

**Monmouth
Medical Center**

**RWJBarnabas
HEALTH**

**COMMUNITY HEALTH NEEDS ASSESSMENT
2016-2018**

December 8, 2016

ACKNOWLEDGMENTS

The following partners led the Monmouth Medical 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
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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.

MONMOUTH MEDICAL CENTER

The Monmouth Medical Center's Needs Assessment and Implementation Plan were approved by the Executive Leadership:

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

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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

The Monmouth Medical Center (MMC) 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 statutes, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The MMC 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 completed 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 Monmouth County public health officers, and other community stakeholders. MMC 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 Monmouth Medical Center CHNA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.



MMC Primary Service Area	
ZIP Code	ZIP Name
07701	RED BANK
07702	SHREWSBURY
07704	FAIR HAVEN
07711	ALLENHURST
07712	ASBURY PARK
07716	ATLANTIC HIGHLANDS
07723	DEAL
07724	EATONTOWN
07732	HIGHLANDS
07739	LITTLE SILVER
07740	LONG BRANCH
07748	MIDDLETOWN
07750	MONMOUTH BEACH
07753	NEPTUNE
07755	OAKHURST
07756	OCEAN GROVE
07757	OCEANPORT
07760	RUMSON
07764	WEST LONG BRANCH

SERVICE AREA

The service area is determined by considering three factors: patient origin, market share, and geographic continuity and proximity. Zip codes representing approximately 50% of the MMC 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. The eastern section of Monmouth County accounts for most of MMC’s PSA. The SSA is comprised of other Monmouth County zip codes and small sections of Ocean and Middlesex counties. For purposes of this CHNA, Monmouth County statistics were deemed to be most relevant for review.

TOP FOUR HEALTH ISSUES

The MMC 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 the prevention of cardiovascular disease, obesity, diabetes; the prevention and treatment of cancer; addressing the medical needs of behavioral health patients; and reducing disparities regarding access to care.

1. Prevention and Treatment of Cardiovascular Disease, Obesity and Diabetes

Cardiovascular disease is the leading cause of death for both men and women of most ethnicities, causing 1 in every 4 deaths in the United States. Cardiovascular disease refers to a constellation of conditions that affect the heart and blood vessels. These conditions are caused by the failure of the valves or muscle of the heart, and are worsened by the blockage of veins and arteries. Some of the most prevalent types of heart disease include coronary artery disease, heart attack, heart failure, congenital heart diseases, and stroke. Comorbid conditions include high blood pressure, high cholesterol, and diabetes. Each of these conditions contribute to and exacerbate cardiovascular disease by diminishing function of blood vessel. High blood pressure usually is asymptomatic but damages the heart, kidneys, and brain. High levels of LDL cholesterol can build up in blood vessels, eventually causing fatal blockages. Nearly two-thirds of diabetics die from some form of heart vessel disease. All three comorbidities are preventable and can be contained by changing behavioral risk factors.

While some risk factors for heart disease (age, family history, male gender, post-menopause, race) cannot be altered, lifestyle changes can minimize health conditions associated with heart disease, thereby lowering the likelihood of onset. Obesity increases cholesterol, elevates blood pressure levels, and causes diabetes, all comorbid conditions of heart disease. Healthy eating and exercise can lead to a healthy weight and lower the risk of heart disease. Physical inactivity leads to high blood pressure, high triglyceride levels, low levels of HDL cholesterol, diabetes, and obesity. Regular physical activity can improve these measures. Dietary choices can also increase one's risk of heart disease and obesity. Diets high in saturated fats and cholesterol raise blood cholesterol levels and promote atherosclerosis. Diets high in salt content in diets can raise blood pressure levels. Excessive alcohol use leads to increased blood pressure, and higher levels of triglycerides. Cigarette smoking increase the risk of developing heart disease and heart attack by 2 to 4 times by increasing blood pressure and promoting atherosclerosis. Second hand smoke can increase the risk of heart disease to non-smokers as well.

- In 2013, Blacks (165.4/100,000) had a higher age-adjusted heart disease mortality than Whites (162.1/100,000) within Monmouth County.
- In 2011-2013, the stroke mortality rate for Blacks was 32.5% higher than for Whites (31.7/100,000).
- In 2011, 35% of Monmouth County residents reported they had high blood pressure, a 33% increase from 26.3% in 2009.
- The 2011 Monmouth County high blood pressure statistic was 14.4% higher than the New Jersey rate of 30.6%.
- Between 2011 and 2012, the percentage of Monmouth County smokers increased from 12.9% to 18.8%.²
- In 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition among adults in Monmouth County.

² Behavioral Risk Factor Surveillance System 2012

- Between 2010 and 2013, the Monmouth County age-adjusted mortality rate for deaths due to heart disease decreased 4.9% from 166.8/100,000 to 158.6/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 186.8/100,000, a 13.3% decline between 2004 and 2008.

Residents of the service area identified cardiovascular disease as one of five top health issues in a Bruno & Ridgway resident survey. The Healthy NJ 2020 survey, the Monmouth County CHIP, the Regional Health Commission (21 towns), and Public Health Officer surveys also identified cardiovascular disease as a key health issue. The American Heart Association and the World Heart Federation both suggest that addressing four risk factors (Tobacco Use, Hypertension, Diabetes, and Obesity) should reduce overall incidence of cardiovascular disease.

MMC's 2014-2018 strategic plan focuses on patient outcomes in acute myocardial infarction and heart failure, growth of cardiovascular research programs, and increased access to cardiovascular specialists for the community.³ MMC's cardiac catheterization lab, advanced cardiac imaging, cardiopulmonary rehabilitation services, and Healthy Lives program provide a wide range of cardiovascular services. The Healthy Lives program is designed to provide interventions to manage symptoms and prevent the need for emergency care or hospital readmissions. The program is geared toward heart failure patients and utilizes education, access to a multidisciplinary team, consistent follow up with a cardiac or pulmonary professional, and a telehealth monitoring program. MMC is expanding collaboration with VNA Health Group on the telehealth monitoring program to fund APN home visits and a pilot program for Zoom virtual home visits.

MMC has a history of earning national accreditations, most recently from the American Association of Cardiovascular and Pulmonary Rehabilitation in both cardiac and pulmonary rehabilitation. MMC is the first health care facility to achieve such honors in Monmouth County. MMC is a Certified Stroke Center and has been designated as a Chest Pain Center by the Society of Chest Pain Centers, becoming the first hospital in the region to receive full accreditation status from the Accreditation Review Committee.⁴ The Heart Center at MMC has a Joint Commission Disease Specific Advanced Certification for Heart Failure, a Joint Commission Certification in Acute Coronary Syndrome, and a Joint Commission Certification in Cardiac Rehabilitation. In 2012, MMC was named an Institute for Healthcare Mentor Hospital for Congestive Heart Failure, and was granted the American Heart Association's Get With The Guidelines Heart Failure Silver Performance Achievement Award.

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

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

3 Monmouth Medical Center Strategic Plan <http://magazine.barnabashealth.org/mmcstrategicplan/index.html>

4 Monmouth Medical Center Strategic Plan <http://magazine.barnabashealth.org/mmcstrategicplan/index.html>

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

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

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

- One-quarter of adults in New Jersey were considered obese in 2012.⁵
- In 2014, 52.6% of households under the Federal Poverty Line received food stamps or SNAP in Monmouth County, more than New Jersey at 48.8%.⁶
- In 2012, 19.9% of Monmouth County adults reported no physical exercise within the past month, lower than New Jersey (24.1%) and slightly lower than the CHR national benchmark (20%).⁷

Residents of the service area identified obesity as one of five top health issues in a Bruno & Ridgway resident survey. The Healthy NJ 2020 survey, the Monmouth County CHIP, the Regional Health Commission (21 towns), and Public Health Officer surveys also identified obesity as a key health issue. According to the Robert Wood Johnson Foundation County Health Rankings, 23% of Monmouth County residents are obese. The American Heart Association and the World Heart Federation both suggest that addressing Tobacco Use, Hypertension, Diabetes, and Obesity should reduce overall incidence of cardiovascular disease.

MMC offers blood pressure, cardiac risk, foot disorders and comprehensive blood screenings and educational programs to community residents and employees. MMC collaborates with schools, housing authorities, and community organizations to offer healthy eating and exercise programs.

MMC's Bariatric and Metabolic Institute provides a comprehensive approach to weight loss and bariatric surgery. In addition to doctors and surgeons, the weight loss team includes nutritionists, exercise physiologists, clinical psychologists, a bariatric coordinator and support groups designed to help patients through the weight loss journey. MMC provides nutritional counseling by registered dietitians who specialize in weight management, diabetes, cardiac disease, hypertension, kidney disorders, liver disorders, GI disorders, and pregnancy.

5 Behavioral Risk Factor Surveillance System 2014

6 Ibid

7 Behavioral Risk Factor Surveillance System 2012

Diabetes is a disease in which blood glucose levels are too high due to abnormal levels of the hormone insulin. In type 1 diabetes, the body is not able to make insulin. In type 2 diabetes, the more common type, the body does not make or use insulin well. Without enough insulin, glucose stays in your blood. Over time, too much glucose in the blood can cause serious problems, damaging the eyes, kidneys, and nerves. Diabetes can also cause heart disease, stroke and even the need to remove a limb. Pregnant women can get gestational diabetes. Prediabetes is a precursor to diabetes in which blood sugar is higher than normal, but not high enough to be diabetes. Having prediabetes puts an individual at a higher risk of Type 2 diabetes. Obesity is a major risk factor for Type 2 Diabetes. This form of diabetes, once believed to affect only adults, is now being diagnosed in children. Between 1980 and 2000, obesity rates doubled among children and adults and tripled among adolescents.⁸ Overweight children with diabetes are at risk for serious complications including kidney disease, blindness, and amputations. Other risk factors related to obesity include unhealthy diet, physical inactivity, and high blood pressure. While many diabetes risk factors are modifiable, other factors including a family history, increasing age, and ethnicity are uncontrollable.

- Between 2011 and 2013, the age-adjusted mortality rate for diabetes decreased 12.2% from 28.8/100,000 to 25.3/100,000, but remained higher than the Statewide rate of 19.4.⁹
- In 2013, 84% of New Jersey Medicare patients ages 65 to 75 and 84% of Monmouth County Medicare patients ages 65 to 75 had their blood sugar control monitored.¹⁰

Residents of the service area identified diabetes as one of five top health issues in a Bruno & Ridgway survey. The Healthy NJ 2020 survey, the Monmouth County CHIP, the Regional Health Commission (21 towns), and Public Health Officer surveys also identified diabetes as a key health issue. The American Heart Association and the World Heart Federation both suggest that addressing four risk factors (Tobacco Use, Hypertension, Diabetes, and Obesity) should reduce overall incidence of cardiovascular disease.

According to the CDC, moderate weight loss and exercise prevent or delay the onset of diabetes. Healthy lifestyle activities are influenced by a number of societal sectors – families, communities, schools, medical providers, faith-based organizations, the media, food and beverage industries, and entertainment industries. The Center for Diabetes Education at MMC has been recognized by the American Diabetes Association (ADA) for its diabetes self-management education program. Participants in the program learn to manage their diabetes and prevent other complications that may occur if diabetes is uncontrolled. MMC seeks to expand this program to include more community health education programs through collaboration with community organization, housing authorities, and schools.

2. Prevention and Treatment of Cancer

Cancer, the second leading cause of death in the United States, causes approximately 1,600 deaths per day. Residents of the service area identified cancer as one of three top health issues in a Bruno & Ridgway survey. Health officers in the primary service area also identified cancer as a key health issue. The disease initiates with unrestrained and abnormal cell growth and spreads via the blood and lymph systems. Cancer is caused by gene mutations that affect how cells grow and divide. Mutations can be inherited or caused by environmental and lifestyle factors. In 2011, the Agency for Healthcare Research and Quality estimated

8 www.cdc.gov/pdf/facts_about_obesity_in_the_united_states.pdf

9 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

10 County Health Rankings 2016 <http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/7/data>

the cost of cancer in the United States totaled \$88.7 billion, with increases projected. There are over 100 different types of cancers, but lung, colorectal, and breast cancers carried the heaviest economic burden, and are responsible for the highest losses of disability-adjusted life years (DALYs).

Prevention, early detection, and treatment of common cancers yield major economic benefits, as treating late-stage cancer is generally more expensive than treating early-stage cancer. Treatment of late-stage breast cancer, for instance, costs three times as much as management of early-stage disease. Screening helps detect cancers at an early and treatable stage (particularly in the case of colorectal, breast, and lung cancers). Vaccines to prevent Hepatitis B (HBV) and Human Papilloma Virus (HPV) are critical in the prevention of liver and cervical cancers, respectively. Lifestyle-related health behaviors, such as tobacco use, diet, and physical activity can also be modified to reduce risk.

Elderly cohorts are at greater risk for developing cancer than younger age cohorts. The median age of cancer diagnoses is 66, with persons aged 65-74 having a 1 in 4 chance of developing the disease. Between 5–10% of all cancer cases can be attributed to genetic defects and the remaining 90–95% attributed to environmental and lifestyle factors. While genetics like age and family history cannot be manipulated, most other major risk factors and lifestyle choices can be changed. Obesity increases the risk of several cancers; physical activity and nutritious eating can help bring about a healthy weight. One study of severely obese people found that significant weight loss cut the risk of cancer by one-third. Obesity is associated with increased risks for many types of cancer including: breast, colon, endometrial, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix, prostate, multiple myeloma and Hodgkin's lymphoma.¹¹ Carcinogens are substances that are responsible for damaging DNA, promoting and aiding cancer. Tobacco, asbestos, radiation (gamma and x-rays), the sun, and car exhaust fumes are well known carcinogens. Viruses that weaken the ability of the immune system to fight infection (HPV, Hepatitis B and C, Epstein-Barr, HIV) and immunosuppressive drugs are also linked to an increased risk of cancer.

- The Monmouth County 2013 overall age-adjusted cancer incidence rate (587.6/100,000) was 9.8% higher than the 2013 New Jersey rate of 535.2/100,000. The 2013 overall cancer incidence rate in Monmouth County was more than three times higher than the *Healthy People 2020* target rate of 161.4/100,000. In 2013, Whites (587.2/100,000) had a higher overall cancer incidence than Blacks (513/100,000) and Hispanics (509.4/10,000) in Monmouth County.
- Between 2010 and 2013, the age-adjusted mortality rate for cancer in Monmouth County decreased 9.3% from 168.2/100,000 to 152.5/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 180.7/100,000, a 7.3% decline between 2004 and 2008.
- The age-adjusted mortality rate for cancer among Monmouth County Blacks decreased 25.4% from 243.2/100,000 in 2010 to 181.4/100,000 in 2013. This continues a downward trend from the 2008 AAMR of 199.8/100,000 reported in the 2013 CHNA. In 2013, the mortality rate for Blacks was 16.6% higher than for Whites at 101.4/100,000.
- The Monmouth County breast cancer rate (190/100,000) remained higher than the 2013 state figure (178/100,000). In 2013, White women in Monmouth County (190.5/100,000) had a higher age-adjusted breast cancer incidence rate than Blacks (186.1/100,000) or Hispanics (140.2/100,000).
- The 2013 Monmouth County prostate cancer rate was 5.6% higher than the Statewide rate of 123.5/100,000 and 18.3% higher than Ocean County. The prostate cancer rate for Monmouth County Blacks was 19.4% higher than statewide (172.7/100,000) and Ocean County (168.8/100,000).

¹¹ Overweight and Obesity www.cdc.gov/healthyyouth/obesity/facts.htm

- Between 2011 and 2013, the overall age-adjusted rate of skin cancer incidence in Monmouth County increased 22% from 54.6/100,000 to 66.6/100,000. In 2013, the Monmouth County age-adjusted rate for skin cancer (66.6/100,000) was 51% higher than the statewide rate of 44.1/100,000.
- The Monmouth County 2013 male age-adjusted colorectal cancer rate (80.3/100,000) was 41.6% higher than women (56.7/100,000). In Monmouth County, Whites had the highest incidence of colorectal cancer (46.3/100,000) compared to Blacks (42.2/100,000) and Hispanics (43.2/100,000).
 - In 2012, 70.0% of Monmouth County adults 50+ have had a sigmoidoscopy or colonoscopy, higher than New Jersey (63.8%).
- The 2013 age-adjusted rate for lung cancer in Monmouth County (58.7/100,000) was slightly higher than the New Jersey rate (57.6/100,000) and lower than Ocean County (68.2/100,000).

Residents of the service area identified cancer as one of five top health issues in a Bruno & Ridgway survey. The Healthy NJ 2020 survey, the Monmouth County CHIP, the Regional Health Commission (21 towns), and Public Health Officer surveys also identified cancer as a key health issue.

MMC’s approach to addressing cancer focuses on remaining on the cutting edge of diagnosis and clinical treatment, upgrading facilities, and collaboration. Initiatives outlined in MMC’s 2014-2018 strategic plan include the continued investment in breast-imaging technology and advanced radiology equipment, completion of Phase II of the My Monmouth Cancer Center expansion project, leading the region in oncology service.

MMC continues to invest in its cancer care facilities, and has recently added the Cheryl L. Diamond Cancer Care Pavilion. Through the renowned Jacqueline M. Wilentz Comprehensive Breast Center, MMC provides clinically excellent and compassionate breast care at convenient locations throughout Monmouth County and Ocean County, which in addition to the center at Long Branch, includes Colts Neck, Howell, and Lakewood.¹²

For decades, MMC’s leadership role in oncology services has been broadened through the ongoing expansion of state-of-the-art programs and technologies offered in all areas of cancer prevention, detection and treatment. Illustrating its prominence as a leading academic cancer center, The Leon Hess Cancer Center at MMC is accredited by the Commission on Cancer of the American College of Surgeons as a “teaching hospital cancer center”, the group’s highest designation that is held by only one-fifth of all U.S. hospitals with cancer programs.

3. Address the Medical Needs of Behavioral Health Patients

Mental health and substance abuse disorders affect 18.1% of American adults.¹³ 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.

12 Monmouth Medical Center Strategic Plan <http://magazine.barnabashealth.org/mmcstrategicplan/index.html>

13 Mental and Substance Abuse Disorders <http://www.samhsa.gov/disorders>

Mental disorders are health conditions characterized by alterations in thinking, mood, and/or behavior associated with distress and/or impaired functioning. Risk factors for mental illness include family history, stressful life situations, chronic medical conditions, brain damage, and substance abuse. 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 diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

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

- Excessive drinkers include heavy and binge drinkers. Between 2006 and 2012, 18.3% of adults in Monmouth County reported excessive drinking, 2.2% more than the statewide percentage (16.1).¹⁴
- Between 2010 and 2014, 26% of driving deaths in Monmouth County were alcohol impaired.^{15,16}
- In 2014, heroin and other opiates were the most common drugs being treated in Monmouth County; 40% of behavioral health admissions in Monmouth County were for heroin and other opiates.¹⁷
- In 2014, the MMC inpatient use rate for mental disorders was 8.8/1,000, higher than statewide (4.8) and the county rate (6.9).
- In 2014, Monmouth County ED admission rate (9.0/1,000) for mental disorders was slightly lower than the statewide rate (10.5/1,000).¹⁸
- In 2014, Monmouth County mental disorders inpatient rate (6.9/1,000) was higher than the state (4.8/1,000).¹⁹
- In 2014, the MMC inpatient use rate for mental disorders was 8.8/1,000, higher than statewide (4.8) and the county rate (6.9).
- In 2014, the MMC emergency department use rate for mental disorders was 10.2/1,000, similar to the statewide rate (10.5) and slightly higher than the county rate (9.0).

The behavioral health patient population at MMC has high overall readmission rates, and a generally shorter lifespan.²⁰ MMC's Early Intervention Support Services (EISS) program is licensed by the New Jersey Division of Mental Health services and provides outpatient behavioral health treatment for adults with serious mental illness who are at risk of needing hospital services. EISS helps especially vulnerable

14 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.

15 County Health Rankings 2016 <http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/134/data?sort=desc-2>

16 Ibid

17 Department of Human Services Division of Mental Health and Addiction Services Office of Planning Research, Evaluation and Prevention New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview 2014 <http://www.state.nj.us/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2014/Statewide.pdf>

18 Health Care Decision Analyst Internal Data 2014

19 Ibid.

20 Monmouth Medical Center Community Need Focus Areas Initial Summary Draft

populations access outpatient care to avoid risky psychiatric emergency room visits.²¹ The DSRIP (Delivery System Reform Incentive Payment) program seeks to change health care delivery by investing in the Medicaid program to reduce avoidable hospitalizations which lead to poor outcomes and costly care. MMC's DSRIP initiative involves creating an integrated health home for those with serious mental illness. Patients from inpatient psychiatric units are discharged to the integrated health home where they are treated by a team that includes a psychiatrist, an APN, a social worker, and a community health worker.²²

MMC seeks to address behavioral health issues by expanding access to outpatient and inpatient psychiatric care in the region and creating streamlined care that effectively addresses the vast physical and psychiatric needs of patients. MMC's 2014-2018 strategic plan includes expansion of the Pollak/Community Connection building to house other outpatient behavioral health services, implementation of primary care services onsite in the outpatient behavioral health facility, integration of comprehensive medical services and psychiatric services, and the introduction of an Adolescent Intensive Outpatient Program and a Children's Partial Hospital Program. In 2013, MMC opened the Center for Postpartum Mood and Anxiety Disorders, the first of its kind in Monmouth County. In addition to these initiatives MMC is pursuing Joint Commission-disease specific certification in the clinical treatment of depression.²³

MMC offered the first outpatient mental health clinic in the county and today has the largest psychiatric program in the county, which boasts an extensive full time faculty of clinicians who are being integrated into all areas of care. MMC's Psychiatric Emergency Screening service (PESS) is the designated service for Monmouth County, and Children's Crisis Intervention Service is the area's only state-designated program for the inpatient treatment of children and adolescents with acute emotional, behavioral, or psychiatric problems.²⁴

4. Reduce Disparities Regarding 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.²⁵ A substantial fraction of all hospital admissions are patients returning to the hospital soon after their previous stay. These readmissions are costly, potentially harmful, and often avoidable. Evidence suggests that the rate of avoidable readmissions can be reduced by improving access to care and associated procedures, such as discharge planning, transition processes, and care coordination.

- According to Enroll America in 2015, 5% of the population in Monmouth County was uninsured. This was a decrease from 9% in 2013.²⁶

21 <http://www.barnabashealth.org/Press-Center/Monmouth-Medical-Center-News/2013/New-Monmouth-Medical-Center-Psychiatric-Program-.aspx>

22 https://dsrip.nj.gov/Documents/Monmouth%20Medical%20Center_April%20LC2_1.pdf

23 Monmouth Medical Center Strategic Plan <http://magazine.barnabashealth.org/mmcstrategicplan/index.html>

24 Monmouth Medical Center Strategic Plan <http://magazine.barnabashealth.org/mmcstrategicplan/index.html>

25 Centers for Disease Control and Prevention Community Health Status Indicators

<http://www.cdc.gov/CommunityHealth/profile/currentprofile/NJ/Essex/10019>

26 Enroll America Changing Uninsured Rates by County – From 2013 to 2015 <https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/>

- 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.²⁷
- In 2014, the distribution of types of insurance for Monmouth County residents who have inpatient procedures²⁸:
 - 34.3% paid with commercial insurance
 - 13.8% paid with Medicaid/Caid HMO/Family Care as compared to 15.4% statewide
 - 46.6% paid with Medicare/Care HMO
 - 4.2% were underinsured, receive charity care, or self-pay, lower than 6.2% statewide
- In 2014, the distribution of types of insurance for Monmouth County residents who have emergency department procedures²⁹:
 - 40.2% paid with commercial insurance
 - 25.6% paid with Medicaid/Caid HMO/Family Care
 - 18.5% paid with Medicare/Care HMO as compared to 14.9% statewide
 - 12.8% were underinsured, receive charity care, or self-pay, lower than 15.9% statewide
- In 2016, MMC received a 0.80% penalty for high readmission rates.³⁰
 - This is a 70% increase from the 0.24% penalty in 2013.
 - The MMC penalty (0.80%) was higher than the New Jersey average penalty (0.73%).

Access to primary care was identified as a leading health indicator in Monmouth County in the Healthy NJ 2020 survey. Residents of the service area identified access to care as one of five top health issues in a Bruno & Ridgway survey. The Healthy NJ 2020 survey, the Monmouth County CHIP, a local CHNA committee, and Public Health Officer surveys also identified access to care as a key health issue.

MMC’s 2014-2018 strategic plan includes several strategies for addressing disparities in access to care:

- Focus on prevention and wellness education by integrating it into the primary care settings and promoting it to the populations it serves through expanded community partnerships
- Expand primary care services to support increases in the region's aging population and manage patients with chronic diseases
- Develop a “medical home” care model to support high-quality, comprehensive patient care for patients with chronic diseases.
- Leverage health information technology to hardwire evidence-based standards into practice operations and provide a seamless interface for communication with patients, families and caregivers.
- Continue to create support groups that conveniently connect patients with similar health concerns.
- Continue to plan for medical offices, ambulatory care hubs and urgent care centers in the central Jersey region based on community needs
- Continue developing Transitions in Care program to improve patient outcomes and reduce readmissions in high-risk populations through innovative and effective coordination of care
- Support ease of access for patients by further developing outpatient services in geographically convenient locations near outstanding primary care providers and subspecialty services

27 United States Department of Health and Human Services 5 Years Later: How the Affordable Care Act is Working for New Jersey, 2015, <http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-new-jersey/index.html>

28Ibid.

29Ibid.

30 NJ leads nation for number of hospitals penalized for high readmissions 2015

http://www.nj.com/politics/index.ssf/2015/08/nearly_every_nj_hospital_to_be_penalized_for_high.html

Expanding the primary care network associated with the hospital is a key part of MMC's approach to increasing access to healthcare in the hospital's service area. MMC also seeks to improve access to care through the use of an Emergency Department (ED) navigator. The ED navigator identifies patients without a primary care physician and refers them to primary care physicians to ensure smooth progress through the care plan. ED navigators would refer patients to primary care physicians at Monmouth Family Health Center, the local FQHC, and the Barnabas Health Medical Group, a family medicine practice associated with MMC. A 2014 Accenture study shows that the use of Emergency Department navigators can significantly reduce departmental overuse and hospital readmissions.³¹

MMC has a history of community outreach initiatives to better reach various the diverse populations of Monmouth County. MMC has been offering screenings and health information for the past 22 years at Oceanfest, an annual daylong Fourth of July event on the Long Branch boardwalk. In 2010, MMC developed the Chinese Medical Program to provide the Chinese community with comprehensive medical care. The program performs outreach by visiting numerous sites annually to conduct information sessions on vital health topics. Recently, MMC received the Cultural Diversity Partnership Award from the Lakewood Orthodox Jewish community for sensitive leadership in all matters of patient care.

31 Patient Navigation Eases Clinical Workforce Challenges – Without Clinical Expertise https://www.accenture.com/t20150523T022442__w_/us-en/_acnmedia/Accenture/Conversion-Assets/DotCom/Documents/Global/PDF/Dualpub_1/Accenture-Patient-Navigation-Eases-Clinical-Workforce-Challenges.pdf#zoom=50

1. INTRODUCTION

The Monmouth Medical Center (MMC) 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 statutes, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The MMC 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 completed 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 Monmouth County public health officers, and other community stakeholders. MMC 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 Monmouth Medical Center CHNA Oversight Committee helps identify health assets, gaps, disparities, trends, and priorities. The Methodology section details the data collection process and analysis.

Monmouth Medical Center, located in Long Branch, New Jersey, is one of five acute care hospitals operating in Monmouth County. MMC is one of New Jersey’s largest academic medical centers and a university-level campus for Drexel University College of Medicine. The hospital acts as a safety net to its service area residents by providing a wide scope of outstanding healthcare services. The Medical Center’s primary service area encompasses 19 zip codes that run along the eastern end of the county. MMC has been and continues to be a leader in surgical advancement introducing many technological firsts to the region, including robotic surgery and other minimally invasive techniques.

Since Spring 2015, MMC has been awarded the highest score (“A”) for patient safety by the Leapfrog Group, an independent, national nonprofit organization of employer purchasers of health care and the nation’s leading experts on safety. The hospital is routinely recognized by HealthGrades, the nation’s largest premier independent health care quality company, for excellence in both emergency medicine and maternity care. MMC is the only hospital in the region to achieve The Joint Commission’s Advanced Certification for Heart Failure, and named a Top Performer on Key Quality Measures for Heart Attack, Heart Failure and Pneumonia.

U.S. News & World Report has recognized MMC as a regional leader in cancer, geriatrics, gynecology, neurology and neurosurgery. MMC is the only hospital in New Jersey to be rated in the top 5 percent of the nation for emergency medicine three years in a row. Among a select group of facilities recognized for its participation in the New Jersey Hospital Association's ICE Collaborative -- a statewide initiative to improve the safety and quality of patient care in ICUs throughout the state that is being credited with



saving hundreds of lives. The NJHA Board of Trustees approved MMC as one of 17 hospitals chosen to participate in the NJHA HEN Patient Flow Collaborative - an initiative that has gained the attention of many of the nation's most prominent health care leaders. MMC was the only hospital on the Eastern seaboard to be recognized with the Crimson Physician Partnership Award, which is presented to administrator-physician leadership teams at organizations that are members of the Crimson physician performance technologies cohort. Crimson is a program from The Advisory Board Company that helps hospitals and health systems advance quality goals and secure cost savings by eliminating inefficiencies in care delivery.

The MMC Steering Committee determined four top health issues to be within the hospital's purview, competency and resources to impact in a meaningful manner: the prevention and treatment of cardiovascular disease, obesity, diabetes; the prevention and treatment of cancer; medical needs of behavioral health patients; and reducing disparities in access to care.

- Cardiovascular disease is the leading cause of death in the nation, state, and county. Addressing lifestyle-related risk factors for cardiovascular disease lowers disease mortality rates. MMC is the only facility in the region to achieve The Joint Commission's Advanced Certification for Heart Failure, and named a Top Performer on Key Quality Measures for Heart Attack, Heart Failure and Pneumonia. The hospital has Joint Commission Certifications in Acute Coronary Syndrome and Cardiac Rehabilitation. MMC has earned national accreditation from the American Association of Cardiovascular and Pulmonary Rehabilitation in both cardiac and pulmonary rehabilitation. Monmouth is also a Certified Stroke Center and has been designated as a Chest Pain Center by the Society of Chest Pain Centers, the first in the region to receive full accreditation status.

Obesity, a risk factor for both cardiovascular disease and cancer, can be mitigated by addressing lifestyle-related risk factors. The Bariatric and Metabolic Institute at MMC offers a comprehensive weight loss program. Annually, MMC reached more than 80,000 community members via health fairs, screenings and educational programs. MMC is the hosts the Monmouth County Chapter of Safe Kids, partnering with local police, recreation, and schools to present sports and recreation to families.

Diabetes is also a risk factor for both cardiovascular disease and cancer. MMC's award-winning diabetes self-management program provides education on controlling blood sugar.

- Cancer mortality, the second leading cause of death in Monmouth County and New Jersey, can be reduced by prevention, early detection, and treatment. MMC encourages early cancer detection and provides community education outreach programs. MMC's approach to addressing cancer focuses on remaining on the cutting edge of diagnosis and clinical treatment, upgrading facilities, and collaboration. Illustrating its prominence as a leading academic cancer center, The Leon Hess Cancer Center at MMC is accredited by the Commission on Cancer of the American College of Surgeons as a "teaching hospital cancer center" -- the group's highest designation that is held by only one-fifth of all U.S. hospitals with cancer programs.
- Mental illness and substance abuse affect 18.1% of Americans, and can be managed with medication and therapy. MMC's inpatient and outpatient behavioral health initiatives seek to reduce psychiatric readmissions. MMC seeks to address behavioral health issues by expanding access to outpatient and inpatient psychiatric care in the region and creating streamlined care that effectively addresses the vast physical and psychiatric needs of patients. MMC offered the first outpatient mental health clinic in the county and today has the largest psychiatric program

in the county, which boasts an extensive full time faculty of clinicians who are being integrated into all areas of care. MMC's Psychiatric Emergency Screening service (PESS) is the designated service for Monmouth County, and Children's Crisis Intervention Service is the area's only state-designated program for the inpatient treatment of children and adolescents with acute emotional, behavioral, or psychiatric problems.

- Increased access to health care leads to higher quality care and lower readmissions rates. Emergency Department Navigators at MMC direct high-risk patients to primary care to ensure a smoother transition out of the emergency department and decrease the likelihood of readmission. Expanding the primary care network associated with the hospital is a key part of MMC's approach to increase access to healthcare in the hospital service area.

The CHNA uses detailed secondary public health data at state, county, and community levels, from various sources including *Healthy People 2020* and the County Health Rankings, hospital discharge data, Census Bureau, and CDC, to name a few.

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

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

- Access to primary healthcare providers;
- Black infant death mortality;
- High cesarean-section rates;
- Low birth weight infants, especially among African-American and Hispanic Moms;
- Chronic lower respiratory disease; and
- Unintentional injuries.

2. METHODOLOGY/SERVICE AREA

METHODOLOGY

CHNA data sources included secondary and qualitative survey data. These sources were reviewed by the MMC 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 B 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 Monmouth County for the years 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 Monmouth 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 Monmouth 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 Monmouth 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 Monmouth County value is 20% worse or lower than the indicator value. If the Monmouth 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 into this CHNA. (See Section 3)

Public Health Survey

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

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

The survey identified six priority health needs for Monmouth County. See Appendix E for detailed survey responses.

Health Improvement Coalition of Monmouth County (HICMA)

MMC representatives actively participate in the Health Improvement Coalition of Monmouth County which is comprised of key stakeholders in Monmouth County (government, civic, community-based organizations and healthcare providers) who are focused on improving the health of the community. The HICMA's 2012-2016 Community Health Improvement Process (CHIP) results in the following health priorities for the county: Risk Factors for Heart Disease, Obesity/Overweight Issues for Children & Families, and Access to Comprehensive Healthcare. The most recent CHIP (September 2016) resulted in three new priorities for Monmouth County, including: Mental Health, Health Equity, and Healthy Lifestyle. MMC's internal team took into consideration these county-wide priorities, along with other primary and secondary data, when selecting facility priorities for MMC's 2016 CHNA implementation Plan. MMC continues to collaborate with the Health Improvement Coalition of Monmouth County, other providers and community organizations to improve the health and welfare of our communities.

Assets and Gaps

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

Resource Inventory

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

SERVICE AREA

Monmouth Medical Center is located in Long Branch, New Jersey. The Medical Center’s primary service area (PSA) consists of the following 19 zip codes:

ZIP Code	ZIP Name
07701	RED BANK
07702	SHREWSBURY
07704	FAIR HAVEN
07711	ALLENHURST
07712	ASBURY PARK
07716	ATLANTIC HIGHLANDS
07723	DEAL
07724	EATONTOWN
07732	HIGHLANDS
07739	LITTLE SILVER
07740	LONG BRANCH
07748	MIDDLETOWN
07750	MONMOUTH BEACH
07753	NEPTUNE
07755	OAKHURST
07756	OCEAN GROVE
07757	OCEANPORT
07760	RUMSON
07764	WEST LONG BRANCH

The PSA is determined by taking into consideration three factors: patient origin, market share, and geographic continuity/proximity. Zips representing approximately 50% of the MMC patient origin form the initial PSA. Added to this list is any zip code in which the Medical Center has a high market share presence, any zip code with low market share is deleted from the PSA definition as well. Geographic proximity to create a contiguous area completes the service area determination. 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. For purposes of this CHNA, Monmouth County statistics were deemed to be most relevant for review.



3. COMMUNITY HEALTH NEEDS SURVEY

Bruno and Ridgway interviewed 200 residents of Monmouth Medical Center's primary service area. Their responses are provided within this section and were used to assist in the prioritization of health needs in the community.

The survey indicated that chronic diseases along with affordable healthcare costs are key health concerns of residents in MMC's primary service area. Also of concern are the contributing disease factors (obesity, drug use) and the ability to access primary care providers, especially without insurance.

Overall, area residents report their health as very 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 portion of the population who report less frequent visits to health care practitioners (HCPs), lead a sedentary lifestyle and/or 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.

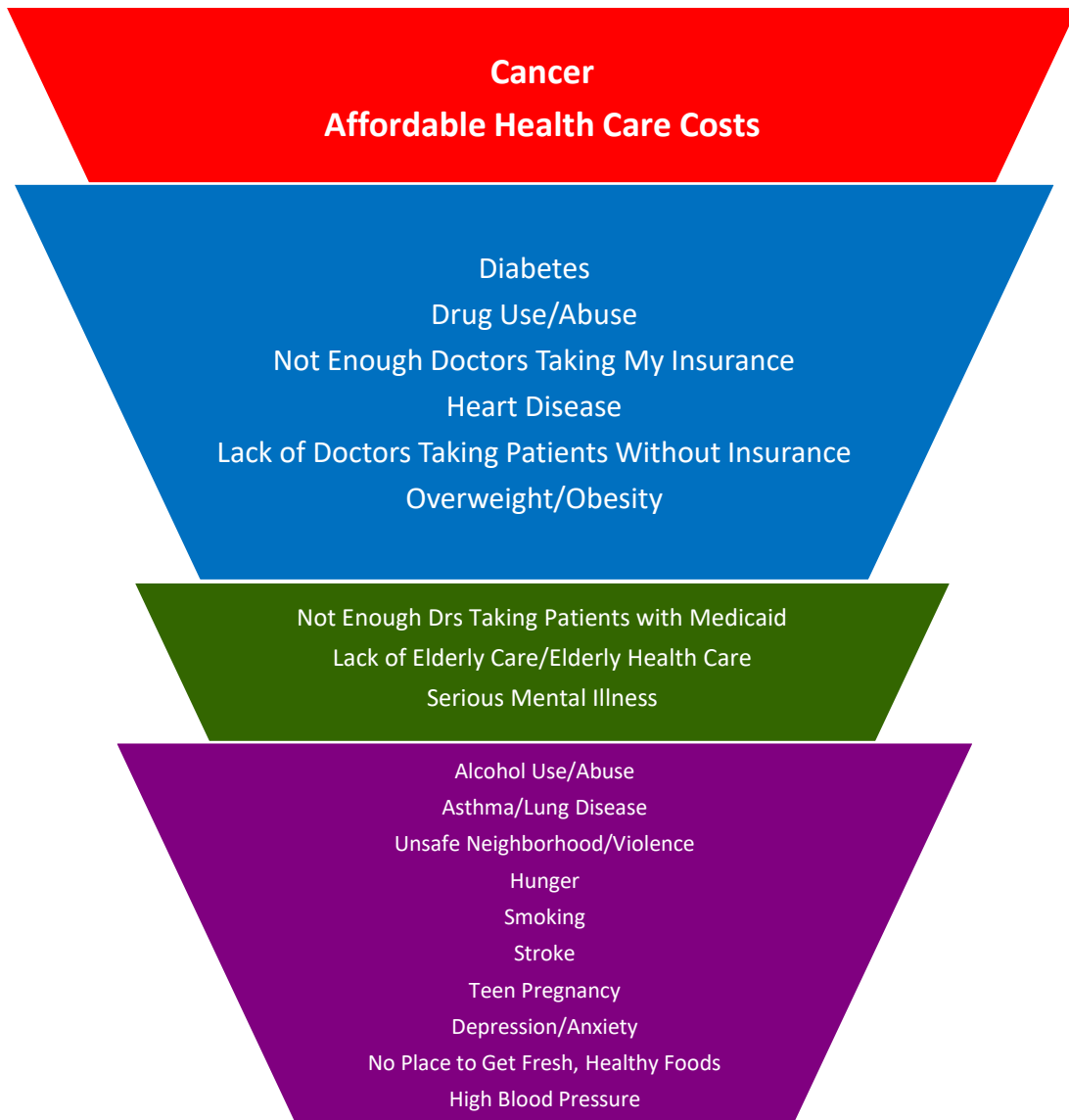
Additional findings and suggestions include:

- Free/low cost preventative services, ranging from mammograms and blood pressure checks to vision and hearing screenings, are all very important.
- A large portion of area residents feel access to low cost medical and dental care is lacking. Of particular need is more accessibility to mental health and substance abuse providers, and many residents 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 affordability.
- 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 availability and access to mental health providers, including substance abuse, 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.

Key Community Health Issues/Concerns ~ Volunteered

When residents were asked to volunteer the top 3 health issues in their community:

- Cancer and affordable health care costs top the list.
- Next most frequently mentioned were other chronic diseases (diabetes and heart disease) and factors contributing to disease (obesity and drug use), along with the lack of doctors taking insurance.



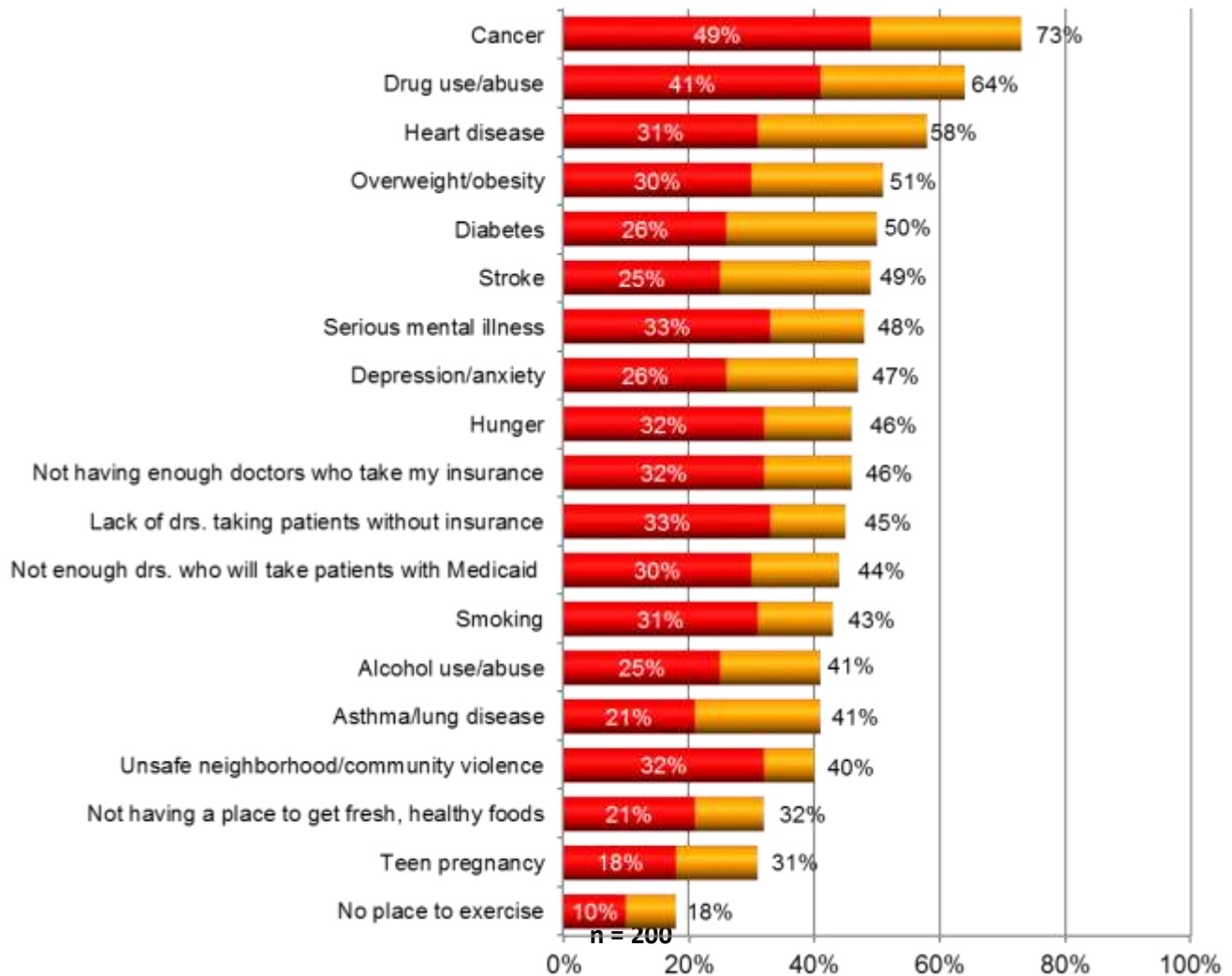
(n=200)
Q.1a

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

Community Health-Related Issues of Concerns

(Extremely/Very Important)

- When asked directly to rate specific issues of concern on a 5-point scale, cancer and drug use come to the top of the list.
- Many area residents also cite heart disease, obesity, diabetes, stroke and mental illness as areas they are very concerned about.

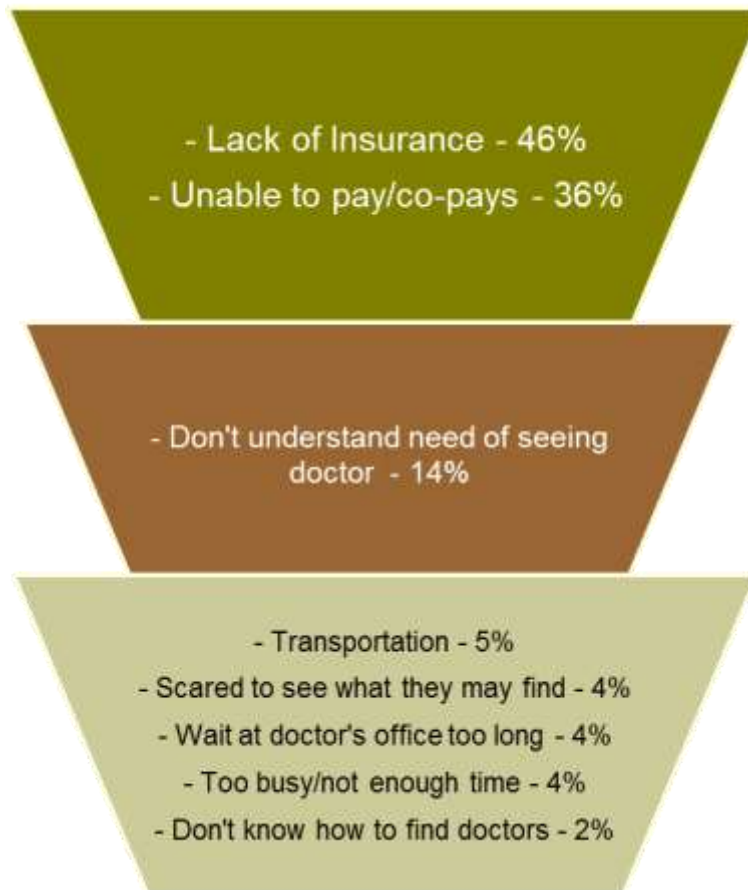


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Q.1b

(Adapted: Bruno and Ridgway 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. Regardless of age, ethnicity or income, the key barrier to seeking medical care when needed is a lack of insurance and, related to this, being unable to pay/co-pays.
- Though mentioned significantly less often, some residents don't fully understand the need to see a doctor and some cite transportation, fear, long waits, or being too busy as barriers to seeking care.
- A handful cite transportation, fear, long waits or being too busy as barriers to seeking care.

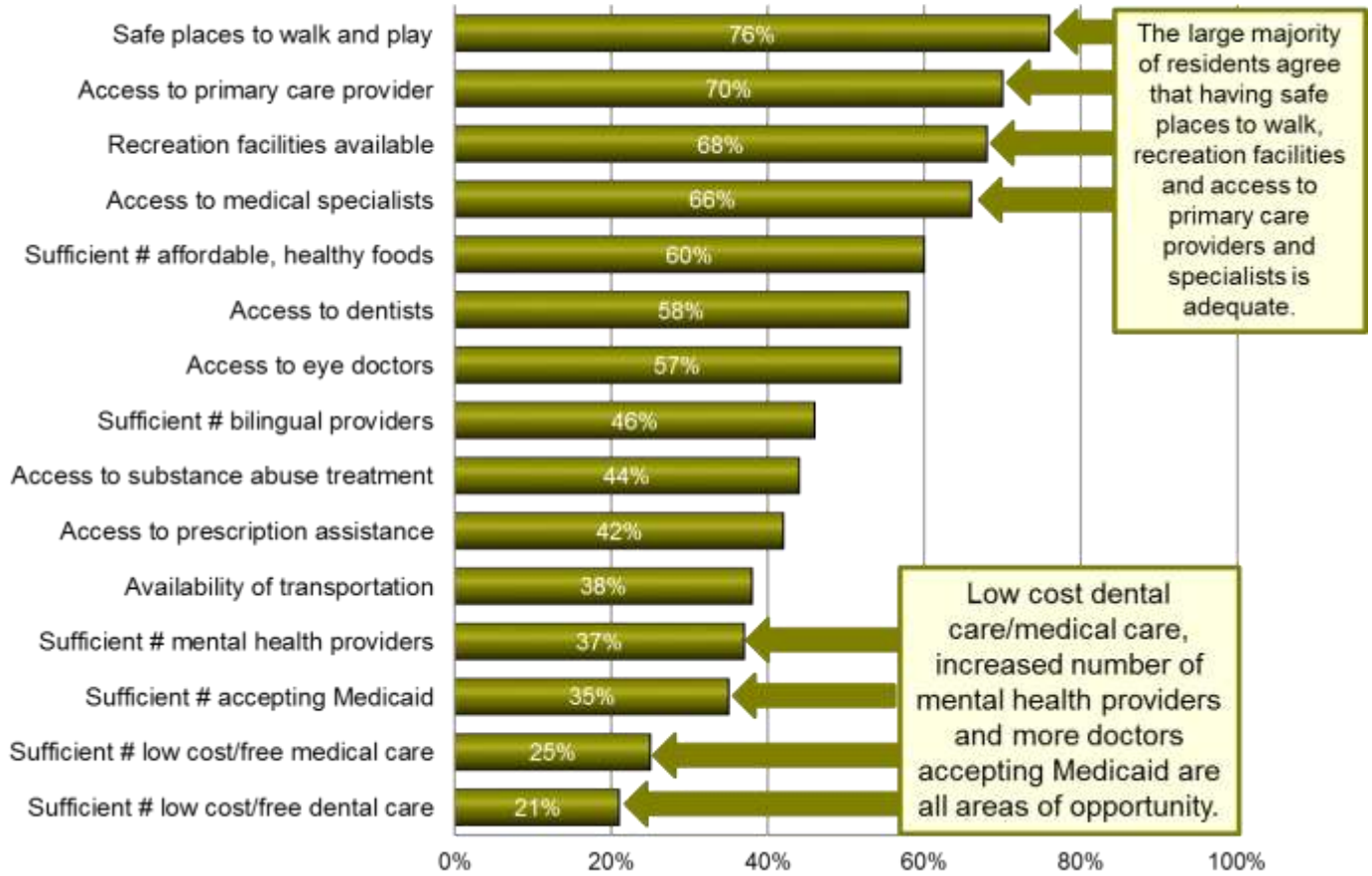


(n=200)
Q.2

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

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

- Many residents feel adequate health care services are provided while some feel access to some health care services is lacking.

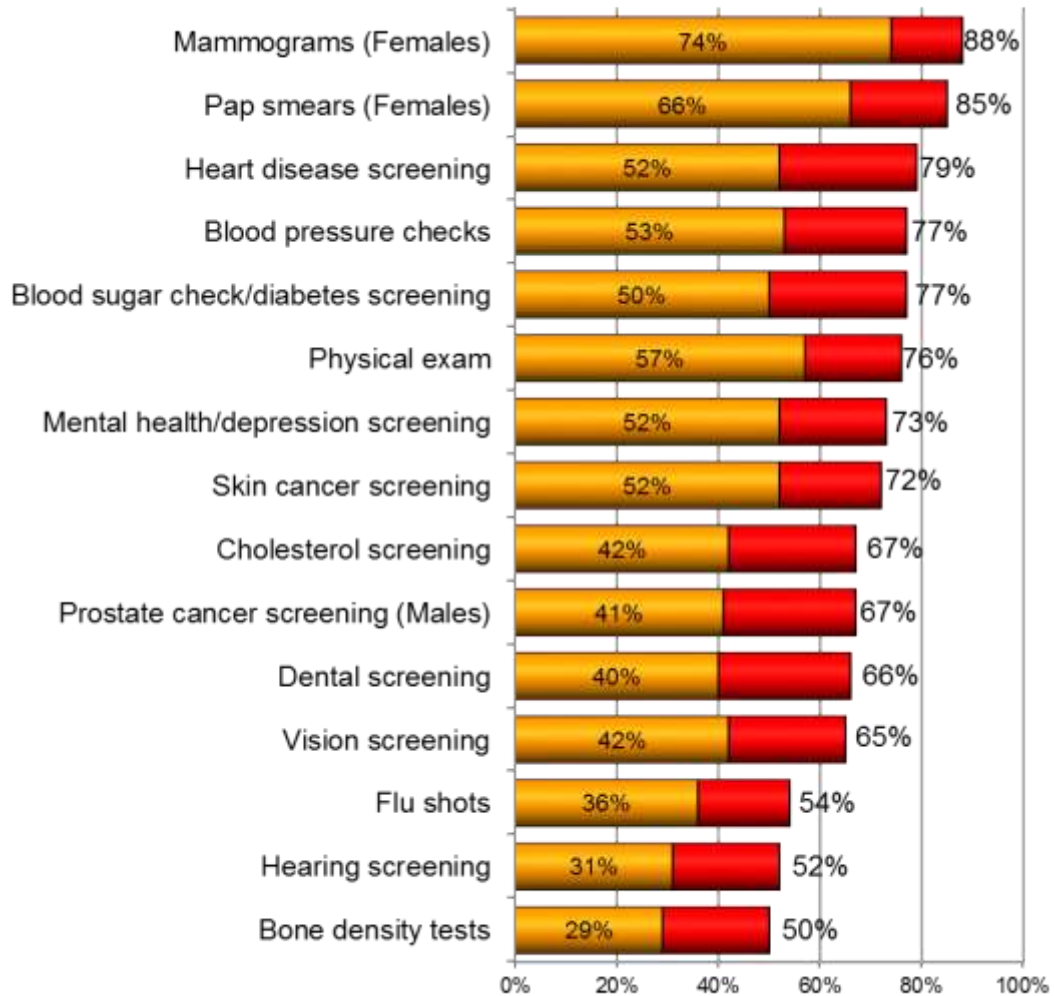


(n=200)
Q.4

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

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

- The large majority of residents say it is "extremely or very important" to have free/low cost preventative services available in their community.

