2022
COMMUNITY HEALTH NEEDS ASSESSMENT

Riverview Medical Center Service Area

Prepared for
Riverview Medical Center

Hackensack
Meridian *Health*

Prepared by PRC

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INTRODUCTION

PROJECT OVERVIEW

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2019, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Riverview Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This assessment for Riverview Medical Center is part of a regional project conducted by Professional Research Consultants, Inc. (PRC) for Hackensack Meridian *Health* on behalf of its network hospitals. PRC is a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort (referred to as "Riverview Medical Center Service Area," "RMC Service Area," or "RMC" in this report) is defined as each of the residential ZIP Codes comprising the primary service area of Riverview Medical Center. This community definition, determined based on the ZIP Codes of residence of most recent patients, is illustrated in the following map.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 295 surveys at random throughout the service area.

COMMUNITY OUTREACH SURVEYS (Hackensack Meridian *Health*) ► PRC also created a link to an online version of the survey, and Hackensack Meridian *Health* promoted this link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 21 surveys to the overall sample.

In all, 316 surveys were completed through these mechanisms. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the RMC Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 316 respondents is ±5.7% at the 95 percent confidence level.
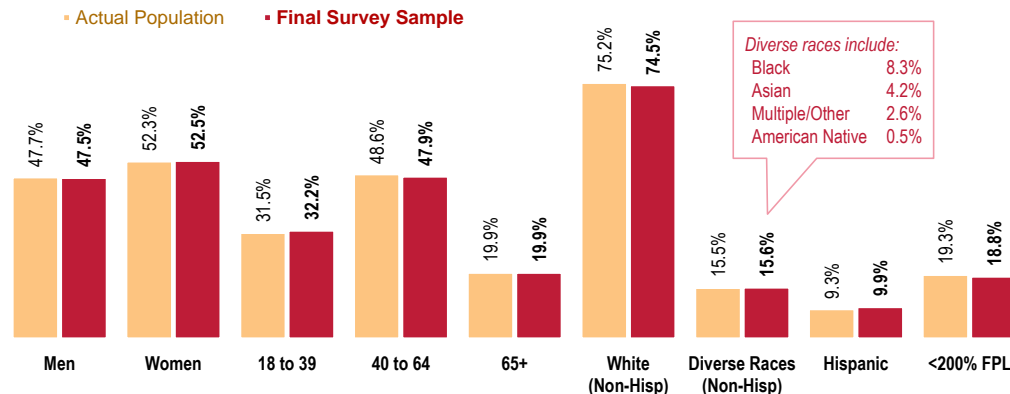
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

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

Population & Survey Sample Characteristics
(RMC Service Area, 2022)

■ Actual Population   ■ **Final Survey Sample**

	Actual Population	Final Survey Sample
Men	47.7%	47.5%
Women	52.3%	52.5%
18 to 39	31.5%	32.2%
40 to 64	48.6%	47.9%
65+	19.9%	19.9%
White (Non-Hisp)	75.2%	74.5%
Diverse Races (Non-Hisp)	15.5%	15.6%
Hispanic	9.3%	9.9%
<200% FPL	19.3%	18.8%

Diverse races include:
Black	8.3%
Asian	4.2%
Multiple/Other	2.6%
American Native	0.5%

Sources: ● US Census Bureau, 2011-2015 American Community Survey.
          ● 2022 PRC Community Health Survey, PRC, Inc.
Notes: ● FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at $26,500 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. "White" reflects non-Hispanic White respondents; "People of Color" includes Hispanics and non-White race groups.

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. Local stakeholders were asked to provide input about communities in Monmouth County; the input also included stakeholders who work more regionally or statewide. In all, 55 community stakeholders in the RMC Service Area took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	4
Public Health Representatives	3
Other Health Providers	14
Social Services Providers	14
Other Community Leaders	20

Final participation included representatives of the organizations outlined below.

- American Cancer Society
- Bayshore Family Success Center
- Bayshore Medical Center
- Borough of Union Beach
- Central Jersey Family Health Consortium
- Community Church of Keyport
- Delta Sigma Theta Sorority, Inc.
- EZ Ride
- Freehold Health Department
- Fulfill
- George & Vita Kolber Family Health Center
- Horizon Blue Cross Blue Shield of NJ
- Interfaith Neighbors
- Jersey Shore University Medical Center
- Lunch Break
- Mary's Place By the Sea
- Mercy Center
- Mercy Center - Family Resource Center
- Middletown School District
- Middletown Township
- Midtown Urban Renaissance Corp.
- Monmouth County Health Department

- Monmouth County Nurses Association
- Monmouth County Wellness Program
- Monmouth County Youth Program
- Monmouth University
- National Council of Negro Women, North Shore Area Section
- Neptune City Community Center
- Neptune School District
- New Jersey Blind Citizens Association
- New Jersey State Library Talking Book & Braille Center
- Ocean Health Initiatives, Inc.
- Oceans Family Success Center
- Pilgrim Baptist Church
- Preferred Behavioral Health Group
- Red Bank Borough School District
- Red Bank Family Young Men's Christian Association
- Riverview Medical Center
- United Way
- United Way Union County
- Visiting Nurse Association Central New Jersey
- Wall Community Alliance

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

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

NOTE ► These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics

- ESRI ArcGIS Map Gallery

- National Cancer Institute, State Cancer Profiles

- OpenStreetMap (OSM)

- US Census Bureau, American Community Survey

- US Census Bureau, County Business Patterns

- US Census Bureau, Decennial Census

- US Department of Agriculture, Economic Research Service

- US Department of Health & Human Services

- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)

- US Department of Justice, Federal Bureau of Investigation

- US Department of Labor, Bureau of Labor Statistics

Note that secondary data for the RMC Service Area reflect county-level data for Monmouth County in New Jersey.

Benchmark Data

Trending

A similar survey was administered in the service area in 2019 by PRC on behalf of Hackensack Meridian *Health*. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available (however, note that the geographic service area definition has changed slightly since the 2019 survey data were collected). Historical data for secondary data indicators in the service area county are also included for the purposes of trending.

Regional Data

Because this assessment was part of a broader, regional project conducted by Hackensack Meridian *Health* (HMH), a regional benchmark for survey indicators is available that represents all of the ZIP Codes in the primary service areas of HMH hospitals throughout central and northern New Jersey. Secondary data for the HMH Service Area are drawn from Essex, Burlington, Camden, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Somerset, Sussex, Union, and Warren counties.

New Jersey Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.

- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

- Promote healthy development, healthy behaviors, and well-being across all life stages.

- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Information Gaps

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

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

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

Public Comment

Riverview Medical Center made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Riverview Medical Center had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Riverview Medical Center will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

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

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	4
Part V Section B Line 3b Demographics of the community	32
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	120
Part V Section B Line 3d How data was obtained	4
Part V Section B Line 3e The significant health needs of the community	12
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	13
Part V Section B Line 3h The process for consulting with persons representing the community's interests	6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	126

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	

ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access
	  – Inconvenient Office Hours
	  – Appointment Availability
	  – Finding a Physician
	  – Lack of Transportation
	▪ Routine Medical Care (Children)

CANCER	▪ Leading Cause of Death ▪ Cancer Incidence – Including Prostate Cancer
DIABETES	▪ Diabetes Prevalence ▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths ▪ Kidney Disease Prevalence ▪ Key Informants: Diabetes ranked as a top concern.
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ High Blood Pressure Prevalence ▪ High Blood Cholesterol Prevalence
INJURY & VIOLENCE	▪ Unintentional Injury Deaths ▪ Falls [Age 45+] ▪ Violent Crime Experience ▪ Intimate Partner Violence
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Symptoms of Chronic Depression ▪ Mental Health Provider Ratio ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: Mental health ranked as a top concern.

AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Low Food Access ▪ Fruit/Vegetable Consumption ▪ Overweight & Obesity [Children] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	▪ Regular Dental Care [Adults] ▪ Children's Dental Care
POTENTIALLY DISABLING CONDITIONS	▪ Multiple Chronic Conditions
RESPIRATORY DISEASE	▪ COVID-19 Deaths ▪ Asthma Prevalence [Adults]
SUBSTANCE ABUSE	▪ Unintentional Drug-Related Deaths ▪ Illicit Drug Use ▪ Key Informants: Substance abuse ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Key Informant Input. Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was initially determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Abuse
3. Nutrition, Physical Activity & Weight
4. Diabetes
5. Heart Disease & Stroke
6. Access to Healthcare Services
7. Oral Health
8. Respiratory Disease
9. Injury & Violence
10. Potentially Disabling Conditions
11. Cancer

Community Forums. Throughout the week of August 15, 2022, Hackensack Meridian *Health* convened a series of meetings with its network hospitals and community partners to review and discuss the findings of this assessment. At that time, it was determined to address the issues identified above within the network's reframed priority areas as follows, each viewed through the lens of health equity and social determinants:

- **Mental Wellbeing** *(e.g., behavioral health, mental health, substance use, stress, ACEs)*
- **Healthy Living** *(e.g., chronic disease, prevention, and awareness)*
- **Access to Care** *(e.g., health insurance, transportation, availability/capacity of providers)*

Hospital Implementation Strategy

Riverview Medical Center will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the service area of Riverview Medical Center, as well as trend data. These data are grouped by health topic.

Reading the Summary Tables

◼ In the following tables, RMC Service Area results are shown in the larger, gray column.

🟪 The columns to the right of the service area column provide trending, as well as comparisons between local data and any available regional, state, and national findings, and Healthy People 2030 objectives. Symbols indicate whether the RMC Service Area compares favorably (☀), unfavorably (🦠), or comparably (😑) to these external data.

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

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2019. Note that survey data reflect the ZIP Code-defined RMC Service Area.

OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect county-level data.

SOCIAL DETERMINANTS	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	3.0	☀ better 5.9	☀ better 6.1	☀ better 4.1		
Population in Poverty (Percent)	6.5	☀ better 9.5	☀ better 9.7	☀ better 12.8	☀ better 8.0	
Children in Poverty (Percent)	7.9	☀ better 13.1	☀ better 13.3	☀ better 17.5	☁ similar 8.0	
No High School Diploma (Age 25+, Percent)	6.3	☀ better 9.6	☀ better 9.7	☀ better 11.5		
% Unable to Pay Cash for a $400 Emergency Expense	13.6	☀ better 17.9		☀ better 24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	31.5	☁ similar 33.4		☁ similar 32.2		☁ similar 32.0
% HH Member Lost Job, Wages, Insurance Due to Pandemic	28.9	☁ similar 28.0				
% Unhealthy/Unsafe Housing Conditions	11.9	☁ similar 10.6		☁ similar 12.2		
% Food Insecure	21.8	☀ better 28.8		☀ better 34.1		☁ similar 22.8

☀ better   ☁ similar   🌧 worse

OVERALL HEALTH	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	16.9	☁ 15.5	🌧 11.7	☁ 12.6		☁ 16.7

		☀	☁	🌧
		better	similar	worse

ACCESS TO HEALTH CARE	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	2.7	☀ 6.3	☀ 14.1	☀ 8.7	☀ 7.9	☀ 7.8
% Difficulty Accessing Health Care in Past Year (Composite)	54.2	☁ 50.2		🌧 35.0		🌧 42.0
% Cost Prevented Physician Visit in Past Year	12.0	☁ 13.7	☁ 10.5	☁ 12.9		☁ 10.5
% Cost Prevented Getting Prescription in Past Year	12.2	☁ 13.9		☁ 12.8		☁ 9.0
% Difficulty Getting Appointment in Past Year	36.1	🌧 28.6		🌧 14.5		🌧 18.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	26.4	☁ 22.5		🌧 12.5		🌧 18.0
% Difficulty Finding Physician in Past Year	20.7	☁ 17.8		🌧 9.4		🌧 10.1

ACCESS TO HEALTH CARE (continued)	RMC Service Area	RMC SERVICE AREA vs. BENCHMARKS				
		vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% Transportation Hindered Dr Visit in Past Year	12.2	☁ 9.8		☁ 8.9		🌧 7.1
% Language/Culture Prevented Care in Past Year	2.7	☁ 1.9		☁ 2.8		☁ 1.9
% Written Health Info is "Seldom/Never" Easy to Understand	7.7	☀ 11.9				☁ 11.8
% Spoken Health Info is "Seldom/Never" Easy to Understand	4.8	☀ 9.7				☀ 10.5
% Skipped Prescription Doses to Save Costs	11.4	☁ 13.7		☁ 12.7		☁ 11.4
% Have Foregone Medical Care Due to Pandemic	31.1	☁ 28.0				
% Difficulty Getting Child's Health Care in Past Year	11.3	☁ 8.1		☁ 8.0		☁ 4.8
Primary Care Doctors per 100,000	121.4	☁ 108.4	☁ 105.8	☁ 103.3		
% Have a Specific Source of Ongoing Care	77.8	☀ 72.2		☁ 74.2	🌧 84.0	☁ 74.4
% Have Had Routine Checkup in Past Year	70.3	☁ 68.2	☁ 74.4	☁ 70.5		☁ 70.4
% Child Has Had Checkup in Past Year	83.9	☁ 86.9		☁ 77.4		🌧 94.3

ACCESS TO HEALTH CARE (continued)	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% Two or More ER Visits in Past Year	9.4	similar 12.6		similar 10.1		similar 10.3
% Eye Exam in Past 2 Years	55.4	similar 57.5		similar 61.0	worse 61.1	similar 62.6
% Rate Local Health Care "Fair/Poor"	7.9	similar 10.6		similar 8.0		similar 10.7

better (☀) | similar (☁) | worse (🌧)

CANCER	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)	140.7	similar 135.8	similar 137.1	similar 146.5	similar 122.7	better 164.4
Lung Cancer (Age-Adjusted Death Rate)	30.9	similar 28.2	similar 28.6	similar 33.4	worse 25.1	
Prostate Cancer (Age-Adjusted Death Rate)	16.7	similar 16.2	similar 16.2	similar 18.5	similar 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)	22.4	similar 20.5	similar 20.1	similar 19.4	worse 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)	11.9	similar 12.4	similar 12.6	similar 13.1	worse 8.9	

CANCER (continued)	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Cancer Incidence Rate (All Sites)	524.4	(similar) 486.0	(similar) 486.7	(similar) 448.6		
Female Breast Cancer Incidence Rate	147.1	(similar) 136.9	(similar) 137.2	(similar) 126.8		
Prostate Cancer Incidence Rate	141.6	(similar) 134.9	(similar) 134.4	(worse) 106.2		
Lung Cancer Incidence Rate	58.5	(similar) 53.7	(similar) 54.5	(similar) 57.3		
Colorectal Cancer Incidence Rate	40.2	(similar) 39.9	(similar) 40.1	(similar) 38.0		
% Cancer	10.6	(similar) 8.0	(similar) 9.9	(similar) 10.0		(similar) 10.6
% [Women 50-74] Mammogram in Past 2 Years	68.4	(similar) 75.0	(worse) 78.9	(similar) 76.1	(similar) 77.1	(similar) 68.2
% [Women 21-65] Cervical Cancer Screening	82.7	(better) 75.5	(similar) 80.1	(better) 73.8	(similar) 84.3	(better) 69.7
% [Men 40+] PSA Test in Past 2 Years	63.0	(similar) 57.9	(better) 33.9			(similar) 65.8
% [Age 50-75] Colorectal Cancer Screening	72.5	(similar) 69.4	(similar) 69.5	(similar) 77.4	(similar) 74.4	(similar) 74.1

☀ better ☁ similar 🌧 worse

DIABETES

	RMC Service Area	RMC SERVICE AREA vs. BENCHMARKS				
		vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	15.4	☀️ better 18.5	☀️ better 18.2	☀️ better 22.6		☀️ better 19.2
% Diabetes/High Blood Sugar	15.1	☁️ similar 12.7	🌧️ worse 10.0	☁️ similar 13.8		🌧️ worse 9.7
% Borderline/Pre-Diabetes	14.2	☁️ similar 15.4		🌧️ worse 9.7		🌧️ worse 6.3
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	46.3	☁️ similar 42.4		☁️ similar 43.3		☁️ similar 47.1

☀️ better ☁️ similar 🌧️ worse

HEART DISEASE & STROKE

	RMC Service Area	RMC SERVICE AREA vs. BENCHMARKS				
		vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	158.7	☁️ similar 161.5	☁️ similar 162.4	☁️ similar 164.4	🌧️ worse 127.4	☁️ similar 163.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.1	☁️ similar 6.2	☁️ similar 6.2	☁️ similar 6.1		☁️ similar 4.9
Stroke (Age-Adjusted Death Rate)	33.0	☁️ similar 31.0	☁️ similar 30.6	☁️ similar 37.6	☁️ similar 33.4	☁️ similar 32.3
% Stroke	5.7	☁️ similar 3.3	🌧️ worse 2.7	☁️ similar 4.3		☁️ similar 2.8
% Told Have High Blood Pressure	44.7	☁️ similar 40.3	🌧️ worse 33.0	🌧️ worse 36.9	🌧️ worse 27.7	🌧️ worse 37.0

HEART DISEASE & STROKE (continued)

HEART DISEASE & STROKE (continued)	RMC Service Area	RMC SERVICE AREA vs. BENCHMARKS				
		vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% [HBP] Taking Action to Control High Blood Pressure	84.9	☁ 89.7		☁ 84.2		☁ 92.2
% Told Have High Cholesterol	42.2	☁ 38.9		🌧 32.7		☁ 40.9
% [HBC] Taking Action to Control High Blood Cholesterol	82.5	☁ 81.6		☁ 83.2		☁ 78.5
% 1+ Cardiovascular Risk Factor	86.2	☁ 87.0		☁ 84.6		☁ 88.0

☀ better   ☁ similar   🌧 worse

INFANT HEALTH & FAMILY PLANNING

INFANT HEALTH & FAMILY PLANNING	RMC Service Area	RMC SERVICE AREA vs. BENCHMARKS				
		vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent)	17.5	☀ 24.0	☀ 23.5	☀ 22.3		☁ 17.4
Low Birthweight Births (Percent)	7.4	☁ 7.9	☁ 8.0	☁ 8.2		
Infant Death Rate	3.6	☁ 4.0	☁ 4.0	☀ 5.5	☀ 5.0	☁ 3.1
Births to Adolescents Age 15 to 19 (Rate per 1,000)	5.5	☀ 10.6	☀ 10.9	☀ 19.3		

☀ better   ☁ similar   🌧 worse

INJURY & VIOLENCE	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	50.2	similar 47.7	similar 49.9	similar 51.6	similar 43.2	worse 29.3
Motor Vehicle Crashes (Age-Adjusted Death Rate)	5.2	similar 5.9	better 6.3	better 11.4	better 10.1	
[65+] Falls (Age-Adjusted Death Rate)	32.8	similar 29.5	similar 32.1	better 67.1	better 63.4	
% [Age 45+] Fell in the Past Year	39.8	similar 40.3		worse 27.5		worse 18.4
Firearm-Related Deaths (Age-Adjusted Death Rate)	2.8	better 4.7	better 4.6	better 12.5	better 10.7	
Homicide (Age-Adjusted Death Rate)	1.6	better 3.9	better 3.8	better 6.1	better 5.5	better 2.2
Violent Crime Rate	151.7	better 250.0	better 242.0	better 416.0		
% Victim of Violent Crime in Past 5 Years	6.1	similar 3.5		similar 6.2		worse 2.0
% Victim of Intimate Partner Violence	19.4	worse 12.5		worse 13.7		similar 14.3

better ☀ — similar ☁ — worse 🌧

KIDNEY DISEASE

KIDNEY DISEASE	RMC Service Area	RMC SERVICE AREA vs. BENCHMARKS				
		vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)	15.1	(similar) 14.6	(similar) 14.3	(worse) 12.8		(worse) 12.8
% Kidney Disease	6.3	(similar) 4.4	(worse) 2.6	(similar) 5.0		(worse) 2.0

Legend: ☀ better ☁ similar 🌧 worse

MENTAL HEALTH

MENTAL HEALTH	RMC Service Area	RMC SERVICE AREA vs. BENCHMARKS				
		vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	23.1	(similar) 22.4		(worse) 13.4		(similar) 19.0
% Diagnosed Depression	24.2	(similar) 23.8	(worse) 15.2	(similar) 20.6		(similar) 19.0
% Symptoms of Chronic Depression (2+ Years)	44.4	(similar) 42.5		(worse) 30.3		(worse) 29.4
% Typical Day Is "Extremely/Very" Stressful	17.1	(similar) 16.2		(similar) 16.1		(similar) 13.4
Suicide (Age-Adjusted Death Rate)	8.1	(similar) 7.7	(similar) 7.8	(better) 13.9	(better) 12.8	(similar) 7.9
% Mental Health Has Worsened During Pandemic	26.3	(similar) 22.1				

MENTAL HEALTH (continued)

RMC SERVICE AREA vs. BENCHMARKS

MENTAL HEALTH (continued)	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Mental Health Providers per 100,000	112.2	111.9	108.6	130.3		
% Taking Rx/Receiving Mental Health Trtmt	21.5	18.9		16.8		14.4
% Unable to Get Mental Health Svcs in Past Yr	9.2	8.0		7.8		4.8

better / similar / worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT

RMC SERVICE AREA vs. BENCHMARKS

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	34.1	24.9	23.8	22.2		
% "Very/Somewhat" Difficult to Buy Fresh Produce	18.3	21.2		21.1		15.6
% 5+ Servings of Fruits/Vegetables per Day	26.8	27.5		32.7		28.1
% No Leisure-Time Physical Activity	23.4	22.0	21.0	31.3	21.2	24.7
% Meeting Physical Activity Guidelines	24.8	25.7	21.9	21.4	28.4	26.4

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% 3+ Hours of Screen Time for Entertainment	65.8	58.8				64.7
% Child [Age 2-17] Physically Active 1+ Hours per Day	41.4	26.0		33.0		28.3
Recreation/Fitness Facilities per 100,000	25.3	16.7	16.6	11.9		
% Overweight (BMI 25+)	63.5	66.5	64.6	61.0		70.0
% Obese (BMI 30+)	33.6	32.2	27.7	31.3	36.0	35.6
% Children [Age 5-17] Overweight (85th Percentile)	45.0	36.8		32.3		37.1
% Children [Age 5-17] Obese (95th Percentile)	31.2	24.1		16.0	15.5	20.6

better | similar | worse

ORAL HEALTH	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% Have Dental Insurance	78.9	☁ 79.7		☀ 68.7	☀ 59.8	☁ 76.4
% [Age 18+] Dental Visit in Past Year	62.7	☁ 62.0	🌧 68.1	☁ 62.0	☀ 45.0	🌧 72.7
% Child [Age 2-17] Dental Visit in Past Year	69.2	☁ 76.3		☁ 72.1	☀ 45.0	🌧 94.0

☀ better ☁ similar 🌧 worse

POTENTIALLY DISABLING CONDITIONS	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	40.8	🌧 34.5		🌧 32.5		☁ 33.5
% Activity Limitations	29.0	☁ 24.0		☁ 24.0		☁ 22.5
% With High-Impact Chronic Pain	17.8	☁ 14.2		☁ 14.1	🌧 7.0	
Alzheimer's Disease (Age-Adjusted Death Rate)	21.5	☁ 20.5	☁ 22.2	☀ 30.9		☁ 20.0
% Caregiver to a Friend/Family Member	19.7	☁ 24.0		☁ 22.6		☁ 17.2

☀ better ☁ similar 🌧 worse

| RESPIRATORY DISEASE | RMC Service Area | RMC SERVICE AREA vs. BENCHMARKS | | | | |
		vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	30.8	(worse) 25.8	(similar) 26.4	(better) 38.1		(similar) 35.2
Pneumonia/Influenza (Age-Adjusted Death Rate)	10.8	(similar) 12.4	(better) 12.5	(better) 13.4		(similar) 10.1
% [Age 65+] Flu Vaccine in Past Year	70.0	(similar) 75.9	(similar) 64.5	(similar) 71.0		(similar) 66.1
% [Adult] Asthma	11.3	(similar) 8.8	(similar) 8.7	(similar) 12.9		(worse) 3.2
% [Child 0-17] Asthma	5.0	(similar) 6.9		(similar) 7.8		(better) 14.9
% COPD (Lung Disease)	7.0	(similar) 7.8	(similar) 4.9	(similar) 6.4		(similar) 4.8
COVID-19 (Age-Adjusted Death Rate)	104.9	(better) 142.2	(better) 141.6	(worse) 85.0		
% Fully/Partially Vaccinated for COVID-19	88.7	(better) 84.3				

(better) = better   (similar) = similar   (worse) = worse

SEXUAL HEALTH

RMC SERVICE AREA vs. BENCHMARKS

SEXUAL HEALTH	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)	1.4	☀ better 1.7	☀ better 2.3	☀ better 1.8		
HIV Prevalence Rate	309.9	☀ better 478.5	☀ better 464.4	☀ better 372.8		
Chlamydia Incidence Rate	284.0	☀ better 409.3	☀ better 405.5	☀ better 539.9		
Gonorrhea Incidence Rate	46.9	☀ better 103.7	☀ better 100.7	☀ better 179.1		

☀ better ☁ similar 🌧 worse

SUBSTANCE ABUSE

RMC SERVICE AREA vs. BENCHMARKS

SUBSTANCE ABUSE	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	7.5	☁ similar 8.5	☁ similar 8.4	☀ better 11.9	☀ better 10.9	☁ similar 7.4
% Excessive Drinker	24.3	☁ similar 21.1	🌧 worse 17.6	☁ similar 27.2		☁ similar 19.8
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	32.4	☁ similar 29.8	☁ similar 31.0	🌧 worse 21.0		🌧 worse 12.7
% Illicit Drug Use in Past Month	6.5	☁ similar 4.9		🌧 worse 2.0	☀ better 12.0	☁ similar 7.1
% Used a Prescription Opioid in Past Year	14.2	🌧 worse 8.8		☁ similar 12.9		☁ similar 13.2

