

Executive Report

2016 Community Health Needs Assessment

Monmouth & Ocean Counties, New Jersey

Prepared for:

MERIDIAN HEALTH

Jersey Shore University Medical Center

Ocean Medical Center

Shore Rehabilitation Institute

Riverview Medical Center

Southern Ocean Medical Center

Bayshore Community Hospital

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Introduction



Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2006 and 2013, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Meridian Health and its hospitals: Jersey Shore University Medical Center (JSUMC); Ocean Medical Center, Shore Rehabilitation Institute (OMC/SRI); Riverview Medical Center (RMC); Southern Ocean Medical Center (SOMC); and Bayshore Community Hospital (BCH). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Meridian Health by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

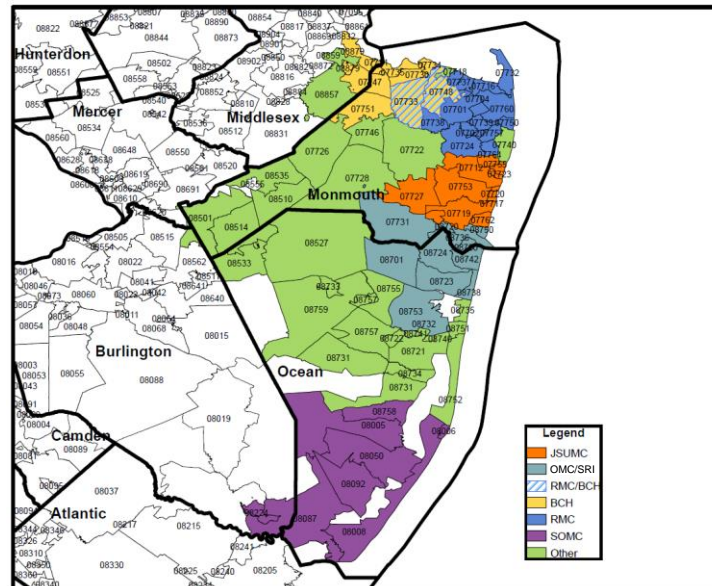
PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Meridian Health Regional Service Area” in this report) is defined as each of the residential ZIP Codes comprising Monmouth and Ocean counties. This community definition, determined based on the ZIP Codes of residence of recent patients of Meridian Health, is illustrated in the following map.



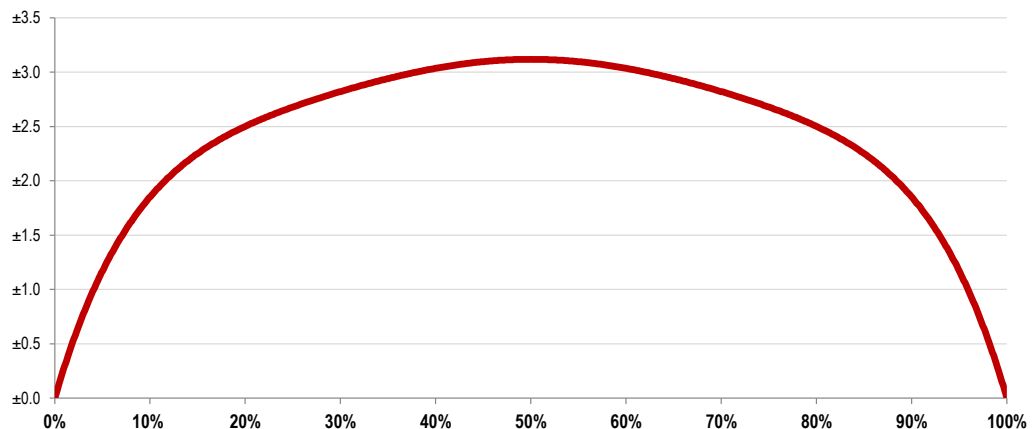
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of individuals age 18 and older in the defined service areas. Additional oversampling was employed to increase representation among African American, Hispanic/Latino, and Asian residents. In all, 1,065 interviews were completed, including 893 in Monmouth County and 172 in Ocean County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Meridian Health Regional Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

For statistical purposes, the maximum rate of error associated with a sample size of 1,065 respondents is $\pm 3.1\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 1,065 Respondents at the 95 Percent Level of Confidence



- Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Examples:
- If 10% of the sample of 1,065 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% ($10\% \pm 1.9\%$) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% ($50\% \pm 3.1\%$) of the total population would respond "yes" if asked this question.

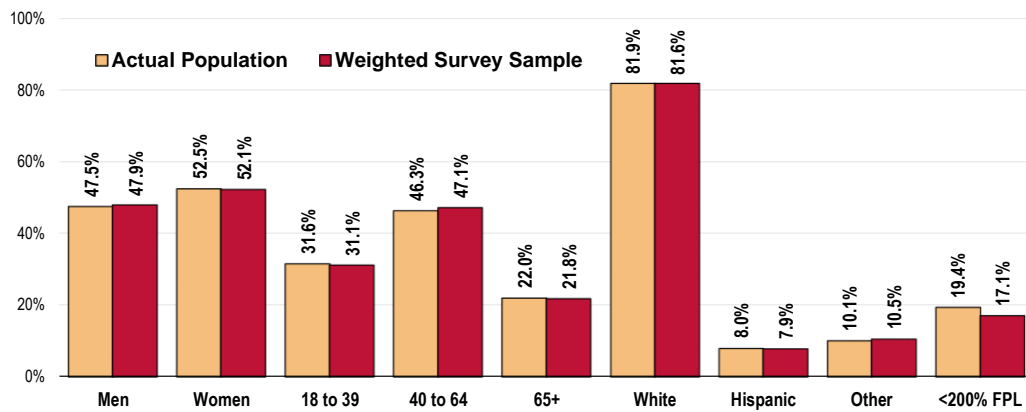
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness

even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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

Population & Survey Sample Characteristics (Total Area, 2016)



Sources: • Census 2010, Summary File 3 (SF 3). US Census Bureau.
 • 2016 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2014 guidelines place the poverty threshold for a family of four at \$23,850 annual household income or lower). In sample segmentation: “**very low income**” refers to community members living in a household with defined poverty status; “**low income**” refers to households with incomes just above the poverty level, earning up to twice the poverty threshold; and “**mid/high income**” refers to those households living on incomes which are twice or more the federal poverty level.

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Meridian Health; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 106 community stakeholders took part in the Online Key Informant Survey, as outlined below:

| Online Key Informant Survey Participation | | |
|---|----------------|----------------------|
| Key Informant Type | Number Invited | Number Participating |
| Community/Business Leader | 133 | 55 |
| Other Healthcare Provider | 9 | 3 |
| Physician | 79 | 26 |
| Public Health Representative | 9 | 8 |
| Social Services Provider | 37 | 14 |

Final participation included representatives of the organizations outlined below.

- [Advisory Committee at Meridian](#)
- [Asbury Park Pediatrics](#)
- [Asbury Park School District](#)
- [Brookdale Community College](#)
- [CAC](#)
- [Central Jersey Club of the Natl Assoc of Negro Business](#)
- [Centrastate Healthcare System](#)
- [Coastal Gastroenterology Associates](#)
- [Family Health Center](#)
- [Family Support Center of New Jersey](#)
- [Food Circus Supermarkets, Inc.](#)

- FoodBank of Monmouth and Ocean Counties
- Former School Health/Social Service Director
- Freehold Area Health Department
- Jane H. Booker Family Health Center
- Jersey Shore Geriatrics
- Jersey Shore University Medical Center
- Law Enforcement/Public Safety
- Lunch Break
- Marlboro Township Public Schools
- MARSD
- Meridian Health
- Meridian Partners in Health
- Monmouth County Health Department
- Monmouth County Regional Health Commission #1
- Monmouth Day Care Center Inc.
- Monmouth Family Medicine Group
- MONOC
- New Jersey Blind Citizens Association
- O.C.E.A.N. Inc./Head Start
- Ocean County Health Department
- Ocean Monmouth Health Alliance
- Ocean Park Ob/Gyn
- Ocean Pulmonary
- Parker Family Health Center, American Legion
- Perinatal Institute
- Point Pleasant Presbyterian Church
- School
- Seacrest Village
- Southern Ocean Medical Center
- Southern Ocean Rotary Club
- St. Francis Center, LBICC, Inc.
- Sunrise Counseling Services, LLC
- Township of Neptune
- United Way of Monmouth County
- Wall Community Alliance
- YMCA

Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (*including African-American, American Indian, Arabic, Asian, blind and deaf, Brazilian, Caucasian, disabled, Eastern European, Eastern Indian, elderly, ethnic, Filipino, grandparents raising grandchildren, Haitian, Hispanic, immigrants, LGBT, low-income, Medicare/Medicaid, mentally ill, Middle Eastern, non-English speaking, Orthodox, Russian, single mothers, undocumented, unemployed, uninsured/underinsured, veterans, women, young adults, youth*), or other medically underserved populations (*including African-American, all groups, blind and deaf, children, children of addicts, those with chronic disease, disabled, those with dual-diagnoses, elderly, family care recipients, formerly imprisoned, foster care children, Haitian, Hispanic, homeless, LGBT, low education, low income, Medicare/Medicaid, mentally ill, multi-racial, part-time workers, pregnant teens, substance abusers, undocumented, unemployed, uninsured/underinsured, veterans, young adults, youth*).

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

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

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

- [Center for Applied Research and Environmental Systems \(CARES\)](#)
- [Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance \(DHIS\)](#)
- [Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics](#)
- [Community Commons](#)
- [ESRI ArcGIS Map Gallery](#)
- [National Cancer Institute, State Cancer Profiles](#)

- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data (Monmouth and Ocean counties).

Benchmark Data

Trending

A similar survey was administered in the Meridian Health Regional Service Area in 2006 and 2013 by PRC on behalf of Meridian Health. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

New Jersey Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2013 PRC National Health Survey*; the methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.



Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level) using question-specific samples and response rates. For secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% variation from the comparative measure.

Information Gaps

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

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

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

IRS Form 990, Schedule H Compliance

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

| IRS Form 990, Schedule H | See Report Page(s) |
|---|----------------------|
| Part V Section B Line 1a <i>A definition of the community served by the hospital facility</i> | 9 |
| Part V Section B Line 1b <i>Demographics of the community</i> | 47 |
| Part V Section B Line 1c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i> | 290 |
| Part V Section B Line 1d <i>How data was obtained</i> | 9 |
| Part V Section B Line 1f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i> | Addressed Throughout |
| Part V Section B Line 1g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i> | 19 |
| Part V Section B Line 1h <i>The process for consulting with persons representing the community's interests</i> | 12 |
| Part V Section B Line 1i <i>Information gaps that limit the hospital facility's ability to assess the community's health needs</i> | 16 |

Summary of Findings

Significant Health Needs of the Community

The following “areas of opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

| Areas of Opportunity Identified Through This Assessment | |
|---|---|
| Access to Healthcare Services | <ul style="list-style-type: none"> • Barriers to Access <ul style="list-style-type: none"> ◦ Inconvenient Office Hours • Difficulty Accessing Children’s Dr Appointment • Emergency Room Utilization • Specific Source of Ongoing Medical Care • Routine Checkups (Adults) |
| Cancer | <ul style="list-style-type: none"> • Female Breast Cancer Deaths • Cancer Incidence <ul style="list-style-type: none"> ◦ Including Lung Cancer, Prostate Cancer, Female Breast Cancer, Colorectal Cancer Incidence • Skin Cancer Prevalence • Female Breast Cancer Screening • Cervical Cancer Screening |
| Diabetes | <ul style="list-style-type: none"> • Diabetes Prevalence • Kidney Disease Deaths • <i>Diabetes ranked as a top concern in the Online Key Informant Survey.</i> |
| Heart Disease & Stroke | <ul style="list-style-type: none"> • Heart Disease Deaths • Heart Disease Prevalence • High Blood Pressure Prevalence • High Blood Cholesterol Prevalence • Overall Cardiovascular Risk |
| Injury & Violence | <ul style="list-style-type: none"> • Unintentional Injury Deaths • Firearm Prevalence <ul style="list-style-type: none"> ◦ Including in Homes With Children |
| Mental Health | <ul style="list-style-type: none"> • “Fair/Poor” Mental Health • Suicide Deaths • <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i> |
| Nutrition, Physical Activity & Weight | <ul style="list-style-type: none"> • Low Food Access • Healthy Weight/Overweight [Adults] • <i>Nutrition, Physical Activity & Weight ranked as a top concern in the Online Key Informant Survey.</i> |
| Respiratory Diseases | <ul style="list-style-type: none"> • Chronic Lower Respiratory Disease (CLRD) Deaths • Flu Vaccination [65+] • Pneumonia Vaccination [High-Risk 18-64] |

(continued on next page)

Areas of Opportunity (continued)

| | |
|-----------------|--|
| Substance Abuse | <ul style="list-style-type: none"> • Cirrhosis/Liver Disease Deaths • Overall Alcohol Use • Drug-Induced Deaths • <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i> |
|-----------------|--|

Prioritization of Health Needs

On November 12, 2015, approximately 90 individuals (representing hospital-specific Community Advisory Committees, county and local public health officers, community and business leaders, social service providers, as well as internal stakeholders of Meridian Health) gathered to evaluate, discuss and prioritize health issues for the hospitals' communities, based on findings of the 2016 PRC Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above).

Following the data review, PRC answered any questions and participants broke into groups representing each of the Meridian Health hospitals. For each hospital-focused group, moderators and recorders facilitated a group dialogue. Each member then completed a prioritization worksheet for the hospital community of focus, evaluating each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - How many people are affected?
 - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
 - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score for each hospital and across all hospitals to produce a systemwide ranking. This process yielded the following prioritized list of community health needs:

| Health Issue | Systemwide | | JSUMC | | BCH | | OMC/SRI | | RMC | | SOMC | |
|---------------------------------------|------------|-------|-------|-------|------|-------|---------|-------|------|-------|------|-------|
| | Rank | Score | Rank | Score | Rank | Score | Rank | Score | Rank | Score | Rank | Score |
| Nutrition, Physical Activity & Weight | 1 | 8.69 | 6 | 7.73 | 2 | 8.73 | 2 | 9.25 | 1 | 9.33 | 4 | 9.09 |
| Diabetes | 2 | 8.53 | 7 | 7.33 | 1 | 9.00 | 1 | 9.33 | 2 | 8.17 | 1 | 9.16 |
| Heart Disease & Stroke | 3 | 8.51 | 2 | 8.62 | 4 | 7.77 | 3 | 8.75 | 2 | 8.17 | 2 | 9.15 |
| Substance Abuse | 4 | 8.18 | 4 | 8.24 | 6 | 7.55 | 4 | 8.42 | 4 | 8.08 | 5 | 8.71 |
| Mental Health | 5 | 8.17 | 3 | 8.27 | 5 | 7.64 | 6 | 8.17 | 4 | 8.08 | 6 | 8.68 |
| Access to Healthcare Services | 6 | 8.05 | 1 | 9.00 | 3 | 8.32 | 7 | 8.17 | 6 | 7.75 | 9 | 6.62 |
| Cancer | 7 | 7.70 | 8 | 7.20 | 7 | 6.77 | 5 | 8.33 | 7 | 7.42 | 3 | 9.14 |
| Respiratory Diseases | 8 | 7.42 | 5 | 8.23 | 8 | 5.91 | 8 | 7.97 | 8 | 6.42 | 7 | 8.29 |
| Injury & Violence | 9 | 5.53 | 9 | 4.42 | 9 | 4.23 | 9 | 7.25 | 9 | 5.75 | 8 | 7.17 |

Alternately, these priorities for each hospital can be shown as follows:

| | SYSTEMWIDE | JSUMC | BCH | OMC/SRI | RMC | SOMC |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1 | Nutrition, Physical Activity & Weight | Access to Healthcare Services | Diabetes | Diabetes | Nutrition, Physical Activity & Weight | Diabetes |
| 2 | Diabetes | Heart Disease & Stroke | Nutrition, Physical Activity & Weight | Nutrition, Physical Activity & Weight | Diabetes | Heart Disease & Stroke |
| 3 | Heart Disease & Stroke | Mental Health | Access to Healthcare Services | Heart Disease & Stroke | Heart Disease & Stroke | Cancer |
| 4 | Substance Abuse | Substance Abuse | Heart Disease & Stroke | Substance Abuse | Substance Abuse | Nutrition, Physical Activity & Weight |
| 5 | Mental Health | Respiratory Diseases | Mental Health | Cancer | Mental Health | Substance Abuse |
| 6 | Access to Healthcare Services | Nutrition, Physical Activity & Weight | Substance Abuse | Mental Health | Access to Healthcare Services | Mental Health |
| 7 | Cancer | Diabetes | Cancer | Access to Healthcare Services | Cancer | Respiratory Diseases |
| 8 | Respiratory Diseases | Cancer | Respiratory Diseases | Respiratory Diseases | Respiratory Diseases | Injury & Violence |
| 9 | Injury & Violence | Injury & Violence | Injury & Violence | Injury & Violence | Injury & Violence | Access to Healthcare Services |

While the hospitals will likely not implement strategies for all of these health issues, the results of this prioritization exercise will be used to inform the development of Implementation Strategies to address the top health needs in the communities of Meridian Health hospitals in the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Meridian Health Regional Service Area, including comparisons among the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

- In the following charts, Meridian Health Regional Service Area results are shown in the larger, blue column.
- The green columns [to the far left of the Meridian Health Regional Service Area column] provide comparisons among the 5 hospital service areas, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☺) the combined opposing areas.
- The gray columns [to the immediate left of the service area column] provide comparisons between the 2 counties, identifying differences for each as “better than” (☀), “worse than” (☹), or “similar to” (☺) the opposing county.
- The columns to the right of the Meridian Health Regional Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether the Meridian Health Regional Service Area compares favorably (☀), unfavorably (☹), or comparably (☺) to these external data.

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

TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2006. Note that survey data reflect the ZIP Code-defined Meridian Health Regional Service Area.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Note that secondary data reflect county-level data for Monmouth and Ocean counties.

| Social Determinants | Each Sub-Area vs. Others | | | | | Monmouth County | | Ocean County | | Total Area | Total Area vs. Benchmarks | | | TREND |
|---|--------------------------|---------|-----|------|-----|-----------------|------|--------------|--------|------------|---------------------------|--|--|-------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | | | vs. NJ | vs. US | | vs. HP2020 | | | |
| Linguistically Isolated Population (Percent) | | | | | | 4.0 | 2.6 | 3.3 | 7.0 | 4.8 | | | | |
| Population in Poverty (Percent) | | | | | | 7.0 | 10.4 | 8.6 | 10.4 | 15.4 | | | | |
| Population Below 200% FPL (Percent) | | | | | | 17.8 | 26.2 | 21.8 | 24.1 | 34.2 | | | | |
| Children Below 200% FPL (Percent) | | | | | | 20.8 | 38.9 | 29.4 | 30.9 | 43.8 | | | | |
| No High School Diploma (Age 25+, Percent) | | | | | | 7.8 | 10.3 | 9.0 | 11.9 | 14.0 | | | | |
| Unemployment Rate (Age 16+, Percent) | | | | | | 4.9 | 5.8 | 5.3 | 5.6 | 5.5 | | | | |
| <p>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</p> | | | | | | | | | | | | | | |
| <p> better similar worse</p> | | | | | | | | | | | | | | |

Each Sub-Area vs. Others

| Overall Health | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
|---|-------|---------|------|------|------|-----------------|--------------|
| % "Fair/Poor" Physical Health | 17.2 | 15.5 | 8.6 | 15.5 | 13.4 | 14.8 | 17.7 |
| % Activity Limitations | 17.0 | 18.3 | 24.4 | 18.0 | 19.1 | 20.0 | 17.0 |
| % [Child 0-17] Child Has an Activity Limitation | | | | | | 7.7 | 25.0 |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 15.8 | 16.6 | 15.3 | | 13.9 |
| 19.0 | 16.2 | 21.5 | | 19.1 |
| 13.2 | | | | |

better similar worse

Each Sub-Area vs. Others

| Access to Health Services | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
|--|-------|---------|------|------|------|-----------------|--------------|
| % [Age 18-64] Lack Health Insurance | 6.4 | 7.3 | 7.1 | 1.9 | 7.3 | 4.7 | 5.3 |
| % [Insured] Went Without Coverage in Past Year | 5.3 | 5.1 | 1.1 | 7.9 | 5.7 | 4.2 | 2.7 |
| % Difficulty Accessing Healthcare in Past Year (Composite) | 38.6 | 42.3 | 35.3 | 35.0 | 42.0 | 39.8 | 36.0 |
| % Inconvenient Hrs Prevented Dr Visit in Past Year | 14.7 | 16.9 | 16.0 | 14.1 | 19.8 | 17.4 | 21.4 |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 4.9 | 19.4 | 15.1 | 0.0 | 8.8 |
| 3.7 | | 8.1 | | 5.1 |
| 38.5 | | 39.9 | | 36.3 |
| 18.8 | | 15.4 | | 17.1 |

| Access to Health Services (continued) | Each Sub-Area vs. Others | | | | | | | Total Area | Total Area vs. Benchmarks | | |
|--|--------------------------|---------|------|------|------|-----------------|--------------|-------------|---------------------------|--------|------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County | | vs. NJ | vs. US | vs. HP2020 |
| % Cost Prevented Getting Prescription in Past Year | 9.8 | 9.5 | 5.9 | 13.3 | 18.6 | 12.1 | 12.2 | 12.1 | 15.8 | 9.7 | |
| % Cost Prevented Physician Visit in Past Year | 8.9 | 10.6 | 5.7 | 5.0 | 12.3 | 9.1 | 5.6 | 7.9 | 18.2 | 11.1 | |
| % Difficulty Getting Appointment in Past Year | 18.9 | 18.5 | 18.2 | 12.7 | 14.8 | 14.6 | 12.9 | 14.0 | 17.0 | 16.8 | |
| % Difficulty Finding Physician in Past Year | 16.5 | 12.2 | 8.6 | 7.0 | 13.9 | 10.8 | 7.6 | 9.7 | 11.0 | 10.9 | |
| % Transportation Hindered Dr Visit in Past Year | 6.7 | 5.9 | 2.5 | 4.6 | 7.1 | 6.2 | 3.7 | 5.4 | 9.4 | 6.3 | |
| % Culture/Language Barrier Hindered Medical Care/Past Yr | 1.5 | 1.5 | 0.7 | 0.0 | 3.1 | 2.0 | 1.1 | 1.7 | | | |
| % Trouble Getting Child's Dr Appt in the Past Year | | | | | | 8.5 | 12.7 | 9.8 | | 3.4 | |
| % Skipped Prescription Doses to Save Costs | 6.9 | 7.8 | 7.4 | 7.2 | 15.1 | 8.5 | 10.1 | 9.1 | 15.3 | 11.2 | |
| Primary Care Doctors per 100,000 | | | | | | 114.7 | 48.9 | 83.2 | 85.6 | 74.5 | |
| % [Age 18+] Have a Specific Source of Ongoing Care | 80.9 | 81.4 | 77.1 | 80.9 | 80.2 | 74.8 | 76.4 | 75.4 | 76.3 | 95.0 | |

Each Sub-Area vs. Others

| Access to Health Services (continued) | Sub-Areas | | | | | Counties | |
|---|-----------|---------|------|------|------|-----------------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
| % [Age 18-64] Have a Specific Source of Ongoing Care | | | | | | | |
| % [Age 65+] Have a Specific Source of Ongoing Care | | | | | | | |
| % Have Had Routine Checkup in Past Year | 71.9 | 64.6 | 73.6 | 74.9 | 76.0 | 65.8 | 65.5 |
| % Child Has Had Checkup in Past Year | | | | | | 97.7 | 95.6 |
| % Two or More ER Visits in Past Year | 7.2 | 7.1 | 7.7 | 4.9 | 7.7 | 7.6 | 11.5 |
| % Rate Local Healthcare "Fair/Poor" | 13.9 | 20.0 | 9.8 | 13.4 | 12.7 | 13.9 | 13.6 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

Total Area vs. Benchmarks

| Total Area | Benchmarks | | | TREND |
|------------------------------|------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 73.2 | 75.6 | 89.4 | | |
| 81.0 | 80.0 | 100.0 | | |
| 65.7 | 74.8 | 65.0 | | 66.8 |
| 97.1 | | 84.1 | | 92.0 |
| 9.0 | | 8.9 | | 6.4 |
| 13.8 | | 16.5 | | 13.3 |
| better similar worse | | | | |

Each Sub-Area vs. Others

| Advance Care Planning | Sub-Areas | | | | | Counties | |
|---|-----------|---------|------|------|------|-----------------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
| % Familiar With Advance Care Planning | 41.9 | 45.1 | 57.4 | 40.9 | 53.2 | 51.7 | 48.0 |
| % Had Conversation w/Loved Ones Re: Healthcare Wishes | 66.2 | 56.4 | 52.6 | 64.7 | 58.4 | 60.2 | 68.7 |
| % Have Expressed Healthcare Wishes to Dr | 27.6 | 18.2 | 21.9 | 25.2 | 24.7 | 23.5 | 26.8 |
| % Have a Living Will | 36.7 | 32.4 | 39.8 | 38.8 | 39.9 | 38.3 | 39.8 |
| % Have an Advance Directive | 29.2 | 21.9 | 29.9 | 31.3 | 21.8 | 25.0 | 34.3 |
| % Have a Power-of-Attorney | 31.8 | 26.8 | 33.9 | 32.7 | 33.4 | 28.1 | 39.2 |
| % Have a Healthcare Proxy | 20.1 | 12.3 | 20.8 | 14.4 | 20.0 | 16.3 | 15.6 |
| % Have Experience With Hospice/Palliative Care | 46.1 | 50.5 | 51.6 | 52.3 | 46.0 | 50.0 | 51.6 |
| % Have Some Type of Legal, End-of-Life Document | 46.8 | 40.2 | 46.3 | 49.4 | 45.1 | 45.1 | 56.2 |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Area vs. Benchmarks

| Total Area | Benchmarks | | | TREND |
|------------|------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 50.4 | | | | |
| 63.2 | | | | |
| 24.6 | | | | |
| 38.8 | | | | |
| 28.3 | | | | |
| 31.9 | | | | |
| 16.1 | | | | |
| 50.6 | | | | |
| 49.0 | | | | |

better
 similar
 worse

Each Sub-Area vs. Others

| Arthritis, Osteoporosis & Chronic Back Conditions | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|---|------------------------------|------|------|------|------|-----------------|--------------|
| | % [50+] Arthritis/Rheumatism | 33.6 | 43.1 | 38.2 | 35.3 | 36.5 | 35.1 |
| % [50+] Osteoporosis | 8.8 | 15.2 | 11.0 | 5.3 | 8.1 | 9.4 | 11.4 |
| % Sciatica/Chronic Back Pain | 23.1 | 20.6 | 24.7 | 24.1 | 31.0 | 25.2 | 20.3 |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Area vs. Benchmarks

| Total Area | vs. NJ | vs. US | vs. HP2020 | TREND |
|------------|--------|--------|------------|-------|
| | 38.6 | | | |
| 10.2 | | | | |
| 23.5 | | | | |

better similar worse

Each Sub-Area vs. Others

| Cancer | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|--|----------------------------------|--|--|--|--|-----------------|--------------|
| | Cancer (Age-Adjusted Death Rate) | | | | | | 164.2 |
| Lung Cancer (Age-Adjusted Death Rate) | | | | | | | |
| Prostate Cancer (Age-Adjusted Death Rate) | | | | | | | |
| Female Breast Cancer (Age-Adjusted Death Rate) | | | | | | | |

Total Area vs. Benchmarks

| Total Area | vs. NJ | vs. US | vs. HP2020 | TREND |
|------------|--------|--------|------------|-------|
| | 167.0 | | | |
| 44.0 | | | | |
| 18.0 | | | | |
| 23.9 | | | | |

| Cancer (continued) | Each Sub-Area vs. Others | | | | | | | Total Area | Total Area vs. Benchmarks | | | TREND |
|---|--------------------------|---------|------|------|------|-----------------|--------------|------------|---------------------------|--------|------------|-------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County | | vs. NJ | vs. US | vs. HP2020 | |
| Colorectal Cancer (Age-Adjusted Death Rate) | | | | | | | | 15.2 | 15.5 | 14.9 | 14.5 | |
| Prostate Cancer Incidence per 100,000 | | | | | | 178.5 | 159.5 | 168.4 | 166.1 | 142.3 | | |
| Female Breast Cancer Incidence per 100,000 | | | | | | 142.7 | 127.8 | 135.0 | 129.5 | 122.7 | | |
| Lung Cancer Incidence per 100,000 | | | | | | 68.6 | 75.0 | 72.2 | 61.6 | 64.9 | | |
| Colorectal Cancer Incidence per 100,000 | | | | | | 46.2 | 48.2 | 47.3 | 45.4 | 43.3 | | |
| Cervical Cancer Incidence per 100,000 | | | | | | 7.3 | 7.8 | 7.5 | 8.3 | 7.8 | | |
| % Skin Cancer | 8.1 | 7.2 | 11.7 | 14.7 | 4.7 | 8.4 | 12.3 | 9.8 | 5.1 | 6.7 | 6.3 | |
| % Cancer (Other Than Skin) | 8.6 | 6.0 | 9.2 | 11.0 | 4.5 | 6.5 | 4.0 | 5.7 | 6.2 | 6.1 | 6.3 | |
| % [Women 50-74] Mammogram in Past 2 Years | 73.8 | 72.7 | 80.6 | 76.6 | 82.9 | 73.3 | 80.4 | 75.8 | 77.7 | 83.6 | 81.1 | 78.9 |

Each Sub-Area vs. Others

| Cancer (continued) | Each Sub-Area vs. Others | | | | | Monmouth County | | Ocean County |
|---|--------------------------|---------|------|------|------|-----------------|------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | | | |
| % [Women 21-65] Pap Smear in Past 3 Years | 85.7 | 78.5 | 91.3 | 80.1 | 93.8 | 81.9 | 75.4 | |
| % [Age 50-75] Colorectal Cancer Screening | 77.4 | 72.1 | 84.3 | 70.7 | 67.5 | 78.1 | 74.3 | |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Area vs. Benchmarks

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 79.9 | 78.5 | 83.9 | 93.0 | 91.1 |
| 76.5 | | 75.1 | 70.5 | |

better similar worse

Each Sub-Area vs. Others

| Chronic Kidney Disease | Each Sub-Area vs. Others | | | | | Monmouth County | | Ocean County |
|--|--------------------------|---------|-----|------|-----|-----------------|------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | | | |
| Kidney Disease (Age-Adjusted Death Rate) | | | | | | 12.8 | 17.0 | |
| % Kidney Disease | 1.8 | 1.9 | 0.0 | 3.6 | 0.8 | 3.2 | 3.2 | |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Area vs. Benchmarks

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 15.1 | 13.7 | 13.2 | | 18.2 |
| 3.2 | 2.4 | 3.0 | | |

better similar worse

Each Sub-Area vs. Others

| Dementias, Including Alzheimer's Disease | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|---|---|--|--|--|--|-----------------|--------------|
| | Alzheimer's Disease (Age-Adjusted Death Rate) | | | | | | 20.0 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------------------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 22.6 | 17.2 | 24.0 | | 21.6 |
| better similar worse | | | | |

Each Sub-Area vs. Others

| Diabetes | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|---|---|------|------|------|------|-----------------|--------------|
| | Diabetes Mellitus (Age-Adjusted Death Rate) | | | | | | 19.1 |
| % Diabetes/High Blood Sugar | 9.5 | 11.3 | 8.7 | 18.2 | 19.3 | 15.5 | 14.1 |
| % Borderline/Pre-Diabetes | 6.3 | 5.8 | 4.7 | 6.8 | 9.4 | 7.4 | 5.2 |
| % [Non-Diabetes] Blood Sugar Tested in Past 3 Years | 47.7 | 55.9 | 53.6 | 56.4 | 58.3 | 52.9 | 47.7 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------------------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 17.0 | 20.2 | 21.3 | 20.5 | 24.9 |
| 15.0 | 9.2 | 11.7 | | 10.4 |
| 6.6 | | 5.1 | | |
| 51.1 | | 49.2 | | |
| better similar worse | | | | |

Each Sub-Area vs. Others

| Educational & Community-Based Programs | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|---|--------------------------------------|------|------|------|------|-----------------|--------------|
| | % Attended Health Event in Past Year | 15.0 | 13.0 | 11.6 | 10.5 | 9.8 | 12.0 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------------------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 14.5 | 23.8 | | | 15.7 |
| better similar worse | | | | |

Each Sub-Area vs. Others

| Family Planning | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|---|----------------------------|--|--|--|--|-----------------|--------------|
| | % Teen Births (Under 20) | | | | | | 3.1 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------------------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 3.0 | 4.6 | 7.8 | | 4.2 |
| better similar worse | | | | |

Each Sub-Area vs. Others

| Hearing & Other Sensory or Communication Disorders | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|---|----------------------------|-----|-----|-----|------|-----------------|--------------|
| | % Deafness/Trouble Hearing | 8.7 | 5.4 | 6.8 | 10.1 | 5.5 | 7.0 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------------------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 8.4 | | 10.3 | | 8.2 |
| better similar worse | | | | |

Each Sub-Area vs. Others

| Heart Disease & Stroke | Each Sub-Area vs. Others | | | | | Monmouth County | Ocean County |
|--|--------------------------|---------|------|------|------|-----------------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | | |
| Diseases of the Heart (Age-Adjusted Death Rate) | | | | | | 163.5 | 201.1 |
| Stroke (Age-Adjusted Death Rate) | | | | | | 32.3 | 31.9 |
| % Heart Disease (Heart Attack, Angina, Coronary Disease) | 7.6 | 6.9 | 6.6 | 9.5 | 4.1 | 9.0 | 9.1 |
| % Stroke | 1.7 | 5.1 | 2.5 | 0.6 | 2.8 | 2.3 | 3.2 |
| % Blood Pressure Checked in Past 2 Years | 95.3 | 97.7 | 94.5 | 96.1 | 98.5 | 96.5 | 97.4 |
| % Told Have High Blood Pressure (Ever) | 31.7 | 36.2 | 31.5 | 41.4 | 30.9 | 35.9 | 44.3 |
| % [HBP] Taking Action to Control High Blood Pressure | | | | | | 96.1 | 80.5 |
| % Cholesterol Checked in Past 5 Years | 91.5 | 86.4 | 98.8 | 91.4 | 97.3 | 91.9 | 94.4 |
| % Told Have High Cholesterol (Ever) | 32.2 | 41.6 | 33.1 | 41.4 | 35.5 | 35.9 | 49.9 |
| % [HBC] Taking Action to Control High Blood Cholesterol | 85.5 | 75.8 | 89.6 | 93.0 | 85.5 | 82.9 | 93.2 |

Total Area vs. Benchmarks

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 184.3 | 172.2 | 171.3 | 156.9 | 221.8 |
| 31.8 | 32.7 | 37.0 | 34.8 | 35.3 |
| 9.0 | | 6.1 | | 7.4 |
| 2.6 | 2.5 | 3.9 | | 1.8 |
| 96.8 | | 91.0 | 92.6 | 96.6 |
| 38.8 | 31.1 | 34.1 | 26.9 | 31.3 |
| 90.9 | | 89.2 | | 92.1 |
| 92.8 | 83.4 | 86.6 | 82.1 | 89.2 |
| 40.8 | | 29.9 | 13.5 | 35.1 |
| 87.3 | | 81.4 | | 85.5 |

Each Sub-Area vs. Others

| Heart Disease & Stroke (continued) | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|---|---------------------------------|------|------|------|------|-----------------|--------------|
| | % 1+ Cardiovascular Risk Factor | 84.4 | 87.0 | 85.5 | 87.0 | 86.0 | 85.5 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|---------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 87.4 | | | | |
| | better | similar | worse | |

Each Sub-Area vs. Others

| HIV | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|---|------------------------------------|--|--|--|--|-----------------|--------------|
| | HIV/AIDS (Age-Adjusted Death Rate) | | | | | | |
| HIV Prevalence per 100,000 | | | | | | 330.3 | 120.3 |
| % [Age 18-44] HIV Test in the Past Year | | | | | | | |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|---------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 1.5 | 3.1 | 2.2 | 3.3 | 3.4 |
| 230.3 | 488.3 | 340.4 | | |
| 18.5 | | 19.3 | | 22.0 |
| | better | similar | worse | |

Each Sub-Area vs. Others

| Immunization & Infectious Diseases | Sub-Areas | | | | | County | |
|---|-----------|---------|------|------|------|-----------------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
| % [Age 65+] Flu Vaccine in Past Year | | | | | | 45.1 | 54.3 |
| % [High-Risk 18-64] Flu Vaccine in Past Year | | | | | | | |
| % [Age 65+] Pneumonia Vaccine Ever | | | | | | 69.5 | 77.3 |
| % [High-Risk 18-64] Pneumonia Vaccine Ever | | | | | | | |
| % Have Completed Hepatitis B Vaccination Series | 44.9 | 43.9 | 41.7 | 41.6 | 38.1 | 40.5 | 47.4 |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 49.0 | 57.2 | 57.5 | 70.0 | 71.1 |
| 37.9 | | 45.9 | 70.0 | 33.9 |
| 72.9 | 61.9 | 68.4 | 90.0 | 74.6 |
| 29.3 | | 41.9 | 60.0 | 25.3 |
| 43.0 | | 44.7 | | 33.3 |

better similar worse

Each Sub-Area vs. Others

| Injury & Violence Prevention | Sub-Areas | | | | | County | |
|---|-----------|---------|-----|------|-----|-----------------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
| Unintentional Injury (Age-Adjusted Death Rate) | | | | | | 29.3 | 39.8 |
| Motor Vehicle Crashes (Age-Adjusted Death Rate) | | | | | | 4.9 | 9.4 |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 34.0 | 30.7 | 39.2 | 36.4 | 25.2 |
| 7.0 | 6.6 | 10.7 | 12.4 | 9.6 |

| Injury & Violence Prevention (continued) | Each Sub-Area vs. Others | | | | | | | Total Area vs. Benchmarks | | | | |
|---|--------------------------|---------|------|------|------|-----------------|--------------|---------------------------|--------|--------|------------|-------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County | Total Area | vs. NJ | vs. US | vs. HP2020 | TREND |
| % "Always" Wear Seat Belt | 88.9 | 80.8 | 91.0 | 86.4 | 86.7 | 89.2 | 86.0 | 88.1 | 84.8 | 92.0 | 88.2 | |
| % Child [Age 0-17] "Always" Uses Seat Belt/Car Seat | | | | | | 96.5 | 93.0 | 95.3 | 92.2 | | 96.1 | |
| % Child [Age 5-17] "Always" Wears Bicycle Helmet | | | | | | | | 67.0 | 48.7 | | 59.6 | |
| Firearm-Related Deaths (Age-Adjusted Death Rate) | | | | | | 3.1 | 3.4 | 3.2 | 5.5 | 10.4 | 9.3 | 3.6 |
| % Firearm in Home | 14.4 | 20.0 | 12.8 | 20.2 | 14.7 | 17.0 | 16.7 | 16.9 | 34.7 | | 11.9 | |
| % [Homes With Children] Firearm in Home | | | | | | 19.7 | 14.4 | 18.0 | 37.4 | | 11.9 | |
| % [Homes With Firearms] Weapon(s) Unlocked & Loaded | | | | | | | | 4.8 | 16.8 | | 5.6 | |
| Homicide (Age-Adjusted Death Rate) | | | | | | 2.2 | 1.1 | 1.7 | 4.9 | 5.3 | 5.5 | 1.9 |
| Violent Crime per 100,000 | | | | | | 187.1 | 113.8 | 152.0 | 302.0 | 395.5 | | |
| % Victim of Violent Crime in Past 5 Years | 2.0 | 0.3 | 1.1 | 0.0 | 4.0 | 1.3 | 2.5 | 1.7 | 2.8 | | 1.2 | |

Each Sub-Area vs. Others

| Injury & Violence Prevention (continued) | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
|---|-------|---------|-----|------|-----|-----------------|--------------|
| % Victim of Domestic Violence (Ever) | 9.7 | 8.1 | 7.8 | 5.8 | 9.1 | 8.9 | 3.0 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------------------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 6.8 | 8.3 | 8.0 | 7.8 | 6.8 |
| better similar worse | | | | |

Each Sub-Area vs. Others

| Maternal, Infant & Child Health | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
|---|-------|---------|-----|------|-----|-----------------|--------------|
| Low Birthweight Births (Percent) | | | | | | 7.8 | 6.3 |
| Infant Death Rate | | | | | | 3.1 | 2.9 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------------------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 7.0 | 8.3 | 8.0 | 7.8 | 6.8 |
| 2.9 | 4.7 | 6.0 | 6.0 | 4.4 |
| better similar worse | | | | |

| Mental Health & Mental Disorders | Each Sub-Area vs. Others | | | | | | | Total Area | Total Area vs. Benchmarks | | | TREND |
|--|--------------------------|---------|------|------|------|-----------------|--------------|------------|---------------------------|--------|------------|-------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County | | vs. NJ | vs. US | vs. HP2020 | |
| % "Fair/Poor" Mental Health | 10.7 | 10.6 | 11.6 | 11.6 | 13.6 | 9.6 | 13.6 | 11.1 | 11.9 | 8.3 | | |
| % Diagnosed Depression | 12.1 | 8.8 | 14.2 | 16.7 | 17.1 | 14.9 | 16.7 | 15.5 | 20.4 | | | |
| % Symptoms of Chronic Depression (2+ Years) | 22.0 | 16.6 | 23.0 | 25.4 | 21.1 | 21.7 | 25.2 | 22.9 | 30.4 | 23.5 | | |
| Suicide (Age-Adjusted Death Rate) | | | | | | 8.0 | 9.6 | 8.7 | 7.6 | 12.5 | 10.2 | 8.1 |
| % [Those With Diagnosed Depression] Seeking Help | | | | | | | | 82.9 | 76.6 | | | |
| % Typical Day Is "Extremely/Very" Stressful | 11.2 | 18.3 | 13.3 | 12.2 | 13.8 | 10.4 | 14.2 | 11.7 | 11.9 | 12.2 | | |
| % [Children 0-17] Diagnosed With Autism | | | | | | 1.3 | 11.4 | 4.5 | | | | |
| % 3+ Days Without Enough Rest or Sleep in the Past Month | 61.2 | 69.3 | 61.6 | 55.4 | 61.6 | 58.0 | 64.2 | 60.1 | | | | |
| % Average <7 Hours of Sleep per Night | 36.6 | 40.0 | 38.0 | 42.9 | 41.2 | 41.5 | 44.1 | 42.4 | | | | |
| % Have Fallen Asleep While Driving in the Past Month | 2.3 | 2.1 | 1.5 | 2.5 | 1.8 | 1.5 | 4.1 | 2.4 | | | | |

Each Sub-Area vs. Others

| Mental Health & Mental Disorders (continued) | Sub-Areas | | | | | Counties | |
|---|-----------|---------|------|------|------|-----------------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
| % Fell Asleep Unintentionally During the Day/Past Month | 26.8 | 31.9 | 28.6 | 37.6 | 33.8 | 30.3 | 39.5 |
| % Respondent Snores | 46.6 | 44.3 | 46.0 | 42.6 | 49.3 | 51.2 | 46.3 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------------------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 33.5 | | | | |
| 49.5 | | | | |
| better similar worse | | | | |

Each Sub-Area vs. Others

| Nutrition, Physical Activity & Weight | Sub-Areas | | | | | Counties | |
|--|-----------|---------|------|------|------|-----------------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
| % Eat 5+ Servings of Fruit or Vegetables per Day | 39.7 | 28.5 | 41.7 | 36.2 | 37.1 | 38.6 | 31.0 |
| % "Very/Somewhat" Difficult to Buy Fresh Produce | 10.4 | 16.7 | 11.0 | 15.4 | 15.2 | 14.4 | 17.3 |
| Population With Low Food Access (Percent) | | | | | | 37.8 | 47.8 |
| % Medical Advice on Nutrition in Past Year | 48.7 | 38.9 | 45.8 | 41.9 | 47.7 | 43.6 | 46.4 |
| % Healthy Weight (BMI 18.5-24.9) | 37.3 | 26.7 | 32.5 | 27.3 | 32.4 | 31.5 | 17.1 |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 35.9 | | | | |
| 15.4 | | | | |
| 42.6 | | | | |
| 44.6 | | | | |
| 26.6 | | | | |

Each Sub-Area vs. Others

| Nutrition, Physical Activity & Weight (continued) | Each Sub-Area vs. Others | | | | | Monmouth County | Ocean County |
|--|--------------------------|---------|------|------|------|-----------------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | | |
| % Overweight (BMI 25+) | 62.1 | 71.4 | 66.3 | 68.8 | 66.5 | 67.1 | 81.9 |
| % Obese (BMI 30+) | 22.2 | 25.0 | 26.4 | 30.7 | 30.1 | 25.8 | 22.4 |
| % Medical Advice on Weight in Past Year | 22.9 | 23.8 | 28.7 | 28.2 | 23.7 | 26.0 | 33.8 |
| % [Overweights] Counseled About Weight in Past Year | 27.5 | 30.4 | 37.0 | 35.8 | 31.9 | 33.5 | 39.4 |
| % [Obese Adults] Counseled About Weight in Past Year | | | | | | | |
| % [Overweights] Trying to Lose Weight Both Diet/Exercise | 49.5 | 39.6 | 28.1 | 38.6 | 29.7 | 32.3 | 40.7 |
| % Child [Age 5-17] Healthy Weight | | | | | | | |
| % Children [Age 5-17] Overweight (85th Percentile) | | | | | | | |
| % Children [Age 5-17] Obese (95th Percentile) | | | | | | | |
| % No Leisure-Time Physical Activity | 21.2 | 26.9 | 15.1 | 21.6 | 22.5 | 18.0 | 26.7 |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 72.2 | 62.8 | 63.1 | | 61.9 |
| 24.7 | 26.3 | 29.0 | 30.5 | 25.9 |
| 28.7 | | 23.7 | | 24.5 |
| 35.8 | | 31.8 | | |
| 58.6 | | 48.3 | | |
| 35.6 | | 39.5 | | 33.4 |
| 62.6 | | 56.7 | | |
| 24.6 | | 31.5 | | 25.8 |
| 18.0 | | 14.8 | 14.5 | 12.1 |
| 21.0 | 26.8 | 20.7 | 32.6 | 30.9 |

Each Sub-Area vs. Others

| Nutrition, Physical Activity & Weight (continued) | Sub-Areas | | | | | Counties | |
|---|-----------|---------|------|------|------|-----------------|--------------|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
| % Meeting Physical Activity Guidelines | 47.7 | 43.9 | 52.1 | 47.8 | 45.4 | 51.8 | 36.8 |
| % Moderate Physical Activity | 28.5 | 26.8 | 30.5 | 31.4 | 31.8 | 29.9 | 25.5 |
| % Vigorous Physical Activity | 37.1 | 34.0 | 42.4 | 35.8 | 34.6 | 39.2 | 29.6 |
| Recreation/Fitness Facilities per 100,000 | | | | | | 18.7 | 9.5 |
| % Medical Advice on Physical Activity in Past Year | 53.7 | 43.0 | 56.3 | 47.2 | 46.3 | 52.3 | 42.8 |
| % Child [Age 2-17] Physically Active 1+ Hours per Day | | | | | | 54.0 | 43.5 |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Area vs. Benchmarks

| Total Area | Benchmarks | | | TREND |
|------------|------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 46.6 | | | | |
| 28.4 | | | | |
| 35.8 | | | | |
| 14.3 | 14.3 | 9.7 | | |
| 49.0 | | | | |
| 50.6 | | | | |

better similar worse

Each Sub-Area vs. Others

| Oral Health | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
|---|-------|---------|------|------|------|-----------------|--------------|
| % [Age 18+] Dental Visit in Past Year | 74.3 | 68.4 | 86.0 | 78.7 | 75.9 | 78.8 | 57.2 |
| % Child [Age 2-17] Dental Visit in Past Year | | | | | | 89.0 | 76.5 |
| % Have Dental Insurance | 73.2 | 71.0 | 73.4 | 72.6 | 75.1 | 74.4 | 66.9 |
| <small>Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.</small> | | | | | | | |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------------------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 71.4 | 71.2 | 65.9 | 49.0 | 73.3 |
| 85.0 | | 81.5 | 49.0 | 78.3 |
| 71.8 | | 65.6 | | 64.0 |
| better similar worse | | | | |

Each Sub-Area vs. Others

| Respiratory Diseases | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
|---|-------|---------|------|------|------|-----------------|--------------|
| CLRD (Age-Adjusted Death Rate) | | | | | | 35.2 | 36.6 |
| Pneumonia/Influenza (Age-Adjusted Death Rate) | | | | | | 10.1 | 10.1 |
| % COPD (Lung Disease) | 11.1 | 12.0 | 10.2 | 11.3 | 10.9 | 8.9 | 14.2 |
| % [Adult] Currently Has Asthma | 10.7 | 8.4 | 9.4 | 6.8 | 9.4 | 8.8 | 7.7 |
| % [Child 0-17] Currently Has Asthma | | | | | | 10.0 | 2.8 |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 35.7 | 31.3 | 42.0 | | 32.4 |
| 10.0 | 11.8 | 15.3 | | 13.2 |
| 10.7 | 5.9 | 8.6 | | 9.5 |
| 8.4 | 9.0 | 9.4 | | 7.5 |
| 7.8 | | 7.1 | | 7.3 |

Each Sub-Area vs. Others

| Sexually Transmitted Diseases | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|-------------------------------|--|--|--|--|--|-----------------|--------------|
| | Gonorrhea Incidence per 100,000 Chlamydia Incidence per 100,000 % [Unmarried 18-64] 3+ Sexual Partners in Past Year % [Unmarried 18-64] Using Condoms | | | | | | 47.4 |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 33.1 | 84.2 | 107.5 | | |
| 161.8 | 309.2 | 456.7 | | |
| 7.5 | | 11.7 | | 9.6 |
| 44.9 | | 33.6 | | 42.7 |

better
 similar
 worse

Each Sub-Area vs. Others

| Substance Abuse | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County | |
|-----------------|--|--|--|--|--|-----------------|--------------|--|
| | Cirrhosis/Liver Disease (Age-Adjusted Death Rate) % Current Drinker % Excessive Drinkers | | | | | | 7.5 | 11.4 65.4 57.7 74.9 67.7 62.5 22.8 17.7 28.7 25.6 17.4 |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 9.3 | 7.4 | 9.9 | 8.2 | 7.9 |
| 61.6 | 58.6 | 56.5 | | 58.3 |
| 21.4 | | 23.2 | 25.4 | 19.2 |

Each Sub-Area vs. Others

| Substance Abuse (continued) | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|--|------------------------------------|-----|-----|-----|-----|-----------------|--------------|
| | % Drinking & Driving in Past Month | 0.2 | 0.0 | 2.6 | 1.5 | 0.0 | 0.8 |
| Drug-Induced Deaths (Age-Adjusted Death Rate) | | | | | | 14.8 | 22.8 |
| % Illicit Drug Use in Past Month | 2.3 | 0.5 | 0.9 | 1.1 | 2.3 | 1.1 | 0.0 |
| % Ever Sought Help for Alcohol or Drug Problem | 3.8 | 2.7 | 5.1 | 6.2 | 5.3 | 2.8 | 6.0 |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 0.5 | | | | |
| 18.4 | | | | |
| 0.7 | | | | |
| 3.9 | | | | |

better similar worse

Each Sub-Area vs. Others

| Tobacco Use | JSUMC OMC/SRI RMC SOMC BCH | | | | | Monmouth County | Ocean County |
|--|----------------------------|-----|------|------|------|-----------------|--------------|
| | % Current Smoker | 9.8 | 14.0 | 13.1 | 17.8 | 19.2 | 14.5 |
| % Someone Smokes at Home | 11.8 | 7.1 | 9.2 | 11.8 | 15.0 | 10.1 | 6.3 |
| % [Non-Smokers] Someone Smokes in the Home | 6.8 | 3.1 | 2.8 | 4.9 | 7.8 | 4.1 | 1.6 |

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 15.1 | | | | |
| 8.8 | | | | |
| 3.3 | | | | |

Each Sub-Area vs. Others

| Tobacco Use (continued) | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
|--|-------|---------|-----|------|-----|-----------------|--------------|
| % [Household With Children] Someone Smokes in the Home | | | | | | 6.5 | 2.1 |
| % [Smokers] Received Advice to Quit Smoking | | | | | | | |
| % [Smokers] Have Quit Smoking 1+ Days in Past Year | | | | | | | |
| % Smoke Cigars | 3.5 | 4.2 | 6.5 | 6.0 | 4.6 | 7.7 | 7.1 |
| % Use Smokeless Tobacco | 2.2 | 0.9 | 0.0 | 3.0 | 3.4 | 1.2 | 0.7 |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Area vs. Benchmarks

| Total Area | vs. NJ | vs. US | vs. HP2020 | TREND |
|------------|--------|--------|------------|-------|
| 5.1 | 9.7 | 12.4 | | |
| 79.1 | 67.8 | 64.7 | | |
| 42.8 | 55.9 | 80.0 | | |
| 7.6 | 4.1 | 0.2 | | |
| 1.0 | 0.5 | 4.0 | 0.3 | 1.6 |

better similar worse

Each Sub-Area vs. Others

| Vision | JSUMC | OMC/SRI | RMC | SOMC | BCH | Monmouth County | Ocean County |
|----------------------------|-------|---------|------|------|------|-----------------|--------------|
| % Blindness/Trouble Seeing | 10.0 | 7.6 | 5.0 | 10.4 | 7.5 | 7.0 | 10.4 |
| % Eye Exam in Past 2 Years | 68.8 | 60.9 | 55.7 | 71.7 | 58.1 | 59.7 | 62.4 |

Total Area vs. Benchmarks

| Total Area | vs. NJ | vs. US | vs. HP2020 | TREND |
|------------|--------|--------|------------|-------|
| 8.2 | 3.8 | 8.5 | | 4.9 |
| 60.6 | | 56.8 | | 63.7 |

Each Sub-Area vs. Others

| Health Literacy | Each Sub-Area vs. Others | | | | | Monmouth County | | Ocean County | |
|---|--------------------------|---------|-----|------|------|-----------------|-----|--------------|--|
| | JSUMC | OMC/SRI | RMC | SOMC | BCH | | | | |
| % Health Info is Not Spoken in an Easily Understood Way | 6.3 | 6.8 | 5.0 | 3.1 | 10.9 | 6.1 | 7.7 | | |
| % Need Someone to Help Read Health Info | 4.8 | 4.4 | 4.8 | 5.2 | 2.0 | 4.8 | 5.4 | | |
| % "Not At All Confident" About Filling Out Health Forms | 1.0 | 2.2 | 2.5 | 3.3 | 2.0 | 2.3 | 1.2 | | |
| % Written Health Info is Hard to Understand | 3.7 | 6.4 | 6.1 | 7.2 | 6.2 | 5.7 | 6.1 | | |

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Total Area vs. Benchmarks

| Total Area | Total Area vs. Benchmarks | | | TREND |
|------------|---------------------------|--------|------------|-------|
| | vs. NJ | vs. US | vs. HP2020 | |
| 6.7 | | | | |
| 5.0 | | | | |
| 1.9 | | | | |
| 5.8 | | | | |

better
 similar
 worse

Community Description



Professional Research Consultants, Inc.

Population Characteristics

Total Population

The combined total area of Monmouth and Ocean counties, the focus of this Community Health Needs Assessment, encompasses 1,097.28 square miles and houses a total population of 1,208,637 residents, according to latest census estimates.

Total Population
(Estimated Population, 2009-2013)

| | Total Population | Total Land Area (Square Miles) | Population Density (Per Square Mile) |
|------------------------|--------------------|--------------------------------|--------------------------------------|
| Monmouth County | 629,735 | 468.67 | 1,343.67 |
| Ocean County | 578,902 | 628.61 | 920.92 |
| Total Area | 1,208,637 | 1,097.28 | 1,101.48 |
| New Jersey | 8,832,406 | 7,352.27 | 1,201.32 |
| United States | 311,536,591 | 3,530,997.6 | 88.23 |

Sources:

- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved October 2015 from Community Commons at <http://www.chna.org>.

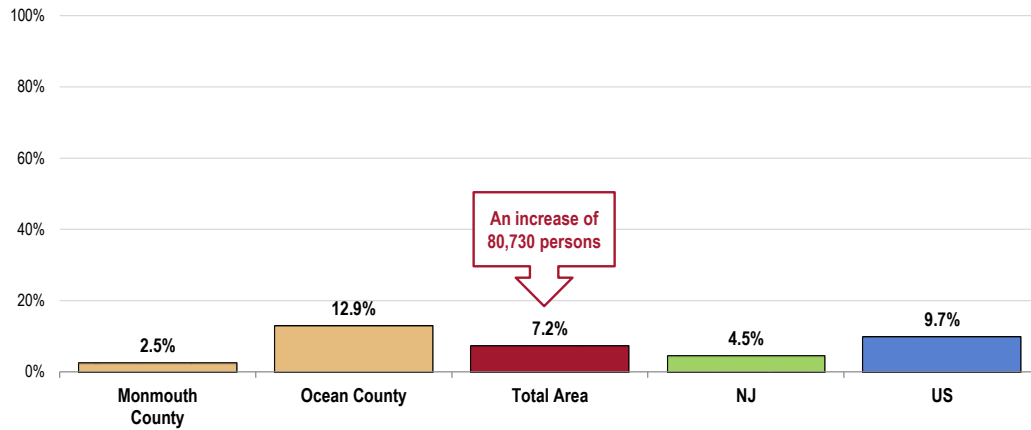
Population Change 2000-2010

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

Between the 2000 and 2010 US Censuses, the service area population increased by 80,730 persons, or 7.2%.

- A greater proportional increase than seen across the state.
- A lesser proportional increase than seen nationwide.
- Viewed by county, the Ocean County proportional increase is much greater than that reported for Monmouth.

Change in Total Population (Percentage Change Between 2000 and 2010)



Sources:

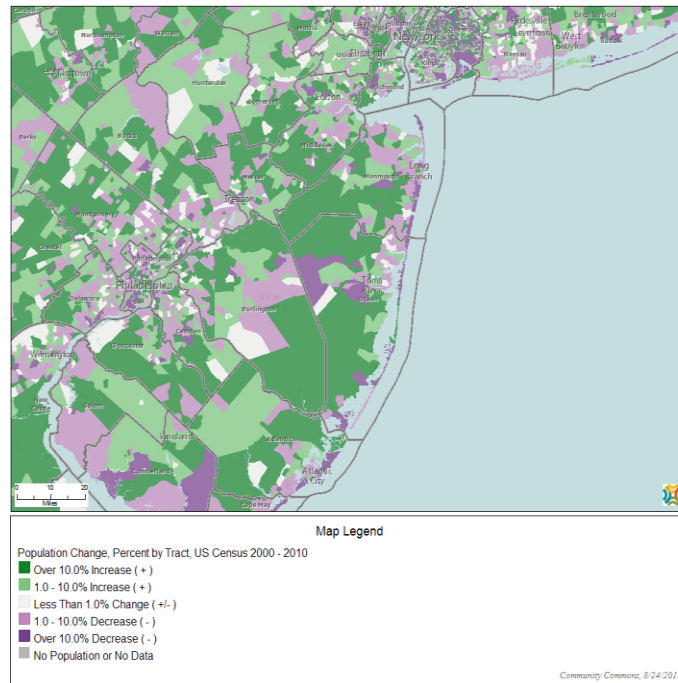
- Retrieved October 2015 from Community Commons at <http://www.chna.org>.
- US Census Bureau Decennial Census (2000-2010).

 Notes:

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

Note the following visual depiction of the 2000-2010 population change in the service area.

Population Change, Percent by Tract, US Census 2000-2010

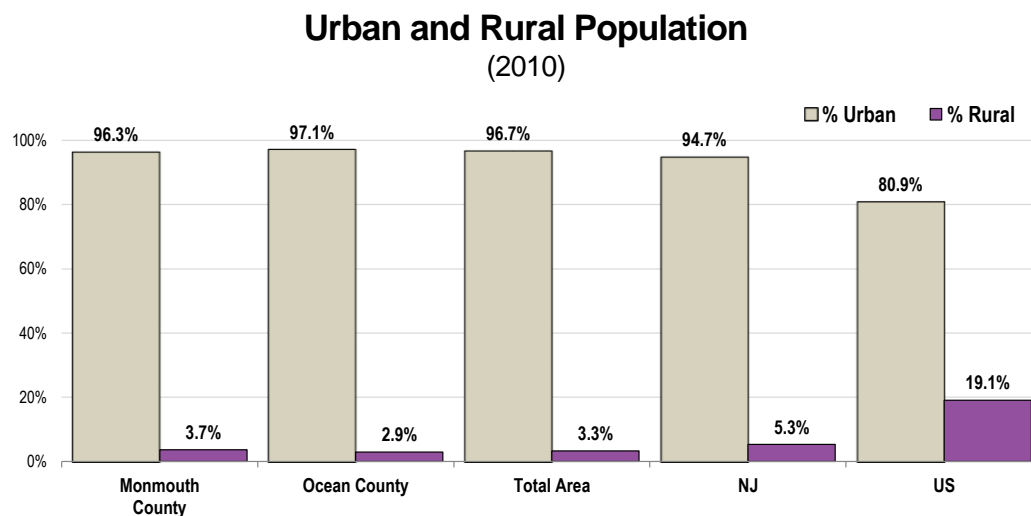


Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

The Meridian Health Regional Service Area is predominantly urban, with 96.7% of the population living in areas designated as urban.

- This prevalence is somewhat higher than the New Jersey figure.
- This prevalence is much higher than the national figure.
- Similar urban population percentages by county.



Sources:

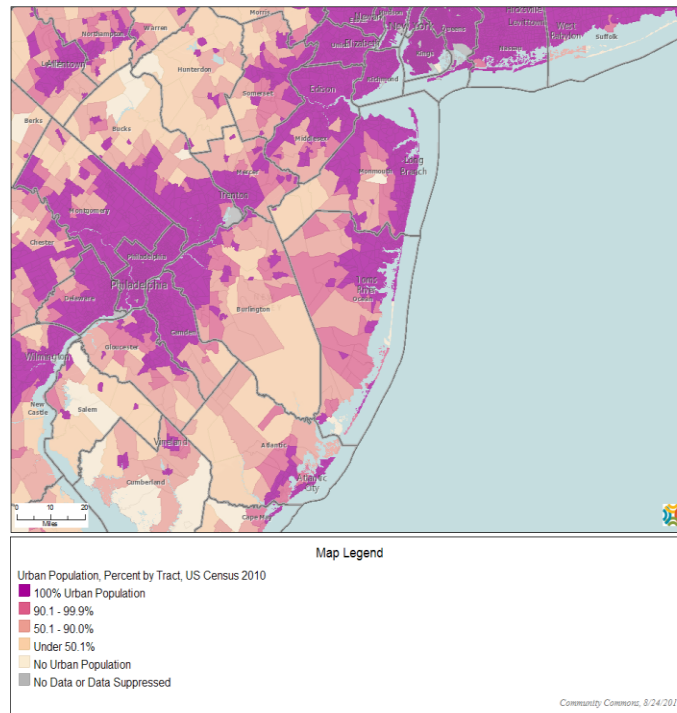
- US Census Bureau Decennial Census (2010).
- Retrieved October 2015 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map outlining the urban population in the Meridian Health Regional Service Area census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



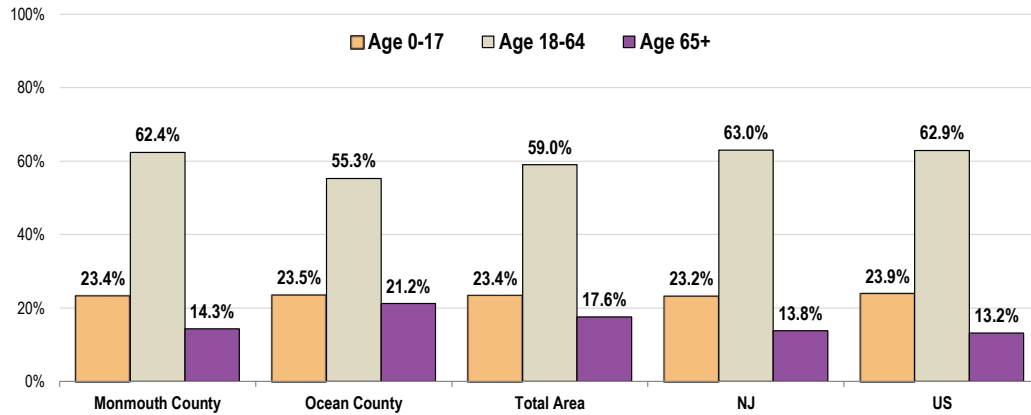
Age

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum.

In the Meridian Health Regional Service Area, 23.4% of the population are infants, children or adolescents (age 0-17); another 59.0% are age 18 to 64, while 17.6% are age 65 and older.

- The percentage of older adults (65+) is higher than found statewide.
- The percentage of older adults (65+) is higher than the US figure.
- Ocean County houses a much larger senior population than does Monmouth County.

Total Population by Age Groups, Percent (2009-2013)

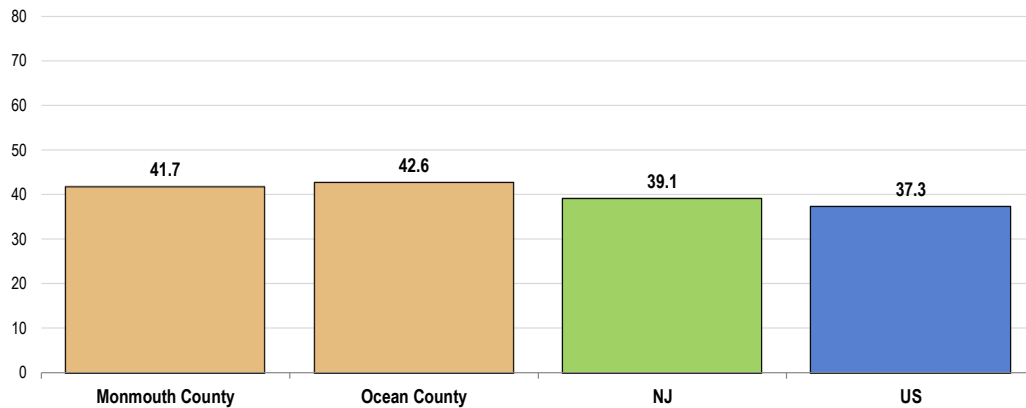


Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.

Median Age

Monmouth and Ocean counties are “older” than the state and the nation in that their median ages are higher.

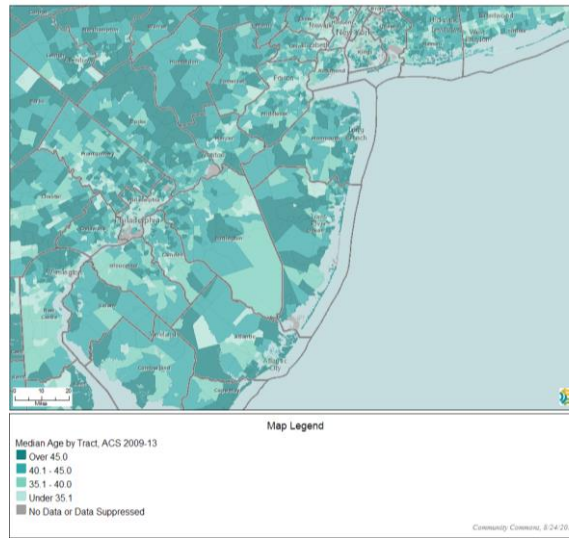
Median Age (2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.

- The following map provides an illustration of the median age in the Meridian Health Regional Service Area, segmented by census tract.

Median Age, by Tract, ACS 2009-2013



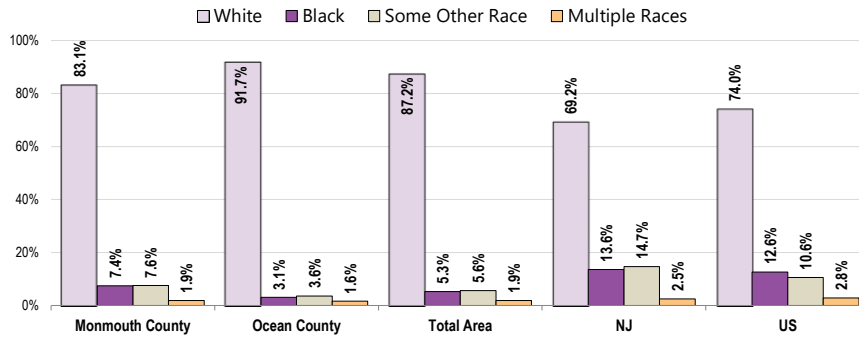
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 87.2% of Meridian Health Regional Service Area residents are White and 5.3% are Black.

- This is generally “more White,” “less Black,” and less “Other” than the state racial distribution.
- Statewide and nationally, the population is less White, more Black, and more “Other” race.
- Viewing racial distribution by county, note that Monmouth County houses a smaller White population and a larger Black and Other population than does Ocean County.

Total Population by Race Alone, Percent (2009-2013)



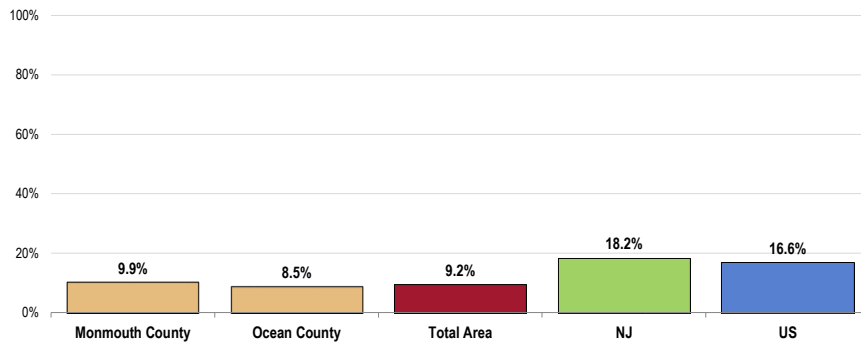
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.

Ethnicity

A total of 9.2% of Meridian Health Regional Service Area residents are Hispanic or Latino.

- Half the percentage found statewide.
- Much lower than found nationally.
- Slightly higher in Monmouth than in Ocean County.

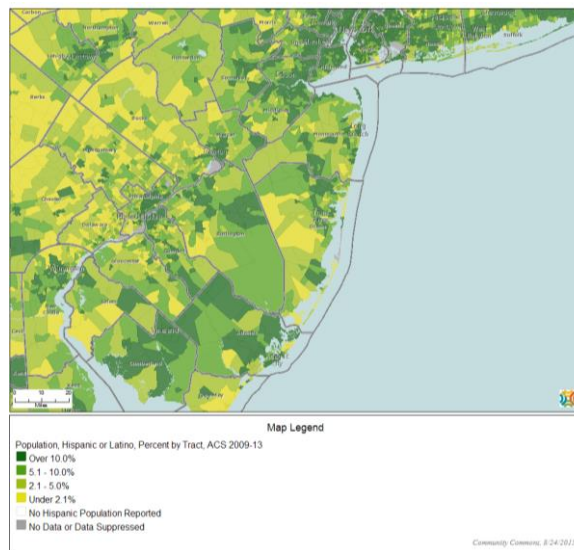
Percent Population Hispanic or Latino
(2009-2013)



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.
 Notes: • Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

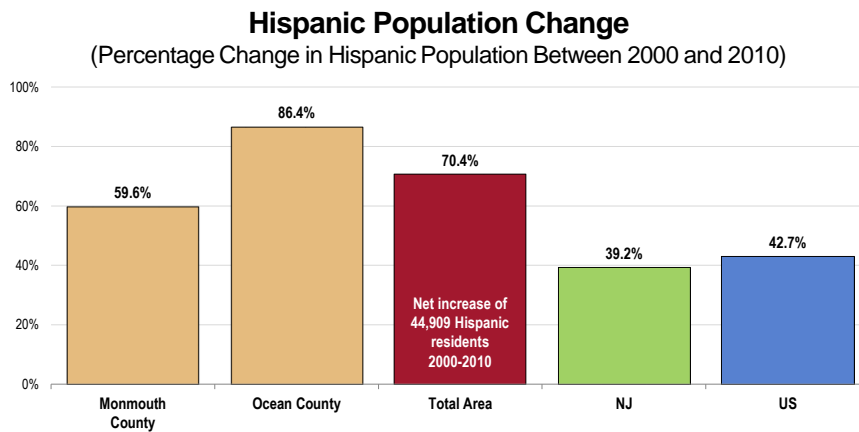
- The following chart provides an illustration of the service area's Hispanic population by census tract.

