Barnabas Health Behavioral Health Center

RWJBarnabas HEALTH

COMMUNITY HEALTH NEEDS ASSESSMENT 2016-2018

December 7, 2016

ACKNOWLEDGMENTS

The following partners led the Barnabas Health Behavioral Health Center Community Health Needs Assessment:

BARNABAS HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

The Barnabas Health CHNA Steering Committee oversees the 2016 CHNA process to update the 2013 CHNAs and create new Implementation Plans. The key tasks of the Steering Committee include:

- Review 2013 facility implementation plan updates and results
- Review 2015 community and public health surveys
- Review of suggested priorities for facility implementation planning
- Oversight and guidance of CHNA implementation plan development
- Review and sign-off of 2016 CHNA and implementation plans

Members of the Barnabas Health CHNA Steering Committee include:

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- Michellene Davis, EVP, Corporate Affairs
- Robert Braun, Oncology leadership
- Connie Greene, Behavioral Health/Preventive Care
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- Charlene Harding, Planning
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Steering Committee Technical Advisors:

- Anthony Palmerio (BH, Internal Audit)
- Withum, Smith & Brown (Scott Mariani)
- New Solutions Inc. (Nancy Erickson[1])

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

BARNABAS HEALTH BEHAVIORAL HEALTH CENTER

The Barnabas Health Behavioral Health Center's Needs Assessment and Implementation Plan were approved by the Executive Leadership:

- Deanna Sperling, President and Chief Executive Officer
- Jason Vigliarolo, Chief Financial Officer
- Alice Robinson, Chief Human Resources Officer and Vice President, Human Resources
- Tess Medina, Chief Nursing Officer and Vice President, Patient Care Services
- Chris Belluardo, Vice President, Clinical Support Services, Behavioral Health Network
- Shari Beirne, Director of Marketing, Public Relations and Patient Satisfaction

The assessment and plans were developed with the contributions of many RWJ Barnabas Health Behavioral Health Center staff. Their work was overseen by the CHNA oversight committee comprised of the following individuals:

- Shari Beirne, Director of Marketing, Public Relations and Patient Satisfaction (and Chair)
- Chris Belluardo, Vice President, Clinical Support Services, Behavioral Health Network
- Jennifer Scaltrito, Administrative Director, Social Services
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- Charlene Harding, Planning Liaison

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

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EXECUTIVE SUMMARY

Background

BHBHC SERVICE AREA MAP

The Barnabas Health Behavioral Health Center (BHBHC) Community Health Needs Assessment (CHNA) was designed to ensure that the Medical Center continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code (see Appendix J). The BHBHC Needs Assessment was undertaken in this context and developed for the purpose of enhancing health and quality of life throughout the community. This assessment builds upon the CHNA conducted in 2013. The 2013 Implementation Plan results are reviewed in Appendix A.

The CHNA uses detailed secondary public health data at state, county, and community levels, a community health survey, a survey of Ocean County public health officers, and other community stakeholders. BHBHC is a member of RWJ Barnabas Health, which convenes a multi-disciplinary, multi-facility Steering Committee that provides additional support and leadership. Also, insight and expertise from the Barnabas Health Behavioral Health Center CHNA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Service Area

The BHBHC service area is determined by considering three factors: patient origin, market share, and geographic continuity and proximity. Zip codes representing approximately 50% of the BHBHC patient origin form the initial primary service area (PSA); any zip code in which the Hospital has a high market share presence is also included. Zip codes with low market share are deleted from the PSA definition and included in the secondary service area (SSA). Geographic proximity is used to create a contiguous area and completes the service area determination. All 28 of the zip codes in BHBHC's service area are located in Ocean County. Only 4 zip

BHBHC Service Area			
ZIP Code	ZIP Name	ZIP Code	ZIP Name
08753	TOMS RIVER	08742	PT PLEASANT BEACH
08701	LAKEWOOD	08722	BEACHWOOD
08527	JACKSON	08758	WARETOWN
08723	BRICK	08734	LANOKA HARBOR
08721	BAYVILLE	08752	SEASIDE PARK
08757	SOUTH TOMS RIVER	08741	PINE BEACH
08759	MANCHESTER TWP	08740	OCEAN GATE
08755	TOMS RIVER	08092	WEST CREEK
08005	BARNEGAT	08733	LAKEHURST
08731	FORKED RIVER	08008	BEACH HAVEN
08751	SEASIDE HEIGHTS	08533	NEW EGYPT
08724	BRICK	08735	LAVALLETTE
08087	TUCKERTON	08738	MANTOLOKING
08050	MANAHAWKIN	08006	BARNEGAT LIGHT

codes in the eastern region of Ocean County are not included in the BHBHC service area. For the purpose of this CHNA, Ocean County statistics were deemed to be most relevant for review.

Ocean County is the second largest and fastest growing county in New Jersey. Between 2000 and 2010, the population of the county grew 13%. It is one of four New Jersey counties bordering the Atlantic Ocean. The county encompasses a land mass of 636 square miles in New Jersey. According to the 2010 Census, towns within Ocean County that experienced the largest percent of population growth include: Jackson (28.1%), Lakewood Township (53.8%), Little Egg Harbor (25.8%), Manchester (10.6%), Ocean Township (29.2%), and Stafford Township (17.8%).

Development in the county has traditionally occurred along the coastal beaches and the corridor formed by the Garden State Parkway and U.S. Route 9. Major interchanges along the Parkway have encouraged development along east/west corridors including Routes 526 and 72. Interstate 195 is a relatively new highway which is playing an increasing role in development of the northern section of the county. With the growth of the year-round population, Ocean County's economic base has grown beyond the traditional tourism of a coastal destination and become more diverse. Healthcare has become the County's fastest growing employment sector and RWJ Barnabas Health is now the top employer in the county.[2]

The racial make-up of the county is fairly homogeneous – Whites were 85.9%, Blacks or African-Americans were 12.1%, Asians were 1.7%, Hispanics/Latinos were 8.1%, and residents from two or more races were 1.4% of the county. Ocean County has the highest concentration of elderly in the State with 21% of its population over the age of 65. Much of the county's growth has been due to development of residential communities geared to the needs of retirees. Median household and per capita income lag behind the State of New Jersey. There are also pockets of poverty and areas of wealth within the communities that make up the county.

The following are examples of the community health disparities identified in this CHNA:

- Ocean County's BRFSS 2011-2013 premature death rate (6,247) was 12.6% higher than New Jersey (5,548), and 20.1% higher than the County Health Rankings (CHR) benchmark (5,200).
- In 2014, the median household income in Ocean County was $61,839, less than $10,000 below the state median. In 2014, 11.1% of people were living in poverty in Ocean County, higher than New Jersey (10.7%). The New Jersey Physician Workforce Task Force predicts that by 2020, Ocean County will need 170.6 more physicians than it is projected to have in order to meet baseline demand.
- The 2014 rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Ocean County (61.4/1,000) was higher than the 2014 statewide rate (53.8/1,000).
- In 2014, 77% of Ocean County resident admissions for substance abuse treatment had no insurance and 15% paid with Medicaid, compared to 7% of Ocean County resident admissions who paid with private insurance.
- In 2014, 83% of Ocean County resident admissions for substance abuse treatment were at the Federal Poverty Level (0-133%).
- In 2014, 77% more Ocean County men (64%) were admitted for substance abuse than women (36%).

2 http://www.planning.co.ocean.nj.us/databook/52_Lead_emp.pdf

- In 2014, 34% of discharges of Ocean County residents were discharged with no continuing care needed.
- In 2014, 42% of admissions of Ocean County residents were to outpatient care, 34% to Intensive Outpatient care, and 15% to Opioid Maintenance care.

TOP FOUR BEHAVIORAL HEALTH ISSUES

Mental health and substance abuse disorders (together known as behavioral health disorders) affect 18.1% of American adults.[3] Disorders are recurrent, often serious, and may co-occur. More than one in four adults living with serious mental health issues also has a substance abuse problem. Rehabilitation, medications, support groups, and talk therapy treatments aim to reduce substance use, improve psychiatric symptoms and functioning, decrease hospitalization, and improve quality of life. Behavioral health disorders are health conditions characterized by alterations in thinking, mood, and/or behavior associated with distress and/or impaired functioning. Risk factors for behavioral health conditions include family history, stressful life situations, chronic medical conditions, brain damage, and substance abuse. There is often stigma associated with behavioral health diagnosis and treatment, although optimal behavioral plays a major role in one's ability to maintain good physical health. Problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

While many Americans still go without needed behavioral health treatment, recent changes to the United States health system are removing barriers to accessing behavioral health services. As a result of the Affordable Care Act, a range of health plans are being required to cover essential benefits including mental health and substance abuse treatments. The Affordable Care Act extends the impact of the Mental Health Parity and Addiction Equity Act so that many health plans must offer coverage for mental health or substance use disorders with at least an equal level of benefits as the plans offer for the treatment of physical health problems.[4]

The BHBHC Steering Committee considered secondary and qualitative data to determine four top health issues based on capacity, resources, competencies, and needs specific to the populations it serves. These issues are within the hospital's purview, competency and resources to impact in a meaningful manner. These include: substance abuse and chemical dependency, mental health needs of veterans, outpatient behavioral health treatment, and education and outreach efforts.

1. Substance Abuse and Chemical Dependency

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Drug abuse, as a recognized medical brain disorder, refers to the abuse of illegal substances, such as marijuana, heroin, cocaine, or methamphetamine, or the abuse of legal substances such as alcohol, nicotine, or prescription medicines. Alcohol is the most common legal drug of abuse. Substance abuse may lead to missing work or school, legal problems, and the deterioration of friendships, family relationships, or both.[5] Drug abuse and dependence are caused by multiple factors, including genetic vulnerability, environmental stressors, social pressures, individual personality characteristics, and psychiatric problems. [6] Risk factors for abuse

3 Mental and Substance Abuse Disorders http://www.samhsa.gov/disorders
4 Ibid.
5 http://www.hopkinsmedicine.org/healthlibrary/conditions/mental_health_disorders/substance_abusechemical_dependency_85,P00761/
6 Ibid.

and dependence are similar to those for mental health conditions and include poverty and drug availability. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. Treatment programs for substance abuse can be either inpatient or outpatient. The programs are usually based on the type of substance abused. Detoxification and long-term follow-up management or recovery-oriented systems of care are important features of successful treatment. Long-term follow-up management usually includes formalized group meetings and psychosocial support systems, as well as continued medical supervision. Individual and family psychotherapy are often recommended to address the issues that may have contributed to and resulted from the development of a substance abuse disorder.

Cultural and societal factors determine what are acceptable or allowable forms of drug or alcohol use, but public laws determine what kind of drug use is legal or illegal. The question of what type of substance use can be considered normal or acceptable remains controversial. Cultural attitudes, social values, and political actions related to the consumption of drugs and alcohol inform the laws and current practices related to substance abuse. However, advances in research have led to the development of more scientific, data-driven, strategies to effectively address substance abuse. Advances in brain-imaging and the development of substance abuse medications have fostered a deeper understanding of drug abuse as a chronic illness that requires lifelong monitoring and care. A stronger emphasis on evaluation in the community has expanded evidence-based practices for drug and alcohol treatment. Recent improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.[7]

In recent years, the impact of substance and alcohol abuse has been notable across several areas. The adolescent abuse of prescription drugs has risen in recent years because of the increasing availability of prescription drugs and the widespread belief among teens that prescription drugs are safer than street drugs. The majority of drug overdose deaths in 2014 (more than six out of ten) involved an opioid. Overdoses from prescription opioid pain relievers are a driving factor in the 15-year increase in opioid overdose deaths. As the Federal Government has implemented health reform legislation, it has focused on providing services for individuals with mental illness and substance use disorders, including new opportunities for access to and coverage of treatment and prevention services.[8]

There are limited providers and resources located in Ocean County to treat alcoholism and drug abuse. BHBHC offers comprehensive inpatient services for clients of all ages. Inpatient treatment is for substance abuse chemical dependency, including those whose illness has not responded to outpatient treatment.

2. ***Mental Health Needs of Veterans***

The recent military operations in Iraq and Afghanistan deployed a higher proportion of the armed forces for longer periods of time than similar prolonged wars. The casualty rates for these particular operations are historically low, and more military personnel are surviving experiences that would have led to death in previous wars. Maintaining mental health after exposure to difficult threats is a particular challenge for the veterans of today.[9]

Nearly 1 in 4 active duty members showed signs of a mental health condition, according to a 2014 study in JAMA Psychiatry. There are three primary mental health concerns that affect military personnel most

7 https://www.healthypeople.gov/2020/topics-objectives/topic/substance-abuse
8 Ibid.
9 http://www.rand.org/content/dam/rand/pubs/monographs/2008/RAND_MG720.pdf

frequently: Post Traumatic Stress Disorder (PTSD), Depression, and Traumatic Brain Injury (TBI). Traumatic events, such as military combat, assault, disasters, or sexual assault can have long-lasting negative effects, including trouble sleeping, anger, nightmares, and alcohol and drug abuse. When these symptoms occur together over a period of time, they can turn into PTSD. The 2014 JAMA Psychiatry study found the rate of PTSD to be 15 times higher than civilians. Depression, a mood disorder that causes persistent feelings of sadness and loss, interferes with daily life and normal functioning and may require treatment. The 2014 JAMA Psychiatry study found the rate of depression to be five times higher than civilians. A traumatic brain injury (TBI) is usually the result of significant blow to the head or body. Symptoms can include headaches, fatigue or drowsiness, memory problems and mood changes and mood swings.[10] A study done by RAND found that 19% of surveyed veterans reported a probable TBI during deployment. According to this RAND study, about one third of previously deployed military personnel have PTSD, depression, or TBI.[11]

For both active-duty military personnel and veterans, there is a gap between the need for mental health services and the use of these services. Military personnel express concerns that the use of mental health services will negatively affect employment and constrain career prospects within the military. This causes delays in treatment that can exacerbate mental health conditions. While personal and cultural factors influence this pattern, operational factors such as hospital wait times and availability of services also play a big role.

Evidence-based treatments have been shown to be effective for both PTSD and major depression, but these are not yet available in all treatment settings. RAND estimates that these evidence-based treatments could save as much as $1.7 billion.[12] These types of treatments are available at BHBHC, and Barnabas Behavioral Health Network offers both voluntary and involuntary inpatient units and intensive short-term care facilities which treat the most severely ill clients. Specialized treatment tracks are in place throughout the Network for MICA clients as well as other dually diagnosed clients. Clients may access inpatient services through emergency services at numerous Network sites, through Barnabas Health Behavioral Health Network 24-hour Access Center staffed by clinicians trained in emergency response, or through professional referral.

3. ***Outpatient Behavioral Health Treatment***

The burden of behavioral illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. Mental health disorders also affect children and adolescents at an increasingly alarming rate; in 2010, 1 in 5 children in the United States had a behavioral health disorder, most commonly attention deficit hyperactivity disorder (ADHD).[13] Outpatient mental health and substance use disorder services are provided in person in an ambulatory care setting such as a mental health center or substance use disorder clinic, hospital outpatient department, community health center, or practitioner's office.

Individual and group counseling, medication treatments, and supportive services are outpatient evidence-based treatments that can be offered by providers individually or jointly.[14] Counseling and more specialized psychotherapies seek to change behaviors, thoughts, emotions, and how people see and

10 http://www.nami.org/Find-Support/Veterans-and-Active-Duty#sthash.gP9fspka.dpuf
11 Ibid.
12 Ibid.
13 https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders
14 http://www.samhsa.gov/treatment

understand situations. Counseling in the outpatient setting is provided by trained clinicians such as psychologists, psychiatrists, social workers, and counselors. Medications for mental disorders effectively help manage symptoms, particularly when paired with psychotherapy and counseling. Medications are also increasingly being used to treat substance use disorders, reducing cravings or other symptoms associated with withdrawal. Supportive services are critical components of a behavioral health system, helping achieve the goals of community integration and social inclusion for people with mental and substance use disorders and their families. Case management and wraparound services can coordinate behavioral health services with housing, employment, education, and other supports. In combination with treatment, recovery support services can enable individuals to control symptoms though traditional treatments or peer-support groups. Supported employment services can be an important link to a job that provides independence and social interaction. People may face barriers like lack of transportation or child care, so flexible schedules also function as supportive services. [15]
The Stepping Stones intensive outpatient program at BHBHC is designed for individuals who require treatment three to five days per week, depending on their needs. Three and a half hour sessions are offered Monday through Friday with both morning and afternoon sessions available for the patient's convenience. Sessions consist of group therapy and weekly individual sessions with a psychiatrist, advanced practice nurse and an individual therapist.

In the BHBHC service area, two populations have been identified as particularly vulnerable: adolescents and the elderly.

Although mood swings are common during adolescence, approximately one in five adolescents has a diagnosable mental disorder, such as depression and/or anxiety disorders. Mental health and substance abuse disorders can disrupt school performance, harm relationships, and lead to suicide. Effective treatments for mental health and substance abuse disorders, especially if they begin soon after symptoms appear, can help reduce its impact on a teen's life. Less than half of the adolescents with psychiatric disorders received any kind of treatment in the past year. A social stigma continues to surround mental health disorders, and mental health care is frequently difficult to access. Initially identifying a mental health disorder is also challenging, and issues are often first identified at school. Teens who are homeless, served by state child welfare and juvenile justice systems, or are lesbian, gay, bisexual, and/or transgender are often the least likely to receive services.[16]

Many older adults are at risk of developing mental disorders, neurological disorders or substance use problems. As people age, they are more likely to experience several conditions at the same time. Along with the typical life stressors common to all people, many older adults lose their ability to live independently because of limited mobility, chronic pain, frailty or other mental or physical problems, and require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, a drop in socioeconomic status with retirement, or a disability. Older adults are also vulnerable to elder abuse, which can lead to an exacerbation or development of depression and anxiety. Over 20% of adults aged 60 and over suffer from a mental or neurological disorder. The most common neuropsychiatric disorders in this age group are dementia and depression, followed by anxiety disorders and substance abuse problems. Twenty-five percent of deaths from self-harm are among those aged 60 or above. There are significant social and economic issues in terms of the direct costs of care associated with dementia. Older adults with depressive symptoms have poorer functioning compared to those with

15 Ibid.
16 http://www.hhs.gov/ash/oah/adolescent-health-topics/mental-health/home.html#

chronic medical conditions such as lung disease, hypertension or diabetes. Depression also increases the perception of poor health, the utilization of medical services and health care costs.

The treatment and evaluation of senior adults requires specialized skills and careful attention to treating emotional disorders within the context of co-existing medical illness. Clinical tracks at various SBBHN sites are designed to meet the unique needs of older adults who suffer from all psychiatric disorders including anxiety, depression, and dementia. Treatment is directed by board-certified psychiatrists specializing in geriatrics and is delivered by treatment teams which include geropsychiatric nurses, allied clinical therapists, licensed clinical social workers and other professionals who specialize in the needs of the elderly patients.

4. Education and Outreach

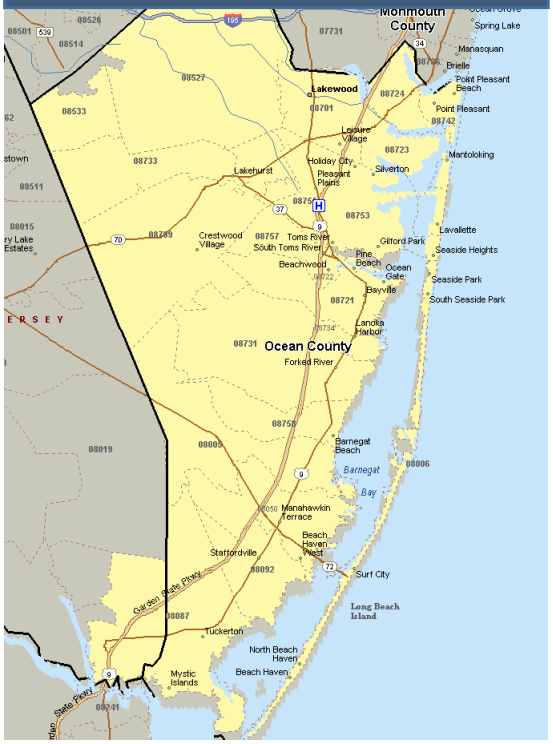
Behavioral health disorders have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer. Fortunately, a number of behavioral health disorders can be treated effectively, and prevention of mental health disorders is a growing area of research and practice. Promoting and expanding outreach efforts to physicians of all specialties and long term care facilities remains important to ensure that all Americans lead longer, healthier lives. Evidence has shown that mental health disorders are strongly associated with the risk, occurrence, management, progression, and outcome of serious chronic diseases and health conditions, including diabetes, hypertension, stroke, heart disease, and cancer. This association appears to be caused by mental health disorders that precede chronic disease; chronic disease can intensify the symptoms of mental health disorders. This cycle decreases a person's ability to participate in the treatment of and recovery from mental health disorders and chronic disease. Therefore, while efforts are underway to reduce the burden of death and disability caused by chronic disease in the United States, simultaneously improving mental health nationwide is critical to improving the health of all Americans.

Central to this goal is the integration of primary care practitioner education and outreach, to ensure that behavioral health disorders do not develop in those with physical diseases. Because people with mental and substance use disorders often have more physical health problems than the general population, assistance in coordinating care across behavioral and physical health care providers can be a valuable support. In addition, mental health and substance abuse are so closely related to physical health that primary care providers often serve as gatekeepers for further behavioral health treatment. BHBHC's approach to treating behavioral health in Ocean County is to focus on outreach to physicians of all specialties and to long-term care facilities. Barnabas Health Behavioral Health Network continuum of care allows clients in the acute care setting to move to less restrictive levels of care while maintaining continuity of treatment. The smooth transition occurs as a result of Barnabas Health Behavioral Health Network's vast resources and careful discharge planning. Aftercare is fully coordinated by a Barnabas Health Behavioral Health Network case worker who works with referring professionals, social service agencies, and other community supports to ensure appropriate transitions and continued progress. BHBHC seeks to expand the continuum of care to primary care physicians to focus on preventing mental illness and substance abuse disorders.

1. INTRODUCTION

The Barnabas Health Behavioral Health Center (BHBHC) Community Health Needs Assessment (CHNA) was designed to ensure that the Medical Center continues to effectively and efficiently serve the health needs of its service area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code (see Appendix J). The BHBHC Needs Assessment was undertaken in this context and developed for the purpose of enhancing health and quality of life throughout the community. This assessment builds upon the CHNA conducted in 2013. The 2013 Implementation Plan results are reviewed in Appendix A.

BHBHC SERVICE AREA MAP



The CHNA uses detailed secondary public health data at state, county, and community levels, a community health survey, a survey of Ocean County public health officers, and other community stakeholders. BHBHC is a member of RWJ Barnabas Health, which convenes a multi-disciplinary, multi-facility Steering Committee that provides additional support and leadership. Also, insight and expertise from the Barnabas Health Behavioral Health Center CHNA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Barnabas Health Behavioral Health Center (BHBHC), located in Toms River, New Jersey, constitutes a freestanding 100-bed acute care psychiatric facility which provides inpatient, partial hospitalization, and intensive outpatient programs for adults and older adults diagnosed with psychiatric and dual disorders.

The BHBHC Steering Committee determined four top health issues to be within the hospital's purview, competency and resources to impact in a meaningful manner: substance abuse and chemical dependency, mental health needs of veterans, outpatient behavioral health treatment, and education and outreach efforts. Individual and group counseling, medication treatments, and supportive services are just a few of the evidence-based treatments offered by BHBHC and the Barnabas Health Behavioral Health Network. The prevalence of post-traumatic stress disorder, depression, and traumatic brain injury is particularly high in veteran populations. BHBHC's inpatient care, partial hospitalizations, intensive outpatient services, and outpatient counseling can help veterans become more mentally healthy. In the BHBHC service area, two populations have been identified as particularly vulnerable: adolescents and the elderly.

Those with behavioral health disorders often have more physical health problems than the general population, and BHBHC seeks to expand the continuum of care to primary care physicians to focus on preventing mental illness and substance abuse disorders.

The CHNA uses detailed secondary public health data at state, county, and community levels, from various sources including the Department of Health and Human Services, Centers for Disease Control and Prevention, Census Bureau, *Healthy People 2020,* County Health Rankings (CHR), and hospital discharge data.

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

The BHBHC needs assessment was undertaken in this context and developed for the purpose of enhancing the health and quality of life throughout the community. To this end, a broad array of information both internal and external were used to understand recent health status and the opportunities to provide a positive impact on improving health and wellness. Other significant needs determined in this CHNA include:

- Chronic Disease Prevention
- Access to Care
- Unintentional Injuries
- Access to Healthy Foods
- Air Quality

2. METHODOLOGY/SERVICE AREA

CHNA data sources included secondary and qualitative survey data. These sources were reviewed by the BHBHC Steering Committee to identify and prioritize the top issues facing residents in the service area (see Top Health Issues section).

Secondary Data Sources

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

Appendix C provides chronic disease prevalence trends based upon acute care discharge data. Appendix D contains a detailed report of cancer incidence and mortality by cancer site for Ocean County for the year 2009-2013.

Health Profile

The county health profile provides a comprehensive discussion of health outcomes as well as the health factors that contribute to the health and well-being of Ocean County residents.

Throughout the Health Profile Section, the reader will find tables that have red, yellow, and green colored indicators. These tables compare the county level data to the *Healthy People 2020* targets, Community Health Rankings benchmarks, and New Jersey State data. Data by race/ethnicity is compared to data for all races in the county, unless otherwise indicated.

Using the Ocean County value as the midpoint, this value was then compared to a number 20% higher or 20% lower than the value for New Jersey, *Healthy People 2020*, or County Health Rankings Benchmark. If the Ocean County value was within 20% lower or 20% higher than the comparison indicator, and thus considered within reasonable range of that indicator, the indicator table will be yellow. The table will be red if the Ocean County value is 20% worse or lower than the indicator value. If the Ocean County value is 20% better or higher than the indicator value, the table will be green.

Qualitative Data Sources

Community Health Needs Survey

A representative sample of households from the primary service area was generated from a residential telephone numbers database; a 30-minute telephone interview was conducted. Bruno and Ridgway Research Associates, Inc. administered interviews from November to December 2015. Survey results are incorporated in the CHNA.

Public Health Survey

A public health survey was administered to Public Health Officers and agencies in Ocean County. The survey consisted of the following questions:

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

Health officers from the communities that makeup BHBHC's service area were most concerned with issues of behavioral health, chronic disease prevention and education, childhood obesity, immunization compliance, and access to care.

The survey identified five priority needs for Ocean County. See Appendix E for survey responses.

Ocean County Mental Health Board's Professional Advisory Committee

BHBHC representatives actively participate in the Ocean County Mental Health Board's Professional Advisory Committee (PAC) which is comprised of key stakeholders in Ocean County (mental health professionals, agency directors, consumers and families) who every three years assess the current mental health service delivery system in Ocean County and outline what populations and service gaps need to be addressed. The PAC's Ocean County Mental Health Plan Update for 2013 – 2016 resulted in the following health priorities for the county: Early Intervention – increase capacity; Treatment – develop specialized treatment for individuals; Support Services – enhance transportation; Providers – education and outreach. BHBHC's internal team took into consideration these county-wide priorities, along with other primary and secondary data, when selecting facility priorities for BHBHC's 2016 CHNA Implementation Plan. BHBHC continues to collaborate with the Ocean County Mental Health Board, other providers and community organizations to improve the health and welfare of our communities.

Assets and Gaps

Section 5, Assets and Gaps, summarizes the preceding components of the CHNA. Assets highlight county or BHBHC service area information indicating improvement over time in comparison to other counties and the State or a comparison to other races or genders. Gaps focuses on disparities in Ocean County or in the BHBHC service area that have a negative trend in comparison to other counties or the State or other races or genders.

Resource Inventory

A service area-specific resource inventory is included as Appendix F, which details health and social service resources available to residents in BHBHC's primary service area. Providers' names, addresses, telephone numbers and type of services provided are contained in the inventory.

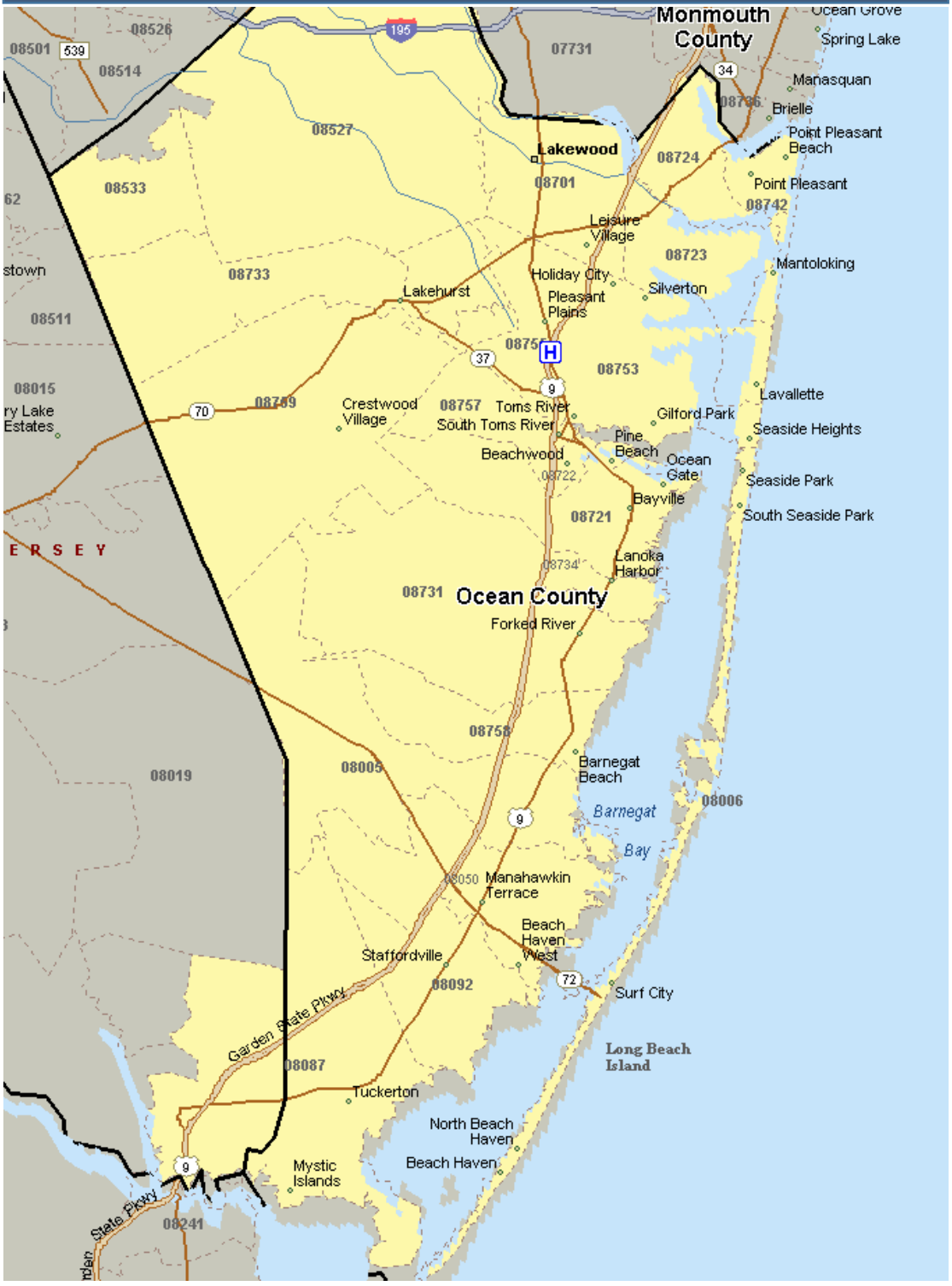
SERVICE AREA

Barnabas Health Behavioral Health Center is located in Toms River, New Jersey. The Center's primary service area (PSA) consists of the following zip codes:

ZIP Code	ZIP Name
08753	TOMS RIVER
08701	LAKEWOOD
08527	JACKSON
08723	BRICK
08721	BAYVILLE
08757	SOUTH TOMS RIVER
08759	MANCHESTER TOWNSHIP
08755	TOMS RIVER
08005	BARNEGAT
08731	FORKED RIVER
08751	SEASIDE HEIGHTS
08724	BRICK
08087	TUCKERTON
08050	MANAHAWKIN
08742	POINT PLEASANT BEACH
08722	BEACHWOOD
08758	WARETOWN
08734	LANOKA HARBOR
08752	SEASIDE PARK
08741	PINE BEACH
08740	OCEAN GATE
08092	WEST CREEK
08733	LAKEHURST
08008	BEACH HAVEN
08533	NEW EGYPT
08735	LAVALLETTE
08738	MANTOLOKING
08006	BARNEGAT LIGHT

The PSA is determined by taking into consideration the following data and factors: BHBHC Inpatient origin, BHBHC Outpatient origin, SBBHN patient origin and geographic continuity/proximity. ZIP Codes representing approximately 90% of the patient origin form the PSA. Geographic continuity is used to create a contiguous area. Most of the secondary data in this report is based on county level data. City or ZIP Code level data is provided wherever possible to enhance the understanding of the specific needs of service area residents.

BHBHC SERVICE AREA MAP



3. COMMUNITY HEALTH NEEDS SURVEY

Bruno and Ridgway interviewed 209 residents of BHBHC's primary service area. Their responses are provided within this section and were used to assist in prioritization of health needs within the community.

Chronic diseases (cancer, diabetes, heart disease) emerge as key health concerns of residents in BHBHC's primary service area, along with contributing factors to these conditions, such as obesity, high blood pressure, lack of exercise and the ability to access primary care providers, especially without insurance.

Overall, area residents report their health as good and exhibit many positive health-related behaviors, including healthy eating habits, frequent physical activity and adherence to getting screening tests for breast cancer and/or prostate cancer. However, there is a large portion of the population who report their health as being fair or poor, lead a sedentary lifestyle and suffer chronic medical conditions. Educating consumers on the prevention, maintenance and treatment of chronic diseases and related healthy lifestyle behaviors could improve the overall health and well-being of area residents.

Additional findings include:

- Free/low cost preventative services, ranging from mammograms and blood pressure checks to vision and hearing screenings, are all very important.

- While many residents feel access to various health care services is adequate, some area residents feel access to specific types of providers, including primary care doctors, specialists, mental health professionals, eye doctors and dentists, is lacking. Many also cite a lack of providers accepting Medicaid, prescription assistance, or patients with no insurance. A key barrier to seeking needed medical care is lack of insurance and the inability to pay.

- Survey results suggest that promoting health and wellness through the availability of prevention services and improving access to physicians and dentists by addressing economic challenges, including insurance issues, will meet a significant portion of perceived community need.

- Specific emphasis on addressing the needs of lower income and older residents would also be beneficial.

In summary, the survey suggests that programs focus on offering wellness initiatives, programs and services addressing the availability, accessibility and affordability of low-cost health services.

(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

Key Community Health Issues/Concerns ~ Volunteered

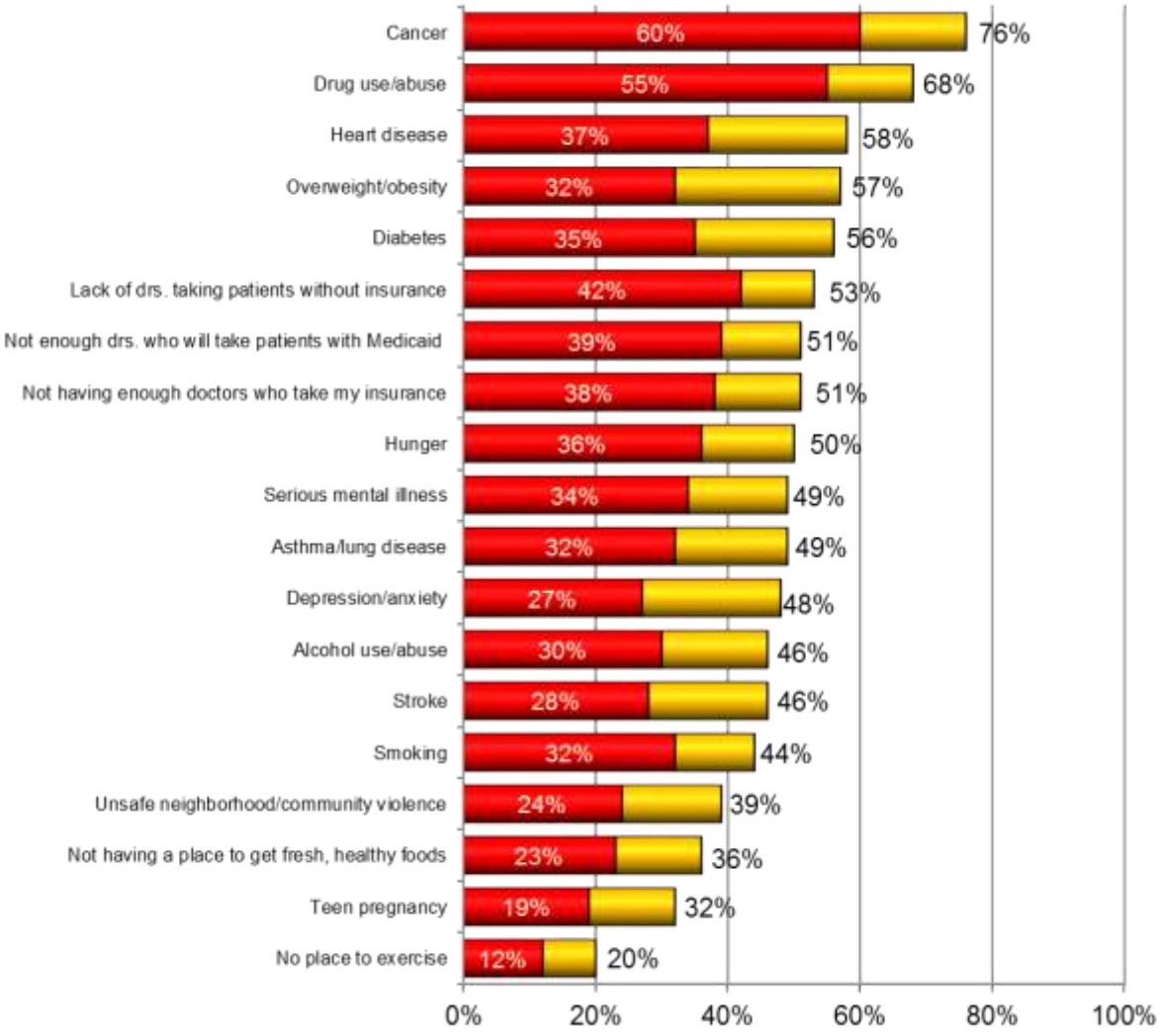
- When residents were asked to volunteer the top 3 health issues in their community, cancer tops the list.
- Mentioned somewhat less frequently were concerns about lack of doctors, drug use, heart disease, diabetes, and affordable health care costs.

(n=209)
Q.1a

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Community Health-Related Issues of Concern
(Extremely/Very Concerned)

- When asked directly to rate specific issues of concern on a 5-point scale, cancer remains at the top of the list, followed by drug use.
- Other areas of concern include: lack of doctors/taking insurance, other chronic diseases (heart disease, diabetes), hunger, obesity and mental illness.



(n=209)
Q.1b

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Community Health-Related Issues of Concern – By Select Sub-Groups
(Extremely Concerned)

Gender: *Females more concerned about some issues versus males.*

	Male %	Female %
Cancer	51	65
Drug use	45	61
Hunger	29	41
Alcohol use	23	34

Age: *Older residents voice a few more concerns than their younger counterparts.*

	Younger %	Older %
Alcohol use	23	34
Stroke	18	35
No place to exercise	6	15

Income: *Lower income group expresses more concerns in all areas versus higher income group.*

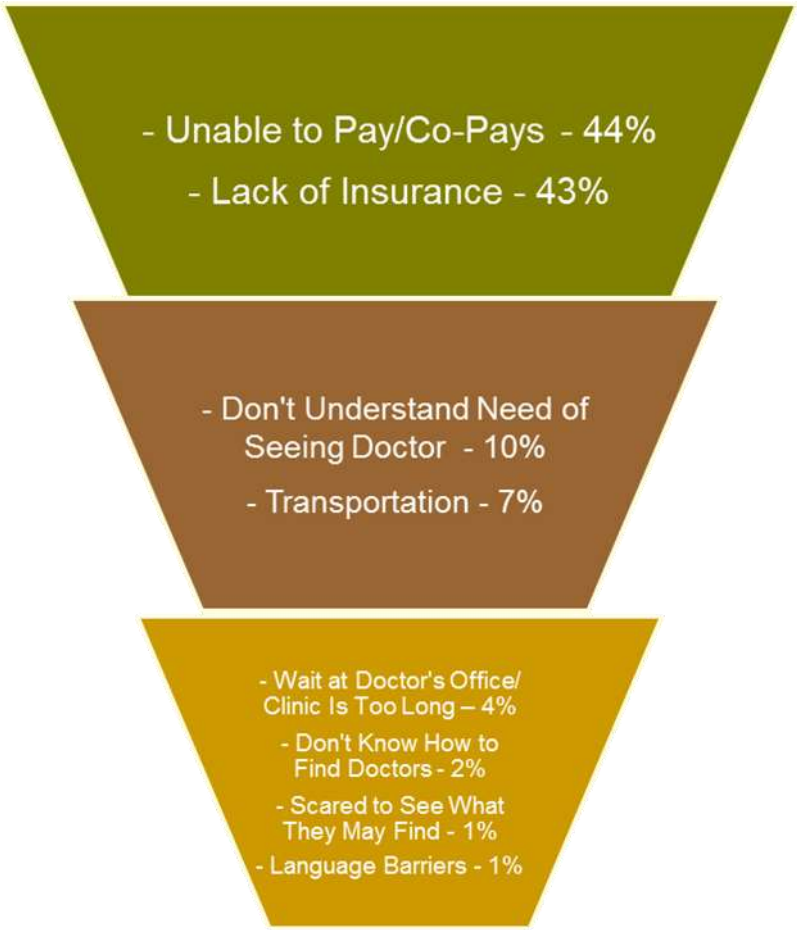
	Lower Income %	Higher Income %
Lack of doctors taking no insurance patients.	57	37
Lack of doctors taking Medicaid patients	55	32
Lack of doctors taking my insurance	53	31
Hunger	60	27
Diabetes	53	30
Serious mental illness	45	29
Smoking	45	27
Obesity	47	27
Alcohol	40	26
Stroke	40	25
Depression	40	20
Teen Pregnancy	32	15

Q.1b ○ = Significantly higher versus opposite group at the 90% confidence level.

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Community Health Needs: Barriers to Seeking Medical Care

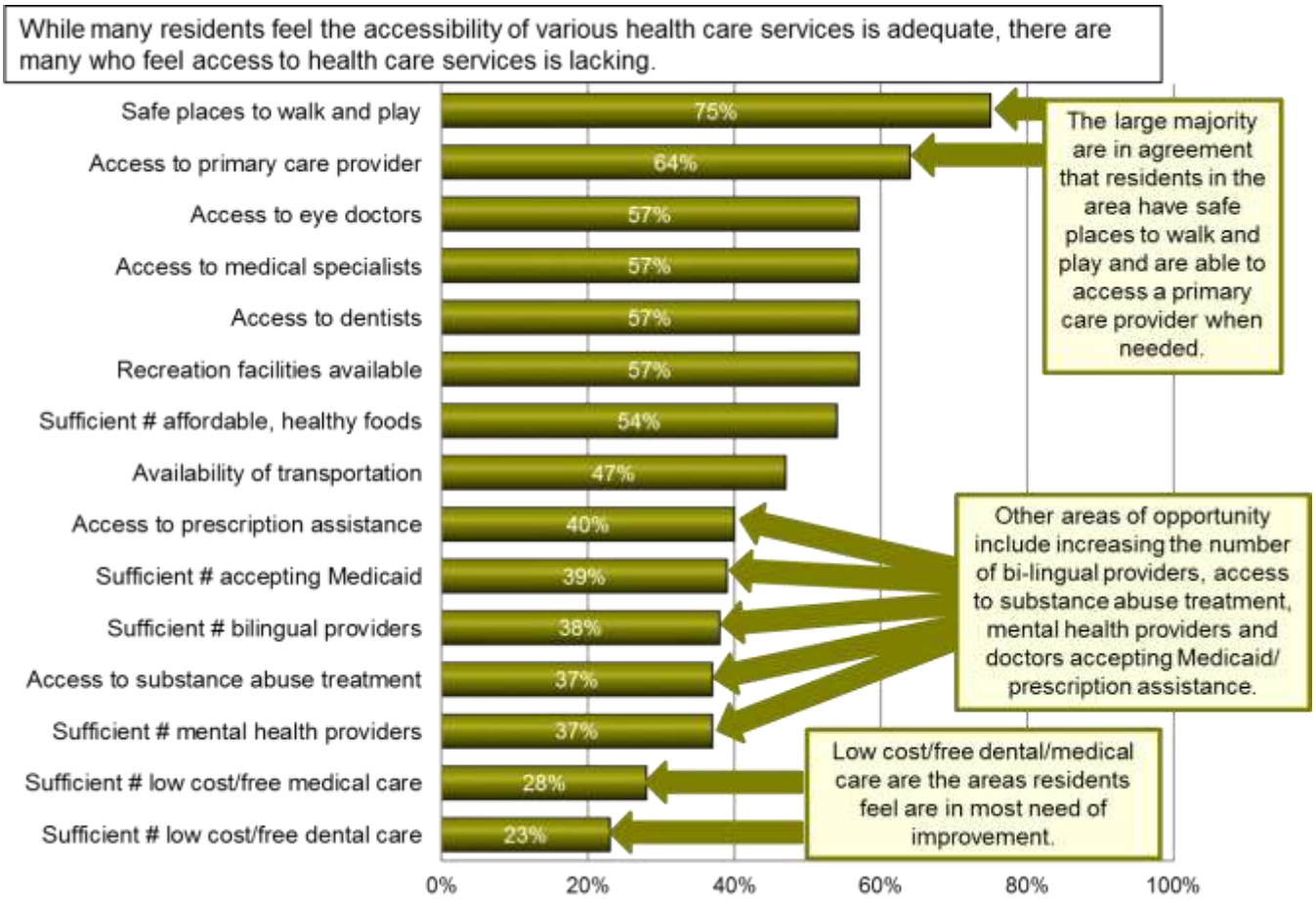
- Residents were asked to volunteer factors that may keep people in the community from seeking medical treatment or care when needed. Virtually all residents mentioned either lack of insurance or the inability to pay/co-pays as the key barrier to seeking medical care when needed.
- Mentioned significantly less often, was a lack of understanding about the need to see a doctor and some cited transportation as a factor.



(n=209)
Q.2

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Community Health Needs: Able to Access Health Care Services
(Strongly/Somewhat Agree)

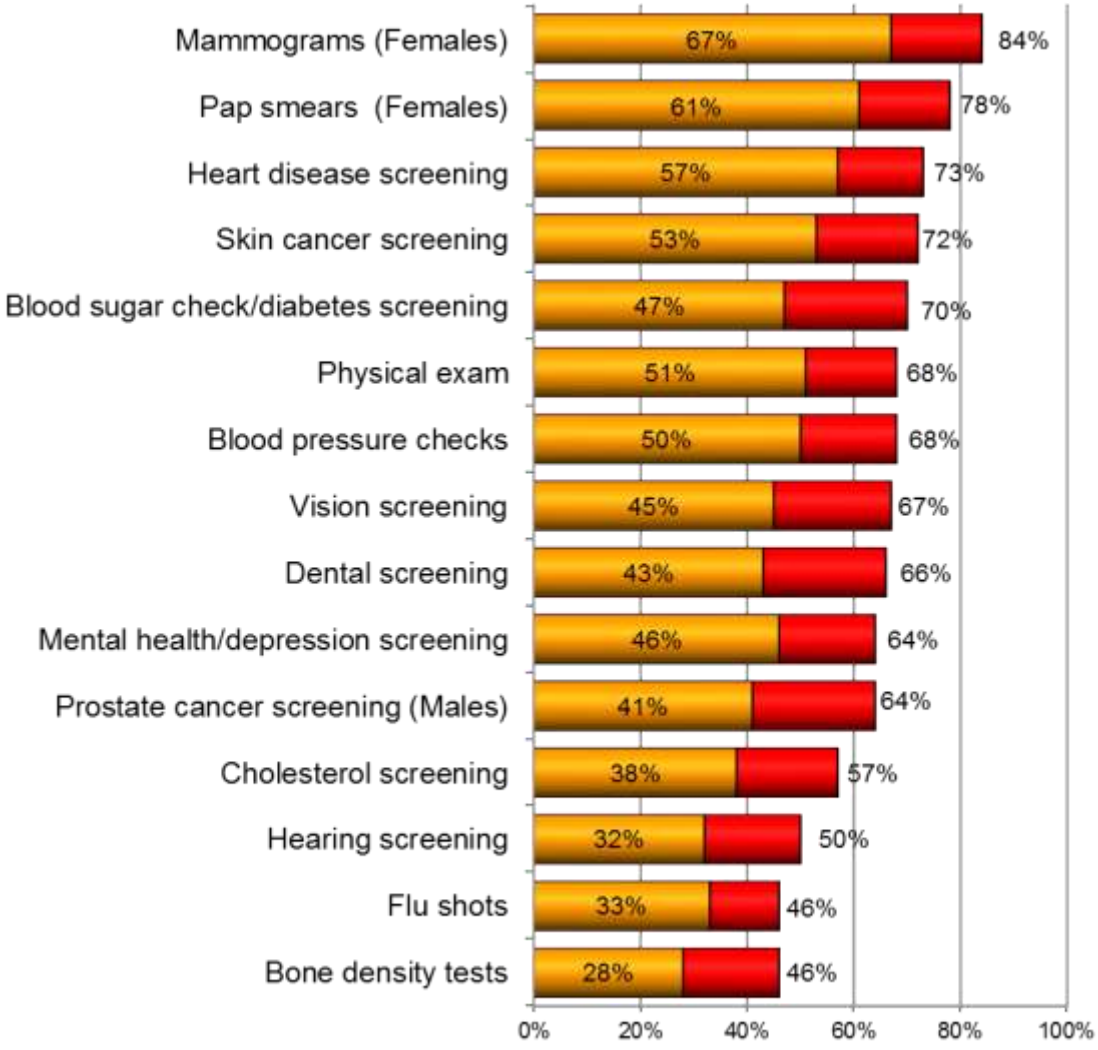


(n=209)
Q.4

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Community Health Needs: Importance of Offering Free/Low Cost Preventative Health Services
(Extremely/Very Important)

- The large majority of residents feel it is "very important" to have free/low cost preventative services available in their community.
- Mammograms and pap smears for women are seen as being the most important.
- The greatest importance for free or low cost screenings for preventative health services is expressed by females, single residents and lower income groups.

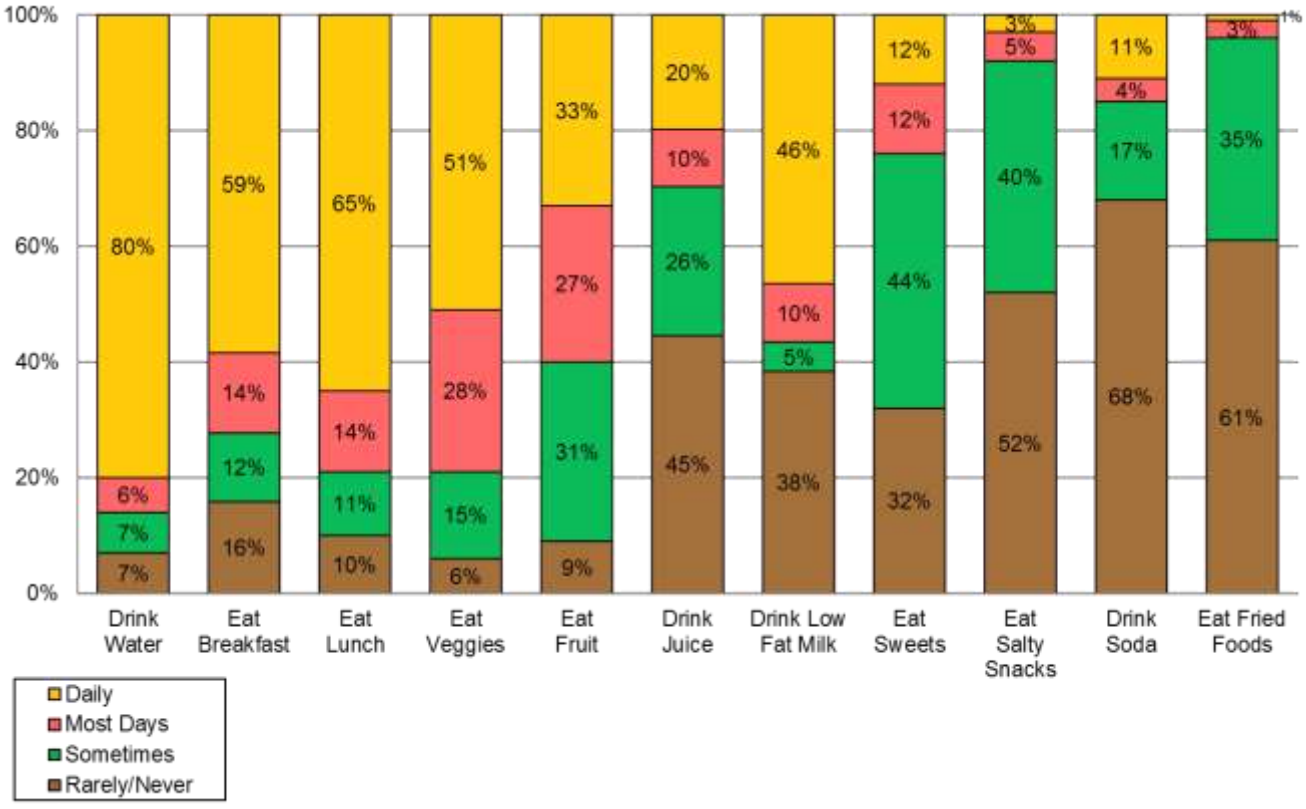


(n=209)
Q.3

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Frequency of Performing Health-Related Activities:

- For the most part, residents report positive eating behaviors: the majority drink water, consume fruits and vegetables, eat breakfast and lunch on a daily or almost daily basis.
- Heavy intake of sweet/salty snacks, soda and fried foods is minimal, with the majority consuming these items 1 to 2 times per week or less.



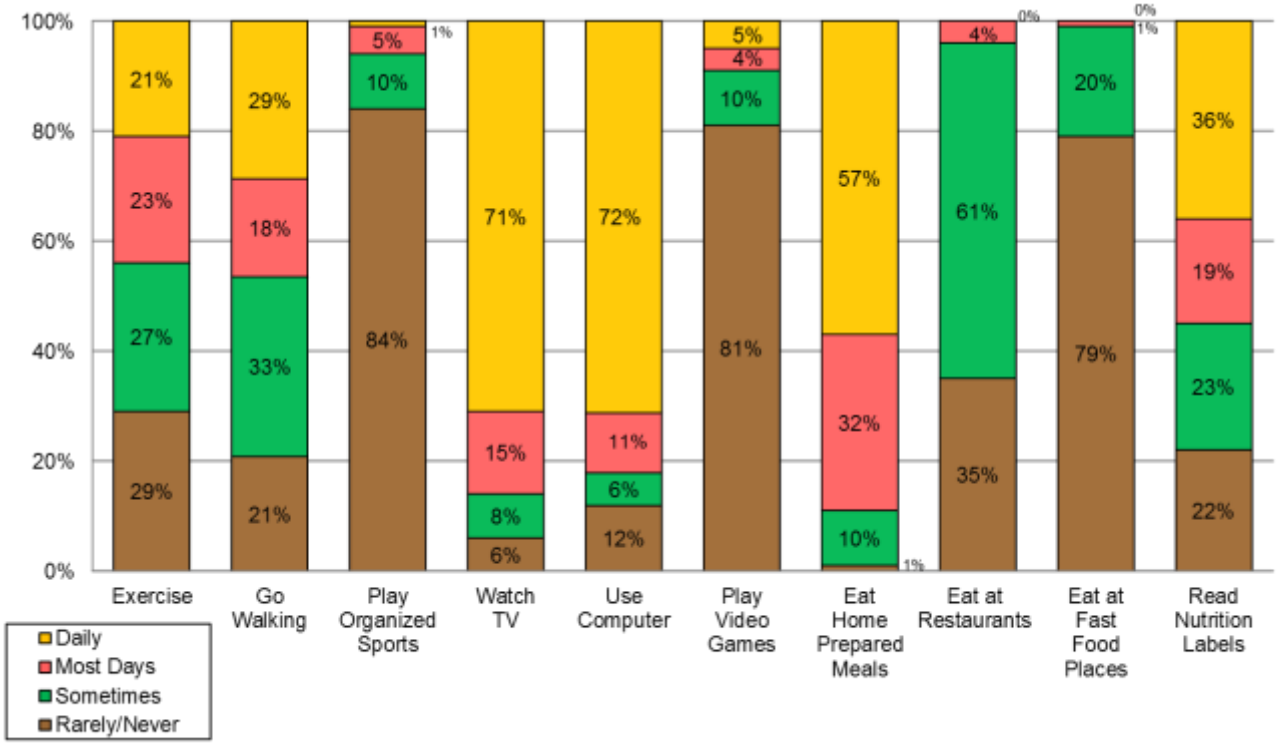
(n=209)
Q.6

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Frequency of Performing Health-Related Activities (Continued):

- About 4 of 10 residents say they exercise frequently and almost half (47%) say they go walking. While some residents appear quite active, others are leading a somewhat sedentary lifestyle, watching TV and using the computer on an almost daily basis. About one-fourth of residents say they rarely or never exercise.

- On the positive side, most residents are eating home prepared meals and about just over half claim to be reading nutrition labels. While eating out at restaurants is an occasional activity for most, quite a few do report at least sometimes eating at fast food places.



(n=209)
Q.6

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Differences in Behaviors by Gender/Age/Income

- Males are more likely versus females to drink juice and play sports, while females are more likely to read nutrition labels.
- Younger residents are more likely than their older counterparts to use the computer, eat at restaurants, drink soda and eat salty snacks, while older residents are more apt to eat veggies, drink juice, go walking, prepare meals and read labels
- Higher income residents are more likely to eat breakfast and lunch, use computer, read labels, eat at restaurants and eat salty snacks versus their counterparts.

	Total	Gender		Age		Income	
		Male	Female	25-49	50-74	Under $50K	$50K +
Home prepared meals	89	91	87	83	92	87	89
Use computer	82	80	84	89	78	55	92
Eat lunch	79	79	80	83	77	64	84
Eat veggies	79	76	81	74	83	72	82
Eat breakfast	73	70	74	70	75	64	74
Read nutrition labels	55	48	59	48	59	43	59
Go walking	47	48	47	37	53	40	50
Drink juice	29	38	24	21	35	32	27
Drink soda	14	15	14	19	11	17	14
Eat salty snacks	9	11	7	12	6	2	10
Play organized sports	6	9	4	8	4	4	6
Eat at restaurants	4	5	3	8	1	-	5

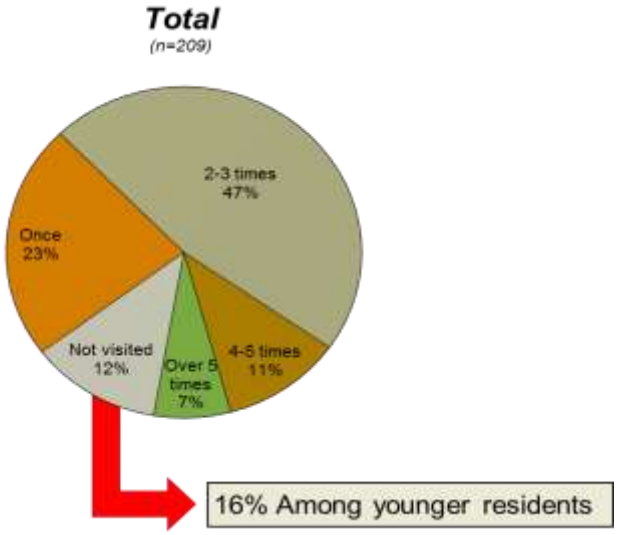
Note: Numbers represent the percentage saying every day/most days.
= Significantly higher versus opposite group at the 90% confidence level.
= Directionally higher versus opposite group at the 80% confidence level.

Q.6

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

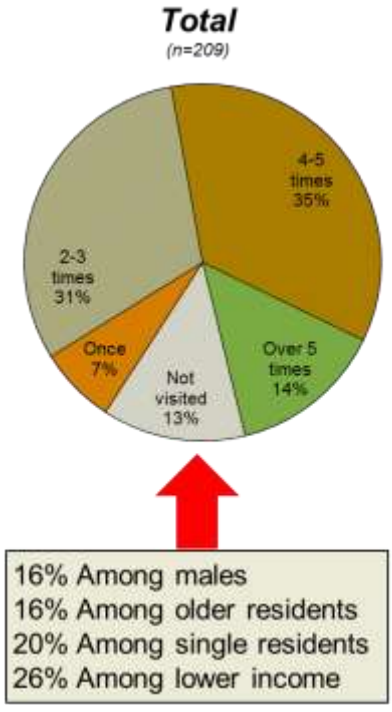
Personal Lifestyles: Frequency of Visiting Health Care Professionals – PCP for Physical (Past 2 years)

- The very large majority (88%) of residents claim they have visited a primary care physician at least once for a physical within the past 2 years.