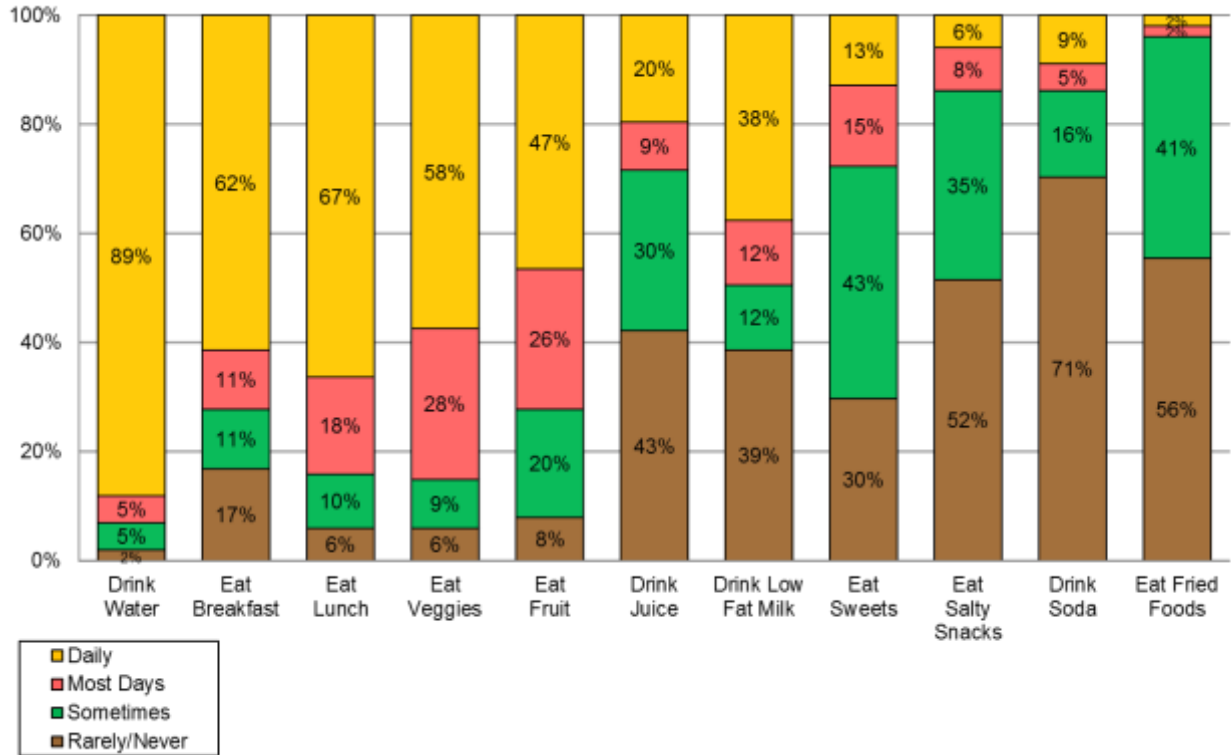


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Q.3

(Adapted: Bruno and Ridgway 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, eat breakfast and lunch and consume vegetables on a 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.

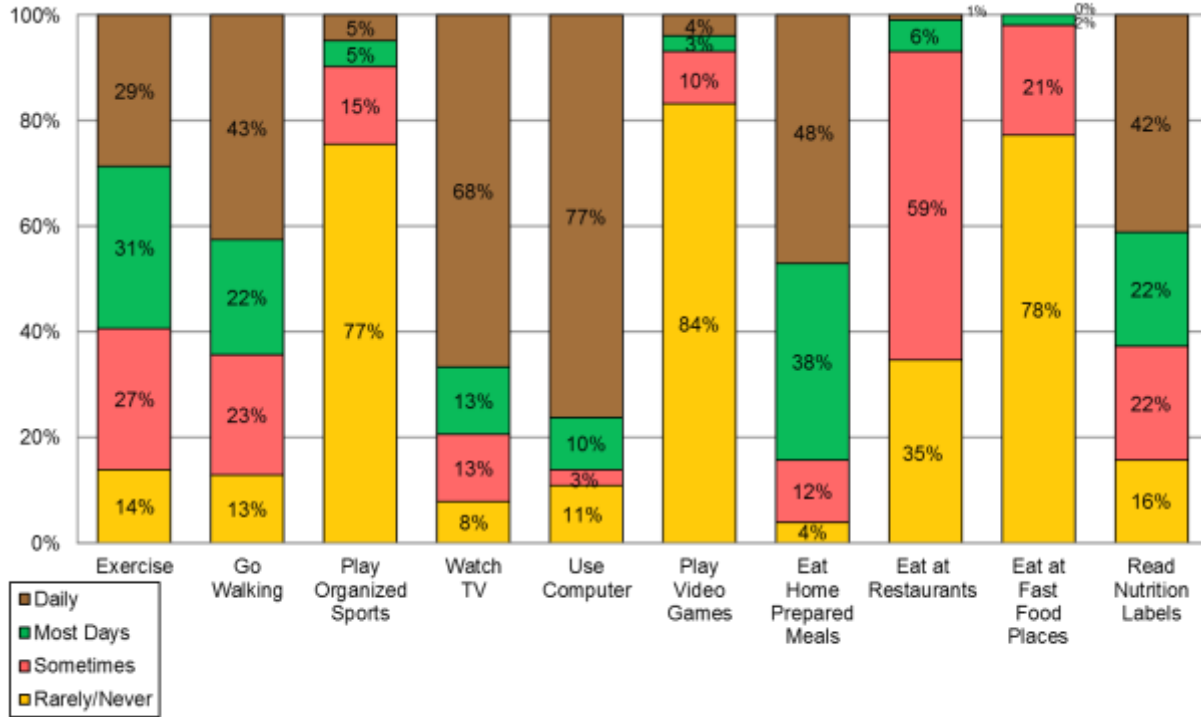


(n=200)
Q.6

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

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

- Most residents appear to be quite active, with 6 of 10 saying they exercise and/or go walking frequently. Only a small group of residents say they rarely or never exercise. The large majority of residents say they watch TV or use the computer on a daily basis.
- On the positive side, most residents are eating home prepared meals and many claim to be reading nutrition labels. Eating out at restaurants is an occasional activity for most, though quite a few do report at least sometimes eating at fast food places.



(n=200)
Q.6

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

Personal Lifestyles: Differences in Behaviors by Gender/Age

- Males are more likely than females to go walking and drink juice.
- Older residents are more likely to drink water, eat breakfast, exercise and drink low-fat milk, while younger residents indicate higher soda consumption.

	Total	Gender		Age	
		Male	Female	25-49	50-74
Drink water	94	93	95	89	98
Eat breakfast	73	74	72	67	78
Go walking	65	73	61	63	67
Exercise	60	64	57	50	67
Drink low-fat milk	49	47	50	42	55
Drink juice	28	36	24	23	32
Drink soda	14	18	12	19	10

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.

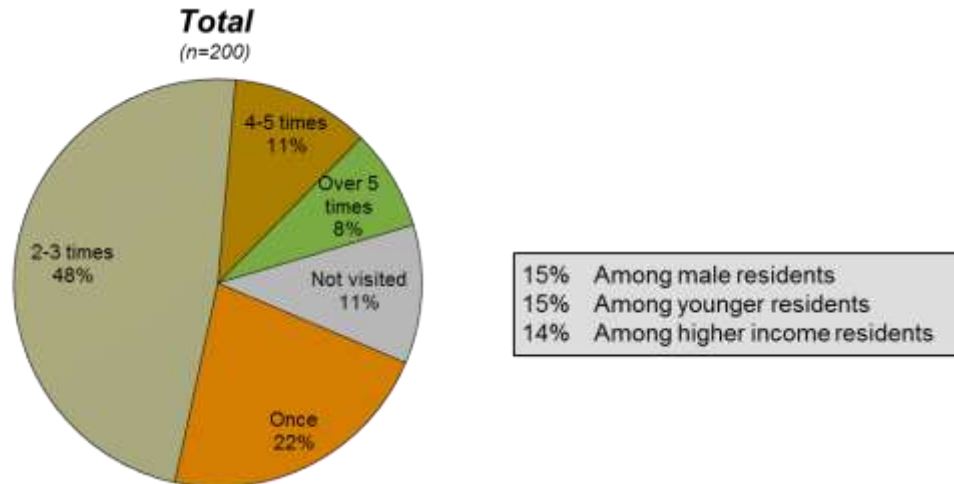
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Q.6

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

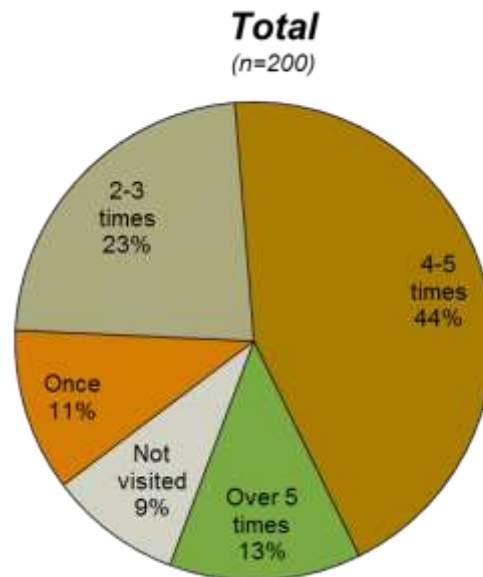
Personal Lifestyles: Frequency of Visiting Health Care Professionals – PCP for Physical (Past 2 years)

- The very large majority (89%) of residents claim they have visited a primary care physician at least once for a physical within the last 2 years.



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

- The large majority (91%) of residents claim they have visited a dentist at least once within the past 2 years.

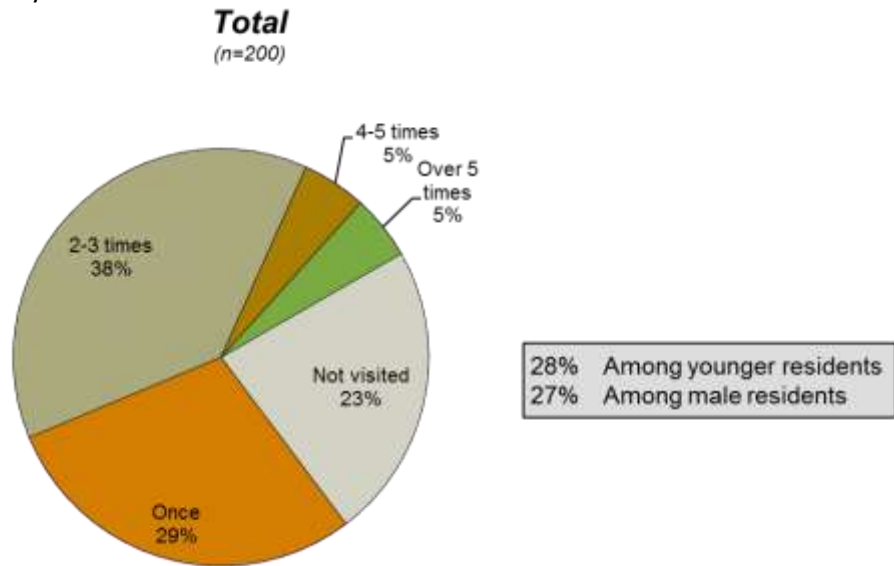


Q.7

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

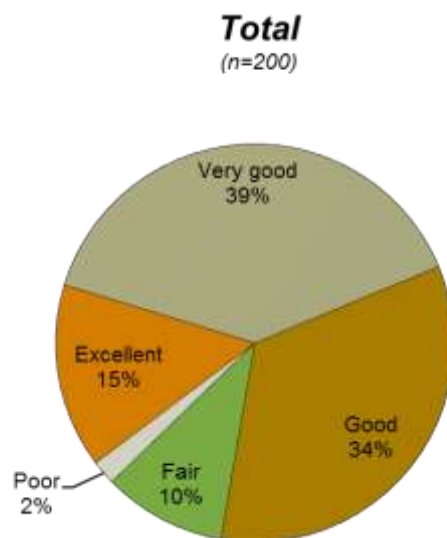
Personal Lifestyles: Frequency of Visiting Health Care Professionals – Eye Doctor (Past 2 years)

- The large majority (77%) of residents claim they have visited an eye care professional at least once in the past 2 years.



Personal Lifestyles: Self-Rating of Overall Health

- Residents were asked to describe their overall health on a 5-point excellent to poor scale. Over half (54%) describe their overall health as being *excellent* or *very good*; about one-third (34%) describe it as *good*; and only (12%) feel their overall health is *fair* or *poor*.



Q.8

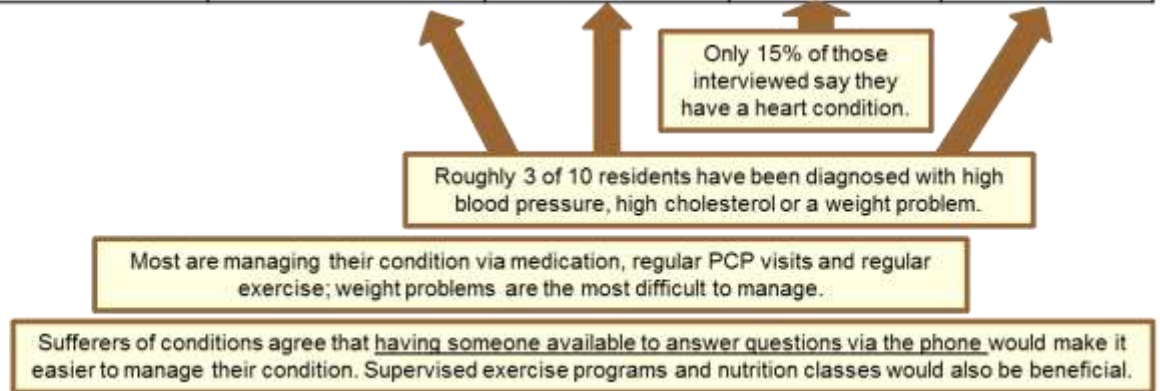
(Adapted: Bruno and Ridgway Community Health Assessment, January 2016)

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.

- 61% of residents are diagnosed with at least 1 of 6 specific medical conditions.

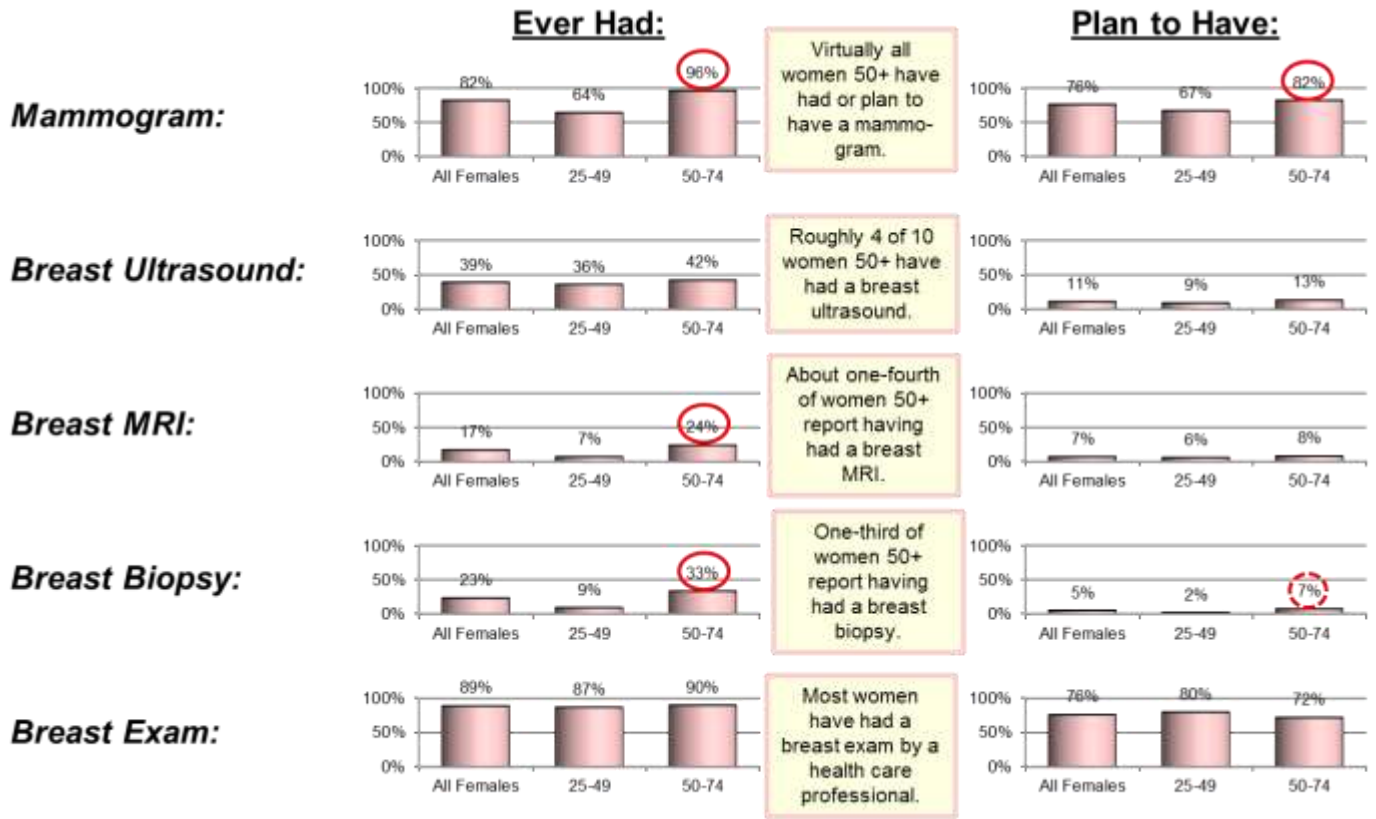
	High Blood Pressure	High Cholesterol	Heart Condition	Weight Problem
Diagnosed	33%	31%	15%	29%
Base: Suffer Condition	(66)	(62)	(29)	(58)
	↓	↓	↓	↓
Managing Condition	92%	82%	90%	83%
Regular visits to PCP	85	65	62	41
Regular exercise	73	66	79	72
Regular cardiologist	44	21	66	19
Take medication	86	55	76	5
Weight loss support	15	10	17	26
Nutrition counseling	15	11	17	19
Had Any Difficulties Managing Condition	32	26	17	67
What Would Make it Easier to Manage:				
Someone to answer questions over phone	42	61	52	43
Transportation	11	8	7	22
Supervised exercise program	24	29	28	45
Nutrition classes	23	32	24	38
Less confusion with medications	11	13	17	5
Home health nurse	12	18	14	16
Cooking classes	14	23	17	29



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

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

Personal Lifestyles: Breast Services/Tests

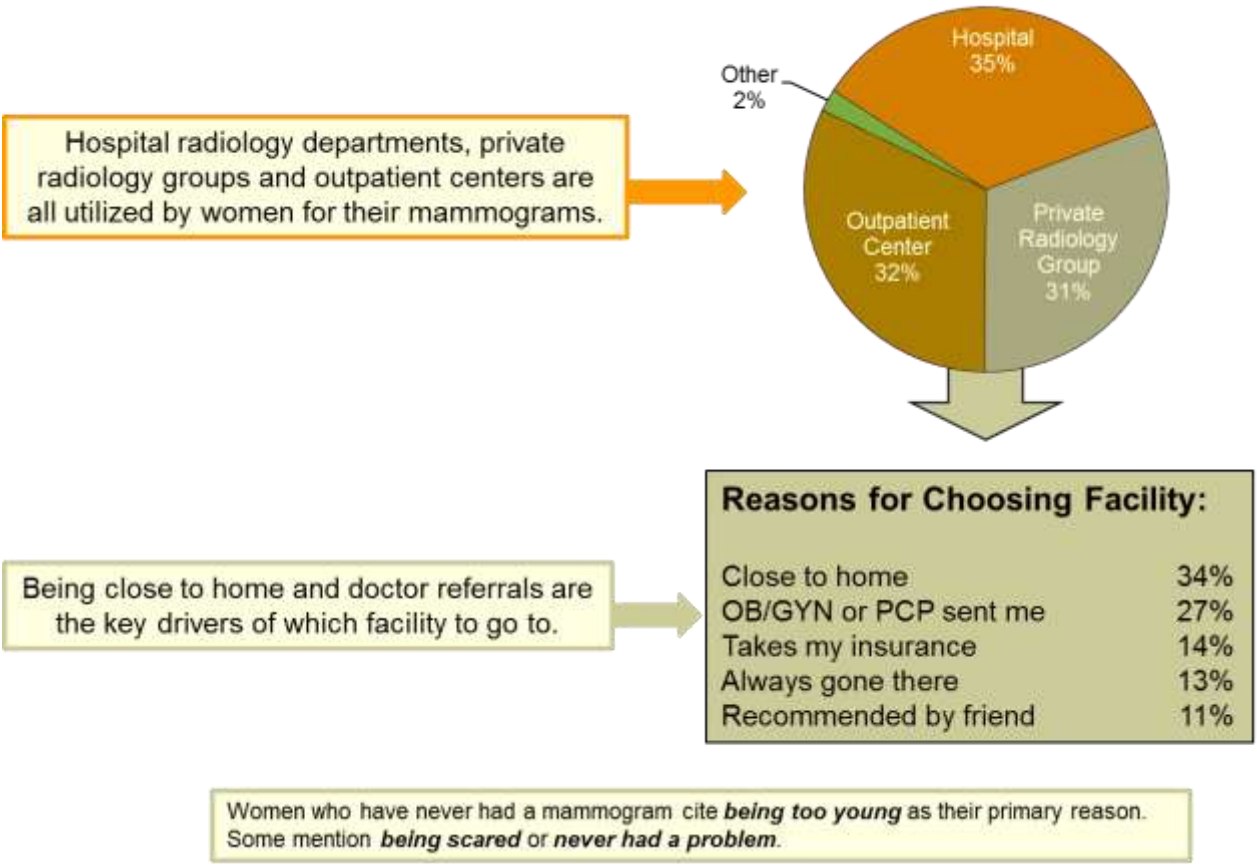


Females (n=127)
Q.11,12

○ = 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 Ridgway Community Health Assessment, January 2016)

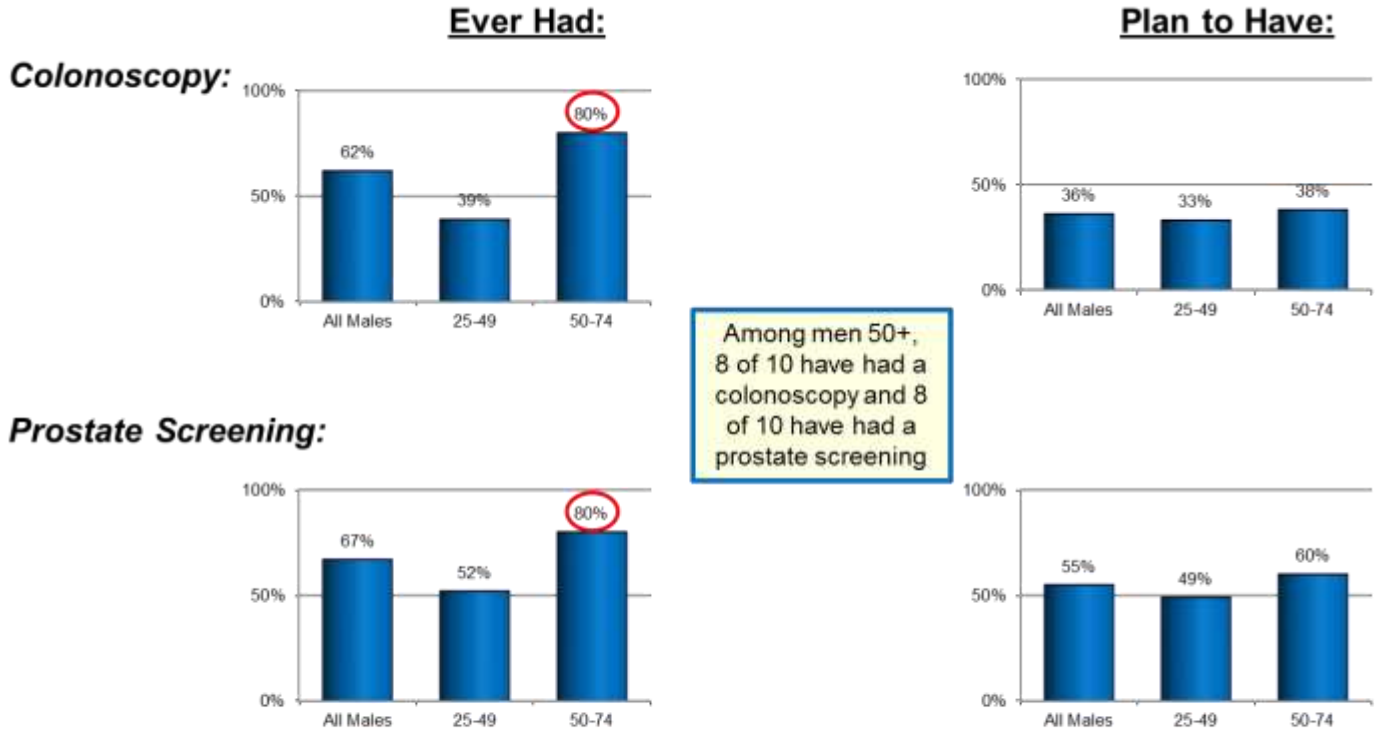
Personal Lifestyles: Location of Last Mammogram



Females Who Have Had Mammogram (n=104)
Q.13a,13b,14

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

Personal Lifestyles: Incidence of Male Health Screenings



Men who have not had these screening tests cite **being too young** or **never had a problem**, followed by **doctor did not recommend** as their primary reasons.

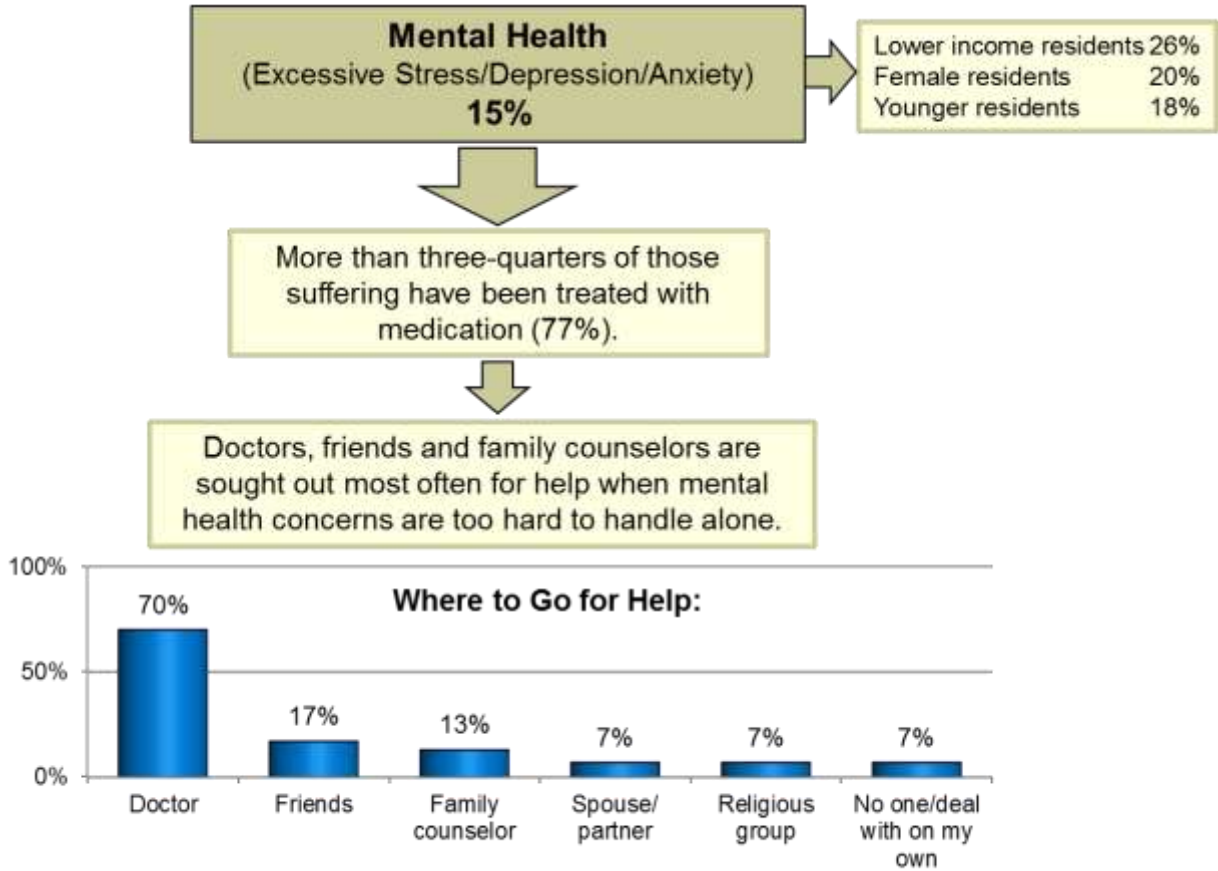
Males (n=73)
Q.15,16,17

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

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

Personal Lifestyles: Treatment for Mental Health/Conditions

- A small group of area residents have sought treatment for excessive stress, depression and other mental health conditions.

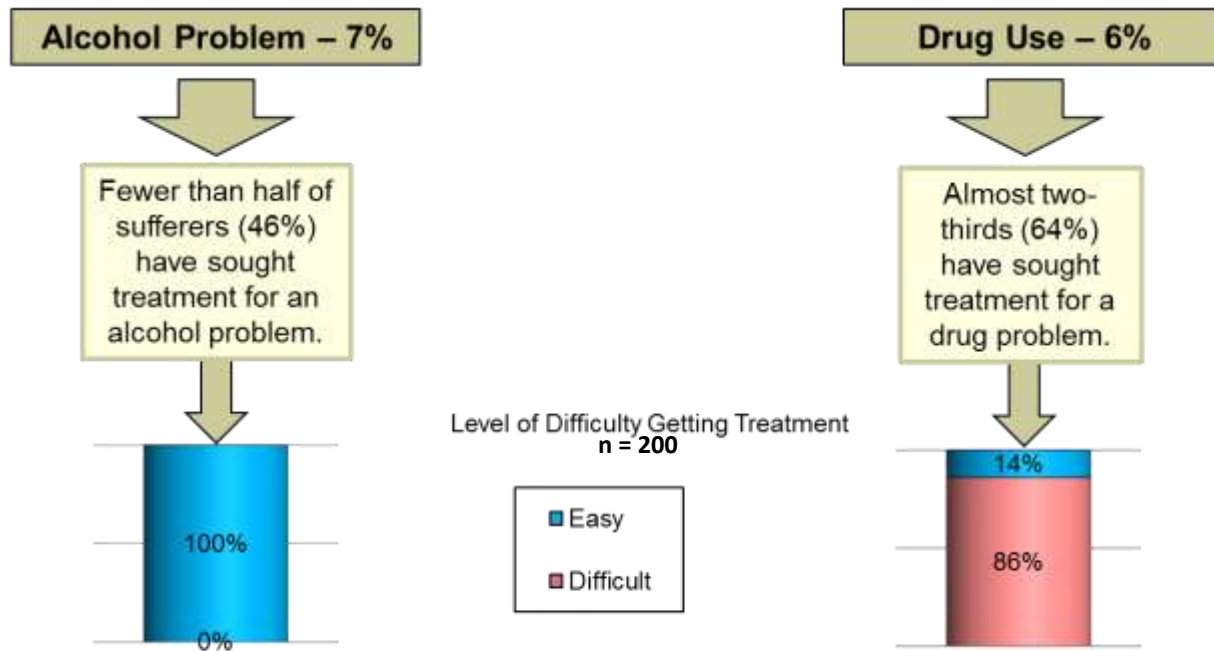


(n=200)
Q.18a,18c,18d

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

Personal Lifestyles: Treatment for Alcohol/Drug Use

- A small group of residents report harmful effects on themselves or a family member from alcohol or drug use.
- No one felt the process of getting treatment for alcohol problems was difficult.
- Most of those who sought treatment for a drug problem viewed the process as being difficult.

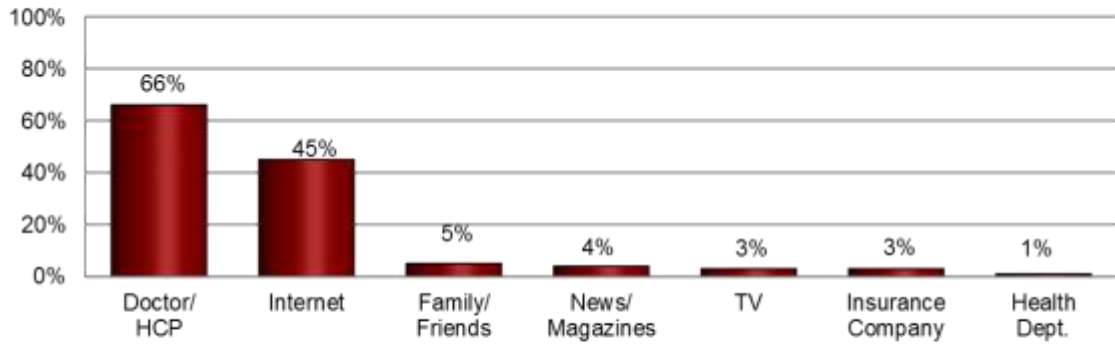


(n=200)
Q. 19a-c, 20a-c

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

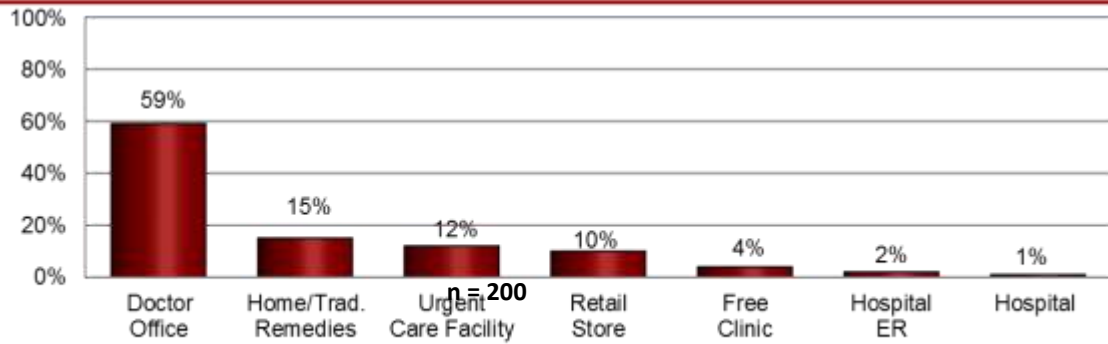
Personal Lifestyles: Primary Sources for Health Information ~ Volunteered

- Doctors and other health care professionals are the key source for obtaining health-related information.
- The Internet follows as a distant secondary information source.



Where Seek Medical Care (Non-Emergency Symptoms)

- Doctors' offices are the primary location where residents go to when seeking medical care for non-emergency symptoms.
- Home remedies, urgent care facilities and retail stores are also mentioned by some as a go-to place for non-emergency care.

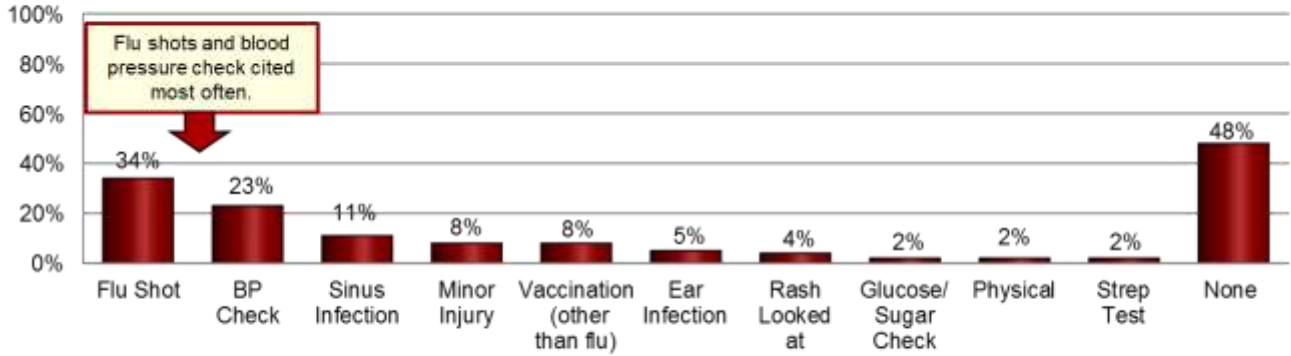


(n=200)
Q.21,22a

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

Personal Lifestyles: Ever Used Retail Store for Health Activities

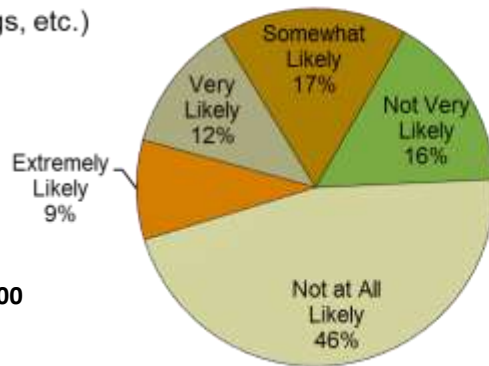
In all, 52% say they have ever used a retail store for specific types of screenings or health related activities.



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

Only one-fifth (21%) of all residents anticipate being *extremely or very likely* to use a retail store for health screenings in the future – almost one-half say they are *not at all likely*.

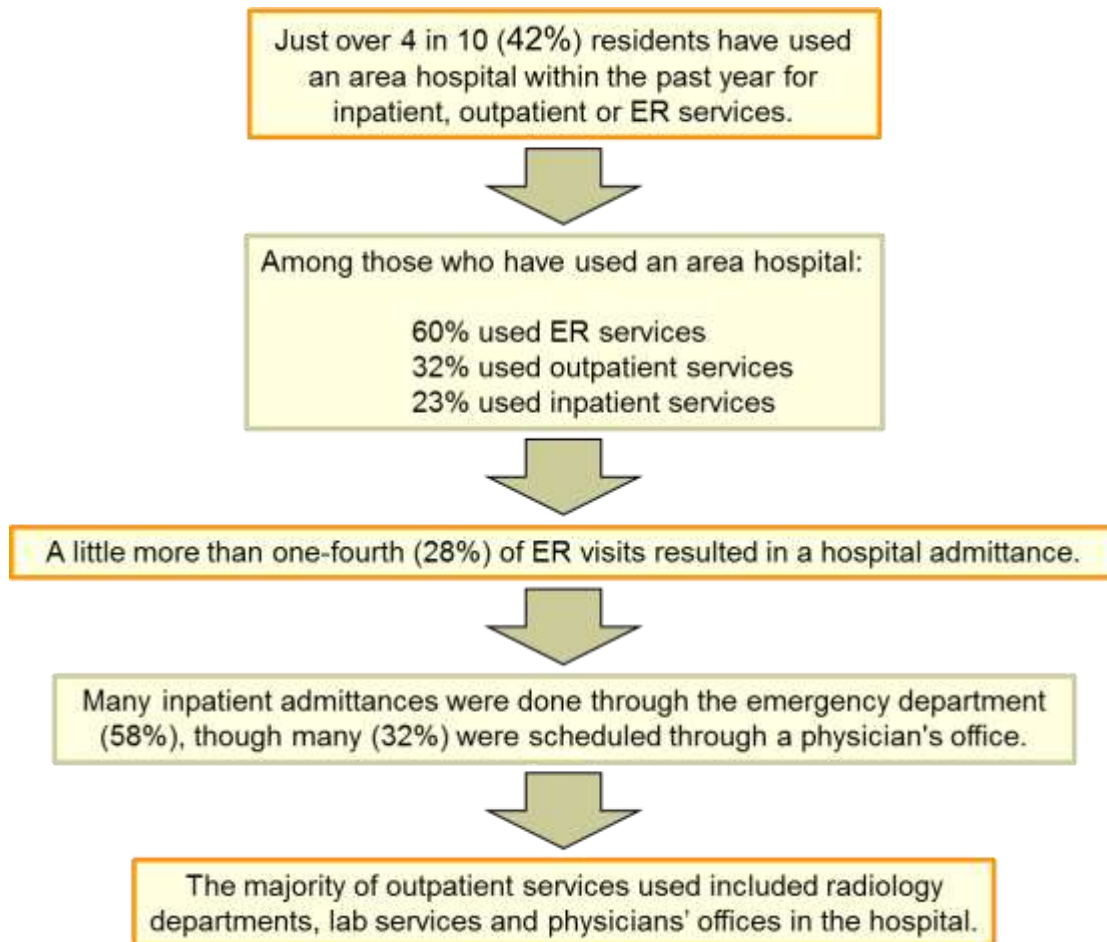
n = 200



(n=200)
Q.22b,22c

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

Area Hospital Usage



(n=200)
Q.23a,23c,23d,23e,23f

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

Demographics

	Total
	%
Length of Time in Area:	
Less than 2 years	1
2-5 years	6
6-10 years	14
11-20 years	30
Over 20 years	49
Health Insurance:	
Medicare	22
Medicaid	7
Private	75
No health insurance	1
No answer	2
Employment:	
Full-time	49
Part-time	15
Retired	20
Disabled	5
Unemployed	3
Student	1
Homemaker	9
No answer	2
Income (mean):	\$84.2K
Gender:	
Male	37
Female	63

64%

	Total
	%
Zip Codes:	
Red Bank: 07701	8
Shrewsbury: 07702	4
Fair Haven: 07704	5
Allenhurst/Loch Arbour: 07711	1
Asbury Park/Interlaken/Ocean (Monm): 07712	12
Atlanta Highlands: 07716	2
Middletown (Belford): 07718	3
Eatontown/Tinton Falls: 07724	9
Highlands: 07732	2
Middletown (Leonardo): 07737	2
Middletown (Lincroft): 07738	2
Little Silver: 07739	3
Long Branch: 07740	8
Middletown: 07748	9
Monmouth Beach: 07750	2
Neptune: 07753	11
Oakhurst: 07755	3
Neptune Township: 07756	1
Ocean Port: 07757	2
Middletown (Port Monmouth): 07758	4
Rumson/Sea Bright: 07760	2
West Long Branch: 07764	5

	Total
	%
Race:	
White/Caucasian	80
Black/African American	7
Latino/Hispanic	5
Asian/Pacific Islander	1
Native American/Alaskan Native	1
Other	2
No answer	6
Marital Status:	
Single	13
Married	67
Sep./Div./Wid.	15
Domestic partner	4
No answer	1
Education:	
< HS graduate	2
High school graduate	20
Some college	21
College graduate	35
Post graduate	22
No answer	1
Age:	%
25-39	13
40-49	31
50-59	25
60-74	31
Mean age	52

n=200

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

4. MONMOUTH COUNTY/SERVICE AREA HEALTH PROFILE

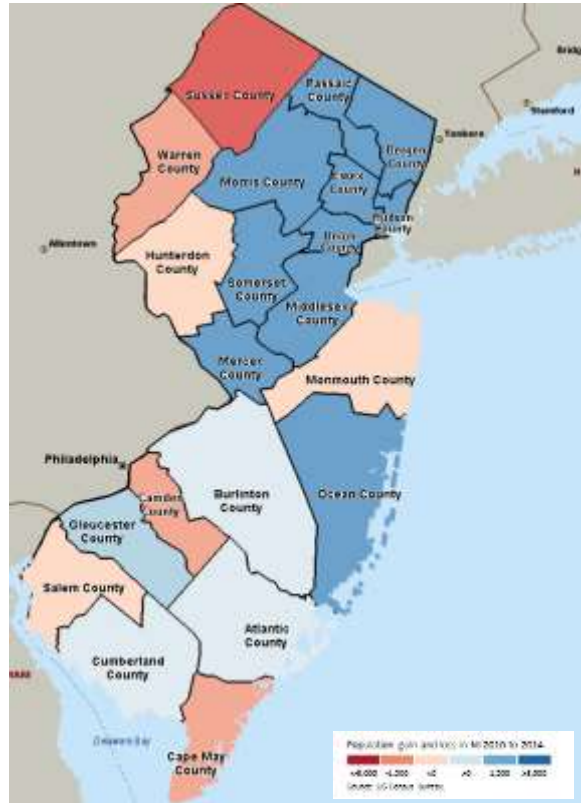
The Monmouth County Health Profile provides a discussion of health factors and outcomes in determining health. Monmouth County data are compared with local, county, state, and national measures.

A. MONMOUTH COUNTY OVERVIEW

Monmouth County is the sixth largest and fifth most populous county in New Jersey. The county encompasses a land mass of 469 square miles and is made up of 53 municipalities.

Previously considered one of the fastest growing counties in New Jersey, Monmouth County's population increased by 2.5% between 2000 and 2010, an increase of over 15,000 residents. According to the American Community Survey, the Monmouth County population decreased 0.62% from 2010 to 2016.

Monmouth is slightly more affluent and less diverse than New Jersey overall. However, some of the Counties' towns are very diverse and pockets of poverty exist. In 2014, Monmouth County residents were predominantly White (76.9%). The most prevalent minority is Hispanic (9.4%) followed by Black (6.6%) and Asian (5.0%).



Population Change in New Jersey



Population Change in Monmouth County

Monmouth County borders the Atlantic Ocean. Residents can access New York City via ferry, making it a bedroom community for lower Manhattan business. Monmouth County has rivers and bays and the estuary of the Manasquan River which is a bay-like body of saltwater that serves as the starting point of the Intracoastal Waterway.

Monmouth County is the sixth largest, and fifth most populous, county in New Jersey. Previously considered one of the fastest growing counties in New Jersey, Monmouth County's population increased by 2.5% between 2000 and 2010, an increase of over 15,000 residents. Most of this growth occurred along the shore communities of Asbury Park and Long Branch, which enjoyed a gentrification and resurgence of new residential and business growth along the ocean front. According to the American Community Survey, the Monmouth County population decreased 0.62% from 2010 to 2016. Monmouth is slightly more affluent and less diverse than New Jersey overall. The county's economic wealth is not distributed uniformly across all residents, with pockets of poverty along some of the same coastal communities experiencing growth.

The following is an example of the community health disparities identified in this CHNA:

- In 2014, Asbury Park had 15.2% and Long Branch had 13.9% of families living in poverty, both higher than the New Jersey percentage (10.7%) and Monmouth County (7.4%).
- The 2014 median household income of Long Branch residents (\$49,358) and Asbury Park residents (\$53,986) was lower than the statewide figure (\$72,062).
- In 2014, 29.4% of Asbury Park children and 28.7% of Long Branch children were living in poverty, nearly double the New Jersey percentage (15.4%).
- In 2014, the Asbury Park unemployment rate was 6.9%, higher than the Monmouth County rate of 5.7% and the state rate of 6.4%.
- In 2014, the Long Branch unemployment rate was 7.4%, higher than the Monmouth County (5.7%) and the state (6.4%).
- In 2014, 16.9% of Long Branch residents did not complete high school, higher than the statewide percentage (11.6%) and more than double Monmouth County (7.4%).
- In 2014, 22.7% of Asbury Park's population was African-American, more than triple Monmouth County percentage (6.6%) and nearly double New Jersey (12.1%). In Asbury Park, 17.3% of the population was Hispanic/Latino nearly double Monmouth County (9.4%).
- In 2014, 24.3% of Long Branch's population was Hispanic/Latino, more than double Monmouth County (9.4%) and higher than New Jersey (16.6%).
- In 2013, Blacks (165.4/100,000) had a slightly higher age-adjusted heart disease mortality rate than Whites (162.1) within Monmouth County.
- In 2013, the cancer mortality rate for Blacks (181.4/100,000) was 16.6% higher than for Whites (101.4/100,000).
- From 2011-2013, the Monmouth County chronic lower respiratory disease mortality rate for Blacks was 21.6% higher than Blacks statewide (28.3/100,000).
- In 2011-2013, the stroke mortality rate for Blacks was 32.5% higher than for Whites (31.7/100,000).
- The 2007-2009 Monmouth County Black infant mortality rate (11.4/100,000) was 216.7% higher than the overall infant mortality County rate (3.6/100,000) and 90% higher than *Healthy People 2020* target (6.0/100,000).

B. HEALTH FACTORS

Factors that determine health status include the social, economic and physical environment, as well as individual characteristics and behaviors.³² This section examines how different aspects of Socioeconomic Status, Access to Care, Health Behaviors, Physical Environment, and Behavioral Health affect health status at national, state, county, and local (service area) levels.³³

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 affects the prevalence of behavioral risk factors (tobacco smoking, physical inactivity, obesity, excessive alcohol use) and rates of preventive screenings (lower SES, fewer screenings).

Income, Poverty & Unemployment

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 collective increased risk of premature death.

Monmouth County

Although Monmouth County has affluent areas, pockets of poverty in Long Branch, Asbury Park and Keansburg exist.

- In 2014, the median household income in Monmouth County was \$85,605, more than \$13,000 above the state median at \$72,062.³⁴
- The percent of people living below the federal poverty level in Monmouth County (7.4%) was 3.3 percentage points lower than the State (10.7%).
- In 2014, the estimated number of Monmouth County recipients of cash assistance income (including TANF services) was 3,663, lower compared to 58,948 statewide.³⁵

32 World Health Organization Health Impact Assessment 2001 <http://www.who.int/hia/evidence/doh/en/>

33 County Health Rankings Health Factors 2014 <http://www.countyhealthrankings.org/our-approach/health-factors>

34 United States Census Bureau 2014

35 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>

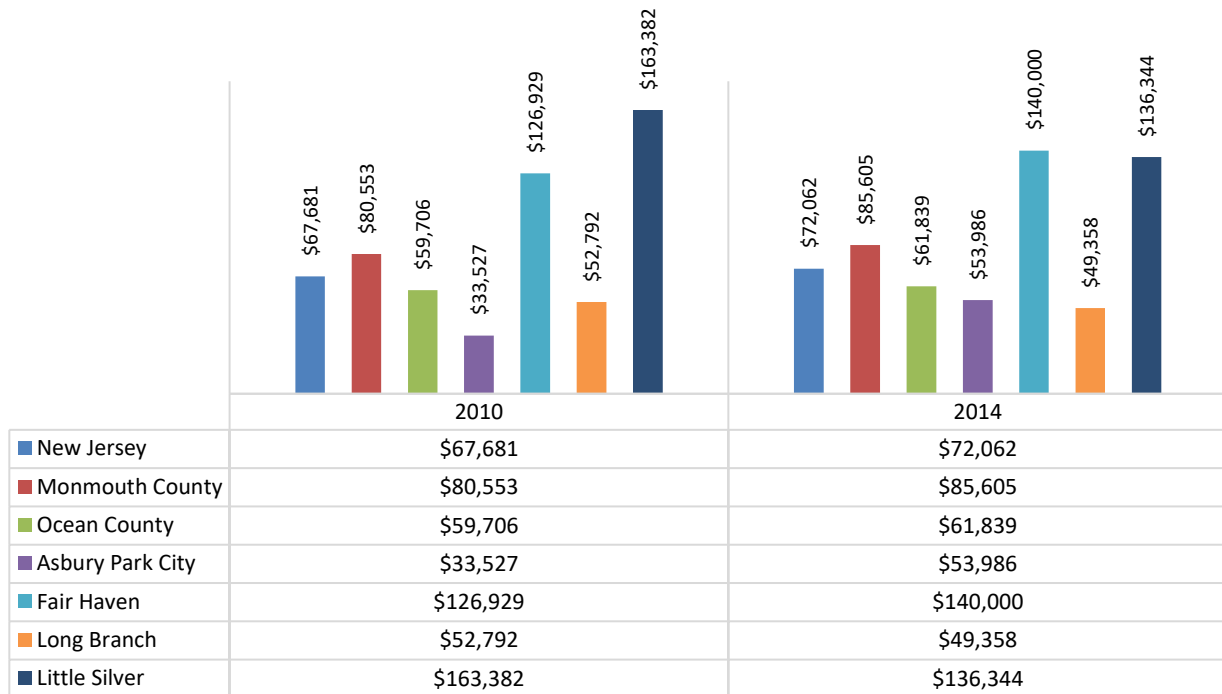
- Between 2011 and 2014, unemployment throughout New Jersey declined. In 2014, the Monmouth County unemployment rate was 5.7%, an increase from 5.1% in 2011, and slightly lower than the New Jersey unemployment rate of 6.4%³⁶

MMC Service Area

Although Monmouth County as a whole is financially better off than the State, several of MMC’s PSA communities are populations with diverse economic backgrounds.

