

North Jersey Health Collaborative



your health matters

Community Health Needs Assessment

Passaic County 2016

Prepared for the North Jersey Health Collaborative by the Center for Population Health Sciences @ Atlantic Health System

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EXECUTIVE SUMMARY

The North Jersey Health Collaborative is a 501(c)3 organization with over 120 partner organizations aligned around shared goals for collective impact. In 2015, the Collaborative conducted a year-long process of community-based assessment entitled “Painting a Picture of Community Health”. Throughout this process, 107 community leaders participated from 56 organizations representing 12 community sectors.

The data collection process encompasses several elements including:

- Demographic Data
- Key Data Indicator report of over 140 indicators on njhealthmatters.org and other sources
- Key Informant Survey with responses from 74 community leaders
- Show Us Health Community Art Contest with 50 participants

After data were collected, a data review session was held July 2015 at Chilton Medical Center and a list of list of 16 issues were identified by the participants.

From August through December, the County and Data committees worked together to hone the issues and dig deeper into the indicators, populations, and drivers for each. Finally, in December, the Passaic County Committee voted to select five priority issues:

1. Access to HealthCare
2. Caregiver Health
3. Heroin
4. Diabetes
5. Cardiovascular Diseases

In January 2016, workgroups were formed and an implementation planning process developed to generate objectives, outcomes, strategies and action steps on each priority issue.

ABOUT NJHC

Who we are

The North Jersey Health Collaborative is an independent, self-governed 501(c)(3) organization with a diverse set of partners representing health care, public health, social services and other community organizations. See Appendix A for a full list of NJHC 2015 Funding Partners and Executive Committee Members

What we do

Our core function is a shared process of community needs assessment and health improvement planning to identify the most pressing health issues and facilitate the development of collaborative action plans to address them.

By working together in unprecedented ways, our partners are strategically aligning their efforts and resources to achieve collective impact on the health of our communities, accomplishing together what we could never do alone.

Our Story

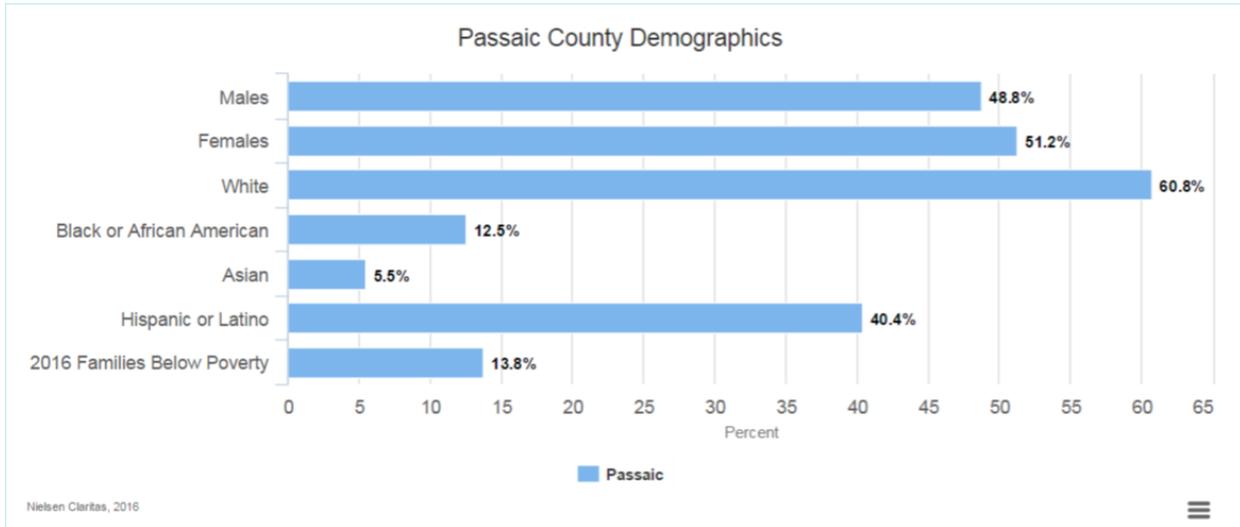
In October 2013, nine visionary organizations came together to incorporate a new entity called the North Jersey Health Collaborative. Having seen the division and duplication that existed between many assessment, planning and implementation activities across the county, the group set out to find ways to "coordinate the efforts and resources of public health, health care, and other organizations to maximize our impact on the health status of our communities and minimize avoidable illness, injury and hospitalization."

From that humble beginning, almost 100 organizations have signed on to partner with NJHC with the list of funding partners growing to over 20. In October 2014, NJHC officially launched the NJHealthMatters web portal to house and share data and resources with the community.

For more about the North Jersey Health Collaborative visit our website @ www.njhealthmatters.org or contact NJHC Manager, Catherine Connelly @ Catherine.connelly@njhealthmatters.org.

ABOUT PASSAIC COUNTY

Passaic County is the northernmost county in the State of New Jersey. Its county seat is Newton. It is part of the New York City Metropolitan Area. As of the 2010 United States Census, the county had 149,265 residents, an increase of 5,099 (3.5%) over the 144,166 persons enumerated in the 2000 Census, retaining its position as the 17th-most populous county among the state's 21 counties.



African American residents of Passaic County account for 12.5% of the population, 40.4% are Hispanic/Latino, and 60.8% are Caucasian. The median household income in Passaic County is \$61,292. However, income inequality is at 47% with 13.6% of the population living below the poverty level. Moreover, 18% fall beneath the ALICE (asset-limited, income-constrained and employed) survival threshold.

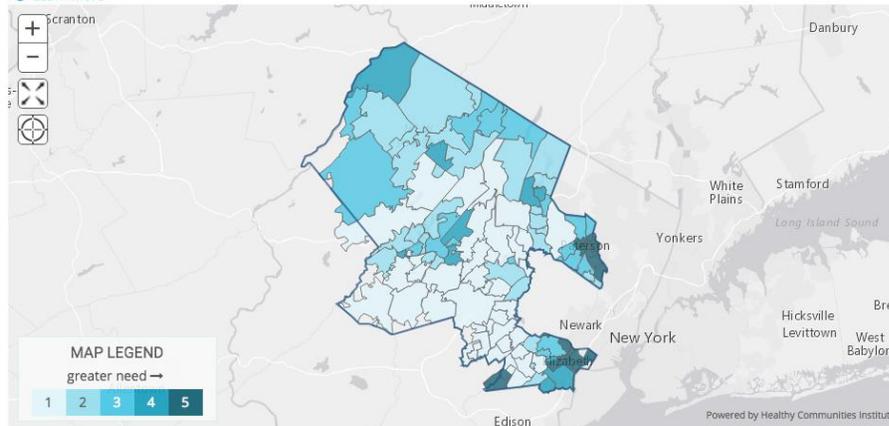
SocioNeeds Index

The **2016 SocioNeeds Index**, created by [Healthy Communities Institute](#), is a measure of socioeconomic need that is correlated with poor health outcomes.

All zip codes, counties, and county equivalents in the United States are given an **Index Value** from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are **ranked** from 1 (low need) to 5 (high need) based on their Index Value.



[Learn More](#)



[SocioNeeds Index](#) Highlights Areas of Passaic County with Greater Vulnerabilities

For complete demographic information on Passaic County, please visit njhealthmatters.org.

KEY INDICATORS REPORT

Utilizing the North Jersey Health Collaborative web portal and other sources, the NJHC Data Committee (see Table 1 for list of members), independently analyzed over 140 indicators for Passaic County. Indicators were grouped into topic areas and a collaborative writing process resulted in the summaries that follow.

Table 1: NJHC Data Committee Membership

| Name | Organization |
|-------------------------------------|---|
| Ashley Anglin, Ph.D. | Atlantic Health System |
| David Asiamah, Ph.D. | Atlantic Health System |
| Osman Beretey | United Way of Greater Union County |
| Bernice Carr | Student/AHS intern |
| Daniela Chieffo | Student/AHS intern |
| Amanda DeFelice | Visiting Nurses Association |
| Sharon Johnson-Hakim, Ph.D. (Chair) | Atlantic Health System |
| Annie McNair | Union County Office of Health Management |
| Jodi Miciak | United Way of Northern New Jersey |
| Robert Schermer | Morris Regional Public Health Partnership |
| Kathy Skrobala | Borough of Lincoln Park, Health Dept. |
| Arlene Stoller | Morris County Office of Health Management |
| Tracy Storms-Mazzucco | Sussex County Department of Health |
| George Van Orden, Ph.D. | Volunteer, Retired Health Officer |

Access to Care

Access to care refers to an individual's ability to find, use, and pay for health care and preventive services when they are needed. Health insurance is part of access, but not all of it. Location of care providers, language spoken, cultural competency, hours open, and [health literacy](#) practices all influence access. In 2014, 80.1% of [adults in Passaic County had health insurance](#). This rate represents a significant increase over the previous three years, however among Hispanic or Latino residents of the county only 67.35% have health insurance coverage. For the same time period, 95.2% of [children in Passaic County had health coverage](#); this number is on par with the HealthyNJ 2020 Goal (95%), and short of the national HealthyPeople 2020 Goal (100%).



Of concern in Passaic County is the percentage of [women with no prenatal care](#), as well as the percentage that [do not get early prenatal care](#). For both of these issues, younger mothers (under age 24) and Black and Hispanic mothers were less likely to get early prenatal care than their peers. Passaic County is ranked 19 out of 21 NJ counties in [clinical care](#).

