



**COMMUNITY HEALTH ASSESSMENT  
SOMERSET COUNTY/  
RWJUH SOMERSET SERVICE AREA  
2018**

**DRAFT**

**RWJBarnabas  
HEALTH**

## ACKNOWLEDGMENTS

The following partners led the Healthier Somerset/RWJUH Somerset Community Health Assessment:

### **RWJUH-SOMERSET HOSPITAL EXECUTIVES**

- Anthony Cava, M.S., RPh, FACHE, President & CEO
- Salvatore M. Moffa, M.D., M.B.A., Vice President Medical Affairs/CMO
- Lynn Kearney, MS, BSN, RN, NE-BC, Vice President, Nursing/CNO
- Michael Valendo, MSN, RN, NE-BC, CEN, Assistant Vice President, Nursing
- Patrick J. Delaney, MBA, Vice President, Operations
- John DiLeo, Vice President, Finance

### **HEALTHIER SOMERSET**

The Healthier Somerset Community Needs Assessment and Implementation Plan was developed with the help of the organization's Data and Internal Oversight Committee:

- Deirdre Blaus, RWJUH Somerset
- Sandra Calado, RWJUH Somerset
- Serena Collado, RWJUH Somerset
- Stephanie Carey, Montgomery Health Department
- Donna Castronovo, Somerset Health Care Foundation
- Anthony Cava, RWJUH Somerset
- Maria Cermenaro, RWJUH Somerset
- Vital Cineus, RWJUH Somerset
- Jeannine Creazzo, RWJUH Somerset
- Tamara Cunningham, RWJBarnabas Health
- Abena Dakwahene, EmPOWER Somerset
- Melissa Gallagher, RWJUH Somerset
- Donna Gapas, Richard Hall
- Dora Goodwill, RWJUH Somerset
- John Gorman, Somerset County YMCA
- Shannon Hurley, Carrier Clinic
- Toni Knoll, Communities in Crisis
- Peter Leung, Bridgewater Township Health Department
- Paul Masaba, Somerset County Health Department
- Pamela Moss, RWJUH Somerset
- Barbara Mintz, RWJBarnabas
- Melanie O'Donnell, RWJUH Somerset
- Sharon Parrillo, RWJUH Somerset
- Lois Pinta, RWJUH Somerset
- Mary Ann Piro, RWJUH Somerset
- Mary Pudlowski, RWJUH Somerset
- Sarah M. Reilly, Zufall Health Center
- Kathleen Roberts, RWJUH Somerset
- Diane Siglin, RWJUH Somerset

- Laura Smith, RWJUH Somerset
- Latoya Stewart, RWJUH Somerset
- Jean Trujillo, Hillsborough Township Board of Education
- Pauline Walters, RWJUH Somerset
- Mary Wiczorek, RWJUH Somerset

### **RWJ BARNABAS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE**

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

- Review facility implementation/health improvement plan updates and results
- Oversight and guidance of CHNA implementation plan development
- Review and suggest data and information points (primary and secondary) and
- Share strategies and best practices
- Review of suggested priorities for facility implementation planning
- Review and sign-off on CHNA and implementation/improvement plans for governance

Members of the RWJ Barnabas Health CHNA Steering Committee include:

- Jen Velez, Executive Vice President, Community and Behavioral Health, Committee Chair
- Michellene Davis, Executive Vice President, Corporate Affairs
- Bryan Soltes, System Vice President, Network Development, Oncology Services
- Connie Greene, Behavioral Health/Preventive Care
- Joseph Jaeger, DrPH, Chief Academic Officer
- Barbara Mintz, Senior Vice President, Health and Wellness
- Jessica Israel, M.D., Corporate Chair, Geriatrics
- Michael Knecht, Corporate Vice President, Strategic Messaging and Marketing
- Ernani Sadural, M.D., Director of Global Health for Barnabas Health
- Richard Henwood, Vice President, Finance
- Tamara Cunningham, Vice President, System Development/Planning
- Hospital Representatives:
  - Darrell K. Terry, Sr., MHA, MPH, FACHE, President and CEO, Newark Beth Israel Medical Center (Designee: Kim Cook, Director, Community Relations & Volunteer Services)
  - Frank Mazarella, M.D., Chief Medical Officer, Clara Maass Medical Center (Designee: Fran Monteleone, Director, Physician Relations and Community Outreach)
  - Judy Colorado, Chief Nursing Officer and Vice President of Patient Care Services, Monmouth Medical Center Southern Campus
  - Anna Burian, Vice President of Ambulatory Care Services, Monmouth Medical Center (Designee: Jean McKinney, Community Education Department)
  - Teri Kubieli, DNP, Vice President, Patient Experience and Community Affairs
  - Shari Beirne, Director of Marketing and Patient Satisfaction, Barnabas Health Behavioral Health Center
  - Serena Collado, Director, Community Health, Robert Wood Johnson University Hospital Somerset
  - Mariam Merced, Director, Community Health Promotions, Robert Wood Johnson University Hospital New Brunswick

- Ceu Cirne Neves, Vice President, Physician and Support Services, Saint Barnabas Medical Center (Designee: Margie Heller, System Administrator for Global Health, RWJBarnabas Health and Administrative Director Community Outreach, Saint Barnabas Medical Center)
- Donna Mancuso, Manager, Public & Community Affairs, Robert Wood Johnson University Hospital Rahway
- Ruth Bash, Vice President & Chief Culture Officer, Children's Specialized Hospital
- Brenda Hall, Senior Vice President, Quality and Standards, Jersey City Medical Center
- Diane Grillo, Vice President, Health Promotion, Robert Wood Johnson University Hospital Hamilton

#### **HEALTHIER SOMERSET MEMBER ORGANIZATIONS**

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

**STEERING COMMITTEE CONSULTANT ADVISORS**

Steering Committee Technical Advisors:

- Withum, Smith & Brown (Scott Mariani)
- New Solutions Inc. (Nancy Erickson<sup>1</sup>)

*Questions regarding the Community Needs Assessments should be directed to RWJ Barnabas Health System Development/Planning at [BHPLanningDept@RWJBH.org](mailto:BHPLanningDept@RWJBH.org).*

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<sup>1</sup> 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.

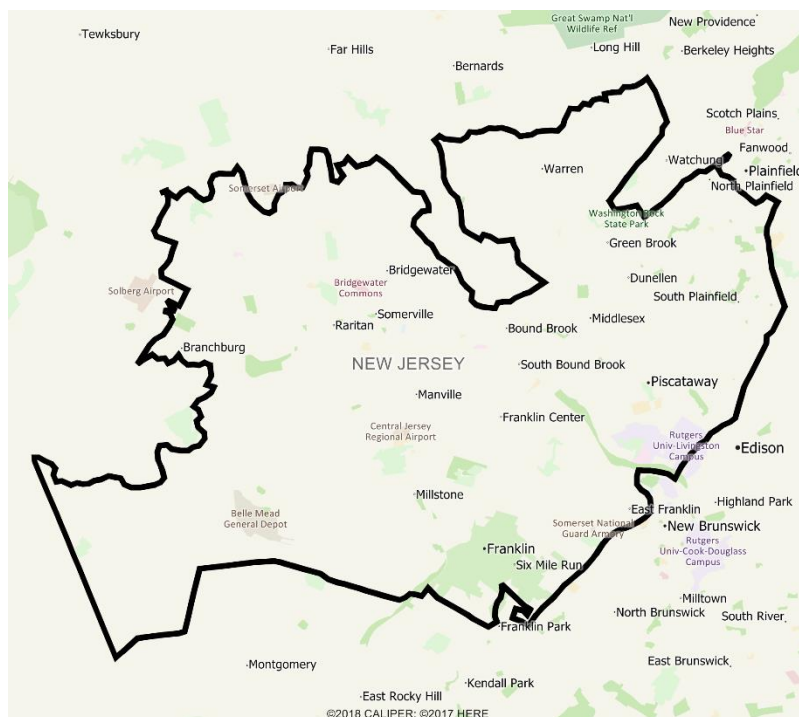
## TABLE OF CONTENTS

<b>Executive Summary</b> .....	<b>ES-1</b>
<b>1. Introduction</b> .....	<b>1</b>
<b>2. Methodology/Service Area</b> .....	<b>4</b>
A. Methodology.....	4
B. Service Area.....	6
<b>3. Somerset County and RWJUH Somerset Service Area Community Health Needs Survey</b> .....	<b>8</b>
A. Somerset County.....	8
B. RWJUH Somerset Service Area.....	31
<b>4. Focus Group Discussions/Key Informant Interviews/World Café Meeting</b> .....	<b>54</b>
A. Behavioral Health Focus Group.....	54
B. Medically Underserved Populations Focus Group.....	57
C. Workplace Wellness Focus Group.....	60
D. Key Informant Interviews.....	62
E. World Café Meeting.....	65
<b>5. Somerset County/RWJUH Service Area Health Profile</b> .....	<b>66</b>
A. Somerset County Overview.....	66
B. Social Determinants of Health.....	66
C. Health Factors.....	103
D. Health Outcomes.....	141
<b>6. Assets and Gaps Analysis</b> .....	<b>179</b>
A. Health Disparities.....	179
B. Health Factors.....	181
C. Health Outcomes.....	182
<b>Appendix</b> .....	<b>185</b>
A. Community Health Needs Assessment: 2015 Implementation Plan Results.....	186
B. Secondary Data Sources.....	199
C. Cancer Incidence and Mortality Rate Report by Cancer Site: Somerset County 2010-2017.....	201
D. Resource Inventory.....	221
E. World Café Exercise Report.....	225
F. Discharges and Population 18-64 for Ambulatory Care Sensitive Conditions.....	246



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 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.

While a primarily 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 has led to concerns over a dwindling middle class. The following exemplifies a few social and economic differences identified.

- Somerset County has a slightly larger proportion of whites than residents of New Jersey.
- Somerset County’s Asian population grew 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.
- 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 among 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.
  - Children in Bound Brook and Manville had among the highest rate of poverty, 15%.
- The percent of Somerset County residents with a graduate or professional degree was 23.8% compared to 14.4% of New Jersey residents.
  - Forty-two percent of Skillman residents had a graduate or professional degree compared to only 2.9% of Manville residents.
  - Fifteen percent of Bound Brook residents failed to complete high school.
- Less than 10% of Somerset County residents have limited English proficiency in the County.
  - Residents of Manville, South Bound Brook, and Bound Brook had rates of low English proficiency that were over 10%.
  - Twenty percent of Somerset County children were eligible for free school lunches.

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

- The age-adjusted mortality rate for heart disease among Whites was more than double that for Blacks from 2007-2016.
- The rate of low birth rate babies is, and has been, higher among Blacks than for both White or Hispanic residents since 2011.
- The percent of Somerset County residents reporting high cholesterol is more than double the *Healthy People 2020* target.
- The 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 rate of diabetes, pneumonia, COPD, substance use and mental health, obesity, heart failure/CHF, and hypertension were seen in patients from Manville who used a hospital service.

## **TOP HEALTH ISSUES**

The Healthier Somerset County Coalition in conjunction with the RWJUH Somerset Steering Committee considered primary and secondary data to determine the top health issues based on 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. These 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 18 and over.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> 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 LGBTQ 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 President Trump declaring the opioid crisis a public health emergency. To help

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<sup>2</sup> <https://www.samhsa.gov/disorders>.

<sup>3</sup> *Ibid.*

<sup>4</sup> <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 6<sup>th</sup> 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.
- From 2012 to 2016, there has been a decrease in Somerset County mental health use rates across all ages.
- Between 2012 and 2016, there has been a slight increase in ED visits for mental health for those 18 and over.
- Across all age cohorts, except those 65+, there has been an increase in the number of inpatient admissions for substance abuse.
- 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 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 in 2016.
- Manville had a higher ED visit use rate for substance abuse than the State 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 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 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 results in calorie imbalance, 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.<sup>5</sup>

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<sup>5</sup> <https://www.cdc.gov/obesity/data/adult.html>

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.

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  $\geq 30$  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.

### **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. Obesity is a serious health concern. In 2015, nearly 40% of adults, or about 93 million people, were obese (defined as body mass index [BMI]  $\geq 30$  kg/m<sup>2</sup>). Nearly one of five youths aged 2–19 years was obese (BMI  $\geq 95$ th percentile). 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.

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 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.
- The percent of Somerset County residents with a history of depression increased from 9.2% to 12.5%.
- 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 in 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 groups.
- 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.

#### **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.

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 needed areas 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.<sup>6</sup> Barriers to care involving transportation are prominent in elderly populations, where patients are often more dependent on public transit. Assisting elderly patients navigating through the 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 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.

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

## **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 later 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 Implementation Plan (CHIP) 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, and focus groups (and 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 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 13<sup>th</sup> most populous county in New Jersey. In 2015, Somerset County ranked 2<sup>nd</sup> in the State and 25<sup>th</sup> among counties in the United States in terms of per capita income. Most recently, Somerset County was ranked 2<sup>nd</sup> of 21 New Jersey Counties, as one of the healthiest counties in New Jersey by the RWJ Community 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 considered both primary and secondary source data to determine four top health priority areas to be within its purview, competency and resources to implement in a meaningful manner Behavioral Health; obesity, overweight and nutrition; chronic diseases; and access to care and healthy foods.

- *Behavioral Health (Mental Health and Substance Use Disorders)* affect 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.<sup>7</sup>

- *Obesity, overweight and nutrition* impact about 93.3 million Americans and 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.

- *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. Other significant needs determined through this process include:

- Health concerns related to aging
- Transportation

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<sup>7</sup> <https://www.samhsa.gov/disorder>, 5/10/18.



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



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

### **A. METHODOLOGY**

CHA data sources included primary and secondary data. 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).

#### **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.

#### ***Health Profile***

The County Health Profile 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, the color indicator tables compare county level data to *Healthy People 2020* targets, Community 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)

### ***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 D**, 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:

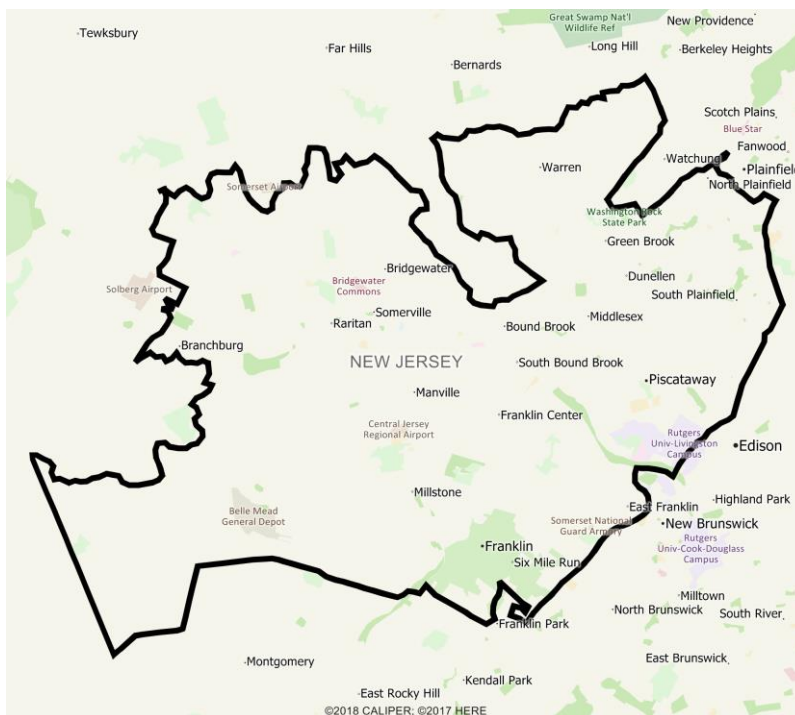
ZIP Code	ZIP Name
07059	Warren
07069	Plainfield
07059	Watchung
07920	Basking Ridge
07921	Bedminster
07924	Bernardsville
07931	Far Hills
07934	Gladstone
07938	Liberty Corner
07938	Basking Ridge
07939	Lyons
07977	Peapack
07978	Pluckemin
08502	Montgomery
08502	Belle Mead
08504	Blawenburg
08528	Kingston
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. 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 AND RWJUH SOMERSET SERVICE AREA COMMUNITY HEALTH NEEDS SURVEYS**

#### **A. SOMERSET COUNTY**

##### **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.<sup>8</sup>

##### **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.

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<sup>8</sup> 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.

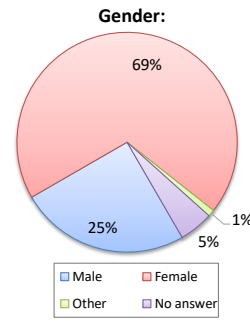
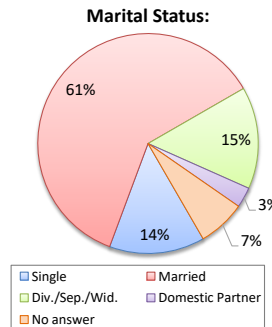
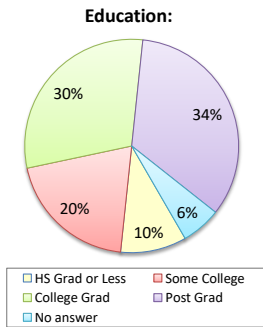
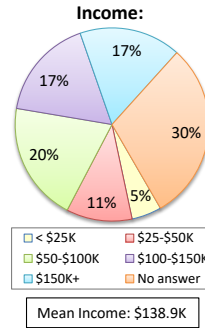
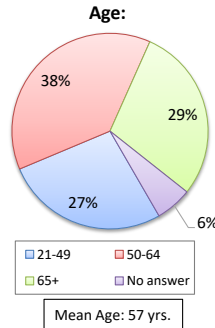
- Diagnostic screenings are crucial in the early detection, treatment and management of chronic diseases. The availability of these preventative services should be expanded to ensure they are reaching and serving minority and lower income populations in a cost-efficient manner.

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.

**Summary Tables**

**WHO LIVES HERE?**

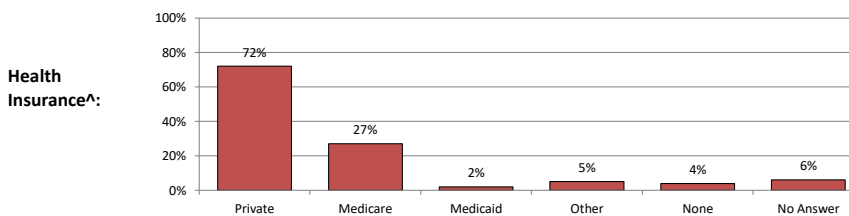
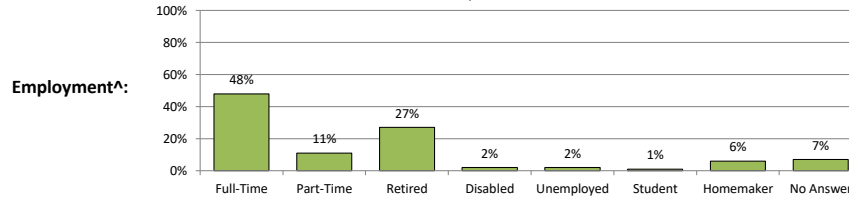
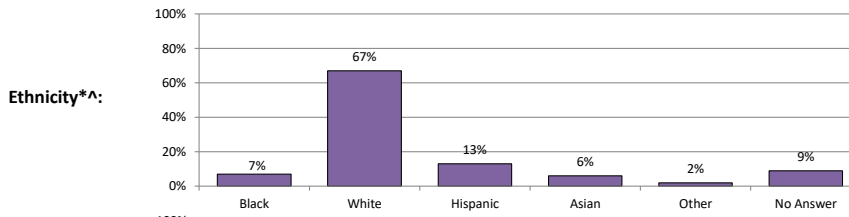
**Profile of Respondents in Somerset County**



(N=792)  
Healthier SOMERSET

10

**Profile of Respondents in Somerset County – (continued)**

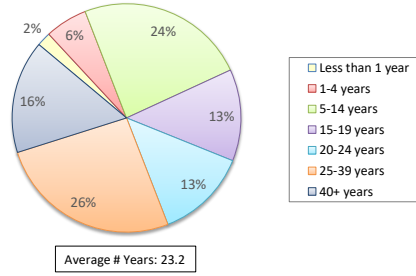


(N=792)  
Healthier SOMERSET

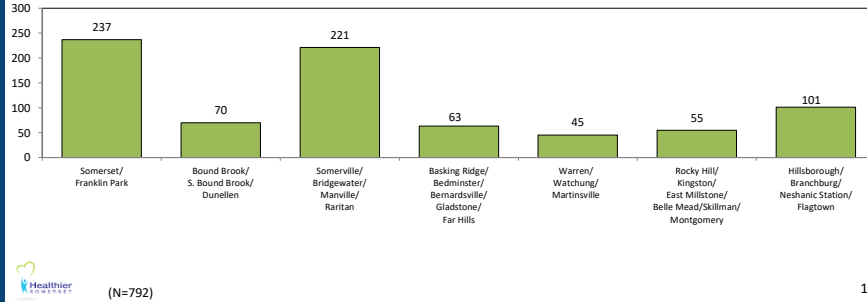
\*Quotas were established to align closely with census data.  
^ = Multiple mentions.

11

**Length of Time in Area**



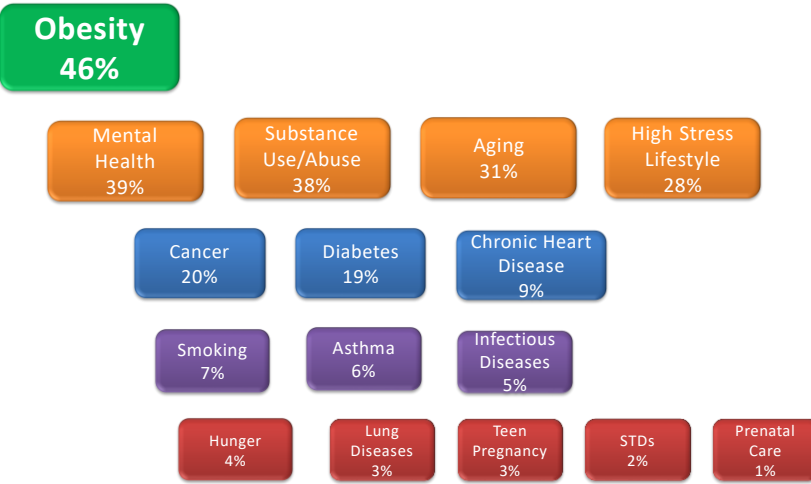
**Towns/Zips Where Interviews Came From**



**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.



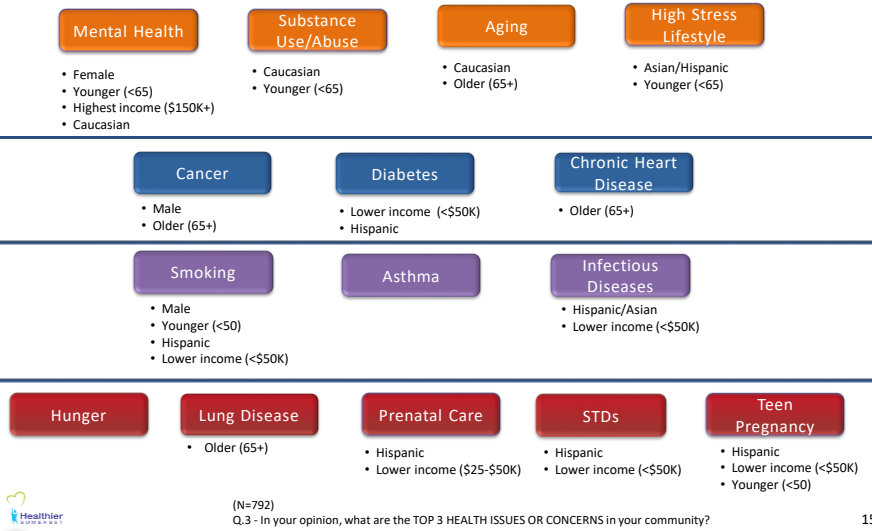
(N=792)  
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?



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.



15

Community Health-Related Issues of Concern – by Ethnicity

	<b>Caucasian (n=529) (A)</b>	<b>African American (n=52) (B)</b>	<b>Hispanic (n=99) (C)</b>	<b>Asian (n=44) (D)</b>
Obesity	48% <sup>D</sup>	44%	55% <sup>D</sup>	32%
Mental Health	43% <sup>BC</sup>	31%	27%	32%
Substance Use/Abuse	43% <sup>BD</sup>	31%	36% <sup>D</sup>	21%
Aging	33% <sup>BC</sup>	23%	20%	23%
High Stress Lifestyle	26%	17%	33% <sup>B</sup>	46% <sup>AB</sup>
Cancer	19%	23%	23%	14%
Diabetes	13%	25% <sup>A</sup>	50% <sup>ABD</sup>	21%
Chronic Heart Disease	9%	12%	5%	16% <sup>C</sup>
Smoking	6% <sup>D</sup>	10% <sup>D</sup>	17% <sup>AD</sup>	-
Asthma	5%	6%	9%	9%
Hunger	4% <sup>D</sup>	6% <sup>D</sup>	4% <sup>D</sup>	-
Infectious Diseases	3%	2%	12% <sup>AB</sup>	11% <sup>AB</sup>
Lung Disease	3%	4%	7% <sup>A</sup>	2%
Teen Pregnancy	1%	2%	10% <sup>ABD</sup>	2%
STDs	1% <sup>D</sup>	4%	8% <sup>AD</sup>	-
Lack of Prenatal Care	-	2%	5% <sup>AD</sup>	-

**Most concerned about mental health/substance abuse** (points to Mental Health and Substance Use/Abuse)

**Cite high stress lifestyle as their key area of concern** (points to High Stress Lifestyle)

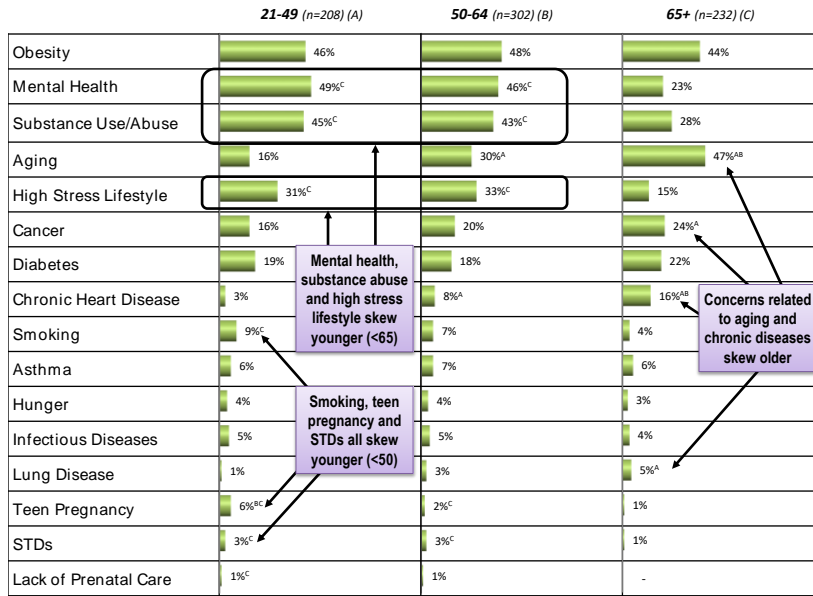
**Indicate higher concern about diabetes, smoking and teen pregnancy** (points to Diabetes, Smoking, and Teen Pregnancy)

**High concern about infectious diseases** (points to Infectious Diseases)

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.

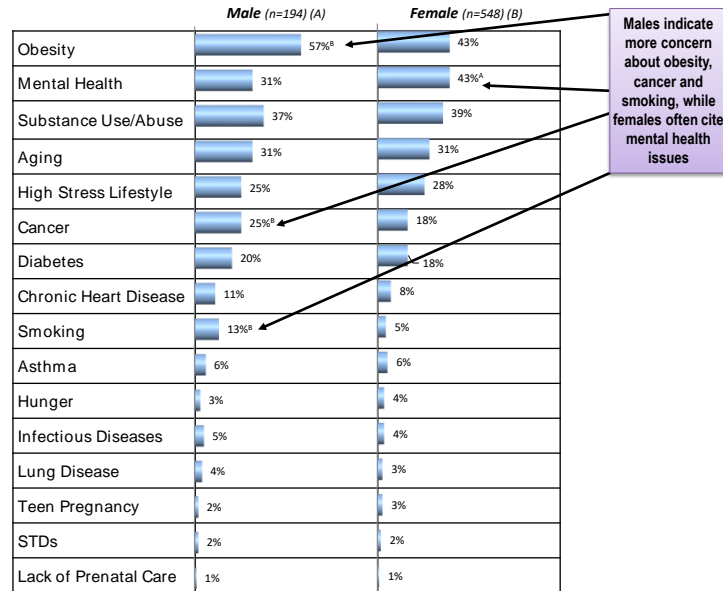
16

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.

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% <sup>ABC</sup>
Substance Use/Abuse	32%	47% <sup>AC</sup>	36%	44%	47% <sup>AC</sup>
Aging	37% <sup>F</sup>	24%	27%	36% <sup>BE</sup>	20%
High Stress Lifestyle	12%	32% <sup>A</sup>	25% <sup>A</sup>	26% <sup>A</sup>	35% <sup>AC</sup>
Cancer	20%	25%	17%	16%	17%
Diabetes	39% <sup>CDE</sup>	26% <sup>CDE</sup>	15%	16%	11%
Chronic Heart Disease	10%	11%	5%	9%	8%
Smoking	5%	14% <sup>AE</sup>	11%	7%	6%
Asthma	5%	6%	7%	8%	4%
Hunger	2%	4%	5%	4%	2%
Infectious Diseases	10% <sup>F</sup>	7% <sup>E</sup>	5% <sup>E</sup>	6% <sup>F</sup>	-
Lung Disease	2%	11% <sup>ACDE</sup>	1%	4% <sup>CE</sup>	1%
Teen Pregnancy	5%	7% <sup>CE</sup>	1%	4% <sup>C</sup>	2%
STDs	2%	7% <sup>E</sup>	3%	2%	2%
Lack of Prenatal Care	-	5% <sup>ACDE</sup>	-	-	-

High concern about mental health

Lower income groups cite more concern about diabetes

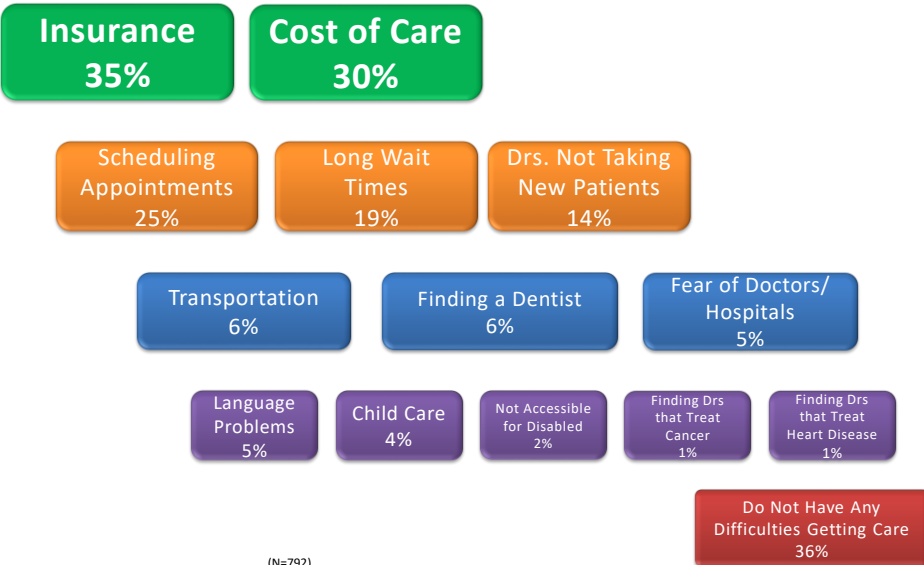
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community? (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

19

**BARRIERS TO ACCESSING HEALTH CARE SERVICES**

Major Barriers to Accessing Health Care in the Somerset County

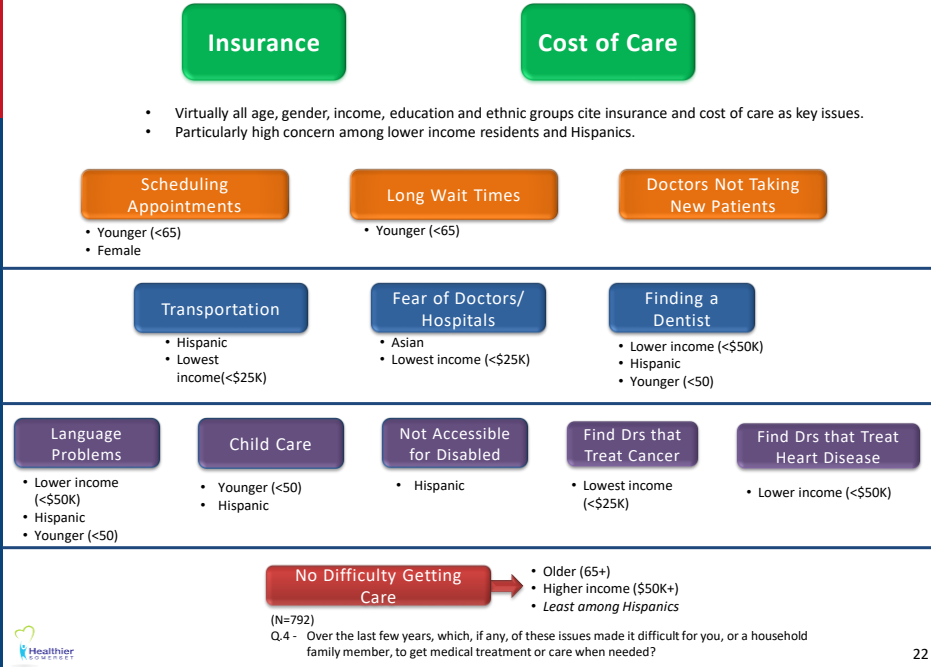
- Insurance and cost of care are the key barriers to obtaining health care services among area residents.
- Roughly one-third of residents claim they do not experience any difficulty accessing the care they need.



(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



22

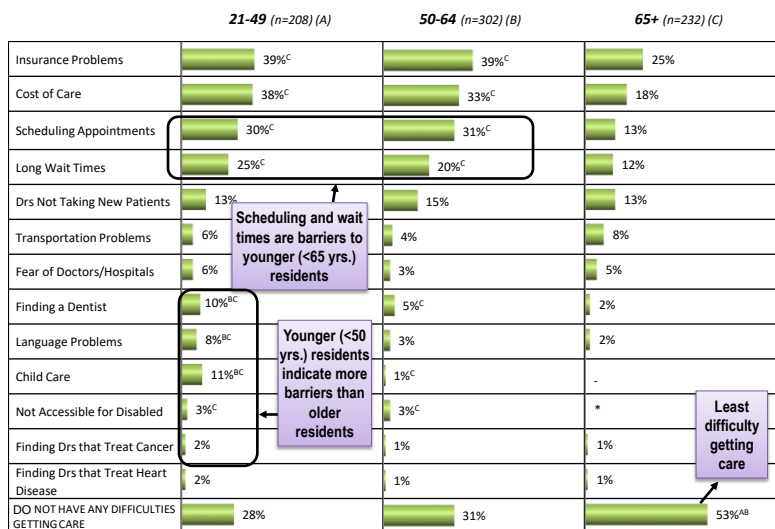
Barriers to Accessing Health Care Services – by Ethnicity

	Caucasian (n=529) (A)	African American (n=52) (B)	Hispanic (n=99) (C)	Asian (n=44) (D)
Insurance Problems	30%	40%	62% <sup>ABD</sup>	36%
Cost of Care	26%	39% <sup>A</sup>	54% <sup>ABD</sup>	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% <sup>B</sup>	7%
Fear of Doctors/Hospitals	4% <sup>BC</sup>	-	1%	11% <sup>BC</sup>
Finding a Dentist	5%	4%	12% <sup>ABD</sup>	5%
Language Problems	2%	2%	23% <sup>ABD</sup>	5%
Child Care	2%	6%	11% <sup>AD</sup>	2%
Not Accessible for Disabled	2% <sup>BD</sup>	-	4% <sup>BD</sup>	-
Finding Drs that Treat Cancer	1% <sup>B</sup>	-	3% <sup>B</sup>	2%
Finding Drs that Treat Heart Disease	*	-	5% <sup>AB</sup>	2%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	41% <sup>C</sup>	37% <sup>C</sup>	10%	32% <sup>C</sup>

\* = 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

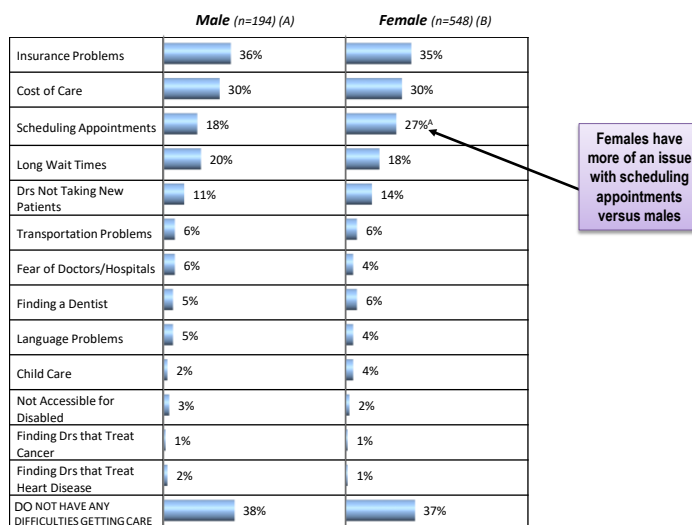
### Barriers to Accessing Health Care Services – by Age



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.

24

### 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.

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

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.

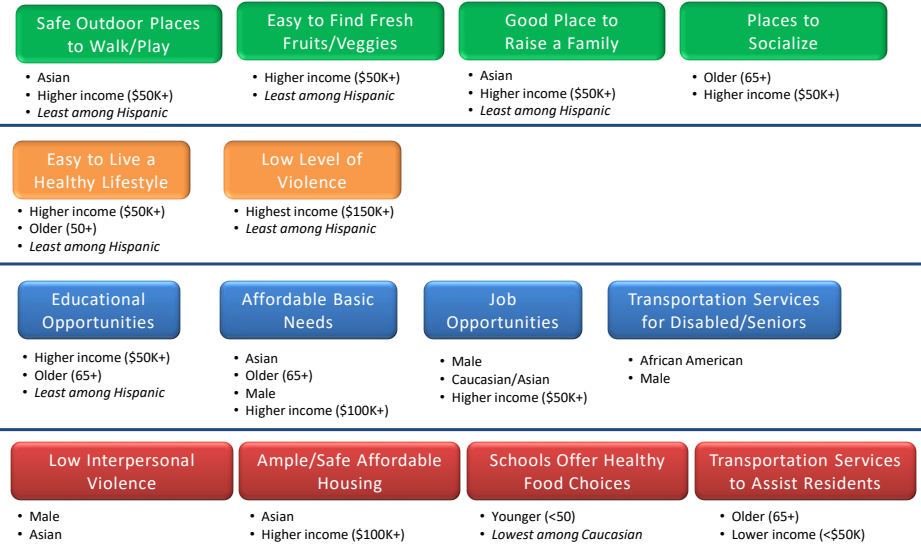


(N=792) **Top 2 Box Agreement**  
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.



**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.



(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.

**Community Strengths and Weaknesses – by Ethnicity**

	<i>Caucasian (n=529) (A)</i>	<i>African American (n=52) (B)</i>	<i>Hispanic (n=99) (C)</i>	<i>Asian (n=44) (D)</i>
Safe Outdoor Places to Walk/Play	80% <sup>C</sup>	81% <sup>C</sup>	64%	93% <sup>AB</sup>
Good Place to Raise a Family	79% <sup>C</sup>	81% <sup>C</sup>	69%	91% <sup>AC</sup>
Easy to Find Fresh Fruits/Veggies	83% <sup>C</sup>	85% <sup>C</sup>	57%	89% <sup>C</sup>
Places to Socialize	74%	79%	68%	82% <sup>C</sup>
Easy to Live Healthy Lifestyle	72% <sup>C</sup>	64% <sup>C</sup>	47%	75% <sup>C</sup>
Low Level of Violence	69% <sup>C</sup>	69% <sup>C</sup>	50%	68% <sup>C</sup>
Educational Opportunities	56% <sup>CD</sup>	46% <sup>C</sup>	30%	43%
Affordable Basic Needs	49% <sup>B</sup>	37%	49%	61% <sup>B</sup>
Transportation Services for Disabled/Seniors	36%	46%	34%	34%
Job Opportunities	43% <sup>BC</sup>	31%	32%	48% <sup>BC</sup>
Low Interpersonal Violence	33%	35%	33%	48% <sup>A</sup>
Ample/Safe Affordable Housing	30%	23%	33%	41% <sup>B</sup>
Schools Offer Healthy Food Choices	25%	42% <sup>A</sup>	34% <sup>A</sup>	48% <sup>A</sup>
Transportation to Assist Residents	21%	25%	20%	18%

**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.



### 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.

	21-49 (n=208) (A)	50-64 (n=302) (B)	65+ (n=232) (C)
Safe Outdoor Places to Walk/Play	79%	82%	77%
Good Place to Raise a Family	77%	83% <sup>C</sup>	76%
Easy to Find Fresh Fruits/Veggies	76%	81%	84% <sup>A</sup>
Places to Socialize	73%	73%	80% <sup>AB</sup>
Easy to Live Healthy Lifestyle	61%	69% <sup>A</sup>	74% <sup>A</sup>
Low Level of Violence	65%	63%	72% <sup>B</sup>
Educational Opportunities	46%	50%	60% <sup>AB</sup>
Affordable Basic Needs	45%	42%	61% <sup>AB</sup>
Transportation Services for Disabled/Seniors	37%	34%	42% <sup>B</sup>
Job Opportunities	44%	40%	38%
Low Interpersonal Violence	34%	32%	37%
Ample/Safe Affordable Housing	33%	28%	32%
Schools Offer Healthy Food Choices	37% <sup>C</sup>	30% <sup>C</sup>	19%
Transportation to Assist Residents	20%	18%	32% <sup>AB</sup>

Older resident (65+) appear more satisfied with transportation services

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.



### Community Strengths and Weaknesses – by Gender

	Male (n=194) (A)	Female (n=548) (B)
Safe Outdoor Places to Walk/Play	78%	79%
Good Place to Raise a Family	80%	78%
Easy to Find Fresh Fruits/Veggies	81%	80%
Places to Socialize	76%	75%
Easy to Live Healthy Lifestyle	66%	69%
Low Level of Violence	63%	67%
Educational Opportunities	54%	51%
Affordable Basic Needs	55% <sup>B</sup>	47%
Transportation Services for Disabled/Seniors	44% <sup>B</sup>	35%
Job Opportunities	49% <sup>B</sup>	38%
Low Interpersonal Violence	42% <sup>B</sup>	31%
Ample/Safe Affordable Housing	33%	30%
Schools Offer Healthy Food Choices	28%	29%
Transportation to Assist Residents	25%	21%

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.





### 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.

	Under \$25K (n=41) (A)	\$25-50K (n=85) (B)	\$50-100K (n=158) (C)	\$100-150K (n=140) (D)	\$150K+ (n=132) (E)
Safe Outdoor Places to Walk/Play	51%	66%	84% <sup>AB</sup>	86% <sup>AB</sup>	85% <sup>AB</sup>
Good Place to Raise a Family	54%	65%	79% <sup>AB</sup>	84% <sup>AB</sup>	89% <sup>ABC</sup>
Easy to Find Fresh Fruits/Veggies	46%	62% <sup>A</sup>	79% <sup>AB</sup>	87% <sup>ABC</sup>	90% <sup>ABC</sup>
Places to Socialize	46%	65% <sup>A</sup>	78% <sup>AB</sup>	83% <sup>ABE</sup>	74% <sup>AB</sup>
Easy to Live Healthy Lifestyle	42%	52%	68% <sup>AB</sup>	78% <sup>ABC</sup>	75% <sup>AB</sup>
Low Level of Violence	51%	57%	65%	64%	74% <sup>ABD</sup>
Educational Opportunities	27%	35%	53% <sup>AB</sup>	56% <sup>AB</sup>	61% <sup>AB</sup>
Affordable Basic Needs	34%	42%	45%	52% <sup>A</sup>	50% <sup>A</sup>
Transportation Services for Disabled/Seniors	27%	42% <sup>A</sup>	36%	36%	39%
Job Opportunities	20%	27%	43% <sup>AB</sup>	49% <sup>AB</sup>	56% <sup>ABC</sup>
Low Interpersonal Violence	37%	34%	33%	31%	38%
Ample/Safe Affordable Housing	24%	27%	23%	33% <sup>C</sup>	37% <sup>C</sup>
Schools Offer Healthy Food Choices	20%	27%	31%	29%	33% <sup>A</sup>
Transportation to Assist Residents	27% <sup>E</sup>	27% <sup>E</sup>	23% <sup>E</sup>	21% <sup>E</sup>	13%

**Top 2 Box Agreement**

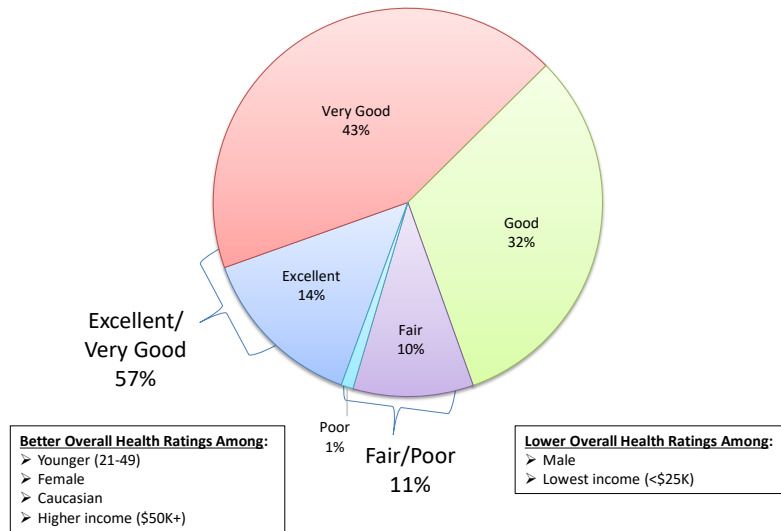
Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.  
 (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.



### 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.

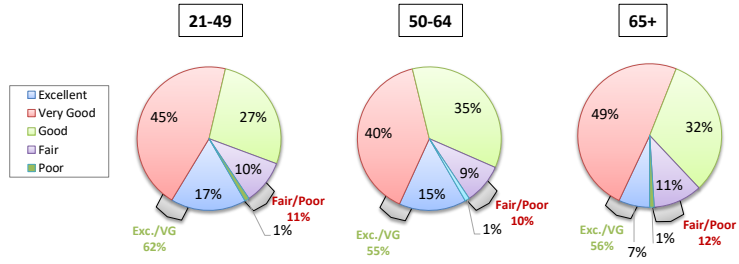


(N=792)  
 Q.6 - How would you describe your overall health?

Self-Description of Overall Health – by Subgroups

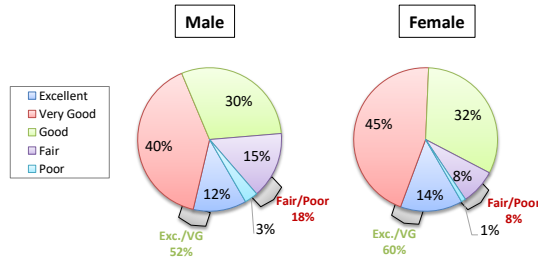
**Age:**

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



**Gender:**

Females describe their overall health as better vs. males.



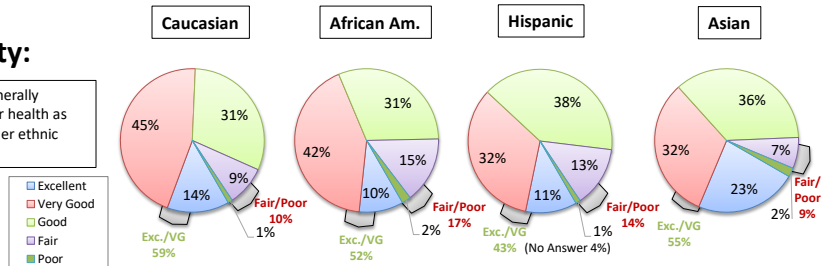
(N=792)  
Q.6 - How would you describe your overall health?

36

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

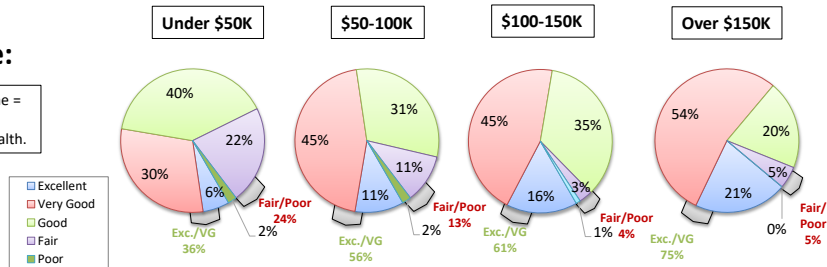
**Ethnicity:**

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



**Income:**

Higher income = better self described health.



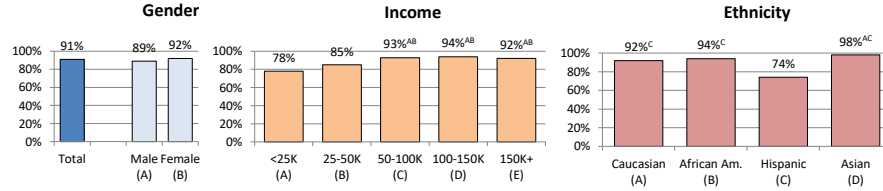
(N=792)  
Q.6 - How would you describe your overall health?

37

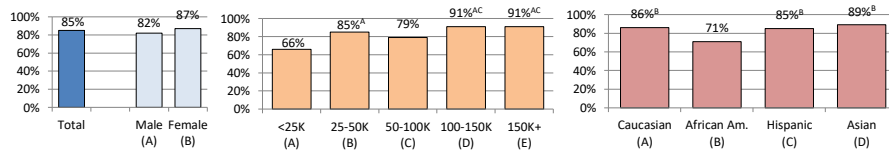
### Self-Description of Understanding and Eating Healthy

- The vast majority of residents feel they understand what food is healthy and most say they eat healthy food regularly.
- 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**

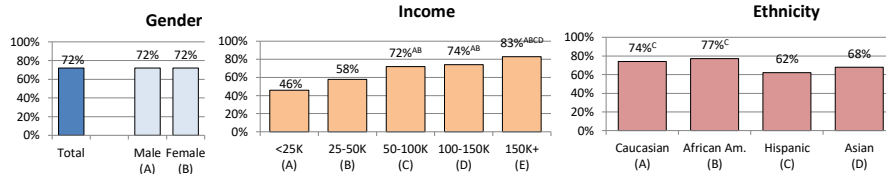


(N=792)  
 Q.11 - Do you feel that you...  
 Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.  
 Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.  
 Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the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

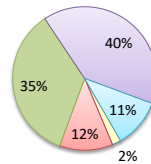
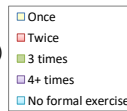
### Self-Description of Physical Activity

- 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.