- The 2014 median household income of Long Branch residents (\$49,358) and Asbury Park residents (\$53,986) were lower than statewide (\$72,062) and Monmouth County (\$85,605) figures.³⁷
- In 2014, the percent of families living in poverty within the MMC service area (5.65%) was lower than the state (8.1%).³⁸
 - Pockets of poverty exist in Asbury Park (18.7% people below FPL) and Long Branch (17.6% people below FPL).
 - In 2014, Asbury Park had 15.2% and Long Branch had 13.9% of families living in poverty, both higher than the New Jersey percentage (10.7%).
 - In 2014, 29.4% of Asbury Park children and 28.7% of Long Branch children were living in poverty, nearly double the New Jersey percentage (15.4%).³⁹
- Despite State and County decreases in unemployment since 2011, the 2014 unemployment rates in Asbury Park (6.9%) and Long Branch (7.4%) were higher than the State rate (6.4%) and the

MEDIAN HOUSEHOLD INCOME



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

36 United States Bureau of Labor Statistics Newark, NJ-PA, Division Economic Summary 2016 http://www.bls.gov/regions/new-york-new-jersey/summary/blsummary_newark_div.pdf

37 United States Census Bureau American Community Survey 2014

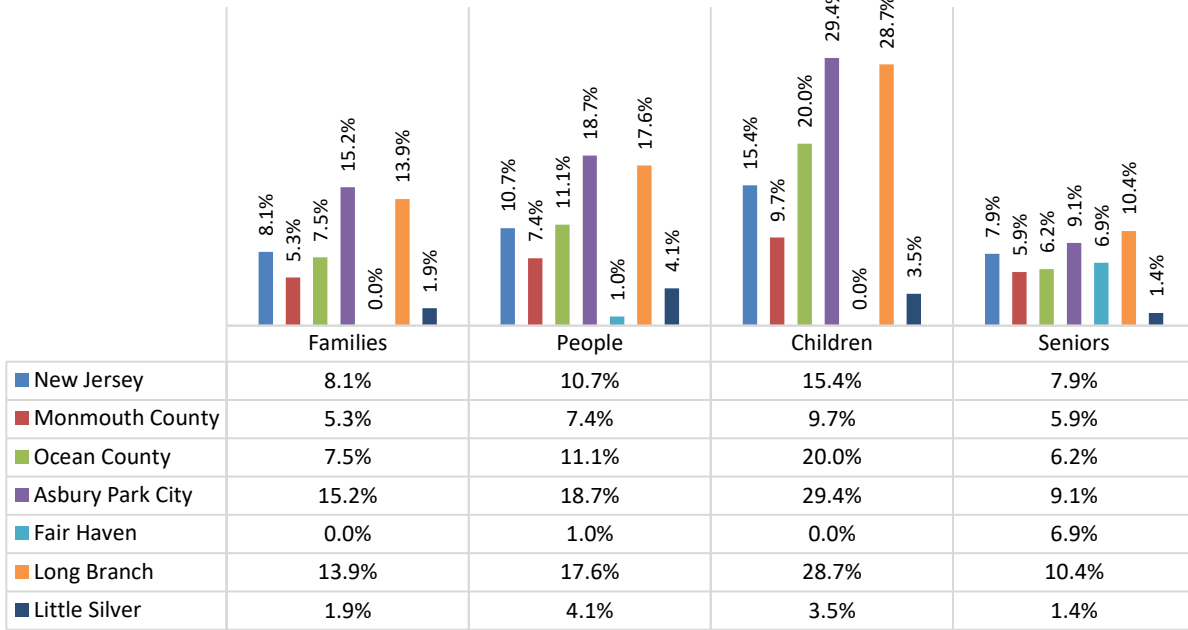
38 United States Census Bureau American Community Survey 2014

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_DP03&prodType=table

39Ibid.

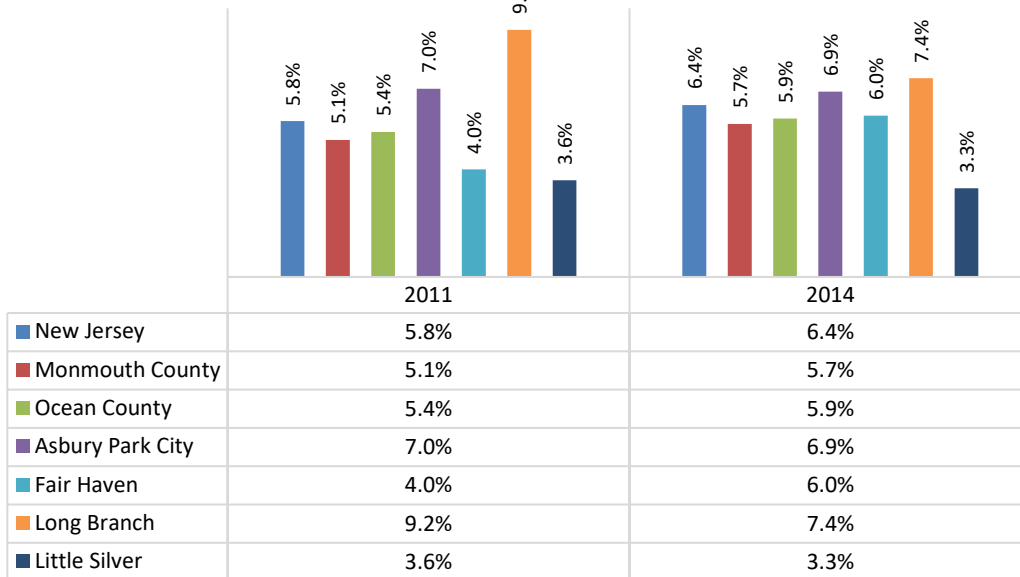
Monmouth County rate (5.7%). Fair Haven’s unemployment also increased during this time, and is higher than the County rate and lower than the State.⁴⁰

INCOME BELOW FEDERAL POVERTY LEVEL 2014



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

UNEMPLOYMENT



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

⁴⁰Ibid.

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.⁴¹

Monmouth County

Varying education levels are identifiable across Monmouth County.

- In 2014, 7.4% of Monmouth County residents did not graduate high school, 4.2 percentage points lower than New Jersey at 11.6%.⁴² This represents an improvement from 9% of County residents and 13% statewide that did not graduate high school as reported in the previous CHNA.
- In 2014, 41.9% of Monmouth County residents earned a bachelor's degree or higher.⁴³ This represents an improvement from 39% of County residents that earned a bachelor's degree or higher as reported in the previous CHNA.

MMC Service Area

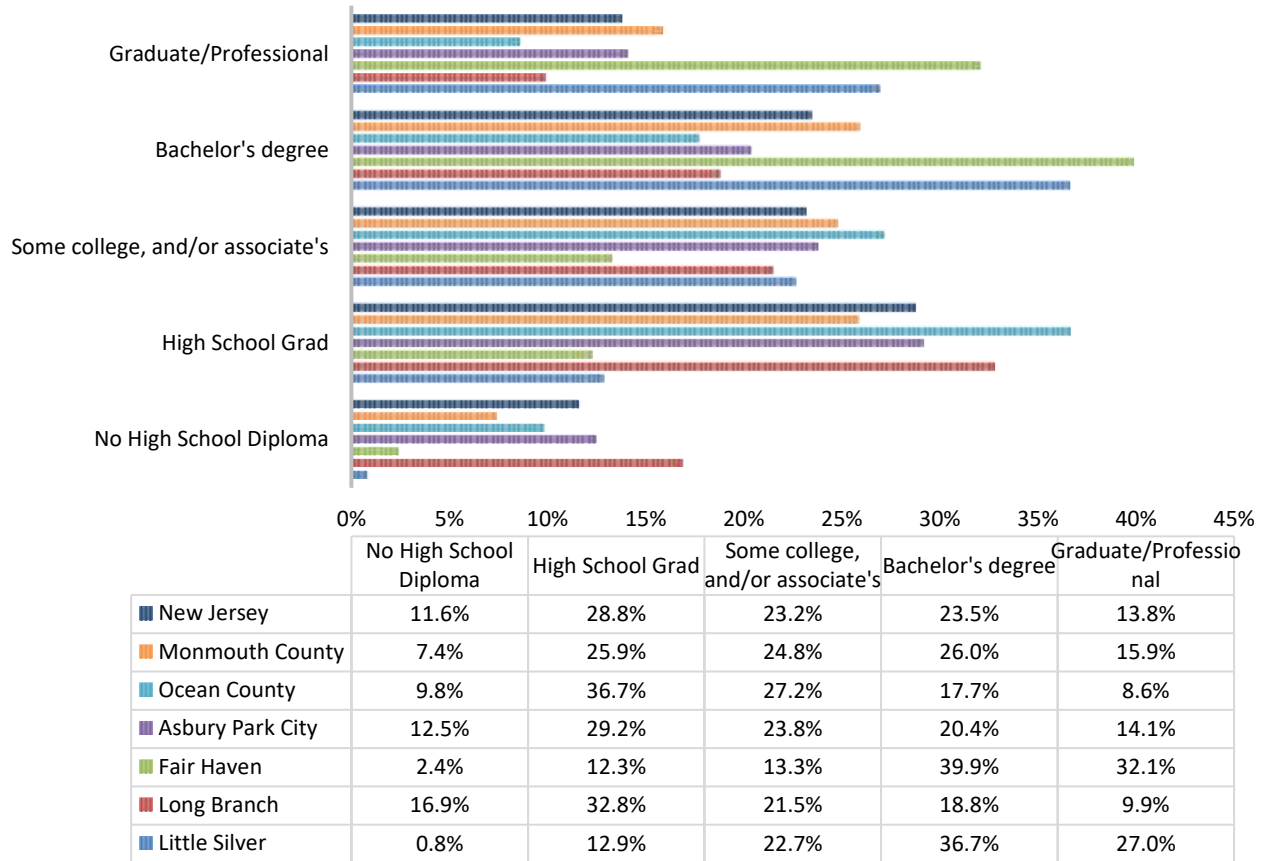
- In 2014, 16.9% of Long Branch residents did not complete high school, higher than the statewide percentage (11.6%) and more than double Monmouth County (7.4%).
- In 2014, 32.1% of Fair Haven residents had a graduate/professional degree, more than double the statewide percentage (13.8%) and double Monmouth County (15.9%).

41 National Poverty Center Policy Brief #9 Education and Health 2007 http://www.npc.umich.edu/publications/policy_briefs/brief9/

42 United States Census Bureau American Community Survey 2014

43Ibid.

EDUCATIONAL ATTAINMENT 2014



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.

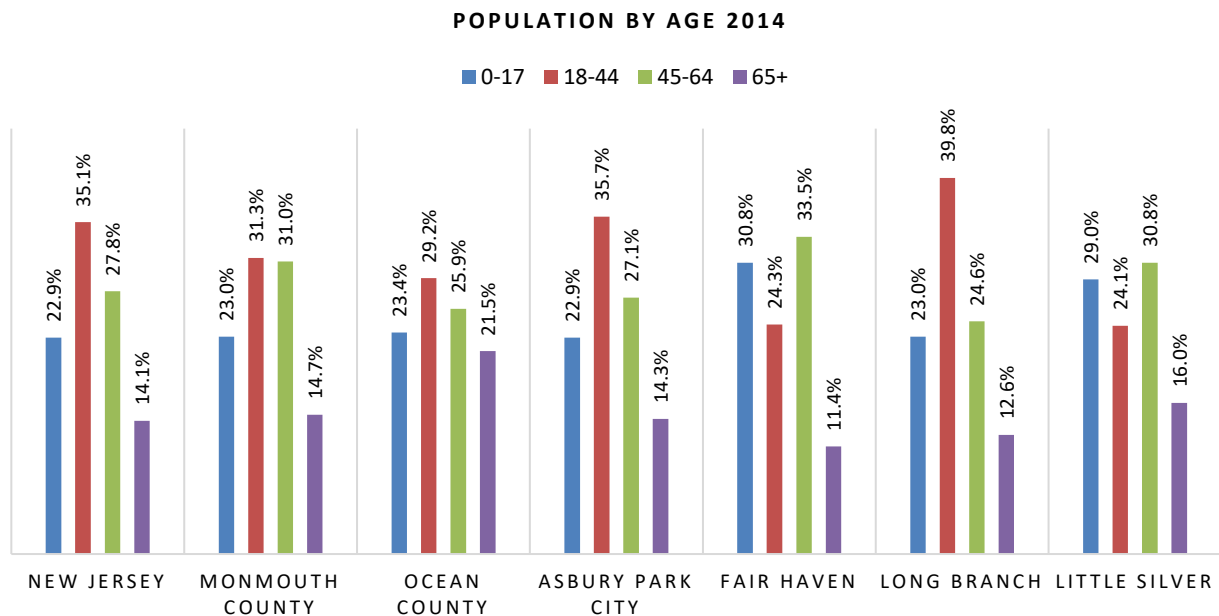
Monmouth County

- In 2014, 23% of Monmouth County residents were under age 18 similar to 22.9% in New Jersey.
- In 2014, 14.7% of Monmouth County residents were seniors over 65 similar to 14.1% statewide.

MMC Service Area

- In 2014, 39.8% of Long Branch residents were 18-44, higher than 31.3% in Monmouth County and 35.1% in New Jersey.
- In 2014, 35.7% of Asbury Park residents were 18-44, higher than 31.3% in Monmouth County and similar to 35.1% in New Jersey.
- In 2014, 24.3% of Fair Haven residents were 18-44, lower than 31.3% in Monmouth County and 35.1% in New Jersey.

- In 2014, 24.1% of Little Silver residents were 18-44, lower than 31.3% in Monmouth County and 35.1% in New Jersey.



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

Ethnic and Racial Makeup

Racial and ethnic minorities tend to 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.⁴⁴

Monmouth County

Monmouth County’s racial and ethnic diversity is limited when compared to New Jersey.

- In 2014, Monmouth County had lower percentages of Black and Hispanic populations than New Jersey.
 - 6.6 % of the county’s population was Black, approximately half the 12.1% of Blacks statewide.
 - 9.4% of the population was Hispanic/Latino compared to 16.6% statewide.
 - Whites are 79.9% of the county’s population compared to 61.3% in New Jersey.

MMC Service Area

- In 2014, 24.3% of Long Branch’s population was Hispanic/Latino, more than double Monmouth County (9.4%) and higher than New Jersey (16.6%).
- In 2014, 22.7% of Asbury Park’s population was Black, more than triple Monmouth County (6.6%) and nearly double New Jersey (12.1%).

⁴⁴Institute of Medicine, Unequal Treatment: confronting Racial and Ethnic Disparities in Health Care, 2003, <http://www.nap.edu/read/10260/chapter/2>

- In 2014, 92.0% of Fair Haven’s population and 92.3% of Little Silver’s population were White, significantly higher than New Jersey percentage (61.3%).

Select PSA Communities

Asbury Park

- In 2014, 22.7% of Asbury Park’s population was Black, more than triple Monmouth County percentage (6.6%) and nearly double New Jersey (12.1%).
- In 2014, 35.7% of Asbury Park residents were 18-44, higher than 31.3% in Monmouth County and similar to 35.1% in New Jersey.
- Pockets of poverty exist in Asbury Park, where 18.7% of people live below the FPL.
- In 2014, Asbury Park had 15.2% of families living in poverty, higher than the New Jersey percentage (10.7%).
- In 2014, 29.4% of Asbury Park children were living in poverty, nearly double the New Jersey percentage (15.4%).⁴⁵
- Despite State and County decreases in unemployment since 2011, the 2014 unemployment rate in Asbury Park (6.9%) is higher than the State rate (6.4%) and the Monmouth County rate (5.7%) and has increased since 2011.

Fair Haven

- In 2014, 92.0% of Fair Haven’s population were White, significantly higher than New Jersey (61.3%).
- In 2014, 24.3% of Fair Haven residents were 18-44, lower than 31.3% in Monmouth County and 35.1% in New Jersey.
- In 2014, 32.1% of Fair Haven residents had a graduate/professional degree, more than double the statewide percentage (13.8%) and double Monmouth County (15.9%).
- Fair Haven’s unemployment has increased since 2011, and is higher than the County and lower than the State.⁴⁶

Long Branch

- In 2014, 24.3% of Long Branch’s population was Hispanic/Latino, more than double Monmouth County (9.4%) and higher than New Jersey (16.6%).
- In 2014, 39.8% of Long Branch residents were 18-44, higher than 31.3% in Monmouth County and 35.1% in New Jersey.
- In 2014, 16.9% of Long Branch residents did not complete high school, higher than the statewide percentage (11.6%) and more than double Monmouth County (7.4%).
- Pockets of poverty exist in Long Branch, where 17.6% of people live below the FPL.
- In 2014, Long Branch had 13.9% of families living in poverty, both higher than the New Jersey percentage (10.7%).
- In 2014, 28.7% of Long Branch children were living in poverty, nearly double the New Jersey percentage (15.4%).⁴⁷
- Despite State and County decreases in unemployment since 2011, the 2014 unemployment rate in Long Branch (7.4%) is higher than the State rate (6.4%) and the Monmouth County rate (5.7%) and has increased since 2011.

⁴⁵ Ibid.

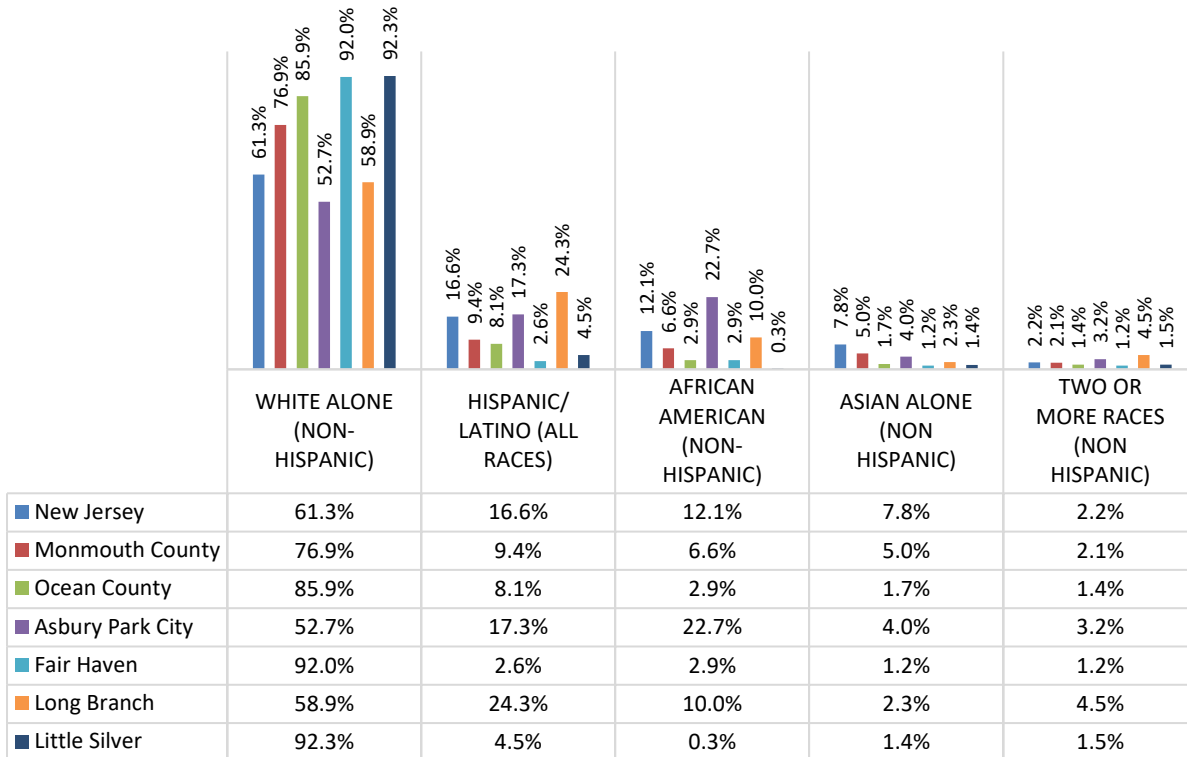
⁴⁶ Ibid.

⁴⁷ Ibid.

Little Silver

- In 2014, 92.3% of Little Silver’s population were White, significantly higher than New Jersey (61.3%).
- In 2014, 24.1% of Little Silver residents were 18-44, lower than 31.3% in Monmouth County and 35.1% in New Jersey.

POPULATION BY RACE/ETHNICITY 2014



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 underlying socioeconomic and access barriers that affect a population’s health status. In developing this index, NSI identified prominent barriers related to income, culture and language, education, age, insurance and housing. The index was developed at the zip code level and ranks need from 1 to 552, with 1 indicating the highest need and 552 the lowest.

- A comparison of CHI scores to hospital utilization data shows a strong correlation between high need and high use – communities with low CHI scores expect to have lower 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 avoidable hospitalizations and ED visits with improved healthy community structures and appropriate outpatient/primary care.
- Monmouth County has an average CHI of 173 compared to 49 for the PSA zip codes and 91 for the SSA. This means that the PSA and SSA residents have more socioeconomic barriers than those in the county.

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 be prevented.⁴⁸ 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.⁴⁹

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.⁵⁰ 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.⁵¹

Monmouth County

Monmouth County has a lower percentage of uninsured residents compared to New Jersey.

- According to Enroll America in 2015, 5% of the 18-64-year-old population in Monmouth County was uninsured, lower than the 6.3% estimated in New Jersey.
- The 2015 Enroll America estimates indicate the rate of uninsured decreased dramatically from 2013 to 2015. County estimates demonstrate a decrease from 9% in 2013 to 5% in 2015 as the State decreased from 12.3% to 6.3%.⁵²
- The *Healthy People 2020* target for uninsured is 0%. Monmouth County does not meet this target.

48 Centers for Disease Control and Prevention Community Health Status Indicators

<http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/NJ/Essex/10019>

49 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>

50 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>

51 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-](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_URLeNApiWv5YYYFt8vfJKpmDiOEPLixGrW_YA2wkEAQqm4i46mvwtNae)

[9apov_xx9HZbi8D_D6MtPHACYJJX0_ouVG1axHksYKCK_URLeNApiWv5YYYFt8vfJKpmDiOEPLixGrW_YA2wkEAQqm4i46mvwtNae](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_URLeNApiWv5YYYFt8vfJKpmDiOEPLixGrW_YA2wkEAQqm4i46mvwtNae)

[w70-D65j8A2M&_hsmi=30432005&utm_content=30432005&utm_source=hs_email&hsCtaTracking=bfa57340-0804-4e1f-](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_URLeNApiWv5YYYFt8vfJKpmDiOEPLixGrW_YA2wkEAQqm4i46mvwtNae)

[8ceb-af3379802901%7C1d424ba6-bd34-48a8-b6c7-c8cc1ae2ae15](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_URLeNApiWv5YYYFt8vfJKpmDiOEPLixGrW_YA2wkEAQqm4i46mvwtNae)

52 Enroll America Changing Uninsured Rates by County – From 2013 to 2015 [https://www.enrollamerica.org/research-](https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/)

[maps/maps/changes-in-uninsured-rates-by-county/](https://www.enrollamerica.org/research-maps/maps/changes-in-uninsured-rates-by-county/)

- 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.⁵³

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.⁵⁴

Monmouth County

- In 2014, the payer mix for Monmouth County residents who had inpatient hospitalizations were as follows⁵⁵:
 - 34.3% paid with commercial insurance, similar to 34.8% statewide
 - 13.8% paid with Medicaid/Caid HMO/Family Care less than 15.4% statewide
 - 46.6% paid with Medicare/Care HMO more than 41.8% statewide
 - 4.2% were underinsured, receive charity care, or self-pay, fewer than 6.2% statewide
- In 2014, the distribution of types of insurance for Monmouth County residents who have emergency department procedures were as follows⁵⁶:
 - 40.2% paid with commercial insurance, similar to 40.6% statewide
 - 25.6% paid with Medicaid/Caid HMO/Family Care, similar to 25% statewide
 - 18.5% paid with Medicare/Care HMO more than 14.9% statewide
 - 12.8% were underinsured, receive charity care, or self-pay, fewer than 15.9% statewide

MMC Service Area

- In 2014, the payer mix for MMC primary service area residents who had inpatient procedures were as follows⁵⁷:
 - 30% paid with commercial insurance, lower than approximately 34% in Monmouth County and statewide.
 - 18.2% paid with Medicaid/Caid HMO/Family Care, higher than 13.8% in Monmouth County and 15.4% statewide.
 - 46.2% paid with Medicare/Care HMO, similar to 46.6% in Monmouth County and higher than 41.8% statewide.
 - 4.7% were underinsured, receive charity care, or self-pay, similar to 4.2% in Monmouth County and lower than 6.2% statewide.
- In 2014, the distribution of types of insurance for MMC primary service area residents who have emergency department procedures were as follows⁵⁸:
 - 31.8% paid with commercial insurance, less than 40.2% county-wide and 40.6% statewide

53 United States Department of Health and Human Services 5 Years Later: How the Affordable Care Act is Working for New Jersey, 2015, <http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-new-jersey/index.html>

54 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/>

55Ibid.

56Ibid.

57Ibid.

58Ibid.

- 33.1% paid with Medicaid/Caid HMO/Family Care, more than county-wide 25.6% and 25% statewide
- 17.4% paid with Medicare/Care HMO, less than 18.5% county-wide and more than 14.9% statewide
- 15.1% were underinsured, receive charity care, or self-pay, more than 12.8% in the County and 15.9% statewide

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.⁵⁹The 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 HPSAs.⁶⁰

In addition to the fact that Monmouth County and the service area served by MMC 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.⁶¹

Monmouth County

- In 2013, there were 724 primary care physicians in Monmouth County.⁶²
- The New Jersey Physician Workforce Task Force predicts that by 2020, Monmouth County will need 170.5 more physicians than projected to have in order to meet baseline demand.⁶³

59 Annals of Family Medicine Projected Need for Primary Care Physicians in the United States 2012

<http://www.annfammed.org/content/10/6/503.full>

60 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/HPSAfctst.pdf>

61 http://www.nj.com/healthfit/index.ssf/2014/12/nj_doctors_facing_steep_drop_in_medicare_reimbursement_rates.html

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

63 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 population to primary care provider ratio was 870:1 in Monmouth County, less in comparison to the 1,170:1 ratio for New Jersey overall.⁶⁴

There are five acute care hospitals in Monmouth County, one in Long Branch, one in Freehold, one in Holmdel, one in Neptune, and one in Red Bank, which provide primary access points for patients. Most of these facilities provide outpatient clinic services including family health care services. There are also a number of community-based organizations (CBOs) that provide medical and health services at local sites. In addition, Planned Parenthood provides sexual and reproductive health services at offices located in Freehold and Shrewsbury. Lead screening, hypertension screening, immunization, child health services, STD clinics and Tuberculosis services, women’s health screening and physician visits by appointment are offered by the Monmouth County Health Department.

In addition, there are two Federally Qualified Health Centers (FQHCs) operating at seven locations in Monmouth County, Monmouth Family Health Center has three offices in Long Branch, and Visiting Nurses Association of Central Jersey Community Health Center has locations at Keansburg, Keyport, Red Bank, and Asbury Park.⁶⁵ 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 full-time 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 Monmouth County are provided at Jersey Shore University Medical Center in Neptune, Monmouth Family Health Center in Long Branch, and the Visiting Nurse Association of Central Jersey Health Center in Asbury Park.⁶⁶

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 when you’re having a medical emergency, longer wait times are not always an indicator of worse

64 Ibid.

65 <http://web.doh.state.nj.us/apps2/fhs/cphc/cphcList.aspx>

66 http://www.nj.gov/health/fhs/oral/documents/dental_directory.pdf

care: in cases of substance abuse, it may take hours for a patient to sober up enough to be safely discharged.⁶⁷

Monmouth County/MMC Service Area⁶⁸

- In 2014, the average time patients spent in the emergency room before being seen by a doctor was
 - 62 minutes at Monmouth Medical Center, more than double the 30 minutes in New Jersey
 - 53 minutes at Jersey Shore University Medical Center
 - 36 minutes at CentraState Medical Center
 - 23 minutes at Bayshore Community Hospital
 - 25 minutes at Riverview Medical Center
- In 2014, the average time patients spent in the emergency room before being sent home was
 - 140 minutes at Monmouth Medical Center, less than 150 minutes in New Jersey
 - 166 minutes at Jersey Shore University Medical Center
 - 164 minutes at CentraState Medical Center
 - 148 minutes at Bayshore Community Hospital
 - 160 minutes at Riverview Medical Center
- In 2014, the average time patients with broken bones had to wait before receiving pain medication was
 - 70 minutes at Monmouth Medical Center, more than 57 minutes in New Jersey
 - 71 minutes at Jersey Shore University Medical Center
 - 53 minutes at CentraState Medical Center
 - 50 minutes at Bayshore Community Hospital
 - 51 minutes at Riverview Medical Center
- In 2014, the average transfer time among patients admitted (additional time spent waiting before being taken to their room) was
 - 161 minutes at Monmouth Medical Center, more than 146 minutes in New Jersey
 - 130 minutes at Jersey Shore University Medical Center
 - 131 minutes at CentraState Medical Center
 - 158 minutes at Bayshore Community Hospital
 - 101 minutes at Riverview Medical Center

Ambulatory Care Sensitive Conditions - Emergency Department

Ambulatory Care Sensitive Conditions indicate hospital use by patients who would have been more appropriately cared for in an outpatient primary setting; this includes individuals admitted to the hospital for inpatient care due to an Ambulatory Care Sensitive Conditions (ACSC) and unnecessary emergency room visits. 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. Ambulatory Care Sensitive Condition ED use decreased due to the improvement of care transitions and coordination of care, more care delivery in ambulatory care settings and expanded access to primary and preventive care.

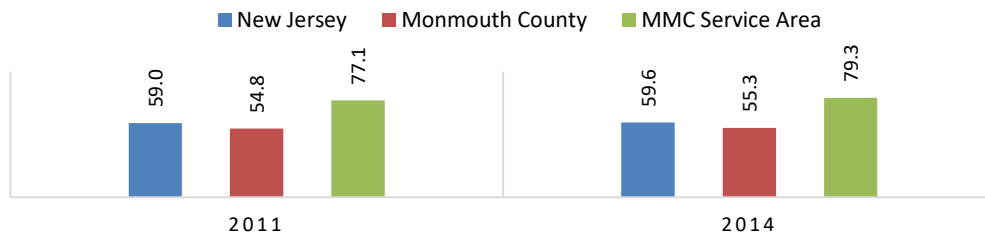
67 <https://www.propublica.org/article/how-long-will-you-wait-at-the-emergency-room>

68 Ibid.

MONMOUTH COUNTY

In 2014, the overall Monmouth County Emergency Department Ambulatory Care Sensitive Conditions rate was 55.3/1,000 people, lower than the State rate of 59.6/1,000. Monmouth County rates increased slightly from 2011 through 2014 from 54.8/1,000 to 55.3/1,000. The 2014 Monmouth County rate was 0.5 points higher than 2011.

OVERALL ACSC RATE PER 1,000 - EMERGENCY DEPARTMENT

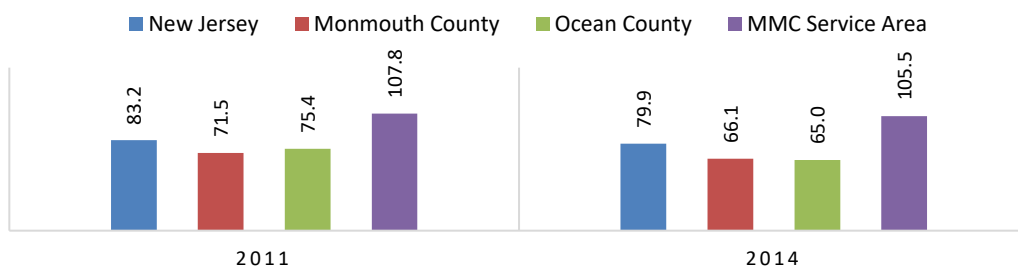


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

CHILDREN

- Among children in 2014, ENT conditions are the most common emergency department Ambulatory Care Sensitive Conditions in Monmouth County, followed by asthma, gastrointestinal obstruction, bacterial pneumonia, and cellulitis.⁶⁹ ENT conditions were also the most common ED ACSC in Monmouth 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 Monmouth County decreased from 71.5/1,000 to 66.1/1,000. In the same period, ED ACSC statewide declined from 83.2/1,000 to 79.9/1,000 rate. In 2014, the Monmouth County rate was 13.8 points lower than statewide.

**TOTAL AMBULATORY CARE SENSITIVE CONDITIONS
EMERGENCY DEPARTMENT VISITS FOR CHILDREN**



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

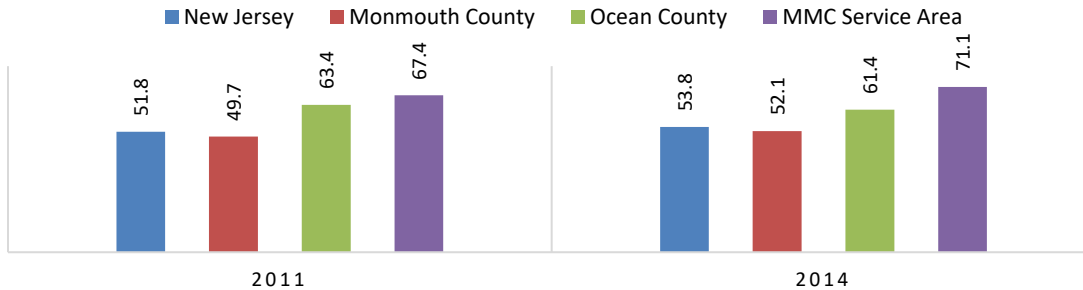
ADULTS

- Among adults in 2014, cellulitis is the most common emergency department Ambulatory Care Sensitive Conditions in Monmouth County, followed by ENT conditions, kidney/urinary infection, dental conditions, and COPD. ENT conditions are the most common in New Jersey. In the previous CHNA, cellulitis was also the most common ED ACSC for adults in Monmouth County.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Monmouth County increased from 49.7/1,000 to 52.1/1,000. In the

69 Health Care Decision Analyst Internal Data 2014

same time period, ED ACSC among New Jersey adults increased from 51.8/1,000 to 53.8/1,000. In 2014, Monmouth County had slightly less adult ED ACSC than statewide.

TOTAL AMBULATORY CARE SENSITIVE CONDITIONS EMERGENCY DEPARTMENT VISITS FOR ADULTS



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

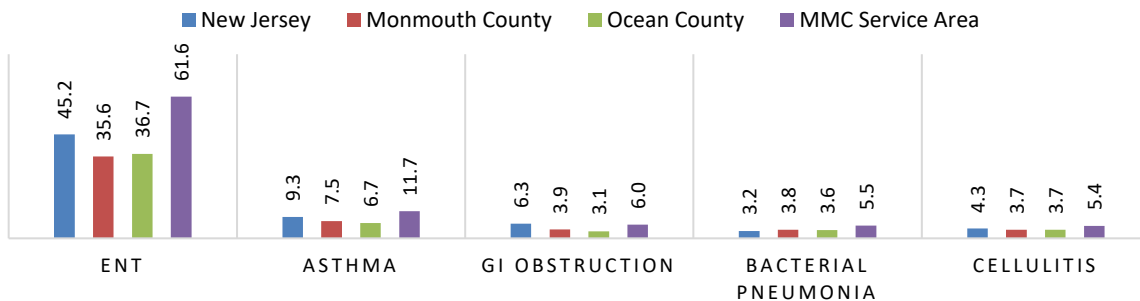
MMC SERVICE AREA

- The 2014 MMC emergency department Ambulatory Care Sensitive Conditions rate (79.3/1,000) was higher than the 2011 rate (77.1/1,000), and the 2014 State rate (59.6/1,000).⁷⁰

Children

- Among children in 2014, ear/nose/throat conditions are the most common emergency department Ambulatory Care Sensitive Condition in the MMC Service Area, followed by asthma, gastrointestinal obstruction, bacterial pneumonia, and cellulitis.⁷¹
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the MMC service area decreased from 107.8/1,000 to 105.5/1,000, higher than 66.1/1,000 in the County and 79.9/1,000 statewide.

TOP 5 ACSC VISITS FOR CHILDREN (AGE 0-17) PER 1,000 IN 2014



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

Adults

- Among adults in 2014, ENT conditions cellulitis the most common emergency department Ambulatory Care Sensitive Condition in the MMC Service Area, followed by cellulitis, kidney/urinary infection, dental conditions, and COPD.⁷²

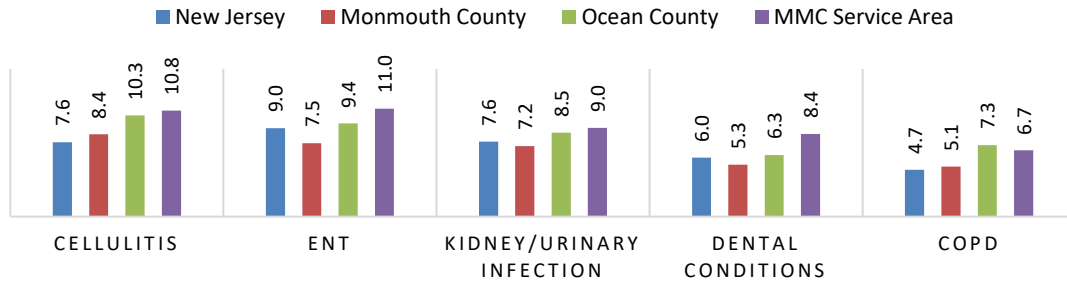
⁷⁰Health Care Decision Analyst Internal Data 2013

⁷¹Health Care Decision Analyst Internal Data 2014

⁷²Health Care Decision Analyst Internal Data 2014

- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the MMC primary service area increased slightly from 67.4/1,000 to 71.1/1,000, higher than the County rate of 52.1/1,000.

TOP 5 ACSC VISITS FOR ADULTS (AGE 18+) PER 1,000 IN 2014



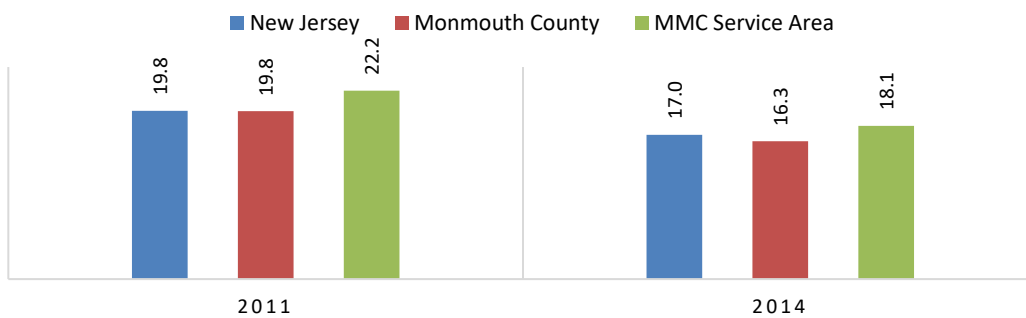
Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

Ambulatory Care Sensitive Conditions – Inpatient

MONMOUTH COUNTY

- In 2014, the overall Monmouth County Inpatient Ambulatory Care Sensitive Conditions rate was 16.3/1,000 people, lower than the State rate of 17.0/1,000. Both Monmouth County and the State rates decreased from 2011 through 2014. The 2014 Monmouth County rate was 3.5 points lower than 2011.⁷³

OVERALL ACSC RATE PER 1,000 - INPATIENT



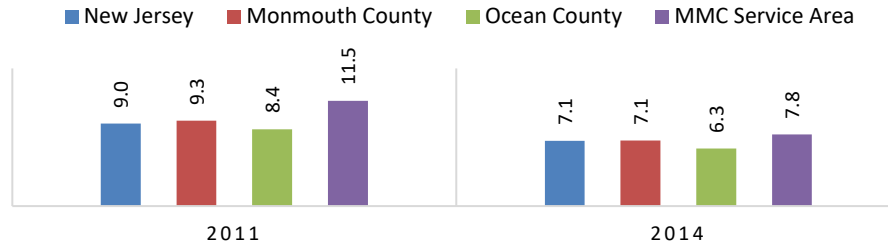
Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

CHILDREN

- Among children in 2014, asthma is the most common inpatient Ambulatory Care Sensitive Condition in Monmouth County, followed by grand mal status/other epileptic convulsion, bacterial pneumonia, cellulitis, and kidney/urinary infection.
- Between 2011 and 2014, the rate of inpatient admission for Ambulatory Care Sensitive Conditions among children in Monmouth County decreased from 9.3/1,000 to 7.1/1,000. 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 Monmouth County rate was the same as the statewide rate.

73ibid

**TOTAL AMBULATORY CARE SENSITIVE CONDITIONS
FOR CHILDREN - INPATIENT**

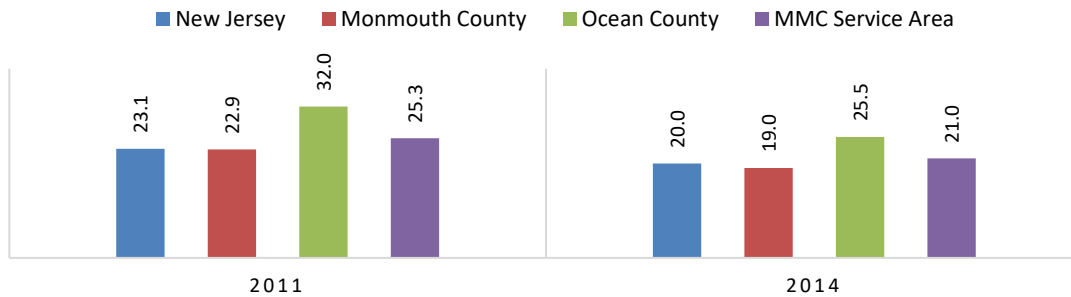


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American

ADULTS

- Among adults in 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in Monmouth County, followed by bacterial pneumonia, COPD, cellulitis, and diabetes.⁷⁴ 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 Monmouth County decreased from 22.9/1,000 to 19.0/1,000. 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 Monmouth County rate was 1.0 points lower than the statewide rate.

**TOTAL AMBULATORY CARE SENSITIVE CONDITIONS FOR ADULTS
- INPATIENT**



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

MMC SERVICE AREA

- The 2014 MMC inpatient Ambulatory Care Sensitive Conditions rate (18.1/1,000) was 5.4 points lower than the 2011 rate of 22.2/1,000.⁷⁵

CHILDREN

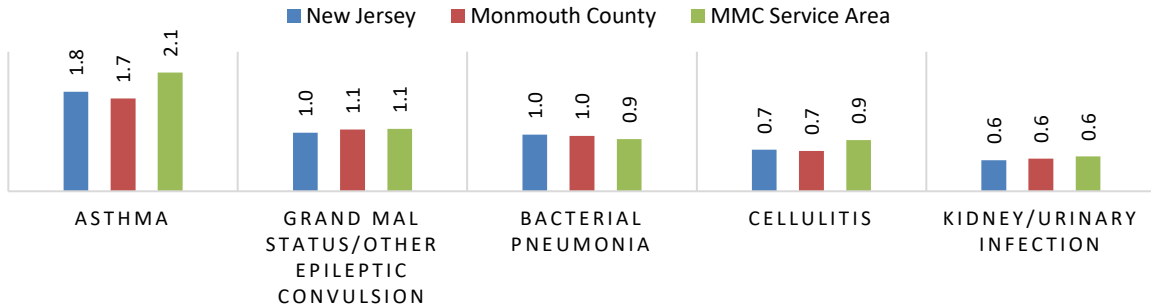
- Among children in 2014, asthma is the most common inpatient Ambulatory Care Sensitive Condition in MMC service area, followed by grand mal status/other epileptic convulsion, bacterial pneumonia, cellulitis, and kidney/urinary infection.

74 Health Care Decision Analyst Internal Data 2014

75 ibid

- Between 2011 and 2014, the rate of inpatient admissions for Ambulatory Care Sensitive Conditions among children in the MMC service area declined from 11.5/1,000 to 7.8/1,000, slightly higher than 7.1/1,000 in the County and 7.1/1,000 statewide.

TOP 5 ACSC ADMISSIONS FOR CHILDREN (AGE 0-17) PER 1,000 IN 2014

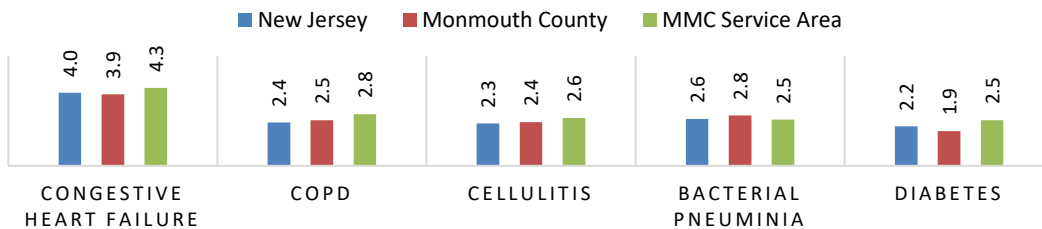


Source: NJDHSS 2011-2014 UB-04 Data - NJ Residents; U.S. Census Bureau, American Community Survey

ADULTS

- Among adults in 2014, congestive heart failure is the most common inpatient Ambulatory Care Sensitive Condition in MMC service area, followed by COPD, cellulitis bacterial pneumonia, and diabetes.⁷⁶ 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 MMC primary service area decreased from 25.3/1,000 to 21.0/1,000, higher than the County rate of 19.0/1,000.

TOP 5 ACSC ADMISSIONS FOR ADULTS (AGE 18+) PER 1,000 IN 2014



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 of services. Effectiveness relates to providing care processes and achieving outcomes as supported by

76 Health Care Decision Analyst Internal Data 2014

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.⁷⁷

Monmouth County

Inpatient Utilization

- In 2014, Monmouth County’s inpatient utilization rate of 102.9/1,000 was similar to the State rate of 102.3/1,000.⁷⁸

ED Utilization

- In 2014, Monmouth County’s ED utilization rate of 317.6/1,000 was 7.1% lower than the State rate of 342.2/1,000.⁷⁹

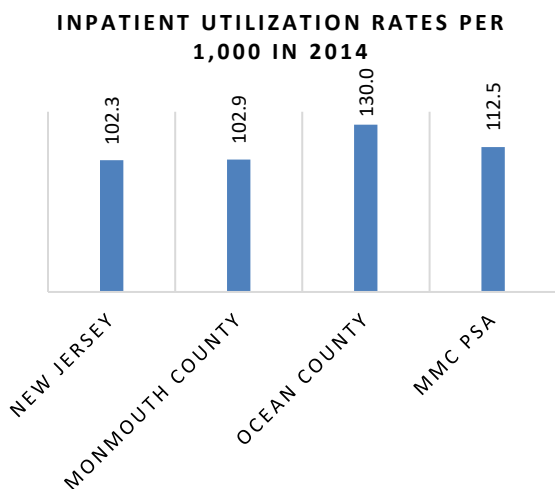
MMC Service Area

Inpatient Utilization

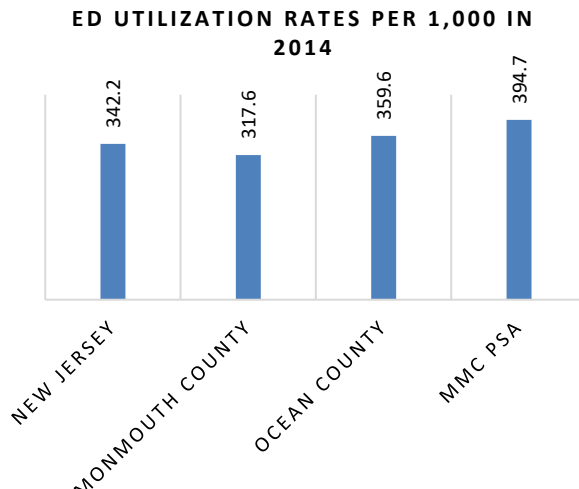
- In 2014, MMC’s PSA inpatient utilization rate of 112.5/1,000 was 9.3% higher than Monmouth County at 102.9/1,000 and 10% higher than the State rate of 102.3/1,000.⁸⁰

ED Utilization

- In 2014, MMC’s PSA ED utilization rate of 394.7/1,000 was 24.2% higher than Monmouth County at 317.6/1,000 and 15.3% higher than the State rate of 342.2/1,000.⁸¹



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

77 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/chttoolbx/understand/index.html>

78 Health Care Decision Analyst Internal Data 2014

79 Health Care Decision Analyst Internal Data 2014

80 Health Care Decision Analyst Internal Data 2014

81 Health Care Decision Analyst Internal Data 2014

Cesarean Section

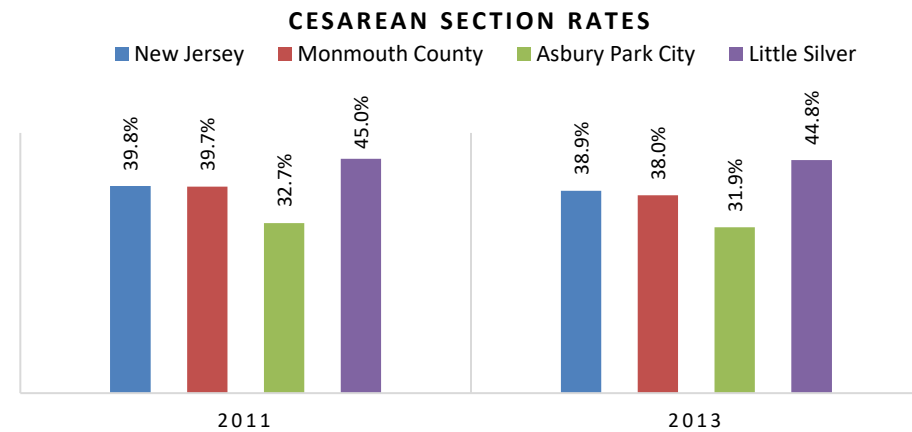
Cesarean section is an inpatient service that is among the most commonly performed surgical procedures in the United States.⁸² The cesarean section rate has risen dramatically over the last two decades, despite evidence that hospitals with higher rates of cesarean sections do not have superior maternal and child health outcomes.⁸³ 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.

Monmouth County

- Between 2011 and 2013, the percentage of cesarean section births in Monmouth County declined from 39.7% to 38.0%, slightly below New Jersey at 38.9%.⁸⁴⁸⁵

MMC Service Area

- In 2013, 31.9% of Asbury Park births were cesarean sections, which is lower than the 2011 percentage and lower than Monmouth County and Statewide percentages.
- Between 2011 and 2013, the percentage of cesarean section births in Little Silver declined slightly from 45.0% to 44.8%. These percentages of cesarean section births are higher than Monmouth County and New Jersey



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

82 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>

83 March of Dimes Use of Cesarean Section in the US 2013

http://www.marchofdimes.org/pdf/newyork/newyork_cesarean_rates_report_2013.pdf

84 Centers for Disease Control and Prevention National Vital Statistics Reports 2015

http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_12.pdf

85 Centers for Disease Control and Prevention WONDER Natality 2007-2014

<http://wonder.cdc.gov/controller/datarequest/D66;jsessionid=32DA5F111458BCDFC82F9D1335CF3FBA>

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.⁸⁶ 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 timing of discharge also impact readmission rates.

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.

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%.⁸⁷

Monmouth Medical Center

- In 2016, MMC received a 0.80% penalty for high readmission rates, 70% worse than the 0.24% penalty in 2013.⁸⁸
- The MMC penalty (0.80%) was slightly higher than the New Jersey average penalty (0.73%).

<http://kff.org/medicare/issue-brief/aiming-for-fewer-hospital-u-turns-the-medicare-hospital-readmission-reduction-program/>
 87 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/>
 88 NJ leads nation for number of hospitals penalized for high readmissions 2015
http://www.nj.com/politics/index.ssf/2015/08/nearly_every_nj_hospital_to_be_penalized_for_high.html

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

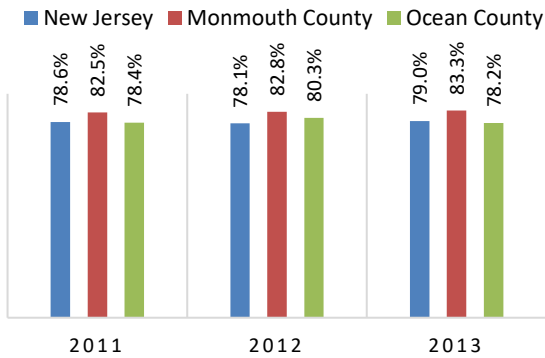
Circumstances during pregnancy can lead to suboptimal fetal development include nutritional deficiencies, maternal substance abuse, stress, diet and exercise habits, and inadequate prenatal care. Mothers who receive late or no prenatal care are more likely to have babies with health problems; mothers 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.⁸⁹

Monmouth County

- In 2013, 83.3% of Monmouth County live births initiated prenatal care in the first trimester, more than the 79.0% of statewide births and the *Healthy People 2020* target of 77.9%. However, Monmouth County had a decrease in women initiating care in the first trimester from 87% in 2010 as reported in the 2013 CHNA.
 - In 2013, 73.3% of Monmouth County Black live births initiated prenatal care in the first trimester, lower than Ocean County overall (78.2%) and statewide overall (79.0%).
 - In 2013, 73.6% 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, 0.6% of Monmouth County live births initiated no prenatal care, less than 0.9% statewide.
 - The percent of Monmouth County Black mothers who did not initiate any prenatal care nearly doubled between 2011 and 2013.

