

North Jersey Health Collaborative



your health matters

Community Health Needs Assessment

Sussex 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, three data review sessions were held in Sussex County and a total of 125 issues were identified. In July 2015, County committee and Data committee members voted to narrow the list to 16 issues (the top 20% of the vote).

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 Sussex County Committee voted to select five priority issues:

1. Substance Abuse
2. Access to Care
3. Obesity
4. Mental Health
5. Transportation

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

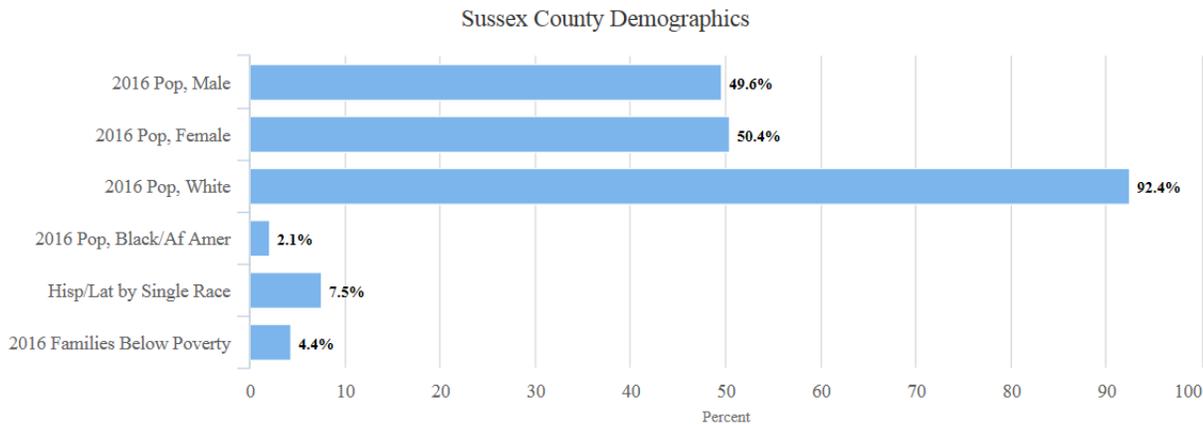
In October 2013, nine visionary organizations came together to incorporate a new entity called the North Jersey Health Collaborative. Having seen the division and duplication that existed between many assessment, planning and implementation activities across the county, the group set out to find ways 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 SUSSEX COUNTY

Sussex 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 Sussex County account for 2.1% of the population, 7.5% are Hispanic/Latino, and 92.4% are Caucasian. The median household income in Sussex County is \$87,300. However, income inequality is at 39.2% with 7% of the population living in poverty. Moreover, 23% 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

MAP LEGEND
greater need
1 2 3 4 5

Powered by Healthy Communities Institute

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

For complete demographic information on Sussex 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 Sussex 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 Sussex 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	Sussex 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

Substance Abuse

Substance Abuse refers to the excessive use of a substance, usually in the form of alcohol or drugs. About 58% of adults in Sussex County [binge drink](#), 18.2% [drink excessively](#), and there were 32% [alcohol impaired driving deaths](#). The rate of [age-adjusted alcohol related emergency department visits](#) are about 34.8 per 10,000. While 18% of adults currently smoke, over 50% of them have smoked over 100 cigarettes in their lifetime. Among 8th and 7th graders, 29% and 14.5% respectively reported past year alcohol use in 2012. Sussex County ranks among the top 5 counties with heroin treatment admissions with [439 per 100,000](#) residents. As of 9/30/15, Sussex County had 17 overdose deaths (9 involved heroin, 14 involved prescription drugs, 3 involved multiple drugs which included Fentanyl). Between 1/1/15- 11/12/15 Narcan had been administered 46 times in Sussex County, 44 of those were administered by Law Enforcement and 2 of those times by Emergency Medical Squad Personnel. Municipalities likely to be disproportionately impacted are Newton, Sussex, & Hopatcong (from NJ211 Partnership Report Addictions Hotline 2013-2014).



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, 89.6% of [adults in Sussex County had health insurance](#). This value has remained stable over the past few years, with Hispanic or Latino less likely to have insurance coverage. For the same time period, 98.1% of [children in Sussex County had health coverage](#); this number is above the HealthyNJ 2020 Goal (95%), and short of the national HealthyPeople 2020 Goal (100%).



Also of concern in Sussex County is the percentage of [women with no prenatal care](#) as well as the percentage who [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. Sussex County is ranked in the middle of NJ counties in terms of [clinical care](#).

Mental Health

Mental Health is a term that encompasses both mental health issues, as well as substance abuse. Substance abuse refers to misuse of alcohol, drugs (both illegal and prescription), and tobacco. Almost 1 in 4 adults in Sussex County report not having enough [social support](#) from friends and family. Social support is an important component of both mental and overall health because it helps individuals deal with stress. [Suicide rates](#) are high (well above the Healthy People 2020 Guidelines).



It is generally agreed upon that we do not have adequate data to understand the full spectrum of behavioral health challenges experienced by the diverse populations living within Sussex County, nor do we know the unique health needs or substance abuse patterns of those with mental illness. The only direct data we have on mental illness rates in Sussex County are on [depression within the Medicare population](#), adults with a [depressive disorder](#), and adults with an [anxiety disorder](#) (all of which are better than the national average). Finally, no data is available on youth under the age of 18.

Obesity

Obesity rates show the percentage of adults aged 20 and older who are obese according to the Body Mass Index (BMI). This issue includes Obesity in Children & Obesity in Adults. In Sussex County, 15.3% of [low-income, pre-school](#) (ages 2-4) children are obese and 25.5% of [adults](#) in Sussex County are obese. That's 1 in 4. Children of low-income families. Almost 1 in 3 Males (29%) are obese versus females (21%) in the county. Males were less likely to report physical inactivity, but reported higher rates of poor nutrition (no daily fruit 32.4% and no daily vegetables 17.5%) and more likely to be obese (29.3%) Lower income and non-college educated individuals were more likely to report poor physical health, physical inactive, and to suffer from obesity and/or diabetes.