**Are physically active**



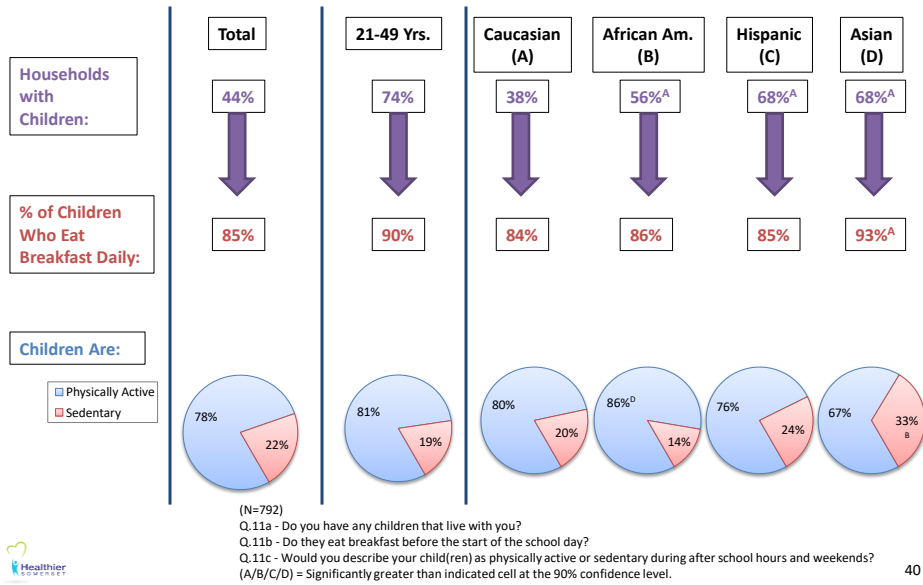
**# Times Exercise per Week**  
 (Among those who are physically active)  
 (N=571)



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.

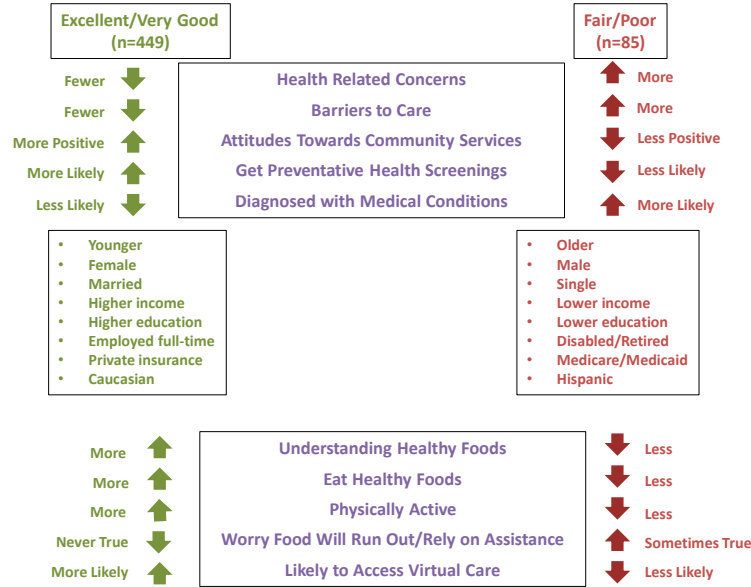
### Activity Level of Children in Household

- 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.



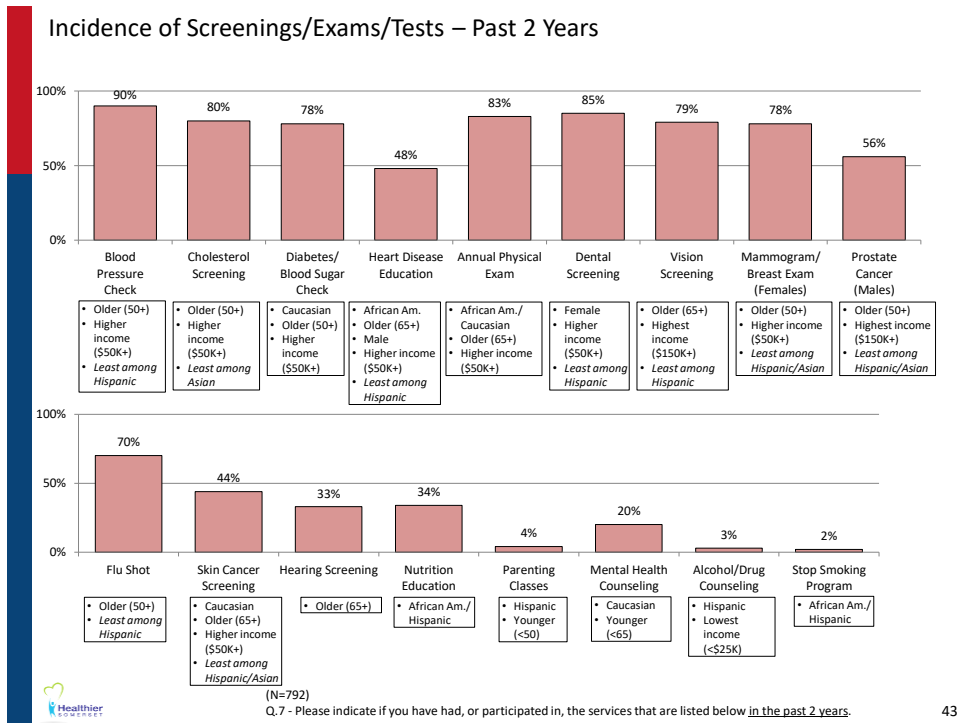
40

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



41

**INCIDENCE OF SCREENING TESTS AND CONDITIONS DIAGNOSED**



43

**Incidence of Screenings/Exams/Tests – by Ethnicity**

	Caucasian (n=529) (A)	African American (n=71) (B)	Hispanic (n=99) (C)	Asian (n=44) (D)
Blood Pressure Check	94% <sup>C</sup>	92% <sup>C</sup>	73%	89% <sup>C</sup>
Cholesterol Screening	84% <sup>CD</sup>	77%	70%	64%
Diabetes/Blood Sugar Check	80% <sup>CD</sup>	73%	70%	68%
Heart Disease Education	52% <sup>C</sup>	60% <sup>CD</sup>	20%	41% <sup>C</sup>
Annual Physical Exam	86% <sup>CD</sup>	89% <sup>CD</sup>	68%	75%
Dental Screening	89% <sup>C</sup>	85% <sup>C</sup>	61%	84% <sup>C</sup>
Vision Screening	82% <sup>C</sup>	79% <sup>C</sup>	57%	84% <sup>C</sup>
Mammogram/Breast Exam (Females)	80% <sup>C</sup>	83% <sup>C</sup>	64%	74%
Prostate Cancer Screen (Males)	61% <sup>C</sup>	64%	35%	47%
Flu Shot	74% <sup>C</sup>	64%	51%	68% <sup>C</sup>
Skin Cancer Screening	53% <sup>BCD</sup>	27% <sup>CD</sup>	15%	9%
Hearing Screening	35% <sup>CD</sup>	39% <sup>D</sup>	25%	21%
Nutrition Education	33%	42% <sup>D</sup>	42% <sup>AD</sup>	25%
Parenting Classes	4%	2%	10% <sup>AB</sup>	5%
Mental Health Counseling	23% <sup>BCD</sup>	14%	14%	14%
Alcohol/Drug Counseling	3% <sup>B</sup>	-	8% <sup>AB</sup>	2%
Stop Smoking Program	1% <sup>D</sup>	6% <sup>D</sup>	7% <sup>AD</sup>	-

Least likely to get preventative screening tests (pointing to Hispanic row for Skin Cancer, Hearing, Nutrition, Parenting, Mental Health, Alcohol/Drug)

Along with Hispanics, least likely to get cancer screenings (pointing to Asian row for Skin Cancer, Prostate Cancer, Flu Shot)

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.

44

**Incidence of Screenings/Exams/Tests – by Age**

	<b>21-49 (n=208) (A)</b>	<b>50-64 (n=302) (B)</b>	<b>65+ (n=232) (C)</b>
Blood Pressure Check	86%	92% <sup>A</sup>	96% <sup>AB</sup>
Cholesterol Screening	68%	84% <sup>A</sup>	91% <sup>AB</sup>
Diabetes/Blood Sugar Check	68%	80% <sup>A</sup>	86% <sup>AB</sup>
Heart Disease Education	35%	49% <sup>A</sup>	60% <sup>AB</sup>
Annual Physical Exam	79%	83%	88% <sup>AB</sup>
Dental Screening	84%	85%	87%
Vision Screening	74%	78%	88% <sup>AB</sup>
Mammogram/Breast Exam (Females)	62%	85% <sup>A</sup>	85% <sup>A</sup>
Prostate Cancer Screen (Males)	18%	60% <sup>A</sup>	67% <sup>A</sup>
Flu Shot	57%	69% <sup>A</sup>	84% <sup>AB</sup>
Skin Cancer Screening	30%	43% <sup>A</sup>	60% <sup>AB</sup>
Hearing Screening	28%	29%	44% <sup>AB</sup>
Nutrition Education	33%	32%	38%
Parenting Classes	10% <sup>BC</sup>	3%	1%
Mental Health Counseling	25% <sup>C</sup>	22% <sup>C</sup>	13%
Alcohol/Drug Counseling	4% <sup>C</sup>	3%	2%
Stop Smoking Program	1%	2%	2%

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**

	<b>Male (n=194) (A)</b>	<b>Female (n=548) (B)</b>
Blood Pressure Check	92%	91%
Cholesterol Screening	84%	80%
Diabetes/Blood Sugar Check	82%	77%
Heart Disease Education	55% <sup>B</sup>	46%
Annual Physical Exam	82%	84%
Dental Screening	79%	88% <sup>A</sup>
Vision Screening	77%	82%
Mammogram/Breast Exam (Females)	NA	78%
Prostate Cancer Screen (Males)	56%	NA
Flu Shot	68%	72%
Skin Cancer Screening	42%	45%
Hearing Screening	37%	33%
Nutrition Education	34%	34%
Parenting Classes	5%	4%
Mental Health Counseling	17%	21%
Alcohol/Drug Counseling	4%	3%
Stop Smoking Program	3%	1%

Females tend to have a higher incidence than males with regard to dental screening, while males are more likely to receive heart disease education

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.

46

**Incidence of Screenings/Exams/Tests – by Income**

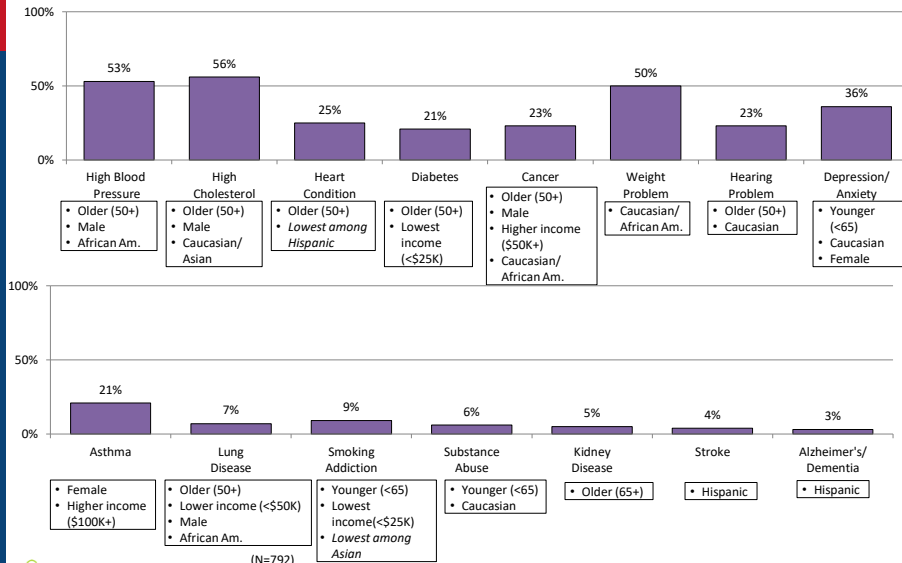
	<b>Under \$25K (n=41) (A)</b>	<b>\$25-50K (n=85) (B)</b>	<b>\$50-100K (n=158) (C)</b>	<b>\$100-150K (n=140) (D)</b>	<b>\$150K+ (n=132) (E)</b>
Blood Pressure Check	73%	80%	92% <sup>AB</sup>	93% <sup>AB</sup>	98% <sup>ABCD</sup>
Cholesterol Screening	63%	69%	77% <sup>A</sup>	81% <sup>AB</sup>	89% <sup>ABCD</sup>
Diabetes/Blood Sugar Check	61%	67%	75%	81% <sup>AB</sup>	86% <sup>ABC</sup>
Heart Disease Education	29%	34%	57% <sup>ABD</sup>	46% <sup>AB</sup>	53% <sup>AB</sup>
Annual Physical Exam	63%	79% <sup>A</sup>	82% <sup>A</sup>	86% <sup>A</sup>	89% <sup>ABC</sup>
Dental Screening	46%	72% <sup>A</sup>	83% <sup>AB</sup>	90% <sup>ABC</sup>	96% <sup>ABCD</sup>
Vision Screening	59%	71%	77% <sup>A</sup>	78% <sup>A</sup>	89% <sup>ABCD</sup>
Mammogram/Breast Exam (Females)	63%	58%	76% <sup>B</sup>	84% <sup>AB</sup>	80% <sup>AB</sup>
Prostate Cancer Screen (Males)	31%	39%	52%	54%	71% <sup>ABC</sup>
Flu Shot	59%	65%	67%	74% <sup>A</sup>	73% <sup>A</sup>
Skin Cancer Screening	17%	28%	41% <sup>AB</sup>	45% <sup>AB</sup>	56% <sup>ABCD</sup>
Hearing Screening	20%	31%	39% <sup>AD</sup>	27%	34% <sup>A</sup>
Nutrition Education	34%	39%	34%	29%	36%
Parenting Classes	5%	5%	2%	6% <sup>C</sup>	5%
Mental Health Counseling	20%	26%	19%	23%	27%
Alcohol/Drug Counseling	7%	5%	3%	2%	4%
Stop Smoking Program	2%	2%	3% <sup>D</sup>	-	1%

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.

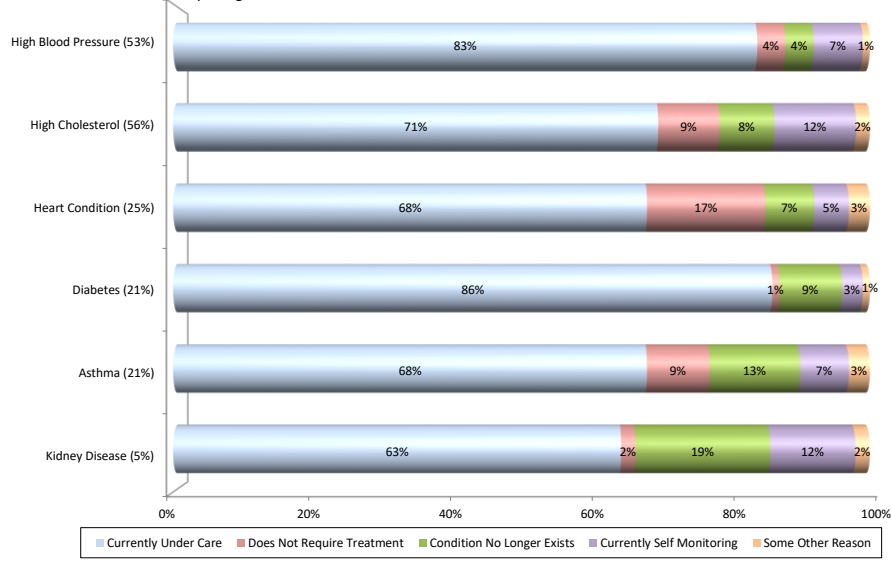


Q.8 - Have you, or a household family member, ever been told by a doctor or other health professional that you have had any of the following?

48

### 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.

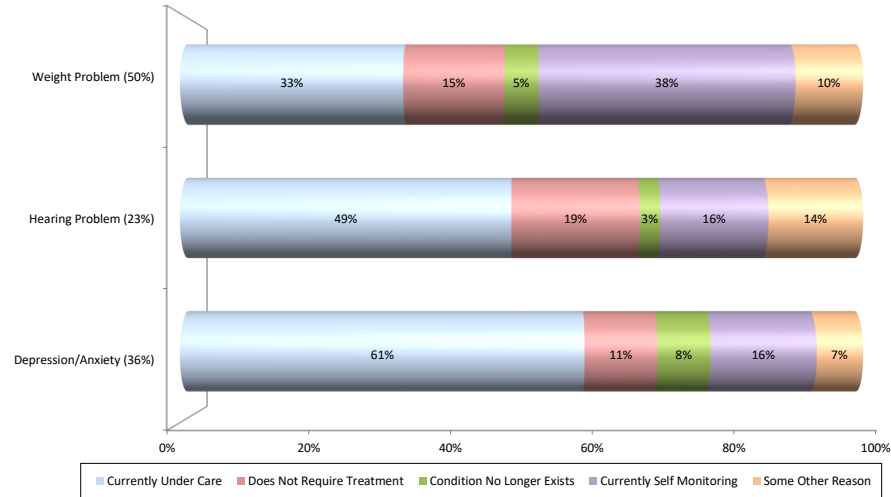


NOTE: Multiple mentions.  
 Q.9 - Are you/household family member currently under care for this [CONDITION]?  
 Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned?  
 Would you say it is because...

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.



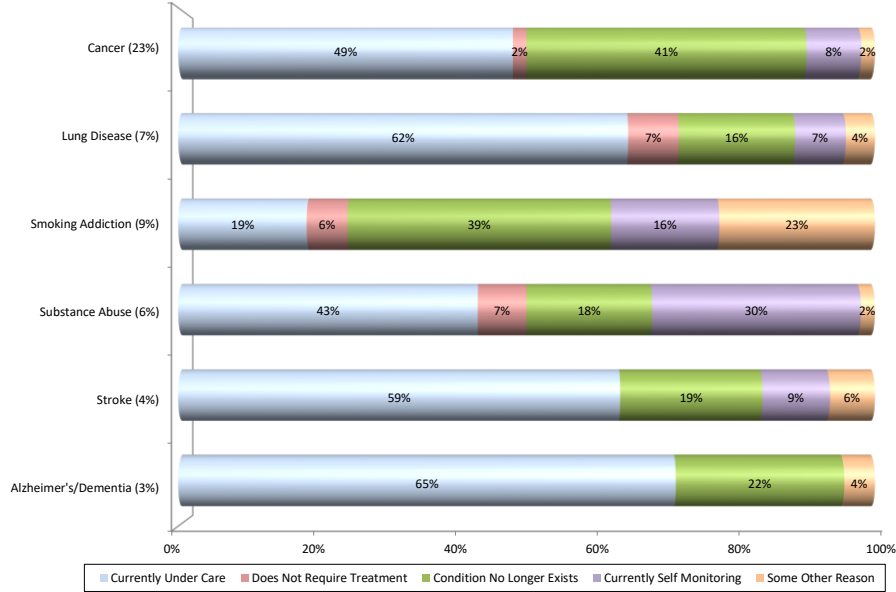
NOTE: Multiple mentions.  
 Q.9 - Are you/household family member currently under care for this [CONDITION]?  
 Q.10 - Why are you/household family member not under current care for the [CONDITION] you mentioned?  
 Would you say it is because...

50



**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...

51

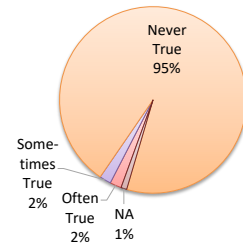
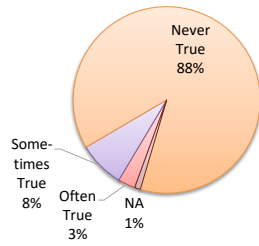
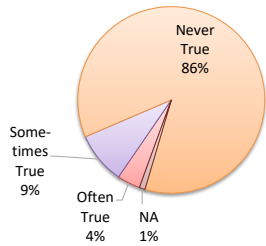
**ADDITIONAL DATA**

**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.

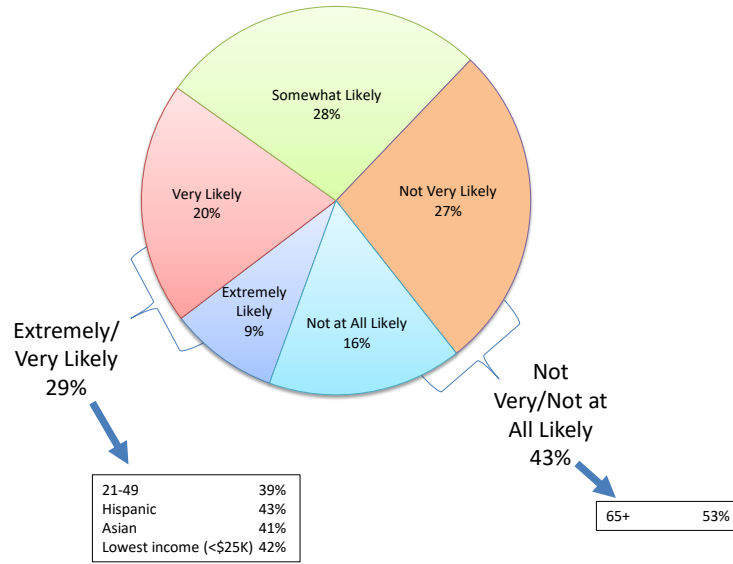
	Total	Age			Income					Ethnicity			
		21-49 (A)	50-64 (B)	65+ (C)	<25 (A)	25-50 (B)	50-100 (C)	100-150 (D)	150+ (E)	Caucasian (A)	AA (B)	Hispanic (C)	Asian (D)
		%	%	%	%	%	%	%	%	%	%	%	%
Go to Dr/group every year or two for check-up	76	70	78 <sup>A</sup>	85 <sup>AB</sup>	56	64	72 <sup>A</sup>	81 <sup>ABC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

(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.

54

### 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?

55

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

"My town had minimal sidewalk, doesn't not encourage walking."

"Outrageous increase I cost of prescription drugs, even with insurance co pays..."

"I wish there was an easier way to find a general practitioner that matches my preferences...."

"I would like to see more community outreach in our neighborhood."

"Air pollution and lawn pesticides."

"Drug addictions and overdoses touch far too many families in this community and its not evident that anything is being done."

"Needs to be more opportunities for easy access and support groups for youth with anxiety, especially for those in the LGBTQ community."

"The lack of psychiatrist and therapist that accept insurance is appalling."

"I'm looking forward to engaging technology to further improve my health."

"Home delivery of prescriptions."

"I feel transportation is limited and hours to take elderly disabled people are limited to daytime appointments only."

"Quality of air and water in county."

"No resources for in home care, full time or regular visits."

"Air pollution and lawn I believe every person in the school district should be trained I youth mental health issues."

"We need to provide more and better treatment for substance abuse."

"Stop smoking remedies!"

"I find it difficult to eat healthy on a budget. I also find it difficult to find time to exercise when working 2 jobs, 60 hours each week... I would like if hospital had more classes/workshops on eating healthy... and for managing diabetes through diet in Somerville."

Healthier SOMERSET

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.

**B. RWJUH SOMERSET SERVICE AREA****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.<sup>9</sup>

**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.

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<sup>9</sup> 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.

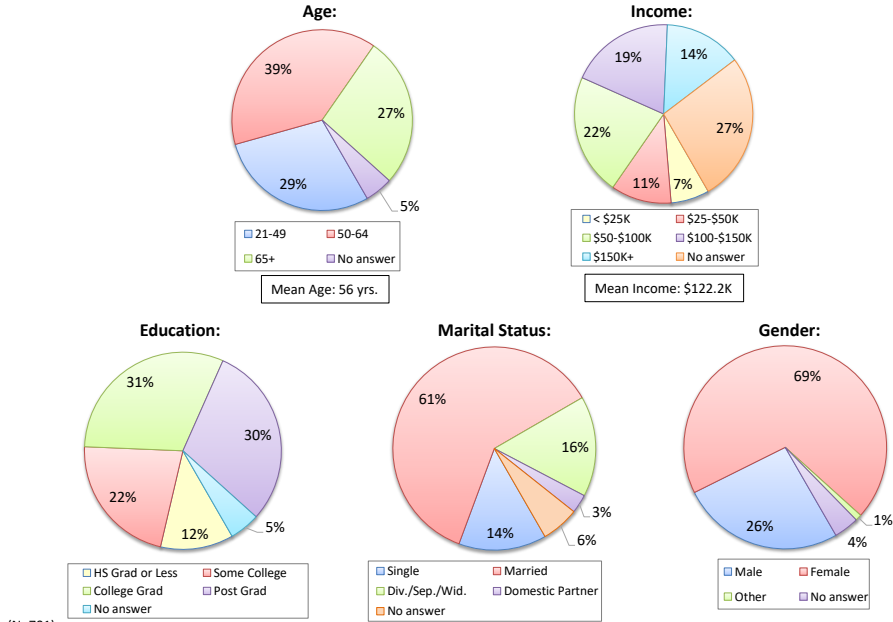
- Diagnostic screenings are crucial in the early detection, treatment and management of chronic diseases. The availability of these preventative services should be expanded to ensure they are reaching and serving minority and lower income populations in a cost-efficient manner.

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**

**WHO LIVES HERE?**

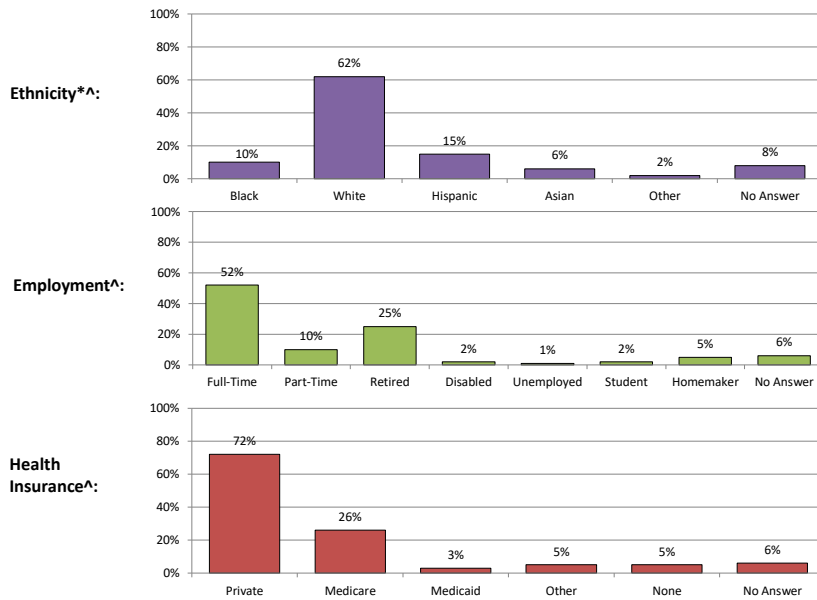
Profile of Respondents in RWJUH Somerset's PSA



(N=701)  
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Somerset

10

Profile of Respondents in RWJUH Somerset's PSA – (continued)

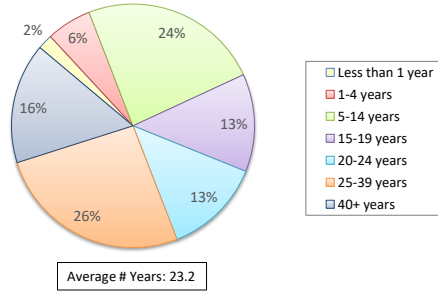


Robert Wood Johnson | RWJBarnabas  
University Hospital  
Somerset

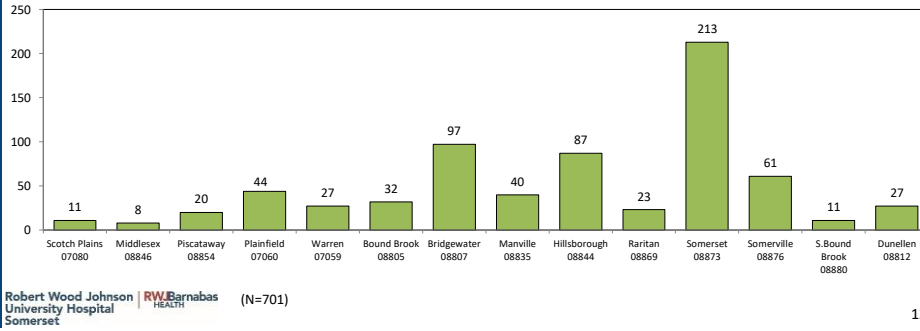
(N=701)  
\*Quotas were established to align closely with census data.  
^ = Multiple mentions.

11

**Length of Time in Area**



**Towns/Zips Where Interviews Came From**

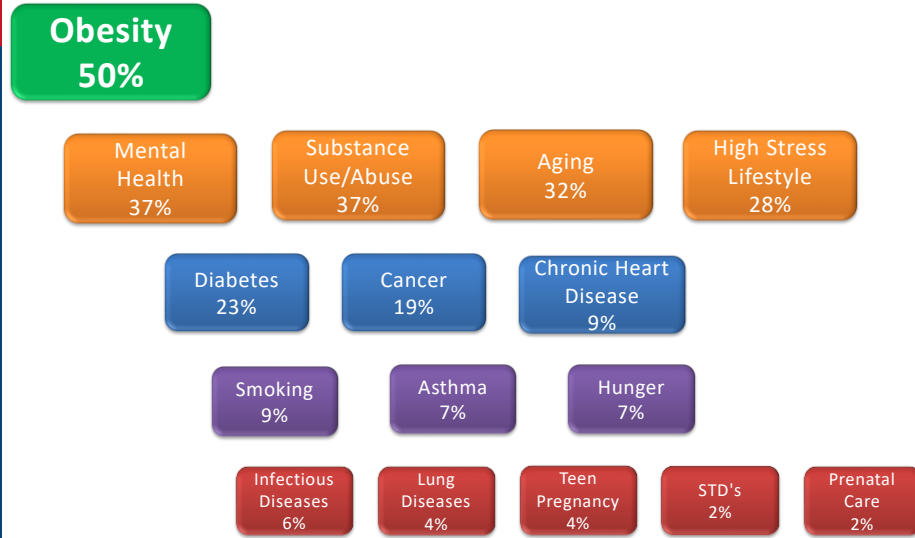


12

**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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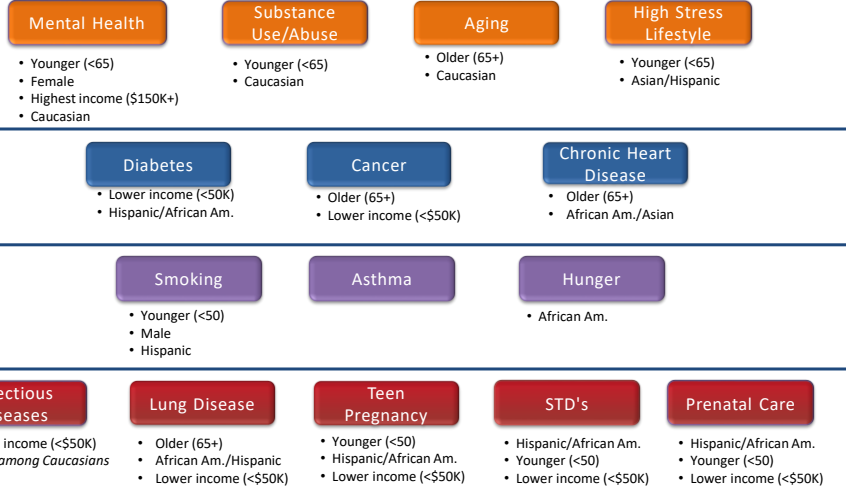
(N=701)  
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

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.



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(N=701)  
Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community?

Community Health-Related Issues of Concern – by Ethnicity

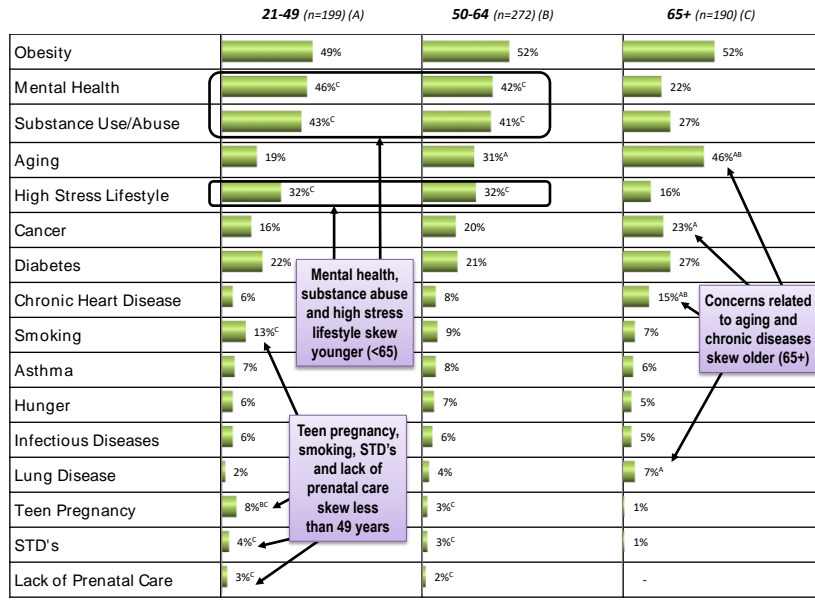
	Caucasian (n=433) (A)	African American (n=71) (B)	Hispanic (n=102) (C)	Asian (n=42) (D)
Obesity	52% <sup>D</sup>	49%	57% <sup>D</sup>	38%
Mental Health	42% <sup>CD</sup>	34%	28%	29%
Substance Use/Abuse	43% <sup>ABD</sup>	32%	34%	24%
Aging	33% <sup>C</sup>	28%	22%	26%
High Stress Lifestyle	25%	27%	37% <sup>A</sup>	45% <sup>AB</sup>
Cancer	19%	23%	23%	14%
Diabetes	14%	38% <sup>A</sup>	52% <sup>ABD</sup>	26% <sup>A</sup>
Chronic Heart Disease	8%	21% <sup>AC</sup>	6%	17% <sup>C</sup>
Smoking	7%	14% <sup>A</sup>	18% <sup>A</sup>	14%
Asthma	5%	10%	8%	12%
Hunger	5%	16% <sup>ACD</sup>	7%	2%
Infectious Diseases	2%	9% <sup>A</sup>	13% <sup>A</sup>	12% <sup>A</sup>
Lung Disease	3%	9% <sup>A</sup>	8% <sup>A</sup>	2%
Teen Pregnancy	2%	9% <sup>A</sup>	11% <sup>A</sup>	5%
STD's	1% <sup>D</sup>	7% <sup>AD</sup>	8% <sup>AD</sup>	-
Lack of Prenatal Care	-	6% <sup>A</sup>	6% <sup>A</sup>	2%

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.

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**Community Health-Related Issues of Concern – by Age**

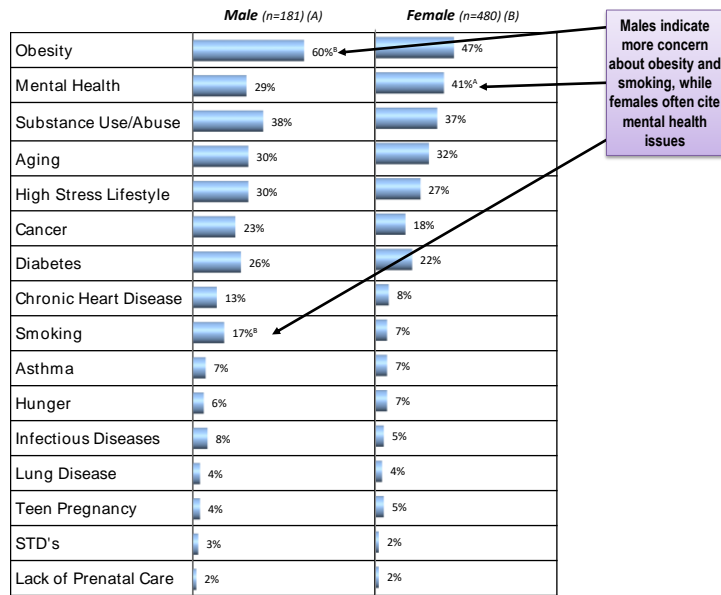


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Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community? (A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

17

**Community Health-Related Issues of Concern – by Gender**

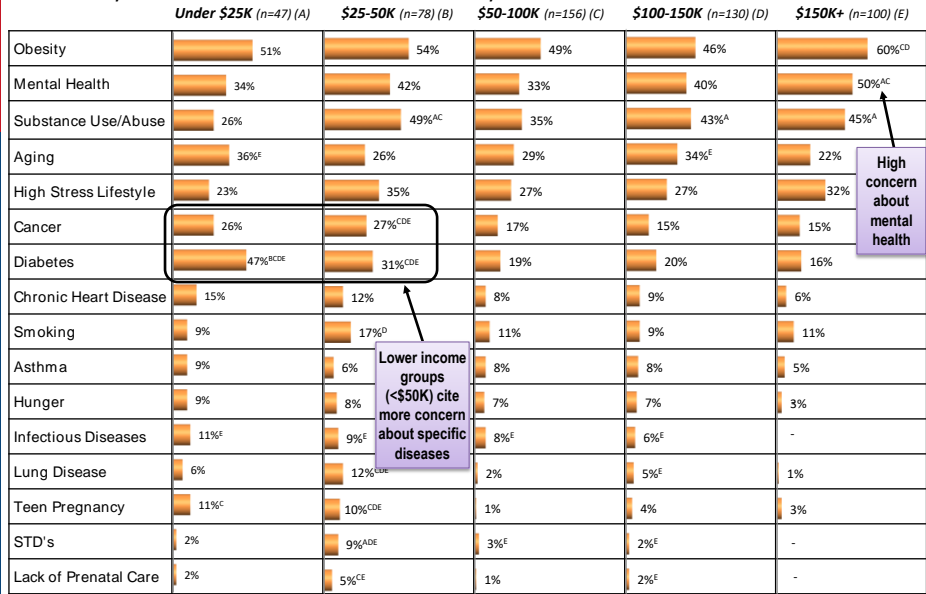


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Q.3 - In your opinion, what are the TOP 3 HEALTH ISSUES OR CONCERNS in your community? (A/B) = Significantly greater than indicated cell at the 90% confidence level.

18

**Community Health-Related Issues of Concern – by Income**



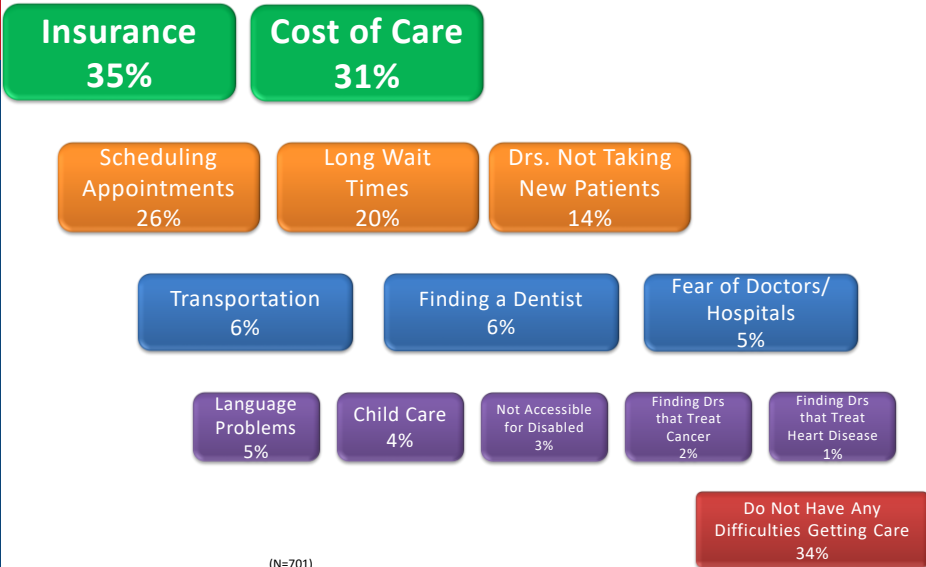
High concern about mental health

Lower income groups (<\$50K) cite more concern about specific diseases

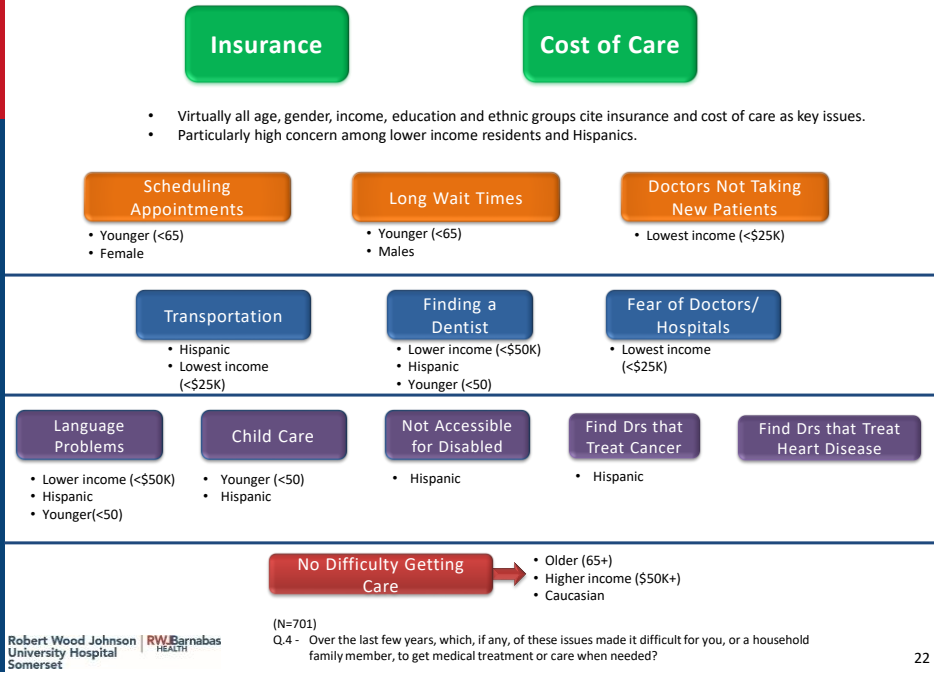
**BARRIERS TO ACCESSING HEALTH CARE SERVICES**

**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.



Summary of Health Care Barriers by Subgroups



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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% <sup>ABD</sup>	38%
Cost of Care	25%	35% <sup>A</sup>	53% <sup>ABD</sup>	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% <sup>B</sup>	7%
Fear of Doctors/Hospitals	5%	4%	4%	10%
Finding a Dentist	4%	4%	14% <sup>AB</sup>	7%
Language Problems	2%	4%	22% <sup>ABD</sup>	5%
Child Care	2%	6%	12% <sup>AB</sup>	2%
Not Accessible for Disabled	3% <sup>B</sup>	-	5% <sup>B</sup>	2%
Finding Drs that Treat Cancer	1%	1%	4%	2%
Finding Drs that Treat Heart Disease	1%	-	4% <sup>AB</sup>	5%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	42% <sup>BCD</sup>	28% <sup>C</sup>	9%	21% <sup>C</sup>

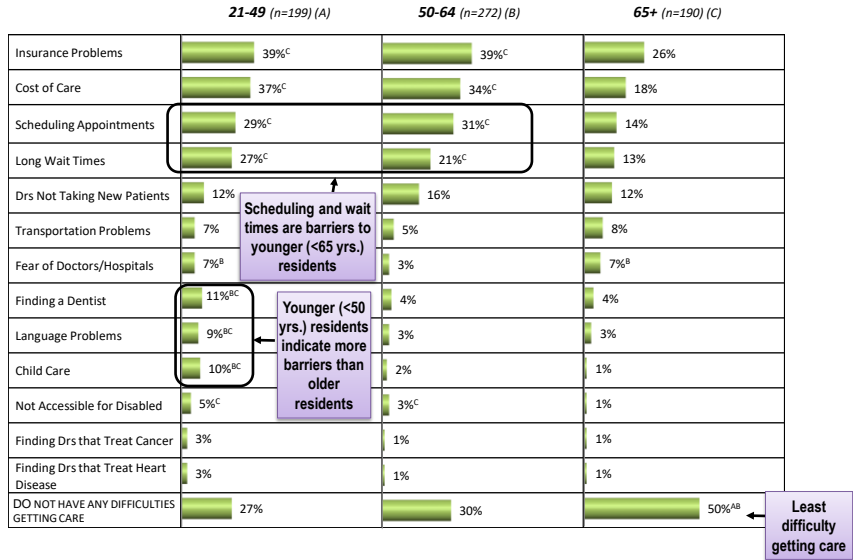
**Most likely to cite insurance/cost issues** (pointing to Insurance and Cost of Care for Hispanic)

**Cite more barriers vs. other ethnic groups** (pointing to Language Problems, Child Care, Not Accessible for Disabled, and Finding Drs that Treat Cancer for Hispanic)

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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**

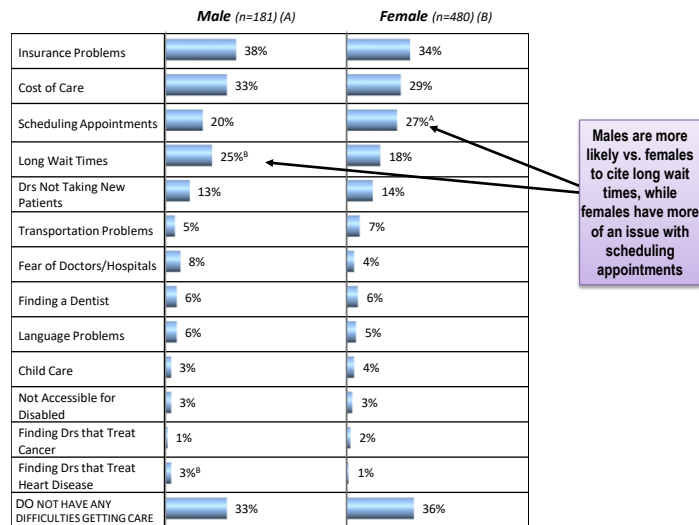


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Q.4 - Over the last few years, which, if any, of these issues made it difficult for you, or a household family member, to get medical treatment or care when needed?  
(A/B/C) = Significantly greater than indicated cell at the 90% confidence level.

24

**Barriers to Accessing Health Care Services – by Gender**



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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) = 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.

	<b>Under \$25K (n=47) (A)</b>	<b>\$25-50K (n=78) (B)</b>	<b>\$50-100K (n=156) (C)</b>	<b>\$100-150K (n=130) (D)</b>	<b>\$150K+ (n=100) (E)</b>
Insurance Problems	57% <sup>CDE</sup>	55% <sup>CDE</sup>	37% <sup>CDE</sup>	25%	27%
Cost of Care	51% <sup>CDE</sup>	55% <sup>CDE</sup>	29% <sup>D</sup>	19%	24%
Scheduling Appointments	26%	32%	26%	23%	28%
Long Wait Times	19%	23%	19%	19%	26%
Drs Not Taking New Patients	26% <sup>BC</sup>	5%	14% <sup>B</sup>	17% <sup>B</sup>	16% <sup>B</sup>
Transportation Problems	23% <sup>BCDE</sup>	8% <sup>D</sup>	6% <sup>D</sup>	2%	3%
Fear of Doctors/Hospitals	15% <sup>CDE</sup>	6% <sup>E</sup>	5% <sup>E</sup>	2%	1%
Finding a Dentist	17% <sup>CDE</sup>	15% <sup>CDE</sup>	6% <sup>DE</sup>	2%	2%
Language Problems	9%	15% <sup>CDE</sup>	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% <sup>D</sup>	1%	-	1%
DO NOT HAVE ANY DIFFICULTIES GETTING CARE	6%	14%	34% <sup>AB</sup>	43% <sup>AB</sup>	40% <sup>AB</sup>

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**

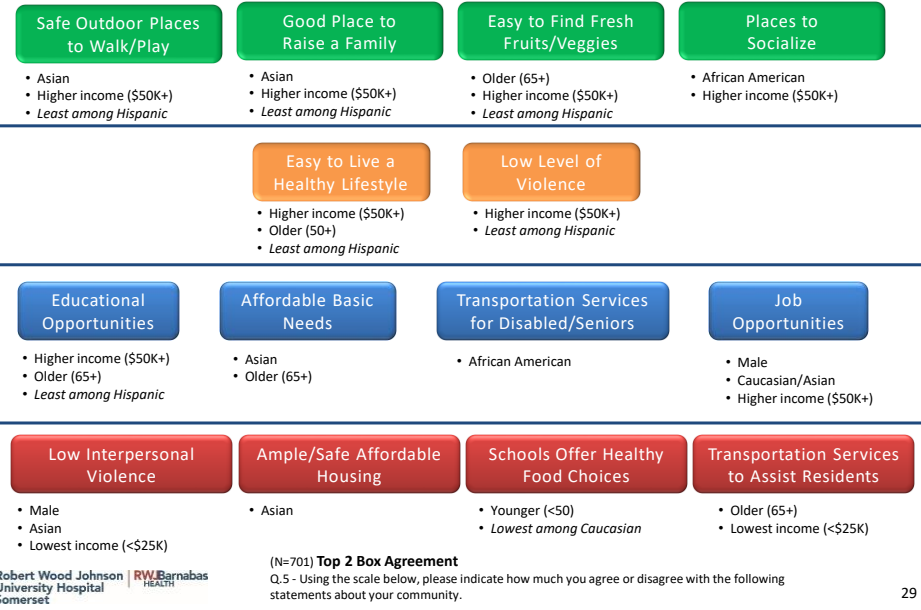
- A large majority of residents surveyed feel their community is a good place to raise a family, with safe places to walk/play, ease of finding fresh food and ample places to socialize.
- On the other hand, the community receives relatively low scores in the areas of interpersonal violence, safe, affordable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



(N=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.

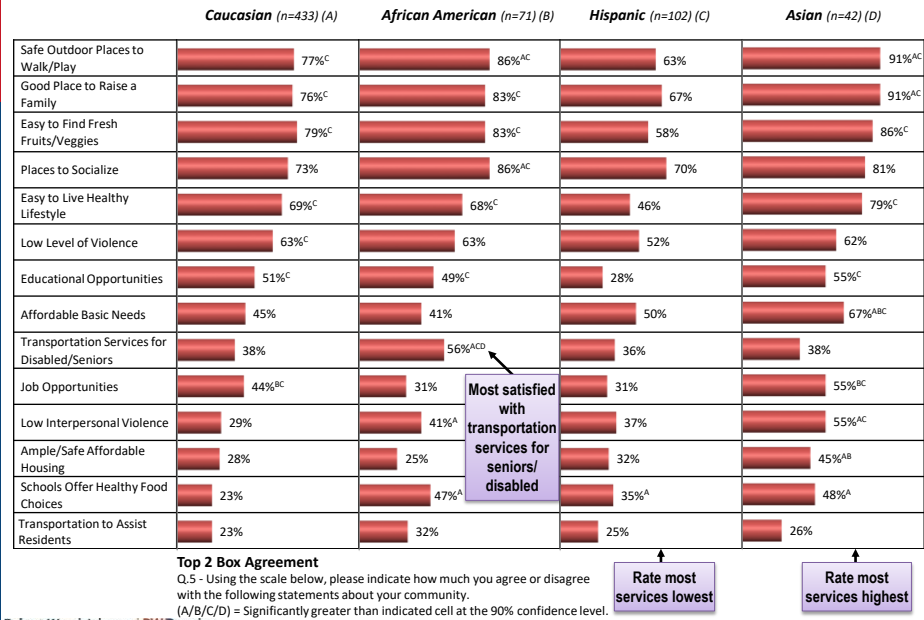
**Summary of Community Strengths and Weaknesses by Subgroups**

- 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.