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013



Between 2000 and 2010, the Hispanic population in the Meridian Health Regional Service Area increased by nearly 45,000, or 70.4%.

- Much higher (in terms of percentage growth) than found statewide.
- Much higher (in terms of percentage growth) than found nationally.
- The percentage increase was much higher in Ocean County than in Monmouth.

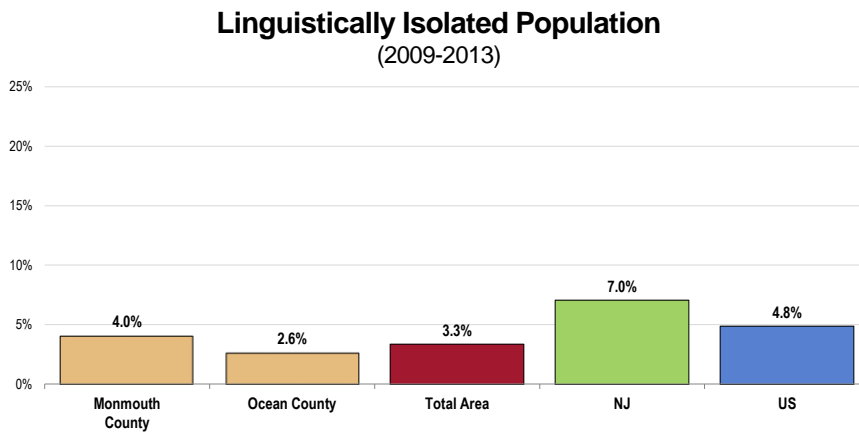


Sources: • US Census Bureau Decennial Census (2000-2010).
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.

Linguistic Isolation

A total of 3.3% of the Meridian Health Regional Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

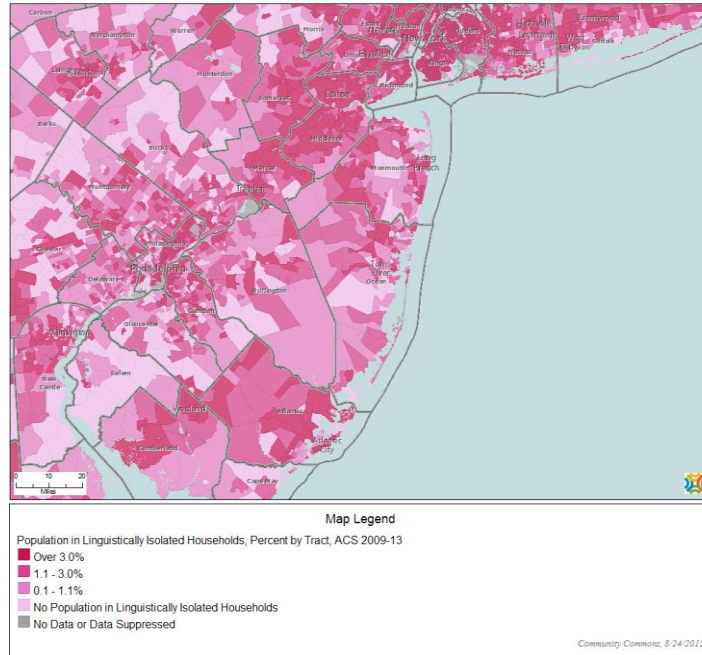
- Well below that found statewide.
- Below that found nationally.
- Higher in Monmouth County.



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speak a non-English language and speak English “very well.”

- Note the following map illustrating linguistic isolation in the Meridian Health Regional Service Area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

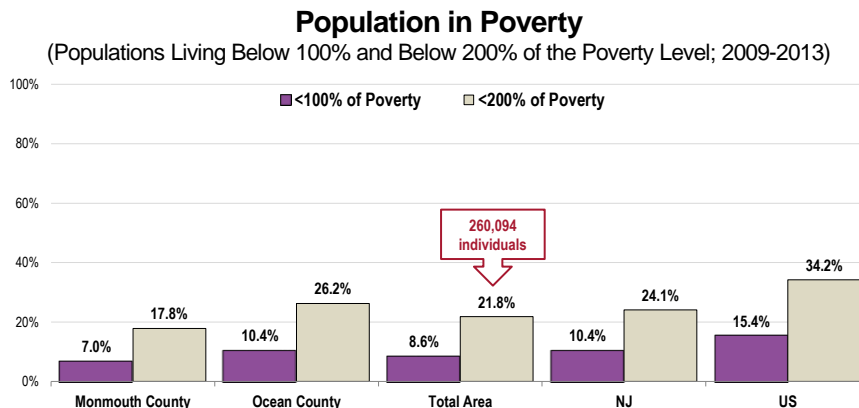
- Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows **8.6%** of the Meridian Health Regional Service Area’s population living below the federal poverty level.

In all, **21.8%** of Meridian Health Regional Service Area residents (an estimated 260,000 individuals) live below 200% of the federal poverty level.

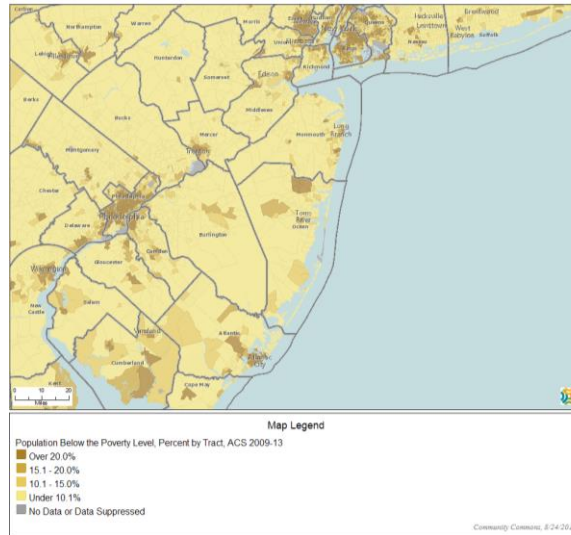
- Lower than the proportion reported statewide.
- Much lower than found nationally.
- Favorably low in Monmouth County.



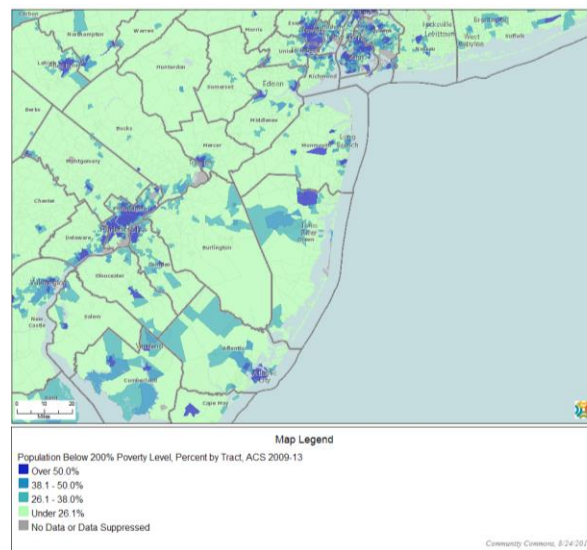
Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.
 Notes: • Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- The next two maps provide an illustration of the various pockets of poverty in the service area, segmented by census tract.

Population Below the Poverty Level, Percent by Tract, ACS 2009-2013



Population Below 200% of Poverty, Percent by Tract, ACS 2009-2013

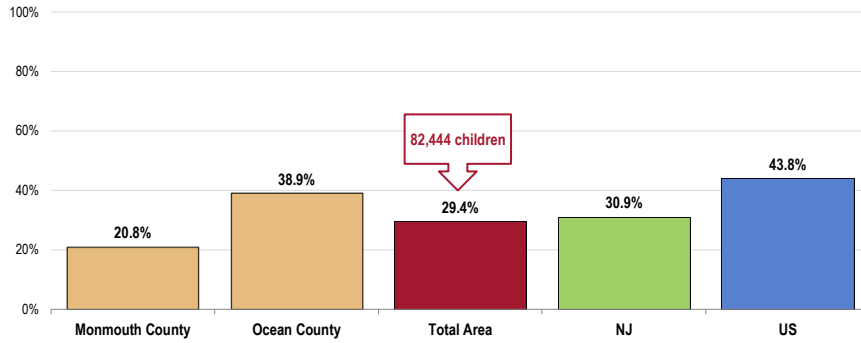


Children in Low-Income Households

Additionally, 29.4% of Meridian Health Regional Service Area children age 0-17 (representing an estimated 82,444 children) live below the 200% poverty threshold.

- Just below the proportion found statewide.
- Below the proportion found nationally.
- The proportion is nearly twice as high in Ocean County as in Monmouth.

Percent of Children in Low-Income Households (Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)



Sources:

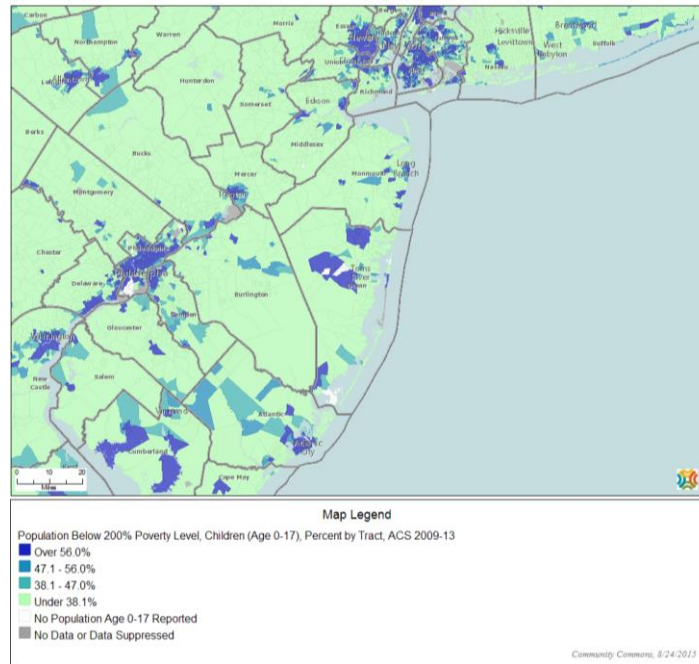
- US Census Bureau American Community Survey 5-year estimates (2009-2013).
- Retrieved October 2015 from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- The following map provides a geographic illustration of service area children living in poverty (segmented by census tract).

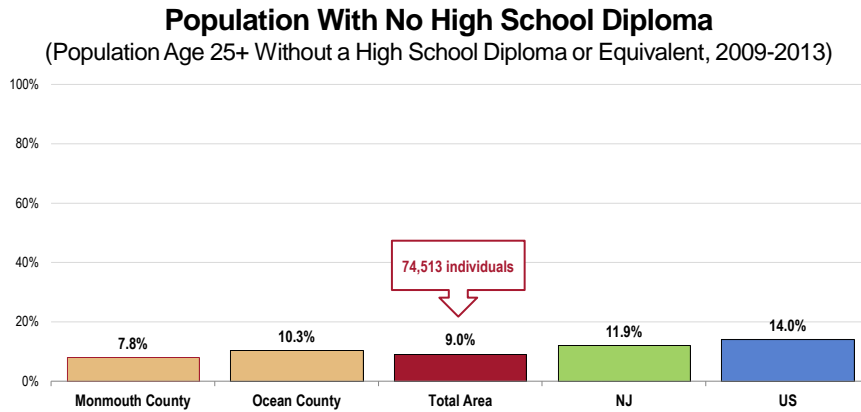
Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013



Education

Among the Meridian Health Regional Service Area population age 25 and older, an estimated 9.0% (nearly 75,000 people) do not have a high school education.

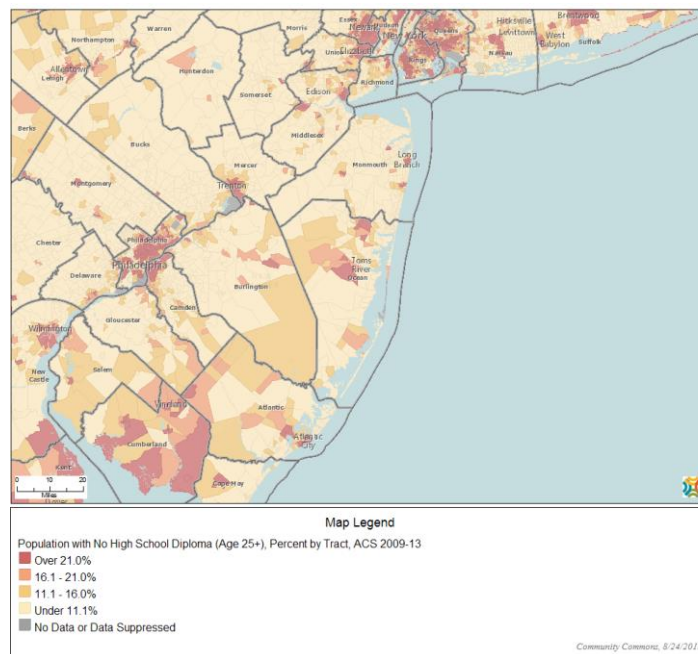
- More favorable than found statewide.
- More favorable than found nationally.
- Favorably low in Monmouth County.



Sources: • US Census Bureau American Community Survey 5-year estimates (2009-2013).
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because educational attainment is linked to positive health outcomes.

- Note the following map depicting the service area’s population (age 25+) without a high school diploma.

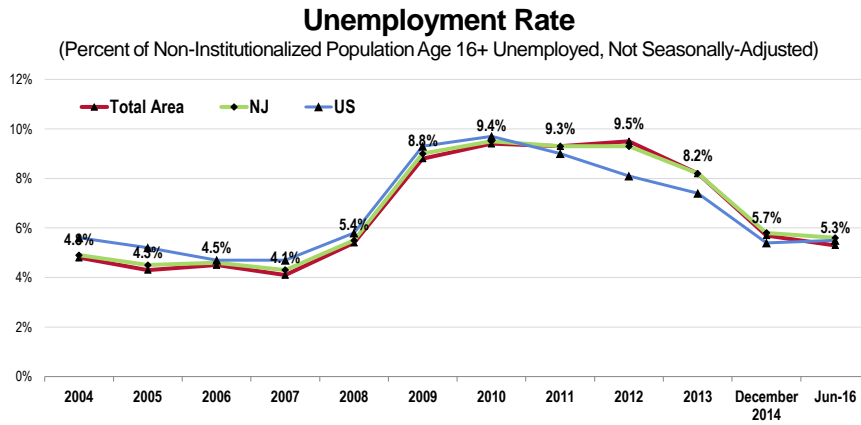
Population With No High School Diploma, Percent by Tract, ACS 2009-2013



Employment

According to data derived from the US Department of Labor, the unemployment rate in the Meridian Health Regional Service Area as of June 2015 was 5.3%.

- Just below the statewide unemployment rate.
- Similar to the national unemployment rate.
- TREND: Unemployment for the Meridian Health Regional Service Area has closely echoed the state trend over the past decade.



Sources: • US Department of Labor, Bureau of Labor Statistics.
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.

Notes: • This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status



Professional Research Consultants, Inc.

Overall Health Status

Self-Reported Health Status

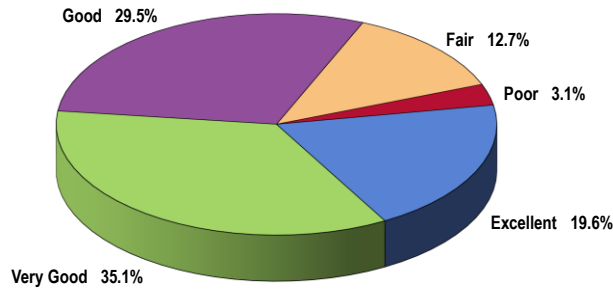
A total of 54.7% of Meridian Health Regional Service Area adults rate their overall health as “excellent” or “very good.”

- Another 29.5% gave “good” ratings of their overall health.

The initial inquiry of the PRC Community Health Survey asked respondents the following:

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

Self-Reported Health Status
(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 15.8% of Meridian Health Regional Service Area adults believe that their overall health is “fair” or “poor.”

NOTE:

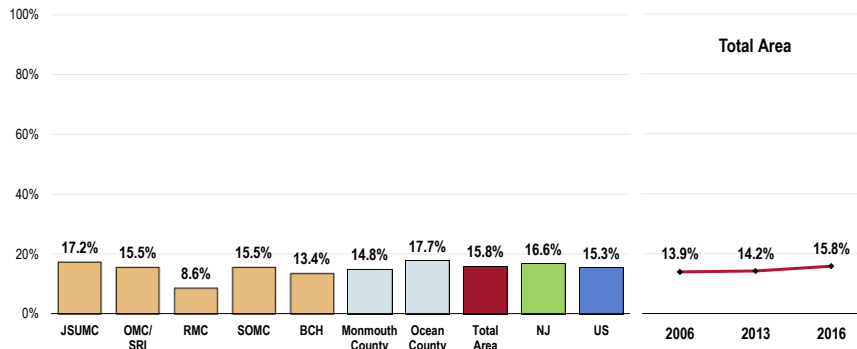
Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, community-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

- Statistically similar to statewide findings.
- Statistically similar to the national percentage.
- Similar findings by county; by hospital service area, favorably low in the Riverview Medical Center (RMC) service area.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to prior survey results.

Experience “Fair” or “Poor” Overall Health



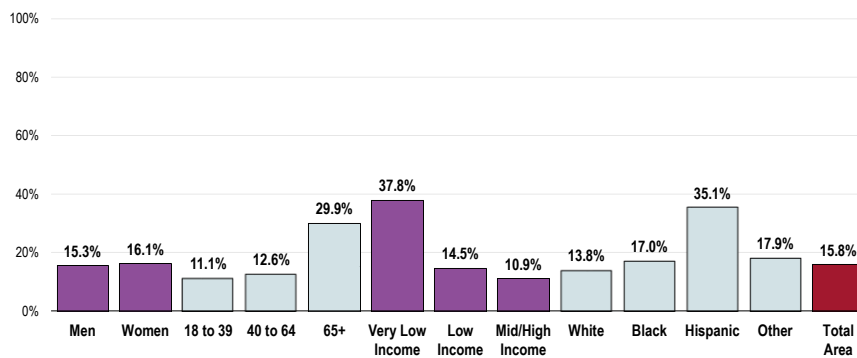
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Adults more likely to report experiencing “fair” or “poor” overall health include:

- Seniors.
- Residents living at lower incomes (negative correlation with income).
- Hispanics.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by gender, age groupings, income (based on poverty status), and race/ethnicity.

Experience “Fair” or “Poor” Overall Health
(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
• Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

RELATED ISSUE:
See also
*Potentially Disabling
Conditions in the
Death, Disease &
Chronic Conditions*
section of this report.

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

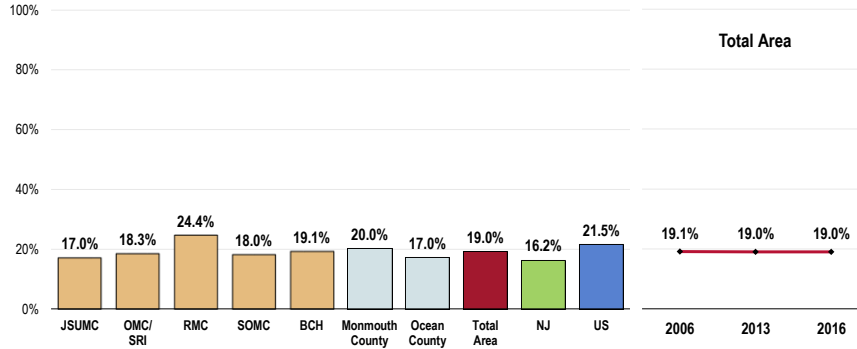
- Healthy People 2020 (www.healthypeople.gov)

Adults

A total of 19.0% of Meridian Health Regional Service Area adults are limited in some way in some activities due to a physical, mental or emotional problem.

- Less favorable than the prevalence statewide.
- Similar to the national prevalence.
- No statistically significant differences in findings by county or hospital service area.
- TREND: Statistically stable over time.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



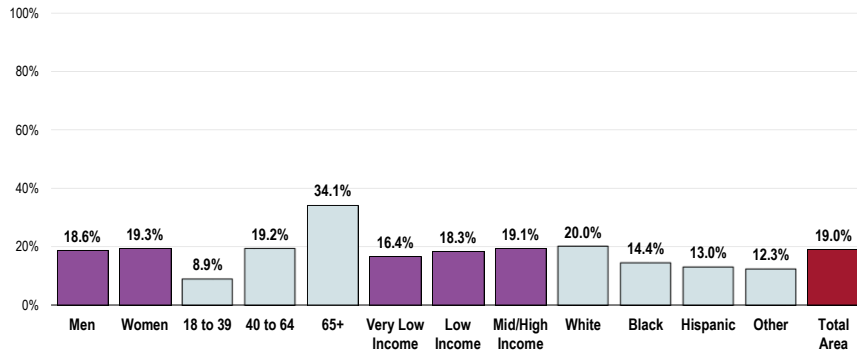
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 105]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

In looking at responses by key demographic characteristics, note the following:

- Adults age 40 and older are much more often limited in activities (note the positive correlation with age).
- Non-Hispanic Whites are more likely to report activity limitations than are Non-Hispanic Blacks, Hispanics, and adults of “Other” races.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Total Area, 2016)

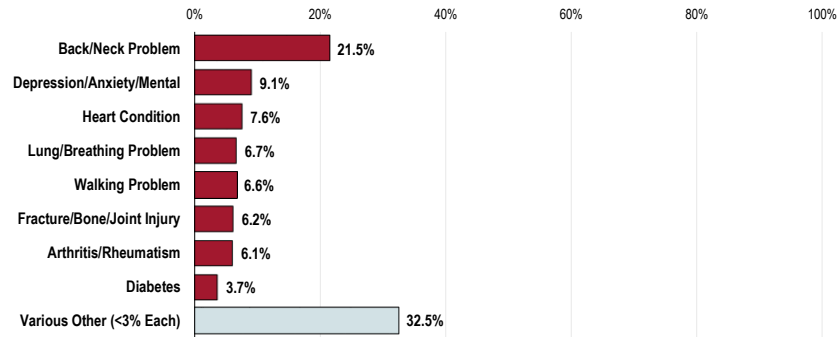


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, difficulty walking, fractures or bone/joint injuries, or arthritis/rheumatism.

Other limitations mentioned with some frequency included those associated with mental health (depression, anxiety, etc.), heart conditions, lung/breathing problems, and diabetes.

Type of Problem That Limits Activities
(Among Those Reporting Activity Limitations; Total Area, 2016)



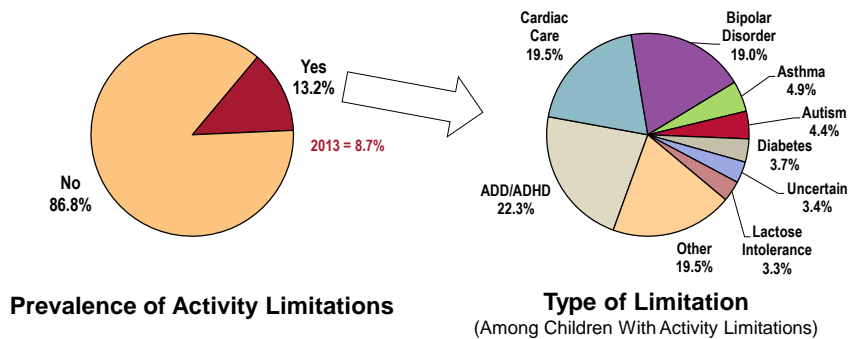
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]
Notes: • Asked of those respondents reporting activity limitations.

Children

A total of 13.2% of Meridian Health Regional Service Area children under 18 are limited in some way in some activities due to a physical, mental or emotional problem.

- Specific limitations mentioned by parents include **ADD/ADHD** (mentioned by 22.3% of these parents), the need for **cardiac care** (19.5%), and **bipolar disorder** (19.0%).
- Other limitations mentioned with lesser frequency include asthma, autism, diabetes, and lactose intolerance.

Children's Activity Limitations
(Among Parents of Children Under 18; Total Area, 2016)

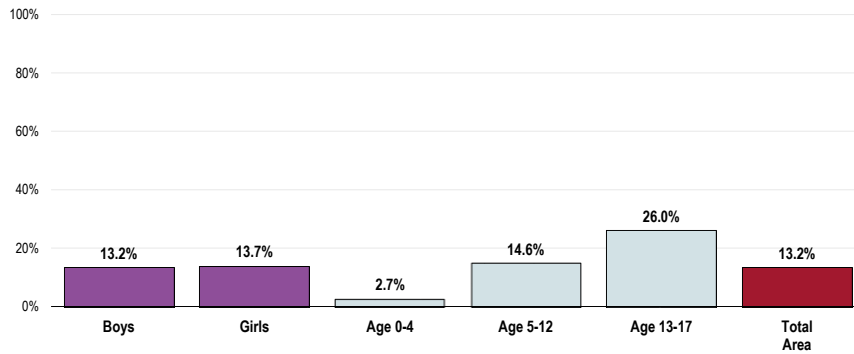


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 333-334]
Notes: • Asked of respondents with a child under 18 in the household.

In looking at responses by key demographic characteristics, note the following:

- No significant difference between service area boys and girls; note the positive correlation between age and activity limitations among Meridian Health Regional Service Area children.

Child Has an Activity Limitation
(Total Area Children <18, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 333]

Notes: • Asked of all respondents with children under 18 at home.
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

RELATED ISSUE:

See also
*Potentially Disabling
Conditions in the
Death, Disease &
Chronic Conditions
section of this report.*

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, 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.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

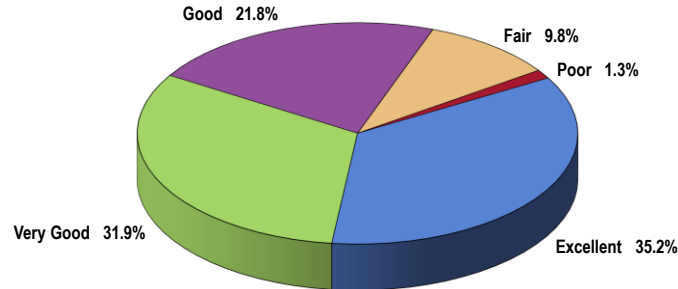
Self-Reported Mental Health Status

A total of 67.1% of Meridian Health Regional Service Area adults rate their overall mental health as “excellent” or “very good.”

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

- Another 21.8% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Total Area, 2016)

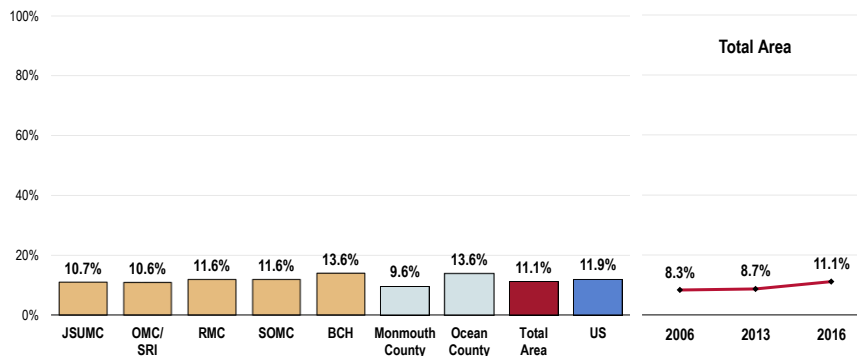


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.

A total of 11.1% of Meridian Health Regional Service Area adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- Similar findings by county and hospital service area.
- TREND: Marks a statistically significant increase since 2006.

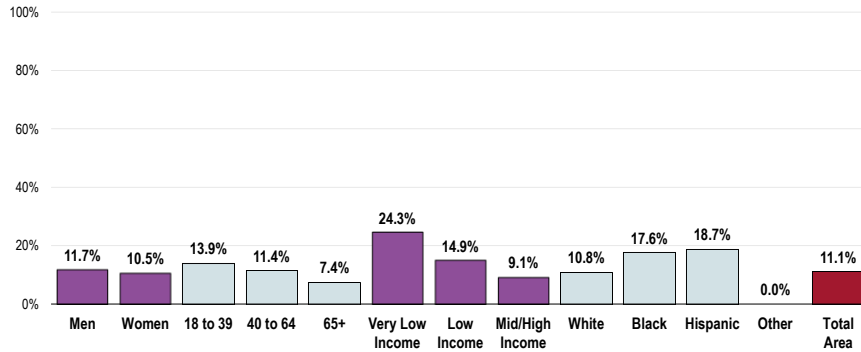
Experience “Fair” or “Poor” Mental Health



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

- Note the negative correlations between poor mental health and both age and income.
- By race, note the lack of “Other” respondents reporting “fair” or “poor” mental health.

Experience “Fair” or “Poor” Mental Health (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

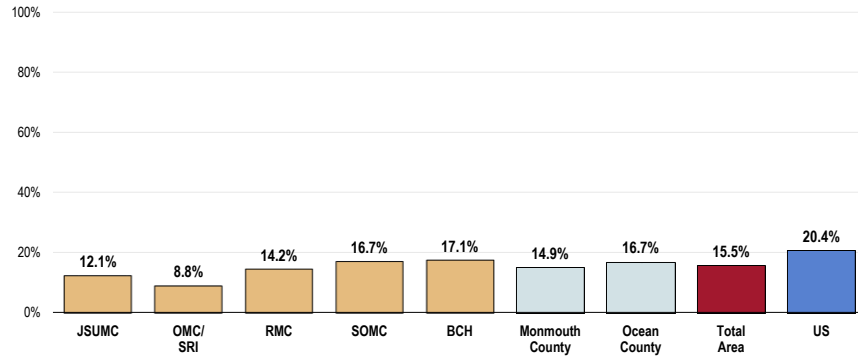
Depression

Diagnosed Depression

A total of 15.5% of Meridian Health Regional Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- More favorable than the national finding.
- Statistically similar by county; favorably low in the Ocean Medical Center/Shore Rehabilitation Institute (OMC/SRI) service area.

Have Been Diagnosed With a Depressive Disorder

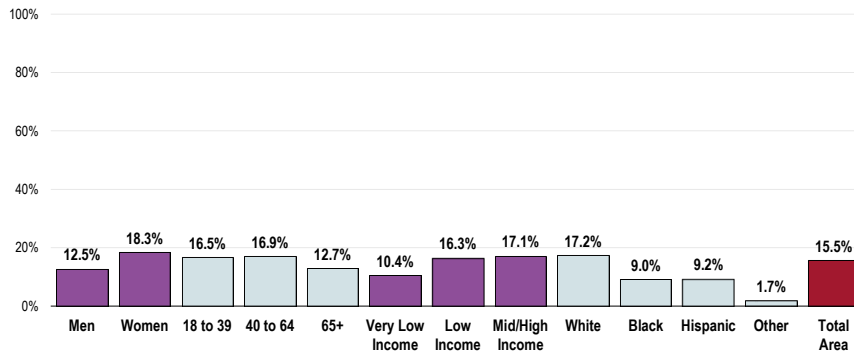


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.

The prevalence of diagnosed depression is statistically higher among:

- Women.
- Whites.

Have Been Diagnosed With a Depressive Disorder (Total Area, 2016)



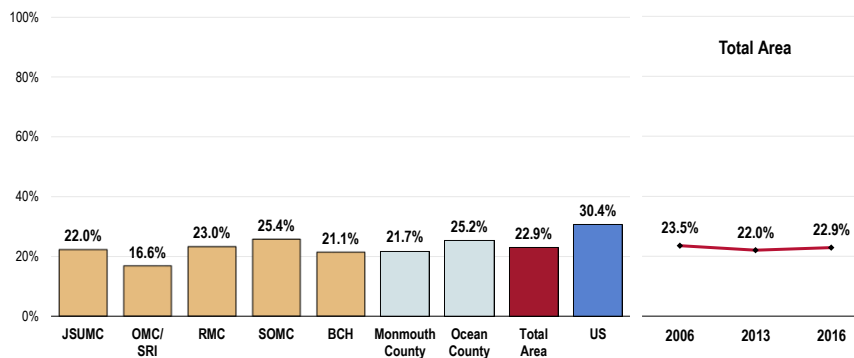
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
 Notes: • Asked of all respondents.
 • Depressive disorders include depression, major depression, dysthymia, or minor depression.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Symptoms of Chronic Depression

A total of 22.9% of Meridian Health Regional Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- More favorable than national findings.
- Comparable findings by county; by hospital, favorably low in the OMC/SRI service area.
- TREND: Similar to previous findings.

Have Experienced Symptoms of Chronic Depression

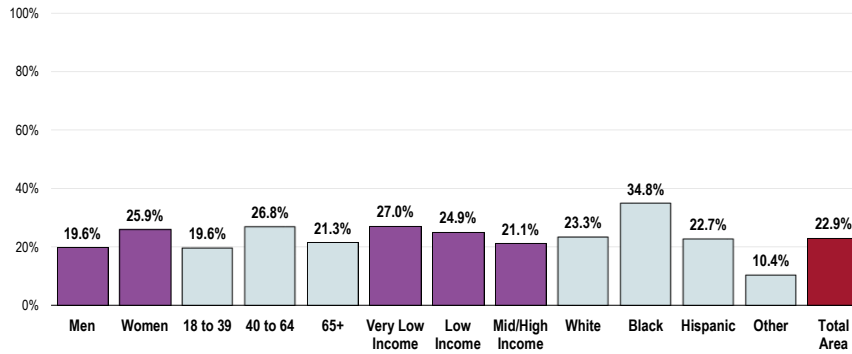


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 101]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Women.
- Blacks.

Have Experienced Symptoms of Chronic Depression (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

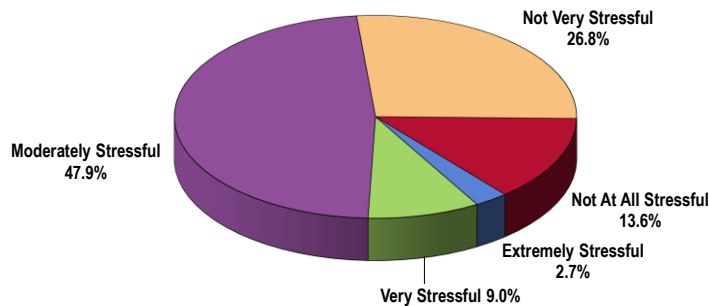
A total of 4 in 10 Meridian Health Regional Service Area adults consider their typical day to be "not very stressful" (26.8%) or "not at all stressful" (13.6%).

RELATED ISSUE:

- Nearly half of survey respondents (47.9%) characterize their typical day as "moderately stressful."

See also *Substance Abuse in the Modifiable Health Risks* section of this report.

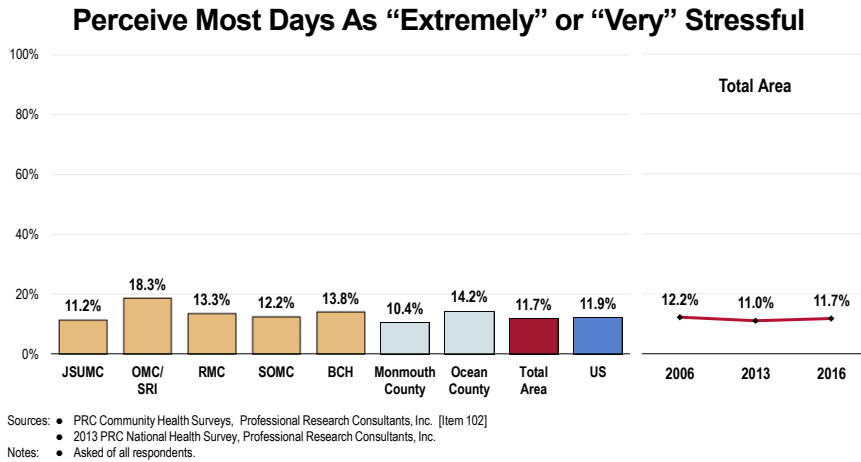
Perceived Level of Stress On a Typical Day (Total Area, 2016)



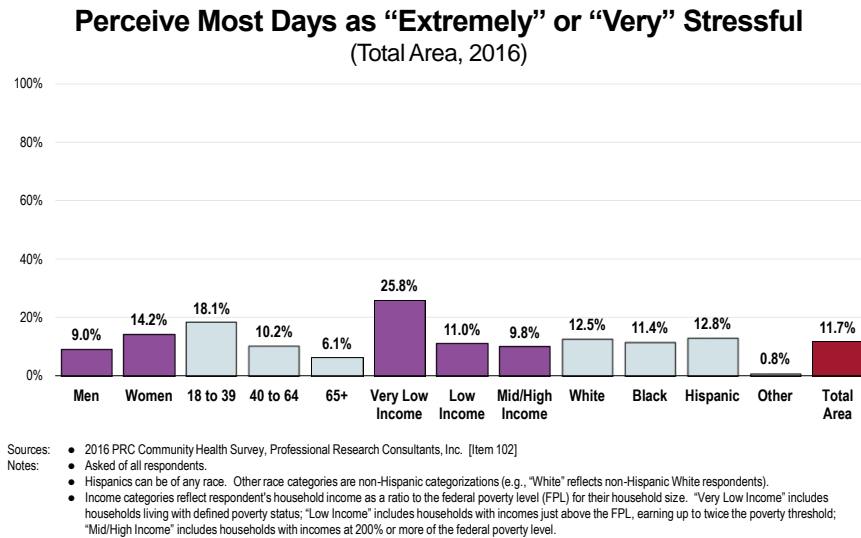
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
 Notes: • Asked of all respondents.

In contrast, 11.7% of Meridian Health Regional Service Area adults experience “very” or “extremely” stressful days on a regular basis.

- Nearly identical to national findings.
- Statistically comparable findings by county and hospital service area.
- TREND: Statistically unchanged over time.



- Note that high stress levels are more prevalent among women, adults under 65 (negative correlation with age), and residents living in poverty.
- Note also the lack of stress reported among “Other” respondents.

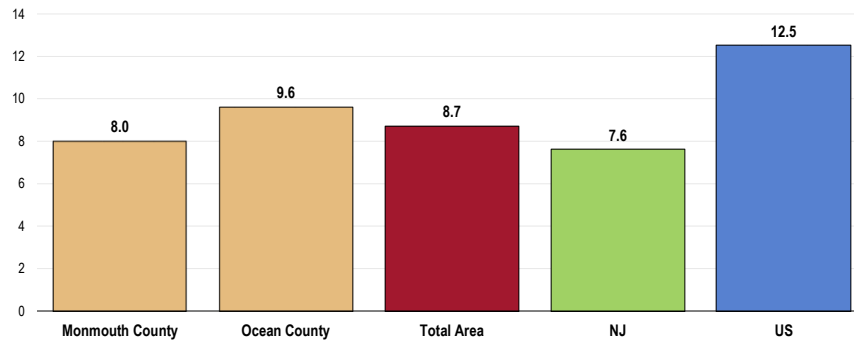


Suicide

Between 2011 and 2013, there was an annual average age-adjusted suicide rate of 8.7 deaths per 100,000 population in the service area.

- Higher than the statewide rate.
- Lower than the national rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Higher in Ocean County than in Monmouth County.

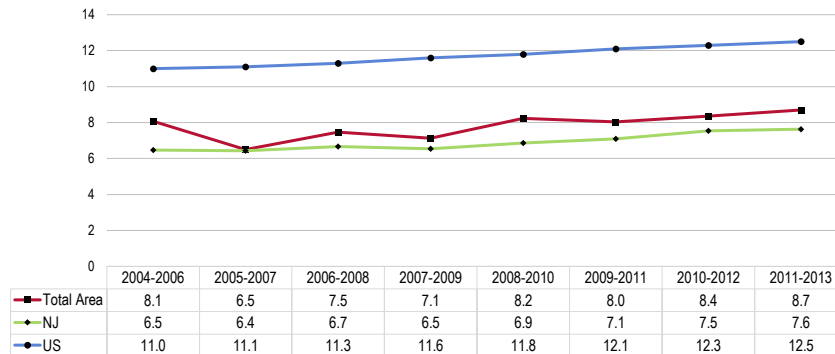
Suicide: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The area suicide rate has overall trended upward, as have the state and national rates.

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 10.2 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
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• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

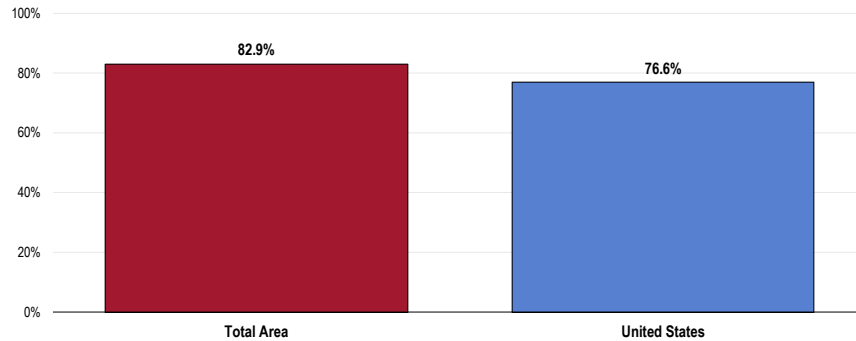
Mental Health Treatment

Among adults with a diagnosed depressive disorder, 82.9% acknowledge that they have sought professional help for a mental or emotional problem.

“Diagnosed depressive disorder” includes respondents reporting a past diagnosis of a depressive disorder by a physician (such as depression, major depression, dysthymia, or minor depression).

- Similar to national findings.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem
(Among Adults With Diagnosed Depressive Disorder)



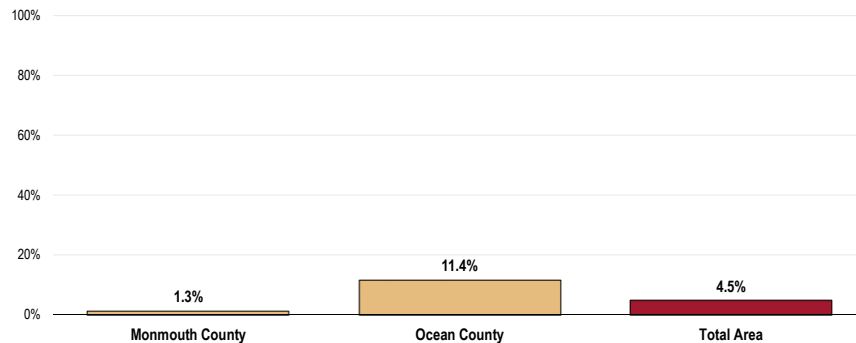
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Autism in Children

A total of 4.5% of Meridian Health Regional Service Area parents report that their child has been diagnosed with autism.

- Notably higher among Ocean County parents.

Child Has Been Diagnosed With Autism

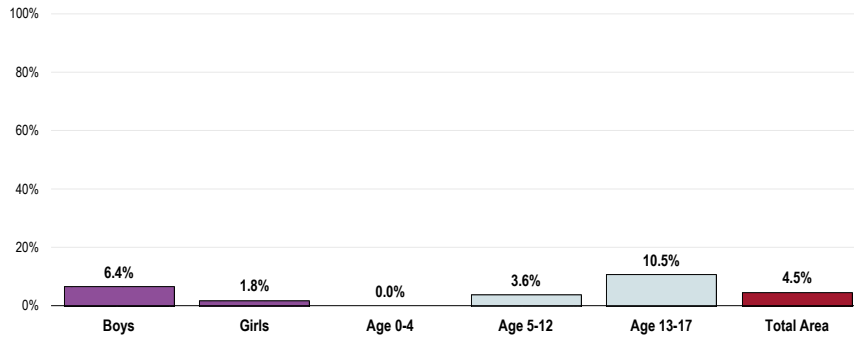


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 331]
 Notes: • Asked of all respondents with children under 18 at home.

- Diagnoses of service area children with autism are higher among boys and increase with age, as shown.

Child Has Been Diagnosed With Autism

(Total Area Children <18, 2016)

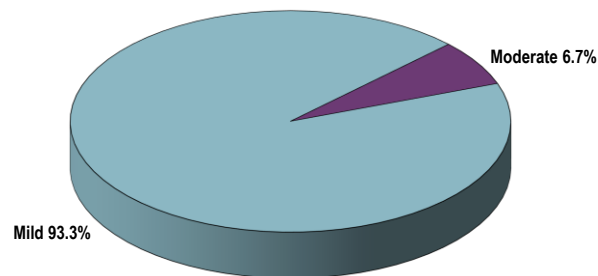


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 331]
 Notes: • Asked of all respondents with children under 18 at home.

- Of parents with autistic children, 6.7% report that the diagnosis was “moderate,” while the majority of these parents report that their child is “mildly” autistic.

Autism Diagnosis

(Total Area Parents With Autistic Children, 2016)

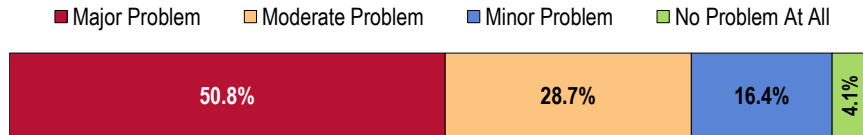


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 332]
 Notes: • Asked of parents with children under 18 whose child has been diagnosed with autism.

Key Informant Input: Mental Health

Half of key informants taking part in an online survey characterized **Mental Health** as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2016)



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

Challenges

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

Access to care. – Physician

Services and compliance. – Physician

Access to care and stigma. – Physician

Access and availability of services. Many have to make appointments or get on waiting lists for services, so this creates a problem. Also, programs that are in existence may be very costly. Outpatient programs are not always the best option as people are still in the environment where they have the problems, so maybe they go to the four hour day program then back to what they used to do. Also, on the flip side, people are in denial, so getting them to really understand there is a problem is the biggest issue to overcome. – Community/Business Leader

I partially covered this in the last question; however, the largest issue is lack of access to long-term treatment facilities. Very few beds for those who need the help. Additionally, the expense associated. Many are also reluctant to seek help because it's taboo in some communities to seek help for mental health challenges. – Social Services Provider

Accessing psychotherapy programs. – Community/Business Leader

Access to care. The patients whether they have insurance or not cannot afford or even find a practitioner in mental health. In addition, primary care physicians only get a portion of reimbursement for mental health care visit which makes the extended visit for these patients difficult as it cuts into the practice bottom line. – Physician

Accessing quality behavioral health care services in a timely manner. Regardless of the behavioral health issue it is very difficult to identify a psychiatrist who can perform an assessment and then provide medication management. Specifically, the population that is the most underserved in the community are individuals who have intellectual and developmental disabilities with a co-occurring mental health issue. There is a dearth of psychiatrists, psychologist, and licensed mental health clinicians who are willing to work with this population. Due in part to a lack of expertise, but also due to a lack of affordable reimbursement from insurance companies (specifically Medicaid). In addition, the care coordination between mental health practitioners and physical health practitioners is another area that is seriously lacking. – Social Services Provider

Access to psychiatrists can be an issue. We have Rosa Pavilion at JSUMC, which is the only in patient facility in the area. They do good work there. – Physician

Access to care, very difficult to get appointments. – Physician

The biggest problem is getting help and affording healthcare for mental health. Mental health is not

always diagnosed correctly and therefore many patients are left without care. There are also not enough providers that patients can afford. – Social Services Provider

Quality low cost mental health services are very scarce in the community. – Community/Business Leader

Difficulty in access to care and continuing care. – Community/Business Leader

There is poor access for everyone. It takes months to get an appointment. Coverage is also a problem. – Physician

Getting help for people that have mental problems. There is a problem communicating with the doctors about the patients. This is a major problem. The doctors don't coordinate with each other. The patients are not properly followed up on after release. – Community/Business Leader

No availability for appointments with doctors and no bed for inpatient. – Physician

Very limited Psychiatry availability and very few inpatient short and long term facilities. – Physician

Availability of psychiatrist in the area. – Physician

Wait times for appointments with providers. – Public Health Representative

Delayed access to behavioral health services in the community, four months' time. Lack of insurance coverage and lack of transportation for patients to attend medical visits. – Physician

Access to care in Ocean County is a major concern. – Community/Business Leader

Lack of Resources

The availability of mental health providers. – Social Services Provider

Lack of providers, wait list for people to receive services. – Social Services Provider

There are not enough psychiatrists in the area. Often there are inadequate services for crisis intervention. More services are needed for individuals who are dually diagnosed DD/MI. – Social Services Provider

Most definitely substance abuse and co-occurring mental health disorders. Specifically for those with opiate addiction, there is no infrastructure to support recovery and prevent relapse. The community response appears to be allowing law enforcement to incarcerate these individuals. Once they are incarcerated, there is no mechanism for treatment or recovery. This punitive response does not address nor treat the symptoms or cause of the disease of addiction and only exacerbates the problem for the individuals and society. – Community/ Business Leader

Lack of medical treatment and medication. – Community/Business Leader

There are too few providers. If in crisis you go to the ER and there they will not start treatment if you are discharge. If you are discharged you can't get an appointment with a psychiatrist within 3-6 months. The developmental pediatricians aren't taking appointments at this time. Neurology appointments for children are 6 months away also. – Physician

I called a mental health hotline. Useless, then I called another, couldn't help me either. Any nobody called me back. With a real urgent matter. Can't we get a call back? – Physician

Access to psychiatric care that is covered by health insurance and shortage of psychiatrists. – Physician

The facilities that house persons with significant mental health challenges that do not meet the criteria for institutionalization are a horror show. This is a function of inadequate regulations and owner/operators of facilities that have no compassion and are in it to only drain every dollar they can. – Public Health Representative

Access to local treatment providers. Poor transportation. – Community/Business Leader

Not enough resources to get patients into to see mental health services, leaving them to flounder. – Physician

There are limited mental health services in both counties. The waiting list to be seen is about 3 months at JSUMC Behavioral Health. There are many private counseling services but patients that don't have insurance cannot be seen. – Other Healthcare Provider

The lack of available resources. It's very difficult to navigate the system and the people who work in the system tend not to be helpful or knowledgeable. – Social Services Provider

Mental health services in this area are lacking. It is incredibly hard to get an appointment for with a psychiatrist, social worker, or therapist for patients with any type of mental illness. The only way they are seen in a timely manner is if they are suicidal or admitted to inpatient psychiatry, which is unacceptable at this point. – Physician

Facilities not available. – Community/Business Leader

Lack of in treatment facilities. – Community/Business Leader

Not too many treatment centers and poor access to addiction services. – Physician

Lack of Education

Limited insight into disease process and available resources compounded by cultural stigma. – Physician

Mental health is a large, growing and often unrecognized and untreated problem. – Community/Business Leader

For our campus community traditional aged students at times are first experiencing issues with mental health, or first having problems exposed. There is also a stigma in particular communities about seeking support. We also serve students who are un- or underinsured so ongoing mental health supports are out of reach for some students. We also experience students who are trying to assert their adulthood and chose to go off meds as they enter college which creates issues. Our campus counseling service can only provide short term support and we have issues connecting students to resources. – Community/Business Leader

Managing disease while living in the community. – Public Health Representative

High Prevalence

There is a large number of people who need access to mental health care. – Physician

Undiagnosed mental illness, no early intervention. Parents in denial of their child. Teen violence drastic rise. – Community/Business Leader

This is a huge challenge facing all walks of life. More especially for deaf/hard-of-hearing, since it's very rare to find a therapist that knows sign language. Many doctors site "privacy concerns" when using an interpreter. There needs to be more open communication about what "mental health" is. This needs to be started in elementary school, the awareness that these services are available. One of the biggest issues is health insurance. Since it's so expensive, it's either limited or nonexistent for most insurance companies. – Social Services Provider

The incidence of mental illness and substance abuse is high in Monmouth and Ocean Counties. Resources such as counseling services, psychiatry, behavioral health and substance abuse prevention programs are limited and not sufficient to meet the needs of the communities. Also, the quality of available resources, especially for those on Medicaid or Medicare is not always good. – Physician

Stigma

The biggest challenge for those with mental illness is the stigma attached to mental illness, which deters people from seeking services. Other challenges are a lack of knowledge among the general public about the realities of mental illness and barriers that insurance companies put in the way of using services. – Community/Business Leader

Understanding and treating. – Community/Business Leader

Insurance Issues

Many treatments are not funded by insurance, plus there is a stigma connected with seeking these services. – Community/Business Leader

Lack of support from community and insurance companies. – Social Services Provider

Sleep

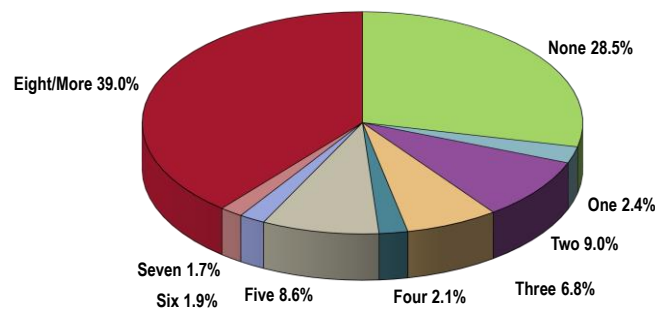
Average Days Without Enough Rest or Sleep

In the past month, **39.0%** of survey respondents experienced more than one week during which they did not receive enough sleep or rest at night.

“Now thinking about getting enough sleep: during the past 30 days, for about how many days have you felt you did NOT get enough rest or sleep?”

- In contrast, 28.5% did not have any nights without enough rest or sleep in the past month.

Average Days Without Enough Rest or Sleep in the Past Month (Total Area, 2016)

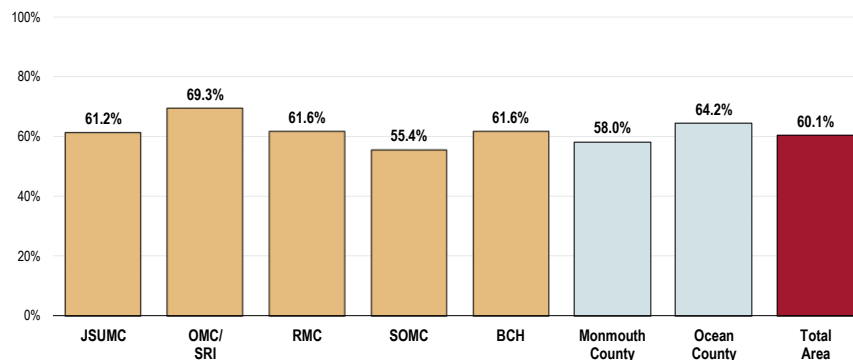


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
Notes: • Asked of all respondents.

In all, **6 in 10** survey respondents (**60.1%**) report experiencing **3+ days** in the past month during which they did not get enough rest or sleep.

- Similar findings by county; highest in the OMC/SRI service area, lowest in the Southern Ocean Medical Center (SOMC) community.

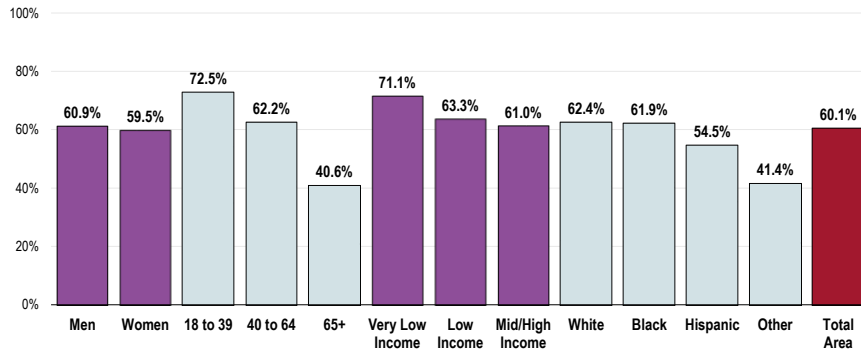
Experienced 3+ Days Without Enough Rest or Sleep in the Past Month



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
Notes: • Asked of all respondents.

- Young adults (negative correlation with age) are statistically more likely to report experiencing 3+ days without enough rest or sleep in the past month than their demographic counterparts.
- Note the low prevalence reported among “Other” races.

Experienced 3+ Days Without Enough Rest or Sleep in the Past Month
(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 180]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

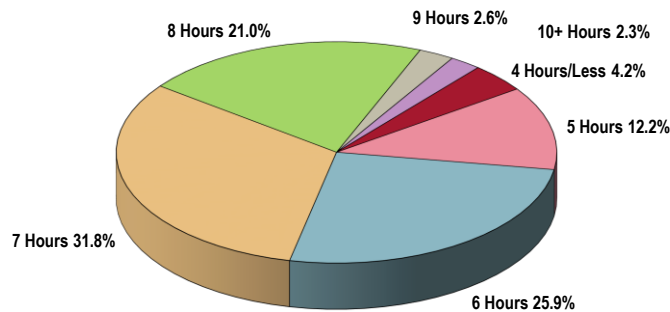
Average Hours of Sleep

On average, just over one-half of survey respondents (52.8%) reports sleeping 7 to 8 hours per day (4.9% report sleeping 9+ hours).

- In contrast, 16.4% of local adults sleep fewer than 6 hours per day.

“On average, how many hours of sleep do you get in a 24-hour period? Think about the time you actually spend sleeping or napping, not just the amount of sleep you think you should get.”

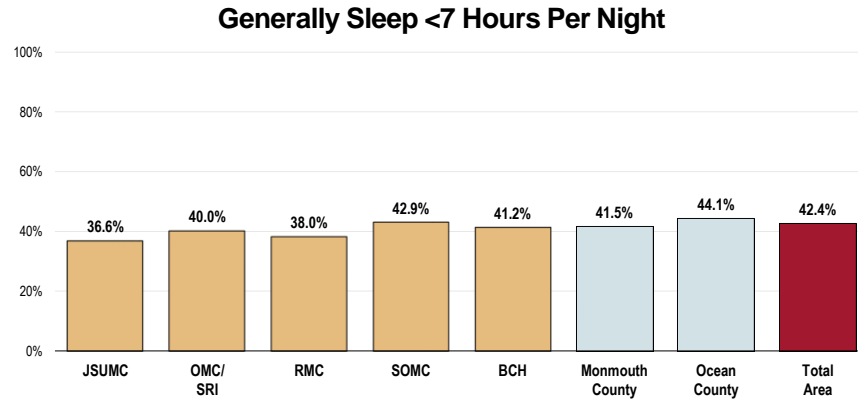
Average Hours of Sleep Per Night
(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 317]
 Notes: • Asked of all respondents.

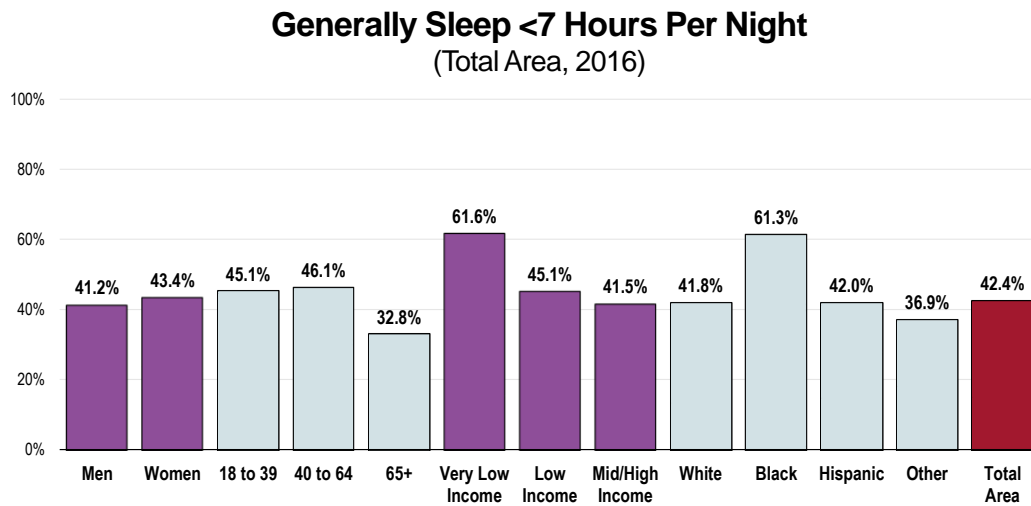
Overall, 42.4% of Meridian Health Regional Service Area adults sleep fewer than 7 hours on an average night.

- The prevalence is statistically comparable by county and hospital service area.



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
 Notes: • Asked of all respondents.

- Adults under 65, lower-income residents (negative correlation with income), and Black adults are much more likely to report sleeping fewer than 7 hours per night.



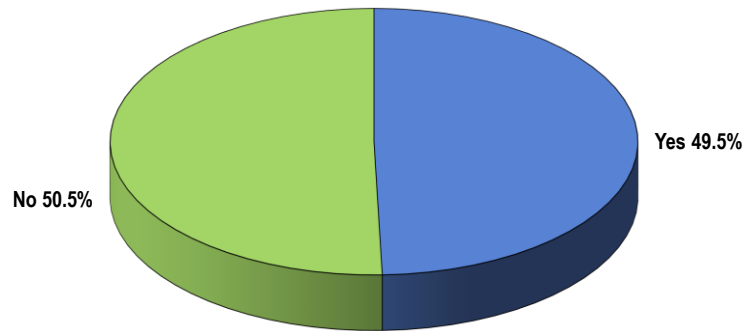
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 181]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Snoring

Half of survey respondents (49.5%) report that they snore when sleeping.

Prevalence of Snoring

(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 318]
 Notes: • Asked of all respondents.

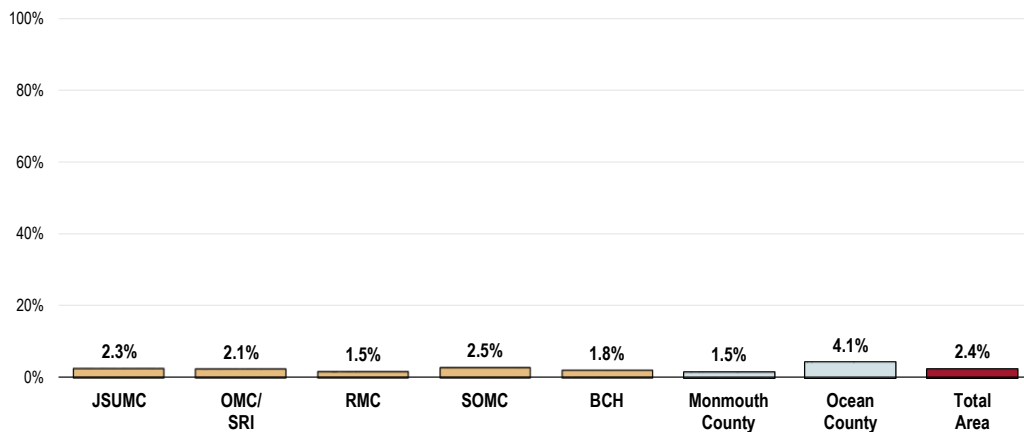
Drowsiness

Among survey respondents, 2.4% fell asleep while driving at some point over the past month.

“During the past 30 days, have you nodded off or fallen asleep, even just for a brief moment, while driving?”

- This prevalence is statistically comparable by county and hospital service area.

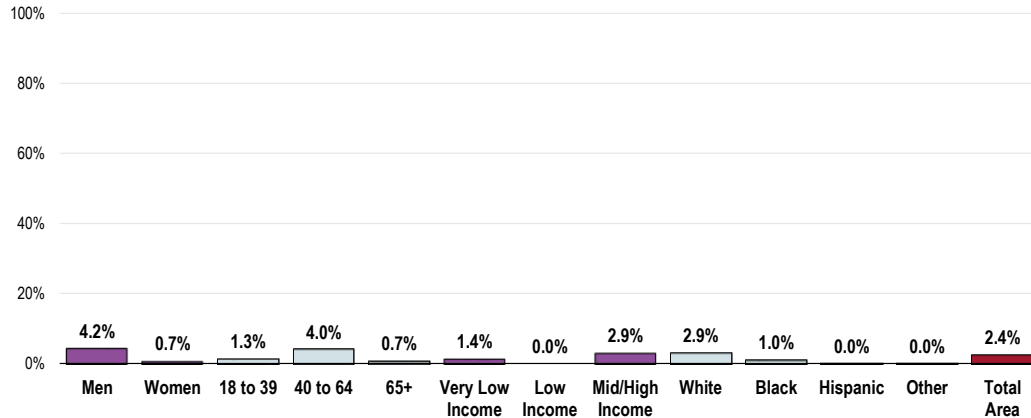
Fell Asleep While Driving in the Past Month



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 319]
 Notes: • Asked of all respondents.

- Men, adults age 40 to 64, upper-income residents, and Whites are more likely to have fallen asleep while driving in the past month.

Fell Asleep While Driving in the Past Month (Total Area, 2016)



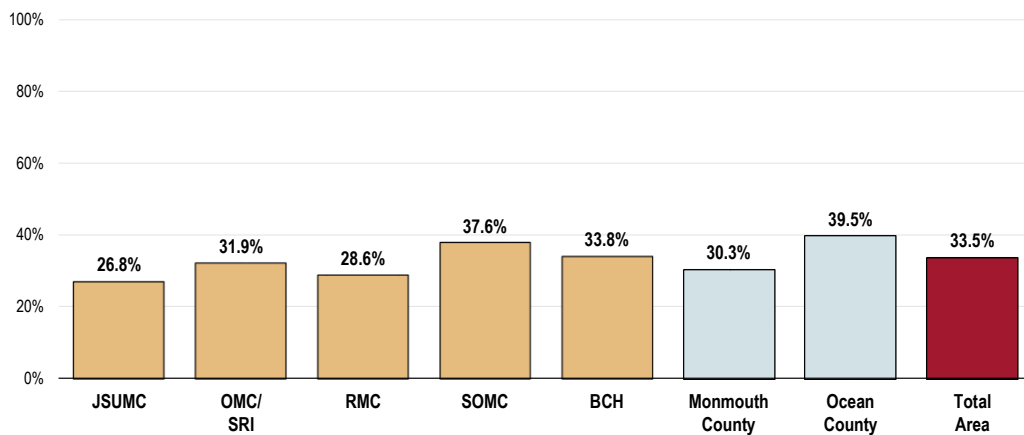
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 319]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

One-third of Meridian Health Regional Service Area adults (33.5%) reports falling asleep unintentionally during the day at least once in the past month.

"During the past 30 days, have you found yourself unintentionally falling asleep, even just for a brief moment, during the day?"

- Much higher in Ocean County than in Monmouth; statistically comparable findings by hospital service area.

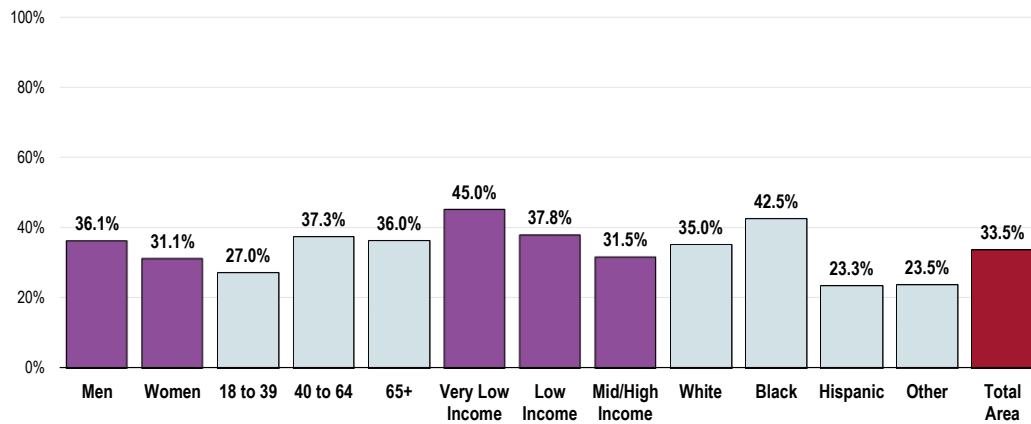
Fell Asleep Unintentionally During the Day in the Past Month



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 320]
 Notes: • Asked of all respondents.

- Residents age 40+, Whites, and Blacks are more likely to have fallen asleep without intent at least once in the past month.
- Note also the negative correlation with income.

Fell Asleep Unintentionally During the Day in the Past Month (Total Area, 2016)



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 320]

 Notes:

- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Death, Disease & Chronic Conditions



Professional Research Consultants, Inc.

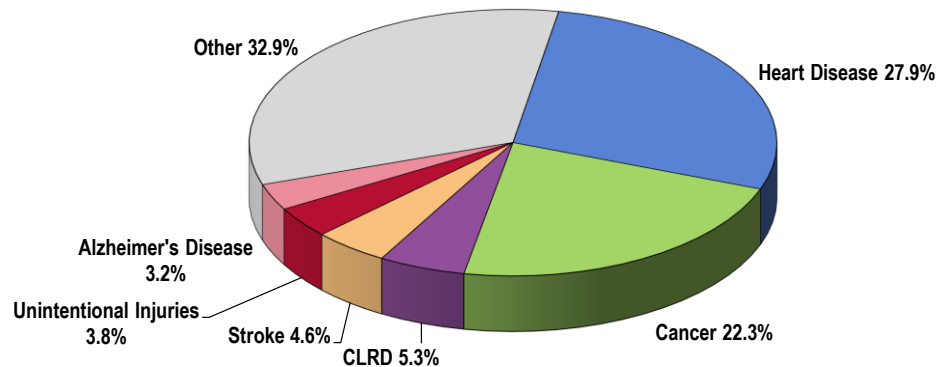
Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over half of all deaths in the Meridian Health Regional Service Area in 2013.

Leading Causes of Death

(Total Area, 2013)



- Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, New Jersey and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2011-2013 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Meridian Health Regional Service Area.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Note that age-adjusted mortality rates in the service area are worse than national rates for heart disease, kidney disease, and drug-related deaths.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Meridian Health Regional Service Area rates fail to satisfy the related goals for heart disease, cirrhosis, and drug-related deaths.

Age-Adjusted Death Rates for Selected Causes (2011-2013 Deaths per 100,000 Population)

| | Total Area | New Jersey | US | HP2020 |
|--|------------|------------|-------|--------|
| Diseases of the Heart | 184.3 | 172.2 | 171.3 | 156.9* |
| Malignant Neoplasms (Cancers) | 167.0 | 160.8 | 166.2 | 161.4 |
| Chronic Lower Respiratory Disease (CLRD) | 35.7 | 31.3 | 42.0 | n/a |
| Unintentional Injuries | 34.0 | 30.7 | 39.2 | 36.4 |
| Cerebrovascular Disease (Stroke) | 31.8 | 32.7 | 37.0 | 34.8 |
| Alzheimer's Disease | 22.6 | 17.2 | 24.0 | n/a |
| Drug-Induced | 18.4 | 13.6 | 14.1 | 11.3 |
| Diabetes Mellitus | 17.0 | 20.2 | 21.3 | 20.5* |
| Kidney Diseases | 15.1 | 13.7 | 13.2 | n/a |
| Pneumonia/Influenza | 10.0 | 11.8 | 15.3 | n/a |
| Cirrhosis/Liver Disease | 9.3 | 7.4 | 9.9 | 8.2 |
| Intentional Self-Harm (Suicide) | 8.7 | 7.6 | 12.5 | 10.2 |
| Motor Vehicle Deaths | 7.0 | 6.6 | 10.7 | 12.4 |
| Firearm-Related | 3.2 | 5.5 | 10.4 | 9.3 |
| Homicide/Legal Intervention | 1.7 | 4.9 | 5.3 | 5.5 |
| HIV/AIDS | 1.5 | 3.1 | 2.2 | 3.3 |

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.

- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.

Note:

- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

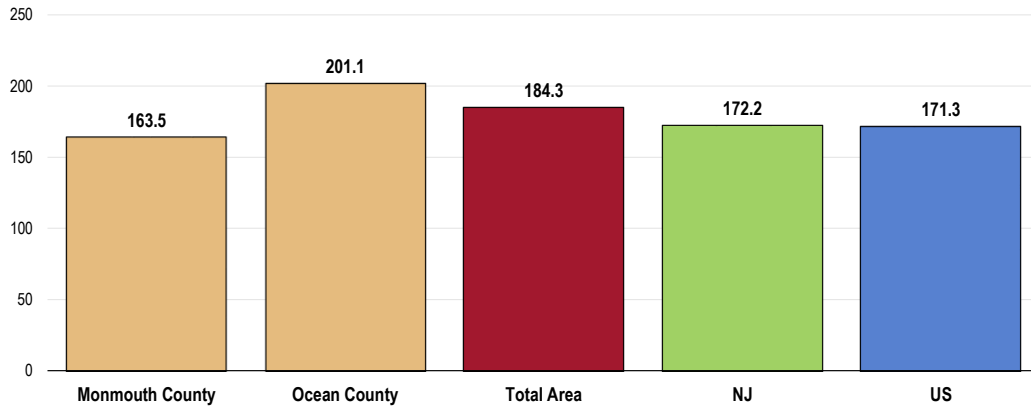
Heart Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted heart disease mortality rate of 184.3 deaths per 100,000 population in the Meridian Health Regional Service Area.