Caregiver Health

Caregiver refers to persons who are relatives or friends who provide a broad range of unpaid care to dependent children, spouses, parents, siblings, other relatives, friends and/neighbors. An estimated 44 million Americans over the age of 18 fit the above definition. Caregivers experience higher levels of depression compared to non-caregivers. In New Jersey, 22.9% of caregivers report moderate to severe depression (Atlantic Center for Population Health Sciences/United Way of Northern NJ – 2015). Among other challenges, caregivers are less likely not to fill a prescription because of the cost, they are less likely to visit the doctor, and they tend to have poor self-care. About [11.6% of Medicare](#) beneficiaries were treated for Alzheimer’s disease or dementia in 2016 with 31.3% treated for rheumatoid arthritis. Moreover, [4.9% of the Medicare Population](#) in Passaic were treated for stroke. In Passaic County, 9% of individuals have a [mental, physical or emotional disability](#) that limits their activities, 27.5% of [persons with a disability](#) live below the poverty level and 2.6% have a [self-care difficulty](#). There is general consensus that we lack adequate data to understand the full spectrum of caregiver health outcomes.



Heroin Use

Heroin is a naturally occurring opiate extracted from a range of poppy plants is one of the most highly addictive (23% of users become dependent) drugs of abuse. Heroin use can lead to overdose and death. In 2014 Passaic County saw 1,501 substance abuse treatment admissions for heroin in the County (44% of all admissions). Adults aged 25-29 accounted for 88% of heroin admissions and males represented 70% of all heroin admissions ([Substance Abuse Overview, 2014](#)). Passaic County in 2014 had an age-adjusted rate of substance use emergency department visits of [32 per 10,000](#) and a death rate due to drug poisoning of [6.9 per 100,000](#). Injection drug use presents an increased risk of the transmission of blood borne diseases such as [HIV/AIDS](#) and Hepatitis C.



Excessive use of a substance, usually in the form of alcohol or drugs. About 19.1% [drink excessively](#), and there were 35.3% [alcohol impaired driving deaths](#). The rate of age-adjusted alcohol related emergency department visits are [about 65.9 per 10,000](#). While [162% of adults](#) currently smoke.

Diabetes

Diabetes refers to a group of diseases that result in too much sugar in the blood, or high blood glucose. In Passaic County [33.3% of Medicare beneficiaries](#) have been treated for Diabetes however, only [83.5% of Medicare](#) patients with diabetes had a blood sugar test in the past year. Passaic County residents with diabetes have a higher than average risk of [dying from the disease](#) (compared to those with diabetes in other U.S. Counties), risk significantly higher in black-non-Hispanic population?. The age-adjusted death rate due to [hypertensive heart disease](#) is 11.5 per 100,000. Gender differences suggest males are more impacted at a rate of 13.7 per 100,000 while females account for a rate of 9.3 per 100,000.



Cardiovascular Disease

Cardiovascular diseases refers to heart conditions that include diseased vessels, structural problems, and blood clots. Passaic County has a significantly high rate of [heart failure among Medicare beneficiaries](#) at rate of almost 17%. Equally concerning are the high rates of [ischemic heart disease, atrial fibrillation](#) and [hyperlipidemia](#) among the Medicare population which stands at 31.9%, 9.1% and 53.2% respectively. Moreover, 4.9% of the Medicare population has been treated for [stroke](#). Compared to other counties in the United States, a moderate number of adults in Passaic County have [high blood pressure](#) (31.7%). Among adults on Medicare, 15.1% have been treated for [chronic kidney disease](#) a low number when compared to other counties in the United States.

Chronic Disease

Chronic Disease involves persistent, serious health conditions that can be controlled, but not usually cured. Chronic diseases are the most common, costly and preventable health problems in the U.S., and are directly related to health risk behaviors.



In Passaic County, 17.2% of [low-income, pre-school](#) (ages 2-4) children are obese and 24.1% of [adults](#) in Passaic County are obese. That's 1 in 4. Obesity has been linked to access to healthy foods. Passaic County is above average on [child food insecurity, food insecurity, and food environment index](#). Passaic County also has an above average [grocery store density](#) as well above average [low-income access to a grocery store](#), and above average on children with [low access to a grocery store](#). Moreover, Passaic county doesn't offer its residents adequate opportunities for physical activity with a poor [physical environment ranking](#) of 14, however, 99.4% of individuals have [access to exercise opportunities](#) and access to [recreation and fitness facilities](#) is above average.

Passaic County residents seem to fare relatively well in terms of chronic disease rates when compared to residents of other U.S. Counties. An exception to this statement is the high rate of [osteoporosis in the Medicare population](#).

Communicable Diseases

Communicable diseases are illnesses caused by an infectious agent. They can be spread from one person to another. They can also be spread from non-human sources (e.g., animals, insects, food). During 2014, the most common communicable diseases in Passaic County included [chlamydia](#) (2561 cases), chronic hepatitis C (472 cases), [gonorrhea](#) (639 cases), [Lyme disease](#) (190 cases) and campylobacteriosis (84 cases) (NJ Reportable Communicable Disease Registry). Of these, chlamydia and gonorrhea are sexually transmitted, Lyme disease is tickborne, hepatitis is mostly bloodborne (but also sexually transmitted), and campylobacteriosis is foodborne.



The rates for chlamydia appear have been increasing steadily since 2010 while the rates for gonorrhea appear to be fluctuating in such a manner that it is difficult to establish a trend over the same period of time. However,

adults aged 20-24 remain at highest risk for both of these diseases. An important strategy for preventing communicable diseases is through vaccination. Passaic County is doing an above average job of ensuring its [kindergarteners have the required immunizations](#).

Economic Health

Economic Health is defined by the presence of multiple resources (employment, income, government assistance, homeownership, affordable housing, and childcare) that impact the financial health of a community. The overall economic health of Passaic County and its residents is varied. Passaic County has a higher than average [per-capita income](#), [median household income](#), and average rates of poverty in: [children](#), [families](#), [individuals](#), and those [65 and older](#). Passaic County has higher rates of [unemployment](#) and [households receiving public assistance](#), lower rates of [homeownership](#) and high rates of [renters spending more than 30% of their income on rent](#).



Compared to all other NJ counties, the average [annual cost of childcare](#) (as a percentage of income) is average compared to other Counties in the U.S.; a factor that could impact a family's economic potential.

Additionally, Passaic County has a higher than average rate of [income inequality](#) ([Gini Coefficient](#) = .473). [Median Household Income](#) is lower than the county average (\$59,513) for Hispanic/Latino (\$40,233) and Black or African American households (\$33,710). [Unemployment](#) at the county level is 6%, a figure that has been trending down the past few years (data on ethnic/racial breakouts is not available).

Environmental Health

Environmental Health includes those aspects of human health, including quality of life, that are determined by physical (e.g., noise and temperature), chemical (e.g., toxic substances and air/water quality), and biological ([disease causing organisms](#)) factors in the environment. With regard to annual particle pollution in Passaic County, the American Lung Association indicates no monitor collecting data in the county. Particle pollutants in the air are harmful when inhaled, and contribute to things such as [asthma](#) among the Medicare population, cardiovascular disease, and premature death. In terms of its [public water systems](#), Passaic County performs in the worst half of U.S. Counties (with 28.5% of people in the county relying on water from a source with at least one violation). These environmental health conditions may have a negative impact on the health of Passaic County residents; Passaic County has an average percentage of [children with elevated blood lead levels](#).



Injury

Injury refers to unintentional harm or damage to the body. Included in this category are motor vehicle collisions, falls, and poisonings. Fatal injuries are the largest cause of death for young people in the United States. Passaic County currently meets the Healthy People 2020 goal for the age adjusted [death due to unintentional injuries](#), although the rates remain in the bottom half when compared to other NJ Counties. However, the rates have been on an upward trajectory since 2008 with males disproportionately impacted than females. The [age-adjusted rate for motor vehicle collisions](#) is also higher than the state average (mean), and has been on an upward trajectory in the past 6 years.



Maternal and Child Health

Maternal/Child Health encompasses the health care dimensions of family planning, the health of women during pregnancy (including prenatal care), childbirth, and the postpartum period, as well as the health status of infants and children. Overall, the state of Maternal/Child Health in Passaic County is good. The [infant mortality](#) (infants that die within their first year of life) and [babies with very low birth weights](#) are average to better than average. Additionally, Passaic County is doing an above average job of ensuring its [kindergarteners have the required immunizations](#) and the rates of [children](#) and [families](#) living in poverty are average compared to other U.S. Counties.



Neurological Diseases

Neurological Diseases affect the brain, spine, and the nerves that connect them. If something goes wrong with a part of the nervous system (brain, spine or nerves), a person could have trouble moving, speaking, swallowing, breathing, or learning. Despite the large number of conditions that fall into this category (over 600), population data at the county level is currently only available for three conditions: Alzheimer's disease, Dementia and Stroke. In Passaic County, the [age-adjusted death rate due to Alzheimer's](#) is 16.6 per 100,000. Although this value has stayed relatively consistent as of 2012, Passaic ranks in the top half among New Jersey counties.



