

Ocean County Community Health Needs Assessment 2013

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Executive Summary per

Age Groups:

00-17 Years

18-64 Years

65 Plus

The Ocean County Community Health Needs Assessment of 2013 is a combination of primary and secondary data. The data presented is broken down in three major age groups for easier discussion and understanding, and compared against the **Healthy NJ 2020** targets. Our intent is to identify the primary health issues affecting Ocean County residents per age group.

Age Group: 00-17 Years

<u>Demographics:</u> Ocean County's population of 00-17 years of age is <u>23.4%</u> or 134,919 of its total population of 576,567 (2010 Census), a 6% increase from 2006. The largest age group is the 6-12 year olds at 8.9%, followed by the 1-5 year olds at 6.7%, and 13 to 17 years of age at 6.4%.

The birth rate in Ocean County has averaged higher at 14% compared to NJ at 13% in 2008. The number of births in county hospitals in 2010 was **7,481**. The municipalities with the highest number of births in county hospitals in 2010 were Lakewood at 48%, Toms River at 12.6%, Brick at 8%, and Jackson and Lacey at 5.9%.

| Healthy NJ 2020 Maternal & Child Health Leading Health Indicators | Target | Ocean County | New Jersey | Target Met by Ocean County |
|---|--------|--------------|-------------|----------------------------|
| Reducing the rate of | 4.007 | 3.8% | 5.3% | |
| infants deaths | 4.8% | (2008) | (2008) | |
| Reduce low birth weight | | 5.2% | 7.4% | |
| infants | 7.7% | (2008-2010) | (2008-2010) | |
| Reduce very low birth | | 1.1% | 1.6% | |
| weight infants | 1.4% | (2010) | (2010) | |
| Increase the proportion | | | | |
| of pregnant women who | | | | |
| receive prenatal care in | | 80.31% | 81.11 | |
| the first trimester | 79.4% | (2010) | (2010) | |
| Increase the proportion | | | | |
| of infants who are ever | 85% | 76.1% | 63.2% | |
| breastfed | | (2010) | (2010) | |
| Reduce the birth rate | | | | |
| among females aged 15- | 11.4% | 2.3% | 4.5% | |
| 17 years olds | | (2008-2010) | (2008-2010) | |

| Reduce the proportion of | | | | |
|-----------------------------|------|-------------|--------|--|
| lead levels in children | 0.9% | 1.2% | 0.5% | |
| aged 1-5 years who have | | (2000-2011) | (2010) | |
| an initial blood lead level | | | | |
| >=10ug/dL | | | | |

Socio-economic conditions for 00-17 year olds in Ocean County:

- 21% of children living below the poverty level in 2010, up from 14% in 2006;
- 55,448 children as of October 2012 were enrolled in NJ Family Care, a 52% increase from 2007;
- 26,320 children are receiving NJ SNAP (Food Stamps) benefits up 154% from 2007;
- 11,215 children and 4,002 infants were enrolled in the Ocean County WIC Program as of August 2012, an increase of 9% for children and 10% for infants from August 2011;
- Medicaid HMO was the primary insurance used the most for hospital admissions, ED visits, and the Federally Qualified Health Center visits.

Healthcare Highlights

<u>Leading causes for Hospital Admissions for 00-17 year olds in 2008-2010:</u>

<u>Demographics</u>: Lakewood, Toms River and Brick were the municipalities with the most hospital admissions from 2008-2010. The most prevalent races in hospital admissions were: Whites, Blacks and Hispanics.

- **Neonates with major complications** (prematurity, respiratory distress)
- **Pulmonology** (asthma, bronchitis, COPD, respiratory infections, pneumonia)
- **Psychiatry** (psychoses or behavioral disorders, depression, neuroses)
- Gastroenterology (billiary tract or esophageal disorder, major gastrointestinal disorder)

<u>Leading Emergency Department Diagnoses (Treat & Release) for 00-17 year olds in 2008-2010:</u>

<u>Demographics</u>: Toms River, Lakewood and Brick were the municipalities with the most ED visits. The most prevalent race in ED visits were: Whites, Blacks and Hispanics.

- **Body Injuries** (major chest or skin trauma ,other multiple injuries)
- Otology (Otitis media and Eustachian tube disorder)

- **Medical Trauma Orthopedics** (Femur Fx with and without major complications)
- Gastroenterology (billiary tract or esophageal disorder, major gastrointestinal disorder)
- **Pulmonology** (asthma, bronchitis, pneumonia)

<u>Leading Hospital Injury and Poison Treatment Admissions for 00-17 year olds in</u> 2008-2010:

Demographics: Toms River, Brick and Lakewood were the municipalities with the most injury and poison admissions. The races with the most injury and poison admissions were: Whites, Blacks and Hispanics.

- Head injuries-trauma (concussions with and without complications/comorbidity)
- Surgical trauma orthopedics (limb reattachment, local excision)
- **Substance abuse** (alcohol/drug abuse, poisoning/drugs toxic)
- Medical trauma orthopedics (Femur Fx with and without major complications)
- Body injuries (major chest or skin trauma, other multiple injuries)

<u>Leading Federally Qualified Health Centers (FQHC's) Diagnoses for 00-17 year olds in</u> 2009-2011:

<u>Demographics</u>: Lakewood, Toms River and Bayville were the municipalities with the most clients seen at the FQHC's. The races most seen at the FQHC's were: Whites, Blacks and Hispanics.

- Routine Child Health Exam: Immunizations and well child visits
- Acute Respiratory Infections: Asthma, bronchitis, upper respiratory infections
- Disease of the Nervous System: Bacterial Meningitis, disorders of the eye, hearing problems
- Infectious & Parasitic Diseases: Salmonellosis, Shigellosis, Pertussis, Mumps, Tuberculosis, etc.
- Symptoms, Signs, & III Defined Conditions: Nervous & Musculoskeletal systems, skin, nutrition, etc. followed by Diseases of the Digestive System and Mental Health.

Prevalence of Chronic and Infectious Diseases in 00-17 year olds:

2011-2012: Pertussis Outbreak (whooping cough): 136 cases were confirmed in 2012 in the northern part of the county (Lakewood) with other cases are also being seen in neighboring communities and around the county as a whole. Forty-three cases or 32% of all cases were in the county were children under 5 years of age. Pertussis is a very contagious vaccine-preventable disease that can cause serious illness and even death—especially in infants who are too young to be fully vaccinated (<6 months). Many of the infants and children who have confirmed cases of whooping cough have not been fully immunized against the disease. It is important that the adolescents and adults that are with infants and children are vaccinated against whooping cough. The Tdap vaccine is a combination of three vaccines that protect against tetanus, diphtheria, and Pertussis,

In 2011, 312 confirmed or probable cases were identified in NJ, compared with 169 cases in 2010: 8% of cases occurred in those < 1 year of age, 5% in 1-4 years, 14% in 5-9 years, 34% in 10-19 years, 4% in 20-29 years, and 35% in >30 years of age. Of all cases < 1 year of age, 76% have been hospitalized.

In 2012, 385 cases have been identified in 2012 in NJ: 9% of cases occurred in those < 1 year of age, 5% in 1-4 years, 17% in 5-9 years, 51% in 10-19 years, 3% in 20-29 years, and 16% in >30 years of age. Of all cases < 1 year of age, 66% have been hospitalized. The total number of cases for 2012 is provisional and expected to increase as reports currently under investigation are finalized

2011-2012: Shigellosis: 492 confirmed cases in children, 53% occurred in 1-4 years of age, 23% in 5-9 years and 7% in 10-14 years.

Shigellosis is an intestinal illness caused by infection with *Shigella* bacteria. Shigellosis is most common in young children two to four years of age. Children who attend child care centers are at greater risk for acquiring this infection from other children

June 2009 through June 2010: Mumps Outbreak: 425 cases reported in Ocean County. Adolescents 13 to 17 years of age (27% of all patients) and males (78% of patients in that age group) were disproportionately affected. Among case patients 13 to 17 years of age with documented vaccination status, 89% had previously received two doses of a mumps-containing vaccine, and 8% had received one dose. The epidemiologic features of this outbreak suggest that intense exposures, particularly among boys in schools, facilitated transmission and overcame vaccine-induced protection in these patients. High rates of two-dose coverage reduced the severity of the disease and the transmission to persons in settings of less intense exposure.

<u>Substance Abuse</u>: 6.8% of admissions for drug & alcohol treatment programs were from clients under the age of 18 years of age (2006-2010); synthetic marijuana and bath salts has increased in 2011 for 13-19 year olds; 8.8% of Intoxicated Driving Clients were less than 21 years of age in 2010.

<u>Obesity</u>: 15.8% of children under the age of 5 years in 2010 were considered obese compared to NJ at 15.7%.

<u>Asthma</u>: 7.4% of children under 18 years of age were diagnosed with asthma from 2008-2010. Asthma is one of the top five ED visits and hospital admission diagnosis for children under 18 years of age.

Age Group: 18-64 Years

Demographics: Ocean County's population of 18-64 year olds is <u>55.6%</u> or 320,544 in 2010 of the total county population of 576,567. The highest age group is the 45 to 65 year olds at 25.9%, followed by the 25 to 44 years of age at 22.2%, and lastly the 18 to 24 year olds at 7.5%. The most prevalent chronic and infectious diseases in the county are within this age group.

| Healthy NJ2020 Leading Health | Target | Ocean County | New Jersey | Target met by Ocean |
|--|-------------------------------|---|---|---------------------|
| Indicators | i ai got | occum occum, | , item corce, | County |
| Asthma: Reduce the hospitalization rate Per 10,000 residents due to asthma: 18-64 years | 112 | 16.49 rate per 10,000 residents(2009) | 18.6 rate per 10,000 residents (2009) | |
| Cancer: Reduce the death rate due to all cancers: Lung Cancer Female Breast Cancer Prostate Cancer | 161.5 42.0 23.5 21.2 | 201.4 (2007) 58.7 (2007) 26.6 (2007) 22.3 (2007) | 180.7 (2007) 59.1 (2007) 26.2 (2007) 23.7 (2007) | |

| Diabetes: | | | | |
|----------------------|-------|---------------|--------------|--|
| *Reduce the death | | | | |
| rate due to | 15.8 | 20.8 (2007) | 24.4 (2007) | |
| diabetes per 1,000 | | | | |
| population | | | | |
| *Increase the | | | | |
| proportion of adults | | | | |
| with a glycosylated | 93.6% | 88.5 % (2010) | 86.7% (2010) | |
| hemoglobin | | | | |
| measurement | | | | |
| (A1C) per 1,000 | | | | |

Socio-economic conditions for 18-64 year olds in Ocean County:

- 14.4% of adults (18-64 years) were without health insurance in 2009;
- 10.1% are living below 200% of the Federal Poverty level (2009);
- Medicaid HMO and Self- Pay was the prevalent insurance used most for hospital admissions while Self-pay and Private Insurance was the most prevalent insurance used for ED visits. Medicaid, self-pay and private insurance were used the most at the Ocean County Federally Qualified Health Centers.

Healthcare Highlights

<u>Demographics:</u> The municipalities with the most hospital admissions and ED visits were Lakewood, Toms River and Brick with Whites, Blacks and other races the most prevalent groups receiving treatment in our hospitals.

<u>Leading Hospital Admissions Diagnoses for 18-64 year olds in 2008-2010:</u>

- Delivery, Psychiatry and Gastroenterology diagnosis were most prevalent for 18-44 year olds
- Medical Cardiology, Gastroenterology and Pulmonology were the most prevalent diagnosis for 45-64 year olds.

<u>Leading Emergency Department Diagnoses (Treat & Release) for 18-64 year olds in</u> 2008-2010:

- **Body Injuries** (multiple sight trauma, trauma injuries, major chest trauma)
- **Gastroenterology** (liver disorder, pancreas, cirrhosis, alcoholic Hepatitis,)
- Medical Spine (medical back problems)
- **Medical Trauma Orthopedics** (femur, hip, pelvis or thigh trauma)
- **Pulmonology** (asthma, bronchitis, interstitial lung disorder, pneumonia, COPD)

<u>Leading Injury and Poison Hospital Admissions diagnoses for 18-64 year olds in</u> 2008-2010:

- Substance Abuse, Head Injuries and Surgical Traumas were the leading injury or poison admissions diagnosis for 18-44 year olds.
- Surgical trauma orthopedics followed by substance abuse were the leading injury and poison admissions diagnosis for the 45-64 year olds.

<u>Leading Federally Qualified Health Centers Diagnoses for 18-64 year olds in 2009-2011:</u>

<u>Demographics:</u> The municipalities with the most visits in this age group are from Lakewood, Toms River and Jackson. The races most prevalent in this age category were Whites, Blacks and other or refusing to report race. Medicaid and self pay or underinsured were the most prevalent forms of insurance.

- Supervision of pregnancy
- Symptoms, signs and ill defined conditions (nervous & musculoskeletal systems, skin, nutrition metabolism & development, head& neck, cardiovascular system, respiratory system, chest, digestive system, urinary system, and the abdomen & pelvis)
- Acute Respiratory Infections (asthma, bronchitis, pneumonia)
- Endocrine, Nutritional and Metabolic Diseases, & Immunity Disorders (disorders of the thyroid gland, endocrine glands, nutritional deficiencies, and metabolic & immunity disorders).
- Diseases of the reproductive organs and urinary system

Preventative Screenings:

Mammography Screenings:

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Age: 40 year olds- 68.4% of women had a mammography in 2010 40-49 year olds - 62.1% of women had a mammography in 2010 50- 64 year olds- 82.7% of women had a mammography in 2010
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PSA Screenings:

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Age: 40 year olds- 61.3% had a PSA testing in 2010 40-49 year olds-29.6% had a PSA testing in 2010 50-64 year olds -62.2% had a PSA testing in 2010
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Age Group: 65 plus years

<u>Demographics</u>: Ocean County's population of 65 years and older is 121,104 or <u>21%</u> of its total county population of 576,567 in 2010. The highest age groups are the 65 to 74 year olds at 10.1%, followed by the 75 to 84 year olds at 7.5%, and the 85 year olds and over at 3.4% of the total county population.

<u>Socio-economic conditions for 65 plus in Ocean County</u>: The primary method of insurance payment for this age group is Medicare or Medicare HMO with 5.7% of the 65 year olds living below the 200% poverty level in 2010.

| Healthy NJ 2020 Leading Health Indicators for Older Adults | Target | Ocean County | New Jersey | Target Met by Ocean County |
|--|--------|-----------------|------------------|-------------------------------|
| Reduce the rate of fall-related injuries 65 year olds and older (per 100,000 pop.) | 24.8 | 25 | 12.8 (2000-2005) | |
| Reduce the proportion of the population that is overweight or obese | 23.9% | 41% | 28.7% | |

Healthcare Highlights

<u>Demographics:</u> The municipalities with the most hospital admissions and ED visits for the 65 plus age group were: Toms River, Manchester, Brick and Lakewood. Whites, Blacks and other races were the most prevalent races for hospital admissions in this age category from 2008-2010.

Leading Hospital Admissions Diagnosis for the 65 plus age group from 2008-2010:

- **Medical cardiology** (chest pains, heart failure, atherosclerosis, endorcarditis)
- **Pulmonology** (bronchitis, asthma, pneumonia, pulmonary embolism, COPD)
- Gastroenterology (billiary tract disorder, cirrhosis, alcoholic hepatitis, peptic ulcers)
- **Nephrology** (kidney/urinary tract infections, renal dialysis, renal failure)

<u>Demographics:</u> Toms River, Manchester and Brick are the leading municipalities for ED visits with Whites, Blacks and other race being the leading races for ED visits.

<u>Leading Emergency Department Diagnoses (Treat & Release) for 65 plus year olds in</u> 2008-2010:

- **Body injuries** (multiple sight trauma, trauma injuries, major chest trauma)
- Medical cardiology (heart failures, cardiac arrhythmia, hypertension, endocarditis)
- **Gastroenterology**(billiary tract disorder, cirrhosis, alcoholic hepatitis, peptic ulcers)
- Other General Medical Care (aftercare, allergic reactions, complications of treatment, non-malignant breast disorder, injury or poisoning)
- **Pulmonology** (asthma, bronchitis, interstitial lung disorder, pneumonia, COPD)

<u>Leading Hospital Injury and Poison Admissions Diagnoses for 65 plus in</u> 2008-2010:

<u>Demographics:</u> Toms River, Manchester and Lakewood are the leading municipalities for hospital injury and poison admissions in this age group with Whites, Blacks and other races being the leading races for admission.

- Surgical trauma orthopedics (hip, femur, or foot procedures)
- **Joint replacement** (hip/knee replacement, bilateral/multiple joint procedures)
- **Medical trauma orthopedics**(Femur, Hip, Pelvis or Thigh trauma)
- Medical cardiology(heart failures, cardiac arrhythmia, hypertension, endocarditis)
- **Head injuries-trauma** (concussions trauma, coma)

<u>Leading Federally Qualified Health Centers Diagnoses for 65 plus year olds in 2009-2011:</u>

<u>Demographics:</u> Lakewood, Toms River and Jackson were the leading municipalities accessing the FQHC's with Whites, Blacks and other races the most prevalent. Medicare is the leading health insurance utilized at the Health Centers.

- **Diseases of the Circulatory System** (hypertension, heart disease)
- Endocrine, Nutritional & Metabolic Diseases, & Immunity Disorders (thyroid,
- **Symptoms, Signs and III Defined Conditions**(nervous & musculoskeletal systems, skin, nutrition metabolism & development, head& neck, cardiovascular system, respiratory system, chest, digestive system, urinary system, the abdomen and pelvis)

- Diseases of the Musculoskeletal System & Connective Tissue (arthritis, rheumatism)
- Supplementary Classification of Factors Influencing Health Status & Contact with Health Services (health hazards, BMI assessment)

Summary of Findings

- The age groups with the highest ED visits from 2008-2010 were the 25-44 year olds with body injuries and major trauma followed by the 00-17 year olds for Otitis media and Eustachian Tube disorders.
- Traffic accidents accounted for 10.2% of injury deaths in the county from 2001-2008 compared to NJ's rate of 8.2%. Poisonings deaths followed at 8.3% in the county compared to NJ's rate of 7.5%.
- Substance Abuse, Heroin and other Opiates are the leading diagnosis for ED visits for the 25-34 year olds followed by the 18-24 year olds. The 35-49 year olds accounted for 31.7% of clients attending the Ocean County Intoxicated Driver Program.
- The top five communicable infectious diseases in 2010 in Ocean County were Hepatitis C with a rate of 43 compared to NJ's rate of 11 per 100,000 populations, Lyme Disease with a rate of 33 for Ocean County compared to NJ's rate of 38, Salmonellosis with a rate of 15 compare to NJ's rate of 14, and Campylobacteriosis with a rate of 11 compared to NJ's rate of 11. Ocean County also faired higher on Shigellosis at a 38.9 rate compared to NJ's rate of 6.7 in 2009. Pertussis and Mumps outbreaks in 2012 and 2009 have contributed to a higher rate of vaccine preventable diseases in the county compared to NJ's rate.
- Ocean County is leading in the Maternal and Child Health indicators meeting most of the targets set by Healthy NJ 2020.
- The most prevalent chronic diseases in 2010 were asthma, diabetes and heart disease.
- The leading causes of death are diseases of the heart, cancer, stroke and chronic respiratory diseases followed by unintentional injuries (2000-2007).
- The leading cancer incidences in 2008 were breast and prostate cancer at a rate of 180.0 and 156.8 respectively, even though, 68% of women over 40 are having mammographies and 60% of men are having PSA screenings.
- Mental Health is seen across all age groups adding to the unmet demand for adequate services affecting all healthcare venues from the use of ED to the long wait times in outpatient services.

Ocean County

Community Health Needs Assessment Data 2013

Introduction

The 2013 Ocean County Community Health Needs Assessment Data is a compilation of primary data collected from Public Health, Federally Qualified Health Centers and county hospitals, as well as from various secondary data sources with the purpose to assess Ocean County community health needs. The new requirements of the Affordable Care Act Section 501(r) (3), requires that non-profit hospitals conduct and report on a community health needs assessment every three years in order to maintain their tax exempt status. The Federally Qualified Health Centers that serve designated medically underserved populations/areas or special medically underserved populations are required to demonstrate and document the needs of its target population in a needs assessment every five years as part of its program and grant application requirements (Section 330(k) (2), and Section 330(k) (3) (J) of the Public Health Service Act. The Public Health Practice Standards of Performance for Local Boards of Health in New Jersey N.J.A.C. 8:52-10 and 11 requires the local health departments to perform a community health assessment and community health improvement plan every four years to help leverage community resources and provide support programs for the underserved (N.J.A.C. 8:52-9.2).

Since a community health assessment requirement exists for multiple agencies, an opportunity for a shared effort and work is the foundation of the 2013 Ocean County Community Health Needs Assessment. The partnering of various healthcare agencies allows for sharing of data and the avoidance of duplication of services while focusing more on the health needs of the community. The partnering has offered the ability to provide upto-date information directly from the agencies who are the primary data collectors.