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**Community Strengths and Weaknesses – by Ethnicity**



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### 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.

	21-49 (n=199) (A)	50-64 (n=272) (B)	65+ (n=190) (C)
Safe Outdoor Places to Walk/Play	78%	81% <sup>C</sup>	73%
Good Place to Raise a Family	76%	81% <sup>C</sup>	71%
Easy to Find Fresh Fruits/Veggies	73%	78%	82% <sup>A</sup>
Places to Socialize	73%	75%	80%
Easy to Live Healthy Lifestyle	61%	69% <sup>A</sup>	69% <sup>A</sup>
Low Level of Violence	63% <sup>B</sup>	55%	66% <sup>B</sup>
Educational Opportunities	43%	45%	57% <sup>AB</sup>
Affordable Basic Needs	46% <sup>B</sup>	38%	60% <sup>AB</sup>
Transportation Services for Disabled/Seniors	39%	39%	44%
Job Opportunities	45%	40%	37%
Low Interpersonal Violence	39% <sup>B</sup>	27%	35% <sup>B</sup>
Ample/Safe Affordable Housing	32%	27%	30%
Schools Offer Healthy Food Choices	37% <sup>BC</sup>	29% <sup>C</sup>	20%
Transportation to Assist Residents	23%	22%	34% <sup>AB</sup>

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.

### Community Strengths and Weaknesses – by Gender

	Male (n=181) (A)	Female (n=480) (B)
Safe Outdoor Places to Walk/Play	79%	77%
Good Place to Raise a Family	79%	76%
Easy to Find Fresh Fruits/Veggies	80%	77%
Places to Socialize	75%	76%
Easy to Live Healthy Lifestyle	65%	67%
Low Level of Violence	59%	61%
Educational Opportunities	51%	47%
Affordable Basic Needs	51%	45%
Transportation Services for Disabled/Seniors	45%	39%
Job Opportunities	46% <sup>B</sup>	39%
Low Interpersonal Violence	41% <sup>B</sup>	30%
Ample/Safe Affordable Housing	30%	29%
Schools Offer Healthy Food Choices	28%	29%
Transportation to Assist Residents	28%	25%

Males cite more job opportunities and a low level of interpersonal violence 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.

**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.

	<b>Under \$25K (n=47) (A)</b>	<b>\$25-50K (n=78) (B)</b>	<b>\$50-100K (n=156) (C)</b>	<b>\$100-150K (n=130) (D)</b>	<b>\$150K+ (n=100) (E)</b>
Safe Outdoor Places to Walk/Play	60%	64%	81% <sup>AB</sup>	85% <sup>AB</sup>	84% <sup>AB</sup>
Good Place to Raise a Family	53%	65%	79% <sup>AB</sup>	79% <sup>AB</sup>	87% <sup>ABC</sup>
Easy to Find Fresh Fruits/Veggies	49%	59%	77% <sup>AB</sup>	84% <sup>AB</sup>	87% <sup>ABC</sup>
Places to Socialize	57%	65%	78% <sup>AB</sup>	82% <sup>AB</sup>	75% <sup>A</sup>
Easy to Live Healthy Lifestyle	45%	50%	65% <sup>AB</sup>	75% <sup>ABC</sup>	73% <sup>AB</sup>
Low Level of Violence	53%	53%	61%	61%	65% <sup>B</sup>
Educational Opportunities	28%	33%	45% <sup>AB</sup>	53% <sup>AB</sup>	58% <sup>ABC</sup>
Affordable Basic Needs	43%	40%	46%	50%	47%
Transportation Services for Disabled/Seniors	40%	45%	37%	39%	37%
Job Opportunities	23%	28%	43% <sup>AB</sup>	48% <sup>AB</sup>	55% <sup>ABC</sup>
Low Interpersonal Violence	43% <sup>D</sup>	33%	35%	28%	37%
Ample/Safe Affordable Housing	28%	26%	27%	31%	34%
Schools Offer Healthy Food Choices	26%	31%	33%	28%	30%
Transportation to Assist Residents	40% <sup>CDE</sup>	28% <sup>E</sup>	22%	23%	17%

Lower income residents tend to feel the community has a lower level of interpersonal violence and rate the available transportation systems high

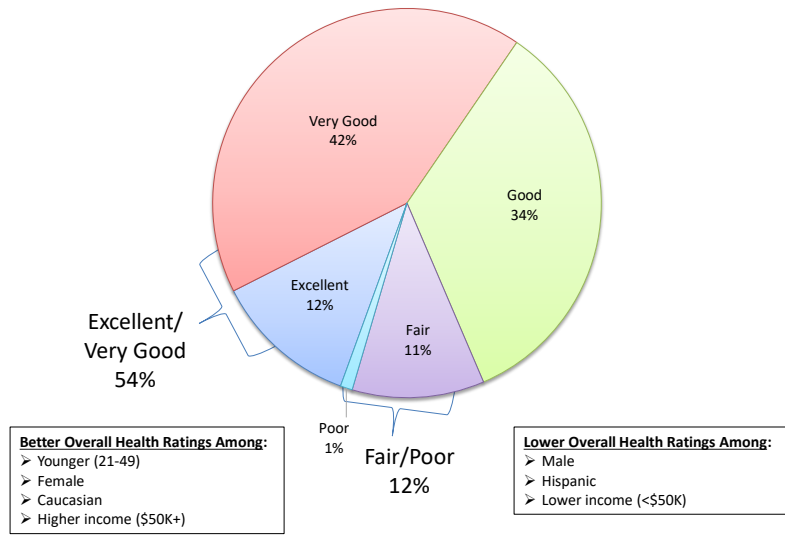
**Top 2 Box Agreement**  
 Q.5 - Using the scale below, please indicate how much you agree or disagree with the following statements about your community.  
 (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.

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**PERSONAL HEALTH HABITS AND PRACTICES**

**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.



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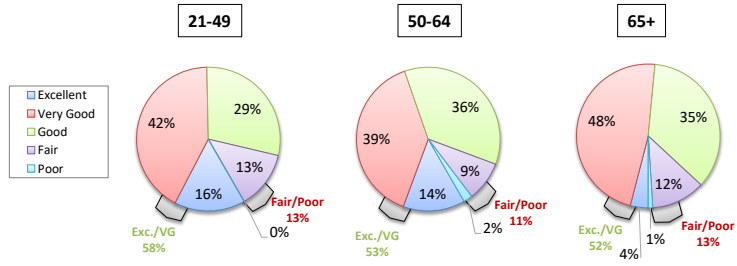
(N=701)  
 Q.6 - How would you describe your overall health?



Self-Description of Overall Health – by Subgroups

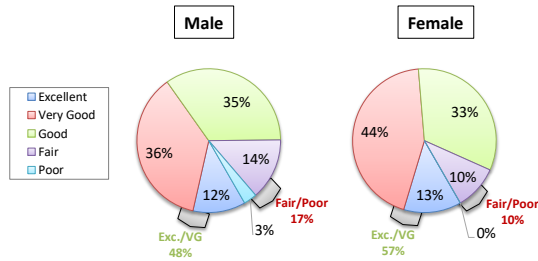
**Age:**

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



**Gender:**

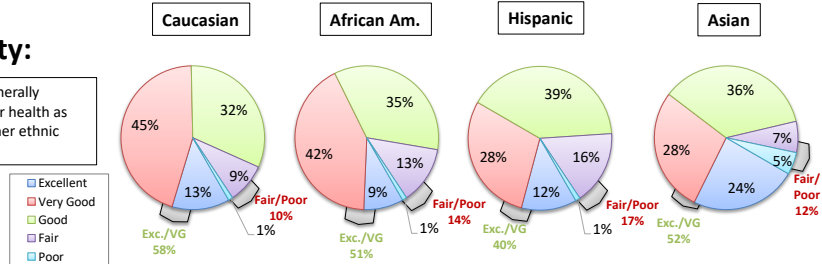
Females describe their overall health as better vs. males.



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

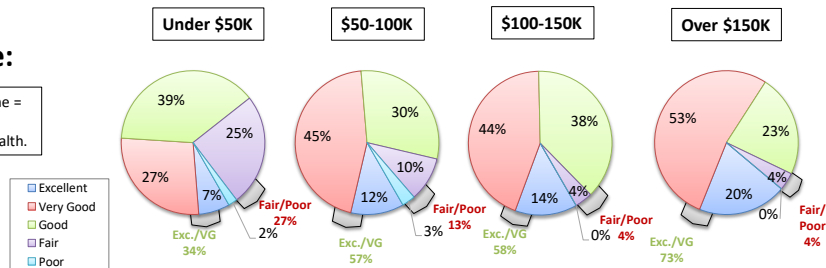
**Ethnicity:**

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



**Income:**

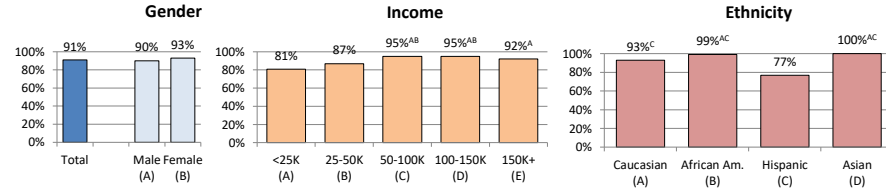
Higher income = better self described health.



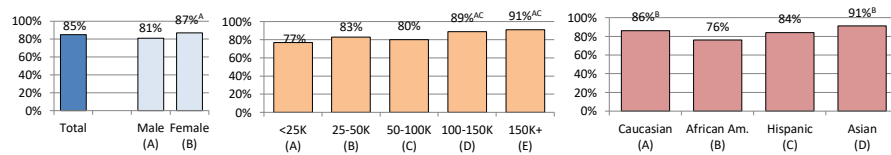
### Self-Description of Understanding and Eating Healthy

- 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**

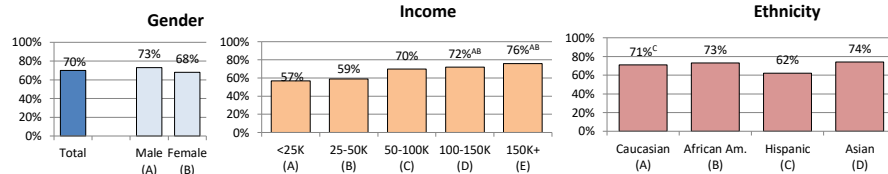


(N=701)  
 Q.11 - Do you feel that you...  
 Gender: (A/B) = Significantly greater than indicated cell at the 90% confidence level.  
 Income: (A/B/C/D/E) = Significantly greater than indicated cell at the 90% confidence level.  
 Ethnicity: (A/B/C/D) = Significantly greater than indicated cell at the 90% confidence level.

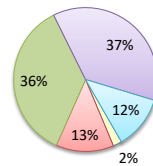
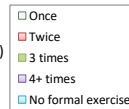
### Self-Description of Physical Activity

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

**Are physically active**



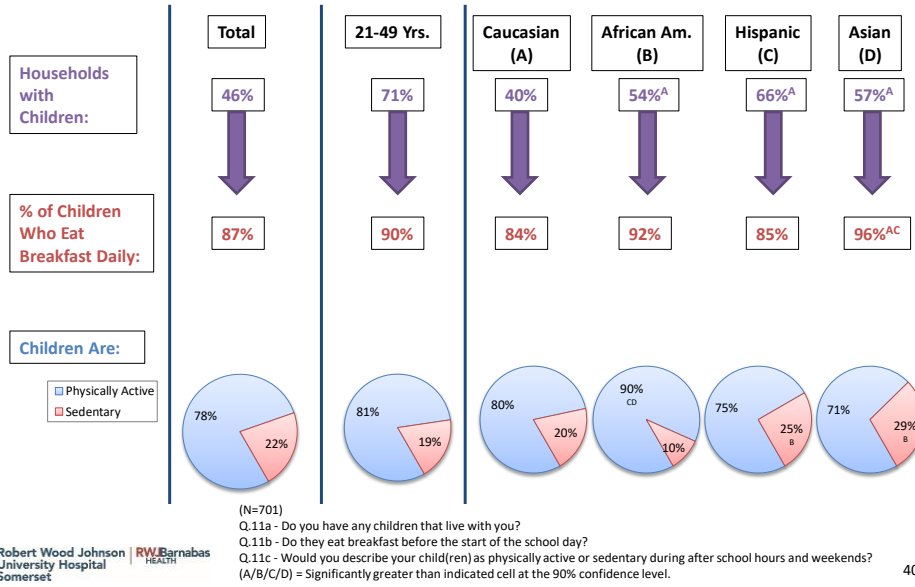
**# Times Exercise per Week**  
 (Among those who are physically active)  
 (N=490)



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.

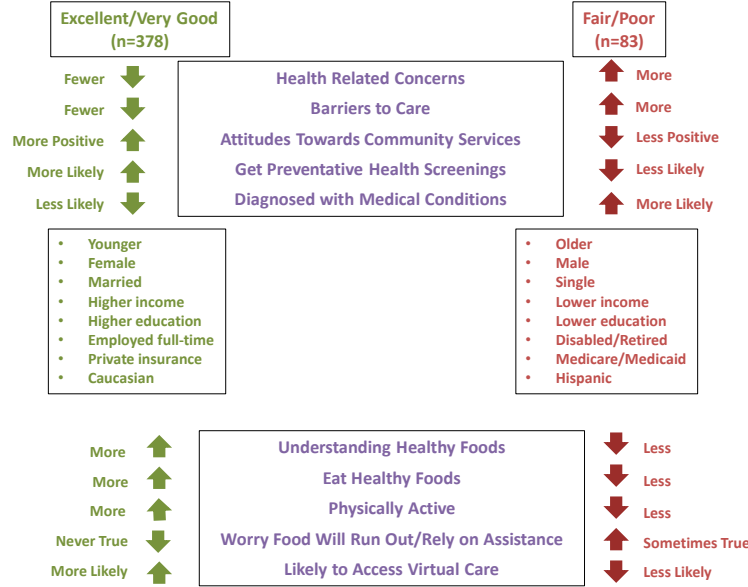
### Activity Level of Children in Household

- 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.



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

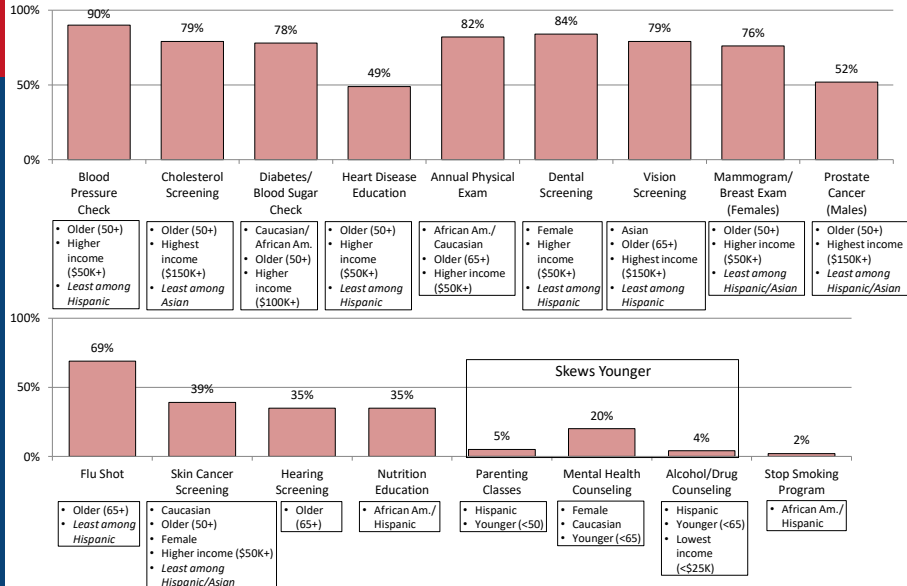


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**INCIDENCE OF SCREENING TESTS AND CONDITIONS DIAGNOSED**

**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.



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**

	Caucasian (n=433) (A)	African American (n=71) (B)	Hispanic (n=102) (C)	Asian (n=42) (D)
Blood Pressure Check	93% <sup>C</sup>	97% <sup>ACD</sup>	74%	86% <sup>F</sup>
Cholesterol Screening	83% <sup>CD</sup>	80% <sup>D</sup>	70% <sup>D</sup>	55%
Diabetes/Blood Sugar Check	81% <sup>CD</sup>	79% <sup>C</sup>	68%	67%
Heart Disease Education	52% <sup>CD</sup>	69% <sup>ACD</sup>	21%	38% <sup>F</sup>
Annual Physical Exam	86% <sup>CD</sup>	92% <sup>CD</sup>	67%	69%
Dental Screening	89% <sup>C</sup>	86% <sup>F</sup>	59%	83% <sup>F</sup>
Vision Screening	82% <sup>F</sup>	78% <sup>F</sup>	58%	93% <sup>ABC</sup>
Mammogram/Breast Exam (Females)	80% <sup>CD</sup>	79% <sup>CD</sup>	59%	55%
Prostate Cancer Screen (Males)	57% <sup>CD</sup>	72% <sup>CD</sup>	29%	36%
Flu Shot	73% <sup>C</sup>	66% <sup>F</sup>	48%	67% <sup>F</sup>
Skin Cancer Screening	49% <sup>BCD</sup>	28% <sup>CD</sup>	12%	7%
Hearing Screening	38% <sup>F</sup>	38%	28%	31%
Nutrition Education	32%	48% <sup>AD</sup>	45% <sup>AD</sup>	29%
Parenting Classes	3%	7%	10% <sup>A</sup>	7%
Mental Health Counseling	23% <sup>BCD</sup>	16%	12%	12%
Alcohol/Drug Counseling	4%	1%	8% <sup>B</sup>	2%
Stop Smoking Program	1%	7% <sup>A</sup>	7% <sup>A</sup>	2%

**Robert Wood Johnson University Hospital Somerset | RWJBarnabas Health**

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.

44

Incidence of Screenings/Exams/Tests – by Age

	21-49 (n=199) (A)	50-64 (n=272) (B)	65+ (n=190) (C)
Blood Pressure Check	84%	92% <sup>A</sup>	96% <sup>AB</sup>
Cholesterol Screening	65%	84% <sup>A</sup>	91% <sup>AB</sup>
Diabetes/Blood Sugar Check	69%	82% <sup>A</sup>	85% <sup>A</sup>
Heart Disease Education	37%	50% <sup>A</sup>	63% <sup>AB</sup>
Annual Physical Exam	77%	83%	90% <sup>AB</sup>
Dental Screening	82%	86%	86%
Vision Screening	72%	78%	90% <sup>AB</sup>
Mammogram/Breast Exam (Females)	58%	85% <sup>A</sup>	86% <sup>A</sup>
Prostate Cancer Screen (Males)	13%	62% <sup>A</sup>	63% <sup>A</sup>
Flu Shot	55%	69% <sup>A</sup>	84% <sup>AB</sup>
Skin Cancer Screening	25%	41% <sup>A</sup>	54% <sup>AB</sup>
Hearing Screening	30%	31%	47% <sup>AB</sup>
Nutrition Education	37%	32%	40%
Parenting Classes	9% <sup>BC</sup>	3%	2%
Mental Health Counseling	25% <sup>C</sup>	21% <sup>C</sup>	14%
Alcohol/Drug Counseling	5% <sup>C</sup>	4%	2%
Stop Smoking Program	2%	3%	2%

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.

45

Incidence of Screenings/Exams/Tests – by Gender

	Male (n=181) (A)	Female (n=480) (B)
Blood Pressure Check	92%	91%
Cholesterol Screening	80%	80%
Diabetes/Blood Sugar Check	80%	78%
Heart Disease Education	53%	48%
Annual Physical Exam	80%	84%
Dental Screening	80%	87% <sup>A</sup>
Vision Screening	77%	82%
Mammogram/Breast Exam (Females)	NA	76%
Prostate Cancer Screen (Males)	52%	NA
Flu Shot	67%	71%
Skin Cancer Screening	34%	42% <sup>A</sup>
Hearing Screening	39%	35%
Nutrition Education	33%	36%
Parenting Classes	5%	4%
Mental Health Counseling	16%	21% <sup>A</sup>
Alcohol/Drug Counseling	4%	3%
Stop Smoking Program	3%	2%

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.

46

**Incidence of Screenings/Exams/Tests – by Income**

	<b>Under \$25K (n=47) (A)</b>	<b>\$25-50K (n=78) (B)</b>	<b>\$50-100K (n=156) (C)</b>	<b>\$100-150K (n=130) (D)</b>	<b>\$150K+ (n=100) (E)</b>
Blood Pressure Check	81%	81%	93% <sup>AB</sup>	92% <sup>AB</sup>	97% <sup>ABD</sup>
Cholesterol Screening	68%	71%	78%	77%	89% <sup>ABCD</sup>
Diabetes/Blood Sugar Check	70%	69%	74%	80% <sup>E</sup>	87% <sup>ABC</sup>
Heart Disease Education	34%	37%	58% <sup>ABD</sup>	45%	55% <sup>AB</sup>
Annual Physical Exam	70%	78%	83% <sup>A</sup>	84% <sup>A</sup>	90% <sup>ABC</sup>
Dental Screening	53%	69% <sup>A</sup>	85% <sup>AB</sup>	89% <sup>AB</sup>	97% <sup>ABCD</sup>
Vision Screening	64%	71%	80% <sup>A</sup>	75%	92% <sup>ABCD</sup>
Mammogram/Breast Exam (Females)	69%	63%	75%	78% <sup>B</sup>	79% <sup>B</sup>
Prostate Cancer Screen (Males)	36%	43%	50%	47%	65% <sup>AB</sup>
Flu Shot	66%	67%	65%	72%	74%
Skin Cancer Screening	17%	24%	38% <sup>AB</sup>	41% <sup>AB</sup>	50% <sup>ABC</sup>
Hearing Screening	28%	31%	44% <sup>ABD</sup>	28%	34%
Nutrition Education	36%	41% <sup>P</sup>	36%	29%	39% <sup>P</sup>
Parenting Classes	11%	4%	3%	5%	4%
Mental Health Counseling	23%	27%	17%	22%	25%
Alcohol/Drug Counseling	11% <sup>P</sup>	5%	4%	2%	3%
Stop Smoking Program	6% <sup>DE</sup>	3%	3% <sup>DE</sup>	-	-

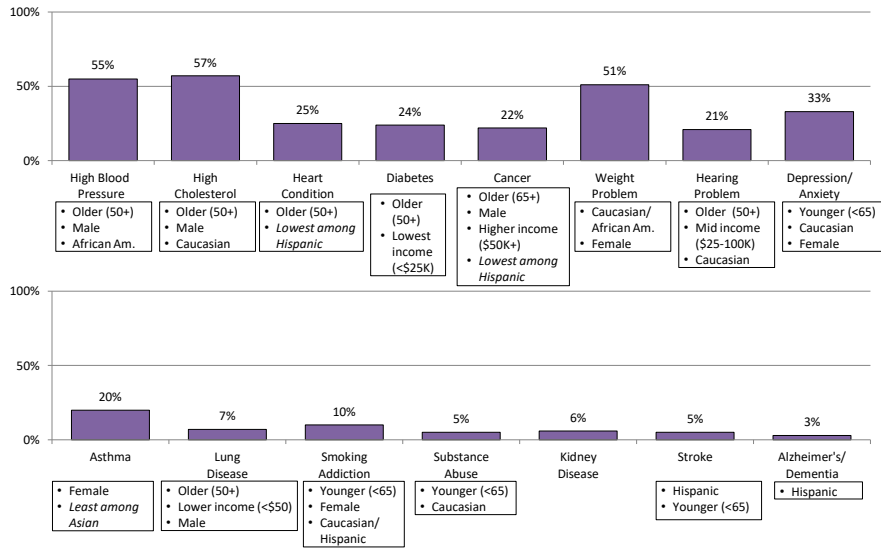
Alcohol/drug counseling is more common among poverty level residents

Highest incomes have more screenings tests

Robert Wood Johnson University Hospital Somerset | RWJBarnabas Health | 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)**

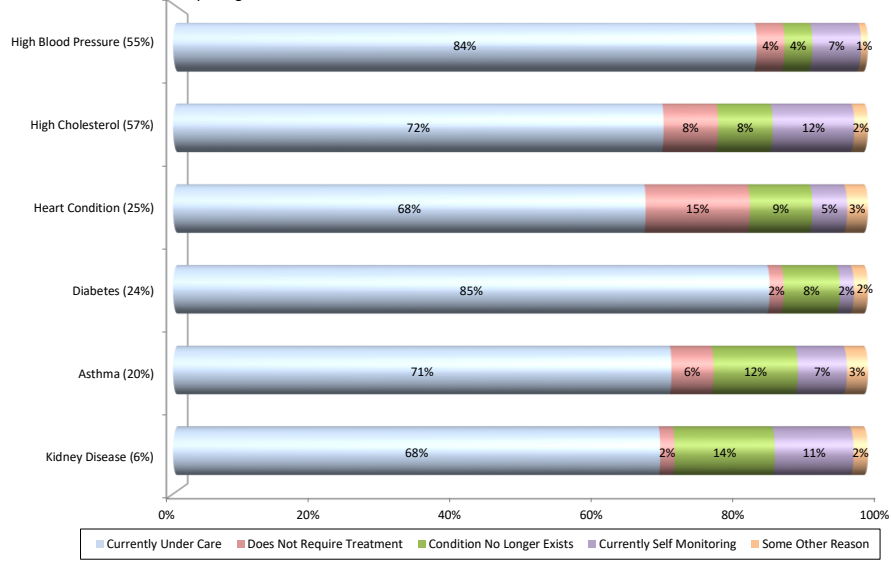
- Older residents (50+) report being diagnosed with more conditions versus their younger counterparts, although depression/anxiety, smoking addiction and substance abuse skew towards the younger population.
- Males report somewhat higher incidence of high blood pressure, high cholesterol, cancers and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



Robert Wood Johnson University Hospital Somerset | RWJBarnabas Health | (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?

### How Conditions Are Being Managed

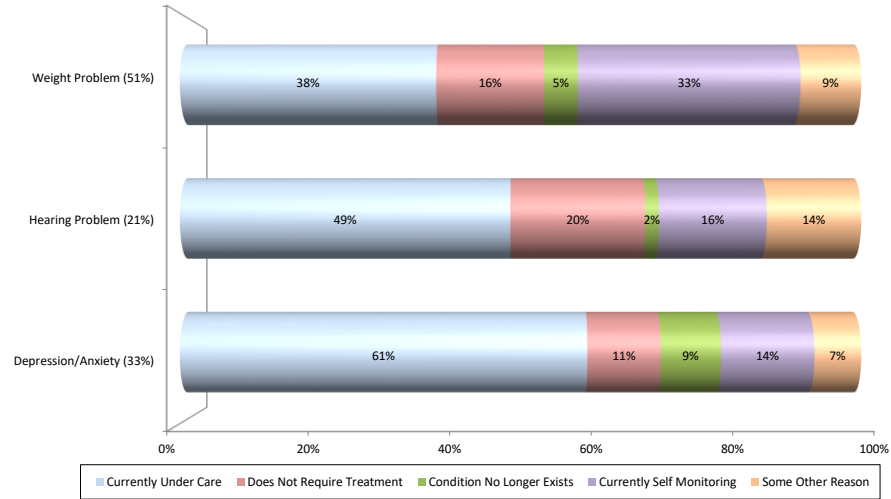
- The large majority of those reporting high blood pressure, diabetes, high cholesterol, heart conditions, asthma and kidney disease are currently under care for their conditions, with some reporting the condition no longer exists, does not require treatment or is currently being monitored on their own.



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...

### How Conditions Are Being Managed – (continued)

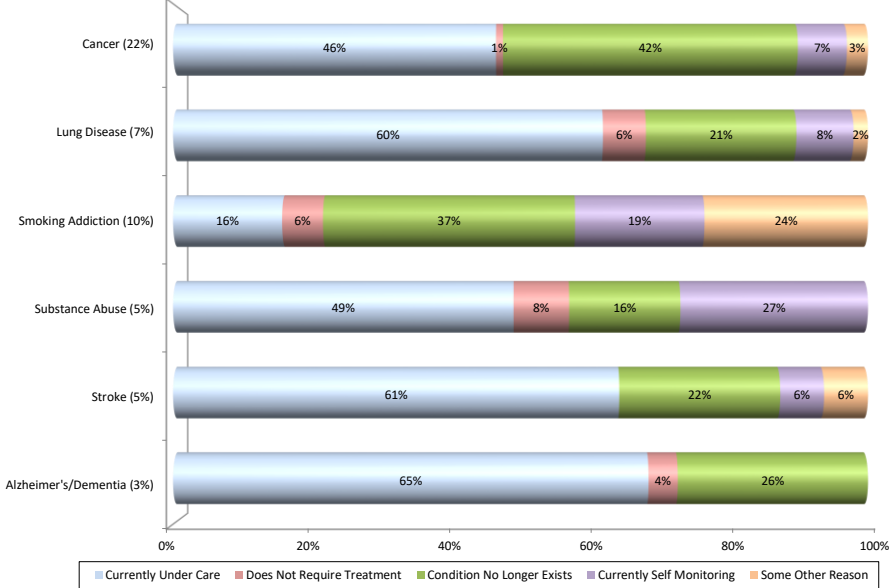
- Of those reporting weight issues, 38% say they are currently under a physicians care for the condition, while about one-third (33%) say they are currently monitoring on their own; 16% say the condition does not warrant treatment and a handful say the condition no longer exists.
- While a majority of 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...

**How Conditions Are Being Managed – (continued)**

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



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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...

51

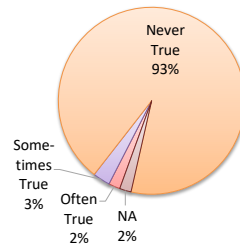
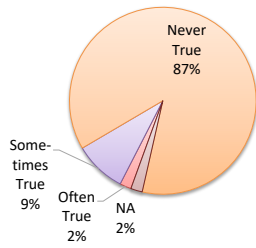
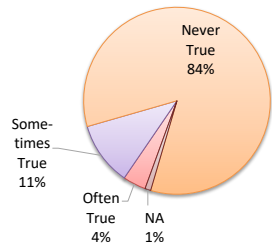
**ADDITIONAL DATA**

**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.

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(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

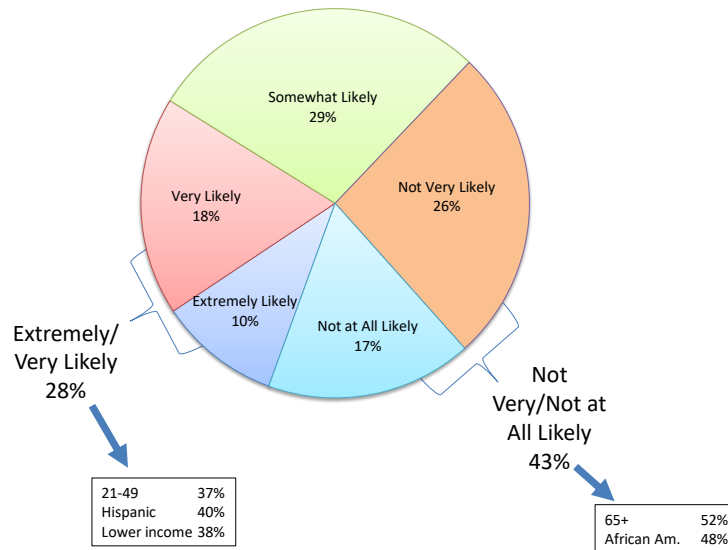
- Older and higher income residents are significantly more likely versus their younger/lower income counterparts to visit the same doctor or group every year or two for a check-up, while the younger and lower income residents are more likely to visit the doctor only when sick or need medical care.
-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

	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	75	68	78 <sup>A</sup>	86 <sup>AB</sup>	64	64	75 <sup>B</sup>	79 <sup>AB</sup>	91 <sup>ABCD</sup>	80 <sup>C</sup>	83 <sup>C</sup>	54	71 <sup>C</sup>
Go to Dr/group only when sick/hurt	20	28 <sup>BC</sup>	21 <sup>C</sup>	10	21	31 <sup>DE</sup>	21	18	17	19	13	28 <sup>AB</sup>	29 <sup>B</sup>
Go to Urgent Care or ER when need medical care	11	19 <sup>BC</sup>	7	6	17 <sup>E</sup>	17 <sup>DE</sup>	10	8	5	8	4	26 <sup>AB</sup>	17 <sup>B</sup>

(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.

### 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)

"Would like to see a psychiatrist for assistance with this depression."

"Is there a low cost place to go that provides health care for people without insurance?"

"Have had trouble getting to hospital for same day surgery..."

"Doctors don't spend enough time with patients. See nurses or assistants more. Often feel doctors don't take my problems seriously."

"Very difficult to find competent or useful mental health practitioners.... Most don't take insurance."

"The medical options thru RWJUH NB are poor. It typically takes 4+ months to get an appointment."

"More community outreach programs."

"I think there needs to be more free or low cost exercise programs for seniors to help them maintain a healthy lifestyle."

"We have an aging parent at home. I wish there was a community clinic for aging parents for preventative care while we don't have insurance."

"We need affordable and quality health care. Also need Americans to eat healthier diets and exercise regularly."

"I have been treated at St. Barnabas in Livingston for the past 10 years and currently undergoing a procedure at RWJ in NB. I am very please with my doctors and care."

"A community health center for the whole family, with health and nutrition education and exercise facilities would be helpful."

"Difficult finding MD in local area... their specialty and what insurance they take... and limited hours.. transportation also an issue."

"Apartment prices are very expensive in Somerset county."

"I find it difficult to find physicians of color, African American decent.. I feel more comfortable going to someone who can identify with me."

"Skin cancer screenings are important, but they not allow for repeat screenings."

"I wish there was an easier way to find a general practitioner."

Robert Wood Johnson University Hospital Somerset | RWJ Barnabas HEALTH

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.

#### **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, and 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 had 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 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 – its 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 26<sup>th</sup> 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 care 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. Part of which is 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 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 the 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 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.

Healthier Somerset is currently conducting a Community Health Needs Assessment (CHNA), a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. The data collected in the CHNA will be reviewed, analyzed and discussed by stakeholders across the county who comprise Healthier Somerset. The data will then be used to develop the 2019-2021 Community Health Improvement Plan (CHIP), a long-term, systematic effort to address public health problems in a community.

As part of the CHNA, SCBP hosted a focus group for employers to contribute information and perspectives from the business community. 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 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 in this order:

- Chronic disease
- Overweight/Obesity
- Mental Health
- Substance Abuse
- 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 (nonrecognition 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 Like?”; “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 E** 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 13<sup>th</sup> 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 19<sup>th</sup> century the Somerset Hills area became a popular county home for wealthy industrialists.<sup>10</sup> 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 2<sup>nd</sup> in the State and 25<sup>th</sup> among counties in the United States in terms of per capita income. Most recently, Somerset County was ranked 2<sup>nd</sup> of 21 New Jersey Counties, as one of the healthiest counties in New Jersey by the RWJ Community 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.<sup>11</sup>

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<sup>10</sup> [https://wikipedia.org/somerset\\_county\\_newjersey](https://wikipedia.org/somerset_county_newjersey)

<sup>11</sup> <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

**1. Economic Stability**

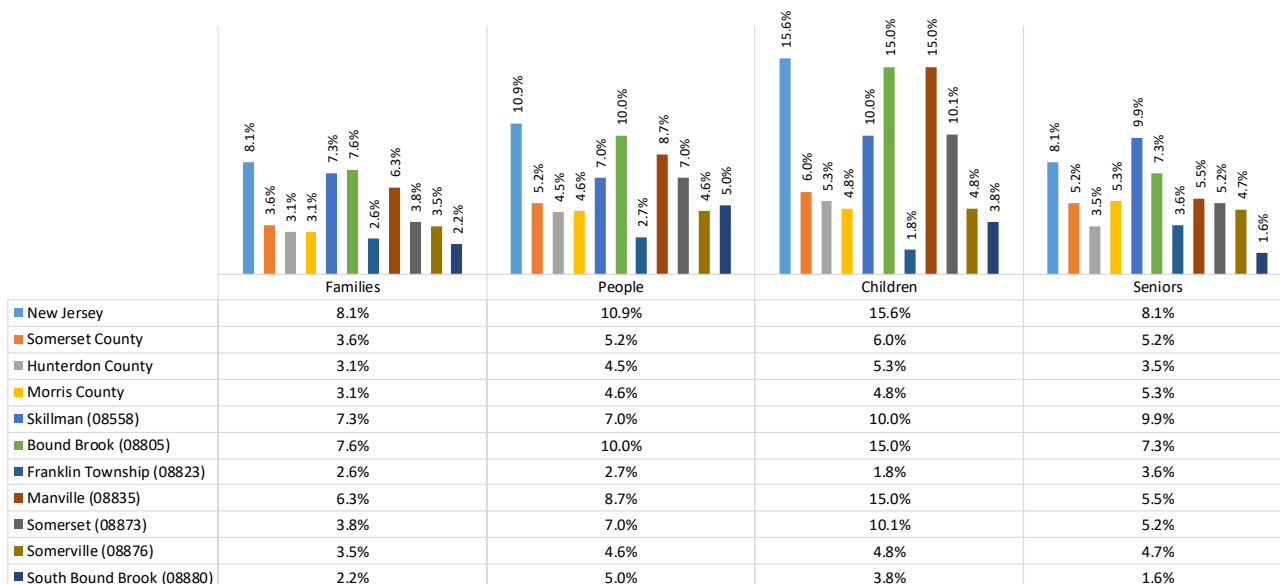
**Poverty**

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 18<sup>th</sup> out of 21 New Jersey counties with 5.2% of residents sustaining an income below poverty.

- According to the Census, in 2016, Somerset County (5.2%) has fewer individuals living below the Federal Poverty Level than New Jersey (10.9%).
- Bound Brook and Manville have among the highest poverty rates and exceed those of the County. The 2016 ACS Survey reports 7.6% of Bound Brook families and 6.3% of Manville families are living below the FPL compared to 3.6% 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**



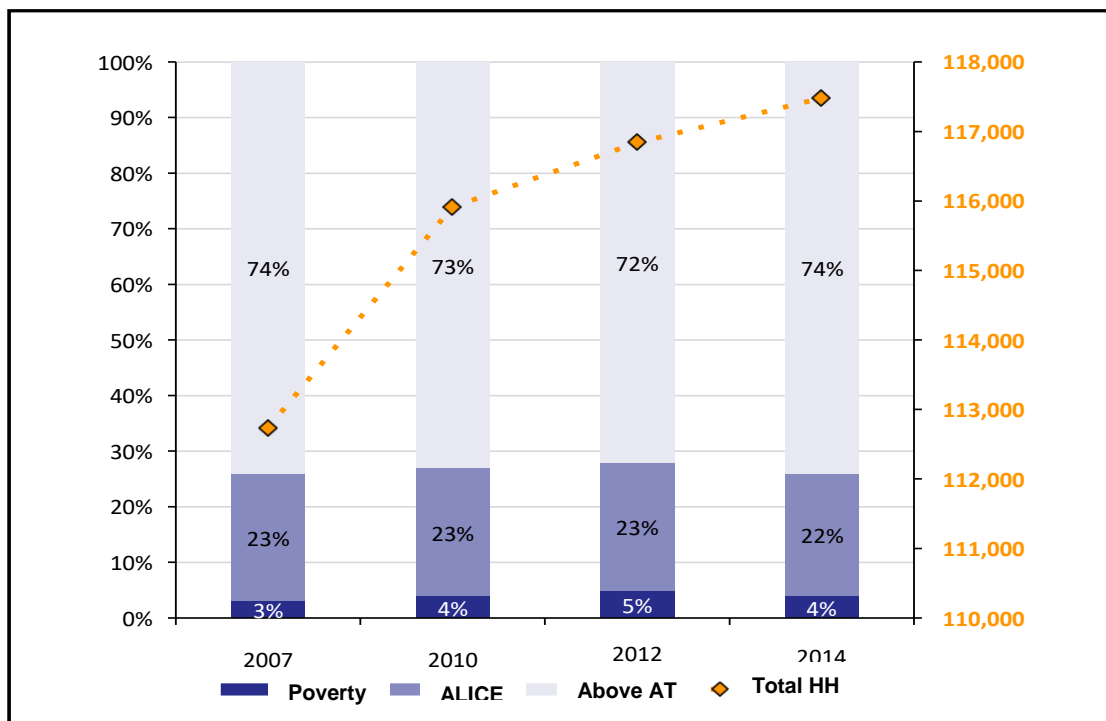
Source: United States Census 2016 5 Year ACS Estimates

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)<sup>12</sup> 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 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).

<sup>12</sup> <http://www.unitedwaynj.org/ourwork/aliceatnj.php>



**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
<b>Monthly Costs</b>		
Housing	\$928	\$1,458
Child Care	\$-	\$1,907
Food	\$202	\$612
Transportation	\$338	\$676
Health Care	\$131	\$525
Miscellaneous	\$194	\$607
Taxes	\$337	\$889
<b>Monthly Total</b>	<b>\$2,130</b>	<b>\$6,674</b>
<b>ANNUAL TOTAL</b>	<b>\$25,560</b>	<b>\$80,088</b>
<b>Hourly Wage</b>	<b>\$12.78</b>	<b>\$40.04</b>

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

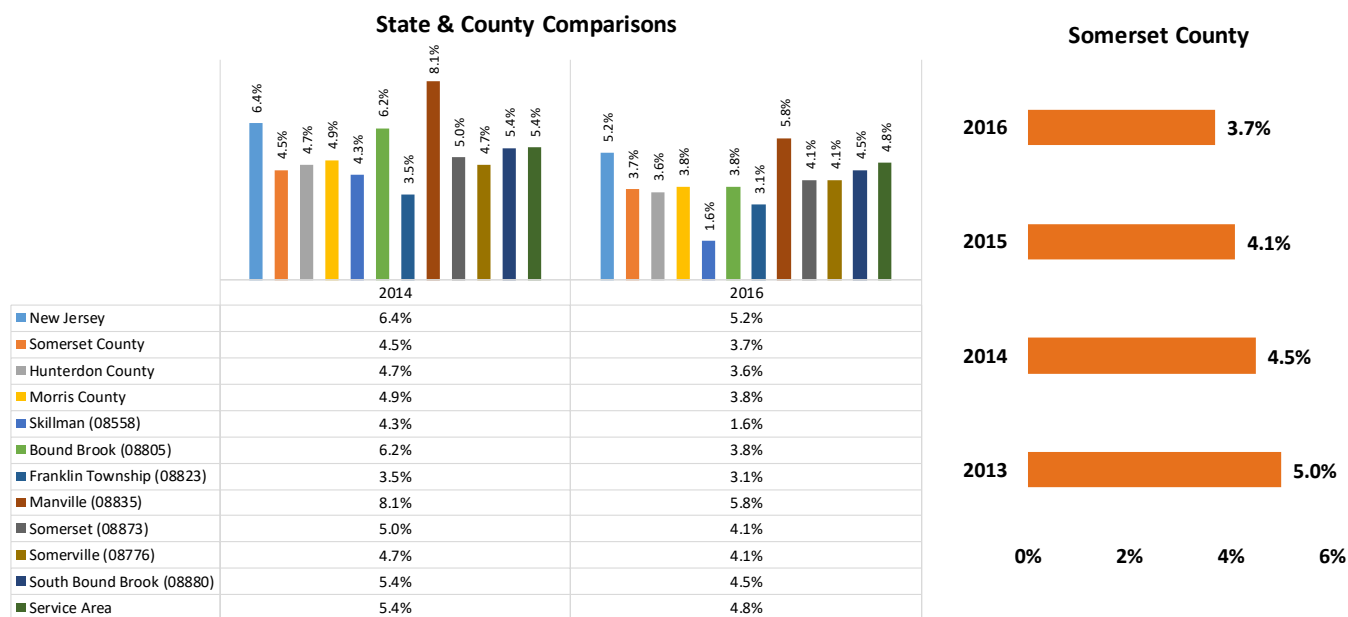
*Municipal-level data often relies on 5-year averages and is not available for the smallest towns that do not report income.*

## 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.

### Percent of Labor Force Unemployed



Source: United States Census 201320142016 5 Year ACS Estimates

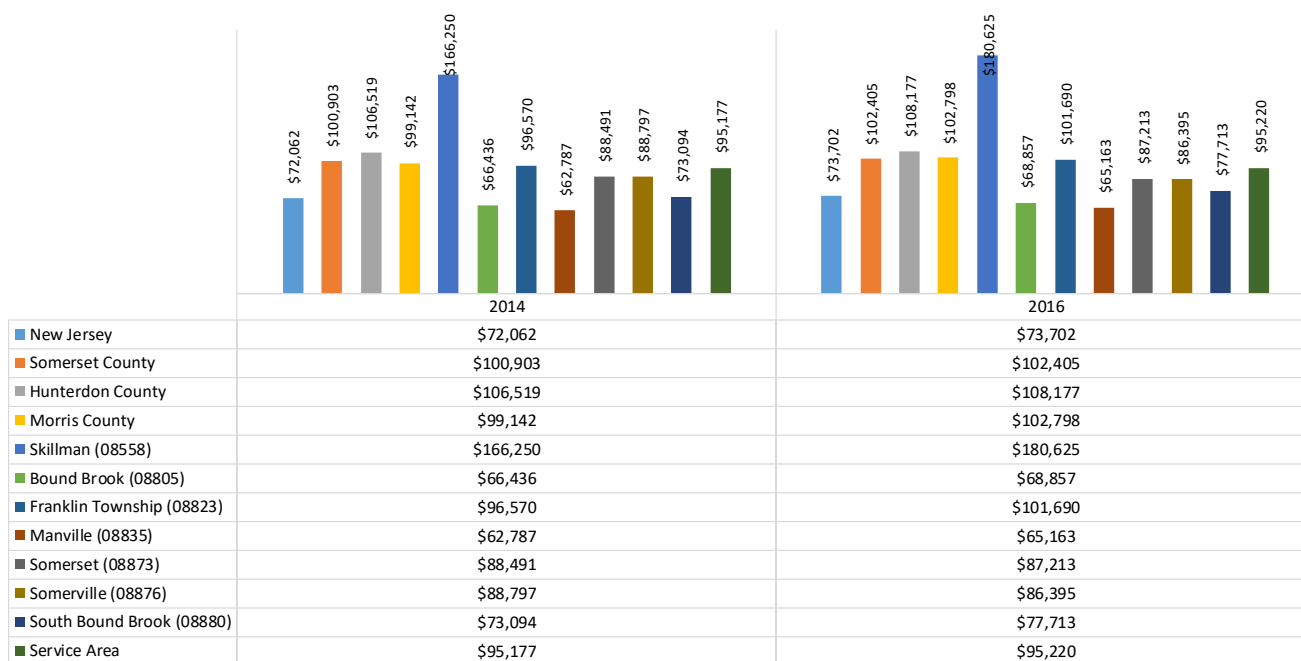
## Income

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.<sup>13</sup>

<sup>13</sup> [www.countyhealthrankings.org/our-approach/health-factors](http://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.

**Median Household Income (2016)**



Source: United States Census 2016 5 Year ACS Estimates

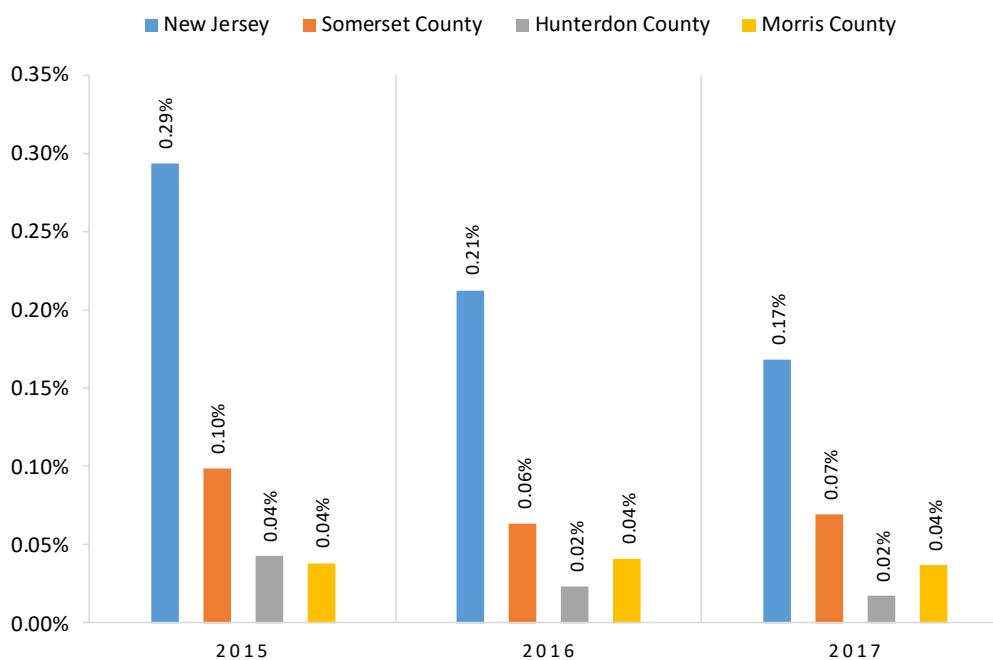
Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
<b>Unemployment</b> <i>Percent of Labor Force Unemployed</i>	N.A		
<b>Income</b> <i>Median Household</i>	N.A		
<b>Income in the Past Year Below Federal Poverty Level</b> <i>Percent of Total Population</i>	N.A	N.A	
<b>Income in the Past Year Below Federal Poverty Level</b> <i>Percent of Families</i>	N.A.	N.A	
<b>Income in the Past Year Below Federal Poverty Level</b> <i>Percent of Children</i>	N.A	N.A.	
<b>Income in the Past Year Below Federal Poverty Level</b> <i>Percent of Seniors</i>	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.<sup>14</sup>

- 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.