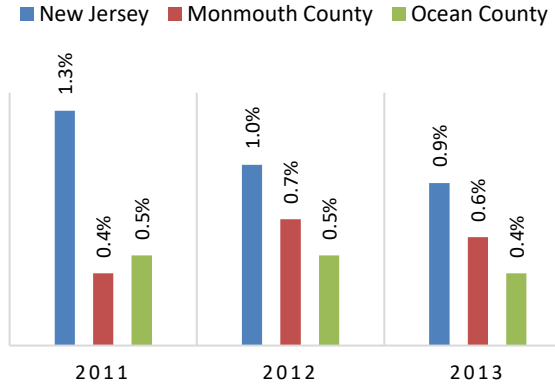
89 Child Trends Data Bank Late or No Prenatal Care 2014 <http://www.childtrends.org/?indicators=late-or-no-prenatal-care#sthash.oe1zbcSH.dpuf>

**LIVE BIRTHS WITH PRENATAL CARE
IN 1ST TRIMESTER (%)**



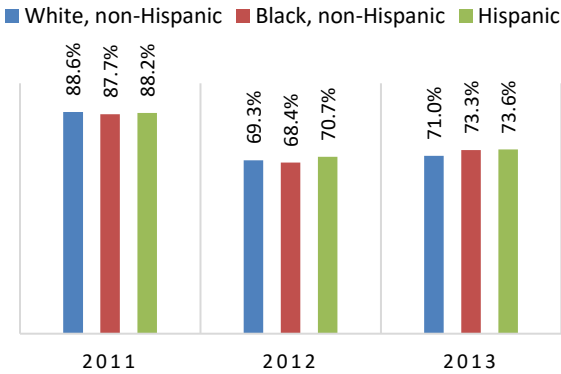
Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ State Health Assessment Data

NO PRENATAL CARE



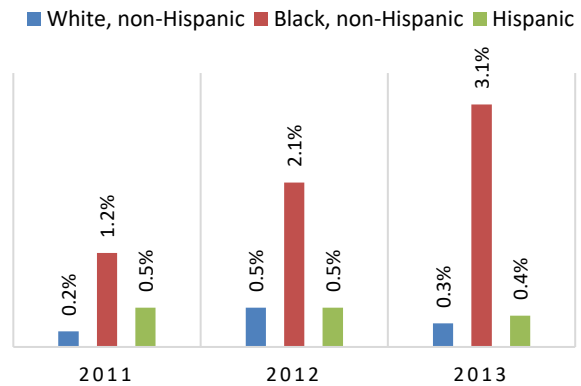
Source: New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, NJ State Health Assessment Data

**PRENATAL CARE IN 1ST TRIMESTER
BY RACE/ETHNICITY - MONMOUTH
COUNTY**



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

**NO PRENATAL CARE BY RACE -
MONMOUTH COUNTY**



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

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

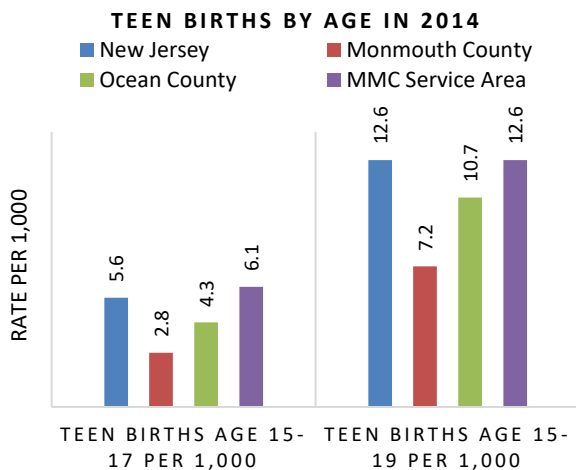
Teen mothers are less likely to graduate high school or attain a GED, earn less per year, and receive nearly twice as much Federal aid for twice as long. Births of unplanned pregnancies can have negative outcomes including birth defects and low birth weight. Children from unintended pregnancies are more 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.

Monmouth County

- The 2014 birth rate for Monmouth County teens 15-19 was 7.2/1,000, lower than 12.6/1,000 statewide.⁹⁰
- The 2014 Monmouth County birth rate for teens 15-17 was 2.8/1,000, half the New Jersey rate of 5.6/1,000.
- The 2014 teen birth rate of 7.2/1,000 in Monmouth County was lower than the CHR national benchmark of 19/1,000.

MMC Service Area

- In 2014, MMC’s service area teen birth rate (12.6/1,000) was higher than the Monmouth County rate (7.2/1,000) and the same as the New Jersey rate (12.6/1,000).
- The Long Branch 2014 teen birth rate was 41.3/1,000, far exceeding the county (7.2/1,000) and state rate (12.6/1,000).
- The Asbury Park 2014 teen birth rate was 24.0/1,000, triple the County rate (7.2/1,000), nearly double the state (12.6/1,000) and above the CHR national benchmark (19/1,000).⁹¹



2014 Monmouth County Teen Births: 7.2

National Benchmark: 19

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

90 Health Indicators Warehouse 2014

91 United States Census Bureau American Community Survey 2010-2014

http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1301&prodType=table

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.⁹²

Monmouth County

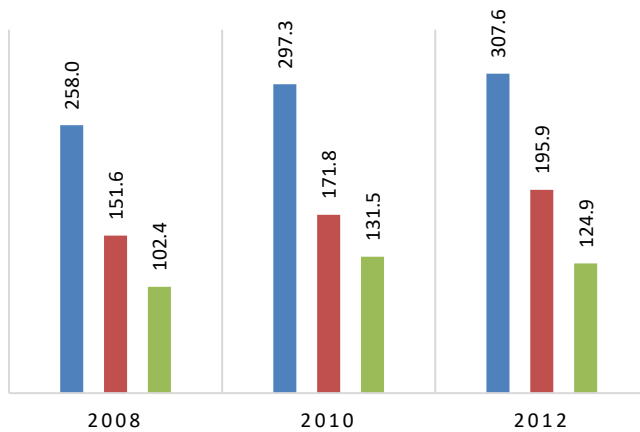
- In 2012, the Monmouth County chlamydia rate was 195.9/100,000, 36.3% less than the state rate of 307.6/100,000. The rate of chlamydia in Monmouth County exceeds the CHR national benchmark of 138/100,000.⁹³ The 2012 rate was higher than the 2009 rate of 171.8/100,000 reported in the 2013 CHNA.

92 <http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>

93 Centers for Disease Control and Prevention Fact Sheet Reported STDs in the United States 2014 <http://www.cdc.gov/std/stats14/tables/26.htm>

CHLAMYDIA RATE PER 100,000

■ New Jersey ■ Monmouth County ■ Ocean County



Source: National Vital Statistics System, County Health Rankings

Monmouth County 2012 Chlamydia Rate: 195.9



National Benchmark: 138

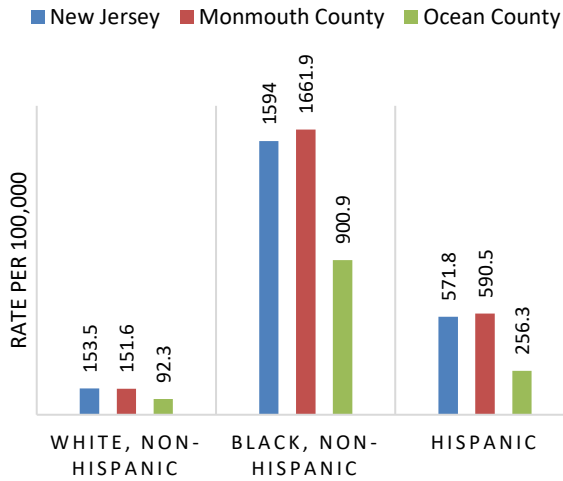
HIV/AIDS

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.

Monmouth County

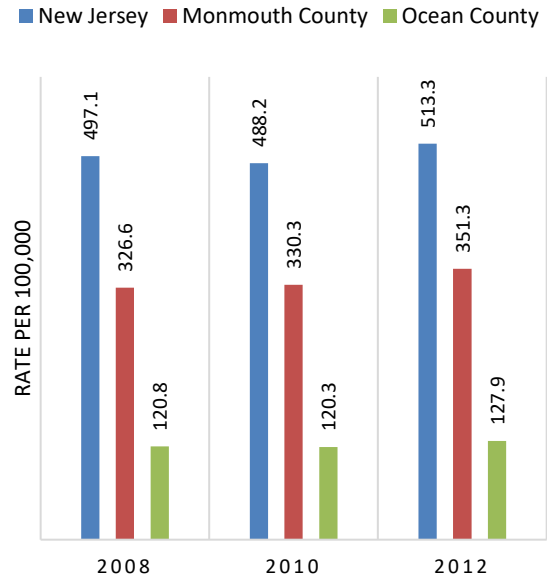
- In 2012, the HIV prevalence rate in Monmouth County was 351.3/100,000, 31.5% lower than the New Jersey rate (513.3/100,000). The 2012 County rate was higher than the 2010 prevalence rate of 277/100,000 reported in the 2013 CHNA.
- In 2015, the Monmouth County rate for Blacks living with HIV was 1,661.9/100,000, higher than New Jersey (1,594/100,000) and comparative counties.
- The Monmouth County rate for Blacks living with HIV (1,661.9/100,000) was more than ten times the rate for Whites living with HIV (151.6/100,000) and more than double the Hispanic rate (590.5/100,000).

PERSONS LIVING WITH HIV/AIDS BY RACE/ETHNICITY IN 2015



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

HIV PREVALENCE



Source: National Vital Statistics System, County Health Rankings

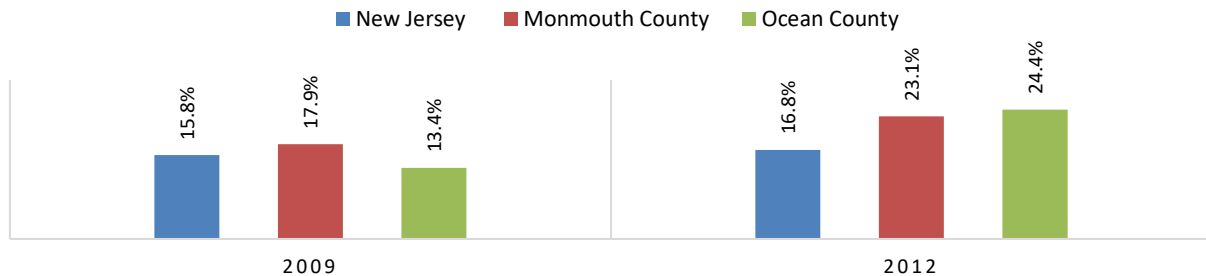
Tobacco Use

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.

Monmouth County

- 23.1% of adults in Monmouth County are currently smokers, a 29% increase over 2009 (17.9%).
 - The Monmouth County percentage is also 37.5% higher than the state percentage, and
- The percent of current smokers in Monmouth County (23.1%) is nearly double the *Healthy People 2020* target of 12%.

ADULTS WHO ARE CURRENT SMOKERS (%)



Source: CDC, Behavioral Risk Factor Surveillance System

Diet and Exercise Behaviors

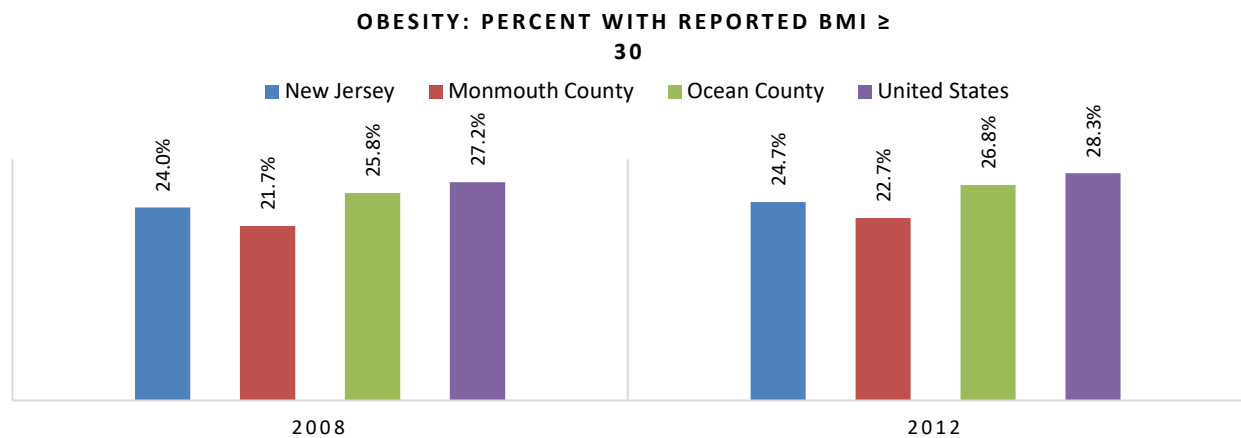
According to the Centers for Disease Control and Prevention (CDC), poor diet and physical inactivity have nearly caught up with tobacco use as the second leading preventable cause of death in the United States. Behaviors that contribute to obesity can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include education, food skills and food marketing and promotion.⁹⁴

Obesity

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

Monmouth County

- In 2012, 22.7% of Monmouth County residents were obese, lower than 24.7% statewide, 28.3% nationwide and 26.8% in neighboring Ocean County.⁹⁵
- From 2008-2012, the percent of obese persons in Monmouth County increased slightly from 21.7% to 22.7%. Despite this increase, the County obesity rate was lower than the Healthy People target of 30.6% and the CHR benchmark of 25%.



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			

94 Centers for Disease Control and Prevention Overweight and Obesity Adult Obesity Causes and Consequences 2014
<http://www.cdc.gov/obesity/adult/causes.html>

95 New Jersey State Health Assessment Data 2012

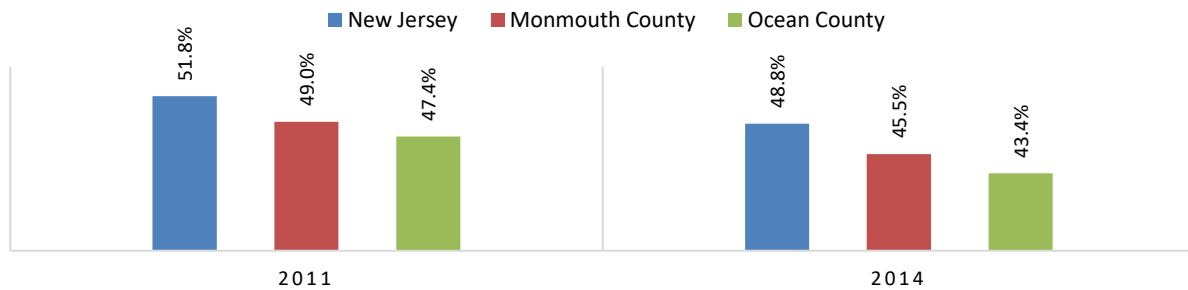
Food Security

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.

Monmouth County

- In 2014, 45.5% of households under the Federal Poverty Line received food stamps or SNAP in Monmouth County, less than New Jersey at 48.8%, and more than Ocean County at 43.4%.⁹⁶
- The percentage of households below the federal poverty level receiving food stamps or SNAP benefits in Monmouth County decreased 7.1% from 49% in 2011 to 45.5% in 2014.

HOUSEHOLDS BELOW FEDERAL POVERTY LEVEL RECEIVING FOOD STAMPS/SNAP BENEFITS(%)



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

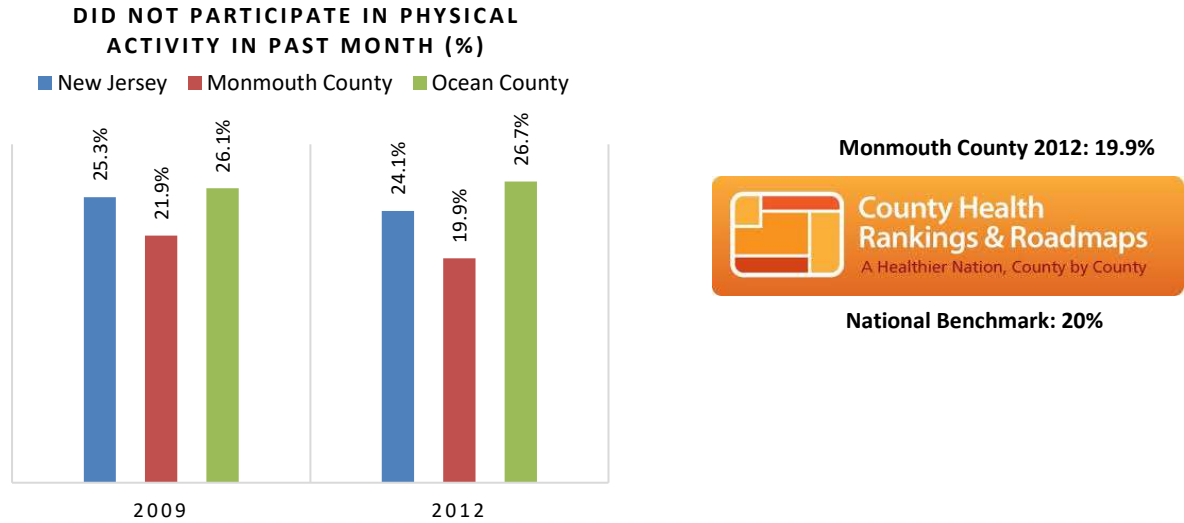
Physical Exercise

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.

Monmouth County

- In 2012, 19.9% of Monmouth County adults reported no physical exercise within the past month, lower than New Jersey (24.1%) and slightly lower than the CHR national benchmark (20%).⁹⁷

⁹⁶ibid
⁹⁷ Behavioral Risk Factor Surveillance System 2012



Source: CDC, Behavioral Risk Factor Surveillance System

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

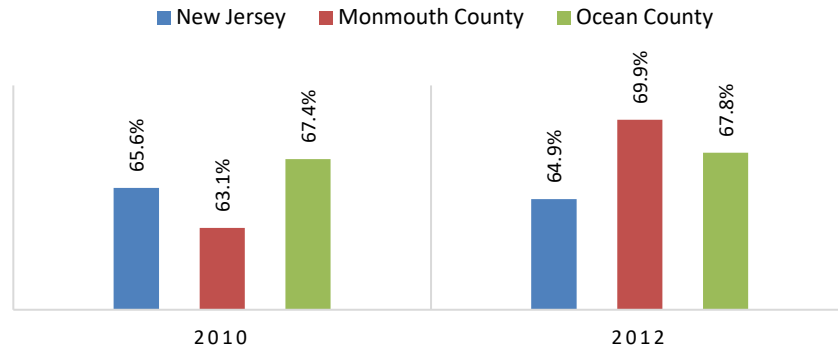
According to the National Institutes of Health, tests for colorectal cancer (sigmoidoscopy or colonoscopy) should be done starting at age 50.⁹⁸

Monmouth County

- In 2012, 70.0% of Monmouth County adults 50+ have had a sigmoidoscopy or colonoscopy, lower than New Jersey (63.8%). This is an improvement from 63.1% in 2010 as reported in the previous CHNA and close to the *Healthy People 2020* target of 70.5%.
- In 2012, 12.4% of adults 50+ had a blood stool test within the past 2 years.

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

ADULTS AGE 50+ WHO HAVE HAD A SIGMOIDOSCOPY OR COLONOSCOPY



Source: CDC, Behavioral Risk Factor Surveillance System

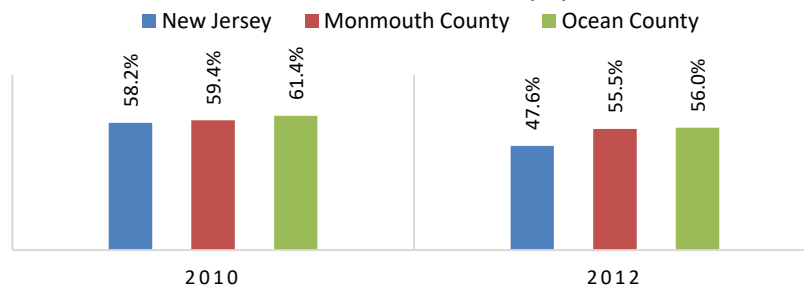
Prostate Cancer Screening

Prostate cancer screening is done through prostate-specific antigen (PSA) tests or digital rectal examinations (DRE).⁹⁹

Monmouth County

- In the last two years, 44.5% of Monmouth County men 50+ have not had a PSA test, fewer than 52.4% of New Jersey men 50+.¹⁰⁰

ADULTS WHO HAVE HAD A PSA TEST WITHIN THE PAST 2 YEARS (%)



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.¹⁰¹

Monmouth County

- In 2012, 76.5% of Monmouth County women 40+ reported having a mammogram screening within the past 2 years, similar to 77% of New Jersey women 40+.¹⁰²

99 National Institutes of Health Medline Plus Health Screening 2007

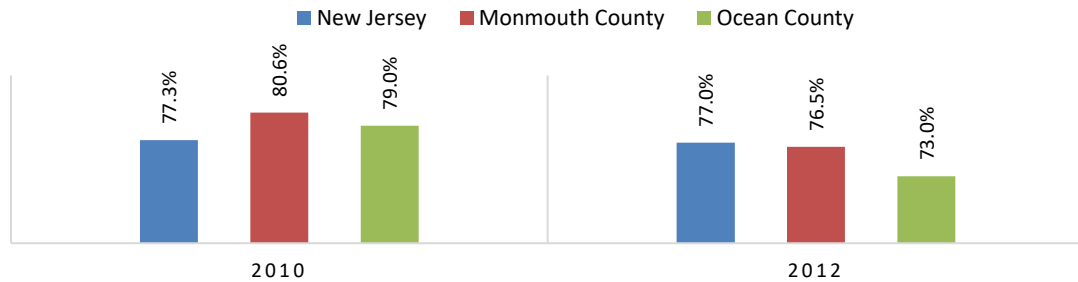
<https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html>

100ibid

101 American Cancer Society Guidelines for Early Detection of Cancer

102 County Health Rankings 2016 <http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/50/data>

**WOMEN AGE 50+ WHO HAVE HAD A MAMMOGRAM SCREENING
IN THE PAST 2 YEARS**



Source: CDC, Behavioral Risk Factor Surveillance System

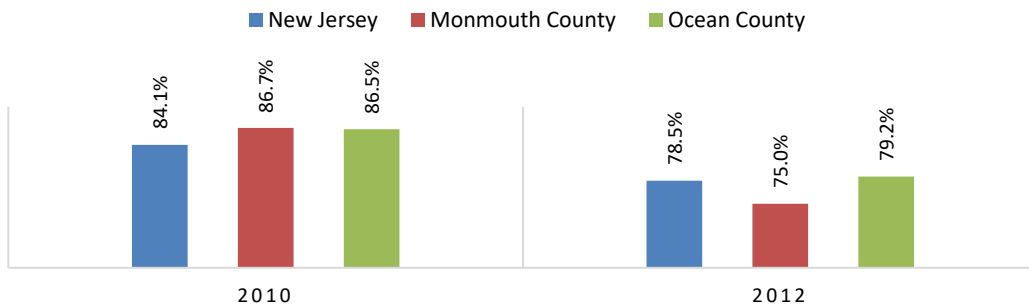
Pap Screening

Cervical cancer screens (pap smears) should be done every 1-3 years after the age of 21.¹⁰³

Monmouth County

- In 2012, in Monmouth 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 18.¹⁰⁴
- The Monmouth County rate is lower than the *Healthy People 2020* target of 93%.

**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 test for diabetes.¹⁰⁵

Monmouth County

- In 2013, 84% of Monmouth County Medicare patients ages 65 to 75 had their blood sugar control was monitored, the same as 84% of New Jersey Medicare patients ages 65 to 75.¹⁰⁶ This is an improvement from 81% in 2009 as reported in the 2013 CHNA.
- The Monmouth County rate was lower than the CHR benchmark of 89%.

103 National Institutes of Health Medline Plus Health Screening 2007

<https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html>

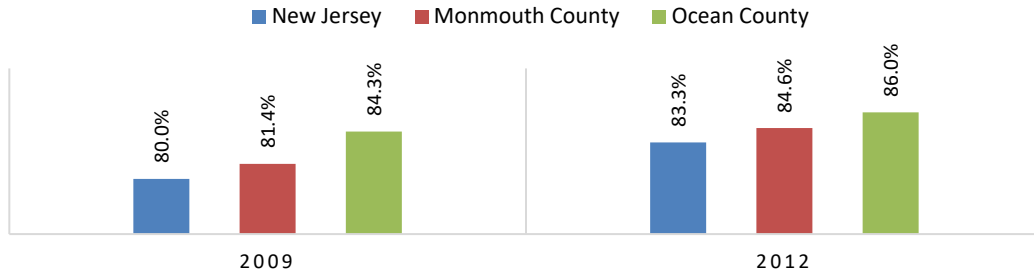
104 Behavioral Risk Factor Surveillance System 2012

105 National Institutes of Health Medline Plus Health Screening 2007

<https://www.nlm.nih.gov/medlineplus/magazine/issues/winter07/articles/winter07pg17a.html>

106 County Health Rankings 2016 <http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/7/data>

DIABETIC MEDICARE ENROLLEES THAT RECEIVE HBA1C SCREENING (%)



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.¹⁰⁷

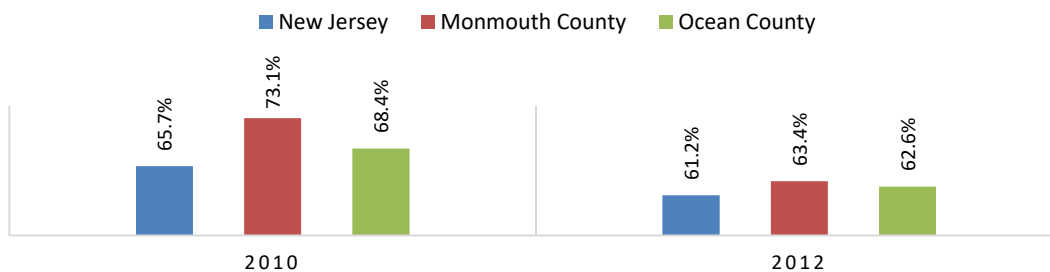
Adult Flu Vaccine

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.¹⁰⁸ The *Healthy People 2020* goal is to have no more than 10% go without this vaccine.

Monmouth County

- In 2012, 63.4% of Monmouth County adults 65+ were inoculated with the flu vaccine, higher than 62.6% in New Jersey.¹⁰⁹
- Monmouth County did not meet the *Healthy People 2020* goal to not have more than 10% go without this vaccine.

ADULTS 65+ WHO HAVE HAD A FLU SHOT IN THE PAST YEAR



Source: CDC, Behavioral Risk Factor Surveillance System

¹⁰⁷ World Health Organization Immunization <http://www.who.int/topics/immunization/en/>

¹⁰⁸ Centers for Disease Control and Prevention Influenza <http://www.cdc.gov/flu/protect/whoshouldvax.htm>

¹⁰⁹ibid

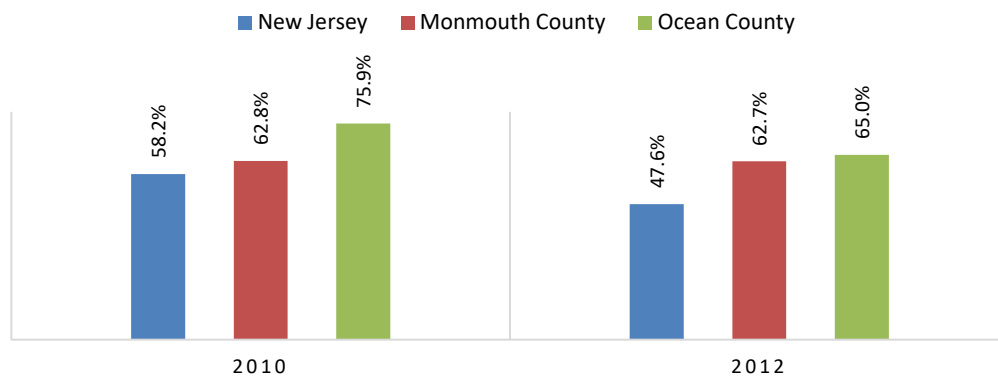
Adult Pneumonia Vaccine

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.¹¹⁰ The *Healthy People 2020* goal is to have no more than 10% go without this vaccine.

Monmouth County

- In Monmouth County, 62.7% of adults 65 and older have had the pneumonia vaccine in 2012, similar to the statewide 61.6%.¹¹¹
- Monmouth County did not meet the *Healthy People 2020* goal to not have more than 10% go without this vaccine.

ADULTS 65+ WHO HAVE HAD A PNEUMONIA VACCINATION



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.		
Percent of Adults 65+ who have had a Flu Shot in the Past Year		N.A.	
Percent of Adults Age 65+ Who Have Not Had a Pneumonia Vaccination in Past Year		N.A.	

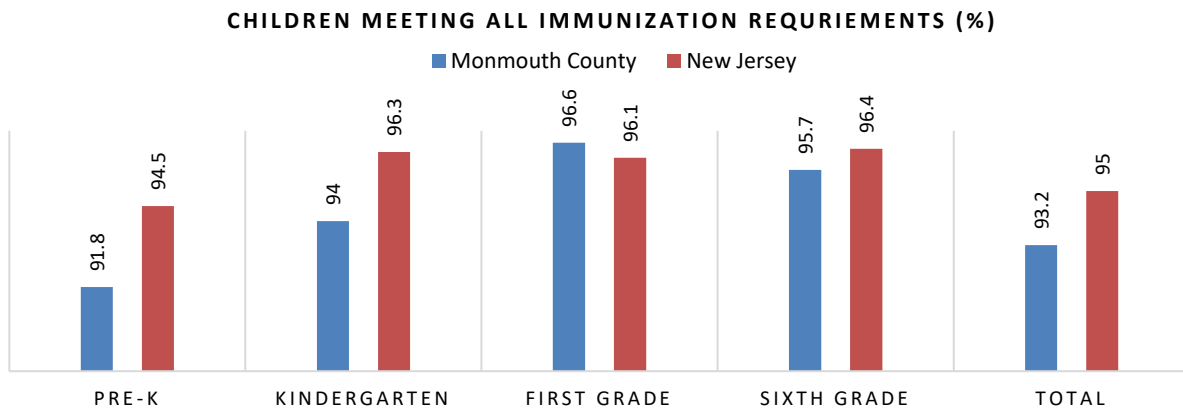
110 Centers for Disease Control and Prevention <http://www.cdc.gov/vaccines/vpd-vac/pneumo/>
111ibid

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.

Monmouth County

- In Monmouth County, 91.8% of children in pre-kindergarten, 94% of children in kindergarten, 96.6% of children in first grade, and 95.7% of children in sixth grade met all immunization requirements in the 2015-2016 school year.
- 93.2% of all Monmouth County children from pre-kindergarten to 12th grade met immunization requirements in the 2015-2016 school year, lower than the state percentage (95%).¹¹²



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.¹¹³ Environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environments, both built and natural.

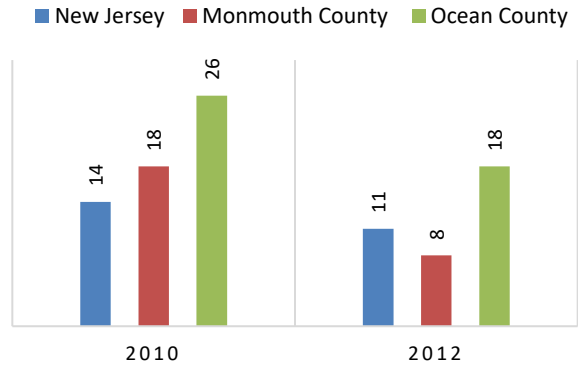
112 http://www.nj.gov/health/cd/documents/status_report/2016/all_schools_vac.pdf

113 University of Nevada What is Obesogenic Environment? <https://www.unce.unr.edu/publications/files/hn/2010/fs1011.pdf>

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. Average exposure of the general public to particulate matter of 2.5 microns or less in size (PM2.5) is used here as an indicator of air pollution.

NUMBER OF DAYS AIR QUALITY WAS UNHEALTHY DUE TO OZONE

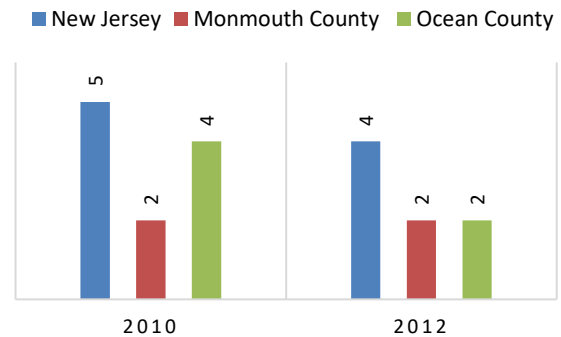


Source: National Vital Statistics System, County Health Rankings

Monmouth County

- In 2012, Monmouth County had 2 days of unhealthy air quality due to the PM2.5 concentrations, the same as 2010 and half that of New Jersey in 2012.¹¹⁴
- Monmouth County had 8 days of unhealthy air quality due to ozone in 2012, a large drop from 18 in 2010 and better than New Jersey in 2012 at 11, but significantly worse than the CHR benchmark of 0 days.

NUMBER OF DAYS AIR QUALITY WAS UNHEALTHY DUE TO PARTICULATE MATTER



Source: National Vital Statistics System, County Health Rankings

Monmouth County 2012 Days of Low Air Quality: 8



National Benchmark: 0

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 heart, bones, intestines, kidneys, and reproductive and nervous systems. Blood and urine tests are used to measure the amounts of lead currently in the blood stream. 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

114 Centers for Disease Control and Prevention 2014

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.

Monmouth County

- Monmouth County and its major urban centers have lower percentages (20.2%) of housing built before 1950 than statewide (25.6%).¹¹⁵
- 0.15% of Monmouth County children ages 1-3 had blood lead levels above 10 micrograms per deciliter, less than the 0.47% of New Jersey children.

Proximity of Healthy Food Sources

The density of unhealthy sources of food and drink in geographic areas can inform the lifestyles of residents.¹¹⁶ 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.¹¹⁷ 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.¹¹⁸ 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.¹¹⁹ First Lady Michelle Obama’s campaign to fight childhood obesity, "Let’s Move," has a goal of eradicating food deserts by 2017.¹²⁰

Monmouth County

- In 2012, 4.3% of Monmouth County’s low income population do not live close to a grocery store and lacked adequate access to food, more than the 3.7% statewide and less than half that of neighboring Ocean County 10.3%.
- In 2013, there were 2.0 liquor stores per 10,000 residents in Monmouth County, similar to the state rate (1.9), and double the national rate (1.0).¹²¹

115 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

116ibid

117 Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2936987/>

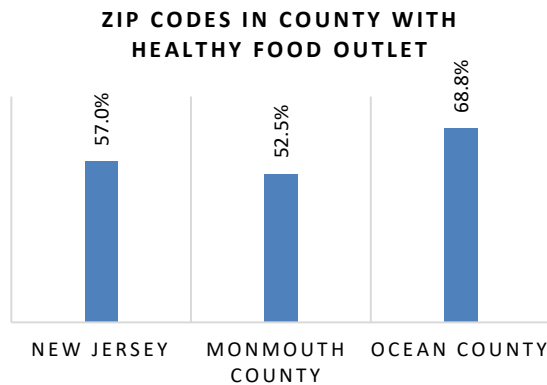
118 Centers for Disease Control and Prevention A Systematic Review of Food Deserts 1996-2007 http://www.cdc.gov/pcd/issues/2009/jul/08_0163.htm

119 USDA Defines Food Deserts <http://americannutritionassociation.org/newsletter/usda-defines-food-deserts>

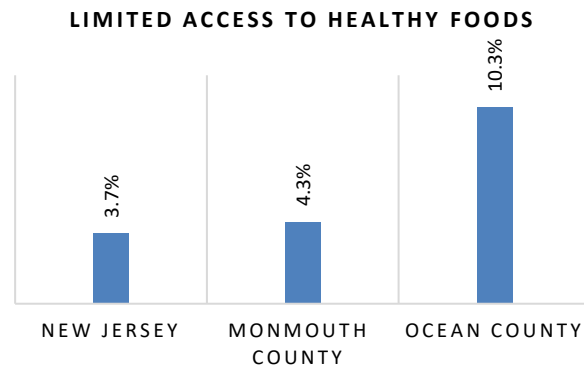
120 Food Deserts <https://www.dosomething.org/facts/11-facts-about-food-deserts>

121 Health Indicators Warehouse 2013

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



Source: National Vital Statistics System, County Health Rankings



Source: National Vital Statistics System, 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 for 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).

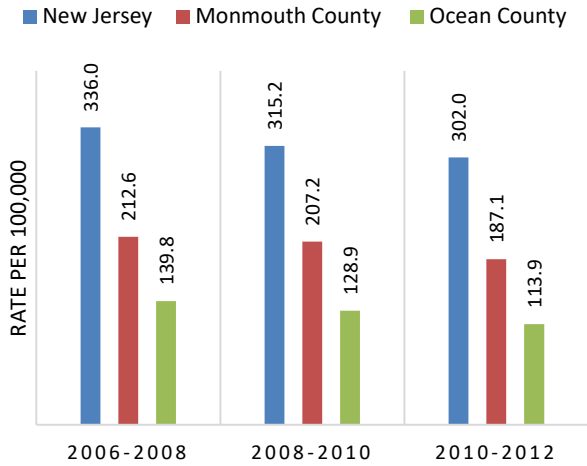
Criminal Violence

Monmouth County

- Between 2010 and 2012, the violent crime rate in Monmouth County was 187/100,000. This rate is lower than the statewide rate of 261/100,000 and higher than the County Health Rankings national benchmark of 59/100,000.
- In Monmouth County, there were 4,027 domestic violence reports for 2013. In 2013, there were 64,556 domestic violence offenses reported by police statewide.¹²²

122 New Jersey State Police Uniform Crime Reporting Unit Domestic Violence in New Jersey 2013 <http://www.njcedv.org/wp-content/uploads/2015/08/THIRTY-FIRST-ANNUAL-DOMESTIC-VIOLENCE-OFFENSE-REPORT-2013.pdf>

VIOLENT CRIMES



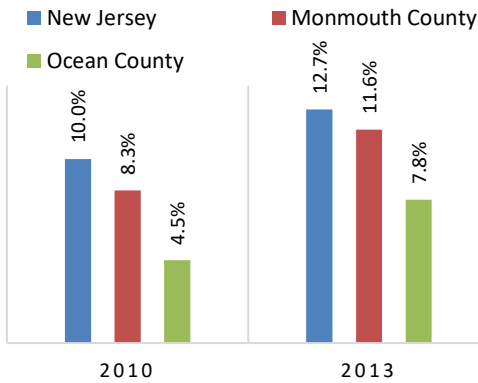
Monmouth County Violent Crimes 2010-2012: 187

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

National Benchmark: 59

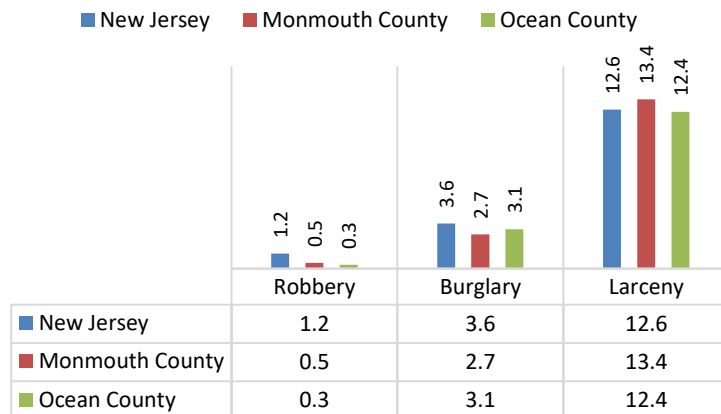
Source: National Vital Statistics System, County Health Rankings

SUBSTANTIATED FINDINGS OF CHILD ABUSE/NEGLECT REPORTS



Source: NJ Department of Families, Child Protection and Permanency Abuse and Neglect Findings Report

RATE OF ROBBERY, BURGLARY, LARCENY PER 1,000



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

Unintentional Injury

Unintentional injuries include only those injuries that occur without intent of harm. Such injuries are frequently called accidents or accidental in common usage.

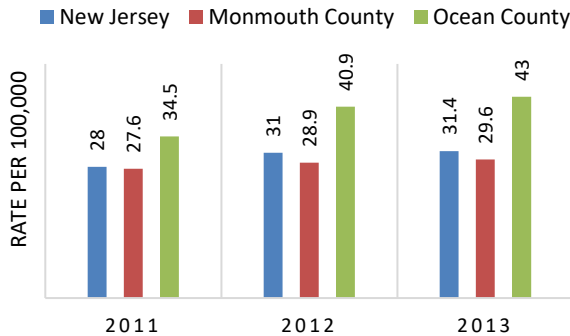
Monmouth County

- In 2013, the rate of deaths due to unintentional injuries in Monmouth County was 29.6/100,000, lower than statewide 31.4 and neighboring Ocean County 43/100,000. Between 2011 and 2013, the unintentional injury rate of death increased slightly.¹²³

123 New Jersey State Health Assessment Data 2013

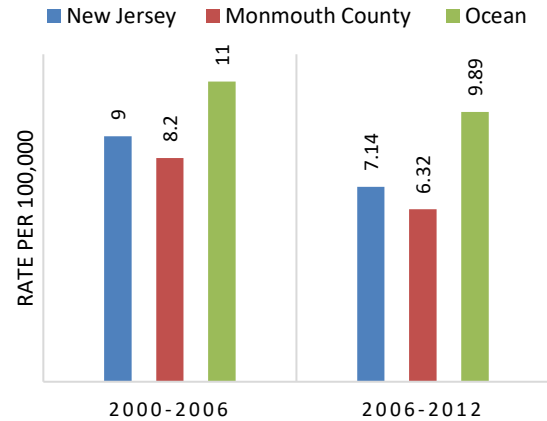
- Between 2006 and 2012, the motor vehicle crash death rate was 6.3/100,000 in Monmouth County, lower than New Jersey and Ocean County. The 2006-2012 death rate in Monmouth County was lower than the 2000-2006 rate, similar to the statewide and Ocean County trend.¹²⁴

UNINTENTIONAL INJURY DEATHS



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

MOTOR VEHICLE CRASH DEATHS



Source: National Vital Statistics System, County Health Rankings

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 Health

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

124 Centers for Disease Control and Prevention Accidental Injury <http://www.cdc.gov/nchs/fastats/accidental-injury.htm>

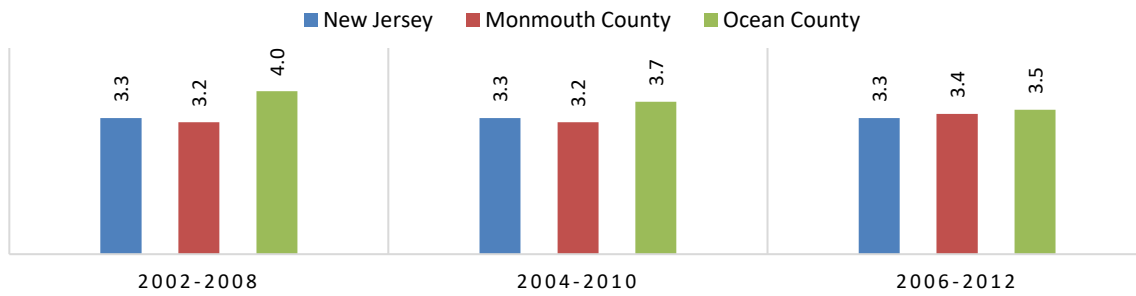
Monmouth County

- In 2014, Monmouth County’s ED admission rate (9.0/1,000) for mental disorders was slightly lower than the statewide rate (10.5/1,000).¹²⁵
- In 2014, Monmouth County’s mental disorders inpatient rate (6.9/1,000) was higher than the state (4.8/1,000).¹²⁶
- According to CHR’s comparison, the average number of mentally unhealthy days in Monmouth County from 2006 to 2012 was 3.3 in the last 30 days.¹²⁷

MMC Service Area

- In 2014, the inpatient use rate for mental disorders in MMC’s service area was 8.8/1,000, higher than statewide (4.8) and the county rate (6.9).
- In 2014, the emergency department use rate for mental disorders in MMC’s service area was 10.2/1,000, similar to the statewide rate (10.5) and slightly higher than the county rate (9.0).

MENTALLY UNHEALTHY DAYS REPORTED IN PAST 30 DAYS



Source: National Vital Statistics System, County Health Rankings

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.

New Jersey

- Between 2013 and 2014, 6.3% of the population in New Jersey aged 12 and older suffered from alcohol dependence or abuse.¹²⁸

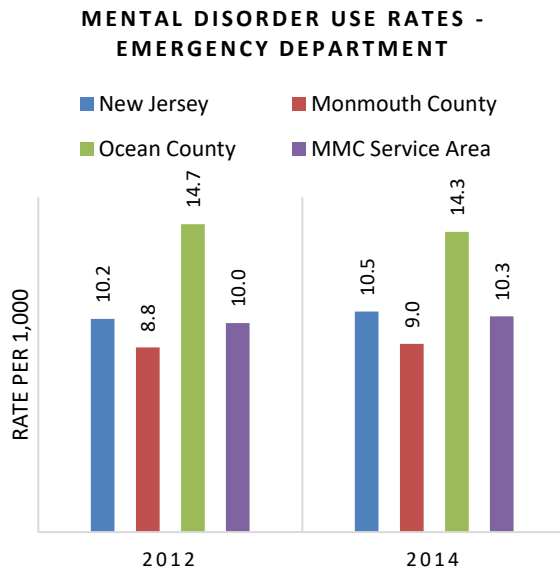
125 Health Care Decision Analyst Internal Data 2014

126Ibid.

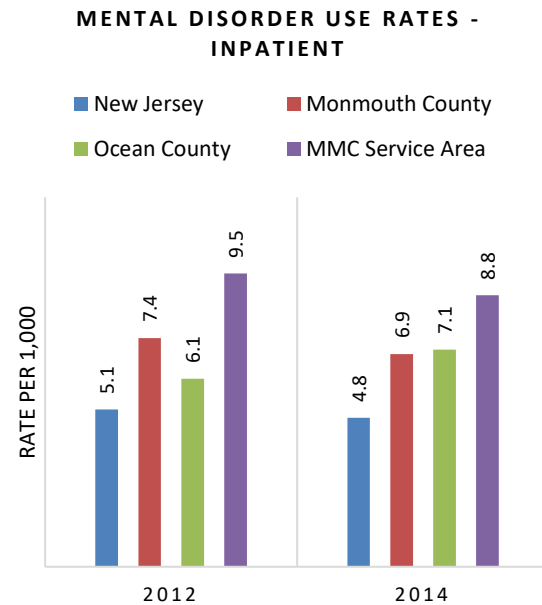
127 Community Health Rankings 2012

128 Substance Abuse and Mental Health Services Administration Behavioral Health Barometer New Jersey, 2014
http://www.samhsa.gov/data/sites/default/files/State_BHBarometers_2014_2/BHBarometer-NJ.pdf

- Between 2013 and 2014, 2.4% of New Jersey residents suffered from illicit drug dependence or abuse; approximately 178,000 individuals age 12 and older were dependent on or abused illicit drugs.¹²⁹



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

Monmouth County

- Excessive drinkers include heavy and binge drinkers. Between 2006 and 2012, 18.3% of adults in Monmouth County reported excessive drinking, 2.2% more than the statewide percentage (16.1). The percentage of Monmouth County adults reporting excessive drinking increased from 17.7% in 2003-2009 to 18.3% in 2006-2012.¹³⁰ Excessive drinking in the County is significantly higher than the CHR national benchmark of 8%.
- Between 2010 and 2014, 26% of driving deaths in Monmouth County were alcohol impaired.^{131,132}

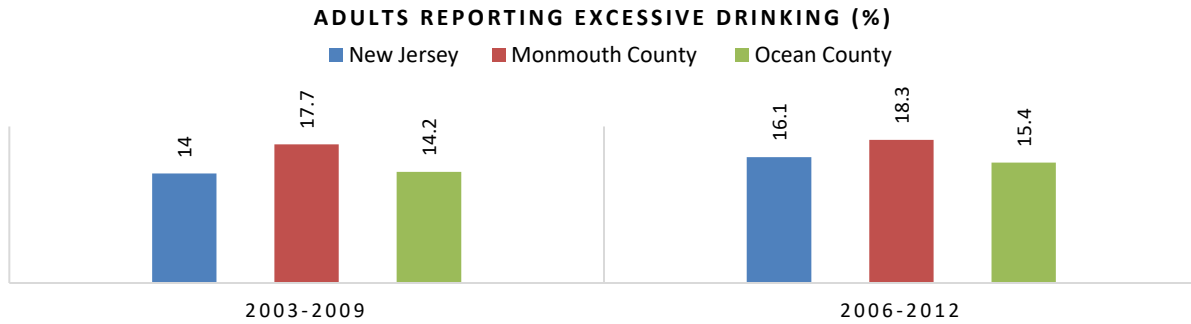
129ibid

130 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.

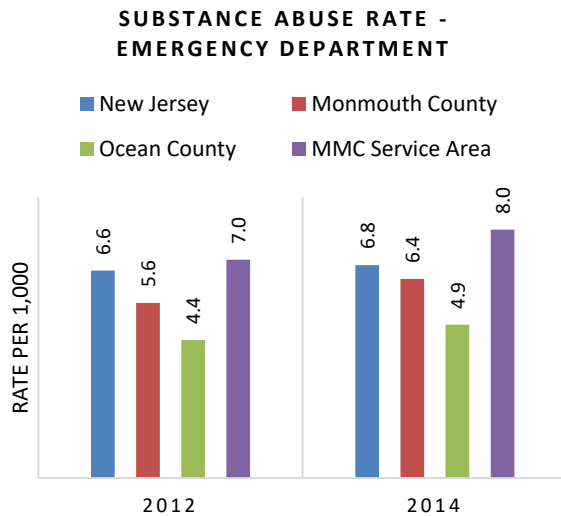
131 County Health Rankings 2016 <http://www.countyhealthrankings.org/app/new-jersey/2016/measure/factors/134/data?sort=desc-2>

132ibid

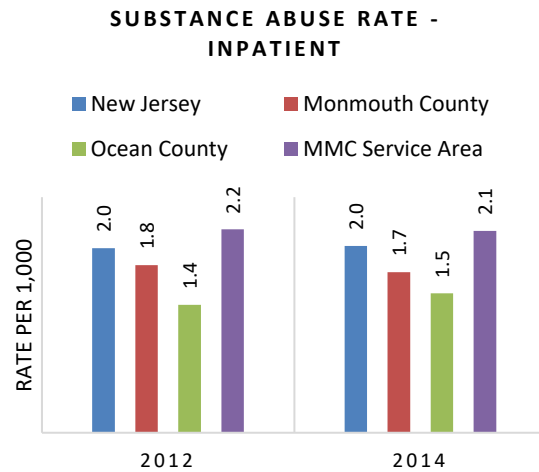
- In 2014, heroin and other opiates were the most common drugs being treated in Monmouth County; 39% of substance abuse admissions within Monmouth County were for heroin and other opiates.¹³³



Source: National Vital Statistics System, County Health Rankings



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

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: <i>Rate per 100,000 Population</i>	N.A.	N.A.	

133 Department of Human Services Division of Mental Health and Addiction Services Office of Planning Research, Evaluation and Prevention New Jersey Drug and Alcohol Abuse Treatment Substance Abuse Overview 2014 <http://www.state.nj.us/humanservices/dmhas/publications/statistical/Substance%20Abuse%20Overview/2014/Statewide.pdf>

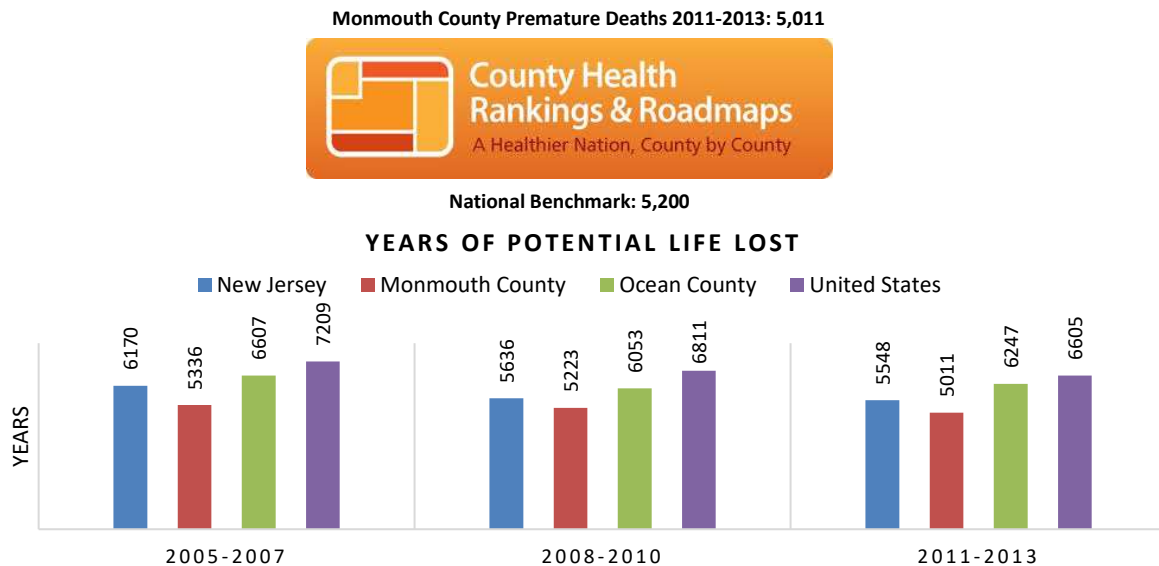
C. HEALTH OUTCOMES

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 health status are provided at 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.

- Monmouth County’s premature death rate declined from 2005-2007 through 2011-2013 and is lower than Ocean County and the State.¹³⁴
- Monmouth County’s 2011-2013 premature death rate of 5,011/100,000 is 9.7% lower than New Jersey’s 5,548/100,000 and 3.6% lower than the County Health Rankings (CHR) benchmark of 5,200/100,000.
- Comparing the 2011-2013 Monmouth County premature death rate to that of 2005-2007 demonstrates a 6.1% decline in the rate. This continues the downward trend reported in the 2013 CHNA indicating a 5% decline from 2001-2006 to 2006-2008.



Source: National Vital Statistics System, County Health Rankings

Note: Every death occurring before the age of 75 contributes 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.		