Personal Lifestyles: Frequency of Visiting Health Care Professionals – Dentist (Past 2 years)

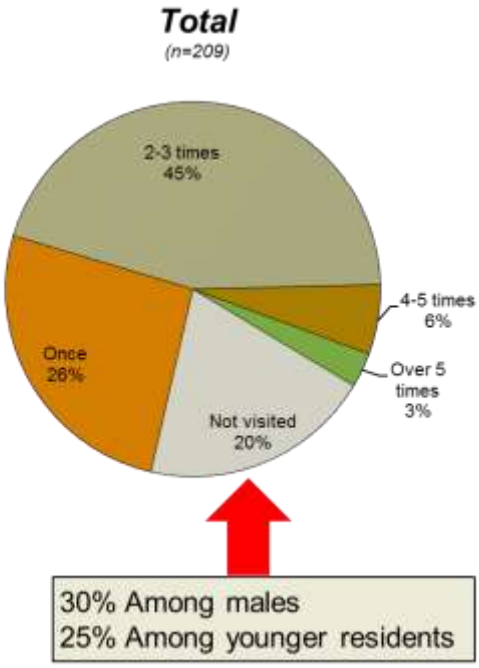
- The large majority (87%) of residents claim they have visited a dentist at least once within the past 2 years.



(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Frequency of Visiting Health Care Professionals – Eye Doctor (Past 2 years)

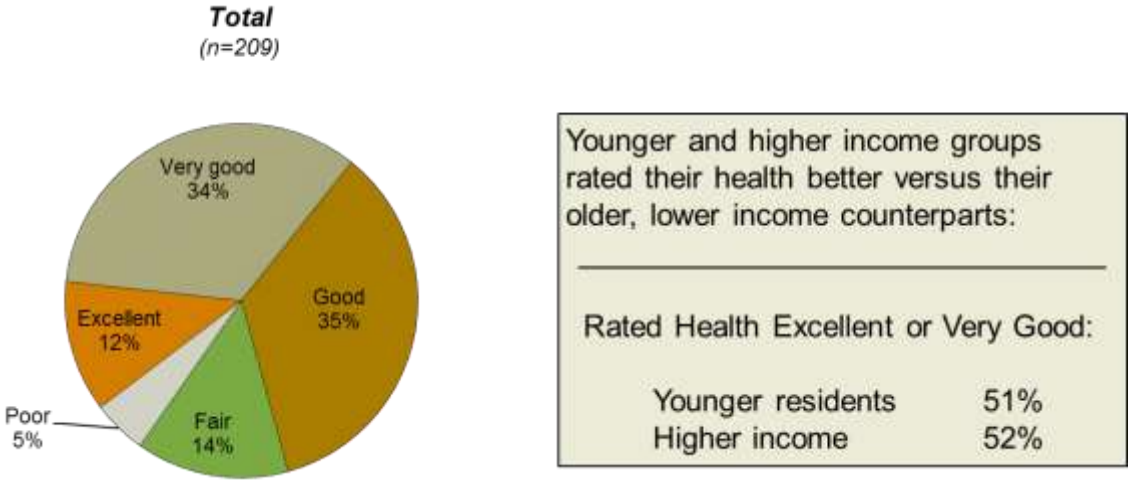
- The large majority (80%) of residents claim they have visited an eye care professional at least once in the past 2 years.



Q.7

Personal Lifestyles: Self-Rating of Overall Health

- When asked to describe their overall health, fewer than half of residents (46%) described their overall health as being excellent or very good, one-third (35%) described it as good, and about 2 of 10 (19%) said their overall health is fair or poor.



Q.8

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Medical Conditions Diagnosed/How Treated

- Residents were asked if they have ever been diagnosed with any of six specific medical conditions: high blood pressure, high cholesterol, a heart condition, a stroke, a weight problem and a hearing problem.
- Note: Strokes and hearing problems are not evaluated due to responses by fewer than 10% of residents.

• Residents were asked if they have ever been diagnosed with any of six specific medical conditions: high blood pressure, high cholesterol, heart conditions, stroke, weight problems and hearing problems.

Diagnosed with at least 1 of 6 conditions 65%.

	High Blood Pressure	High Cholesterol	Heart Condition	Weight Problem
Diagnosed	**33%**	**33%**	**12%**	**33%**
Younger	22	21	4	22
Older	41	41	18	41
Lower income	49	45	30	43
Higher income	29	29	7	31
Base: Suffered Condition	(69)	(69)	(25)	(69)
	↓	↓	↓	↓
Managing Condition	87%	80%	56%	62%
Regular visits to PCP	70	65	40	33
Regular exercise	59	36	44	45
Regular cardiologist	32	28	56	9
Take medication	81	59	52	4
Weight loss support	17	10	8	17
Nutrition counseling	9	13	4	10
Had Any Difficulties Managing Condition	**28**	**19**	**20**	**36**
What Would Make it Easier to Manage:				
Someone to answer questions over phone	41	55	64	51
Transportation	4	13	8	13
Supervised exercise program	22	36	32	48
Nutrition classes	13	25	16	39
Less confusion with medications	15	6	8	7
Home health nurse	7	12	16	7
Cooking classes	19	20	16	46

○ = Significantly higher versus opposite group at the 90% confidence level.

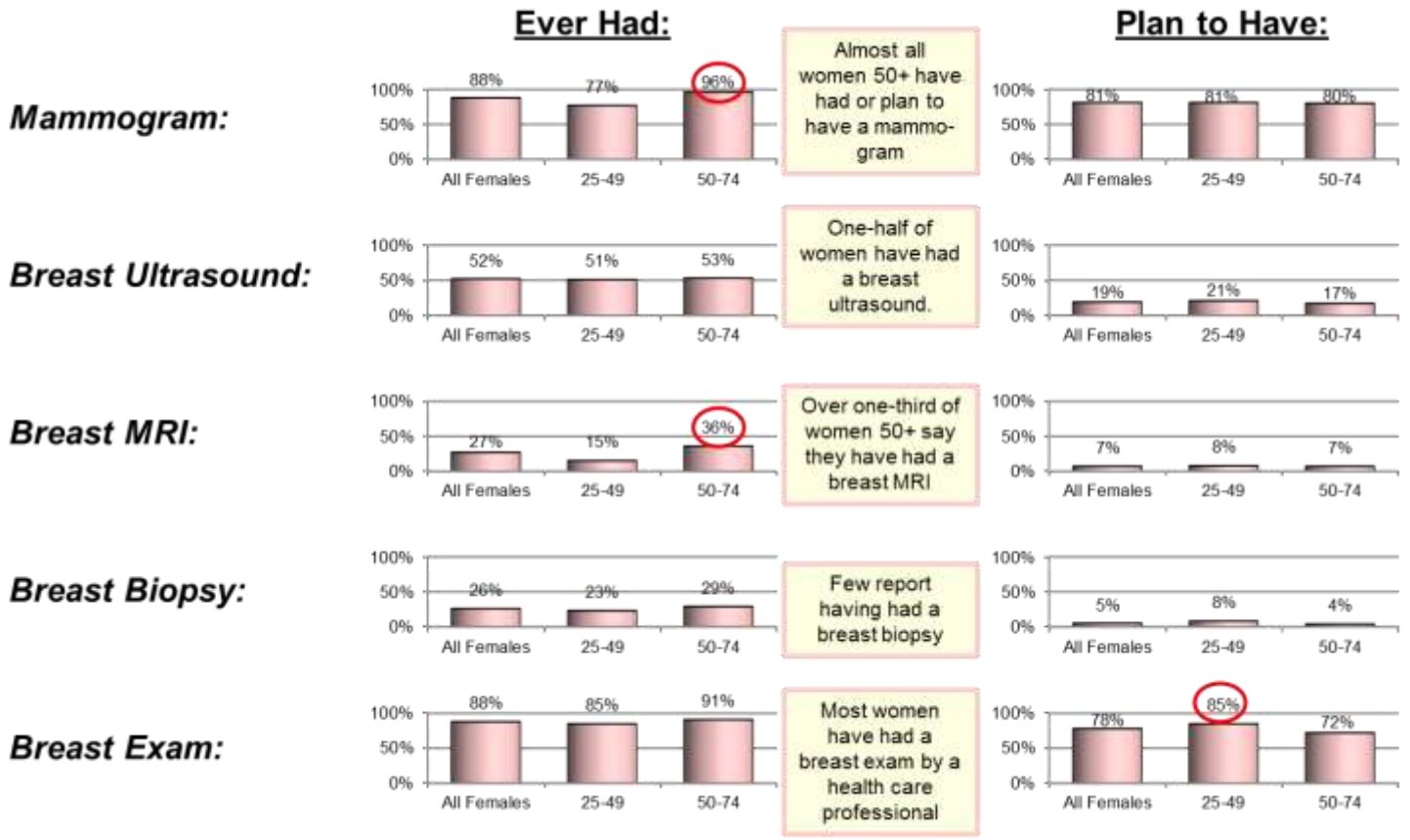
◌ = Directionally higher versus opposite group at the 80% confidence level.

Q.9,10-1,10-2,10-3,10-4

★ Two-thirds (65%) of residents have been diagnosed with at least 1 of 6 conditions:
  - One-third high blood pressure; one-third high cholesterol; one-third weight problems; 12% heart condition.
★ All conditions more prevalent among older and lower income groups.
★ Conditions managed via medication, regular PCP visits and regular exercise; weight problems are the most difficult to manage.
★ Having someone available to answer questions via the phone, supervised exercise programs, nutrition and cooking classes are all seen as ways to ease the management of these conditions.

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Breast Services/Tests



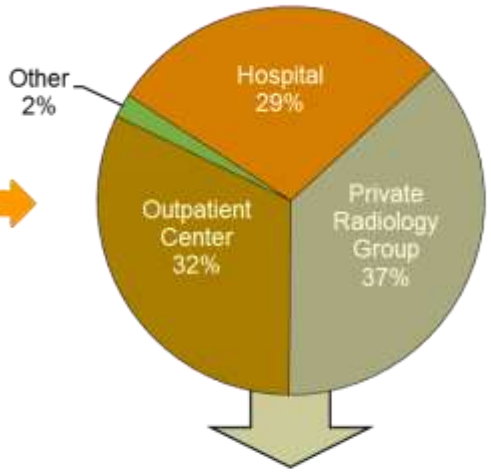
Females (n=129)
Q.11,12

○ = Significantly higher versus opposite age group at the 90% confidence level.

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Location of Last Mammogram

Women go to private radiology groups, outpatient centers or hospital radiology departments to have their mammogram performed.



Doctor referrals and being close to home are the key drivers for which facility to go to.

Reasons for Choosing Facility:

Close to home	36%
OB/GYN or PCP sent me	28%
Takes my insurance	18%
Always gone there	13%
Recommended by friend	5%

Women who have never had a mammogram cite ***being too young*** as their primary reason, followed by just ***don't see the need for it***.

Females Who Have Had Mammogram (n=114)
Q.13a,13b,14

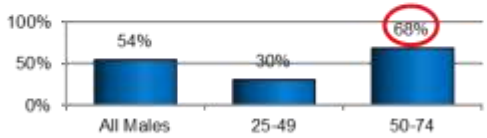
(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Incidence of Male Health Screenings

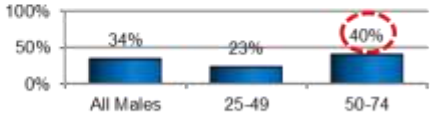
Ever Had:

Plan to Have:

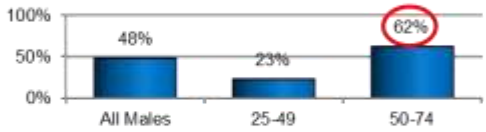
Colonoscopy:



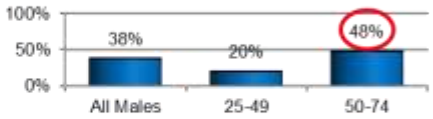
Among men 50+, over two-thirds have had a colonoscopy.



Prostate Screening:



Among men 50+, 6 of 10 have had a prostate screening.



Men who have not had these screening tests cite ***being too young***, ***don't see the need*** or ***doctor did not recommend*** as their primary reasons.

Males (n=80)
Q.15,16,17

= Significantly higher versus opposite age group at the 90% confidence level.
= Directionally higher versus opposite age group at the 80% confidence level.

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

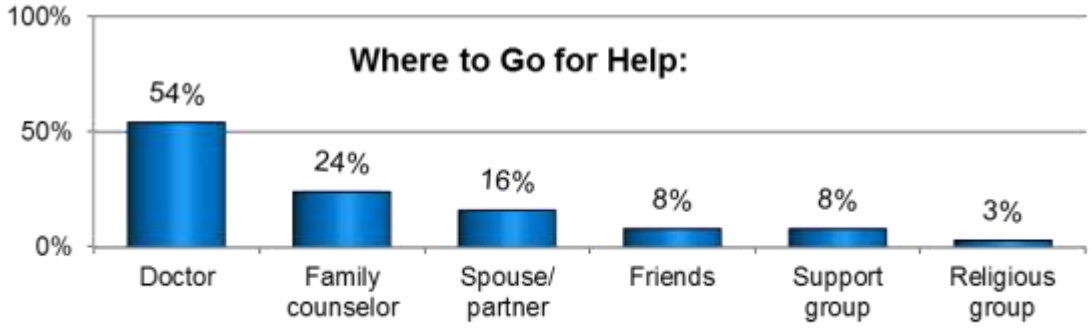
Personal Lifestyles: Treatment for Mental Health/Conditions

- Nearly 1 in 5 area residents have sought treatment for excessive stress, depression and other mental health conditions.

Mental Health
(Excessive Stress/Depression/Anxiety)
18%

About three-quarters of those suffering have been treated with medication (73%)

Doctors and family counselors are sought out most often for help when mental health concerns are too hard to handle alone.

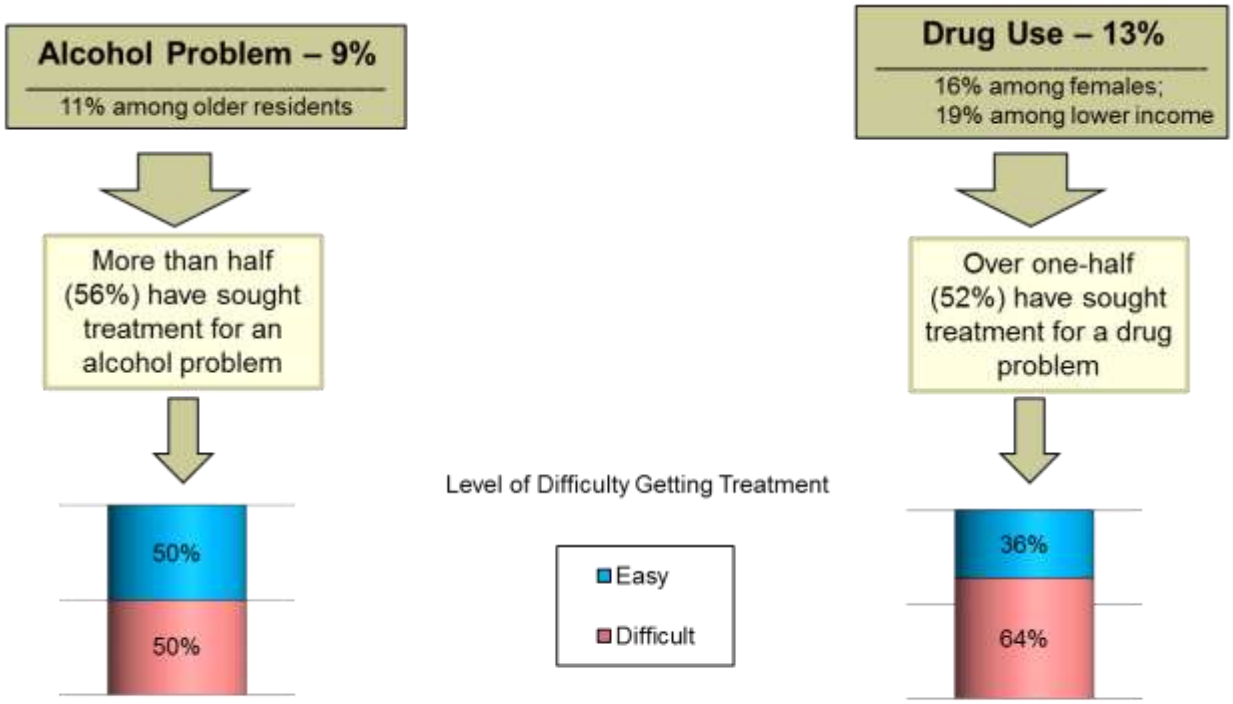


(n=209)
Q.18a-d

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Treatment for Alcohol/Drug Use

- A small portion of survey residents report harmful effects on themselves or a family member from alcohol or drug use.
- While some have not experienced difficulty with the process of getting treatment for these conditions, many do view the process as being difficult.

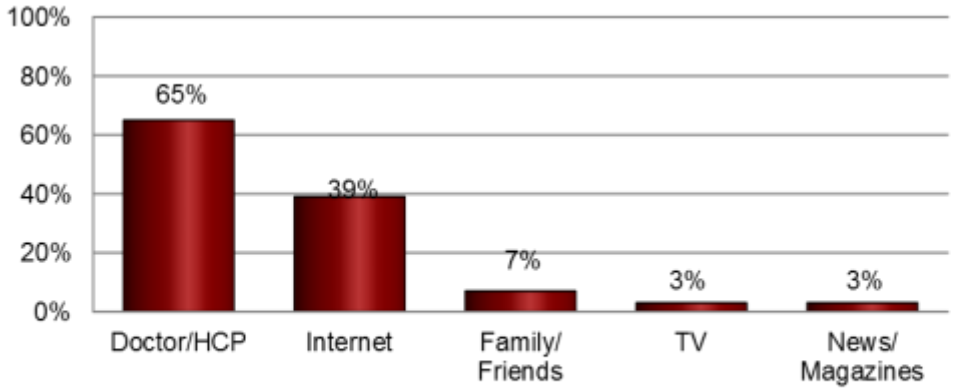


Q.19a-c,20a-c

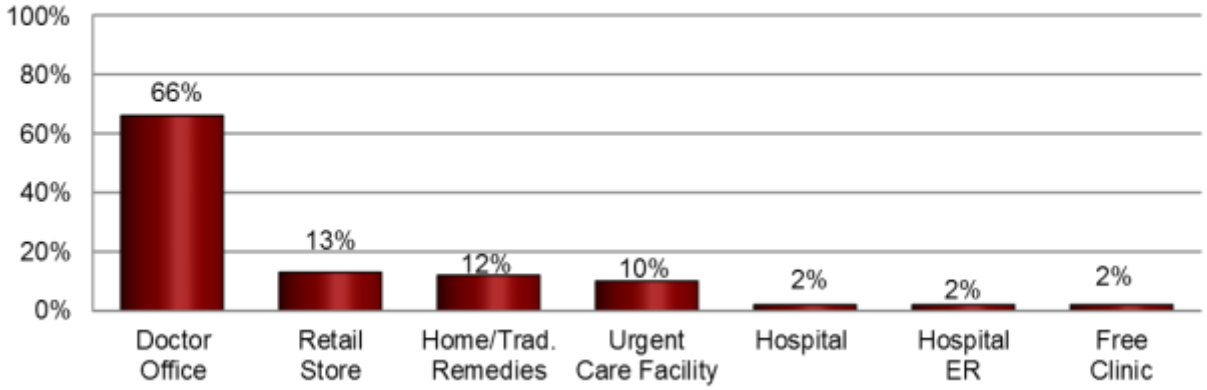
(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Primary Sources for Health Information ~ Volunteered

- Doctors and other health care professionals are the key source for obtaining health related information. The internet follows as a distant secondary information source (particularly among the younger population).
- One percent (1%) or fewer residents cite hospital, library, school, radio, health department or insurance companies as sources for health information.
- Doctors' offices are the primary location where residents go to when seeking medical care for non-emergency symptoms.
- Retail stores follow as the next most frequently mentioned go-to place for non-emergency care, higher among males and older residents.



Where Seek Medical Care (Non-Emergency Symptoms)

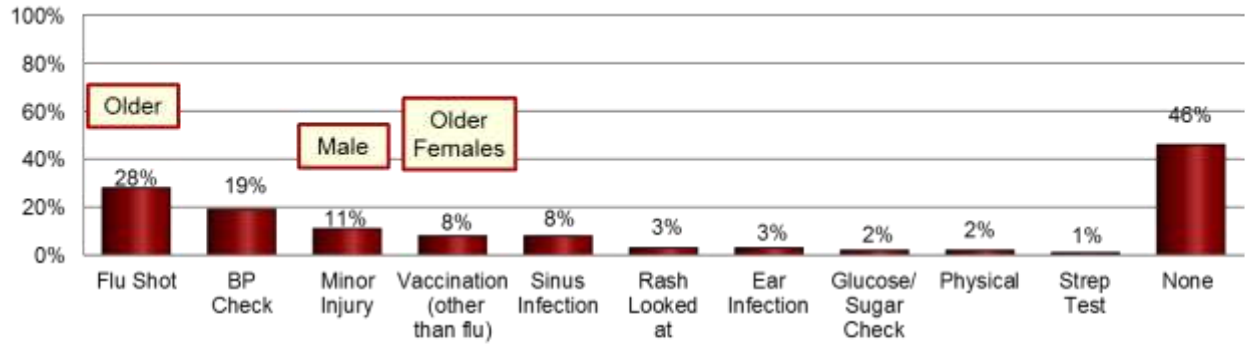


(n=209)
Q.21,22a

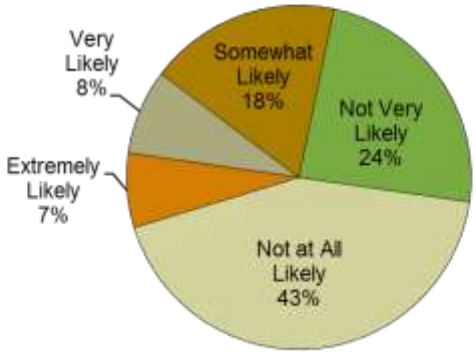
(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Personal Lifestyles: Ever Used Retail Store for Health Activities

- In all, 54% of residents say they have ever used a retail store for specific types of screenings or health-related activities; blood pressure checks and flu shots cited most often.
- Only a minority of all residents anticipate being extremely or very likely to use a retail store for health screenings in the future – two-thirds say they are not too likely to do so.



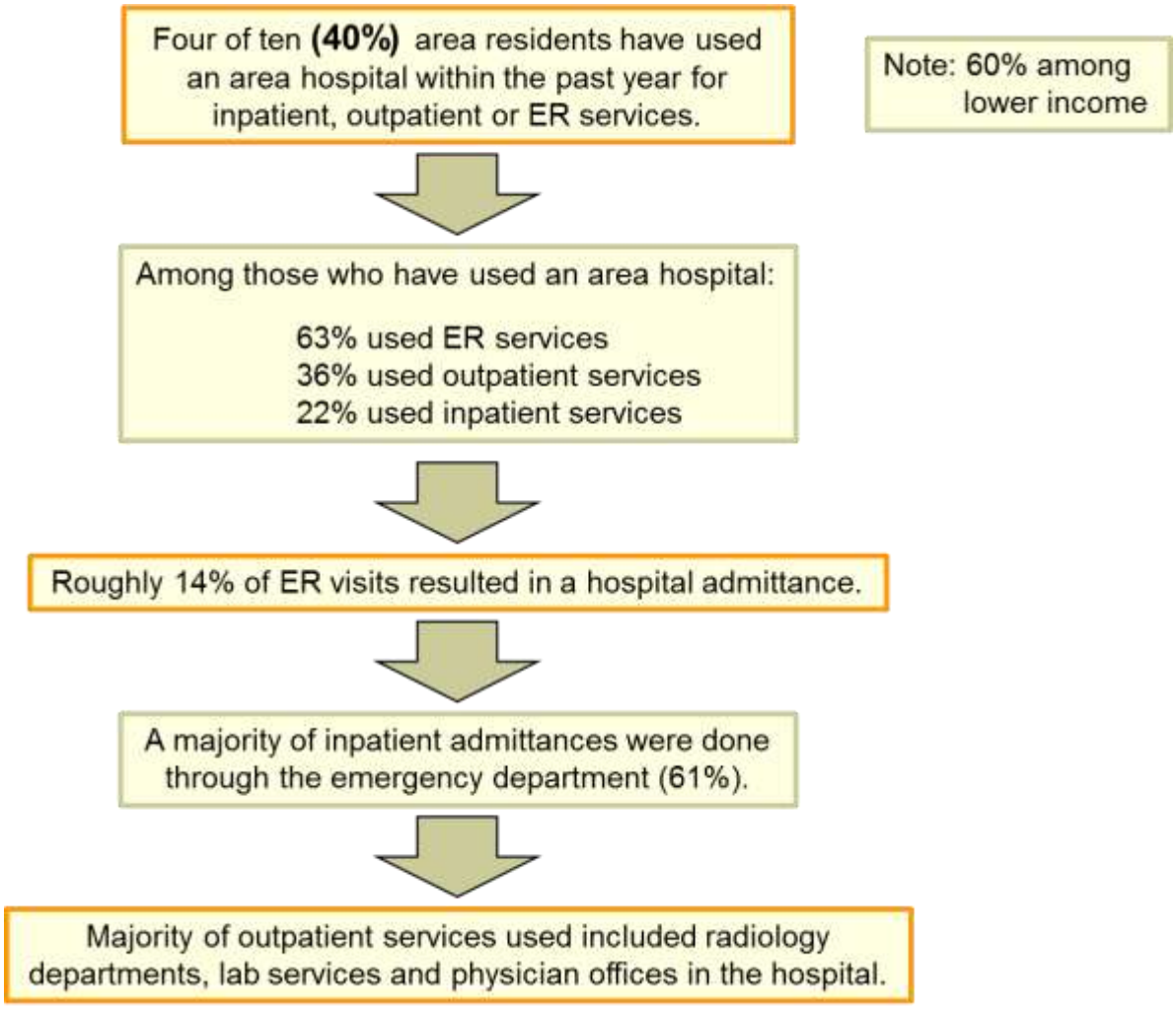
Likelihood to Use Retail Store (for screenings, etc.)



(n=209)
Q.22b,22c

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Area Hospital Usage



Q.23a,23c,23d,23e,24f

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

Demographic Profile

	Total %
Length of Time in Area:	
Less than 2 years	1
2-5 years	7
6-10 years	13
11-20 years	33
Over 20 years	44
Health Insurance:	
Private	78
Medicare	19
Medicaid	7
No health insurance	1
No answer	3
Employment:	
Full-time	47
Part-time	10
Retired	22
Homemaker	9
Disabled	9
Unemployed	1
Student	1
No answer	2
Income (mean):	$79.7K
Gender:	
Female	62
Male	38

57

	Total %
Zip Codes:	
Barnegat Twp: 08005	11
Berkeley: 08721	12
Beachwood: 08722	2
Lacey:	
08731	8
08734	3
Island Heights: 08732	3
Lakehurst: 08733	1
Lavallette: 08735	1
Ocean Gate: 08740	1
Pine Beach: 08741	1
Dover Twp:	
08753	30
08755	9
South Tom's River:	
08757	11
Ocean (OCN): 08758	1
Manchester: 08759	4

	Total
Age:	%
25-39	10
40-49	30
50-59	30
60-74	31
Mean age	53
Race:	
White/Caucasian	90
Latino/Hispanic	4
Black/African American	1
Other	2
No answer	4
Marital Status:	
Married	70
Sep/Div/Wid	15
Single	12
Domestic partnership	2
No answer	1
Education:	
< HS graduate	3
High school graduate	20
Some college	31
College graduate	36
Post graduate	10
No answer	1

n=209

(Adapted: Bruno and Ridgeway Community Health Assessment, January 2016)

4: OCEAN COUNTY/SERVICE AREA HEALTH PROFILE

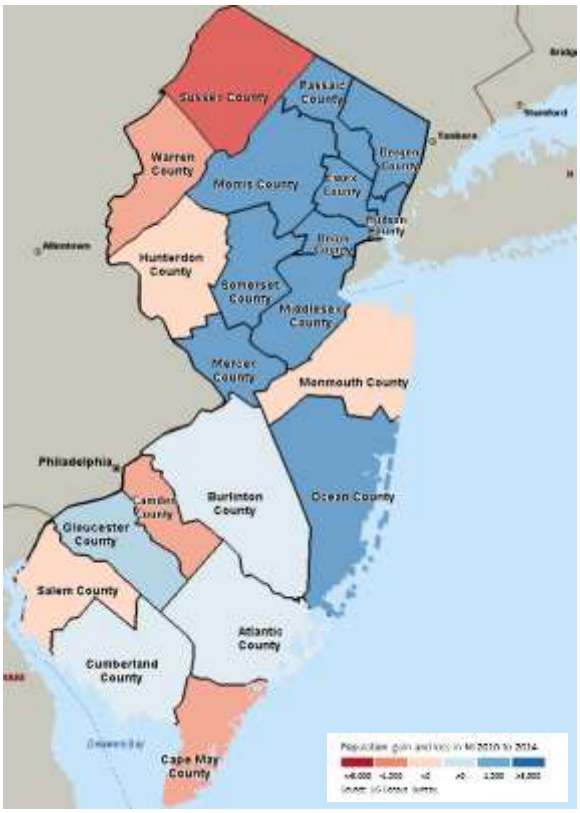
The Ocean County Health Profile provides a discussion of outcomes and factors in determining health. Ocean County data are compared to local, county, state, and national measures.

A. OCEAN COUNTY OVERVIEW

Ocean County is the fastest growing county in New Jersey. It is located along the Jersey Shore. The county encompasses a land mass of 915.40 square miles, the largest county in New Jersey.

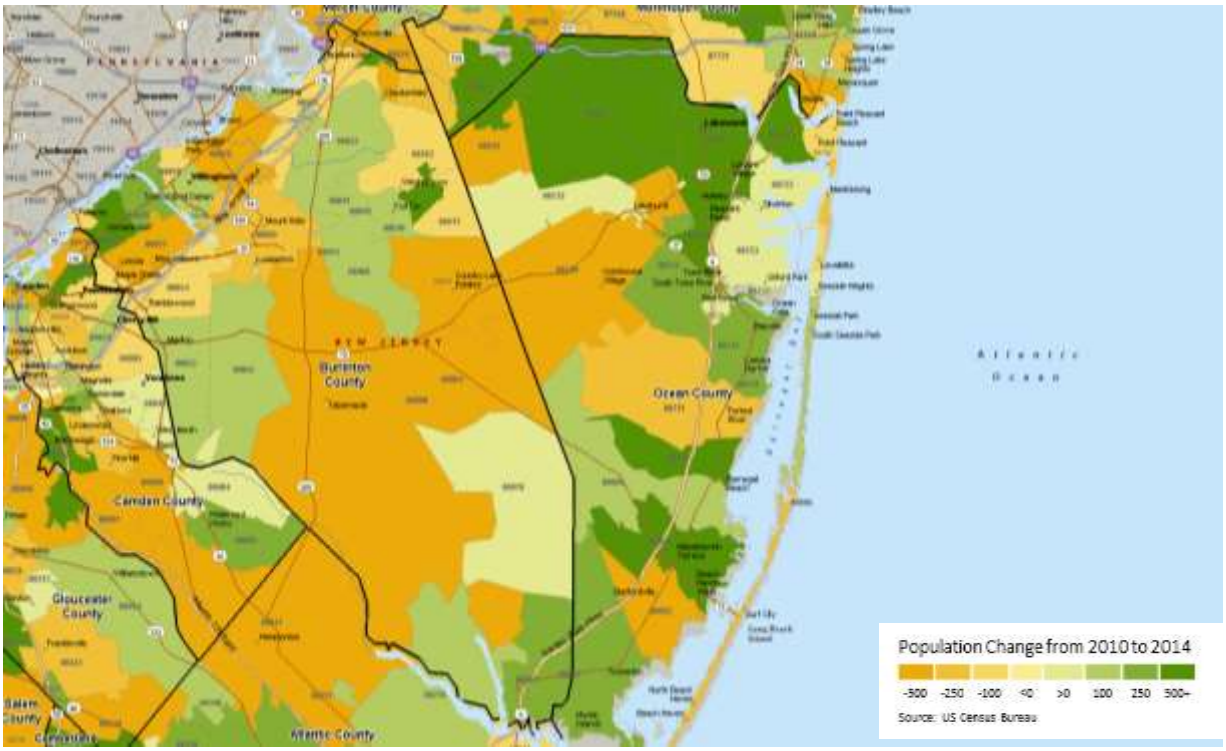
The county is made up the following municipalities: Barnegat Light, Barnegat Township, Bay Head, Beach Haven, Beachwood, Berkeley Township, Brick Township, Eagleswood, Harvey Cedars, Island Heights, Jackson Township, Lacey Township, Lakehurst, Lakewood Township, Lavallette, Little Egg Harbor Township, Long Beach Township, Manchester Township, Mantoloking, Ocean Gate, Ocean Township, Pine Beach, Plumsted Township, Point Pleasant Beach, Point Pleasant Borough, Seaside Heights, Seaside Park, Ship Bottom, South Toms River, Stafford Township, Surf City, Toms River Township, and Tuckerton.

Much of the County is flat and coastal, with many beaches. Forty miles of Barrier Island form the Barnegat and Little Egg Harbor Bay, offering a wide range of water sports.



Population Change in New Jersey

In addition to being the northeast gateway to New Jersey's Pine Barrens, Ocean County is also home to six state parks.



Population Change in Ocean County

B. HEALTH FACTORS

Factors that determine health status include the social, economic and physical environment, as well as individual characteristics and behaviors.[17] This section examines how different aspects of Socioeconomic Status, Access and Quality, Health Behaviors, Behavioral Health, and the Physical Environment affect health status at national, state, county, and local (service area) levels.[18]

1. Socioeconomic Status

Socioeconomic status is the aggregate of several social, economic, and demographic measures. In this analysis, these measures include: household Income and poverty, unemployment, education, ethnic and racial makeup, age, and the New Solutions Inc. Community Health Index by service area. According to *Healthy People 2020*, socioeconomic factors contribute to disparities in disease incidence and mortality among racial, ethnic and underserved groups. Studies indicate that income and social economic status (SES) is a better predictor of the likelihood of an individual's or group's access to education, health insurance, and safe and healthy living and working conditions than race or ethnicity. SES also impacts the prevalence of behavioral risk factors (tobacco smoking, physical inactivity, obesity, excessive alcohol use) and rates of preventive screenings (lower SES, fewer screenings).

17 World Health Organization Health Impact Assessment 2001 http://www.who.int/hia/evidence/doh/en/
18 County Health Rankings Health Factors 2014 http://www.countyhealthrankings.org/our-approach/health-factors

Income and Poverty

Income influences the way people invest in their health. In low income circumstances, preventive care expenses are more often neglected in favor of immediate living expenses. The longer people live in poverty, the more abject their income disadvantage and the more likely they are to suffer from a range of health problems. Circumstances that lead to poverty also may lead to social exclusion, discrimination, racism, stigmatization, and unemployment. Thus, the following measures of income and poverty may be evidence of these problems.

Unemployment puts health at risk, starting when people first feel their jobs are threatened, before they become unemployed. Job insecurity increases mental health issues, particularly anxiety and depression. Populations with higher unemployment rates have a collective increased risk of premature death.

Ocean County

Although Ocean County has some affluent areas, pockets of poverty exist.

- In 2014, the median household income in Ocean County was $61,839, nearly $10,000 below the state median ($72,062).[19]
- Ocean County (11.1%) had a higher percentage of people living below the federal poverty level in 2014 than the state (10.7%).
- In 2014, the estimated number of Ocean County recipients of cash assistance income (including TANF services) was 2,230. (not shown)[20]
- Between 2011 and 2014, unemployment throughout New Jersey increased. In 2014, the Ocean County unemployment rate was 5.9%, an increase from 5.4% in 2011, and slightly lower than the New Jersey unemployment rate of 6.4%.

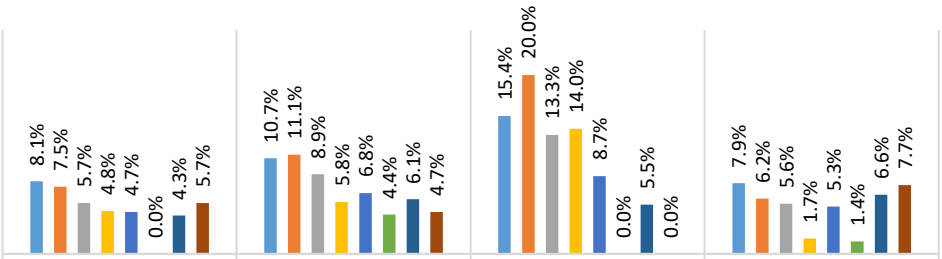
BHBHC Service Area

- The 2014 median household income of Seaside Heights residents ($36,167), Manchester residents ($36,911), and Toms River (08757) residents ($37,762) were nearly half the statewide figure ($72,062).[21]
- The 2014 median household income of Jackson residents ($87,426) and New Egypt residents ($85,893) were the highest in the BHBHC service area, and higher than the statewide figure ($72,062).
- In 2014, municipalities in the BHBHC service area had percentages of families living in poverty lower than Ocean County (7.5%) and New Jersey (8.1%).
    - In 2014, 0% of Mantoloking families were living in poverty, the lowest in the BHBHC service area.
    - In 2014, approximately 14% of West Creek and Forked River children were living in poverty, the highest in the BHBHC service area, lower than Ocean County (20.0%) and slightly lower than New Jersey (15.4%).
    - In 2014, 7.7% of Barnegat Light seniors were living in poverty, the highest in the BHBHC service area, slightly higher than Ocean County (6.2%), and similar to New Jersey (7.9%).

19 United States Census Bureau 2014
20 The Annie E. Casey Foundation Kids Count Data Center Children Receiving TANF (Welfare) 2010-2014 http://www.datacenter.kidscount.org/data/tables/2109-children-receiving-tanf-welfare?loc=32&loct=5#detailed/5/4699-4719/false/869,36,868,867,133/any/4422
21 United States Census Bureau American Community Survey 2014

- The 2014 unemployment rates in municipalities across BHBHC service area were all lower than the Ocean County rate (5.9%) and the State rate (6.4%), except Forked River, (8.6%) and West Creek (8.6%).[22]
    - In 2014, the unemployment rate in Barnegat Light (0.2%) was the lowest in the BHBHC service area.
    - The unemployment rate in West Creek increased from 5.8% in 2011 to 8.6% in 2014.

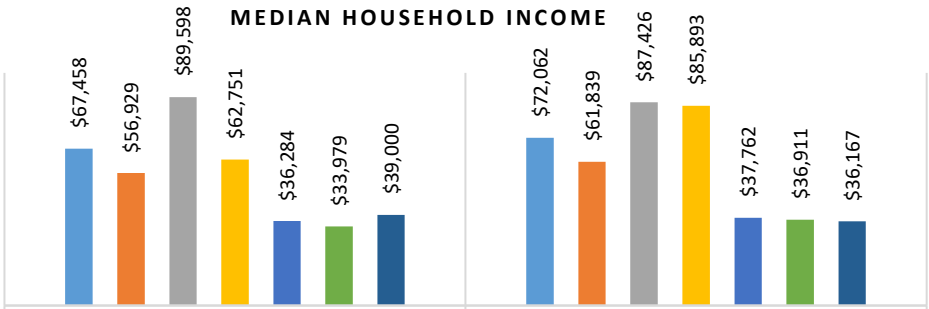
INCOME BELOW FEDERAL POVERTY LEVEL 2014



	Families	People	Children	Seniors
New Jersey	8.1%	10.7%	15.4%	7.9%
Ocean County	7.5%	11.1%	20.0%	6.2%
Forked River	5.7%	8.9%	13.3%	5.6%
West Creek	4.8%	5.8%	14.0%	1.7%
Toms River (08753)	4.7%	6.8%	8.7%	5.3%
Mantoloking	0.0%	4.4%	0.0%	1.4%
Beach Haven	4.3%	6.1%	5.5%	6.6%
Barnegat Light	5.7%	4.7%	0.0%	7.7%

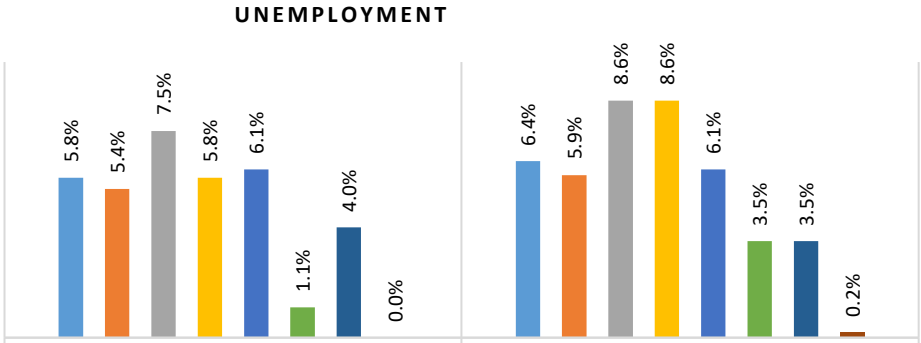
Source: U.S. Census Bureau, American Community Survey

22Ibid.



	2011	2014
New Jersey	$67,458	$72,062
Ocean County	$56,929	$61,839
Jackson	$89,598	$87,426
New Egypt	$62,751	$85,893
Toms River (08757)	$36,284	$37,762
Manchester Township	$33,979	$36,911
Seaside Heights	$39,000	$36,167

Source: U.S. Census Bureau, American Community Survey; ZIP Code 08757 also referred to as South Toms River



	2011	2014
New Jersey	5.8%	6.4%
Ocean County	5.4%	5.9%
Forked River	7.5%	8.6%
West Creek	5.8%	8.6%
Toms River (08753)	6.1%	6.1%
Mantoloking	1.1%	3.5%
Beach Haven	4.0%	3.5%
Barnegat Light	0.0%	0.2%

Source: U.S. Census Bureau, American Community Survey

Education

People with higher levels of educational attainment tend to have lower morbidity rates from acute and chronic diseases, independent of demographic and labor market factors. Life expectancy is increasing in the United States, yet differences have become more pronounced between those with and without a college education. The mechanisms by which education influences health are complex and likely include interrelationships between demographic and family background indicators, effects of poor health in

childhood, greater resources associated with higher levels of education, a learned appreciation for the importance of good health behaviors, and one's social networks.[23]

Ocean County

Varying education levels are identifiable across Ocean County.

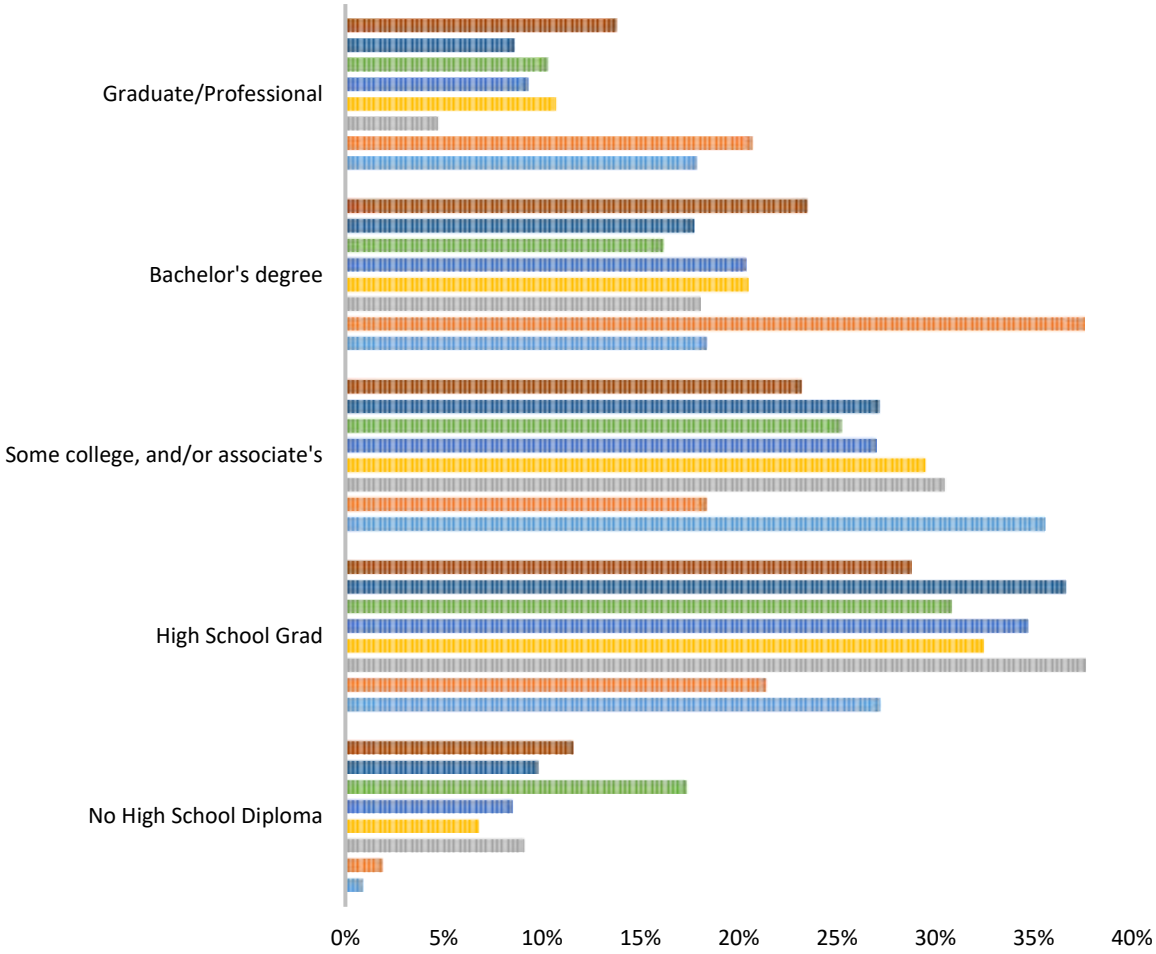
- In 2014, 9.8% of Ocean County residents did not complete high school, 1.8 percentage points lower than New Jersey at 11.6%.[24] This represents an improvement from 10.9% of Ocean County residents and 11.9% statewide that did not graduate high school in 2011 as reported in the previous CHNA.

BHBHC Service Area

- In 2014, 17.4% of Lakewood residents did not complete high school, the highest in the BHBHC service area, and higher than Ocean County (9.8%) and New Jersey (11.6%).
- In 2014, 0.9% of Barnegat Light residents did not complete high school, the lowest in the BHBHC service area.
- In 2014, 37.6% of Mantoloking residents earned a Bachelor's degree, higher than Ocean County (17.7%) and New Jersey (23.5%).

23 National Poverty Center Policy Brief #9 Education and Health 2007 http://www.npc.umich.edu/publications/policy_briefs/brief9/
24 United States Census Bureau American Community Survey 2014

EDUCATIONAL ATTAINMENT 2014



	No High School Diploma	High School Grad	Some college, and/or associate's	Bachelor's degree	Graduate/Professional
New Jersey	11.6%	28.8%	23.2%	23.5%	13.8%
Ocean County	9.8%	36.7%	27.2%	17.7%	8.6%
Lakewood	17.4%	30.9%	25.3%	16.2%	10.3%
Toms River (08753)	8.5%	34.7%	27.0%	20.4%	9.3%
Jackson	6.8%	32.5%	29.5%	20.5%	10.7%
Ocean Gate	9.1%	37.7%	30.5%	18.1%	4.7%
Mantoloking	1.9%	21.4%	18.4%	37.6%	20.7%
Barnegat Light	0.9%	27.2%	35.6%	18.4%	17.9%

Source: U.S. Census Bureau, American Community Survey

Age

Age affects how people behave in relation to their health; as people age, the body becomes more prone to disease and health behaviors become more important to good health.

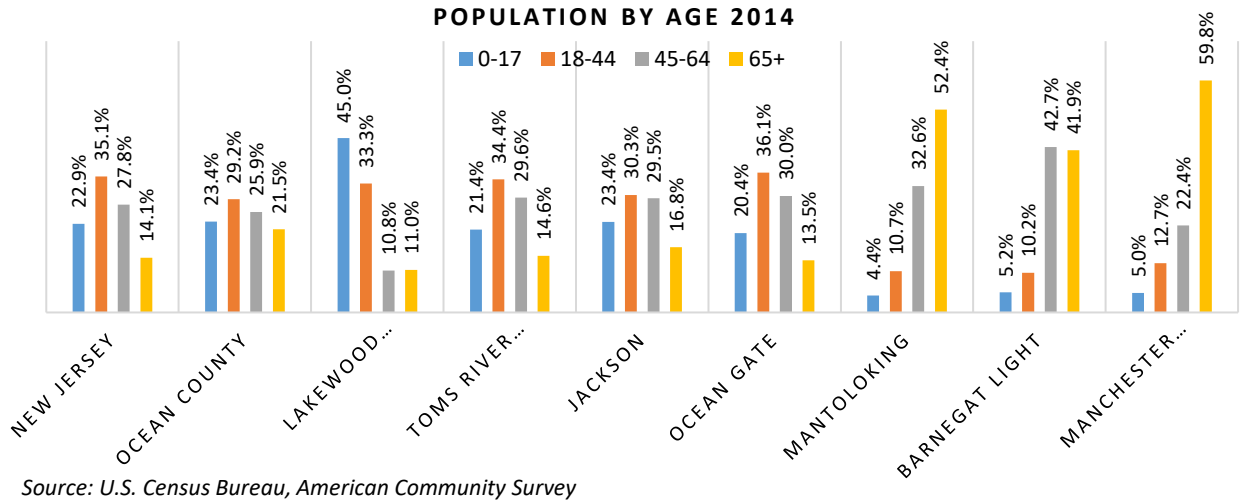
Ocean County

Ocean County residents are older than statewide.

- In 2014, 23.4% of Ocean County residents were under age 18 compared to 22.9% in New Jersey.
- In 2014, 21.5% of Ocean County residents were seniors over 65 compared to 14.9% statewide.

BHBHC Service Area

- In 2014, 59.8% of Manchester Township residents were 65+, the highest in the BHBHC service area, nearly triple the 21.5% in Ocean County and more than quadruple the 14.1% in New Jersey.
- In 2014, 45.0% of Lakewood Township residents were 0-17, the highest in the BHBHC service area, and higher than 23.4% in Ocean County and 22.9% in New Jersey.
- In 2014, 42.7% of Barnegat Light residents were 45-64, higher than 25.9% in Ocean County and 27.8% in New Jersey.



Source: U.S. Census Bureau, American Community Survey

Ethnic and Racial Makeup

Racial and ethnic minorities receive lower quality healthcare than non-minorities, even when access-related factors such as insurance status and income are controlled. Sources of disparities are complex and rooted in historic and contemporary inequities, and involve many participants at several levels, including health systems administrative and bureaucratic processes, utilization managers, healthcare professionals, and patients.[25]

25Institute of Medicine, Unequal Treatment: confronting Racial and Ethnic Disparities in Health Care, 2003, http://www.nap.edu/read/10260/chapter/2

Ocean County

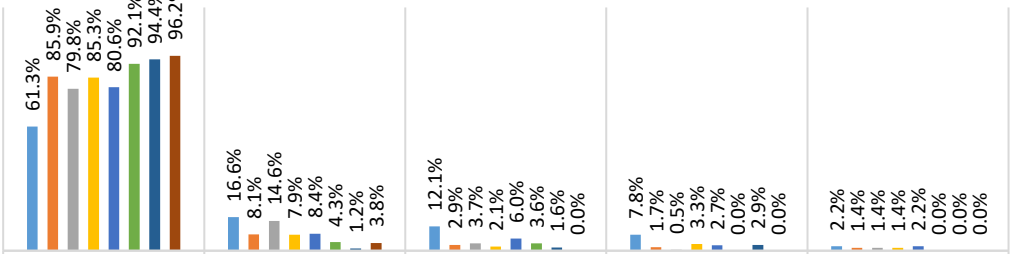
Ocean County's racial and ethnic diversity is limited when compared with New Jersey.

- In 2014, Ocean County had lower percentages of African American, Hispanic and Asian populations than New Jersey.
  - 2.9% of the county population was African-American, compared to 12.1% statewide.
  - 8.1% of the population was Hispanic/Latino compared to 16.6% statewide.
  - Whites are 85.9% of the county's population, higher than 61.3% in New Jersey.

BHBHC Service Area

- In 2014, the percentage of Whites in municipalities in the BHBHC service area were above the statewide percentage (61.3%).
  - In 2014, 96.2% of Barnegat Light's population was White, the highest in the BHBHC service area, higher than New Jersey (61.3%), and Ocean County (85.9%).
- In 2014, 14.6% of Lakewood's population was Hispanic, higher than Ocean County (8.1%) and slightly lower than New Jersey (16.6%).

POPULATION BY RACE/ETHNICITY 2014



	White, non-Hispanic	Hispanic	Black, non-Hispanic	Asian	Two or More Races
New Jersey	61.3%	16.6%	12.1%	7.8%	2.2%
Ocean County	85.9%	8.1%	2.9%	1.7%	1.4%
Lakewood	79.8%	14.6%	3.7%	0.5%	1.4%
Toms River (08753)	85.3%	7.9%	2.1%	3.3%	1.4%
Jackson	80.6%	8.4%	6.0%	2.7%	2.2%
Ocean Gate	92.1%	4.3%	3.6%	0.0%	0.0%
Mantoloking	94.4%	1.2%	1.6%	2.9%	0.0%
Barnegat Light	96.2%	3.8%	0.0%	0.0%	0.0%

Source: U.S. Census Bureau, American Community Survey

Community Health Index

New Solutions, Inc.'s Community Health Index (CHI) is a numerical indicator that accounts for the underlying socioeconomic and access barriers that affect a population's health status. In developing this index, NSI identified prominent barriers related to income, culture/language, education, age, insurance and housing. The index is developed at the zip code level and is ranked from 1 to 552, with 1 having the highest need and 552 the least.

- A comparison of CHI scores to hospital utilization shows a strong correlation between high need and high use – communities with low CHI scores can be expected to have higher hospital utilization.
- There is also a causal relationship between CHI scores and preventable hospitalizations and ED visits for manageable conditions – communities with high CHI scores have more hospitalization and ED visits that could have been avoided with improved healthy community structures and appropriate outpatient/primary care.
- Ocean County has an average CHI of 292.

2. Access to Care

Access to comprehensive quality health care services is important for health equity and increasing the quality of a healthy life. Access implies timely use of personal health services to achieve good outcomes and encompasses: coverage, services, timeliness, and workforce. Barriers to services include lack of availability, high cost, and lack of insurance. These barriers diminish quality of care and lead to delays in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented.[26] The following components of access to quality care are outlined below: health insurance coverage, health insurance coverage types, timeliness, providers, and efficiency and effectiveness of service.[27]

Health Insurance Coverage

Health insurance coverage provides security to access affordable preventive services and clinical care when needed. When a medical condition occurs, the uninsured delay treatment or use the emergency department instead of a lower cost, more appropriate primary care setting. The uninsured are less likely to receive needed medical care, more likely to have more years of potential life lost, and more likely to have poor health status.

Changes in the rate of health insurance coverage reflects economic trends, shifts, in the demographic composition of the population, and policy changes that impact access to care. In 2014, provisions of the Patient Protection and Affordable Care Act (ACA) went into effect and several significant changes occurred. [28] The Affordable Care Act's coverage expansions have benefited hospitals financially, helping to produce an overall decline nationwide in uncompensated care; much of the decline occurred in Medicaid expansion states, including New Jersey.[29]

26 Centers for Disease Control and Prevention Community Health Status Indicators http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/NJ/Essex/10019
27 Office of Disease Prevention and Health Promotion *Healthy People 2020* Access to Health Services https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
28 United States Census Bureau Health Insurance Coverage in the United States: 2014 https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-253.pdf
29 Kaiser Family Foundation Understanding Medicaid Hospital Payments and the Impact of Recent Policy Changes 2016 http://kff.org/medicaid/issue-brief/understanding-medicaid-hospital-payments-and-the-impact-of-recent-policy-changes/?utm_campaign=KFF-2016-June-Medicaid-Payments-Hospitals&utm_medium=email&_hsenc=p2ANqtz-9apov_xx9HZbi8D_D6MtPHACYJJX0_ouVG1axHksYKCK_URLeNApIWv5YYYFt8vfJKpmDi0EPLIxGrW_YA2wkEAQqm4i46mvwtnAew70-D65j8A2M&_hsmi=30432005&utm_content=30432005&utm_source=hs_email&hsCtaTracking=bfa57340-0804-4e1f-8ceb-af3379802901%7C1d424ba6-bd34-48a8-b6c7-c8cc1ae2ae15

Ocean County

Ocean County and New Jersey have similar percentages of uninsured residents.

- According to Enroll America in 2015, 6% of the population in Ocean County was uninsured, similar to 6.3% in New Jersey.[30]
- The 2015 Enroll America estimates indicate the rate on uninsured dramatically decreased from 2013 to 2015. Between 2013 and 2015 Ocean County uninsured rate is estimated to have declined from 11% to 6%.[31]
- Ocean County uninsured greatly exceeds the *Healthy People 2020* target for uninsured to be 0%.
- Since the inception of the Health Insurance Marketplace's open enrollment period in January 2015, 383,964 New Jersey residents gained Medicaid or CHIP coverage.

Health Insurance Coverage Types

People without insurance are not offered the same range of medical services as the insured. When a medical condition occurs, the uninsured delay treatment or use the emergency department instead of a lower cost, more appropriate primary care setting. The uninsured also are less likely to receive needed medical care, more likely to have more years of potential life lost, and more likely to have poor health status. [32]

Ocean County

- In 2014, the distribution of Ocean County inpatient admission by insurance types was as follows[33]:
    - 27.6% paid with commercial insurance, lower than 34.8% statewide
    - 14.9% paid with Medicaid/Caid HMO/Family Care as compared to 15.4% statewide
    - 52.8% paid with Medicare/Care HMO, higher than 41.8% statewide
    - 3.8% were underinsured, receive charity care, or self-pay, lower than 6.2% statewide

- In 2014, the distribution of Ocean County ED visit by insurance types was as follows[34]:
    - 35.0% paid with commercial insurance, less than 40.6% statewide
    - 24.6% paid with Medicaid/Caid HMO/Family Care, similar to 25% statewide
    - 24.9% paid with Medicare/Care HMO, more than 14.9% statewide
    - 12.5% were underinsured, receive charity care, or self-pay, lower than 15.9% statewide

BHBHC Service Area

- In 2014, the distribution of types of insurance for BHBHC primary service area residents who had inpatient procedures[35]:
    - 27.6% paid with commercial insurance, lower than 34.8% statewide.
    - 14.9% paid with Medicaid/Caid HMO/Family Care, lower than 15.4% statewide.
    - 52.7% paid with Medicare/Care HMO, higher than 41.8% statewide.
    - 3.8% were underinsured, receive charity care, or self-pay, lower than 6.2% statewide.

30 Enroll America Changing Uninsured Rates by County – From 2013 to 2015 https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/
31 Enroll America Changing Uninsured Rates by County – From 2013 to 2015 https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/
32 Kaiser Family Foundation analysis of data from the Office of the Actuary, Centers for Medicare and Medicaid Services, 2015, http://blogs.wsj.com/washwire/2015/04/16/public-vs-private-health-insurance-on-controlling-spending/
33Ibid.
34Ibid.
35Ibid.

- In 2014, the distribution of types of insurance for BHBHC primary service area residents who have emergency department procedures[36]:
  - 34.9% paid with commercial insurance
  - 24.7% paid with Medicaid/Caid HMO/Family Care.
  - 24.9% paid with Medicare/Care HMO.
  - 12.5% were underinsured, receive charity care, or self-pay.