SUBSTANCE ABUSE (continued)

RMC SERVICE AREA vs. BENCHMARKS

SUBSTANCE ABUSE (continued)	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% Ever Sought Help for Alcohol or Drug Problem	6.7	6.0		5.4		4.9
% Member of HH Has Been Referred/Treated for Rx Addiction	7.7	8.9				5.9
% Personally Impacted by Substance Abuse	41.5	32.0		35.8		34.2

☀ better   ☁ similar   🌧 worse

TOBACCO USE

RMC SERVICE AREA vs. BENCHMARKS

TOBACCO USE	RMC Service Area	vs. HMH	vs. NJ	vs. US	vs. HP2030	TREND
% Current Smoker	15.0	15.5	10.8	17.4	5.0	12.0
% Someone Smokes at Home	11.7	11.0		14.6		13.7
% [Household With Children] Someone Smokes in the Home	12.4	11.4		17.4		9.0
% [Smokers] Received Advice to Quit Smoking	61.2	54.4		59.6	66.6	
% Currently Use Vaping Products	10.1	8.7	5.0	8.9		8.1

☀ better   ☁ similar   🌧 worse

DATA CHARTS &
KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population- based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density. [COUNTY-LEVEL DATA]

Total Population
(Estimated Population, 2016-2020)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
RMC	620,821	468.18	1,326
HMH	6,589,445	4,991.70	1,320
NJ	8,885,418	7,354.76	1,208
US	326,569,308	3,533,038.14	92

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum. [COUNTY-LEVEL DATA]

Total Population by Age Groups
(2016-2020)
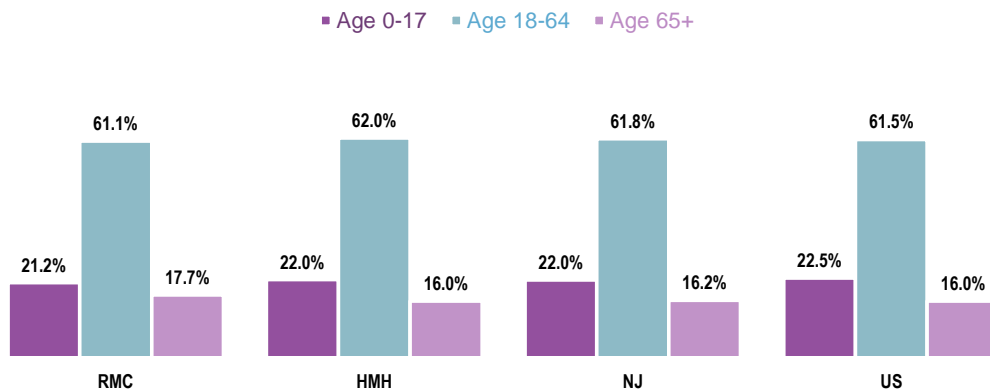
- Age 0-17 ■ Age 18-64 ■ Age 65+

	RMC	HMH	NJ	US
Age 0-17	21.2%	22.0%	22.0%	22.5%
Age 18-64	61.1%	62.0%	61.8%	61.5%
Age 65+	17.7%	16.0%	16.2%	16.0%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community. Note that ethnicity (Hispanic or Latino) can be of any race. [COUNTY-LEVEL DATA]

Total Population by Race Alone
(2016-2020)
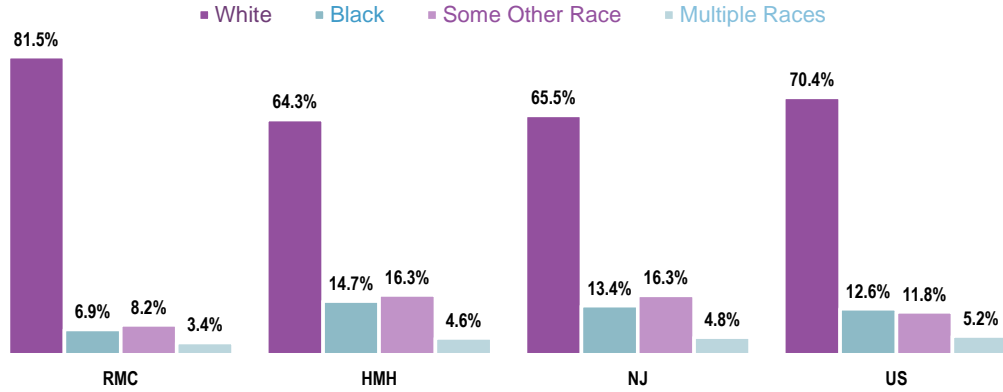
■ White   ■ Black   ■ Some Other Race   ■ Multiple Races

	RMC	HMH	NJ	US
White	81.5%	64.3%	65.5%	70.4%
Black	6.9%	14.7%	13.4%	12.6%
Some Other Race	8.2%	16.3%	16.3%	11.8%
Multiple Races	3.4%	4.6%	4.8%	5.2%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Hispanic Population
(2016-2020)
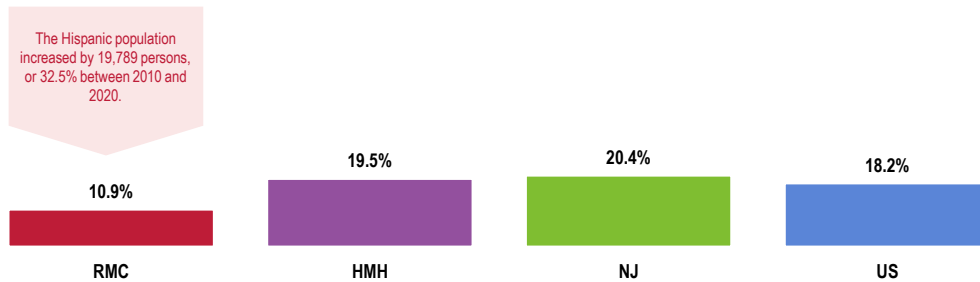
The Hispanic population increased by 19,789 persons, or 32.5% between 2010 and 2020.

RMC	HMH	NJ	US
10.9%	19.5%	20.4%	18.2%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

– Safe housing, transportation, and neighborhoods
– Racism, discrimination, and violence
– Education, job opportunities, and income
– Access to nutritious foods and physical activity opportunities
– Polluted air and water
– Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Income & Poverty

Poverty

The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions. [COUNTY-LEVEL DATA]

Population in Poverty
(Populations Living Below the Poverty Level; 2016-2020)
Healthy People 2030 = 8.0% or Lower

■ Total Population   ■ Children
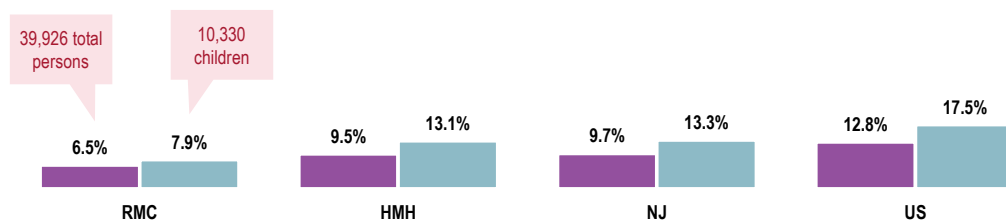
	RMC	HMH	NJ	US
Total Population	6.5%	9.5%	9.7%	12.8%
Children	7.9%	13.1%	13.3%	17.5%

39,926 total persons

10,330 children

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Financial Resilience

"Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
9.1%	17.1%	20.3%	13.2%	3.3%	34.7%	7.4%	11.0%	22.4%	13.6%	17.9%	24.6%
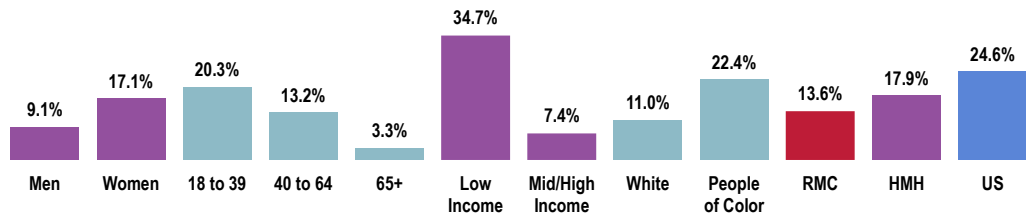
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 63]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Pandemic Impact

"Has the coronavirus pandemic cause you or any other adult in your household to lose a job, work fewer hours than wanted or needed, or led to a loss of health insurance coverage?"

Household Member has Lost a Job, Hours/Wages, or Health Insurance as a Result of the Pandemic
(RMC Service Area, 2022)

- Yes: 28.9%
- No: 71.1%
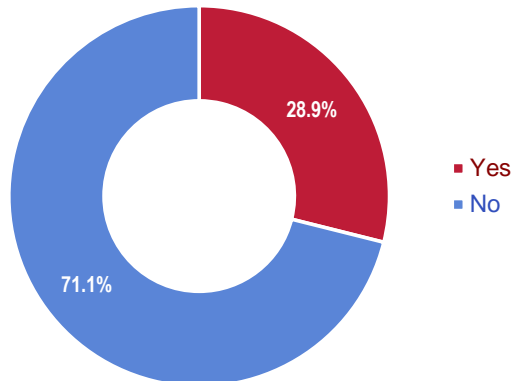
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 309]

Notes:
- Asked of all respondents.

Education

Education levels are reflected in the proportion of our population without a high school diploma. [COUNTY-LEVEL DATA]

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2016-2020)

27,325 individuals

6.3%	9.6%	9.7%	11.5%
RMC	HMH	NJ	US

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.

Housing

Housing Insecurity

"In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?"

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(RMC Service Area, 2022)

- Always 4.1%
- Usually 8.0%
- Sometimes 19.4%
- Rarely 18.7%
- Never 49.8%
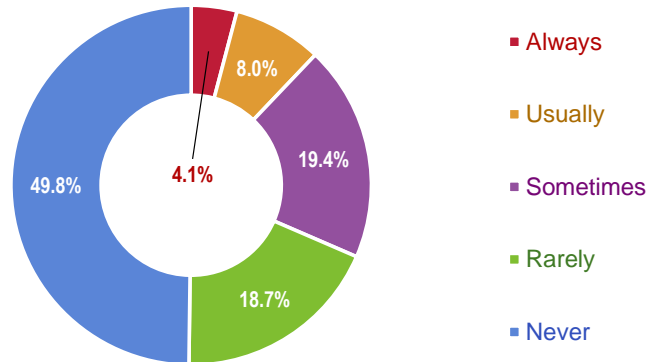
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 66]

Notes:
- Asked of all respondents.

Unhealthy or Unsafe Housing

"Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

Unhealthy or Unsafe Housing Conditions in the Past Year
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
4.4%	18.5%	14.8%	13.3%	3.8%	29.0%	8.3%	10.8%	15.8%	11.9%	10.6%	12.2%
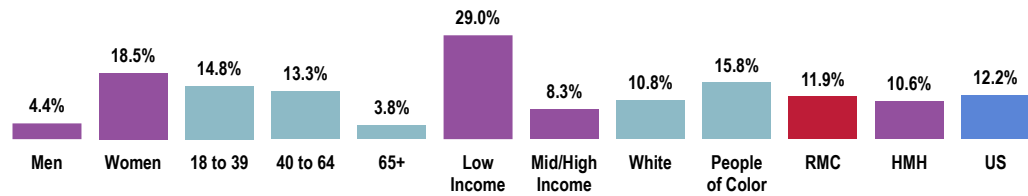
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 65]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Insecurity

"Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was 'often true,' 'sometimes true,' or 'never true' for you in the past 12 months.

- 'I worried about whether our food would run out before we got money to buy more.'

- 'The food that we bought just did not last, and we did not have money to get more.'"

Agreement with either or both of these statements ("often true" or "sometimes true") defines food insecurity for respondents.

Food Insecurity
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
13.1%	29.4%	31.9%	18.4%	13.6%	63.6%	14.4%	18.2%	32.9%	21.8%	28.8%	34.1%
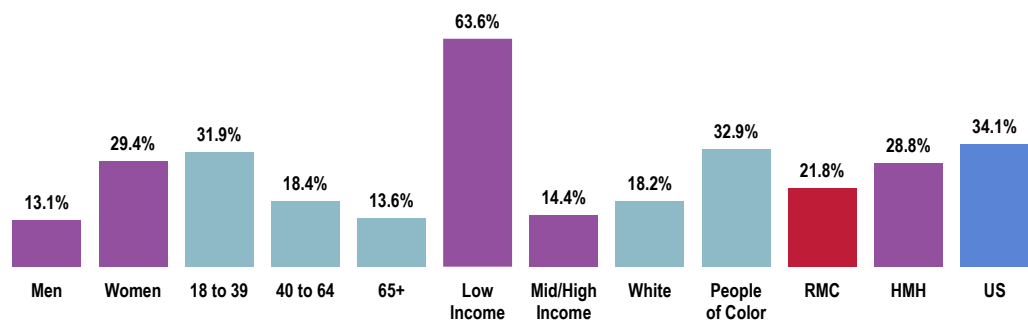
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 112]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

HEALTH STATUS

Overall Health

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

Self-Reported Health Status
(RMC Service Area, 2022)
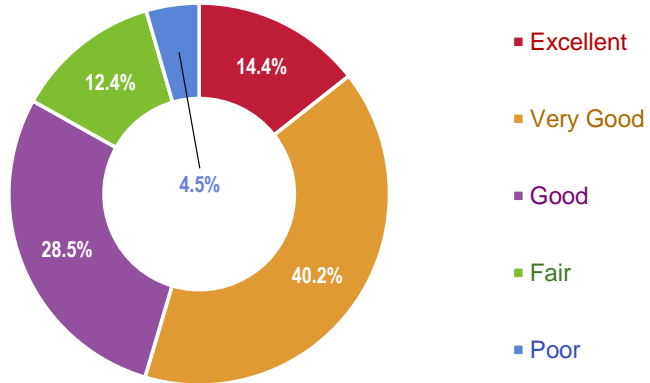
- ■ Excellent — 14.4%
- ■ Very Good — 40.2%
- ■ Good — 28.5%
- ■ Fair — 12.4%
- ■ Poor — 4.5%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

The following charts further detail "fair/poor" overall health responses in the RMC Service Area in comparison to benchmark data, as well as by basic demographic characteristics (namely by sex, age groupings, income [based on poverty status], and race/ethnicity).

Experience "Fair" or "Poor" Overall Health

RMC Service Area

RMC	HMH	NJ	US	2019	2022
16.9%	15.5%	11.7%	12.6%	16.7%	16.9%
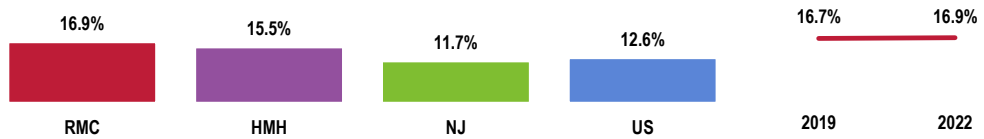
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(RMC Service Area, 2022)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC
	15.5%	18.1%	11.1%	22.7%	12.6%	26.6%	15.1%	11.6%	33.2%	16.9%
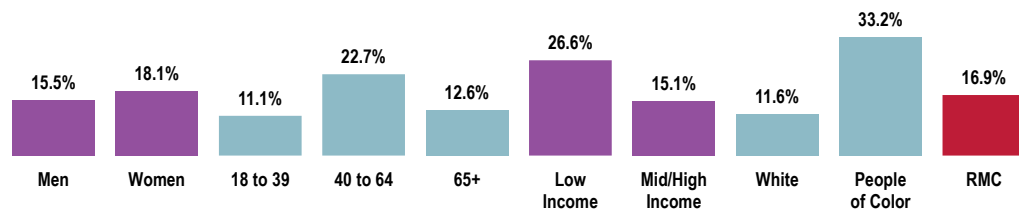
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

Self-Reported Mental Health Status

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

Self-Reported Mental Health Status
(RMC Service Area, 2022)

- ■ Excellent
- ■ Very Good
- ■ Good
- ■ Fair
- ■ Poor

Excellent 23.9%
Very Good 27.3%
Good 25.8%
Fair 13.4%
Poor 9.7%
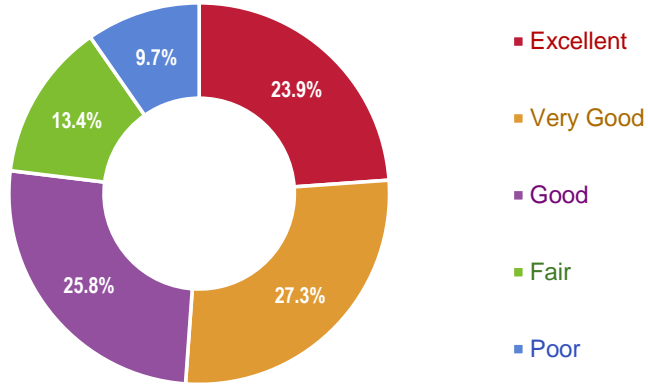
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Mental Health

RMC Service Area

RMC 23.1%
HMH 22.4%
US 13.4%
2019 19.0%
2022 23.1%
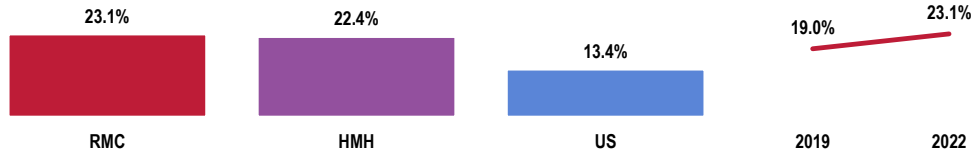
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Impact of the Pandemic on Mental Health

"Since the start of the pandemic, would you say or mental health has: improved, stayed about the same, or become worse?"

Mental Health Has Gotten Worse
Since the Beginning of the Pandemic
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH
19.4%	31.7%	23.0%	32.6%	16.5%	31.2%	28.9%	31.6%	12.7%	26.3%	22.1%
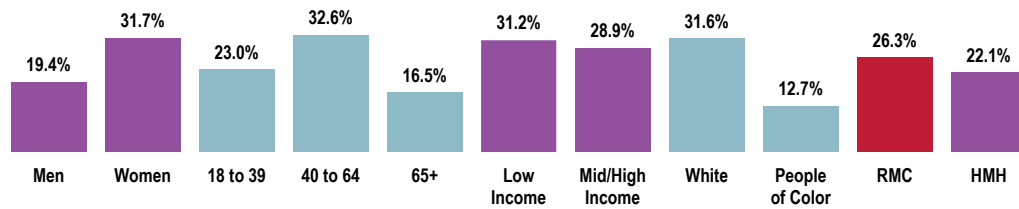
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 308]
Notes: ● Asked of all respondents.
● Beginning of pandemic specified as March 2020.

Depression

DIAGNOSED DEPRESSION ► **"Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?"**

Have Been Diagnosed With a Depressive Disorder

RMC Service Area

RMC	HMH	NJ	US	2019	2022
24.2%	23.8%	15.2%	20.6%	19.0%	24.2%
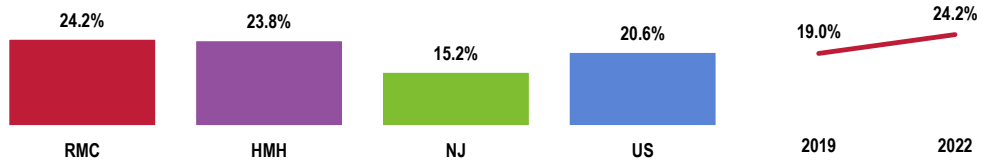
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 93]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Depressive disorders include depression, major depression, dysthymia, or minor depression.

Have Experienced Symptoms of Chronic Depression
(RMC Service Area, 2022)

	Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
	38.8%	49.5%	56.7%	41.7%	31.5%	87.2%	35.5%	39.1%	64.4%	44.4%	42.5%	30.3%

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Suicide

The following chart outlines the most current age-adjusted mortality rates attributed to suicide in our population (refer to "Leading Causes of Death" for an explanation of the use of age-adjusting for these rates). [COUNTY-LEVEL DATA]

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower
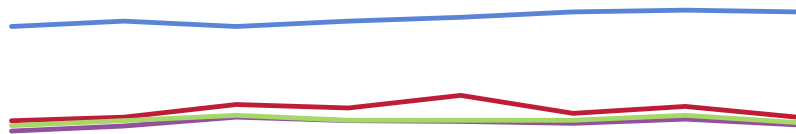
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	7.9	8.1	8.8	8.6	9.3	8.3	8.7	8.1
HMH	7.3	7.6	8.1	7.9	7.9	7.8	8.0	7.7
NJ	7.6	7.9	8.2	7.9	7.9	7.9	8.2	7.8
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers per 100,000 residents. [COUNTY-LEVEL DATA]

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in and residents living within the service area county; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2021)

- 130.3 — US
- 112.2 — RMC (722 Mental Health Providers)
- 111.9 — HMH
- 108.6 — NJ
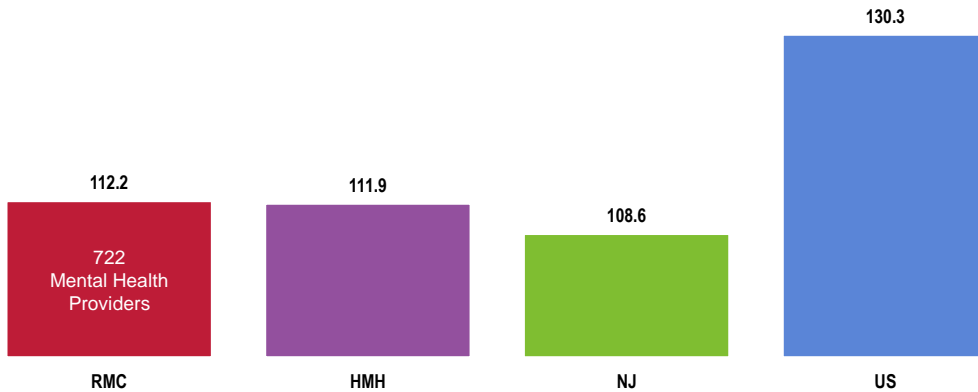
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

"Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?"

Currently Receiving Mental Health Treatment

RMC Service Area

Among respondents ever diagnosed with a depressive disorder, 69.4% are currently receiving treatment.

- 21.5% — RMC
- 18.9% — HMH
- 16.8% — US
- 14.4% — 2019
- 21.5% — 2022

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 93-94]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

"Was there a time in the past 12 months when you needed mental health services but were not able to get them?"

Unable to Get Mental Health Services
When Needed in the Past Year
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+		Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
7.6%	10.4%	17.1%	7.8%	0.0%		11.8%	9.0%	9.3%	10.0%	9.2%	8.0%	7.8%

Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 95]
            • 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of Mental Health
as a Problem in the Community
(Key Informants, 2022)
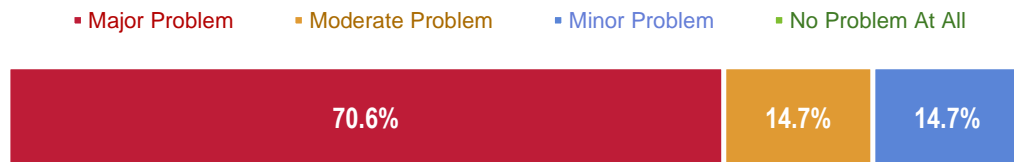
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

70.6%	14.7%	14.7%

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

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

Access to Care/Services

Obtaining care. Wait lists for psychiatric care as well as overrun Emergency Rooms with people in mental health crisis. There are also not enough IP beds in our county. – Health Provider (Monmouth County)

Finding services. – Physician (Monmouth County)

Limited high-quality services. – Health Provider (Monmouth County)

Lack of access to assistance. Patients are having to wait too long to speak with counselors. Trauma patients need better management of the emotional impact of their injury. – Health Provider (Monmouth County)

Lack of adequate services. – Public Health Representative (Monmouth County)

Access to care. Community resources are lacking. Noted increase in pediatric cases. – Health Provider (Monmouth County)

I believe lack of resources or knowing where to find them. – Health Provider (Monmouth County)

Lack of access to services. It is difficult to navigate entering the system. Hard to find a local provider. Hard to get transportation to providers. There is a lack of understanding what mental health services are and mean to low-income people who need them. Lack of knowledge of how trauma has shaped their lives. – Community/Business Leader (Monmouth County)

The biggest challenge is access to affordable counseling. I believe that there are not enough programs offering coping strategies in lieu of medications. We are inundated with cancer patients seeking counseling as it is unavailable or difficult to access in the medical community. The private practices are not taking new patients at the moment, ANYWHERE, due to COVID and the challenges that patients are going through with no support. – Social Service Provider (Monmouth County)

Limited resources, bandwidth limitation for providers, waiting period for treatment, stigma, transportation, financial. – Community/Business Leader (Monmouth County)

Asking for help, finding it, affording it. – Community/Business Leader (Monmouth County)

Availability of continuity of care. – Physician (Monmouth County)

Not enough free help or easily accessible help to get to see a counselor. Too much red tape, need for insurance, stigma, not much outreach from the agencies into the communities where the people are so many people do not know where to access the help. – Social Service Provider (Monmouth County)

Access to resources, especially for Spanish speaking patients. Language barrier and stigma around mental health. – Public Health Representative (Monmouth County)

Due to COVID-19

Again, with the pandemic, the rise and awareness of mental health has been heightened. – Social Service Provider (Monmouth County)

COVID and the economic crisis has resulted in mental health issues in the community. – Health Provider (Northern and Central New Jersey)

Denial/Stigma

The stigma and the lack of available resources, practitioners. – Social Service Provider (Monmouth County)

Stigma. Lack of no cost and low-cost professionals to provide counseling and treatment. COVID isolation. Economic issues for those unable to work. – Community/Business Leader (Monmouth County)

Awareness/Education

With as many resources as are available, the average person doesn't know where to go for help. – Health Provider (Monmouth County)

Follow-Up/Support

Identifying their need for support and accessibility of support. – Community/Business Leader (Monmouth County)

Disease Management

Staying healthy, staying on medications, personal hygiene, having a place to go during the day. – Community/Business Leader (Northern and Central New Jersey)

Seeking help when needed. – Social Service Provider (Monmouth County)

Diagnosis/Treatment

Untreated conditions, shame in seeking treatment. – Community/Business Leader (Monmouth County)

Multiple Factors

Low economics, family history, lack of regular health care. – Community/Business Leader (Monmouth County)

Insurance Issues

Finding a therapist that takes in network insurance. – Community/Business Leader (Monmouth County)

Lack of Providers

Lack of qualified providers to meet the needs of the population. – Health Provider (Monmouth County)

DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

Heart disease, cancers, and COVID-19 are the leading causes of death in the community. [COUNTY-LEVEL DATA]

Leading Causes of Death
(RMC Service Area, 2018-2020)
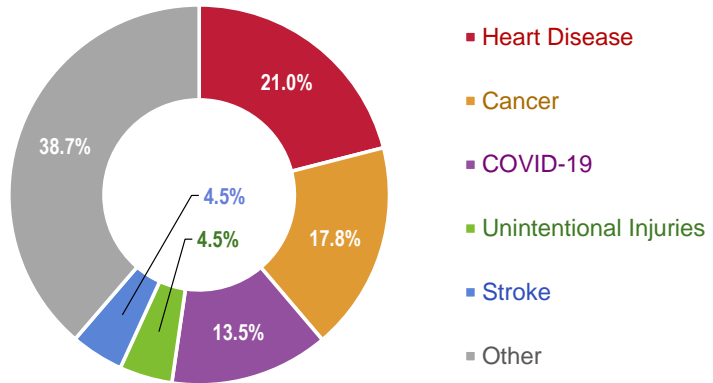
21.0% Heart Disease
17.8%
13.5%
4.5%
4.5%
38.7%

- Heart Disease
- Cancer
- COVID-19
- Unintentional Injuries
- Stroke
- Other

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Notes: ● Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2030 objectives.