134 County Health Rankings, National Vital Statistics System

2. Leading Causes of Death

- Between 2010 and 2013, the age-adjusted mortality rates for seven of Monmouth County’s 10 leading causes of death declined, with the exception of chronic lower respiratory disease, septicemia and drug induced death.
- The top five leading causes of death include heart disease, cancer, chronic lower respiratory disease, stroke, and unintentional injury.
- Heart disease and cancer mortality rates declined but remain primary causes of death for county residents. See following table.¹³⁵

Cause of Death	2010 Rate	2013 Rate
Heart Disease	166.8	158.6
Cancer	168.2	152.5
Chronic Lower Respiratory Disease	36	36.1
Stroke	31.9	30
Unintentional Injury	29.8	29.6
Alzheimer’s Disease	23	19.1
Diabetes	18.2	17
Septicemia	12.9	15.4
Drug Induced Death	12.1	13.6
Nephritis	14.9	11.7
2013 Rate Lower than 2010		
2013 Rate Higher than 2010		

Heart Disease

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

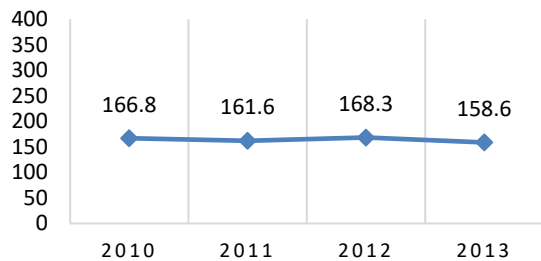
- Between 2010 and 2013, the Monmouth County age-adjusted mortality rate for deaths due to heart disease decreased 4.9% from 166.8/100,000 to 158.6/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 186.8/100,000, a 13.3% decline between 2004 and 2008.
- The Monmouth County 2013 AAMR for heart disease of 158.6/100,000 was lower than neighboring Ocean County at 196.4/100,000 and New Jersey at 169/100,000.¹³⁶ However, Monmouth County’s 2013 AAMR is substantially higher than the *Healthy People 2020* target of 100.8/100,000.
- Considering Average Age-Adjusted Mortality Rate (AAMR) for heart disease by race and ethnicity in 2013, Monmouth County, like New Jersey, has a higher AAMR among Blacks. The Monmouth County age-adjusted mortality rate for heart disease among Blacks decreased 17.3% from 200.1/100,000 in 2011 to 165.4/100,000 in 2013.

¹³⁵ 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

¹³⁶ *ibid*

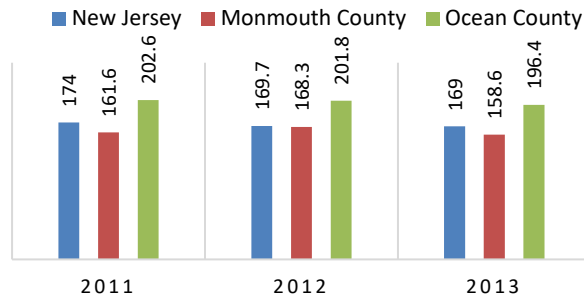
- In 2013, the heart disease mortality rate of Hispanics is lower than that of Blacks and Whites. The age-adjusted mortality rate for heart disease among Hispanics decreased 7% from 121/100,000 in 2011 to 112.5/100,000 in 2013.¹³⁷
 - The heart disease AAMR among Whites in Monmouth County (162.1/100,000) is lower than the heart disease AAMR among Whites in New Jersey (176.2/100,000) and Ocean County (199.2/100,000).
- The New Jersey AAMR for heart disease is higher across all racial and ethnic groups than the Monmouth County rates.

**HEART DISEASE DEATHS -
MONMOUTH COUNTY**



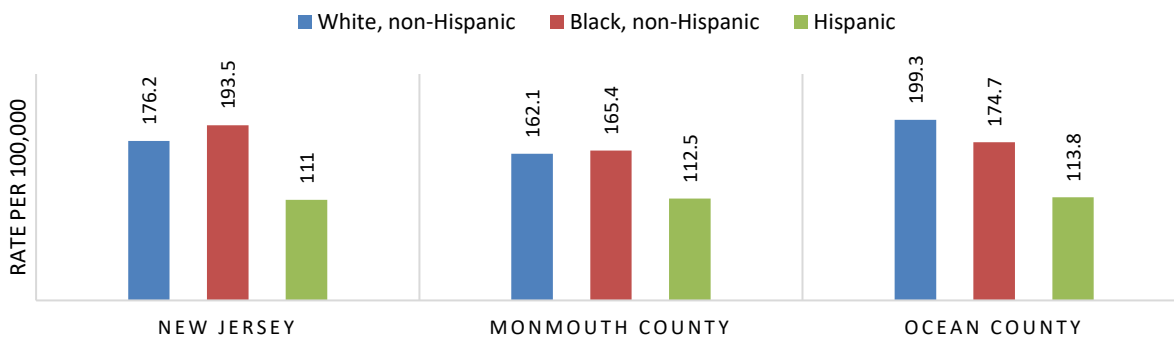
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

**DEATHS DUE TO HEART DISEASE PER
100,000**



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

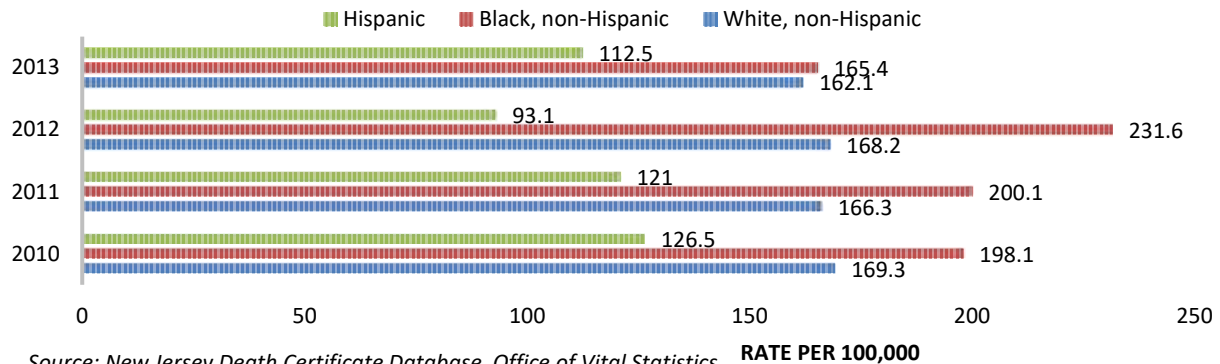
**HEART DISEASE DEATHS BY RACE/ETHNICITY
2013**



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

137 ibid

HEART DISEASE DEATHS BY RACE/ETHNICITY - MONMOUTH COUNTY



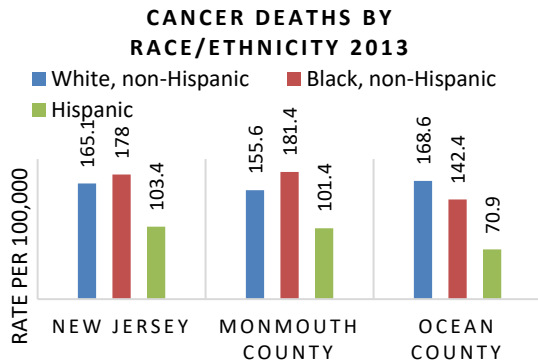
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Cancer

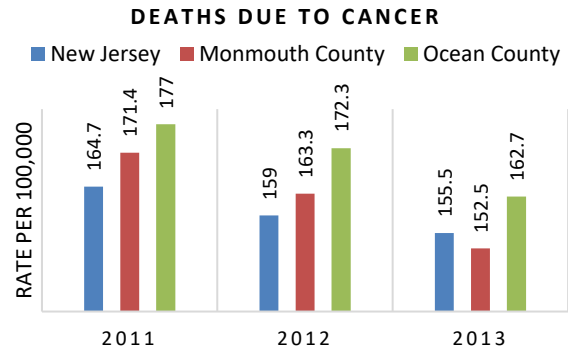
Cancer is the second leading cause of death in the nation, New Jersey, and Monmouth County.

- Between 2010 and 2013, the age-adjusted mortality rate for cancer in Monmouth County decreased 9.3% from 168.2/100,000 to 152.5/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 180.7/100,000, a 7.3% decline between 2004 and 2008.
- The 2013 Monmouth County cancer mortality rate was 1.9% lower than New Jersey AAMR of 155.5/100,000 and 6.3% lower than the Ocean County rate of 162.7/100,000.¹³⁸ The Monmouth County rate was also 5.9% lower than the *Healthy People 2020* target of 161.5/100,000, an improvement from the 2008 rate of 180.7/100,000 that exceeded the target.
- Comparing Monmouth County’s cancer AAMR by race and ethnicity between 2010 and 2013, rates are decreasing for Blacks and Whites and increasing for Hispanics.
- Consistently, Blacks had the highest AAMR for cancer, followed by Whites and Hispanics.
- The age-adjusted mortality rate for cancer among Monmouth County Blacks decreased 25.4% from 243.2/100,000 in 2010 to 181.4/100,000 in 2013. This continues a downward trend from the 2008 AAMR of 199.8/100,000 reported in the 2013 CHNA. In 2013, the mortality rate for Blacks was 16.6% higher than for Hispanics at 101.4/100,000.

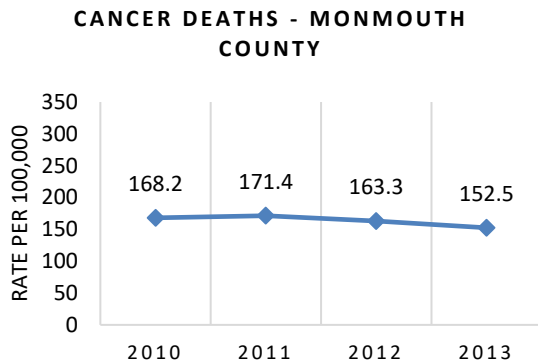
138 ibid



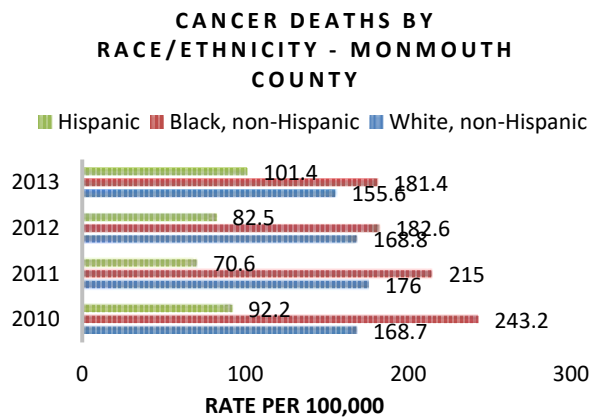
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health



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



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

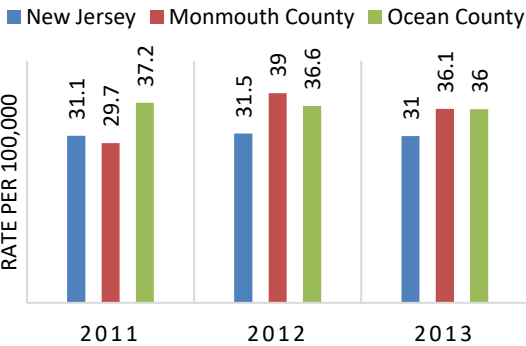
Cancer Death Indicators	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Deaths due to Cancer (Malignant Neoplasms) Age-Adjusted Rate per 100,000 Population among all ethnicities		N.A.	
Deaths due to Cancer (Malignant Neoplasms) in Black Non-Hispanics Age-Adjusted Rate per 100,000 Population among all ethnicities	N.A.	N.A.	

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) is the third leading cause of death in Monmouth 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.

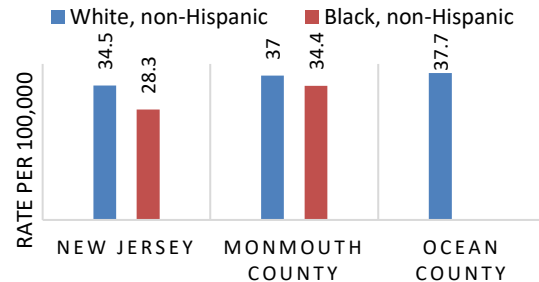
- The age adjusted mortality rate for CLRD in Monmouth County was variable from 2010 through 2013. The 2013 AAMR of 36.1/100,000 is 14.3% lower than the 2008 AAMR of 42.1/100,000 reported in the previous CHNA.
- The 2013 AAMR for CLRD is higher in Monmouth County (36.1/100,000) than in New Jersey (31/100,000) and similar to neighboring Ocean County (36/100,000).
- Comparing Monmouth County’s CLRD AAMR by race between 2005-2007 and 2011-2013, the trend for both Blacks and Whites is increasing. Consistently, Whites have a higher rate than Blacks.
- The AAMR for CLRS among Monmouth County Whites increased 9.8% from 37.9/100,000 in 2005-2007 to 41.6/100,000 in 2011-2013. In 2011-2013, the mortality rate for Whites was 20.9% higher than for Blacks. The AAMR for CLRD among Monmouth County Blacks increased 14.6% from 30/100,000 in 2005-2007 to 34.4/100,000 in 2011-2013.
- From 2011-2013, the Monmouth County AAMR for Whites was 7.2% higher than New Jersey Whites and Monmouth County Blacks were 21.6% higher than Blacks statewide.

CHRONIC LOWER RESPIRATORY DISEASE DEATHS



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

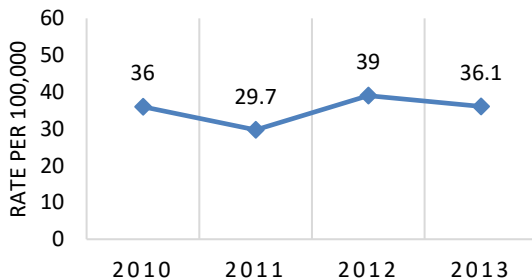
CLRD DEATHS BY RACE/ETHNICITY IN 2011-2013



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

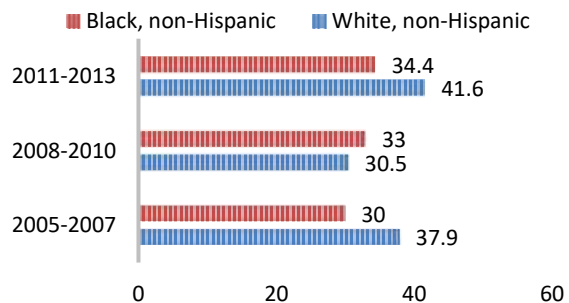
Note: Data for Black, non-Hispanic for Ocean County 2011-2013 does not meet standards of reliability or precision

CLRD DEATHS - MONMOUTH COUNTY



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

CLRD DEATHS BY RACE/ETHNICITY IN MONMOUTH COUNTY

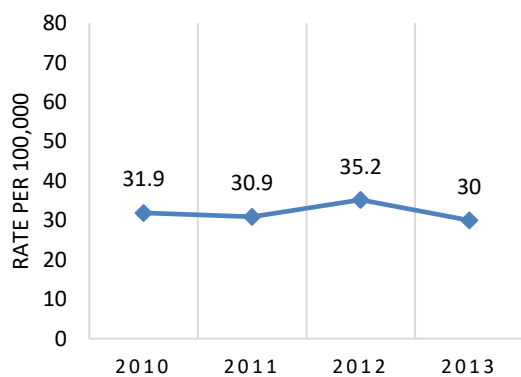
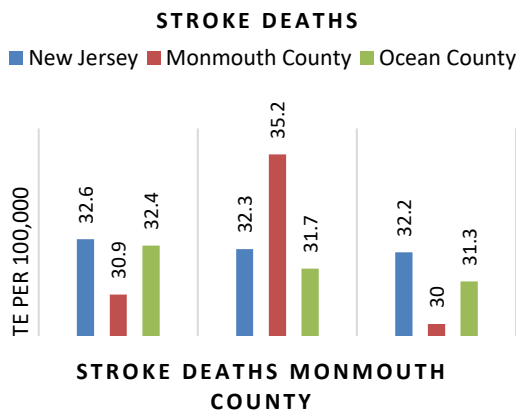


Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

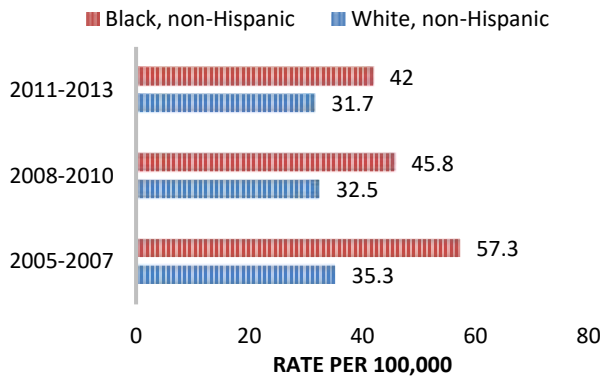
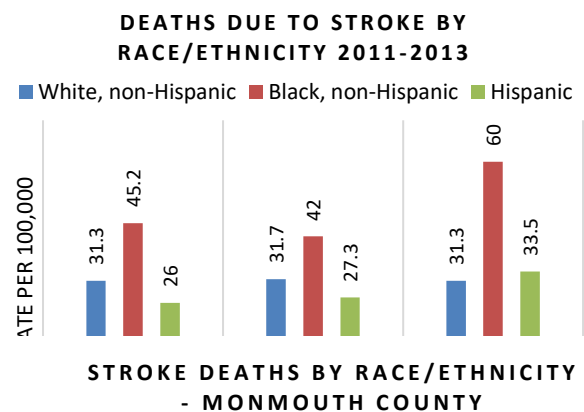
Stroke

Stroke is the fourth leading cause of death in Monmouth County.

- The 2013 Monmouth County mortality rate due to stroke (30/100,000) was lower than both the State (32.2/100,000) and Ocean County (31.3/100,000).¹³⁹ The 2013 Monmouth County AAMR for stroke was also lower than the *Healthy People 2020* target of 33.8/100,000.
- The AAMR due to stroke in Monmouth County was variable from 2010 through 2013 and experienced a slight decrease from 31.9/100,000 in 2010 to 30/100,000 in 2013.¹⁴⁰ This is a substantial improvement from the 2008 AAMR of 37.2/100,000 reported in the previous CHNA.
- Between 2005-2007 and 2011-2013, the Monmouth County AAMR for stroke by race declined for both Blacks and Whites. The age-adjusted mortality rate for stroke among Monmouth County Blacks decreased 26.7% from 57.3/100,000 in 2005-2007 to 42/100,000 in 2011-2013.
- Black residents continue to have the highest rate of stroke death. Although the AAMR for Blacks in 2011-2013 (42/100,000) was 32.5% higher than Whites, the 2011-2013 AAMR for Blacks was lower than the 2008 Black AAMR of 49.2/100,000 as reported in the 2013 CHNA. From 2011-2013, the Monmouth County stroke mortality rate among Blacks was lower than the statewide (45.2/100,000) and Ocean County (60/100,000) rates among Blacks.



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

139 Note: In some cases, data will be missing or absent for a year or race/ethnicity because figures do not meet standards of reliability or precision, based on fewer than 20 cases in numerator and/or denominator.

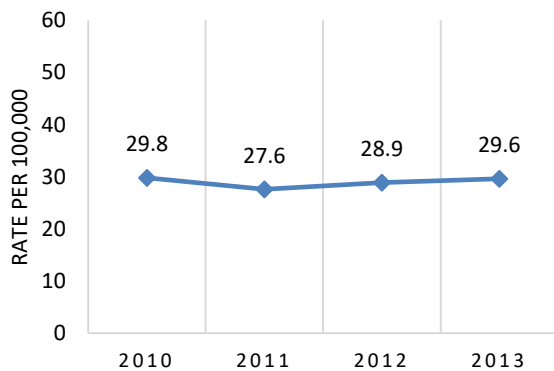
140 ibid

Unintentional Injury

Unintentional injury is the fifth leading cause of death in Monmouth County. This includes motor vehicle-related injuries, poisonings, falls, burns and smoke inhalation, drowning, suffocation, and other injuries.

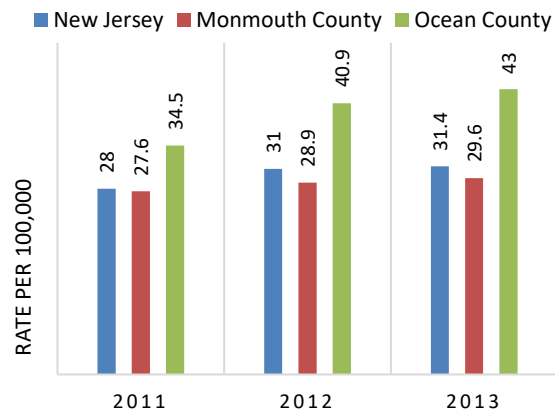
- The Monmouth County AAMR for unintentional injuries increased 7.2% from 27.6/100,000 in 2011 to 29.6/100,000 in 2013. This continues the upward trend reported in the 2013 CHNA indicating a 16.3% increase from 2004 (21.5/100,000) to 2008 (25/100,000).
- The 2013 Monmouth County unintentional injury mortality rate (29.6/100,000) was lower than New Jersey (31.4/100,000), Ocean County (43/100,000) and the *Healthy People 2020* target (36.4/100,000).¹⁴¹
- Comparing Monmouth County’s unintentional injury AAMR by race between 2005-2007 and 2011-2013, the trend for both Blacks and Whites is decreasing. Consistently, Whites have a higher rate than Blacks.
- The unintentional injury death rate among White Monmouth County residents remained nearly the same as 32.4/100,000 in 2005-2007 to 32.2/100,000 in 2011-2013. In 2011-2013, the White Monmouth County mortality rate was 24.3% higher than the rate for Blacks (25.9/100,000). The AAMR due to unintentional injuries among Whites was 10.9% lower than the state (35.8/100,000).
- In 2011-2013, the Monmouth County Hispanic unintentional injury death rate (19.3/100,000) was similar to the State (20.7/100,000) and lower than Ocean County (23.1/100,000).
- The unintentional injury death rate among Black Monmouth County residents decreased 17.8% from 31.5/100,000 in 2005-2007 to 25.9/100,000 in 2011-2013. In 2011-2013, the mortality rate due to unintentional injuries among Blacks was 11.9% lower than the state (29.4/100,000).

**UNINTENTIONAL INJURY DEATHS -
MONMOUTH COUNTY**



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

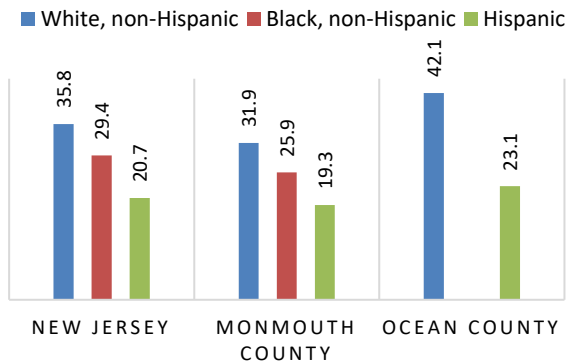
UNINTENTIONAL INJURY DEATHS



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

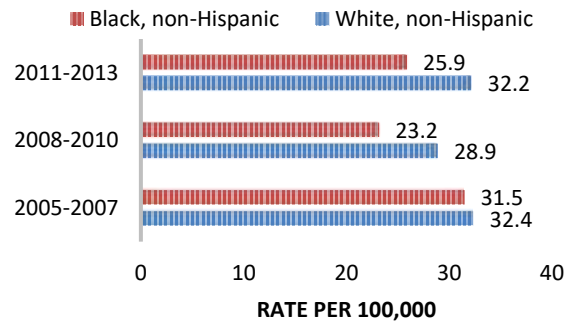
141 New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center NOTE: Data for racial/ethnic groups not shown because figures do not meet standards of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

UNINTENTIONAL INJURY DEATHS BY RACE/ETHNICITY IN 2011-2013



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

UNINTENTIONAL INJURY DEATHS BY RACE/ETHNICITY - MONMOUTH COUNTY



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

Monmouth County Unintentional Injury Deaths 2013: 29.6



Baseline: 40.4

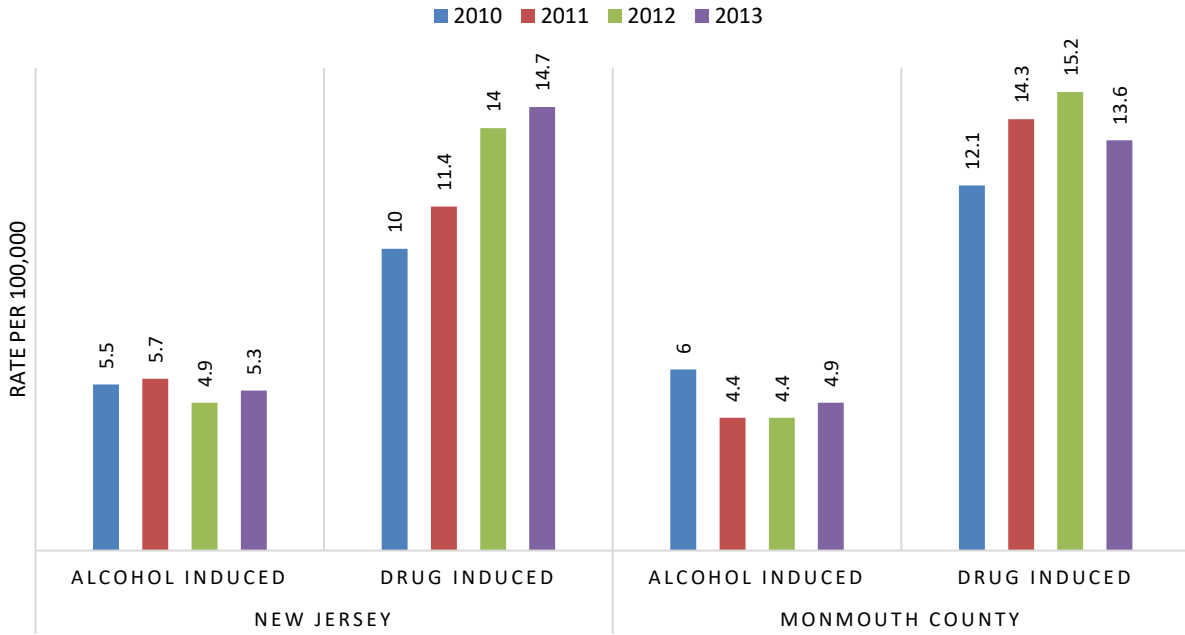
Target: 36.4

3. Behavioral Health-Related Deaths

- In Monmouth County, age-adjusted drug-induced deaths increased 12.1% from 12.1/100,000 in 2010 to 13.6/100,000 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 Monmouth County 2013 AAMR due to drug use was almost double the 2007 rate of 7.6/100,000 reported in the previous CHNA.
- The 2013 Monmouth County drug-induced mortality rate was lower than the State but both were higher than the *Healthy People 2020* target (11.3/100,000).
- Monmouth County's AAMR for alcohol-induced deaths decreased 18.3% from 6/100,000 in 2010 to 4.9/100,000 in 2013; in the same period, the New Jersey alcohol induced death rate remained nearly the same, going from 5.5/100,000 to 5.3/100,000.
- The Monmouth County age-adjusted suicide rate decreased 11% from 8.2/100,000 in 2011 to 7.3/100,000 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 Monmouth County rate was lower than New Jersey and both were lower than Ocean County (11.3/100,000).¹⁴² The 2013 Monmouth County rate of 7.3/100,000 was 28.4% better than the *Healthy People 2020* target of 10.2/100,000.

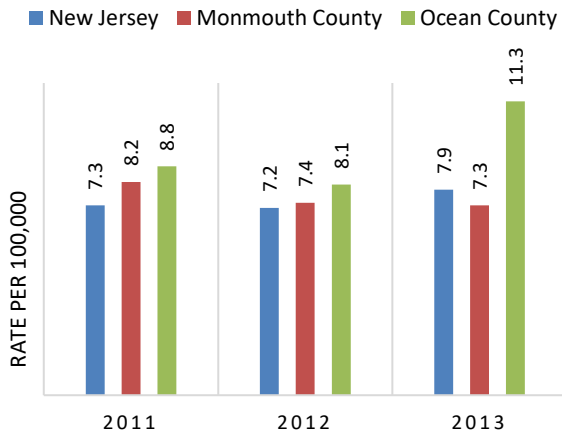
¹⁴² New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health; Population Estimates: New Jersey Department of Labor and Workforce Development, State Data Center

DRUG AND ALCOHOL INDUCED DEATHS - TREND



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

SUICIDE DEATHS



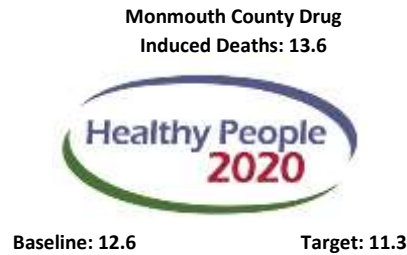
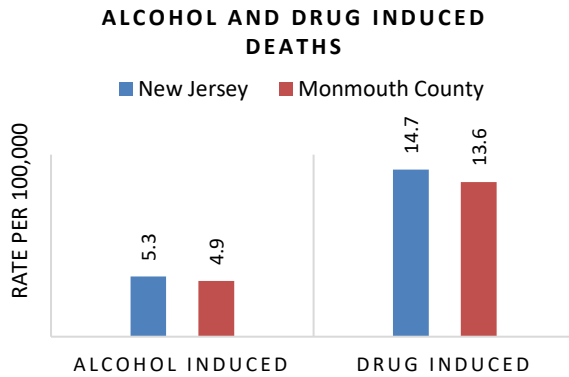
Source: New Jersey Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

Monmouth County 2013 Suicide Deaths: 7.3



Baseline: 11.3

Target: 10.2



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

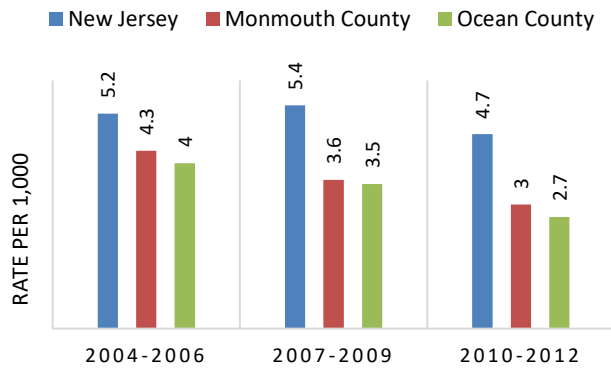
4. Infant Mortality

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.¹⁴³

- Between 2004-2006 and 2010-2012, the infant mortality rate decreased in Monmouth County, Ocean County and New Jersey; Monmouth County’s rate decreased 30.2% from 4.3/1,000 to 3.0/1,000 and was 36.2% lower than the 2013 New Jersey rate 4.7/1,000.
- Despite being slightly lower than the New Jersey Black infant mortality rate (11.7/100,000), the 2007-2009 Monmouth County Black infant mortality rate (11.4/100,000) was 216.7% higher than the overall infant mortality County rate (3.6/100,000) and 90% higher than overall *Healthy People 2020* target (6.0/100,000).

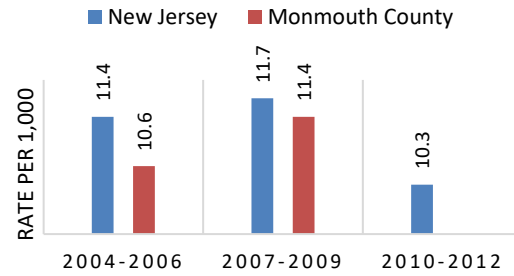
¹⁴³ New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health. Infant death certificates and corresponding birth certificates are matched by the Center for Health Statistics, New Jersey Department of Health.

INFANT MORTALITY



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 IN BLACK, NON-HISPANIC POPULATION



Source: New Jersey Death and Birth Certificate Databases, Office of Vital Statistics and Registry, New Jersey Department of Health.

Note: Data for Black, non-Hispanic for Monmouth County 2010-2012 does not meet standards of reliability or precision

Monmouth County 2010-2012 Infant Mortality Rate: 3



Baseline: 6.7

Target: 6.0

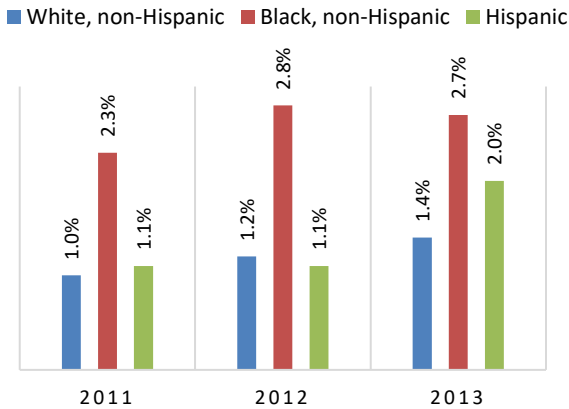
Infant Mortality Indicators	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Infant Mortality Rate <i>Rate of Infant (<1-year-old) Deaths per 1,000 Live Births</i>		N.A.	
Infant Mortality Rate in Black Non-Hispanics <i>Rate of Infant (<1-year-old) Deaths per 1,000 Live Births</i>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

5. Low and Very Low Birth Weight Infants

- Between 2011 and 2013, the percentage of low birth weight infants in Monmouth County remained relatively unchanged at 7.6%; this is a slight increase from the previous CHNA reporting 7.2% low birth weight Monmouth County infants in 2008.
- In 2013, 8.4% fewer Monmouth babies were low birth weight than compared to New Jersey (8.3%) and 24.6% more than neighboring Ocean County (6.1%). The 2013 Monmouth County percentage is similar to the *Healthy People 2020* target of 7.8%.
- The percent of very low birth weight infants in Monmouth County increased from 1.1% in 2011 to 1.7% in 2013. In the same period, the percent of New Jersey very low birth weight infants remained constant at 1.5%.

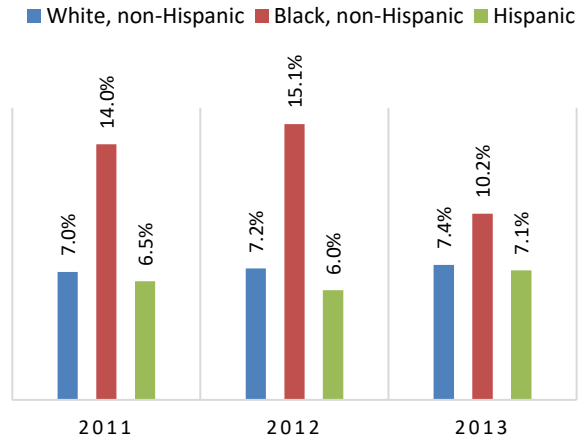
- The Monmouth County rate was higher than statewide 1.5%, Ocean County 1.1%, and the *Healthy People 2020* target of 1.4%.¹⁴⁴
- Despite declining from 14% in 2011 to 10.2% in 2013, the percentage of low birth weight infants among Blacks in Monmouth County was much higher than any other racial or ethnic groups throughout the period.
- Both Whites and Hispanics experienced increases in percentages of low birth weight infants from 2011 to 2013.
- Across all race and ethnicities, the percentage of very low birth weight babies is increasing in Monmouth County from 2011 through 2013.
- Monmouth County Black infants increased from 2.3% in 2011 to 2.7% in 2013. In 2013, the percent of Black Monmouth County very low birth weight babies was almost double that of Whites (1.4%).
- The percentage of Hispanic very low birth weight babies in Monmouth County has doubled, from 1.1% in 2011 to 2% in 2013.

VERY LOW BIRTHWEIGHT INFANTS BY RACE/ETHNICITY - MONMOUTH COUNTY



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

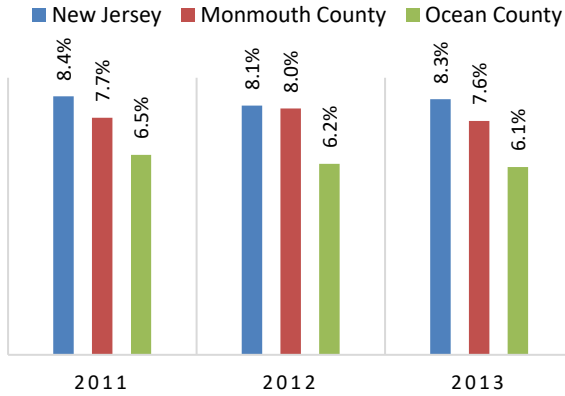
LOW BIRTHWEIGHT INFANTS BY RACE/ETHNICITY - MONMOUTH COUNTY



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

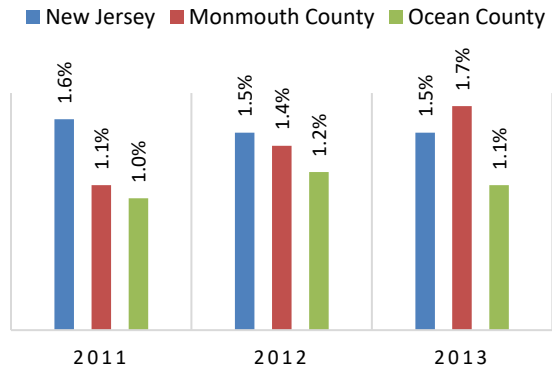
144 New Jersey Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health

LOW BIRTHWEIGHT INFANTS (%)



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

VERY LOW BIRTHWEIGHT INFANTS (%)



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 <i>Percentage of Live Births</i>		N.A.	
Low (<2500 grams) Birth Weight in Black Non-Hispanics <i>Percentage of Live Births</i>	N.A.	N.A.	
Very Low (<2500 grams) Birth Weight <i>Percentage of Live Births</i>		N.A.	
Very Low (<2500 grams) Birth Weight in Black Non-Hispanics <i>Percentage of Live Births</i>	N.A.	N.A.	

6. Health and Behavioral 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.

Health Status

Monmouth County residents' perceptions of their health remained relatively unchanged between 2008 and 2012, leveling off the trend reported in the 2013 CHNA of perceived improved health between 2006 and 2010.

- The percent of Monmouth County residents reporting fair or poor health was steady at 13.6% from 2008 to 2012 compared to reported slight increases in New Jersey, Ocean County and the United States.

- The Monmouth County 2012 percentage is 15.5% lower than New Jersey (16.1%) and 19.5% lower than Ocean County (16.9%).¹⁴⁵
- Between 2006 and 2012, Monmouth County residents reported an average of 3.0 physically unhealthy days per month, the same as reported in 2002-2008. Monmouth County reported fewer days than New Jersey (3.3 days) and more than the CHR national benchmark (2.5 days).
- Between 2006 and 2012, Monmouth County residents reported 3.4 mentally unhealthy days compared to 3.2 days from 2002-2008. Monmouth County residents reported more mentally unhealthy days in 2006-2012 than New Jersey residents did and the CHR benchmark of 2.3 days.¹⁴⁶

Disability Status

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

- In Monmouth County, an additional 22.9% of adults reported limitations in 2011 than in 2009. However, in 2011, fewer Monmouth County adults were limited in activity due to physical, social and emotional problems than in New Jersey (20.1%) and Ocean County (22.7%) and nationwide (24.3%).

Physically Unhealthy Days Reported in Past 30 Days
Monmouth County 2006-2012: 3.0



National Benchmark: 2.5

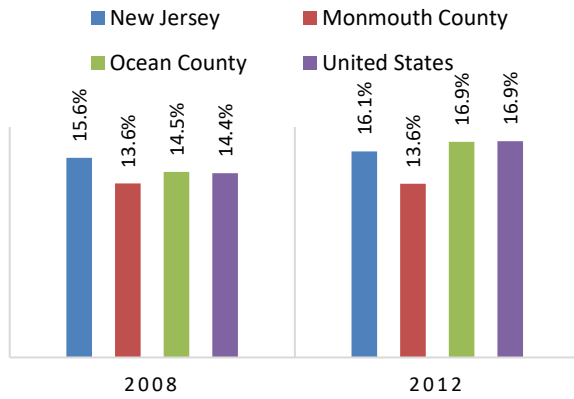
Mentally Unhealthy Days Reported in Past 30 days
Monmouth County 2006-2012: 3.4



National Benchmark: 2.3

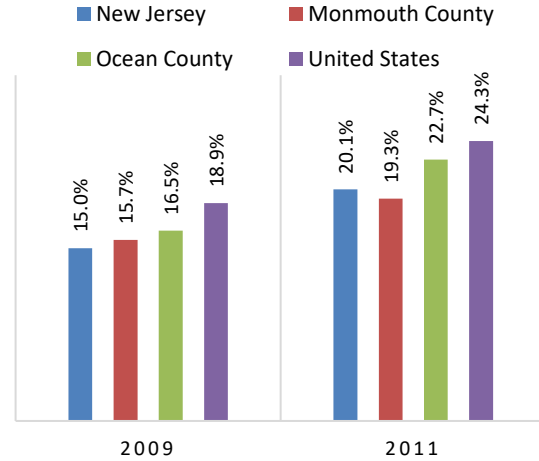
145 CDC, Behavioral Risk Factor Surveillance System
146 County Health Rankings, National Vital Statistics System

HEALTH IS FAIR OR POOR



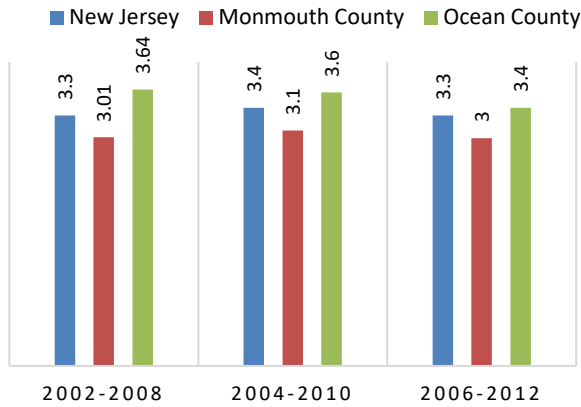
Source: CDC, Behavioral Risk Factor Surveillance System

ADULTS LIMITED IN ACTIVITY DUE TO PHYSICAL, SOCIAL, EMOTIONAL PROBLEMS (%)



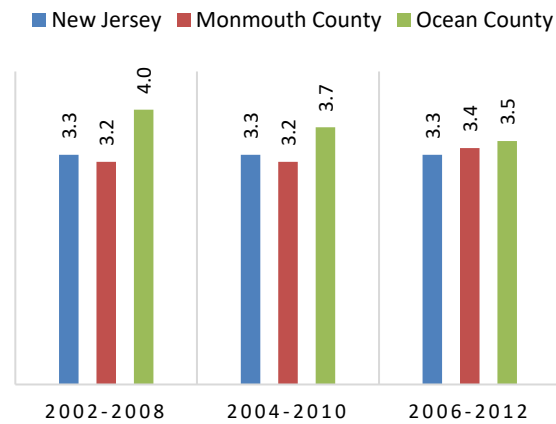
Source: CDC, Behavioral Risk Factor Surveillance System

PHYSICALLY UNHEALTHY DAYS REPORTED IN PAST 30 DAYS



Source: National Vital Statistics System, County Health Rankings

MENTALLY UNHEALTHY DAYS REPORTED IN LAST 30 DAYS



Source: National Vital Statistics System, County Health Rankings

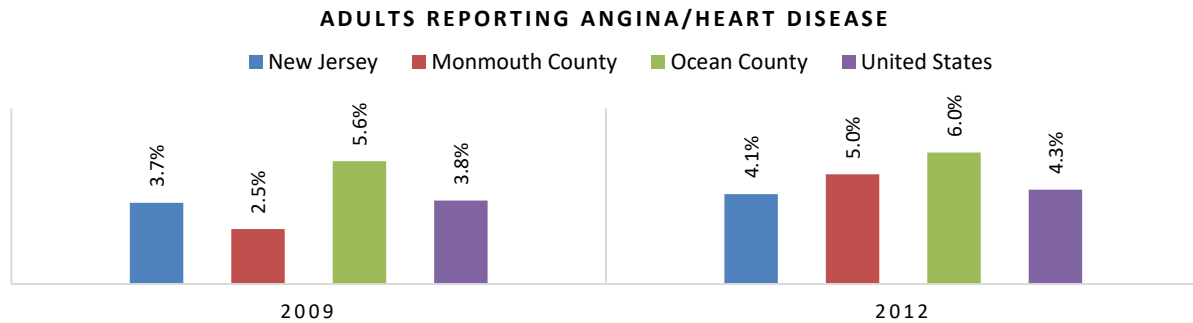
7. Morbidity

Heart Disease

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

- According to BRFSS survey, the percent of adults reporting angina and heart disease increased in New Jersey, Monmouth County, Ocean County and the United States between 2009 and 2012.
- According to the BRFSS, in 2012, 5.0% of Monmouth County residents reported they had angina or coronary heart disease, a 100% increase from 2.5% in 2009. The 2012 Monmouth County rate was higher than New Jersey at 4.1% and lower than Ocean County at 6.0%.

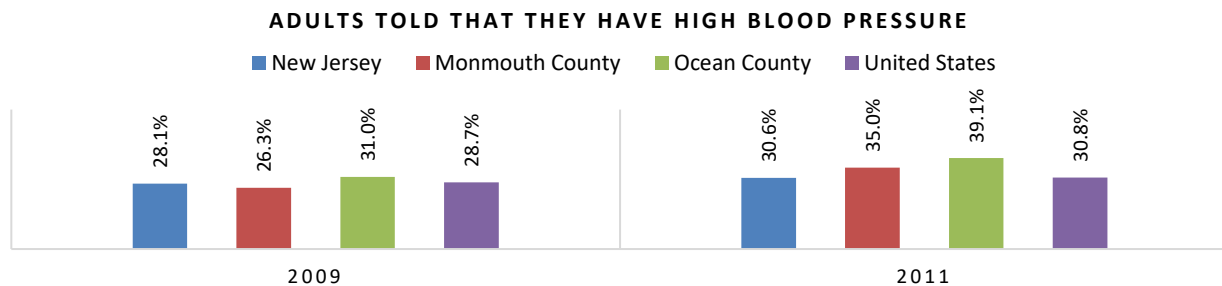
According to the American Heart Association, controllable risk factors for cardiovascular disease include high blood pressure, high cholesterol, cigarette smoking, physical inactivity, poor diet, overweight and obesity and diabetes. High blood pressure and cholesterol are discussed further here.



Source: CDC, Behavioral Risk Factor Surveillance System

High Blood Pressure

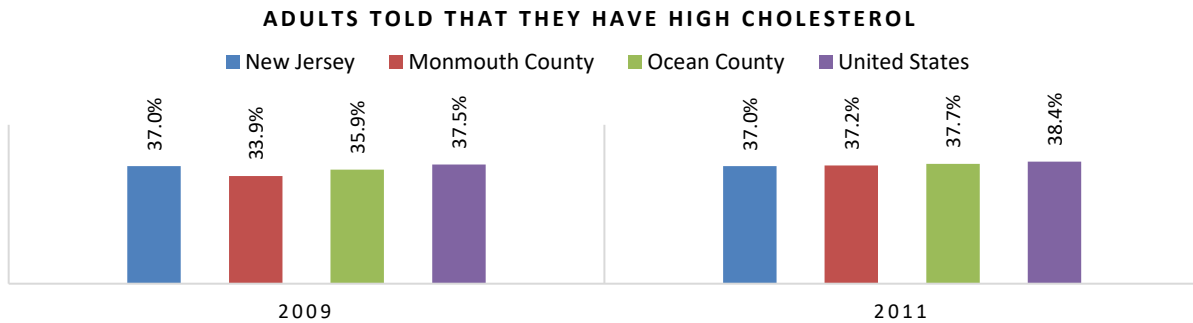
- According to BRFSS survey, the percent of adults told that they have high blood pressure increased in New Jersey, Monmouth County, Ocean County and the United States between 2009 and 2012.
- According to BRFSS, in 2011, 35% of Monmouth County residents reported they had high blood pressure, a 33% increase from 26.3% in 2009. This follows the upward trend witnessed in the previous CHNA where between 2005 and 2009 high blood pressure rose 11.4% from 23.6 to 26.3%.
- The 2011 Monmouth County rate was 14.4% higher than New Jersey at 30.6% and lower than Ocean County at 39.1%.



Source: CDC, Behavioral Risk Factor Surveillance System

High Blood Cholesterol

- According to BRFSS survey, the percent of adults told that they have high cholesterol was steady in New Jersey and increased in Monmouth County, Ocean County and the United States between 2009 and 2012.
- According to BRFSS, in 2011, 37.2% of Monmouth County residents reported they had high blood cholesterol, a 9.7% increase from 33.9% in 2009. This is in contrast to the decline reported in the previous CHNA from 36.2% in 2005 to 33.9% in 2009.
- The 2011 Monmouth County statistic was similar to New Jersey and Ocean County and more than double the *Healthy People 2020* target of 13.5%.

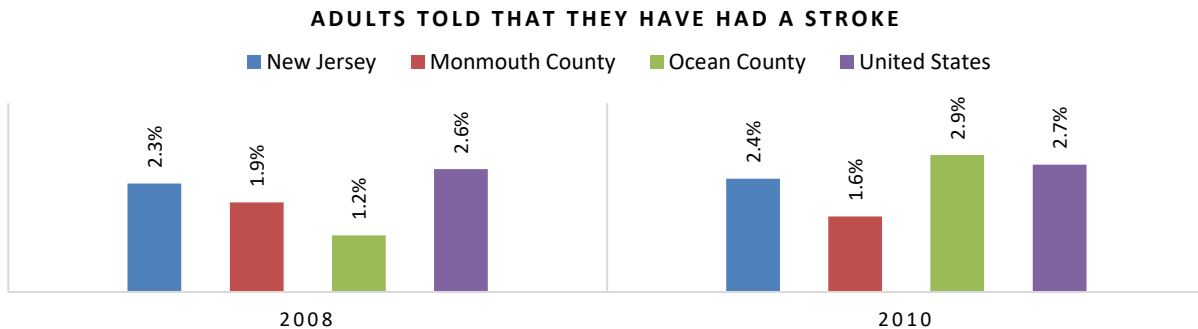


Source: CDC, Behavioral Risk Factor Surveillance System

Stroke

Over time, high blood pressure and high cholesterol cause changes in the heart and blood vessels that can lead to heart attacks, heart failure and strokes.

- According to 2010 BRFSS, 1.6% of Monmouth County residents reported they had a stroke, a decrease from 1.9% in 2008.
- The percent of 2010 Monmouth County residents who were told they had a stroke was lower than Statewide (2.4%) and Ocean County (2.9%) and nationwide (2.7%).¹⁴⁷



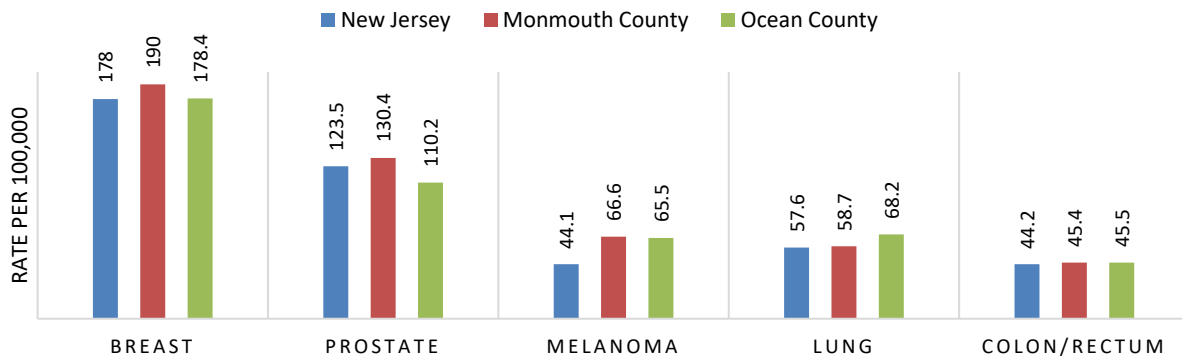
Source: CDC, Behavioral Risk Factor Surveillance System

147 CDC, Behavioral Risk Factor Surveillance System

Cancer

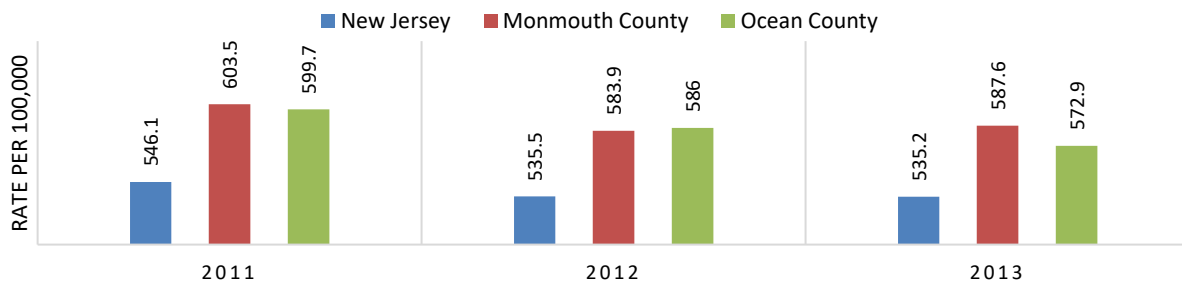
- Between 2011 and 2013, the overall age-adjusted cancer incidence rate in Monmouth County decreased from 603.5 to 587.6/100,000. Although decreasing, the AAR of cancer incidence was higher than 522.0/100,000 in 2009 reported in the previous CHNA.
- The 2013 Monmouth County AAR was 9.8% higher than the New Jersey rate of 535.2/100,000.¹⁴⁸ The 2013 cancer incidence rate in Monmouth County was more than three times higher than the *Healthy People 2020* target rate of 161.4/100,000.
- Within New Jersey and Monmouth County, breast and prostate had the highest cancer incidence rates.
- Monmouth County cancer incidence, regardless of race or ethnicity, is higher than New Jersey and neighboring Ocean County.
- When comparing cancer incidence by race and ethnicity, in 2013, Whites have higher incidence across New Jersey, Monmouth and Ocean Counties. In 2013, Monmouth County Whites (587.2/100,000) had a higher cancer incidence than Blacks (513/100,000) and Hispanics (509.4/10,000).