Almost five percent (4.9%) of Medicare beneficiaries in Passaic County have been treated for a [stroke](#); this rate is higher than 75% of US Counties. Additionally, the [age-adjusted death rate for those who suffer a stroke](#) (or other Cerebrovascular Disease) in Passaic County is worse compared to other NJ Counties (33.5 deaths/100,000 population). Also, the rate is slightly higher for males than females. This meets the HealthyPeople 2020 target of reducing stroke death rate, but not the NJ2020 target (28.6 deaths per 100,000 population).

Wellness & Lifestyle

Wellness and Lifestyle factors encompass a broad range of individual behaviors, socioeconomic issues (social and economic experiences, including but not limited to education, income, and occupation), and community conditions that have the potential to impact one's quality of life, including physical, mental, and emotional health.



Life expectancy for residents of Passaic County is significantly higher than the national average (82.3 years for [Females](#), 77.2 years for [Males](#)). Data on life expectancy is only available at the zip code level or higher, meaning that we do not have information on life expectancy for specific neighborhoods. Passaic County has an average number of adults completing a [high school education or higher](#) (82.5%), however, 26.2% of residents do have [bachelor's degree or higher](#). While poverty rates for the county are low overall, there are several ethnic and racial disparities noted in income (e.g. [families living in poverty](#)).

One of the biggest challenges for Passaic County residents is housing, which includes affordability, over-crowding, and lack of a kitchen or plumbing. Passaic does well with the availability of [SNAP certified stores](#). Passaic County has 1.1 per 1,000. Passaic County residents experience [severe housing problems](#) associated with overcrowding, high housing costs, and lack of kitchen or adequate plumbing at a rate of 33.6%. About 62% of renters in Passaic County [spend 30% or more of their household income on Rent](#).

[Liquor store density](#) in the county is high (25.9 per 100,000). Data on civic participation shows that 63% of voters in Passaic County [voted in the last presidential election](#).

KEY INFORMANT SURVEY

In early 2015, an online survey was distributed to a diverse list of organizations across the region. Seventy-four participants answered two open-ended questions about the current health status of their communities: “What is working for health in our community?” and “What is not working for health in our community”. Responses were themed and analyzed by the data committee, then presented to the partners at the Data Review Sessions. The full results of the survey are below.

What’s Working

ACCESS TO CARE

- “Clients access to health care-hospital [through] informative workshops provided by various organizations.”
- “Affordable Care Act implementation--insurance and CHNA requirement for hospitals.”
- “Recent reports published by the feds, the state, and Rutgers indicates that enrollment with the affordable care act in New Jersey has been successful including enrollments by Spanish language people, a high risk group in Morris County.”
- “Our program is successful because we are going to the place of worship and not only going through a curriculum but actually asking for policy changes in the different places of worship. Thus, really tailoring different programs in a specific voice that appeals to the different segments of our community. The other factor that helps our community and their health is to have services in their own language. The increase in cultural competency in the delivery of services in the past few years has helped. Although it still needs to be improved there definitely has been a shift for the better.”
- “Agencies are working together with limited resources to provide the best care for the population of homelessness, victims of violence and mental health.”
- “The Affordable Care Act's improved access to coverage for acute and chronic health problems.”
- “A consistent pattern of awareness by all of our staff based on continued education and effective communication among the medical practitioners, patient navigators and the behavioral health department to ensure the patient's needs (not only medical) are met. These efforts result in better health outcomes for this patient.”
- “High insurance coverage.”
- “The major impact I have seen is the registration for the affordable care act.”
- “Many segments of our population have access to care, regular doctor contact, insurance, etc.”
- “Collaborations working toward healthy communities; access to health screenings.”
- “A community health needs assessment that reforms health system on gaps of care and opportunities to address them.”
- “Increased development of coalitions to increase awareness of health-related issues, e.g., screenings, increased activity, resources (e.g., caregivers’ coalition).”
- “Health screenings, fairs, senior health centers.”
- “More proactive activity by insurance companies and ACOs to their customers to monitor

health and improve patient compliance.”

- “Community sponsored screenings; active health board/coordinator; immigration program; newsletters; excellent senior program; terrific recreational facilities and programs for all groups; active community based organizations helping those in need.”
- “[We have] good community clinics.”
- “Community health day; educational classes on health and diabetes throughout the year; African American wellness coalition (initially about breast cancer).”
- “The local Y’s are working with patients with pre-diabetes in an effort to reduce their risk of progression to diabetes. Our practice is working with several Y’s and engaging our patients into these groups.”
- “Organizations like the Morristown Hospital, Zufall Health Center, and the Partnership are trying to reach out to the population without access to health care through seminars, workshops and screenings, providing a new way to get the much needed access to the health care system. It’s not easy to provide information of the community of Morris County, given the fact that it is one of the most diverse communities in New Jersey and it consists of multiple minorities that vary from town to town.”
- “We have Health Fairs that provide medical care.”

BEHAVIORAL HEALTH/SUBSTANCE ABUSE

- “A consistent pattern of awareness by all of our staff based on continued education and effective communication among the medical practitioners, patient navigators and the behavioral health department to ensure the patient’s needs (not only medical) are met. These efforts result in better health outcomes for this patient.”
- “Educational programs for children regarding drugs etc. Cooperation with local police on that aspect.”
- “[We help] people with psychiatric disabilities and co-occurring medical and/or substance abuse problems using a mobile multi-disciplinary support service. This includes specialty treatment professionals including substance abuse treatment and primary care.”
- “I think there is more being offered for children/adolescents with bullying, although I don’t believe we are where we need to be. I do think people are coming forward and making change.”
- “[We have] drug prevention programs for parents to attend.”

BUILT ENVIRONMENT

- “Parks and recreation are being recognized as integral to a healthy community and schools are including a child’s health as part of their responsibility.”
- “New bike signals/lanes and community gardens.”
- “New/improved sidewalks.”
- “Local parks and trailways; Morristown adding bike lane; town sports; start of gardens.”
- “Neighborhood walking trails (Patriots Path); biking trails; park and recreation areas; Morristown fun runs: playgrounds for kids.”

CANCER

- “We are providing a structured and supervised program for cancer survivors to rebuild cardiovascular endurance as well as muscle strength and range of motion.”

CARDIOVASCULAR

- “Posters for stroke awareness, newsletters from CES-Stroke awareness, CPR/First aid courses.”
- “We are providing a structured and supervised program for cancer survivors to rebuild cardiovascular endurance as well as muscle strength and range of motion.”
- “Monthly blood pressure screenings.”
- “[We do] monthly blood pressure screenings, quarterly blood glucose screenings.”

CHRONIC DISEASES

- “Our focus is sustainable changes that will support Healthy Nutrition and Physical Activity to reduce obesity and chronic disease.”
- “Free nutrition counseling to 5-10 people/week on cv, weight loss, diabetes, food allergies.”
- “[We] currently have over 25 organizations working to improve healthy living for Elizabeth for healthy nutrition, increased physical activity, school wellness and community health. These collaborations have also helped with our Diabetes Prevention work. We are currently reaching out to doctors and health centers to refer patients.”
- “[We do] monthly blood pressure screenings, quarterly blood glucose screenings.”

ECONOMIC HEALTH

- “Our legal services enable others to access funding such as food, housing etc. as a result of a successful/favorable decision. For example, successful representation in disability care means client has more resources to purchase food and to take care of their health.”
- “SHIP-Medicare counseling, Vita-income tax assistance...Financial health is as important as physical and mental.”

MATERNAL CHILD HEALTH

- “I think there is more being offered for children/adolescents with bullying, although I don't believe we are where we need to be. I do think people are coming forward and making change.”
- “[Our] programs were given lots of equipment and newsletter for the parents. The program was developed to combat childhood obesity. I have seen that this program is working especially with the younger age group. Teaching children at a very young age about reading labels, keep moving is vital in the fight against obesity. Education is the key!”
- “We are addressing the growing concern of childhood obesity by offering all 7th graders a free one year membership and teaching them the basics of fitness and a healthy lifestyle through small group training.”

- “I see a large number of young children, 2 months to 12 years old. What is working for the health of my community as it relates to immunizations and physicals is our full time nurse who screens, monitors and reminds parents on behalf of their children s health and wellness.”

WELLNESS AND LIFESTYLE

- “[Our] programs were given lots of equipment and newsletter for the parents. The program was developed to combat childhood obesity. I have seen that this program is working especially with the younger age group. Teaching children at a very young age about reading labels, keep moving is vital in the fight against obesity. Education is the key!”
- “Many recreational activities for all age groups, not just all sports.”
- “Having a park or trail within walking distance of people's homes. Not everyone has this but many do in Morris County.”
- “Our focus is sustainable changes that will support Healthy Nutrition and Physical Activity to reduce obesity and chronic disease. To this end our highlights in include: Community Gardens, Nutrition Education, Work Site Wellness, Walkability Audit, Community Forum on Health Equity, Development of Sustainable Models...All have impacted several hundred people as well as helped our collation grow to 20 organizations with 40 participants on 4 Work Groups - Access to Healthy Nutrition, Ability for Physical Activity, School Wellness and Community Health.”
- “Free nutrition counseling to 5-10 people/week on cv, weight loss, diabetes, food allergies.”
- “[We have] been affective in making some small changes for individuals on nutrition education, community gardens, worksite wellness and school wellness. [We] currently have over 25 organizations working to improve healthy living for Elizabeth for healthy nutrition, increased physical activity, school wellness and community health. Each work group will be attempting to find solutions which can lead to policy and environmental changes which we can funnel up to an advisory committee of leaders who can influence change.”
- “[We] do free cholesterol screens and diabetes screens. Also individual classes such as nutritional counseling given by dietitians (community classes and lectures).”
- “Within our organization, we are successfully creating a space for seniors to remain active -- physically and socially. The continued health and mobility of many of these members is fostered by their participation. In addition to helping seniors stay fit, we are addressing the growing concern of childhood obesity by offering all 7th graders a free one year membership and teaching them the basics of fitness and a healthy lifestyle through small group training.
- “Neighborhood connections; Great Horizon classes (community schools); bike signals/lane; walking groups (meetup.com); Patriot's Path; community gardens.”
- “Increased outdoor space; partnerships with gyms, farms, etc. to improve obesity rates.”
- “Increased development of coalitions to increase awareness of health-related issues, e.g., screenings, increased activity, resources (e.g., caregivers coalition).”
- “Terrific recreational facilities and programs for all groups.”
- “Local parks and trailways; Morristown adding bike lane; town sports; start of gardens.”
- “Neighborhood walking trails (Patriots Path); biking trails; park and recreation areas; Morristown fun runs: playgrounds for kids.”