Providers and Clinics

The population is growing and aging at increasing rates and is in need of additional physicians. The expansion of care under the Affordable Care Act increased the number of people utilizing primary care, causing a bump in physician need.[37] The percentage of United States primary care physicians has been declining steadily over the past half-century, further emphasizing the need. Primary care physicians are an essential part of the healthcare system as gatekeepers to specialists and other providers. They prevent overutilization of costly secondary and tertiary care procedures which may be associated with poor health outcomes. A key to enhancing access is to increase the availability of high quality community prevention services, clinical prevention services as well as community-based care and treatment. A well-trained, culturally competent public and private sector workforce is required; the workforce must hold expertise in wellness, preventive care, chronic-illness care and public health. Many medical residents are choosing not to become Internal and Family Medicine (Primary Care) because low compensation may not adequately cover educational loans. Healthcare Provider Shortage Areas (HPSAs) are populations within geographic areas that lack sufficient providers to meet the health needs of an area or population. The Centers for Medicare & Medicaid Services (CMS) provides a 10 percent bonus payment for Medicare-covered services furnished to beneficiaries in HPSA's.[38]

In addition to the fact that Ocean County and the service area served by BHBHC have fewer primary care physicians than are recommended by CHR, many physicians refuse to accept Medicaid patients because physician payment rates are so low. This substantial impediment to access for New Jersey Medicaid patients is the result of a Medicaid payment rate that is one-third the rate the Federal government now pays for Medicare patients. Healthcare reform measures equalized payment rates beginning in 2013, enhancing access for Medicaid patients. However, when the provision of the Affordable Care Act that boosted Medicaid reimbursement rates to make them equal to Medicare rates expired at the end of 2014, New Jersey did not continue the program.[39]

Ocean County

- In 2013, there were 278 primary care physicians in Ocean County.[40]
- The New Jersey Physician Workforce Task Force predicts that by 2020, Ocean County will need 170.6 more physicians than it is projected to have in order to meet baseline demand.[41]

36Ibid.
37 Annals of Family Medicine Projected Need for Primary Care Physicians in the United States 2012 http://www.annfammed.org/content/10/6/503.full
38 Department of Health and Human Services Centers for Medicare and Medicaid Services Health Professional Shortage Physician Bonus Program, 2016, https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/HPSAfctsht.pdf
39 http://www.nj.com/healthfit/index.ssf/2014/12/nj_doctors_facing_steep_drop_in_medicaid_reimbursement_rates.html
40 County Health Rankings Primary Care Physicians 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/4/data?sort=sc-2
41 New Jersey Council of Teaching Hospitals Physicians Workforce Task Force Report 2008 http://njcth.org/getmedia/5b820448-8791-46e5-aa70-d690dbcbb99f/FINAL-NJ-Physician-Workforce-Report-012910.aspx

- According to 2014 data, the ratio of population to primary care providers was 2,099:1 in Ocean County, higher than the 1,170:1 ratio for New Jersey overall.[42]

There are four acute care hospitals in the county, one in Toms River, one in Lakewood, one in Brick, and one in Manahawkin, which provide primary access points for patients. Most of these facilities provide outpatient clinic services including family health care services. In addition, there are two Federally Qualified Health Centers (FQHCs) in Ocean County, Ocean Health Initiative (OHI) with offices in Toms River, Lakewood, Stafford Township, Manchester and Little Egg Harbor; and Center for Health Education, Medicine and Dentistry (CHEMED) with an office in Lakewood.

In January 2012, OHI began working with the New Jersey Primary Care Association to become a patient-centered medical home. Characteristics which distinguish FQHCs from most other healthcare providers include:

- Governance by users of FQHCs and by local professionals.
- Locations in underserved neighborhoods with clinic hours that include nights and weekends.
- Utilization of National Health Service Corps physicians who are devoted on a full-time basis to the Center.
- Multilingual staff.
- Ability to provide multiple sites and even mobile clinics and services for rural populations.
- Commitment to offering a wide array of medical and supportive services.
- Provision of care at costs which are substantially lower than at other settings, sliding fee scales.
- Reduction of overall healthcare costs as an effective alternative to emergency room utilization.
- Physician admitting privileges in local hospitals to provide 24-hour care to patients.
- Networking with community-based human service organizations to provide a continuum of care.
- Programs are based on the life-cycle concept, which gives particular emphasis to maternal and child health and seeks to provide quality care for people from prenatal care to old age.

Dental clinics in Ocean County are provided at OHI offices in Toms River and Lakewood and CHEMED office in Lakewood.

Timeliness of Service

Wait Times

Some medical conditions like heart attacks or life-threatening injuries require and receive immediate care. These patients are typically seen by doctors as soon as they arrive at the hospital. But in less urgent cases, patients arriving at the emergency room can wait for hours before seeing a doctor, receiving pain medication, having tests, or being admitted to the hospital. In the last two decades an increase in emergency room patients, many of them older and sicker, has led to overcrowding. The Institute of Medicine has warned that emergency rooms in the United States are "at a breaking point." While minutes matter in a medical emergency, longer wait times are not always an indicator of worse care: in cases of substance abuse, it may take hours for a patient to sober up enough to be safely discharged.[43]

42 County Health Rankings Primary Care Physicians 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/4/data?sort=sc-2

43 https://www.propublica.org/article/how-long-will-you-wait-at-the-emergency-room

Ocean County[44]

- In 2014, the average time patients spent in the emergency room before being seen by a doctor was:
  - 46 minutes at Community Medical Center, compared to 30 minutes in statewide
  - 19 minutes at Monmouth Medical Center – Southern Campus
  - 28 minutes at Southern Ocean Medical Center
  - 18 minutes at Ocean Medical Center

- In 2014, the average time patients spent in the emergency room before being sent home was:
  - 8 hours 26 min at Community Medical Center, compared to 5 hours 53 minutes statewide
  - 5 hours 11 min at Monmouth Medical Center – Southern Campus
  - 5 hours 57 minutes at Southern Ocean Medical Center
  - 4 hours 48 minutes at Ocean Medical Center

- In 2014, the average time patients with broken bones had to wait before receiving pain medication was:
  - 1 hour 22 minutes at Community Medical Center, compared to 57 minutes in New Jersey
  - 46 minutes at Monmouth Medical Center – Southern Campus
  - 1 hour 9 minutes at Southern Ocean Medical Center
  - 46 minutes at Ocean Medical Center

- In 2014, the average transfer time among patients admitted (additional time spent waiting before being taken to their room) was:
  - 3 hours 40 minutes at Community Medical Center, compared to 2 hours 26 min statewide
  - 1 hour 26 min at Monmouth Medical Center – Southern Campus
  - 1 hour 55 minutes at Southern Ocean Medical Center
  - 1 hour 29 min at Ocean Medical Center

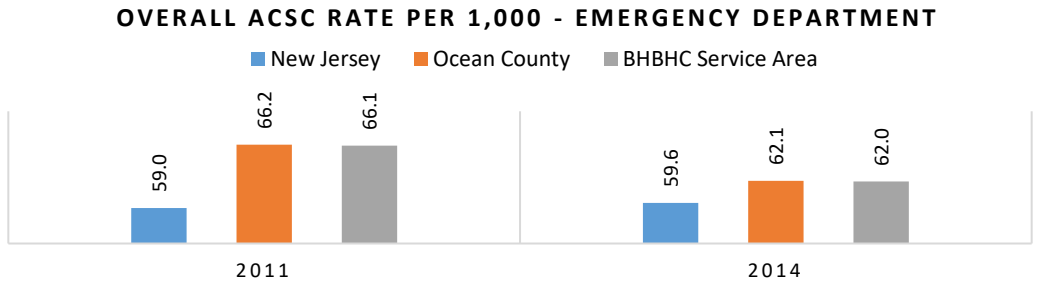
Ambulatory Care Sensitive Conditions – Emergency Department

Ambulatory Care Sensitive Conditions (ACSC) are indicators of hospital use by patients who would have more appropriately been cared for in an outpatient primary care setting. Ambulatory Care Sensitive Condition use decreased due to improvement of care transitions and coordination of care, more care delivery in ambulatory care settings and expanded access to primary and preventive care. Reasons for patients accessing higher acuity care include no regular source of primary care, lack of health insurance, cost including the inability to pay co-pays for office visits, transportation issues, practices without extended office hours, and undocumented citizenship status.

Ocean County

In 2014, the overall Ocean County Emergency Department Ambulatory Care Sensitive Conditions rate was 62.1/1,000 people, higher than the State rate of 59.6/1,000. Ocean County rates decreased from 2011 through 2014. The 2014 Ocean County rate was 4.1 points lower than 2011.

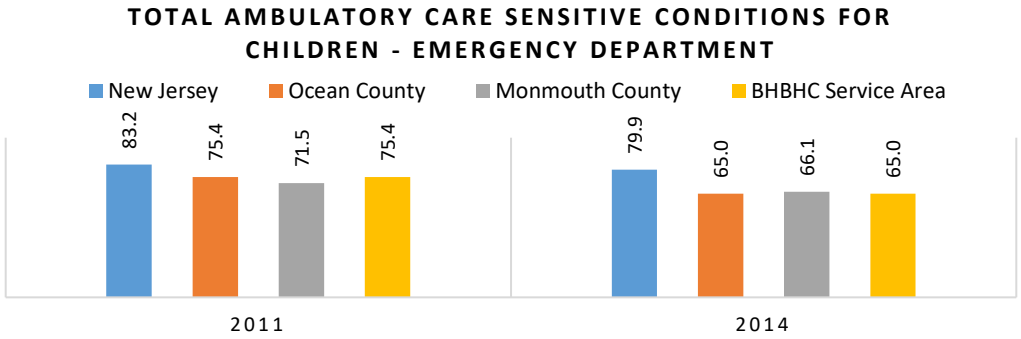
44Ibid.



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Children

- Among children in 2014, ENT conditions are the most common emergency department Ambulatory Care Sensitive Conditions in Ocean County, followed by asthma, bacterial pneumonia, gastrointestinal obstruction, and cellulitis.[45] ENT conditions were also the most common ED ACSC in Ocean County in 2010 as reported in the previous CHNA.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Ocean County decreased from 75.4/1,000 to 65.0/1,000. In the same period, ED ACSC statewide declined from 83.2/1,000 to 79.9/1,000 rate. In 2014, the Ocean County rate was 14.9 points lower than statewide.
- The 2014 Ocean County rate of 65.0/1,000 was lower than the 2010 rate of 73.6/1,000 reported in the previous CHNA, and continues the downward trend reported from 2008 through 2010.



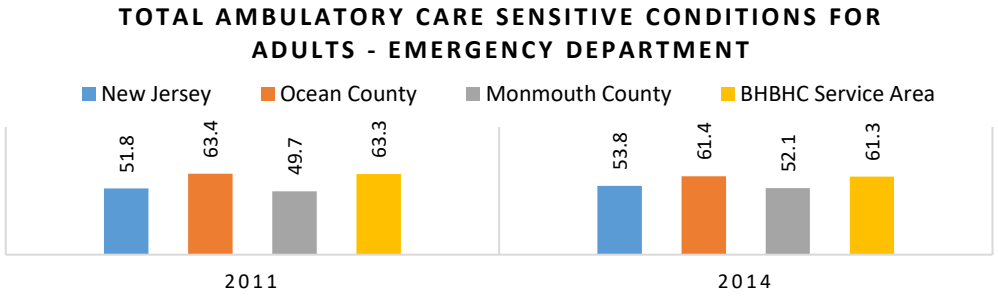
Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Among adults in 2014, cellulitis is the most common emergency department Ambulatory Care Sensitive Conditions in Ocean County, followed by ENT conditions, kidney/urinary infection, COPD, and dental conditions. ENT conditions are the most common in New Jersey. In the previous CHNA, cellulitis was also the most common ED ACSC for adults in Ocean County.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Ocean County decreased from 63.4/1,000 to 61.4/1,000. In the same time period, ED ACSC among New Jersey adults increased from 51.8/1,000 to 53.8/1,000. In 2014, Ocean County had more adult ED ACSC than statewide.

45 Health Care Decision Analyst Internal Data 2014

- The decreases in adults ED ACSC visits from 2011 through 2014 shows improvement upon the previously reported increasing trend from 2008 (58.6/1,000) to 2010 (60.9/1,000).



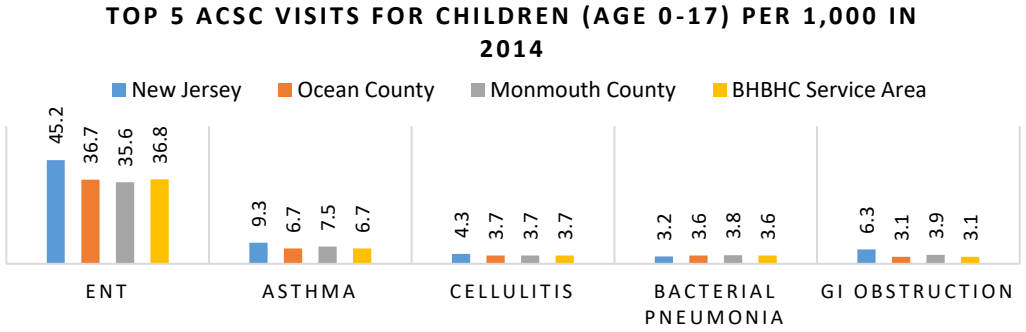
Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

BHBHC Service Area

- The 2014 BHC emergency department Ambulatory Care Sensitive Conditions rate (62.0/1,000) was lower than the 2011 rate (66.1/1,000), and slightly higher than the State rate (59.6/1,000).[46]

Children

- Among children in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the BHC Service Area, followed by asthma, cellulitis, bacterial pneumonia, and gastrointestinal obstruction.[47]
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the BHC service area decreased from 75.4/1,000 to 65.0/1,000, the same as 65.0/1,000 in the County and lower than 79.9/1,000 statewide.

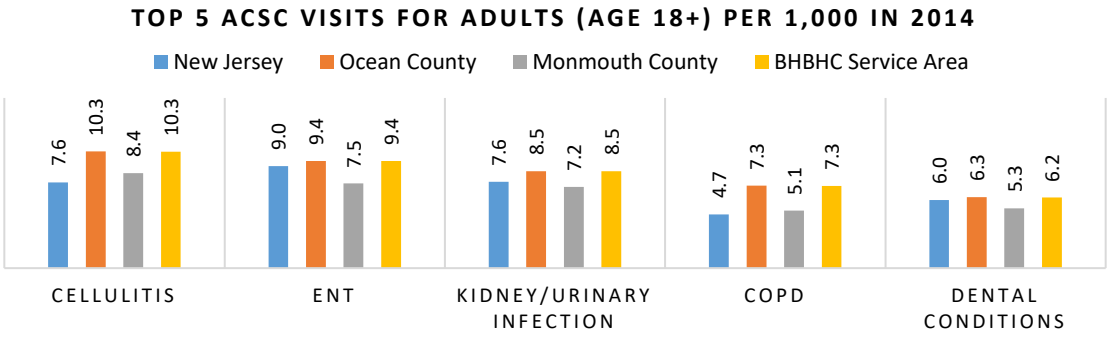


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Among adults in 2014, cellulitis the most common emergency department Ambulatory Care Sensitive Condition in the BHC Service Area, followed by ENT conditions, kidney/urinary infection, COPD, and dental conditions.[48]
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the BHC primary service area decreased slightly from 63.3/1,000 to 61.3/1,000, slightly lower than the County rate of 61.4/1,000.

46Health Care Decision Analyst Internal Data 2013
47Health Care Decision Analyst Internal Data 2014
48Health Care Decision Analyst Internal Data 2014

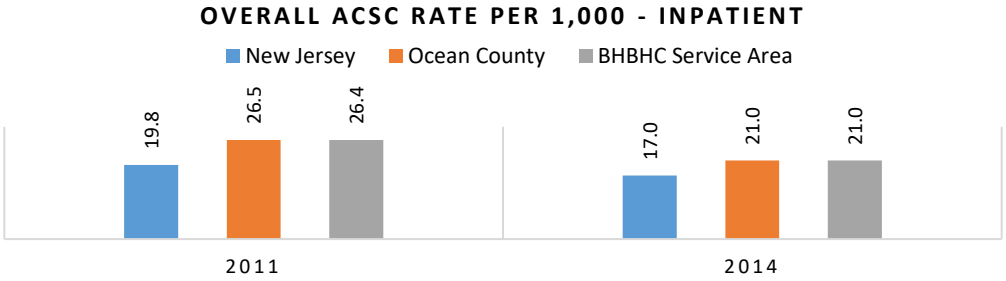


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Ambulatory Care Service Conditions - Inpatient

Ocean County

- In 2014, the overall Ocean County Inpatient Ambulatory Care Sensitive Conditions rate was 21.0/1,000 people, higher than the State rate of 17.0/1,000. Both Ocean County and the State rates decreased from 2011 through 2014. The 2014 Ocean County rate was 5.5 points lower than 2011.[49]

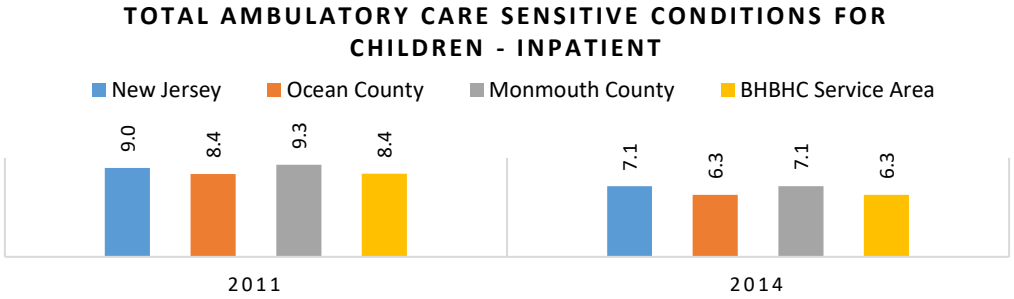


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Children

- Among children in 2014, grand mal status/other epileptic convulsion is the most common inpatient Ambulatory Care Sensitive Condition in Ocean County, followed by asthma, bacterial pneumonia, cellulitis, and dehydration.
- Between 2011 and 2014, the rate of inpatient admission for Ambulatory Care Sensitive Conditions among children in Ocean County decreased from 8.4/1,000 to 6.3/1,000. In the same time period, inpatient ACSC visits among New Jersey children also declined, from 9.0/1,000 to 7.1/1,000. The 2014 Ocean County rate was 0.8 points lower than the statewide rate.

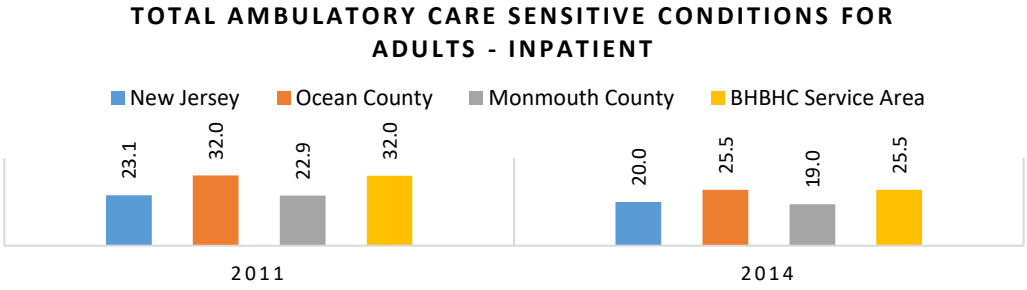
49ibid



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Adults

- Among adults in 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in Ocean County, followed by bacterial pneumonia, COPD, cellulitis, diabetes and kidney/urinary infection.[50] Congestive heart failure is also the most common inpatient Ambulatory Care Sensitive Condition in New Jersey.
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among adults in Ocean County decreased from 32.0/1,000 to 25.5/1,000. In the same period, IP ACSC among adults in New Jersey decreased from 23.1/1,000 to 20.0/1,000. In 2014, the Ocean County rate was 5.5 points higher than the statewide rate.



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

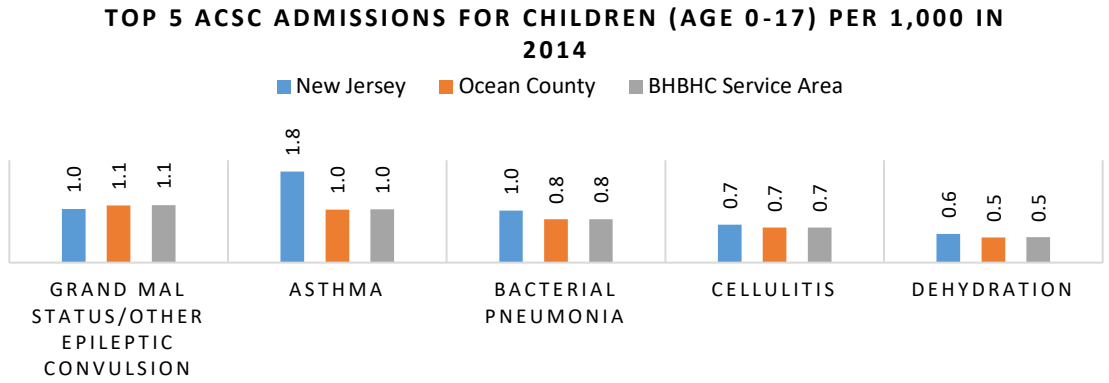
BHBHC Service Area

- The 2014 BHC inpatient Ambulatory Care Sensitive Conditions rate (21.0/1,000) was 5.4 points lower than the 2011 rate of 26.4/1,000.[51]

CHILDREN

- Among children in 2014, grand mal status/other epileptic convulsion is the most common inpatient Ambulatory Care Sensitive Condition in BHC service area, followed by asthma, bacterial pneumonia, cellulitis, and dehydration.
- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among children in the BHC service area declined from 8.4/1,000 to 6.3/1,000, the same as 6.3/1,000 in the County and lower than 7.1/1,000 statewide.

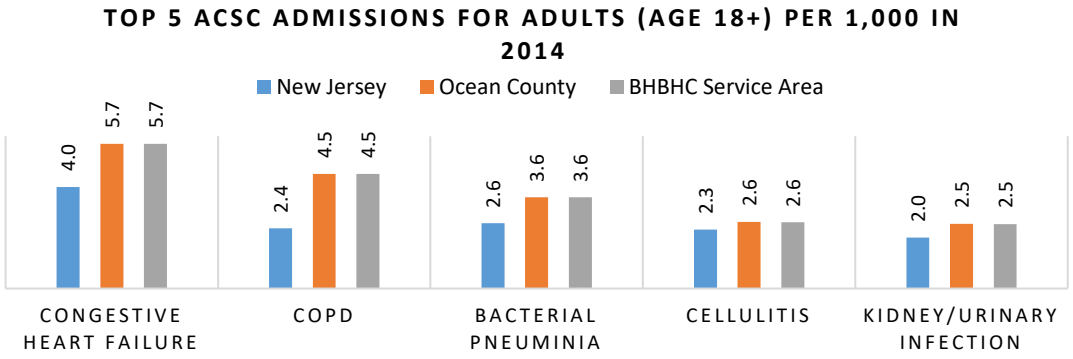
50 Health Care Decision Analyst Internal Data 2014
51 ibid



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

ADULTS

- Among adults in 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in BHC service area, followed by COPD, bacterial pneumonia, cellulitis, and kidney/urinary infection.[52] Congestive heart failure is also the most common inpatient Ambulatory Care Sensitive Condition in New Jersey.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the BHC primary service area decreased from 32.0/1,000 to 25.5/1,000, the same as the County rate of 25.5/1,000.



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Clinical Care Measures

The Institute of Medicine defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge." The quality of healthcare services is measured by efficiency and effectiveness services. Effectiveness relates to providing care processes and achieving outcomes as supported by scientific evidence. Efficiency relates to maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.[53]

52 Health Care Decision Analyst Internal Data 2014
53 United States Department of Health and Human Services Agency for Healthcare Research and Quality Understanding Quality Measurement 2016 http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/chtoolbx/understand/index.html

Ocean County

Inpatient Utilization

- In 2014, Ocean County's inpatient utilization rate of 130.0/1,000 was higher than the State rate of 102.3/1,000.[54]

ED Utilization

- In 2014, Ocean County's ED utilization rate of 359.6/1,000 was higher than the State rate of 342.2/1,000.[55]

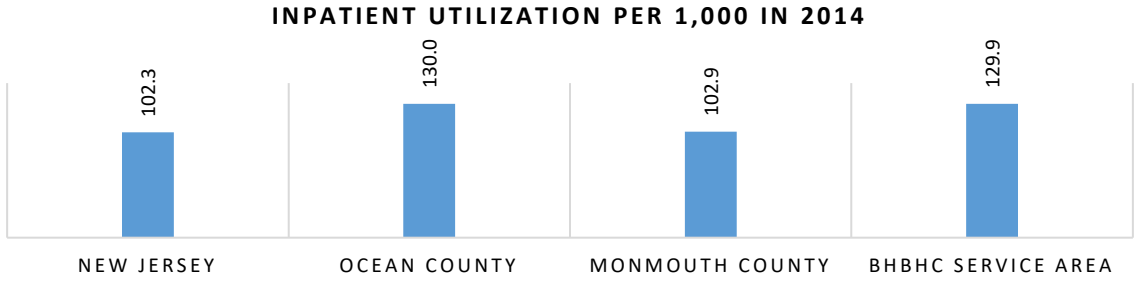
CMC Service Area

Inpatient Utilization

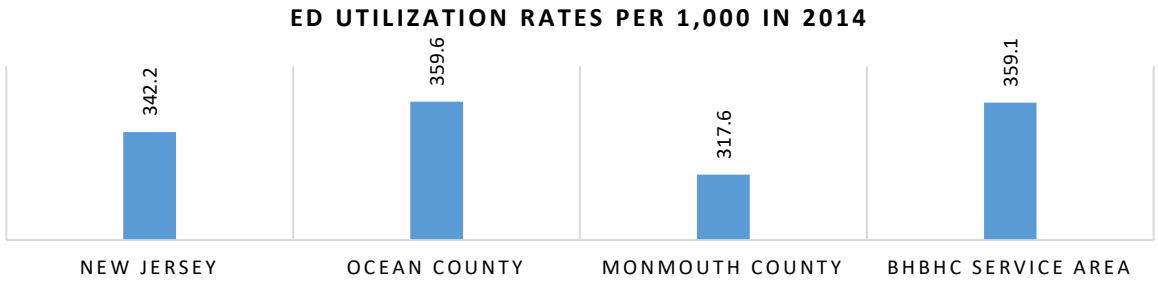
- In 2014, BHBHC's PSA inpatient utilization rate of 129.9/1,000 was 0.1 points lower than Ocean County at 130.0/1,000 and 27.6 points higher than the State at 102.3/1,000.[56]

ED Utilization

- In 2014, BHBHC's PSA emergency department utilization rate of 359.1/1,000 was 0.5 points lower than Ocean County at 359.6/1,000, and 16.9 points higher than the State at 342.2/1,000.[57]



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Cesarean Section

Cesarean section is an inpatient service that is among the most commonly performed surgical procedures in the United States.[58] The cesarean section rate has risen dramatically over the last two decades, despite evidence that hospitals with higher rates of cesarean sections do not have superior maternal and child

[54] Health Care Decision Analyst Internal Data 2014
[55] Health Care Decision Analyst Internal Data 2014
[56] Health Care Decision Analyst Internal Data 2014
[57] ibid
58 Healthgrades Operating Company The 10 Most Common Surgeries in the US 2016 https://www.healthgrades.com/explore/the-10-most-common-surgeries-in-the-us

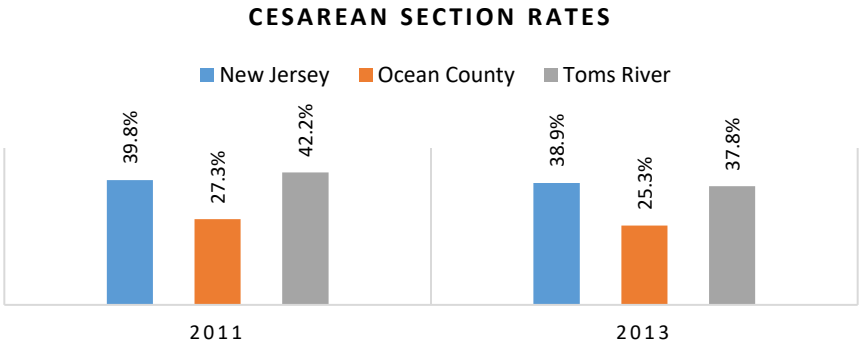
health outcomes.[59] Current research suggests that the following interconnected factors contribute to high cesarean-section rates including: the low priority of enhancing woman's own abilities to give birth, side effects of common labor interventions, refusal to offer informed choice of vaginal birth, casual attitudes about surgery and variation in professional practice style, limited awareness of harms that are more likely with Cesarean-sections, and the incentive to practice in a manner that is more efficient for providers. In 1965, the U.S. rate for cesarean-sections was 4.5%, and has risen steadily since. Rates for Cesarean-sections in the U.S. continue to rise well above the 15% recommended by the World Health Organization.

Ocean County

- In 2013, 25.3% of all Ocean County births were cesarean sections, fewer than New Jersey at 38.9%.[60,61]

BHBHC Service Area

- In 2013, 10.5% of Lakewood births were cesarean sections, less than half the Ocean County percentage (25.3%) and much lower than the state percentage (38.9%).
- In 2013, 37.8% of Toms River Township births were cesarean sections, higher than the Ocean County percentage (25.3%) and slightly lower than the state percentage (38.9%).



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents

Hospital Readmissions

Hospitalizations can be stressful, even more so when they result in readmissions. While many readmissions cannot and should not be prevented, researchers have found wide variation in readmission rates, suggesting that patients admitted to certain hospitals are more likely to experience readmissions compared to others. A number of studies demonstrate that hospitals can lower their rate of readmissions, by clarifying patient discharge instructions, coordinating with post-acute care providers and patients' primary care physicians, and reducing medical complications during patients' initial hospital stays. [62] High readmission rates in urban populations are often due to cultural barriers and lower levels of health literacy. Poor home conditions also increase the wait times for discharge to nursing homes. Patient access to health information and resources, as well as the timing of discharge also impact readmission rates.

59 March of Dimes Use of Cesarean Section in the US 2013 http://www.marchofdimes.org/pdf/newyork/newyork_cesarean_rates_report_2013.pdf
60 Centers for Disease Control and Prevention National Vital Statistics Reports 2015
http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf
61 Centers for Disease Control and Prevention WONDER Natality 2007-2014
http://wonder.cdc.gov/controller/datarequest/D66;jsessionid=32DA5F111458BCDFC82F9D1335CF3FBA
http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/

Nearly one in five Medicare beneficiaries is readmitted within one month. Beginning in FY 2013, in an effort to reduce costs and improve the transition of care from hospital to home or alternate care setting, readmission rates for three conditions: congestive heart failure, heart attack and pneumonia are being tracked and hospitals with high readmission rates among these patient categories are receiving penalties of up to 1% of their Medicare reimbursement. Behavioral Health conditions can frequently serve as factors contributing to readmissions.

New Jersey

- In the third year of the Medicare Hospital Readmissions Reduction Program, New Jersey ranked 50 of 50 states.
    - 97% of New Jersey hospitals were penalized for readmissions from October 2014 to September 2015.
    - The average New Jersey penalty rate was 0.73%. [63]

3. Health Behaviors

Health-promoting behaviors such as sensible eating and exercising lower the risk of conditions like heart disease and diabetes. Unhealthy behaviors like smoking, excessive drinking and high-risk sexual activities increase the risk of conditions like lung cancer, heart disease, and liver disease. Preventive health behaviors such as prenatal care and health screenings can result in early diagnosis and treatment.

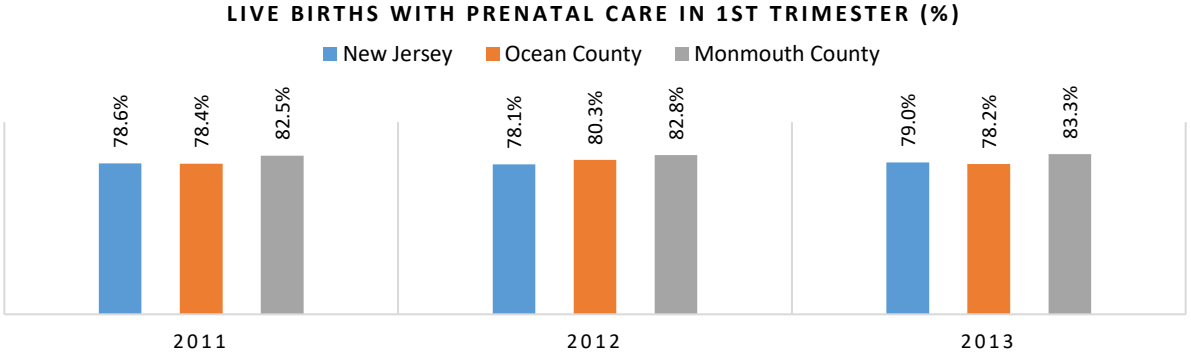
Maternal/Fetal Health Indicators

Healthy behaviors in mothers and young children build solid foundations for adult health. According to *Healthy People 2020*, factors that affect pregnancy and childbirth include: preconception health status (including stress), age, access to appropriate preconception/inter-conception healthcare, and poverty. Pregnancy can provide an opportunity to identify existing health risks in women to influence optimal fetal development and prevent future health problems for women and their children.

Prenatal Care

Circumstances during pregnancy that can lead to suboptimal fetal development include: nutritional deficiencies, maternal substance abuse, stress, diet and exercise habits, and inadequate prenatal care. Mothers who receive late or no prenatal care are more likely to have babies with health problems; mothers who do not receive prenatal care are three times more likely to give birth to a low birthweight baby, and their baby is five times more likely to die. [64]

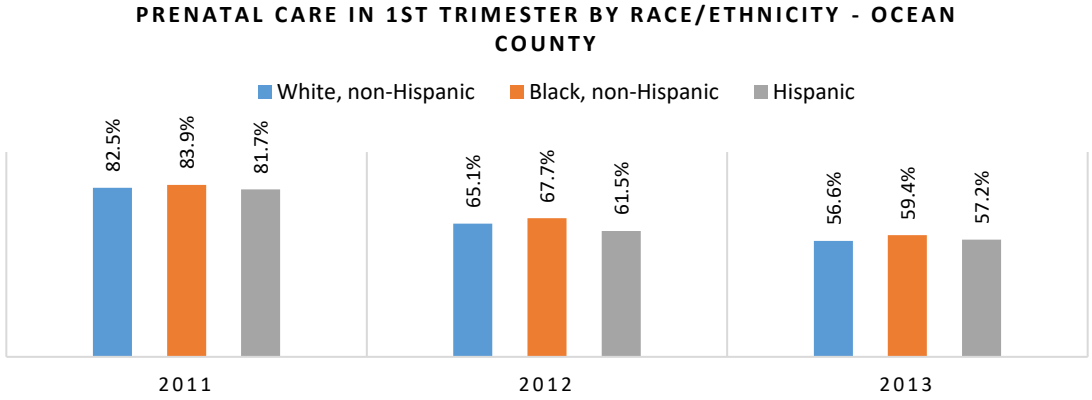
63 Kaiser Family Foundation Aiming for Fewer Hospital U-turns: The Medical Hospital Readmission Reduction Program 2015 http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/
64 Child Trends Data Bank Late or No Prenatal Care 2014 http://www.childtrends.org/?indicators=late-or-no-prenatal-care#sthash.oe1zbcSH.dpuf



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ State Health Assessment Data

Ocean County

- In 2013, 78.2% of Ocean County live births initiated prenatal care in the first trimester, similar to 79.0% statewide and the *Healthy People 2020* target of 77.9%. Ocean County had a slight decrease in the percent of women initiating care in the first trimester from 80.0% in 2009 as reported in the previous CHNA.
- In 2013, only 59.4% of Ocean County Black live births initiated prenatal care in the first trimester, far fewer than Ocean County overall (78.2%) and statewide overall (79.0%).
- In 2013, only 57.2% of Hispanic live births initiated prenatal care in the first trimester, less than Ocean County overall (78.2%) and statewide overall (79.0%).



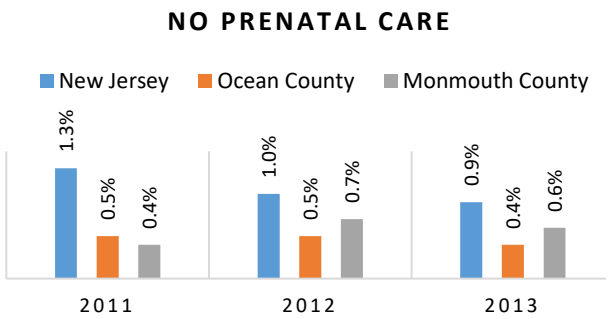
Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ State Health Assessment Data

- In 2013, 0.4% of Ocean County live births had no prenatal care, less than half 0.9% statewide. Ocean County had a slight decrease in the percent of women with no prenatal care from 0.5% in 2011 to 0.4% in 2013.
- In 2013, 1.5% of Ocean County Black live births had no prenatal care, far more than Ocean County overall (0.4%) and statewide overall (0.9%).

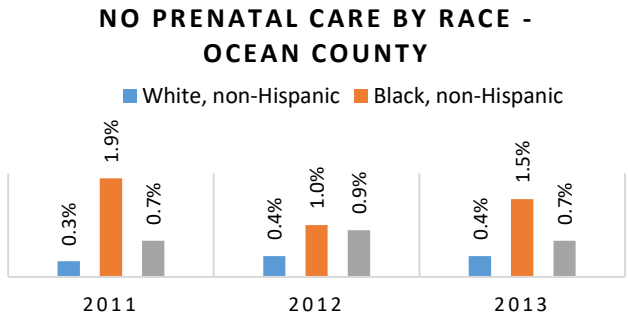
Ocean County 1st Trimester Prenatal Care 2013: 78.2%

Baseline: 75.6% **Target: 77.9%**

- In 2013, 0.7% of Hispanic live births had no prenatal care, more than Ocean County overall (0.4%) and less than statewide overall (0.9%).



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ

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

High-Risk Sexual Behaviors

High-risk sexual behavior puts individuals at risk for sexually transmitted infections (STIs) and unplanned pregnancy. According to Healthy People 2020, reproductive and sexual health services improve health and reduce costs by not only covering pregnancy prevention, HIV and STI testing and treatment, and prenatal care, but also by screening for intimate partner violence and reproductive cancers, providing substance abuse treatment referrals, and counseling on nutrition and physical activity.

Teen Pregnancy

Teen mothers are less likely to graduate high school or attain a GED, earn less per year, and receive nearly twice as much Federal aid for twice as long. Births of unplanned pregnancies can have negative outcomes including birth defects and low birth weight. Children from unintended pregnancies are more likely to experience poor mental and physical health during childhood, have lower educational attainment and more behavioral issues in their teen years. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

Ocean County

- The 2014 birth rate for Ocean County teens 15-19 was 21.2/1,000, higher than 12.6/1,000 statewide.[65]
- The Ocean County birth rate for teens 15-17 was 10.2/1,000, nearly double the New Jersey rate of 5.6/1,000.

65 Health Indicators Warehouse 2014

- The 2014 teen birth rate of 21.2/1,000 in Ocean County was higher than the CHR national benchmark of 19/1,000.

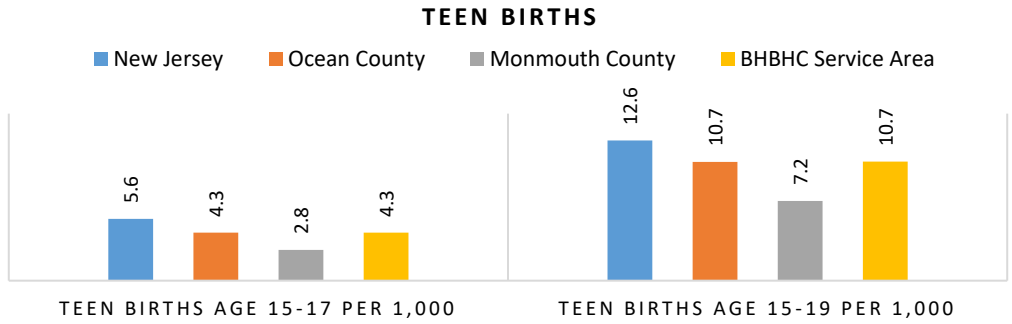
CMC Service Area

- In 2014, BHBHC's service area teen birth rate (10.7/1,000) was nearly half the Ocean County rate, and lower than the New Jersey rate (12.6/1,000).
- The Seaside Heights 2014 teen birth rate was 18.5/1,000, highest in the BHBHC's service area, lower than the county (21.2/1,000) and higher than the state rate (12.6/1,000).

Ocean County Teen Births (Age 15-19): 2014: 21.2

County Health Rankings & Roadmaps
A Healthier Nation, County by County

Teen Births (Age 15-19) National Benchmark: 19



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Teen Birth Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Teen Births Ages 15-17 *Rate per 100,000 Female Population*	N.A	N.A.	
Teen Births Ages 15-19 *Rate per 100,000 Female Population*	N.A.		

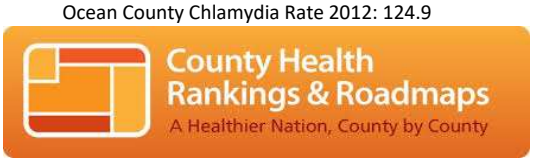
Sexually Transmitted Infections

Sexually transmitted infections (STIs) refer to more than 25 infectious organisms that are transmitted primarily through (unprotected) sexual activity. STIs remain a significant public health problem. The majority of STIs either do not produce any symptoms, or they produce symptoms so mild that they are unnoticed. As a result, many infected persons do not know that they need medical care. Women suffer more frequent and more serious STI complications than men including pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain.

Chlamydia

Chlamydia is a common sexually transmitted infection (STI) that can be easily cured. If left untreated, chlamydia can make it difficult for a woman to get pregnant.[66]

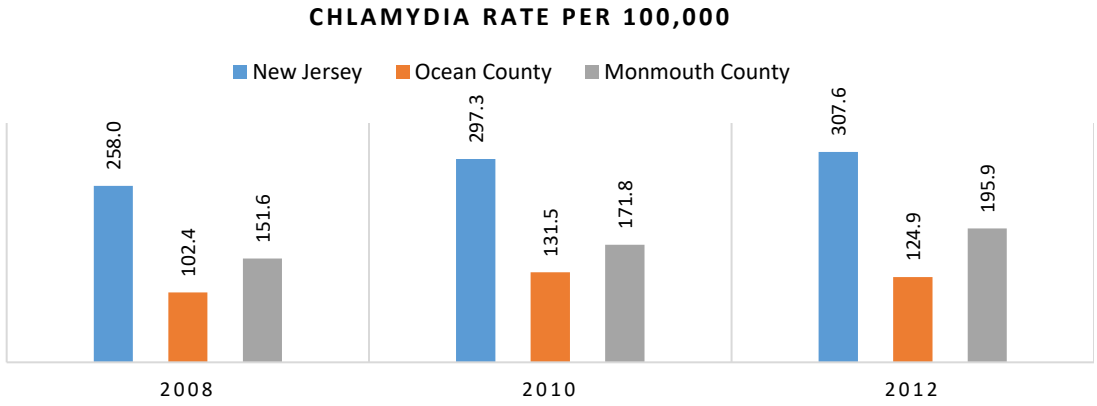
Ocean County Chlamydia Rate 2012: 124.9



National Benchmark: 138

Ocean County

- In 2012, the Ocean County chlamydia rate was 124.9/100,000, 182.7 points lower than the state rate of 307.6/100,000. The rate of chlamydia in Ocean County is below the CHR national benchmark of 138/100,000.[67]



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

Sexually Transmitted Infection Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Chlamydia Rate per 100,000	N.A		

HIV/AIDS

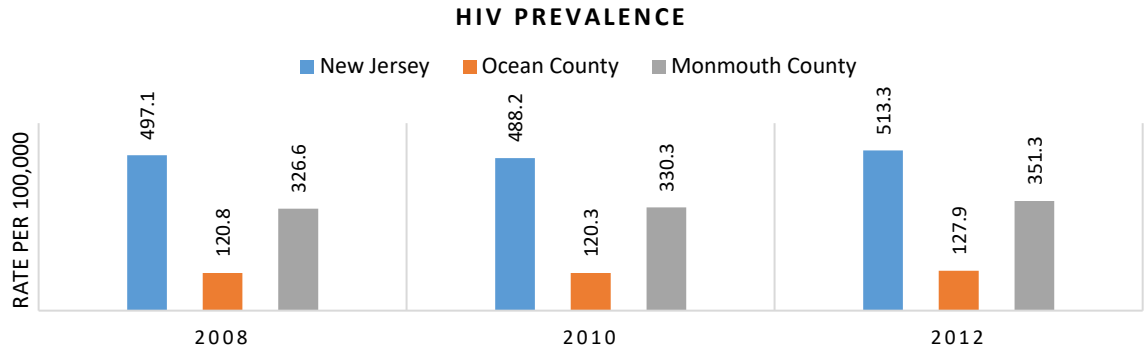
HIV/AIDS can be transmitted through sexual contact, intravenous drug use or contact with bodily fluids. Individuals who have another sexually transmitted infection are at greater risk for contracting HIV.

Ocean County

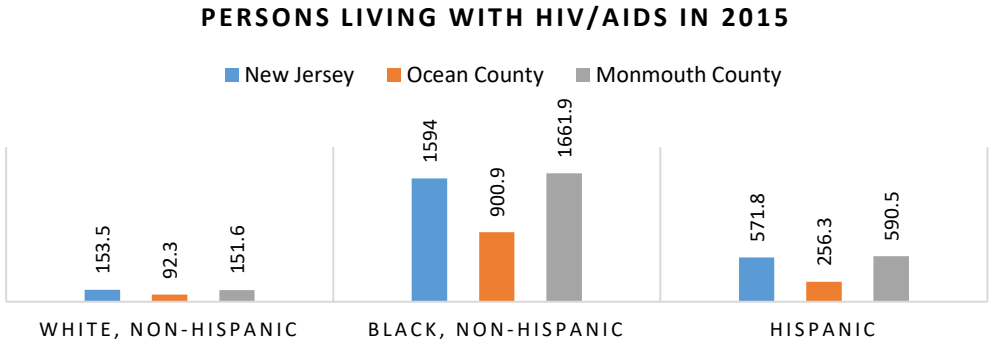
- The 2015 HIV prevalence rate in Ocean County was 132.9/100,000, compared to the Statewide rate of 418.8/100,000.
- Both the State and Ocean County have seen decreased HIV prevalence rates from 2013 to 2015: In 2013, the HIV prevalence rate in Ocean County was 133.1/100,000, compared to the Statewide rate of 506.0/100,000.

66 http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm
67 Centers for Disease Control and Prevention Fact Sheet Reported STDs in the United States 2014 http://www.cdc.gov/std/stats14/tables/26.htm

- When comparing by race and ethnicity, Blacks had the highest rate of persons living with HIV/AIDS in 2015 across Ocean County, Monmouth County and New Jersey. Hispanics had the second largest rate, followed by Whites.
- In 2015, the Ocean County rate for Blacks living with HIV was 900.9/100,000, lower than New Jersey (1,594/100,000) and comparative counties.
- The Ocean County rate for Blacks living with HIV (900.9/100,000) was more than nine times the rate for Whites living with HIV (92.3/100,000) and higher than the Hispanic rate (256.3/100,000).



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



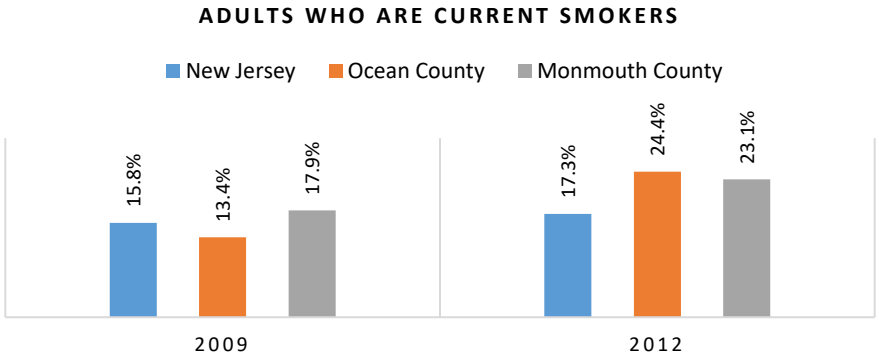
Source: NJDOH, Division of HIV, STD, and TB Services, Office of Surveillance Services, EHARS

Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. The hazards of tobacco use are well known. Cigarette smokers are at high risk for cancer, heart disease, respiratory diseases, and premature birth. Secondhand smoke causes heart disease and lung cancer in adults and asthma, respiratory infections, ear infections and sudden infant death syndrome (SIDS) in children. Smokeless tobacco causes serious oral health problems, including mouth and gum cancer, periodontitis, and tooth loss. Cigar and pipe use causes cancer of the larynx, mouth, esophagus, and lung.

Ocean County

- In Ocean County, Monmouth County and New Jersey, the percent of adults who smoke increased from 2009 through 2012.
- Between 2009 and 2012, the percentage of Ocean County smokers increased from 13.4% to 24.4%.[68] The 2012 Ocean County percent of smokers was higher than the State at 17.3%.[69]



Source: CDC, Behavioral Risk Factor Surveillance System

Diet and Exercise Behaviors

According to the Centers for Disease Control and Prevention (CDC), poor diet and physical inactivity have nearly caught up with tobacco use as the second leading preventable cause of death in the United States. Behaviors that contribute to obesity can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include education, food skills and food marketing and promotion.[70]

68 Behavioral Risk Factor Surveillance System 2012
69 Behavioral Risk Factor Surveillance System 2012
70 Centers for Disease Control and Prevention Overweight and Obesity Adult Obesity Causes and Consequences 2014 http://www.cdc.gov/obesity/adult/causes.html

Obesity

Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer.

Ocean County Obesity 2013: 26.8%

Healthy People 2020

Baseline: 32.1% **Target: 30.6%**

Ocean County Obesity Rate 2012: 26.8%

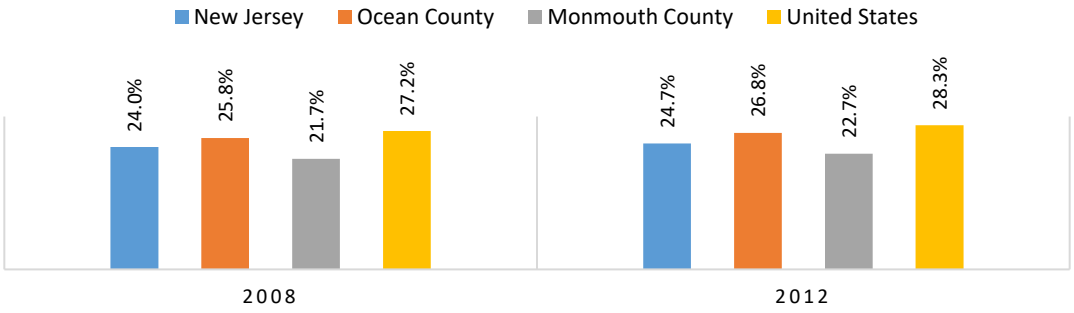
County Health Rankings & Roadmaps
A Healthier Nation, County by County

National Benchmark: 25%

Ocean County

- In Ocean County, Monmouth County and New Jersey, the percent of adults who were obese increased slightly from 2008 through 2012.
- In 2012, 26.8% of Ocean County residents were obese, slightly higher than one-quarter statewide and higher than Monmouth County.[71]
- From 2008 through 2012, the percent of Ocean County residents who were obese increased slightly from 25.8% to 26.8%. The County obesity rate was lower than the *Healthy People 2020* target of 30.6% and slightly higher than the CHR benchmark of 25%.

OBESITY: PERCENT WITH REPORTED BMI ≥ 30



Source: CDC, Behavioral Risk Factor Surveillance System

Obesity Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Obesity: Percent with Reported BMI of >= 30			

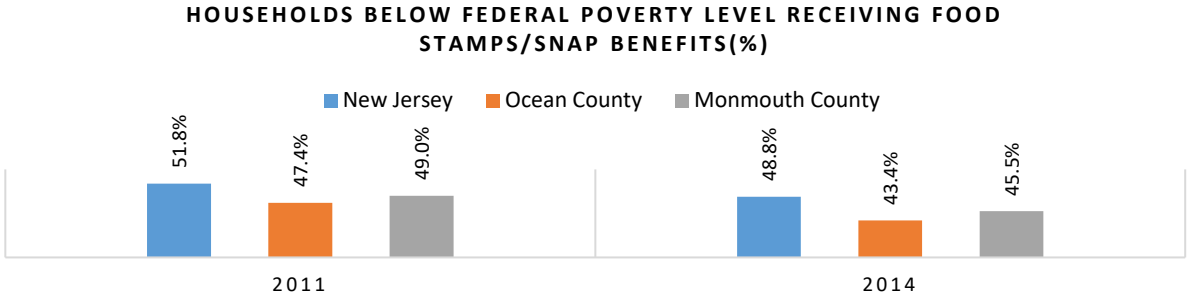
Food Security

In trying to promote healthy eating as a way to raise the health status of individuals and communities, the high prices for fresh fruits, fresh vegetables, and whole grains have put that common sense, non-medical approach out of reach for those already living in the margins of poverty. The reality is that it is cheaper to eat poorly.

71 New Jersey State Health Assessment Data 2012

Ocean County

- In 2014, 43.4% of households under the Federal Poverty Line received food stamps or SNAP in Ocean County, less than New Jersey at 48.8%.[72]



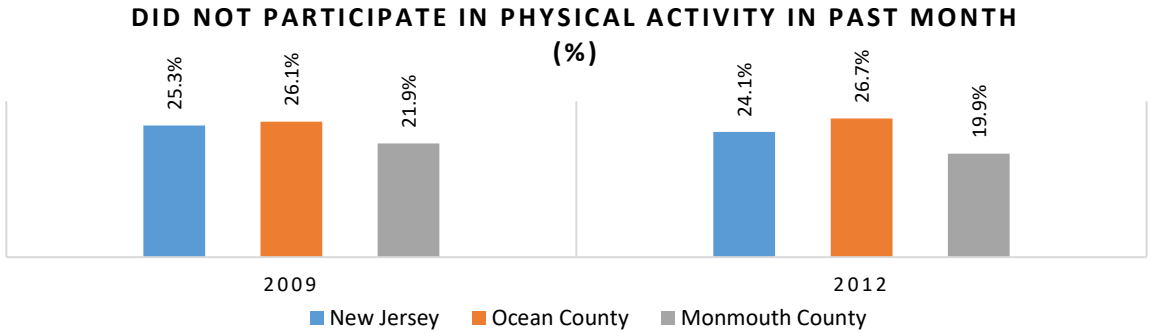
Source: U.S. Census Bureau, American Community Survey

Physical Exercise

Fitness is a key factor in preventing and treating obesity. Regular exercise and proper nutrition can help reduce body fat as well as protect against chronic diseases associated with obesity.

Ocean County

- In 2012, 26.7% of Ocean County adults reported no physical exercise within the past month, higher than New Jersey (24.1%) and the CHR national benchmark (20%).[73]
- Unlike New Jersey and Monmouth County, the percent of people in Ocean County that did not participate in physical activity increased slightly.



Source: CDC, Behavioral Risk Factor Surveillance System

Ocean County 2012: 26.7%

National Benchmark: 20%

72ibid
73 Behavioral Risk Factor Surveillance System 2012

Physical Activity Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Percent of Adults Who Participated in Physical Activity in the Past Month	N.A.		

Health Screening Behaviors

Health screenings are medical tests for early identification or monitoring of disease processes. Screening for certain diseases can find diseases and conditions earlier, when they are easier to treat. Research shows that a recommendation from a healthcare provider is the most important reason patients cite for having cancer screening tests. Improving access to healthcare providers is therefore very important for improving screening rates.

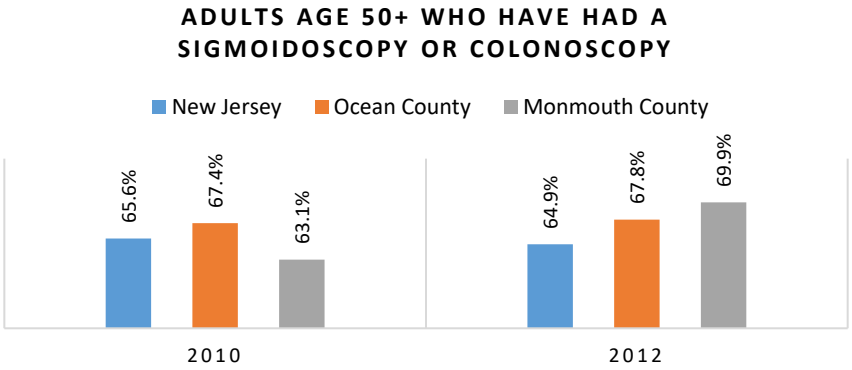
Cancer Screenings

Colorectal Cancer Screening

According to the National Institutes of Health, tests for colorectal cancer (sigmoidoscopy or colonoscopy) should be done starting at age 50.[74]

Ocean County

- In 2012, 67.8% of Ocean County adults 50+ have had a sigmoidoscopy or colonoscopy.



Source: CDC, Behavioral Risk Factor Surveillance System

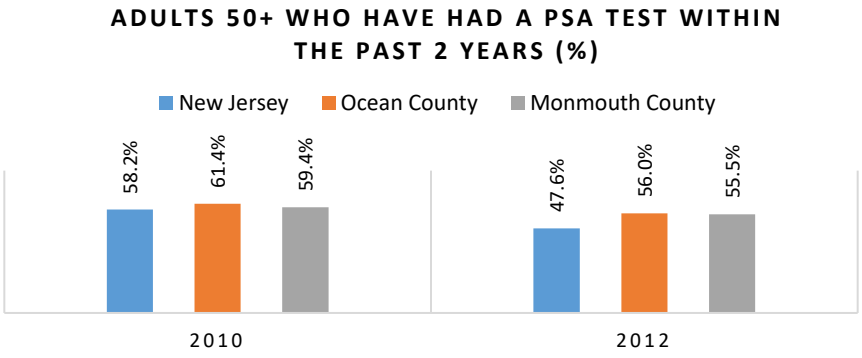
Prostate Cancer Screening

Prostate cancer screening is done through prostate-specific antigen (PSA) tests or digital rectal examinations (DRE)[75]

74 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
75 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html

Ocean County

- Between 2010 and 2012, the percent of men age 50+ who had a PSA test decreased in Ocean County, Monmouth County and statewide.
- In 2012, 56% of Ocean County men age 50+ had a PSA test within the last two years, more than 47.6% statewide and 55.5% in neighboring Monmouth County.[76]



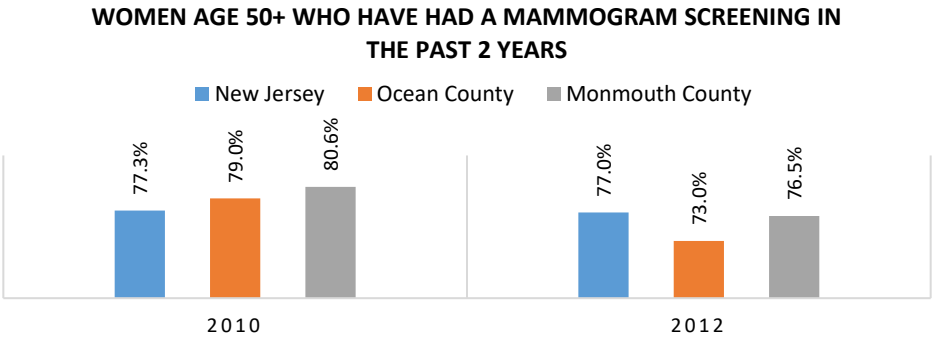
Source: CDC, Behavioral Risk Factor Surveillance System

Breast Cancer Screening

Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.[77]

Ocean County

- Between 2010 and 2012, the percent of women age 40+ who had a mammogram decreased in Ocean County, Monmouth County and statewide.
- In 2012, 73% of Ocean County women 40+ reported having a mammogram screening within the past 2 years, less than 77% of New Jersey women 40+.[78]



Source: CDC, Behavioral Risk Factor Surveillance System

76ibid
77 American Cancer Society Guidelines for Early Detection of Cancer
78 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/50/data

Cervical Cancer Screening

Cervical cancer screens (pap smears) should be done every 1-3 years after the age of 21. [79]

Ocean County

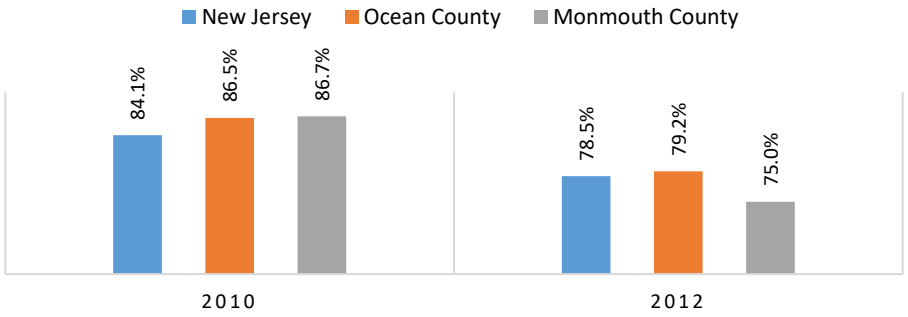
- Between 2010 and 2012, the percent of women age 18+ who had a pap test within 3 years decreased in Ocean County, Monmouth County and statewide.
- In 2012, in Ocean County, 79.2% of women aged 18 and older had a pap smear test within the last three years as compared to 78.5% of New Jersey women aged 18 and over.[80]
- The Ocean County rate is lower than the *Healthy People 2020* target of 93%.

Ocean County Pap Test 2012: 79.2%

Healthy People 2020

Baseline: 93.0% **Target: 93.0%**

WOMEN AGE 18+ WHO HAVE HAD A PAP TEST WITHIN THE PAST 3 YEARS



Source: CDC, Behavioral Risk Factor Surveillance System

Diabetes Screening

Individuals with high blood pressure or high cholesterol levels should be tested for diabetes.[81]

Ocean County

- Between 2009 and 2012, the percent of Medicare patients ages 65 to 75 whose blood sugar control was monitored increased in Ocean County, Monmouth County and statewide.
- In 2013, 86% of Ocean County Medicare patients ages 65 to 75 blood sugar control was monitored, slightly higher than 83.3% of New Jersey Medicare patients ages 65 to 75. [82]
- The Ocean County rate was lower than the CHR benchmark of 89%.

