000) had a lower rate of arrests due to domestic violence in 2016.
- Between 2014 and 2016, the rate of domestic violence arrests in Somerset County increased 6.7%.
- Somerset County is within the middle quartile compared to all New Jersey counties for arrests due to domestic violence.

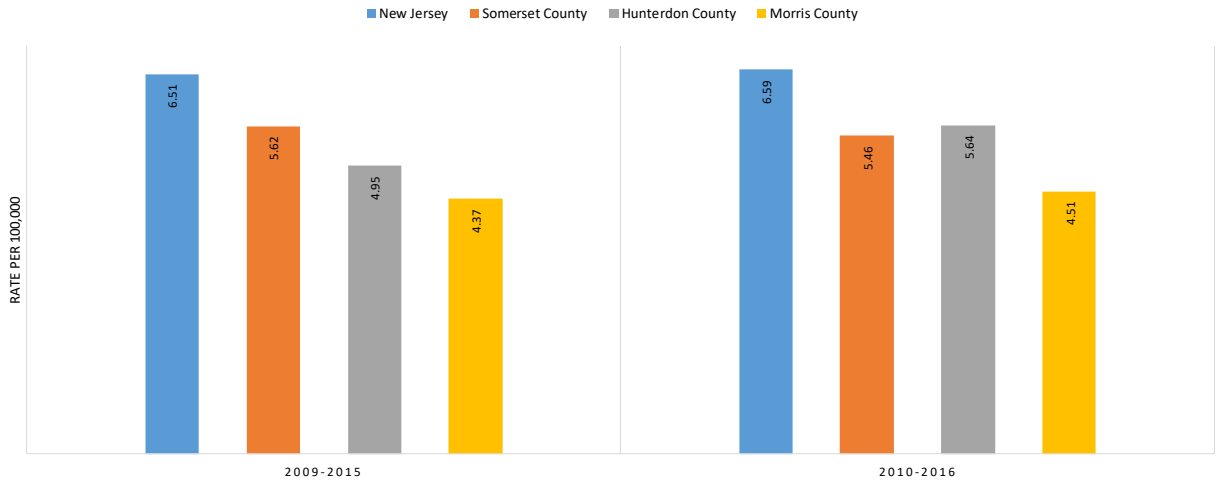
Domestic Violence Arrests
State & County Comparisons 2014 - 2016



Source: County Health Rankings - The Uniform Crime Reporting (UCR) Program

[28] *http://www.stopvaw.org/health_effects_of_domestic_violence*

Number of Motor Vehicle Crash Deaths
State and County Comparisons – 2009-2016



Source: County Health Rankings, CDC Wonder Mortality Data, 2010 - 2016

Healthy People 2020

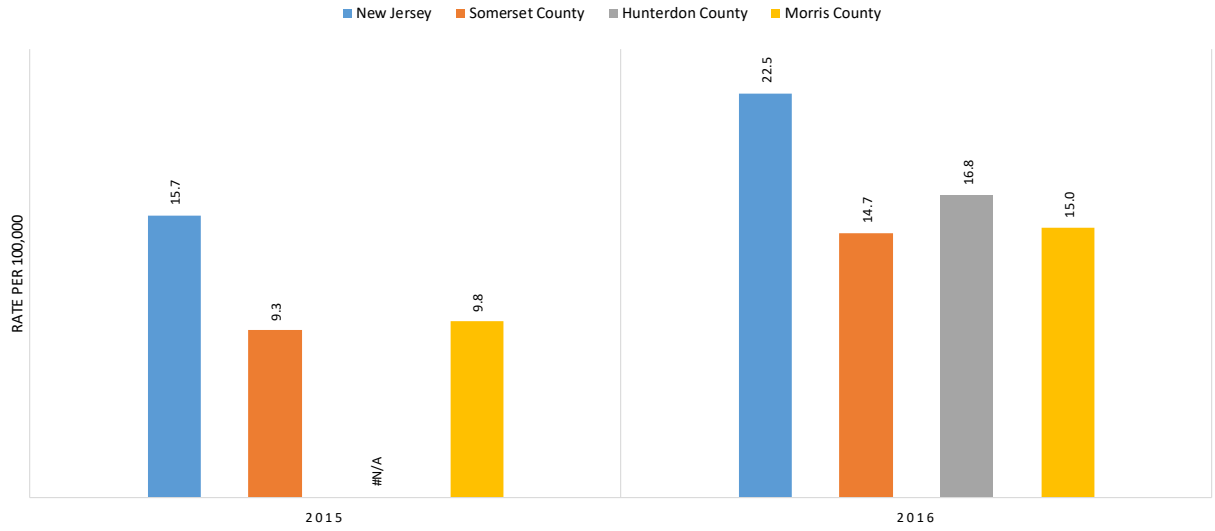
Baseline: 13.8
Target: 12.4
Somerset County 2016: 5.5

County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 9
Somerset County 2016: 5.5

- In 2016, Somerset County (14.7/100,000) had 53.1% fewer deaths due to accidental poisoning and exposure to noxious substances than statewide (22.5/100,000).
- Somerset County had more deaths due to accidental poisoning and exposure to noxious substances in 2016 than in 2015.
- Somerset County ranks in the best quartile in New Jersey, and in the Middle Quartile *Healthy People 2020* target.

Deaths Due to Accidental Poisoning and Exposure to Noxious Substances
State and County Comparisons – 2015-2016



SOURCE: NJ SHAD

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Violent Crime *Rate/ 100000 Population*	N.A		
Burglary *Rate/ 1000 Population*	N.A	N.A.	
Domestic Violence Arrests *Rate/ 1000 Population*	N.A	N.A	
Deaths Due to Motor Vehicle Crashes *Rate/ 1000 Population*	N.A.		
Deaths Due to Poisoning *Rate/ 1000 Population*		N.A	

C. HEALTH FACTORS

Health factors represent the influences that impact one's health. These include demographic, social, environmental, economic, and individual behaviors as well as clinical care and access to services. Social determinants are described in Section B following Health Factors.

1. Demographics

Age

Health disparities exist in all age groups. The Centers for Disease Control and Prevention reports that although life expectancy and overall health has improved for most Americans, older adults are not benefitting equally due to economic status, race and gender. The overall proportion of older adults in Somerset County population is slightly smaller than New Jersey. From 2018 to 2023, the population aged over 65 in Somerset County is projected to increase at a higher rate (2.7%) than the statewide increase projected of 2.4%.

- Between 2018 and 2023, New Jersey is projected to have a 1% decline among 0-17 year olds. Skillman, however, anticipates a 3.8% decline in this age cohort.
- Skillman's overall projected population growth (3.4%), between 2018 and 2023, is more than double that of the State (1.3%).
- Women of child-bearing age (15-44) comprise 19.7% of Somerset County's 2018 population and are projected to decrease -0.52% by 2023. Similarly, women aged 15-44 comprise 18.5% of the Manville population but are projected to decrease -4.3%, in line with the State.

Population Distribution and Projected Percent Change 2018-2023

AGE COHORT	GEOGRAPHIC AREA						
	Somerset County	Somerville	Skillman	South Bound Brook	Manville	RWJBH SOM	New Jersey
0-17	68592	4775	1508	1079	2108	76,339	1,924,86
% of Total	20.05%	21.1%	19.3%	21.9%	20.8%	20.74%	19.80%
% Change '18-'23	-5.33%	-3.03%	-13.48%	3.35%	0.05%	-2.38%	-1.86%
18-44	108452	7558	2387	1743	3351	126,615	3,063,175
% of Total	31.70%	33.3%	30.6%	35.4%	33.1%	34.4%	32.50%
% Change '18-'23	1.69%	-3.58%	18.40%	-6.14%	-6.63%	-1.50%	-0.71%
45-64	101,604	6684	2485	1354	2864	102,773	2,440,028
% of Total	29.70%	29.5%	31.8%	27.5%	28.3%	27.92%	27.90%
% Change '18-'23	-1.58%	-0.45%	-6.40%	5.12%	-0.56%	0.37%	-1.87%
65+	63,444	3654	1425	743	1801	62,380	1,656,782
% of Total	18.55%	16.1%	18.3%	15.1%	17.8%	16.95%	14.80%
% Change '18-'23	19.48%	17.87%	25.66%	24.46%	12.49%	18.74%	15.44%
All Ages	342,092	22671	7805	4919	10124	368,107	9,084,841
% of Total	100.0%	100.0%	100%	100%	100%	100.0%	100%
% Change '18-'23	1.98%	0.42%	3.40%	2.78%	-0.52%	1.78%	1.30%
Female 15-44	60,908	3,978	1,429	926	1,798	68,580	1,677,712
% of Total	19.73%	17.55%	18.31%	18.82%	17.76%	18.63%	18.48%
% Change '18-'23	0.52%	-3.16%	11.21%	-3.64%	-4.31%	-1.50%	-1.20%

Source: Claritas Population Estimates 2018, 2023

Race and Ethnicity

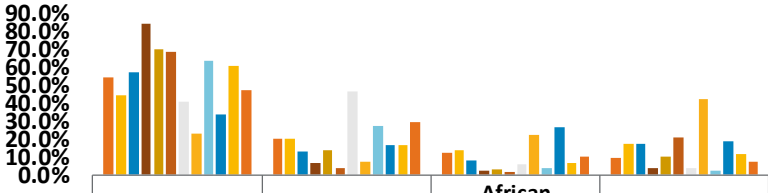
Despite notable progress in the overall health of the Nation, there remain morbidity and mortality disparities by race and ethnicity. The population cohorts which historically have experienced poorer health status are anticipated to grow; therefore, the future health of America can be influenced by improving the health of these select groups. In Somerset County, the percentage of Black, Asian and Hispanic populations increased while the percentage of White residents has declined, heightening the vital need for addressing disparities in health and care among more vulnerable minority groups.[29]

- According to 2018 population estimates, 57.6% of Somerset County, 68.9% of Skillman and 23.3% of Franklin Township residents are White as compared to 54.4% statewide.

[29] *http://www.cdc.gov/omhd/AMH/AMH.htm*

- In 2018, 20.7% of New Jersey residents are Hispanic, while nearly 50% of Bound Brook (46.64%) residents are Hispanic.
- The Hispanic population in Somerset County increased 22.2% from 2010 through 2018.
- In 2018, 17.7% of Somerset County residents are Asian, nearly twice as many as New Jersey (9.9%).
- The Asian population in Somerset County increased 33.1% between 2010 and 2018.

Population by Race and Ethnicity
State and County Comparisons



	White	Hispanic	African American	Asian
New Jersey (%)	54.4%	20.7%	12.8%	9.9%
RWJUH Somerset	44.6%	20.7%	14.2%	18.0%
Somerset County (%)	57.6%	13.7%	8.7%	17.7%
Hunterdon County (%)	84.45%	6.94%	2.85%	4.07%
Morris County (%)	70.13%	13.86%	3.26%	10.69%
Skillman (%)	68.9%	4.5%	2.1%	21.5%
Bound Brook (%)	41.42%	46.64%	6.10%	3.98%
Franklin Township (%)	23.39%	7.89%	22.69%	42.50%
Manville (%)	63.9%	27.5%	4.0%	2.6%
Somerset (%)	33.87%	16.88%	27.18%	19.21%
Somerville (%)	61.0%	17.3%	7.0%	12.1%
South Bound Brook (%)	47.7%	30.0%	11.0%	7.7%

Source: Claritas 2018 Population Estimate

Population Change by Race and Ethnicity

Somerset County			
RACE / ETHNICITY	2010	2018	% Change
White (alone)	201,849	184,647	-8.5%
Black / African American (alone)	27,480	31,079	13.1%
Asian (alone)	45,473	60,507	33.1%
Native American / Pacific Islander / Other Race (alone)	280	268	-4.3%
Two or More Races (alone)	1259	1096	-12.9%
Hispanic / Latino (of Any Race)	42,091	51,443	22.2%

Source: Claritas 2018 Population Estimate

2. Clinical Care Measures

Inpatient and ED Utilization

Factors impacting hospital utilization may include policy change, advances in technology, practice patterns and demographics. Many federal and state health care payment reforms, including the Affordable Care Act (ACA), were designed to improve care transitions, coordination of care, enhance ambulatory care and improve access to primary care. The anticipatory result would include improved coordinated care and declines in inpatient and ED utilization.

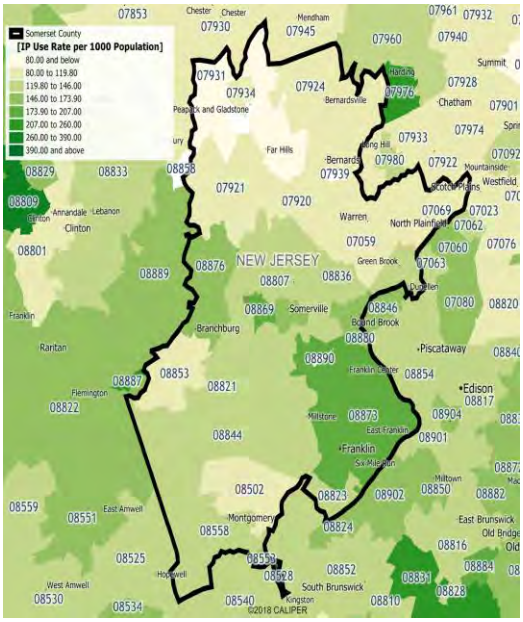
Inpatient

- Somerset County's 2016 inpatient utilization rate (137.73/1,000) was 14.0% lower than the State (160.22/1,000).
- RWJUH Somerset Service Area's inpatient rate (149.38/1,000) was 7.9% higher than Somerset County (137.73/1,000), and 6.8% lower than the State (160.22/1,000) rate in 2016.
- Kingston (320.44/1,000) had the highest inpatient use rate in the RWJUH Somerset Service Area.

Inpatient Use Rates per 1,000 Population 2016

GEOGRAPHIC AREA	RATE
New Jersey	160.22
Somerset County	137.73
RWJUH Somerset	149.38
TOP 5 BY ZIP CODE	
08528 Kingston	320.44
08835 Manville	190.49
08873 Somerset	180.70
08869 Raritan	177.29
08880 South Bound Brook	165.85

Source: UB-04 2016 Discharges Includes Inpatient & Same Day Stay, Excludes Normal Newborn; Population –Claritas 2016 Estimate



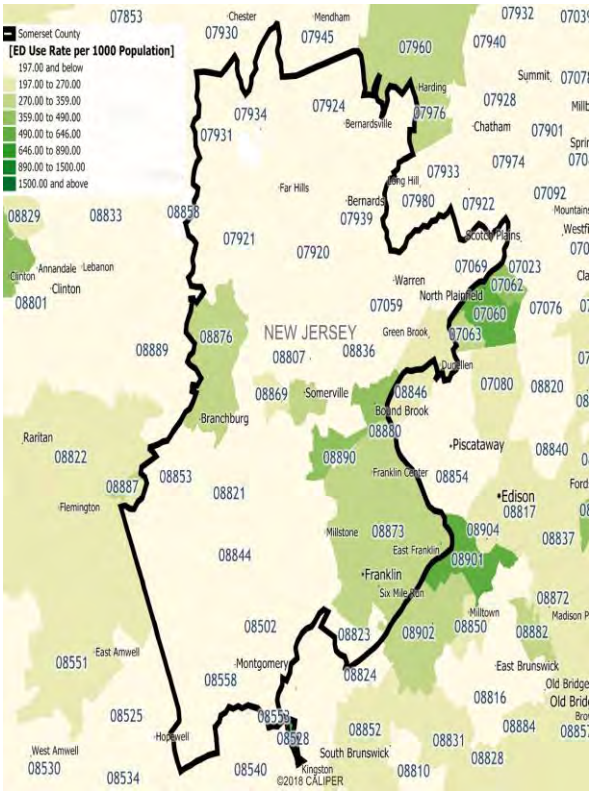
Source: UB-04 2016 Discharges Includes Inpatient & Same Day Stay, Excludes Normal Newborn; Population –Claritas 2016 Estimate

Emergency Department

- Somerset County's 2016 ED visit rate (215.14/1,000) was 39% less than State rate (352.20/1,000).
- RWJUH Somerset's 2016 Service Area (275.64/1,000) ED use rate exceeded Somerset County rate (215.14/1,000) by 22%.
- In 2016, Kingston's ED visit rate (597.51/1,000) was more than twice as large as the RWJUH Somerset Service Area visit rate (215.14/1,000).
- In 2016, the ED visit rates of Manville, Bound Brook, Somerset, and South Bound Brook were greater than Somerset County.

ED Use Rate per 1,000 Population 2016

GEOGRAPHIC AREA	RATE
New Jersey	352.20
Somerset County	215.14
RWJUH Somerset	275.64
TOP 5 BY ZIP CODE	
08528 Kingston	597.51
08835 Manville	370.45
08805 Bound Brook	323.57
08873 Somerset	293.21
08880 South Bound Brook	279.36



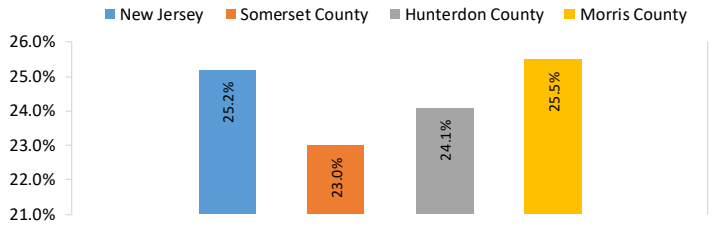
Source: UB-04 2016 ED Discharges; Claritas 2016 Estimate
*** Emergency Room Use Among Adults Aged 18–64: Early Release of Estimates From the National Health Interview Survey, January–June 2011;* http ://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf

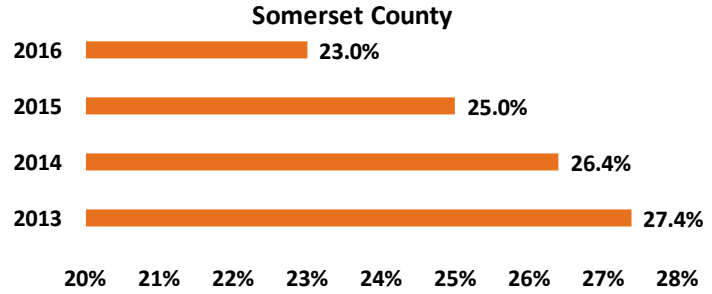
Cesarean Section

A Cesarean Section (C-section) is a major surgical procedure performed because of health problems in the mother, position of the baby, and/or distress in the infant.[30] The U.S. cesarean delivery rate reached a high of 32.9% of all births in 2009, rising 60% from 1996 (20.7%). Recently, the American College of Obstetricians and Gynecologists developed clinical guidelines for reducing the occurrence of non-medically indicated cesarean delivery and labor induction prior to 39 weeks. Efforts to reduce such births include initiatives to improve perinatal care quality, and changes in hospital policy to disallow elective delivery prior to 39 weeks and education of the public.[31]

- Somerset County's 2016 primary C-section rate (23.0%) is lower to the State rate (25.2%).
- The 2016 Somerset County primary C-section rate (23.0%) was lower than the Hunterdon (24.1%) and Morris (25.5%) County rates.
- In 2016, the Somerset primary C-section rate was in the middle quartile of New Jersey counties, and was similar to the *Healthy People 2020* target.
- County-wide, women with a primary C-section trended downward from 2013 through 2016, decreasing from 27.4% in 2013, to 23.0% in 2016.

Primary C-Section Rates (2016)
State and County Comparisons





Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database http://www4.state.nj.us/dhss-shad/query/result/birth/BirthBirthCnty/Count.html

Healthy People 2020

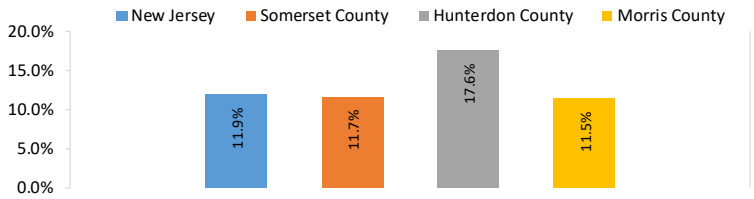
Baseline: 26.5%
Target: 23.9%
Somerset County 2016: 23.0%

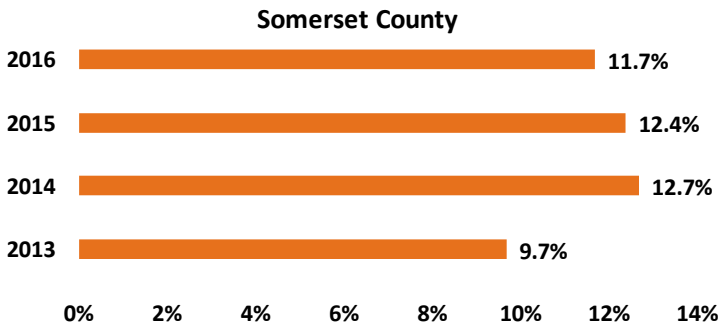
[30] *http://www.nlm.nih.gov/medlineplus/cesareansection.html*
[31] *http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_01.pdf*

Vaginal Birth After C-Section (VBAC)

- Somerset County's 2016 VBAC rate (11.7%) is similar to the State rate (11.9%). Somerset County ranks in the middle performing quartile of all 21 New Jersey counties.
- County-wide women with a VBAC trended upward from 2013 through 2016, increasing from 9.7% in 2013 to 11.7% in 2016.

Vaginal Birth After Cesarean Section (VBAC) Rates (2016)
State and County Comparisons





Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database http://www4.state.nj.us/dhss-shad/query/result/birth/BirthBirthCnty/Count.html

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Primary C-Section Rate *Single >=37 Week Low Risk Births Delivered By C-Section/Single Live Births To Low Risk Females*		N.A.	
VBAC Rate	N.A	N.A.	

3. Health Behaviors

Maternal / Fetal Health

Prenatal Care

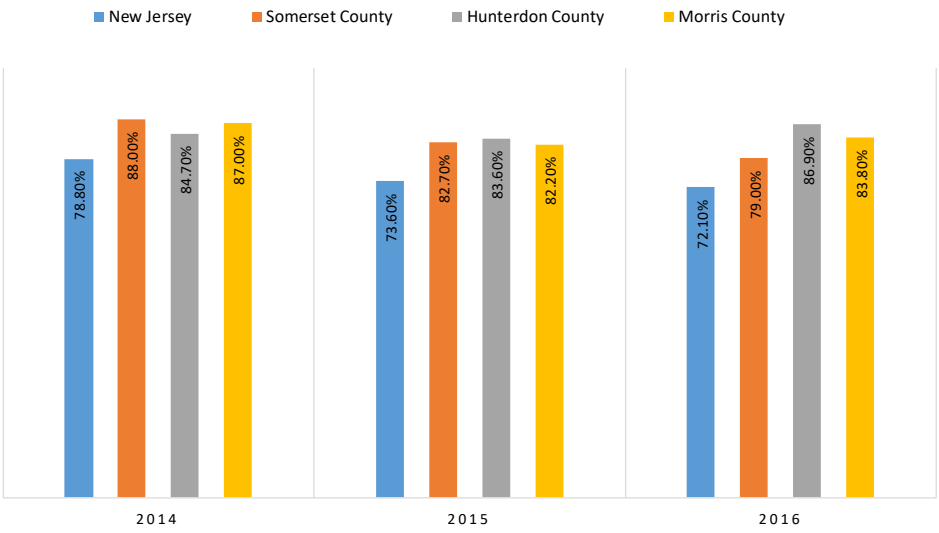
The medical care a woman receives during pregnancy monitors her health and the developing fetus. Low-risk pregnancies should visit a prenatal provider every four or six weeks through 28 weeks, then every two

or three weeks from weeks 28-36, and finally every week in the ninth month until delivery. A high-risk pregnancy requires additional visits.[32] Pregnant women who do not receive adequate prenatal care risk undetected complications and an increased possibility of adverse outcomes.

Early and regular prenatal care is a strategy to improve health outcomes for mothers and infants. Two significant benefits are improved birth weight and decreased preterm delivery. Infants born to mothers who receive no prenatal care have an infant mortality rate five times higher than mothers who receive appropriate prenatal care in the first trimester of pregnancy. Enrollment in care during the first trimester of pregnancy reflects timely initiation of prenatal care.[33]

- In 2016, 79.0% of Somerset County women entered prenatal care in the first trimester compared to 72.1% in New Jersey. As compared to other New Jersey counties, Somerset County ranks in the middle quartile.
- Somerset County women enrolled in first trimester prenatal care declined 9.6% between 2014 and 2016, from 87.4% to 79.0%.
- In 2016, Somerset County performed in the top quartile of the *Healthy People 2020* target of 77.9% women enrolled in first trimester care.

Percentage of Live Births with First Trimester Prenatal Care
State and County Comparisons 2014-2016



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State

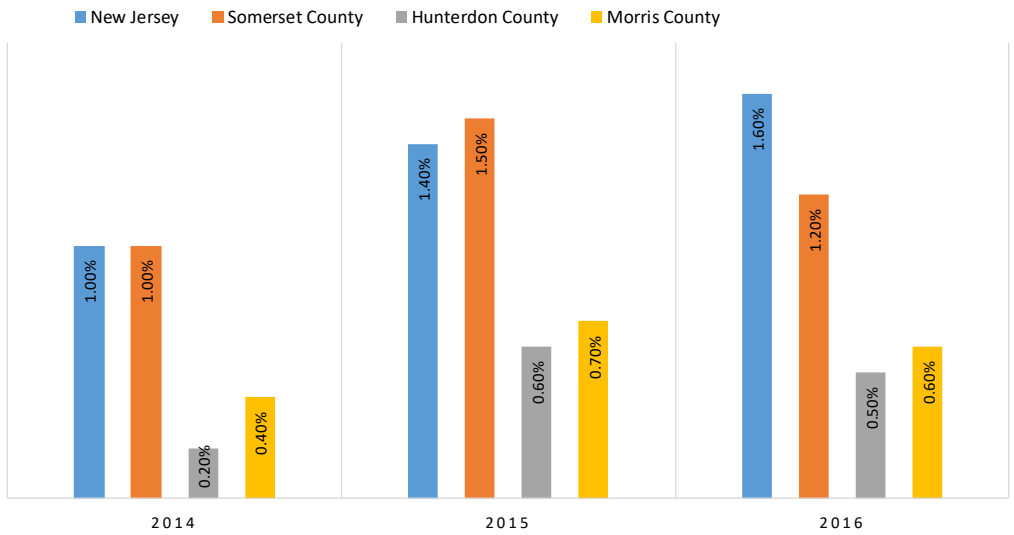
Healthy People 2020

Baseline: 70.8%
Target: 77.9%
Somerset County 2016: 79.0%

[32] *http://www.plannedparenthood.org/health-info/pregnancy/prenatal-care*
[33] *http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/index.html*

- The percent of Somerset County women without prenatal care trended upward from 1.0% in 2014, to 1.2% in 2016.
- The 2016 Somerset County rate for no prenatal care is slightly lower than the State rate of 1.6% and performs in the middle quartile. Increases such as these are concerning and should be monitored.

Percentage of Live Births with No Prenatal Care
State and County Comparisons 2014-2016



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on Total Number of Live Births for County and State

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
First Trimester Prenatal Care *Percentage of Live Births*		N.A.	
No Prenatal Care *Percentage of Live Births*	N.A	N.A.	

High Risk Sexual Behaviors

Teen Pregnancy

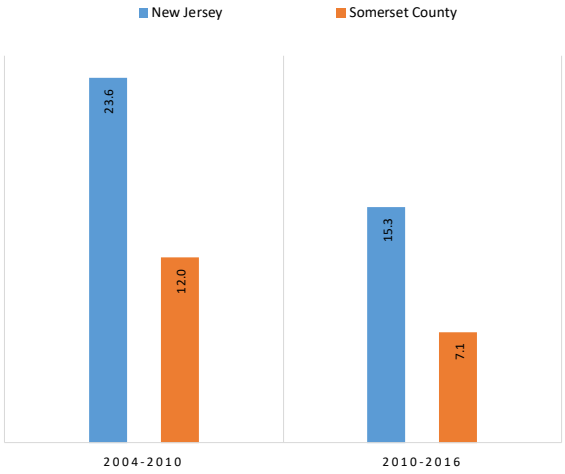
In 2016, there were 20.3 births/1,000 American adolescent females aged 15-19 years; approximately 209,809 babies were born to teens, with nearly eighty-nine percent of these births occurring outside of marriage. The national teen birth rate has trended downward over the past 20 years. In 1991, the U.S. teen birth rate was 61.8 births/1,000 adolescent females. However, the U.S. teen birth rate remains higher than that of many other developed countries, including Canada and the United Kingdom.[34] Pregnant teens are less likely than older women to receive recommended prenatal care and are more likely to have pre-

[34] *http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html*

term or low birth weight babies. Teen mothers are often at increased risk for STIs and repeat pregnancies, are less likely than their peers to complete high school and more likely to live below the poverty level and rely on public assistance. Risky sexual behaviors can have high economic costs for communities and individuals.[35]

- The 2010-2016 Somerset County (7.1/1,000) birth rate among teens aged 15-19 was 53.6%, lower than the State rate (15.3/1,000) and in the top performing quartile statewide.
- The birth rate among Somerset County teens aged 15-17 decreased from 5.2/1,000 in 2007-2011 to 3.0/1,000 in 2012-2016 and is in the top performing quartile statewide.
- For both age cohorts, 15-17 and 15-19, the percent of Somerset County teen births is consistently lower than statewide rates.

Teen Births Age 15-19, Rate 1,000 Female Population
State and County Comparisons



Source: NJDOH Center for Health Statistics State Health Assessment Data

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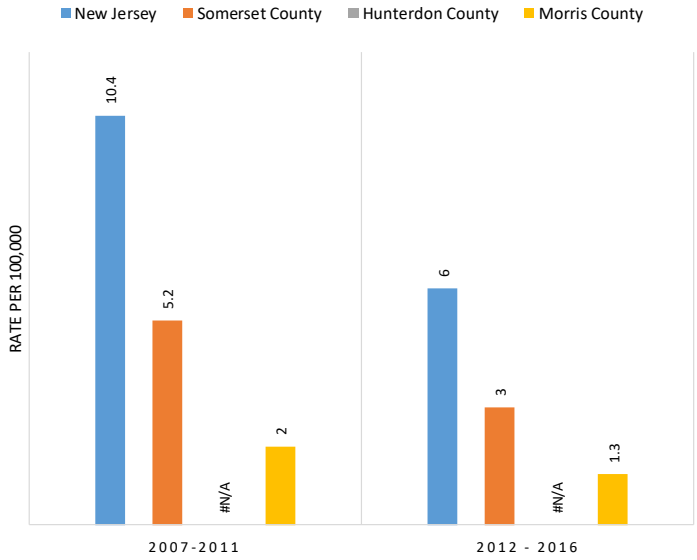
National Benchmark: 15
Somerset County 2016: 7.1

[35] *http://www.countyhealthrankings.org/our-approach/health-factors/sexual-activity*

Teen Births Age 15-17 1,000 Female Population
State and County Comparisons



Source: NJDOH Center for Health Statistics State Health Assessment Data

Healthy People 2020

Baseline: 40.2
Target: 36.2
Somerset County 2016: 3.0

In a 2016 CDC Teen Pregnancy Statistics data brief, *State Disparities in Teenage Birth Rates in the United States*, based upon 2014 data, New Jersey is one of 10 states with the lowest teen birth rates (<20/1,000) compared to National figures (41.5/1,000). However, the New Jersey rate shows tremendous variability when examined by town.

- The Somerset zip code 2016 birth rate to teens aged 15-19 (25.3/1,000) is five times the Somerset County rate (5.7/1,000).

Teen Birth Rates 2016 – Deliveries Among 15-19 Year Olds

GEOGRAPHIC AREA	RATE
New Jersey	11.16
Somerset County	5.73
RWJUH Somerset	13.06
TOP 5 BY ZIP CODE	
08873 Somerset	25.30
08805 Bound Brook	21.08
07924 Bernardsville	11.97
08823 Franklin Park	5.10
08807 Bridgewater	2.97

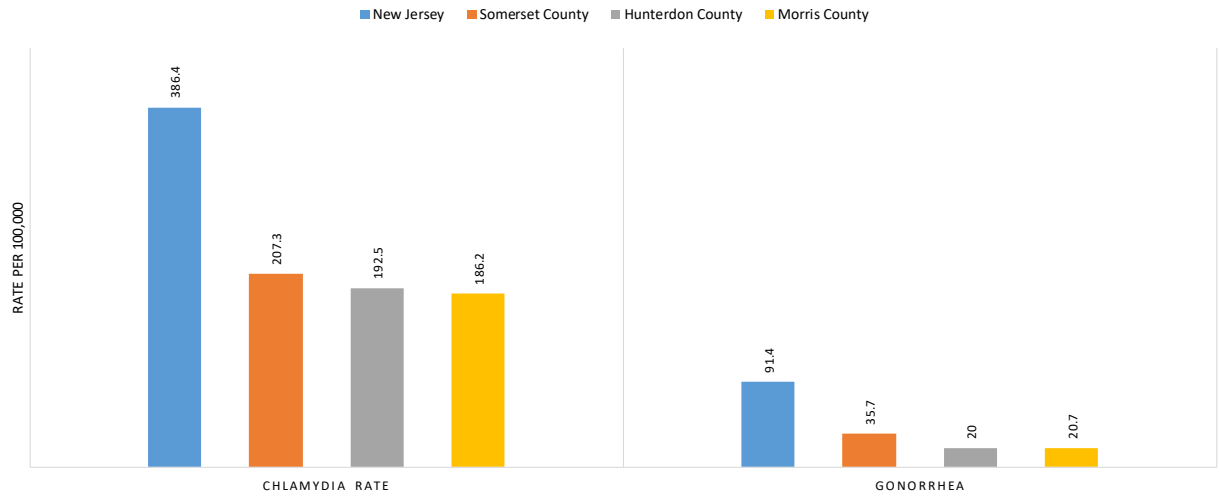
Source: UB-04 2016 Discharges – All Deliveries To Mothers Age 15-19; Claritas Population Estimate

Sexually Transmitted Infection

Sexually transmitted infections (STI) are caused by bacteria, parasites and viruses contracted through relations with an infected individual. There are more than 20 types of STIs, including Chlamydia, Gonorrhea, Genital herpes, HIV/AIDS , HPV, Syphilis and Trichomoniasis. Most STIs affect both men and women, but in many cases health problems may be more severe for women. If pregnant, a STI can cause serious health complications for the baby.[36]

- Chlamydia is the most prevalent STI. In 2016, Somerset County (207.3/1,000) had 26.4% fewer cases of chlamydia than New Jersey (386.4/1,000) and performed in the top quartile statewide.
- The rate of chlamydia in Somerset County (207.3/1,000) is higher the CHR national benchmark (145.1/1,000).
- In 2016, Somerset County (35.7/100,000) has 61.0% fewer cases of gonorrhea than New Jersey (91.4/100,000).
- Somerset County ranks in the top quartile of New Jersey counties with regard to gonorrhea rates.

Sexually Transmitted Diseases: Rate / 100,000 Population
Chlamydia and Gonorrhea Rates
State and County Comparisons 2016



Source: NJ SHAD

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National Benchmark: 145.1
Somerset County 2016: 207.3

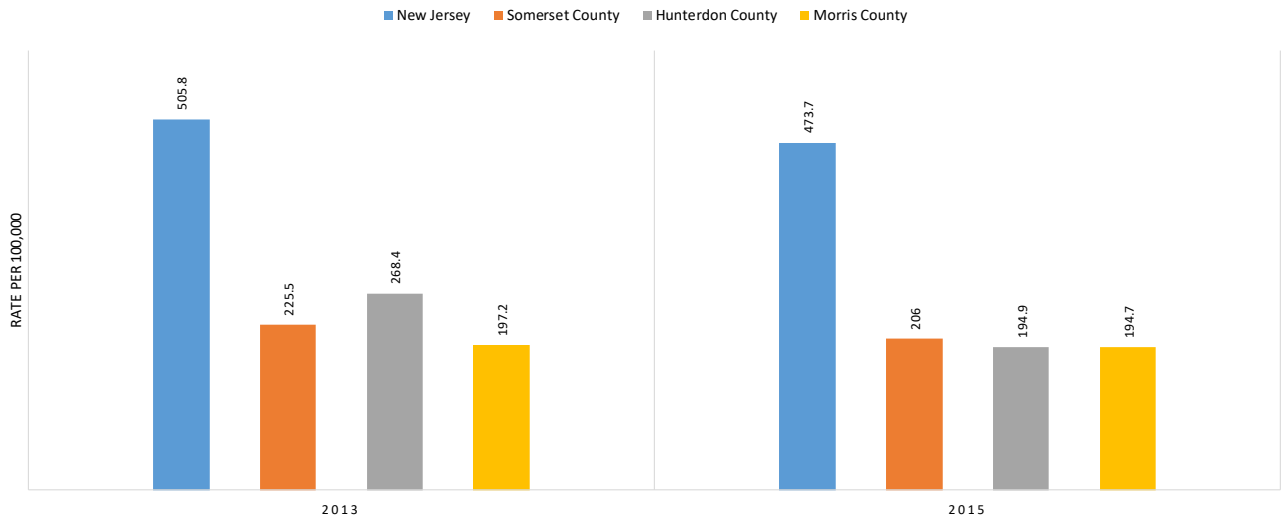
[36] *http://www.nlm.nih.gov/medlineplus/sexuallytransmitteddiseases.html*

HIV/AIDS

Human immunodeficiency virus (HIV) is spread mainly by having sex with someone infected with HIV or sharing needles with someone positive. Approximately 50,000 new HIV infections occur in the United States each year.

- County-wide HIV/AIDS prevalence rates declined between 2013 (225.5/100,000) and 2015 (206.0/100,000).
- In 2015, HIV/AIDS was 56.5% less prevalent in Somerset County (260.0/100,000) than in New Jersey (473.7/100,000). Somerset County is in the top performing quartile statewide.
- Somerset County has more HIV/AIDS cases than neighboring Hunterdon and Morris Counties.
- The prevalence rate is below the CHR benchmark of 362/100,000.

HIV Rates 2013-2015
State and County Comparisons



Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, County Health Rankings

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Teen Births Ages 15-19 *Rate per 100,000 Female Population*	N.A.		
Teen Births Ages 15-17 *Rate per 100,000 Female Population*		N.A.	
STDs: Chlamydia *Rate per 100,000 Population*	N.A.		
STDs: Gonorrhea *Rate per 100,000 Population*	N.A.	N.A.	
HIV/AIDS: Prevalence	N.A		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

Individual Behavior

A CDC report indicates that people can live longer if they practice one or more healthy lifestyle behaviors including: eating a healthy diet, not smoking, regular exercise and limiting alcohol consumption. People who engage in all of these behaviors are 66 percent less likely to die early from cancer, 65 percent less likely to die early from cardiovascular disease and 57 percent less likely to die early from other causes compared to those who do not engage in any of these behaviors.[37]

Tobacco Use

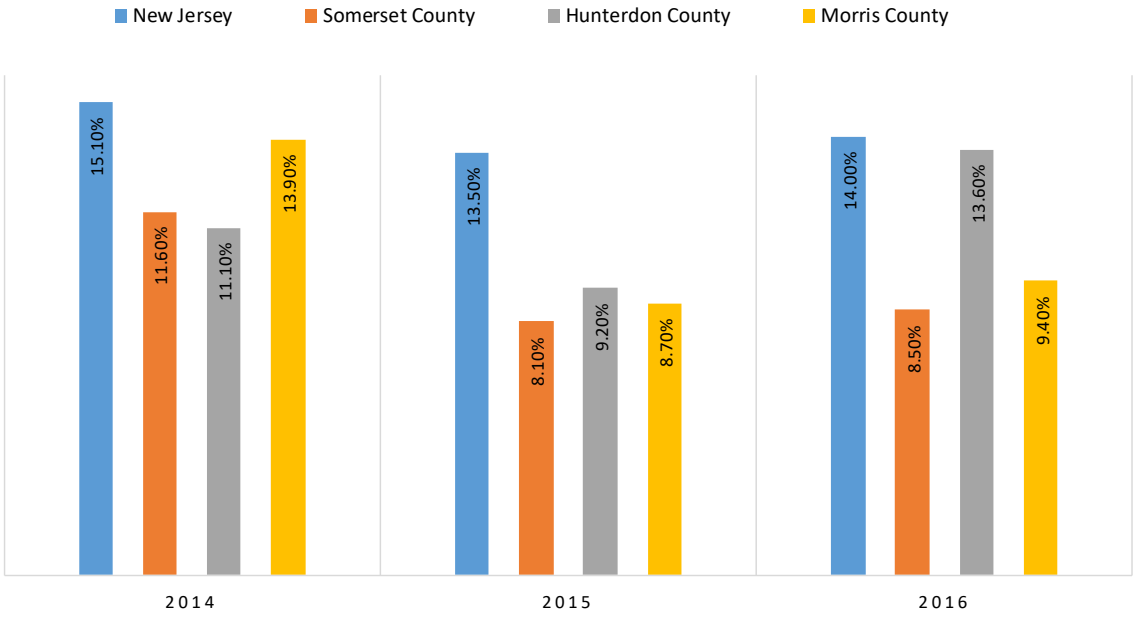
Tobacco use is the leading cause of preventable death in the United States. Smoking leads to disease and disability, and harms nearly every organ in the body, and causes cancer, heart disease, stroke, diabetes, and lung diseases such as emphysema, bronchitis, and chronic airway obstruction. Exposure to secondhand smoke can lead to lung cancer and heart disease. Each year, smoking kills approximately 480,000 Americans, including 41,000 from secondhand smoke. On average, smokers die 10 years earlier than nonsmokers.

About 15% of U.S. adults smoke. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 people transition from occasional to daily smokers. Smokeless tobacco also leads to various cancers, gum and teeth problems, and nicotine addiction. Almost 6% of young adults use smokeless tobacco and half of new users are younger than 18.[38], [39]

- Somerset County smokers decreased from 11.6% in 2014, to 8.5% in 2016.
- In 2016, there were 39.0% fewer smokers in Somerset County (8.5%) than New Jersey (14.69%). Somerset County had fewer adult smokers than neighboring Hunterdon (15.6%) and Morris (9.4%) Counties. Somerset County performs in the top quartile statewide.
- In 2016, Somerset County performed better than the *Healthy People 2020* target of 12% of adults that smoke.
- In 2016, Somerset County was in the top performing County Health Rankings Benchmark.

[37] *http://www.cdc.gov/features/livelonger/*
[38] *http://www.countyhealthrankings.org/our-approach/health-factors/tobacco-use*
[39] *http://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm*

Adults Who Are Current Smokers
State and County Comparisons 2014-2016



Source: CDC New Jersey Behavioral Risk Factor Surveillance System (NJBRFS)

Healthy People 2020

Baseline: 20.6%
Target: 12.0%
Somerset County 2016: 11.0%

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National Benchmark: 14.0%
Somerset County 2016: 11.0%

Alcohol Use

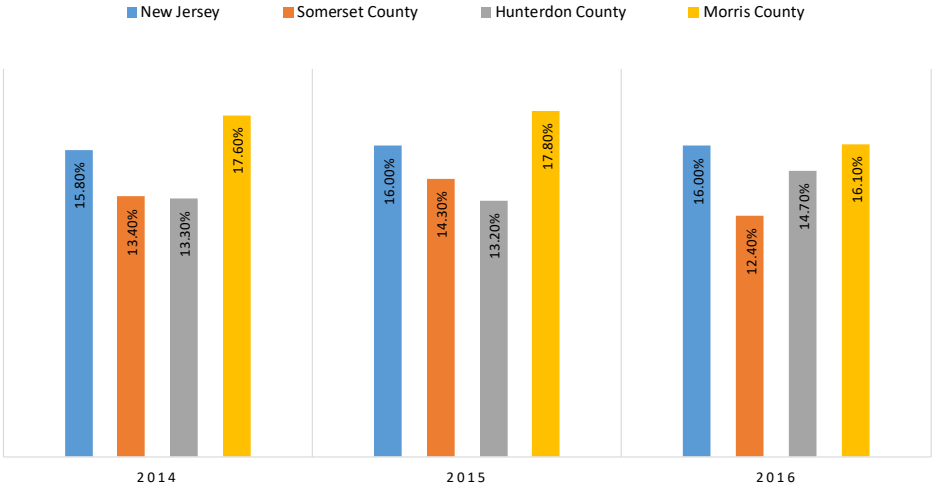
Although moderate alcohol use is associated with reduced risk of heart disease and diabetes, excessive consumption is the third leading cause of preventable death nationally. Excessive consumption considers both the amount and the frequency of drinking. Short-term, excessive drinking is linked to alcohol poisoning, intimate partner violence, risky sexual behaviors, failure to fulfill responsibilities and motor vehicle crashes. Over time, excessive alcohol consumption is a risk factor for hypertension, acute myocardial infarction, fetal alcohol syndrome, liver disease and certain cancers.[40]

- Binge drinkers, those men that consume more than 5 drinks and women that consume more than 4 drinks in one occasion, decreased from 13.4% in 2014, to 12.4% in 2016.
- In 2016, 12.4% of Somerset County residents were binge drinkers compared to 16% statewide. Somerset County had fewer binge drinkers than surrounding Hunterdon and Morris Counties. Statewide, Somerset County performs in the top quartile.

[40] *http://www.countyhealthrankings.org/our-approach/health-factors/alcohol-drug-use*

- The 2015 percent of Somerset County (14.5%) residents who drank excessively is 25% higher than the CHR national benchmark (12%).
- Heavy drinking is defined as a male who consumes at least 60 drinks a month or a female who consumes 30 in that time frame. Somerset County heavy drinkers remained consistent between 2014 (5.5%) and 2016.
- In 2016, 5.5% of Somerset County residents are heavy drinkers compared to 4.4% statewide, 2.1% in Hunterdon County and 4.4% in Morris County.
- Alcohol deaths in Somerset County were 18%, 5 percentage points higher than the CHR benchmark of 13%.

Adults Reporting Binge Drinking
State and County Comparisons 2014-2016



Source: CDC New Jersey Behavioral Risk Factor Surveillance System

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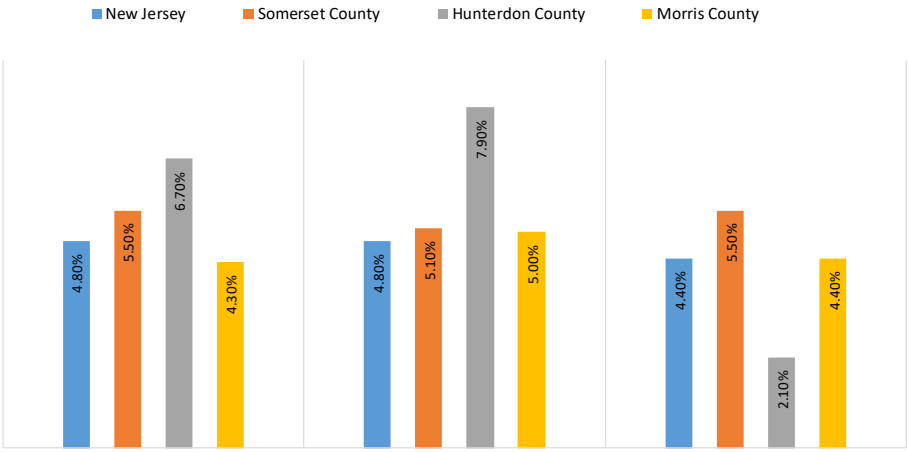
National Benchmark: 13.0%
Somerset County 2016: 12.4%

Adults Reporting Heavy Drinking
State and County Comparisons 2014-2016



Source: CDC New Jersey Behavioral Risk Factor Surveillance System

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Tobacco Use *Adults Who Are Current Smokers*			
Excessive Drinking *Binge Drinkers*	N.A.		
Excessive Drinking *Heavy Drinkers*	N.A.	N.A.	
Alcohol Impaired Driving Deaths	N.A.		

Diet

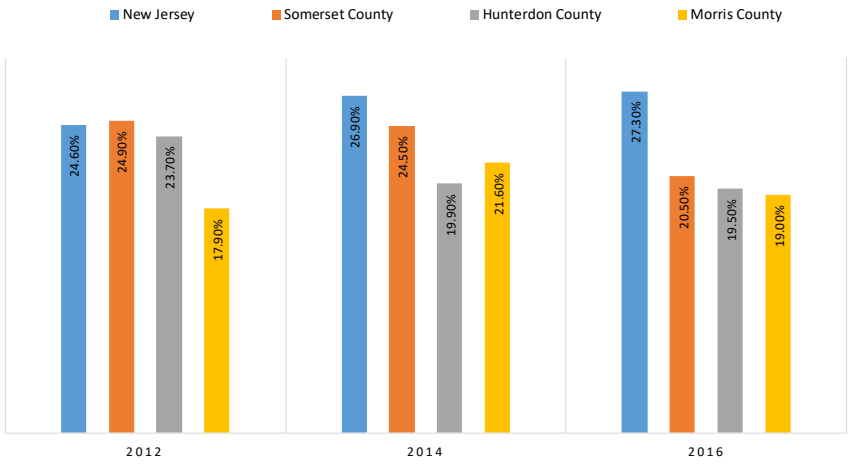
Healthy food is a key component to good health; insufficient nutrition hinders growth and development. As of 2016, 41 million Americans struggled with hunger in the U.S. A household that is food insecure has limited or uncertain access to enough food to support a healthy life. Obesity among food insecure people, as well as low income individuals, occurs in part because they are often subject to the same challenges as other Americans (more sedentary lifestyles, increased portion size) and because they face unique challenges in adopting and maintaining healthy behaviors, including limited resources and lack of access to affordable healthy food, cycles of food deprivation and overeating, high levels of stress and anxiety, fewer opportunities for physical activity, greater exposure to marketing of obesity promoting products, and limited access to health care.[41]

- The percent of Somerset County residents with a Body Mass Index (BMI) >=30 trended down from 24.9% in 2012, to 20.5% in 2016.
- In 2016, Somerset County (20.5%), Hunterdon County (19.5%) and Morris County (19.0%) had similar percentages of residents with a BMI>=30.

[41] *http://www.frac.org*

- In 2016, less Somerset County residents (20.5%) are obese than the *Healthy People 2020* target (30.6%)
- In 2016, Somerset County residents with a BMI>=30 ranked in the first quartile in New Jersey and with regard to the County Health Ranking, it ranks in the top quartile.

Reported BMI>=30
State and County Comparisons 2012-2016



Source: CDC Behavioral Risk Factor Surveillance System

Healthy People 2020

Baseline: 33.9%
Target: 30.5%
Somerset County 2016: 20.5%

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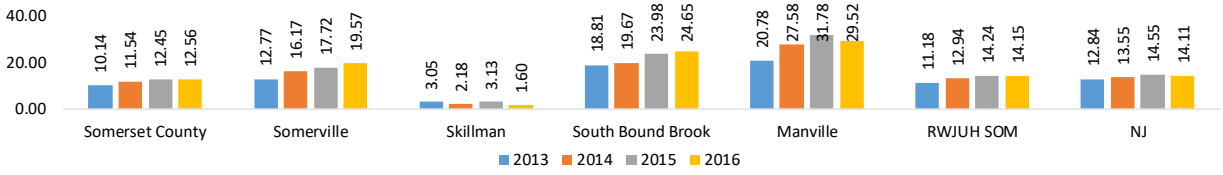
National Benchmark: 26.0%
Somerset County 2016: 20.5%

- In 2016, a higher rate of patients hospitalized from Manville had a diagnosis of obesity (29.52/1,000) as compared to Somerset County (12.56/1,000).
- Between 2013 and 2016, patients hospitalized from RWJUH Somerset Service Area had higher rates of obesity than hospitalized residents of Somerset County.

Disease Incidence: Obesity, Rate per 1,000 Population



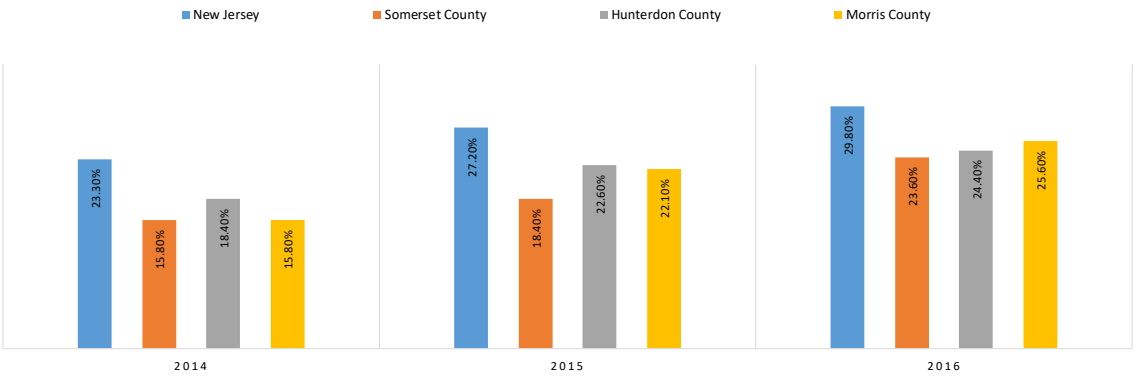
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes 278.00 or 278.01 (Appearing Anywhere In First 13 DX Codes On Patient Record)

Exercise

Inadequate physical activity contributes to increased risk of coronary heart disease, diabetes and some cancers. Nationally, half of adults and nearly three-quarters of high school students do not meet the CDC's recommended physical activity levels.[42]

- Within Somerset County, the percent of individuals reporting no leisure time physical activity trended upward from 15.8% in 2014, to 23.6% in 2016.
- In 2016, a similar percentage of Somerset County adults (23.6%) and adults in Hunterdon County (24.4%) report no leisure-time physical activity. A higher percentage of Morris County residents report a lack of leisure time and activities.
- Compared to all counties statewide, Somerset County performs in the top quartile.
- Somerset County performs in the middle quartile compared to the County Health Rankings Benchmark.

Percent of Adults Age 20+ Reporting No Leisure-Time Physical Activity
State and County Comparison 2014-2016



Source: County Health Rankings – National Center For Chronic Disease Prevention and Health Promotion CDC Behavioral Risk Factor Surveillance System

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National Benchmark: 20.0%
Somerset County 2016: 23.6%

[42] *http://www.county healthrankings.org/our-approach/health-factors/diet-and-exercise*

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Obesity *Percent With Reported BMI >= 30*			
Exercise: Adults *Percent of Adults Age 20+ Reporting No Leisure-Time Physical Activity*	N.A.		

Health Screenings

Screening tests can detect disease and conditions in early stages, when they may be easier to treat.

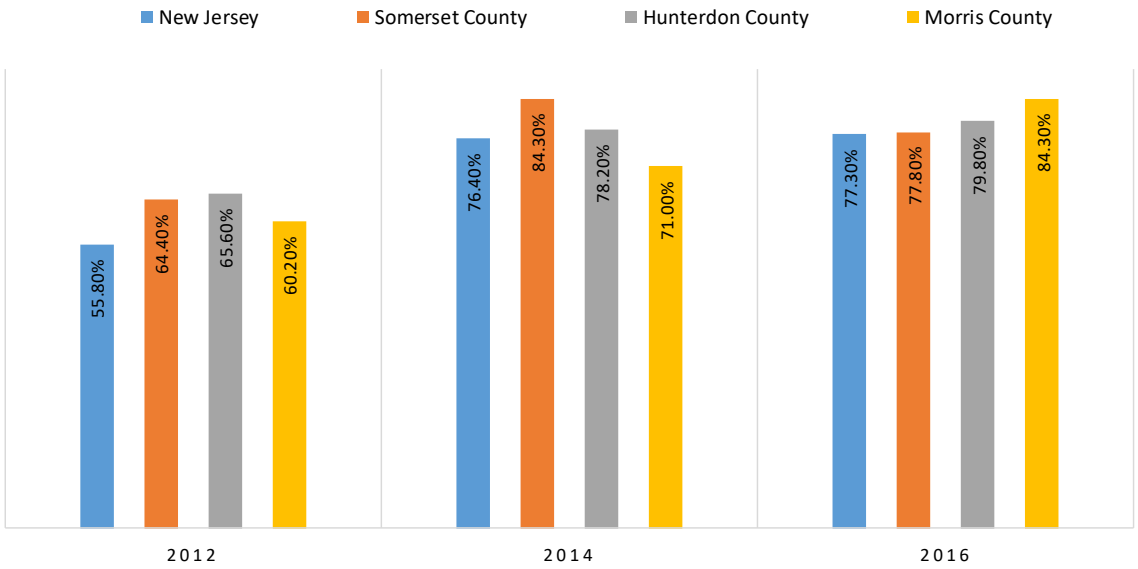
Cancer Screening

Breast Cancer (mammography)

According to the American Cancer Association, women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening. Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer. Women should also know how their breasts normally look and feel and report any breast changes to a health care provider right away. Some women – because of their family history, a genetic tendency, or certain other factors – should be screened with MRIs along with mammograms. The number of women who fall into this category is very small.