TOP 5 CANCER INCIDENCES



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

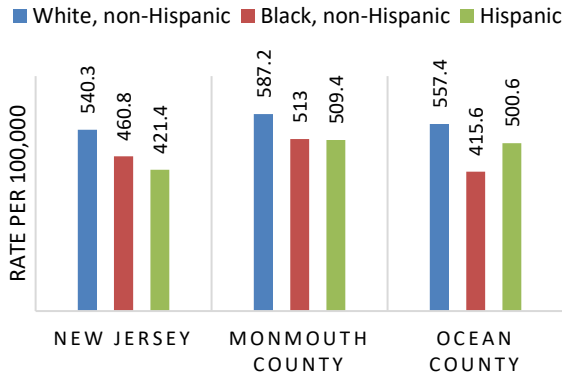
CANCER INCIDENCE



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

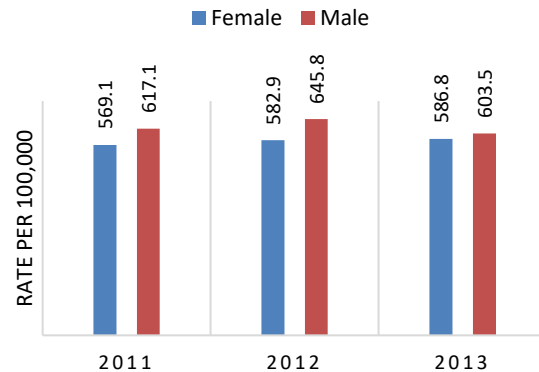
148 New Jersey State Cancer Registry <http://www.cancer-rates.info/nj/>, NJ CI (530.6, 539.7) Essex County CI (480.5, 511.6)

CANCER INCIDENCE BY RACE/ETHNICITY 2013



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

CANCER INCIDENCE BY GENDER IN MONMOUTH COUNTY



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

Monmouth County 2013 Cancer Incidence: 587.6



Baseline: 179.3

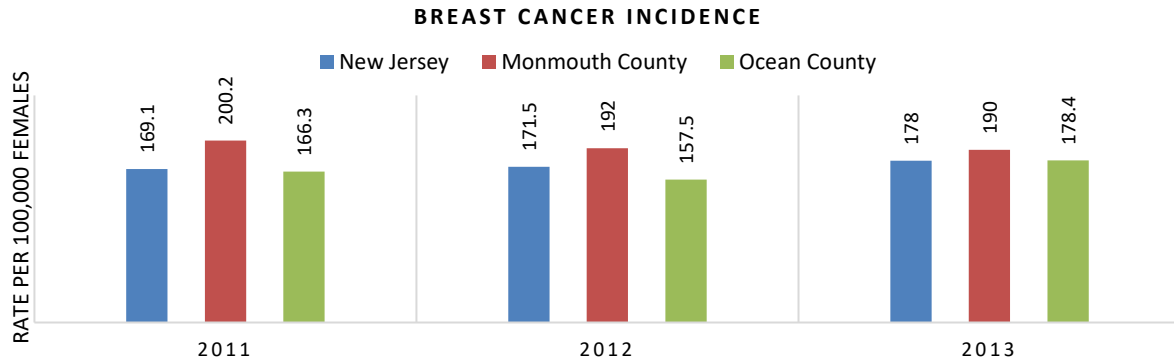
Target: 161.4

Breast Cancer

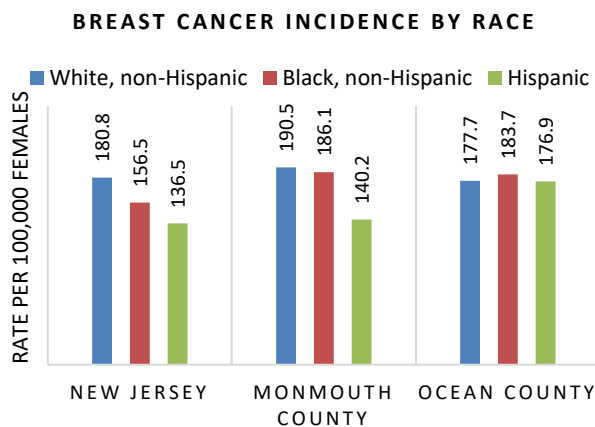
Breast cancer is the most commonly occurring type of cancer in New Jersey and Monmouth County.

- Between 2011 and 2013, the age-adjusted rate of breast cancer rate in Monmouth County decreased from 200.2/100,000 to 190/100,000; in the same period, the New Jersey rate increased from 169.1/100,000 to 178/100,000. Despite the increasing New Jersey rate, the declining Monmouth County rate remained higher than the 2013 state figure.
- In 2013, White women in New Jersey (180.8/100,000) and Monmouth County (190.5/100,000) had a higher age-adjusted breast cancer incidence rate than Blacks or Hispanics.¹⁴⁹ In Monmouth County, the 2013 rate for Whites was 4.4 points higher than Blacks and 50.3 points higher than Hispanics.

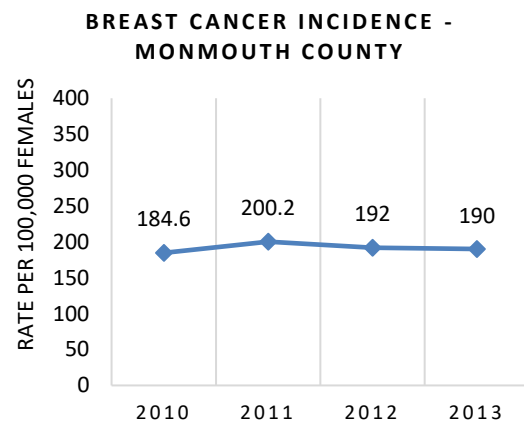
¹⁴⁹ New Jersey State Cancer Registry <http://www.cancer-rates.info/nj/>



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



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



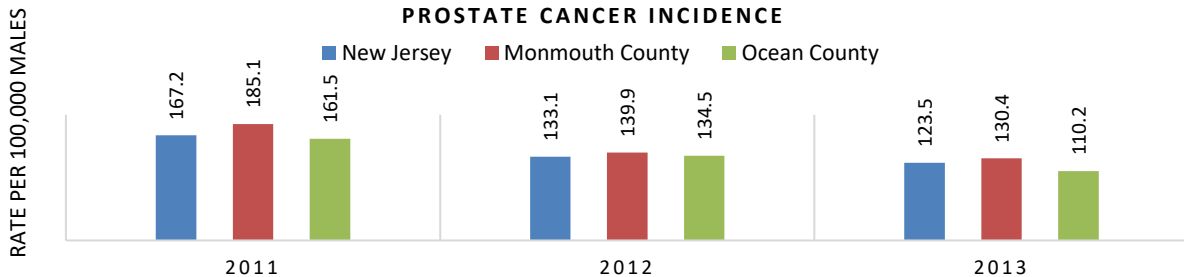
Source: NJ State Cancer Registry, NJ State Department of Health

Prostate Cancer

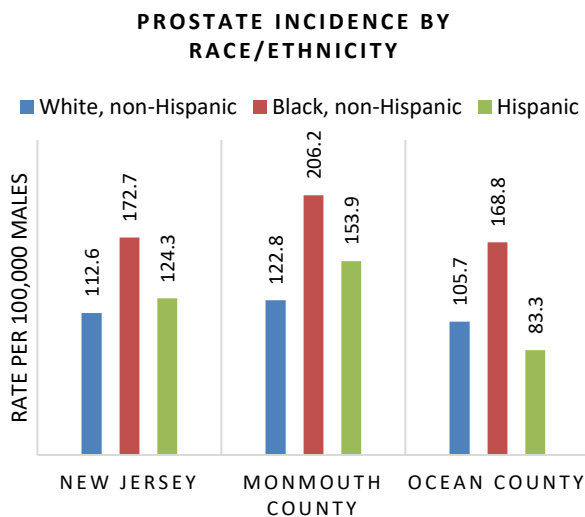
- Prostate cancer is the second most commonly occurring type of cancer in New Jersey and Monmouth County.
- From 2011 through 2013, the AAR for prostate cancer incidence decreased in New Jersey, Monmouth County and Ocean County.
- The overall age-adjusted prostate cancer incidence rate in Monmouth County decreased 21.1% from 165.3/100,000 in 2010 to 130.4/100,000 in 2013. The 2013 Monmouth County rate was 5.6% higher than the Statewide rate of 123.5/100,000 and 18.3% higher than Ocean County (110.2/100,000).¹⁵⁰
- When comparing the AAR of prostate incidence by race and ethnicity, Blacks have the highest incidence in New Jersey, Monmouth and Ocean Counties.

¹⁵⁰ New Jersey State Cancer Registry <http://www.cancer-rates.info/nj/>

- In 2013, regardless of race and ethnicity, Monmouth County had higher incidence of prostate cancer than Ocean County and New Jersey. Within the County, in 2013, Blacks (206.2/100,000) had a higher rate of prostate cancer higher than Whites (122.8/100,000) and Hispanics (153.9/100,000); the rate for Monmouth County Blacks was 19.4% higher than statewide (172.7/100,000) and Ocean County (168.8/100,000).¹⁵¹

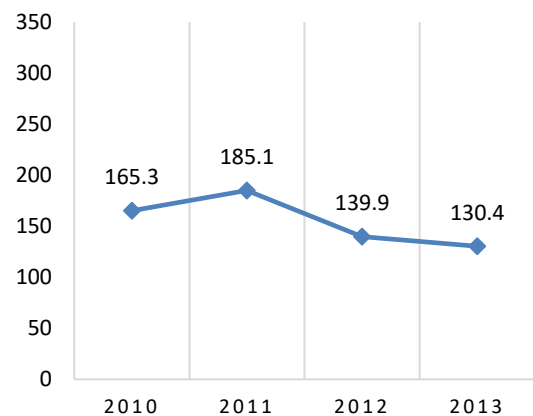


Source: NJ State Cancer Registry, NJ State Department of Health



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

PROSTATE CANCER INCIDENCE - MONMOUTH COUNTY



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

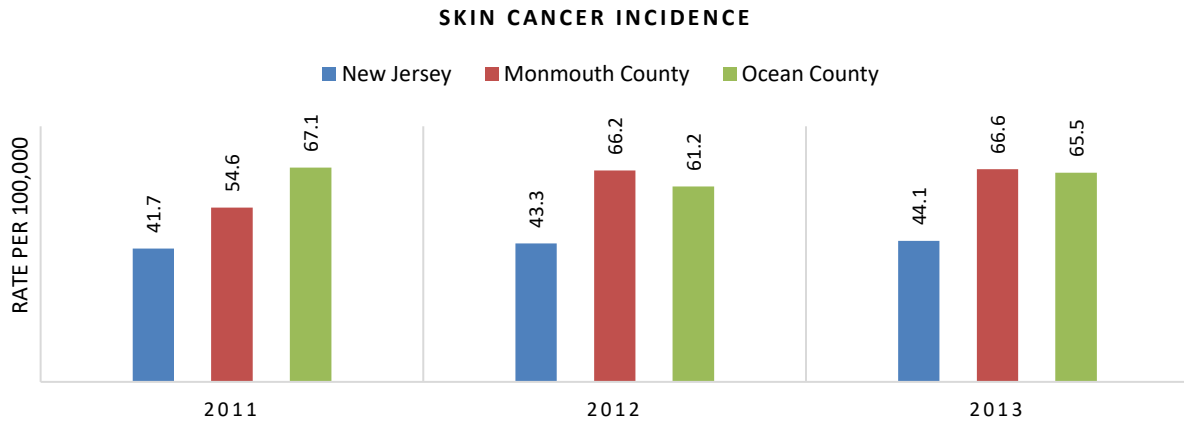
Skin Cancer

- From 2011 through 2013, the AAR for melanoma incidence increased in New Jersey and Monmouth County and decreased slightly in Ocean County.
- Between 2010 and 2013, the overall AAR of skin cancer incidence in Monmouth County decreased 9.6% from 73.7/100,000 to 66.6/100,000. In 2013, the Monmouth County AAR for skin cancer was similar to the Ocean County rate of 65.5/100,000 and 51% higher than the statewide rate of 44.1/100,000.¹⁵²
- Men have a higher age-adjusted rate for skin cancer than women. The Monmouth County 2013 male age-adjusted rate (80.3/100,000) was 41.6% higher than women (56.7/100,000).

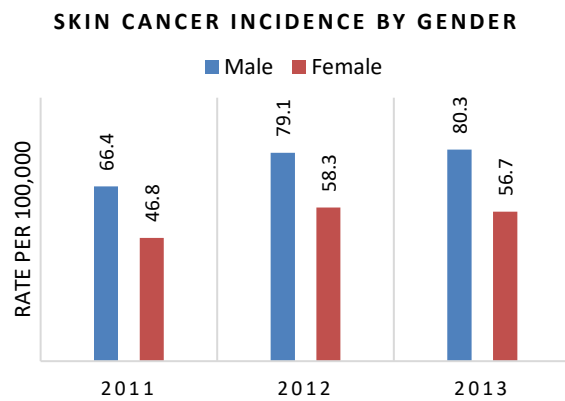
¹⁵¹ Ibid.

¹⁵² New Jersey State Cancer Registry <http://www.cancer-rates.info/nj/>

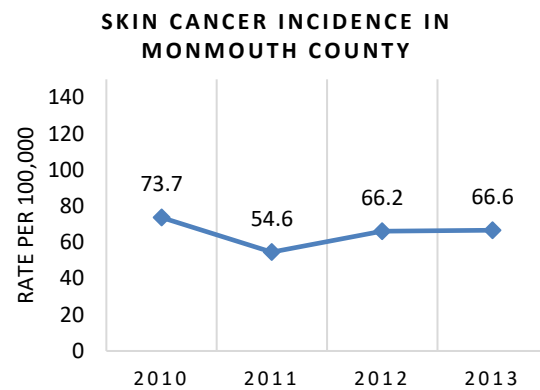
- Statistics are not available for non-White populations.¹⁵³



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

Colorectal Cancer

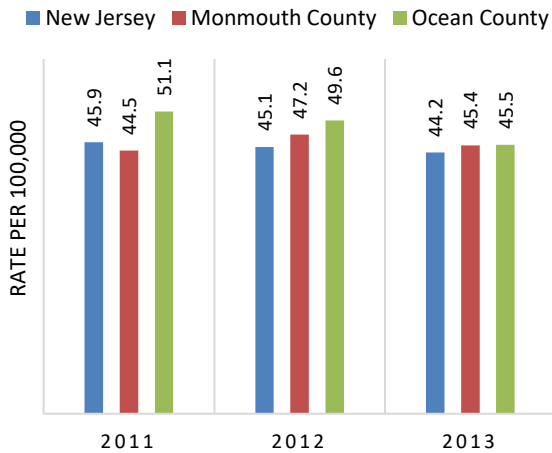
- From 2011 through 2013, the AAR for colorectal cancer incidence decreased in both New Jersey and Ocean County and increased slightly in Monmouth County.
- Between 2010 and 2013, the Monmouth County overall AAR of colorectal cancer increased from 43.6/100,000 to 45.4/100,000. Rates for colorectal cancer in 2013 were similar for Monmouth County, New Jersey and Ocean County, ranging from 44.2 to 45.5/100,000.¹⁵⁴
- The largest disparity in colorectal cancer is gender. In 2013, Monmouth County men had an age-adjusted rate (49.1/100,000) 16.4% higher than women (42.2/100,000).
- In Monmouth County, Whites had the highest incidence of colorectal cancer (46.3/100,000), slightly higher than Whites statewide (44.2/100,000).¹⁵⁵

153 Ibid.

154 New Jersey State Cancer Registry <http://www.cancer-rates.info/nj/>

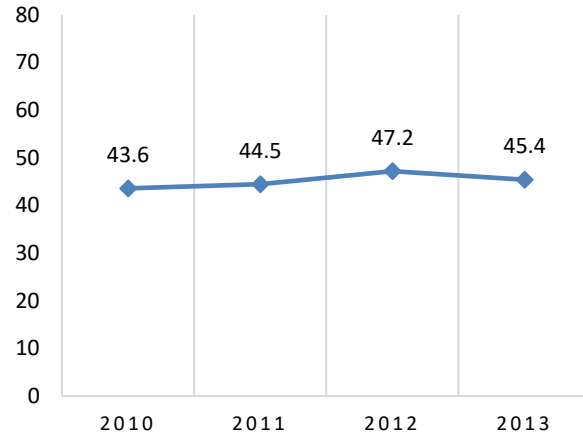
155 Ibid.

COLORECTAL CANCER INCIDENCE



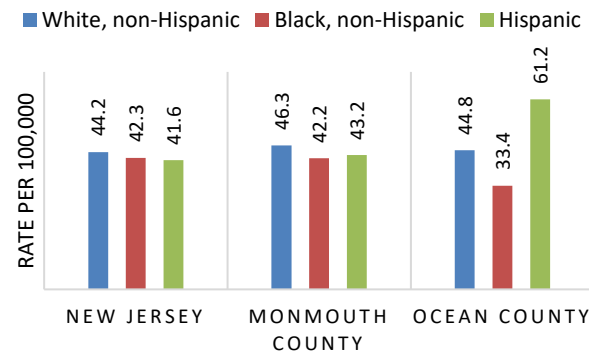
Source: NJ State Cancer Registry, NJ State Department of Health

COLORECTAL CANCER INCIDENCE - MONMOUTH COUNTY



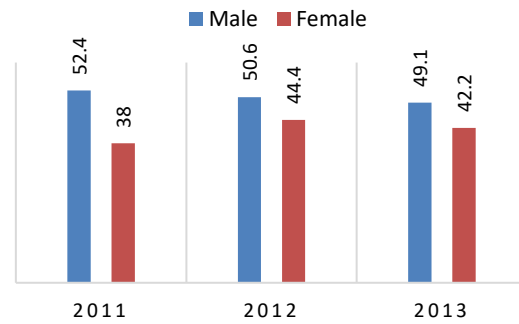
Source: NJ State Cancer Registry, NJ State Department of Health

COLORECTAL CANCER INCIDENCE BY RACE/ETHNICITY



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

COLORECTAL CANCER INCIDENCE BY GENDER IN MONMOUTH COUNTY



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

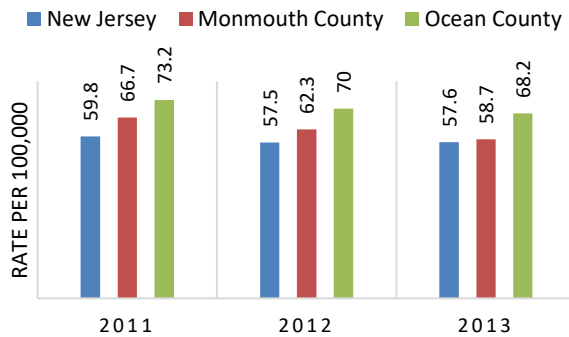
Lung Cancer

- From 2011 through 2013, the AAR for lung cancer incidence decreased in New Jersey, Monmouth County and Ocean County.
- Between 2010 and 2013, the overall AAR of lung cancer incidence in Monmouth County declined 8.7% from 64.3/100,000 to 58.7/100,000. The 2013 AAR for lung cancer was higher than the New Jersey rate (57.6/100,000) and lower than Ocean County (68.2/100,000).¹⁵⁶
- When comparing 2013 lung cancer incidence by race and ethnicity across Monmouth County, Ocean County and New Jersey, no pattern emerges.

¹⁵⁶ New Jersey State Cancer Registry <http://www.cancer-rates.info/nj/>

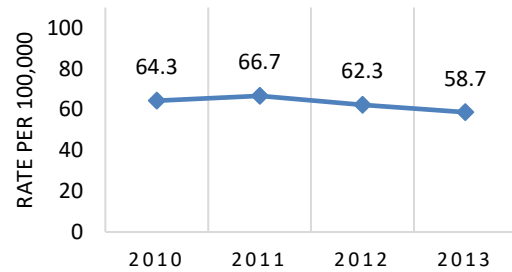
- In Monmouth County, the 2013 lung cancer rate for Blacks (61.4/100,000) was higher than Whites (59.1/100,000) and Hispanics (40/100,000). The Black Monmouth County 2013 rate was 21.4 points higher than the rate for Hispanics. The age-adjusted incidence rate for Monmouth County Blacks (61.4/100,000) was higher than Statewide (55/100,000).
- Analysis of lung cancer by gender in 2013 indicates slightly higher incidence for Monmouth County males (61.3/100,000) than females (58.3/100,000).¹⁵⁷

LUNG CANCER INCIDENCE



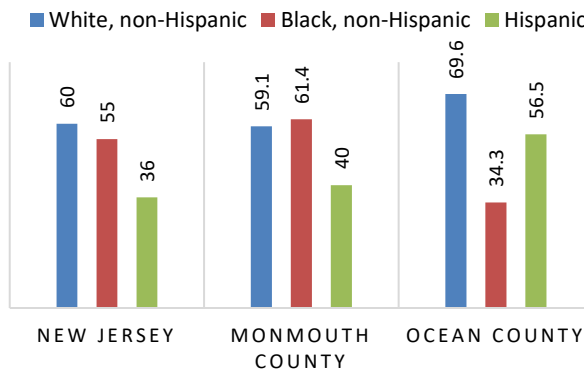
Source: NJ State Cancer Registry, NJ State Department of Health

LUNG CANCER INCIDENCE - MONMOUTH COUNTY



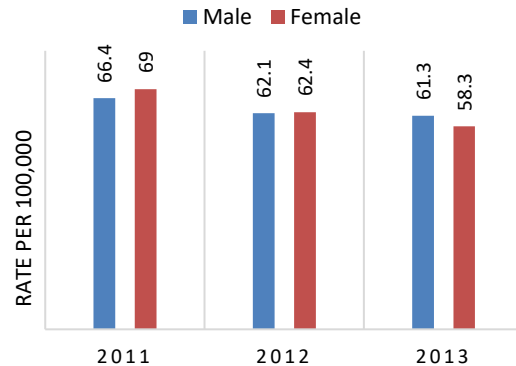
Source: NJ State Cancer Registry, NJ State Department of Health

LUNG CANCER INCIDENCE BY RACE/ETHNICITY



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

LUNG CANCER INCIDENCE BY GENDER IN MONMOUTH COUNTY



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

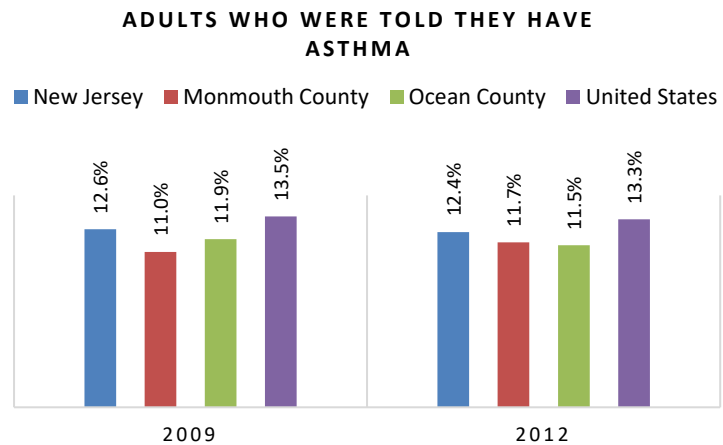
157 Ibid.

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

Asthma

In the United States, more than 23 million people currently have asthma. Asthma affects people of all ages, but most often begins during 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.

- In New Jersey, Monmouth County, Ocean County and nationwide, the percent of adults who were told they have asthma changed minimally from 2009 to 2012.
- According to BRFSS, between 2009 and 2012, the percentage of adults in Monmouth County reporting asthma increased slightly from 11.0% to 11.7%. In 2012, 5.6% fewer Monmouth residents reported asthma than statewide (12.4%).



Source: CDC, Behavioral Risk Factor Surveillance System

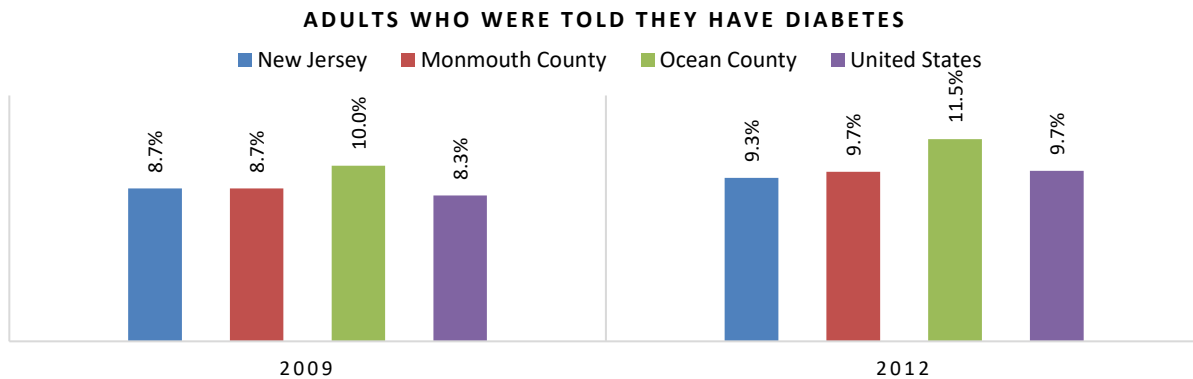
Diabetes

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. It 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, significant financial costs in healthcare, lost productivity and early death.¹⁵⁸ Almost 7 million Americans with diabetes are undiagnosed, and another 79 million Americans have pre-

¹⁵⁸ Retrieved from www.diabetes.org/diabetesbasics. Accessed April 30, 2013.

diabetes which greatly increases their risk of developing diabetes in the next several years.¹⁵⁹ Factors contributing to diabetes prevalence overall and in Monmouth 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 Monmouth County.
- In 2012, 9.7% Monmouth County residents reported diabetes, one percentage point higher than in 2009 (8.7%). Monmouth County and New Jersey had similar increases of persons with diabetes from 2009 through 2012. Monmouth County had fewer persons with diabetes than Ocean County (11.5%) in 2012.



Source: CDC, Behavioral Risk Factor Surveillance System

Arthritis

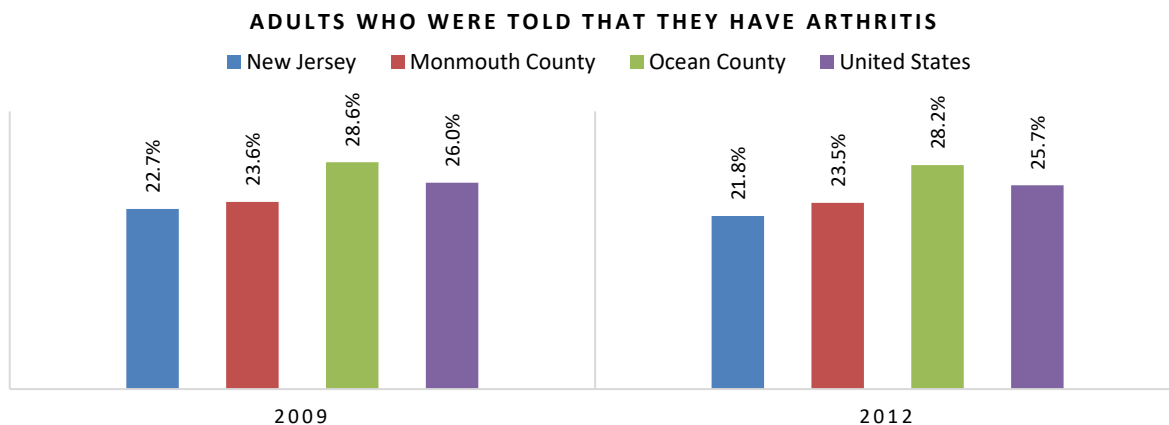
Arthritis is the inflammation of one or more joints. A joint is where two bones meet. There are over 100 different types of arthritis. The most common form of arthritis is osteoarthritis which is a normal result of aging. It is also caused by “wear and tear” on the joints. Arthritis is the most common cause of disability in the U.S., limiting the activities of an estimated 22 million adults (9%).¹⁶⁰

- 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 Monmouth County residents reporting arthritis was unchanged at 23.5%.¹⁶¹ The Monmouth 2012 figure was higher than the state at 21.8% and lower than Ocean County at 28.2%.

¹⁵⁹ Retrieved from www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. Accessed April 30, 2013.

¹⁶⁰ Retrieved from <http://www.cdc.gov/arthritis>. Accessed 4/30/13.

¹⁶¹ CDC, Behavioral Risk Factor Surveillance System



Source: CDC, Behavioral Risk Factor Surveillance System

5. ASSETS AND GAPS ANALYSIS

The assets and gaps analysis summarizes and highlights each component of the CHNA. Assets highlight Monmouth County or the MMC 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 Monmouth County or the MMC 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

- Monmouth County’s 2011-2013 premature death rate of 5,011/100,000 is 9.7% lower than New Jersey’s 5,548/100,000 and 3.6% lower than the County Health Rankings (CHR) benchmark of 5,200/100,000.
- Comparing the 2011-2013 Monmouth County premature death rate to that of 2005-2007 demonstrates a 6.1% decline in the rate. This continues the downward trend reported in the 2013 CHNA indicating a 5% decline from 2001-2006 to 2006-2008.

LEADING CAUSES OF DISEASE

Heart Disease Mortality

Assets

- Between 2010 and 2013, the Monmouth County age-adjusted mortality rate for deaths due to heart disease decreased 4.9% from 166.8/100,000 to 158.6/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 186.8/100,000, a 13.3% decline between 2004 and 2008.
- The Monmouth County age-adjusted mortality rates for heart disease among Blacks decreased 17.3% from 200.1/100,000 in 2011 to 165.4/100,000 in 2013.
- The age-adjusted mortality rate for heart disease among Hispanics decreased 7% from 121/100,000 in 2011 to 112.5/100,000 in 2013.
- The heart disease AAMR of Hispanics was lower than that of Blacks and Whites.

Gaps

- In 2013, Blacks (165.4/100,000) had a slightly higher age-adjusted mortality than Whites (162.1) within Monmouth County.

Heart Disease Morbidity

Heart Disease

Assets

- In 2012, 5.0% of Monmouth County residents reported they had angina or coronary heart disease lower than Ocean County at 6.0%.

Gaps

- According to the Behavioral Risk Factor Surveillance System, in 2012, 5.0% of Monmouth County residents reported they had angina or coronary heart disease, a 100% increase from 2.5% in 2009.
- The 2012 Monmouth County rate was higher than the New Jersey rate of 4.1%.

High Blood Pressure

Gaps

- According to BRFSS, in 2011, 35% of Monmouth County residents reported they had high blood pressure, a 33% increase from 26.3% in 2009.
- The 2011 Monmouth County rate was 14.4% higher than the New Jersey rate of 30.6%.

Cancer Mortality

Assets

- Between 2010 and 2013, the age-adjusted mortality rate for cancer in Monmouth County decreased 9.3% from 168.2/100,000 to 152.5/100,000. This continues the downward trend reported in the 2013 CHNA indicating a 2008 AAMR of 180.7/100,000, a 7.3% decline between 2004 and 2008.
- The 2013 Monmouth County cancer mortality rate was lower than New Jersey (155.5) and Ocean County (162.7).
- The Monmouth County cancer death rate in 2013 (152.5/100,000) was 5.9% lower than the *Healthy People 2020* target (161.5/100,000).
- The age-adjusted mortality rate for cancer among Monmouth County Blacks decreased 15.6% from 215/100,000 in 2011 to 181.4/100,000 in 2013.

Gaps

- In 2013, the mortality rate for Blacks (181.4/100,000) was 16.6% higher than for Whites (101.4/100,000).

Cancer Morbidity

Assets

- Between 2011 and 2013, the overall age-adjusted cancer incidence rate in Monmouth County decreased from 603.5/100,000 to 587.6/100,000.

Gaps

- The Monmouth County 2013 overall age-adjusted cancer incidence rate (587.6/100,000) was 9.8% higher than the 2013 New Jersey rate of 535.2/100,000.
- The 2013 cancer incidence rate in Monmouth County was more than three times higher than the *Healthy People 2020* target rate of 161.4/100,000.
- In 2013, Whites (587.2/100,000) had a higher cancer incidence than Blacks (513/100,000) and Hispanics (509.4/10,000) in Monmouth County.

Breast Cancer

Assets

- Between 2011 and 2013, the age-adjusted rate of breast cancer rate in Monmouth County decreased from 200.2/100,000 to 190/100,000.

Gaps

- The declining Monmouth County rate (190/100,000) remained higher than the 2013 state figure (178/100,000).

- In 2013, White women in New Jersey (180.8/100,000) and Monmouth County (190.5/100,000) had a higher age-adjusted breast cancer incidence rate than Blacks or Hispanics.
- In Monmouth County, the 2013 rate for Whites was 4.4 points higher than Blacks and 50.3 points higher than Hispanics.

Prostate Cancer

Assets

- The overall age-adjusted prostate cancer incidence rate in Monmouth County decreased 29.6% from 185.1/100,000 in 2011 to 130.4/100,000 in 2013.

Gaps

- The 2013 Monmouth County rate was 5.6% higher than the Statewide rate of 123.5/100,000 and 18.3% higher than Ocean County.
- Within the County, in 2013, Blacks (206.2/100,000) had a higher rate of prostate cancer higher than Whites (122.8/100,000) and Hispanics (153.9/100,000).
- The rate for Monmouth County Blacks was 19.4% higher than Blacks statewide (172.7/100,000) and in Ocean County (168.8/100,000).

Skin Cancer

Gaps

- Between 2011 and 2013, the overall age-adjusted rate of skin cancer incidence in Monmouth County increased 22% from 54.6/100,000 to 66.6/100,000.
- In 2013, the Monmouth County age-adjusted rate for skin cancer (66.6/100,000) was 51% higher than the statewide rate of 44.1/100,000.
- The Monmouth County 2013 male age-adjusted rate (80.3/100,000) was 41.6% higher than women (56.7/100,000).

Colorectal Cancer

Gaps

- In 2013, Monmouth County men had an age-adjusted rate (49.1/100,000), 16.4% higher than women (42.2/100,000).
- In Monmouth County, Whites had the highest incidence of colorectal cancer (46.3/100,000) compared to Blacks (42.2/100,000) and Hispanics (43.2/100,000).
 - The rate for Whites was 4.2 points higher than Blacks and 3.1 points higher than Hispanics.

Lung Cancer

Assets

- Between 2011 and 2013, the overall age-adjusted rate of lung cancer incidence in Monmouth County declined 12% from 66.7/100,000 to 58.7/100,000.

Gaps

- The 2013 age-adjusted rate for lung cancer (58.7/100,000) was higher than the New Jersey rate (57.6/100,000) and lower than Ocean County (68.2/100,000).
- In Monmouth County, the 2013 lung cancer rate for Blacks (61.4/100,000) was higher than Whites (59.1/100,000) and Hispanics (40/100,000).

- The age-adjusted incidence rate for Monmouth County Blacks was higher than New Jersey (55/100,000).

Chronic Lower Respiratory Disease

Assets

- In 2011-2013, the mortality rate for Blacks was 17.3% lower than for Whites (41.6/100,000).

Gaps

- The age adjusted mortality rate for CLRD in Monmouth County increased 21.5% from 29.7/100,000 in 2011 to 36.1/100,000 in 2013.
- The 2013 age adjusted mortality rate for CLRD in Monmouth County (36.1) was higher than New Jersey (31.0).
- The age-adjusted mortality rate for CLRD among Monmouth County Blacks increased 14.67% from 30/100,000 in 2005-2007 to 34.4/100,000 in 2011-2013.
- From 2011-2013, the Monmouth County mortality rate for Blacks was 21.6% higher than Blacks statewide (28.3/100,000).

Stroke Mortality

Assets

- The age-adjusted mortality rate due to stroke in Monmouth County experienced a slight decrease from 30.9/100,000 in 2011 to 30/100,000 in 2013.
- The 2013 Monmouth County mortality rate due to stroke was lower than both the State (32.2) and Ocean County (31.3).
- The age-adjusted mortality rate for stroke among Monmouth County Blacks decreased 26.7% from 57.3/100,000 in 2005-2007 to 42/100,000 in 2011-2013
- From 2011-2013, the Monmouth County stroke mortality rate for Blacks was lower than statewide (45.2/100,000) and Ocean County (60/100,000).

Gaps

- In 2011-2013, the mortality rate for Blacks was 32.5% higher than for Whites (31.7/100,000).

Stroke Morbidity

Assets

- According to BRFSS, in 2010, 1.6% of Monmouth County residents reported they had a stroke, a 15.8% decrease from 1.9% in 2008.
- The 2010 Monmouth County rate was lower than New Jersey rate (2.4%) and Ocean County rate (2.9%).

Asthma

Assets

- In 2012, 5.6% fewer Monmouth residents reported asthma than statewide (12.4%).

Gaps

- Between 2009 and 2012, the percentage of adults in Monmouth County reporting asthma increased slightly from 11.0% to 11.7%.

Diabetes

Assets

- Monmouth County had fewer persons with diabetes than Ocean County (11.5%) in 2012.

Gaps

- In 2012, 11.5% more Monmouth County residents reported diabetes than in 2009 (9.7%).

Arthritis

Gaps

- The Monmouth 2012 figure was higher than the state at 21.8% and lower than Ocean County at 28.2%.

BEHAVIORAL HEALTH RELATED DEATHS

Assets

- In Monmouth County, age-adjusted drug-induced deaths decreased 4.9% from 14.3/100,000 in 2011 to 13.6/100,000 in 2013, while within the same period, New Jersey increased 28.9% from 11.4/100,000 to 14.7/100,000.
- The Monmouth County age-adjusted suicide rate decreased 11% from 8.2/100,000 in 2011 to 7.3/100,000 in 2013.
- The 2013 Monmouth County rate was lower than New Jersey and both were lower than Ocean County (11.3/100,000).
- The 2013 Monmouth County AAMR for suicide rate of 7.3/100,000 was 28.4% better than the *Healthy People 2020* target of 10.2/100,000

Gaps

- The 2013 Monmouth County drug-induced mortality rate was lower than the State but both were higher than the *Healthy People 2020* target (11.3/100,000).
- Monmouth County age-adjusted alcohol-induced deaths increased slightly from 4.4/100,000 in 2011 to 4.9/100,000 in 2013, while within the same period, New Jersey decreased slightly from 5.7/100,000 to 5.3/100,000.

INFANT MORTALITY

Assets

- Between 2004-2006 and 2010-2012, the infant mortality rate decreased in Monmouth County and New Jersey; Monmouth County's rate decreased 30.2% from 4.3/1,000 to 3/1,000 and was 36.2% lower than the 2013 New Jersey rate 4.7/1,000.

Gaps

- The 2007-2009 Monmouth County Black infant mortality rate (11.4/100,000) was 216.7% higher than the overall infant mortality County rate (3.6/100,000) and 90% higher than *Healthy People 2020* target (6.0/100,000).

Low and Very Low Birth Weight

Assets

- In 2013, the percentage of infants born at low birth weight in Monmouth County (7.6%) was lower than the New Jersey percentage of infants born at low birth weight (8.3%).

Gaps

- In 2013, the percentage of infants born at very low birth weight in Monmouth County (1.7%) was higher than the New Jersey percentage of infants born at very low birth weight (1.5%).
- In 2013, infants born to Black women in Monmouth County had the highest rates of low (10.2%) and very low birth weight (2.7%) compared to White (7.4% and 1.4%) and Hispanic (7.1% and 2.0%) infants.
 - In 2013, the percent of Black Monmouth County very low birthweight babies was almost double that of Whites (1.4%).
 - The percentage of Hispanic very low birthweight babies in Monmouth County has doubled, from 1.1% in 2011 to 2% in 2013.
- In the same year, Monmouth County had 24.6% more low birthweight babies than Ocean County (6.1%).

HEALTH STATUS

Assets

- The Monmouth County 2012 percentage of residents reporting fair or poor health was 15.5% lower than New Jersey (16.1%) and 19.5% lower than Ocean County (16.9%).
- Between 2006 and 2012, Monmouth County residents reported an average of 3.0 physically unhealthy days per month, lower than New Jersey at 3.3 days.

Gaps

- Between 2006 and 2012, Monmouth County residents reported an average of 3.0 physically unhealthy days per month, higher than the CHR national benchmark of 2.5 days.
- Monmouth County residents reported 3.4 mentally unhealthy days, higher than the CHR benchmark of 2.3 days.

DISABILITY STATUS

Assets

- In 2011, the BRFSS data indicated that fewer Monmouth County (19.3%) adults were limited in activity due to physical, social and emotional problems than in New Jersey (20.1%) and Ocean County (22.7%).

Gaps

- In Monmouth County, the rate increased 22.9% from 15.7% in 2009 to 19.3% in 2011.

SOCIOECONOMIC STATUS

Income and Poverty

Assets

- In 2014, the median household income in Monmouth County was \$85,605, more than \$13,000 above the state median.
- In 2014, 7.4% of people and 5.3% of families were living in poverty in Monmouth County, lower than the 10.7% of people and 8.1% of families living in poverty in New Jersey.
- In 2014, the percent of families living in poverty within the MMC service area (5.65%) was lower than the state (8.1%).
- In 2014, 0.0% of families and 1.0% of people in Fair Haven were living in poverty, much lower than the 5.3% of families and 7.4% of people in Monmouth County.

Gaps

- In 2014, Asbury Park had 15.2% and Long Branch had 13.9% of families living in poverty, both higher than the New Jersey percentage (10.7%).
- In 2014, 15.2% of families in Asbury Park City (07712) were living in poverty, higher compared to 7.4% in Monmouth County.
- In 2014, 13.9% of families in Long Branch (07740) were living in poverty, higher than the 7.4% in Monmouth County.
- The 2014 median household income of Long Branch residents (\$49,358) and Asbury Park residents (\$53,986) was lower than the statewide figure (\$72,062).
- In 2014, 29.4% of Asbury park children and 28.7% of Long Branch children were living in poverty, nearly double the New Jersey percentage (15.4%).

Unemployment

Assets

- In 2014, the Monmouth County unemployment rate was 5.7%, lower than the New Jersey unemployment rate of 6.4%.
- The 2014 unemployment rate in Little Silver (3.3%) was lower than the State rate (6.4%) and the Monmouth County rate (5.7%).¹⁶²

Gaps

- In 2014, the Asbury Park unemployment rate was 6.9%, higher than the Monmouth County rate of 5.7% and the state rate of 6.4%.
- In 2014, the Long Branch unemployment rate was 7.4%, higher than the Monmouth County (5.7%) and the state (6.4%).

¹⁶²ibid.

Education

Assets

- In 2014, 7.4% of Monmouth County residents did not graduate high school, 4.2 percentage points lower than New Jersey.
- In 2014, 41.9% of Monmouth County residents earned a bachelor’s degree or higher, 4.6 percentage points higher than New Jersey (37.3%).
- In 2014, 32.1% of Fair Haven residents and 27.0% of Little Silver residents had a graduate/professional degree, more than double the statewide percentage (13.8%) and more than higher than Monmouth County (15.9%).

Gaps

- In 2014, 16.9% of Long Branch residents did not complete high school, higher than the statewide percentage (11.6%) and more than double Monmouth County (7.4%).

ACCESS TO CARE

Health Insurance Coverage Types

Assets

- In 2014, the distribution of types of insurance for Monmouth County residents who had inpatient procedures were as follows:
 - 13.8% paid with Medicaid/Caid HMO/Family Care, lower compared to 15.4% statewide
 - 4.2% were underinsured, receive charity care, or self-pay, lower compared to 6.2% statewide
- In 2014, the distribution of types of insurance for Monmouth County residents who had emergency department procedures were as follows:
 - 12.8% were underinsured, receive charity care, or self-pay, lower compared to 15.9% statewide
- In 2014, the distribution of types of insurance for MMC primary service area residents who had inpatient procedures were as follows:
 - 30% paid with commercial insurance, lower than Monmouth County (34.3%).
 - 4.7% were underinsured, receive charity care, or self-pay, .5 percentage points higher than the county (4.2%), but 1.5 percentage points lower than the state.

Gaps

- In 2014, the distribution of types of insurance for Monmouth County residents who had emergency department procedures were as follows:
 - 18.5% paid with Medicare/Care HMO, higher compared to 14.9% statewide
- In 2014, the distribution of types of insurance for MMC primary service area residents who had emergency department procedures were as follows:
 - 31.8% paid with commercial insurance, lower than Monmouth County (40.2%) and New Jersey (40.6%).
 - 33.1% paid with Medicaid/Caid HMO/Family Care, higher than the county (25.6%) and the state (25.0%).

Wait Times

Assets

- In 2014, the average time patients spent in the emergency room before being sent home was 140 minutes at Monmouth Medical Center, less than the 150 minutes in New Jersey and lower than
 - 166 minutes at Jersey Shore University Medical Center
 - 164 minutes at CentraState Medical Center
 - 148 minutes at Bayshore Community Hospital
 - 160 minutes at Riverview Medical Center

Gaps

- In 2014, the average time patients spent in the emergency room before being seen by a doctor was 62 minutes at Monmouth Medical Center, more than double the 30 minutes in New Jersey and higher than
 - 53 minutes at Jersey Shore University Medical Center
 - 36 minutes at CentraState Medical Center
 - 23 minutes at Bayshore Community Hospital
 - 25 minutes at Riverview Medical Center
- In 2014, the average time patients with broken bones had to wait before receiving pain medication was 70 minutes at Monmouth Medical Center, more than 57 minutes in New Jersey and higher than
 - 53 minutes at CentraState Medical Center
 - 50 minutes at Bayshore Community Hospital
 - 51 minutes at Riverview Medical Center
- In 2014, the average transfer time among patients admitted (additional time spent waiting before being taken to their room) was 161 minutes at Monmouth Medical Center, more than the 146 minutes in New Jersey and higher than
 - 130 minutes at Jersey Shore University Medical Center
 - 131 minutes at CentraState Medical Center
 - 101 minutes at Riverview Medical Center

Ambulatory Care Sensitive Conditions – Inpatient

Assets

- In 2014, the Monmouth County Inpatient Ambulatory Care Sensitive Conditions rate was 16.3/1,000 people, lower than the 2011 county rate of 28.4/1,000 and the state rate of 17.0/1,000.
- MMC’s inpatient Ambulatory Care Sensitive Conditions rate decreased 3.9 points from 22.2/1,000 in 2011 to 18.3/1,000 in 2014.

Gaps

- In 2014, inpatient Ambulatory Care Sensitive Conditions rate (18.3/1,000) in MMC’s service area was higher compared to Monmouth County (16.3/1,000) and New Jersey (17.0/1,000).

Ambulatory Care Sensitive Conditions – Emergency Department

Assets

- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in Monmouth County decreased from 71.5/1,000 to 66.1/1,000, lower than the 2014 statewide 79.9/1,000 rate.
- In 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Monmouth County was 52.1/1,000, slightly lower than the 2014 statewide rate (53.8/1,000).
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the MMC service area declined from 107.8/1,000 to 105.5/1,000.
- The MMC emergency department Ambulatory Care Sensitive Conditions rate decreased 1.7 points from 78.8/1,000 in 2011 to 77.1/1,000 in 2014.

Gaps

- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in Monmouth County increased from 49.7/1,000 to 52.1/1,000.
- In 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among children in the MMC service area (105.5/1,000) exceeds the county (66.1/1,000) and the statewide (79.9/1,000) rates.
- Between 2011 and 2014, the rate of emergency department visits for Ambulatory Care Sensitive Conditions among adults in the MMC primary service area increased from 67.4/1,000 to 71.1/1,000, higher than the Monmouth County (52.1/1,000) and statewide (53.8/1,000) rates.
- The 2014 emergency department Ambulatory Care Sensitive Conditions rate in the MMC service Area (78.8/1,000) was higher than the State rate (59.6).

Clinical Care Measures

Gaps

- In 2014, MMC's PSA inpatient utilization rate of 112.5/1,000 was 9.3% higher than Monmouth County at 102.9/1,000 and 10% higher than the State rate of 102.3/1,000.
- In 2014, MMC's PSA emergency department utilization rate of 394.7/1,000 was 24.3% higher than Monmouth County at 317.6/1,000, and 15.3% higher than the State at 342.2/1,000.

Cesarean Section

Assets

- In 2013, 38.0% of all Monmouth County births were cesarean sections, slightly below New Jersey (38.9%).
- In 2013, 31.9% of Asbury Park births and 28.0% of Long Branch births were cesarean sections; both were lower than the Monmouth County percent (38.0%).

Gaps

- Monmouth County c-section rates, 38%, were well above the 15% recommended by the World Health Organization.

HEALTH BEHAVIORS

Prenatal Care

Assets

- In 2013, 83.3% of Monmouth County live births initiated prenatal care in the first trimester, more than 79.0% statewide and the *Healthy People 2020* target of 77.9%.

Gaps

- In 2013, 73.3% of Black live births initiated prenatal care in the first trimester, lower than Ocean County overall (78.2%) and statewide overall (79.0%).
- In 2013, 73.6% of Hispanic live births initiated prenatal care in the first trimester, lower than Ocean County overall (78.2%) and statewide overall (79.0%).
- Monmouth County had a decrease in women initiating care in the first trimester from 87% in 2010 as reported in the 2013 CHNA to 83.3% in 2013.

Teen Pregnancy

Assets

- The 2014 birth rate for Monmouth County teens 15-19 was 7.2/1,000, lower than 12.6/1,000 statewide.
- The Monmouth County birth rate for teens 15-17 was 2.8/1,000, half the New Jersey rate of 5.6/1,000.
- The 2014 teen birth rate of 7.2/1,000 in Monmouth County was lower than the CHR national benchmark of 19/1,000.

Gaps

- MMC service area's 2014 teen birth rate (12.6/1,000) was higher than the Monmouth County rate (7.2/1,000) and the same as the New Jersey rate (12.6/1,000).
- The 2014 Long Branch 15-19 teen birth rate was 41.3/1,000, far exceeding the county (7.2/1,000) and state rate (12.6/1,000).
- The 2014 15-19 teen birth rate in Asbury Park was 24.0/1,000, triple the County rate (7.2/1,000), nearly double the state (12.6/1,000), and above the CHR national benchmark (19/1,000).

Obesity

Assets

- In 2012, 22.7% of Monmouth County residents were obese, lower than 24.7% statewide.

Food Security

Asset

- In 2014, 52.6% of households under the Federal Poverty Line received food stamps or SNAP in Monmouth County, more than New Jersey at 48.8%.

Physical ExerciseAssets

- In 2012, 19.9% of Monmouth County adults reported no physical exercise within the past month, lower than New Jersey (24.1%) and slightly lower than the CHR national benchmark (20%).

Sexually Transmitted DiseasesAssets

- In 2012, the Monmouth County chlamydia rate was 195.9/100,000, 36.3% less than the state rate of 307.6/100,000.

Gaps

- However, the 2012 rate of chlamydia in Monmouth County (195.9/100,000) exceeds the CHR national benchmark of 138/100,000.
- The 2012 chlamydia rate was higher than the 2009 rate of 171.8/100,000 reported in the 2013 CHNA.

HIV/AIDSAssets

- In 2012, the HIV prevalence rate in Monmouth County was 351.3/100,000, 31.5% lower than the New Jersey rate (513.3/100,000).

Gaps

- In 2015, the Monmouth County rate for Blacks living with HIV was 1,661.9/100,000, higher than New Jersey (1,594/100,000) and Ocean County (900.9/100,000).
- The Monmouth County rate for Blacks living with HIV (1,661.9/100,000) was more than ten times the rate for Whites living with HIV (151.6/100,000) and more than double the Hispanic rate (590.5/100,000).
- The 2012 County rate was higher than the 2010 prevalence rate of 277/100,000 reported in the 2013 CHNA.

HEALTH SCREENING AND VACCINES***Colorectal Screenings***Asset

- In 2012, 70.0% of Monmouth County adults 50+ have had a sigmoidoscopy or colonoscopy, higher than New Jersey (63.8%).

Prostate Cancer ScreeningGap

- In 2012, 44.5% of Monmouth County men 50+ reported they did not have a PSA in the last two years, lower than statewide (52.4%).

Breast Cancer Screening

Gap

- In 2012, 76.5% of Monmouth County women 40+ reported having a mammogram screening within the past 2 years, slightly less than New Jersey (77%).

Cervical Cancer Screening

Asset

- In 2012, 79.2% of Monmouth County women aged 18 and over had a pap smear within the last three years, slightly higher than New Jersey (78.5%).

Adult Flu Vaccine

Asset

- In 2012, 63.4% of Monmouth County adults 65+ were inoculated with the flu vaccine, higher than 38.8% in New Jersey.

Pneumonia Vaccine

Asset

- In Monmouth County, 62.7% of adults 65+ had the pneumonia vaccine in 2012, slightly higher than 61.6% in New Jersey.

PHYSICAL ENVIRONMENT

Proximity of Healthy Food Sources

Gap

- In 2012, 4.3% of Monmouth County's population reported limited access to healthy food, higher than New Jersey (3.7%)

Unintentional Injuries

Assets

- The 2013 Monmouth County unintentional injury mortality rate (29.6/100,000) was lower than New Jersey (31.4/100,000), Ocean County (43/100,000) and the *Healthy People 2020* target (36.4/100,000).
- The unintentional injury death rate among Black Monmouth County residents decreased 17.8% from 31.5/100,000 in 2005-2007 to 25.9/100,000 in 2011-2013.
- In 2011-2013, the Black Monmouth County unintentional injury mortality rate was 19.6% lower than the rate for Whites (32.2/100,000).
- In 2011-2013, the mortality rate due to unintentional injuries among Blacks was 11.9% lower than the state (29.4/100,000).