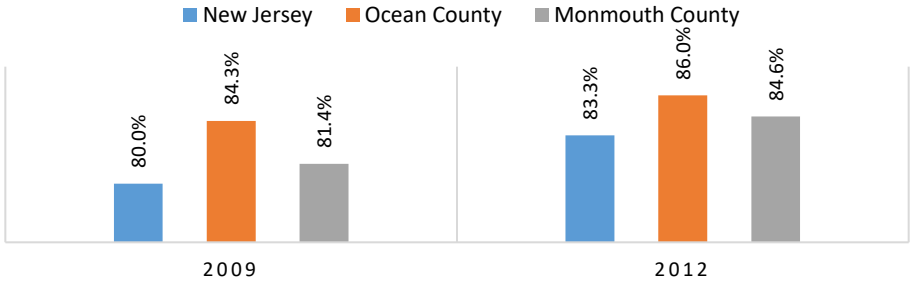
Ocean County Diabetes Monitoring 2012: 86.0%

County Health Rankings & Roadmaps
A Healthier Nation, County by County

National Benchmark: 89.0%

79 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
80 Behavioral Risk Factor Surveillance System 2012
81 National Institutes of Health Medline Plus Health Screening 2007
https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html
82 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/7/data

DIABETIC MEDICARE ENROLLEES THAT RECEIVE HBA1C SCREENING (%)



Source: CDC, Behavioral Risk Factor Surveillance System

Diabetes Screening	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Percent of Adults Age 50+ Who Have Had a Sigmoidoscopy or Colonoscopy	N.A.	N.A.	
Percent of Women Age 40+ Who Have Not Had a Mammogram in the Past 2 Years	N.A.	N.A.	
Percent of Women Age 18+ Who Have Had a Pap test in the Past 3 Years	N.A.	N.A.	
Percent of Diabetic Medicare Enrollees That Receive HbA1c Screening	N.A.		

Immunization Behaviors

Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease. Immunizations are a primary means of providing adults and children protection from potentially fatal illnesses. They are one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. Immunizations have clearly defined target groups, can be delivered effectively through outreach activities, and do not require major lifestyle change.[83]

Adult Flu Vaccine

With rare exception, everyone 6 months and older is recommended for annual flu vaccination. Vaccination to prevent influenza is particularly important for people at high risk for serious complications.[84] The *Healthy People 2020* goal is to have no more than 10% go without this vaccine.

Ocean County Adult Flu Vaccine 2012: 62.6%

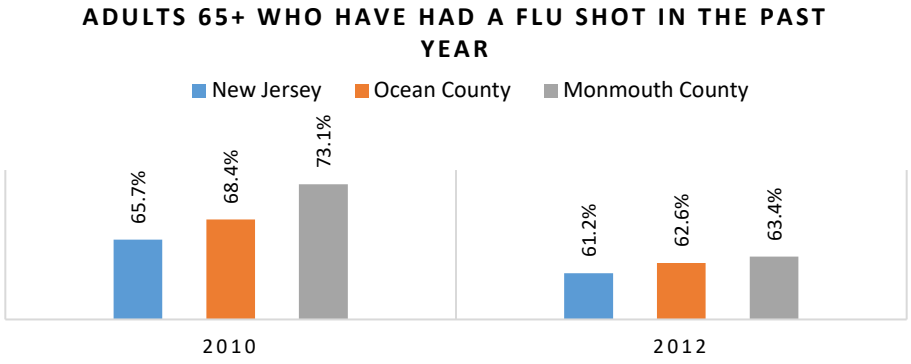
Healthy People 2020

Baseline: 80.0% **Target: 90.0%**

83 World Health Organization Immunization http://www.who.int/topics/immunization/en/
84 Centers for Disease Control and Prevention Influenza http://www.cdc.gov/flu/protect/whoshouldvax.htm

Ocean County

- In 2012, 62.6% of Ocean County adults 65+ were inoculated with the flu vaccine, higher than 38.8% in New Jersey.[85]
- Ocean County does not meet the *Healthy People 2020* goal to have less than 10% go without the vaccine.



Source: CDC, Behavioral Risk Factor Surveillance System

Adult Pneumonia Vaccine

The pneumococcal vaccination is recommended for all children younger than 5 years old, all adults 65 years or older, and individuals 6 years or older with compromised immune systems.[86] The *Healthy People 2020* goal is to have no more than 10% go without this vaccine.

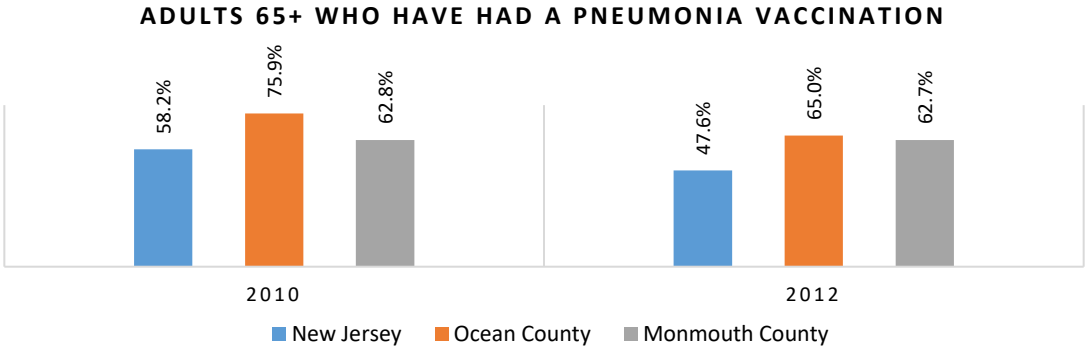
Ocean County

- In Ocean County, 65.0% of adults 65 and older have had the pneumonia vaccine in 2012, higher than statewide at 47.6%.[87]
- Ocean County does not meet the *Healthy People 2020* goal to have less than 10% go without the vaccine.

Ocean County Adult Pneumonia Vaccine 2012: 65%

Healthy People 2020

Baseline: 78.0% **Target: 90.0%**



Source: CDC, Behavioral Risk Factor Surveillance System

85ibid
86 Centers for Disease Control and Prevention http://www.cdc.gov/vaccines/vpd-vac/pneumo/
87 ibid

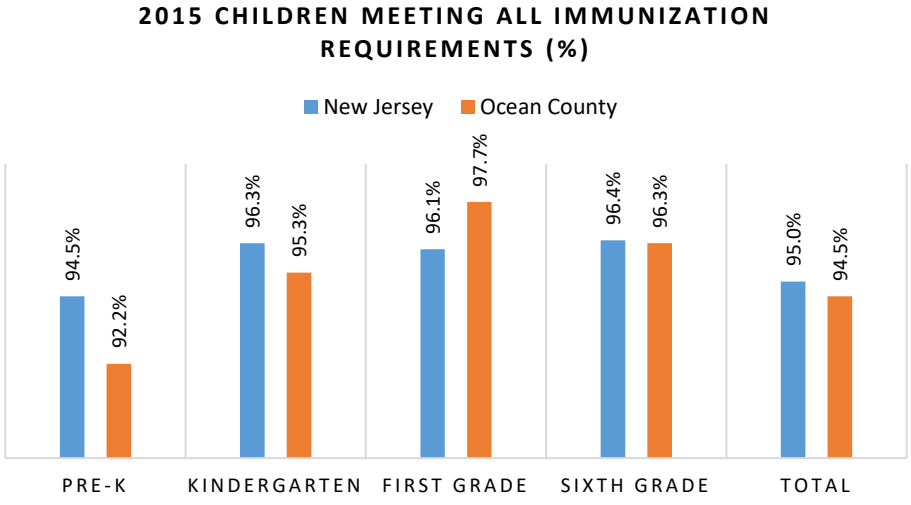
Influenza Vaccinations	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Percent of Adults Age 65+ Who Have Not Had a Flu Shot in Past Year		N.A.	
Percent of Adults Age 65+ Who Have Not Had a Pneumonia Vaccination in Past Year		N.A.	

Childhood Vaccinations

Children in the United States routinely get vaccines that protect them from more than a dozen diseases such as measles, polio, tetanus, diphtheria, and pertussis (whooping cough). Childhood immunization programs provide a very high return on investment, and many school systems require children to get at least some of these vaccines before they attend school.

Ocean County

- In 2015, 94.5% of children in Ocean County meet all immunization requirements, similar to 95.0% of children in New Jersey.
- In Ocean County, the majority of children (97.7%) meeting all immunization requirements are in first grade.



Source: NJ Annual Immunization Status Report 2015-2016

4. ***Physical Environment***

Humans interact with the environment constantly. These interactions affect quality of life, years of healthy life lived, and health disparities. The World Health Organization (WHO) defines environment, as it relates to health, as "all the physical, chemical, and biological factors external to a person, and all the related behaviors." This includes the "built environment": buildings, roads, buses, homes, parks,

recreational areas, greenways, shops and other business areas.[88] Environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environments, both built and natural.

Air Quality

According to the CHR, the negative impact\ of air pollution on people's health include: decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary consequences. Exposure to excess levels of ozone or fine particulate matter are correlated with increased hospital emergency room visits and admissions among asthmatics or others with compromised respiratory function. Increases in these pollutants are associated with high risks of death due to cardiopulmonary and cardiovascular conditions and ischemic heart disease. All-cause mortality is also associated with higher concentrations of these pollutants.

Ocean County

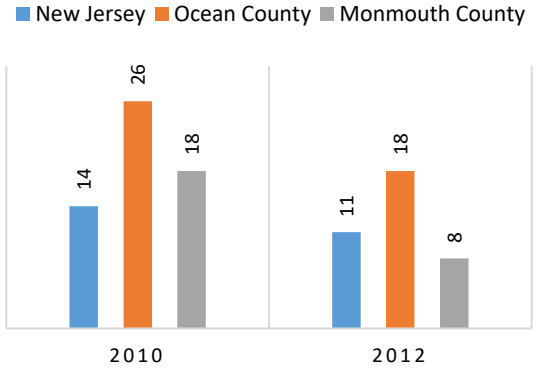
- In 2014, Ocean County had 1 day of unhealthy air quality due to ozone, a large drop from 10 days in 2012 but higher than New Jersey and the CHR benchmark of 0.[89]

Ocean County Days of Unhealthy Air Quality Due to Ozone 2014: 1

County Health Rankings & Roadmaps
A Healthier Nation, County by County

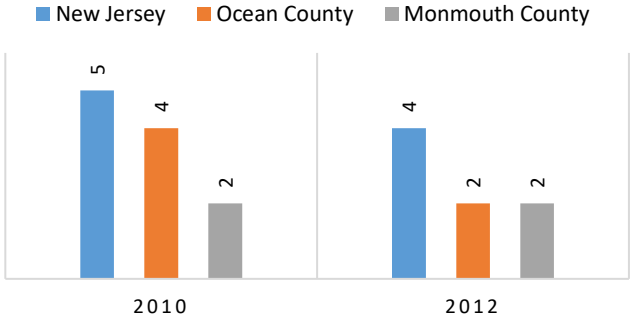
National Benchmark: 0

NUMBER OF DAYS AIR QUALITY WAS UNHEALTHY DUE TO OZONE



Source: CDC Wonder Environmental Data, County Health Rankings

NUMBER OF DAYS AIR QUALITY WAS UNHEALTHY DUE TO PARTICULATE MATTER



Source: CDC Wonder Environmental Data, County Health Rankings

Physical Environment Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Unhealthy Air Quality Days due to Ozone	N.A.		

88 University of Nevada What is Obesogenic Environment? https://www.unce.unr.edu/publications/files/hn/2010/fs1011.pdf
89 https://www26.state.nj.us/doh-shad/indicator/view_numbers/EPHTAir.HNJ8hrstnd.html

Lead Hazards

Lead poisoning is a medical condition caused by increased levels of heavy metal lead in the body. Lead interferes with a variety of body processes and is toxic to many organs and tissue including the heart, bones, intestines, kidneys, reproductive and nervous systems. Blood lead levels or a urine test detect elevated lead levels. The results of these tests indicate how much lead is circulating within the blood stream. The Centers for Disease Control (CDC) sets the standard for elevated blood lead levels for adults to 25 micrograms per deciliter (ug/dl) of whole blood, and 5 (ug/dl) of whole blood as of 2012 for children; down from the previous 10 ug/dl. Scientists have found that lead in children can disrupt growth and development of a child's brain and central nervous system. The most common source of lead in New Jersey is paint that was used in interior or exterior surfaces of homes built before 1978. The most common form of exposure in adults occurs from occupational exposure.

Ocean County

- Ocean County and its major urban centers have lower percentages (7.9%) of housing built before 1950 than statewide (25.6%).[90]
- In 2012, 0.08% of Ocean County children ages 1-3 with blood lead levels above 10 micrograms per deciliter, less than 0.47% of New Jersey children ages 1-3.

Proximity of Healthy Food Sources

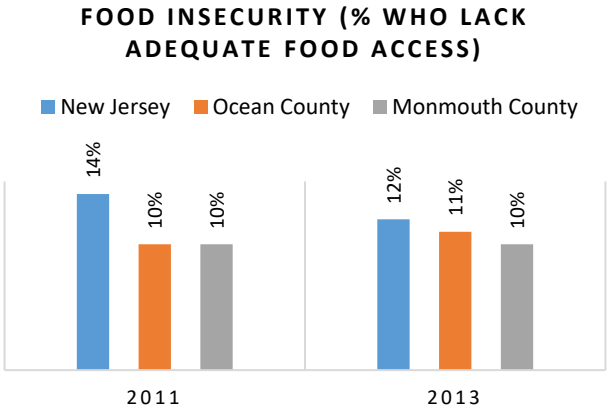
The density of unhealthy sources of food and drink in geographic areas can inform the lifestyles of residents.[91] The term "obesogenic environment" refers to "an environment that promotes gaining weight and one that is not conducive to weight loss" within the home or workplace. A lack of healthy food also contributes to an obesogenic environment. Greater density of alcohol retailers is associated with higher levels of poverty, particularly in Black and Latino populations. These disparities can contribute to higher morbidity in these geographic areas. [92] Increased density of convenience stores is associated with unhealthy lifestyles, poor psychosocial profiles, and a higher risk of obesity. "Food deserts," areas characterized by poor access to healthy and affordable food, may contribute to social and spatial disparities in diet and diet-related health outcomes.[93] This is largely due to the presence of stores that provide a wealth of processed, sugar, and fat laden foods instead of grocery stores, farmers' markets, and other healthy food providers. [94] First Lady Michelle Obama's campaign to fight childhood obesity, "Let's Move," has a goal of eradicating food deserts by 2017. [95]

Ocean County

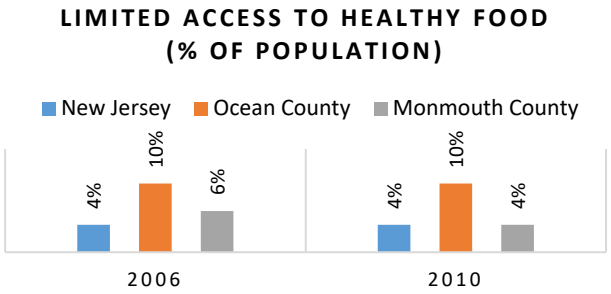
- In 2013, 11% of Ocean County's population lacked adequate access to food, just below 12% statewide.
- In 2013, there were 1.4 liquor stores per 10,000 residents in Ocean County. This was slightly lower than the state rate (1.9), and slightly higher than the national rate (1.0).[96]

90 New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing https://www26.state.nj.us/doh-shad/indicator/complete_profile/pre1950home.html
91 ibid
92 Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936987/
93 Centers for Disease Control and Prevention A Systematic Review of Food Deserts 1996-2007 http://www.cdc.gov/pcd/issues/2009/jul/08_0163.htm
94 USDA Defines Food Deserts http://americannutritionassociation.org/newsletter/usda-defines-food-deserts
95 Food Deserts https://www.dosomething.org/facts/11-facts-about-food-deserts
96 Health Indicators Warehouse 2013

- Between 2006 and 2010, 10% of Ocean County's population was low-income and did not live close to a grocery store, double 4% in New Jersey and in Monmouth County.



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



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

Community Safety

Healthy People 2020 asserts that most events resulting in injury, disability, or death are predictable and preventable. Both unintentional injuries and those caused by acts of violence are among the top 15 killers of Americans of all ages. For unintentional injuries, there is a need to better understand the trends, causes, and prevention strategies. Specifically, individual behaviors (choices people make such as alcohol use or risk-taking), physical environment (home and community that affect the rate of injury related to falls, fires and burns, drowning, violence), and social environment (individual social relationships, community, societal-level factors).

Criminal Violence

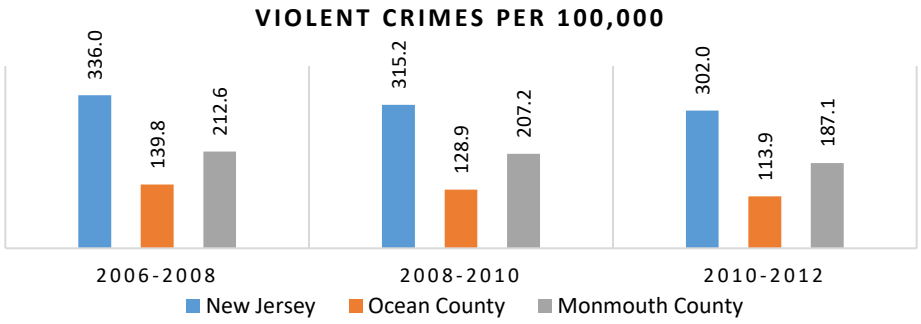
A violent crime is a crime in which an offender uses or threatens force upon a victim.

Ocean County

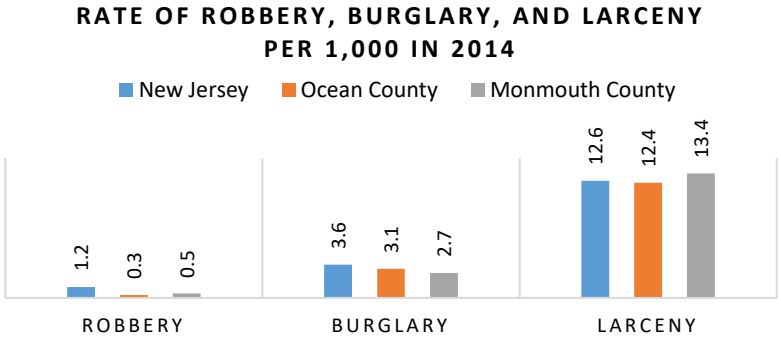
Ocean County Violent Crime Rate 2010-2012: 114

National Benchmark: 59

- Violent crimes have been decreasing in Ocean County, Monmouth County and New Jersey.
- Between 2010 and 2012, the violent crime rate in Ocean County was 113.9/100,000. This rate was less than half the statewide rate of 302.0/100,000 and lower than neighboring Monmouth County at 187.1/100,000.
- The Ocean County violent crime rate was much higher than the County Health Rankings national benchmark (59/100,000).
- The 2014 robbery rate in Ocean County (.3%) was lower than Monmouth County (.5%) and the State (1.2%).
- The 2014 burglary rate in Ocean County (3.1%) was higher than Monmouth County (2.7%) and lower than the State (3.6%).
- The 2014 larceny rate in Ocean County (12.4%) was lower than Monmouth County (13.4%) and the State (12.6%).



Source: Uniform Crime Reporting - FBI, County Health Rankings



Source: NJ State Police, County Offense and Supplementary Data Overview

Community Safety Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Violent Crime Rate per 100,000 population	N.A.		

Injury

Ocean County

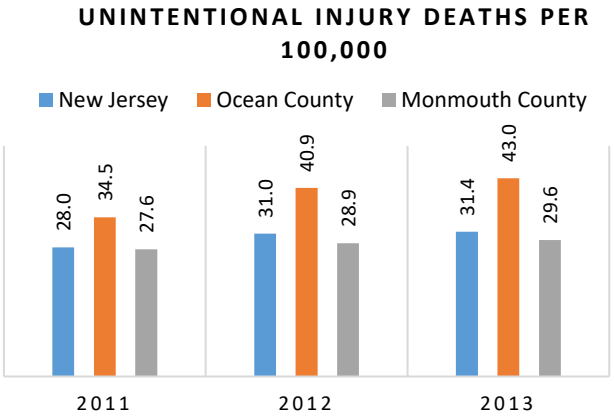
- Ocean County had a rate of 50/100,000 deaths due to injuries in 2013, higher than the New Jersey rate of 42/100,000 and Monmouth County rate of 39/100,000.[97] (data not shown).
- In 2013, the rate of deaths due to unintentional injuries in Ocean County was 43/100,000, higher than statewide 31.4 and Monmouth County.[98]
- Between 2006 and 2012, the motor vehicle crash death rate was 9.9/100,000 in Ocean County, higher than statewide 7.1. [99]

Ocean County Motor Vehicle Crash Death Rate
2006-2012: 9.9

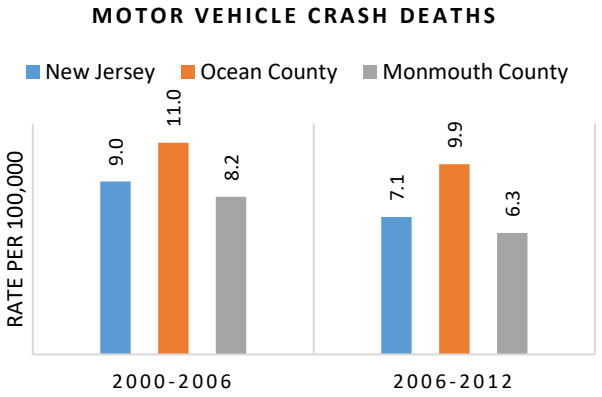
Healthy People 2020

Baseline: 15.3 **Target: 12.4**

97 County Health Rankings 2013
98 New Jersey State Health Assessment Data 2013
99 Centers for Disease Control and Prevention Accidental Injury http://www.cdc.gov/nchs/fastats/accidental-injury.htm



Source: National Vital Statistics System, County Health Rankings



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

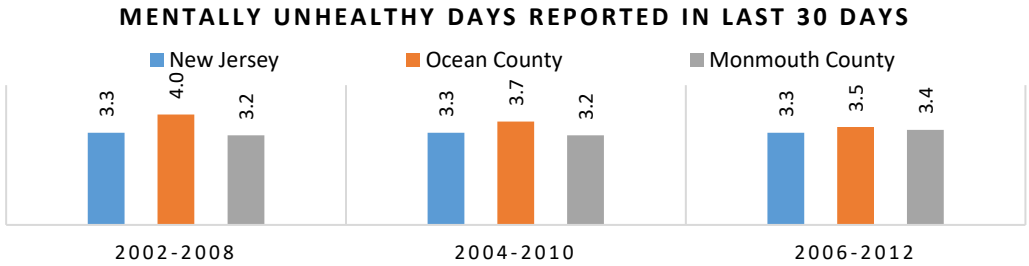
Injury Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths due to Motor Vehicle Crashes *Rate per 100,000 Population*		N.A	

5. Behavioral Health

Behavioral health, mental health and chemical dependency, is increasingly linked to physical health indicators. It is expected that future behavioral health systems will be embedded in new structures such as accountable care organizations, integrated healthcare systems and preferred provider organizations.

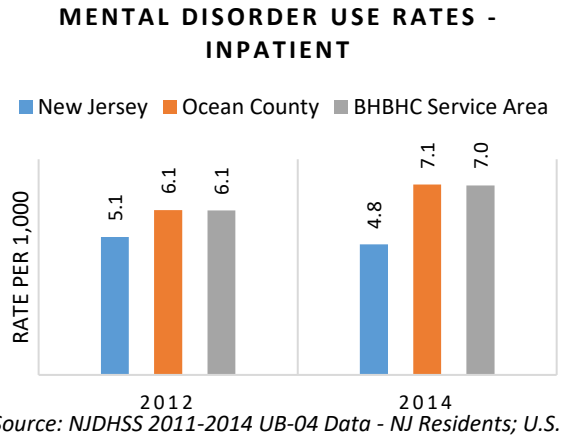
Mental Illness

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental disorders are health conditions characterized by alterations in thinking, mood, and/or behavior associated with distress and/or impaired functioning. There is often stigma associated with mental health diagnosis and treatment, particularly among African-Americans and Latinos. Mental health plays a major role in one's ability to maintain good physical health. Problems with physical health, such as chronic

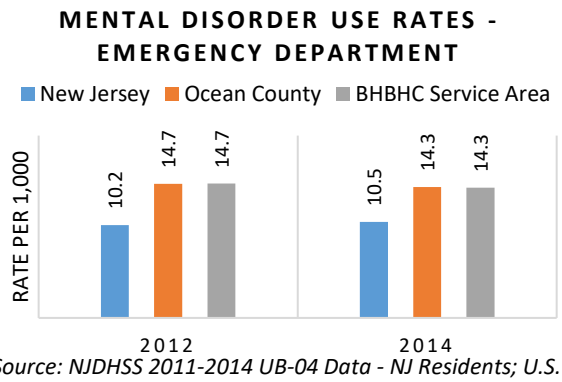


Source: CDC. Behavioral Risk Factor Surveillance System

diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Ocean County

- The inpatient rate of mental disorders in Ocean County increased from 2012 through 2014. In the same time period, the statewide rate decreased. In 2014, the Ocean County mental disorders inpatient rate (7.1/1,000) was higher than the state (4.8/1,000).[100]

Ocean County Mentally Unhealthy Days 2006-2012: 3.5

County Health Rankings & Roadmaps
A Healthier Nation, County by County

National Benchmark: 2.8

- Despite a slight decline from 14.7/1,000 in 2012 to 14.3/1,000 in 2014, Ocean County ED use rates for mental disorders was higher than the statewide rate of 10.5/1,000.[101]
- The average number of mentally unhealthy days in Ocean County from 2006 to 2012 was 3.5 in the last 30 days, slightly higher than the state of 3.3 days.[102]

BHBHC Service Area

- In 2014, the BHBHC inpatient use rate for mental disorders was 7.0/1,000, higher than the State rate (4.8) and similar to the county rate (6.9).
- In 2014, the BHBHC emergency department use rate for mental disorders was 14.3/1,000, higher than the State rate (10.5) and the county rate (9.0).

Substance Abuse

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

100Ibid.
101 Health Care Decision Analyst Internal Data 2014
102 Community Health Rankings 2012

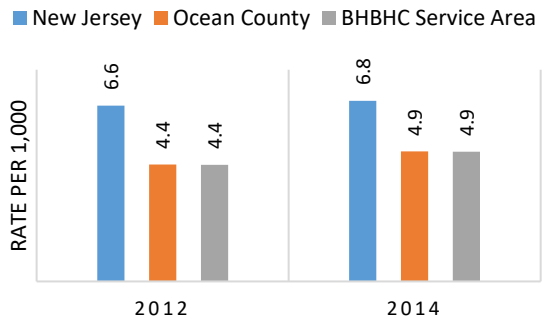
Ocean County

- Excessive drinkers include heavy and binge drinkers. Excessive drinking has increased in Ocean County, Monmouth County and statewide.
- Between 2006 and 2012, 15.4% of adults in Ocean County reported excessive drinking, slightly less than the 16.1% statewide and 18.3% in neighboring Monmouth County.[103]
- Inpatient admissions for substance abuse were relatively stable in Ocean County and New Jersey.
- In 2014, 1.5/1,000 adults in Ocean County were inpatient admissions for substance abuse, less than the 2/1,000 statewide.[104]
- ED visits for substance abuse increased in Ocean County and New Jersey.
- In 2014, 4.9/1,000 adults in Ocean County had a ED visit for substance abuse, less than the 6.8/1,000 statewide.[105]

BHBHC Service Area

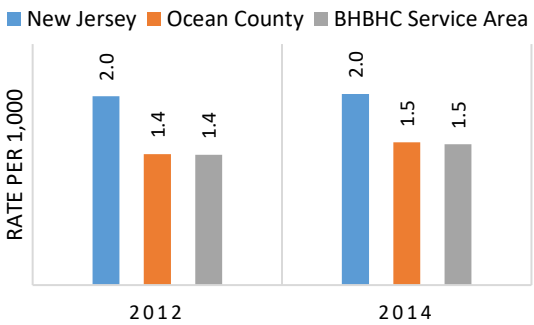
- In 2014, the BHBHC inpatient use rate for substance abuse was 1.5, same as the Ocean County rate, and lower than the State rate (2.0).
- In 2014, the BHBHC emergency department use rate for substance abuse was 4.9, same as the Ocean County rate, and lower than the State rate (6.8).

SUBSTANCE ABUSE RATE - EMERGENCY DEPARTMENT



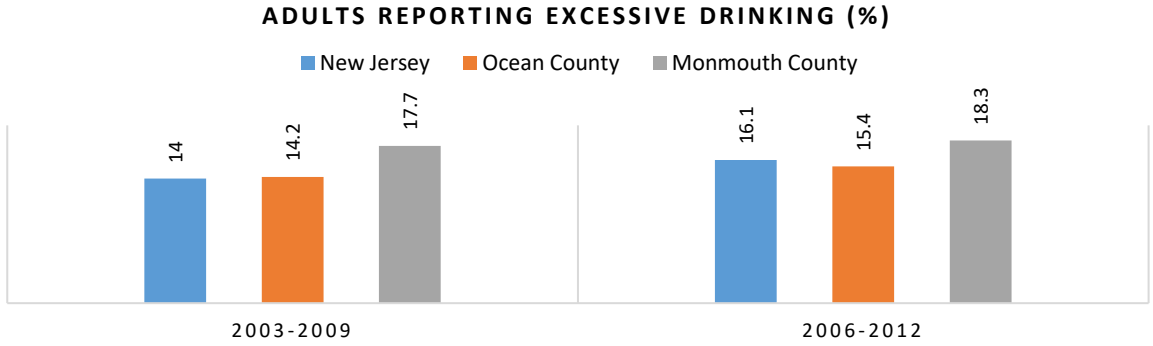
Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

SUBSTANCE ABUSE RATE - INPATIENT



Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

103 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/49/data?sort=desc-2*****Data should not be compared with prior years due to changes in definition/methods.
104 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/49/data?sort=desc-2*****Data should not be compared with prior years due to changes in definition/methods.
105 County Health Rankings 2016 http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/49/data?sort=desc-2*****Data should not be compared with prior years due to changes in definition/methods.



Source: CDC, Behavioral Risk Factor Surveillance System

Ocean County Excessive Drinkers 2006-2012: 15.4%

National Benchmark: 12%

Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Excessive Drinking: Number of Heavy Drinkers and Binge Drinkers	N.A		
Substance Abuse Treatment Emergency Department Admission: *Rate per 100,000 Population*	N.A.	N.A.	

C. HEALTH OUTCOMES

Health status measures, including mortality, morbidity, and disease incidence and prevalence, are indicators of length and quality of life. Premature deaths, leading causes of death, morbidity, behavioral health-related deaths, infant mortality, low and very low birth weight infants, and self-reported health measures are provided at national, state, county, and service area level as available.

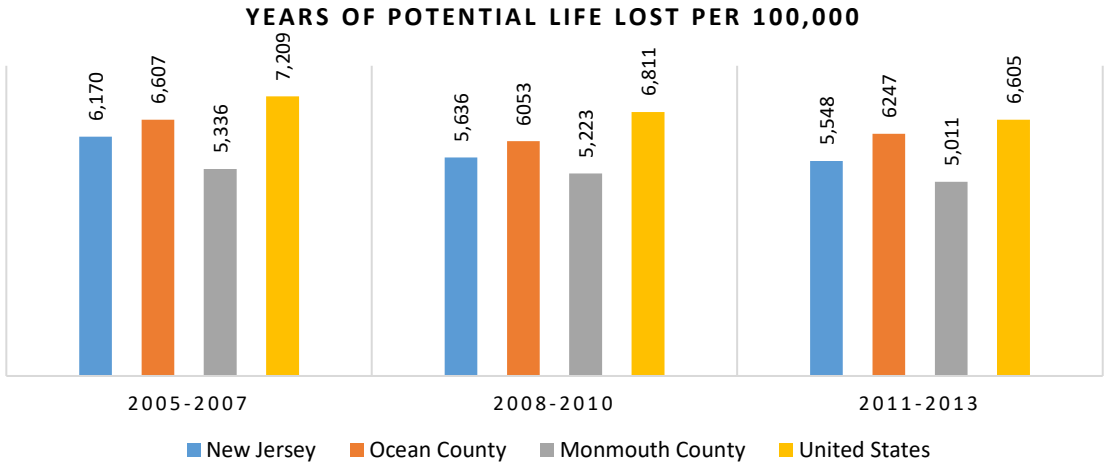
1. Premature Deaths

Years of potential life lost (YPLL) is a measure of early death; it represents the number of years not lived by people who die before a given age, usually 75 years. Ocean County's 2011-2013 premature death rate (6,247) was 12.6% higher than New Jersey (5,548), and 20.1% higher than the County Health Rankings (CHR) benchmark (5,200). Ocean County's premature death

Ocean County Years of Potential Life Lost 2011-2013: 6.247

National Benchmark: 5,200

rate has declined from 2005-2007 through 2011-2013; however, Ocean County's YPPL was higher than Monmouth County (5,011).[106]



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

Premature Deaths	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Premature Deaths, Years of Potential Life Lost *Rate per 100,000 Population*	N.A.		

2. ***Leading Causes of Death***

Between 2010 and 2013, the age-adjusted mortality rates for seven of Ocean County's 10 leading causes of death declined, with the exception of unintentional injury, stroke, and drug induced death.

- The top five leading causes of death include heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.
- Heart disease and cancer mortality rates declined but remain the primary causes of death for county residents. See following table.[107]

106 County Health Rankings, National Vital Statistics System
107 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center, 2013

Cause of Death	2010 Rate	2013 Rate
Heart Disease	207.4	196.4
Cancer	185.8	162.7
Unintentional Injury	31	43
Chronic Lower Respiratory Disease	32.3	36
Stroke	30.9	31.3
Drug Induced Death	13	28.3
Alzheimer's Disease	25.4	19.6
Nephritis	20.2	15.5
Septicemia	15.2	15
Diabetes	18.1	14.1

2013 Rate Lower then 2010

2013 Rate Higher than 2010

Heart Disease

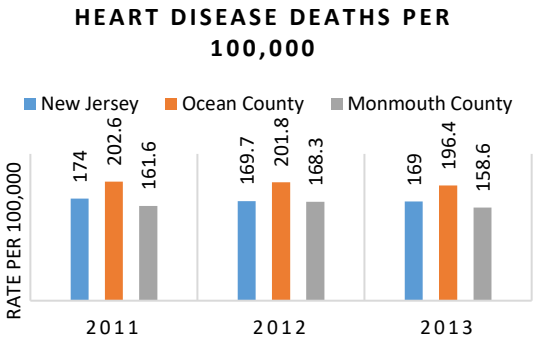
Ocean County Heart Disease Deaths 2013: 196.4

Baseline: 129.2 **Target: 100.8**

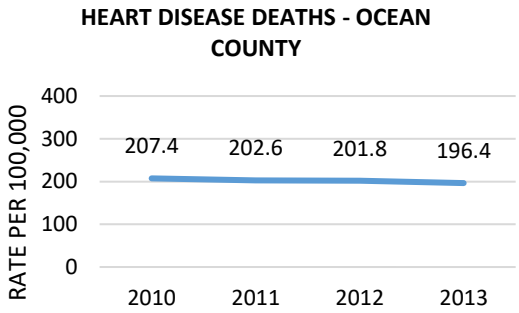
Heart disease is the leading cause of death in the nation, New Jersey and Ocean County.

- Similar to New Jersey and neighboring Monmouth County, between 2010 and 2013 the Ocean County age-adjusted mortality rate for deaths due to heart disease decreased; the Ocean County rate decreased 5.3% from 207.4/100,000 to 196.4/100,000. This continues the decline reported in the 2013 CHNA; between 2004 and 2008 the Ocean County AAMR for heart disease deaths dropped 17% from 240.1/100,000 to 204.7/100,000.
- Despite decreasing, the 2013 Ocean County rate (196.4/100,000) was 19.2% higher than Monmouth County (158.6/100,000) and 13.9% higher than New Jersey (169/100,000).[108]
- The Ocean County AAMR for heart disease is higher than the *Healthy People 2020* target of 100.8/100,000.

108 ibid

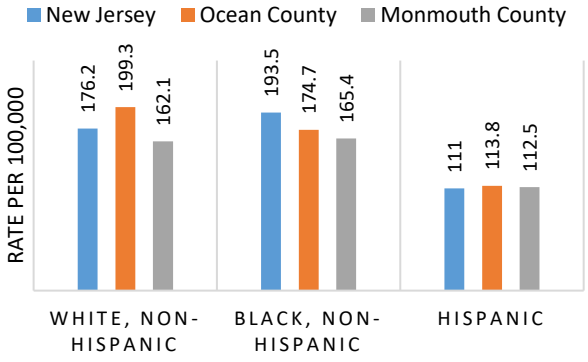


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

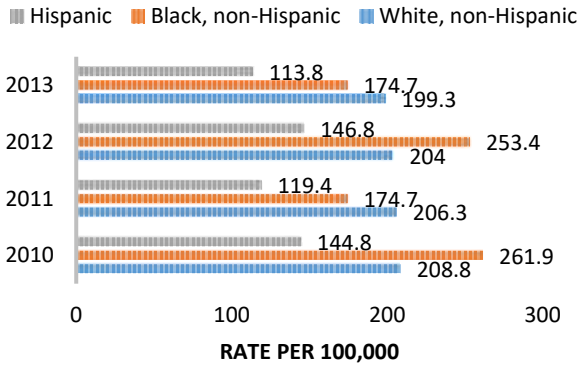


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

- Considering the Age-Adjusted Mortality Rate (AAMR) for heart disease by race and ethnicity in Ocean County from 2010 through 2013, the highest AAMR by race alternates between Blacks and Whites. In 2013,Whites have the highest AAMR for heart disease compared to Blacks statewide and in Monmouth County.
- Ocean County age-adjusted mortality rates for heart disease among Blacks decreased 33.2% from 261.9/100,000 in 2010 to 174.7/100,000 in 2013, and was lower than New Jersey Blacks (193.5/100,000). The heart disease mortality rate for Whites decreased from 208.8/100,000 in 2010 to 199.3/100,000 in 2013; however, the White rate was higher than Blacks (174.7) and Hispanics (113.8). In 2013, the White heart disease mortality rate in Ocean County was 13.1% higher than the rate among Whites in New Jersey (176.2).



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

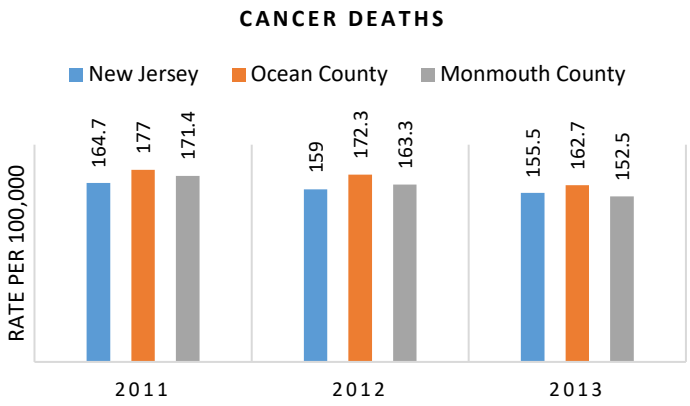


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

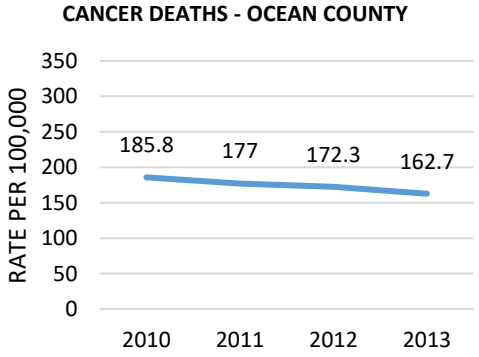
Cancer

Cancer is the second leading cause of death in the nation, New Jersey, and Ocean County.

- Between 2011 and 2013, the age-adjusted mortality rate for cancer in Ocean County decreased 8.1% from 177/100,000 to 162.7/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 191.4/100,000, a 4.9% decline from 2004.
- The 2013 Ocean County cancer mortality rate (162.7/100,000) was 4.6% higher than New Jersey (155.5/100,000) and 6.7% higher than Monmouth County (152.5/100,000).[109] The 2013 Ocean County cancer death rate was slightly higher than the *Healthy People 2020* target (161.5/100,000).



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



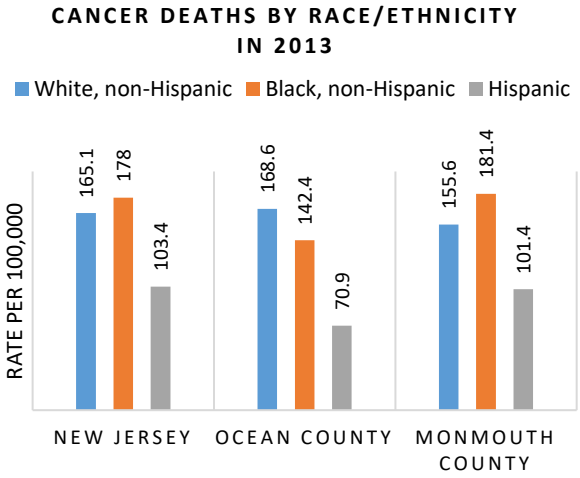
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

- Ocean County's cancer AAMR declined for all races and ethnicities between 2010 and 2013.
- In 2013, White Ocean County residents had the highest cancer mortality rate compared to other races and ethnicities. The mortality rate for Whites (168.6.100,000) was 18.4% higher than for Blacks (142.4/100,000) and more than double the Hispanic rate (70.9/100,000).
- The age-adjusted mortality rate for cancer among Ocean County Black residents decreased 42% from 243.8/100,000 in 2010 to 142.4/100,000 in 2013.

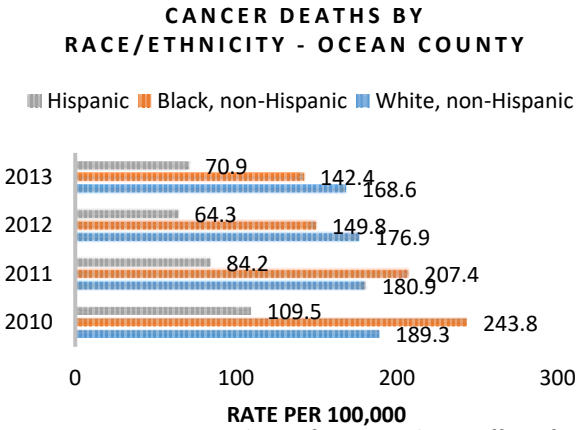
Ocean County Cancer Deaths Rate 2013: 162.7

Baseline: 179.4 **Target: 161.5**

109 ibid



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

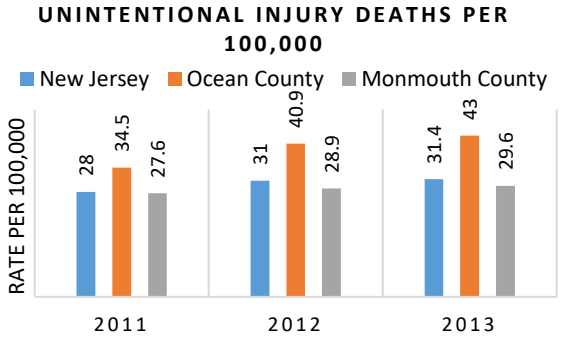


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

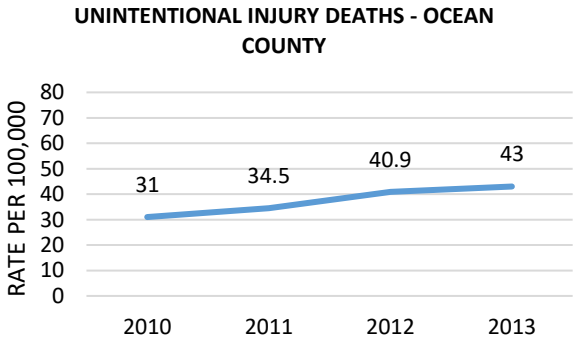
Unintentional Injury

In 2013, unintentional injury is the third leading cause of death in Ocean County, an increase from the fifth leading cause of death as reported in the previous CHNA. This includes motor vehicle related injuries, poisonings, falls, burns and smoke inhalation, drowning, suffocation, and other injuries.

- The Ocean County age-adjusted mortality rate for unintentional injuries increased 38.7%, from 31/100,000 in 2010 to 43/100,000 in 2013. This continues the upward trend reported in the previous CHNA from 26.0/100,000 in 2004 to 27.5/100,000 in 2008.
- Similar to the State and Monmouth County, the Ocean County AAMR increased from 2011 through 2013. The 2013 Ocean County mortality rate (43/100,000) was higher than New Jersey (31.4/100,000), Monmouth County (29.6/100,000), and the *Healthy People 2020* target (36.4/100,000). [110]



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

110 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center NOTE: Data for racial/ethnic groups not shown because figures do not meet standards of reliability and precision, based on fewer than 20 cases in the numerator and/or denominator

Ocean County Unintentional Injury Death Rate 2013: 43

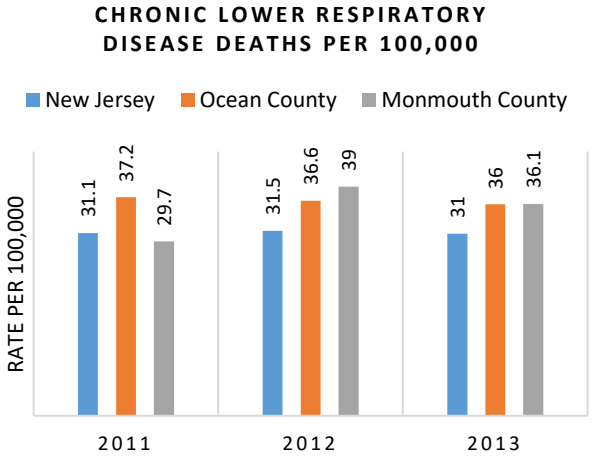
Healthy People 2020

Baseline: 40.4 **Target: 36.4**

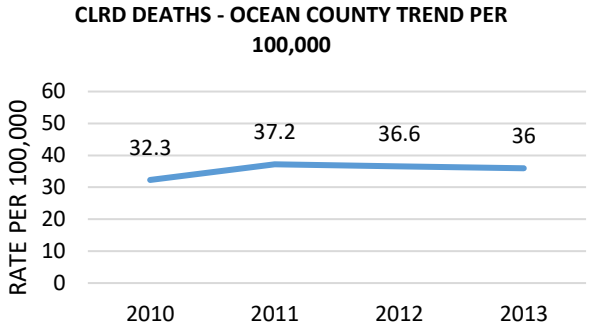
Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) is the fourth leading cause of death in Ocean County. CLRD comprises chronic bronchitis, emphysema, and asthma, all characterized by shortness of breath caused by airway obstruction. The obstruction is irreversible in chronic bronchitis and emphysema and reversible in asthma.

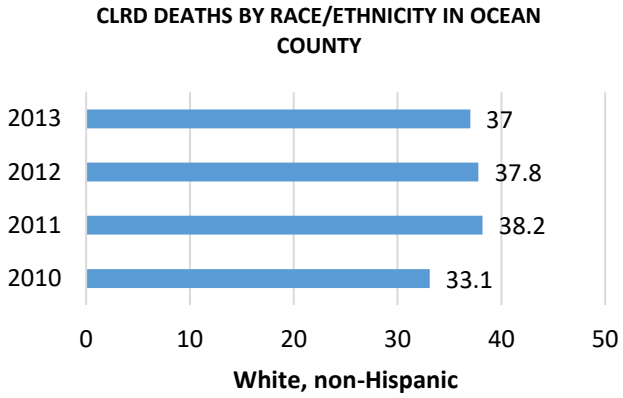
- The age adjusted mortality rate for CLRD in Ocean increased 11.5% from 32.3/100,000 in 2010 to 36.0/100,000 in 2013. In the same period, the New Jersey rate remained relatively constant at 31/100,000.
- In 2013, the Ocean County CLRD mortality rate was similar to the Monmouth County rate (36.1/100,000) and higher than the New Jersey rate (31/100,000).
- The age-adjusted mortality rate for CLRD among Ocean County Whites increased 11.8% from 33.1/100,000 in 2010 to 37.7/100,000 in 2013.



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

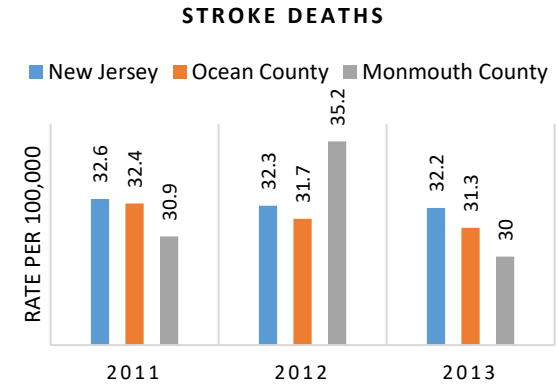
Stroke

Stroke is the fifth leading cause of death in Ocean County.

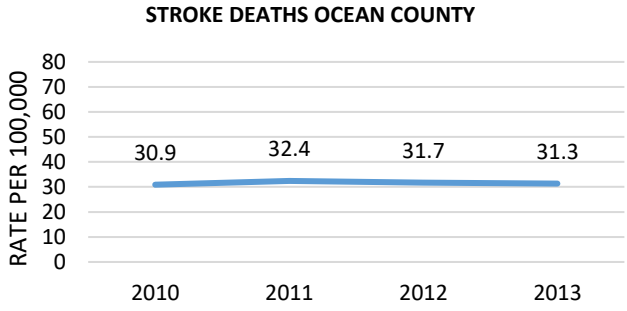
Ocean County Stroke Deaths Rate 2013: 31.3

Baseline: 43.5 **Target: 34.8**

- The age-adjusted mortality rate due to stroke in Ocean County increased slightly from 30.9/100,000 in 2010 to 31.3/100,000 in 2013.[111] The 2010 rate is similar to the 2008 rate of 31.5/100,000 as reported in the previous CHNA.
- Between 2011 and 2013, the AAMR due to stroke decreased slightly in Ocean County, New Jersey and Monmouth County. The 2013 Ocean County mortality rate due to stroke (31.3/100,000) was lower than the State (32.2/100,000) and slightly higher than Monmouth County (30.0/100,000).
- The 2013 Ocean County AAMR for stroke was lower than the *Healthy People 2020* target of 34.8/100,000.



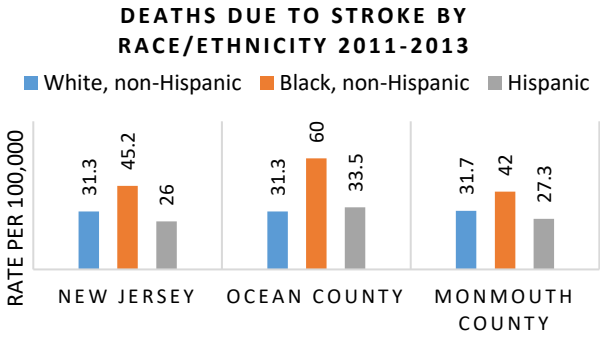
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



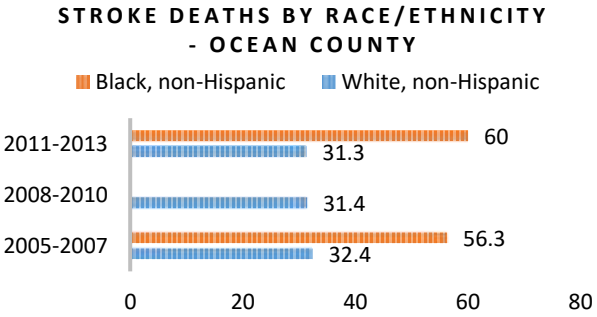
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

111 ibid

- When comparing stroke AAMR by race and ethnicity, Blacks have the highest AAMR in New Jersey, Ocean and Monmouth Counties. The 2011-2013 Ocean County age-adjusted mortality rate due to stroke among Blacks (60/100,000) was higher than New Jersey (45.2/100,000) and Monmouth County (42/100,000) rate among Blacks.
- The age-adjusted mortality rate for stroke among Ocean County Blacks increased from 56.3/100,000 in 2005-2007 to 60/100,000 in 2011-2013.



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Leading Causes of Death Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Deaths Due to Heart Disease Age-Adjusted Rate per 100,000 Population		N.A.	
Deaths due to Cancer (Malignant Neoplasms) Age-Adjusted Rate per 100,000 Population among all ethnicities		N.A.	
Deaths due to Cancer (Malignant Neoplasms) in Black Non-Hispanics Age-Adjusted Rate per 100,000 Population	N.A.	N.A.	
Unintentional Injury Death Rate Age-Adjusted Rate per 100,000 Population		N.A.	
Stroke Deaths Age-Adjusted Rate per 100,000 Population		N.A.	

3. ***Behavioral Health-Related Deaths***

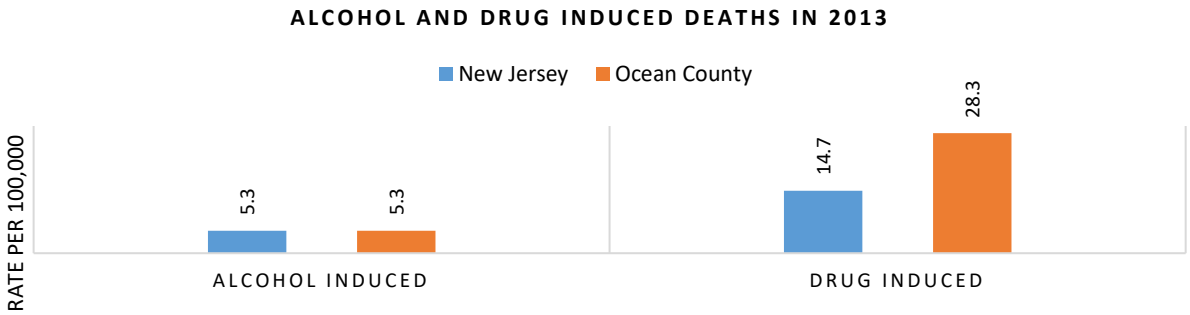
- In Ocean County, the age-adjusted drug-induced mortality rate increased 117.7% from 13/100,000 in 2010 to 28.3/100,000 in 2013; in the same period, the New Jersey drug induced death rate increased 47% from 10/100,000 to 14.7/100,000. The Ocean County 2013 AAMR due to drug use (28.3/100,000) was more than triple the 2007 rate of 9.9/100,000 reported in the previous CHNA.

Ocean County Drug Induced Deaths 2013: 28.3

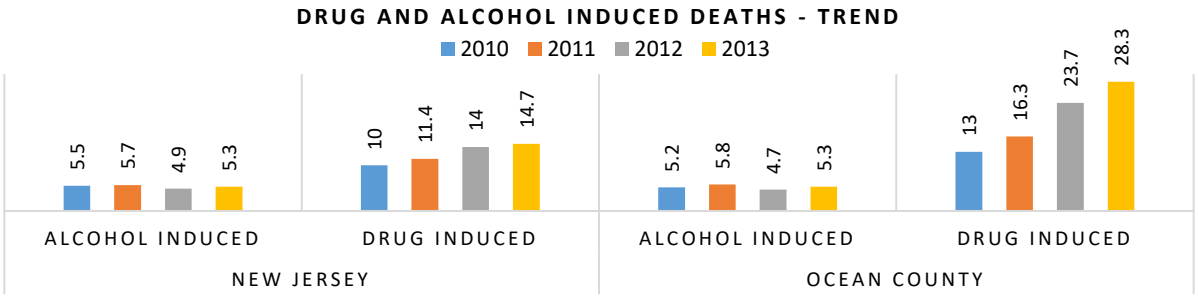
Healthy People 2020

Baseline: 12.6 **Target: 11.3**

- The 2013 Ocean County drug-induced mortality rate was nearly double the New Jersey rate (14.7/100,000) and more than double the *Healthy People 2020* target (11.3/100,000).
- Ocean County AAMR for alcohol-induced deaths has been variable, but remained relatively stable at 5.2/100,000 in 2010 and 5.3/100,000 in 2013. The 2013 alcohol-induced deaths rates were the same in New Jersey and Ocean County (5.3/100,000).

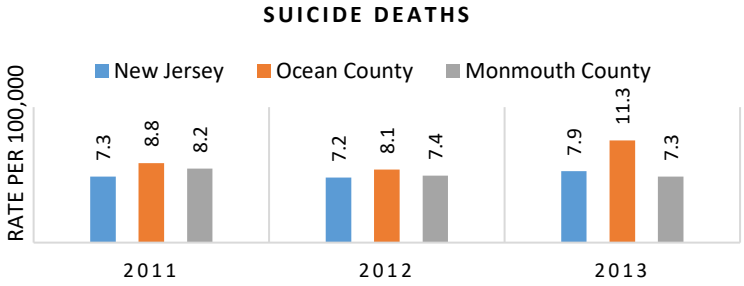


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

- The Ocean County age-adjusted suicide rate increased 28% from 8.8/100,000 in 2011 to 11.3/100,000 in 2013. In the same period, the New Jersey age-adjusted suicide rate increased slightly from 7.3/100,000 to 7.9/100,000.
- The 2013 Ocean County rate was higher than New Jersey and Monmouth County (7.3/100,000).[112]
- The 2013 Ocean County rate of 11.3/100,000 was 11% higher than the *Healthy People 2020* target of 10.2/100,000.



Source: New Jersey Death Certificate Database, Office of Vital Statistics and

Ocean County Suicide Rate 2013: 11.3

Baseline: 11.3 **Target: 10.2**

112 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center

Behavioral Health-Related Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Drug Induced Deaths *per 100,000 population*		N.A.	
Suicide Deaths *per 100,000 population*		N.A.	

4. Infant Mortality

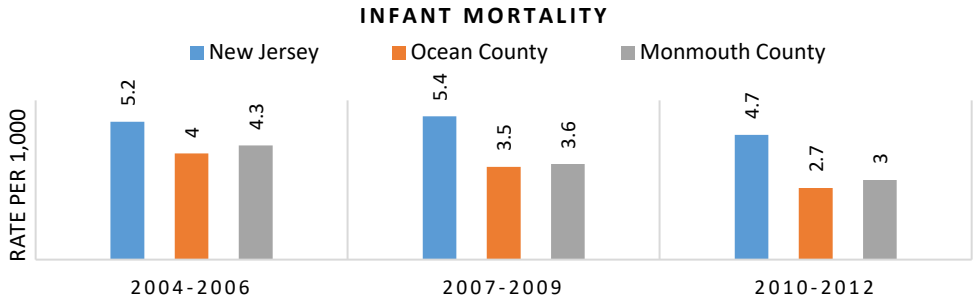
Infant mortality measures the health and well-being of populations within and across nations; the United States ranks far behind most industrialized nations. This ranking is in large part due to disparities that occur in pre-term babies born to racial and ethnic minorities.[113]

- Between 2004-2006 and 2010-2012, the infant mortality rate decreased in Ocean County, Monmouth County and New Jersey; Ocean County's rate decreased 32.5% from 4.0/1,000 to 2.7/1,000 and was 42.5% lower than the 2010-2012 New Jersey rate 4.7/1,000.
- The 2010-2012 Ocean County infant mortality rate was 55% lower than the *Healthy People 2020* target (6.0/100,000).
- The infant mortality rate for Ocean County Blacks was unavailable
- The infant mortality rate for Ocean County Whites decreased 30.3% from 3.3/100,000 in 2004-2006 to 2.3/100,000 in 2010-2012. The 2010-2012 Ocean County White infant mortality rate was lower than New Jersey (2.9/100,000).

Ocean County Infant Mortality Rate 2010-2012: 2.7

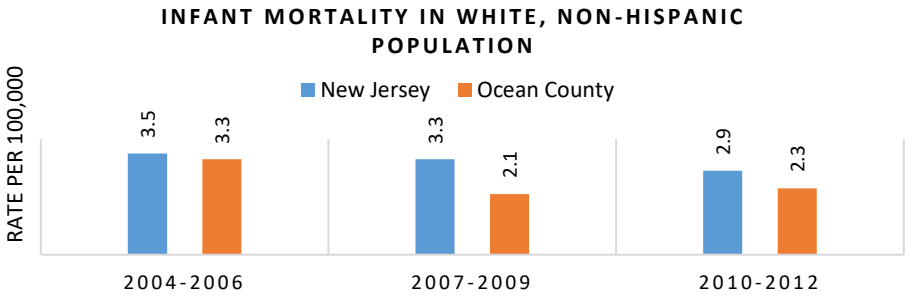
Healthy People 2020

Baseline: 6.7 Target: 6.0



Source: New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.

113 New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.



Source: New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.