- In 2016, nearly 78% of Somerset County women over age 40 had a mammography within the past two years, similar to 77% of women statewide. Compared to all counties statewide, Somerset County performs in the middle quartile.
- In 2016, Somerset County performed in the top quartile in terms of the County Health Ranking Benchmark and *Healthy People 2020* target.

Women Age 50+ Who Had A Mammogram Within Past 2 Years
State and County Comparisons 2012-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 69.8%
Target: 81.1%
Somerset County 2016: 77.8%

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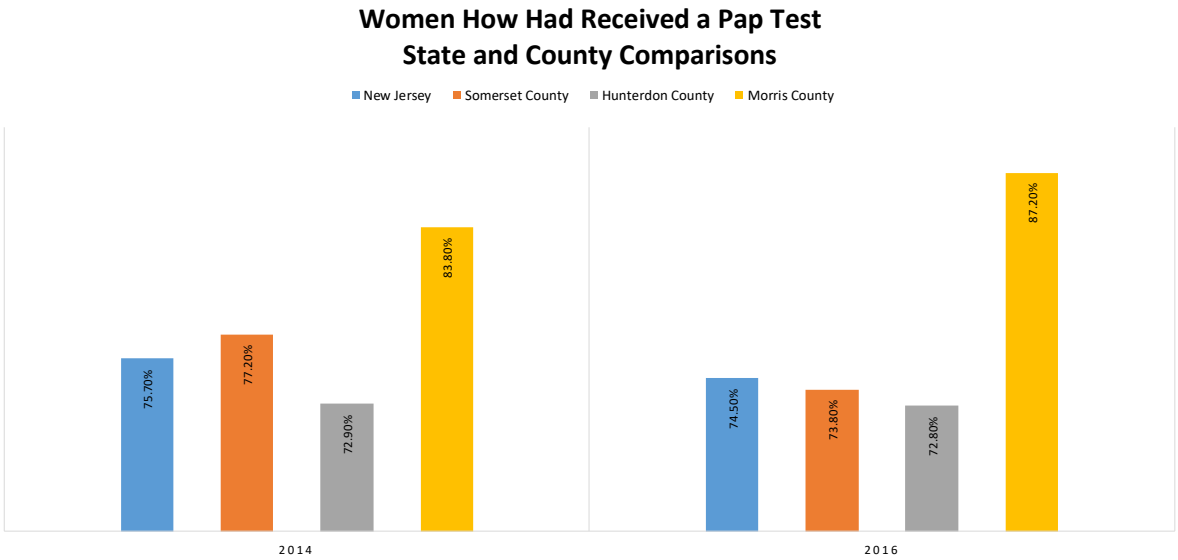
National Benchmark: 71.0%
Somerset County 2016: 77.8%

Cervical Cancer (pap smear)

According to the American Cancer Association, cervical cancer testing should start at age 21. Women between the ages of 21 and 29 should have a Pap test done every 3 years. Women between the ages of 30 and 65 should have a Pap test plus an HPV test (called "co-testing") done every 5 years. Women over age 65 who have regular cervical cancer testing in the past 10 years with normal results should not be tested for cervical cancer. Women with a history of a serious cervical pre-cancer should continue to be tested for at least 20 years after that diagnosis, even if testing goes past age 65. Some women – because of their health history (HIV infection, organ transplant, DES exposure, etc.) – may need a different screening schedule for cervical cancer.

- In 2014, 77.2% of Somerset County women over age 18 had a pap smear within the past three years as compared to 75.7% of New Jersey women 18+. Fewer Somerset County women over age 18 had a pap test within 3 years than in comparative Morris (83.8%) and Monmouth (87.6%). Compared to the State overall, Somerset County performs in the top quartile.
- Between 2014 and 2016, Somerset County women who had a pap test within the past three years declined over 3 percentage points from 77.2% to 73.8%.



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

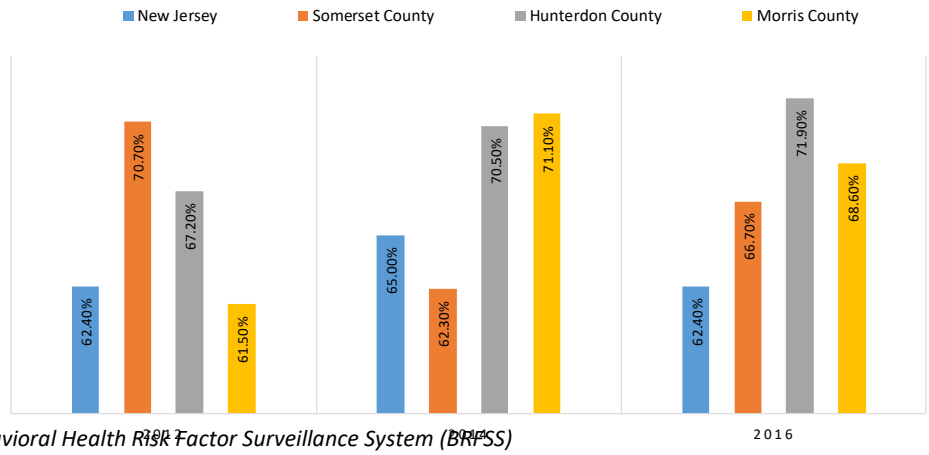
Baseline: 60.2%
Target: 66.2%
Somerset County 2016: 73.8%

Colon-rectal Cancer (sigmoidoscopy or colonoscopy)

According to the American Cancer Association, starting at age 50, both men and women should follow one of these testing plans: colonoscopy every 10 years, CT colonography (virtual colonoscopy) every 5 years, flexible sigmoidoscopy every 5 years, or double-contrast barium enema every 5 years.

- In 2016, more Somerset County adults over age 50 (66.7%) participated in colon-rectal screening than adults statewide (62.4%). Compared to all New Jersey counties, Somerset County performs in the top quartile.
- In 2016, fewer Somerset County adults (66.7%) over age 50 had a colonoscopy/sigmoidoscopy than in 2012 (70.7%). Somerset County is below the *Healthy People 2020* target of 70.5% of adults (50+) ever having colon-rectal screening in 2014, but within 25% of the target.
- As noted in the tables which appear in Appendix C, Cancer Incidence Mortality and Cancer Registry data, there is a high percentage of colon cancer cases detected that are late stage, which may be related to this low incidence of screening.

Adults Age 50+ Who Ever Had a Colonoscopy or Sigmoidoscopy
State and County Comparisons, 2012-2016

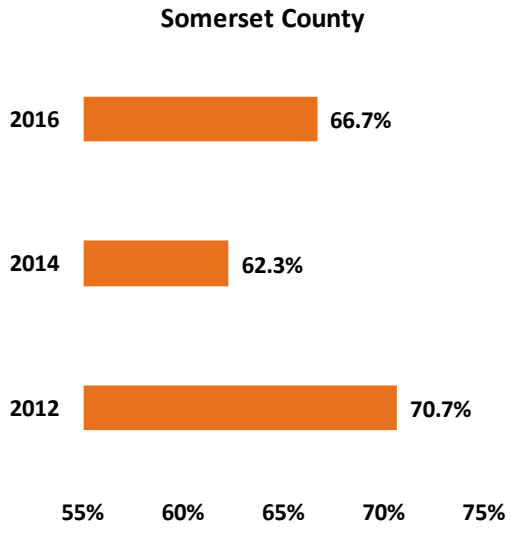


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 52.1%
Target: 70.5%
Somerset County 2016: 66.7%

Colonoscopy or Sigmoidoscopy
Adults Age 50+ Who Ever Had One: Trend

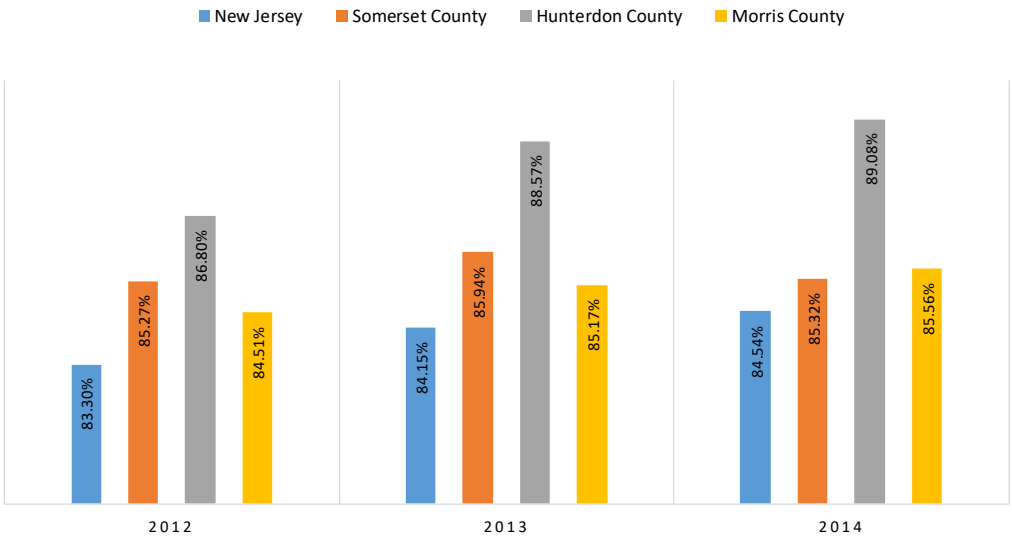


Diabetes

There are several ways to diagnose diabetes including A1C, Fasting Plasma Glucose (FPG), Oral Glucose Tolerance Test (OGTT) and Random (Casual) Plasma Glucose Test. Diabetes screenings are an effective means of diagnosing and managing illness.

- In 2014, 85% of Somerset County diabetic Medicare enrollees received HbA1c screening, similar to the State and Morris County. As compared to all New Jersey counties, Somerset performs in the middle quartile.
- The percent of Somerset County diabetic Medicare enrollees receiving HbA1c screening has been relatively constant since 2012.
- In 2014, fewer Somerset County diabetic Medicare enrollees (85%) were screened than the CHR national benchmark (91%). Somerset County was lower than the CHR benchmark, but within an established 25% margin.

Diabetic Medicare Enrollees That Received Screening
State and County Comparisons 2012-2014



Source: County Health Rankings – Dartmouth Atlas of Health Care

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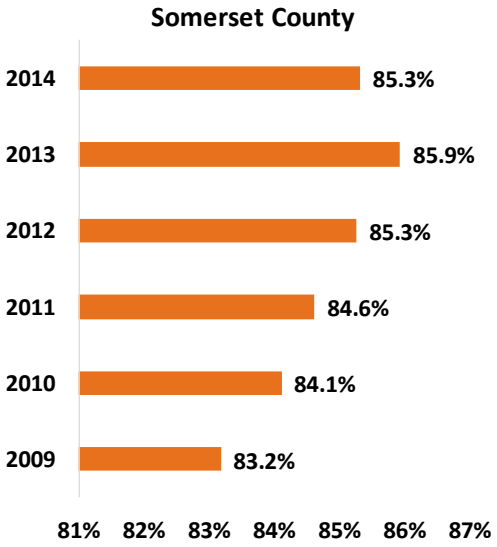
National Benchmark: 91.0%
Somerset County 2016: 85.0%

Diabetic Medicare Enrollees That Received Screening: Trend



Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Mammograms *Women Age 50+ Who Have Had a Mammogram Within Past Two Years*			
PAP Tests *Women Who Have Had a PAP Test Within Past Three Years*		N.A	
Sigmoidoscopy/ Colonoscopy *Adults Age 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy*		N.A.	
HbA1c Screening *% Diabetic Medicare Enrollees Receiving Screening*	N.A.		

Immunizations

It is better to prevent disease than to treat it after it occurs; vaccines prevent disease and save millions of lives. Vaccines introduce the antigens that cause diseases. Immunity, the body's means to preventing disease, recognizes germs and produces antibodies to fight them. Even after many years, the immune system continues to produce antibodies to thwart disease from recurring. Through vaccination we can develop immunity without suffering from disease.[43] Evidenced – based; CDC guidelines, public health benefit – individual and herd

Childhood Immunizations: DPT, polio, MMR & Hib (aged 19-35 months)

Young children are readily susceptible to disease and the consequences can be serious or life-threatening. Childhood immunizations minimize impact of vaccine preventable diseases. Combined 4

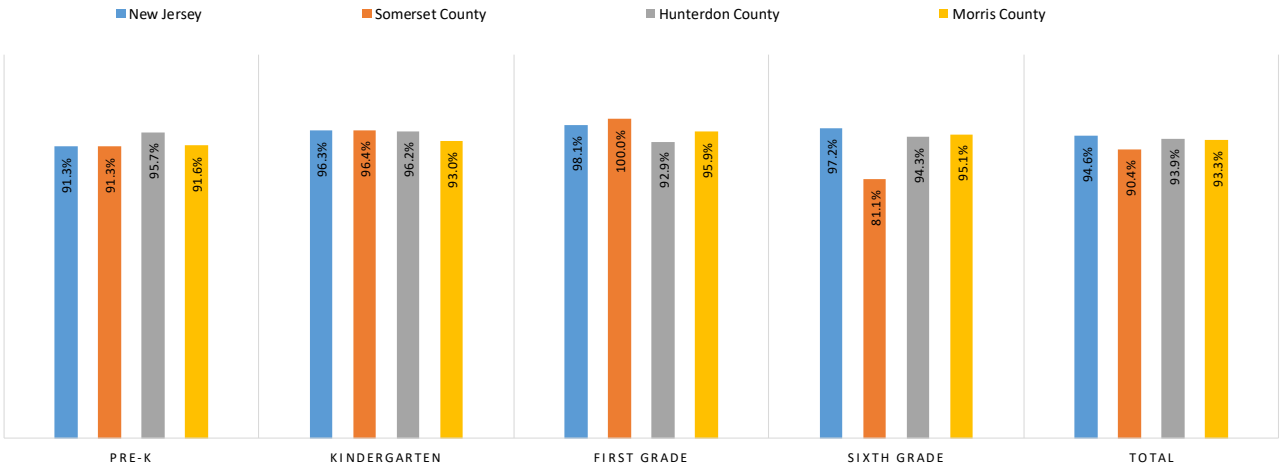
[43] *http://www.cdc.gov/vaccines/vac-gen/howvpd.htm#why*

vaccine series (4:3:1:3) refers to 4 or more doses of DTP/DT, 3 or more doses of poliovirus vaccine, 1 or more doses of MCV and 3 or more doses of Hib.[44] Conflicting information in the news and on the internet about children's immunizations may cause vaccine hesitancy among select parents. Health care providers have been encouraged to use interventions to overcome vaccine non-compliance, including parental counseling, increasing access to vaccinations, offering combination vaccines, public education, and reminder recall strategies.

Childhood immunization is an evidenced-based strategy, which is known to reduce the incidence, prevalence and mortality of many communicable diseases in many Western Countries including the U.S.

- The percent of all Somerset County children meeting all vaccine requirements in 2016 was 90%, compared to 94.6% statewide.

Childhood Immunization: Percent of Children Meeting All Immunization Requirements
State and County Comparisons, 2016



Source: NJDOH Annual Immunization Status Report
http://www.nj.gov/health/cd/documents/status_report/2016/all_schools_vac.pdf
Data are the most current County-Level figures available.

Adult Flu

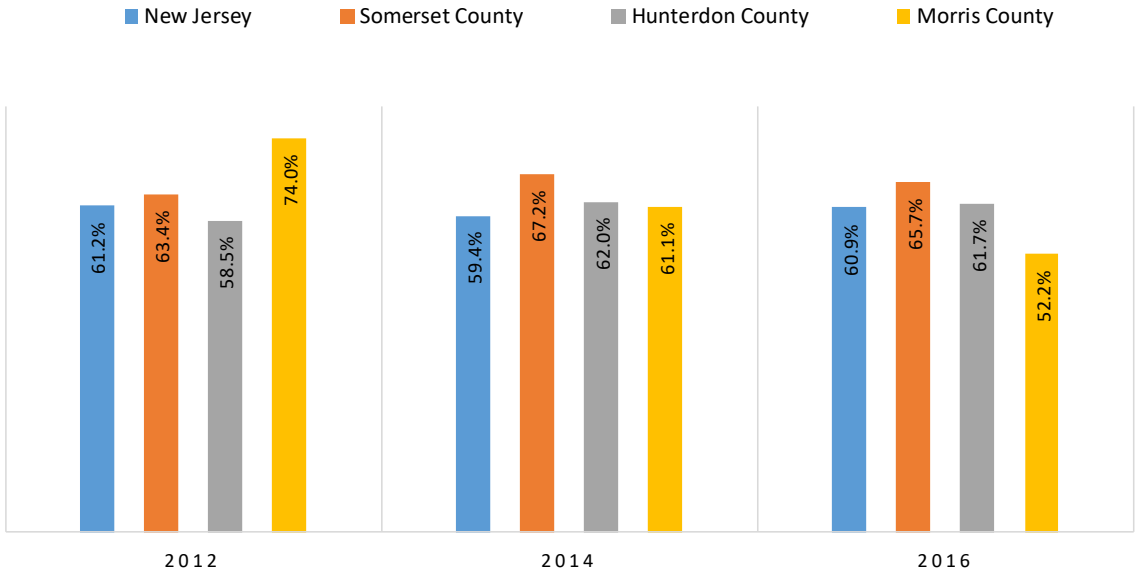
Immunizations are not just for children. As we age, the immune system weakens putting us at higher risk for certain diseases. Greater than 60 percent of seasonal flu-related hospitalizations occur in people 65 and older. The single best way to protect against the flu is an annual vaccination.[45]

- The percent of Somerset County adults who had received a flu shot in the past year varied between 63.4% and 65.1% from 2012 to 2015.
- Since 2012, the percent of Somerset County adults who received a flu shot in the past year was higher than statewide percent. As compared to all counties statewide, Somerset County performs in the top quartile.

[44] *http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html)*
[45] *http://www.cdc.gov/vaccines/adults/rec-vac/index.html)*

- The percent of 2015 Somerset County adults who received the flu shot in the past year is lower than the *Healthy People 2020* target of 90.0%. Somerset County performs in the lowest *Healthy People 2020* quartile.

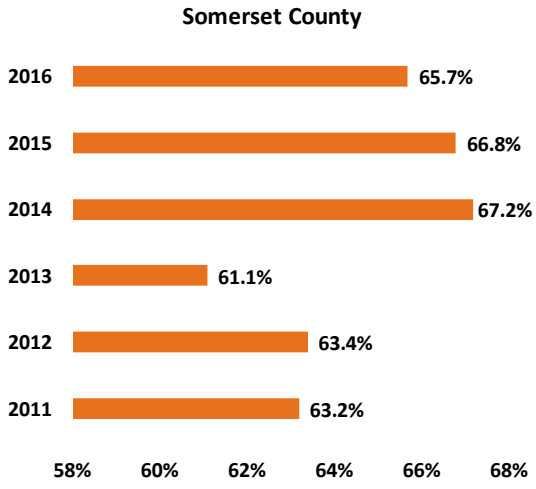
Adults Age 65+ Who Had a Flu Shot in the Past Year
State and County Comparisons, 2012-2016



Healthy People 2020

Baseline: 66.6%
Target: 90.0%
Somerset County 2016: 65.7%

Adults Age 65+ Who Had a Flu Shot in the Past Year: Trend



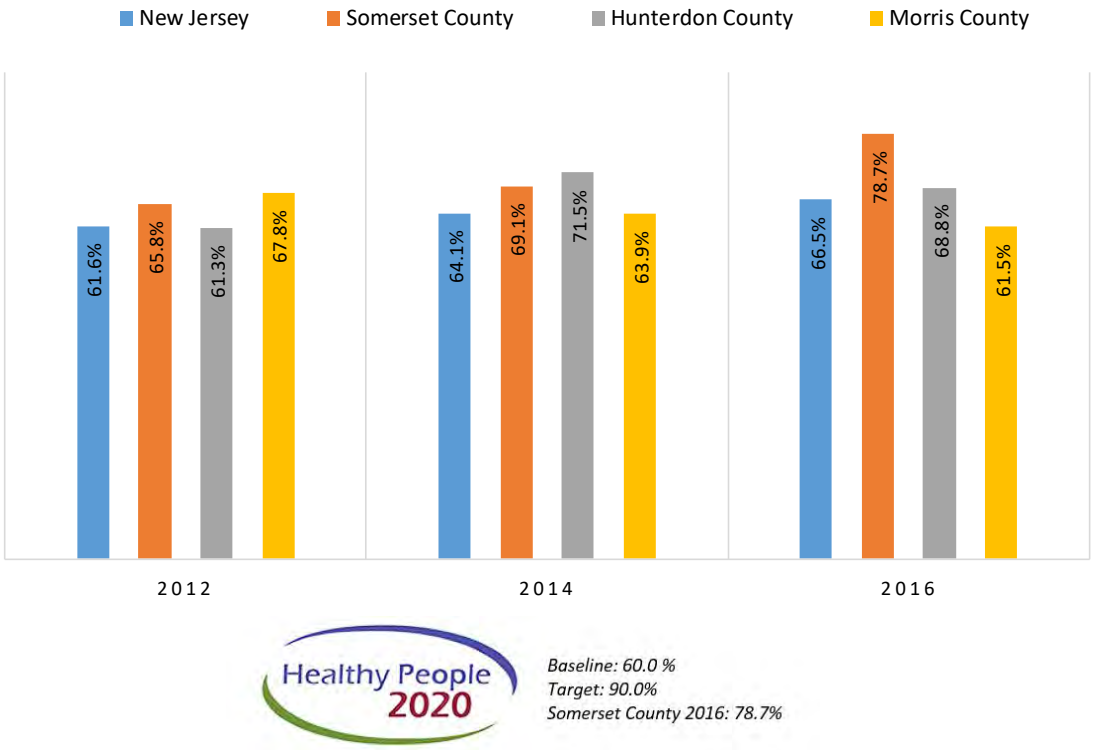
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Adult Pneumonia

The pneumococcal vaccine protects us against some of the 90 types of pneumococcal bacteria. Pneumococcal vaccine is recommended for all adults 65 years or older.[46]

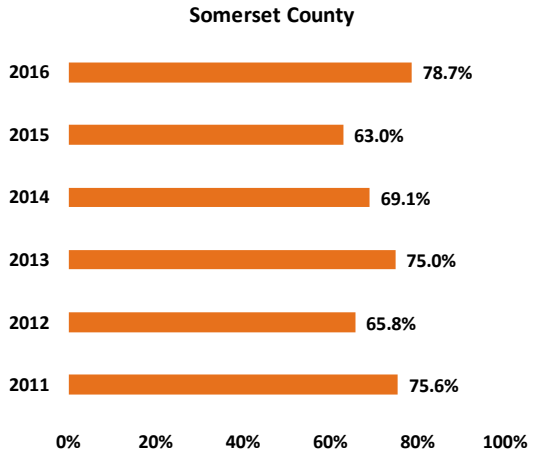
- The percent of Somerset County adults age 65+ who had a pneumonia vaccine increased from 2012 through 2016.
- In 2016, the percent of Somerset County (78.7%) adults that have never had a pneumonia vaccine is higher than statewide (66.5%) and less than the *Healthy People 2020* target (90.0%). As compared to all counties statewide, Somerset County performs in the top quartile. Somerset County performs in the middle quartile in the *Healthy People 2020* target

Adults Age 65+ Who Had a Pneumonia Vaccination
State and County Comparisons 2012-2016



[46] *http://www.cdc.gov/pneumococcal/about/prevention.html*

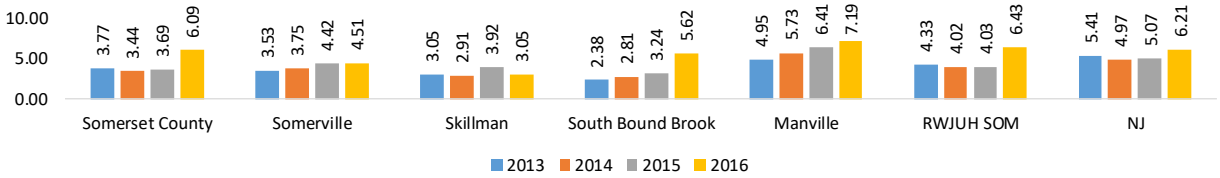
Adults Age 65+ Who Had a Pneumonia Vaccination: Trend



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

- In 2016, Manville patients who used a hospital service had the highest rate of patients with a diagnosis of pneumonia (7.19/1,000) and Skillman at 3.05/1,000 was the lowest as compared to all geographies.

Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population: Pneumonia



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census Definition: Inpatient, Same Day Stay and ED Discharges – For MS-DRGs 177, 178, 179, 193, 194, 195

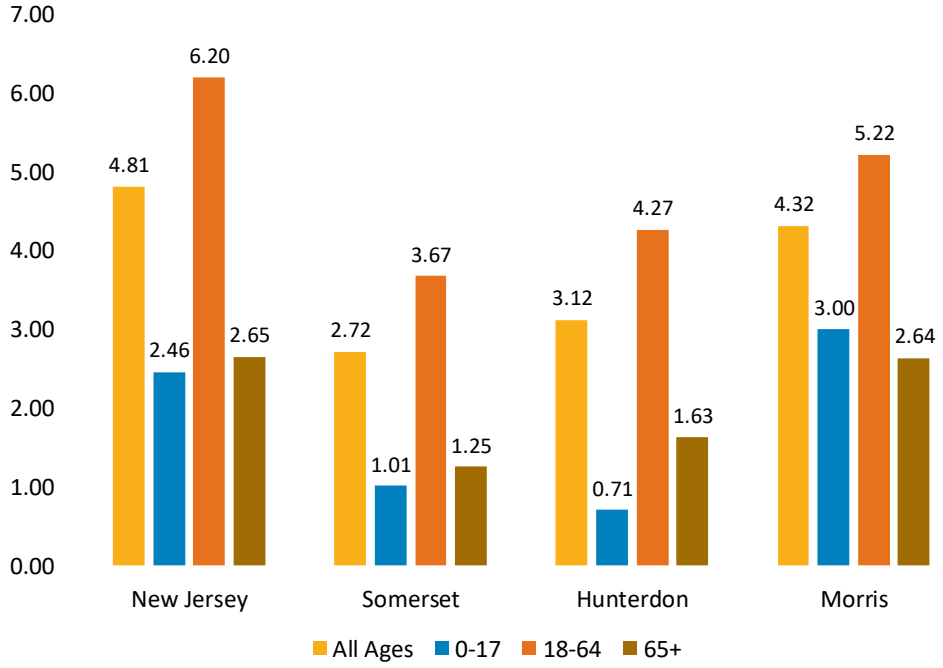
Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Flu Shot *Adults Age 65+ Who Have NOT Had a Flu Shot in the Past Year* *%No*		N.A	
Pneumonia Vaccination *Adults Age 65+ Who Have NOT Ever Had a Pneumonia Vaccination* *%Never*		N.A.	
Children Meeting All Immunization Requirements	N.A.	N.A.	

4. Behavioral Health Utilization

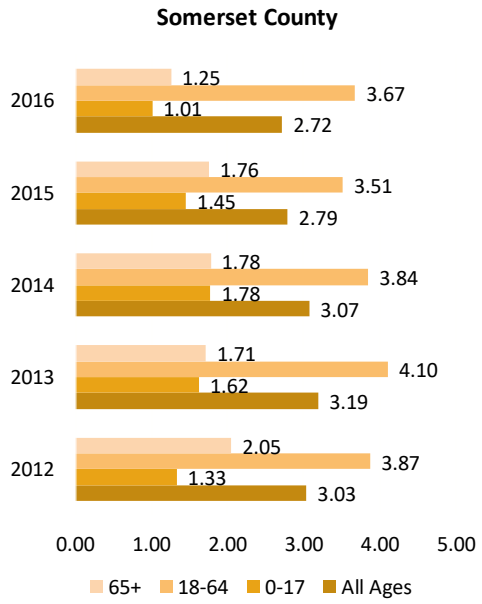
Mental Health

- In 2016, Somerset County (2.72/1,000) had 43% fewer patients hospitalized for mental health conditions than the State (4.81/1,000).
- Within Somerset County, by age cohort in 2016, adults 18-64 (3.67/1,000) had the highest rate of mental/behavioral health inpatient hospital admissions compared to older adults 65+ (1.25/1,000) and children (1.01/1,000).
- Somerset County had fewer patient hospitalizations for mental/behavioral health conditions in 2016 (2.72/1,000) than in 2012 (3.03/1,000).

Hospital Inpatient Discharges for Mental/Behavioral Health Conditions
By Age; Rate / 1,000 Population
State and County Comparisons, 2016



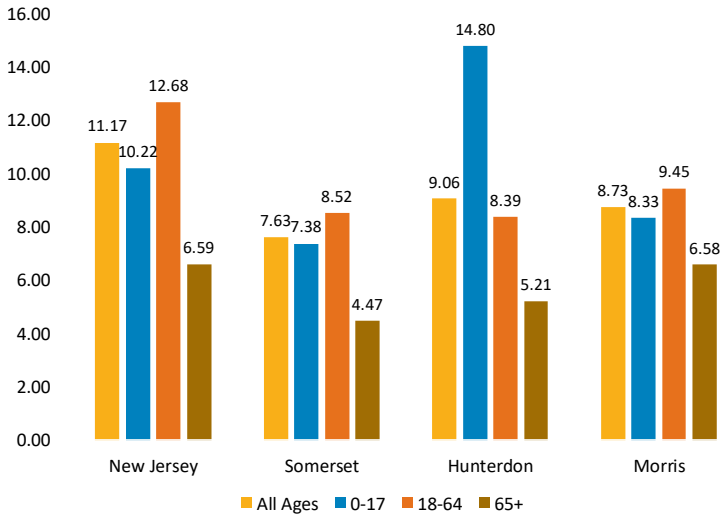
Source: NJDHSS 2010 - 2015 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate



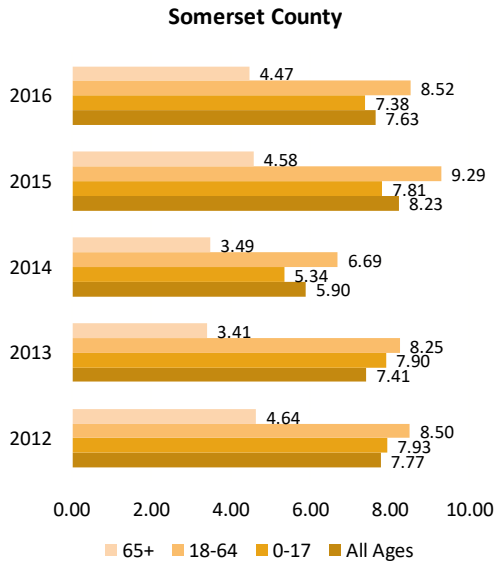
Source: NJDHSS 2010 - 2015 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, Somerset County (7.63/1,000) had 36.9% fewer ED visits for mental health conditions than the State (11.7/1,000).
- In 2016, Somerset County adults 18-64 (8.52/1,000) had the highest rate of ED visits compared to children (7.38/1,000) and older adults 65+ (4.42/1,000).
- Somerset County ED visits for mental/behavioral health conditions remained fairly stable between 2012 (7.77/1,000) and 2016 (7.63/1,000).

ED Visits for Mental/Behavioral Health Conditions (2016): By Age; Rate / 1,000 Population
State and County Comparisons 2016

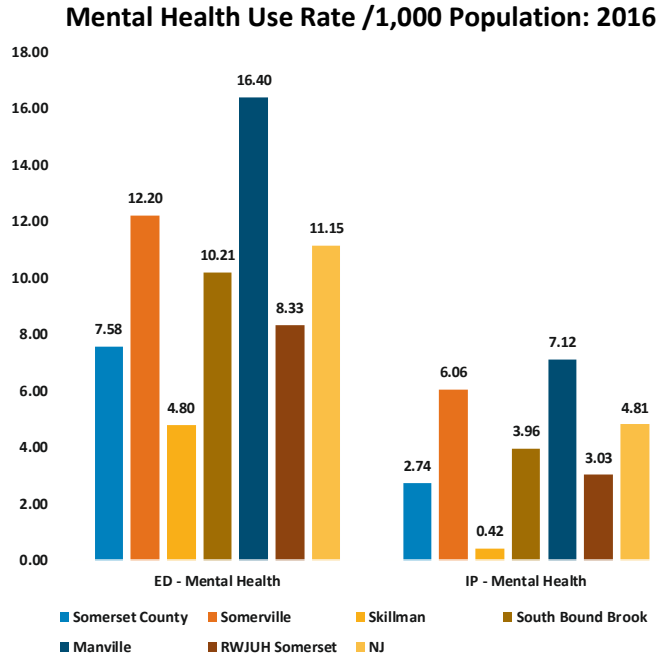


Source: NJDHSS 20101- 2015 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate



Source: NJDHSS 20101- 2015 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, inpatient hospitalizations for mental/behavioral health in Manville (7.12/1,000) exceeded the New Jersey rate (4.81/1,000) and Somerset County rates (2.74/1,000).
- In 2016, the emergency department rate for mental/behavioral health in Manville (16.4/1,000) was greater than Somerset County (7.58/1,000) and greater than New Jersey (11.15/1,000).
- In 2016, the emergency department rate for mental health in Skillman (4.8/1,000) was less than the New Jersey rate (11.15/1,000) and less than the Somerset County rate (7.58/1,000).



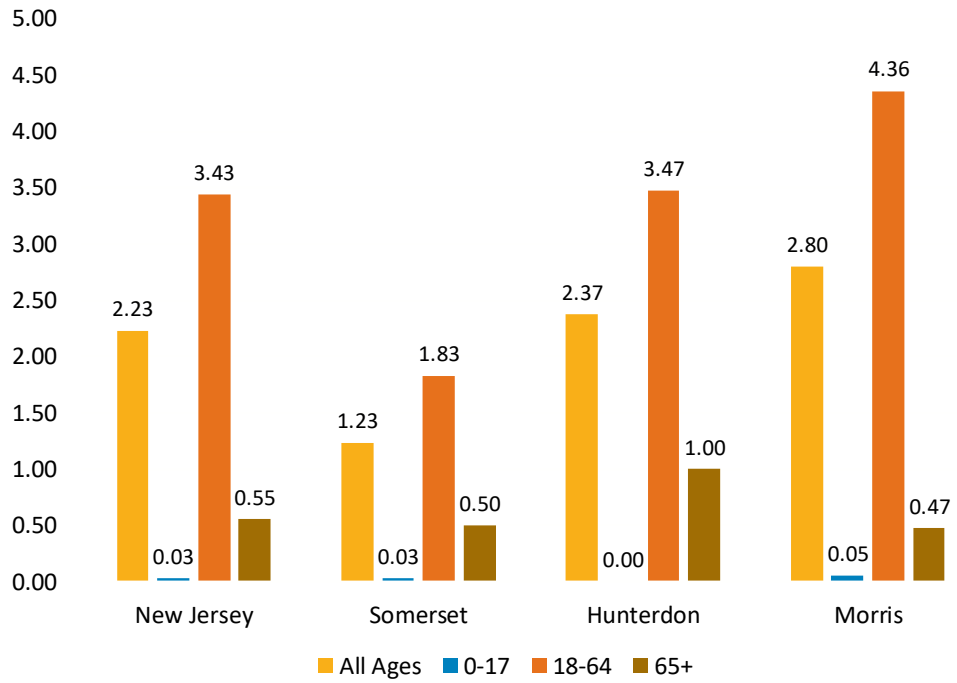
**Source: UB-04 2015 Discharges; Claritas Population Estimate*
*** Mental Health Defined As MDC 19, Substance Abuse Defined As MDC 20*

Substance Abuse

Substance abuse has a major impact on individuals, families and communities. In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.[47]

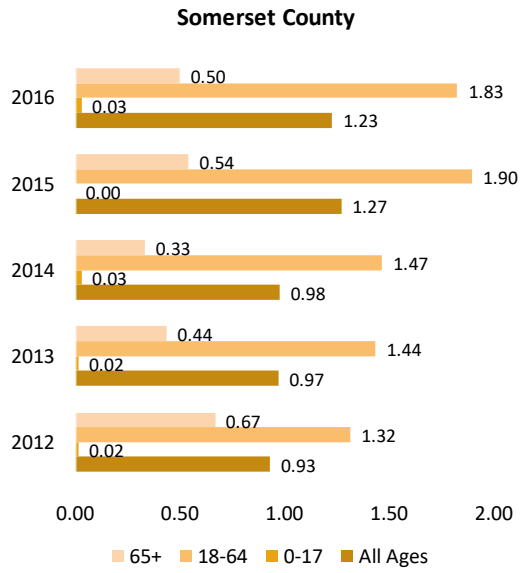
- Across all age cohorts county-wide, there is an increase in inpatient admissions for substance abuse from 2012 through 2016.
- Compared to Statewide, in 2016, Somerset County has fewer residents with an inpatient admission for substance abuse for persons across all age groups except those 0-17 where rates are the same statewide and in the County.

Inpatient Substance Abuse Treatment Discharges: Rate / 1,000 Population
State and County Comparisons 2016



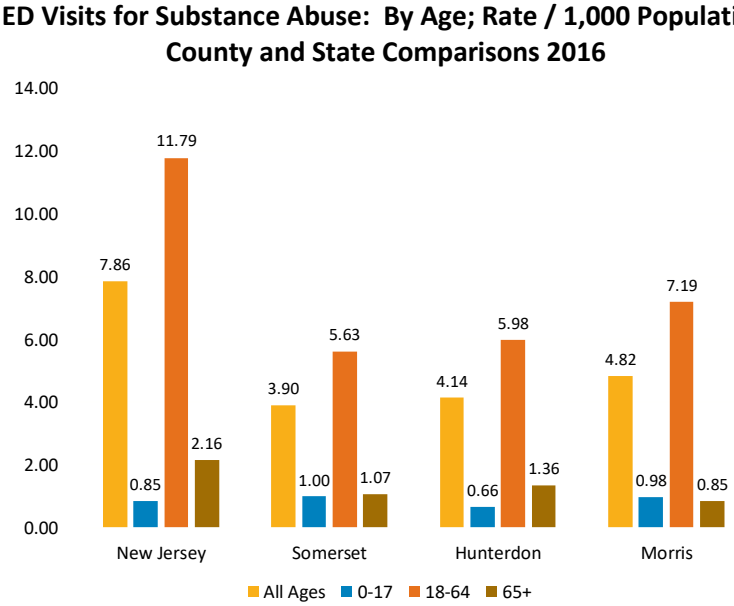
Source: NJDHSS 2010 - 2015 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

[47] *http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse*

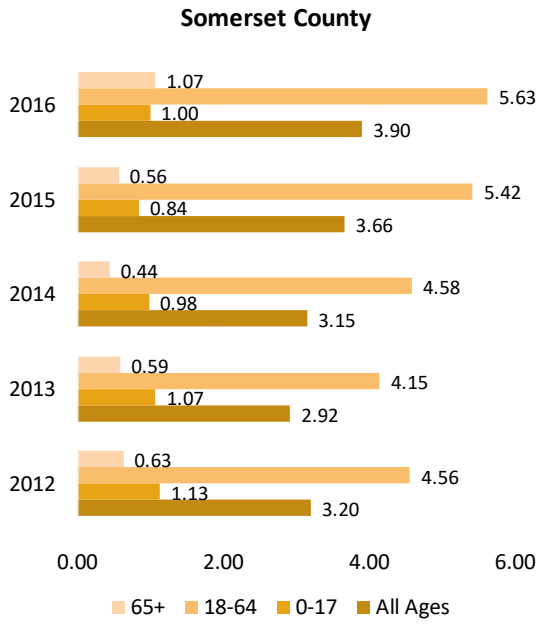


Source: NJDHSS 2010 - 2015 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, Somerset County (3.90/1,000) has 50% fewer residents ED visits for substance abuse than the State (7.86/1,000).
- Between 2012 and 2016, ED visits for substance abuse in Somerset County increased slightly from 3.2/1,000 to 3.90/1,000.
- In 2016, Somerset County residents aged 18-64 have the highest rate of ED visits among age cohort for substance abuse (5.65/1,000).



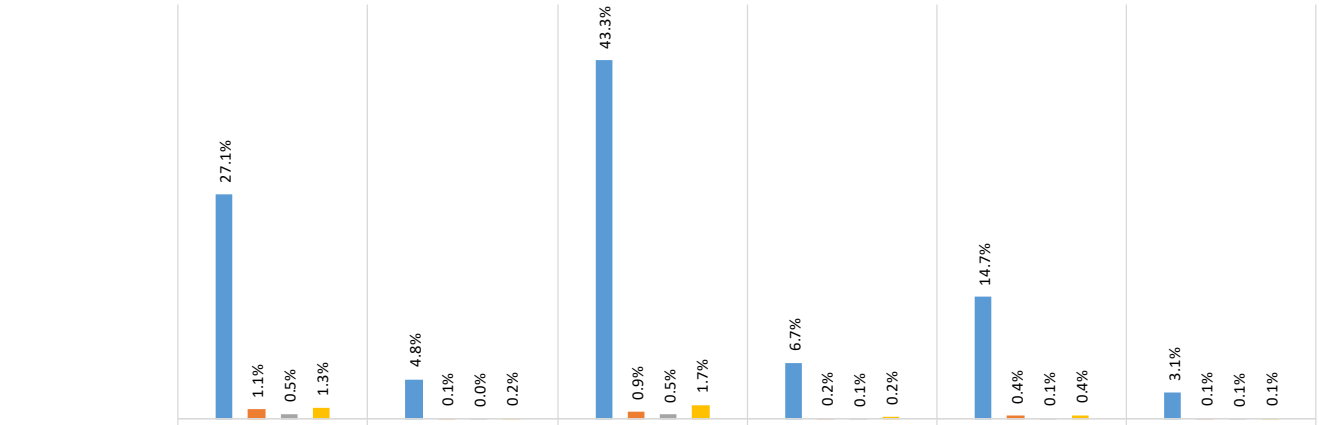
Source: NJDHSS 2010 - 2015 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate



Source: NJDHSS 2010 - 2015 UB-04 Data MDC 20 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate

- In 2016, alcohol was the leading reason for admission to a drug treatment center followed by heroin for Somerset County residents.
- Admissions from the tri-county area for substance abuse treatment are far below the rates statewide.

Primary Drug Treatment Admissions
State and County Comparisons 2016



	Alcohol	Crack/Cocaine	Heroin	Other Opiates	Marijuana	Other Drugs
New Jersey	27.1%	4.8%	43.3%	6.7%	14.7%	3.1%
Somerset County	1.1%	0.1%	0.9%	0.2%	0.4%	0.1%
Hunterdon County	0.5%	0.0%	0.5%	0.1%	0.1%	0.1%
Morris County	1.3%	0.2%	1.7%	0.2%	0.4%	0.1%

Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

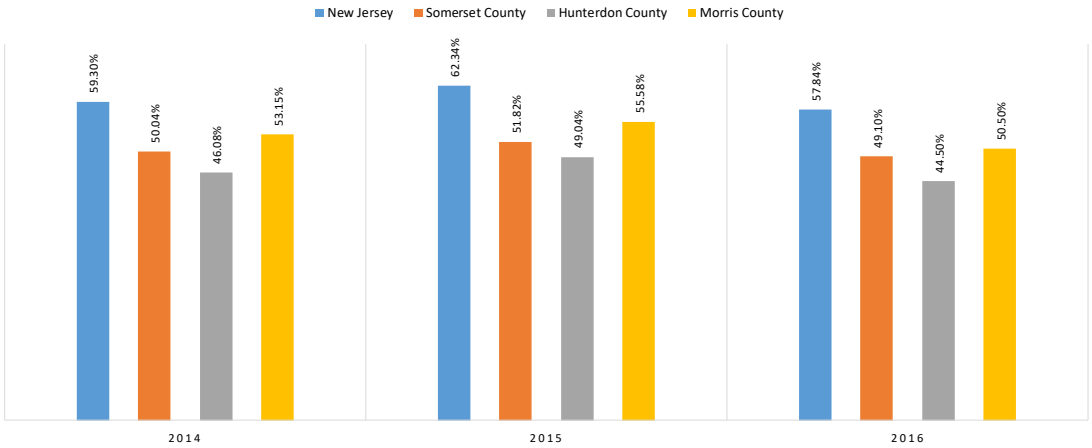
Between 2014-2016 the number of drug dispention went down across the State and in Somerset the comparative counties of Hunterdon and Morris Counties.

- In 2014 the number of drug dispensions reached slightly more than 50% of the counties population.
- By 2016 the county's rate of drug dispention was 49.1% lower than the statewide rate of 57.8%.

Naloxone is a FDA approved medication to prevent overdose by opiods such as herion, morphine and oxycodone. It blocks opiod receptor sites revising the toxic effects of overdose.

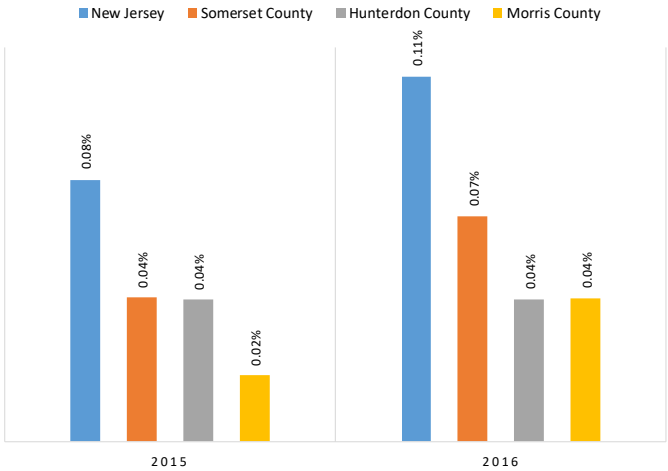
- Between 2015-2016 the number of Naloxone administrations increased statewide; and in Somerset, Morris and Hunterdon County's rate for Naloxone administrations increased from 138 administrations to 217.

Opioid Dispensations
State and County Comparisons 2016

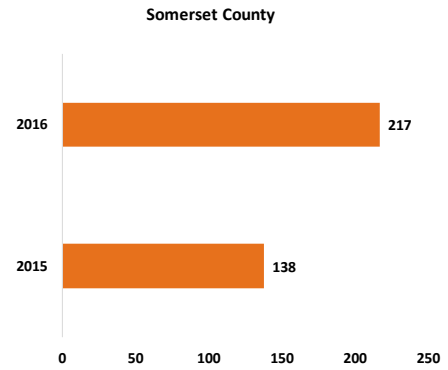


Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

Naloxone Administrations
State and County Comparisons 2016



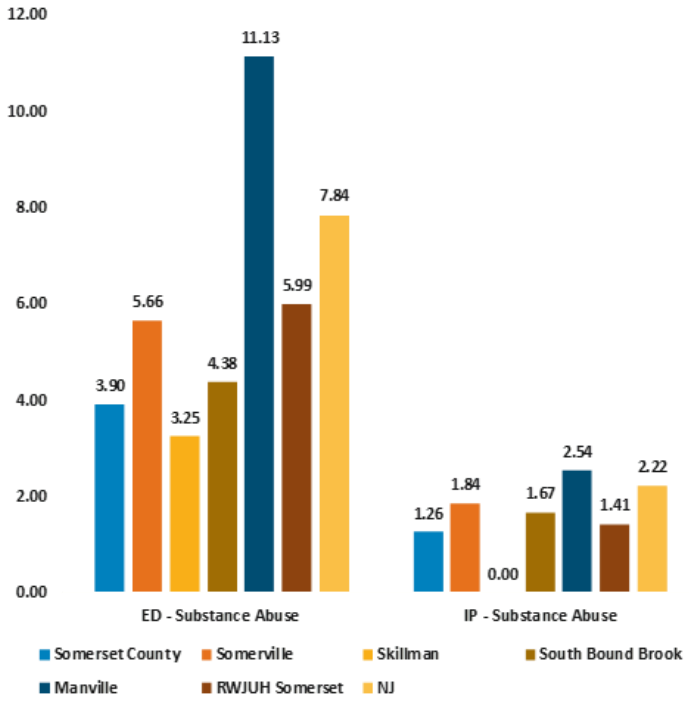
Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf



Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

- Inpatient hospitalization to general hospitals for substance abuse in the RWJUH Somerset Service Area (1.41/1,000) are above County rate (1.26/1,000) but lower than the State (2.22/1,000).
- Manville's (2.54/1,000) inpatient hospitalization for substance abuse is higher than Somerset County (1.26/1,000).
- In 2016, emergency department visits for substance abuse in Manville (11.13/1,000) was higher than the Somerset County rate (3.9/1,000) and greater than the New Jersey rate (7.84/1,000).
- In 2016, emergency department utilization rates for substance abuse in the RWJUH Somerset Service Area (5.99/1,000) was higher than the Somerset County rate (3.90/1,000).

Substance Abuse Use Rate 1,000 Population: 2016



Source: UB-04 2015 Discharges; Claritas Population Estimate

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Treatment Admissions for Alcohol *Percentage of Total Treatment Admissions*	N.A	N.A.	
Treatment Admissions for Cocaine/Crack *Percentage of Total Treatment Admissions*	N.A	N.A	
Treatment Admissions for Heroin *Percentage of Total Treatment Admissions*	N.A.	N.A	
Treatment Admissions for Other Opiates *Percentage of Total Treatment Admissions*	N.A	N.A.	
Treatment Admissions for Marijuana *Percentage of Total Treatment Admissions*	N.A	N.A	
Treatment Admissions for Other Drugs *Percentage of Total Treatment Admissions*	N.A	N.A	
Total Substance Abuse Treatment Admissions *Rate/ 100000 Population*	N.A	N.A	
Opioid Dispensations	N.A	N.A	
Naloxone Administrations	N.A	N.A	

D. HEALTH OUTCOMES

Disease-specific mortality, health status and morbidity are among the outcomes presented. Indicators of general health and mental health measures are also discussed in this section.

1. Mortality - Leading Cause of Death

According to the CDC, mortality statistics are one of few data sets comparable for small geographic areas, available for long time periods and appropriate as a primary source for public health planning.

- Between 2013 and 2016, Somerset County age-adjusted mortality rates (AAMR) improved (decreased) for Diabetes disease (-28.4%), cancer (-7.7%), stroke (-6.6%), nephritis (-3.1%) and chronic lower respiratory disease (-2.8%)
- Between 2013 and 2016, five of the top 10 leading causes of death for Somerset County increased including: Alzheimer disease (58.4%), septicemia (14.1%), heart disease (9.5%), influenza and pneumonia (3.4%), and unintentional injuries (0.3%).
    - The AAMR for diabetes demonstrated greatest improvement.
- Despite decreases in incidence from 2013 to 2016, cancer (156.7/100,000) remains a far more prevalent causes of death than the third leading cause, stroke (33.9/100,000).

Top 10 Causes of Death in Somerset County
Age-Adjusted Rate/100,000 Population 2008-2015

CAUSE	2008	2013	2016	% Change '13-'16
Diseases of heart	153.5	154.4	169	9.5%
Cancer (malignant neoplasms)	148.8	169.8	156.7	-7.7%
Stroke (cerebrovascular diseases)	27.8	36.3	33.9	-6.6%
Unintentional injuries	17.3	31.1	31.2	0.3%
Alzheimer's disease	16.4	17.8	28.2	58.4%
Chronic lower respiratory diseases (CLRD)	35.6	28.7	27.9	-2.8%
Septicemia	14.8	14.2	16.2	14.1%
Diabetes mellitus	20.7	21.8	15.6	-28.4%
Influenza and pneumonia	13	14.8	15.3	3.4%
Nephritis, nephrotic syndrome and nephrosis	16.7	13	12.6	-3.1%

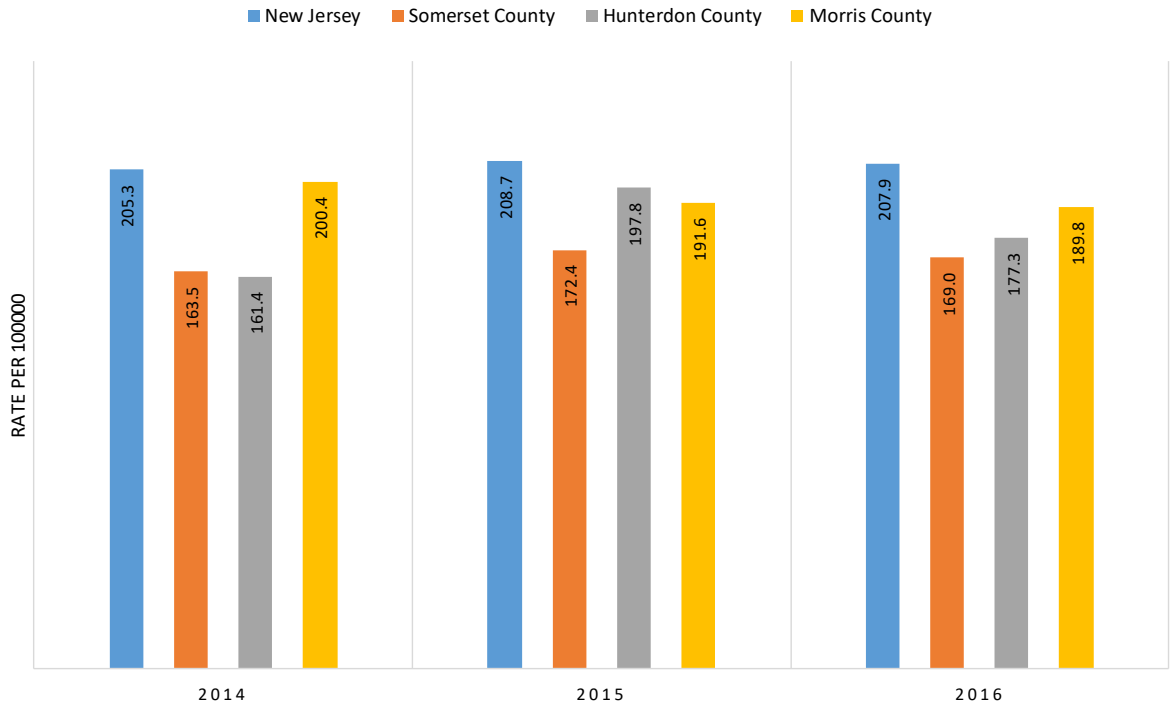
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2015 is most recent year available.

Heart Disease (1)

Heart disease includes several conditions, most commonly, coronary artery disease, angina, heart failure and arrhythmias. Nationally, statewide and in Somerset County, heart disease remains the leading cause of death. Responsible for 1 in every 4 deaths, approximately 610,000 people die of heart disease in the United States each year.

- Despite an increase between 2014 (163.5/100,000) and 2016 (169.0/100,000), Somerset County's AAMR for heart disease ranks in the top 25% statewide. But, deaths due to heart disease performed lower than the *Healthy People 2020* target (103.4/100,000).
- The 2016 Somerset County mortality rate due to heart disease (169.0/100,000) was 18.7% lower than Statewide (207.9/100,000).
- In 2016, across the County, Whites (253.0/100,000) had the highest heart disease mortality rate as compared to Blacks (107.8/100,000).