Obesity has been linked to access to healthy foods. Sussex County is above average on [child food insecurity](#), [food insecurity](#), and [food environment index](#). Although Sussex County has an above average [grocery store density](#) as well above average [low-income access to a grocery store](#), 8.8% of children have [low access to a grocery store](#).

In 2013, 17% of adults surveyed reported [no physical activity in the past month](#). Moreover, Sussex county doesn't offer its residents adequate opportunities for physical activity with a [physical environment ranking](#) of 18, however, 95.6% of individuals have [access to exercise opportunities](#) and access to [recreation and fitness facilities](#) is above average.

Transportation

Transportation plays a significant role in building and maintaining healthy communities and can be linked to health in areas such as physical activity/obesity, injury levels, air pollution and associated respiratory diseases, social capital and mental health and environmental justice/social equity. Data suggests less than 1.7% of people [commute to work using public transportation](#) a number that is well below the Healthy People 2020 target of 5.5. Additionally, 83.6% of Sussex County residents [drive alone to work](#) with 56.3% of those being [solo drivers with long commutes](#). Sussex County drivers commute on average about [38.3 minutes](#) to work. This number has remained relatively stable for years.



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.



Sussex 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 rate of [osteoporosis in the Medicare population](#). Additionally, 8% of adults in Sussex County have been diagnosed with [diabetes](#), 1 in 4 of those enrolled in [Medicare](#) have diabetes (84.2%; diabetes [screenings](#) of this population are inadequate). Sussex County residents with diabetes have an average risk of [dying from the disease](#) (compared to those with diabetes in other U.S. Counties).

Almost 1 in 4 (25.5%) adults in Sussex County is [obese](#). This data is not available at the sub-county level, nor are racial/ethnic breakdowns available. However, close to 1 in 6 (15.3%) of [low-income preschoolers](#) in Sussex County are obese as well.

Data from the 2013 Community Health Needs Assessment also showed a meaningful number (9%) of adults with [pre-diabetes](#), of [adults with arthritis](#) (27%), and [adults with asthma](#) (8%).

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 Sussex County included [chlamydia](#) (179 cases), chronic hepatitis C (122 cases), [gonorrhea](#) (12 cases), [lyme disease](#) (258 cases) and campylobacteriosis (18 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 have been increasing since 2010-2013 but saw a slight decline in 2014 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 still remain the group highest at risk for both of these diseases.

An important strategy for preventing communicable diseases is through vaccination. Sussex County is doing a below average job of ensuring its [kindergarteners have the required immunizations](#), and that [adults get flu shots](#). [Pneumonia vaccinations](#) are below average and is supported by an average (mean) [age-adjusted death rate for pneumonia](#) within the county.

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 Sussex County and its residents is varied. Sussex County has a higher than average [per-capita income](#), [median household income](#), and low rates of poverty in: [children](#), [families](#), [individuals](#), those [65 and older](#), [households receiving public assistance](#) and [unemployment](#), and high rates of [homeownership](#). Sussex County is below average compared to all other U.S. counties for, rates of [renters spending more than 30% of their income on rent](#). Additionally, 23% percent of households in Sussex County are considered [“ALICE”](#) (Asset Limited, Income Constrained, Employed).



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

Additionally, Sussex County has a lower than average rate of [income inequality](#) ([Gini Coefficient](#) = .398). [Median Household Income](#) is slightly lower than the county average (\$87,397) for Hispanic/Latino (\$84,479) and Black or African American households (\$82,835). [Unemployment](#) at the county level is 4.4%, 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 respect to [annual particle pollution](#) in Sussex 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](#), cardiovascular disease, and premature death. In terms of its [public water systems](#), Sussex County performs in the lower half of U.S. Counties (with 19.1% 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 Sussex County residents; Sussex County has a worse-than-average percentage of [Medicare enrollees with asthma](#), and a lower-than-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. Sussex County currently meets the Healthy People 2020 goal for the age adjusted [death due to unintentional injuries](#), although the rate remains 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 more 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 for 6 years. Additionally, Sussex County has a [high rate of adults 45 and older experiencing a fall in the last 3 months](#), moreover, those persons with an income under \$75,000 fall at higher rates (23.2%) than those making more than \$75,000 (16.0%)



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 Sussex County has room for improvement. The most pressing concerns at the county level include [infant mortality](#) (infants that die within their first year of life) and [babies with very low birth weights](#). Additionally, Sussex 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 low.



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 Sussex County, the [age-adjusted death rate due to Alzheimer's](#) is 29.7 per 100,000. Although this value is in decline as of 2012, Sussex has the second highest rate among New Jersey counties.



Almost five percent (4.2%) of Medicare beneficiaries in Sussex 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 Sussex County is worse compared to other NJ Counties (32.1 deaths/100,000 population). Also, the rate is slightly higher for females than males. This meets the HealthyPeople 2020 target of reducing stroke death rate, but not the NJ2020 target (28.6 deaths per 100,000 population).

Data from the 2013 Community Health Needs Assessment also showed that 2% of [adults reported having suffered a stroke](#).

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 Sussex County is significantly higher than the national average (81.2 years for [Females](#), 76.8 years for [Males](#)). Data on life expectancy is only available at the zipcode level or higher, meaning that we do not have information on life expectancy for specific neighborhoods. Sussex County has a higher than average number of adults completing a [high school education or higher](#) (93.5%), and 33.1% of residents have a [bachelor's degree or higher](#). In both categories, educational attainment is lower for African American and Hispanic residents of Sussex County. 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 Sussex County residents is [housing](#), which includes affordability, overcrowding, and lack of a kitchen or plumbing. There is also the problem of the [lack of SNAP Certified Stores](#). Sussex County has 0.4 per 1000. Sussex County residents experience [severe housing problems](#) associated with overcrowding, high housing costs, lack of kitchen or adequate plumbing at a rate of 19.1%. Over 61% of renters in Sussex County [spend 30% or more of their household income on Rent](#). During the 2013

Community Health Needs Assessment, 1 in 5 adults reported being a [caregiver](#). This is important, as we know that caregivers themselves often experience significant health disparities (look for new study results Summer 20152016??)

