North Jersey Health Collaborative
your health matters

Community Health Needs Assessment

Union 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 Union 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 Union County Committee voted to select five priority issues:

1. Diabetes
2. Access to Mental Health Services
3. Health Literacy
4. Obesity
5. Heart Disease

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

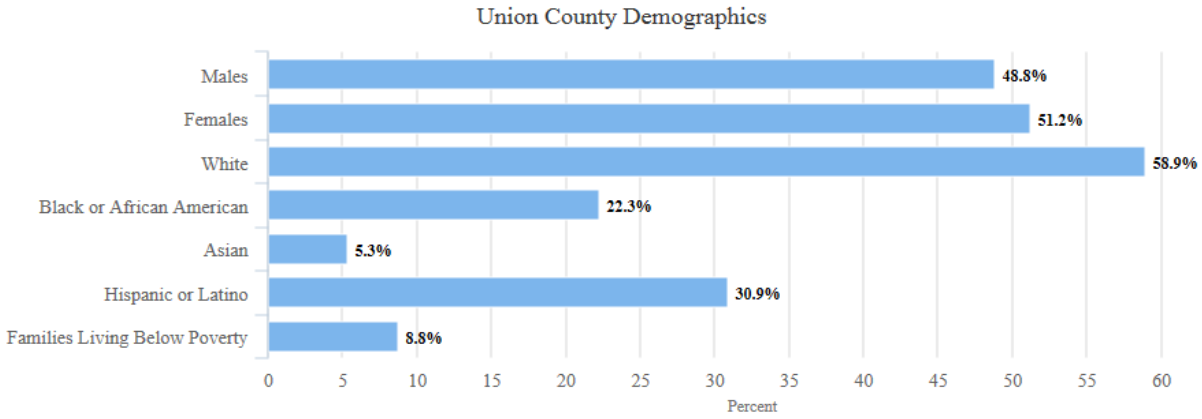
In October 2013, nine visionary organizations came together to incorporate a new entity called the North Jersey Health Collaborative. Having seen the division and duplication that existed between many assessment, planning and implementation activities across the county, the group set out to find ways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

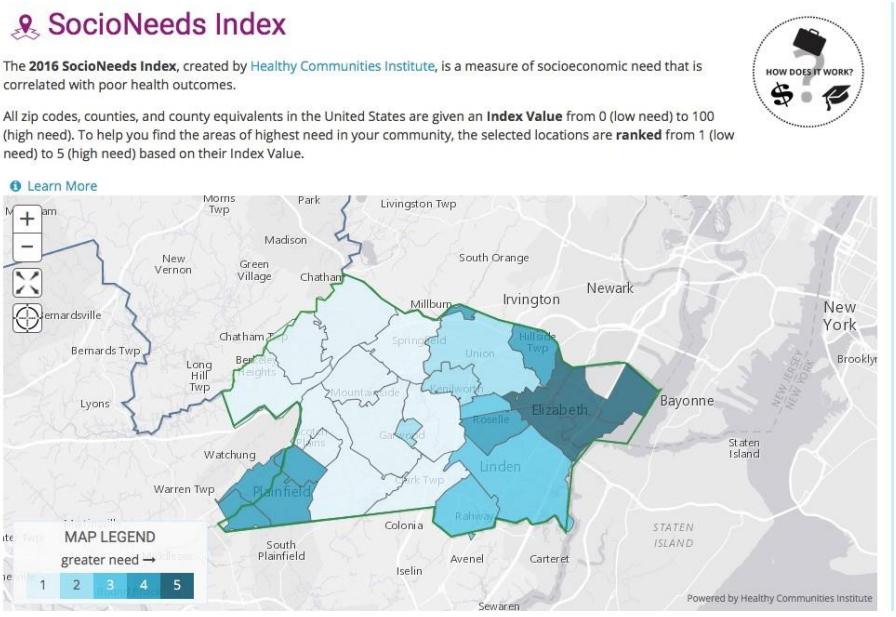
For more about the North Jersey Health Collaborative visit our website @ www.njhealthmatters.org or contact NJHC Manager, Catherine Connelly @ Catherine.connelly@njhealthmatters.org.

ABOUT UNION COUNTY

Union County is located in New Jersey and is part of the New York metropolitan area. At the 2014 Census, its estimated population was 552,939 people in 188,118 households, making it the seventh-most populous county in the state. The median age is 38 (lower than the NJ average of 39.6), with 24.5% of the population under the age of 18 and 12.6% of the population ages 65 and older.



Six out of 10 residents in Union County are White or Caucasian, with 30.9% of Hispanic/Latino, 5.3% Asian and 22.3% Black or African American. The median household income in Union County is $67,257 with an average income of $98,523. However, 8.76% of families live below the poverty line and 25% fall beneath the ALICE (asset-limited, income-constrained and employed) survival threshold.



SocioNeeds Index Highlights Areas of Union County with Greater Vulnerabilities

For complete demographic information on Union 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 Union County. Indicators were grouped into topic areas and a collaborative writing process resulted in the summaries that follow.

Table 1: NJHC Data Committee Membership

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

Access to Care

Access to care refers to an individual's ability to find, use, and pay for health care and preventive services when they are needed. Health insurance is 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 2013, only 75% of adults in Union County had health insurance. This value has remained stable over the past few years, with Hispanic and Bi-Racial individuals, and younger adults (18-34), less likely to have insurance coverage. For the same time period, 94.5% of children in Union County had health coverage; while high, this number falls short of the HealthyNJ 2020 Goal (95%), as well as the national HealthyPeople 2020 Goal (100%). Again, Hispanic children were less likely to have health insurance than their peers, as were older children (ages 6-17).

Also of concern in Union 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.

In terms of the health care system, while the primary care provider rate is adequate, the rate of non-physician primary care providers (e.g. physician assistants and nurse practitioners) is low which could impact accessibility. Union county is ranked in the middle of NJ counties in terms of clinical care.

Data from the 2013 Community Health Needs Assessment (CHNA) conducted by the Community Health Alliance of Northwestern Central NJ add another useful dimension to this category. In 2013, residents of Union County who made less than $75,000/year in income (A.L.I.C.E.), and who are racial/ethnic minorities, were 1.5 times as likely as their peers to have not been able to visit a doctor within the last 12 months due to cost.

Behavioral Health

Behavioral 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. On average, adults in Union County report only a small number of days within the last month that their mental health was "not good." However, almost 1 in 4 adults in Union 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. Although suicide rates are low (meeting the Healthy People 2020 Guidelines), Hispanic individuals are more likely than their non-Hispanic peers to die from suicide. Union County has small and declining levels of adults who report heavy drinking and adults who report smoking cigarettes.

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 Union 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 Union 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.