Deaths Due to Diseases of the Heart: Age-Adjusted Rate/100,000 Population
State and County Comparisons 2014-2016

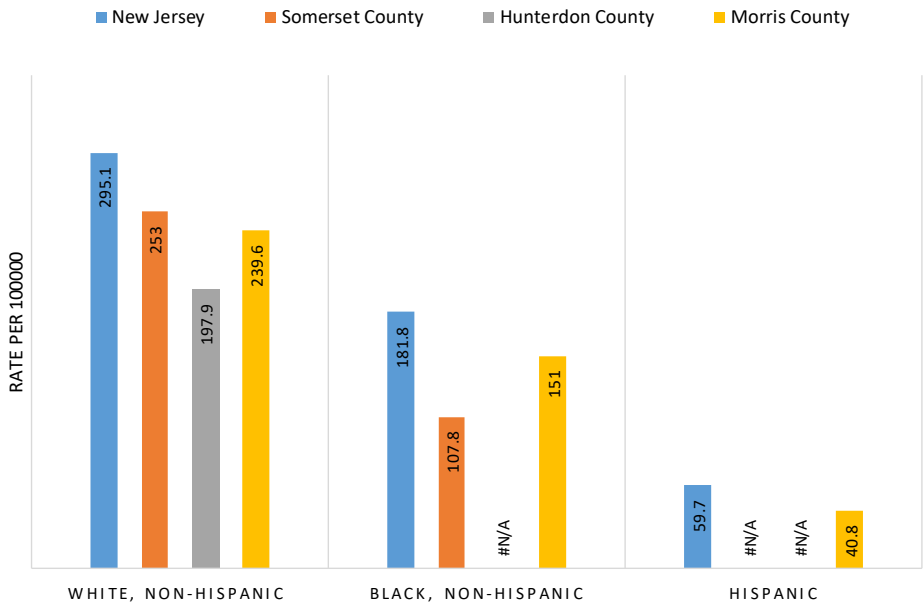


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Healthy People 2020

Baseline: 129.2
Target: 103.4
Somerset County 2016: 169.0

Deaths Due to Diseases of the Heart by Race/Ethnicity
Somerset County Age-Adjusted Rate/100,000 population



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

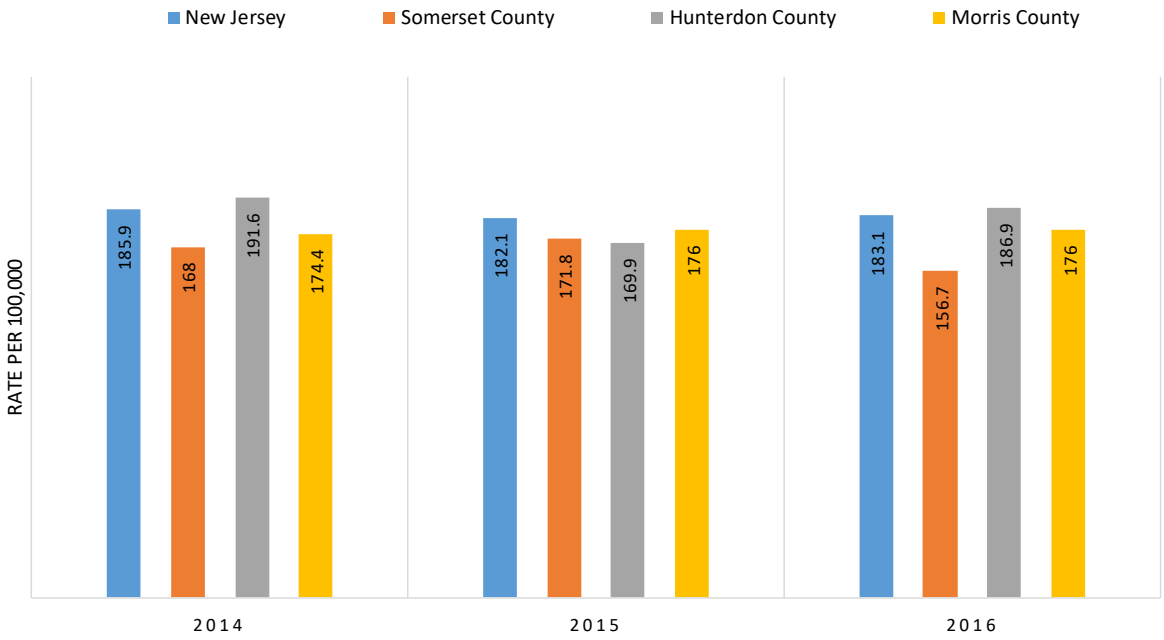
Cancer (2)

Although there are many types of cancer, all originate from abnormal cells with untreated disease.[48] Approximately half of American men and one-third of women will develop some form of cancer throughout their lifetimes. Cancer risk may be reduced by basic lifestyle modifications including limiting or avoiding tobacco, sun protection, being physically active and eating healthy foods. Early detection greatly improves positive outcomes. Cancer is the second leading cause of death in the United States, New Jersey and Somerset County.[49]

- Somerset County deaths due to cancer declined 6.7% from 2014 (168.0/100,000) to 2016 (156.7/100,000). The 2016 County mortality rate was 14.4% lower than New Jersey (183.1/100,000) and ranks in the top performing quartile statewide. The 2016 Somerset County AAMR was lower than surrounding Hunterdon and Morris Counties.
- The 2016 Somerset County cancer AAMR (156.7/100,000) performed better than the *Healthy People 2020* target of 156.7/100,000.

[48] *http://www.cancer.org/cancer/cancerbasics/what-is-cancer*
[49] *http://www.cancer.org/ cancer/cancerbasics/questions-people-ask-about-cancer*

Deaths Due to Malignant Neoplasms (Cancer): Age-Adjusted Rate/100,000 Population
State and County Comparisons 2014-2016



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Healthy People 2020

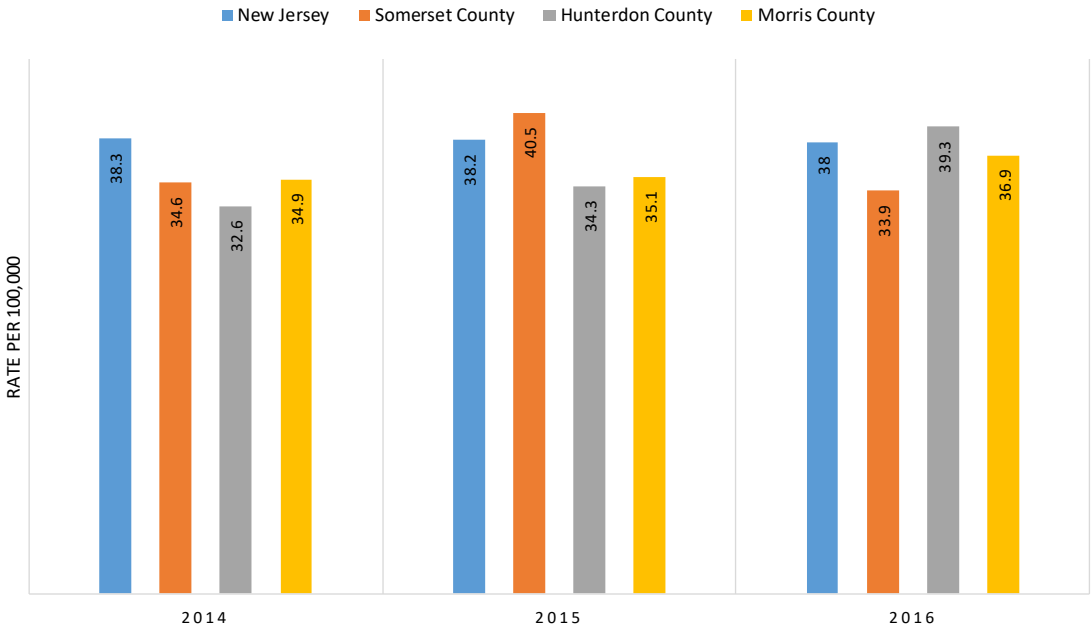
Baseline: 179.3
Target: 161.4
Somerset County 2016: 156.7

Stroke (Cerebrovascular Diseases) (3)

A stroke occurs when a clot blocks blood supply to the brain or if a blood vessel within the brain bursts.

- The Somerset County stroke AAMR decreased 2.0% from 2014 (34.6/100,000) to 2016 (33.9/100,000). In 2016, the County AAMR was 2.6% lower than the *Healthy People 2020* target (34.8/100,000).
- The 2016 Somerset County stroke AAMR (33.9/100,000) was 10.7% lower than the State (34.0/100,000) and ranks in the top quartile statewide, outperforming neighboring Hunterdon and Morris Counties.
- By race/ethnicity, 2014-2016, Whites (52.1/100,000) had the highest death rate due to stroke compared to Blacks (27.7/100,000).
    - The 2014-2016 Somerset County death rate for strokes for Whites (52.1/100,000) was 46.8% greater than the rate for Blacks (27.7/100,000).

Deaths Due to Stroke: Age-Adjusted Rate/100,000 Population
State and County Comparisons 2014-2016

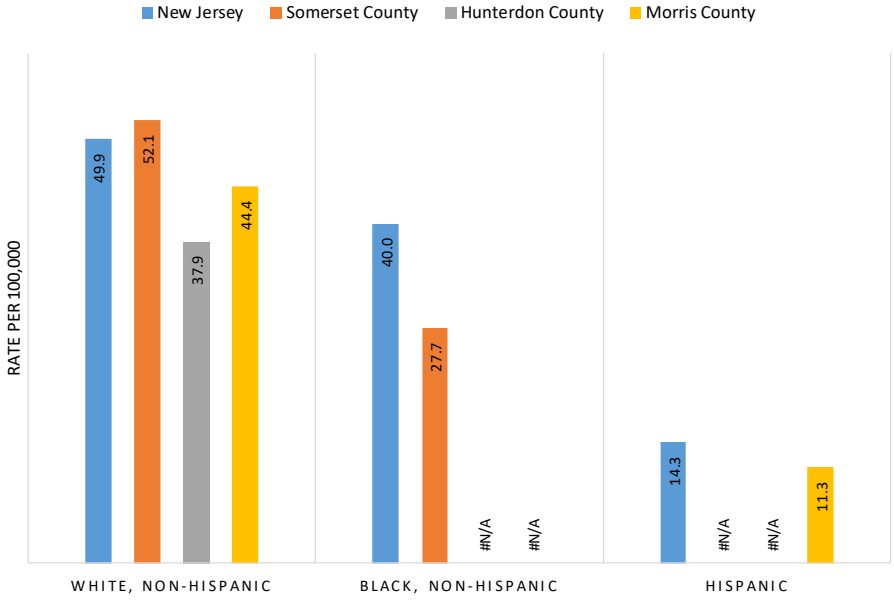


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Healthy People 2020

Baseline: 43.5
Target: 34.8
Somerset County 2016: 33.9

Deaths Due to Stroke by Race/Ethnicity
Age-Adjusted Rate/100,000 Population
State and County Comparisons 2014-2016



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Unintentional Injuries (4)

The majority of unintentional injuries are preventable and predictable. Deaths due to unintentional injury often occur as a result of motor vehicle accidents, falls, firearms, drownings, suffocations, bites, stings, sports/recreational activities, natural disasters, fires, burns and poisonings. Public Health prevention strategies including minimum age drinking requirements, seatbelt and helmet laws, smoke alarms, exercise programs and other safety awareness campaigns reduce unintentional injury and death.[50]

- The unintentional injury death rate remained fairly constant between 2014 and 2016 in Somerset County. Somerset County ranked in the top performing quartile among New Jersey counties.
- The 2016 Somerset County unintentional injury AAMR is 27.3% lower than the statewide rate.
- The mortality rate for unintentional injuries performed better than the *Healthy People 2020* target.

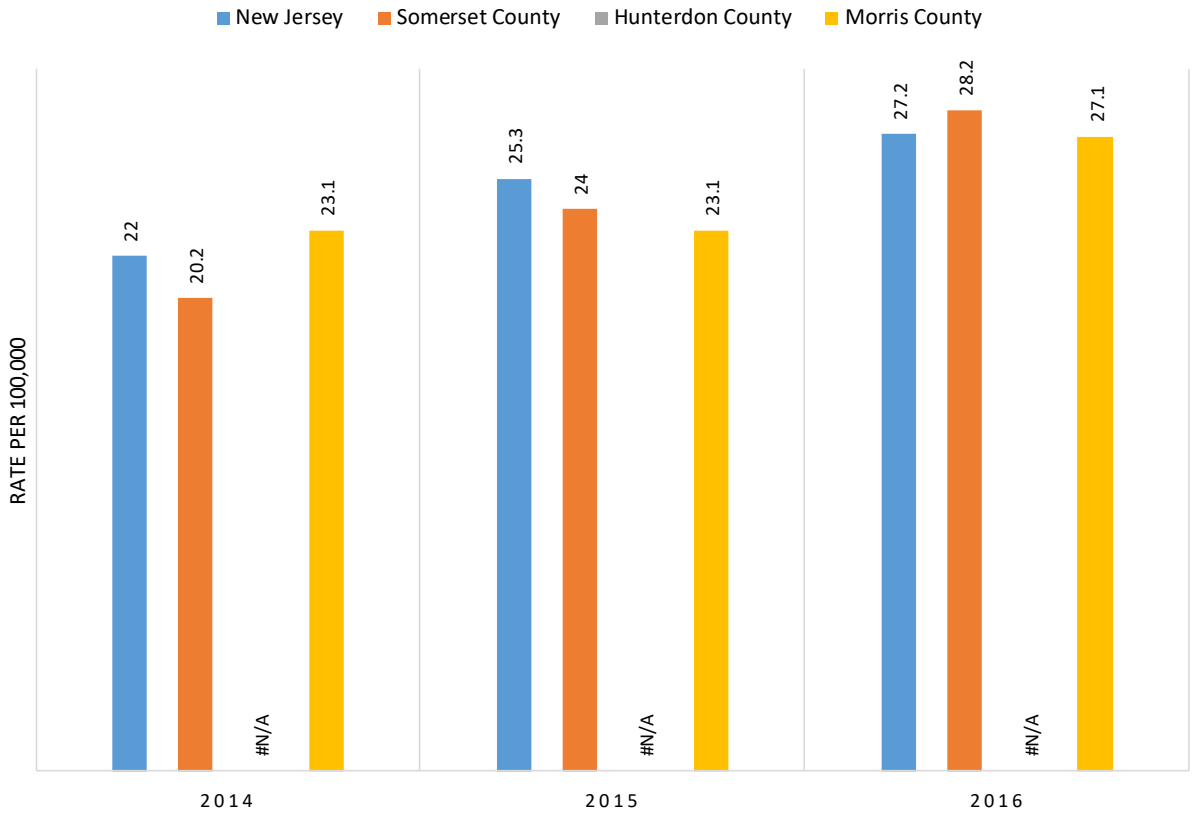
Alzheimer's Disease (5)

Alzheimer's disease is a progressive illness that begins with mild memory loss leading to loss of ability to carry a conversation or respond to the environment. The disease involves parts of the brain that control thought, memory and language. In 2013, an estimated 5 million people living in the U.S. were living with Alzheimer's disease. By 2050, this number is projected to increase to 14 million people.[51]

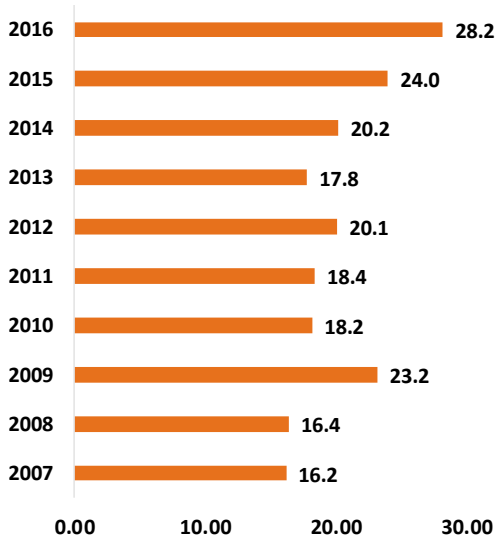
- In 2016, the AAMR due to Alzheimer's disease in Somerset County was somewhat higher than the rate in Morris County, as well as the statewide rate.
- Since 2014, the AAMR for Alzheimer's disease has increased 74%.

[50] *http://www.cdph.ca.gov/programs/ohir/Pages/UnInjury2010Background.aspx*
[51] https://www.cdc.gov/aging/agencyinfo/alzheimers.htm

Alzheimer's Disease
State and County Comparison 2014-2016



Somerset County



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths Due to Diseases of The Heart *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Diseases of The Heart (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A.	N.A.	
Deaths Due to Malignant Neoplasms (Cancer) *Age-Adjusted Rate/100000 Population*		N.A.	
Deaths Due to Malignant Neoplasms (Cancer) (Black, Non-Hispanic) *Age-Adjusted Rate/100000 Population*	N.A.	N.A.	
Deaths Due to Unintentional Injuries *Age-Adjusted Rate/100000 Population*		N.A.	
Alzheimer's Disease *Age-Adjusted Rate/100000 Population*	N.A	N.A.	

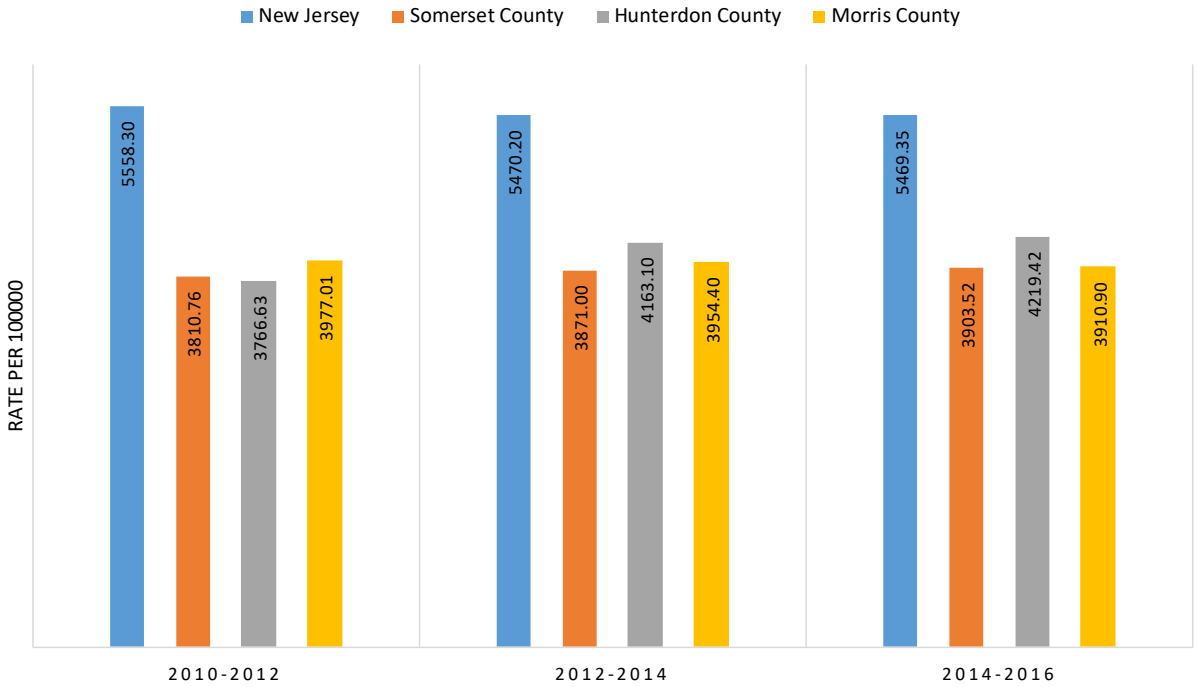
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

2. Premature Deaths

An alternate method to reviewing crude or age-adjusted death rates as a measure of premature mortality is assessing Years of Potential Life Lost (YPLL). YPLL calculate the number of years of potential life lost for each death occurring before a predetermined end point, in this case, age 75 per 100,000 population. Premature deaths are reviewed to highlight potentially preventable adverse outcomes.

- The Somerset County YPLL increased from 3,810.76/100,000 for the period 2010-2012, to 3,903.52/100,000 for the period from 2014-2016. The Somerset County YPLL (3,903.52/100,000) was lower than statewide rate (5,469.35/100,000), and ranks in the top performing statewide quartile.
- The 2014-2016 Somerset County YPLL (3,903.5/100,000) outperformed the County Health Ranking Benchmark (5,300/100,000).

Premature Death: Years of Potential Life Lost Before Age 75: Age-Adjusted Rate/100,000 Population
State and County Comparisons 2010-2016



Source: County Health Rankings; National Vital Statistics System
Note: Every death occurring before the age of 75 contributes to the total number of years of potential life lost

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National Benchmark: 5300
Somerset County 2014-2016: 3904

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Premature Death: Years of Potential Life Lost Before Age 75 *Age-Adjusted Rate/100000 Population*		N.A.	

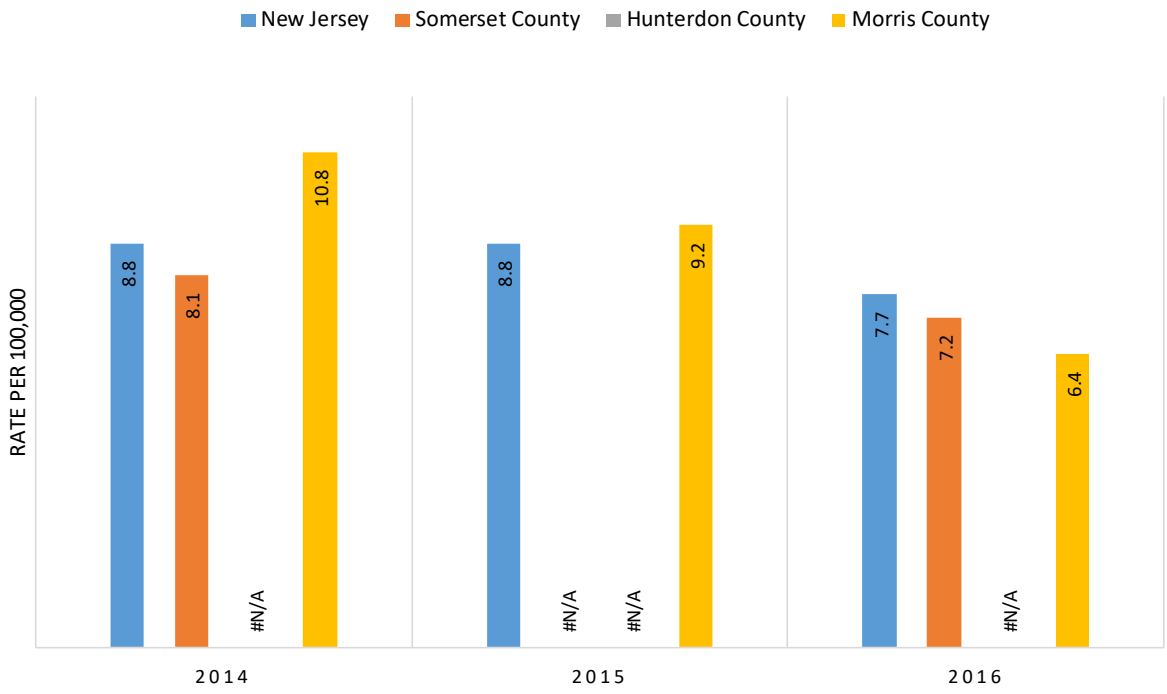
RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

3. Behavioral Health-Related Deaths

Mental health is a state of well-being in which an individual realizes his or her own abilities, copes with normal life stresses, works productively, and is able to contribute to his or her community. Mental illness is diagnosable mental disorders or health conditions characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. Depression, the most common type of mental illness, is associated with higher rates of chronic disease, increased health care utilization, and impaired functioning. However, rates of mental illness treatment remain low, and often the treatment received is inadequate.

- Statewide deaths due to suicide decreased from 2014 (8.8/100,000) to 2016 (7.7/100,000), or 11%. Displaying a similar trend, the Somerset County's suicide rate decreased from 8.1/100,000 to 7.2/100,000 for the same periods. Deaths due to suicide also decreased in Hunterdon and Morris Counties.
- Somerset County's 2016 suicide rate is slightly lower than the rate statewide and ranks in the top performing quartile statewide.
- The 2016 Somerset County suicide rate (7.2/100,000) is 29.4% lower than the *Healthy People 2020* target (10.2/100,000).

Deaths Due to Suicide: Age-Adjusted Rate/100,000 Population
State and County Comparisons 2014-2016



Source: NJDOH Center for Health Statistics; NJ State Health Assessment Data

Healthy People 2020

Baseline: 11.3
Target: 10.2
Somerset County 2016: 7.2

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths Due to Suicide *Age-Adjusted Rate/100,000 Population*		N.A	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

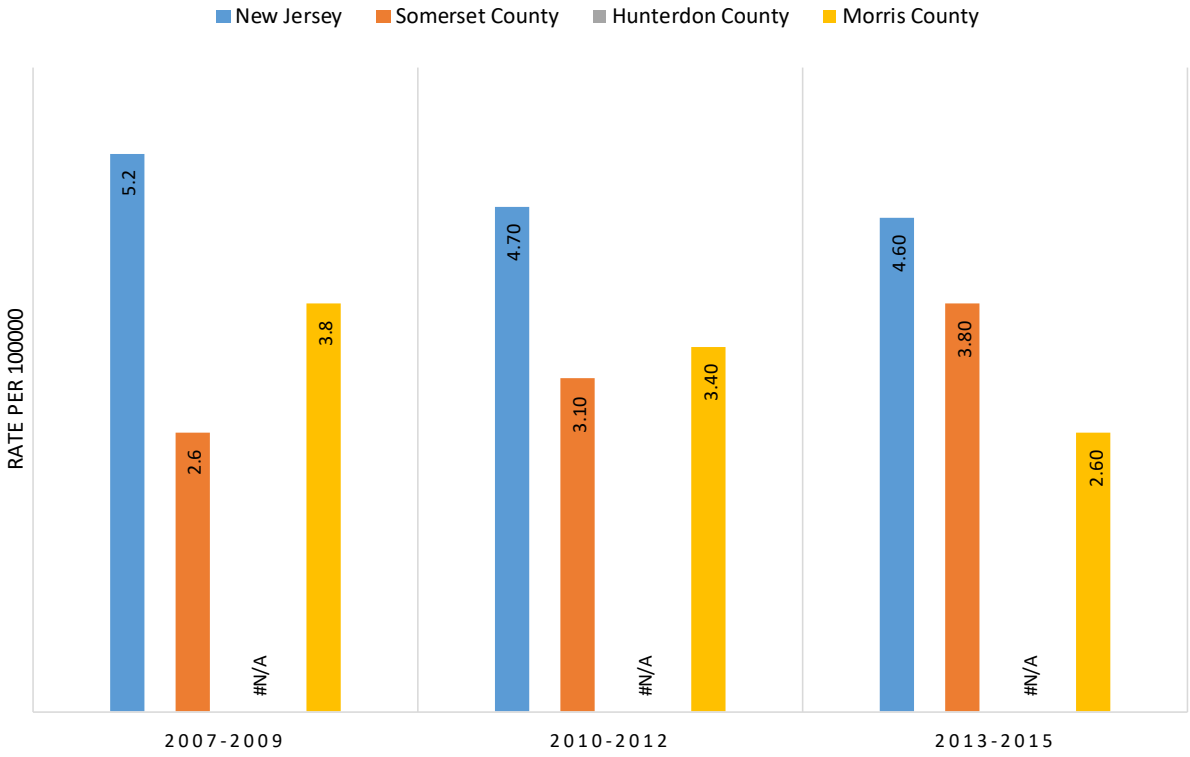
4. Infant Mortality

Infant mortality, the death of a baby prior to his or her first birthday, is t*raditionally* used as an indicator of the health and well-being of a nation. Infant mortality is calculated as the number of infant deaths under age 1 per 1,000 live births. Great disparities exist in infant mortality by age, race, and ethnicity. Most frequent causes are serious birth defect, preterm birth / low birth weight, Sudden Infant Death Syndrome (SIDS), maternal complications of pregnancy, and injury.[52]

- The overall infant mortality rate declined statewide 11.5% from the period 2007-2009 (5.2/100,000), to 2013-2015 (4/100,000); this compares to an infant mortality rate increase experienced in Somerset County from (2.6/100,000) to (3.8/100,000) for the same time periods. Similar to the State, Morris County also experienced a decline.
- Somerset County ranks in the middle performing quartile among New Jersey counties for overall infant mortality in 2012-2014 and outperforms the *Healthy People 2020* target of 6.0/1,000.

[52] *http://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm*

Infant Mortality Rate: Rate of Infant (Under 1 Year) Deaths/1,000 Live Births
State and County Comparisons 2007-2013



Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2015 is most recent year available.

Healthy People 2020

Baseline: 6.7
Target: 6.0
Somerset County 2013-2015: 3.8

5. Low and Very Low Birth Weight Infants

Birth weight is the most important factor affecting neonatal mortality and a significant determinant of post neonatal mortality. Low birth weight infants (less than 2,500 grams) are at an increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.[53] Racial disparities in low birth weight babies persist; nationally, non-Hispanic Black infants continue to die at nearly twice the rate of non-Hispanic Whites.

Low Birth Weight

- In 2016, Somerset County had a higher percentage of low birth weight babies (7.2%) than Morris County (6.7%) and Hunterdon County (6.3%). This was lower than the State (8.1%).
- The 2016 percent of Somerset County low birth weight babies was better than the *Healthy People 2020* target of 7.8%.
- The percentage of Somerset County low birthweight babies increased among Whites and Hispanics between 2011 and 2016.
    - In 2016, Hispanics had the smallest percentage (7.0%) of low birth weight babies as compared to Whites (8.2%) and Blacks (11.5%) in Somerset County.
    - The Somerset County 2016 percent of Black low birth weight babies was 28.7% higher than Whites.

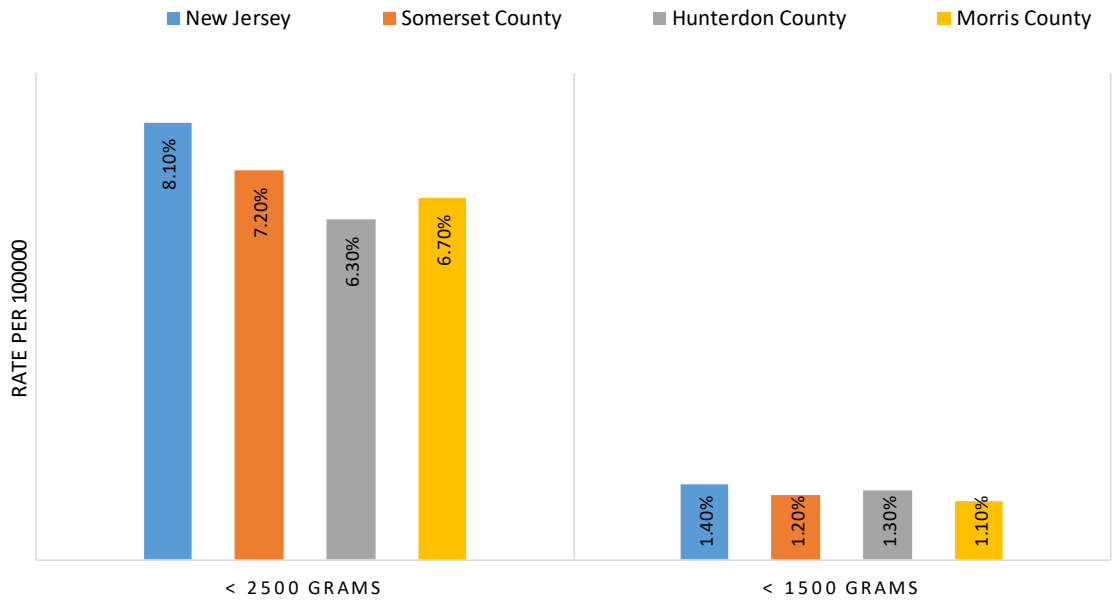
Very low birth weight babies (less than 1,500 grams) are at greater risk of adverse outcomes than low birth weight babies.

Very Low Birth Weight

- In 2016, 1.2% of Somerset County babies are very low birth weight as compared to 1.4% statewide; the County ranks within the middle quartile compared to all New Jersey counties.
- The 2016 percent of very low birth weight babies in Somerset County is better than the *Healthy People 2020* target of 1.4%.
- By race, between 2011 and 2016, the percentage of very low birthweight babies: increased for Whites from 0.9% to 1.3%: decreased from 3.7% to 1.9% for Blacks; and decreased slightly from 1.1% to 0.9% for Hispanics.
    - In 2016, Somerset County Whites had the smallest percentage (1.3%) of very low birth weight babies as compared to Blacks (1.9%) and Hispanics (0.9%).

[53] *http://www.cdc.gov/PEDNSS/how_to/interpret_data/case_studies/low_birthweight/what.htm*

Birth Weight: Percent of Live Births with Low and Very Low Birth Weight
State and County Comparisons 2016

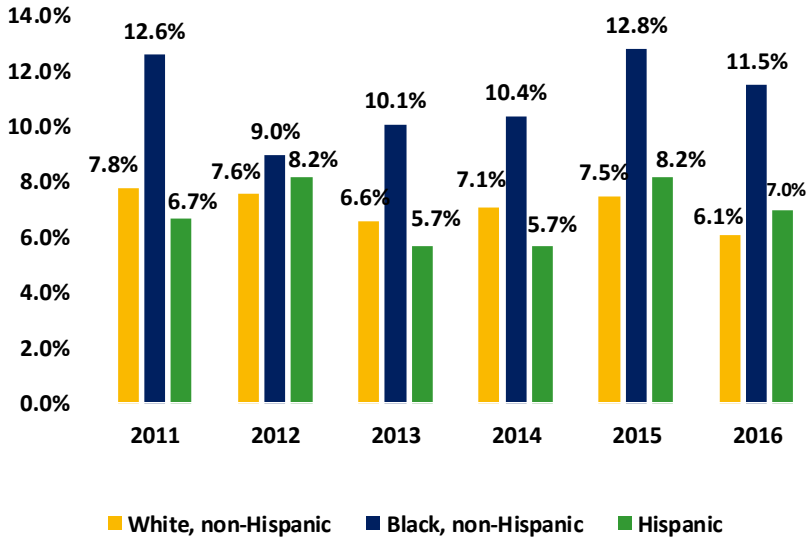


Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
Note: Percentages are based on the total number of live births for the County and State

Healthy People 2020

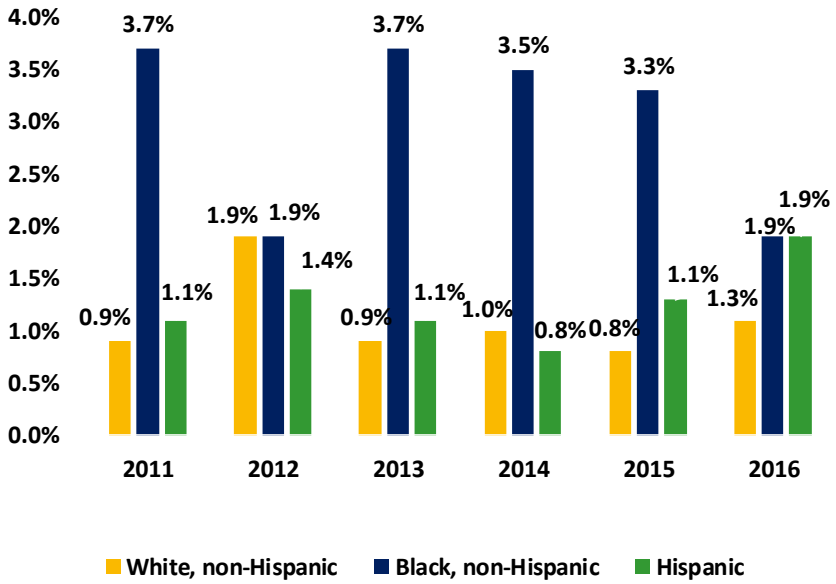
<1500/<2500
Baseline: 1.5% / 8.2%
Target: 1.4% / 7.8%
Somerset County 2016: 1.2% / 7.2%

Low Birth Weight: By Mother's Race/Ethnicity; Percent of Live Births with Low Birth Weight
Somerset County 2011-2016



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
*Note: *Percentages are based on the total number of Low or Very Low Birth Weight Births / Live births for the County and State*

Very Low Birth Weight: By Mother's Race/Ethnicity: Percent of Live Births with Very Low Birth Weight
Somerset County 2011-2016



Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database
*Note: *Percentages are based on the total number of Low or Very Low Birth Weight Births / Live births for the County and State*

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Infant Mortality Rate *Rate of Infant (Under 1 Year) Deaths/1000 Live Births*		N.A.	
Low Birthweight (<2500 Grams) *Percentage of Live Births*		N.A.	
Low Birthweight (<2500 Grams) (Black Non-Hispanic) *Percentage of Live Births*	N.A.	N.A.	
Very Low Birthweight (<1500 Grams) *Percentage of Live Births*		N.A.	
Very Low Birthweight (<1500 Grams) (Black Non-Hispanic) *Percentage of Live Births*	N.A.	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

6. Health Status and Behavioral Health Status

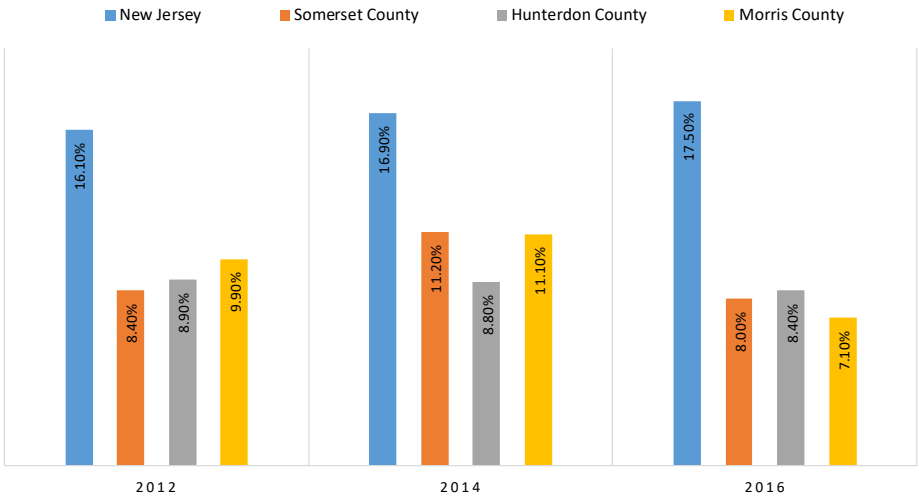
Health status and behavioral health status are broad multidimensional concepts including self-report measures of physical and mental health.

Behavioral Risk Factor Surveillance System (BRFSS), the nation's premier system of health-related telephone surveys, collects data about U.S. residents regarding health-related risk behaviors, chronic health conditions and use of preventive services. In 1984, the survey began collecting data in 15 states and is currently conducted in all states including Washington D.C. and three United States territories. The most recent data available are for the year 2016.

General Health Status

- Between 2012 and 2016, BRFSS data reports a small decrease in the percent of Somerset County residents who indicate their health as “poor or fair,” from 8.4% to 8.0%.
- In 2016, 17.5% of New Jersey respondents report that their health is “fair or poor,” higher than the rate among Somerset, Hunterdon and Morris County residents.
- As compared to all New Jersey counties, Somerset residents with “poor or fair” health ranks in the top performing quartile.
- Compared to the County Health Ranking, fewer Somerset County residents report “fair or poor” health than the benchmark.
- NJBRFSS reports that the number of Somerset County adults with 14 or more physically unhealthy days (in the last 30 days) decreased nearly 3 percentage points between 2012 (7.5%) and 2016 (4.6%).
- As compared to New Jersey, Somerset County residents with 14+/30 days in poor physical health ranks in the top quartile.

Percent of Respondents Reporting Their Health as "Fair or Poor"
State and County Comparisons 2012-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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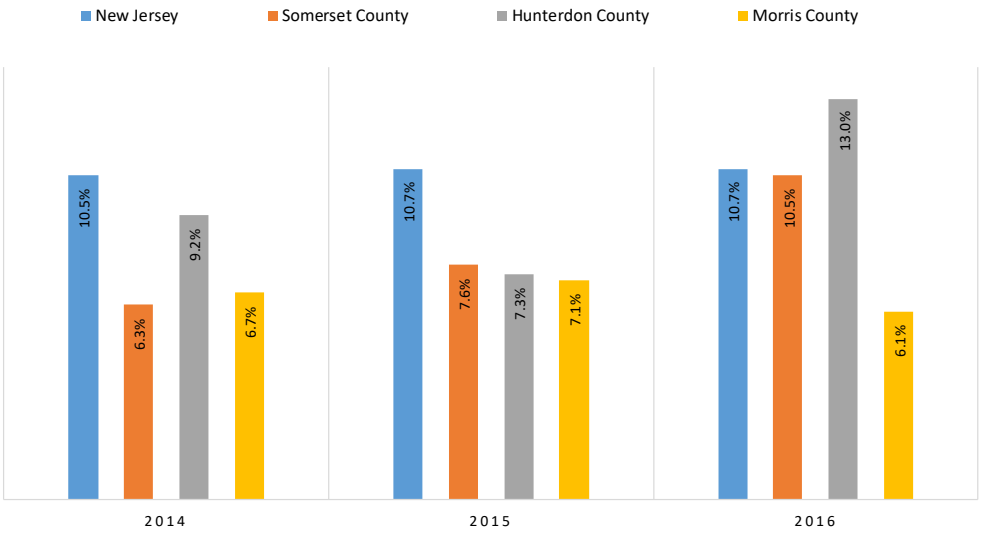
National Benchmark: 12%
Somerset County 2016: 8.0%

Behavioral Health Status

- County-wide, adults who report 14 or more of the past 30 days with "not good" mental health status increased from 6.3% in 2014, to 10.5% in 2016. The 2016 Somerset County report of 14+/30 days with "not good" mental health is similar to New Jersey at 10.7%.
- As compared to all New Jersey counties, Somerset County residents with 14+/30 days in poor physical health ranks in the middle quartile.
- As compared to County Health Ranking Benchmark (3 days). Somerset County ranks in the middle quartile.

Frequent Mental Distress
Percent Reporting 14 or More of the Past 30 Days Mental Health Not Good
State & County Comparisons 2014-2016



Source: New Jersey Behavioral Risk Factor Survey
Note: The frequent mental distress health measure is based on response to the question: "Now thinking about your mental health which includes stress depression and problems with emotions for how many days during the past 30 days was your mental health not good?"

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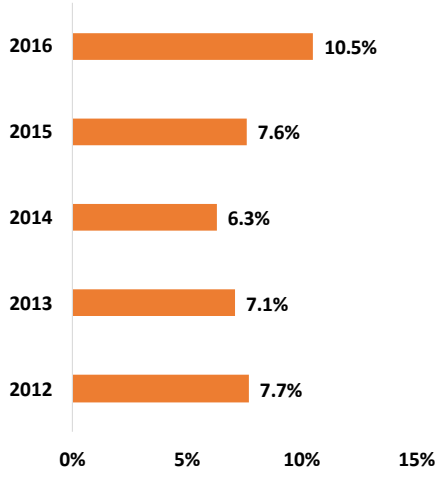
National Benchmark: 3.0
Somerset County 2016: 10.5

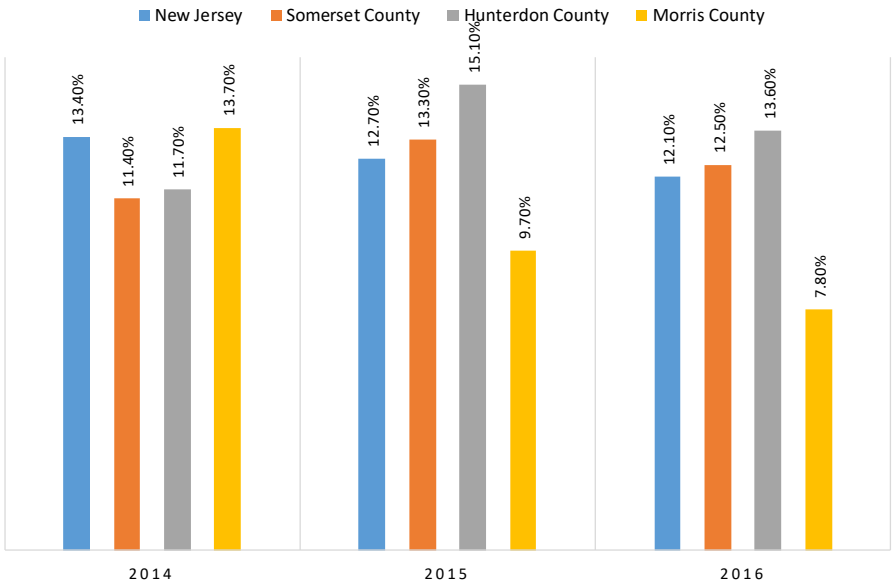
Somerset County



Source: New Jersey Behavioral Risk Factor Survey
Note: The frequent mental distress health measure is based on response to the question: "Now thinking about your mental health which includes stress depression and problems with emotions for how many days during the past 30 days was your mental health not good?"

- Between 2012 and 2016, the percent of Somerset County reporting a history of depression increased from 11.4% to 12.5%.
- The Somerset County rate for history of depression was slightly higher than the statewide rate.

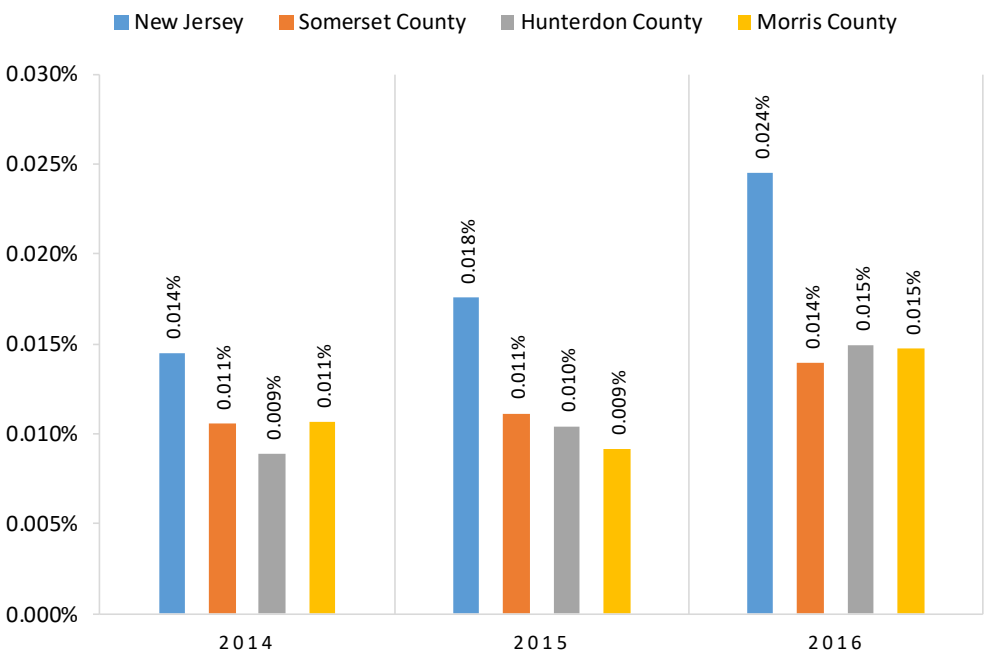
History of Diagnosed Depression
State & County Comparisons 2014-2016



Source: New Jersey Behavioral Risk Factor Survey
Note: The frequent mental distress health measure is based on response to the question: "Now thinking about your mental health which includes stress depression and problems with emotions for how many days during the past 30 days was your mental health not good?"

- Between 2014 and 2016, the percent of drug overdose deaths increased from 0.01% of the State's population to 0.02% statewide.
- Drug overdose deaths in Somerset County increased from 33 to 44 or by nearly one-third.

Drug Overdose Deaths
State and County Comparisons 2016



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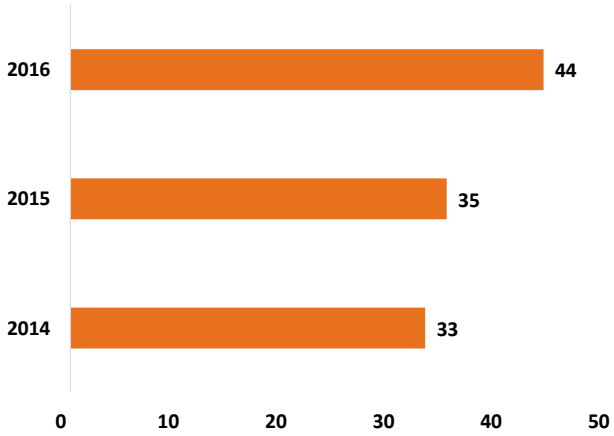
National Benchmark: 10
Somerset County 2016: 44

Somerset County



Source: http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Reported "Fair" or "Poor" Health *Percentage of Respondents*	N.A.		
Mentally Unhealthy Days Reported in the Past 30 Days *Average Age-Adjusted Number*	N.A.		
History of Diagnosed Depression	N.A.	N.A.	
Drug overdose deaths *Age-Adjusted Rate/100,000 Population*	N.A.		

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

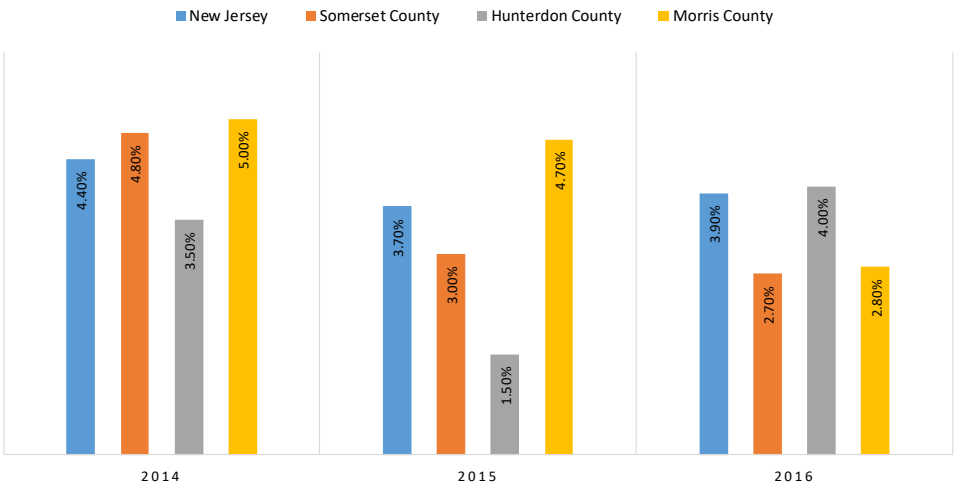
7. Morbidity

Morbidity, the rate of disease incidence, is a measure of quality of life and how healthy a population is in terms of being disease free.

Heart Disease

- According to BRFSS, the percent of Somerset County residents told they have angina or coronary heart disease decreased from 4.8% in 2014, to 2.7% in 2016. In 2016, BRFSS indicates 3.9% of New Jersey respondents have angina or coronary heart disease.
- As compared to New Jersey, Somerset County residents reporting angina or coronary heart disease ranks in the best performing quartile.

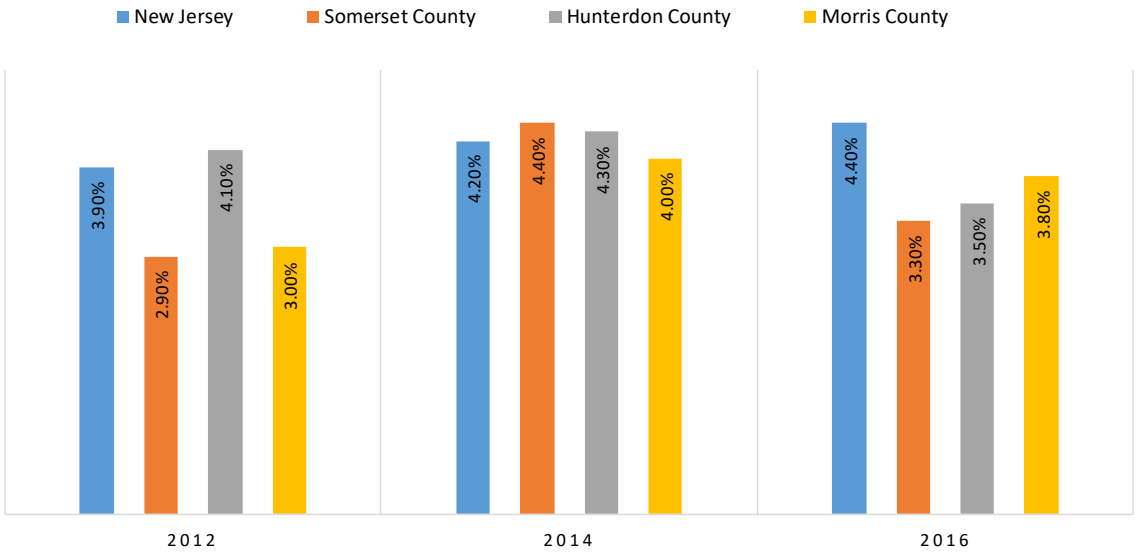
Cardiovascular Disease (Percent "Yes")
Were You Ever Told You Has Angina or Coronary Heart Disease?
State and County Comparisons 2014-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

- According to BRFSS, the percent of Somerset County residents told they have had a heart attack increased 0.4 percentage points from 2.9% in 2012 to 3.3% in 2016. In 2016, BRFSS indicated 4.4% of New Jersey respondents were told they had a heart attack.
- Somerset County ranks in the best performing quartile compared to all 21 New Jersey counties for residents who had a heart attack.

Cardiovascular Disease (Percent "Yes")
Were You Ever Told You Had a Heart Attack? (Myocardial Infarction)

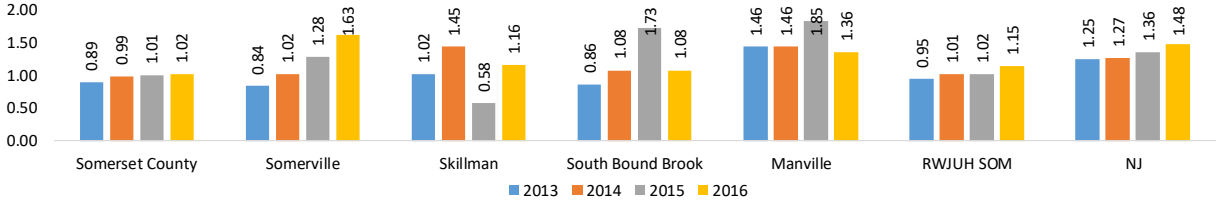


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Heart Disease Hospital Use Rates for County, RWJUH Somerset Service Area, and Selected Towns

- The rate of Somerset County residents hospitalized with a heart attack diagnosis (2013-2016) was lower than those in the hospital Service Area.
- In 2016, Somerville residents exhibited the highest rate for patients hospitalized with a diagnosis of heart attacks at 1.63/1,000 and South Bound Brook residents reported the lowest rate of 1.08/1,000.

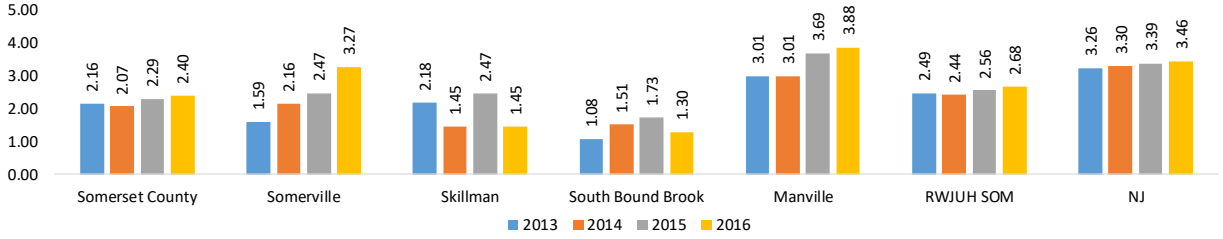
Heart Attack: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 280-285

- Between 2013 and 2016, the rate of patients hospitalized with a diagnosis of heart failure in Somerset County was lower than the hospital Service Area, Somerville and Manville.
- In 2016, Manville residents exhibited the highest rate of patients hospitalized with a diagnosis of heart failure/CHF at 3.88/1,000 and South Bound Brook residents had the lowest rate of 1.30/1,000.