A broad understanding of community health needs is necessary to prioritize and plan programs or allocate resources in the county. It is our goal this document will assist you in planning for appropriate programs that will help deliver needed services to the community thru improve communication and data sharing amongst healthcare agencies while meeting federal or state regulatory requirements for a countywide community health needs assessment.

Ocean County Health Advisory Group

In February 2011, the Ocean County Health Advisory Group for a countywide community health needs assessment was formed as the major pillars in identifying and addressing healthcare issues in the county.

Mission:

The Health Advisory Group will serve as the force in strategic health planning for Ocean County residents by identifying and assessing the health needs in the county thru prioritizing, and identification of future strategies in improving healthcare in Ocean County

through grant writing opportunities or by improving collaborative services amongst healthcare and community based agencies.

Vision:

The Ocean County Health Advisory Group will produce a viable living document that can be utilized by all healthcare providers, community-based organizations and residents in assessing core health indicators and health outcomes by standardizing health data from clinical-care and public health on the health status of residents in the county.

Goals:

- Drive the strategic direction of healthcare and delivery of services in Ocean County;
- Increase awareness and provide an annual report on healthcare and prevention programs in the county to stakeholders, state, county, and local officials and county residents:
- Improve access to and quality of care to Ocean County residents;
- Improve health literacy in Ocean County;
- Improve communication and data sharing amongst healthcare agencies to help improve access to data on health indicators and health outcomes in the county.

Objectives:

- To coordinate and communicate among each healthcare agency and public health the prevalent health issues in Ocean County;
- To communicate in a unified voice to state, county and local government officials, and county residents the health status and health issues in Ocean County;
- To improve health literacy to the underserved and uninsured in the county through proper prevention and education programs;
- To address health disparities amongst the different population groups in the county;
- To help standardize health data and health-outcome indicators while integrating clinical-care and public health data to inform stakeholders and county officials on the health status of the county residents.

The Ocean County Health Advisory Group Partners:

The Ocean County Health Advisory Group is comprised of the following partners:

Health Departments: Ocean County Health Department

Long Beach Island Health Department

Health Centers: Ocean Health Initiatives

The Center for Health, Education, Medicine, and Dentistry

Barnabas Health Hospitals: Community Medical Center

Monmouth Southern Campus (formerly Kimball Medical Center)

Meridian Health Hospitals: Ocean Medical Center

Southern Ocean Medical Center

The Ocean County Health Advisory Group will serve as a unified voice in advocating for the healthcare identified needs of the residents of Ocean County to local, county, state officials, and stakeholders. The group's responsibilities will be to develop a coordinated approach by identifying strategies for identified needs, seek funding venues thru grants or collaborative program efforts, and by producing an "Annual Health Status Report" for county residents, stakeholders, and for local, county and state government officials.















Healthy New Jersey 2020

The Ocean County 2013 Community Health Needs Assessment used the Healthy NJ 2020 as its foundation for its data collection. Healthy NJ 2020 overarching goals are:

Eliminate preventable disease and premature health

Achieve health equity and eliminate health disparities

Create social and physical environments that promote good health

Promote healthy development and healthy behaviors

The Healthy People and Healthy New Jersey 2020 mission is to improve health through strengthening policy and practice by:

- Increasing awareness of the social determinants of health;
- Identifying health improvement priorities;
- Providing measurable objectives and goals;
- Engaging multi sector stakeholders;
- Identify critical research and data collection needs.

Healthy NJ 2020 is comprised of key topic areas. Each topic area outlines specific objectives with targeted measures for improving health outcomes and health behaviors amongst the total population, as well as in racial/ethnic, age and gender subgroups. It represents quantitative values to be achieved over the decade and is data driven and prevention oriented.

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Some examples of social determinants include: access to safe housing and local food markets, access to educational, economic and job opportunities, access to health care services, language, and literacy among various others.

Source: Healthy NJ 2020 and Healthy People 2020 Social Determinants of Health

Leading Health Indicators

Healthy People 2020 provides a comprehensive set of 10-year, national goals and objectives for improving the health of all Americans. Healthy People 2020 contains 42 topic areas with nearly 600 objectives (with others still evolving), which encompass 1,200 measures. A smaller set of Healthy People 2020 objectives called "Leading Health Indicators" has been selected to communicate high-priority health issues and actions that can be taken to address them. These indicators were used in the data collection process in the "Dashboard of Health Indicators" for the Ocean County 2012-2013 data collection. When available all data charts have the Healthy NJ 2020 target for reference.

Source: Healthy NJ 2020 and Healthy People 2020

Ocean County Dashboard of Health Indicators for Data Collection

The Dashboard of Health Indicators used for the Ocean County Community Health Needs Assessment Data collection was based on the Healthy NJ 2020 Leading Health Indicators:

Access to Health Services-Proportion of the population with access to health care services
Chronic Diseases-Prevalence and mortality of chronic diseases
Vaccine-Preventable Diseases-Proportion of the population with vaccination coverage and testing for communicable diseases
Environmental Health-Proportion of the population experiencing a healthy physical environment
Healthy Behaviors-Proportion of the population engaged in preventative screenings
Injury- Proportion of the population that experiences injury
Maternal, Infant and Child Health- Proportion of healthy births, prenatal care, and breastfed infants, child lead testing and autism rates
Mental Health- Proportion of the population experiencing positive mental health
Substance Abuse-Proportion of the population engaged in substance abuse

The data collection encompassed primary data collected from Public Health Clinics, Federally Qualified Health Centers and the four County Hospitals, in addition to secondary data collected from the NJ Department of Health and other county and community-based agencies. The data collected from the Hospitals and Federally Qualified Health Centers were age-specific based on race, sex and municipality. Public Health data was based on the data collected primarily on sex and municipality. While we tried to standardize the data from the various agencies for comparison, there were gaps in the data collection since not all the data was available as age-specific or some of the secondary data was not current as the primary data collected from Public Health, Federally Qualified Health Centers and the area hospitals.

Mobilizing for Action through Planning and Partnership (MAPP) Process

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. A planning tool that helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

Community ownership is the fundamental component of the MAPP process. A community-wide strategic planning tool for improving health. MAPP provides the framework for creating a truly community-driven initiative. Community participation leads to collective thinking and ultimately results in effective, sustainable solutions to complex problems. Broad community participation is essential because a wide range of organizations and individuals contribute to the public's health.

The MAPP Process includes four assessments which are an integral in assessing community health. These are:



- The <u>Community Themes and Strengths Assessment</u> provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"
- The <u>Local Public Health System Assessment</u> (LPHSA) focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"
- The <u>Community Health Status Assessment</u> identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"

The <u>Forces of Change Assessment</u> focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Strategic Issues are developed from each assessment and a prioritized list is then developed by the community as the most important current issues facing the county. Strategic plans are developed to address the prioritized health issues considering the social determinants of health and leading health indicators. Strategic plans must take into consideration current programs and lack of resources or community support.

Community Health Improvement Plans (CHIP) are developed from the strategic issues identified and prioritized during the community meetings. A strategy for action must include population sub-groups experiencing health disparities or burden of diseases or other adverse health conditions that exist between specific populations groups (race, geographic location, socioeconomic status). The CHIP will need to address health literacy as to how health education programs can educate and promote preventative health care to all residents in the county. A Community Health Improvement Plan will be forthcoming after the community health assessment community meetings are completed.

Source: http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm

Ocean County 2007 Community Health Improvement Plan Highlights

The 2007 Community Health Improvement Plan identified six strategic issues:

Strategic Issue1- Access to Healthcare

Strategic Issue 2-Mental Health

Strategic Issue 3-Substance Abuse

Strategic Issue 4-General Health

Strategic Issue 5-Resource & Asset Management

Strategic Issue 6-Emergency Preparedness

Strategic Issue 1: Ensure that all Ocean County residents have access to quality healthcare:

- a) Develop a healthcare resource directory for the uninsured, underinsured and undocumented residents
- b) Educate residents on the proper use of the emergency room
- c) Increase 24 hour emergency care through Quick Care Centers

Strategic Issue 2: Enhance the continuum of quality mental health services available to all residents of Ocean County:

- a) Foster avenues to access mental health care
- b) Reduce stigma of people accessing mental health care
- c) Utilize the Professional Advisory Committee (PAC) of the Mental Health Board to assess the needs of local providers

Strategic Issue 3: To decrease the use and abuse of tobacco, alcohol and drug use in Ocean County through continued education, prevention and intervention:

- a) Education in schools
- b) Education for older adults
- c) Increase access to inpatient and outpatient facilities

Strategic Issue 4: Continue to educate the community to prioritize health through lifestyle choices so that we become a healthy community:

- a) Educate the community about healthy choices
- b) Encourage fast food restaurants to offer healthy choices
- c) Promote available New Jersey Fresh Farm Markets in the county

Strategic Issue 5: <u>To ensure that the community at large is aware of and engaged in resources available in Ocean County</u>:

- a) Better coordinate messages and programs on county resources
- b) Deliver prevention information messages through faith-based congregations
- c) Develop a "One-Stop" concept of information and resources

Strategic Issue 6: To enhance the coordination of resources to better respond to emergency events:

- a) Partner with Ocean County Emergency Management to enhance Emergency Plans
- b) Create a list of media outlets, faith-based congregations, and community groups through which plans can be communicated
- c) Educate the public regarding emergency plans and resources.

Accomplishments:

Strategic Issue 1: Access to Care Implementation Plans

<u>Accomplishment:</u> Implemented "What to Do When your Child Gets Sick" book at sites throughout Ocean County to reduce visits to emergency departments and doctor's visits for non-emergent issues such as nosebleeds, coughs, and others to empower parents with the how to knowledge on how to deal with these issues.

Accomplishment: Implementation of the Stanford Chronic Disease-Self Management Program: an evidence based program for people with chronic diseases that helps people understand problems caused by a condition in helping them to better manage a disease, solve problems, relax, improve communication skills with medical staff, and manage depression. Since 2008, a total of 61 peer leaders have been trained in the "Take Control of Your Health Program" out of which 2 are Diabetes Self-Management trainers. Since its inception in 2008, a total of 31 programs have been offered in the county with 360 residents benefiting from its outcome.

Strategic Issue 2: Mental Health Implementation Plan

<u>Accomplishment:</u> Mental Health Plan update engages community stakeholders and providers and consumers in helping to transform the system, focus on wellness and recovery, address gaps in service and advocate for mental health issues. Currently an assessment was concluded resulting in an updated Mental Health Plan for 2012.

Strategic Issue 3: Substance Abuse Implementation Plan

<u>Accomplishment:</u> Addressed the use of prescription medication with alcohol use among seniors. A poster and informational sheet was distributed at CVS Pharmacies in the county. The informational flyer was inserted in the prescription bags.

Strategic Issue 4: Resource and Asset Management

Accomplishment: The promotion of <u>OceanResourceNet</u>, an on-line directory of Ocean County's many valuable resources, services and programs available for all residents to use as a way to locate community-based resources or programs.

OCEAN COUNTY QUICK FACTS SHEET

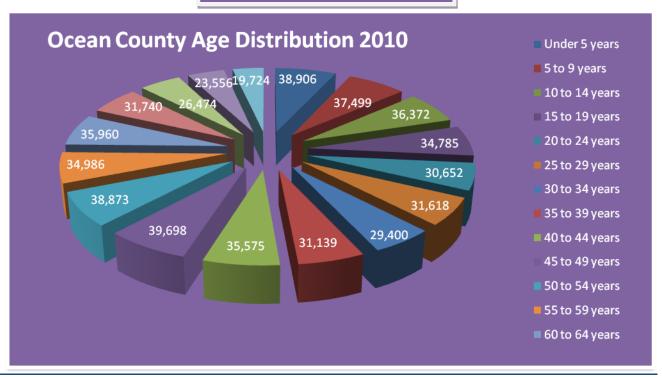
| | Ocean County | | New Jersey | |
|---------------------------------------|--------------------------|-------------|----------------|---------------|
| Population Estimate, 2011 | 579,369 | | 8,821,155 | |
| Population change from 2000- | 2000-510,916 | | 2000-8,414,350 | |
| 2010 | 2010-576,567 12.8 | 8% increase | 2010-8,791,894 | 4.5% increase |
| Persons under 5 years, 2011 | 6.7% | | 6.1% | |
| Persons under 18 years, 2011 | 23.3% | | 23.2% | |
| Persons 65 years and older | 21.1% | | 13.7% | |
| 2011 | | | | |
| Race Distribution | | | | |
| White Persons, 2011 | 93.2% | | 74.1% | |
| Black Persons, 2011 | 3.4% | | 14.6% | |
| American Indian & Alaskan | 0.3% | | 0.6% | |
| Native Persons,2011 | | | | |
| Asians Persons,2011 | 1.9% | | 8.7% | |
| Hispanics (ethnicity), 2011 | 8.6% | | 18.1% | |
| Population by Ethnicity | | | | |
| Italian, 2009 | 26.2% | | 17.4% | |
| Irish, 2009 | 25.5% | | 16.1% | |
| German, 2009 | 20.8% | | 12.6% | |
| Limited English Proficiency | | | | |
| Spanish, 2009 | 1.9% | | 7.0% | |
| Indo-European 2009 | 1.3% | | 3.0% | |
| Asian & Pacific Islander 2009 | 0.5% | | 1.8% | |
| Median Household Income 2006-2010 | \$59,620 | | \$69,811 | |
| Children in Poverty | 19% | | 14% | |
| Persons below poverty level 2006-2010 | 9.0% | | 9.1% | |
| Mortality | | | | |
| Premature Death | 6,607 | | 5,987 | |
| Morbidity | 0,000 | | 3,50. | |
| Diabetes Screening | 84% | | 80% | |
| Health Behaviors | | | | |
| Adult smoking | 19% | | 17% | |
| Adult obesity | 27% | | 25% | |
| Physical inactivity | 26% | | 25% | |
| Motor vehicle crash deaths | 11 | | 9 | |
| STD's rate | 113 | | 276 | |
| Physical Environment | | | | |
| Air pollution-particulate | 2 | | 5 | |
| matter days | | | | |
| Air pollution-ozone days | 18 | | 11 | |
| Access to recreational facilities | 10 | | 15 | |

Source: US Quick Facts Census 2010 Data, County Health Rankings 2012

| | 2000 | 2010 | Actual | Percent |
|-------------------------------------|---------|---------|---------|---------|
| Municipality | Census | Census | Change | Change |
| Barnegat Township | 15,270 | 20,936 | 5,666 | 37.1% |
| Barnegat Light Borough | 764 | 574 | (190) | -24.9% |
| Bay Head Borough | 1,238 | 968 | (270) | -21.8% |
| Beach Haven Borough | 1,278 | 1,170 | (108) | -8.5% |
| Beachwood Borough | 10,375 | 11,045 | 670 | 6.5% |
| Berkeley Township | 39,991 | 41,255 | 1,264 | 3.2% |
| Brick Township | 76,119 | 75,072 | (1,047) | -1.4% |
| Eagleswood Township | 1,441 | 1,603 | 162 | 11.2% |
| Harvey Cedars Borough | 359 | 337 | (22) | -6.1% |
| Island Heights Borough | 1,751 | 1,673 | (78) | -4.5% |
| Jackson Township | 42,816 | 54,856 | 12,040 | 28.1% |
| Lacey Township | 25,346 | 27,644 | 2,298 | 9.1% |
| Lakehurst Borough | 2,522 | 2,654 | 132 | 5.2% |
| Lakewood Township | 60,352 | 92,843 | 32,491 | 53.8% |
| Lavallette Borough | 2,665 | 1,875 | (790) | -29.6% |
| Little Egg Harbor Township | 15,945 | 20,065 | 4,120 | 25.8% |
| Long Beach Township | 3,329 | 3,051 | (278) | -8.4% |
| Manchester Township | 38,928 | 43,070 | 4,142 | 10.6% |
| Mantoloking Borough | 423 | 296 | (127) | -30.0% |
| Ocean Township | 6,450 | 8,332 | 1,882 | 29.2% |
| Ocean Gate Borough | 2,076 | 2,011 | (65) | -3.1% |
| Pine Beach Borough | 1,950 | 2,127 | 177 | 9.1% |
| Plumsted Township | 7,275 | 8,421 | 1,146 | 15.8% |
| Point Pleasant Borough | 19,306 | 18,392 | (914) | -4.7% |
| Point Pleasant Beach Borough | 5,314 | 4,665 | (649) | -12.2% |
| Seaside Heights Borough | 3,155 | 2,887 | (268) | -8.5% |
| Seaside Park Borough | 2,263 | 1,579 | (684) | -30.2% |
| Ship Bottom Borough | 1,384 | 1,156 | (228) | -16.5% |
| South Toms River Borough | 3,634 | 3,684 | 50 | 1.4% |
| Stafford Township | 22,532 | 26,535 | 4,003 | 17.8% |
| Surf City Borough | 1,442 | 1,205 | (237) | -16.4% |
| Toms River Township | 89,706 | 91,239 | 1,533 | 1.7% |
| Tuckerton Borough | 3,517 | 3,347 | (170) | -4.8% |
| | | | • | |
| Ocean County | 510,916 | 576,567 | 65,651 | 12.8% |
| Source: Ocean County Data Book 2011 | | | | |

Ocean County's population grew by 12.8% from 2000-2010 (Census 2010). One sixth of the population growth in New Jersey occurred in Ocean County. Lakewood Township saw the highest increase in population growth with a 53.8% increase in population followed by Barnegat Township with 37.1% and Ocean Township (Waretown) with 29.2%.

Age Distribution



| Age | Number | Percent |
|--------------------|--------------|---------|
| 2010 Age | Demographics | |
| Total population | 576,567 | 100.0 |
| Under 5 years | 38,906 | 6.7 |
| 5 to 9 years | 37,499 | 6.5 |
| 10 to 14 years | 36,372 | 6.3 |
| 15 to 19 years | 34,785 | 6.0 |
| 20 to 24 years | 30,652 | 5.3 |
| 25 to 29 years | 31,618 | 5.5 |
| 30 to 34 years | 29,400 | 5.1 |
| 35 to 39 years | 31,139 | 5.4 |
| 40 to 44 years | 35,575 | 6.2 |
| 45 to 49 years | 39,698 | 6.9 |
| 50 to 54 years | 38,873 | 6.7 |
| 55 to 59 years | 34,986 | 6.1 |
| 60 to 64 years | 35,960 | 6.2 |
| 65 to 69 years | 31,740 | 5.5 |
| 70 to 74 years | 26,474 | 4.6 |
| 75 to 79 years | 23,556 | 4.1 |
| 80 to 84 years | 19,724 | 3.4 |
| 85 years and over | 19,610 | 3.4 |
| | | |
| Median age (years) | 42.6 | |

Source: US Census 2010

County Population by Race/Ethnicity/Sex

Race Distribution: 2010

| Total: | 576,567 |
|--|---------|
| White alone | 524,577 |
| Black or African American alone | 18,164 |
| American Indian and Alaska Native alone | 966 |
| Asian alone | 10,081 |
| Native Hawaiian and Other Pacific Islander alone | 129 |
| Some other race alone | 14,165 |
| Two or more races: | 8,485 |
| Ethnicity | |
| Hispanic or Latino | 47, 783 |

<u>Sex</u>

Male: 276,302 Female: 300,265

Ocean County's population experienced substantial Hispanic growth from 2000-2010 by 86%. Hispanics accounted for 8.3%, while the Older Adult population accounted for 21% of the total county population. The highest age group was seen in the 45-54 year olds at 13.6%, followed by the 35-44 year olds at 11.6% of the total county population with the lowest group being the 20-24 year olds at 5.3%.

Source: US Census 2010 and Ocean County Data Book 2010: Comparison of Profiles of General Demographic Characteristics for Ocean County 2000-2010.

Socio- Economic Profile: 2010

| Ocean County New Jersey |
|-------------------------|
|-------------------------|

| Child Poverty | 21% | 14% | |
|---|--|--|--|
| Unemployment | 9.9% | 8.7% | |
| Median Income of Families with Children | \$73, 324 | \$83,208 | |
| | | | |
| Percentage of Households spending more than 30% on housing | 63% | 51% | |
| Children receiving welfare (TANF) | 1,429 (2007) 2,634 (2011) 84% | 66,067 (2007) 70,831 (2011) | |
| Children receiving NJ SNAP (Food Stamps) | 10,348 (2007) 26,320 (2011) | 208,790 (2007) 76% 368,173 (2011) | |
| Children receiving Free-or Reduced Price School Breakfast | 3,065 (2008-2009) 4,227 (2010-2011) (38% change) | 119,030 (2008-09) 135,813 (2010-11) (14% change) | |

Source: 2012 Kids Count

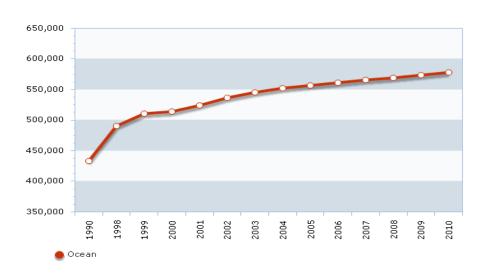
Ocean County's child poverty rate rose from 13% in 2009 to 21% in 2010. Ocean County families earned less overall in 2010 than in 2009 with median annual family income declining from \$76,000 to \$73,000. More children received a healthy meal at the start of the school day thru the School Breakfast Program up 19% in 2010-2011 school year.