- “Access to recreation, sports, and activities for all, with scholarship assistance for those in need. No child is turned away. Lots of free entertainment for families.”
- “Working for the health of our community means that you are taking a holistic approach to improving the lives of our community members by providing them with myriad opportunities to improve their health. More specifically, we at the Madison Area YMCA have implemented many different physical and emotional health programs that are available to the community, such as our Diabetes Prevention Program, LiveStrong program, Community Mental Health Initiative, our health screenings, and Parkinson’s Exercise Classes. These programs are all provided in addition to our fitness center, swimming pool, gymnastics center, basketball gymnasium, and outdoor fields; all of which subsequently directly improve the health of our community. We are lucky enough to partner with other local organizations that are also advocates for enriching our community’s health, such as: Whole Foods, Shop Rite, Pfizer, and others. With these partnerships, we as an organization are enabled to meet the diverse needs of our community as a whole, both within and outside the Madison Area YMCA.”
- “We have an active community. There are always people walking, running and riding bikes. Kids see this and learn that being active is a part of a healthy life.”

What Needs to Change

ACCESS TO CARE

- “Would like to see greater awareness of the programs and services available to individuals from sources which may not be considered "usual" providers.”
- “Consistent and effective communication amongst the local health care organizations concerning health issues, updates and latest innovative methods to treat patients alike is a must to improve the level of communication between health care providers and patient in order to improve health outcomes.”
- “I would like to see a system that connects medical, public health and social service efforts to best support the residents of our communities and to create sustainable change.”
- “Assist people to enroll in the affordable care act insurance opportunity.”
- “The greatest barrier to improving the health of Morris County residents remains the lack of willingness of health care providers to accept the payments offered through alternative forms of health care payments. The Affordable Care Act has help fund additional insurance plans, such as HMOs, however most providers in Morris County refuse their payments.”
- “Public Awareness of access to health care and healthy activities.”
- “Adequate insurance coverage and affordable health services is still something many of our families struggle with on a daily basis and more so when there is an emergency situation in the Hispanic community there are specific health problems affecting the community and we should be focusing our efforts to combat these on a larger scale and not with one or two programs. I guess more local awareness of what this looks like in our very own communities.”
- “Some homeless overuse emergency services (ambulance).”

- “Education and information in the right languages and the right levels will help too. Also if we provide screenings must provide solutions.”
- “Improved access to care, particularly specialty services.”
- “We need to address advance care planning in the community, especially in nursing homes.”
- “[We need] increased transparency/availability of resources, decreased redundant/separate efforts; resources to reach out to those who are "shut in" with decreased mobility and access to health care. [We need] fewer uninsured patients.”
- “[We need to] address access: reach out to those that really need to take advantage of the activities, opportunities, and programs.”
- “People suffer from Information overload: people need help interpreting and changing behaviors.”
- “[We need] improved communication regarding programs available to people.”
- “Reaching Seniors who are living at home in need of companionship/socialization.”
- “Transportation to and from medical care for seniors is a challenge. On demand medical transport is often not available or too expensive.”
- “We would like to see more Educational Programs, specifically for minorities without access to health care, and in their native languages.”
- “[We need] more health care providers, especially in the northern part of the county. West Milford, Ringwood, Wanaque, Pompton Lakes area.”
- “Rural, low-income, uninsured/underinsured, women - Mobilizing the community would be a great start. Providing more access and easier access to health care.”
- “I would like to see continuity of practice for local pediatricians, easier access to medical facilities and training for parents on the developmental stages of young children.”

BUILT ENVIRONMENT

- “There needs to be more programs that address the needs of the homeless population.”
- “[We need] more affordable housing.”
- “We missed an opportunity for bike lanes, walking paths on our streets.”
- “Having a park or trail within walking distance of people's homes. Have a farm market or distribution center for local fresh foods within a 10 min drive of people's homes.”
- “Transportation expansion.”
- “More community gardens.”
- “Improved transportation for low-income, seniors, and people with disabilities.”
- “We need more bike lanes; more community gardens; better transportation.”
- “We need neighborhood gardening areas.”

BEHAVIORAL HEALTH/SUBSTANCE ABUSE

- “I'd like to see more emphasis on emotional health and well-being. For example programs designed to help children (or adults) eat right and exercise, will have a hard time being successful without also addressing underlying emotional reasons that many people overeat.”

- “I'd like to see more peer support programs available for youth. Peer support builds resilience, breaks down barriers, improves communication, develops leadership, and decreases isolation. The peer support model provided by [some local] organizations work beautifully and powerfully for children grieving the loss of a parent or sibling due to death. But the model is also applicable for supporting children dealing with any type of loss and any type of life challenge. As a community-based model it is simple and affordable and yet life-changing and transformative.”
- “Change/limit access to prescription medicine that can be used for abuse ex. Painkillers, etc. Work on substance abuse issues in Sussex County. More collaborations for agencies [on this topic] in regards to combining community events... [it's] easier for the community.”
- “Decrease the number of underage drinking. Decrease the numbers of drinking and driving. Decrease the numbers of alcohol/drug related incident/calls. Decrease numbers of suicides.”
- “Stress reduction, substance Abuse, sensitivity to those who do not have the resources to live healthfully.”
- “Continue to develop organizational community wide meetings of Community Benefit Organizations with major "other" players in the delivery of health care inclusive of Behavioral Health care and other supports within our community.”
- “Substance abuse [is] very high.”
- “[We need to address] substance abuse and mental health issues.”
- “There needs to be more funding available to help persons with mental health, homelessness, violence in their lives to successfully live in the community.”
- “Better, more coordinated care between traditional health and mental health clinicians and other health and mental health community resources.”
- “More tobacco education, support groups, free medicine to help individuals quit. Lobby the State of NJ to have \$\$ put in the budget. NJ is the only state in the Union to have no money in its budget and collects close to a billion in taxes dollars in settlement taxes and \$2.70 on every pack.”
- “Though we have progressed a great deal concerning our attitudes toward mental illness, negative stigma and uneducated opinions are still pervasive, specifically in our community. Together with our local organizations and experts the Madison Area YMCA's Community Mental Health Initiative seeks to eradicate this toxic stigma through educational seminars and community awareness activities. In addition, we seek to provide Mental Health First Aid trainings for both YMCA staff and community members, thus enabling others to provide individuals experiencing a mental health related crisis. The CMHI will target issues that are relevant to our community, such as stress/anxiety related mental illnesses, eating disorders, depression and other mood disorders, and other relevant topics. In collaboration with the North Jersey Collaborative, we can begin to educate our community and surrounding areas on the prevalence of mental illness; which directly correlates to a reduction in negative stigmatization.”
- “We need drug awareness!”

- “Environmental change can help to move the needle in addressing the health of a community. With the current 'opiate epidemic' being seen in our state and in our county, we need to continue a focus on addressing this issue through prevention, education and policy change.”

CANCER

- “[We need to address] cancer rates for breast and skin.”
- ““There are many health issues plaguing our communities including obesity, diabetes and certain cancers that are preventable, treatable and sometimes even reversed with proper diet and nutrition.”
- “More tobacco education, support groups, free medicine to help individuals quit. Lobby the State of NJ to have \$\$ put in the budget. NJ is the only state in the Union to have no money in its budget and collects close to a billion in taxes dollars in settlement taxes and \$2.70 on every pack.”

CARDIOVASCULAR

- “Funding Phase III Cardio Rehab program for patients recovering from heart disease and open heart surgery.”
- “Need to increase awareness and education regarding cardiac and vascular disease. Large diabetic population who are high risk for cardiovascular disease.”

CHRONIC DISEASES

- “We have a large population of [clients] from India. These people are vegetarians. A large majority of these adults suffer from adult onset diabetes. I would like to see specific programs addressing and educating them on controlling their diabetes.”
- “There are many health issues plaguing our communities including obesity, diabetes and certain cancers that are preventable, treatable and sometimes even reversed with proper diet and nutrition.”
- “We would like to see a focus on diabetes prevention.”
- “[We need to address the] large diabetic population who are high risk for Cardiovascular disease.”

COMMUNICABLE DISEASES

- “[We need] more educational programs regarding public health and outbreaks, like enterovirus or Ebola virus.”