Heart Failure/CHF: Acute Care IP; Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016

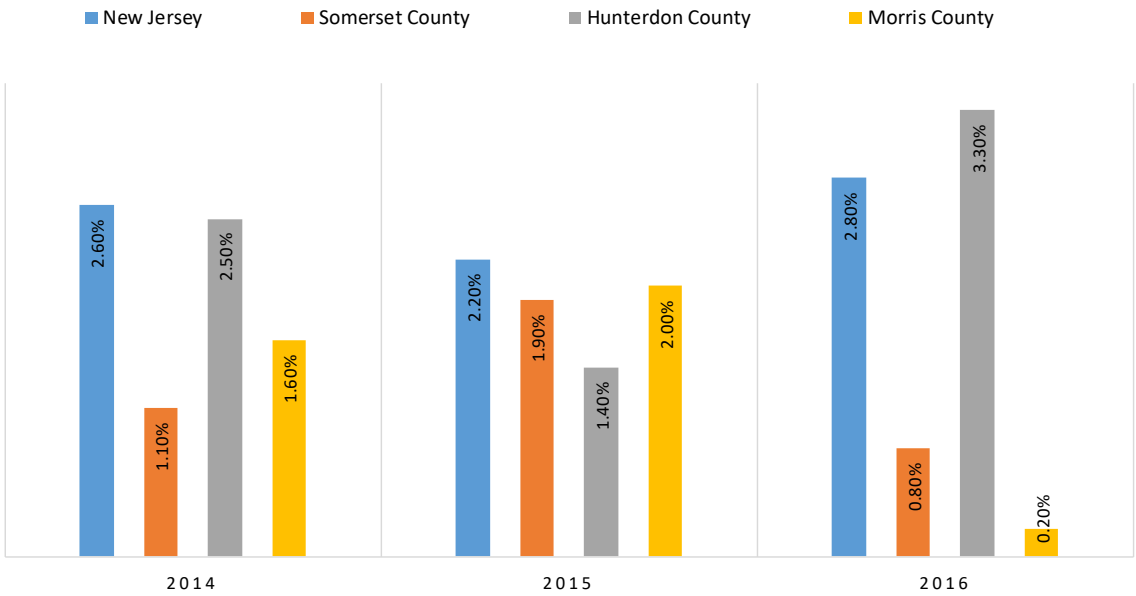


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 291-293

Stroke

- In 2016 BRFSS reports 0.8% of Somerset County respondents indicated they had a stroke.
- In 2016, Somerset County (0.8%) reported fewer strokes than the State (2.8%) and Hunterdon County.
- Somerset County ranks in the top quartile of New Jersey counties for percentage of the population that had a stroke.

Cardiovascular Disease (Percent "Yes"): Have You Ever Been Told You Had a Stroke?
State and County Comparisons 2014-2016

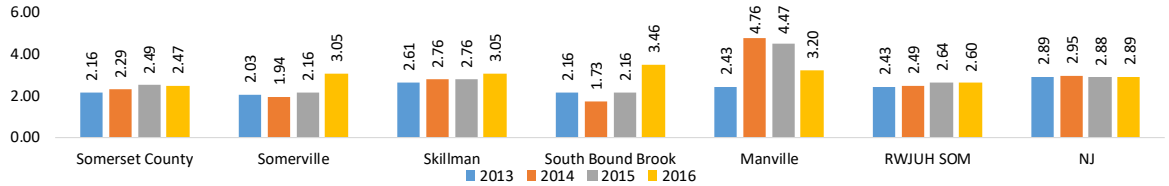


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Stroke Hospital Use Rates for County, RWJUH Somerset Service Area, and Selected Towns

- In 2016, South Bound Brook (3.46/1,000) had the highest rate for patients hospitalized for stroke/TIA diagnosis in the region, and Somerset County (2.47/1,000) had the lowest.

Stroke/TIA: Acute Care IP; Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



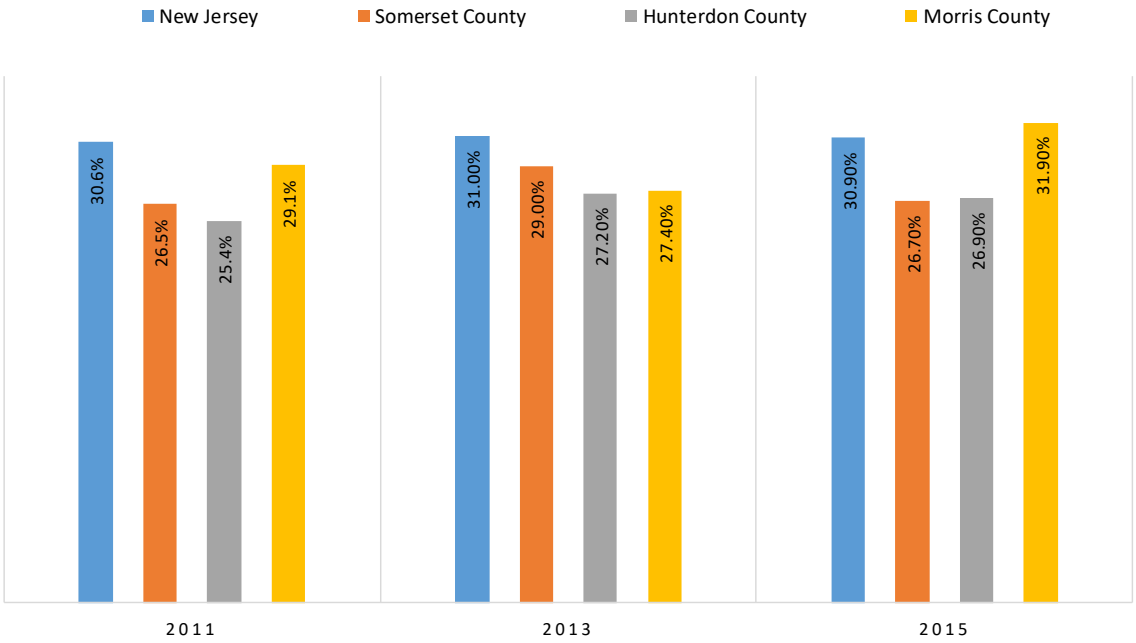
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 061-069

Hypertension and High Cholesterol

According to the American Heart Association, risk factors associated with developing cardiovascular disease include: high blood pressure, high cholesterol, cigarette smoking, physical inactivity, poor diet, overweight and obesity and Diabetes.

- In 2015 BRFSS respondents, 26.7% of Somerset County adults were aware that they suffered from hypertension, slightly less than New Jersey adults (30.9%). As compared to all New Jersey counties, Somerset performs in the middle quartile.
- Between 2011 and 2015, Somerset County adults who were told they had high blood pressure remained fairly consistent.
- In 2015, Somerset County (26.7%) was lower than the *Healthy People 2020* target (26.9%) for adults with high blood pressure.

Adults Who Have Been Told They Have Hypertension
State and County Comparisons 2011-2015

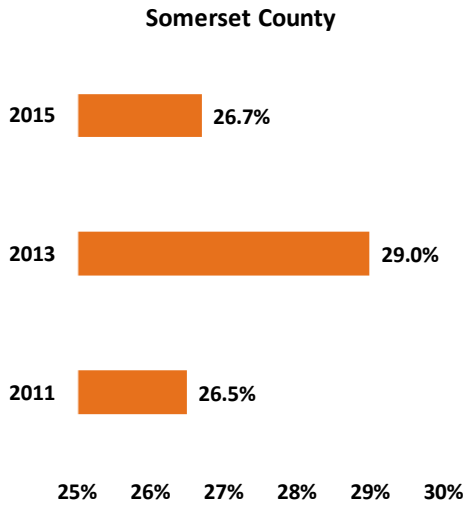


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 29.9%
Target: 26.9%
Somerset County 2016: 26.7%

Adults Who Have Been Told They Have Hypertension: Trend

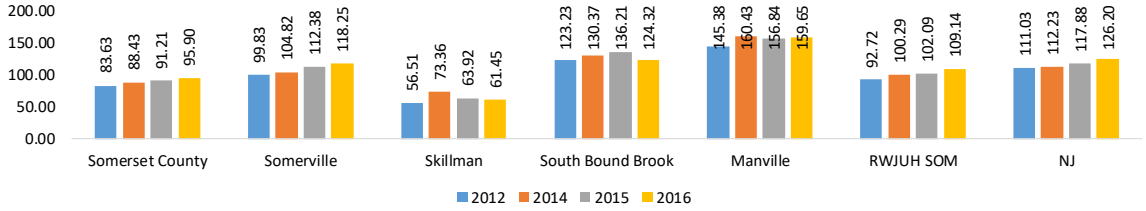


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Hypertension Hospital Use Rates for County, RWJUH Somerset Service Area, and Selected Towns

- Manville had the highest rate of patients using a hospital service with a diagnosis of hypertension for each year from 2013 through 2016.
- In 2016, RWJUH Somerset Service Area (109.14/1,000) had a higher rate of patients using a hospital service with a hypertension diagnosis than Somerset County (95.90/1,000).

Hypertension: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016

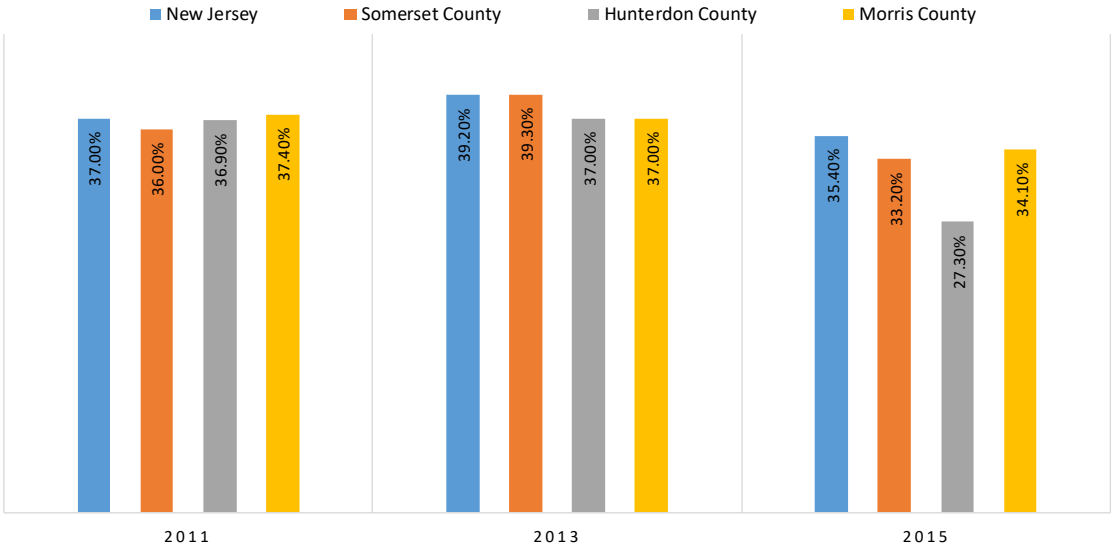


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes in Range 401-405.99 (Appearing Anywhere In First 13 DX Codes On Patient Record)

Cholesterol

- In the BRFSS 2015, 33.2% of Somerset County adults who had their cholesterol checked and were told it was high, similar to New Jersey adults (35.4%).
- The percent of Somerset County adults reporting high cholesterol trended downward from 2011 (36.7%) through 2015 (33.2%), decreasing 9.5%
- The 2015 Somerset County percent of adults who had their cholesterol checked and were told it was high was more than double the *Healthy People 2020* target of 13.5%. Somerset County is in the lowest performing quartile for *Healthy People 2020*.

Adults Who Have Had Their Cholesterol Checked and Told It Was High
State and County Comparisons, 2011-2015



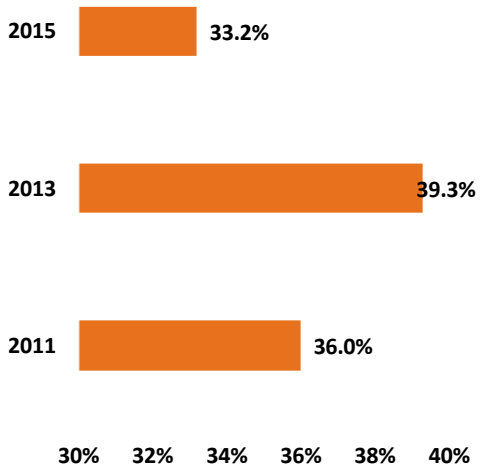
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Healthy People 2020

Baseline: 15.0 %
Target: 13.5%
Somerset County 2016: 32.0%

Adults Who Have Had Their Cholesterol Checked and Told It Was High: Trend

Somerset County

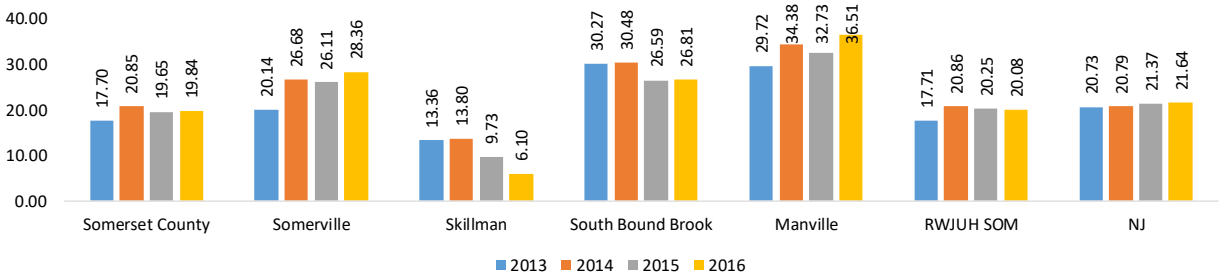


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

High Cholesterol Hospital Use Rates for County, RWJUH Somerset Service Area, and Selected Towns

- The rate of patients using a hospital service with a diagnosis of high cholesterol was highest in Manville in 2016.
- In 2016, the rate of patients using a hospital service with a diagnosis of high cholesterol was lowest in Skillman (6.10/1,000).

High Cholesterol: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016

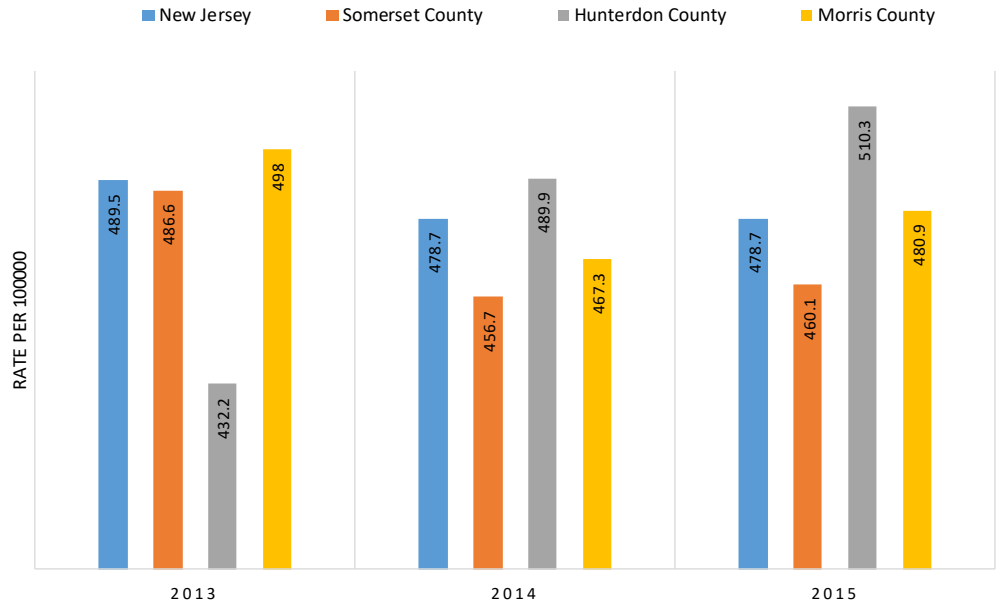


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes 272.0 or 272.2 (Appearing Anywhere In First 13 DX Codes On Patient Record)

Cancer

- Incidence of overall invasive cancer in Somerset County decreased 5.4% from 486.6/100,000 in 2013, to 460.1/100,000 in 2015.
- In 2015, the overall incidence of cancer in Somerset County was lower than the State and comparison counties.

Overall Invasive Cancer Incidence: Age-Adjusted Rate / 100,000 Population
State and County Comparisons 2013-2015

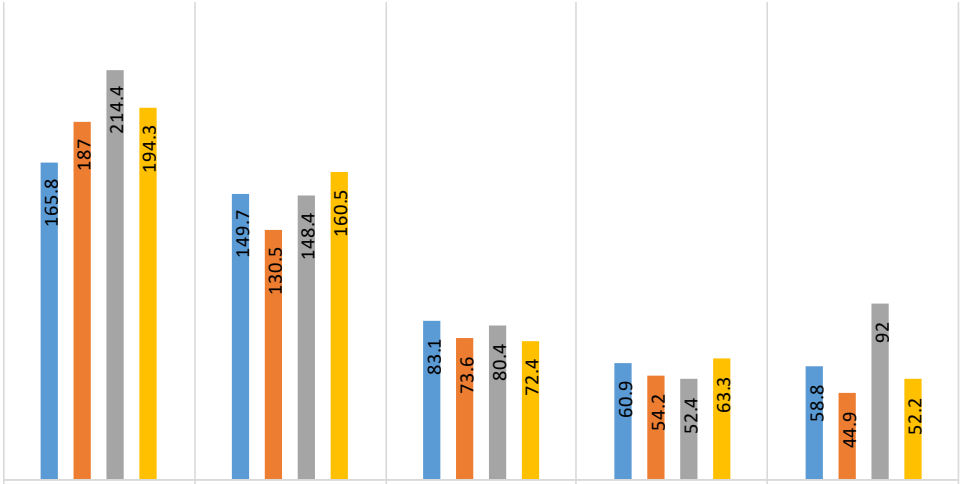


Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100,000 for Prostate Cancer is based on Males and the Rate / 100,000 for Breast Cancer is based on Females

Incidence by Site

- In Somerset County, breast (187.0/100,000) and prostate (130.5/100,000) cancers had the highest incidence rates among the top five cancers, followed by digestive system (83.1/100,000), male genital system (54.2/100,000), and lung (44.9/100,000).
- In 2015, prostate cancer, lung cancer, digestive system, and male genital system rates in Somerset County were lower than New Jersey.
- Between 2008 and 2015, incidence trends for Somerset County by site were:
    - Breast increased 17.8%
    - Digestive System decreased 2.9%
    - Prostate declined 17%
    - Male Genital System decreased 67%
    - Respiratory System decreased 5.8%
- Prostate, breast, digestive system, respiratory, and male genital system cancer incidence for Somerset County perform in the middle quartile in comparison to all 21 New Jersey counties. However, prostate cancer incidence in Somerset County performs in the top 25% statewide.

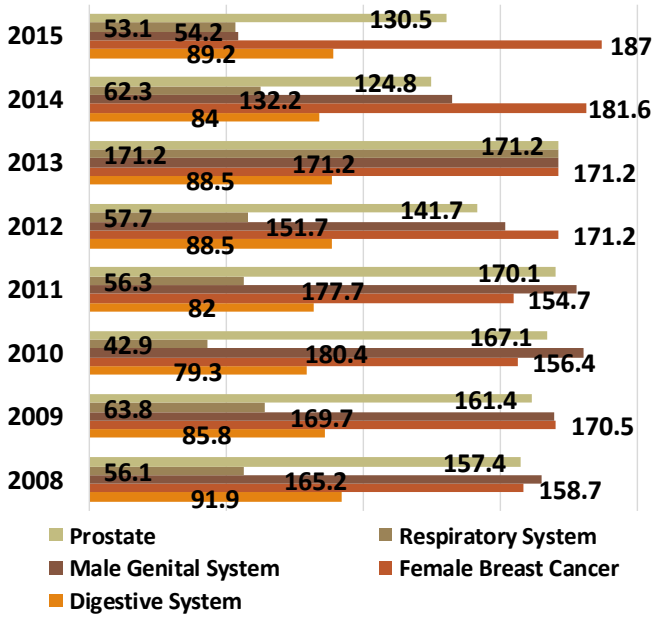
Invasive Cancer Incidence by Site: Age-Adjusted Rate / 100,000 Population
State and County Comparisons 2015



	Breast	Prostate	Digestive System	Male Genital System	Respiratory System
New Jersey	165.8	149.7	83.1	60.9	58.8
Somerset County	187	130.5	73.6	54.2	44.9
Hunterdon County	214.4	148.4	80.4	52.4	92
Morris County	194.3	160.5	72.4	63.3	52.2

Source: NJDOH New Jersey Cancer Registry
Note: The Rate / 100,000 for Prostate Cancer is based on Males and the Rate / 100,000 for Breast Cancer is based on Females

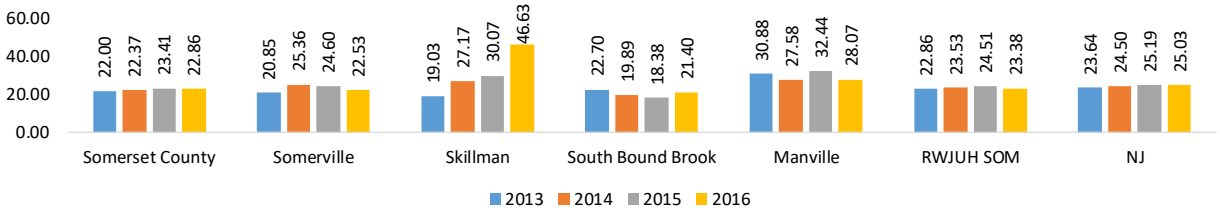
Invasive Cancer Incidence by Site 2008-2015: Age-Adjusted Rate / 100,000 Population
Somerset County Trend



Cancer Hospital Use Rates for County, RWJUH Somerset Service Area, and Selected Towns

- The 2016 rate of patients using a hospital service with a cancer diagnosis per 1,000 population was highest in Skillman.
- In 2016, the rate for patients discharged with a cancer diagnosis/1,000 population was slightly lower in the County (22.86/1,000) than in the RWJUH Somerset Service Area (23.38/1,000).

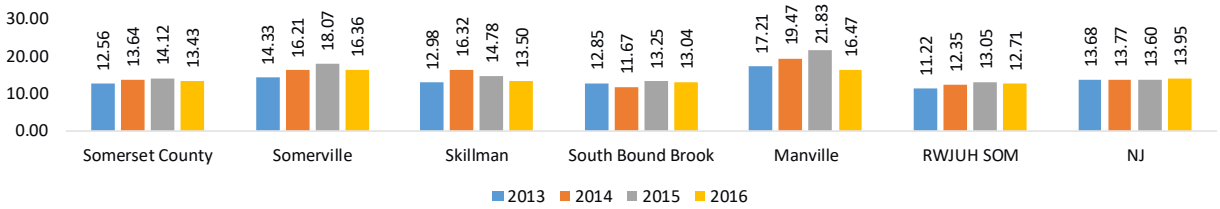
Cancer: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2012 – 2015), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census Definition: Inpatient, Same Day Stay and ED Discharges – New Solution's Inc. Oncology Product Line (includes History of Cancer)

- The 2016 rates of residents using a hospital service that had a history of cancer diagnosis was lower in the RWJUH Somerset Service Area (12.71/1,000) than in the County (13.43/1,000).
- In 2016, the rate of patients hospitalized with a history of cancer diagnosis/1,000 population was higher in Manville (16.47/1,000) and lowest in Somerset County (12.71/1,000).

History of Cancer: Acute Care Inpatient, Same Day and ED Discharges; Rate / 1,000 Population



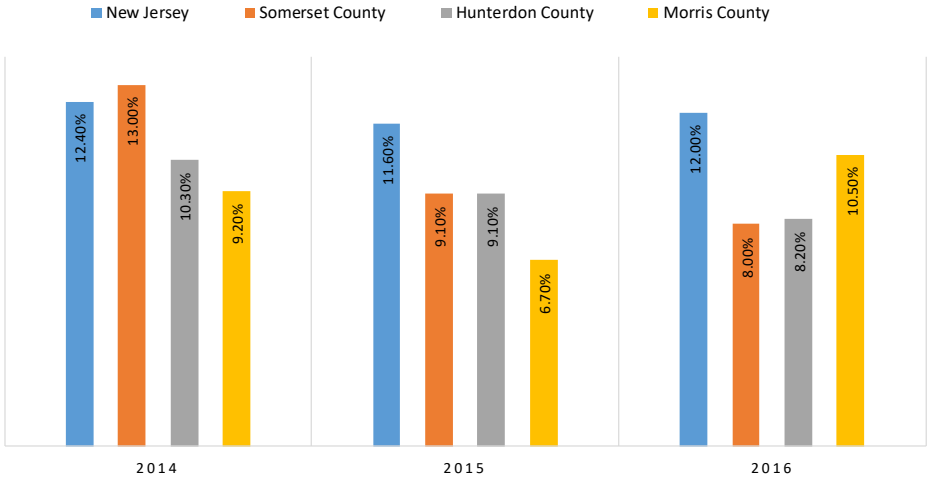
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2012 – 2015), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census
Definition: Inpatient, Same Day Stay and ED Discharges – New Solution's Inc. Oncology Product Line (History of Cancer Only)

Asthma

Asthma, a chronic lung disease often with childhood onset, inflames and narrows airways and causes recurring periods of wheezing, chest tightness, shortness of breath and coughing.[54] The exact cause of asthma is unknown; however, researchers believe genetic and environmental factors are involved. Factors may include: atopy, parents with asthma, certain respiratory infections during childhood and contact with some airborne allergens or exposure to some viral infections in infancy or in early childhood when the immune system is developing.[55]

- According to the 2016 BRFSS survey, 8.0% of Somerset County adults reported ever being told they have asthma. This was down 13% from 2014.
- The percent of Somerset County residents with asthma (8.0%) is lower than the State (12.0%), and the comparative counties. Compared to all 21 New Jersey counties, Somerset County was in the top quartile.

Asthma (Percent "Yes"): Adults Who Have Ever Been Told They Have Asthma
State and County Comparisons 2014-2016



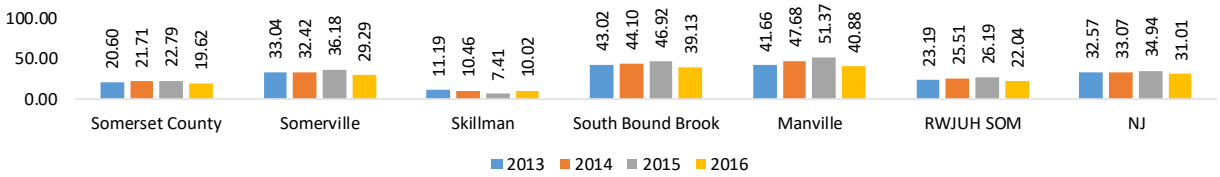
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

[54] *http://www.nhlbi.nih.gov/health/health-topics/topics/asthma*
[55] *ibid*

Asthma Hospital Use Rates for County, RWJUH Somerset Service Area, and Selected Towns

- Rates of residents using a hospital service with a diagnosis of asthma were highest in Manville in 2016.
- In 2016, the rate of Manville (40.88/1,000) patients using a hospital service with a diagnosis of asthma exceeded the Somerset County (19.62/1,000) rate by a factor of 2. Rates were lowest in Skillman at 10.02/1,000.

Asthma: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



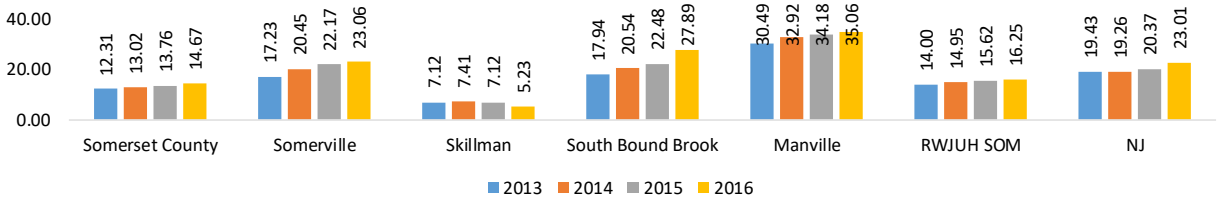
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In the Range 493-493.9 (Appearing Anywhere In First 13 DX Codes On Patient Record)

COPD (excluding Asthma)

Chronic Obstructive Pulmonary Disease (COPD) is a group of diseases that cause airflow blockage and breathing-related problems including emphysema, chronic bronchitis. In the United States, tobacco smoke is a key factor in the development and progression of COPD, although exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play roles.

- Rates of residents hospitalized with a diagnosis of COPD were greatest in Manville from 2013 through 2016.
- In 2016, the rate of hospitalization for patients with a diagnosis of COPD was highest in Manville (35.06/1,000) and lowest in Skillman (5.23/1,000).

COPD (excluding Asthma): Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In the Ranges 490-492 & 494-496 (Appearing Anywhere In First 13 DX Codes On Patient Record)

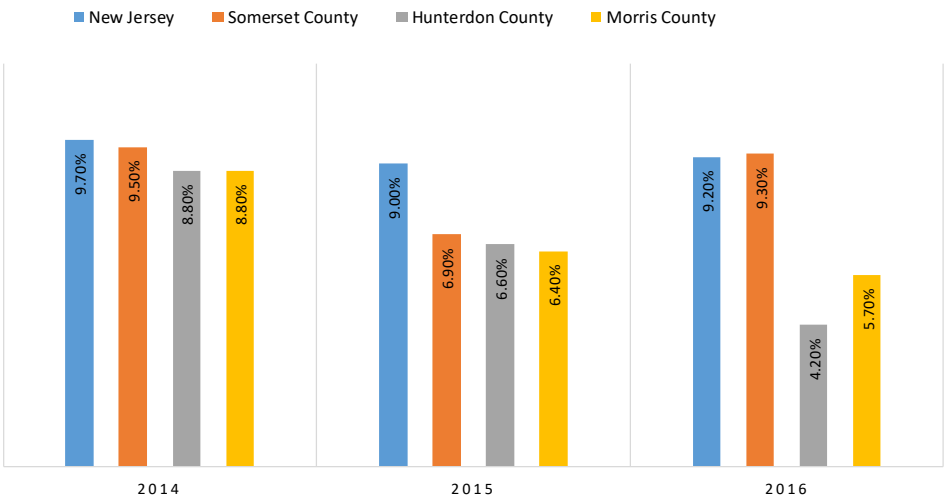
Diabetes

Diabetes is indicated by high levels of blood glucose as a result of problems in insulin production, effectiveness, or a combination of both. The three most common types of diabetes are Type 1, Type 2 and Gestational. Individuals with diabetes may develop serious health complications including heart disease, stroke, kidney failure, blindness, amputation and premature death.

Type 1 develops when insulin producing cells located in the pancreas are destroyed. There is no known way to prevent Type 1 diabetes. In order to survive, Type 1 diabetics must have insulin delivered by injection or pump. Type 2 primarily onsets with insulin resistance disorder in which cells within the muscles, liver, and fat tissue are unable to properly use insulin. Higher risk for developing Type 2 diabetes is associated with older age, obesity, family history of diabetes, history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. African Americans, Hispanics/Latinos, American Indians, some Asians, and Native Hawaiians or other Pacific Islanders are at particularly high risk for Type 2. Gestational diabetes is a form of glucose intolerance diagnosed during the second or third trimester of pregnancy. The risk factors for gestational Diabetes are similar to those for type 2 diabetes.[56]

- Diabetes is increasing among Somerset County residents. Between 2014 (7.5%) and 2016 (9.3%), the rate increased by nearly 2 percentage points.
- In 2016, Somerset County had the highest percentage of patients reporting diabetes among comparison counties. Somerset County is in the middle performing quartile for diabetes as compared to all 21 counties statewide.

Diabetes (Percent "Yes"): Have You Ever Been Told by A Doctor That You Have Diabetes? 2014-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

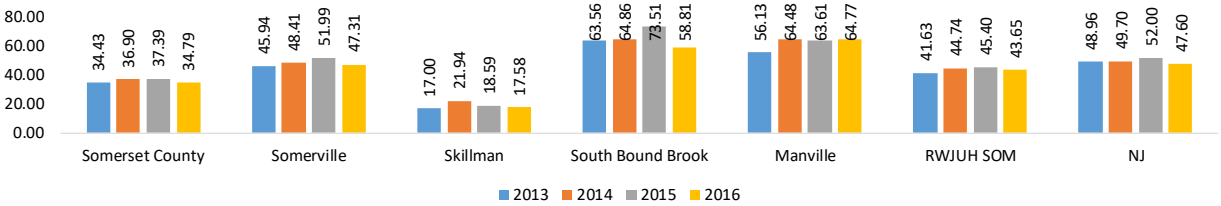
County Health Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

National Benchmark: 8%
Somerset County 2016: 9.3%

[56] *http://www.cdc.gov/diabetes/pdfs/data/2014-report-generalinformation.pdf*

- Manville had the highest rate of residents using a hospital service with a diabetes diagnosis (64.77/1,000) in 2016. Rates in South Bound Brook were higher than the County and the state.
- In 2016, the rate of patients using a hospital service with diabetes diagnosis was higher in the RWJUH Somerset Service Area (43.65/1,000) than in the County (34.79/1,000).

Diabetes: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population 2013-2016

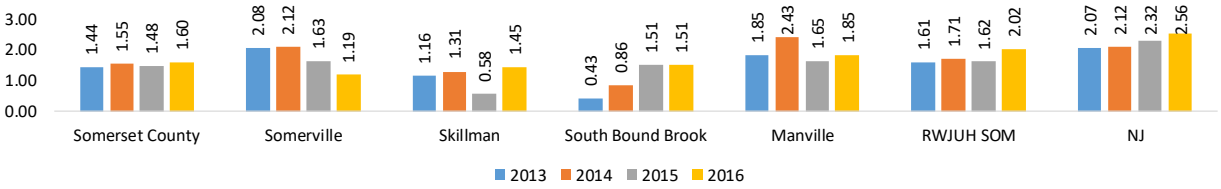


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In The Range 249.00-250.03 (Appearing Anywhere In First 13 DX Codes On Patient Record)

Diabetes is a contributing factor to renal failure. More than 35% of U.S. adults with diabetes have chronic kidney disease. High blood sugar and high blood pressure increase the risk that chronic kidney disease will eventually lead to kidney failure.[57]

- In 2016, the rate of Somerset County residents using a hospital service with diagnosis of renal failure was highest in Manville (1.85/1,000) and lowest in Somerville (1.19/1,000).
- The 2016 rate of New Jersey residents using a hospital service with diagnosis of renal failure was highest among all comparative areas.

Renal Failure: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges For MS-DRGs In the Range 682-685

Arthritis

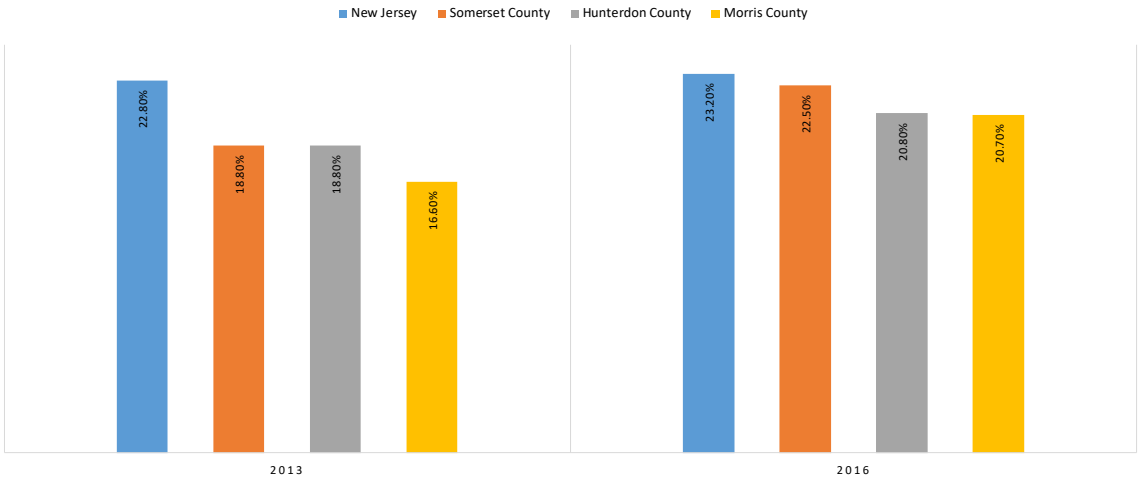
Arthritis affects more than 1 in 5 adults and is the nation's most common cause of disability. A*rthritis* describes more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint and other connective tissue. The pattern, severity and location of symptoms vary depending on the specific form of the disease. Typically, rheumatic conditions are characterized by pain and stiffness in and around one or more joints. The symptoms can develop gradually or suddenly.[58]

- Between 2013 and 2016, the percentage of Somerset County residents reporting arthritis increased from 18.8% to 22.5%.

[57] *http://www.cdc.gov/Features/WorldKidneyDay*
[58] *http://www.cdc.gov/arthritis/basics.htm*

- The percentage of Somerset County residents reporting arthritis was slightly lower than the State (23.2%) and comparison counties between 2013 and 2016. As compared to 21 counties statewide, Somerset County ranks in the middle quartile.

Arthritis (Percent "Yes"): Adults Who Have Ever Been Told They Have Arthritis
State and County Comparison 2013-2016



Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
CARDIOVASCULAR DISEASE ***Were You Ever Told You Had Angina or Coronary Heart Disease?*** % Yes	N.A.	N.A.	
CARDIOVASCULAR DISEASE ***Were You Ever Told You Had a Heart Attack?*** % Yes	N.A.	N.A.	
HYPERTENSION AWARENESS ***Adults Who Have Been Told They Have High Blood Pressure***		N.A.	
CHOLESTEROL AWARENESS ***Adults Who Have Had Their Cholesterol Checked and Told it Was High***		N.A.	
STROKE ***Were You Ever Told You Had a Stroke?*** % Yes	N.A.	N.A.	
ASTHMA ***Adults Who Have Ever Been Told They Have Asthma*** % Yes	N.A	N.A.	
DIABETES ***Have You Ever Been Told by a Doctor That You Have Diabetes*** % Yes	N.A.		
ARTHRITIS ***Adults Who Have Ever Been Told They Have Arthritis*** % Yes	N.A.	N.A.	

RED: Poorest Performing Quartile
Yellow: Middle Quartiles
Green: Best Performing Quartile

6. ASSETS AND GAPS ANALYSIS

The Assets and Gaps Analysis summarizes and highlights each component of the CHA. Assets highlight Somerset County or RWJUH Somerset's Service Area information indicating improvement over time in comparison to other counties and the State or in comparison to other races and genders. Gaps focus on disparities in Somerset County or in the RWJUH Somerset Service Area that have a negative trend, in comparison to other counties and the State or in comparison to other races or genders.

A. HEALTH DISPARITIES

Economic Status

ASSETS

- Somerset County's percent of poverty for families, people, children and seniors is below that of the State.
- The rate of unemployment in Somerset County decreased between 2013 and 2016.
- Median household income in Somerset County increased between 2014 and 2016.
- The percent of Somerset County adults and children receiving TANF benefits was lower than the rate statewide.
- The percent of Somerset County adults and children receiving SNAP benefits was lower than the rate statewide.
- The percent of Somerset County residents with a graduate or professional degree was 37% higher than the statewide rate, and higher than the rate in Morris or Hunterdon Counties.
- Between 2014 and 2016, the percentage of people who speak English less than very well declined from 10.2% to 9.6%.

GAPS

- Bound Brook, Manville, South Bound Brook, and Raritan are municipalities in which 40% of households are living in poverty, or at the ALICE threshold.
- Median household income in Manville is lower than the State and County.
- Two Somerset County towns experienced a decrease in median household income between 2014 and 2016, Somerset and Somerville.
- Between 2014 and 2016, the percentage of children eligible for the free school lunch program increased from 15% to 20%.

Social Context

GAPS

- Somerset County had lower membership association rates than its comparison counties.
- Domestic violence arrests increased 6.7% between 2014 and 2016.

Health and Health Care

ASSETS

- Insurance coverage for Somerset County residents improved from 10.2% without health insurance in 2013 to 6.6% in 2015.
- Somerset County ratio of physicians to population was higher than the ratio statewide.
- Somerset County adults saw a 14.9% decrease in ED visits for Ambulatory Care Sensitive Conditions (ACSC).
- Somerset County children's ACSC ED visit rate was 44.3% lower than the State.
- The Somerset County adult ED ACSC use rate (24.06/1,000) was less than half the statewide rate in 2016.
- Somerset County had the second lowest rate of utilization for ACSC.

GAPS

- Bound Brook and Manville had higher CNI scores suggesting that they will have had higher hospital utilization rates.
- Manville, Bound Brook, Somerset and South Bound Brook had pediatric ED visit rates that were higher than the State and County.
- Manville, South Bound Brook, Bound Brook, Somerset and Kingston all had adult ED visit rates for ACSC that exceeded those of the County.
- Manville, Raritan and South Bound Brook had inpatient use rates for ACSC that were higher than the County.

Neighborhood and Built Environment

ASSETS

- In 2016, 15.4% of Somerset County housing units were built before 1950, more than 10 percentage points lower than New Jersey at 25.8%.
- Between 2014 and 2016, the percent of Somerset County residents with food insecurity declined from 7.3% to 6.9%.
- The violent crime rate in Somerset County decreased 21% between 2006-2008, and 2012-2014.
- Between 2014 and 2016, the Somerset County burglary rate dropped 21.7%.
- Deaths due to motor vehicles dropped 2.8% between 2009-2015, and 2010-2016.

GAPS

- Somerset County reported an increase in children with elevated blood levels between 2013 and 2015.
- The rate of deaths due to accidental poisoning and exposure to noxious substances increased from 9.3/100,000 to 14.7/100,000 between 2015 and 2016.

B. HEALTH FACTORS

Clinical Care Measures

ASSETS

- Somerset County's 2016 inpatient use rate was 14% lower than the rate statewide.
- Somerset County's 2016 ED visit rate was 39% less than the State rate.
- C-section rates trended downward from 2013 to 2016.
- Women with vaginal birth after C-section trended upward from 2013 to 2016.

Health Behaviors

ASSETS

- The teen birth rate among Somerset County teens aged 15-17 decreased from 5.2/1,000 in 2007-2011 to 3.0/1,000 in 2010-2016.

GAPS

- The percent of women enrolled in first trimester prenatal care decreased from 87.4% in 2014 to 79.0% in 2016.
- High teen (aged 15-19) pregnancy rates were noted in Somerset (25.3/1,000) and Bound Brook than county-wide.
- The chlamydia rate in Somerset County (207.3/1,000) is higher than the CHR benchmark (145.1/1,000).

Individual Behaviors

ASSETS

- Somerset County smokers decreased from 11.6% in 2014 to 8.5% in 2016.
- Binge drinking in Somerset County decreased from 13.4% in 2014 to 12.4% in 2016.
- The percent of Somerset County residents with BMI >=30 trended down from 24.9% in 2012 to 20.5% in 2016.

GAPS

- Individuals with no leisure time activity trended up from 15.8% in 2014 to 23.6% in 2016.

Health Screening

ASSETS

- The percentage of women who had a mammogram in the last two years increased from 64.4% in 2012 to 77.8% in 2016.
- The percent of Somerset County residents reporting high cholesterol declined from 36% in 2011 to 33.2% in 2015.
- The percent of Somerset County adults over 65 who had a pneumonia vaccine increased from 2012 to 216.

GAPS

- The percentage of Somerset County women who had a pap smear within three years decreased from 77.2% in 2014 to 73.8% in 2016.
- Fewer Somerset County residents were screened for colon cancer in 2016 (66.7%) than in 2012 (70.7%).
- The percent of Somerset County adults who received a flu shot (65.7%) was lower than the *Healthy People 2020* target of 90%.

Mental Health and Substance Use Utilization

ASSETS

- Somerset County inpatient and ED utilization rates for mental health diagnoses were lower than the statewide rate.
- Opioid dispensations decreased slightly between 2014 and 2016.

GAPS

- Mental Health inpatient hospitalization and ED visit rates for Manville residents exceeded those of the State.
- There was an increase in substance use inpatient admissions and ED visits from 2012 to 2016.
- Between 2015 and 2016, there was an uptick in naloxone administration.
- The Emergency Department visit rate for substance use in Manville was higher than the County and statewide rates.

C. HEALTH OUTCOMES

Mortality

ASSETS

- Between 2013 and 2016, Somerset County age-adjusted mortality rates improved for diabetes, stroke, nephritis, and chronic lower respiratory disease.

- Deaths due to cancer declined 6.7% between 2014 and 2016.
- The AAMR for intentional injuries was 27.3% lower than the statewide rate.
- The 2014-2016 YPLL (3,903.5/100,000) outperformed the County Health Rankings target of 5,300/100,000.
- Deaths due to suicide decreased between 2014 and 2016.

GAPS

- Between 2013 and 2016, five of the 10 leading causes of death increased including Alzheimer's Disease, septicemia, heart disease, influenza and pneumonia, and unintentional injuries.
- Whites had higher death rates due to heart disease than Blacks.
- Since 2014, the AAMR for Alzheimer's Disease has increased 74.0%.

Maternal and Child Health

ASSETS

- The percentage of very low birth weight babies among Blacks decreased from 3.7% to 1.9% between 2011 and 2016.

GAPS

- Infant mortality increased in Somerset County between 2007 and 2009 (2.6/100,000) to (3.8/100,000) between 2013 and 2015.
- The percentage of low birth rate babies increased among Whites and Hispanics.
- The percent of very low birth weight infants increased among Whites and Hispanics.

Health and Behavioral Health Status

ASSETS

- Compared to County Health Rankings few Somerset County residents report fair to poor health than the benchmark.

GAPS

- The percent of people who report not good mental health status in Somerset County increased between 2014 and 2016.
- Between 2012 and 2016, the percent of Somerset County residents reporting a history of depression increased from 9.2% to 12.5%.
- Drug overdose deaths increased from 33 in 2014 to 44 in 2016.

Morbidity

ASSETS

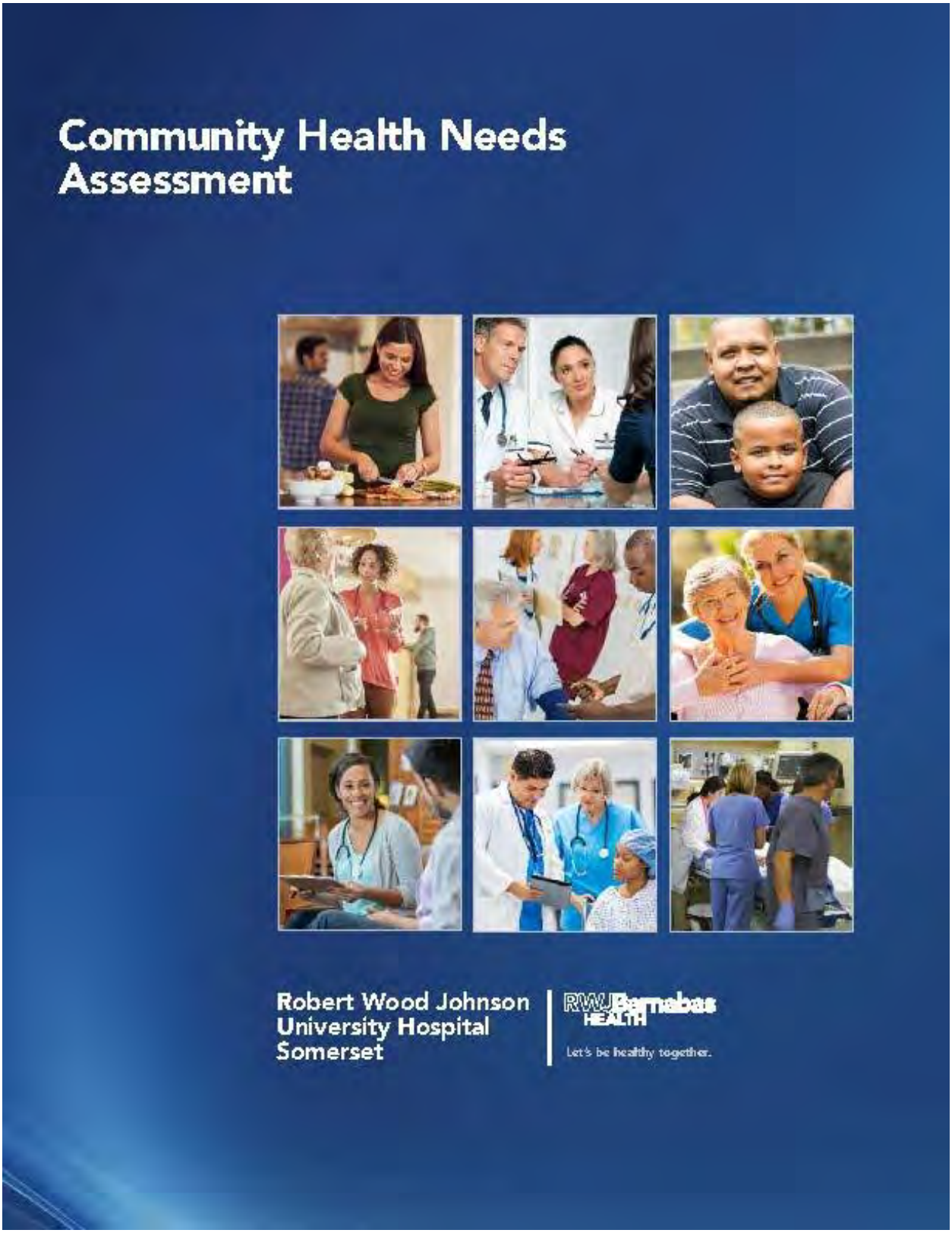
- The percent of patients with coronary artery disease or angina decreased from 4.8% in 2014 to 2.7%in 2016.
- Patients reporting heart disease also declined.
- The percent of Somerset County residents reporting a stroke declined and was <1%.
- The 2015 percent of Somerset County residents reporting high blood pressure was lower than the *Healthy People 2020* target.
- Invasive cancer incidence decreased 5.4% between 2013 and 2015.
- Invasive cancer rates for digestive system, prostate, male genital system, and respiratory system all decreased between 2008 and 2015.
- Eight percent of Somerset County residents reported asthma in 2016, down from 13% in 2014.

GAPS

- The percent of Somerset County residents with high cholesterol is more than double the *Healthy People 2020* target of 13.5%.
- The invasive breast cancer rate increased 17.8% between 2008 and 2015.
- Diabetes increased in Somerset County from 7.5% in 2014 to 9.3% in 2016.
- Between 2013 and 2016, the percentage of Somerset County residents reporting arthritis increased from 18.8% to 22.5%.

APPENDICES

APPENDIX A: 2015 CHNA IMPLEMENTATION PLAN RESULTS



Introduction

In 2015, Robert Wood Johnson University Hospital Somerset (RWJUH Somerset) conducted and adopted its Community Health Needs Assessment (CHNA) which consisted of a community needs survey of residents in our service area, a detailed review of secondary source data, a survey and meetings with local health officials and Healthier Somerset Coalition made up of county public health officers and community representatives. The Plan can be accessed at https://www.rwjbh.org/rwj-university-hospital-somerset/about/community-health-needs-assessment/

Through the CHNA process, health need priorities were chosen based on the Medical Center's capacity, resources, competencies, and the needs specific to the population it serves. The Implementation Plan addresses the manner in which RWJUH Somerset will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the four selected priority areas*:

- Mental Health and Substance Abuse
- Obesity
- Chronic Disease
- Access to Care

To develop a shared vision, plan for improved community health, and help sustain implementation efforts, the Healthier Somerset Coalition assessment and planning process engaged hospital leaders, local public health partners, and community-based organizations through different avenues. The Healthier Somerset Coalition, a broadly representative stakeholder group of nearly 50 organizations that included health department leaders, hospital representatives, and community-based organization leaders, was responsible for guiding, participating in, and providing feedback on all aspects of assessment and planning. Coalition members participated in at least one of the key engagement efforts below:

a. The Data Committee, comprised of health department and hospital leadership, was responsible for overseeing and providing input to the community health needs assessment
b. The Planning Committee, comprised of additional health department leaders and hospital representatives, was responsible for overseeing, providing input and developing goals and strategies in collaboration with the broader coalition for the community health improvement plan, including outreach to potential participants; feedback on planning agendas; and feedback on draft components.
c. The Robert Wood Johnson University Hospital Somerset management team and staff were responsible for convening meetings, reviewing documents and providing overall project management and oversight.
d. The CHIP Workgroups, representing subsets of the broader Healthier Somerset Coalition organized around each health priority area, were responsible for strategies to achieve the goals, objectives and strategies for the CHIP.
e. The Healthier Somerset Advisory Board, comprised of 13 community representatives from Somerset County, represented diverse sectors including government, non-profit organizations and coalitions, business and industry, health, education, and community services and provided overall strategic leadership for the Coalition.

All residents of Somerset County have an equal opportunity to pursue healthy lifestyles and achieve social, emotional, physical, and spiritual well-being. The Community Health Assessment will provide a clear plan that empowers all who live, work, and play in Somerset County to:

- Achieve a complete, deeper, and broader understanding of the health status of Somerset County's population
- Direct their own health and access community resources to support healthy choices
- Engage as educated, knowledgeable participants in policy, advocacy, and decision-making activities that support the advancement of the community's health

** The four focus areas do not represent the full extent of the Medical Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe.*

Goals #1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents

Key CHNA Findings:

- Mental health concerns emerged as one of the most significant health concerns in the Somerset area, according to interviewees and focus group members.
- Somerset County lacks mental health and substance abuse providers and increasing number do not accept insurance resulting in treatment being out of reach for all but the most affluent patients.
- Provider respondents share observations of rising rates of trauma among those with mental health issues, often attributed to past sexual abuse and for recent immigrants, traumatic events in the country of origin.
- The leading cause of inpatient hospitalizations at RWJUH Somerset among adult patients who are Somerset County residents is "major depressive affective disorder".
- Approximately 31 percent of respondents to the community survey reported that their doctor or provider had ever talked to them about mental health.
- One of the barriers to addressing mental health concerns, according to respondents, is stigma. There are several efforts underway to enhance understanding of mental health issues. Several reported that they have been trained in Mental Health First Aid, a national program that teaches community members and first responders how to help people from developing a mental illness or in crisis.

Strategy/Initiative 1.1

Increase the total number of trainers able to educate the community on Mental Health First Aid, a national program to teach the skills to respond to the signs of mental illness and substance abuse, by 2017.

Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Identify and secure possible funding sources for Mental Health First Aid trainers and participants
- Recruit potential trainers from community-based organizations working with underserved populations (Senior Centers, Multi-Cultural, etc.)

Tracking/Outcome

2015 Baseline: Two trainers in Somerset County

2016 Results: Three additional trainers were educated

2017 Results: Total of five trainers able to educate the community of Mental Health First Aid

Strategy/Initiative 1.2

Increase the number of people trained by Mental Health First Aid by 5% by 2020.

Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Design and conduct promotion and outreach to increase awareness and enrollment in training
- Identify and secure funding to support participation in training

Tracking/Outcome

2015 Baseline: 176 individuals trained

2016-2018 Results: To date, over 198 new individuals trained, for a total of 374 individuals trained, a 200% increase

Strategy/Initiative 1.3

Increase awareness among primary care physicians (PCPs) of mental health/substance abuse issues by 10% by 2020.