Eleven of New Jersey's large counties reported average weekly wages at or above the \$916 national average in the third quarter of 2011. Four counties (Somerset, Morris, Hudson, and Mercer) surpassed \$1,200 weekly and ranked in the top 10 percent nationwide. Ocean County reported weekly wages of \$736, the lowest of all New Jersey's large counties and ranked in the bottom quartile at 284th.

Source: Bureau of Labor Statistics May 2012

Ocean County Population Growth

| | i |
|-------|---------|
| Ocean | |
| 1990 | 433,203 |
| 1998 | 490,104 |
| 1999 | 510,916 |
| 2000 | 513,686 |
| 2001 | 523,696 |
| 2002 | 536,601 |
| 2003 | 545,479 |
| 2004 | 551,798 |
| 2005 | 556,525 |
| 2006 | 561,748 |
| 2007 | 565,525 |
| 2008 | 569,662 |
| 2009 | 573,678 |
| 2010 | 577,603 |

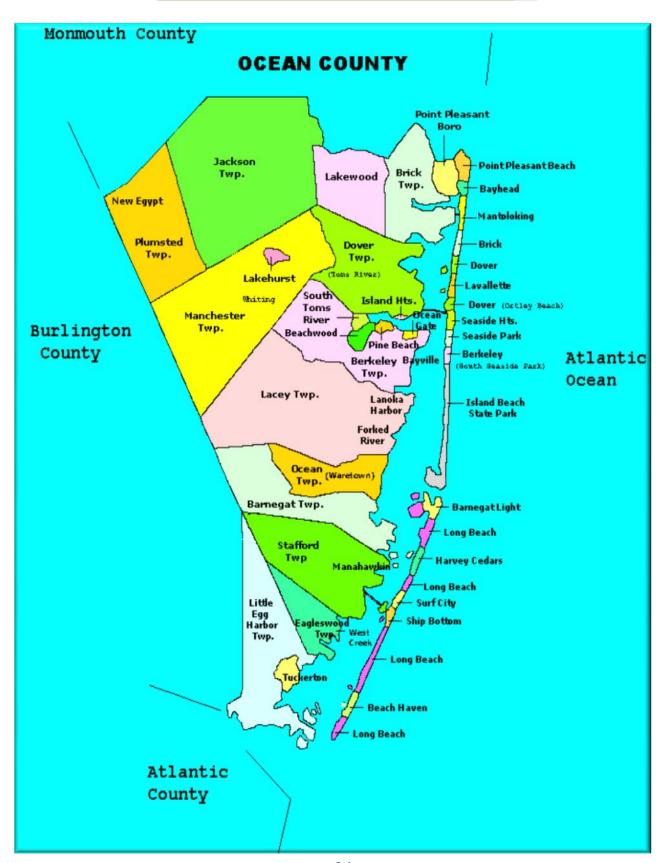


Source: 2012 Kids Count

Ocean County has seen a steady increase in population growth within the last decade. Ocean County had the largest net population increase (+65,651) in the state from 2000 to 2010, followed by Middlesex (+59,696), Gloucester (+33,615), Somerset (+25,954), Burlington (+25,340), and Hudson (+25,291) accounted for more than 62 percent of the state's total population growth. Ocean County added more residents than any other county in the state.

Source: NJ Dept. Of Labor and Workforce Development-March 2011

Ocean County Municipalities

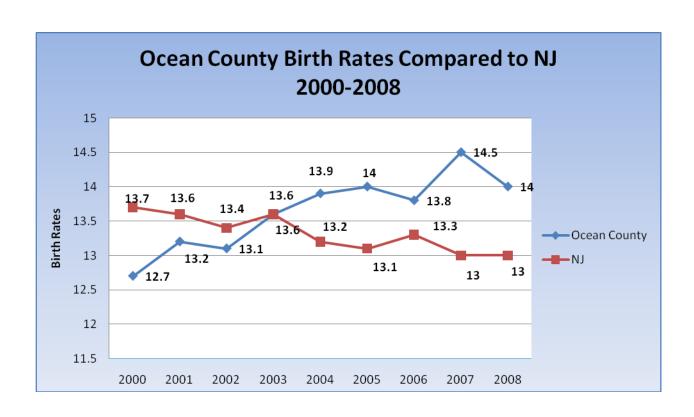


Maternal, Infant and Child Health

| Birth Rates Per 1,000 Population 2000-2008 | | | | |
|--|-------------------------|-----------------------|------------|--|
| Ocean County Vs. New Jersey | | | | |
| Year | Ocean County Rate | New Jersey Rate | Difference | |
| 2000 | 12.7 | 13.7 | 0.0 | |
| 2001 | 13.2 | 13.6 | -0.4 | |
| 2002 | 13.1 | 13.4 | -0.3 | |
| 2003 | 13.6 | 13.6 | 0.0 | |
| 2004 | 13.9 | 13.2 | 0.7 | |
| 2005 | 14 | 13.1 | 0.9 | |
| 2006 | 13.8 | 13.3 | 0.5 | |
| 2007 | 14.5 | 13 | 1.5 | |
| 2008 | 14 | 13 | 1.0 | |

The birth rate in Ocean County has been steadily increasing within the last decade with the increase in population growth. Birth rate data comes from the NJ Electronic Birth Certificate Databases helps to track birth rate patterns across counties in New Jersey, and also assist in understanding population growth patterns. Many factors can affect pregnancy and childbirth, including: preconception health status, age, access to appropriate healthcare, and poverty. Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include: hypertension, heart disease, diabetes, depression, genetic conditions, sexually transmitted diseases (STDs), tobacco use and alcohol abuse.

Source: NJ Dept. of Health-NJSHAD Birth Data and CDC Birth Outcomes



| Lakewood | Seaside Heights Boro | Lakehurst | South Toms River | Beachwo |
|----------|---|-----------|------------------|---------|
| | 2000-2008 (exclusive of *Five highest birt | | • | |
| | Rates per 1,000 by Mo | | • | |
| | | | | |

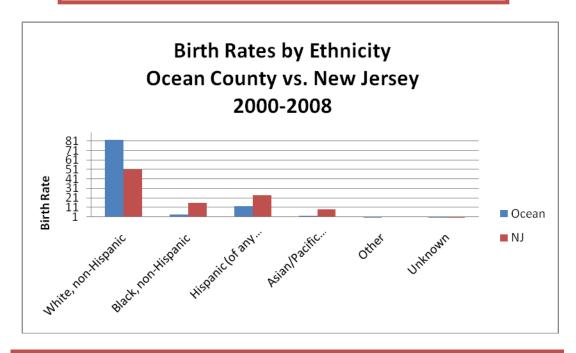
| | Lakewood | Seaside Heights Boro | Lakehurst | South Toms River | Beachwood |
|--------------|----------|----------------------|-----------|------------------|-----------|
| Average Rate | 41.7% | 18.4% | 15.3% | 15.2% | 14.0% |
| 2000 | 31.9 | 20.3 | 16.6 | 10.2 | 12.9 |
| 2001 | 34.9 | 16.9 | 19.3 | 14.6 | 14.5 |
| 2002 | 36.3 | 21.1 | 11.6 | 16.4 | 13.8 |
| 2003 | 40.2 | 23.5 | 16.3 | 14.1 | 12.2 |
| 2004 | 42.2 | 21.7 | 13.4 | 14.6 | 14.8 |
| 2005 | 44.5 | 16.5 | 16.8 | 12.2 | 14.8 |
| 2006 | 45.1 | 16.4 | 13.4 | 18.0 | 13.6 |
| 2007 | 49.5 | 14.8 | 14.7 | 18.6 | 14.3 |
| 2008 | 48.6 | 15.3 | 15.5 | 18.0 | 15.4 |

Source: NJDH -NJSHAD Birth Population per Municipality

Lakewood Township has had the highest population growth in the county from 2000-2010, thus the increase in the birth rate at 41.7%. Seaside Heights Boro (18.4%) followed with the more transient population due to the higher emergency housing availability followed by South Toms River at 15.2% and Beachwood at 14.0%.

Birth Rate by Race/Ethnicity

White, non-Hispanics had the highest number of births at 82% of the total county births from 2000-2008, followed by Hispanics at 12.3% and Black, non-Hispanics at 3.5%.

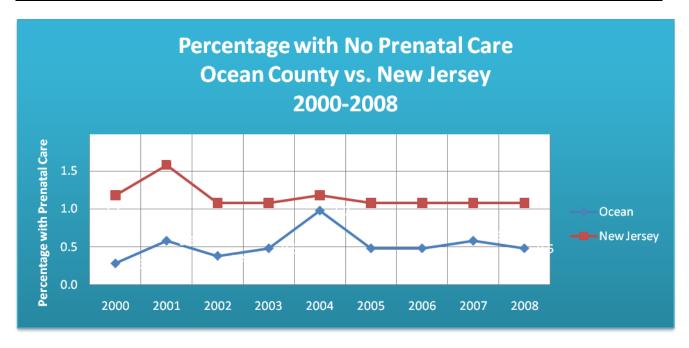


| Birth Rate from 2000-2008 | Ocean | NJ |
|--------------------------------------|-------|-------|
| White, non-Hispanic | 82% | 50.6% |
| Black, non-Hispanic | 3.5% | 15.6% |
| Hispanic (of any race) | 12.3% | 24% |
| Asian/Pacific Islander, non-Hispanic | 1.8% | 9.1% |
| Other | 0.26% | 0.54% |
| Unknown | 0.05% | 0.16% |

Source: NJDH -NJSHAD Birth Population by Year and Race/Ethnicity Combined

Percentage of Women Receiving Prenatal Care

| Percentage of Women Receiving Prenatal Care - 2000-2008 | | | | | |
|---|-------------------------|------------|--|--|--|
| Ocean County vs. Nev | v Jersey HNJ2020: Targe | et 79.4% | | | |
| Type of Prenatal Care | Ocean County | New Jersey | | | |
| Prenatal Care starting in 1st | | | | | |
| trimester | 82% | 80% | | | |
| Prenatal Care starting in 2nd | | | | | |
| trimester | 15% | 16% | | | |
| Prenatal Care starting in 3rd | | | | | |
| trimester | 2.4% | 3.7% | | | |
| No prenatal care | 0.6% | 0.3% | | | |



Source: NJ Department of Health -NJ SHAD Birth Data

Early prenatal care is recommended to all pregnant women because of its potential to improve the health of mothers and infants. Inadequate or lack of prenatal care has been associated with increased risk of low birth-weight infants, premature births, neonatal mortality, infant mortality, and maternal mortality.

Ocean County has a higher percentage of women starting prenatal care within their first trimester compared to New Jersey's rate.

Source: Centers for Disease Control 2010 Pregnancy Nutrition Surveillance by County, NJ Dept. of Health-NJ SHAD Birth Data

Low Birth-Weight Infants

Percentage of Low Birth-Weight Infants Per Total Live Births (less than 2500 grams/ 5lbs. & 8.18oz) by Year and Ethnicity 2000-2008

| Year | White, N Hispar HNJ2020 | nic | Black, I Hispa HNJ2020 | nic | Hispa (any ra HNJ202 (| ace) | Asian/Pa Island HNJ2020 | er |
|------|--------------------------------------|------|-------------------------------------|-------|-------------------------------------|------|--------------------------------------|------|
| | Ocean | NJ | Ocean | NJ | Ocean | NJ | Ocean | NJ |
| 2000 | 5.6% | 6.2% | 15.2% | 13.2% | 5.8% | 7.3% | 8.2% | 7.2% |
| 2001 | 6.2% | 6.6% | 9.0% | 13.0% | 6.9% | 7.0% | 10.8% | 7.7% |
| 2002 | 6.2% | 6.8% | 14.5% | 13.2% | 6.8% | 7.0% | 8.0% | 7.7% |
| 2003 | 6.6% | 7.0% | 11.4% | 13.3% | 6.9% | 7.2% | 8.8% | 7.8% |
| 2004 | 6.2% | 7.2% | 15.8% | 13.7% | 6.5% | 7.2% | 8.9% | 8.0% |
| 2005 | 5.3% | 7.0% | 15.9% | 13.5% | 6.8% | 7.3% | 7.1% | 8.3% |
| 2006 | 5.5% | 7.3% | 15.0% | 14.1% | 4.8% | 7.5% | 7.7% | 8.5% |
| 2007 | 6.1% | 7.4% | 16.0% | 13.4% | 6.5% | 7.5% | 7.8% | 8.3% |
| 2008 | 5.6% | 7.3% | 9.2% | 13.0% | 8.0% | 7.5% | 8.6% | 8.3% |

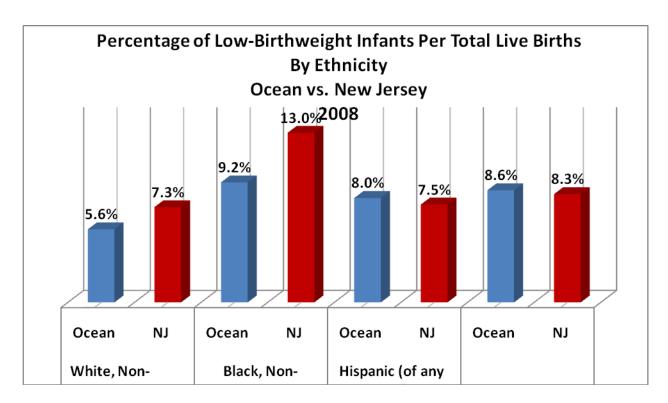
The Black, Non-Hispanic race group in Ocean County had the highest percentages of low birth-weight infants. Asian/Pacific Islanders, Non-Hispanics had a higher percentage of low birth-weight infants in Ocean County compared to White, Non-Hispanic and Hispanics (of any race).

Source: NJ Department of Health, NJ SHAD Birth Data

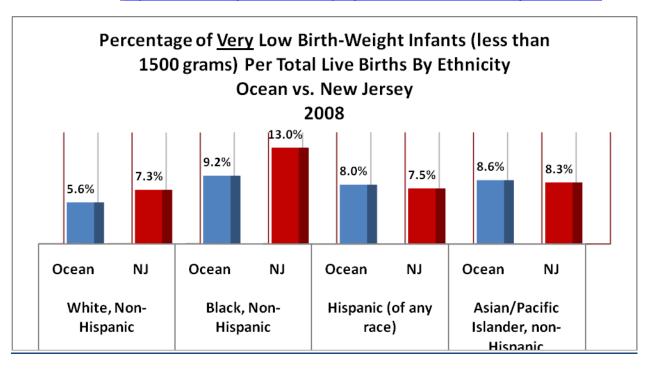
Source: NJ Department of Health -NJ SHAD Birth Data

Low Birth-Weight (LBW) is a determinant of neonatal and post neonatal mortality. LBW infants who survive are at increased risk for health problems including neurodevelopment disabilities and respiratory disorders. Ocean County has remained one of the counties with the lowest low birth-weight infants ranking number one at 6.5% from the 21 counties in the state.

Source: 2011 CDC Pediatric Nutrition Surveillance



Source: http://www4.state.nj.us/dhss-shad/query/result/birth/BirthWtLowCnty/BirthWt.html



HNJ2020 1.2% HNJ2020 2.9% HNJ2020 1.4% HNJ2020 1.0%

Infants, who are very low in birth- weight (less than 1,500 grams, or three pounds, four ounces) have a 24-percent chance of dying within their first year. Mortality among heavier, but still low birth-weight, babies (between 1,500 and 2,499 grams, or five pounds, eight ounces) is much lower (at around two percent), though still higher than the mortality of babies who are born above that weight (about one-quarter of a percent). Risk factors for low and very low birth-weight include maternal smoking, low maternal weight gain or low pre-pregnancy weight, maternal or fetal stress, infections, and violence toward the pregnant woman. In Ocean County, Blacks had a higher percentage of having very low birth-weight infants at 9.2% lower than the New Jersey's average of 13%. However we are higher in very low birth-weight infants for Asian/Pacific Islanders at 8.6% and for Hispanics at 8.0% than the New Jersey's average of 8.3% and 7.5% respectively. **Source**: CDC Birth Outcomes Data

Women Enrolled in the Ocean County Women, Infants and Children (WIC) Program within their First-Trimester

| YEAR | Pregnant | 1st Trimester enrollment | Breastfeeding Women | Post Partum Women |
|------|----------|--------------------------------|------------------------|-------------------------|
| 2000 | 1,568 | 255 | 1,457 | 1,083 |
| 2001 | 1,654 | 241 | 1,560 | 1,117 |
| 2002 | 1,739 | 299 | 1,666 | 1,248 |
| 2004 | 1,550 | 192 | 1,721 | 1,263 |
| 2005 | 1,747 | 197 | 1,974 | 1,404 |
| 2006 | 1,816 | 202 | 2,000 | 1,532 |
| 2007 | 1,981 | 251 | 2,130 | 1,639 |
| 2008 | 2,408 | 410 | 2,442 | 1,691 |
| 2009 | 3,194 | 639 | 3,102 | 1,783 |
| 2010 | 3,224 | 827 | 3,477 | 1,697 |
| 2011 | 3,472 | 977 | 3,716 | 1,571 |

| Pregnant Women Enrolled in WIC | | | | | | |
|--------------------------------|---------------------------------|----------------------|--|--|--|--|
| | < 18 years old and > 40 yrs old | | | | | |
| Year | < 18 years | <u>> 40 years</u> | | | | |
| 2003 | 85 | 36 | | | | |
| 2004 | 73 | 31 | | | | |
| 2005 | 72 | 43 | | | | |
| 2006 | 86 | 29 | | | | |
| 2007 | 2007 79 38 | | | | | |
| 2008 | 2008 81 59 | | | | | |
| 2009 | 79 | 55 | | | | |

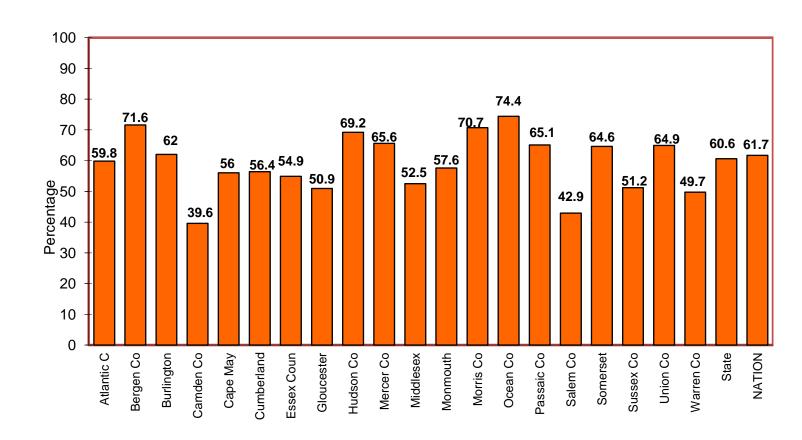
Ocean County WIC Program Breastfeeding Rates

Breastfeeding rates in the Ocean County WIC Program are the highest in the State of New Jersey for exclusively breastfed infants. An increase in breastfeeding funds to support more breastfeeding services has greatly increased the rates in the program. Ocean County has ranked number one in the State of New Jersey for infants exclusively breastfed for 6 months with a rate of 24.0%-HNJ2020 Target 20%, and exclusively breastfed infants for 3 months the rate is 25.8%-HNJ2020 Target 45% in 2011. For infants breasted for 12 months, Ocean County's rate was at 42.3%-HNJ2020 Target 30% and for infants breastfed for at least 6 months, Ocean County's rate was at 58.0%-HNJ2020 Target 60%.

Ocean County has surpassed or is very near the HNJ2020 targets for breastfeeding rates.

