

Barnabas Health

KIMBALL MEDICAL CENTER COMMUNITY HEALTH NEEDS ASSESSMENT 2013



ACKNOWLEDGEMENTS

The following partners led the Kimball Medical Center Community Needs Assessment:

Barnabas Health

Community Health Needs Assessment Steering Committee

Catherine A. Ainora, Senior Vice President, System Development/Planning
Stephanie Bloom, President & Chief Executive Officer, Community Medical Center
Mary Ellen Clyne, President & Chief Executive Officer, Clara Maass Medical Center
Tamara Cunningham, Vice President, System Development/Planning
Michellene Davis, Senior Vice President for Governmental Relations & Policy Development
John Doll, Vice President for Financial Management
Nancy Holocek, Senior Vice President, Patient Care Services
Anthony Palmerio, Vice President, Internal Audit
Anthony Slonim, M.D., Executive Vice President, Chief Medical Officer
Mike Slusarz, Vice President, Marketing & Corporate Communications
Tori Weinstein, Director, Saint Barnabas Medical Center Foundation

Steering Committee Consultant Advisors

Nancy Erickson, Principal, New Solutions, Inc. (1)
Scott Mariani, Director, Tax/Health Services, Withum Smith & Brown

Kimball Medical Center

The Kimball Medical Center Needs Assessment and Implementation Plan development were overseen by their CHNA workgroup, comprised of the following individuals:

Michael Mimoso, FACHE, President and Chief Executive Officer
Judy Colorado, RN, BSN, MA, NE-BC, Chief Operating Officer & Chief Nursing Officer – Kimball Medical Center
Todd Phillips, MD, Chief Medical Officer, Kimball Medical Center
Charlene Harding, Planning Liaison

Questions regarding the Community Needs Assessments should be directed to Barnabas Health System Development/Planning. The Planning Department can be reached at (973) 322-4067.

-
- (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 three are Ph.D. prepared, includes: planning consultants, market researchers, epidemiologists, computer programmers and data analysts. NSI has extensive regional and local community knowledge of health issues, community services and provider resources for the community reviewed by this assessment. This expertise, as well as the methodological and technical skills of the entire staff, was brought to bear in conducting this Needs Assessment and Health Improvement Plan.

TABLE OF CONTENTS

	<u>Page</u>
EXECUTIVE SUMMARY	(i)
1. INTRODUCTION	1
2. METHODOLOGY	3
3. OCEAN COUNTY OVERVIEW	7
4. OCEAN COUNTY/SERVICE AREA HEALTH PROFILE	8
A. HEALTH OUTCOMES.....	8
1. Premature Deaths.....	8
2. Leading Cause of Death	8
3. Behavioral Health-Related Deaths.....	14
4. Infant Mortality.....	15
5. Low and Very Low Birth Weight Infants	16
6. Health and Behavioral Health Status	17
7. Morbidity	18
B. HEALTH FACTORS.....	26
1. Socioeconomic Status	26
2. Access to Care	32
3. Clinical Care Measures.....	45
4. Health Behaviors.....	50
5. Physical Environment.....	63
6. Behavioral Health	69
5. ASSETS AND GAPS ANALYSIS	76
APPENDIX A – SECONDARY SOURCES	83
APPENDIX B – STATISTICAL SIGNIFICANCE FOR DATA SOURCES	84
APPENDIX C – OCEAN COUNTY COMMUNITY HEALTH ASSESSMENT PRIORITIZED ISSUES FROM COMMUNITY MEETINGS	85
APPENDIX D –RESOURCE INVENTORY	91

EXECUTIVE SUMMARY

Background

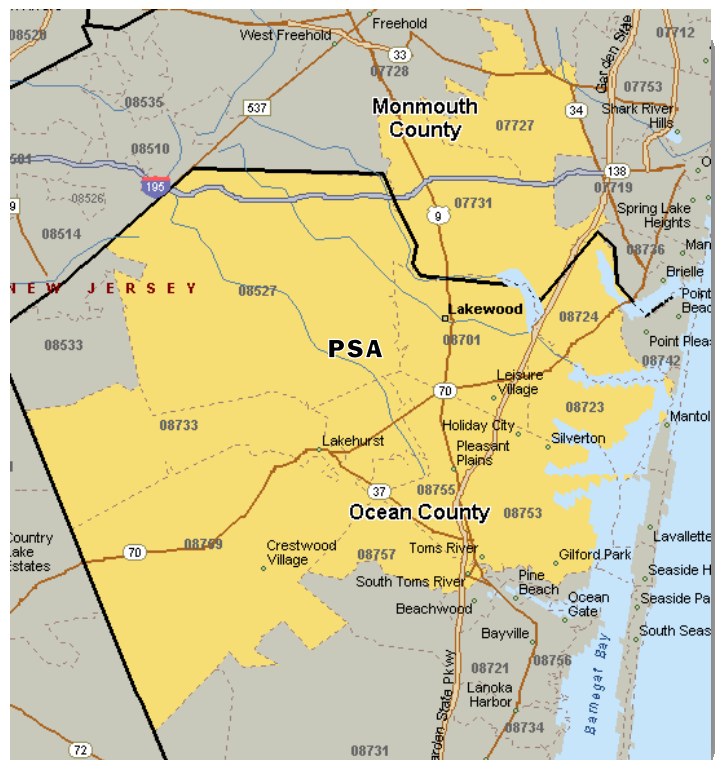
The Community Health Needs Assessment (CHNA) for the communities served by Kimball Medical Center (KMC) was designed to ensure that the Hospital continues to effectively and efficiently serve the health needs of the area. The CHNA was developed in accordance with all federal rules and statues, specifically, PL 111-148 (the Affordable Care Act) which added Section 501(r) to the Internal Revenue Code. The Medical Center is a member of the Barnabas Health System which provided additional support and leadership in the development of the Plan. Representatives of KMC worked with a county-wide group of providers, civic leaders, health departments and community representatives to identify the top health issues facing the county. These recommendations were considered by KMC leadership and adopted based on the Medical Center's capacity, resources, competencies, and needs specific to the populations it serves.

The CHNA uses 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 which shared data from their own needs assessments and by input from the county-wide task force who provided additional insight and expertise which led to the identification of Plan priorities. The communities considered throughout this CHNA are pictured in page 1, and are all located within Ocean County.

Service Area Map

Ocean County is the second largest and fastest growing county in New Jersey. Between 2000 and 2010, the population of the county grew 13%. It is one of four New Jersey counties bordering the Atlantic Ocean.

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



According to the 2010 Census, towns within Ocean County that experienced the largest percent of population growth include: Jackson (28.1%), Lakewood Township (53.8%), Little Egg Harbor (25.8%), Manchester (10.6%), Ocean Township (29.2%), and Stafford Township (17.8%).

The racial make-up of the county is fairly homogeneous – Whites were 90.98%, Blacks or African-Americans were 3.15%, Native Americans were 0.17%, Asians were 1.75%, Pacific Islanders were 0.02%, Other Races were 2.46%, residents from two or more races were 1.47%, and Hispanics of any race were 8.29% of the county.

Ocean County has the highest concentration of elderly in the State with 21% of its population over the age of 65. Much of the county's growth has been due to development of residential communities geared to the needs of retirees.

Median household and per capita income lag behind the State of New Jersey. There are also pockets of poverty and areas of wealth within the communities that make up the county. In October 2012, the New Jersey shoreline was hit by Super storm Sandy, whose path of destruction destroyed homes along the shore without regard to personal wealth or poverty status.

The following is an example of the differences and disparities identified within this CHNA:

- In 2011, 11.5% of Ocean County residents lived below the poverty level compared to 10.4% of New Jersey residents and 27.3% of Lakewood Township residents.
- In 2011, 10.9% of Ocean County's population did not complete high school, but residents of Lakewood Township and Toms River had failure to complete high school rates of 17.2% and 19.8%, respectively.
- The 2011 median family income in Ocean County is \$56,652. Median incomes in the Primary Service Area (PSA) of KMC in 2011 ranged between \$33,979 in Manchester to \$85,886 in Howell.
- Median and per capita income for Ocean County residents are statistically significantly worse than New Jersey. The per capita income level in Lakewood Township, \$14,045, is one-half that of the county, \$28,566.

Disparities in Ocean County and KMC's PSA residents' incidence of prevalence of illness identified by this CHNA include:

- Age-adjusted cancer mortality rates in Ocean County were higher for Whites and Hispanics than for these groups statewide.
- The percentage of low birth weight babies born to Black women between 2004 and 2008 was higher than for any other race.
- In 2008, the percent of very low birth weight babies born to Hispanics was higher than for any other race/ethnicity.
- Incidence rates for the following diseases were significantly higher among Ocean County residents than those of the State:
 - Diabetes affects 13.7% of the county compared to 9.2% of New Jerseyans.
 - Arthritis affects 28.6% of Ocean County residents compared to 22.7% of New Jersey residents.
 - Overall cancer incidence in Ocean County (522.15/100,000) is statistically significantly higher than in the State.

- County residents fail to get recommended screenings for cervical and breast cancer, and to receive diabetic screening at recommended levels.
- Ocean County seniors fail to get inoculated for flu and pneumonia at levels recommended.
- The inpatient use rate among Ocean County residents (236.3/1,000) is higher than the State (171.8/1,000). Residents of towns with a high concentration of elderly tend to have higher use rates – Manchester (377.9/1,000) and Toms River (337.9/1,000).
 - Manchester and Toms River also demonstrate higher rates of inpatient Ambulatory Care Sensitive Conditions (ACSC) than are present in the county or PSA.
- Although, ED use rates in KMC’s PSA (346.9/1,000) are lower than Ocean County (364.5/1,000), several towns including Lakehurst (545.6/1,000) and Brick, 08723, (409.2/1,000) have higher rates.
 - Lakehurst also demonstrates the highest ACSC for ED visit rates among children and adults than the PSA or county.
- The PSA inpatient behavioral health use rate (6.5/1,000) for mental health admissions is higher than the State rate (5.0/1,000).
- The PSA ED behavioral health visit rate for mental health (12.8/1,000) is also higher than the State (9.6/1,000).
- Ocean County residents report higher numbers of mentally (3.7) and physically (3.6) unhealthy days per months than residents of New Jersey (3.3 and 3.4, respectively).
- A statistically significantly higher percentage of Ocean County adults report a disability.

Healthy Community Indicators identified that:

- Ten percent of low income Ocean County residents do not live near a grocery store compared to 4% of New Jersey low income residents.
- The annual number of unhealthy air quality days due to ozone concentrations (18) is higher than the State (11), and significantly higher than the National Benchmark.
- The violent crime rate in Ocean County is significantly higher than the National Benchmark.
- Ocean County has significantly fewer physicians per population available to serve the population than are available statewide.

Top 5 Health Issues

Five top health issues emerged as those most likely to benefit residents of the areas served by the Medical Center. The Medical Center believes that these five issues are within its purview, competency, and resources to impact in a meaningful manner. These issues include:

1. Care Transitions

The term “care transition” describes a process in which a patient’s care setting changes from hospital to home, skilled nursing facility or other inpatient facility. Poor management of these transitions can have far reaching consequences such as hospital readmission, adverse medical events and sometimes death. In addition to the negative health consequences, these adverse outcomes are costly. Researchers estimate that inadequate care coordination and transition was responsible for \$25 to \$45 billion dollars in spending due to avoidable complications and hospital readmissions.¹

¹ Retrieved from http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=76 accessed 6/13/13.

- Although, hospital readmission rates for AMI, COPD, heart failure, heart attack and pneumonia decreased in Ocean County between 2006 and 2010, the rates for AMI, COPD and pneumonia remain higher than the statewide average. KMC's excess readmission rates were over 1.00 and resulted in a full 1% readmission penalty.
- The top 3 ACSC for which patients are hospitalized in the PSA include CHF, COPD and bacterial pneumonia.
- COPD is also one of the top 5 ACSC for which PSA residents visit the ED.
- The age-adjusted rate of deaths due to diseases of the heart in Ocean County was significantly higher than the *Healthy People 2020* target.

Without information or an understanding of their diagnosis, medications and self-care needs, patients cannot fully participate in their care once they are sent home. In addition, primary care physicians too often have little to no information about their patients' hospitalizations, and patients fail to consistently get the follow-up care they need once they leave the hospital. Poor designed or executed discharge planning creates unnecessary and costly burdens for health professionals and patients.

A comprehensive, customized discharge plan can effectively communicate discharge information to patients, community providers and caregivers, and facilitate post-hospital discharge. When combined with post-discharge support, such a process can reduce hospital readmissions, improve outcomes and reduce costs.

2. Access to Primary Care

An individual's ability to access health services has a profound impact on every aspect of their health. Yet, approximately 1 in 5 Americans (children and those under 65) do not have medical insurance. People without insurance are less likely to have a regular source of care, such as a primary care provider (PCP) and are more likely to skip routine medical care due to cost, increasing their risk of serious illness and disability.

Regular and reliable access to health services can:

- Prevent disease and disability.
- Detect and treat illnesses or other health conditions.
- Increase quality of life.
- Reduce the likelihood of premature death and increase life expectancy.

There are a number of factors which influence an individual's access to primary care in addition to insurance coverage. These factors include services, timeliness, and workforce issues.

Improving healthcare services is predicated on the ability of people to have a usual and ongoing source of care. People with a usual source of care have better outcomes, fewer disparities, and lower costs.² Improving services also includes access to evidence-based preventive services to prevent illness or detect disease at an earlier and more treatable stage.

² Retried from www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1. Retrieved July 8, 2013.

Timeliness in healthcare relates to actual or perceived difficulties in obtaining care when one is ill or injured. Such measures include physician office and ED wait times and waits between diagnosis and treatment.

Workforce issues relate to the number of PCPs that are available to serve the needs of their communities. Over the last several decades there has been a decrease in the number of medical students interested in working in primary care in the U.S. Difficulties in accessing PCPs are expected to increase following full implementation of the Affordable Care Act, which is slated to increase insurance coverage to an additional 32 million Americans.

Access to primary care services impacts county and service area residents in the following ways:

- The number of years of potential life lost among Ocean County residents is far higher than the County Health Ranking (CHR) Benchmark.
- Ocean County has a significantly lower rate of primary care physicians per 1,000 population (64.2) than the CHR National Benchmark (158.5).
- A significantly higher percentage of Ocean County residents lack healthcare coverage compared to the National Benchmark.
- Ocean County adults use ED services for Ambulatory Care Sensitive Conditions (ACSC) at a higher rate than adults statewide, 60.9/1,000 compared to 51.2/1,000.
- KMC's service area showed a need for in excess of 26-29 additional primary care physicians when calculated by traditional physician-to-population ratios.
- KMC's PSA adult rate of ED visits for ACSC (60.0/1,000) exceeded the statewide rate, 51.2/1,000.
- KMC's PSA had an inpatient admission rate for ACSC (30.0/1,000) that exceeded that of the State (22.6/1,000).

3. Prevention and Maintenance of Chronic Diseases

Chronic diseases are non-communicable diseases that are prolonged in duration and are rarely cured completely. These conditions include heart disease, cancer, stroke, diabetes and arthritis. Chronic diseases are responsible for 70% of all deaths in the U.S. and nearly 1 in 2 Americans suffer from at least one chronic illness. Treating people with chronic diseases account for 75% of all healthcare costs in the U.S. Additionally, nearly two-thirds of the increase in spending is a result of the increased prevalence of chronic disease. The average cost of treating someone with one or more chronic diseases is five times greater than for someone without a chronic disease.³

In addition, similar to national trends, Ocean County residents are exhibiting increasing diagnoses for chronic diseases. It is also common that the pathology for one condition may also affect other body systems, resulting in co-occurrence of multiple chronic conditions (MCC). The presence of MCCs adds a layer of complexity to disease management.

- Approximately 21% of Ocean County residents are elderly.
- Ocean County residents' prevalence rate for diabetes and arthritis were statistically higher than that of the State.
- Ocean County residents reported prevalence rates for high cholesterol that were higher than National Benchmarks.

³ Retrieved from <http://www.cdc.gov/features/chronicdiseaseprogram/>. Accessed June 7, 2013.

- Service area residents display high rates of ACSC admissions among chronic disease categories including CHF and COPD, as well as ED visits for COPD.
- Ocean County residents have significantly higher age-adjusted mortality rates for Heart Disease and Cancer than National Benchmarks.

For many, chronic disease is a lifelong proposition impacting the quality of life for individuals, families and caregivers. Chronic disease also has broader economic impacts in terms of increased absenteeism, productivity, poor performance, etc.

Yet, the vast majority of chronic diseases are preventable and many could be managed more effectively. With an aging population and an increasing number of children and adolescents suffering from a chronic condition, this issue has become a leading health concern for the nation.

4. Health of Older Adults

Older adults are the fastest growing age group in Ocean County and among the fastest growing age cohorts in the nation. Older adults are at higher risk for developing chronic illnesses and related disabilities including diabetes, arthritis, heart disease and dementia.⁴ As a result of these conditions, many older adults experience hospitalizations, increased medical costs, nursing home admissions, and the loss of their ability to live at home independently.

Preventive health and supportive services are valuable interventions to maintaining the quality of life and wellness of older adults. Unfortunately, preventive health services are under-utilized by many including certain racial and ethnic populations.

Early prevention and physical activity can prevent or postpone illness, chronic diseases or injuries that limit the physical and mental abilities of adults. However, less than 20% of older adults engage in sufficient physical activity and even fewer engage in strength training. Behaviors such as participation in physical activity, self-management of chronic disease, or the use of preventive health services can improve health outcomes. Focusing preventive health practices and providing support to older adults holds promise for helping these individuals enjoy a better quality of life and to function independently.

Older adults use more healthcare services; some have complex conditions and require professional expertise that meets their needs. Although most healthcare professionals receive some training on aging, few actually specialize in this area and far more are needed to meet the upcoming demands as the baby boomer generation begins to enter their “golden years.”

Ocean County’s elderly made up approximately 22% of the 2011 population compared to 13% statewide.

- 23% of KMC’s PSA is made up of elderly patients.
- Despite an active Office on Aging there are few medical resources (with the exception of long term care facilities) dedicated to the special needs of the elderly in Ocean County.
- Hospital utilization in Ocean County is among the highest in the State due primarily to higher than average utilization by individuals over 65.

⁴ Retrieved from www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=31. Accessed August 2, 2013.

5. Obesity

Between 1980 and 2000, obesity rates doubled among children and adults and tripled among adolescents.⁵ Obesity is a major risk factor for Type 2 Diabetes. This form of diabetes which was once believed to affect only adults is now being diagnosed in children. Overweight children with diabetes are at risk for serious complications of the disease which include kidney disease, blindness and amputations.

Overweight and obesity are associated with increased risks for many types of cancer, including cancer of the breast, colon, endometrial, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix and prostate, as well as multiple myeloma and Hodgkin's lymphoma.⁶

Although healthy lifestyle habits like healthy eating and physical activity can lower the risk of obesity and diabetes, too few adults or children eat the recommended five or more servings of fruits or vegetables a day or get the recommended amount of physical activity to provide health benefits.

Healthy lifestyle activities are influenced by a number of sectors of society – families, communities, schools, medical providers, faith-based organizations, the media, food and beverage industries, and entertainment industries. Schools play a particularly critical role by offering safe environments for physical activities and policies that support healthy lifestyle choices.

- The percentage of Ocean County residents reporting diabetes is on the increase rising from 9.7% to 13.7% between 2006 and 2010.
- Obesity in Ocean County rose from 25.8% in 2006 to 28.4% in 2010.
- The percentage of people engaging in regular physical activities declined from 45.3% in 2005 to 45.2% in 2009, and is significantly lower than the *Healthy People 2020* target.
- The percentage of Ocean County residents participating in any physical activity in the last month (71%) was lower than the CHR Benchmark (79%).
- Ocean County residents' fruit and vegetable consumption (20.4%) was statistically significantly lower than the level statewide (26.4%).

⁵ Retrieved from www.cdc.gov/pdf/facts_about_obesity_in_the_united_states.pdf. Accessed July 8, 2013.

⁶ Retrieved from www.cdc.gov/healthyyouth/obesity/facts.htm. Accessed July 8, 2013.

1. **INTRODUCTION**

Kimball Medical Center (KMC) is a 350 licensed-bed, fully accredited acute care hospital which provides medical and healthcare services to residents in the Ocean and Monmouth County Region. KMC provides a full range of modern diagnostic and treatment services in all major specialties: medical-surgical programs including the latest advancements in laser and arthroscopic surgery, emergency and trauma care, maternity and pediatrics, cancer and diabetes care, level two special care nursery, inpatient dialysis, rehabilitation programs, and occupational medicine.

Healthy People 2020 is a 10-year agenda to improve the nation's health that encompasses the entire continuum of prevention and care. For over three decades *Healthy People* has established benchmarks and monitored progress over time to measure the impact of prevention activities. *Healthy People 2020* benchmarks are used throughout the report to assess the health status of residents.

The County Health rankings published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation rank the health of nearly all counties in the United States. The rankings look at a variety of measures that affect health such as high school graduation rates, air pollution levels, income, rates of obesity and smoking, etc. These rankings are also used throughout the report to measure the overall health of Ocean County residents. County rates are also compared to statewide rates. Statistical significance is calculated for values higher, lower or the same as the State or national benchmarks.

In June 2011, the National Prevention Council, created through the Affordable Care Act (ACA) in 2010, and tasked with the development of a National Prevention Strategy to realize the law's efforts to reduce costs, improve quality of care, and provide coverage options for the uninsured, published its strategy. The Council's overarching goal is to increase the number of Americans who are healthy at every stage of life. To achieve this goal, the strategy identifies four Strategic Directives and seven targeted Priorities. The Strategic Directives are core recommendations for developing a prevention-oriented society. The Strategic Directives are:

- **Healthy and Safe Community Environments:** Create, sustain, and recognize communities that promote health and wellness through prevention.
- **Clinical and Community Prevention Services:** Ensure that prevention-focused healthcare and community prevention efforts are available, integrated, and mutually reinforcing.
- **Empowered People:** Support people in making healthy choices.
- **Elimination of Health Disparities:** Eliminate disparities, improving the quality of life for all Americans.

With this framework, the Priorities provide directives that are most likely to reduce the burden of the leading causes of preventable death and major illness. The seven Priorities are:

- **Tobacco Free Living**
- **Preventing Drug Abuse and Excessive Alcohol Use**
- **Healthy Eating**
- **Active Living**

- **Injury and Violence Free Living**
- **Reproductive and Sexual Health**
- **Mental and Emotional Well-Being**

The KMC needs assessment was undertaken in this context and developed for the purpose of enhancing the health and quality of life throughout the community.

2. METHODOLOGY

Data sources for the CHNA included secondary data and qualitative input derived from meetings/discussions with the public health community of Ocean County and community providers and service agencies. This allowed the Hospital to identify and prioritize the top issues facing residents in the service area.

Secondary Data Source

Over 30 secondary data sources were used in this Community Health Needs Assessment (CHNA). These included the United States Census Bureau, Centers for Disease Control & Prevention (CDC), New Jersey Department of Health (NJDOH), Behavioral Risk Factor Surveillance System, and County Health Rankings mentioned above. A detailed list of the secondary data sources can be found in Appendix A.

Qualitative Data Sources

Meetings with County/Local Health Departments and Key Community Stakeholders

Barnabas Health and KMC representatives met with the County Health Department at the beginning of the CHNA process to advise them of the pending assessment and to request their input. KMC representatives also served on Ocean County Advisory Group a group of county health provider set up by the County Health Department to review health needs and issues. KMC shared results of its County Health Indicators with members of the Ocean County Health Department.

Prioritizing Needs

The Ocean County Advisory Group held four community forums at sites throughout the county in which a total of 14 health issues were identified by the 97 individuals who attended. Priorities by site are identified below.

Manchester Civic Center Community Meeting January 17, 2013	Kimball Medical Center Community Meeting January 24, 2013	Southern Ocean Medical Center Community Meeting January 31, 2013	CHEMED Community Meeting February 20, 2013
Obesity	Obesity	Obesity	Obesity
Behavioral Health (substance abuse & mental health)	Behavioral Health (substance abuse & mental health)	Behavioral Health (substance abuse & mental health)	Behavioral Health (substance abuse & mental health)
Domestic Violence	Poverty	Access to Care	Infrastructure
Immunization Compliance	Asthma	Transportation to medical facilities	Over use of Emergency Room (Access to Care)
Cancer Prevalence	Cardiac Prevalence	Falls (Older Adults)	Primary/Secondary Prevention Education on Chronic Diseases
Number of Attendees: 22	Number of Attendees: 30	Number of Attendees: 28	Number of Attendees: 17

The work group selected the top five priorities that best address the health issues and needs impacting the county. These were:

1. Obesity
2. Immunization Compliance
3. Access to Care
4. Behavioral Health
5. Chronic Disease Prevention

This information was shared with Hospital representatives at a meeting on June 6, 2013, along with service area-specific utilization data, sociodemographic data, and physician need information. Medical Center executives then entered into a discussion and process to determine priorities that were most appropriate to the communities served by the Medical Center. These priorities also represent the concerns and issues KMC has the capacity to address. Through this process the following priorities were identified:

1. Transitions in Care
2. Obesity
3. Prevention and Management of Chronic Diseases
4. Access to Care
5. Geriatric Care

Oversight of the CHNA was provided by internal Hospital and system leadership. This insured that health issues, needs and priorities received the attention and support of the executive leadership of Kimball Medical Center and Barnabas Health (BH). The behavioral health priority identified for Ocean County and KMC's service area is being addressed through affiliate leadership, BH Behavioral Health Center

Service Area Definition

Kimball Medical Center is located in Lakewood, New Jersey. It is one of four hospitals serving residents in Ocean County. The Hospital's primary service area (PSA) consists of the following zip codes:

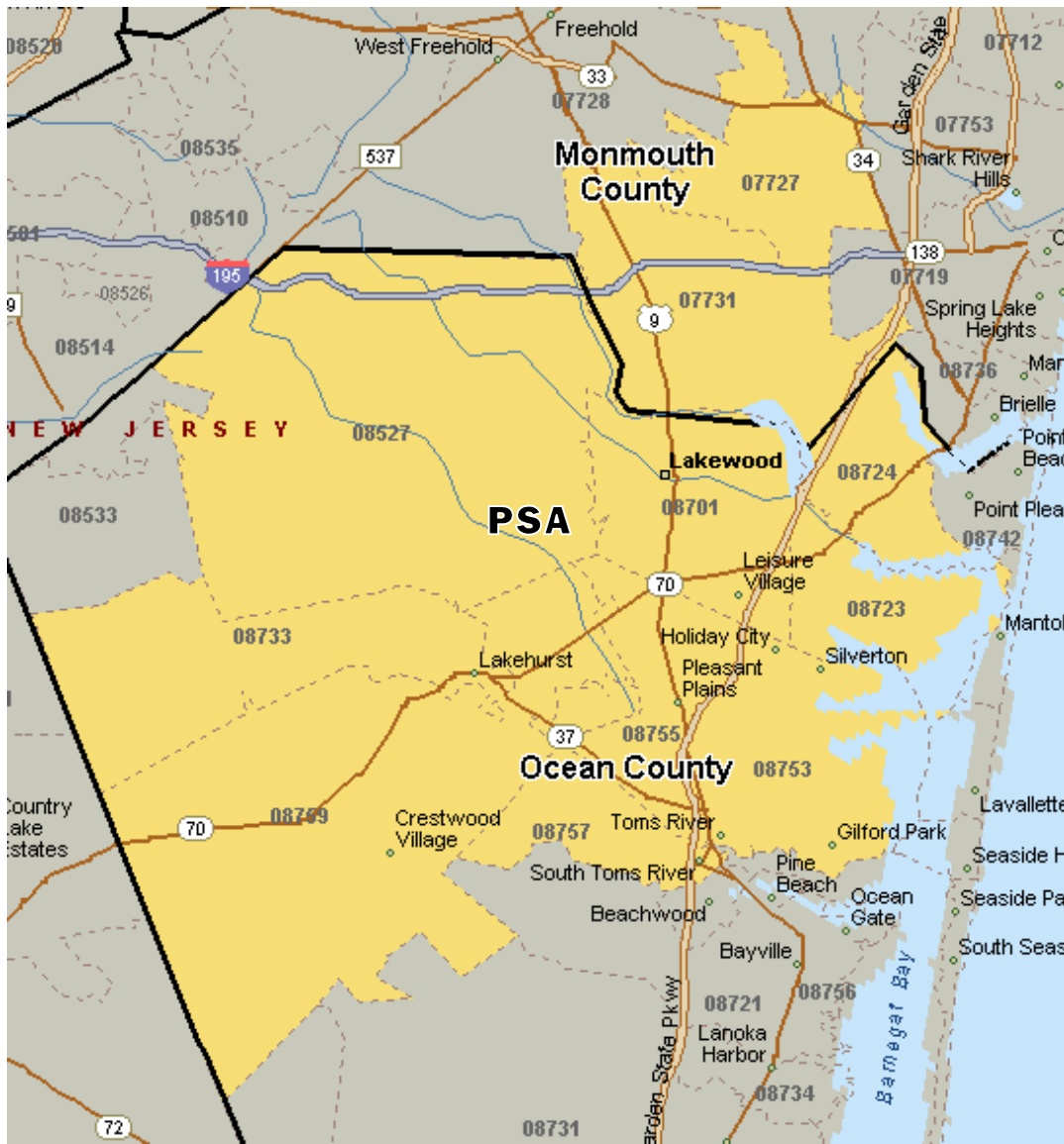
ZIP Code	ZIP Name
07727	FARMINGDALE
07731	HOWELL
08527	JACKSON
08701	LAKEWOOD
08723	BRICK
08724	BRICK
08733	LAKEHURST
08753	TOMS RIVER
08755	TOMS RIVER
08759	MANCHESTER TWP.

The service area is determined by taking into consideration three factors: patient origin, market share, and geographic continuity/proximity. Zips representing approximately 50% of the KMC patient origin form the initial PSA. Added to this list is any zip code in which the Hospital has a high market share

presence, any zip code with low market share is deleted from the PSA definition. 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. Data obtained from the qualitative analyses provide further insight into health issues facing the communities served by the Hospital.

**Figure 2.1
Service Area Map**



Notes on Data Sources

In reviewing the document, the following notes will facilitate understanding.

Color Indicator Tables

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.

A red indicator means the value is statistically worse than the comparison statistics. Green indicates a value statistically better than the comparison, and yellow that there is no statistical difference.

Depending upon the data source, various means were used to define statistical significance. These are outlined in Appendix B.

3. OCEAN COUNTY OVERVIEW

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

- Barnegat Light
- Barnegat Township
- Bay Head
- Beach Haven
- Beachwood
- Berkeley Township
- Brick Township
- Eagleswood
- Harvey Cedars
- Island Heights
- Jackson Township
- Lacey Township
- Lakehurst
- Lakewood Township
- Lavallette
- Little Egg Harbor Township
- Long Beach Township
- Manchester Township
- Mantoloking
- Ocean Gate
- Ocean Township
- Pine Beach
- Plumsted Township
- Point Pleasant Beach
- Point Pleasant Borough
- Seaside Heights
- Seaside Park
- Ship Bottom
- South Toms River
- Stafford Township
- Surf City
- Toms River Township
- Tuckerton

Much of the County is flat and coastal, with many beaches. Forty miles of Barrier Island form the Barnegat and Little Egg Harbor Bay, offering a wide range of water sports. In addition to being the northeast gateway to New Jersey's Pine Barrens, Ocean County is also home to six state parks.

4. OCEAN COUNTY/SERVICE AREA HEALTH PROFILE

The Ocean County Health Profile is organized to provide a discussion of health outcomes including mortality, morbidity, health status, etc., followed by a discussion of the role that health factors such as income, employment, access to care, health behaviors, and the environment play in determining how healthy people are

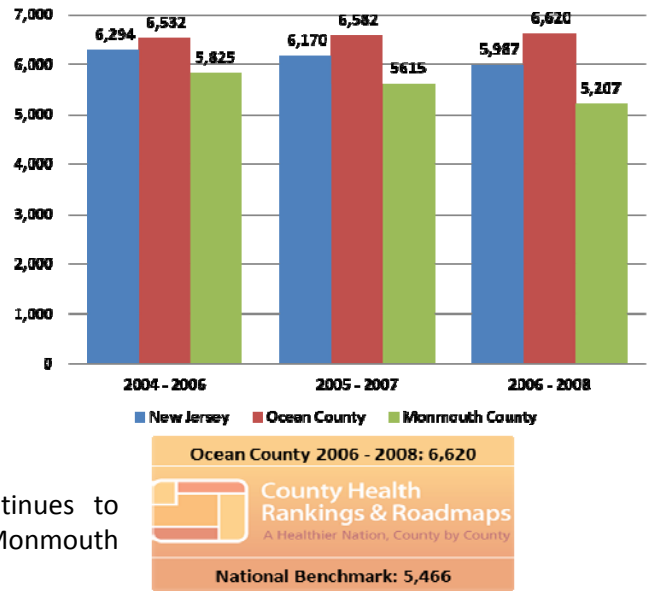
A. HEALTH OUTCOMES

1. Premature Deaths

Premature deaths, or 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). The rate of premature death is significantly higher in Ocean County compared to New Jersey and to the County Health Rankings (CHR) benchmark.

- Ocean County’s premature death rate of 6,620/100,000 is significantly higher than that of New Jersey, and 21% higher than the CHR benchmark.
- Ocean County’s premature death rate continues to slightly increase, and is higher than both Monmouth County and New Jersey.

Figure 4.1
Years of Potential Life Lost per 100,000



Source: County Health Rankings, National Vital Statistics System

Note: Every death occurring before the age of 75 contributes to the total number of years of potential life lost.

2. Leading Cause of Death in Ocean County

Between 2004 and 2008 the age-adjusted mortality rates (AAMR) for most of the 10 leading causes of death declined. The exceptions included chronic lower respiratory disease, unintentional injuries, Alzheimer’s disease, and Kidney Disease.