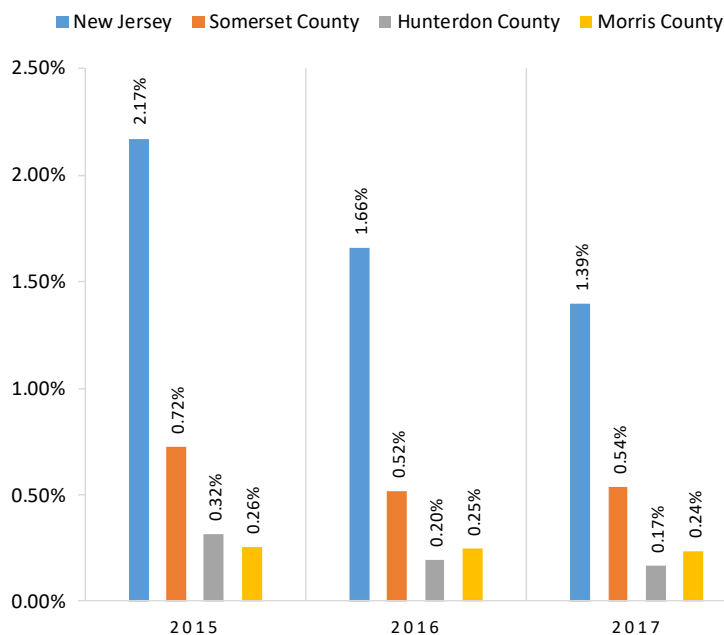
**Temporary Assistance to Needy Families  
State & County Comparisons Adults 2015 - 2017**



Source: [http://www.nj.gov/humanservices/dfd/news/cps\\_dec17.pdf](http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf)

<sup>14</sup> <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](http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf)

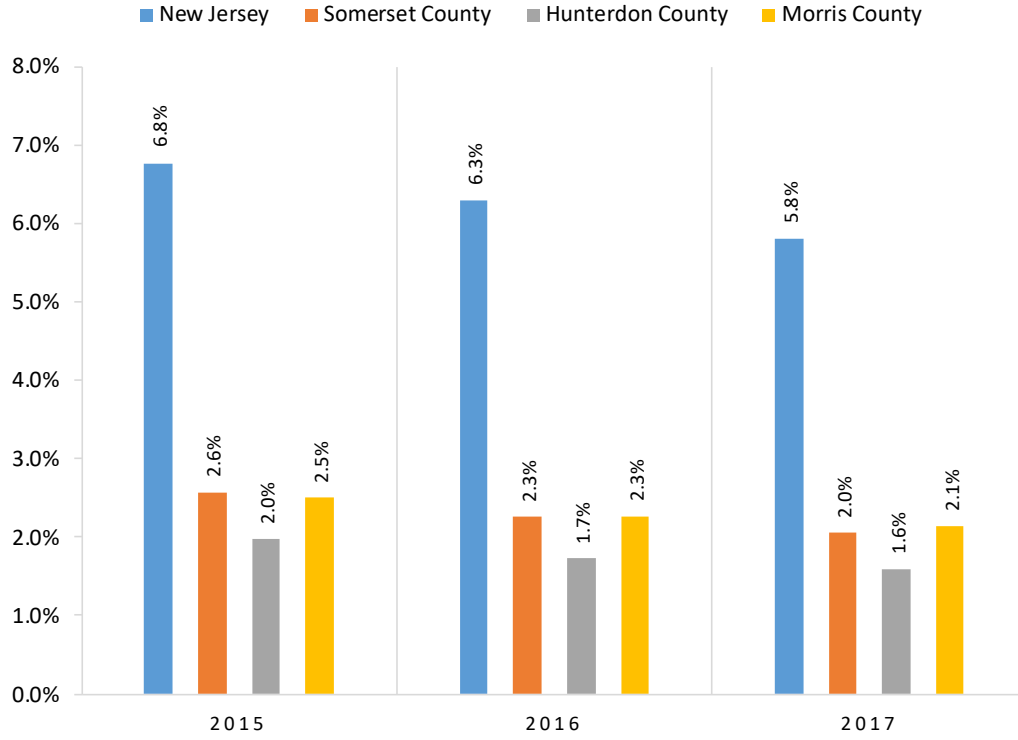
#### Supplemental Nutrition Assistance Program (SNAP)

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.<sup>15</sup>

- 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.

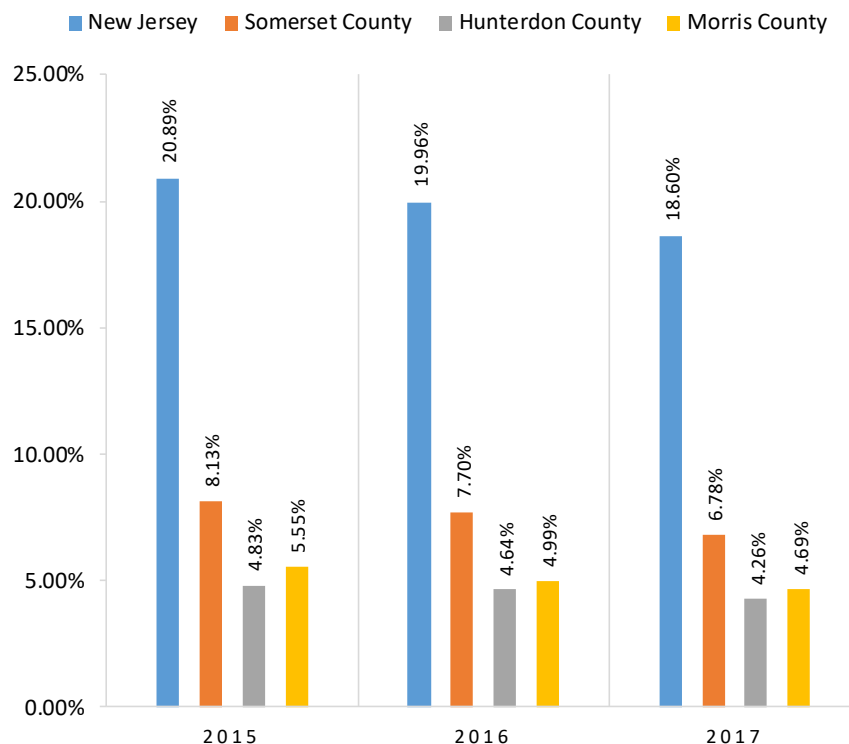
<sup>15</sup> <http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>

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



Source: [http://www.nj.gov/humanservices/dfd/news/cps\\_dec17.pdf](http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf)

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



Source: [http://www.nj.gov/humanservices/dfd/news/cps\\_dec17.pdf](http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf)

**Children Eligible for Free Lunch**

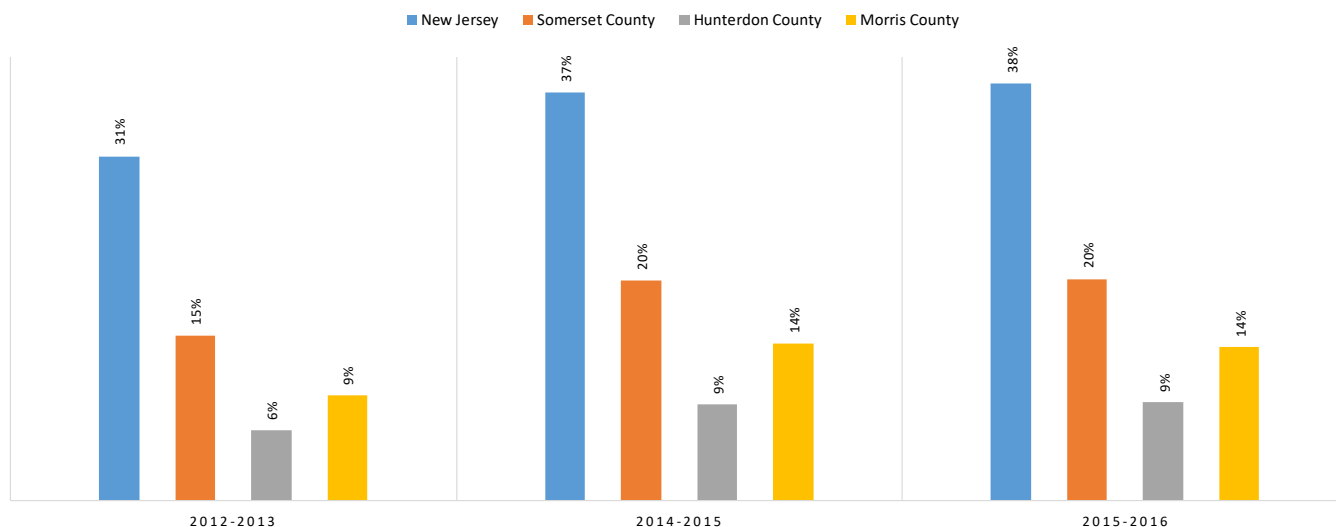
Public schools nationwide and across New Jersey have free lunch programs for children living at or near poverty. New Jersey requires public schools serve school lunches meeting at least one-third of recommended dietary allowances. According to the National School Lunch Program, the objective is “to provide 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.”<sup>16</sup>

- 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.

<sup>16</sup> [http://www.nj.gov/agriculture/divisions/fn/childadult/school\\_lunch.html](http://www.nj.gov/agriculture/divisions/fn/childadult/school_lunch.html)



### Children Eligible for Free Lunch State & County Comparisons 2012 - 2016



Source: [http://www.nj.gov/humanservices/dfd/news/cps\\_dec17.pdf](http://www.nj.gov/humanservices/dfd/news/cps_dec17.pdf)

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

## 2. Education

### **Educational Attainment**

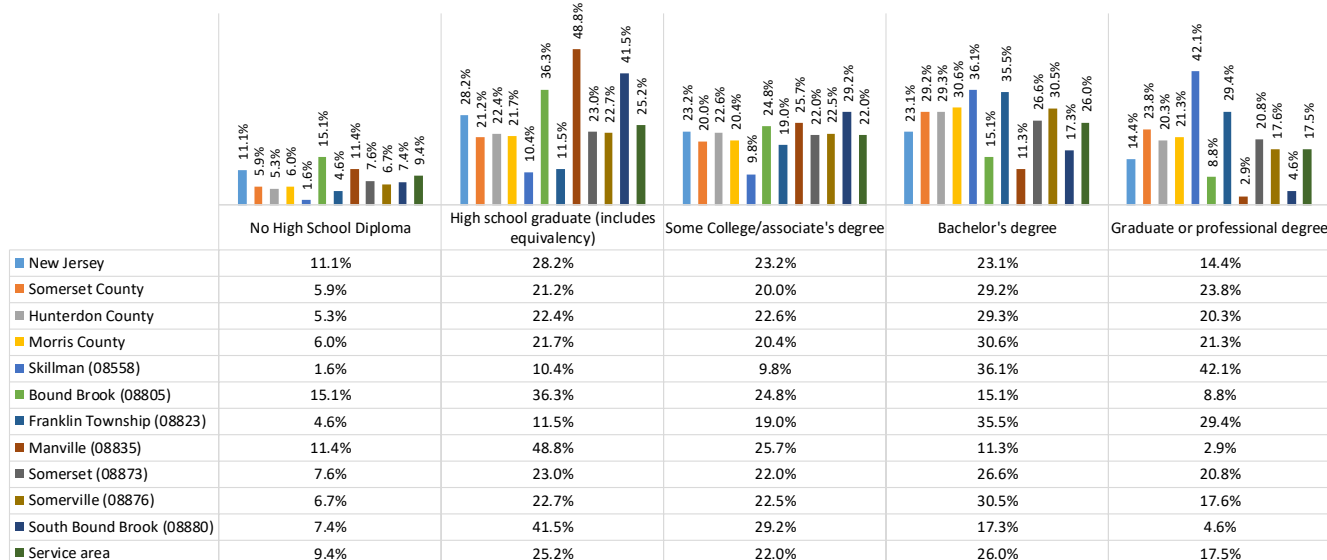
Higher levels of education are linked to better health, healthier lifestyle decisions and fewer chronic conditions.<sup>17</sup> Lower levels of educational attainment often signals issues of health literacy and inability to follow medical advice.

- 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.

<sup>17</sup> [www.countyhealthrankings.org/our-approach/health-factors](http://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**



Source: United States Census 2016 5 Year ACS Estimates



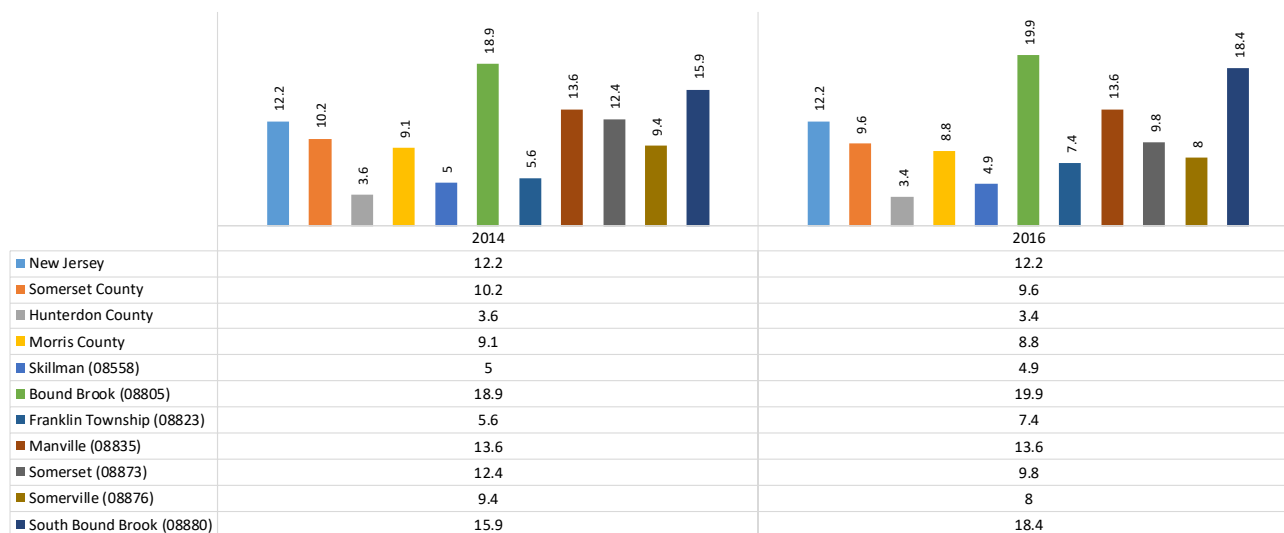
Baseline: 89.0 %  
Target: 97.9%  
Somerset County 2016: 94.0%

**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**



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

### 3. Social and Community Context

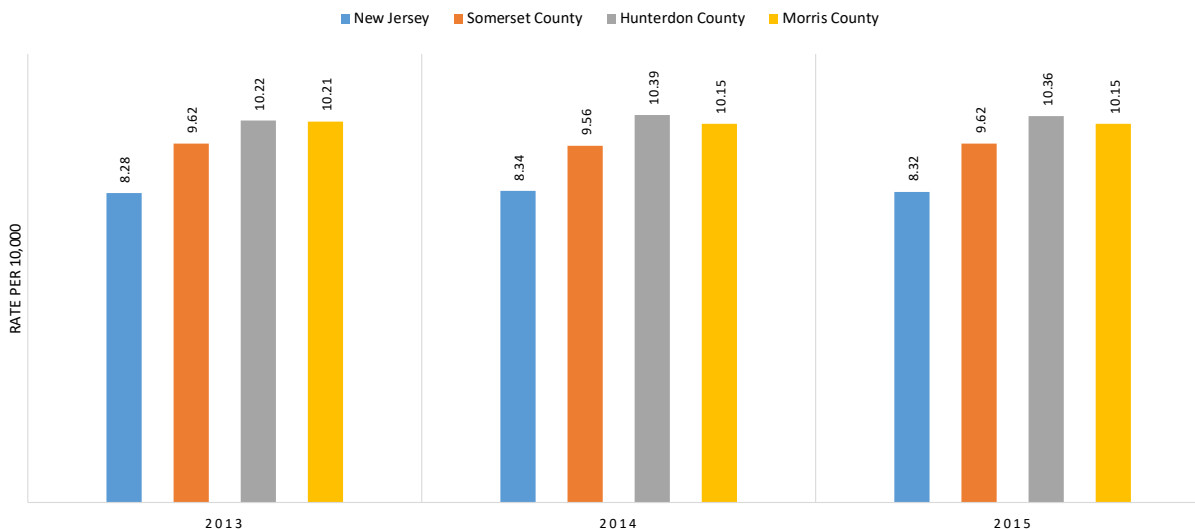
#### Social Associations

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.<sup>18</sup>

- 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.

<sup>18</sup> <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



National Benchmark: 22.1  
Somerset County 2016: 9.6

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
<b>Educational Attainment: No High School Diploma</b> <i>Percent of Population (Age 25+)</i>		N.A.	
<b>Limited English Proficiency (LEP)</b> <i>Percent of Population (Age 5+)</i>	N.A.	N.A.	
<b>Membership Organizations</b>	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.<sup>19</sup>

<sup>19</sup> <http://www.countyhealthrankings.org/our-approach/health-factors/access-care>

### ***Health Insurance***

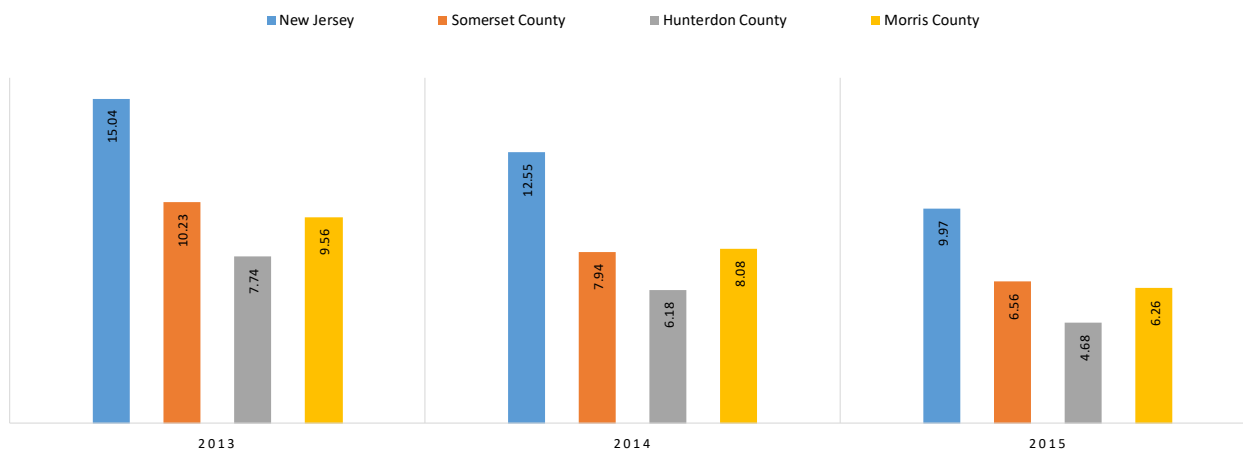
Since the Affordable Care Act's (ACA) coverage provisions began taking effect in 2010, the nation's uninsured rate dropped by 7.2 percentage points, from 16 percent. That translates into 20.4 million fewer people who lacked health insurance in 2016 than in 2010. But, that rate increased to 15.5% in the first quarter of 2018, meaning another 4 million lost coverage since 2016 due to changing U.S. health policy. The future of the ACA continues to remain uncertain and will impact the numbers of uninsured. 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.

### 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*



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



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.<sup>20</sup>

#### 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.<sup>21, 22</sup>

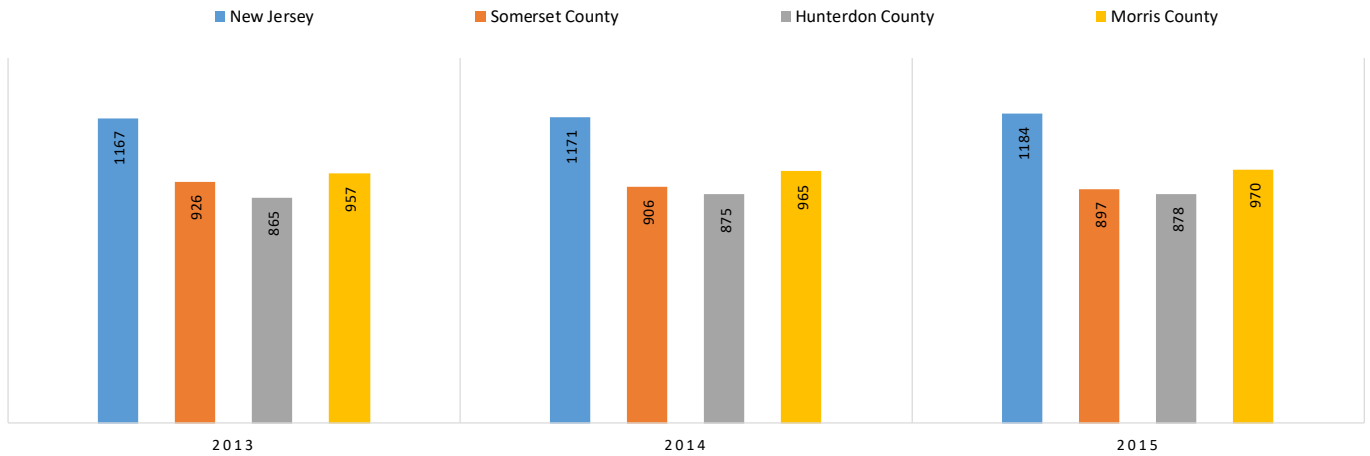
<sup>20</sup> <http://www.countyhealthrankings.org/our-approach/health-factors/access-care>

<sup>21</sup> <http://www.countyhealthrankings.org/our-approach/health-factors/access-care>

<sup>22</sup> <http://www.cdc.gov/fastfactsaccessstohealthcare.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 : 1  
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  
A Robert Wood Johnson Foundation program

National Benchmark: 1030  
Somerset County 2016: 897

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

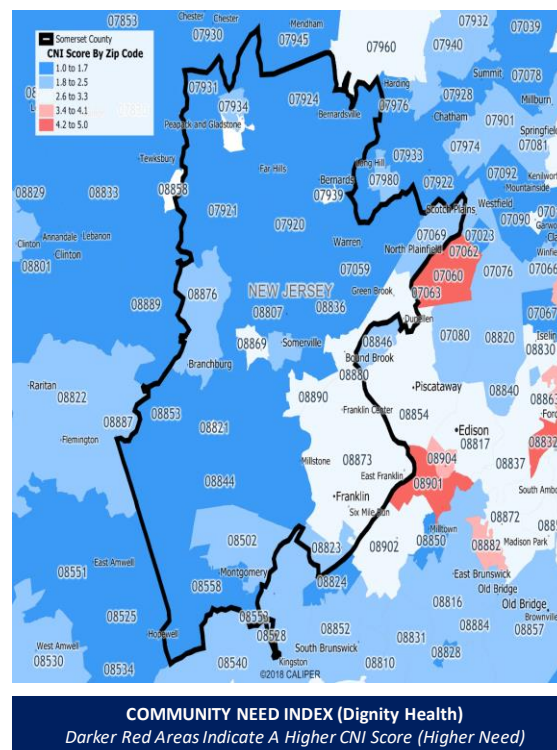
### Community Need Index<sup>23</sup>

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 should be used as part of a larger community health needs assessment, and can help pinpoint specific areas with greater need than others.

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.

<sup>23</sup> Truven Health Analytics, 2017; Insurance Coverage Estimates, 2017; The Nielson Company, 2017; and Community Need Index, 2017. <http://cni.chw-interactive.org/>



**Community Needs Index**

	County	ZIP Code	ZIP Code Description	CNI Score
<b>Highest CNI Score (Highest Need)</b>	Somerset	08805	Bound Brook	3.2
	Somerset	08835	Manville	3.0
	Somerset	08869	Raritan	2.8
	Somerset	08880	South Bound Brook	2.8
	Somerset	08873	Somerset	2.6
<b>Lowest CNI Score (Lowest Need)</b>	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; The Nielson Company, 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, Neshanic Station all at 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.

- Somerset County ranks 20/21 counties with 30.51/1,000 ACSC ED visits in 2016, a 14.9% decrease in the ACSC ED rate from 2013.
- In 2016, Somerset County (30.51/1,000) has 47.6% fewer ACSC ED visits than statewide (58.22/1,000).

**Total ACSC ED Visits Rate/1,000 Population**

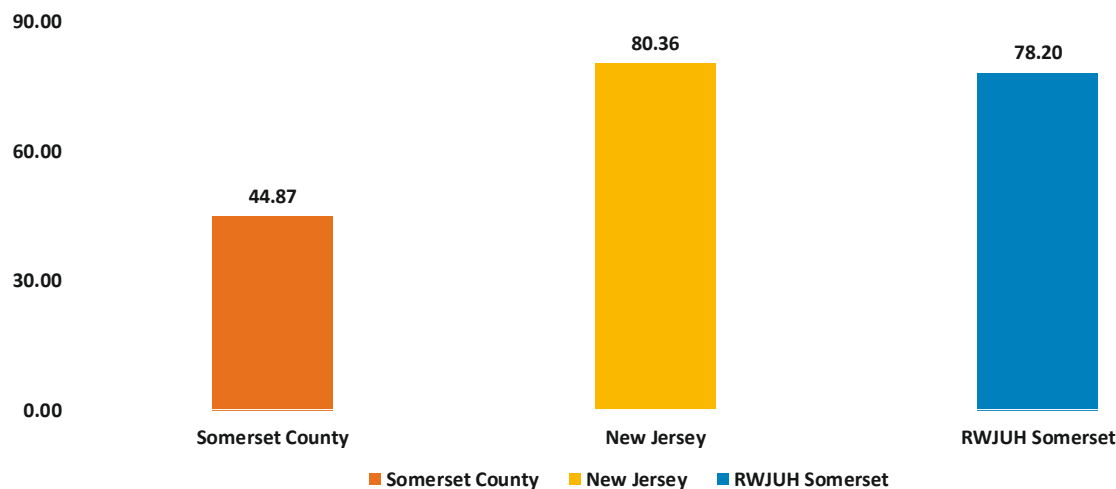
ACSC - ED Rate/1000				ACSC - ED Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16	COUNTY	NJ 2013	NJ 2016	Change '13-'16
CUMBERLAND	82.08	89.34	7.26	GLOUCESTER	53.34	53.60	0.27
CAMDEN	92.53	87.44	(5.09)	MONMOUTH	52.97	52.52	(0.46)
ESSEX	81.43	85.99	4.56	BURLINGTON	53.85	48.54	(5.31)
ATLANTIC	85.64	84.99	(0.65)	MIDDLESEX	48.46	47.45	(1.01)
SALEM	77.56	75.01	(2.55)	WARREN	36.90	41.28	4.38
MERCER	73.13	74.33	1.20	SUSSEX	25.76	36.14	10.38
PASSAIC	70.77	72.95	2.18	MORRIS	30.40	32.96	2.56
CAPE MAY	71.68	66.41	(5.27)	BERGEN	31.74	31.49	(0.25)
UNION	61.98	64.24	2.26	SOMERSET	30.77	30.51	(0.26)
HUDSON	58.01	63.83	5.81	HUNTERDON	23.72	26.62	2.90
OCEAN	62.11	59.29	(2.83)	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 (44.78/1,000) had 44.3% less ACSC ED visits for children age 0-17 than statewide (80.36/1,000).
- The 2016 ACSC visit rate among children was also lower than the rate in the RWJUH-Somerset 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 service area (78.20/1,000) is higher than the county and only slightly lower than New Jersey
- The ED utilization rate for children in Somerset County is significantly far lower than New Jersey or the RWJUH-service area.
- The towns of Manville, Bound Brook, Somerset, South Bound Brook and Raritan all had pediatric ACSC ED visit rates that were higher than the county.
- Four 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	
New Jersey	80.36	08835 Manville	162.72
Somerset County	44.87	08805 Bound Brook	120.62
RWJUH Somerset	78.20	08873 Somerset	106.92
		08880 South Bound Brook	92.74
		08869 Raritan	71.66

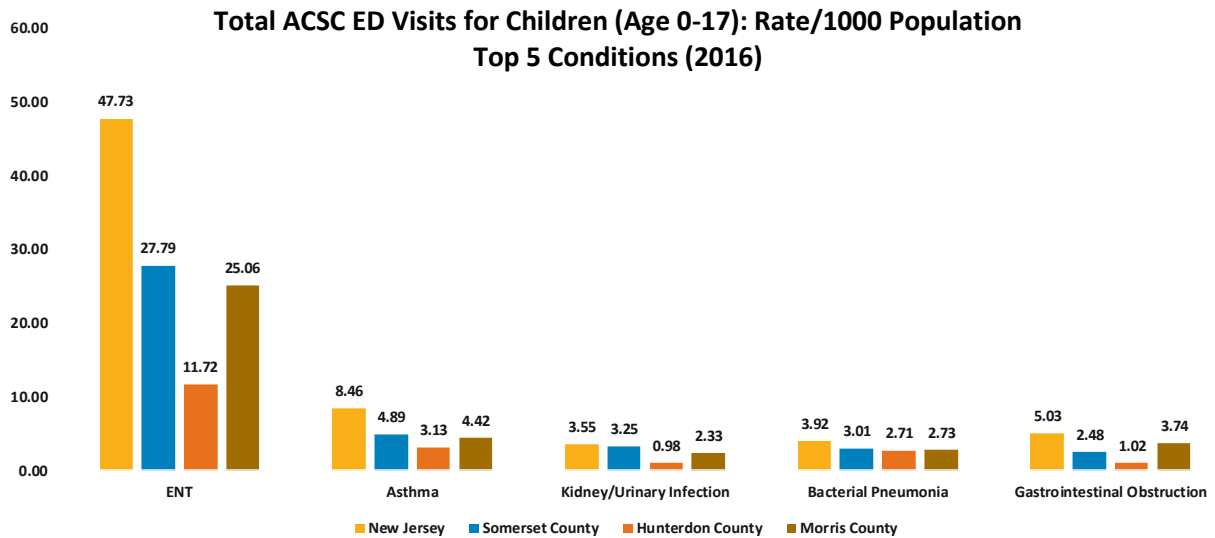
Source: UB-04 2016 Discharges

- There was a total of 3,204 ACSC ED visits for children from Somerset County that had an ACSC.
- 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 18+		
County	ACSC Description (Top 5 Combined Service Area)	TOTAL IN AREA
Somerset County	ENT	1,984
	Asthma	349
	Kidney/Urinary Infection	232
	Bacterial Pneumonia	215
	Gastrointestinal Obstruction	177
	All Others	536
<b>TOTAL Somerset County</b>		<b>3,204</b>

Source: UB-04 2016 Discharges

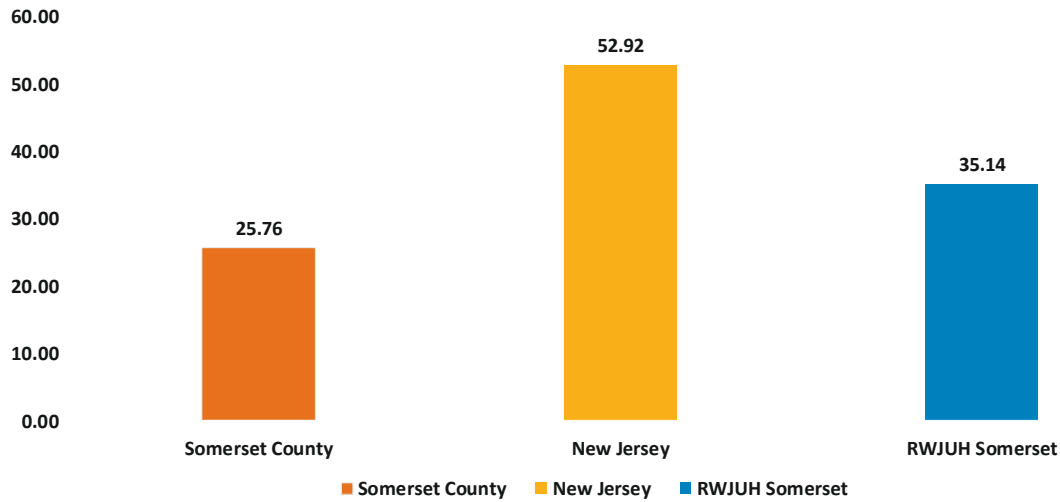


Source: UB-04 2016 Discharges

Adults

- The 2016 Somerset County adult ED ACSC rate (25.76/1,000) is less than half the statewide rate (52.92).
- Somerset County adult ED ACSC rate is also lower than the RWJUH-Somerset 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 (52.92/1,000) is more than double the Somerset County rate (25.76/1,000).
- The 2016 Manville (50.28/1,000) adult ED ACSC rate is similar to the State (52.92/1,000).

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

GEOGRAPHIC AREA	RATE	Top 5 By Zip Code	RATE
New Jersey	52.92	08835 Manville	50.28
Somerset County	25.76	08880 South Bound Brook	44.89
RWJUH Somerset	35.14	08805 Bound Brook	43.69
		08873 Somerset	42.60
		08528 Kingston	37.17

\*Source: UB-04 2016 Discharges

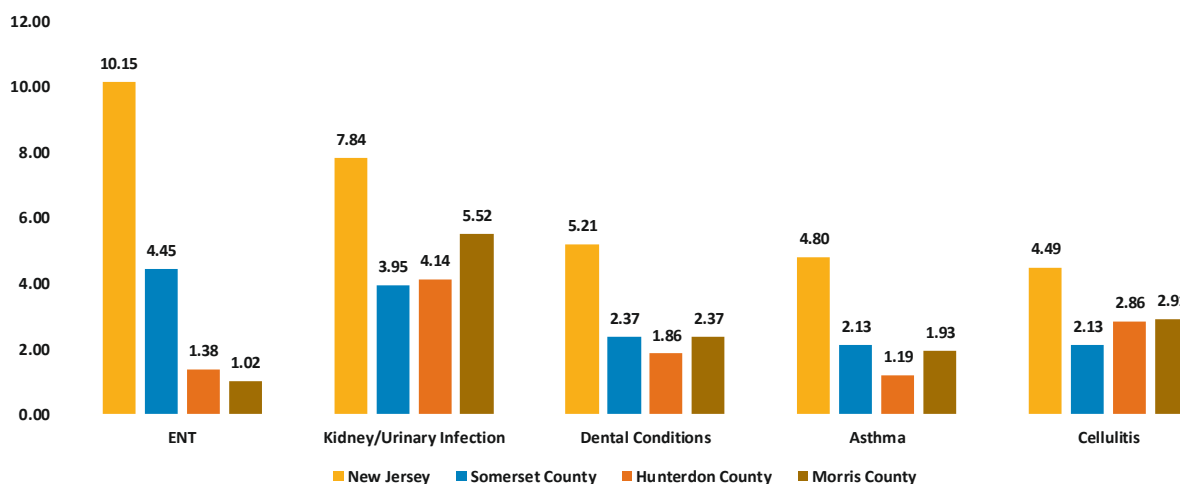
- There was a total of 6,215 adult ACSC visits in 2016.

EMERGENCY DEPARTMENT (2016) – AGE 18+		
County	ACSC Description (Top 5 Combined Service Area)	TOTAL IN AREA
Somerset County	ENT	1,073
	Kidney/Urinary Inf.	952
	Dental Conditions	573
	Asthma	514
	Cellulitis	514
	All Others	2589
<b>TOTAL RWJUH SOM AREA</b>		<b>6,215</b>

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 across all comparative geographies.
- In 2016, Somerset County adults (4.45/1,000) had a lower ED visit rate for ENT ACSC than the State (10.15/1,000).

**Total ACSC ED Visits for Adults (Age 18+): Rate/1000 Population:  
Top 5 Conditions (2016)**



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 20/21 counties with 12.77/1,000 ACSC Inpatient admissions in 2016, a 9.0% decrease from 2013.
- In 2016, Somerset County (12.77/1,000) has 24.83% 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				ACSC - IP Rate/1000			
COUNTY	NJ 2013	NJ 2016	Change '13-'16	COUNTY	NJ 2013	NJ 2016	Change '13-'16
SALEM	26.07	27.81	1.75	MONMOUTH	19.07	16.69	(2.38)
CUMBERLAND	24.18	24.88	0.69	MERCER	20.17	16.60	(3.57)
CAPE MAY	20.71	22.11	1.40	MIDDLESEX	17.07	15.36	(1.71)
CAMDEN	22.87	21.04	(1.83)	UNION	16.18	14.62	(1.55)
OCEAN	24.79	20.38	(4.42)	MORRIS	15.04	14.03	(1.01)
ESSEX	21.61	19.69	(1.92)	HUNTERDON	13.81	13.21	(0.60)
ATLANTIC	23.63	19.27	(4.36)	SUSSEX	15.34	13.05	(2.28)
BURLINGTON	18.91	18.03	(0.88)	WARREN	15.94	12.98	(2.96)
HUDSON	20.58	17.39	(3.20)	SOMERSET	14.04	12.77	(1.27)
PASSAIC	20.78	16.88	(3.89)	BERGEN	15.20	12.17	(3.04)
GLOUCESTER	19.84	16.86	(2.97)	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 (22.57/1,000) has the highest inpatient admissions due to ACSC followed by Raritan (20.53/1,000) and South Amboy (21.79).
- The 2016 Inpatient ACSC for Manville (22.37/1,000) was 34.4% higher than the State rate (16.79/1,000).
- The 2016 inpatient ACSC rate for Somerset County (12.77/1,000) was 23.9% lower than New Jersey (16.79/1,000).

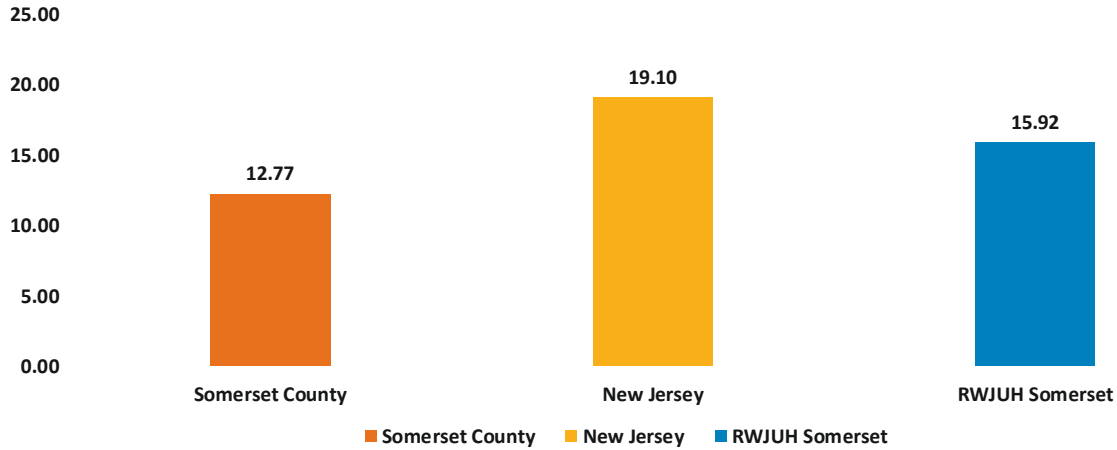
**Total ACSC Inpatient Admissions – Rate/1,000 Population  
All Ages 2016**

GEOGRAPHIC AREA	RATE	HIGHEST SERVICE AREA RATES	
New Jersey	16.79	08835 Manville	22.57
Somerset County	12.77	08869 Raritan	20.53
RWJUH Somerset	15.92	08880 South Bound Brook	19.83
		08873 Somerset	19.10
		08805 Bound Brook	18.39

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



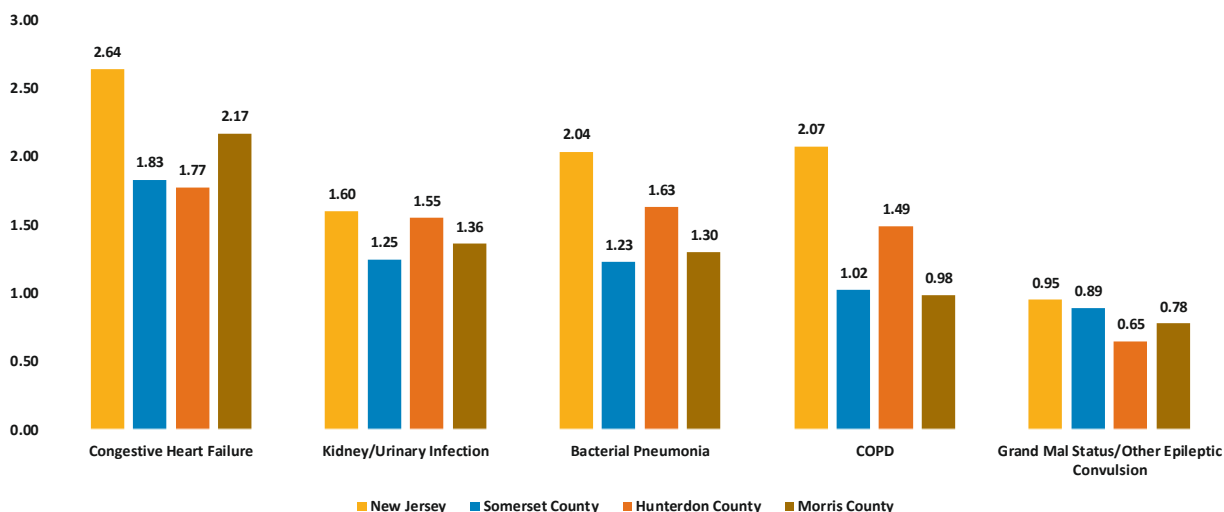
- In 2016, there were a total of 4,340 ACSC admission from the Service Area from Somerset County.

INPATIENT (2016) – ALL AGES		
SERVICE AREA	ACSC Description (Top 5 Somerset County)	TOTAL IN AREA
Somerset County	Congestive Heart Failure	647
	Kidney/Urinary Infection	441
	Bacterial Pneumonia	434
	COPD	361
	Grand Mal/Epileptic Convulsions	314
	All Others	2,143
<b>TOTAL RWJUH SOM AREA</b>		<b>4,340</b>

Source: UB-04 2016 Discharges

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

**Total ACSC Inpatient Admissions by Top 5 Conditions, 2016: Rate/1000 Population**



Source: UB-04 2016 Discharges

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

**5. Neighborhood and Built Environment**

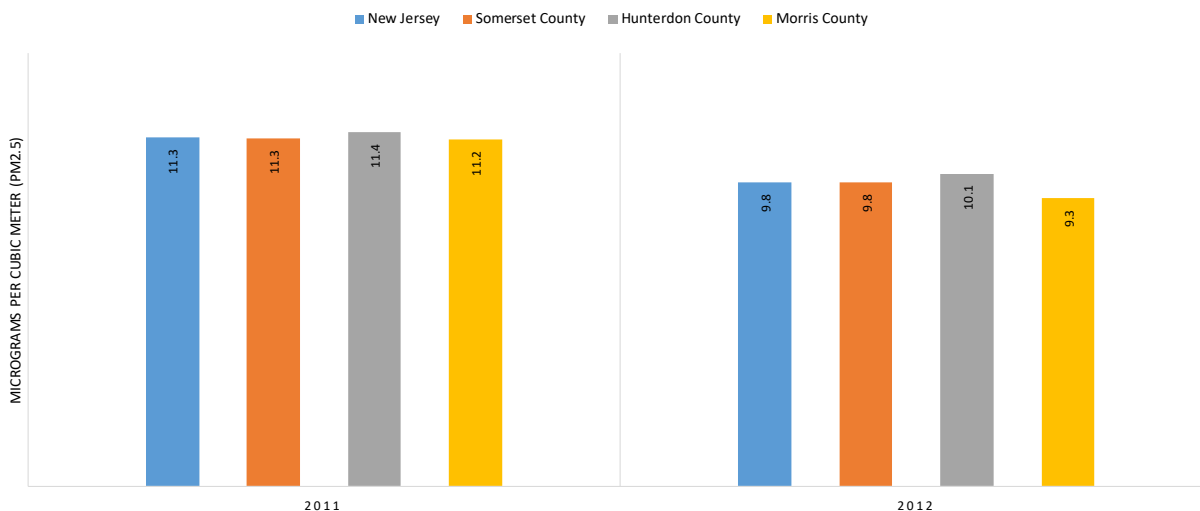
The neighborhood and built environment contribute to health in a variety of ways. Pollution, crime, and access to healthy food and water are environmental and neighborhood factors that may be hazardous to a community’s health<sup>24</sup>.

***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.<sup>25</sup> 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



National Benchmark: 6.7  
Somerset County 2016: 9.8

<sup>24</sup> 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>

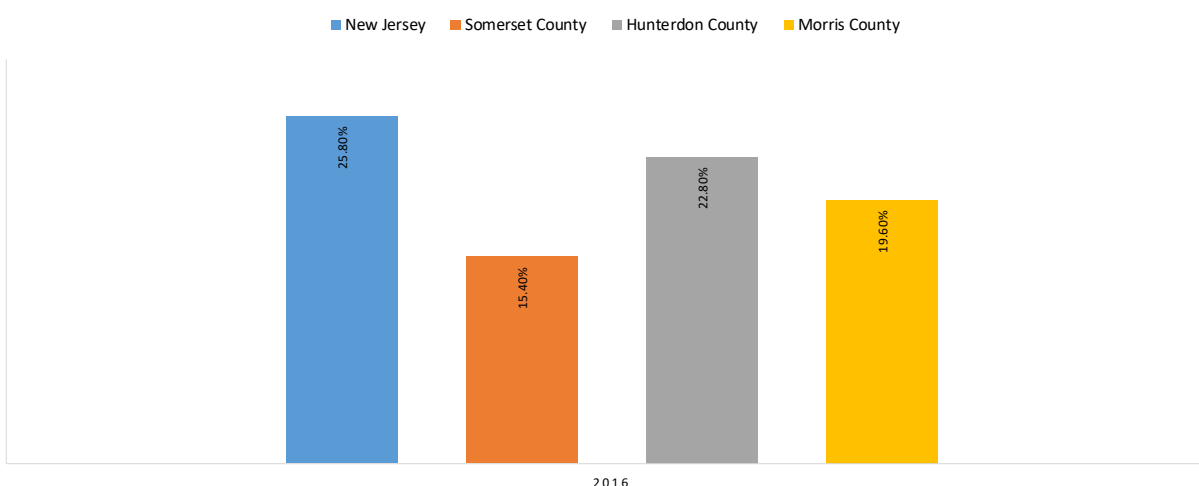
<sup>25</sup> <http://www.cdc.gov/air/default.htm>

### 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.<sup>26</sup>

- 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

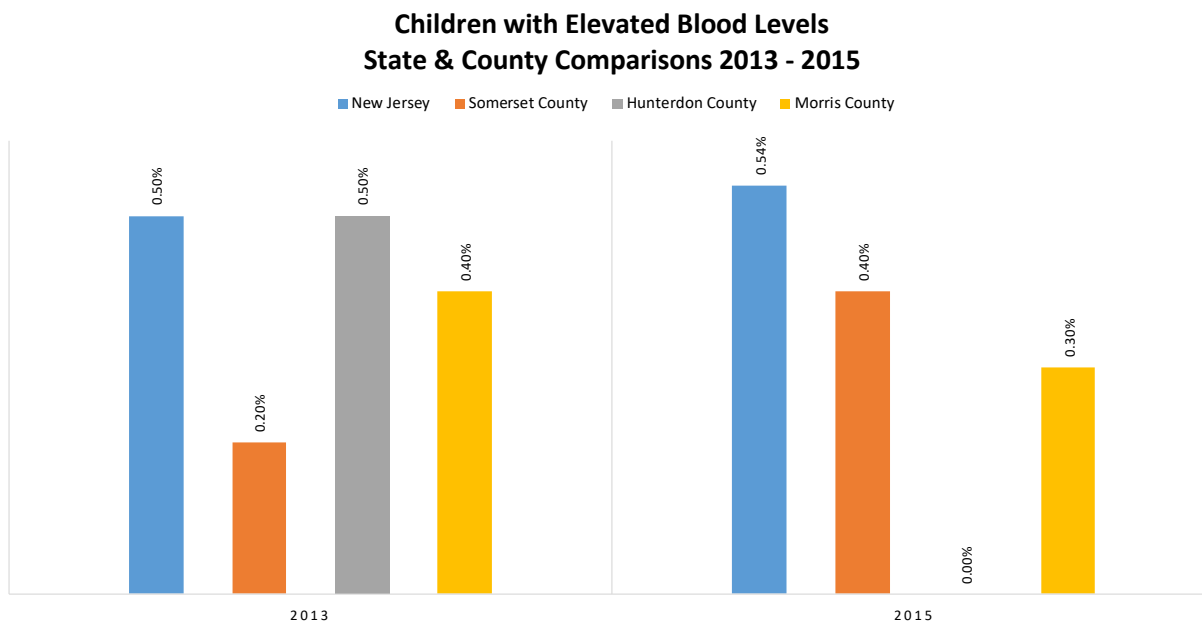
The Centers for Disease Control and Prevention (CDC) defines lead poisoning in children as a blood lead level of 10 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) or above. Young children can be exposed by swallowing lead dust or soil that gets on their hands or objects they put into their mouths 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.<sup>27</sup> County level analysis cannot reveal individual town disparities in blood lead levels particularly in towns with housing stock built before 1950.

<sup>26</sup> Report On the National Survey of Lead-Based Paint in Housing, <https://www.epa.gov/sites/production/files/documents/r95-003.pdf>

<sup>27</sup> <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>

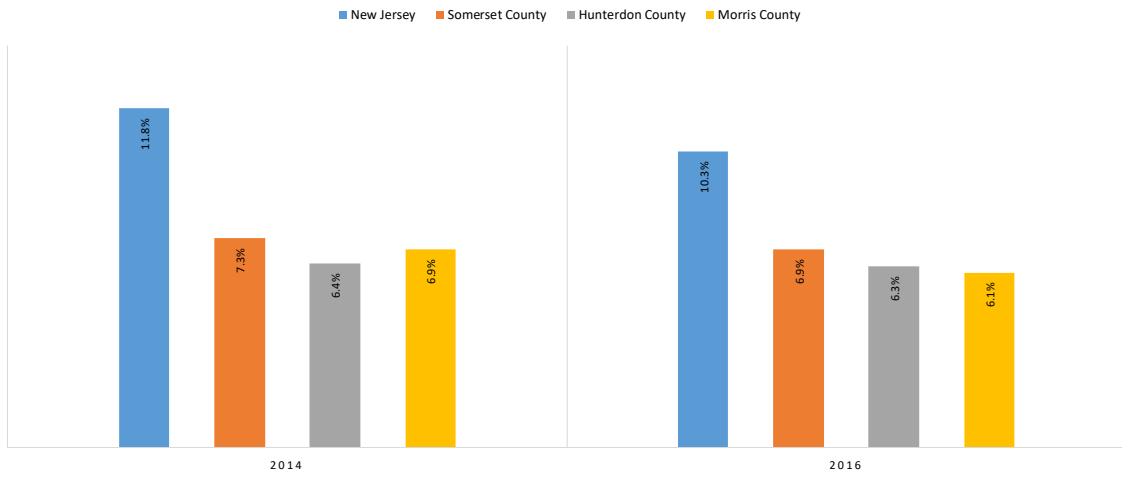
### **Access to Healthy Foods**

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.<sup>28</sup>

- 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%.