Source: 2010 CDC Pediatric Nutrition Surveillance and Ocean County WIC Program

Percentage of Infants ever Breastfed by County-2010

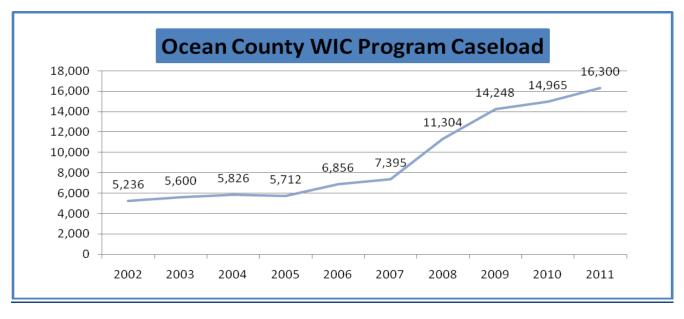


WIC Program Participation in Ocean County

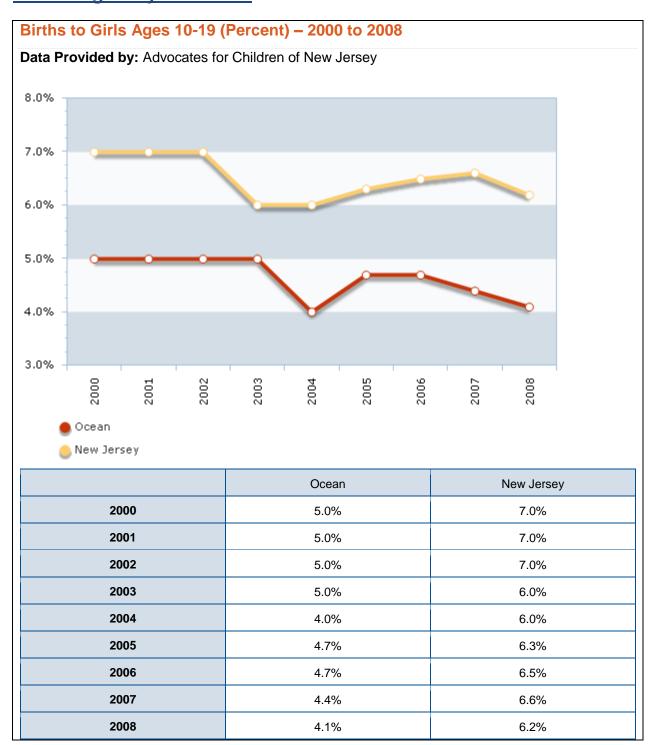
| Year | Ocean County | Percentage of Ocean County Population | NJ |
|------|-----------------|--|---------|
| 2002 | 5,236 | .97% | NA |
| 2003 | 5,600 | 1.02% | NA |
| 2004 | 5,826 | 1.05% | NA |
| 2005 | 5,712 | 1.02% | NA |
| 2006 | 6,856 | 1.22% | NA |
| 2007 | 7,395 | 1.3% | 150,502 |
| 2008 | 11,304 | 1.98% | 159,064 |
| 2009 | 14,248 | 2.48% | 169,078 |
| 2010 | 14,965 | 2.59% | 171,060 |
| 2011 | 16,300 | 2.81% | 168,467 |

The population in Ocean County has been growing in the last ten years with a 12.8% increase. The Ocean County WIC Program saw a 220% increase in caseload participation from 2007 to 2011 reflecting the economic recession and population growth in the county. The growth in participation has been a combination of pregnant, breastfeeding, infant and children. In 2012, the Ocean County WIC participation increased to 17,303 or 3.03% of the total county population. The increase in income guidelines for eligibility has increased as well from 2.57% for a family of one to 3.35% or \$71,947 for a family of eight. Annual totals reflect an unduplicated count per participant.

Source: Ocean County WIC Program USDA Annual State Level Participation



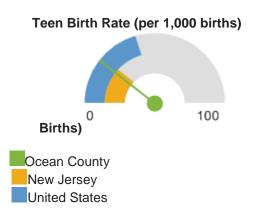
Teen Pregnancy 2000-2008



| Ocean County Hospital Deliveries per Municipality of Residence for 00-17 year olds | 2008 | 2009 | 2010 | Total |
|--|------|-----------|------|-------|
| | | | | |
| Lakewood Township | 39 | 31 | 26 | 96 |
| Toms River Township | 7 | 14 | 6 | 27 |
| Brick Township | 7 | 2 | 4 | 13 |
| Jackson Township | 4 | 6 | 1 | 11 |
| Lacey Township | 3 | 3 | 3 | 9 |
| Point Pleasant Borough | | 3 | 5 | 8 |
| Barnegat Township | 4 | 2 | 2 | 8 |
| Tuckerton Borough | 2 | 4 | 1 | 7 |
| Beachwood Borough | 2 | 2 | 2 | 6 |
| Seaside Heights Borough | 2 | 1 | 2 | 5 |
| Little Egg Harbor Township | 1 | 1 | 3 | 5 |
| South Toms River Borough | 1 | 2 | 2 | 5 |
| Berkeley Township | 3 | | 1 | 4 |
| Lakehurst Borough | 2 | 1 | | 3 |
| Pine Beach Borough | | 1 | 2 | 3 |
| Ocean Township | | 2 | | 2 |
| Manchester Township | | 1 | 1 | 2 |
| Ocean Gate Borough | 1 | | | 1 |
| Stafford Township | 1 | | | 1 |
| Island Heights Borough | 1 | | | 1 |
| Grand Total | 80 | 76 | 61 | 217 |

Source: NJ UB92/UB04 Data via Health Care Decision Analyst

| Report Area | Female Population Age 15 - 19 | Births to Mothers Age 15 - 19 | Teen Birth Rate (Per 1,000 Births) |
|------------------------|-------------------------------------|-------------------------------------|--|
| Ocean County | 114,880 | 2,401 | 20.90 |
| New Jersey | 2,007,078 | 48,772 | 24.30 |
| United States | 72,071,117 | 2,969,330 | 41.20 |
| HNJ2020 target rate | | | 11.4 |



Data Source: <u>Centers for Disease Control and Prevention, National Vital Statistics Systems, 2003-2009</u>

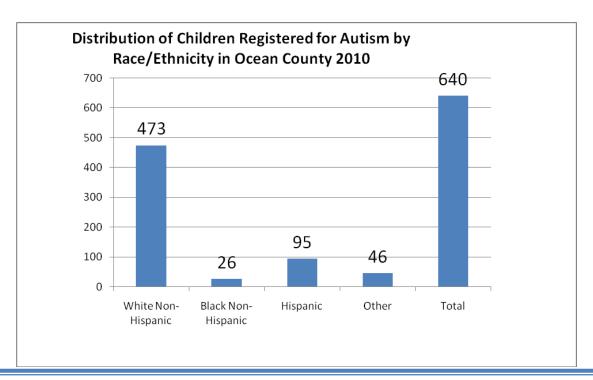
Lead Testing: Ocean County 2000-2011

| Age of Children | Total tested | Within Normal Limits | Elevated >=10ug/dL | Unable to Calculate | HNJ2020 Targets 1-5 year olds >=10ug/dL |
|--------------------|--------------|----------------------------|-----------------------|------------------------|---|
| 0-23 months | 41,939 | 41,325 | 525 | 91 | NA |
| 24-35 months | 17,327 | 16,917 | 389 | 21 | NA |
| 36-47 months | 11,146 | 10,909 | 220 | 17 | NA |
| 48-59 months | 9,617 | 9,486 | 121 (1.2%) | 10 | 0.9% |
| 17 years or older | 1,024 | 981 | 16 | 27 | NA |

| Race | <u>Elevated</u> | Normal Limits | <u>Total</u> |
|------------------------|-----------------|---------------|--------------|
| Non-Hispanic or Latino | 5 | 7 | 12 |
| Black | 19 | 17 | 36 |
| Hispanic or Latino | 455 | 211 | 667 |
| White | 71 | 53 | 124 |
| Asian/Pacific | 1 | 1 | 2 |
| Islander | | | |
| Missing | 931 | 98,397 | 99,533 |

Source: LeadTrax Management Reports

Lead is a potent, pervasive neurotoxicant, and elevated blood levels (EBLL) can result in decreased IQ, academic failure, and behavioral problems in children. Blood levels greater than 10ug/dL can result in decreased cognitive function, developmental delays, and behavioral problems. Children in low income families have been considered at greater risk for elevated blood levels. Medicaid-eligible children are being tested more and treated faster. Hispanics in Ocean County have had the highest incidence of elevated lead tests. Lead investigations are performed by the Environmental staff when a child is reported with EBLL. Exposure to lead can have a wide range of effects on a child's development and behavior. Even when exposed to small amounts of lead levels, children may appear inattentive, hyperactive and irritable. Children with greater lead levels may also have problems with learning and reading, delayed growth and hearing loss. At high levels, lead can lead to permanent brain damage and even death. (Source: AACP 2010) There has been a decrease in funding in testing for lead in homes in the State of NJ.



Note: Excludes anonymous registrations. The chart reflects the number of children reported to the Autism Registry and does not represent all possible children with autism living in Ocean County. Most counties have reported cases of Autism to the Special Child Health Registry; however, more cases were reported in some counties than in others. Three counties (Hudson, Ocean, and Essex) were three of the four counties (excludes Union) that participated in the CDC Autism Developmental Disabilities Monitoring (ADDM) Network Project.ii This CDC study concluded that the rate of Autism in New Jersey is 10.6 per 1,000 children or 1 out of 94 children. Source: NJ Special Child Health Registry 2010

Ocean County Early Intervention Diagnosis from 2007-2011

| Diagnosis | 0 years old | One year old | Two year old | Age Unknown |
|-------------------|-------------|--------------|--------------|-------------|
| Apert's | 1 | 0 | 0 | 0 |
| Syndrome | | | | |
| Autism | 0 | 23 | 146 | 110 |
| Down Syndrome | 24 | 1 | 0 | 51 |
| Hearing Impaired | 18 | 11 | 5 | 50 |
| Cleft Palate | 3 | 0 | 0 | 16 |
| Trisomy 13,18,& | 4 | 3 | 0 | 14 |
| others | | | | |
| Visually Impaired | 12 | 6 | 1 | 38 |

The New Jersey Early Intervention System (NJEIS) implements New Jersey's statewide system of services for infants and toddlers, birth to age three, with developmental delays or disabilities. From 2007-2011, in Ocean County the highest race with the most cases were White-Non Hispanics with 5,432 cases of Early Intervention cases diagnosed, followed by White Hispanics (1,159 cases), other or multiple races (628 cases), Blacks Non Hispanics (124 cases) ending with American and Asian Indians at 42 and 43 cases respectively. Source: Ocean County Health Department Early Intervention Program.

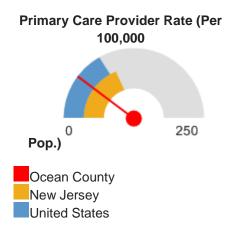
Access to Care

HNJ2020: Increase the proportion of persons with a personal doctor or health care provider: Target: 95%

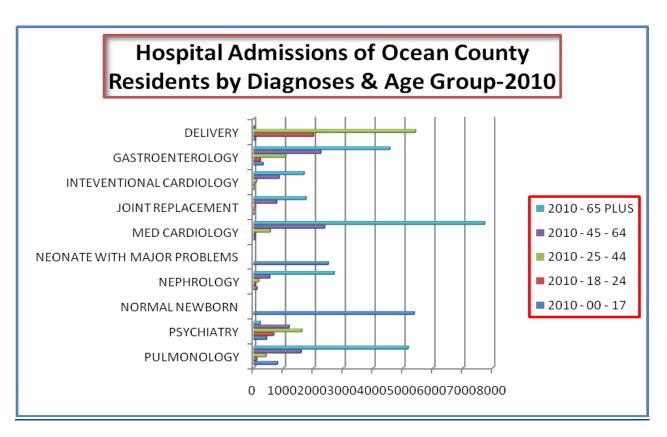
A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

This indicator reports the number of primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

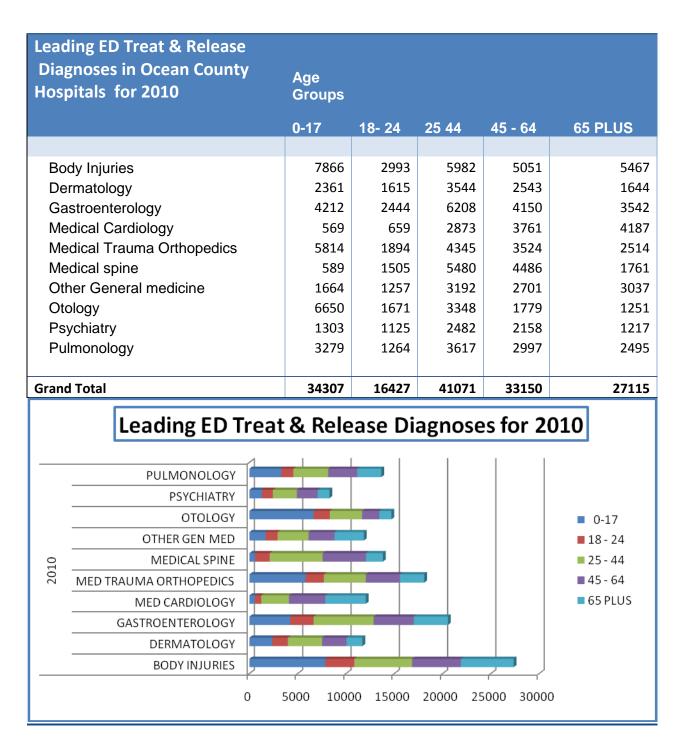
| Report Area | Total Population | Total Primary Care Providers | Primary Care Provider Rate (Per 100,000 Pop.) |
|-----------------|---------------------|------------------------------------|--|
| Ocean County | 576,567 | 298 | 51.60 |
| New Jersey | 8,791,894 | 8,538 | 97.10 |
| United States | 312,471,327 | 264,897 | 84.70 |



Data Source: <u>U.S. Health Resources and Services Administration Area</u> Resource File, 2011.

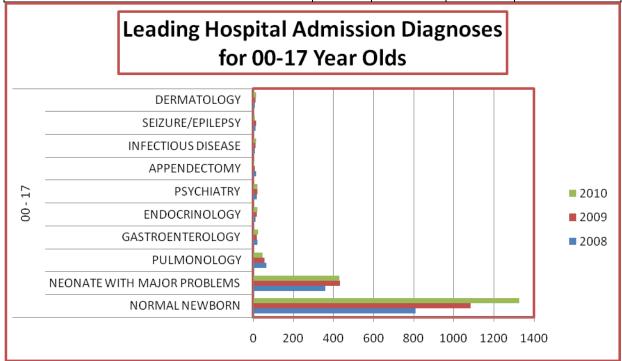


| Leading Ocean County Hospitals Admission Diagnoses by Age Group for 2010 | 00 - 17 | 18 -24 | 25- 44 | 45 -64 | 65 PLUS | Total |
|--|---------|--------|--------|--------|------------|--------|
| Pulmonology | 793 | 97 | 410 | 1,584 | 5,162 | 8,046 |
| Psychiatry | 428 | 663 | 1,607 | 1,179 | 214 | 4,091 |
| Normal newborn | 5,366 | | | | | 5,366 |
| Nephrology | 109 | 63 | 166 | 532 | 2,688 | 3,558 |
| Neonate with major problems | 2,490 | | | | | 2,490 |
| Medical cardiology | 48 | 42 | 552 | 2,370 | 7,726 | 10,738 |
| Joint replacement | 1 | 2 | 53 | 768 | 1,746 | 2,570 |
| Interventional cardiology | 3 | 6 | 96 | 852 | 1,680 | 2,637 |
| Gastroenterology | 309 | 221 | 1,074 | 2,245 | 4,551 | 8,400 |
| Delivery | 61 | 1,995 | 5,411 | 14 | | 7,481 |
| Grand Total | 9,608 | 3,089 | 9,369 | 9,544 | 23,767 | 55,377 |



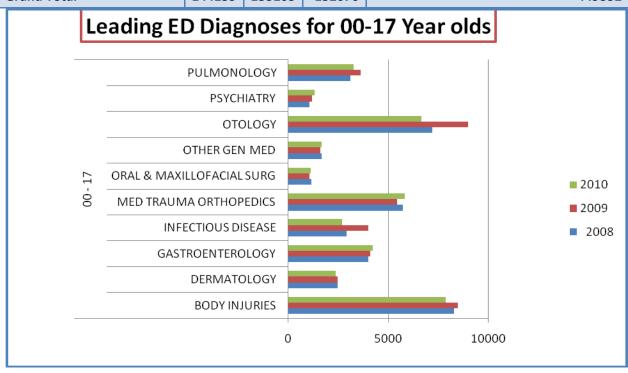
Access to Care: Infants and Children from 00-17 Years of Age

| Leading Hospital Admissions Diagnoses in | | | | |
|--|--------|--------|--------|--------------------|
| Ocean County for 00-17 year olds | 2008 | 2009 | 2010 | Grand Total |
| Normal Newborn | 5,191 | 5,398 | 5,366 | 15,955 |
| Neonate with major problems | 2,695 | 2,614 | 2,490 | 7,799 |
| Pulmonology | 759 | 830 | 793 | 2,382 |
| Psychiatry | 387 | 403 | 428 | 1,218 |
| Gastroenterology | 381 | 296 | 309 | 986 |
| Endocrinology | 251 | 259 | 226 | 736 |
| Seizure/Epilepsy | 178 | 174 | 156 | 508 |
| Infectious disease | 178 | 165 | 177 | 520 |
| Appendectomy | 152 | 138 | 129 | 419 |
| Dermatology | 131 | 137 | 160 | 428 |
| Grand Total | 10,303 | 10,414 | 10,234 | 30,951 |



<u>Leading ED Diagnoses- Treat and Release in Ocean County Hospitals for</u>
<u>0-17 year olds</u>

| Diagnoses | 2008 | 2009 | 2010 | Total |
|---------------------------|--------|--------|--------|--------|
| BODY INJURIES | 27416 | 28000 | 27359 | 82775 |
| GASTROENTEROLOGY | 18450 | 19483 | 20556 | 58489 |
| MED TRAUMA ORTHOPEDICS | 17147 | 17162 | 18091 | 52400 |
| OTOLOGY | 15238 | 18121 | 14699 | 48058 |
| PULMONOLOGY | 13703 | 14748 | 13652 | 42103 |
| MEDICAL SPINE | 12280 | 13311 | 13821 | 39412 |
| MED CARDIOLOGY | 10676 | 11775 | 12049 | 34500 |
| DERMATOLOGY | 11244 | 11520 | 11707 | 34471 |
| OTHER GEN MED | 11178 | 11395 | 11851 | 34424 |
| PSYCHIATRY | 6827 | 7588 | 8285 | 22700 |
| Grand Total | 144159 | 153103 | 152070 | 449332 |



Federally Qualified Health Center Visits by Municipality

Ocean County Health Centers Aggregated Data Visits Ages 0-17 2009-2011

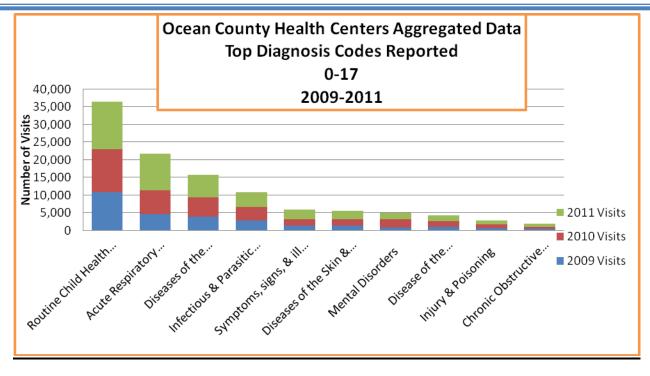
| | 2009 | 2010 | 2011 |
|-------------------|--------|--------|--------|
| Municipality | Visits | Visits | Visits |
| Barnegat | 237 | 196 | 337 |
| Barnegat Light | 8 | 2 | 1 |
| Bayville | 840 | 874 | 963 |
| Beach Haven | 100 | 70 | 92 |
| Beachwood | 645 | 661 | 899 |
| Brick | 465 | 496 | 617 |
| Forked River | 344 | 332 | 408 |
| Island Heights | 40 | 29 | 26 |
| Jackson | 519 | 605 | 705 |
| Lakehurst | 168 | 196 | 315 |
| Lakewood | 26,853 | 35,560 | 43,782 |
| Lavallette | 46 | 66 | 77 |
| Little Egg Harbor | | 9 | 4 |
| Manahawkin | 217 | 197 | 372 |
| Manchester | 315 | 338 | 485 |
| Mantoloking | 9 | 18 | 7 |
| New Egypt | 20 | 51 | 29 |
| Ocean Gate | 75 | 63 | 109 |
| Pine Beach | 21 | 64 | 55 |
| Point Pleasant | 3 | 5 | 15 |
| Point Pleasant B | 145 | 244 | 276 |
| Seaside Heights | 553 | 705 | 829 |
| Seaside Park | 79 | 63 | 97 |
| Toms River | 4,068 | 4,301 | 5,048 |
| Tuckerton | 227 | 253 | 400 |
| Waretown | 84 | 55 | 62 |
| West Creek | 39 | 18 | 46 |
| Whiting | 6 | | 11 |
| Total | 36,126 | 45,471 | 56,067 |

Ocean County Health Centers Aggregated Data Top 10 Diagnoses Reported Ages 0-17 2009-2011

| Diagnosis | 2009 | 2010 | 2011 |
|--|--------|--------|--------|
| | Visits | Visits | Visits |
| Routine Child Health Exam | 10,835 | 12,108 | 13,534 |
| Acute Respiratory Infections | 4,579 | 6,780 | 10,363 |
| Diseases of the Nervous System & Sense Organs | 3,806 | 5,594 | 6,310 |
| Infectious & Parasitic Disease | 2,771 | 3,928 | 4,042 |
| Symptoms, Signs, & III Defined Conditions | 1,393 | 1,722 | 2,777 |
| Diseases of the Skin & Subcutaneous Tissue | 1,301 | 1,943 | 2,297 |
| Mental Disorders | 885 | 2,278 | 1,832 |
| Disease of the Digestive System | 1,071 | 1,529 | 1,625 |
| Injury & Poisoning | 624 | 1,021 | 1,073 |
| Chronic Obstructive Pulmonary Disease & Allied | | | |
| Conditions | 414 | 602 | 820 |

<u>Symptoms, Signs, & III Defined Conditions</u>: Diagnoses related to individuals reporting symptoms involving the nervous & musculoskeletal systems, skin, nutrition metabolism & development, head& neck, cardiovascular system, respiratory system, chest, digestive system, urinary system, and the abdomen & pelvis.