The following chart outlines annual average age-adjusted death rates per 100,000 population for selected causes of death in the service area. [COUNTY-LEVEL DATA]

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	RMC	HMH	NJ	US	HP2030
Diseases of the Heart	158.7	161.5	162.4	164.4	127.4*
Malignant Neoplasms (Cancers)	140.7	135.8	137.1	146.5	122.7
Coronavirus Disease/COVID-19 [2020]	104.9	142.2	141.6	85.0	—
Unintentional Injuries	50.2	47.7	49.9	51.6	43.2
Cerebrovascular Disease (Stroke)	33.0	31.0	30.6	37.6	33.4
Falls [Age 65+]	32.8	29.5	32.1	67.1	63.4
Unintentional Drug-Related Deaths	32.4	29.8	31.0	21.0	—
Chronic Lower Respiratory Disease (CLRD)	30.8	25.8	26.4	38.1	—
Alzheimer's Disease	21.5	20.5	22.2	30.9	—
Diabetes	15.4	18.5	18.2	22.6	—
Kidney Disease	15.1	14.6	14.3	12.8	—
Pneumonia/Influenza	10.8	12.4	12.5	13.4	—
Intentional Self-Harm (Suicide)	8.1	7.7	7.8	13.9	12.8
Cirrhosis/Liver Disease	7.5	8.5	8.4	11.9	10.9
Motor Vehicle Deaths	5.2	5.9	6.3	11.4	10.1
Firearm-Related	2.8	4.7	4.6	12.5	10.7
Homicide/Legal Intervention	1.6	3.9	3.8	6.1	5.5
HIV/AIDS [2011-2020]	1.4	1.7	2.3	1.8	—

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov.

Note:
- *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

The greatest share of cardiovascular deaths is attributed to heart disease. The following charts outline age-adjusted mortality rates for heart disease and for stroke in our community. [COUNTY-LEVEL DATA]

Heart Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	163.4	161.9	158.1	158.8	159.9	161.2	158.5	158.7
HMH	172.2	168.9	167.2	165.2	163.5	162.1	159.9	161.5
NJ	172.2	169.3	167.7	165.9	164.6	163.3	161.1	162.4
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	32.3	33.2	31.3	30.8	29.5	29.9	31.4	33.0
HMH	32.6	32.4	31.6	31.0	30.3	30.0	30.1	31.0
NJ	32.7	32.2	31.6	31.0	30.6	30.1	30.1	30.6
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Prevalence of Heart Disease & Stroke

"Has a doctor, nurse, or other health professional ever told you that you had:

- A heart attack, also called a myocardial infarction?

- Angina or coronary heart disease?"

Heart disease prevalence here is a calculated prevalence that includes those responding affirmatively to either.

Prevalence of Heart Disease

RMC Service Area

18 to 39	0.0%
40 to 64	6.9%
65+	4.2%

RMC	HMH	NJ	US
4.1%	6.2%	6.2%	6.1%

2019	2022
4.9%	4.1%
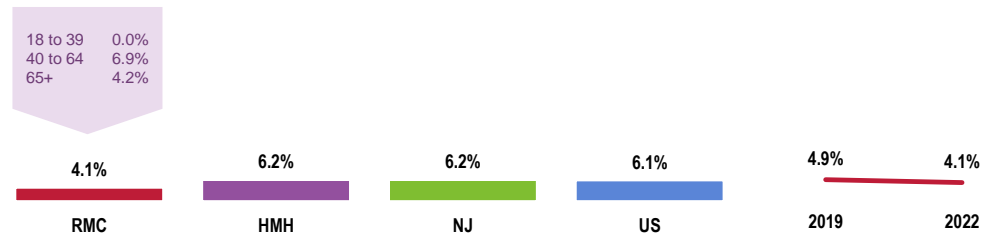
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

"Has a doctor, nurse, or other health professional ever told you that you had a stroke?"

Prevalence of Stroke

RMC Service Area

18 to 39	2.2%
40 to 64	5.8%
65+	11.3%

RMC	HMH	NJ	US
5.7%	3.3%	2.7%	4.3%

2019	2022
2.8%	5.7%
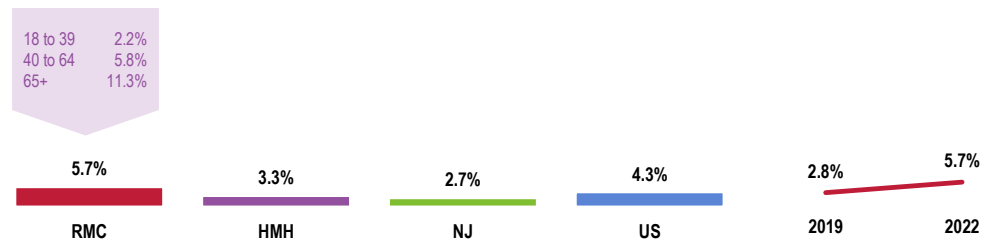
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

"Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?"

[Adults with high blood pressure] **"Are you currently taking any action to help control your high blood pressure, such as taking medication, changing your diet, or exercising?"**

"Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?"

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

Prevalence of High Blood Pressure
Healthy People 2030 = 27.7% or Lower

84.9% are taking action to control their condition.

RMC	HMH	NJ	US
44.7%	40.3%	33.0%	36.9%

Prevalence of High Blood Cholesterol

82.5% are taking action to control their condition.

RMC	HMH	US
42.2%	38.9%	32.7%
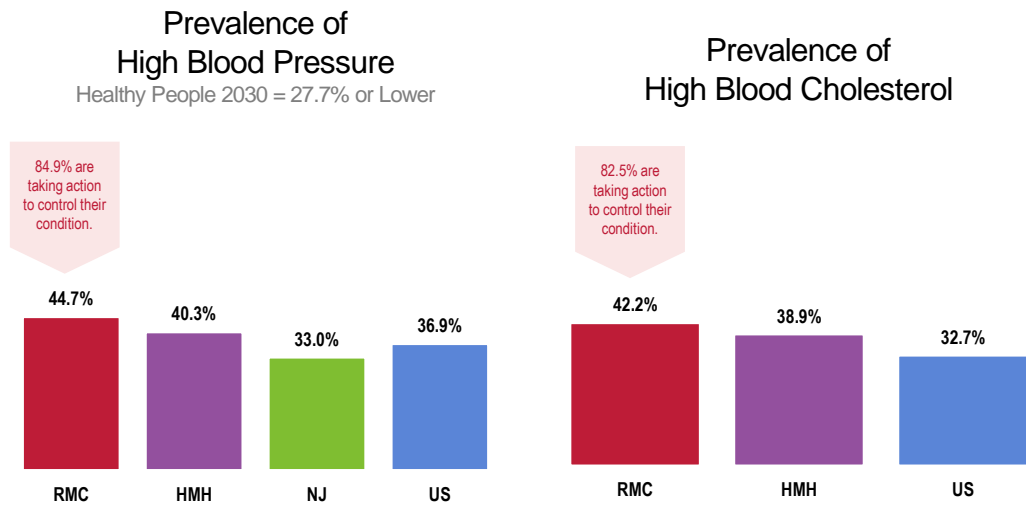
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36, 301-302]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Prevalence of High Blood Pressure
(RMC Service Area)
Healthy People 2030 = 27.7% or Lower

2019	2022
37.0%	44.7%
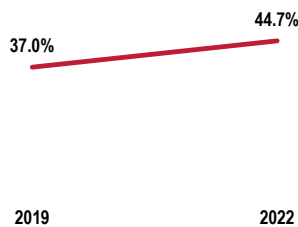
Prevalence of High Blood Cholesterol
(RMC Service Area)

2019	2022
40.9%	42.2%
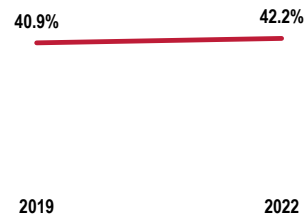
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36]
● US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

The following chart reflects the percentage of adults in the RMC Service Area who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

Present One or More Cardiovascular Risks or Behaviors
(RMC Service Area, 2022)

Category	Percentage
Men	82.2%
Women	89.5%
18 to 39	75.7%
40 to 64	90.1%
65+	93.7%
Low Income	98.4%
Mid/High Income	83.2%
White	89.7%
People of Color	74.6%
RMC	86.2%
HMH	87.0%
US	84.6%
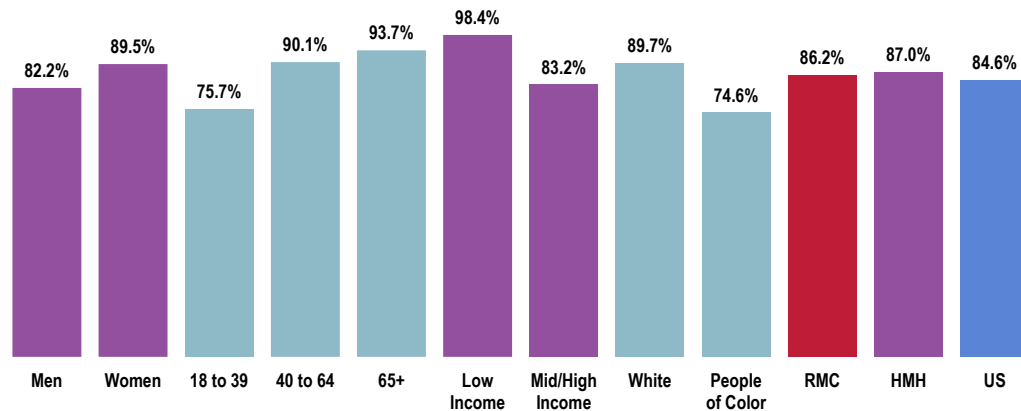
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 115]
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:
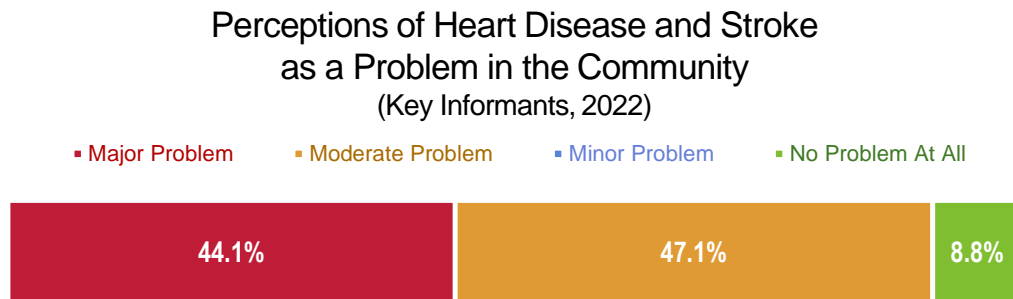
Perceptions of Heart Disease and Stroke
as a Problem in the Community
(Key Informants, 2022)

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

44.1%	47.1%	8.8%

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

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

Prevalence/Incidence

> Rates of death are high from heart disease and stroke. – Community/Business Leader (Northern and Central New Jersey)

> Increase of the disease amongst younger patients. – Social Service Provider (Monmouth County)

> Recent community health studies report that heart disease is the leading cause of death in Monmouth County. – Community/Business Leader (Monmouth County)

> I feel like so many people have heart issues. – Community/Business Leader (Monmouth County)

> The obvious, more and more facilities to care for these illnesses, statistics also tell the story. Younger people also are having these conditions. – Social Service Provider (Monmouth County)

> Prevalent in our community. Age, hypertension, diabetes. – Health Provider (Monmouth County)

Prevention/Screenings

> I think prevention as well as a holistic approach is absent, lacking. – Social Service Provider (Monmouth County)

> Lack of regular healthcare and knowledge of family history. – Community/Business Leader (Monmouth County)

> The clients we see do not seek out help at the local hospital nor do they see the local health clinics. That combined with an awful diet make this a problem. – Community/Business Leader (Monmouth County)

> Very little prevention provided. – Public Health Representative (Monmouth County)

Vulnerable Populations

> Predominantly African Americans who are at high risk. – Health Provider (Monmouth County)

Cancer

ABOUT CANCER

Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

The following chart illustrates age-adjusted cancer mortality (all types) in the service area. [COUNTY-LEVEL DATA]

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	164.4	156.6	148.1	143.3	139.3	141.8	140.7	140.7
HMH	160.1	156.6	153.2	150.9	147.0	143.9	139.7	135.8
NJ	160.8	157.5	154.4	152.2	148.4	145.2	140.8	137.1
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Lung cancer is the leading cause of cancer deaths in the RMC Service Area. [COUNTY-LEVEL DATA]

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	RMC	HMH	NJ	US	HP2030
ALL CANCERS	140.7	135.8	137.1	146.5	122.7
Lung Cancer	30.9	28.2	28.6	33.4	25.1
Female Breast Cancer	22.4	20.5	20.1	19.4	15.3
Prostate Cancer	16.7	16.2	16.2	18.5	16.9
Colorectal Cancer	11.9	12.4	12.6	13.1	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year. [COUNTY-LEVEL DATA]

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)

■ RMC   ■ HMH   ■ NJ   ■ US

Site	RMC	HMH	NJ	US
All Sites	524.4	486.0	486.7	448.6
Female Breast Cancer	147.1	136.9	137.2	126.8
Prostate Cancer	141.6	134.9	134.4	106.2
Lung Cancer	58.5	53.7	54.5	57.3
Colon/Rectal Cancer	40.2	39.9	40.1	38.0

Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Prevalence of Cancer

"Have you ever suffered from or been diagnosed with cancer?"

Prevalence of Cancer

RMC Service Area

RMC	HMH	NJ	US	2019	2022
10.6%	8.0%	9.9%	10.0%	10.6%	10.6%
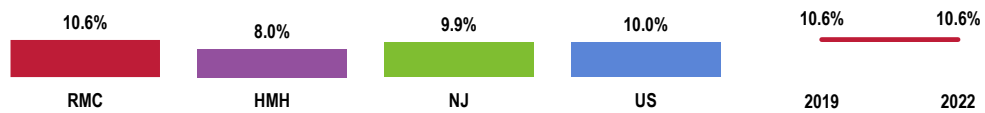
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 25-26]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.

ABOUT CANCER RISK

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

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

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

Cancer Screenings

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

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

PROSTATE CANCER

The US Preventive Services Task Force (USPSTF) recommends that the decision to be screened for prostate cancer should be an individual one for men age 55 to 69 years. The USPSTF recommends against PSA-based screening in men age 70 and older.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

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

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

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

BREAST CANCER SCREENING ▶ **"A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?"**

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

CERVICAL CANCER SCREENING ▶ **"A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?"**

[If Pap test in the past five years] **"HPV, or the human papillomavirus, is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?"**

"Have you ever had a hysterectomy?"

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

COLORECTAL CANCER SCREENING ► **"Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?"**

"A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?"

"Appropriate colorectal cancer screening" is calculated here among men and women age 50 to 75 years who have had a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

PROSTATE CANCER SCREENING ► **"A prostate-specific antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since you had your last PSA test?"**

"Prostate cancer screening" is calculated here among men age 40 and older who indicate screening within the past 2 years.

Breast Cancer Screening
(Women Age 50-74)
HP 2030 = 77.1% or Higher

RMC	HMH	NJ	US
68.4%	75.0%	78.9%	76.1%

Cervical Cancer Screening
(Women Age 21-65)
HP2030 = 84.3% or Higher

RMC	HMH	NJ	US
82.7%	75.5%	80.1%	73.8%

Colorectal Cancer Screening
(All Adults Age 50-75)
HP2030 = 74.4% or Higher

RMC	HMH	NJ	US
72.5%	69.4%	69.5%	77.4%

PSA Test in Past 2 Years
(Men Age 40+)

RMC	HMH	NJ
63.0%	57.9%	33.9%

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118, 329]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov
Notes: ● Each indicator is shown among the gender and/or age group specified.

Breast Cancer Screening (Women Age 50-74) HP 2030 = 77.1% or Higher	Cervical Cancer Screening (Women Age 21-65) HP2030 = 84.3% or Higher	Colorectal Cancer Screening (All Adults Age 50-75) HP2030 = 74.4% or Higher	PSA Test in Past 2 Years (Men Age 40+)
68.2% 68.4%	69.7% 82.7%	74.1% 72.5%	65.8% 63.0%
2019 2022	2019 2022	2019 2022	2019 2022

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118, 329]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:

Perceptions of Cancer as a Problem in the Community
(Key Informants, 2022)
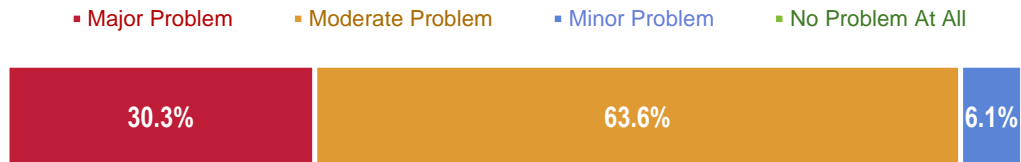
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

30.3%	63.6%	6.1%

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

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

Prevalence/Incidence

High rate of it and varied types. Too many diagnoses, very late due to lack of education on them, especially to minority communities. – Health Provider (Northern and Central New Jersey)

Too much money is raised in expanding cancer services in hospitals so it must be a major problem and out of control. The hospitals are constantly adding more cancer wings and they wouldn't do this if cancer wasn't running rapid and out of control. – Social Service Provider (Monmouth County)

More people are being diagnosed. – Community/Business Leader (Monmouth County)

It feels like everyone I know is getting cancer, at any age, it does not discriminate. – Social Service Provider (Monmouth County)

Diagnosis/Treatment

Many individuals did not seek routine screenings and general medical care during COVID. We are seeing more cancer diagnosis in the Emergency Room as compared to pre-covid. – Health Provider (Monmouth County)

> Too many people in our community still smoke, too many people either don't get the cancer screenings that they are due or overdue for, or even know they should be getting cancer screenings regularly. There is inherit bias and racism involved so there are entire communities that aren't even being approached or educated about the need for cancer screening. We are lucky to have many cancer treatment centers in Northern and Central NJ, but navigating health systems can be very difficult, especially if English is not your first language. People are afraid of hearing they have cancer....so if they don't go to the doctors, they won't hear it. Also, our area is certainly affected because people are overweight, consume alcohol, and don't exercise enough. – Community/Business Leader (Northern and Central New Jersey)

> By the time people in my community are diagnosed they are in the later stages of cancer. – Community/Business Leader (Monmouth County)

Impact on Quality of Life

> Cancer and its treatment results in the loss of economic resources and opportunities for patients, families, employers, and society overall. With population aging in communities and the fact that elderly do have a high rate of cancer, it adds to the issue. – Social Service Provider (Monmouth County)

Respiratory Disease (Including COVID-19)

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for CLRD is illustrated in the charts that follow.

Pneumonia and influenza mortality is also illustrated. [COUNTY-LEVEL DATA]

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
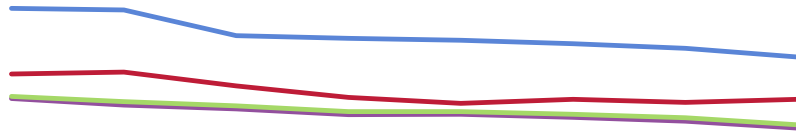
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	35.2	35.5	33.1	31.1	30.1	30.8	30.3	30.8
HMH	30.9	29.8	29.2	28.1	28.2	27.7	27.0	25.8
NJ	31.3	30.4	29.7	28.7	28.7	28.2	27.6	26.4
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
Notes: ● CLRD is chronic lower respiratory disease.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
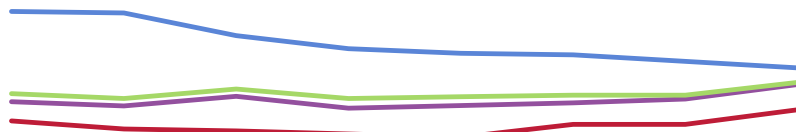
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	10.1	9.6	9.5	9.3	9.1	9.9	9.9	10.8
HMH	11.3	11.0	11.6	10.9	11.1	11.2	11.5	12.4
NJ	11.8	11.5	12.1	11.5	11.6	11.7	11.7	12.5
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Prevalence of Respiratory Disease

Asthma

ADULTS ▶ **"Have you ever been told by a doctor, nurse, or other health professional that you had asthma?" and "Do you still have asthma?"** (Calculated here as a prevalence of all adults who have ever been diagnosed with asthma and who still have asthma.)

CHILDREN ▶ **"Has a doctor, nurse, or other health professional ever told you that this child had asthma?" and "Does this child still have asthma?"** (Calculated here as a prevalence of all children who have ever been diagnosed with asthma and who still have asthma.)

Prevalence of Asthma

RMC Service Area

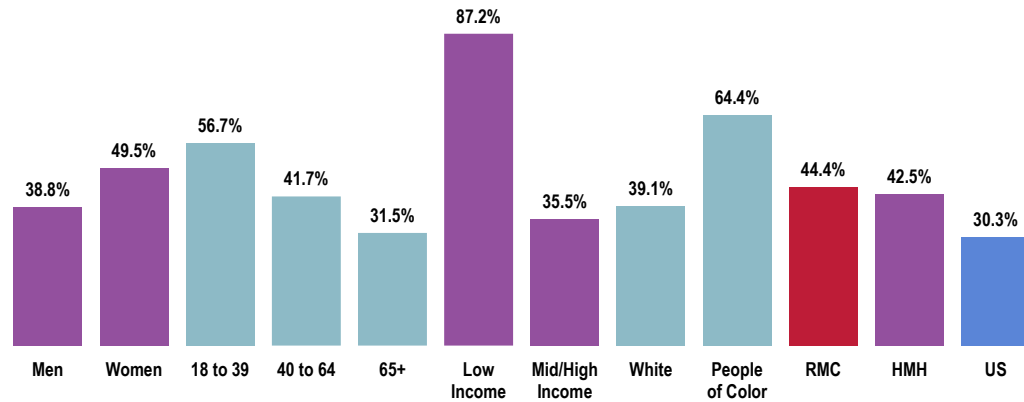| RMC	HMH	NJ	US	2019	2022
11.3%	8.8%	8.7%	12.9%	3.2%	11.3%
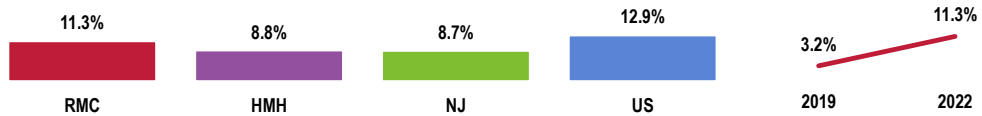
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 119]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Prevalence of Asthma in Children
(Parents of Children Age 0-17)

RMC Service Area

| RMC	HMH	US	2019	2022
5.0%	6.9%	7.8%	14.9%	5.0%
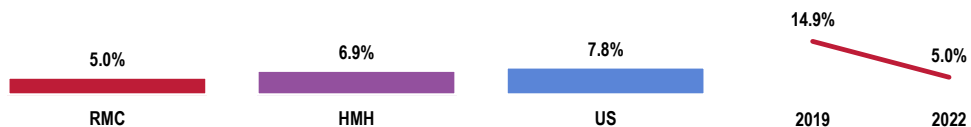
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 120]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

"Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema?"