- Higher than the statewide rate.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Higher in Ocean County.

The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:

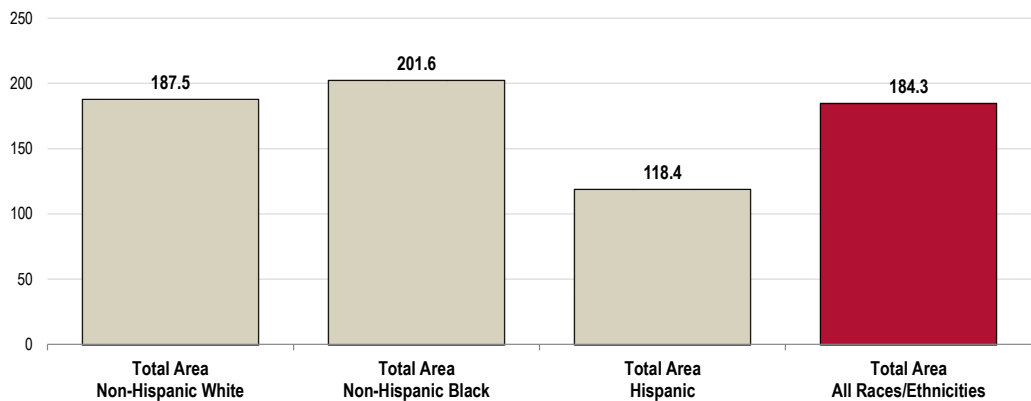
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- By race, the heart disease mortality rate is notably higher among Non-Hispanic Whites and Blacks when compared with Hispanics in the service area.

Heart Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

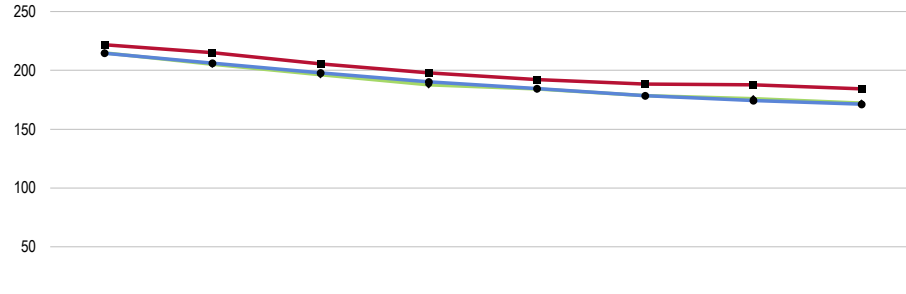
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- TREND: The heart disease mortality rate has decreased in the area, closely echoing the decreasing trends across New Jersey and the US overall.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



| | 2004-2006 | 2005-2007 | 2006-2008 | 2007-2009 | 2008-2010 | 2009-2011 | 2010-2012 | 2011-2013 |
|--------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| ■ Total Area | 221.8 | 215.0 | 205.6 | 197.9 | 192.1 | 188.3 | 187.8 | 184.3 |
| ◆ NJ | 214.9 | 205.3 | 196.2 | 187.7 | 184.1 | 178.5 | 176.1 | 172.2 |
| ● US | 214.6 | 206.1 | 197.9 | 190.3 | 184.7 | 178.5 | 174.4 | 171.3 |

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

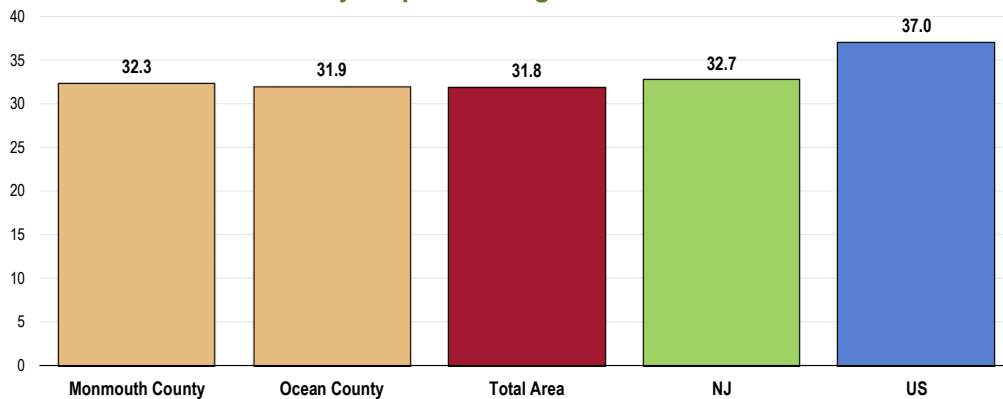
Between 2011 and 2013, there was an annual average age-adjusted stroke mortality rate of 31.8 deaths per 100,000 population in the Meridian Health Regional Service Area.

- Comparable to the New Jersey rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 34.8 or lower.
- Comparable findings by county.

Stroke: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

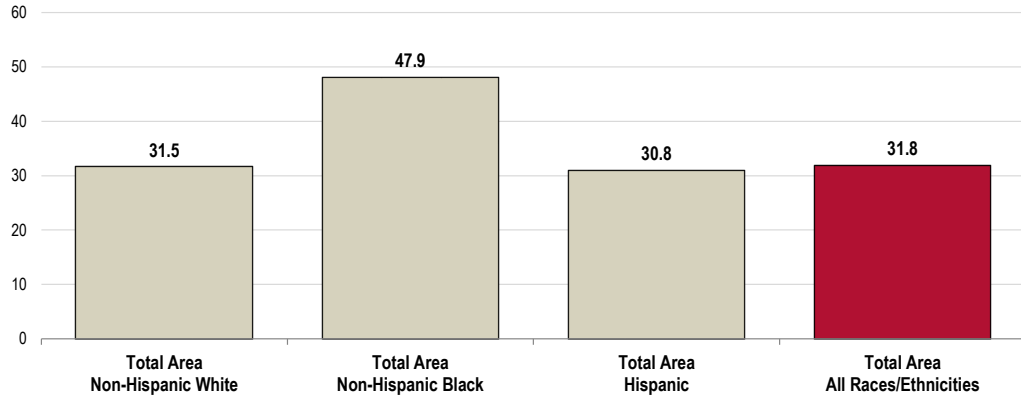
Healthy People 2020 Target = 34.8 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- Stroke mortality is notably higher among Blacks when compared with Whites and Hispanics in the service area.

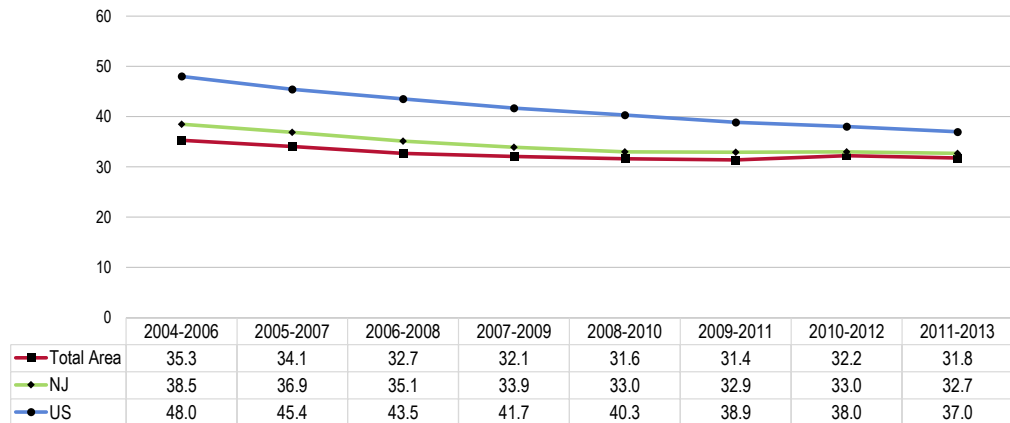
Stroke: Age-Adjusted Mortality by Race
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 34.8 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The stroke rate has declined in recent years, echoing the trends reported across New Jersey and the US overall.

Stroke: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 34.8 or Lower



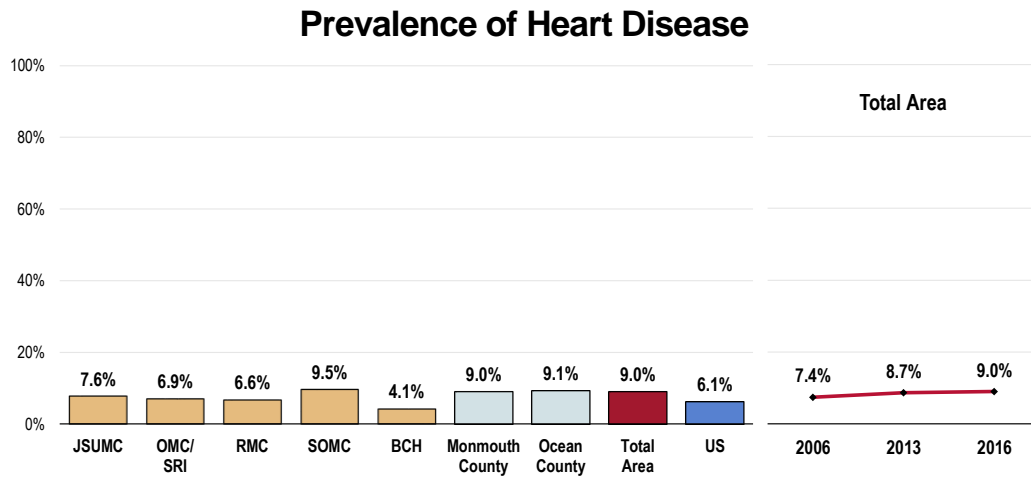
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 9.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Less favorable than the national prevalence.
- Statistically comparable findings by county and hospital service area.
- TREND: Statistically unchanged since 2006.

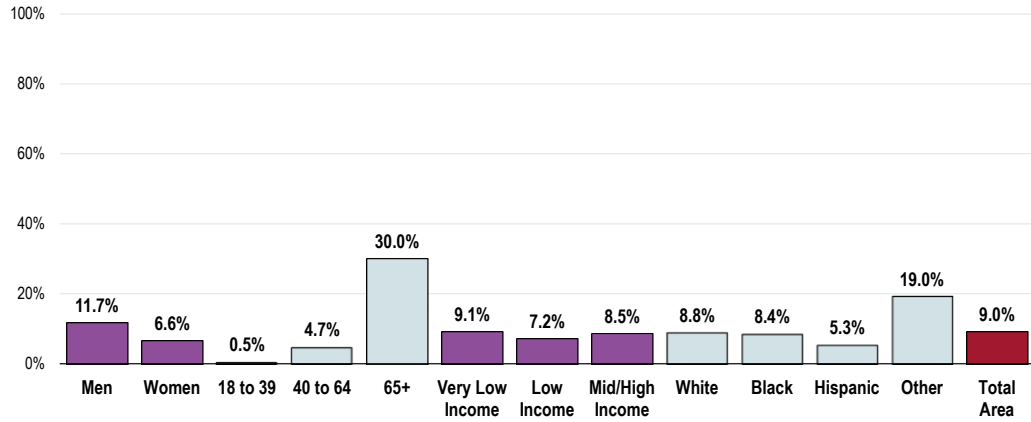


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 124]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.

Adults more likely to have been diagnosed with chronic heart disease include:

- Men.
- Seniors (age 65+).
- *Although the percentage among “Other” races appears high, it is not a statistically significant difference due to the sample size for this group.*

Prevalence of Heart Disease (Total Area, 2016)



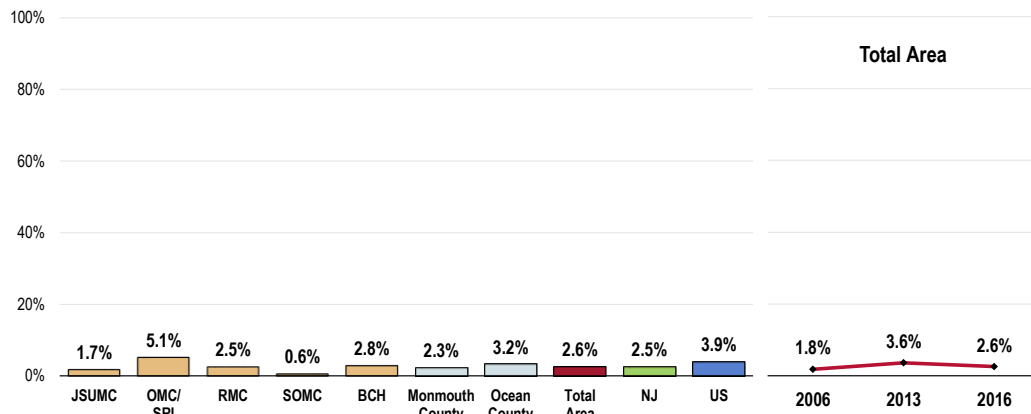
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
 Notes: • Asked of all respondents.
 • Includes diagnoses of heart attack, angina or coronary heart disease.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

A total of 2.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- Similar to statewide findings.
- Similar to national findings.
- Favorably low in the SOMC service area; similar by county.
- TREND: Statistically unchanged over time.

Prevalence of Stroke

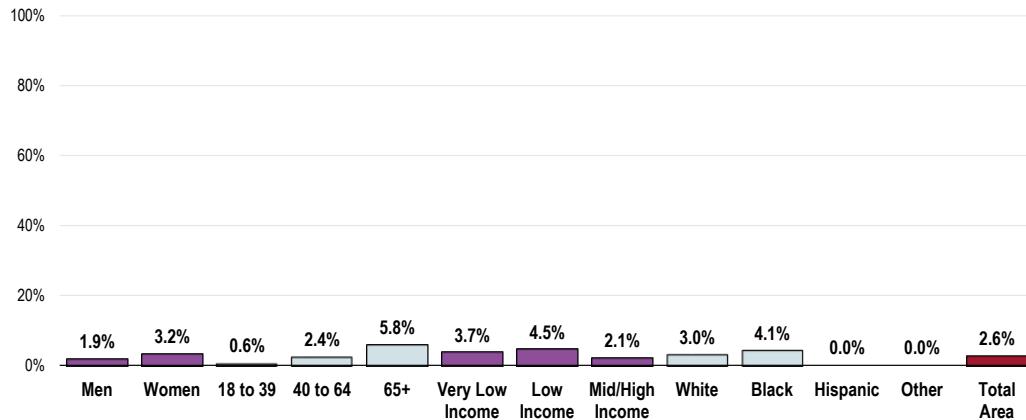


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.
 Notes: • Asked of all respondents.

Adults more likely to have been diagnosed with stroke include:

- Older residents (positive correlation with age).
- Service area Whites and Blacks.

Prevalence of Stroke (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 36]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

Hypertension (High Blood Pressure)

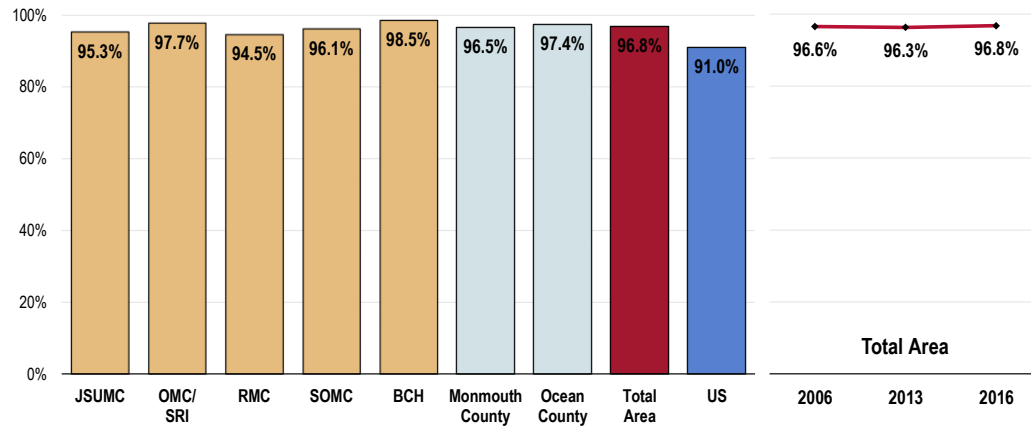
High Blood Pressure Testing

A total of 96.8% of Meridian Health Regional Service Area adults have had their blood pressure tested within the past two years.

- Better than national findings.
- Satisfies the Healthy People 2020 target (92.6% or higher).
- Statistically similar by county and hospital service area.
- TREND: Statistically unchanged since 2006.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



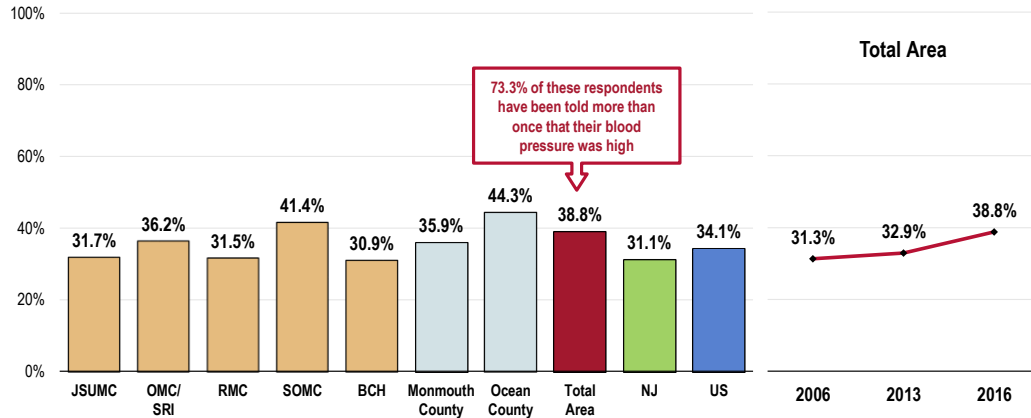
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-4]
 Notes: • Asked of all respondents.

Prevalence of Hypertension

A total of 38.8% of adults have been told at some point that their blood pressure was high.

- Less favorable than the New Jersey prevalence.
- Less favorable than the national prevalence.
- Fails to satisfy the Healthy People 2020 target (26.9% or lower).
- Unfavorably high in Ocean County and the SOMC service area.
- TREND: Marks a statistically significant increase over time.
- Among hypertensive adults, 73.3% have been diagnosed with high blood pressure more than once.

Prevalence of High Blood Pressure Healthy People 2020 Target = 26.9% or Lower



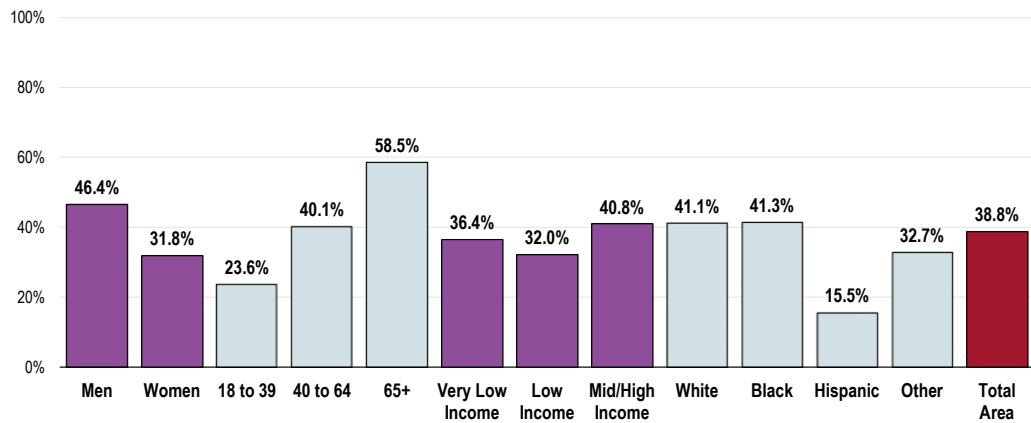
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 43, 125]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: ● Asked of all respondents.

Hypertension diagnoses are higher among:

- Men.
- Adults age 40 and older, and especially seniors (positive correlation with age).
- Whites and Blacks.

Prevalence of High Blood Pressure (Total Area, 2016) Healthy People 2020 Target = 26.9% or Lower



Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-5.1]

Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Hypertension Management

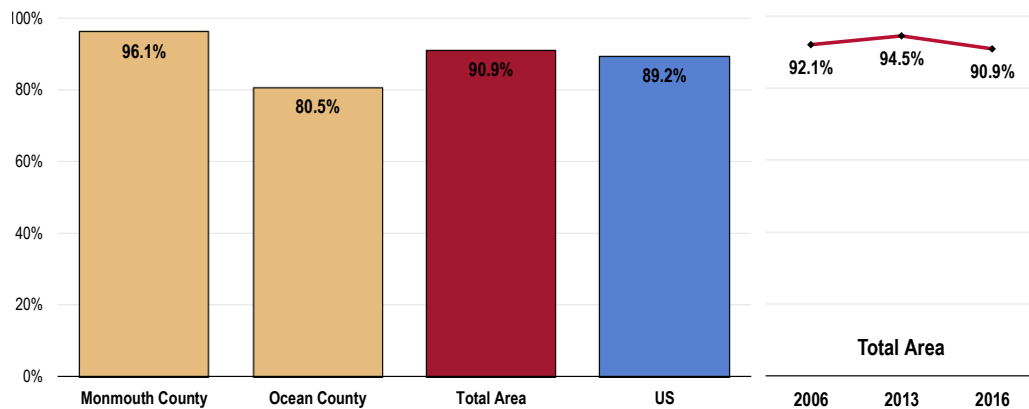
Among respondents who have been told that their blood pressure was high, 90.9% report that they are currently taking actions to control their condition.

Respondents reporting high blood pressure were further asked:

“Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?”

- Similar to national findings.
- Favorably high among hypertensive Monmouth County residents.
- TREND: Statistically unchanged since 2006.

Taking Action to Control Hypertension
(Among Adults With High Blood Pressure)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood pressure.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

High Blood Cholesterol

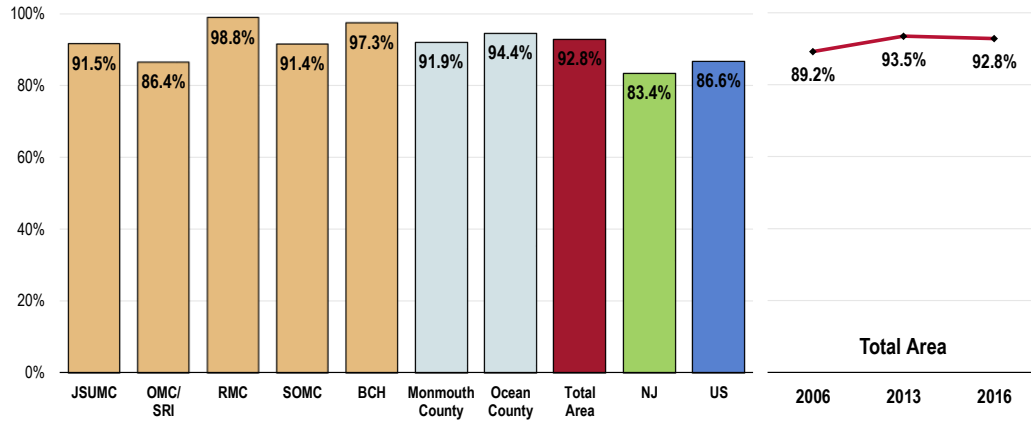
Blood Cholesterol Testing

A total of 92.8% of Meridian Health Regional Service Area adults have had their blood cholesterol checked within the past five years.

- More favorable than New Jersey findings.
- More favorable than the national findings.
- Satisfies the Healthy People 2020 target (82.1% or higher).
- Similar by county; unfavorably low in the OMC/SRI service area (most favorable in the RMC and BCH communities).
- TREND: Denotes a statistically significant increase since 2006.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

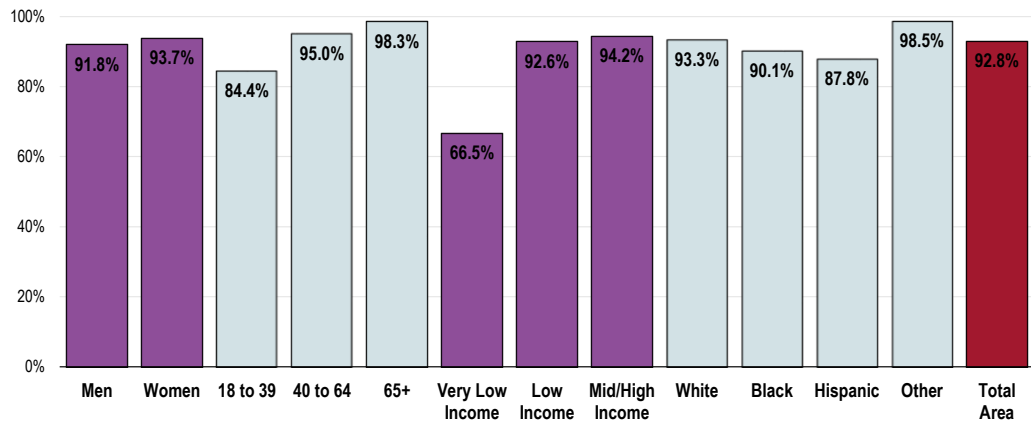
Notes: • Asked of all respondents.

The following demographic segments report lower screening levels:

- Younger adults (note the positive correlation with age).
- Residents living below the federal poverty level.

Have Had Blood Cholesterol Levels Checked in the Past Five Years (Total Area, 2016)

Healthy People 2020 Target = 82.1% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-6]

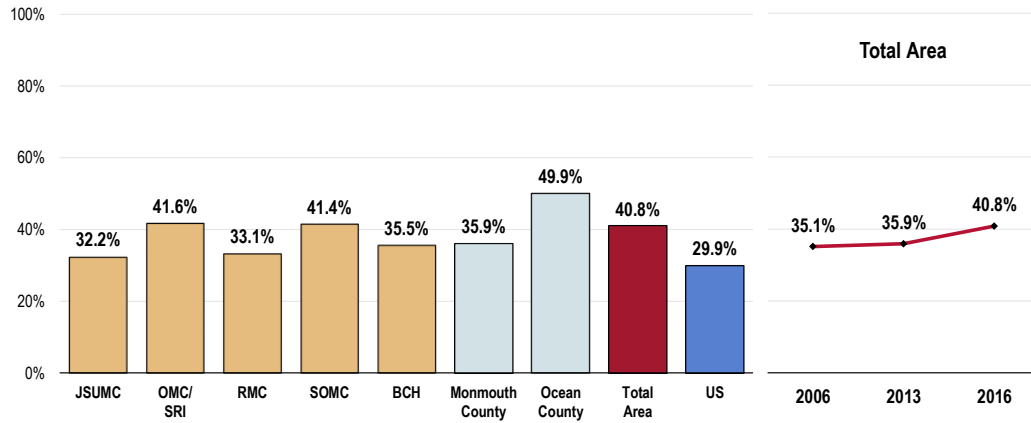
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported High Blood Cholesterol

A total of 40.8% of adults have been told by a health professional that their cholesterol level was high.

- Much higher than the national prevalence.
- Three times the Healthy People 2020 target (13.5% or lower).
- Note the 49.9% reported in Ocean County; statistically similar findings by hospital service area.
- TREND: Denotes a statistically significant increase over time.

Prevalence of High Blood Cholesterol
 Healthy People 2020 Target = 13.5% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.

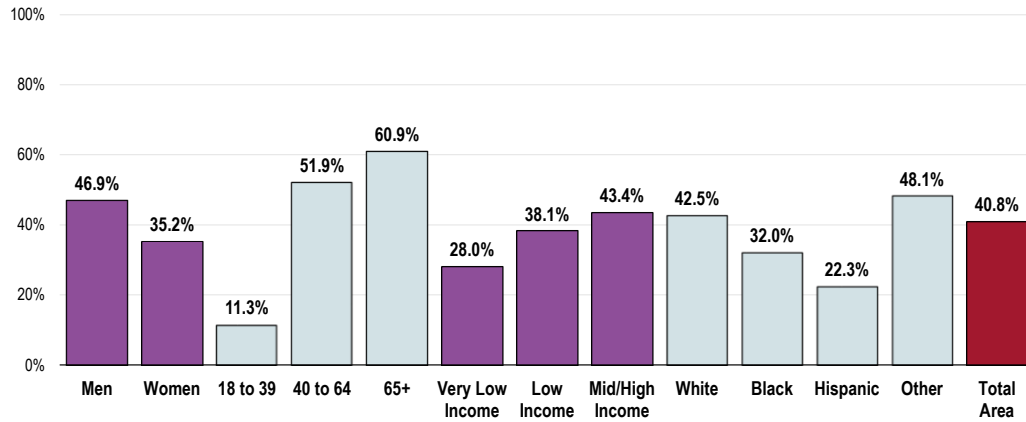
Note that 11.2% of Meridian Health Regional Service Area adults report not having high blood cholesterol, but: 1) have never had their blood cholesterol levels tested; 2) have not been screened in the past 5 years; or 3) do not recall when their last screening was. For these individuals, current prevalence is unknown.

Further note the following:

- Service area men are much more likely than women to have high cholesterol.
- There is a positive correlation between age and high blood cholesterol.
- There is a higher prevalence among higher-income adults (positive correlation).
- Whites and “Other” respondents report a higher prevalence than Blacks and Hispanics.
- Keep in mind that “unknowns” are relatively high in young adults, lower-income residents, Blacks, and Hispanics.

Prevalence of High Blood Cholesterol (Total Area, 2016)

Healthy People 2020 Target = 13.5% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-7]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Cholesterol Management

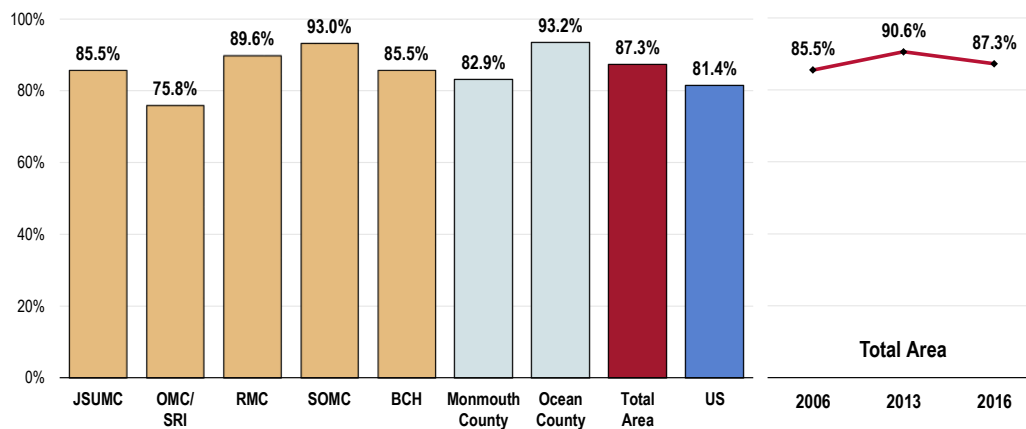
Respondents reporting high cholesterol were further asked:

"Are you currently taking any action to help control your high cholesterol, such as taking medication, changing your diet, or exercising?"

Among adults who have been told that their blood cholesterol was high, 87.3% report that they are currently taking actions to control their cholesterol levels.

- More favorable than found nationwide.
- Favorably high in Ocean County; lowest for the OMC/SRI area and highest for SOMC.
- TREND: Statistically unchanged from baseline survey results.

Taking Action to Control High Blood Cholesterol Levels (Among Adults With High Cholesterol)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 47]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents who have been diagnosed with high blood cholesterol levels.
 • In this case, the term "action" refers to medication, change in diet, and/or exercise.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
 - High Blood Cholesterol
 - Tobacco Use
 - Physical Inactivity
 - Poor Nutrition
 - Overweight/Obesity
 - Diabetes
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

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

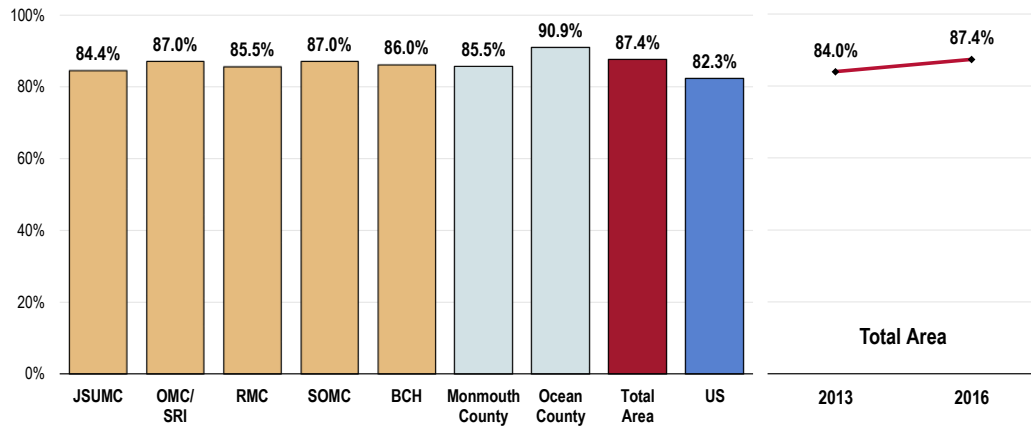
Total Cardiovascular Risk

A total of 87.4% of Meridian Health Regional Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Higher than national findings.
- Unfavorably high in Ocean County; similar findings by hospital service area.
- TREND: Marks a statistically significant increase since 2013.

RELATED ISSUE:
See also
Nutrition &
Overweight, Physical
Activity & Fitness and
Tobacco Use in the
Modifiable Health
Risk section of this
report.

Present One or More Cardiovascular Risks or Behaviors

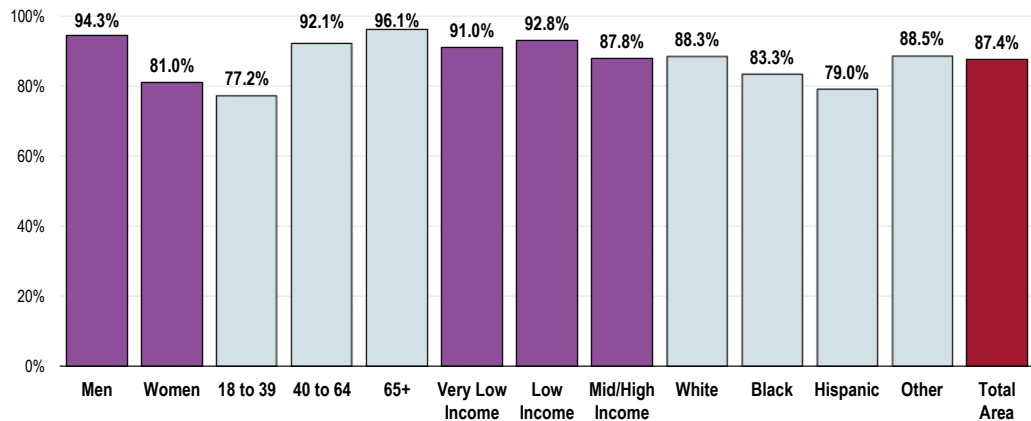


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults age 40 and older, and especially seniors (positive correlation with age).

Present One or More Cardiovascular Risks or Behaviors (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]
 Notes: • Asked of all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized **Heart Disease & Stroke** as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2016)

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



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

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

High Prevalence

- Significant numbers of heart attacks and strokes. – Community/Business Leader*
- Because of the large number of people affected. – Physician*
- Still a prevalent concern in our community, especially as our two counties continue to draw a large number of retiree residents. – Community/Business Leader*
- Population. – Social Services Provider*
- Number one killer. – Physician*
- While I don't have the exact figures, I reviewed some of the statistics for Monmouth County and these chronic diseases are still prevalent, particularly in minority communities. Many who experience these issues have the work/life pressures and don't make health a priority until it's a crisis. Some are working two jobs and find it difficult to set aside time to exercise. – Social Services Provider*
- I believe health statistics indicate it is still a major problem. – Public Health Representative*
- Top two causes of death. – Physician*
- It is the number one cause of death in Ocean and second in Monmouth. – Social Services Provider*
- Again the incidence of heart attacks appears to be on the rise. – Community/Business Leader*
- This is a common disease. – Physician*
- Large number of patients with the disease. – Community/Business Leader*
- Many folks with disease, high cost and too many treatment centers. – Physician*

Aging Community

- Again, the age factor is involved. With the senior community, many have coronary artery disease, hypertension, atrial fibrillation and other risk factors, including sedentary, obesity, poor diet, hereditary factors. It would be valuable to have more programs within the many senior communities to address these issues. Also, the Meridian Health System has educational programs on heart disease held at the hospitals and a newsletter. Unfortunately, I fear that many seniors do not participate. – Community/Business Leader*
- Again, age. – Community/Business Leader*
- People living longer. – Community/Business Leader*

Elderly population. – Community/Business Leader

The population is aging and this is a big concern for our seniors. Younger individuals need to be educated before they get to problems. – Physician

As we get older our bodies change and some parts start fail. Our eating habits need to be addressed as well as our activities. – Community/Business Leader

Behavioral Risk

The stress related to super Storm Sandy and numbers of individuals displaced by the storm. Lack of proper nutrition and exercise. – Social Services Provider

As a consequence of poor diet, smoking, lack of fitness and associated HTN and diabetes. Regarding poor insight, poor risk management and poor disease management. – Physician

Community that does not control what they eat, does not exercise gains weight leading to high cholesterol, blood pressure problems that eventually result in heart attacks. – Community/Business Leader

Eating and obesity issues as well a lack of exercise options are problems for our communities. – Public Health Representative

Lack of Education

Lack of understanding the severity of their condition, lack of health insurance coverage to see specialists and lack of transportation. – Physician

More education is needed in terms of healthy eating, exercise and healthier lifestyles. More community awareness is needed. – Other Healthcare Provider

Many in the area do not take advantage of screening programs for these concerns. – Community/Business Leader

Obesity

Obesity, it's everywhere even the children. – Social Services Provider

Number of overweight and demographic and people more highly susceptible. – Community/Business Leader

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
 - Cervical cancer (using Pap tests)
 - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

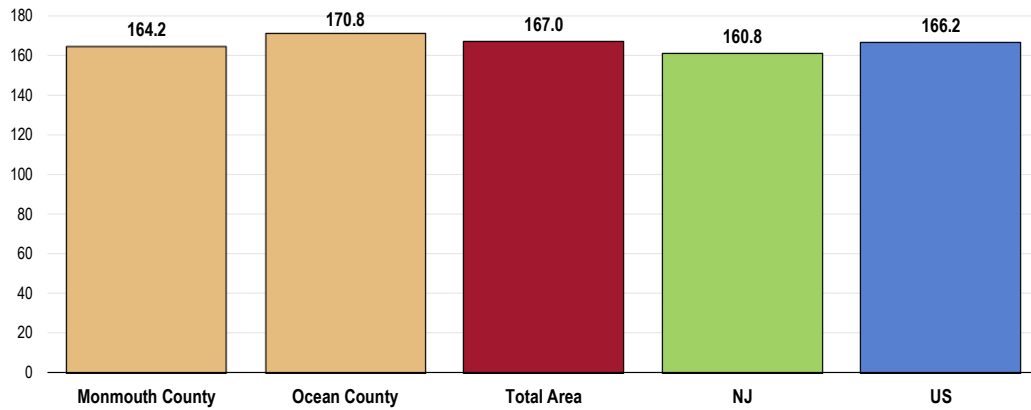
Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2011 and 2013, there was an annual average age-adjusted cancer mortality rate of 167.0 deaths per 100,000 population in the Meridian Health Regional Service Area.

- Comparable to the statewide rate.
- Comparable to the national rate.
- Comparable to the Healthy People 2020 target of 161.4 or lower.
- Comparable findings by county.

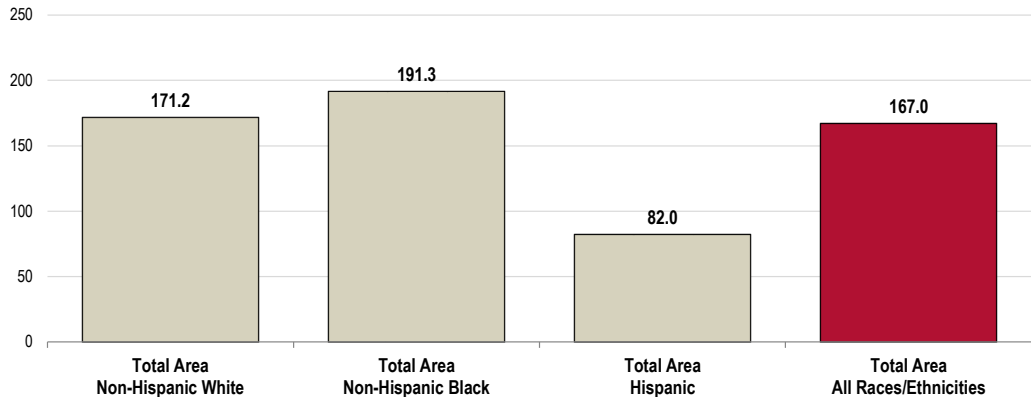
Cancer: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cancer mortality rate is notably higher among Whites and Blacks than among Hispanics in the service area.

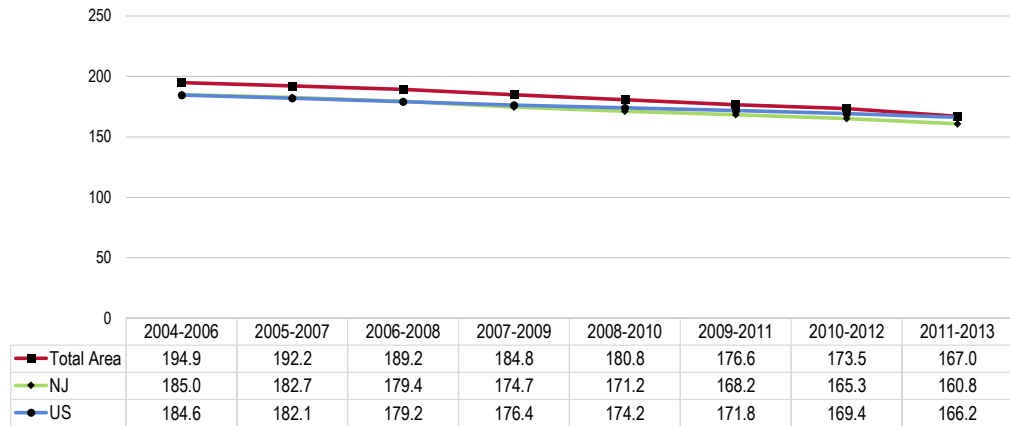
Cancer: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 161.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

TREND: Cancer mortality has decreased over the past decade in the Meridian Health Regional Service Area; the same trend is apparent both statewide and nationwide.

Cancer: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 161.4 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Meridian Health Regional Service Area.

Other leading sites include breast cancer among women, prostate cancer among men, and colorectal cancer (both genders).

As can be seen in the following chart (referencing 2011-2013 annual average age-adjusted death rates):

- The Meridian Health Regional Service Area **lung cancer** death rate is worse than the state rate but similar to the national rate.
- The Meridian Health Regional Service Area **female breast cancer** death rate is similar to the New Jersey rate but less favorable than the US.
- The Meridian Health Regional Service Area **prostate cancer** death rate is similar to the state rate and more favorable than the US rate.
- The Meridian Health Regional Service Area **colorectal cancer** death rate is similar to both the state and national rates.

Note that, while the prostate cancer rate detailed in the following chart satisfies the related Healthy People 2020 target, the female breast cancer rate fails to do so (the area's lung and colorectal cancer rates were similar to the 2020 targets).

Age-Adjusted Cancer Death Rates by Site (2011-2013 Annual Average Deaths per 100,000 Population)

| | Total Area | NJ | US | HP2020 |
|----------------------|------------|------|------|--------|
| Lung Cancer | 44.0 | 39.8 | 44.7 | 45.5 |
| Female Breast Cancer | 23.9 | 23.4 | 21.3 | 20.7 |
| Prostate Cancer | 18.0 | 18.7 | 19.8 | 21.8 |
| Colorectal Cancer | 15.2 | 15.5 | 14.9 | 14.5 |

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. Here, these rates are also age-adjusted.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

Between 2007 and 2011, Meridian Health Regional Service Area had an annual average age-adjusted incidence rate of prostate cancer of 168.4 cases per 100,000 population.

- Comparable to the statewide incidence rate.
- Worse than the national incidence rate.
- Unfavorably high in Monmouth County.

There was an annual average age-adjusted incidence rate of 135.0 female breast cancer cases per 100,000 in the Meridian Health Regional Service Area.

- Comparable to the statewide incidence rate.
- Worse than the national incidence rate.
- Unfavorably high in Monmouth County.

The service area reported an annual average age-adjusted incidence rate of 72.2 lung cancer cases per 100,000.

- Worse than the statewide incidence rate.
- Worse than the national incidence rate.
- Unfavorably high in Ocean County.

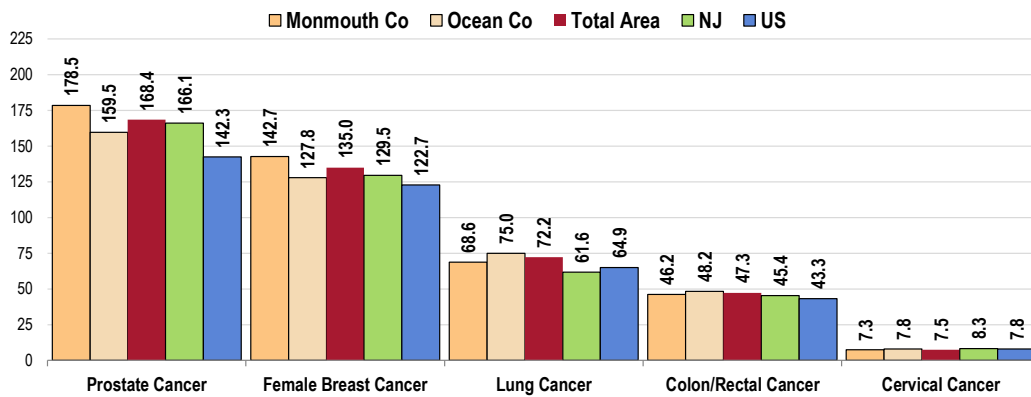
There was an annual average age-adjusted incidence rate of **colorectal cancer** of **47.3** cases per 100,000 in the Meridian Health Regional Service Area.

- Close to the statewide incidence rate.
- Worse than the national incidence rate.
- Similar findings by county.

The area reported an annual average age-adjusted incidence rate of **cervical cancer** of **7.5** cases per 100,000 in the Meridian Health Regional Service Area.

- Better than the statewide incidence rate.
- Similar to the national incidence rate.
- Slightly higher in Ocean County.

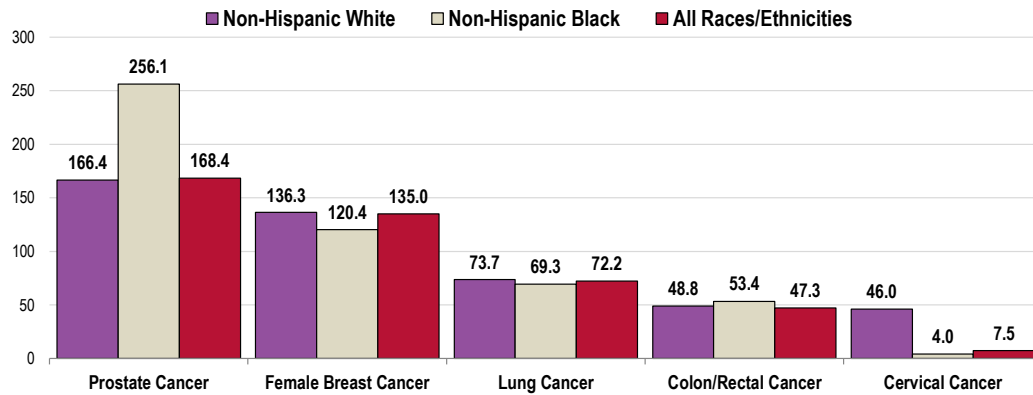
Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2007-2011)



Sources: • State Cancer Profiles: 2007-11.
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

- By available race data, Blacks experience a notably higher prostate cancer incidence than Whites in the Meridian Health Regional Service Area.
- Blacks also report a higher colorectal cancer incidence rate, while Whites have higher incidence of female breast, lung, and cervical cancers in the service area.

Cancer Incidence Rates by Site and Race/Ethnicity (Annual Average Age-Adjusted Incidence per 100,000 Population, Total Area 2007-2013)



Sources: • State Cancer Profiles: 2007-11.
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

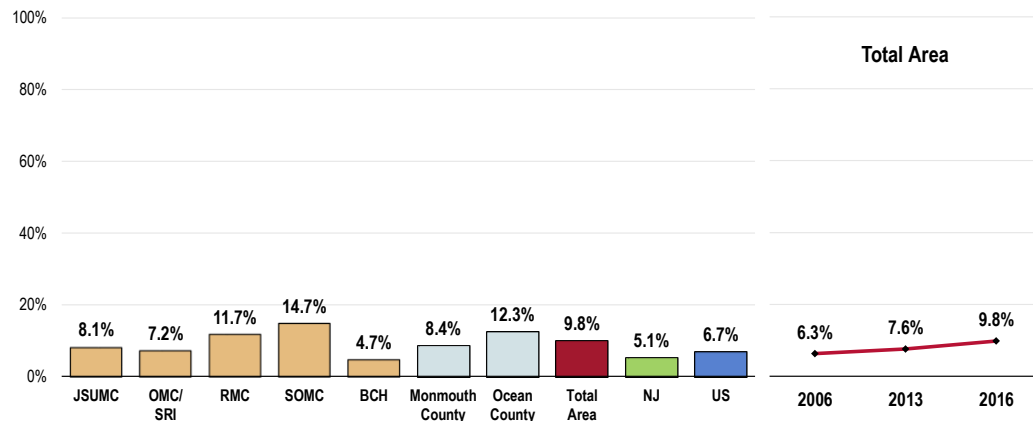
Prevalence of Cancer

Skin Cancer

A total of 9.8% of surveyed Meridian Health Regional Service Area adults report having been diagnosed with skin cancer.

- Less favorable than what is found statewide.
- Less favorable than the national average.
- Similar findings by county; highest in the SOMC service area and lowest in BCH.
- TREND: The prevalence marks a statistically significant increase over time.

Prevalence of Skin Cancer



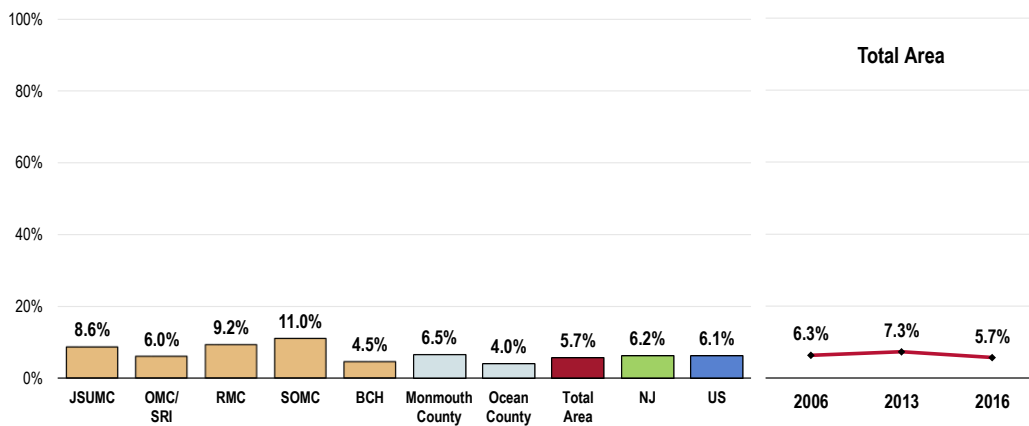
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Other Cancer

A total of 5.7% of respondents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Similar findings by county and hospital service area.
- TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Cancer Risk

RELATED ISSUE:
 See also
*Nutrition & Overweight,
 Physical Activity &
 Fitness and Tobacco
 Use in the Modifiable
 Health Risk section of
 this report.*

About Cancer Risk

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

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

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

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

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

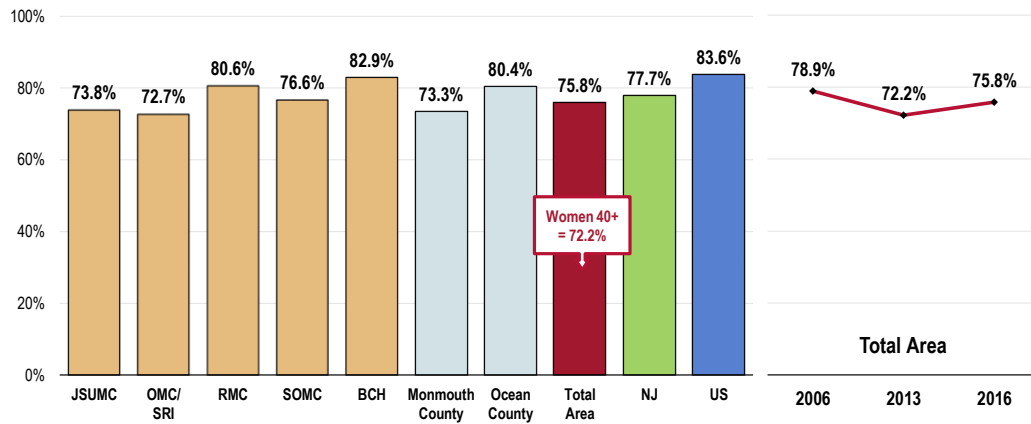
Mammography

Among women age 50-74, 75.8% have had a mammogram within the past two years.

- Similar to statewide findings (which represent all women 50+).
- Lower than national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- Similar findings by county and hospital service area.
- Among women 40+, 72.2% have had a mammogram in the past two years.
- TREND: Statistically unchanged from 2006 baseline findings.

Have Had a Mammogram in the Past Two Years (Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-17]
- Notes:
- Reflects female respondents 50-74.
 - *Note that state data reflects all women 50 and older (vs. women 50-74 in local, US and Healthy People data).

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

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

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

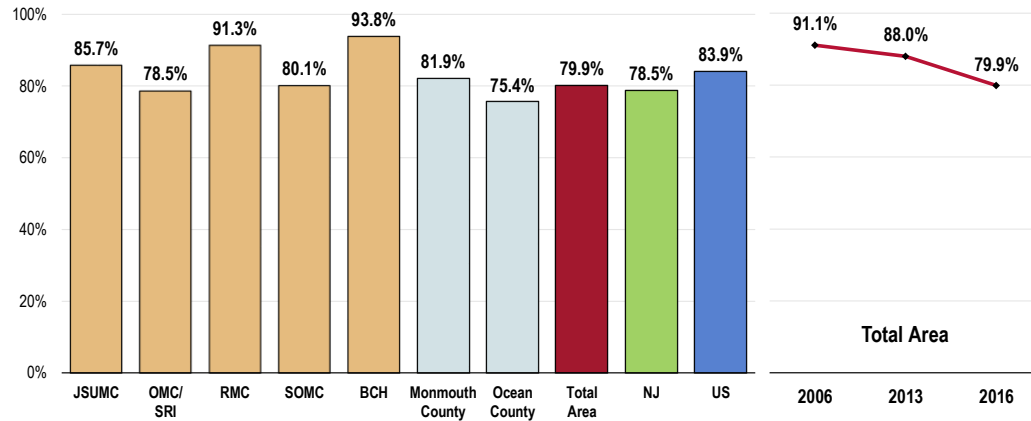
Pap Smear Testing

Among women age 21 to 65, 79.9% have had a Pap smear within the past three years.

- Comparable to New Jersey findings (which represents all women 18+).
- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- Comparable findings by county; unfavorably low in the OMC/SRI service area.
- TREND: Marks a statistically significant decrease over time.

Have Had a Pap Smear in the Past Three Years (Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-15]
- Notes:
- Reflects female respondents age 21 to 65.
 - *Note that the New Jersey percentage represents all women age 18 and older.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (FOBT, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

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

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

Colorectal Cancer Screening

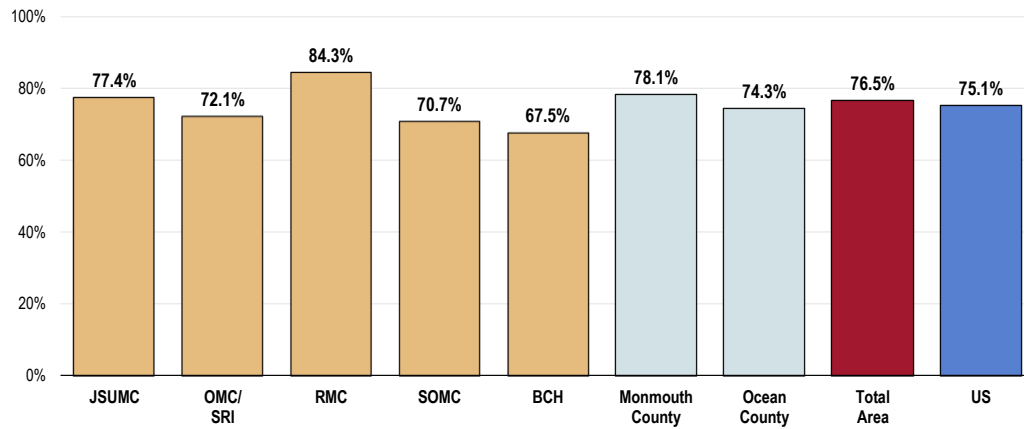
Among adults age 50–75, 76.5% have had an appropriate colorectal cancer screening (fecal occult blood testing within the past year and/or sigmoidoscopy/colonoscopy [lower endoscopy] within the past 10 years).

- Similar to national findings.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- Similar findings by county; favorably high in the RMC service area.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-16]
- Notes:
- Asked of all respondents age 50 through 75.
 - In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.

Lower Endoscopy

Among adults age 50 and older, nearly three-fourths (73.1%) have had a lower endoscopy (sigmoidoscopy or colonoscopy) at some point in their lives.

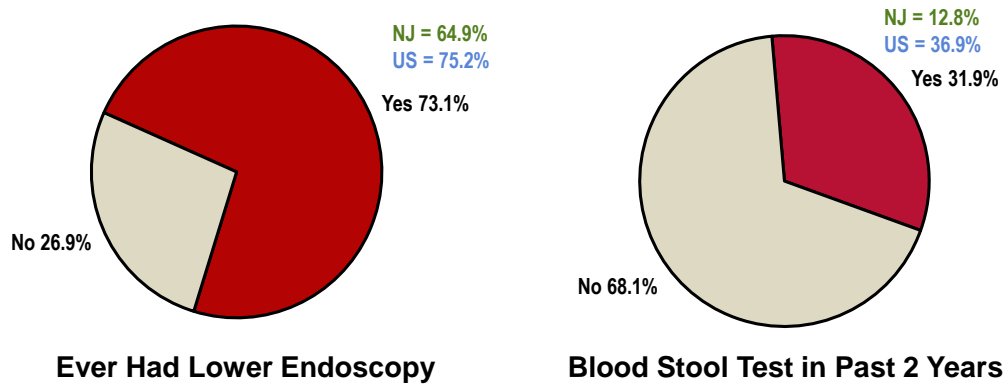
- More favorable than New Jersey findings.
- Similar to national findings.

Blood Stool Testing

Among adults age 50 and older, 31.9% have had a blood stool test (aka "fecal occult blood test") within the past two years.

- Better than New Jersey findings.
- Similar to national findings.

Colorectal Cancer Screenings (Among Total Area Adults Age 50 and Older, 2016)



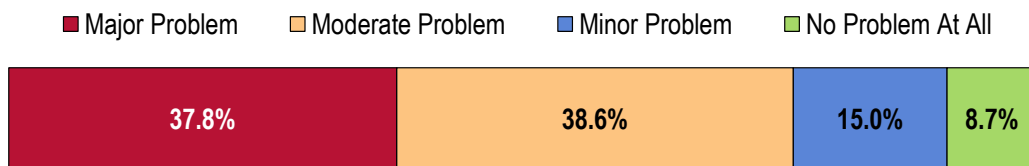
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 131-132]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.

Notes: • Asked of respondents age 50 and older.
 • Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer

The largest share of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community (followed closely by “major problem” ratings).

Perceptions of Cancer as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

High Prevalence

- Many folks with the condition, many folks getting treated out of area, many treated too aggressively at end of life. – Physician
- Sheer number of patients with the disease. – Community/Business Leader

High incidence, particularly among ethnic minorities. – Community/Business Leader

Number of cases seen. – Physician

Significant numbers of people being diagnosed. – Community/Business Leader

Simply put, we have a lot of people with cancer. Many were treated and are cancer free so far. – Community/Business Leader

There are many patients diagnosed with Cancer daily. Many do not have insurance and may not qualify for charity care or Medicaid and cannot afford to pay for insurance through the health care reform. For example, breast cancer patients can get a voucher for a mammography but they need to have a plan for coverage for treatment if the test is positive. That creates a problem if there is no insurance or payment source. – Other Healthcare Provider

It appears to be a major health issue in this area. More and more people at younger and younger ages seem to be afflicted. – Community/Business Leader

Numbers are on the rise. People living longer. Research not moving fast enough despite tons of money. – Community/Business Leader

I know many people with these problems, including 3-year-old nephew who just died from AML. – Community/Business Leader

The wide spread nature of various cancers in our communities. – Public Health Representative

Because there are so many different forms of cancer that can impact almost anyone. – Community/Business Leader

I believe statistics will indicate cancer is still a major health issue in our community. – Public Health Representative

High rate of disease in this area. Need more advanced treatment options. – Public Health Representative

I believe it is a major problem in every community, we are a senior community. – Community/Business Leader

It is a leading cause of death. – Social Services Provider

Top killer. – Physician

It's a leading killer in our community. Many folks don't seem to realize the lifestyle choices they make to help reduce risk. College age students seem hard pressed to make connections between choices around smoking, healthy eating, or exposure to HPV and the risk for cancer later in life. – Community/Business Leader

This is an ongoing problem due to the significant number of people who continue to use tobacco. – Community/Business Leader

More and more people I speak to and see are suffering with some form of it. – Community/Business Leader

Because of the large number of people who are diagnosed. – Physician

More and more people have it and are dying because of it and is affecting whole families, in addition to the patient. – Social Services Provider

Experience interacting with neighbors who share concerns. Local hospital is undergoing an extensive expansion and updating to include a state of the art outpatient cancer treatment area. I do not think they would bear this expense if there was not a need. – Community/Business Leader

I know people battling cancer. – Community/Business Leader

Ask anyone in the room with you now where they would go if they were diagnosed with cancer, Sloan Kettering, Hopkins, NYU, Columbia, HUP, Meridian or Barnabas? – Physician

I personally know at least 20-30 people that have cancer or have had cancer and had treatment. Some of these are friends and family members it seems to me that there is a lot more cancer being diagnosed. – Community/Business Leader

In the 17 years I have lived in this community, at least 12 residents that I personally knew, died of lung or breast cancer and many right now are living with either disease. – Community/Business Leader

Aging Community

Very prevalent in the senior population and it impacts family members as well as the individual and often cause of death. – Community/Business Leader

Cancer is a concern in my community of seniors. It may be a real threat or a fear of the diagnosis. Whatever the cause, the topic is discussed often. The ideology is based on the age factor. When is cancer going to get me? Education is key with this group. They are thirsty for knowledge, but are not

sure how to access the information. While there are educational programs at the hospital, they do not seem to be availing themselves of the opportunities. They need to be assured that if or when they or a loved one are diagnosed with cancer, they can get the best medical care here in Ocean County. All too often, they feel the need to travel to NY or Philadelphia to get the best care. Perhaps if we had a cancer center nearby, they might feel more assured. Especially, if they were educated more about the disease, the resources available to them and to know that there was an up to date cancer center in their own backyard. – Community/Business Leader

Aging community. – Physician

Contributing Factors

Old oil tanks underground, excessive smoking, old houses with asbestos and other harmful substances. – Community/Business Leader

Since the community was and is a transitional seasonal community, many families have chosen to remain in the area. That said they are coming from areas where manufacturing, chemical plants and farming were a part of their family histories. The influx of those individuals and families, due to retirement or lower cost of living may be the mitigating factor along with early detection and community education. – Social Services Provider

Environment. – Social Services Provider

It seems so many people suffer from it environmental toxins, food, plastics, air and products. – Community/Business Leader

Access to Care

Access for cancer care has been a major concern for both counties. It has led to treatment in the major surrounding cities as New York or Philadelphia. – Community/Business Leader

People with cancer are not sure whether they should be treated or the disease. Some others don't have family to assist through the disease process. – Other Healthcare Provider

It is complicated to get evaluation and treatment. Many patients have limited literacy or don't speak English. – Physician

Lack of Resources

We should have a strong smoking cessation program. We don't. Lung cancer is very prevalent. – Physician

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

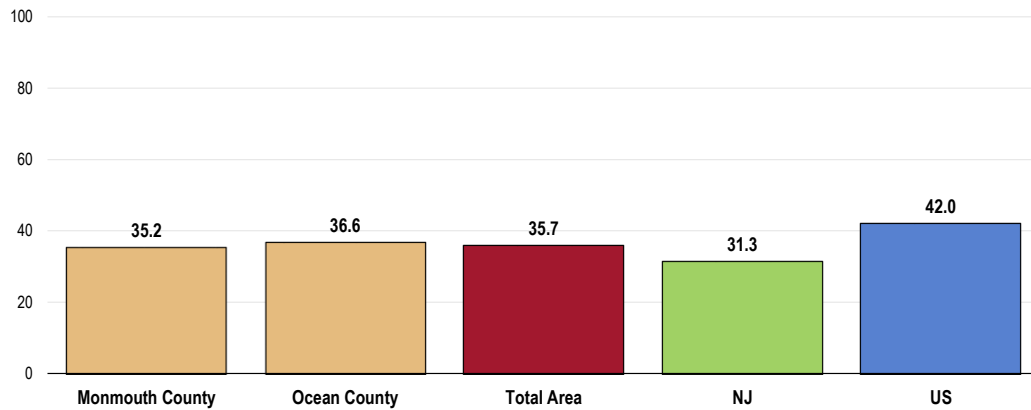
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2011 and 2013, there was an annual average age-adjusted CLRD mortality rate of 35.7 deaths per 100,000 population in the Meridian Health Regional Service Area.

Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

- Worse than found statewide.
- Better than the national rate.
- Similar by county.

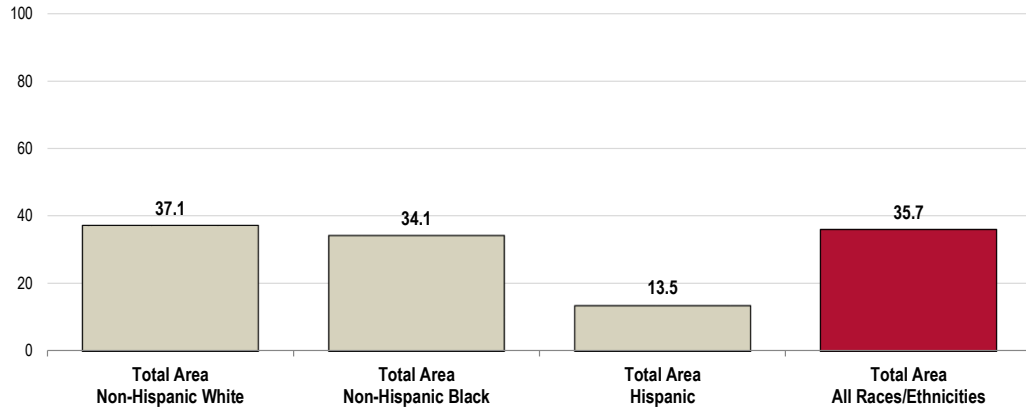
CLRD: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

- CLRD mortality is notably higher among Whites and Blacks than Hispanics in the Meridian Health Regional Service Area.

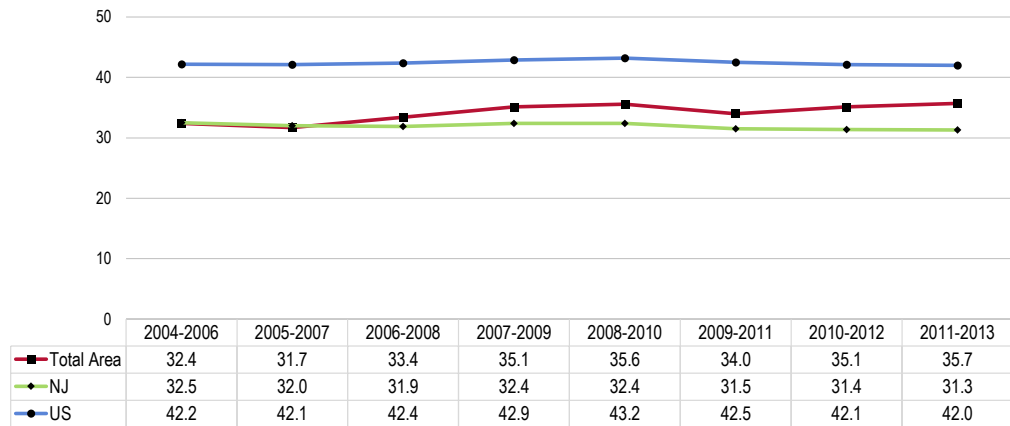
CLRD: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

- **TREND:** Despite fluctuations, CLRD mortality in the Meridian Health Regional Service Area has increased over time, while state and national rates have been more stable.

CLRD: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - CLRD is chronic lower respiratory disease.

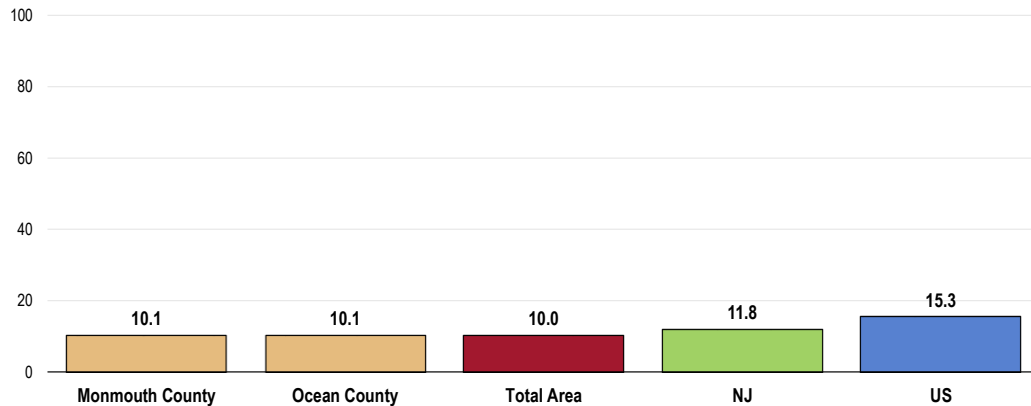
Pneumonia/Influenza Deaths

Between 2011 and 2013, there was an annual average age-adjusted pneumonia influenza mortality rate of 10.0 deaths per 100,000 population in the service area.

- Lower than found statewide.
- Lower than the national rate.
- No difference by county.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Disease*.

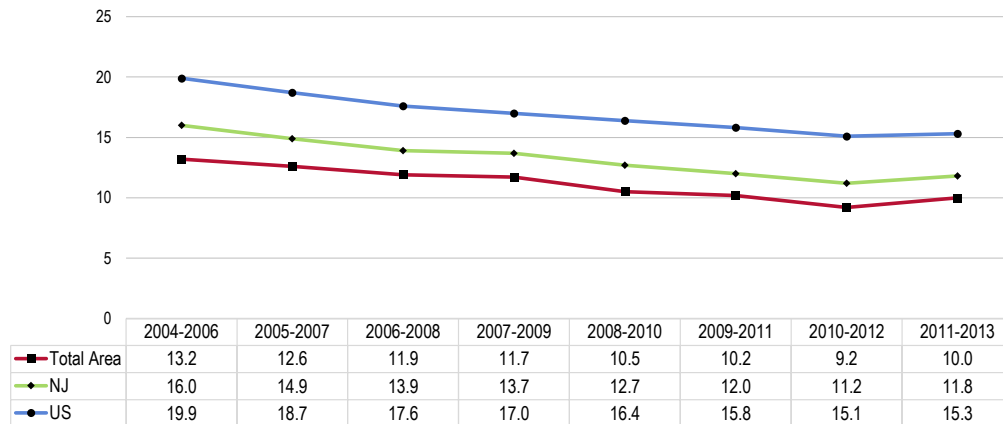
Pneumonia/Influenza: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Note the decreasing trends in pneumonia/influenza over the past decade.