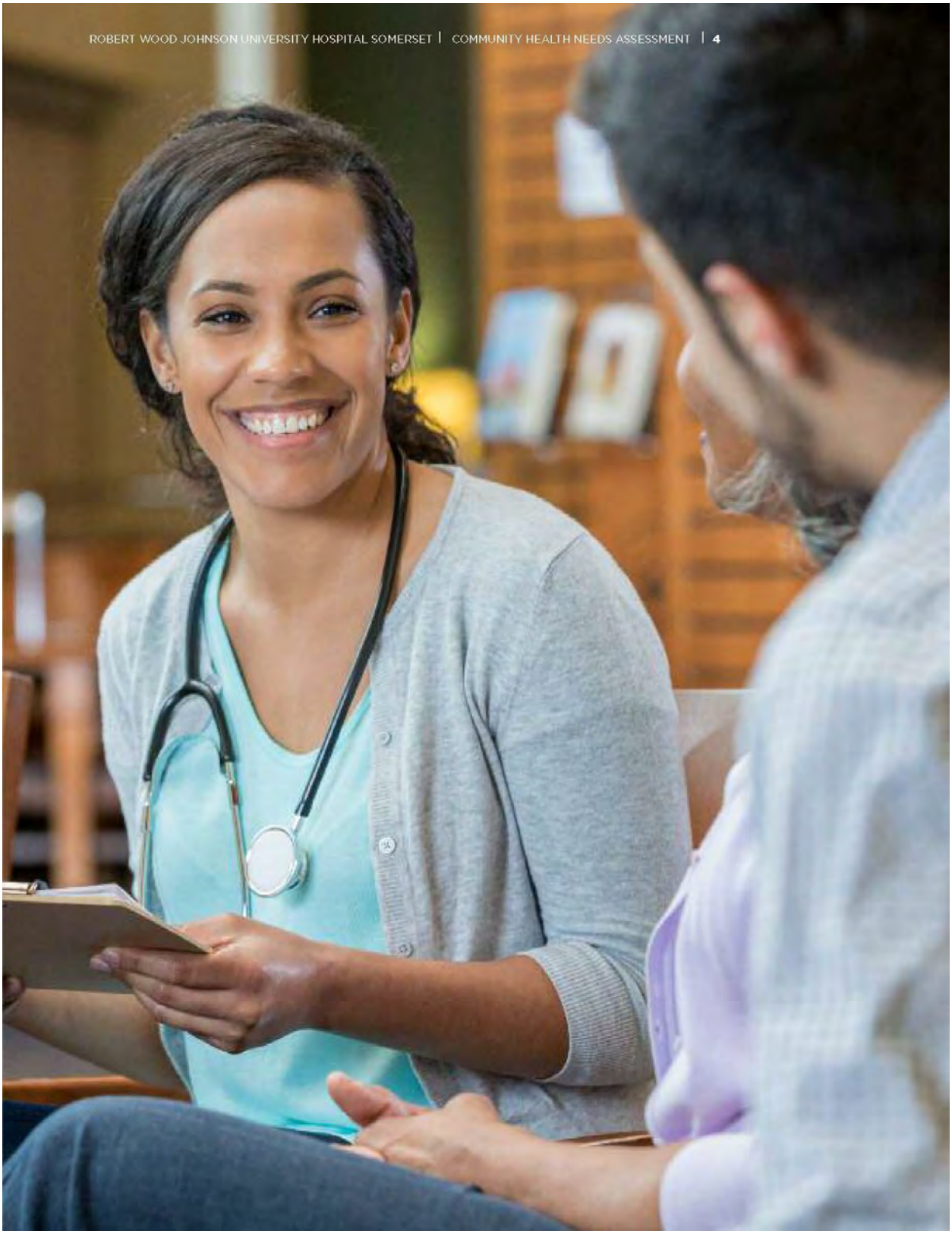
Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Provide education through grand rounds and 'Do No Harm' symposiums
- Provide PCPs with local resources and referrals for Mental Health/Substance Abuse
- Design and conduct outreach and education to medical schools on Mental Health/Substance Abuse
- Establish and promote use of a consistent Mental Health/Substance Abuse evidence-based screening tool

Tracking/Outcome

2015 Baseline: Zero out of 218 PCPs assessed for mental health/substance abuse

2016 Results: Mental Health and Substance Abuse Working Group sent an evidence-based mental health and substance abuse screening tool and directory of services to all RWJS affiliated PCPs. After campaign, 218 PCPs routinely used the assessment tool.



Strategy/Initiative 1.4

Enhance municipal/health alliances to advocate for the integration of Mental Health/Substance Abuse and Primary Care by 2020.

Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Increase outreach to Mental Health/Substance Abuse/Primary Care to attend established alliances; convene quarterly 'think tank' meetings
- Identify and apply for grant funding that is based on collaborative partnerships
- Promote collaborative Mental Health/Substance Abuse/Primary Care best practices
- Establish advocacy work groups to promote and secure funding

Tracking/Outcome

2015 Baseline: 0 municipal/health alliances engaged
2017 Results: 11 municipal/health alliances now engaged

Strategy/Initiative 1.5

Increase awareness of Mental Health/Substance Abuse services, wellness programs, and resources in Somerset County by 2017.

Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Design and conduct outreach to Parent Teacher Organizations (PTO) in Somerset County
- Establish collaboration/integration of 'No More Whispers' campaign
- Establish promote and distribute signs and symptoms poster campaign in multiple languages to multiple community-based venues/sites
- Print and distribute Mental Health/Substance Abuse resources and services in multiple languages
- Promote synergy of mind, body wellness as a prevention mechanism

Tracking/Outcome

2016 Baseline: Survey of indicated that there was no awareness of depression campaign
2017-2018 Results: Over 600 posters were distributed and articles appeared monthly in *The Courier News*

Goal # 2 Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change.

Key CHNA Findings:

- While the percent of adults who were overweight or obese in Somerset County in 2012 (61.9%) was similar to the percent of overweight or obese adults in 2016 in New Jersey as a whole (62.9%) and nationwide (64.8%), several barriers to improving physical wellness exist specific to Somerset County.
- The percent of individuals consuming no servings of green or orange vegetable has significantly risen from 2006 (2.1%) to 2011 (4.3%) to 2015 (4.5%).
- Fifty percent of restaurants in Somerset County are fast food establishments which is slightly higher than the 48 percent of restaurants in New Jersey statewide.
- Lack of public transportation to parks, golf courses, hiking and biking trails, and other recreational facilities affects those who do not drive. An increase in access in needed to maximize utilization of both public and private recreational facilities.
- The rate of Somerset County residents who participate in any physical activity or exercise (71.3%) has declined from 2011 (77.3%) and 2006 (86.3%), and is slightly lower than 2013 rates for New Jersey (73.2%) and the U.S. (74.7%).
- Students not participating in competitive sports have limited opportunities to be physically active, in part due to lack of transportation to fitness centers.

Strategy/Initiative 2.1

By 2017, increase by 10% the pounds of fresh fruit and vegetables available in food banks, food pantries and co-ops through partnerships with local producers and community gardens.

Indicator/Metric

- Create a master list of all food pantries in Somerset County
- Design and execute a survey to ascertain the current fresh food distribution per month Survey (1) food banks, food pantries and co-ops; and (2) local producers and community gardens
- Recruit public health interns to provide support around conducting survey and interviews and developing and implementing the distribution plan
- Conduct interviews with food banks, food pantries and/or co-op staff and local producers to learn more about barriers to fresh food distribution (e.g. transportation, weight, perishability, etc.)
- Develop strategies for a distribution plan from vendors to food banks/pantries/co-ops, and from food banks/pantries/co-ops to individuals, as well as prioritize barriers that will be addressed and define scope of distribution plan

Tracking/Outcome

2015 Baseline: 47,603 pounds of produce is produced monthly
2016-2017 Results: After produce donation launched in Bound Brook in 2017, food banks/pantries receive 50,803 pounds of produce monthly. GSPHP donated 500 pounds of produce to the food pantry in Hillsborough in 2016 and in 2017.

Strategy/Initiative 2.2

Increase the percentage of youth and adults who are getting the daily recommended serving of fruits and vegetables by 2019.

Indicator/Metric

- Promote the inclusion of increased fresh fruits and vegetables at food pantries
- Identify farmers markets for advertising/social media/vouchers
- Conduct community-based classes to demonstrate uses for unfamiliar fruits and vegetables
- Promote school and community gardens, farm to school, and offer more food tastings at school
- Include health information with food sources
- Encourage physicians to write prescriptions for fruits and vegetables and provide vouchers for purchase

Tracking/Outcome

2017 Results: One hundred children were educated on the inclusion of fresh fruits and vegetables into their diets; voucher program to Farmers Markets and donation of produce made annually to Food Pantry increased adult consumption resulting in an increase of 30 percent of adults getting daily recommended servings

Strategy/Initiative 2.3

By 2019, increase by 5% the number of people reached by educational initiatives on healthy food choices, preparation and eating.

Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Identify and document partners (e.g. SNAP-Ed at Rutgers Cooperative, etc.) and resources for print and digital communication (e.g. newspapers, newsletters, etc.)
- Develop a plan to coordinate sharing and tracking of information. Start with a pilot.
- Identify opportunities for increasing reach of and sharing information about existing educational initiatives and develop a communications plan

Tracking/Outcome

2015 Baseline: 23,000 individuals attended educational programs and 10,000 received newsletter

2016 Results: 30,000 individuals attended educational seminars; 60,000 individuals received e-newsletter; approximately 10,000 received mailings annually and RWJS website averaged 1,235,804 visits combined with the average of 2,000 monthly visitors to the Healthier Somerset Web site

2017 Results: 45,000 individuals attended educational seminars; 60,000 individuals received e-newsletter; approximately 10,000 received mailings annually and RWJS website averaged 1,083,871 visits combined with the average of 2,000 monthly visitors to the Healthier Somerset Web site

Strategy/Initiative 2.4

By 2019, increase by 3% the respondents in Somerset County who participate in any physical activity.

Indicator/Metric

- Identify existing resources for worksite wellness
- Tap into Somerset County Business Partnership and New Jersey Development of Health. Resources/suggestions for worksite wellness might include nominating employee captains and implementing "Big Sister" mentoring (where large business would mentor a small business around worksite wellness). Frame around cost savings.

- Collect and deploy existing information on simple tips for exercise and movement. For example, collect information about helpful apps (on drinking water, stretching, etc.) and distribute the information via Pinterest and local recreation departments.

Tracking/Outcome

2015 Baseline: 3,920 individuals participated in exercise classes

2016 and 2017 Results: Through the introduction of several physical activity opportunities such as a walking challenge, Fun N Fit, etc., annual participation increased to 4,320, a 10% increase. With the inclusion of external organizations, this percent increases. For instance, Somerset County also offered a variety of exercise classes in which 786 individuals participated and annual participation increased to 5,106 which represents approximately a 30% increase.

Goal # 3 Reduce the impact of chronic disease through prevention, management, and education to improve quality of life

Key CHNA Findings:

- The leading causes of death in Somerset County in 2011 (the most recent year for which data is available) were cancer (25.8%) and heart disease (23.9%).
- The leading causes of inpatient hospitalizations at RWJUH Somerset for Somerset County children (excluding births as a leading cause), adults, and seniors are anorexia, major depressive disorders, and septicemia, respectively.
- Health providers, especially those who serve lower-income patients, reported rising rates of obesity, heart disease, asthma, and diabetes in their patient populations as well as a rise in the prevalence of multiple chronic diseases.

- Nearly eight percent of adults in Somerset have been diagnosed with diabetes, and 3.1% have angina or coronary heart disease. Rates of diabetes diagnosis were higher for Black, non-Hispanic respondents (9.6%) and white, non-Hispanic respondents (7.1%).
- Among survey respondents who have diabetes, only 27.6% reported having ever taken a course on how to manage diabetes.
- While the death rate due to cancer in Somerset County (158.1) is lower than cancer death rates statewide (164.7), the cancer incidence rate (528) is higher than the rate in New Jersey (495.8).

Strategy/Initiative 3.1

Increase the number of family caregivers connected to resources/support.

Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Educate general population on Caregivers Coalition (especially groups within Healthier Somerset)
- Inventory and disseminate educational materials at multiple gatherings and settings in the community
- Provide information cards for healthcare providers to give to patients
- Add link on hospital website
- Develop and conduct public service announcements and promote through the general media
- Develop a larger campaign to get into doctors' offices
- Engage the faith-based community in promotion and support efforts

Tracking/Outcome

2015 Baseline: No family caregivers were connected to any resources or forms of support
2016 Results: 1,450 caregivers were connected to resources; 200 people were educated on caregiver coalition; 500 educational materials were disseminated including 712 information cards and 40 faith-based organizations were engaged

Strategy/Initiative 3.2

Increase the number of participants in educational and supportive programs by 2018.

Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Identify criteria for selecting and evaluating potential educational and support programs to recommend (support groups, self-management, employee wellness, referrals to prevention alternatives)

- Select six (6) high impact programs and promote them (strategies will differ by program)
- Identify referral sources that channel people to those programs (doctors' offices, work sites, faith-based organizations)
- Identify organizations for preventative care and promote
- Raise awareness – where do people get info, referrals and self-referral: web/social media, office of aging, disabilities, senior centers, libraries, schools
- Look at existing app/websites for conditions
- Work with programs to gather information about referrals and selection/contact (i.e. ask – how did you hear about us?)
- Include information about programs via 211

Tracking/Outcome

2015 Results:
6,850 particiants in support groups
996 employees in wellness programs (i.e. flu shots, etc.)
46 participants in self-management groups
397 prevention programs
56 alternative programs
2016 Results:
10,857 participants in support groups
1,096 employees in wellness programs (i.e. flu shots, etc.)
96 participants in self-management groups
741 prevention programs offered, utilizing a variety of services including exercise programs (8 distinct programs), support groups (covering 28 areas), speaking events (106 events addressing over 40 health topics), screenings, health fairs (RWJS hosted/participated in 30 health fairs), classes (60 classes covered 8 health topics), and other educational events (76 sessions)
168 referrals to alternative methods
2017 Results:
12,321 participants in support groups
2,147 employees in wellness programs (i.e. flu shots, etc.)
180 participants in self-management groups, an 87% increase
769 prevention programs offered utilizing a variety of services including exercise programs (8 distinct programs), support groups (covering 28 areas), speaking events (106 events addressing over 40 health topics), screenings, health fairs (RWJS

hosted/participated in 30 health fairs), classes (60 classes covered 8 health topics), and other educational events (76 sessions)
272 referrals to alternative methods

Strategy/Initiative 3.3

Increase the number of people who are screened for Chronic Disease risk factors and referred as appropriate.

Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Increase connections/collaborations between community settings/groups and the hospitals who do the screening (funding as a part of it)
- Hold annual wellness event and/or added screening to existing events.
- Educate primary care physicians on importance of pre-"condition" results and recommending action to address them
- Develop and conduct a social media campaign to encourage people to get tested for chronic disease factors
- Collaborate with Medical Associations to get doctors to be available for referrals from community screenings

Tracking/Outcome

Number of people screened for hypertension
2015 Baseline: 150 individuals screened for hypertension
2016 Results: 464 individuals screened for hypertension
2017 Results: 743 individuals screened for hypertension, a 430% increase over 2015 baseline

Number of people screened for diabetes
2015 Baseline: 275 individuals screened for diabetes
2016 Results: 281 individuals screened for diabetes
2017 Results: 267 individuals screened for diabetes

Number of people screened for cholesterol
2015 Baseline: 100 individuals screened for cholesterol
2016 Results: 332 individuals screened for cholesterol, a 300% increase over 2015 baseline
2017 Results: 413 individuals screened for cholesterol, a 400% increase over 2015 baseline

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Strategy/Initiative 3.4

Increase healthcare providers' awareness of cultural sensitivity and diversity (beyond language).

Indicator/Metric

- Collect and analyze data and determine baseline for successive annual comparisons
- Identify which agencies/organizations work with diverse populations
- Develop and conduct webinars for target audiences, provide incentives for providers
- Add presentations on cultural sensitivity to existing conferences and assign/grant CEUs that are recognized
- Work with community college, residency programs and internship programs to train diversity on students on cultural sensitivity
- Target pockets of "minority" populations to increase awareness of chronic disease in their communities

Tracking/Outcome

Tracking/Outcome
2015 Baseline: Program began in 2016
2016 Results: 1,096 providers trained/attended and accessed resource list
2017 Results: 2,147 providers trained/attended and accessed resource list

Goal # 4 Improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations

Key CHNA Findings:

- Barriers to accessing health care facilities is especially pronounced for Hispanic respondents, 56.8% of whom indicated insurance issues were a barrier and 47.5 of whom indicated cost issues were a barrier.
- Overall, problems with insurance and cost highly affect the Somerset County population (29.9% of respondents cite insurance problems and 22.3% of respondents cite cost problems).
- Several respondents reported that they increasingly use drugstore-based clinics, like the Minute Clinic at CVS, for their medical needs.

Strategy/Initiative 4.1

Increase the utilization of existing primary care services in Somerset County by 10%.

Indicator/Metric

- Work with Primary Care sites to access and analyze transportation patterns and existing transportation resources (look at patient satisfaction surveys)
- Train primary care physician site staff on available transportation resources
- Educate at the community level by giving up to date transportation and health services information to 211

Tracking/Outcome

2016 Baseline: Only 16,720 individuals were uninsured and are assumed to not have a primary care provider and 266,290 individuals have ongoing care (US Census Bureau)

Strategy/Initiative 4.2

Create a network of Community Health Workers who represent the diverse populations in our community.

Indicator/Metric

- Define Community Health Worker title and job description
- Assess existing community health workers (CHWs) including volunteer, lay health workers, etc. for coverage, satisfaction level, training needs, etc.
- Identify gaps in services and geographic areas
- Identify partners
- Identify funding to support development of network

Tracking/Outcome

Number of Community Health Workers:
2015 Baseline: 0 (according to NJ Bureau of Labor and Statistics)
2016 Results: 155 (according to Quarterly Census of Employment and Wages of NJ)
2017 Results: 161 (according to Quarterly Census of Employment and Wages of NJ)

Diversity of Community Health Workers:
The baseline number of diverse Community Health Workers in Somerset County was zero. It is neither reported by the NJ Bureau of Labor and Statistics nor the Quarterly Census of Employment and Wages of NJ. As part of a comprehensive report developed by Sanofi in conjunction with Healthier Somerset, the report identifies 14 different types of community health workers. This statistic highlights the diverse roles that community health workers can play.

Strategy/Initiative 4.3

Increase opportunities to address barriers to health insurance navigation for underserved community members.

Indicator/Metric

- Collect and analyze data and determine a baseline for successive annual comparisons
- Identify key barriers to health insurance navigation for targeted populations (focus groups, survey, other)
- Educate community members on resources and supports
- Conduct marketing promotion/media (radio, billboards, and social media)
- Identify funding opportunities and grants
- Identify key policy and system barriers; form advocacy group(s) to address them

Tracking/Outcome

2016 Baseline: Five resources to improve health insurance navigation for underserved community members (i.e. Social Services, Zufall, RWJUH Somerset and EmPoWER Somerset)

2017 Results: Over 10 resources to improve health insurance navigation for underserved community members (i.e. Social Services, Family Network Services, Zufall, RWJUH Somerset and EmPoWER Somerset, Zarepath, SHIP, RSVP, United Way, Aetna, Blue Cross/Blue Shield, etc.)

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APPENDIX B: SECONDARY DATA SOURCES

Source	
Advocates for Children of New Jersey	http://acnj.org
Agency for Healthcare Research and Quality	http://www.ahrq.gov
Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis	http://www.ncbi.nlm.nih.gov/
American Cancer Society Guidelines for Early Detection of Cancer	http://www.cancer.org
American Nutrition Association	http://americannutritionassociation.org
Annals of Family Medicine, Inc.	http://www.annfammed.org
Asthma and Allergy Foundation of America	www.aafa.org
BRFSS and Youth BRFSS	www.cdc.gov
Bruno and Ridgway Community Health Assessment Study	
Bureau of Labor Statistics	http://data.bls.gov
CDC	http://www.cdc.gov
CDC Community Health Indicators Service	http://wwwn.cdc.gov/CommunityHealth
CDC Division of Nutrition, Physical Activity, and Obesity	http://www.cdc.gov/obesity
CDC National Center for Environmental Health	http://www.cdc.gov/nceh
CDC National Center for Health Statistics	http://www.cdc.gov/nchs/fastats/
CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	https://www.cdc.gov/std
CDC NCIRD	http://www.cdc.gov/vaccines
CDC Preventing Chronic Disease	http://www.cdc.gov/pcd
CDC WONDER	http://wonder.cdc.gov
Centers for Medicare and Medicaid Services (CMS)	https://www.cms.gov
Child Trends	http://www.childtrends.org
County Health Rankings	http://www.countyhealthrankings.org
Department of Numbers	http://www.deptofnumbers.com
Do Something	https://www.dosomething.org
Enroll America	https://www.enrollamerica.org
Free Clinic Directory	http://freeclinicdirectory.org
Gallup	http://www.gallup.com
Health Care Decision Analyst	New Solutions, Inc.
Healthgrades	https://www.healthgrades.com
Health Grove	http://www.healthgrove.com
Health Indicators Warehouse (BRFSS)	www.healthindicators.gov
Health Resources and Services Administration Data Warehouse	https://datawarehouse.hrsa.gov
Healthy People 2020	https://www.healthypeople.gov
Home Facts	http://www.homefacts.com
Institute of Medicine	http://www.nap.edu
Kaiser Family Foundation	http://kff.org
Kaiser Health News	http://khn.org
Kids Count	http://www.datacenter.kidscount.org
March of Dimes	http://www.marchofdimes.org
NJ Department Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment	http://www.state.nj.us/humanservices/dmhas/home/
NJ Department of Health and Senior Services, Center for Health	http://www.nj.gov/health/chs/
National Association for Convenience and Fuel Retailing	http://www.nacsonline.com
National Center for Biotechnology Information	http://www.ncbi.nlm.nih.gov
National Center for Health Statistics CDC	http://www.cdc.gov/nchs/data

Source	
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention	http://www.cdc.gov/hiv
National Highway Traffic Safety Administration	http://www-nrd.nhtsa.dot.gov
National Institute for Mental Illness	http://www.nami.org
National Institute of Diabetes, Digestive & Kidney Diseases	http://www.niddk.nih.gov
National Institutes of Health Medline Plus Health Screening	https://www.nlm.nih.gov/medlineplus
National Poverty Center University of Michigan	http://www.npc.umich.edu
Neighborhood Scout	http://www.neighborhoodscout.com/nj/crime/
New Jersey Council of Teaching Hospitals	http://njcth.org
New Jersey Death Certificate Database, Office of Vital Statistics and Registry	http://www.nj.gov/health/vital/
New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing	https://www26.state.nj.us/doh-shad
NIH Medline Plus	https://www.nlm.nih.gov/medlineplus
NJ Department of Education	http://www.state.nj.us/education
NJ DOH Family Health	http://www.nj.gov/health/fhs
NJ DOH, Division of Communicable Disease Services	http://www.nj.gov/health/cd/
NJ DOH, New Jersey Cancer Registry	http://www.cancer-rates.info/nj/
NJ DOH Division of HIV, STD, and TB Services	http://www.nj.gov/health/hivstdtb/
NJ Department of Labor and Workforce Development	http://lwd.dol.state.nj.us/labor
NJ Department of Law and Public Safety, Uniform Crime Reporting Unit, US Census Bureau, American Community Survey	http://www.njsp.org/ucr/crime-reports.shtml
NJ State Police Uniform Crime Reporting Unit	http://www.njcedv.org
NJ Substance Abuse Monitoring System	https://njsams.rutgers.edu/njsams
NJ.Com	http://www.nj.com
NJ State Health Assessment Data (SHAD)	https://www26.state.nj.us/doh-shad/home/Welcome.html
Pro Publica	https://propublica.org
Rutgers Center for Health Policy	http://www.cshp.rutgers.edu
Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov
The Annie E. Casey Foundation Kids Count Data Center Children Receiving TANF (Welfare)	http://www.datacenter.kidscount.org
United States Department of Agriculture Economic Research Service	http://www.ers.usda.gov
United States Department of Health and Human Services	http://www.hhs.gov/healthcare
United States Department of Health and Human Services, Agency for Healthcare Research and Quality Understanding Quality Measurement 2016	http://www.ahrq.gov
United Way	http://www.unitedwaynj.org/ourwork/alicenj.php
University of Nevada	https://www.unce.unr.edu
US Department of Education	http://www.ed.gov
US Department of Health and Human Services, Maternal and Child Health Bureau	http://mchb.hrsa.gov
US DHHS Administration for Children and Families	http://www.acf.hhs.gov
Washington Post	https://www.washingtonpost.com
World Health Organization	http://www.who.int

APPENDIX C1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN
SOMERSET COUNTY 2017

Seventy-nine and six-tenths percent of RWJ Somerset's cancer inpatients and 78.5% of cancer outpatients resided in the hospital's Primary Service Area. In total, 68.4% of inpatients and 58.8% of outpatients resided in Somerset County. Hillsborough (08844) and Bridgewater (08807) represent the largest segment of RWJ Somerset's inpatient and outpatient cancer patients.

The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2017 RWJ SOM IP*	%	2017 RWJ SOM OP*	%
Somerset County	1,026	68.4%	1,127	68.8%
Primary Service Area	1,194	79.6%	1,286	78.5%
Secondary Service Area	141	9.4%	138	8.4%
Out of Service Area (NJ)	145	9.7%	198	12.1%
Out of State	20	1.3%	16	1.0%
TOTAL	**1,500**	**100.0%**	**1,638**	**100.0%**
Hillsborough (08844)	190	12.7%	226	13.8%
Bridgewater (08807)	189	12.6%	203	12.4%

Source; Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms);
OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

APPENDIX C2: CANCER INCIDENCE RATE REPORT: SOMERSET COUNTY 2010-2014

INCIDENCE RATE REPORT FOR SOMERSET COUNTY 2010-2014				
Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	461.3	1720	falling	-1.6
Bladder	21.2	78	stable	-11.6
Brain & ONS	6.1	22	stable	-0.5
Breast	136.4	276	stable	0.3
Cervix	7.2	13	stable	-1.8
Colon & Rectum	37	139	falling	-2.3
Esophagus	3	12	falling	-1.7
Kidney & Renal Pelvis	13	50	rising	1.7
Leukemia	14.9	53	stable	0.5
Liver & Bile Duct	6	24	rising	2.9
Lung & Bronchus	46.9	170	falling	-1.2
Melanoma of the Skin	24.7	92	stable	-0.5
Non-Hodgkin Lymphoma	21.7	81	rising	1
Oral Cavity & Pharynx	10	40	rising	1
Ovary	13	27	stable	-1.1
Pancreas	11.9	25	stable	0.7
Prostate	134.8	237	falling	-1.6
Stomach	9.7	16	falling	-1.8

The data source for C2 and following tables C3, C4, C5 and C6 is:
https://statecancerprofiles.cancer.gov/

APPENDIX C3: CANCER INCIDENCE DETAILED RATE REPORT: SOMERSET COUNTY 2010-2014
SELECT CANCER SITES: RISING INCIDENCE RATE

		Kidney & Renal Pelvis	Liver & Bile Duct	Non-Hodgkin Lymphoma	Oral Cavity & Pharynx	Thyroid
INCIDENCE RATE REPORT FOR SOMERSET COUNTY 2010-2014 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	13	6	21.7	10	12.7
	Average Annual Count	50	24	81	40	23
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.7	2.9	1	1	6.9
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate - cases per 100,000	13.1	5.5	23.9	10.1	24.8
	Average Annual Count	37	16	65	29	59
	Recent Trend	rising	rising	rising	rising	rising
	Recent 5-Year Trend in Incidence Rates	1.9	3.2	1.6	1.3	8.3
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	14.4	*	10.6	8.8	17.4
	Average Annual Count	4	3 or fewer	4	3	6
	Recent Trend	*	*	*	*	*
	Recent 5-Year Trend in Incidence Rates	*	*	*	*	*
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	6.8	7.5	12.5	10.9	13.7
	Average Annual Count	3	3	6	5	7
	Recent Trend	*	*	*	*	*
	Recent 5-Year Trend in Incidence Rates	*	*	*	*	*
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate - cases per 100,000	17.6	*	18.6	*	21
	Average Annual Count	5	3 or fewer	4	3 or fewer	8
	Recent Trend	*	*	stable	*	*
	Recent 5-Year Trend in Incidence Rates	*	*	-0.9	*	*
MALES	Age-Adjusted Incidence Rate - cases per 100,000	18	9.2	26.1	13.8	12.7
	Average Annual Count	31	17	44	26	23
	Recent Trend	stable	rising	rising	stable	rising
	Recent 5-Year Trend in Incidence Rates	1.5	3.7	1.3	0.5	6.9
FEMALES	Age-Adjusted Incidence Rate - cases per 100,000	8.9	3.2	18.4	6.7	31.3
	Average Annual Count	18	7	38	14	59
	Recent Trend	stable	stable	stable	stable	rising
	Recent 5-Year Trend in Incidence Rates	1.5	1.8	0.6	1.4	7.8

** Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

APPENDIX C4: CANCER MORTALITY RATE REPORT: SOMERSET COUNTY 2010-2014

MORTALITY RATE REPORT FOR SOMERSET COUNTY 2010-2014					
Cancer Site	Met Healthy People Objective	Age-Adjusted Death Rate - per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
All Cancer Sites	Yes	149.6	549	falling	-1.7
Bladder	***	4.7	17	stable	0.2
Brain & ONS	***	3.9	14	stable	-1.3
Breast	No	21.9	47	falling	-2.5
Cervix	Yes	1.7	3	stable	-0.9
Colon & Rectum	Yes	14.1	52	falling	-2.6
Esophagus	***	3	11	falling	-1.7
Kidney & Renal Pelvis	***	3	11	stable	-0.4
Leukemia	***	6.4	23	stable	-1.1
Liver & Bile Duct	***	4.4	17	stable	0.8
Lung & Bronchus	Yes	33.8	120	falling	-2.1
Melanoma of the Skin	No	2.7	9	stable	-0.5
Non-Hodgkin Lymphoma	***	5.3	20	falling	-2.6
Oral Cavity & Pharynx	Yes	1.5	6	stable	-1.8
Ovary	***	7.6	16	stable	-1.6
Pancreas	***	10	22	stable	0.2
Prostate	Yes	15.9	22	falling	-4
Stomach	***	4.9	7	falling	-4.2
Thyroid	*	*	3 or fewer	*	*
Uterus (Corpus & Uterus, NOS)	***	5.6	12	stable	0.9

*** No Healthy People 2020 Objective for this cancer.

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

APPENDIX C5: CANCER MORTALITY DETAIL RATE REPORT: SOMERSET COUNTY 2010-2014

		Colon & Rectum	Lung & Bronchus
MORTALITY RATE REPORT FOR SOMERSET COUNTY 2010-2014 All Races (includes Hispanic), All Ages	Met Healthy People Objective	Yes	Yes
	Age-Adjusted Death Rate – per 100,000	14.1	33.8
	Average Annual Count	52	120
	Recent Trend	falling	falling
	Recent 5-Year Trend in Death Rates	-2.6	-2.1
White Non-Hispanic, All Ages	Met Healthy People Objective	No	Yes
	Age-Adjusted Death Rate – per 100,000	14.6	37.7
	Average Annual Count	43	105
	Recent Trend	falling	falling
	Recent 5-Year Trend in Death Rates	-2.5	-1.7
Black (includes Hispanic), All Ages	Met Healthy People Objective	No	Yes
	Age-Adjusted Death Rate – per 100,000	22.9	34.9
	Average Annual Count	5	8
	Recent Trend	stable	falling
	Recent 5-Year Trend in Death Rates	-1.7	-2.5
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	Yes	Yes
	Age-Adjusted Death Rate – per 100,000	7.5	13.3
	Average Annual Count	3	5
	Recent Trend	*	*
	Recent 5-Year Trend in Death Rates	*	*
Hispanic (any race), All Ages	Met Healthy People Objective	*	*
	Age-Adjusted Death Rate – per 100,000	*	*
	Average Annual Count	3 or fewer	3 or fewer
	Recent Trend	*	*
	Recent 5-Year Trend in Death Rates	*	*
MALES	Met Healthy People Objective	No	Yes
	Age-Adjusted Death Rate – per 100,000	17.2	41.7
	Average Annual Count	26	63
	Recent Trend	falling	falling
	Recent 5-Year Trend in Death Rates	-2.4	-2.8
FEMALES	Met Healthy People Objective	Yes	Yes
	Age-Adjusted Death Rate – per 100,000	11.8	28.4
	Average Annual Count	26	58
	Recent Trend	falling	falling
	Recent 5-Year Trend in Death Rates	-2.8	-1.2

APPENDIX C6: CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	443.6	1,556,536	falling	-1.6
New Jersey	478.4	48,693	falling	-0.9
Atlantic County	497.4	1,642	falling	-0.5
Bergen County	459.2	5,211	falling	-1.2
Burlington County	523.3	2,811	stable	0
Camden County	513	2,938	falling	-2.3
Cape May County	552.4	850	stable	-0.1
Cumberland County	509	865	stable	0.1
Essex County	450.8	3,656	falling	-1.5
Gloucester County	533.1	1,725	stable	-0.3
Hudson County	389.8	2,379	falling	-1.7
Hunterdon County	473.3	732	stable	-0.3
Mercer County	495.9	2,018	falling	-0.4
Middlesex County	458.5	4,068	falling	-1
Monmouth County	514.7	3,917	falling	-1.8
Morris County	471.9	2,803	falling	-2.1
Ocean County	515.7	4,333	falling	-0.7
Passaic County	444.8	2,362	falling	-1.1
Salem County	526.6	434	stable	0
Somerset County	461.3	1,720	falling	-1.6
Sussex County	489.8	851	falling	-1
Union County	458.2	2,696	falling	-1.2
Warren County	500.5	659	falling	-0.5
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	20.5	71,484	falling	-1.3
New Jersey	23.5	2,396	falling	-2
Cape May County	34.8	56	rising	1.4
Salem County	32.1	27	stable	0.6
Gloucester County	29.3	92	rising	0.8
Atlantic County	29.1	96	stable	0.3
Warren County	27.8	36	stable	-0.7
Hunterdon County	27.8	42	rising	1.3
Cumberland County	27.2	45	rising	1.3
Burlington County	26.8	145	stable	0

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sussex County	25.8	43	stable	-0.5
Ocean County	25	234	falling	-3.4
Morris County	24.7	148	stable	-0.2
Monmouth County	24.5	187	stable	-0.3
Camden County	23.4	132	stable	-0.2
Bergen County	23.2	271	falling	-0.8
Mercer County	22.7	92	stable	-9.9
Middlesex County	22.2	194	falling	-3.3
Somerset County	21.2	78	stable	-11.6
Passaic County	21.1	110	stable	-0.5
Union County	20	118	falling	-4.7
Essex County	19.4	152	stable	-0.4
Hudson County	17.1	97	falling	-1.7
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	6.5	21,969	falling	-0.9
New Jersey	7	674	falling	-0.3
Atlantic County	7.8	24	stable	0.6
Bergen County	7.6	78	stable	-0.4
Burlington County	8	39	stable	0.6
Camden County	7.5	40	stable	0.2
Cape May County	8.2	11	stable	0
Cumberland County	6.9	11	stable	-0.9
Essex County	5	41	falling	-1.4
Gloucester County	7	22	stable	-0.6
Hudson County	5.8	38	falling	-1.1
Hunterdon County	7.4	10	stable	-1
Mercer County	7	26	stable	-0.5
Middlesex County	6.5	55	falling	-0.9
Monmouth County	7.5	53	stable	0.6
Morris County	8.1	44	stable	0.1
Ocean County	8.2	57	stable	0.6
Passaic County	7	37	falling	-0.9
Salem County	6.7	5	*	*
Somerset County	6.1	22	stable	-0.5
Sussex County	8.2	12	stable	-0.3
Union County	6.2	36	falling	-1.1
Warren County	9.7	12	stable	1.3

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	123.5	228,664	stable	0.5
New Jersey	132	7,215	stable	0.3
Atlantic County	132.7	233	stable	-0.1
Bergen County	134.7	811	falling	-0.6
Burlington County	140.1	403	stable	-0.1
Camden County	143.8	447	rising	0.8
Cape May County	125.7	98	falling	-0.7
Cumberland County	111.1	98	falling	-0.9
Essex County	126.8	575	rising	3.6
Gloucester County	137.4	244	stable	-0.2
Hudson County	104.2	352	falling	-0.6
Hunterdon County	152.5	129	stable	-0.1
Mercer County	137.3	298	stable	-0.4
Middlesex County	129.4	618	falling	-0.5
Monmouth County	141.6	582	stable	-0.1
Morris County	143	456	falling	-0.4
Ocean County	128.4	553	falling	-0.6
Passaic County	119.2	347	falling	-0.5
Salem County	121.4	52	stable	-0.7
Somerset County	136.4	276	stable	0.3
Sussex County	129.7	121	stable	-0.3
Union County	132.6	428	falling	-0.4
Warren County	129.7	92	stable	-0.2
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.5	12,408	stable	-0.8
New Jersey	7.6	380	falling	-2.7
Atlantic County	10.7	16	falling	-3.7
Bergen County	6.9	36	falling	-2.1
Burlington County	6.9	17	stable	-0.8
Camden County	8.4	24	falling	-2.2
Cape May County	7.1	4	stable	-1.2
Cumberland County	11.5	9	falling	-3.8
Essex County	9.3	41	falling	-3.7
Gloucester County	6.9	11	falling	-2.8
Hudson County	9.5	32	falling	-3.1
Hunterdon County	4.7	4	falling	-2.6

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Mercer County	5.4	11	falling	-3.2
Middlesex County	6.3	28	falling	-2.3
Monmouth County	6.4	25	falling	-2.9
Morris County	6	17	falling	-2.3
Ocean County	9	28	falling	-2
Passaic County	8.3	22	falling	-2.3
Salem County	10.8	4	*	*
Somerset County	7.2	13	stable	-1.8
Sussex County	4.9	5	falling	-16.2
Union County	9	27	falling	-1.8
Warren County	8.4	5	falling	-3.6
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	39.8	139,083	falling	-2.1
New Jersey	42.3	4,335	falling	-1.9
Atlantic County	42	140	falling	-2.7
Bergen County	37.9	437	falling	-3.9
Burlington County	47.7	257	falling	-2.1
Camden County	45.9	263	falling	-3.1
Cape May County	45.9	72	falling	-2.9
Cumberland County	50.7	85	falling	-1.4
Essex County	42.6	344	stable	0.5
Gloucester County	46.1	149	falling	-3.1
Hudson County	42.8	257	falling	-2.5
Hunterdon County	40.9	63	falling	-2.9
Mercer County	41.4	170	falling	-5.7
Middlesex County	41.8	370	falling	-2.5
Monmouth County	42.1	324	falling	-3.7
Morris County	37.5	226	falling	-3
Ocean County	46	407	falling	-3.1
Passaic County	41	217	falling	-3.7
Salem County	44.9	38	falling	-2.2
Somerset County	37	139	falling	-2.3
Sussex County	43.7	73	falling	-2.8
Union County	41.7	244	falling	-2.4
Warren County	43.3	58	falling	-3.1
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	4.6	16,469	falling	-0.9

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend In Incidence Rates
New Jersey	4.5	470	falling	-0.9
Atlantic County	5.1	17	falling	-2.2
Bergen County	3.5	41	stable	-1
Burlington County	5.8	32	stable	0.3
Camden County	5.6	33	stable	-0.7
Cape May County	5.6	8	stable	-1
Cumberland County	5.6	10	stable	0.8
Essex County	4.2	34	falling	-3.1
Gloucester County	5.9	20	stable	0.9
Hudson County	3.3	20	falling	-2.8
Hunterdon County	4.4	7	stable	-0.3
Mercer County	4.8	20	stable	-1.4
Middlesex County	4.1	36	falling	-1.2
Monmouth County	5.1	39	stable	-0.1
Morris County	4.3	26	stable	0.1
Ocean County	5.4	48	stable	-4.7
Passaic County	4.5	24	falling	-1.5
Salem County	4.8	4	stable	-1.8
Somerset County	3	12	falling	-1.7
Sussex County	5.6	10	stable	0.6
Union County	3.5	20	falling	-1.6
Warren County	5.6	8	stable	1.6
Kidney & Renal Pelvis.: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	16.1	56,558	rising	0.5
New Jersey	15.5	1,588	stable	-0.3
Atlantic County	17	57	rising	1.5
Bergen County	15.6	178	rising	1.1
Burlington County	19.5	104	rising	2.6
Camden County	18.2	103	rising	1.8
Cape May County	18.2	29	rising	2.1
Cumberland County	22.5	38	rising	4.4
Essex County	12.9	106	rising	0.8
Gloucester County	18.6	61	rising	2.2
Hudson County	12.1	76	stable	0.7
Hunterdon County	12.8	21	stable	1.6
Mercer County	16.5	69	rising	2.3
Middlesex County	14.3	128	rising	0.9

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Monmouth County	16	123	rising	1.3
Morris County	12.6	76	stable	0.7
Ocean County	17.9	146	rising	1.8
Passaic County	15.1	80	rising	1.6
Salem County	17.9	14	stable	1.1
Somerset County	13	50	rising	1.7
Sussex County	14.9	27	stable	0.2
Union County	14.2	84	rising	0.9
Warren County	15.5	20	stable	0.7
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	13.6	46,254	falling	-1.3
New Jersey	15.1	1,491	rising	0.5
Atlantic County	14	44	stable	0.4
Bergen County	16.6	184	rising	0.7
Burlington County	15.8	81	rising	1.3
Camden County	15.1	84	rising	0.9
Cape May County	16.7	24	stable	1.3
Cumberland County	14.9	25	rising	2.2
Essex County	12.7	99	stable	-0.4
Gloucester County	17.8	55	rising	1.8
Hudson County	11.9	71	falling	-0.7
Hunterdon County	13	19	stable	-0.7
Mercer County	14.9	61	stable	0.4
Middlesex County	15.5	135	rising	0.7
Monmouth County	15.3	112	rising	0.9
Morris County	16.2	93	stable	0.5
Ocean County	15.3	126	stable	0.3
Passaic County	14.8	76	stable	-0.1
Salem County	14.9	11	stable	1
Somerset County	14.9	53	stable	0.5
Sussex County	15.3	25	stable	1.1
Union County	15.6	89	rising	1.1
Warren County	15.4	20	stable	14.5
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.8	28,830	rising	2.4
New Jersey	7.3	777	rising	2.7
Atlantic County	8.1	29	rising	3.2

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Bergen County	6.8	80	rising	1.7
Burlington County	7.2	41	rising	3.4
Camden County	8.8	52	rising	3.7
Cape May County	7.5	12	rising	5.8
Cumberland County	10.4	19	rising	6.8
Essex County	7.8	67	rising	2
Gloucester County	8	27	rising	4.1
Hudson County	7	44	rising	1.8
Hunterdon County	5.4	9	*	*
Mercer County	8	34	rising	4.1
Middlesex County	7.4	67	rising	3.1
Monmouth County	7	56	rising	2.1
Morris County	5.7	35	rising	1.5
Ocean County	8	70	rising	4.5
Passaic County	7.8	43	rising	2.9
Salem County	10.6	9	rising	4.9
Somerset County	6	24	rising	2.9
Sussex County	7.1	12	rising	1.9
Union County	6.3	39	rising	2.7
Warren County	6.5	9	stable	0.8
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	61.2	215,604	falling	-2.2
New Jersey	57.8	5,880	falling	-2.3
Atlantic County	67.8	227	falling	-0.7
Bergen County	49.7	573	falling	-1.3
Burlington County	63.2	339	falling	-1
Camden County	70.6	405	falling	-0.7
Cape May County	80.9	133	stable	-0.2
Cumberland County	73.2	124	stable	-0.5
Essex County	50.2	397	falling	-1.9
Gloucester County	78.4	250	stable	-0.4
Hudson County	47.5	275	falling	-2
Hunterdon County	51.8	79	falling	-1.6
Mercer County	57.5	233	falling	-1.1
Middlesex County	52.3	457	falling	-1.5
Monmouth County	62.3	473	falling	-2.8
Morris County	48	283	falling	-3.3

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Ocean County	71.4	653	falling	-2.2
Passaic County	51.6	270	falling	-1.1
Salem County	74	63	falling	-0.9
Somerset County	46.9	170	falling	-1.2
Sussex County	63.8	110	falling	-1.1
Union County	48.4	278	falling	-1.5
Warren County	64.9	86	falling	-0.9
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	20.7	71,035	rising	1.8
New Jersey	21.9	2,205	stable	0.1
Atlantic County	25.9	83	stable	-1.4
Bergen County	17.4	195	falling	-2.8
Burlington County	27	144	stable	1.3
Camden County	19.8	114	stable	-1.5
Cape May County	43.7	65	rising	3.9
Cumberland County	17.1	29	rising	2.2
Essex County	12.7	102	stable	-0.3
Gloucester County	25.9	82	stable	-0.5
Hudson County	7.6	48	stable	5.1
Hunterdon County	36	54	rising	5
Mercer County	23.6	95	stable	0.7
Middlesex County	17.9	158	rising	1.9
Monmouth County	33.3	246	rising	2.4
Morris County	26.2	154	stable	-0.4
Ocean County	33	266	rising	3.7
Passaic County	13.4	70	rising	1.8
Salem County	34.2	26	rising	5.3
Somerset County	24.7	92	stable	-0.5
Sussex County	28.8	50	rising	2.7
Union County	16.5	96	rising	1.3
Warren County	27.1	35	rising	1.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	19	65,554	falling	-1.2
New Jersey	21.3	2,130	falling	-0.3
Atlantic County	21	67	stable	-0.3
Bergen County	22.1	249	stable	-0.3
Burlington County	21	111	stable	0.5

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Camden County	19.9	113	stable	0.3
Cape May County	20.6	32	stable	-0.1
Cumberland County	19.6	33	stable	0.3
Essex County	19.6	157	stable	0
Gloucester County	21.5	68	stable	0.7
Hudson County	17.6	108	stable	-0.5
Hunterdon County	23	34	stable	0.5
Mercer County	22.8	90	stable	0.6
Middlesex County	21.6	189	stable	0.5
Monmouth County	23	173	falling	-0.8
Morris County	22.6	131	stable	-0.6
Ocean County	21.2	181	stable	-0.3
Passaic County	19.2	99	stable	0.4
Salem County	20.7	17	stable	0.5
Somerset County	21.7	81	rising	1
Sussex County	21.8	36	stable	0.4
Union County	22.1	130	stable	-0.5
Warren County	22.9	29	stable	0.8
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.5	41,223	stable	0.6
New Jersey	10.4	1,083	stable	0.5
Atlantic County	13.9	48	stable	9.1
Bergen County	9.4	108	stable	0.1
Burlington County	11.4	62	stable	0.2
Camden County	11.7	68	stable	0.4
Cape May County	11.6	18	stable	-0.1
Cumberland County	12.9	22	stable	0.3
Essex County	8.5	71	falling	-2.4
Gloucester County	10.9	38	stable	1
Hudson County	7.7	49	falling	-2.4
Hunterdon County	8.1	15	stable	0
Mercer County	9.3	39	falling	-1.5
Middlesex County	10.7	96	stable	0.2
Monmouth County	11.3	90	stable	0.1
Morris County	10.4	64	stable	0.2
Ocean County	11.9	98	stable	0.2
Passaic County	9.4	51	falling	-1.3

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Salem County	14.7	12	stable	1.6
Somerset County	10	40	rising	1
Sussex County	14.1	25	stable	0.9
Union County	9.4	57	stable	-0.5
Warren County	9.7	13	stable	0
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11.4	21,315	falling	-1.8
New Jersey	12.5	695	falling	-1.9
Atlantic County	11	20	stable	15.3
Bergen County	12	74	falling	-2.6
Burlington County	14.3	42	falling	-1.3
Camden County	12.7	40	falling	-1.7
Cape May County	15.3	12	stable	-0.5
Cumberland County	8.3	7	falling	-17.9
Essex County	11.6	52	falling	-2.4
Gloucester County	13.9	25	stable	-1
Hudson County	12	40	falling	-2.2
Hunterdon County	11.7	10	falling	-3.1
Mercer County	14.6	33	stable	-0.5
Middlesex County	12.6	61	falling	-1.9
Monmouth County	12.9	54	falling	-1.8
Morris County	12.8	41	falling	-1.8
Ocean County	12.5	54	falling	-1.9
Passaic County	12.1	35	falling	-2
Salem County	11.9	5	stable	-0.7
Somerset County	13	27	stable	-1.1
Sussex County	15.2	15	stable	-1
Union County	10.8	36	falling	-2.5
Warren County	14.9	11	stable	-1.1
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	11	21,593	stable	0.3
New Jersey	12.4	723	rising	0.4
Atlantic County	13.6	25	stable	-0.1
Bergen County	11.6	78	stable	-0.2
Burlington County	13.8	42	stable	0.6
Camden County	11.4	37	stable	0.2
Cape May County	13.9	12	stable	1.8

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Cumberland County	12.5	12	stable	1
Essex County	13.8	63	stable	-0.2
Gloucester County	12.1	22	rising	2
Hudson County	12	41	stable	11.2
Hunterdon County	12.2	10	stable	0.6
Mercer County	13.9	31	rising	2.8
Middlesex County	12.2	60	stable	0.2
Monmouth County	12.1	53	stable	0.3
Morris County	11.8	40	rising	1.8
Ocean County	13.5	71	rising	1.5
Passaic County	10.8	34	stable	-0.4
Salem County	10.8	5	*	*
Somerset County	11.9	25	stable	0.7
Sussex County	10.7	10	stable	-1.3
Union County	11.4	39	stable	-0.2
Warren County	14.1	11	rising	2.4
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	114.8	194,936	falling	-8.9
New Jersey	139.4	6,643	falling	-9.4
Atlantic County	125.3	202	falling	-2.9
Bergen County	134.5	718	falling	-4
Burlington County	150.4	389	falling	-8.6
Camden County	146	387	falling	-10.4
Cape May County	164.4	125	falling	-1.5
Cumberland County	135.4	108	falling	-1.1
Essex County	166.6	595	falling	-5.3
Gloucester County	143.6	221	falling	-7.9
Hudson County	112.1	290	falling	-5.2
Hunterdon County	105.7	83	falling	-2.1
Mercer County	146.3	278	falling	-14.4
Middlesex County	131.4	543	falling	-3.5
Monmouth County	151.4	553	falling	-1.7
Morris County	141.3	403	stable	-12.8
Ocean County	131.4	519	falling	-2.7
Passaic County	137.8	334	falling	-6
Salem County	148.7	59	stable	-0.8
Somerset County	134.8	237	falling	-1.6

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Sussex County	125.3	115	falling	-9.1
Union County	145.3	389	falling	-6.5
Warren County	135.4	89	stable	-1.2
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	9.2	14,385	falling	-1.3
New Jersey	11	485	falling	-2
Atlantic County	11.5	18	stable	-1.3
Bergen County	12.5	63	falling	-1.4
Burlington County	8.4	21	falling	-3.1
Camden County	11.4	28	stable	-0.7
Cape May County	11.5	8	stable	0.2
Cumberland County	11	8	falling	-3.3
Essex County	12.2	41	falling	-2.4
Gloucester County	9.7	13	falling	-2
Hudson County	12.3	32	falling	-1.4
Hunterdon County	7.8	6	falling	-4.2
Mercer County	9.3	16	falling	-3.4
Middlesex County	10.8	41	falling	-2.1
Monmouth County	8.8	30	falling	-2.3
Morris County	10.5	28	falling	-1.1
Ocean County	10.3	40	falling	-1.9
Passaic County	13.3	30	falling	-1.8
Salem County	12.3	4	stable	-1.5
Somerset County	9.7	16	falling	-1.8
Sussex County	10.2	7	falling	-3.1
Union County	11.7	28	falling	-2.1
Warren County	11.1	6	stable	-1.8
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	7.2	11,504	rising	2
New Jersey	10	461	stable	1.6
Atlantic County	8.4	12	*	*
Bergen County	10.9	54	rising	5.4
Burlington County	11.1	27	rising	7.4
Camden County	11	29	rising	5.8
Cape May County	5.3	4	*	*
Cumberland County	11.5	9	*	*
Essex County	6.8	26	rising	5.6

INCIDENCE RATE REPORT: ALL COUNTIES 2010-2014				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend in Incidence Rates
Gloucester County	14.2	22	*	*
Hudson County	6.3	20	rising	4.8
Hunterdon County	8.7	6	*	*
Mercer County	11.9	22	rising	6.8
Middlesex County	8.6	36	rising	4.7
Monmouth County	13.3	45	rising	7.2
Morris County	10.7	29	rising	6.2
Ocean County	12.2	37	rising	8
Passaic County	8.4	21	rising	5.9
Salem County	*	3 or fewer	*	*
Somerset County	12.7	23	rising	6.9
Sussex County	6.8	6	*	*
Union County	9.6	27	rising	7.3
Warren County	7.3	4	*	*
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
US (SEER+NPCR)	25.9	49,886	rising	1
New Jersey	31.1	1,775	rising	0.7
Atlantic County	31.6	58	stable	0.6
Bergen County	28.8	183	stable	0.3
Burlington County	32.1	96	rising	1.1
Camden County	33.8	109	stable	-2.3
Cape May County	29.9	26	stable	0.9
Cumberland County	36.4	34	stable	1.1
Essex County	29.4	137	rising	1.1
Gloucester County	32	59	rising	1.2
Hudson County	23.8	82	stable	-0.1
Hunterdon County	31	28	stable	-0.5
Mercer County	33.6	76	rising	0.6
Middlesex County	32.3	160	rising	0.9
Monmouth County	32.1	137	rising	1.1
Morris County	31.2	103	stable	0.4
Ocean County	32.6	145	stable	0.4
Passaic County	29.1	87	stable	0.5
Salem County	34.7	16	stable	1.4
Somerset County	32.2	68	stable	0.7
Sussex County	35	35	stable	-0.3
Union County	33.3	109	stable	0.6
Warren County	34.8	25	stable	-0.6

APPENDIX C7: RWJ SOMERSET - TUMOR REGISTRY SUMMARY

In 2016, RWJ Somerset's tumor registry data showed that 11.0% and 20.3% of overall analytical cases were diagnosed at Stage 3 and Stage 4 respectively. The following primary sites made up more than 25% of the Stage 4 cases: Oral Cavity and Pharynx (83.3%), Digestive System (30.1%), Respiratory System (47.9%), Bones & Joints (100%), and Female Genital System (28.6%).