Almost, 1 in 4 adults (17%) did not participate in any physical activity during the past month (they were [sedentary](#)). Although this is lower than the national average, and meets the HealthyPeople2020 goal, lack of physical activity is directly related to chronic disease and obesity.

[Liquor store density](#) in the county is high (17.8 per 100,000). Data on civic participation, shows that 68% of voters in Sussex County [voted in the last presidential election](#). Of the NJ Counties, Sussex is in the bottom half of counties (Ranking number 10) in [civic engagement](#) (a measure that combines community involvement, community engagement, and political participation). Volunteerism data is not available at this point.

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 to 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 Sussex 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 Sussex 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 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 Sussex 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.”

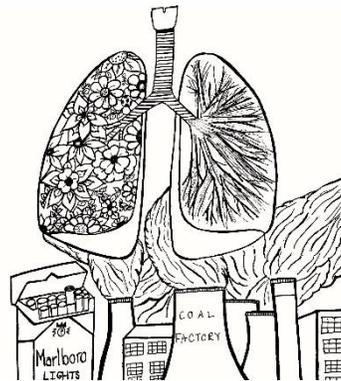
WELLNESS AND LIFESTYLE

- “[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, Sussex 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

Data review sessions for Sussex County were held April 23rd, May 18th and June 24th. During this period, the County Committee came together to review the data described above and identify issues that either confirmed, expanded or added to the list (see Appendix B for a full list of participant organizations). Data review sessions were facilitated by the County Committee Chair and representatives from the Data Committee. The process resulted in 84 community-identified issues.

After data review, 20 organizations voted to prioritize the issues on two domains: “How important is this issue?” and “How likely are we to be able to impact this issue?.” Simultaneously, the Data Committee voted on each issue along two domains: “How strong are the data to support this issue?” and “How likely are we to be able to impact this issue?” Members of the Data Committee were assigned counties in which their organizations were not directly involved to minimize bias. Both groups also gave a ranking of the top 5 issues within each county which were used to weight the results. The full list of issues and scores are displayed in Appendix C. The top 20% of raw issues (N = 18) were then grouped by the Data Committee into meaningful categories for further exploration. Table 2 displays the top raw issues and the grouped issues and Figure 1 shows the percentage of the vote attributed to each of the grouped issues.