Pneumonia/Influenza: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

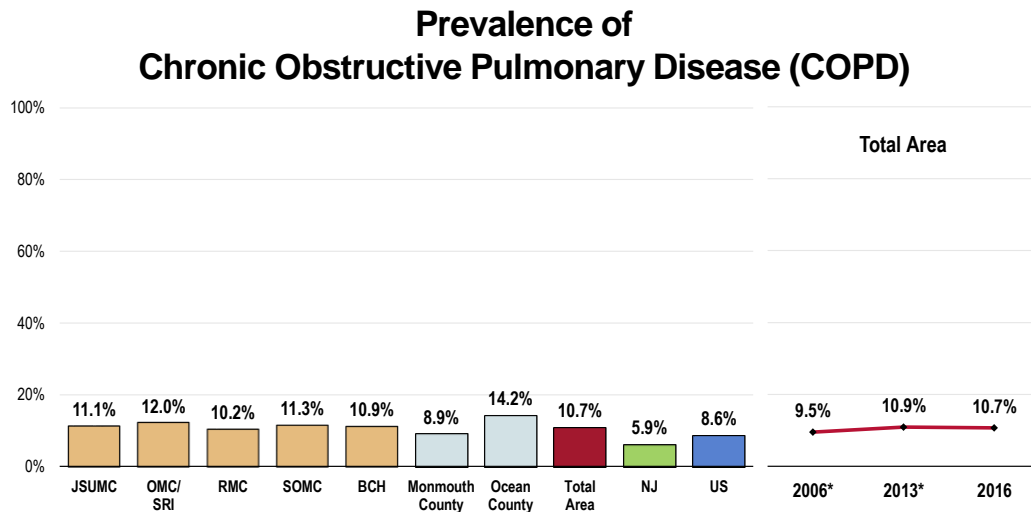
Chronic Obstructive Pulmonary Disease (COPD)

Survey respondents were next asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 10.7% of Meridian Health Regional Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Worse than the state prevalence.
- Similar to the national prevalence.
- Similar findings by county and hospital service area.
- NOTE: in prior data, this question was asked slightly differently; respondents in 2006 and 2013 were asked if they had ever been diagnosed with “chronic lung disease, including bronchitis or emphysema,” rather than “COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema” as is asked currently.

TREND: In comparing to 2006 data, the change in prevalence is not statistically significant.



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 25]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
 • *In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

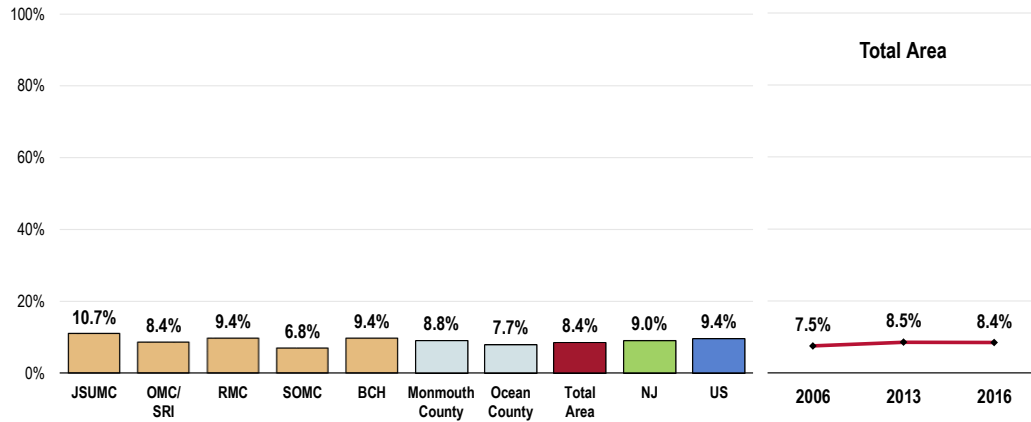
Asthma

Adults

A total of 8.4% of service area adults currently suffer from asthma.

- Similar to the statewide prevalence.
- Similar to the national prevalence.
- Statistically similar by county and hospital service area.
- TREND: Statistically unchanged over time.

Adult Asthma: Current Prevalence

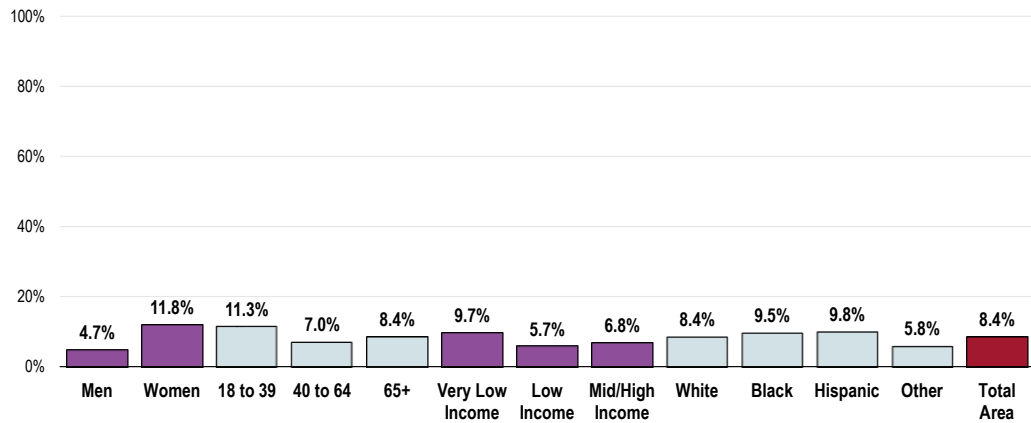


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 134]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.

Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

- Service area women are more likely than men to have asthma.

Currently Have Asthma (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]

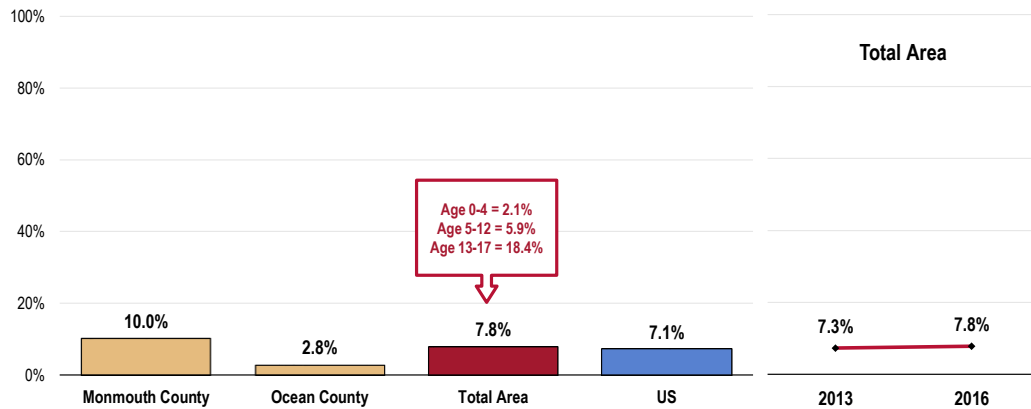
Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Meridian Health Regional Service Area children under age 18, 7.8% currently have asthma.

- Comparable to national findings.
- Much higher in Monmouth County than in Ocean County.
- TREND: The prevalence of children with asthma has not changed significantly over time.
- Note the positive correlation between age and children’s asthma in the service area.

Childhood Asthma: Current Prevalence
(Among Parents of Children Age 0-17)

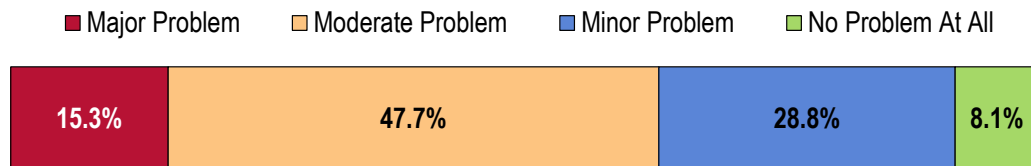


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.
 • Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Key Informant Input: Respiratory Disease

Nearly half of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community
(Key Informants, 2016)



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

Top Concerns

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

High Prevalence

Again, age factor. – Community/Business Leader

Asthma is a major problem in Neptune and adjacent neighborhoods. 11% of the population in these neighborhoods suffer from asthma as shown by the statistics compared to Monmouth County that has an overall rate of 7 percent. A detail evaluation is needed to identify the causes of this pocket of asthma. I mean identify the cause to prevent, rather to treatment after the fact. – Community/Business Leader

Numbers increasing. – Community/Business Leader

Childhood asthma and smokers. – Physician

It is among the most common causes of death in our region. – Social Services Provider

Co-occurring Morbidities

COPD, smoking and asthma still major reason for Emergency Room visit. I ask the patient and they never say they were seen by a lung specialist recently. Who can direct them to the doctors they need? – Physician

Contributing Factors

The community is leaving with the history of Super Storm Sandy and the homes yet to be demolished in some neighborhoods. – Social Services Provider

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

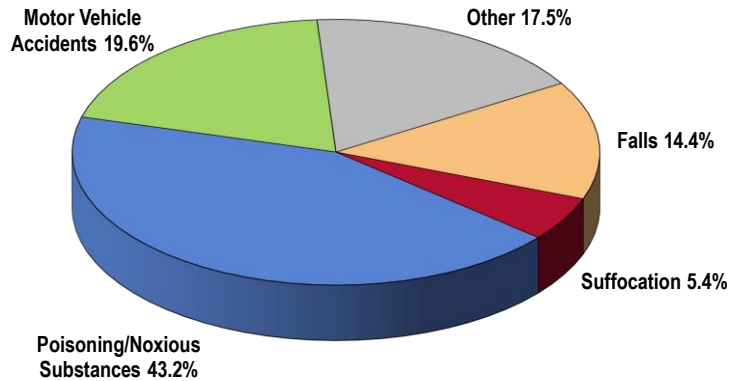
- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

• Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), motor vehicle accidents, falls, and suffocation accounted for most accidental deaths in the Meridian Health Regional Service Area between 2011 and 2013.

Leading Causes of Accidental Death (Total Area, 2011-2013)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

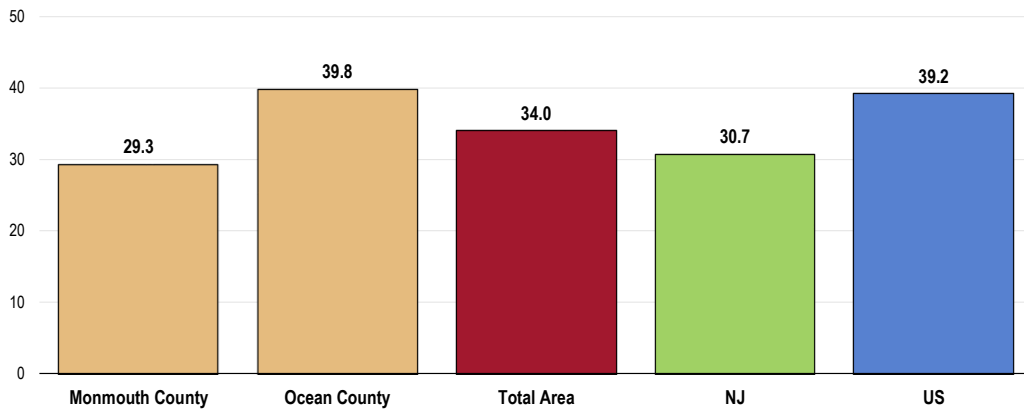
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2011 and 2013, there was an annual average age-adjusted unintentional injury mortality rate of 34.0 deaths per 100,000 population in the service area.

- Less favorable than the New Jersey rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (36.4 or lower).
- Much higher in Ocean County.

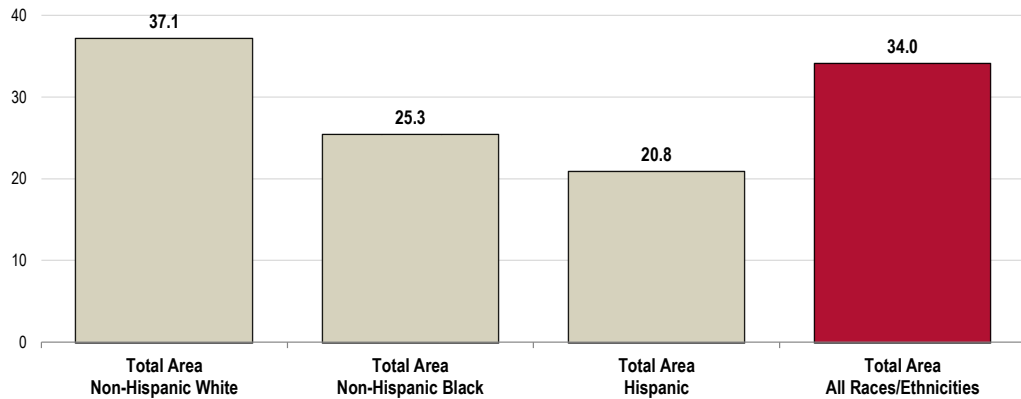
Unintentional Injuries: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The mortality rate is notably higher among Whites when compared with Blacks and Hispanics in the Meridian Health Regional Service Area.

Unintentional Injuries: Age-Adjusted Mortality by Race
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 36.4 or Lower

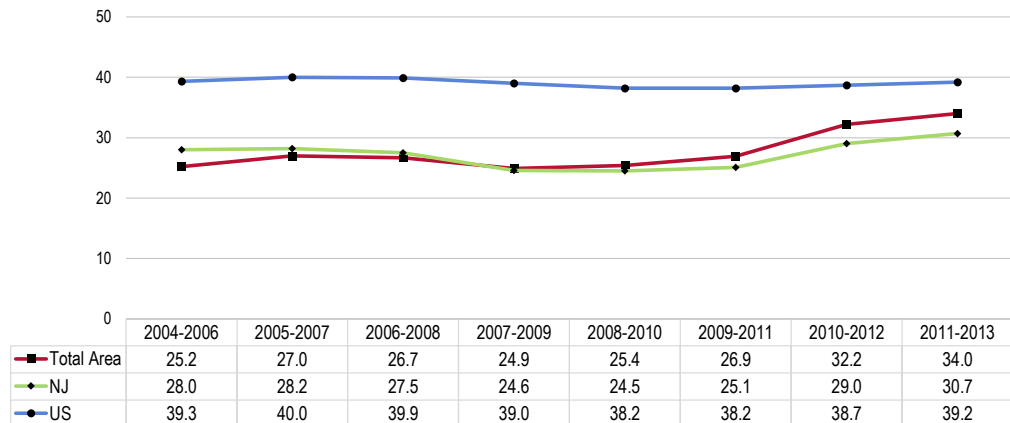


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

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

- TREND: Despite fluctuations, there is an overall upward trend in the unintentional injury mortality rate in the service area, closely echoing the state trend.

Unintentional Injuries: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

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

Motor Vehicle Safety

Age-Adjusted Motor-Vehicle Related Deaths

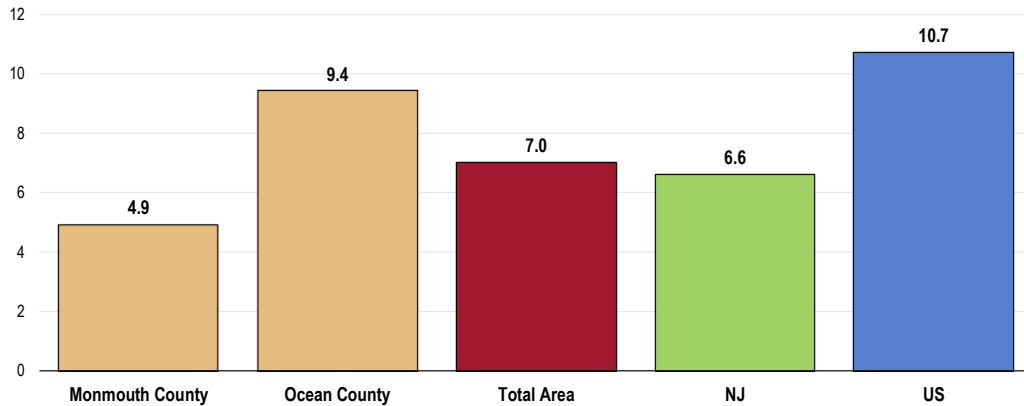
Between 2011 and 2013, there was an annual average age-adjusted motor vehicle crash mortality rate of 7.0 deaths per 100,000 population in the Meridian Health Regional Service Area.

- Just above that found statewide.
- Lower than found nationally.
- Satisfies the Healthy People 2020 target (12.4 or lower).
- Nearly twice as high in Ocean County as in Monmouth County.

Motor Vehicle Crashes: Age-Adjusted Mortality

(2011-2013 Annual Average Deaths per 100,000 Population)

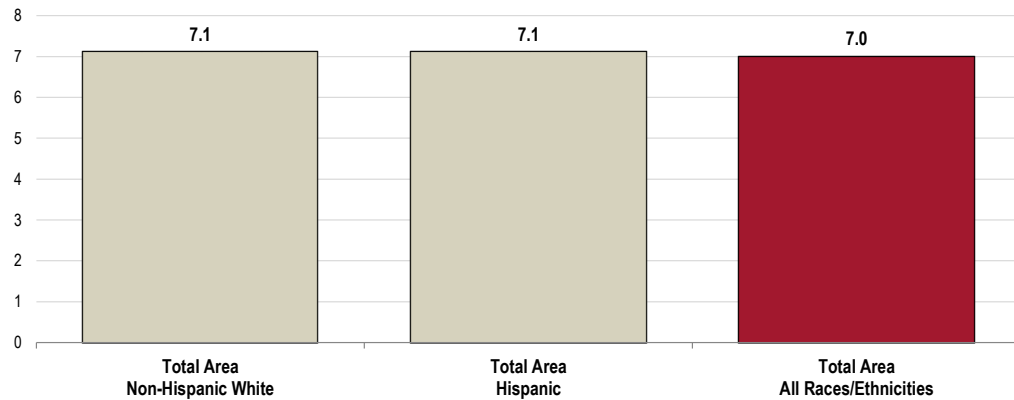
Healthy People 2020 Target = 12.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- No difference by race in the service area.

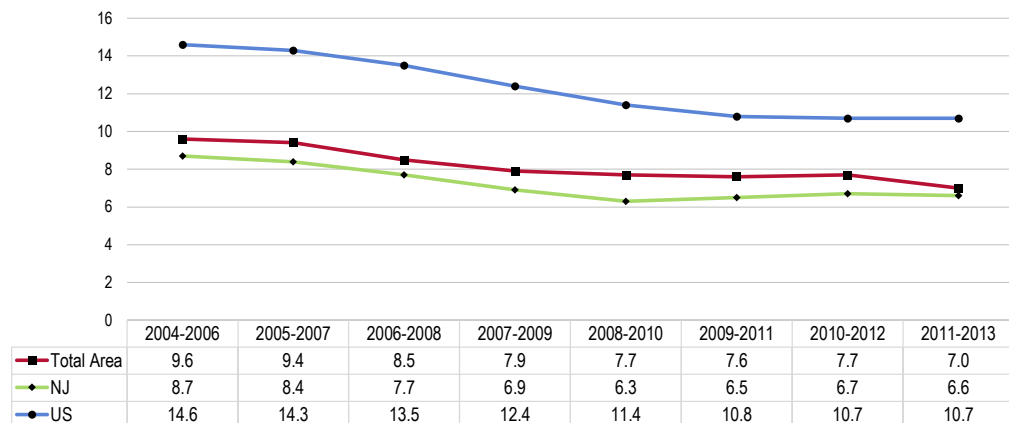
Motor Vehicle Crashes: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 12.4 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate in the Meridian Health Regional Service Area decreased over the past decade, in keeping with state and national trends.

Motor Vehicle Crashes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 12.4 or Lower



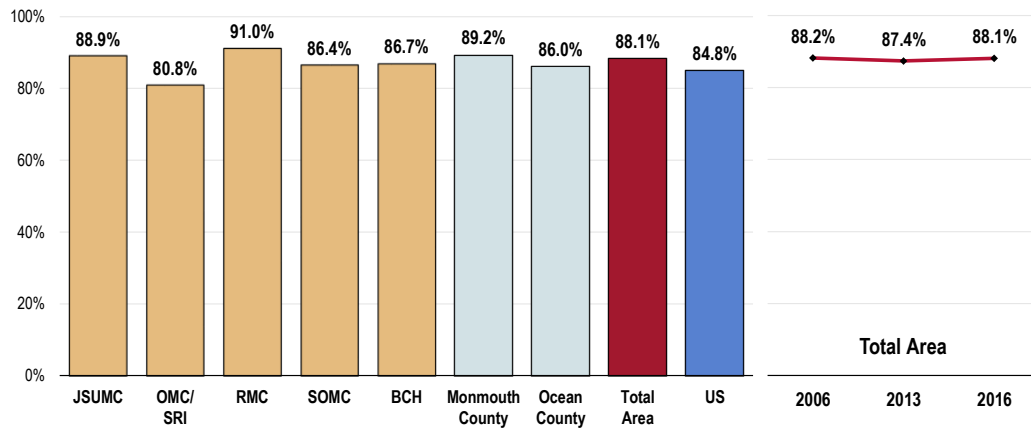
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-13.1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Seat Belt Usage - Adults

Most Meridian Health Regional Service Area adults (88.1%) report “always” wearing a seat belt when driving or riding in a vehicle.

- More favorable than the percentage found nationally.
- Fails to satisfy the Healthy People 2020 target of 92.0% or higher.
- Similar findings by county; lowest in the OMC/SRI service area and highest for RMC.
- TREND: Statistically unchanged over time.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle
 Healthy People 2020 Target = 92.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
 Notes: • Asked of all respondents.

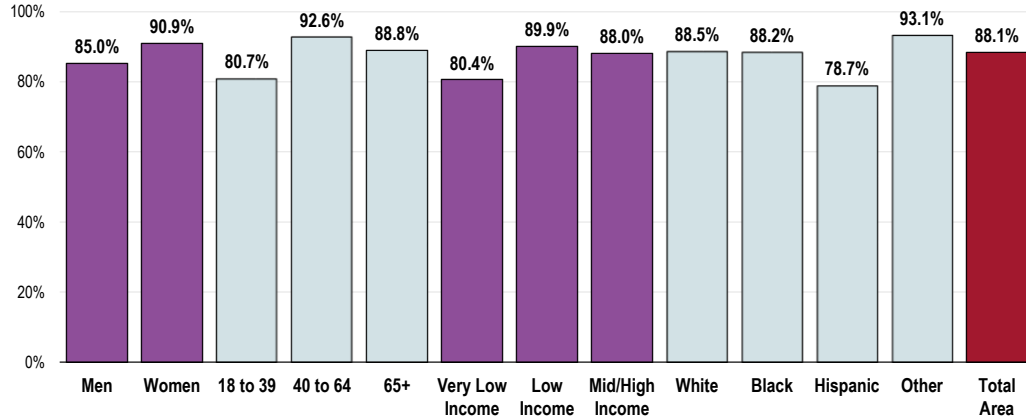
These population segments are less likely to report consistent seat belt usage:

- Men.
- Young adults.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle

(Total Area, 2016)

Healthy People 2020 Target = 92.0% or Higher



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 49]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

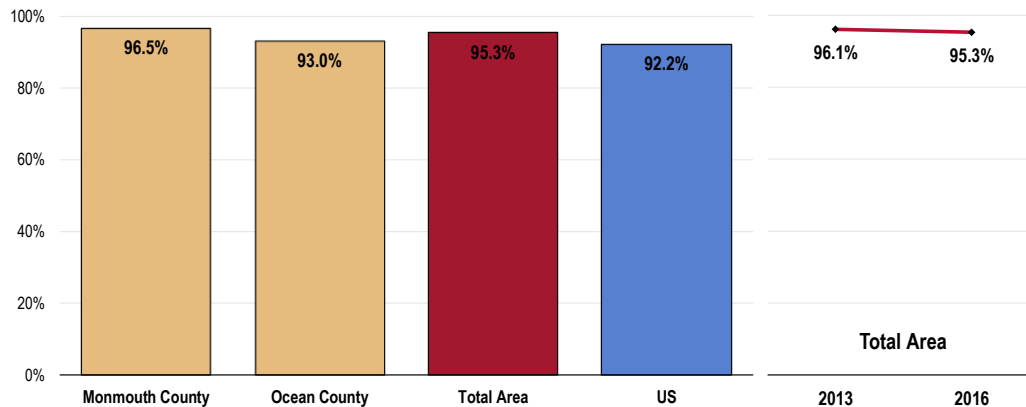
Seat Belt Usage - Children

A full 95.3% of service area parents report that their child (age 0 to 17) “always” wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.

- Statistically similar to what is found nationally.
- Similar findings by county.
- TREND: Statistically unchanged since 2013.

Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle

(Among Parents of Children Age 0-17)



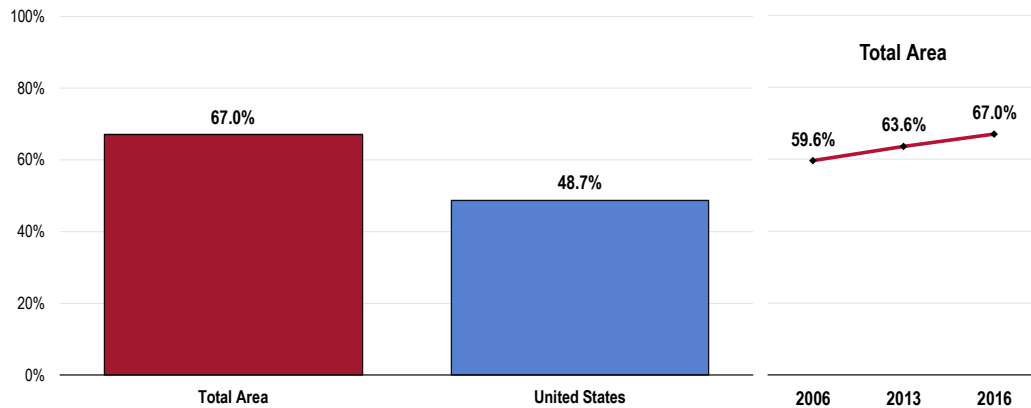
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 122]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.

Bicycle Safety

Two-thirds of Meridian Health Regional Service Area children age 5 to 17 (67.0%) are reported to “always” wear a helmet when riding a bicycle.

- Much higher than the national prevalence.
- TREND: The increase over time is not statistically significant.

Child “Always” Wears a Helmet When Riding a Bicycle (Among Parents of Children Age 5-17)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 121]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5 to 17 at home.

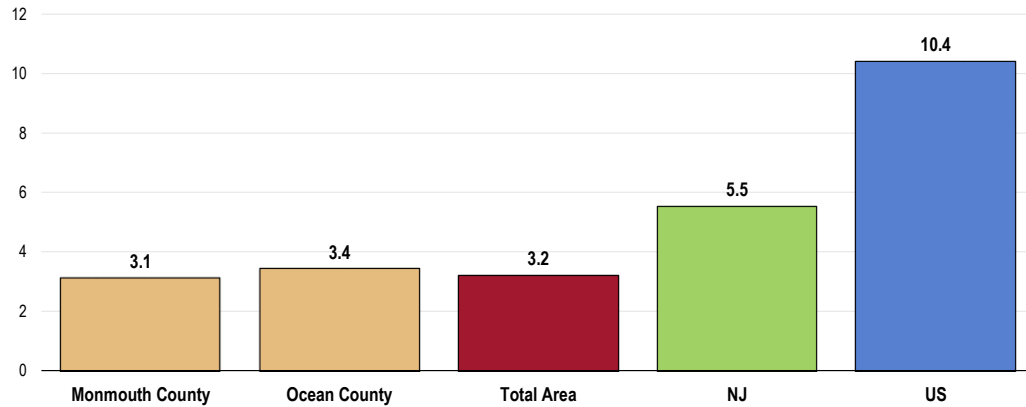
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2011 and 2013, there was an annual average age-adjusted rate of 3.2 deaths per 100,000 population due to firearms in the Meridian Health Regional Service Area.

- Below that found statewide.
- Well below that found nationally.
- Satisfies the Healthy People 2020 objective (9.3 or lower).
- Higher in Ocean County.

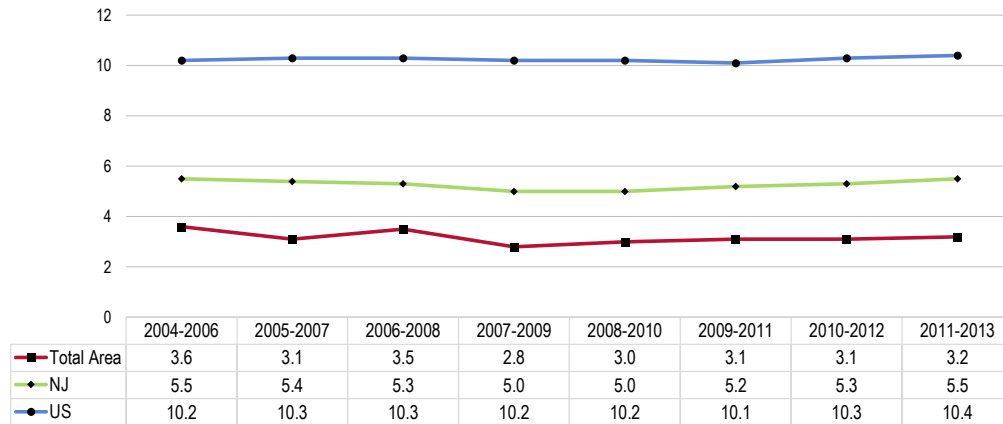
Firearms-Related Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The mortality rate in the Meridian Health Regional Service Area has not shown a clear trend over the past decade.

Firearms-Related Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 9.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-30]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Presence of Firearms in Homes

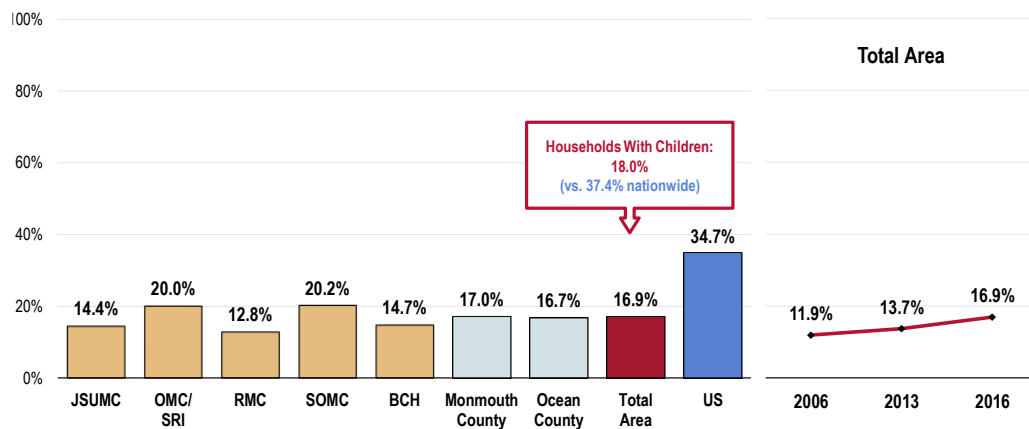
Survey respondents were further asked about the presence of weapons in the home:

“Are there any firearms now kept in or around your home, including those kept in a garage, outdoor storage area, truck, or car? For the purposes of this inquiry, ‘firearms’ include pistols, shotguns, rifles, and other types of guns, but do NOT include starter pistols, BB guns, or guns that cannot fire.”

Overall, just 16.9% of Meridian Health Regional Service Area adults have a firearm kept in or around their home.

- Half the national prevalence.
- Similar findings by county and hospital service area.
- TREND: Marks a statistically significant increase over time.
- Among Meridian Health Regional Service Area households with children, 18.0% have a firearm kept in or around the house (lower than reported nationally).
- TREND: The prevalence of firearms in households with children has increased significantly over time (not shown).

Have a Firearm Kept in or Around the Home

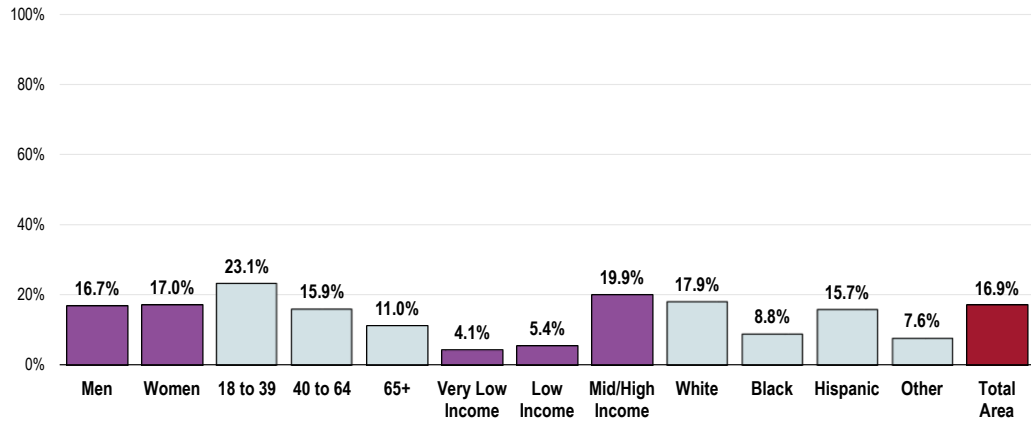


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 52, 137]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Reports of firearms in or around the home are more prevalent among the following respondent groups:

- Young adults (negative correlation with age).
- Higher-income households.
- White respondents.

Have a Firearm Kept in or Around the House (Total Area, 2016)

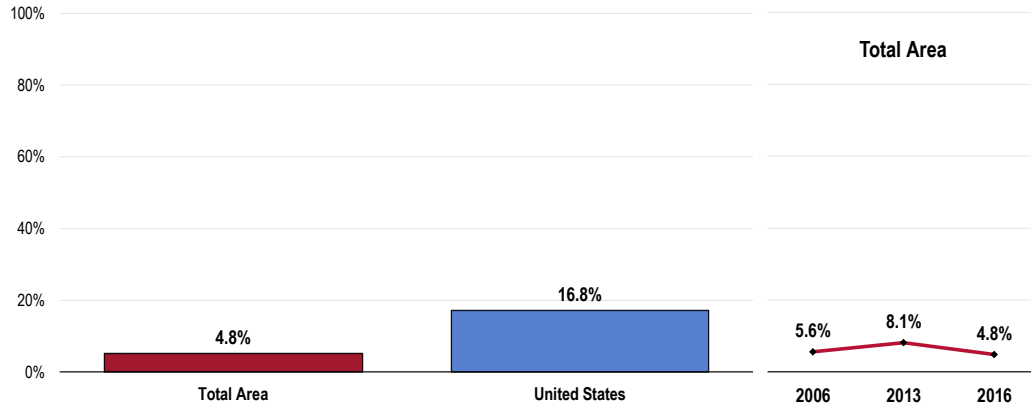


Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
 Notes: ● Asked of all respondents.
 ● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Meridian Health Regional Service Area households with firearms, 4.8% report that there is at least one weapon that is kept unlocked and loaded.

- Well below that found nationally.
- TREND: Statistically similar to prior findings.

Household Has an Unlocked, Loaded Firearm (Among Respondents Reporting a Firearm in or Around the Home)



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 138]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents with a firearm in or around the home.
 ● In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

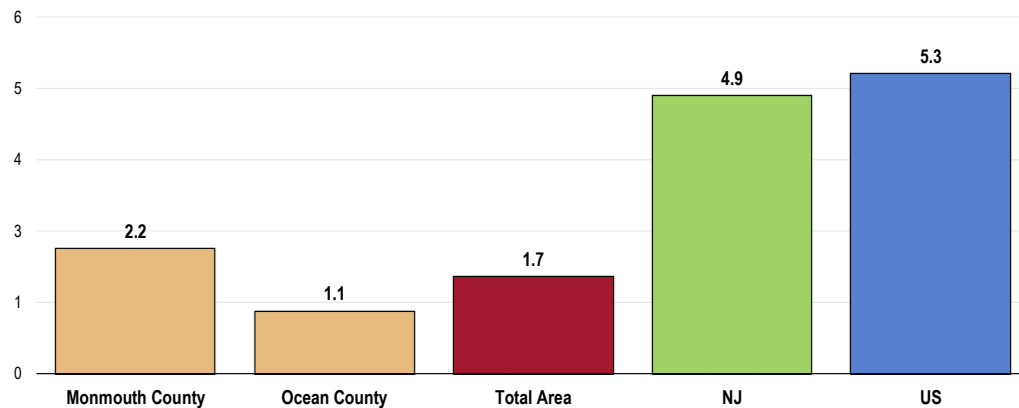
Between 2011 and 2013, there was an annual average age-adjusted homicide rate of 1.7 deaths per 100,000 population in the Meridian Health Regional Service Area.

RELATED ISSUE:

See also *Suicide* in the **Mental Health** section of this report.

- More favorable than the rate found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 5.5 or lower.
- Unfavorably high in Monmouth County.

Homicide: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 5.5 or Lower

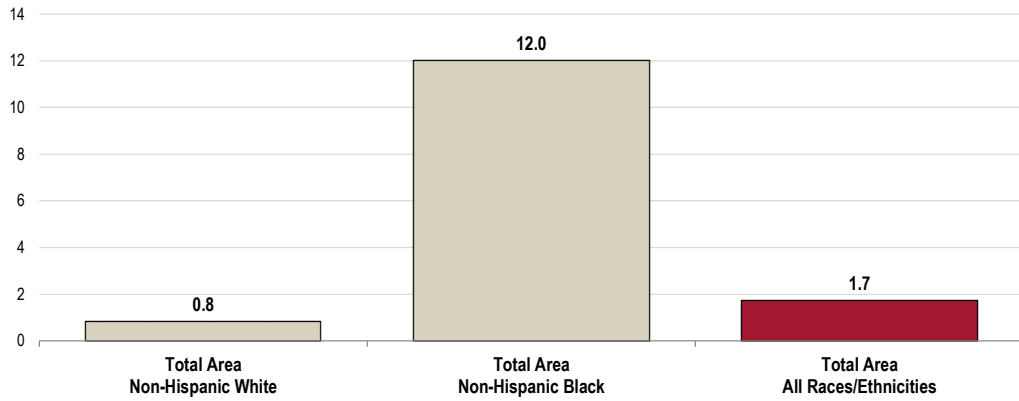


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The homicide rate is notably higher among Blacks than Whites in the Meridian Health Regional Service Area.

Homicide: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower

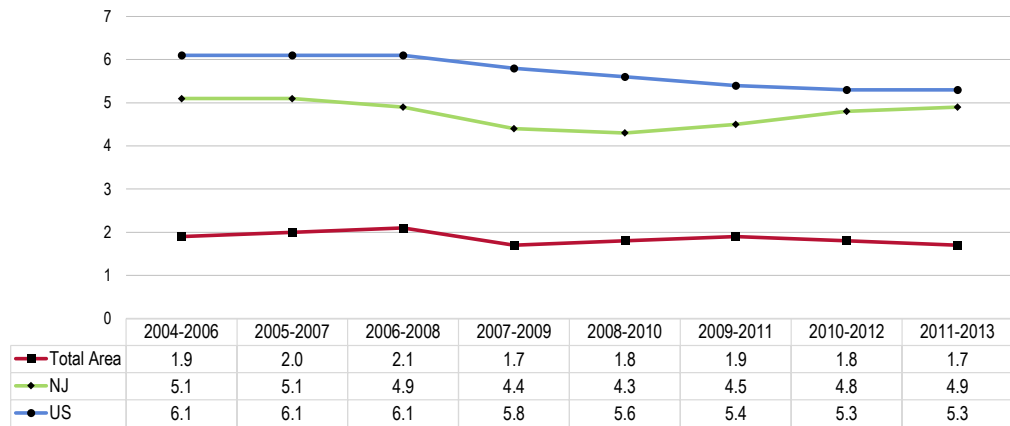


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** The homicide rate has not shown a clear trend over time in the Meridian Health Regional Service Area.

Homicide: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-29]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

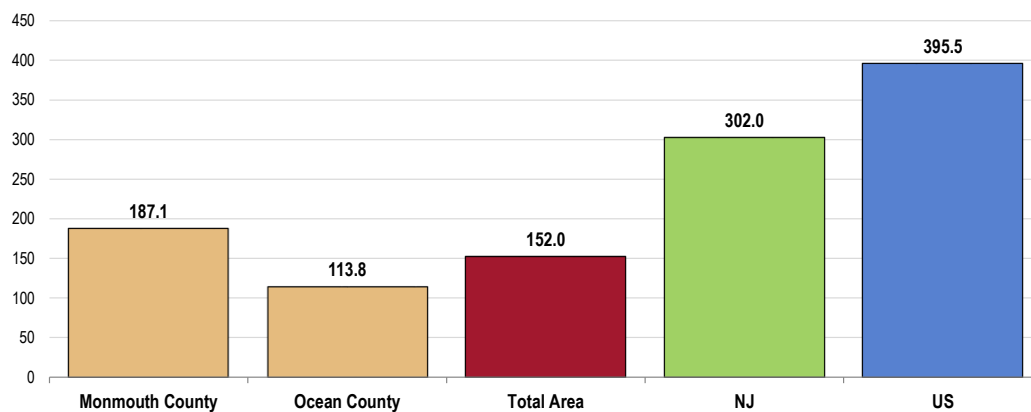
Between 2010 and 2012, there were a reported 152.0 violent crimes per 100,000 population in the Meridian Health Regional Service Area.

- Well below the New Jersey rate for the same period.
- Well below the national rate.
- Higher in Monmouth County.

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

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

Violent Crime
(Rate per 100,000 Population, 2010-2012)



Sources: • Federal Bureau of Investigation, FBI Uniform Crime Reports: 2010-2012.

• Retrieved October 2015 from Community Commons at <http://www.chna.org>.

Notes: • This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

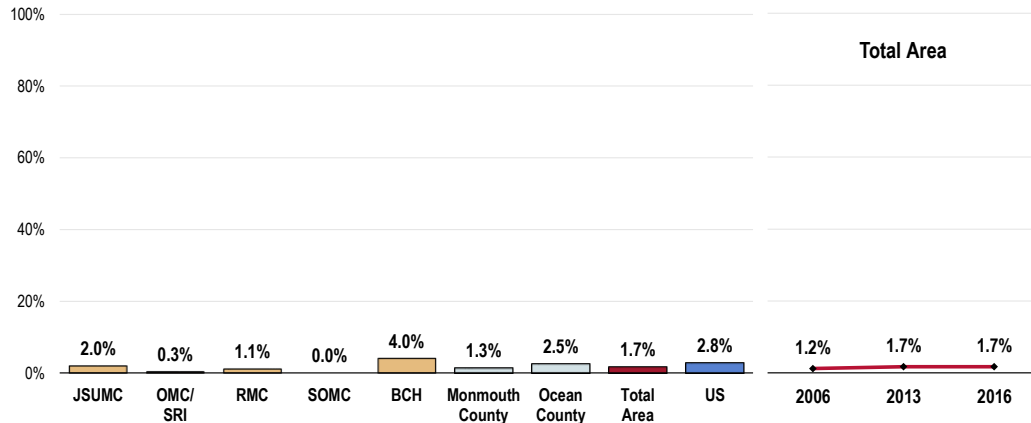
• Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Self-Reported Violence

A total of 1.7% of Meridian Health Regional Service Area adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- Similar findings by county; unfavorably high in the BCH service area.
- TREND: Statistically unchanged over time.

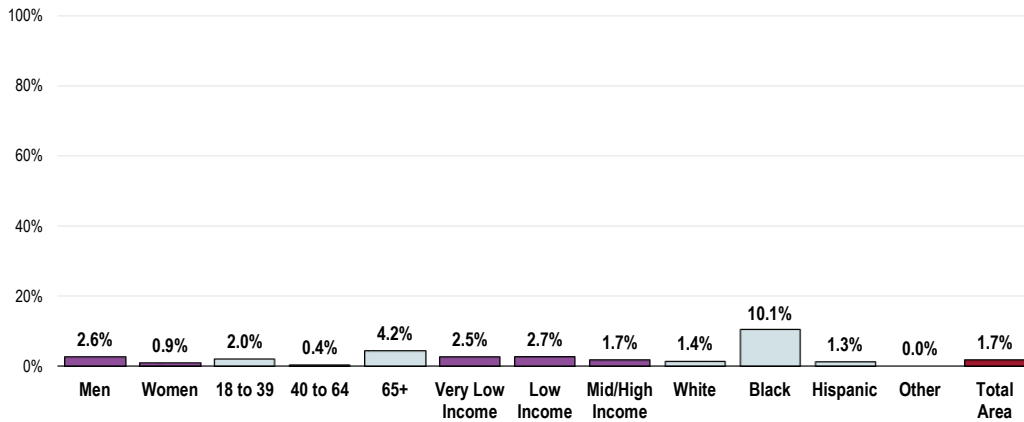
Victim of a Violent Crime in the Past Five Years



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Reports of violence are notably higher among seniors and Blacks in the service area.

Victim of a Violent Crime in the Past Five Years (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 50]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Self-Reported Family Violence

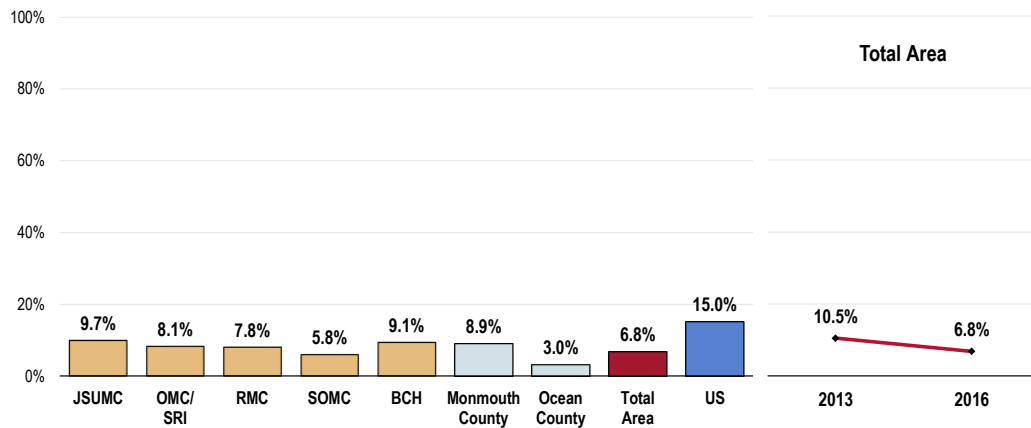
Respondents were told:

“By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner.”

A total of 6.8% of respondents acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

- More favorable than national findings.
- Much higher in Monmouth County than in Ocean; similar findings by hospital service area.
- TREND: Marks a statistically significant improvement since 2013.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

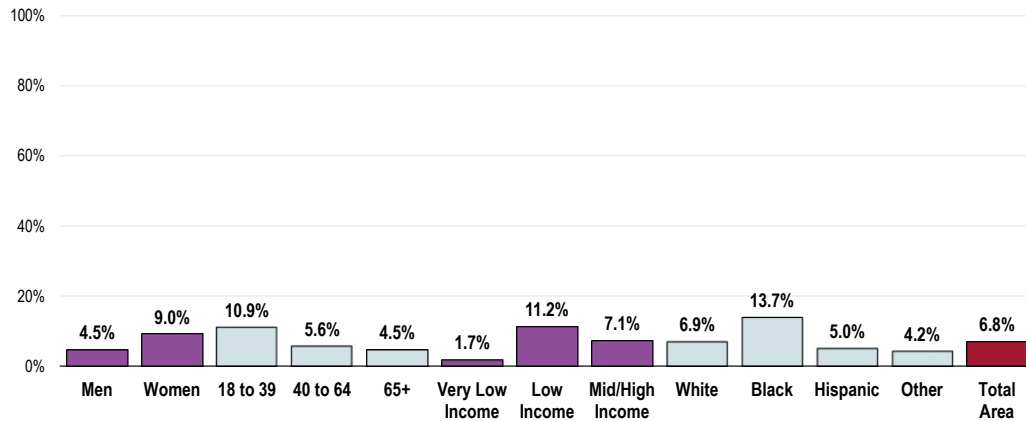


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Women.
- Young adults (negative correlation with age).
- Adults in the “low-income” category.
- Black respondents.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner (Total Area, 2016)

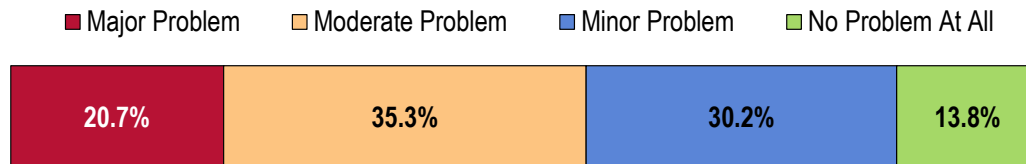


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

High Prevalence of Crime

There is a high violence rate among minorities in my community. – Community/Business Leader

Reported cases and increasing nationwide. – Community/Business Leader

Studies show that unintentional injuries and violence are among the leading causes of death among adolescents nationwide. This is evidenced in the local community through the frequent reports of fatalities related motor vehicle accidents, drug overdose, suicide and shootings, mainly among adolescents. – Community/Business Leader

I work in the city of Asbury Park, violence is a major problem in the west side of the city. The children grow up in a town where being a member of a gang is common place. There are many shootings and stay bullets have injured children. – Physician

Crime stats are a strong community concern. – Public Health Representative

Domestic abuse, interpersonal crime and dangerous drivers. – Physician

Several families in our Neptune Family Health Center Practice are involved with the Division of Childhood Placement and Permanency, formerly DYFS, for domestic violence issues. We have a large population of Mexican and Hispanic patients who reside in Asbury Park, Neptune, Belmar and Bradley Beach. Although I do not have data, I suspect that domestic violence rates may be high for this population in these towns due to cultural influences. There are a large number of children residing in Lakewood who are admitted to the hospital with accidental injuries. Again, anecdotal information. – Physician

Fighting and killing is unfortunately perceived as a solution to personal disagreements. – Community/Business Leader

Youth

So much teen violence. – Community/Business Leader

We have students who daily see the impacts of violent crime and injury in their communities, or who suffer as victims of violence and injury. – Community/Business Leader

Limited availability of positive role models and lack of insight into potential lead to disproportionately increased injury and violence. – Physician

Gang violence among youth and individual violence in the community. – Community/Business Leader

Contributing Factors

The incidents of violence is particularly alarming in a few communities in Monmouth County. Attributable to the lack of training employment, systemic poverty, particularly amongst men with felony records for nonviolent drug offenses who are caught up in a vicious cycle. Also drug addiction and unaddressed mental health issues. – Social Services Provider

Television and newspaper. – Social Services Provider

We live near the Parkway. People ride motorcycles. We allow people to have guns. – Physician

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

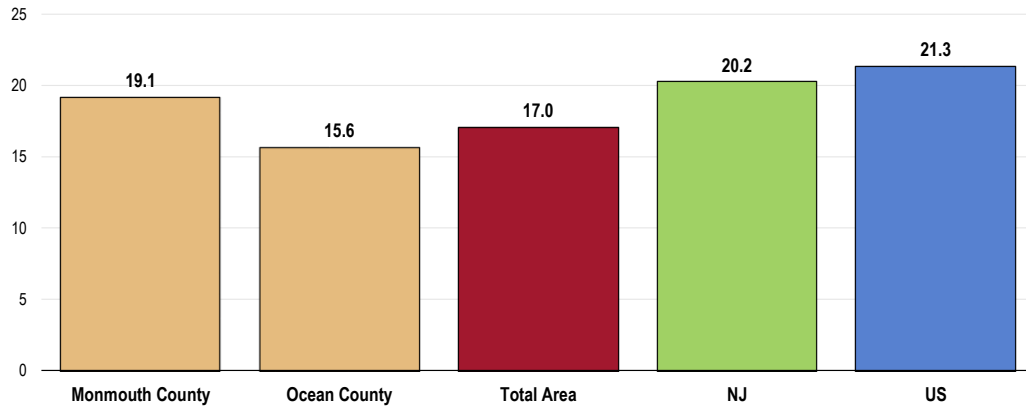
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

Between 2011 and 2013, there was an annual average age-adjusted diabetes mortality rate of 17.0 deaths per 100,000 population in the Meridian Health Regional Service Area.

- More favorable than that found statewide.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Unfavorably high in Monmouth County.

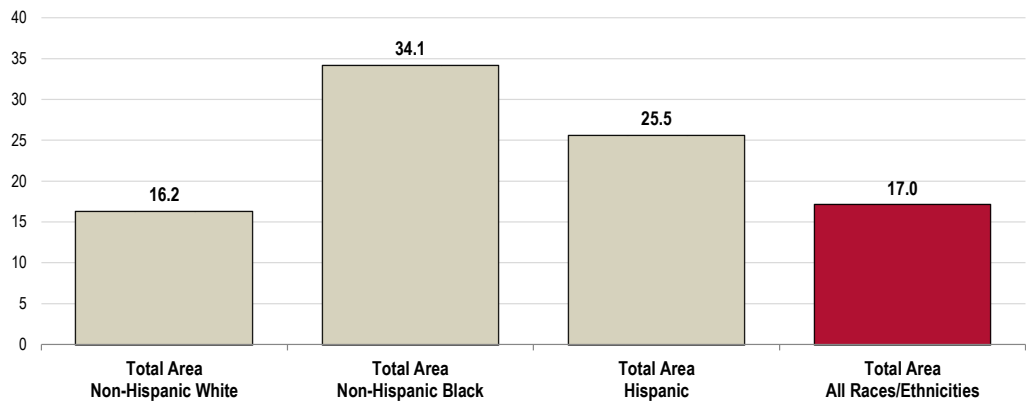
Diabetes: Age-Adjusted Mortality
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- The diabetes mortality rate in the service area is notably higher among Blacks (and also higher among Hispanics) than among Whites.

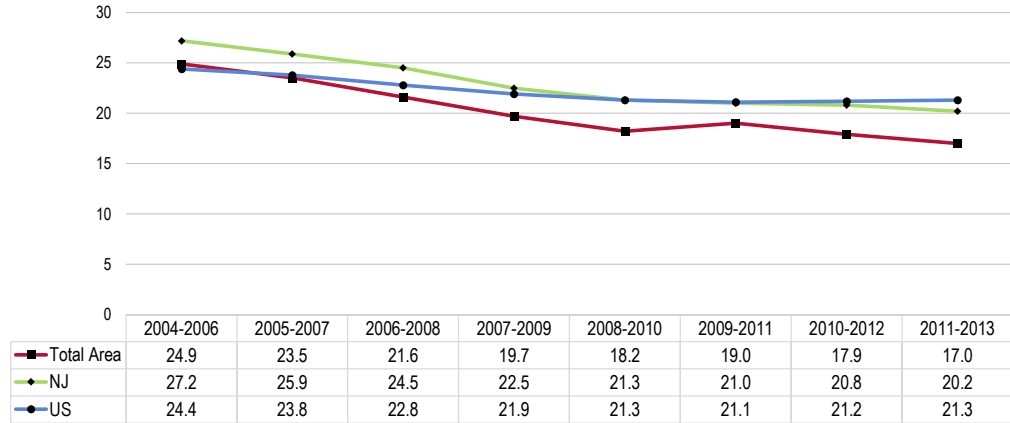
Diabetes: Age-Adjusted Mortality by Race
 (2011-2013 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 20.5 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
 - The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: Note the decreasing trends in diabetes mortality over the past decade.

Diabetes: Age-Adjusted Mortality Trends
 (Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]

 Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

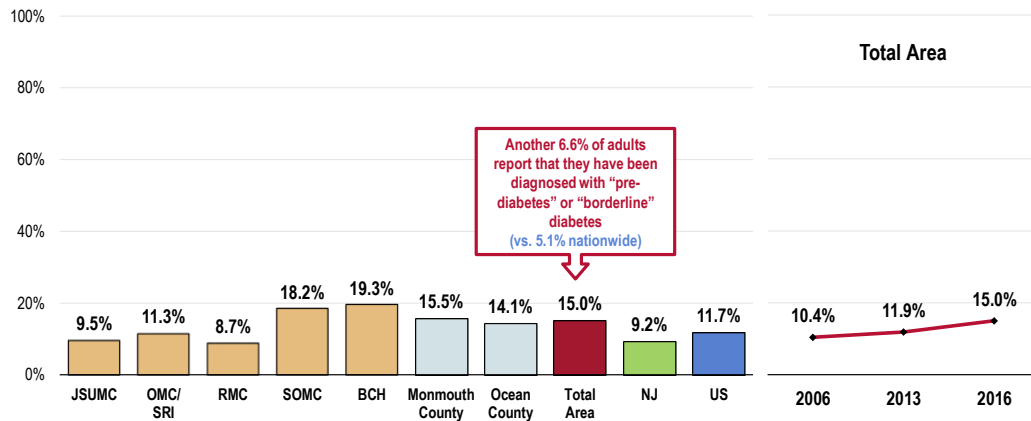
A total of 15.0% of community members report having been diagnosed with diabetes.

- Worse than the statewide proportion.
- Worse than the national proportion.
- Statistically similar by county; unfavorably high in the SOMC and BCH service areas.
- TREND: Marks a statistically significant increase in diabetes prevalence over time.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.6% of Meridian Health Regional Service Area adults report that they have “pre-diabetes” or “borderline diabetes.”

- Comparable to the US prevalence.
- Similar findings by county and hospital service area (not shown).

Prevalence of Diabetes



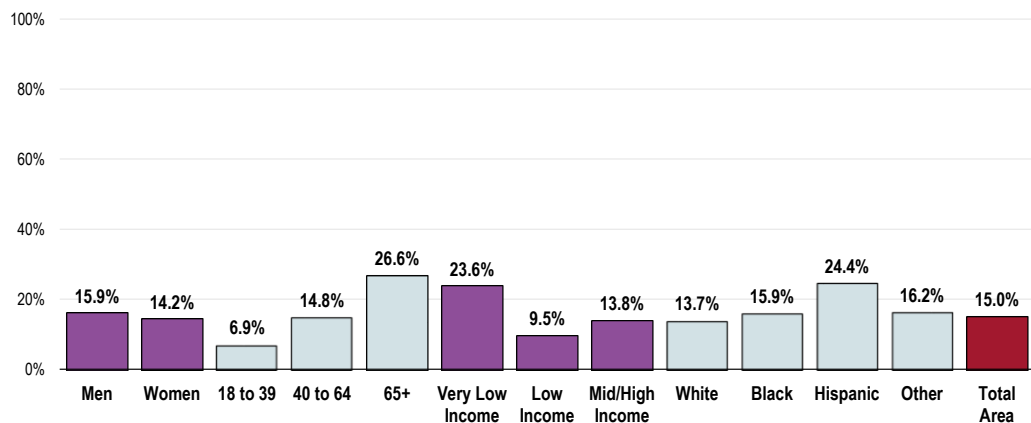
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 136]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.

Notes: ● Asked of all respondents.
 ● Local and national data exclude gestation diabetes (occurring only during pregnancy).

A higher prevalence of diagnosed diabetes (excluding pre-diabetes or borderline diabetes) is reported among:

- Older adults (note the strong positive correlation between diabetes and age, with 26.6% of seniors with diabetes).
- Residents living below the federal poverty level.
- Hispanic adults.

Prevalence of Diabetes (Total Area, 2016)



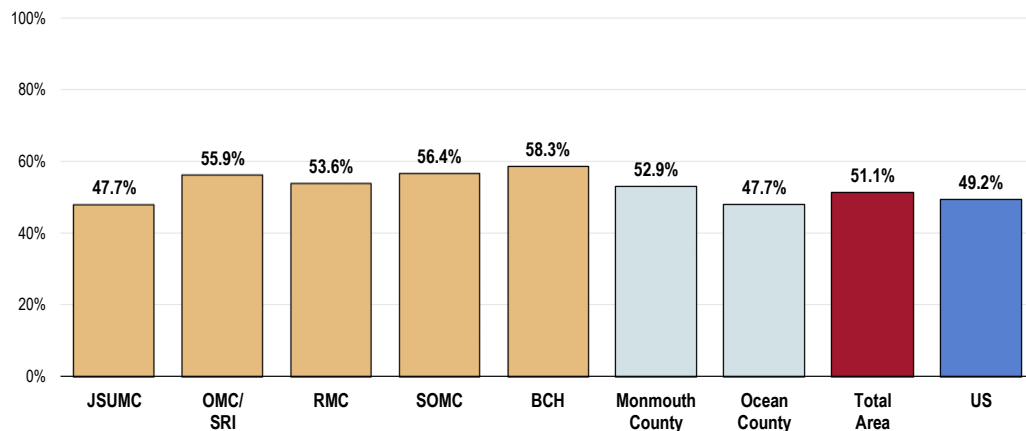
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 136]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 ● Excludes gestation diabetes (occurring only during pregnancy).

Diabetes Testing

Of Meridian Health Regional Service Area adults who have not been diagnosed with diabetes, 51.1% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar by county; unfavorably low in the JSUMC service area.

Have Had Blood Sugar Tested in the Past Three Years (Among Non-Diabetics)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of respondents who have not been diagnosed with diabetes.

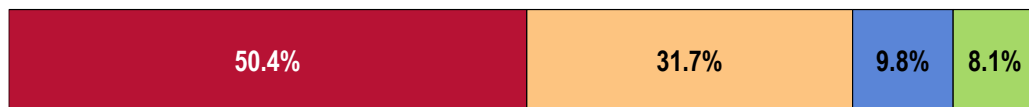
Key Informant Input: Diabetes

One-half of key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

Perceptions of Diabetes as a Problem in the Community

(Key Informants, 2016)

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



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

Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Compliance

In spite of having the disease, many of my friends and other residents continue to eat as if they did not have diabetes. They choose to eat foods in amounts and kinds they should not and rarely get any regular exercise. – Community/Business Leader

Compliance. – Physician

Patient compliance with proper diet, exercise, taking their medications and following up with their physicians. – Physician

Identifying that they are at risk and managing disease. – Public Health Representative

Living with it without further function damage. – Community/Business Leader

Maintenance and getting insulin. – Community/Business Leader

Understanding and adhering to proper diet and medication. – Community/Business Leader

Conforming and adapting to a lifelong change in behaviors. – Public Health Representative

Unwillingness to commit to a change in lifestyle. In some areas access to healthy food choices. Lack of knowledge about pre-diabetic condition. – Social Services Provider

People are not oriented towards prevention, believe pharmaceuticals are the answer to the problem do not always realize the connection between blood pressure and cholesterol. The importance of physical activity is not necessarily promoted as a way to prevent diabetes. Also, those with diabetes are still being given message that you know what to do when they have high sugar readings, not being referred to specialist, nutritionists who can help people avoid getting type 2 diabetes, or even endocrinologists. Further, long wait times to get appointments with endocrinologists. Perhaps other types of clinicians NP's or PA's can work in the practices. – Social Services Provider

Seeking diagnosis and treatment. When treatment prescribed, following treatment. – Community/Business Leader

Support to carry out health directives, maintain self-control of diet and exercise, regular testing and medical appointments. – Public Health Representative

Understanding health and lifestyle choices that impact diabetes as well as how to manage the disease when diagnosed. Conflicting messages on healthy eating and a missing message on active lifestyles. – Community/Business Leader

Patients have the tendency to ignore recommendations made by doctors to control the illness, following diets that are high in sugar as well as neglecting to take their prescribed medicines. Cost of medicines has at time an impact to uninsured members of the community. – Community/Business Leader

High Prevalence

I know many people with these problems. People do not pay attention to their diets. – Community/Business Leader

On the rise. Comorbidity. – Physician

Number of people affected seems to be increasing. – Community/Business Leader

More and more people I speak to and see are suffering with some form of it. – Community/Business Leader

It impacts such a large percentage of the population and unlike other major diseases the population grows each year. – Community/Business Leader

Lack of Education

Lack of education, endocrinologist not accepting insurance. – Social Services Provider

People need to know the dangers of untreated diabetes and be offered more information about the disease. – Community/Business Leader

The biggest issue found in residents who are living in an independent living setting. A lot of these residents do not understand how to control their diabetes, some just choose to ignore the doctor's recommendations and plan of care. – Community/Business Leader

Awareness of the disease and knowledge of how to control it. People with low incomes have the additional challenge of being able to afford the necessary medications and the proper foods. – Community/Business Leader

Access to Care/Services

Access to doctors that treat and monitor the ever rising number of people diagnosed with type II diabetes. – Community/Business Leader

Endocrine team is strong but lack of endocrinologists in system cause long waits for visits. Lack of support services including nutritional counseling. – Physician

There are not enough reliable, available endocrinologists who are available. Appointments take months to get, the waiting times are 4-5 hours long. Some doctors are too quick to diagnose, rather than take into consideration the 'who, what, where, when's' and really listen. – Social Services Provider

I was talking about this the other day with a local endocrinologist. We need a diabetes center at JSUMC where people can come in as needed and without appointments. Good outpatient diabetes care would save a lot of hospitalizations. – Physician

Due to the continued lack of access, information, and education about Diabetes, people in the community continue behavior that continues to put their health at risk. – Public Health Representative

Transportation to dialysis. Financially able to afford fresh foods needed for a low sodium, sugar diet. – Community/Business Leader

Those affected with disease who lack health insurance have a difficult time getting the care and miscellaneous drugs needed to control disease to the extent that they ignore the consequences. – Community/Business Leader

Lack of insurance coverage for diabetes medications. Lack understanding the severity of their illness. – Physician

Not enough endocrinologist in the community. – Physician

Access to good choices. – Physician

Behavioral Risk

Poor diet and lack of fitness with lack of insight into disease and cultural bias regarding body habits. – Physician

Lack of exercise and diet. People need to be encouraged and stimulated to start thinking about their health. – Social Services Provider

Proper diet and exercise. Affordable medications and testing supplies. – Social Services Provider

Diet. – Community/Business Leader

Ethnic backgrounds which have diets that are high risk for diabetes. – Social Services Provider

Not being diagnosed, maintained diet and education. – Physician

Diet and control of their disease with medications. Education is an area that would help and patients like the free conferences about their disease and the medicines to treat it. – Physician

Trying to maintain good eating habits and getting as much exercise as possible. – Community/Business Leader

Food Access

Being able to afford to purchase the correct foods and access to health care facilities. – Community/Business Leader

Access to affordable nutritious food. – Social Services Provider

Lack of Nutrition Education

Education, finances to purchase the appropriate food to make healthy diet choices, no insurance to pay for care or medication, this applies to those who fall through the cracks. Limited resources that provide help with glucometers, strips and lancets. – Other Healthcare Provider

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

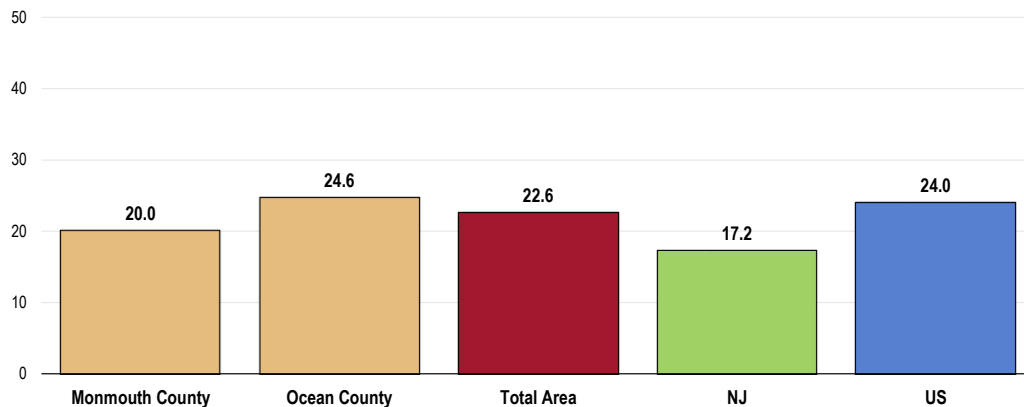
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted Alzheimer's disease mortality rate of 22.6 deaths per 100,000 population in the Meridian Health Regional Service Area.

- Less favorable than the statewide rate.
- More favorable than the national rate.
- Higher in Ocean County.

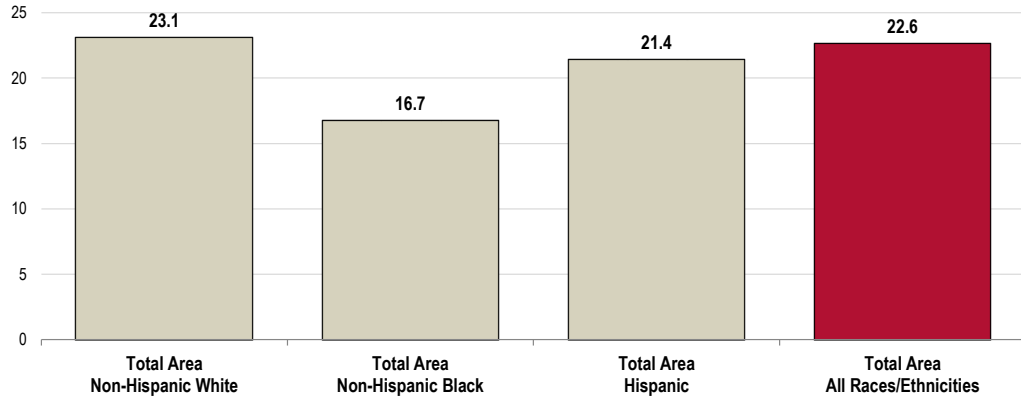
Alzheimer's Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The Alzheimer's disease mortality rate is higher among Whites and Hispanics in the service area, when compared with Blacks.

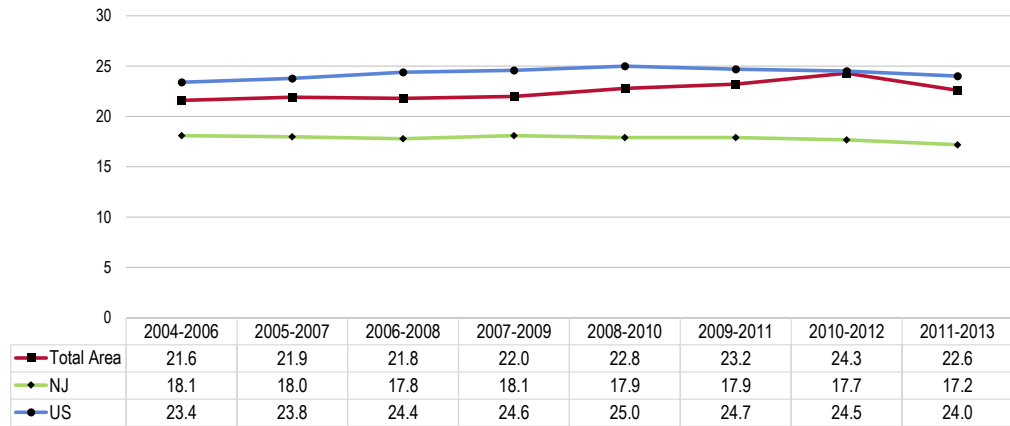
Alzheimer's Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Mortality rates increased for much of the past decade in the service area.