<u>Chronic Obstructive Pulmonary Disease & Allied Conditions</u>: Diagnoses that may involve chronic/acute bronchitis, emphysema, asthma, conditions related to reactions from inhalation of organic dust, chronic irreversible obstruction of air flow from lungs, and persistent dilation of bronchi.

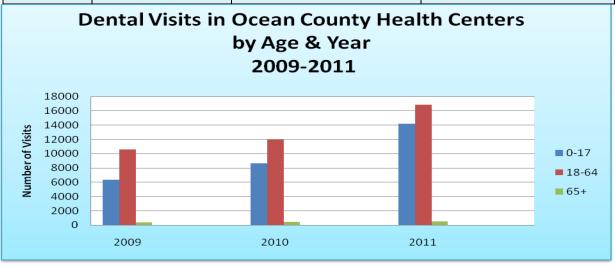


Oral Health Utilization:

HNJ2020: Increase the proportion of the population who had a dental visit in the past 12 months (adults 18+): **Target 76**%

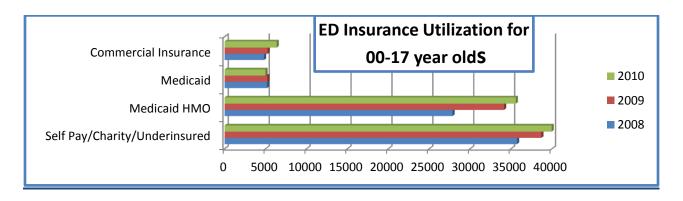
Tooth decay is one of the most preventable chronic diseases especially among children. ED visits for dental treatment increased by 16% from 2006-2009. Dental caries was the principal diagnosis, followed by abscess and Periodontitis. Persons 18-44 accounted for 62% of dental related ED visits. Medicaid was the primary payer followed by private insurance. Nearly half of the patients seen in the ED were uninsured. Source: AHRQ, Healthcare Cost and Utilization Project, Statistical Brief # 143, November 2012

Ocean County Federally Qualified Health Centers Aggregated Data Dental Visits by Age & Year 2009-2011 2009 2010 2011 Age Group **Visits Visits Visits** 14197 0-17 6317 8652 18-64 10599 11957 16866 65+ 400 419 486



Insurance Utilization in Ocean County Hospitals and Federally Qualified Health Centers

| Insurance Utilization for 00-17 Year Olds | | | | | |
|---|----------------|--------|---------|--------|-------|
| Hospital Admissions | ius | | | | |
| Tioophai Haimoololis | | | | | Grand |
| | 20 | 008 2 | 009 | 2010 | Tota |
| Medicaid HMO | 60 | 070 7 | 011 | 8008 | 21089 |
| Self Pay/Charity/Underinsured | 5 | 375 5 | 948 | 6291 | 18114 |
| Medicaid | 3: | 317 3 | 3486 | 3437 | 10240 |
| Commercial Insurance | 18 | 320 1 | 915 | 2528 | 6263 |
| Source: Source: NJ UB92/UB04 Data | | | | | |
| | | | | | |
| | | | | | |
| Insurance Utilized at the Fed | derally Qualif | ied He | ealth (| Center | S |
| Ages 00-1 | 7 years of ag | е | | | |
| | _ | | | | |
| | 2009 | 20 | 10 | 2 | 011 |
| Medicaid | 28,623 | 37, | 944 | 47 | 7,697 |
| Medicare | 2 | | | | |
| No Insurance (Self-pay) | 4,312 | 3,8 | 329 | 4. | ,148 |
| Other | 26 | 3 | 4 | | 33 |
| Private Insurance | 2,975 | 3.6 | 664 | 4 | ,191 |



Adolescents and Adults 18-64 year olds

| Leading Hospital Admissions Diagnoses for 18-64 year olds in Ocean County | | | |
|---|--------|--------|--------|
| Ter 10 04 year olds in occur county | 2008 | 2009 | 2010 |
| DELIVERY | 7,513 | 7,620 | 7,481 |
| GASTROENTEROLOGY | 8,119 | 8,161 | 8,400 |
| INTEVENTIONAL CARDIOLOGY | 2,858 | 2,725 | 2,637 |
| JOINT REPLACEMENT | 2,397 | 2,467 | 2,570 |
| MED CARDIOLOGY | 11,044 | 10,697 | 10,738 |
| NEONATE WITH MAJOR PROBLEMS | 2,695 | 2,615 | 2,490 |
| NEPHROLOGY | 3,218 | 3268 | 3,558 |
| NORMAL NEWBORN | 5,191 | 5,401 | 5,366 |
| PSYCHIATRY | 3,973 | 3,854 | 4,091 |
| PULMONOLOGY | 8,273 | 8,286 | 8,046 |
| Grand Total | 55,281 | 55,094 | 55,377 |

| Leading ED Diagnoses for 18-64 year olds in Ocean County | | | | |
|--|--------|--------|--------|----------------|
| | 2008 | 2009 | 2010 | Grand Total |
| BODY INJURIES | 3,206 | 3089 | 2,993 | 9,288 |
| GASTROENTEROLOGY | 2154 | 2,329 | 2,444 | 6,927 |
| MED TRAUMA ORTHOPEDICS | 1,879 | 1,809 | 1,894 | 5,582 |
| OTOLOGY | 1,721 | 2,013 | 1,671 | 5,405 |
| DERMATOLOGY | 1,612 | 1,707 | 1,615 | 4,934 |
| PULMONOLOGY | 1,329 | 1,522 | 1,264 | 4,115 |
| OTHER GEN MED | 1,277 | 1,213 | 1,257 | 3,747 |
| MEDICAL SPINE | 1,273 | 1,502 | 1,505 | 4280 |
| ANTEPARTUM CARE/HIGH RISK PREGNANCIES | 1,165 | 1,172 | 1,245 | 3,582 |
| PSYCHIATRY | 986 | 1,068 | 1,125 | 3,179 |
| Grand Total | 16,602 | 17,424 | 17,013 | 51,039 |

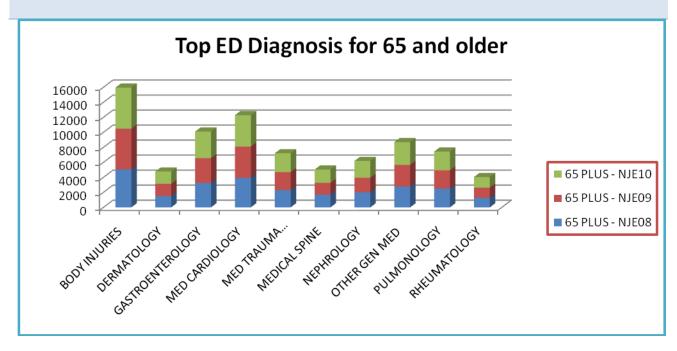
| Ocean County Federally Qualified Health Centers Aggregated Data | | | | | |
|---|--------|--------|--------|--|--|
| Top Patient Diagno | ses | | | | |
| Ages 18-64 | | | | | |
| 2009-2011 | | | | | |
| | 2009 | 2010 | 2011 | | |
| | Visits | Visits | Visits | | |
| Supervision of pregnancy | 8,868 | 7,755 | 7,489 | | |
| Symptoms, signs and ill defined conditions | 6,633 | 6,840 | 8,488 | | |
| Acute Respiratory Infections | 4,311 | 4,913 | 6,219 | | |
| Endocrine, Nutritional and Metabolic Diseases, & Immunity Disorders | 3,057 | 4,200 | 5,581 | | |
| Diseases of the reproductive organs and urinary system | 2,793 | 3,141 | 3,962 | | |
| Diseases of the Musculoskeletal System & Connective Tissue | 2,423 | 3,243 | 4,168 | | |
| Mental Disorders | 1,852 | 2,204 | 4,828 | | |
| Diseases of the Circulatory System | 2,244 | 2,823 | 3,568 | | |
| Diseases of the Nervous System & Sense Organs | 1,503 | 2,206 | 2,578 | | |
| Complications of Pregnancy | 1,906 | 2,204 | 2,173 | | |

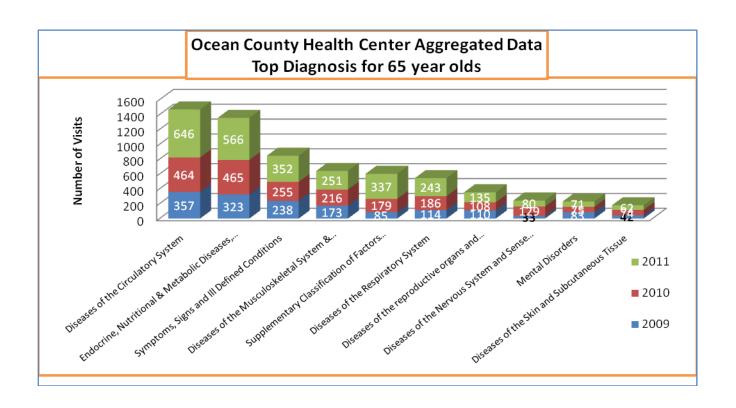
| Insurance Utilization at FQHC's for 18-64 year olds | | | | | | | |
|---|--------|--------|--------|--|--|--|--|
| 2009 2010 2011 | | | | | | | |
| Medicaid | 22,575 | 27,266 | 32,979 | | | | |
| Medicare | 1,042 | 1,120 | 1,760 | | | | |
| No Insurance (Self-pay) | 24,939 | 26,040 | 30,986 | | | | |
| Other | 10 | 55 | 24 | | | | |
| Private Insurance | 4,838 | 6,051 | 9,075 | | | | |
| Worker's Compensation | 1 | 1 | 1 | | | | |

Adults 65 years and older

| Leading Hospital Admissions | | | | | |
|---|--|--|--|--|--|
| Diagnoses for Adults 65 years and older | | | | | |
| in Ocean County | | | | | |

| | 2008 | 2009 | 2010 | Grand Total |
|------------------------------------|--------|--------|--------|--------------------|
| MED CARDIOLOGY | 8,006 | 7,735 | 7,726 | 2,3467 |
| PULMONOLOGY | 5383 | 5213 | 5162 | 15758 |
| GASTROENTEROLOGY | 4472 | 4444 | 4551 | 13467 |
| NEPHROLOGY | 2486 | 2455 | 2688 | 7629 |
| JOINT REPLACEMENT | 1695 | 1680 | 1746 | 5121 |
| INTEVENTIONAL CARDIOLOGY | 1747 | 1631 | 1680 | 5058 |
| MED ONCOLOGY | 1724 | 1523 | 1367 | 4614 |
| INFECTIOUS DISEASE | 1417 | 1506 | 1614 | 4537 |
| STROKE & TRANSIENT ISCHEMIC ATTACK | 1574 | 1565 | 1388 | 4527 |
| ARTERIAL DISEASE | 1145 | 1118 | 1100 | 3363 |
| Grand Total | 29,649 | 28,870 | 29,022 | 87,541 |



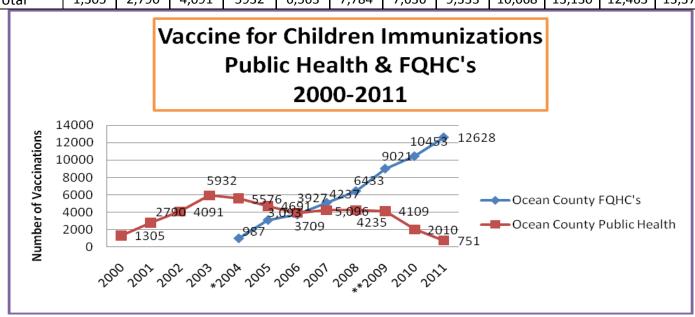


| Insurances Utilized at Health Centers Ages 65+ 2009-2011 | | | | | | | | | |
|--|-------------------------------------|-------|-------|--|--|--|--|--|--|
| | 2009 | 2010 | 2011 | | | | | | |
| Medicaid | 262 | 367 | 305 | | | | | | |
| Medicare | 1,109 | 1,069 | 1,336 | | | | | | |
| No Insurance (Self-pay) | No Insurance (Self-pay) 584 544 579 | | | | | | | | |
| Other 2 | | | | | | | | | |
| Private Insurance | 192 | 152 | 247 | | | | | | |

Vaccination Rates

Ocean County Public Health & FQHC Aggregated Data Vaccine For Children Immunization 2000-2011

| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|---|-------|-------|-------|------|-------|-------|-------|-------|--------|--------|--------|--------|
| Ocean County Health Department | 1,046 | 2,415 | 3,683 | 5482 | 5310 | 4,445 | 3,699 | 3882 | 4053 | 3943 | 1921 | 672 |
| Long Beach Island Health Department | 259 | 375 | 408 | 450 | 266 | 246 | 228 | 355 | 182 | 166 | 89 | 79 |
| Ocean County FQHC's | | | | | 987 | 3,093 | 3709 | 5,096 | 6433 | 9021 | 10453 | 12628 |
| Total | 1,305 | 2,790 | 4,091 | 5932 | 6,563 | 7,784 | 7,636 | 9,333 | 10,668 | 13,130 | 12,463 | 13,379 |



Source: OCHD, LBI and Ocean County Federally Qualified Health Centers

| Year | Ocean County FQHC's VFC | Ocean County Public Health VFC |
|--------|-------------------------|--------------------------------|
| 2000 | | 1305 |
| 2001 | | 2790 |
| 2002 | | 4091 |
| 2003 | | 5932 |
| *2004 | 987 | 5576 |
| 2005 | 3,093 | 4691 |
| 2006 | 3709 | 3927 |
| 2007 | 5,096 | 4237 |
| 2008 | 6433 | 4235 |
| **2009 | 9021 | 4109 |
| 2010 | 10453 | 2010 |
| 2011 | 12628 | 751 |

^{*} Opening of Ocean Health Initiatives (OHI)

The Vaccine for Children (VFC) Program was created to meet the vaccination needs of children from birth to 18 years of age. It is a state administered program for children who are enrolled in Medicaid Managed Care or NJ Family Care. This program is for those that do not have health insurance or are underinsured. Ocean County has a total of 54 VFC Providers which participate in the state program. Data from other VFC providers in Ocean County may be available in the future due to the Department of Health new rules regarding New Jersey Immunization Information System (NJIIS), N.J.A.C. 8:57 - 3.1, which states every health care provider administering vaccines to children less than seven years of age shall register as an NJIIS site, become an authorized user and commence online reporting of vaccinations prior to December 31, 2011. Source: NJ Department of Health

During the H1N1 Pandemic, many new partnerships were established between public health agencies, medical and non-medical vaccination providers for Seasonal Influenza and Pneumonia vaccinations. Changes in law allowing for more pharmacists to administer Influenza and Pneumonia vaccinations have resulted in lesser numbers for public health and medical settings. The availability of vaccinations in non-medical settings can complement health-care provider's efforts by reaching populations less likely to be seen by providers, thus, the decrease in the number of vaccinations in the medical settings.

Source: MMWR/ June 17, 2011/Vol. 60/No. 23

^{**}Opening of Center for Health Education, Medicine and Dentistry (CHEMED)

| | Ocean County Public Health & FQHC's Aggregated Data Seasonal Influenza Vaccinations 2000-2011 | | | | | | | | | | | |
|---|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| Ocean County Health Department | 28,997 | 39,243 | 31,753 | 29,318 | 25,439 | 27,856 | 20,425 | 16,145 | 13,159 | 17,910 | 7,694 | 5,492 |
| Long Beach Island Health Department | 1,345 | 1,250 | 1,845 | 1,880 | 1,820 | 1,400 | 816 | 1,061 | 1,015 | 2,211 | 808 | 842 |
| Ocean County FQHC's | | | | | 30 | 201 | 237 | 224 | 1,465 | 2,702 | 1,144 | 1,676 |
| Total | 30,342 | 40,493 | 33,598 | 31,198 | 27,289 | 29,457 | 21,478 | 17,430 | 15,639 | 22,823 | 9,646 | 8,010 |
| % of county | | | | | | | | | | | | |
| Population receiving Influenza vaccinations | 5.9% | 7.7% | 6.3% | 5.7% | 4.9% | 5.3% | 3.8% | 3.1% | 2.7% | 4.0% | 1.7% | 1.4% |

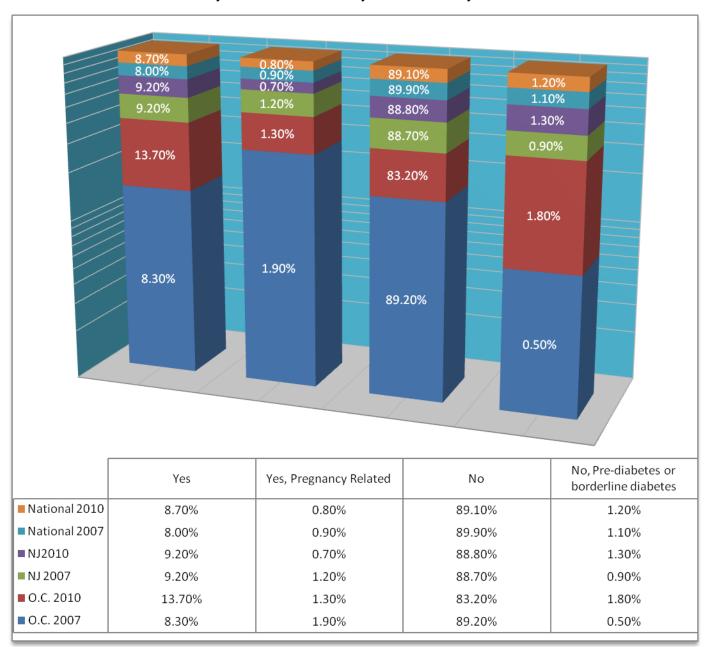
| Ocean County Public Health & FQHC's Aggregated Data Pneumonia Vaccinations 2000-2011 | | | | | | | | | | | | |
|--|-----------|-------|-------|-------|------|-------|------|------|------|------|------|------|
| | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| Ocean County Health Department | 1,85 9 | 1,735 | 1,600 | 1,380 | 549 | 1,398 | 739 | 549 | 377 | 428 | 176 | 158 |
| Long Beach Island Health Department | 73 | 106 | 31 | 30 | 17 | 31 | 10 | 21 | 3 | 9 | 3 | 8 |
| Ocean County FQHC's | | | | | 1 | 1 | | | | 19 | 23 | 23 |
| Total | 1,93 2 | 1,841 | 1,631 | 1,410 | 567 | 1,430 | 749 | 570 | 380 | 456 | 202 | 189 |
| Percentage of population over 65 plus receiving Pneumonia Vaccinations | 1.7% | 1.7% | 1.4% | 1.2% | .5% | 1.3% | .6% | .5% | .3% | .4% | .2% | .1% |

Source: Ocean County FQHC's, OCHD, LBI

Clinical Preventative Services

Diabetes Status

Have you ever been told by a doctor that you have diabetes?



Diabetes mellitus continues to increase in Ocean County from 8.3% in 2007 to 13.70% in 2010. The increases in minority populations who are more frequently affected by type 2 diabetes have contributed to the increase in diabetes in the county. Healthy NJ 2020 target is to reduce the death rate due to diabetes from 24.4% in 2007 to 15.8% in 2020. Source: CDC BRFS Data

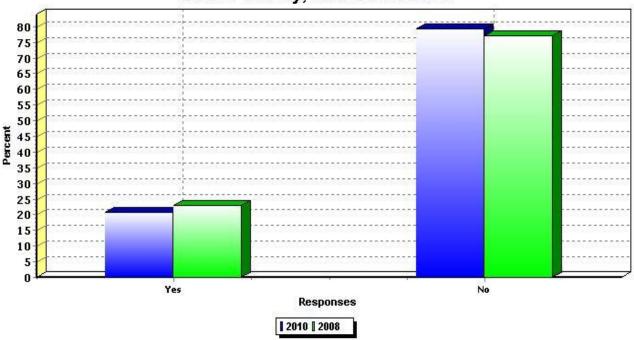
<u>Colorectal Cancer Screening: Adults aged 50+</u> <u>who have had a blood stool test within the past two years</u>

| Year: | Yes | No |
|-------|----------------------------|-----------------------------|
| 2010 | 20.7 (15.6-25.7) 67 | 79.3 (74.2-84.3) 275 |
| 2008 | 22.9 (17.8-28.0) 79 | 77.1 (72.0-82.2) 249 |

[%] = Percentage, CI = Confidence Interval, n = Cell Size Percentages are weighted to population characteristics.