ECONOMIC HEALTH

- “The greatest barrier to improving the health of Morris County residents remains the lack of willingness of health care providers to accept the payments offered through alternative forms of

health care payments. The Affordable Care Act has help fund additional insurance plans, such as HMOs, however most providers in Morris County refuse their payments.”

- “There needs to be more programs that address the needs of the homeless population.”
- “[We need] greater income equality - the gap between the rich and poor keeps growing.”

MATERNAL CHILD HEALTH

- “I'd like to see more peer support programs available for youth. Peer support builds resilience, breaks down barriers, improves communication, develops leadership, and decreases isolation. The peer support model provided by [some local] organizations work beautifully and powerfully for children grieving the loss of a parent or sibling due to death. But the model is also applicable for supporting children dealing with any type of loss and any type of life challenge. As a community-based model it is simple and affordable and yet life-changing and transformative.”
- “We would like to see a focus on childhood obesity and school wellness.”
- “We need to lower childhood obesity rates.”
- “We need to address childhood obesity, especially among the underserved.”
- “[We need] greater involvement of schools in nutrition education.”
- “Children are underserved.”
- “There should be improved emphasis on exercise in schools.”

WELLNESS AND LIFESTYLE

- “Public Awareness of access to health care and healthy activities.”
- “There are not many affordable opportunities for exercise or movement activities for families. The need for recreation departments to really start more activities like soccer leagues for both children and adults.”
- “[We need to support] tobacco cessation.”
- “[Eradicate] food deserts.”
- “Access to healthy foods and knowledge on what that looks like. People need to be able to buy affordable healthy foods close to home but also have the knowledge to make the healthy choice.

Working with the entire family is important, especially to impact obesity. Getting to the right people and ensuring that all people are able to participate. Health equity is extremely important. Meeting people where they are at and providing what they need to be healthy. We have seen community gardens bring communities together and provide needed fresh vegetables. Whether they are sustainable for long term change we are not sure. If we could find sources or fresh fruits and vegetables at low cost in convenient locations consistently this may be helpful.”

- “I think there should be more opportunity for healthy living changes. Example instead of sitting thru a free lecture that says yoga and meditation is good for you- there should be more free meditation and yoga classes offered. For people who can't afford gyms- more walking groups and exercise in the park programs, etc.... These things can be expensive and people may not be able to afford to go. Therefore educating that it is good for them is futile.”

- “Less smoking, less obesity, more medication compliance.”
- “We missed an opportunity for bike lanes, walking paths on our streets.”
- “Way too much dependence on medications to treat everything. More prevention and education on diet, exercise, health lifestyle. The mind and body are disconnected in our health care system. We need to reconnect them with an integrated/holistic approach.”
- “Having a park or trail within walking distance of people's homes. Have a farm market or distribution center for local fresh foods within a 10 min drive of people's homes.”
- “Healthy Eating. Increase in Exercise.”
- “There are many health issues plaguing our communities including obesity, diabetes and certain cancers that are preventable, treatable and sometimes even reversed with proper diet and nutrition. The community at large would benefit from nutrition education, specifically on the benefits of adopting a high or exclusive plant-based diet. Not only are plant strong diets deemed as adequate and sustainable during all stages of life by the American Dietetic Association, but has also shown to be the health-promoting diet in various comprehensive and extensively conducted research studies. Let's get our communities to learn about the importance of choosing "forks over knives" and consume foods that will actually create sustainable health benefits.”
- “We would like to see a focus on childhood obesity, school wellness, and overall community health which would impact sustainable change for healthy eating and physical equity in low income vulnerable communities.”
- “Identify venues and opportunities to educate residents about healthy lifestyle choices. Lower childhood obesity rates.”
- “I would like to see additional opportunities for programs outside of our building. Partnering with other organizations in our community who are focused on healthy living would provide additional space and a broader audience to the message of healthy living.”
- “More community gardens.”
- “We should focus on nutrition, exercise, [and] stress reduction.”
- “We need to address diet (more attention to what we eat) and exercise (more of it at all ages).”
- “We need more community gardens.”
- “Reaching Seniors who are living at home in need of companionship/socialization.”
- “More programs offered at recreation centers.”
- “We need more family events at parks....turkey trots, holiday run/walks; neighborhood gardening areas.”
- “More tobacco education, support groups, free medicine to help individuals quit. Lobby the State of NJ to have \$\$ put in the budget. NJ is the only state in the Union to have no money in its budget and collects close to a billion in taxes dollars in settlement taxes and \$2.70 on every pack.”
- “Healthier communities through healthy eating and exercise to reduce obesity.”
- “[We need] fresh fruits and vegetables available throughout the county; safer neighborhoods; breakfasts in schools.”

- “We need some fitness type program, non-competitive, for youth in our town. Not sports, just fitness.”

Organizational Strengths

ACCESS TO CARE

- “[We provide] direct service delivery to those with limited access.”
- “Our organization has served the community through a range of services for over 38 years. Our expertise has relied in our bilingual, bi-cultural services. Presently, we are also leading the charge with providing legal immigration services.”
- “[We provide] Access to physicians and other health care providers.”
- “We provide legal representation for individuals with housing evictions, disability cases for social security, Medicare, health access.”
- “[We have] the ability to assist clients with shelter, counseling and legal advocacy.”
- “Our staff is able to accept and meet each member where they are and help them take the next step in their journey with care and compassion. We do not turn anyone away from the life changing opportunities that we offer because of an inability to pay.”

BUILT ENVIRONMENT

- “Permanent housing is also an important ingredient for health and we have partnerships with housing organizations to assist the people we serve to access decent, affordable living arrangements.”
- “We provide legal representation for individuals with housing evictions, disability cases for social security, Medicare, health access.”
- “[We have] the ability to assist clients with shelter, counseling and legal advocacy.”
- “[We provide] facilities [for] physical activity, gardening, meeting space, event locations.”
- “As a public agency, we are the primary county provider of parks, open space, facilities, etc. Our programs reach across demographic sectors. Most programs are free or low cost. Parks and facilities are scattered throughout the county. Besides the space to hold programs and gather residents together, we are also enhancing our community connections and partnerships and are able to tap into this network to ensure that parks and recreation are recognized as a resource for community health.”
- “We are well versed and talented in creating parks and trails within communities and articulating why these features are important green infrastructure. We work with landowners to explain conservation alternatives for their properties. We work with legislators at all levels to defend already preserved lands. We manage 25,000 acres of natural areas to protect natural resource values. We organize an annual conference and programs for the NJ Land Trust Network that promote best practices, successful strategies and solutions to common problems. Our staff helps towns and counties preserve land that can be considered an essential infrastructure for health and wellness.”

BEHAVIORAL HEALTH/SUBSTANCE ABUSE

- “[We offer] free peer support, programs, and services for children who have lost a family member for as long as they need. This provides them with skills and long-term coping for their long term well-being.”
- “Proven effectiveness of hotlines for decreasing states of anxiety and hopelessness. Proven effectiveness of hotlines to prevent emergency situations. Proven cost effectiveness of hotlines. Excellent community trainings in Excellence in Listening, Mental Health First Aid, Suicide Awareness, Applied Suicide Intervention Skills and Learning to Prevent Teenage Suicide. Want to partner to outreach to more people, expand the known continuum of mental health services and to collaborate with other mental health agencies and providers for cost effectiveness.”
- Our main strength is building resilience in children and teens coping with loss. [We] also do an excellent job of training volunteers and educating adults and youth in the community about grief and loss, its impact on emotional and physical health, and what the community can do to support anyone who is grieving. We have expertise in the peer support model, volunteer management and training, collaboration and community education.”
- “[We are] expanding services by integrating wellness and primary care with our mental health services and supports.”
- “[We have] the ability to assist clients with shelter, counseling and legal advocacy.”

CANCER

- “[Our] cancer exercise program provides a safe, supervised environment that allows each survivor to progress at their own pace and be supported along the way. After the expense of cancer treatment the fact that there is no fee makes the program accessible where a fee based program many not be. Our staff is able to accept and meet each member where they are and help them take the next step in their journey with care and compassion. We do not turn anyone away from the life changing opportunities that we offer because of an inability to pay.

CARDIOVASCULAR

- “We support heart patients through in-hospital visits before and after open heart surgery.”

ECONOMIC HEALTH

- “[We offer] SHIP and VITA programs.”

ENVIRONMENTAL HEALTH

- “We have primarily strengths in environmental aspects of public health.”

MATERNAL CHILD HEALTH

- “[We have] Ideas for early childhood programs and school age programs.”
- “The mission of our school is to provide high-quality pre-school education to all of our children regardless of the family's ability to pay. Given our 17 year history, we have deep expertise in

project base learning, family support, incorporating the arts, and meeting the health needs of our children.”

- “[We have] strong committed leadership focused on strengthening the foundations of community for youth development, healthy living and social responsibility.”
- “[We bring] knowledge on healthy eating and physical activity standards for schools and working with children. We are currently working with 7 schools to support changes for improved nutrition and physical activity.”