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

RMC Service Area

7.0%	7.8%	4.9%	6.4%	4.8% → 7.0%
RMC	**HMH**	**NJ**	**US**	**2019 2022**
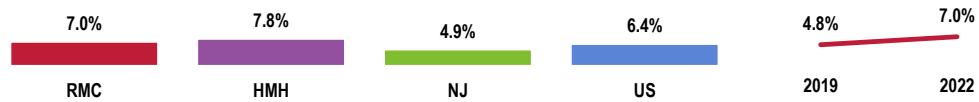
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 23]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Diseases
as a Problem in the Community
(Key Informants, 2022)
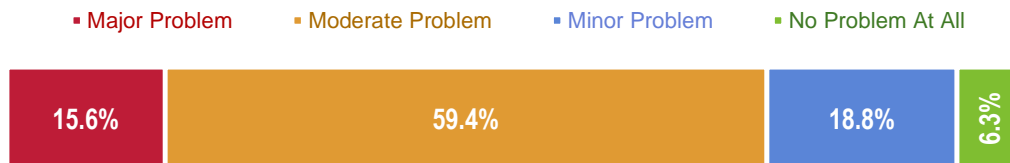
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

15.6%	59.4%	18.8%	6.3%

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

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

Tobacco Use

Smoking and vaping. Respiratory disease rampant. Diminished healing due to respiratory comorbidities. – Health Provider (Monmouth County)

Too many people still smoke. – Community/Business Leader (Northern and Central New Jersey)

Diagnosis/Treatment

Lack of regular health care and family history. – Community/Business Leader (Monmouth County)

Coronavirus Disease (COVID-19)

Age-Adjusted Coronavirus Disease/COVID-19 Deaths

The 2020 age-adjusted mortality rate for coronavirus disease/COVID-19 is illustrated in the following chart. [COUNTY-LEVEL DATA]

COVID-19: Age-Adjusted Mortality
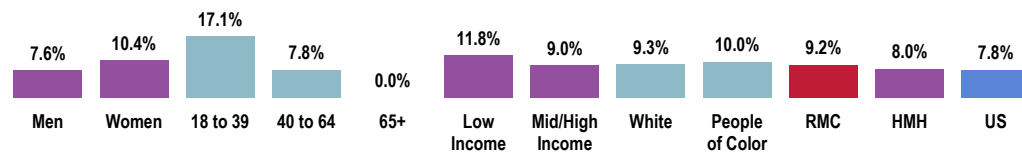#### (2020 Age-Adjusted Deaths per 100,000 Population)
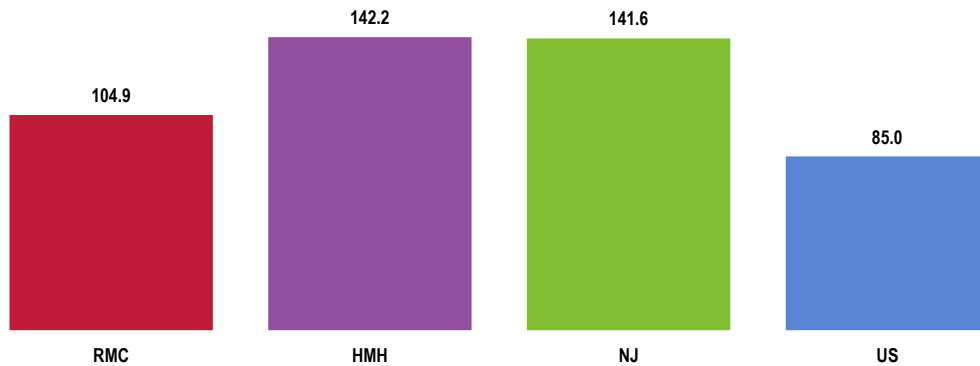
	RMC	HMH	NJ	US
	104.9	142.2	141.6	85.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

COVID-19 Vaccination

"Would you please tell me which of the following statements best describes you: I am vaccinated for COVID-19; I plan to receive the vaccine; I do not plan to receive the vaccine; I haven't decided whether or not to receive the vaccine."

Prevalence of COVID-19 Vaccination
(RMC Service Area, 2022)

- Fully or Partially Vaccinated — 88.7%
- Don't Plan to Get Vaccinated — 8.9%
- Haven't Decided — 1.6%
- Plan to Get Vaccination — 0.8%
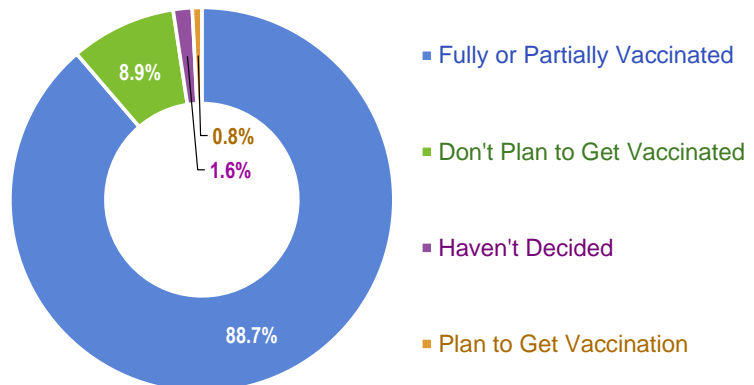
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 311]
Notes: ● Asked of all respondents.

Key Informant Input: Coronavirus Disease/COVID-19

The following chart outlines key informants' perceptions of the severity of *Coronavirus Disease/COVID-19* as a problem in the community:
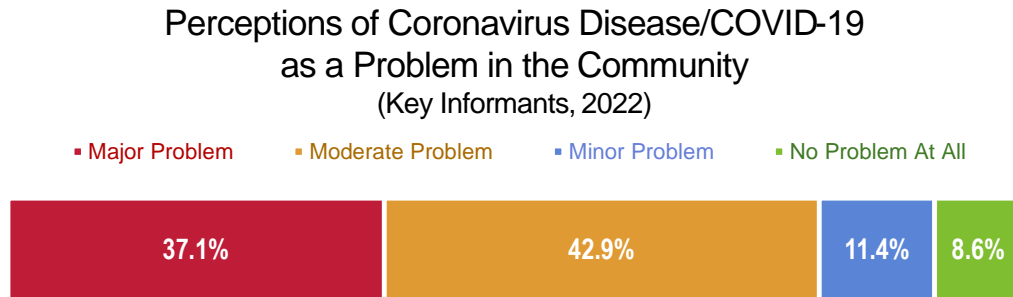
Perceptions of Coronavirus Disease/COVID-19
as a Problem in the Community
(Key Informants, 2022)

▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

37.1%	42.9%	11.4%	8.6%

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

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

Prevalence/Incidence

The rate of death diagnoses as per NJ government information. – Health Provider (Northern and Central New Jersey)

Rates continue to rise in Monmouth County especially in recent weeks. – Social Service Provider (Monmouth and Ocean Counties)

Many people have died from it. – Social Service Provider (Monmouth County)

Awareness/Education

Many of our residents did not believe that the virus was real. Others did not trust the doctors and scientists and delayed or refused the vaccine. – Community/Business Leader (Monmouth County)

Misinformation, disbelief in masking. – Health Provider (Monmouth County)

Inaccurate information, language barriers (many people speak/read dialects of the Spanish Language), fear, requirements to work or no pay so people go to work even though they are sick, have been exposed, or other colleagues are sick. Large new American population in UC without access to resources. – Health Provider (Northern and Central New Jersey)

Lack of Adherence to Safety Measures

Number of cases. Not taking precautionary protocols seriously. Continued group activities. Numerous unvaccinated people. – Community/Business Leader (Monmouth County)

Because people are getting relaxed, don't want to wear the masks and the masks are not required anymore. With so many vulnerable people, seniors and children at risks it's a bit scary. – Social Service Provider (Monmouth County)

Vaccination Rates

People are still refusing to be tested and receive the free vaccines due to a lack of trust in USA history. Tuskegee Airmen. – Community/Business Leader (Monmouth County)

Impact on Quality of Life

Public safety concerns preventing people from addressing health issues, inequities in health care access and vaccination availability, business recovery/financial pressures as a result of closures and financial loss, workforce recruitment challenges, limited resources, people living in fear and living in isolation, etc. – Community/Business Leader (Monmouth County)

Co-Occurrences

Beyond the physical medical issues, COVID-19 has resulted in a wide variety of mental health challenges, particularly for students in the middle-level grades. These challenges have manifested into social anxiety, behavioral challenges, physical misconduct, suicidal ideation and self-harm, and the use of drugs and alcohol. The increased need for mental health services is a considerable obstacle for school districts at this time. – Community/Business Leader (Monmouth County)

> I believe COVID-19 is a major problem in my community because there are members of the community that are affected by long haul COVID without access to a clinic that specializes in treating this. – Health Provider (Monmouth County)

Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Age-Adjusted Unintentional Injury Deaths

The following chart outlines age-adjusted mortality rates for unintentional injury in the area. [COUNTY-LEVEL DATA]

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower
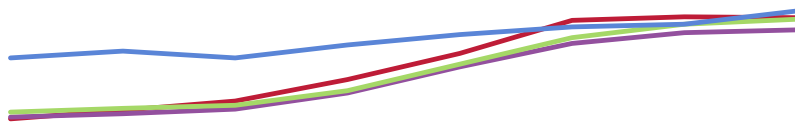
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	29.3	31.1	33.0	37.4	42.8	49.7	50.4	50.2
HMH	29.7	30.3	31.3	34.6	40.1	44.9	47.2	47.7
NJ	30.7	31.5	32.1	35.1	40.6	46.1	48.9	49.9
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Leading Causes of Unintentional Injury Deaths

Leading causes of accidental death in the area include the following: [COUNTY-LEVEL DATA]

Leading Causes of Unintentional Injury Deaths
(RMC Service Area, 2018-2020)
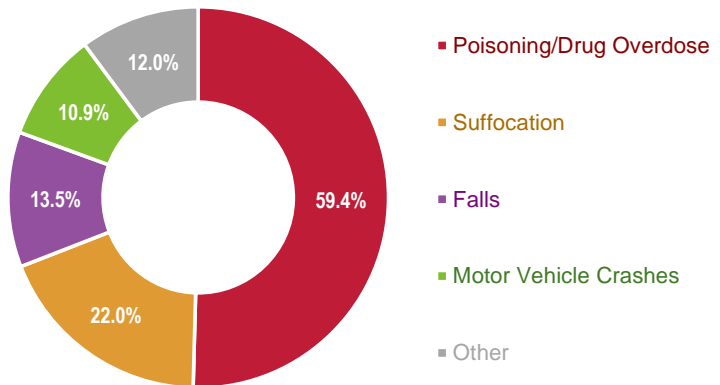
- Poisoning/Drug Overdose — 59.4%
- Suffocation — 22.0%
- Falls — 13.5%
- Motor Vehicle Crashes — 10.9%
- Other — 12.0%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Age-adjusted mortality attributed to homicide is shown in the following chart. [COUNTY-LEVEL DATA]

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower
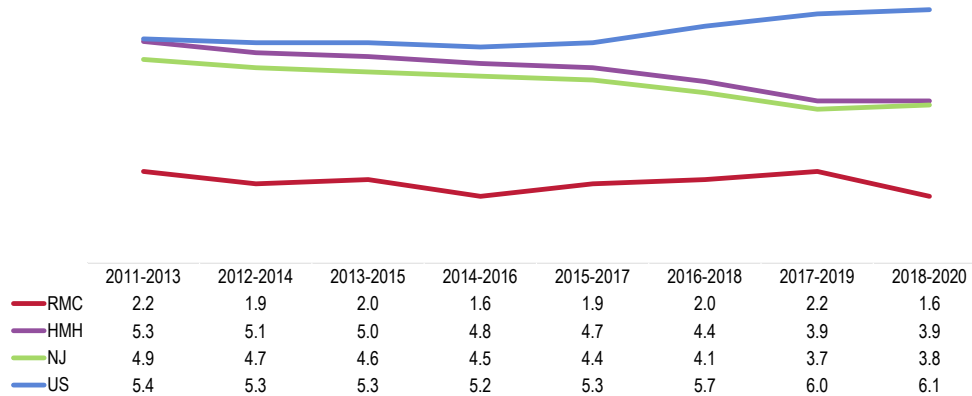
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	2.2	1.9	2.0	1.6	1.9	2.0	2.2	1.6
HMH	5.3	5.1	5.0	4.8	4.7	4.4	3.9	3.9
NJ	4.9	4.7	4.6	4.5	4.4	4.1	3.7	3.8
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Violent Crime

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

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

Violent Crime
(Rate per 100,000 Population, 2014-2016)

RMC	HMH	NJ	US
151.7	250.0	242.0	416.0
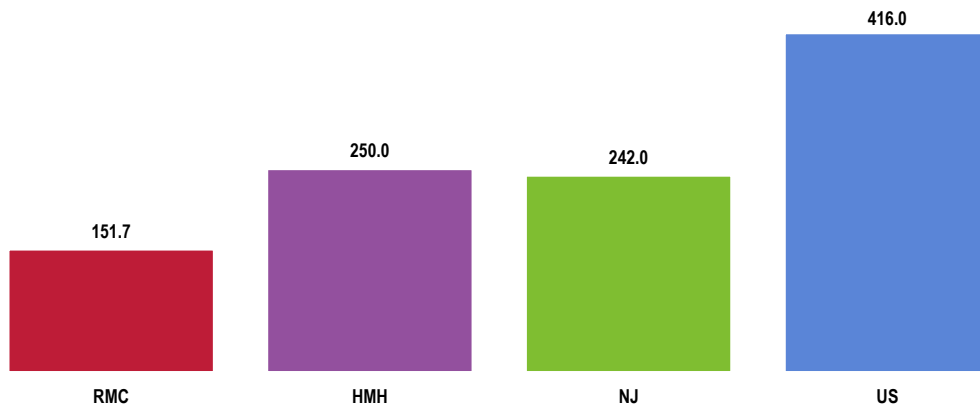
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Victim of a Violent Crime in the Past Five Years
(RMC Service Area, 2022)

3.3%	8.5%	13.4%	1.7%	4.7%	18.2%	3.3%	4.1%	12.4%	6.1%	3.5%	6.2%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
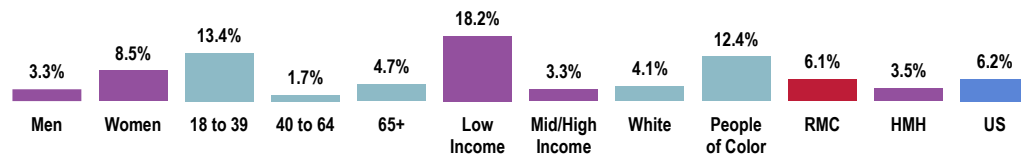
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 38]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

INTIMATE PARTNER VIOLENCE ▶ **"The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?"**

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

RMC Service Area

19.4%	12.5%	13.7%	14.3%	19.4%
RMC	HMH	US	2019	2022
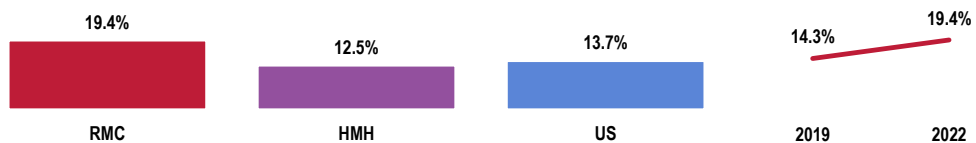
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 39]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:
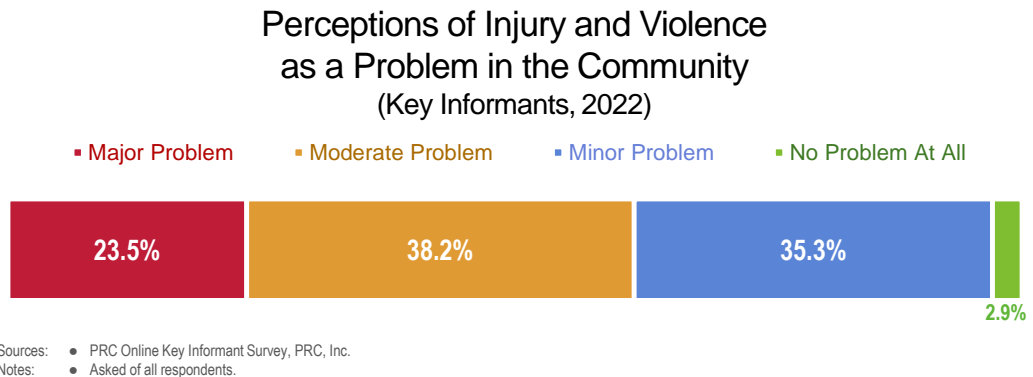
Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2022)

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

23.5%	38.2%	35.3%	

2.9%

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

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

Prevalence/Incidence

> We have a number of deaths through violence, a variety of types, in many communities. – Social Service Provider (Monmouth County)

> They are the 3rd leading cause of death, # 1 in the ages of 1 to 45, and the most preventable. Violence and gun violence is rising. Intimate partner violence is not always recognized- people are uncomfortable addressing it and offering support. Not enough healthy and safe activity alternatives for our teens. Drug addiction and drug trade. Situations expected to worsen with aging population, legalization of marijuana, lack of accessible mental health care, dangerous roadways- especially for pedestrians. Human trafficking rising. Not enough support for seniors or those who care for them. The "Sandwich Generation" is becoming overwhelmed. Lack of safe housing for seniors. High cost of care for seniors. Scooter use growing- no helmets. ATV, electric scooter, dirt bikes -high speed little protection. High Speed drivers. Teens and adult riding bikes with no helmet. – Health Provider (Monmouth County)

> The news. – Social Service Provider (Monmouth County)

> Our crime rate had increased over the last three years. – Health Provider (Monmouth County)

> The local news is replete with examples of physical violence. – Community/Business Leader (Monmouth County)

> High crime rate is documented, and we operate a program for victims of domestic violence and sexual abuse. – Community/Business Leader (Monmouth County)

Multiple Factors

> Low economics, lack of decent paying jobs, mental health issues and local environment. – Community/Business Leader (Monmouth County)

> Contributing factors to injury: poor/unsafe working and living conditions, unsafe and reckless driving practices. Contributing factors to violence: poverty, gangs' involvement, lack of vocational skills and appropriate education, alcohol and drug abuse, anger, domestic and sexual, dating violence. – Social Service Provider (Monmouth County)

Gang Violence

> Gang and gun violence, limited education in injury prevention of children. – Health Provider (Northern and Central New Jersey)

Injury

> Water related injuries. Workplace injuries, especially in the contractor population. – Health Provider (Monmouth County)

Due to COVID-19

> During the pandemic, the rise in violence has been staggering. – Social Service Provider (Monmouth County)

Diabetes

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Age-adjusted diabetes mortality for the area is shown in the following chart. [COUNTY-LEVEL DATA]

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
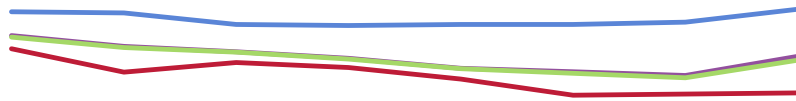
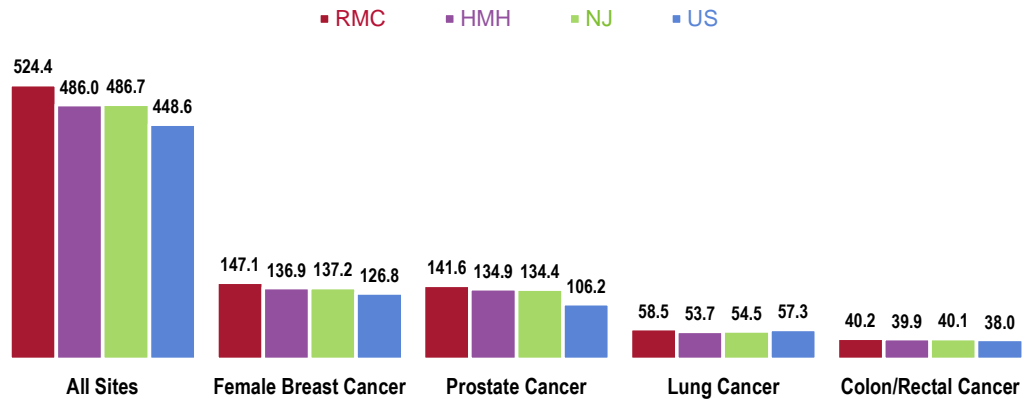|	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	19.2	17.2	18.0	17.6	16.6	15.2	15.3	15.4
HMH	20.3	19.4	18.9	18.4	17.5	17.2	16.9	18.5
NJ	20.2	19.3	18.9	18.3	17.5	17.1	16.7	18.2
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Prevalence of Diabetes

"Have you ever been told by a doctor, nurse, or other health professional that you have diabetes? (If female, add: not counting diabetes only occurring during pregnancy?)**"**

"Have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes? (If female, add: other than during pregnancy?)**"**

[Adults who do not have diabetes] **"Have you had a test for high blood sugar or diabetes within the past three years?"**

Prevalence of Diabetes

Another 14.2% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

RMC Service Area

RMC	HMH	NJ	US
15.1%	12.7%	10.0%	13.8%

2019: 9.7%   2022: 15.1%
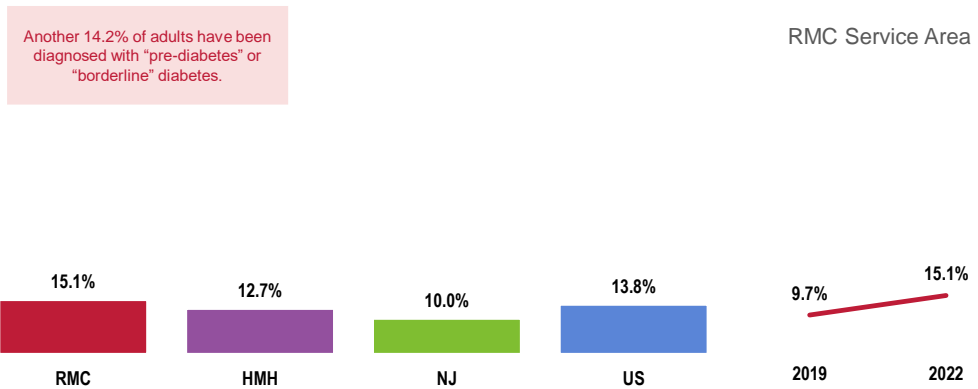
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 121]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(RMC Service Area, 2022)

Note that among adults who have not been diagnosed with diabetes, 46.3% report having had their blood sugar level tested within the past three years.

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC
18.6%	12.0%	8.8%	15.5%	23.6%	21.4%	11.1%	10.4%	23.9%	15.1%
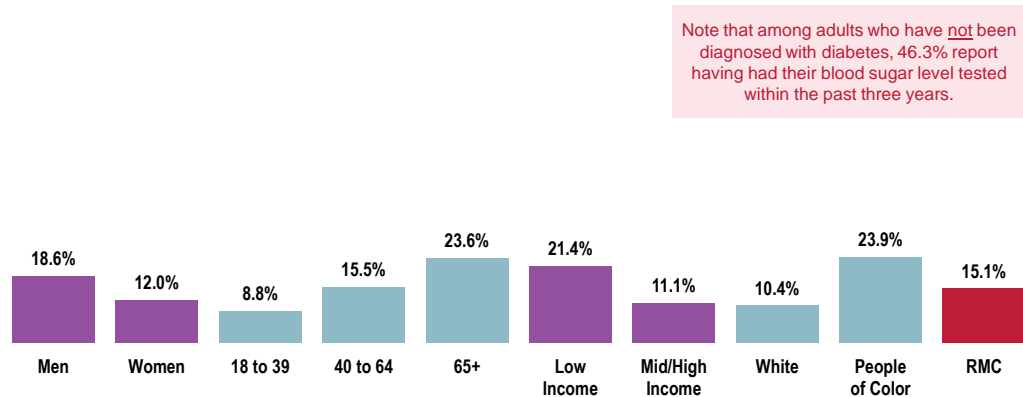
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 33, 121]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:
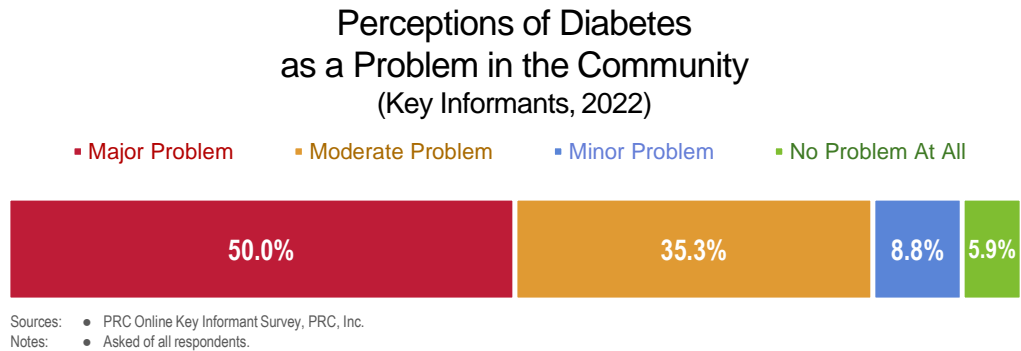
Perceptions of Diabetes
as a Problem in the Community
(Key Informants, 2022)

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

50.0%	35.3%	8.8%	5.9%

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

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

Disease Management

Making health changes to control their disease. – Social Service Provider (Monmouth County)

Initiating and sticking to diabetes control and management programs. – Public Health Representative (Monmouth County)

Changing eating habits and behaviors that contribute to the disease. Affordable insulin. – Public Health Representative (Monmouth County)

Compliance with medications and diet. – Health Provider (Monmouth County)

Awareness/Education

Limited access to information, healthy food, recipes, for low income and new American residents. – Health Provider (Northern and Central New Jersey)

Awareness and affordability of proper management choices, as well as the limited number of endocrinologists. – Social Service Provider (Monmouth County)

Nutritional education, lack of adherence to exercise and healthy eating programs, financial limitations, transportation. – Community/Business Leader (Monmouth County)

Nutrition

Poor diet, genetic predisposition to this disease. Non-compliance to recommended medical therapies. unaffordable cost of medications. Co-pays for doctors appointments, lab test, screening and hospital stays. – Social Service Provider (Monmouth County)

Food choices, lack of education on how to shop and cook healthy. Doctors are not associating diabetes with nutrition is the biggest. – Social Service Provider (Monmouth County)

Access to Affordable Healthy Food

Inadequate fresh food. Lack of access to affordable food. This is a food desert. – Community/Business Leader (Monmouth County)

Lifestyle

As a nation, we are slowly becoming more active and interested in staying active and eating healthy diets, but we have such access to unhealthy foods and large portions. Too many in our community live sedentary lives. – Community/Business Leader (Northern and Central New Jersey)

Affordable Medications/Supplies

Cost of medications. – Health Provider (Monmouth County)

Diagnosis/Treatment

Lack of regular health care. – Community/Business Leader (Monmouth County)

Lack of Providers

Lack of endocrinologists, lack of certified diabetes nurse educators, providers who take Medicaid. – Physician (Monmouth County)

Kidney Disease

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Kidney Disease Deaths

Age-adjusted kidney disease mortality is described in the following chart. [COUNTY-LEVEL DATA]

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

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	12.8	12.5	13.3	13.7	13.7	14.8	15.6	15.1
HMH	13.8	13.6	13.8	14.2	14.1	14.4	14.4	14.6
NJ	13.7	13.5	13.8	14.0	14.0	14.1	14.1	14.3
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Prevalence of Kidney Disease

"Have you ever suffered from or been diagnosed with kidney disease?"