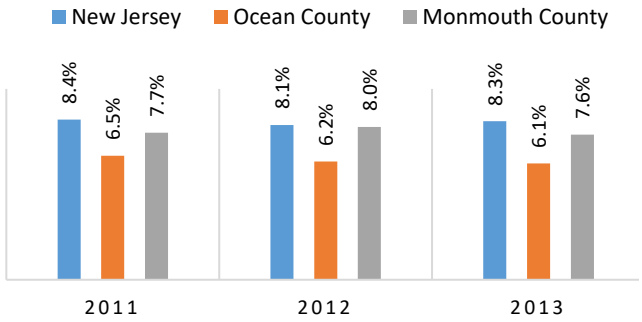
Infant Mortality Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Infant Mortality Rate *Rate of Infant (<1-year-old) Deaths per 1,000 Live Births*		N.A.	
Infant Mortality Rate in Black Non-Hispanics *Rate of Infant (<1-year-old) Deaths per 1,000 Live Births*	N.A.	N.A.	

5. Low and Very Low Birth Weight Infants

- Between 2011 and 2013, the rate of low birth weight infants in Ocean County remained relatively stable and similar to 6.0% in 2008 reported in the previous CHNA.
- In 2013, 26% fewer Ocean County babies were low birthweight than New Jersey infants (8.3%) and 19% fewer than Monmouth County (7.6%).
- The 2013 Ocean County percentage of low birthweight babies is lower than the *Healthy People 2020* target of 7.8%.[114]
- Between 2011 and 2013, in Ocean County, the rate of very low birth weight infants remained relatively unchanged at 1.1%. The Ocean County rate was lower than New Jersey (1.5%) and Monmouth County (1.7%).
- The Ocean County rate was lower than the *Healthy People* 2020 target of 1.4%.
- Despite declining from 11.5% in 2011 to 10.3% in 2013, the percentage of low birth weight infants among Blacks in Ocean County was higher than any other racial or ethnic groups throughout that period. The percent of Hispanic babies that were low birth weight remained stable at 6.8%.
- The percentage of very low birthweight Ocean County Black infants increased 63.2% from 1.9% in 2011 to 3.1% in 2013. The very low birthweight rate for Ocean County Blacks was 30% higher than Whites; the percentage of Whites remained relatively stable.

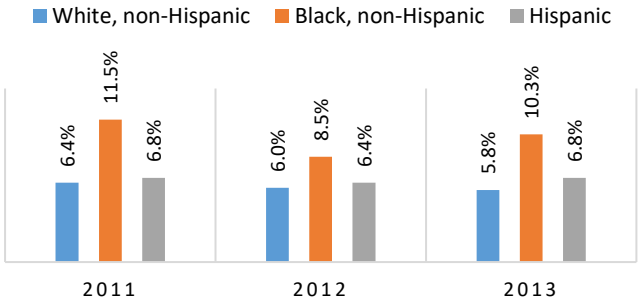
114 New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

LOW BIRTHWEIGHT INFANTS



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

LOW BIRTHWEIGHT INFANTS BY RACE/ETHNICITY OCEAN COUNTY



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Ocean County Low BW Infants 2013: 6.1%

Healthy People 2020

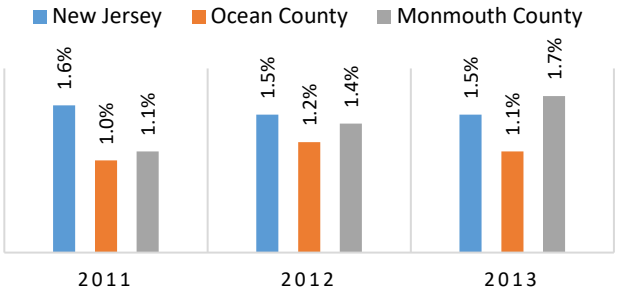
Baseline: 5.9% **Target: 7.8%**

Ocean County Very Low BW Infants 2013: 1.1%

Healthy People 2020

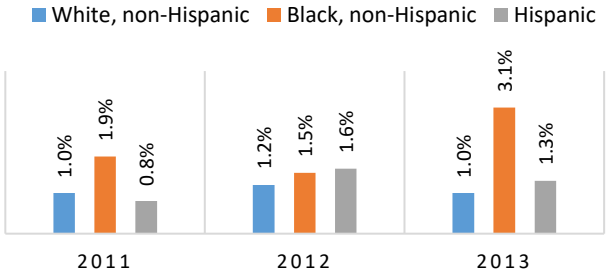
Baseline: 1.9% **Target: 1.4%**

VERY LOW BIRTHWEIGHT INFANTS (%)



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

VERY LOW BIRTHWEIGHT INFANTS - OCEAN COUNTY



Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Birthweight Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Low (<2500 grams) Birth Weight *Percentage of Live Births*		N.A.	
Low (<2500 grams) Birth Weight in Black Non-Hispanics *Percentage of Live Births*	N.A.	N.A.	
Very Low (<2500 grams) Birth Weight *Percentage of Live Births*		N.A.	
Very Low (<2500 grams) Birth Weight in Black Non-Hispanics *Percentage of Live Births*	N.A.	N.A.	

6. Health and Behavioral Health Status

Health Status

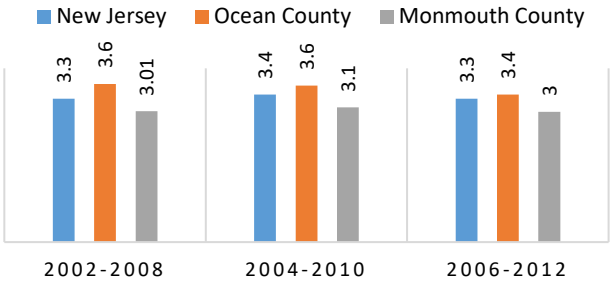
Health status is often defined as the level of health of the individual, group or population as subjectively assessed by the individual, group or population or by more objective measures. Presented below are both subjective and objective measures of health and behavioral health.

More Ocean County residents perceived that their health was fair or poor in 2012 than in 2008.

- The percent of Ocean County residents reporting fair or poor health increased from 14.5% in 2008 to 16.9% in 2012, similar to increases in New Jersey and Nationwide. Neighboring Monmouth County was constant in this time period.
- The 2012 Ocean County percentage (16.9%) was slightly higher than New Jersey (16.1%) and higher than Monmouth County (13.6%).[115]

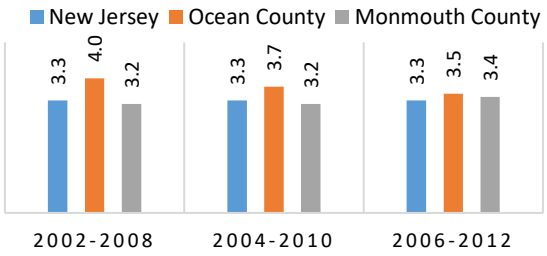
115 CDC, Behavioral Risk Factor Surveillance System

PHYSICALLY UNHEALTHY DAYS REPORTED IN PAST 30 DAYS



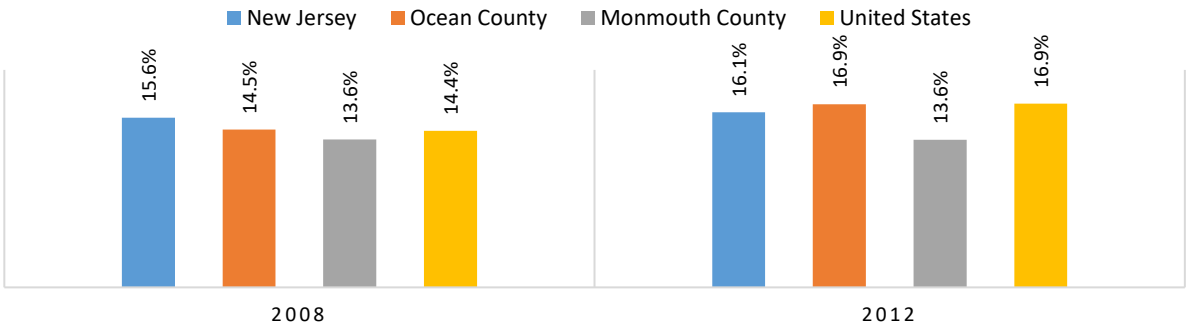
Source: CDC, Behavioral Risk Factor Surveillance System

MENTALLY UNHEALTHY DAYS REPORTED IN LAST 30 DAYS



Source: CDC, Behavioral Risk Factor Surveillance System

HEALTH IS FAIR OR POOR



Source: CDC, Behavioral Risk Factor Surveillance System

- Between 2006 and 2012, Ocean County residents reported an average of 3.4 physically unhealthy days per month, slightly higher than New Jersey at 3.3 days and the CHR national benchmark of 2.5 days.
- Ocean County residents reported 3.5 mentally unhealthy days, higher than 3.3 days for New Jersey residents and the CHR benchmark of 2.3 days. [116]

Ocean County Physically Unhealthy Days 2006-2012: 3.4

County Health Rankings & Roadmaps
A Healthier Nation, County by County

National Benchmark: 2.5

Ocean County Mentally Unhealthy Days 2006-2012: 3.5

County Health Rankings & Roadmaps
A Healthier Nation, County by County

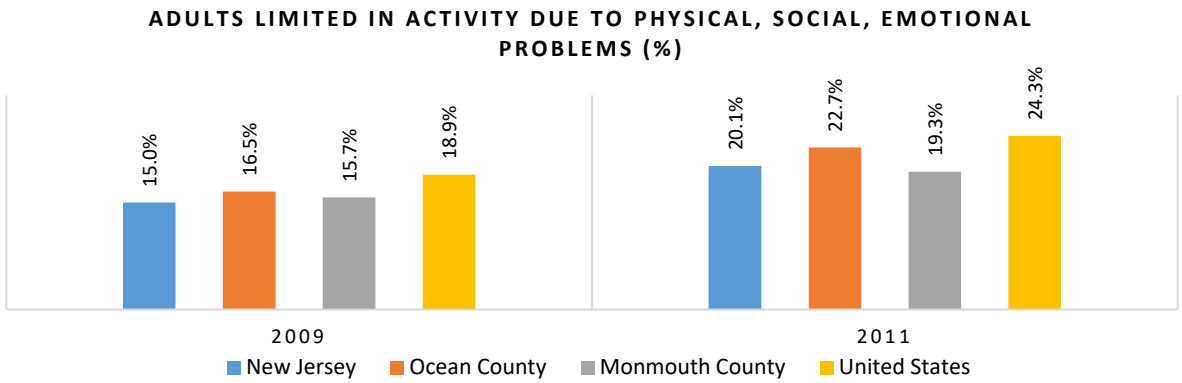
National Benchmark: 2.3

116 County Health Rankings, National Vital Statistics System

Disability Status

The percentage of adults reporting limited physical activity due to physical, social, or emotional problems is increasing in Ocean County, Monmouth County, New Jersey, and the United States.

- Between 2009 and 2011, percentage of Ocean County adults reporting limited activity due to physical, social, or emotional problems increased 37.6% from 16.5% to 22.7%.[117]
- In 2011, the BRFSS data indicated that more Ocean County adults were limited in activity due to physical, social and emotional problems than in New Jersey (20.1%) and Monmouth County (19.3%).



Source: CDC, Behavioral Risk Factor Surveillance System

Health and Behavioral Health Status Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Physically Unhealthy Days Reported in Past 30 Days	N.A.		
Mentally Unhealthy Days Reported in Past 30 Days	N.A.		
Adults Limited in Activity Due to Physical, Social, Emotional Problems	N.A.	N.A.	

7. Morbidity

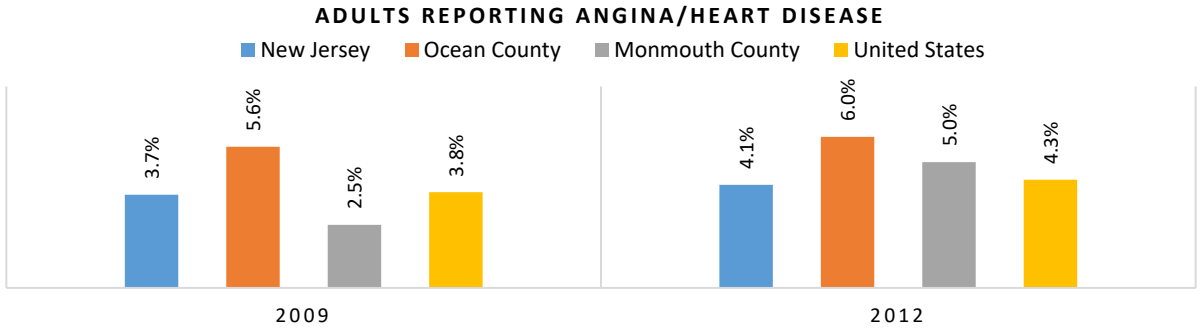
Heart Disease

Cardiovascular disease morbidity includes illness related to heart disease and stroke.

- According to the Behavioral Risk Factor Surveillance System, the percent of adults reporting angina and heart disease increased in Ocean County, Monmouth County, New Jersey and nationwide between 2009 and 2012.
- According to the Behavioral Risk Factor Surveillance System, in 2012, 6.0% of Ocean County residents reported they had angina or coronary heart disease, 0.4 percentage points higher than

117 CDC, Behavioral Risk Factor Surveillance System

5.6% in 2009. The 2012 Ocean County rate was higher than the New Jersey rate of 4.1% and Monmouth County 5.0%.

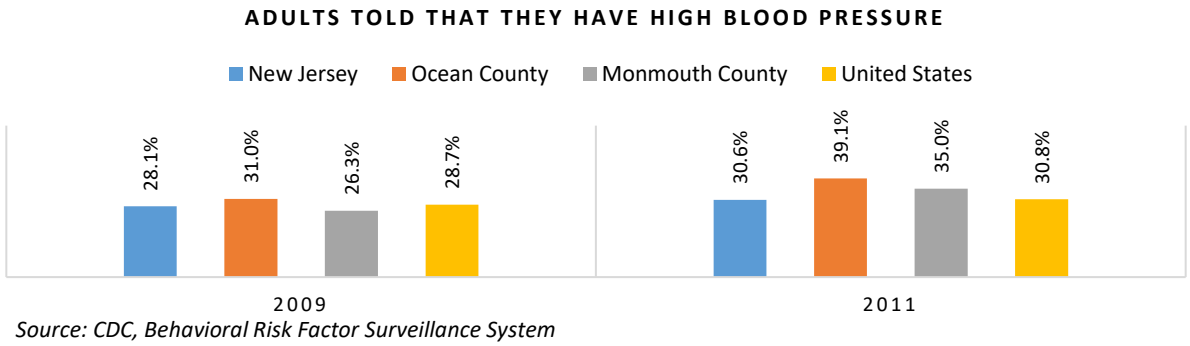


Source: CDC, Behavioral Risk Factor Surveillance System

According to the American Heart Association, controllable risk factors for cardiovascular disease include high blood pressure, high cholesterol, cigarette smoking, physical inactivity, poor diet, overweight and obesity, and diabetes. High blood pressure and cholesterol are discussed further here.

High Blood Pressure

- According to the Behavioral Risk Factor Surveillance System, the percent of adults with high blood pressure increased in Ocean County, Monmouth County, New Jersey and nationwide between 2009 and 2012.
- According to BRFSS, in 2011, 39.1% of Ocean County residents reported they had high blood pressure, a 26% increase from 31.0% in 2009. In the same period, the New Jersey rate increased from 28.1% in 2009 to 30.6% in 2011.
- The 2011 Ocean County rate was 27.8% higher than the New Jersey rate of 30.6% and higher than Monmouth County at 35.0%.



Source: CDC, Behavioral Risk Factor Surveillance System

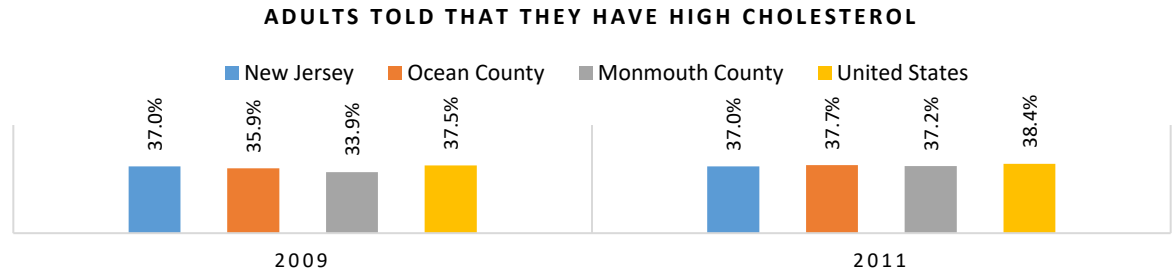
High Blood Cholesterol

Ocean County Reporting High Cholesterol 2013: 37.7%

Healthy People 2020

Baseline: 15.0% **Target: 13.5%**

- According to the Behavioral Risk Factor Surveillance System, the percent of adults with high cholesterol was stable in New Jersey and increased in Ocean County, Monmouth County and nationwide between 2009 and 2012.
- According to BRFSS, in 2011, 37.7% of Ocean County residents reported they had high blood cholesterol, a 5% increase from 35.9% in 2009.
- The 2011 Ocean County rate was similar to the New Jersey rate and Monmouth County rates of 37% and 37.2%, respectively. Ocean County was greater than double the *Healthy People 2020* target of 13.5%.

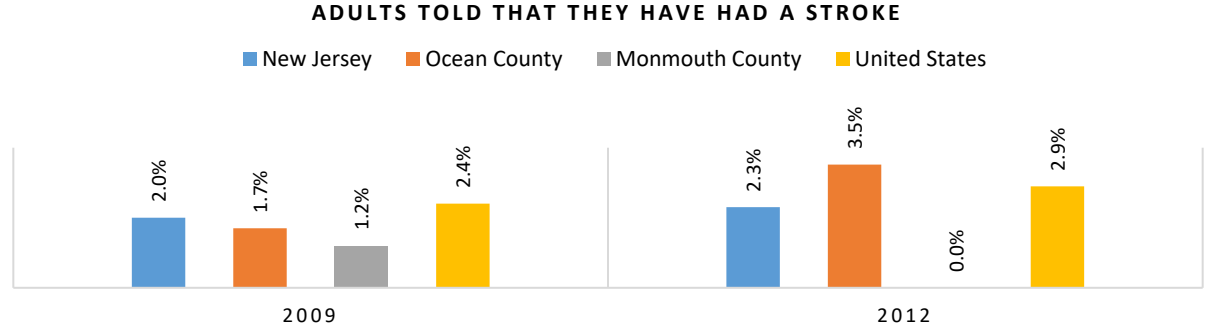


Source: CDC, Behavioral Risk Factor Surveillance System

Stroke

Over time, cardiovascular risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure and strokes.

- According to BRFSS, in 2012, 3.5% of Ocean County residents reported they had a stroke, a 105.9% increase from 1.7% in 2009. Statewide and nationally, there were minor increases and in neighboring Monmouth County the rate decreased to 0.
- The 2012 Ocean County rate (3.5%) was higher compared to the New Jersey rate (2.3%) and Monmouth County (0%).[118]



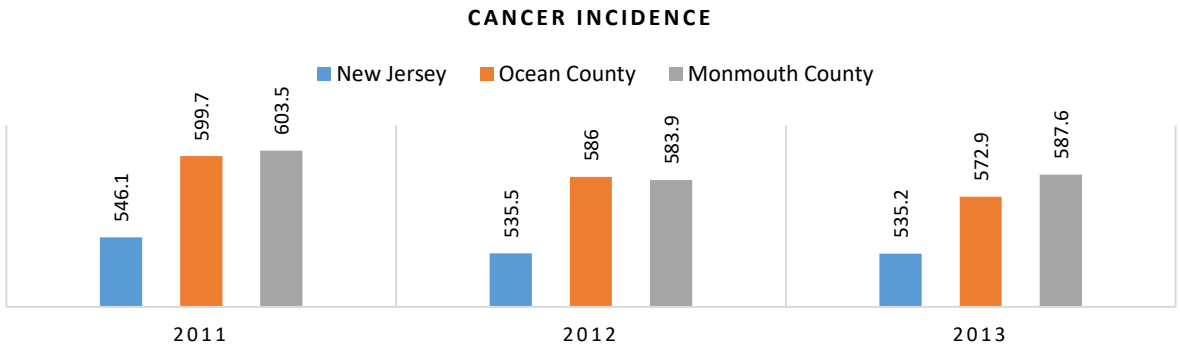
Source: CDC, Behavioral Risk Factor Surveillance System

118 CDC, Behavioral Risk Factor Surveillance System

Morbidity Indicator	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Adults Reporting Angina/Heart Disease	N.A.	N.A.	
High Blood Pressure	N.A.	N.A.	
Adults Told That They Have High Cholesterol		N.A.	
Stroke	N.A.	N.A.	

Cancer

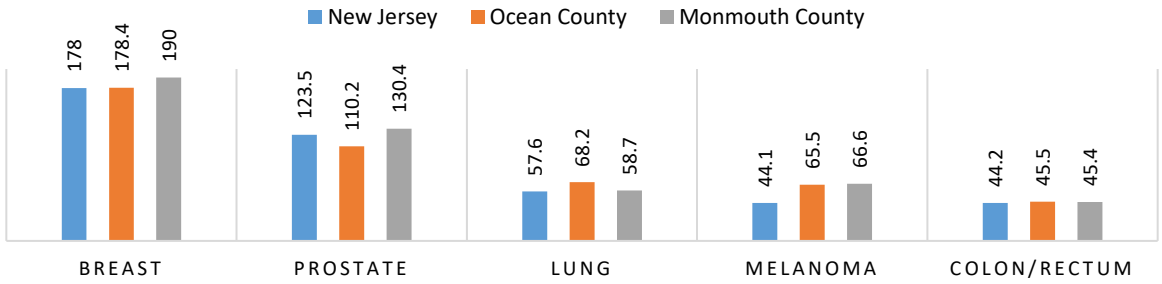
- Within Ocean County, Monmouth County and New Jersey, breast and prostate had the highest cancer incidence rates.
- The AAR for cancer decreased in Ocean County, Monmouth County and New Jersey between 2011 and 2013.
- Between 2011 and 2013, the overall age-adjusted cancer incidence rate in Ocean County decreased from 599.7 to 572.9/100,000. Although decreasing, the AAR of cancer incidence in Ocean County was higher than 522.5/100,000 in 2009 reported in the previous CHNA.
- The Ocean County AAR was 7% higher than the 2013 New Jersey rate of 535.2/100,000.[119]
- The 2013 cancer incidence rate in Ocean County was more than three times higher than the *Healthy People 2020* target rate of 161.4/100,000.



Source: NJ State Cancer Registry, NJ State Department of Health

119 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/, NJ CI (530.6, 539.7) Essex County CI (480.5, 511.6)

TOP 5 CANCER INCIDENCES



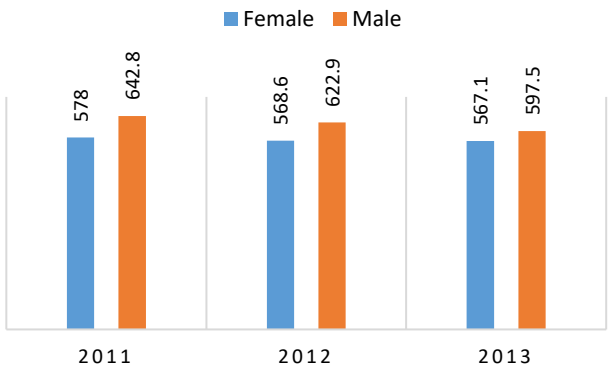
Source: NJ State Cancer Registry, NJ State Department of Health

Ocean County Cancer Incidence Rate 2013: 572.9

Healthy People 2020

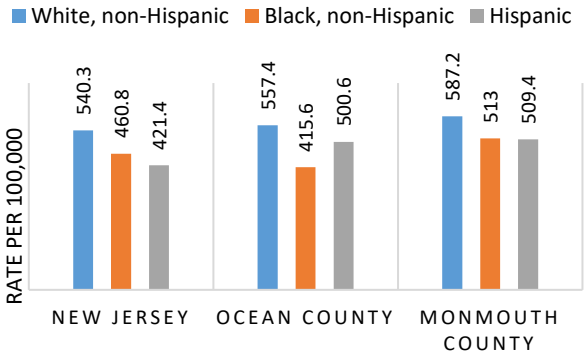
Baseline: 179.3 **Target: 161.4**

CANCER INCIDENCE BY GENDER IN OCEAN COUNTY



Source: NJ State Cancer Registry, NJ State Department of Health

CANCER INCIDENCE BY RACE/ETHNICITY 2013

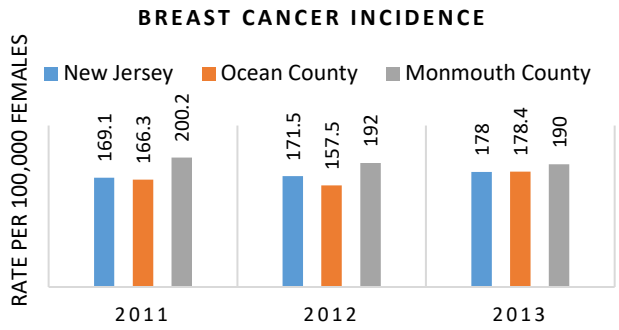


Source: NJ State Cancer Registry, NJ State Department of Health

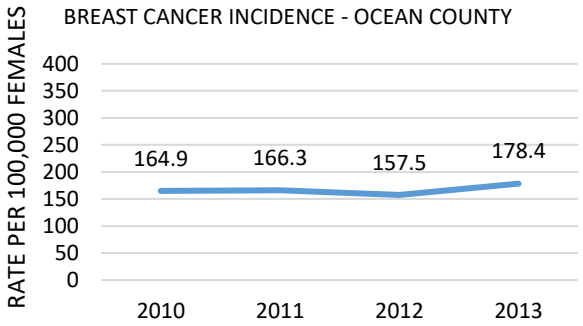
- When comparing cancer incidence by race and ethnicity, in 2013, Whites have a higher incidence across New Jersey, Ocean and Monmouth Counties.
- In 2013, Ocean County Whites (557.4/100,000) had a higher cancer incidence than Blacks (415.6/100,000) and Hispanics (500.6/10,000). The cancer incidence for Ocean County Blacks was lower than for Blacks in both New Jersey (460.8) and Monmouth county (513).
- In 2013, the Ocean County male cancer incidence rate was 5.4% higher than females.

Breast Cancer

Breast cancer is the most commonly occurring type of cancer in Ocean County, Monmouth County and New Jersey.

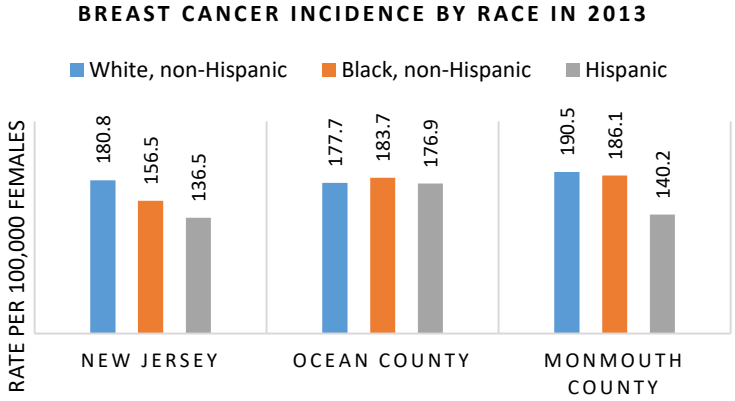


Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health

- Between 2011 and 2013, the age-adjusted rate of breast cancer rate in Ocean County increased from 166.3/100,000 to 178.4/100,000; in the same period, the New Jersey rate increased from 169.1/100,000 to 178/100,000. The Ocean County rate was slightly higher than the 2013 state figure.[120]
- In 2013, Black women in Ocean county (183.7/100,000) had a higher age-adjusted breast cancer incidence rate than Whites (177.7) and Hispanics (176.9), as well as the statewide Blacks rate (156.5).[121]



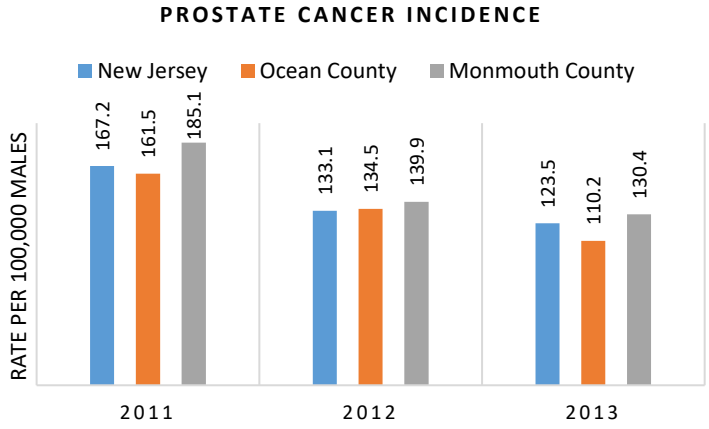
Source: NJ State Cancer Registry, NJ State Department of Health

120 120
121 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/

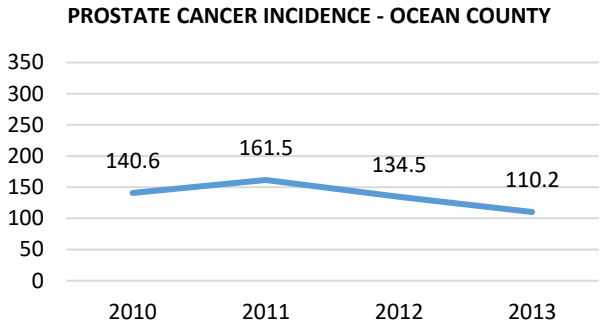
Prostate Cancer

Prostate cancer is the second most commonly occurring type of cancer in Ocean County, Monmouth County and New Jersey.

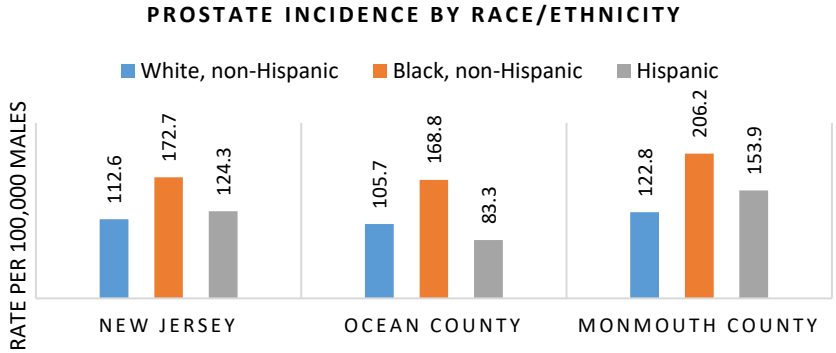
- From 2011 through 2013, the AAR for prostate cancer incidence decreased in Ocean County, Monmouth County and New Jersey.
- The overall age-adjusted prostate cancer incidence rate in Ocean County decreased 31.8% from 161.5/100,000 in 2011 to 110.2/100,000 in 2013. The 2013 Ocean County rate was 10.8% lower than the Statewide rate of 123.5/100,000.[122]
- When comparing the AAR of prostate cancer by race and ethnicity, Blacks have the highest incidence in Ocean County, Monmouth County and New Jersey.
- In Ocean County, in 2013, Blacks (168.8/100,000) had a higher rate of prostate cancer higher than Whites (105.7/100,000) and Hispanics (83.3/100,000); the rate for Ocean County Blacks was lower than the rate among Blacks statewide (172.7/100,000) and in Monmouth County (206.2/100,000).[123]



Source: NJ State Cancer Registry, NJ State Department of Health



Source: NJ State Cancer Registry, NJ State Department of Health

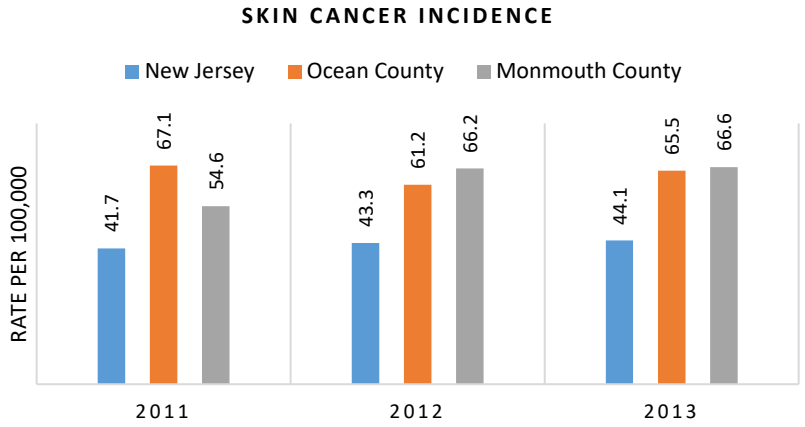


Source: NJ State Cancer Registry, NJ State Department of Health

122 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
123 Ibid.

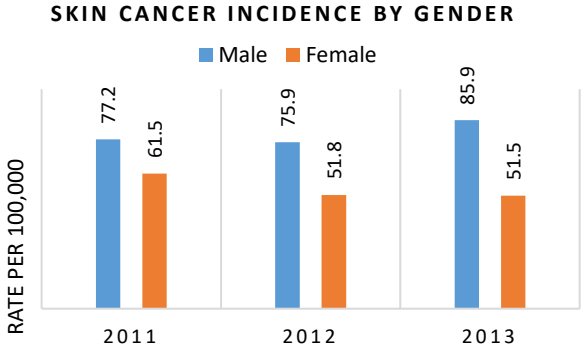
Skin Cancer

- From 2011 through 2013, the AAR for melanoma decreased slightly in Ocean County and increased in neighboring Monmouth County and statewide.
- Between 2011 and 2013, the overall age-adjusted rate of skin cancer incidence in Ocean County decreased 2.4 percentage points from 67.1/100,000 to 65.5/100,000. In 2013, the Ocean County age-adjusted rate for skin cancer was similar to the Monmouth County rate of 66.6/100,000 and 48.5% higher than the statewide rate of 44.1/100,000.[124]

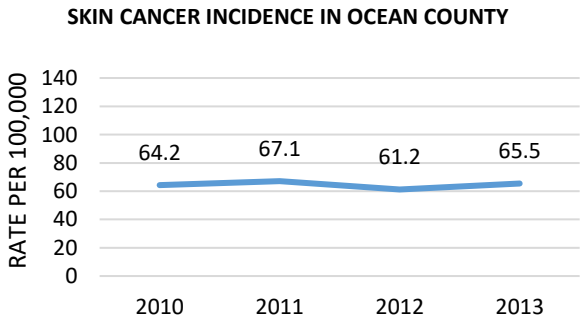


Source: NJ State Cancer Registry, NJ State Department of Health

- Men had a higher age-adjusted rate for skin cancer than women; the Ocean County 2013 male age-adjusted rate (85.9/100,000) was 59.9% higher than women (51.7/100,000). Between 2011 and 2013, the Ocean County male cancer incidence rate increased 11% from 77.2/100,000 to 85.9/100,000.
- Statistics are not available for non-White populations. [125]



Source: NJ State Cancer Registry, NJ State Department of Health

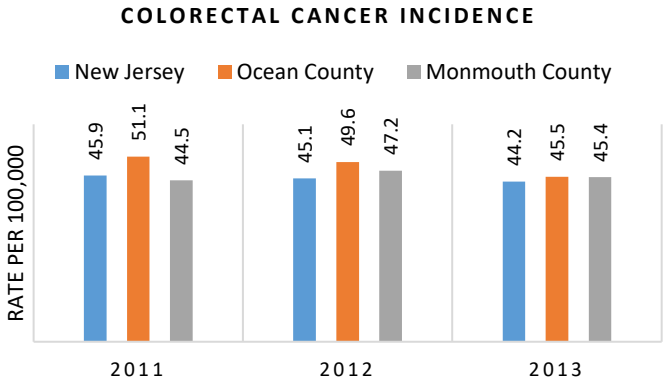


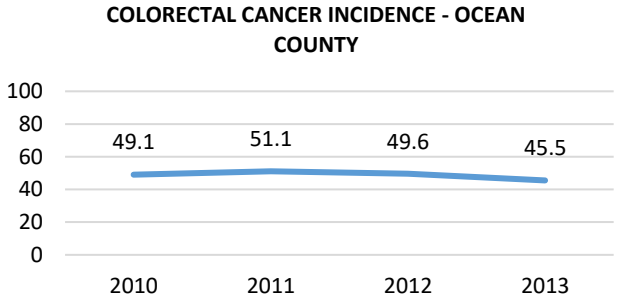
Source: NJ State Cancer Registry, NJ State Department of Health

124 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
125 Ibid.

Colorectal Cancer

- From 2011 through 2013, the AAR for colorectal cancer incidence decreased in both Ocean County and New Jersey and increased slightly in Monmouth County.
- Between 2010 and 2013, the Ocean County overall age-adjusted rate of colorectal cancer decreased from 49.1/100,000 to 45.5/100,000. Rates for colorectal cancer in 2013 were similar for Ocean County, New Jersey, and Monmouth County, ranging from 44.2/100,000 to 45.5/100,000.[126]

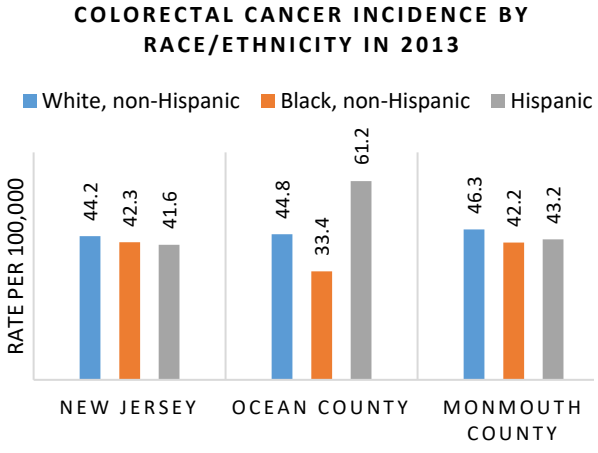


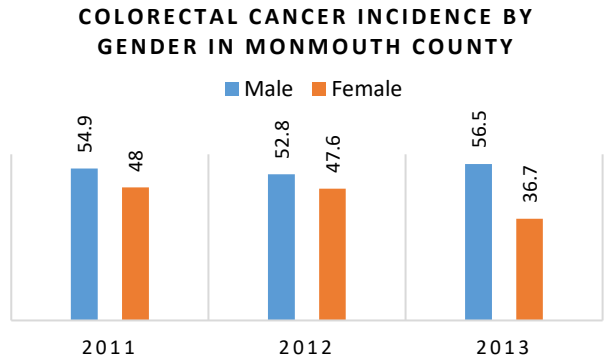


Source: NJ State Cancer Registry, NJ State Department of Health

Source: NJ State Cancer Registry, NJ State Department of Health

- The largest disparity in colorectal cancer is gender. In 2013, Ocean County men had an age-adjusted rate (56.5/100,000), 35% higher than women (36.7/100,000). Between 2011 and 2013, in Ocean County, the male colorectal cancer incidence rate increased from 54.9/100,000 to 56.5/100,000.
- When comparing the AAR incidence by race and ethnicity in Ocean County, Hispanics had the highest incidence of colorectal cancer (61.2/100,000), exceeding the county's Whites (44.8/100,000) and Blacks (33.4/100,000) rates, as well as, the Hispanic rate statewide (44.2/100,000) and in Monmouth County (43.2/100,000).[127]





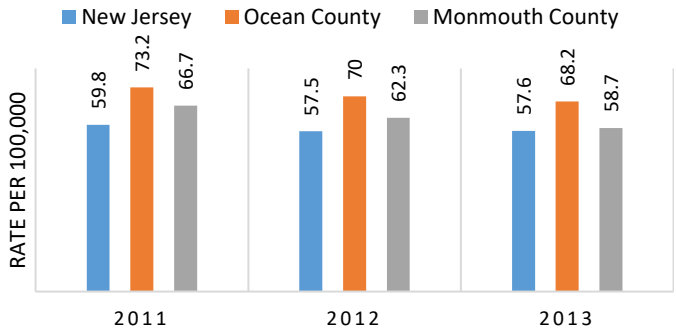
Source: NJ State Cancer Registry, NJ State Department of Health

Source: NJ State Cancer Registry, NJ State Department of Health

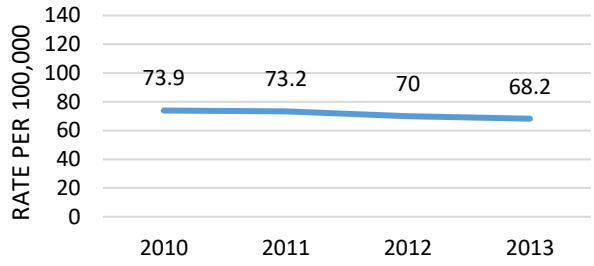
126 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
127 Ibid.

Lung Cancer

- From 2011 through 2013, the AAR for lung cancer incidence decreased in Ocean County, Monmouth County and statewide.
- Between 2010 and 2013, the overall age-adjusted rate of lung cancer incidence in Ocean County decreased 7.7% from 73.9/100,000 to 68.2/100,000. Despite decreasing, the 2013 age-adjusted rate for lung cancer was higher than the New Jersey rate (57.6/100,000) and Monmouth County (58.7/100,000).[128]



Source: NJ State Cancer Registry, NJ State Department of Health

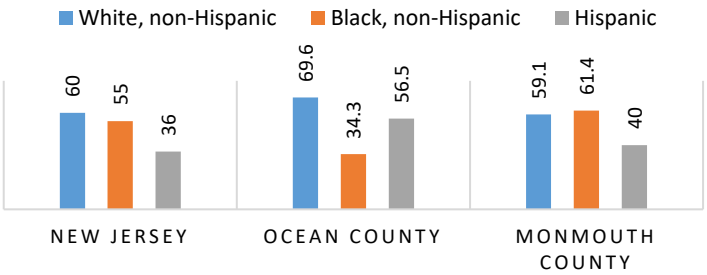


Source: NJ State Cancer Registry, NJ State Department of Health

- When comparing 2013 lung cancer incidence by race and ethnicity across Ocean County, Monmouth County and New Jersey, no pattern emerges.
- In Ocean County, the 2013 lung cancer rate for Blacks (34.3/100,000) was 51.1% lower than Whites (69.6/100,000). The 2013 Ocean County Blacks lung cancer rate was lower than Hispanics (56.5/100,000) and New Jersey (55/100,000). In 2013, the Ocean County Hispanics lung cancer incidence rate (56.5/100,000) was higher than the rates for Hispanics in New Jersey (36/100,000) and Monmouth County (40).
- In 2013, the incidence of lung cancer was higher for Ocean County males (74/100,000) than females (64.8/100,000).[129] Between 2011 and 2013, both Ocean County male and female lung cancer incidence rates have decreased; for males, the rate decreased from 77.4/100,000 in 2011 to 74/100,000 in 2013, and for females, the rate decreased from 69.8/100,000 to 64.8/100,00 for woman.

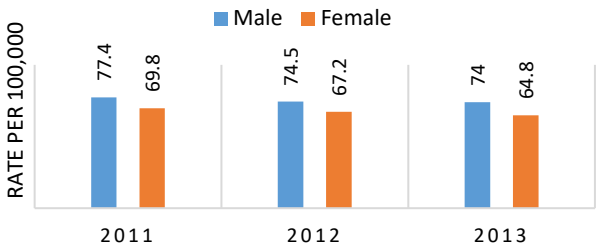
128 New Jersey State Cancer Registry http://www.cancer-rates.info/nj/
129 Ibid.

LUNG CANCER INCIDENCE BY RACE/ETHNICITY



Source: NJ State Cancer Registry, NJ State Department of Health

LUNG CANCER INCIDENCE BY GENDER IN OCEAN COUNTY



Source: NJ State Cancer Registry, NJ State Department of Health

Cancer Incidence Indicators	*Healthy People 2020* Target	County Health Rankings Benchmark	New Jersey
Prostate Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Breast Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Lung Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Colorectal Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	
Skin Cancer Incidence *Age-Adjusted Rate per 100,000 Population*	N.A.	N.A.	

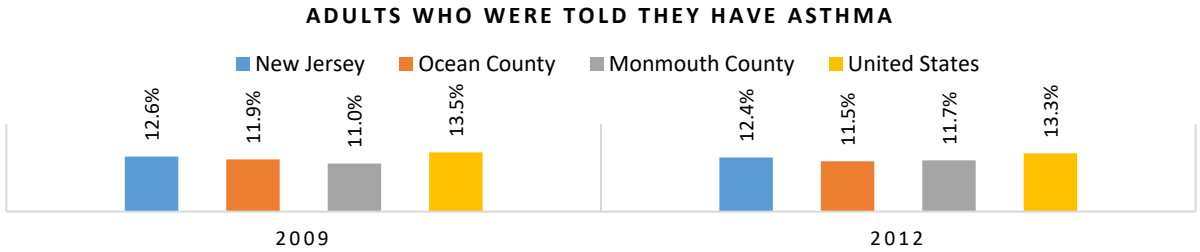
Asthma

In the Unites States, more than 23 million people currently have asthma. Asthma affects people of all ages, but most often begins in childhood. The exact cause of asthma is unknown but environmental and genetic factors that may interact to cause the disease include:

- Inherited tendency to develop allergies
- Parents with asthma
- Certain respiratory infections during childhood
- Contact with some airborne allergies or exposure to some viral infections
- Allergy and asthma triggers

According to BRFSS, in Ocean County, Monmouth County, New Jersey and nationwide, the percent of adults who were told they have asthma changed minimally from 2009 through 2011.

- Between 2009 and 2012, the percentage of adults in Ocean County reporting asthma decreased slightly from 11.9% to 11.5%.
- In 2012, 7.3% fewer Ocean County residents reported asthma than statewide (12.4%).

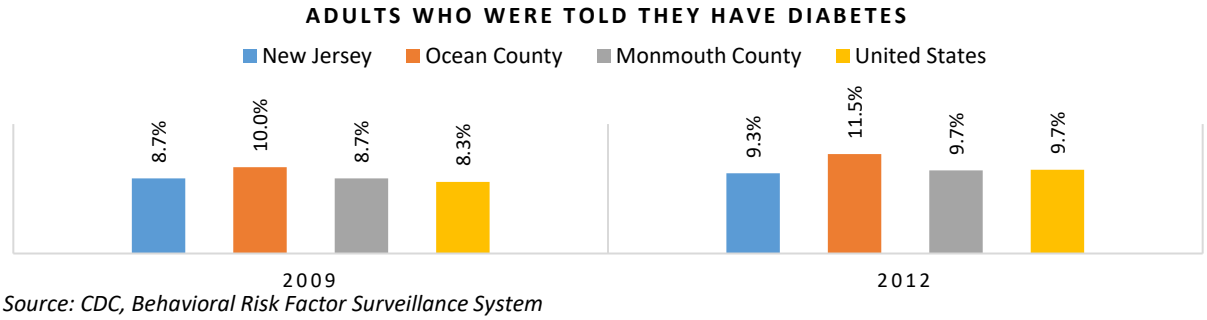


Source: CDC, Behavioral Risk Factor Surveillance System

Diabetes

The three common types of diabetes are Type 2, caused by a combination of resistance to the action of insulin and insufficient insulin production, Type 1, results when the body loses its ability to produce insulin, and Gestational, a common complication of pregnancy that can lead to perinatal complications in mother and child. Gestational Diabetes is a risk factor for development of Type 2 diabetes after pregnancy. Diabetes is the seventh leading cause of death in the U.S. Complications include reduced life expectancy by up to 15 years, increased risk of heart disease by two to four times, leading cause of kidney failure, limb amputations, and adult onset blindness. It also results significant financial costs in healthcare, lost productivity and early death.[130] Almost 7 million Americans with diabetes are undiagnosed, and another 79 million Americans have pre-diabetes which greatly increases their risk of developing diabetes in the next several years.[131] Factors contributing to diabetes prevalence overall and in Ocean County include, obesity, lack of physical activity, family history, environmental resources including such things as the availability of wholesome food, healthcare access and recreational availability.

- Diabetes is increasing in the United States, New Jersey, and Ocean County.
- Ocean County (11.5%) had a higher percentage of persons with diabetes than Monmouth County (9.7%) and New Jersey (9.3%).
- In 2012, 15% more Ocean County residents reported diabetes than in 2009 (10%).



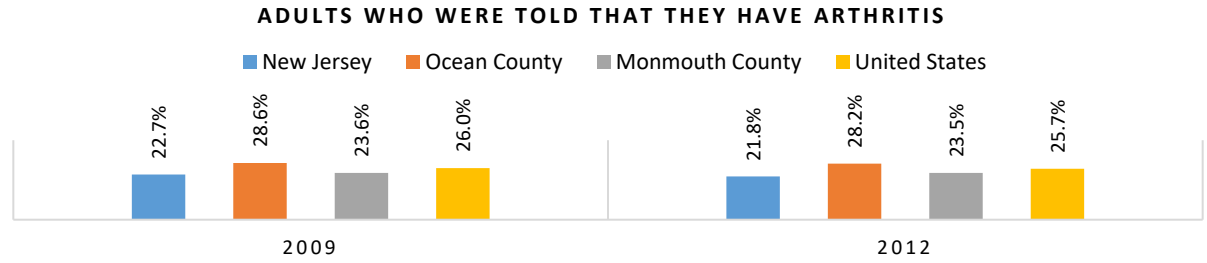
Source: CDC, Behavioral Risk Factor Surveillance System

[130] Retrieved from www.diabetes.org/diabetesbasics. Accessed April 30, 2013.
[131] Retrieved from www.cdc.gov/diabetes/pubs/pdf/ndfs_2011pdf. Accessed April 30, 2013.

Arthritis

Arthritis is the inflammation of one or more joints. A joint is where two bones meet. There are over 100 different types of arthritis. The most common form of arthritis is osteoarthritis which is a normal result of aging. It is also caused by "wear and tear" on the joints. Arthritis is the most common cause of disability in the U.S., limiting the activities of an estimated 22 million adults (9%).[132]

- The percentage of New Jersey, Monmouth County, Ocean County and U.S. residents told that they have arthritis was relatively constant from 2009 through 2012.
- Between 2009 and 2012, the percentage of Ocean County residents reporting arthritis was relatively unchanged at 28.2%.[133]
- The Ocean County 2012 rate was higher than the state at 21.8% and Monmouth County at 23.5%.

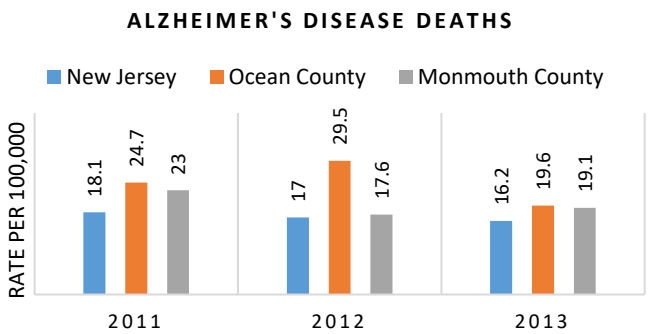


Source: CDC, Behavioral Risk Factor Surveillance System

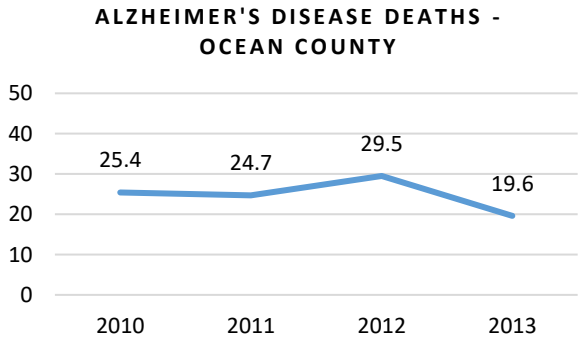
Alzheimer's Disease

Between 2010 and 2013, the Alzheimer's Disease mortality rate decreased from 25.4/100,000 to 19.6/100,000. The 2013 Ocean County rate was higher than the State rate of 16.2/100,000, and similar to the Monmouth County rate of 19.1/100,00.

In Ocean County, the 2013 Alzheimer's Disease mortality rate among Whites was 20.2/100,000 was lower than the 2011 rate (25.4/100,000). The 2013 Ocean County White rate was higher than the State rate (17.3/100,000) and slightly higher than the Monmouth county rate (19.2/100,000) among Whites.

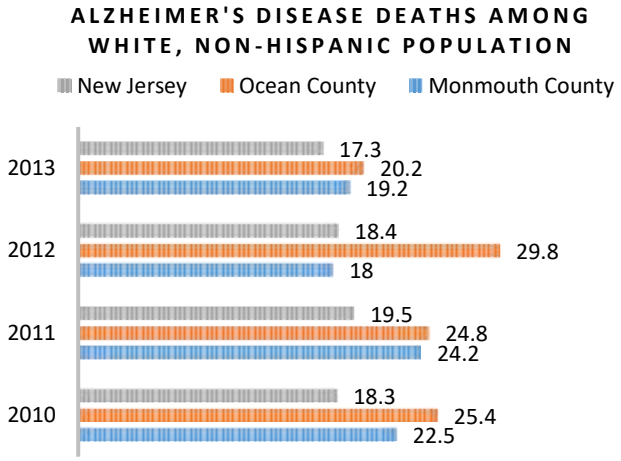


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

[132] Retrieved from http://www.cdc.gov/arthritis. Accessed 4/30/13.
133 CDC, Behavioral Risk Factor Surveillance System



Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

5. ASSETS AND GAPS ANALYSIS

The assets and gaps analysis summarizes and highlights each component of the CHNA. Assets highlight Ocean County or the BHBHC service area information indicating improvement over time, in comparison to other counties and the state, or in comparison to other races and genders. Gaps focuses on disparities in Ocean County or the BHBHC service area that have a negative trend, in comparison to other counties and the state, or in comparison to other races and genders.

PREMATURE DEATHS

Assets

- Ocean County's years of potential life lost rate declined 5.4% from 6,607 years in 2005-2007 to 6,247 years in 2011-2013.

Gaps

- Ocean County's 2011-2013 premature death rate (6,247) was 12.6% higher than New Jersey (5,548), and 20.1% higher than the County Health Rankings (CHR) benchmark (5,200).

LEADING CAUSES OF DISEASE

Heart Disease Mortality

Assets

- Between 2010 and 2013 the Ocean County age-adjusted mortality rate (AAMR) for deaths due to heart disease decreased; the Ocean County rate decreased 5.3% from 207.4/100,000 to 196.4/100,000.
- Ocean County age-adjusted mortality rates for heart disease among Blacks decreased 33.2% from 261.9/100,000 in 2011 to 174.7/100,000 in 2013, and was lower than New Jersey Blacks (193.5/100,000).
- The heart disease mortality rate for Whites decreased from 208.8/100,000 in 2011 to 199.3/100,000 in 2013

Gaps

- Despite decreasing, the 2013 Ocean County AAMR for heart disease (196.4/100,000) was 19.2% higher than Monmouth County (158.6/100,000) and 13.9% higher than New Jersey (169/100,000).
- The Ocean County AAMR for heart disease is significantly higher than the *Healthy People 2020* target of 100.8/100,000.
- Despite decreasing from 208.8/100,000 in 2011 to 199.3/100,000 in 2013, the heart disease mortality rate for Whites (199.3) was higher Blacks (174.7) and Hispanics (113.8).
- In 2013, the White heart disease mortality rate in Ocean County was 13.1% higher than the rate among Whites in New Jersey (176.2).

Heart Disease Morbidity

Gaps

- According to the Behavioral Risk Factor Surveillance System, in 2012, 6.0% of Ocean County residents reported they had angina or coronary heart disease, 0.4 percentage points higher than 2009 (5.6%).
- The 2012 Ocean County coronary heart disease rate (6.0%) was higher than the New Jersey rate (4.1%) and Monmouth County (5.0%).
- According to BRFSS, in 2011, 39.1% of Ocean County residents reported they had high blood pressure, a 26% increase from 31.0% in 2009.
- The 2011 Ocean County rate was 27.8% higher than the New Jersey (30.6%) and higher than Monmouth County at 35.0%.
- According to BRFSS, in 2011, 37.7% of Ocean County residents reported they had high blood cholesterol, a 5% increase from 35.9% in 2009.
- Ocean County was more than double the *Healthy People 2020* target of 13.5%.

Stroke Mortality

Assets

- The AAMR due to stroke in Ocean County decreased slightly from 32.4/100,000 in 2011 to 31.3/100,000 in 2013.
- The 2013 Ocean County mortality rate due to stroke (31.3/100,000) was slightly lower than the State (32.2/100,000).
- The 2013 Ocean County AAMR for stroke was lower than the *Healthy People 2020* target of 34.8/100,000.

Gaps

- The 2011-2013 Ocean County AAMR due to stroke among Blacks (60/100,000) was higher than New Jersey (45.2/100,000) and Monmouth County (42/100,000) rate among Blacks.
- The age-adjusted mortality rate for stroke among Ocean County Blacks increased from 56.3/100,000 in 2005-2007 to 60/100,000 in 2011-2013.

Stroke Morbidity

Gaps

- According to BRFSS, in 2012, 3.5% of Ocean County residents reported they had a stroke, a 105.9% increase from 1.7% in 2009.
- The 2012 Ocean County rate (3.5%) was higher compared to the New Jersey rate (2.3%) and Monmouth County (0%).

Cancer Mortality

Assets

- Between 2011 and 2013, the AAMR for cancer in Ocean County decreased 8.1% from 177/100,000 to 162.7/100,000.
- The AAMR for cancer among Ocean County Blacks decreased 31.3% from 207.4/100,000 in 2011 to 142.4/100,000 in 2013.

Gaps

- The 2013 Ocean County cancer AAMR (162.7/100,000) was 4.6% higher than New Jersey (155.5/100,000) and 6.7% higher than Monmouth County (152.5/100,000
- The Ocean County cancer AAMR in 2013 (162.7/100,000) was slightly higher than the *Healthy People 2020* target (161.5/100,000).
- In Ocean County, Whites had the highest cancer mortality rate compared to other races and ethnicities within the county.
    - The mortality rate for Whites was 18.4% higher than for Blacks (142.4/100,000) in 2013.

Cancer Morbidity

Assets

- Between 2011 and 2013, the overall age-adjusted cancer incidence rate in Ocean County decreased from 599.7 to 572.9/100,000.
- The Ocean County cancer incidence rate among Blacks was lower than the rate among Blacks in both New Jersey (460.8) and Monmouth county (513).
- The overall age-adjusted prostate cancer incidence rate in Ocean County decreased 31.8% from 161.5/100,000 in 2011 to 110.2/100,000 in 2013.
- The 2013 Ocean County rate was 10.8% lower than the Statewide rate of 123.5/100,000.
- The rate for Ocean County Blacks (168.8/100,000) was lower than the rate among Blacks in Monmouth County (206.2/100,000).
- Between 2011 and 2013, the overall age-adjusted rate of skin cancer incidence in Ocean County decreased 2.4% from 67.1/100,000 to 65.5/100,000.
- Between 2010 and 2013, the Ocean County overall age-adjusted rate of colorectal cancer decreased from 49.1/100,000 to 45.5/100,000.
- Between 2010 and 2013, the overall age-adjusted rate of lung cancer incidence in Ocean County decreased 7.7% from 73.2/100,000 to 68.2/100,000
- In Ocean County, the 2013 lung cancer rate for Blacks (34.3/100,000) was 51.1% lower than Whites (69.6/100,000).
- The 2013 Ocean County lung cancer rate among Blacks was lower than Hispanics (56.5) and New Jersey Blacks (55/100,000).
- Between 2011 and 2013, the Ocean County lung cancer incidence rate among males and females declined; for males, the rate decreased from 77.4/100,000 in 2011 to 74/100,000 in 2013, and for females, the rate decreased from 69.8/100,000 in 2011 to 64.8/100,00 in 2013.

Gaps

- Despite decreasing, the overall age-adjusted cancer incidence rate in Ocean County remained 7% higher than the 2013 New Jersey rate of 535.2/100,000.
- The 2013 cancer incidence rate in Ocean County (572.9) was more than three times higher than the *Healthy People 2020* target rate of 161.4/100,000.
- In 2013, Whites (557.4/100,000) had a higher cancer incidence than Blacks (415.6/100,000) and Hispanics (500.6/10,000) in Ocean County.
- In 2013, the Ocean County male cancer incidence rate was 5.4% higher than females.
- Between 2011 and 2013, the age-adjusted breast cancer rate in Ocean County increased from 166.3/100,000 to 178.4/100,000.
    - The Ocean County rate (178.4) was slightly higher than the 2013 state figure (178.0).

- In 2013, Black women in Ocean county (183.7/100,000) had a higher age-adjusted breast cancer incidence rate than Whites (177.7) and Hispanics (176.9), as well as among Blacks statewide (156.5).
- In Ocean County, in 2013, Blacks (168.8/100,000) had a higher rate of prostate cancer higher than Whites (105.7/100,000) and Hispanics (83.3/100,000).
- In 2013, the Ocean County age-adjusted rate for skin cancer was 48.5% higher than the statewide rate of 44.1/100,000.
- Men had a higher age-adjusted rate for skin cancer than women; the Ocean County 2013 male age-adjusted rate (85.9/100,000) was 59.9% higher than women (51.7/100,000).
- Between 2011 and 2013, the Ocean County male skin cancer incidence rate increased 11% from 77.2/100,000 to 85.9/100,000.
- In 2013, Ocean County men had an age-adjusted rate (56.5/100,000), 35% higher than women (36.7/100,000).
- In Ocean County, Hispanics had the highest incidence of colorectal cancer (61.2/100,000), exceeding that of the county's incidence rate among Whites (44.8) and Blacks (33.4) rates, as well as, the Hispanic rate statewide (44.2) and in Monmouth County (43.2).
- Despite decreasing, the 2013 Ocean County age-adjusted rate for lung cancer (68.2) was higher than the New Jersey rate (57.6/100,000) and Monmouth County (58.7/100,000).
- In 2013, the Ocean County lung cancer incidence rate among Hispanics (56.5) was higher than the rates among Hispanics in New Jersey (36) and Monmouth County (40).
- In 2013, the incidence of lung cancer was slightly higher for Ocean County males (74/100,000) than females (62.4/100,000).