Built Environment

Built Environment is a term used to describe the human-made space in which people live, learn, work and play. This includes but is not limited to buildings, roads and walkways, stores and businesses, parks and other public spaces. The food environment in Union county supports healthy eating. There are plenty of grocery stores (including supermarkets, but not convenience stores), which seem to be available to all residents (e.g. those 65 and older, children, those using SNAP benefits to purchase food). Farmers markets are an available resource, but there could be more given the population size. One of the biggest negatives in the

food environment in Union County is the high density of liquor stores. Most residents of Union County have access to exercise opportunities at recreation and fitness facilities, or parks.

Beyond spaces for dedicated exercise, built environment features that support active living are important to health as well. Limited direct data is available on this topic. However, we do know that in Union County, 39% of residents drive more than 30 minutes to work each day, which leads to higher rates of physical inactivity (County Health Rankings/American Community Survey). Town-level walkability data is available from www.walkscore.com.

Cancer

Cancer is a term used for a large group of diseases in which cells divide at an abnormally fast rate, and may invade other cells or tissues in the body. Cancers are typically named for the part of the body in which this abnormal cell division starts. Cancers are the second leading cause of death in the U.S. Union County has a higher than average rate of cancer incidence (number of new cases), regardless of type, than most US Counties. Prevalence of any type of cancer is particularly high in the Medicare Population. While prostate cancer and non-Hodgkin's lymphoma have high incidence rates within the county; it's those who are diagnosed with breast cancer that see less than optimal survival rates. Rates of death from breast cancer are particularly high in Hispanic females in Union County. Cervical cancer incidence rates are also high for Hispanic females.

Screening data is largely unavailable since the last Community Health Needs Assessment (CHNA) in 2013, with the exception of mammography rates in the Medicare Population, which are lower than the U.S. average. Issues identified in 2013 include disparities in women's health screenings by education and income levels (women with no clinical breast exam; women with no pap test).

Cardiovascular Disease

Cardiovascular Diseases affect the structure or function of the heart and blood vessels. It is the leading cause of death for both men and women in the U.S. Data shows that heart disease continues to be a challenge in Union County. Of specific concern are those 65 and older, represented by the Medicare Population, where rates are higher than 75% of U.S. Counties for the following diseases: Ischemic Heart Disease (coronary artery disease – a hardening of the arteries due to cholesterol plaque), Hyperlipidemia (high cholesterol in the blood stream), Atrial Fibrillation (an abnormal heart rhythm, characterized by an irregular beating), and Heart Failure (where the heart is unable to pump blood at the rate that is necessary to meet the needs of the body). Union County also has higher rates of Hypertension (high blood pressure) in the Medicare population than the majority of U.S. Counties. There is a lack of data available now on cardiovascular disease in the younger population (under 65 years of age).

On a positive note, the age adjusted death rate due to heart disease (173.6 per 100,000 lives) is lower than the majority of New Jersey Counties; however, rates for both Males and Black individuals are higher than the county average. (Data is not available about differences in rates for individuals of varying incomes). Additionally, Union does not meet the NJ2020 goal for this indicator (112.1 per 100,000 lives).

Data from the 2013 Community Health Needs Assessment also showed that 4.4% of adults reported having suffered a heart attack, and 4.8% report being diagnosed with heart disease.

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.

Union County residents seem to fare 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, just under 8% of adults in Union County have been diagnosed with diabetes, 1 in 3 of those enrolled in Medicare have diabetes (32.3%; diabetes screenings of this population are inadequate). Union County residents with diabetes have a higher risk of dying from the disease (compared to those with diabetes in other U.S. Counties). In Union County, people who are African American are almost twice as likely to die from diabetes compared to those in other ethnic groups.

Almost 1 in 4 (24.5%) adults in Union County is obese. This data is not available at the sub-county level, nor are racial/ethnic breakdowns available. However, close to 1 in 5 (19.3%) of low-income preschoolers in Union County are Obese as well. This rate puts Union County in the bottom 25% of counties nation-wide, and is especially alarming since obese children are likely to remain obese as adults.

Data from the 2013 Community Health Needs Assessment also showed a meaningful number (6.8%) of adults with pre-diabetes, of adults with arthritis (22.8%), and adults with asthma (8.3%).

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 2013, the most common communicable diseases in Union County included chlamydia (1,862 cases), chronic hepatitis C (352 cases), gonorrhea (346 cases), campylobacteriosis (82 cases), lyme disease (78 cases) and non-typhoid salmonellosis (73 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 camplyobacteriosis and non-typhoid salmonellosis are foodborne.

The rates for chlamydia appear to be relatively stable over time from 2010 to 2013 while the rates for gonorrhea appear to be decreasing 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. Union County is doing a good job of ensuring its kindergarteners have the required immunizations, and that adults get flu shots. However, pneumonia vaccinations remain a problem as seen by the slightly higher than 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 Union County and its residents is varied. Despite a higher than average per-capita income, median household income, and low rates of poverty in: children, families, individuals, those 65 and older, Union County is performing worse compared to all other U.S. counties in terms of rates of unemployment, number of households receiving public assistance, rates of homeownership, and the percentage of renters spending more than 30% of their income on rent. Additionally, 25% percent of households in Union 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 high; a factor that could impact a family's economic potential.

Additionally, Union County has a higher than average rate of income inequality (Gini Coefficient = .487) than most other U.S. counties (bottom 25%). Median Household Income is significantly lower than the county average ($68,507) for Hispanic/Latino ($50,970) and Black or African American households ($53,360). Children of American Indian descent are more than twice as likely as their peers to live in poverty; and almost 1 in 5 children under the age of 6 in Union County lives in poverty. Hispanic and Latino families are 2 times more likely to live in poverty than the county average. Unemployment at the county level is 6%, a figure that has been going down over 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, Union County is given a mediocre grade of "C" by the American Lung Association. Particle pollutants in the air are harmful when inhaled, and contribute to things such as asthma, cardiovascular disease, and premature death. Additionally, the amount of Persistent, Bioaccumulative, and Toxic Chemicals (toxic chemicals take a long time to break down in the environment and build up in your body) released into Union County's environment in 2013 was high (16,924 lbs); this represents a 44% increase from 2012. In terms of its public water systems, Union County performs in the lower half of U.S. Counties (with 1.7% 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 Union County residents; Union County has a higher-than-average percentage of Medicare enrollees with asthma, and a higher-than-average percentage of children with elevated blood lead levels (although this percentage has been decreasing over time).

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. Union County currently meets the Healthy People 2020 goal for death due to unintentional injuries (age-adjusted), with a rate lower than most other NJ Counties. However, both males and White (non-Hispanic) individuals are more likely to die from unintentional injuries in Union County than other groups. The age-adjusted rate for motor vehicle collisions is also lower than the state average (mean), and has remained steady over the past few years. However, both males and Hispanic individuals are more likely than others to die of motor vehicle collisions in Union County. Additionally, Union County has a high rate of adults 45 and older experiencing a fall in the last 3 months.