- The top five leading causes of death include heart disease, cancer, chronic lower respiratory disease, stroke, and unintentional injuries
- Heart disease and cancer mortality rates have declined, but still remain the primary cause of death for county residents.

Figure 4.2
Leading Causes of Death per 100,000

Cause	2004 Rate	2008 Rate
Diseases of the Heart	240.1	204.7
Cancer	201.2	191.4
Chronic Lower Respiratory Disease	34.5	36.4
Stroke	36.4	31.5
Unintentional Injuries	26.0	27.5
Alzheimer's Disease	21.1	21.8
Kidney Disease	18.7	19.6
Septicemia	23.1	17.9
Diabetes	25.9	16.9
Influenza and Pneumonia	17.1	11.4

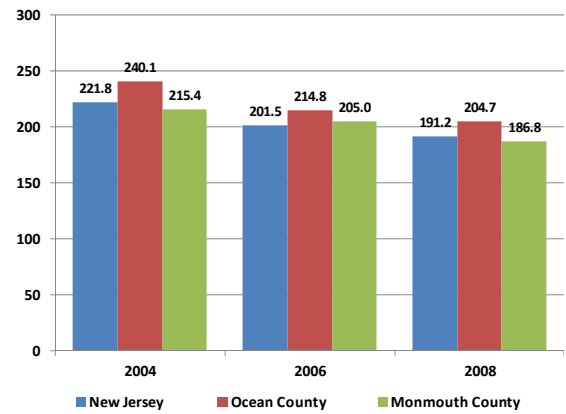
Source: N.J. Department of Health and Senior Services, Center for Health Statistics, State Health Assessment Data

Heart Disease

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

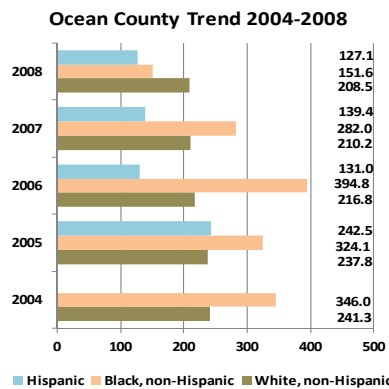
- Between 2004 and 2008 the AAMR for heart disease deaths dropped 17% to 204.7/100,000 but remains significantly higher than the *Healthy People 2020* target of 100.8 per 100,000.
- The AAMR for heart disease among Blacks declined from 346.0/100,000 to 151.6/100,000, between 2004 and 2008.
- The AAMR for heart disease declined among Hispanic and Caucasian residents of the county as well.

Figure 4.3
Deaths Due to Heart Disease per 100,000



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, State Health Assessment Data

Figure 4.4
Deaths Due to Heart Disease
by Race/Ethnicity – Trends per 100,000



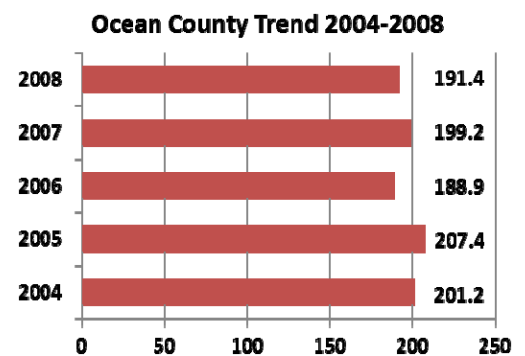
Source: N.J. Department of Health and Senior Services, Center for Health Statistics, State Health Assessment Data

Cancer

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

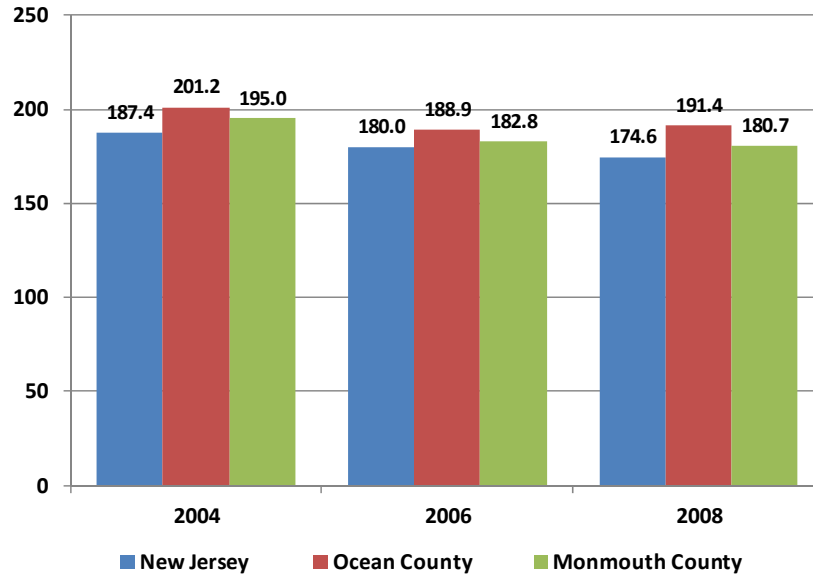
- Between 2004 and 2008 AAMR for cancer in Ocean County decreased from 201.2/100,000 to 191.4/100,000.
- The Ocean County AAMR is significantly higher than the state rate (174.6) or the *Healthy People 2020* target (160.0/100,000).
- The Ocean County mortality rate due to cancer is significantly higher than the statewide rate and the *Health People 2020* target.

Figure 4.5
Cancer Deaths Trends per 100,000



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, State Health Assessment Data

Figure 4.6
Cancer Deaths – Age-Adjusted Rate per 100,000 Population



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data

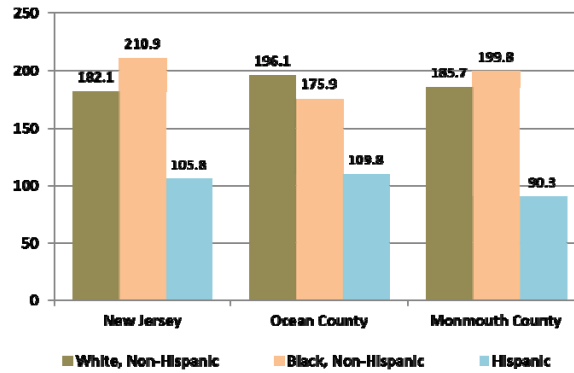
Figure 4.7
Cancer Deaths

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Deaths due to Malignant Neoplasms (Cancer): Age-Adjusted Rate per 100,000 Population	●	N/A	●
* Deaths due to Malignant Neoplasms (Cancer) (Black, Non-Hispanic): Age-Adjusted Rate per 100,000 Population	N/A	N/A	●

*Among all races/ethnicities in Ocean County

- AAMR for cancer among Blacks declined from 229.4 per 100,000 to 175.9 per 100,000, or 30.4%, and is higher than the rate for Hispanic residents, but lower than the AAMR for cancer among Caucasian residents.

Figure 4.8
Cancer Deaths by Race per 100,000



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data
Note: 2007, 2006, and 2004 data for the Hispanic population in Ocean County does not meet standards of reliability based on fewer than 20 cases in the numerator and/or denominator.

Stroke

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

- Between 2004 and 2008 the AAMR for stroke in Ocean County declined 15.5% from 36.4/100,000 to 31.5/100,000. The *Healthy People 2020* target is 33.8/100,000.
- AAMR for stroke declined 13.1% among Caucasian residents in Ocean County from 35.9/100,000 to 31.2/100,000, which was similar to the overall total rate for all races.

Figure 4.9
Stroke Deaths by County and State per 100,000

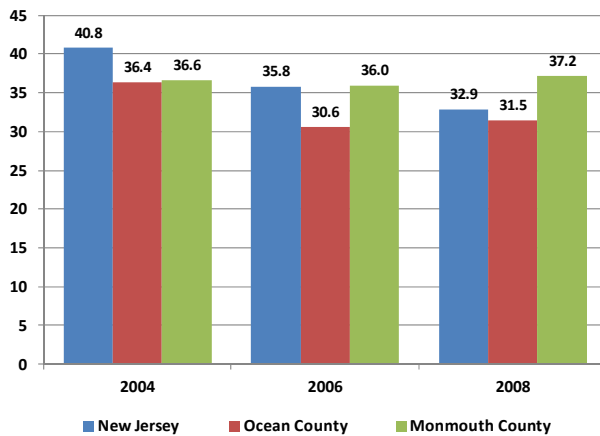
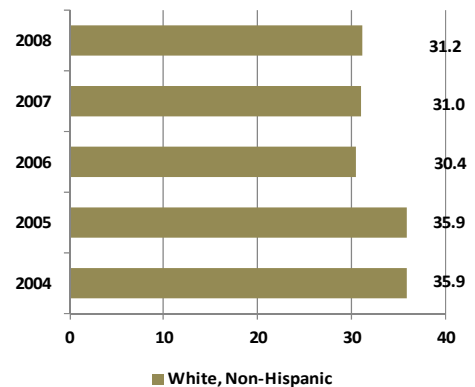


Figure 4.10
Stroke Deaths by Race/Ethnicity – Trend per 100,000

Ocean County Trend by Race/Ethnicity 2004-2008



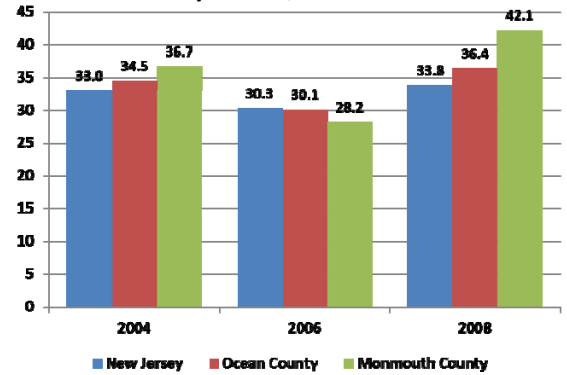
Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data
Note: Data for other racial/ethnic groups not shown because figures do not meet standards of reliability or precision, based on fewer than 20 cases in the numerator and/or denominator.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease is the third leading cause of death in Ocean County.

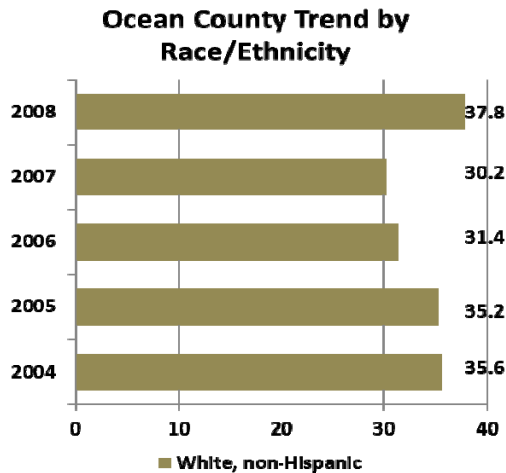
- The AAMR for Chronic Lower Respiratory Disease in Ocean County increased 5.5% between 2004 and 2008 from 34.5/100,000 to 36.4/100,000 and is statistically similar to the State rate of 33.8/100,000.
- Chronic Lower Respiratory Disease rose from 35.6/100,000 to 37.8/100,000 among Caucasian residents. This mortality rate is slightly higher than the overall mortality rate for the entire county.

Figure 4.11
Chronic Lower Respiratory Disease Deaths per 100,000



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, State Health Assessment Data

Figure 4.12
Chronic Lower Respiratory Disease Deaths by Race per 100,000



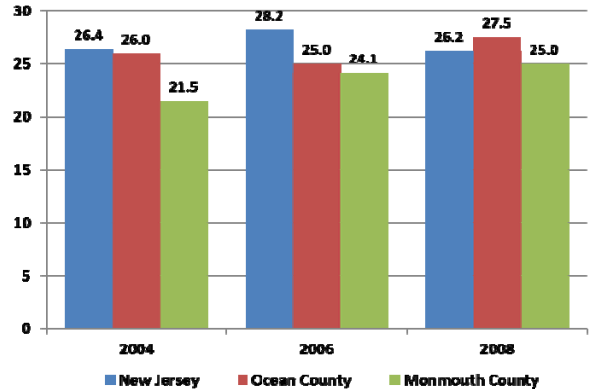
Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data
Note: Data for other racial/ethnic groups not shown because figures do not meet standards of reliability or precision, based on fewer than 20 cases in the numerator and/or denominator.

Unintentional Injuries

Unintentional Injuries is the fifth leading cause of death in Ocean County.

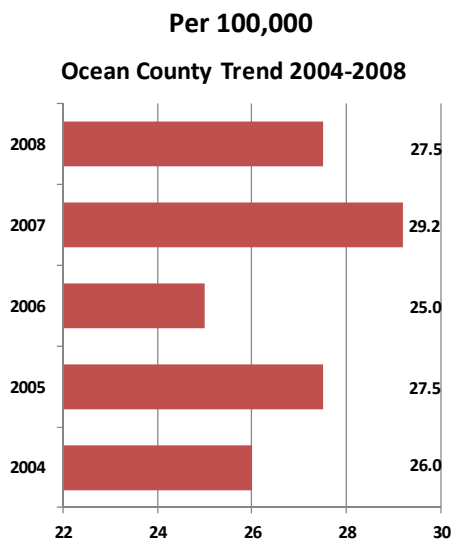
- Between 2004 and 2008 the AAMR for unintentional injuries rose from 26.0/100,000 to 29.2/100,000 in 2007.
- The County AAMR in 2008 for unintentional injuries was 27.5 per 100,000 and was not significantly different than the state rate.
- The mortality rate among whites for unintentional injuries was similar to the overall rate.

Figure 4.13
Deaths Due to Unintentional Injuries per 100,000

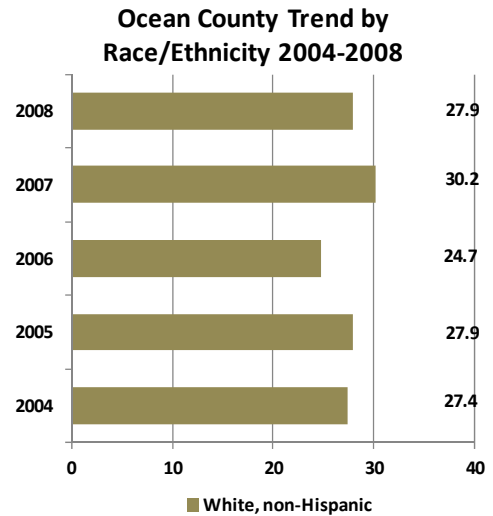


Source: N.J. Department of Health and Senior Services, Center for Health

Figure 4.14
Trend – Deaths Due to Unintentional Injuries



By Race/Ethnicity per 100,000



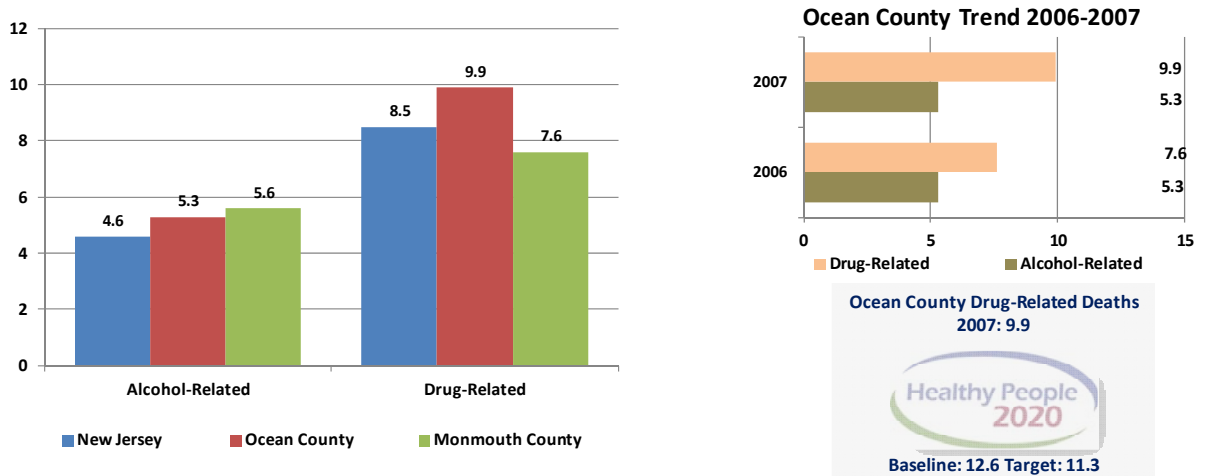
Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data

Note: Data for other racial/ethnic groups not shown because figures do not meet standards of reliability or precision, based on fewer than 20 cases in the numerator and/or denominator.

3. Behavioral Health-Related Deaths

- Age-adjusted drug-related (AADD) deaths increased from 7.6/100,000 in 2006 to 9.9/100,000 in 2007.
- AADD was not statistically different than the *Healthy People 2020* target of 11.3/100,000.
- The age-adjusted alcohol-related death rate remained stable at 5.3/100,000.

Figure 4.15
Alcohol & Drug-Related Deaths – Overall and Ocean County Trend
per 100,000

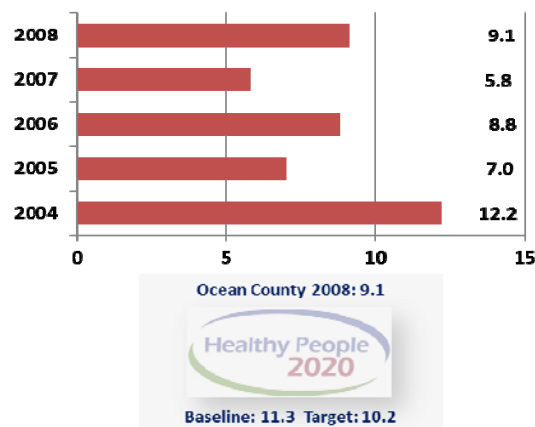


Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data

- The Ocean County age-adjusted suicide rate decreased 12.12/100,000 to 9.1/100,000 between 2004 and 2008, and is not statistically different than the *Healthy People 2020* target of 10.2/100,000 or the New Jersey State rate.

Figure 4.16
Suicide Rates per 100,000

Ocean County Trend 2004-2008



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, State Health Assessment Data

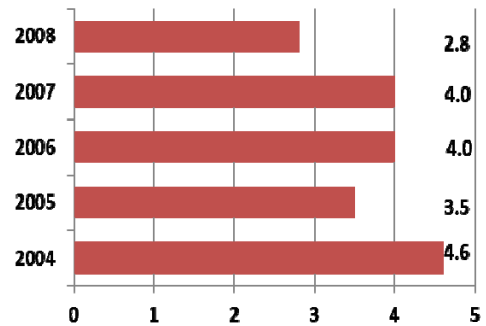
4. Infant Mortality

Infant mortality has traditionally been used to measure the health and well-being of populations within and across nations. The United States ranks far behind most industrialized nations in terms of infant mortality. This ranking is due in large part to disparities that occur in the percentage of pre-term babies born among racial and ethnic minorities in this country.⁷

Between 2004 and 2008 the infant mortality rate in Ocean County declined 64% from 4.6/1,000 live births to 2.8/1,000 live births.

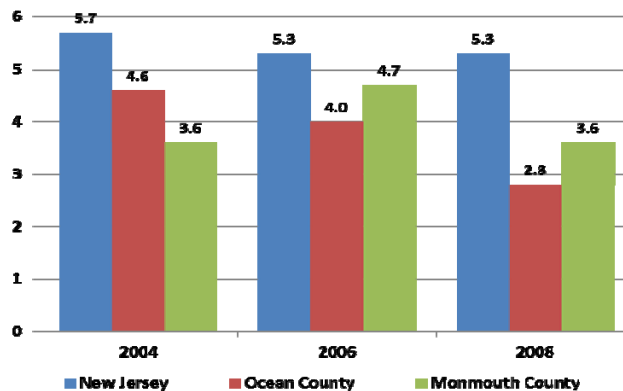
- The infant mortality rate for the county is significantly lower than the State rate of 5.3/1,000 and the *Healthy People 2020* target of 6.0/1,000.

Figure 4.17
Infant Mortality Trends per 1,000
Ocean County Trend 2004-2008



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, State Health Assessment Data

Figure 4.18
Infant Mortality Comparison by County and State per 1,000 Live Births



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, State Health Assessment Data

Figure 4.19
Infant Mortality

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Infant Mortality Rate: Rate of Infant (Under 1 year) Deaths per 1,000 Live Births		N/A	

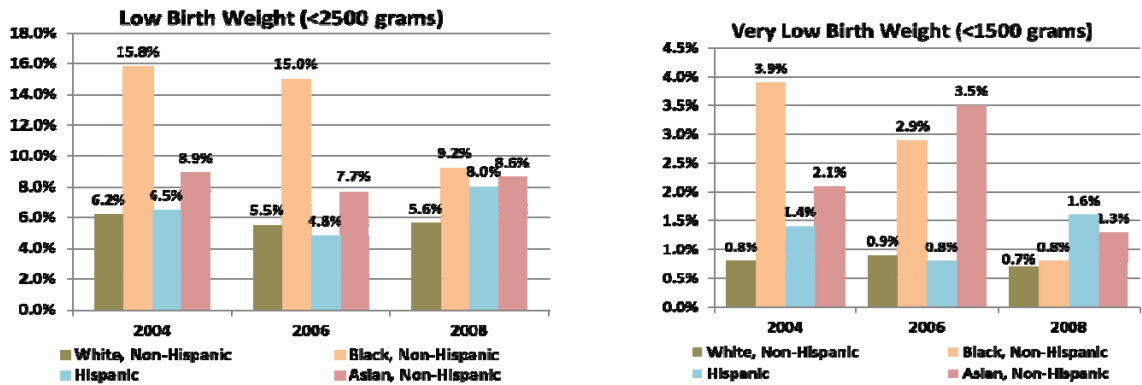
⁷ Retrieved from www.cdc.gov/nchs/data/databriefs/db74pdf. Accessed 3/27/13.

5. Low and Very Low Birth Weight Infants

Between 2004 and 2008 the rate of very low birth weight infants in Ocean County decreased by 0.2 percentage point, from 1.0% to 0.8%. Low birth weight infants decreased by 0.5 percentage point during this same period from 6.5% to 6.0%.

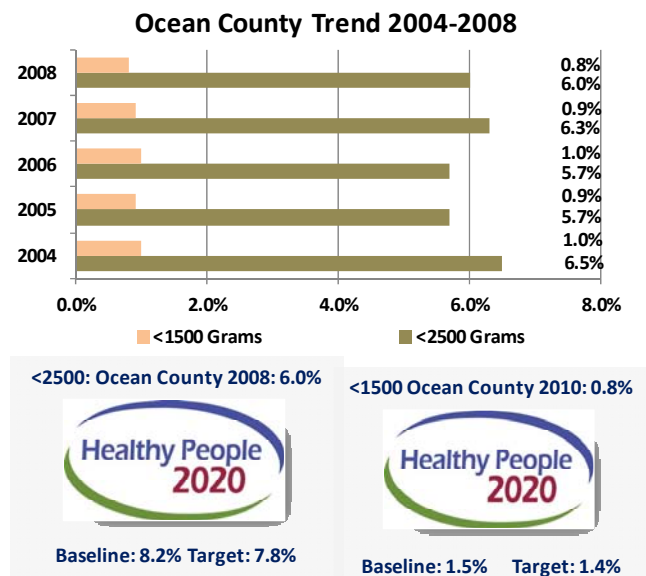
- The percent of low birth weight and very low birth weight infants are lower than the *Healthy People 2020* targets of 7.8% and 1.4%, and significantly lower than the statewide rates of 8.1% and 1.5%.

Figure 4.20
Low and Very Low Birth Weight by Race
Percentage of Live Births



Source: NJ Department of Health and Senior Services, Bureau of Vital Statistics and Registration, N.J. Birth Certificate Database
Note: Percentages are based on the total number of live births for county and state.

Figure 4.21
Low & Very Low Birth Weight Trends
Percentage of Live Births



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data
Note: Percentages are based on the total number of live births for county and state.

Figure 4.22
Low and Very Low Birth Weight Infants

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Low (<2500 grams) Birth Weight: Percentage of Live Births	●	N/A	●
* Low (<2500 grams) Birth Weight (Black, Non-Hispanic): Percentage of Live Births	N/A	N/A	●
Very Low (<1500 grams) Birth Weight: Percentage of Live Births	●	N/A	●
* Very Low (<1500 grams) Birth Weight (Black, Non-Hispanic): Percentage of Live Births	N/A	N/A	●

*Among all races/ethnicities in Ocean County

- The percentage of low birth weight infants among Blacks in Ocean County was higher than that of any other race from 2004-2008. Among very low birth weight infants, Blacks were higher in 2004, but in 2006, Asians had a higher percentage of very low birth weight babies, and in 2008 Hispanics had the highest percentage of very low birth weight infants.

6. Health and Behavioral Health Status

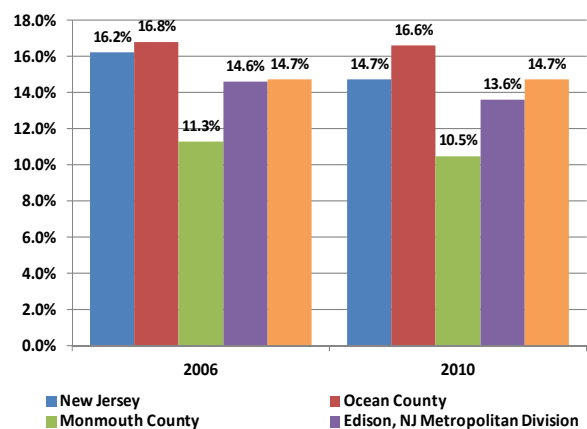
Health status is often defined as the level of health status of the individual, group or population as subjectively assessed by the individual, group or population or by more objective measures.⁸ Presented below are both subjective and objective measures of both health and behavioral health status.

Health Status and Disability

The percent of Ocean County residents reporting their health as fair or poor declined from 16.8% to 16.6% between 2006 and 2010.

- It remains higher than the percentages reported statewide, in the MMSA, and in comparison counties.
- Ocean County residents report an average of 3.6 physically unhealthy days per month, which is significantly higher than the national benchmark of 2.6.

Figure 4.23
Health is Fair or Poor (%)

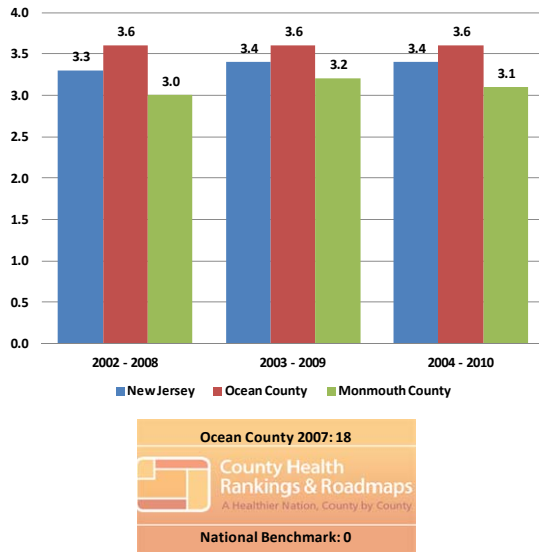


Source: CDC, Behavioral Risk Factor Surveillance System

⁸ Retrieved from www.reference.md/files/D006/mD006/mD006304.html. Accessed 3/27/13.

- The percent of Ocean County residents reporting a disability declined by more than 6 percentage points between 2000 and 2010.

Figure 4.24
Physically Unhealthy Days Reported in Past 30 Days
Overall and Ocean County Trend



Source: County Health Rankings, National Center for Health Statistics
Note: The poor physical health measure is based on response to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"

Behavioral Health Status

Ocean County residents reported a decrease in the number of mentally unhealthy days per month from 4.0 to 3.7.

- The number of mentally unhealthy days is significantly higher than the County Health Rankings benchmark of 2.3.

7. Morbidity

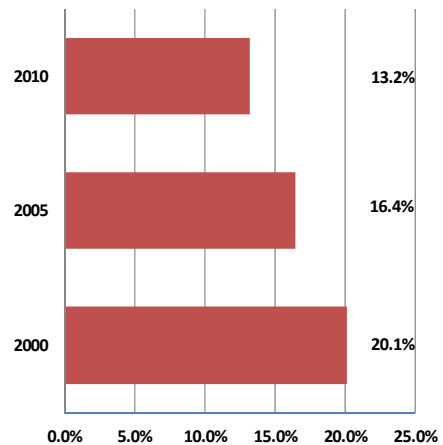
The subsection below deals with illness or morbidity from a variety of chronic diseases.

Cardiovascular Disease (CVD)

The first section deals with Cardiovascular Disease (CVD) morbidity which includes illness related to heart disease and stroke.

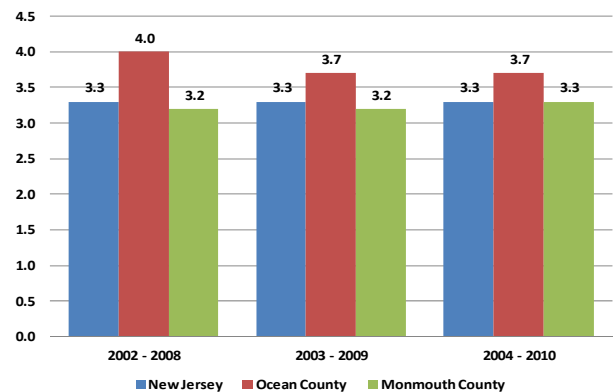
Figure 4.25
Total Population With Any Disability

Ocean County Trend 2000-2009



Source: U.S. Census Bureau, American Community Survey
Note: Percentages are based on the total civilian non-institutionalized population 5 years and older in each region.

Figure 4.26
Mentally Unhealthy Days
Reported in the Past 30 Days



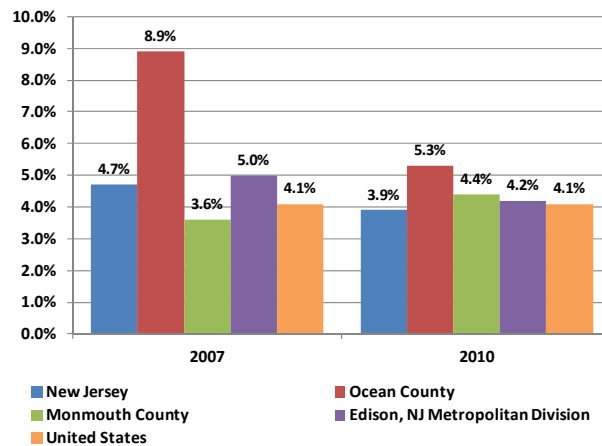
Source: County Health Rankings, National Center for Health Statistics
Note: The poor physical health measure is based on response to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

Heart Disease

According to data collected from the Behavioral Risk Factor Surveillance System (BRFSS), an estimated 5.3% of Ocean County adults report having been diagnosed with angina or coronary heart disease (CHD) in 2010.

- Between 2007 and 2010 the percent of Ocean County adults who report being diagnosed with a heart attack remained stable at 5.3-5.2%.

Figure 4.27
Adults told they had Angina or Coronary Heart Disease (%)



Source: CDC, Behavioral Risk Factor Surveillance System

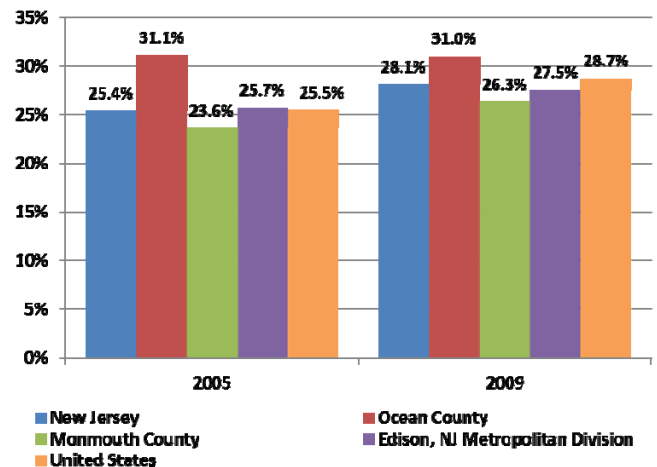
Note: MMSA: Metropolitan and Micropolitan Statistical Areas

Risk Factors

Many of the leading controllable risk factors for heart disease and stroke are also healthy community indicators. Two, high blood pressure and high cholesterol, are discussed here. The others are discussed elsewhere in this document. According to the American Heart Association, the risk factors for developing cardiovascular disease include:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Physical inactivity
- Poor diet, overweight and obesity
- Diabetes

Figure 4.28
Adults told they have High Blood Pressure (%)



Source: CDC, Behavioral Risk Factor Surveillance System

Ocean County

- Between 2005 and 2009 high blood pressure among Ocean County adult residents declined from 31.1% to 31.0%.
- Adults reporting high cholesterol decreased from 41.2% to 35.9%; nearly three times higher than the *Healthy People 2020* target.

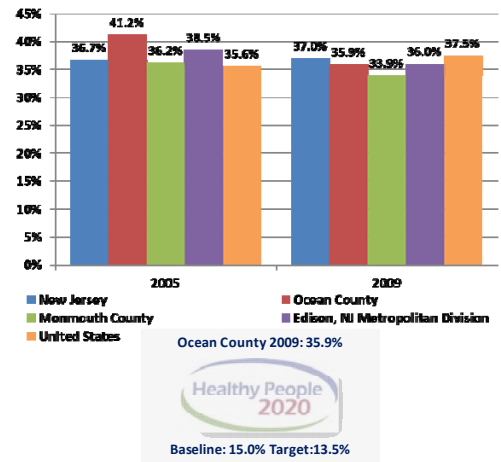
Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure, and strokes.⁹

Stroke

According to the 2010 BRFSS survey, an estimated 2.9% of Ocean County adults were diagnosed with stroke.