Alzheimer's Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Dementias, Including Alzheimer’s Disease

Key informants taking part in an online survey are more likely to consider *Dementias, Including Alzheimer’s Disease* as a “moderate problem” in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2016)

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



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Top Concerns

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

Aging Community

Decision based on the number of senior citizens I interact with or from conversations with family members. – Community/Business Leader

Our residents are aging and many are experiencing symptoms of dementia. There are few resources available, if there are, they are not widely known. It would be valuable to have more day care centers, caregivers groups, seminars, etc. My husband had Alzheimer's and it was difficult to find information about where to turn for help. – Community/Business Leader

Very elderly community. – Physician

Due to aging population. – Social Services Provider

Because of the age of our residents. – Community/Business Leader

Aging community. – Physician

Huge geriatric populations with only a few geriatrician's. The general public thinks senility medicine doesn't do anything because grandma is more senile now than she was 5 years ago. Public is wrong, what if there was a consultative service of geriatricians in each hospital seeing patients for dementia and delirium or an educational program spouses and family members could access while their loved one is in the hospital. Assisted livings are full, day cares are full. Where are the dementia patients getting care? No mention of dementia research being done by Dr. Ross and Shua-Haim on the web site. Public needs education. – Physician

People living longer. Very limited facilities. – Community/Business Leader

People living alone slowly declining mentally, frequently falling, unable to carry out. Some continue to drive. Family members not living close enough to observe mental changes. – Community/Business Leader

Large senior population. Impact of dementia and Alzheimer's disease on caregivers is great. Cost of providing care if not eligible for programs and lack of home health assistance and programs in all areas of the county. – Public Health Representative

High Prevalence

Because of the large number of people affected by dementia and Alzheimer's disease. – Physician

Despite strides in treatment there is no prevention or halting of the disease once it begins. – Community/Business Leader

Dementia is a major problem all over. It is hard to care for dementia patients because some of them who have advanced disease require a great deal of care. – Physician

More and more people I speak to and see are suffering with some form of it. – Community/Business Leader

I know many people with these problems. – Community/Business Leader

There are many people who are suffering Alzheimer's. There needs to be more advancements for the treatment of people with Alzheimer's, or better yet, preventative measures for the onset of the disease need to be approved. I do not believe there are many resources in Ocean and Monmouth counties. – Community/Business Leader

Increasing incidence of dementia and Alzheimer's, combined with large increase in the population over age 65. – Community/Business Leader

Knowledge of persons in the community with this condition. – Community/Business Leader

Personal knowledge of many persons with problems. – Community/Business Leader

At our college we offer free classes for senior residents of the county. A talk on living with family members experiencing dementia was well attended. Anecdotally we see the impact from Alzheimer's on campus members taking care of those impacted by the disease. The local Alzheimer's walk is always well attended by campus groups. – Community/Business Leader

Lack of Education

There is not as much information in the public for this disease as there are for others. – Community/Business Leader

Need more research and development of this problem. – Community/Business Leader

Our community is very uneducated about Alzheimer's and other forms of dementia. If you were to ask the average Joe what dementia is, he/she would not be able to provide an answer. Working in a senior living community, we find that a lot of family members and caregivers are in denial regarding their loved ones disease. Family members often find that this forgetfulness is just part of the normal aging process, which is true, to a certain extent. The Alzheimer's association offers so many resources for families, and it's a shame that not many people take advantage of this. – Community/Business Leader

Lack of Resources

Numerous individuals who cannot leave their homes and visit their physicians due to fall and wandering risk, lack of support from families and friends, or poor awareness of their conditions. Noncompliance, lack of transportation issues, and/or lack of insurance. Limited providers who perform home visits for these patient in the geriatric population. – Physician

There is a lack of supports for the caregivers of people suffering from this. – Social Services Provider

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the national Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

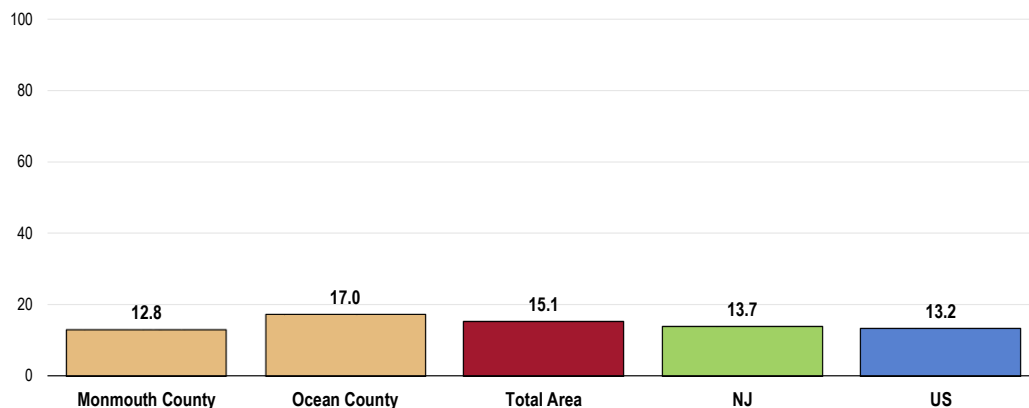
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2011 and 2013 there was an annual average age-adjusted kidney disease mortality rate of 15.1 deaths per 100,000 population in the Meridian Health Regional Service Area.

- Higher than the rate found statewide.
- Higher than the national rate.
- Higher in Ocean County.

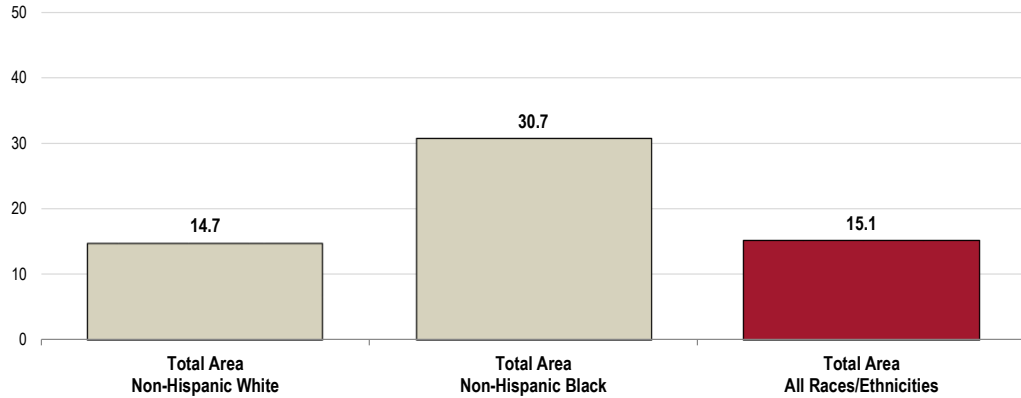
Kidney Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The kidney disease mortality rate in the Meridian Health Regional Service Area is notably higher among Blacks than Whites.

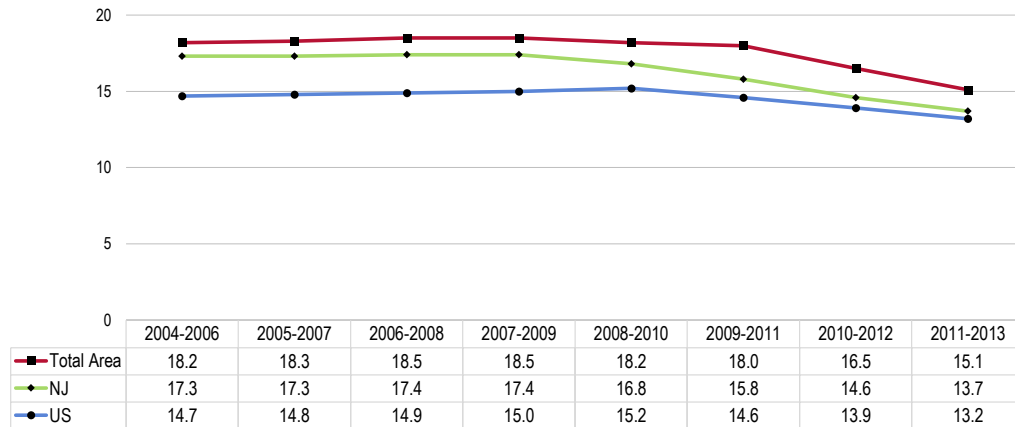
Kidney Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The death rate has decreased over the past decade in the Meridian Health Regional Service Area, echoing the state and national trends.

Kidney Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)



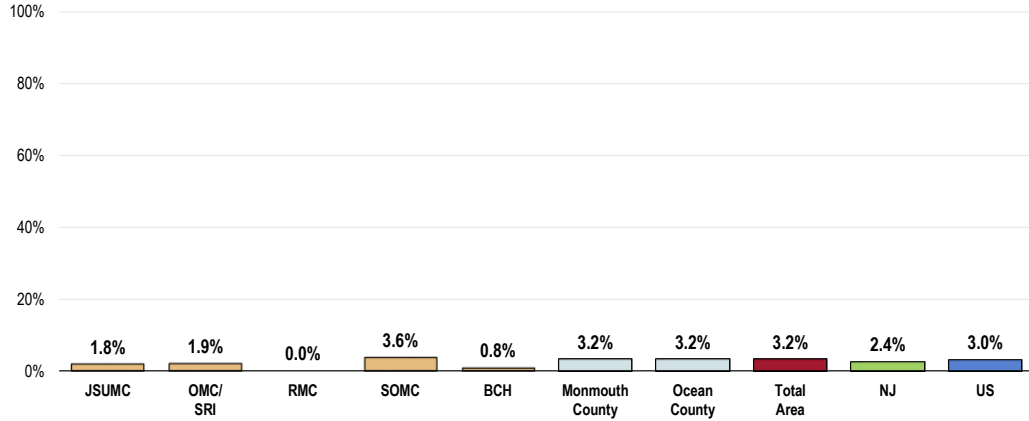
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 • Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 3.2% of area adults report having been diagnosed with kidney disease.

- Similar to the state proportion.
- Similar to the national proportion.
- Statistically similar by county; favorably low (0.0% response) in the RMC area.

Prevalence of Kidney Disease

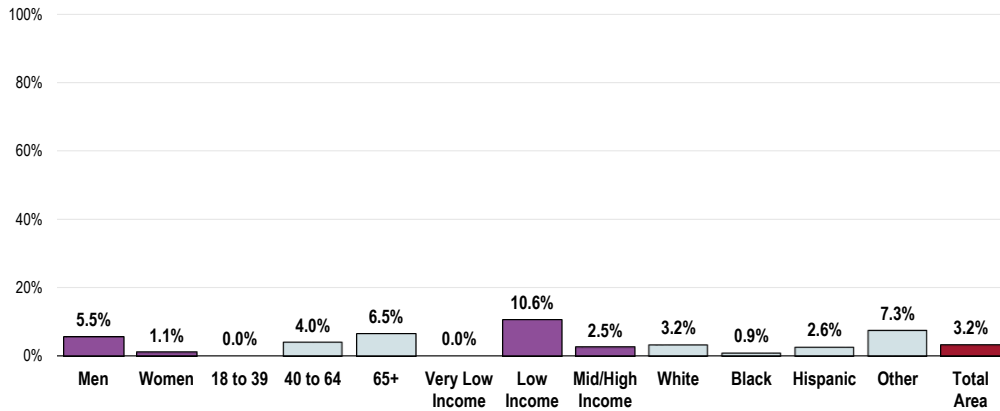


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

- A higher prevalence of kidney disease is reported among men in the area.
- Note also the positive correlation between age and kidney disease, as well as the significant disparity by income level among community members.

Prevalence of Kidney Disease (Total Area, 2016)



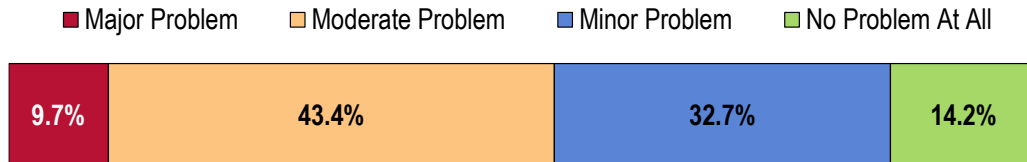
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
 • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Chronic Kidney Disease

The largest share of key informants taking part in an online survey characterized *Chronic Kidney Disease* as a “moderate problem” in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community

(Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Top Concerns

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

Lack of Education

Community lack of insight into the disease process and association between co-morbid diseases and risk factors, poor diet, drinking and smoking with associated HTN and DM leading to CKD. – Physician
The question is whether or not kidney disease could be prevented with better control of hypertension and diabetes. – Physician

High Prevalence

So many people are taking the medications and that's a problem. – Social Services Provider
The number of dialysis centers and knowledge of persons with ESRD. – Community/Business Leader

Aging Community

Number of older people on dialysis and the rate of deaths due to kidney failure. – Community/Business Leader

Lack of Resources

Need for updated dialysis units and increased number of individuals with diabetes who are receiving dialysis. – Community/Business Leader

Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

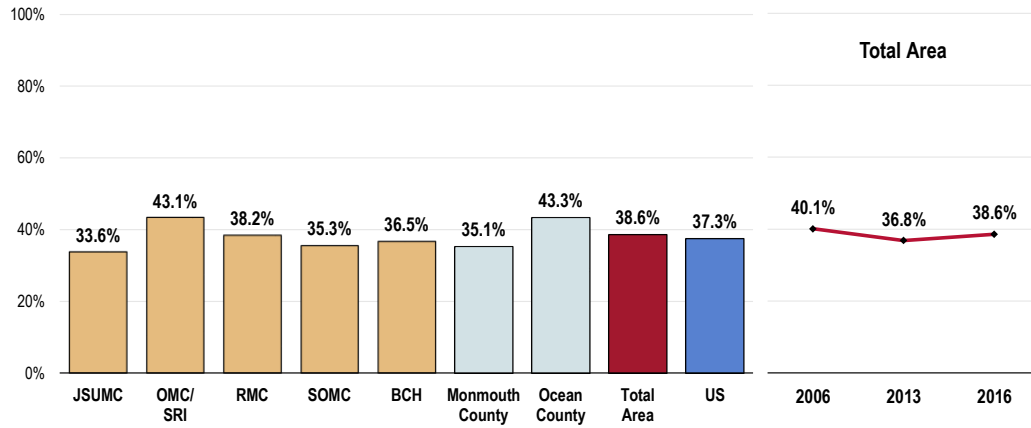
Nearly 4 in 10 Meridian Health Regional Service Area adults age 50 and older (38.6%) report suffering from arthritis or rheumatism.

- Comparable to that found nationwide.
- Comparable findings by county and hospital service area.
- TREND: The prevalence of arthritis/rheumatism is similar to that reported in previous surveys.

RELATED ISSUE:

See also *Activity Limitations in the General Health Status* section of this report.

Prevalence of Arthritis/Rheumatism (Among Adults Age 50 and Older)



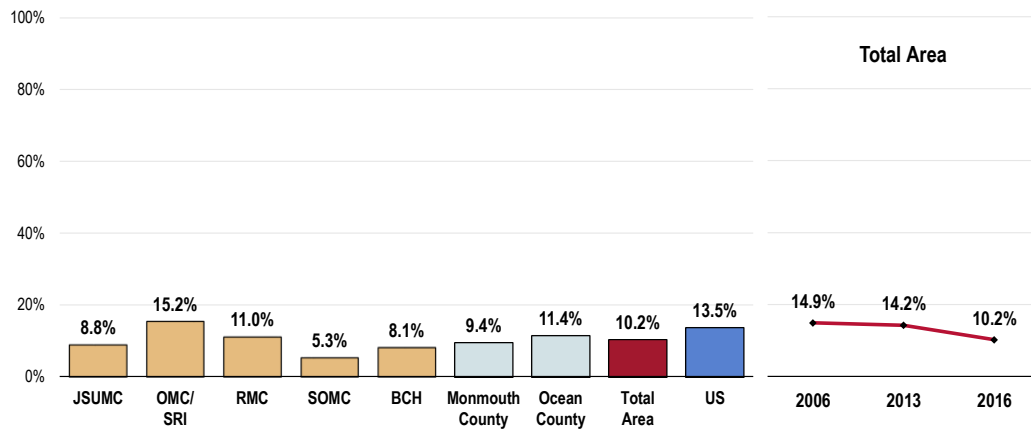
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Reflects respondents age 50 and older.

Prevalence of Osteoporosis

A total of 10.2% of survey respondents age 50 and older have osteoporosis.

- Similar to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.
- No significant differences by county; unfavorably high in the OMC/SRI service area (lowest in the SOMC community).
- TREND: Denotes a statistically significant decrease over time.

Prevalence of Osteoporosis (Among Adults Age 50 and Older) Healthy People 2020 Target = 5.3% or Lower



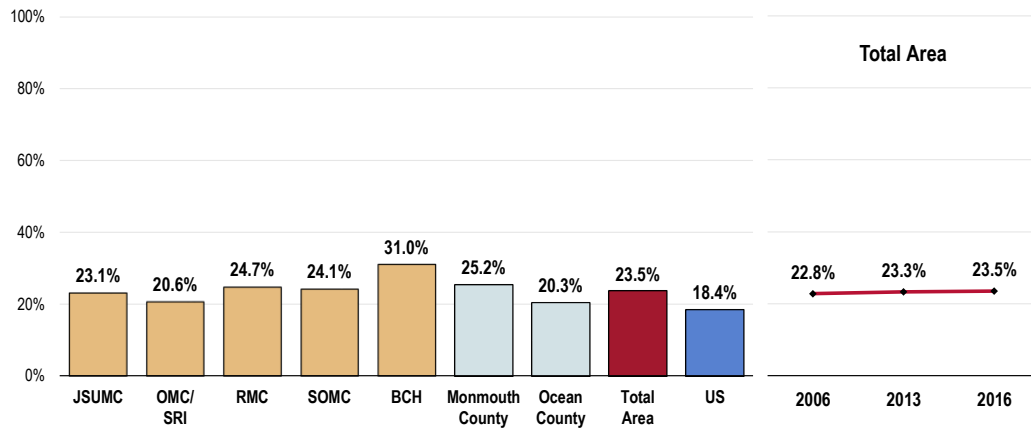
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]
 Notes: ● Reflects respondents age 50 and older.

Prevalence of Sciatica/Chronic Back Pain

A total of 23.5% of survey respondents suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.
- Similar by county; unfavorably high in the BCH service area.
- TREND: Statistically unchanged over time.

Prevalence of Sciatica/Chronic Back Pain

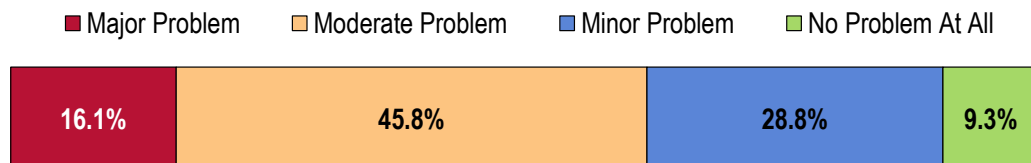


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 29]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

The largest share of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Aging Community

My community is composed of seniors ranging from the age of 55 to 90. Just about everyone complains of some kind of arthritic pain. It may be back, hip or knee pain. A lot of seniors “pop” a NSAID in order to relieve their pain. They are unaware of the consequences of overdoing on this category of pain. They assume it is okay because it is over the counter. They often don’t tell their physician they are on this regime. Education on this condition would be most beneficial. Seniors okay benefit on ways to ease their pain with and without medication, physical therapy, exercise program and peer group discussions led by a professional. – Community/Business Leader

Elderly patient population with significant OA disease. – Physician

It is very common in the senior population and very debilitating. Sometimes treatment is not very affective. – Community/Business Leader

Aging community. – Physician

This area is populated by an aging community. These seem to be more prevalent among this group. Particularly arthritis and back problems many of my peers frequent orthopedics. – Community/Business Leader

High Prevalence

I know many people with these problems. – Community/Business Leader

More and more people I speak to and see are suffering with some form of it. – Community/Business Leader

Major cause of disability and workmen's compensation. – Physician

Lack of Resources

Chronic pain management which causes lack of time in office visit. Lack of resourced such as urine drug surveillance in office and sent out to labs if patient request chronic pain medications and protocols to reduce risk of opiate abuse, addiction and risk of provider losing their medical license. – Physician

Poor community insight to available healthcare, wellness and fitness resources to address the disease process. Generally accepted as just part of getting old. – Physician

Major Risk Factor for Hip Fractures

Osteoporosis is major risk factor for hip fractures. Who takes responsibility for op? Not orthopedics, not GYN, not endocrinology and not primary care. What if a bus with a dexa machine drove to all the senior developments and facilities every year, screened them, offered treatment like Reclast once a year injection right then and there. Imagine how many fewer hip fractures we would have. Education on calcium, vitamin D and exercise are important. Who making these recommendations to our seniors? – Physician

Co-occurring Morbidities

Hampers daily life activities. – Community/Business Leader

Behavioral Risk

Lack of exercise, type of occupation and shelter limitations. – Community/Business Leader

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

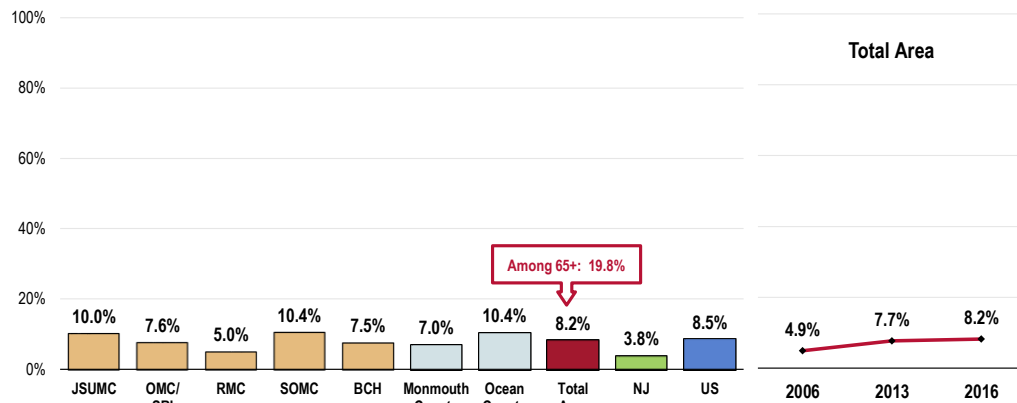
A total of 8.2% of Meridian Health Regional Service Area adults are blind or have trouble seeing even when wearing corrective lenses.

- Less favorable than the statewide prevalence.
- Similar to that found nationwide.
- Similar survey findings by county and hospital service area.
- **TREND:** Denotes a statistically significant increase over time.
- Among service area adults age 65 and older, 19.8% have vision trouble.

RELATED ISSUE:

See also *Vision Care* in the **Access to Health Services** section of this report.

Prevalence of Blindness/Trouble Seeing



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

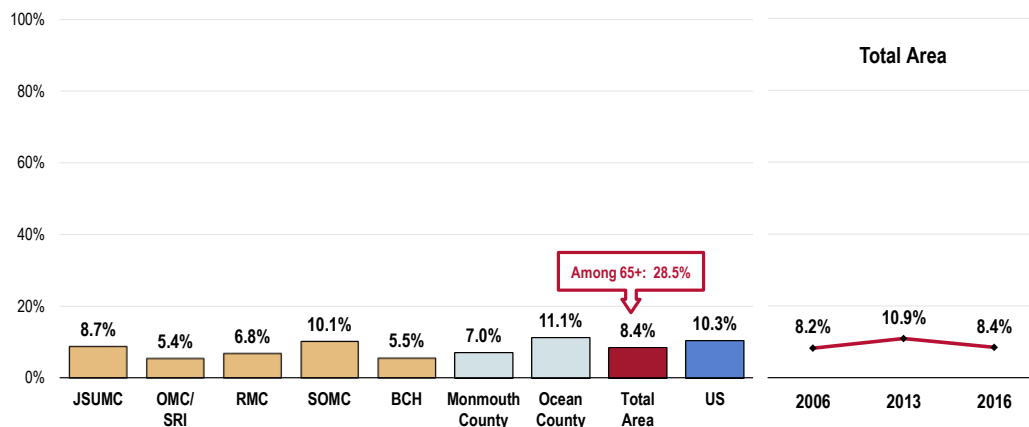
As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

In all, 8.4% of Meridian Health Regional Service Area adults report being deaf or having difficulty hearing.

- Similar to that found nationwide.
- Similar findings by county and hospital service area.
- TREND: Unchanged over time.
- Among Meridian Health Regional Service Area adults age 65 and older, 28.5% have partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

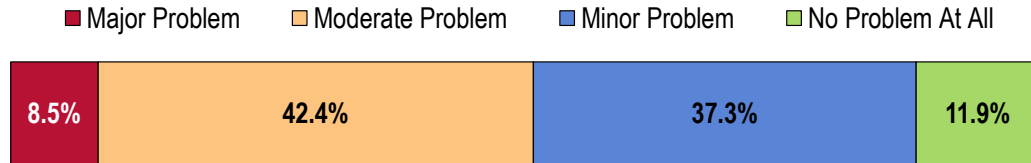


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Vision & Hearing

A plurality of key informants taking part in an online survey characterized *Vision & Hearing* as a “moderate problem” in the community.

Perceptions of Hearing and Vision as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

High Prevalence

We are in a county that has a huge senior population. Many senior villages. Many seniors are in denial of their hearing loss and embarrassed to wear a hearing aid- The stereotype needs to be removed. So many people see a hearing aid and speak louder than normal to the person- Or worse, talks in child language. Hearing loss does not affect a person’s mental state. – Social Services Provider

My community consists of Deaf, Hard-of-Hearing, Deaf-Blind, and Late-Deafened. So, it’s natural that we are concerned about our vision in order to be able to see and communicate in American Sign Language. – Social Services Provider

Cost of Care

Mostly because of the cost of providing the items required to aid these conditions. – Community/Business Leader

Hearing aids cost money, insurance doesn’t pay. So people don’t get them. What if we used some grant money to get \$20 hearing aids from Amazon and offered them to our seniors? Imagine. What if an optometrist went to the senior centers and created glasses for people. – Physician

Co-occurring Morbidities

Primarily vision deficits as a result of poor health associated with risk management and consequences of other diseases, HTN and DM. – Physician

Lack of Providers

Lack of doctors. – Social Services Provider

Infectious Disease



Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

FluMist® is a vaccine that is sprayed into the nose to help protect against influenza; it is an alternative to traditional flu shots.

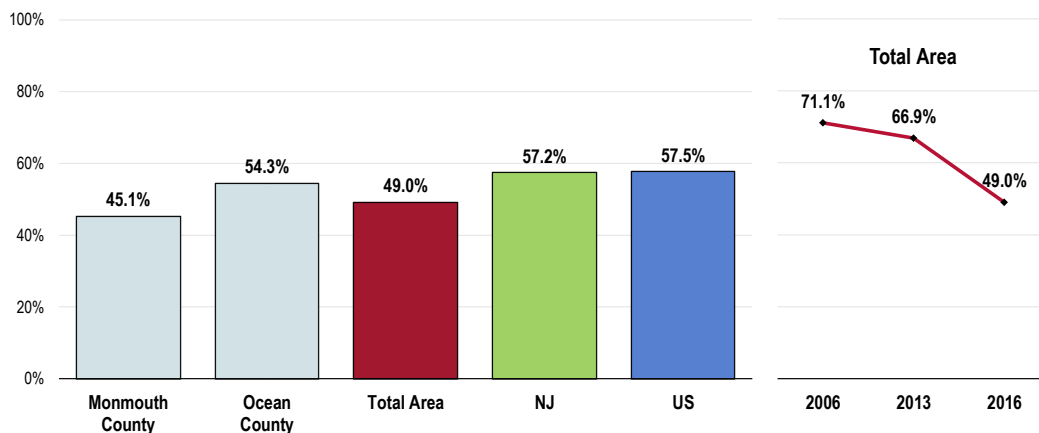
Among Meridian Health Regional Service Area seniors, 49.0% received a flu shot (or FluMist®) within the past year.

- Lower than the New Jersey finding.
- Lower than the national finding.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- Statistically comparable by county.
- TREND: Marks a statistically significant decrease over time.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects respondents 65 and older.
 - Includes FluMist as a form of vaccination.

High-Risk Adults

“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

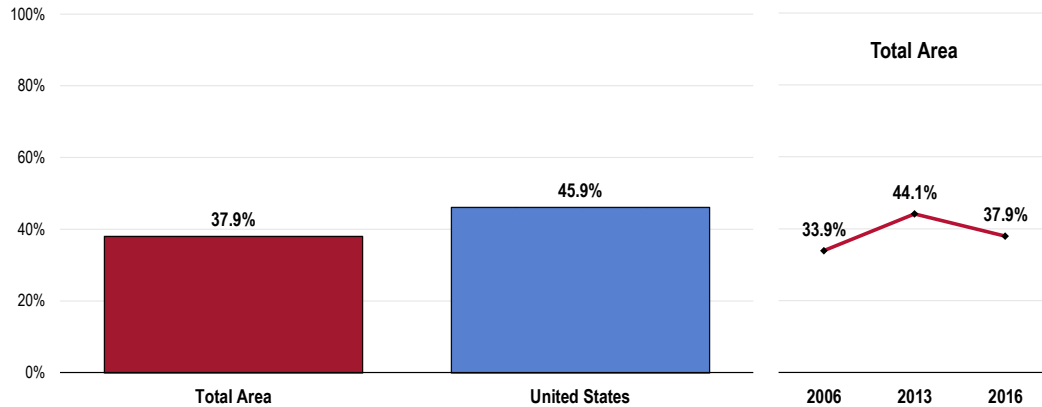
A total of 37.9% of high-risk adults age 18 to 64 received a flu vaccination (flu shot or FluMist®) within the past year.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (70% or higher).
- TREND: Statistically unchanged from previous survey results.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year

(Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 70.0% or Higher



- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 142]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-12.12]
- Notes:
- Reflects high-risk respondents age 18-64.
 - “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.
 - Includes FluMist as a form of vaccination.

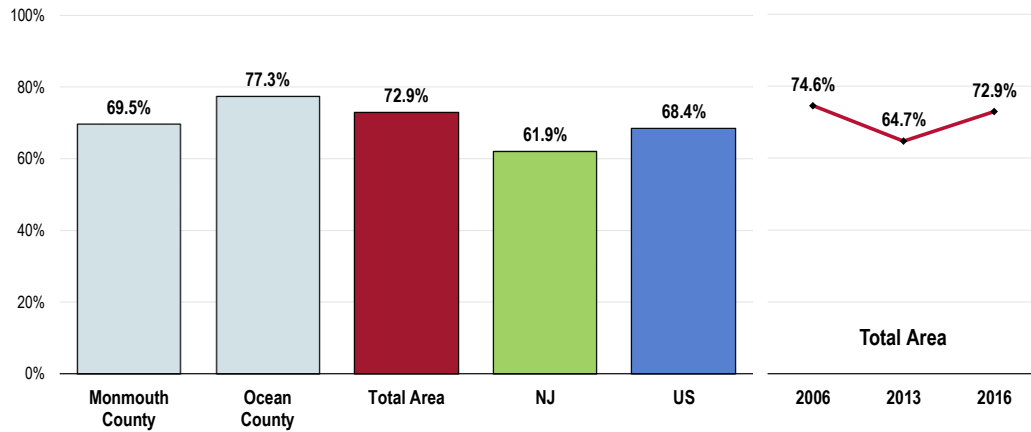
Pneumonia Vaccination

Among adults age 65 and older, 72.9% have received a pneumonia vaccination at some point in their lives.

- Higher than the New Jersey finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- Statistically similar by county.
- TREND: Despite a drop in 2013, statistically unchanged from 2006 baseline findings.

Older Adults: Have Ever Had a Pneumonia Vaccine (Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 143]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.1]

Notes: • Reflects respondents 65 and older.

High-Risk Adults

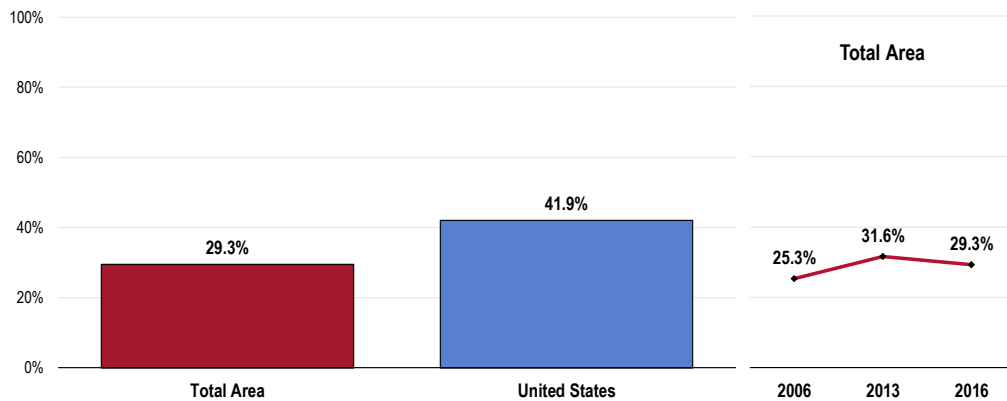
“High-risk” includes adults who report having been diagnosed with heart disease, diabetes or respiratory disease.

A total of 29.3% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

- Less favorable than national findings.
- Far from satisfying the Healthy People 2020 target (60% or higher).
- TREND: Statistically unchanged since 2006.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine (Among High-Risk Adults Age 18-64)

Healthy People 2020 Target = 60.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 144]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IID-13.2]

Notes: • Asked of all high-risk respondents under 65.
 • “High-Risk” includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention.

People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

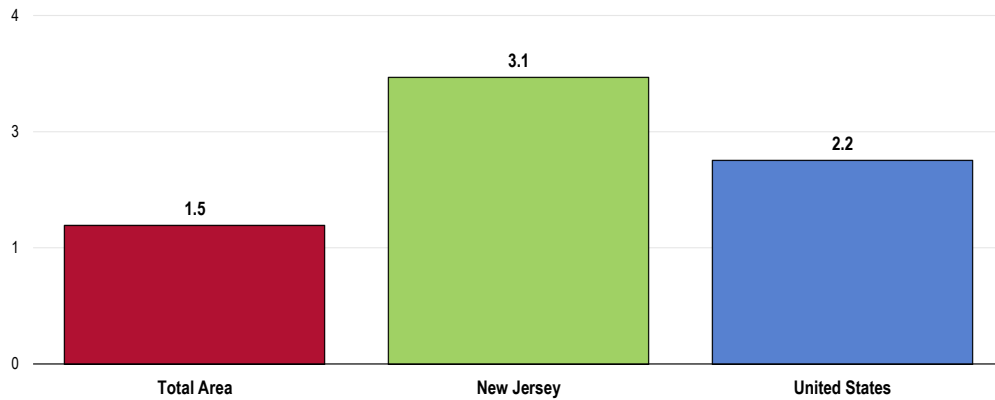
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.5 deaths per 100,000 population in the Meridian Health Regional Service Area.

- Half the rate found statewide.
- Better than the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

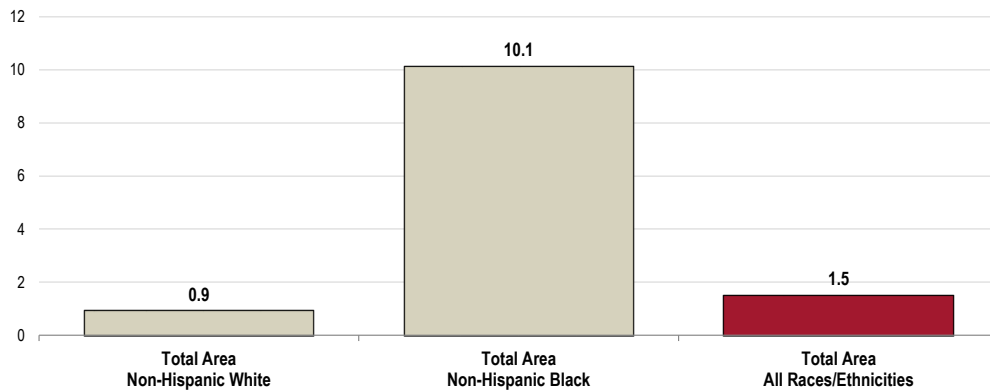
HIV/AIDS: Age-Adjusted Mortality
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The HIV mortality rate in the service area's Black community is more than 11 times that reported in the White community.

HIV/AIDS: Age-Adjusted Mortality by Race
(2011-2013 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 3.3 or Lower



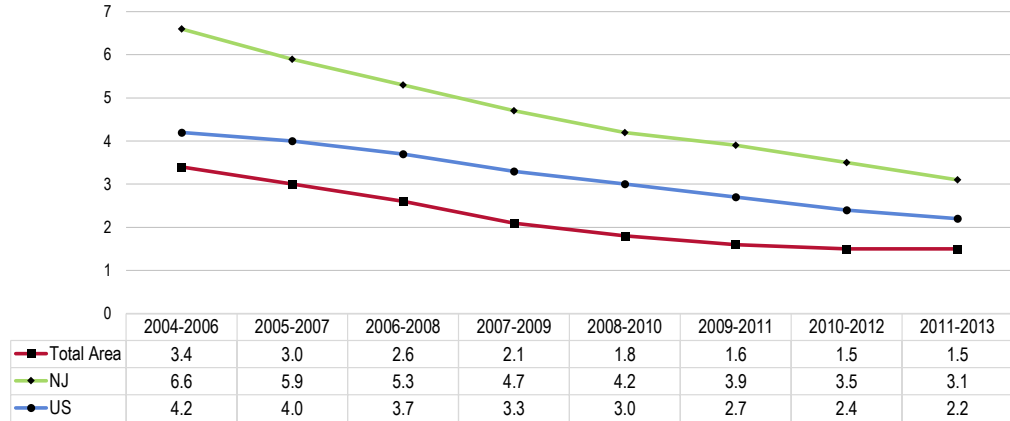
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Note the decreasing trends in HIV/AIDS mortality over the past decade for all 3 geographies.

HIV/AIDS: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HIV-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

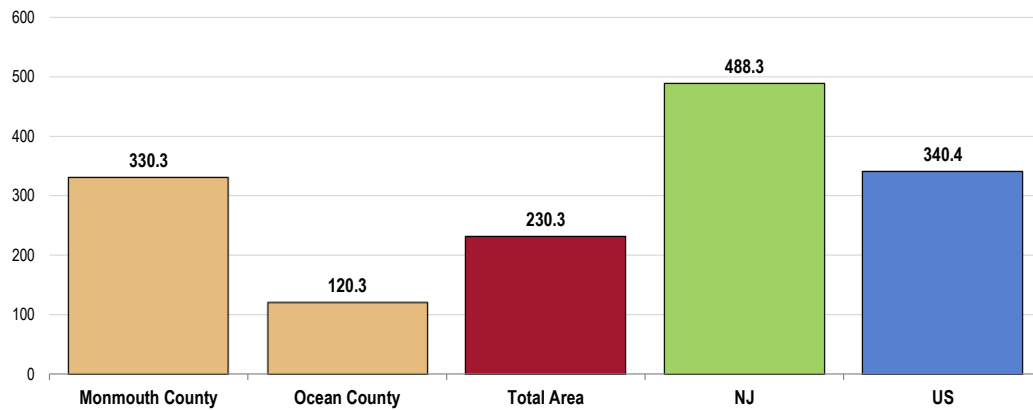
HIV Prevalence

In 2010, the area reported 230.3 HIV cases per 100,000 population.

- Well below the statewide prevalence.
- Well below the national prevalence.
- Much higher in Monmouth County than in Ocean County.

HIV Prevalence

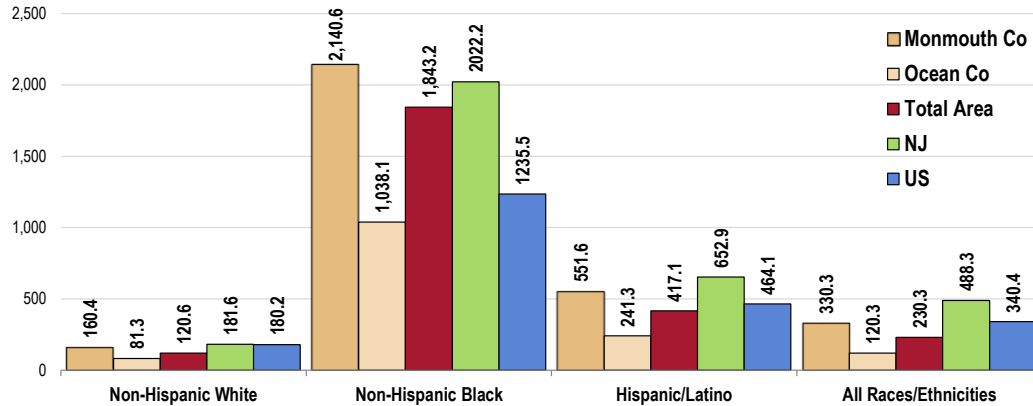
(Prevalence Rate of HIV per 100,000 Population, 2010)



- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
 - Retrieved October 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

- By race and ethnicity, HIV/AIDS prevalence in the Meridian Health Regional Service Area is particularly high among Blacks, especially in Monmouth County.

HIV Prevalence Rate by Race/Ethnicity (Prevalence Rate of HIV per 100,000 Population, 2010)



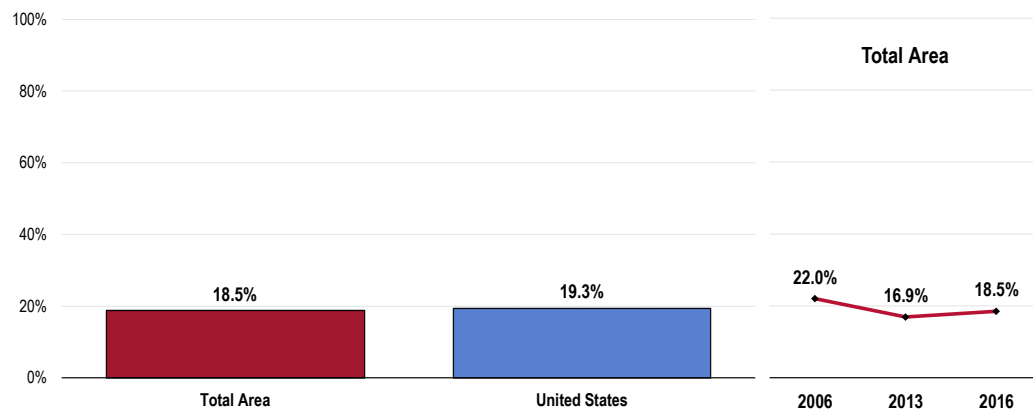
Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2010.
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Testing

Among Meridian Health Regional Service Area adults age 18-44, 18.5% report that they have been tested for human immunodeficiency virus (HIV) in the past year.

- Comparable to the proportion found nationwide.
- TREND: Testing in the 18-44 population has remained stable since 2006.

Tested for HIV in the Past Year (Among Adults Age 18-44)

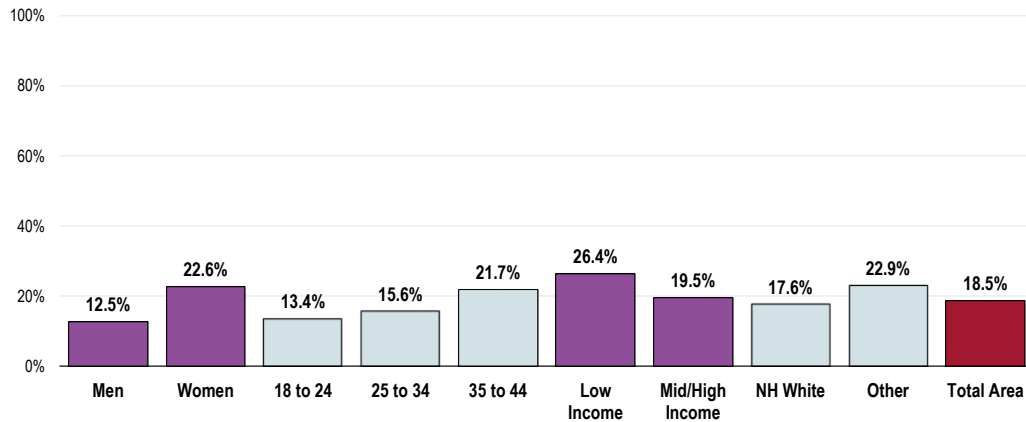


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 145]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents age 18 to 44.

By demographic characteristics:

- Women (age 18-44) are more likely than men to have been tested for HIV in the past year.
- Note the positive correlation between age and HIV testing.
- Persons living in the lower income breakout more often report having been tested for HIV.

Tested for HIV in the Past Year (Among Adults Age 18-44)

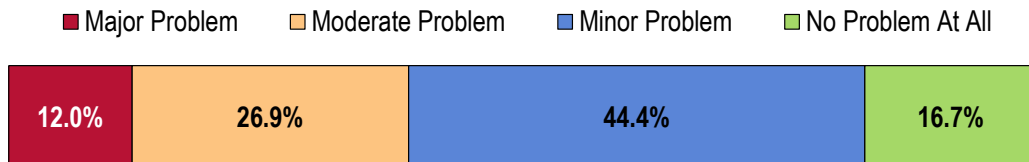


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 145]
 Notes: • Reflects respondents age 18 to 44.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: HIV/AIDS

The largest share of key informants taking part in an online survey characterized HIV/AIDS as a "minor problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Lack of Education

Lack of continuing education and drugs. – Social Services Provider

Education about HIV/AIDS has little to no focus on the Deaf and Hard of Hearing compared to other states such as Massachusetts. – Public Health Representative

We have seen a decrease in students understanding the prevalence of HIV/AIDS in our community.

There seems to be a sense that with current treatment options safer sex is not a big deal. – Community/Business Leader

Lack of Providers

Lack of specialist who can manage this condition in Toms River area, lack of transportation and lack of family or friend support. – Physician

Contributing Factors

STDs and drugs contribute to these problems. – Public Health Representative

High Prevalence

We have a lot of cases. – Physician

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

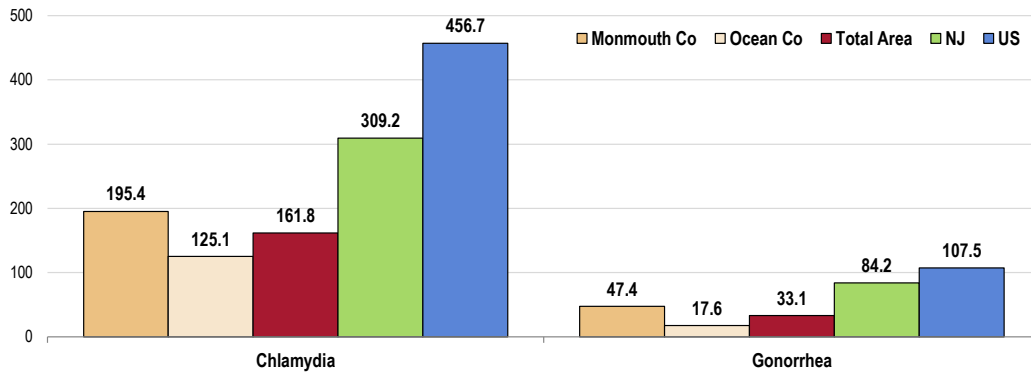
In 2012, the chlamydia incidence rate in the Meridian Health Regional Service Area was 161.8 cases per 100,000 population.

- Notably lower than the New Jersey incidence rate.
- Notably lower than the national incidence rate.
- Higher in Monmouth County.

The gonorrhea incidence rate in the Meridian Health Regional Service Area was 33.1 cases per 100,000 population in 2012.

- Well below the New Jersey incidence rate.
- Well below the national incidence rate.
- The rate is higher in Monmouth County than in Ocean County.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2012)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.

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

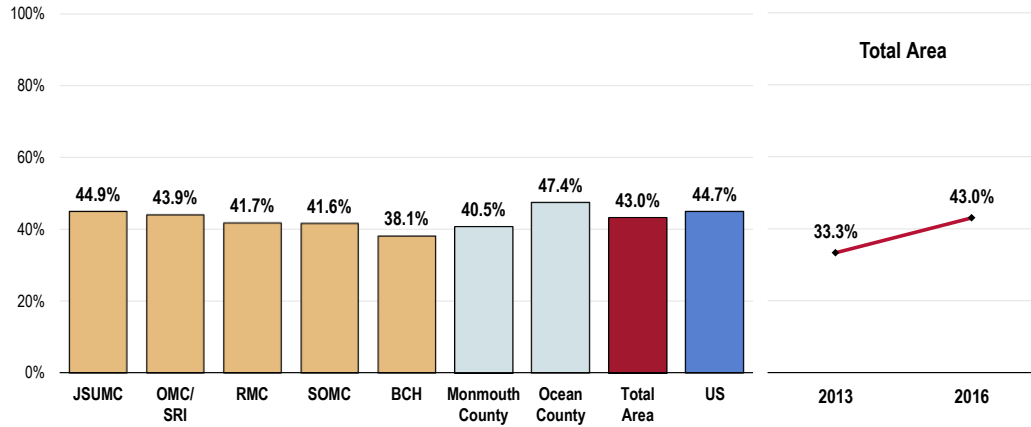
Hepatitis B Vaccination

Based on survey data, more than 4 in 10 Meridian Health Regional Service Area adults (43.0%) report having received the hepatitis B vaccination series.

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

- Similar to what is reported nationwide.
- Statistically similar findings by county and hospital service area.
- TREND: Over time, note the statistically significant increase in vaccination prevalence.

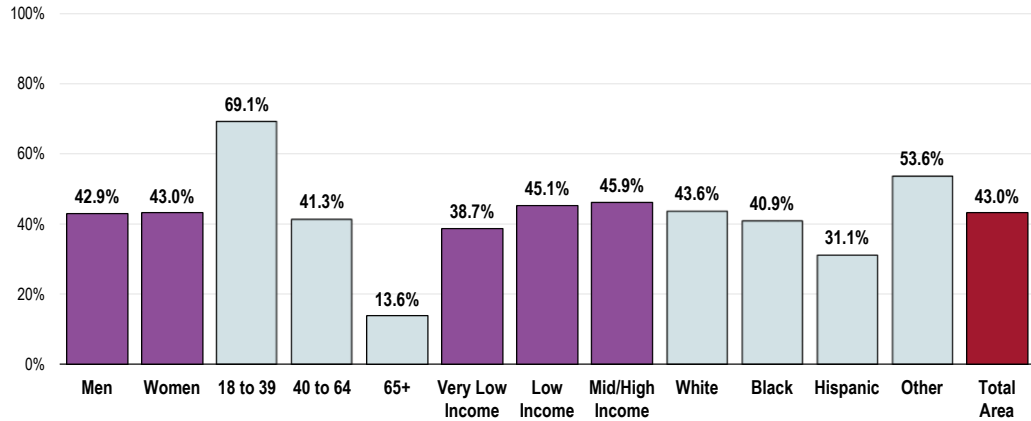
Have Completed the Hepatitis B Vaccination Series



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● Includes a series of three shots, usually administered at least one month between shots

- Note the negative correlation between age and hepatitis B vaccination.
- By race, service area Hispanics are much less likely to report having completed the hepatitis B vaccination series.

Have Completed the Hepatitis B Vaccination Series (Total Area, 2016)



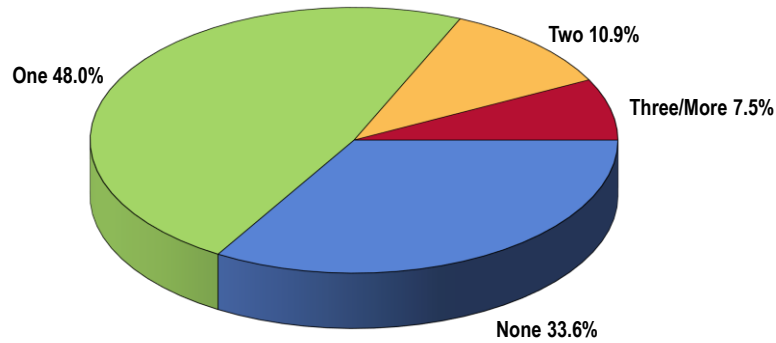
Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
 Notes: ● Asked of all respondents.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Safe Sexual Practices

Sexual Partners

Among unmarried Meridian Health Regional Service Area adults under 65, the majority cites having one (48.0%) or no (33.6%) sexual partners in the past 12 months.

Number of Sexual Partners in Past 12 Months
(Among Unmarried Adults Age 18-64; Total Area, 2016)

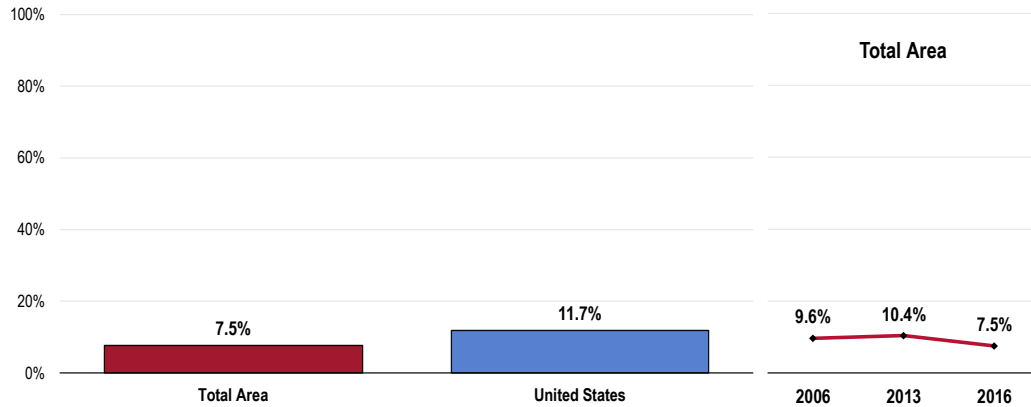


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all unmarried respondents under the age of 65.

However, 7.5% report three or more sexual partners in the past year.

- Comparable to that reported nationally.
- TREND: Statistically unchanged since 2006.

Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64)

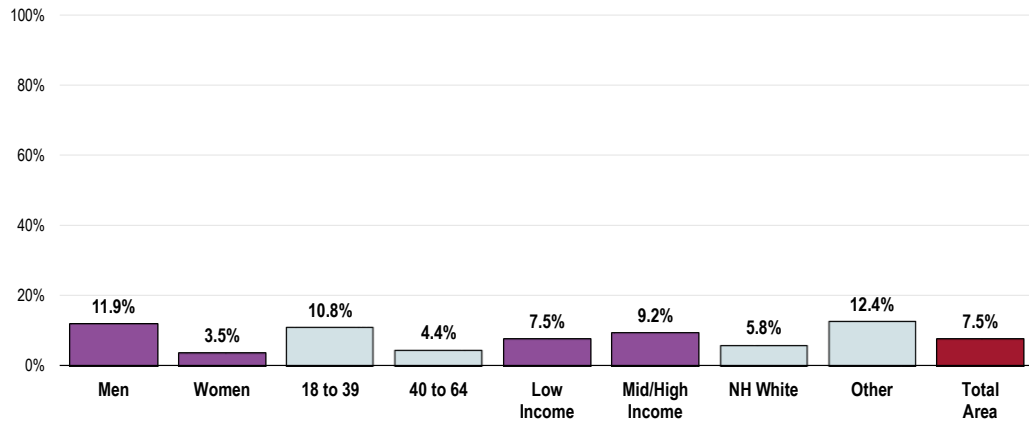


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all unmarried respondents under the age of 65.

Unmarried respondents (age 18 to 64) more likely to report three or more sexual partners in the past year include:

- Men.
- Residents age 18 to 39.
- Respondents of Other races (Hispanic and/or non-White).

Had Three or More Sexual Partners in the Past Year (Among Unmarried Adults Age 18-64; Total Area, 2016)



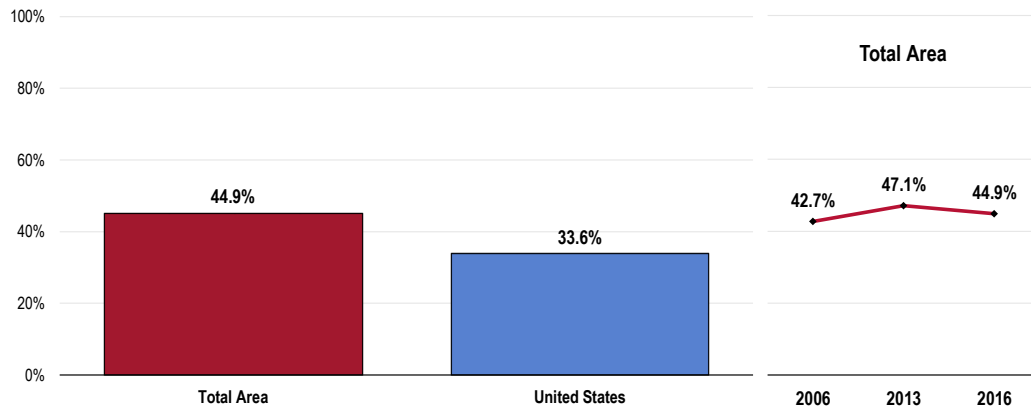
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 Notes: • Asked of all unmarried respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Condom Use

Among Meridian Health Regional Service Area adults who are under age 65 and unmarried, 44.9% report that a condom was used during their last sexual intercourse.

- Statistically higher than national findings.
- TREND: Statistically unchanged over time.

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64)

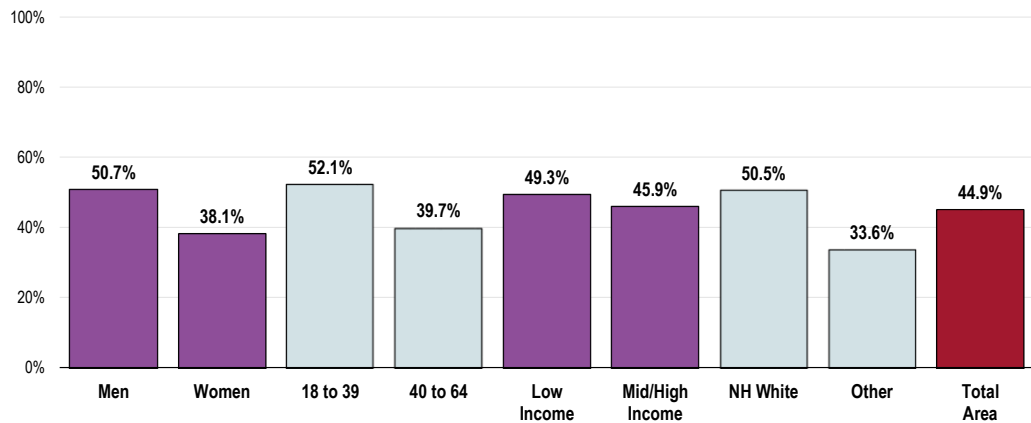


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all unmarried respondents under the age of 65.

Those less likely to report that a condom was used during their last sexual intercourse include:

- Women.
- Residents age 40 through 64.
- Other races (Hispanic and/or non-White).

Condom Was Used During Last Sexual Intercourse (Among Unmarried Adults Age 18-64; Total Area, 2016)



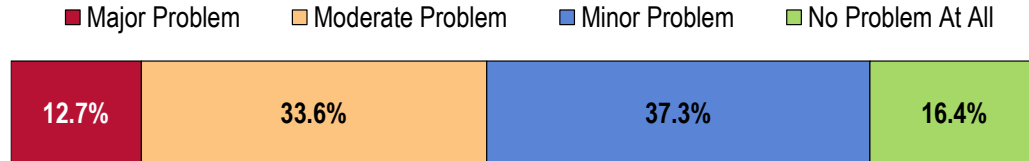
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 87]
 Notes: • Asked of all unmarried respondents under the age of 65.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Sexually Transmitted Diseases

The largest share of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2016)



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

Top Concerns

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

High-Risk Behavior

High risk behavior secondary to poor insight and male social stigmas. – Physician

As noted with the responses to the HIV and cancer questions students do not seem to connect consequences to actions, we also have noted in senior populations that those who have lost a partner and are re-entering the dating world may not be familiar with safer sex practices. – Community/Business Leader

Denial

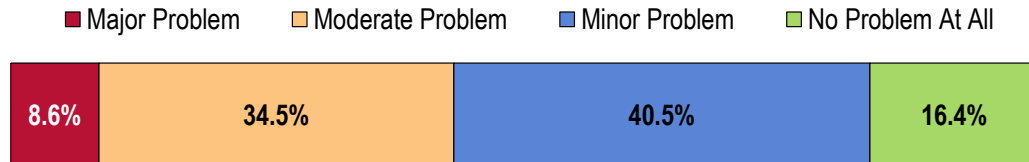
Denial of people that they won't acquire STIs. – Community/Business Leader

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

A plurality of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Access to Care

There aren't many agencies that are local for the coastal towns for parents to have vaccines for their children who have limited health insurance or none at all. In addition, many families are not aware of the available medical services in our area. – Community/Business Leader

Families on Family Care have a hard time getting doctor appointments to get their children immunized. – Social Services Provider

Access and patient ignorance. Patients are foolishly more afraid of the vaccines than the diseases. – Physician

Religious Exemptions

Due to the rate of religious exemptions and the burden of general communicable diseases, this represents a problem. – Public Health Representative

Births



Professional Research Consultants, Inc.

Birth Outcomes & Risks

Low-Weight Births

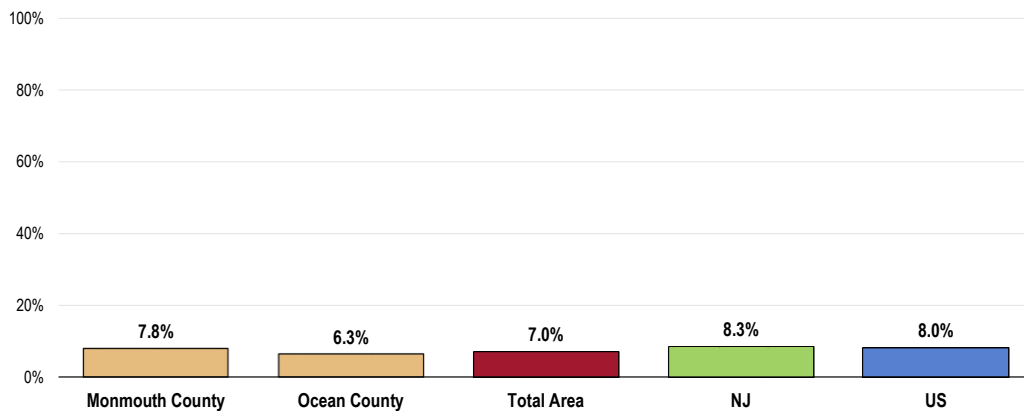
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 7.0% of 2011-2013 Meridian Health Regional Service Area births were low-weight.

- Better than the New Jersey proportion.
- Better than the national proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Higher in Monmouth County.

Low-Weight Births
(Percent of Live Births, 2011-2013)
Healthy People 2020 Target = 7.8% or Lower

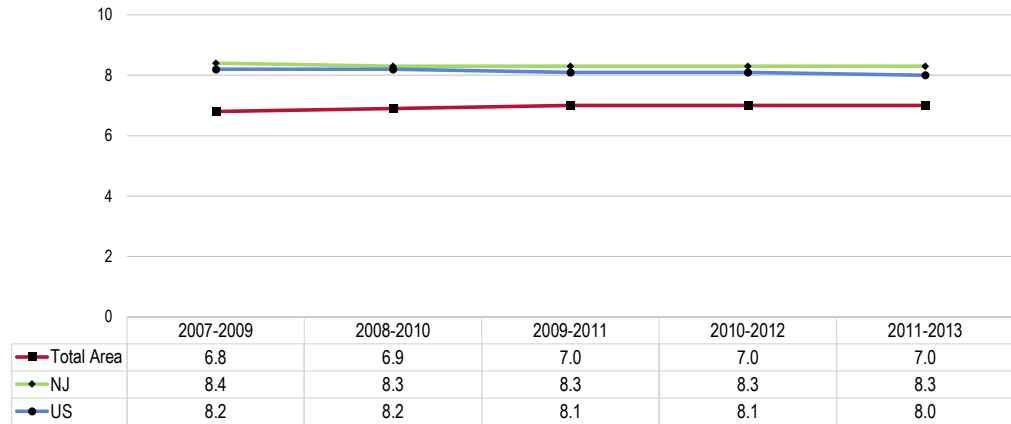


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

- **TREND:** The prevalence of low-weight births in the service area has been stable, in keeping with state and national trends.

Low-Weight Births (Percent of Live Births)

Healthy People 2020 Target = 7.8% or Lower



Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]
 Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

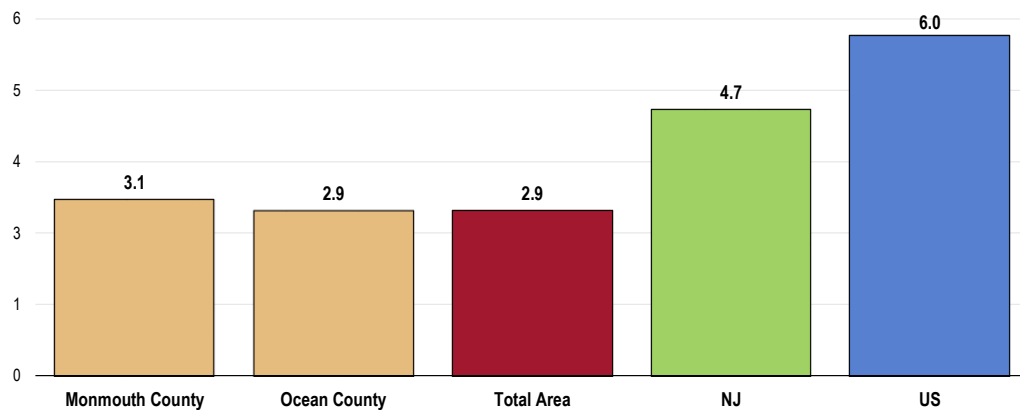
Between 2011 and 2013, there was an annual average of 2.9 infant deaths per 1,000 live births.

- More favorable than the New Jersey rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.
- Higher in Monmouth County.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2011-2013)

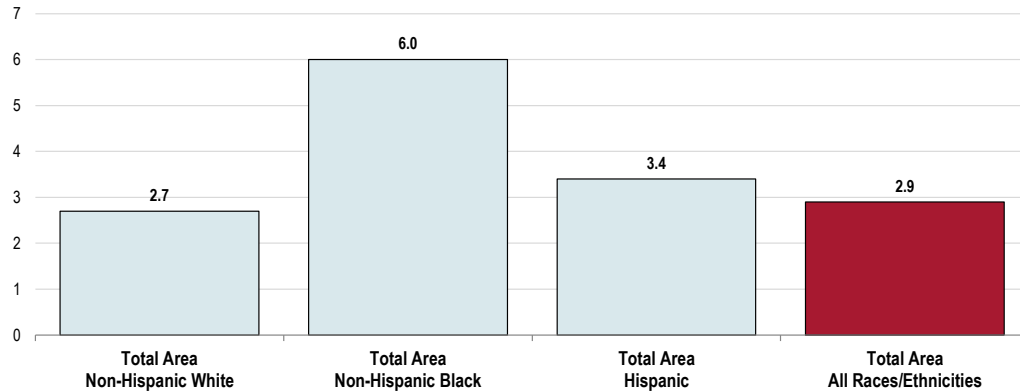
Healthy People 2020 Target = 6.0 or Lower



Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
 Notes: ● Infant deaths include deaths of children under 1 year old.
 ● This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- The infant mortality rate is notably higher among births to Black mothers.

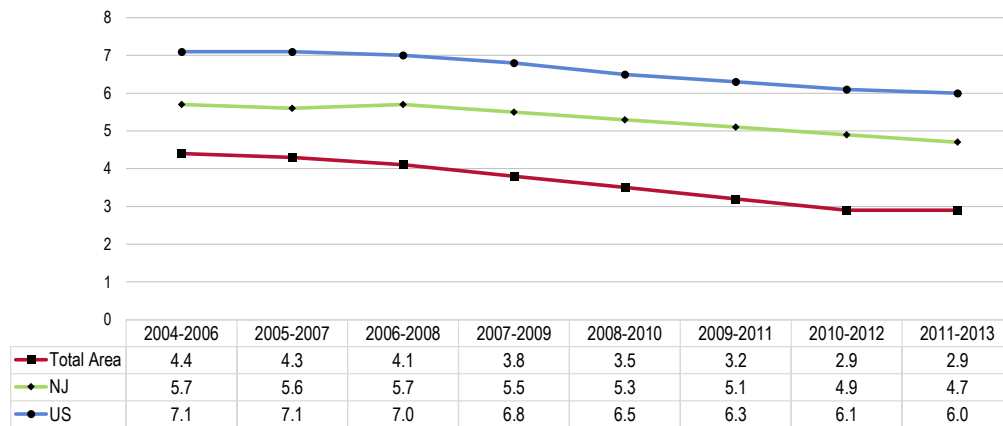
Infant Mortality Rate by Race/Ethnicity (Annual Average Infant Deaths per 1,000 Live Births, 2011-2013) Healthy People 2020 Target = 6.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2011-13. Accessed using CDC WONDER.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: The infant mortality rate has trended downward in recent years in the Meridian Health Regional Service Area, echoing state and national trends.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births) Healthy People 2020 Target = 6.0 or Lower

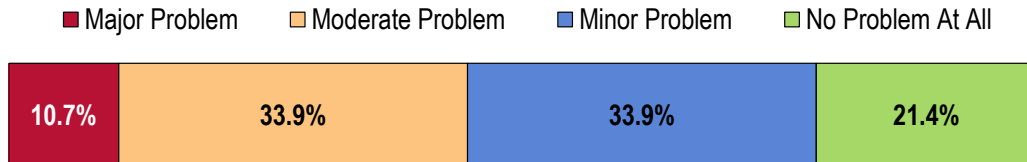


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - Centers for Disease Control and Prevention, National Center for Health Statistics.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Equal proportions of key informants taking part in an online survey characterized *Infant & Child Health* as a “moderate problem” and a “minor problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Access to Care

Many lower income and or immigrant families still are uninsured. Therefore, making it difficult for children to receive proper care. Additionally, lack of prenatal care by young mothers lead to problems with newborns. – Social Services Provider

Concerned about healthcare cost and substance abuse of pregnant females. – Community/Business Leader

Downward trend in the WIC clinics indicate either a lower need or that people are being missed. – Public Health Representative

There are many children and families who are moving into our area without a pediatrician and/or without health insurance in our state. It takes a few months to transfer health insurance that is where these children are at a disadvantage. In the interim they do not have any access to health care and may utilize the area hospital Emergency Departments as their primary care provider. – Community/Business Leader

Socioeconomics

Uneducated families in raising children. Education of parents in properly feeding children is very important to prevent obese children. Government control of all food produce and sold at supermarkets, limiting sugar and carbohydrates amounts is a necessity. – Community/Business Leader

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

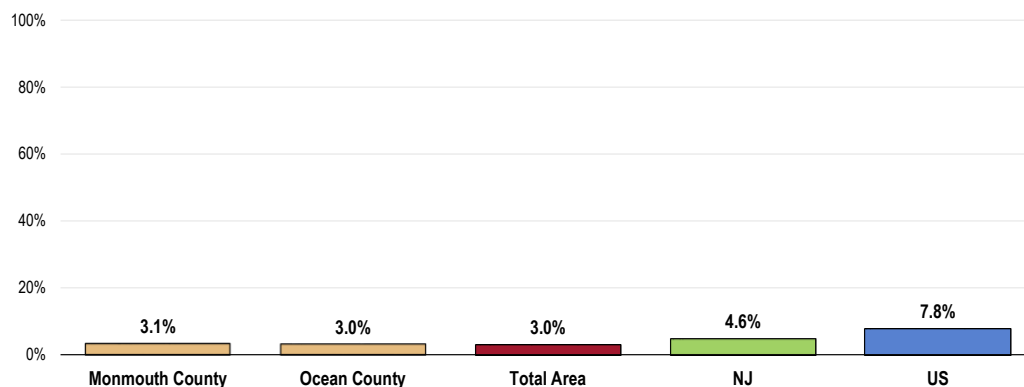
- Healthy People 2020 (www.healthypeople.gov)

Between 2011 and 2013, 3.0% of live births in the service area were to women under age 20.

- Lower than the New Jersey proportion.
- Lower than the national proportion.
- Similar proportions when viewed by county.

Births to Young Mothers (Under 20)

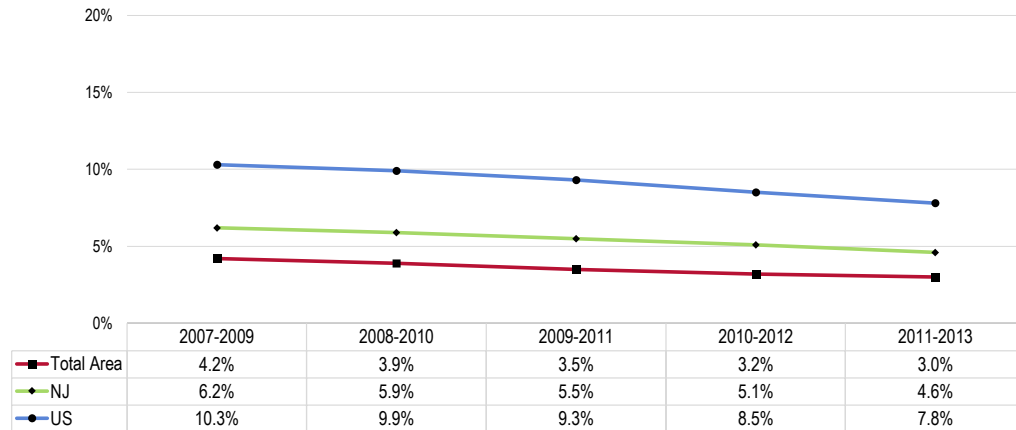
(Percentage of Live Births, 2011-2013)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Retrieved from CDC Wonder.
 Note: • Numbers are a percentage of all live births within each population.

- **TREND:** This percentage decreased in the Meridian Health Regional Service Area between the 2007-2009 and 2011-2013 reporting periods; the same can be said both statewide and nationwide.