Compared to 2015, there was a decrease of 44 cases (-4.6%) registered in 2016. The three biggest decreases in overall cases occurred in Respiratory System (-26, -19.3%), followed by Urinary System (-14, -12.4%) and Male Genital System (-8, -9.6%). Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

	Cases (both analytic and non-analytic		2015			2016			2015 - 2016			
	2015	2016	% Stage III	% Stage IV	Total % Stage III & IV	% Stage III	% Stage IV	Total % Stage III & IV	Change in Case Volume	Change in % points for Stage III	Change in % points for Stage IV	Change in % points for Stage III & IV
Primary Site												
ORAL CAVITY & PHARYNX	14	10	33.3%	33.3%	66.7%	0.0%	83.3%	83.3%	(4)	(33.3)	50.0	16.7
DIGESTIVE SYSTEM	171	166	15.2%	32.5%	47.7%	22.6%	30.1%	52.7%	(5)	7.4	(2.3)	5.1
Select Digestive System:												
Esophagus			28.6%	28.6%	57.1%	28.6%	42.9%	71.4%	0	0.0	14.3	14.3
Stomach	13	10	16.7%	33.3%	50.0%	22.2%	11.1%	33.3%	(3)	5.6	(22.2)	(16.7)
Small Intestine			16.7%	16.7%	33.3%	0.0%	33.3%	33.3%	(2)	(16.7)	16.7	0.0
Colon Excluding Rectum	63	53	15.5%	31.0%	46.6%	22.4%	26.5%	49.0%	(10)	6.9	(4.5)	2.4
Anus, Anal Canal & Anorectum			16.7%	16.7%	33.3%	60.0%	0.0%	60.0%	(1)	43.3	(16.7)	26.7
Liver & Intrahepatic Bile Duct			15.4%	7.7%	23.1%	33.3%	0.0%	33.3%	(7)	17.9	(7.7)	10.3
Pancreas	24	40	9.5%	71.4%	81.0%	12.9%	58.1%	71.0%	16	3.4	(13.4)	(10.0)
RESPIRATORY SYSTEM	135	109	17.9%	51.2%	69.1%	9.4%	47.9%	57.3%	(26)	(8.5)	(3.3)	(11.8)
Select Respiratory System:												
Lung & Bronchus	132	105	18.0%	51.6%	69.7%	9.6%	47.9%	57.4%	(27)	(8.5)	(3.8)	(12.2)
BONES & JOINTS			0.0%	0.0%	0.0%	0.0%	100.0 %	100.0%	(1)	0.0	100.0	100.0
SOFT TISSUE			0.0%	40.0%	40.0%	0.0%	20.0%	20.0%	(1)	0.0	(20.0)	(20.0)
SKIN EXCLUDING BASAL & SQUAMOUS			11.1%	33.3%	44.4%	0.0%	0.0%	0.0%	(5)	(11.1)	(33.3)	(44.4)
Melanoma -- Skin			11.1%	33.3%	44.4%	0.0%	0.0%	0.0%	(7)	(11.1)	(33.3)	(44.4)
BASAL & SQUAMOUS SKIN			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0	0.0	0.0
BREAST	199	224	7.7%	3.3%	11.0%	6.3%	6.7%	13.0%	25	(1.5)	3.4	1.9
FEMALE GENITAL SYSTEM	37	49	11.5%	34.6%	46.2%	14.3%	28.6%	42.9%	12	2.7	(6.0)	(3.3)
Select Female Genital System:												
Cervix Uteri			33.3%	66.7%	100.0 %	33.3%	0.0%	33.3%	3	0.0	(66.7)	(66.7)
Corpus & Uterus,	17	24	7.1%	7.1%	14.3%	15.0%	15.0%	30.0%	7	7.9	7.9	15.7

	Cases (both analytic and non-analytic		2015			2016			2015 - 2016			
	2015	2016	% Stage III	% Stage IV	Total % Stage III & IV	% Stage III	% Stage IV	Total % Stage III & IV	Change in Case Volume	Change in % points for Stage III	Change in % points for Stage IV	Change in % points for Stage III & IV
NOS												
Ovary	[redacted]		0.0%	100.0%	100.0 %	0.0%	87.5%	87.5%	6	0.0	(12.5)	(12.5)
MALE GENITAL SYSTEM	83	75	10.0%	14.3%	24.3%	18.6%	20.3%	39.0%	(8)	8.6	6.1	14.7
Select Male Genital System:												
Prostate	77	68	7.7%	15.4%	23.1%	18.5%	22.2%	40.7%	(9)	10.8	6.8	17.7
URINARY SYSTEM	113	99	12.0%	14.8%	26.9%	6.7%	12.4%	19.1%	(14)	(5.3)	(2.5)	(7.8)
Select Urinary System:												
Urinary Bladder	65	61	4.8%	12.7%	17.5%	1.8%	10.9%	12.7%	(4)	(2.9)	(1.8)	(4.7)
Kidney & Renal Pelvis	42	35	25.6%	20.5%	46.2%	15.6%	15.6%	31.3%	(7)	(10.0)	(4.9)	(14.9)
EYE & ORBIT	[redacted]		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(2)	0.0	0.0	0.0
BRAIN & OTHER NERVOUS SYSTEM	24	19	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(5)	0.0	0.0	0.0
ENDOCRINE SYSTEM	17	10	0.0%	13.3%	13.3%	0.0%	0.0%	0.0%	(7)	0.0	(13.3)	(13.3)
LYMPHOMA	53	67	23.3%	18.6%	41.9%	15.1%	22.6%	37.7%	14	(8.2)	4.0	(4.1)
Select Lymphoma:												
Hodgkin Lymphoma	[redacted]		20.0%	20.0%	40.0%	25.0%	0.0%	25.0%	2	5.0	(20.0)	(15.0)
Non-Hodgkin Lymphoma	47	59	23.7%	18.4%	42.1%	13.3%	26.7%	40.0%	12	(10.4)	8.2	(2.1)
MYELOMA	16	14	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(2)	0.0	0.0	0.0
LEUKEMIA	23	19	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(4)	0.0	0.0	0.0
MESOTHELIOMA	[redacted]		22.2%	22.2%	44.4%	0.0%	14.3%	14.3%	(2)	(22.2)	(7.9)	(30.2)
KAPOSI SARCOMA	[redacted]		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0	0.0	0.0
MISCELLANEOUS	36	26	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(10)	0.0	0.0	0.0
Total	957	913	11.9%	21.0%	32.8%	11.0%	20.3%	31.3%	(44)	(0.9)	(0.7)	(1.6)

APPENDIX D: RWJUH SOMERSET RESIDENT SURVEY

Research Objective

The primary objective of this research was to obtain opinions of residents within RWJUH Somerset's Primary Service Area (PSA) in order to meet the government CHA requirements. Areas of focus included:

- Health issues and concerns that impact the community.
- Barriers to accessing health care.
- Strengths and weaknesses of community services offered.
- Personal health attitudes, conditions and behaviors.

Methodology

Interviews were conducted among residents of RWJUH Somerset PSA. Interviews were conducted on-line and by telephone. A link to the on-line survey was displayed on hospital web pages and social media sites. Additionally, postcards were handed out at area businesses and libraries, directing residents to the on-line survey link. A telephone augment was conducted to capture additional interviews in specific areas and among specific ethnic groups. For the telephone portion, a representative sample of households was generated from a database of residential telephone numbers. The interview averaged 15-20 minutes in length and was conducted April 27-June 18, 2018.

Sample Composition Highlights

A total of 701 interviews were conducted in the RWJUH Somerset PSA among adults aged 21+. These interviews broke down among gender, age and ethnicity as follows: 480 (68%) Females, 181 (26%) Males; 199 (28%) 21-49 years of age, 272 (39%) 50-64 years of age, 190 (27%) 65+ years of age; 433 (62%) Caucasian, 71 (10%) African-American, 102 (15%) Hispanic, 42 (6%) Asian.[59]

Executive Summary

This Community Health Assessment study has generated learnings and insights that can be used to effectively serve the health care needs of the community.

Obesity is the #1 health concern of area residents. High levels of concern were also cited for chronic illnesses such as diabetes, cancer and heart disease.

- Obesity is a leading contributor to chronic illnesses and a major cause of death in the U.S. More than one-half of those surveyed claim to have high blood pressure, high cholesterol and/or a weight problem.
- Increasing outreach and developing educational programs that address nutrition and wellness, with focus on preventative lifestyle behaviors, could improve the health and overall well-being of area residents.

[59] Not shown are "other" mentions and "no answer".

- Healthy eating and exercise programs in schools could aid in lowering childhood obesity and the risks associated with chronic conditions.

Additionally, high levels of concern were cited regarding mental health, substance use/abuse, health concerns related to aging and high stress lifestyles.

- The rising opioid epidemic and increased concern about mental health issues presents opportunity to increase education to both community residents and to health care professionals in an effort to help reduce the growing trend of opioid/Rx drug abuse and the stigma associated with mental health.

Regardless of age, income level or ethnicity, the key barriers to seeking medical care are insurance issues and related cost concerns.

- Addressing the economic challenges associated with access to care, including insurance issues, will serve to improve access and affordability of care to a greater proportion of the community.

RWJUH Somerset's PSA is regarded highly by most residents, with many positive services offered to the community. However, specific needs for improvement are cited in the areas of transportation services, healthy food choices in school, safe/affordable housing and interpersonal violence.

- Since access to services can be challenging for some, expanding transportation services, particularly for seniors and persons with disabilities, can improve access to care for these population groups.

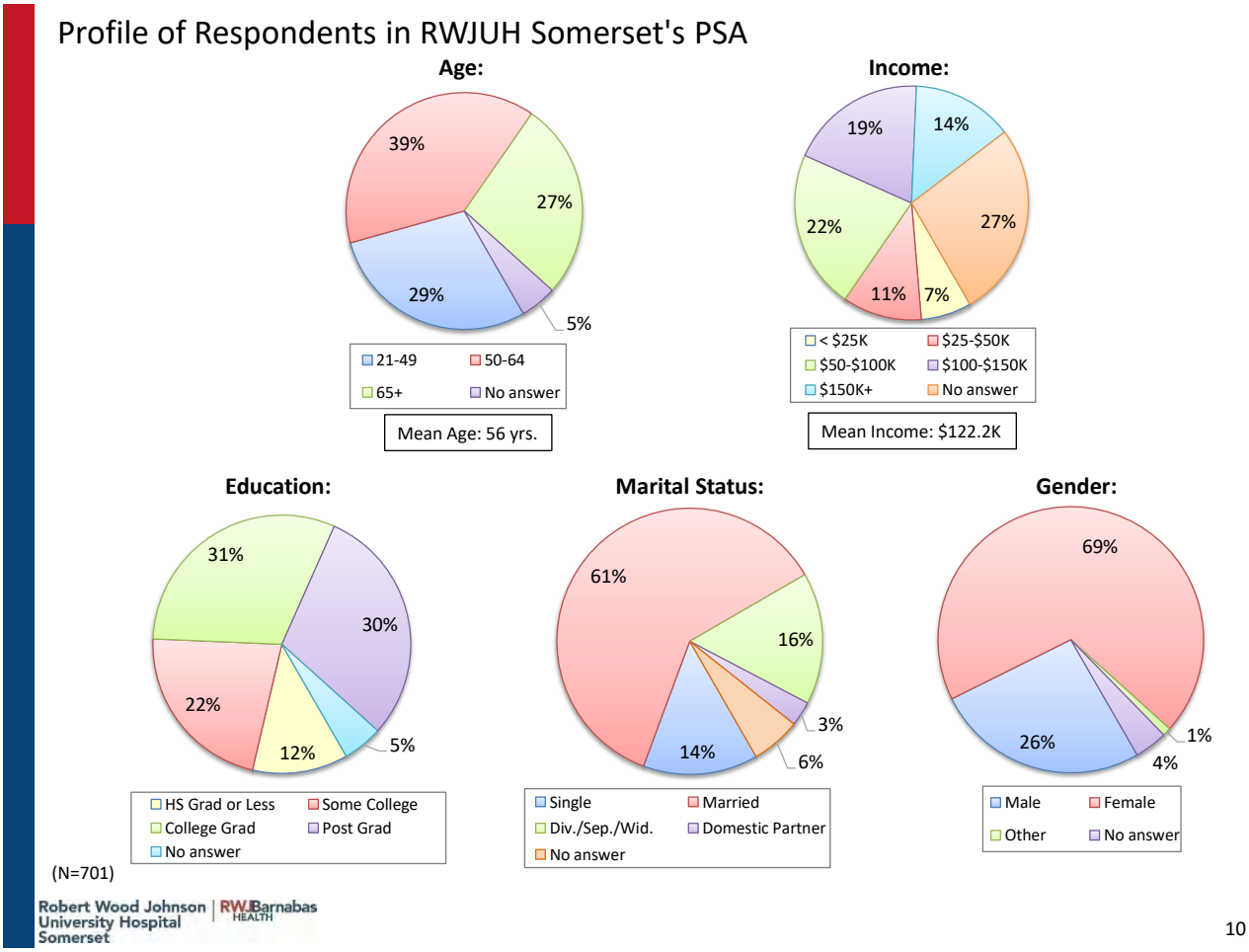
RWJUH Somerset's PSA residents describe their overall health as being good/very good and exhibit many positive health-related behaviors (healthy eating, physical activity, annual physicals and recommended screening tests). They report their children eat breakfast daily and are physically active. However, a substantial portion of residents (Hispanics, lower income, older residents) do not eat healthy, lead a sedentary lifestyle, do not get recommended screening tests, and/or suffer chronic medical conditions.

- Diagnostic screenings are crucial in the early detection, treatment and management of chronic diseases. The availability of these preventative services should be expanded to ensure they are reaching and serving minority and lower income populations in a cost-efficient manner.

In summary, survey data suggests that wellness initiatives, programs and services addressing the availability, accessibility and affordability of care would meet a significant portion of the communities' needs.

Summary Tables of RWJUH Somerset Service Area Resident Survey

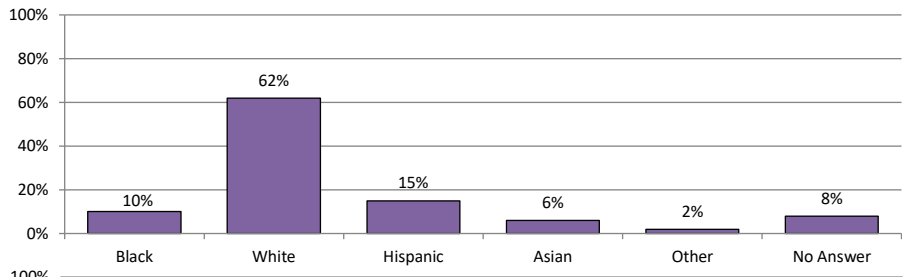
WHO RESPONDED?



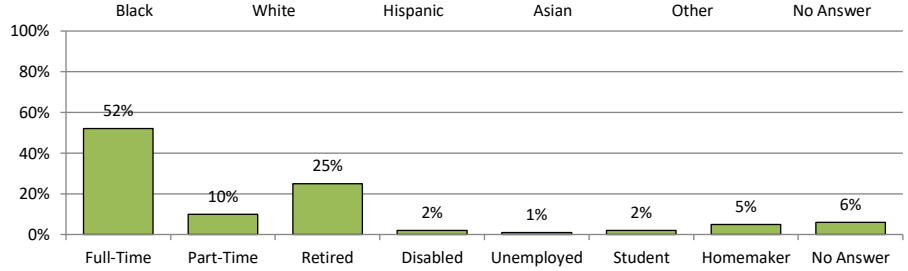
10

Profile of Respondents in RWJUH Somerset's PSA – (continued)

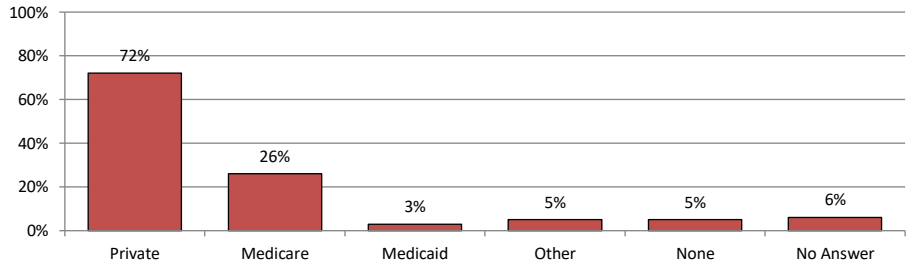
Ethnicity*^:



Employment^:

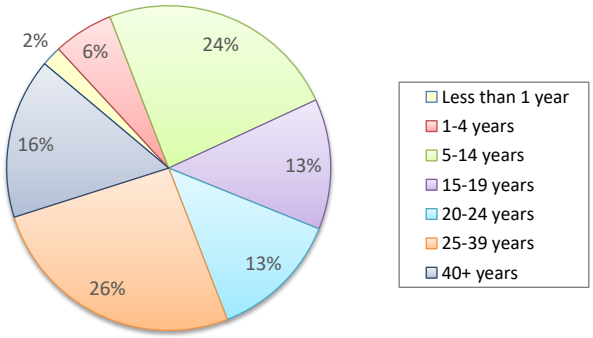


Health Insurance^:



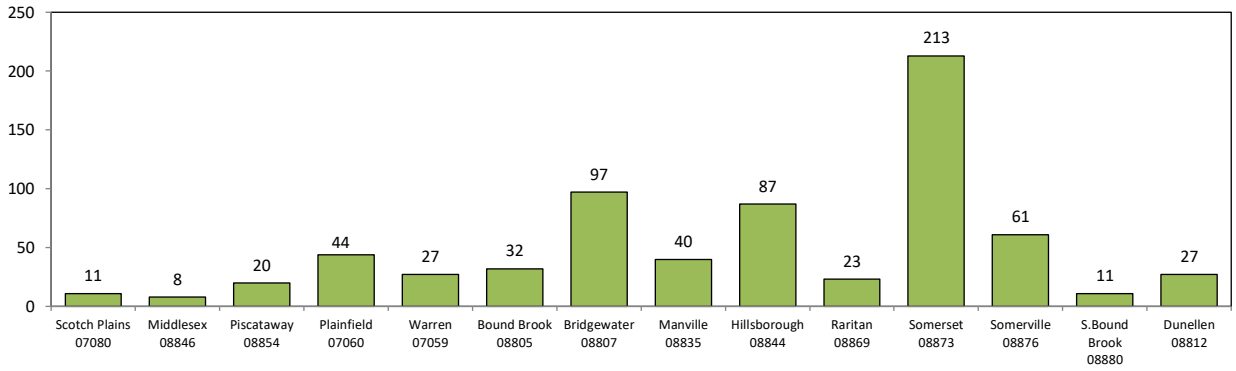
(N=701)
*Quotas were established to align closely with census data.
^ = Multiple mentions.

Length of Time in Area



Average # Years: 23.2

Towns/Zips Where Interviews Came From



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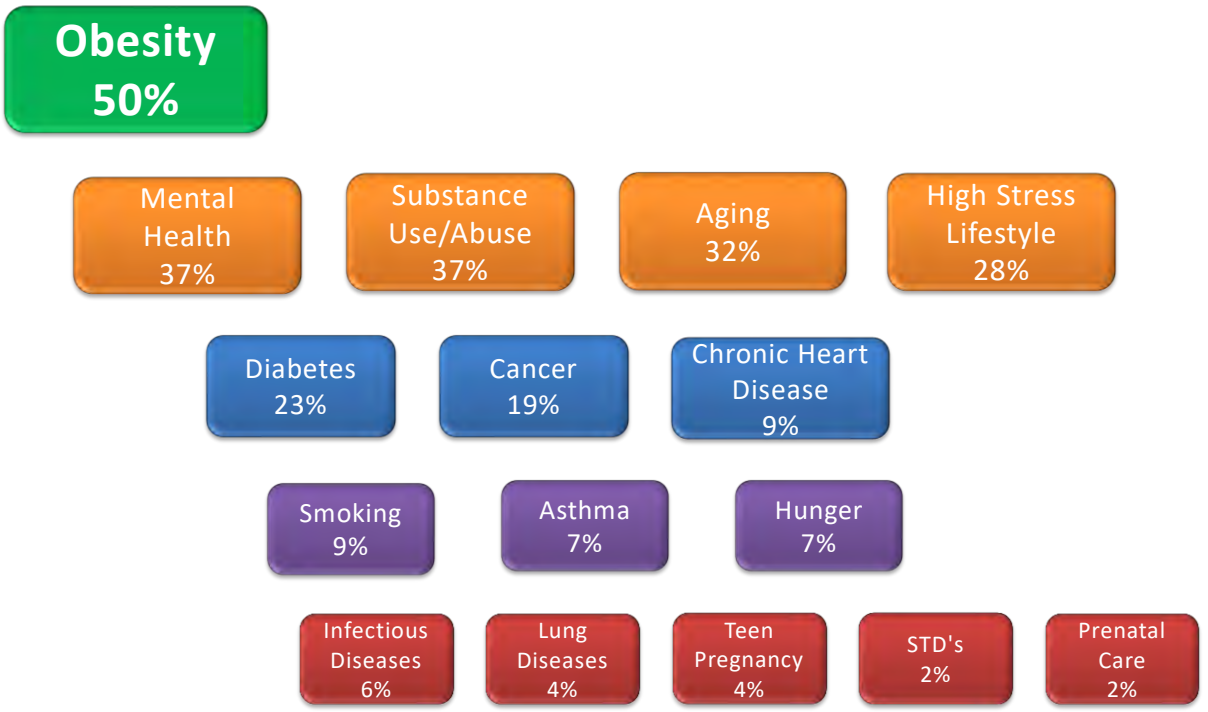
(N=701)

12

HEALTH-RELATED CONCERNS OF AREA RESIDENTS

Major Health Concerns Among Residents in the RWJUH Somerset's PSA Community

- Obesity is the #1 health concern among area residents.



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(N=701)
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

14

Summary of Health Concerns by Subgroups

Obesity

- #1 health concern among most age, gender, income, education and ethnic groups.
- Particularly high concern among males; least concern among Asians.

Mental Health
- Younger (<65)
- Female
- Highest income ($150K+)
- Caucasian

Substance Use/Abuse
- Younger (<65)
- Caucasian

Aging
- Older (65+)
- Caucasian

High Stress Lifestyle
- Younger (<65)
- Asian/Hispanic

Diabetes
- Lower income (<50K)
- Hispanic/African Am.

Cancer
- Older (65+)
- Lower income (<$50K)

Chronic Heart Disease
- Older (65+)
- African Am./Asian

Smoking
- Younger (<50)
- Male
- Hispanic

Asthma

Hunger
- African Am.

Infectious Diseases
- Lower income (<$50K)
- *Least among Caucasians*

Lung Disease
- Older (65+)
- African Am./Hispanic
- Lower income (<$50K)

Teen Pregnancy
- Younger (<50)
- Hispanic/African Am.
- Lower income (<$50K)

STD's
- Hispanic/African Am.
- Younger (<50)
- Lower income (<$50K)

Prenatal Care
- Hispanic/African Am.
- Younger (<50)
- Lower income (<$50K)

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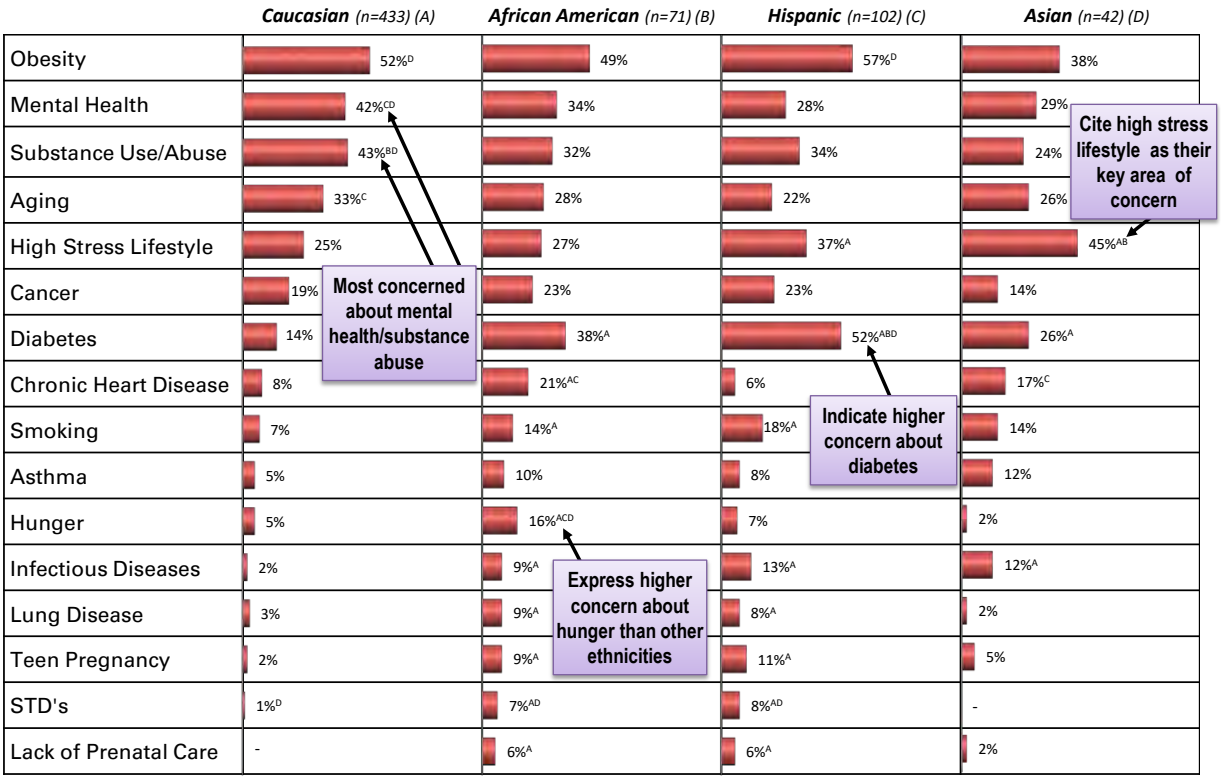
(N=701)

Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

15

Community Health-Related Issues of Concern – by Ethnicity



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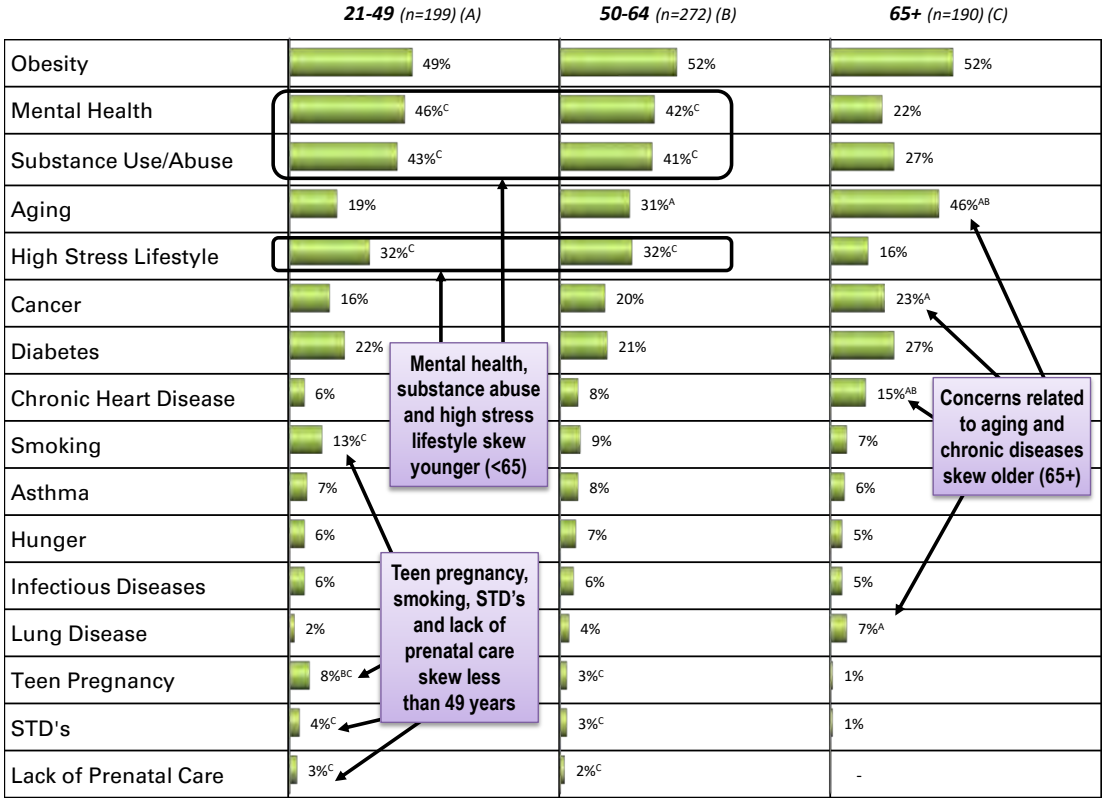
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

16

Community Health-Related Issues of Concern – by Age



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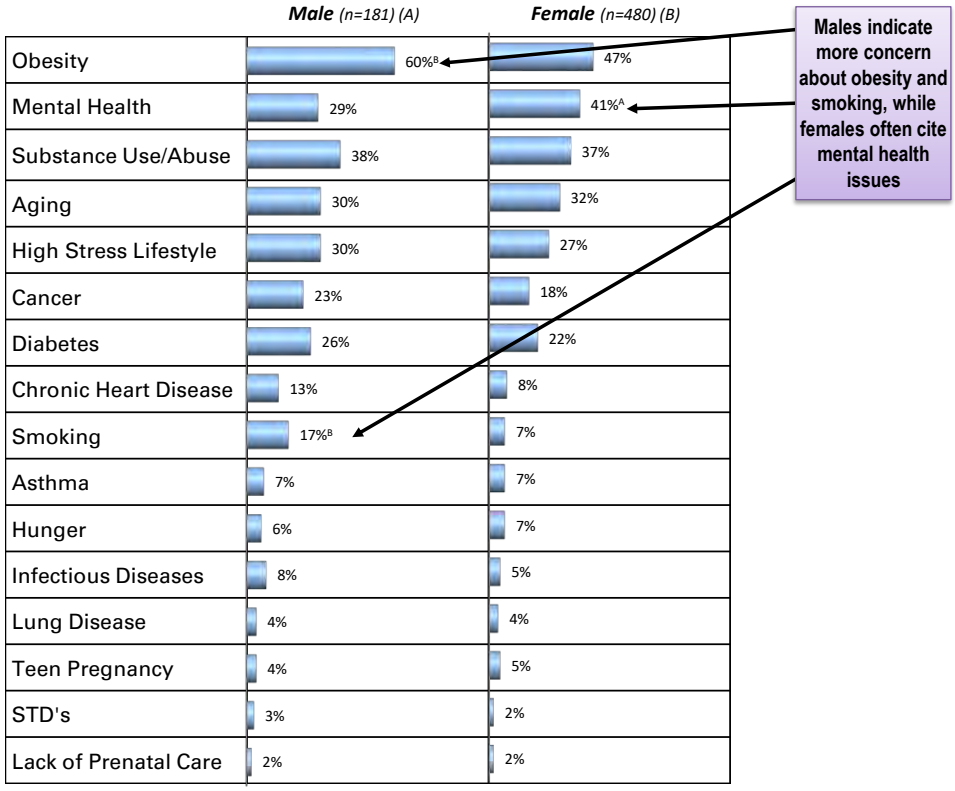
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Community Health-Related Issues of Concern – by Gender



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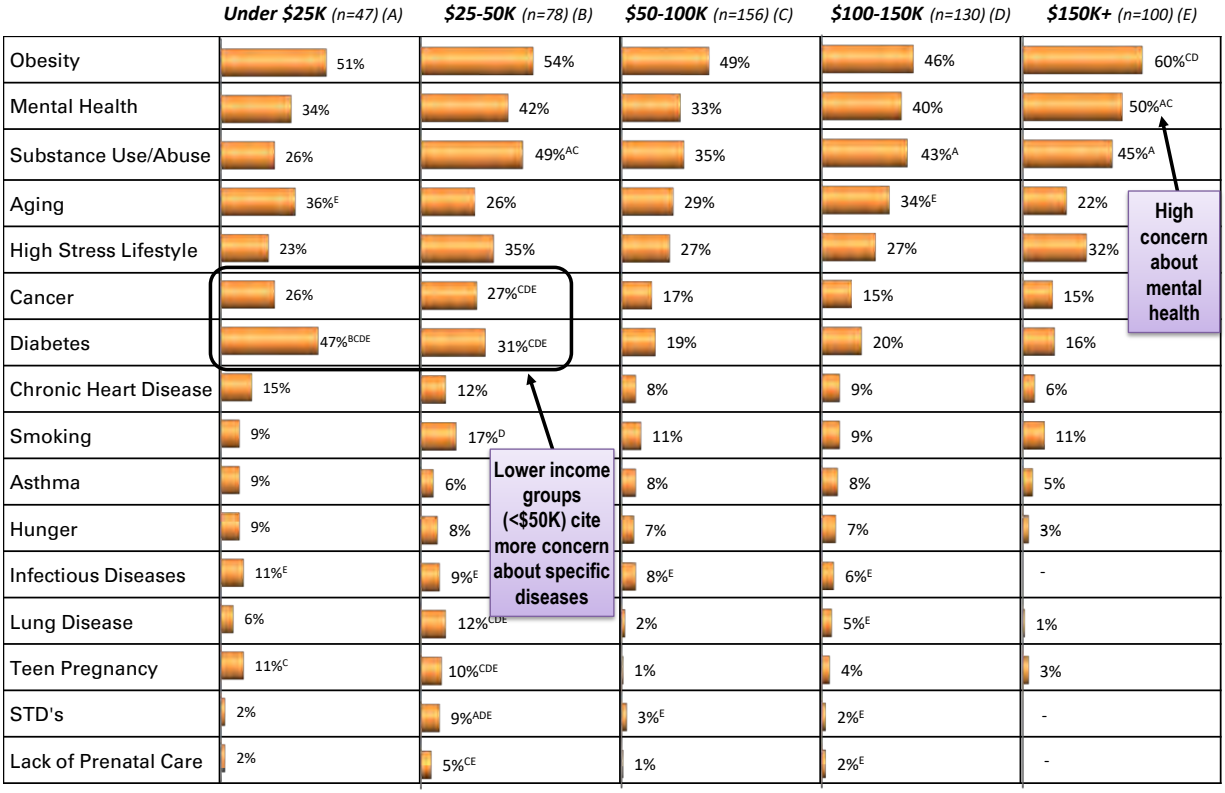
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B) = Significantly greater than indicated cell at the 90% confidence level.

Community Health-Related Issues of Concern – by Income



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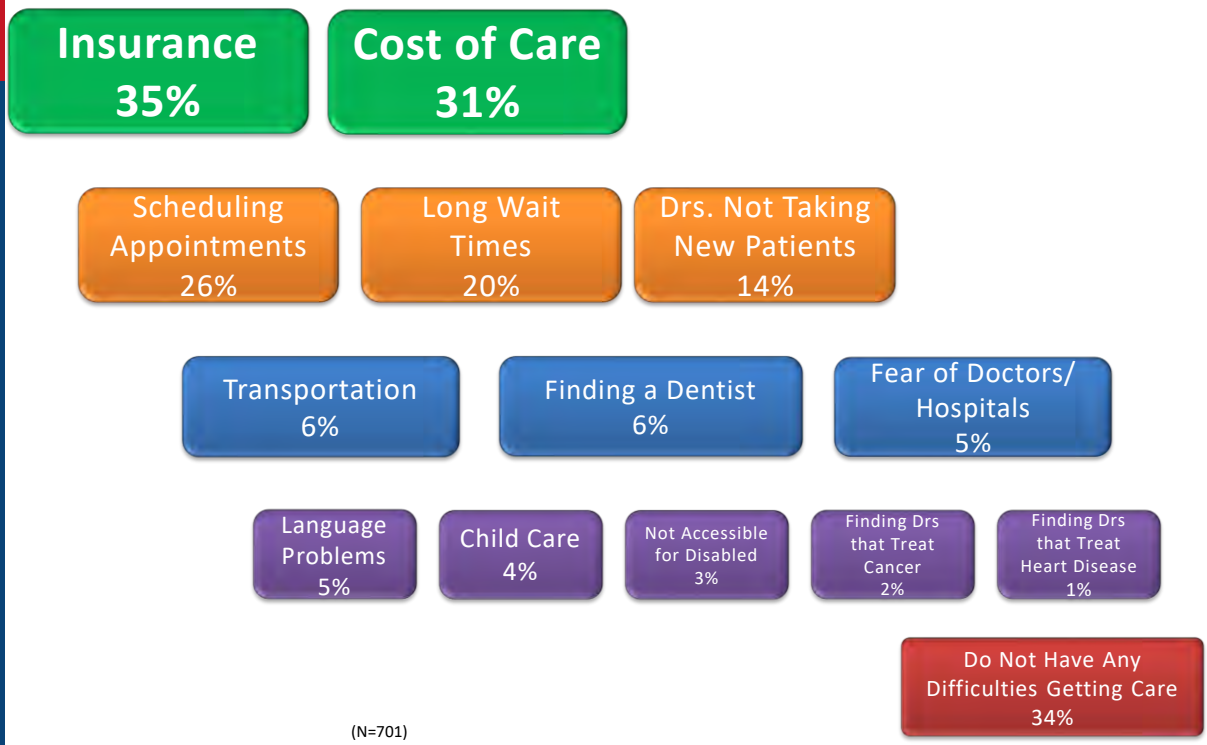
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

19

BARRIERS TO ACCESSING HEALTH CARE SERVICES

Major Barriers to Accessing Health Care in the RWJUH Somerset PSA

- Insurance and cost of care are the key barriers to obtaining health care services among area residents.
- Roughly one-third of residents claim they do not experience any difficulty accessing the care they need.



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(N=701)

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

21

Summary of Health Care Barriers by Subgroups

Insurance

Cost of Care

- Virtually all age, gender, income, education and ethnic groups cite insurance and cost of care as key issues.
- Particularly high concern among lower income residents and Hispanics.

Scheduling Appointments
- Younger (<65)
- Female

Long Wait Times
- Younger (<65)
- Males

Doctors Not Taking New Patients
- Lowest income (<$25K)

Transportation
- Hispanic
- Lowest income (<$25K)

Finding a Dentist
- Lower income (<$50K)
- Hispanic
- Younger (<50)

Fear of Doctors/ Hospitals
- Lowest income (<$25K)

Language Problems
- Lower income (<$50K)
- Hispanic
- Younger(<50)

Child Care
- Younger (<50)
- Hispanic

Not Accessible for Disabled
- Hispanic

Find Drs that Treat Cancer
- Hispanic

Find Drs that Treat Heart Disease

No Difficulty Getting Care
- Older (65+)
- Higher income ($50K+)
- Caucasian

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(N=701)

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?

22

Barriers to Accessing Health Care Services – by Ethnicity

	Caucasian *(n=433) (A)*	***African American*** *(n=71) (B)*	***Hispanic*** *(n=102) (C)*	***Asian*** *(n=42) (D)*
Insurance Problems	30%	37%	60%^{ABD}	38%
Cost of Care	25%	35%^{A}	53%^{ABD}	36%
Scheduling Appointments	25%	28%	23%	24%
Long Wait Times	18%	25%	23%	29%
Drs Not Taking New Patients	13%	16%	11%	17%
Transportation Problems	5%	3%	9%^{B}	7%
Fear of Doctors/Hospitals	5%	4%	4%	10%
Finding a Dentist	4%	4%	14%^{AB}	7%
Language Problems	2%	4%	22%^{ABD}	5%
Child Care	2%	6%	12%^{AD}	2%
Not Accessible for Disabled	3%^{B}	-	5%^{B}	2%
Finding Drs that Treat Cancer	1%	1%	4%	2%
Finding Drs that Treat Heart Disease	1%	-	4%^{AB}	5%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	42%^{BCD}	28%^{C}	9%	21%^{C}

Most likely to cite insurance/ cost issues

Cite more barriers vs. other ethnic groups

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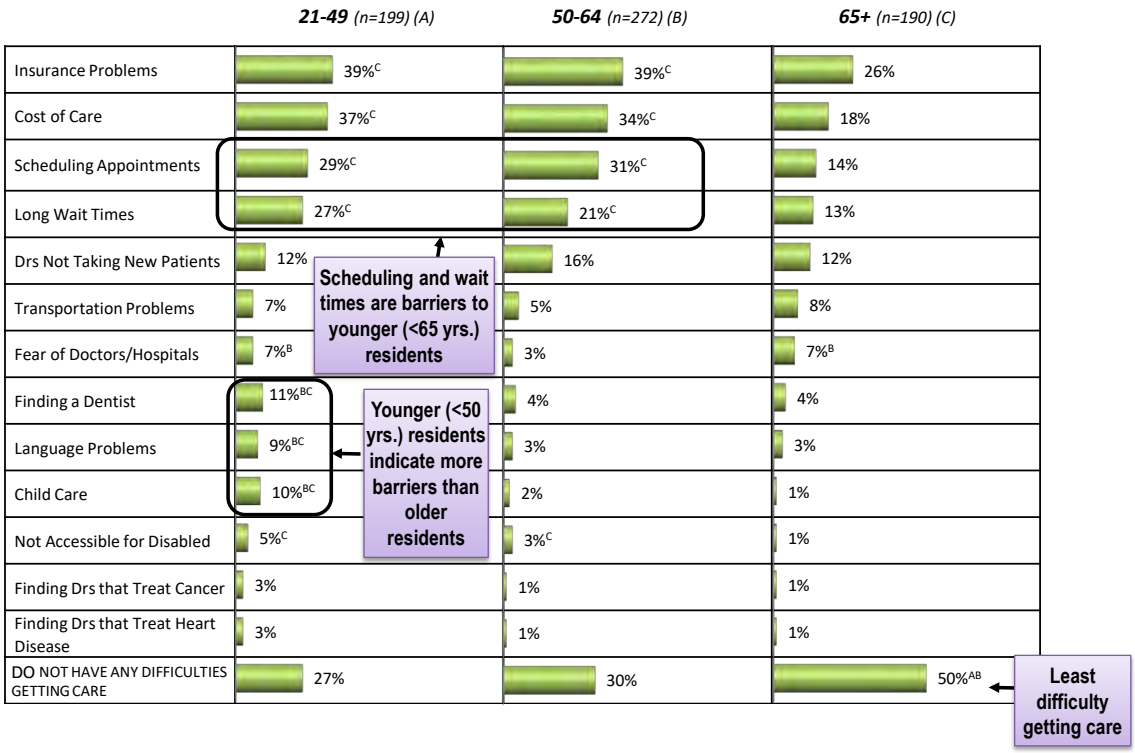
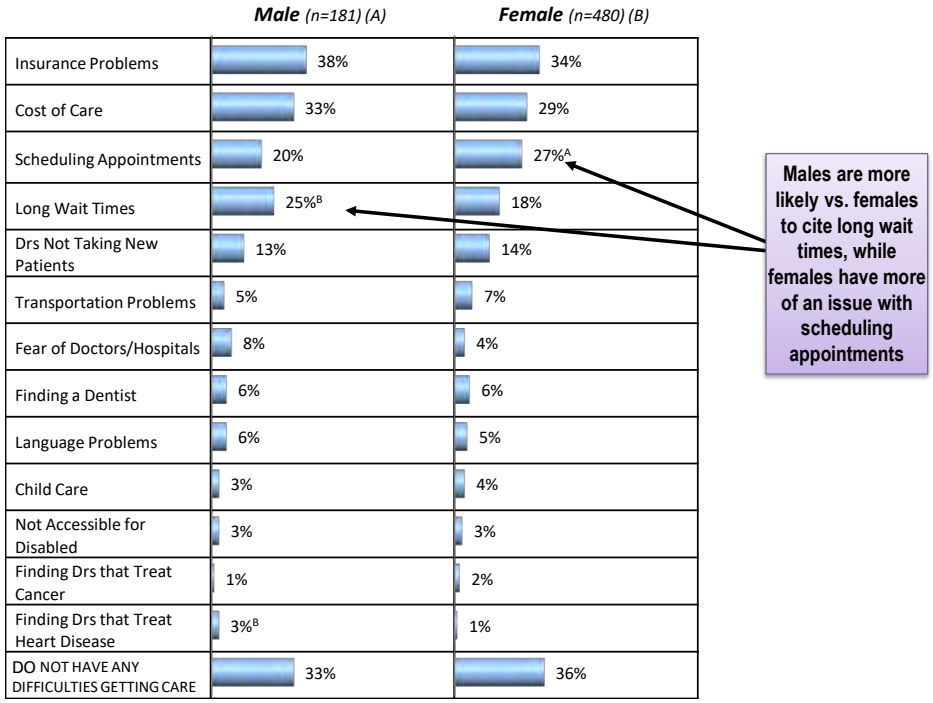
Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Barriers to Accessing Health Care Services – by Age



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Barriers to Accessing Health Care Services – by Gender



Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B) = Significantly greater than indicated cell at the 90% confidence level.

Barriers to Accessing Health Care Services – by Income

- Lower income groups (<$50K) have more barriers vs. higher income groups and are the most likely to encounter insurance/cost problems when seeking care.

	Under $25K *(n=47) (A)*	***$25-50K*** *(n=78) (B)*	***$50-100K*** *(n=156) (C)*	***$100-150K*** *(n=130) (D)*	***$150K+*** *(n=100) (E)*
Insurance Problems	57%^{CDE}	55%^{CDE}	37%^{DE}	25%	27%
Cost of Care	51%^{CDE}	55%^{CDE}	29%^{D}	19%	24%
Scheduling Appointments	26%	32%	26%	23%	28%
Long Wait Times	19%	23%	19%	19%	26%
Drs Not Taking New Patients	26%^{BC}	5%	14%^{B}	17%^{B}	16%^{B}
Transportation Problems	23%^{BCDE}	8%^{D}	6%^{D}	2%	3%
Fear of Doctors/ Hospitals	15%^{CDE}	6%^{E}	5%^{E}	2%	1%
Finding a Dentist	17%^{CDE}	15%^{CDE}	6%^{DE}	2%	2%
Language Problems	9%	15%^{CDE}	5%	2%	3%
Child Care	2%	6%	5%	5%	4%
Not Accessible for Disabled	6%	5%	3%	2%	2%
Finding Drs that Treat Cancer	4%	3%	1%	2%	1%
Finding Drs that Treat Heart Disease	2%	4%^{D}	1%	-	1%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	6%	14%	34%^{AB}	43%^{AB}	40%^{AB}

Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

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COMMUNITY STRENGTHS AND WEAKNESSES

Area Strengths and Weaknesses

- A large majority of residents surveyed feel their community is a good place to raise a family, with safe places to walk/play, ease of finding fresh food and ample places to socialize.
- On the other hand, the community receives relatively low scores in the areas of interpersonal violence, safe, affordable housing, healthy food offerings at schools and transportation services to assist residents.

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(N=701) **Top 2 Box Agreement**

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

28

Summary of Community Strengths and Weaknesses by Subgroups

- Overall, Asians tend to rate community services high, while Hispanics rate community services low versus other ethnic groups.
- Additionally, those in higher income brackets are more positive to their community services versus those in lower income brackets.

Safe Outdoor Places to Walk/Play
- Asian
- Higher income ($50K+)
- *Least among Hispanic*

Good Place to Raise a Family
- Asian
- Higher income ($50K+)
- *Least among Hispanic*

Easy to Find Fresh Fruits/Veggies
- Older (65+)
- Higher income ($50K+)
- *Least among Hispanic*

Places to Socialize
- African American
- Higher income ($50K+)

Easy to Live a Healthy Lifestyle
- Higher income ($50K+)
- Older (50+)
- *Least among Hispanic*

Low Level of Violence
- Higher income ($50K+)
- *Least among Hispanic*

Educational Opportunities
- Higher income ($50K+)
- Older (65+)
- *Least among Hispanic*

Affordable Basic Needs
- Asian
- Older (65+)

Transportation Services for Disabled/Seniors
- African American

Job Opportunities
- Male
- Caucasian/Asian
- Higher income ($50K+)

Low Interpersonal Violence
- Male
- Asian
- Lowest income (<$25K)

Ample/Safe Affordable Housing
- Asian

Schools Offer Healthy Food Choices
- Younger (<50)
- *Lowest among Caucasian*

Transportation Services to Assist Residents
- Older (65+)
- Lowest income (<$25K)

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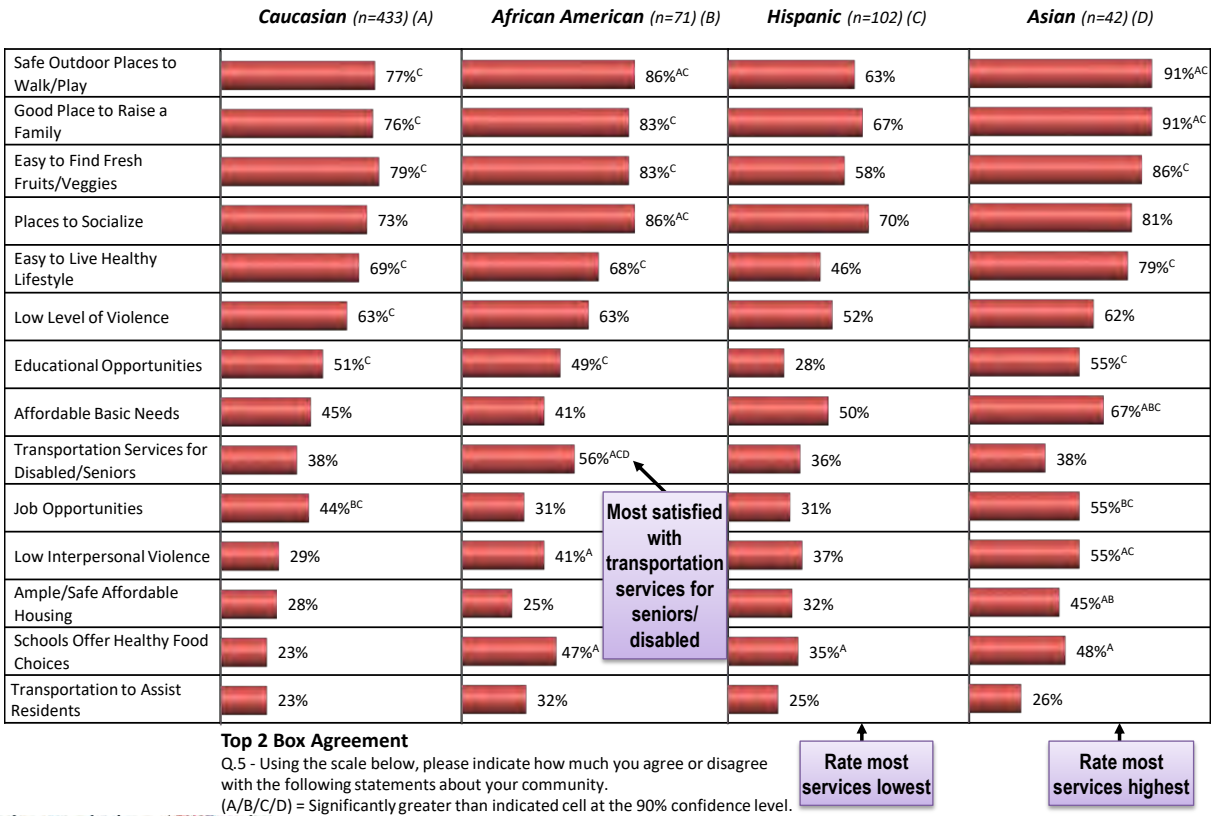
(N=701) **Top 2 Box Agreement**
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

29

Community Strengths and Weaknesses – by Ethnicity



Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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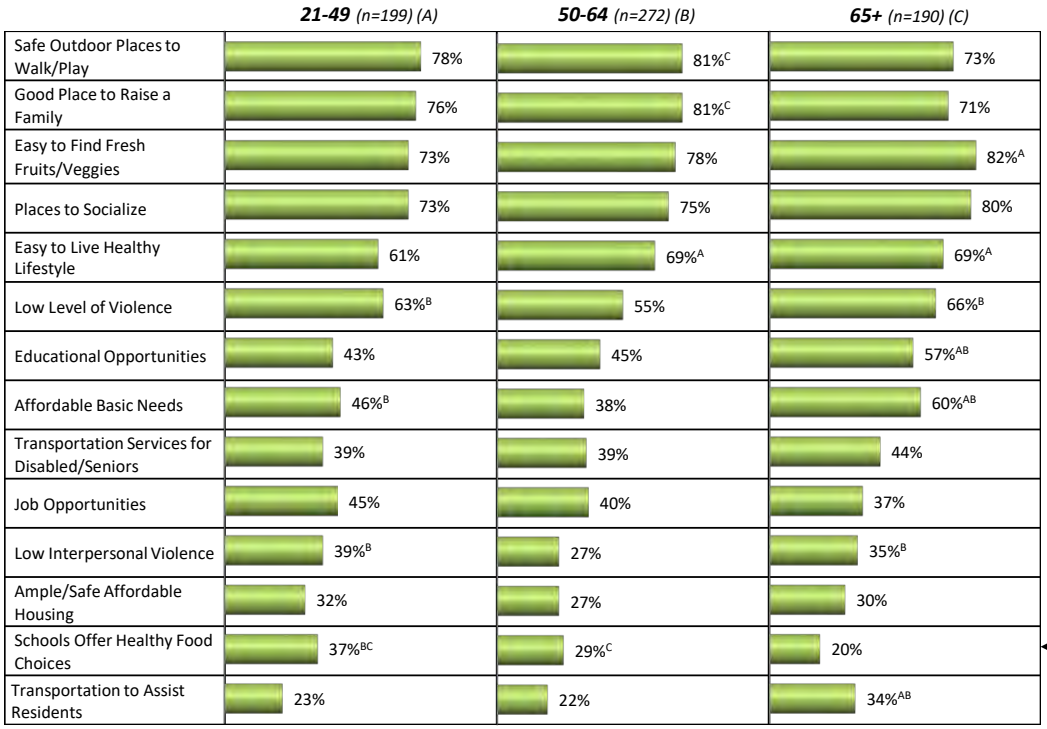
30

Community Strengths and Weaknesses – by Age

- Older residents (65+) are more positive towards many community services such as finding fresh fruit, educational opportunities and affording basic needs vs. their younger counterparts.



Younger residents feel schools offer healthy food choices

Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.

(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

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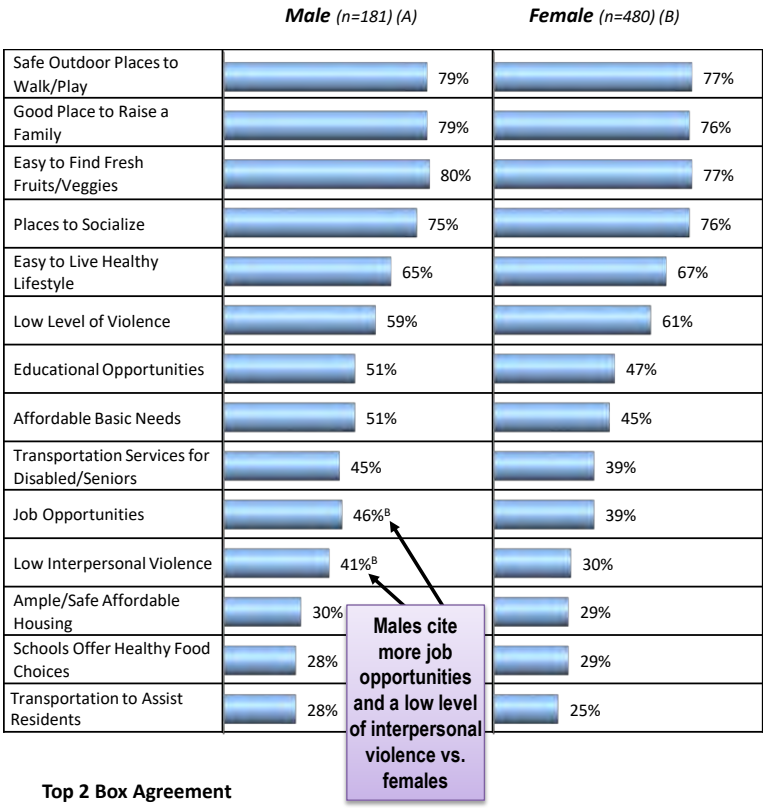
Community Strengths and Weaknesses – by Gender



Top 2 Box Agreement

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(A/B) = Significantly greater than indicated cell at the 90% confidence level.