<sup>28</sup> <https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/>

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



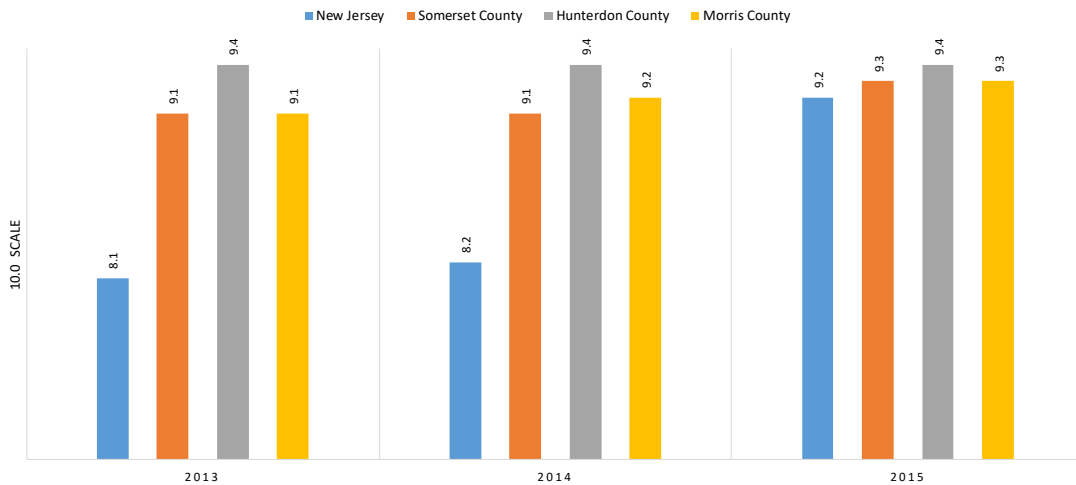
Source: Map The Meal Gap

**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

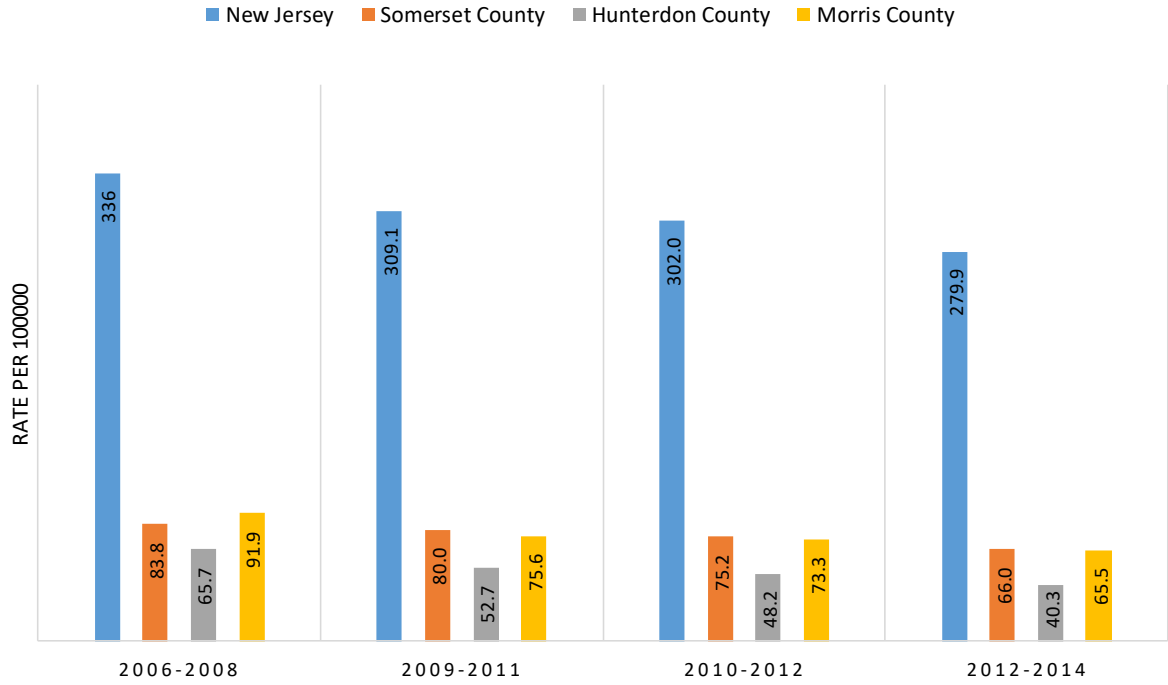
Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
<b>Food Environment Index</b> <i>Index of factors that contribute to a healthy food environment</i>	N.A.		
<b>Annual Number of Unhealthy Air Quality Days</b> <i>Due to Fine Particulate Matter</i>	N.A.		
<b>Housing Built Before 1950 with Possible Lead-Based Paint Hazard</b>	N.A.	N.A.	
<b>Percent of Children With Elevated Blood Lead Levels</b> <i>Percent of Children</i>	N.A.	N.A.	
<b>Limited Access to Healthy Foods</b>	N.A.		
<b>Food Environment Index</b> <i>Index of factors that contribute to a healthy food environment</i>	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 Community Health Rankings Benchmark, Somerset County’s violent crime rate ranks in the best performing quartile.

### Violent Crime State & County Comparisons 2014 - 2016



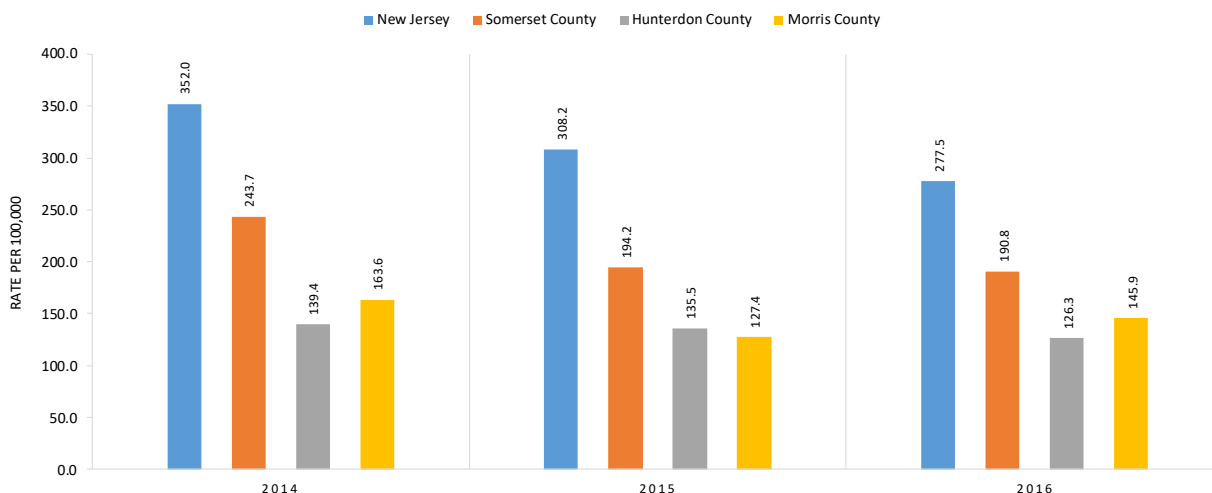
Source: County Health Rankings - The Uniform Crime Reporting (UCR) Program

**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](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).

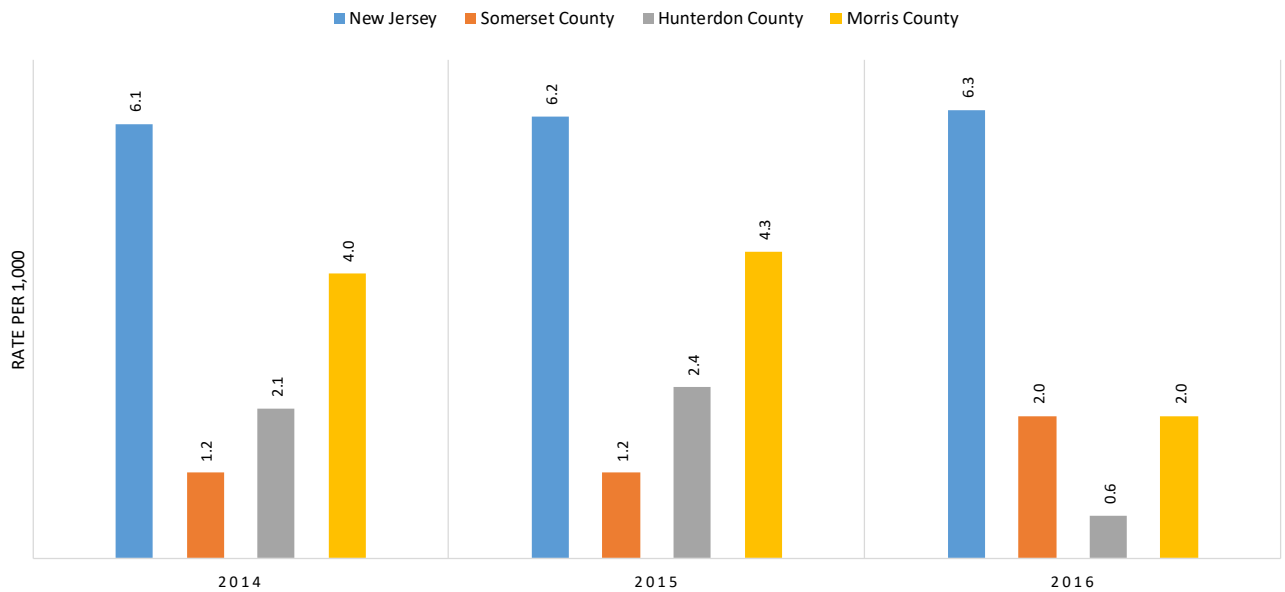


### Domestic Violence Offenses

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.<sup>29</sup>

- 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.

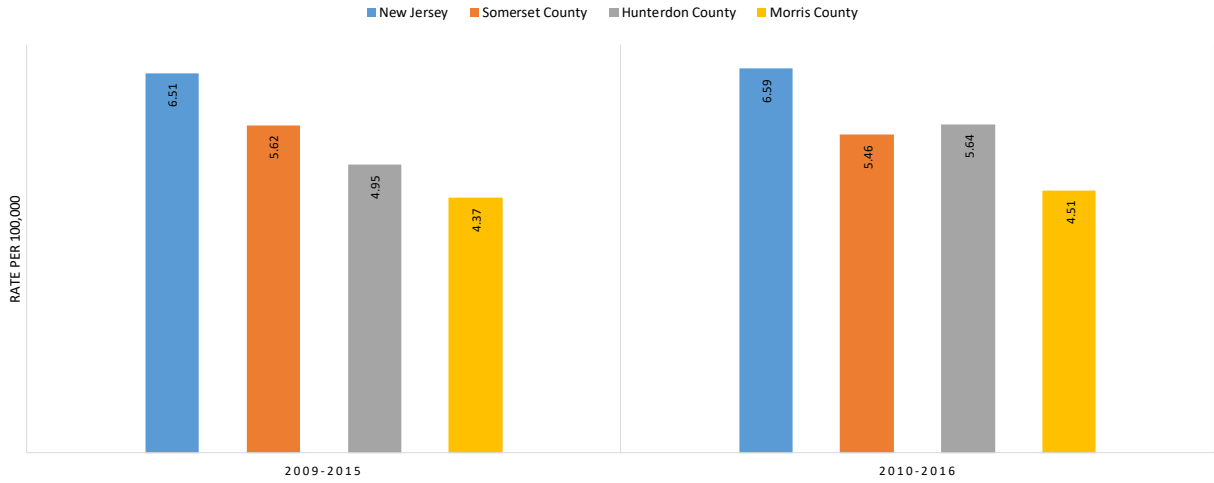
**Domestic Violence Arrests  
State & County Comparisons 2014 - 2016**



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

<sup>29</sup> [http://www.stopvaw.org/health\\_effects\\_of\\_domestic\\_violence](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



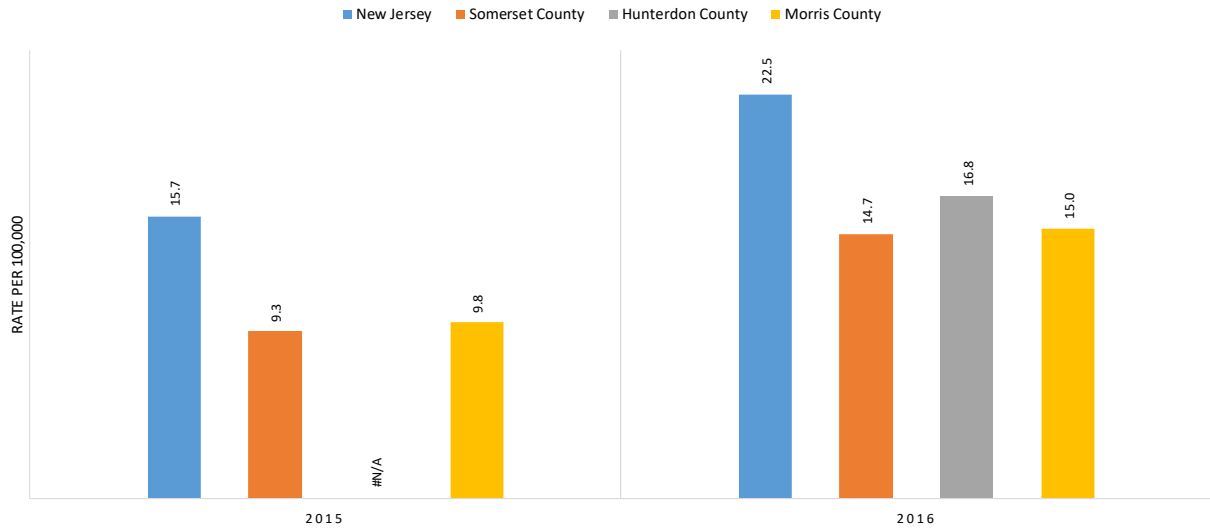
Baseline: 13.8  
Target: 12.4  
Somerset County 2016: 5.5



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
<b>Violent Crime</b> <i>Rate/ 100000 Population</i>	N.A		
<b>Burglary</b> <i>Rate/ 1000 Population</i>	N.A	N.A.	
<b>Domestic Violence Arrests</b> <i>Rate/ 1000 Population</i>	N.A	N.A	
<b>Deaths Due to Motor Vehicle Crashes</b> <i>Rate/ 1000 Population</i>	N.A.		
<b>Deaths Due to Poisoning</b> <i>Rate/ 1000 Population</i>		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 concentration of older adults in Somerset County is slightly smaller than New Jersey, and there are a number of municipalities within the county that have smaller concentrations than statewide. By 2023, the population over 65 in Somerset County is projected to increase 2.7% and the statewide increase is projected to increase 2.4% from 2018.

- 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 (2.4%) between 2018 and 2023 is more than double that of the State (1.3%).
- Women of child-bearing age (15-44) comprise 18.2% of Somerset County's 2018 population and are projected to decrease by 0.1% in 2023. Similarly, women age 15-44 comprise 20.1% of the Manville population and are projected to decrease 3.6%, 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	68,590	4924	1743	1024	2107	78,201	196,1480
% of Total	21.4%	21.8%	23.1%	21.8%	20.7%	21.4%	20.8%
% Change '18-'23	-1.7%	-0.7%	-3.8%	.1%	.1%	-0.9%	-1.0%
18-44	101,137	7839	2016	1857	3589	128,544	308,5123
% of Total	31.3%	34.7%	26.7%	38.8	35.3%	35.0%	32.6%
% Change '18-'23	0.4%	-1.4%	3.9%	-3.4%	-2.2%	-1.1%	-0.1%
45-64	97,626	6714	2655	1288	2880	102,398	248,6619
% of Total	31.4%	29.7%	35.2%	26.9%	28.3%	29.1%	29.2%
% Change '18-'23	-1.4%	-0.3%	-3.4%	.6%	0%	-0.4%	-1.4%
65+	49,943	3100	1134	597	1601	52,533	143,5135
% of Total	16.0%	13.7%	15.0%	12.5%	15.7%	14.6%	17.4%
% Change '18-'23	2.7%	2.4%	3.3%	2.6%	2.1%	2.4%	2.4%
All Ages	317,296	22,577	7548	4786	10177	361,676	8,968,357
% of Total	100.0%	100.0%	100%	100%	100%	100.0%	100.0%
% Change '18-'23	1.8%	0.4%	3.4%	2.78%	-.52%	1.6%	1.3%
Female 15-44	60,908	4,108	1,285	961	1,879	69,622	1,698,136
% of Total	18.2%	18.2%	17.0%	20.08%	18.46%	19.25%	37.0%
% Change '18-'23	-.1%	-3.2%	11.1%	-3.6%	-4.3%	-1.5%	-1.2%

Source: Nielson-Claritas Population Estimates 2018, 2023

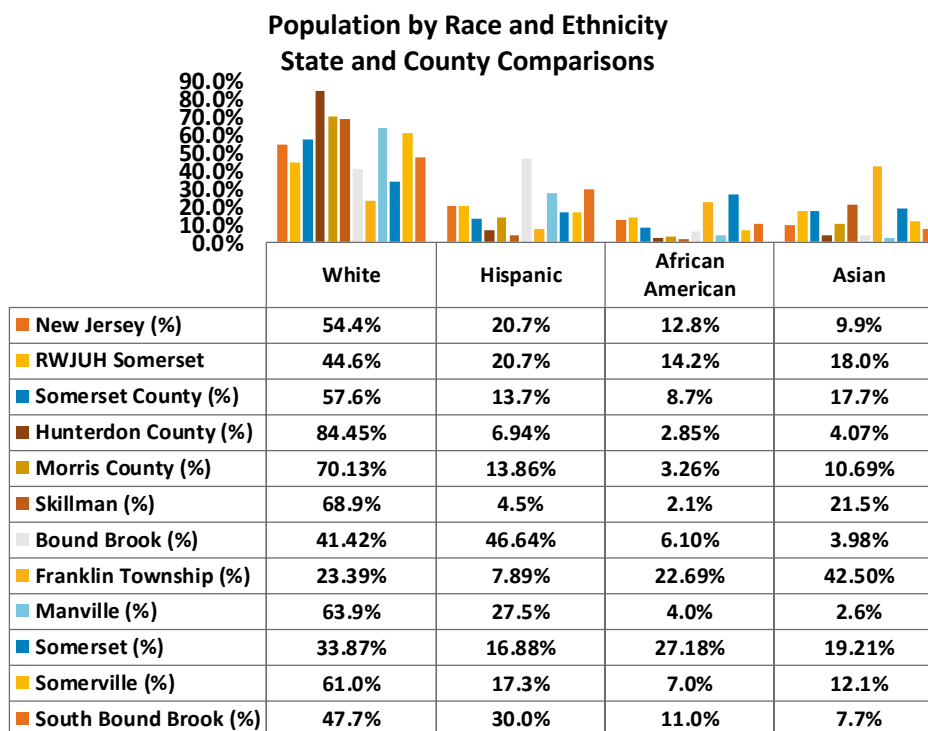
**Race and Ethnicity**

Despite notable progress in the overall health of the Nation, there remain morbidity and mortality disparities by race and ethnicity. The proportion of cohorts which experience poorer health status are anticipated to grow; therefore, the future health of America can be influenced by improving the health of these minorities. In Somerset County, the percentage of Black, Asian and Hispanic populations increased while the percentage of White residents declined, heightening the vital need for addressing disparities in health and care among these groups.<sup>30</sup>

- 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.

<sup>30</sup> <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.



Source: Nielson 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: Nielson Claritas 2018 Population Estimate

**2. Clinical Care Measures**

***Inpatient and ED Utilization***

Factors impacting utilization may include policy change, advances in technology, practice patterns and demographics. Health care payment reforms implemented as part of the Affordable Care Act (ACA) designed to improve care transitions, coordination of care, enhance ambulatory care and improve access to primary care resulted in a decline of inpatient and ED utilization.

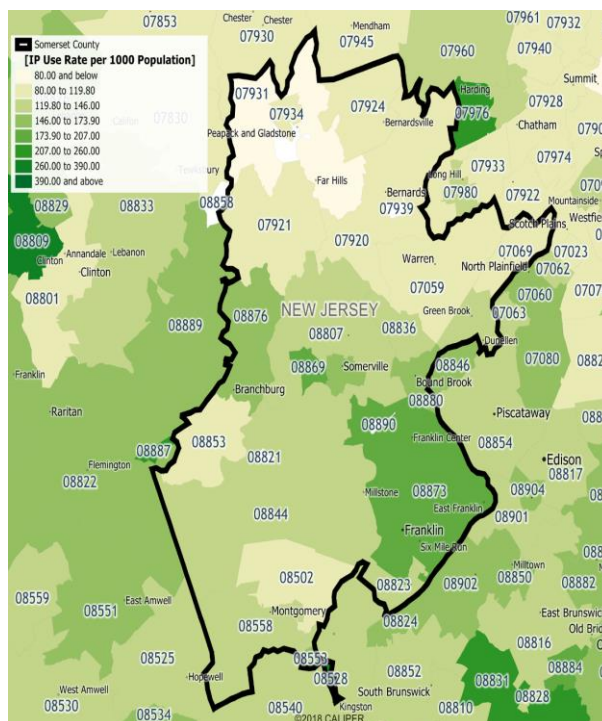
**Inpatient**

- 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% 2016 lower than the State (160.22/1,000) rate.
- 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**

<b>GEOGRAPHIC AREA</b>	<b>RATE</b>
New Jersey	160.22
Somerset County	137.73
RWJUH Somerset	149.38
<b>TOP 5 BY ZIP CODE</b>	
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 2015 Discharges Includes Inpatient & Same Day Stay, Excludes Normal Newborn; Population – Nielson-Claritas 2015 Estimate*



Source: UB-04 2015 Discharges Includes Inpatient & Same Day Stay, Excludes Normal Newborn; Population – Nielson-Claritas 2015 Estimate

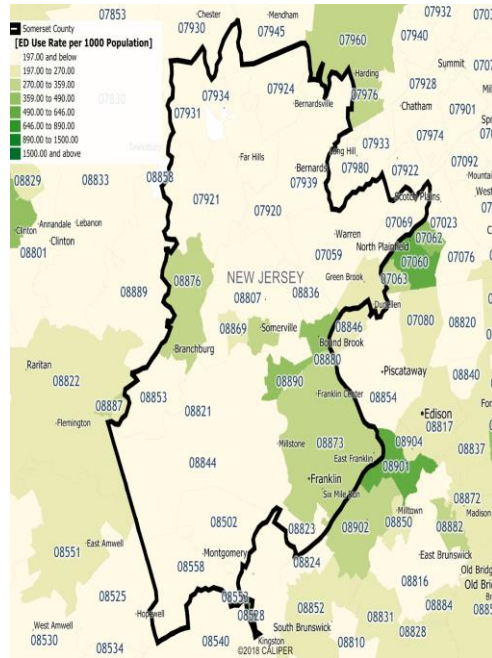
Emergency Department

- Somerset County’s 2016 ED visit rate (214.94/1,000) 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 (214.94/1,000) 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 (214.94/1,000).
- 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	214.94
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 2015 ED Discharges; Nielson-Claritas 2015 Estimate

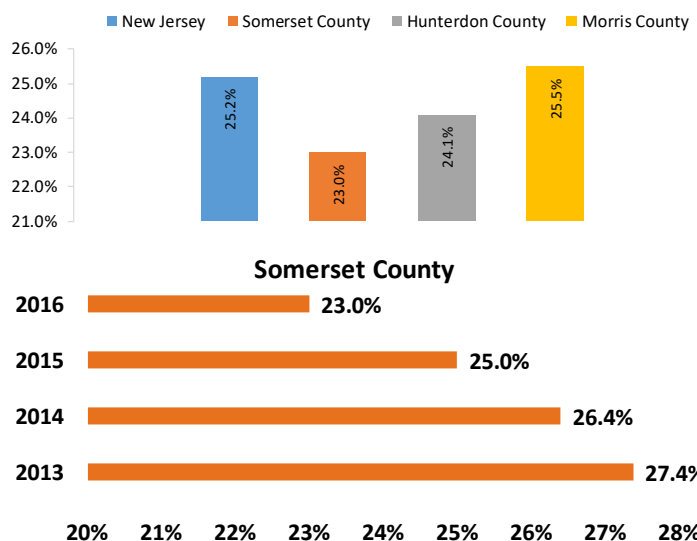
\*\* Emergency Room Use Among Adults Aged 18–64: Early Release of Estimates From the National Health Interview Survey, January–June 2011; [http://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency\\_room\\_use\\_january-june\\_2011.pdf](http://www.cdc.gov/nchs/data/nhis/earlyrelease/emergency_room_use_january-june_2011.pdf)

**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.<sup>31</sup> 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.<sup>32</sup>

- 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>



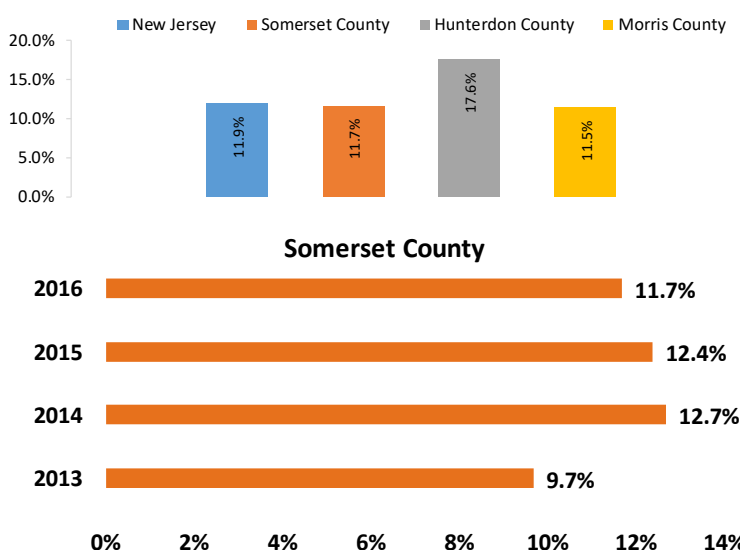
Baseline: 26.5%  
Target: 23.9%  
Somerset County 2016: 23.0%

<sup>31</sup> <http://www.nlm.nih.gov/medlineplus/cesareansection.html>  
<sup>32</sup> [http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63\\_01.pdf](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
<b>Primary C-Section Rate</b> <i>Single &gt;=37 Week Low Risk Births Delivered By C-Section/Single Live Births To Low Risk Females</i>		N.A.	
<b>VBAC Rate</b>	N.A.	N.A.	

**3. Health Behaviors**

**Maternal / Fetal Health**

**Prenatal Care**

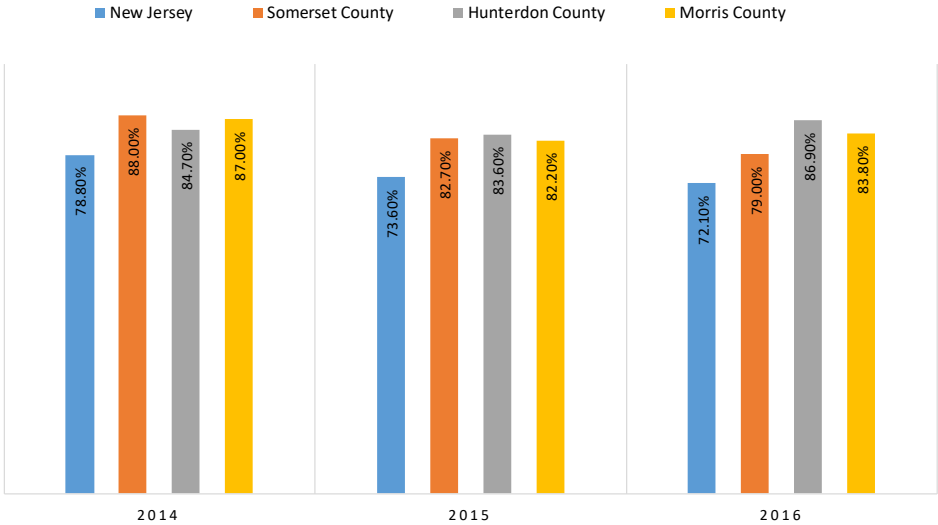
The medical care a woman receives during pregnancy monitors her health and the developing fetus. Low-risk pregnancies should visit a prenatal provider every four or six weeks through 28 weeks then every two

or three weeks from weeks 28-36 and finally every week in the ninth month until delivery. A high-risk pregnancy requires additional visits.<sup>33</sup> 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.<sup>34</sup>

- 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 (87.4%) and 2016 (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

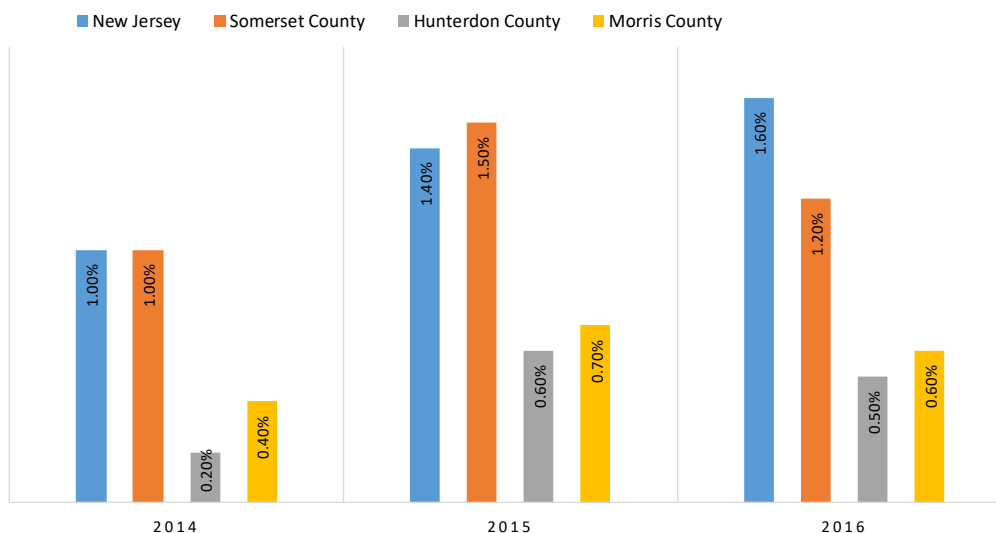


Baseline: 70.8%  
Target: 77.9%  
Somerset County 2016: 79.0%

<sup>33</sup> <http://www.plannedparenthood.org/health-info/pregnancy/prenatal-care>  
<sup>34</sup> <http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/index.html>

- The percent of Somerset County women without prenatal care trend upward from 1.0% in 2014 to 1.2% in 2016.
- The 2016 Somerset County rate 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
<b>First Trimester Prenatal Care</b> <i>Percentage of Live Births</i>		N.A.	
<b>No Prenatal Care</b> <i>Percentage of Live Births</i>	N.A.	N.A.	

**High Risk Sexual Behaviors**

Teen Pregnancy

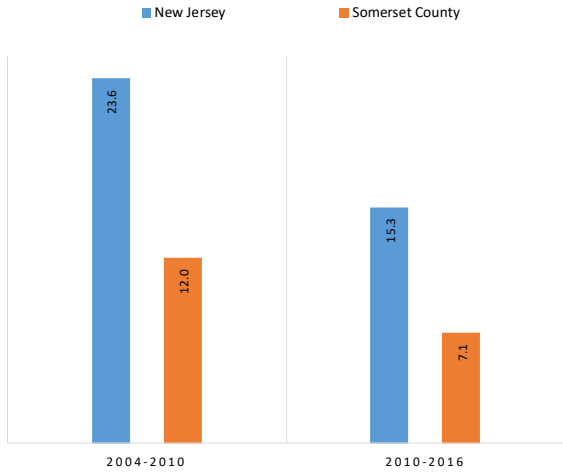
In 2016, there were 20.3 births/1,000 American adolescent females ages 15-19; approximately 209,809 babies were born to teens with nearly eighty-nine percent of these births occurring outside of marriage. The teen birth rate has trended downward over the past 20 years. In 1991, the U.S. teen birth rate 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.<sup>35</sup> Pregnant teens are less likely than older women to receive recommended prenatal care and are more likely to have pre-term or low birth weight babies. Teen mothers are often at increased risk for STIs and repeat pregnancies, are less

<sup>35</sup> <http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/trends.html>

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.<sup>36</sup>

- 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**



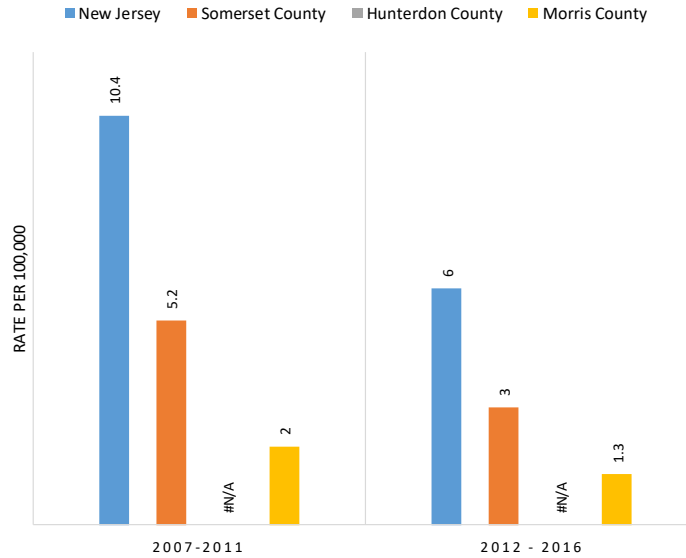
Source: NJDOH Center for Health Statistics State Health Assessment Data

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National Benchmark: 15  
Somerset County 2016: 7.1

<sup>36</sup> <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



Baseline: 40.2  
Target: 36.2  
Somerset County 2016: 3.0

In a 2016 CDC report on 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 New Jersey 2016 birth rate to teens age 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

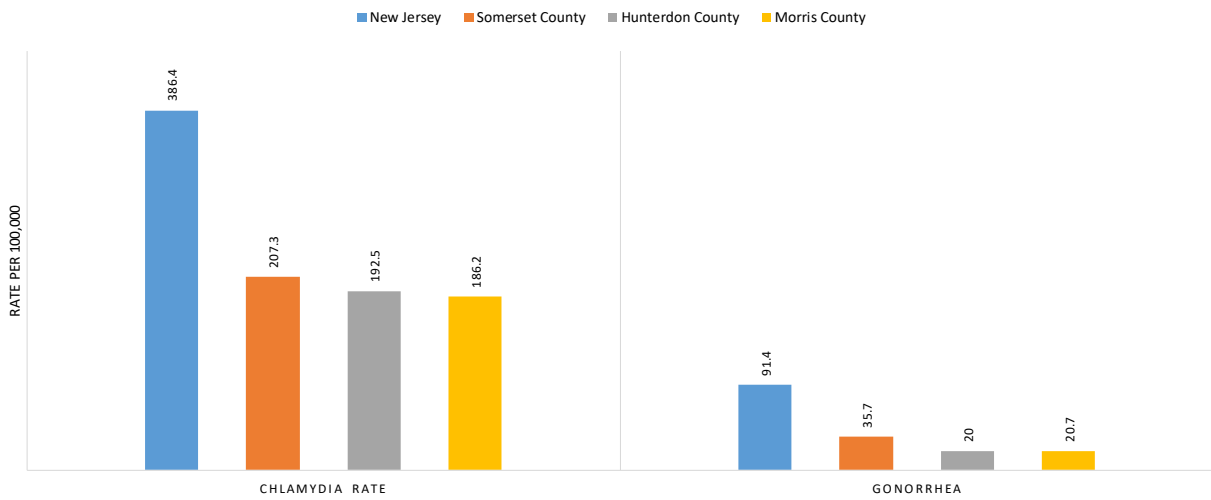
Source: UB-04 2015 Discharges – All Deliveries To Mothers Age 15-19; Nielson-Claritas Population Estimate

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.<sup>37</sup>

- 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



National Benchmark: 145.1  
Somerset County 2016: 207.3

<sup>37</sup> <http://www.nlm.nih.gov/medlineplus/sexuallytransmitteddiseases.html>

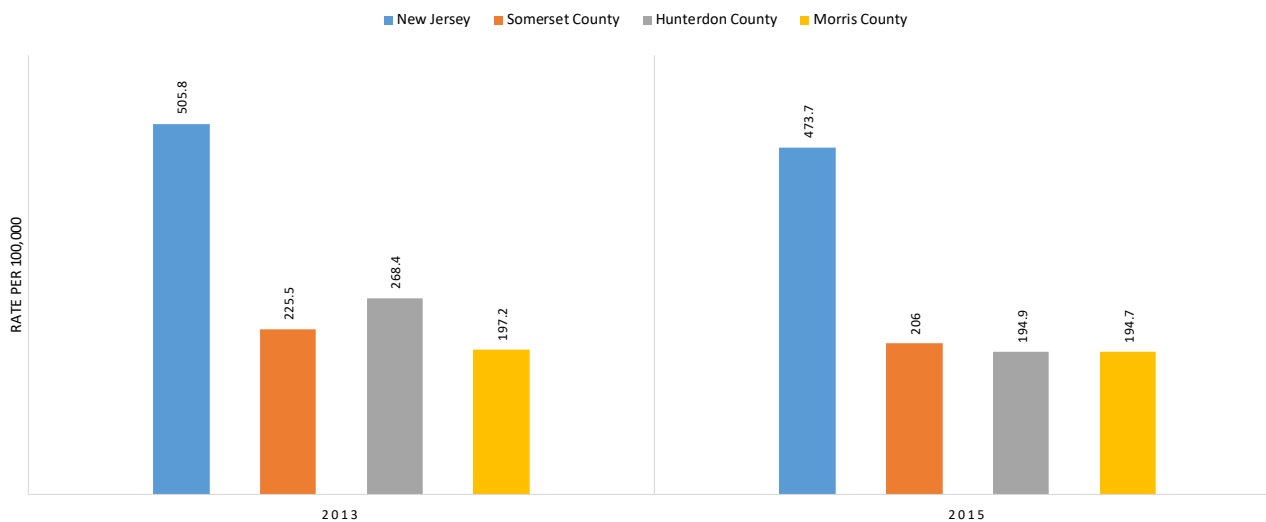


HIV/AIDS

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.

**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
<b>Teen Births Ages 15-19</b> <i>Rate per 100,000 Female Population</i>	N.A.		
<b>Teen Births Ages 15-17</b> <i>Rate per 100,000 Female Population</i>		N.A.	
<b>STDs: Chlamydia</b> <i>Rate per 100,000 Population</i>	N.A.		
<b>STDs: Gonorrhea</b> <i>Rate per 100,000 Population</i>	N.A.	N.A.	
<b>HIV/AIDS: Prevalence</b> <i>Rate per 100,000 Population</i>	N.A.		

<b>RED:</b>	Poorest Performing Quartile
<b>Yellow:</b>	Middle Quartiles
<b>Green:</b>	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.<sup>38</sup>

### 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.<sup>39, 40</sup>

- 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 Community Health Rankings Benchmark.

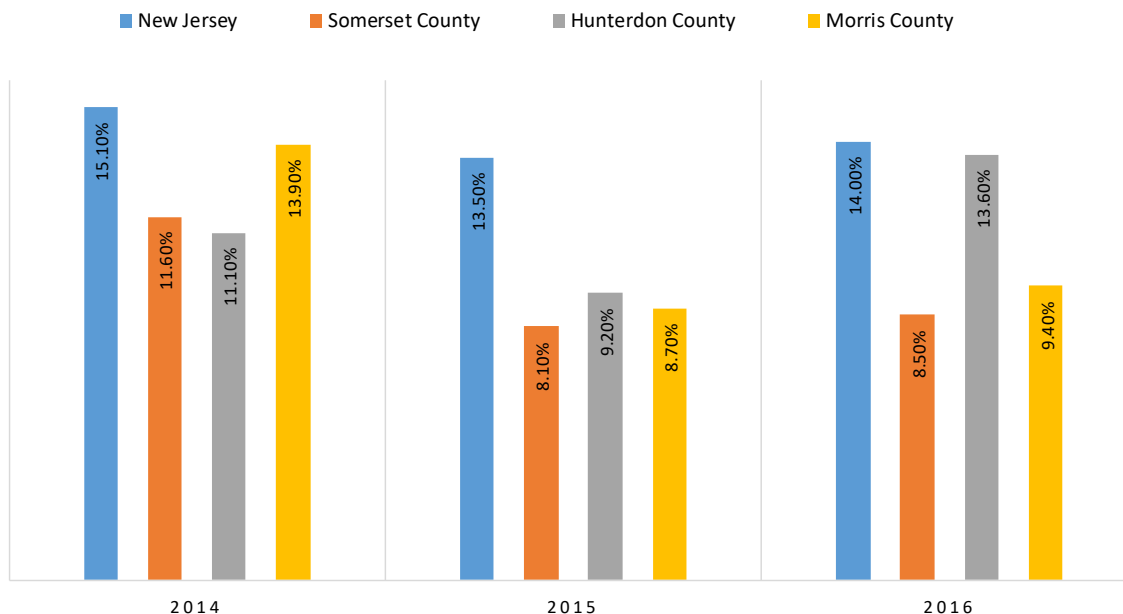
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<sup>38</sup> <http://www.cdc.gov/features/livelonger/>

<sup>39</sup> <http://www.countyhealthrankings.org/our-approach/health-factors/tobacco-use>

<sup>40</sup> [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/index.htm](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)



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



National Benchmark: 14.0%  
Somerset County 2016: 11.0%

#### Alcohol Use

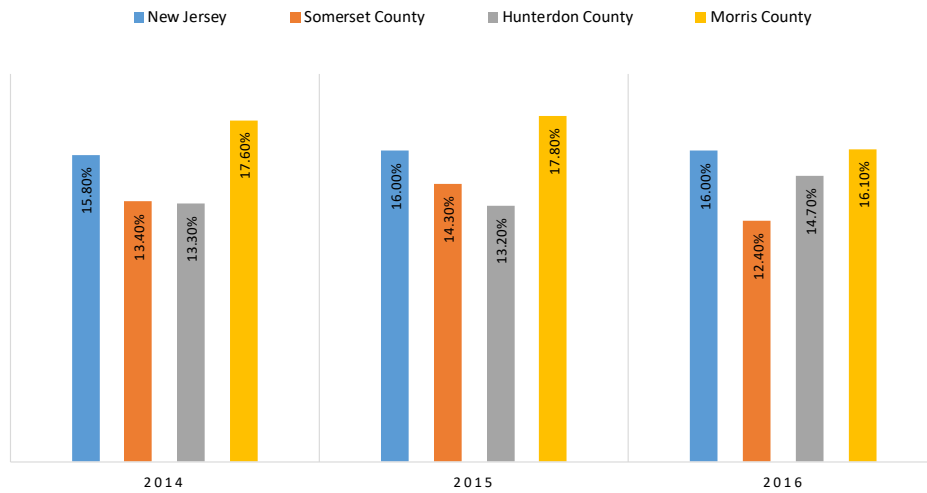
Although moderate alcohol use is associated with reduced risk of heart disease and diabetes, excessive consumption is the third leading cause of preventable death nationally. Excessive consumption considers both the amount and the frequency of drinking. Short-term, excessive drinking is linked to alcohol 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.<sup>41</sup>

- 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.

<sup>41</sup> <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.

### Adults Reporting Binge Drinking State and County Comparisons 2014-2016



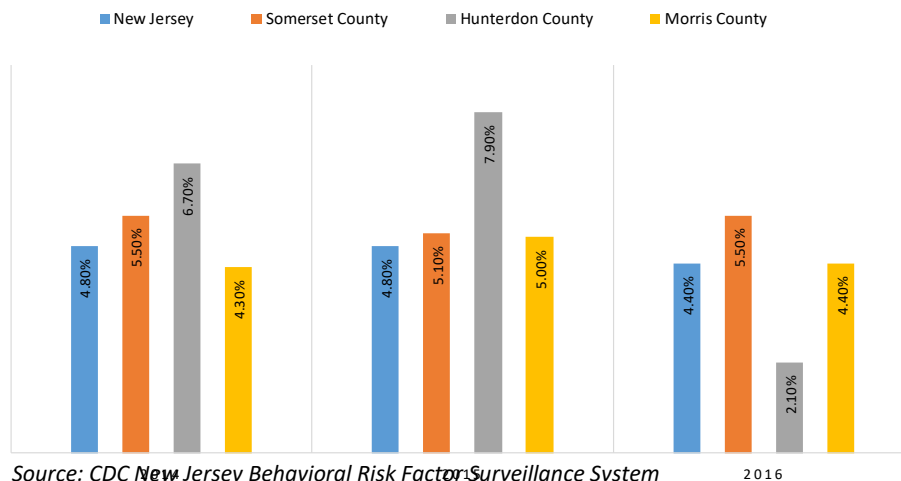
Source: CDC New Jersey Behavioral Risk Factor Surveillance System

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*National Benchmark: 13.0%*  
*Somerset County 2016: 12.4%*

### Adults Reporting Heavy Drinking State and County Comparisons 2014-2016



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

#### Diet

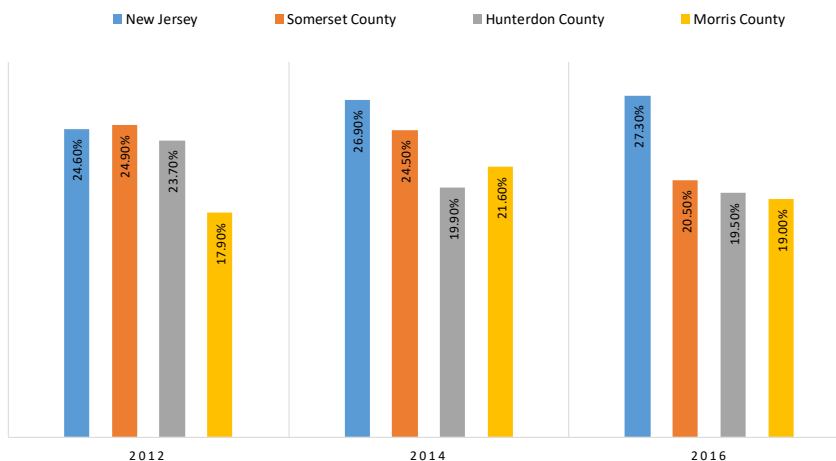
Healthy food is a key component to good health; insufficient nutrition hinders growth and development. As of 2016, 41 million Americans struggled with hunger in the U.S. A household that is food insecure has limited or uncertain access to enough food to support a healthy life. Obesity among food insecure 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 healthy affordable 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.<sup>42</sup>

- The percent of Somerset County residents with a Body Mass Index (BMI)  $\geq 30$  trended down from 24.9% in 2012 to 20.5% in 2016.

<sup>42</sup> <http://www.frac.org>

- In 2016, Somerset County (20.5%), Hunterdon County (19.5%) and Morris County (19.0%) had similar percentages of residents with a BMI $\geq$ 30.
- 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 $\geq$ 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 $\geq$ 30  
State and County Comparisons 2012-2016**



Source: CDC Behavioral Risk Factor Surveillance System



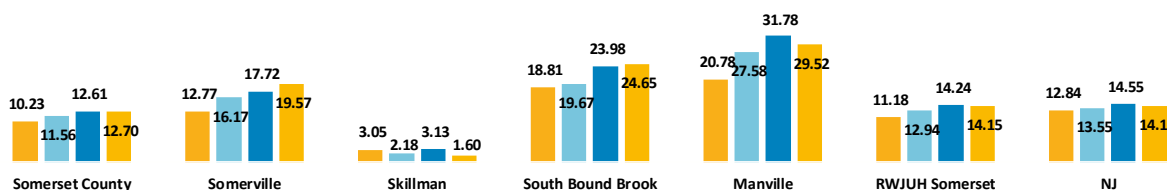
Baseline: 33.9%  
Target: 30.5%  
Somerset County 2016: 20.5%



National Benchmark: 26.0%  
Somerset County 2016: 20.5%

- In 2016, a higher rate of patients hospitalized from Manville had a diagnosis of obesity (24.5/1,000) as compared to Somerset County (12.7/1,000).
- Between 2013 and 2016 patients hospitalized from RWJUH-Somerset Service Area had higher rates of obesity than residents of Somerset County.