Births to Teen Mothers (Percentage of Live Births)

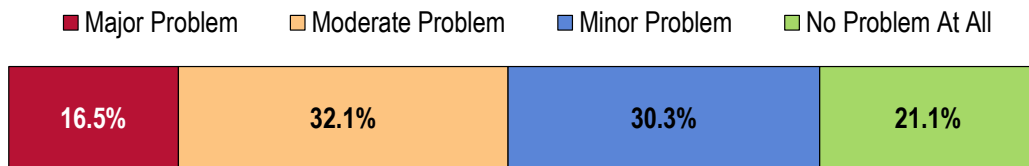


Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Retrieved from CDC Wonder.
 Note: ● Numbers are a percentage of all live births within each population.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized **Family Planning** as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community (Key Informants, 2016)



Sources: ● PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.

Top Concerns

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

Lack of Education

- Lack of insight and fragmented family. – Physician*
- There should be more education about planning families when there is no insurance or limited finances to raise a large family. More awareness through community programs. – Other Healthcare Provider*
- Lack of education in Family Planning and Parenting Education due to lack of access – Public Health Representative*

The Deaf /HOH community does not “hear” about these things like regular hearing people do. Many are “behind the times” when it comes to family planning. – Social Services Provider
Lack of education. – Social Services Provider

Access to Care

Poor access to clinics. Poor transportation to available clinics. – Community/Business Leader
There are few places with evening or end of day hours. Care should be walk in. 50% of pregnancies are unintended, there is still 1,000,000 abortions done each year. – Physician
Adolescents in particular are unaware of resources in the community. Additionally, Planned Parenthood centers are fewer in number than needed due to the barrier of transportation for some of our patients, many of whom do not drive. – Physician

Contributing Factors

Poverty and lack of education. – Community/Business Leader
Number of single family young female head of household residents. – Public Health Representative
Many young unmarried mother are having babies and do not have the social skills to provide adequate productive guidance to their child. Most of our students are in a single family home with little fatherly involvement. – Community/Business Leader

Modifiable Health Risks



Professional Research Consultants, Inc.

Actual Causes Of Death

About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

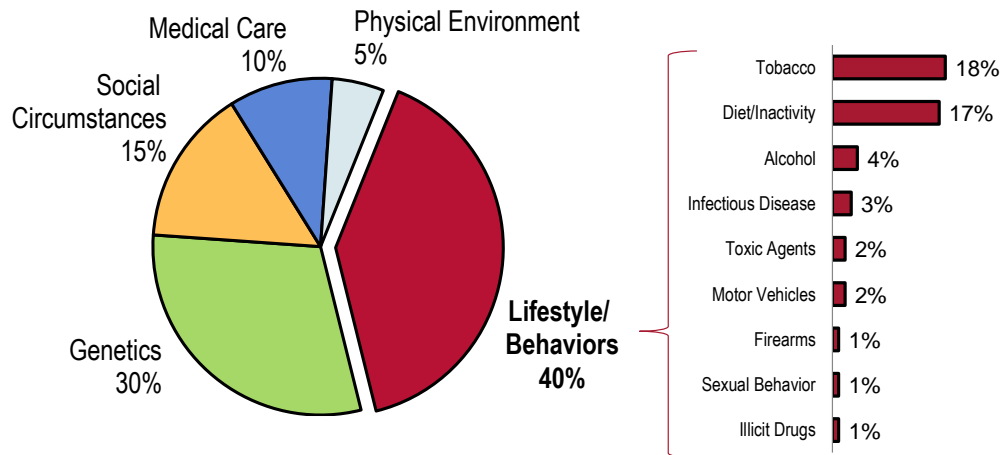
The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.

• Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH. "Actual Causes of Death in the United States." JAMA, 291(2004):1238-1245.

While causes of death are typically described as the diseases or injuries immediately precipitating the end of life, a few important studies have shown that the actual causes of premature death (reflecting underlying risk factors) are often preventable.

Factors Contributing to Premature Deaths in the United States



Sources: • "The Case For More Active Policy Attention to Health Promotion"; (McGinnis, Williams-Russo, Knickman) Health Affairs. Vol. 32. No. 2. March/April 2002.
 "Actual Causes of Death in the United States"; (Ali H. Mokdad, PhD; James S. Marks, MD, MPH; Donna F. Stroup, PhD, MSc; Julie L. Gerberding, MD, MPH.) JAMA. 291 (2000) 1238-1245.

| Leading Causes of Death | Underlying Risk Factors (Actual Causes of Death) | |
|--------------------------------|--|---|
| Cardiovascular Disease | Tobacco use Elevated serum cholesterol High blood pressure | Obesity Diabetes Sedentary lifestyle |
| Cancer | Tobacco use Improper diet | Alcohol Occupational/environmental exposures |
| Cerebrovascular Disease | High blood pressure Tobacco use | Elevated serum cholesterol |
| Accidental Injuries | Safety belt noncompliance Alcohol/substance abuse Reckless driving | Occupational hazards Stress/fatigue |
| Chronic Lung Disease | Tobacco use | Occupational/environmental exposures |

Source: National Center for Health Statistics/US Department of Health and Human Services, Health United States: 1987. DHHS Pub. No. (PHS) 88-1232.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

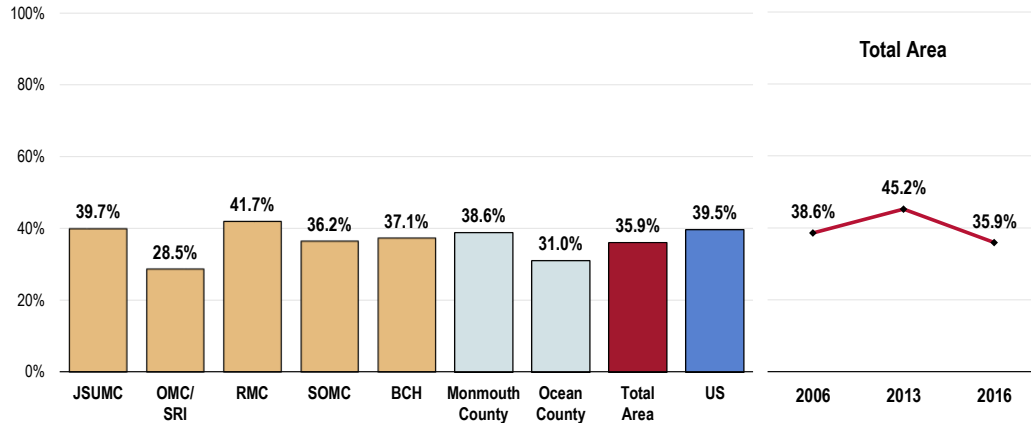
Daily Recommendation of Fruits/Vegetables

A total of 35.9% of Meridian Health Regional Service Area adults report eating five or more servings of fruits and/or vegetables per day.

- Statistically similar to national findings.

- Similar by county; unfavorably low in the OMC/SRI service area.
- TREND: Fruit/vegetable consumption has not changed significantly from 2006 baseline findings (though decreasing significantly from the 2013 percentage).

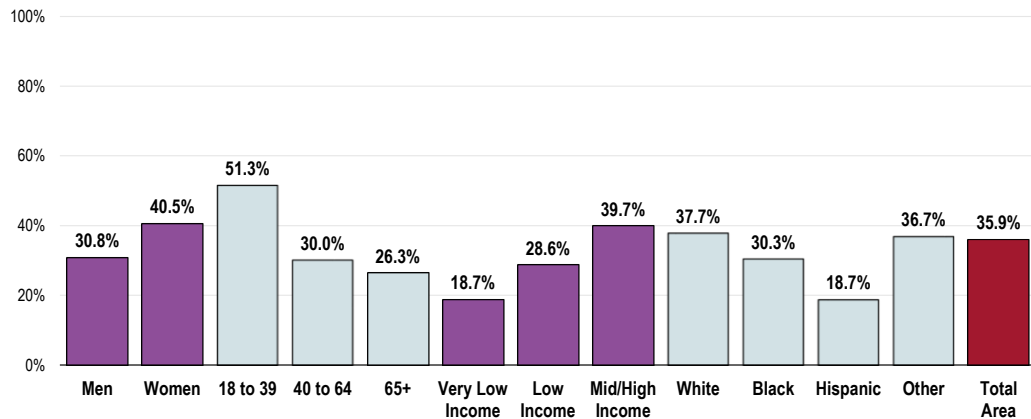
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 146]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

- Area men are less likely to get the recommended servings of daily fruits/vegetables, as are residents age 40+ (negative correlation with age), low-income adults (positive correlation with income), Blacks, and Hispanics.

Consume Five or More Servings of Fruits/Vegetables Per Day (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

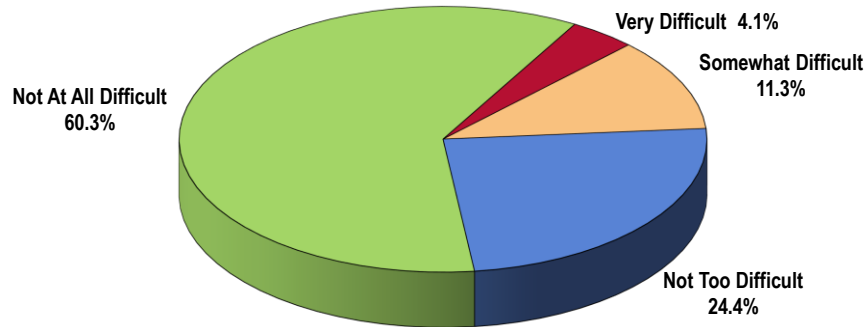
Difficulty Accessing Fresh Produce

While most report little or no difficulty, 15.4% of Meridian Health Regional Service Area adults report that it is “very” or “somewhat” difficult for them to access affordable, fresh fruits and vegetables.

Respondents were asked:

“How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

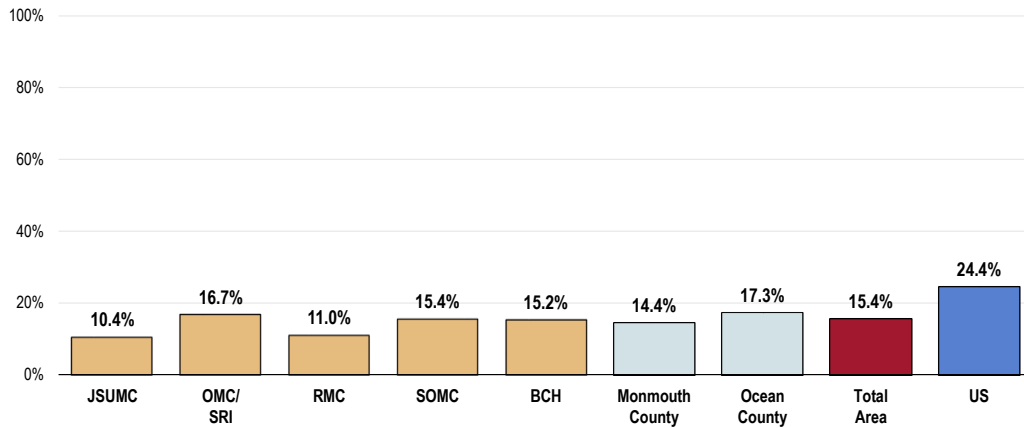
Level of Difficulty Finding Fresh Produce at an Affordable Price (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 Notes: • Asked of all respondents.

- More favorable than national findings.
- Similar findings by county; favorably low in the JSUMC service area.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

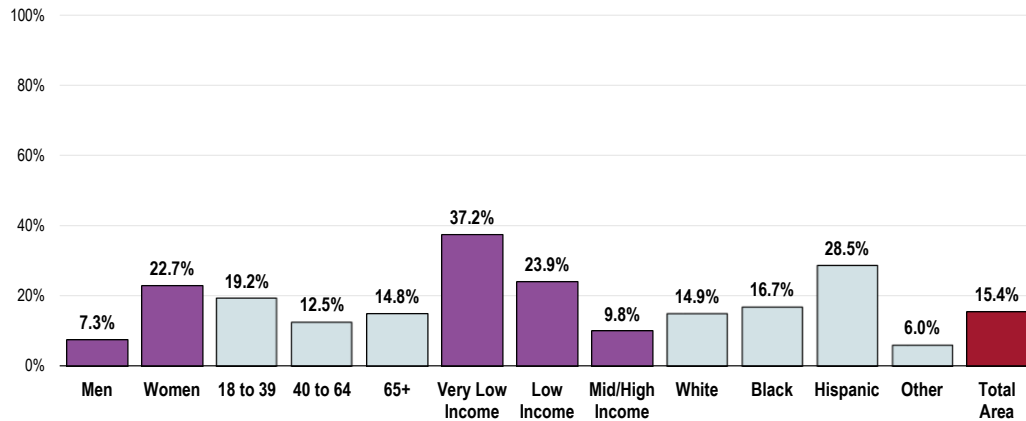


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Women.
- Lower-income residents (negative correlation with income).
- Hispanics.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]

- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 - Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Low Food Access (Food Deserts)

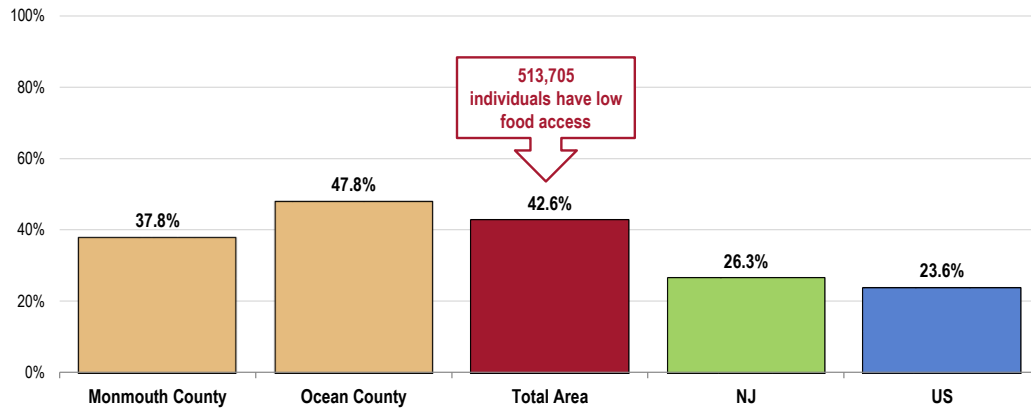
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.

US Department of Agriculture data show that 42.6% of the Meridian Health Regional Service Area population (representing over 513,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide findings.
- Less favorable than national findings.
- A higher percentage in Ocean County.

Population With Low Food Access

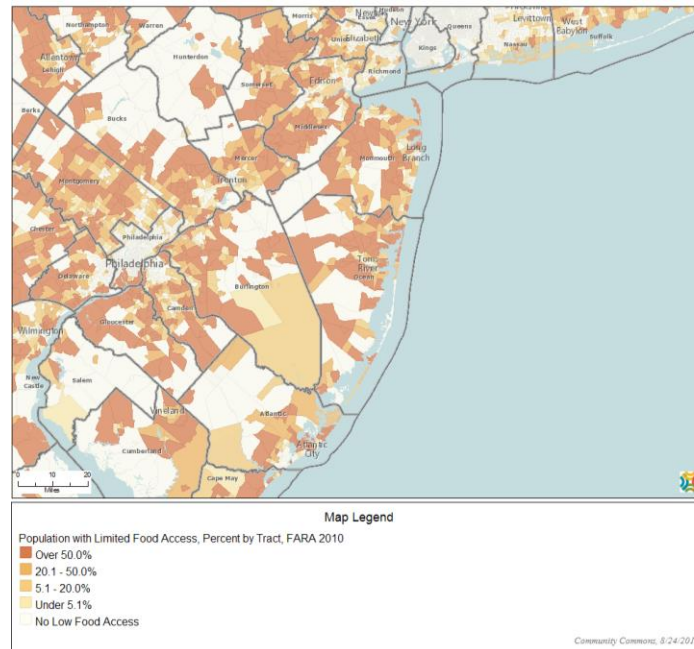
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA): 2010.
 - Retrieved October 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

- The following map provides an illustration of food deserts by census tract in the Meridian Health Regional Service Area.

Population With Limited Food Access, Percent by Tract, FARA 2010

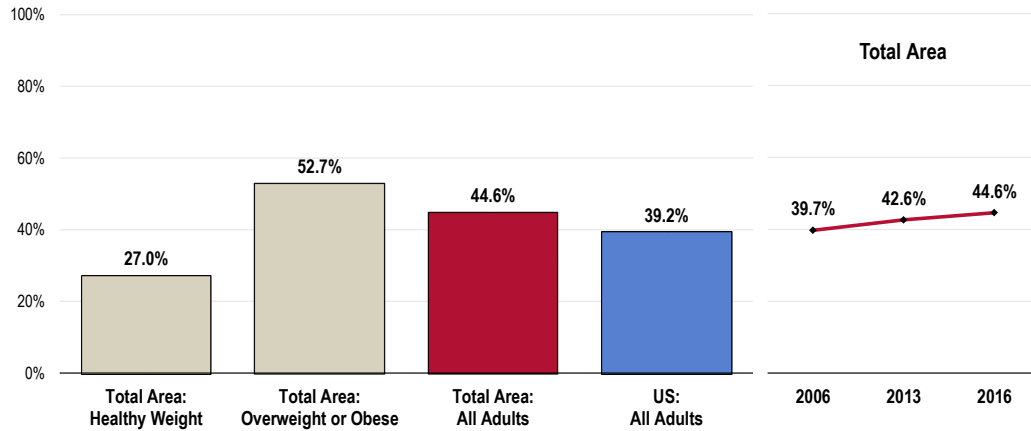


Health Advice About Diet & Nutrition

A total of 44.6% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Higher than the national figure.
- Lower in the OMC/SRI service area (not shown).
- TREND: Marks a statistically significant increase over time.
- Note: Among overweight/obese respondents, 52.7% report receiving diet/nutrition advice (meaning that nearly one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 18]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

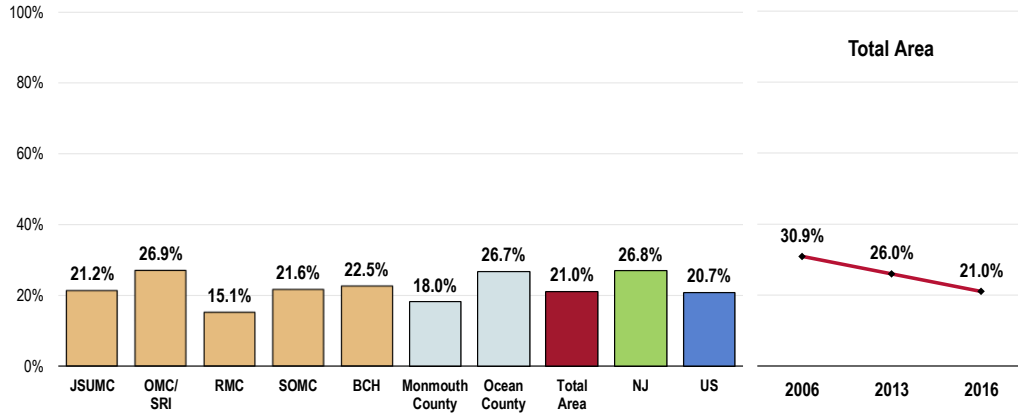
Leisure-Time Physical Activity

A total of 21.0% of Meridian Health Regional Service Area adults report no leisure-time physical activity in the past month.

- More favorable than statewide findings.
- Similar to national findings.

- Satisfies the Healthy People 2020 target (32.6% or lower).
- Unfavorably high in Ocean County; by hospital service area, highest for OMC/SRI and lowest (most favorable) for RMC.
- TREND: Denotes a statistically significant improvement over time.

No Leisure-Time Physical Activity in the Past Month Healthy People 2020 Target = 32.6% or Lower

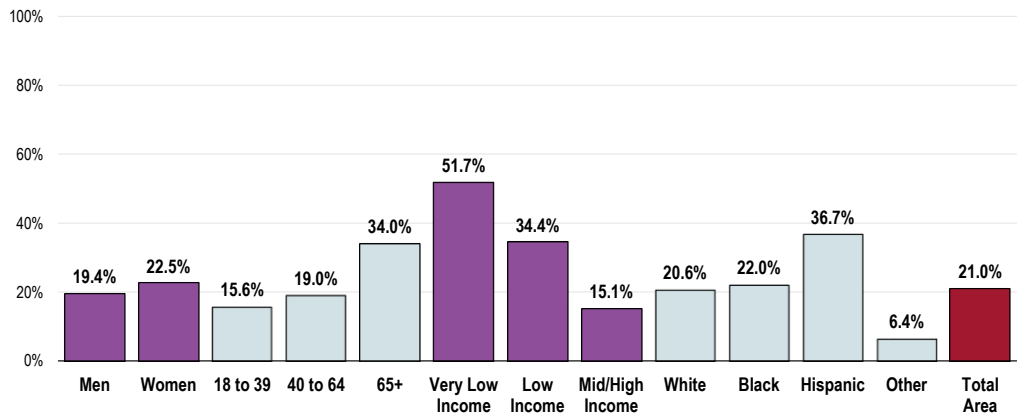


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 92]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.

- Lack of leisure-time physical activity is higher among seniors (positive correlation with age), lower-income residents (negative correlation with income), and Hispanics.

No Leisure-Time Physical Activity in the Past Month (Total Area, 2016) Healthy People 2020 Target = 32.6% or Lower



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 92]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Recommended Levels of Physical Activity

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.

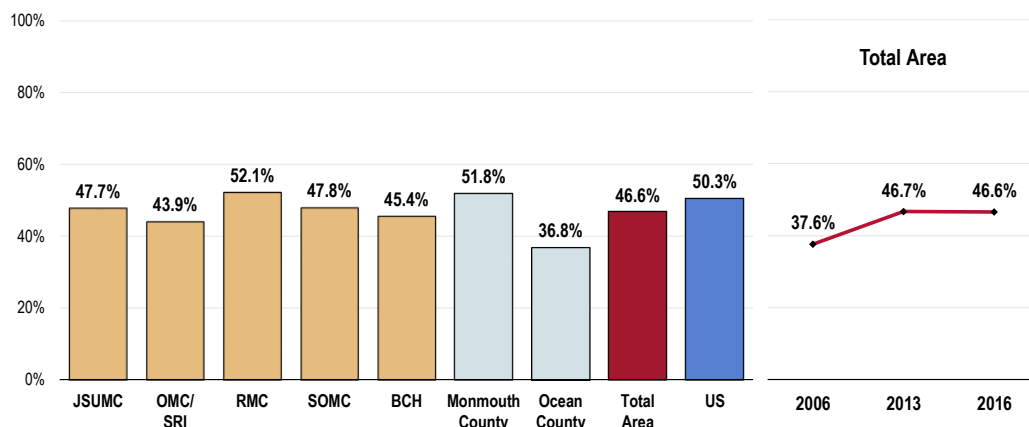
- 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services. www.health.gov/PAGuidelines

Recommended Levels of Physical Activity

A total of 46.6% of Meridian Health Regional Service Area adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Comparable to national findings.
- Favorably high in Monmouth County; comparable findings by hospital service area.
- TREND: Marks a statistically significant increase since 2006.

Meets Physical Activity Recommendations



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

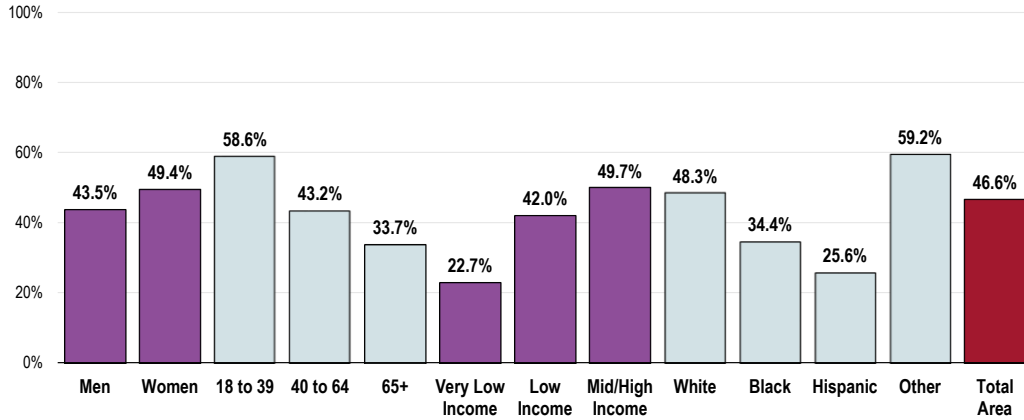
Notes: • Asked of all respondents.

• In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Those less likely to meet physical activity requirements include:

- Older residents (negative correlation)
- Lower-income residents (positive correlation).
- Blacks and Hispanics.

Meets Physical Activity Recommendations (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity

In the past month:

The individual indicators of moderate and vigorous physical activity are shown here.

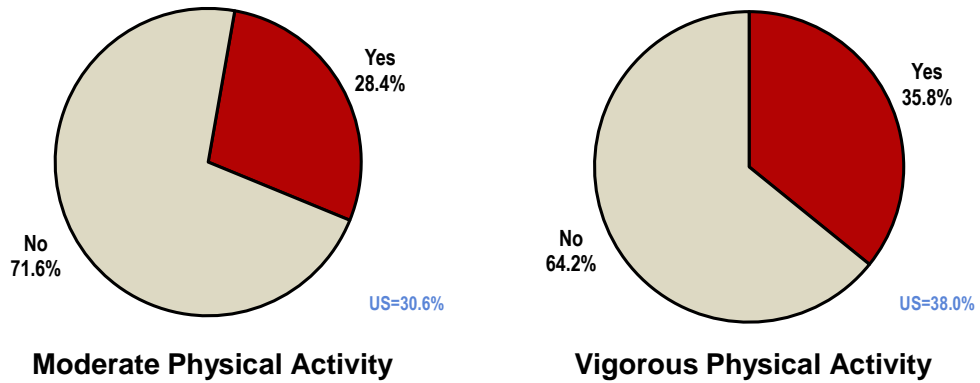
A total of 28.4% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Similar to the national level.

A total of 35.8% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Comparable to the nationwide figure.

Moderate & Vigorous Physical Activity (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 148-149]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
 • Moderate Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
 • Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Access to Physical Activity

Access to Recreation & Fitness Facilities

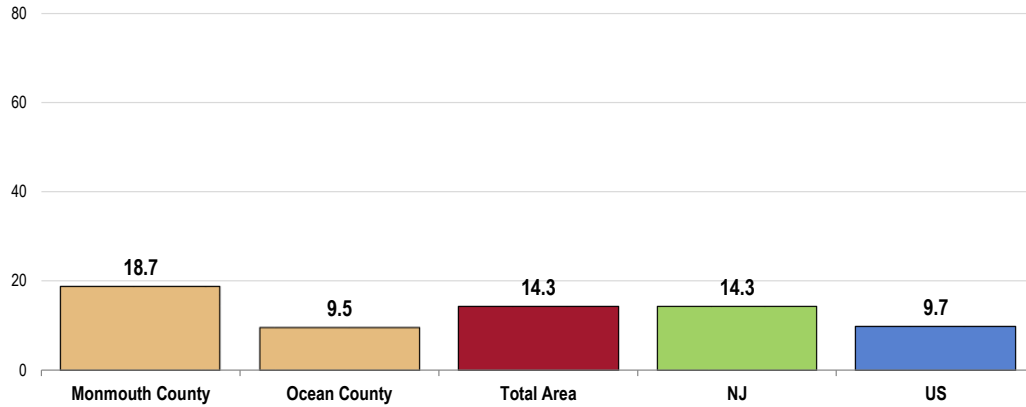
In 2013, there were 14.3 recreation/fitness facilities for every 100,000 population in the Meridian Health Regional Service Area.

- Identical to what is found statewide.
- Above what is found nationally.
- Nearly twice as high in Monmouth County as in Ocean County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer “exercise and other active physical fitness conditioning or recreational sports activities.”

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2013)



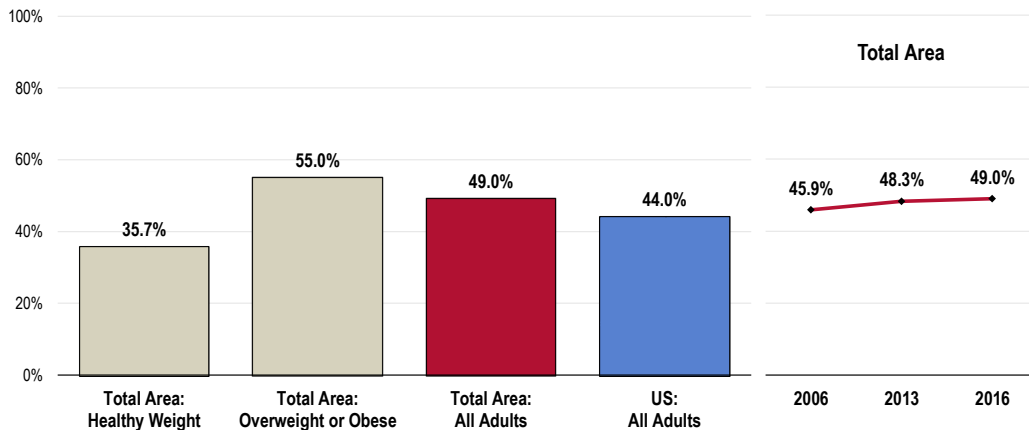
Sources: • US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.
 Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities".* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Health Advice About Physical Activity & Exercise

A total of 49.0% of service area adults report that their physician has asked about or given advice to them about physical activity in the past year.

- More favorable than the national average.
- TREND: Similar to previous survey findings.
- Note: 55.0% of overweight/obese respondents say that they have talked with their doctor about physical activity/ exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



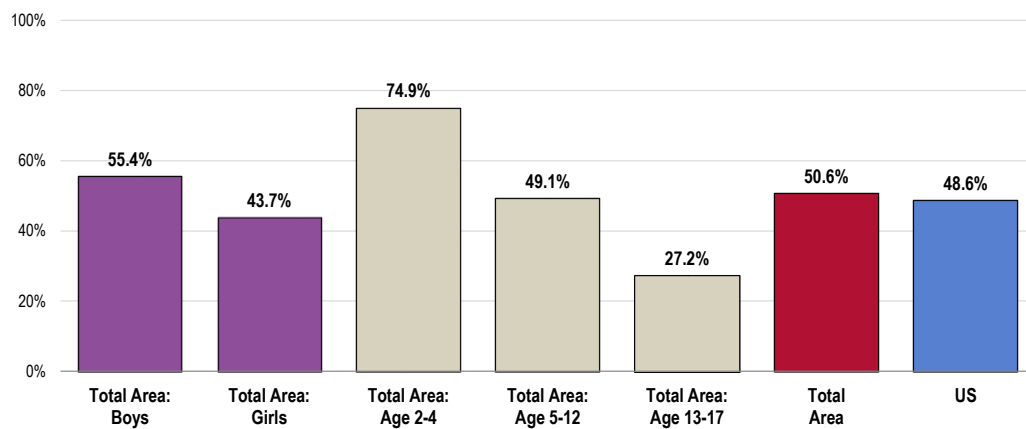
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Children’s Physical Activity

Among Meridian Health Regional Service Area children age 2 to 17, half (50.6%) are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Similar to that found nationally.
- Similar findings by county (not shown).
- Lower among girls and older children (negative correlation with age).

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

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

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

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

| Classification of Overweight and Obesity by BMI | BMI (kg/m^2) |
|---|------------------|
| Underweight | <18.5 |
| Normal | 18.5 – 24.9 |
| Overweight | 25.0 – 29.9 |
| Obese | ≥ 30.0 |

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

Adult Weight Status

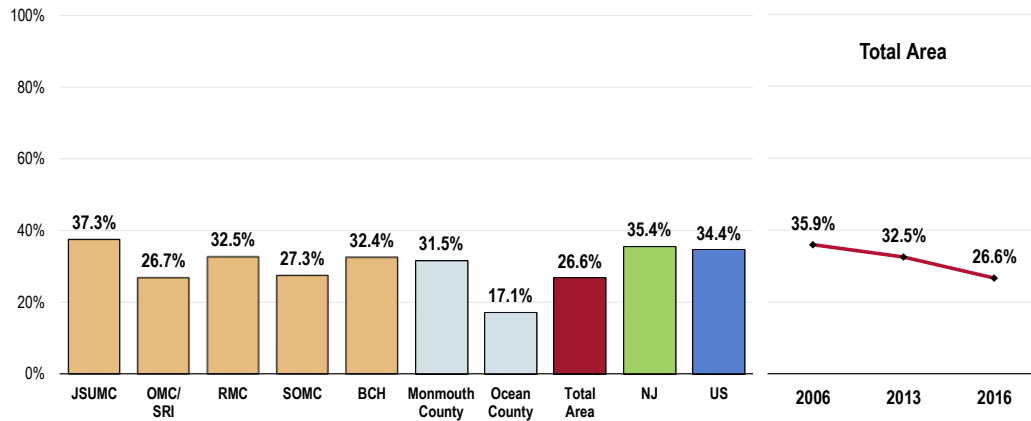
Healthy Weight

Based on self-reported heights and weights, 26.6% of Meridian Health Regional Service Area adults are at a healthy weight.

“Healthy weight” means neither underweight, nor overweight (BMI = 18.5-24.9).

- Worse than state findings.
- Worse than national findings.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- Less favorable in Ocean County; by hospital service area, highest for JSUMC.
- TREND: Denotes a statistically significant decrease in the prevalence of healthy weight over time.

Healthy Weight
 (Percent of Adults With a Body Mass Index Between 18.5 and 24.9)
Healthy People 2020 Target = 33.9% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-8]

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of healthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 18.5 and 24.9.

Overweight Status

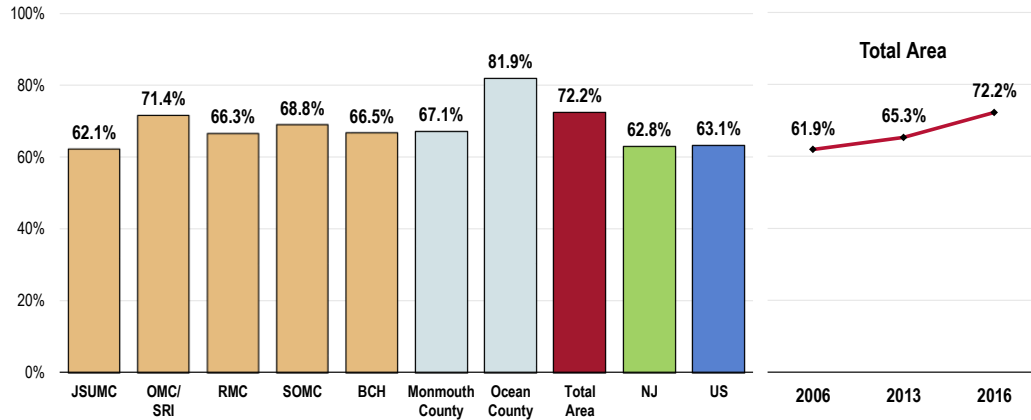
More than 7 in 10 Meridian Health Regional Service Area adults (72.2%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥ 25 .

- Worse than the New Jersey prevalence.
- Worse than the US overweight prevalence.
- Unfavorably high in Ocean County; similar findings by hospital service area.
- TREND: Marks a statistically significant increase over time.

Prevalence of Total Overweight

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Further, 1 in 4 service area adults (24.7%) is obese.

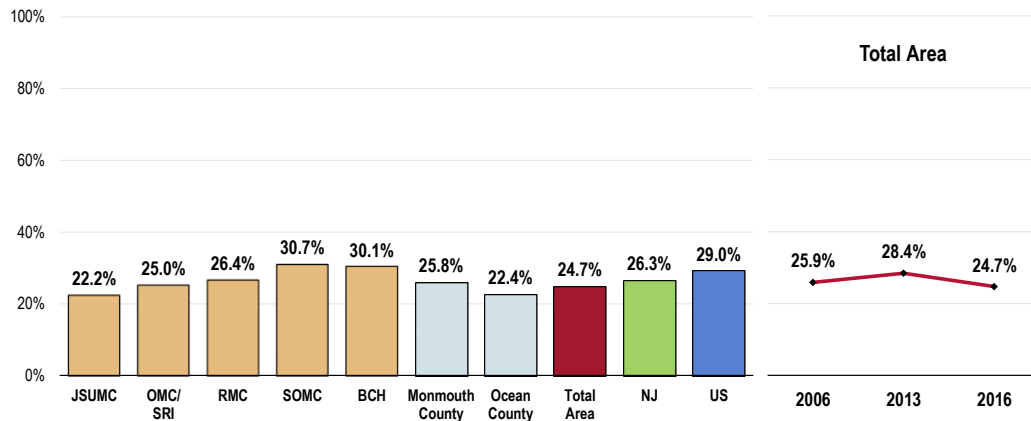
“Obese” (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Similar to New Jersey findings.
- More favorable than US findings.
- Satisfies the Healthy People 2020 target (30.5% or lower).
- Similar findings by county and hospital service area.
- TREND: The obesity prevalence is statistically unchanged over time.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower

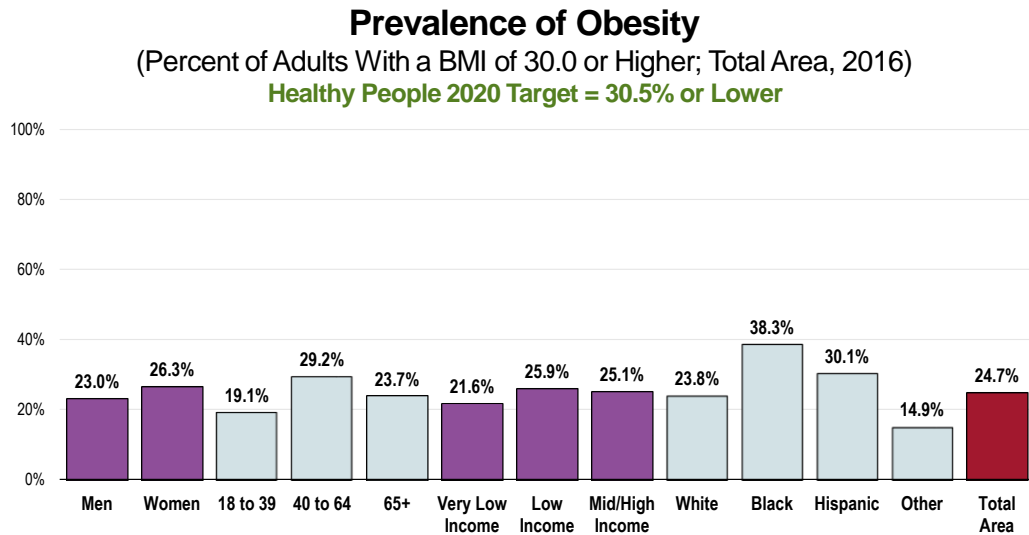


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.

Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity is notably more prevalent among:

- Respondents between the ages of 40 and 64.
- Blacks and Hispanics.



Sources:

- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

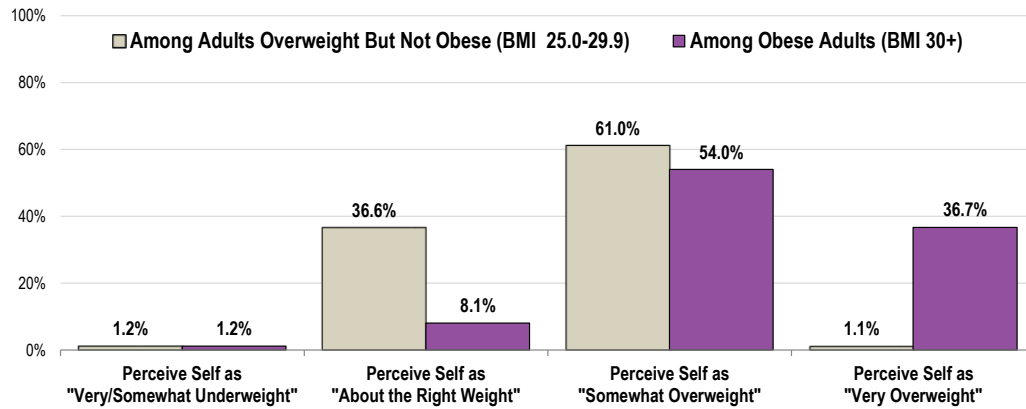
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Actual vs. Perceived Body Weight

A total of 8.1% of obese adults and 36.6% of overweight (but not obese) adults feel that their current weight is "about right."

- 61.0% of overweight (but not obese) adults see themselves as "somewhat overweight."
- 36.7% of obese adults see themselves as "very overweight."

Actual vs. Perceived Weight Status (Among Overweight/Obese Adults Based on BMI; Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
 Notes: • BMI is based on reported heights and weights, asked of all respondents.
 • The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions.

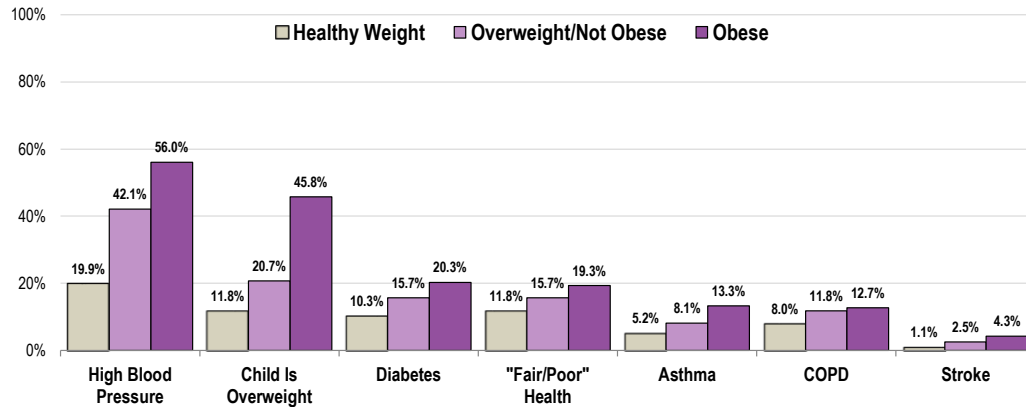
Among these are:

- Hypertension (high blood pressure).
- Diabetes.
- "Fair" or "poor" physical health.
- Asthma.
- COPD.
- Stroke.

The correlation between overweight and various health issues cannot be disputed.

Overweight/obese residents are also more likely to have overweight children.

Relationship of Overweight With Other Health Issues (By Weight Classification; Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 25, 36, 125, 134, 136, 155]
 Notes: • Based on reported heights and weights, asked of all respondents.

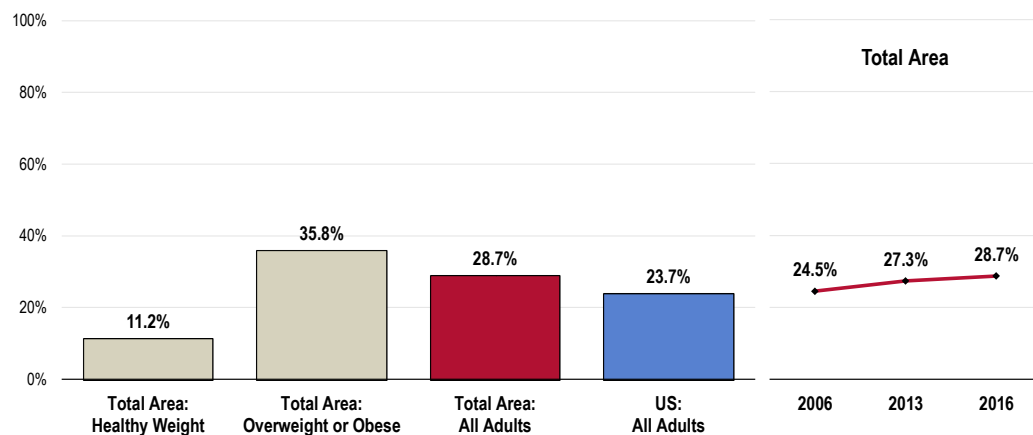
Weight Management

Health Advice

A total of 28.7% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Higher than the national findings.
- TREND: Marks a statistically significant [increase](#) over time.
- Note that 35.8% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while the majority has not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional (By Weight Classification)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 98]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

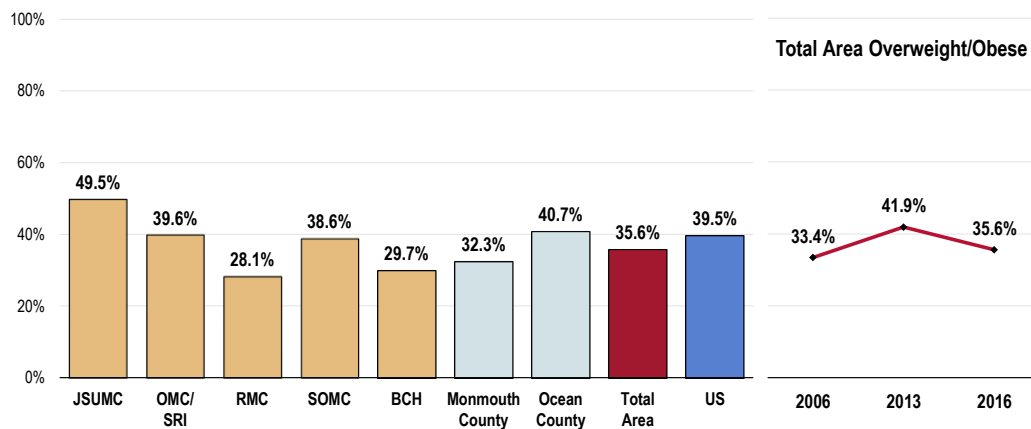
All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 35.6% of Meridian Health Regional Service Area adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- Similar by county; favorably high in the JSUMC service area, lowest for RMC.
- TREND: Statistically similar to that reported among overweight adults in 2006 (but marking a statistically significant decrease from 2013 survey results).

Trying to Lose Weight by Both Modifying Diet and Increasing Physical Activity (Among Overweight/Obese Adults; Total Area, 2016)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents who are overweight or obese based on reported heights and weights.

Childhood Overweight & Obesity

About Weight Status in Children & Teens

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

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

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

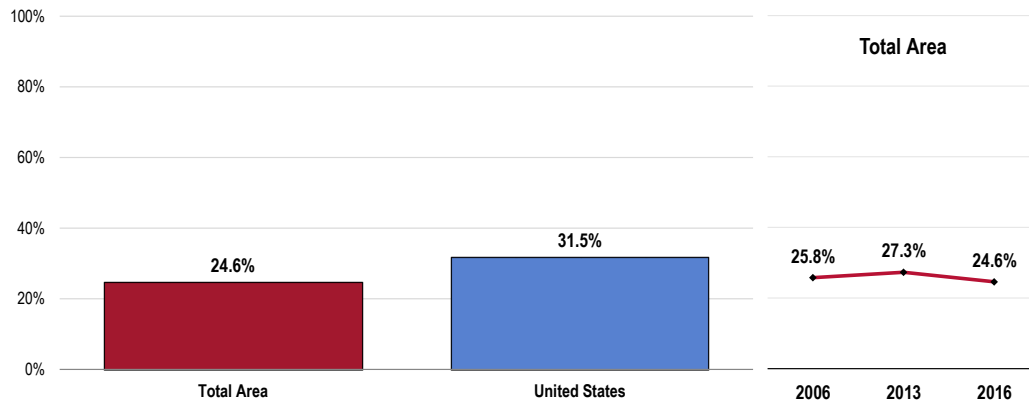
• Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 24.6% of Meridian Health Regional Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- TREND: Statistically unchanged over time.

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]

• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents with children age 5-17 at home.

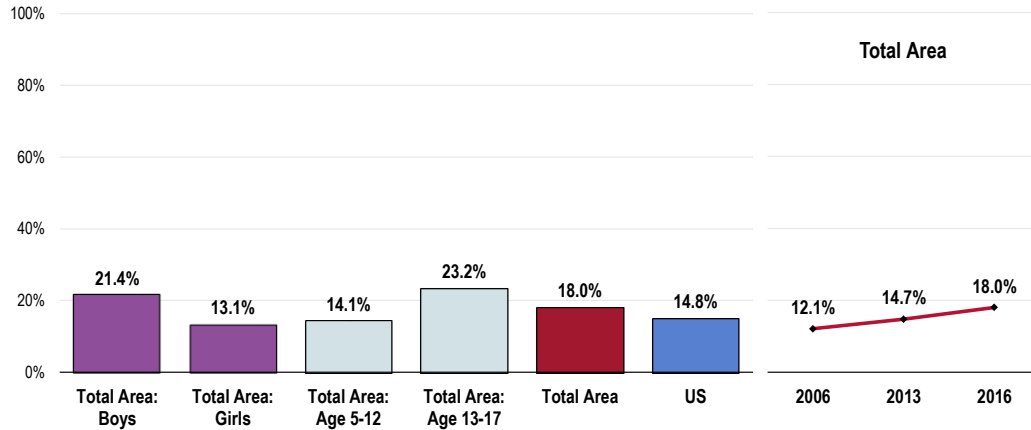
• Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Further, 18.0% of Meridian Health Regional Service Area children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Comparable to the Healthy People 2020 target (14.5% or lower for children age 2-19).

- TREND: The increase over time is not statistically significant.
- Among service area children 5-17, obesity is higher among boys and teens.

Child Obesity Prevalence
 (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
 Healthy People 2020 Target = 14.5% or Lower

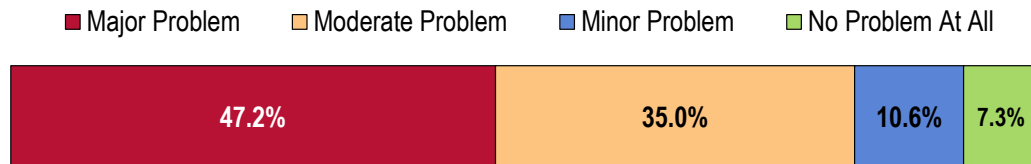


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

The largest share of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
 (Key Informants, 2016)



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

Top Concerns

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

Access to Affordable, Healthy Food

Access to affordable nutritious food and the rate of food insecurity. – Social Services Provider

I believe that accessibility to good nutrition is lacking for those who are in lower socioeconomic areas of Monmouth and Ocean Counties. Also, for the population of children I work with in Monmouth County who reside in Asbury Park, Neptune, Belmar and Bradley Beach, there is a lack of safe places for children to play and facilities like the YMCA for families to inexpensively join. I also believe that people are so busy working a lot of hours that planning for good nutrition and exercise is difficult. I believe that incorporating more nutrition programs and physical activity opportunities into the workday would be a great benefit to individuals and corporations. The age of electronics has significantly diminished the amount of time spent on exercise and physical activity that adults and children engage in. Lastly, the impact of marketing and media promoting non-nutritious food choices and easy access to unhealthy food is rampant. – Physician

For lower income families, limited or lack of access to healthy food choices as well as the time availability to prepare nutritious meals. Ease of access to fast and processed foods. Lack of access to sidewalks in some communities...can be dangerous walking. Budgetary challenges to join gym as well as childcare. Unwillingness by some to commit to living a healthy lifestyle. – Social Services Provider

Access to affordable healthy foods. – Public Health Representative

Lower income households we serve through the Food Bank often save on food costs, buying whatever is filling and cheap, rather than purchasing on fresh produce, milk or other higher cost, nutritious items. They are also more sedentary, unable to afford time or money for recreational activities. The result is that our population has higher rates of diabetes and hypertension than in the general population. 29% of recipients of emergency food have a household member with diabetes, and 59% have a member with high blood pressure, approximately 37,400 households served annually. – Social Services Provider

Made me laugh. There are many options if you have cash and don't care about quality. – Physician

People do not have the resources to purchase healthy food and make healthy diet choices, join a structured physical activity program in order to maintain a healthy weight. Most programs are costly or not covered under any insurance. Education must also be provided about good nutrition, physical activity and weight. More community awareness. – Other Healthcare Provider

The affordable availability of fresh produce for families year round. Childhood obesity is identified in 2013 by Ocean County Health Department as number one of five prioritized health issues. – Social Services Provider

No fresh food options locally. No supermarkets and poor home nutritional choices. – Community/Business Leader

Lack of Nutrition Education

Ability to obtain nutritional guidance and coaching. – Physician

People understanding the importance of eating healthy. Continuous procrastinating by old and young. The young because the elders do not believe that having large amount of sugar has a serious health impact on their health. Sodas, cakes and miscellaneous other sweets have already proven to be health hazards. – Community/Business Leader

People do not understand the concept of eating healthy and making sure they incorporate an exercise routine. The community relies heavily on fast food. – Community/Business Leader

Educating children and adults, insufficient facilities for physical activity. – Community/Business Leader

Weight management and healthy eating information and knowledge is very lacking in the community because of the lack of access and collaboration with community organizations. – Public Health Representative

Access to nutrition counseling for the youth of Neptune. – Community/Business Leader

For the Deaf/HOH community, they need to be aware of “Healthy Eating.” – Social Services Provider

Guidance; patients do not have access to information and sessions. Most nutrition classes focus on diabetes, but many just need general education on how to live healthier. – Physician

Behavioral Risk

Changing people's behavior. – Public Health Representative

The inability to be dedicated to lifelong behavioral changes. – Public Health Representative

Changing behavior. – Public Health Representative

Noncompliance related to proper nutrition, daily physical activity and weight reduction. – Physician

Poor eating habits, lack of fitness and cultural perspective. – Physician

Many fast food and buffet restaurants with unhealthy foods and no caloric listings on menus. Lack of practical education for many immigrants who are ESL speakers regarding eating healthy, need to exercise to maintain and improve health and prevent chronic disease. Programs that are available are not free and low cost and may not be in locations or in languages easily accessible for the people who need it. The programs are not culturally relevant for many minority groups. – Public Health Representative

People are lacking motivation due to stress, multiple demands on everyone, lack of proper nutrition, financially cannot make good decisions regarding food purchases, economics. – Social Services Provider

Fast food and too much screen time. – Physician

Very commuting community with a fast food mentality. Much time spent in activities not related to physical activity and nutrition bad nutrition choices. – Community/Business Leader

Too much screen time, working parents. Lack of nutritious foods and processed foods. Parents giving child what they want to eat not obesity, major epidemic. – Community/Business Leader

Too much time is spent watching television, playing video games and limited time for outdoor play. – Community/Business Leader

Lack of Resources

Inconsistent access to resources. Some communities in these counties have excellent access to healthy foods and recreational facilities. But there are other communities where people don't have easy access to these. – Community/Business Leader

For the majority of this community, people need cars to go places, we eat out versus at home. Youth activities lead families to not eat at home together because they are on the go. We do not have free range children who play in the yards, parents fear to let the kids go out beyond a certain geographic area. Kids are bused to school although they live close and when they are not, parents drive them to the school. In some areas you cannot safely walk places because there are not any sidewalks.

Another issue regarding nutrition and physical activity and weight is the cancer connection. People do not realize that weight and what you eat is a risk factor for some cancers. They need to be educated. – Social Services Provider

Noncompliance, cost of medications and limited office visit to address these issues. Lack of specialists and lack of nutritionists covered by insurance. – Physician

Many of these services are not covered by insurance. – Community/Business Leader

Problem across the country, not just here. – Community/Business Leader

We use nutritional counseling services for newly diagnosed diabetes. We also have a weight problem with many of our patients and no place for referral. There is no easy referral to address these problems. A fitness center with medical experts for weight loss, nutrition, exercise and physical activity would be a great solution. – Physician

Youth

Childhood obesity is a concern as it can lead to so many health issues later in life. – Community/Business Leader

Many students are obese due to lack of eating healthy meals. They primarily eat fast food. As a result, a significant number of students are overweight. – Community/Business Leader

Children aren't allowed in the gym with their parents. Children can't get to a nutritionist without first going to pediatric endocrine or GI. There isn't a direct local referral source for nutritional services that are covered by Medicaid and commercial insurance. – Physician

Obesity

Increasing BMI across all demographics. – Physician

Much of population is overweight and out of shape. Exercise centers are empty. Big disconnect. – Physician

Too many obese people in the area. – Community/Business Leader

*Monmouth County residents are considered obese by Healthy People 2020 standards. – Community/
Business Leader*

Lack of Education

Education and exercise options. – Physician

Culture

Culture. – Physician

Substance Abuse

About Substance Abuse

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. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

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. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

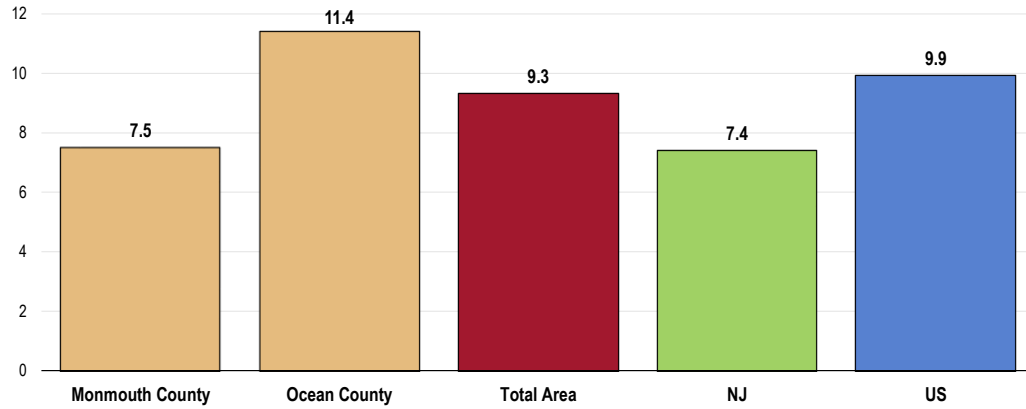
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2011 and 2013, there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 9.3 deaths per 100,000 population in the Meridian Health Regional Service Area.

- Worse than the statewide rate.
- Better than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Unfavorably high in Ocean County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower

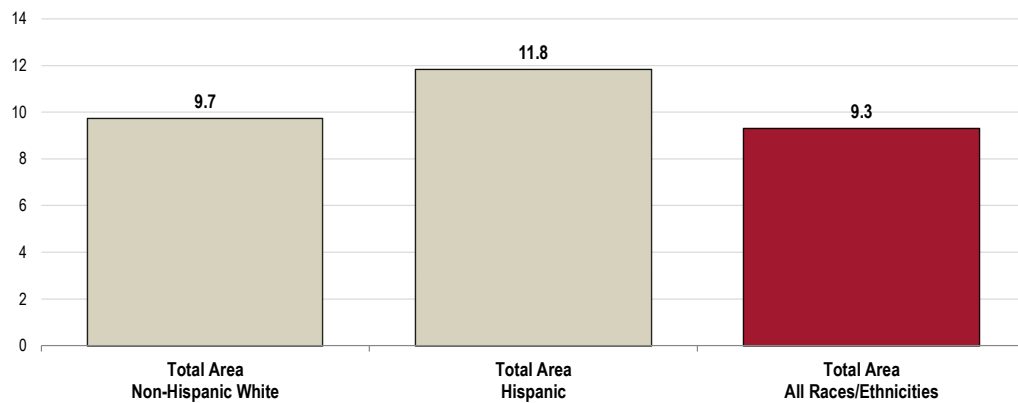


- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- The cirrhosis mortality rate is higher among Hispanics when compared with Whites in the service area.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race (2011-2013 Annual Average Deaths per 100,000 Population)

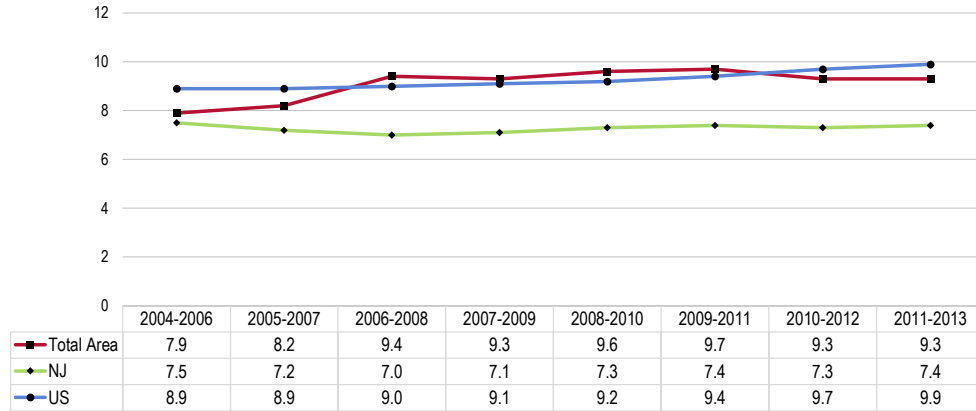
Healthy People 2020 Target = 8.2 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has increased over time, as has the national rate. Statewide, the rate has decreased slightly.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 8.2 or Lower



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]
 Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 ● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

High-Risk Alcohol Use

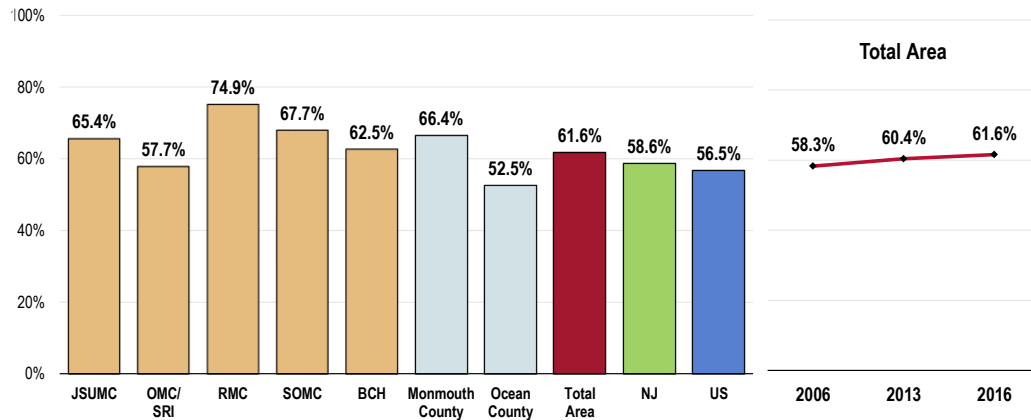
Current Drinking

A total of 61.6% of area adults had at least one drink of alcohol in the past month (current drinkers).

“Current drinkers” include survey respondents who had at least one drink of alcohol in the month preceding the interview. For the purposes of this study, a “drink” is considered one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

- Similar to the statewide proportion.
- Higher than the national proportion.
- Higher in Monmouth County; highest for RMC and lowest for OMC/SRI.
- TREND: Statistically unchanged since 2006.

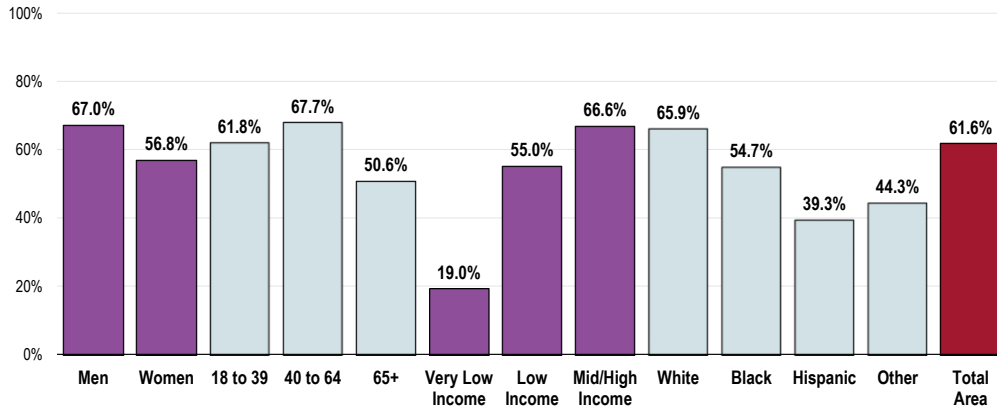
Current Drinkers



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 160]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2013 New Jersey data.
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: ● Asked of all respondents.
 ● Current drinkers had at least one alcoholic drink in the past month.

- Current drinking is more prevalent among men, residents under 65, those with higher incomes (positive correlation with income), Whites, and Blacks.

Current Drinkers (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 160]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Current drinkers had at least one alcoholic drink in the past month.

Excessive Drinking

A total of 21.4% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Comparable to the national proportion.
- Higher in Monmouth County; by hospital, highest in the RMC service area.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2006.

"Excessive drinking" includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

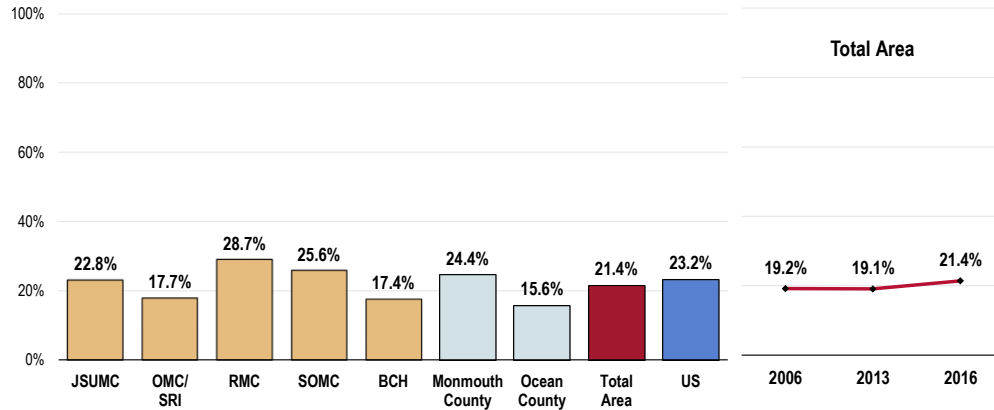
Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE:

See also Stress in the Mental Health & Mental Disorders section of this report.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



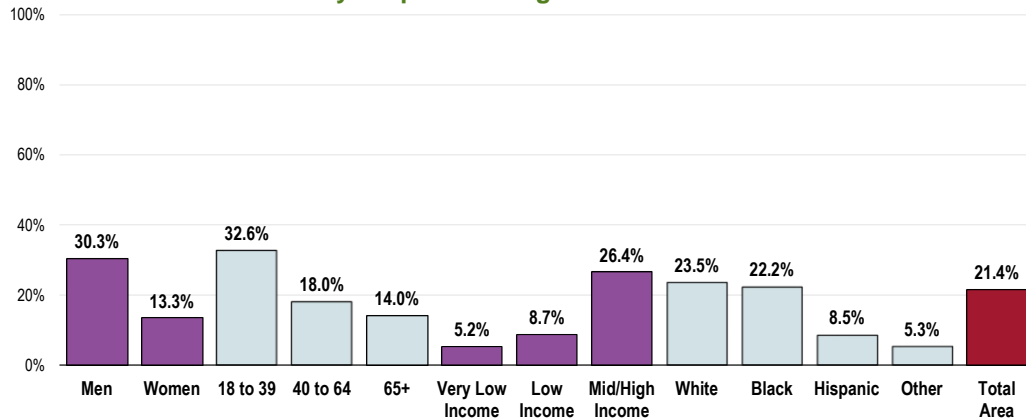
- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

- Excessive drinking is more prevalent among men, young adults (negative correlation with age), upper-income residents (positive correlation with income), Whites, and Blacks.

Excessive Drinkers

(Total Area, 2016)

Healthy People 2020 Target = 25.4% or Lower



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households with incomes less than 100% of the federal poverty level; "Low Income" includes households with incomes from 100–199% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

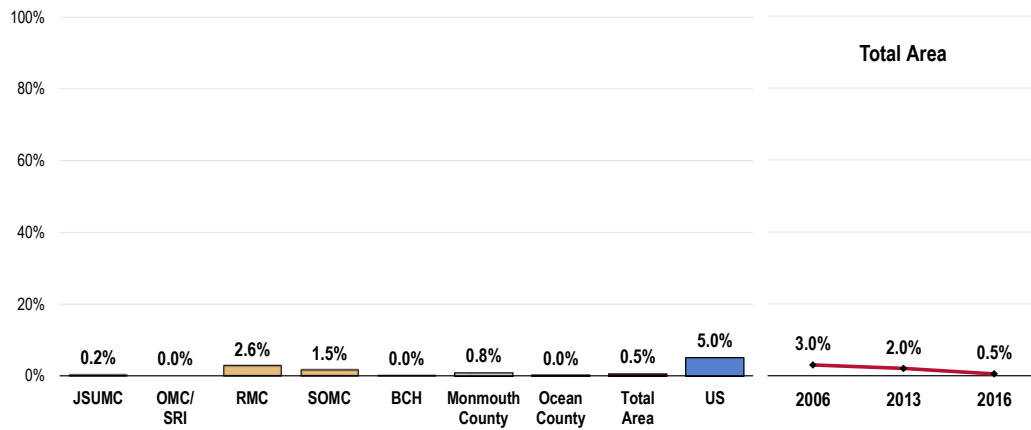
Drinking & Driving

Just 0.5% of Meridian Health Regional Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Well below the national findings.
- Higher in Monmouth County; favorably low in the OMC/SRI and BCH service area.
- TREND: This has decreased significantly since 2006.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



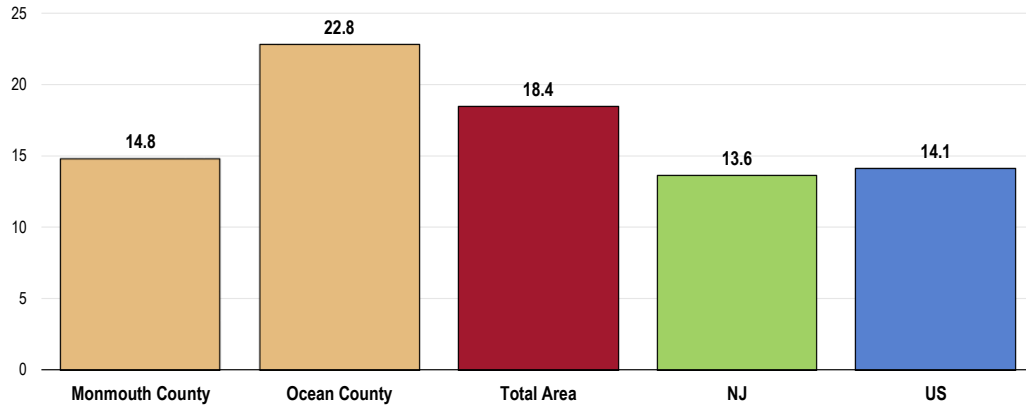
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Age-Adjusted Drug-Induced Deaths

Between 2011 and 2013, there was an annual average age-adjusted drug-induced mortality rate of 18.4 deaths per 100,000 population in the service area.

- Above the statewide rate.
- Above the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).
- Much higher in Ocean County.

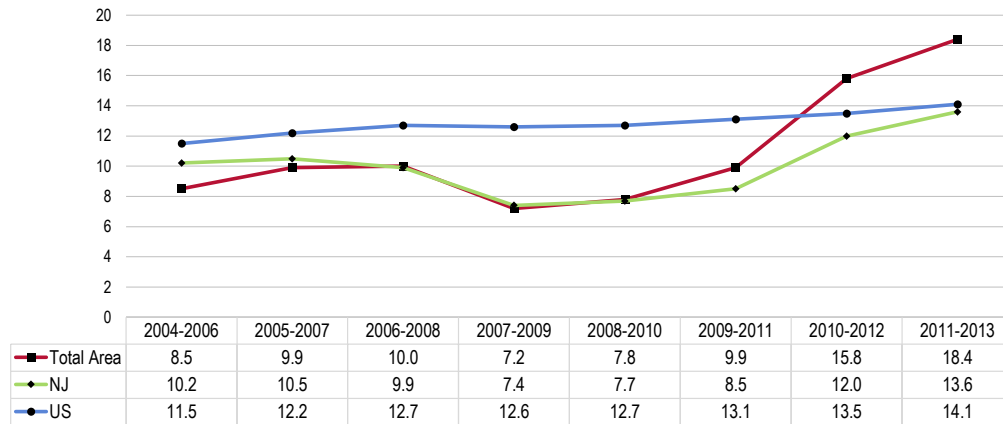
Drug-Induced Deaths: Age-Adjusted Mortality (2011-2013 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- **TREND:** In recent years, drug-related mortality has increased sharply in the service area.