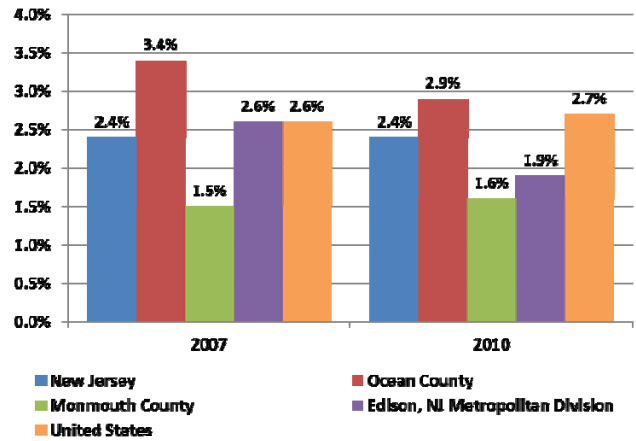
- Between 2007 and 2010 the percentage of Ocean County adults reporting stroke decreased 0.5 percentage points.
- Despite this decrease there was no statistically significant difference in the prevalence of stroke between the county and the State.

Figure 4.29
Adults told they have High Cholesterol (%)



Source: CDC, Behavioral Risk Factor Surveillance System






Figure 4.30
Adults told they had a Stroke (%)



Source: CDC, Behavioral Risk Factor Surveillance System

⁹ Retrieved from www.heart.org/HEARTORG/conditions/heartattack/heartattacktoolsresources/heartattack. Accessed on March 15, 2013.

Figure 4.31

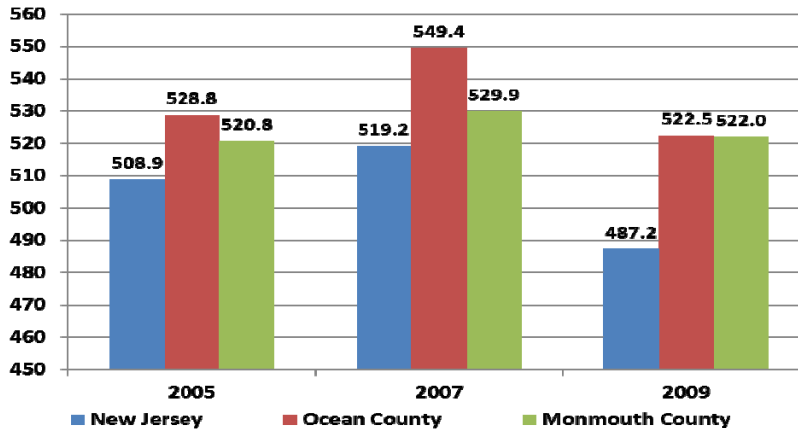
Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Hypertension Awareness: Adults Who Have Been Told They Have High Blood Pressure		N/A	
Cholesterol Awareness: Adults Who Have Had Their Cholesterol Checked and Told It Was High		N/A	
Cardiovascular Disease: Have You Ever Been Told You Had a Stroke? %=Yes	N/A	N/A	

Cancer

Between 2005 and 2009 the overall age-adjusted rate (AAR) of cancer incidence in Ocean County decreased from 528.2/100,000 to 522.5/100,000.

- Ocean County’s overall AAR of cancer incidence is significantly higher than the statewide rate (487.2/100,000).

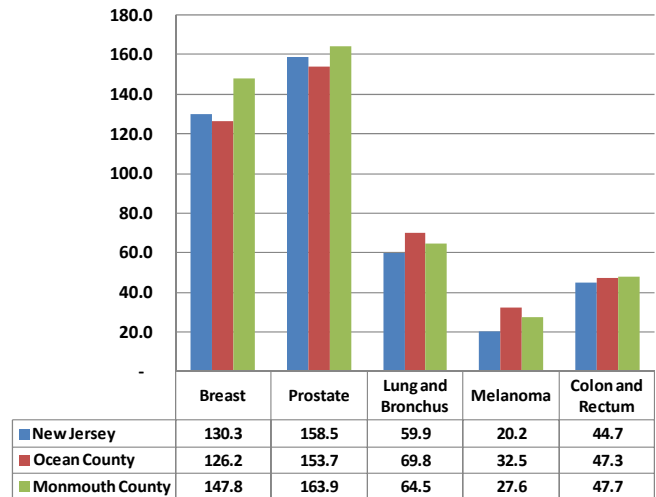
Figure 4.32
Cancer Incidence by County per 100,000



Source: N.J. Department of Health and Human Services, New Jersey Cancer Registry

Figure 4.33
Top 5 Cancer Incidences
per 100,000

- The top 5 causes are breast, prostate, lung, melanoma and colon cancer.
- In 2009, prostate (153.7/100,000) and breast (126.2/100,000) had the highest cancer incidence rates.
- The lung cancer rate was 69.8/100,000 followed by colon-rectal (47.3/100,000) and melanoma (32.5/100,000).
- Between 2006 and 2009 the AAR for prostate, lung and colon cancer incidence declined while the rate of melanoma increased.
- The AAR for melanoma incidence in Ocean County was significantly worse than the State.



Source: N.J. Department of Health and Human Services, New Jersey Cancer Registry
Note: The rate for prostate cancer is based on 100,000 males, and the rate for breast cancer is based on 100,000 females.

Figure 4.34
Cancer Incidence

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Cancer Incidence by Site - Prostate: Age-Adjusted Rate per 100,000 Population	N/A	N/A	Yellow Circle
Cancer Incidence by Site - Breast: Age-Adjusted Rate per 100,000 Population	N/A	N/A	Yellow Circle
Cancer Incidence by Site - Lung: Age-Adjusted Rate per 100,000 Population	N/A	N/A	Yellow Circle
Cancer Incidence by Site - Colon/Rectum: Age-Adjusted Rate per 100,000 Population	N/A	N/A	Yellow Circle
Cancer Incidence by Site - Melanoma of the Skin: Age-Adjusted Rate per 100,000 Population	N/A	N/A	Red Circle

Asthma

Asthma—Background

- Currently in the United States more than 23 million people have asthma. Asthma affects people of all ages, but it most often starts during childhood. About 7 million of those in the U.S. with asthma are children.¹⁰
- The exact cause of asthma is not known. Researchers think some genetic and environmental factors interact to cause asthma, most often early in life. These factors include:
 - An inherited tendency to develop allergies.
 - Parents who have asthma.
 - Certain respiratory infections during childhood.
 - Contact with some airborne allergens or exposure to some viral infections in infancy or in early childhood when the immune system is developing.¹¹
 - Allergy and asthma "triggers," include plant pollens, dust, animals and stinging insects and cockroaches.

Asthma – Incidence

According to the BRFSS survey 2006-2010, the percent of adults reporting asthma has risen in the nation, New Jersey and in Ocean County.

- Ocean County experienced an increase in the percentage of adults with asthma but it remains statistically similar to the statewide percentage.

Diabetes

Diabetes – Background

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.
- 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.

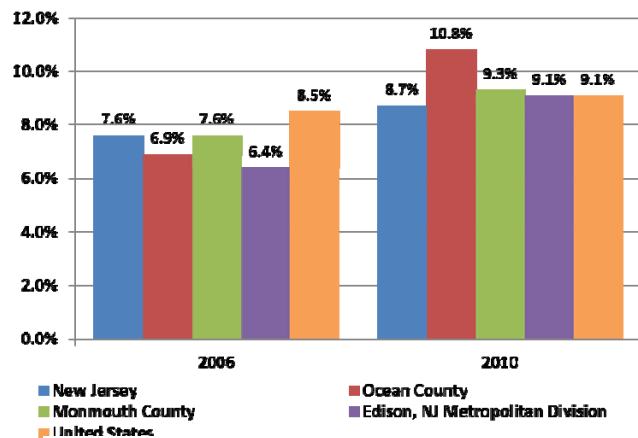
Diabetes is the seventh leading cause of death in the U.S. Complications include:

- Reduced life expectancy by up to 15 years,
- Increased risk of heart disease by two to four times,

¹⁰ Retrieved from www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid. Accessed 4/30/13.

¹¹ Retrieved from <http://www.nh/bi.nih.gov/health/healthtopics/topics/asthma/atrisk.html>. Accessed 4/30/13.

Figure 4.35
Adults who were told they have Asthma (%)



Source: CDC, Behavioral Risk Factor Surveillance System

- Leading cause of kidney failure, limb amputations, and adult onset blindness,
- Significant financial costs in healthcare, lost productivity and early death.¹²

Almost 7 million of Americans with diabetes are undiagnosed, and another 79 million Americans have pre-diabetes which greatly increase their risk of developing diabetes in the next several years.¹³

Factors contributing to diabetes prevalence overall and in Ocean County include:

- Obesity
- Lack of physical activity
- Family history
- Environmental resources including such things as the availability of wholesome food, healthcare access and recreational availability.

Diabetes – Incidence

Diabetes is on the rise in the U.S., in New Jersey, and in Ocean County.

- Between 2006 and 2010 the percentage of Ocean County residents reporting diabetes increased from 9.7% to 13.7%.

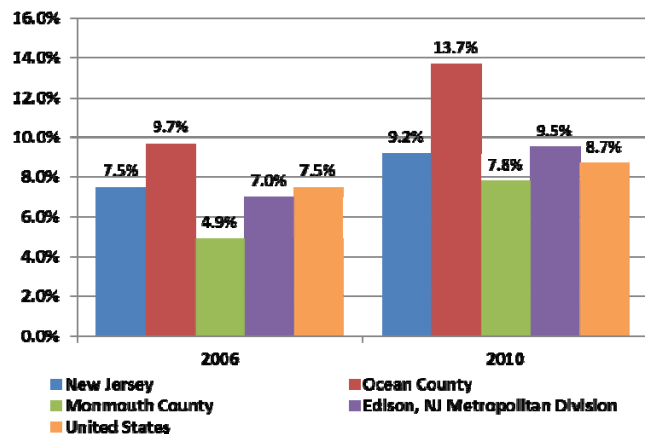
Arthritis

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%).¹⁴

Arthritis – Incidence

- Between 2005 and 2009 the percent of Ocean County residents reporting arthritis declined from 32.6% to 28.6%.
- The percent of county residents reporting arthritis is significantly higher than the statewide average of 22.7%.

Figure 4.36
Adults who were told they have Diabetes (%)



Source: CDC, Behavioral Risk Factor Surveillance System

¹² Retrieved from www.diabetes.org/diabetesbasics. Accessed April 30, 2013.

¹³ Retrieved from www.cdc.gov/diabetes/pubs/pdf/ndfs_2011pdf. Accessed April 30, 2013.

¹⁴ Retrieved from <http://www.cdc.gov/arthritis>. Accessed 4/30/13.

Figure 4.37
Adults Who Have Been Told They Have Arthritis (%)

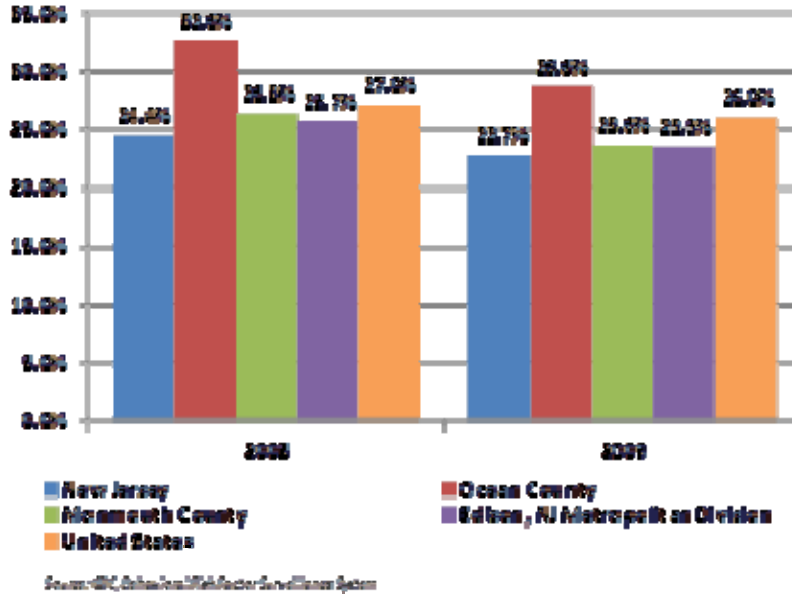


Figure 4.38

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Asthma: Adults Who Have Ever Been Told They Have Asthma %=Yes	N/A	N/A	Yellow Circle
Diabetes: Have You Ever Been Told by a Doctor that You Have Diabetes? %=Yes	N/A	N/A	Red Circle
Arthritis: Adults Who Have Been Told They Have Arthritis %=Yes	N/A	N/A	Red Circle

Notifiable Infectious Disease

The responsibilities of epidemiologists fall into four areas:

1. Outbreak surveillance, detection, and investigation
2. Intensive case investigations for complex cases
3. Maintenance of programmatic disease surveillance
4. Public health emergency-related disease surveillance

Healthy People 2020 goals for infectious diseases are rooted in evidence-based clinical and community activities and services for their prevention and treatment.

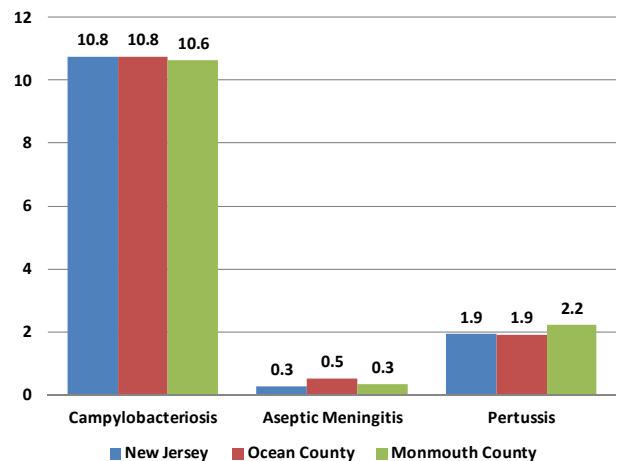
- Objectives focus on ensuring that States, local public health departments, and nongovernmental organizations are strong partners in the Nation’s attempt to control the spread of infectious diseases.
- They also reflect a more mobile society with diseases crossing state and country borders. Awareness of disease and completing prevention and treatment courses remain essential components for reducing infectious disease transmission.¹⁵

Communicable Disease – Incidence

When compared to New Jersey, Ocean County has the same or slightly higher incidence rates for the three reported communicable diseases: campylobacteriosis, aseptic meningitis, and pertussis.

- The rate of aseptic meningitis was .5/100,00 in Ocean County compared to .3/100,000 in New Jersey but was not significantly higher.
- Campylobacteriosis is among the most common bacterial infections in humans. The illness is usually spread by consumption of contaminated food or water and, occasionally, by contact with infected people or animals. It typically runs a course of two weeks unless the person is immuno-compromised, in which case it can be life-threatening.
- Aseptic meningitis is an inflammation of the membranes covering the brain or spinal column. Aseptic meningitis is usually caused by viruses. The virus can pass from person-to-person via contact with an infected person.
- Pertussis or whooping cough is a highly contagious bacterial respiratory disease. Pertussis is known to cause uncontrollable, violent coughing making it difficult to breathe.

Figure 4.39
Communicable Diseases per 100,000



Source: N.J. Department of Health and Human Services, Division of Communicable Disease Service, New Jersey Reportable Communicable Disease Report, 2010, 2009, 2008, 2007; U.S. Census Bureau, American Community Survey
Note: *The Ocean and Monmouth County rates for Meningococcal Disease are based on too few cases to be considered statistically significant.

B. HEALTH FACTORS

1. Socioeconomic Status

According to *Healthy People 2020*, socioeconomic factors contribute to observed disparities in disease incidence and mortality among racial, ethnic and underserved groups. This can be clearly seen in Ocean County. The southern areas of the county also align with areas with lower socioeconomic status (SES). Southern areas of the county also have more uninsured residents, fewer healthcare providers, and more conditions treated in an emergency room that would have been more appropriately and cost effectively treated in an outpatient setting.

¹⁵ Retrieved from <http://www.healthypeople.gov>. Accessed 4/30/13.

Studies have found that income/SES, over race or ethnicity, predicts the likelihood of an individual's or group's access to:

- Education
- Health insurance
- Safe and healthy living and working conditions, including places free from exposure to environmental toxins.¹⁶

SES also appears to play a major role in:

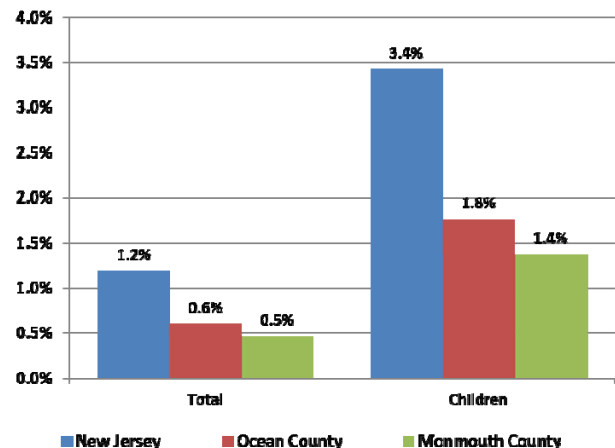
- Prevalence of behavioral risk factors like tobacco smoking, physical inactivity, obesity, and excessive alcohol use.
- Rates of preventive screenings, with those with lower SES having fewer screenings (*Healthy People 2020, 2012*).¹⁷

Ocean County

The percent of Ocean County residents receiving Temporary Assistance to the Needy (TANF) benefits is significantly lower than the State rate.

- The same can be said of children receiving TANF benefits.
 - Economic status and employment.
 - Ocean County's median household income in 2011 was \$56,652, more than \$10,000 below the State average. Figure 4.41 presents the range of median household income in Ocean County.
 - In 2011, 11.5% of Ocean County residents were living below the Federal poverty level. Lakewood Township (08701) had the highest rate in the PSA (27.3%).
 - In 2011, 11.9% of county residents were unemployed. This was higher than the State unemployment level.
 - Varying education levels.
 - 10.9% of county residents have not graduated from high school. In the PSA 11.8% of residents have not completed high school.
 - 25.4% of county residents have Bachelor's, Professional or Graduate degrees compared to 24.3% in the PSA.
 - A relatively old county.
 - According to the 2010 U.S. Census, 21% of Ocean County residents were over 65, only 7.5% were under 18 and 65.7% were 18-64.
 - In New Jersey 13.5% of residents are over 65, and in the U.S. 13.3% are over 65.

Figure 4.40
TANF Recipients (%)



Source: N.J. Department of Human Services, Division of Family Development, Current Program Statistics, 2007, 2009, 2011; N.J. Department of Health and Senior Services, Division of Family Health Services, 2011; U.S. Census Bureau, American Community Survey 2010; 2011 Claritas Population Projection

¹⁶ Retrieved from <http://www.healthypeople.gov/2020/about/disparities/about.aspx>. Accessed 4/30/13.

¹⁷ Ibid.

- In the PSA, 24% are under 18 and adults 18-64 are 53% of the population, seniors are 23%.
- Minimal Racial and ethnic diversity.
 - 2.9% of county residents are Black compared to 12.8% in New Jersey, and 3.8% in the PSA. Ocean County Hispanic/Latino populations constitute 8.3% of the population compared to 17.7% in New Jersey, and 9.5% in the PSA. Caucasians are 85.7% of the county's population compared to 59.3% in the State, and 83.2% in the PSA.

KMC Service Area

- 16.8% of KMC's PSA is made up of minority populations.
- 11.8% of PSA residents do not have a high school diploma and 4% have less than a 9th grade education compared to 5.6% statewide.
- The percent of families living below poverty in the county is 4.9% compared to 6.6% statewide.
- In two of the zip codes in the PSA (Lakewood (16.8%) and Lakehurst (6.7%) the percent of families living below poverty exceeds the State rate.
- The median household income of residents of the PSA is \$4,000 lower than the statewide median.

Select PSA Communities

Lakewood (08701)

- Lakewood is one of the county's largest population centers with over 90,000 residents.
- Blacks are 5.8% of the population, Latinos are 17.3% and Caucasians are 75.4%.
- The median household income was one of the lowest in the county at \$40,039 and unemployment was 9.3% in 2011 and over 27% of residents were living in poverty.
- Over 17% of Lakewood residents failed to graduate from high school and 12% had a low level of English proficiency.

Toms River (08753, 08755 and 08757)

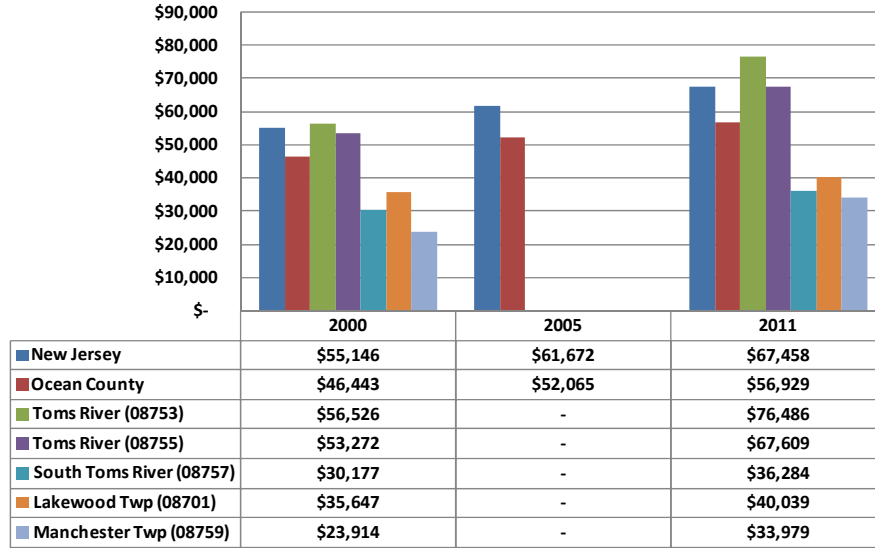
- Toms River is the county seat and is made up of three zip codes constituting 127,968 residents.
- Blacks are 2-4% of the population. Latinos are 6-8% and Caucasians are 82-87%.
- The median household income ranged between \$67,480 and \$35,143 compared to \$56,652 in the county.
- 10-20% of residents failed to graduate from high school and nearly 3-5% had a low level of English proficiency.

Manchester

- In 2011, Manchester's population was 33,238.
- Median family income in Manchester was \$33,979; unemployment was 9.7%; and the poverty rate was 7.0%.
- 13.4% of Manchester residents failed to complete high school and 2.5% have limited English proficiency.

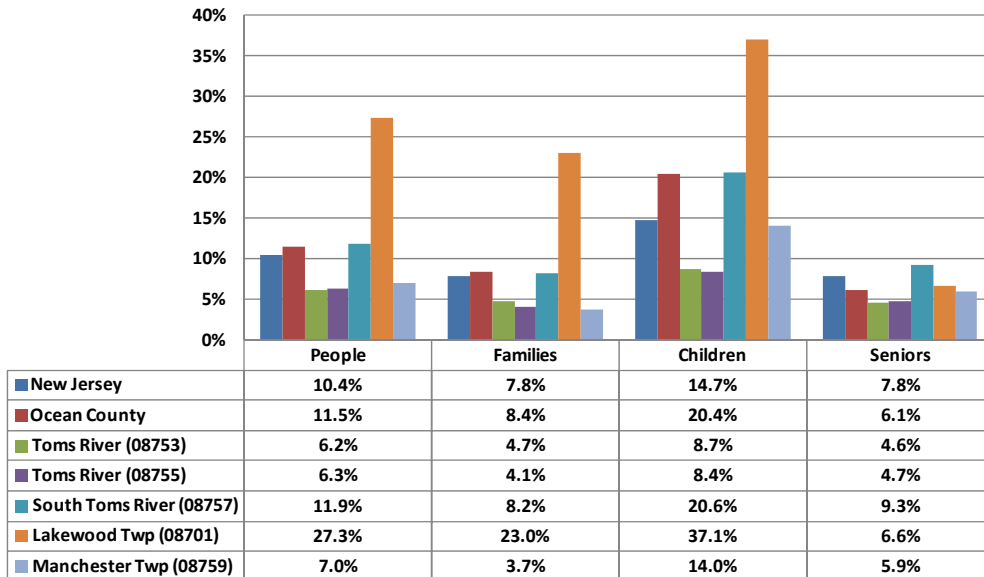
- Caucasians were the dominant race (90.9%), followed by Hispanics (3.5%), and Blacks (3.4%).

Figure 4.41
Median Household Income



Source: NJ and Essex County 2000, 2005, 2010 US Census Bureau American Community Survey Town Level Data: 2000 Census, 2010 US Census Bureau American Community Survey 2005 Town Level Data Not Available

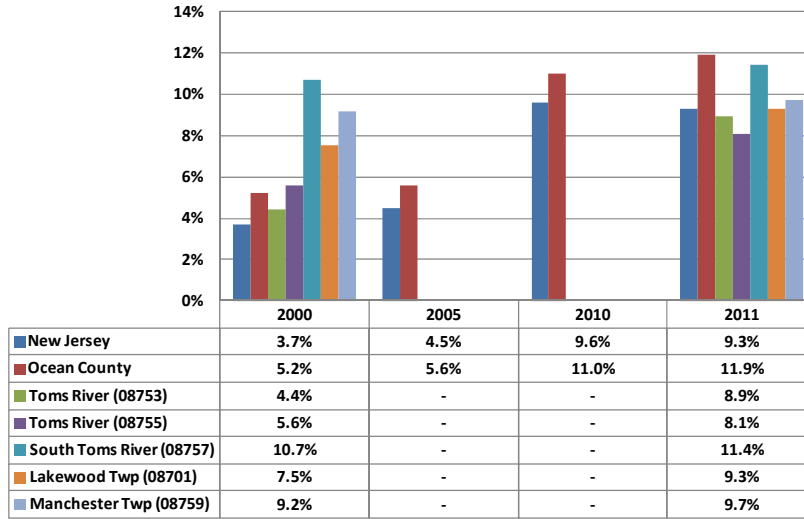
Figure 4.42
Percent of Population with Income in the Past Year Below Federal Poverty Level (%) (2011)



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

Note: People are defined as the entire population in each geographic area, children are defined as the population under 18 years, and seniors are defined as the population over 65 years.

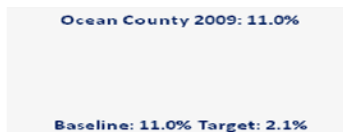
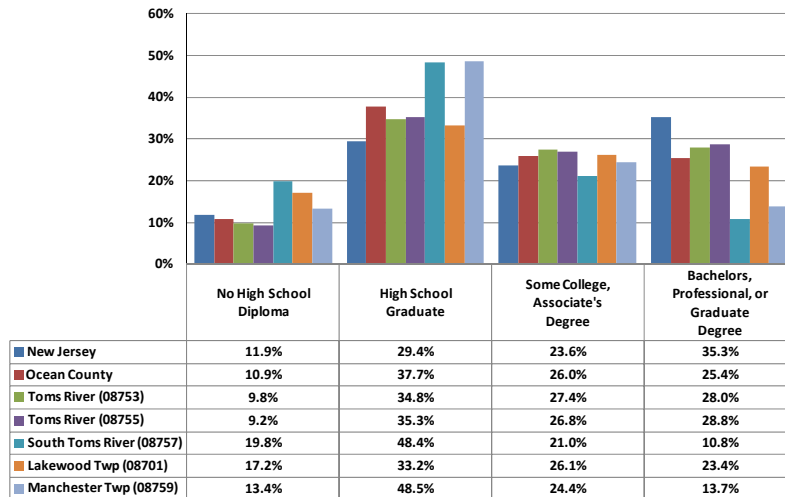
Figure 4.43
Unemployment (%)



Source: NJ and Essex County 2000, 2005, 2010 and 2011 - New Jersey Department of Labor, New Jersey Labor Force Estimates by Area
Town Level Data: 2000 Census, 2011 American Community Survey
2005 and 2010 Town Level Data Not Available

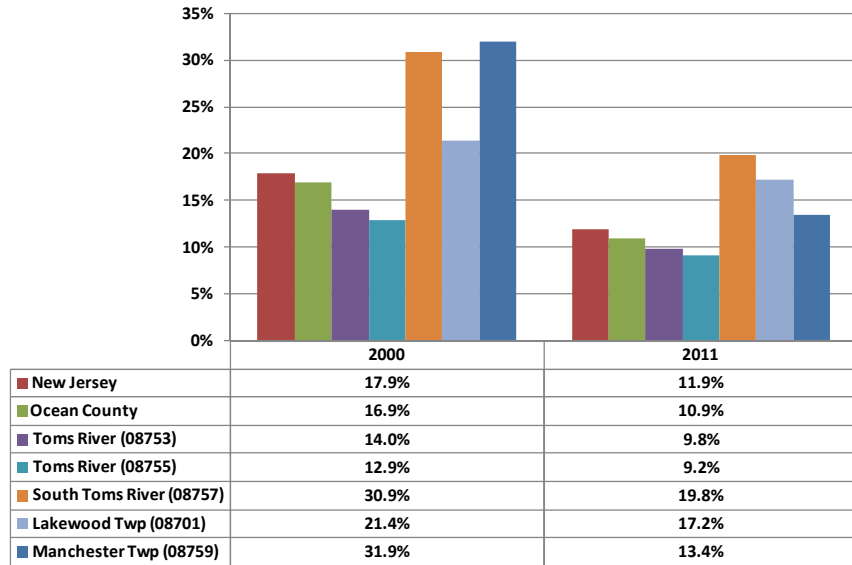
Note: The data represents unadjusted annual averages.

Figure 4.44
Educational Attainment (2011) (%)



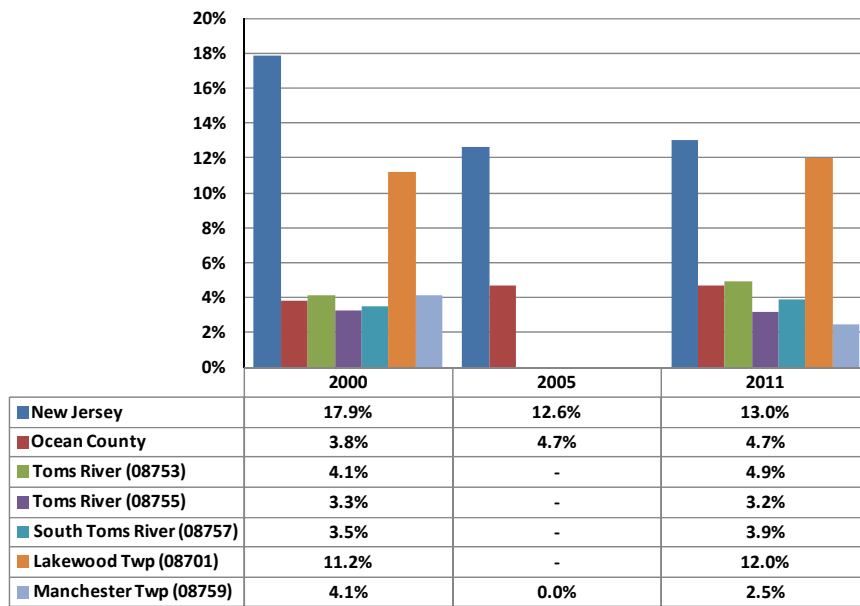
Source: U.S. Census Bureau, American Community Survey

Figure 4.45
No High School Diploma Trends 2000-2011 (%)



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

Figure 4.46
Limited English Proficiency (%)

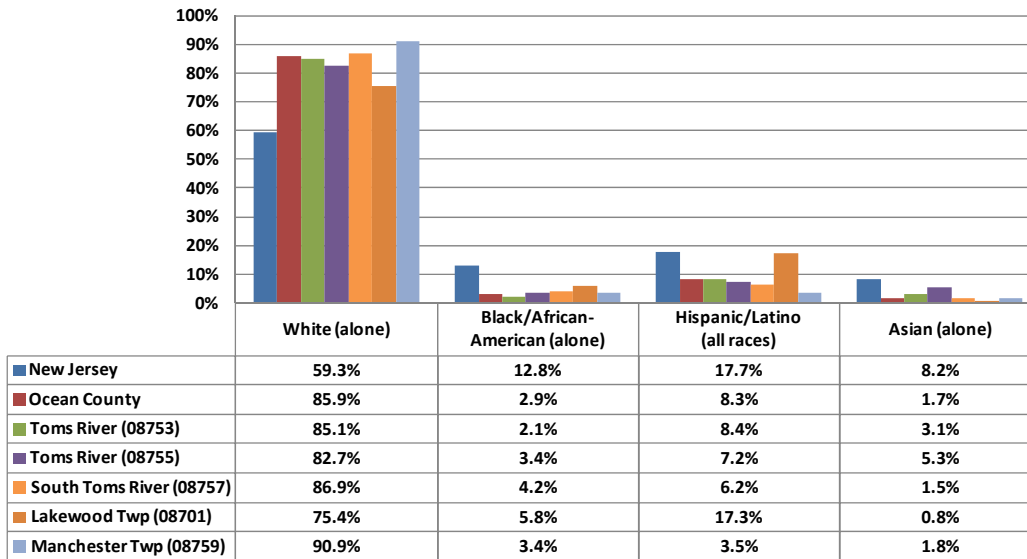


Source: U.S. Census, American Community Survey.

2005 Town Level Data Not Available

Note: The U.S. Census Bureau defines LEP Population as persons who reported speaking English less than "very well."

Figure 4.47
2010 Population by Race/Ethnicity (%)



Source: U.S. Census Bureau, 2010 Census
Note: Numbers may not add up to 100%.

Community Health Index

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

- A comparison of CHI scores to hospital utilization shows a strong correlation between high need and high use – communities with low CHI scores can be expected to have higher hospital utilization.
- There is also a causal relationship between CHI scores and preventable hospitalizations and ED visits for manageable conditions – communities with high CHI scores have more hospitalization and ED visits that could have been avoided with improved healthy community structures and appropriate outpatient/primary care.
- Ocean County has an average CHI of 292 compared to 140 for the PSA zip codes.