Prevalence of Kidney Disease

RMC Service Area
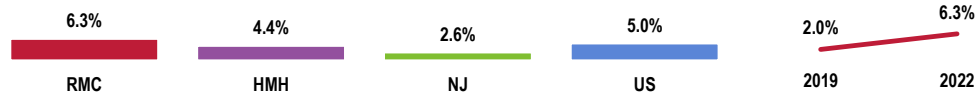
6.3%	4.4%	2.6%	5.0%	2.0%	6.3%
RMC	HMH	NJ	US	2019	2022

Key Informant Input: Kidney Disease

The following chart outlines key informants' perceptions of the severity of *Kidney Disease* as a problem in the community:

Perceptions of Kidney Disease
as a Problem in the Community
(Key Informants, 2022)
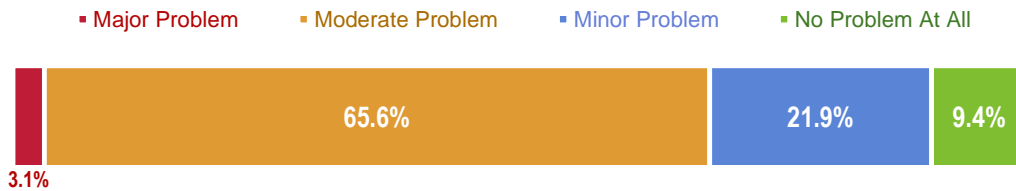
▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

3.1%	65.6%	21.9%	9.4%

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

Disease Management

Dialysis centers everywhere. Why have them if not needed. I don't know of any that are closing because there is no need for them. More early health education should be provided starting at the youngest age in school, equip more families with health education and especially nutrition that can help to modify weight. Doctors don't help patients to get off medicine which they could do with proper nutrition, so they stay on meds for decades until their kidneys are ruined. – Social Service Provider (Monmouth County)

Comorbidities

Related to comorbid conditions. – Health Provider (Monmouth County)

Nutrition

Unhealthy eating habits and lack of regular health care. – Community/Business Leader (Monmouth County)

Vulnerable Populations

High rate of diabetes among people of color that has major impact in their health and wellbeing. – Social Service Provider (Monmouth County)

Potentially Disabling Conditions

Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(RMC Service Area, 2022)

- 19.0% None
- 22.7% One
- 17.5% Two
- 40.8% Three/More
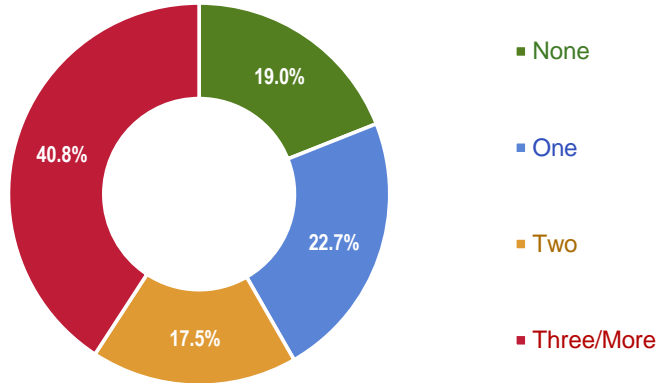
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: ● Asked of all respondents.
           ● In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
40.9%	40.7%	25.9%	45.8%	52.6%	48.6%	38.1%	37.7%	45.7%	40.8%	34.5%	32.5%
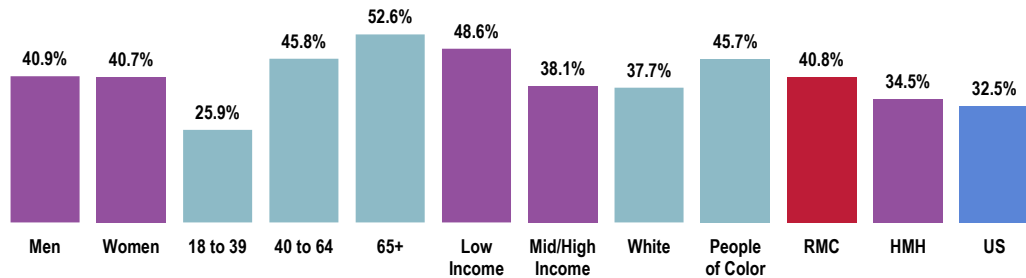
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 123]
           ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
           ● In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

"Are you limited in any way in any activities because of physical, mental, or emotional problems?"

[Adults with activity limitations] **"What is the major impairment or health problem that limits you?"**

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

Most common conditions:
• Mental health
• Back/neck problems
• Bone/joint injury
• Arthritis
• Difficulty walking
• High blood pressure

RMC Service Area

RMC	HMH	US	2019	2022
29.0%	24.0%	24.0%	22.5%	29.0%
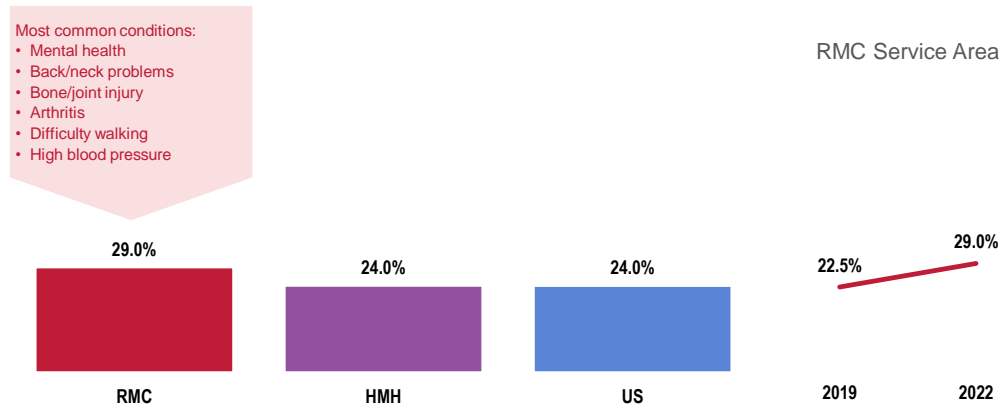
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 96-97]
          ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental, or Emotional Problem
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC
25.1%	31.9%	29.7%	28.4%	29.7%	53.5%	22.2%	24.2%	38.7%	29.0%
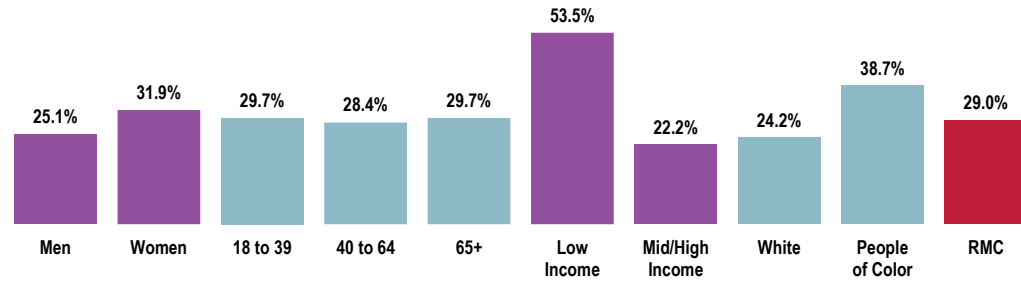
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: • Asked of all respondents.

High-Impact Chronic Pain

"Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?" (Reported here among those responding "most days" or "every day.")

Experience High-Impact Chronic Pain
(RMC Service Area, 2022)
Healthy People 2030 = 7.0% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
16.3%	19.1%	11.3%	22.9%	16.5%	22.2%	15.2%	15.0%	21.9%	17.8%	14.2%	14.1%
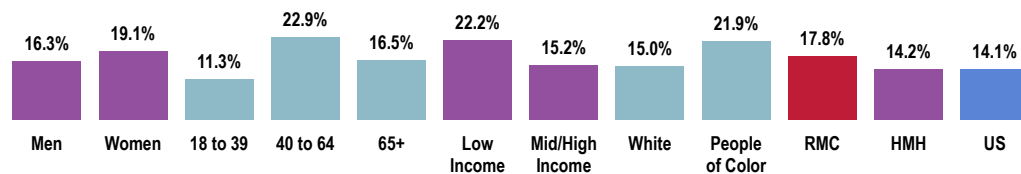
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 37]
• 2020 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov
Notes: • Asked of all respondents.
• High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Key Informant Input: Disability & Chronic Pain

The following chart outlines key informants' perceptions of the severity of *Disability & Chronic Pain* as a problem in the community:
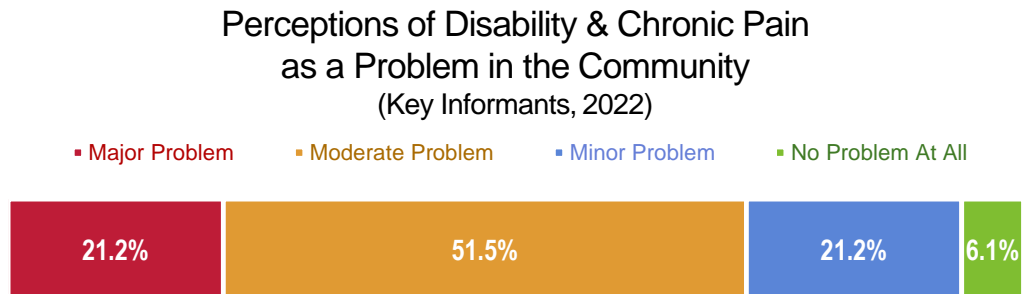
Perceptions of Disability & Chronic Pain
as a Problem in the Community
(Key Informants, 2022)

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

21.2%	51.5%	21.2%	6.1%

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

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

Prevalence/Incidence

Personal observation of the clients that we see. – Community/Business Leader (Monmouth County)

Because there are so many physical therapy facilities all around. – Social Service Provider (Monmouth County)

Lack of Providers

There are limited or no pain management physicians or specialists willing to take on new patients or consult in the regulatory issues compounded by society perceptions in the setting of few clinicians available to treat patients. – Physician (Monmouth County)

Lack of pain management specialists. Anxiety regarding prescribing opioids among primary care providers, lack of psychiatrists. – Physician (Monmouth County)

Comorbidities

Comorbidities. – Health Provider (Monmouth County)

Diagnosis/Treatment

Lack of regular health care. – Community/Business Leader (Monmouth County)

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.1 Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Age-adjusted Alzheimer's disease mortality is outlined in the following chart. [COUNTY-LEVEL DATA]

Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	20.0	18.9	20.2	20.7	21.2	22.0	21.9	21.5
HMH	17.4	17.0	17.5	19.0	20.7	21.3	21.1	20.5
NJ	17.2	16.9	17.8	19.4	21.5	22.5	22.7	22.2
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9
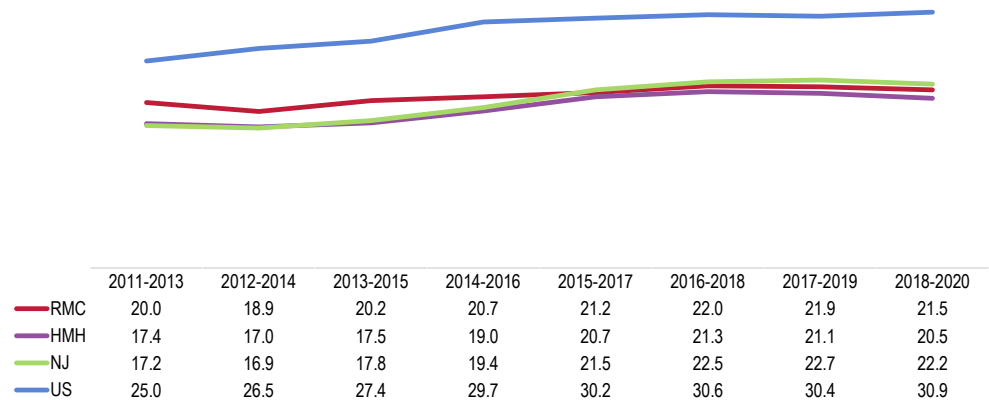
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Key Informant Input: Dementia/Alzheimer's Disease

The following chart outlines key informants' perceptions of the severity of *Dementia, Including Alzheimer's Disease* as a problem in the community:
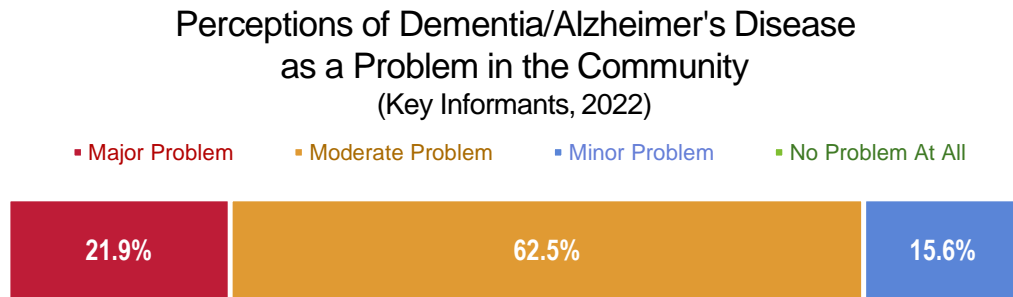
Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2022)

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

21.9%	62.5%	15.6%

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

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

Impact on Quality of Life

> The challenges of dementia and Alzheimer's put the patient at great risk for injury. It is also one of the most challenging diagnoses to affect the family, especially the "Sandwich Generation". The afflicted may live on for years with minimal physical problems, but their ability to provide self can can be greatly limited. – Health Provider (Monmouth County)

> I think it's a major problem because it's an illness that is really on the shoulders of family members to handle. There just aren't enough resources for people or the cost is very high. – Community/Business Leader (Northern and Central New Jersey)

> It not only impacts the person but destroys the family members. – Social Service Provider (Monmouth County)

Aging Population

> Because people are aging. – Social Service Provider (Monmouth County)

> Community has many Baby Boomers and that is a continuing to grow issue. – Community/Business Leader (Monmouth County)

> Increasing elderly population in Monmouth and Ocean counties. – Health Provider (Monmouth County)

Diagnosis/Treatment

> Dementia, Alzheimer's is not diagnosed, treated among the new Americans. They often don't have the resources to take seniors to doctors for diagnosis or treatment. Information in culturally and linguistically appropriate formats is limited. – Health Provider (Northern and Central New Jersey)

> Little or no diagnosis. Underserved, migrant workers do not seek help. – Community/Business Leader (Monmouth County)

Prevalence/Incidence

> Dementia and Alzheimer's disease is on the rise and is now the 5th highest disease-causing death. As residents in the community are living longer, the number of residents with dementia needing around the clock care has skyrocketed and not affordable for many. – Social Service Provider (Monmouth County)

Access to Care/Services

> Access to health care aides and assistance. – Community/Business Leader (Monmouth County)

Caregiving

"People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?"

[Among those providing care] **"What is the main health problem, long-term illness, or disability that the person you care for has?"**

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

The top health issues affecting those receiving their care include:
• Dementia/cognitive impairment
• Injuries
• Heart disease
• Developmental disabilities
• Cancer

RMC Service Area

RMC	HMH	US	2019	2022
19.7%	24.0%	22.6%	17.2%	19.7%
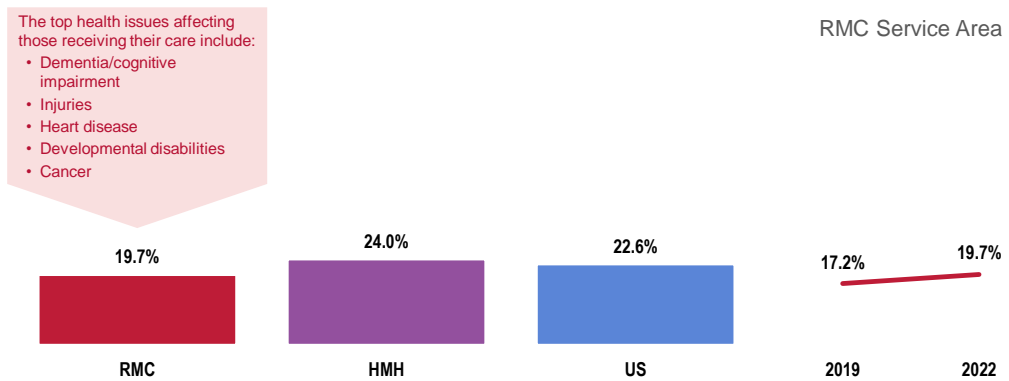
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 98-99]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

- Healthy People 2030 (https://health.gov/healthypeople)

Prenatal Care

Early and continuous prenatal care is the best assurance of infant health. Lack of timely prenatal care (care initiated during the first trimester of pregnancy) is outlined in the following chart. [COUNTY-LEVEL DATA]

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births)
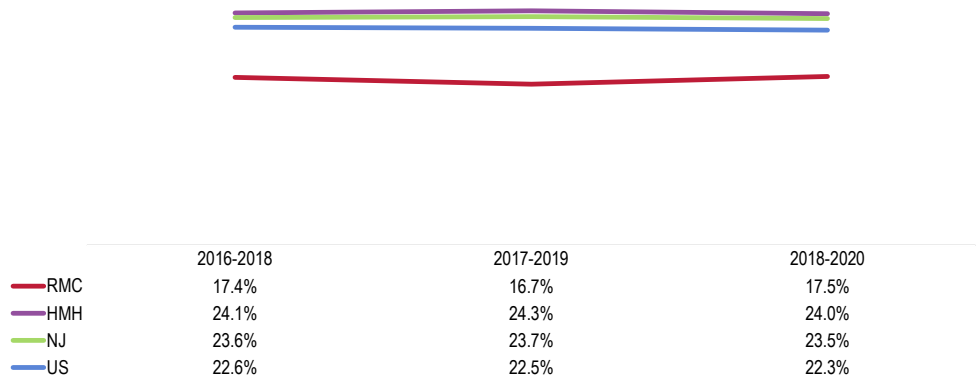
	2016-2018	2017-2019	2018-2020
RMC	17.4%	16.7%	17.5%
HMH	24.1%	24.3%	24.0%
NJ	23.6%	23.7%	23.5%
US	22.6%	22.5%	22.3%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.

Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. [COUNTY-LEVEL DATA]

Low-Weight Births
(Percent of Live Births, 2014-2020)

7.4%	7.9%	8.0%	8.2%
RMC	HMH	NJ	US

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births. These rates are outlined in the following chart. [COUNTY-LEVEL DATA]

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower
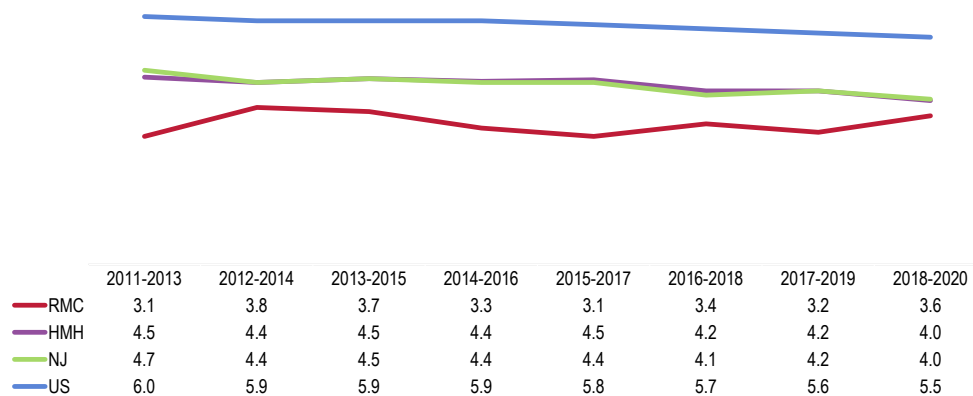
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	3.1	3.8	3.7	3.3	3.1	3.4	3.2	3.6
HMH	4.5	4.4	4.5	4.4	4.5	4.2	4.2	4.0
NJ	4.7	4.4	4.5	4.4	4.4	4.1	4.2	4.0
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2022.
• Centers for Disease Control and Prevention, National Center for Health Statistics.
• US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes: • Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Family Planning

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

The following chart describes births to adolescent mothers under the age of 20 years. [COUNTY-LEVEL DATA]

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)

RMC	HMH	NJ	US
5.5	10.6	10.9	19.3
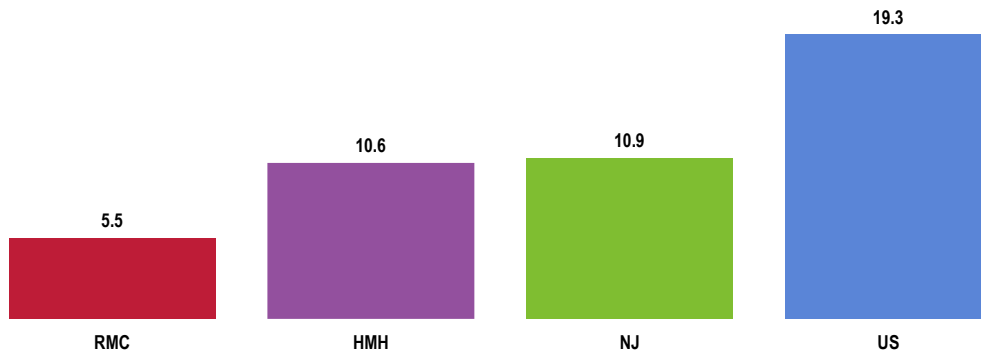
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health and Family Planning* as a problem in the community:
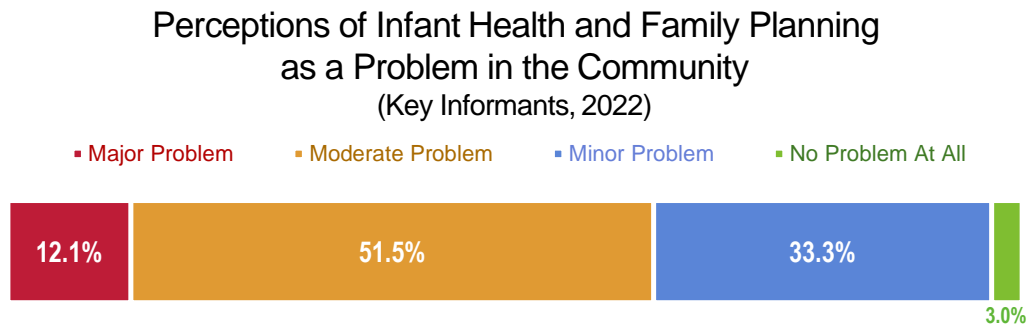
Perceptions of Infant Health and Family Planning
as a Problem in the Community
(Key Informants, 2022)

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

12.1%	51.5%	33.3%	3.0%

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

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

Awareness/Education

Neither of my kids had robust education regarding family planning in school. There doesn't seem to be a lot of advertised resources. – Health Provider (Monmouth County)

Limited information and resources for new Americans and, or low-income residents. – Health Provider (Northern and Central New Jersey)

Access to Care/Services

Not enough local agencies to support young families and educate them about their children's care nor family planning. – Social Service Provider (Monmouth County)

Many students enter school having little or no health care. – Community/Business Leader (Monmouth County)

Health Disparities

The disparity in health for people of color. – Social Service Provider (Monmouth County)

Affordable Care/Services

Lack of regular and affordable health care. – Community/Business Leader (Monmouth County)

With the growing number of parents having to both work or single parents, ability to access affordable healthcare is sometimes limited. – Social Service Provider (Monmouth County)

Affordable Medications/Supplies

SNAP does not provide for diapers, formula and WIC is often unmanageable. – Community/Business Leader (Monmouth County)

Diagnosis/Treatment

Often the social issues surrounding the birth of the child are not fully identified and or addressed prior to the birth of the child. Not having basic needs met and family instability can affect life-long health outcomes for these children. – Health Provider (Monmouth County)

MODIFIABLE HEALTH RISKS

Nutrition

Daily Recommendation of Fruits/Vegetables

To measure fruit and vegetable consumption, survey respondents in the RMC Service Area were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

"For the following questions, please think about the foods you ate or drank yesterday. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?"

"How many servings of vegetables did you have yesterday?"

The questions above are used to calculate daily fruit/vegetable consumption for respondents. The proportion reporting having 5 or more servings per day is shown here.