Gaps

- The Monmouth County AAMR for unintentional injuries increased 7.2% from 27.6/100,000 in 2011 to 29.6/100,000 in 2013. This continues the upward trend reported in the 2013 CHNA indicating a 16.3% increase from 2004 (21.5/100,000) to 2008 (25/100,000).

Air Quality

Assets

- In 2012, Monmouth County had 2 days of unhealthy air quality due to the PM2.5 concentrations, fewer days than New Jersey (4 days).
- Monmouth County had 8 days of unhealthy air quality due to ozone in 2012, three fewer days than New Jersey (11 days).
- In Monmouth County, the days of unhealthy air quality due to ozone declined from 18 days in 2010 to 8 days in 2012.

BEHAVIORAL HEALTH

Mental Illness

Assets

- In 2014, Monmouth County ED admission rate (9.0/1,000) for mental disorders was slightly lower than the statewide rate (10.5/1,000).
- According to CHR, the average number of mentally unhealthy days in Monmouth County from 2006 to 2012 was 3.3 in the last 30 days, lower than the CHR benchmark (3.4 days).

Gaps

- In 2014, Monmouth County mental disorders inpatient rate (6.9/1,000) was higher than the state (4.8/1,000).
- In 2014, the MMC inpatient use rate for mental disorders was 8.8/1,000, higher than statewide (4.8) and the county rate (6.9).
- In 2014, the MMC emergency department use rate for mental disorders was 10.2/1,000, was slightly higher than the county rate (9.0).

Tobacco Use

Gaps

- Between 2011 and 2012, the percentage of Monmouth County smokers increased from 12.9% to 18.8%.
 - The percentage of Monmouth County smokers (18.8%) was higher than the *Healthy People 2020* target (12%).

Substance Abuse

Gap

- Between 2006 and 2012, 18.3% of adults in Monmouth County reported excessive drinking, 2.2 percentage points higher than the statewide percentage (16.1).
- The percentage of adults in Monmouth County who reported excessive drinking (18.3%) was higher than the CHR Benchmark of 17%.

APPENDIX

APPENDIX A
MONMOUTH MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT: 2013 IMPLEMENTATION PLAN

Monmouth Medical 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 the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The 2013 Implementation Plan specified the manner in which MMC would address each priority need and the expected outcome and timeframe for the evaluation of its efforts. Five priority areas were identified for strategic focus. The five priorities selected for the Implementation Plan did not represent the full extent of the Medical Center's community benefit activities or its full support of the community's health needs. Many other needs identified through the CHNA may be addressed through 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:

- Addressing the needs of the Frequent Flyer
- Care transitions
- Physician prescribing patterns with regard to prescription narcotics
- Pharmacy counseling for geriatric patients
- Prevention and maintenance of chronic diseases

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

GOAL 1: IMPROVE ACCESS TO CARE AND REDUCE ED USE, ESPECIALLY FOR PATIENTS SUFFERING FROM DEMENTIA, SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES.

MMC chose to address this need through several initiatives. One was to continue the follow-up visits for ED patients without a primary care provider. The ACS ED visit rate in the primary service area was 77.85/1,000 in 2014, a reduction from 78.21 in 2012.

MMC also provided co-located medical and behavioral health services for adults with severe mental illness (SMI).

- Ensure each SMI diagnosed individual has access to a medical and psychiatric licensed practitioner
- Ensure coordination and access to chronic disease management services, prevention and screening services
- Health navigator
- Unified treatment plan (Target for DSRIP funding)

The Behavioral Health readmit rate in 2014 was 10.30%, and 10.86% in 2015. Total Behavioral Health emergency department visits in 2014 were 2,844, and 2,739 visits in 2015.

GOAL 2: IMPROVE CARE TRANSITION FOR THE MOST VULNERABLE POPULATIONS.

MMC chose to provide Care Transitions Programs for patients with heart failure and complex medical conditions.

- Patient/caregiver identified goals
- Barrier and support resources identification
- Patient and caregiver education
- Prescription reconciliation and education
- Follow-up care and visits
- Multidisciplinary case conferencing
- Development of a patient specific “My Care Plan.”
- Receiving provider notification
- Multidisciplinary education

In 2014, All-Cause readmission rate was 14.87% (Medicare admissions) and 14.36% in 2015. In 2014, the Care Transitions program expanded to include the LACE tool and “healthy lives” program. Additional high risk diagnoses to heart failure were added and continue to focus on the elderly (age 65+). One additional APN was added for transitions in April 2015.

Further, MMC develops transitions in care programs for patients with complex medical problems, and identify resources across the continuum and work collaboratively. In 2014, Medicare 30-day revisit rate was 11.83%, and 11.56% in 2015. The Transitions in Care approach for the frail elderly with dementia changed to include 65+ with complex medical programs (CMP); Transitions in Care “healthy lives” is integrating approaches.

MMC also continues to work with post-acute care facilities on chronic illness care within the long-term care setting.

- Provide information and education sessions
- Meet regularly with post-acute care facilities at Discharge Advisory Meeting

In 2014, the 30-day readmit rate was 39.18%; in 2015, it was 39.6%. Weekly Rudin Rounds include representation from post-acute providers. The Discharge Advisory Group with representation from post-acute facilities meets monthly. MMC worked with two post-acute facilities to develop improved models to decrease readmissions (one with transitions APN and one with post-acute unit designed for high-risk readmissions patients and referred to as an IMMU).

In addition, MMC chose to review options for integrating telemedicine interventions into care transitions programming. In cooperation with VNACJ, MMC successfully implemented telemedicine resources in patient homes exploring possibilities for expansion.

GOAL 3: IMPLEMENT MEASURES TO ENSURE THAT PATIENTS HAVE NECESSARY PAIN CONTROL, AND ENSURE NARCOTICS ARE KEPT FROM THOSE ADDICTED TO THEIR USE.

MMC continued to provide education and training to physicians and residents with regard to the use of narcotics for pain management. In 2014, the following physician lectures were provided:

- 8 in Medicine
- 2 in Emergency Department
- 3 in General Surgery
- 1 in Obstetrics

Also, MMC continued to support nurse practitioner services for consultation regarding pain management through expanding the clinic, hiring another APN for pain management, and discussing more about hours of planned expansion due to time and operational costs.

Further, MMC studied the impact of the program to change the administration of narcotic medication for sickle cell patients from intravenous push to intravenous piggy back. As a result, in 2014, there were 89 total visits and 30 unique patients; in 2015, there were 117 total visits and 24 unique patients.

In addition, MMC chose to evaluate instituting a community education program in the schools (grade and high school) on substance abuse. Long Branch Public School's School-Based Youth Services (SBYS) has two substance abuse counselors (high school and middle school) and multiple sub programs.

GOAL 4: IMPROVE ELDER CARE SERVICES THROUGH THE PROVISION OF MEDICATION RECONCILIATION AND COUNSELING ON AN INPATIENT AND OUTPATIENT BASIS.

MMC continued to provide a dedicated pharmacist in the Geriatric Emergency Medicine (GEM) Program to provide medication monitoring and counseling to prevent dangerous interactions and to ensure patient's/caregiver's understanding of the purpose and dosage of the drug. In 2014, Medicare 30-day ED revisit rate was 11.83%; In 2015, it was 11.56%. The emergency department has a Geriatrics-Certified pharmacist. In addition to clinical responsibilities, MMC provides patient, community and professional education.

MMC maintained the operation of Geriatric Center and Memory Institute.

- Staffed by full-time geriatricians.
- Assessment of medical and social needs.
- Memory disorders program.
- Medication management.
- Support services for caregivers.

In 2014, the Medicare 30-day ED revisit rate was 11.83%; In 2015, it was 11.56%. The All-Cause, Medicare 30-day readmission rate was 14.87% in 2014 and 14.36% in 2015. The ED visit volume was 9,152 in 2014 and 8,228 in 2015.

Further, MMC reviewed EMR data for high risk events by working with these patients and their physicians to reduce future adverse effects. In 2014, there were 304 Medication reviews; there were 379 in 2015. There were 566 Direct patient contacts in 2014 and 587 in 2015. There were 113 patients counselled in 2014 and 162 in 2015.

As a collaborative partner, MMC assisted with instituting PACE Program for northern Monmouth County.

- Program of all-inclusive care for the elderly
 - Prescription drugs
 - Physician care
 - Transportation
 - Home care
 - Hospital visits
 - Nursing home days
 - Prescription drug counseling
 - Dental, vision and hearing care
 - Podiatry
 - Medical equipment and supplies
 - Meals and nutritional counseling
 - Outpatient care
 - Mental health care services

The partnership did not materialize, and the project is now with Beacon of LIFE. The Beacon of LIFE Center began resident enrollments to the PACE program in August 2015; it is located on the campus of Fort Monmouth.

GOAL 5: IMPROVE CHRONIC DISEASE PREVENTION AND MANAGEMENT SERVICES FOR THE COMMUNITY WITH AN EMPHASIS ON EARLY DETECTION AND PREVENTION EFFORTS.

MMC expanded primary care and consultative services to support increases in the region’s aging population. As a result, a third Geriatrician was hired, the Geriatrics Fellowship [program was being evaluated, and the Asbury Park GHC location opened, but it was subsequently closed due to underutilization.

MMC also expanded activities of the Chinese Medical Program.

- Bi-lingual staff.
- Patient navigator.
- Community with primary care physician.
- Translation services.
- Case Management.
- Timely referral to needed services.

2014:

- 221 Screening mammograms
- 78 Dexa scans
- 93 Primary Care H&P
- 58 Screening colonoscopies
- 89 GYN referrals

2015:

- 226 Screening mammograms
- 74 Dexa scans
- 86 Primary Care H&P
- 82 Screening colonoscopies
- 86 GYN referrals

Further, MMC assisted patients by developing virtual support groups that connect patients with similar health concerns. MMC worked with marketing and key MMC departments were offering 20+ support groups to develop or expand into virtual groups by 2015.

- Among the 18 traditional groups, two meet weekly, two meet twice per month and 14 meet monthly. The web-based community for postpartum depression was successfully implemented.

MMC continued to provide health education and diagnostic screening to ensure early diagnosis and treatment. The offerings include blood pressure, cholesterol, body composition analysis, Derma View facial scans, height, weight and BMI screenings.

- In 2014, 609 cholesterol screenings were performed; In 2015, there were 618 screenings. In 2014, 650 blood pressure screenings were performed; In 2015, there were 1,278 screenings.

MMC also continued the sponsorship of the Roll Out the Ribbon Campaign to increase public awareness of the importance of early detection and prevention.

- MMC provided outreach to Asbury Park, Atlantic Highlands, Colts Neck, Eatontown, Farmingdale, Freehold, Hazlet, Howell, Jackson, Lakewood, Lincroft, Long Branch, Marlboro, Middletown, Morganville, Neptune, Oceanport, Red Bank, Shrewsbury, Tinton Falls, Wall, Wayside, West Long Branch.

2014:

Over 3,000 unique ROR website visitors

- 1,600 Facebook likes
- 200 Twitter posts – 130 followers
- Over 11,000 ribbons submitted online, at Monmouth Mall kiosk, through local businesses and at community events
- The ROR tent and team with cancer info/resources/giveaways was at 10 community events throughout Monmouth County (Jul 2014 – Nov 2014)

2015:

- 2,000 unique ROR website visitors
- 1K Facebook likes
- 20 Twitter posts
- 6,000 ribbons submitted online, within the cancer services pavilion and at community events
- The ROR tent and team with cancer prevention info/resources/giveaways at 5 community events (Jul 2015 – Oct 2015)

MMC expanded community education at sites in the PSA and SSA via offerings at medical hubs, community organizations and churches. In 2014, 6 new sites/events were established, and over 6 new sites were established in 2015.

Further, MMC continued to offer Living Smoke-Free, a 5-week drug-free course emphasizing:

- Stress management.
- Meditation and relaxation techniques.
- Provide free follow-up support group.
- Promote program and support group through Cancer Services, Thoracic Oncology, Lung Nodule Program, Thoracic Surgeons, Diagnostic and Interventional Radiologists, Medical and Radiation Oncologists, Pulmonologists, Respiratory Therapy, Cardiopulmonary Services, Cardiopulmonary Rehab, and any other appropriate areas or opportunities

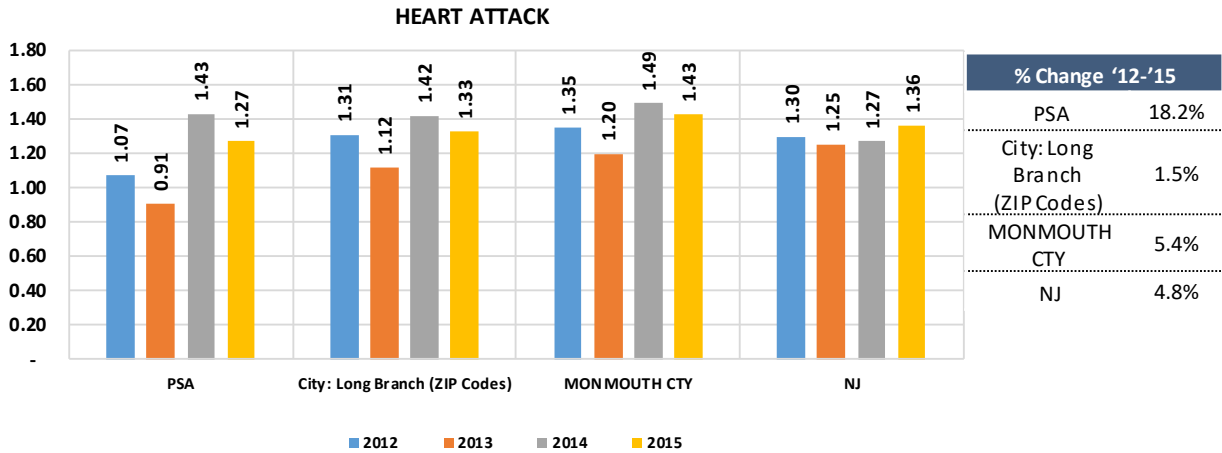
In 2014, the course was offered as a 5-week series; it was scheduled three times with no registration. In 2014, one support group was scheduled to meet monthly; it was met 5 times with 12 total attendances. However, in 2015, the series was canceled due to lack of attendance.

APPENDIX B
SECONDARY DATA SOURCES

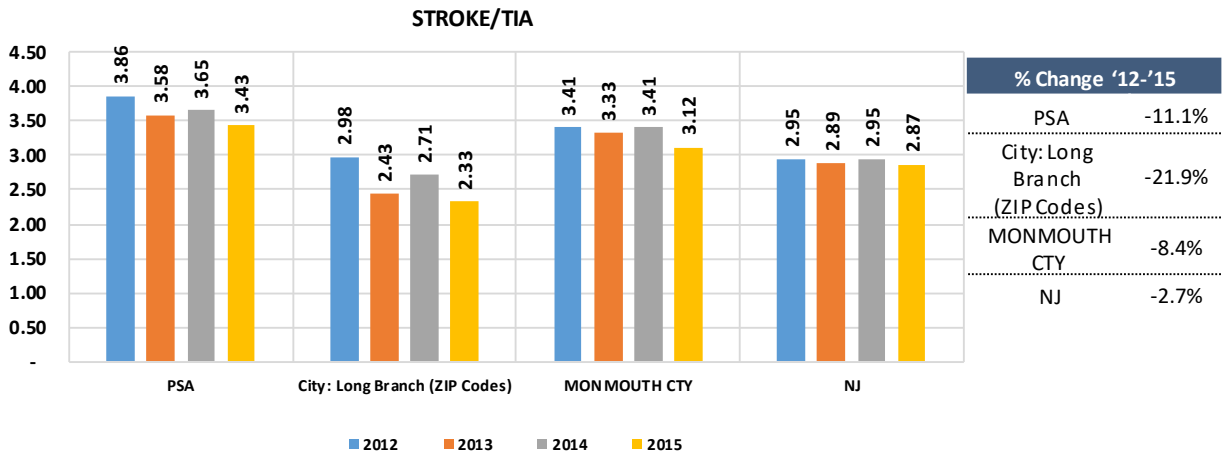
Source	
Advocates for Children of New Jersey	http://acnj.org
Agency for Healthcare Research and Quality	http://www.ahrq.gov
Alcohol Retail Density and Demographic Predictors of Health Disparities: A Geographic Analysis	http://www.ncbi.nlm.nih.gov/
American Cancer Society Guidelines for Early Detection 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
World Health Organization	http://www.who.int

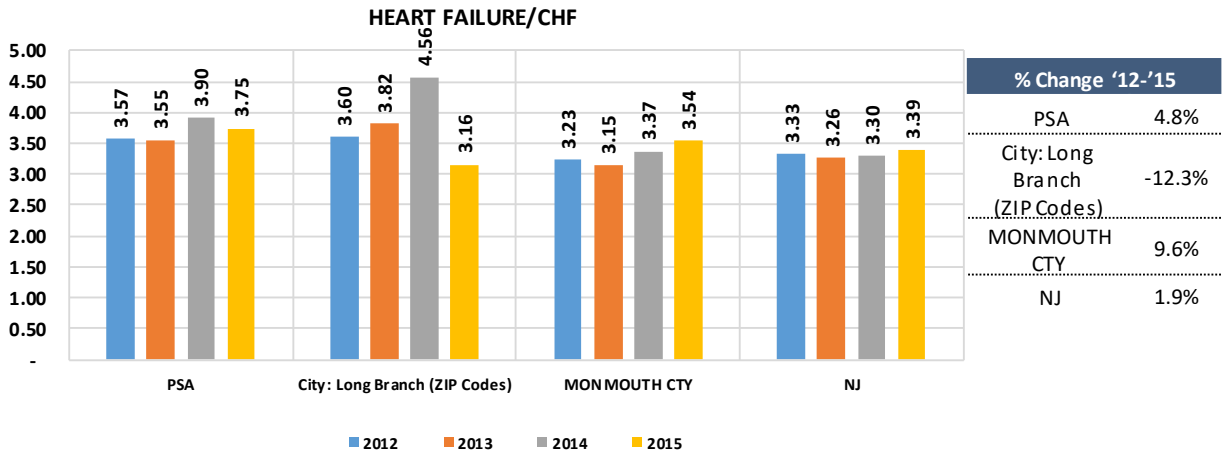
**APPENDIX C: MONMOUTH MEDICAL CENTER SERVICE AREA
DISEASE PREVALENCE TRENDS: BASED ON ACUTE CARE DISCHARGES**



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

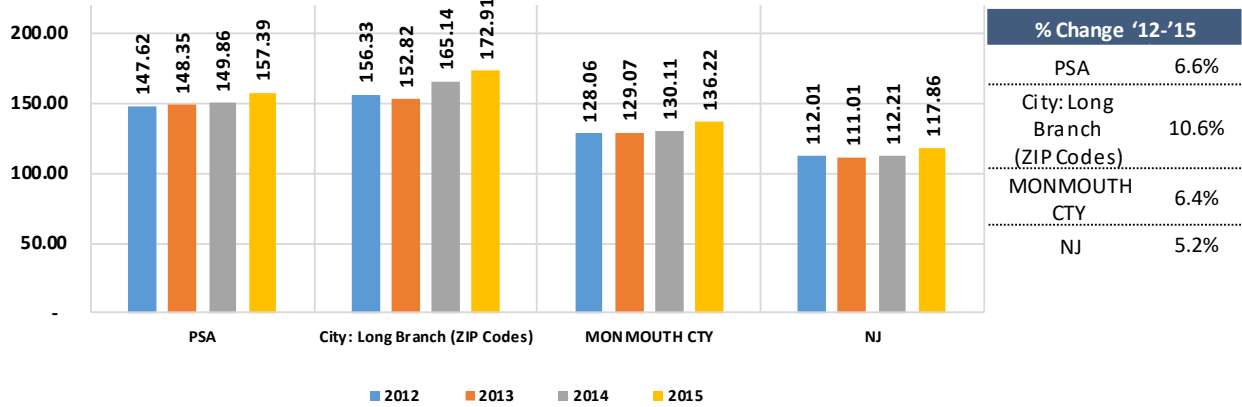


Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 061-069



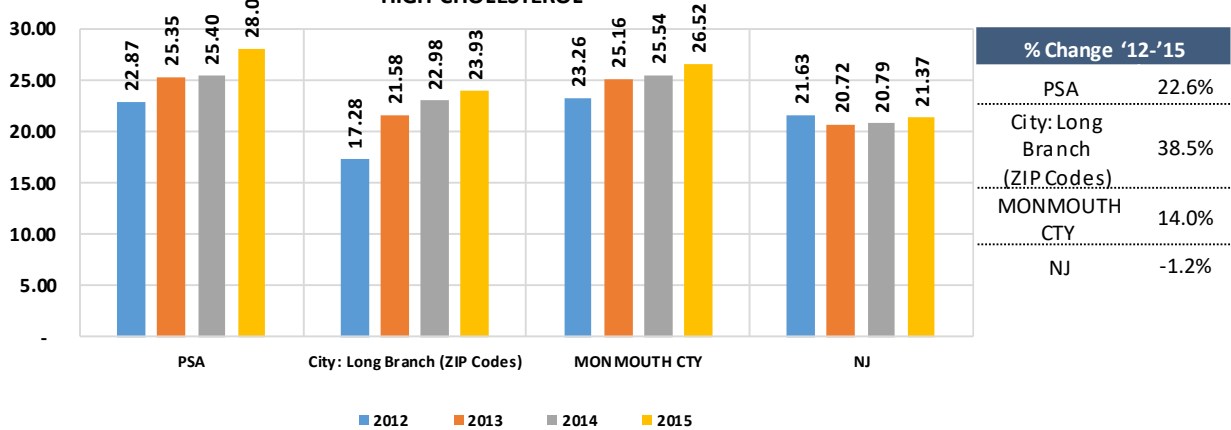
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 291-293

HYPERTENSION



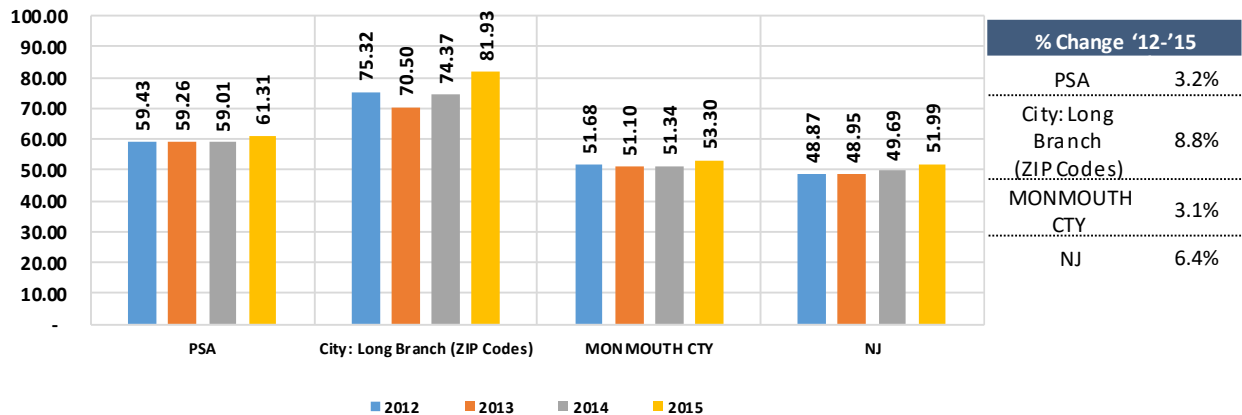
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges- ICD-9 DX Range 401-405.99 (Appearing in First 13 DX on Patient Record)

HIGH CHOLESTEROL

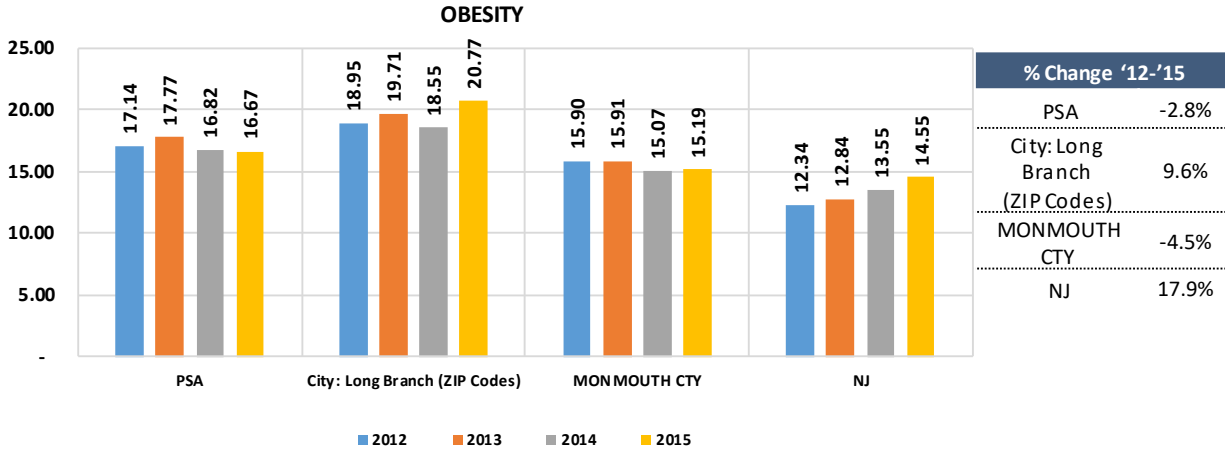


Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges- ICD-9 DX Codes 272.0 or 272.2 (Appearing in First 13 DX on Patient Record)

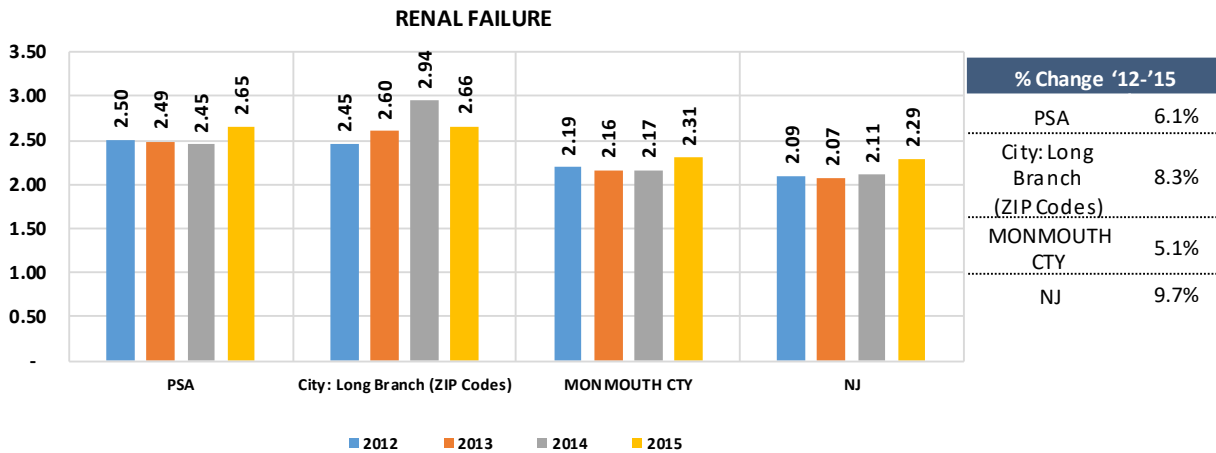
DIABETES



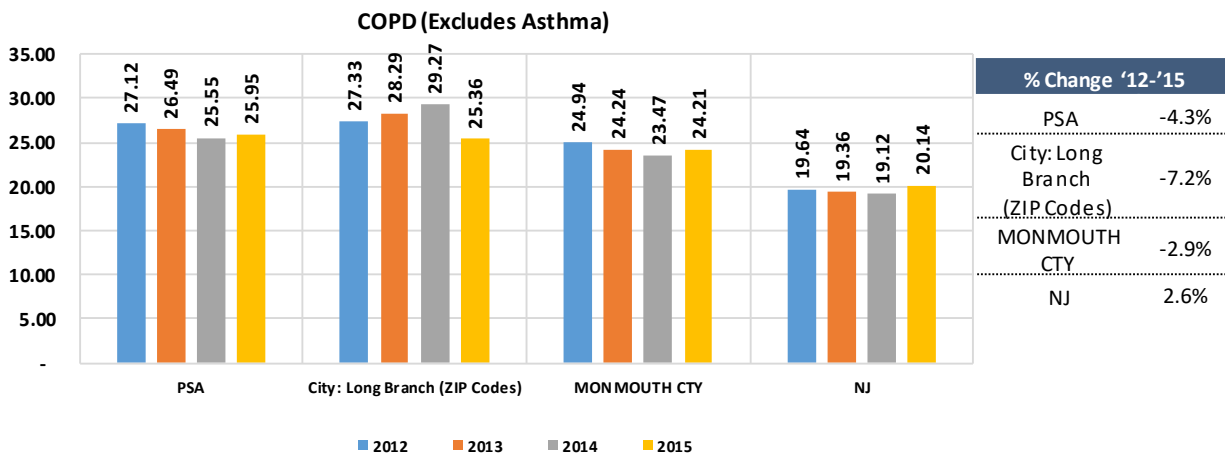
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges- ICD-9 DX Range 249.00-250.03 (Appearing in First 13 DX on Patient Record)



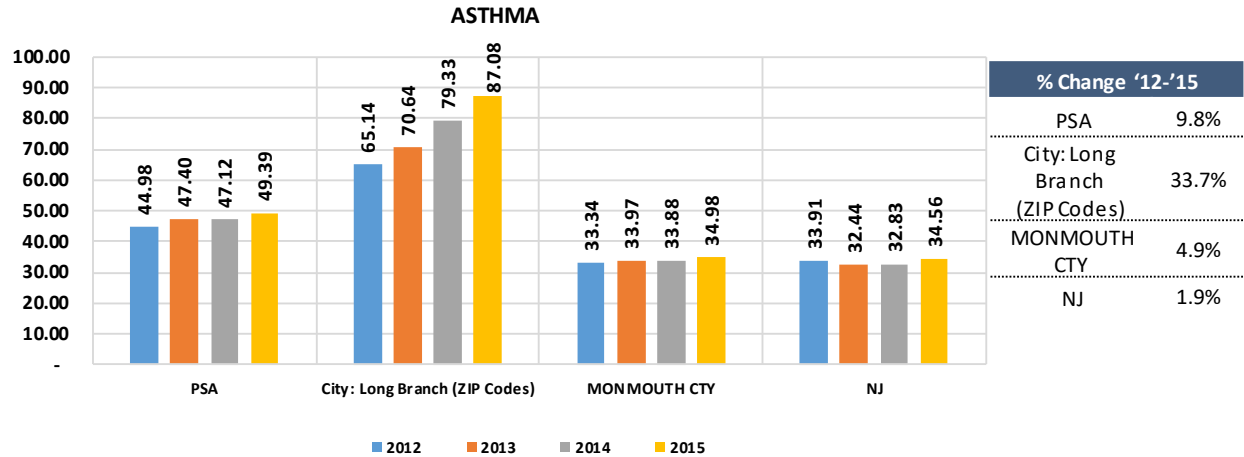
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges- ICD-9 DX Codes 278.0,278.00, 278.01 (Appearing in First 13 DX on Patient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



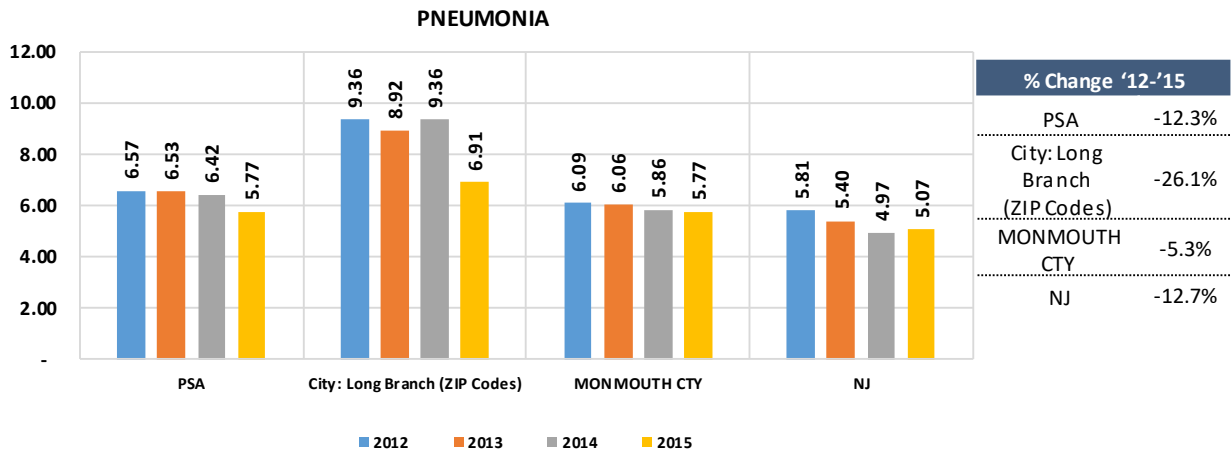
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges- MS-DRGS 682-685



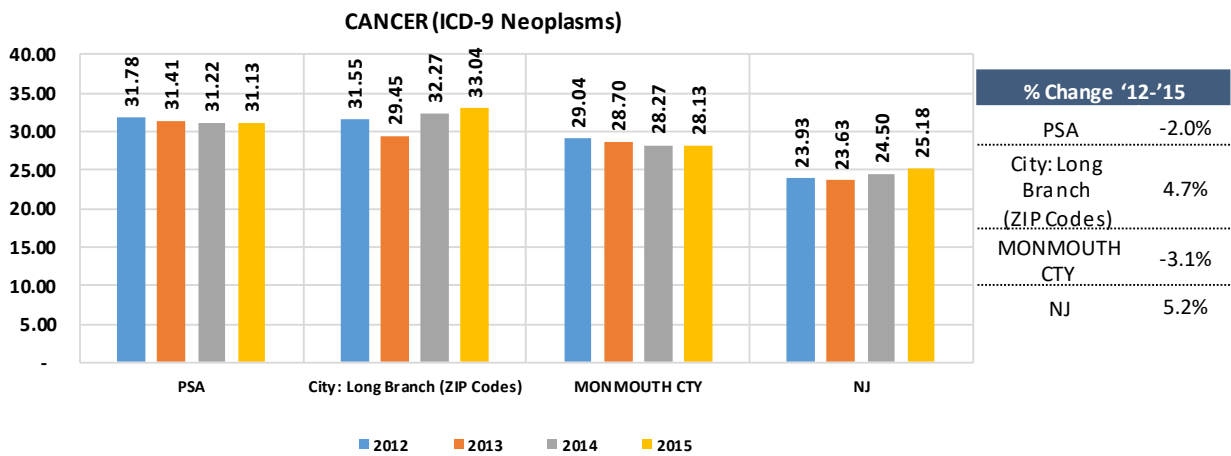
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges- ICD-9 DX Ranges 490-492 & 494-496 (Appearing in First 13 DX on Patient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



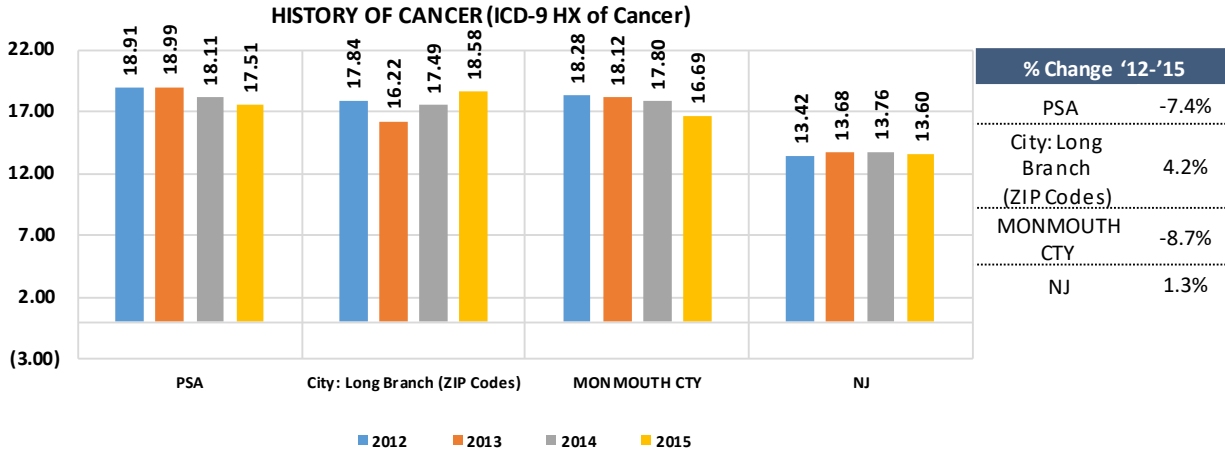
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 493-493.9 (Appearing In First 13 DX on Patient Record)



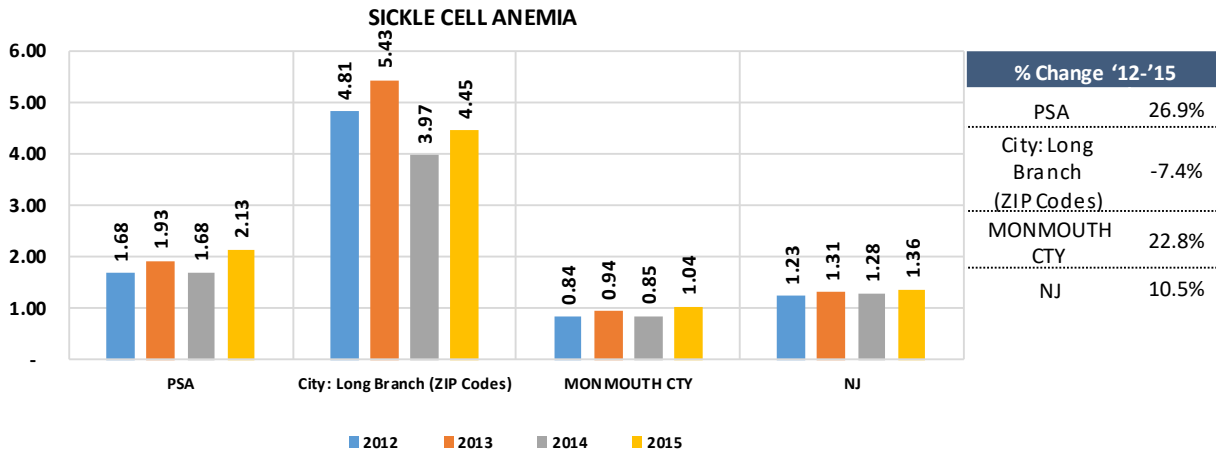
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges - MS-DRGs 177, 178, 179, 193, 194, 195



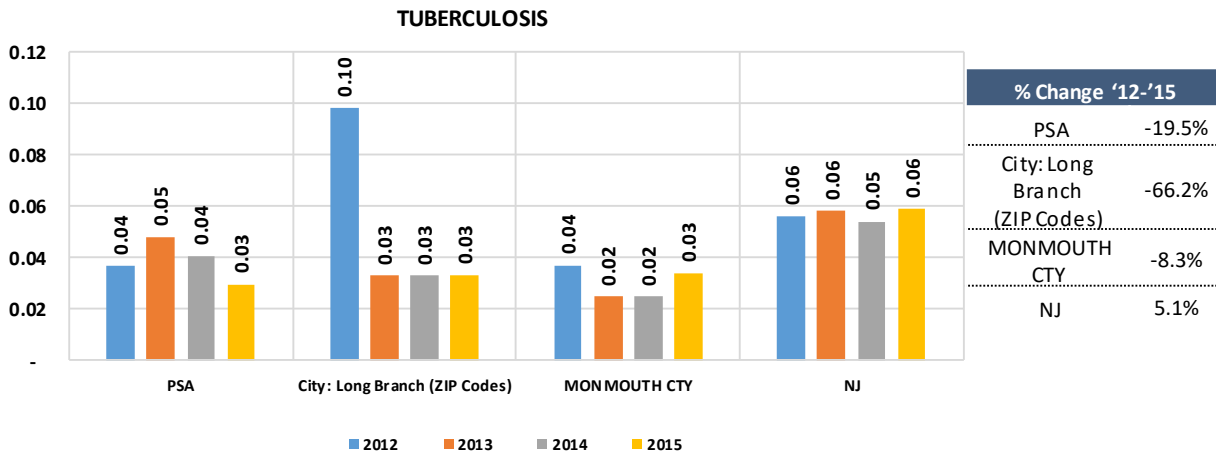
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 140-239 (Appearing In First 13 DX on Patient Record)



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)

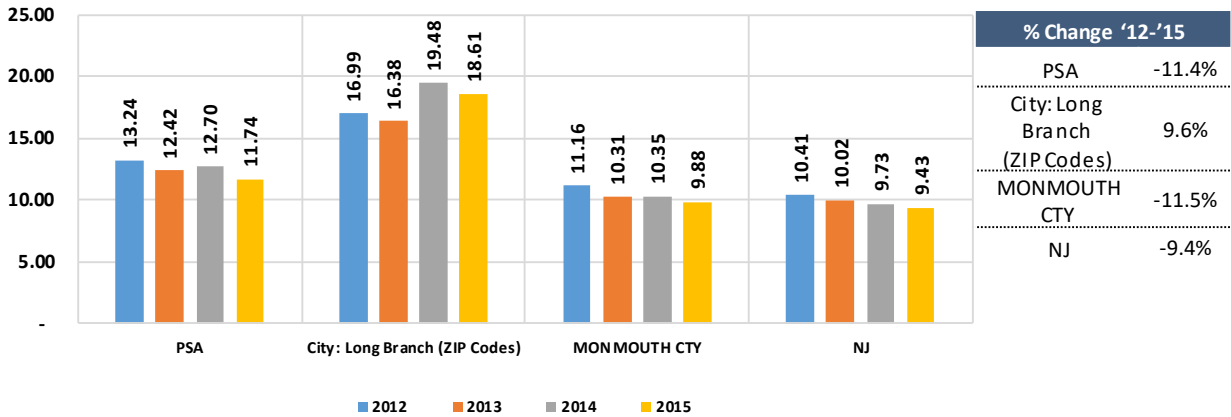


Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 282.6-282.69 (Appearing In First 13 DX on Patient Record)



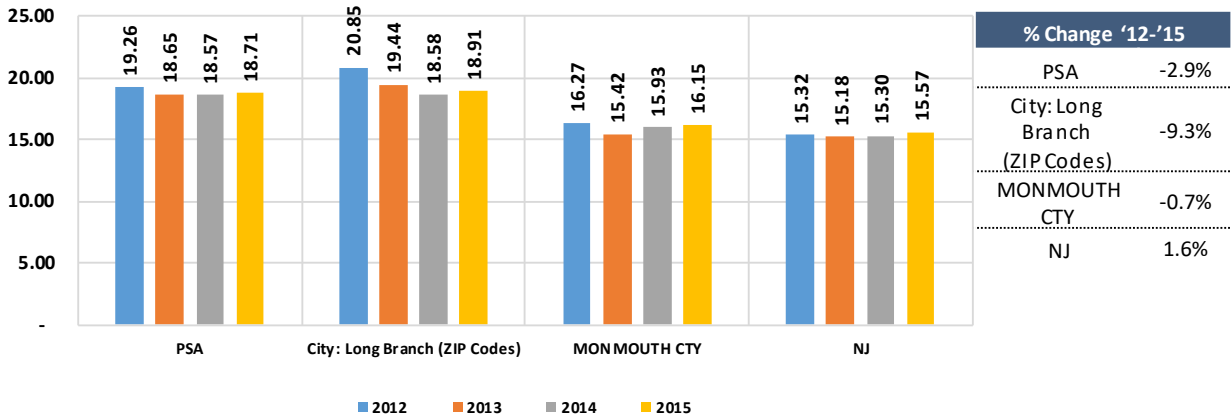
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges - ICD-9 DX Range 010-018.96 (Appearing In First 13 DX on Patient Record)

CELLULITIS



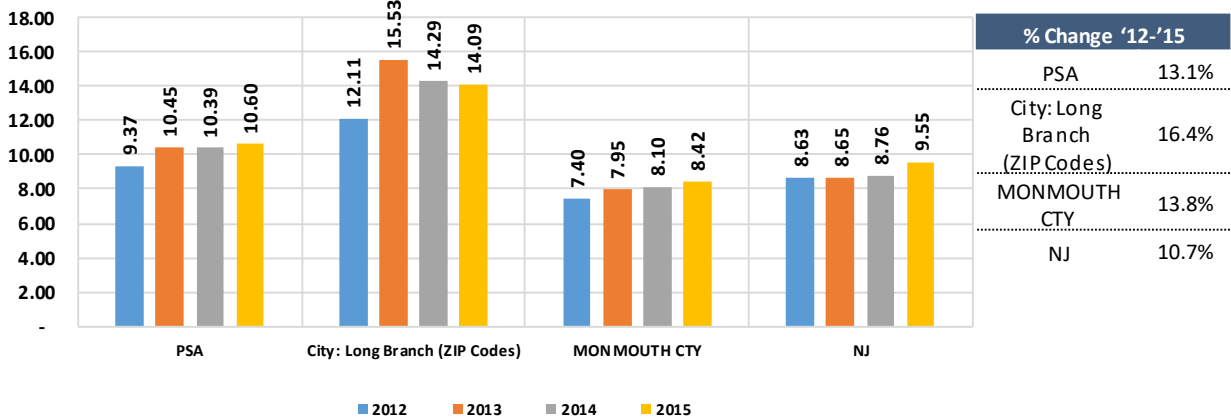
Source: NJ UB-04 Acute Care, Same Day Stay, ER Discharges (2012–2015)
 Population: 2010, 2016 Nielsen-Claritas/HCDA, 2011 & 2015 Straight Line Value Based on 2010 and 2016.
 Definition: Inpatient, Same Day Stay and ED Discharges- MS-DRGS 602, 603

MENTAL HEALTH



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



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
MONMOUTH COUNTY 2015**

Seventy percent of MMC’s cancer inpatients and 46.5% of cancer outpatients resided in the Primary Service Area. In total, 79.0% of inpatients and 70.7% of outpatients resided in Monmouth County. Long Branch (07740) represents the largest segment of MMC’s inpatient and outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2015 MMC IP PATIENTS	%	2015 MMC OP PATIENTS	%
Monmouth County	6,450	79.0%	111	70.7%
Primary Service Area	5,715	70.0%	73	46.5%
Secondary Service Area	715	8.8%	28	17.8%
Out of Area (NJ)	1,532	18.8%	56	35.7%
Out of State	203	2.5%	-	0.0%
TOTAL	8,165	100.0%	157	100.0%
Belmar (07719)			12	7.6%
Eatontown (07724)	806	9.9%		
Long Branch (07740)	1,879	23.0%	22	14.0%

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

INCIDENCE RATE REPORT FOR MONMOUTH COUNTY 2009-2013 ¹⁶³					
Cancer Site	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
<i>All Races (includes Hispanic), Both Sexes (except where noted), All Ages</i>					
ALL SITES	522.4	3,904	stable	-3.9	
BLADDER	24.8	184	stable	-0.3	
BRAIN & ONS	8.0	57	stable	0.7	
BREAST: Females	144.6	586	stable	-0.2	
CERVIX: Females	6.5	24	falling	-2.8	
COLON & RECTUM	43.7	329	falling	-4.0	
ESOPHAGUS	5.1	38	stable	-0.2	
KIDNEY & RENAL	15.8	120	rising	1.0	
LEUKEMIA	14.8	107	stable	0.6	
LIVER & BILE DUCT	6.2	49	stable	1.3	
LUNG & BRONCHUS	63.9	475	stable	-7.1	
MELANOMA	32.4	235	rising	2.3	
NON-HODGKIN'S LYMPHOMA	22.8	169	falling	-1.0	
ORAL CAVITY & PHARYNX	11.3	88	stable	-0.2	
OVARY: Females	12.3	51	stable	-9.5	
PANCREAS	14.1	106	stable	0.3	
PROSTATE: Males	158.5	562	stable	-9.6	
STOMACH	6.5	50	falling	-2.4	
THYROID	24.4	165	stable	-1.3	
UTERUS: Females	33.0	138	rising	1.3	

¹⁶³ 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: MONMOUTH COUNTY 2009-2013
SELECT CANCER SITES: RISING INCIDENCE RATE AND/OR UNFAVORABLE COMPARISON TO
OTHER NJ COUNTIES**

		KIDNEY & RENAL	MELANOMA	THYROID	UTERUS: Females
INCIDENCE RATE REPORT FOR MONMOUTH COUNTY: 2009-2013 All Races (includes Hispanic), All Ages, Male and Female (Unless Noted)	Age-Adjusted Incidence Rate	15.8	32.4	24.4	33.0
	Average Annual Count	120.0	235.0	165.0	138.0
	Recent	rising	rising	stable	rising
	Trend	1.0	2.3	-1.3	1.3
	RWJ Barnabas County Indicator				
White (Non-Hispanic)	Age-Adjusted Incidence Rate	16.0	35.2	25.6	33.3
	Average Annual Count	107.0	225.0	152.0	123.0
	Recent	rising	rising	stable	rising
	Trend	1.2	2.0	-1.5	1.3
Black (Includes Hispanic)	Age-Adjusted Incidence Rate	20.0	*	10.0	27.6
	Average Annual Count	10.0	3 or fewer	5.0	8.0
	Recent	stable	*	rising	stable
	Trend	1.9	*	4.7	0.3
Asian / Pacific Islander	Age-Adjusted Incidence Rate	*	*	20.3	24.2
	Average Annual Count	3 or fewer	3 or fewer	7.0	5.0
	Recent	*	*	*	*
	Trend	*	*	*	*
Hispanic (of Any Race)	Age-Adjusted Incidence Rate	10.5	7.6	18.9	35.0
	Average Annual Count	4.0	4.0	10.0	7.0
	Recent	*	*	*	stable
	Trend	*	*	*	-0.2
MALES	Age-Adjusted Incidence Rate	22.7	39.8	13.5	na
	Average Annual Count	79.0	131.0	45.0	na
	Recent	rising	stable	rising	na
	Trend	1.0	1.5	7.3	na
FEMALES	Age-Adjusted Incidence Rate	10.1	27.3	34.7	33.0
	Average Annual Count	41.0	105.0	120.0	138.0
	Recent	stable	rising	stable	rising
	Trend	0.7	4.1	-0.7	1.3

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

MORTALITY RATE REPORT FOR MONMOUTH COUNTY 2009-2013 ¹⁶⁴						
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	168.6	1,269	falling	-2.6	
BLADDER: HP2020 Objective (N/A)	n/a	4.8	37	stable	-0.3	
BRAIN & ONS: HP2020 Objective (N/A)	n/a	4.1	31	stable	0.6	
BREAST: Females: HP2020 Objective C-3 (20.6)	No	24.7	106	falling	-2.3	
CERVIX: Females: HP2020 Objective C-4 (2.2)	Yes	1.8	7	falling	-2.5	
COLON & RECTUM: HP2020 Objective C-5 (14.5)	No	15.8	121	falling	-3.3	
ESOPHAGUS: HP2020 Objective (N/A)	n/a	4.1	30	falling	-0.9	
KIDNEY & RENAL: HP2020 Objective (N/A)	n/a	3.5	27	falling	-1.9	
LEUKEMIA: HP2020 Objective (N/A)	n/a	7.1	52	stable	-0.7	
LIVER & BILE DUCT HP2020 Objective (N/A)	n/a	6.2	47	stable	1.0	
LUNG & BRONCHUS: HP2020 Objective C-2 (45.5)	Yes	42.8	317	falling	-3.2	
MELANOMA: HP2020 Objective C-8 (2.4)	Yes	2.4	18	falling	-1.9	
NON-HODGKIN'S LYMPHOMA: HP2020 Objective (N/A)	n/a	5.6	42	falling	-4.3	
ORAL CAVITY & PHARYNX: HP2020 Objective C-6 (2.3)	Yes	1.4	10	falling	-4.5	
OVARY: Females: HP2020 Objective (N/A)	n/a	8.3	36	falling	-1.9	
PANCREAS: HP2020 Objective (N/A)	n/a	11.9	90	stable	-0.1	
PROSTATE: Males: HP2020 Objective C-7 (21.8)	Yes	20.1	58	falling	-4.0	
STOMACH: HP2020 Objective (N/A)	n/a	2.6	19	falling	-4.2	
THYROID: HP2020 Objective (N/A)	n/a	0.5	4	stable	-0.9	
UTERUS: Females: HP2020 Objective (N/A)	n/a	5.2	22	stable	0.5	

¹⁶⁴ 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: MONMOUTH COUNTY 2009-
2013**

**SELECT CANCER SITES: RISING MORTALITY RATE AND/OR UNFAVORABLE COMPARISON TO
OTHER NJ COUNTIES**

NOT APPLICABLE:

**NO CANCER SITE SPECIFIC DATA FOR MONMOUTH COUNTY
WITH INCREASING MORTALITY BY CANCER SITE
AND/OR UNFAVORABLE COMPARISON TO OTHER NJ COUNTIES**

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

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
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	
Essex County	19.7	152	stable	-0.4	

¹⁶⁵ 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 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Warren County	7.7	9	stable	0.2	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Mercer County	6.1	13	falling	-3.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013¹⁶⁵