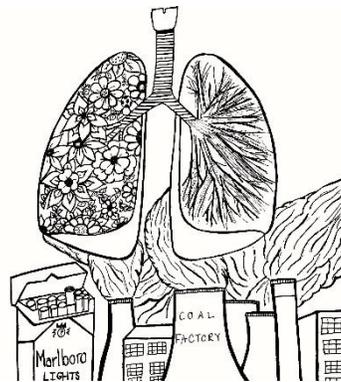
WELLNESS AND LIFESTYLE

- “[We have] strong committed leadership focused on strengthening the foundations of community for youth development, healthy living and social responsibility. We bring health and wellness expertise.”
- “[We provide] facilities [for] physical activity, gardening, meeting space, event locations.”
- “[We have] expertise in physical activity and living healthy and community collaboration....[We bring] knowledge on healthy eating and physical activity standards for schools and working with children. We are currently working with 7 schools to support changes for improved nutrition and physical activity. [We have] contacts with the Department of Health, Union County Agencies and municipalities who support policy and environmental changes for health living.”
- “As a public agency, we are the primary county provider of parks, open space, facilities, etc. Our programs reach across demographic sectors. Most programs are free or low cost. Parks and facilities are scattered throughout the county. Besides the space to hold programs and gather residents together, we are also enhancing our community connections and partnerships and are able to tap into this network to ensure that parks and recreation are recognized as a resource for community health.”
- “We are well versed and talented in creating parks and trails within communities and articulating why these features are important green infrastructure. We work with landowners to explain conservation alternatives for their properties. We work with legislators at all levels to defend already preserved lands. We manage 25,000 acres of natural areas to protect natural resource values. We organize an annual conference and programs for the NJ Land Trust Network that promote best practices, successful strategies and solutions to common problems. Our staff helps towns and counties preserve land that can be considered an essential infrastructure for health and wellness.”
- “Our organization provides a wide range of community programs. We have specialists in all areas. Registered Dieticians provide the nutrition lectures; physical therapists provide the musculoskeletal health lectures, etc.... This provides the community the ability to receive information from experts in each field.”
- “We have a long history of providing fitness and healthy living options to our community. Our fitness centers have the latest equipment, our class offerings are varied and our trainers, instructors and staff are trained by national organizations as well as being governed by the principles of [our organization]. We have been able to adapt and fill needs within the community as they arise.

- “We offer non-professional social support through weekly discussion groups, and a diverse schedule of weekly programs designed to educate, entertain, and engage. We offer opportunities for civic activism and partner with northern NJ non-for-profits to help their programs through education, collaboration, benefit shows and other fundraisers.”

SHOW US HEALTH

In addition to the quantitative data analysis and qualitative key informant survey, NJHC held a “Show Us Health” Community Art Contest. Community residents were encouraged to submit a photo, painting, poem or other piece of art to demonstrate what health looks like to them. A total of 40 submissions were received ranging from professionals to college students to children. Submissions were themed by the Data Committee and presented back to partners in preparation for the Data Review Sessions.

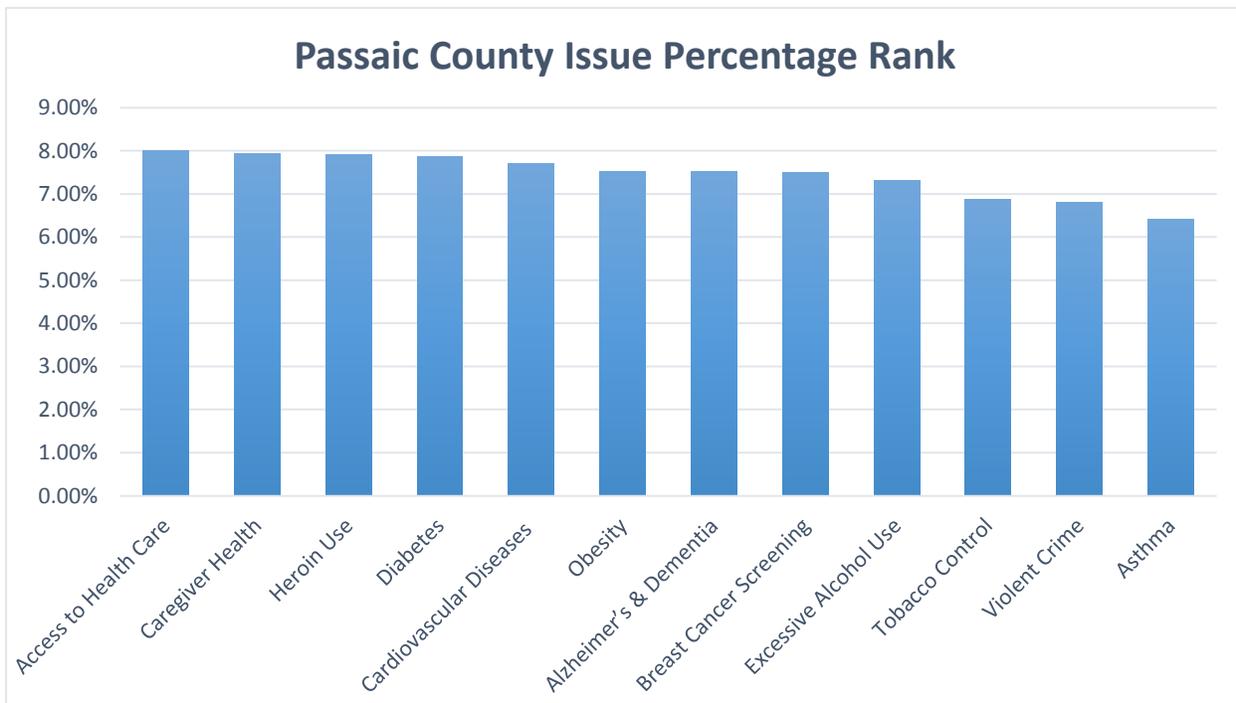


To see all the submissions, visit the [Show Us Health page](http://njhealthmatters.org/show-us-health) in the Resource Library @ njhealthmatters.org.

DATA REVIEW & PRIORITIZATION SESSIONS

In July 2015, a data review session was held at Chilton Medical Center hosted by Chilton Neighbors for Better Health with invitations extended to relevant organizations throughout the county. During this session, a research assistant from the Collaborative presented data and the participants weighed in, providing details on issues that had been identified and selecting additional issues that were not picked up in the existing data flow. At the end of the meeting, a total list of sixteen issues had been developed for further discussion.

Figure 1: Percentage of Vote to Top Issues



DIGGING DEEPER

After identifying the top 12 issues listed above, the Committee with support from the Data Committee entered a process of “digging deeper” to increase understanding of the issues. This included:

- Analysis of hospitalization and emergency department records
- Identification of available stakeholders and resources
- Incorporation of grassroots community feedback via focus groups and survey cards
- Interviews with key informant leaders in priority areas

The final data summaries below were presented to the County Committees for prioritization and made publically available on the North Jersey Health Collaborative website.

Issue A: Caregiver Health

Caregiver refers to persons who are relatives or friends who provide a broad range of unpaid care to dependent children, spouses, parents, siblings, other relatives, friends and/neighbors. An estimated 44 million Americans over the age of 18 fit the above definition. Caregivers experience higher levels of depression compared to non-caregivers. In New Jersey, 22.9% of caregivers report moderate to severe depression. Among other challenges, caregivers are less likely not to fill a prescription because of the cost, they are less likely to visit the doctor, and they tend to have poor self-care. About [11.6% of Medicare](#) beneficiaries were treated for Alzheimer’s disease or dementia in 2016 with 31.3% treated for rheumatoid arthritis. Moreover, [4.9% of the Medicare Population](#) in Passaic were treated for stroke. In Passaic County, 9% of individuals have a [mental, physical or emotional disability](#) that limits their activities, 27.5% of [persons with a disability](#) live below the poverty level and 2.6% have a [self-care difficulty](#). It is generally agreed upon that we do not have adequate data to understand the full spectrum of caregiver health outcomes. A person can take on caregiving responsibilities at any point across the lifespan. There is general stress associated with holding a caregiving role that impacts health, however the most vulnerable caregivers include: - The elderly and those under 18 years of age - Those with poor health before they took on the caregiving role - Those who are geographically or linguistically isolated - Low-income caregivers, including A.L.I.C.E. *population often hard to locate, as caregivers don’t always identify as caregivers. Drivers include: Strain/stress of caregiving responsibilities, lack of time for general self-care and own medical appointments, social isolation / lack of social support, and loss of wages due to time demanded by caregiving activities.

Issue B: Cardiovascular Diseases

Cardiovascular diseases refers to heart conditions that include diseased vessels, structural problems, and blood clots. Passaic County has a significantly high rate of [heart failure among Medicare beneficiaries](#) at rate of almost 17%. Equally concerning are the high rates of [ischemic heart disease](#) and [hyperlipidemia](#) among the Medicare population which stands at 31.9% and 53.2% respectively. Moreover, 4.9% of the Medicare population have been treated for [stroke](#). Impacted populations include Black, non-Hispanics are more likely to die from [heart disease \(217.4/100,000\)](#) or [hypertensive heart disease \(19.3/100,000\)](#), Males have higher death rates from [heart diseases \(234.5/100,000\)](#) and [hypertensive heart disease \(12.3/100,000\)](#), and Medicare beneficiaries over aged 65 have higher rates of

cardiovascular diseases including hypertension. Geographies impacted include Patterson, which had the highest emergency department visits for general hypertension (avg rate = 46.59/10,000). Other geographies with high rates include Passaic (29.05) and Haskell (28.78). Moreover, emergency department visits for atrial fibrillation are highest in Wanaque (31.70/ 10,000 population), Oak Ridge (20.75/10,000 population), Pompton Lakes (20.67/10,000 population) and Totowa (20.31/10,000 population). Lastly, emergency department visits for acute myocardial infarction were highest in Wanaque (131.32/10,000), New Foundland (79.40/10,000), West Milford (46.80/10,000) and Hewitt (46.66/10,000). Primary drivers are obesity and tobacco use. With respect to obesity, [24.1% of Passaic County adults aged 20 and over are obese](#). This may be caused by physical inactivity ([24.5% of adults are sedentary](#)) and food access ([2% of adults over 65 have low access to grocery stores](#)) while [16.7% of Passaic County adults currently smoke](#).