Figure 1: Percentage of Vote to Top Issues

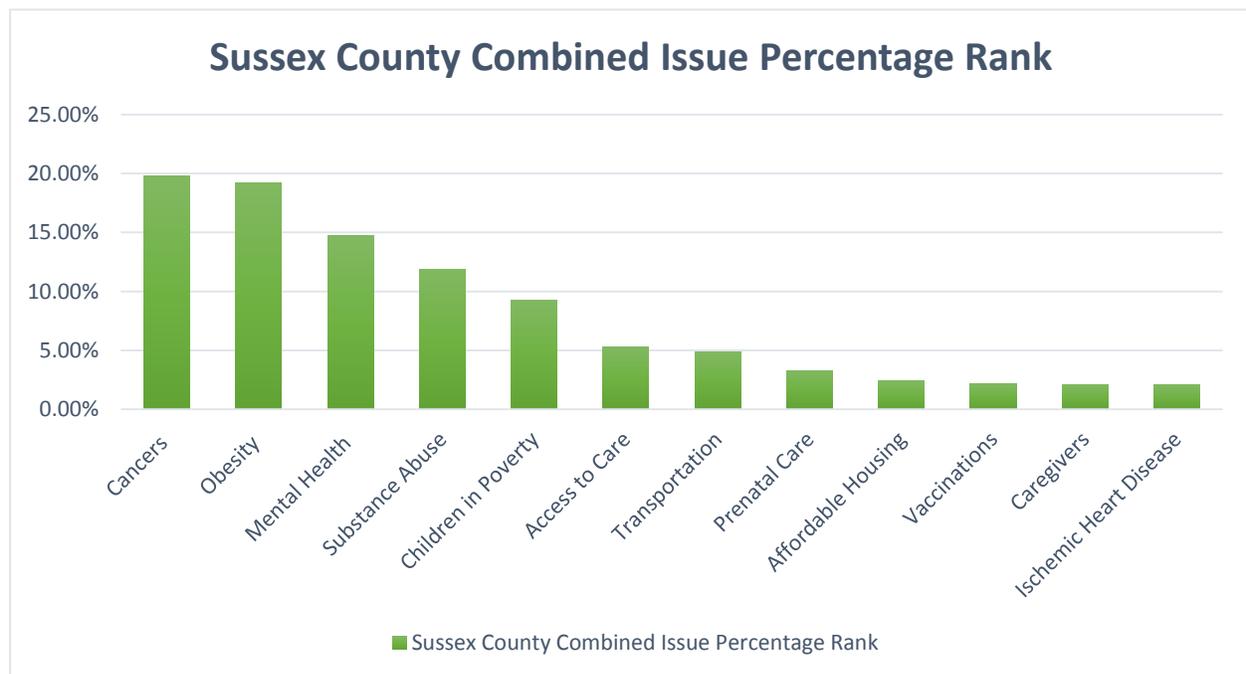


Table 2: Raw and Grouped Issues after Initial Prioritization

Raw Issues	Grouped Issues
1. Substance abuse treatment issues (heroin/illegal drug use, lack of providers who accept insurance, ability to get medications, lack of treatment venues, no methadone clinic in Sussex, fear of being reported to DYFS, prescription drug abuse)	1. Cancers (2, 8, 14)
2. All cancer incidence rate is high	2. Obesity (3, 6, 11)
3. Nutrition and obesity in children	3. Mental Health (5, 10, 12)
4. Children living in poverty	4. Substance Abuse (1)
5. Mental illness and suicide issues (lack of early counseling to prevent suicide in children, lack of data on individuals in mental health institutions)	5. Poverty (4)
6. Obesity in adults	6. Access to Care (7)
7. General access to care issues (need better communication about resource availability)	7. Transportation (9)
8. Breast cancer, late stage diagnosis	8. Prenatal Care (13)
9. Lack of transportation/transportation issues (to services, cost of driving, long commutes, lack of highways, inadequate public transportation)	9. Affordable Housing (15)
10. Behavioral health has additional issues to be address with housing, jobs, etc.	10. Vaccinations (17)
11. Lack of nutrition education	11. Caregivers Health (16)
12. Stress, PTSD and trauma	12. Ischemic Heart Disease (18)
13. Lack of prenatal care	
14. Prostate Cancer	
15. Lack of affordable housing	
16. Caregiver health issues	
17. Childhood immunizations issues (religious exemptions, lack of insurance coverage)	
18. Ischemic Heart Disease	

DIGGING DEEPER

After narrowing down to the top 12 issues listed above, the County 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

During this process, the County Committee also voted to rearrange the issues for better alignment and voting. Actions included:

- Move “limited access to healthy foods” and “lack of supermarkets that accept WIC vouchers” to be *DRIVERS* of OBESITY
- Move POVERTY and it’s subcategory “Low median household income” as *DRIVER* of DIABETES, OBESITY, DOMESTIC VIOLENCE, VACCINATIONS*, CERVICAL CANCER, YOUTH UNEMPLOYMENT, RENTERS SPENDING >30% OF INCOME, and AFFORDABLE CHILD CARE (anywhere that socioeconomic status was already mentioned)
- Move “difficulty completing paperwork to access financial assistance” and “enrolling in Medicaid” to be *DRIVERS* of “Lack of health insurance coverage”

The final data summaries below were presented to the County Committees for prioritization.

Issue A: Cancers

Cancer is a group of diseases involving abnormal cell growth with the potential to invade and spread to other parts of the body. Sussex County had a high [cancer incidence rate](#) is 493.1 cases per 100,000 population. Ranks in the worst 25% of counties nationwide. The Childhood Cancer rate is 18.8 per 100,000. The [Cancer rate among Medicare beneficiaries](#) is 8.1 % of Medicare beneficiaries have been treated for cancer, 9.2% are age 65 and over ,54.3% of Medicare population have had a mammogram in the past two years (Trending in a negative direction since 2010).

Issue B: Obesity

In Sussex County and estimated 15.3% of [low-income pre-school](#) (ages 2-4) children are obese. Among adults in the county, [25.5% are obese](#), according to County Health Rankings and Roadmaps 2015. This rate is only slightly down from previous years, but does show a steady decline in obesity rates. The 2013 Community Needs Assessment conducted by Newton Medical Center identified that one in four adults are obese and another four in ten are overweight in Sussex County. Impacted populations are children of low-income families. In addition, data show almost 1 in 3 Males (29%) are obese versus females (21%) in the county. Males were less likely to report [physical inactivity](#), but reported higher rates of poor nutrition (no daily fruit 32.4% and no daily vegetables 17.5%) and more likely to be obese (29.3%). Lower income and non-college educated individuals were more likely to report poor physical health,

physical inactive, and to suffer from obesity and/or diabetes. Geographies likely impacted are Andover Borough, Frankford, Montague, Newton and Vernon all have high percentages (over 15%) of families with children living below the poverty line. Newton, Franklin and Montague have high rates of students who receive free and reduced lunches at school. The following represent the top 5 towns in Sussex County with high numbers of elementary and high school students receiving [free/reduced lunch](#):

Montague 38%

Franklin 30%

Hopatcong 26%

Hamburg 26%

Newton 29%

Issue C: Mental Health

Mental health helps support and strengthen our abilities to have healthy relationships, make good life choices, maintain physical health and well-being and reduced medical costs. Sussex County has a higher than average rate of [emergency department visits due to mood disorders](#) 59.8 per 100,000 (e.g. depression or bipolar disorder) suggesting limited access to mental health services. Among adults, 19.3% report they [do not receive adequate social and emotional support](#). In 2014 there were 1,745 Psychiatric Emergency Services (PES) screening admissions for adults and 362 screening admissions for children. Records indicate that 254 of 577 (44%) of 2014 admissions to the Inpatient Behavioral Health unit had co-occurring substance use and mental health disorders. The following list shows these in order of prevalence, and demonstrates that depressive disorders comprise the majority:

Depressive Disorders = 43.8% (117 cases)

Bipolar disorders = 23.2% (62)

Anxiety disorders = 14.6% (39, mostly post-traumatic stress disorder)

Psychotic disorders = 11.6% (31, mostly paranoia/delusional and schizoaffective)

Co-occurring substance abuse disorders are listed below in order of prevalence, showing that alcohol abuse remains the most frequent diagnosis:

Alcohol = 60.2% (153 cases)

Cannabis = 28.7% (73)

Opioids = 21.6% (55)

Cocaine = 4.3% (11)

Amphetamines = 3.1% (8)

Sedatives-hypnotics = 2.8% (7)

(2015 County-wide Human Services Needs Assessment)

Among impacted populations, those under 19 years of age were the most likely to visit the emergency department due to mood disorders. Non-Hispanic Blacks were found to have an age adjusted rate of

52.9 per 100,000 and lower income residents reported poorer mental health status (12.5 %) and higher rates of anxiety disorder (16.4%), depressive disorder (14.3%), and disability (33.2%).