**Disease Incidence: Obesity, Rate per 1,000 Population**



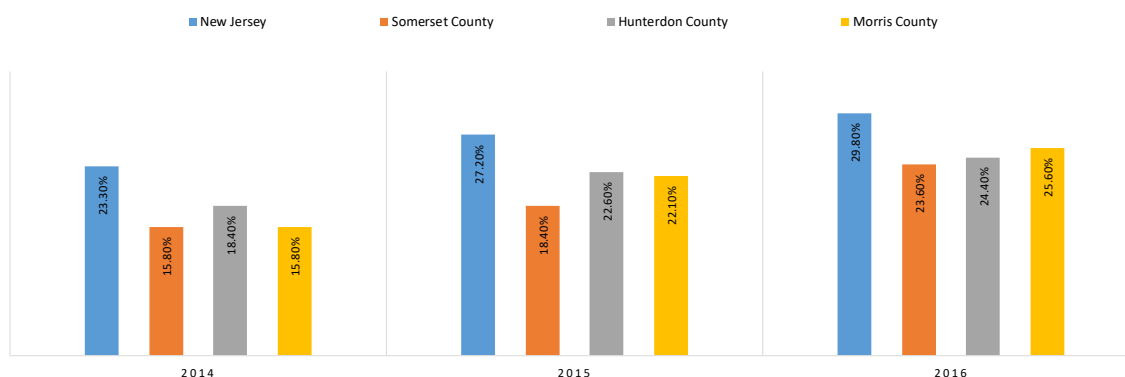
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes 278.00 or 278.01 (Appearing Anywhere In First 13 DX 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.<sup>43</sup>

- 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



National Benchmark: 20.0%  
Somerset County 2016: 23.6%

<sup>43</sup> <http://www.countyhealthrankings.org/our-approach/health-factors/diet-and-exercise>

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

**Health Screenings**

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

**Cancer Screening**

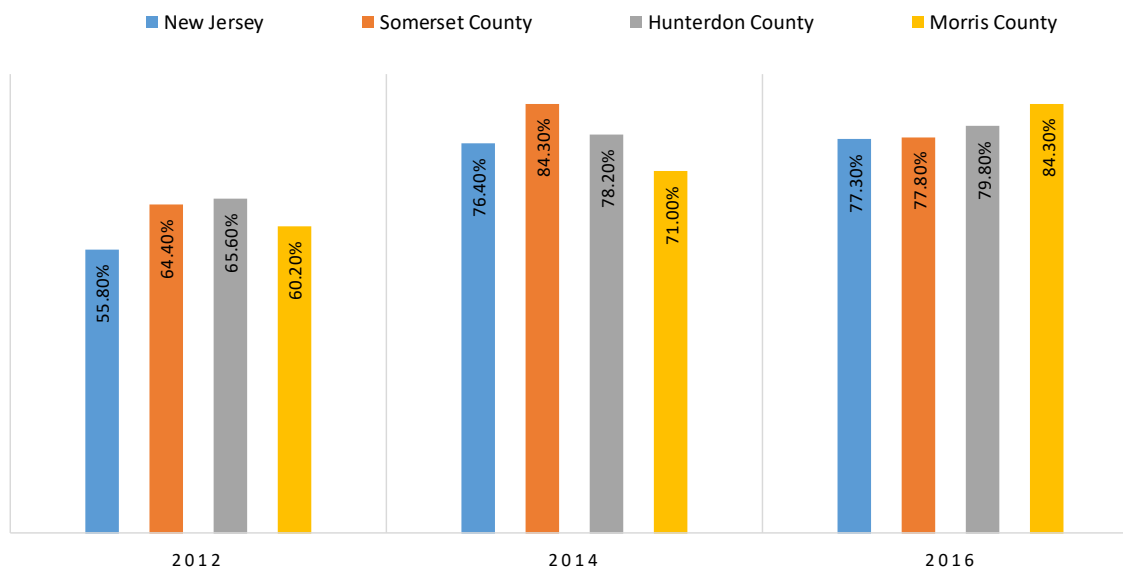
Breast Cancer (mammography)

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)



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



A Robert Wood Johnson Foundation program

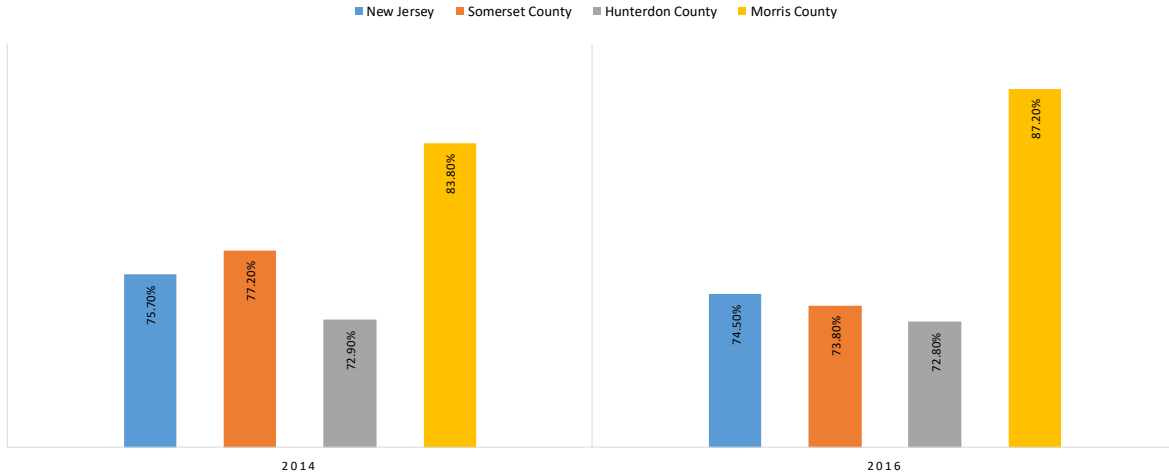
National Benchmark: 71.0%  
Somerset County 2016: 77.8%

#### 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%.

### Women How Had Received a Pap Test State and County Comparisons



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



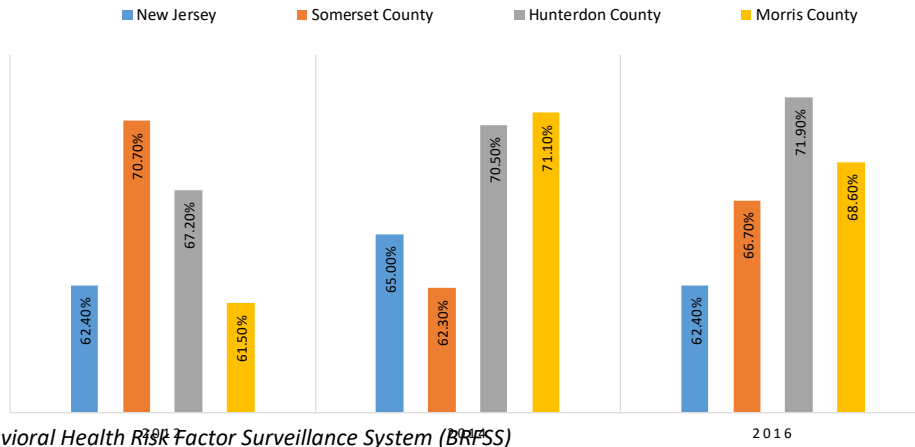
Baseline: 60.2%  
Target: 66.2%  
Somerset County 2016: 73.8%

### 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.

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



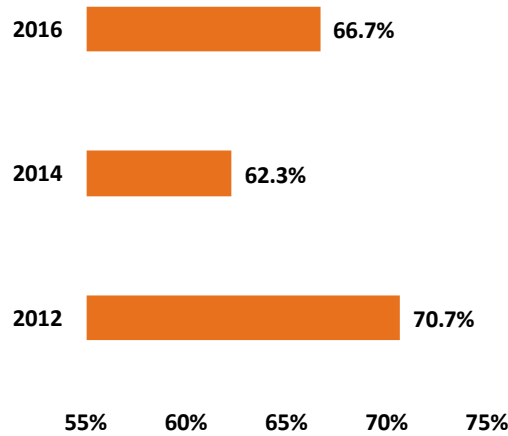
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)



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

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

#### Somerset County

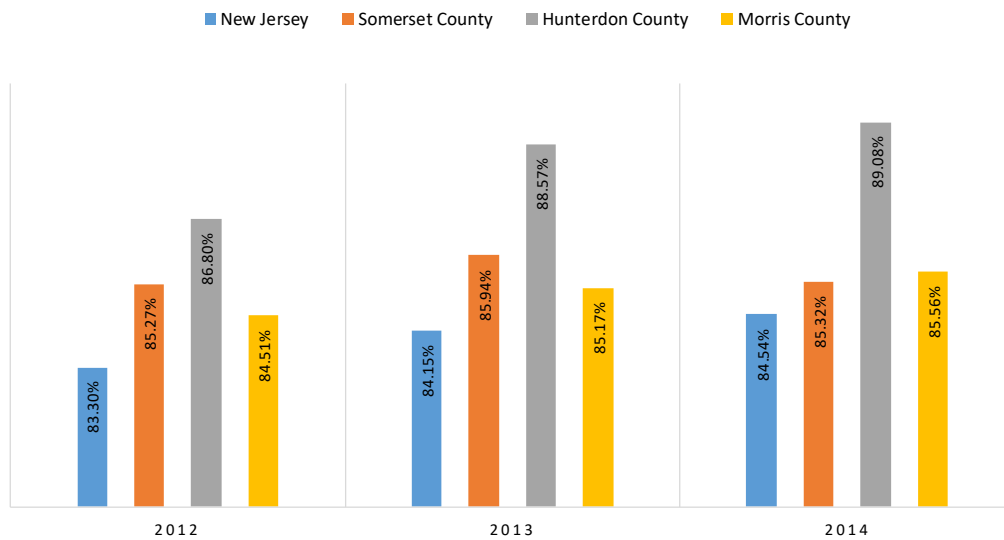


Diabetes

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 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**

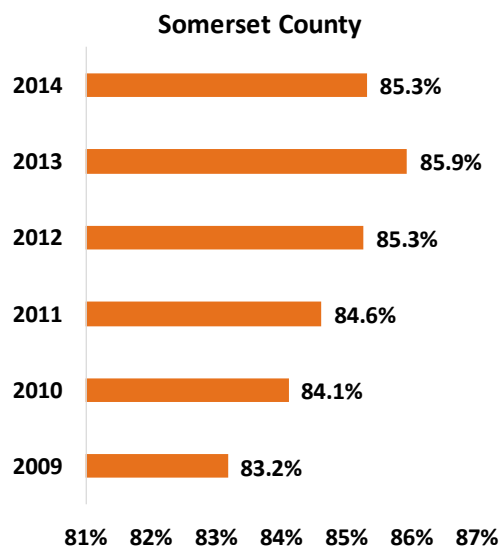


Source: County Health Rankings – Dartmouth Atlas of Health Care

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

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
<b>Mammograms</b> <i>Women Age 50+ Who Have Had a Mammogram Within Past Two Years</i>			
<b>PAP Tests</b> <i>Women Who Have Had a PAP Test Within Past Three Years</i>		N.A.	
<b>Sigmoidoscopy/ Colonoscopy</b> <i>Adults Age 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy</i>		N.A.	
<b>HbA1c Screening</b> <i>% Diabetic Medicare Enrollees Receiving Screening</i>	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.<sup>44</sup>

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

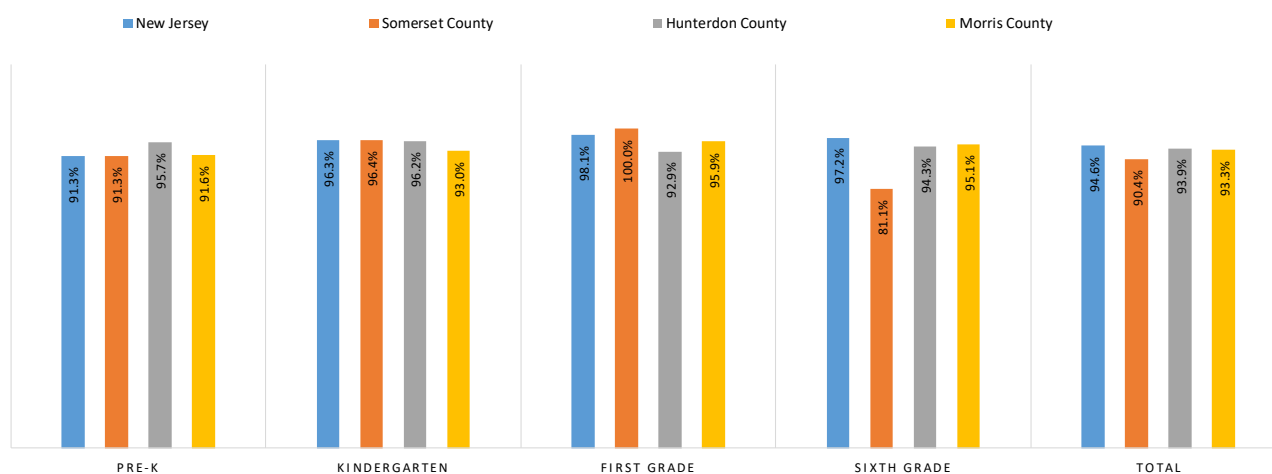
Young children are readily susceptible to disease and the consequences can be serious or life-threatening. Childhood immunizations minimize impact of vaccine preventable diseases. Combined 4 vaccine series (4:3:1:3) refers to 4 or more doses of DTP/DT, 3 or more doses of poliovirus vaccine, 1 or

<sup>44</sup> <http://www.cdc.gov/vaccines/vac-gen/howvpd.htm#why>

more doses of MCV and 3 or more doses of Hib.<sup>45</sup> Conflicting information in the news and on the internet about children's immunizations may cause vaccine hesitancy among select parents.

- The percent of all Somerset County children meeting all vaccine requirements in 2016 was the same as the State at 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](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**

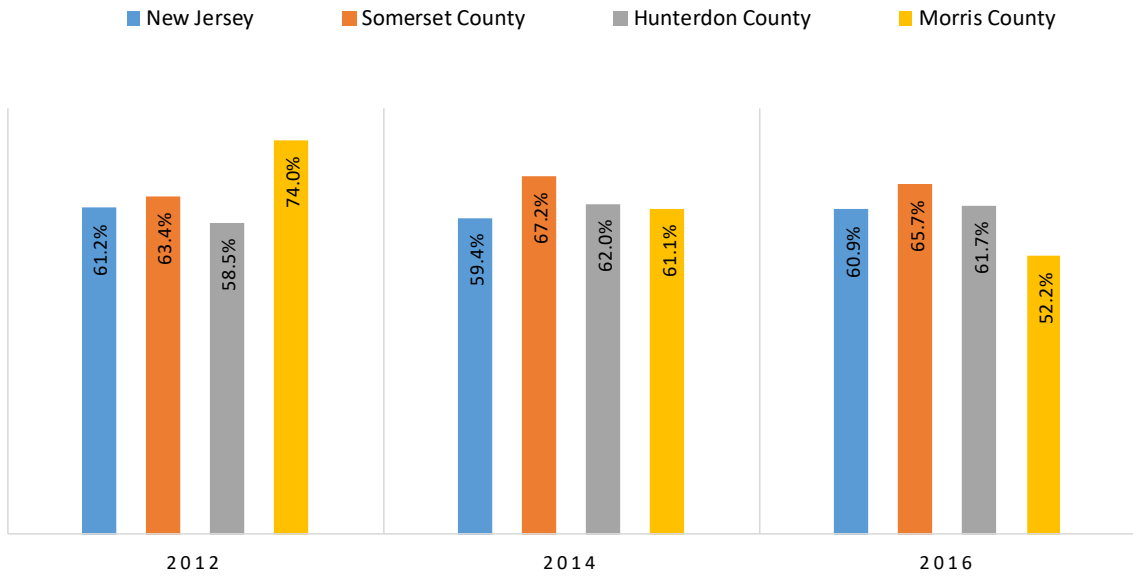
Immunizations are not just for children. As we age, the immune system weakens putting us at higher risk for certain diseases. Greater than 60 percent of seasonal flu-related hospitalizations occur in people 65 and older. The single best way to protect against the flu is an annual vaccination.<sup>46</sup>

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

<sup>45</sup> <http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/tech-notes.html>

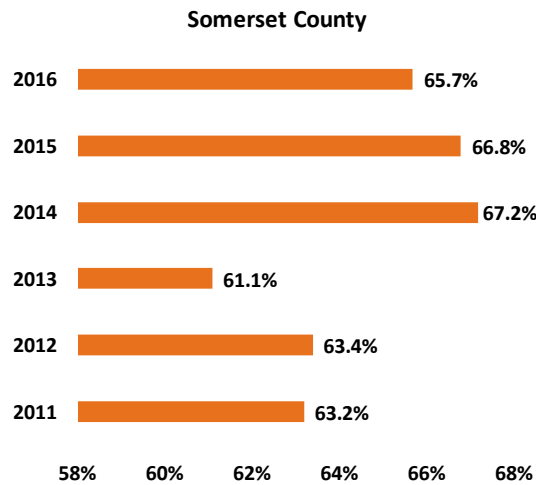
<sup>46</sup> <http://www.cdc.gov/vaccines/adults/rec-vac/index.html>

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



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

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



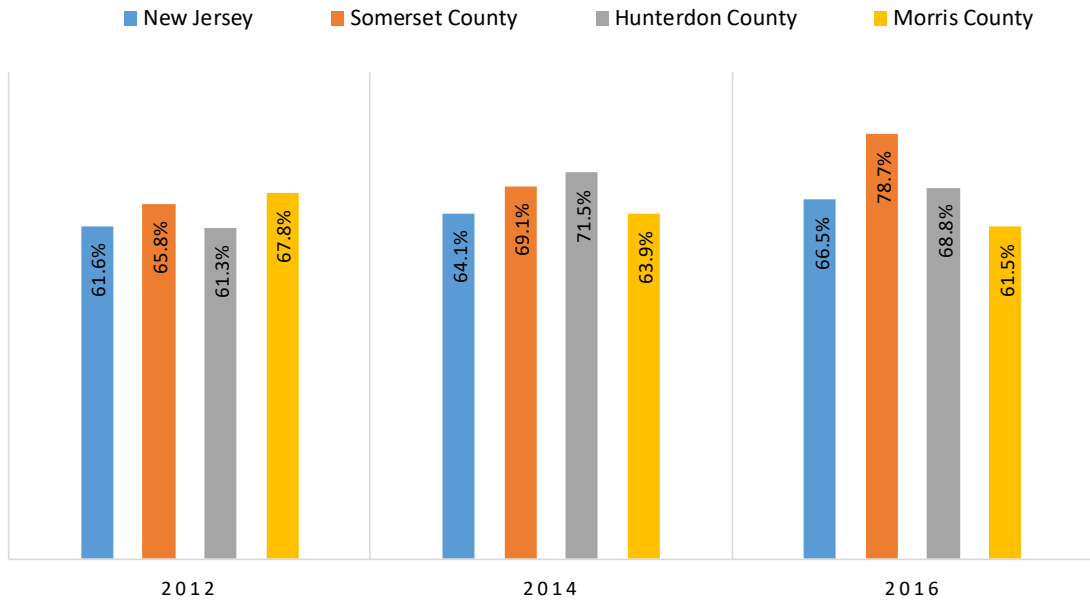
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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.<sup>47</sup>

- 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**

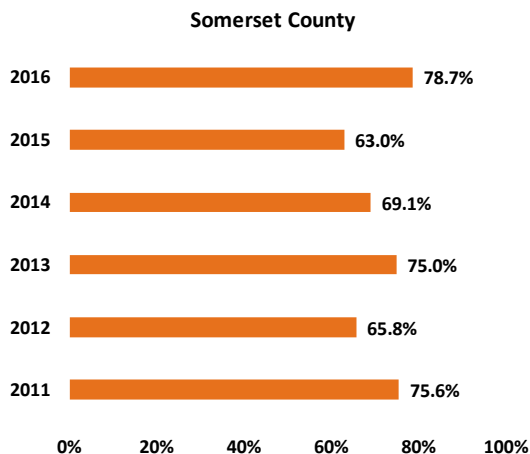


Baseline: 60.0 %  
Target: 90.0%  
Somerset County 2016: 78.7%

<sup>47</sup> <http://www.cdc.gov/pneumococcal/about/prevention.html>



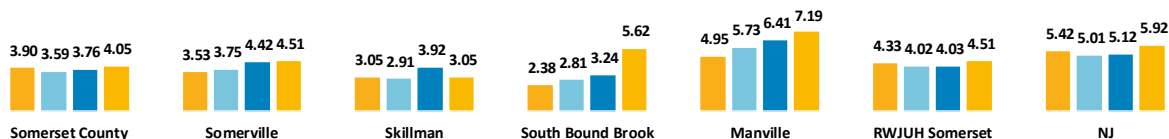
### Adults Age 65+ Who Had a Pneumonia Vaccination: Trend



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 3.25/1,000 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 Nielsen-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

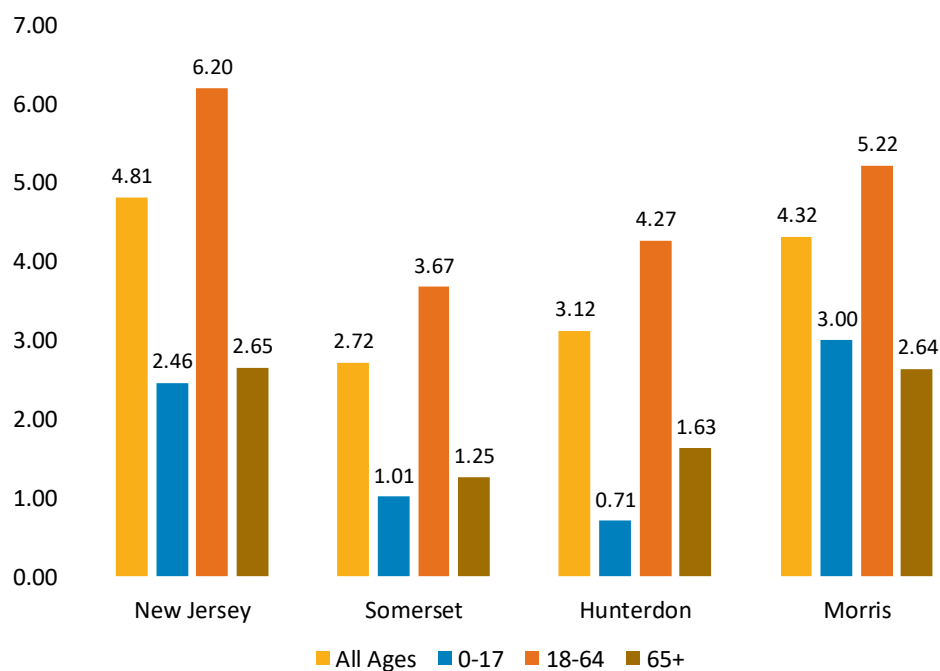
Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
<b>Flu Shot</b> <i>Adults Age 65+ Who Have NOT Had a Flu Shot in the Past Year</i> %No		N.A.	
<b>Pneumonia Vaccination</b> <i>Adults Age 65+ Who Have NOT Ever Had a Pneumonia Vaccination</i> %Never		N.A.	
<b>Children Meeting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

**4. Behavioral Health Utilization**

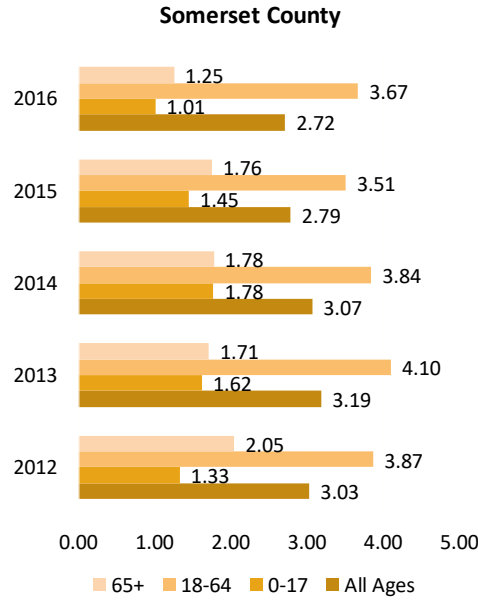
**Mental Health**

- 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**



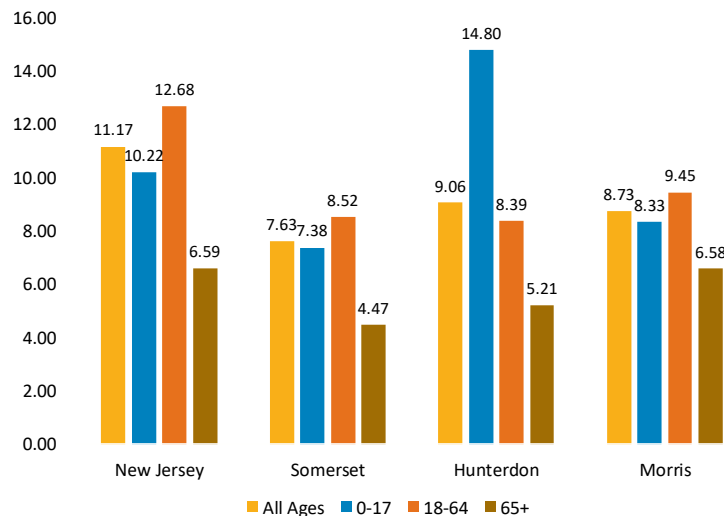
Source: NJDHSS 2010 - 2015 UB-04 Data MDC 19 – NJ Residents; Population: United States Census American Community Survey 5yr Estimate



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

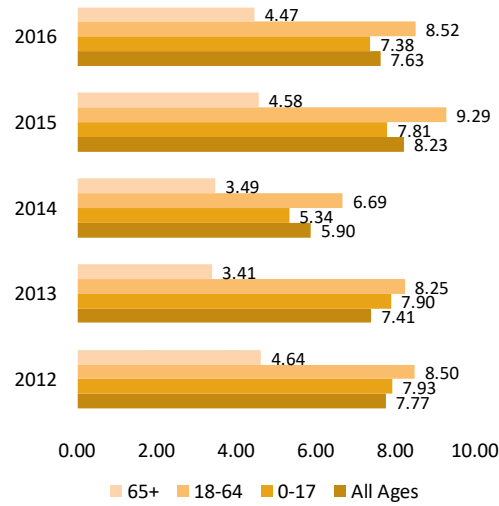
- In 2016, Somerset County (7.63/1,000) had 36.9% fewer ED visits for mental health conditions than the State (11.7/1,000).
- In 2016, Somerset County adults 18-64 (8.52/1,000) had the highest rate of ED visits compared to children (7.38/1,000) and older adults 65+ (4.42/1,000).
- Somerset County ED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

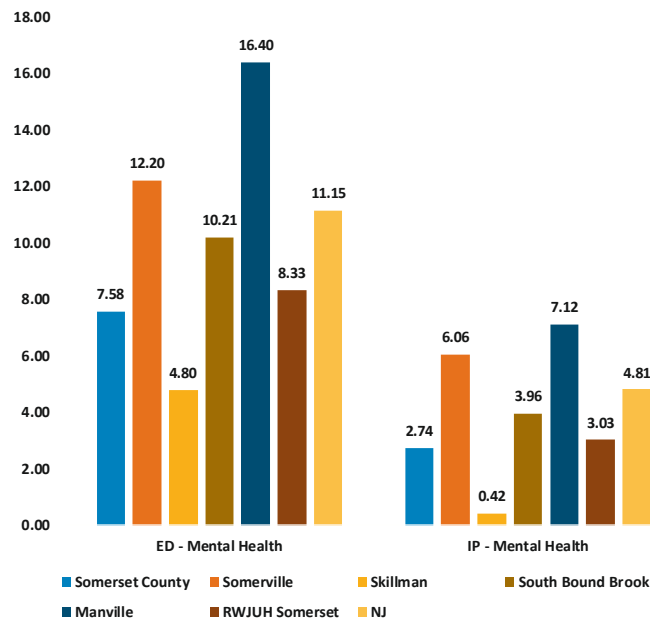
**Somerset County**



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 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).

**Mental Health Use Rate /1,000 Population: 2016**



\*Source: UB-04 2015 Discharges; Nielson-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.<sup>48</sup>

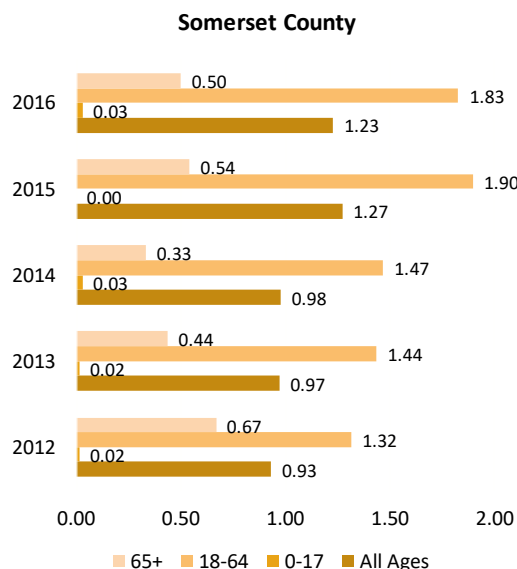
- Across all age cohorts county-wide, there is an increase in inpatient admissions for substance abuse from 2012 through 2016.
- Compared to Statewide, in 2016, Somerset County has fewer residents with an inpatient admission for substance abuse for persons across all age groups except those 0-17 where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

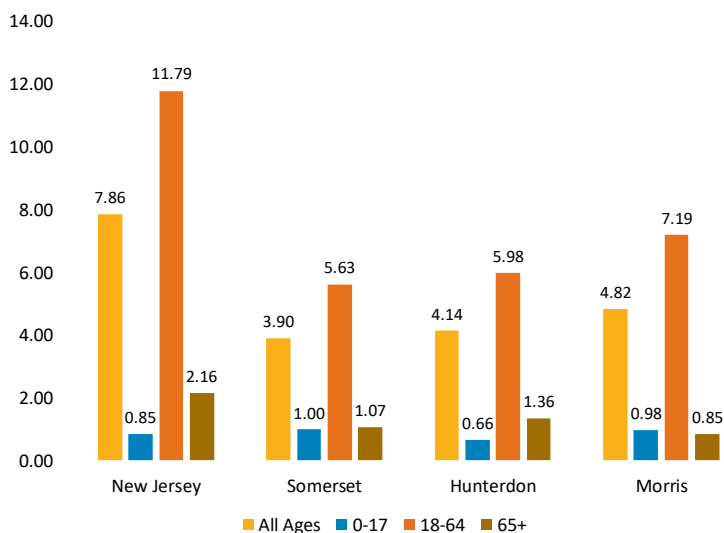
<sup>48</sup> <http://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse>



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

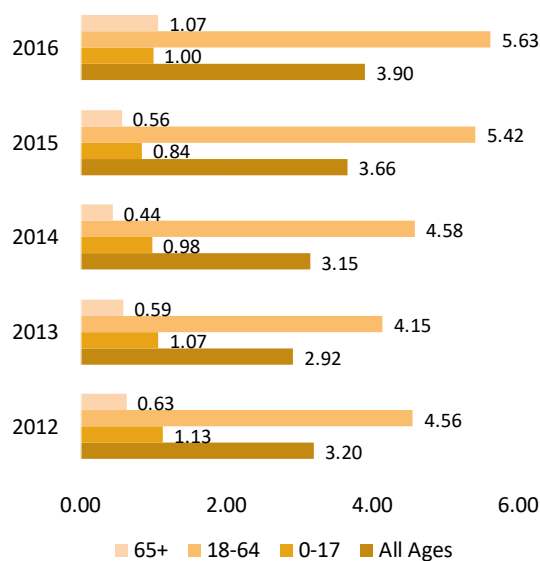
- In 2016, Somerset County (3.90/1,000) has 50% fewer residents ED visits for substance abuse than the State (7.86/1,000).
- Between 2012 and 2016, ED visits for substance abuse in Somerset County increased slightly from 3.2/1,000 to 3.90/1,000.
- In 2016, Somerset County residents aged 18-64 have the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

### ED Visits for Substance Abuse: By Age; Rate / 1,000 Population County and State Comparisons 2016



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

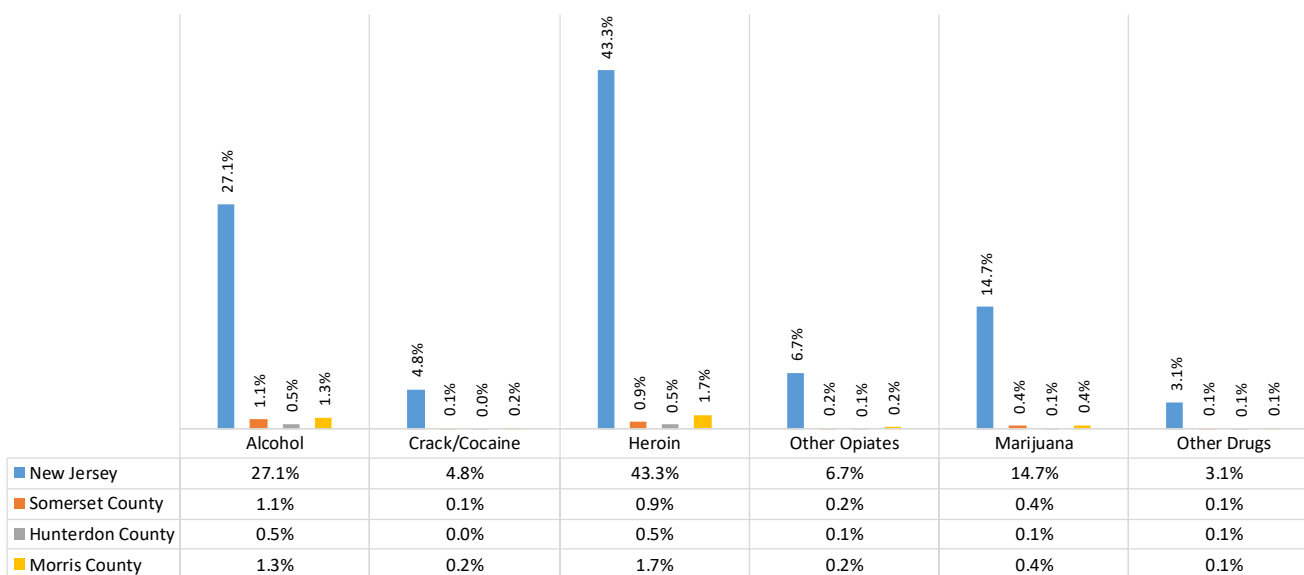
### Somerset County



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



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

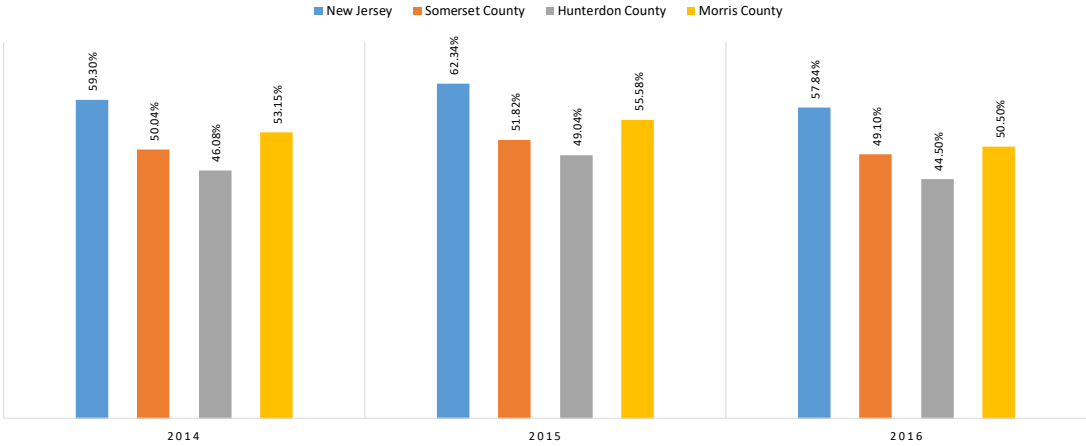
Between 2014-2016 the number of drug dispensation went down across the State and in Somerset the comparative counties of Hunterdon and Morris Counties.

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

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

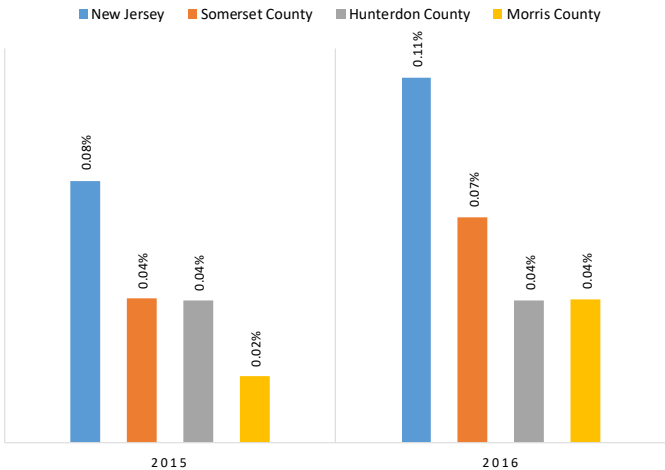
- Between 2015-2016 the number of Naloxone administrations increased statewide; and in Somerset, Morris and Hunterdon County’s rate for Naloxone administrations increased from 138 administrations to 217.

### Opioid Dispensations State and County Comparisons 2016



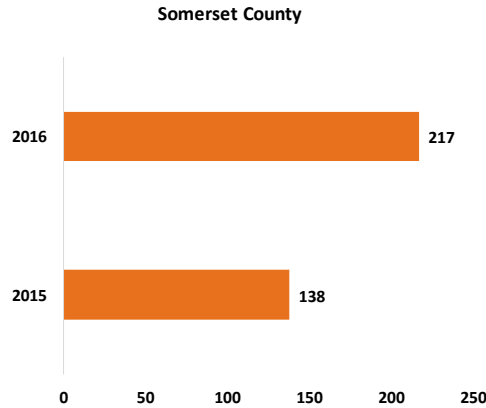
Source: <http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf>

### Naloxone Administrations State and County Comparisons 2016



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

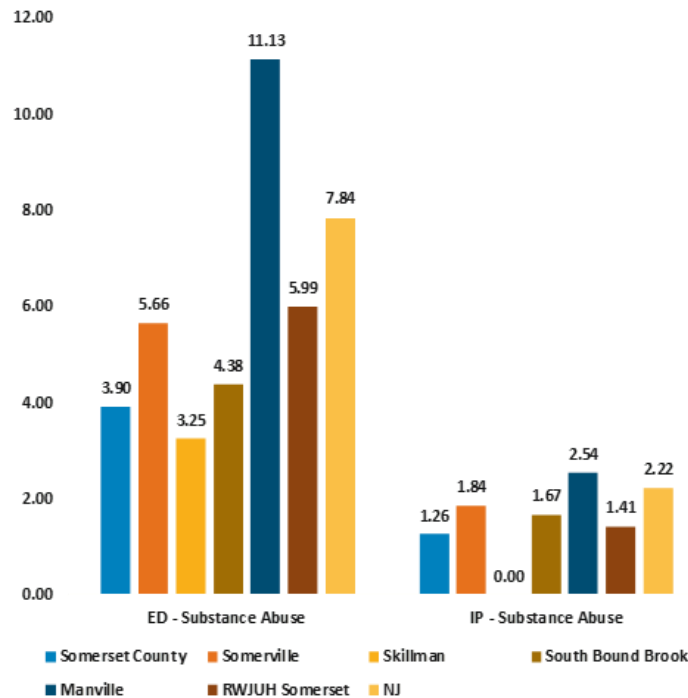




Source: <http://www.nj.gov/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2016/statewide.pdf>

- 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; Nielson-Claritas Population Estimate

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

**C. 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%

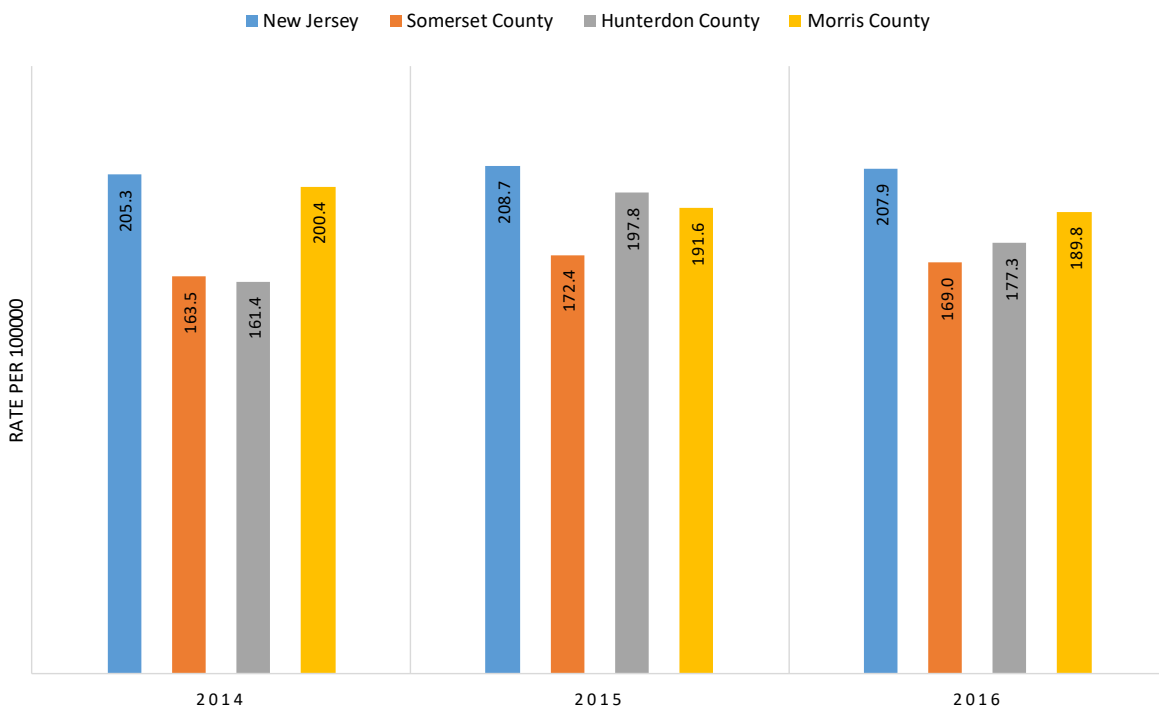
Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2015 is most recent year available.

**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**

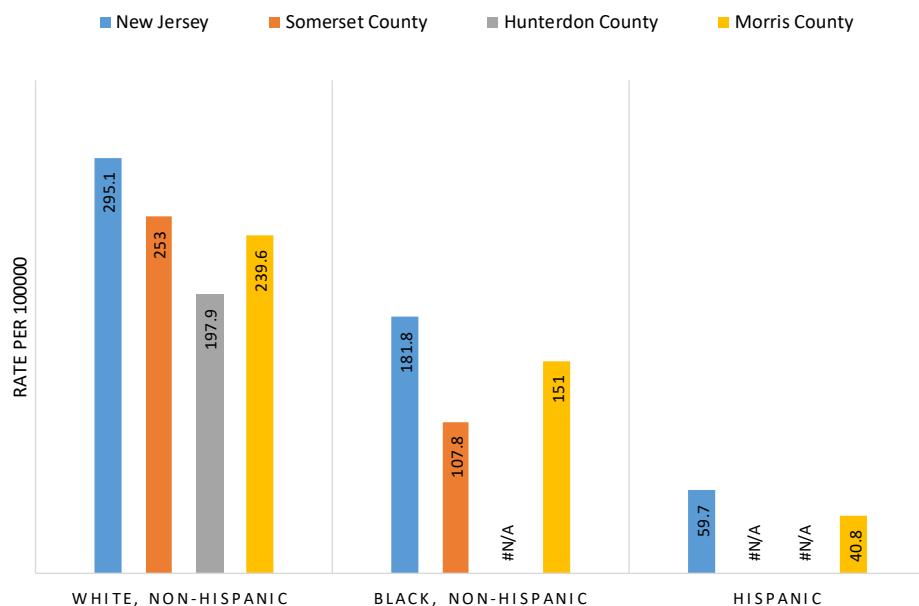


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.



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)**

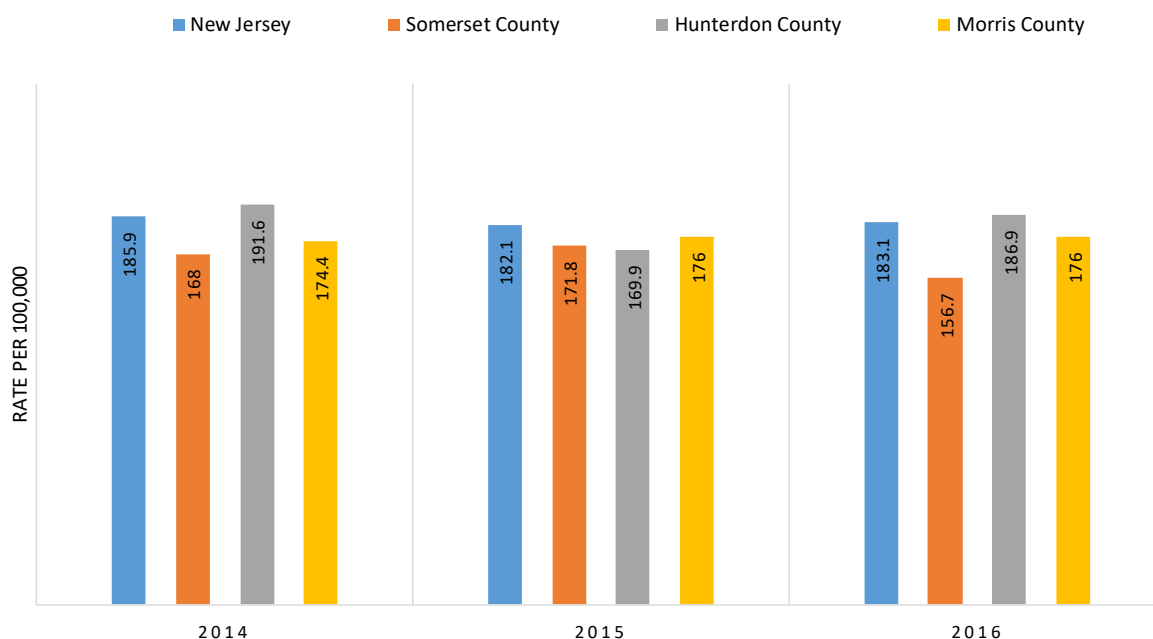
Although there are many types of cancer, all originate from abnormal cells with untreated disease.<sup>49</sup> Approximately half of American men and one-third of women will develop some form of cancer throughout their lifetimes. Cancer risk may be reduced by basic lifestyle modifications including 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.<sup>50</sup>

- 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.

<sup>49</sup> <http://www.cancer.org/cancer/cancerbasics/what-is-cancer>

<sup>50</sup> <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.



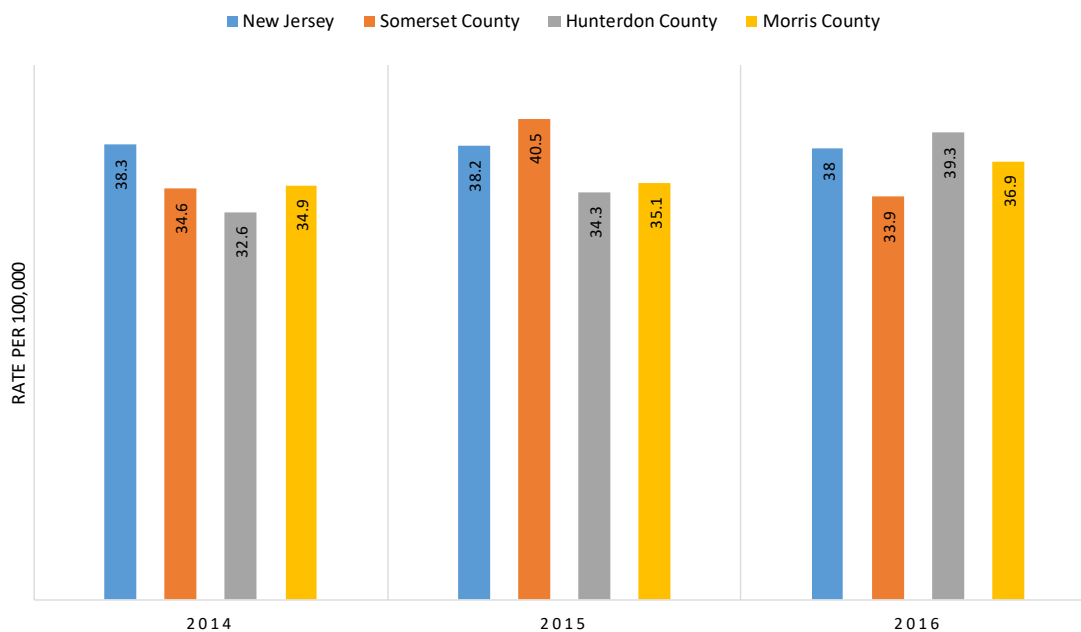
Baseline: 179.3  
Target: 161.4  
Somerset County 2016: 156.7

**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

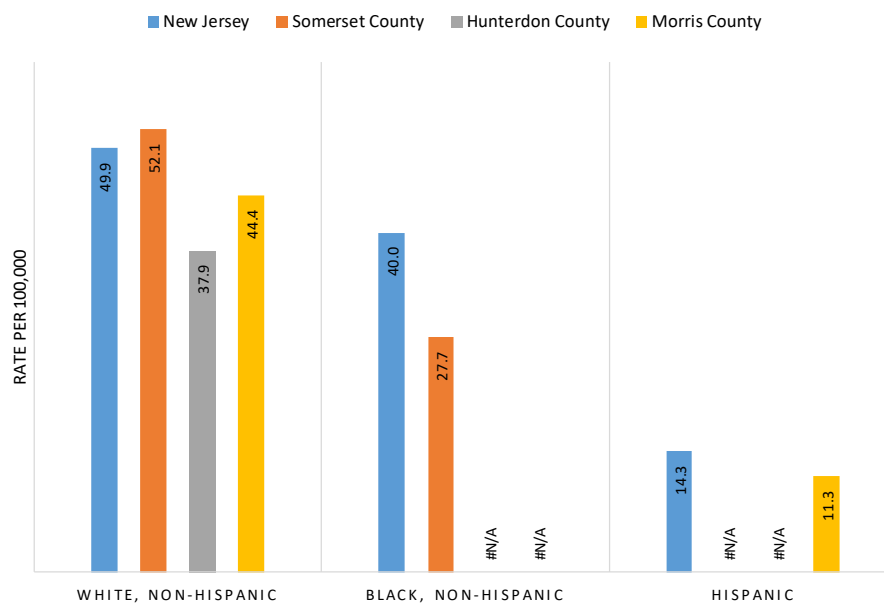


Source: NJDOH Center for Health Statistics NJ State Health Assessment Data – 2016 is most recent year available.



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.<sup>51</sup>

- 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.<sup>52</sup>

- 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%.

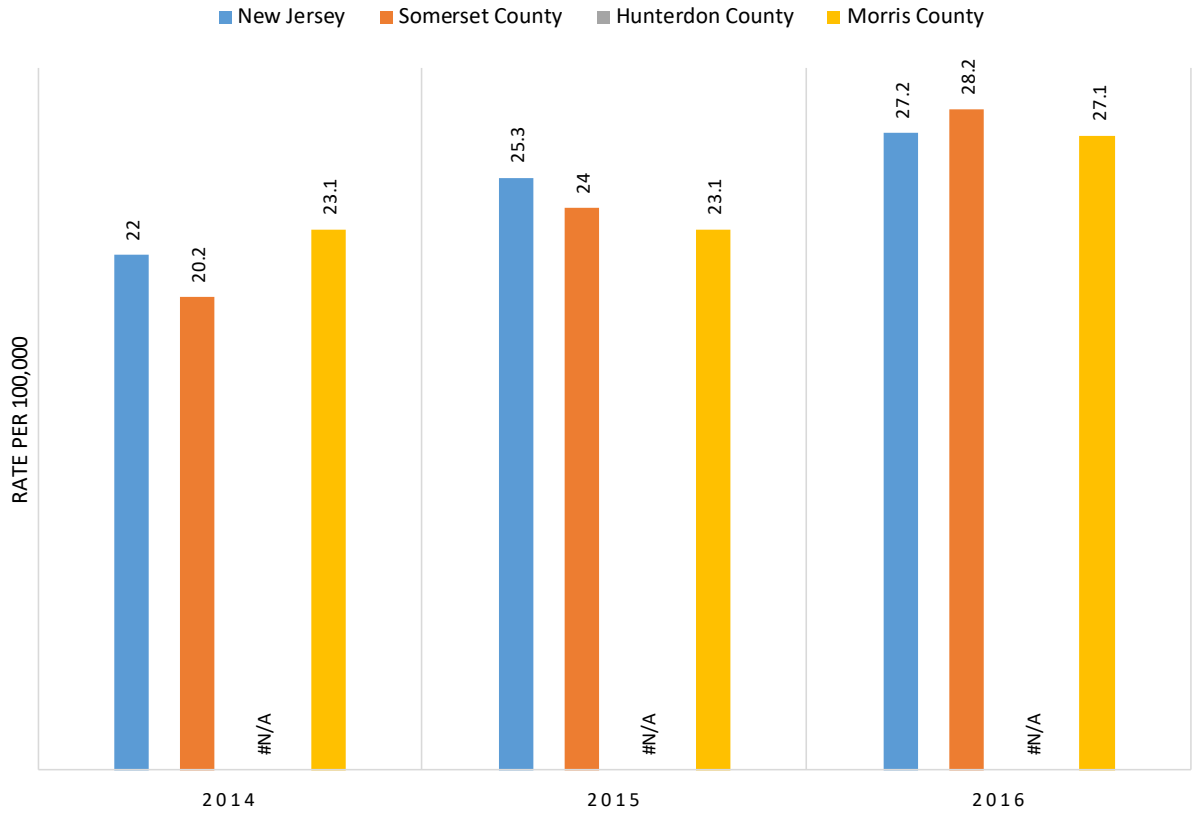
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<sup>51</sup> <http://www.cdph.ca.gov/programs/ohir/Pages/UnInjury2010Background.aspx>

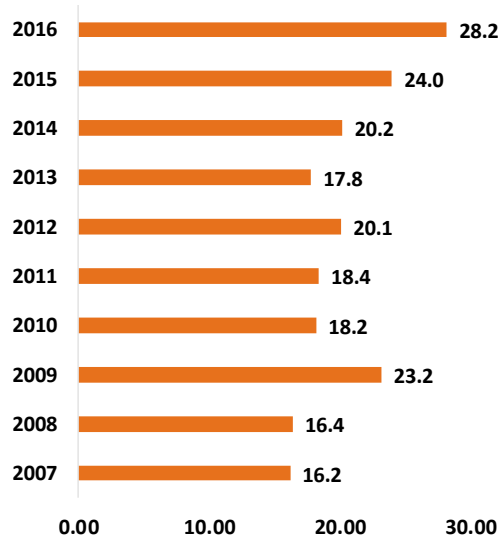
<sup>52</sup> <https://www.cdc.gov/aging/agencyinfo/alzheimers.htm>



### 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
<b>Deaths Due to Diseases of The Heart</b> <i>Age-Adjusted Rate/100000 Population</i>		N.A.	
<b>Deaths Due to Diseases of The Heart (Black, Non-Hispanic)</b> <i>Age-Adjusted Rate/100000 Population</i>	N.A.	N.A.	
<b>Deaths Due to Malignant Neoplasms (Cancer)</b> <i>Age-Adjusted Rate/100000 Population</i>		N.A.	
<b>Deaths Due to Malignant Neoplasms (Cancer) (Black, Non-Hispanic)</b> <i>Age-Adjusted Rate/100000 Population</i>	N.A.	N.A.	
<b>Deaths Due to Unintentional Injuries</b> <i>Age-Adjusted Rate/100000 Population</i>		N.A.	
<b>Alzheimer's Disease</b> <i>Age-Adjusted Rate/100000 Population</i>	N.A.	N.A.	