Drug-Induced Deaths: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 11.3 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2015.
 - UD Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12].
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

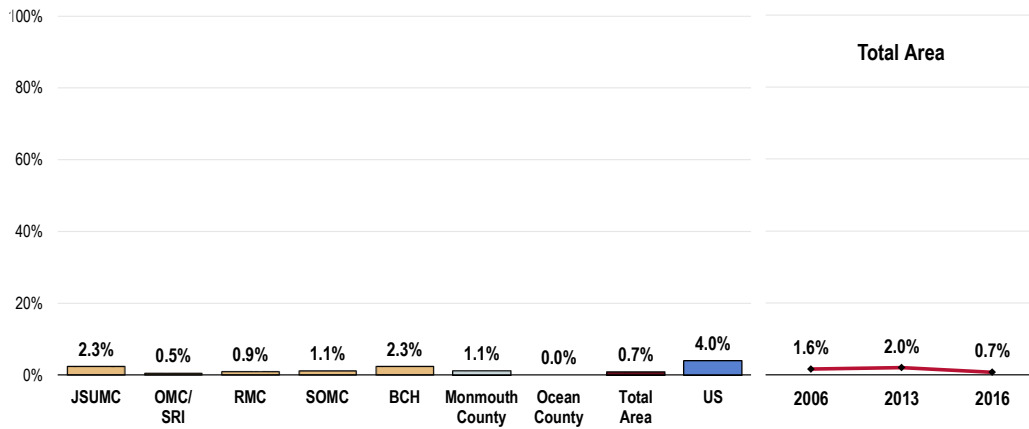
A total of 0.7% of Meridian Health Regional Service Area adults acknowledge using an illicit drug in the past month.

For the purposes of this survey, “illicit drug use” includes use of illegal substances or of prescription drugs taken without a physician’s order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

- Better than the proportion found nationally.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- Higher in Monmouth County; similar findings by hospital service area.
- TREND: Statistically unchanged over time.

Illicit Drug Use in the Past Month Healthy People 2020 Target = 7.1% or Lower



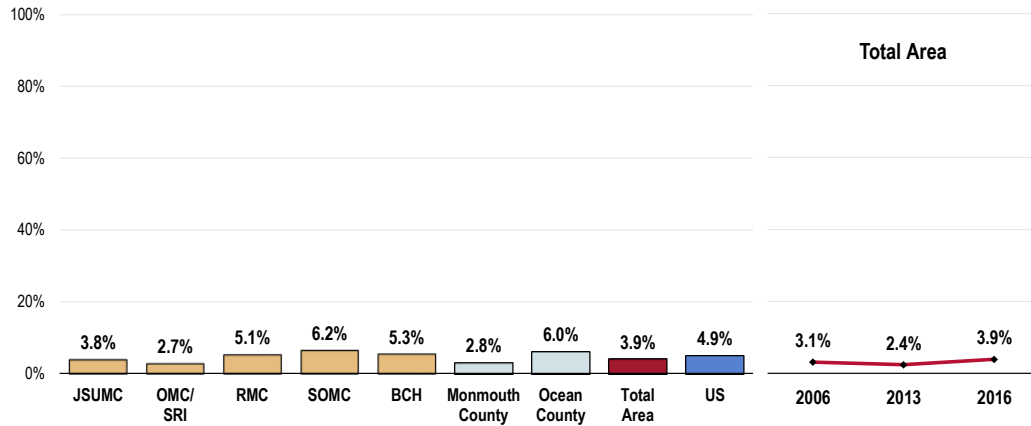
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: • Asked of all respondents.

Alcohol & Drug Treatment

A total of 3.9% of Meridian Health Regional Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Similar to national findings.
- Similar findings by county and hospital service area.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

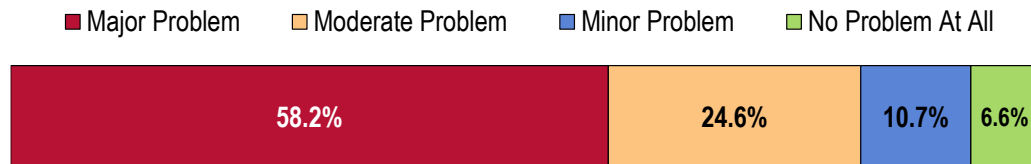


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 67]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Substance Abuse

The majority of key informants taking part in an online survey characterized **Substance Abuse** as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2016)



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

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Cost and Insurance Issues

- Cost, space for addicts, denial of the problem, the law is not enforcing enough. – Social Services Provider*
- The cost of treatment is excessive for many people who do not have insurance. – Public Health Representative*
- The cost of the drug or substance is less expensive than the treatment. The number of inpatient treatment programs are unable to keep up with the numbers addicted. – Social Services Provider*

Possibly having lack of money to pay for any treatment might be an issue when it comes to substance abuse. Perhaps people do not have insurance for any source of treatments. I feel the biggest obstacle might be lack of education regarding the subject. People do not tend to believe that having a substance abuse problem can happen to them. – Community/Business Leader

Coverage and access. – Community/Business Leader

Finances. – Other Healthcare Provider

Not certain where to get rehab assistance. Need communications of programs available. – Community/Business Leader

Know where to go, communication. – Community/Business Leader

Cost and facility space, self-motivation to want to get help, mental health issues, lack of health insurance to afford the programs or medications needed, lack of information. – Public Health Representative

Insurance coverage, willingness and the lack of ordered treatment. – Social Services Provider

Expense, because good programs do not take insurance. – Social Services Provider

Lack of insurance coverage for programs that work. – Community/Business Leader

Lack of insurance coverage for treatment. Lack of early education and prevention. – Social Services Provider

Lack of insurance coverage, stigma connected with seeking treatment. – Community/Business Leader

Lack of Resources

No facilities available. – Physician

Lack of effective treatment and centers. Not enough substance abuse treatment centers to meet community needs. High cost of treatment centers. Easy accessibility to drugs. – Physician

Not enough facilities. – Community/Business Leader

Similar to mental health, lack of availability of beds for intensive inpatient help. Cost associated with treatment. – Social Services Provider

Again, it is incredibly hard to get patients into treatment for substance abuse. The wait time is usually weeks, which is not possible when a patient is actively using or has decided to seek treatment. The easiest way is often through the emergency room. Depending on insurance coverage, the barriers can be even worse. Many of these benefits are county based, and with the use of narcotics in this area, the need is very high. – Physician

Lack of clinics in the area and lack of acute immediate entrance into program. Lack of insurance coverage, noncompliance of patients and no immediate services for interventions. – Physician

Closing of facilities due to lack of funding. – Community/Business Leader

Nowhere near enough help. One of the worst health problems and no real availability of help. Too many restrictions on the help that is available. – Community/Business Leader

Availability of treatment programs relative to the need. – Social Services Provider

Stigma, Shame, Fear

Recognition and stigma. – Physician

Identification of the problem. – Physician

Denial and enjoy the high underlying childhood traumatic events were never dealt with. – Community/Business Leader

Fear and delays in placement. – Physician

Their own lack of wanting to be treated. – Social Services Provider

The nature of addiction itself, fear of law enforcement and the general attitude that substance abuse is a crime rather than an illness, and lack of knowledge of what resources are available. – Community/Business Leader

The stigma related to addiction is a huge barrier, it is the 'black plague' of our time. There is no funding and no bed availability, at least in Monmouth County. New Hope is grossly underfunded and the wait is 2-3 weeks for a bed. Ridiculous for someone in crisis. In addition, quality mental health services are limited, if they exist at all. There are no comprehensive programs that include long-term individual psychiatric counseling rather than group, opioid replacement/substitution therapy as an option to abstinence, social, life and job skills training and holistic health therapies to sustain recovery. Thus the rate of relapse and recidivism is monumental and so those affected either end up incarcerated or dead. – Community/Business Leader

Trying to identify individuals that need help and getting them to best treatment facility. – Community/Business Leader

Embarrassment and nothing confidential. – Community/Business Leader

Embarrassment and denial. – Community/Business Leader

Heroin Epidemic

Heroin use has grown to epidemic proportions in Ocean County among young people. Problem isn't barriers to access treatment, problem is growth in number of young people having easy access to drugs. – Community/Business Leader

Heroin epidemic is a major public health crisis. Now that it effects every community, it is in the public eye. – Public Health Representative

Anonymity, use of drugs from teens to 30's with pills, heroin. – Community/Business Leader

Heroin. – Social Services Provider

The incidence of substance abuse is rampant ... Especially the rise in heroin. – Community/ Business Leader

I keep hearing of young people overdosing on heroin. Never heard of it when I was young. Something needs to change. – Physician

High Prevalence

Substance abuse is a growing menace, one which continues to threaten our communities and overwhelm our law enforcement agencies. – Community/Business Leader

I don't think this issue is actually health related, but more because the local HS District has a problem with the availability of drugs. More police monitoring is needed. – Social Services Provider

Many folks use drugs to deal with their hard life. – Community/Business Leader

The incidence of substance abuse is rampant in Monmouth and Ocean County. Especially the rise in heroin. – Community/Business Leader

Major problem in Ocean County. – Physician

There has been an extremely high number of deaths in ocean and Monmouth counties over the last 5 years due to drug overdose. – Community/Business Leader

Lack of Education

Centers continuously open up to help those who on a daily basis abuse these dangerous substances. Education is important to reduce or eliminate demand so production and importing slowly will be eliminated. – Community/Business Leader

Communication and insurance/money, as well as knowing where to go for help with access to services for people with disabilities. – Social Services Provider

For our students, barriers include access to treatment and ongoing support programs, particularly for students who do not have reliable transportation. For students seeking immediate help there are many times long waiting lists to get into area treatment facilities and only those whose families may afford sending them out of state get immediate help. Due to budget constraints we have had to close our campus Health Center which use to host NA meetings on campus. – Community/Business Leader

Motivation

Desire to quit, ease of obtaining and social or group acceptance among peers. – Community/Business Leader

High-risk behavior and lack of insight into potential ramifications and disease. – Physician

Many options when patients are ready. – Physician

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified heroin/other opioids, alcohol, and prescription medications as the most problematic substances abused in the community.

Most Problematic Substances Abused in the Community (Among Key Informants Rating Substance Abuse as a "Major Problem," 2016)

| | Most Problematic | Second-Most Problematic | Third-Most Problematic | Total Mentions |
|---|------------------|-------------------------|------------------------|----------------|
| Heroin or Other Opioids | 55.4% | 25.0% | 10.9% | 51 |
| Alcohol | 30.4% | 19.6% | 27.3% | 43 |
| Prescription Medications | 5.4% | 28.6% | 23.6% | 32 |
| Marijuana | 5.4% | 7.1% | 10.9% | 13 |
| Cocaine or Crack | 1.8% | 8.9% | 9.1% | 11 |
| Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly) | 0.0% | 7.1% | 10.9% | 10 |
| Methamphetamines or Other Amphetamines | 0.0% | 1.8% | 1.8% | 2 |
| Steroids | 0.0% | 0.0% | 3.6% | 2 |
| Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM) | 0.0% | 0.0% | 1.8% | 1 |
| Over-The-Counter Medications | 1.8% | 0.0% | 0.0% | 1 |
| Synthetic Drugs (e.g. Bath Salts, K2/Spice) | 0.0% | 1.8% | 0.0% | 1 |

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

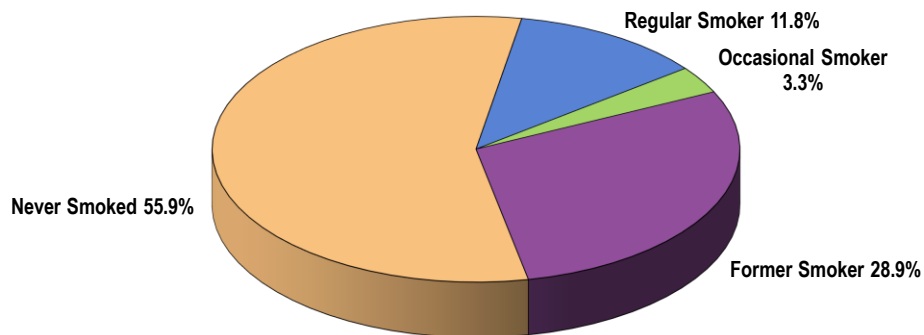
- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 15.1% of Meridian Health Regional Service Area adults currently smoke cigarettes, either regularly (11.8% every day) or occasionally (3.3% on some days).

Cigarette Smoking Prevalence (Total Area, 2016)



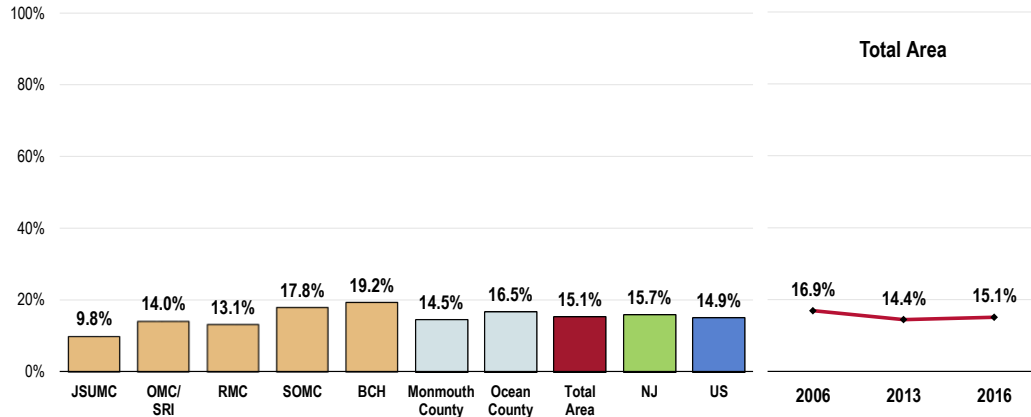
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: • Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (12% or lower).

- Similar findings by county; favorably low in the JSUMC service area.
- TREND: The current smoking percentage is statistically unchanged since 2006.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



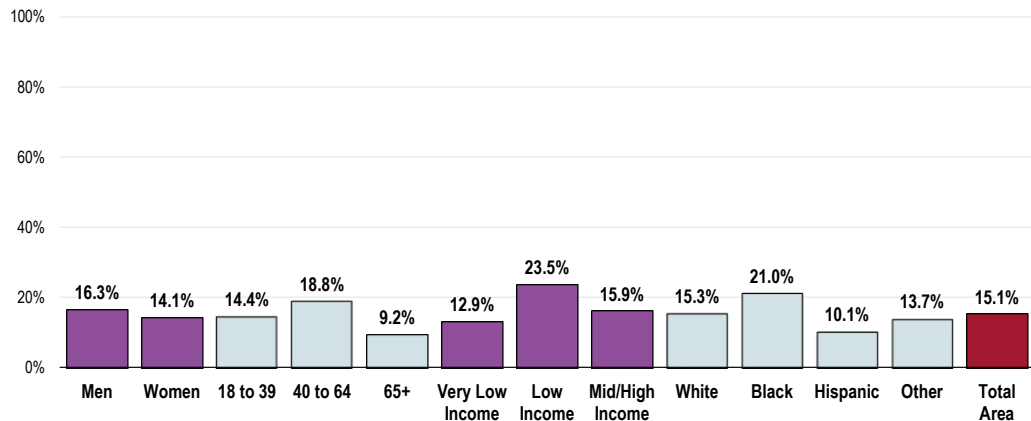
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 156]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
 Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes everyday or on some days).

- Cigarette smoking is statistically more prevalent among adults under 65.
- Although higher percentages were found among low-income residents and among Blacks, neither of these outliers is statistically significant.

Current Smokers

(Total Area, 2016)

Healthy People 2020 Target = 12.0% or Lower



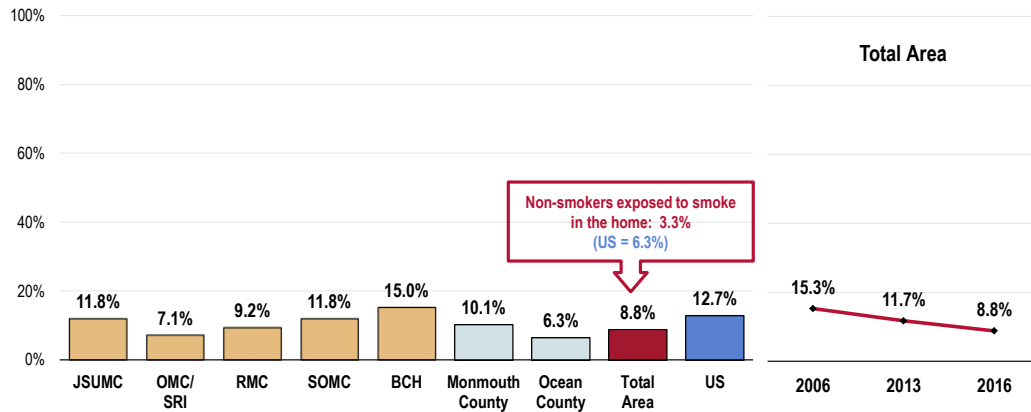
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • Includes regular and occasion smokers (everyday and some days).

Environmental Tobacco Smoke

A total of 8.8% of Meridian Health Regional Service Area adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.
- Similar by county; favorably low in the OMC/SRI service area.
- TREND: Marks a statistically significant decrease over time.
- Note that 3.3% of Meridian Health Regional Service Area non-smokers are exposed to cigarette smoke at home, better than what is found nationally.

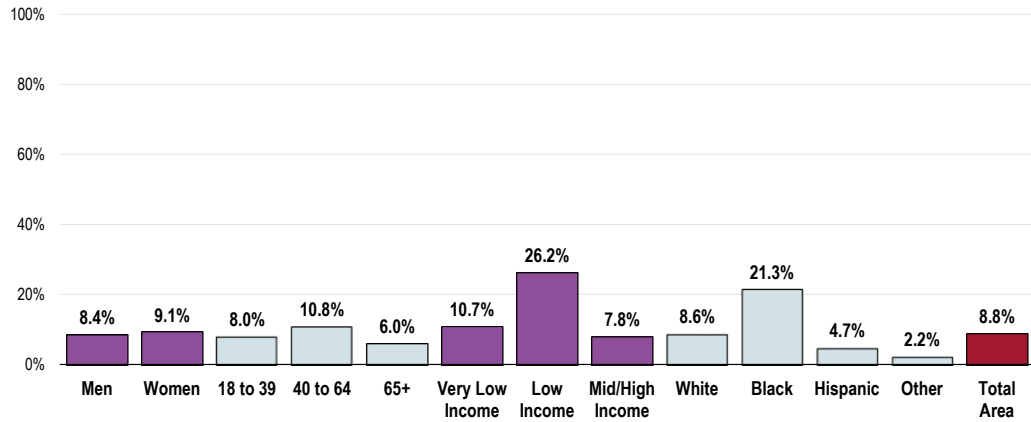
Member of Household Smokes at Home



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Notably higher among residents age 40-64, adults living just above the federal poverty level, and Blacks.

Member of Household Smokes At Home (Total Area, 2016)

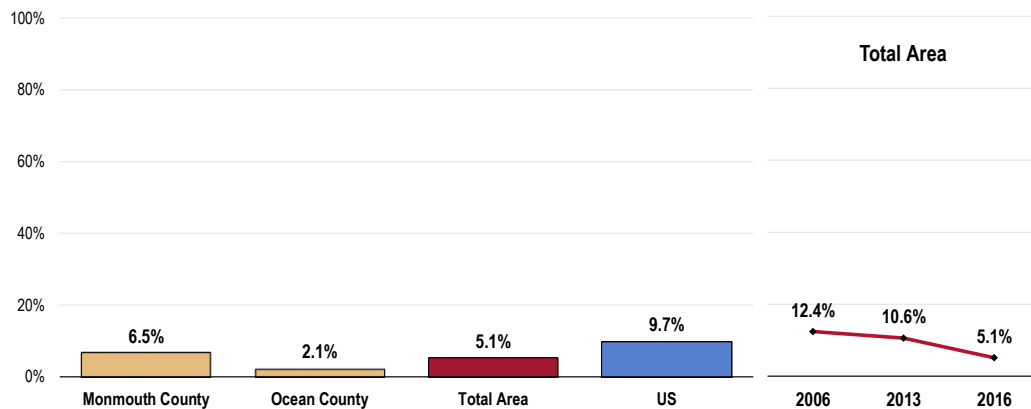


- Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Among households with children, 5.1% have someone who smokes cigarettes in the home.

- More favorable than national findings.
- Comparable findings by county.
- TREND: Marks a statistically significant decrease over time.

Percentage of Households With Children In Which Someone Smokes in the Home (Among Households With Children)



- Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Reflects respondents with children 0 to 17 in the household.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

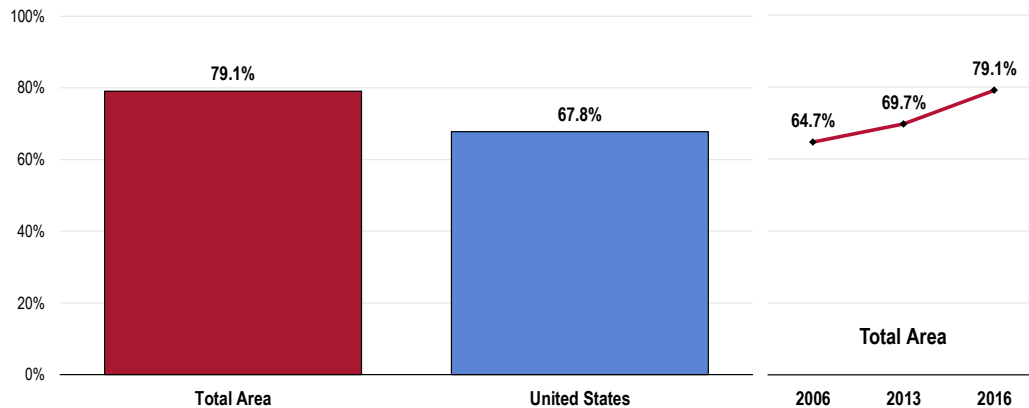
- Healthy People 2020 (www.healthypeople.gov)

Health Advice About Smoking Cessation

A total of 79.1% of smokers say that a doctor, nurse or other health professional has recommended in the past year that they quit smoking.

- More favorable than the national percentage.
- TREND: Marks a statistically significant increase over time.

Advised by a Healthcare Professional in the Past Year to Quit Smoking (Among Current Smokers)



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 58]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all current smokers.

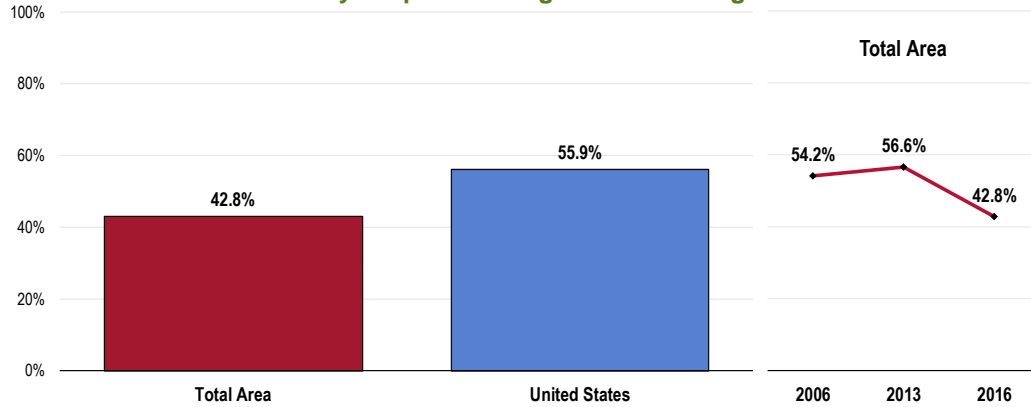
Smoking Cessation Attempts

Just over 4 in 10 regular smokers (42.8%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- Similar to the national percentage.
- Fails to satisfy the Healthy People 2020 target (80% or higher).
- TREND: No statistically significant change since 2006.

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking (Among Everyday Smokers)

Healthy People 2020 Target = 80.0% or Higher



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 57]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-4.1]
 Notes: • Asked of respondents who smoke cigarettes every day.

Other Tobacco Use

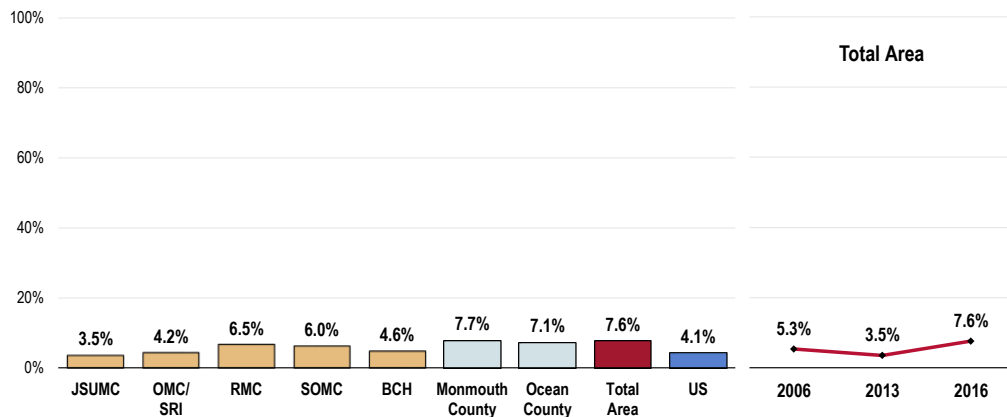
Cigars

A total of 7.6% of service area adults use cigars every day or on some days.

- Less favorable than the national percentage.
- Far from satisfying the Healthy People 2020 target (0.2% or lower).
- Similar findings by county and hospital service area.
- TREND: Statistically unchanged over time.

Use of Cigars

Healthy People 2020 Target = 0.2% or Lower



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.3]
 Notes: • Asked of all respondents.

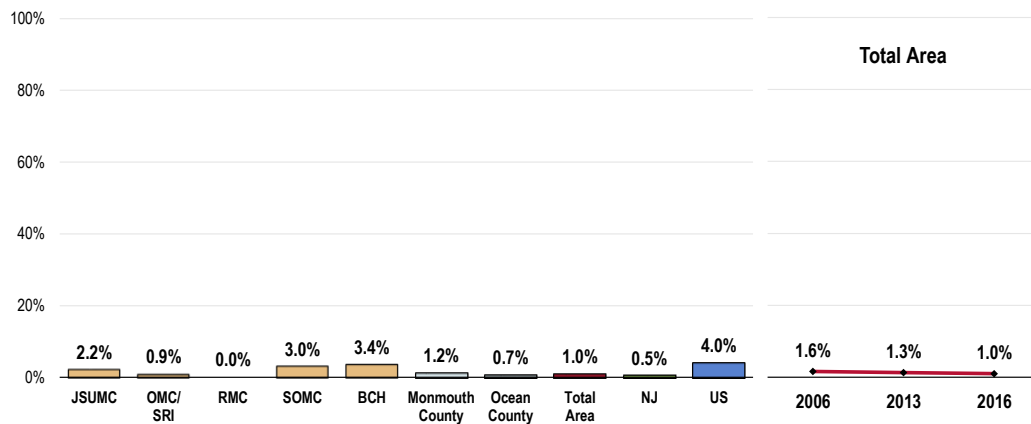
Smokeless Tobacco

A total of 1.0% of Meridian Health Regional Service Area adults use some type of smokeless tobacco every day or on some days.

Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

- Comparable to the state percentage.
- Below the national percentage.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- Similar by county; favorably low in the RMC service area.
- TREND: Similar to 2006 findings.

Use of Smokeless Tobacco Healthy People 2020 Target = 0.3% or Lower

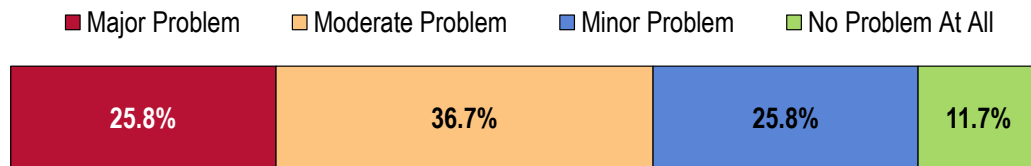


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
 Notes: • Asked of all respondents.
 • Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

High Prevalence of Smoking

Too many smokers, younger smokers. – Physician

Despite education, many young people continue. – Physician

Many people smoke. – Physician

Even with the label warnings and PSAs, many continue to smoke. – Social Services Provider

Wide acceptance of tobacco use. – Community/Business Leader

Major cause of preventable deaths. – Public Health Representative

Teens and weight management and e-cigarettes are a disaster. – Community/Business Leader

While tobacco use is trending downwards in the population as a whole, the number of young people who are using tobacco products is an issue. – Community/Business Leader

Lack of Education

Education about cessation is a must and we are just starting to see a focus on education for this issue. As a society we have made great progress in making people aware of the dangers of smoking but we need more awareness and more education. – Other Healthcare Provider

Despite warnings and smoking restrictions, it does not appear that the number of smokers has decreased and there is insufficient motivation for them to do so. – Community/Business Leader

This needs social intervention, not medical. – Physician

Poor insight into associated between behavior and disease. – Physician

Addiction

People are addicted to cigarettes, whether you are driving, walking into a store or sitting the park, you can always find someone smoking some form of tobacco. Kids these days are smoking younger and younger and also using chewing tobacco. – Community/Business Leader

No idea why people spend money they don't have on smoking. – Physician

If they cost 25 a pack it wouldn't be a big problem. Think about it. – Physician

Secondary Smoke

The amount of smoke generated by some members of the community. The small convenience stores established exclusively for community members to smoke tobacco. Walking near those places is very dangerous as a result of one inhaling secondary smoke. – Community/Business Leader

Co-occurring Morbidities

Leads to heart disease, cancers, COPD and adding to medical costs and obvious health problems. – Physician

Causes many other medical problems. – Physician

Peer Pressure

Tobacco has always been a major problem. Mainly peer pressure. I'd consider it a drug, and it should fall under substance abuse. – Social Services Provider

Use of Cigars

Many parents and students smoke Black and Mild cigars. – Community/Business Leader

Access to Health Services



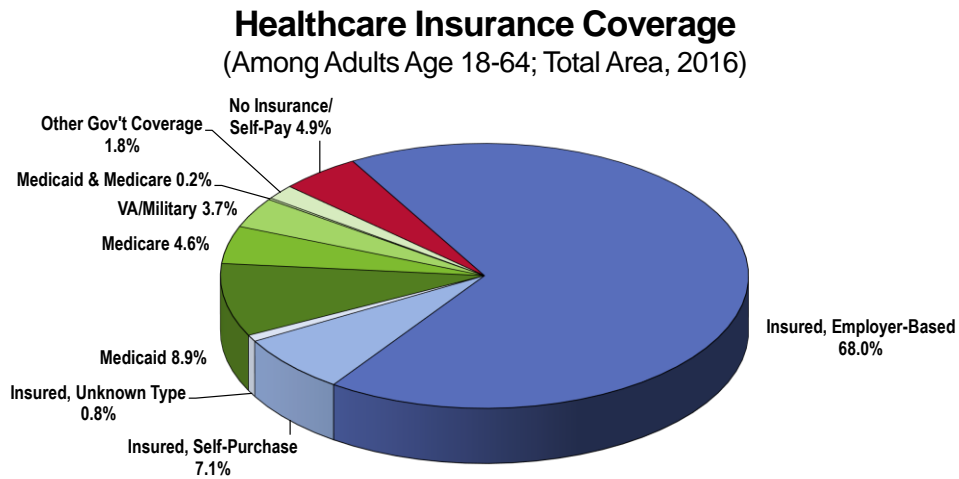
Professional Research Consultants, Inc.

Health Insurance Coverage

Type of Healthcare Coverage

A total of 75.9% of Meridian Health Regional Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 19.2% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

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



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: • Reflects respondents age 18 to 64.

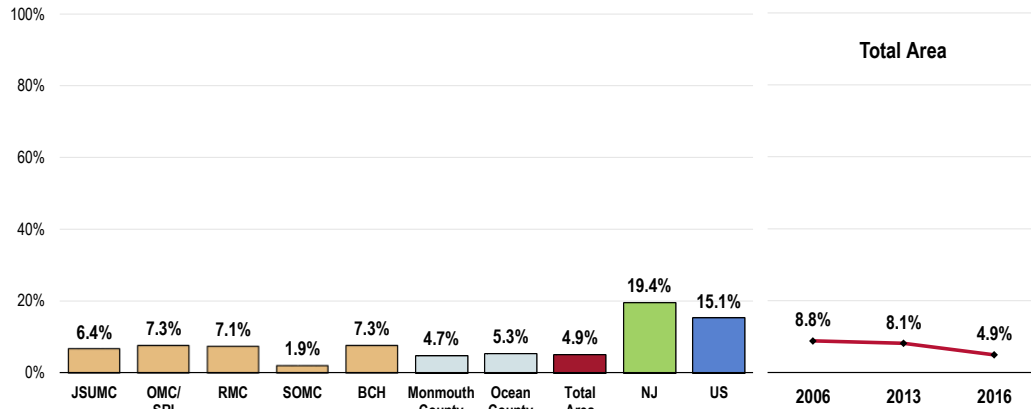
Lack of Health Insurance Coverage

Among adults age 18 to 64, 4.9% report having no insurance coverage for healthcare expenses.

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

- Far below the latest state and national benchmarks; note, however, that state and national data predate the implementation of the health insurance marketplace.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Comparable findings by county; favorably low in the SOMC service area.
- TREND: Marks a statistically significant decrease over time.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64) Healthy People 2020 Target = 0.0% (Universal Coverage)



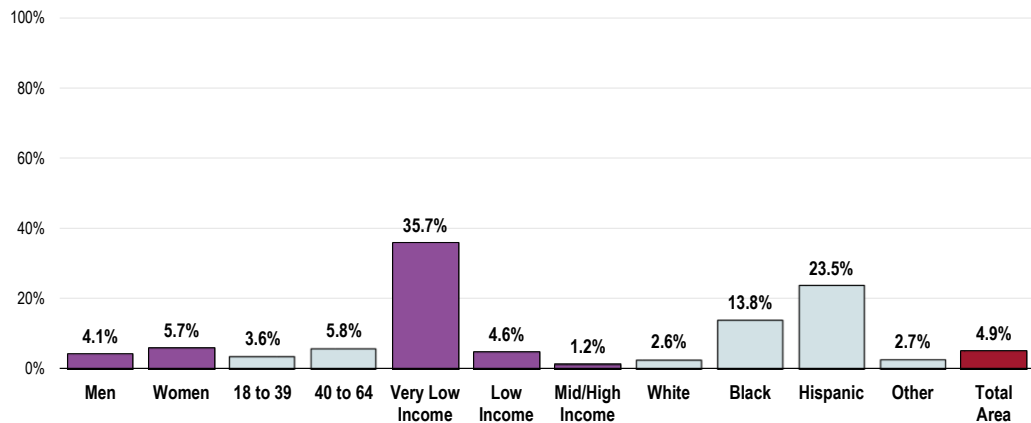
Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 165]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 ● 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: ● Asked of all respondents under the age of 65.

The following populations are more likely to be without healthcare insurance coverage:

- Residents living at lower incomes (note the 35.7% uninsured prevalence among very low-income adults).
- Blacks and Hispanics.

Lack of Healthcare Insurance Coverage (Among Adults Age 18-64; Total Area, 2016) Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: ● 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

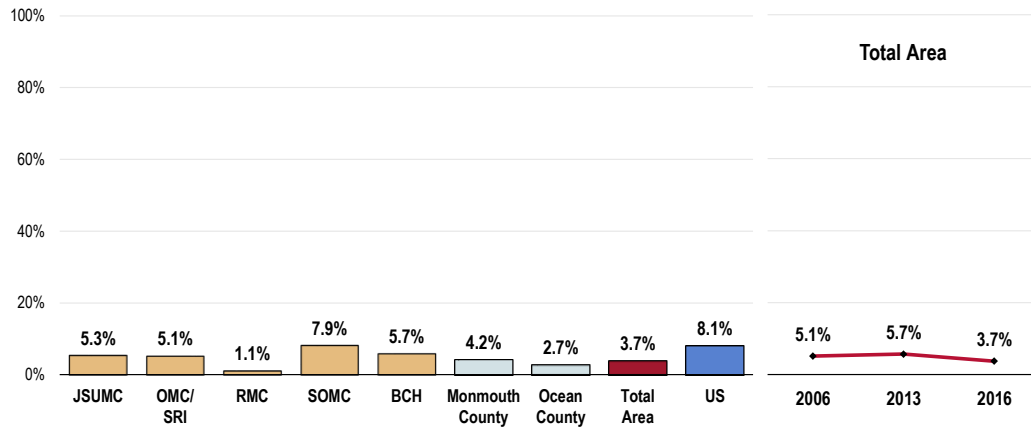
Notes: ● Asked of all respondents under the age of 65.
 ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Recent Lack of Coverage

Among currently insured adults in the Meridian Health Regional Service Area, 3.7% report that they were without healthcare coverage at some point in the past year.

- Better than US findings.
- Comparably by county; favorably low in the RMC service area.
- TREND: Insurance instability is statistically unchanged over time in the Meridian Health Regional Service Area.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults)



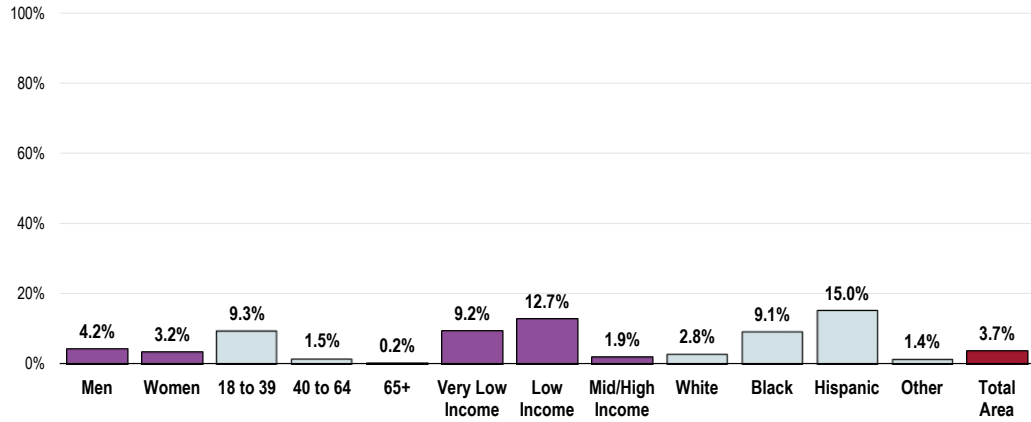
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 79]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all insured respondents.

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Adults under age 40 (negative correlation with age).
- Lower-income residents.
- Blacks and Hispanics.

Went Without Healthcare Insurance Coverage At Some Point in the Past Year (Among Insured Adults; Total Area, 2016)



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]
- Notes:
- Asked of all insured respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

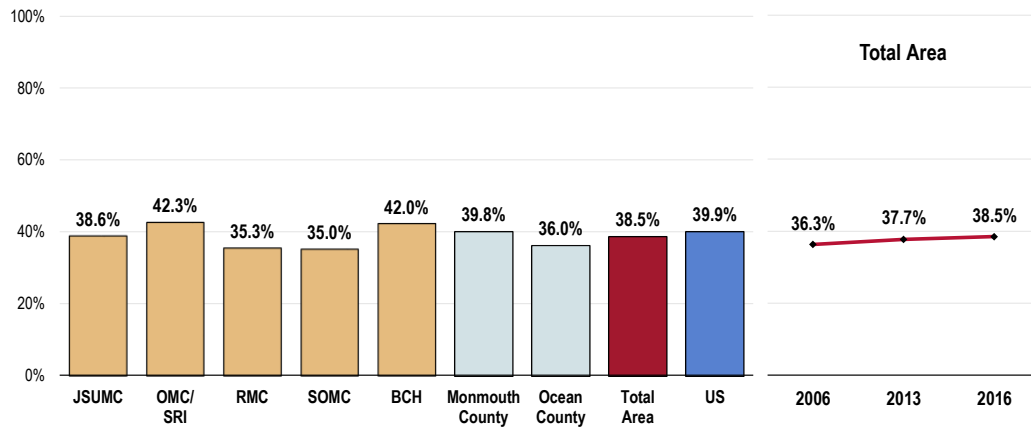
Difficulties Accessing Services

A total of 38.5% of Meridian Health Regional Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

- Similar to the US figure.
- Statistically similar by county and hospital service area.
- TREND: Similar to the percentages reported in 2006 and 2013.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

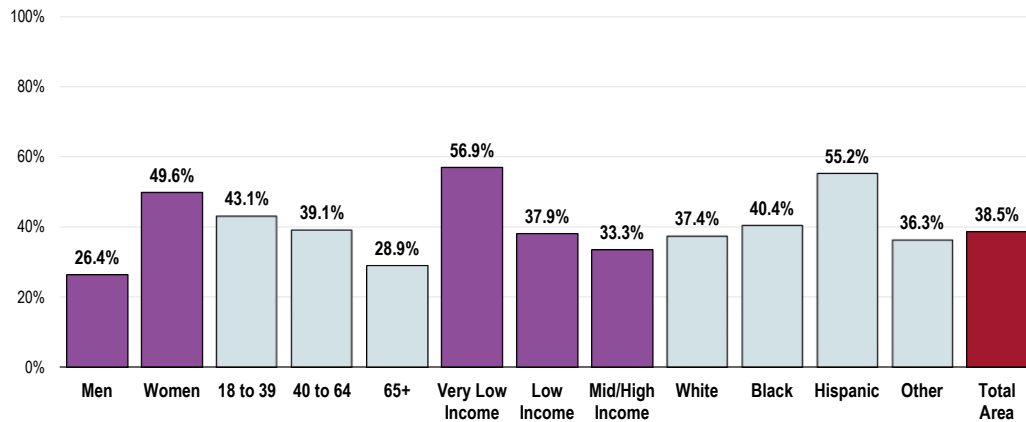


- Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
 - 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.
 - Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65 (negative correlation with age).
- Lower-income residents (negative correlation with income).
- Hispanics.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
 Notes: • Asked of all respondents.
 • Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

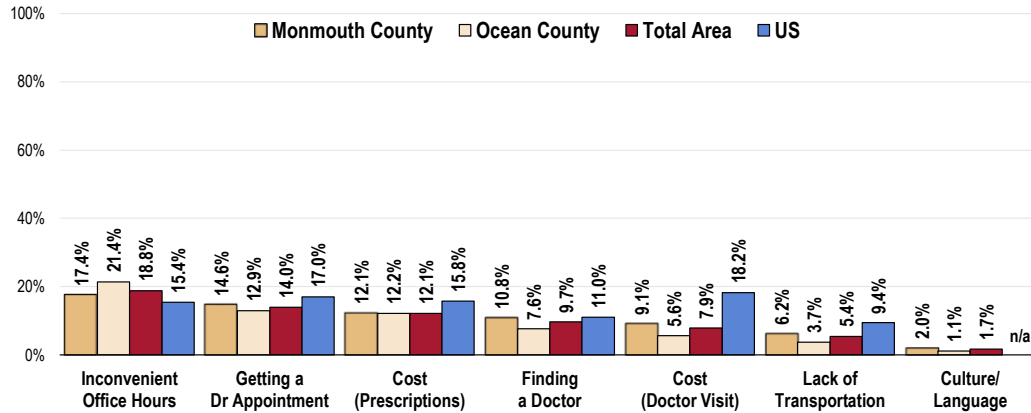
Of the tested barriers, **inconvenient office hours** impacted the greatest share of Meridian Health Regional Service Area adults (18.8% say that inconvenient office hours prevented them from medical care in the past year).

- The proportion of Meridian Health Regional Service Area adults impacted was statistically comparable to or better than that found nationwide for each of the tested barriers, with the exception of inconvenient office hours (the area proportion is less favorable than the US proportion).
- Findings by county are statistically similar for each barrier shown.

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

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

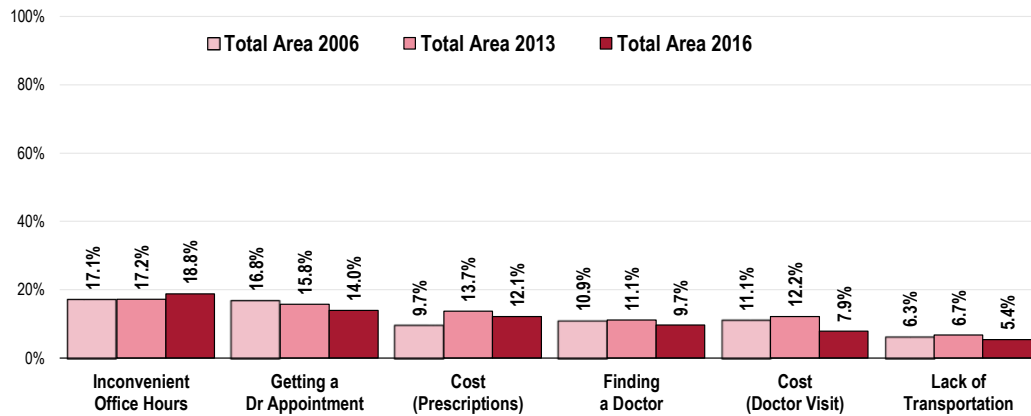
Barriers to Access Have Prevented Medical Care in the Past Year



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-12, 307]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- TREND: The Meridian Health Regional Service Area has seen a significant decrease with regard to the barrier of cost of doctor visits (no other changes are statistically significant).

Barriers to Access Have Prevented Medical Care in the Past Year (Total Area Trend)

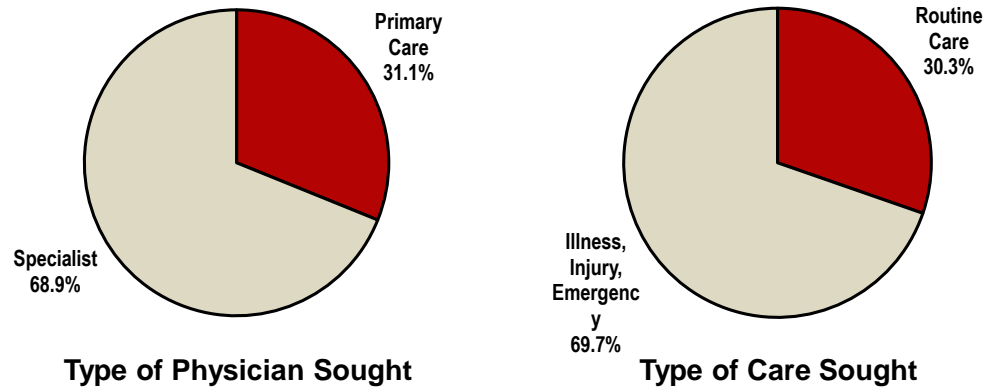


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Among those Meridian Health Regional Service Area adults with difficulty getting a medical appointment in the past year, 31.1% report that they were seeking primary care while 68.9% were seeking specialty care when they experienced the difficulty.

- Asked about the type of care sought, the majority of these adults (69.7%) were seeking immediate care for an illness, injury, or emergency (30.3% were seeking routine care).

Factors in Difficulty Obtaining a Medical Appointment
 (Among Respondents with Difficulty Getting a Medical Appointment in the Past Year)

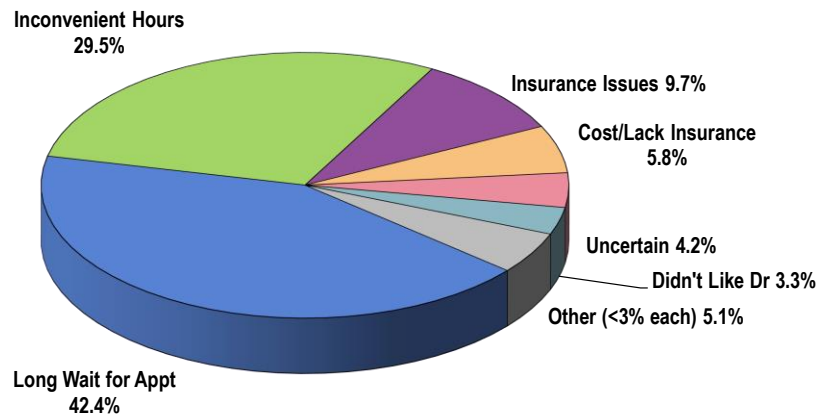


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 304-305]
 Notes: • Reflects respondents who report experiencing difficulty in the past year with obtaining a medical appointment.

Asked to specify the reason for their difficulty, 42.4% of adults with difficulty getting a medical appointment in the past year mentioned long waits for appointments, followed by reports of inconvenient office hours (mentioned by 29.5%).

- Barriers mentioned with less frequency included insurance issues, cost or lack of insurance, and not liking a particular physician.

Primary Reason for Difficulty Obtaining a Medical Visit in the Past Year
 (Respondents w/Difficulty Getting a Medical Appointment in the Past Year)



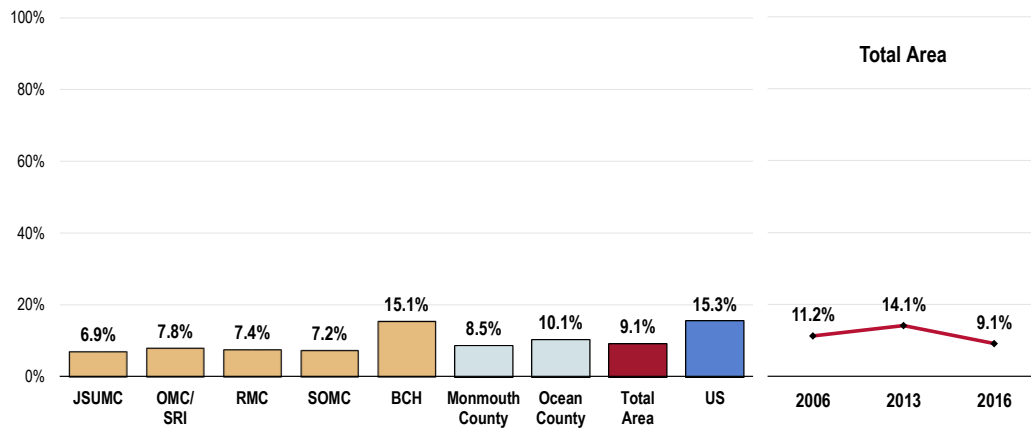
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 306]
 Notes: • Reflects respondents who report experiencing difficulty in the past year with obtaining a medical appointment.

Prescriptions

Among all Meridian Health Regional Service Area adults, 9.1% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.
- Similar by county; unfavorably high in the BCH service area.
- TREND: Statistically similar to 2006 findings but marking a statistically significant [improvement](#) since 2013.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

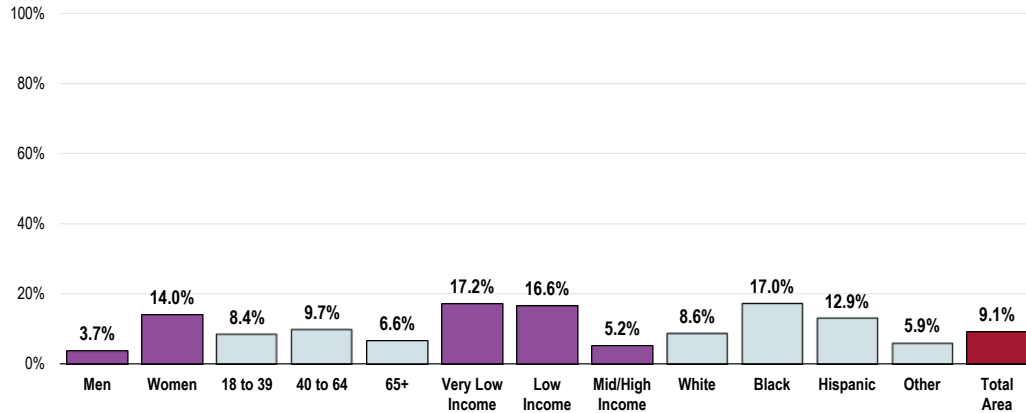


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 13]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Adults more likely to have skipped or reduced their prescription doses include:

- Women.
- Respondents with lower incomes.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 13]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

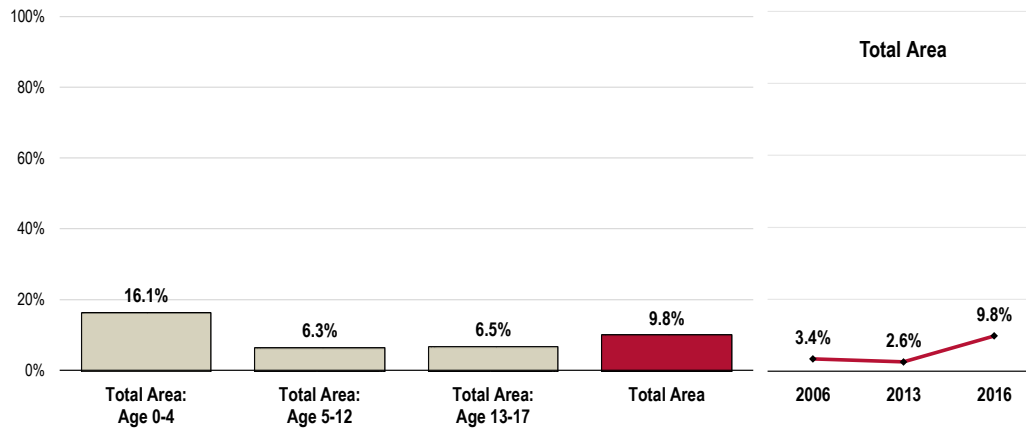
Accessing Healthcare for Children

A total of 9.8% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble getting a doctor's appointment for a randomly-selected child in their household.

- Comparable by county (not shown).
- TREND: Marks a statistically significant [increase](#).
- Highest (16.1%) among parents of children under age 5.

Had Trouble Getting a Doctor's Appointment for Child in the Past Year (Among Parents of Children 0-17)



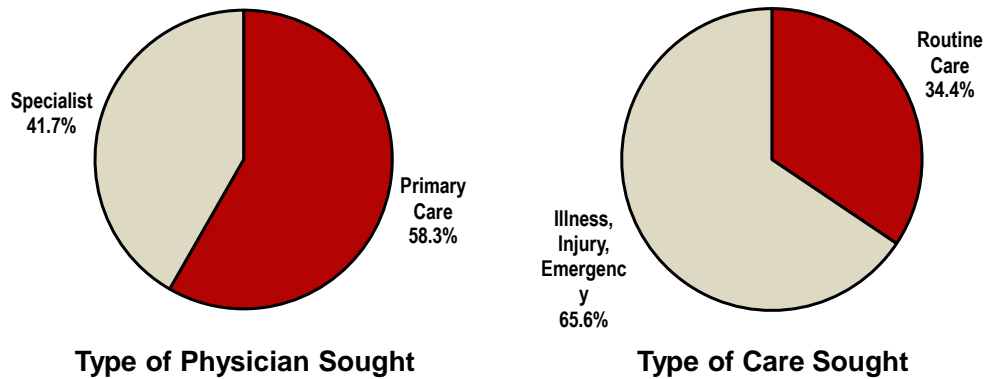
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 327]
 Notes: • Asked of all respondents with children 0 to 17 in the household.

Among survey respondents with difficulty getting a doctor's appointment for a child in the past year, 58.3% report that they were seeking primary care while 41.7% were seeking specialty care when they experienced the difficulty.

- Asked about the type of care sought, approximately 2 in 3 of these parents (65.6%) were seeking immediate care for an illness, injury, or emergency (34.4% were seeking routine care).

Factors in Difficulty Obtaining a Child's Medical Appointment

(Parents with Difficulty Getting a Child's Medical Appointment in the Past Year)



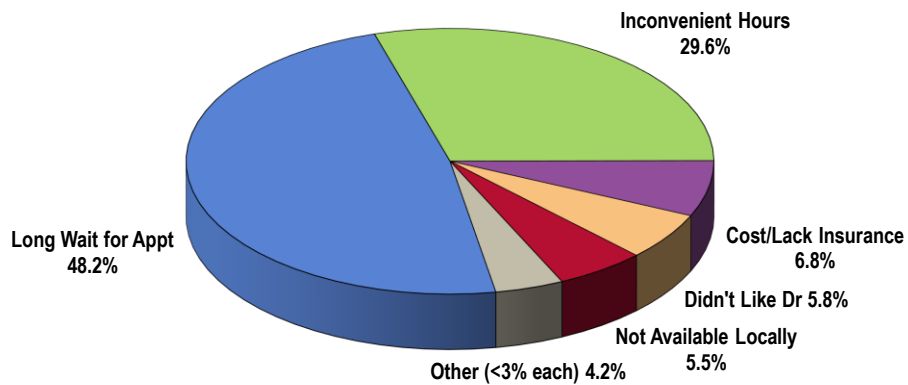
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 328-329]
 Notes: • Reflects respondents who report experiencing difficulty obtaining a doctor's appointment for their child in the past year.

Asked to specify the reason for their difficulty, 48.2% of adults with difficulty getting a medical appointment in the past year mentioned long waits for appointments, followed by reports of inconvenient office hours (mentioned by 29.6% of these parents).

- Barriers mentioned with less frequency included cost or lack of insurance, not liking a particular physician, and services not available locally.

Reason for Difficulty Obtaining a Child's Medical Visit in the Past Year

(Parents with Difficulty Getting a Child's Medical Appointment in the Past Year)

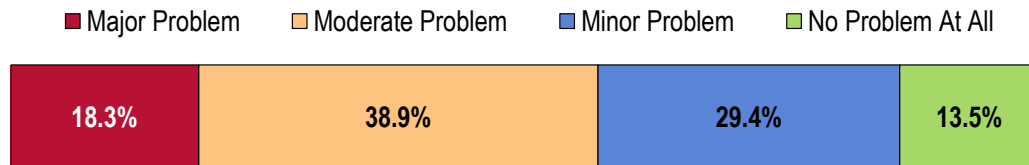


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 330]
 Notes: • Reflects respondents who report experiencing difficulty obtaining a doctor's appointment for their child in the past year.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey more often characterized **Access to Healthcare Services** as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Access Barriers

With the introduction of the ACA many uninsured gained access to care. However, due to the increasing undocumented immigrant population, many are likely experiencing challenges. Additionally, families where primary head of household are paid at or fairly above min. wage makes any extra expense like co-pays and deductibles a challenge. Transportation is also an issue for some. – Social Services Provider

Referring patients to specialists and psychiatrists and for patients to be seen in a reasonable time. – Physician

Lack of information as how to begin. – Community/Business Leader

Transportation. – Social Services Provider

Access. – Physician

One of the biggest issues related to access is the lack of language accessibility for the deaf and hard of hearing. While hospitals are required to provide communication access under the ADA and are often moderately well-coordinated under the Patient Advocate Office, the doctor's offices lack the awareness and accountability in providing access to healthcare services. Language access is integral to a patient's decision-making process. Without this vital information, there is more risk for conditions to continue and not be addressed. In addition, misdiagnosis is also very common. – Public Health Representative

Lack of transportation. – Social Services Provider

People with disabilities have always had challenges when it comes to healthcare issues, especially those with hearing loss. Our county has a huge senior population and hearing loss is a huge problem. We also have many deaf and hard of hearing (mainly seniors) and this does need to be addressed, as the needs for both of these groups vary widely. – Social Services Provider

Almost-homebound people are not able to get services unless they are homebound. If the nurse calls and the person admits their daughter took them to her house last week they can't get home care services. Then they end up back in the ER. We need to offer services based on need and not based on payments or audits. – Physician

Insurance Issues

Health insurance and other financial barriers are the biggest challenge. – Social Services Provider
People who are newly insured under the ACA are finding that they have large deductibles and are not following up for services and tests. – Social Services Provider
The lower income clients we serve through the Food Bank are often uninsured (32%) or underinsured, since 56% have significant unpaid medical bills. This reduces their ability to access health care services when a health issue is mild and can be easily treated; instead they wait until the situation worsens and they have no choice but to seek medical help. – Social Services Provider
No health insurance or deductibles too high. – Community/Business Leader

Affordable Care

Cost and availability of services. – Physician
Our dysfunctional healthcare funding system that vastly increases costs for consumers, while lining the pockets of insurance company stockholders. A national single-payer system Medicare for all is urgently needed. – Community/Business Leader

Lack of Resources

The need for more access points so that the Emergency Room resources are not used in place of primary care as well as access to specialists. – Community/Business Leader
Lack of subspecialists, cardiology, endocrine, pulmonary, pain medicine and orthopedics, who does not accept Medicaid and Managed Medicaid insurance plans. No psychiatrist and addiction medicine to refer to with behavioral health and substance abuse issues. – Physician

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified mental health, substance abuse treatment, specialty care, primary care, and urgent care as the most difficult to access in the community.

| | Most Difficult to Access | Second-Most Difficult to Access | Third-Most Difficult to Access | Total Mentions |
|---------------------------|--------------------------|---------------------------------|--------------------------------|----------------|
| Mental Health Care | 40.9% | 26.3% | 15.8% | 17 |
| Substance Abuse Treatment | 9.1% | 26.3% | 15.8% | 10 |
| Specialty Care | 9.1% | 15.8% | 5.3% | 6 |
| Primary Care | 13.6% | 10.5% | 0.0% | 5 |
| Urgent Care | 4.5% | 0.0% | 21.1% | 5 |
| Chronic Disease Care | 9.1% | 10.5% | 0.0% | 4 |
| Dental Care | 0.0% | 0.0% | 21.1% | 4 |
| Pain Management | 0.0% | 0.0% | 15.8% | 3 |
| Palliative Care | 9.1% | 0.0% | 5.3% | 3 |
| Hospice Care | 4.5% | 0.0% | 0.0% | 1 |
| Elder Care | 0.0% | 5.3% | 0.0% | 1 |
| Prenatal Care | 0.0% | 5.3% | 0.0% | 1 |

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

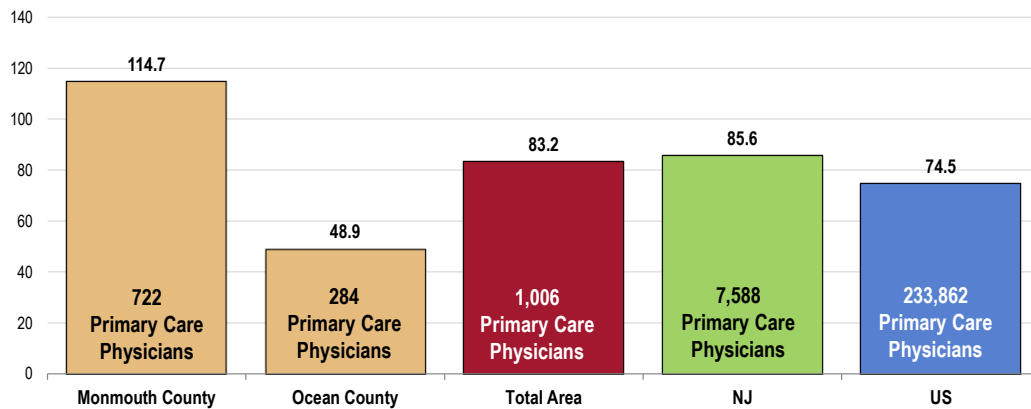
- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In the Meridian Health Regional Service Area in 2012, there were 1,006 primary care physicians, translating to a rate of 83.2 primary care physicians per 100,000 population.

- Close to the primary care physician-to-population ratio found statewide.
- Better than the ratio found nationally.
- A considerably higher ratio in Monmouth County than in Ocean.

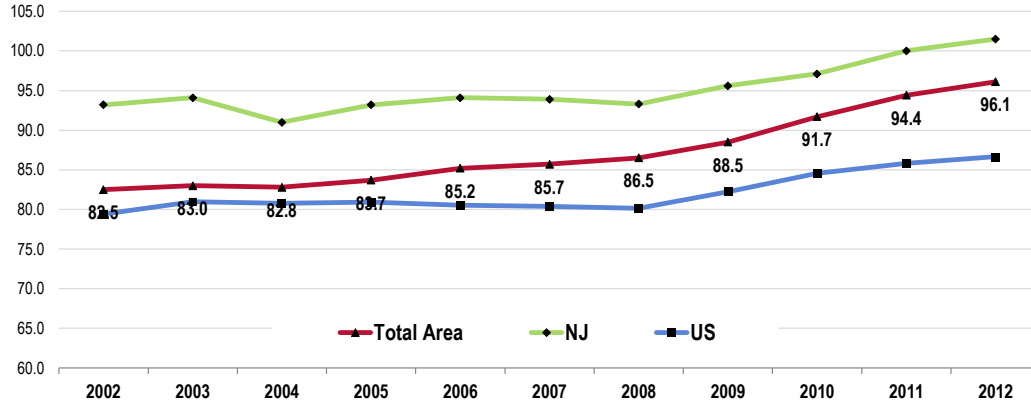
Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
 - Retrieved October 2015 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- **TREND:** Access to primary care (in terms of the ratio of primary care physicians to population) has improved over the past decade in the Meridian Health Regional Service Area, echoing state and national trends.

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



Sources: • US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File: 2012.
 • Retrieved October 2015 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
 • These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Specific Source of Ongoing Care

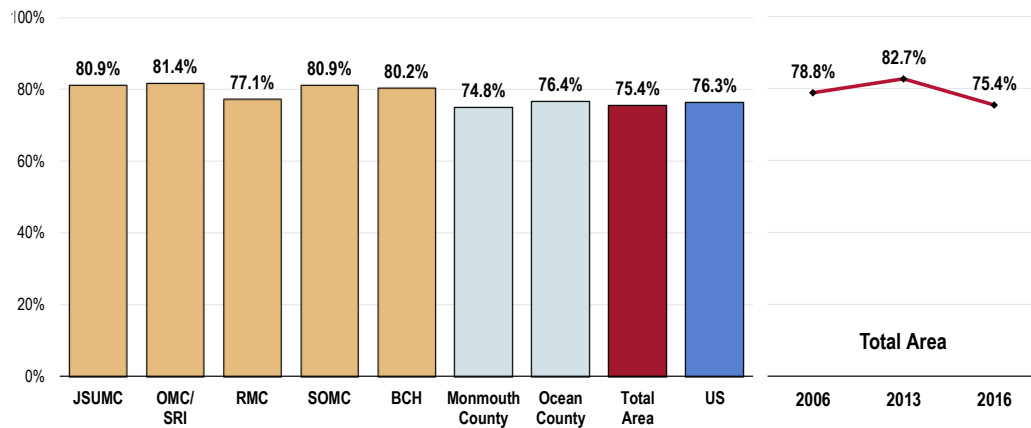
A total of 75.4% of Meridian Health Regional Service Area adults were determined to have a specific source of ongoing medical care.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar findings by county and hospital service area.
- TREND: Marking a significant decrease since 2013.

Have a Specific Source of Ongoing Medical Care Healthy People 2020 Target = 95.0% or Higher [All Ages]



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]
 Notes: • Asked of all respondents.

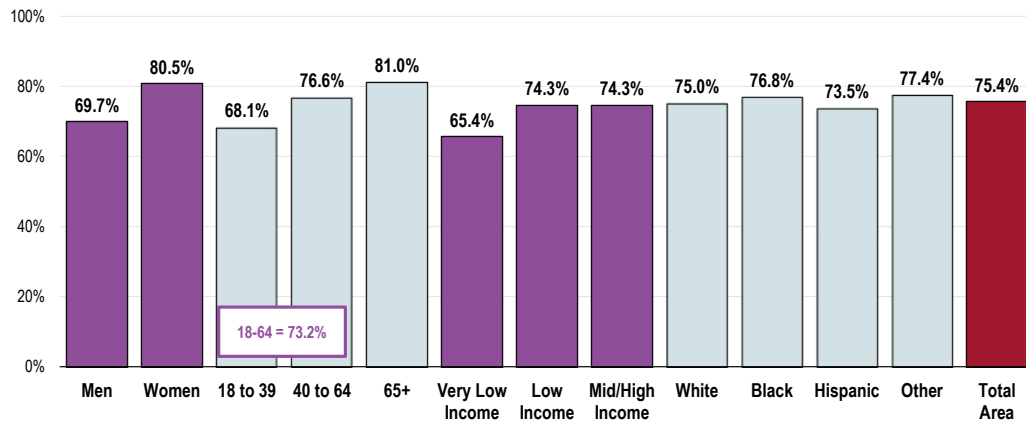
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 40 (positive correlation with age).
- Adults in households with incomes below the federal poverty level.
- Among adults age 18-64, 73.2% have a specific source for ongoing medical care, comparable to national findings (not shown).
 - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 81.0% have a specific source for care, comparable to the percentage reported among seniors nationally (not shown).
 - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

Have a Specific Source of Ongoing Medical Care

(Total Area, 2016)

Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]



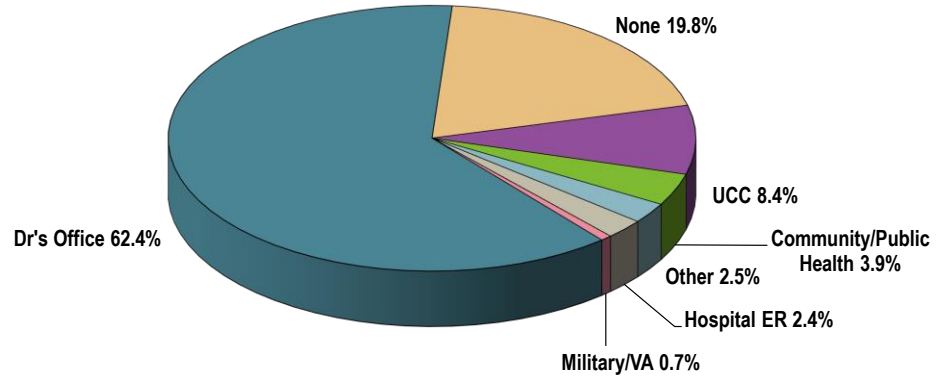
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives AHS-5.1, 5.3, 5.4]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (62.4%) identified a particular doctor's office, followed by references to urgent-care centers (8.4%) and public or community health centers (mentioned by 3.9%).

Note that 2.4% of respondents rely on a hospital emergency room, and 0.7% use some type of military/VA facility.

Particular Place Utilized for Medical Care (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 15-16]
 Notes: • Asked of all respondents.

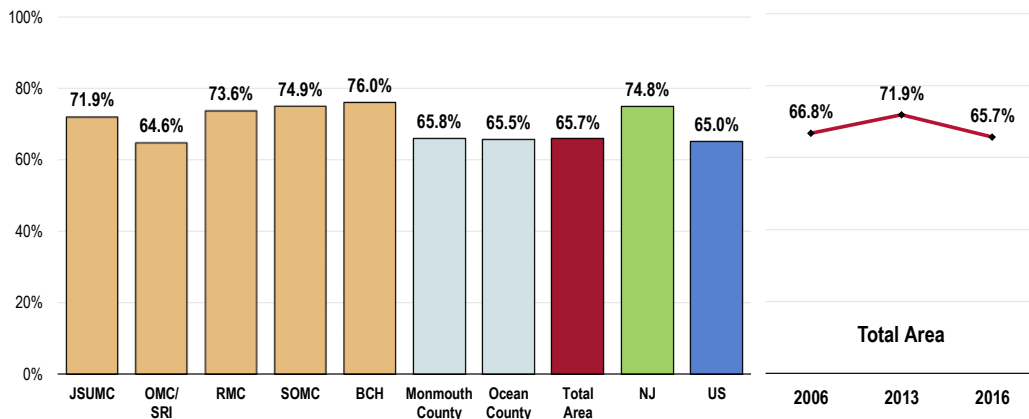
Utilization of Primary Care Services

Adults

Nearly 2 in 3 adults (65.7%) visited a physician for a routine checkup in the past year.

- Less favorable than state findings.
- Comparable to national findings.
- Comparable by county, unfavorably low in the OMC/SRI service area.
- TREND: Marks a statistically significant decrease from 2013 survey findings.

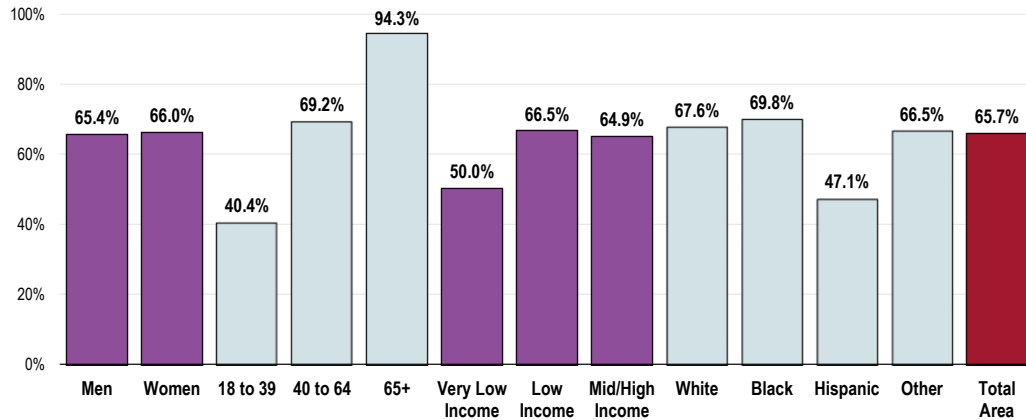
Have Visited a Physician for a Checkup in the Past Year



Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 17]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

- Adults under age 40 are less likely to have received routine care in the past year (note the positive correlation with age), as are residents living below the federal poverty level, and Hispanics.