Consume Five or More Servings of Fruits/Vegetables Per Day

RMC Service Area

RMC	HMH	US	2019	2022
26.8%	27.5%	32.7%	28.1%	26.8%
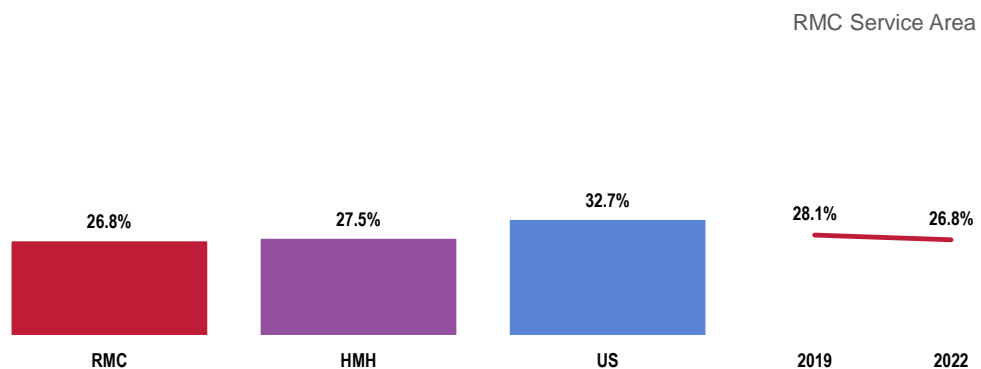
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 125]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?"

Find It "Very" or "Somewhat"
Difficult to Buy Affordable Fresh Produce
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
14.5%	21.2%	24.4%	15.1%	16.5%	34.2%	15.9%	15.2%	22.8%	18.3%	21.2%	21.1%
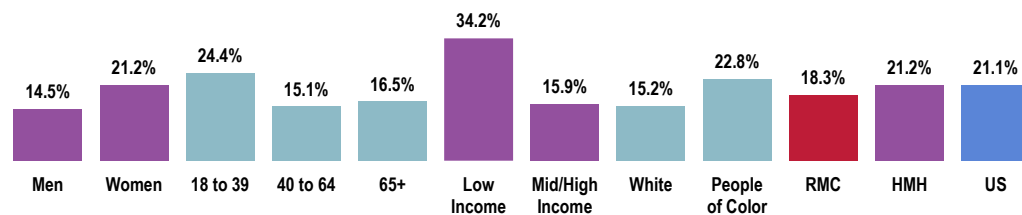
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This related chart is based on US Department of Agriculture data. [COUNTY-LEVEL DATA]

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)

214,812 individuals have low food access

RMC	HMH	NJ	US
34.1%	24.9%	23.8%	22.2%
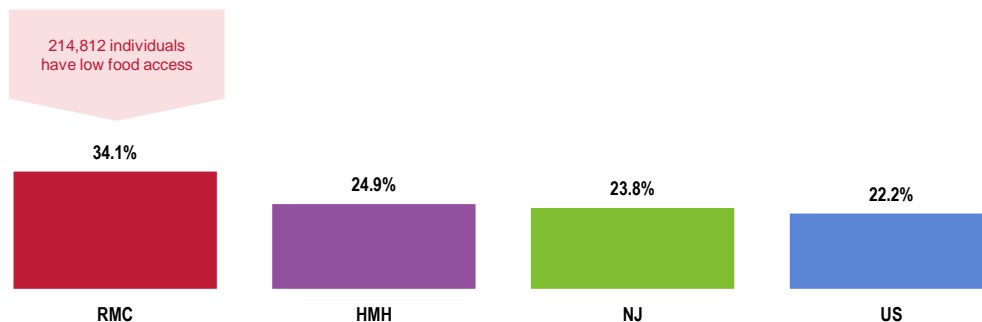
Sources: ● US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

"During the past month, other than your regular job, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?"

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.2% or Lower

RMC Service Area

RMC	HMH	NJ	US	2019	2022
23.4%	22.0%	21.0%	31.3%	24.7%	23.4%
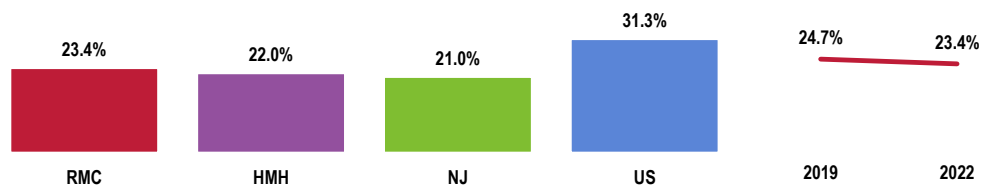
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 82]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Meeting Physical Activity Recommendations

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

To measure physical activity frequency, duration, and intensity, respondents were asked:

"During the past month, what type of physical activity or exercise did you spend the most time doing?"

"And during the past month, how many times per week or per month did you take part in this activity?"

"And when you took part in this activity, for how many minutes or hours did you usually keep at it?"

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

"During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups, or push-ups, and those using weight machines, free weights, or elastic bands."

"Meeting physical activity recommendations" includes adequate levels of <u>both</u> aerobic and strengthening activity:

- Aerobic activity is at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;

- Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations
(RMC Service Area, 2022)
Healthy People 2030 = 28.4% or Higher

Men	31.6%	
Women	19.0%	
18 to 39	37.1%	
40 to 64	19.8%	
65+	17.3%	
Low Income	16.8%	
Mid/High Income	26.6%	
White	26.3%	
People of Color	21.5%	
RMC	24.8%	
HMH	25.7%	
NJ	21.9%	
US	21.4%	
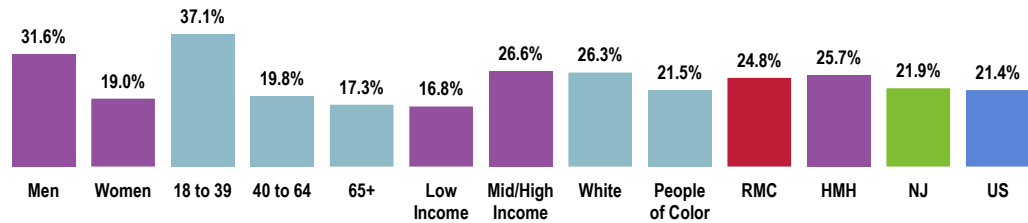
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Screen Time for Entertainment

[Adults] **"Including television, video games, computers, phones, tablets, and the internet, on an average day, about how many hours or minutes of screen time do you use for entertainment?"**

3+ Hours of Screen Time for Entertainment

RMC Service Area

RMC	HMH	2019	2022
65.8%	58.8%	64.7%	65.8%
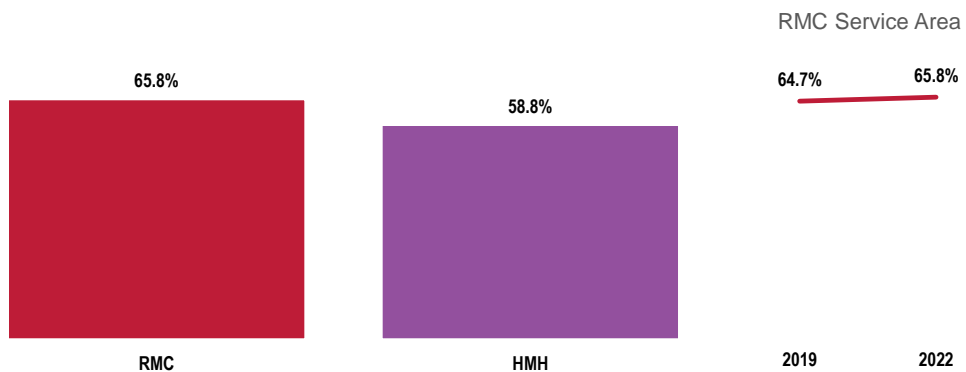
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 331]
Notes: ● Asked of all respondents.

Children's Physical Activity

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

"During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?"

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)

RMC Service Area

RMC	HMH	US	2019 → 2022
41.4%	26.0%	33.0%	28.3% → 41.4%
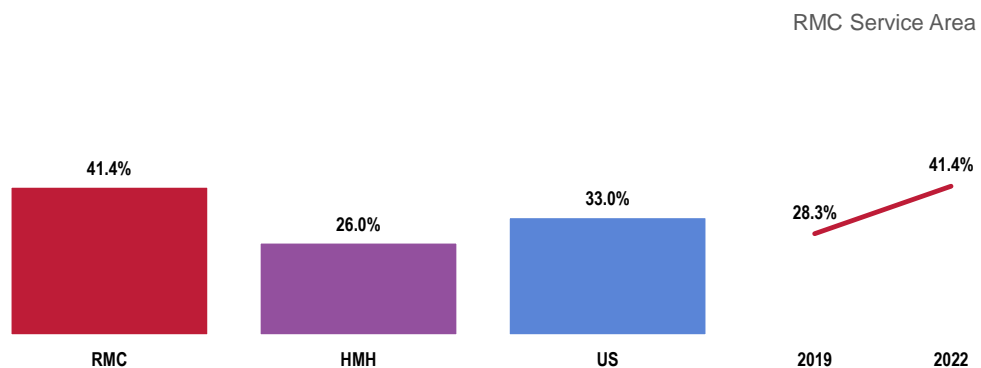
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 109]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

"About how much do you weigh without shoes?"

"About how tall are you without shoes?"

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

Prevalence of Total Overweight (Overweight and Obese)
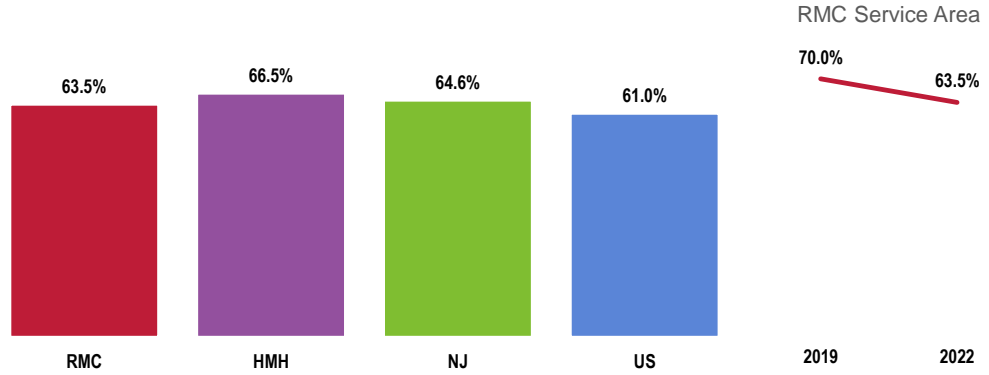
RMC Service Area

63.5%	**66.5%**	**64.6%**	**61.0%**	
RMC	HMH	NJ	US	

70.0%   63.5%

2019   2022

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
        ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
        ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Based on reported heights and weights, asked of all respondents.
        ● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower
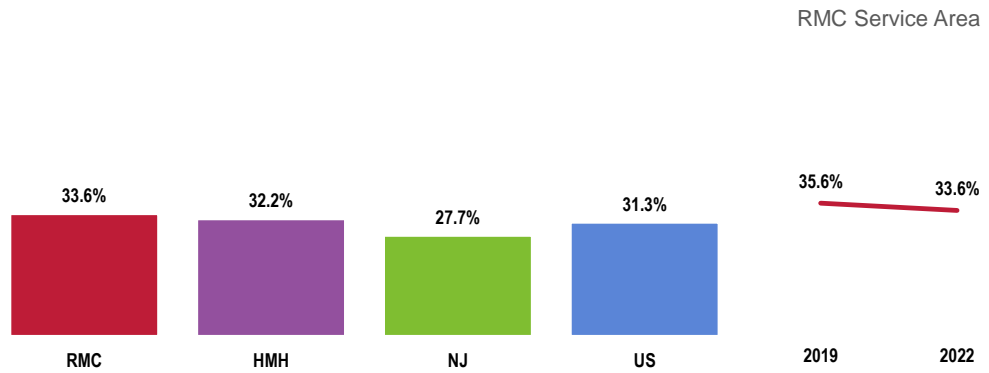
RMC Service Area

33.6%	**32.2%**	**27.7%**	**31.3%**	
RMC	HMH	NJ	US	

35.6%   33.6%

2019   2022

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 128]
        ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
        ● 2020 PRC National Health Survey, PRC, Inc.
        ● US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov
Notes: ● Based on reported heights and weights, asked of all respondents.
        ● The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Prevalence of Obesity
(RMC Service Area, 2022)
Healthy People 2030 = 36.0% or Lower

33.0%	33.7%	31.4%	40.4%	20.8%	38.7%	31.5%	31.3%	36.2%	33.6%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile
- Healthy Weight   ≥5th and <85th percentile
- Overweight   ≥85th and <95th percentile
- Obese   ≥95th percentile

– Centers for Disease Control and Prevention

The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

"How much does this child weigh without shoes?"

"About how tall is this child?"

Prevalence of Overweight in Children
(Parents of Children Age 5-17)

RMC Service Area

45.0% RMC
36.8% HMH
32.3% US

37.1% 2019
45.0% 2022
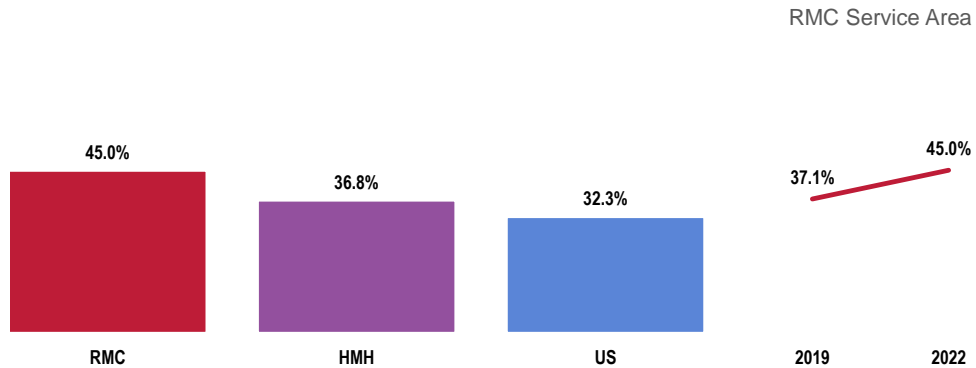
Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Item 131]
● 2020 PRC National Health Survey, PRC, Inc.

Notes:
● Asked of all respondents with children age 5-17 at home.
● Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community
(Key Informants, 2022)
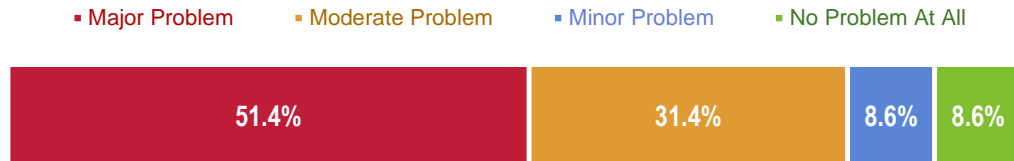
▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

51.4%	31.4%	8.6%	8.6%

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

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

Awareness/Education

Senior citizen health, not enough education, or guidance for adults as they grow older concerning health, physical activity, food consumption, stress. General overall change in many functions of the body and brain. – Health Provider (Northern and Central New Jersey)

Not considering it as a major way to stave off disease. – Social Service Provider (Monmouth County)

Lack of care by too many individuals. Advertisements that do not give the real problems caused by unhealthy food intake. – Health Provider (Northern and Central New Jersey)

Knowledge, time, motivation, change. – Social Service Provider (Monmouth County)

The perception that it's expensive to eat healthy. No one is telling people that it will be more expensive if they don't take care of themselves and will be required to take medicine the rest of their lives. People are too addicted to sugar and have associated sweets and eating in general with comfort or masking their feelings. So there sometimes is little motivation to start a physical activity due to depression etc. – Social Service Provider (Monmouth County)

Awareness and access to resources. – Public Health Representative (Monmouth County)

People don't realize or take seriously what problems can develop if they aren't mindful of nutrition, physical activity, and weight until it's too late. – Community/Business Leader (Northern and Central New Jersey)

Nutrition is not taught in medical school outside of an elective course. Proper nutrition for cancer patients is crucial to their quality of life, their treatment, and their recovery. Physical movement is also vital and maintaining a healthy weight. I don't feel like these areas are supported in the medical community and are not modeled in the hospital. – Social Service Provider (Monmouth County)

Obesity

So many big bellies out there. I don't think people know how to eat right. They don't get the real information and their doctors don't know. I think all doctors should have a nutritionist on staff. – Community/Business Leader (Monmouth County)

Obesity is a major issue in the new American and low-income communities. Limited play area, limited resources to buy healthy food. – Health Provider (Northern and Central New Jersey)

Obesity is an issue within all age categories. – Social Service Provider (Monmouth County)

Access to Affordable Healthy Food

We are in a food dessert. Food prices are escalating, and pantries cannot keep up with the need for healthy food. There is little transportation available for the population we serve to travel to supermarkets, even if they had the money. – Community/Business Leader (Monmouth County)

Cost of nutritious food, lack of self-regulation, limited access to funds to support physical activity. – Community/Business Leader (Monmouth County)

Lack of grocery stores, too much fast food located closer to families. – Community/Business Leader (Monmouth County)

Multiple Factors

Lack of teen activities. Poor access to healthy food. Food deserts. High cost of healthy foods. – Health Provider (Monmouth County)

Lack of adherence to exercise programs, unhealthy eating, lack of education, access to support services, transportation, financial. – Community/Business Leader (Monmouth County)

Lack of regular health care, economic issues, poor eating habits, lack of education. – Community/Business Leader (Monmouth County)

Nutrition

Poor nutrition. High calorie, cheap food versus healthy, more expensive food. Alcohol. Many people on disability with lack of physical activity. Senior population. – Community/Business Leader (Monmouth County)

Poor eating habits, lack of physical activity and obesity cause a myriad of health issues, and people of all ages are affected. – Community/Business Leader (Monmouth County)

Income/Poverty

Food insecurity. There are many people who lost jobs in COVID and many more who were already struggling. – Community/Business Leader (Monmouth County)

Affordable Care/Services

Opportunities for low-cost physical activities. Gyms and personal trainers are effective but have fees. Not all people have the money or time to utilize these types of resources to get the help and support they need. – Public Health Representative (Monmouth County)

Substance Abuse

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol

Age-Adjusted Cirrhosis/Liver Disease Deaths

Heavy alcohol use contributes to a significant share of liver disease, including cirrhosis. The following chart outlines age-adjusted mortality for cirrhosis/liver disease in the area. [COUNTY-LEVEL DATA]

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower
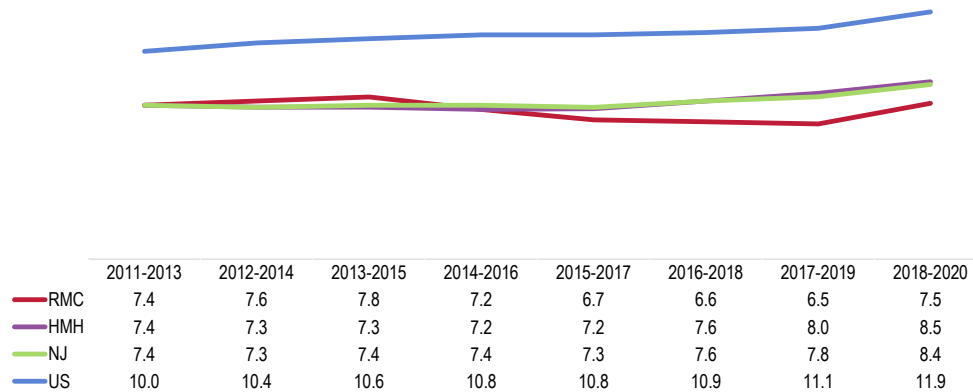
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	7.4	7.6	7.8	7.2	6.7	6.6	6.5	7.5
HMH	7.4	7.3	7.3	7.2	7.2	7.6	8.0	8.5
NJ	7.4	7.3	7.4	7.4	7.3	7.6	7.8	8.4
US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKERS ▶ men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

- BINGE DRINKERS ▶ men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

"During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?"

"On the day(s) when you drank, about how many drinks did you have on the average?"

"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)**/4** (if female) **or more drinks on an occasion?"**

Excessive Drinkers

RMC Service Area

| RMC	HMH	NJ	US	2019	2022
24.3%	21.1%	17.6%	27.2%	19.8%	24.3%
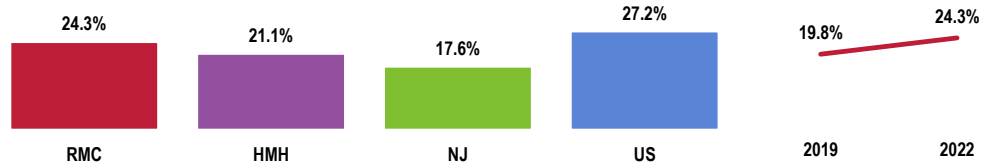
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 136]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Drugs

Age-Adjusted Unintentional Drug-Related Deaths

Unintentional drug-related deaths include all deaths, other than suicide, for which drugs are the underlying cause. A "drug" includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local age-adjusted mortality for unintentional drug-related deaths. [COUNTY-LEVEL DATA]

Unintentional Drug-Related Deaths:
Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
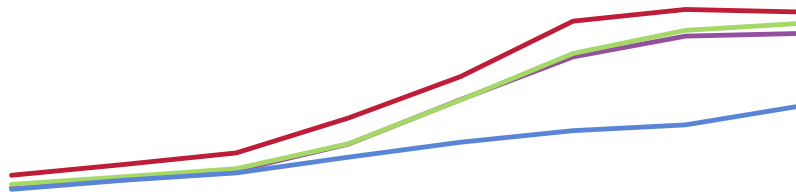
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
RMC	12.7	14.0	15.4	19.6	24.6	31.3	32.7	32.4
HMH	11.2	12.1	13.3	16.5	21.8	27.0	29.5	29.8
NJ	11.6	12.5	13.5	16.5	21.8	27.4	30.2	31.0
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2022.

Illicit Drug Use

"During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?"

"Have you ever sought professional help for an alcohol or drug-related problem?"

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use in the Past Month
Healthy People 2030 = 12.0% or Lower

6.7% of respondents report that they have sought professional help for an alcohol or drug-related problem at some point in their lives.

RMC Service Area

6.5%	4.9%	2.0%	7.1%	6.5%
RMC	HMH	US	2019	2022

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Items 49, 51]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

"Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?"

"Have you or has a member of your family ever received treatment for addiction to a prescription medication or been referred by a doctor, nurse, or other health professional for this type of care?"

Used a Prescription Opioid in the Past Year
(RMC Service Area, 2022)

7.7% of respondents report that they or a member of their household have been referred to or treated for an addiction to prescription medications.

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
11.1%	17.0%	14.4%	13.6%	15.3%	24.9%	9.9%	12.8%	19.5%	14.2%	8.8%	12.9%
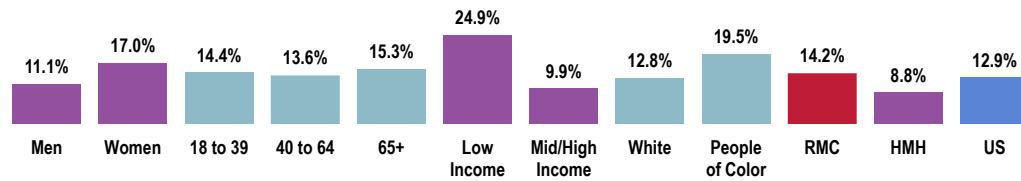
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 50, 303]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Personal Impact From Substance Abuse

"Including alcohol, prescription, and other drugs, to what degree has your life been negatively affected by your own or someone else's substance abuse issues? Would you say: a great deal, somewhat, a little, or not at all?"