Source: NJSHAD BRFSS

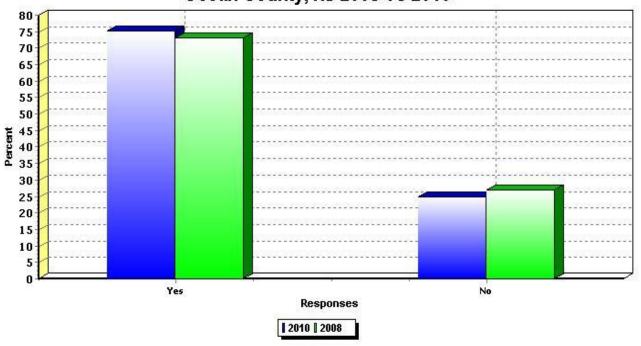
Colorectal Cancer Screening for Blood Stool test Ocean County, NJ 2008 Vs 2010



Women's Health: Women aged 40+ who have had a mammogram within the past two years

| Year: | Yes | No |
|-------|-----------------------------|----------------------------|
| 2010 | 75.1 (69.2-80.9) 213 | 24.9 (19.0-30.7) 66 |
| 2008 | 73.0 (66.3-79.7) 181 | 27.0 (20.3-33.7) 67 |

Mammograms within 2 years, age 40+ Ocean County, NJ 2008 Vs 2010

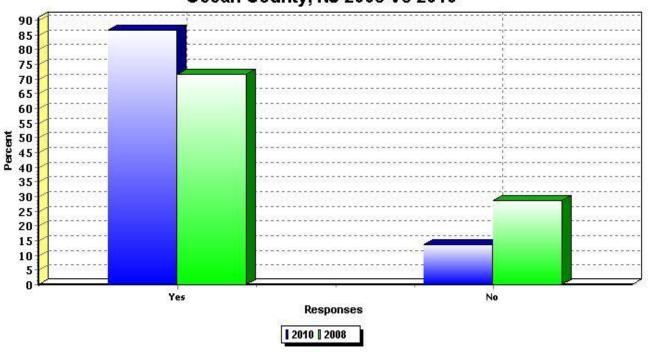


Women's Health: Women aged 18+ who have had a pap test within the past three years

| Year: | Yes | No |
|-------|-----------------------------|----------------------------|
| 2010 | 86.5 (82.5-90.4) 194 | 13.5 (9.5-17.4) 56 |
| 2008 | 71.5 (62.1-80.9) 165 | 28.5 (19.1-37.9) 63 |

Source: NJSHAD, BRFSS

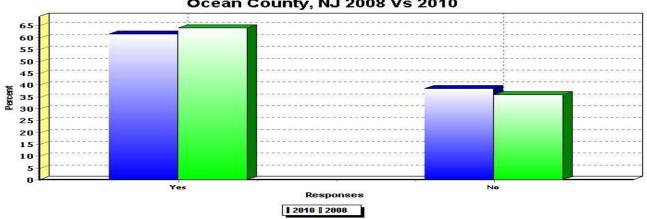
Pap test within past 3 years Ocean County, NJ 2008 Vs 2010



Prostate Cancer: Men aged 40+ who have had a PSA test within the past two years

| Year: | Yes | No |
|-------|----------------------------|----------------------------|
| 2010 | 61.4 (51.6-71.2) 88 | 38.6 (28.8-48.4) 45 |
| 2008 | 64.0 (54.2-73.8) 91 | 36.0 (26.2-45.8) 44 |





Injury and Poison Ocean County Hospital Admissions 2008-2010

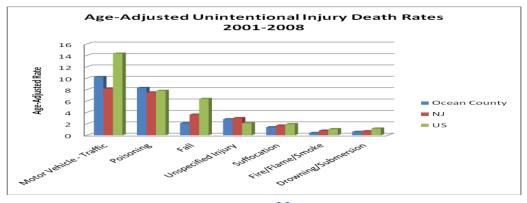
| Injury and Poison | Years | | |
|------------------------|---------|-------|---------|
| Admissions | 2008 | 2009 | 2010 |
| for 00-17 Years | 00 - 17 | 00 17 | 00 - 17 |
| BODY INJURIES | 23 | 26 | 20 |
| BRAIN | 12 | 7 | 6 |
| GASTROENTEROLOGY | 18 | 15 | 16 |
| HEAD INJURIES-TRAUMA | 75 | 48 | 42 |
| MED TRAUMA ORTHOPEDICS | 30 | 46 | 37 |
| OTHER GEN MED | 20 | 9 | 17 |
| SPORTS MEDICINE | 8 | 13 | 11 |
| SUBSTANCE ABUSE | 31 | 30 | 27 |
| SURG TRAUMA | | | |
| ORTHOPEDICS | 49 | 45 | 42 |
| TRAUMA GEN SURG | 7 | 12 | 7 |
| Grand Total | 273 | 251 | 225 |

| Injury and Poison | Years | | | | | | | | |
|------------------------|---------|------|------|------|------|------|------|------|------|
| Admissions | 2008 | | | 2009 | | | 2010 | | |
| | | 25 - | 18 - | 45 - | 25 - | 18 - | 45 - | 25 - | 18 - |
| for 18-64 Years | 45 - 64 | 44 | 24 | 64 | 44 | 24 | 64 | 44 | 24 |
| SUBSTANCE ABUSE | 155 | 179 | 65 | 140 | 149 | 59 | 141 | 129 | 48 |
| SURG TRAUMA | | | | | | | | | |
| ORTHOPEDICS | 170 | 76 | 25 | 169 | 89 | 35 | 185 | 98 | 23 |
| HEAD INJURIES-TRAUMA | 69 | 59 | 36 | 58 | 47 | 31 | 58 | 54 | 25 |
| OTHER GEN MED | 101 | 39 | 7 | 102 | 26 | 6 | 97 | 33 | 4 |
| TRAUMA GEN SURG | 73 | 41 | 17 | 78 | 50 | 12 | 73 | 45 | 14 |
| INFECTIOUS DISEASE | 84 | 34 | 5 | 77 | 24 | 4 | 99 | 46 | 5 |
| MED CARDIOLOGY | 86 | 23 | 3 | 101 | 27 | 3 | 99 | 27 | 2 |
| OTHER GEN SURG | 68 | 26 | 5 | 66 | 26 | 7 | 66 | 19 | 3 |
| MED TRAUMA ORTHOPEDICS | 54 | 29 | 13 | 66 | 27 | 6 | 68 | 35 | 15 |
| JOINT REPLACEMENT | 73 | 8 | | 80 | 8 | | 88 | 11 | 1 |
| Grand Total | 933 | 514 | 176 | 937 | 473 | 163 | 974 | 497 | 140 |

| Injury and Poison Ocean County Hospital | Years | | |
|--|-------|------|------|
| Admissions | 2008 | 2009 | 2010 |
| for 65 Plus Years | | | |
| BODY INJURIES | 149 | 147 | 172 |
| HEAD INJURIES-TRAUMA | 198 | 205 | 215 |
| INFECTIOUS DISEASE | 114 | 128 | 113 |
| JOINT REPLACEMENT | 371 | 387 | 378 |
| MED CARDIOLOGY | 202 | 172 | 159 |
| MED TRAUMA | | | |
| ORTHOPEDICS | 304 | 303 | 360 |
| MEDICAL SPINE | 124 | 135 | 155 |
| NEPHROLOGY | 165 | 147 | 179 |
| OTHER GEN MED | 170 | 148 | 146 |
| SURG TRAUMA | | | |
| ORTHOPEDICS | 718 | 686 | 669 |
| Grand Total | 2515 | 2458 | 2546 |

Age-Adjusted Unintentional Injury Death Rates 2001-2008

| | Ocean County | NJ | US |
|--------------------|--------------|-----|-------|
| Motor Vehicle - | 10.2 | 8.2 | 14.32 |
| Traffic | 10.2 | 0.2 | 14.32 |
| Poisoning | 8.3 | 7.5 | 7.79 |
| Fall | 2.1 | 3.6 | 6.37 |
| Unspecified Injury | 2.8 | 3 | 2.11 |
| Suffocation | 1.4 | 1.7 | 1.94 |
| Fire/Flame/Smoke | 0.4 | 0.8 | 1.07 |
| Drowning/Submersi | 0.6 | 0.7 | 1.16 |
| on | 0.0 | 0.7 | 1.10 |



According to CDC, injuries caused by accidents are the leading cause of death for children and teens ages one to 19. From 2000 to 2009, the rates injuries from accidents decreased by 29 percent, from 15.5 to 11.0 per 100,000 individuals. In 2009, child and teen injuries from accidents resulted in approximately 9,000 deaths, 225,000 hospitalizations and 8.4 million patients treated and released from emergency room visits. **Motor vehicle traffic-related incidents** are the leading cause of death for individuals ages one to 19. While the number of children and teens killed in motor vehicle crashes decreased by 41 percent from 2000 to 2009, they are still the top cause of death for this age group; **Suffocation** is the leading cause of death for children less than one year of age; **Drowning** is the leading cause of injury deaths for children ages one to four; and **Falls** are the leading cause of nonfatal injury for children and teens under 15. People between the ages of 25 and 44 who make up 30 percent of the population account for 44 percent of injury-related productivity loss.

Source: Trust for America's Health: November 2012

| Motor Vehicle Death Crash Rate | Total Deaths, 2008-2010 | Average Annual Deaths, 2008-2010 | Average Annual Death Rate (Per 100,000 Pop.) |
|-----------------------------------|----------------------------|-------------------------------------|---|
| Ocean County | 155 | 51 | 8.96 |
| New Jersey | 1,722 | 574 | 6.50 |
| United States | 103,048 | 34,349 | 11.13 |
| HNJ 2020 Target | | | 7.1 |
| | | | |

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a non motorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death

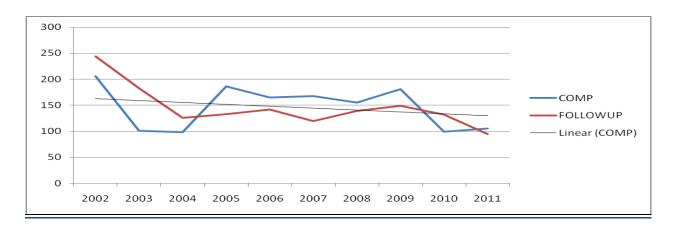
Data Source: National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2008-2010

<u>HNJ2020:</u> Reduce the number of unhealthful days throughout the state, as determined by the Air Quality Index: Target **0 days**.

Environmental Health

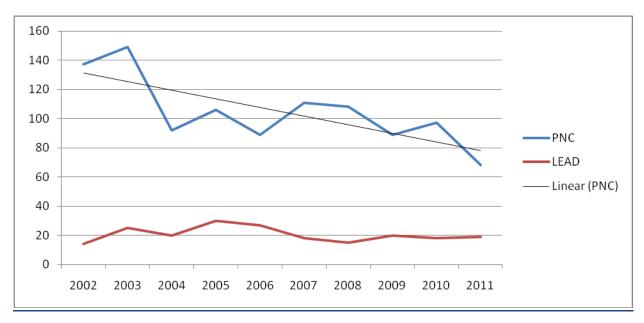
The Clean Air Act requires EPA to set national air quality standards for specific pollutants to safeguard human health and the environment. These standards define the levels of air quality that EPA determines are necessary to protect against the adverse impacts of air pollution based on scientific evidence. EPA has established standards for six common air pollutants, which are referred to as "criteria" pollutants: ozone (O3), particle pollution (PM), lead (Pb), nitrogen dioxide (NO2), carbon monoxide (CO), and sulfur (SO2). Many people are at greater risk because of their age or because they have asthma or other chronic lung disease, cardiovascular disease or diabetes. High risk groups include: people with asthma, older and younger adults and those with chronic bronchitis and emphysema.

Air Pollution Trend 2002-2011-Ocean County



| <u>YEAR</u> | COMP | FOLLOW UP |
|-------------|------|--------------|
| 2002 | 206 | 244 |
| 2003 | 101 | 183 |
| 2004 | 98 | 126 |
| 2005 | 186 | 133 |
| 2006 | 165 | 142 |
| 2007 | 168 | 120 |
| 2008 | 155 | 139 |
| 2009 | 181 | 149 |
| 2010 | 99 | 132 |
| 2011 | 105 | 95 |

PNC/Lead Investigations 2002-2011

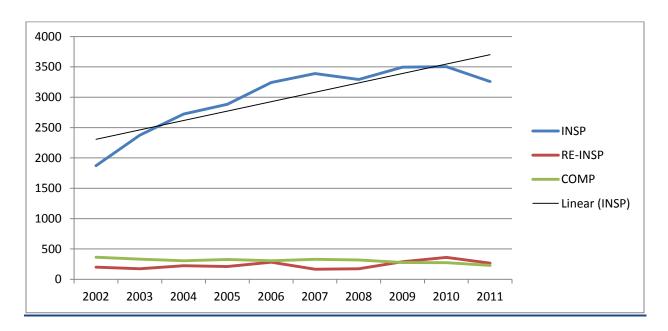


| YEAR | PNC | LEAD |
|------|-----|------|
| 2002 | 137 | 14 |
| 2003 | 149 | 25 |
| 2004 | 92 | 20 |
| 2005 | 106 | 30 |
| 2006 | 89 | 27 |
| 2007 | 111 | 18 |
| 2008 | 108 | 15 |
| 2009 | 89 | 20 |
| 2010 | 97 | 18 |
| 2011 | 68 | 19 |

Public Non-Community water systems inspections have seen a downward trend over the years. The NJDEP provides a list of facilities for OCHD to inspect for PNCWS compliance. As the inspections have become increasingly more complex the required number has been decreased. Also, many areas in Ocean County have moved to a public water system instead of a public non-community well for water supply. Lead investigations are performed as this agency is informed of a lead-poisoned child. There are no other criteria for a lead investigation to occur in a house at a property. Source: Ocean County Health Department

Food Establishments Inspections 2002-2011

| YEAR | INSP | RE-INSP | СОМР |
|------|------|---------|------|
| 2002 | 1871 | 200 | 365 |
| 2003 | 2376 | 174 | 333 |
| 2004 | 2724 | 223 | 305 |
| 2005 | 2885 | 212 | 328 |
| 2006 | 3243 | 281 | 305 |
| 2007 | 3390 | 167 | 329 |
| 2008 | 3291 | 174 | 319 |
| 2009 | 3494 | 289 | 277 |
| 2010 | 3504 | 360 | 275 |
| 2011 | 3259 | 267 | 230 |



The county has seen growth over the time period covered by this analysis. There was also a robust economy until approximately 2008-2009; this allowed for more retail food establishments to open. The decline from 2010-2011 could possibly be a result of the start of a recessionary time, as RFE 1were noted to be out of business upon inspection. Reinspections and complaints appear to have held steady, in spite of the rise in number of establishments

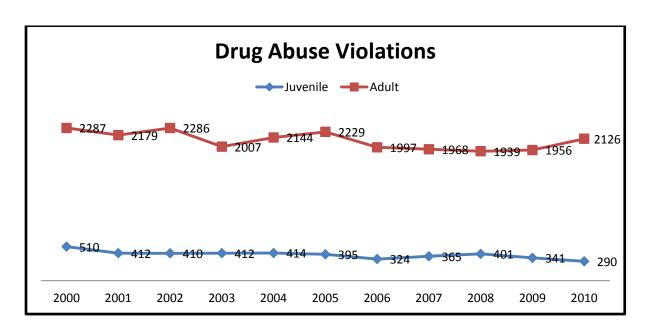
Substance Abuse:

Substance Abuse among the youth:

According to the 2010 Survey of New Jersey Middle School Students, 14.8% of middle school youth reported alcohol use in the previous 30 day period which ranks Ocean County as third in New Jersey. For marijuana, Ocean County students ranked number one for reported use in the past 30 days (6.2%). Another trend which is becoming more frequently observed by professionals and health care centers is the abuse of prescription drugs. In the 2008 New Jersey Middle School survey, Ocean County middle school youth ranked 8th in the state for reported use of prescription drugs without a prescription in the past 30 days (3%).

Drug Abuse Violations in Ocean County

| | Juvenile | Rank | Adult | Rank | Total | Rank |
|------|----------|------------------|-------|------|-------|------|
| 2000 | 510 | 5th | 2287 | 9th | 2797 | 8th |
| 2001 | 412 | 8th | 2179 | 9th | 2591 | 9th |
| 2002 | 410 | 8th | 2286 | 8th | 2696 | 7th |
| 2003 | 412 | 6th | 2007 | 9th | 2419 | 8th |
| 2004 | 414 | 6th | 2144 | 8th | 2558 | 7th |
| 2005 | 395 | 7th | 2229 | 8th | 2624 | 8th |
| 2006 | 324 | Tied for 12th | 1997 | 12th | 2321 | 11th |
| 2007 | 365 | 7th | 1968 | 12th | 2333 | 12th |
| 2008 | 401 | 4th | 1939 | 11th | 2340 | 10th |
| 2009 | 341 | 5th | 1956 | 11th | 2297 | 10th |
| 2010 | 290 | 6th | 2126 | 10th | 2416 | 10th |



Special Populations: Women

In 2010, 33% of admissions to substance abuse treatment per NJSAMS data were women. The Ocean County census was 300,265 for women in 2010. The 2010 IDP data shows that Ocean County women 18-25, that 56% used marijuana, 14% cocaine, 5% heroin and 18% analgesics. The following scatter chart shows IDRC admissions for women from 2004 through 2009.

Treatment Admissions

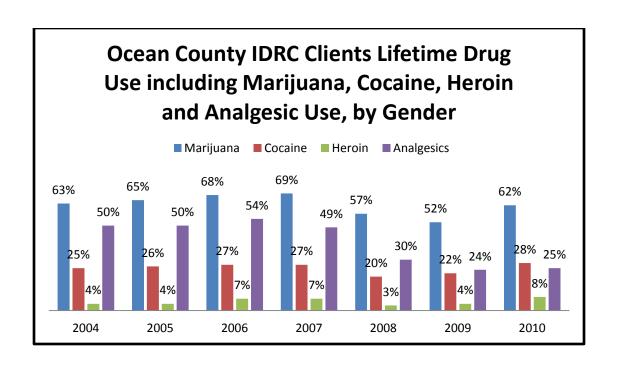
The Substance Abuse Overview from the Division of Mental Health and Addiction Services utilizes NJSAMS data. In reviewing Ocean County data from 2006 to 2010, it is evidenced that admissions increase yearly for Ocean County residents. Additionally, the number of intravenous users increases yearly.

| Range of Dates | Admissions | IV Users |
|---------------------|------------|---------------------|
| 1/1/2006-12/31/2006 | 3,983 | 783 were IV users |
| 1/1/2007-12/31/2007 | 4,337 | 905 were IV users |
| 1/1/2008-12/31/2008 | 4,800 | 1,038 were IV users |
| 1/1/2009-12/31/2009 | 5,588 | 1,513 were IV users |
| 1/1/2010-12/31/2010 | 6,177 | 1,705 were IV user |

Drug of choice used amongst the admitted Ocean County clients

| Admissions | 2006 | 2007 | 2008 | 2009 | 2010 |
|--------------------------|------|------|------|------|------|
| Alcohol | 1531 | 1503 | 1623 | 1868 | 1896 |
| Heroin and Other Opiates | 1354 | 1779 | 1981 | 2646 | 3016 |
| Cocaine | 393 | 415 | 377 | 265 | 280 |
| Marijuana | 476 | 541 | 708 | 686 | 812 |
| Other Drugs | 229 | 99 | 377 | 123 | 173 |

According to the Substance Abuse Overview from 2010, Ocean County had the third highest rate of alcohol and drug treatment admissions in the state at 9% of the total 71,874 admissions. In this time frame, heroin and other opiates was the primary drug with the highest percentage of admissions, identified in 49% of all admissions by Ocean County residents, followed by primary alcohol admissions at 31%. In 2006, alcohol was the prevailing substance of use but the next four years show that heroin and other opiates is increasingly become the drug of choice in Ocean County. Qualitative reports and key information interviews provide confirmation that heroin qualifies as a "drug of choice" in Ocean County.