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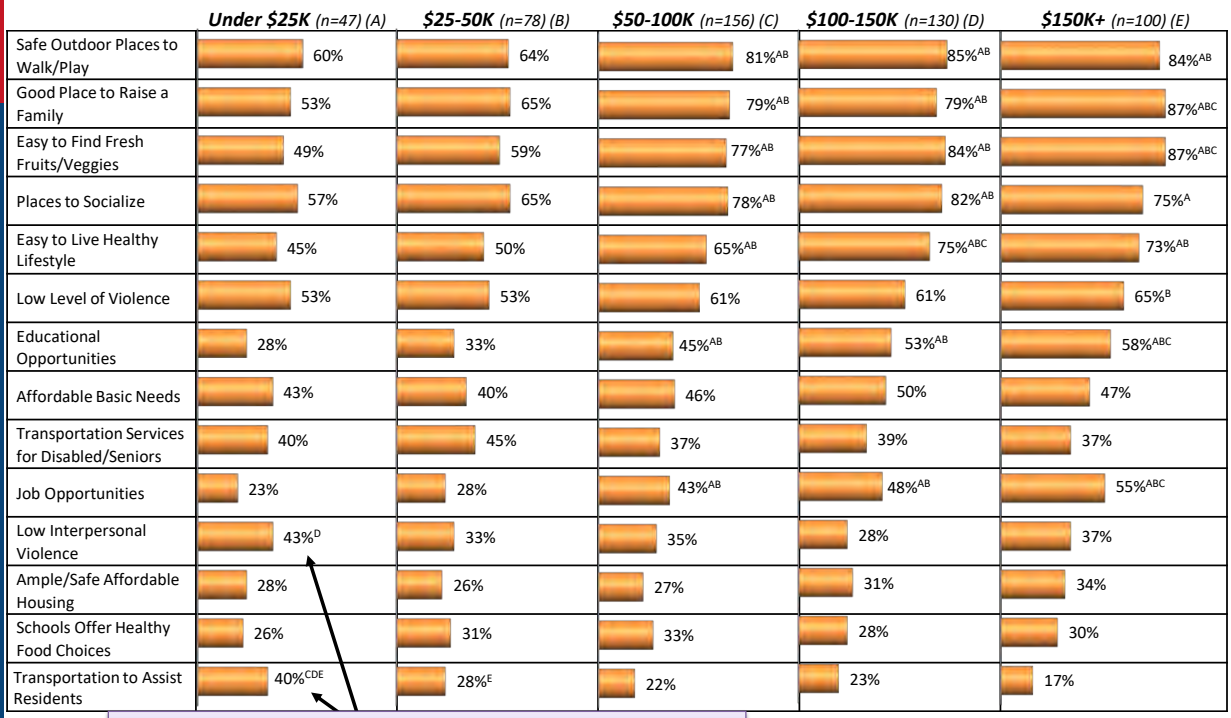
Community Strengths and Weaknesses – by Income

- In general, those in higher income brackets are more positive to their community services versus those in lower income groups.



Lower income residents tend to feel the community has a lower level of interpersonal violence and rate the available transportation systems high

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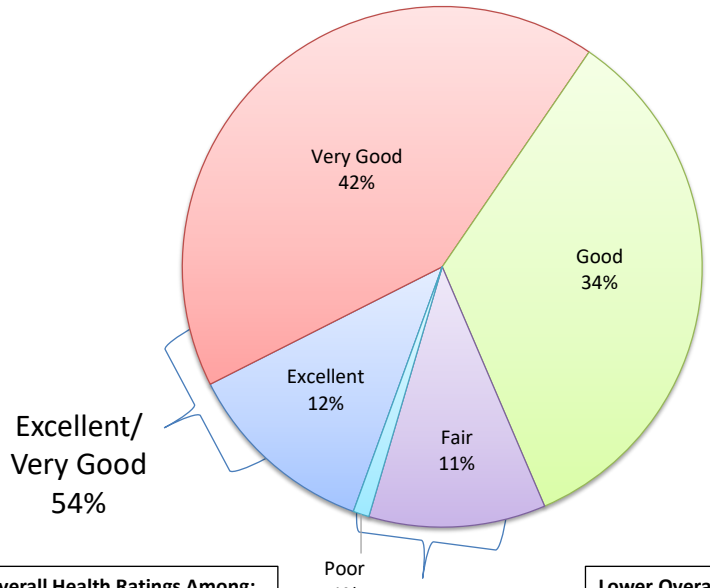
Top 2 Box Agreement

Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community. (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

33

Self-Description of Overall Health

- In all, just over one-half of residents describe their health as being excellent or very good; one-third describes it as good, while 12% say their health is fair or poor.



Better Overall Health Ratings Among:
- Younger (21-49)
- Female
- Caucasian
- Higher income ($50K+)

Lower Overall Health Ratings Among:
- Male
- Hispanic
- Lower income (<$50K)

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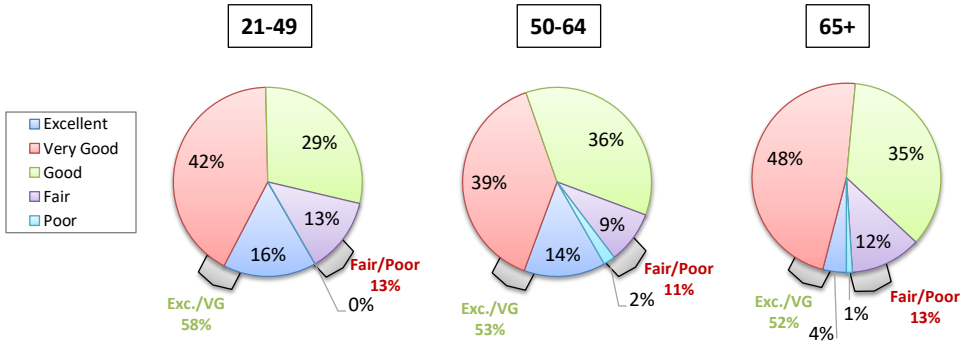
(N=701)
Q.6 - How would you describe your overall health?

35

Self-Description of Overall Health – by Subgroups

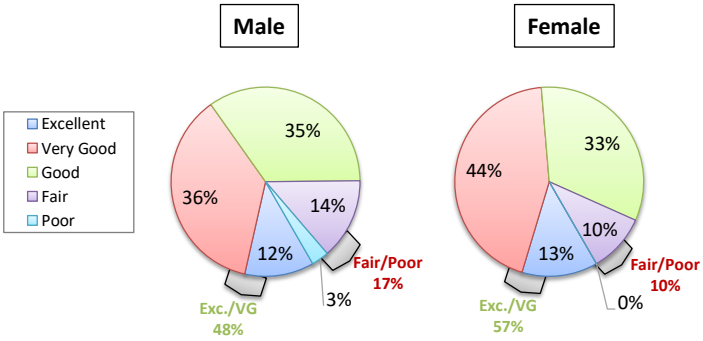
Age:

Younger residents describe their overall health being slightly better vs. older residents.



Gender:

Females describe their overall health as better vs. males.



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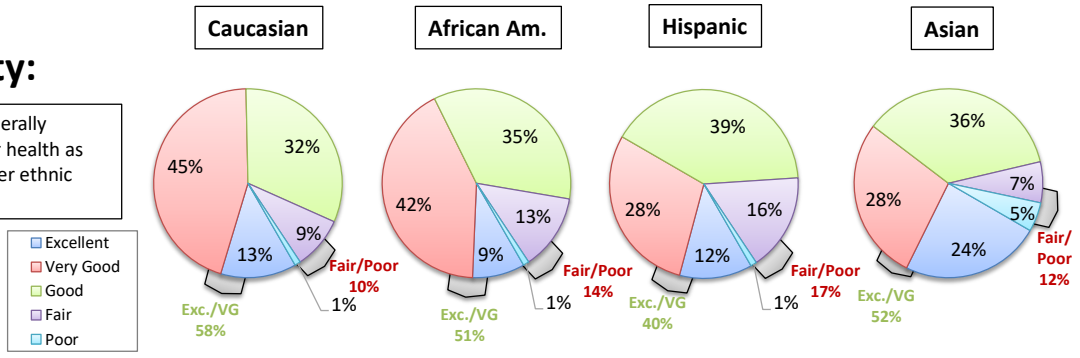
(N=701)
Q.6 - How would you describe your overall health?

36

Self-Description of Overall Health – by Subgroups – (continued)

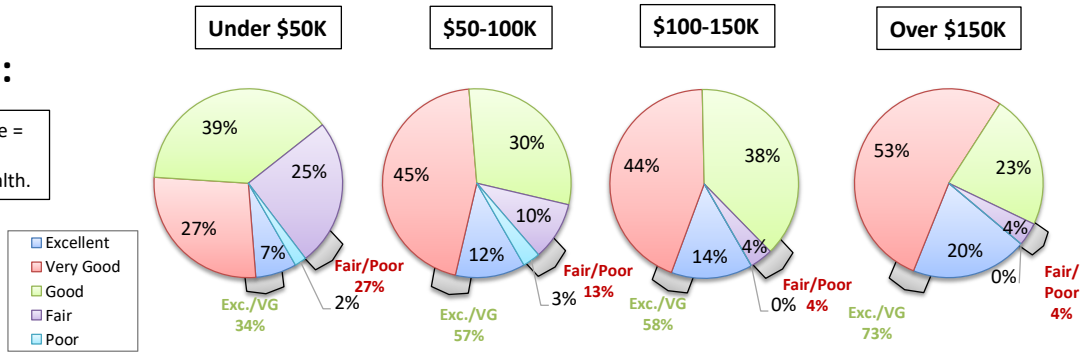
Ethnicity:

Hispanics generally describe their health as worse vs. other ethnic groups.



Income:

Higher income = better self described health.



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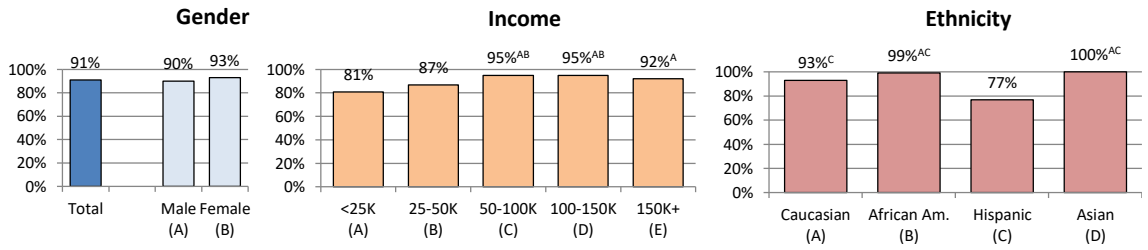
(N=701)
Q.6 - How would you describe your overall health?

37

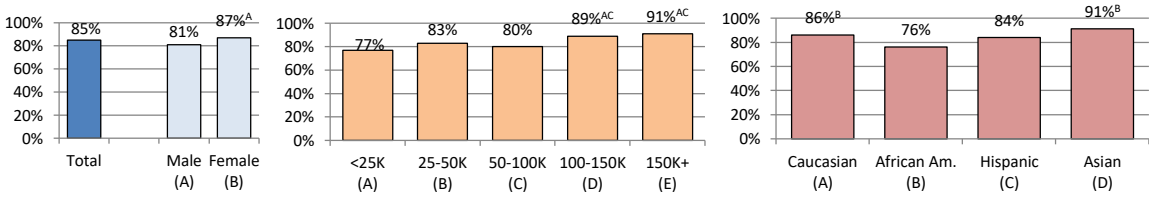
Self-Description of Understanding and Eating Healthy

- The vast majority of residents feel they understand what food is healthy and most say they eat healthy food regularly.
- Females and those with higher incomes are most likely to eat healthy on a regular basis.
- While African Americans claim to understand what healthy food is, they are the least likely to eat healthy regularly.

Have enough information to understand what food is healthy



Eat healthy food on a regular basis



(N=701)
Q.11 - Do you feel that you…
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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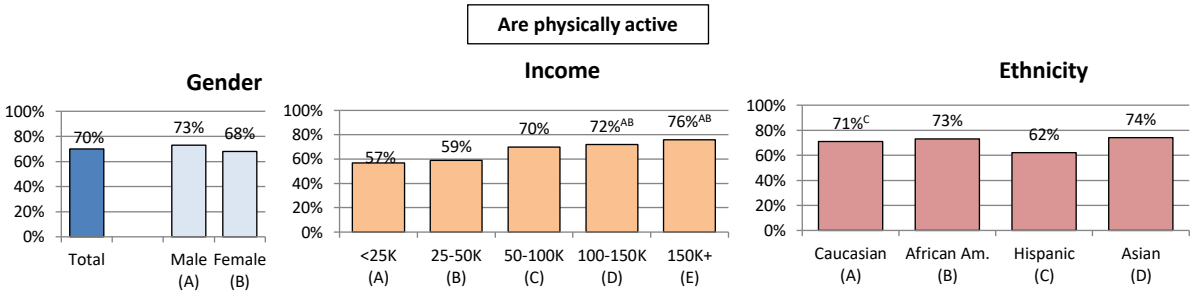
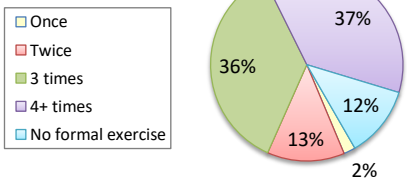
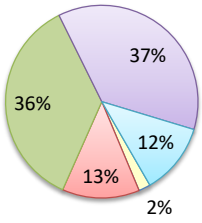
Self-Description of Physical Activity

- In all, 7 of 10 residents claim to be physically active; highest among the higher income brackets.
- Hispanics tend to the least physically active.



 # Times Exercise per Week
(Among those who are physically active)
(N=490)





Q.11 - Do you feel that you…
Q.11 - How often do you exercise each week?
Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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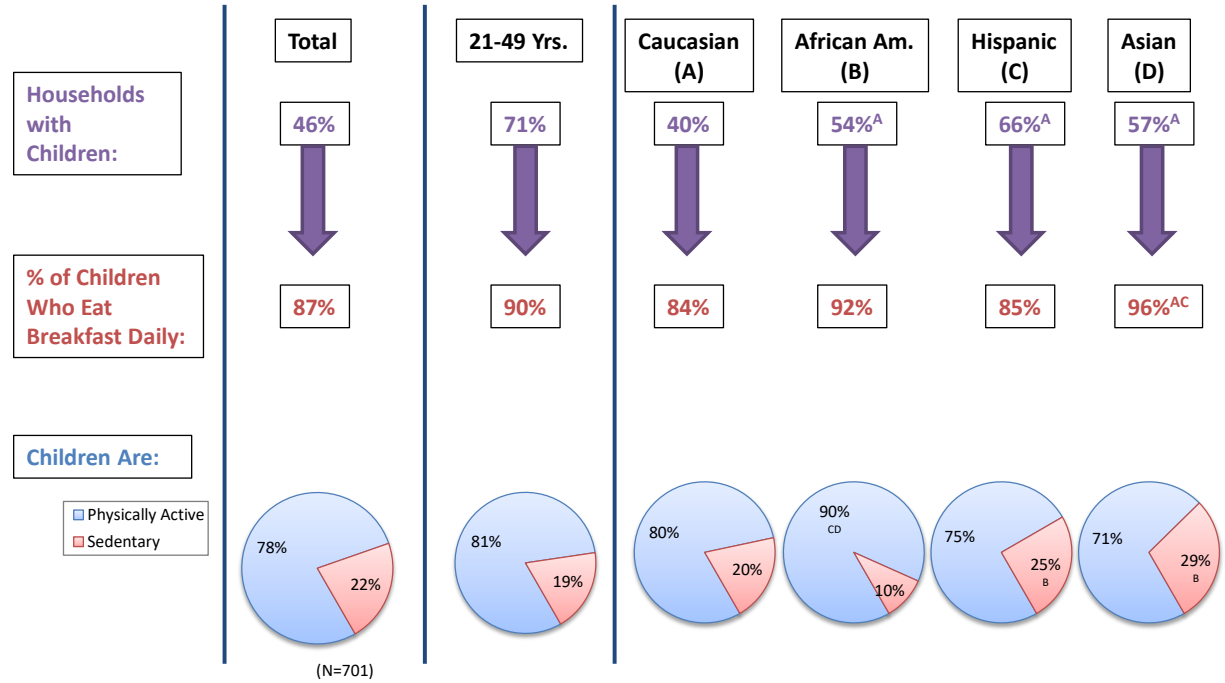
Activity Level of Children in Household

- In households with children, the large majority are eating breakfast daily and are physically active.
- While both Hispanics and Asians have a high level of children present in the household, they have the lowest level of physically active children.



(N=701)
Q.11a - Do you have any children that live with you?
Q.11b - Do they eat breakfast before the start of the school day?
Q.11c - Would you describe your child(ren) as physically active or sedentary during after school hours and weekends?
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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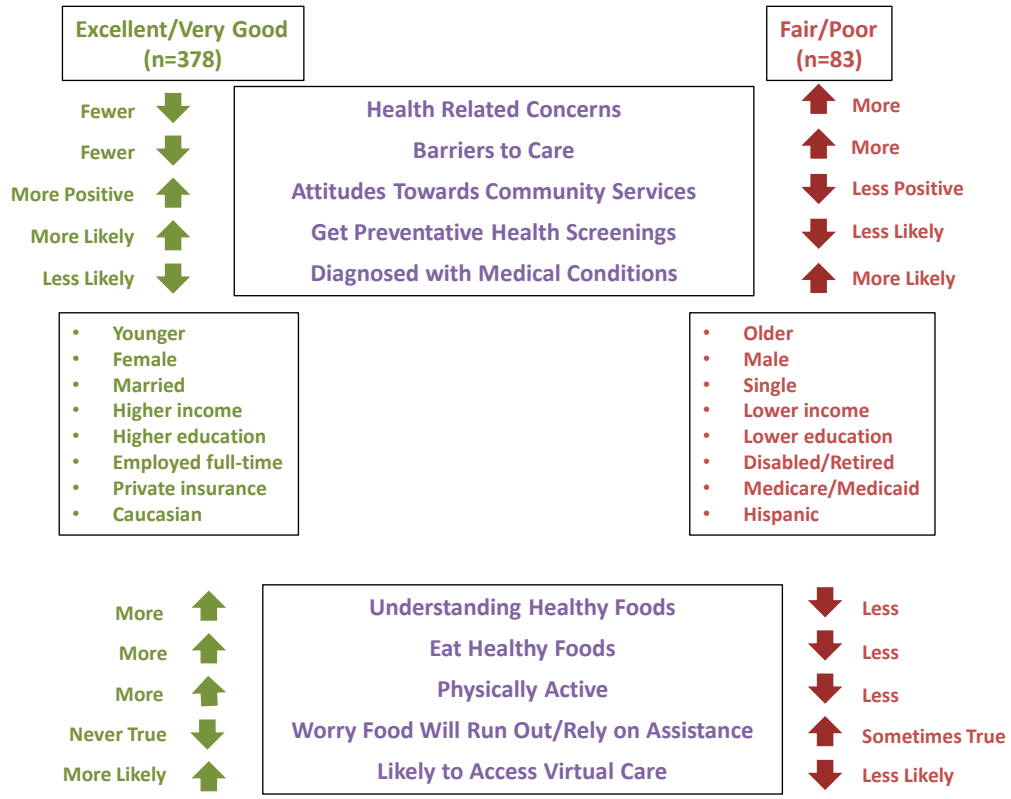
Profile of Those in "Excellent/Very Good" Health vs. Those in "Fair/Poor" Health



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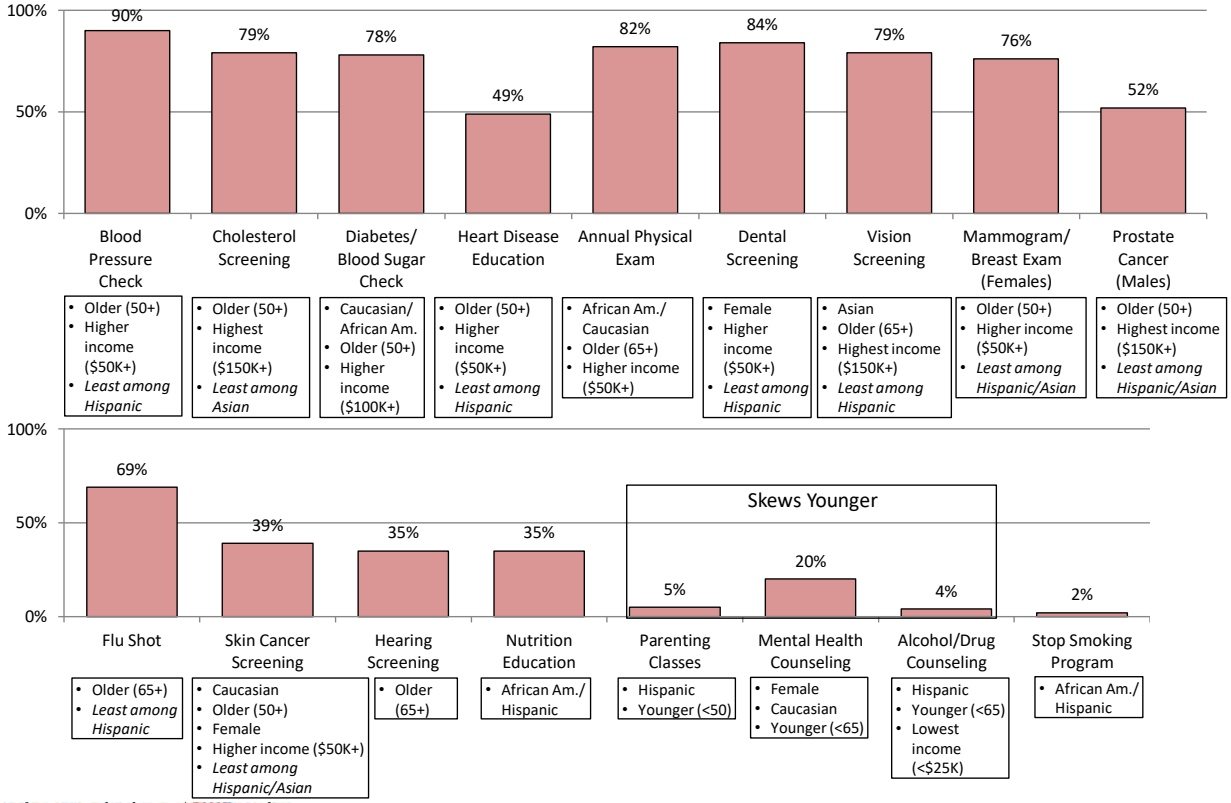
INCIDENCE OF SCREENING TESTS AND CONDITIONS DIAGNOSED

Incidence of Screenings/Exams/Tests – Past 2 Years

- Hispanics are the least likely ethnic group to get any screening tests or exams. Asians also have a reported low level of obtaining mammograms, prostate cancer and skin cancer screenings.
- Higher income residents are more likely to get screening tests than lower income residents.



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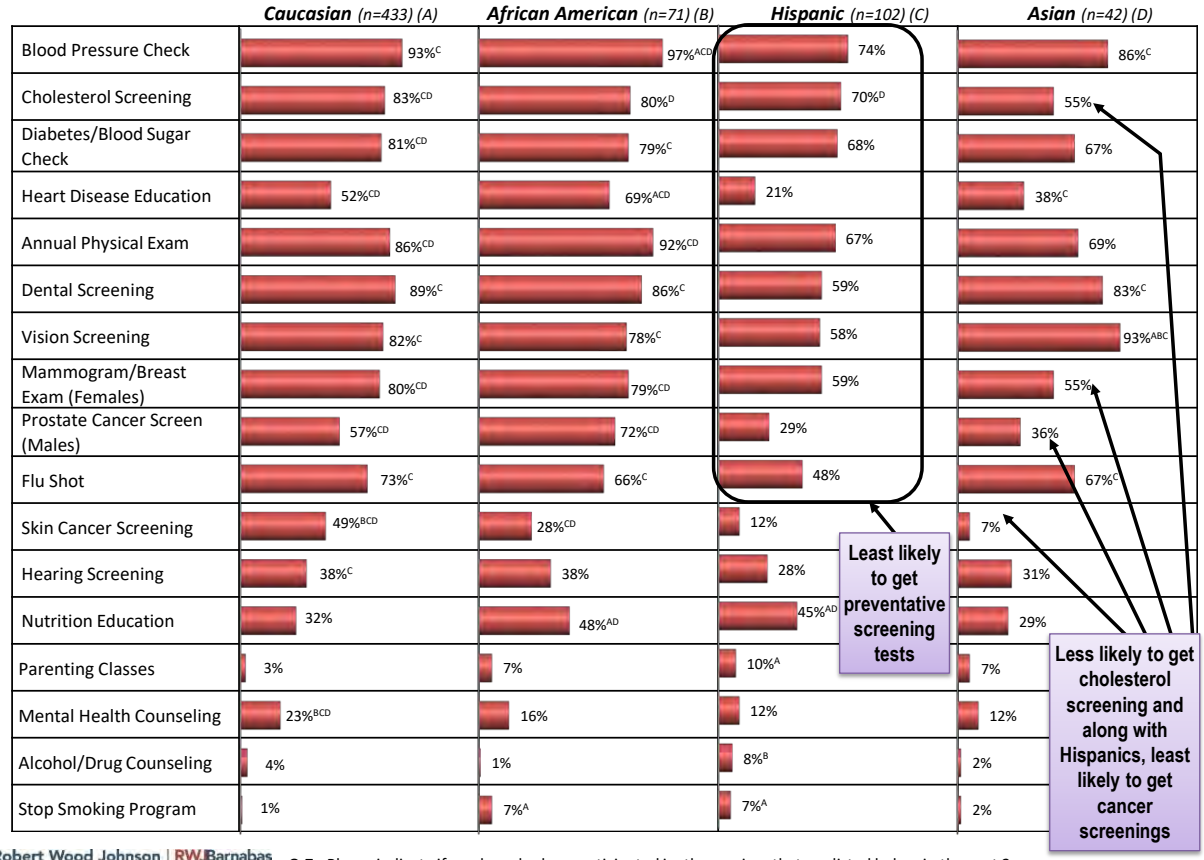
(N=701)

Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.

Incidence of Screenings/Exams/Tests – by Ethnicity



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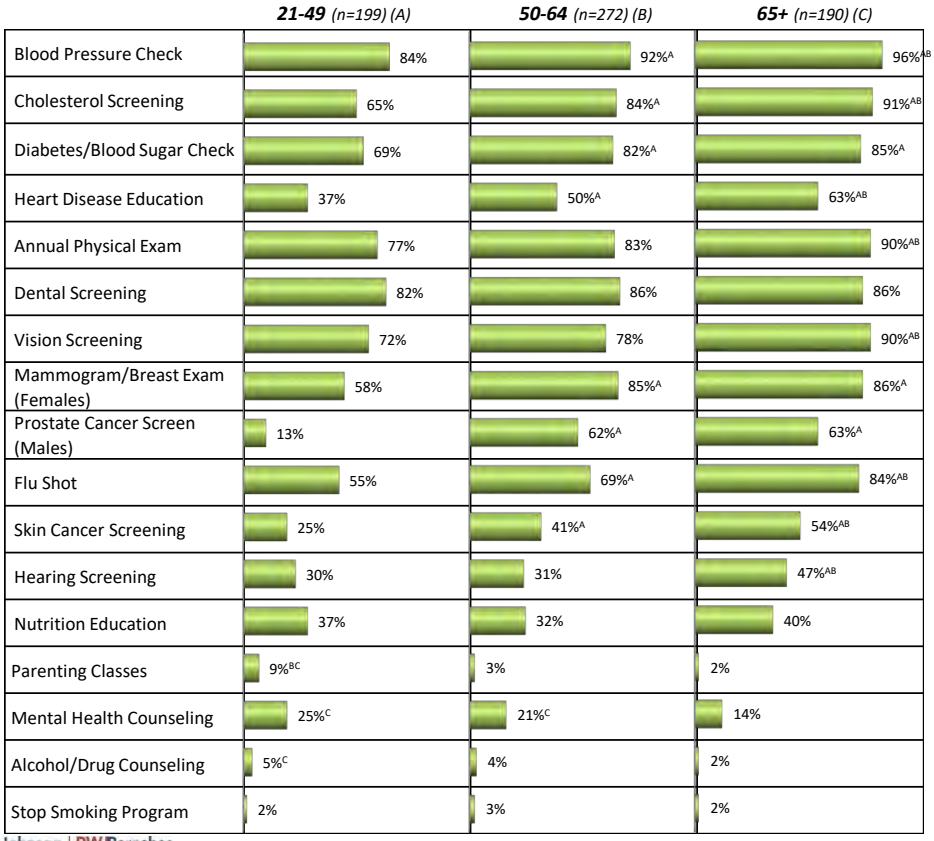
Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

Incidence of Screenings/Exams/Tests – by Age



Most screening exams skew towards the older population (50+), with the exception of mental health/drug counseling and parenting classes

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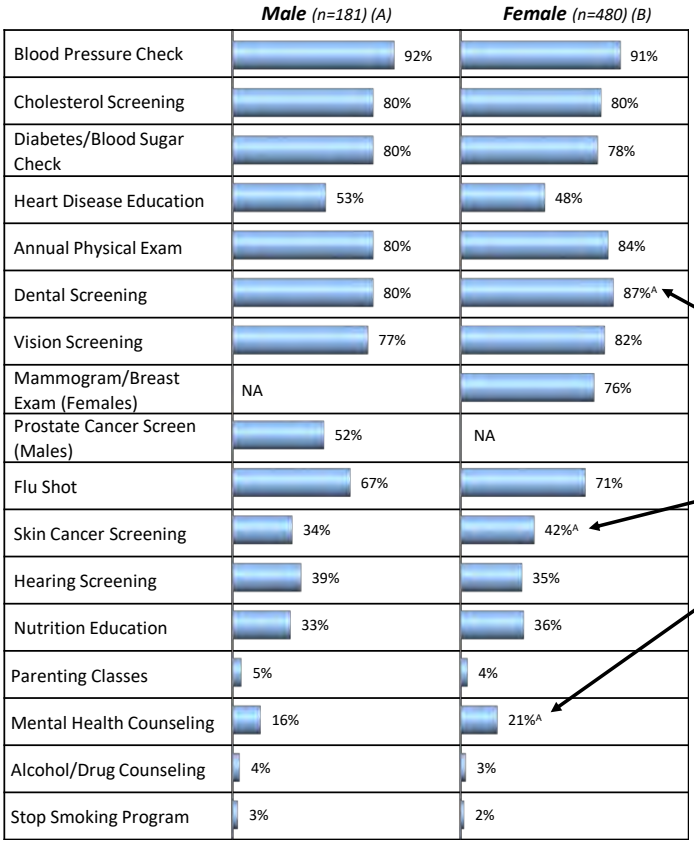
Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

Incidence of Screenings/Exams/Tests – by Gender



Females tend to have a higher incidence than males with regard to dental screening, skin cancer screening and mental health counseling

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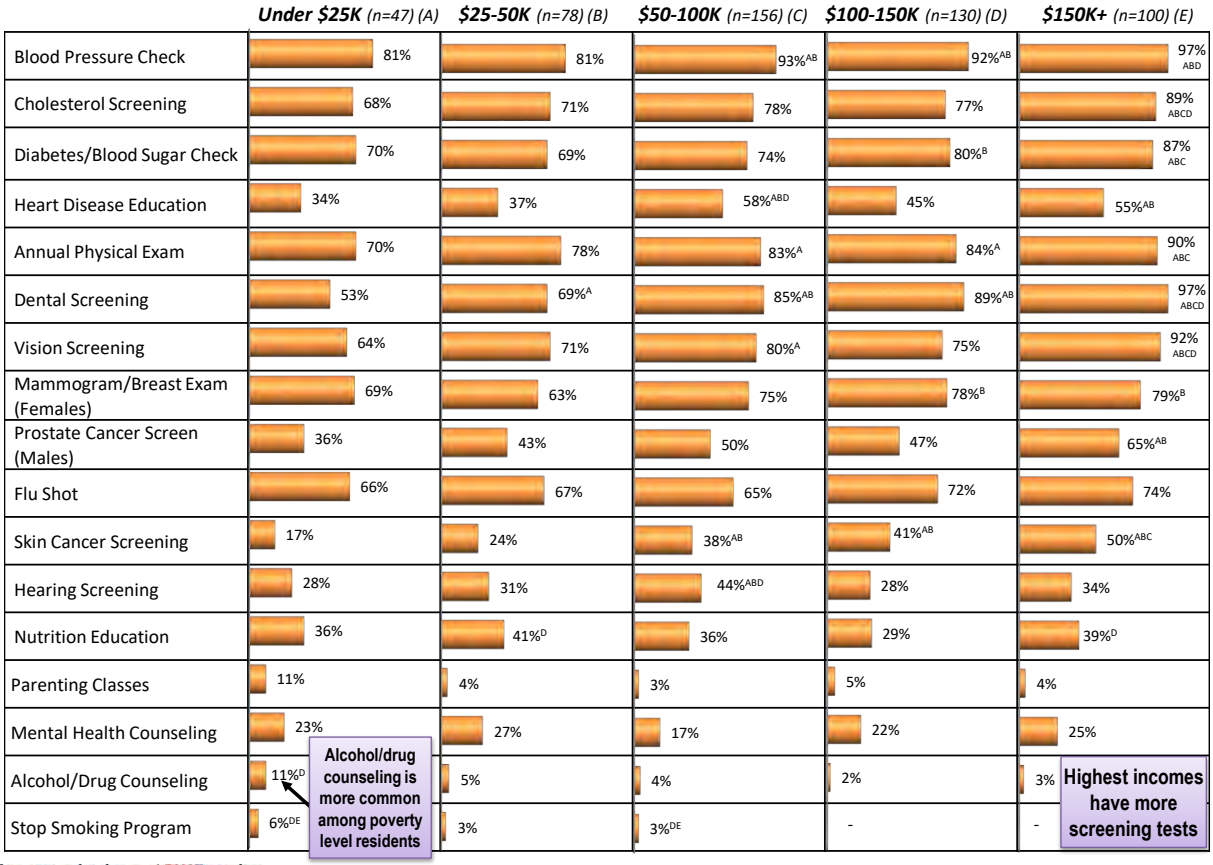
Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B) = Significantly greater than indicated cell at the 90% confidence level. NA = Not applicable.

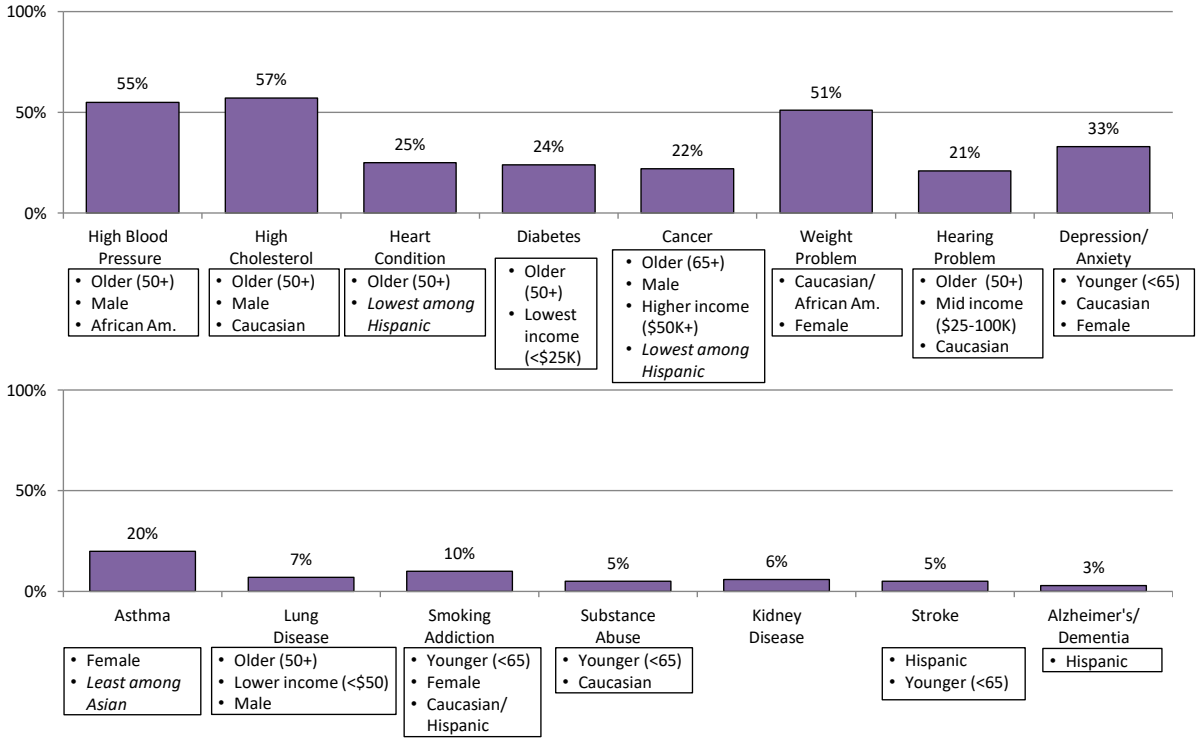
Incidence of Screenings/Exams/Tests – by Income



Q.7 - Please indicate if you have had, or participated in, the services that are listed below in the past 2 years.
(A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

Conditions Diagnosed by Physician (Self or Family Member)

- Older residents (50+) report being diagnosed with more conditions versus their younger counterparts, although depression/anxiety, smoking addiction and substance abuse skew towards the younger population.
- Males report somewhat higher incidence of high blood pressure, high cholesterol, cancers and lung disease, while females report more weight issues, depression/anxiety, asthma and smoking addictions.



(N=701)

Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

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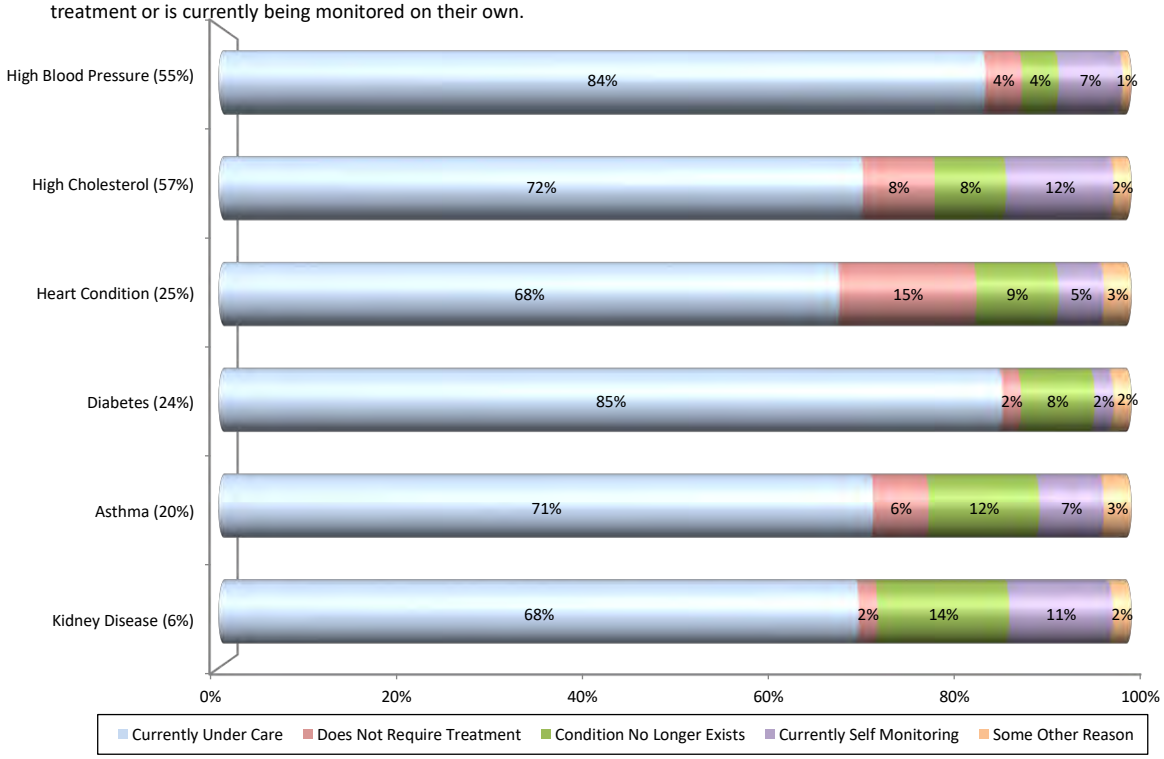
How Conditions Are Being Managed

- The large majority of those reporting high blood pressure, diabetes, high cholesterol, heart conditions, asthma and kidney disease are currently under care for their conditions, with some reporting the condition no longer exists, does not require treatment or is currently being monitored on their own.



NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned? Would you say it is because…

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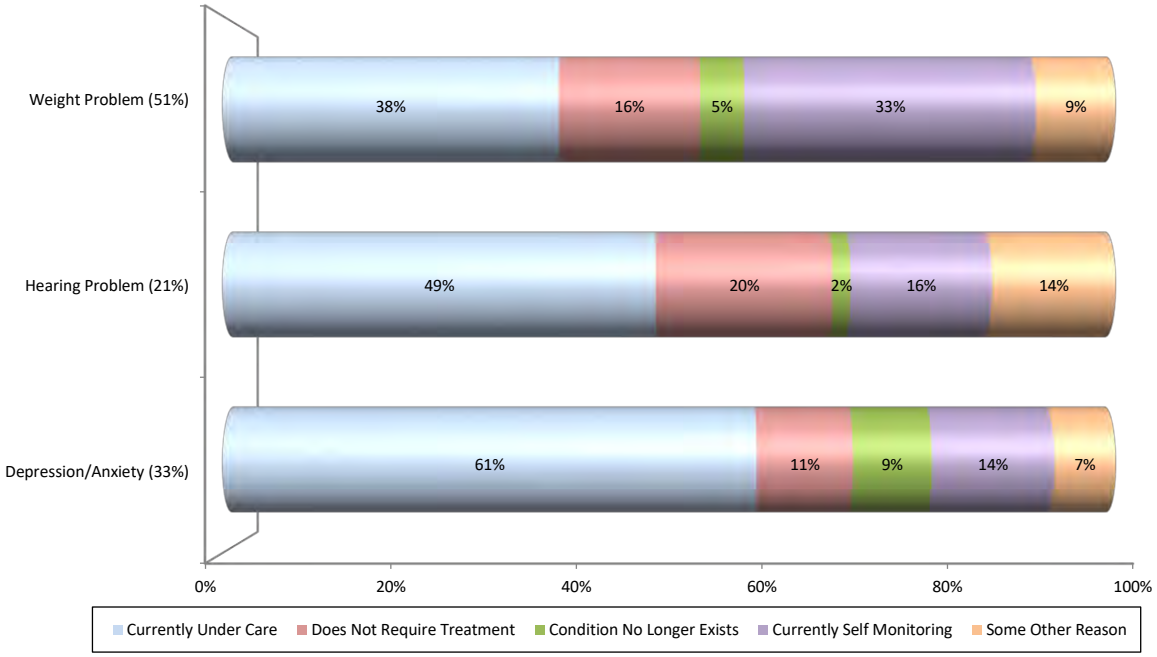
How Conditions Are Being Managed – (continued)

- Of those reporting weight issues, 38% say they are currently under a physicians care for the condition, while about one-third (33%) say they are currently monitoring on their own; 16% say the condition does not warrant treatment and a handful say the condition no longer exists.
- While a majority of those diagnosed with depression/anxiety are currently under care, some are monitoring it on their own, say it doesn't require treatment or the condition no longer exists.



NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned? Would you say it is because…

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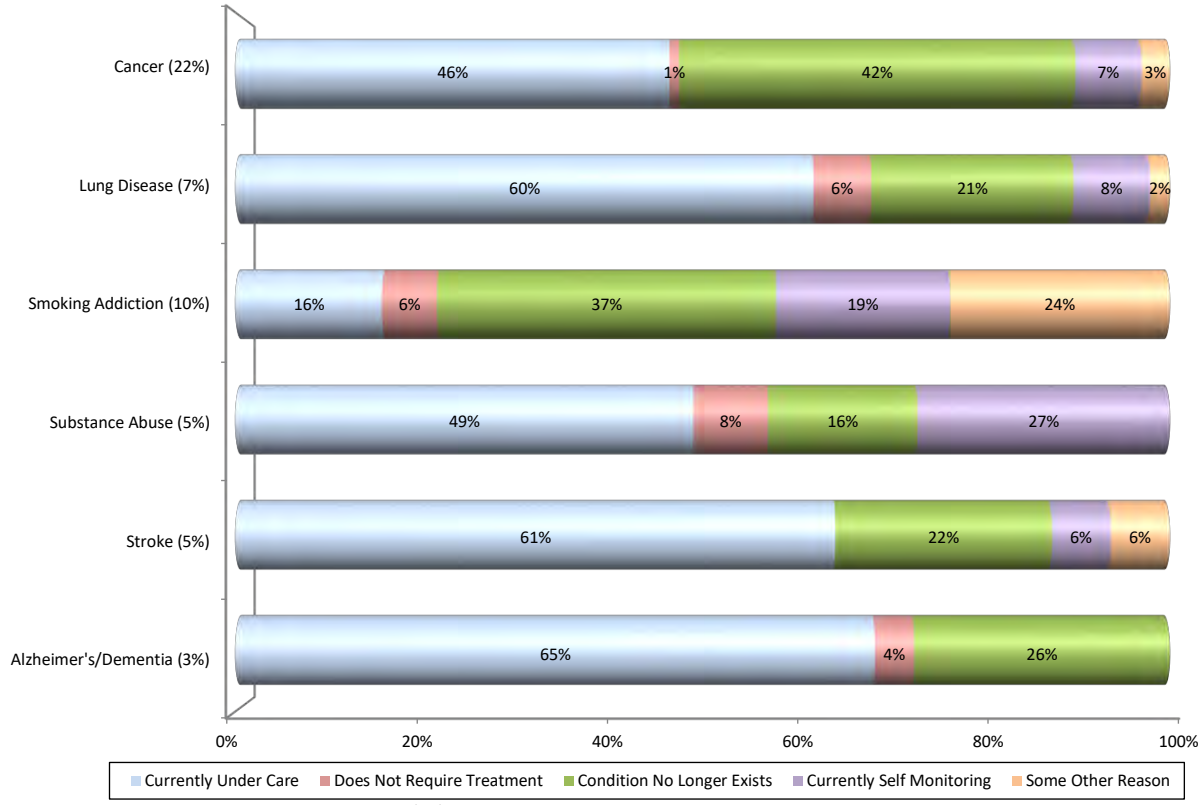
How Conditions Are Being Managed – (continued)

- Few residents are under a physicians care for smoking addiction, with many saying the condition no longer exists.



NOTE: Multiple mentions.
Q.9 - Are you/household family member currently under care for this [CONDITION]?
Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned? Would you say it is because…

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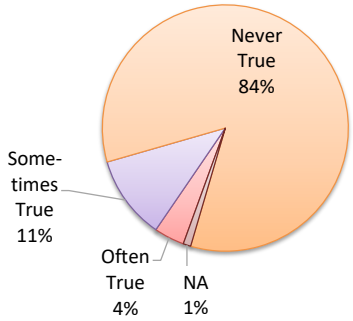
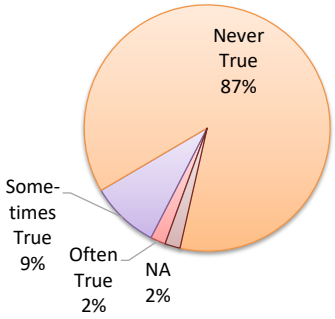
ADDITIONAL DATA

Statements About Ample Food/Food Assistance Programs

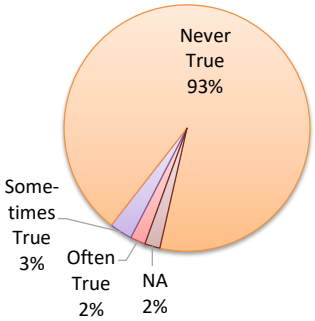
"We worried whether our food would run out before we got money to buy more."



"The food that we bought just didn't last and we didn't have money to get more."



"We rely on a community supper program, food pantry or meal assistance program to supplement our household."



Those who agree with these statements tend to be: lower income, younger, African Am. or Hispanic.

(N=701)
Q.12 - Please read the following statements that people have made about their food situation. For each one, indicate how true the statement was for your household over the last 12 months.

53

Physician Habits

- Older and higher income residents are significantly more likely versus their younger/lower income counterparts to visit the same doctor or group every year or two for a check-up, while the younger and lower income residents are more likely to visit the doctor only when sick or need medical care.
- Hispanics tend to visit the doctor only when sick or urgent care is needed.

		Age			Income					Ethnicity			
	Total	21-49 (A)	50-64 (B)	65+ (C)	<25 (A)	25-50 (B)	50-100 (C)	100-150 (D)	150+ (E)	Caucasian (A)	AA (B)	Hispanic (C)	Asian (D)
	%	%	%	%	%	%	%	%	%	%	%	%	%
Go to Dr/group every year or two for check-up	75	68	78[A]	86[AB]	64	64	75[B]	79[AB]	91[ABCD]	80[C]	83[C]	54	71[C]
Go to Dr/group only when sick/hurt	20	28[BC]	21[C]	10	21	31[DE]	21	18	17	19	13	28[AB]	29[B]
Go to Urgent Care or ER when need medical care	11	19[BC]	7	6	17[E]	17[DE]	10	8	5	8	4	26[AB]	17[B]

(N=701)
NOTE: Multiple mentions.
Q.13 - When you need medical care, which of the statements below best describes you?
Age: (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.
Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.
Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

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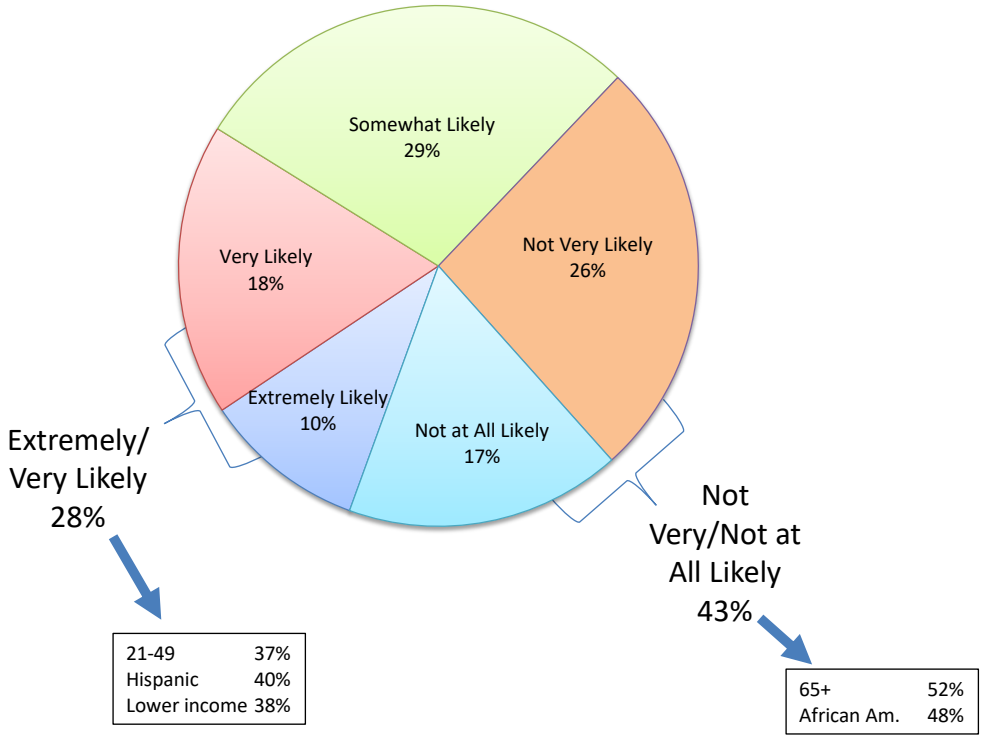
Likelihood of Accessing Medical Care Virtually

- Few residents indicated a strong likelihood of accessing medical care virtually.



(N=701)

Q.14 - If you were able to access medical care virtually, for example, through FaceTime or Skype, how likely would you be to use this type of technology?

Sampling of Additional Comments - (Reference Data File for Complete List)

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Q.15 - Use the space below to expand on a topic previously mentioned or an import health related topic that was not mentioned in this survey.