Issue D: Substance Abuse

Almost 1 in 5 adults in Sussex County ([18.2%](#)) report heavy drinking in the last 30 days while [32% of driving deaths involved alcohol](#). While [18.4% of adults currently smoke cigarettes](#), [49%](#) of them have smoked over 100 cigarettes in their lifetime. In Sussex County, 25% of 8th grades reported past year alcohol use between 2009 and 2010. In 2012 the number was 29% (Trending up). Among 7th grade students past year alcohol use was 14% between 2009 and 2010 with a slight increase to 14.5% in 2012. In 2015 (1/1/15-11/23/15) 60.4% of total admissions for substance abuse treatment of Sussex County residents were for heroin and other opiates as their primary drug, 24.9% were admitted for alcohol as their primary drug. There have been [7.6 deaths per 100,000 due to heroin](#) a rather high rate when compared to 2.6 per 100,000 for the rest of the United States. Sussex County ranks among the top 5 counties with [heroin treatment admissions with 439 per 100,000 residents](#). As of 9/30/15, Sussex County had 17 overdose deaths (9 involved heroin, 14 involved prescription drug/s, and 3 involved multiple drugs which included Fentanyl). Between 1/1/15- 11/12/15 Narcan had been administered 46 times in Sussex County, 44 of those times administered by Law Enforcement and 2 of those times by Emergency Medical Squad Personnel. Municipalities likely to be disproportionately impacted are Newton, Sussex, & Hopatcong (from NJ211 Partnership Report Addictions Hotline 2013-2014).

Issue E: Childhood Poverty

Childhood Poverty or the state of children who are being raised with limited or no resources that offer them the opportunity to grow and thrive. The result is a broad range of poor adult outcomes for children related to educational outcomes, health and socialization, fertility, the ability to compete in the labor market as adults and earning potential. New Jersey is ranked 14th in 2013 with 333,375 poor children. 8% of children in Sussex County live [below the poverty level](#), with large disparities by race/ethnicity and township. Sussex County ranks 4th from a previous rank of 6th in the New Jersey Kids Count rankings on childhood poverty although the rates have increased overall for the state of NJ. For 2013-2014 527 families received child care subsidies through the New Jersey Cares for Kids (NJCK) state program. In 2013, 71% of eligible county children (2,584 children) were receiving free or reduced price school lunches, while only 14% of eligible county children (511 children) were receiving free or reduced price school breakfast. 5,677 children are receiving Family Care/Medicaid as of 2013. 93 children received TANF benefits in 2013/2014. 2,167 children are receiving Food Stamp benefits (NJ SNAP) as of 2013.

Issue F: Access to Care

In Sussex County, 89.6% of adults have [Health Insurance](#), however, only 78% of Hispanic Adults are covered. Additionally, 5.3% of children [do not have health insurance](#). Hispanic adults are more likely than their peers not to have health insurance. Individuals who accessed insurance via the exchange may be under-insured or subject to high deductible plans. Moreover, rural or geographically isolated areas of the county may have more access to care challenges. 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). 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 G: Transportation

Sussex County ranks poorly in the average time spent commuting to work, mean travel time to work, and the number of [solo-drivers](#) who have long commutes to work (84% drove a car alone to work). Data suggests less than 2% of people commute to work using public transportation. Sussex County 0.7 per 100,000 [fatal accidents to pedestrians](#) in 2013 similar to 2011 but trending down from 1.4 per 100,000 in 2012. Moreover, 850 and 1,282 owner and renter occupied households respectively have no vehicle. The necessity of accessible transportation in order for many low-income families to succeed. Transportation to access health care, food, shopping, social services and other needs of older adults. More pick up stops on route for bus services, as Sussex County is very rural. Need for additional transportation options that include more bus stops. Increased transportation for employment, day programs and medical care. Need for increased transportation services for employment opportunities, mental health treatment, including out of county transportation as many providers are not accessible in Sussex County.

The current transportation system in Sussex County is not able to meet the needs of the community. The biggest need in this area is to expand capacity so that additional routes and stops can be added to enable residents' access to the public transportation system. Transportation is needed to improve access to medical care as well as employment. In a rural community like Sussex County, it is extremely difficult to live independently without access to transportation. Throughout the focus groups, many individuals and families reported the tremendous burden of traveling outside of the county on a regular basis to access medical specialists who accept Medicaid. (Key points from 2015 County-wide Human Services Needs Assessment focus group)

Issue H: Prenatal Care

Prenatal Care is healthcare aimed at preventing pregnancy complications and to ensure a healthy pregnancy. 2.1% of babies born in Sussex have very [low birth weight](#). This puts Sussex in the bottom 25% of NJ Counties, with mothers aged 45-49 having more than twice the incidence of babies with very low birth weights. Less than 1% of mothers receive no prenatal care with mothers aged 20-24 more likely to have received no prenatal care. About, 88.6% of mothers receive early prenatal care (within the first trimester of the pregnancy), however, only 81% of Hispanic Mothers, and 80% of African American Mothers receive early prenatal care (representing a significant disparity).

Issue I: Affordable Housing

The Estimated domestic violence offense in Sussex county, 2013 was 3,048. Plainfield City and Elizabeth City highest number of [estimated domestic violence offenses](#) in 2013, 728 and 626 respectively, both urban centers (compared to 28 in Berkley Heights, a suburb). The National Institute of Justice reports that there is as strong association between the following factors and domestic/intimate partner violence:

early parenthood (birth before 21), male perpetrator problem drinking, severe poverty, unemployment and mental/emotional distress.

Issue J: Vaccinations

92.9% of kindergarteners had their [required immunizations](#). This is just below the statewide average of 97%. Further, 3.3% of school age children were exempt from vaccinations due to religious practice/belief. (Statewide average is 1.85%)

Issue K: Caregivers Health

There are an estimated 1.1 million unpaid family caregivers in New Jersey (AARP Public Policy Institute, 2015). Among caregivers, 21.7% of Caregivers report poor or fair health (Atlantic Center for Population Health Sciences/United Way of Northern NJ – 2015). About, 20% of Caregivers reported no physical activity in the last month (Atlantic Center for Population Health Sciences/United Way of Northern NJ – 2015) with about 22.9% reported moderate to severe depression (compared to 6.9% in general population) (Atlantic Center for Population Health Sciences/United Way of Northern NJ – 2015). A person can take on caregiving responsibilities at any point across the lifespan (including childhood). 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

Issue L: Ischemic Heart Disease

Ischemic Heart Disease also known as coronary artery disease is characterized by reduced blood supply to the heart and is the most common type of heart disease in the U.S. In Sussex County, 29.9% of [Medicare Beneficiaries](#) were treated for Ischemic Heart Disease (coronary heart disease). Those who are 65 and older tend to be impacted at a higher rate and although there is not a gender difference in Ischemic Heart Disease, in general, males in Sussex County have a significantly higher age adjusted death rate due to heart disease than females do (231.8 vs. 145.3).