Diabetes

Gaps

- In 2012, 15% more Ocean County residents reported diabetes than in 2009 (10%).
- Ocean County (11.5%) had a higher percentage of persons with diabetes than Monmouth County (9.7%) and New Jersey (9.3%).

Chronic Lower Respiratory Disease

Gaps

- The AAMR for CLRD in Ocean increased 11.5% from 32.3/100,000 in 2010 to 36.0/100,000 in 2013. In the same period, the New Jersey rate remained relatively constant at 31/100,000.
- In 2013, the Ocean County CLRD AAMR was similar to the Monmouth County rate (36.1/100,000) and higher than the New Jersey rate (31/100,000).
- The AAMR for CLRD among Ocean County Whites increased 11.8% from 33.1/100,000 in 2010 to 37.7/100,000 in 2013.

Asthma

Assets

- In 2012, 7.3% fewer Ocean County residents reported asthma than statewide (12.4%).

Arthritis

Gaps

- Among adults who were told that they have arthritis, the Ocean County 2012 rate (28.2%) was higher than the state at 21.8% and Monmouth County at 23.5%.

Unintentional Injury

Gaps

- The age-adjusted mortality rate for unintentional injuries increased 38.7%, from 31/100,000 in 2010 to 43/100,000 in 2013.
- The 2013 Ocean County mortality rate (43/100,000) was higher than New Jersey (31.4/100,000), Monmouth County (29.6/100,000), and the *Healthy People 2020* target (36.4/100,000).

BEHAVIORAL HEALTH RELATED DEATHS

Gaps

- In Ocean County, the age-adjusted drug-induced mortality rate increased 117.7% from 13/100,000 in 2010 to 28.3/100,000 in 2013; in the same period, the New Jersey drug induced death rate increased 47% from 10/100,000 to 14.7/100,000.
- The Ocean County 2013 AAMR due to drug use (28.3/100,000) was more than triple the 2007 rate of 9.9/100,000 reported in the previous CHNA.
- The 2013 Ocean County drug-induced mortality rate was nearly double the New Jersey rate (14.7/100,000) and more than double the *Healthy People 2020* target (11.3/100,000).
- Ocean County AAMR for alcohol-induced deaths has been variable, but remained relatively stable at 5.2/100,000 in 2010 and 5.3/100,000 in 2013. The 2013 alcohol-induced deaths rates were the same in New Jersey and Ocean County (5.3/100,000).
- The Ocean County age-adjusted suicide rate increased 28% from 8.8/100,000 in 2011 to 11.3/100,000 in 2013.
- The 2013 Ocean County suicide rate was higher than New Jersey and Monmouth County (7.3/100,000).
    - The 2013 Ocean County rate of 11.3/100,000 was 11% higher than the *Healthy People 2020* target of 10.2/100,000.

INFANT MORTALITY

Assets

- Between 2004-2006 and 2010-2012, the infant mortality rate decreased in Ocean County and New Jersey; Ocean County's rate decreased 32.5% from 4.0/1,000 to 2.7/1,000 and was 42.5% lower than the 2010-2012 New Jersey rate 4.7/1,000.
- The 2010-2012 Ocean County infant mortality rate was 55% lower than the *Healthy People 2020* target (6.0/100,000).
- The rate for Ocean County White decreased 30.3% from 3.3/100,000 in 2004-2006 to 2.3/100,000 in 2010-2012.
    - The 2010-2012 Ocean County White infant mortality rate was lower than New Jersey rate (2.9/100,000) among Whites.

LOW BIRTHWEIGHT/VERY LOW BIRTHWEIGHT

Assets

- In 2013, 26% fewer Ocean County babies (6.1%) were low birthweight than New Jersey infants (8.3%) and 19% fewer than Monmouth County (7.6%).
- The 2013 Ocean County percentage of low birthweight babies is lower than the *Healthy People 2020* target of 7.8%.
- Between 2011 and 2013, the Ocean County rate of very low birth weight infants (1.1%) was lower than New Jersey (1.5%), Monmouth County (1.7%), and *Healthy People 2020* target (1.4%)

Gaps

- Despite declining from 11.5% in 2011 to 10.3% in 2013, the percentage of low birth weight infants among Blacks in Ocean County was higher than any other racial or ethnic groups throughout that period. The percent of Hispanic babies that were low birth weight remained stable at 6.8%.
- The percentage of very low birthweight Ocean County Black infants increased 63.2% from 1.9% in 2011 to 3.1% in 2013. The very low birthweight rate for Ocean County Blacks was 30% higher than Whites.

HEALTH STATUS

Gaps

- The percent of Ocean County residents reporting fair or poor health increased from 14.5% in 2008 to 16.9% in 2012, similar to increases in New Jersey and Nationwide. Neighboring Monmouth County was constant in this time period.
- The 2012 Ocean County percentage (16.9%) was slightly higher than New Jersey (16.1%) and higher than Monmouth County (13.6%).
- Between 2006 and 2012, Ocean County residents reported an average of 3.4 physically unhealthy days per month, higher than New Jersey at 3.3 days and the CHR national benchmark of 2.5 days.
- Ocean County residents reported 3.5 mentally unhealthy days, higher than 3.3 days for New Jersey residents and the CHR benchmark of 2.3 days. [134]

DISABILITY STATUS

Gaps

- Between 2009 and 2011, the percentage of Ocean County adults reporting limited activity due to physical, social, or emotional problems increased 37.6% from 16.5% to 22.7%.[135]
- In 2011, the BRFSS data indicated that more Ocean County adults were limited in activity due to physical, social and emotional problems than in New Jersey (20.1%) and Monmouth County (19.3%).

134 County Health Rankings, National Vital Statistics System
135 CDC, Behavioral Risk Factor Surveillance System

SOCIOECONOMIC STATUS

Income and Poverty

Assets

- The 2014 median household income of Jackson residents ($87,426) and New Egypt residents ($85,893) were the highest in the BHBHC service area, and higher than the statewide figure ($72,062).
- In 2014, approximately 14% of West Creek and Forked River children were living in poverty, the highest in the BHBHC service area, lower than Ocean County (20.0%) and slightly lower than New Jersey (15.4%).
- In 2014, the unemployment rate in Barnegat Light (0.2%) was the lowest in the BHBHC service area.
- The 2014 unemployment rates in municipalities across BHBHC service area were all lower than the Ocean County rate (5.9%) and the State rate (6.4%), except both Forked River and West Creek (8.6%).

Gaps

- The 2014 median household income of Seaside Heights residents ($36,167), Manchester residents ($36,911), and Toms River (08757) residents ($37,762) were nearly half the statewide figure ($72,062).[136]
- In 2014, 7.7% of Barnegat Light seniors were living in poverty, the highest in the BHBHC service area, slightly higher than Ocean County (6.2%), and similar to New Jersey (7.9%).
- The unemployment rate in West Creek increased from 5.8% in 2011 to 8.6% in 2014.
- The unemployment rates in Forked River and West Creek were higher than the County (5.9%) and the State (6.4%).

Education

Assets

- In 2014, 0.9% of Barnegat Light residents did not complete high school, the lowest in the BHBHC service area.
- In 2014, 37.6% of Mantoloking residents earned a Bachelor's degree, higher than Ocean County (17.7%) and New Jersey (23.5%).
- In 2014, 9.8% of Ocean County residents did not complete high school, 1.8 percentage points lower than New Jersey.

Gaps

- In 2014, 17.4% of Lakewood residents did not complete high school, the highest in the BHBHC service area, and higher than Ocean County (9.8%) and New Jersey (11.6%).

136 United States Census Bureau American Community Survey 2014

Age

Gaps

- In 2014, 59.8% of Manchester Township residents were 65+, the highest in the BHBHC service area, nearly triple the 21.5% in Ocean County and more than quadruple the 14.1% in New Jersey.
- In 2014, 45.0% of Lakewood Township residents were 0-17, the highest in the BHBHC service area, and higher than 23.4% in Ocean County and 22.9% in New Jersey.

Ethnic and Racial Makeup

- In 2014, Ocean County had lower percentages of African American, Hispanic and Asian populations than New Jersey.
    - 2.9% of the county population was African-American, lower compared to 12.1% statewide.
    - 8.1% of the population was Hispanic/Latino, lower compared to 16.6% statewide.
    - Whites are 85.9% of the county's population, higher than 61.3% in New Jersey.
- In 2014, the percentage of Whites in municipalities in the BHBHC service area were above the statewide percentage (61.3%).
    - In 2014, 96.2% of Barnegat Light's population was White, the highest in the BHBHC service area, higher than New Jersey (61.3%), and Ocean County (85.9%).
- In 2014, 14.6% of Lakewood's population was Hispanic, higher than Ocean County (8.1%) and slightly lower than New Jersey (16.6%).

ACCESS TO CARE

Health Insurance Coverage

Assets

- According to Enroll America in 2015, 6% of the population in Ocean County was uninsured. This was a decrease from 11% in 2013.

Health Insurance Coverage Types

Assets

- In 2014, the distribution of types of insurance for Ocean County residents who have inpatient procedures:
    - 14.9% paid with Medicaid/Caid HMO/Family Care, lower compared to 15.4% statewide
    - 3.8% were underinsured, receive charity care, or self-pay, lower than 6.2% statewide
- In 2014, the distribution of types of insurance for Ocean County residents who have emergency department visits:
    - 12.5% were underinsured, receive charity care, or self-pay, lower than 15.9% statewide.
- In 2014, the distribution of types of insurance for BHBHC primary service area residents who had inpatient procedures[137]:
    - 14.9% paid with Medicaid/Caid HMO/Family Care, lower than 15.4% statewide.

137Ibid.

- 3.8% were underinsured, receive charity care, or self-pay, lower than 6.2% statewide.

Gaps

- In 2014, the distribution of types of insurance for Ocean County residents who have inpatient procedures:
  - 27.6% paid with commercial insurance, lower than 34.8% statewide
  - 52.8% paid with Medicare/Care HMO, higher than 41.8% statewide
- In 2014, the distribution of types of insurance for Ocean County residents who have emergency department visits:
  - 35.0% paid with commercial insurance, lower than 40.6% statewide.
  - 24.9% paid with Medicare/Care HMO, higher compared to 14.9% statewide
- In 2014, the distribution of types of insurance for BHBHC primary service area residents who had inpatient procedures[138]:
  - 27.6% paid with commercial insurance, lower than 34.8% statewide.
  - 52.7% paid with Medicare/Care HMO, higher than 41.8% statewide.

Providers

Assets

- According to 2014 data, the ratio of population to primary care providers was 2,099:1 in Ocean County, higher than the 1,170:1 ratio for New Jersey overall

Gaps

- The New Jersey Physician Workforce Task Force predicts that by 2020, Ocean County will need 170.6 more physicians than it is projected to have in order to meet baseline demand.

MATERNAL/FETAL HEALTH INDICATORS

Prenatal Care

Gaps

- In 2013, 78.2% of Ocean County live births initiated prenatal care in the first trimester, slightly lower than 79.0% statewide.
- In 2013, 59.4% of Ocean County Black live births initiated prenatal care in the first trimester, far fewer than Ocean County overall (78.2%) and statewide overall (79.0%).
- In 2013, 57.2% of Hispanic live births initiated prenatal care in the first trimester, less than Ocean County overall (78.2%) and statewide overall (79.0%).
- In 2013, 1.5% of Ocean County Black live births had no prenatal care, far more than Ocean County overall (0.4%) and statewide overall (0.9%).
- In 2013, 0.7% of Hispanic live births had no prenatal are, more than Ocean County overall (0.4%) and less than statewide overall (0.9%).

138Ibid.

HIGH RISK SEXUAL BEHAVIORS

Teen Pregnancy

Assets

- The 2014 birth rate for Ocean County teens 15-19 was 10.7/1,000, lower than 12.6/1,000 statewide.
- The Ocean County birth rate for teens 15-17 was 4.3/1,000, lower than the New Jersey rate of 5.6/1,000.
- The 2014 teen birth rate of 10.7/1,000 in Ocean County was lower than the CHR national benchmark of 19/1,000.
- In 2014, BHBHC's service area teen birth rate (10.7/1,000) was the same as the Ocean County rate, and lower than the New Jersey rate (12.6/1,000).

Gaps

- The Lakewood 2014 teen birth rate was 25.2/1,000, highest in the BHBHC service area, more than triple the county, double the state rate, and higher than the CHR national benchmark.

Sexually Transmitted Diseases

Assets

- In 2012, the Ocean County chlamydia rate was 124.9/100,000, 146.2% lower than the state rate of 307.6/100,000.
- The rate of chlamydia in Ocean County is below the CHR national benchmark of 138/100,000.

HIV/AIDS

Assets

- The 2015 HIV prevalence rate in Ocean County was 132.9/100,000, compared to the Statewide rate of 418.8/100,000. Both the State and Ocean County have seen decreased HIV prevalence rates from 2013 to 2015: In 2013, the HIV prevalence rate in Ocean County was 133.1/100,000, compared to the Statewide rate of 506.0/100,000.
- In 2015, the Ocean County rate for Blacks living with HIV was 900.9/100,000, lower than New Jersey (1,594/100,000) and Monmouth County (1,661.9/100,000)

Gaps

- The Ocean County rate for Blacks living with HIV (900.9/100,000) was more than five times the rate for Whites living with HIV (151.6/100,000) and higher than the Hispanic rate (590.5/100,000).

DIET AND EXERCISE BEHAVIORS

Obesity

Gaps

- In 2012, 26.8% of Ocean County residents were obese, slightly higher than one-quarter statewide and higher than Monmouth County rate (22.7%).
- From 2008 through 2012, the percent of Ocean County residents who were obese increased slightly from 25.8% to 26.8%.

- The County obesity rate was lower than the *Healthy People 2020* target of 30.6% and slightly higher than the CHR benchmark of 25%.

Food Security

Gaps

- In 2014, 43.4% of households under the Federal Poverty Line received food stamps or SNAP in Monmouth County, less than New Jersey at 48.8%.

Physical Exercise

Gaps

- In 2012, 26.7% of Ocean County adults reported no physical exercise within the past month, higher than New Jersey (24.1%) and the CHR national benchmark (20%).

HEALTH SCREENING BEHAVIORS

Colorectal Screenings

Assets

- In 2012, 67.8% of Ocean County adults 50+ have had a sigmoidoscopy or colonoscopy, higher than 64.9% in New Jersey.

Prostate Cancer Screening

Asset

- In 2012, 56% of Ocean County men age 50+ had a PSA test within the last two years, more than the 47.6% statewide.

Breast Cancer Screening

Gaps

- In 2012, 73% of Ocean County women 40+ reported having a mammogram screening within the past 2 years, less than the 77% of New Jersey women 40+.

Cervical Cancer Screening

Gaps

- The Ocean County cervical cancer screening rate (29.2%) was lower than the *Healthy People 2020* target of 93%.

Diabetes Screening

Assets

- In 2013, 86% of Ocean County Medicare patients ages 65 to 75 blood sugar control was monitored, higher than 83.3% in New Jersey.

Gaps

- The Ocean County rate was lower than the CHR benchmark of 89%.

IMMUNIZATION BEHAVIORS

Adult Flu Vaccine

Asset

- In 2012, 62.6% of Ocean County adults 65+ were inoculated with the flu vaccine, higher than 38.8% in New Jersey.

Gaps

- Ocean County does not meet the *Healthy People 2020* goal to have less than 10% go without the vaccine.

Pneumonia Vaccine

Asset

- In Ocean County, 65% of adults 65 and older have had the pneumonia vaccine in 2012, higher than 47.6% statewide.

Gaps

- Ocean County does not meet the *Healthy People 2020* goal to have less than 10% go without the vaccine.

PHYSICAL ENVIRONMENT

Air Quality

Assets

- In Ocean County, the number of days of unhealthy air quality due to ozone decreased from 3 days in 2012 to 1 day in 2014.

Lead

Assets

- 0.08% of Ocean County children ages 1-3 with blood lead levels above 10 micrograms per deciliter, less than 0.47% of New Jersey children ages 1-3

Proximity of Healthy Food Sources

Assets

- In 2006, 68.8% of Ocean County zip codes had a healthy food outlet, more than 57% in New Jersey and 52.5% in Monmouth County.

Gaps

- In 2012, 10.3% of Ocean County's population reported limited access to healthy foods, higher than both New Jersey (3.7%) and Monmouth County (4.3%).
- In 2013, there were 1.4 liquor stores per 10,000 residents in Ocean County, slightly higher than the national rate (1.0).[139]

COMMUNITY SAFETY

Criminal Violence

Assets

- Violent crimes have been decreasing in Ocean County. Monmouth County and New Jersey.
    - Between 2010 and 2012, the violent crime rate in Ocean County was 113.9/100,000. This rate was less than half the statewide rate of 302.0/100,000 and lower than neighboring Monmouth County at 187.1/100,000.
- The 2014 robbery rate in Ocean County (.3%) was lower than the State (1.2%).
- The 2014 burglary rate in Ocean County (3.1%) was slightly lower than the State (3.6%).

Gaps

- The Ocean County violent crime rate (113.9/100,000) was much higher than the County Health Rankings national benchmark (59/100,000).
- Between 2006 and 2012, the motor vehicle crash death rate was 9.9/100,000 in Ocean County, higher than statewide 7.1.

Injury

Gaps

- Ocean County had a rate of 50/100,000 deaths due to injuries in 2013, higher than the New Jersey rate of 42/100,000 and Monmouth County rate of 39/100,000. [140]
- In 2013, the rate of deaths due to unintentional injuries in Ocean County was 43/100,000, higher than statewide 31.4 and Monmouth County. [141]
- Between 2006 and 2012, the motor vehicle crash death rate was 9.9/100,000 in Ocean County, higher than statewide 7.1. [142]

139 Health Indicators Warehouse 2013
140Ibid.
141Ibid.
142Ibid.

BEHAVIORAL HEALTH

Mental Illness

Gaps

- In 2014, the Ocean County mental health inpatient rate (7.1/1,000) was higher than the state (4.8/1,000).[143]
- Despite a slight decline from 14.7/1,000 in 2012 to 14.3/1,000 in 2014, Ocean County ED visit rates for mental disorders was higher than the statewide rate of 10.5/1,000.[144]
- In 2014, the BHBHC service area inpatient use rate for mental disorders was 7.0/1,000, higher than the State rate (4.8) and similar to the county rate (6.9).
- In 2014, the BHBHC service area emergency department use rate for mental disorders was 14.3/1,000, higher than the State rate (10.5) and the county rate (9.0).

Substance Abuse

Assets

- Between 2006-2012, 15.4% of Ocean County residents reported excessive drinking, lower than 16.1% of New Jersey residents and 18.3% of Monmouth County residents.
- In 2014, the BHBHC service area inpatient use rate for substance abuse was 1.5, same as the Ocean County rate, and lower than the State rate (2.0).
- In 2014, the BHBHC service area emergency department use rate for substance abuse was 4.9, same as the Ocean County rate, and lower than the State rate (6.8).

Gaps

- In 2014, heroin and other opiates were the most common drugs being treated in Ocean County; 56% of total admissions in Ocean County were for heroin and other opiates.
- In 2014, 24% of Ocean County resident admissions were for alcohol abuse treatment
- In 2014, 44% of Ocean County resident admissions were intravenous drug users.
- In 2014, 88% of Ocean County resident admissions for substance abuse treatment were White.
- In 2014, 77% of Ocean County resident admissions for substance abuse treatment had no insurance and 15% paid with Medicaid, compared to 7% of Ocean County resident admissions who paid with private insurance.
- In 2014, 83% of Ocean County resident admissions for substance abuse treatment were at the Federal Poverty Level (0-133%).
- In 2014, 77% more Ocean County men (64%) were admitted for substance abuse than women (36%).
- In 2014, 34% of discharges of Ocean County residents were discharged with no continuing care needed.
- In 2014, 42% of admissions of Ocean County residents were to outpatient care, 34% to Intensive Outpatient care, and 15% to Opioid Maintenance care.

143Ibid.
144 Health Care Decision Analyst Internal Data 2014

APPENDIX

APPENDIX A
BARNABAS HEALTH BEHAVIORAL HEALTH CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT: 2013 IMPLEMENTATION PLAN

Barnabas Health Behavioral Health Center conducted its first CHNA in response to Public Law 111-148, The Patient Protection and Affordable Care Act (PL 111-148) in 2013. The CHNA used detailed secondary public health data at the county and community levels to identify health assets, gaps, disparities and trends. These data were supplemented by meetings and discussions with local health departments who shared data from their own needs assessments and by input from other community stakeholders which provided additional insight and expertise and led to the identification of Plan priorities.

Through the CHNA process, health need priorities were chosen based on BHBHC's capacity, resources, competencies, and the needs specific to the populations it serves. The 2013 Implementation Plan specified the manner in which BHBHC would address each priority need and the expected outcome and timeframe for the evaluation of its efforts. Four priority areas were identified for strategic focus. The four priorities selected for the Implementation Plan did not represent the full extent of BHBHC's community benefit activities or its full support of the community's health needs. Many other needs identified through the CHNA may be addressed though ongoing programs/services, some needs may be better addressed by other agencies/organizations or deferred to another timeframe due to limited resources. The 2013 CHNA Health Needs priorities selected for implementation planning were:

- Support early intervention efforts through maximizing the use of existing services, coordination among providers, and education of community agencies and individuals.
- Develop specialized treatment for individual with complex behaviors, social, and medical needs, and ensure staff are trained in innovative, evidenced based treatments.
- Work with the Ocean County Professional Advisory Committee and other County-based organization to provide community support and wellness services.
- Promote and expand education and outreach efforts.

Below is a summary of initiatives pursued by BHBHC to address the 2013 CHNA Implementation Plan priorities along with some results.

GOAL 1: SUPPORT EARLY INTERVENTION EFFORTS THROUGH MAXIMIZING THE USE OF EXISTING SERVICES, COORDINATION AMONG PROVIDERS, AND EDUCATION OF COMMUNITY AGENCIES AND INDIVIDUALS.

BHBHC chose to address this need through several initiatives.

The first was to provide ongoing Psychiatric Emergency Screening Services (PESS) to all Emergency Departments in Ocean County, including mobile outreach for crisis intervention to ensure appropriate disposition of patients. BHBHC's success would be indicated by reducing the number of patients requiring hospitalization to 40% of all patients screened by 2015. As of 2015, mobile outreach has increased to 135-150 interventions per month. BHBHC continues to work to bring the 2015 hospitalization rate (49%) down to the target of 40%.

BHBHC also chose to refer individuals seen at PESS who do not need hospitalization but require immediate services (within 24 hours) to the Early Intervention Support Services (EISS) at Ocean Crest. Successful

implementation would be tracked through reduced psychiatric visits to the ED. Of the 160 attempted interventions through December 2015, 126 were successful. Of these 126, more than 50% remained at home.

BHBHC also chose to secure a formal affiliation agreement with Ocean Crest to provide joint mobile outreach services by December 2013. In December of 2015, BHBHC began discussing to utilize Ocean Crest vehicles for mobile outreach. PESS also plans on stationing a staff member at Ocean Crest several days per week. Coupled with this, BHBHC sought to provide joint mobile outreach services with Ocean Crest. The mobile outreach goal of 125/month by 2014 was achieved and the joint venture with Ocean Crest is forthcoming.

BHBHC sought to provide ongoing education to the County's justice involved services through bi-weekly training at the Police Academy for at least 3 police departments in the County, annually and to increase mobile outreach to 125 per month by 2014. Biannual training at the police academy was achieved (six police departments were in-serviced) and mobile interventions averaged 135/month.

GOAL 2: DEVELOP SPECIALIZED TREATMENT FOR INDIVIDUALS WITH COMPLEX BEHAVIORS, SOCIAL, AND MEDICAL NEEDS, AND ENSURE STAFF ARE TRAINED IN INNOVATIVE, EVIDENCED BASED TREATMENTS.

In June 2015, BHBHC completed a grant to provide ongoing emotional and social support for individuals impacted by Superstorm Sandy. A grant in support of this initiative was obtained in 2015 and goals for annual and monthly face-to-face contacts exceeded projections.

BHBHC also worked with schools, juvenile justice, mental health clinicians, law enforcement, social services, child welfare workers, and others who work with children to provide training, consultation, on-site traumatic loss response, and technical assistance to school-aged youth following losses due to suicide, homicide, accident or illness. BHBHC achieved its goal of completing 8 training and education encounters/events annually.

BHBHC also chose to offer patients in at-risk populations access to influenza and pneumonia vaccines. As a result, all at-risk patients were offered vaccines, and the number of patients receiving vaccines exceeded projections. However, some patients continue to decline vaccination services for various reasons. BHBHC worked towards increased screenings of at-risk patients for hypertension, high cholesterol, smoking and diabetes, and to increase referrals to primary care. To accomplish this, all patients seen by a medical doctor for history & physical and individual primary care treatment needs were referred to specialty treatment as needed. Tobacco smokers offered smoking cessation tools including patches or lozenge upon admission, and medical issues were addressed when the medical doctor evaluates the patient. The medications were prescribed as needed. Further, all BHBHC staff were provided ongoing education on evidence-based treatments, on a quarterly.

GOAL 3: WORK WITH THE OCEAN COUNTY PROFESSIONAL ADVISORY COMMITTEE AND OTHER COUNTY-BASED ORGANIZATION TO PROVIDE COMMUNITY SUPPORT AND WELLNESS SERVICES.

The Institute for Prevention worked with the DART coalition in support of its mission to engage Ocean County residents in the process of reducing substance abuse among youth within the County, and over time, the community as a whole (tobacco was added as priority). This coalition meets bi-monthly with 50+ community members representing 10+ sectors.

BHBHC worked with Professional Advisory Committee and the County Department of Transportation to support their assessment of transportation needs of the County, and in particular, the needs of Ocean County's mental health consumers, with a goal of completing a plan by 2015. Currently, transportation continues to be an on-going issue for mental health consumers in Ocean County.

The Institute for Prevention also partnered with and served on County agencies to support their missions. Partner agencies include PAC, CIACC, Youth Services Commission, Traumatic Loss Coalition, Ocean County Health Department, the Ocean County Prosecutor's Office, Long Term Recovery Group and Municipal Alliances. IFP staff attend County meetings on regular basis.

GOAL 4: PROMOTE AND EXPAND EDUCATION AND OUTREACH EFFORTS.

BHBHC continued to use the Institute for Prevention to educate children, adolescents and parents about substance abuse prevention, life-skills training, and youth sportsmanship. BHBHC also continued to provide and expand seminars and workshops to professionals working in schools, businesses and social service agencies. New topics were added yearly and exceeded the target of one addition per year.

The Institute for Prevention also chose to provide training to professionals working in schools and community agencies, including Bullying, Youth Suicide Prevention, Section 504, Anger and Conflict, IR&S, Student Wellness, Self-Mutilation, etc. The trainings were expanded to include ADHD in schools, Motivational Interviewing, Managing Traumatic Stress and Fetal Alcohol Syndrome.

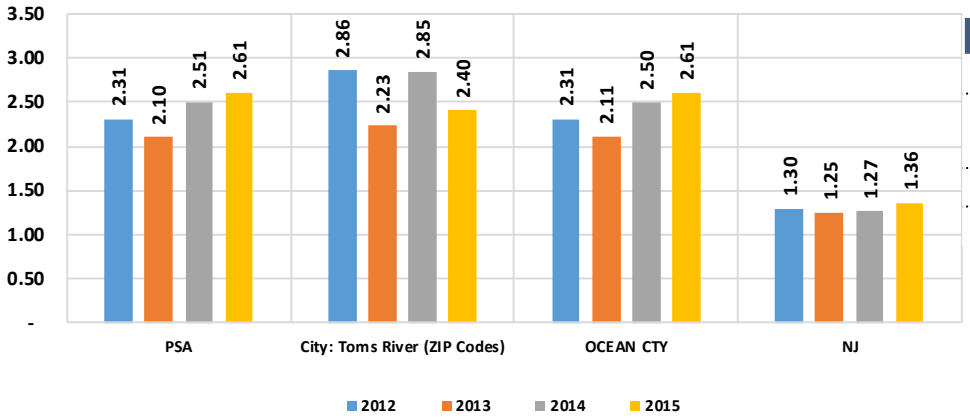
APPENDIX B
SECONDARY DATA SOURCES

Source	
Advocates for Children of New Jersey	http://acnj.org
Agency for Healthcare Research and Quality	http://www.ahrq.gov
Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis	http://www.ncbi.nlm.nih.gov/
American Cancer Society Guidelines for Early Detection of Cancer	http://www.cancer.org
American Nutrition Association	http://americannutritionassociation.org
Annals of Family Medicine, Inc.	http://www.annfammed.org
Asthma and Allergy Foundation of America	www.aafa.org
BRFSS and Youth BRFSS	www.cdc.gov
Bruno and Ridgway Community Health Assessment Study	
Bureau of Labor Statistics	http://data.bls.gov
CDC	http://www.cdc.gov
CDC Community Health Indicators Service	http://wwwn.cdc.gov/CommunityHealth
CDC Division of Nutrition, Physical Activity, and Obesity	http://www.cdc.gov/obesity
CDC National Center for Environmental Health	http://www.cdc.gov/nceh
CDC National Center for Health Statistics	http://www.cdc.gov/nchs/fastats/
CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	https://www.cdc.gov/std
CDC NCIRD	http://www.cdc.gov/vaccines
CDC Preventing Chronic Disease	http://www.cdc.gov/pcd
CDC WONDER	http://wonder.cdc.gov
Centers for Medicare and Medicaid Services (CMS)	https://www.cms.gov
Child Trends	http://www.childtrends.org
County Health Rankings	http://www.countyhealthrankings.org
Department of Numbers	http://www.deptofnumbers.com
Do Something	https://www.dosomething.org
Enroll America	https://www.enrollamerica.org
Free Clinic Directory	http://freeclinicdirectory.org
Gallup	http://www.gallup.com
Health Care Decision Analyst	New Solutions, Inc.
Healthgrades	https://www.healthgrades.com
Health Grove	http://.healthgrove.com
Health Indicators Warehouse (BRFSS)	www.healthindicators.gov
Health Resources and Services Administration Data Warehouse	https://datawarehouse.hrsa.gov
Healthy People 2020	https://www.healthypeople.gov
Home Facts	http://www.homefacts.com
Institute of Medicine	http://www.nap.edu
Kaiser Family Foundation	http://kff.org
Wall Street Journal	http://blogs.wsj.com/washwire/2015/04/16/public-vs-private-health-insurance-on-controlling-spending/
Kaiser Health News	http://khn.org
Kids Count	http://www.datacenter.kidscount.org
March of Dimes	http://www.marchofdimes.org
NJ Department Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment	http://www.state.nj.us/humanservices/dmhas/home/

Source	
NJ Department of Health and Senior Services, Center for Health	http://www.nj.gov/health/chs/
National Association for Convenience and Fuel Retailing	http://www.nacsonline.com
National Center for Biotechnology Information	http://www.ncbi.nlm.nih.gov
National Center for Health Statistics CDC	http://www.cdc.gov/nchs/data
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention	http://www.cdc.gov/hiv
National Highway Traffic Safety Administration	http://www-nrd.nhtsa.dot.gov
National Institute for Mental Illness	http://www.nami.org
National Institute of Diabetes, Digestive & Kidney Diseases	http://www.niddk.nih.gov
National Institutes of Health Medline Plus Health Screening	https://www.nlm.nih.gov/medlineplus
National Poverty Center University of Michigan	http://www.npc.umich.edu
Neighborhood Scout	http://www.neighborhoodscout.com/nj/crime/
New Jersey Council of Teaching Hospitals	http://njcth.org
New Jersey Death Certificate Database, Office of Vital Statistics and Registry	http://www.nj.gov/health/vital/
New Jersey State Health Assessment Data Complete Indicator Profile of Risk Factor for Childhood Lead Exposure: Pre-1950 Housing	https://www26.state.nj.us/doh-shad
NIH Medline Plus	https://www.nlm.nih.gov/medlineplus
NJ Department of Education	http://www.state.nj.us/education
NJ DOH Family Health	http://www.nj.gov/health/fhs
NJ DOH, Division of Communicable Disease Services	http://www.nj.gov/health/cd/
NJ DOH, New Jersey Cancer Registry	http://www.cancer-rates.info/nj/
NJ DOH Division of HIV, STD, and TB Services	http://www.nj.gov/health/hivstdtb/
NJ Department of Labor and Workforce Development	http://lwd.dol.state.nj.us/labor
NJ Department of Law and Public Safety, Uniform Crime Reporting Unit, US Census Bureau, American Community Survey	http://www.njsp.org/ucr/crime-reports.shtml
NJ State Police Uniform Crime Reporting Unit	http://www.njcedv.org
NJ Substance Abuse Monitoring System	https://njsams.rutgers.edu/njsams
NJ.Com	http://www.nj.com
NJ State Health Assessment Data (SHAD)	https://www26.state.nj.us/doh-shad/home/Welcome.html
Pro Publica	https://propublica.org
Rutgers Center for Health Policy	http://www.cshp.rutgers.edu
Substance Abuse and Mental Health Services Administration	http://www.samhsa.gov
The Annie E. Casey Foundation Kids Count Data Center Children Receiving TANF (Welfare) 2010-2014	http://www.datacenter.kidscount.org
United States Department of Agriculture Economic Research Service	http://www.ers.usda.gov
United States Department of Health and Human Services	http://www.hhs.gov/healthcare
United States Department of Health and Human Services, Agency for Healthcare Research and Quality Understanding Quality Measurement 2016	http://www.ahrq.gov
University of Nevada	https://www.unce.unr.edu
US Department of Education	http://www.ed.gov
US Department of Health and Human Services, Maternal and Child Health Bureau	http://mchb.hrsa.gov
US DHHS Administration for Children and Families	http://www.acf.hhs.gov
USDA Defines Food Deserts	http://americannutritionassociation.org
Washington Post	https://www.washingtonpost.com

APPENDIX C: BARNABAS HEALTH BEHAVIORAL HEALTH CENTER SERVICE AREA DISEASE PREVALENCE TRENDS: BASED ON ACUTE CARE DISCHARGES

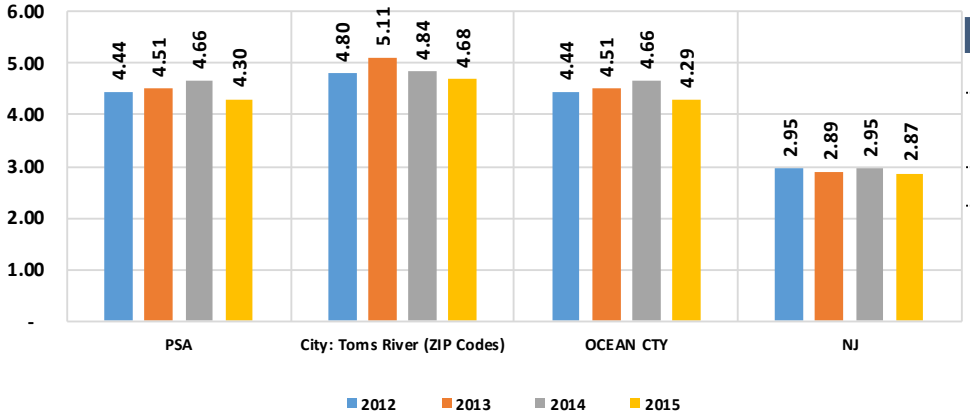
HEART ATTACK



% Change '12-'15	
PSA	12.9%
City: Toms River (ZIP Codes)	-15.9%
OCEAN CTY	12.7%
NJ	4.8%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 280-285

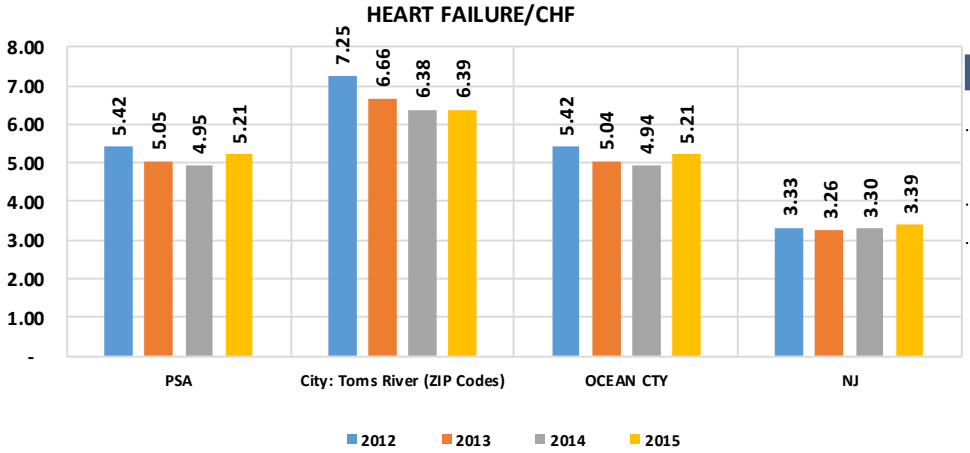
STROKE/TIA



% Change '12-'15	
PSA	-3.1%
City: Toms River (ZIP Codes)	-2.4%
OCEAN CTY	-3.2%
NJ	-2.7%

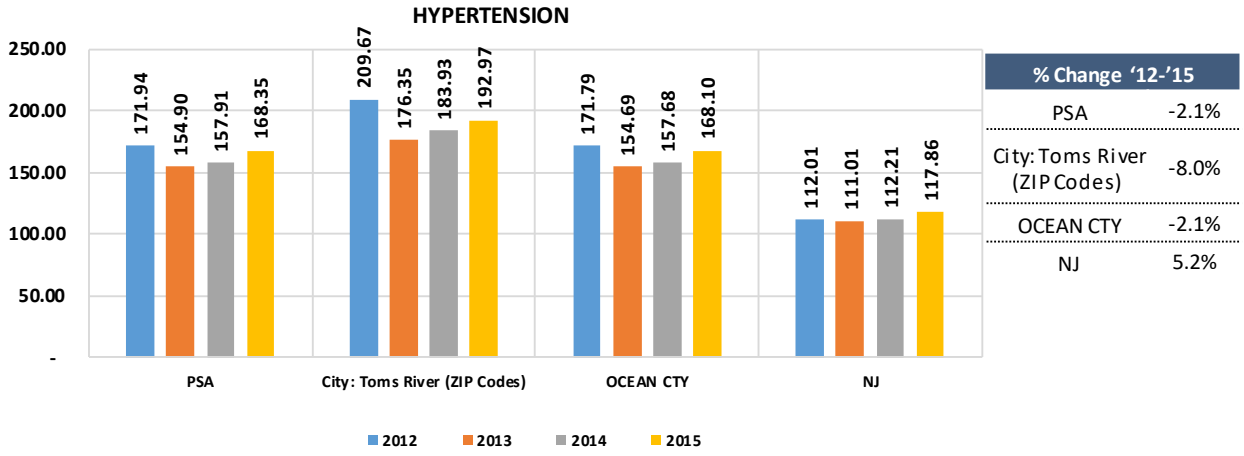
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 061-069

HEART FAILURE/CHF



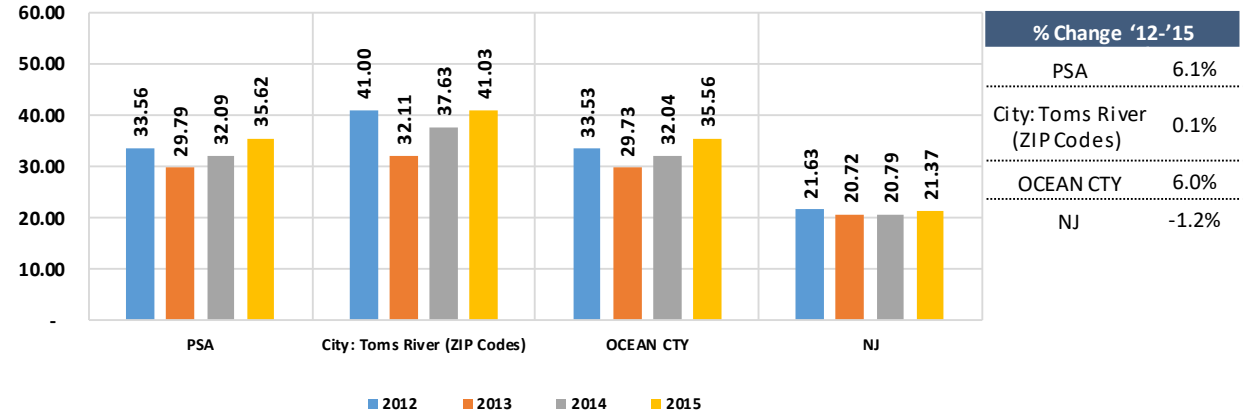
% Change '12-'15	
PSA	-3.8%
City: Toms River (ZIP Codes)	-11.9%
OCEAN CTY	-3.7%
NJ	1.9%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 291-293



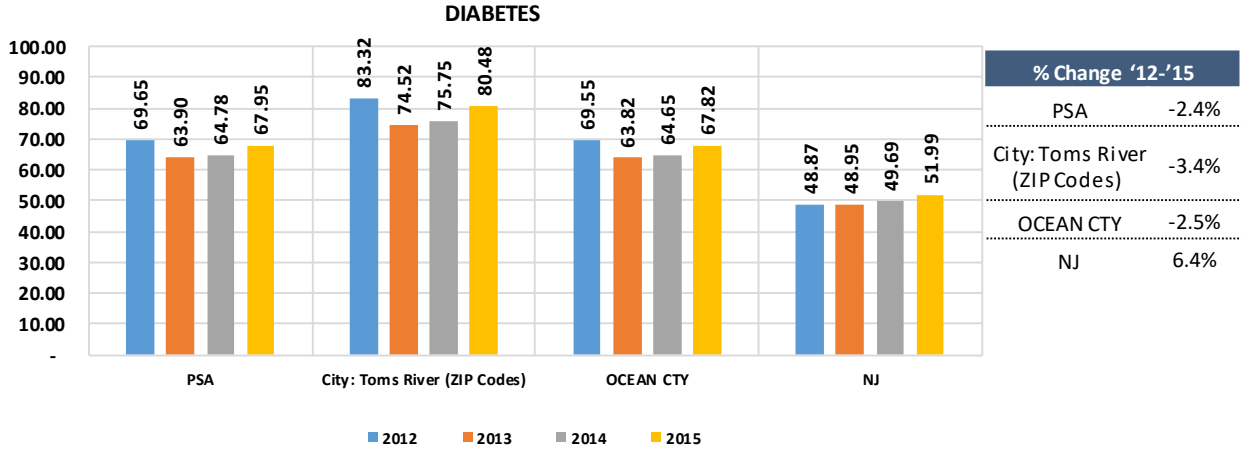
% Change '12-'15	
PSA	-2.1%
City: Toms River (ZIP Codes)	-8.0%
OCEAN CTY	-2.1%
NJ	5.2%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 401-405.99 (Appearing in First 13 DX on Patient Record)



% Change '12-'15	
PSA	6.1%
City: Toms River (ZIP Codes)	0.1%
OCEAN CTY	6.0%
NJ	-1.2%

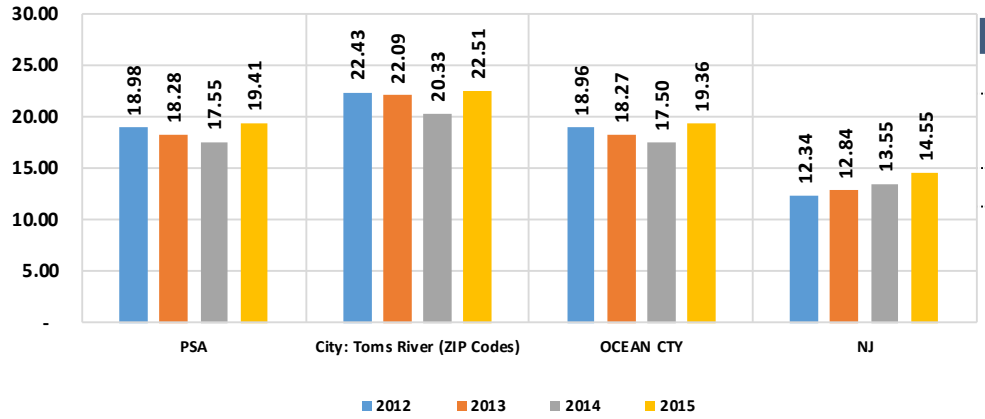
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Codes 272.0 or 272.2 (Appearing in First 13 DX on Patient Record)



% Change '12-'15	
PSA	-2.4%
City: Toms River (ZIP Codes)	-3.4%
OCEAN CTY	-2.5%
NJ	6.4%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 249.00-250.03 (Appearing in First 13 DX on Patient Record)

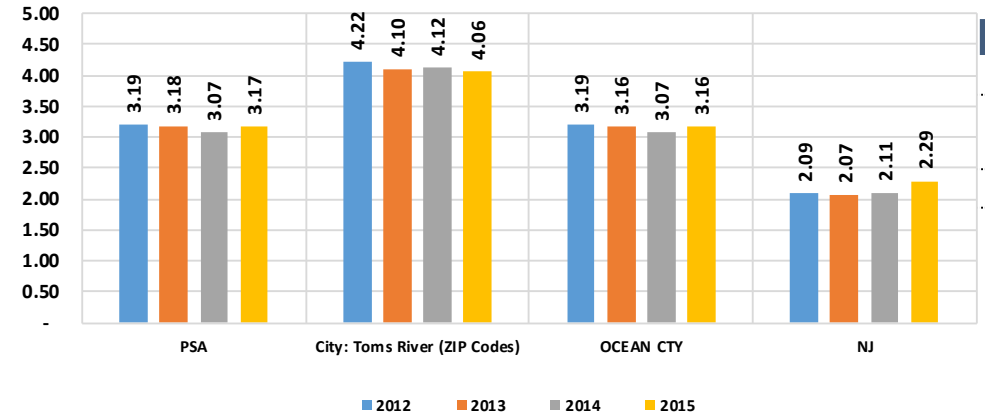
OBESITY



% Change '12-'15	
PSA	2.3%
City: Toms River (ZIP Codes)	0.4%
OCEAN CTY	2.1%
NJ	17.9%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Codes 278.0,278.00, 278.01 (Appearing in First 13 DX on Patient Record)

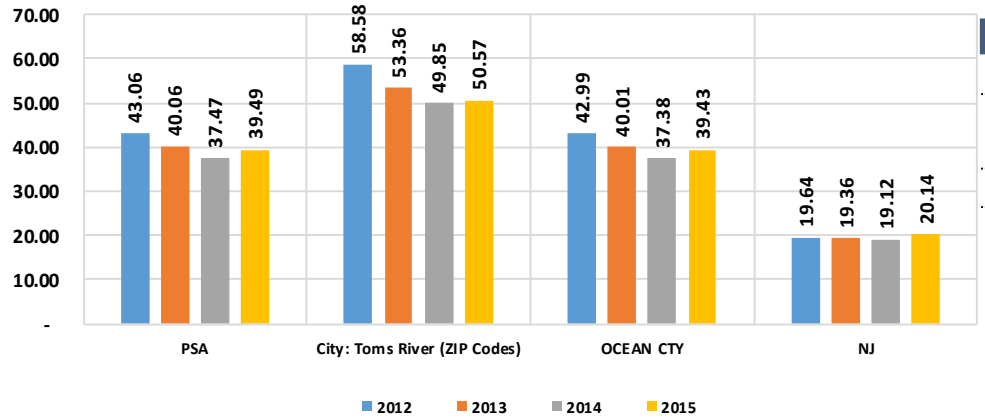
RENAL FAILURE



% Change '12-'15	
PSA	-0.8%
City: Toms River (ZIP Codes)	-3.8%
OCEAN CTY	-1.0%
NJ	9.7%

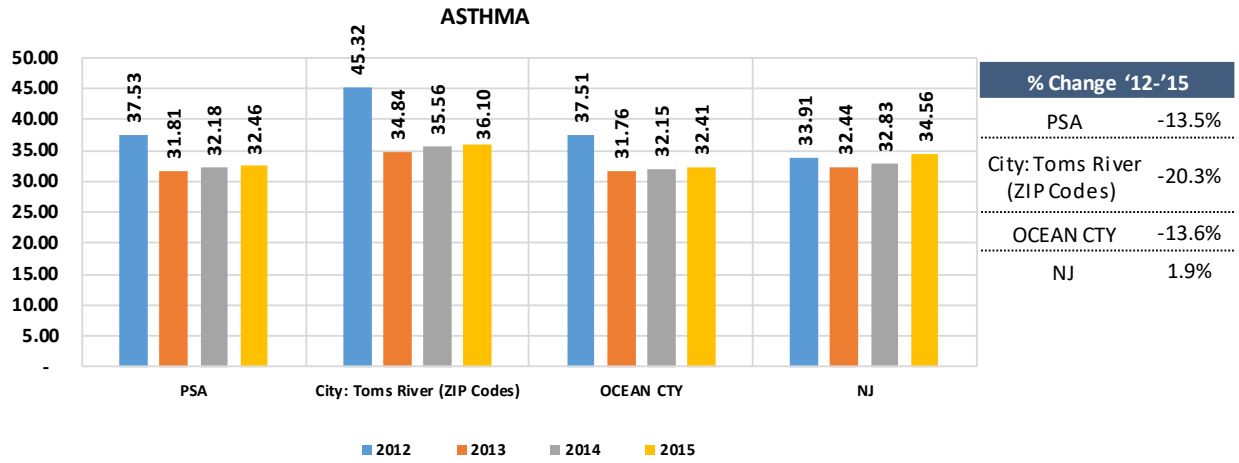
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGS 682-685

COPD (Excludes Asthma)



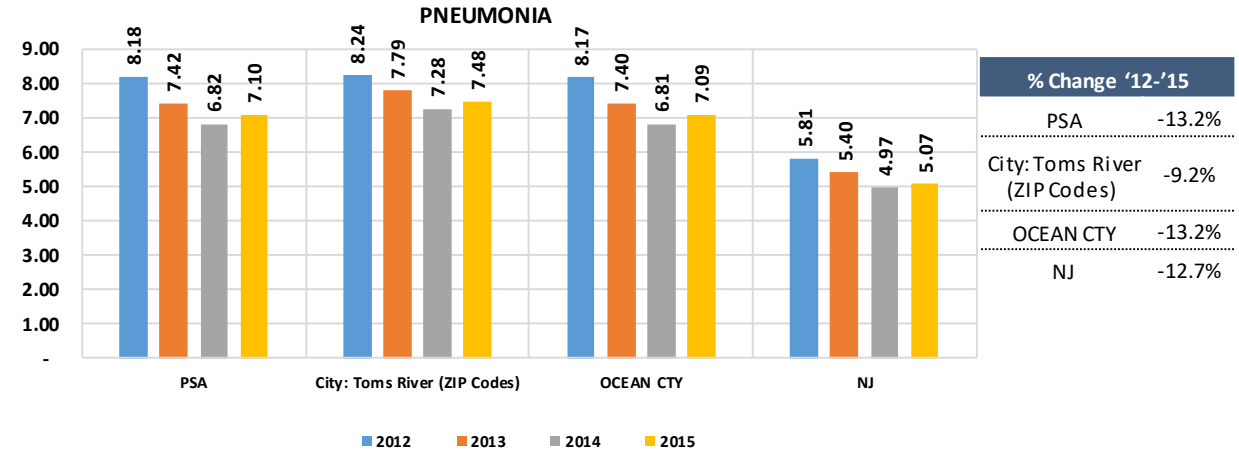
% Change '12-'15	
PSA	-8.3%
City: Toms River (ZIP Codes)	-13.7%
OCEAN CTY	-8.3%
NJ	2.6%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Ranges 490-492 & 494-496 (Appearing in First 13 DX on Patient Record)



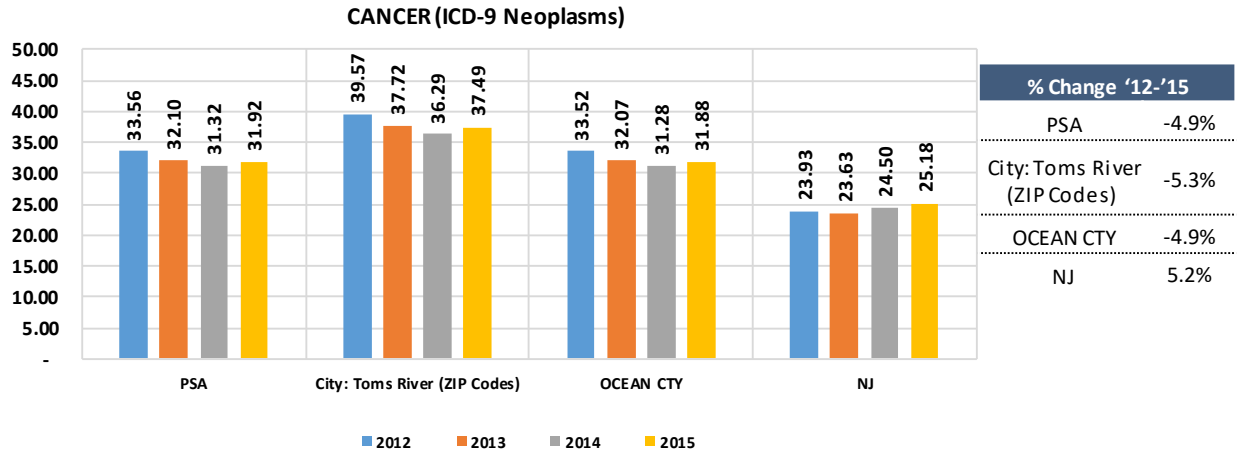
% Change '12-'15	
PSA	-13.5%
City: Toms River (ZIP Codes)	-20.3%
OCEAN CTY	-13.6%
NJ	1.9%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 493-493.9 (Appearing In First 13 DX on Patient Record)



% Change '12-'15	
PSA	-13.2%
City: Toms River (ZIP Codes)	-9.2%
OCEAN CTY	-13.2%
NJ	-12.7%

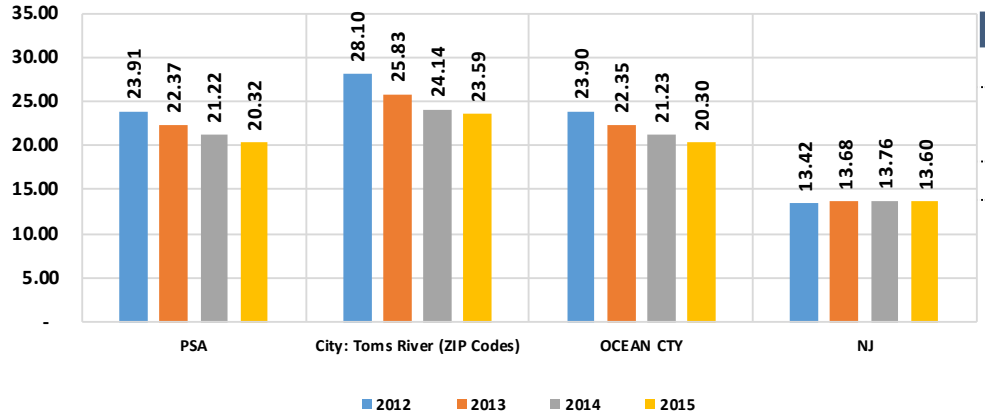
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 177, 178, 179, 193, 194, 195



% Change '12-'15	
PSA	-4.9%
City: Toms River (ZIP Codes)	-5.3%
OCEAN CTY	-4.9%
NJ	5.2%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 140-239 (Appearing In First 13 DX on Patient Record)

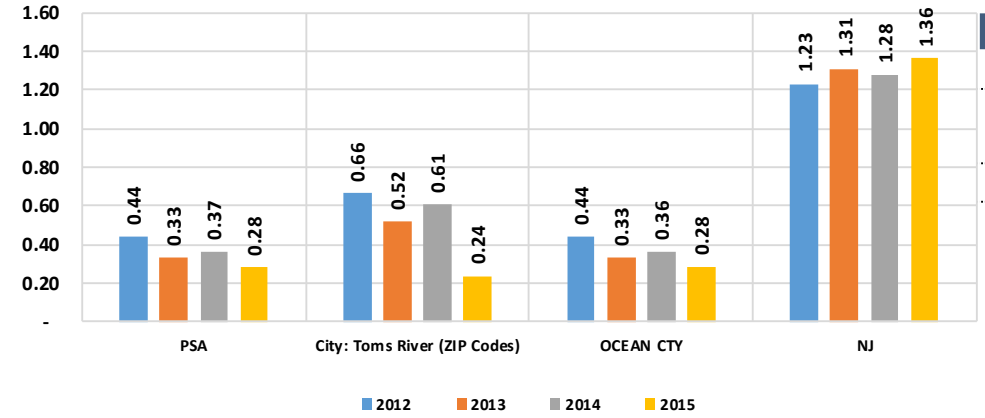
HISTORY OF CANCER (ICD-9 HX of Cancer)



% Change '12-'15	
PSA	-15.0%
City: Toms River (ZIP Codes)	-16.1%
OCEAN CTY	-15.1%
NJ	1.3%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range V10-V10.91 (Appearing In First 13 DX on Patient Record)

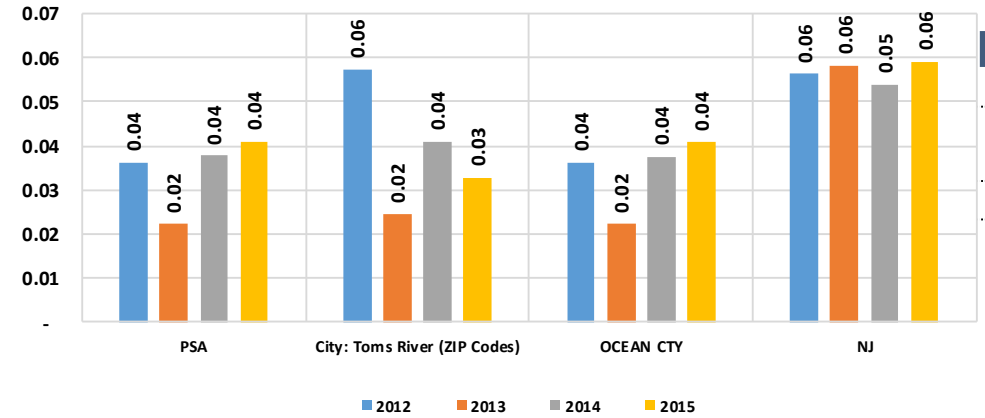
SICKLE CELL ANEMIA



% Change '12-'15	
PSA	-35.8%
City: Toms River (ZIP Codes)	-64.0%
OCEAN CTY	-35.4%
NJ	10.5%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 282.6-282.69 (Appearing In First 13 DX on Patient Record)

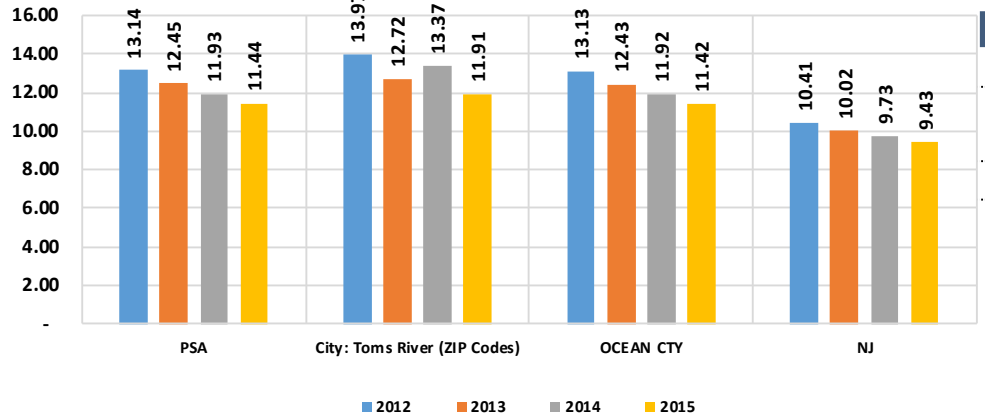
TUBERCULOSIS



% Change '12-'15	
PSA	13.0%
City: Toms River (ZIP Codes)	-42.6%
OCEAN CTY	13.0%
NJ	5.1%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 010-018.96 (Appearing In First 13 DX on Patient Record)

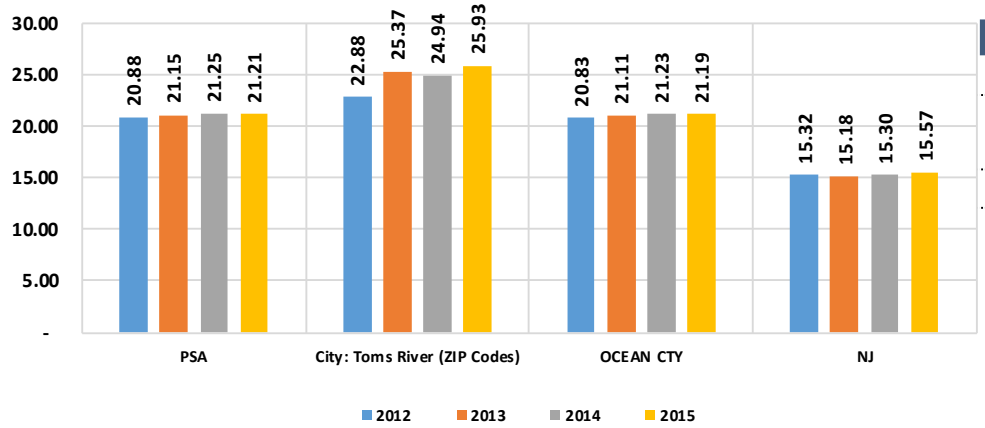
CELLULITIS



% Change '12-'15	
PSA	-12.9%
City: Toms River (ZIP Codes)	-14.7%
OCEAN CTY	-13.0%
NJ	-9.4%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGS 602, 603

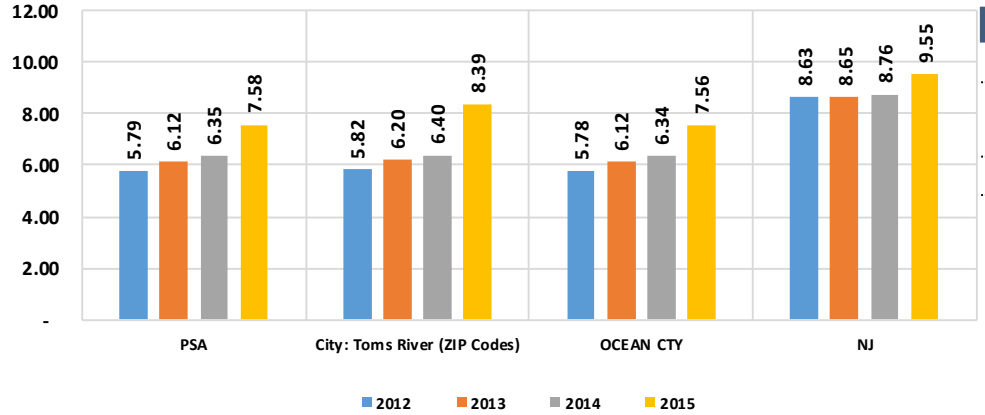
MENTAL HEALTH



% Change '12-'15	
PSA	1.6%
City: Toms River (ZIP Codes)	13.3%
OCEAN CTY	1.7%
NJ	1.6%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges – MDC 19

SUBSTANCE ABUSE



% Change '12-'15	
PSA	31.0%
City: Toms River (ZIP Codes)	44.1%
OCEAN CTY	30.7%
NJ	10.7%

Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
Definition: Inpatient, Same Day Stay and ED Discharges – MDC 20

APPENDIX D1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN OCEAN COUNTY 2015

In 2015 in BHBH' service area, 97.9% of cancer inpatients and 95.7% of cancer outpatients treated at acute care facilities resided in the Primary Service Area. In total, 98.1% of inpatients and 96.1% of outpatients resided in Ocean County. Manchester Township (08759) and Toms River (08757) represent the largest segments of inpatient and outpatient cancer patients treated at acute care facilities in BHBH's service area. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2015 BHBH IP PATIENTS	%	2015 BHBH OP PATIENTS	%
Ocean County	14,261	98.1%	3,328	96.1%
Primary Service Area	14,234	97.9%	3,316	95.7%
Out of Area (NJ)	191	1.3%	116	3.3%
Out of State	112	0.8%	32	0.9%
TOTAL	**14,537**	**100.0%**	**3,464**	**100.0%**
Manchester Township (08759)	3,249	22.3%	763	22.0
Toms River (08757)	3,385	23.3%	616	17.8

APPENDIX D2: CANCER INCIDENCE RATE REPORT: OCEAN COUNTY 2009-2013

INCIDENCE RATE REPORT FOR OCEAN COUNTY 2009-2013[145]					
Cancer Site	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
All Races (includes Hispanic), Both Sexes (except where noted), All Ages					
ALL SITES	518.8	4,325	falling	-4.2	
BLADDER	25.6	238	falling	-4.8	
BRAIN & ONS	8.5	58	stable	0.6	
BREAST: Females	126.4	539	falling	-0.8	
CERVIX: Females	9.0	29	falling	-2.4	
COLON & RECTUM	47.0	417	falling	-3.4	
ESOPHAGUS	5.3	47	stable	-6.4	
KIDNEY & RENAL	16.8	138	rising	1.5	
LEUKEMIA	13.7	113	stable	-0.4	
LIVER & BILE DUCT	7.7	66	rising	4.2	
LUNG & BRONCHUS	71.4	645	falling	-4.0	
MELANOMA	33.2	263	rising	3.7	
NON-HODGKIN'S LYMPHOMA	21.4	180	stable	-0.4	
ORAL CAVITY & PHARYNX	11.6	95	stable	0.0	
OVARY: Females	13.2	57	falling	-1.9	
PANCREAS	14.7	134	rising	0.9	
PROSTATE: Males	140.8	548	falling	-2.7	
STOMACH	7.6	67	falling	-1.9	
THYROID	23.1	142	rising	8.3	
UTERUS: Females	32.2	142	stable	0.4	

[145] statecancerprofiles.cancer.gov 08/01/2016; Data for the United States does not include data from Nevada; *** signifies de-identified data point.