56

APPENDIX E: RESOURCE INVENTORY

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Ambulatory Care	Basking Ridge	136 MOUNTAIN VIEW Blvd.	BASKING RIDGE	07920	(212) 639-8810	SSA-2
Ambulatory Care	RIDGE	140 ALLEN ROAD	BASKING RIDGE	07920	(908) 604-7800	SSA-2
Ambulatory Care	Franklin Surgical Center	175 MORRISTOWN ROAD - SUITE 102	BASKING RIDGE	07920	(908) 766-5556	SSA-2
Ambulatory Care	University Radiology Group, PC	1 ROBERTSON DRIVE, SUITE	BEDMINSTER	07921	(908) 234-0205	
Ambulatory Care	REJUV SURGERY CENTER, L.L.C.	59 MINE BROOK ROAD	BERNARDSVILLE	07924	(908) 630-0007	
Ambulatory Care	BRIDGEWATER DIALYSIS CENTER	2121 ROUTE 22 WEST	BOUND BROOK	08805	(732) 469-7202	
Ambulatory Care	University Radiology Group, PC	33 MONROE STREET	BRIDGEWATER	08807	(908) 725-1291	
Ambulatory Care	Ambulatory Surgical Center Of Somerset	1081 ROUTE 22 W, SUITE	BRIDGEWATER	08807	(908) 809-1000	
Ambulatory Care	ARTHUR W PERRY MD	3055 ROUTE 27	FRANKLIN PARK	08823	(732) 422-9600	
Ambulatory Care	Hillsborough Radiology Centers, LLC	105 RAIDER BOULEVARD	HILLSBOROUGH	08844	(908) 359-9331	
Ambulatory Care	Hillsborough Radiology Centers, LLC	375 ROUTE 206, SUITE ONE	HILLSBOROUGH	08844	(908) 874-7600	
Ambulatory Care	Digestive Healthcare Center, Pa	412 COURTYARD DRIVE	HILLSBOROUGH	08844	(908) 218-9222	
Ambulatory Care	Hillsborough Dialysis Center	220 TRIANGLE ROAD	HILLSBOROUGH	08844	(908) 369-0398	
Ambulatory Care	Central Jersey Ambulatory Surgical Center,	511 COURTYARD DRIVE	HILLSBOROUGH	08844	(908) 895-0001	
Ambulatory Care	ATLANTIC MATERNAL FETAL MEDICINE AT	784-792 CHIMNEY ROCK	MARTINSVILLE	08836	(973) 971-7082	
Ambulatory Care	NEIGHBORHOOD HEALTH CENTER CARDINAL	950 PARK AVENUE	PLAINFIELD	07060	(908) 754-5840	
Ambulatory Care	Dialysis Clinic, Inc., Somerset	950 HAMILTON STREET	SOMERSET	08873	(732) 565-5440	PSA
Ambulatory Care	University Radiology Group, PC	75 VERONICA AVENUE	SOMERSET	08873	(732) 246-0060	PSA
Ambulatory Care	Somerset Dialysis Center	240 CHURCHILL AVENUE	SOMERSET	08873	(732) 937-5000	PSA
Ambulatory Care	ProCure Proton Therapy Center	103 CEDAR GROVE LANE	SOMERSET	08873	(732) 357-2600	PSA
Ambulatory Care	University Orthopaedic Associates, LLC	2 WORLDS FAIR DRIVE	SOMERSET	08873	(732) 537-0909	PSA
Ambulatory Care	Fresenius Medical Care Piscataway	1135 EASTON AVENUE	SOMERSET	08875	(781) 699-9000	PSA
Ambulatory Care	Hamilton Street Dialysis	920 HAMILTON STREET, SUITE C-3	SOMERSET	08873	(732) 220-1593	PSA
Ambulatory Care	Urgent Care Imaging Center, LLC	107 CEDAR GROVE LANE, SUITE 108	SOMERSET	08873	(201) 774-9990	PSA
Ambulatory Care	Multi Care Therapy Center	1527 STATE ROUTE 27, SUITE 1100	SOMERSET	08873	(732) 545-7474	PSA
Ambulatory Care	AMBULATORY SURGICAL CENTER AT BASKING RIDGE L.L.C.	81 VERONICA AVENUE	SOMERSET	08873	(973) 871-2533	PSA
Ambulatory Care	Raritan Valley Surgery Center	100 FRANKLIN SQUARE DRIVE, SUITE 100	SOMERSET	08873	(732) 560-1000	PSA
Ambulatory Care	University Center for Ambulatory Surgery	2 WORLDS FAIR DRIVE	SOMERSET	08873	(732) 748-1117	PSA
Ambulatory Care	SOMERSET EYE INSTITUTE PC	562 EASTON AVENUE	SOMERSET	08873	(732) 828-5900	PSA
Ambulatory Care	Physicians Dialysis Somerville	1 ROUTE 206 NORTH	SOMERVILLE	08876	(908) 450-0396	
Ambulatory Care	Ambulatory Surgical Center of Somerville, LLC	1 ROUTE 206	SOMERVILLE	08876	(908) 393-8360	
Ambulatory Care	University Radiology Group, PC	16 MOUNTAIN BOULEVARD	WARREN	07059	(908) 769-7200	
Ambulatory Care	CSH-OUTPATIENT CENTER WARREN	266 KING GEORGE ROAD	WARREN	07059	(732) 258-7050	
Ambulatory Care	Surgicare of Central Jersey, LLC	40 STIRLING ROAD	WATCHUNG	07069	(908) 769-8000	
Behavioral Health	East Mountain Hospital	40 EAST MOUNTAIN ROAD	BELLE MEAD	08502	(908) 281-1500	
Behavioral Health	CARRIER CLINIC	252 ROUTE 601	BELLE MEAD	08502	(908) 281-1000	
Behavioral Health	Bridgeway Rehabilitation, Inc.	515 Church St	BOUND BROOK	08805	(908) 704-8252	
Behavioral Health	Easter Seal Society of NJ	21 Davenport Street	BRIDGEWATER	08807	(908) 722-4300	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 253-3160	

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Behavioral Health	Catholic Charities - Diocese of Metuchen	540 Route 22 East	BRIDGEWATER	08807	(908) 722-1881	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 725-2800	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 725-2800	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 253-3128	
Behavioral Health	Richard Hall CMHC	500 North Bridge Street	BRIDGEWATER	08807	(908) 725-2800	
Behavioral Health	Alternatives, Inc.	600 First Avenue	Raritan	08869	(908) 685-1444	
Behavioral Health	Somerset County Department of Human	27 Warren St. - 3rd Floor	SOMERVILLE	08876	(908) 704-6320	
Behavioral Health	Easter Seal Society of NJ	245 US Highway 22, Suite	SOMERVILLE	08876	(908) 722-4300	
Behavioral Health	Easter Seal Society of NJ	21 Davenport Street	SOMERVILLE	08876	908) 722-4300	
Behavioral Health	Somerset County PESS	282 Main St	SOMERVILLE	08876	(908) 526-4100	
Behavioral Health	Freedom Trail SHC	166 West Main Street	SOMERVILLE	08876	(908) 722-5778	
Clinical Care	Somerset Valley Urgent Care	470 U.S. Highway 202/206 & Hills Drive	BEDMINSTER	07921	908-781-7171	
Clinical Care	AFC Urgent Care Bound Brook	601 W Union Ave	BOUND BROOK	08805	732-469-3627	
Clinical Care	Access Medical Associates	Building 1 3322 Route 22	Branchburg	08876	908-704-0100	
Clinical Care	Dental Care Bridgewater	475 N Bridge St	BRIDGEWATER	08807	(908) 947-0320	
Clinical Care	U.S. HealthWorks Medical Group	350 Grove Street at Route 22 Eas	BRIDGEWATER	08807	908-231-0777	
Clinical Care	Brunswick Urgent Care	3185 NJ-27	FRANKLIN PARK	08823	732-422-4889	
Clinical Care	Family Care PA	257 US-22	Green Brook	08812	732-968-7878	
Clinical Care	RWJ Physician Enterprise Urgent Care	751 Route 206 North Suite	HILLSBOROUGH	08844	908-685-2513	
Clinical Care	Hillsborough Comprehensive Dental Care	390 Amwell Rd Suite 108	HILLSBOROUGH	08844	(908) 431-5624	
Clinical Care	Dental Care Hillsborough	706 US-206	HILLSBOROUGH	08844	(908) 533-9027	
Clinical Care	Hunterdon Healthcare Urgent Care	45F 206 South	Raritan	08869	908-237-4122	
Clinical Care	Dental Care Somerset	441 Elizabeth Ave	SOMERSET	08873	(908) 333-4995	PSA
Clinical Care	Krantz Dental Care	7 Cedar Grove Ln #33	SOMERSET	08873	(732) 469-8083	PSA
Clinical Care	Platinum Dental Group, LLC	636 Easton Ave	SOMERSET	08873	732) 828-0606	PSA
Clinical Care	Cedar Grove Dental	97 Cedar Grove Ln	SOMERSET	08873	(732) 271-1220	PSA
Clinical Care	Somerset Dentists	710 Easton Ave Ste 1	SOMERSET	08873	(732) 545-4465	PSA
Clinical Care	KK Dental	1323 NJ-27	SOMERSET	08873	(732) 249-0411	PSA
Clinical Care	Brunswick Dental Care	225 Demott Ln	SOMERSET	08873	(732) 246-0100	PSA
Clinical Care	Complete Dental Care	25 Clyde Rd	SOMERSET	08873	(732) 873-4122	PSA
Clinical Care	Belbar Dental Associates	812 Hamilton St	SOMERSET	08873	(732) 846-2494	PSA
Clinical Care	Esteem Dental Services	84 Veronica Ave B1017	SOMERSET	08873	(732) 210-0505	PSA
Clinical Care	Zufall Health Center	71 Fourth St.	SOMERVILLE	08876	(908) 526-2335	
Clinical Care	ME Urgent Care Center	1569 US Highway 22	WATCHUNG	07069	908-322-2631	
Communicable Disease	Planned Parenthood of Greater Northern	203 South Main Street	Manville	08835	908) 231-9230	
Communicable Disease	Somerset Family Practice	110 Rehill Avenue	SOMERVILLE	08876	908) 685-2900	
Communicable Disease	Women's Health & Counseling Center	71 Fourth Street	SOMERVILLE	08876	(908) 526-2335	
Family & Social Support Services	Somerset County Vocational Technical High	14 Vogt Drive	BRIDGEWATER	08807	(908) 526-8900 ext. 7286	
Family & Social Support	Safe and Sound Somerset	427 Homestead Road	HILLSBOROUGH	08844	(908) 359-0003	
Family & Social Support	Somerset County Board of Social Services	391-D Somerset Street	North Plainfield	07060	(908) 526-8800	

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Family & Social Support	Somerset County Board of Social Services	610 Franklin Blvd.	SOMERSET	08873	(732) 846-6499	PSA
Family & Social Support	Somerset County Board of Social Services	73 East High Street	SOMERVILLE	08876	(908) 526-8800	
Family & Social Support	Zufall Health Center	71 Fourth Street	SOMERVILLE	08876	(908) 526-2335	
Family & Social Support	Community Child Care Solutions	86 East Main Street	SOMERVILLE	08876	(908) 927-0869	
Family & Social Support	Empower Somerset, Inc.	34 W. Main Street, Suite	SOMERVILLE	08876	(908) 722-4400	
Family & Social Support Services	EmPOWER Family Success Center	34 West Main Street Second Floor, Suite 201	SOMERVILLE	08876	(908) 722-4400	
Family & Social Support Services	Franklin High School	71 Fourth Street	SOMERVILLE	08876	(908) 526-2335 ext. 133	
Family & Social Support	VanDerveer #10	Union Avenue	SOMERVILLE	08876	(732) 324-8200	
Family & Social Support Services	Somerset County Child Assault Prevention	PO Box 155	South Bound Brook	08880	(732) 356-1422	
Healthcare Locations	RWJ SLEEP CENTER	331 US HIGHWAY ROUTE 206 - 2ND FLOOR	HILLSBOROUGH	08844	(908) 231-6180	
Healthcare Locations	THE MATHENY SCHOOL AND HOSPITAL	65 HIGHLAND AVENUE	PEAPACK	07977	(908) 234-0011	
Healthcare Locations	SPORTS MEDICINE INSTITUTE AT SPUH, THE	562 EASTON AVENUE	SOMERSET	08873	(732) 745-8600	PSA
Healthcare Locations	ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET	110 REHILL AVE	SOMERVILLE	08876	(908) 685-2200	
Healthcare Locations	Somerset Medical Center	110 REHILL AVE	SOMERVILLE	08876	908-685-2200	
Maternal and Pediatric	Central Jersey Womens Health	1 Robertson Dr # 25	BEDMINSTER	07921	(908) 532-0787	
Maternal and Pediatric	All Women's Healthcare	3461 US-22	Branchburg	08876	(908) 788-6469	
Maternal and Pediatric	Somerset OB/GYN Associates	215 Union Ave A	BRIDGEWATER	08807	(908) 722-2900	
Maternal and Pediatric	Somerset Ob/gyn Associates	1 New Amwell Rd B	HILLSBOROUGH	08844	(908) 874-5900	
Maternal and Pediatric	First Choice Women's Resource Centers	211 W Front St #118	PLAINFIELD	07060	(908) 561-0079	
Maternal and Pediatric	Zufall Health Center - Medical	71 4th St	SOMERVILLE	08876	(908) 526-2335	
Senior Services	Assisted Living at Fellowship Village	9000 Fellowship Road	BASKING RIDGE	07920	(908)580-3824	SSA-2
Senior Services	Sunrise Of Basking Ridge	404 King George Road	BASKING RIDGE	07920	(908)542-9000	SSA-2
Senior Services	VISITING NURSE ASSOCIATION OF SOMERSET HILLS HOME HEALTH & HOSPICE SERVICES,	200 MT AIRY ROAD	BASKING RIDGE	07920	(908) 766-0180	SSA-2
Senior Services	VNA SOMERSET HILLS HOSPICE	200 MT AIRY ROAD	BASKING RIDGE	07920	(908) 766-0180	SSA-2
Senior Services	Fellowship Garden State Hospice	8000 FELLOWSHIP ROAD	BASKING RIDGE	07920	(908) 580-9519	SSA-2
Senior Services	Skilled Nursing at Fellowship Village	8000 Fellowship Drive	BASKING RIDGE	07920	(908)580-3800	SSA-2
Senior Services	Care One at Somerset Valley Assisted Living	1621 Route 22 West	BOUND BROOK	08805	(732)469-2000	
Senior Services	Care One at Somerset Valley	1621 Route 22 West	BOUND BROOK	08805	(732)469-2000	
Senior Services	Compassionate Care Hospice of Clifton, L.L.C.	9 LAMINGTON ROAD, SUITE	BRANCHBURG	08876	(908) 526-2600	
Senior Services	Friends Retirement Concepts at Arbor Glen	100 MONROE STREET	BRIDGEWATER	08807	(908) 595-6500	
Senior Services	The Chelsea at Bridgewater	680 202/206 North	BRIDGEWATER	08807	(908)252-3400	
Senior Services	Avalon at Bridgewater	565 State Highway 28	BRIDGEWATER	08807	(908)707-8800	
Senior Services	Brandywine Assisted Living at Middlebrook	2005 Route 22 West	BRIDGEWATER	08807	(732)868-8181	
Senior Services	Friends Retirement Concepts	100 Monroe Street	BRIDGEWATER	08807	(908)595-6565	
Senior Services	Bridgeway Care and Rehabilitation Center at	270 Route 28	BRIDGEWATER	08807	(908)722-7022	
Senior Services	Friends Retirement Concepts/Arbor Glen	100 Monroe Street	BRIDGEWATER	08807	(908)595-6565	
Senior Services	Green Knoll Center	875 Route 202-206 North	BRIDGEWATER	08807	(908)526-8600	
Senior Services	N. J. Eastern Star Home, Inc.	111 Finderne Avenue	BRIDGEWATER	08807	(908)722-4140	
Senior Services	N. J. Eastern Star Home, Inc.	111 Finderne Avenue	BRIDGEWATER	08807	(908)722-4140	
Senior Services	Abingdon Care & Rehabilitation Center	303 Rock Ave	Green Brook	08812	(732)968-5500	
Senior Services	Adult Learning Center At Hillsborough	216 Rt 206 S	HILLSBOROUGH	08844	(908)904-1055	
Senior Services	The Avalon At Hillsborough	393 Amwell Road	HILLSBOROUGH	08844	(908)874-7200	
Senior Services	Brookdale Hillsborough	600 Auten Road	HILLSBOROUGH	08844	(908)431-1300	
Senior Services	Bridgeway Care And Rehabilitation Center At Hillsborough	395 Amwell Road	HILLSBOROUGH	08844	(908)281-4400	
Senior Services	Foothill Acres Rehabilitation & Nursing	39 East Mountain Road	HILLSBOROUGH	08844	(908)369-8711	
Senior Services	SarahCare At Watchung Square	130 Route 22 East	North Plainfield	07060	(908)561-8888	

Resource Type	Provider Name	Street Address	Town	ZIP Code	Phone	PSA/SSA
Senior Services	Rehab at River's Edge	633 Route 28	Raritan	08869	(908)526-8950	
Senior Services	Stonebridge At Montgomery Health Care	100 Hollinshead Spring	Skillman	08558	(609)759-3600	
Senior Services	Stonebridge At Montgomery Health Care	100 Hollinshead Spring	Skillman	08558	(609)759-3654	
Senior Services	Forever Young Medical Day Care, L.L.C.	18 Worlds Fair Drive	SOMERSET	08873	(732)271-8010	PSA
Senior Services	Rainbow Home	370 Campus Drive, Suite	SOMERSET	08873	(732)412-7167	PSA
Senior Services	Martin and Edith Stein Assisted Living	350 Demott Lane	SOMERSET	08873	(732)568-1155	PSA
Senior Services	Spring Hills at Somerset	473 Demott Lane	SOMERSET	08873	(732)873-4800	PSA
Senior Services	The Martin and Edith Stein Hospice	49 VERONICA AVENUE, 206	SOMERSET	08873	(732) 227-1212	PSA
Senior Services	Parker at McCarrick	15 Dellwood Lane	SOMERSET	08873	(732)545-4200	PSA
Senior Services	Regency Heritage Nursing and Rehabilitation	380 Demott Lane	SOMERSET	08873	(732)873-2000	PSA
Senior Services	Somerset Woods Rehabilitation & Nursing	780 Old New Brunswick	SOMERSET	08873	(732)653-3000	PSA
Senior Services	Willow Creek Rehabilitation and Care Center	1165 Easton Ave	SOMERSET	08873	(732)246-4100	PSA
Senior Services	Community Visitng Nurse Service	110 WEST END AVENUE	SOMERVILLE	08876	(908) 725-9355	
Senior Services	Community Care Hospice	110 WEST END AVENUE	SOMERVILLE	08876	(908) 725-9355	
Senior Services	The Chelsea at Warren	274 King George Road	WARREN	07059	(908)903-0911	
Senior Services	Brightview Warren	57 Mt Bethel Road	WARREN	07059	(908)756-3790	
Senior Services	Brandywine Senior Living at Mountain Ridge	680 Mountain Boulevard	WATCHUNG	07069	(908)754-8180	
Senior Services	McAuley Hall Health Care Center	1633 Highway 22	WATCHUNG	07069	(908)754-3663	
Substance Abuse Services	CARRIER CLINIC OUTPATIENT ADDICTION TREATMENT SERVICES	252 RTE 601	BELLE MEAD	08502	(908) 281-1412	
Substance Abuse Services	CARRIER CLINIC BLAKE RECOVERY CENTER	252 ROUTE 601 PO BOX 147	BELLE MEAD	08502	(908) 281-1000	
Substance Abuse Services	FAMILY AND COMMUNITY SERVICES OF SOMERSET COUNTY	339 WEST SECOND STREET	BOUND BROOK	08805	(732) 356-1082	
Substance Abuse Services	AMERICAN DAY CD CENTERS D/B/A/ HIGH FOCUS CENTERS	3322 ROUTE 22 WEST, SUITE 1403	Branchburg	08876	(732) 474-7447	
Substance Abuse Services	GENPSYCH	981 US HIGHWAY 22	BRIDGEWATER	08807	(908) 526-8370	
Substance Abuse Services	COMPREHENSIVE FAMILY TREATMENT OF	540-550 ROUTE 22 EAST	BRIDGEWATER	08807	9087221881	
Substance Abuse Services	RICHARD HALL COMMUNITY MENTAL HEALTH CENTER OF SOMERSET COUNTY	500 NORTH BRIDGE STREET	BRIDGEWATER	08807	(908) 725-2800	
Substance Abuse Services	CAPITOL CARE AT SOMERSET	2121 ROUTE 22 WEST	BRIDGEWATER	08873	(844) 437-3482	
Substance Abuse Services	GENPSYCH	981 US HIGHWAY 22	BRIDGEWATER	08807	(908) 231-0511	
Substance Abuse Services	DAYTOP VILLAGE OF NEW JERSEY AT	362 SUNSET ROAD	SKILLMAN	08558	(908) 874-5153	
Substance Abuse Services	THE CENTER FOR GREAT EXPECTATIONS	19 B DELLWOOD LN	SOMERSET	08873	(732) 247-7003	PSA
Substance Abuse Services	GUIDED LIFE STRUCTURES	75 VETERANS MEMORIAL DRIVE	SOMERVILLE	08876	(908) 704-0011	
Substance Abuse Services	SOMERSET TREATMENT SERVICES	118 WEST END AVENUE	SOMERVILLE	08876	(908) 722-1232	

Greater Somerset Public Health Partnership
In Cooperation with Healthier Somerset
Community Health Assessment
Preliminary Review
Listening Session
Thursday, June 28, 2018
Multi-Purpose Room 7:45-10AM
Hillsborough Municipal Complex—Peter J. Biondi Building, Hillsborough Township, NJ

World Café Exercise Report

Welcome Remarks: Stephanie Carey, Greater Somerset Public Health Partnership (GSPHP)

Introductions: Serena Collado, Director of Community Health, Healthier Somerset

Community Health Assessment Data Briefing – Tamara Cunningham, RWJBarnabas Health

Ms. Cunningham provided an overview and brief report on CHA preliminary qualitative data findings.

Community Health Assessment is a process that:
- Determines and evaluates the state of health and health needs of a local population
- Enables the identification of major risk factors and causes of ill health; and
- Identifies action needed to address these factors

Why do a CHA?
- To provide data for decision-making
- To promote awareness and action
- To satisfy a mandate
- Leads to the development of Community Health Improvement Plan (CHIP)

The process consists of development of data and internal oversight, review of secondary source data, primary research, priority setting and plan development, communication plan (all constituents), implementation and evaluation.

Primary Data - Resident Survey:

Resident Survey PRELIMINARY results for respondents' top health issues/concerns for Somerset were:

- Obesity/overweight (46%)
- Mental Health issues -depression, anxiety, suicide, etc. (41%)
- Substance use, abuse or overdose (39%)
- Aging concerns – Alzheimer's, falls, dementia, arthritis, etc. (31%)
- High stress lifestyles (27%)
- Cancer (18%)
- Diabetes (16%)
- Chronic heart disease (8.6%)

Top Barriers include insurance problems (32.7%), costs (27.3%), inconvenient appointment schedules (26%) and wait times (19%), Doctors not accepting new patients (14%).

Primary Data – Focus Groups/Key Informant Interviews:

Results of 5/24 Mental Health Focus Group:

- Not enough providers and addition services, fragmented
- Financial/insurance constraints
- Language limitations (Latino/Hispanic)

- Transportation barriers
- Stigma
- Insufficient Supports (housing for recovery)

Medicaid / Underserved Focus Group on June 26:

- Lack of providers accepting Medicaid
- Transportation barriers to out of area providers
- ED becomes primary care source as unable to hand off to community provider
- Lack of supports for better health and prevention (education, care coordination)

Key Informant interviews underway to include Faith-based, Asian, Housing, Food, Public Health and Senior perspectives.

Secondary Data:

Key Findings:

- Growing, aging and increasingly diverse population
- Upper quartile performance for most indicators examined

Opportunities:

- Increasing mortality rates for Alzheimer's, lower respiratory, diseases of the heart and stroke
- Lowest percentage of live births with first trimester prenatal care in the tri-county area; increasing Infant mortality rate and highest % of LBW babies
- Children meeting all immunization requirements
- More uninsured/people under federal poverty than comparatives
- Adults Age 65+ not having flu shot and adults with high cholesterol more than Healthy People target
- Rate for history of depression higher than state/comparatives
- Diabetes % increasing and double that of Hunterdon
- % of adults with arthritis increasing, higher than comparative rates
- HIV prevalence and STD rates higher than comparative counties
- Heavy drinking % higher than state/comparatives
- % adults with BMI > 30 higher than comparatives; % adults reporting no leisure time physical activity increasing (still lower than state)
- Increasing rate of children with elevated blood lead levels; higher than comparatives
- Over 50% of respiratory, digestive and oral cancers diagnosed later stages

Health Outcomes – Mortality (Somerset County):

Top 10 Causes of Death:

1. Diseases of Heart
2. Cancer (malignant neoplasms)
3. Stroke (cerebrovascular diseases)
4. Chronic lower respiratory diseases
5. Unintentional injuries
6. Alzheimer's disease
7. Diabetes mellitus
8. Septicemia
9. Influenza and pneumonia
10. Nephritis nephrotic syndrome and nephrosis

Percent Change:

- Between 2013 and 2015, 4 of the top 10 age-adjusted death rates declined, with greatest decreases in Diabetes (-28.4%), Influenza and pneumonia (-20.9%), and Nephritis Nephrotic Syndrome and Nephrosis (-19.2%).
- Since 2008, the top 2 COD (Heart Disease & Cancer), experienced an increase.
- Alzheimer's Disease increased 34.8% from 2013, the largest percent increase – almost 2x greater than the next leading COD, Chronic Lower Respiratory Disease at 18.1% change.

Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2015 is most recent year available.

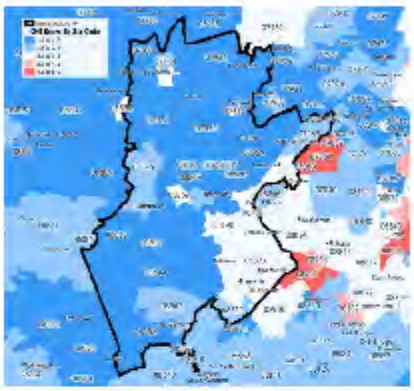
Community Need Index (CNI)

SOURCE: 2017 DIGNITY HEALTH, TRUVEN HEALTH ANALYTICS, 2016; INSURANCE COVERAGE ESTIMATES, 2016; THE NIELSON COMPANY, 2016; AND COMMUNITY NEED INDEX, 2016.

A CNI:

- CNI scoring helps pinpoint specific areas that have greater need than others.
- The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using 2015 source data.
- Provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0.
- A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

	County	ZIP Code	ZIP Code Description	CNI Score
Highest CNI Score (Highest Need)	Somerset	08805	Bound Brook	3.2
	Somerset	08835	Manville	3
	Somerset	08869	Raritan	2.8
	Somerset	08880	South Bound Brook	2.8
	Somerset	08873	Somerset	2.6
Lowest CNI Score (Lowest Need)	Somerset	07931	Far Hills	1.6
	Somerset	08558	Skillman	1.6
	RWJBH SOM	08844	Hillsborough	1.6
	RWJBH SOM	08853	Neshanic Station	1.6
	RWJBH SOM	08836	Martinsville	1.4



Using the Tools of Community Engagement in Your Organization –

Stephanie Carey, Health Officer (Montgomery/Hopewell Borough/Pennington Borough)

The goal is to engage community members and partners to better address public health issues. Stephanie provided a demonstration to the coalition partners present on how to use the World Café exercise.

What is a World Café?

A World Café or Knowledge Café is a structured conversational process for knowledge sharing in which groups of people discuss a topic at several tables, with individuals switching tables periodically and getting introduced to the previous discussion at their new table by a "table host".

World Café Etiquette and Facilitator Introductions

World Café Etiquette

- Focus on what really matters

- Contribute your ideas and thinking
- Speak your mind and heart with humility.
- Listen to understand.
- Connect your ideas with others.
- Play, doodle and draw
- Have fun!

Tools of Community Engagement
These are tools you can take back to your organization to assure your communities' voices are heard!

- World Café -Collaborative Dialogue for Questions that matter www.theworldcafe.com
- SWOT–Assessing Strengths/ Weaknesses/Opportunities/ Threats
- Appreciative Inquiry-Asking what's best about your organization helps identify its values.
- Affinity Model--gathering comments on a key question without judgment, then identifying common themes

Table Hosts spend 10 minutes gathering feedback (on post-its) and 2 minutes clarifying and identifying themes.

Table Hosts (Facilitators) for World Café Exercise:
Tiffany O'Neal, Healthier Somerset
Jeremy Szeluga, Montgomery Township Health Department
Cheryl Komline, Bernards Health Department
Devangi Patel, Montgomery Township Health Department

Support Team:
Monika Baskaran, Montgomery Township Health Department
Nicholas Cai, Montgomery Township Health Department
Siobhan Spano, Hillsborough Health Department - Timekeeper
Stephanie Carey, Montgomery Township Health Department - Floater

Table One: Tiffany -- What does a healthy community look like (define "health")? What do you view as barriers to good health in Somerset County? (Partial SWOT analysis) (Community)

Table Two: Jeremy -- Appreciative Inquiry to define organizational values and themes—The theme for your columns may be values-words What is the best thing about GSPHP? Healthier Somerset? Why are you here today? A year from now, what will bring you back to the organization? (Organization)

Table Three: Cheryl – Based on the data you heard today, which items are most relevant to our Community Health Assessment? What/whose input is missing? (CHA) qualitative data and gap analysis from community members

Table Four: Devangi – For our 2015-2018 Community Health Improvement Plan implementation, what worked well? What didn't go so well? What lessons did we learn implementing the 2015 CHIP that we can use to do better next time? OR What one thing do you wish we could all work together on over the next three years to make our towns healthier? (CHIP Evaluation)

Questions:

Participants started at the table matching the number given to them at Registration. Participants wrote their answers to the questions on post-it notes in 3-5 word phrases. A person could write as many post-its as they want, 1 idea per post-it., and stick on flip chart paper. After 10 minutes (or sooner if they are done), facilitator encouraged the group to spend two minutes clustering the post-its along similar themes, asking questions to clarify, build consensus, and name the theme. A total of 12 minutes per small group, with 2 minute changeovers. (A new flip chart page for each changeover)

There were a total of 4 rotations to the 4 tables. Final answers were compiled into tables along with identified themes for each of the questions:

Healthier Somerset	What does a healthy community look like? (Define Health)					Public Health
Mental/Emotional Health	**Disease Prevention**	**Health/Well Being**	**Community Involvement**	**Access to Care**	**Environment**	
Mental well being (x4)	Early detection for all cancer and chronic diseases	Healthy Community People aware of where to get help	Healthy people participating in clinics	Everyone being able to have affordable health care	Access to fresh fruit and vegetables	
Emotional health	Preventive Care Programs	Belief that health is a priority	People seeking information	financial support	A good public health infrastructure	
emotional, relationship support	Free of Disease (x2)	physical well being (x4)	Support groups all ages	Conditions that lead to $ affordability of healthcare	Healthy air and water	
Mental health needs treated (affordable)	Using science or art to prevent disease and promote health	People exercising and learning (x2)	People connect to people more than feral cats	Sufficient and accessible treatment providers	Fitness and green streets (open space)	
Stigma free(2)	Preventing disease not just treating	Health Activities	People helping people "clear up"	Equity in everything	Complete streets	
Trauma informed		Access to spiritual, physical support	People outside engaged in activities	Options for medical care	Smoke free	
		Everyone lives long active and healthy lives	People living and working together in health and harmony	Access to quality healthcare	Healthy menu restaurants	
		Walk ability	Kind, Caring and Supportive	Economic options		
		Bio-psycho social (holistic)	People outside talking together	A healthy community is one where healthcare is a valuable and equal to no matter what your finances are		
		Healthy mind/healthy body	A community where people have opportunity to be physically active outdoors/indoors			
		Mind-Body-Spirit work as one holistic support	Resources to use			
			Spiritual community			
			Public health programs			
			Friendly welcoming community			
			Strong community policing			

Healthier Somerset	What do you view as a barrier to good health in Somerset County?						PublicHealthMatters	
Insurance	**Access to care**	**Communication**	**Transportation**	**Health Literacy**	**Money/Funding**	**Affordability**	**Stigma/ Community Norms**	**Other**
Lack of or not signed up for insurance	Lack of recovery support options	Lack of Social media presence	Dangerous roads for physical activities	Misunderstanding Public Health	Lack of funding x2	Cost of Healthy Foods	Stigma x2	Political agendas
Lack of recovery support options	Cost of healthcare including dental care	Lack of communication of community needs	Transportation access	Lack of health considering and public decisions	Federal Gov't Financial Support	Financial Cost of Living (Very High)	Competitions with black and white entities	Too much focus on material accumulation
Outdated insurance coverage rules	Resources access x2	Language Barrier x2	Transportation in larger towns	Lack of education about health	Funding	Cost of Living	Affordability of area (economics)	System varies
No one is holding insurance companies accountable for poor coverage and high premiums	Access by adolescents (afraid to tell mom and dad)	Lack of education in public health	Transportation x2	Not Understanding public health	Equity in resources	Income vs Expenses	Lack of knowledge	No support system
High out of pocket insurance costs	Focus is on care as opposed to primary prevention	Social services	Lack of Transportation	Lack of free maps at locations (like coffee shops)	Law of diminishing returns for budget cuts	Affordable Living	Inequity concentration poverty	
No Medicaid Insurance accepted	Health insurance premiums	Need more english speaking professors				High Costs of living	Social inequality	
No Medicaid Providers	Financial Providers + Patients							
	Cost of Healthcare Dental Care							

Healthier Somerset	What is the best thing about Healthier Somerset?		Public Health	6.28.18
People	**Process**	**Results**		
Many partners	Sharing information	Access to community		
Relevant presenters	Community	Improving the health & well-being of community		
Their passion for the community	Joint ideas	Improvement of services in community		
A well informed membership	Shared communication	Funding for studies & staff		
Coalition to address health needs of our community	Networking with partner organizations	Full time paid staff		
People who care and are passionate about the health of community	Collaboration (x5)	Funding for wellness programs		
Supportive partners	Takes on new issues	Addressing community needs		
	Collecting information			
	Always looking to improve			

Healthier Somerset	What is the best thing about GSPHP?		Public Health	6.28.18
Partnership	**Process**	**Results**	**Data**	
The Health Officers & Associates	Progress	Thriving members	Data (x3)	
Dedication to Public Health Somerset Co.	Cooperation			
Dedication to helping/education/collaboration	It promotes public health collaborations			
Comprehensive view of community health (x2)				
Provide a public health perspective to health				
Good organization for health officers to discuss concerns in their municipalities				
Ability to work with other Public Health members				

Healthier Somerset	Why are you here today?				Public Health	6.28.18
Continued Energy & Optimism	**Engagement/Make a Difference**	**Leadership**	**Learn and Share**	**Networking**	**Other**	
To advocate for Local Public Health	Public Health improvement	Strong link to local governments	Learn about mandatory practice of STD prevention	To visit Nurse Assoc.	Accreditation	
I love Somerset County	Improve school health & well-being	Passionate leaders	Learn where our community stands & how to improve	To begin collaborations	Support the CHIP process	
To express my voice & opinion	live & work in Somerset County. I want to contribute to making the county better/healthy	To support community leaders	To learn more about Healthier Somerset	Meet people in county	Education	
	Learn how to better support community (x3)		Learn more about how different parts of public health are connected	Relationship building	My colleagues	
	To build and be cohesive		Wanted to hear preliminary data			
	Share community's needs		To get insight on public health issues in the county			

	A Year from now, what will bring you back to Healthier Somerset?					6.28.18
Results	**Connections/Continued Partnerships**	**Achieved Common Goals**	**Learning**	**Community Improvement**		
Demonstration of two public health initiatives & improvements	Still working	Commitment to change	Public Health guidance	Ideas to improve community		
Success in improvement of health services	More collaboration between addiction + mental health services & Healthier Somerset	Bettertmore data (x4)	Concerns related to school health			
	Partnerships	Increased focus on public health issues (x2)				
	Community connections	Obtainable actions items				
		Progress in implementing health improvement plan				

Healthier	Based on the data you heard tonight, which parts are most relevant to our CHA?					6/28/18
MENTAL HEALTH	ACCESS TO RESOURCES	CHRONIC DISEASE DATA	OVERCOMING BARRIERS	DATA	OTHER	
Mental Health x8	Transportation	Obesity weight	Issues of Equity	The data seemed inverted vs community perception	Socialization	
	Transportation Access	Diabetes	Easy ways to get active in busy lives			
	Apps to access country wide resources	Obesity	Housing Concerns	Nutrition information for residents		
	Where to find health information	Late stage of cancer very young	Food Deserts		Lack of Participation	
	Health Information		Transportation Issues		Small Total Quantity of participants	
	Maps of resources within our country		Cultural and language barriers			
	Equity access to services		What is the barrier to getting more participation in survey?			
	Access to care					
	Increase Funding for Public Health					

Healthier Somerset	Based on the data you heard tonight, which items are missing from our community health assessment?				6/28/18	Public Health
Mental Health	**Transportation**	**Data**	**Access to Resources**	**Representation**	**Language**	
People in recovery from mental health substance abuse	Access to Transportation Barriers x4	Evaluation prior to CHIP	Like Doctors/ Providers	Public Health perspective	Non english speaking communities asian/S.E. Asian Communities, Eastern European)	
Definition of community mental health	Affordable Transportation x2	% People and Age and Race Distribution by Municipality	Limited coverage in Private health insurances	Teachers and Education	Non- English Speaking many spoken languages	
% Somerset County Residents utilization of mental health services		Qualitative Community Health Data - What are community leaders seeing?	Access to Care Barriers	Clergy Faith Leaders x 3	Data from the unserved and underserved especially from those who do not speak English	
		Municipal Level Data Summaries	Community Services	Electoral Officials	Language Terminology	
		Health Equity	Community Education	"Millennials" 18-25 years x 3		
		% Insured Somerset County residents who utilized Primary Care Services	Materials in languages representative of the non-english speaking populations in the respective communities	Community Members/Leaders x4		
		Community Assets		LGBTQ individuals		
		Environmental Factors Data		The Healthcare Professional		
		Clean Air, Clean Water Data		Parents		
		Medicaid utilization		No Tech		
		More people to give input		Homeless Populations		
				Older Adults		
				Seniors in long term care facilities		
				Teens/Youth/Schools x5		
				Vets		
				Identification of Vulnerable, unserved and underserved populations		
				Police Department		

	What/Whose input is missing?					6/28/18	
Youth	Healthcare	Leaders	Representation	Public Health	Language		
"Millennials" 18-25 years	The Healthcare Professional	Teachers and Education	Evaluation prior CHIP	Public Health perspective	Language Terminology		
Adolescent young adults	Vets	Clergy Faith Leaders	Parents	Community Health Workers	Non english speaking communities across S.S. Asian Communities, Eastern European)		
Youth	Doctors/ Providers	Elected Officials	People and Distribution	Prevention Agencies	Non- English Speaking many spoken languages		
Teens	Seniors with long term care facilities	Leaders	Community Members				
	People in recovery from mental health substance abuse	Other Community Leaders	More people to give input				
		Police department	Older Adults?				
		Church Leaders	Yo Tuth				
			Homeless Populations				
			Schools				
			LGBTQ individuals				

	For our 2015-2018 Community Health Improvement Plan Implementation, what worked well					6/28/18	
Collaboration	Commitment	General Comments	Services				
A large group discussion	Hospital committed to process	I like the priorities and that mental health was included	Substance abuse prevention				
Community ORGS invited to process	Dedication of persons to implement	I use the chip for grant writing	Accessible care for everyone				
Community partner participation	Priorities more on target	Good strategies to address needs	Non bias care				
Working groups were good	Partners more involved and vested						
The session where we broke into groups and came up with the focus areas, very interactive and inclusive of entire H.S.							
Working together							
Coalitions from various sectors involved							

Healthier Somerset	For our 2015-2018 Community Health Improvement Plan Implementation, what didn't go so well				6.28.18	Public Health
Data	**Tracking**	**Funding**	**Suggestions**	**Access**	**Community**	**Not aware of CHIP**
Raw data is limited	Baselines were questionable	Not enough funding for Public Transportation	Identify new partners to work towards goal	Barriers	Disconnect between clinical and public health	Not aware of CHIP (x14)
Lack of data for comparison to next CHIP	Mental health programs/education, school mental health	No funding for implementing major improvements	Convey goals in lay language to public	Transportation alternatives limited (x3)	Community Awareness of this proposed plan/support services	
	Goals were not realistic	Lack of implementation funding	Ensure that CHIP strategies connect back to CHA.	Language barriers	Too much healthcare focus	
	Lack of progress reports	Resources to address barriers to care	Require provision of Baseline data	Not signed up for insurance	Lots of hospital, not community health need	
	No CHIP tracking accountability		Designate priority area leaders to provide data for CHIP Tracking	Availability of services in northern and southern parts of county	Hospital need vs. Community Need	
	Little to no implemental known					
	Some of the objectives were not SMART					

Healthier Somerset	**What lessons did we learn implementing the 2015 CHIP that we can use to do better next time?**	6.28.18	Public Health	
Need to share municipal level data with municipalities to address issues at the local level				
Communication				
Communication of activities from workgroups to community workers and agency partners				
Track CHIP regularly				
Goals and Objectives must tie back to CHA				
Objectives must be S.M.A.R.T.				
Are goals focused on the community?				
CHIP should focus on well care				
Public Health Focus is key				
Data accuracy (sp)				
Better alignment between healthier Somerset and local health				
Professional trainings for coalition partners about S.M.A.R.T. objectives, public health, cultural competence, health equity, available data sources				

Healthier Somerset	What do you wish we could all work together on over the next 3 years to make our towns healthier?			6.28.18	Public Health	
Suggestion	**Data**	**Mental Health**	**Question**	**Education**	**Schools and Youth**	
Access to affordable prescriptions and free screening	Share raw data with community partners who cannot attend regular meetings	Mental Health Program definition, focus for actual implementation and what each group can offer	Are we reaching/communicating with people whose primary language isn't English?	Training physicians on MH and PH and substance abuse	Develop community youth recreation centers	
Promote impact of Public Health	Is data from FQHC correct?	Eliminate issues around stigma (mental health)	How do we define Mental Health?	Root cause analysis	School- based services for all community schools	
Satellite office for primary care for poverty population to avert use of ER	Implement a performance management QI system to keep track of activities and progress	Mental Health x3	What is Public Health's role in addressing and preventing Mental Health?	Education of residents about disease stats	Substance use prevention programs starting in elementary school	
Transition conversation from health care to public health (Primary prevention- not secondary or tertiary prevention)	Data from Richard Hall	More satellite substance use treatment providers other than ER for lower income and non English speakers	What is the Hospital's role in addressing Mental Health issues in the community?	Focus on equity in all not equality		
CHIP not shelf document, encourage and promote benefits of utilizing the CHIP in 2018+	Data from Zufall					
A county wide approach to meet needs not by municipality	Data from Zufall- are people using it?					
Increase awareness of available resources						
Providing non English speaking people information						
Recommend and Implement Policies across districts						
Set up programs where ER does not accept primary care issues and refers to on-site satellite office						

Healthier Somerset & Greater Somerset Public Health Partnership

SWOT Analysis Based on June 28, 2018 Community World Café Community Engagement Exercise

Strengths	Weaknesses
• Member interest in learning about community health needs • Always looking to improve • Collaboration between community partners • Member commitment/involvement • Shared resources • Access to community • CHIP used to apply for program funding • Passion to support the underserved • Members want to be actively engaged and make a difference • Promotes Public Health collaborations	• Disconnect between clinical and public health • Unidentified unrepresented populations • Lack of social media presence • Lack of Public health focused trainings (ex: equity, population health, policy and systems change) • Lacking focus on affordable food, housing, health care and transportation • Significant health inequities by zip code • Document meetings and conversations with GMPHP leadership • CHIP Objectives weren't SMART and didn't include baseline data and sources • Lack of localized data by municipality (vulnerable populations by priority area)
Opportunities	**Threats**
• Funding for studies and staff • Transition conversation from health care to public health (primary prevention – not secondary or tertiary) • Satellite offices for primary care and substance use for lower income and non-English speakers to reduce unnecessary ER use • Conduct focus groups Identify health inequities experienced by vulnerable populations • Collect mental health and substance abuse data to address mental health needs • Professional development training Work with Priority Area Leaders to develop SMART objectives	• Lack of awareness of Healthier Somerset's CHA/CHIP process among new members • Lack of funding for affordable food, housing, health care and transportation • Lack of funding for local data collection • Funding for programs, marketing and resources • Gaps in accountability in CHIP Implementation • Language barriers • Lack of Medicaid providers • Community norms (social/health inequities, stigma, etc.) • Communicating with partners/representatives of the community who are not available • Federal Government financial support and budget cuts

Information last updated: July 30, 2018

APPENDIX G: DISCHARGES AND POPULATION 18-64 FOR AMBULATORY CARE SENSITIVE CONDITIONS

ACSC Discharges from NJ Hospitals		Total ACS Discharges	ANGINA	ASTHMA	BACTERIAL PNEUMONIA	CELLULITIS	CONGESTIVE HEART FAILURE	CONVULSION	COPD	DEHYDRATION	DENTAL CONDITIONS	DIABETES	ENT
ALL RACES													
Statewide		55,565	603	3,780	6,170	6,230	5,260	963	6,355	2,923	761	7,624	533
RWJSOM PSA		1,851	11	136	189	213	141	39	151	79	42	286	23
WHITE													
Statewide		27,668	276	1,289	3,316	4,150	2,014	528	3,729	1,469	379	3,271	237
RWJSOM PSA		842	1	57	84	135	53	22	84	30	25	122	5
BLACK													
Statewide		15,535	160	1,363	1,578	892	2,180	242	1,792	740	186	2,603	134
RWJSOM PSA		508	6	31	57	38	61	8	44	19	11	78	7

ACSC Discharges from NJ Hospitals		Total ACS Discharges	GASTRO-INSTESTINAL OBSTRUCTION	GRAND MAL STATUS/OTHER EPILEPTIC CONVULSION	HYPERTENSION	HYPOGLYCEMIA	IMMUNIZATION RELATED PREVENTABLE	KIDNEY/URINARY INFECTION	NUTRITION DEFICIENCIES (til 12/14 DSCHG)	OTHER TUBERCULOSIS	PELVIC INFLAMMATORY DISEASE	PULMONARY TUBERCULOSIS	SKIN GRAFTS W CELLULITIS
ALL RACES													
Statewide		55,565	1,936	4,534	994	60	8	4,164	2,068	33	359	73	134
CMMC PSA		2,102	82	198	31	1	1	145	102	1	10	6	11
WHITE													
Statewide		27,668	969	2,226	346	25	3	2,051	1,203	4	110	6	67
CMMC PSA		607	17	52	3			47	36		3		3
BLACK													
Statewide		15,535	437	1,293	427	26	2	841	462	10	118	16	33
CMMC PSA		611	25	60	11			32	24		4	1	1

Population Source: Claritas Inc. via New Solutions

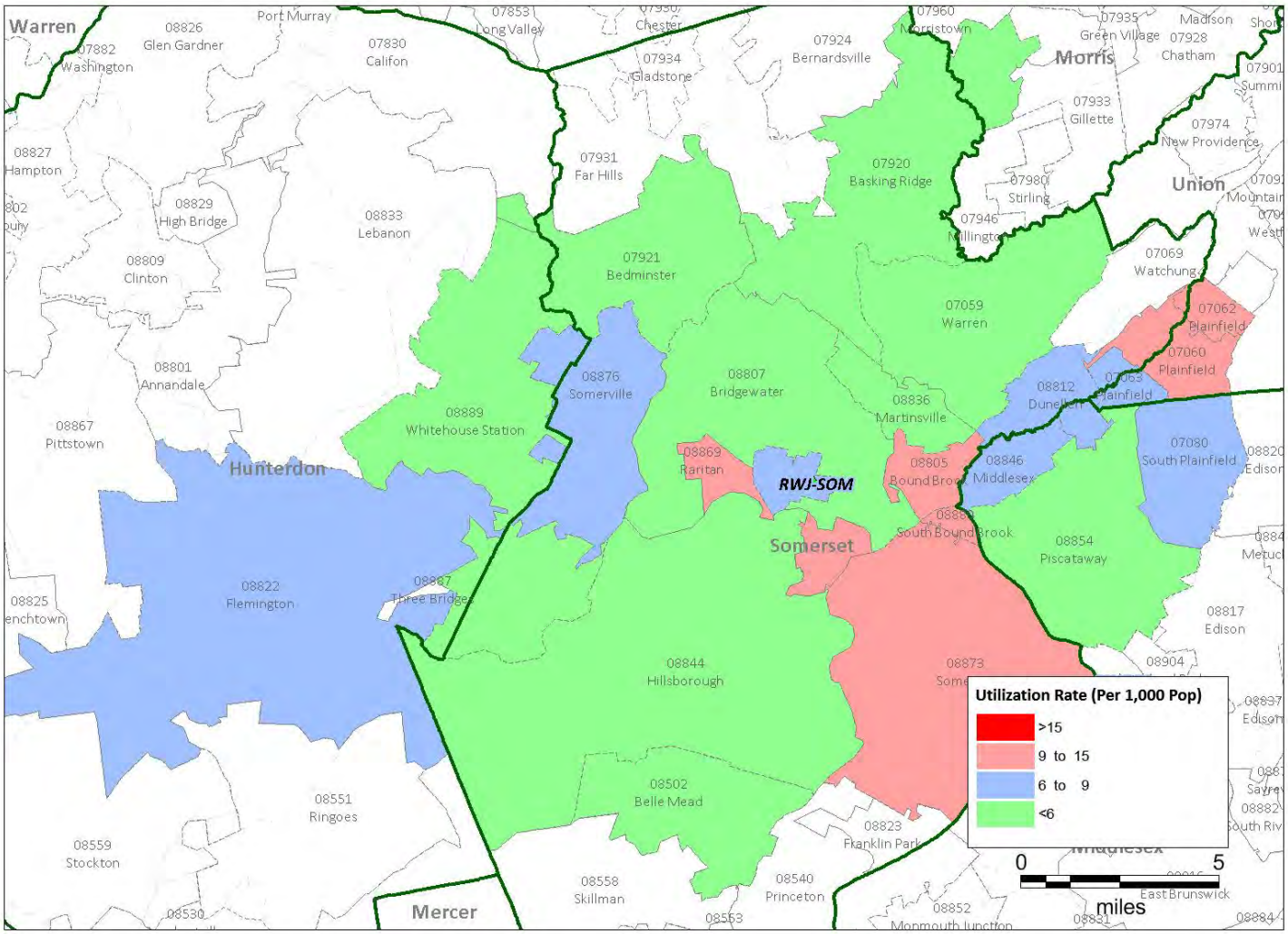
ACSC 2016 Discharge Rate per 1,000 population	Est 2016 Population 18-64	Total ACS Discharges	ANGINA	ASTHMA	BACTERIAL PNEUMONIA	CELLULITIS	CONGESTIVE HEART FAILURE	CONVULSION	COPD	DEHYDRATION	DENTAL CONDITIONS	DIABETES	ENT
ALL RACES													
Statewide	5,610,651	9.903	0.107	0.674	1.100	1.110	0.938	0.172	1.133	0.521	0.136	1.359	0.095
CMMC PSA	196,505	10.697	0.153	0.672	1.165	1.216	1.242	0.122	1.008	0.478	0.117	1.435	0.097
Variance from Statewide		0.793	0.045	(0.002)	0.066	0.106	0.304	(0.050)	(0.125)	(0.043)	(0.019)	0.076	0.002
WHITE													
Statewide	3,657,780	7.564	0.075	0.352	0.907	1.135	0.551	0.144	1.019	0.402	0.104	0.894	0.065
CMMC PSA	108,045	5.618	0.102	0.231	0.703	0.824	0.500	0.083	0.731	0.278	0.056	0.574	0.046
Variance from Statewide		(1.946)	0.026	(0.121)	(0.203)	(0.311)	(0.051)	(0.061)	(0.288)	(0.124)	(0.048)	(0.320)	(0.019)
BLACK													
Statewide	783,378	19.831	0.204	1.740	2.014	1.139	2.783	0.309	2.288	0.945	0.237	3.323	0.171
CMMC PSA	30,581	19.980	0.294	1.373	2.322	1.373	3.662	0.164	1.962	0.556	0.229	2.714	0.164
Variance from Statewide		0.149	0.090	(0.366)	0.307	0.235	0.880	(0.145)	(0.326)	(0.389)	(0.009)	(0.609)	(0.008)
Variance Black from White													
Statewide		12.27	0.13	1.39	1.11	0.00	2.23	0.16	1.27	0.54	0.13	2.43	0.11
PSA		14.36	0.19	1.14	1.62	0.55	3.16	0.08	1.23	0.28	0.17	2.14	0.12
Est Admissions Statewide		**9609.41**	**100.89**	**1086.94**	**867.82**	**3.20**	**1748.67**	**128.92**	**993.37**	**425.39**	**104.83**	**1902.46**	**83.24**
Est Admissions PSA		439.20	5.89	34.92	49.49	16.81	96.72	2.45	37.64	8.51	5.30	65.45	3.58

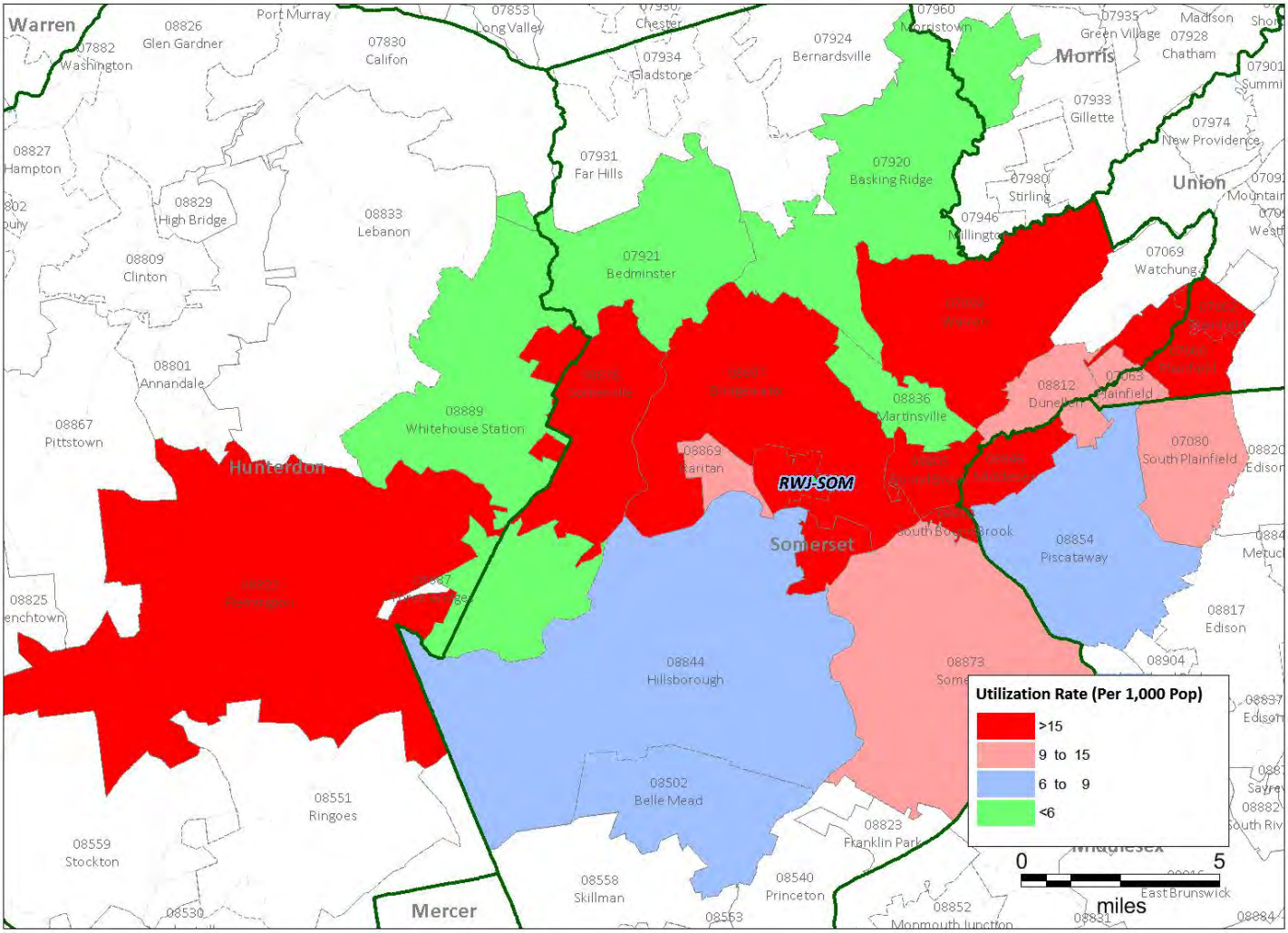
ACSC 2016 Discharge Rate per 1,000 population	Est 2016 Population 18-64	Total ACS Discharges	GASTRO-INSTESTINAL OBSTRUCTION	GRAND MAL STATUS/OTHER EPILEPTIC CONVULSION	HYPERTENSION	HYPOGLYCEMIA	IMMUNIZATION RELATED PREVENTABLE	KIDNEY/URINARY INFECTION	NUTRITION DEFICIENCIES (til 12/14 DSCHG)	OTHER TUBERCULOSIS	PELVIC INFLAMMATORY DISEASE	PULMONARY TUBERCULOSIS	SKIN GRAFTS W CELLULITIS
ALL RACES													
Statewide	5,610,651	9.903	0.345	0.808	0.177	0.011	0.001	0.742	0.369	0.006	0.064	0.013	0.024
CMMC PSA	196,505	10.697	0.417	1.008	0.158	0.005	0.005	0.738	0.519	0.005	0.051	0.031	0.056
Variance from Statewide		0.793	0.072	0.200	(0.019)	(0.006)	0.004	(0.004)	0.150	(0.001)	(0.013)	0.018	0.032
WHITE													
Statewide	3,657,780	7.564	0.265	0.609	0.095	0.007	0.001	0.561	0.329	0.001	0.030	0.002	0.018
CMMC PSA	108,045	5.618	0.157	0.481	0.028	0.000	0.000	0.435	0.333	0.000	0.028	0.000	0.028
Variance from Statewide		(1.946)	(0.108)	(0.127)	(0.067)	(0.007)	(0.001)	(0.126)	0.004	(0.001)	(0.002)	(0.002)	0.009
BLACK													
Statewide	783,378	19.831	0.558	1.651	0.545	0.033	0.003	1.074	0.590	0.013	0.151	0.020	0.042
CMMC PSA	30,581	19.980	0.818	1.962	0.360	0.000	0.000	1.046	0.785	0.000	0.131	0.033	0.033
Variance from Statewide		0.149	0.260	0.311	(0.185)	(0.033)	(0.003)	(0.027)	0.195	(0.013)	(0.020)	0.012	(0.009)
Variance Black from White													
Statewide		12.27	0.29	1.04	0.45	0.03	0.00	0.51	0.26	0.01	0.12	0.02	0.02
PSA		14.36	0.66	1.48	0.33	0.00	0.00	0.61	0.45	0.00	0.10	0.03	0.00
Est Admissions Statewide		**9609.41**	**229.47**	**816.26**	**352.90**	**20.65**	**1.36**	**401.74**	**204.36**	**9.14**	**94.44**	**14.71**	**18.65**
Est Admissions PSA		439.20	20.19	45.28	10.15	0.00	0.00	18.70	13.81	0.00	3.15	1.00	0.15

Population Source: Claritas Inc. via New Solutions

RWJ-Somerset PSA/SSA

Total Inpatient ACSC Age 18-64 Rate (Per 1,000) - All Races



RWJ-Somerset PSA/SSA

Total Inpatient ACSC Age 18-64 Rate (Per 1,000) - Black