County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Atlantic County	5.2	17	falling	-2.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Ocean County	16.8	138	rising	1.5	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Cape May County	7.5	12	rising	5.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Sussex County	64.2	106	falling	-1.3	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Hudson County	17.4	105	falling	-2.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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					
United States	11.6	21294	falling	-2.1	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Monmouth County	14.1	106	stable	0.3	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Burlington County	6.3	34	falling	-2.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013 ¹⁶⁵					
County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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	
Salem County	21.7	15	rising	8.4	

INCIDENCE RATE REPORT FOR NEW JERSEY: BY COUNTY 2009-2013¹⁶⁵

County	Age-Adjusted Incidence Rate	Average Annual Count	Recent	Trend	RWJ Barnabas County Indicator Comparison
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 ¹⁶⁶						
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	

¹⁶⁶ 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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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 ¹⁶⁶						
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
PUBLIC HEALTH SURVEY RESPONSES

Monmouth County – Public Health Officers/Agencies, Identified Priorities

	Monmouth County CHIP 2012-2016 Monmouth Co. Regional Health Commission #1 (21 Towns Including Long Branch Monmouth Family Health Center (FQHC) Manalapan Health Department
Top health needs identified for County/ Municipality	<ul style="list-style-type: none"> • Chronic illness management / Chronic disease reduction • Diabetes education • Heroin addiction reduction • Risk factors for heart disease / Screening for Cardiovascular Diseases • Healthy lifestyle changes / Health education & promotion • Obesity/overweight issues for children and families / Nutrition Information • Sexually transmitted disease investigations • Access to comprehensive healthcare • Injury avoidance • Screening for Breast, Cervical and Colo-rectal Cancers • E-cig in the community • Communicable diseases
Primary barriers precluding improvement	<ul style="list-style-type: none"> • Health education and promotion / Health awareness and public health prevention steps • Funding for staff and resources • Lack of insurance coverage; affordability • Transportation • Illiteracy • Willingness of person to adopt lifestyle changes to make conditions better both now (current health challenges) and future good health
Additional items to consider in CHNA	<ul style="list-style-type: none"> • The Monmouth County Health Improvement Coalition will update/ prioritize current needs by September 2016 • Partnering efforts with local health departments • Lead screening results • Impact of the Affordable Care Act on the community at large

APPENDIX F: RESOURCE INVENTORY

RESOURCE TYPE	PROVIDER/FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/SSA
ADULT DAY HEALTH CARE SERVICES	JERSEY SHORE ADULT DAY HEALTH CARE CENTER	600 MAIN STREET	ASBURY PARK	07712	MONMOUTH	(732)775-4451	PSA
ADULT DAY HEALTH CARE SERVICES	ROYAL SENIOR CARE	1041 (500) HIGHWAY 36	ATLANTIC HIGHLANDS	07716	MONMOUTH	(732)291-0710	PSA
ADULT DAY HEALTH CARE SERVICES	YOUNG AT HEART OF EATONTOWN	139 GRANT AVENUE	EATONTOWN	07724	MONMOUTH	(732)578-1888	PSA
ADULT DAY HEALTH CARE SERVICES	ALL IN A DAY MEDICAL DAYCARE CENTER	104 PENSION ROAD	ENGLISHTOWN	07726	MONMOUTH	(732)792-2273	
ADULT DAY HEALTH CARE SERVICES	ACTIVE DAY ADULT SERVICES	20 JACKSON STREET, 1-A	FREEHOLD	07728	MONMOUTH	(732)845-3332	
ADULT DAY HEALTH CARE SERVICES	GOLDEN YEARS CARE	108 WOODWARD ROAD	MANALAPAN	07726	MONMOUTH	(732)851-6640	
ADULT DAY HEALTH CARE SERVICES	MONROE ADULT DAY CARE	24 DUGANS GROVE ROAD	MILLSTONE TWP	08535	MONMOUTH	(732)851-6720	
ADULT DAY HEALTH CARE SERVICES	GOLDEN AGE CARE	209 COMMERCIAL COURT	MORGANVILLE	07751	MONMOUTH	(732)583-9999	
ADULT DAY HEALTH CARE SERVICES	WE CARE ADULT CARE, INC	552A HIGHWAY 35 SOUTH	RED BANK	07701	MONMOUTH	(732)741-7363	PSA
ADULT DAY HEALTH CARE SERVICES	ALLAIRE CARE	1979 ROUTE 34 SOUTH	WALL	07719	MONMOUTH	(732)974-7666	SSA
AMBULATORY CARE FACILITY	FREEHOLD MR ASSOCIATES	176 ROUTE 9 NORTH	ENGLISHTOWN	07726	MONMOUTH	(732) 577-2750	
AMBULATORY CARE FACILITY	FREEHOLD MR ASSOCIATES, PA	901 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	(732) 462-4844	
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY GROUP, PC	900 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	(732) 462-1900	
AMBULATORY CARE FACILITY	HOLMDEL IMAGING, LLC	100 COMMONS WAY	HOLMDEL	07733	MONMOUTH	(732) 671-6618	SSA
AMBULATORY CARE FACILITY	KEYPORT PRIMARY CARE CENTER	35 BROAD STREET	KEYPORT	07735	MONMOUTH	(732) 888-4149	SSA
AMBULATORY CARE FACILITY	ATRIUM DIAGNOSTIC IMAGING	224 TAYLORS MILLS ROAD, SUITE 108	MANALAPAN	07726	MONMOUTH	(732) 431-7600	
AMBULATORY CARE FACILITY	ATLANTIC MEDICAL IMAGING WALL TOWNSHIP	2399 NORTH HIGHWAY 34	MANASQUAN	08736	MONMOUTH	(732) 292-9980	
AMBULATORY CARE FACILITY	CARING HEART AND BRAIN IMAGING	2414 HIGHWAY 35N	MANASQUAN	08736	MONMOUTH	(732) 292-1008	
AMBULATORY CARE FACILITY	OPEN MRI OF CENTRAL JERSEY	2315 HIGHWAY 34, BLDG A, SUITE C	MANASQUAN	08736	MONMOUTH	(732) 282-9120	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
AMBULATORY CARE FACILITY	MEMORIAL SLOAN KETTERING MONMOUTH	480 RED HILL ROAD	MIDDLETOWN	07748	MONMOUTH	(908) 394-7730	PSA
AMBULATORY CARE FACILITY	MIDDLETOWN MEDICAL IMAGING	1275 ROUTE 35 NORTH	MIDDLETOWN	07748	MONMOUTH	(732) 275-0999	PSA
AMBULATORY CARE FACILITY	JERSEY SHORE IMAGING LLC	2100 CORLIES AVENUE	NEPTUNE	07753	MONMOUTH	(732) 988-1234	PSA
AMBULATORY CARE FACILITY	SLEEP DYNAMICS	2240 HIGHWAY 33, SUITE 114	NEPTUNE	07753	MONMOUTH	(732) 455-3030	PSA
AMBULATORY CARE FACILITY	CENTRAL JERSEY RADIOLOGISTS LLC	2128 KINGS HIGHWAY	OAKHURST	07755	MONMOUTH	(732) 493-8444	PSA
AMBULATORY CARE FACILITY	BEACON OF LIFE	1075 STEPHENSON AVENUE	OCEANPORT	07757	MONMOUTH	(732) 592-3400	PSA
AMBULATORY CARE FACILITY	HUDSON LITHOTRIPSY LLC	331 NEWMAN SPRINGS RD - BLDG 1, 4TH FLR, STE 143	RED BANK	07701	MONMOUTH	(800) 852-5695	PSA
AMBULATORY CARE FACILITY	NOTTINGHAM SURGICAL SERVICES LLC	331 NEWMAN SPRINGS RD - BLDG 1, 4TH FLR, STE 143	RED BANK	07701	MONMOUTH	(800) 852-5695	PSA
AMBULATORY CARE FACILITY	PLANNED PARENTHOOD OF CENTRAL & GREATER NORTHERN NJ	69 EAST NEWMAN SPRINGS ROAD	SHREWSBURY	07702	MONMOUTH	(732) 842-9300	PSA
AMBULATORY CARE FACILITY	SHREWSBURY DIAGNOSTIC IMAGING LLC	1131 HIGHWAY 35, SUITE 110B	SHREWSBURY	07702	MONMOUTH	(732) 578-9640	PSA
AMBULATORY CARE FACILITY	SOLUTIONS PREGNANCY AND HEALTH CENTER MEDICAL CLINIC	837 BROAD STREET	SHREWSBURY	07702	MONMOUTH	(732) 747-5454	PSA
AMBULATORY CARE FACILITY	PROFESSIONAL ORTHOPAEDIC ASSOCIATES	776 SHREWSBURY AVENUE SUITE 205	TINTON FALLS	07724	MONMOUTH	(732) 530-4949	PSA
AMBULATORY CARE FACILITY	UNIVERSITY RADIOLOGY-ATLANTIC LLC	48 NORTH GILBERT STREET	TINTON FALLS	07753	MONMOUTH	(732) 530-5750	PSA
AMBULATORY CARE FACILITY	OPEN MRI AND DIAGNOSTIC IMAGING OF WALL	1975 HIGHWAY 34, BUILDING D	WALL	07719	MONMOUTH	(732) 974-8060	SSA
AMBULATORY CARE FACILITY	PERSONAL CARE MOLECULAR IMAGING	1514 HIGHWAY 138	WALL	07719	MONMOUTH	(732) 681-2700	SSA
AMBULATORY CARE FACILITY - SATELLITE	PLANNED PARENTHOOD OF CENTRAL/GREATER NORTHERN NJ	800 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	(732) 431-1717	
AMBULATORY CARE FACILITY - SATELLITE	MONMOUTH FAMILY HEALTH CENTER INC	335 BROADWAY	LONG BRANCH	07740	MONMOUTH	(732) 923-7145	PSA

RESOURCE TYPE	PROVIDER/FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/SSA
AMBULATORY SURGICAL CENTER	ADVANCED ENDOSCOPY & SURGICAL CENTER	142 ROUTE 35, SUITE 101	EATONTOWN	07724	MONMOUTH	(732) 935-0031	PSA
AMBULATORY SURGICAL CENTER	CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGE	234 INDUSTRIAL WAY WEST	EATONTOWN	07724	MONMOUTH	(732) 440-4900	PSA
AMBULATORY SURGICAL CENTER	CENTRAL JERSEY SURGERY CENTER	97 CORBETT WAY	EATONTOWN	07724	MONMOUTH	(732) 460-2777	PSA
AMBULATORY SURGICAL CENTER	ENDOSCOPY CENTER OF MONMOUTH COUNTY	222 SCHANCK ROAD	FREEHOLD	07728	MONMOUTH	(732) 845-0990	
AMBULATORY SURGICAL CENTER	SURGICARE OF FREEHOLD	901 WEST MAIN STREET, SUITE 302, CN 5050	FREEHOLD	07728	MONMOUTH	(732) 303-1616	
AMBULATORY SURGICAL CENTER	MANALAPAN SURGERY CENTER	50 FRANKLIN LANE	MANALAPAN	07726	MONMOUTH	(732) 617-5990	
AMBULATORY SURGICAL CENTER	NORTHERN MONMOUTH REGIONAL SURGERY CENTER LLC	195 ROUTE 9 SOUTH, SUITE 210	MANALAPAN	07726	MONMOUTH	(732) 358-6500	
AMBULATORY SURGICAL CENTER	SPECIALTY SURGERY OF MIDDLETOWN LLC	1270 ROUTE 35	MIDDLETOWN	07748	MONMOUTH	(732) 671-5555	PSA
AMBULATORY SURGICAL CENTER	CENTER FOR ADVANCED SURGERY AND PAIN MANAGEMENT	3613 ROUTE 33	NEPTUNE	07753	MONMOUTH	(732) 918-0061	PSA
AMBULATORY SURGICAL CENTER	COASTAL SURGERY CENTER LLC	3700 ROUTE 33, LL01	NEPTUNE	07753	MONMOUTH	(732) 280-5055	PSA
AMBULATORY SURGICAL CENTER	SHREWSBURY SURGERY CENTER, LLC	655 SHREWSBURY AVENUE	SHREWSBURY	07702	MONMOUTH	(732) 450-6000	PSA
AMBULATORY SURGICAL CENTER	CENTER FOR OUTPATIENT SURGERY, THE	1 EXECUTIVE DRIVE, SUITE 10	TINTON FALLS	07701	MONMOUTH	(732) 212-1991	PSA
ASSISTED LIVING RESIDENCE	REFLECTIONS AT COLTS NECK	3 MERIDIAN CIRCLE	COLTS NECK	07722	MONMOUTH	(732)303-3100	SSA
ASSISTED LIVING RESIDENCE	BRANDYWINE ASSISTED LIVING AT GOVERNOR'S CROSSING	49 LASATTA AVENUE	ENGLISHTOWN	07726	MONMOUTH	(732)786-1000	
ASSISTED LIVING RESIDENCE	APPLEWOOD ESTATES ASSISTED LIVING RESIDENCE	ONE APPLEWOOD DRIVE	FREEHOLD	07728	MONMOUTH	(732)780-7370	
ASSISTED LIVING RESIDENCE	MONMOUTH CROSSING	560 IRON BRIDGE ROAD	FREEHOLD	07728	MONMOUTH	(732)303-8600	
ASSISTED LIVING RESIDENCE	THE BROOKSIDE	93 MANALAPAN AVENUE	FREEHOLD	07728	MONMOUTH	(732)303-8800	
ASSISTED LIVING RESIDENCE	THE WILLOWS AT HOLMDEL	713 N BEERS STREET	HOLMDEL	07733	MONMOUTH	(732)335-4405	SSA

RESOURCE TYPE	PROVIDER/FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/SSA
ASSISTED LIVING RESIDENCE	BRANDYWINE ASSISTED LIVING AT HOWELL	100 MERIDIAN PLACE	HOWELL	07731	MONMOUTH	(732)719-0100	SSA
ASSISTED LIVING RESIDENCE	BAYSIDE MANOR	7 LAUREL AVENUE	KEANSBURG	07734	MONMOUTH	(732)471-1600	SSA
ASSISTED LIVING RESIDENCE	SUNRISE ASSISTED LIVING OF LINCROFT	734 NEWMAN SPRINGS ROAD	LINCROFT	07738	MONMOUTH	(732)212-1910	PSA
ASSISTED LIVING RESIDENCE	THE CHELSEA AT MANALAPAN	445 ROUTE 9 SOUTH	MANALAPAN	07726	MONMOUTH	(732)972-6200	
ASSISTED LIVING RESIDENCE	SUNRISE ASSISTED LIVING OF MARLBORO	3A SOUTH MAIN STREET	MARLBORO	07746	MONMOUTH	(732)409-6665	
ASSISTED LIVING RESIDENCE	ATRIUM SENIOR LIVING OF MATAWAN	40 FRENEAU AVENUE	MATAWAN	07747	MONMOUTH	(732)566-0800	
ASSISTED LIVING RESIDENCE	BRIGHTON GARDENS OF MIDDLETOWN	620 STATE HIGHWAY 35 SOUTH	MIDDLETOWN	07748	MONMOUTH	(732)275-0790	PSA
ASSISTED LIVING RESIDENCE	THE SOLANA MARLBORO	52 COUNTY ROAD 520	MORGANVILLE	07751	MONMOUTH	(732)536-3000	
ASSISTED LIVING RESIDENCE	BRANDYWINE ASSISTED LIVING AT THE SYCAMORE	5 MERIDIAN WAY	SHREWSBURY	07702	MONMOUTH	(732)212-2600	PSA
ASSISTED LIVING RESIDENCE	THE WEXFORD AT WALL TOWNSHIP	2018 HIGHWAY 35	SPRING LAKE	07762	MONMOUTH	(732)282-1014	SSA
ASSISTED LIVING RESIDENCE	ARBOR TERRACE SHREWSBURY	864 SHREWSBURY AVENUE	TINTON FALLS	07724	MONMOUTH	(732)784-2400	PSA
ASSISTED LIVING RESIDENCE	ATRIA TINTON FALLS	44 PINE STREET	TINTON FALLS	07753	MONMOUTH	(732)918-1960	PSA
ASSISTED LIVING RESIDENCE	CONTINUING CARE AT SEABROOK	3002 ESSEX ROAD	TINTON FALLS	07753	MONMOUTH	(732)643-2029	PSA
ASSISTED LIVING RESIDENCE	THE CHELSEA AT TINTON FALLS	ONE HARTFORD DRIVE	TINTON FALLS	07701	MONMOUTH	(732)933-4700	PSA
ASSISTED LIVING RESIDENCE	BRANDYWINE SENIOR LIVING AT WALL	2021 HIGHWAY 35	WALL	07719	MONMOUTH	(732)282-1910	SSA
ASSISTED LIVING RESIDENCE	SUNNYSIDE MANOR	2500 RIDGEWOOD ROAD	WALL	07719	MONMOUTH	(732)528-9311	SSA
ASSISTED LIVING RESIDENCE	SUNRISE ASSISTED LIVING OF WALL	2600 ALLAIRE ROAD	WALL	07719	MONMOUTH	(732)282-1700	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	EPIPHANY HOUSE (ASBURY PARK)	1110 GRAND AVENUE	ASBURY PARK	07712	MONMOUTH	732-775-0720	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	JERSEY SHORE UNIVERSITY MED CTR - PARTIAL CARE	1011 BOND STREET	ASBURY PARK	07712	MONMOUTH	732-869-2760	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	JEWISH FAMILY & CHILDREN SERVICE OF GREATER MONMOUTH COUNTY	705 SUMMERFIELD ROAD	ASBURY PARK	07712	MONMOUTH	732-774-6886	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	RECOVERY INNOVATIONS, INC	1 CORBETT WAY	EATONTOWN	07724	MONMOUTH	732-380-7061	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	CENTRASTATE MEDICAL CENTER - EMERGENCY SERVICES	901 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	732-294-2595	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	COMMUNITY REHAB INC.	3443 ROUTE 9	FREEHOLD	07728	MONMOUTH	732-462-5553	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	CPC BEHAVIORAL HEALTHCARE	22 COURT STREET	FREEHOLD	07728	MONMOUTH	732-780-2012	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	FREEHOLD SELF-HELP CENTER	17 BANNARD STREET, SUITE 22	FREEHOLD	07728	MONMOUTH	732-625-9485	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MONMOUTH CTY DIV OF MENTAL HEALTH & ADDICTION SERVICES	3000 KOZLOSKI ROAD	FREEHOLD	07728	MONMOUTH	732-431-6451	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	NEW HOPE FOUNDATION INC. (FREEHOLD)	2 MONMOUTH AVENUE	FREEHOLD	07728	MONMOUTH	732-308-01143	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	THE COUNSELING CENTER OF FREEHOLD	4345 ROUTE 9	FREEHOLD	07728	MONMOUTH	732-882-4369	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	NEW LIFE COUNSELING	25 EAST FRONT STREET	KEYPORT	07735	MONMOUTH	732-264-3824	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	ACUTE CARE FAMILY SUPPORT - MONMOUTH MEDICAL CENTER	300 SECOND AVENUE	LONG BRANCH	07740	MONMOUTH	732-923-6999	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MONMOUTH MEDICAL CENTER	75 NORTH BATH AVENUE	LONG BRANCH	07740	MONMOUTH	732-923-5222	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	NEW HOPE FOUNDATION INC. - PHILLIP HOUSE OP-IOP	190 CHELSEA AVENUE	LONG BRANCH	07740	MONMOUTH		PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	COMMUNITY YMCA FAMILY SERVICES	166 MAIN STREET	MATAWAN	07747	MONMOUTH	732-290-9040	
BEHAVIORAL HEALTH	CATHOLIC CHARITIES - PROJECT FREE	238 NEPTUNE BOULEVARD	NEPTUNE	07753	MONMOUTH	732-897-7701	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LOCATIONS: OUTPATIENT							
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	JERSEY SHORE UNIV MED CTR - BEHAVIORAL HEALTH	3535 ROUTE 66 - BUILDING 5	NEPTUNE	07753	MONMOUTH	732-530-3802	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	JERSEY SHORE UNIVERSITY MEDICAL CENTER - ER SERVICES	1945 CORLIES AVENUE, ROUTE 33	NEPTUNE	07753	MONMOUTH	732-776-4555	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	JSAS	685 NEPTUNE BOULEVARD	NEPTUNE	07753	MONMOUTH	732-988-8877	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MONMOUTH MEDICAL CENTER - EARLY INTERVENTION SUPPORT SERVICES	WEST SIDE PLAZA - 3301 HIGHWAY 66 - BLDG B, 1ST FLOOR	NEPTUNE	07753	MONMOUTH	732-922-1042	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	THE C.A.R.E. CENTER	80 STEINER AVENUE	NEPTUNE	07753	MONMOUTH	732-455-5358	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	OCEAN TWP HUMAN SERVICES	601 DEAL ROAD	OAKHURST	07755	MONMOUTH	732-531-2600	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	CPC BEHAVIORAL HEALTHCARE	270 HIGHWAY 35	RED BANK	07701	MONMOUTH	732-842-2000	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	RIVERVIEW MEDICAL CENTER & BEHAVIORAL HEALTH	48 EAST FRONT STREET	RED BANK	07701	MONMOUTH	732-450-2900	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	RIVERVIEW MEDICAL CENTER ER SERVICES	1 RIVERVIEW PLAZA	RED BANK	07701	MONMOUTH	732-450-2870	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	MENTAL HEALTH ASSOC OF MONMOUTH CTY - HOMELESS SERVICES	119 AVE @ THE COMMONS - SUITE 5	SHREWSBURY	07702	MONMOUTH	732-542-6422	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	RIVERVIEW MEDICAL CENTER - BOOKER BEHAVIORAL HEALTH	661 SHREWSBURY AVENUE	SHREWSBURY	07702	MONMOUTH	732-345-3400	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	WALL YOUTH CENTER & COMMUNITY CTR	1824 SOUTH M STREET	WALL	07719	MONMOUTH	732-681-1375	SSA
BEHAVIORAL HEALTH	ADVANCED HEALTH & EDUCATION, LLC	3 CORBETT WAY	EATONTOWN	07724	MONMOUTH	848-456-5391	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LOCATIONS: OUTPATIENT							
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	CROSSROADS	730 NEWMAN SPRINGS ROAD	LINCROFT	07738	MONMOUTH	732-615-2269	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT	GUIDING LIGHT DRUG & ALCOHOL TREATMENT SERVICES	1930 HEACK AVENUE	NEPTUNE	07753	MONMOUTH	732-774-0911	PSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	CPC BEHAVIORAL HEALTHCARE - ABERDEEN COUNSELING CENTER	1088 HIGHWAY 34	ABERDEEN	07747	MONMOUTH	732-290-1700	
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	ENDEAVOR HOUSE	6 BROADWAY	KEYPORT	07735	MONMOUTH	732-264-3824	SSA
BEHAVIORAL HEALTH LOCATIONS: OUTPATIENT & RESIDENTIAL	DISCOVERY INSTITUTE FOR ADDICTION	80 CONOVER ROAD	MARLBORO	07746	MONMOUTH	732-946-9444	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	EPIPHANY HOUSE (ASBURY PARK)	300 4TH AVENUE	ASBURY PARK	07712	MONMOUTH	732-775-0720	PSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	EASTER SEAL OF NJ	615 HOPE ROAD - VICTORIA PLAZA	EATONTOWN	07724	MONMOUTH	732-380-0390	PSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	CENTRASTATE MEDICAL CENTER - SHORT TERM CARE	901 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	732-294-2858	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	COLLABORATIVE SUPPORT PROGRAM (CSP), INC.	11 SPRING STREET	FREEHOLD	07728	MONMOUTH	732-780-1175	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	EPIPHANY HOUSE (LONG BRANCH)	373 BRIGHTON AVENUE	LONG BRANCH	07740	MONMOUTH	732-870-9113	PSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	MONMOUTH MEDICAL CENTER/ST BARNABAS - SHORT TERM CARE	300 SECOND AVENUE	LONG BRANCH	07740	MONMOUTH	732-923-6901	PSA
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	NEW HOPE FOUNDATION INC. - PHILLIP HOUSE HALFWAY HOUSE	190 CHELSEA AVENUE	LONG BRANCH	07740	MONMOUTH	732-946-3030	PSA
BEHAVIORAL HEALTH	DECLARATIONS	345 UNION HILL ROAD -	MANALAPAN	07726	MONMOUTH	732-792-6990	

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LOCATIONS: RESIDENTIAL		BUILDING 2 - SUITE C					
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	NEW HOPE FOUNDATION INC. (MARLBORO)	80 CONOVER ROAD	MARLBORO	07746	MONMOUTH	732-946-3030	
BEHAVIORAL HEALTH LOCATIONS: RESIDENTIAL	NEW HOPE FOUNDATION INC. (MATTIE HOUSE)	86 CONOVER AVENUE	MARLBORO	07746	MONMOUTH	732-817-0616	
CLINICAL CARE PROVIDER LOCATION: DENTAL	MONMOUTH FAMILY HEALTH CENTER	300 SECOND AVENUE	LONG BRANCH	07740	MONMOUTH	(732) 923-6585	PSA
CLINICAL CARE PROVIDER LOCATION: DENTAL	JERSEY SHORE UNIVERSITY MEDICAL CENTER	1828 WEST LAKE AVENUE	NEPTUNE	07753	MONMOUTH	(732) 869-5736	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	COLTS NECK TOWNSHIP HEALTH DEPARTMENT	124 CEDAR DRIVE	COLTS NECK	07722	MONMOUTH	732-462-5470	SSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	FREEHOLD HEALTH DEPARTMENT	1 MUNICIPAL PLAZA	FREEHOLD	07728	MONMOUTH	732-294-2060	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	MONMOUTH COUNTY BOARD OF HEALTH	3435 HIGHWAY 9	FREEHOLD	07728	MONMOUTH	732-431-7456	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	LONG BRANCH DEPT OF HEALTH	344 BROADWAY	LONG BRANCH	07740	MONMOUTH	732-571-5665	PSA
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	MANALAPAN TOWNSHIP HEALTH DEPARTMENT	120 ROUTE 522	MANALAPAN	07726	MONMOUTH	732-446-8345	
COMMUNICABLE DISEASE SERVICES: TB TESTING CENTER	MONMOUTH COUNTY REG HEALTH COMMISSION #1	1540 WEST PARK AVENUE - SUITE 1	OCEAN TOWNSHIP	07712	MONMOUTH	732-493-9520	PSA
COMPREHENSIVE PERSONAL CARE HOME:	UNITED METHODIST COMMUNITIES AT FRANCIS ASBURY	70 STOCKTON AVENUE	OCEAN GROVE	07756	MONMOUTH	(732)774-1316	PSA
COMPREHENSIVE REHABILITATION HOSPITAL	HEALTHSOUTH REHABILITATION HOSPITAL OF TINTON FALL	2 CENTRE PLAZA	TINTON FALLS	07724	MONMOUTH	(732) 460-5320	PSA
END STAGE RENAL DIALYSIS	ATLANTIC ARTIFICIAL KIDNEY CENTER	6 INDUSTRIAL WAY WEST BLDG-B	EATONTOWN	07724	MONMOUTH	(732) 460-1414	PSA
END STAGE RENAL DIALYSIS	DIALYSIS CLINIC INC - CENTRSTATE	901 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	(732) 677-5200	
END STAGE RENAL DIALYSIS	HOLMDEL DIALYSIS	668 NORTH BEERS STREET	HOLMDEL	07733	MONMOUTH	(732) 739-6676	SSA

RESOURCE TYPE	PROVIDER/FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/SSA
END STAGE RENAL DIALYSIS	FREEHOLD DIALYSIS	300 CRAIG ROAD	MANALAPAN	07726	MONMOUTH	(732) 303-1589	
END STAGE RENAL DIALYSIS	MADISON DIALYSIS CENTER OF MATAWAN	625 HIGHWAY 34	MATAWAN	07747	MONMOUTH	(732) 566-0471	
END STAGE RENAL DIALYSIS	MATAWAN DIALYSIS	762 HIGHWAY 34, SUITE A	MATAWAN	07747	MONMOUTH	(732) 583-1085	
END STAGE RENAL DIALYSIS	DIALYZE DIRECT NJ	3297 STATE ROUTE 66	NEPTUNE	07753	MONMOUTH	(732) 806-9990	PSA
END STAGE RENAL DIALYSIS	MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE	2441 STATE HWY 33 AT FORTUNATO PLACE	NEPTUNE	07753	MONMOUTH	(732) 776-4274	PSA
END STAGE RENAL DIALYSIS	NEPTUNE DIALYSIS CENTER	2180 BRADLEY AVENUE	NEPTUNE	07753	MONMOUTH	(732) 775-2725	PSA
END STAGE RENAL DIALYSIS	SHORE DIALYSIS	300 W SYLVANIA AVENUE, SUITE 1	NEPTUNE	07753	MONMOUTH	(732) 988-3684	PSA
END STAGE RENAL DIALYSIS	MERIDIAN-FRESENIUS DIALYSIS AT RED BANK	48 EAST FRONT STREET	RED BANK	07701	MONMOUTH	(732) 530-2239	PSA
END STAGE RENAL DIALYSIS	MIDDLETOWN DIALYSIS CENTER	500 ROUTE 35 SOUTH	RED BANK	07701	MONMOUTH	(732) 576-9900	PSA
END STAGE RENAL DIALYSIS	WALL TOWNSHIP HOME TRAINING CENTER	5100 BELMAR BOULEVARD, SUITE 1	WALL	07719	MONMOUTH	(732) 938-2780	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	VNA OF CENTRAL JERSEY COMM HLTH CTR INC	1301 MAIN STREET	ASBURY PARK	07712	MONMOUTH	(732) 774-6333	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	KEANSBURG COMMUNITY HEALTH CENTER	100 MAIN STREET	KEANSBURG	07734	MONMOUTH	(732) 787-1250	SSA
FEDERALLY QUALIFIED HEALTH CENTERS	MONMOUTH FAMILY HEALTH CENTER, INC	270 BROADWAY	LONG BRANCH	07740	MONMOUTH	(732) 923-7145	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	MONMOUTH FAMILY HEALTH CENTER, INC	80 PAVILION	LONG BRANCH	07740	MONMOUTH	(732) 923-7100	PSA
FEDERALLY QUALIFIED HEALTH CENTERS	RED BANK PRIMARY CARE CENTER	176 RIVERSIDE AVE	RED BANK	07701	MONMOUTH	(732) 219-6620	PSA
GENERAL ACUTE CARE HOSPITAL	CENTRASTATE MEDICAL CENTER	901 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	(732) 431-2000	
GENERAL ACUTE CARE HOSPITAL	BAYSHORE COMMUNITY HOSPITAL	727 N BEERS ST	HOLMDEL	07733	MONMOUTH	(732) 739-5900	SSA
GENERAL ACUTE CARE HOSPITAL	MONMOUTH MEDICAL CENTER	300 SECOND AVENUE	LONG BRANCH	07740	MONMOUTH	(732) 222-5200	PSA
GENERAL ACUTE CARE HOSPITAL	JERSEY SHORE UNIVERSITY MEDICAL CENTER	1945 RTE 33	NEPTUNE	07753	MONMOUTH	(732) 775-5500	PSA
GENERAL ACUTE CARE HOSPITAL	RIVERVIEW MEDICAL CENTER	ONE RIVERVIEW PLAZA	RED BANK	07701	MONMOUTH	(732) 741-2700	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
HOME HEALTH AGENCY	MERIDIAN HOME CARE-MONMOUTH CO	1340 CAMPUS PARKWAY, SUITE A3	NEPTUNE	07753	MONMOUTH	(732) 751-3700	PSA
HOME HEALTH AGENCY	SEABROOK HOME HEALTH AGENCY	3000 ESSEX ROAD	TINTON FALLS	07753	MONMOUTH	(732) 643-2000	PSA
HOME HEALTH AGENCY	VISITING NURSE ASSOC OF CENTRAL JERSEY	1100 WAYSIDE ROAD	TINTON FALLS	07724	MONMOUTH	(732) 493-2220	PSA
HOSPICE CARE BRANCH	VITAS HEALTHCARE CORPORATION ATLANTIC	1040 BROAD STREET, SUITE 300	SHREWSBURY	07702	MONMOUTH	(732) 389-0066	PSA
HOSPICE CARE BRANCH	LIFE CHOICE HOSPICE OF NEW JERSEY LLC	1955 STATE HIGHWAY 34	WALL	07719	MONMOUTH	(800) 557-7570	SSA
HOSPICE CARE PROGRAM	MERIDIAN HOSPICE	1340 CAMPUS PARKWAY, SUITE 3A	NEPTUNE	07753	MONMOUTH	(732) 751-3750	PSA
HOSPICE CARE PROGRAM	EMBRACING HOSPICE CARE OF NEW JERSEY	3349 ROUTE 138, BUILDING D, SUITE F	WALL	07719	MONMOUTH	(732) 974-2545	SSA
HOSPICES	VITAS HEALTHCARE CORP ATLANTIC	1040 BROAD STREET, SUITE 300	SHREWSBURY	07702	MONMOUTH	732-389-0066	PSA
HOSPICES	LIFE CHOICE HOSPICE OF NEW JERSEY, LLC	1955 STATE HIGHWAY 34	WALL	07719	MONMOUTH	800-557-7570	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CENTRASTATE FAMILY MEDICINE CENTER	1001 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	(732) 294-2540	
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CENTER FOR SLEEP MEDICINE AT BAYSHORE, THE	678 NORTH BEERS STREET	HOLMDEL	07733	MONMOUTH	(732) 739-5900	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	CENTER FOR WOUND HEALING AT BAYSHORE COMMUNITY HOS	735 NORTH BEERS STREET	HOLMDEL	07733	MONMOUTH	(732) 497-1611	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	MERIDIAN CANCER CARE AT BAYSHORE COMM HOSPITAL	735 NORTH BEERS STREET	HOLMDEL	07733	MONMOUTH	(732) 530-2559	SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	JANE H BOOKER FAMILY HEALTH CENTER	1828 WEST LAKE AVENUE	NEPTUNE	07753	MONMOUTH	(732) 776-4209	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	MERIDIAN REHABILITATION AT NEPTUNE	2100 ROUTE 33, SUITE 2	NEPTUNE	07753	MONMOUTH	(732) 776-4558	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	SLEEPCARE CENTER AT JERSEY SHORE UNIVERSITY	1809 CORLIES AVENUE, SUITE 3	NEPTUNE	07753	MONMOUTH	(732) 776-4900	PSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	RIVERVIEW MEDICAL CENTER OUTPATIENT BEHAVIORAL HEALTH	661 SHREWSBURY AVENUE	SHREWSBURY	07702	MONMOUTH	(732) 530-2213	PSA
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY	MMC LABORATORY & INFUSION CENTER	100 STATE ROUTE 36, SUITE #1M	WEST LONG BRANCH	07764	MONMOUTH	(732) 923-7450	PSA
HOSPITALS - CANCER CENTERS	CENTRASTATE MEDICAL CENTER	901 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	732-431-2000	
HOSPITALS - CANCER CENTERS	BAYSHORE COMMUNITY HOSPITAL	727 N BEERS STREET	HOLMDEL	07733	MONMOUTH	732-739-5900	SSA
HOSPITALS - CANCER CENTERS	MONMOUTH MEDICAL CENTER	300 SECOND AVENUE	LONG BRANCH	07740	MONMOUTH	732-222-5200	PSA
HOSPITALS - CANCER CENTERS	JERSEY SHORE UNIVERSITY MEDICAL CENTER	1945 ROUTE 33	NEPTUNE	07753	MONMOUTH	732-775-5500	PSA
HOSPITALS - CANCER CENTERS	RIVERVIEW MEDICAL CENTER	ONE RIVERVIEW PLAZA	RED BANK	07701	MONMOUTH	732-741-2700	PSA
INPATIENT REHABILITATION & LONG TERM CARE: HOSPITAL BASED	CENTRASTATE MEDICAL CENTER	901 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	732-431-2000	
INPATIENT REHABILITATION & LONG TERM CARE: HOSPITAL BASED	BAYSHORE COMMUNITY HOSPITAL	727 NO BEERS STREET	HOLMDEL	07733	MONMOUTH	732-739-5900	SSA
INPATIENT REHABILITATION & LONG TERM CARE: HOSPITAL BASED	MONMOUTH MEDICAL CENTER	300 SECOND AVENUE	LONG BRANCH	07740	MONMOUTH	732-222-5200	PSA
INPATIENT REHABILITATION & LONG TERM CARE: HOSPITAL BASED	JERSEY SHORE UNIVERSITY MEDICAL CENTER	1945 ROUTE 33	NEPTUNE	07753	MONMOUTH	732-775-5500	PSA
INPATIENT REHABILITATION & LONG TERM CARE: HOSPITAL BASED	RIVERVIEW MEDICAL CENTER	ONE RIVERVIEW PLAZA	RED BANK	07701	MONMOUTH	732-741-2700	PSA
INPATIENT REHABILITATION & LONG TERM CARE: LTC / NURSING HOME	WEDGEWOOD GARDENS CARE CENTER	3419 HIGHWAY 9	FREEHOLD	07728	MONMOUTH	732-677-1200	
INPATIENT REHABILITATION	LAUREL BAY HEALTH &	32 LAUREL AVENUE	KEANSBURG	07734	MONMOUTH	732-787-8100	SSA

RESOURCE TYPE	PROVIDER/FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/SSA
& LONG TERM CARE: LTC / NURSING HOME	REHABILITATION CTR						
INPATIENT REHABILITATION & LONG TERM CARE: LTC / NURSING HOME	KING MANOR CARE & REHABILITATION CTR	2303 WEST BANGS AVENUE	NEPTUNE	07753	MONMOUTH	732-774-3500	PSA
INPATIENT REHABILITATION & LONG TERM CARE: LTC / NURSING HOME	NEPTUNE GARDENS NURSING & REHAB LLC	101 WALNUT STREET	NEPTUNE	07753	MONMOUTH	732-774-3550	PSA
INPATIENT REHABILITATION & LONG TERM CARE: LTC / NURSING HOME	CORAL HARBOR REHABILITATION & HEALTHCARE CENTER	2050 SIXTH AVENUE	NEPTUNE	07753	MONMOUTH	732-774-8300	PSA
INPATIENT REHABILITATION & LONG TERM CARE: LTC / NURSING HOME	MERIDIAN NURSING & REHABILITATION AT OCEAN GROVE	160 MAIN STREET	OCEAN GROVE	07756	MONMOUTH	732-481-8300	PSA
INPATIENT REHABILITATION & LONG TERM CARE: LTC / NURSING HOME	MAJESTIC REHABILITATION & NURSING CENTER AT RED BANK INC	100 CHAPIN AVENUE	RED BANK	07701	MONMOUTH	732-741-8811	PSA
LONG TERM CARE FACILITY	PREFERRED CARE AT WALL	2350 HOSPITAL ROAD	ALLENWOOD	08720	MONMOUTH	(732)683-8600	
LONG TERM CARE FACILITY	CARE ONE AT KING JAMES	1040 ROUTE 36	ATLANTIC HIGHLANDS	07716	MONMOUTH	(732)291-3400	PSA
LONG TERM CARE FACILITY	GATEWAY CARE CENTER	139 GRANT AVE	EATONTOWN	07724	MONMOUTH	(732)542-4700	PSA
LONG TERM CARE FACILITY	JERSEY SHORE CENTER	3 INDUSTRIAL WAY EAST	EATONTOWN	07724	MONMOUTH	(732)544-1557	PSA
LONG TERM CARE FACILITY	PINE BROOK CARE CENTER	104 PENSION ROAD	ENGLISHTOWN	07726	MONMOUTH	(732)446-3600	
LONG TERM CARE FACILITY	ALLAIRE REHAB & NURSING	115 DUTCH LANE ROAD	FREEHOLD	07728	MONMOUTH	(732)431-7420	
LONG TERM CARE FACILITY	APPLEWOOD ESTATES	APPLEWOOD DRIVE	FREEHOLD	07728	MONMOUTH	(732)780-7370	
LONG TERM CARE FACILITY	THE MANOR	689 WEST MAIN ST	FREEHOLD	07728	MONMOUTH	(732)431-5200	
LONG TERM CARE FACILITY	WEDGWOOD GARDENS CARE CENTER	3419 HIGHWAY 9	FREEHOLD	07728	MONMOUTH	(732)677-1200	
LONG TERM CARE FACILITY	ARNOLD WALTER NURSING HOME	622 S LAUREL AVENUE	HAZLET	07730	MONMOUTH	(732)787-6300	SSA
LONG TERM CARE FACILITY	REGENCY PARK NURSING CENTER	3325 HIGHWAY 35	HAZLET	07730	MONMOUTH	(732)264-5800	SSA
LONG TERM CARE FACILITY	BAYSHORE HEALTH CARE CENTER	715 NORTH BEERS STREET	HOLMDEL	07733	MONMOUTH	(732)739-9000	SSA
LONG TERM CARE FACILITY	CARE ONE AT HOLMDEL	188 HIGHWAY 34	HOLMDEL	07733	MONMOUTH	(732)946-4200	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
LONG TERM CARE FACILITY	LAUREL BAY HEALTH & REHABILITATION CENTER	32 LAUREL AVENUE	KEANSBURG	07734	MONMOUTH	(732)787-8100	SSA
LONG TERM CARE FACILITY	DE LA SALLE HALL	810 NEWMAN SPRINGS RD	LINCROFT	07738	MONMOUTH	(732)530-9470	PSA
LONG TERM CARE FACILITY	MONMOUTH CARE CENTER	229 BATH AVENUE	LONG BRANCH	07740	MONMOUTH	(732)229-4300	PSA
LONG TERM CARE FACILITY	ATRIUM POST ACUTE CARE OF MATAWAN	38 FRENEAU AVENUE	MATAWAN	07747	MONMOUTH	(732)765-5600	
LONG TERM CARE FACILITY	MADISON CENTER	625 STATE HIGHWAY 34	MATAWAN	07747	MONMOUTH	(732)566-6400	
LONG TERM CARE FACILITY	IMPERIAL CARE CENTER	919 GREEN GROVE ROAD	NEPTUNE	07753	MONMOUTH	(732)922-3400	PSA
LONG TERM CARE FACILITY	KING MANOR CARE AND REHABILITATION CENTER	2303 WEST BANGS AVE	NEPTUNE	07753	MONMOUTH	(732)774-3500	PSA
LONG TERM CARE FACILITY	NEPTUNE GARDENS NURSING AND REHAB LLC	101 WALNUT ST	NEPTUNE	07753	MONMOUTH	(732)774-3550	PSA
LONG TERM CARE FACILITY	CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER	2050 SIXTH AVE	NEPTUNE	07753	MONMOUTH	(732)774-8300	PSA
LONG TERM CARE FACILITY	MERIDIAN NURSING AND REHABILITATION AT OCEAN GROVE	160 MAIN STREET	OCEAN GROVE	07756	MONMOUTH	(732)481-8300	PSA
LONG TERM CARE FACILITY	MAJESTIC REHABILITATION AND NURSING CENTER AT RED BANK INC	100 CHAPIN AVENUE	RED BANK	07701	MONMOUTH	(732)741-8811	PSA
LONG TERM CARE FACILITY	THE ATRIUM AT NAVESINK HARBOR	40 RIVERSIDE AVENUE	RED BANK	07701	MONMOUTH	(732)842-3400	PSA
LONG TERM CARE FACILITY	MERIDIAN NURSING & REHABILITATION AT SHREWSBURY	89 AVENUE AT THE COMMON	SHREWSBURY	07702	MONMOUTH	(732)676-5800	PSA
LONG TERM CARE FACILITY	CONTINUING CARE AT SEABROOK	3002 ESSEX ROAD	TINTON FALLS	07753	MONMOUTH	(732)643-2000	PSA
LONG TERM CARE FACILITY	WARDELL GARDENS AT TINTON FALLS	524 WARDELL ROAD	TINTON FALLS	07753	MONMOUTH	(732)922-9330	PSA
LONG TERM CARE FACILITY	CARE ONE AT WALL	2621 HIGHWAY 138	WALL	07719	MONMOUTH	(732)556-1060	SSA
LONG TERM CARE FACILITY	MERIDIAN SUBACUTE REHABILITATION	1725 MERIDIAN TRAIL	WALL	07719	MONMOUTH	(732)312-1800	SSA
LONG TERM CARE FACILITY	SUNNYSIDE MANOR	2500 RIDGEWOOD ROAD	WALL	07719	MONMOUTH	(732)528-9311	SSA
LONG TERM CARE FACILITY	TOWER LODGE CARE CENTER	1506 GULLY ROAD	WALL	07719	MONMOUTH	(732)681-1400	SSA

RESOURCE TYPE	PROVIDER/ FACILITY NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	COUNTY	TELEPHONE	PSA/ SSA
MAMMOGRAPHY CENTERS	ATLANTIC MEDICAL IMAGING - WOMAN'S IMAGING CENTER	495 JACK MARTIN BOULEVARD	BRICKTOWN	08742	MONMOUTH	732-840-6500	
MAMMOGRAPHY CENTERS	JACQUELINE M WILENTZ COMP BREAST CTR AT COLTS NECK	310 ROUTE 34, 2ND FLOOR	COLTS NECK	07732	MONMOUTH	732-462-1793	PSA
MAMMOGRAPHY CENTERS	HER SPACE BREAST IMAGING ASSOCIATES	300 HWAY 35 SOUTH	EATONTOWN	07724	MONMOUTH	732-571-9100	PSA
MAMMOGRAPHY CENTERS	FREEHOLD RADIOLOGY GROUP @ NORTH POINT	176 ROUTE 9 NORTH 1ST FLOOR	ENGLISHTOWN	07726	MONMOUTH	732-577-2750	
MAMMOGRAPHY CENTERS	CENTRASTATE MEDICAL CENTER - THE WOMAN'S HEALTH CENTER	901 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	732-303-3636	
MAMMOGRAPHY CENTERS	FREEHOLD RADIOLOGY GROUP	901 WEST MAIN STREET - MEDICAL ARTS BLDG	FREEHOLD	07728	MONMOUTH	732-462-4844	
MAMMOGRAPHY CENTERS	UNIVERSITY RADIOLOGY GROUP PC	900 W MAIN STREET	FREEHOLD	07728	MONMOUTH	732-462-1900	
MAMMOGRAPHY CENTERS	BAYSHORE COMMUNITY HOSPITAL WOMEN'S CENTER	727 N BEERS STREET	HOLMDEL	07733	MONMOUTH	732-739-8819	SSA
MAMMOGRAPHY CENTERS	JACQUELINE M WILENTZ BREAST CENTER AT HOWELL SITE	59 KENT ROAD	HOWELL	07731	MONMOUTH	732-534-0746	SSA
MAMMOGRAPHY CENTERS	OCEAN GYNECOLOGICAL & OBSTETRICAL ASSOCIATES	475 ROUTE 70	LAKEWOOD	08701	MONMOUTH	732-364-8000	SSA
MAMMOGRAPHY CENTERS	RED BANK RADIOLOGISTS, PA	200 WHITE ROAD, SUITE 115	LITTLE SILVER	07739	MONMOUTH	732-741-9595	PSA
MAMMOGRAPHY CENTERS	JACQUELINE M WILENTZ COMP BREAST CENTER	300 SECOND AVENUE	LONG BRANCH	07740	MONMOUTH	732-923-6811	PSA
MAMMOGRAPHY CENTERS	ATLANTIC MEDICAL IMAGING	2399 HIGHWAY 34, UNIT B	MANASQUAN	08736	MONMOUTH	732-292-9980	
MAMMOGRAPHY CENTERS	JERSEY SHORE IMAGING	2100 CORLIES AVENUE SUITE 21	NEPTUNE	07753	MONMOUTH	732-988-1234	PSA
MAMMOGRAPHY CENTERS	UNIVERSITY RADIOLOGY ATLANTIC	48 GILBERT STREET	NORTH TINTON FALLS	07701	MONMOUTH	732-530-5750	PSA
MAMMOGRAPHY CENTERS	RIVERVIEW MEDICAL CENTER	ONE RIVERVIEW PLAZA	RED BANK	07701	MONMOUTH	732-530-2305	PSA
MONMOUTH COUNTY CANCER COALITION	CENTER FOR KIDS & FAMILY	ATT: DEBRA LEVINSON - 99 ROUTE 37 WEST	TOMS RIVER	08755	MONMOUTH	732-286-3693	

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PEDIATRIC COMMUNITY TRANSITIONAL HOMES	ST CLARES HOME FOR CHILDREN	1506 CORLIES AVENUE	NEPTUNE	07753	MONMOUTH	(973) 776-6449	PSA
PRIMARY HEALTH CARE CENTER	VISITING NURSE ASSOCIATION OF CENTRAL JERSEY - KEYPORT PRIMARY CARE CENTER	35 BROAD STREET	KEYPORT	07735	MONMOUTH	732-888-4149	SSA
PRIMARY HEALTH CARE CENTERS	VISITING NURSE ASSOCIATION OF CENTRAL JERSEY - COMMUNITY HEALTH CENTER, MAIN FACILITY	1301 MAIN STREET	ASBURY PARK	07712	MONMOUTH	(732) 774-6333	PSA
PRIMARY HEALTH CARE CENTERS	VISITING NURSE ASSOCIATION OF CENTRAL JERSEY - KEANSBURG COMMUNITY HEALTH CENTER	100 MAIN STREET	KEANSBURG	07734	MONMOUTH	(732) 787-1250	SSA
PRIMARY HEALTH CARE CENTERS	VISITING NURSE ASSOCIATION OF CENTRAL JERSEY - RED BANK COMMUNITY HEALTH CENTER	176 RIVERSIDE AVENUE	RED BANK	07701	MONMOUTH	(732) 219-6620	PSA
RESIDENTIAL DEMENTIA CARE HOME	MILLENNIUM MEMORY CARE AT MATAWAN	447 MATAWAN AVENUE	CLIFFWOOD	07721	MONMOUTH	(201)529-4660	
RESIDENTIAL DEMENTIA CARE HOME	MILLENNIUM MEMORY CARE AT OCEAN	111 BOWNE ROAD	OCEAN TOWNSHIP	07712	MONMOUTH	(201)529-4660	PSA
SURGICAL PRACTICE	REPRODUCTIVE SCIENCE CENTER OF NEW JERSEY PA	234 INDUSTRIAL WAY WEST, SUITE A104	EATONTOWN	07724	MONMOUTH	(732) 918-2500	PSA
SURGICAL PRACTICE	BOGDAN SURGERY CENTER	112 PROFESSIONAL VIEW DRIVE BLDG 100	FREEHOLD	07728	MONMOUTH	(732) 577-9126	
SURGICAL PRACTICE	FREEHOLD SURGICAL CENTER	500 WEST MAIN STREET	FREEHOLD	07728	MONMOUTH	(732) 462-8707	
SURGICAL PRACTICE	HOLMDEL MULTI SPECIALTY SURGICAL ASSOCIATES LLC	670 NORTH BEERS STREET, BUILDING 2, SUITE 2	HOLMDEL	07733	MONMOUTH	(732) 888-3737	SSA
SURGICAL PRACTICE	PHYSICIANS OF MONMOUTH, LLC	733 NORTH BEERS STREET, SUITE L4	HOLMDEL	07733	MONMOUTH	(732) 739-0707	SSA
SURGICAL PRACTICE	MOSS UROLOGIC SURGERY, LLC	2356 ROUTE 9S, SUITE B6	HOWELL	07731	MONMOUTH	(732) 886-2252	SSA
SURGICAL PRACTICE	RETINA CONSULTANTS SURGERY CENTER	39 SYCAMORE AVENUE	LITTLE SILVER	07739	MONMOUTH	(732) 530-7730	PSA

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SURGICAL PRACTICE	ATLANTIC SURGERY CENTER	279 THIRD AVENUE, SUITE 105	LONG BRANCH	07740	MONMOUTH	(732) 222-7300	PSA
SURGICAL PRACTICE	COMPREHENSIVE PAIN MANAGEMENT	2420 HIGHWAY 34	MANASQUAN	08736	MONMOUTH	(732) 223-2873	
SURGICAL PRACTICE	OCEAN SURGICAL PAVILION	1907 HIGHWAY 35, SUITE 9	OAKHURST	07755	MONMOUTH	(732) 517-8885	PSA
SURGICAL PRACTICE	MAXILLOFACIAL SURGERY CENTER FOR EXCELLENCE LLC	276 BROAD STREET	RED BANK	07701	MONMOUTH	(732) 530-1110	PSA
SURGICAL PRACTICE	MID ATLANTIC EYE CENTER, PC	70 E FRONT STREET	RED BANK	07701	MONMOUTH	(732) 741-0858	PSA
SURGICAL PRACTICE	MONMOUTH PLASTIC SURGERY PC	264 BROAD STREET	RED BANK	07701	MONMOUTH	(732) 842-3737	PSA
SURGICAL PRACTICE	MONMOUTH SURGI CENTER PC	370 STATE HIGHWAY 35	RED BANK	07701	MONMOUTH	(732) 530-1599	PSA
SURGICAL PRACTICE	RIVERSIDE PLASTIC SURGERY AND SINUS CENTER	70 EAST FRONT STREET-THIRD FLOOR	RED BANK	07701	MONMOUTH	(732) 747-5300	PSA
SURGICAL PRACTICE	TWO RIVERS SURGERY CENTER LLC	194 ROUTE 35 SOUTH	RED BANK	07701	MONMOUTH	(732) 242-4000	PSA
SURGICAL PRACTICE	DAMIEN FERTILITY PARTNERS A DIV OF REGIONAL	655 SHREWSBURY AVENUE, SUITE 300	SHREWSBURY	07702	MONMOUTH	(732) 758-6511	PSA
SURGICAL PRACTICE	PLASTIC SURGERY CENTER (THE)	535 SYCAMORE AVENUE	SHREWSBURY	07702	MONMOUTH	(732) 741-0970	PSA
SURGICAL PRACTICE	CENTER FOR SPECIAL SURGERY	1902 HIGHWAY 35	WALL	07719	MONMOUTH	(732) 974-3727	SSA