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	US
34.6%	47.4%	52.0%	44.1%	18.2%	67.5%	40.2%	36.2%	53.8%	41.5%	32.0%	35.8%
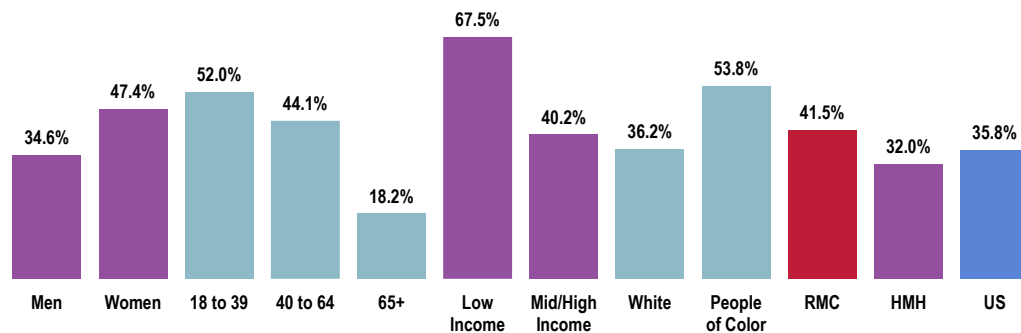
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 52]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Abuse

The following chart outlines key informants' perceptions of the severity of *Substance Abuse* as a problem in the community:
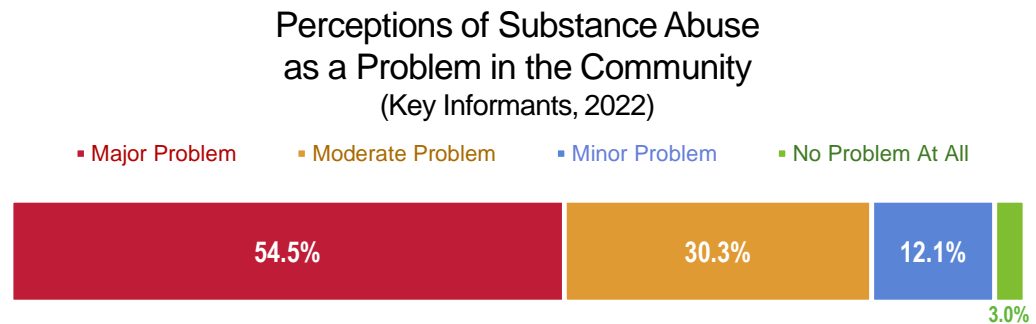
Perceptions of Substance Abuse
as a Problem in the Community
(Key Informants, 2022)

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

54.5%	30.3%	12.1%	

3.0%

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

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

Access to Care/Services

There are not enough resources to deal with this crisis. – Health Provider (Monmouth County)

Lack of access, insurance, and knowledge. Many people don't realize that trauma has contributed to their addiction so don't get treatment for trauma and addiction together. – Community/Business Leader (Monmouth County)

In my opinion, it is the lack of available, affordable programs for those seeking support with addiction. – Social Service Provider (Monmouth County)

Access to resources, language barrier, health insurance. – Public Health Representative (Monmouth County)

Insurance is an issue, number of beds available for treatment and access to providers. – Social Service Provider (Monmouth County)

Available resources. – Health Provider (Monmouth County)

Lack of access. – Health Provider (Monmouth County)

Lack of facilities, beds in those facilities, and funds. – Health Provider (Monmouth County)

Quality centers. The centers and the process to get into a center is ridiculous. Some of the centers are worse than being on the street on your own to deal with one's addiction. We need more centers, crisis units and real solutions to help with this. People are dying daily due to drugs. – Social Service Provider (Monmouth County)

Denial/Stigma

Shame in seeking treatment, inability to admit the need for treatment, limited understanding of where to find treatment. – Community/Business Leader (Monmouth County)

Stigma, access to care, transportation, financial, desire to get help. – Community/Business Leader (Monmouth County)

Job and income loss, community stigma, social outcast, lack of family support. – Community/Business Leader (Monmouth County)

Fear, stigma, denial. – Social Service Provider (Monmouth County)

Social Norms/Community Attitude

Cultural attitudes. – Community/Business Leader (Monmouth County)

Social perception and stigma. – Physician (Monmouth County)

Affordable Care/Services

Financial. Lack of insurance coverage. Lack of awareness of who to reach out to. Stigma. Lack of desire for treatment. – Community/Business Leader (Monmouth County)

Prevalence/Incidence

Substance abuse including alcohol, marijuana and narcotics. – Community/Business Leader (Monmouth County)

Awareness/Education

Awareness and exposure. – Social Service Provider (Monmouth County)

Easy Access

Easy access to getting substances to abuse. Kids start too early doing drugs, not enough good, safe places to get rehab, especially if you don't have good insurance. – Community/Business Leader (Northern and Central New Jersey)

Diagnosis/Treatment

Mandated treatment, enough facilities. – Public Health Representative (Monmouth County)

Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

"Do you currently smoke cigarettes every day, some days, or not at all?" ("Current smokers" include those smoking "every day" or on "some days.")

Cigarette Smoking Prevalence
(RMC Service Area, 2022)

- Every Day — 8.4%
- Some Days — 6.6%
- Not At All — 85.0%
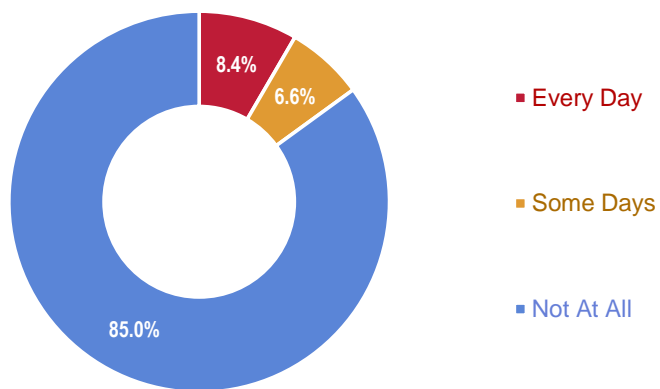
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.

Current Smokers
Healthy People 2030 = 5.0% or Lower

RMC Service Area

15.0%	15.5%	10.8%	17.4%	12.0%	15.0%
RMC	HMH	NJ	US	2019	2022
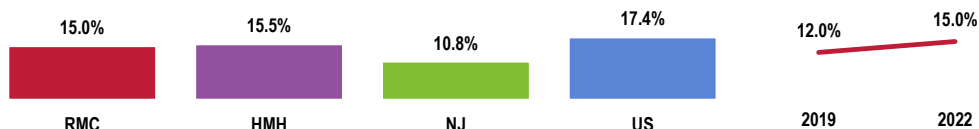
Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Item 40]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
● Asked of all respondents.
● Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Environmental Tobacco Smoke

"In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars or pipes anywhere in your home on an average of four or more days per week?"

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home

RMC Service Area

12.4% among households with children

11.7%	11.0%	14.6%	13.7%	11.7%
RMC	HMH	US	2019	2022
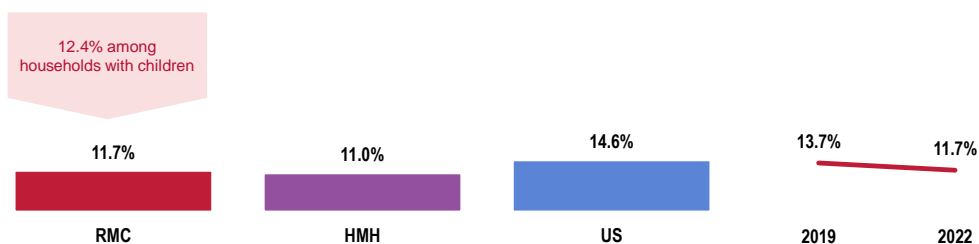
Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
● 2020 PRC National Health Survey, PRC, Inc.

Notes:
● Asked of all respondents.
● "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

"The next questions are about electronic vaping products, such as electronic cigarettes, also known as e-cigarettes. These are battery-operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco. Have you ever used an electronic vaping product, such as an e-cigarette, even just one time in your entire life?"

"Do you now use electronic vaping products, such as e-cigarettes, 'every day,' 'some days,' or 'not at all'?"

"Current use" includes use "every day" or on "some days."

Currently Use Vaping Products
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH	NJ	US
8.8%	11.3%	22.2%	3.7%	6.3%	32.7%	5.4%	11.1%	8.3%	10.1%	8.7%	5.0%	8.9%
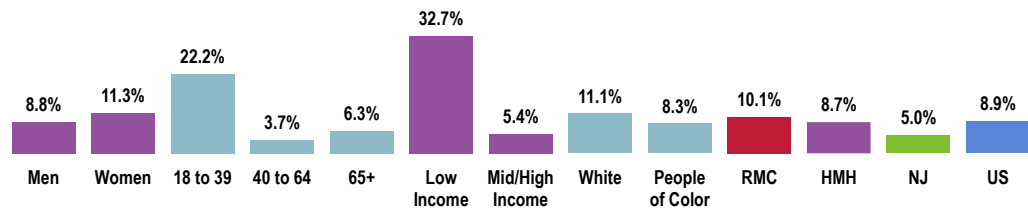
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 135]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use
as a Problem in the Community
(Key Informants, 2022)
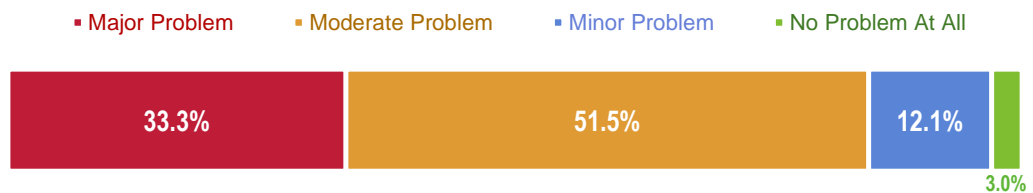
- Major Problem
- Moderate Problem
- Minor Problem
- No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
33.3%	51.5%	12.1%	3.0%

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Teen/Young Adult Usage

Children are being provided with tobacco. – Community/Business Leader (Monmouth County)

Because there are still people smoking, and kids are still starting early, especially with vaping. – Community/Business Leader (Northern and Central New Jersey)

The use of vapes by youth is a major problem. Kids do not understand that there is tobacco in vaping. There is not enough education and enforcement by parents. – Social Service Provider (Monmouth County)

I see students smoking on campus more frequently now than in the past several years. – Community/Business Leader (Monmouth County)

Teenage vaping and perception that it is somehow better than smoking. – Physician (Monmouth County)

Prevalence/Incidence

Most widespread. – Health Provider (Monmouth County)

People are smoking outside every store or public venue. – Health Provider (Monmouth County)

Many people smoking. – Community/Business Leader (Monmouth County)

Easy Access

Young people are exposed to advertisements encouraging smoking and vaping. Limited information, campaigns against smoking, too easily accessible. Illegally purchased in Bodegas. – Health Provider (Northern and Central New Jersey)

Addiction

Addiction and cost of health issues related to smoking. – Social Service Provider (Monmouth County)

Co-Occurrences

Impacts all body systems. – Health Provider (Monmouth County)

Social Norms/Community Attitude

Vapes and other means of smoking are still seen as appropriate stress relievers. – Social Service Provider (Monmouth County)

Sexual Health

HIV

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area. [COUNTY-LEVEL DATA]

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)
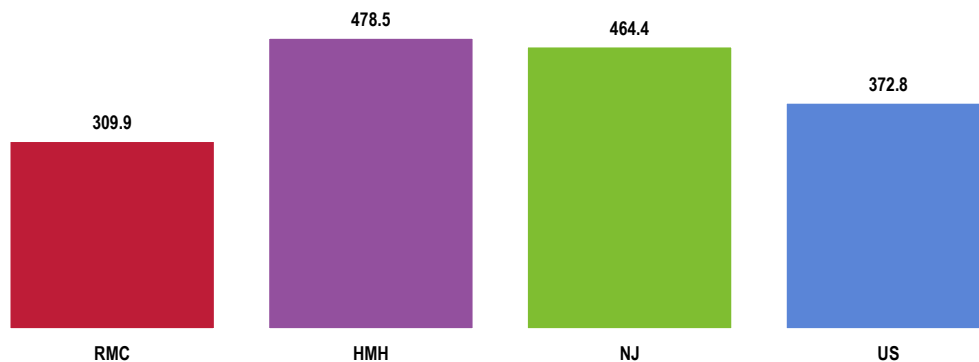
RMC	HMH	NJ	US
309.9	478.5	464.4	372.8

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

CHLAMYDIA ► Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

GONORRHEA ► Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

The following chart outlines local incidence for these STIs. [COUNTY-LEVEL DATA]

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)
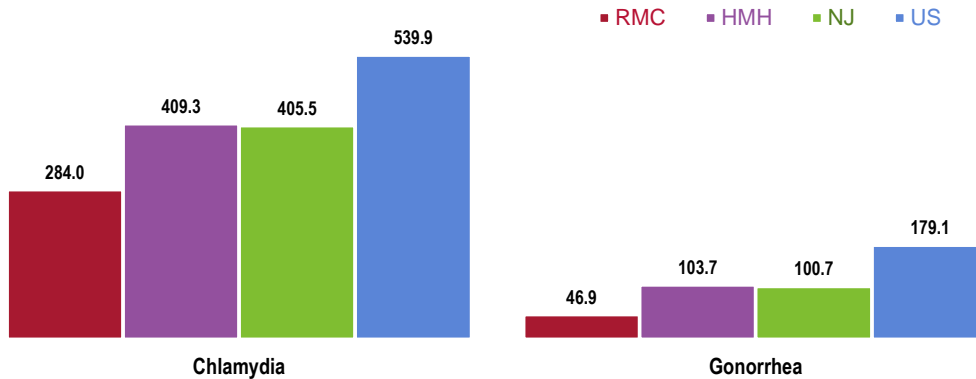
■ RMC ■ HMH ■ NJ ■ US

Chlamydia
- RMC: 284.0
- HMH: 409.3
- NJ: 405.5
- US: 539.9

Gonorrhea
- RMC: 46.9
- HMH: 103.7
- NJ: 100.7
- US: 179.1

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:

Perceptions of Sexual Health
as a Problem in the Community
(Key Informants, 2022)
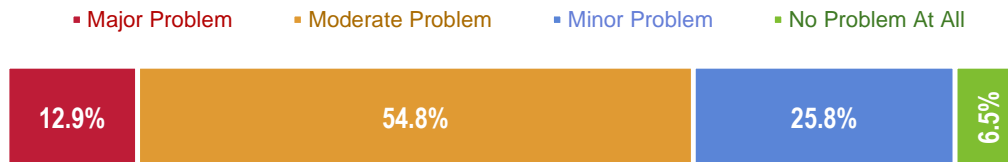
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
12.9%	54.8%	25.8%	6.5%

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

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

Access to Care/Services

> The lack of resources for all groups of people including the queer population. – Social Service Provider (Monmouth County)

> Sexual health is a major problem in my community because there is a lack of resources to treat STD's. – Health Provider (Monmouth County)

Prevalence/Incidence

> Syphilis rates are extremely high. Lack of services that include testing and treatment. – Public Health Representative (Monmouth County)

Domestic/Family Violence

> Too much child abuse. – Community/Business Leader (Monmouth County)

ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Survey respondents in the RMC service area were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

"Do you have any government-assisted health care coverage, such as Medicare, Medicaid (or another state-sponsored program)**, or VA/military benefits?"**

"Do you currently have: health insurance you get through your own or someone else's employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay for health care entirely on your own?"

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus excluding the Medicare population), who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Lack of Health Care Insurance Coverage
(Adults Age 18-64)
Healthy People 2030 = 7.9% or Lower

RMC Service Area

RMC	HMH	NJ	US	2019	2022
2.7%	6.3%	14.1%	8.7%	7.8%	2.7%
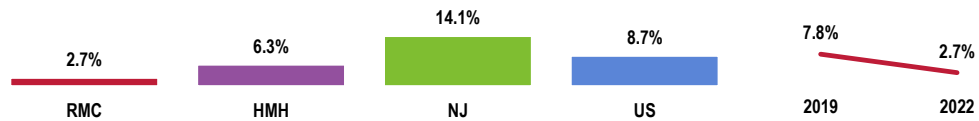
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage
(Adults Age 18-64; RMC Service Area, 2022)
Healthy People 2030 = 0.0% (Universal Coverage)

Men	Women	18 to 39	40 to 64	Low Income	Mid/High Income	White	People of Color	RMC
4.0%	1.6%	4.9%	1.2%	1.4%	2.9%	1.2%	6.7%	2.7%
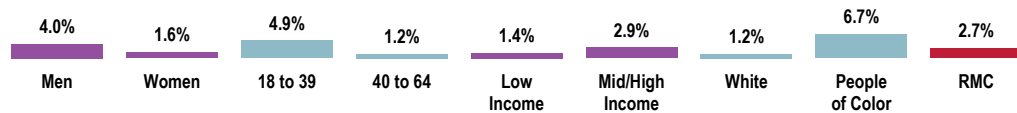
Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

"Was there a time in the past 12 months when you needed medical care, but had difficulty finding a doctor?"

"Was there a time in the past 12 months when you had difficulty getting an appointment to see a doctor?"

"Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?"

"Was there a time in the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?"

"Was there a time in the past 12 months when you were not able to see a doctor because the office hours were not convenient?"

"Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?"

"Was there a time in the past 12 months when you were not able to see a doctor due to language or cultural differences?"

Also:

"Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?"

The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

Legend: ■ RMC ■ HMH ■ US

In addition, 11.4% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

	RMC	HMH	US
Getting a Dr Appointment (Higher than 2019)	36.1%	28.6%	14.5%
Inconvenient Office Hours (Higher than 2019)	26.4%	22.5%	12.5%
Finding a Doctor (Higher than 2019)	20.7%	17.8%	9.4%
Cost (Prescriptions)	12.2%	13.9%	12.8%
Lack of Transportation	12.2%	9.8%	8.9%
Cost (Doctor Visit)	12.0%	13.7%	12.9%
Language/Culture	2.7%	1.9%	2.8%

Sources:
- 2022 PRC Community Health Survey, PRC, Inc. [Items 7-14]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers or any other problem not specifically asked), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

RMC Service Area

RMC 54.2%
HMH 50.2%
US 35.0%
2019 42.0%
2022 54.2%
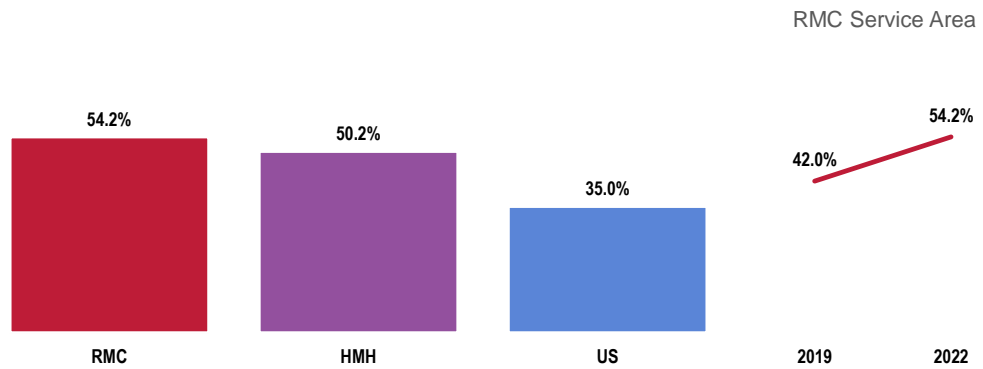
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(RMC Service Area, 2022)

Men 51.8%
Women 55.7%
18 to 39 64.1%
40 to 64 58.7%
65+ 27.7%
Low Income 56.8%
Mid/High Income 53.0%
White 52.3%
People of Color 62.0%
RMC 54.2%
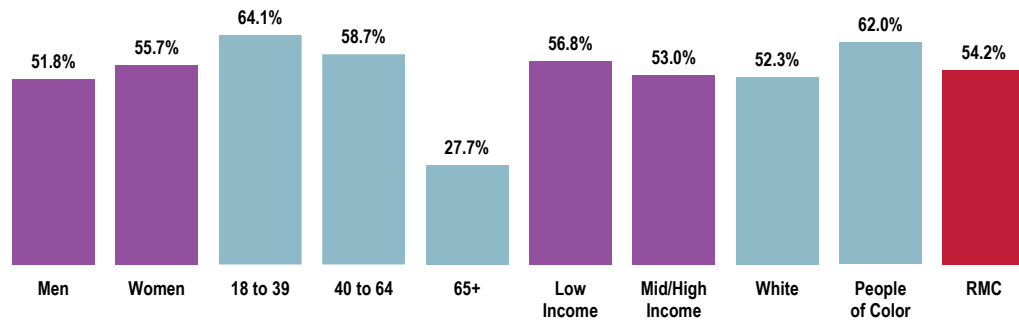
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Care Avoidance Due to the Pandemic

"Has there been a time since the start of the pandemic when you needed medical care or had a medical appointment scheduled, but you chose to avoid receiving care due to concerns about coronavirus?"

Went Without Needed or Planned Medical Care Due to the Pandemic
(RMC Service Area, 2022)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	People of Color	RMC	HMH
21.5%	39.4%	36.2%	34.8%	14.0%	46.1%	31.1%	26.8%	40.3%	31.1%	28.0%
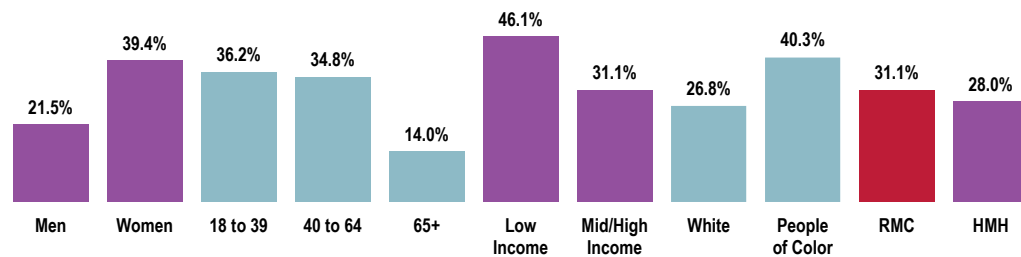
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: • Asked of all respondents.
• Beginning of pandemic specified as March 2020.

Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

"Was there a time in the past 12 months when you needed medical care for this child, but could not get it?"

Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)

RMC	HMH	US
11.3%	8.1%	8.0%
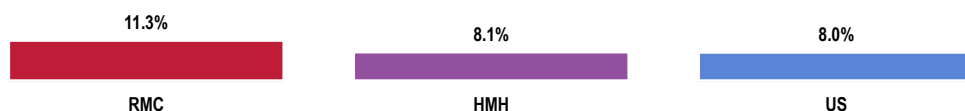
Sources: • 2022 PRC Community Health Survey, PRC, Inc. [Item 104]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:

Perceptions of Access to Health Care Services
as a Problem in the Community
(Key Informants, 2022)

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

25.7%	45.7%	20.0%	8.6%

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

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

Access to Care/Services

Working in the Pediatric space with families who are NJ FamilyCare enrollees accessing not only medical services. This is a multi-factor issue. Not all providers accept NJ FamilyCare, this is particularly true for sub-specialty care. There are a limited number of providers in such critical areas as behavioral health and developmental assessment and care. Waits for these services can be up to 6 months for an initial evaluation. Long-standing implicit and explicit biases that exist in health care. Health Inequity – although resources exist families are unable to access them due to social issues. – Health Provider (Monmouth County)

Limited information available, difficult applications, literacy challenges, fear of using any type of government funded programs. – Health Provider (Northern and Central New Jersey)

Language barriers. Access to health insurance. Referrals to specialists. Parent education and awareness. – Community/Business Leader (Monmouth County)

Insurance Issues

Inadequate insurance or lack of insurance for the working poor, immigrants and undocumented. In many situations, family premiums are too expense for middle working-class families. – Social Service Provider (Monmouth County)

Cost of health insurance, transportation, stigma, limited coverage from insurance, out of pocket costs, access to health care. – Community/Business Leader (Monmouth County)

Limited access to substance abuse treatment, particularly if uninsured. – Health Provider (Monmouth County)

Lack of affordable health insurance. – Community/Business Leader (Monmouth County)

Affordable Care/Services

Hospital bills too excessive. Charges are too high. – Physician (Monmouth County)

Inability to pay for insurance and medications, transportation as well. – Social Service Provider (Monmouth County)

Financial, uninsured, lack of copays for those who have insurance. Transportation, lack of trust in the medical system. – Social Service Provider (Monmouth County)

Transportation

Transportation and cost barriers. – Community/Business Leader (Monmouth County)

Income/Poverty

Poverty. – Social Service Provider (Monmouth County)

Awareness/Education

Awareness and exposure to what is available. Access to reasonably priced quality healthcare insurance. – Social Service Provider (Monmouth County)

Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2021)
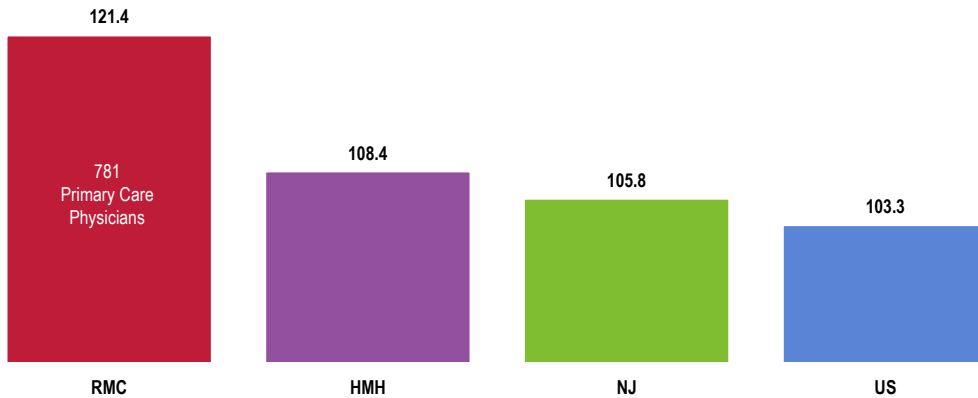
RMC	HMH	NJ	US
121.4	108.4	105.8	103.3

(RMC bar label: 781 Primary Care Physicians)

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Utilization of Primary Care Services

ADULTS ► **"A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?"**

CHILDREN ► **"About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?"**

Have Visited a Physician for a Checkup in the Past Year

RMC	HMH	NJ	US	2019	2022
70.3%	68.2%	74.4%	70.5%	70.4%	70.3%

RMC Service Area
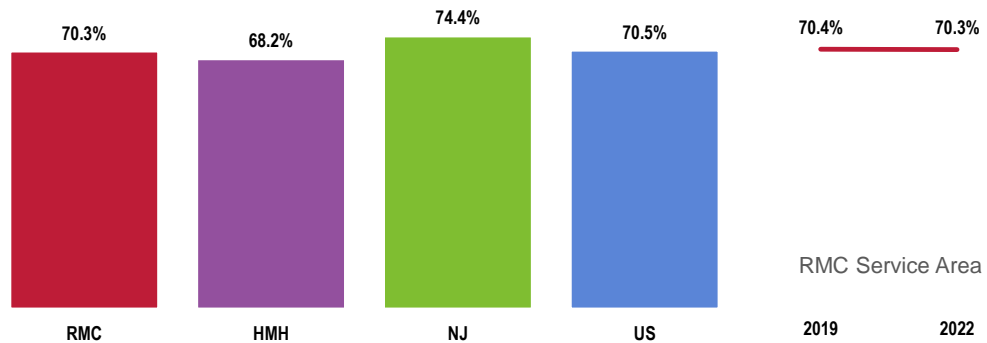
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 18]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Parents of Children 0-17)

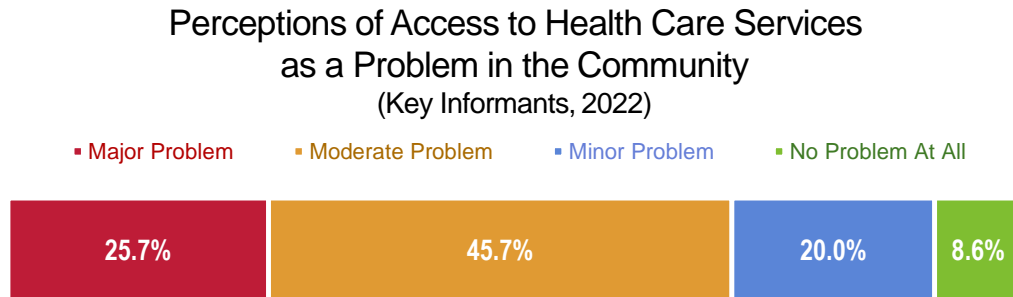| RMC	HMH	US	2019	2022
83.9%	86.9%	77.4%	94.3%	83.9%

RMC Service Area
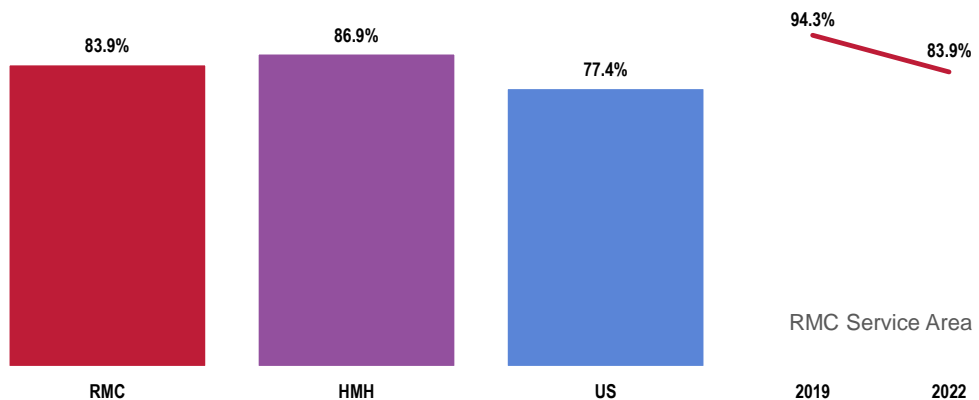
Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 105]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States.
…Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Care

ADULTS ► **"About how long has it been since you last visited a dentist or a dental clinic for any reason?"**

"Do you currently have any health insurance coverage that pays for at least part of your dental care?"