Age of Ocean County residents admitted into treatment programs

| | 2006 | 2007 | 2008 | 2009 | 2010 |
|-------------|------|------|------|------|------|
| Under 18 | 6% | 6% | 8% | 7% | 7% |
| 18-21 | 13% | 10% | 14% | 15% | 15% |
| 22-24 | 11% | 14% | 13% | 14% | 13% |
| 25-29 | 16% | 16% | 18% | 18% | 18% |
| 30-34 | 10% | 11% | 11% | 11% | 13% |
| 35-44 | 24% | 23% | 19% | 18% | 17% |
| 45-54 | 15% | 14% | 14% | 13% | 12% |
| 55 and over | 4% | 3% | 3% | 3% | 4% |

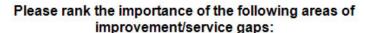
Ethnicity of Ocean County residents admitted into treatment programs

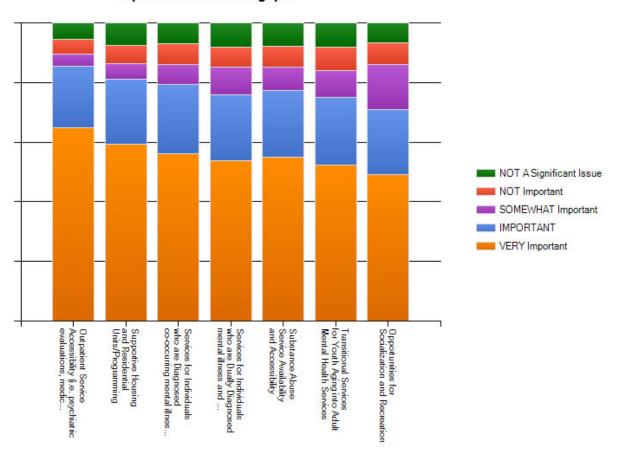
| | 2006 | | 2007 | | 2008 | | 2009 | | 2010 | |
|-----------------|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|
| | Total | % |
| White (non- | 3482 | 87% | 3766 | 87% | 4233 | 88% | 4990 | 89% | 5529 | 90% |
| Hispanic) | | | | | | | | | | |
| Black (non- | 229 | 6% | 240 | 6% | 243 | 5% | 267 | 5% | 287 | 5% |
| Hispanic) | | | | | | | | | | |
| Hispanic Origin | 246 | 6% | 311 | 7% | 308 | 6% | 319 | 6% | 337 | 5% |
| Other | 26 | 1% | 20 | 0% | 16 | 0% | 12 | 0% | 24 | 0% |
| Not Assessed | 0 | 0% | 0 | 0% | 0 | 0% | XX | XX | XX | XX |

Mental Health:

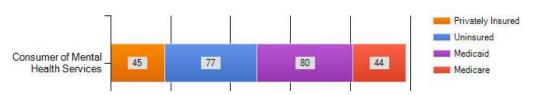
Adults who had any mental illness, serious mental illness, or major depressive episodes in the past year had increased rates of hypertension, asthma, diabetes, heart disease, and stroke NSDUH analysis, 2008-2009

In 2012 the Ocean County Mental Health Board conducted a Community Mental Health Needs Assessment. A total of 426 survey responses were collected, with consumers representing the majority of respondents (58%; 253).





Mental Health Consumer Insurance Status



The mental health consumers in Ocean County primarily fell into the categories of Medicaid (43%; 176) and Medicare (31%, 125) insured, with uninsured (15%, 60), and privately insured (12%; 47) less prevalent within this population at that time.

Comparing data from the 2012 and 2009 Ocean County Community Mental Health Needs Assessments, it can be concluded that mental health consumer insurance status has significantly changed over the last 3 years, with an increase in consumers of mental health services declaring uninsured status.

In the Ocean County Mental Health Plan Update of 2009, the top five barriers identified were:

- Long Waits for Outpatient
- Feeling Uninformed/Under informed
 - **Long Waits at PESS**
 - Long Waits for Psychiatry

| | | Ancora Hospitalizations FY10-11 | | | | | | | | | |
|------------|--------------|---------------------------------|-------|------------|------|----|--------------|-----|--------|-----------------------------------|------|
| | 32 | | | 15 | | | 2921 | | | 84 | |
| | | | | 15 | | | 2871 | | | 89 | |
| | 14 | | | 17 | | | 2843 | | | 85 | |
| | 13 | | | 14 | | | 2834 | | | 101 | |
| | 18 | | | 14 | | | 3278 | | | 108 | |
| | a. Total Adm | issions | b. To | otal Relea | ases | c. | Total Pation | ent | (patie | tal Beds ent days/ in month | days |
| ■ May | 32 | | | 15 | | | 2921 | | | 84 | |
| ■ April | 14 | | | 15 | | | 2871 | | | 89 | |
| ■ March | 14 | | | 17 | | | 2843 | | | 85 | |
| ■ February | 13 | | | 14 | | | 2834 | | | 101 | |
| ■ January | 18 | | | 14 | | | 3278 | | | 108 | |

Currently, the unmet demand for outpatient services is perceived as influencing the extensive volume of psychiatric screenings in Ocean County. Use of emergency rooms (the most costly of options for medical care) for psychiatric crises has increased because Community Mental Health Centers are no longer funded to provide 24 hour emergency care and screening diversion options are underdeveloped impacting access to alternatives. In 2009, 8,696 PESS screenings were completed in Ocean County. Ocean has the second highest screening volume in NJ, second to Essex County's three screening center's combined total of 9370. Screening prevalence, per 1,000 residents, in Ocean is 15.46%, third highest statewide (Hudson and Hunterdon Counties at 16.32% & 16.06% respectively), with a statewide average prevalence at 9.77%. Screening cost per consumer episode in Ocean County is \$375.68, 57% below the statewide average cost of \$657. In addition, Ocean County's Screening center receives an average of 3,800 crisis calls per month. And while monthly screening rates in Ocean County have increased by 151% since 1994, Ocean County's rate of hospitalization has not statistically changed from the year 2000 to 2009 (OC Acute Care, 2010).

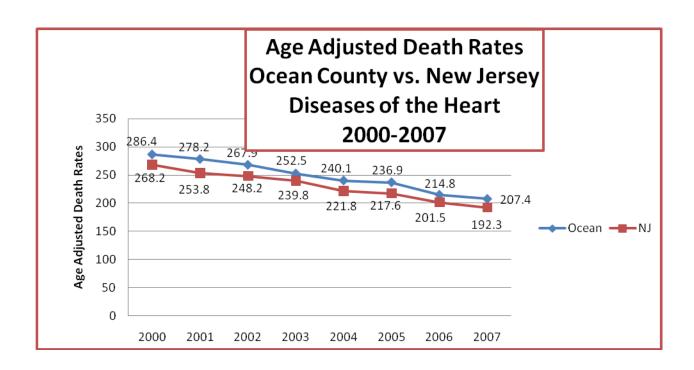
Section 4: Mortality Rates

Top 7 Infant Mortality Rates: 2007 per 100,000 population

| Cause for Death | Ocean County Rate | New Jersey Rate | Difference |
|--|----------------------|--------------------|------------|
| Bacterial sepsis | 0.2 | 0.2 | 0 |
| Congenital anomalies | 0.2 | 0.7 | -0.5 |
| Intrauterine hypoxia and birth asphyxia | 0.2 | 0.1 | 0.1 |
| Maternal complications of this pregnancy | 0.2 | 0.2 | 0 |
| Placenta, cord and membranes complications | 0.1 | 0.2 | -0.1 |
| Short gestation and low birth weight | 0.5 | 1 | -0.5 |
| Sudden infant death syndrome (SIDS) | 0.4 | 0.4 | 0 |

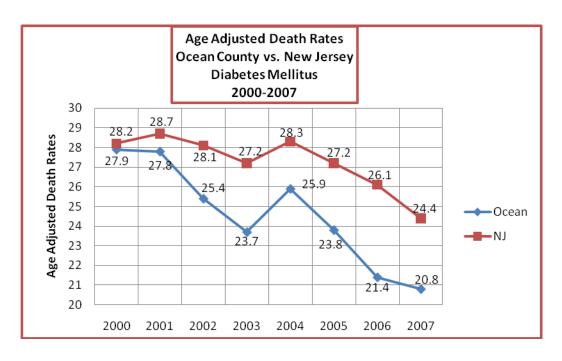
Top 10 Mortality Disease Age Adjusted Rates: 2000-2007 per 100,000 population

New Jersey Ocean **Diseases** Difference Rate **County Rate** 247.2 229.8 17.4 Diseases of the Heart 11.4 203.2 191.8 Malignant Neoplasm's (cancer) Cerebrovascular diseases 41.3 -5.4 35.9 (stroke) Chronic lower respiratory 32.4 32.4 0 diseases (CLRD) 27.3 27.5 -0.2 Unintentional Injuries 27.2 24.5 -2.7 Diabetes mellitus 20.2 19.7 -0.5 Septicemia 13.8 18.3 -4.5 Influenza and pneumonia 17.5 2 Nephritis, nephritic syndrome 19.5 and nephrosis (kidney disease) 19.7 17.1 2.6 Alzheimer's disease

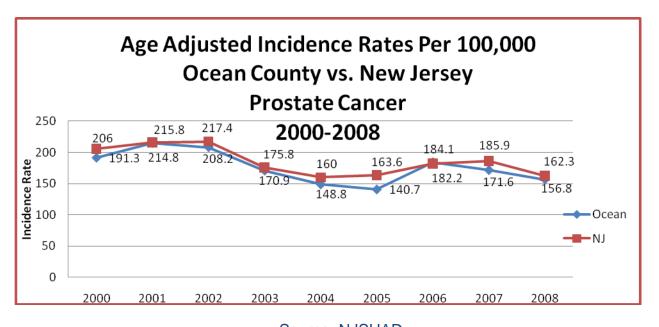


Ocean County Mortality Rates Compared to NJ Mortality Rates Age Adjusted Rates Per 100,000 Population Breast Cancer 2000-2007

| Year | Ocean | NJ |
|------|-------|------|
| 2000 | 15.1 | 18 |
| 2001 | 15.5 | 16.7 |
| 2002 | 14.2 | 16.6 |
| 2003 | 17.3 | 16.6 |
| 2004 | 16.4 | 15.1 |
| 2005 | 16.4 | 15.7 |
| 2006 | 16 | 15.6 |
| 2007 | 15.5 | 15 |



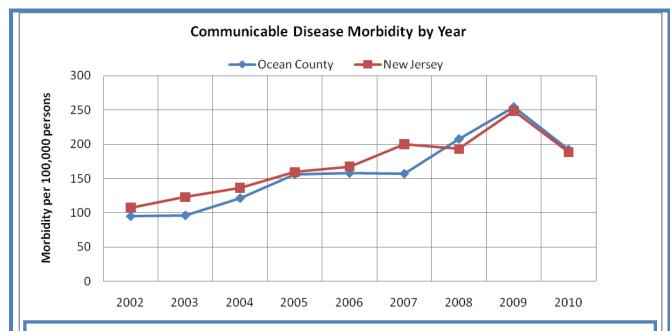
Source: NJSHAD



Source: NJSHAD

Section 5: Morbidity Rates-Communicable Diseases

Communicable Disease Morbidity per 100,000 population by Reporting Year



The above data is reflected of communicable diseases reported to the Ocean County Health Department pursuant to N.J.A.C. 8:57; cases of sexually transmitted diseases (STDs), tuberculosis (TB), AIDS and HIV are reported directly to NJ Department of Health and are not included. The above data may represent a fraction of the actual burden of disease as sick people do not always seek health care and health care providers do not always recognize, confirm or notify Ocean County Health Department of reportable disease.

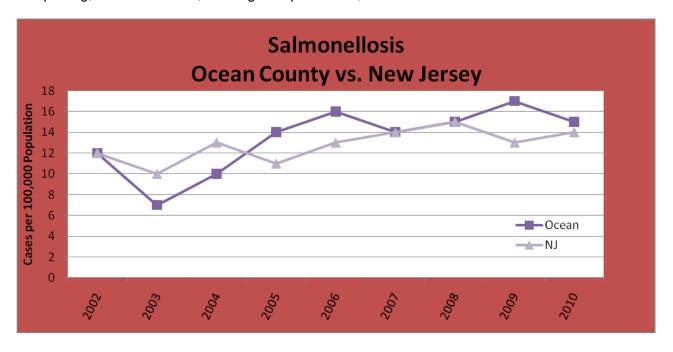
| Year | County | Jersey |
|------|--------|--------|
| 2002 | 95.1 | 107.7 |
| 2003 | 96.3 | 122.9 |
| 2004 | 121.5 | 136.5 |
| 2005 | 156.2 | 159.4 |
| 2006 | 158 | 167.6 |
| 2007 | 157.2 | 200.3 |
| 2008 | 207.9 | 193.1 |
| 2009 | 254.6 | 248.4 |
| 2010 | 192.7 | 188.4 |

Salmonellosis Disease Morbidity 2002-2010 Ocean County and New Jersey

| Year | Ocean County Cases | Case Rate | New Jersey Cases | Case Rate |
|------|-----------------------|-----------|---------------------|-----------|
| 2002 | 60 | 12 | 999 | 12 |
| 2003 | 37 | 7 | 863 | 10 |
| 2004 | 53 | 10 | 1,056 | 13 |
| 2005 | 72 | 14 | 964 | 11 |
| 2006 | 82 | 16 | 1,119 | 13 |
| 2007 | 74 | 14 | 1,220 | 14 |
| 2008 | 78 | 15 | 1,291 | 15 |
| 2009 | 88 | 17 | 1,112 | 13 |
| 2010 | 85 | 15 | 1,199 | 14 |

<u>Case Definition</u>: An illness of variable severity commonly manifested by diarrhea, abdominal pain, nausea, and sometimes vomiting. Asymptomatic infections may occur, and the organism may cause extra intestinal infections.

Fluctuations in surveillance may contribute in part to the variation of case rates over time. The highs and lows of a disease may be all of in part to differences in physician reporting, case definitions, investigative processes, etc.

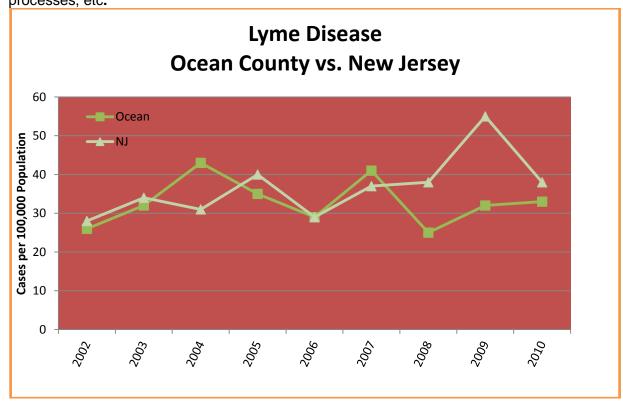


In 2011, a Salmonella Heidelberg outbreak occurred in 00-17 year olds (48 cases), 18-64 (6 cases) and 65 plus (1 case) due to the consumption of frozen chicken livers. Increase in illness in the northern county reported to NJ Department of Health. It became a multistate outbreak associated with frozen chicken livers.

Lyme Disease Morbidity 2002-2010 Ocean County and New Jersey

| Year | Ocean County Cases | Case Rate | New Jersey Cases | Case Rate |
|------|-----------------------|-----------|---------------------|-----------|
| 2002 | 134 | 26 | 2,384 | 28 |
| 2003 | 166 | 32 | 2,892 | 34 |
| 2004 | 220 | 43 | 2,625 | 31 |
| 2005 | 181 | 35 | 3,366 | 40 |
| 2006 | 148 | 29 | 2,431 | 29 |
| 2007 | 207 | 41 | 3,126 | 37 |
| 2008 | 126 | 25 | 3,217 | 38 |
| 2009 | 164 | 32 | 4,608 | 55 |
| 2010 | 192 | 33 | 3,321 | 38 |

<u>Case Definition</u>: A systemic, tick-borne disease with protean manifestations, including dermatologic, rheumatologic, neurologic, and cardiac abnormalities. The most common clinical marker for the disease is *erythema migrans* (EM), the initial skin lesion that occurs in 60%-80% of patients. Fluctuations in surveillance may contribute in part to the variation of case rates over time. The highs and lows of a disease may be all of in part to differences in physician reporting, case definitions, investigative processes, etc.

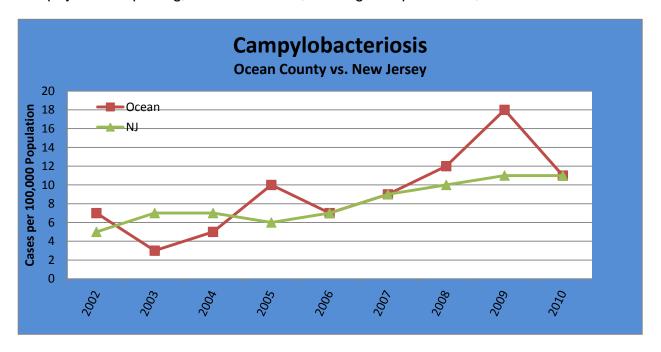


Campylobacteriosis Disease Morbidity 2002-2010 Ocean County and New Jersey

| Year | Ocean County Cases | Case Rate | New Jersey Cases | Case Rate |
|------|--------------------|-----------|------------------|-----------|
| 2002 | 35 | 7 | 414 | 5 |
| 2003 | 16 | 3 | 568 | 7 |
| 2004 | 28 | 5 | 554 | 7 |
| 2005 | 49 | 10 | 543 | 6 |
| 2006 | 292 | 57 | 5572 | 66 |
| 2007 | 48 | 9 | 740 | 9 |
| 2008 | 59 | 12 | 809 | 10 |
| 2009 | 93 | 18 | 905 | 11 |
| 2010 | 62 | 11 | 945 | 11 |

<u>Case Definition</u>: Campylobacteriosis refers to infection by the group of bacteria known as Campylobacter. It is a bacterium that typically infects the bowels A diarrheal illness of variable severity.

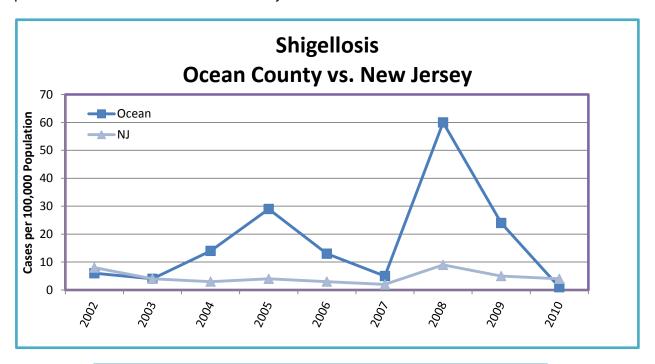
Fluctuations in surveillance may contribute in part to the variation of case rates over time. The highs and lows of a disease may be all of in part to differences in physician reporting, case definitions, investigative processes, etc.



Shigellosis Disease Morbidity 2002-2010 Ocean County and New Jersey

| Year | Ocean County Cases | Case Rate | New Jersey Cases | Case Rate |
|------|-----------------------|-----------|---------------------|-----------|
| 2002 | 33 | 6 | 662 | 8 |
| 2003 | 20 | 4 | 347 | 4 |
| 2004 | 73 | `4 | 244 | 3 |
| 2005 | 150 | 29 | 319 | 4 |
| 2006 | 67 | 13 | 288 | 3 |
| 2007 | 23 | 5 | 173 | 2 |
| 2008 | 309 | 60 | 716 | 9 |
| 2009 | 123 | 24 | 442 | 5 |
| 2010 | 8 | 1 | 340 | 4 |

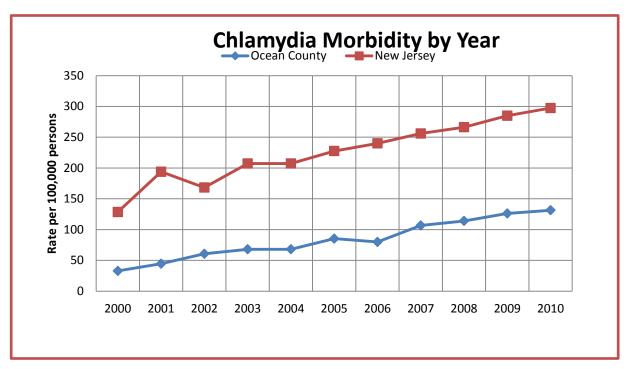
<u>Case Definition</u>: An illness of variable severity characterized by diarrhea, fever, nausea, cramps, and tenesmus. Asymptomatic infections may occur. In the Shigellosis graph, the sharp peak in 2005 and 2008 for Ocean County can be attributed to the declared outbreak.



In 2011-2012: Shigellosis: **492** confirmed cases in children, 53% occurred in 1-4 years of age, 23% in 5-9 years and 7% in 10-14 years.

Chlamydia Morbidity Rate per 100,000 Population by Year

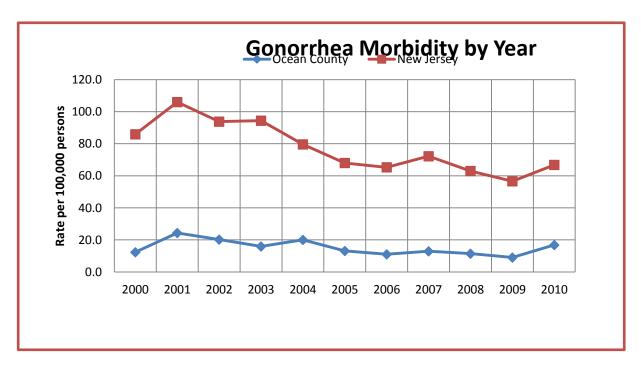
| | Ocean | New |
|------|--------|--------|
| Year | County | Jersey |
| 2000 | 32.9 | 128.5 |
| 2001 | 44.6 | 193.9 |
| 2002 | 60.7 | 168.3 |
| 2003 | 68.1 | 207.3 |
| 2004 | 68.1 | 207.3 |
| 2005 | 85.3 | 227.6 |
| 2006 | 79.9 | 240 |
| 2007 | 106.7 | 256 |
| 2008 | 114.1 | 266.3 |
| 2009 | 126.2 | 284.9 |
| 2010 | 131.5 | 297.3 |



While the rate of Chlamydia infections in Ocean County has consistently been lower compared to the rate in New Jersey, Ocean County has seen an increasing trend over the last 10 years among residents.