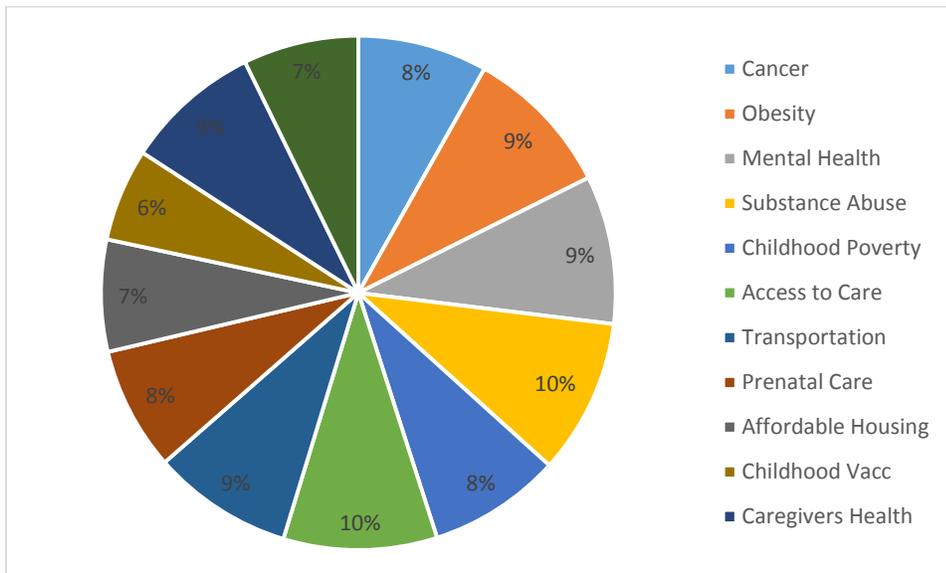
FINAL PRIORITIZATION

Twenty-One 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 48% of the vote was given to the top five issues.

Table 2. Final Prioritization Rankings

	Importance	Impact	Total	Rank
Substance Abuse	8.33	7.67	16.00	1
Access to Care	8.70	7.13	15.83	2
Obesity	8.13	7.37	15.50	3
Mental Health	8.13	7.17	15.30	4
Transportation	9.07	5.43	14.50	5
Caregivers Health	7.03	7.00	14.03	6
Childhood Poverty	8.07	5.63	13.70	7
Cancer	7.07	6.30	13.37	8
Prenatal Care	6.33	6.39	12.73	9
Ischemic Heart Disease	5.90	6.00	11.90	10
Affordable Housing	7.70	3.83	11.53	11
Childhood Vaccinations	4.20	5.37	9.57	12

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	Sussex 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 Sussex 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
Sussex County Committee Chair	Juanita Vargas	United Way of Greater Sussex County

APPENDIX B: SUSSEX COUNTY PARTNERS 2015

Active Partners

Atlantic Health System	Newton Medical Center	Sussex County Division of Senior Services
Bridgeway	NORWESCAP Skylands RSVP	Sussex County Health Department
Center for Prevention and Counseling	NORWESCAP WIC Program	Sussex County Mental Health Board
Domestic Abuse and Sexual Assault Intervention Center	Partnership for Maternal & Child Health	Sussex County Municipal Alliance Coordinator
Family Intervention Services	Pass it Along	Sussex County Skylands Ride
Family Partners of Morris & Sussex	Project Self Sufficiency	Sussex County Special Child
Family Promise of Sussex County	Rutgers/Snap Ed	Sussex County Transitional Care Program
Ginnie's House CAC	Saint Clare's Health System	Sussex County YMCA
National Alliance on Mental Illness	ShopRite	Sussex Wantage Regional School
Neighborhood Health Center	St. Kateri Migrant Ministry/Catholic Charities Diocese of Paterson	TransOptions
McKinney Vento Education Homeless & Youth	Sussex County Dept of Human Services	United Way of Northern New Jersey
NewBridge Services	Sussex County Division of Community & Youth Services	Zufall Health Center

APPENDIX C: INITIAL PRIORITIZATION AND ISSUES

Rank	Issue	County Committees			Data Committee			Averages		Total Total Score (=Avg score x Avg. Rank)
		Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	
1	Substance abuse treatment issues (heroin/illegal drug use, lack of providers who accept insurance, ability to get medications, lack of treatment venues, no methadone clinic in Sussex, fear of being reported to DYFS, prescription drug abuse)	46.00	38.45	36.00	31.00	37.86	12.7%	11.1%	11.9%	4.50
2	All cancer incidence rate is high	39.66	27.59	41.00	43.00	37.81	2.2%	20.0%	11.1%	4.20
3	Nutrition and obesity in children	46.38	39.67	44.00	45.00	43.76	4.7%	13.3%	9.0%	3.94
4	Children living in poverty	42.14	27.14	43.00	38.00	37.57	7.6%	11.1%	9.3%	3.51
5	Mental illness and suicide issues (lack of early counseling to prevent suicide in children, lack of data on individuals in mental health institutions)	43.62	31.77	43.00	38.00	39.10	5.3%	8.9%	7.1%	2.78
6	Obesity in adults	45.47	37.50	37.00	41.00	40.24	6.0%	6.7%	6.3%	2.55
7	General access to care issues (need better communication about resource availability)	41.00	38.50	38.00	37.00	38.63	1.8%	8.9%	5.3%	2.06
8	Breast cancer, late stage diagnosis	36.03	31.00	41.25	41.00	37.32	1.8%	8.9%	5.3%	1.99
9	Lack of transportation/transportation issues (to services, cost of driving, long commutes, lack of highways, inadequate public transportation)	43.33	35.17	27.00	25.00	32.63	9.8%	0.0%	4.9%	1.60
10	Behavioral health has additional issues to be address with housing, jobs, etc,	42.93	30.89	33.00	32.00	34.71	3.6%	4.4%	4.0%	1.39