CHILDREN AGE 2-17 ► **"About how long has it been since this child visited a dentist or dental clinic?"**

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher

78.9% of survey respondents have dental insurance coverage.

RMC	HMH	NJ	US
62.7%	62.0%	68.1%	62.0%

RMC Service Area

2019: 72.7%
2022: 62.7%
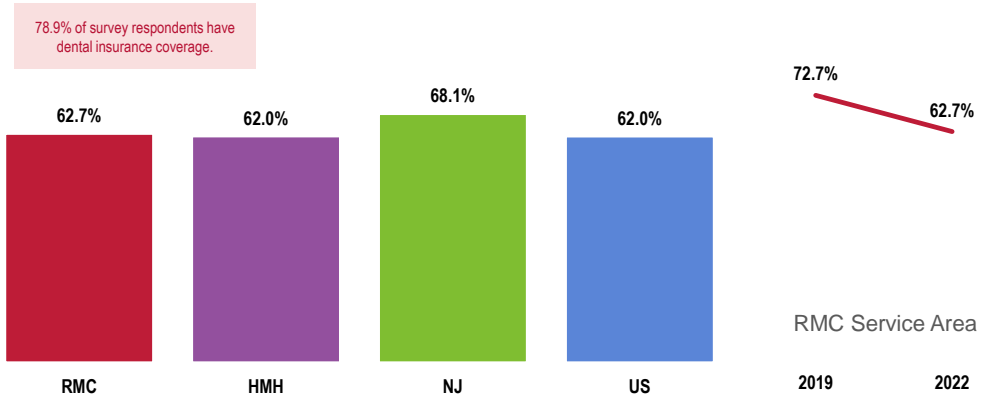
Sources:
● 2022 PRC Community Health Survey, PRC, Inc. [Items 20-21]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2021 New Jersey data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2030. http://www.healthypeople.gov

Notes:
● Asked of all respondents.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Parents of Children Age 2-17)
Healthy People 2030 = 45.0% or Higher
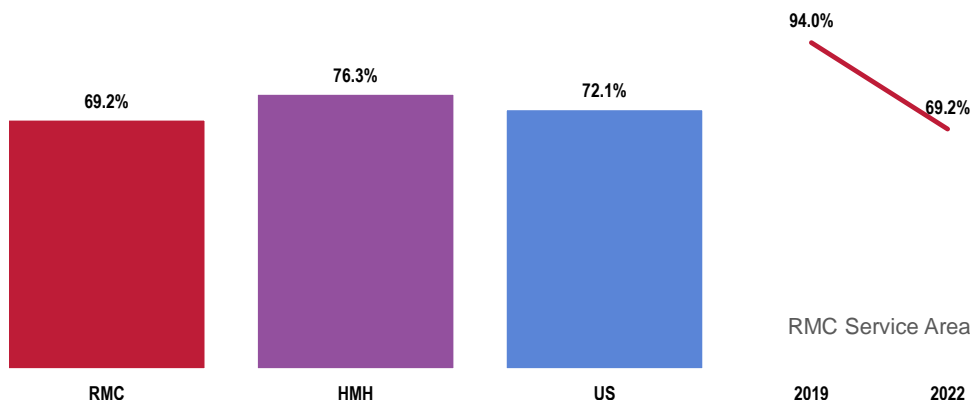
RMC: 69.2%
HMH: 76.3%
US: 72.1%

RMC Service Area
2019: 94.0%
2022: 69.2%

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:

Perceptions of Oral Health
as a Problem in the Community
(Key Informants, 2022)
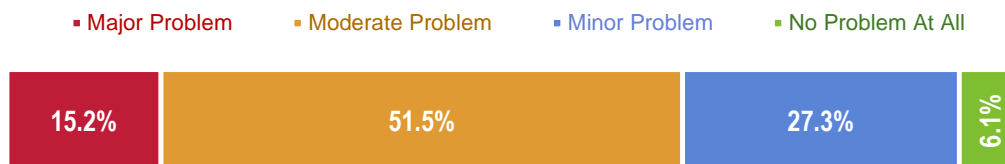
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

15.2%	51.5%	27.3%	6.1%

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

Insurance Issues

The availability of health coverage and knowledge of what oral health means to overall health. – Social Service Provider (Monmouth County)

Many people adults don't have dental insurance and cannot afford dental care. Although children have dental insurance through NJ Family Care, not many providers accept it. Also, many low-income parents don't have the time to navigate the care system or take their children for repeat treatments. The kids usually need a lot of work by the time they go and then it is overwhelming to the parents. – Community/Business Leader (Monmouth County)

Many people including children do not see a dentist due to lack of dental insurance and costs associated with dental care visits and procedures. – Community/Business Leader (Monmouth County)

Lack of dental insurance, cost prohibitive. – Public Health Representative (Monmouth County)

Cost is too high for uninsured individuals. Limited access to information and resources for low income and new Americans. – Health Provider (Northern and Central New Jersey)

Lack of regular health care, lack of insurance, lack of affordable dentists, lack of balanced meals. – Community/Business Leader (Monmouth County)

> The bacteria that is in your mouth can travel and build up in your blood vessels causing additional diseases. Many people underinsured or not insured at all for dental. Best standards of dental care often not covered by insurance- implants. Poor nutrition. Sugary foods prevalent in diet. – Health Provider (Monmouth County)

Access for Medicaid Patients

> Finding a dentist who accepts Medicaid/FamilyCare is difficult often requiring families to travel to Newark to receive appropriate treatment for children with extensive oral disease. Accessing routine dental care for these families is often challenging as well. – Health Provider (Monmouth County)

Affordable Care/Services

> Affordable dental care is very hard to find. – Social Service Provider (Monmouth County)

LOCAL RESOURCES

Perceptions of Local Health Care Services

"How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?"

Perceive Local Health Care Services as "Fair/Poor"

RMC Service Area

7.9%	10.6%	8.0%	10.7% → 7.9%
RMC	HMH	US	2019 — 2022

Sources: ● 2022 PRC Community Health Survey, PRC, Inc. [Item 6]
　　　　 ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Resources Available
to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- 1610 Route 88
- Booker Family Health Center
- Doc in a Box
- Family Resource Center
- Family Services
- Family Success Center
- Hackensack Meridian Health
- Hope Tower
- Hospitals
- Insurance Providers
- Jersey Shore Medical Center
- Jersey Shore University
- Jersey Shore Urgent Care
- MHA
- Monmouth Family Health Center
- Neighborhood Health Services
- NJ Integrated Care for Kids
- Optical Academy
- Parker Family Health Clinic
- Preferred Behavioral Health Group
- Red Bank Resource Network
- Riverview Hospital
- Riverview Medical Center
- Robert Wood Johnson University Medical Center
- School System
- Social Services
- Urgent Care
- UWMOC
- VNA
- Volunteer Caregivers
- YMCA/YWCA

Cancer

- American Cancer Society
- Cancer Coalitions
- Cancer Non-Profits
- CentraState
- Doctor's Offices
- Hospitals
- Library

- Monmouth Medical Cancer Center
- Monmouth Medical Center
- Parks and Recreation
- Senior Centers
- Sloan Kettering Middletown

Coronavirus Disease/COVID-19

- Brookdale Community College
- CentraState
- CVS Pharmacy
- Department of Health
- Department of Human Services
- Doctor's Offices
- Fulfill Food Bank of Ocean Monmouth
- Hackensack Meridian Health
- Health Department
- Healthy Plainfield Coalition
- Hospitals
- Lunch Break
- Media
- Monmouth County Health Department
- Monmouth Medical Center
- Neighborhood Health Services
- New Jersey Governor
- Parker Family Health Clinic
- Pharmacies
- Riverview Medical Center
- Robert Wood Johnson University Medical Center
- School System
- Urgent Care
- VNA
- Walgreens
- YMCA/YWCA

Dementia/Alzheimer's Disease

- Adult Day Care Services
- Alzheimer's Association
- Alzheimer's Foundation
- Community Clubhouses
- County Division of Aged
- Doctor's Offices

Family Resource Center

Federally Qualified Health Center

Hackensack Meridian Health Raritan Bay Medical Center

Hope Tower

Hospitals

Library

Meridian at Home

Nursing Homes

Online Resources

Transportation Services

VNA

Diabetes

ADA

American Diabetes Association

Asbury Park VA

Booker Family Health Center

Casa Freehold

CentraState

CHEMED Health Center

Diabetic Educators

Doctor's Offices

Family Health Centers

Food Pantries

Food Stores With Healthy Choices

Freehold Area Health Department

Freehold Health Center

Hackensack Meridian Health

Health Coalitions

Hospitals

JDRF

Library

Monmouth Family Health Center

Neighborhood Connections to Health

Neighborhood Health Services

Nutrition Services

Parker Family Health Clinic

Parks and Recreation

Pharmaceuticals

SCAN

Senior Centers

Support Groups

VNA

VNAHG

Weight Watchers

YMCA/YWCA

Disability & Chronic Pain

Pain Management Doctors

Physical Therapy

Heart Disease & Stroke

American Heart Association

Doctor's Offices

Family Health Centers

Food Stores With Healthy Choices

Hospitals

Library

Parker Family Health Clinic

Parks and Recreation

SCAN

Screenings

Senior Centers

VNA

YMCA/YWCA

Infant Health & Family Planning

Booker Family Health Center

CARC

Doctor's Offices

Family Health Centers

Family Services

Hospitals

Monmouth County Health Department

Partnership for Maternal and Child Health

Planned Parenthood

School System

State Department of Education

VNA

Injury & Violence

180 Turning Lives Around

Brain Injury Alliance of New Jersey

Children's Interagency Coordinating Council (CIACC)

Colleges

Community Affairs and Resource Center

Community Policing

Fire Department

First Aid

Healthy NJ

Hospitals

JCMC Trauma Center

Mercy Center

Police Department

Project Heal

School System

Shelters

Therapists

Kidney Disease

Doctor's Offices

Mental Health

2nd Floor Youth Hotline
Acute Care
Cancer Care Hope Line: 800-813-HOPE
Cancer Hope Network: 877-567-3638
CARC
CCIS
Churches
Counselors
CPC
Division of Behavioral Health
Doctor's Offices
EISS
Elijah's Promise
Family Success Center
Freehold Area Health Department
Freehold Health Center
Friend4Life.org
Hackensack Meridian Health
Health Department
HMH - Rosa Pavilion
Hospitals
Mary's Place by the Sea
Mental Health Non-Profits
Mental Health of Monmouth County
MHA
Middletown Helps Its Own
Monmouth County Behavioral Health Services
Monmouth/Ocean Mental Health Associations
Neighborhood Connections to Health
New Jersey Hopeline
Pediatric Psychiatric Collaborative
PESS
Preferred Behavioral Health Group
Project Paul
Psychologytoday.com
Riverview Medical Center
Rutgers
School System
Society for the Prevention of Teen Suicide
Therapists
Trauma Survivors Network
Urgent Care
VNA
YMCA/YWCA

Nutrition, Physical Activity, & Weight

Asbury Park Tennis Initiative
Bayshore Lunch Program
CentraState
Community Workshops
Fitness Centers/Gyms
Food Bank
Food Pantries
Food Stores With Healthy Choices
Freehold Area Health Department
Freehold Health Center
Hackensack Meridian Health
Hospitals
Kula Urban Farm
Lunch Break
MacroBites
Mary's Place by the Sea
Memorial Sloan Kettering Cancer Integrative Center
Municipal Alliances
Neighborhood Connections to Health
Nutrition Services
Online Resources
Parker Family Health Clinic
Parks and Recreation
School System
Senior Centers
Social Services
Support Groups
VNA
YMCA/YWCA

Oral Health

Doctor's Offices
Federally Qualified Health Center
Neighborhood Health Services
VNA

Respiratory Disease

Hospitals
JCMC Trauma Center
Online Resources
Rutgers Quit Center
Smoking Cessation Programs

Sexual Health

Garden State Equality

Hospitals

Jersey Shore Medical Center

Jersey Shore University

School System

VNA

Substance Abuse

AA/NA

Addictions Hotline of New Jersey

Carrier Clinic

Churches

CPC

Crossroads Substance Abuse Centers

Discovery House

Endeavor House

Freehold Municipal Alliance

Hackensack Meridian Health

Hospitals

Jersey Shore University

Media

MHA

Monmouth County Addiction Services

Monmouth County Behavioral Health Services

Monmouth Reserve Net

Municipal Alliances

New Hope IBHC

NJPN

Online Resources

Preferred Behavioral Health Group

Prevention 1st

Prevention Coalition of Monmouth County

RAFTS/Hope Sheds Light

Rehab

School System

Substance Abuse Non-Profits

Support Groups

Tiger Project

VNA

YMCA/YWCA

Tobacco Use

Churches

Doctor's Offices

Jersey Shore University

Monmouth County Behavioral Health Services

Municipal Alliances

New Jersey Tobacco Hotline

Prevention 1st

Prevention Coalition of Monmouth County

Rutgers Quit Center

School System

Smoke-Free Places

Smoking Cessation Programs

Support Groups

APPENDIX

EVALUATION OF PAST ACTIVITIES

Background

In 2019, Hackensack Meridian *Health* Riverview Medical Center completed a Community Health Needs Assessment (CHNA) and developed a supporting Community Health Implementation Plan (CHIP) to address identified health priorities. The strategies implemented to address the health priorities reflect Hackensack Meridian *Health's* mission and commitment to improving the health and well-being of the community.

Guided by the findings from the 2019 CHNA and input from key community stakeholders, Hackensack Meridian *Health* leadership identified the following priorities to be addressed by the CHIP:

- Behavioral Health (Mental Health & Substance Abuse)

- Chronic & Complex Conditions

- Wellness & Prevention (Risk Factors)

- Social Determinants of Health & Access to Care

The arrival of COVID-19 shortly after the approval of the CHNA and CHIP shifted the priorities of our community and the world. We swiftly adapted to enact measures to keep staff and patients safe, ensure continuity of care, integrate new technologies and strategies to adjust to the new environment and leverage partnerships to meet emerging needs. The following sections outline our work to impact the priority health needs and respond to COVID-19 in our area.

Behavioral Health

Goal: A community where all residents have access to high quality behavioral health care, and experience mental wellness and recovery	
Objective	**Key Accomplishments / Highlights**

Support efforts to reduce stigma associated with mental health and substance use issues	• **71** behavioral health related social media posts, HealthU articles, podcast episodes, etc. aimed at raising awareness and reducing the stigma associated with mental health and substance use issues
	   o **186,449** engagements on behavioral health social media posts and podcast plays
	
	• **49** Behavioral Health related HealthU articles
	   o **736,327** users reached through HealthU
	
	• Hackensack Meridian *Health* signed a pledge to be a Stigma Free organization as part of the Monmouth County Stigma Free Movement

Continue to provide community education and awareness of substance use/misuse and healthy mental, emotional, and social health	• **20** behavioral health lectures offered to community members *Topics include: depression, coping with stress, meditation, mindfulness, and much more* o **620** community members educated • **302** Society for the Prevention of Teen Suicide Mental Health Crisis Toolkits provided to parents of teens
Continue to conduct universal mental health and substance use screening in patient-care settings	• **3,318** patients screened for suicide risk via PSS-3 & ASQ screening tool who were referred for follow-up • **276** pediatric patients screened for depression at the Family Health Center
Support opportunities to prevent and reduce the misuse of drugs and alcohol	• **2** school-based vaping education programs offered o **260** students educated on the facts about e-cigarettes and vaping, the risks and dangers, as well as available resources • **362** Narcan replacement kits provided to first responders, free of cost
Strengthen existing – and explore new – community partnerships to address mental health and substance use	• Participated in **53** local and regional health coalitions and task forces to promote collaboration, share knowledge, and coordinate community health improvement efforts around behavioral health issues

Chronic & Complex Conditions

Goal: All residents will have access to chronic disease education, screening, and management services to achieve an optimal state of wellness	
Objective	**Key Accomplishments / Highlights**
Continue to screen adults for chronic and complex conditions and risk factors in community-based settings, and refer those at-risk to appropriate services	● **2,172** free preventive health screenings provided in clinical and non-clinical settings through wellness fairs or stand-alone screening events *Screenings provided include: blood pressure, glucose, pulse, cholesterol, stroke risk assessment, vascular screening (AAA, EKG, ABI, & Carotid), diabetic retinopathy, memory, visual acuity, bone density, hearing, and balance.* o **279** community members with abnormal results who were referred for follow up
Continue to support community education and awareness of chronic and complex conditions	● **174** health education lectures provided by physicians and health care providers that focus on chronic and complex conditions *Topics include: Heart Failure, diabetes, Alzheimer's, Parkinson's, stroke, and much more* o **3,042** community members educated
	● **2** programs offered through faith-based outreach that focus on engaging diverse communities o **46** individuals educated
	● 2 septicemia educational programs offered o **9** individuals educated on sepsis prevention, identification, and treatment
	● **12** chronic disease self-management programs offered to community members o **117** community members trained in disease self-management
	● **39** support groups offered o **260** patients, family members and caregivers supported *Topics include: Breast Cancer, Stroke, Parkinson's Disease*
	● Participated in **15** local and regional coalition and task force meetings to promote collaboration, knowledge, and coordinate community health improvement activities related to chronic and complex conditions
Continue to monitor and coordinate for adults with chronic/complex conditions	● **112** uninsured, indigent patients receiving post-acute rehabilitation services through the Continuing Care Relief program

Wellness & Prevention (Risk Factors)

Goal: All residents will have the tools and resources to recognize and address risk factors that impact health and wellbeing	
Objective	**Key Accomplishments / Highlights**
Continue to provide education and counseling regarding wellness, health promotion, risk factors, and healthy behaviors	● **374** Body Mass Index (BMI) assessments provided to community members 　○ **289** abnormal results. Individuals were referred for follow up. ● **376** patients infected with HIV treated through the AIDS Ambulatory Care program
	● **25** wellness and prevention lectures by Physicians and health care providers offered to community members *Topics include: exercise, balance, diet, healthy cooking demonstrations, fall prevention, and much more* 　○ **707** community members educated on wellness and prevention ● **40** wellness and prevention lectures offered to children and teens *Topics include: Safe at Home, SafeSitter, Bike and Helmet Safety, exercise, and much more* 　○ **1,060** children and teens educated through wellness and prevention programs ● **17** smoking cessation programs offered to community members 　○ **71** community members equipped with the knowledge and tools to overcome their tobacco addiction
	● **4** Fitness-focused events offered to community members 　○ **134** community members engaged in fitness-focused events
	● **204** patient referrals provided for food stamps/SNAP and local food banks
	● **5** Healthy cooking demonstrations offered to community members 　○ **165** community members educated on how to prepare healthy and nutritious recipes
	● Participated in **40** coalition/task force meetings to promote collaboration, share knowledge, and coordinate community health improvement activities related to wellness and prevention
Support efforts to improve maternal and infant health	● **1,026** Influenza Vaccination provided to children in collaboration with the NJDOH Vaccines for Children program ● **516** pregnant women treated at the prenatal clinic ● **22** Childbirth Education classes held 　○ **67** expecting parents educated

Social Determinants of Health & Access to Care

Goal: All individuals will have the opportunity to be as healthy as possible, regardless of where they live, work, or play	
● **Objective**	● **Key Accomplishments / Highlights**
● ● ● ● ● ● ● **Support plans, programs, and policies that address barriers to achieving optimal health**	● **448** underinsured/uninsured patients provided with a 30-day supply of medications at their bedside prior to discharge ● ● **72** patients with identified social needs referred to community organizations from the Family Health Center ● ● **18,954** patients screened for social determinants of health and referred to community-based resources since launching the referral program in Spring 2021
	● **11,000+** community-based resources populated into NowPow, a community referral platform
	● **16** staff hours spent coordinating donations for various community needs such as food and coat donations
	● *Workforce development efforts:* ● **42** educational hours provided to EMT interns ● **144** physician assistant shadow hours provided ● **1,600** preceptorship hours provided to Dietetic interns ● **15** hours of nurse observation provided for students in the Nurse Externship program ● **1,329** nursing students who received hands-on training
	● Participated in **27** local and regional coalition and task force meetings to promote collaboration, share knowledge, and coordinate community health improvement activities related to social determinants of health
● **Support efforts to increase access to low cost healthy foods**	● **22** meals provided to patients per day through a collaboration with Fulfill of Monmouth and Ocean County
● **Support individuals to enroll in health insurance and public assistance programs**	● **438** patients assisted in health insurance enrollment
● ● **Address common barriers to accessing health care**	● **965** Physician Telehealth appointments conducted
	● **15** cultural competency trainings held for hospital clinicians and staff
	● **$51,658** spent providing transportation services to Behavioral Health patients in need, free of charge
● **Promote detection, education, and prevention of domestic and interpersonal violence**	● 4 Family Health Center patients experiencing domestic/interpersonal violence referred to community resources ●

COVID-19 Response

We worked together with local Health Departments and other community partners to meet the needs of the people of our community during the COVID-19 pandemic. We moved swiftly to implement institutional safety measures to protect patients and staff, ensure availability of personal protective equipment (PPE) to maintain continuity of care and respond to emerging demands from COVID-19 in a safe environment for all.

Together with the local partners and others, we quickly provided testing, education, and treatment for COVID-19, and rolled out a mass vaccination campaign in record time once vaccine for COVID-19 became available. Additionally, we have supported patients, staff and the broader community financial assistance, food and medicine, education, and social and emotional support throughout the pandemic. The following section represents some highlights of the wide range of support and actions undertaken by our team in response to the COVID-19 Pandemic.

Goal: Pivot hospital resources to address immediate needs of the community as a result of the COVID-19 public health crisis	
Objective	Key Accomplishments / Highlights
Provide community education and increase awareness of COVID-19 risk factors and prevention, signs and symptoms, and treatment.	The Community Outreach team transitioned all programs to a virtual platform, ensuring the continuation of vital community education ● **39** lectures provided by physicians and health care providers that focus on COVID-19 *Topics include: Signs and symptoms, treatment, vaccinations, coping with fears, and much more* ○ **4,298** community members educated ● Lectures were provided in multiple languages in order to reach our most vulnerable populations ● Collaborated closely with our established partners in the community to disseminate public health information as it rapidly changed, providing materials needed for COVID-19 prevention and overall safety
Provide COVID-19 Testing and Immunization in patient-care and community-based settings	● **76,542+** COVID patients treated across the Network ● **1,170,276+** COVID tests performed ● Stood up a COVID Vaccination Megasite along with **11** other sites across the State ○ **771,313+** COVID vaccines administered ● Opened several drive thru COVID testing tent sites to bring safe and convenient testing to our community, including our most vulnerable communities and first responders.

Ensure COVID-19 Response Coordination	- Established a Network COVID Command Center - Provides COVID-19 Situational Analysis & Update - Provides Clinical Guidelines - Worked closely with hospital-based Command Center - Stood up a dedicated Staffing Command Center and Workforce Reassignment Office (WRO) to evaluate how we could reassign existing team members to support COVID needs across the Network - Introduced many new COVID-specific processes that required additional hands *Examples of roles include: Temperature checker/screener, Fit-testing supervisor, Family Communication Specialist, Contact Tracer, Clinical Helper, Personal Protective Equipment observer, and more*