Have Visited a Physician for a Checkup in the Past Year (Total Area, 2016)



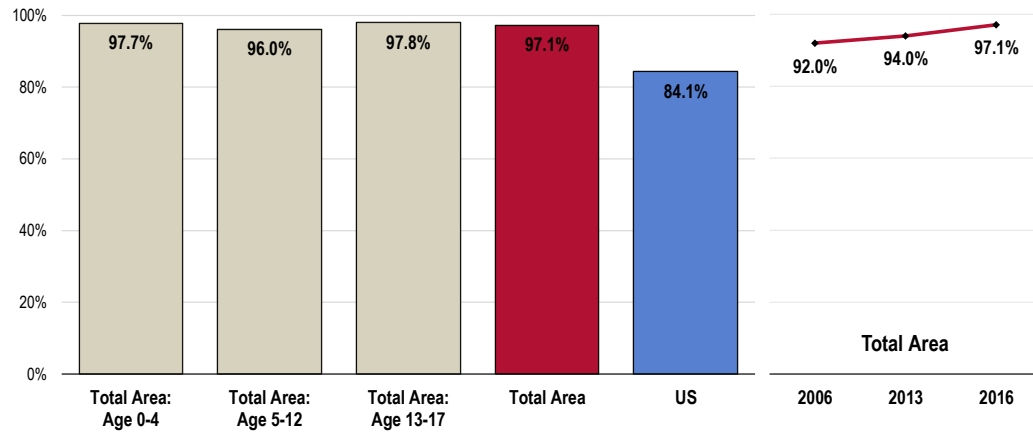
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 97.1% report that their child has had a routine checkup in the past year.

- Higher than the US proportion.
- Similar findings by county (not shown).
- TREND: Marks a statistically significant increase over time.
- Note that routine checkups among children in the Meridian Health Regional Service Area do not vary significantly by age.

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



Sources: ● PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]

● 2013 PRC National Health Survey, Professional Research Consultants, Inc.

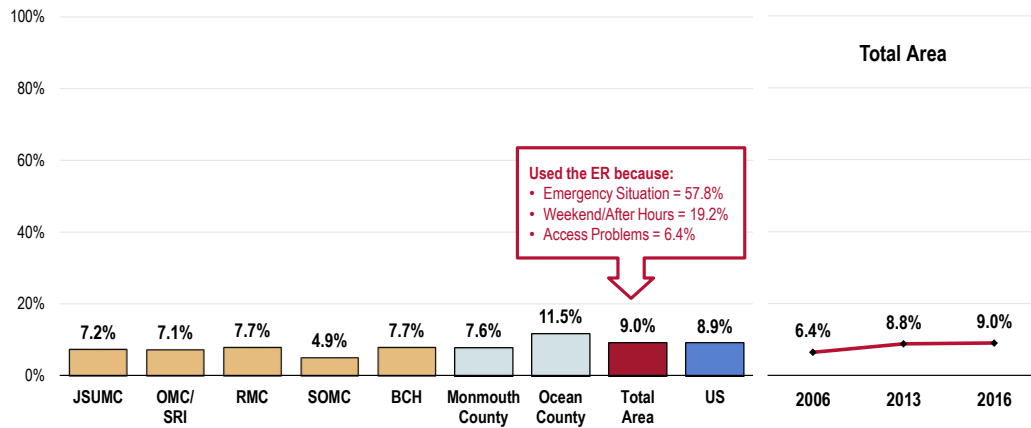
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 9.0% of Meridian Health Regional Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Close to national findings.
- Similar usage prevalence by county and hospital service area.
- TREND: Denotes a statistically significant increase in use of the ER over time.

Have Used a Hospital Emergency Room More Than Once in the Past Year



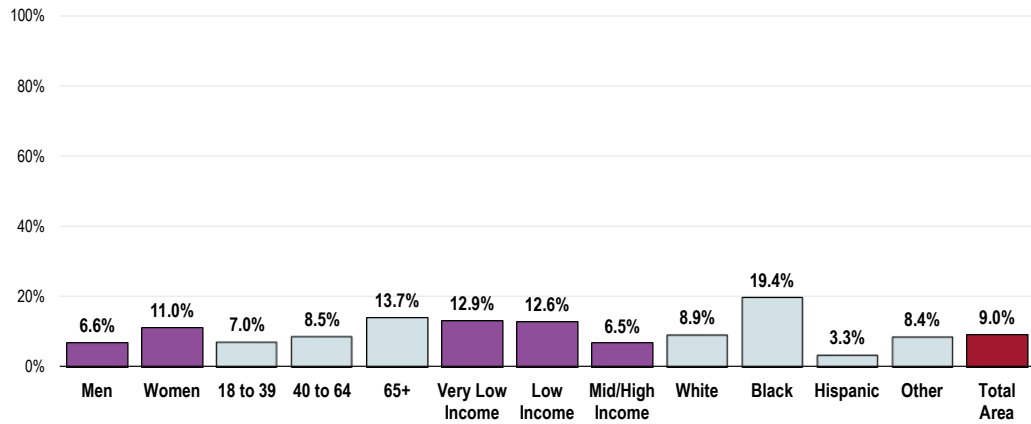
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 23-24]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Of those using a hospital ER, 57.8% say this was due to an **emergency or life-threatening situation**, while 19.2% indicated that the visit was during **after-hours or on the weekend**. A total of 6.4% cited **difficulties accessing primary care** for various reasons.

Use of the ER is statistically high in these populations:

- Women.
- Older residents (positive correlation with age).
- Low-income residents.
- Blacks.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Total Area, 2016)



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use**; **excessive alcohol use**; and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

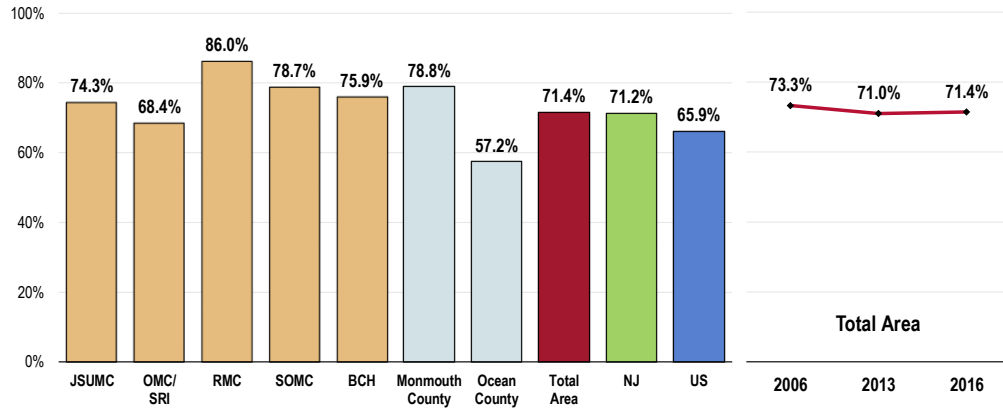
Dental Care

Adults

A total of 71.4% of Meridian Health Regional Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- More favorable than national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Unfavorably low in Ocean County; by hospital service area, ranging from 86.0% for RMC to 68.4% for OMC/SRI.
- TREND: Statistically unchanged over time.

Have Visited a Dentist or Dental Clinic Within the Past Year Healthy People 2020 Target = 49.0% or Higher

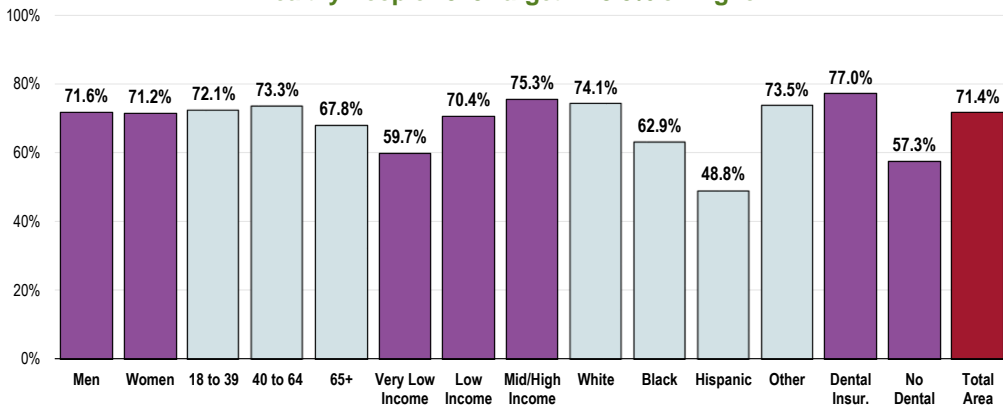


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2013 New Jersey data.

Notes: • Asked of all respondents.

- Persons living in the higher income categories report higher utilization of oral health services (positive correlation with income).
- Whites and “Other” races are much more likely than Blacks or Hispanics to report recent dental care.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year (Total Area, 2016) Healthy People 2020 Target = 49.0% or Higher



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Children

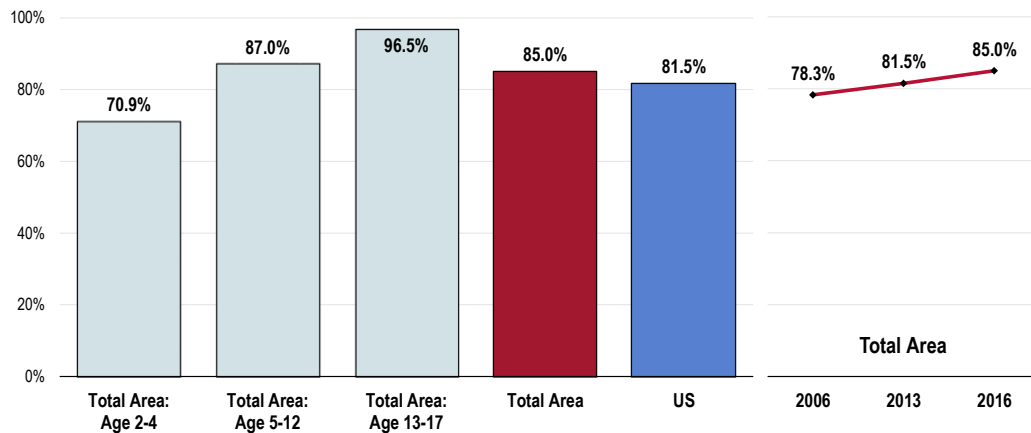
A total of 85.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Easily satisfies the Healthy People 2020 target (49% or higher).
- Similar findings by county (not shown).
- TREND: Marks a statistically significant increase in children’s dental care since 2006.
- Regular dental care is notably lower among children age 2 to 4.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



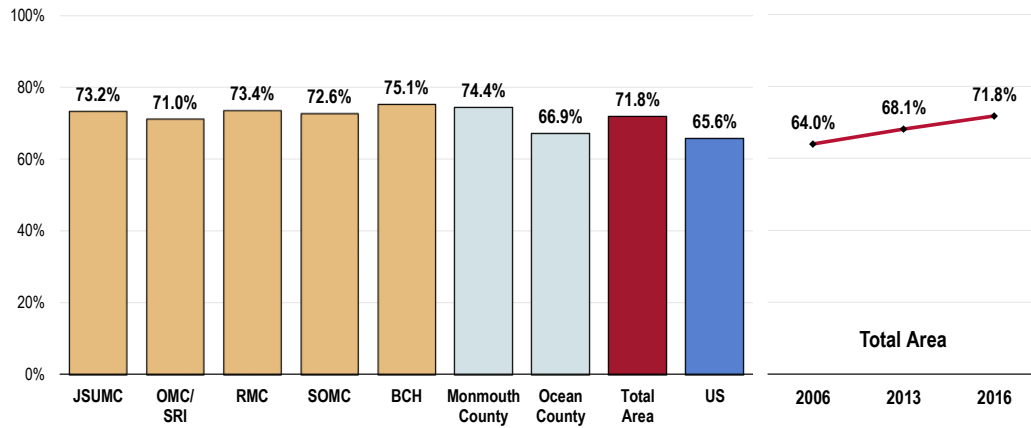
Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 116]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Dental Insurance

More than 7 in 10 Meridian Health Regional Service Area adults (71.8%) have dental insurance that covers all or part of their dental care costs.

- Higher than the national finding.
- Comparable findings by county and hospital service area.
- TREND: Denotes a statistically significant increase over time.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

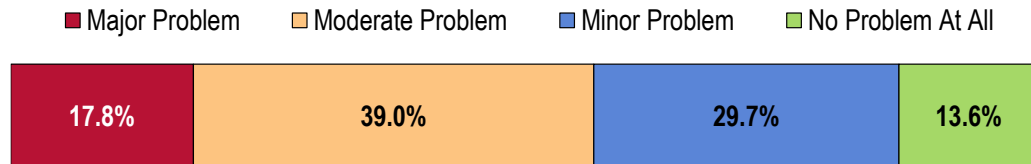


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized **Oral Health** as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2016)



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

Top Concerns

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

Insurance/Cost

Even if people have dental plans the plan reimbursement is antiquated and limited, generally a \$1,500 max per year. That could be one dental procedure. Many don't practice basic care, flossing and brushing teeth after meals. Children are not taught proper oral care. Dental cost at times can exceed medical cost and reimbursement is less. – Social Services Provider

Extremely high cost of dental care which is not covered by Medicare and most insurance requires a supplemental policy. The lack of access to oral health care is most definitely a community issue. Many families in southern Ocean County have young children and they require a pediatric dentist. – Social Services Provider

There is a waiting list at the Jane H. Booker FHC of about 3-5 years for adults that have no insurance. – Other Healthcare Provider

Individuals who are developmentally disabled have an extremely difficult time accessing dental care due to a lack of payment from Medicaid. – Social Services Provider

Lack of insurance coverage and lack of transportation to attend medical visits. – Physician

It's a major problem nationwide. Dental is expensive, and many insurance companies don't cover fully and/or it's additional coverage. – Social Services Provider

Lack of Medicaid providers or access to dental care. – Community/Business Leader

Access to Care

Poor access. – Physician

The difficulty in access to dental care even with insurance. – Community/Business Leader

Access, cost of dental care and lack of coverage. – Physician

Access to care. – Physician

Lack of Resources

One dentist locally. Historically poor oral health as evidenced by frequent extractions. – Community/Business Leader

Lack of resources. – Physician

Behavioral Risk

Too much consumption of sugary drinks and candies, not brushing after consuming these foods. – Physician

Vision Care

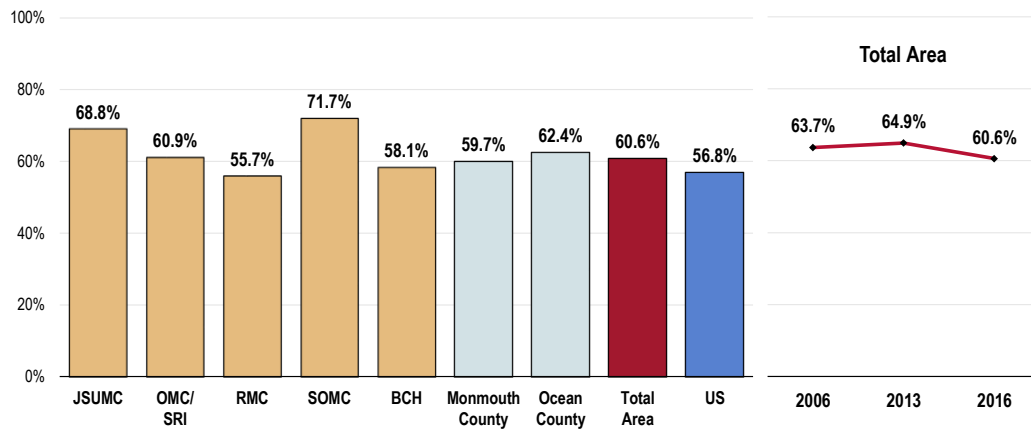
A total of 60.6% of residents had an eye exam in the past two years during which their pupils were dilated.

RELATED ISSUE:

See also [Vision & Hearing](#) in the **Death, Disease & Chronic Conditions** section of this report.

- Statistically comparable to national findings.
- Comparable by county; favorably high in the JSUMC and SOMC service areas.
- TREND: Statistically unchanged over time.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

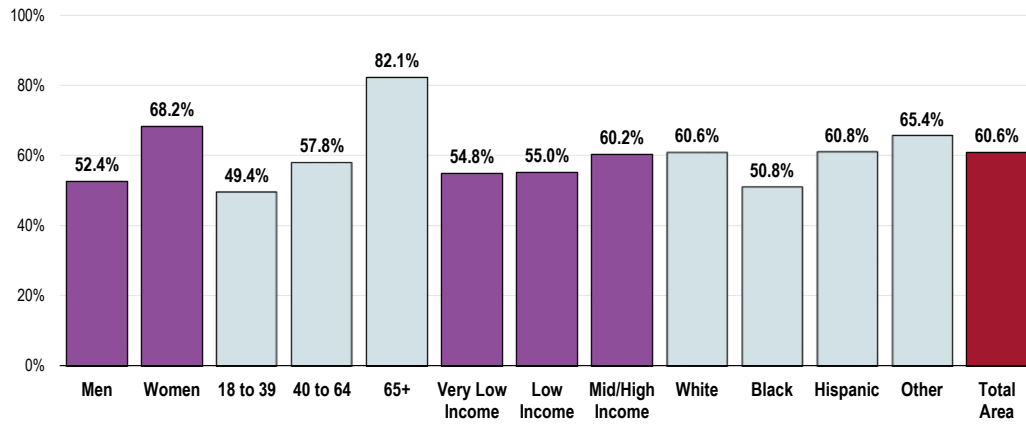


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 20]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Recent vision care in the Meridian Health Regional Service Area is more often reported among:

- Women.
- Seniors (positive correlation with age).

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated (Total Area, 2016)



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Information



Professional Research Consultants, Inc.

Understanding Healthcare Information

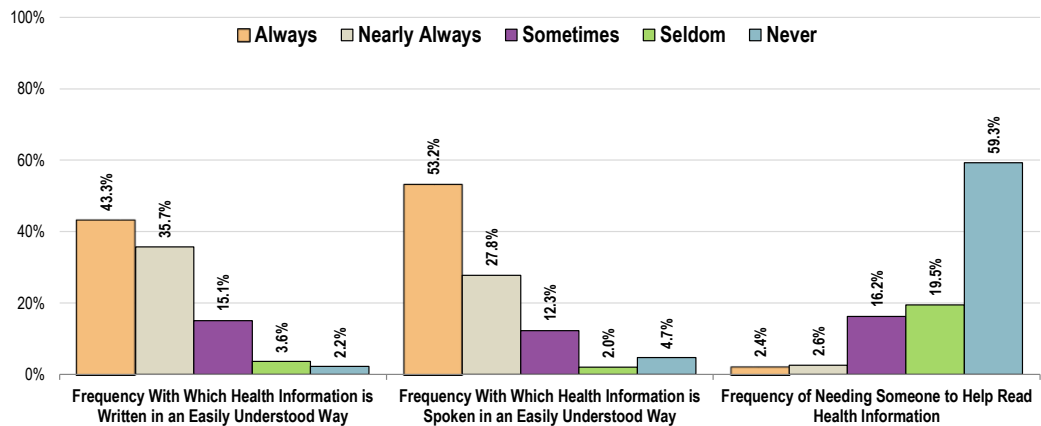
Survey respondents were next asked about their level of ease in understanding health information, whether written or spoken.

While most Meridian Health Regional Service Area residents do not appear to have problems with reading or hearing health information, note that 5.8% report that health information is “seldom” or “never” *written* in an easily understood way, and a similar proportion (6.7%) feel health information is “seldom/never” *spoken* in an easily understood way.

Among survey respondents, 5.0% “always” or “nearly always” need someone to help them read health information.

- These findings are statistically similar by county (not shown).

Understanding Health Information (Total Area, 2016)

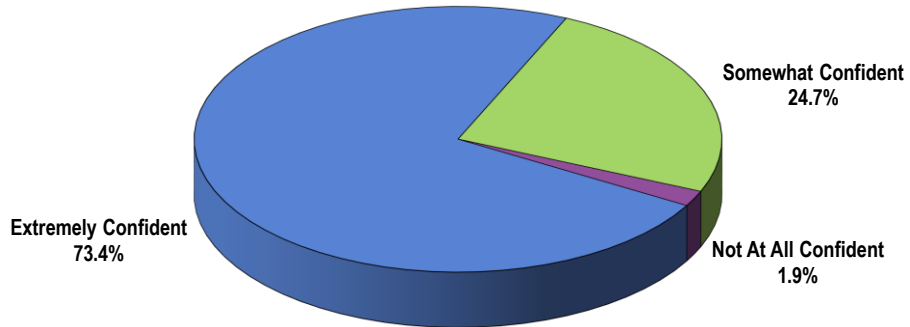


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 323-325]
Notes: • Asked of all respondents.

Asked about their level of confidence in filling out health forms appropriately, most Meridian Health Regional Service Area residents (73.4%) gave “extremely confident” responses, and 24.7% are “somewhat confident” about their ability to fill out health forms.

- Note that 1.9% of respondents are “not at all confident” about filling out health forms; this percentage is similar by county and service area (not shown).

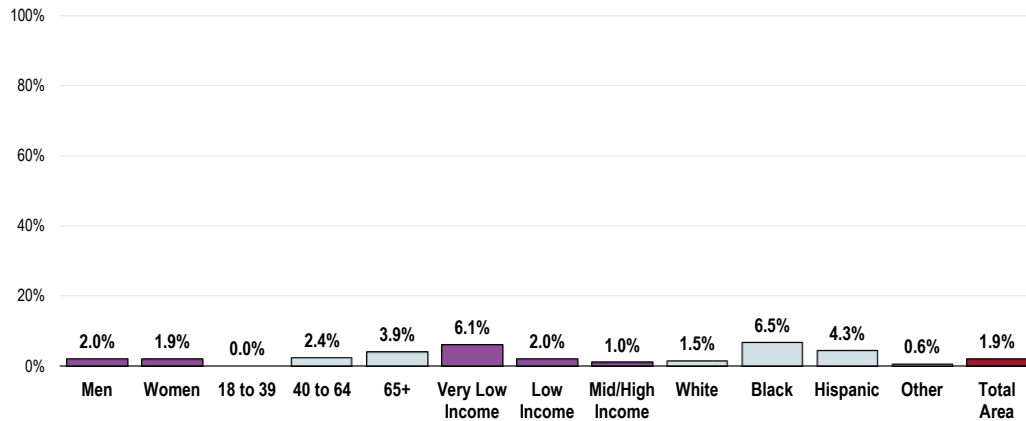
Self-Perceived Confidence in Ability to Fill Out Health Forms (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
 Notes: • Asked of all respondents.
 • In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

- Note the positive correlation between age and lack of confidence in filling out health forms.

Respondent is "Not At All Confident" About Filling Out Health Forms (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 336]
 Notes: • Asked of all respondents.
 • In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Participation in Health Promotion Events

About Educational & Community-Based Programs

Educational and community-based programs play a key role in preventing disease and injury, improving health, and enhancing quality of life.

Health status and related-health behaviors are determined by influences at multiple levels: personal, organizational/institutional, environmental, and policy. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings.

Education and community-based programs and strategies are designed to reach people outside of traditional healthcare settings. These settings may include schools, worksites, healthcare facilities, and/or communities.

Using nontraditional settings can help encourage informal information sharing within communities through peer social interaction. Reaching out to people in different settings also allows for greater tailoring of health information and education.

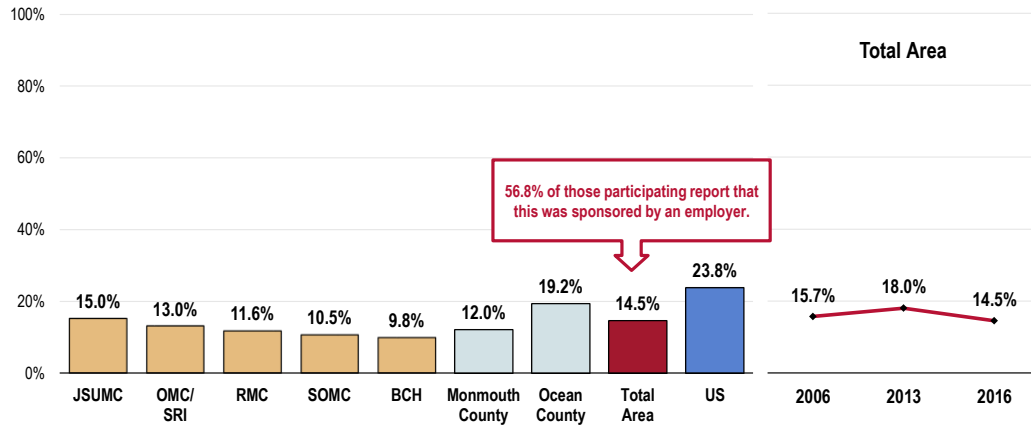
Educational and community-based programs encourage and enhance health and wellness by educating communities on topics such as: chronic diseases; injury and violence prevention; mental illness/behavioral health; unintended pregnancy; oral health; tobacco use; substance abuse; nutrition; and obesity prevention.

- Healthy People 2020 (www.healthypeople.gov)

A total of 14.5% of Meridian Health Regional Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- Lower than the national prevalence.
- Higher among Ocean County respondents; similar by hospital service area.
- TREND: Unchanged since the 2006 survey was conducted.
- Note that 56.8% of adults who participated in a health promotion activity in the past year indicate that it was sponsored by their employer.

Participated in a Health Promotion Activity in the Past Year

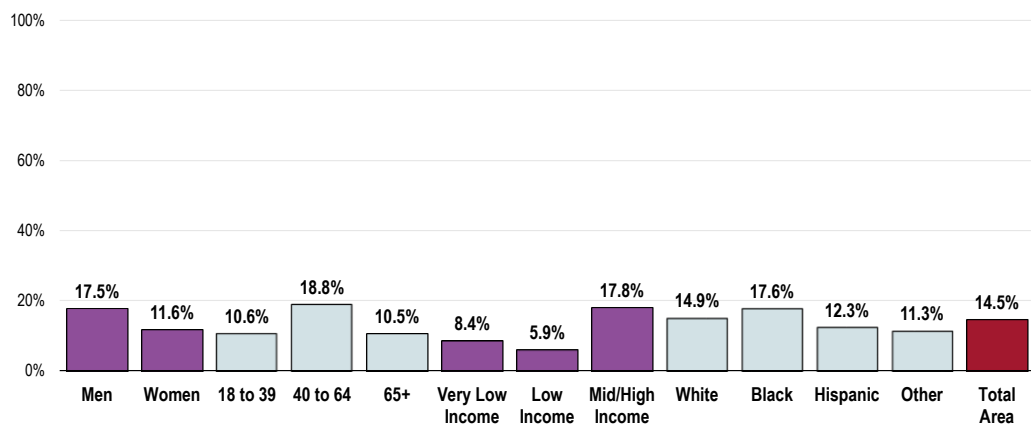


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 321-322]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

These population segments are less likely to have participated in a health promotion activity in the past year:

- Women.
- Adults at either end of the age spectrum.
- Low-income residents.

Participated in a Health Promotion Activity in the Past Year (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Advance Care Planning



Professional Research Consultants, Inc.

Advance Care Planning

Making plans now for the care a person wants in case of a serious illness is called “advance care planning.” Such planning involves understanding choices for treatments and care.

Talking with family and healthcare providers about care decisions and formally documenting them is very important.

Legal documents discuss the type of care desired, where care happens, and who provides it, so that family members know the patient’s choices and understand who is to speak for the patient when they are unable to do so.

—US Administration on Aging

This section examines survey respondents’ participation in advance care planning, including steps such as talking with loved ones and doctors about healthcare wishes, learning about advance care planning, and having such legal documents as a living will, power-of-attorney, advance directive, and/or healthcare proxy.

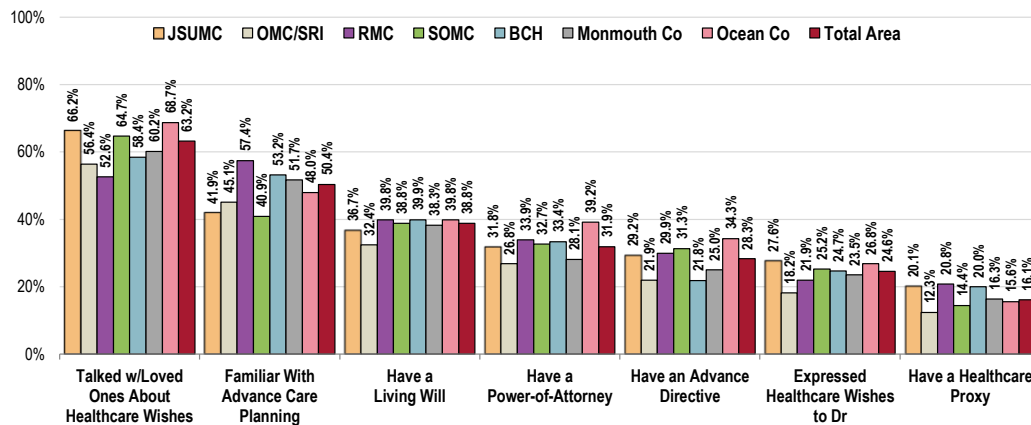
Among Meridian Health Regional Service Area respondents, half (50.4%) are familiar with advance care planning, and 63.2% have talked with loved ones about their healthcare wishes; another 24.6% have spoken with their doctors about their wishes.

With regard to legal documents about end-of-life care, 38.8% of service area members have a living will, and 31.9% have a power-of-attorney.

Another 28.3% have an advance care directive, and 16.1% have a healthcare proxy.

- Adults in Monmouth County are significantly less likely than those in Ocean County to have **spoken with loved ones** about their healthcare wishes, to have an **advance directive**, and/or to have a **power-of-attorney**; they are, however, more likely to have a **healthcare proxy**.
- By hospital service area, residents in the JSUMC community are most likely to have had a **conversation with loved ones** about healthcare wishes, and those in the RMC area are most likely to be **familiar with advance care planning**. Adults in the OMC/SRI area are least likely, on the other hand, to have expressed their **healthcare wishes to a physician** or to have a **healthcare proxy**.

Aspects of Advance Care Planning (Total Area, 2016)

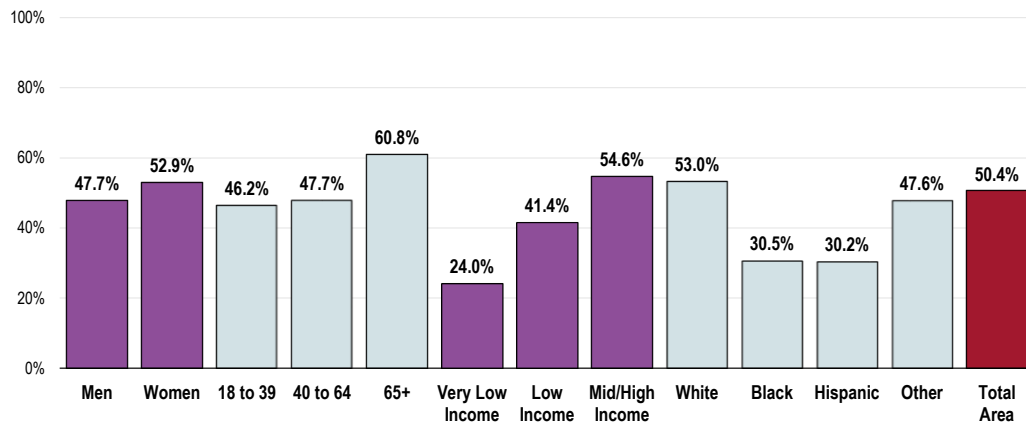


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 308-314]
Notes: • Asked of all respondents.

The following chart outlines familiarity with advance care planning by various demographic characteristics.

- As might be expected, adults under 65 less often report familiarity with advance care planning.
- Note the positive correlation between household income level and familiarity with advance care planning.
- Familiarity is much lower in the Black and Hispanic communities, as shown.

Familiar With the Term “Advance Care Planning” (Total Area, 2016)

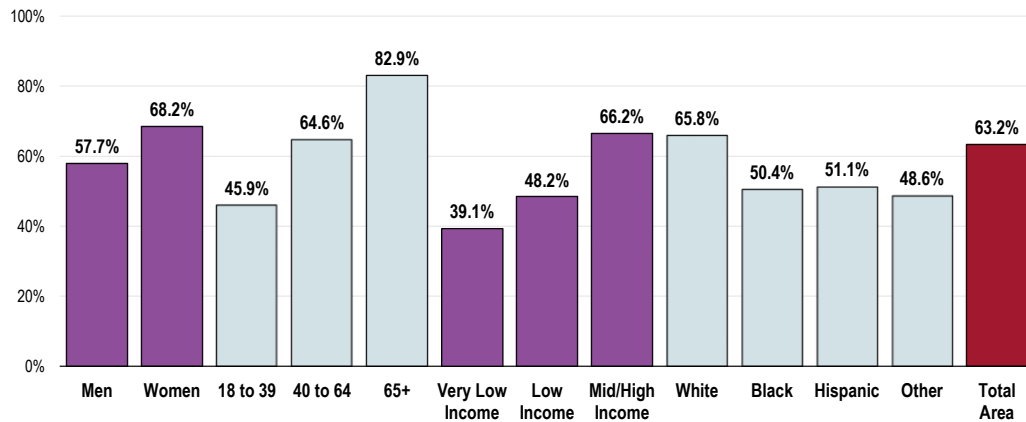


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

These population segments are less likely to have discussed future healthcare wishes with loved ones:

- Men.
- Young adults (positive correlation with age).
- Lower-income residents (positive correlation with income).
- Blacks, Hispanics, and Other races.

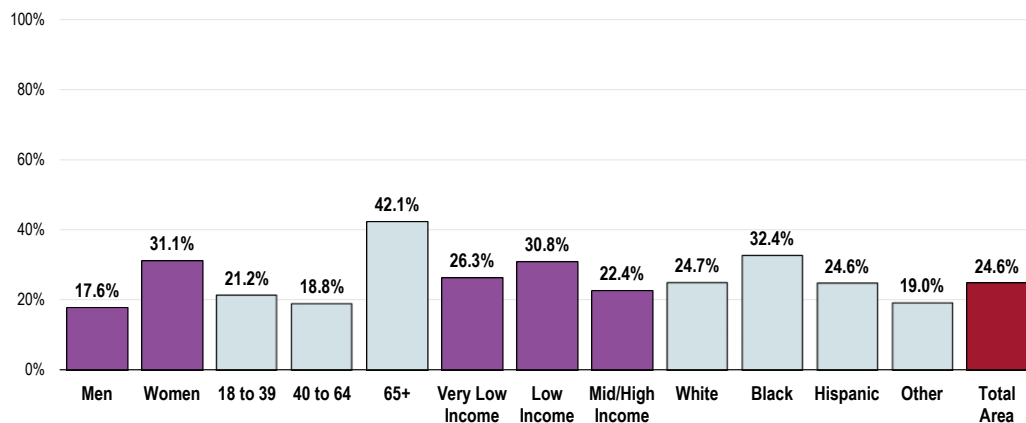
Have Talked With Loved Ones About Healthcare Wishes (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 309]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

- Service area men and adults under 65 are much less likely to have expressed their future healthcare wishes to a physician.

Have Expressed Healthcare Wishes to Physician (Total Area, 2016)



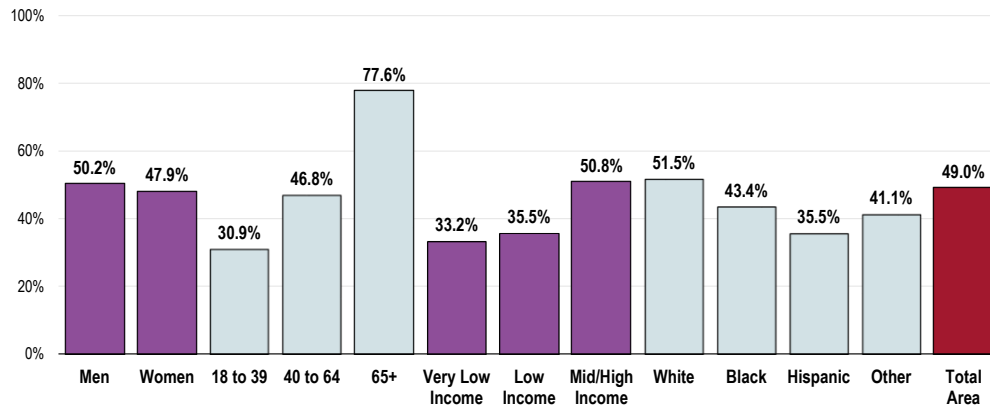
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Residents less likely to have some type of legal, end-of-life document (including living wills, advance directives, powers-of-attorney, and/or healthcare proxies) include:

- Adults under 65 (positive correlation with age).
- Lower-income residents (positive correlation with income).

• Hispanics.

Have Some Type of Legal, End-of-Life Document (Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 182]
 Notes: • Asked of all respondents.
 • Includes living wills, advance directives, powers-of-attorney, and/or healthcare proxy.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Palliative & Hospice Care



Professional Research Consultants, Inc.

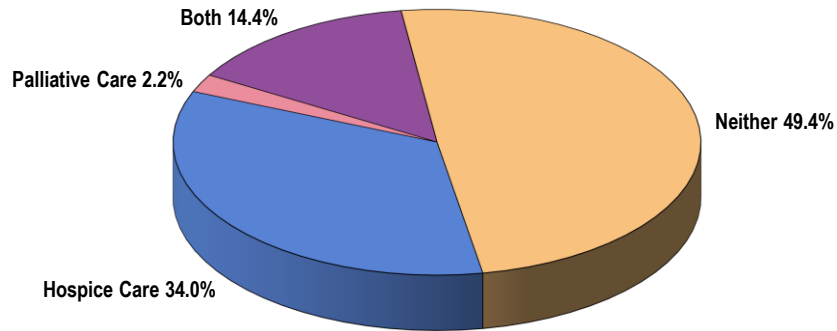
Palliative & Hospice Care

Hospice care focuses on providing comfort and support for patients with a terminal illness at the end of life.

Palliative care focuses on relieving suffering and improving the quality of life for patients with a serious or chronic illness and can be used at any stage of an illness.

While nearly half of Meridian Health Regional Service Area adults (49.4%) have had no experience with hospice or palliative care, note that 34.0% of residents have experience with hospice care, 2.2% have experience with palliative care, and 14.4% have experience with both.

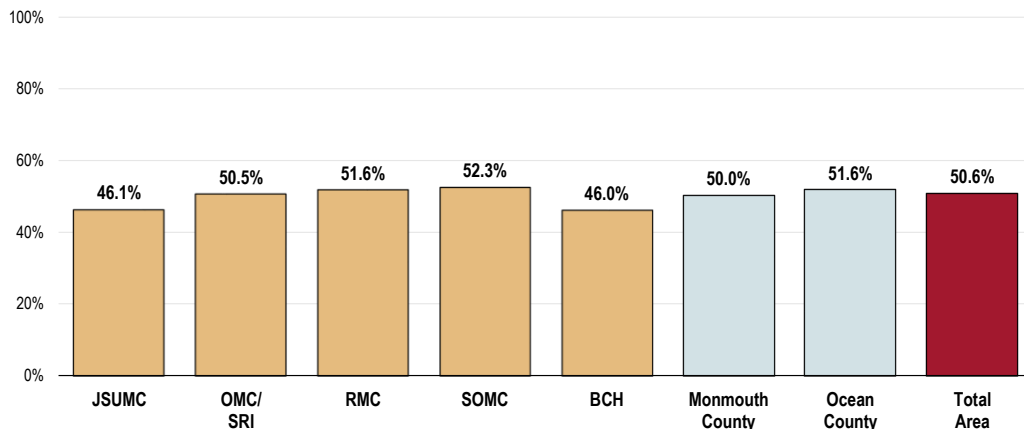
Experience With Hospice and/or Palliative Care
(Total Area, 2016)



Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
Notes: • Asked of all respondents.

- The proportion of residents with experience in either hospice or palliative care does not vary significantly by county or hospital service area.

Have Experience With Hospice and/or Palliative Care

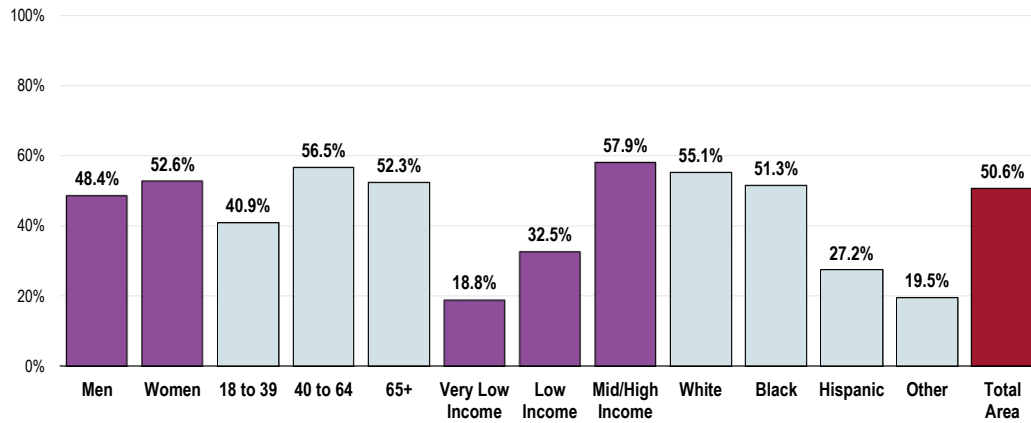


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]
Notes: • Asked of all respondents.
• Palliative care focused on relieving suffering and improving the quality of life for patients with a serious or chronic illness; palliative care can be used at any stage of an illness.

The following chart outlines experience with hospice/palliative care by demographics. Note that these population segments are less likely to report any experience:

- Adults under 40.
- Lower-income residents (positive correlation with income).
- Hispanics and Other adults.

Have Experience With Hospice and/or Palliative Care (Total Area, 2016)



- Sources:
- 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 316]
- Notes:
- Asked of all respondents.
 - Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
 - Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Very Low Income" includes households living with defined poverty status; "Low Income" includes households with incomes just above the FPL, earning up to twice the poverty threshold; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
 - Palliative care focused on relieving suffering and improving the quality of life for patients with a serious or chronic illness; palliative care can be used at any stage of an illness.

Local Resources



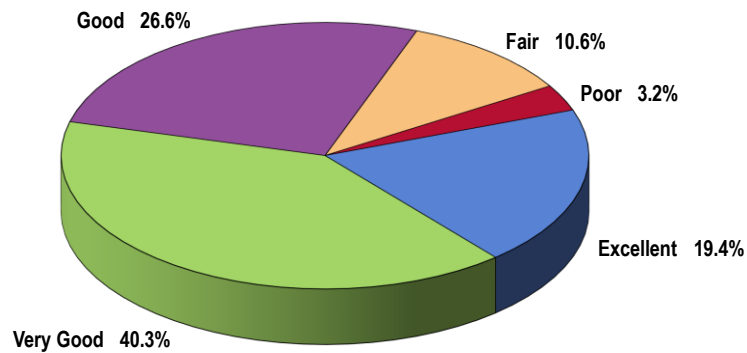
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

A total of 6 in 10 Meridian Health Regional Service Area adults (59.7%) rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 26.6% gave “good” ratings.

Rating of Overall Healthcare Services Available in the Community
(Total Area, 2016)

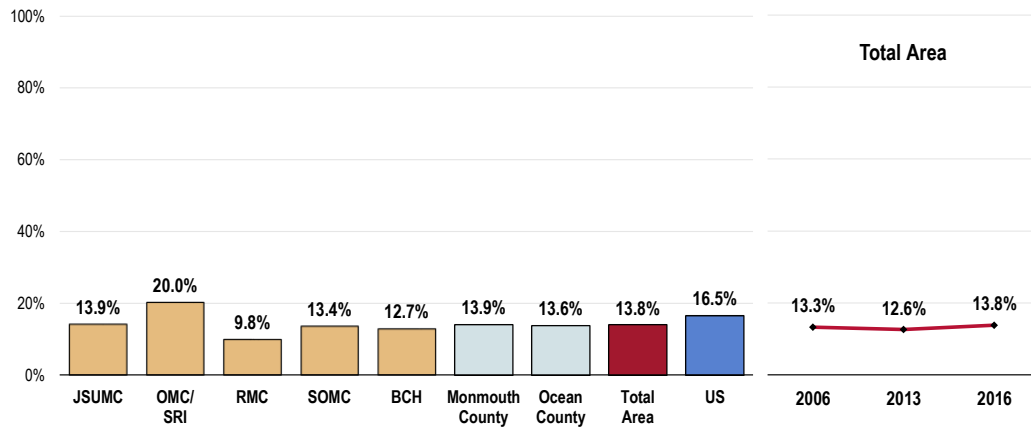


Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 13.8% of residents characterize local healthcare services as “fair” or “poor.”

- Comparable to that reported nationally.
- Comparable findings by county; statistically higher in the OMC/SRI service area, lower in the RMC service area.
- TREND: Statistically unchanged over time.

Perceive Local Healthcare Services as “Fair/Poor”

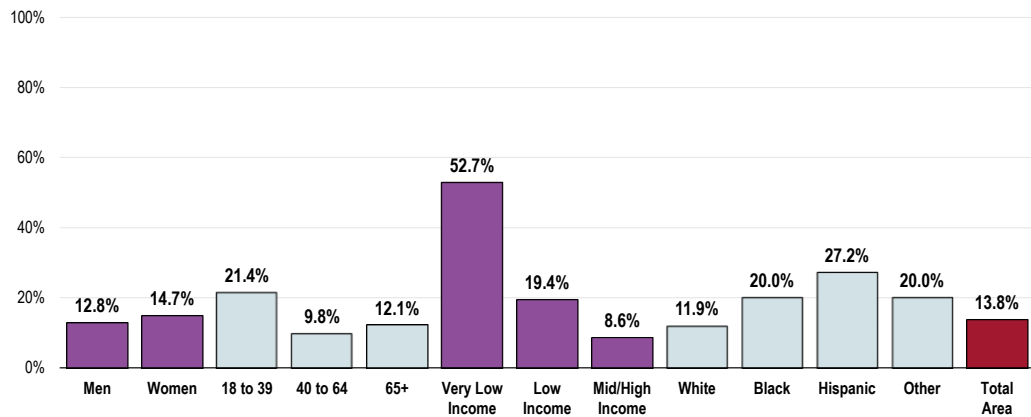


Sources: • PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 6]
 • 2013 PRC National Health Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

The following residents are more critical of local healthcare services:

- Young adults.
- Residents with lower incomes (negative correlation with income).
- Blacks, Hispanics, and Other residents.

Perceive Local Healthcare Services as “Fair/Poor” (Total Area, 2016)



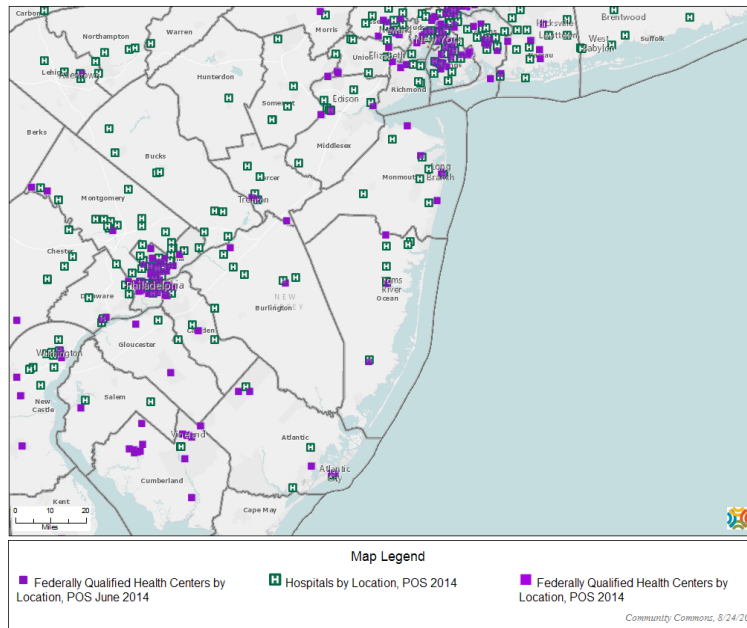
Sources: • 2016 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
 Notes: • Asked of all respondents.
 • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
 • Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Very Low Income” includes households living with defined poverty status; “Low Income” includes households with incomes just above the FPL, earning up to twice the poverty threshold; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of the hospitals and Federally Qualified Health Centers (FQHCs) within the Meridian Health Regional Service Area.

Hospitals & Federally Qualified Health Centers, POS June 2014

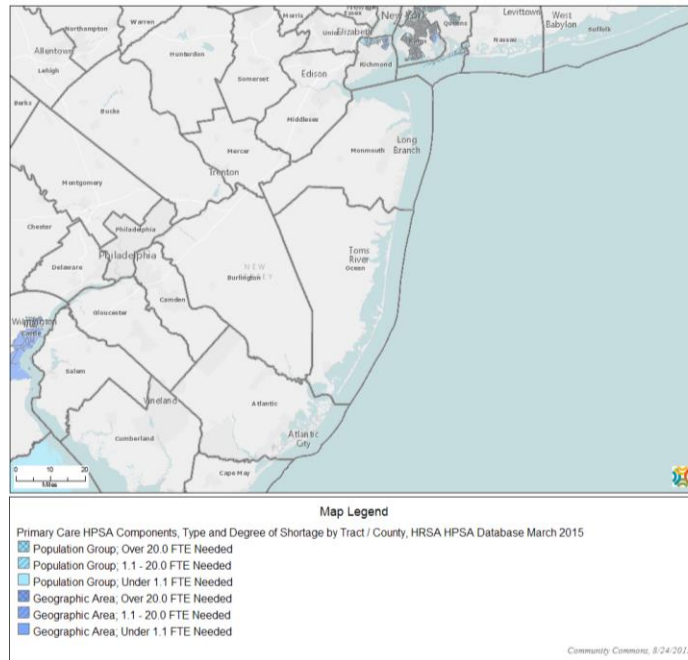


Health Professional Shortage Areas (HPSAs)

This map shows that no areas in Monmouth and Ocean counties have been designated by the US Department of Health and Human Services as a health professional shortage area (HPSA).

A "health professional shortage area" (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Population Living in a HPSA, Percent, HRSA HPSA Database March 2016



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

Bayshore Medical Center
Buses
Clinics
Coastal Volunteers in Medicine
CVS and Walgreens
Emergency Rooms
Family Health Center
Fitness Centers/Gyms
Food Banks
FoodBank of Monmouth and Ocean Counties
Fox Rehab
Head Start
Health Food Stores
Health Imaging Center
Home Care VMA
Internet
Jane H. Booker Family Health Center
Jersey Shore University Medical Center
Journey Program
Library
Mercy Center
Meridian Health
Midtown Urban Renaissance Corporation
Monmouth Clinic
Monmouth Family Health Center
Monmouth Medical Center
NJ Cancer Education and Early Detection Program
NJ Division of the Deaf and Hard of Hearing
Ocean Health Initiatives
Ocean Medical Center
Parker Family Health
Parks and Recreation
Private Providers
Public Transportation
Riverview Medical Center
SCAT

SOMC
Southern Ocean County Hospital
Taxi
United Way of Monmouth County
Visiting Nurses Association
Word of Mouth
YMCA

Arthritis, Osteoporosis & Chronic Back Conditions

Churches
Healthy Bones
Homeopathic Supplements From Health Food Stores
Hospitals
Internet
Library
Mercy Center
Midtown Urban Renaissance Corporation
Monthly Senior Gatherings
Ocean Medical Center
Outpatient Physical Therapy
PMD
Private Providers
Rehab
St. Vincent DePaul Society
Visiting Nurses Association
Wellness and Fitness Providers

Cancer

American Cancer Society
American Heart Association
Bayshore Medical Center
Cancer Center of New Jersey
Cancer Research Online
CentraState Medical Center
Community Medical Center
Community Organizations
Community Swim Programs
Diagnostic Services

Genetic Testing
Health Screenings
Healthy Bones
Hispanic Affairs
Hospitals
Information Sessions by Local Organizations
Jersey Shore University Medical Center
Leukemia & Lymphoma Society
Library
Long Beach Island Health Department
Memorial Sloan Kettering Cancer Center
Meridian Health
Monmouth Medical Center
MSK Satellite in Middletown
NJ Cancer Education and Early Detection Program
Ocean County Health Department
Ocean Medical Center
Ocean Monmouth Health Alliance
Outpatient Infusion Centers
Outreach Workshops
Private Providers
Regional Cancer Centers
Riverview Medical Center
Southern Ocean County Hospital
Support Groups
Susan G. Komen Foundation
The Conquer Cancer Club
The Pericone Center for Gynecologic Oncology
Visiting Nurses Association

Chronic Kidney Disease

Dialysis Centers
Dietitians
Hospitals
Meridian Health
Outpatient Infusion Centers
Outreach Workshops
Private Providers
Visiting Nurses Association
Wellness and Fitness Providers

Dementias, Including Alzheimer's Disease

Adult Day Care
Alzheimers Association
Alzheimers Support Groups
Assisted Living Centers

Assisted Living Facilities With Dementia Units
Atria Assisted Living
Bayshore Medical Center
Caregiver Support Groups
Center for Health Living - Lakewood
Day Care Centers
Jersey Shore Geriatrics
Jersey Shore University Medical Center
Limited Outreach Programs
Medicaid Eligibility - Board of Social Services
Medical Day Care Programs
Mercy Center
Meridian Health
Mid-Atlantic Geriatric Association
Monmouth Senior Healthcare Center
Ocean Medical Center
Private Providers
Regency - Toms River
Resident Homes
Riverview Medical Center
SCAN Social Community Activities Network
Senior Adults Growing Educationally
Southern Ocean County Hospital
St. Vincent DePaul Society
Statewide Respite Program
The Chelsea
Visiting Nurses Association

Diabetes

American Diabetes Association
Bayshore Medical Center
CentraState Medical Center
Clinics
Culinart
Diabetes Foundation
Diabetic Screenings
Dialysis Treatment Facilities
Dietitians
Family Health Center
Farmer's Markets
Fitness Centers/Gyms
Food Banks
FoodBank of Monmouth and Ocean Counties
FQHC's
Healthy Living Sessions
Hospitals

Information Sessions by Local Organizations**Internet**

Jane H. Booker Family Health Center
 Jersey Shore University Medical Center
 Meridian Health
 Monmouth Medical Center
 Monmouth Medical South
 Neptune Senior Center
 Neptune Township School District
 NJ Shore University Hospital
 NovoNordisk Diabetes Center at CSMC
 Nutritionists
 Ocean Medical Center
 Parker Family Health
 Pharmaceutical Companies Lectures
 Prescription Assistance Programs
 Private Providers
 Public Health and Hospital Based Ed Programs
 Riverview Medical Center
 Saint Barnabas
 Schools
 Southern Ocean County Hospital
 Take Care of Your Health for Diabetes
 Visiting Nurses Association
 Wellness and Fitness Providers
 YMCA

Family Planning

Clergy
 Family
 Family and Children's Services - Long Branch
 Family Plan Center
 Family PLanning in Monmouth and Ocean Counties
 Food Banks
 Hispanic Affairs
 Jane H. Booker Family Health Center
 LEAP Inc.
 Mercy Center
 Meridian Bayshore Community Hospital
 Midtown Urban Renaissance Corporation
 Perinatal Consortium
 Planned Parenthood
 Private Providers
 Schools
 St. Vincent DePaul Society
 Visiting Nurses Association

WIC**Hearing & Vision**

Cochlear Implant Specialists
 Costco
 Deaf Organizations
 Health Department
 Hearing Aid Dispensers
 Vision Centers
 WalMart

Heart Disease & Stroke

AHA
 American Heart Association
 Bayshore Medical Center
 ContraState Medical Center
 Churches
 Community Organizations
 CV Network
 Gloria Saker Women's Heart Program at CSMC
 Health Department
 Hospitals
 Jane H. Booker Family Health Center
 Jersey Shore University Medical Center
 Meridian Health
 Monmouth County Health Department
 Monmouth Medical Center
 Neptune Senior Center
 NJ Shore University Hospital
 Ocean County Health Department
 Ocean Health Initiatives
 Ocean Medical Center
 Our Stroke Team
 Pharmaceutical Companies Lectures
 Pharmacies
 Private Providers
 Riverview Medical Center
 Schools
 Southern Ocean County Hospital
 St. Francis Community Center
 Television
 Visiting Nurses Association
 Wellness and Fitness Providers
 YMCA

HIV/AIDS

Asbury Park School District
 Deaf, Inc.

Health Department
 Jersey Shore University Medical Center
 Methadone Clinic
 Project REAL
 Visiting Nurses Association

Immunization & Infectious Diseases

Health Department
 Hospitals
 Jane H. Booker Family Health Center
 K. Hovnanian Children's Hospital
 Wellness Center
 Monmouth County Health Department
 Pharmacies
 Private Providers
 Visiting Nurses Association

Infant & Child Health

Jane H. Booker Family Health Center
 Jersey Shore University Medical Center
 Monmouth County Health Department
 Parker Family Health
 Private Providers
 Visiting Nurses Association
 WIC

Injury & Violence

180 Turning Lives Around
 AP School District
 Asbury Park High School
 Asbury Park Police
 Biddy Basketball
 Big Sisters and Big Brothers
 Boys and Girls Club
 Brookdale Campus Police
 Catholic Charities
 Clergy
 Community Organizations
 Counseling Services
 CPC Behavioral Health
 Division of Child Placement and
 Permanency
 Domestic Violence Hotlines
 Family
 Hispanic Affairs
 Interfaith Neighbors
 Jersey Shore Addiction Services
 Jersey Shore University Medical Center
 Lori Maloney and the Prosecutors Office

Mental Health Association of Monmouth
 County
 Meridian Behavioral Health
 Monmouth County Prosecutor's Office
 Police Department
 Pop Warner
 Prevention First
 The Samaritan Center
 Turning Lives Around
 YMCA

Mental Health

12-Step Groups
 180 Turning Lives Around
 Adult Protective Services
 Alcohol/Substance Abuse Anonymous
 Groups
 AP School District
 Bayshore Medical Center
 Behavioral Health
 Behavioral Health Hospital Toms River
 Brookdale Campus Police
 Campus Counseling Services
 CentraState Medical Center
 Children's Specialized
 Churches
 Clinics
 Cocoa Eatontown
 Community Organizations
 County Mental Health Agencies
 CPC Behavioral Health
 CPC in Red Bank
 Crisis Hotline
 Easter Seals
 Emergency Rooms
 Faith Based Organizations
 Family Resource Centers
 High Focus Centers
 Hospital Crisis Team
 Hospitals
 Insurance Company
 Jersey Shore Addiction Services
 Jersey Shore Mental Health
 Jersey Shore University Medical Center
 Mental Health Association
 Mental Health Association of Eatontown
 Mental Health Association of Monmouth
 County
 Mercet Center in Asbury
 Meridian Behavioral Health

Meridian Health
 Monmouth Cares
 Monmouth Medical Center
 New Hope
 Ocean County Health Services
 Ocean Health Initiatives
 Ocean Medical Center
 Ocean Mental Health Services
 One Information
 Park Place
 Perform Care
 PESS Unit at Kimball
 Preferred Behavioral Health
 Prevention First
 Private Providers
 Riverview Medical Center
 Rosa Pavilion
 Saint Barnabas
 Schools
 Social Services
 Society for the Prevention of Teen
 Suicide
 Southern Ocean County Hospital
 SPAN
 St. Francis Counseling Services
 The Arc of Monmouth
 The Samaritan Center
 Unity Place
 Wall Alliance
 YMCA

Nutrition, Physical Activity & Weight

AP School District
 Bayshore Medical Center
 Boys and Girls Club
 CentraState Medical Center
 Dietitians
 Farmer's Markets
 Fitness Centers/Gyms
 Food Banks
 Food Stamps
 FoodBank of Monmouth and Ocean
 Counties
 Free Community Classes
 Gold's Gym
 Grocery Stores
 Jane H. Booker Family Health Center
 Jersey Shore University Medical Center
 Local Health Educator

Meridian Gym and Resource Center
 Classes
 Meridian Health
 Monmouth County Health Department
 Monmouth County Parks System
 Neptune Senior Center
 Neptune Township Public Pool
 Neptune Township Recreation
 Department
 Nutrition Clinics
 Nutritionists
 Ocean County Health Department
 Ocean County Library
 Ocean Medical Center
 Parks and Recreation
 Pediatric Council on Research at
 Monmouth Medical
 Prevention First
 Private Providers
 Public Health and Hospital Based Ed
 Programs
 Riverview Medical Center
 Schools
 Senior Developments
 ShopRite
 SNAP
 Southern Ocean County Hospital
 St. Francis Community Center
 Tilton Fitness and Wellness
 Waretown Recreation Activity Classes
 Weight Watchers
 Wellness and Fitness Providers
 YMCA

Oral Health

AAP Oral Hygiene Program
 Community Health and Safety Fair
 Jersey Shore University Medical Center
 Monmouth Medical Center
 Private Providers
 Schools
 United Way of Monmouth County
 Visiting Nurses Association

Respiratory Diseases

Hospitals
 Jersey Shore University Medical Center
 Ocean County Health Department
 Private Providers

Sexually Transmitted Diseases

Campus Counseling
 Planned Parenthood
 Private Providers
 Project REAL
 STI Clinic

Substance Abuse

12-Step Groups
 Alcohol/Substance Abuse Anonymous Groups
 AOD Group
 AP School District
 Asbury Park Police
 Barnabas Health Behavioral Health Center
 Clergy
 Community Alliance
 Community Organizations
 Counseling BMAC
 County Drug and Alcohol Awareness Programs
 CPC Behavioral Health
 Discovery House
 Discovery Institute for Addictive Disorders
 Epiphany House
 Family
 Family Resource Centers
 Harbor House
 High Focus Centers
 Horizon
 Hospitals
 Howell PAL
 Jersey Shore Addiction Services
 Jersey Shore University Medical Center
 Local Alliances Against Substance Abuse
 Mercy Center
 Meridian at Home
 Meridian Behavioral Health
 Meridian Health
 Methadone Clinic in Asbury Park
 Monmouth County Mental Health and Addiction Services
 Monmouth County Prosecutor's Office
 Monmouth Medical Center
 NA has a Website
 New Hope
 Ocean County Health Department
 Ocean Mental Health Services
 Ocean Township Community Resources

Pinnacle Treatment Centers
 Preferred Behavioral Health
 Prevention First
 Private Providers
 SAIL
 Schools
 Sunrise
 The Samaritan Center
 Thowell Township
 Visiting Nurses Association
 Wall Alliance
 Wall Youth Center and Community Services
 YMCA

Tobacco Use

American Cancer Society
 AP School District
 Community Organizations
 Drug Companies
 Health Department
 Jersey Shore University Medical Center
 Meridian Health
 Prevention Health Classes for Youth
 Private Providers
 Schools
 Smoking Cessation
 Television






APPENDIX: Evaluation of Impact



Professional Research Consultants, Inc.

The following provides an evaluation of the impact of actions that have been taken by Meridian Health hospitals since the 2013 CHNA to address the significant health needs identified that prior CHNA.

Evaluation of Impact

| Identified Community Health Need |  |  |  |  |  |
|----------------------------------|--|---|---|--|--|
| Heart Disease and Stroke | <ul style="list-style-type: none"> • AHA Get with the Guidelines – Heart Failure Bronze • Highest designated Chest Pain Center designation by the Society of Cardiovascular Patient Care • Multi-specialty interventional suite opens • Over 8,000 screened for cardiovascular disease and stroke through AngioScreen program • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually • Over 7,000 trained in CPR/AED through Community of LifeSavers • Church Challenge to address modifiable risk factors for stroke in African American Community • Thousands of free preventive health screenings for blood pressure, cholesterol, BMI | <ul style="list-style-type: none"> • AHA Get with the Guidelines – Mission Lifeline Silver • Highest designated Chest Pain Center designation by the Society of Cardiovascular Patient Care • Over 8,000 screened for cardiovascular disease and stroke through AngioScreen program • Over 7,000 trained in CPR/AED through Community of LifeSavers • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually • Church Challenge to address modifiable risk factors for stroke in African American Community • Thousands of free preventive health screenings for blood pressure, cholesterol, BMI | <ul style="list-style-type: none"> • AHA Get with the Guidelines – Heart Failure Gold Plus • Highest designated Chest Pain Center designation by the Society of Cardiovascular Patient Care • Over 8,000 screened for cardiovascular disease and stroke through AngioScreen program • Over 7,000 trained in CPR/AED through Community of LifeSavers • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually • Church Challenge to address modifiable risk factors for stroke in African American Community • Thousands of free preventive health screenings for blood pressure, cholesterol, BMI | <ul style="list-style-type: none"> • AHA Get with the Guidelines – Heart Failure Silver • Highest designated Chest Pain Center designation by the Society of Cardiovascular Patient Care • Over 8,000 screened for cardiovascular disease and stroke through AngioScreen program • Over 7,000 trained in CPR/AED through Community of LifeSavers • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually • Church Challenge to address modifiable risk factors for stroke in African American Community • Thousands of free preventive health screenings for blood pressure, cholesterol, BMI | <ul style="list-style-type: none"> • Highest designated Chest Pain Center designation by the Society of Cardiovascular Patient Care • Over 8,000 screened for cardiovascular disease and stroke through AngioScreen program • Over 7,000 trained in CPR/AED through Community of LifeSavers • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually • Church Challenge to address modifiable risk factors for stroke in African American Community • Thousands of free preventive health screenings for blood pressure, cholesterol, BMI |

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|-----------------------------------|--|--|--|--|--|
| <p>Cancer</p> | <ul style="list-style-type: none"> • Thousands enrolled in ACS CPS-3 • Thousands educated and screened through Susan G. Komen breast health and screening Grant • Partner with Office of Cancer Control and Prevention to screen thousands screened for skin cancer during annual Choose Your Cover event • Actively support Ocean-Monmouth Health Alliance 80% by 2018 colon cancer screening rate • Paint the Town Pink Breast Health Awareness Campaign • Nurse Navigators • \$128 million investment in cancer care | <ul style="list-style-type: none"> • Thousands enrolled in ACS CPS-3 • Thousands educated and screened through Susan G. Komen breast health and screening Grant • Partner with Office of Cancer Control and Prevention to screen thousands screened for skin cancer during annual Choose Your Cover event • Actively support Ocean-Monmouth Health Alliance 80% by 2018 colon cancer screening rate • Paint the Town Pink Breast Health Awareness Campaign • Nurse Navigators • \$128 million investment in cancer care | <ul style="list-style-type: none"> • Thousands enrolled in ACS CPS-3 • Thousands educated and screened through Susan G. Komen breast health and screening Grant • Partner with Office of Cancer Control and Prevention to screen thousands screened for skin cancer during annual Choose Your Cover event • Actively support Ocean-Monmouth Health Alliance 80% by 2018 colon cancer screening rate • Paint the Town Pink Breast Health Awareness Campaign • Nurse Navigators • \$128 million investment in cancer care | <ul style="list-style-type: none"> • Thousands enrolled in ACS CPS-3 • Thousands educated and screened through Susan G. Komen breast health and screening Grant • Partner with Office of Cancer Control and Prevention to screen thousands screened for skin cancer during annual Choose Your Cover event • Actively support Ocean-Monmouth Health Alliance 80% by 2018 colon cancer screening rate • Paint the Town Pink Breast Health Awareness Campaign • Nurse Navigators • \$128 million investment in cancer care | <ul style="list-style-type: none"> • Thousands enrolled in ACS CPS-3 • Thousands educated and screened through Susan G. Komen breast health and screening Grant • Partner with Office of Cancer Control and Prevention to screen thousands screened for skin cancer during annual Choose Your Cover event • Actively support Ocean-Monmouth Health Alliance 80% by 2018 colon cancer screening rate • Paint the Town Pink Breast Health Awareness Campaign • Nurse Navigators • \$128 million investment in cancer care |
| <p>Pediatric Asthma</p> | <ul style="list-style-type: none"> • Access to programs, services and specialist through Meridian Pediatric Network | <ul style="list-style-type: none"> • Access to programs, services and specialist through Meridian Pediatric Network | <ul style="list-style-type: none"> • Community Outreach for Asthma Care and Healthy lifestyles program launched • Additional pediatric pulmonologist added to staff | <ul style="list-style-type: none"> • Access to programs, services and specialist through Meridian Pediatric Network | <ul style="list-style-type: none"> • Access to programs, services and specialist through Meridian Pediatric Network |
| <p>Alzheimer's Disease</p> | <ul style="list-style-type: none"> • 200+ Memory screenings annually in partnership with Alzheimer's Foundation | <ul style="list-style-type: none"> • 200+ Memory screenings annually in partnership with Alzheimer's Foundation | <ul style="list-style-type: none"> • 200+ Memory screenings annually in partnership with Alzheimer's Foundation | <ul style="list-style-type: none"> • 200+ Memory screenings annually in partnership with Alzheimer's Foundation | <ul style="list-style-type: none"> • 200+ Memory screenings annually in partnership with Alzheimer's Foundation |

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| <p>Overweight and Diabetes</p> | <ul style="list-style-type: none"> • Over 10,000 children reached annually through Pawsitive Action Team on how to eat healthy, stay fit and act responsibly • Diabetic Retinopathy screenings • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually | <ul style="list-style-type: none"> • Over 10,000 children reached annually through Pawsitive Action Team on how to eat healthy, stay fit and act responsibly • Diabetic Retinopathy screenings • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually | <ul style="list-style-type: none"> • Over 10,000 children reached annually through Pawsitive Action Team on how to eat healthy, stay fit and act responsibly • Diabetic Retinopathy screenings • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually • Pediatric diabetes program recognized by American Diabetes Association | <ul style="list-style-type: none"> • Over 10,000 children reached annually through Pawsitive Action Team on how to eat healthy, stay fit and act responsibly • Diabetic Retinopathy screenings • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually | <ul style="list-style-type: none"> • Over 10,000 children reached annually through Pawsitive Action Team on how to eat healthy, stay fit and act responsibly • Diabetic Retinopathy screenings • 100+ attend Take Control of Your Health Chronic Disease Self- Management Program annually |
| <p>Access to Care</p> | <ul style="list-style-type: none"> • 20 CMS Certified Application Counselors for Health Care Marketplace • Facility within 15 minutes of every resident • Mobile health unit for education and screenings • Jackson Health Village opens | <ul style="list-style-type: none"> • 20 CMS Certified Application Counselors for Health Care Marketplace • Facility within 15 minutes of every resident • Mobile health unit for education and screenings • Jackson Health Village opens | <ul style="list-style-type: none"> • 20 CMS Certified Application Counselors for Health Care Marketplace • Facility within 15 minutes of every resident • Mobile health unit for education and screenings • Jackson Health Village opens | <ul style="list-style-type: none"> • 20 CMS Certified Application Counselors for Health Care Marketplace • Facility within 15 minutes of every resident • Mobile health unit for education and screenings • Jackson Health Village opens • After Hours/Urgent Care sites opened in Brick, Toms River and Jackson • New emergency department opened | <ul style="list-style-type: none"> • 20 CMS Certified Application Counselors for Health Care Marketplace • Facility within 15 minutes of every resident • Mobile health unit for education and screenings • Jackson Health Village opens • New emergency department opened • Urgent Care in Ship Bottom |
| <p>Immunization & Infectious Disease</p> | <ul style="list-style-type: none"> • Team member flu vaccination policy adopted • Hospital admission flu vaccination policy adopted • Flu and pneumonia vaccination events scheduled at active adult communities | <ul style="list-style-type: none"> • Team member flu vaccination policy adopted • Hospital admission flu vaccination policy adopted • Flu and pneumonia vaccination events scheduled at active adult communities | <ul style="list-style-type: none"> • Team member flu vaccination policy adopted • Hospital admission flu vaccination policy adopted • Flu and pneumonia vaccination events scheduled at active adult communities | <ul style="list-style-type: none"> • Team member flu vaccination policy adopted • Hospital admission flu vaccination policy adopted • Flu and pneumonia vaccination events scheduled at active adult communities | <ul style="list-style-type: none"> • Team member flu vaccination policy adopted • Hospital admission flu vaccination policy adopted • Flu and pneumonia vaccination events scheduled at active adult communities |
| <p>Oral Health</p> | <ul style="list-style-type: none"> • n/a | <ul style="list-style-type: none"> • n/a | <ul style="list-style-type: none"> • Meridian Dentistry for Children opens | <ul style="list-style-type: none"> • n/a | <ul style="list-style-type: none"> • n/a |