Issue C: Heroin

In 2014, there were 1,501 substance abuse treatment admissions for heroin in Passaic County (44% of all admissions). The 2014 rate of substance abuse related emergency department visits was [32.0 per 10,000 population \(↓ from 41.6 in 2013\)](#). Adults aged 25-29 (88% of heroin admissions) and males (70% of heroin admissions) Municipalities with the highest number of heroin and other opiate treatment admissions were:

Paterson: 909
 Passaic: 179
 West Milford: 83
 Clifton: 80
 Wayne: 63

Although the drivers of heroin addiction are complex, environmental/socioeconomic, legal problems and dependent living appear to be contributing factors outside of prescription opioid dependence. With regard to environmental/socioeconomic factors, 88% of substances abusers in Passaic County are <133% of the Federal Poverty Level, 38% are not in the labor force 29% are unemployed, 42% completed high school and 16% had some college. For persons with legal problems 28% are in drug court, 23% probation/parole, and 16% with DWI/DUI account for admitted abusers in Passaic County. Lastly, dependent living/institutionalize account for 27% of abusers in treatment for heroin.

Issue D: Excessive Alcohol Use

Excessive alcohol use among adults in Passaic County account for a range of poor health outcomes. [15.1% of Passaic County adults report excessive alcohol use](#). (= since 2003-2009) this has contributed to the [rate of alcohol-related emergency department visits \(65.9 per 10,000\)](#) (2013). The average rate for New Jersey counties is 42. Alcohol has also been implicated in [33.3% of motor vehicle deaths](#) (↑ from 31.8 from 2008-2012). Among impacted populations are [non-Hispanic Blacks \(128.5/10,00\)](#) and [males \(100.1/10,000\)](#) who were found to be more likely to visit the emergency department due to alcohol-related issues. The high density of liquor stores in Passaic County ([25.9 stores/100,000 population](#)) particularly in low income communities contribute to this problem.

Issue E: Tobacco Control

Tobacco use is the leading cause of avoidable illness and death in the United States. Tobacco use has been implicated in a range of cancers, chronic lung diseases (e.g. emphysema and bronchitis), [heart disease](#), and pregnancy related problems (e.g. low birth weight, stillbirth, and birth defects). A myriad of factors influence tobacco use. Risk factors include race/ethnicity, age, education, and socioeconomic status.

Issue F: Alzheimer's Disease & Dementia

Alzheimer's, the most common form of dementia, is a progressive disease that impacts memory, thinking and behavior. It is the 6th leading cause of death in the United States. In [Passaic County, 12.0% of Medicare Beneficiaries \(and 13.3% of those over 65\) are being treated for Alzheimer's disease or dementia. Females \(17.2/100,000\) and White, Non-Hispanics \(16.7/100,000\) have higher age-adjusted death rates due to Alzheimer's disease.](#) Demographic data on prevalence is unknown.

Issue G: Access to Health Care

In Passaic County, 80.1% of adults have [Health Insurance](#), however, only 67.3% of Hispanic Adults are covered. Additionally, 4.8% of children [do not have health insurance](#). Hispanic adults are more likely than their peers not to have health insurance. For adults: [males \(77.5%\), Hispanic/Latino \(67.3%\), and Other Race \(66.0%\)](#) residents had lower percentages of health insurance. This was highest among adults aged 18-24 (77.2%) and 25-34 (75.2%). For children: Rates were highest among [Hispanic/Latino \(92.6%\) and Other Race \(92.8\)](#). Individuals who accessed insurance via the exchange may be under-insured or subject to high deductible plans. Barriers to accessing care include lack of health insurance, cost, lack of appointment time due to limited hours of operation and lack of transportation (including distance), poverty, A.L.I.C.E and immigration status. Additionally, perceptions of a lower quality of medical and dental care, lack of specialists, cost and wait times (Access to healthcare resource needs assessment, 2013-2014).

Issue H: Diabetes

In Passaic County, [32.8% of Medicare beneficiaries were treated for diabetes](#) in 2012 (=since 2009), but only [83.2% of Medicare diabetes had a blood sugar test](#) in the past year. Adults 65 and older have the highest risk. In the general population, [males have higher rates of diabetes \(10.0\) than females \(8.3\)](#) in Passaic County (unknown for Medicare beneficiaries).

Issue G: Asthma

Asthma is chronic disease involving the airways in the lungs. [Six percent of Passaic County Medicare beneficiaries](#) were treated for asthma in 2012 (= since 2009). This is among the worst counties in the U.S. Among this population, 10% of those 65 and under have asthma. Drivers include Air Pollution: [Air quality index in Passaic County was "3" from 2011-2013](#) and [smoking](#).

Issue H: Obesity

Among Passaic County residents, [24.1% of County adults](#) (= from 23.7% in 2008) and [17.2% of low-income preschool children](#) (= from 18.3% in 2006-2008) were obese. This adult rate is significantly

better than the U.S. average (31.2%), but the preschool rate is among the worst in the nation (average = 13.2%). However, disparities exist among Lower-income children and males who account for 26.5% of obesity among adults compared to 21.9% of females. Drivers include, the lack of physical activity: [24.5% of Passaic adults 20 and up are sedentary](#) (i.e. no physical activity in past month); access to recreation facilities: Rate of [0.1 fitness and recreation facilities per 1,000 population](#) (near U.S. average). [99.4% of Passaic County residents](#) live reasonably close to a park or recreational facility; and access to healthy foods: 21.4% of Passaic County children lived in a household that experienced food insecurity in the past year. Farmers market density is below the U.S. average ([0.01 markets per 1,000 population](#)).

Issue I: Lyme Disease

There were [190 cases of Lyme disease](#) in Passaic County in 2014. This rate represents an increase, up from 177 in 2010.

Issue J: Violent Crime

From 2010-2012, there were 497.3 violent crimes per 100,000 population in Passaic County. Municipalities with the highest rates of violent crimes per 100,000 population in year-to-date 2015 were:

Paterson City: 460.33

Passaic City: 212.09

Haledon borough: 180.33

Clifton: 105.78

Prospect Park: 85.25

Woodland Park: 76.15

Totowa: 74.05

Wanaque: 62.97

Lowest Rates were in Hawthorne (15.97), Wayne (18.28) and North Haledon (23.76)

Issue K: Osteoporosis

Osteoporosis is a disease that causes bones to become weak and brittle to the point that falls, mild stresses or even coughing can lead to a fracture (Mayo Clinic, 2016). In Passaic County, [7.7% of Medicare beneficiaries](#) were treated for osteoporosis in 2012 (down from 8.6% in 2009). Drivers include smoking, excessive alcohol use, and the lack of physical activity.

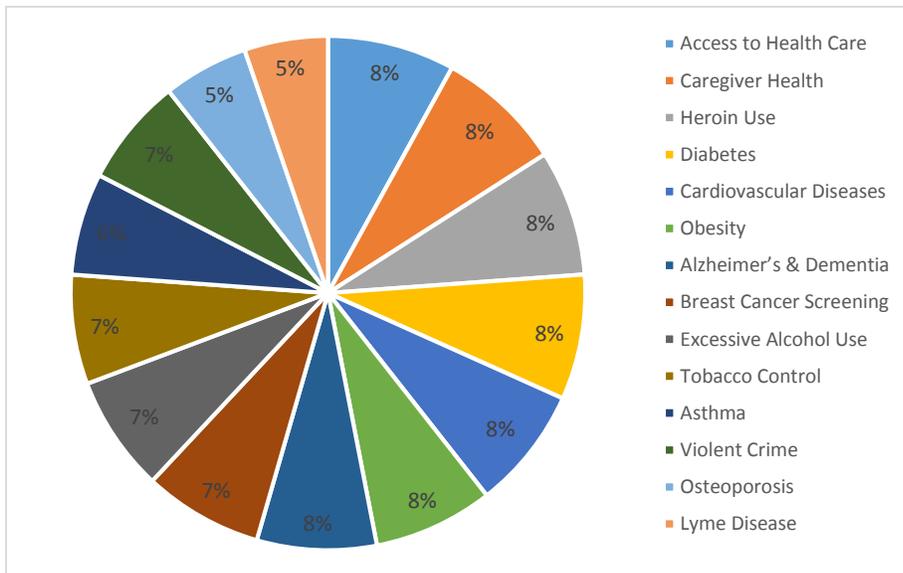
FINAL PRIORITIZATION

Thirty-nine organizations voted either in the County Committee meeting or online in the week following the meeting. Table 2 shows the final results and ranks and Figure 2 shows that 41.09% of the vote was given to the top five issues.