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 Union 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), babies with very low birth weights, and the teen birthrate. For all three of these indicators, Union County performs worse than the majority of NJ Counties, and significant disparities are seen. For example, mothers who are Black experience almost double the rate of infant mortality than their peers (10 deaths/1,000 live births vs. 5.4 deaths/live births for the county as a whole). Asian mothers, Black mothers, and older mothers (ages 40-44) are two times as likely to give birth to babies with very low birth weight (approximately 3% vs. 1.6% for the county). Although the teen birthrate in Union County is trending downwards, it is twice as high for Hispanic teens than for the county as a whole (20 live births/1,000 females aged 15-17 vs. 9.8 for the county).

Also of note, only 78.5% of mothers in Union County receive early prenatal care, which could be influencing these other numbers.

Finally, Union County is doing a good 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 Union County, 11.8% of those on Medicare were treated for Alzheimer's disease or dementia. Although this value is decreasing from 2012, Union is still in lowest 25% of counties nationwide. However, on the positive side, the age-adjusted death rate due to Alzheimer's is lower than most other counties in NJ.

Almost five percent (4.8%) of Medicare beneficiaries in Union County have been treated for a stroke; this rate is higher than 75% of U.S. Counties. Additionally, the age-adjusted death rate for those who suffer a stroke (or other Cerebrovascular Disease) in Union County is worse compared to other NJ Counties (34.8 deaths/100,000 population). Also, the rate is higher for Males than Females, and for Black individuals. 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 3% 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 Union County is significantly higher than the national average (82.4 years for Females, 77.8 years for Males). Data on life expectancy is only available at the county level or higher, meaning that we do not have information on life expectancy for specific neighborhoods. Union County has a below-average number of adults completing a high school education or higher (85.3%), however, 31.8% of residents do have bachelor's degree or higher. In both categories, educational attainment is lower for Native American, African American and Hispanic residents of Union 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 Union County residents is housing, which includes affordability, over-crowding, and lack of a kitchen or plumbing. There is also the problem of linguistic isolation (not being able to communicate with others in the community), as over 12% of families in Union County have no one over the age of 14 who can speak English. Although not worse than other U.S. counties, it is important to note that over 1 in 4 (26.8%) of Union County residents 65 and older live alone. Over 1 in 3 children in Union County are living in single parent households; a rate that has been stable for some time. 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.

Alarmingly, 1 in 4 adults (26%) 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.

Violent crime in the county is high. Data on civic participation, shows that 69% of voters in Union County voted in the last presidential election. Of the NJ Counties, Union is in the bottom half of counties (Ranking number 15) 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 DISEASEES

- "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 Union to have no money in its budget and collects close to a billion in taxes dollars in settlement taxes and $2.70 on every pack."
- "Though we have progressed a great deal concerning our attitudes toward mental illness, negative stigma and uneducated opinions are still pervasive, specifically in our community. Together with our local organizations and experts the Madison Area YMCA's Community Mental Health Initiative seeks to eradicate this toxic stigma through educational seminars and community awareness activities. In addition, we seek to provide Mental Health First Aid trainings for both YMCA staff and community members, thus enabling others to provide individuals experiencing a mental health related crisis. The CMHI will target issues that are relevant to our community, such as stress/anxiety related mental illnesses, eating disorders, depression and other mood disorders, and other relevant topics. In collaboration with the North Jersey Collaborative, we can begin to educate our community and surrounding areas on

the prevalence of mental illness; which directly correlates to a reduction in negative stigmatization."

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

CANCER

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

CARDIOVASCULAR

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

CHRONIC DISEASES

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

COMMUNICABLE DISEASES

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

ECONOMIC HEALTH

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

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

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

MATERNAL CHILD HEALTH

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

WELLNESS AND LIFESTYLE

- "Public Awareness of access to health care and healthy activities."
- "There are not many affordable opportunities for exercise or movement activities for families. The need for recreation departments to really start more activities like soccer leagues for both children and adults."
- "[We need to support] tobacco cessation."
- "[Eradicate] food deserts."
- "Access to healthy foods and knowledge on what that looks like. People need to be able to buy affordable healthy foods close to home but also have the knowledge to make the healthy choice.
  Working with the entire family is important, especially to impact obesity. Getting to the right people and ensuring that all people are able to participate. Health equity is extremely important. Meeting people where they are at and providing what they need to be healthy. We have seen community gardens bring communities together and provide needed fresh vegetables. Whether they are sustainable for long term change we are not sure. If we could find sources or fresh fruits and vegetables at low cost in convenient locations consistently this may be helpful."
- "I think there should be more opportunity for healthy living changes. Example instead of sitting thru a free lecture that says yoga and meditation is good for you- there should be more free meditation and yoga classes offered. For people who can't afford gyms- more walking groups and exercise in the park programs, etc.... These things can be expensive and people may not be able to afford to go. Therefore educating that it is good for them is futile."

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

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

Organizational Strengths

ACCESS TO CARE

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

BUILT ENVIRONMENT

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

BEHAVIORAL HEALTH/SUBSTANCE ABUSE

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

CANCER

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

CARDIOVASCULAR

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

ECONOMIC HEALTH

- "[We offer] SHIP and VITA programs."

ENVIRONMENTAL HEALTH

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

MATERNAL CHILD HEALTH

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

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

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

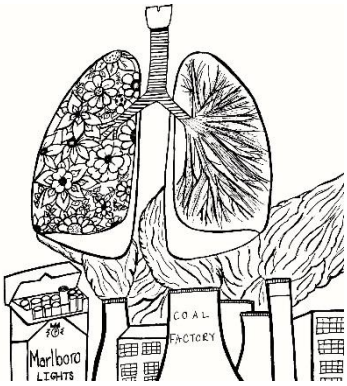
WELLNESS AND LIFESTYLE

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

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

SHOW US HEALTH

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



To see all the submissions, visit the Show Us Health page in the Resource Library @ njhealthmatters.org.

DATA REVIEW & PRIORITIZATION SESSIONS

Data review sessions for Union 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 125 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 = 25) 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