Gonorrhea Morbidity Rate per 100,000 Population by Year

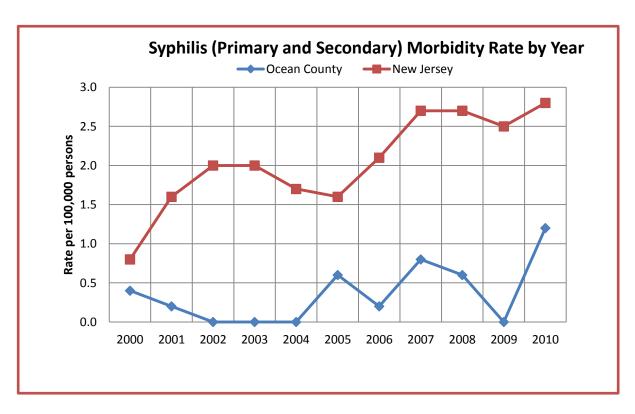
| | Ocean | New |
|------|--------|--------|
| Year | County | Jersey |
| 2000 | 12.3 | 85.9 |
| 2001 | 24.3 | 106.0 |
| 2002 | 20.2 | 93.8 |
| 2003 | 15.9 | 94.4 |
| 2004 | 20.0 | 79.6 |
| 2005 | 13.1 | 68.0 |
| 2006 | 11.0 | 65.3 |
| 2007 | 12.9 | 72.2 |
| 2008 | 11.4 | 63.0 |
| 2009 | 9.0 | 56.6 |
| 2010 | 16.8 | 66.8 |



The rate of Gonorrhea infections in Ocean County has consistently been lower compared to the rate in New Jersey, and remained relatively stable over the last 10 years among residents.

Syphilis (Primary and Secondary) Morbidity Rate per 100,000 Population by Year

| | Ocean | New |
|------|--------|--------|
| Year | County | Jersey |
| 2000 | 0.4 | 8.0 |
| 2001 | 0.2 | 1.6 |
| 2002 | 0.0 | 2.0 |
| 2003 | 0.0 | 2.0 |
| 2004 | 0.0 | 1.7 |
| 2005 | 0.6 | 1.6 |
| 2006 | 0.2 | 2.1 |
| 2007 | 0.8 | 2.7 |
| 2008 | 0.6 | 2.7 |
| 2009 | 0.0 | 2.5 |
| 2010 | 1.2 | 2.8 |



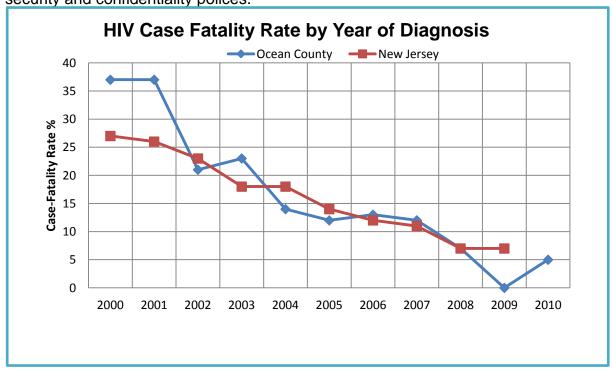
The rate of primary and secondary Syphilis infections in Ocean County has consistently been lower compared to the rate in New Jersey. After a decreasing trend since 2007, 2010 saw a spike in the number of cases diagnosed and is reflected in the increased rate for 2010

HIV Case-Fatality Rate by year of diagnosis

| | Ocean | |
|------|--------|------------|
| Year | County | New Jersey |
| 2000 | 37 | 27 |
| 2001 | 37 | 26 |
| 2002 | 21 | 23 |
| 2003 | 23 | 18 |
| 2004 | 14 | 18 |
| 2005 | 12 | 14 |
| 2006 | 13 | 12 |
| 2007 | 12 | 11 |
| 2008 | 7 | 7 |
| 2009 | 0 | 7 |
| 2010 | 5 | # |

The case fatality rate for HIV in Ocean County has been steadily declining, as it has for New Jersey overall. This trend is likely attributable in part to advances in treatment, reducing the number of pediatric infections, slowing the progression from HIV to AIDS, and enhancing survival after AIDS.

The 2010 rate for New Jersey cannot be calculated as the number of cases is not supplied by NJDHSS as it is below the threshold for public reporting in accordance with state security and confidentiality polices.



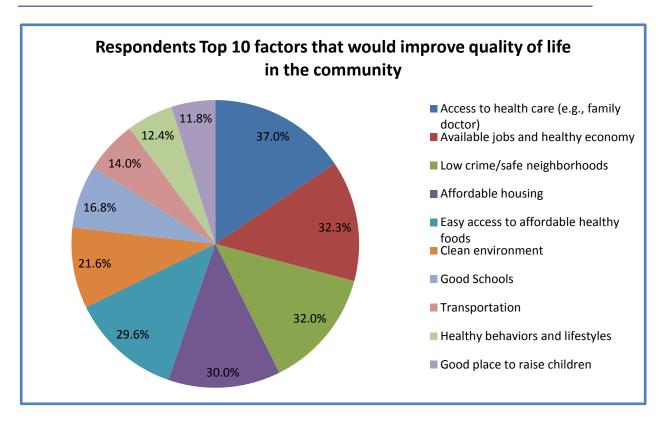
Section 6: Healthy Behaviors

The Ocean County Health Department distributed a Community Health Survey to residents within Ocean County as part of the Countywide Community Health Assessment process. Community thoughts, opinions, and concerns are an important component of the Community Health Assessment. The goal of this survey is to collect qualitative data directly from residents regarding quality of life issues. The survey was opened from June 1, 2012 through July 30, 2012. A total of 930 surveys were completed.

Question #1

What are the three most important factors for a "Healthy Community" that would most improve quality of life in your community?

| a. | Access to health care (e.g., family doctor) | 37.0% |
|----|---|-------|
| b. | Available jobs and healthy economy | 32.3% |
| c. | Low crime/safe neighborhoods | 32.0% |

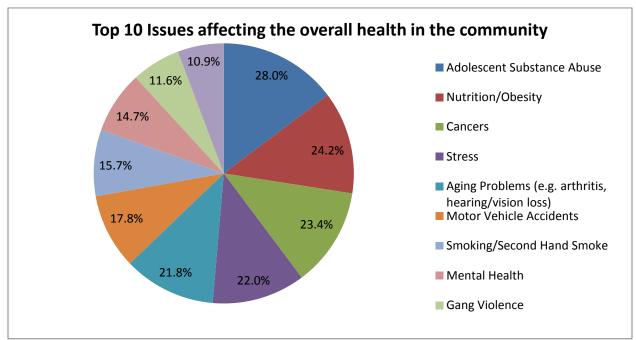


| Question #2 | | |
|--|-------|--|
| What are the three most important issues affecting the | | |
| overall health in your community? | | |
| Adolescent Substance Abuse | 28.0% | |
| Nutrition/Obesity | 24.2% | |

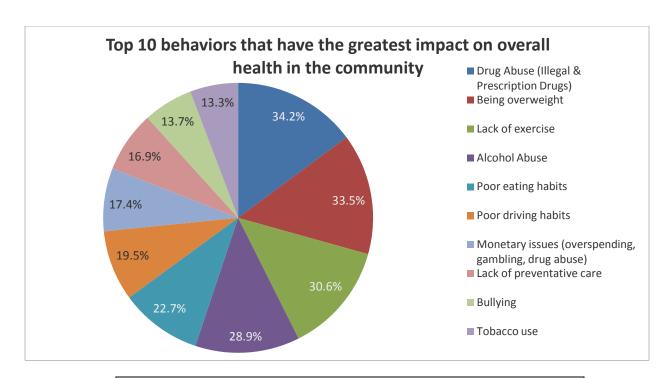
23.4%

a. b.

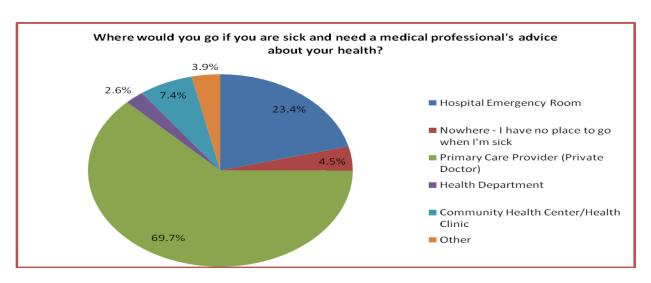
Cancers



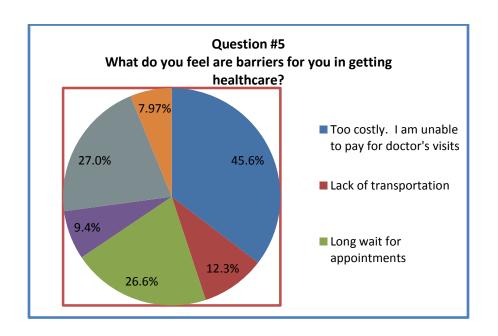
| | | 1 | |
|----|--|-------|--|
| | | | |
| | Question #3 | | |
| | What do you think are the three main "behaviors" that have the | | |
| | greatest impact on the overall health in your community? | | |
| a. | Drug Abuse (Illegal & Prescription Drugs) | 34.2% | |
| b. | Being overweight | 33.5% | |
| c. | Lack of exercise | 30.6% | |
| | | | |



| Question #4 Where would you go if you are sick and need a me professional's advice about your health? | edical |
|---|--------|
| Primary Care Provider (Private Doctor) | 69.7% |
| Hospital Emergency Room | 23.4% |
| Community Health Center/Health Clinic | 7.4% |
| Nowhere - I have no place to go when I'm sick | 4.5% |
| Other | 3.9% |
| Health Department | 2.6% |



| Question #5 | |
|---|---------------|
| What do you feel are barriers for you in gettin | g healthcare? |
| Too costly. I am unable to pay for doctor's visits | 45.6% |
| Lack of evening or weekend services | 27.0% |
| Long wait for appointments | 26.6% |
| Lack of transportation | 12.3% |
| I am not aware of the types of services available in the County | 9.4% |
| Other (please specify) | 7.97% |



Factors for a "Healthy Community"

- African American/Black respondents identified affordable housing as the most important factor for a healthy community that would most improve quality of life
- Hispanic respondents chose good schools as their third most important quality of life factor
- Asian/Pacific Islander respondents indicated easy access to affordable healthy foods and access to educational health programs that help residents as their first and third selection of important factors
- Native American respondents reported access to educational health programs that help residents

Issues affecting the overall health in the community

- African American/Black and Hispanic respondents reported gang violence as important issue in the community
- Asian respondents indicated three different issues all together by indicating dental problems, smoking/second hand smoke, and Alzheimer's Disease
- Native American respondents chose nursing homes/long-term care facilities and aging problems (e.g. arthritis, hearing/vision loss) as their first and third selection of top three issues affecting the overall health in the community

Behaviors having the greatest impact on overall health in the community

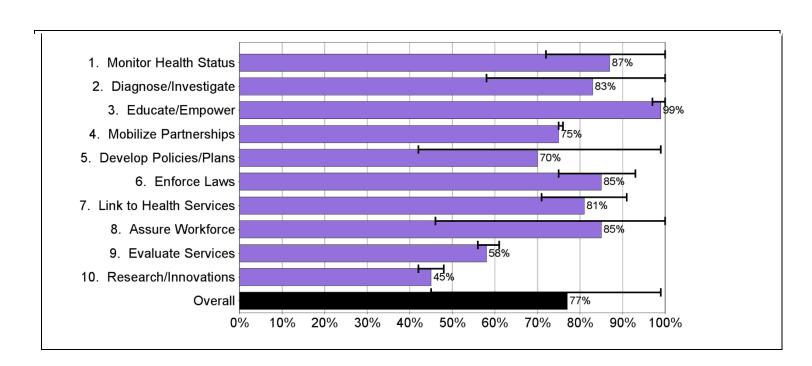
- African American and Hispanic respondents additionally chose alcohol abuse as a behavior impacting health
- Asian respondents indicated divorce/separation as the third behavior impacting health in the community

Section 7: Overall Health System Assessment

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

| EPH: | | Score |
|-------|---|-------|
| 1 | Monitor Health Status To Identify Community Health Problems | 87 |
| 2 | Diagnose And Investigate Health Problems and Health Hazards | 83 |
| 3 | Inform, Educate, And Empower People about Health Issues | 99 |
| 4 | Mobilize Community Partnerships to Identify and Solve Health Problems | 75 |
| 5 | Develop Policies and Plans that Support Individual and Community Health Efforts | 70 |
| 6 | Enforce Laws and Regulations that Protect Health and Ensure Safety | 85 |
| 7 | Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable | 81 |
| 8 | Assure a Competent Public and Personal Health Care Workforce | 85 |
| 9 | Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services | 58 |
| 10 | Research for New Insights and Innovative Solutions to Health Problems | 45 |
| Overa | all Performance Score | 77 |



Forces of Change Summary

During the Local Public Health System Assessment (LPHS) workshop participants were also asked to complete the "Forces of Change Brainstorming Worksheet". The Forces of Change is an assessment that identifies situations that are outside of the LPHS control that affect the local public health system or community. Forces include trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the Local Public Health System. Enclosed is the list of the "Forces of Change" issues the participants in the workshop highlighted as most important affecting the health of county residents.

Participants were asked to think of the following questions:

- 1. What is occurring or might occur that affects the health of Ocean County residents or the local public health system?
- Are there any trends occurring that will have an impact?
- 3. What forces are occurring locally, regionally, nationally, or globally that affect Ocean County?

Social

- Increased population growth due to birth rate & migration
 - Cultural Diversity within the community
- Shift of mental health services from institutions to community based services (i.e. long term care facilities)
 - Aging nursing workforce
 - Secular Communities
 - Overdevelopment of Communities
 - Language Barriers
 - Older Adult Communities
 - Severe increase in population growth during seasonal months
 - Retirement of baby boomers
 - Increase in uninsured population

Economic

- Funding cuts
- County Agencies and organizations downsizing
- Cutbacks on mailing campaigns that sometimes serve better to those residents who do not have internet/computer capability
 - Doing more with less
 - Increased job responsibilities with less training and staff
 - Overuse & depletion of County resources
 - Countywide stability
 - Loss of State or Federal funding
 - Increase in uninsured population
 - Stress on providers of mental health programs

Governmental

- Affordable Care Act
- CMS regulations changes, new IRS and Dept. of Health regulations
- Championing legislation that would provide change but as it goes up through the proper channels it becomes stagnant
- Accountable Care Organizations (new model that will allow for continuum of care across various agencies)
 - Increased regulations that affect the day to day operations of work

Technological

- Electronic Medical Records
- Electronic reporting by labs
- Electronic surveillance systems
- Federally Qualified Health Centers surveillance efforts contributing to catching potential threats earlier
 - Online viewing of resources and information

Environmental

- Natural Disasters (Hurricane Irene, Earthquake)
- Oyster Creek (oldest power plant in the Country)
- Superfund sites and their effect on the Community
 - Global warming

Scientific

- Determining what the next megathreat will be
- Lack of research & academic research institutions geographically located within the County
 - Lack of funding for research

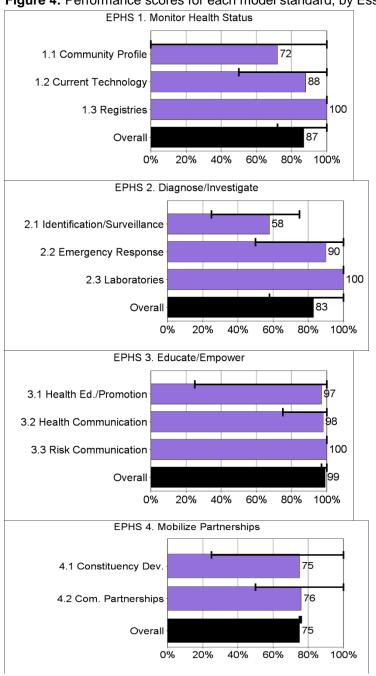
Ethical Issues

- NJ has the highest C-section rate in the county
- Limited resources during emergencies. Who determines who receives help first during emergencies
 - Cultural competency



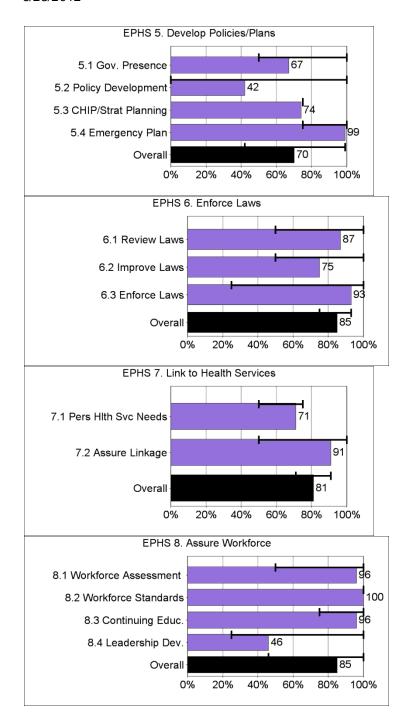
II. How well did the system perform on specific model standards?

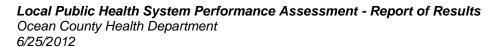
Figure 4: Performance scores for each model standard, by Essential Service



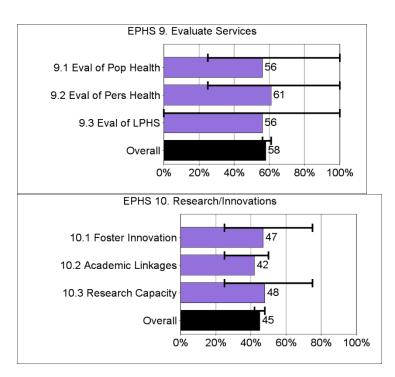












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2012 New Jersey Kids Count, The State of our Counties, Advocates for Children of New Jersey, Teens and Young Adults, Teen Pregnancy, page 20.

2010 CDC Pregnancy Nutrition Surveillance, New Jersey, Comparison of Age Distribution, Table 4B, (Teen Pregnancy), Run date: 6/23/11

Demographics:

Comparison of Profiles of General Demographic Characteristic for Ocean County 2000-2010, US Census Bureau 2010, Ocean County Department of Planning, July 2011

Annual Population by Municipality 2000-2010; US Census Bureau, Annual Estimates of the Resident Population for Minor Civil Divisions in New Jersey, Listed Alphabetically Within County: April 1, 2000 to July 1, 2009, September 2010., Ocean County Department of Planning, March 2011

2012 County Health Rankings & Roadmaps, Health Factors, Health Outcomes and Additional Measures

www.countyhealthrankings.org/#app/newjersey/2012/measures/outcomes/1/map

Cancer Rates:

The Cancer Burden in New Jersey, American Cancer Society, NJ & NY, Alvaro Carrascal, Russ Sciandra, Ethan Hasbrouck and Blair Horner, Ocean County Profile, July 2012

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Child Data:

2012 Kids Count Data Book, The Annie E. Casey Foundation, 701 St. Paul Street, Baltimore, MD; www.aecf.org

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Communicable Diseases:

Ocean County Health Department, Communicable Disease Unit.: Foodborne, Infectious and Communicable Disease Investigations and Epidemiology, www.ochd.org/Departments/Administration/Epidemiology-Communicable-Disease/400/

Pertussis: New Jersey Department of Health Vaccine Preventable Disease Program: August 2, 2012;

http://www.state.nj.us/health/cd/documents/fag/pertussis alert fag 0812.pdf

Mumps Outbreak: N Engl J Med 2012; 367:1704-1713November 1, 2012DOI: 10.1056/NEJMoa1202865

Environmental Health:

Ocean County Health Department, Environmental Health Division, **Consumer Health** Division protects the public from disease through the inspection of retail food establishments and monitoring of recreational bathing areas. The Environmental **Protection Division** functions to ensure the health of the residents of Ocean County by addressing problems concerning exposure to environmental contaminates by eliminating or minimizing pollutants in the air and water, and by controlling solid and hazardous wastes.www.ochd.org/Departments/Environmental/Consumer-Health-and-Protection/107/

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Center for Health, Education, Medicine, and Dentistry **(CHEMED)**, 2009-2011 Uniform Data System Reports, <u>www.chemed.org</u>

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Healthy NJ 2020, NJ Dept of Health Baseline Data and Targets, NJ Center for Health Statistics, Office of Policy & Strategic Planning, www.healthy.nj.gov

Healthy People 2020: www.healthypeople.gov/2020/LHI/2020indicators.aspx

Healthy Behaviors:

New Jersey Behavioral Risk Factor Survey (NJBRFS), Center for Health Statistics, New Jersey Department of Health, 2011

2012 Community Health Surveys conducted by the Ocean County Health Department-June-July 2012. Total respondents: 930 residents.

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NJ UB92/UB04 Data via Health Care Decision Analyst

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Public Health Data:

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Federally Qualified Health Centers Immunization Data:

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