Rank	Issue	County Committees			Data Committee			Averages		Total Score (=Avg score x Avg. Rank)
		Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	
11	Lack of nutrition education	39.14	38.00	33.00	25.00	33.78	1.1%	6.7%	3.9%	1.31
12	Stress, PTSD and trauma	42.83	37.96	31.00	29.00	35.20	0.4%	6.7%	3.6%	1.25
13	Lack of prenatal care	35.00	28.55	34.00	41.00	34.64	0.0%	6.7%	3.3%	1.15
14	Prostate Cancer	29.83	23.62	33.00	35.00	30.36	0.0%	6.7%	3.3%	1.01
15	Lack of affordable housing	44.50	21.33	42.00	45.00	38.21	4.9%	0.0%	2.4%	0.93
16	Caregiver health issues	41.85	36.61	34.00	33.00	36.36	4.2%	0.0%	2.1%	0.77
17	Childhood immunizations issues (religious exemptions, lack of insurance coverage)	29.67	25.33	38.00	41.00	33.50	0.0%	4.4%	2.2%	0.74
18	Ischemic Heart Disease	30.77	27.50	35.00	34.00	31.82	0.0%	4.4%	2.2%	0.71
19	Jobs are low paying: food service or entertainment.	41.35	18.75	25.00	32.00	29.27	4.0%	0.0%	2.0%	0.59
20	Domestic & sexual violence (including undocumented and underreported rape)	40.33	32.00	31.00	25.00	32.08	3.6%	0.0%	1.8%	0.57
21	Lack of preventative and follow-up care (lack of knowledge, lack of education by healthcare providers)	38.83	31.35	36.00	33.00	34.79	0.0%	2.2%	1.1%	0.39
22	Atrial Fibrillation	22.83	21.33	31.00	39.00	28.54	0.0%	2.2%	1.1%	0.32
23	Lack of adult daycare	38.17	28.17	20.00	16.00	25.58	2.2%	0.0%	1.1%	0.28
24	Vector-borne diseases (acute and chronic Lyme Disease, high tick and mosquito presence)	40.89	28.15	27.00	31.00	31.76	1.8%	0.0%	0.9%	0.28
25	Metabolic Syndrome	37.41	33.04	20.00	15.00	26.36	2.0%	0.0%	1.0%	0.26

Rank	Issue	County Committees			Data Committee			Averages		Total Total Score (=Avg score x Avg. Rank)
		Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	
26	High aging population in Sussex County	38.08	19.26	26.00	31.00	28.58	1.8%	0.0%	0.9%	0.25
27	Lack of insurance issues/insurance coverage (uninsured/underinsured, ability to pay, high deductibles)	43.17	23.67	40.00	39.00	36.46	1.3%	0.0%	0.7%	0.24
28	Access to specialty medical providers	37.93	23.62	32.00	25.00	29.64	1.6%	0.0%	0.8%	0.23
29	16% houses in foreclosure – high for the state	42.50	22.86	25.00	22.00	28.09	1.6%	0.0%	0.8%	0.22
30	Childcare issues (affordability, availability, proper licensure)	44.33	30.18	25.00	29.00	32.13	1.3%	0.0%	0.7%	0.21
31	Single Parent Rate (need more information)	30.00	21.03	18.00	17.00	21.51	1.8%	0.0%	0.9%	0.19
32	Hypertension	34.62	29.82	34.00	38.00	34.11	1.1%	0.0%	0.6%	0.19
33	Alcohol abuse	42.00	32.59	27.00	32.00	33.40	1.1%	0.0%	0.6%	0.19
34	Lack of walking paths/bike trails	29.83	22.41	29.00	30.00	27.81	1.3%	0.0%	0.7%	0.19
35	Use of farmers markets; larger grocery stores not available to all areas in county.	34.66	26.07	29.00	30.00	29.93	1.1%	0.0%	0.6%	0.17
36	Not enough exercise programs; population is sedentary	38.17	33.08	32.00	30.00	33.31	0.9%	0.0%	0.4%	0.15
37	Adult immunization issues (lack of education about immunizations especially flu, shingles vaccine not covered by insurance, flu death rate under-reported)	29.17	33.33	26.00	28.00	29.13	0.9%	0.0%	0.4%	0.13
38	High blood pressure in younger populations	28.57	25.56	30.00	29.00	28.28	0.7%	0.0%	0.3%	0.09
39	Dental care is expensive and not readily available.	43.28	25.00	18.00	24.00	27.57	0.7%	0.0%	0.3%	0.09