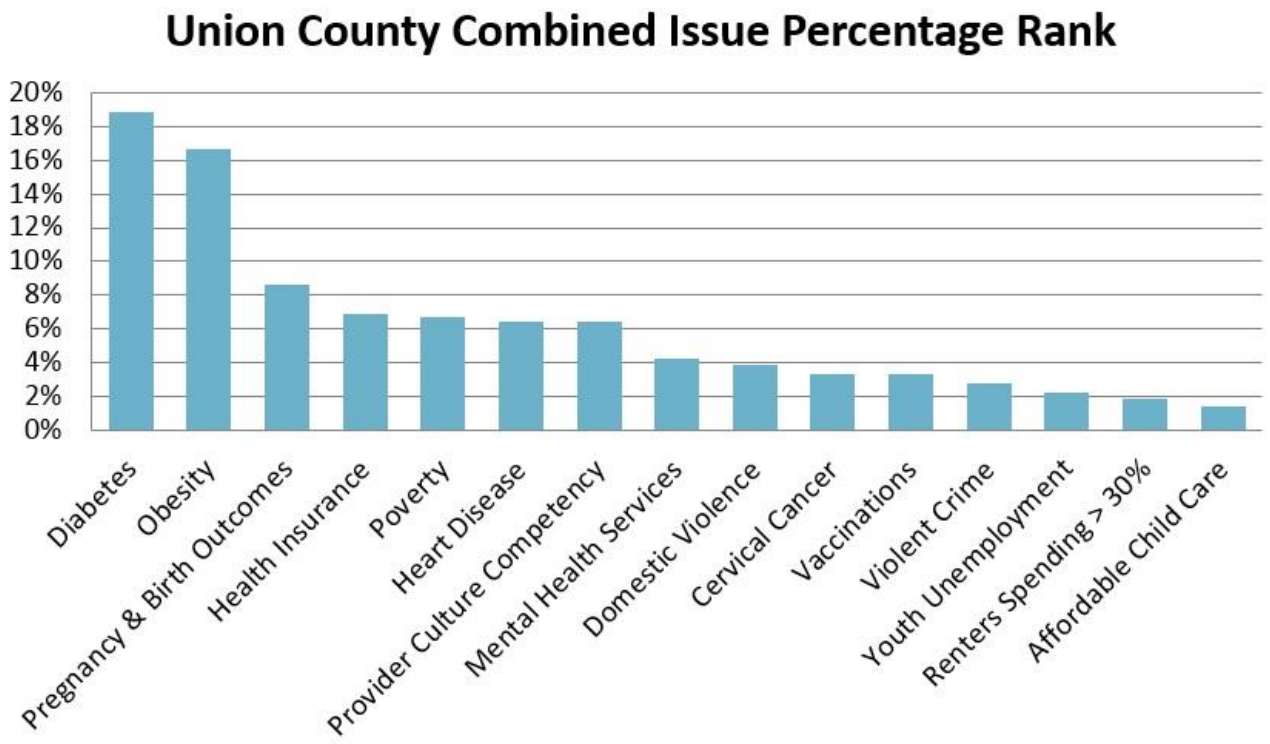


Table 2: Raw and Grouped Issues after Initial Prioritization

Raw Issues		Grouped Issues
1.	Diabetes Mortality Rate	1. Diabetes (1, 7)
2.	Obesity	2. Obesity (2, 20, 24)
3.	Prenatal Care	3. Poverty (8, 12)
4.	High Rates of Hypertension	4. Pregnancy & Birth Outcomes (3, 10)
5.	Access to Mental Health Services	5. Health Insurance (13, 15, 16)
6.	Domestic Violence	6. Provider Cultural Competency (14, 17, 18)
7.	Diabetes	7. Heart Disease (4, 22)
8.	Low Median Household Income	8. Mental Health Services (5)
9.	Vaccinations	9. Domestic Violence (6)
10.	High Teen Birthrate	10. Vaccinations (9)
11.	Cervical Cancer	11. Cervical Cancer (11)
12.	Poverty	12. Violent Crime (25)
13.	Lack of Health Insurance Coverage	13. Youth Unemployment (19)
14.	Lack of Health Education Targeted for the Immigrant Population	14. Renters Spending >30% of Income on Rent (21)
15.	Difficulty Completing Paperwork to Access Financial Assistance	15. Affordable Childcare (23)
16.	Enrolling in Medicaid	
17.	Shortage of Culturally Competent Providers	
18.	Language Barriers for Health Education/Materials	
19.	Youth Unemployment	
20.	Limited Access to Healthy Foods	
21.	Renters Spending >30% of Income on Rent	
22.	High Heart Disease Rates	
23.	Affordable Child Care	
24.	Lack of Supermarkets that Accept WIC Vouchers	
25.	Violent Crime	

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 >305 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: Diabetes

In Union County, the age-adjusted death rate due to diabetes is 24.7 per 100,000 (↑ from 23.4% in 2006-2008) and comparing unfavorably among "peer counties" according to the CDC. Diabetes is highest among Medicare patients 65-75 years of age (32.2% have diabetes (↑ from 30.8% in 2009). Black, or African American residents have a higher likelihood of dying from diabetes (45.7 per 100,000 population) compared to 19.0 for Hispanic or Latino residents and 19.6 for White or Caucasian residents. Males die at a higher rate (30.1 per 100,000) than females (21.0 per 100,000). From 2014 State ED data, the 152 cases were centralized in the following zip codes: 07060: Plainfield (13 cases) 07036: Linden (11 cases) 07205: Elizabeth (9 cases) 07206 Elizabeth (9 cases) 07202: Elizabeth (8 cases). Key drivers include health literacy, lack of preventative services, lower socioeconomic status, physical activity and food access.

Issue B: Mental Health Services

Despite Union County having 160 mental health providers per 100,000 population (among best in nation) (↑ from 127 in 2013) many individuals are unable to receive adequate behavioral health treatment. Nationally, only 45% of people with a behavioral health disorder receive treatment in a given year, only 22% receive care from a mental health specialist (National Comorbidity Study). This disparity may disproportionately affect low SES individuals and is driven by a lack of funding, insurance coverage, poor collaboration between mental health agencies, public health agencies, and primary care providers, and lower socioeconomic status.

Issue C: Health Literacy

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. 36% of the population nationally has limited health literacy. There is no direct measurement for health literacy in Union County at this time. Those with limited health literacy tend to be those with lower socioeconomic status, racial/ethnic minorities (especially those for whom English is not their first language), and seniors. A key driver is the complexity of healthcare information and services.

Issue D: Obesity

In Union County, 24.5% of adults are obese and the rate of low-income preschool obesity (19.3%) is among the worst in the nation. Adult males are more likely than females to be obese. Key drivers include access to healthy foods and recreation facilities. 16.7% of children in Union County suffer from food insecurity and 3.1% of children have low access to a grocery store (1.3% in the low income population). Union County boasts a high rate (0.67/1,000 population) of fast food restaurants, a slightly below average rate of farmers markets, and a comparably high density of grocery stores.

Issue E: Heart Disease

In Union County, 38.4% of the Medicare population has Ischemic Heart Disease (↓ from 41.7% in 2009) and 29.4% of the population (and 59.6% of Medicare beneficiaries) have hypertension (↓ from 60.2% in 2009). For the Medicare population, rates of atrial fibrillation, heart failure, hyperlipidemia, and stroke are all above the average for NJ counties. People who make less than $75,000 in yearly income are more likely to report being diagnosed with heart disease (7.3% vs. 1.3%). Black, non-Hispanic residents have a much higher rate (40.6 per 100,000) of stroke than White, non-Hispanic (33.4) and Hispanic (27.2) residents. The same is true for males (36.8 per 100,000) compared to females (32.9). Black, non-Hispanic residents have a much higher rate of death due to heart disease and hypertensive heart disease than members of other racial/ethnic groups. Key drivers include access to health foods and recreation facilities (mentioned above).