APPENDIX D3: CANCER INCIDENCE DETAILED RATE REPORT: OCEAN COUNTY 2009-2013 SELECT CANCER SITES: RISING INCIDENCE RATE AND/OR UNFAVORABLE COMPARISON TO OTHER NJ COUNTIES

		BRAIN & ONS	ESOPHAGUS	KIDNEY & RENAL	LIVER & BILE DUCT
INCIDENCE RATE REPORT FOR OCEAN COUNTY: 2009-2013 All Races (includes Hispanic), All Ages, Male and Female (Unless Noted)	**Age-Adjusted Incidence Rate**	8.5	5.3	16.8	7.7
	Average Annual Count	58.0	47.0	138.0	66.0
	Recent	stable	stable	rising	rising
	Trend	0.6	-6.4	1.5	4.2
	RWJ Barnabas County Indicator				
White (Non-Hispanic)	Age-Adjusted Incidence Rate	8.6	5.4	16.9	7.8
	Average Annual Count	57.0	46.0	133.0	64.0
	Recent	stable	stable	rising	rising
	Trend	0.5	-6.3	1.5	4.3
Black (Includes Hispanic)	Age-Adjusted Incidence Rate	*	*	17.0	*
	Average Annual Count	3 or fewer	3 or fewer	*2015 Submission Data*	3 or fewer
	Recent	*	*	*	*
	Trend	*	*	*	*
Asian / Pacific Islander	Age-Adjusted Incidence Rate	*	*	*	*
	Average Annual Count	3 or fewer	3 or fewer	3 or fewer	3 or fewer
	Recent	*	*	*	*
	Trend	*	*	*	*
Hispanic (of Any Race)	Age-Adjusted Incidence Rate	*	*	18.6	*
	Average Annual Count	3 or fewer	3 or fewer	5.0	3 or fewer
	Recent	*	*	*	*
	Trend	*	*	*	*
MALES	Age-Adjusted Incidence Rate	10.2	9.5	23.4	12.4
	Average Annual Count	33.0	36.0	85.0	46.0
	Recent	stable	stable	rising	rising
	Trend	0.9	-6.5	1.1	4.4
FEMALES	Age-Adjusted Incidence Rate	6.9	2.0	11.5	4.0
	Average Annual Count	26.0	11.0	52.0	20.0
	Recent	stable	falling	rising	rising
	Trend	0.1	-5.0	2.1	3.2

		LUNG & BRONCHUS	MELANOMA	PANCREAS	THYROID
INCIDENCE RATE REPORT FOR OCEAN COUNTY: 2009-2013 All Races (includes Hispanic), All Ages, Male and Female (Unless Noted)	**Age-Adjusted Incidence Rate**	71.4	33.2	14.7	23.1
	Average Annual Count	645.0	263.0	134.0	142.0
	Recent Trend	falling	rising	rising	rising
		-4.0	3.7	0.9	8.3
	RWJ Barnabas County Indicator				
White (Non-Hispanic)	Age-Adjusted Incidence Rate	72.4	33.2	14.7	23.8
	Average Annual Count	632.0	252.0	129.0	138.0
	Recent Trend	falling	stable	rising	rising
		-4.0	3.0	0.9	8.4
Black (Includes Hispanic)	Age-Adjusted Incidence Rate	47.1	*	*	*
	Average Annual Count	8.0	3 or fewer	3 or fewer	3 or fewer
	Recent Trend	stable	*	*	*
		-2.2	*	*	*
Asian / Pacific Islander	Age-Adjusted Incidence Rate	39.1	*	*	*
	Average Annual Count	4.0	3 or fewer	3 or fewer	3 or fewer
	Recent Trend	*	*	*	*
		*	*	*	*
Hispanic (of Any Race)	Age-Adjusted Incidence Rate	64.7	*	14.0	19.0
	Average Annual Count	17.0	3 or fewer	4.0	7.0
	Recent Trend	falling	*	*	*
		-2.8	*	*	*
MALES	Age-Adjusted Incidence Rate	78.6	41.2	16.4	12.2
	Average Annual Count	305.0	151.0	63.0	36.0
	Recent Trend	falling	rising	stable	rising
		-7.3	3.8	0.4	8.5
FEMALES	Age-Adjusted Incidence Rate	66.6	28.0	13.3	33.3
	Average Annual Count	340.0	112.0	71.0	106.0
	Recent Trend	falling	rising	rising	stable
		-3.1	3.6	1.4	-1.4

APPENDIX D4: CANCER MORTALITY RATE REPORT: OCEAN COUNTY 2009-2013

MORTALITY RATE REPORT FOR OCEAN COUNTY 2009-2013[146]						
Cancer Site	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
All Races (includes Hispanic), Both Sexes (except where noted), All Ages						
ALL SITES: HP2020 Objective C-1 (160.6)	No	174.2	1,607	falling	-1.4	
BLADDER: HP2020 Objective (N/A)	n/a	5.6	55	stable	0.0	
BRAIN & ONS: HP2020 Objective (N/A)	n/a	4.3	34	stable	-0.2	
BREAST: Females: HP2020 Objective C-3 (20.6)	No	23.4	114	falling	-2.3	
CERVIX: Females: HP2020 Objective C-4 (2.2)	Yes	2.0	8	stable	-1.5	
COLON & RECTUM: HP2020 Objective C-5 (14.5)	No	15.5	147	falling	-2.6	
ESOPHAGUS: HP2020 Objective (N/A)	n/a	4.7	43	stable	0.4	
KIDNEY & RENAL: HP2020 Objective (N/A)	n/a	3.2	29	falling	-1.4	
LEUKEMIA: HP2020 Objective (N/A)	n/a	6.6	62	falling	-1.5	
LIVER & BILE DUCT HP2020 Objective (N/A)	n/a	5.7	50	stable	0.1	
LUNG & BRONCHUS: HP2020 Objective C-2 (45.5)	No	47.7	442	falling	-4.3	
MELANOMA: HP2020 Objective C-8 (2.4)	No	3.3	28	stable	-0.1	
NON-HODGKIN'S LYMPHOMA: HP2020 Objective (N/A)	n/a	5.7	54	stable	4.5	
ORAL CAVITY & PHARYNX: HP2020 Objective C-6 (2.3)	Yes	2.1	19	falling	-1.5	
OVARY: Females: HP2020 Objective (N/A)	n/a	7.6	39	falling	-1.8	
PANCREAS: HP2020 Objective (N/A)	n/a	13.0	122	rising	0.6	
PROSTATE: Males: HP2020 Objective C-7 (21.8)	Yes	18.0	74	falling	-3.7	
STOMACH: HP2020 Objective (N/A)	n/a	3	28	falling	-4.3	
THYROID: HP2020 Objective (N/A)	n/a	0.5	5	**	**	
UTERUS: Females: HP2020 Objective (N/A)	n/a	5.1	26	stable	1.4	

[146] statecancerprofiles.cancer.gov 08/01/2016; Data for the United States does not include data from Nevada; *** signifies de-identified data point

APPENDIX D5: CANCER MORTALITY DETAILED RATE REPORT: OCEAN COUNTY 2009-2013 SELECT CANCER SITES: RISING MORTALITY RATE AND/OR UNFAVORABLE COMPARISON TO OTHER NJ COUNTIES

		ESOPHAGUS: HP2020 Objective (N/A)	MELANOMA: HP2020 Objective C-8 (2.4)	PANCREAS: HP2020 Objective (N/A)
MORTALITY RATE REPORT - OCEAN COUNTY 2009-2013[1] All Races (includes Hispanic), All Ages, Male and Female (Unless Noted)	**Met HP2020 Objective**	n/a	No	n/a
	Age-Adjusted Death Rate	4.7	3.3	13.0
	Average Deaths/Year	43.0	28.0	122.0
	Recent	stable (0.4)	stable (-0.1)	rising (0.6)
	RWJ Barnabas County Indicator Comparison			
White (Non-Hispanic)	**Met HP2020 Objective**	***	No	***
	Age-Adjusted Death Rate	4.9	3.4	12.8
	Average Deaths/Year	43.0	28.0	117.0
	Recent / Trend	stable (0.8)	stable (-0.1)	rising (0.5)
Black (Includes Hispanic)	**Met HP2020 Objective**	*	*	***
	Age-Adjusted Death Rate	*	*	18.4
	Average Deaths/Year	3 or fewer	3 or fewer	**
	Recent / Trend	**	**	**
Asian / Pacific Islander	**Met HP2020 Objective**	*	*	*
	Age-Adjusted Death Rate	*	*	*
	Average Deaths/Year	3 or fewer	3 or fewer	3 or fewer
	Recent / Trend	**	**	**
Hispanic (of Any Race)	**Met HP2020 Objective**	*	*	*
	Age-Adjusted Death Rate	*	*	*
	Average Deaths/Year	3 or fewer	3 or fewer	3 or fewer
	Recent / Trend	**	**	**
MALES	**Met HP2020 Objective**	***	No	***
	Age-Adjusted Death Rate	9.0	5.4	14.4
	Average Deaths/Year	35.0	20.0	56.0
	Recent / Trend	stable (0.9)	stable (0.7)	stable (0.2)
FEMALES	**Met HP2020 Objective**	***	Yes	***
	Age-Adjusted Death Rate	1.4	1.7	11.8
	Average Deaths/Year	8.0	9.0	65.0
	Recent / Trend	stable (-1.2)	stable (-1.7)	Stable (0.9)

APPENDIX D6: CANCER INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages					
United States	448.4	1,540,559	falling	-1.9	
New Jersey	484.0	48,523	falling	-4.4	
Atlantic County	497.9	1618	falling	-5.9	
Bergen County	464.6	5,199	falling	-1.7	
Burlington County	529.1	2799	stable	-3.9	
Camden County	526.5	2,978	falling	-4.5	
Cape May County	558.6	853	stable	-3.8	
Cumberland County	515.1	863	stable	0.0	
Essex County	451.9	3,617	falling	-2.0	
Gloucester County	540.6	1713	stable	-4.4	
Hudson County	394.4	2367	falling	-4.7	
Hunterdon County	476.4	722	stable	-0.4	
Mercer County	499.9	2008	stable	-4.2	
Middlesex County	465.6	4,050	falling	-3.8	
Monmouth County	522.4	3,904	stable	-3.9	
Morris County	486.1	2834	falling	-4.6	
Ocean County	518.8	4,325	falling	-4.2	
Passaic County	446.1	2333	falling	-5.2	
Salem County	531.7	434	stable	-0.2	
Somerset County	471.0	1717	falling	-2.3	
Sussex County	490.0	833	falling	-3.0	
Union County	459.4	2673	falling	-5.7	
Warren County	503.3	651	falling	-0.7	
BLADDER: All Races (includes Hispanic), Both Sexes, All Ages					
United States	20.7	70,418	falling	-1.3	
New Jersey	23.8	2378	falling	-3.0	
Atlantic County	29.2	94	stable	0.1	
Bergen County	23.1	266	falling	-3.1	
Burlington County	27.0	143	stable	-0.1	
Camden County	23.9	135	stable	-0.3	
Cape May County	35.7	57	rising	1.4	
Cumberland County	27.1	45	rising	1.3	

[147] statecancerprofiles.cancer.gov 08/01/2016; Data for the United States does not include data from Nevada; *** signifies de-identified data point.

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Essex County	19.7	152	stable	-0.4	
Gloucester County	28.6	87	stable	0.5	
Hudson County	17.4	97	falling	-1.8	
Hunterdon County	27.4	40	stable	1.2	
Mercer County	23.9	95	stable	-12.3	
Middlesex County	23.3	198	falling	-3.9	
Monmouth County	24.8	184	stable	-0.3	
Morris County	24.9	146	falling	-3.6	
Ocean County	25.6	238	falling	-4.8	
Passaic County	18.9	98	stable	-0.9	
Salem County	29.7	25	stable	0.2	
Somerset County	23.6	83	stable	0.6	
Sussex County	24.5	40	stable	-0.7	
Union County	20.3	118	falling	-6.2	
Warren County	28.3	36	stable	-0.9	
BRAIN & ONS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	6.6	21761	falling	-1.2	
New Jersey	7.0	666	falling	-0.4	
Atlantic County	8.0	24	stable	0.3	
Bergen County	7.9	81	stable	-0.4	
Burlington County	7.5	37	stable	0.3	
Camden County	7.3	39	stable	0.1	
Cape May County	8.8	11	stable	0.6	
Cumberland County	6.5	11	stable	-0.9	
Essex County	5.3	42	falling	-1.4	
Gloucester County	7.0	22	stable	-0.8	
Hudson County	5.1	32	falling	-1.6	
Hunterdon County	5.9	8	stable	-1.7	
Mercer County	7.1	27	stable	-0.7	
Middlesex County	6.4	54	falling	-1.0	
Monmouth County	8.0	57	stable	0.7	
Morris County	8.3	45	stable	0.1	
Ocean County	8.5	58	stable	0.6	
Passaic County	6.7	34	falling	-1.2	
Salem County	6.9	5	*	*	
Somerset County	6.4	22	stable	-17.0	
Sussex County	7.3	11	stable	-1.3	
Union County	6.3	36	stable	-1.0	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Warren County	7.7	9	stable	0.2	
BREAST: All Races (includes Hispanic), Females, All Ages					
United States	123.3	224504	stable	-0.1	
New Jersey	131.4	7105	stable	-1.5	
Atlantic County	132.9	231	stable	-0.4	
Bergen County	134.8	802	falling	-0.7	
Burlington County	136.3	389	stable	-0.3	
Camden County	145.4	447	stable	-2.3	
Cape May County	126.8	100	falling	-0.9	
Cumberland County	113.0	99	falling	-1.0	
Essex County	121.7	547	stable	0.1	
Gloucester County	135.5	237	stable	-0.3	
Hudson County	105.7	352	falling	-0.7	
Hunterdon County	150.6	125	stable	-0.4	
Mercer County	137.4	298	falling	-0.6	
Middlesex County	131.2	617	falling	-0.7	
Monmouth County	144.6	586	stable	-0.2	
Morris County	142.6	449	falling	-0.5	
Ocean County	126.4	539	falling	-0.8	
Passaic County	119.2	342	falling	-0.7	
Salem County	120.4	52	stable	-0.9	
Somerset County	134.5	270	stable	0.1	
Sussex County	126.7	116	stable	-0.4	
Union County	129.1	411	falling	-0.7	
Warren County	135.0	94	stable	-0.4	
CERVIX: All Races (includes Hispanic), Females, All Ages					
United States	7.6	12404	falling	-2.3	
New Jersey	7.9	390	falling	-2.8	
Atlantic County	11.4	17	falling	-3.6	
Bergen County	7.3	38	falling	-2.4	
Burlington County	7.6	18	stable	-0.8	
Camden County	8.6	25	falling	-2.7	
Cape May County	8.9	5	stable	8.1	
Cumberland County	9.7	8	falling	-5.0	
Essex County	9.6	42	falling	-3.9	
Gloucester County	6.8	11	falling	-2.8	
Hudson County	9.1	31	falling	-3.2	
Hunterdon County	5.7	5	stable	-2.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Mercer County	6.1	13	falling	-3.1	
Middlesex County	7.1	32	falling	-2.3	
Monmouth County	6.5	24	falling	-2.8	
Morris County	6.1	18	falling	-2.3	
Ocean County	9.0	29	falling	-2.4	
Passaic County	8.1	21	falling	-2.4	
Salem County	9.9	4	*	*	
Somerset County	7.1	13	falling	-2.0	
Sussex County	5.6	5	falling	-15.1	
Union County	9.6	29	stable	0.1	
Warren County	6.6	4	falling	-4.3	
COLON & RECTUM: All Races (includes Hispanic), Both Sexes, All Ages					
United States	40.6	139095	falling	-3.0	
New Jersey	43.5	4384	falling	-4.0	
Atlantic County	43.5	142	falling	-5.1	
Bergen County	39.2	446	falling	-4.4	
Burlington County	48.8	259	falling	-2.1	
Camden County	48.5	274	falling	-3.1	
Cape May County	48.3	75	falling	-3.0	
Cumberland County	52.2	87	falling	-1.5	
Essex County	42.3	337	falling	-4.0	
Gloucester County	49.3	155	falling	-9.2	
Hudson County	43.4	255	falling	-7.9	
Hunterdon County	40.6	61	falling	-3.2	
Mercer County	43.8	177	falling	-2.4	
Middlesex County	42.3	367	falling	-3.9	
Monmouth County	43.7	329	falling	-4.0	
Morris County	38.6	227	falling	-4.7	
Ocean County	47.0	417	falling	-3.4	
Passaic County	41.4	216	falling	-4.5	
Salem County	45.4	38	falling	-2.5	
Somerset County	38.6	142	falling	-2.3	
Sussex County	43.4	71	falling	-2.9	
Union County	42.9	248	falling	-4.6	
Warren County	44.4	58	falling	-3.2	
ESOPHAGUS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	4.7	16328	falling	-2.1	
New Jersey	4.6	467	falling	-4.9	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Atlantic County	5.2	17	falling	-2.5	
Bergen County	3.5	41	stable	-0.9	
Burlington County	5.5	30	stable	0.3	
Camden County	5.2	29	falling	-1.2	
Cape May County	5.8	9	stable	-1.2	
Cumberland County	6.6	11	stable	0.9	
Essex County	4.3	35	falling	-3.2	
Gloucester County	6.0	20	stable	0.5	
Hudson County	3.7	22	falling	-2.7	
Hunterdon County	5.0	8	stable	-0.2	
Mercer County	4.4	18	stable	-1.4	
Middlesex County	4.6	40	falling	-1.1	
Monmouth County	5.1	38	stable	-0.2	
Morris County	4.5	27	stable	0.2	
Ocean County	5.3	47	stable	-6.4	
Passaic County	4.8	25	falling	-1.4	
Salem County	4.1	3	stable	-2.5	
Somerset County	3.2	12	stable	-1.6	
Sussex County	4.4	8	stable	-0.3	
Union County	3.2	19	falling	-2.1	
Warren County	5.6	7	stable	1.2	
KIDNEY & RENAL: All Races (includes Hispanic), Both Sexes, All Ages					
United States	16.0	55089	stable	-0.2	
New Jersey	15.5	1560	falling	-2.4	
Atlantic County	16.4	54	rising	1.2	
Bergen County	15.6	175	rising	1.0	
Burlington County	19.9	104	rising	2.7	
Camden County	17.9	101	rising	1.9	
Cape May County	19.2	30	rising	2.1	
Cumberland County	22.1	37	rising	4.3	
Essex County	13.0	104	rising	0.8	
Gloucester County	20.0	63	rising	2.4	
Hudson County	11.9	73	stable	0.6	
Hunterdon County	12.8	20	stable	1.5	
Mercer County	15.4	62	rising	1.9	
Middlesex County	14.4	126	stable	-2.1	
Monmouth County	15.8	120	rising	1.0	
Morris County	13.3	79	stable	0.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Ocean County	16.8	138	rising	1.5	
Passaic County	15.6	82	rising	1.6	
Salem County	19.0	15	stable	0.9	
Somerset County	13.7	50	rising	1.7	
Sussex County	15.0	27	stable	0.3	
Union County	14.0	82	stable	0.7	
Warren County	15.2	19	stable	0.7	
LEUKEMIA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	13.4	44727	stable	-0.6	
New Jersey	14.5	1418	stable	0.2	
Atlantic County	12.5	39	stable	-0.1	
Bergen County	16.2	177	stable	-6.3	
Burlington County	15.1	77	stable	0.9	
Camden County	14.5	81	stable	0.6	
Cape May County	17.5	26	stable	1.3	
Cumberland County	15.3	25	rising	1.9	
Essex County	12.0	93	falling	-0.8	
Gloucester County	17.1	52	rising	1.4	
Hudson County	12.2	72	falling	-0.8	
Hunterdon County	12.7	19	stable	-0.9	
Mercer County	12.8	51	stable	-0.4	
Middlesex County	15.1	129	stable	0.4	
Monmouth County	14.8	107	stable	0.6	
Morris County	15.9	90	stable	0.3	
Ocean County	13.7	113	stable	-0.4	
Passaic County	14.4	73	stable	-0.5	
Salem County	15.1	11	stable	0.9	
Somerset County	15.3	54	stable	0.4	
Sussex County	15.3	25	stable	0.8	
Union County	14.8	84	stable	0.7	
Warren County	12.5	16	falling	-1.3	
LIVER & BILE DUCT: All Races (includes Hispanic), Both Sexes, All Ages					
United States	7.6	27290	rising	2.0	
New Jersey (State)	7.2	751	stable	-2.4	
Atlantic County	7.8	27	rising	3.3	
Bergen County	7.0	80	rising	1.6	
Burlington County	7.0	39	rising	3.0	
Camden County	8.6	51	stable	-7.6	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Cape May County	7.5	12	rising	5.4	
Cumberland County	10.4	18	rising	6.7	
Essex County	7.8	66	rising	1.9	
Gloucester County	7.2	24	rising	3.7	
Hudson County	7.2	45	rising	1.7	
Hunterdon County	4.9	8	*	*	
Mercer County	8.3	35	rising	4.0	
Middlesex County	7.4	66	rising	3.2	
Monmouth County	6.2	49	stable	1.3	
Morris County	5.7	34	stable	1.1	
Ocean County	7.7	66	rising	4.2	
Passaic County	7.7	42	rising	2.8	
Salem County	11.5	10	rising	4.8	
Somerset County	5.6	21	rising	2.7	
Sussex County	6.6	11	stable	1.8	
Union County	6.5	39	rising	2.7	
Warren County	6.6	9	stable	0.7	
LUNG & BRONCHUS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	62.4	214614	falling	-2.5	
New Jersey	59.0	5900	falling	-4.3	
Atlantic County	69.9	230	falling	-6.4	
Bergen County	50.9	580	falling	-3.3	
Burlington County	65.1	342	stable	-5.7	
Camden County	71.9	406	stable	-5.4	
Cape May County	83.5	136	stable	-0.4	
Cumberland County	73.4	122	stable	-6.9	
Essex County	50.9	399	falling	-2.6	
Gloucester County	80.5	250	stable	-5.6	
Hudson County	48.8	279	falling	-2.1	
Hunterdon County	54.4	80	falling	-1.7	
Mercer County	59.1	235	falling	-1.2	
Middlesex County	53.4	459	stable	-7.3	
Monmouth County	63.9	475	stable	-7.1	
Morris County	49.6	287	falling	-5.8	
Ocean County	71.4	645	falling	-4.0	
Passaic County	53.8	276	falling	-1.2	
Salem County	72.8	62	falling	-1.1	
Somerset County	48.7	171	falling	-1.3	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Sussex County	64.2	106	falling	-1.3	
Union County	47.9	274	falling	-1.6	
Warren County	65.4	85	falling	-1.0	
MELANOMA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	20.3	68242	stable	0.7	
New Jersey	21.7	2143	stable	-1.7	
Atlantic County	24.2	77	stable	-5.1	
Bergen County	17.9	196	falling	-3.4	
Burlington County	27.3	143	stable	0.6	
Camden County	20.0	114	stable	-2.4	
Cape May County	40.8	60	stable	-3.4	
Cumberland County	17.3	29	rising	2.0	
Essex County	12.5	99	stable	-0.9	
Gloucester County	25.7	80	stable	-2.1	
Hudson County	7.0	44	falling	-9.0	
Hunterdon County	35.1	52	rising	5.4	
Mercer County	24.1	95	rising	3.7	
Middlesex County	17.1	146	rising	1.6	
Monmouth County	32.4	235	rising	2.3	
Morris County	26.9	154	stable	-0.7	
Ocean County	33.2	263	rising	3.7	
Passaic County	13.3	69	falling	-6.6	
Salem County	32.5	25	rising	5.0	
Somerset County	24.5	89	stable	-1.5	
Sussex County	27.0	46	rising	2.5	
Union County	16.0	93	stable	1.1	
Warren County	23.7	31	stable	1.4	
NON-HODGKIN'S LYMPHOMA: All Races (includes Hispanic), Both Sexes, All Ages					
United States	19.1	64576	falling	-1.7	
New Jersey	21.2	2094	stable	-3.0	
Atlantic County	19.4	61	falling	-0.9	
Bergen County	21.8	242	falling	-0.7	
Burlington County	21.2	110	stable	0.4	
Camden County	21.0	117	stable	0.2	
Cape May County	17.7	27	stable	-0.7	
Cumberland County	20.0	33	stable	0.2	
Essex County	20.7	164	stable	0.1	
Gloucester County	20.9	65	stable	0.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Hudson County	17.4	105	falling	-2.1	
Hunterdon County	22.8	33	stable	0.6	
Mercer County	23.4	92	stable	0.6	
Middlesex County	21.0	180	stable	0.4	
Monmouth County	22.8	169	falling	-1.0	
Morris County	22.6	129	stable	-1.1	
Ocean County	21.4	180	stable	-0.4	
Passaic County	19.4	100	stable	0.3	
Salem County	19.5	16	stable	0.3	
Somerset County	20.4	75	stable	-1.8	
Sussex County	22.0	36	stable	0.4	
Union County	21.9	127	falling	-1.1	
Warren County	21.3	26	stable	0.3	
ORAL CAVITY & PHARYNX: All Races (includes Hispanic), Both Sexes, All Ages					
United States	11.3	39885	stable	0.5	
New Jersey	10.4	1066	falling	-0.6	
Atlantic County	13.1	45	stable	-0.3	
Bergen County	9.5	108	stable	0.0	
Burlington County	12.0	65	stable	-0.1	
Camden County	12.2	70	stable	0.4	
Cape May County	11.0	17	stable	0.1	
Cumberland County	11.9	21	stable	0.2	
Essex County	8.5	70	falling	-2.7	
Gloucester County	11.1	37	stable	0.7	
Hudson County	8.2	51	falling	-2.5	
Hunterdon County	7.0	13	stable	-0.6	
Mercer County	10.1	42	falling	-1.5	
Middlesex County	11.1	98	stable	0.0	
Monmouth County	11.3	88	stable	-0.2	
Morris County	10.5	63	stable	0.1	
Ocean County	11.6	95	stable	0.0	
Passaic County	9.1	48	falling	-1.7	
Salem County	13.6	11	stable	1.1	
Somerset County	9.6	38	stable	0.7	
Sussex County	12.8	22	stable	0.6	
Union County	9.1	55	falling	-0.8	
Warren County	9.3	12	stable	-0.5	
OVARY: All Races (includes Hispanic), Females, All Ages					

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
United States	11.6	21294	falling	-2.1	
New Jersey	12.6	691	falling	-6.0	
Atlantic County	9.2	16	falling	-12.0	
Bergen County	11.5	70	falling	-5.4	
Burlington County	13.8	40	falling	-1.5	
Camden County	12.7	39	falling	-1.7	
Cape May County	13.5	11	stable	-1.1	
Cumberland County	8.8	8	falling	-20.4	
Essex County	11.8	53	falling	-2.4	
Gloucester County	14.6	25	stable	-1.1	
Hudson County	12.2	40	falling	-2.2	
Hunterdon County	12.0	10	falling	-3.3	
Mercer County	14.5	32	stable	-0.6	
Middlesex County	13.8	65	falling	-1.9	
Monmouth County	12.3	51	stable	-9.5	
Morris County	13.4	43	falling	-1.8	
Ocean County	13.2	57	falling	-1.9	
Passaic County	11.4	33	falling	-2.2	
Salem County	14.2	6	stable	-0.2	
Somerset County	13.0	26	stable	-1.1	
Sussex County	17.1	16	stable	-0.8	
Union County	12.2	40	falling	-2.4	
Warren County	14.5	10	stable	-1.1	
PANCREAS: All Races (includes Hispanic), Both Sexes, All Ages					
United States	12.3	42602	stable	0.5	
New Jersey	13.7	1390	stable	-2.0	
Atlantic County	13.2	44	stable	-0.6	
Bergen County	13.3	155	stable	0.0	
Burlington County	15.0	80	stable	0.5	
Camden County	13.6	77	stable	0.3	
Cape May County	13.2	21	stable	0.7	
Cumberland County	14.9	25	rising	1.8	
Essex County	14.3	112	stable	-0.4	
Gloucester County	13.2	42	stable	1.3	
Hudson County	12.0	69	stable	-0.5	
Hunterdon County	14.3	21	stable	1.1	
Mercer County	15.6	62	rising	2.2	
Middlesex County	13.1	114	stable	0.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Monmouth County	14.1	106	stable	0.3	
Morris County	14.2	83	stable	0.7	
Ocean County	14.7	134	rising	0.9	
Passaic County	13.4	71	stable	0.2	
Salem County	12.2	10	stable	0.9	
Somerset County	12.5	45	rising	1.3	
Sussex County	11.2	18	stable	-0.6	
Union County	13.8	81	stable	0.0	
Warren County	16.0	21	stable	1.3	
PROSTATE: All Races (includes Hispanic), Males, All Ages					
United States	123.1	202783	falling	-8.5	
New Jersey	148.7	6915	stable	-11.7	
Atlantic County	135.4	213	stable	-14.4	
Bergen County	138.9	725	falling	-4.7	
Burlington County	162.4	411	falling	-14.5	
Camden County	160.0	416	stable	-11.6	
Cape May County	170.0	128	falling	-1.6	
Cumberland County	145.4	113	falling	-1.1	
Essex County	176.0	617	stable	-12.2	
Gloucester County	156.3	235	stable	-9.4	
Hudson County	117.9	300	falling	-5.6	
Hunterdon County	113.5	86	falling	-2.2	
Mercer County	153.5	284	falling	-16.9	
Middlesex County	139.0	557	falling	-3.6	
Monmouth County	158.5	562	stable	-9.6	
Morris County	157.4	440	stable	-13.5	
Ocean County	140.8	548	falling	-2.7	
Passaic County	147.2	347	falling	-6.9	
Salem County	165.4	65	stable	-0.7	
Somerset County	145.9	247	falling	-1.5	
Sussex County	132.5	119	falling	-11.4	
Union County	153.3	403	stable	-17.0	
Warren County	149.7	95	stable	-1.0	
STOMACH: All Races (includes Hispanic), Both Sexes, All Ages					
United States	6.7	22689	stable	-0.5	
New Jersey	8.0	804	falling	-1.9	
Atlantic County	8.3	27	falling	-1.6	
Bergen County	8.8	100	falling	-1.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Burlington County	6.3	34	falling	-2.4	
Camden County	8.8	50	stable	-0.9	
Cape May County	6.5	11	stable	-0.1	
Cumberland County	8.2	14	stable	-1.7	
Essex County	8.7	69	falling	-2.4	
Gloucester County	7.0	22	falling	-1.5	
Hudson County	9.6	57	falling	-1.0	
Hunterdon County	5.2	8	falling	-4.3	
Mercer County	7.6	30	falling	-2.9	
Middlesex County	7.9	68	falling	-1.9	
Monmouth County	6.5	50	falling	-2.4	
Morris County	7.2	43	falling	-1.3	
Ocean County	7.6	67	falling	-1.9	
Passaic County	8.9	46	falling	-1.3	
Salem County	6.3	5	stable	-1.5	
Somerset County	7.4	26	falling	-1.6	
Sussex County	8.4	13	falling	-2.5	
Union County	9.5	55	falling	-1.7	
Warren County	7.5	10	falling	-2.5	
THYROID: All Races (includes Hispanic), Both Sexes, All Ages					
United States	14.0	45352	rising	2.1	
New Jersey	19.1	1805	stable	1.1	
Atlantic County	15.2	45	stable	-5.6	
Bergen County	20.3	206	stable	-3.6	
Burlington County	21.5	106	rising	3.1	
Camden County	20.3	110	rising	3.0	
Cape May County	16.9	18	rising	6.5	
Cumberland County	20.0	32	stable	3.0	
Essex County	12.0	97	rising	5.1	
Gloucester County	21.2	65	rising	7.9	
Hudson County	15.0	101	stable	-3.2	
Hunterdon County	18.2	26	rising	5.2	
Mercer County	22.2	87	rising	7.7	
Middlesex County	19.1	164	rising	6.3	
Monmouth County	24.4	165	stable	-1.3	
Morris County	21.1	113	rising	6.6	
Ocean County	23.1	142	rising	8.3	
Passaic County	15.2	77	rising	6.9	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[147]					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
Salem County	21.7	15	rising	8.4	
Somerset County	22.2	80	rising	8.1	
Sussex County	15.4	25	rising	6.8	
Union County	18.5	106	rising	7.7	
Warren County	18.6	22	rising	6.0	
UTERUS: All Races (includes Hispanic), Females, All Ages					
United States	25.6	48317	rising	0.6	
New Jersey	30.8	1732	rising	0.5	
Atlantic County	30.0	54	stable	0.4	
Bergen County	28.6	180	stable	0.2	
Burlington County	29.9	89	stable	0.8	
Camden County	35.0	111	rising	1.5	
Cape May County	27.7	24	stable	0.5	
Cumberland County	34.2	31	stable	0.7	
Essex County	27.9	128	stable	0.7	
Gloucester County	30.6	56	stable	1.0	
Hudson County	23.1	79	stable	-0.4	
Hunterdon County	30.7	27	stable	-0.6	
Mercer County	33.4	75	stable	0.5	
Middlesex County	32.2	156	rising	0.8	
Monmouth County	33.0	138	rising	1.3	
Morris County	31.3	102	stable	0.2	
Ocean County	32.2	142	stable	0.4	
Passaic County	27.9	83	stable	0.2	
Salem County	33.9	15	stable	1.1	
Somerset County	34.0	70	stable	0.8	
Sussex County	37.2	36	stable	-0.3	
Union County	33.4	109	stable	0.5	
Warren County	35.7	25	stable	-0.9	

APPENDIX D7: CANCER MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
ALL SITES: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-1 (160.6)						
United States	No	168.5	577,303	falling	-1.5	
New Jersey	No	163.8	16,572	falling	-2.1	
Atlantic County	No	179.5	584	falling	-3.2	
Bergen County	Yes	147.3	1,722	falling	-2.0	
Burlington County	No	171.6	914	falling	-1.5	
Camden County	No	182.8	1,039	falling	-1.9	
Cape May County	No	193.1	314	falling	-1.1	
Cumberland County	No	189.6	317	falling	-0.9	
Essex County	No	161.8	1,272	falling	-2.4	
Gloucester County	No	193.5	602	falling	-2.5	
Hudson County	Yes	152.6	876	falling	-2.3	
Hunterdon County	Yes	145.1	210	falling	-2.0	
Mercer County	Yes	160.3	648	falling	-2.2	
Middlesex County	Yes	156.7	1,357	falling	-1.7	
Monmouth County	No	168.6	1,269	falling	-2.6	
Morris County	Yes	150.3	884	falling	-2.6	
Ocean County	No	174.2	1,607	falling	-1.4	
Passaic County	Yes	159.1	827	falling	-2.1	
Salem County	No	194.8	164	falling	-1.2	
Somerset County	Yes	153.3	549	falling	-1.7	
Sussex County	No	176.4	281	falling	-1.5	
Union County	Yes	155.6	909	falling	-1.9	
Warren County	No	175.1	227	falling	-1.0	
BLADDER: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.4	14,989	stable	0.1	
New Jersey (State)	***	4.8	493	falling	-0.5	
Atlantic County	***	5.5	18	stable	-0.9	
Bergen County	***	4.8	57	falling	-0.9	
Burlington County	***	4.7	25	stable	-0.6	
Camden County	***	4.8	27	stable	-0.1	
Cape May County	***	5.4	9	rising	23.5	
Cumberland County	***	5.4	9	stable	-0.3	
Essex County	***	4.3	34	stable	-0.4	

[148] statecancerprofiles.cancer.gov 08/01/2016; Data for the United States does not include data from Nevada; *** signifies de-identified data point.

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Gloucester County	***	5.7	17	stable	-0.4	
Hudson County	***	4.6	25	stable	3.1	
Hunterdon County	***	4.9	7	stable	-0.8	
Mercer County	***	5.0	20	stable	0.0	
Middlesex County	***	4.7	40	stable	-0.4	
Monmouth County	***	4.8	37	stable	-0.3	
Morris County	***	5.0	30	stable	0.0	
Ocean County	***	5.6	55	stable	0.0	
Passaic County	***	4.2	21	stable	-0.5	
Salem County	***	5.3	4	stable	0.2	
Somerset County	***	5.0	17	stable	0.6	
Sussex County	***	3.9	6	falling	-3.0	
Union County	***	4.4	26	stable	-1.0	
Warren County	***	6.0	8	stable	-0.7	
BRAIN & ONS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.3	14690	stable	0.5	
New Jersey (State)	***	3.7	371	falling	-0.6	
Atlantic County	***	4.2	13	stable	0.2	
Bergen County	***	3.5	39	stable	-0.4	
Burlington County	***	4.4	23	stable	-0.5	
Camden County	***	3.6	19	falling	-1.3	
Cape May County	***	4.8	7	stable	0.5	
Cumberland County	***	2.8	5	stable	-1.9	
Essex County	***	3.1	24	stable	-1.2	
Gloucester County	***	4.1	13	stable	-0.7	
Hudson County	***	2.6	16	stable	-1.1	
Hunterdon County	***	2.5	4	falling	-3.4	
Mercer County	***	3.8	15	stable	-0.4	
Middlesex County	***	3.6	31	stable	-0.4	
Monmouth County	***	4.1	31	stable	0.6	
Morris County	***	5.4	30	stable	0.4	
Ocean County	***	4.3	34	stable	-0.2	
Passaic County	***	3.7	19	stable	-1.1	
Salem County	*	*	*	**	**	
Somerset County	***	3.9	14	stable	-1.5	
Sussex County	***	4.6	7	stable	-0.2	
Union County	***	3.2	18	falling	-1.9	
Warren County	***	4.4	5	stable	0.3	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
BREAST: All Races (includes Hispanic), Females, All Ages: HP2020 Objective C-3 (20.6)						
United States	No	21.5	40923	falling	-1.9	
New Jersey	No	23.4	1347	falling	-2.3	
Atlantic County	No	26.1	47	falling	-1.8	
Bergen County	No	20.8	139	falling	-3.0	
Burlington County	No	25.2	75	falling	-2.0	
Camden County	No	27.8	91	falling	-2.0	
Cape May County	Yes	19.5	19	stable	-1.7	
Cumberland County	No	21.4	20	falling	-1.8	
Essex County	No	23.7	109	falling	-2.7	
Gloucester County	No	26.5	48	falling	-1.4	
Hudson County	No	22.3	75	falling	-2.1	
Hunterdon County	No	24.3	20	stable	-1.1	
Mercer County	No	22.5	53	falling	-2.6	
Middlesex County	No	22.6	112	falling	-2.5	
Monmouth County	No	24.7	106	falling	-2.3	
Morris County	No	21.0	70	falling	-2.5	
Ocean County	No	23.4	114	falling	-2.3	
Passaic County	No	24.2	72	falling	-1.5	
Salem County	No	26.6	13	stable	-0.9	
Somerset County	No	21.8	46	falling	-2.6	
Sussex County	No	23.0	21	falling	-2.1	
Union County	No	24.4	81	falling	-2.2	
Warren County	No	21.9	16	falling	-2.1	
CERVIX: All Races (includes Hispanic), Females, All Ages: HP2020 Objective C-4 (2.2)						
United States	No	2.3	4046	falling	-0.8	red
New Jersey	No	2.3	124	falling	-2.4	
Atlantic County	No	3.8	6	stable	-1.5	
Bergen County	Yes	2.2	13	falling	-1.5	
Burlington County	Yes	2.0	5	stable	-2.2	
Camden County	No	3.4	10	stable	-0.7	
Cape May County	*	*	*	**	**	
Cumberland County	*	*	*	**	**	
Essex County	No	3.4	15	falling	-3.0	
Gloucester County	Yes	2.0	4	**	**	
Hudson County	No	2.7	9	falling	-3.6	
Hunterdon County	*	*	*	**	**	
Mercer County	Yes	2.2	5	stable	-2.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Middlesex County	Yes	2.0	9	falling	-2.1	
Monmouth County	Yes	1.8	7	falling	-2.5	
Morris County	Yes	1.6	5	**	**	
Ocean County	Yes	2.0	8	stable	-1.5	
Passaic County	No	2.7	7	stable	-1.8	
Salem County	*	*	*	**	**	
Somerset County	Yes	1.7	3	stable	-0.5	
Sussex County	*	*	*	**	**	
Union County	Yes	1.9	6	falling	-4.1	
Warren County	*	*	*	**	**	
COLON & RECTUM: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-5 (14.5)						
United States	No	15.1	51,801	falling	-2.5	
New Jersey	No	15.6	1,601	falling	-3.0	
Atlantic County	No	16.7	54	falling	-3.2	
Bergen County	Yes	13.3	158	falling	-3.6	
Burlington County	No	16.5	89	falling	-2.7	
Camden County	No	16.9	99	falling	-2.3	
Cape May County	No	16.6	27	falling	-2.7	
Cumberland County	No	17.3	29	falling	-2.5	
Essex County	No	16.5	130	falling	-2.7	
Gloucester County	No	18.3	57	falling	-2.4	
Hudson County	No	18.3	105	falling	-2.8	
Hunterdon County	Yes	12.9	18	falling	-3.1	
Mercer County	No	15.7	64	falling	-3.1	
Middlesex County	Yes	14.5	127	falling	-3.7	
Monmouth County	No	15.8	121	falling	-3.3	
Morris County	Yes	13.2	80	falling	-3.2	
Ocean County	No	15.5	147	falling	-2.6	
Passaic County	No	15.2	80	falling	-3.2	
Salem County	No	22.7	20	falling	-1.7	
Somerset County	No	15.4	56	falling	-2.5	
Sussex County	No	17.0	27	falling	-2.8	
Union County	No	15.5	91	falling	-2.9	
Warren County	No	17.7	23	falling	-2.2	
ESOPHAGUS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	4.1	14436	falling	-0.9	
New Jersey	***	3.9	403	falling	-0.8	
Atlantic County	***	4.5	15	falling	-2.0	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Bergen County	***	2.9	33	falling	-6.8	
Burlington County	***	4.8	26	stable	0.2	
Camden County	***	4.7	28	stable	0.0	
Cape May County	***	4.0	6	stable	-1.1	
Cumberland County	***	5.0	8	stable	21.1	
Essex County	***	3.8	30	falling	-2.7	
Gloucester County	***	5.5	18	stable	0.8	
Hudson County	***	3.3	20	falling	-2.6	
Hunterdon County	***	4.8	8	**	**	
Mercer County	***	4.0	16	falling	-1.8	
Middlesex County	***	4.0	35	stable	-0.1	
Monmouth County	***	4.1	30	falling	-0.9	
Morris County	***	3.3	20	stable	-0.6	
Ocean County	***	4.7	43	stable	0.4	
Passaic County	***	3.9	21	falling	-1.4	
Salem County	***	3.8	3	stable	-2.1	
Somerset County	***	3.1	12	falling	-1.9	
Sussex County	***	5.6	9	stable	1.0	
Union County	***	2.6	16	falling	-2.8	
Warren County	***	4.0	5	stable	0.3	
KIDNEY & RENAL: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	3.9	13439	falling	-0.9	
New Jersey	***	3.3	338	falling	-1.3	
Atlantic County	***	3.4	11	stable	-1.3	
Bergen County	***	2.9	35	falling	-1.9	
Burlington County	***	3.8	21	falling	-1.5	
Camden County	***	3.5	20	falling	-1.8	
Cape May County	***	3.9	7	stable	-0.4	
Cumberland County	***	4.2	7	stable	0.2	
Essex County	***	2.9	23	falling	-1.2	
Gloucester County	***	4.5	14	stable	-0.5	
Hudson County	***	3.0	17	stable	-0.7	
Hunterdon County	***	2.8	4	**	**	
Mercer County	***	2.9	12	falling	-1.8	
Middlesex County	***	3.6	31	falling	-1.6	
Monmouth County	***	3.5	27	falling	-1.9	
Morris County	***	3.6	21	stable	-0.6	
Ocean County	***	3.2	29	falling	-1.4	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Passaic County	***	2.7	14	stable	-0.5	
Salem County	*	*	*	*	*	
Somerset County	***	3.4	12	stable	-0.2	
Sussex County	***	4.3	7	stable	-0.2	
Union County	***	3.0	18	falling	-2.2	
Warren County	***	3.6	5	stable	-1.1	
LEUKEMIA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.9	23083	falling	-1	
New Jersey	***	6.5	642	falling	-1.5	
Atlantic County	***	6	19	falling	-2	
Bergen County	***	6.2	72	falling	-1.3	
Burlington County	***	6.4	34	stable	-0.3	
Camden County	***	7.1	40	stable	-0.6	
Cape May County	***	8.4	13	stable	0.7	
Cumberland County	***	5.9	10	falling	-2.3	
Essex County	***	5.9	46	falling	-2	
Gloucester County	***	7.2	22	stable	-1.2	
Hudson County	***	6.1	34	falling	-1.8	
Hunterdon County	***	4.9	7	stable	-1.9	
Mercer County	***	5.5	22	falling	-1.5	
Middlesex County	***	6.6	57	falling	-0.8	
Monmouth County	***	7.1	52	stable	-0.7	
Morris County	***	6.8	39	stable	-0.8	
Ocean County	***	6.6	62	falling	-1.5	
Passaic County	***	5.6	29	falling	-3	
Salem County	***	6.6	5	stable	-1.2	
Somerset County	***	6.9	24	stable	-0.9	
Sussex County	***	6.8	10	stable	-0.9	
Union County	***	6.7	38	falling	-0.8	
Warren County	***	6.6	8	stable	-0.2	
LIVER & BILE DUCT: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.1	21654	rising	3.0	
New Jersey (State)	***	5.6	577	rising	1.4	
Atlantic County	***	5.8	20	stable	1.5	
Bergen County	***	5.6	65	rising	1.1	
Burlington County	***	5.6	30	stable	1.5	
Camden County	***	6.5	38	rising	2.6	
Cape May County	***	6.6	10	rising	3.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Cumberland County	***	8.7	15	rising	5.0	
Essex County	***	5.7	47	stable	1.1	
Gloucester County	***	4.7	15	stable	1.1	
Hudson County	***	5.2	32	stable	0.4	
Hunterdon County	***	4.9	7	stable	2.6	
Mercer County	***	5.8	24	rising	2.0	
Middlesex County	***	5.4	47	rising	1.4	
Monmouth County	***	6.2	47	stable	1.0	
Morris County	***	4.8	28	stable	1.0	
Ocean County	***	5.7	50	stable	0.1	
Passaic County	***	6.5	34	rising	2.7	
Salem County	***	7.7	7	stable	1.7	
Somerset County	***	4.3	16	stable	0.7	
Sussex County	***	5.5	9	stable	0.4	
Union County	***	5.1	30	rising	2.5	
Warren County	***	5.1	7	**	**	
LUNG & BRONCHUS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-2 (45.5)						
United States	No	46.0	157376	falling	-2.4	
New Jersey	Yes	40.9	4100	falling	-2.8	
Atlantic County	No	47.9	156	falling	-5.5	
Bergen County	Yes	34.7	402	falling	-2.2	
Burlington County	Yes	44.2	232	falling	-1.8	
Camden County	No	48.9	275	falling	-2.9	
Cape May County	No	54.9	90	falling	-1.1	
Cumberland County	No	50.7	84	falling	-1.0	
Essex County	Yes	37.1	289	falling	-2.9	
Gloucester County	No	55.5	172	falling	-3.2	
Hudson County	Yes	36.5	206	falling	-2.7	
Hunterdon County	Yes	37.8	55	falling	-2.2	
Mercer County	Yes	38.2	152	falling	-1.9	
Middlesex County	Yes	37.0	319	falling	-3.1	
Monmouth County	Yes	42.8	317	falling	-3.2	
Morris County	Yes	34.8	201	falling	-3.8	
Ocean County	No	47.7	442	falling	-4.3	
Passaic County	Yes	39.3	202	falling	-1.7	
Salem County	No	48.1	41	falling	-1.6	
Somerset County	Yes	35.3	122	falling	-2.1	
Sussex County	Yes	45.2	74	falling	-1.6	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Union County	Yes	35.8	207	falling	-1.8	
Warren County	No	45.6	59	falling	-1.4	
MELANOMA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-8 (2.4)						
United States	No	2.7	9225	stable	0	
New Jersey	Yes	2.4	241	falling	-1.3	
Atlantic County	Yes	2.2	7	stable	-1.5	
Bergen County	Yes	2.2	25	falling	-2.2	
Burlington County	No	3	16	stable	1.2	
Camden County	No	3.2	18	stable	0.2	
Cape May County	No	3.8	6	stable	-1.1	
Cumberland County	No	2.5	4	falling	-2.6	
Essex County	Yes	1.6	12	falling	-1.2	
Gloucester County	No	2.9	9	stable	-1.6	
Hudson County	Yes	1.3	7	stable	-1.1	
Hunterdon County	No	2.8	4	falling	-5.4	
Mercer County	Yes	2	8	falling	-2.8	
Middlesex County	Yes	1.8	15	falling	-2.5	
Monmouth County	Yes	2.4	18	falling	-1.9	
Morris County	No	3.1	18	stable	0.5	
Ocean County	No	3.3	28	stable	-0.1	
Passaic County	Yes	1.8	9	stable	-1.5	
Salem County	*	*	*	*	*	
Somerset County	No	2.9	10	stable	-0.2	
Sussex County	No	2.9	5	**	**	
Union County	No	2.5	14	stable	-0.5	
Warren County	No	3.7	5	**	**	
NON-HODGKIN'S LYMPHOMA: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	6.0	20300	falling	-2.3	
New Jersey	***	5.6	564	falling	-3.8	
Atlantic County	***	5.7	18	falling	-6.2	
Bergen County	***	5.6	65	falling	-4.0	
Burlington County	***	5.2	28	falling	-8.8	
Camden County	***	5.6	32	falling	-2.3	
Cape May County	***	6.6	10	stable	-1.3	
Cumberland County	***	5.3	9	falling	-9.4	
Essex County	***	5.5	43	falling	-3.5	
Gloucester County	***	6.4	19	falling	-5.0	
Hudson County	***	4.9	27	falling	-3.7	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Hunterdon County	***	5.1	7	falling	-2.4	
Mercer County	***	5.8	23	stable	5.0	
Middlesex County	***	5.7	49	falling	-2.9	
Monmouth County	***	5.6	42	falling	-4.3	
Morris County	***	5.4	31	falling	-3.0	
Ocean County	***	5.7	54	stable	4.5	
Passaic County	***	5.0	26	falling	-2.8	
Salem County	***	7.5	6	stable	-0.1	
Somerset County	***	5.3	19	falling	-2.6	
Sussex County	***	7.3	11	stable	-0.4	
Union County	***	5.6	33	falling	-2.2	
Warren County	***	8.2	11	stable	-1.5	
ORAL CAVITY & PHARYNX: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective C-6 (2.3)						
United States	No	2.4	8565	stable	0.4	
New Jersey	Yes	2	204	falling	-3.1	
Atlantic County	Yes	2	7	stable	-2	
Bergen County	Yes	1.9	23	stable	-1.1	
Burlington County	Yes	1.8	10	falling	-3.8	
Camden County	Yes	2.3	13	falling	-2.9	
Cape May County	No	3	5	**	**	
Cumberland County	No	3	5	stable	-1	
Essex County	Yes	2.3	19	falling	-3.9	
Gloucester County	Yes	2.2	7	stable	-1.4	
Hudson County	Yes	2.2	13	falling	-3.9	
Hunterdon County	*	*	*	**	**	
Mercer County	Yes	1.9	8	falling	-2.8	
Middlesex County	Yes	2	18	falling	-2.9	
Monmouth County	Yes	1.4	10	falling	-4.5	
Morris County	Yes	1.8	11	falling	-4.3	
Ocean County	Yes	2.1	19	falling	-1.5	
Passaic County	No	2.4	13	falling	-2.3	
Salem County	*	*	*	**	**	
Somerset County	Yes	1.2	4	stable	-2.3	
Sussex County	*	*	*	*	*	
Union County	Yes	1.6	10	falling	-3.6	
Warren County	No	3	4	**	**	
OVARY: All Races (includes Hispanic), Females, All Ages: HP2020 Objective (N/A)						
United States	***	7.5	14407	falling	-2.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
New Jersey	***	7.8	449	stable	-5.8	
Atlantic County	***	6.2	11	falling	-11.1	
Bergen County	***	7.8	51	falling	-1.5	
Burlington County	***	7.3	22	falling	-2.1	
Camden County	***	7.8	25	stable	-0.7	
Cape May County	***	8.6	7	stable	0.9	
Cumberland County	***	8.5	8	stable	-0.8	
Essex County	***	7.1	32	falling	-2.2	
Gloucester County	***	9.2	16	stable	-0.4	
Hudson County	***	7.6	26	falling	-1.6	
Hunterdon County	***	7.7	6	falling	-2.9	
Mercer County	***	7.9	18	falling	-1.5	
Middlesex County	***	9.0	44	falling	-1.4	
Monmouth County	***	8.3	36	falling	-1.9	
Morris County	***	8.0	27	stable	-0.8	
Ocean County	***	7.6	39	falling	-1.8	
Passaic County	***	7.5	22	stable	-0.7	
Salem County	*	*	*	*	*	
Somerset County	***	8.5	17	stable	-1.4	
Sussex County	***	10.5	9	stable	-0.8	
Union County	***	6.9	23	falling	-2.5	
Warren County	***	7.2	6	stable	-1.5	
PANCREAS: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	10.9	37531	rising	0.3	
New Jersey	***	11.6	1175	stable	0.1	
Atlantic County	***	12.1	40	stable	-0.3	
Bergen County	***	11.4	135	stable	-0.3	
Burlington County	***	13.1	70	stable	0.5	
Camden County	***	11.1	64	stable	-0.1	
Cape May County	***	11.8	19	stable	0.7	
Cumberland County	***	13.4	22	rising	2.1	
Essex County	***	11.7	91	falling	-0.7	
Gloucester County	***	12.6	40	rising	1.6	
Hudson County	***	8.9	51	falling	-1.1	
Hunterdon County	***	11.0	15	stable	1.0	
Mercer County	***	12.7	51	rising	1.7	
Middlesex County	***	10.4	90	falling	-0.7	
Monmouth County	***	11.9	90	stable	-0.1	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Morris County	***	11.4	67	stable	0.0	
Ocean County	***	13.0	122	rising	0.6	
Passaic County	***	11.6	62	stable	0.1	
Salem County	***	12.1	10	stable	-0.3	
Somerset County	***	10.3	37	stable	0.7	
Sussex County	***	10.1	16	stable	-0.7	
Union County	***	11.7	68	stable	0.0	
Warren County	***	12.3	16	stable	0.5	
PROSTATE: All Races (includes Hispanic), Males, All Ages: HP2020 Objective C-7 (21.8)						
United States	Yes	20.7	27909	falling	-3.6	
New Jersey	Yes	19.5	769	falling	-3.9	
Atlantic County	Yes	19.9	25	falling	-3.9	
Bergen County	Yes	14.8	70	falling	-4.7	
Burlington County	Yes	19.5	40	falling	-3.6	
Camden County	No	22.3	48	falling	-3.1	
Cape May County	No	22.7	15	falling	-3.7	
Cumberland County	No	24.5	15	falling	-3.0	
Essex County	No	24.5	71	falling	-3.5	
Gloucester County	Yes	21.2	25	falling	-3.0	
Hudson County	Yes	19.0	39	falling	-3.8	
Hunterdon County	Yes	16.9	9	falling	-3.9	
Mercer County	No	22.6	34	falling	-3.9	
Middlesex County	Yes	17.8	60	falling	-4.6	
Monmouth County	Yes	20.1	58	falling	-4.0	
Morris County	Yes	18.2	44	falling	-3.9	
Ocean County	Yes	18.0	74	falling	-3.7	
Passaic County	Yes	19.8	39	falling	-2.9	
Salem County	No	28.6	10	stable	-1.6	
Somerset County	Yes	17.9	24	falling	-3.8	
Sussex County	Yes	16.9	10	falling	-4.1	
Union County	No	21.8	49	falling	-3.5	
Warren County	Yes	19.0	10	stable	-1.2	
STOMACH: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	3.3	11212	falling	-2.2	
New Jersey	***	3.7	371	falling	-3.5	
Atlantic County	***	3.6	11	falling	-3.1	
Bergen County	***	3.9	45	falling	-3.4	
Burlington County	***	2.9	16	falling	-4.2	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Camden County	***	4	23	falling	-2.8	
Cape May County	***	3.6	6	stable	-1.8	
Cumberland County	***	3.5	6	falling	-2.7	
Essex County	***	4.4	34	falling	-3.5	
Gloucester County	***	2.8	9	falling	-4.2	
Hudson County	***	4.9	28	falling	-1.9	
Hunterdon County	*	*	*	**	**	
Mercer County	***	2.7	11	falling	-4.9	
Middlesex County	***	4.4	38	falling	-2.9	
Monmouth County	***	2.6	19	falling	-4.2	
Morris County	***	3.5	21	falling	-2.6	
Ocean County	***	3	28	falling	-4.3	
Passaic County	***	4.5	23	falling	-3.2	
Salem County	*	*	*	*	*	
Somerset County	***	3.2	11	falling	-3.9	
Sussex County	***	3.6	5	falling	-3.3	
Union County	***	4.7	28	falling	-3.7	
Warren County	***	2.4	3	falling	-4.4	
THYROID: All Races (includes Hispanic), Both Sexes, All Ages: HP2020 Objective (N/A)						
United States	***	0.5	1736	rising	0.8	
New Jersey	***	0.5	50	stable	-0.2	
Atlantic County	*	*	*	**	**	
Bergen County	***	0.5	5	stable	-0.9	
Burlington County	*	*	*	**	**	
Camden County	***	0.6	4	**	**	
Cape May County	*	*	*	**	**	
Cumberland County	*	*	*	**	**	
Essex County	***	0.4	4	**	**	
Gloucester County	*	*	*	**	**	
Hudson County	***	0.6	4	**	**	
Hunterdon County	*	*	*	**	**	
Mercer County	*	*	*	**	**	
Middlesex County	***	0.4	4	**	**	
Monmouth County	***	0.5	4	stable	-0.9	
Morris County	***	0.6	4	**	**	
Ocean County	***	0.5	5	**	**	
Passaic County	*	*	*	*	*	
Salem County	*	*	*	**	**	

MORTALITY RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013[148]						
County	Met HP2020 Objective	Age-Adjusted Death Rate	Average Deaths/Year	Recent	Trend	RWJ Barnabas County Indicator Comparison
Somerset County	*	*	*	**	**	
Sussex County	*	*	*	**	**	
Union County	*	*	*	**	**	
Warren County	*	*	*	**	**	
UTERUS: All Races (includes Hispanic), Females, All Ages: HP2020 Objective (N/A)						
United States	***	4.5	8598	rising	2.4	
New Jersey	***	5.5	315	rising	0.6	
Atlantic County	***	5.7	11	stable	-0.2	
Bergen County	***	5.1	35	stable	0.8	
Burlington County	***	5.2	16	stable	-1.8	
Camden County	***	5.6	18	stable	-0.2	
Cape May County	***	4.1	4	stable	-0.2	
Cumberland County	***	7.8	7	stable	2.3	
Essex County	***	5.7	26	stable	-0.2	
Gloucester County	***	5.5	10	stable	-0.9	
Hudson County	***	5.7	20	stable	0	
Hunterdon County	*	*	*	**	**	
Mercer County	***	5	11	stable	0.6	
Middlesex County	***	6.2	30	stable	1.4	
Monmouth County	***	5.2	22	stable	0.5	
Morris County	***	4.2	14	stable	-0.7	
Ocean County	***	5.1	26	stable	1.4	
Passaic County	***	6.4	19	stable	1.2	
Salem County	*	*	*	**	**	
Somerset County	***	5.4	11	stable	0.9	
Sussex County	***	4.3	4	**	**	
Union County	***	6.2	20	stable	0.9	
Warren County	***	6.8	5	**	**	

APPENDIX E

Ocean County – Public Health Officers/Agencies, Identified Priorities

	FQHCs
Top health needs identified for County/ Municipality	• Access to specialists – in Lakewood and countywide • Accessible Behavioral Health services – in Lakewood and countywide • Better address the countywide drug addiction problem • Emergency room capability • High rate of diabetes/ hypertension within various cultural groups, particularly Lakewood • Access to Dental specialty
Primary barriers precluding improvement	• Behavioral Health/ Specialist provider shortages in area • Provider participation in Medicaid plans • Funding • Transportation services in Ocean County are not adequate; complicates accessibility challenges to the few services that are available
Additional items to consider in CHNA	• There is need for a better and more balanced collaborative effort between all major health care providers in the county. This will lead to a better healthcare delivery system • Lakewood is culturally diverse and primarily low income. All health care provided has to be adapted appropriately.