Rank	Issue	County Committees			Data Committee			Averages		Total Total Score (=Avg score x Avg. Rank)
		Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	
40	High risk for development of cardiovascular disease	36.67	33.28	34.00	38.00	35.49	0.4%	0.0%	0.2%	0.08
41	Stroke	36.54	29.62	31.00	36.00	33.29	0.4%	0.0%	0.2%	0.07
42	Autism and other behavioral health issues	41.33	29.67	30.00	23.00	31.00	0.4%	0.0%	0.2%	0.07
43	Autism rates are rising 1 in 45 vs. 1 in 68	36.90	21.50	28.00	32.00	29.60	0.4%	0.0%	0.2%	0.07
44	Dementia age-adjusted death rate, Alzheimer's	30.74	14.79	31.00	33.00	27.38	0.4%	0.0%	0.2%	0.06
45	Multiple co-occurring illnesses	36.07	28.33	24.00	20.00	27.10	0.4%	0.0%	0.2%	0.06
46	Issues around lack of recreation (access, venues, transportation)	38.23	28.06	30.00	36.00	33.07	0.2%	0.0%	0.1%	0.04
47	Child abuse – Shaken Baby Syndrome	38.67	30.67	33.00	25.00	31.83	0.2%	0.0%	0.1%	0.04
48	Elevated chronic disease rates in developmentally disabled	30.34	22.24	26.00	22.00	25.15	0.2%	0.0%	0.1%	0.03
49	Radon	21.67	15.00	25.00	27.00	22.17	0.0%	0.0%	0.0%	0.00
50	Osteoporosis in Medicare population	23.70	22.22	18.00	29.00	23.23	0.0%	0.0%	0.0%	0.00
51	Playgrounds not geared to younger children	18.93	17.50	23.00	14.00	18.36	0.0%	0.0%	0.0%	0.00
52	Middle-age adults not going to doctor on a regular basis	33.67	26.83	25.00	26.00	27.88	0.0%	0.0%	0.0%	0.00
53	Lack of public water system, current private wells tested now showing poor results	28.08	14.81	32.00	36.00	27.72	0.0%	0.0%	0.0%	0.00
54	Medicare population cancer prevalence	33.08	21.67	34.00	41.00	32.44	0.0%	0.0%	0.0%	0.00

Rank	Issue	County Committees			Data Committee			Averages		Total Total Score (=Avg score x Avg. Rank)
		Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	
55	Underreporting of arthritis	17.12	15.58	13.00	17.00	15.67	0.0%	0.0%	0.0%	0.00
56	Food pantry limitations; utilizing pantry; lack of good quality food.	39.83	36.07	30.00	25.00	32.72	0.0%	0.0%	0.0%	0.00
57	Motor vehicle accidents (especially those caused by winding roads/geography)	27.59	10.20	24.00	21.00	20.70	0.0%	0.0%	0.0%	0.00
58	Depression /inability to get places because of rural environment	42.07	27.76	22.00	25.00	29.21	0.0%	0.0%	0.0%	0.00
59	Need more case managers to navigate through the system.	35.00	25.71	33.75	34.00	32.12	0.0%	0.0%	0.0%	0.00
60	Quality/quantity of sleep	29.63	13.75	15.00	14.00	18.09	0.0%	0.0%	0.0%	0.00
61	Head injuries/concussions	28.39	22.24	20.00	17.00	21.91	0.0%	0.0%	0.0%	0.00
62	Education attainment for Native Americans and Hispanic residents is low	22.67	16.00	28.00	31.00	24.42	0.0%	0.0%	0.0%	0.00
63	STDs increase (including Chlamydia)	30.67	24.00	38.00	41.00	33.42	0.0%	0.0%	0.0%	0.00
64	Diabetes issues (incidence, prevalence, prediabetes diagnosis, lack of education)	39.11	34.81	36.00	44.00	38.48	0.0%	0.0%	0.0%	0.00
65	Sidewalk/walkway issues (lack of sidewalks, clearing of snow)	30.34	21.67	22.00	19.00	23.25	0.0%	0.0%	0.0%	0.00
66	Fetal Alcohol Syndrome, mis- or under diagnosed	26.92	18.46	27.00	20.00	23.10	0.0%	0.0%	0.0%	0.00
67	High power electrical lines in rural areas.	19.29	7.69	13.00	18.00	14.49	0.0%	0.0%	0.0%	0.00
68	Difficulty of making utility payments	35.97	18.55	17.00	18.00	22.38	0.0%	0.0%	0.0%	0.00
69	Vitamin D deficiency on rise	27.68	23.15	18.00	17.00	21.46	0.0%	0.0%	0.0%	0.00

Rank	Issue	County Committees			Data Committee			Averages		Total Score (=Avg score x Avg. Rank)
		Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	
70	Tourette's syndrome is underreported	15.52	11.25	12.00	10.00	12.19	0.0%	0.0%	0.0%	0.00
71	Adolescent and young adult cancers	24.81	15.74	34.00	33.00	26.89	0.0%	0.0%	0.0%	0.00
72	Linguistic isolation (households with no English speakers)	23.57	16.67	26.00	26.00	23.06	0.0%	0.0%	0.0%	0.00
73	Colorectal Cancer	30.69	25.54	25.00	35.00	29.06	0.0%	0.0%	0.0%	0.00
74	Lung cancer	34.17	27.50	26.00	34.00	30.42	0.0%	0.0%	0.0%	0.00
75	Trichomoniasis	14.38	15.22	12.00	10.00	12.90	0.0%	0.0%	0.0%	0.00
76	Asthma	37.17	24.82	30.00	27.00	29.75	0.0%	0.0%	0.0%	0.00
77	Lack of enforcement of smoke free environments, e-cigarettes included	30.77	27.59	22.00	17.00	24.34	0.0%	0.0%	0.0%	0.00
78	Demographic Issues: Senior population staying; 30's -40's year olds are moving out.	38.89	18.70	18.00	17.00	23.15	0.0%	0.0%	0.0%	0.00
79	DUI increase	38.39	28.33	28.75	32.00	31.87	0.0%	0.0%	0.0%	0.00
80	Hepatitis C and sequela (from Hep C, eg. Hepatic Cancer)	25.89	20.00	26.00	32.00	25.97	0.0%	0.0%	0.0%	0.00
81	High cholesterol levels	37.32	29.81	38.00	35.00	35.03	0.0%	0.0%	0.0%	0.00
82	Falls; especially in post-surgery patients	30.89	22.69	24.00	21.00	24.65	0.0%	0.0%	0.0%	0.00
83	Tuberculosis	19.00	14.62	23.00	30.00	21.65	0.0%	0.0%	0.0%	0.00
84	Melanoma cancer	32.88	26.85	36.00	39.00	33.68	0.0%	0.0%	0.0%	0.00