Issue F: Pregnancy and Birth Outcomes

In Union County, 21.5% of women received no prenatal care in the first trimester (19.4% is the state average) (↓ from 26.6% in 2008). Younger women (ages 15-17 (48.6%); 18-19 (36.3%); and 20-24 (32%), and mothers who are Black, non-Hispanic (27.3%) and Hispanic (26.2%) are more likely to not receive early prenatal care. 1.3% of mothers in Union County received no prenatal care at all. The rates of preterm births, very preterm births (less than 32 weeks of completed gestation), infant mortality, and babies with low birth weight are all higher in Union County compared to the NJ county average. Mothers who are Black experience almost double the rate of infant mortality than their peers (10 deaths/1,000 live births vs. 5.4 deaths/live births for the county as a whole). Asian mothers, Black mothers, and older mothers (ages 40-44) are two times as likely to give birth to babies with very low birth weight (approximately 3% vs. 1.6% for the county). Although the teen birthrate in Union County is trending downwards, it is twice as high for Hispanic teens than for the county as a whole (20 live births/1,000 females aged 15-17 vs. 9.8 for the county).

Issue G: Health Insurance

In Union County, 75.4% of adults have health insurance as of 2014 (compared to the state average of 81.6%; ↑ from 77.1 in 2010). Hispanic/Latino residents are less likely to have health insurance (56.1%), as are bi-racial individuals (63.5%). People aged 18-34 were less likely to have health insurance compared to all other age groups (likelihood of having insurance increases with age). 94.7% of children in Union County had health coverage; while high, this number falls short of the HealthyNJ 2020 Goal (95%), as well as the national HealthyPeople 2020 Goal (100%). Again, Hispanic children were less likely to have health insurance than their peers. From the 2113 CHNA, those with no college degree were more likely than those with a college degree to not have health insurance (17.8% vs 95%). Drivers include cost/income, educational attainment, and difficulties in enrolling in insurance.

Issue H: Provider Cultural Competency

Although there are no current metrics/indicators for provider cultural competency in Union County, this was a much discussed topic at the County Committee Meetings, with community partners reporting a lack of health education targeted at the immigrant population, a shortage of culturally competent healthcare workers/providers, and language barriers for health education and materials.

Issue I: Domestic Violence

The Estimated domestic violence offense in Union 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

54.1% of adults in Union County did not receive a flu shot in 2012 and 72.8% of adults did not have pneumonia shots. Age adjusted death rate due to influenza and pneumonia for the period 2009-2011 was 13.3 per 100,000 population. In 2012 (the most recent year calculated as of 11/15), a total of 84 individuals in Union County died of influenza or pneumonia. Of these 84 individuals, 13 were Black, non-Hispanic, 9 were Hispanic (of any race), and 62 were White non-Hispanic. By age, 2 were 15-44 years of age, 9 were 45-64 years of age, and 73 were 65+. By sex, 49 were female and 35 were male. Click HERE to see the number of deaths due to influenza/pneumonia in 2012 by race/ethnicity, age, sex, and municipality. Also local reports of influenza-like illness peaked between December 22-25, 2014, resulting in more than 20 influenza-associated hospitalizations in December 2014 and early January 2015 (http://www.uchd.net/health-statistics). Impacted populations include women (female adults with no Pneumonia shot was higher than male; 77.4% versus 67.0%. Females also had a higher incidence of influenza/pneumonia mortality in 2012; 49 female, 35 male), adults over 65 (of the 84 people who died of influenza/pneumonia in 2012, 73 were 65 years of age or older), and white, non-Hispanic people (of the 84 people who died from influenza/pneumonia in 2012, 62 were White, non-Hispanic). Drivers include socioeconomic status (adults who make more than $75,000 were less likely to have gotten a shot than those who make less, 79.5% vs. 68.4%) and age.

Issue K: Cervical Cancer

In Union County, the age-adjusted incidence rate for cervical cancer was 8.9 per 100,000 females, for the period 2008-2012 (higher than the state average). The Cervical cancer incidence rate has remained relatively steady since 2004. 21.6% of women aged 21 and older report that they have gotten a pap test in the past three years. The age-adjusted incidence rate for cervical cancer per 100,000 Hispanic/Latino females was 13.9 and 9.8 for black females for the period 2008-2012 (significantly higher than that of their white peers). Those who made less than $75,000/year and did not have a college education were less likely to get a Pap test; 27.7 and 31.2%, respectively.

Issue L: Violent Crime

In Union County, there is a rate of 418 violent crimes per 100,000 versus 302 for the state. Overall, the violent crime rate has decreased between 2009 and 2012 (454.1 to 417.6). Between 2013 and 2014, violent crime decreased in Clark (5 to 4), Fanwood (6 to 0), Plainfield (427 to 361), Springfield (12 to 2), and Union (92 to 89). Violent crime increased in Cranford (4 to 5), Elizabeth (999 to 1142), Hillside (91 to 96), Kenilworth (9 to 10), Linden (123 to 152), Rahway (50 to 52), Roselle Park (8 to 11), Summit (8 to 12), Westfield (12 to 19), and Winfield (0 to 1). Violent Crime remained steady in Garwood (at 5), Mountainside (at 1), Roselle (at 65), and Scotch Plains (at 19). Click HERE to see a table of violent crime incidents by municipality (2013-2014). Drivers include the number of alcohol outlets (each one-unit increase in the number of alcohol outlets is associated with a 2.2 % increase in the count of violent crimes adjusting for neighborhood disadvantage, percent minority, percent occupancy, drug arrests, and spatial dependence (Jennings, et al.,2013), and alcohol consumption (according to the Department of Justice, 37% of almost 2 million convicted offenders currently in jail, report that they were drinking at the time of their arrest).

Issue M: Youth Unemployment

There are no youth unemployment statistics available for Union County at this time. However, 6.5% of workers in the civilian labor force in Union County are unemployed, which is higher than the state average. In the state, 18.2% of people aged 16-24, 24.7% of people aged 16-19, and 15.7% of people aged 20-24 are unemployed, all of which are higher than the national average (Bureau of Labor Statistics). Nationwide, 29.7% of black teens and 22.1% of Latino teens in the labor force were unemployed in 2015 compared to 16.4% of white teens (U.S. Bureau of Labor Statistics). Youth unemployment appears to be the highest in the following census tracts based on the percentage of people aged 16-19 who are in the labor force and are unemployed: Census tract 353 (central Linden; 1.85%), Census tract 339 (central Roselle Park; 1.79%), Census tract 367 (south central Westfield; 1.55%), Census tract 325 (southern Hillside Twp; 1.51%), and Census tract 395 (western Plainfield; 1.49%). Drivers include the following: 1) Socioeconomic status- the lower the household income, the more likely the youth is to be unemployed (Sum, 2014); 2) Lower educational attainment - College graduates experience the lowest unemployment rate (8.0 percent in April 2010), while those without a high school diploma have the highest unemployment rate (33.0 percent). However, even with high levels of education, young minority workers not enrolled in school have distressingly high rates of unemployment; and 3) Distribution in the labor market- Young workers comprise 13 percent of all employees, but they are not evenly distributed across industries. Young workers are over-represented in leisure and hospitality, where they make up 34 percent of the total workforce, and in wholesale and retail trade, where they make up 20 percent of the total workforce. These types of jobs are often seasonal and subject to other fluctuations (U.S. Congress Joint Economic Committee, 2010)