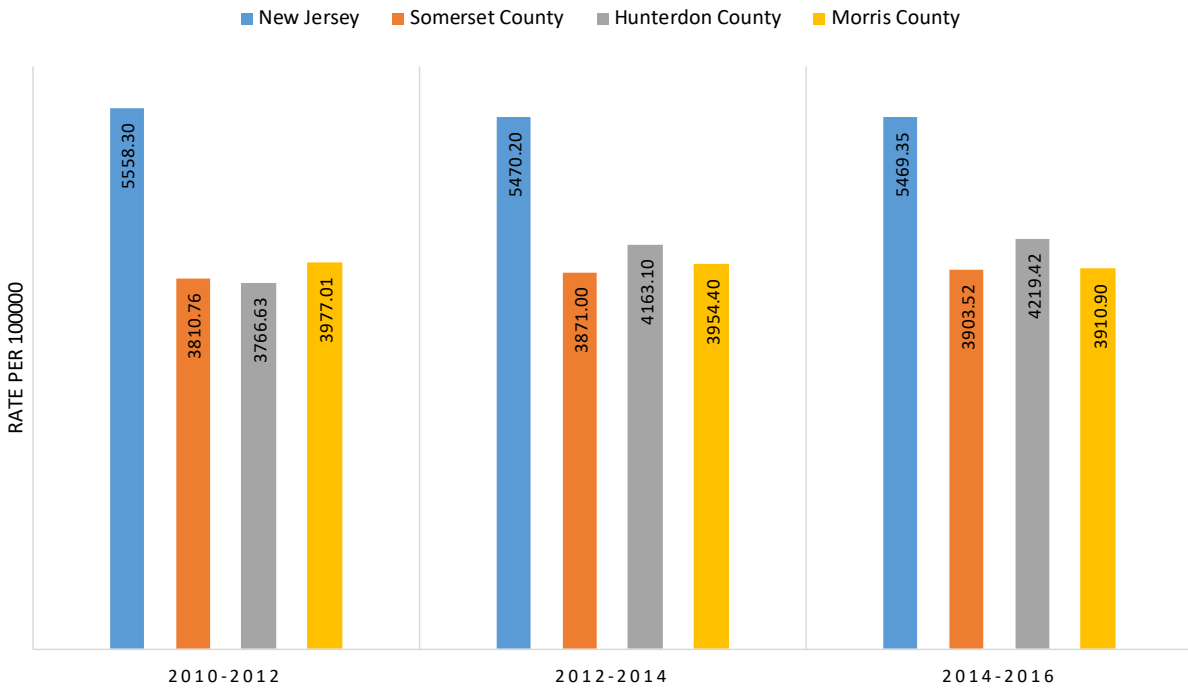
<b>RED: Poorest Performing Quartile</b>
<b>Yellow: Middle Quartiles</b>
<b>Green: Best Performing Quartile</b>

**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 between 2010-2012 to 3,903.52/100,000 between 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



National Benchmark: 5300  
Somerset County 2014-2016: 3904

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

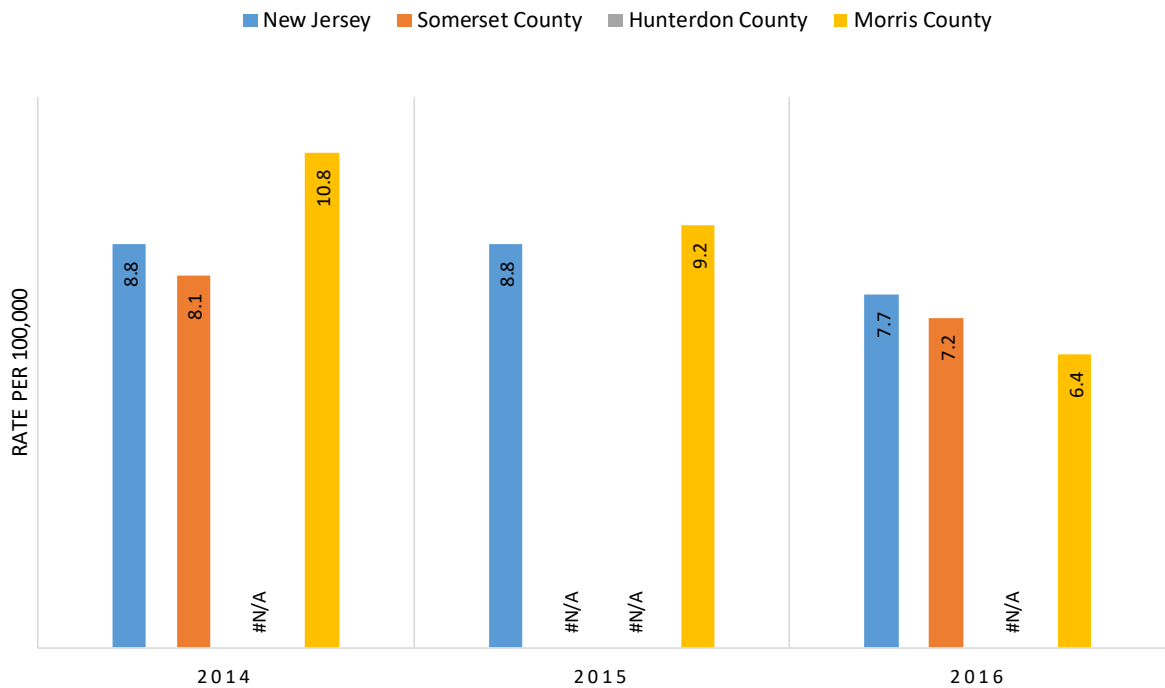
- RED:** Poorest Performing Quartile
- Yellow:** Middle Quartiles
- Green:** Best Performing Quartile

**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%. 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



Baseline: 11.3  
Target: 10.2  
Somerset County 2016: 7.2

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
<b>Deaths Due to Suicide</b> <i>Age-Adjusted Rate/100,000 Population</i>		N.A	
<i>RED: Poorest Performing Quartile</i>			
<i>Yellow: Middle Quartiles</i>			
<i>Green: Best Performing Quartile</i>			

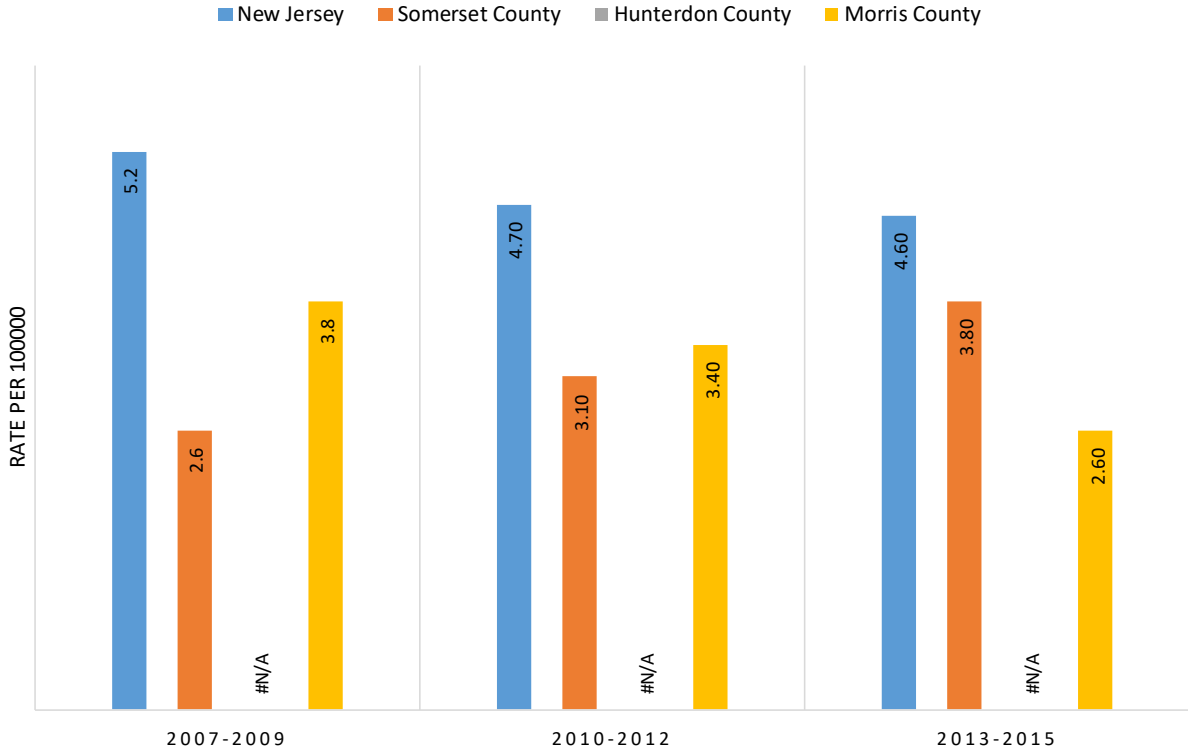
**4. Infant Mortality**

Infant mortality, the death of a baby prior to his or her first birthday, is traditionally 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.<sup>53</sup>

- The overall infant mortality rate declined statewide 11.5% from 2007-2009 (5.2/100,000) to 2013-2016 (4/100,000) compared to an infant mortality rate increase in Somerset County from 2007-2009 (2.6/100,000) to 2013-2015 (3.8/100,000). 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.

<sup>53</sup> <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.



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.<sup>54</sup> 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 lower percentage of low birth weight babies than New Jersey and Hunterdon County.
- 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.

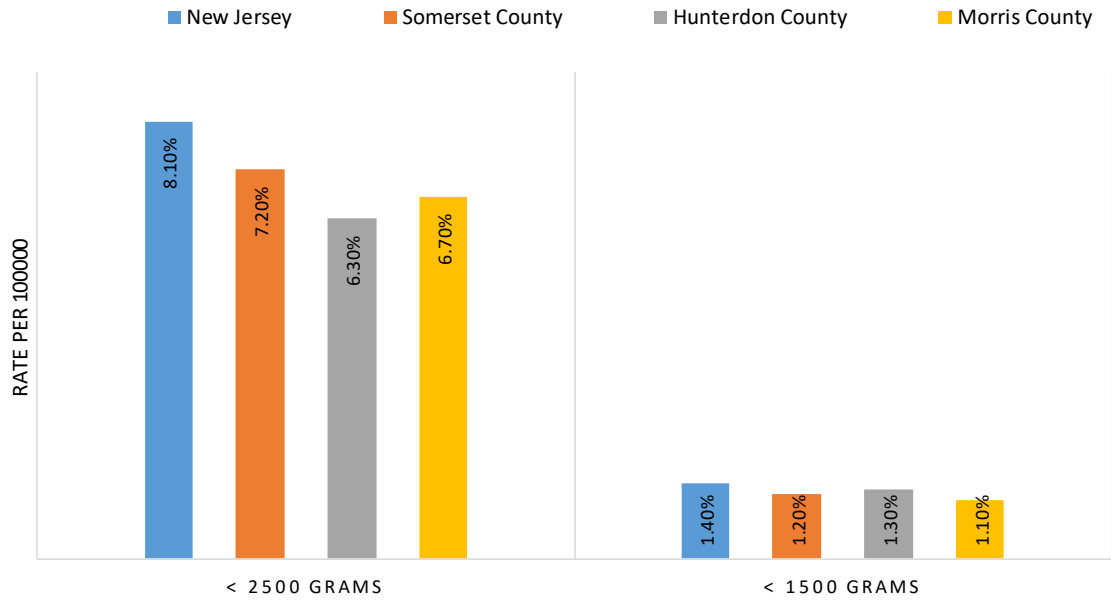
### **Very Low Birth Weight**

- 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%).

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<sup>54</sup> [http://www.cdc.gov/PEDNSS/how\\_to/interpret\\_data/case\\_studies/low\\_birthweight/what.htm](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



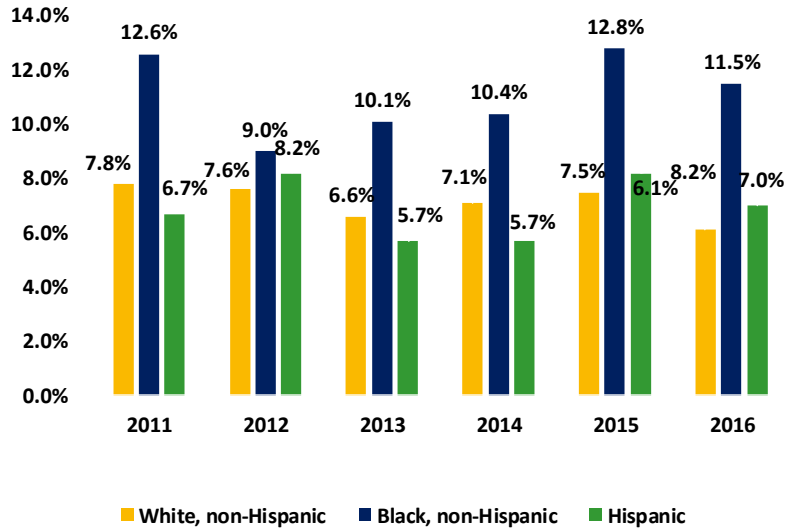
Source: NJDOH Bureau of Vital Statistics and Registration NJ Birth Certificate Database  
Note: Percentages are based on the total number of live births for the County and State



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

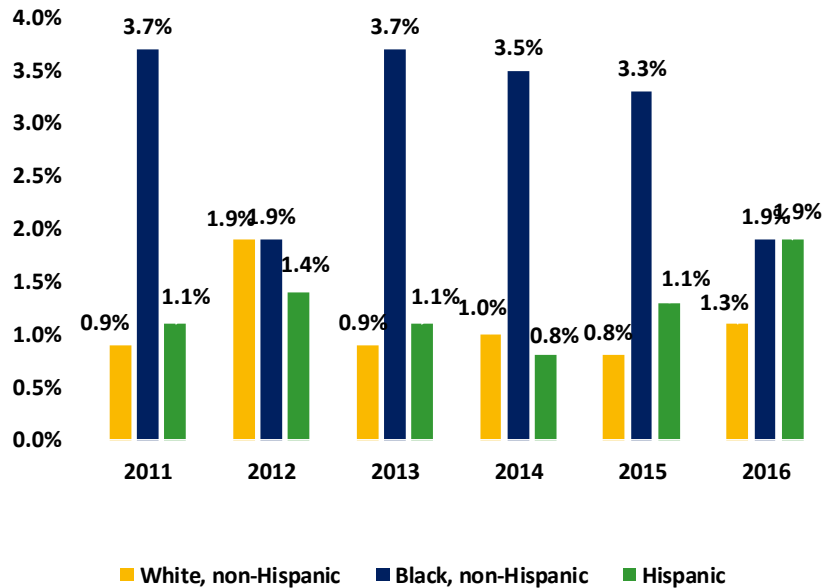


### Low Birth Weight: By Mother's Race/Ethnicity; Percent of Live Births with Low Birth Weight Somerset County 2011-2016



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
<b>Infant Mortality Rate</b> <i>Rate of Infant (Under 1 Year) Deaths/1000 Live Births</i>		N.A.	
<b>Low Birthweight (&lt;2500 Grams)</b> <i>Percentage of Live Births</i>		N.A.	
<b>Low Birthweight (&lt;2500 Grams) (Black Non-Hispanic)</b> <i>Percentage of Live Births</i>	N.A.	N.A.	
<b>Very Low Birthweight (&lt;1500 Grams)</b> <i>Percentage of Live Births</i>		N.A.	
<b>Very Low Birthweight (&lt;1500 Grams) (Black Non-Hispanic)</b> <i>Percentage of Live Births</i>	N.A.	N.A.	

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

**6. Health Status and Behavioral Health Status**

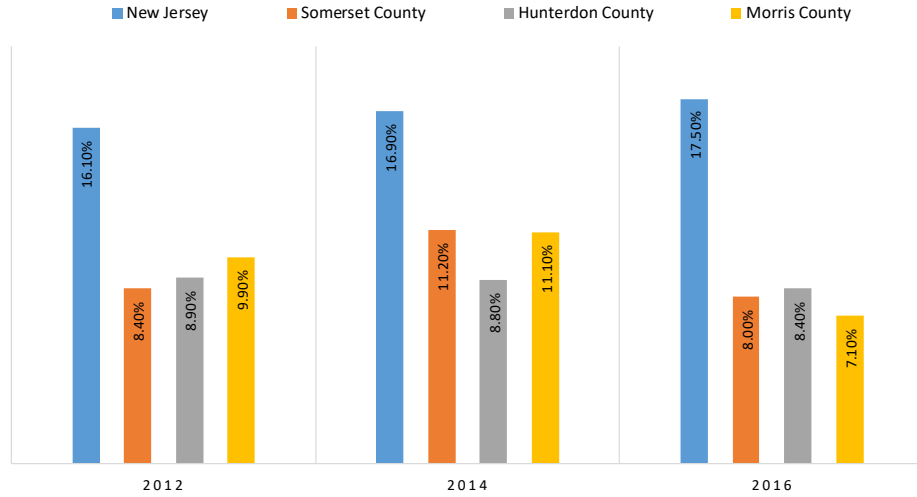
Health status and behavioral health status are broad multidimensional concepts including self-report measures of physical and mental health.

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 residents 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**

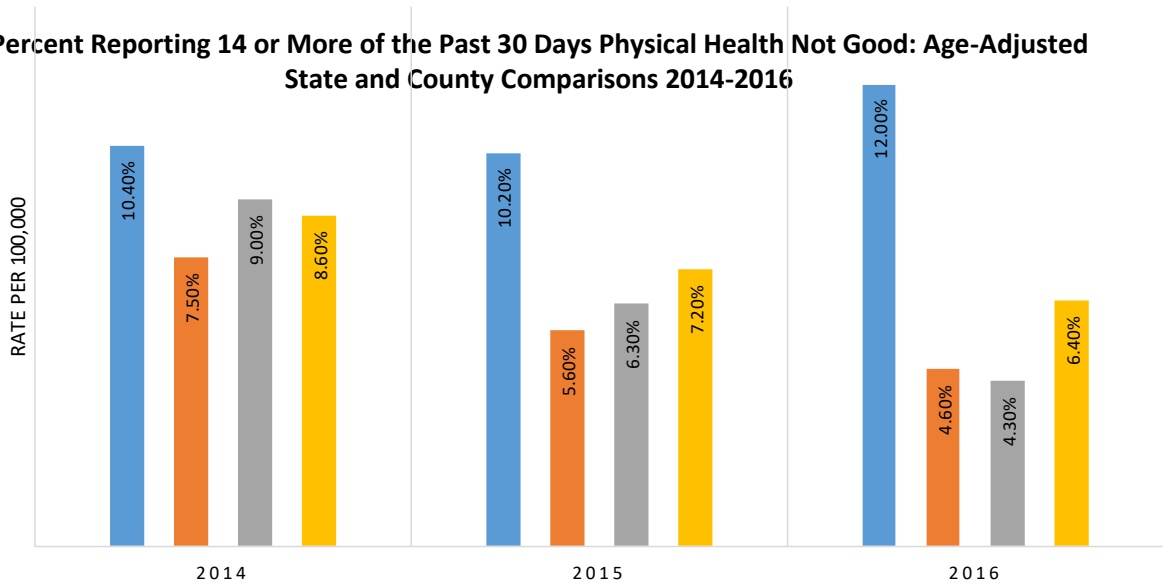


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)



National Benchmark: 12%  
Somerset County 2016: 8.0%

**Percent Reporting 14 or More of the Past 30 Days Physical Health Not Good: Age-Adjusted  
State and County Comparisons 2014-2016**



Source: New Jersey Behavioral Risk Factor Survey

Note: The physical health measure is based on response to the question: “Now thinking about your physical health which includes physical illness and injury for how many days during the past 30 days was your physical health not good?”

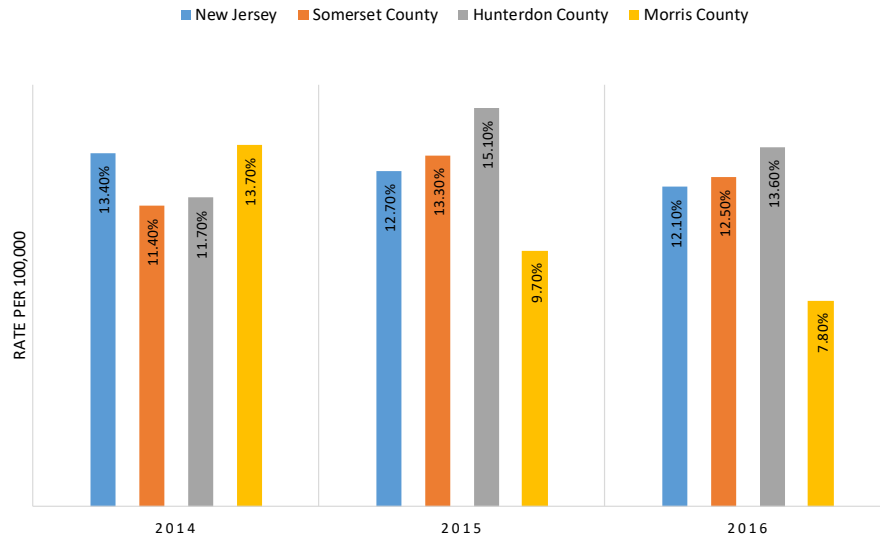
Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
<b>Reported “Fair” or “Poor” Health</b> <i>Percentage of Respondents</i>	N.A.		
<b>Physically Unhealthy Days Reported in the Past 30 Days</b> <i>Average Age-Adjusted Number</i>	N.A.		

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

**Behavioral Health Status**

- County-wide adults who report 14 or more of the past 30 days with “not good” mental health status increased from 11.4% in 2014 to 12.5% in 2016. The 2016 Somerset County report of 14+/30 days with “not good” mental health is similar to New Jersey at 12.1%.
- 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 and County Comparisons 2014-2016**



Source: New Jersey Behavioral Risk Factor Survey

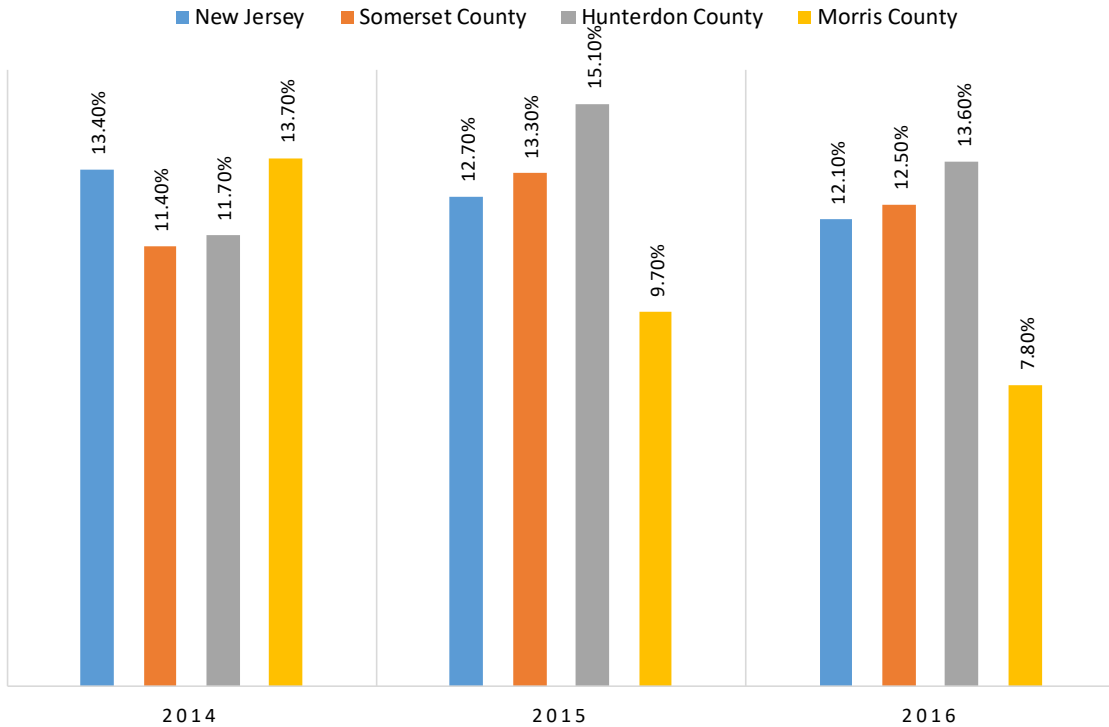
**County Health Rankings & Roadmaps**  
 Building a Culture of Health, County by County  
 A Robert Wood Johnson Foundation program

National Benchmark: 3.1  
 Somerset County 2016: 3.1

*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 9.2% 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

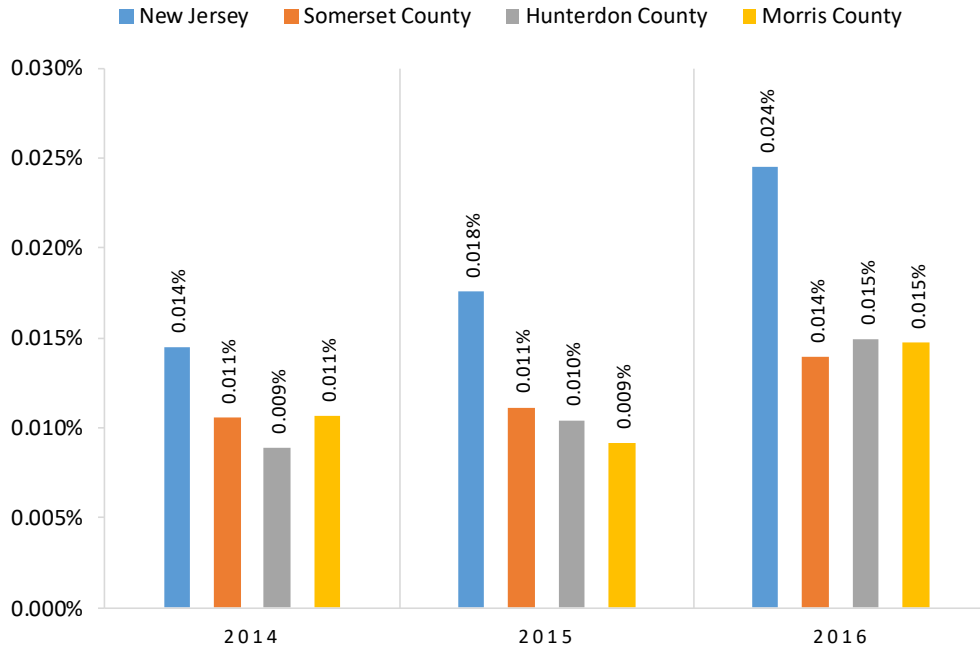


Source: New Jersey Behavioral Risk Factor Survey

*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 2014-2016 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.

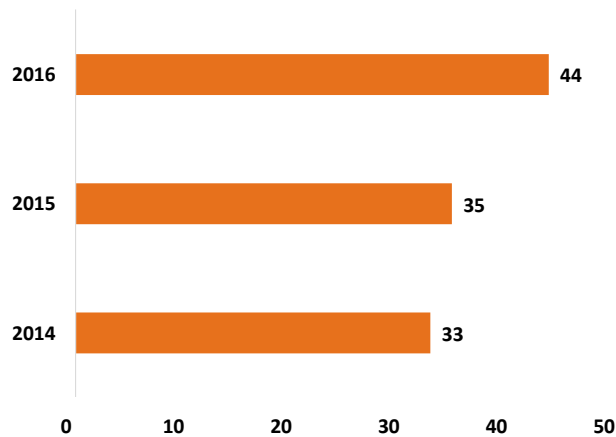
### Drug Overdose Deaths State and County Comparisons 2016



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

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
<b>Frequent Mental Distress</b> <i>Percentage Reporting 14 or More of the Past 30 Days Mental Health Not Good</i>	N.A.		
<b>History of Diagnosed Depression</b>	N.A.	N.A.	
<b>Drug Overdose Deaths</b>	N.A.		
<b>RED: Poorest Performing Quartile</b>			
<b>Yellow: Middle Quartiles</b>			
<b>Green: Best Performing Quartile</b>			

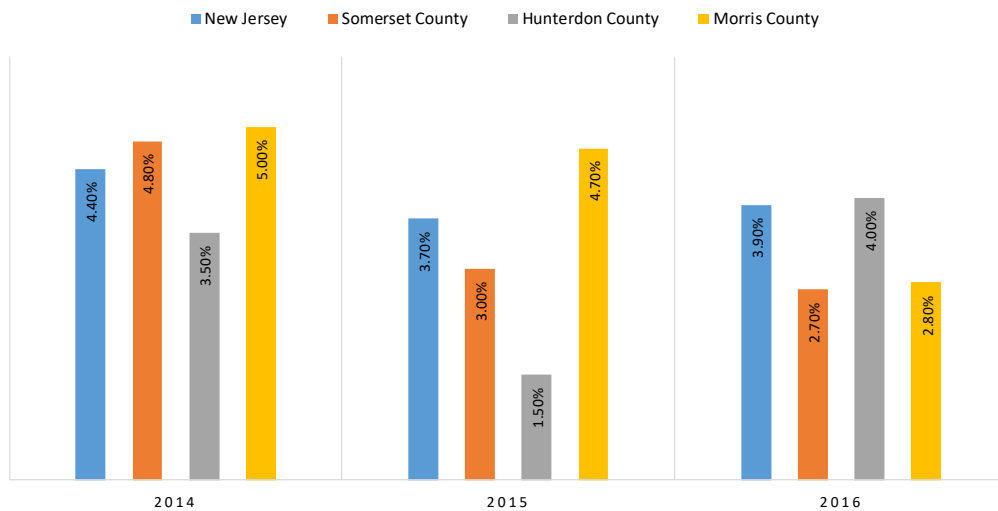
**7. Morbidity**

Morbidity, the rate of disease incidence, measures quality of life and how healthy people feel.

***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.

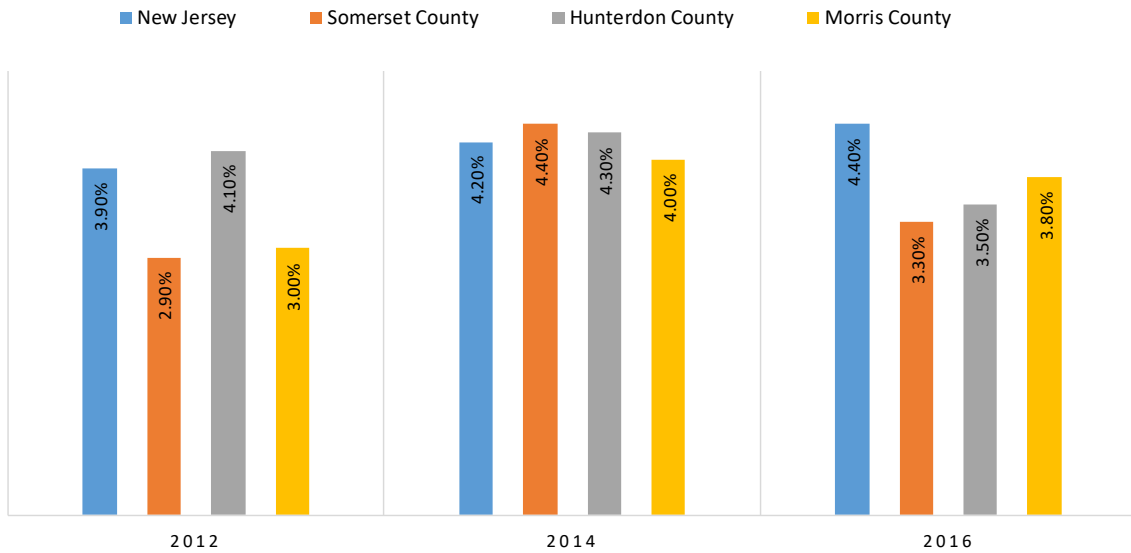
**Cardiovascular Disease (Percent “Yes”)  
Were You Ever Told You Has Angina or Coronary Heart Disease?  
State and County Comparisons 2014-2016**



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)**



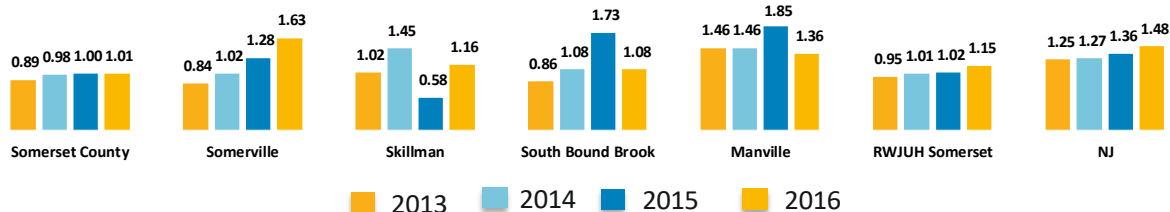
Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

**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.



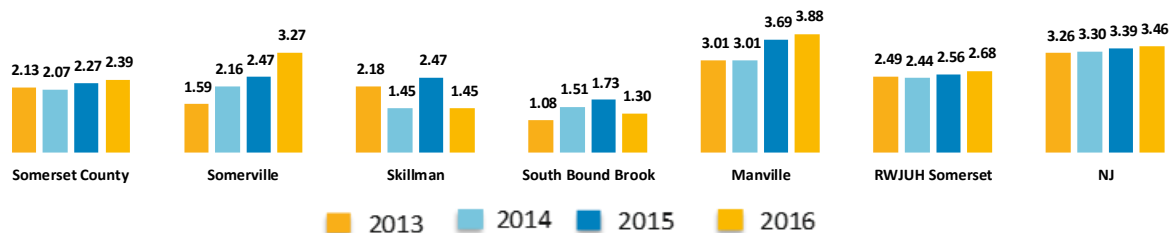
**Heart Attack: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016**



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Nielsen-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 2015, 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 reported 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**

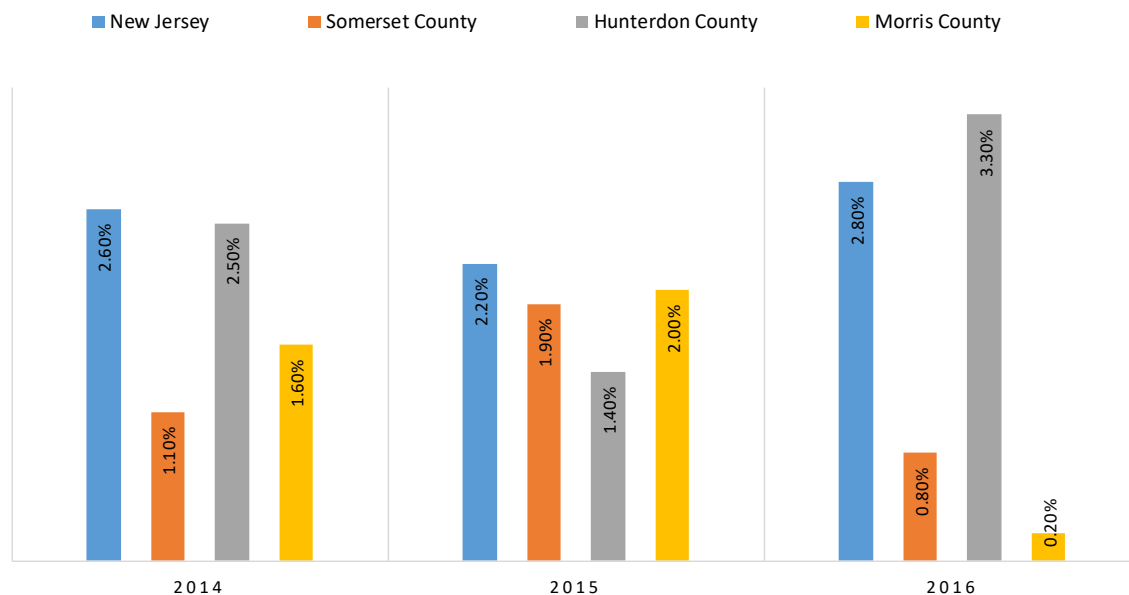


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges for MS-DRGs 291-293

**Stroke**

- In 2016 BRFSS reported 0.8% of Somerset County residents 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 (3.3%).

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

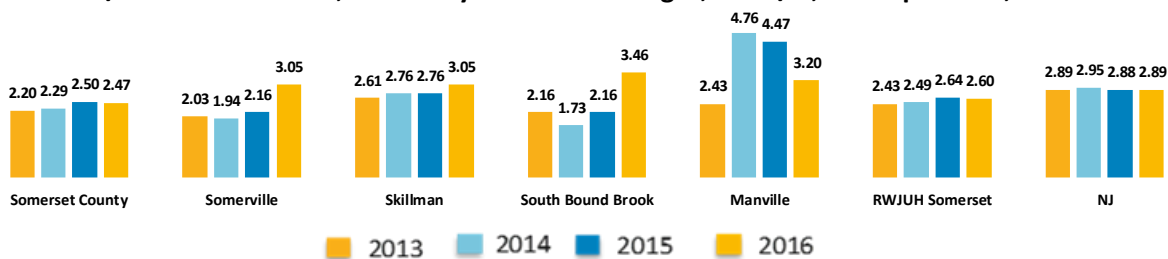


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

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

- From 2013 through 2015, South Bound Brook had the highest rates of patients using a hospital service with stroke/TIA diagnosis compared to the RWJUH-Somerset Service Area, Manville, Skillman, Somerville, Somerset County and the State.
- In 2016, South Bound Brook (3.45/1,000) 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 Nielsen-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

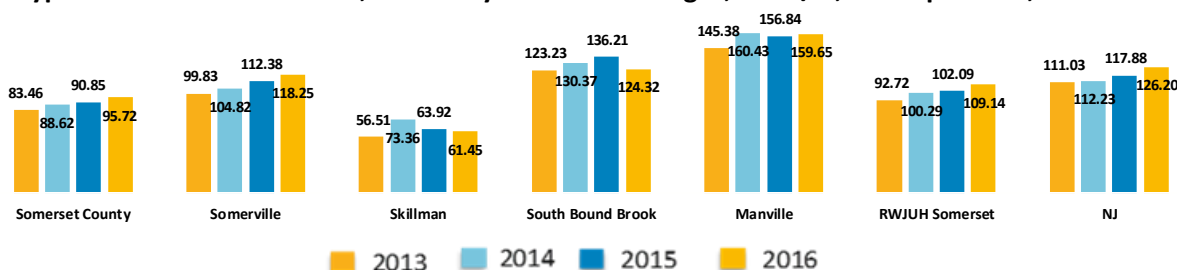
According to the American Heart Association, risk factors associated with developing cardiovascular disease include: high blood pressure, high cholesterol, cigarette smoking, physical inactivity, poor diet, overweight and obesity and Diabetes.

- In 2015, 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.

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

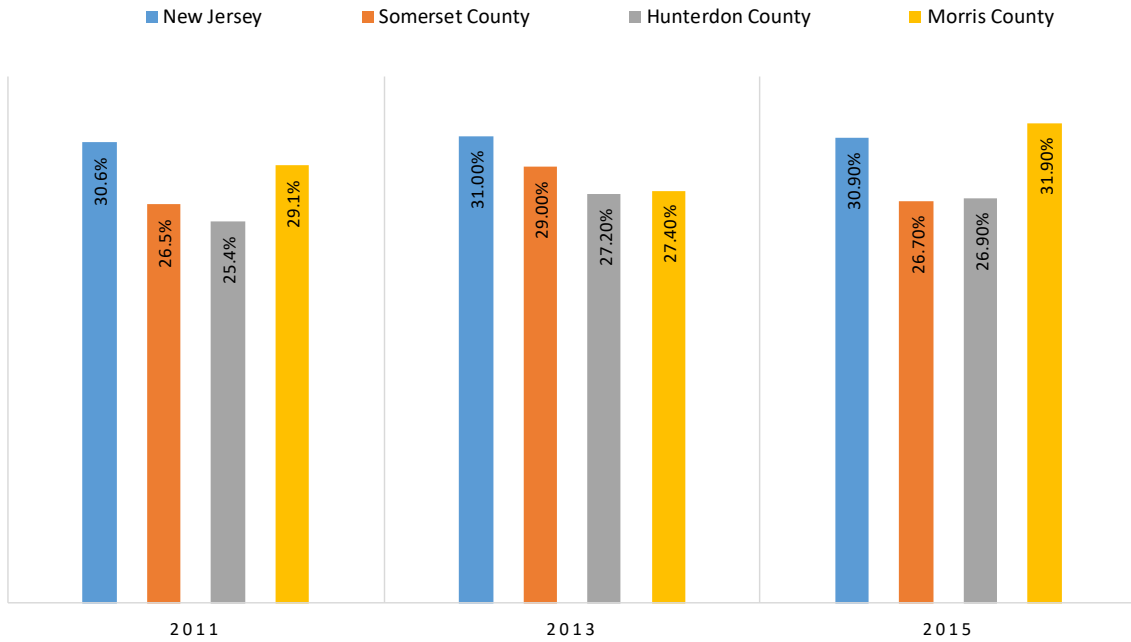
- Manville had the highest rate of patients using a hospital service with a diagnosis of hypertension for each year 2013 through 2016.
- In 2016, RWJUH-Somerset Service Area (109.14/1,000) had a higher rate of patients using a hospital service with a hypertension diagnosis than Somerset County (95.72/1,000).

### 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 Nielsen-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)

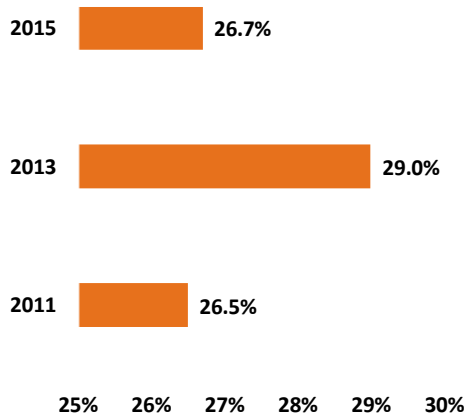
### Adults Who Have Been Told They Have Hypertension State and County Comparisons 2011-2015



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

### Adults Who Have Been Told They Have Hypertension: Trend

#### Somerset County



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

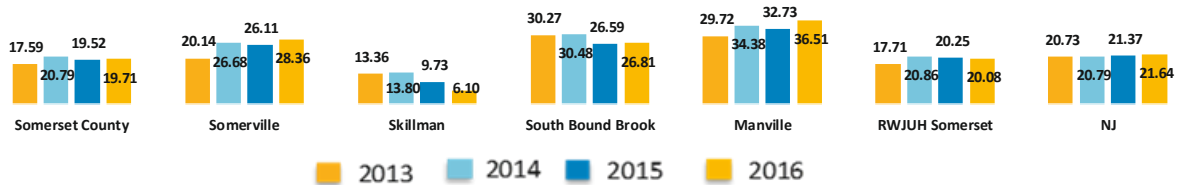
Cholesterol

- In 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*.

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

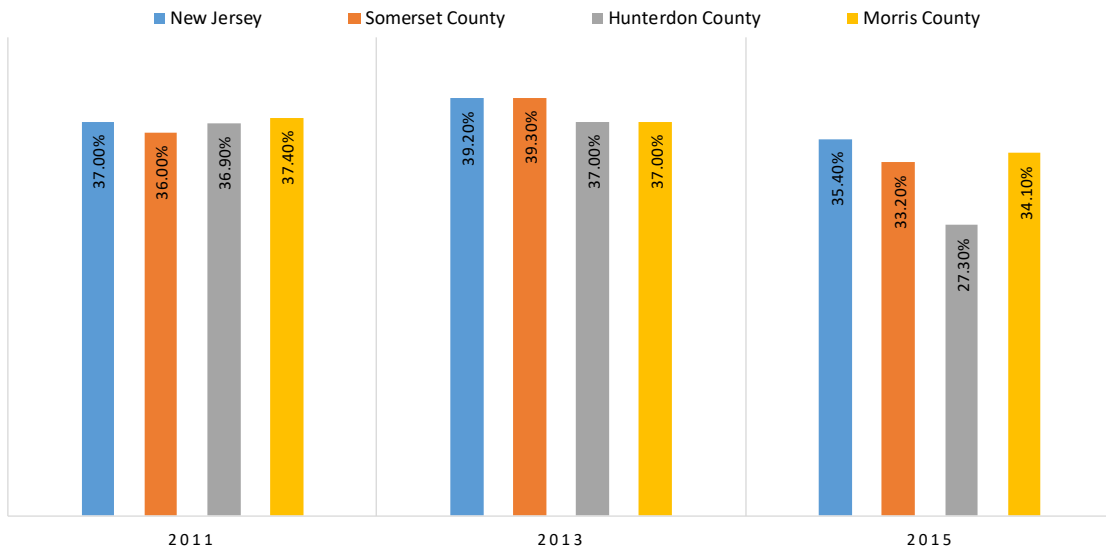
- The rate of patients using a hospital service with a diagnosis of high cholesterol was highest in Manville in 2016.
- In 2016, the rate of patients using a hospital service with a diagnosis of high cholesterol was lowest in Skillman (6.10/1,000).

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



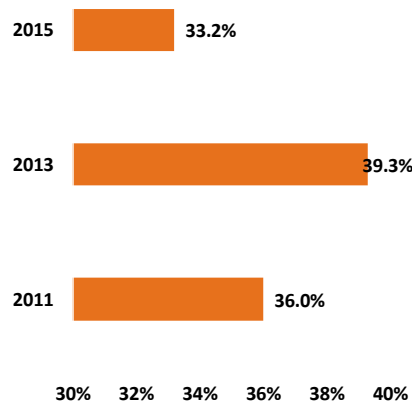
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes 272.0 or 272.2 (Appearing Anywhere In First 13 DX Codes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

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



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**

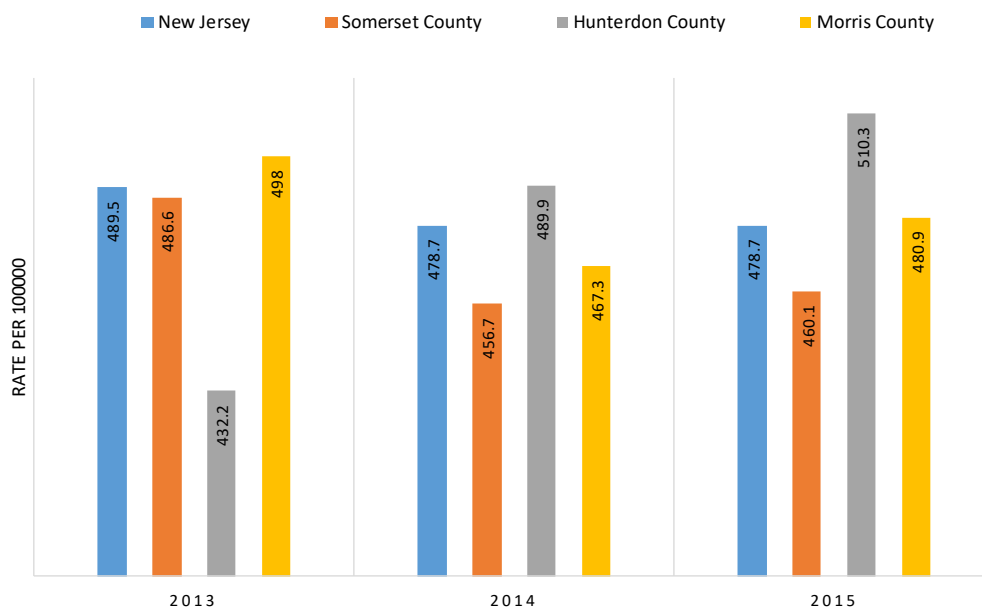


Source: CDC Behavioral Health Risk Factor Surveillance System (BRFSS)

**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**



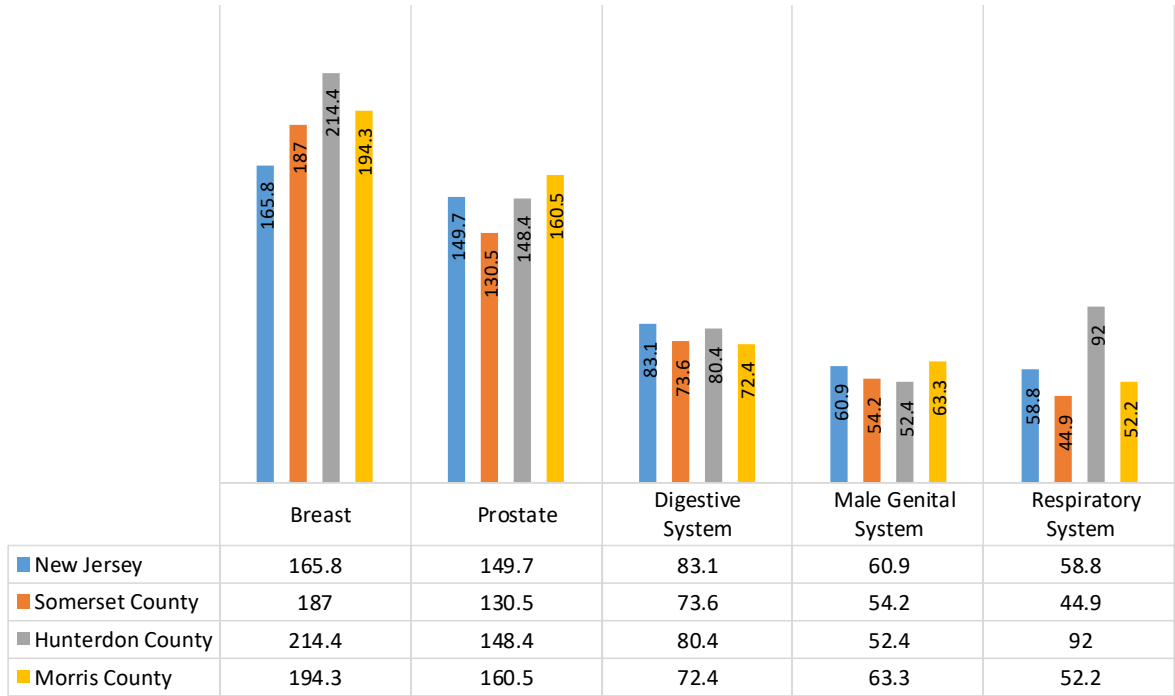
Source: NJDOH New Jersey Cancer Registry

Note: The Rate / 100000 for Prostate Cancer is based on Males and the Rate / 100000 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**

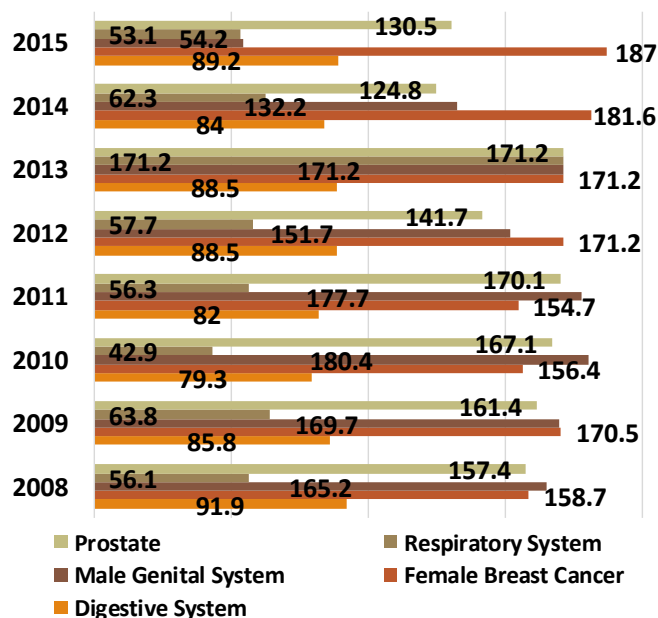


Source: NJDOH New Jersey Cancer Registry

Note: The Rate / 100000 for Prostate Cancer is based on Males and the Rate / 100000 for Breast Cancer is based on Females



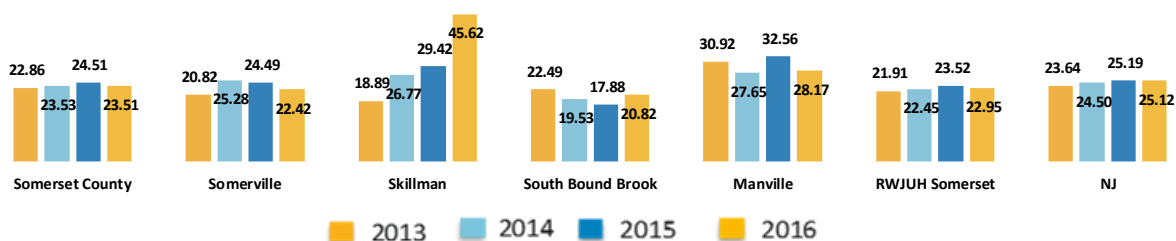
**Invasive Cancer Incidence by Site 2008-2015: Age-Adjusted Rate / 100,000 Population  
Somerset County Trend**



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

- Rates of patients using a hospital service with a cancer diagnosis per 1,000 population was highest in Skillman in 2016
- In 2016, the rate for patients discharged with a cancer diagnosis/1,000 population was slightly higher in the County (23.51/1,000) than in the RWJUH-Somerset Service Area (22.95/1,000).