2. Access to Care

Background

Access to comprehensive, quality healthcare services is important for the achievement of health equity and healthy lifestyles for Ocean County residents. Access to healthcare impacts:

- Overall physical, social, and mental health status

- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death and life expectancy

Disparities in healthcare access negatively impact each of these outcomes. Access is governed by a range of systemic barriers across the continuum of prevention and care. These include: location of health facilities, resident geographic location, transportation infrastructure, health literacy and awareness, and ability to pay for services. These barriers can lead to:

- Unmet health needs
- Inability to access preventive services
- Emphasis on emergency treatment instead of prevention and primary care
- Hospitalizations that could have been prevented

Healthy People 2020 identifies four components of access to care which will be used to frame this discussion: health insurance coverage, services, timeliness, and adequate and appropriate workforce.

Health Insurance Coverage—Uninsured

Health insurance coverage provides people with the security to access more affordable preventive services and clinical care when needed. It has been documented that people without insurance will not be offered the same range of medical services as those who are insured.¹⁸

In addition, ongoing contact with physicians fosters more comprehensive health awareness that informs preventive care and illness management. The uninsured do not think about their health or medical conditions in the same comprehensive way as do the insured.¹⁹ When a medical condition occurs, they may delay treatment and/or use the emergency department instead of a lower cost, more appropriate primary care setting. The uninsured are:

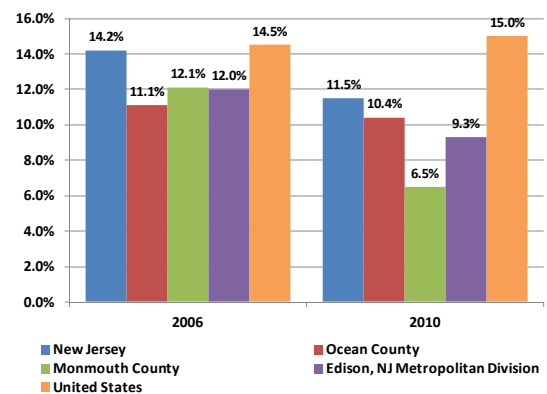
- Less likely to receive needed medical care.
- More likely to have more years of potential life lost.
- More likely to have poor health status.

Ocean County

Ocean County has a slightly lower percentage of uninsured residents than New Jersey.

- Between 2006 and 2010 the rate of uninsured residents declined from 11.1% to 10.4%
- The *Healthy People 2020* goal is 0%.
- Although the State already provides one of the nation’s most generous subsidized health insurance programs, through Family Care, which uses a mix of State and Federal money to cover more than

Figure 4.48
Healthcare Access/Coverage; % = No



Source: CDC, Behavioral Risk Factor Surveillance System

¹⁸ Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20073184>.

¹⁹ Retrieved from <http://www.acbi.nlm.nih.gov/pmc/articles/pm1447830>.

900,000 children and adults, it is estimated that there are an additional 1.3 million New Jerseyans without insurance which includes nearly 200,000 children.

Insurance Coverage Among Hospitalized Patients

- KMC’s PSA included 5.6% uninsured patients compared to 5.8% for the county, and 8.4% in New Jersey
- ED visits among PSA residents included 18.4% uninsured compared to 19.1% of Ocean County, and 22.7% of New Jersey uninsured ED visits.

Figure 4.49

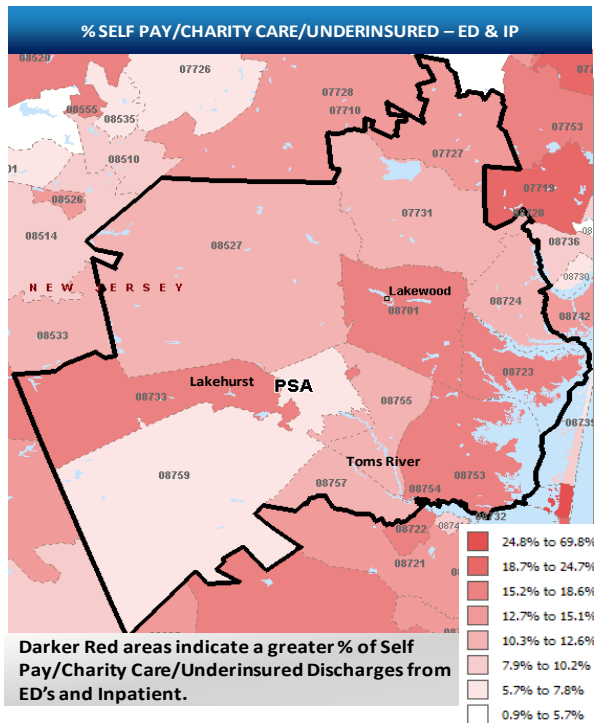
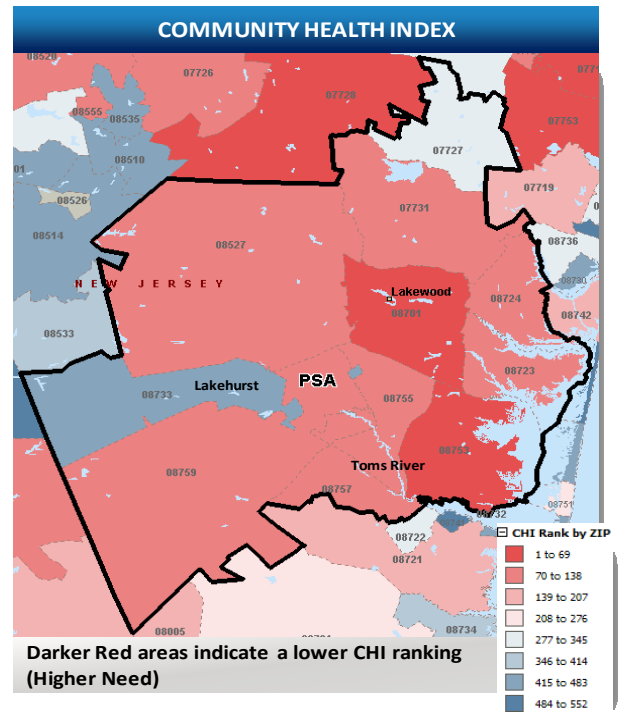


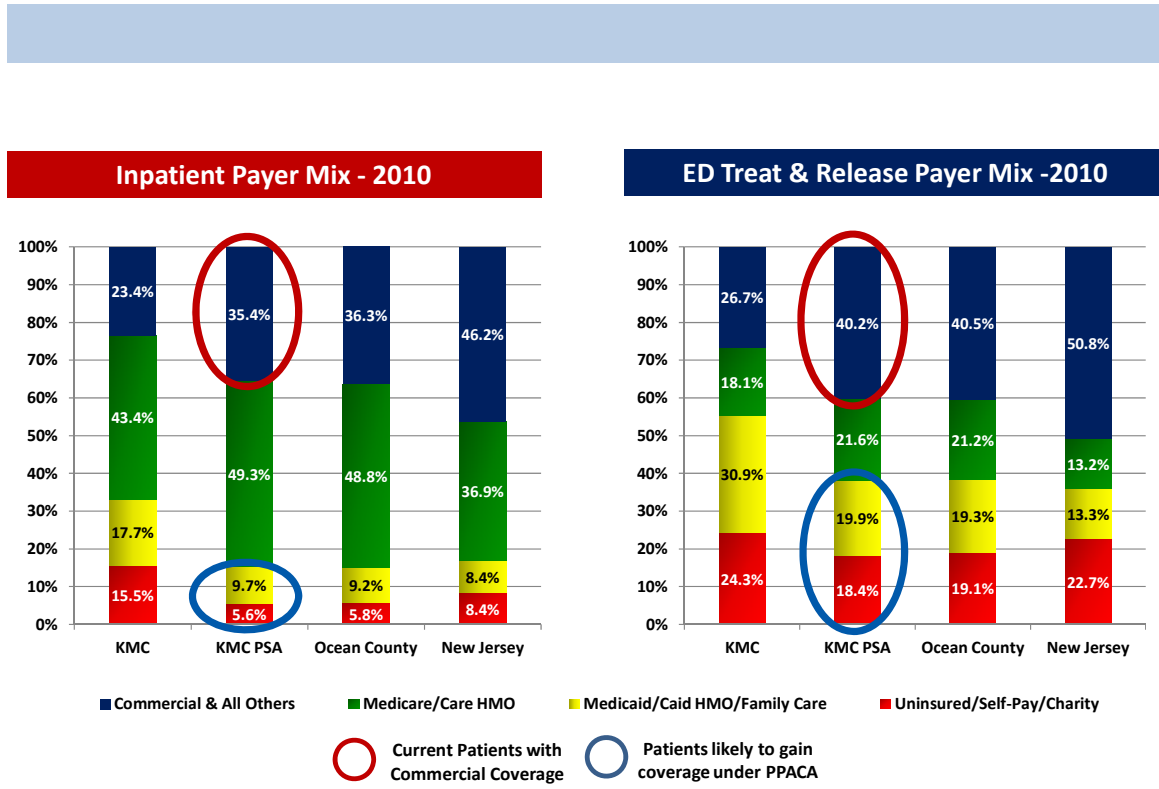
Figure 4.50



Source: US Census Bureau, 2010 Census

- KMC’s inpatient payer mix of uninsured, self-pay and charity care is 15.5%, nearly 10% higher than the PSA, and higher than both the county (5.8%) and the State (8.4%).
- KMC’s payer mix of uninsured, charity care and self-pay patients, treat and release patients (24.3%) also exceeds the county (19.1%), PSA (18.4%), and State (22.7%).
- KMC also has a disproportionate share of Medicaid inpatients (17.7% compared to 9.7% in the PSA), and ED treat and release patients (30.9% compared to 19.9% in the PSA).

**Figure 4.51
Payer Mix Comparison**



Source: HCDA 2010 UB-04 – Data Exclude Normal Newborn

6

Affordable Care Act – Expansion of Care

The Affordable Care Act (ACA) is expected to decrease the percentage of uninsured New Jersey residents under the age of 65 from 14.5% to 8.6%. The non-group health insurance market will increase (from 2.8% to 7.6%) to about 362,000 individuals. More than half of those enrolled in the non-group coverage following reform will be eligible for tax credits. The expansion of Medicaid/NJ Family Care is anticipated to result in an increase of 234,000 individuals, increasing from 13.6% of the non-elderly population to 16.7%. More than half of these individuals will be non-parent adults. In addition, about 3% of individuals covered by employer sponsored healthcare insurance are anticipated to switch to exchange based coverage.

The reduction in the non-elderly uninsured rate from 14.5% to 8.6% will likely put the New Jersey rate in line with the national average for uninsured residents under 65. The Congressional Budget Office, in 2010, estimated that the uninsured rate in the U.S. would be 8% after reform, and Buettgens, Hallohan & Carroll (2011) project a national rate of 8.7%.²⁰

²⁰ Health Insurance Status in New Jersey After Implementation of the Affordable Care Act. Joel Cantor, ScD; Dorothy Gaidobu, MSW, Ph.D.; Jose Novams; and Kristen Lloyd, MPN.

Source: UB-04, 2010; Payer Group, 2010 creation

As noted in the Figure 4.52 below, if the number of uninsured residents of selected Ocean County towns with insured rates higher than 8.6% were reduced to 8.6% there would be more than 4,000 newly insured residents under ACA.

Figure 4.52

CURRENT ESTIMATED UNINSURED vs. ESTIMATED IMPACT OF PPACA ON UNINSURED POPULATION								
COUNTY	TOWN	2011 ACS Population Estimate*	# With health insurance coverage	No Health Insurance Coverage (Current Estimate)		Remaining Uninsured**		# of Newly Insured
				#	%	#	%	
OCEAN COUNTY	Lakewood Township	91,161	81,131	10,030	11.0%	7,840	8.6%	2,190
	Little Egg Harbor Township	19,816	17,840	1,976	10.0%	1,704	8.6%	272
	Stafford Township	26,232	23,529	2,703	10.3%	2,256	8.6%	447
	Toms River Township	89,805	80,692	9,113	10.1%	7,723	8.6%	1,390
TOTAL (TOWNS CURRENTLY > 8.6% UNINSURED)		227,014	203,192	23,822	10.5%	19,523	8.6%	4,299

*Civilian Non-institutionalized Population
** Remaining Uninsured Calculated at Town Level Based on Estimated PPACA Impact (Reduction to 8.6% Uninsured)

Source: United States Census – 2009-2011 American Community Survey 3-Year Estimates – DP03 Selected Economic Characteristics

Services

Care Coordination—Medical Homes

Improving healthcare access depends, in part, on ensuring that people have a standard and consistent source of preventive care and clinical treatment. One method to accomplish this is through patient-centered medical homes. This model provides personalized, comprehensive medical care using a physician led multidisciplinary team that might also include nurse practitioners, nurses, case managers, community health workers and other medical personnel. Medical homes hold promise to transform the delivery of healthcare by improving quality, safety, efficiency and effectiveness. This will ultimately result in better health outcomes and fewer disparities and costs.²¹

Conveniently locating medical homes and other primary care in local communities further supports access. Providers who are invested in the community promote meaningful and sustained relationships between themselves, their patients, and patient families. Medical homes may be led by PCPs at clinics, hospitals, and health departments. Medical homes are also enriched by preventive and treatment services from nurse practitioners, parish nurses, community health workers and navigators among others. As a result, medical homes are associated with:

- Greater patient trust in the provider
- Effective patient-provider communication
- Increased likelihood that patients will receive appropriate care
- Decreased duplication and disconnection of health services provided.²²

²¹ Retrieved from <http://www.pcmh.ahqr.gov>.

²² Ibid.

Care Coordination—Accountable Care

In January 2013, the Central New Jersey ACO, LLC consisting of Kimball Medical Center in Lakewood, Monmouth Medical Center in Long Branch, Community Medical Center in Toms River, CentraState Medical Center in Freehold, as well as aligned physicians throughout the area was selected to participate as an Accountable Care Organization (ACO) in the Medicare Shared Savings Program (MSSP). Through the MSSP, Central Jersey ACO, LLC will work with CMS to provide Medicare fee-for-service beneficiaries with high quality care and services, while reducing the growth in Medicare expenditures through enhanced care coordination.

Using a team-based approach, the ACO will aim to enhance wellness and preventive care and make the patient's primary care physician the "quarterback" in what is an increasingly complex array of issues and choices patients must navigate through.

Primary Care Physicians

Primary care physicians represent 39% of the physicians practicing in Ocean County.

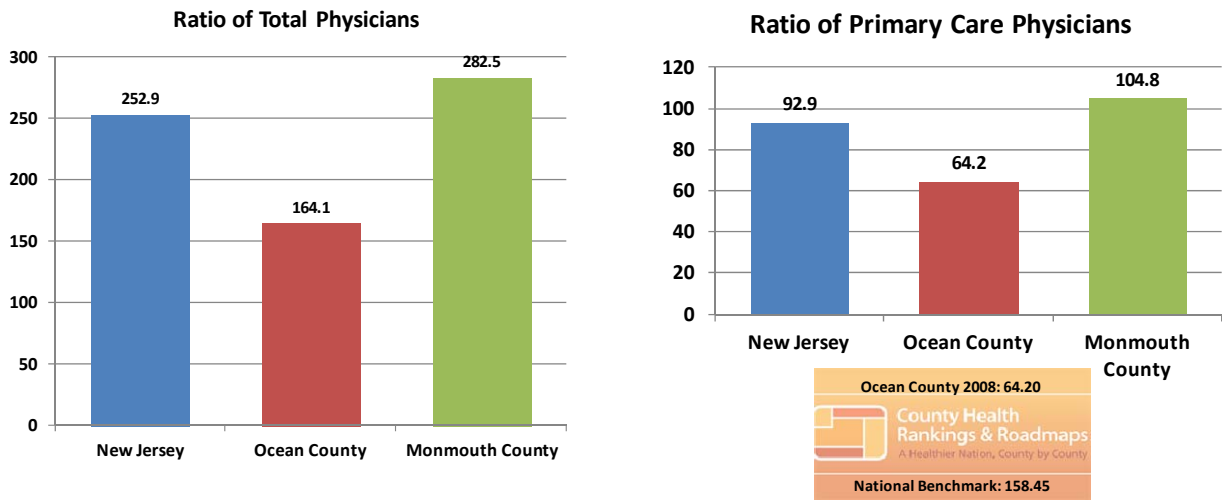
- In 2008 there were 64.2 primary care physicians per 100,000 people compared to the CHR benchmark of 158.5 per 100,000.
- In 2008 the physician to population ratio for all physicians was significantly lower than the statewide ratio.

Primary Service Area Physician Need

An area-wide Physician Needs Assessment carried out by New Solutions, Inc. on behalf of KMC identified the following needs within the communities served by the Hospital.

- Primary care physicians (Family Practice, Internal Medicine and Geriatrics) show a need for 26-29 additional physicians.
- OB/GYN shows a need for 3-6.
- Hematology/Oncology shows a need for 1-11.
- General Surgery shows a need for 4-25.
- Neurosurgery shows a need for 3-5.
- Otolaryngology shows a need for 5-7.
- Thoracic Surgery shows a need for 4.
- Plastic Surgery shows a need for 1.
- Pediatrics shows a need for 6-13.
- Allergy shows a need for 3.
- Dermatology shows a need for 6-7.

Figure 4.53
Ratio of Physicians per 100,000 Population (2008)



Source: N.J. Council of Teaching Hospitals, New Jersey Physician Workforce Task Force Report, 2008

Figure 4.54

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Primary Care Physicians: Rate per 100,000 Population	N/A	●	●
Total Physicians: Rate per 100,000 Population	N/A	N/A	●

Physicians Acceptance of Medicaid

In addition to the fact that Ocean County and the service area served by Kimball Medical Center has 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 would equalize payment rates and potentially enhance access for Medicaid patients.

Ocean County Clinics

There are four acute care hospitals in the county, one in Toms River, one in Lakewood, one in Brick, and one in Manahawkin, which provide primary access points for patients. Most of these facilities provide outpatient clinic services including family health care services.

In addition, there are two Federally Qualified Health Centers (FQHCs) in Ocean County, Ocean Health Initiative (OHI) with offices in Toms River, Lakewood and Stafford Township; and Center for Health Education, Medicine and Dentistry (CHEMED) with an office in Lakewood.

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

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

Dental Clinics

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

Timeliness of Services

A key indicator of the timeliness of services is emergency department (ED) utilization for conditions that could have been treated in a primary care setting. These include both unnecessary emergency department visits for minor, treatable conditions and visits for conditions that progressed as a result of not accessing timely treatment in an outpatient setting.

Reasons for accessing the ED instead of a more appropriate, lower acuity level of care include:

- No regular source of primary care
- Lack of health insurance
- Cost including the inability to pay co-pays for office visits
- Transportation issues

- Practices without extended office hours
- Undocumented citizenship status

ED and Inpatient Utilization for Ambulatory Care Sensitive Conditions by County, Age and Case Type

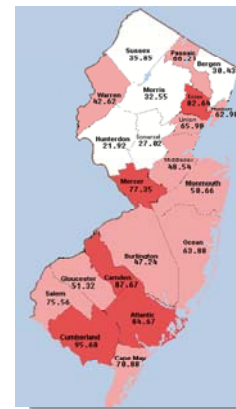
Ambulatory care sensitive conditions (ACSC) are indicators of emergency department (ED) use by patients who would have more appropriately been cared for in an outpatient primary setting. The charts below identify the number and rate of ED visits that might have been treated in another setting for Ocean County compared to all New Jersey Counties.

Figure 4.55

ACSC - ED Rate/1000		ACSC - ED Rate/1000	
COUNTY	NJ 2010	COUNTY	NJ 2010
CUMBERLAND	95.68	GLOUCESTER	51.32
CAMDEN	87.67	MONMOUTH	50.66
ATLANTIC	84.67	MIDDLESEX	48.54
ESSEX	82.64	BURLINGTON	47.24
MERCER	77.35	WARREN	42.62
SALEM	75.56	SUSSEX	35.85
CAPE MAY	70.88	MORRIS	32.55
PASSAIC	66.21	BERGEN	30.43
UNION	65.98	SOMERSET	27.02
OCEAN	63.88	HUNTERDON	21.92
HUDSON	62.98	STATEWIDE RATE	57.55

Source: NJDHSS 2008-2010 UB-04 Data – NJ Residents

Figure 4.56



Source: UB-04 2010 Discharges, Census 2010 Population

Ocean County

Ocean County ranks tenth statewide in the rate of ACSC per 1,000 population.

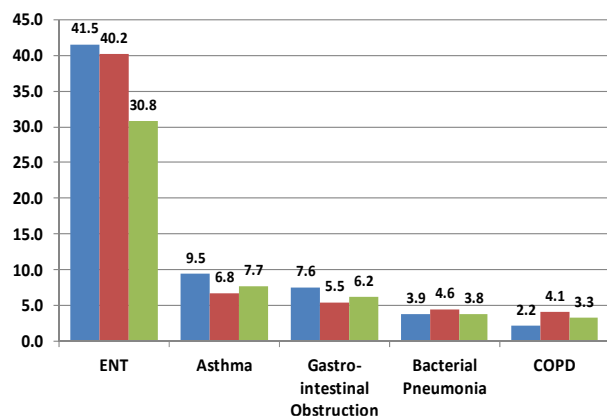
- In 2010, Ocean County had an ACSC ED visit rate of 63.9/1,000 compared to 57.6/1,000 for New Jersey.

Figure 4.57

Top 5 ACSC ED Visits For Children by County per 1,000

Children

- Between 2008 and 2010, the rate of ED visits for ACSC among children declined from 78.2/1,000 to 73.6/1,000, and remains statistically similar to the State rate of 78.2/1,000.
- ENT conditions were the number one ACSC for which children experienced an ED visit.
- Among Ocean County children, the top 5 ACSC which resulted in an ED visit were ENT, asthma, GI obstruction, bacterial pneumonia, and COPD.

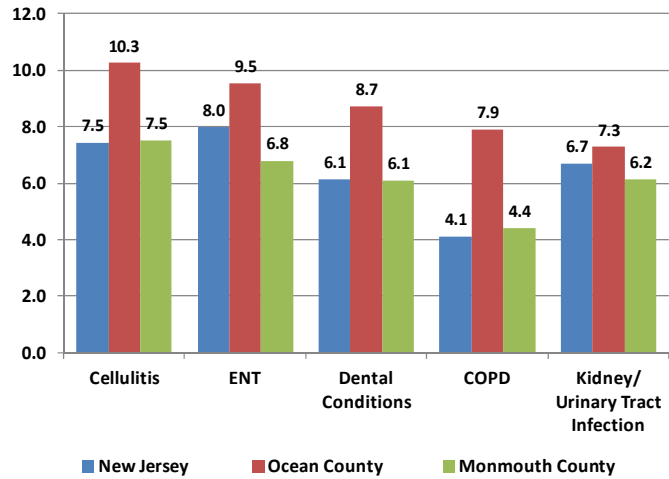


Source: NJDHSS 2008-2010 UB-04 Data –NJ Residents; U.S. Census Bureau, American Community Survey

Figure 4.58
Top 5 ACSC ED Visits for Adults by County per 1,000

Adults

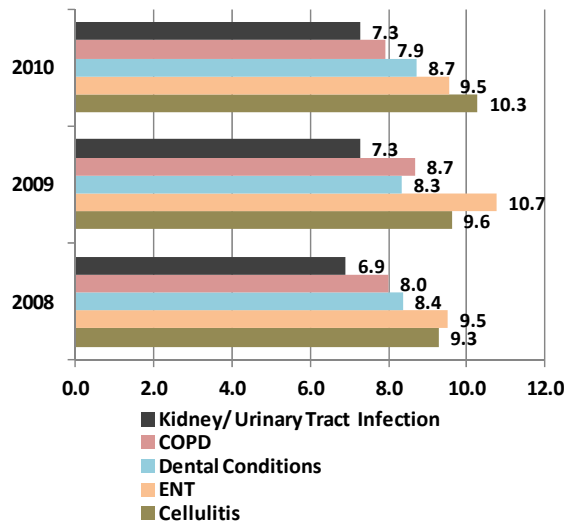
- During the same timeframe the rate of ED visits for ACSC among adults increased from 58.6/1,000 to 60.9/1,000, but remains statistically similar to the State rate of 51.2/1,000.
- The top ACSC ED visit rate among Ocean County adults was for Cellulitis at 10.3/1,000. The other four conditions were ENT, dental conditions, COPD and kidney/urinary tract infection.
- All of the visit rates among the top 5 ACSC rose or remained unchanged except for COPD, which declined.



Source: NJDHSS 2008-2010 UB-04 Data –NJ Residents; U.S. Census Bureau, American Community Survey

Figure 4.59
Adult ACSC ED Visits by Condition

Ocean County Trend 2008-2010



Source: NJDHSS 2008-2010 UB-04 Data – NJ Residents; U.S. Census Bureau, American Community Survey

Service Area ACSC ED Rates Among Children 0-17

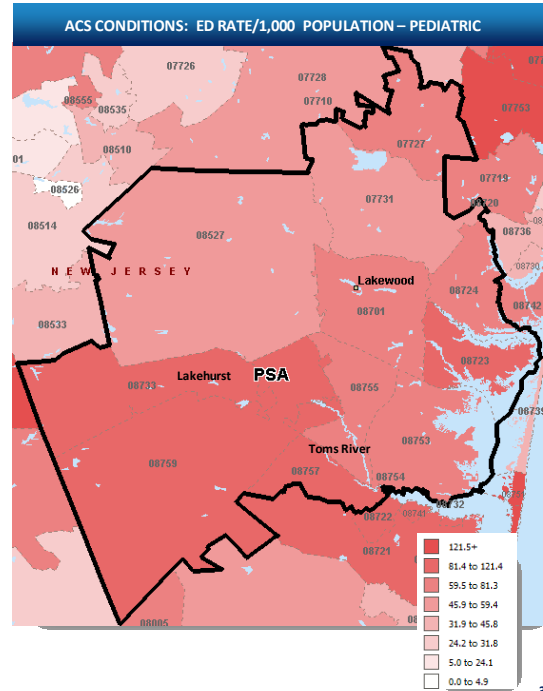
The rate of ED visits for ACSC among children was 70.7/1,000 in the PSA, below the Ocean County rate of 73.6/1,000 and the State rate (78.2/1,000).

- Lakehurst (08733) had the highest rate for ED visits for ACSC (120.2/1,000).
- The top 5 ED visits for ACSC among children in the PSA were ENT, Asthma, GI Obstruction, Bacterial Pneumonia and Cellulitis.

Figure 4.60

TOP 5 ED ACSCs WITHIN KMC SERVICE AREA (2010) – PEDIATRIC (Age 0-17)	
ACSC Condition	ED PSA
ENT	4,095
Asthma	712
GI Obstruction	631
Bacterial Pneum.	487
Cellulitis	367

Source: UB-04 2010 Discharges, Census 2010 Population



Source: UB-04 2010 Discharges, Census 2010 Population

Service Area ACSC ED Rates Among Adults 18+

The rate of ED visits for ACSC among those 18+ was 58.0/1,000 in the PSA compared to Ocean County (60.9/1,000) and State (51.2/1,000) rates.

- Lakehurst (08733) had the highest rate (97.5/1,000).
- The top 5 ED visit types for ACSC among adults in the PSA were Cellulitis, ENT, Dental Conditions, Kidney/Urinary Tract Infections, and COPD.

Figure 4.61

TOP 5 ED ACSCs WITHIN KMC SERVICE AREA (2010) – ADULTS (Age 18+)	
ACSC Condition	ED PSA
Cellulitis	3,035
ENT	2,857
Dental Conditions	2,649
Kidney/Urinary Inf.	2,320
COPD	2,196

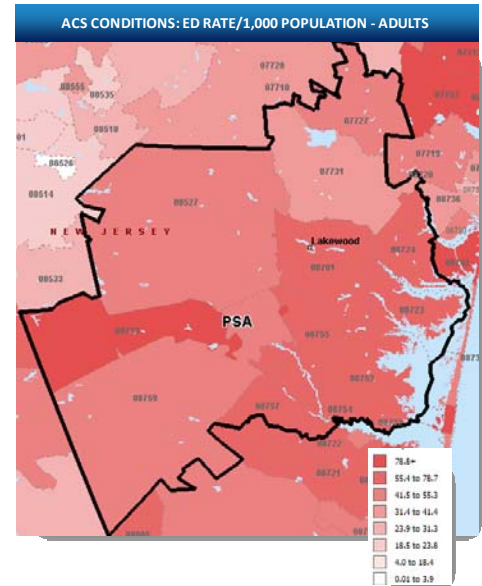
Source: UB-04 2010 Discharges, Census 2010 Population

Inpatient ACSC

Individuals can be admitted to a hospital due to an ACSC. Ocean County ranks fourth statewide in the rate of ACSC admissions per 1,000 population.

- In 2010, Ocean County had an ACSC inpatient use rate of 28.6/1,000 compared to 22.7/1,000 statewide.
- In Ocean County and in New Jersey, Congestive Heart Failure is the most common inpatient ACSC.
- In Ocean County the top 5 inpatient ACSCs were Congestive Heart Failure, COPD, Bacterial Pneumonia, Kidney/Urinary Tract Infections and Cellulitis.

Source: UB-04 2010 Discharges, Census 2010 Population



Inpatient ACSC Use Rates in the Service Area

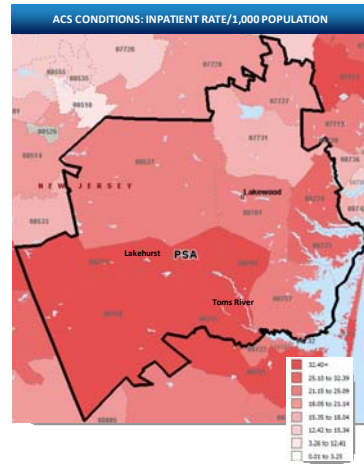
The inpatient use rate for ACSC in the PSA was 30.0/1,000 compared to 28.6/1,000 for the county and 22.7/1,000 for the State.

- The top 5 inpatient ACSC use rates occurred in CHF, COPD, Bacterial Pneumonia, Kidney/Urinary Tract Infections and Cellulitis.

Figure 4.62

TOP 5 IP ACSCs WITHIN KMC SERVICE AREA (2010)	
ACSC Condition	IP PSA
CHF	2,525
COPD	1,874
Bacterial Pneum.	1,659
Kidney/Urinary Inf.	1,255
Cellulitis	1,196

Source: UB-04 2010 Discharges, Census 2010 Population



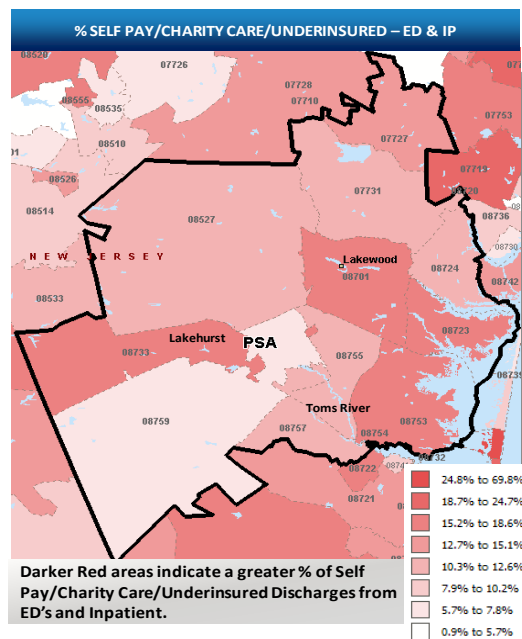
Source: UB-04 2010 Discharges, Census 2010 Population

Service Area ED and Inpatient Utilization by Self-Pay/Charity Care/Uninsured

The PSA (13.5%) has a lower percentage of self-pay, charity care and uninsured patients than the county (14.1%) and State (17.8%).

- Toms River (08754) in the PSA has the highest percentage (27.3%) of inpatient and ED discharges among the uninsured/charity care/self-pay.
- The second highest occurs in Lakewood (08701) at 18.4%.

Figure 4.63



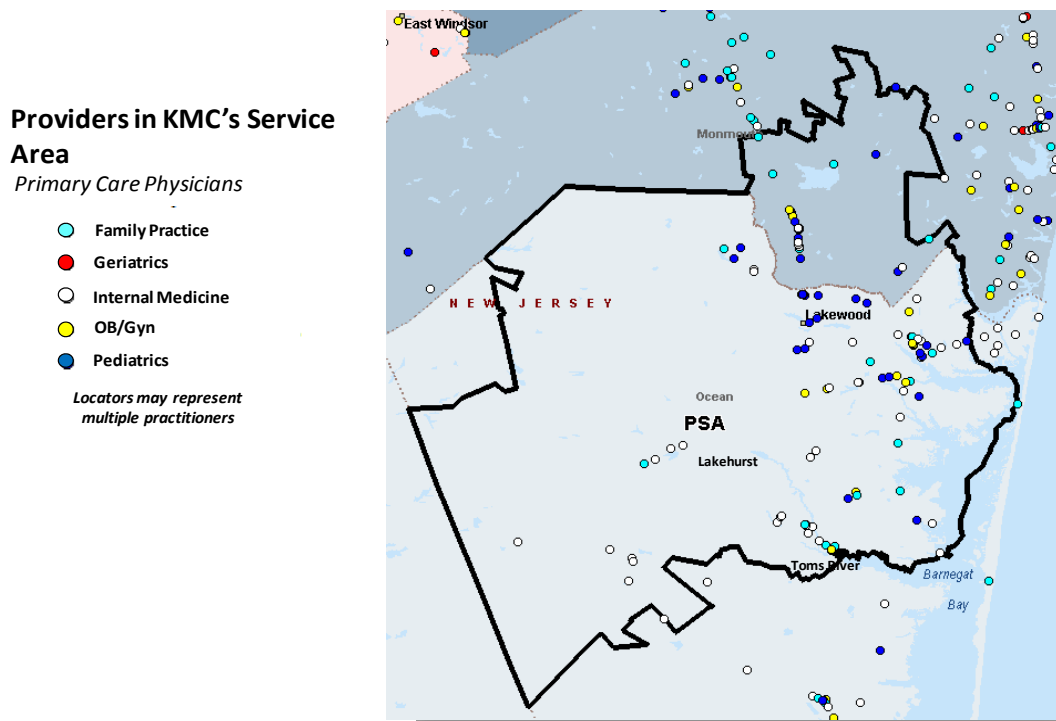
Source: UB-04 2010 Discharges, Census 2010 Population

Workforce

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. To accomplish this, 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.