Issue N: Renters Spending 30% or More of Income on Rent

In Union County, 55% of renters spend 30% or more of household income on rent, which is much higher than the state average. A family must earn $51,838 a year to afford the average fair-market rental rate of $1,296 for a two-bedroom apartment in New Jersey, including utilities. The percentage of renters spending 30% or more of household income on rent has remained relatively stable over time. 67.5% of renters aged 65+ spend 30% or more of household income on rent compared to the average percentage of 55%. In Union County, there are 14 census tracts in which the *majority* of households have a household income which falls below the median household income for the county. Of these 14 census tracts, 9 fall within Union City, 1 in northern Roselle, 2 in northwestern Linden, and 2 in north/central Plainfield**.** Low income is a driver; on average, a worker making New Jersey's minimum wage of $8.25 an hour would have to put in 121 hours a week to pay rent and utilities for a two-bedroom apartment (National Low Income Housing Coalition, 2014). Additional drivers include lack of affordable housing, a disproportionate renters to rental properties ratio, and high population density/high demand.

Issue M: Affordable Child Care

Families in Union County pay 9.8% of their income on family child care and 13.4% of their income on licensed child care (both higher than the state average). The lower the household income, the more likely that a family will not be able to afford family and/or licensed childcare. Additional drivers include lack of affordable childcare centers, "service deserts," and a subsidy system may not be sufficient to pay for high-quality care. In Union County, 8.5% of families (compared to 11.5% state average), 10.8%

of individuals (compared to 15.9% state average), 15.3% of children (compared to 22.5% state average), and 8.3% of people 65+ (compared to 9.5% state average) live below the poverty level. However there are significant disparities by demographic and geographic factors.

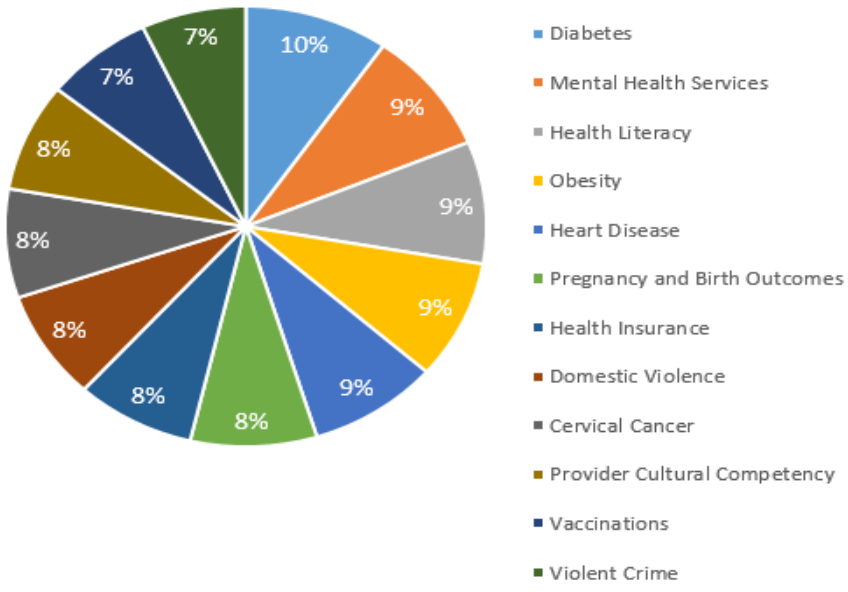
FINAL PRIORITIZATION

Thirty-nine organizations voted either in the County Committee meeting or online in the week following the meeting. Table 2 shows the final results and ranks and Figure 2 shows that 48% of the vote was given to the top five issues.

Table 2. Final Prioritization Rankings

	Importance	Impact	Total	Rank
Diabetes	8.63	8.00	16.63	1
Mental Health Services	8.06	7.50	15.56	2
Health Literacy	7.81	7.56	15.38	3
Obesity	7.75	7.25	15.00	4
Heart Disease	7.81	7.19	15.00	4
Pregnancy and Birth Outcomes	7.43	7.14	14.57	5
Health Insurance	8.38	5.38	13.75	6
Domestic Violence	8.19	5.56	13.75	6
Cervical Cancer	7.36	6.36	13.71	7
Provider Cultural Competency	7.81	5.81	13.63	8
Vaccinations	5.87	6.60	12.47	9
Violent Crime	7.81	4.25	12.06	10

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 reputable sources in the public health, the process will develop a shared plan with measureable strategies for ongoing monitoring and evaluation. Table 3 (below) displays the process to be followed. Implementation plans will be released via the NJHC website in mid-2016.

Table 3. Implementation Planning Timeline

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

APPENDIX A: NJHC 2015 FUNDING PARTNERS & EXECUTIVE COMMITTEE

2015 Funding Partners

Public Health	
Hanover Township Department of Health	Sussex County Department of Human Services
Morris County Office of Health Management	Union County Health Officer's Association
Morris Regional Public Health Partnership	Warren County Department of Health
Passaic County Public Health Partnership	Westfield Regional Health Department
Pequannock Township Health Department	
Health care	
Atlantic Health System	Visiting Nurse Association of Northern New Jersey
Saint Clare's Health System	Zufall Community Health Centers
Community Organizations	
Fairleigh Dickinson University-School of Pharmacy	Sage Eldercare
Mental Health Association of Morris County	Skylands RSVP
Morris Area Wellness Partnership	Sussex County Department of Human Services
Morris County Prevention is Key	United Way of Greater Union 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 Gaudioso	United Way of Northern New Jersey
Treasurer	Faith Scott, MPH, FACHE	Visiting Nurse Association of Northern New Jersey
Secretary	Arlene Stoller, MPH, CHES	Morris County Office of Health Management
Data Committee Chair	Sharon Johnson-Hakim, Ph.D.	Atlantic Center for Population Health Sciences
Communications & Marketing Committee Chair	Michael Ferguson	Skylands RSVP Volunteer Resource Center
Sussex County Committee Co-Chair	Becky Carlson	Center for Prevention & Counseling
Sussex County Committee Co-Chair	Christine Florio	Sussex County Division of Community and Youth Services
Morris County Committee Chair	Peter Tabbot, MPH	Morris Regional Public Health Partnership
Union County Committee Chair	Juanita Vargas	United Way of Greater Union County