Table 2. Final Prioritization Rankings

| | Importance | Impact | Total | Rank |
|-----------------------------------|------------|--------|--------------|------|
| Access to Health Care | 8.63 | 7.40 | 16.02 | 1 |
| Caregiver Health | 8.17 | 7.69 | 15.87 | 2 |
| Heroin Use | 9.19 | 6.65 | 15.84 | 3 |
| Diabetes | 8.08 | 7.69 | 15.76 | 4 |
| Cardiovascular Diseases | 8.05 | 7.69 | 15.41 | 5 |
| Obesity | 8.16 | 6.92 | 15.08 | 6 |
| Alzheimer’s & Dementia | 8.13 | 6.91 | 15.05 | 7 |
| Breast Cancer Screening | 7.45 | 7.56 | 15.01 | 8 |
| Excessive Alcohol Use | 8.27 | 6.35 | 14.62 | 9 |
| Tobacco Control | 7.44 | 9.19 | 13.78 | 10 |
| Asthma | 6.69 | 6.17 | 12.86 | 11 |
| Violent Crime | 7.73 | 5.89 | 13.63 | 12 |
| Osteoporosis | 5.54 | 5.20 | 10.73 | 13 |
| Lyme Disease | 5.97 | 4.55 | 10.52 | 14 |

Figure 2. Percent of the Final Vote by Issue



IMPLEMENTATION PLANNING

In January 2016, the top five issues were revealed to the County Committees and work groups were formed to build objectives, strategies, outcomes and action steps within each priority issues. Using a process informed by the Kansas Health Institute and other reputed sources in the public health, the process will develop a shared plan with measurable strategies for ongoing monitoring and evaluation. Table 3 (below) displays the process to be followed. Implementation plans will be released via the NJHC website in mid-2016.

Table 3. Implementation Planning Timeline

| Step | Deliverables/Outcomes | Due Date |
|---|---|-------------|
| Kickoff @ County Committee Meetings | Issue Statement (Worksheet #1) Stakeholder Identification Exercise (Worksheet #2) | January |
| Stakeholder Engagement Scorecard | Worksheet #3 (completed by Workgroup lead) | February 1 |
| Objective & Outcome Development | Worksheet #4 (partial) | February 29 |
| Intervention Development & Barrier Assessment | Worksheet #4 (partial) and #5 | March 31 |
| Community Asset and Stakeholder Assessment | None: Report Created by Atlantic Center for Population Health Sciences | March 31 |
| Stakeholder Engagement Scorecard | Worksheet #3 | April 1 |
| County Committee Meeting | Share Objectives, Outcomes and Intervention Strategies with larger group for feedback and alignment | April |
| Stakeholder Engagement Scorecard | Worksheet #3 (completed by Workgroup lead) | May 1 |
| Action Planning & Community Health Improvement Matrix | Worksheet #6 Worksheet #7 Partner MOUs: Worksheet #8 | May |
| Final Plans Submitted to NJHC Board | Board Approval of Implementation Plan | June 30 |
| County Committee Meeting- Launch of Implementation Process | NA | July |

APPENDIX A: NJHC 2015 FUNDING PARTNERS & EXECUTIVE COMMITTEE

2015 Funding Partners

| Public Health | |
|---|---|
| Hanover Township Department of Health | Sussex County Department of Human Services |
| Morris County Office of Health Management | Union County Health Officer's Association |
| Morris Regional Public Health Partnership | Warren County Department of Health |
| Passaic County Public Health Partnership | Westfield Regional Health Department |
| Pequannock Township Health Department | |
| Health care | |
| Atlantic Health System | Visiting Nurse Association of Northern New Jersey |
| Saint Clare's Health System | Zufall Community Health Centers |
| Community Organizations | |
| Fairleigh Dickinson University-School of Pharmacy | Sage Eldercare |
| Mental Health Association of Morris County | Skylands RSVP |
| Morris Area Wellness Partnership | Sussex County Department of Human Services |
| Morris County Prevention is Key | United Way of Greater Passaic County |
| Partnership for Maternal & Child Health | United Way of Northern New Jersey |

Executive Committee

| Position | Member | Organization |
|--|-----------------------------|--|
| President, Chair | Chris Michael Kirk, Ph.D. | Atlantic Health System |
| Vice Chair | Kiran Gaudio | United Way of Northern New Jersey |
| Treasurer | Faith Scott, MPH, FACHE | Visiting Nurse Association of Northern New Jersey |
| Secretary | Arlene Stoller, MPH, CHES | Morris County Office of Health Management |
| Data Committee Chair | Sharon Johnson-Hakim, Ph.D. | Atlantic Center for Population Health Sciences |
| Communications & Marketing Committee Chair | Michael Ferguson | Skylands RSVP Volunteer Resource Center |
| Sussex County Committee Co-Chair | Becky Carlson | Center for Prevention & Counseling |
| Sussex County Committee Co-Chair | Christine Florio | Sussex County Division of Community and Youth Services |
| Morris County Committee Chair | Peter Tabbot, MPH | Morris Regional Public Health Partnership |
| Union County Committee Chair | Juanita Vargas | United Way of Greater Passaic County |

APPENDIX B: PASSAIC COUNTY PARTNERS 2015

Active Partners

| | | |
|-------------------------------------|-------------------------------|-----------------------------|
| Alzheimer's Association | Home Instead Senior Care | ShopRite of Wayne |
| American Cancer Society | Information Newtork on Aging | United for Prevention |
| American Lung Association | New Bridege Services | United Way of Pasaic County |
| Atlantic Health System | NJ School Nurses Association | Wayne Health Dept |
| Cedar Crest | Passaic County Dept of Health | Wayne Social Services |
| Christian Health Care Center | Pequannock Health Dept | Wayne Township Alliance |
| Chilton Medical Center | Push to Walk | West Milford Health Dept |
| Clifton Health Dept | Ringwood Health Dept | |

APPENDIX C: PRIORITY HEALTH ISSUES

Passaic County priority health issues meeting

Chilton Medical Center, Pompton Plains

September 29, 2015

Stakeholder discussions and questions by topic

Access to care

1. "How was data derived?" It is possible that the percentages in Paterson drive up the presented rate".
2. "Is access to care still an issue?"
3. "I have witnessed problem with access:
 - a. People are not educated enough to know how to get care.
 - b. No system for adults. For example, in one situation the mother speaks Spanish, got care for child but none for adult.
 - c. Transportation is also an issue."

Behavioral Health

1. "It appears that there is nothing (no data) on mental health patients visit to the ER on the NJHC website".
 - a. See flare ups in both substance abuse and mental health disorder
 - b. There is increase in heroin use.
 - c. Lots of emphasis on suicide rate (high)
 - d. Not enough community providers to take patients with no insurance, or on Medicaid
 - e. Some behavioral health patients may have insurance but their deductible is too high to seek care or to return. They do not want huge bills.
 - f. Psychiatric patients may not actually record on forms filled out in ER that they are a mental health patient. They may have multiple ailments.
2. "There are not enough beds in mental health facilities for psychiatric patients, hence they go to the ER."
3. "There are lack of resources, to include insufficient leadership."

Farmers Market Density

1. "Too expensive; most people cannot afford."
2. "Some farmers market give out SNAP dollars, but a lot of people do not know that this program exist."
3. "Need parents buy-in. It is hard to change children and parents habits"

4. "Ethnic markets are also a factor; certain populations like to get certain foods. It comes down to the parents. Parents say they do not know how to cook a lot of the vegetables."
5. "Some people have no time to learn and then cook healthy foods."

Cancer

1. "Is it that people put off screening, till they are very ill?"
2. "Give the seniors a mobile van and they will go to get the screening."
3. "Need better control of tobacco. Get policy advocates to change. Example Shop Rite to stop selling."

Cardiovascular Diseases

1. "The numbers seem low. Have an aging population and we (in cardiology) see these incidences increase. Hypertension is of concern as well; typically in older people"
2. "Valvular disease also an issue."
3. "Awareness, low screening (or record of) could be a reason for the low rate. The advisory board see 20 plus point increase in this diseases in coming years."
4. "It is more an economic versus a clinical issue."
5. "Heart disease is the number one cause of readmission in hospitals." Contributing factors:
 - a. "Some elderly live alone."
 - b. diet
 - c. Access
 - d. Ability to take their medications correctly
 - e. Smoking
6. "Need resources to navigate and mitigate barriers".
7. "We tried to get retired nurses to volunteer go to homes but they do not want to," said leader in Nurse Association.
8. "Some patients have dementia and/or psychiatric issues."

Other Chronic Disease

1. "Getting to appointment is an issue."

Crime

1. "Data is skewed by Paterson"

Low Birth Weight

1. "Data is skewed."

Lyme disease

1. “The actual number of cases may be higher than 180 (as reported).”
2. “Why is the number going up? Because:
 - a. It was not looked at as a disease
 - b. Better testing
 - c. More physicians are screening for it.
 - d. People go out to walk in the woods.”

Alzheimer’s disease

1. “A lot of elderly are now staying here.”
2. “Not a lot of resources and affordable care. Don’t leave these people alone/neglected.”
3. “Some children cannot take care of their ill parents.”

Obesity

1. “Fast food driving.”
2. “Lack of education.”

Caregivers

1. “Burnt out”.

Final words/ wrap-up

“Is there any way to get in-depth evaluations and data in the county, separated by urban, rural, sub-urban communities?”

“How do we get data to be more representative? Use insurance data?”. “Data sharing is one way; through CVS, Hospital records etc.”

“Get incident data by zip codes”

“Stake holder and organization outreach should be made to be parallel with the topic”