Nationally, PCPs are in short supply, and according to the Lewin Group, the demand for PCPs will increase between 3% and 6% with the initiation of healthcare reform. As described above, New Jersey is experiencing a shortage of PCPs. This is also the case for KMC's primary service area which has a significant need for additional primary care physicians.

Figure 4.64



Source: New Solutions, Inc. Statewide Physician Database

3. Clinical Care Measures

Ocean County

Hospital Inpatient and ED Utilization

Hospital inpatient and ED utilization tends to be higher in Ocean County than statewide and KMC's PSA tends to experience even higher inpatient but a lower ED utilization than are experienced by county residents. It is expected that under healthcare reform, use rates will

decrease as care transitions and coordination of care improves, more care is delivered in ambulatory care settings and access to primary and preventive care increases.

Nearly 80% of U.S. adults (18-64) cite the reason for their last ED visit (that did not result in a hospitalization) was a lack of access to other providers. Specifically:

48.0%	Doctor's office not open
46.3%	No other place to go
45.8%	The ED was their closest provider
17.7%	Most of their care was at the ED ²³

- In 2010, Ocean County had the second highest inpatient utilization rate in the State, 226.3/1,000, compared to 171.8 statewide.
- Ocean County's utilization rate for ED visits is 364.5, making it the seventh highest in the State.
- The New Jersey rate in 2010 was 315.39.

Service Area Use Rates

Inpatient use rates for KMC's PSA are generally higher than use rates in the county (226.3/1,000) and the State (171.8/1,000).

- The PSA inpatient use rate was 249.4/1,000.
- Two zip codes in the service area had inpatient use rates that were much higher than the State and county rate.
 - Manchester (08759) was 377.9/1,000
 - South Toms River (08757) was 337.9/1,000

PSA Emergency Department visit rates per 1,000 are lower than the county (364.5/1,000) rate.

- The ED visit rate in the PSA was 346.9/1,000.
- Three zip codes in the PSA have exceptionally high ED visit rates as noted below.
 - Lakehurst (08733) = 545.6/1,000
 - Brick (08723) = 409.2/1,000
 - Toms River (08755) = 403.3/1,000

Methods to reduce ED use rates include addressing potential primary care access issues and effective management of patients using the ED for ACSC.

Service Area-Specific Utilization by Service Line

KMC's highest PSA inpatient volume comes from the following service lines:

- Cardiology
- Obstetrics
- Pulmonary Medicine
- Gastroenterology

²³ Emergency Room Use Among Adults 18-64: Early Release of Estimates from the National Health Interview Survey, January-June 2011. Renee M. Gindi, Ph.D., Robin Cohen, Ph.D. and Whitney K. Kirzinger, MPH. Division of Health Interview Statistics, National Center for Health Statistics.

Over the next five years inpatient utilization in the PSA is expected to increase by 1% with much of the increases anticipated in ENT, General Medicine, General Surgery, Neurosurgery, Obstetrics, Orthopedics, Neonatology, Hematology/Oncology, Other Trauma, Rehabilitation, Thoracic Surgery and Urology.

Outpatient Growth

Outpatient service utilization is anticipated to increase by 8% in nearly all specialty services including Cardiology, Cosmetic Procedures, Endocrinology, ENT, Gastroenterology, Neurology, Neurosurgery, Ophthalmology, Orthopedics, Sports Medicine, Pulmonology, Spine, and Thoracic Surgery. Areas of decline are anticipated in Cardiac Cath, Skin, Sinus, Sigmoidoscopy, GYN biopsy, and unattended Physical Therapy.

Cesarean-Section

Rates for Cesarean-sections in the U.S. continue to rise well above the 15% recommended by the World Health Organization. In 1965, the U.S. rate for cesarean-sections was 4.5%. Since then the rate has risen steadily, leveling off at 32.8% in 2010 and 2011.²⁴ As a result, nearly one in three moms gave birth by Cesarean-section.

Cesarean-section is major abdominal surgery and increases the chance of long and short term side effects for both mother and child. As a result, *Healthy People 2020* has recommended a 10% improvement of the rate of Cesarean births to 23.9% among low-risk women with no prior Cesarean births, and for low-risk women with a prior Cesarean birth the recommendation is to reduce Cesarean-section rate from 90.8% to 81.7%.

Current research suggests that the following interconnected factors appear to contribute to high Cesarean-section rates.

- 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.
- Incentive to practice in a manner that is more efficient for providers.²⁵

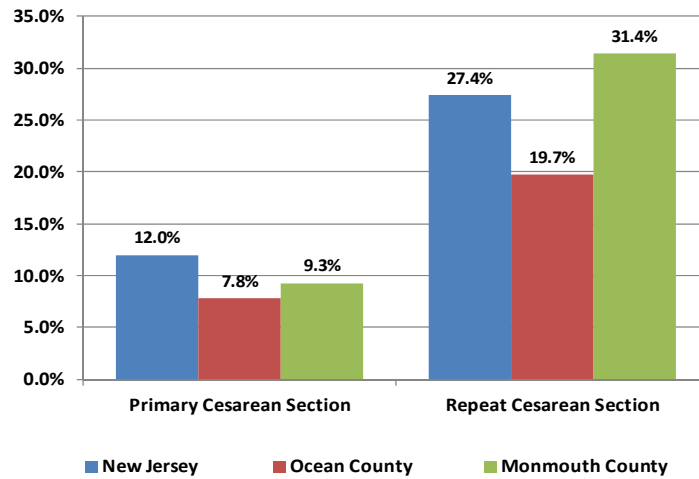
Ocean County

- In 2010, overall Cesarean-section rates in Ocean County were 27.5% of all births, below U.S. rate and lower than the statewide rate (39.4%).
- Primary Cesarean-section rates at 7.8% were better than the *Healthy People 2020* target of 23.9%.
- Primary (7.8%) and Repeat Cesarean-section rates (19.7%) were both significantly lower than the statewide rates (12% and 27.4%, respectively).

²⁴ Retrieved from <http://www.childbirthconnection.org.asp?ck=10456>. Accessed 4/30/13.

²⁵ Retrieved from <http://childbirthconnection.org/article.asp?ck=10456>. Accessed 4/30/13.

Figure 4.65
C-Section Rates (%)



Source: NJ Department of Human and Health Services, Bureau of Vital Statistics and Registration, N.J. Birth Certificate Database, 2011
Note: Percentages are based on the total number of live births for county and state.

Figure 4.66

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Primary C-Section Rate: Percent of Total Live Births	●	N/A	●
Repeat C-Section Rate: Percent of Total Live Births	N/A	N/A	●

Service Area

In order to gain a perspective of the utilization of Cesarean-section at the service area/zip code level, we employed the AHQR inpatient quality indicator #21 which excludes breech births, abnormal presentation, pre-term, fetal deaths, and multiple gestations, and calculates an overall Cesarean-section rate. In addition, because of the data available, Cesarean-section rates are presented as a percent of deliveries rather than as presented above as a percent of births, resulting in small differences.

Accordingly, Ocean County's overall Cesarean-section rate in 2010, as a percent of total deliveries, is 29.5% compared to the New Jersey rate of 43.4%.

- The Cesarean-section rate for KMC's PSA is 26.2%.
- Within the PSA are several zip codes with rates that are substantially higher:
 - Farmingdale (07727) = 59.6%
 - Manchester Township (08759) = 50.6%
 - Toms River (08755) = 50.3%
 - Jackson (08527) = 50.3%
 - Lakehurst (08733) = 50.0%

The figure below provides the Cesarean-section rates by the four Ocean County hospitals with maternity units.

- Only KMC has a rate that is below both the State and county rates.

Figure 4.67 (%)

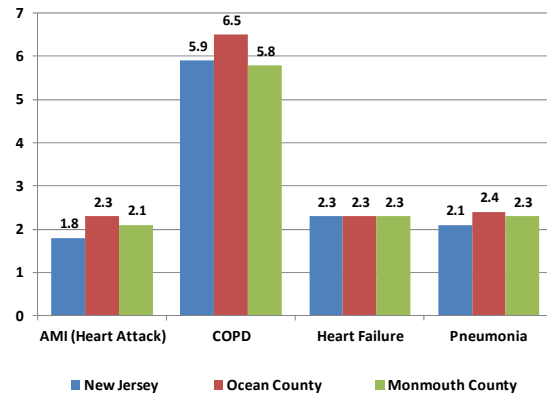
AHRQ C-Section Rates Ocean County Hospitals (2010)	
KIMBALL MC	20.1%
CMC	46.3%
OCEAN MC	32.8%
SOCH	40.4%

**Source: 2008-2010 AL, NY and PA UB-04 Data (NJ Residents Only). Percentages calculated using AHRQ Inpatient Quality Indicator #21 - Cesarean Delivery Rate (Version 4.4 - March 2012)*

Readmissions

Nearly one in five Medicare beneficiaries is readmitted within a month. In an effort to reduce costs and improve the transition of care from hospital to home or other 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 in FY 2013.

Figure 4.68
Readmissions per 1,000



Source: Health Care Quality Strategies, Inc. (HQSI), Report of Medicare FFS Claims for New Jersey, 2011

Although New Jersey hospitals have reduced admission rates from 21.8% in the second quarter of 2008 to 20.5% in the first quarter of 2012, New Jersey continues to rank among the bottom of states for controlling readmissions. Due to the above, it is not surprising that the Ocean County rate of hospital admissions per 1,000 Medicare beneficiaries was not statistically different from that of New Jersey.

- In each of the four case types shown in Figure 4.68, Ocean County’s readmission rates were the same or higher than the State.
- The figure at the right shows the CMS statewide readmission penalty as well as the readmission penalty rates for all hospitals in Ocean County. Only two New Jersey hospitals avoided any penalty. In Ocean County, only one hospital, Southern Ocean Medical Center, had a

Figure 4.69

CMS' Hospital Readmission Penalties OCEAN COUNTY HOSPITALS - 2013	
STATEWIDE MEDIAN	0.72%
KIMBALL MEDICAL CENTER	1.00%
COMMUNITY MEDICAL CENTER	0.72%
OCEAN MEDICAL CENTER	0.69%
SOUTHERN OCEAN MEDICAL CTR.	0.17%

penalty below 50%.

- A key to avoiding penalties is to reduce KMC’s excess readmission ratios which are shown in Figure 4.69. A ratio less than 1% represents performance that is better than the average hospital that admitted similar patients.

Figure 4.70

CMS’ Excess Readmission Ratios- 2013 KIMBALL MEDICAL CENTER	
AMI	1.1542
HEART FAILURE	1.1513
PNEUMONIA	1.2088

*Source <http://www.kimballhealthnews.org/stories/2012/August/13/medicare-hospital-readmission-penalties.aspx>

4. Health Behaviors

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

Maternal/Fetal Health Indicators

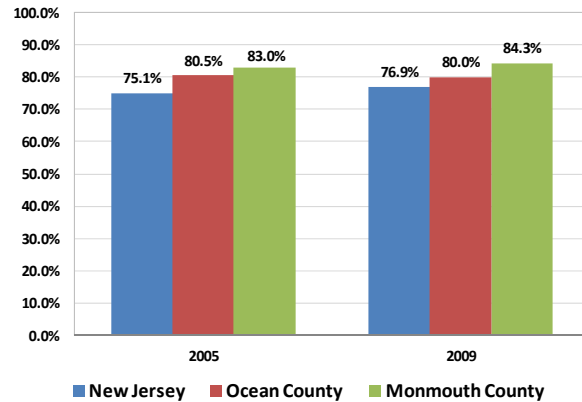
Prenatal Care

Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children.

According to *Healthy People 2020*, factors that affect pregnancy and childbirth, include:

- Preconception health status, including stress
- Age
- Access to appropriate preconception and inter-conception healthcare
- Poverty

Figure 4.71
Percent of Live Births with Prenatal Care in First Trimester



Source: N.J. Department of Health and Senior Services, N.J. Department of Health and Senior Services, Bureau of Vital Statistics and Registration, N.J.




Birth Certificate Database, 2011; U.S. Census Bureau, American Community Survey

Note: Percentages are based on total number of live births for county and state.

In 2009, 80.0% of Ocean County live births initiated prenatal care in the first trimester.

- This was a decrease of 0.5 percentage points over the percent in 2005.
- This compared to 76.9% of New Jersey live births receiving care in the first trimester.
- The percentage of live births in Ocean County receiving first trimester care was significantly higher than the *Healthy People 2020* target and the New Jersey statewide percentage.
- Between 2005 and 2009 the percent of Ocean County live births with no prenatal care decreased by 0.2 percentage points, and was significantly better than the statewide rate.

Figure 4.72
Maternal Health

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
First Trimester Prenatal Care: Percentage of Live Births		N/A	
No Prenatal Care: Percentage of Live Births	N/A	N/A	

High Risk Sexual Behaviors

Teen Pregnancy

One in five unplanned pregnancies each year is among teens; and 82% of pregnancies to mothers aged 15 to 19 are unintended. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing until their 20s.
- Receive nearly twice as much Federal aid for nearly twice as long.²⁶

Births resulting from unplanned pregnancies can have negative consequences including birth defects and low birth weight. Children from unintended pregnancies are more likely to experience poor mental and physical health during childhood, and 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.²⁷

The increased costs of healthcare and social service costs, increased costs for incarceration, rates of children born to teen parents, and cost of tax revenue from teen moms who earn less money costs U.S. tax payers an estimated \$11 billion a year.²⁸

Ocean County Teen Births

²⁶ Retrieved from <http://healthpeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=13>.

²⁷ Ibid.

²⁸ Retrieved from <http://cdc.gov/teenpregnancy/aboutteenpregnancy>. Accessed 4/30/13.

Teen births among 15-17 year olds and 15-19 declined in Ocean County and remained significantly lower than the rate statewide.

- The birth rate for teens 15-19 in Ocean County is at the CHR benchmark based upon a 6-year average from 2002 to 2008 and is significantly better than the State rate.
- The rate of teen births among those 15-17 is five times lower than the *Healthy People 2020* target.

Figure 4.73
Teen Births (per 1,000)

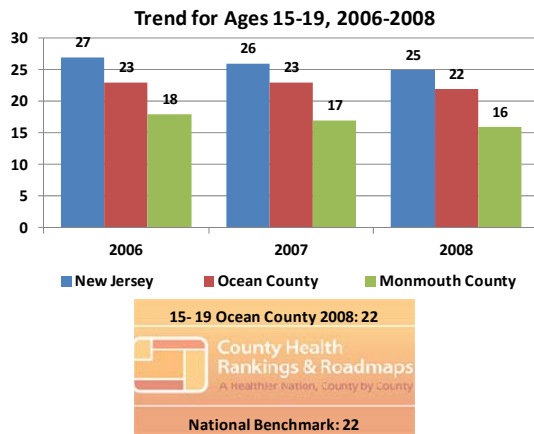
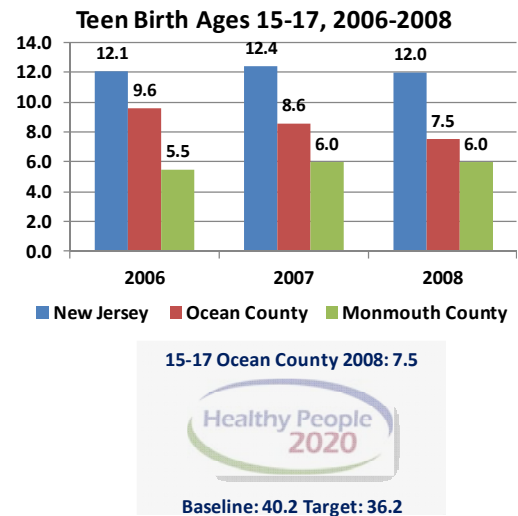


Figure 4.74
Teen Births (per 1,000)



Source: National Center for Health Statistics, County Health Rankings; N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data

Figure 4.75
Teen Births

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Teen Birth Ages 15-19: Rate per 1,000 Female Population	N/A	●	●
Teen Birth Ages 15-17: Rate per 1,000 Female Population	●	N/A	●

Service Area Teen Deliveries

More recent data available through the 2010 UB New Jersey data shows the rate for teen deliveries 15-19 dropped to 19.5/1,000 statewide.

- The rate among Ocean County teens also dropped (14.2/1,000) and is lower than the statewide rate.
- The PSA teen delivery rate in 2010 was 13.7/1,000.
- Within the PSA three zip codes exceed the State, county and PSA rates. These include:
 - Lakewood (08701) = 29.0/1,000
 - Toms River (08757) 24.7/1,000
 - Lakehurst (08733) 22.0/1,000

Figure 4.76

TEEN BIRTH RATES/1000 (2010)**	
GEOGRAPHIC AREA	Rate
New Jersey	19.50
Ocean County	14.24
KMC PSA	13.71
Lakewood (08701)	29.00
South Toms River (08757)	24.69
Lakehurst (08733)	21.98
Manchester Twp (08759)	19.17
Toms River (08753)	11.63
Brick (08723)	11.34
Howell (07731)	8.23

* NCHS Data Brief, No. 46, October 2010: <http://www.cdc.gov/nchs/data/databriefs/db46.pdf>
 ** US-04 2010 Discharges – All Deliveries to Mothers Age 15-19, Census 2010 Population

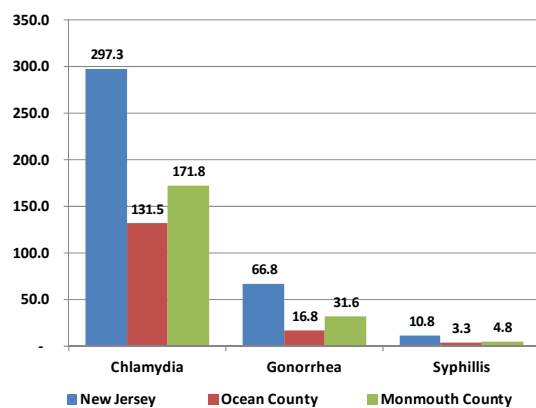
Sexually Transmitted Diseases

Background

Sexually transmitted diseases (STD) refer to more than 25 infectious organisms that are transmitted primarily through (unprotected) sexual activity. STDs remain a significant public health problem in the United States. Factors that affect the spread of STDs include:

- Asymptomatic nature of STDs.
 - The majority of STDs 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.

Figure 4.77
Sexually Transmitted Diseases (per 100,000)



Chlamydia - Ocean County 2010: 131.5

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

National Benchmark: 92

Source: N.J. Department of Health and Senior Services, Division of HIV, STD, and TB Services, Sexually Transmitted Disease Program, 2008, 2009, 2010; U.S. Census Bureau, American Community Survey

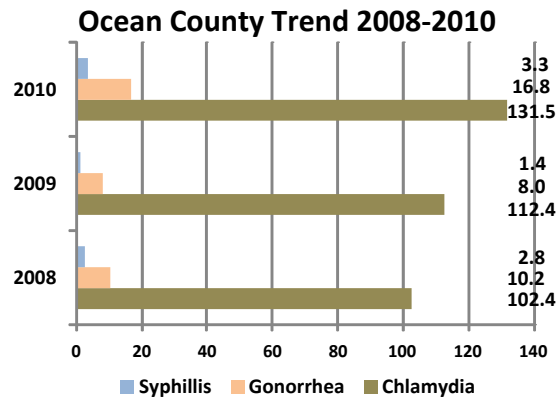
- Gender disparities.
 - Women suffer more frequent and more serious STD complications than men including pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain.²⁹
- Age disparities.
 - Nationally, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs than older adults.³⁰

Incidence

Ocean County sexually transmitted disease rates per 100,000:

- Ocean County residents have significantly lower rates of sexually transmitted diseases than the State.
- The rates for Chlamydia, gonorrhea and syphilis increased between 2008 and 2010.
- The rate for Chlamydia, gonorrhea and syphilis are all significantly lower than the State rate.
- The rate of Chlamydia (131.5/100,000) in Ocean County is significantly higher than the national benchmark (92/100,000).

Figure 4.78
Sexually Transmitted Diseases (per 100,000) – Trend



Source: N.J. Department of Health and Senior Services, Division of HIV, STD, and TB Services, Sexually Transmitted Disease Program, 2008, 2009, 2010; U.S. Census Bureau, American Community Survey

HIV/AIDS

HIV/AIDS can be transmitted through sexual contact, through intravenous drug use or contact with bodily fluids.

- In 2010, the HIV/AIDS prevalence rate in Ocean County (122.9/100,000) was significantly lower than the statewide rate.
- White residents constitute 61.6% of HIV/AIDS cases in Ocean County.

²⁹ Retrieved from <http://helathypeople.gov/topicsobjectives2020/overview.aspx?topicid=37>.

³⁰ Ibid.

Figure 4.79

Overall Prevalence Rate per 100,000 Population

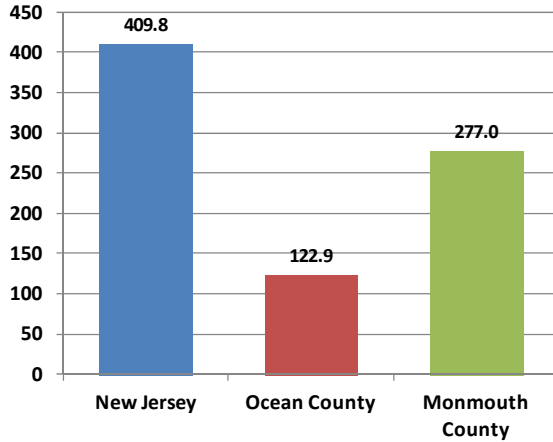
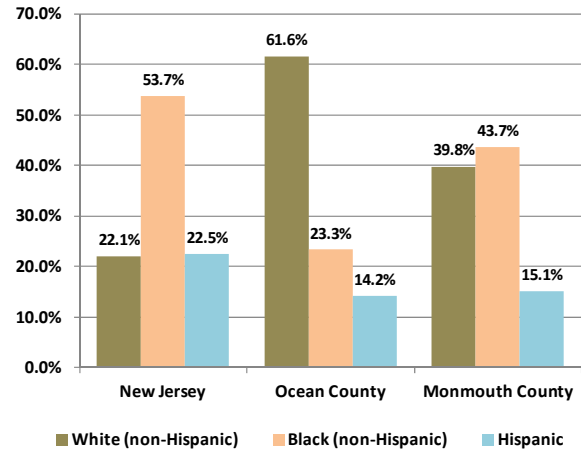


Figure 4.80

Prevalence by Race/Ethnicity (%)



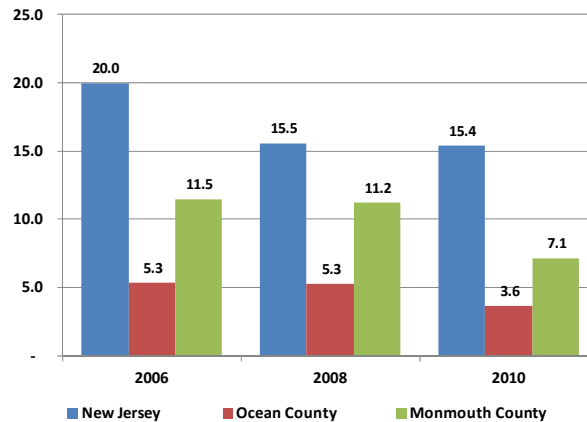
Source: NJ Department of Health and Senior Services, Division of HIV, STD, and TB Services, HIV/AIDS Reporting System, 2011

Note: Prevalence indicates amount of people living with HIV/AIDS at the time.

- The rate of new HIV/AIDS cases declined in Ocean County between 2005 and 2010, and remains significantly lower than the statewide rate.

Figure 4.81

HIV/AIDS Cases by County and State (per 100,000)



Source: N.J. Department of Health and Senior Services, Division of HIV, STD, and TB Services, HIV/AIDS Reporting System, 2011; U.S. Census Bureau, American Community Survey

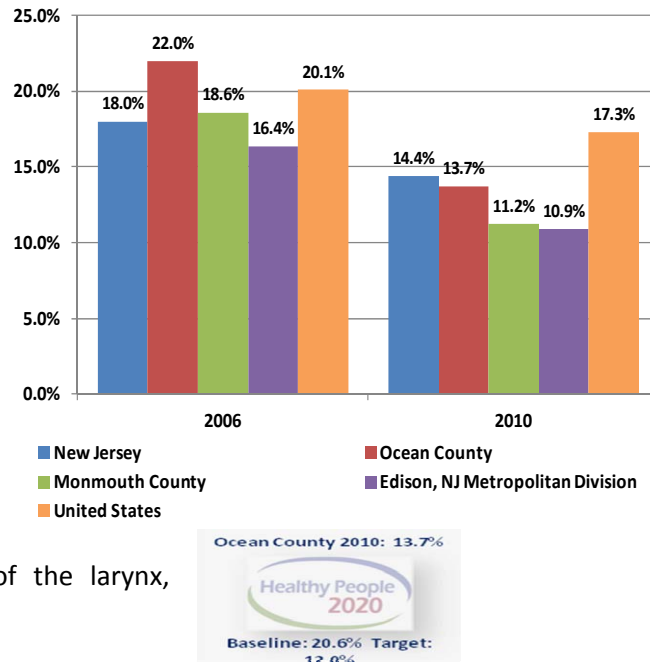
Note: New cases reported indicates new cases per year.

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.³¹

Figure 4.82
Tobacco Use by County and State (%)



Source: CDC, Behavioral Risk Factor Surveillance System

Ocean County

Smoking is declining in the U.S., Ocean County and New Jersey.

- Between 2006 and 2010, smoking in the U.S. declined from 20.1% to 17.3%.
- During the same time, smoking in Ocean County declined from 22.0% to 13.7%.
- The percent of current smokers in Ocean County remains significantly higher than the *Healthy People 2020* target of 12%.

Diet and Exercise

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.

It has been estimated that the total annual economic cost of overweight and obesity in the United States and Canada combining medical costs, excess mortality and disability was approximately \$300 billion in 2009.³²

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

³¹ Retrieved from http://www.cdc.gov/tobacco/data_statistic/fact_sheet/fast_facts.

³² Retrieved from <http://www.soa.org/news-andpublications/newsroom/pressreleases/new-society-of-actuaries-study>.

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.

Diet and Nutrition

Diet and body weight are related to health status. A healthy diet reduces risks for many health conditions discussed in this report, including:

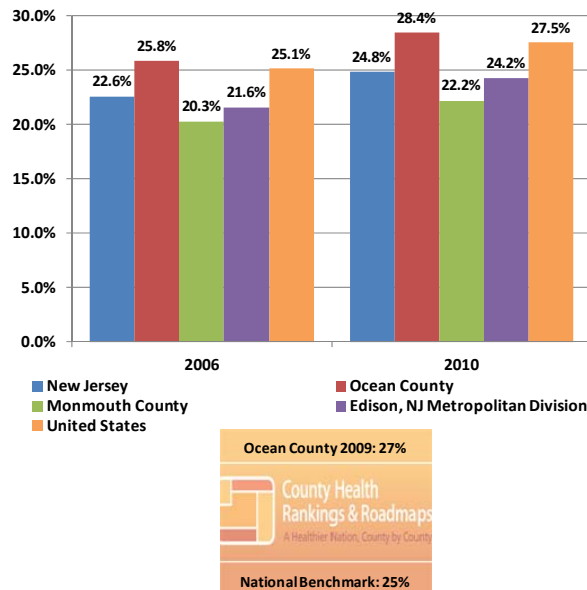
- Overweight and obesity
- Heart disease
- High blood pressure
- Stroke
- Type 2 diabetes
- Osteoporosis
- Oral disease
- Some cancers
- Complications during pregnancy³³

Ocean County

Obesity in Ocean County rose between 2006 and 2010 from 25.8% to 28.4%.

- Obesity in Ocean County was higher than all comparative regions including the U.S. (27.5%).
- Despite the increase, Ocean County's obesity rate was statistically similar to the statewide average, *Healthy People 2020* target, and the CHR benchmark.

Figure 4.83
Obesity: Percent with Reported BMI of =>30



Source: CDC, Behavioral Risk Factor Surveillance System
Note: The 2009 CHR Ocean County Data is different from the 2009 CDC BRFSS Data

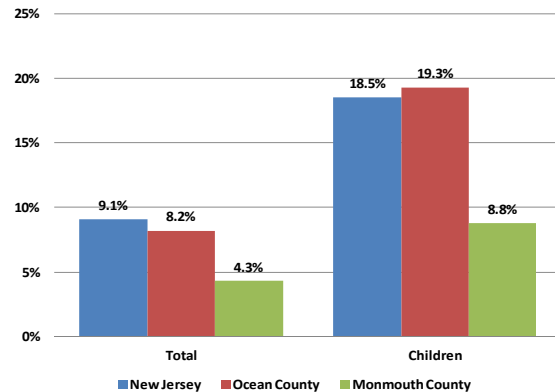
³³ Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29>.

Supplemental Food Assistance

Participation among Ocean County recipients in the Supplemental Nutritional Assistance Program (SNAP) has more than doubled between 2007 and 2011.

- The percent of all SNAP recipients grew from 3.4% to 8.2%.
- Among children the percent grew from 8.5% to 19.3%.
- Among Ocean County children the percent of SNAP recipients is significantly higher than the State.

Figure 4.84
SNAP by County and State (%)



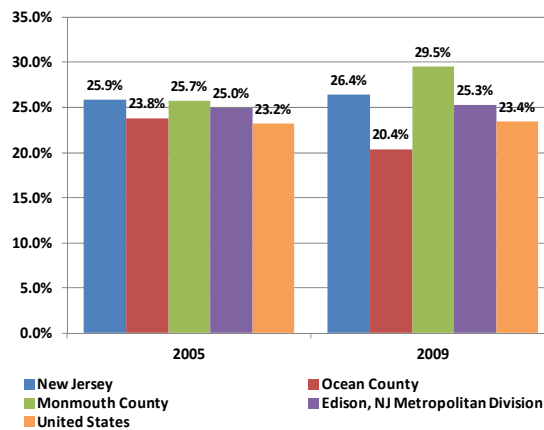
Source: NJ Department of Human Services, Division of Family Development, Current Program Statistics, 2011; U.S. Census, ACS, Claritas 2011-2017 Projection / Intervening Year: Straight Line Method. Note: The total percentages are based on the total and the percentages of children are

Fruit and Vegetable Consumption

Between 2005 and 2009 the percent of Ocean County residents who consumed five servings of fruit and vegetables a day fell from 3 percentage points from 23.8% to 20.4%

- This percentage was statistically worse than the percentage statewide and is higher than the U.S. average of 23.4%.
- Ocean County residents reported the lowest level of fruit and vegetable consumption of all the regions studied.

Figure 4.85
Adults Who Have Consumed 5 or More Fruits/Vegetables Daily (%)



Source: CDC, Behavioral Risk Factor Surveillance System

Physical Exercise

Regular physical exercise is declining among Ocean County residents.

- Between 2005 and 2009 the percent of Ocean County adults engaging in adequate physical activity declined marginally from 45.3% to 45.2%.
- The *Healthy People 2020* target is 47.9%.
- The percent of county residents reporting any physical activity declined 1.4 percentage points between 2005 and 2010, from 73.3% to 71.9%.

- The physical activity levels reported were not statistically different than the statewide percentages or the national benchmarks and targets.

Figure 4.86

Adults with 30+ minutes of moderate physical activity 5 or more days/week, or vigorous physical activity for 20+ minutes 3 or more days/week (%)

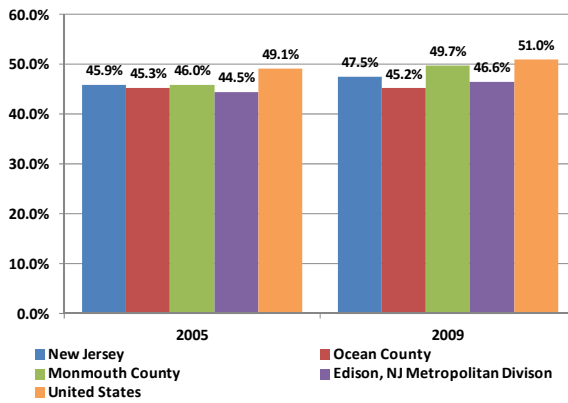
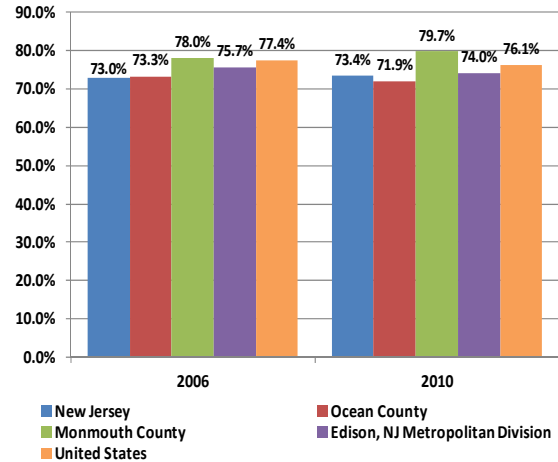


Figure 4.87

Participated in Physical Activity in the Past Month (%)



Source: CDC, Behavioral Risk Factor Surveillance System

Note: Healthy People 2020 baseline and target are defined as, "moderate intensity for at least 150 minutes/week, or 75/minutes/week of vigorous intensity, or an equivalent combination."