APPENDIX B: UNION COUNTY PARTNERS 2015

Active Partners

American Cancer Society	Jewish Community Center of Central NJ	SAGE Eldercare
Angels for Action	Jefferson Park Ministries	Senior Citizens Council
Atlantic Health System	Jefferson Park Pre-School	Shop Rite
Board of Health - Clark	Jewish Family Service of MetroWest NJ	South Mountain YMCA
Borough of Roselle	Jewish Family Services of Central NJ	Summit Area Public Foundation
Bridgeway Rehabilitation Services	Josephine's Place	Summit Area YMCA
CASA of Union County	Junior League Summit	Summit Public Schools
Catholic Charities of Archdiocese of Newark	Legal Services of New Jersey	Summit YMCA
Cerebral Palsy League	Legal Services of NJ	Susan G. Komen North Jersey
City of Elizabeth, Dept. of Health & Human Services	Livingston Board of Health	The ARC
City of Rahway	Madison Health Department	The City of Summit
Community Access Unlimited	Middlesex County Office of Health Services	The Elizabethport Presbyterian Center
Community Coordinated Child Care	Mobile Meals of Westfield	The Gateway Family YMCA
Contact We care	Neighborhood House	The Summit Conservancy
Curemonos	New Jersey State YMCA Alliance	Trintias Regional Medical Center
Diabetes Foundation, Inc.	New Providence Municipal Building	UCNJ -Division of Social Services
Division of Human Services	New Providence Senior Citizens	Union County DHS
Ehrhart Gardens - Union	Newton Medical Center	Union County Office of Health Management
Elizabeth Coalition to House the Homeless	NJ Alliance of YMCAs	Union County SNAP-Ed Program
Enright Melanoma Foundation	North Jersey Consultation Center	Union County Workforce Development Board
Family & Children's Services	North Jersey Health Collaborative	SAGE Eldercare
Family Intervention Services	Partnership for Maternal & Child Health	Senior Citizens Council
Fanwood-Scotch Plains YMCA	Pathways	Shop Rite
Gateway Family YMCA	Pilgrim Baptist Church	South Mountain YMCA
Groundwork USA	Plainfield Neighborhood Health	Summit Area Public Foundation
Holy Redeemer Home Care	Prevention Links	Summit Area YMCA
Horizon Blue Cross Blue Shield of NJ	PROCEED, Inc.	
Imagine, A Center for Coping with Loss	Resolve Community Counseling Center	
Inroads to Opportunities	Roselle Day Care Center	
Interweave	Robert Wood Johnson Foundation- Rahway	

APPENDIX C: INITIAL PRIORITIZATION AND ISSUES

		County Committees			Data Committee			Averages		Total
Rank	Issue	Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	Total Score (=Avg score x Avg. Rank
1	Diabetes mortality rate	35.90	32.75	35.38	33.46	34.37	0.0%	31%	15.6%	5.35
2	Low median household income	6.44	4.25	35.67	24.29	17.66	7.8%	0%	3.9%	0.69
3	Lack of farm markets or distribution centers for local fresh foods within a 10 min drive of people's homes	6.16	5.72	30.00	26.43	17.08	0.0%	0%	0.0%	0.00
4	Pneumonia vaccinations	5.23	6.03	24.33	30.36	16.49	0.0%	2%	1.1%	0.18
5	Shortage of culturally competent providers					19.06				
6	Lack of reliable data on substance abuse	6.41	6.15	33.67	30.00	17.09	0.0%	4%	2.2%	0.42
7	Misdiagnosis of heart attacks in women and incorrect reporting of prevalence					18.57				
8	Cultural barriers for first-generation Americans whose parents struggle to navigate American society	6.09	5.39	30.33	26.54	19.66	0.0%	0%	0.0%	0.00
9	Limited access to healthy foods					23.75				
10	Lack of supermarkets that accept WIC vouchers	6.62	6.24	31.79	29.64	18.46	0.0%	0%	0.0%	0.00
11	Large number of single females managing households	6.99	6.26	34.33	31.07	14.39	0.0%	0%	0.0%	0.00
12	Falls by older adults					19.95				

		County Committees			Data Committee			Averages		Total
Rank	Issue	Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	Total Score (=Avg score x Avg. Rank
13	Lack of vaccinations	8.59	7.28	42.33	36.79	19.61	3.3%	0%	1.7%	0.40
14	Hypertension- high rates					21.17				
15	Limited access to safe and affordable childcare and afterschool care	6.56	6.20	31.79	29.29	20.17	2.8%	0%	1.4%	0.26
16	Increasing Alzheimer's incidence	6.05	3.35	30.67	17.50	15.47	0.0%	0%	0.0%	0.00
17	Difficulty accessing counseling services					20.52				
18	High density of liquor stores in county	6.93	6.46	35.33	31.07	15.09	0.0%	0%	0.0%	0.00
19	Diabetes					22.93				
20	Limitations of coverage and providers	6.34	6.35	34.33	31.43	18.08	2.2%	4%	3.3%	0.65
21	Medication compliance					15.06				
22	Sports-related concussions	7.43	6.59	38.00	32.67	16.22	0.6%	9%	4.7%	1.00
23	Enrolling in Medicaid					21.12				
24	No school buses - parents must drive children to school	7.10	5.26	38.33	30.00	10.03	2.8%	0%	1.4%	0.28
25	Lack of indoor exercise facilities for winter months					11.64				
26	Lack of Health insurance coverage	6.49	4.07	31.67	19.64	21.23	0.0%	0%	0.0%	0.00
27	Inability to afford preschool/childcare and limited financial assistance					17.58				

		County Committees			Data Committee			Averages		Total
Rank	Issue	Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	Total Score (=Avg score x Avg. Rank
28	Unemployment among youth aged 16-24	7.34	6.09	38.00	30.67	18.47	0.0%	0%	0.0%	0.00
29	Primary Care and Emergency Department utilization					19.67				
30	High teen birthrate	5.91	4.35	28.33	21.79	19.57	0.0%	0%	0.0%	0.00
31	Cervical Cancer: Latinas and low income					19.49				
32	Shortage of services for behavioral health	8.82	7.24	42.00	33.67	22.78	6.7%	0%	3.3%	0.76
33	Annual particle pollution					11.74				
34	Car emissions from older cars	7.75	4.91	37.33	22.33	11.95	0.6%	0%	0.3%	0.05
35	High suicide rates among Hispanic individuals	5.82	5.07	27.00	22.33	17.17	1.1%	0%	0.6%	0.08
36	High Emergency Departments utilization for mental health services	5.53	4.70	30.00	24.67	22.06	0.0%	0%	0.0%	0.00
37	Lack of enforcement of idling laws					12.12				
38	Long commute times to and from work relating to lack of physical inactivity	7.20	6.43	37.86	33.00	10.17	4.4%	0%	2.2%	0.47
39	High rates of cancer , high number of new cases	3.91	2.63	20.00	13.57	20.19	0.0%	0%	0.0%	0.00
40	Babies with very low birth rates					17.75				