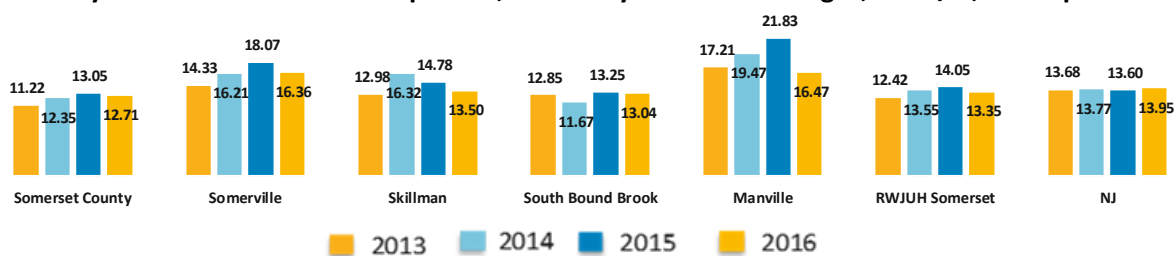
**Cancer: Acute Care IP, Same Day and ED Discharges; Rate / 1,000 Population, 2013-2016**



Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2012 – 2015), Population: 2010, 2016 Nielsen-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)

- Rates of residents using a hospital service with a history of cancer diagnosis was higher in the RWJUH-Somerset Service Area (13.35/1,000) in 2016 than in the County (12.71/1,000).
- 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



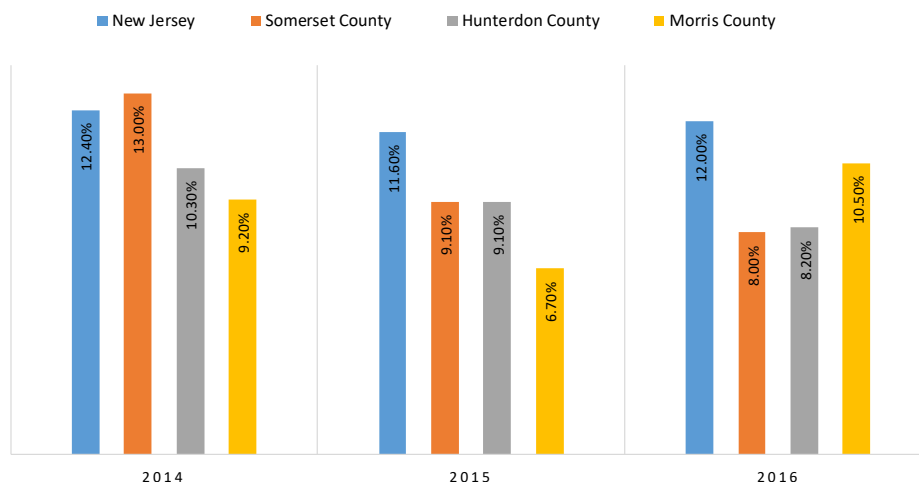
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2012 – 2015), Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census  
 Definition: Inpatient, Same Day Stay and ED Discharges – New Solution’s Inc. Oncology Product Line (History of Cancer Only)

### 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.<sup>55</sup> 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.<sup>56</sup>

- 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)

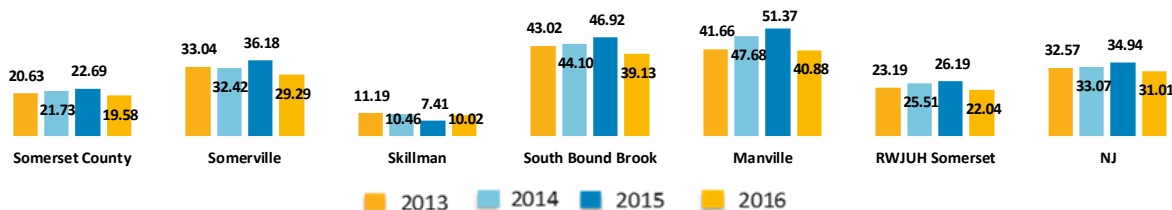
<sup>55</sup> <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma>

<sup>56</sup> *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 (19.58/1,000) 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**



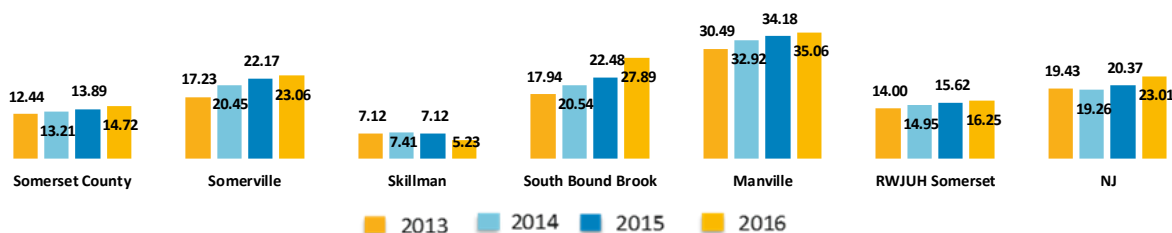
Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In the Range 493-493.9 (Appearing Anywhere In First 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 Nielsen-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)

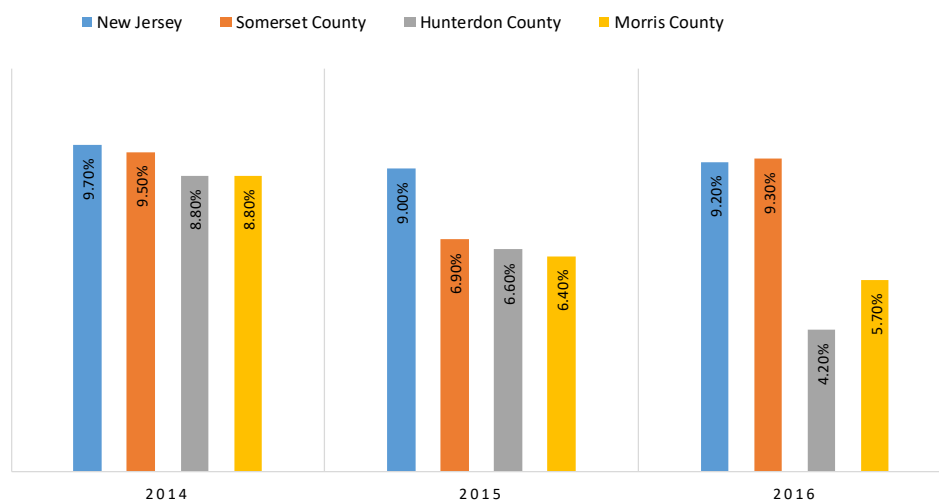
**Diabetes**

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, a 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.<sup>57</sup>

- 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)

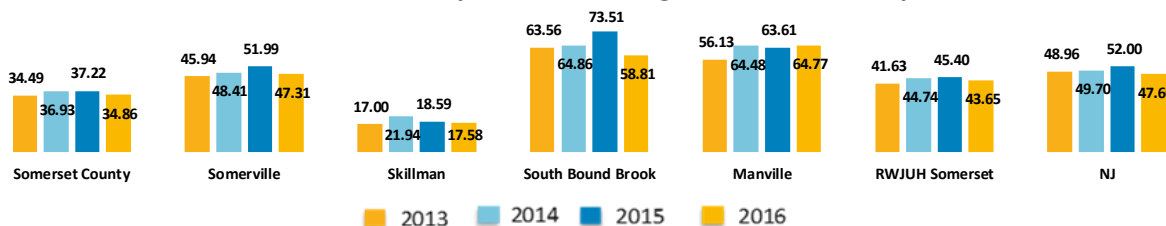


National Benchmark: 8%  
Somerset County 2016: 9.3%

<sup>57</sup> <http://www.cdc.gov/diabetes/pdfs/data/2014-report-generalinformation.pdf>

- Rates of residents using a hospital service with a diagnosis of diabetes was greatest in Manville in 2016.
- 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 (34.86/1,000).
- Manville had the highest rate of residents using a hospital service with a diabetes diagnosis (64.77/1,000).

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

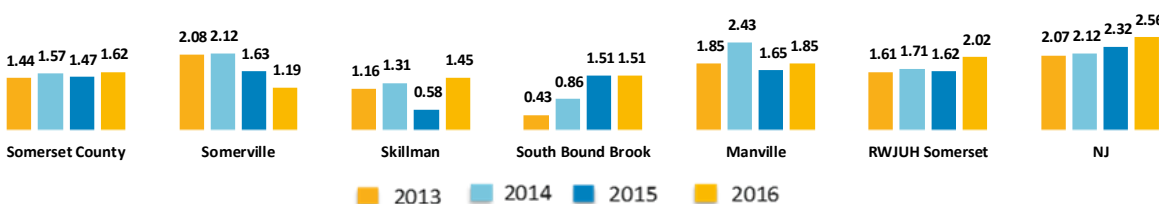


Source: NJ UB-04 Acute Care IP, Same Day Stay, ER Discharges (2013 – 2016), Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 Straight Line Value Based on 2000 and 2010 Census; Definition: Inpatient, Same Day Stay and ED Discharges – ICD-9 DX Codes In The Range 249.00-250.03 (Appearing Anywhere In First 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.<sup>58</sup>

- Rates of residents using a hospital service with diagnosis of renal failure was highest in New Jersey in 2016.
- 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).

**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 Nielsen-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**

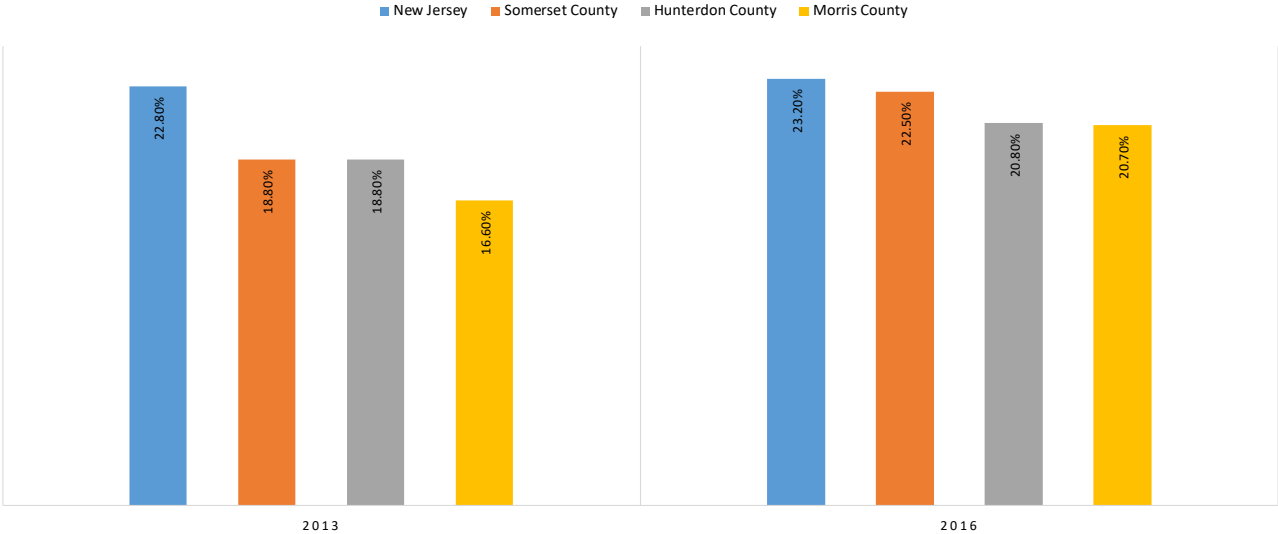
Arthritis affects more than 1 in 5 adults and is the nation’s most common cause of disability. Arthritis describes more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint and other connective tissue. The pattern, severity and location of symptoms vary 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.<sup>59</sup>

<sup>58</sup> <http://www.cdc.gov/Features/WorldKidneyDay>

<sup>59</sup> <http://www.cdc.gov/arthritis/basics.htm>

- Between 2013 and 2016, the percentage of Somerset County residents reporting arthritis increased from 18.8% to 22.5%.
- 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
<b>CARDIOVASCULAR DISEASE</b> <i>Were You Ever Told You Had Angina or Coronary Heart Disease?</i> % Yes	N.A.	N.A.	Green
<b>CARDIOVASCULAR DISEASE</b> <i>Were You Ever Told You Had a Heart Attack?</i> % Yes	N.A.	N.A.	Green
<b>HYPERTENSION AWARENESS</b> <i>Adults Who Have Been Told They Have High Blood Pressure</i>	Green	N.A.	Yellow
<b>CHOLESTEROL AWARENESS</b> <i>Adults Who Have Had Their Cholesterol Checked and Told it Was High</i>	Red	N.A.	Green
<b>STROKE</b> <i>Were You Ever Told You Had a Stroke?</i> % Yes	N.A.	N.A.	Green
<b>ASTHMA</b> <i>Adults Who Have Ever Been Told They Have Asthma</i> % Yes	N.A.	N.A.	Red
<b>DIABETES</b> <i>Have You Ever Been Told by a Doctor That You Have Diabetes</i> % Yes	N.A.	Yellow	Yellow
<b>ARTHRITIS</b> <i>Adults Who Have Ever Been Told They Have Arthritis</i> % Yes	N.A.	N.A.	Yellow

<b>RED:</b> Poorest Performing Quartile
<b>Yellow:</b> Middle Quartiles
<b>Green:</b> 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.
- 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 (25.76/1,000) 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  $\geq 30$  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**

- 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 [www.rwjbh.org/somerset](http://www.rwjbh.org/somerset) and [www.healthiersomerset.org](http://www.healthiersomerset.org).

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.**

CHNA Evidence-Based Need:

1. CHNA findings prioritized mental health and substance abuse as major need.
2. As noted on page 30, "Mental health concerns emerged as one of the most significant health concerns in the areas according to interviewees and focus group members.
3. Somerset County lacks mental health and substance abuse providers and an increasing number do not seem to accept insurance and are thus, out of reach for all but the most affluent patients.
4. Provider respondents shared that they observed 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 (pg. 30)
5. The leading cause of inpatient hospitalizations at RWJUH Somerset among adult patients who are Somerset County residents is "major depressive affective disorder."
6. 30.8% of respondents to the community survey reported that their doctor or provider had ever talked to them about mental health.
7. 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 (pg. 34).

## Key CHNA Findings

### 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**

Number of trainers able to educate the community of Mental Health First Aid:

- Baseline survey revealed 2 in county. Three additional individuals trained. A total of 5 in county now.

**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 (Year 1)
- Design and conduct promotion and outreach to increase awareness and enrollment in training (Year 2-3)
- Identify and secure funding to support participation in training (Year 2-3)

**Tracking/Outcome**

Number of people training in Mental Health First Aid:

- Baseline survey revealed 176 individuals were trained in 2015. To date, over 198 individuals have been trained. As a result, 374 individuals in Somerset County have been trained. This represents a 200% increase. Goal exceeded. Trainings were offered due to the extensive need for mental health services in the County.

**Strategy/Initiative 1.3**

Increase awareness among primary care physicians of mental health/substance abuse issues by 10% by 2020

**Indicator/Metric**

- Collect and analyze data and determine a baseline for successive annual comparisons (Year 1)
- Provide education through grand rounds and 'Do No Harm' symposiums (Year 2)
- Provide Primary Care Physicians with local resources and referrals for Mental Health/Substance Abuse (Year 2-3)
- Design and conduct outreach and education to medical schools on Mental Health/Substance Abuse (Year 2-3)
- Establish and promote use of a consistent Mental Health/Substance Abuse evidence-based screening tool (Year 3)

**Tracking/Outcome**

Number of primary care physicians using a consistent Mental Health/Substance Abuse evidence-based screening tool:

- Baseline survey indicated that 0 out of 218 PCPs assessed for mental health/substance abuse. In 2016, 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 (Year 1)
- Increase outreach to Mental Health/Substance Abuse/Primary Care to attend established alliances; convene quarterly ‘think tank’ meetings (Year 1)
- Identify and apply for grant funding that is based on collaborative partnerships (Year 2)
- Promote collaborative Mental Health/Substance Abuse/Primary Care best practices (Year 2)
- Establish advocacy work groups to promote and secure funding (Year 3)

**Tracking/Outcome**

Number of municipal/health alliances:

- In 2016, the following was completed.
- Collect and analyze data and determine a baseline for successive annual comparisons – assessed that the County had 11 municipal alliances.
- Increased outreach to Mental Health/Substance Abuse/Primary Care to attend established alliances; convene quarterly ‘think tank’ meetings
- In 2017, HS identified and applied for grant funding that is based on collaborative partnerships such as the Culture of Health grant, NJ Healthy Communities, Aetna grant, etc.
- In 2018, establish work groups to promote and secure funding. Working collaboratively with the municipal alliances who have funding.
- Engaged 11 municipal alliances

**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 (Year 1)
- 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**

Number of people aware of services, wellness programs and other resources:

- Baseline survey of awareness indicated that 0 were unaware of the depression campaign. Over 600 posters were distributed and several articles in the Courier News. Developed of the campaign occurred in 2016, distribution of the posters and promotion of the awareness campaign occurred in 2017 and 2018. Articles appeared monthly on various health-related topics in the Courier News from 2016 – 2018.

**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

1. 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.
2. 2015 Somerset County community health assessment survey revealed that 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%).
3. 50% of restaurants in Somerset County are fast food establishments (slightly higher than the percentage in New Jersey statewide: 48%).
4. 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 is needed to maximize utilization of both public and private recreational facilities.
5. 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%).
6. 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.

- Due to the high prevalence of obesity and chronic disease within Somerset County, this initiative was developed to address the need.

### 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 to learn more about barriers to fresh food distribution (e.g. transportation, weight, perishability, etc.). Interview (1) food bank, food pantry and/or co-op staff; and (2) local producers.
- Develop strategies for a distribution plan from vendors to food banks/pantries/co-ops, and from food banks/pantries/co-ops to individuals. Prioritize barriers that will be addressed and define scope of distribution plan

### Tracking/Outcome

Total pounds of fresh fruit available in food banks/food pantries:

- Baseline survey of all food banks and pantries indicated 47,603 pounds of produce received monthly. 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 then again in 2017. Note: Only 2000 pounds of this number is attributed to a food bank.

Total pounds of fresh fruit available in co-ops:

- Baseline survey did not indicate any co-ops

### **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**

Percentage of youth (Grades 9-12) who are getting the daily recommended serving of fruits and vegetables:

- 100 children were educated on the inclusion of fresh fruits and vegetables into diets.

Percentage of adults (ages 18 and older) who are getting the daily recommended serving of fruits and vegetables:

- Voucher program to Farmers Markets and donation of produce made annually to Food Pantry increased adult consumption. Percentage of adults getting daily recommended servings increased by 30 percent.

### **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**

Number of people attending educational programs:

- Number of individuals attending educational seminars in 2016 was 30,000 and 45,000 in 2017.

Number of newsletter recipients:

- 60,000 individuals received e-newsletter and approximately 10,000 received mailings annually

Number of website visitors:

- The Healthier Somerset web site registers approximately an average of 2000 visitors per month. In 2016, the RWJS web site averaged 1,235,804 visits while in 2017, it averaged 1,083,871.
- Note: RWJS web site was combined with New Brunswick RWJ in 2016 and 2017.

### **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**

Number of respondents who participated in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise as identified in 2019 Community Health Needs Assessment:

- RWJ Somerset CH baseline was 3,920 individuals who participated in exercise classes. In 2016 and 2017, the department initiated several physical activity opportunities such as a walking challenge, Fun N Fit, etc. To date, annual participation increased to 4,320 which represents a 10 percent 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. Annual participation increased to 5,106 which represents approximately a 30 percent increase.

**Goal # 3 Reduce the impact of chronic disease through prevention, management, and education to improve quality of life.**

#### **Key CHNA Findings:**

1. 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%).
2. Table 6 shows that 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.
3. “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....we see a lot of diabetes, congestive heart failure, and chronic obstructive pulmonary disease.”
4. **7.7% 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%).**
  5. Among survey respondents who have diabetes, only 27.6% reported having ever taken a course on how to manage diabetes.
  6. 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

Number of family caregivers connected to resources/support:

- Baseline survey indicated 0 family caregivers connected resources. In 2016, 1,450 caregivers were connected to resources.
- Educated 200 people on caregiver coalition.
- Disseminated 500 educational materials.
- Provided 712 information cards.
- Engaged 40 faith-based organizations.

### Strategy/Initiative 3.2

Increase the number of participants in educational and supportive programs by the end of the CHIP cycle (December 31, 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**

Number of participants in support groups:

- In 2016, the total # of individuals that participated in RWJS support groups was 10,857. It is anticipated that 12,321 individuals will participate in RWJS support groups. Since 2015, RWJS has launched new support groups such as Parkinson's, Transgender, Breast Feeding, etc. Due to the addition of these support groups, participation grows each year.

Number of participants in employee wellness programs:

- RWJS had 1,096 employees participating in its employee wellness program in 2016. As of 2017, a total of 2,147 employees participate in the hospital's wellness programs (i.e. flu shots, etc.)

Number of participants in self-management groups:

- The baseline for self-management programs in 2016 was 96. RWJS offers Jin Jitsu Self-Help which generates participation. The participation has increased since 2016 to 10 per month. Somerset County offers some self-management classes as well which generate 60 participants per year. To date, 180 individuals participate in the self-help classes. This represents an 87% increase.

Number of prevention programs:

- In 2015, RWJS offered 397 prevention programs which was used as the baseline for the 2016 – 2018 CHIP time period. RWJS offered 741 prevention programs in 2016, utilizing a variety of services including but not limited to 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). In 2017, RWJS offered 769 prevention programs in similar nature.

Number of referrals to alternative methods:

- The baseline for alternative programs in 2016 was 168. The number of alternative programs in 2018 has increased to 272.

**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:

- In 2015, RWJS screened approximately 150 individuals for hypertension through its community screenings. In 2016, RWJS screened 464 individuals for hypertension through various community screenings. In 2017, RWJS screened 743 individuals for hypertension. This represents approximate a 430 percent increase from 2015.

Number of people screened for diabetes:

- RWJS screened 275 individuals for diabetes in 2015 which became the baseline. In 2016, RWJS screened 281 individuals for diabetes whereas in 2017, RWJS screened 267 individuals for diabetes. Note: Due to a decrease in funding for its El Poder and Power Over Diabetes Program, RWJS was unable to offer additional screenings.

Number of people screened for cholesterol:

- In 2015, RWJS screened approximately 100 individuals which represents the baseline for this goal. In 2016, RWJS screened 332 individuals for cholesterol. This is a 300 percent increase over baseline. In 2017, RWJS screened 413 individuals for cholesterol. This is a 400 percent increase over the 2015 baseline.

**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. Professionals must attend continuing education to maintain licenses. CEUs are incentives to increase attendance at professional conferences.
- 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**

Number of providers trained/attended:

- RWJUH Somerset trains all staff annually. Over 2,000 employed and med staff have been trained. Let me know if there’s a specific way you want this data. RWJUH Somerset also held the 1<sup>st</sup> LGBTQIA Health Care Conference in October 2017.



Number of providers who access the resource list:

- Resources are provided at the end of each training. Same numbers would apply. We have a Director of Diversity and Inclusion who also acts as a resource.

**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:**

1. 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.
2. 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).
3. 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**

Proportion of persons with a usual primary care provider:

- Based upon the US Census Bureau statistics, there were 28,423 who were uninsured in 2010. In 2016, only 16,720 individuals were uninsured. Since these individuals do not have insurance, the assumption is that they do not have a PCP.

Proportion of persons of all ages who have a specific source of ongoing care:

- See documentation above. Similarly, US Census Bureau indicated that Somerset County's population in 2010 was 281,915. Less the uninsured of 28,423 then then baseline number of individuals who have ongoing care would be 253,492. In 2016, the US Census Bureau indicates that county population is 283,010. Less the uninsured for 16,720 then the number of individuals with ongoing care would be 266,290. This demonstrates only a 5 percent increase.

**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:

- The baseline number of Community Health Workers in Somerset County was zero according to the NJ Bureau of Labor and Statistics; however, the Quarterly Census of Employment and Wages of New Jersey assessed 155 Community Health Workers in Somerset County in 2016. In 2017, that number has risen to 161.

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. The Department of Health and Human Services also recognizes the diversity of community health workers in eliminating health disparities as it pertains to paid versus volunteer status. See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3695477/>.

**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**

Number of resources to improve health insurance navigation for underserved community members:

- In 2016, the baseline for resources (organization) to improve health insurance navigation for underserved community members in Somerset County was 5 (i.e. Social Services, Family Network Services, Zufall, RWJUH Somerset and EmPoWER Somerset). To date, over 10 organizations have been identified as resources to improve health insurance navigation. In addition to those named above, the following organizations act as resources: Zarepath, SHIP, RSVP, United Way, Aetna, Blue Cross/Blue Shield, etc.

## APPENDIX B: SECONDARY DATA SOURCES

Source	
Advocates for Children of New Jersey	<a href="http://acnj.org">http://acnj.org</a>
Agency for Healthcare Research and Quality	<a href="http://www.ahrq.gov">http://www.ahrq.gov</a>
Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis	<a href="http://www.ncbi.nlm.nih.gov/">http://www.ncbi.nlm.nih.gov/</a>
American Cancer Society Guidelines for Early Detection of Cancer	<a href="http://www.cancer.org">http://www.cancer.org</a>
American Nutrition Association	<a href="http://americannutritionassociation.org">http://americannutritionassociation.org</a>
Annals of Family Medicine, Inc.	<a href="http://www.annfammed.org">http://www.annfammed.org</a>
Asthma and Allergy Foundation of America	<a href="http://www.aafa.org">www.aafa.org</a>
BRFSS and Youth BRFSS	<a href="http://www.cdc.gov">www.cdc.gov</a>
Bruno and Ridgway Community Health Assessment Study	
Bureau of Labor Statistics	<a href="http://data.bls.gov">http://data.bls.gov</a>
CDC	<a href="http://www.cdc.gov">http://www.cdc.gov</a>
CDC Community Health Indicators Service	<a href="http://wwwn.cdc.gov/CommunityHealth">http://wwwn.cdc.gov/CommunityHealth</a>
CDC Division of Nutrition, Physical Activity, and Obesity	<a href="http://www.cdc.gov/obesity">http://www.cdc.gov/obesity</a>
CDC National Center for Environmental Health	<a href="http://www.cdc.gov/nceh">http://www.cdc.gov/nceh</a>
CDC National Center for Health Statistics	<a href="http://www.cdc.gov/nchs/fastats/">http://www.cdc.gov/nchs/fastats/</a>
CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	<a href="https://www.cdc.gov/std">https://www.cdc.gov/std</a>
CDC NCIRD	<a href="http://www.cdc.gov/vaccines">http://www.cdc.gov/vaccines</a>
CDC Preventing Chronic Disease	<a href="http://www.cdc.gov/pcd">http://www.cdc.gov/pcd</a>
CDC WONDER	<a href="http://wonder.cdc.gov">http://wonder.cdc.gov</a>
Centers for Medicare and Medicaid Services (CMS)	<a href="https://www.cms.gov">https://www.cms.gov</a>
Child Trends	<a href="http://www.childtrends.org">http://www.childtrends.org</a>
County Health Rankings	<a href="http://www.countyhealthrankings.org">http://www.countyhealthrankings.org</a>
Department of Numbers	<a href="http://www.deptofnumbers.com">http://www.deptofnumbers.com</a>
Do Something	<a href="https://www.dosomething.org">https://www.dosomething.org</a>
Enroll America	<a href="https://www.enrollamerica.org">https://www.enrollamerica.org</a>
Free Clinic Directory	<a href="http://freeclinicdirectory.org">http://freeclinicdirectory.org</a>
Gallup	<a href="http://www.gallup.com">http://www.gallup.com</a>
Health Care Decision Analyst	New Solutions, Inc.
Healthgrades	<a href="https://www.healthgrades.com">https://www.healthgrades.com</a>
Health Grove	<a href="http://www.healthgrove.com">http://www.healthgrove.com</a>
Health Indicators Warehouse (BRFSS)	<a href="http://www.healthindicators.gov">www.healthindicators.gov</a>
Health Resources and Services Administration Data Warehouse	<a href="https://datawarehouse.hrsa.gov">https://datawarehouse.hrsa.gov</a>
Healthy People 2020	<a href="https://www.healthypeople.gov">https://www.healthypeople.gov</a>
Home Facts	<a href="http://www.homefacts.com">http://www.homefacts.com</a>
Institute of Medicine	<a href="http://www.nap.edu">http://www.nap.edu</a>
Kaiser Family Foundation	<a href="http://kff.org">http://kff.org</a>
Kaiser Health News	<a href="http://khn.org">http://khn.org</a>
Kids Count	<a href="http://www.datacenter.kidscount.org">http://www.datacenter.kidscount.org</a>
March of Dimes	<a href="http://www.marchofdimes.org">http://www.marchofdimes.org</a>
NJ Department Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment	<a href="http://www.state.nj.us/humanservices/dmhas/home/">http://www.state.nj.us/humanservices/dmhas/home/</a>
NJ Department of Health and Senior Services, Center for Health	<a href="http://www.nj.gov/health/chs/">http://www.nj.gov/health/chs/</a>
National Association for Convenience and Fuel Retailing	<a href="http://www.nacsonline.com">http://www.nacsonline.com</a>
National Center for Biotechnology Information	<a href="http://www.ncbi.nlm.nih.gov">http://www.ncbi.nlm.nih.gov</a>
National Center for Health Statistics CDC	<a href="http://www.cdc.gov/nchs/data">http://www.cdc.gov/nchs/data</a>

Source	
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention	<a href="http://www.cdc.gov/hiv">http://www.cdc.gov/hiv</a>
National Highway Traffic Safety Administration	<a href="http://www-nrd.nhtsa.dot.gov">http://www-nrd.nhtsa.dot.gov</a>
National Institute for Mental Illness	<a href="http://www.nami.org">http://www.nami.org</a>
National Institute of Diabetes, Digestive & Kidney Diseases	<a href="http://www.niddk.nih.gov">http://www.niddk.nih.gov</a>
National Institutes of Health Medline Plus Health Screening	<a href="https://www.nlm.nih.gov/medlineplus">https://www.nlm.nih.gov/medlineplus</a>
National Poverty Center University of Michigan	<a href="http://www.npc.umich.edu">http://www.npc.umich.edu</a>
Neighborhood Scout	<a href="http://www.neighborhoodscout.com/nj/crime/">http://www.neighborhoodscout.com/nj/crime/</a>
New Jersey Council of Teaching Hospitals	<a href="http://njcth.org">http://njcth.org</a>
New Jersey Death Certificate Database, Office of Vital Statistics and Registry	<a href="http://www.nj.gov/health/vital/">http://www.nj.gov/health/vital/</a>
New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing	<a href="https://www26.state.nj.us/doh-shad">https://www26.state.nj.us/doh-shad</a>
NIH Medline Plus	<a href="https://www.nlm.nih.gov/medlineplus">https://www.nlm.nih.gov/medlineplus</a>
NJ Department of Education	<a href="http://www.state.nj.us/education">http://www.state.nj.us/education</a>
NJ DOH Family Health	<a href="http://www.nj.gov/health/fhs">http://www.nj.gov/health/fhs</a>
NJ DOH, Division of Communicable Disease Services	<a href="http://www.nj.gov/health/cd/">http://www.nj.gov/health/cd/</a>
NJ DOH, New Jersey Cancer Registry	<a href="http://www.cancer-rates.info/nj/">http://www.cancer-rates.info/nj/</a>
NJ DOH Division of HIV, STD, and TB Services	<a href="http://www.nj.gov/health/hivstdtb/">http://www.nj.gov/health/hivstdtb/</a>
NJ Department of Labor and Workforce Development	<a href="http://lwd.dol.state.nj.us/labor">http://lwd.dol.state.nj.us/labor</a>
NJ Department of Law and Public Safety, Uniform Crime Reporting Unit, US Census Bureau, American Community Survey	<a href="http://www.njsp.org/ucr/crime-reports.shtml">http://www.njsp.org/ucr/crime-reports.shtml</a>
NJ State Police Uniform Crime Reporting Unit	<a href="http://www.njcedv.org">http://www.njcedv.org</a>
NJ Substance Abuse Monitoring System	<a href="https://njsams.rutgers.edu/njsams">https://njsams.rutgers.edu/njsams</a>
NJ.Com	<a href="http://www.nj.com">http://www.nj.com</a>
NJ State Health Assessment Data (SHAD)	<a href="https://www26.state.nj.us/doh-shad/home/Welcome.html">https://www26.state.nj.us/doh-shad/home/Welcome.html</a>
Pro Publica	<a href="https://propublica.org">https://propublica.org</a>
Rutgers Center for Health Policy	<a href="http://www.cshp.rutgers.edu">http://www.cshp.rutgers.edu</a>
Substance Abuse and Mental Health Services Administration	<a href="http://www.samhsa.gov">http://www.samhsa.gov</a>
The Annie E. Casey Foundation Kids Count Data Center Children Receiving TANF (Welfare)	<a href="http://www.datacenter.kidscount.org">http://www.datacenter.kidscount.org</a>
United States Department of Agriculture Economic Research Service	<a href="http://www.ers.usda.gov">http://www.ers.usda.gov</a>
United States Department of Health and Human Services	<a href="http://www.hhs.gov/healthcare">http://www.hhs.gov/healthcare</a>
United States Department of Health and Human Services, Agency for Healthcare Research and Quality Understanding Quality Measurement 2016	<a href="http://www.ahrq.gov">http://www.ahrq.gov</a>
United Way	<a href="http://www.unitedwaynj.org/ourwork/alicenj.php">http://www.unitedwaynj.org/ourwork/alicenj.php</a>
University of Nevada	<a href="https://www.unce.unr.edu">https://www.unce.unr.edu</a>
US Department of Education	<a href="http://www.ed.gov">http://www.ed.gov</a>
US Department of Health and Human Services, Maternal and Child Health Bureau	<a href="http://mchb.hrsa.gov">http://mchb.hrsa.gov</a>
US DHHS Administration for Children and Families	<a href="http://www.acf.hhs.gov">http://www.acf.hhs.gov</a>
Washington Post	<a href="https://www.washingtonpost.com">https://www.washingtonpost.com</a>
World Health Organization	<a href="http://www.who.int">http://www.who.int</a>

**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%
<b>TOTAL</b>	<b>1,500</b>	<b>100.0%</b>	<b>1,638</b>	<b>100.0%</b>
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
<b>ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Bladder: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Breast: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Cervix: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Kidney &amp; Renal Pelvis.: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Leukemia: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Liver &amp; Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Lung &amp; Bronchus: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Oral Cavity &amp; Pharynx: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Ovary: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Pancreas: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Stomach: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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
<b>Thyroid: All Races (includes Hispanic), Both Sexes, All Ages</b>				
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	*	*
<b>Uterus (Corpus &amp; Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages</b>				
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.

Primary Site	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
<b>ORAL CAVITY &amp; PHARYNX</b>	14	10	33.3%	33.3%	66.7%	0.0%	83.3%	83.3%	(4)	(33.3)	50.0	16.7
<b>DIGESTIVE SYSTEM</b>	171	166	15.2%	32.5%	47.7%	22.6%	30.1%	52.7%	(5)	7.4	(2.3)	5.1
<i>Select Digestive System:</i>												
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)
<b>RESPIRATORY SYSTEM</b>	135	109	17.9%	51.2%	69.1%	9.4%	47.9%	57.3%	(26)	(8.5)	(3.3)	(11.8)
<i>Select Respiratory System:</i>												
Lung & Bronchus	132	105	18.0%	51.6%	69.7%	9.6%	47.9%	57.4%	(27)	(8.5)	(3.8)	(12.2)
<b>BONES &amp; JOINTS</b>			0.0%	0.0%	0.0%	0.0%	100.0%	100.0%	(1)	0.0	100.0	100.0
<b>SOFT TISSUE</b>			0.0%	40.0%	40.0%	0.0%	20.0%	20.0%	(1)	0.0	(20.0)	(20.0)
<b>SKIN EXCLUDING BASAL &amp; SQUAMOUS</b>			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)
<b>BASAL &amp; SQUAMOUS SKIN</b>			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1	0.0	0.0	0.0
<b>BREAST</b>	199	224	7.7%	3.3%	11.0%	6.3%	6.7%	13.0%	25	(1.5)	3.4	1.9
<b>FEMALE GENITAL SYSTEM</b>	37	49	11.5%	34.6%	46.2%	14.3%	28.6%	42.9%	12	2.7	(6.0)	(3.3)
<i>Select Female Genital System:</i>												
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			0.0%	100.0%	100.0%	0.0%	87.5%	87.5%	6	0.0	(12.5)	(12.5)
<b>MALE GENITAL SYSTEM</b>	83	75	10.0%	14.3%	24.3%	18.6%	20.3%	39.0%	(8)	8.6	6.1	14.7
<i>Select Male Genital System:</i>												
Prostate	77	68	7.7%	15.4%	23.1%	18.5%	22.2%	40.7%	(9)	10.8	6.8	17.7
<b>URINARY SYSTEM</b>	113	99	12.0%	14.8%	26.9%	6.7%	12.4%	19.1%	(14)	(5.3)	(2.5)	(7.8)
<i>Select Urinary System:</i>												
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)
<b>EYE &amp; ORBIT</b>			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(2)	0.0	0.0	0.0
<b>BRAIN &amp; OTHER NERVOUS SYSTEM</b>	24	19	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(5)	0.0	0.0	0.0
<b>ENDOCRINE SYSTEM</b>	17	10	0.0%	13.3%	13.3%	0.0%	0.0%	0.0%	(7)	0.0	(13.3)	(13.3)
<b>LYMPHOMA</b>	53	67	23.3%	18.6%	41.9%	15.1%	22.6%	37.7%	14	(8.2)	4.0	(4.1)
<i>Select Lymphoma:</i>												
Hodgkin Lymphoma			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)
<b>MYELOMA</b>	16	14	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(2)	0.0	0.0	0.0
<b>LEUKEMIA</b>	23	19	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(4)	0.0	0.0	0.0
<b>MESOTHELIOMA</b>			22.2%	22.2%	44.4%	0.0%	14.3%	14.3%	(2)	(22.2)	(7.9)	(30.2)
<b>KAPOSI SARCOMA</b>			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0	0.0	0.0	0.0
<b>MISCELLANEOUS</b>	36	26	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	(10)	0.0	0.0	0.0
<b>Total</b>	957	913	11.9%	21.0%	32.8%	11.0%	20.3%	31.3%	(44)	(0.9)	(0.7)	(1.6)

**APPENDIX D: 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 ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL SOMERSET	562 EASTON AVENUE	SOMERSET	08873	(732) 745-8600	PSA
Healthcare Locations	Somerset Medical Center	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 Visiting 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 RICHARD HALL COMMUNITY MENTAL HEALTH CENTER OF SOMERSET COUNTY	540-550 ROUTE 22 EAST	BRIDGEWATER	08807	9087221881	
Substance Abuse Services	CAPITOL CARE AT SOMERSET	500 NORTH BRIDGE STREET	BRIDGEWATER	08807	(908) 725-2800	
Substance Abuse Services	GENPSYCH	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	

APPENDIX E: WORLD CAFÉ EXERCISE REPORT



**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)**

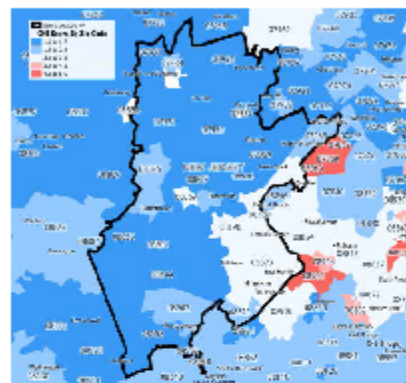
*SOURCE: 2017 DIGNITY HEALTH, TRUVEN HEALTH ANALYTICS, 2016; INSURANCE COVERAGE ESTIMATES, 2016; THE NIELSON COMPANY, 2016; AND COMMUNITY NEED INDEX, 2016.*

**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
<b>Highest CNI Score (Highest Need)</b>	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
<b>Lowest CNI Score (Lowest Need)</b>	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](http://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:



	<b>What does a healthy community look like? (Define Health)</b>					
<b>Mental/Emotional Health</b>	<b>Disease Prevention</b>	<b>Health/Well Being</b>	<b>Community Involvement</b>	<b>Access to Care</b>	<b>Environment</b>	
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 social 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 "clean 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			



	What do you view as a barrier to good health in Somerset County?							
Insurance	Access to care	Communication	Transportation	Health Literacy	Money/Pending	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 accusations
Outdated insurance coverage rules	Resource 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							

	What is the best thing about Healthier Somerset?			6.28.18
<b>People</b>	<b>Process</b>	<b>Results</b>		
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			



	<p align="center"><b>What is the best thing about GSPHP?</b></p>			<p align="center">6.28.18</p>
<p align="center"><b>Partnership</b></p>	<p align="center"><b>Process</b></p>	<p align="center"><b>Results</b></p>	<p align="center"><b>Data</b></p>	
<p>The Health Officers &amp; Associates</p>	<p>Progress</p>	<p>Thriving members</p>	<p>Data (x3)</p>	
<p>Dedication to Public Health Somerset Co.</p>	<p>Cooperation</p>			
<p>Dedication to helping/education/collaboration</p>	<p>It promotes public health collaborations</p>			
<p>Comprehensive view of community health (x2)</p>				
<p>Provide a public health perspective to health</p>				
<p>Good organization for health officers to discuss concerns in their municipalities</p>				
<p>Ability to work with other Public Health members</p>				



	Why are you here today?					 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
<b>Results</b>	<b>Connections/Coalition Partnerships</b>	<b>Achieved Common Goals</b>	<b>Learning</b>	<b>Community Improvement</b>		
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	Better/more data (s4)	Concerns related to school health			
	Partnerships	Increased focus on public health issues (s2)				
	Community connections	Obtainable actions items				
		Progress in implementing health improvement plan				



	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 county		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					

	<b>Based on the data you heard tonight, which items are missing from our community health assessment?</b>				6/28/18	
<b>Mental Health</b>	<b>Transportation</b>	<b>Data</b>	<b>Access to Resources</b>	<b>Representation</b>	<b>Language</b>	
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 underserved and underserved especially from those who do not speak English	
		Municipal Level Data Summaries	Community Services	Elected 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		Vo Tech		
		More people to give input		Homeless Populations		
				Older Adults		
				Services in long term care facilities		
				Teens/Youth/Schools x5		
				Vets		
				Identification of Vulnerable, underserved and underserved populations		
				Police Department		



	<b>What/Whose input is missing?</b>					6/28/18	
<b>Youth</b>	<b>Healthcare</b>	<b>Leaders</b>	<b>Representation</b>	<b>Public Health</b>	<b>Language</b>		
"Millennial" 18-25 years	The Healthcare Professional	Teachers and Educators	Evaluation prior CHSP	Public Health perspective	Language Terminology		
Adolescent young adults	Voc	Clergy Faith Leaders	Parents	Community Health Workers	Non-english speaking communities (also S.E. Asian Community, Eastern European)		
Youth	Doctors/ Providers	Elected Officials	People and Distribution	Promotion Agencies	Non-English Speaking many spoken languages		
Trans	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	Vo Tech				
			Homeless Populations				
			Schools				
			LGBTQ individuals				

	<b>For our 2015-2018 Community Health Improvement Plan Implementation, what worked well</b>				6/28/18 	
<b>Collaborative</b>	<b>Commitment</b>	<b>General Comments</b>	<b>Service</b>			
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 partners to implement	I use the chip for grant writing	Accessible care for everyone			
Community partner participation	Priorities seen on target	Good strategies to address needs	Non bias care			
Working groups were good	Partners seen involved and varied					
The session where we broke into groups and came up with the focus areas, very interactive and inclusive of entire H.S.						
Working together						
Coalition from various sectors involved						

		<b>For our 2015-2018 Community Health Improvement Plan Implementation, what didn't go so well</b>			6.28.18	
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					

	<p><b>What lessons did we learn implementing the 2015 CHIP that we can use to do better next time?</b></p>	<p>6.28.18</p>		
<p>Need to share municipal level data with municipalities to address issues at the local level</p>				
<p>Communication</p>				
<p>Communication of activities from workgroups to community workers and agency partners</p>				
<p>Track CHIP regularly</p>				
<p>Goals and Objectives must tie back to CHA</p>				
<p>Objectives must be S.M.A.R.T.</p>				
<p>Are goals focused on the community?</p>				
<p>CHIP should focus on well care</p>				
<p>Public Health Focus is key</p>				
<p>Data accuracy (sp)</p>				
<p>Better alignment between healthier Somerset and local health</p>				
<p>Professional trainings for coalition partners about S.M.A.R.T. objectives, public health, cultural competence, health equity, available data sources</p>				



	<b>What do you wish we could all work together on over the next 3 years to make our towns healthier?</b>				6.28.18	
Suggestions	Data	Mental Health	Questions	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 Zufill					
A county wide approach to meet needs not by municipality	Data from Zufill- 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



**Public Health**  
Prevent. Promote. Protect.

SWOT Analysis Based on June 28, 2018 Community World Café Community Engagement Exercise

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Member interest in learning about community health needs</li> <li>• Always looking to improve</li> <li>• Collaboration between community partners</li> <li>• Member commitment/involvement</li> <li>• Shared resources</li> <li>• Access to community</li> <li>• CHIP used to apply for program funding</li> <li>• Passion to support the underserved</li> <li>• Members want to be actively engaged and make a difference</li> <li>• Promotes Public Health collaborations</li> </ul>	<ul style="list-style-type: none"> <li>• Disconnect between clinical and public health</li> <li>• Unidentified unrepresented populations</li> <li>• Lack of social media presence</li> <li>• Lack of Public health focused trainings (ex: equity, population health, policy and systems change)</li> <li>• Lacking focus on affordable food, housing, health care and transportation</li> <li>• Significant health inequities by zip code</li> <li>• Document meetings and conversations with GMPHP leadership</li> <li>• CHIP Objectives weren't SMART and didn't include baseline data and sources</li> <li>• Lack of localized data by municipality (vulnerable populations by priority area)</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Funding for studies and staff</li> <li>• Transition conversation from health care to public health (primary prevention – not secondary or tertiary)</li> <li>• Satellite offices for primary care and substance use for lower income and non-English speakers to reduce unnecessary ER use</li> <li>• Conduct focus groups Identify health inequities experienced by vulnerable populations</li> <li>• Collect mental health and substance abuse data to address mental health needs</li> <li>• Professional development training Work with Priority Area Leaders to develop SMART objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of awareness of Healthier Somerset's CHA/CHIP process among new members</li> <li>• Lack of funding for affordable food, housing, health care and transportation</li> <li>• Lack of funding for local data collection</li> <li>• Funding for programs, marketing and resources</li> <li>• Gaps in accountability in CHIP Implementation</li> <li>• Language barriers</li> <li>• Lack of Medicaid providers</li> <li>• Community norms (social/health inequities, stigma, etc.)</li> <li>• Communicating with partners/representatives of the community who are not available</li> <li>• Federal Government financial support and budget cuts</li> </ul>

Information last updated: July 30, 2018

**APPENDIX F: 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
<b>ALL RACES</b>												
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
<b>WHITE</b>												
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
<b>BLACK</b>												
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-INTESTINAL 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
<b>ALL RACES</b>												
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
<b>WHITE</b>												
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
<b>BLACK</b>												
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
<b>ALL RACES</b>													
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
<b>WHITE</b>													
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)
<b>BLACK</b>													
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)
<b>Variance Black from White</b>													
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
<b>Est Admissions Statewide</b>		<b>9609.41</b>	<b>100.89</b>	<b>1086.94</b>	<b>867.82</b>	<b>3.20</b>	<b>1748.67</b>	<b>128.92</b>	<b>993.37</b>	<b>425.39</b>	<b>104.83</b>	<b>1902.46</b>	<b>83.24</b>
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- INTESTINAL OBSTRUCTION	GRAND MAL STATUS/OTHER EPILEPTIC CONVULSION	HYPERTENSION	HYPOGLYCEMIA	IMMUNIZATION RELATED PREVENTABLE	KIDNEY/URNARY INFECTION	NUTRITION DEFICIENCIES (til 12/14 DSCHG)	OTHER TUBERCULOSIS	PELVIC INFLAMMATORY DISEASE	PULMONARY TUBERCULOSIS	SKIN GRAFTS W CELLULITIS
<b>ALL RACES</b>													
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
<b>WHITE</b>													
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
<b>BLACK</b>													
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)
<b>Variance Black from White</b>													
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
<b>Est Admissions Statewide</b>		<b>9609.41</b>	<b>229.47</b>	<b>816.26</b>	<b>352.90</b>	<b>20.65</b>	<b>1.36</b>	<b>401.74</b>	<b>204.36</b>	<b>9.14</b>	<b>94.44</b>	<b>14.71</b>	<b>18.65</b>
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