Figure 4.88

Diet and Exercise

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Obesity: Percent with Reported BMI of >= 30	●	●	●
Adults with 30+ Minutes of Moderate Physical Activity 5 or More Days/Week, or Vigorous Physical Activity for 20+ Minutes 3 or More Days/Week	●	N/A	●
During the Past Month, Did You Participate in Any Physical Activities? %=Yes	N/A	●	●
Adults Who Have Consumed Fruits and Vegetables Five or More Times/Day	N/A	N/A	●

Health Screenings

Health screenings include preventable actions people can take to ensure early identification or monitoring of disease processes.

Cancer Screenings

Screening is effective in identifying some types of cancer including:

Breast Cancer (mammography)

- In Ocean County the percentage of women age 40 and over who **did not** have a mammogram increased by 1.3 percentage points from 23.6% to 24.9% and is significantly higher than the *Healthy People 2020* target of 18.9%.







Cervical Cancer (pap smear)

- The percentage of women 18 and over who had a pap smear in the last three years increased between 2004 and 2010 from 86.0% to 86.5%.
- The county rate is significantly lower than the *Healthy People 2020* target of (93.0%).

Colon-rectal Cancer (sigmoidoscopy or colonoscopy)

- The percentage of Ocean County adults 50+ who ever had a sigmoidoscopy or colonoscopy increased 9.7 percentage points between 2004 and 2010, from 57.7% to 67.4%. This rate is statistically similar to the *Healthy People 2020* benchmark and the State rate.

Figure 4.89
Cancer Screenings

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Percent of Women Age 40+ Who Have NOT Had a Mammogram Within Past Two Years		N/A	
Percent of Women 18 Years and Over Who have Had a Pap Test in the Past 3 years		N/A	
Percent of Adults 50 Years and Over Who Have Ever Had a Sigmoidoscopy or Colonoscopy		N/A	

Research shows that a recommendation from a healthcare provider is the most important reason patients cite for having cancer screening tests.³⁴



³⁴ Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=5>.

Diabetes Screening

Diabetes screenings are an effective way of managing the illness.

- The percentage of diabetes screenings among diabetic Medicare enrollees increased from 81% in 2003 to 2006, to 84% in 2009 but remains significantly lower than the County Health Ranking benchmark of 89%.

Figure 4.90
Diabetes Screening

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Percent of Diabetic Medicare Enrollees that Receive HbA1c Screening	N/A		

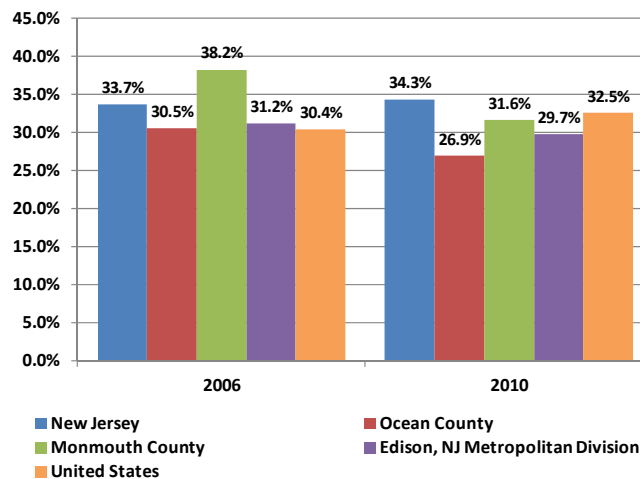
Immunizations

Immunizations are a primary means of providing individuals and children protection from potentially fatal illnesses.

Adult Flu

- Between 2006 and 2010 there was a decline in the percent of adults 65+ who failed to get a flu shot from 30.5% to 26.9% which remained significantly higher than the *Healthy People 2020* goal of 10%.
- The Ocean County percentage was lower than the percentages reported in the comparable regions.

Figure 4.91
Percent of Adults Age 65+ Who Have NOT Had a Flu Shot in the Past Year

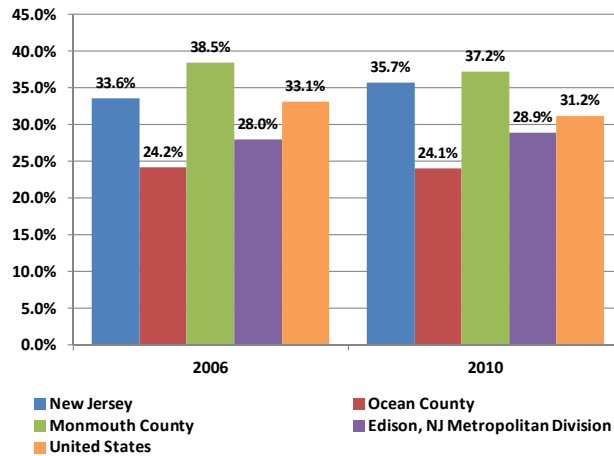


Source: CDC, Behavioral Risk Factor Surveillance System

Adult Pneumonia

- The percent of adults 65+ who have never had a pneumonia vaccine decreased slightly from 24.4% in 2006 to 24.1% in 2010.
- The *Healthy People 2020* goal is for no more than 10% to go without this vaccine.
- The Ocean county rate was significantly lower than this target.

Figure 4.92
Percent of Adults Age 65+ Who Have Not EVER Had a Pneumonia Vaccination; % = Not Had

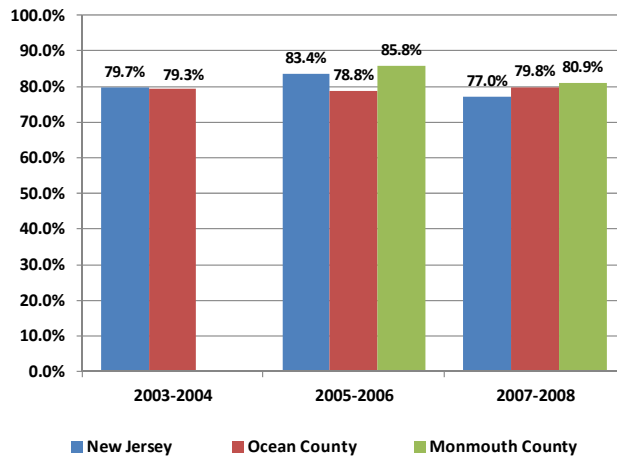


Source: CDC, Behavioral Risk Factor Surveillance System

Childhood Immunizations for Ages 19-35 Months (DPT, polio, MMR and Hib)

- The childhood immunization rate rose statewide and in Ocean County.
- The rate in Ocean County rose only 0.5 percentage points from 79.3% to 79.8%, but was statistically similar to the rate statewide.






Figure 4.93
Biennial Childhood Immunization for Ages 19-35 Months for 4:3:1:3 Vaccination Series



Source: CDC, Department of Health and Human Services, County-Level Trends in Vaccination Coverage Among Children Aged 19-35 Months- United States 2003-2008.

Note: 2003-2004 data for Monmouth County not available.

**Figure 4.94
Immunizations**

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Percent of Adults Age 65+ Who Have NOT Had a Flu Shot in the Past Year		N/A	
Percent of Adults Age 65+ Who Have NOT Ever Had a Pneumonia Vaccination.		N/A	
Biennial Childhood Immunization for Ages 19-35 Months for 4:3:1:3 Vaccination Series	N/A	N/A	

5. 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.” Environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environment.

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.

- The number of unhealthy air quality days due to fine particulate matter declined in Ocean County between 2005 and 2007 compared to an increase New Jersey.
- The number of unhealthy air quality days due to fine particulate matter was significantly worse than the CHR benchmark.
- Ocean County has also seen improvement in the annual number of unhealthy air quality days due to ozone, a drop from 26 days to 18 days. This number is significantly higher than the CHR benchmark of 0.

Figure 4.95
Annual Number of Unhealthy Air Days Due to Fine Particulate Matter

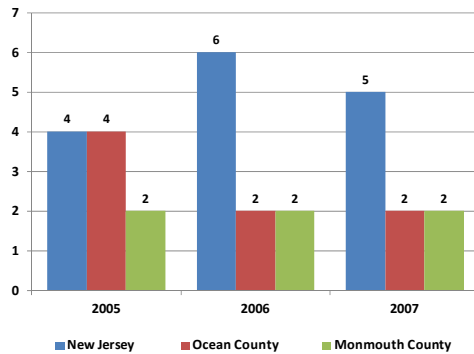
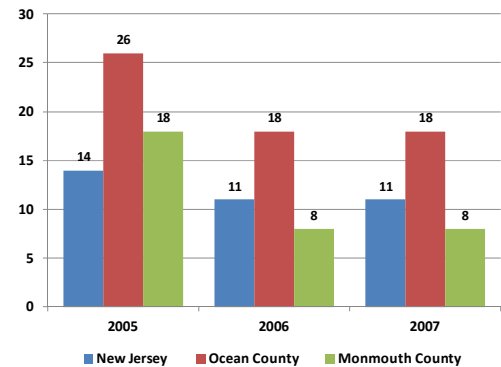


Figure 4.96
Annual Number of Unhealthy Air Days Due to Ozone



Source: County Health Rankings, PHASE project, a collaborative effort between the CDC and EPA

Lead Hazards

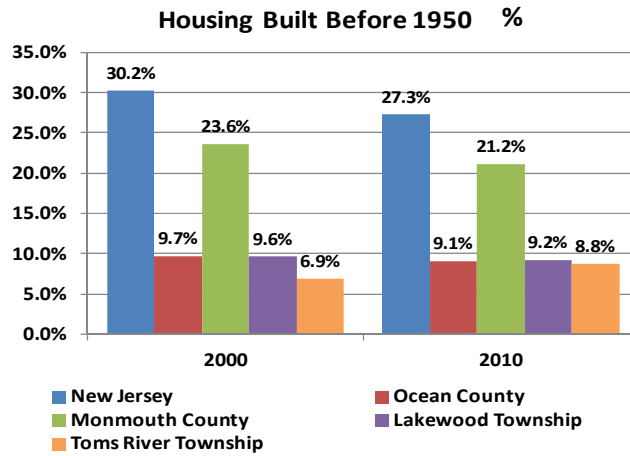
Lead poisoning is a medical condition caused by increased levels of heavy metal lead in the body. Lead interferes with a variety of body processes and is toxic to many organs and tissue including heart, bones, intestines, kidneys, and reproductive and nervous systems. The main tool for the diagnosis is the measurement of blood lead levels or a urine test. The results of these tests indicate how much lead is circulating within the blood stream. The Centers for Disease Control (CDC) sets the standard for elevated blood lead levels for adults to 25 micrograms per deciliter (ug/dl) of whole blood, and 5 (ug/dl) of whole blood as of 2012 for children; down from the previous 10 ug/dl. Children are especially prone to the ill health effects of lead exposure. Scientists have found that lead in children can disrupt growth and development of a child's brain and central nervous system. The first 3-6 years of life is when the human brain grows the fastest and when critical connections in the brain that control thought, learning, hearing, movement, behavior and emotions are being formed.

Lead Exposure

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. Young children can be exposed by:

- Swallowing leaded dust or soil that gets on their hands, or other objects, that they put into their mouths such as toys.
- Swallowing leaded paint chips.
- Breathing leaded dust or lead contaminated air.
- Eating food or drinking water that is contaminated with lead.

Figure 4.97



Source: U.S. Census Bureau;
County Health Rankings, United States Department of Agriculture (USDA), Food Environment Atlas
Note: 2000 data for Housing Built Before 1950 in Toms River is unavailable.

Ocean County

- Only 9.1% of the housing in Ocean County was built prior to 1950. This compares favorably to the percent of housing statewide with a lead-based paint hazard (27.3%).
- Ocean County children have significantly lower blood lead levels ranging from 10-17 ug/dl. than found in children statewide.
- For blood lead levels over 20 ug/dl the rate was no different than the State.

Figure 4.98
Physical Environment

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Annual Number of Unhealthy Air Quality Days Due to Fine Particulate Matter	N/A	Yellow Circle	Yellow Circle
Annual Number of Unhealthy Air Days Due to Ozone	N/A	Red Circle	Yellow Circle
Blood Lead Levels of Children (less than 17 years) Tested for Lead Poisoning: 10-19 ug/DL	N/A	N/A	Green Circle
Blood Lead Levels of Children (less than 17 years) Tested for Lead Poisoning: 20+ ug/DL	N/A	N/A	Yellow Circle

Access to Healthy Foods

- In 2006, 10% of low income Ocean County residents did not live close to a grocery store compared to 4% in New Jersey.
- In 2009, 51% of all restaurants in Ocean County were fast food restaurants compared to 50% statewide; more than double the national benchmark.
- In 2006, Ocean County had 14 liquor stores per 100,000 residents compared to 20/100,000 statewide.

Figure 4.99
Physical Environment

Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
People Who Are Low Income and Do Not Live Close to a Grocery Store: Percent of Total Population	N/A	N/A	
Fast Food Establishments: Percent of all Restaurants	N/A	N/A	
Liquor Stores: Rate per 100,000 Population	N/A	N/A	

Crime and Injury Prevention

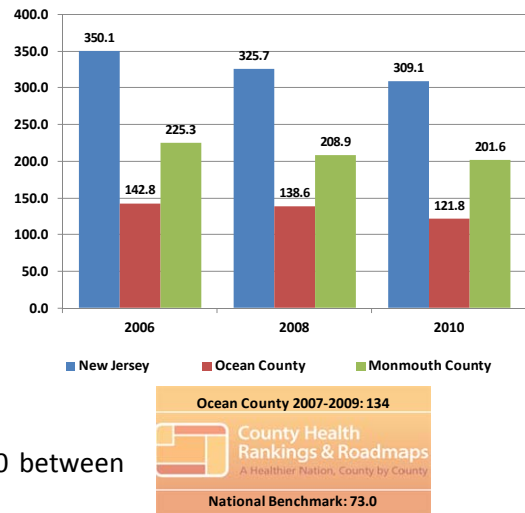
Healthy People 2020 asserts most events resulting in injury, disability, or death are predictable and preventable. For unintentional injuries, there is a need to better understand the trends, causes, and prevention strategies. Specifically:

- 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.
- Social environment—individual social relationships, community, societal-level factors.³⁵

Ocean County

- The violent crime rate declined in Ocean County and was significantly lower than the statewide rate.
- The violent crime rate in Ocean County 121.8/100,000 is significantly higher than the CHR benchmark (73.1/100,000).
- Burglary rates increased from 3.8/1,000 to 4.0/1,000 between 2006 and 2010.

Figure 4.100
Violent Crimes (per 100,000)

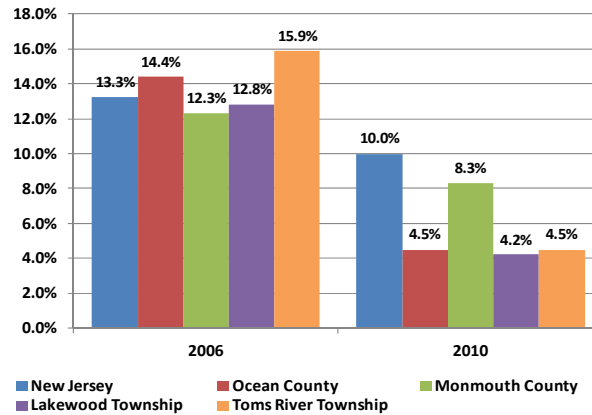


Source: N.J. Department of Law and Public Safety, Uniform Crime Reporting Unit; U.S. Census Bureau, American

³⁵ Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives/2020/overview.aspx?topicid=24>. Accessed 5/13/13.

- Reports of child abuse in Ocean County rose from 42.1/1,000 to 49.9/1,000, and were statistically similar to the rate statewide.
- The rate of substantiated abuse and neglect reports fell nearly 10 percentage points between 2006 and 2010 in Ocean County and is significantly lower than the percent statewide.
- The highest percent of substantiated child abuse reports occurred in Toms River 15.9/1,000.

Figure 4.101
Substantiated Child Abuse/Neglect Reports (%)

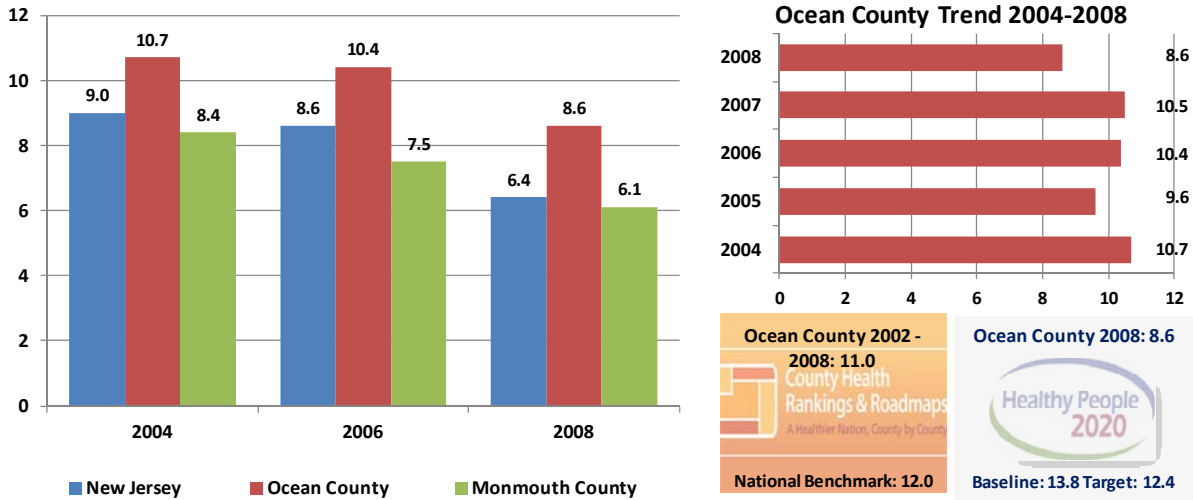


Source: N.J. Department of Children and Families, Child Abuse and Neglect Substantiations; U.S. Census Bureau, American Community Survey
Note: Percentages are based on the total number of children with abuse/neglect reported.

Injuries

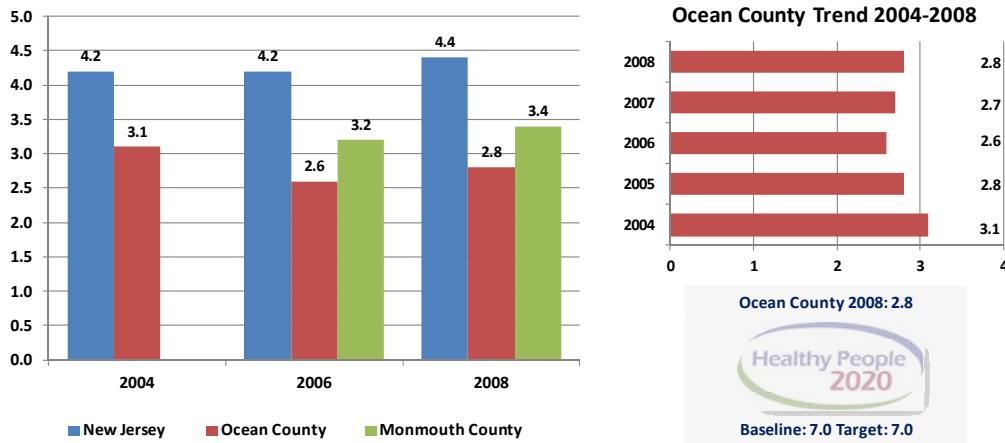
- The Ocean County motor vehicle crash rate (8.6/100,000) was statistically lower than the *Healthy People 2020* target of 12.4/100,000.
- Ocean County had an age-adjusted rate of 2.8/100,000 deaths due to falls, which was significantly better than the *Healthy People 2020* target of 7.0/100,000.
- Age-adjusted rate for unintentional poisoning in Ocean County rose from 8.6/100,000 to 11.4/100,000 and was not significantly different from the State or *Healthy People 2020* target.

Figure 102
Motor Vehicle Crash Death Rate
Per 100,000 Population



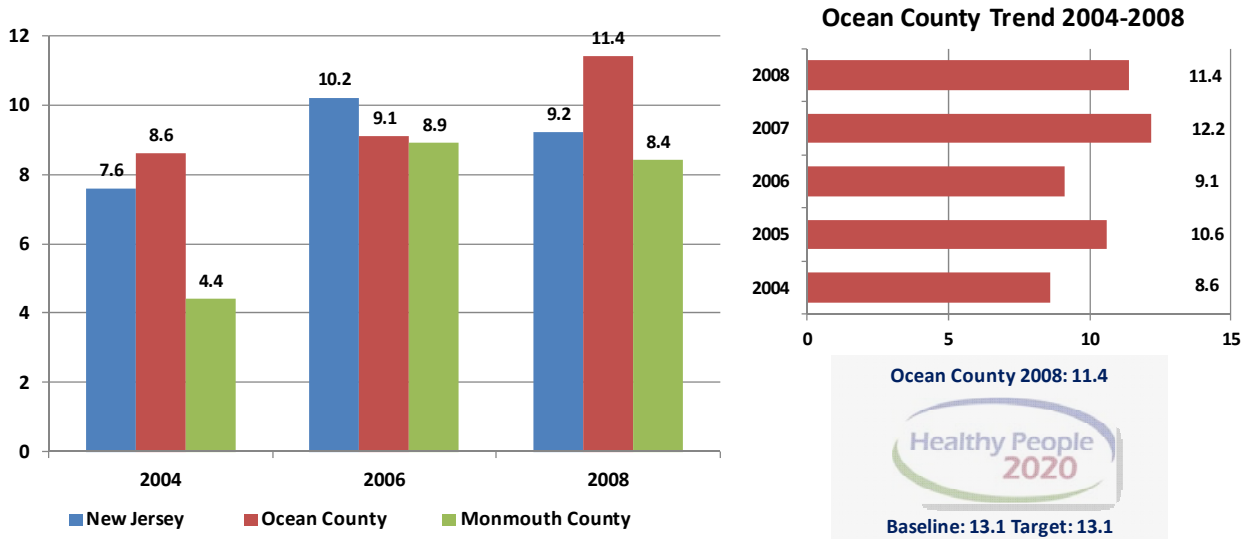
Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data
Note: Rates are calculated per 100,000 population of the county and state and are age-adjusted to the 2000 U.S. standard million population.

Figure 103
Deaths Due to Falls per 100,000 Population



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data
Note: The Healthy People 2020 goal is to, "prevent an increase in fall-related deaths." 2004 Monmouth Data does not meet standards of reliability based on fewer than 20 cases in the numerator and/or denominator

Figure 104
Deaths Due to Poisoning per 100,000 Population



Source: N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data
Note: The Healthy People 2010 goal is to, "prevent an increase in the rate of poisoning deaths."

6. Behavioral Health

Behavioral health (mental health and chemical dependency) is increasingly being linked to physical health indicators. Most Ocean County behavioral health indicators are worse than found in New Jersey. It is expected that in the future behavioral health systems will be embedded in new structures such as accountable care organizations, integrated healthcare systems and preferred provider organizations.³⁶

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 that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning.³⁷ There is often a stigma associated with mental health diagnosis and treatment, particularly among African-Americans and Latinos.³⁸

- Mental disorders are among the most common causes of disability.
- According to the National Institute of Mental Health (NIMH), in any given year, an estimated 1 in 17 Americans have a seriously debilitating mental illness.

³⁶ Behavioral Health Specialty Services & Integrated Healthcare: Challenges & Opportunities. Presented by David Lloyd, Founder MTIN Services.

³⁷ Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overivew.aspx?topicid=28>.

³⁸ Ibid.

- Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality.
- Mental health plays a major role in people’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.³⁹

Ocean County

- Admission rates for mental/behavioral health conditions exceed the statewide rate and have been on the rise since 2006.
- Rates among all age groups except the elderly (stable) have increased.
- From 2006 to 2010 the rate of ED visits for behavioral health rose or remained the same among all age groups.
- The highest rate of ED visits for behavioral health conditions occurs among adults.

Figure 4.105
Mental/Behavioral Health Admissions by Age (per 1,000)

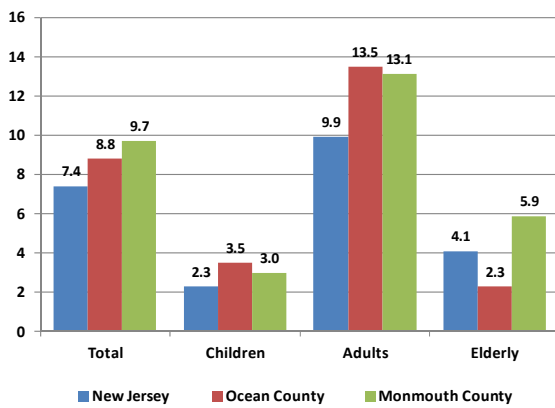
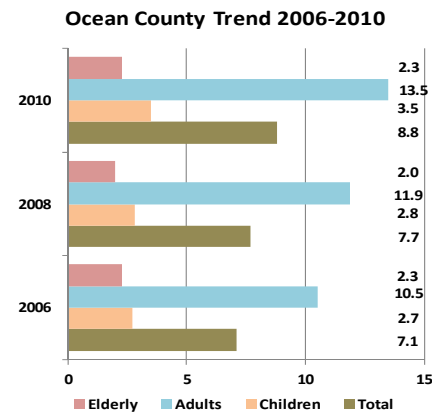


Figure 4.106
Mental/Behavioral Health Admissions Trends (per 1,000)



Source: N.J. Discharge Data Collection System; N.J. Department of Human Services, Division of Mental Health Services, Mental Health Subsidy Allocation; U.S. Census Bureau, American Community Survey.
Note: Mental/Behavioral health conditions include MCD 19 Mental Diseases and Disorders and MDC 20 Alcohol/Drug Use and Alcohol/Drug-Induced Organic Mental Disorders.

³⁹ Ibid.

Figure 4.107
Mental/Behavioral Health
ED Visits by Age (per 1,000)

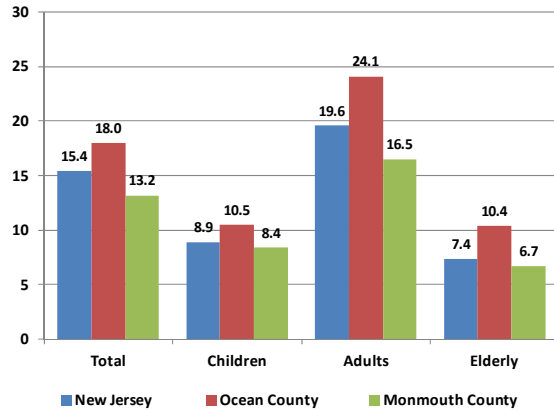
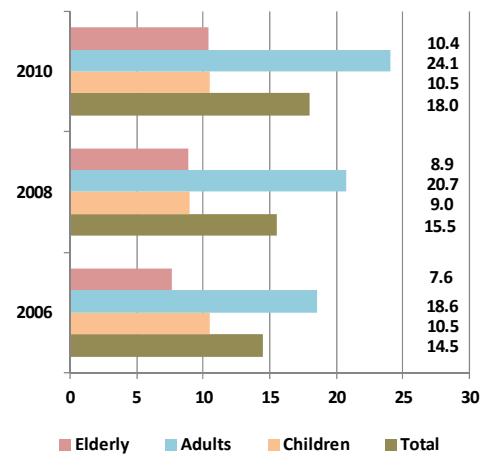


Figure 4.108
Mental/Behavioral Health
ED Visits Trends (per 1,000)

Ocean County Trend 2006-2010



Source: N.J. Discharge Data Collection System; N.J. Department of Human Services, Division of Mental Health Services, Mental Health Subsidy Allocation; U.S. Census Bureau, American Community Survey.

Note: Mental/Behavioral health conditions include MCD 19 Mental Diseases and Disorders and MDC 20 Alcohol/Drug Use and Alcohol/Drug-Induced Organic Mental Disorders.

Mental Health Utilization in the Service Area

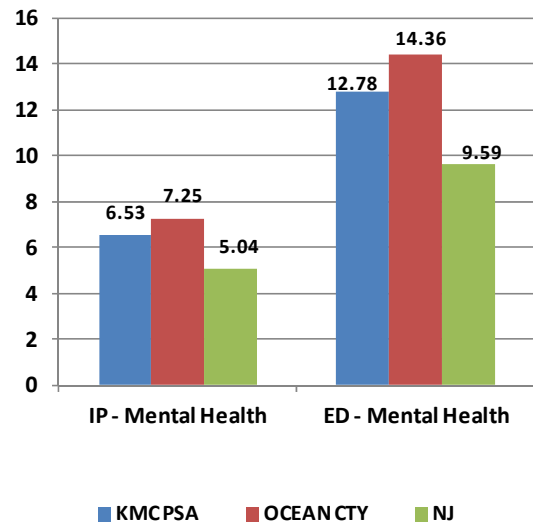
- Inpatient use rates for mental health in the PSA are 0.72 points lower than the county rate and 1.49 points higher the statewide rate.
- ED visit rates for mental health in the PSA are 1.58 points lower than the county rate, but 3.19 points higher than the statewide rate.

Substance Use/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.

Figure 4.109
Behavioral Health Use Rates
Mental Health (per 1,000)

Mental Health Use Rates - 2010



*Source: UB-04 2010 Discharges, Census 2010 Population

**Mental Health Defined As MDC 19, Substance Abuse Defined As MDC 20

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95% of people with substance use problems are considered unaware of their problem.⁴⁰

Ocean County

The percent of excessive drinkers combine the percent of people who are heavy drinkers together with binge drinkers.

- Between 2006 and 2010, reported excessive drinking in Ocean County declined from 16.9% to 15.4%, but remains nearly twice the County Health rankings benchmark 8.0%. This compared to the statewide percentage of excessive drinking of 18.1% and U.S. rate of 20.4%.
- Ocean County had the lowest percent of the population reporting binge drinking or heavy drinking of all the geographies studied.

Figure 4.110
Excessive Drinking by County and State (%)

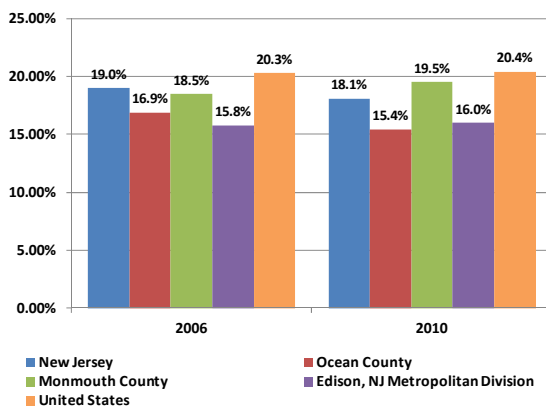
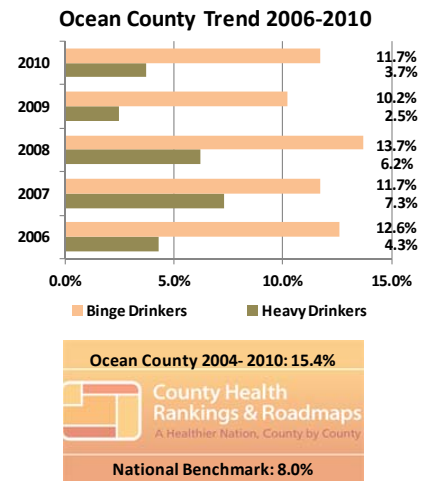


Figure 4.111
Excessive Drinking Trends (%)



Source: CDC, Behavioral Risk Factor Surveillance System

Note: Heavy drinkers are defined as adult men who have more than 2 drinks per day and adult women who have more than one drink per day. Binge drinkers are defined as adult men who have 5 or more drinks on one occasion and females who have 4 or more drinks on one occasion.

⁴⁰ Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020.aspx?topicid=40>. Accessed 5/20/13.

Figure 4.112
Substance Use/Abuse









Indicator	Healthy People 2020 Target	County Health Rankings Benchmark	New Jersey
Excessive Drinking: Heavy Drinkers Plus Binge Drinkers	N/A		
Treatment Admissions for Alcohol: Percentage of Total Treatment Admissions	N/A	N/A	
Treatment Admissions for Heroin/Other Opioids: Percentage of Total Treatment Admissions	N/A	N/A	
Treatment Admissions for Cocaine: Percentage of Total Treatment Admissions	N/A	N/A	
Treatment Admissions for Marijuana: Percentage of Total Treatment Admissions	N/A	N/A	
Treatment Admissions for Other Drugs: Percentage of Total Treatment Admissions	N/A	N/A	
Total Substance Abuse Treatment Admissions: Rate per 100,000 Population	N/A	N/A	

Figure 4.113
Total Substance Abuse Admissions (per 100,000)

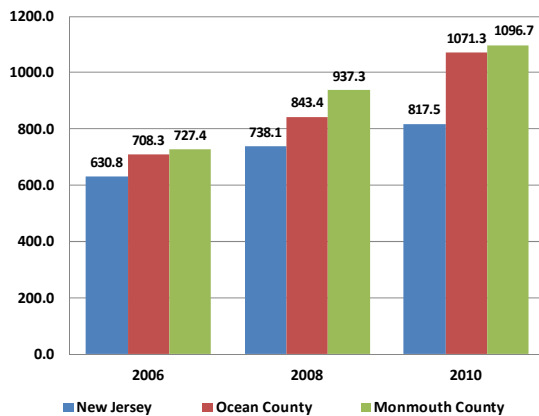
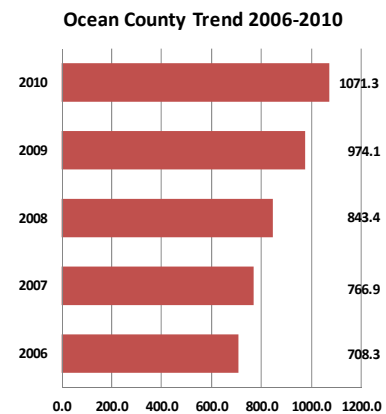


Figure 4.114
Total Substance Abuse Admissions – Trends (per 100,000)



Source: N.J. Department Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment; U.S. Census Bureau, American Community Survey.