	Senior Services and TR Family Health & Support Coalition
Top health needs identified for County/ Municipality	• More (and affordable) quality Home Health Aides/homemakers to care for seniors • Psychiatric, Drug & Alcohol Services (Mental Health/Substance Abuse) – timely appointments/expedited access to treatment; mental health outreach to seniors • Chronic Diseases: prevention; self-care instructions • Medication assistance; also, more prescription aid for those not eligible for PAAD or Senior Gold (many choose food & bills over needed medications) • Awareness of programs for those seniors needing help • One electronic medical record used by ALL • Physicians coming to homes (house calls) • Food insecurity/nutrition/food stamps • Obesity • Senior Isolation/Loneliness – isolation contributes to a decline in health; opportunities to socialize & participate in programs is critical • Transportation to doctors and dialysis; affordable and immediate transportation; transportation to areas outside of Ocean County, especially for those without family nearby • (Senior) Help in the home with cleaning/preparing meals/personal care/food shopping • Friendly visits & socialization for seniors • Discharge plan to include follow-up call • Affordable housing/subsidized housing • Dental help for seniors

	Senior Services and TR Family Health & Support Coalition
	• Assistance with completion of Medicaid applications and paperwork for special programs • Health insurance: understanding complex nature of Medicare, Medicare D and Advantage • Assistance sorting through mail including bills vs. junk mail confusion • Financial assistance for utilities (seniors) • Senior advocates in hospitals meeting more specific needs during & after hospitalization • Quicker turn-around time for State aide benefits (i.e. JACC and MLTSS) • People are living longer and oftentimes out-living their money; COLA in Social Security is a must; there is a very large increase in seniors using food pantries regularly
Primary barriers precluding improvement	• Funding for most of above • HHA salary is too low to attract quality applicants; reimbursement rates to agencies needs to increase • Not enough substance treatment facilities in-county & long wait times for treatment • Transportation has been a challenge for out-of-county treatment • There is no transportation other than cab/car service; cabs are very expensive; Ocean Ride is limited; Additional funding for transportation would allow more routes and increase coverage areas. • Awareness/Lack of information on county resources & services; Important to continue talking & reaching out through outreach events & letting our community know about services we provide; Communication among various community agencies is also critical so we know what services are available within our communities • Help in home is too expensive for most seniors • Simplifying some of the processes involved in obtaining services would allow more people to understand applications and be able to obtain the documents required • Insurance & drug companies need to have the power taken away from them; companies change coverage after clients sign up; Seniors who have been with same doctor have to change because they don't take their insurance any longer; many doctors don't take Advantage plans and deductibles are too high • Little Egg Harbor/Tuckerton area is very difficult to find HHAs; also they have no township transportation door-to-door • Reimbursement rate under public programs too low • Dialysis requires 6 trips per week for the rest of their lives – only Medicaid pays • Long wait lists to see MD for Rx • Lack of available subsidized units • Lack of continuing care; lack of physicians, etc. • Bring the screenings to the clients – many do not drive and cannot participate • Different hospital-based systems have different medical record programs and still cannot see patient history • Lack of employment for those seniors that still can work, so they can afford to meet their bills
Additional items to consider in CHNA	• Hospitals to take a leadership role in community issues above that make discharges safer – don't assume orders get the job done. • Meds and transport issues are equally life saving

	Senior Services and TR Family Health & Support Coalition
	• In-home assistance to help clients gather paperwork and obtain documents so that they can apply for Medicaid • Transportation to provider's office, long waits to get appointments so influx in ER and urgent care • If clients are not eligible for JACC or MLTSS, private pay is too costly; many elderly are struggling to stay independent although the cost of everything has gone up, they haven't received COLA. It is very difficult for older seniors (80 and up) to ask for help with food or other financial aid

	Public Health Officers/Health Departments
Top six health needs identified for County	• Behavioral Health: Substance Abuse (Opioids and Heroin) • Chronic Disease Prevention, Education & Control • Access to Care • Mental Health • Obesity (overweight adults and childhood obesity) • Immunization Compliance (all ages including Tdap, Shingles, Pneumococcal and Flu)
Primary barriers precluding improvement	<u>Substance Abuse</u> • Lack of hospital detox units & inpatient treatment facilities in-county • Lack of info on Narcan training & availability of kits; stigma around use of Narcan • Difficult to reach all populations in need of prevention education; there is denial & stigma on substance abuse & drug addiction • Insurance restrictions shorten length of stay • Lack of environmental change after treatment • Lack of funding for continued, required treatment • Increase legislation to reduce opiate prescribing by physicians & increase monitoring of prescribing activities by physicians <u>Chronic Disease Prevention and Control</u> • Lack of transportation to dialysis treatment • Lack of knowledge on available county resources (community health centers and services offered) • Low hospital reimbursements for chronic disease treatment • Older population in county has a higher comorbidity complication with the increase in chronic diseases affecting LOS • Behavior change • Early screening & detection participation • Effective disease management <u>Access to Care</u> • Lack of transportation; long distances to services • Primary care must be more affordable & quickly link patients to screenings/wellness programs aimed at early detection and self-monitoring/management. • Support needed for follow-up and success of chronic diseases • Lack of insurance • Long wait for outpatient services • Long waits for psychiatric service <u>Mental Health</u> • Recruitment needed for more Mental Health providers in area.

	Public Health Officers/Health Departments
	• Increased funds for Mental Health are needed to cover adequate and appropriate level of care <u>Obesity</u> • Women with improper diet or support • Healthy foods cost more and it is easier to buy low cost, unhealthy foods which are readily available • For children: access to adequate and nutritious food supply; behavior change to choose healthier food; participation in physical activity
Additional items to consider in CHNA	• The drug issue in OC continues to rise annually • The OC population with a disability (hearing, vision, cognitive & ambulatory) averages 13.0% of OC pop. in 2013 compared to NJ at 10.1% • There is a secondary impact of IV drug use and communicable diseases such as Hepatitis C • Pediatricians & OB/GYNs need to monitor children's & women's hemoglobin and BMI more regularly to avoid overweight women & children • Vaping as a new source of nicotine dependence (unknown health risk) • Emerging infectious diseases • Personal emergency preparedness is everyone's responsibility with lifelong health effects

APPENDIX F: RESOURCE INVENTORY

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	ADVANCED MEDICAL IMAGING OF TOMS RIVER	1430 HOOPER AVENUE	TOMS RIVER	08753	OCEAN	(732) 349-2867	PSA
AMBULATORY CARE FACILITY	AIMS DIAGNOSTIC IMAGING SERVICES OF NEW JERSEY	1113 BEACON AVENUE	MANAHAWKIN	08050	OCEAN	(609) 978-6302	PSA
AMBULATORY CARE FACILITY	AIMS DIAGNOSTIC IMAGING SERVICES OF NJ, LLC	1109 BEACON AVENUE	MANAHAWKIN	08050	OCEAN	(609) 978-6301	PSA
AMBULATORY CARE FACILITY	ATLANTIC MEDICAL IMAGING	455 JACK MARTIN BOULEVARD	BRICK	08724	OCEAN	(732) 840-6500	PSA
AMBULATORY CARE FACILITY	ATLANTIC MEDICAL IMAGING	864 ROUTE 37 WEST, WEST HILLS PLAZA	TOMS RIVER	08755	OCEAN	(732) 240-2772	PSA
AMBULATORY CARE FACILITY	FAMILY PLANNING CENTER OF OCEAN COUNTY	290 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 364-9696	PSA
AMBULATORY CARE FACILITY	GARDEN STATE MEDICAL CENTER, LLC	1314 HOOPER AVENUE - BLDG B	TOMS RIVER	08753	OCEAN	(732) 849-0077	PSA
AMBULATORY CARE FACILITY	GARDEN STATE RADIATION ONCOLOGY	512 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 240-0053	PSA
AMBULATORY CARE FACILITY	HEALTH VILLAGE IMAGING	1301 ROUTE 72 WEST	MANAHAWKIN	08050	OCEAN	(609) 660-9729	PSA
AMBULATORY CARE FACILITY	JERSEY ADVANCED MRI AND DIAGNOSTIC CENTER II	1 KATHLEEN DRIVE	JACKSON	08527	OCEAN	(732) 901-6820	PSA
AMBULATORY CARE FACILITY	LACEY DIAGNOSTIC IMAGING	833 LACEY ROAD, UNITS #2 AND #3	FORKED RIVER	08731	OCEAN	(609) 242-2334	PSA
AMBULATORY CARE FACILITY	MERIDIAN IMAGING	27 S COOKS BRIDGE ROAD	JACKSON	08527	OCEAN	(732) 497-1200	PSA
AMBULATORY CARE FACILITY	NEW JERSEY RADIOLOGY ASSOCIATES	1322 ROUTE 72	MANAHAWKIN	08050	OCEAN	(609) 978-7900	PSA
AMBULATORY CARE FACILITY	NJIN OF TOMS RIVER-EAST	21 STOCKTON DRIVE	TOMS RIVER	08755	OCEAN	(732) 286-6333	PSA
AMBULATORY CARE FACILITY	NORTH DOVER OPEN MRI LLC	1215 ROUTE 70	LAKEWOOD	08701	OCEAN	(732) 370-9902	PSA
AMBULATORY CARE FACILITY	OCEAN HEALTH INITIATIVES	101 2ND STREET	LAKEWOOD	08701	OCEAN	(732) 363-6655	PSA
AMBULATORY CARE FACILITY	OCEAN HEALTH INITIATIVES	798 ROUTE 539, BUILDING 3	LITTLE EGG HARBOR TW	08087	OCEAN	(732) 363-6655	PSA
AMBULATORY CARE FACILITY	OCEAN ORTHOPEDIC ASSOCIATES, PA	530 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 349-8454	PSA
AMBULATORY CARE FACILITY	OHI-MANCHESTER TOWNSHIP NEW ACCESS POINT	686 STATE ROUTE 70	MANCHESTER TOWNSHIP	08733	OCEAN	(732) 363-6655	PSA
AMBULATORY CARE FACILITY	OPEN MRI OF CENTRAL JERSEY	226 ROUTE 37 WEST, SUITE 5	TOMS RIVER	08755	OCEAN	(732) 349-1620	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	SAINT BARNABAS SPECIALTY CENTER	780 ROUTE 37 WEST	TOMS RIVER	08755	OCEAN	(973) 322-9878	PSA
AMBULATORY CARE FACILITY	SHORE IMAGING	1166 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 364-9565	PSA
AMBULATORY CARE FACILITY	SHORE IMAGING, PC	1100 ROUTE 70 WEST	WHITING	08759	OCEAN	(732) 364-9565	PSA
AMBULATORY CARE FACILITY	SHORE OPEN MRI	1255 ROUTE 70	LAKEWOOD	08701	OCEAN	(732) 942-2300	PSA
AMBULATORY CARE FACILITY	SHORE POINT RADIATION ONCOLOGY CENTER	900 ROUTE 70 EAST	LAKEWOOD	08701	OCEAN	(732) 901-7333	PSA
AMBULATORY CARE FACILITY	SLEEP HEALTH LLC	483 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 364-3530	PSA
AMBULATORY CARE FACILITY	TOMS RIVER X-RAY/CT/MRI CENTER	154 HIGHWAY 37 WEST	TOMS RIVER	08755	OCEAN	(732) 244-0777	PSA
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY GROUP, PC	3822 RIVER ROAD	POINT PLEASANT	08742	OCEAN	(732) 892-1200	PSA
AMBULATORY CARE FACILITY - SATELLITE	OHI AT CLIFTON AVENUE GRADE SCHOOL	625 CLIFTON AVENUE	LAKEWOOD	08701	OCEAN	(732) 363-6655	PSA
AMBULATORY CARE FACILITY - SATELLITE	OHI MOBILE DENTAL VAN	101 2ND STREET	LAKEWOOD	08701	OCEAN	(732) 363-6655	PSA
AMBULATORY SURGICAL CENTER	ATLANTICARE SURGERY CENTER-OCEAN COUNTY	798 ROUTE 539, BUILDING A, SUITE 1	LITTLE EGG HARBOR TW	08087	OCEAN	(609) 296-1122	PSA
AMBULATORY SURGICAL CENTER	JACKSON SURGERY CENTER	27 SOUTH COOKS BRIDGE ROAD, SUITE L2	JACKSON	08527	OCEAN	(972) 763-3893	PSA
AMBULATORY SURGICAL CENTER	JASPER AMBULATORY SURGICAL CENTER, LLC	74 BRICK BOULEVARD, BUILDING 3, SUITE 121	BRICK	08723	OCEAN	(732) 262-0700	PSA
AMBULATORY SURGICAL CENTER	LAKEWOOD SURGERY CENTER, LLC	1215 ROUTE 70	LAKEWOOD	08701	OCEAN	(732) 719-1800	PSA
AMBULATORY SURGICAL CENTER	MANCHESTER SURGERY CENTER	1100 ROUTE 70	WHITING	08759	OCEAN	(732) 716-8116	PSA
AMBULATORY SURGICAL CENTER	OCEAN ENDOSURGERY CENTER	129 ROUTE 37 WEST, SUITE 1	TOMS RIVER	08755	OCEAN	(732) 797-3960	PSA
AMBULATORY SURGICAL CENTER	PHYSICIANS' SURGICENTER, LLC	1 PLAZA DRIVE, UNITS 2-4	TOMS RIVER	08757	OCEAN	(732) 818-0059	PSA
AMBULATORY SURGICAL CENTER	SEASHORE SURGICAL INSTITUTE, LLC	495 JACK MARTIN BOULEVARD	BRICK	08724	OCEAN	(732) 836-9800	PSA
AMBULATORY SURGICAL CENTER	SHORE OUTPATIENT SURGICENTER, LLC	360 ROUTE 70	LAKEWOOD	08701	OCEAN	(732) 942-9835	PSA
AMBULATORY SURGICAL CENTER	SHORE SURGICAL PAVILION LLC	475 ROUTE 70	LAKEWOOD	08701	OCEAN	(732) 730-3939	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY SURGICAL CENTER	TOMS RIVER SURGERY CENTER, LLC	1430 HOOPER AVENUE	TOMS RIVER	08753	OCEAN	(732) 240-2277	PSA
BEHAVIORAL HEALTH LOCATIONS	BRIGHTER DAYS SHC SELF-HELP CENTER	268 BENNETTS MILLS ROAD	JACKSON	08527	OCEAN	(732) 534-9960	PSA
BEHAVIORAL HEALTH LOCATIONS	JOURNEY TO WELLNESS - SELF HELP CENTER	226 ROUTE 37 WEST, UNIT 14	TOMS RIVER	08755	OCEAN	(732) 914-1546	PSA
BEHAVIORAL HEALTH LOCATIONS	MENTAL HEALTH ASSOC OF OCEAN CTY - SYSTEMS ADVOCACY	226 ROUTE 37 WEST, UNIT 14	TOMS RIVER	08755	OCEAN	(732) 914-1546	PSA
BEHAVIORAL HEALTH LOCATIONS	OCEAN MENTAL HEALTH SERVICES INC, PROGRAM OF ASSERTIVE COMM. TREATMENT (PACT)	1057 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 606-9478	PSA
BEHAVIORAL HEALTH LOCATIONS	OCEAN MENTAL HEALTH SERVICES, INC. PARTIAL CARE - PROJECT RECOVERY	160 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 349-5550	PSA
BEHAVIORAL HEALTH LOCATIONS	PREFERRED BEHAVIORAL HEALTH OF NJ - DARE - PARTIAL CARE	700 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 367-4700	PSA
BEHAVIORAL HEALTH LOCATIONS	PREFERRED BEHAVIORAL HEALTH OF NJ - PARTIAL CARE - INTERACT & PRIME TIME	725 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 367-8859	PSA
BEHAVIORAL HEALTH LOCATIONS	PREFERRED BEHAVIORAL HEALTH SERVICES - LEARN OF THE JERSEY SHORE	725 AIRPORT ROAD, SUITE 7G	LAKEWOOD	08701	OCEAN	(732) 276-1510	PSA
BEHAVIORAL HEALTH LOCATIONS	TRIPLE C HOUSING, INC. - SUPPORTIVE HOUSING	1 DISTRIBUTION WAY	MONMOUTH JUNCTION	08852	OCEAN	(609) 655-3950	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	AGAPE COUNSELING SERVICES	815 ROUTE 9	LANOKA HARBOR	08734	OCEAN	(609) 242-0086	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	COMMUNITY HEALTH LAW PROJECT - SYSTEMS ADVOCACY	44 WASHINGTON STREET, SUITE 101	TOMS RIVER	08753	OCEAN	(732) 380-1012	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	LIFE EXCEL, INC	35 BEAVERSON BLVD - BLDG 1	BRICK	08723	OCEAN	(732) 920-7933	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	LIGHTHOUSE AT OCEAN COUNTY	400 N MAIN STREET, BLDG 1 SUITE 2	MANAHAWKIN	08050	OCEAN	(609) 489-0789	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MONMOUTH MEDICAL CENTER - DEAF ENHANCED SCREENING CENTER	SOUTHERN CAMPUS (BARNABAS HEALTH) 600 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 886-4474	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MONMOUTH MEDICAL CENTER (PESS)- PRIMARY SCREENING CENTER FOR OCEAN	SOUTHERN CAMPUS (BARNABAS HEALTH) 600 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 886-4474	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN COUNTY HUMAN SERVICES - COUNTY MENTAL HEALTH BOARD	1027 HOOPER AVENUE - BLDG 2	TOMS RIVER	08754	OCEAN	(732) 506-5374	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN COUNTY MENTAL HEALTH SERVICES, INC	687 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 269-4849	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN MEDICAL SERVICES, INC.	2001 ROUTE 37 EAST	TOMS RIVER	08753	OCEAN	(732) 288-9322	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN MENTAL HEALTH SERVICES - EARLY INTERVENTION SUPPORT SERVICES	1376 ROUTE 9	TOMS RIVER	08754	OCEAN	(732) 240-3760	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN MENTAL HEALTH SERVICES - INVOLUNTARY OUTPATIENT COMMITMENT	687 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 269-4849	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN MENTAL HEALTH SERVICES PROJECT RECOVERY	160 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 349-5550	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN MENTAL HEALTH SERVICES, INC	81 NAUTILUS DRIVE	MANAHAWKIN	08755	OCEAN	(609) 597-5327	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN MENTAL HEALTH SERVICES, INC - HOMELESS SERVICES (PATH)	687 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 269-4849	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN MENTAL HEALTH SERVICES, INC - PROGRAM OF ASSERTIVE COMM TREATMENT (PACT)	NORTHERN OFFICE OCEAN MENTAL HEALTH SERVICES, INC 122 LIEN STREET	TOMS RIVER	08753	OCEAN	(732) 349-0515	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN MENTAL HEALTH SERVICES, INC. PARTIAL CARE - PROJECT ANCHOR	687 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 269-4849	PSA
BEHAVIORAL HEALTH	OCEAN MENTAL HEALTH SERVICES,	687 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 269-4849	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LOCATIONS: OUTPATIENT	INC. - CRISIS DIVERSION						
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN MENTAL HEALTH SERVICES, INC. - INTENSIVE FAMILY SUPPORT SERVICES	160 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 349-3535	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PREFERRED BEHAVIORAL HEALTH - ACCESS CENTER	700 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 367-1602	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PREFERRED BEHAVIORAL HEALTH (LAKEWOOD)	999 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 458-1700	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PREFERRED BEHAVIORAL HEALTH OF NJ	725 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 276-1510	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PREFERRED BEHAVIORAL HEALTH OF NJ - INTEGRATED CASE MGT SERVICES	591 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 323-3664	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PREFERRED BEHAVIORAL HEALTH OF NJ - JUSTICE INVOLVED SERVICES	591 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 323-3664	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PREFERRED BEHAVIORAL HEALTH OF NJ - SUPPORTIVE EMPLOYMENT SERVICES	725 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 367-5439	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PREFERRED BEHAVIORAL HEALTH OF NJ - SUPPORTIVE HOUSING	725 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 367-2665	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PREFERRED BEHAVIORAL HEALTH OF NJ -HOMELESS SERVICES (PATH)	725 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 367-2665	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	PREFERRED BEHAVIORAL HEALTH OF NJ	700 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 367-4700	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	SEASHORE FAMILY SERVICES OF NJ	35 BEAVERSON BLVD - BLDG 6 SUITE A	BRICK	08723	OCEAN	(732) 920-2700	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	SEASHORE FAMILY SERVICES OF NJ	226 MAIN STREET	TOMS RIVER	08753	OCEAN	(732) 244-1600	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	ST BARNABAS BEHAVIORAL HEALTH CENTER	1691 ROUTE 9	TOMS RIVER	08753	OCEAN	(732) 914-1688	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	ST BARNABAS BEHAVIORAL HEALTH CENTER - DEAF ENHANCED STFC	1691 ROUTE 9	TOMS RIVER	08753	OCEAN	(732) 914-1688	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	THE CENTER AT ADVANCED BEHAVIORAL CARE SERVICES, LLC	5 AIRPORT ROAD	LAKEWOOD	08701	OCEAN	(732) 961-9666	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	OCEAN MENTAL HEALTH SERVICES, INC. SUPPORTIVE HOUSING	160 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 281-1658	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	PREFERRED BEHAVIORAL HEALTH (BARNEGAT)	BARNEGAT COMMONS SUITE C-1	BARNEGAT	08805	OCEAN	(609) 660-0197	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	PREFERRED BEHAVIORAL HEALTH (TOMS RIVER)	1191 LAKEWOOD ROAD	TOMS RIVER	08755	OCEAN	(732) 458-1700	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	RHD - OCEAN SUPPORTIVE HOUSING	317 BRICK BOULEVARD	BRICK	08723	OCEAN	(732) 920-5000	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	RHD - OCEAN/MONMOUTH SUPPORTIVE HOUSING	2040 SIXTH AVENUE - SUITE C	NEPTUNE CITY	07753	OCEAN	(732) 361-5845	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	JERSEY SHORE UNIVERSITY MEDICAL CTR - SHORT TERM CARE FACILITY	1945 CORLIES AVENUE	NEPTUNE	07754	OCEAN	(732) 776-4361	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	MONMOUTH MED CTR SOUTHERN CAMPUS (BARNABAS HEALTH) SHORT TERM CARE	1691 ROUTE 9	TOMS RIVER	08753	OCEAN	(732) 914-3836	PSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	OCEAN MENTAL HEALTH SERVICES, INC.	160 ROUTE 9	BAYVILLE	08721	OCEAN	(732) 349-5550	PSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	RESOURCE FOR HUMAN DEVELOPMENT - RESIDENTIAL INTENSIVE SUPPORT TEAM (RIST)	850 WEST MAIN STREET	BARNEGAT	08005	OCEAN	(609) 698-8300	PSA
BEHAVIORAL HEALTH	RESOURCE FOR HUMAN DEVELOPMENT -	317 BRICK BOULEVARD, SUITE 200	BRICK	08723	OCEAN	(732) 920-5000	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LOCATIONS: RESIDENTIAL	RESIDENTIAL INTENSIVE SUPPORT TEAM (RIST)						
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	RESOURCE FOR HUMAN DEVELOPMENT (COASTAL WELLNESS) - RESIDENTIAL INTENSIVE SUPPORT TEAM (RIST) OCEAN/MONMOUTH PROGRAM	2040 SIXTH AVENUE - SUITE C	NEPTUNE CITY	07753	OCEAN	(732) 361-5845	
CLINICAL CARE PROVIDER LOCATION: DENTAL	CENTER FOR HEALTH EDUCATION, MEDICINE & DENTISTRY (CHEMED)	1771 MADISON AVENUE	LAKEWOOD	08701	OCEAN	(732) 364-2144	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	OCEAN HEALTH INITIATIVES	101 SECOND STREET	LAKEWOOD	08701	OCEAN	(732) 363-6655	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	OCEAN HEALTH INITIATIVES	301 LAKEHURST ROAD	TOMS RIVER	08753	OCEAN	(732) 552-0377	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	LONG BEACH ISLAND HEALTH DEPARTMENT	2119 LONG BEACH BOULEVARD - 1ST FLOOR	SHIP BOTTOM	08008	OCEAN	(609) 492-1212	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	OCEAN COUNTY HEALTH DEPARTMENT	175 SUNSET AVENUE P.O. BOX 2191	TOMS RIVER	08754	OCEAN	(732) 341-9700	
COMPREHENSIVE REHABILITATION HOSPITAL	HEALTHSOUTH REHABILITATION HOSPITAL OF TOMS RIVER	14 HOSPITAL DRIVE	TOMS RIVER	08755	OCEAN	(800) 765-4772	PSA
COMPREHENSIVE REHABILITATION HOSPITAL	SHORE REHABILITATION INSTITUTE	425 JACK MARTIN BOULEVARD, SECOND FLOOR, EAST WING	BRICK	08724	OCEAN	(732) 836-4530	PSA
END STAGE RENAL DIALYSIS	BRICKTOWN DIALYSIS CENTER	525 JACK MARTIN BOULEVARD, SUITE 200-201	BRICK	08724	OCEAN	(732) 836-9669	PSA
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE LAKEWOOD	1328 RIVER AVENUE, SUITE 16	LAKEWOOD	08701	OCEAN	(732) 730-2222	PSA
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CARE TOMS RIVER	970 HOOPER AVENUE	TOMS RIVER	08753	OCEAN	(732) 286-6502	PSA
END STAGE RENAL DIALYSIS	FRESENIUS MEDICAL CENTER JOHN J DEPALMA	1 PLAZA DRIVE	TOMS RIVER	08757	OCEAN	(732) 505-0637	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
END STAGE RENAL DIALYSIS	MERIDIAN-FRESENIUS DIALYSIS AT BRICK	1640 ROUTE 88, SUITE 102	BRICK	08724	OCEAN	(732) 206-8200	PSA
END STAGE RENAL DIALYSIS	OCEAN COUNTY DIALYSIS CENTER	635 BAY AVENUE	TOMS RIVER	08753	OCEAN	(732) 341-2730	PSA
END STAGE RENAL DIALYSIS	RCG WHITING	430 PINEWALD-KESWICK ROAD, ROUTE 530	WHITING	08759	OCEAN	(732) 350-8405	PSA
END STAGE RENAL DIALYSIS	RENAL CENTER OF BRICK	150 BRICK BOULEVARD	BRICK	08723	OCEAN	(732) 477-2247	PSA
END STAGE RENAL DIALYSIS	SOUTHERN OCEAN COUNTY DIALYSIS CLINIC	1301 ROUTE 72, SUITE 110	MANAHAWKIN	08050	OCEAN	(609) 597-0483	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	CENTER FOR HEALTH EDUCATION, MEDICINE AND DENTISTRY	1771 MADISON AVENUE ROUTE 9	LAKEWOOD	08701	OCEAN	(732) 364-2144	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	OCEAN HEALTH INITIATIVES	855 SOMERSET AVENUE	LAKEWOOD	08701	OCEAN	(732) 363-6655	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	OCEAN HEALTH INITIATIVES	333 HAYWOOD ROAD	MANAHAWKIN	08050	OCEAN	(609) 489-0110	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	OCEAN HEALTH INITIATIVES INC	301 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 363-6655	PSA
GENERAL ACUTE CARE HOSPITAL	COMMUNITY MEDICAL CENTER	99 RT 37 WEST	TOMS RIVER	08755	OCEAN	(732) 557-8000	PSA
GENERAL ACUTE CARE HOSPITAL	MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS	600 RIVER AVE	LAKEWOOD	08701	OCEAN	(732) 363-1900	PSA
GENERAL ACUTE CARE HOSPITAL	OCEAN MEDICAL CENTER	425 JACK MARTIN BLVD	BRICK	08724	OCEAN	(732) 840-2200	PSA
GENERAL ACUTE CARE HOSPITAL	SOUTHERN OCEAN MEDICAL CENTER	1140 RT 72 W	MANAHAWKIN	08050	OCEAN	(609) 597-6011	PSA
HOME HEALTH AGENCY	BAYADA HOME HEALTH CARE, INC	401 LACEY ROAD	WHITING	08759	OCEAN	(732) 350-2355	PSA
HOME HEALTH AGENCY	MERIDIAN HOME CARE-OCEAN COUNTY	LAURELTON PLAZA, 1759 STATE HIGHWAY 88, SUITE 100	BRICK	08724	OCEAN	(732) 206-8100	PSA
HOME HEALTH AGENCY	VNA OF CENTRAL JERSEY HOME CARE & HOSPICE	1443 HOOPER AVENUE	TOMS RIVER	08755	OCEAN	(732) 818-6800	PSA
HOSPICE	CARE SENSE HEALTH	1935 SWATHMORE AVENUE	LAKEWOOD	08701	OCEAN	(888) 444-8157	PSA
HOSPICE	COMPASSIONATE CARE HOSPICE OF MARLTON, LLC	1130 HOOPER AVENUE, SUITE 200	TOMS RIVER	08753	OCEAN	(732) 244-6380	PSA
HOSPICE	HOLISTICARE HOSPICE OF NEW JERSEY	1144 HOOPER AVENUE - SUITE 208	TOMS RIVER	08753	OCEAN	(732) 731-8100	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
HOSPICE	HOLY REDEEMER HOSPICE - NEW JERSEY, SHORE	1228 ROUTE 37 WEST	TOMS RIVER	08755	OCEAN	(732) 240-2449	PSA
HOSPICE	MERIDIAN HOSPICE	80 NAUTILUS DRIVE	MANAHAWKIN	08050	OCEAN	(609) 489-0252	PSA
HOSPICE	NEW JERSEY CUIDADO CASRO HOSPICE	74 BRICK BLVD-BLDG 4 - STE 120	BRICK	08723	OCEAN	(732) 477-0516	PSA
HOSPICE	VNA OF CENTRAL JERSEY HOME CARE & HOSPICE	1433 HOOPER AVENUE	TOMS RIVER	08755	OCEAN	(732) 818-6800	PSA
HOSPICE CARE BRANCH	COMPASSIONATE CARE HOSPICE OF MARLTON LLC	1130 HOOPER AVENUE, SUITE 200	TOMS RIVER	08753	OCEAN	(732) 244-6380	PSA
HOSPICE CARE BRANCH	HOLY REDEEMER HOSPICE-NJ, SHORE	1228 ROUTE 37 WEST	TOMS RIVER	08755	OCEAN	(732) 240-2449	PSA
HOSPICE CARE BRANCH	MERIDIAN HOSPICE	80 NAUTILUS DRIVE	MANAHAWKIN	08050	OCEAN	(609) 489-0252	PSA
HOSPICE CARE BRANCH	NEW JERSEY CUIDADO CASERO HOSPICE	74 BRICK BLVD - BLDG 4 - STE 120	BRICK	08723	OCEAN	(732) 477-0516	PSA
HOSPICE CARE PROGRAM	CARE SENSE HEALTH	1935 SWARTHMORE AVENUE	LAKEWOOD	08701	OCEAN	(888) 444-8157	PSA
HOSPICE CARE PROGRAM	HOLISTICARE HOSPICE OF NEW JERSEY	1144 HOOPER AVENUE, SUITE 208	TOMS RIVER	08753	OCEAN	(732) 731-8100	PSA
HOSPICE CARE PROGRAM	VNA OF CENTRAL JERSEY HOME CARE & HOSPICE	1433 HOOPER AVENUE	TOMS RIVER	08755	OCEAN	(732) 818-6800	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CMC RADIOLOGY CENTER AT WHITING	65 LACEY ROAD	MANCHESTER	08759	OCEAN	(732) 557-8000	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	COMMUNITY MEDICAL CENTER SLEEP CENTER-MANAHAWKIN	647 MILL CREEK ROAD, SUITES 4,5,7	MANAHAWKIN	08050	OCEAN	(732) 557-8000	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CSH OUTPATIENT CENTER-TOMS RIVER	94 STEVENS ROAD	TOMS RIVER	08755	OCEAN	(908) 233-3272	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	MERIDIAN CANCER CARE	27 SOUTH COOKS BRIDGE ROAD, SUITE M7	JACKSON	08527	OCEAN	(732) 840-3321	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	MERIDIAN REHAB OUTPATIENT THERAPY AT MANAHAWKIN	56 NAUTILUS DRIVE	MANAHAWKIN	08050	OCEAN	(609) 978-3110	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	MERIDIAN REHAB OUTPATIENT THERAPY CENTER AT BRICK	150 ALLAIRE ROAD	BRICK	08724	OCEAN	(732) 836-4368	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	OCEAN CARE CENTER	1517 RICHMOND AVENUE, ROUTE 35 SOUTH	POINT PLEASANT	08742	OCEAN	(732) 295-6377	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	OCEAN MEDICAL CENTER FAMILY HEALTH CENTER	1608 STATE ROUTE 88, SUITE 207	BRICK	08724	OCEAN	(732) 840-3322	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SOMC'S CENTER FOR SLEEP DISORDERS	2446 CHURCH ROAD, SUITE 3A	TOMS RIVER	08753	OCEAN	(609) 978-8900	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SOUTHERN OCEAN MEDICAL CENTER CLINIC	53 NAUTILUS DRIVE	MANAHAWKIN	08050	OCEAN	(609) 978-8900	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SOUTHERN OCEAN MEDICAL CENTER SLEEP CENTER	53 NAUTILUS DRIVE	MANAHAWKIN	08050	OCEAN	(609) 978-8900	PSA
HOSPITALS - CANCER CENTER	COMMUNITY MEDICAL CENTER	99 ROUTE 37 WEST	TOMS RIVER	08755	OCEAN	(732) 557-8000	PSA
HOSPITALS - CANCER CENTER	MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS	600 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 363-1900	PSA
HOSPITALS - CANCER CENTER	OCEAN MEDICAL CENTER	425 JACK MARTIN BOULEVARD	BRICK	08724	OCEAN	(732) 840-2200	PSA
HOSPITALS - CANCER CENTER	SOUTHERN OCEAN MEDICAL CENTER	1140 RTE 72 WEST	MANAHAWKIN	08050	OCEAN	(609) 597-6011	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ARBORS CARE CENTER	1750 ROUTE 37 WEST	TOMS RIVER	08757	OCEAN	(732) 914-0090	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ARISTACARE AT MANCHESTER	1770 TOBIAS AVENUE	MANCHESTER	08759	OCEAN	(732) 657-1800	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ARISTACARE AT WHITING	23 SCHOOLHOUSE ROAD	WHITING	08759	OCEAN	(732) 849-4300	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ATLANTIC COAST REHABILITATION & HEALTH CARE	485 RIVER ROAD	LAKEWOOD	08701	OCEAN	(732) 364-7100	PSA
INPATIENT REHABILITATION & LONG TERM CARE	BARNEGAT REHABILITATION AND NURSING CENTER	859 WEST BAY AVENUE	BARNEGAT	08005	OCEAN	(609) 698-1400	PSA
INPATIENT REHABILITATION & LONG TERM CARE	BARTLEY HEALTHCARE NURSING & REHABILITATION	175 BARTLEY ROAD	JACKSON	08527	OCEAN	(732) 370-4700	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
INPATIENT REHABILITATION & LONG TERM CARE	BEY LEA VILLAGE CARE CENTER	1351 OLD FREEHOLD ROAD	TOMS RIVER	08753	OCEAN	(732) 240-0090	PSA
INPATIENT REHABILITATION & LONG TERM CARE	CARE ONE AT JACKSON	11 HISTORY LANE	JACKSON	08527	OCEAN	(732) 367-6600	PSA
INPATIENT REHABILITATION & LONG TERM CARE	CHILDREN'S SPECIALIZED HOSPITAL	94 STEVENS ROAD	TOMS RIVER	08755	OCEAN	(732) 797-3800	PSA
INPATIENT REHABILITATION & LONG TERM CARE	CLAREMONT CENTER	1515 HULSE ROAD	PT PLEASANT	08742	OCEAN	(732) 295-9300	PSA
INPATIENT REHABILITATION & LONG TERM CARE	COMMUNITY MEDICAL CENTER TCU	99 ROUTE 37 WEST	TOMS RIVER	08755	OCEAN	(732) 557-8000	PSA
INPATIENT REHABILITATION & LONG TERM CARE	CONCORD HEALTHCARE & REHABILITATION CENTER	963 OCEAN AVENUE	LAKEWOOD	08701	OCEAN	(732) 367-7444	PSA
INPATIENT REHABILITATION & LONG TERM CARE	CRESTWOOD MANOR	50 LACEY ROAD	WHITING	08759	OCEAN	(732) 849-4900	PSA
INPATIENT REHABILITATION & LONG TERM CARE	CRYSTAL LAKE HEALTHCARE & REHABILITATION CENTER	395 LAKESIDE BOULEVARD	BAYVILLE	08721	OCEAN	(732) 269-0500	PSA
INPATIENT REHABILITATION & LONG TERM CARE	FOUNTAIN VIEW CARE CENTER	527 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 905-0700	PSA
INPATIENT REHABILITATION & LONG TERM CARE	GREEN ACRES MANOR	1931 LAKEWOOD ROAD	TOMS RIVER	08755	OCEAN	(732) 286-2323	PSA
INPATIENT REHABILITATION & LONG TERM CARE	HAMILTON PLACE AT THE PINES AT WHITING	507 ROUTE 530	WHITING	08759	OCEAN	(732) 849-0400	PSA
INPATIENT REHABILITATION & LONG TERM CARE	HAMPTON RIDGE HEALTHCARE & REHABILITATION	95 STEVENS ROAD	TOMS RIVER	08755	OCEAN	(732) 286-5005	PSA
INPATIENT REHABILITATION & LONG TERM CARE	HARROGATE	400 LOCUST STREET	LAKEWOOD	08701	OCEAN	(732) 905-7070	PSA
INPATIENT REHABILITATION	HOLIDAY CARE CENTER	4 PLAZA DRIVE	TOMS RIVER	08757	OCEAN	(732) 204-0900	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
& LONG TERM CARE							
INPATIENT REHABILITATION & LONG TERM CARE	LAURELTON VILLAGE CARE CENTER	475 JACK MARTIN BOULEVARD	BRICK	08724	OCEAN	(732) 458-6600	PSA
INPATIENT REHABILITATION & LONG TERM CARE	LEISURE CHATEAU REHABILITATION	962 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 370-8600	PSA
INPATIENT REHABILITATION & LONG TERM CARE	LEISURE PARK HEALTH CENTER	1400 ROUTE 70	LAKEWOOD	08701	OCEAN	(732) 370-0444	PSA
INPATIENT REHABILITATION & LONG TERM CARE	MANAHAWKIN CONVALESCENT CENTER	1211 ROUTE 72 WEST	MANAHAWKIN	08050	OCEAN	(609) 597-8500	PSA
INPATIENT REHABILITATION & LONG TERM CARE	MERIDIAN NURSING & REHABILITATION AT BRICK	415 JACK MARTIN BOULEVARD	BRICK	08724	OCEAN	(732) 206-8000	PSA
INPATIENT REHABILITATION & LONG TERM CARE	MONMOUTH MEDICAL CENTER - SOUTHERN CAMPUS	600 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 363-1900	PSA
INPATIENT REHABILITATION & LONG TERM CARE	MYSTIC MEADOWS REHAB & NURSING CENTER	151 NINTH AVENUE	LITTLE EGG HARBOR TWP	08087	OCEAN	(609) 294-3200	PSA
INPATIENT REHABILITATION & LONG TERM CARE	OCEAN MEDICAL CENTER	425 JACK MARTIN BOULEVARD	BRICK	08724	OCEAN	(732) 840-2200	PSA
INPATIENT REHABILITATION & LONG TERM CARE	ROSE GARDEN NURSING & REHAB CENTER	1579 OLD FREEHOLD ROAD	TOMS RIVER	08753	OCEAN	(732) 505-4477	PSA
INPATIENT REHABILITATION & LONG TERM CARE	SEACREST VILLAGE	1001 CENTER STREET	LITTLE EGG HARBOR TWP	08087	OCEAN	(609) 296-9292	PSA
INPATIENT REHABILITATION & LONG TERM CARE	SHORE MEADOWS REHABILITATION & NURSING CENTER	231 WARNER STREET	TOMS RIVER	08757	OCEAN	(732) 942-0800	PSA
INPATIENT REHABILITATION & LONG TERM CARE	SHORROCK GARDENS CARE CENTER INC	75 OLD TOMS RIVER ROAD	BRICK	08723	OCEAN	(732) 451-1000	PSA
INPATIENT REHABILITATION & LONG TERM CARE	SOUTHERN OCEAN CENTER	1361 ROUTE 72 WEST	MANAHAWKIN	08050	OCEAN	(609) 978-0600	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
INPATIENT REHABILITATION & LONG TERM CARE	SOUTHERN OCEAN MEDICAL CENTER	1140 ROUTE 72 WEST	MANAHAWKIN	08050	OCEAN	(609) 978-8900	PSA
INPATIENT REHABILITATION & LONG TERM CARE	SOUTHERN OCEAN MEDICAL CENTER	1140 ROUTE 72 WEST	MANAHAWKIN	08050	OCEAN	(609) 597-6011	PSA
INPATIENT REHABILITATION & LONG TERM CARE	TALLWOODS CARE CENTER	18 BUTLER BOULEVARD	BAYVILLE	08721	OCEAN	(732) 237-2220	PSA
INPATIENT REHABILITATION & LONG TERM CARE	WHITING HEALTH CARE CENTER	3000 HILLTOP ROAD	WHITING	08759	OCEAN	(732) 849-4400	PSA
INPATIENT REHABILITATION & LONG TERM CARE	WILLOW SPRINGS REHAB & HEALTH CARE CENTER	1049 BURNT TAVERN ROAD	BRICK	08724	OCEAN	(732) 840-3700	PSA
MAMMOGRAPHY CENTERS	ADVANCED MEDICAL IMAGING OF TOMS RIVER	1430 HOOPER AVENUE - SUITE 102	TOMS RIVER	08753	OCEAN	(732) 349-2867	PSA
MAMMOGRAPHY CENTERS	AIMS DIAGNOSTIC IMAGING	1109 BEACON AVENUE	MANAHAWKIN	08050	OCEAN	(609) 978-6301	PSA
MAMMOGRAPHY CENTERS	CMC RADIOLOGY AT WHITING	65 LACEY ROAD	WHITING	08755	OCEAN	(732) 557-8145	PSA
MAMMOGRAPHY CENTERS	COMMUNITY MEDICAL CENTER	99 HWAY 37 WEST ATT: MAMMOGRAPHY DEPT	TOMS RIVER	08755	OCEAN	(732) 557-3363	PSA
MAMMOGRAPHY CENTERS	COMMUNITY MEDICAL CENTER - NEXUS BUILDING	368 LAKEHURST ROAD - NEXUX BLDG - 1ST FLOOR	TOMS RIVER	08755	OCEAN	(732) 557-3363	PSA
MAMMOGRAPHY CENTERS	ELLA HEALTH OF TOMS RIVER MSO, LLC	222 OAK AVENUE - SUITE 1	TOMS RIVER	08753	OCEAN	(848) 221-8209	PSA
MAMMOGRAPHY CENTERS	GARDEN STATE MEDICAL CENTER LLC, DBA SHORE IMAGING, PC	1100 ROUTE 70 WEST - SUITE 102	WHITING	08759	OCEAN	(732) 364-9565	PSA
MAMMOGRAPHY CENTERS	HEALTH VILLAGE IMAGING	1301 ROUTE 72 WEST- SUITE 100	MANAHAWKIN	08050	OCEAN	(609) 660-9729	PSA
MAMMOGRAPHY CENTERS	JACQUELINE M WILENTZ KIMBALL MEDICAL CENTER	500 RIVER AVENUE - SUITE 200	LAKEWOOD	08701	OCEAN	(732) 923-7942	PSA
MAMMOGRAPHY CENTERS	LACEY DIAGNOSTIC IMAGING	833 LACEY ROAD	FORKED RIVER	08731	OCEAN	(609) 242-2334	PSA
MAMMOGRAPHY CENTERS	OCEAN GYNECOLOGICAL & OBSTETRICAL ASSOCIATES	475 ROUTE 70	LAKEWOOD	08701	OCEAN	(732) 364-8000	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
MAMMOGRAPHY CENTERS	OCEAN MEDICAL IMAGING WOMEN'S CENTER	9 MULE ROAD	TOMS RIVER	08757	OCEAN	(732) 240-1400	PSA
MAMMOGRAPHY CENTERS	SHORE IMAGING, CHANDRU JAIN, MD, PC	1166 RIVER AVENUE - SUITE 102	LAKEWOOD	08701	OCEAN	(732) 364-9565	PSA
MAMMOGRAPHY CENTERS	SOUTHERN OCEAN MEDICAL CENTER	1140 ROUTE 72 WEST	MANAHAWKIN	08050	OCEAN	(609) 978-8900	PSA
MAMMOGRAPHY CENTERS	TOMS RIVER X-RAY	154 HWAY 37 WEST	TOMS RIVER	08755	OCEAN	(732) 244-0777	PSA
MAMMOGRAPHY CENTERS	UNIVERSITY RADIOLOGY GROUP, PC	3822 RIVER ROAD	POINT PLEASANT	08742	OCEAN	(732) 892-1200	PSA
MAMMOGRAPHY CENTERS	WOMAN'S IMAGING PAVILION AT OCEAN MEDICAL CENTER	425 JACK MARTIN BOULEVARD	BRICKTOWN	08724	OCEAN	(732) 836-4083	PSA
MATERNAL & PEDIATRIC	PLANNED PARENTHOOD	800 WEST MAIN STREET	FREEHOLD	07728	OCEAN	(732) 431-1717	
MATERNAL & PEDIATRIC	CENTER FOR HEALTH EDUCATION, MEDICINE & DENTISTRY (CHEMED)	1771 MADISON AVENUE	LAKEWOOD	08701	OCEAN	(732) 364-2144	PSA
MATERNAL & PEDIATRIC	COMMUNITY MEDICAL CENTER / RWJ BARNABAS HEALTH	99 HIGHWAY 37 WEST	TOMS RIVER	08755	OCEAN	(732) 557-8000	PSA
MATERNAL & PEDIATRIC	OCEAN HEALTH INITIATIVES	101 SECOND STREET	LAKEWOOD	08701	OCEAN	(732) 363-6655	PSA
MATERNAL & PEDIATRIC	OCEAN HEALTH INITIATIVES	333 HAYWOOD ROAD	MANAHAWKIN	08055	OCEAN	(609) 489-0110	
MATERNAL & PEDIATRIC	OCEAN HEALTH INITIATIVES	301 LAKEHURST RD	TOMS RIVER	08755	OCEAN	(732) 552-0377	PSA
MATERNAL & PEDIATRIC	OCEAN HEALTH INITIATIVES - LAKEHURST CIRCLE CTR II	686 ROUTE 70	LAKEHURST	08733	OCEAN	(732) 363-6655	PSA
MATERNAL & PEDIATRIC	OCEAN HEALTH INITIATIVES - THE MOBILE UNIT	101 SECOND STREET	LAKEWOOD	08701	OCEAN	(732) 363-6655	PSA
MATERNAL & PEDIATRIC	OCEAN HEALTH INITIATIVES - ELEMENTARY SCHOOL	625 CLIFTON AVENUE	LAKEWOOD	08701	OCEAN	(732) 363-6655	PSA
MATERNAL & PEDIATRIC	PLANNED PARENTHOOD	268 SOUTH ACADEMY STREET	HIGHTSTOWN	08520	OCEAN	(609) 448-3439	
MATERNAL & PEDIATRIC	PLANNED PARENTHOOD	69 NEWMAN SPRINGS ROAD EAST	SHREWSBURY	07702	OCEAN	(732) 842-9300	
MATERNAL & PEDIATRIC	SOUTHERN OCEAN MEDICAL CENTER	1140 ROUTE 37 WEST	MANAHAWKIN	08050	OCEAN	(609) 597-6011	PSA
MONMOUTH COUNTY CANCER COALITION	CENTER FOR KIDS & FAMILY	ATT: DEBRA LEVINSON - 99 ROUTE 37 WEST	TOMS RIVER	08755	OCEAN	(732) 286-3693	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
OCEAN COUNTY CANCER COALITION	CENTER FOR KIDS & FAMILY ATT: DEBRA LEVINSON	99 ROUTE 37 WEST	TOMS RIVER	08755	OCEAN	(732) 286-3693	PSA
PRIMARY HEALTH CARE CENTER	LAKEWOOD RESOURCE & REFERRAL CENTER - CHEMED	1771 MADISON AVE (ROUTE 9)	LAKEWOOD	08701	OCEAN	(732) 364-2144	PSA
PRIMARY HEALTH CARE CENTER	LAKEWOOD RESOURCE & REFERRAL CENTER - CHEMED	1771 MADISON AVENUE (RTE 9)	LAKEWOOD	08701	OCEAN	(732) 364-2144	PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES	LAKEHURST CIRCLE CENTER II - 686 ROUTE 70	LAKEHURST	08733	OCEAN	(732) 363-6655	PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES	LAKEHURST CIRCLE CTR II-686 RT 70	LAKEHURST	08733	OCEAN	(732) 363-6655	PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES	101 SECOND STREET	LAKEWOOD	08701	OCEAN	(732) 363-6655	PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES	333 HAYWOOD ROAD	STAFFORD	08050	OCEAN	(609) 489-0110	PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES	333 HAYWOOD ROAD	STAFFORD	08050	OCEAN	(609) 489-0110	PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES	301 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 552-0377	PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES	301 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 552-0377	PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES - ELEMENTARY SCHOOL	625 CLIFTON AVENUE	LAKEWOOD	08701	OCEAN		PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES - ELEMENTARY SCHOOL	625 CLIFTON AVENUE	LAKEWOOD	08701	OCEAN		PSA
PRIMARY HEALTH CARE CENTER	OCEAN HEALTH INITIATIVES - THE MOBILE UNIT	101 SECOND STREET	LAKEWOOD	08701	OCEAN		PSA
PSYCHIATRIC HOSPITAL	ST BARNABAS BEHAVIORAL HEALTH CENTER	1691 HIGHWAY 9 - CN2025	TOMS RIVER	08755	OCEAN	(732) 914-1688	PSA
SENIOR SERVICES	A FRIEND'S HOUSE (MANAHAWKIN)	179 SOUTH MAIN STREET	MANAHAWKIN	08050	OCEAN	(609) 978-6444	PSA
SENIOR SERVICES	A FRIEND'S HOUSE (TOMS RIVER)	105 SUNSET AVENUE, CN2010	TOMS RIVER	08754	OCEAN	(800) 511-1510	
SENIOR SERVICES	AMBASSADOR MEDICAL DAY CARE, LLC	619 RIVER AVENUE	LAKEWOOD	08701	OCEAN	(732) 367-1133	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
SENIOR SERVICES	BRICK TWP SENIOR OUTREACH SERVICES & SENIOR CENTER	373 ADAMSTON ROAD	BRICK TWP	08723	OCEAN	(732) 920-8686	PSA
SENIOR SERVICES	DAY BREAK	816 BEAVER DAM ROAD	POINT PLEASANT	08742	OCEAN	(732) 892-1717	PSA
SENIOR SERVICES	GOLDEN YEARS CARE OF FREEHOLD	20 JACKSON STREET, SUITE 1A	FREEHOLD	07728	OCEAN	(732) 845-3332	
SENIOR SERVICES	JAMES HOWARD CLINIC	970 ROUTE 70	BRICK	08724	OCEAN	(732) 836-6008	PSA
SENIOR SERVICES	LITTLE EGG HARBOR SENIOR CENTER	641 RADIO ROAD	TUCKERTON	08087	OCEAN	(609) 296-1789	PSA
SENIOR SERVICES	LONG BEACH ISLAND SENIOR CENTER	4700 LONG BEACH BLVD	BRANT BEACH	08008	OCEAN	(609) 494-8861	PSA
SENIOR SERVICES	OCEAN COUNTY OFFICE OF SENIOR CITIZENS	1027 HOOPER AVENUE BLDG #2 FIRST FLOOR	TOMS RIVER	08754	OCEAN	(732) 929-2091	
SENIOR SERVICES	REGENCY MEMORY CLUB (TOMS RIVER)	1311 ROUTE 37 WEST	TOMS RIVER	08755	OCEAN	(732) 286-2220	PSA
SENIOR SERVICES	RIVERSIDE MANOR MEDICAL DAY	699 CROSS STREET	LAKEWOOD	08701	OCEAN	(732) 370-9400	PSA
SENIOR SERVICES	RIVERSIDE MANOR MEDICAL DAY	699 CROSS STREET	LAKEWOOD	08701	OCEAN	(732) 370-9400	PSA
SENIOR SERVICES	SEACREST VILLAGE ADULT DAY CENTER	1001 CENTER STREET, P.O. BOX 1480	LITTLE EGG HARBOR	08087	OCEAN	(609) 296-9292	PSA
SENIOR SERVICES	SENIOR CARE OF BRICK	2125 ROUTE 88	BRICK	08724	OCEAN	(732) 899-1331	PSA
SENIOR SERVICES	STAINTON SENIOR CENTER	1735 SIMPSON AVENUE	OCEAN CITY	08226	OCEAN	(609) 399-0055	
SENIOR SERVICES	TOMS RIVER TWP SENIOR CENTER	652 GARFIELD AVENUE	TOMS RIVER	08753	OCEAN	(732) 341-1000	PSA
SENIOR SERVICES	UPPER TOWNSHIP SENIOR CENTER	1369 OLD STAGECOACH ROAD	OCEAN VIEW	08230	OCEAN	(609) 390-9409	
SENIOR SERVICES	VISITING HOMECARE SERVICE OF OCEAN COUNTY, INC.	105 SUNSET AVENUE	TOMS RIVER	08754	OCEAN	(732) 244-5565	
SENIOR SERVICES	WHITING HEALTH CARE CENTER	3000 HILLTOP ROAD	WHITING	08759	OCEAN	(732) 849-4969	PSA
SENIOR SERVICES	YOUNG AT HEART	2125 ROUTE 88	BRICK	08724	OCEAN	(732) 899-1331	PSA
SENIOR SERVICES	YOUNG AT HEART	2125 ROUTE 88	BRICK	08724	OCEAN	(732) 899-1331	PSA
SENIOR SERVICES	YOUNG AT HEART ADULT CENTER	115 GRAWTON ROAD	JACKSON	08527	OCEAN	(732) 928-9222	PSA
SENIOR SERVICES	YOUNG AT HEART ADULT CENTER	115 GRAWTON ROAD	JACKSON	08527	OCEAN	(732) 928-9222	PSA
SPECIAL HOSPITAL	SPECIALTY HOSPITAL OF CENTRAL JERSEY	600 RIVER AVENUE, 4 WEST	LAKEWOOD	08701	OCEAN	(732) 806-3207	PSA
SURGICAL PRACTICE	BEY LEA AMBULATORY SURGICAL CENTER	54 BEY LEA ROAD BUILDING 2	TOMS RIVER	08753	OCEAN	(732) 281-1020	PSA
SURGICAL PRACTICE	CATARACT & LASER INSTITUTE P A	101 PROSPECT STREET, SUITE 102	LAKEWOOD	08701	OCEAN	(732) 367-0699	PSA
SURGICAL PRACTICE	CENTER FOR SPECIAL PROCEDURES	475 ROUTE 70, SUITE 203	LAKEWOOD	08701	OCEAN	(732) 886-1234	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
SURGICAL PRACTICE	COASTAL ENDOSCOPY CENTER LLC	175 GUNNING RIVER ROAD BLDG A UNIT 4	BARNEGAT	08005	OCEAN	(609) 698-0700	PSA
SURGICAL PRACTICE	DR MICHAEL ROSEN MD PC	1114 HOOPER AVENUE	TOMS RIVER	08753	OCEAN	(732) 240-6396	PSA
SURGICAL PRACTICE	ENDOSCOPY CENTER OF OCEAN COUNTY	477 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 349-4422	PSA
SURGICAL PRACTICE	ENDOSCOPY CENTER OF TOMS RIVER	473 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 349-4422	PSA
SURGICAL PRACTICE	GARDEN STATE AMBULATORY SURGERY CENTER	1 PLAZA DRIVE	TOMS RIVER	08757	OCEAN	(732) 341-7010	PSA
SURGICAL PRACTICE	OCEAN COUNTY EYE ASSOCIATES	18 MULE ROAD	TOMS RIVER	08755	OCEAN	(732) 818-1200	PSA
SURGICAL PRACTICE	OCEAN SURGERY CENTER	501 LAKEHURST ROAD	TOMS RIVER	08753	OCEAN	(732) 341-7299	PSA
SURGICAL PRACTICE	SURGICENTER, THE	500 LAKEHURST ROAD	TOMS RIVER	08755	OCEAN	(732) 914-2233	PSA