- In 2010, the most common drug being treated in Ocean County was heroin and other opioids.
- The percentage of treatment admissions for heroin in Ocean County was significantly higher than the percentage statewide.
- Alcohol treatment admissions declined from 35% of all drug treatment admissions to 31% of all drug treatment admissions.
- The percent of alcohol and marijuana treatment admissions in Ocean County was statistically lower than the statewide average.
- The overall rate of substance abuse admissions increased from 708.3/100,000 in 2006 to 1071.3/100,000 in 2010, and remains significantly higher than the statewide rate.

Figure 4.115
Primary Drug Treatment Admissions (%)

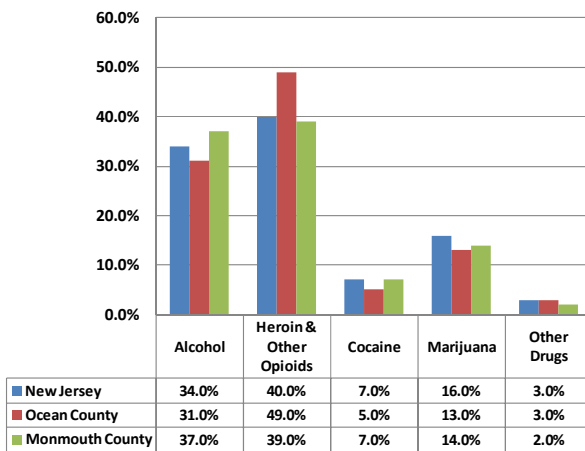
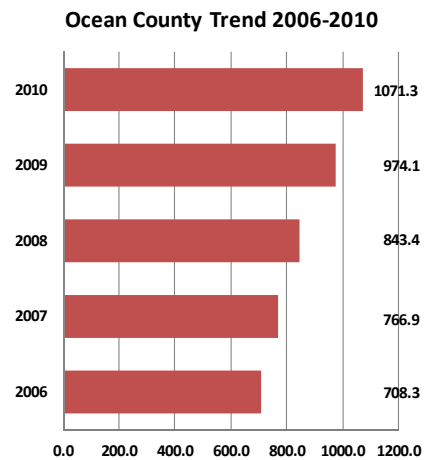


Figure 4.116
Primary Drug Treatment Admissions – Trends (%)



Source: N.J. Department Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment
Note: The percentages are based on the total number of treatment admissions for all primary drugs.

- Alcohol dependence, though on the rise, resulted in a lower rate of adult ED visits than for other mental disorders.
- The Ocean County rate for ED visits for alcohol dependence was significantly better than the statewide rate.
- Between 2006 and 2010 the rate per 1,000 for ED visits among adults for other mental disorders was relatively stable at 16.4-16.3/1,000.

Figure 4.117
ED Visit Rate Among Adults Age 18-64
Alcohol Dependence & Other Mental Disorders
(per 1,000)

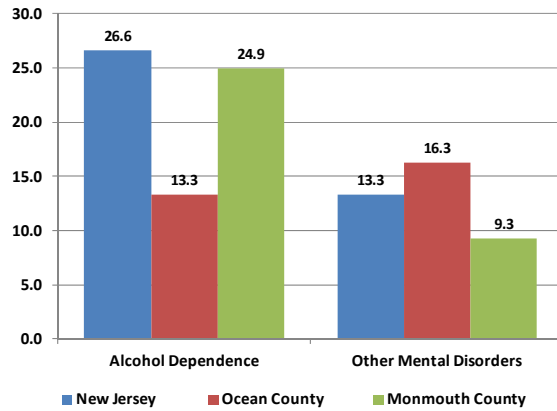
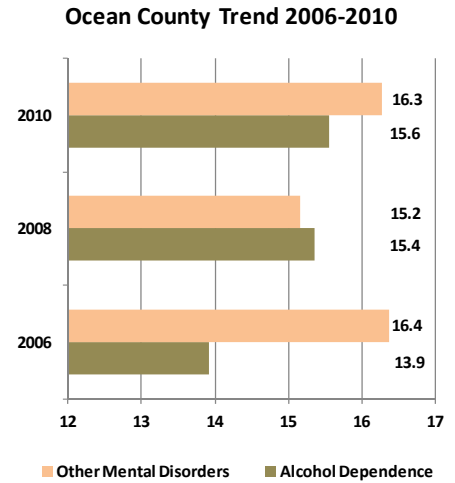


Figure 4.118
ED Visit Rate Among
Adults Age 18-64 – Trends
(per 1,000)

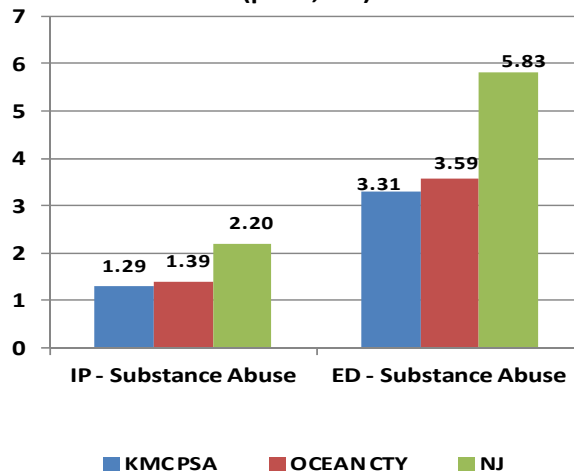


Source: New Jersey Discharge Data Collection System
Note: Other mental disorders excludes drug or alcohol dependence and includes mental retardation. Alcohol dependence and other mental disorders represent two of the top ten ED visits for primary care conditions for adults.

Substance Abuse Utilization in the Service Area

- Inpatient use rates for substance abuse in the PSA are 0.10 points lower than the county rate and 0.91 points lower than the statewide rate.
- ED use rate for substance abuse in the PSA is 0.28 points lower than the county and 2.52 points lower than the State.

Figure 4.119
Substance Abuse Use Rates – 2010
(per 1,000)



**Source: UB-04 2010 Discharges, Census 2010 Population*
***Mental Health Defined As MDC 19, Substance Abuse Defined As MDC 20*

5. **ASSETS AND GAPS ANALYSIS**

Assets and gaps in Ocean County are discussed below in terms of health factors which influence health outcomes within the county and service area. The review of assets and gaps integrates results of this CHNA for each topic and includes information gathered through data analysis, resource inventories, and meetings with key community leaders.

Premature Deaths, Leading Causes of Death and Behavioral Health-Related Deaths

Assets

- Although higher than the rate statewide, the age-adjusted rate (AAR) for heart disease mortality in Ocean County has decreased across all racial and ethnic groups with the largest decrease occurring among Black residents.

Gaps

- The AAR for heart disease mortality in Ocean County is significantly higher than the *Healthy People 2020* target.
- Ocean County AAR for cancer mortality is significantly higher than the rate statewide, as well as being statistically significantly higher than the *Healthy People 2020* target.
- Cancer was one of the top priority issues identified by the community forum held in Manchester.
- The age-adjusted premature death rate among Ocean County residents is significantly higher than both the State rate and the County Health Rankings Benchmark.

Infant Mortality and Low Birth Weight Babies

Assets

- The infant mortality rate in Ocean County is significantly lower than the *Healthy People 2020* target and the statewide rate.
- The percent of low and very low birth weight infants is significantly lower than the *Healthy People 2020* target and the rates statewide.

Gaps

- From 2004-2008, the percent of low birth weight infants born to Black women was higher than for any other race.
- In 2008, the percent of very low birth weight infants was highest among infants born to Hispanic women.

General and Mental Health Status

Gaps

- Ocean County residents reported their health as unhealthy 3.6 days per month. This was a full day worse than the County Health Rankings Benchmark.
- A significantly higher proportion of Ocean County residents are disabled than residents of New Jersey.

- The number of mentally unhealthy days per month reported by Ocean County residents declined from 4 days per month to 3.7 days per month but remained significantly higher than the County Health Rankings Benchmark (2.3 days).
- Behavioral health (substance abuse and mental health) were identified as top priority areas in the four community forums held in Ocean County.

Morbidity

Assets

- The percent of Ocean County residents reporting angina or coronary heart disease declined 3.6 percentage points between 2007 and 2010, and is now statistically similar to the percentage reported statewide.
- Reports of heart attacks among Ocean County residents remained fairly stable between 2007 and 2010.
- Reports of stroke between 2007 and 2010 declined 0.5 percentage points and are statistically similar to the rates statewide.

Gaps

- An increasing number of Ocean County residents report having asthma, though this percentage remained statistically similar to the statewide rate.
- Diabetes rates also increased among Ocean County residents from 9.7% to 13.7%. The Ocean County rate is significantly higher than the statewide rate of 9.2%.
- The percentage of Ocean County residents reporting arthritis, 28.6%, was significantly higher than the statewide rate (22.7%).
- The age-adjusted cancer incidence rate in Ocean County remains significantly higher than the statewide rate.
 - The age-adjusted rate for melanoma is significantly higher than the rate statewide.
- In 2009, 35.7% of Ocean County residents reported high cholesterol. This was statistically significantly higher than the *Healthy People 2020* target of 13.5%.
- Chronic disease prevention was selected as a top priority area by the County Health Planning Work Group.

Socio-demographic and Economic Factors

Assets

- Ocean County is the fastest growing population area in New Jersey.
- Between 2000 and 2010, the population grew by nearly 13% from 510,916 to 576,567.
- The percent of the total population, as well as the population of seniors living in poverty, was statistically lower than the percentage statewide.
 - Similarly, there were proportionately fewer children and adults in Ocean County receiving TANF benefits than statewide.
- The percentage of the population with limited English proficiency in Ocean County (3.7%) is significantly lower than New Jersey (12.1%).
- In 2011, the percentage of families living in poverty in KMC's PSA (4.9%) was lower than the rate in the county (5.7%).
- Likewise, PSA residents' median household income (\$62,870) in 2011 was also higher than the county.

Gaps

- Median household income and per capita income in Ocean County remains significantly lower than the State. Several towns in the PSA had incomes below the 2011 median household income level for the county (\$56,652). These include:
 - Manchester = \$33,979
 - South Toms River (08757) = \$36,284
 - Lakewood = \$40,039
- The percent of Ocean County residents who were unemployed in 2011, 10.0%, is double the National Benchmark (5.0%).
- The percent of Ocean County residents without a high school diploma (11%) is 8.9 percentage points higher than the *Healthy People 2020* target, and is significantly below the *Healthy People 2020* target.
- The percent of PSA residents without a high school diploma is 11.8%.
- There are several towns in the PSA which have higher percentages of families living in poverty than the county's rate of 5.7%. These include:
 - Lakewood = 16.8%
 - Manchester = 7.0%
 - Lakehurst = 6.7%

Access to Care

Assets

- ED use rates in the PSA in 2010 (346.9/1,000) were lower than the county rate (364.5/1,000), but higher than the State rate (315.4/1,000).
- Between 2006 and 2010, the Ocean County rate of children seen in the ED for Ambulatory Care Sensitive Conditions (ACSC) declined but was statistically no different than the statewide rate.
- Between 2006 and 2010, the Ocean County rate of inpatient admissions for ACSC declined but was statistically no different than the statewide rate.

Gaps

- The physician-to-population ratio for primary care physicians is significantly lower than the National Benchmark.
- The physician-to-population ratio for all physicians is significantly lower than the statewide ratio.
- Ocean County ranks worse than the *Healthy People 2020* target for the percentage of the population (10%) reporting no insurance coverage.
- Between 2006 and 2010, the rate of ED visits per 1,000 population for primary care visits for both children and adults rose.
- The PSA served by KMC has a need for in excess of 26 additional primary care physicians.
- Inpatient utilization rates in the PSA (249.4/1,000) were higher than Ocean County (226.3/1,000). Several towns in the PSA, particularly those with high concentrations of seniors experienced even higher utilization:
 - Manchester = 377.9/1,000
 - Toms River = 337.9/1,000

- ED use rates in the PSA in 2010 (389.8/1,000) were higher than the county rate (364.5/1,000), but the highest ED use rates were recorded in Lakehurst (545.6/1,000) and Brick (409.15/1,000).
- Among all age groups the inpatient admission rates for ACSC in the PSA (30.0/1,000) exceeded both the county (28.6/1,000) and statewide use rates (22.7/1,000).
 - Manchester recorded an ACSC inpatient use rate of 63.3/1,000, the highest in the PSA.
- Access to care was one of the top priorities selected by the Ocean County Community Health Needs Assessment Work Group.

Clinical Care Measures

Assets

- The percentage of primary c-sections in Ocean County, 7.8%, is significantly lower than the rate statewide and significantly lower than the *Healthy People 2020* target.
- The repeat c-section rate in Ocean County, 19.7%, is statistically significantly better than the rate statewide, 27.4%.
- The combined c-section rates (primary and repeat) are lower in KMC's PSA (26.2%) than the county (29.5%) and the State (43.4%).

Health Behaviors – Screenings and Vaccinations

Gaps

- The percentage of Ocean County adults reporting high cholesterol, 35.9%, is statistically significantly higher than the *Healthy People 2020* target.
- A significantly lower percentage of Ocean County women 40+ have not had a mammography, 24.9%, is higher than the *Healthy People 2020* target, 18.9%.
- At 86.5%, the percent of Ocean County women receiving a cervical cancer screening is significantly lower than the *Healthy People 2020* target of 93%.
- The percentage of Medicare enrollees that received HbA1C screenings, 84%, is significantly lower than the National Benchmark, 89%.
- The percentage of Ocean County seniors who did not get a flu shot in the last year is nearly three times higher than the *Healthy People 2020* target.
- The percentage of seniors who have never received a pneumonia vaccination, 24.1%, is significantly higher than the *Healthy People 2020 target of 10%*.

Health Behaviors – Maternal/Child Health and High Risk Sexual Behaviors

Assets

- The percentage of Ocean County live births with first trimester prenatal care, 80.0%, was significantly higher than the *Healthy People 2020* target, 77.9%, and the New Jersey rate, 76.9%.
- The percentage of Ocean County women that received no prenatal care was significantly better than the rate statewide.

- Ocean County residents have statistically significantly better rates of sexually transmitted diseases than the State.
- Ocean County's teen birth rate (15-19) is at the National Benchmark 22/1,000 females and is significantly better than the rate statewide, 25/1,000.
- In 2010, the PSA had a teen birth rate (15-19) of 13.7/1,000.
- Ocean County's teen birth rate (15-17), 9.5/1,000, is lower than the *Healthy People 2020* target and the statewide rate of 12/1,000.
- HIV/AIDS prevalence, as well as the number of new HIV/AIDS cases, were both lower than the rates statewide.

Gaps

- Although significantly lower than the statewide rate, the Chlamydia rate among Ocean County residents, 134.5/100,000, was significantly higher than the National Benchmark of 84/100,000 population.
- Although KMC's PSA had a lower rate of births to 15-17 year olds than the State or county, Lakewood reported a high rate of deliveries to teens (15-19), 29.0/1,000.

Health Behaviors – Tobacco, Alcohol and Drug Use

Assets

- The rate of treatment admissions for alcohol and marijuana were significantly lower for Ocean County residents than statewide.

Gaps

- The percentage of Ocean County smokers is significantly higher than the County Health Rankings Benchmark.
- Excessive drinking rates in Ocean County (15.4%) are significantly higher than the National Benchmark (8%).
- Treatment admission percentages for heroin/other opiates among Ocean County residents were significantly higher than the percentage statewide.
- Behavioral health (mental health and substance abuse) was chosen as a top priority by all four community forums.

Health Behaviors – Diet and Exercise

Assets

- A higher percentage of children receive SNAP benefits than children statewide.

Gaps

- Although obesity rates in Ocean County are not significantly different from the State or National Benchmarks and targets, they rose from 25.8% to 28.4% between 2006 and 2010.

- The percentage of Ocean County residents who consumed fruits and vegetables at recommended levels was significantly lower than the statewide percentages.
- Obesity was a top priority area selected by all four community forums.

Physical Environment

Assets

- Ocean County has a lower percentage of housing (built before 1950) that poses a lead poisoning hazard than the State; 9% compared to 27.3%.
- A lower percentage of Ocean County children had blood lead levels of 10-19 ug/dl than the percentage statewide.
- Liquor store concentrations, 14/100,000 population, is lower than the State, 20/100,000.

Gaps

- Ocean County recorded 18 days of unhealthy air quality due to ozone concentrations. This is significantly higher than the National Benchmark of 0.
- Ocean County has a higher proportion of low income residents (10%) who do not live near a grocery store compared to the State (4%).

Violence and Injury Prevention

Assets

- The percentage of substantiated abuse and neglect complaints (4.5%) in Ocean County declined by 10 percentage points between 2006 and 2010, and is significantly lower than the New Jersey rate (10%).
- The age-adjusted death rate for motor vehicle deaths in Ocean County, 8.6/100,000, was significantly lower than the *Healthy People 2020* target of 12.4/100,000 population.
- The age-adjusted mortality rate due to falls (2.8/100,000) is significantly better than the *Healthy People 2020* target (7.0/100,000 population).

Gaps

- The violent crime rate in Ocean County, 134/100,000, is significantly higher than the National Benchmark, 73/100,000 population.

Behavioral Health

Assets

- ED visits for alcohol dependence in Ocean County remained significantly lower than the rates statewide despite increasing from 13.9/1,000 population to 15.6/1,000 population.
- Substance abuse rates in the PSA reflect lower rates for both inpatient and ED use than the rates for the county and the State.

Gaps

- The rate of hospital admissions for mental/behavioral health conditions rose between 2006 and 2010 in Ocean County. The highest increase occurred among adults (10.5/1,000 to 13.5/1,000).
- Overall ED visits for behavioral health conditions per 1,000 population increased between 2006 and 2010 from 14.5 to 18.0, and are higher among all age groups. Despite this, the rate is not significantly different than the rate statewide.
- Mental health use rates in the PSA are higher than the rates statewide for inpatient and ED services.
- Mental health and substance abuse were chosen as top priority areas by participants of the four community forums.

**APPENDIX A
SECONDARY SOURCES**

Source
Bureau of Labor Statistics (BLS), Local Area Unemployment Statistics (LAUS)
CDC BRFSS & Youth BRFSS
CDC's National Center for Hepatitis, HIV, STD, and TB Prevention
Claritas
Corporation for Supportive Housing
County Business Patterns
County Health Rankings
FBI/Interuniversity Consortium for Political and Social Research (ICPSR) National Archive of Criminal Justice Data
Health Resources and Services Administration's Area Resource File
Healthy People 2020
Medicare/Dartmouth Atlas of Health Care
National Center for Chronic Disease Prevention and Health Promotion/CDC/BRFSS (CHR)
National Center for Educational Statistics/ACS (CHR)
National Center for Health Statistics
National Vital Statistics System (NVSS), National Center for Health Statistics
NCHS Ambulatory Care Survey
New Jersey Cancer Registry
New Jersey Department of Banking and Insurance; New Jersey Hospital Association, Payer Information Resource System
New Jersey Department of Children and Families, Child Abuse and Neglect Substantiations
New Jersey Department of Health and Human Services
New Jersey Department Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment
New Jersey Department of Health and Senior Services, Center for Health Statistics
New Jersey Department of Health and Senior Services, County Health Profiles
New Jersey Department of Health and Senior Services, Division of Family Health Services
New Jersey Department of Labor
New Jersey Discharge Data Collection System
PHASE project, a collaborative effort between the CDC and EPA, County Health Rankings
Small Area Health Insurance Estimates/ACS/CPS ASEC
Small Area Income and Poverty Estimates (SAIPE)
UB - 04 Hospital and Emergency Room Discharge Data - Multiple Years (NSI)
U.S. Census Bureau
USDA Food Environment Atlas
USDA Food Environment Atlas/County Business Patterns
U.S Department of Health and Human Services

APPENDIX B STATISTICAL SIGNIFICANCE FOR DATA SOURCES

- A. In cases where the data source provided error ranges or confidence intervals for both county and state (New Jersey) level data, sets of intervals for counties were compared to those of the state. If the sets of intervals overlapped, the comparison was determined to be not significant. If they did not overlap at all, the comparison was determined to be significant.

- B. In cases where the data source provided error ranges or confidence intervals for county level data but not state (New Jersey) level data, the intervals for counties were compared to the state data point. If the state data point fell inside the county confidence interval, it was determined to be not significant. If the state data point fell outside the county confidence interval, it was determined to be significant. This method of determining significance assumes that state data points are true values.

- C. In cases where the data source provided error ranges or confidence intervals for county level data, and the county level data was to be compared to a national benchmark or target (*Healthy People 2020* target, County Health Rankings National Benchmark,) the intervals for the counties were compared to the national benchmark/target data point. If the benchmark/target data point fell inside the county confidence interval, it was determined to be not significant. If the benchmark/target data point fell outside the county confidence interval, it was determined to be significant.

- D. In cases where the data source did not provide error ranges or confidence intervals, poisson or binomial tests were done for count data, and Z test for proportion data, using sample sizes.

- E. In cases where the data source did not provide error ranges/confidence intervals or sample sizes, all New Jersey counties were ranked. Counties falling in the highest or lowest quarter percentile were determined to be significant.

**APPENDIX C
OCEAN COUNTY COMMUNITY HEALTH ASSESSMENT PRIORITIZED
ISSUES FROM COMMUNITY MEETINGS**

Below are the five top health issues identified at four community meetings held throughout Ocean County by the Ocean County Health Advisory Group. Following these meetings, the Ocean County Health Advisory Group adopted the attached work plan.

Total Attendees = 97

Health Issues Identified = 13

Manchester Civic Center Community Meeting 01/17/13	Kimball Medical Center Community Meeting 01/24/13	Southern Ocean Medical Center Community Meeting 01/31/13	CHEMED Community Meeting 02/20/13
Obesity	Obesity	Obesity	Obesity
Behavioral Health (Substance Abuse & Mental Health)	Behavioral Health (Substance Abuse & Mental Health)	Behavioral Health (Substance Abuse & Mental Health)	Behavioral Health Mental Health
Domestic Violence	Poverty	Access to Care	Infrastructure
Immunization Compliance	Asthma	Transportation to medical facilities	Over use of Emergency Room (Access to Care)
Cancer Prevalence	Cardiac Prevalence	Falls (Older Adults)	Primary/Secondary Prevention Education on Chronic Diseases
Number of Attendees = 22	Number of Attendees = 30	Number of Attendees = 28	Number of Attendees = 17

Final Top 5 priorities for Ocean County selected by the Ocean County Health Advisory Work Group:

- Obesity
- Immunization Compliance
- Behavioral Health – Substance Abuse and Mental Health
- Access to Care
- Chronic Disease Prevention Education

OCEAN COUNTY PRIORITIZED HEALTH ISSUES

HEALTH ISSUE	FOCUS	STRATEGIES	RESOURCE INVENTORY FOR HEALTH ISSUES
<p>OBESITY</p>	<p>Goal: Reduce Childhood Obesity</p> <p>Target: <u>School Settings</u> can influence activity in youth through physical education, recess, other activity breaks, active transportation to school, and enhancements to the school environment.</p> <p><u>Preschool and Childcare Centers</u> that serve young children are an important setting in which to enhance physical activity.</p> <p><u>Family-based interventions</u> can include one or more approaches to support behavioral change, including information and education for parents and children on physical activity and healthy eating.</p>	<p>Tap into local wellness policies which are required by federal law for each local educational agency participating in the National School Lunch Program or another child nutrition program. Developed with input from a broad group of stakeholders, these policies set goals for nutrition education, physical activity, campus food provision and other school-based activities designed to promote student wellness.</p> <p>Safe Routes to School Program (SRTS) is a federal, state and local effort designed to create safer and more accessible environments for bicycling and walking to and from school. Funding is available for non-infrastructure projects which include activities such as public awareness campaigns, walk and bike to school events and training, and student lessons on bicycle and pedestrian safety, health and the environment.</p> <p>Complete Streets are designed to improve safety and access for all users and to promote healthy lifestyles. This is done by incorporating sidewalks, bike lanes and safe crossings. Municipalities with Complete Street Policies in Ocean County: Point Pleasant Boro</p> <p>Let's Move Initiative combines strategies to encourage kids to eat healthier and move more through a comprehensive approach that engages every sector</p>	<p>Farmers Market Program—Seniors and WIC Program—Nearly 5% of farmers allow purchases through the WIC and Farmer’s Market Nutrition Program.</p> <p>Jersey Fresh Farm to School Week approved on 1/28/11: NJ will promote the value and importance of NJ agriculture and the value and importance of fresh farm foods for children, their general health, and their success in school.</p> <p>Faith-Based Congregations were seen as important potential partners because they are a strong presence in communities and run programs that can be modified to include a health component. For instance, diet and exercise habits can be incorporated into youth group discussions and many faith-based institutions already offer programs tailored to other segments of the community such as older adults.</p> <p>School Breakfast Program. School districts and independent schools that choose to take part in the breakfast program receive cash subsidies from the U.S. Department of Agriculture (USDA) for each meal they serve. In return, they must serve breakfasts that meet federal</p>

HEALTH ISSUE	FOCUS	STRATEGIES	RESOURCE INVENTORY FOR HEALTH ISSUES
		impacting the health of children and provides schools, families and communities simple tools to help kids be more active and eat better. www.letsmove.org	requirements, and they must offer free or reduced price breakfasts to eligible children.
IMMUNIZATION COMPLIANCE	Goal: Reduce the barriers to immunization non-compliance.	Population-based interventions to improve vaccination coverage, ranked as high priority for evaluation in the CDC Community Guide: <u>Increasing community demand for vaccination services:</u> <ul style="list-style-type: none"> • Client recall/reminder • Multi-component interventions with education • Vaccination requirements for child care and school attendance • Community-wide education • Clinic-based education • Client or family incentives • Client-held medical records <u>Enhancing access to vaccination services:</u> <ul style="list-style-type: none"> • Reducing out-of-pocket costs. Multi-component interventions for expanding access in health care settings.	<u>Healthcare System:</u> Health Departments, Hospitals and FQHCs.
ACCESS TO CARE	Goal: Increase Education and Outreach on Medical Homes and Continuum of Care (Patient Navigators or Case Workers at EDs).	<u>Medical Homes</u> provide continuous, comprehensive, whole person primary care services. <u>Patient Navigators in the ED:</u> Case workers or managers that will help patients navigate the healthcare system while assisting them with a continuum of care plan including establishing a medical home. <u>Create medical homes</u> with specialty care services at reduced rates.	<u>FQHCs – Medical Homes</u>

HEALTH ISSUE	FOCUS	STRATEGIES	RESOURCE INVENTORY FOR HEALTH ISSUES
		<p><u>Expand access to clinical preventive services</u> by helping people obtain health coverage and removing cost-sharing for clinical preventive services.</p> <p><u>Use of non-physician clinicians</u> such as nurse practitioners, pharmacists and community health workers to increase the delivery of preventive services.</p> <p><u>Implementation of community-based preventive services that enhance linkages with clinical care.</u> Clinicians can refer patients to community-based prevention resources such as for blood pressure and cholesterol control or home-based interventions to control asthma and diabetes. Create linkages with and connect patients to community resources or community-based education programs.</p>	
<p>BEHAVIORAL HEALTH—SUBSTANCE ABUSE AND MENTAL HEALTH</p>	<p>Goal: Align with the 2012 Ocean County Mental Health Plan</p>	<p><u>County-wide Public Health Campaign:</u> Educating residents on substance abuse and mental health disorders focusing on breaking down the stigma of these diseases including post-partum depression.</p> <p><u>Faith-Based Collaboration</u> on educating the congregation leaders on signs and symptoms of behavioral health issues and where to refer to for services.</p> <p><u>Train behavioral health staff</u> on specialized treatment for individuals with complex behavioral social and medical needs including co-occurring disorders.</p>	<p>See 2012 Mental Health Plan Inventory Matrix, pages 37-57.</p>

HEALTH ISSUE	FOCUS	STRATEGIES	RESOURCE INVENTORY FOR HEALTH ISSUES
		<p><u>Robust prevention programs</u> addressing early screening, brief intervention and referral to treatment on behavioral health issues.</p> <p><u>Increase community-based programs</u> that involve case management, recovery centers and advocates on behavioral health.</p> <p><u>Telehealth or Robocalls</u> to mental health patients to remind them how and when to take their medications.</p> <p><u>Business Community</u> involvement in educating the public on anti-drug campaigns including prescription drugs over usage.</p> <p><u>Educate teachers (preschool) about mental health disorders</u> and the mechanisms for referral and treatment.</p>	
<p>CHRONIC DISEASE PREVENTION EDUCATION</p>	<p>Goal: Primary prevention education that is intended to prevent or manage chronic illnesses (measures that will help prevent the onset of a condition).</p>	<p><u>A patient-centered multidisciplinary approach</u> that includes provider communication and cooperation across settings that incorporates public health and community resources. These models include patient-centered medical homes, community health teams, accountable care organizations, primary care and behavioral health integration models, palliative care, and models that deliver health care services in the home and community setting.</p> <p><u>Empowering people with tools and information to make healthy choices:</u></p>	<p><u>Take Control of Your Health Program: Chronic Disease Self-Management Program:</u> Provides knowledge and skills for individuals to take a more active role in their own health. Self-care management can be important in managing risk factors that lead to the development of additional chronic conditions.</p> <p><u>Medication Management Program:</u> Provide tools for medication management. As the number of chronic</p>

HEALTH ISSUE	FOCUS	STRATEGIES	RESOURCE INVENTORY FOR HEALTH ISSUES
		<p>Information that is accurate, linguistically and culturally appropriate that matches the person’s health literacy skills in healthcare settings such as waiting rooms by providing information about the risks and benefits of preventive health services.</p> <p>Use of mass media to promote health and well being.</p> <p>Healthcare settings. Clinicians can use the teach-back method to confirm understanding of health promotion and disease promotion.</p> <p>Enhance health professionals training. Health care and social services professionals are dependent on and influenced by training programs that prepare them for the environments in which they will practice. Evidence suggests that many health care professionals feel uncomfortable with key chronic care competencies. Identify or develop information relevant to the general care of individuals with chronic conditions for use in health and social service professional training programs.</p> <p>Disseminate information relevant to the general care of individuals with multiple chronic conditions to health and social service professionals.</p>	<p>conditions increases, so do the number of medications prescribed and the degree of non-adherence to regimens. The program assists in reducing adverse drug events and medication errors. Tools to improve knowledge on the use of medications may reduce chronic disease progression.</p>

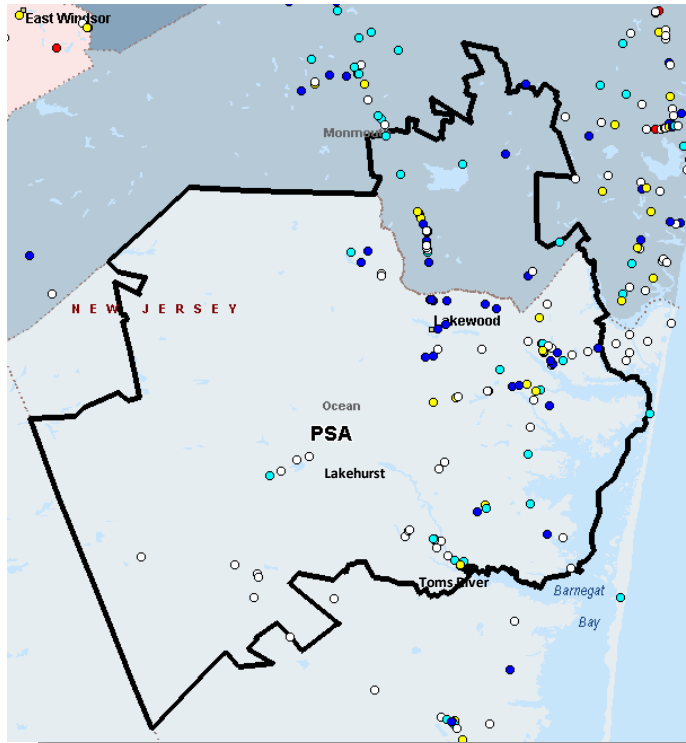
APPENDIX D RESOURCE INVENTORY

Providers in KMC's Service Area

Primary Care Physicians

- Family Practice
- Geriatrics
- Internal Medicine
- OB/Gyn
- Pediatrics

Locators may represent multiple practitioners



Source: New Solutions, Inc. Statewide Physician Database

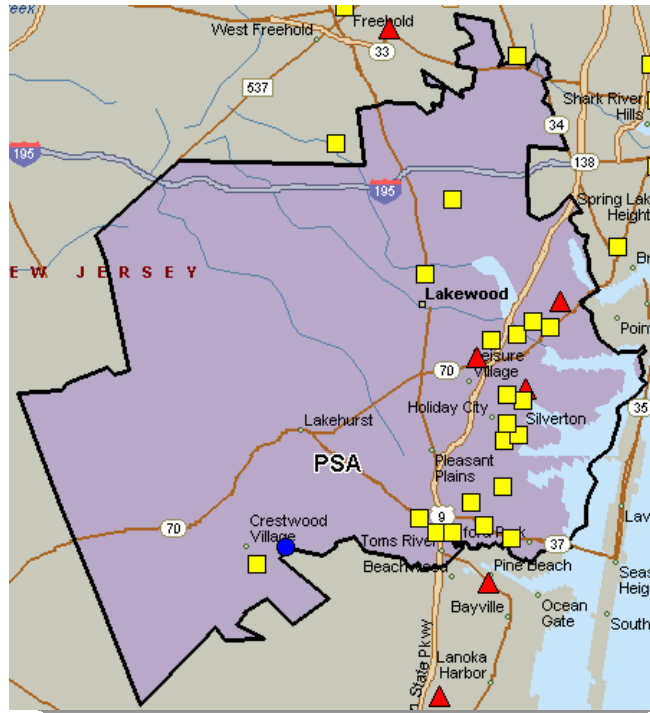
Providers in KMC's Service Area

Behavioral Health Locations

Provider Type

- Residential (1 in PSA)
- ▲ Outpatient & Residential (3 in PSA)
- Outpatient (19 in PSA)

Source Listing	
NJ Dept. of Human Services Directory of Mental Health Services By Program Element	www.state.nj.us/humanservices/dmhs/news/publications/mhs/directory_by_program.html
NJ Division of Mental Health and Addiction Services (DMHAS) Addiction Services Treatment Directory	njsams.rutgers.edu/dastxdirectory/txdirmain.htm
Yellow Pages	www.yellowpages.com/



Locations are approximate and based on street address

Providers in KMC's Service Area

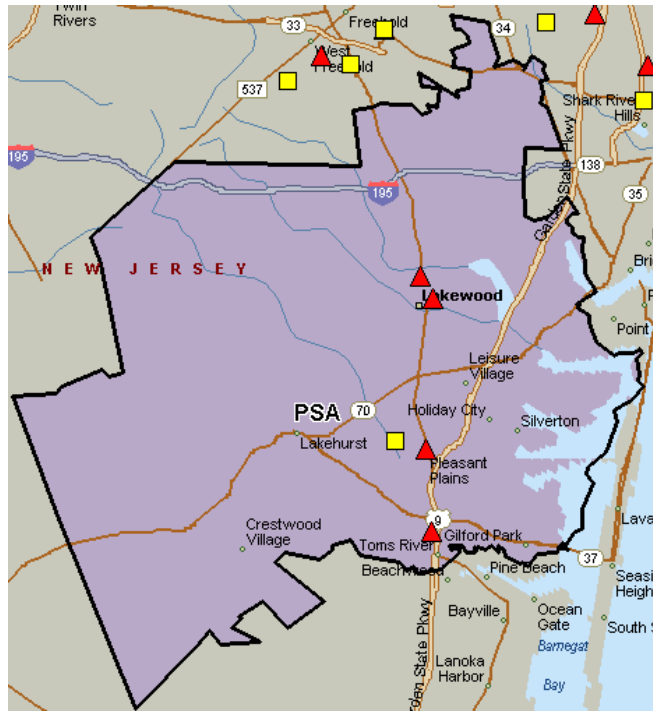
Communicable Disease Services

Provider Type

- TB Center (1 in PSA)
- ▲ Immunizations (4 in PSA)

Source Listing

NJ Department of Health Office of Local Public Health	http://www.state.nj.us/health/lh/directory/lhndselectcounty.shtml
---	---



Locations are approximate and based on street address

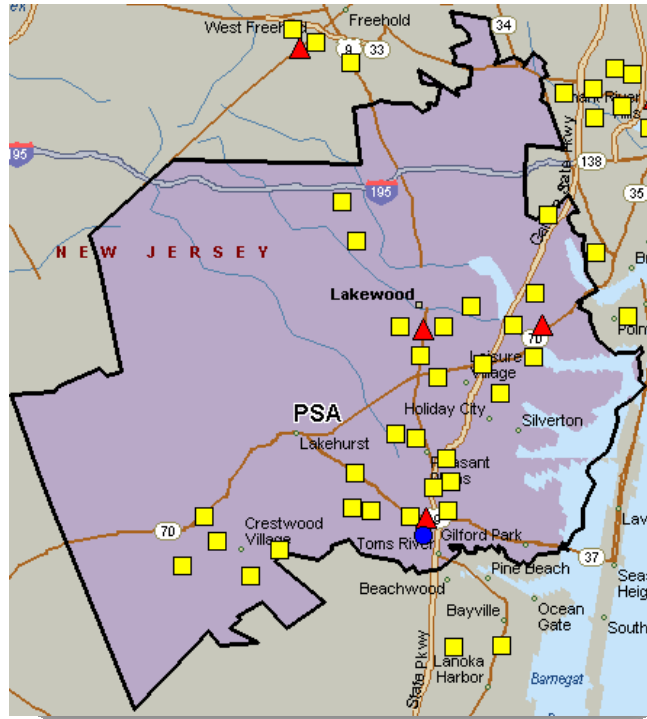
Providers in KMC's Service Area

Inpatient Rehabilitation & Long Term Care

Provider Type

- LTC / Nursing Home (28 in PSA)
- ▲ Hospital Based (3 in PSA)
- Long-Term Residential Health Care (1 in PSA)

Source Listing	
Health Care Payers Coalition of NJ	http://www.hcpc.org/HospCounty.asp
NJ Department of Health; Division of Health Facilities Evaluation and Licensing	http://nj.gov/health/ems/documents/hospital_information.pdf
	http://web.doh.state.nj.us/apps2/healthfacilities/fsSetSearch.aspx?by=county



Locations are approximate and based on street address

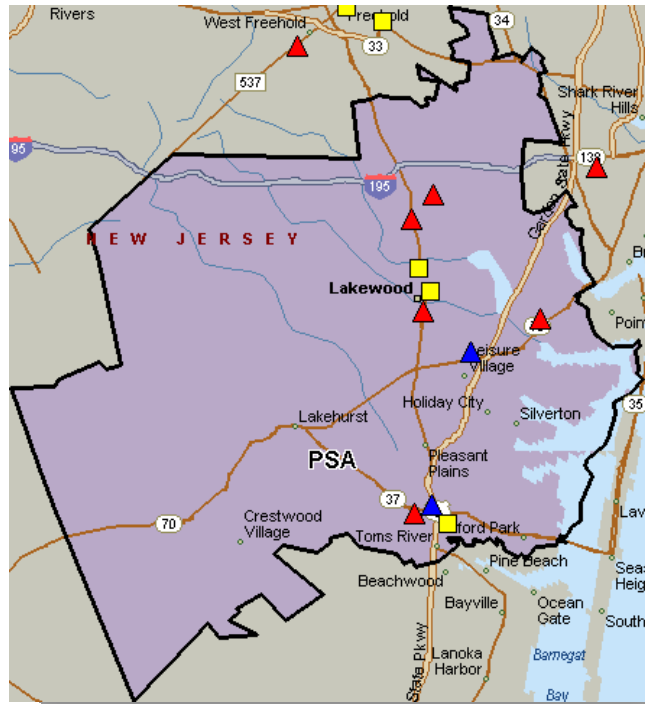
Providers in KMC's Service Area

Maternal & Pediatric

Provider Type

- Clinical Pediatric (3 in PSA)
- ▲ Clinical Prenatal (2 in PSA)
- ▲ Family Planning/Women's Health Center (5 in PSA)

Source Listing	
NJ Primary Care Association	http://www.njpca.org/fqhc/directory.aspx
Websites of each Community Health Center	
Planned Parenthood	http://www.plannedparenthoodnj.org/



Locations are approximate and based on street address

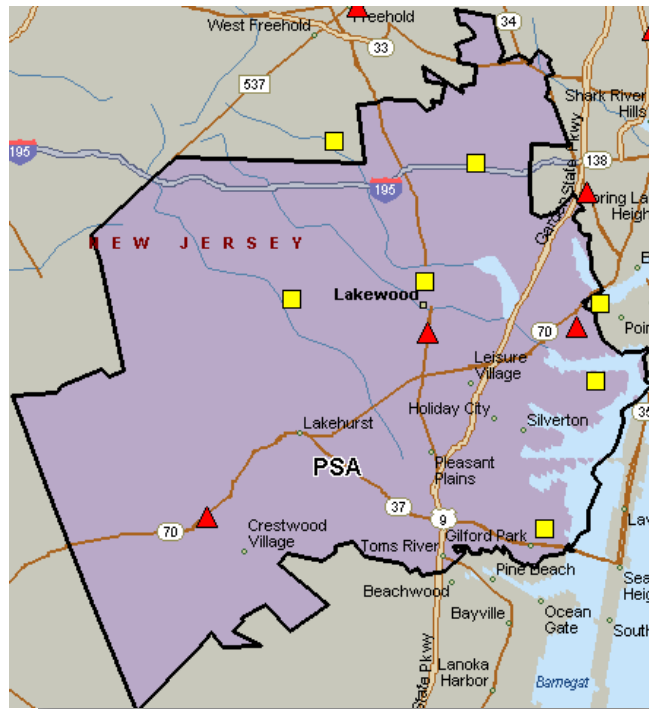
Providers in KMC's Service Area

Senior Services

Provider Type

- Social & Health (5 in PSA)
- Medical – Adult Day Care (3 in PSA)

Source Listing	
NJ Department of Health: Division of Aging and Community Services	http://web.doh.state.nj.us/aps2/seniorcenter/scsearch.aspx
NJ Department of Health: Division of Health Facilities Evaluation and Licensing	http://web.doh.state.nj.us/aps2/healthfacilities/fsSetSearch.aspx?by=county



Locations are approximate and based on street address

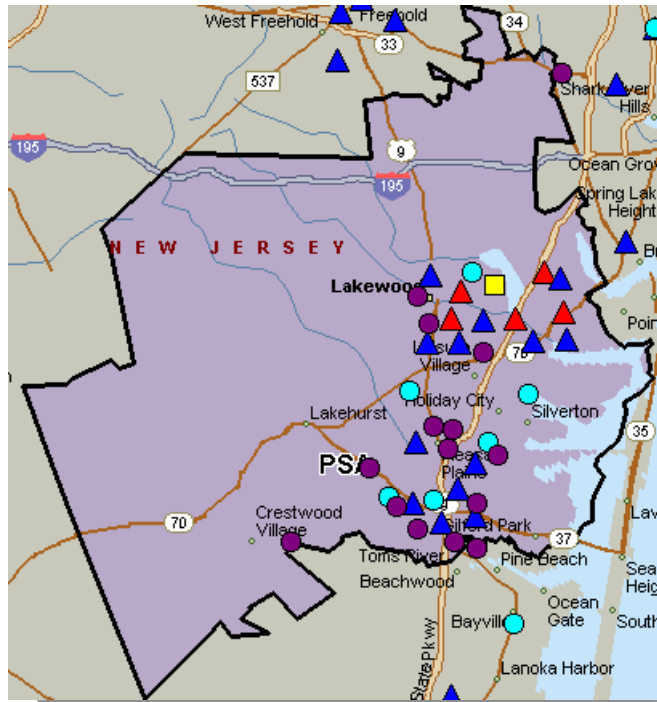
Providers in KMC's Service Area

Family & Social Support Services

Provider Type

- ▲ Family Planning/Parenting (13 in PSA)
- Nursery & Child Care (5 in PSA)
- Early Childhood Services (1 in PSA)
- ▲ Domestic Violence & Child Abuse Support (5 in PSA)
- Other Counseling & Support Services (14 in PSA)

Source Listing	
NJ-211	http://www.nj211.org/
DCF's Division of Prevention and Community Partnerships "Community Program Directory"	
Monmouth County United Way	http://www.uwmonmouth.org/certified-agencies



Locations are approximate and based on street address

Kimball Medical Center
Community Health Needs Assessment

PROVIDER GROUP	PROVIDER MAP CLASS	PROVIDER TYPE/GROUP	PROVIDER NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	PHONE #	COUNTY	SERVICE AREA
Clinical Care Provider Locations	OP Primary Care & FQHC	Outpatient Health Facilities - FQHC	Ocean Health Initiatives, Inc.	101 2nd Street	Lakewood	08701	(732) 719-9026	Ocean	PSA
Clinical Care Provider Locations	OP Primary Care & FQHC	Outpatient Health Facilities - FQHC	Ocean Health Initiatives, Inc.	301 Lakehurst Road	Toms River	08753	(732) 552-0377	Ocean	PSA
Clinical Care Provider Locations	OP Primary Care & FQHC	Outpatient Health Facility FQHC	Center for Health Education, Medicine, & Dentistry (CHEMED)	1771 Madison Avenue	Lakewood	08701	(732) 364-2144; (732) 364-6666	Ocean	PSA
Clinical Care Provider Locations	After Hours Clinic	Outpatient Health Facilities - After Hours	Ocean Health Initiatives, Inc.	101 2nd Street	Lakewood	08701	(732) 719-9026	Ocean	PSA
Clinical Care Provider Locations	After Hours Clinic	Outpatient Health Facilities - After Hours	Ocean Health Initiatives, Inc.	301 Lakehurst Road	Toms River	08753	(732) 552-0377	Ocean	PSA
Clinical Care Provider Locations	After Hours Clinic	Outpatient Health Facility After Hours	Center for Health Education, Medicine, & Dentistry (CHEMED)	1771 Madison Avenue	Lakewood	08701	(732) 364-2144; (732) 364-6666	Ocean	PSA
Clinical Care Provider Locations	Dental	Dental Clinics- FQHC	Center for Health Education, Medicine, & Dentistry (CHEMED)	1771 Madison Avenue	Lakewood	08701	(732) 364-2144; (732) 364-6666	Ocean	PSA
Clinical Care Provider Locations	Dental	Dental Clinics- FQHC	Ocean Health Initiatives, Inc.	101 2nd Street	Lakewood	08701	(732) 363-6655	Ocean	PSA
Clinical Care Provider Locations	Dental	Dental Clinics- FQHC	Ocean Health Initiatives, Inc.	301 Lakehurst Road	Toms River	08753	(732) 552-0377	Ocean	PSA
Clinical Care Provider Locations	Minute Clinics	Outpatient Health Facility -Minute Clinic	CVS Pharmacy	890 Bennetts Mills Rd	Jackson Township	08527	(732)-367-7530	Ocean	PSA
Behavioral Health Locations	Residential	Substance Abuse Treatment - Residential	Keswick Colony of Mercy Americas Keswick	601 Route 530	Whiting	08759	(732)-350-1187	Ocean	PSA
Behavioral Health Locations	Outpatient & Residential	Behavioral Health- Outpatient and Residential	Preferred Behavioral Health of New Jersey	700 Airport Road	Lakewood	08701	(732) 367-4700	Ocean	PSA
Behavioral Health Locations	Outpatient & Residential	Behavioral Health- Outpatient and Residential	Preferred Behavioral Health of New Jersey	1500 Route 88 Brick, NJ 08724	Brick	08724	(732) 367-4700	Ocean	PSA
Behavioral Health Locations	Outpatient & Residential	Behavioral Health- Outpatient and Residential	RHD Ocean County Residential Intensive Support Team (RIST)	317 Brick Blvd.	Brick	08723	(732)920-5000	Ocean	PSA
Behavioral Health Locations	Outpatient	Behavioral Health Outpatient	Center for Health Education, Medicine, & Dentistry (CHEMED)	1770 Madison Avenue	Lakewood	08701	(732) 364-2144	Ocean	PSA
Behavioral Health Locations	Outpatient	Substance Abuse Treatment - Outpatient	Counseling and Referral Services of Ocean, Inc.	226 Main St.	Toms River	08753	(732) 244-1600	Ocean	PSA
Behavioral Health Locations	Outpatient	Behavioral Health Outpatient	Frank Murana LCSW LCADC	1796 Hinds Road	Toms River	08753	(732)530-0008	Ocean	PSA
Behavioral Health Locations	Outpatient	Substance Abuse Treatment - Outpatient	Healy Counseling Associates	1108 Hooper Avenue	Toms River	08753	(732) 797-0400	Ocean	PSA
Behavioral Health Locations	Outpatient	Behavioral Health - Outpatient	Howell Township Youth and Family Counseling Services	452 Adelpia Road	Howell	07731	(732) 938-3747	Monmouth	PSA
Behavioral Health Locations	Outpatient	Substance Abuse Treatment - Outpatient	LIFE EXCEL INC.	35 BEAVERSON BLVD BLDG 1	Brick	08723	(732)920-7933	Ocean	PSA
Behavioral Health Locations	Outpatient	Behavioral Health Outpatient	Lighthouse Counseling Services, LLC.	1796 Hinds Road	Toms River	08753	(732) 255-5300	Ocean	PSA
Behavioral Health Locations	Outpatient	Behavioral Health Outpatient	MTI Counseling Service LLC	1201 Route 37 East	Toms River	08753	(732) 270-8333	Ocean	PSA
Behavioral Health Locations	Outpatient	Substance Abuse Treatment - Outpatient	Ocean Medical Services Inc	2001 Route 37 East	Toms River	08753	(732) 288-9322	Ocean	PSA
Behavioral Health Locations	Outpatient	Substance Abuse Treatment - Outpatient	Ocean Monmouth Care LLC	495 Jack Martin Boulevard	Brick	08724	(732) 458-2180	Ocean	PSA
Behavioral Health Locations	Outpatient	Behavioral Health Outpatient	Ocean Partnership for Children, Inc.	1610 Route 88 West	Brick	08724	(732)202-1585	Ocean	PSA
Behavioral Health Locations	Outpatient	Substance Abuse Treatment - Outpatient	Project Free Catholic Charities	88 Schoolhouse Rd	Whiting	08759	(732) 350-4120	Ocean	PSA
Behavioral Health Locations	Outpatient	Outpatient Health Facility Youth and Family Center	Seashore Family Services of New Jersey	270 Chambersbridge Rd, Ste 10	Brick	08723	(732) 920-2700	Ocean	PSA
Behavioral Health Locations	Outpatient	Outpatient Health Facility Youth and Family Center	Seashore Family Services of New Jersey	226 Main St	Toms River	08753	(732) 244-1600	Ocean	PSA
Behavioral Health Locations	Outpatient	Behavioral Health Outpatient	Seashore Family Services of NJ	35 Beaverson Blvd	Brick	08723	(732)477-3507	Ocean	PSA
Behavioral Health Locations	Outpatient	Behavioral Health Outpatient	SEASHORE FAMILY SERVICES OF NJ	2446 CHURCH RD	Toms River	08753	(732)244-1600 x40	Ocean	PSA
Behavioral Health Locations	Outpatient	Substance Abuse Treatment - Outpatient	Temada Associates	984 Route 166 Lakewood Road	Toms River	08753	(732) 270-3005	Ocean	PSA
Behavioral Health Locations	Outpatient	Behavioral Health Outpatient	THE CENTER AT ADVANCED BEHAVIORAL CARE SERVICES	5 AIRPORT RD	Lakewood	08723	(732)961-9666	Ocean	PSA
Behavioral Health Locations	Outpatient	Outpatient Health Facility Youth and Family Center	The Center for Kids and Family, Community Medical Center	591 Lakehurst Road	Toms River	08755	(732)505-KIDS	Ocean	PSA
Communicable Disease Services	TB Center	Outpatient Health facility - TB	Ocean County Health Department	175 Sunset Avenue	Toms River	08754	Ocean	(732)-341-9700	PSA

Kimball Medical Center
Community Health Needs Assessment

PROVIDER GROUP	PROVIDER MAP CLASS	PROVIDER TYPE/GROUP	PROVIDER NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	PHONE #	COUNTY	SERVICE AREA
Communicable Disease Services	Immunizations	Outpatient Health Facility Immunizations	Ocean County Health Department	175 Sunset Avenue	Toms River	08754	(732)341-9700	Ocean	PSA
Communicable Disease Services	Immunizations	Outpatient Health Facility Immunizations	Ocean Health Initiatives, Inc.	101 2nd Street	Lakewood	08701	(732) 719-9026	Ocean	PSA
Communicable Disease Services	Immunizations	Outpatient Health Facility Immunizations	Ocean Health Initiatives, Inc.	301 Lakehurst Road	Toms River	08753	(732) 552-0377	Ocean	PSA
Communicable Disease Services	Immunizations	Outpatient Health Facility Immunizations	Center for Health Education, Medicine, & Dentistry (CHEMED)	1771 Madison Avenue	Lakewood	08701	(732) 364-2144; (732) 364-6666	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Arbors Care Center	1750 Route 37 West	Toms River	08757	(732)-914-0090	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	AristaCare at Whiting	23 Schoolhouse Road	Whiting	08759	(732)-849-4300	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Atlantic Coast Rehabilitation & Health Care	485 River Ave	Lakewood	08701	(732)-364-7100	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Bartley Healthcare Nursing and Rehabilitation	175 Bartley Road	Jackson	08527	(732)-370-4700	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Bey Lea Village Nursing & Rehabilitation Center	1351 Old Freehold Road	Toms River	08753	(732)-240-0090	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Burnt Tavern Rehabilitation and Health Care Center	1049 Burnt Tavern Road	Brick	08724	(732)-840-3700	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Care One at Jackson	11 History Lane	Jackson	08527	(732)-367-6600	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Children's Specialized Hospital	94 Stevens Road	Toms River	08755	(732)-797-3800	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Community Medical Center Tcu	99 Route 37 West	Toms River	08755	(732)-557-8000	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Concord Healthcare & Rehabilitation Center	963 Ocean Ave	Lakewood	08701	(732)-367-7444	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Crestwood Manor	50 Lacey Road	Whiting	08759	(732)-849-4900	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Fountain View Care Center	527 River Ave	Lakewood	08701	(732)-905-0700	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Green Acres Manor	1931 Lakewood Road	Toms River	08755	(732)-286-2323	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Hamilton Place at The Pines at Whiting	507 Route 530	Whiting	08759	(732)-849-0400	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Hampton Ridge Healthcare and Rehabilitation	94 Stevens Road	Toms River	08755	(732)-286-5005	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Harrogate	400 Locust Street	Lakewood	08701	(732)-905-7070	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Healthsouth Rehabilitation Hospital of Toms River	14 Hospital Drive	Toms River	08755	(732)-244-3100	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Holiday Care Center	4 Plaza Drive	Toms River	08757	(732)-240-0900	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Laurelton Village	475 Jack Martin Blvd	Brick	08724	(732)-458-6600	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Leisure Chateau Rehabilitation	962 River Ave	Lakewood	08701	(732)-370-8600	Ocean	PSA

Kimball Medical Center
Community Health Needs Assessment

PROVIDER GROUP	PROVIDER MAP CLASS	PROVIDER TYPE/GROUP	PROVIDER NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	PHONE #	COUNTY	SERVICE AREA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Leisure Park Health Center	1400 Route 70	Lakewood	08701	(732)-370-0444	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Manchester Manor Rehabilitation Center	1770 Tobias Avenue	Manchester	08759	(732)-657-1800	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Meridian Nursing and Rehabilitation at Brick	415 Jack Martin Blvd	Brick	08724	(732)-206-8000	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Rose Garden Nursing and Rehabilitation Center	1579 Old Freehold Road	Toms River	08753	(732)-505-4477	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Shore Meadows Rehabilitation and Nursing Center	231 Warner Street	Toms River	08757	(732)-942-0800	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Shorrock Gardens Care Center Inc	75 Old Toms River Road	Brick	08723	(732)-451-1000	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Whiting Health Care Center	3000 Hilltop Road	Whiting	08759	(732)-849-4400	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	LTC / Nursing Home	Inpatient- Long Term Care (Nursing Homes)	Monmouth County Care Centers Geraldine L.Thompson Division	2350 Hospital Road	Allenwood	08720	(732)-683-8600	Monmouth	PSA
Inpatient Rehabilitation & Long Term Care	Hospital Based	Hospital	Kimball Medical Center	600 River Avenue	Lakewood	08701	(732)-363-1990	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	Hospital Based	Hospital	Community Medical Center	99 Highway 37 West	Toms River	08755	(732)-557-8000	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	Hospital Based	Hospital	Ocean Medical Center	425 Jack Martin Boulevard	Brick	08724	(732)-840-2200	Ocean	PSA
Inpatient Rehabilitation & Long Term Care	Long - Term Residential Health Care	LTC - Other	Healthsouth Rehabilitation Hospital of Toms River	14 Hospital Drive	Toms River	08755	(732)244-3100	Ocean	PSA
Maternal & Pediatric	Clinical Pediatric	Pediatric	Center for Health Education, Medicine, & Dentistry (CHEMED)	1770 Madison Avenue	Lakewood	08701	(732) 364-2144	Ocean	PSA
Maternal & Pediatric	Clinical Pediatric	Pediatric	Ocean Health Initiatives	101 Second Street	Lakewood	08701	(732)-363-6655	Ocean	PSA
Maternal & Pediatric	Clinical Pediatric	Pediatric	Ocean Health Initiatives	301 Lakehurst Road	Toms River	08755	(732)-552-0377	Ocean	PSA
Maternal & Pediatric	Clinical Prenatal	Outpatient Health Facility -Prenatal Care	Central Jersey Family Health Consortium	725 Airport Road, Suite 1C	Lakewood	08701	(732)-363-5400	Ocean	PSA
Maternal & Pediatric	Clinical Prenatal	Outpatient Health Facility -Prenatal Care	First Moments Maternity Services at Ocean Medical Center	99 Highway 37 West	Toms River	08755	(732)557-8034	Ocean	PSA
Maternal & Pediatric	Family Planning / Women's Health Center	Outpatient Health Facility -Family Planning/Women's Health Center	Family Planning Center of Ocean County, Inc.	1173 Beacon Avenue	Manahawkin	08050	(609)-597-6094	Ocean	PSA
Maternal & Pediatric	Family Planning / Women's Health Center	Outpatient Health Facility -Family Planning/Women's Health Center	Planned Parenthood-Freehold Center	800 W Main Street	Freehold	07728	(732)-431-1717	Monmouth	PSA
Maternal & Pediatric	Family Planning / Women's Health Center	Outpatient Health Facility -Family Planning/Women's Health Center	Planned Parenthood-Hazlet Center	Bethany Commons	Hazlet	07730	(732)-888-4900	Monmouth	PSA
Maternal & Pediatric	Family Planning / Women's Health Center	Outpatient Health Facility -Family Planning/Women's Health Center	Old Tudor Village-Healthcare for Women	1924 State Highway 35	Wall	07719	(732)-974-8404	Monmouth	PSA
Maternal & Pediatric	Family Planning / Women's Health Center	Outpatient Health Facility -Family Planning/Women's Health Center	National Womens Healthresource	157 Broad St	Red Bank	07701	(732)-530-3425	Monmouth	PSA
Senior Services	Social & Health	Senior Centers-Health/Social	Brick Township Senior Outreach Services & Senior Center	373 Adamston Road	Brick	08723	732-920-8686	Ocean	PSA
Senior Services	Social & Health	Senior Centers-Health/Social	Jackson Senior Citizens Community Center	45 Don Connor Boulevard	Jackson	08527	732-928-2313	Ocean	PSA
Senior Services	Social & Health	Senior Centers-Health/Social	Lakewood Community Services Corp.	415 Carey Street	Lakewood	08701	732-901-6001	Ocean	PSA

Kimball Medical Center
Community Health Needs Assessment

PROVIDER GROUP	PROVIDER MAP CLASS	PROVIDER TYPE/GROUP	PROVIDER NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	PHONE #	COUNTY	SERVICE AREA
Senior Services	Social & Health	Senior Centers-Health/Social	Toms River Township Senior Center	652 Garfield Avenue	Toms River	08753	732-341-1000 ext. 8460 or 8461	Ocean	PSA
Senior Services	Social & Health	Senior Centers-Health/Social	Howell Department of Senior Services	251 Preventorium Road	Howell	07731	732-938-4500 ext. 2550	Monmouth	PSA
Senior Services	Medical - Adult Day Care	Senior Centers-Medical	Ambassador Medical Day Care LLC	619 River Avenue	Lakewood	08701	(732)-367-1133	Ocean	PSA
Senior Services	Medical - Adult Day Care	Senior Centers-Medical	Seacrest Village	1001 Center Street	Little Egg Harbor Tw	08087	(609)-296-9292	Ocean	PSA
Senior Services	Medical - Adult Day Care	Senior Centers-Medical	Whiting Health Care Center	3000 Hilltop Road	Whiting	08759	(732)-849-4969	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Family Counseling	Preferred Children's Services School Based Youth Services Program - Lakewood School	Somerset and E Seventh St	Lakewood	08701	(732)-363-7272	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Family Counseling	Preferred Children's Services Wrap Around Services of Preferred Children's Services	PO Box 2036	Lakewood	08701	(732)-458-1700	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Parenting Skills Classes	Lakewood Community Services Corp Family Success Center	415 Carey St	Lakewood	08701	(732)-901-6001	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Parenting Skills Classes	Preferred Children's Services Family & Early Childhood Education Services	100 Linden Ave	Lakewood	08701	(732)-886-3764	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Family Counseling	Preferred Children's Services School Based Youth Services Program - Brick Memorial HS	2001 Lanes Mill Rd	Brick	08723	(732)-785-3901	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Family Counseling	Preferred Children's Services School Based Youth Services Program - Brick Township	346 Chambersbridge Rd	Brick	08723	(732)-262-2500	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Family Counseling	Preferred Children's Services School Based Youth Services Program - Brick Veteran's Memorial	105 Hendrickson Ave	Brick	08724	(732)-785-2614	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Family Counseling	Ocean's Harbor House Family Crisis Intervention Unit	808 Conifer St	Toms River	08753	(732)-240-3638	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Family Counseling	Saint Barnabas Behavioral Health Center Strengthening Families	1691 Route 9	Toms River	08753	(732)-914-1688	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Parenting/Family Support Groups	Ocean County Family Support Organization	44 Washington St Suite 2A	Toms River	08753	(732)-281-5770	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Parenting/Family Support Groups	Children's Home Society of NJ Helping Caring Families	1433 Hooper Ave Suite 340	Toms River	08753	(732)-557-9633	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Parenting Skills Classes	Family and Community Health Sciences	1623 Whitesville Rd	Toms River	08755	(732)-349-1247	Ocean	PSA
Family & Social Support Services	Family Planning / Parenting	Parenting Skills Classes	Community Health Services at Community Medical Center for Kids and Family	599 Route 37 W	Toms River	08755	(732)-505-5437	Ocean	PSA
Family & Social Support Services	Nursery & Child Care	Child Care Subsidies	Child Care Resource & Referral Agency	1433 Hooper Ave Suite 340	Toms River	08753	(732) 557 - 9633	Ocean	PSA
Family & Social Support Services	Nursery & Child Care	Extended Day Care	Epilepsy Foundation of New Jersey	35 Beaverson Blvd	Brick	08723	(732)-262-8020	Ocean	PSA
Family & Social Support Services	Nursery & Child Care	Child Care Centers	Jane Addams Day Care Center	1 Vans Way	Toms River	08755	(732)-244-7122	Ocean	PSA
Family & Social Support Services	Nursery & Child Care	Child Care Centers	Ocean Community Economic Action Now	40 Washington St	Toms River	08753	(732)-244-9114	Ocean	PSA
Family & Social Support Services	Nursery & Child Care	Child Care Providers	Family & Early Childhood Education Services	100 Linden Ave	Lakewood	08701	(732) 905-3626	Ocean	PSA
Family & Social Support Services	Early Childhood Services	Early Childhood Services	Preferred Children's Services Family & Early Childhood Education Services	100 Linden Ave	Lakewood	08701	(732)-886-3764	Ocean	PSA
Family & Social Support Services	Domestic Violence & Child Abuse Support Services	Child Abuse Prevention	Preferred Children's Services	100 Linden Ave	Lakewood	08701	(732)-886-3764	Ocean	PSA
Family & Social Support Services	Domestic Violence & Child Abuse Support Services	Child Abuse Prevention	Preferred Children's Services School Based Youth Services Program - Brick Veteran's Memorial	105 Hendrickson Ave	Brick	08724	(732)-785-2614	Ocean	PSA
Family & Social Support Services	Domestic Violence & Child Abuse Support Services	Child Abuse Prevention	Preferred Children's Services School Based Youth Services Program - Brick Memorial HS	2001 Lanes Mill Rd	Brick	08723	(732)-785-3901	Ocean	PSA
Family & Social Support Services	Domestic Violence & Child Abuse Support Services	Child Abuse Prevention	Preferred Children's Services School Based Youth Services Program - Brick Township	346 Chambersbridge Rd	Brick	08723	(732)-262-2500	Ocean	PSA
Family & Social Support Services	Domestic Violence & Child Abuse Support Services	Child Abuse Prevention	Preferred Children's Services School Based Youth Services Program - Lakewood School	Somerset and E Seventh St	Lakewood	08701	(732)-363-7272	Ocean	PSA

Kimball Medical Center
Community Health Needs Assessment

PROVIDER GROUP	PROVIDER MAP CLASS	PROVIDER TYPE/GROUP	PROVIDER NAME	STREET ADDRESS	MUNICIPALITY	ZIP CODE	PHONE #	COUNTY	SERVICE AREA
Family & Social Support Services	Other Counseling & Support Services	Support Groups	American Cancer Society Man to Man Support Group	1035 Hooper Ave	Toms River	08753	(732)-836-4092	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Support Groups	America's Keswick Higher Ground Women's Support Group	601 Route 530	Whiting	08759	(732)-350-1187 Ext. 33	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Life Skills Education	Catholic Charities Diocese of Trenton Emergency and Community Services	200 Monmouth Ave	Lakewood	08701	(732)-363-5322	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Support Groups	Center for Healthy Living Survivors of Suicide Support Group	198 Prospect St	Lakewood	08701	(732)-886-4475	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Life Skills Education	Commission for the Blind & Visually Impaired	1510 Hooper Ave, Suite 240	Toms River	08753	(732)-255-0720	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Support Groups	Grief Share Support Group	1563 Old Freehold Rd	Toms River	08755	(732)-349-1550 Ext 204	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Support Groups	Health South Rehabilitation Hospital of NJ Caregivers Support Group	1868 Hooper Ave	Toms River	08755	(732)-255-5905	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Support Groups	J F Gorman Amputee Support Group	14 Hospital Dr	Toms River	08755	(732)-255-5480	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Support Groups	Multiple Sclerosis Support Group	599 Route 37 W	Toms River	08755	(609)-693-7770	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Training and Employment Program	New Jersey Institute for Disabilities Day Program- - Adult Training Center III	1591 Rt 37 West	Toms River	08755	(732)-914-1447	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Life Skills Education	Preferred Behavioral Health of NJ Adolescent Partial Care (SAIL)	999 Airport Rd	Lakewood	08701	(732)-367-1710	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Support Groups	Ocean County Health Department Incest Survivors Support Group	175 Sunset Ave	Toms River	08754	(732)-929-0528	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Training and Employment Program	Continuing Education & Training at Ocean County College	PO Box 2001	Toms River	08754	(732)-255-0404	Ocean	PSA
Family & Social Support Services	Other Counseling & Support Services	Support Groups	Reformers Unanimous Addictions Support Group	1528 Route 9	Toms River	08754	(732)-349-4035	Ocean	PSA