		County Committees			Data Committee			Averages		Total
Rank	Issue	Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	Total Score (=Avg score x Avg. Rank
41	Incorrect census data about Latino/Latina households	4.07	3.49	21.67	17.33	18.03	0.0%	0%	0.0%	0.00
42	Lack of Carpooling	9.01	5.23	45.67	25.00	9.04	5.0%	0%	2.5%	0.53
43	Economic disparity compared with entire county					17.59				
44	Shortage of child psychiatrists	6.93	4.76	34.29	24.33	16.93	0.0%	0%	0.0%	0.00
45	Lack of education/misinformation on insurance issues					19.78				
46	Pedestrian injuries	8.13	4.41	38.67	22.67	14.93	4.4%	0%	2.2%	0.41
47	Breast Cancer: Latinas					20.37				
48	Gonorrhea cases	7.18	5.51	38.33	27.67	16.19	0.0%	0%	0.0%	0.00
49	Annual cost of childcare	7.88	5.73	38.33	26.33	16.78	0.0%	7%	3.3%	0.65
50	Emergency Department use for treatment of COPD/Asthma					19.02				
51	Homelessness, especially around trains stations	6.69	6.27	34.00	31.00	19.22	0.0%	7%	3.3%	0.65
52	Affordability of healthy food					21.37				
53	Lack of safe sidewalks	8.43	6.67	43.33	32.67	12.50	8.3%	0%	4.2%	0.95
54	Transportation to medical appointments					19.81				

		County Committees			Data Committee			Averages		Total
Rank	Issue	Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	Total Score (=Avg score x Avg. Rank
55	Stroke and age-adjusted death rate due to stroke	4.41	2.99	23.57	16.00	16.88	0.6%	0%	0.3%	0.03
56	Difficulty identifying and treating older adults with mild cognitive impairment					16.81				
57	Alzheimer's stigma and delaying treatment	4.90	2.57	26.33	14.00	17.95	0.0%	0%	0.0%	0.00
58	Stress and substance abuse					21.37				
59	Difficulty completing paperwork to access financial assistance	6.51	4.50	34.67	23.00	21.31	0.0%	0%	0.0%	0.00
60	Lack of social support from friends and family	8.43	6.08	43.00	30.71	13.89	0.0%	0%	0.0%	0.00
61	Lack of centrally located grocery stores					13.41				
62	Mold and lead in houses	4.56	3.59	22.00	18.33	16.56	0.0%	0%	0.0%	0.00
63	Death due to unintentional injuries					13.49				
64	Obesity	4.42	1.91	23.00	11.33	24.84	0.0%	0%	0.0%	0.00
65	Noise pollution from increasing vehicles on roads	8.55	5.45	40.33	26.43	11.51	0.0%	0%	0.0%	0.00
66	Alcohol-related unintentional injuries	6.82	5.10	35.00	24.09	17.02	0.0%	0%	0.0%	0.00
67	Asthma					19.87				
68	Prescription drug abuse as a gateway to harder drugs	6.71	5.42	34.64	25.36	18.03	0.0%	0%	0.0%	0.00

		County Committees			Data Committee			Averages		Total
Rank	Issue	Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	Total Score (=Avg score x Avg. Rank
69	Vaccination schedules vary by primary care provider					15.02				
70	Poor health literacy	3.24	2.91	15.67	14.33	20.73	0.0%	0%	0.0%	0.00
71	Poverty	8.14	3.90	38.67	19.67	19.30	2.2%	0%	1.1%	0.20
72	Renters spending 30% or more of household income on rent					18.51				
73	Misperception about prevalence of heart disease in women	6.83	4.23	36.00	20.67	20.42	2.8%	0%	1.4%	0.24
74	Workplace-related back injuries					15.87				
75	Living alone	6.73	6.39	35.00	31.00	13.51	1.1%	0%	0.6%	0.11
76	Limited access to medical care due to affordability					20.33				
77	Discrepancy between health insurance knowledge, and high insurance liability	4.94	4.43	28.33	22.00	21.39	0.6%	0%	0.3%	0.04
78	Prenatal care					20.12				
79	Differing interpretations of health across generations and cultures	7.08	6.41	37.00	31.00	14.54	0.0%	0%	0.0%	0.00
80	Lack of non-physician physician extenders ex. nurse practitioners	5.59	5.26	30.00	23.93	15.53	0.0%	0%	0.0%	0.00
81	Violent crime					17.71				

		County Committees			Data Committee			Averages		Total
Rank	Issue	Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	Total Score (=Avg score x Avg. Rank
82	Medical screening bars students from playing sports	7.10	3.09	38.00	18.93	11.03	0.0%	0%	0.0%	0.00
83	Disparities in women's health screenings by education and income level					19.18				
84	Cigarette smoking in mental health patients	6.35	6.06	34.67	29.00	16.02	0.0%	0%	0.0%	0.00
85	Affordability of mental health services and prescriptions					19.65				
86	Housing for undocumented residents	7.89	4.65	39.67	24.67	14.43	1.7%	0%	0.8%	0.16
87	Rate of osteoporosis	8.41	6.08	42.33	28.67	14.73	0.0%	0%	0.0%	0.00
88	Increase in persistent, bioaccumultive, and toxic chemicals					15.79				
89	Access to community services	4.59	2.76	26.33	16.33	20.89	0.0%	0%	0.0%	0.00
90	Domestic violence					20.72				
91	Lack of peer support programs	7.67	5.24	39.67	26.67	19.74	0.0%	0%	0.0%	0.00
92	Work-related stress contributes to heart disease	5.85	5.33	30.00	26.33	17.81	0.0%	0%	0.0%	0.00
93	Stigma dissuades people from seeking treatment					17.43				
94	Low access to shelters for homeless men	6.49	4.74	33.00	23.00	17.39	0.0%	0%	0.0%	0.00

		County Committees			Data Committee			Averages		Total
Rank	Issue	Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	Total Score (=Avg score x Avg. Rank
95	Children living in single parent households	5.89	5.97	29.29	30.67	14.14	0.0%	0%	0.0%	0.00
96	Lack of produce availability at food pantries					21.20				
97	Improper disposal of hazardous waste	8.26	6.23	40.67	30.33	15.95	2.2%	0%	1.1%	0.24
98	Income disparity/inequality					14.50				
99	Union County has worst heart disease rates in US	7.38	6.80	36.07	35.00	18.18	4.4%	0%	2.2%	0.47
100	High rate of infant mortality	5.80	3.53	28.00	18.21	18.97	0.0%	0%	0.0%	0.00
101	Lack of reliable osteoporosis data for males	6.07	3.24	28.00	16.33	12.34	0.0%	0%	0.0%	0.00
102	Lack of green spaces and parks					10.37				
103	Administrative burden on caregivers for those with neurological issues	5.92	4.66	31.67	24.00	15.67	0.0%	0%	0.0%	0.00
104	Linguistic isolation (no one in the house speaking English)	4.69	3.93	25.67	19.67	15.78	0.0%	0%	0.0%	0.00
105	Lack of appropriate housing for low-income students					14.62				
106	Limited Public Transportation	8.38	8.06	43.57	39.33	15.84	11.7%	16%	13.6%	3.38
107	E-cigarettes countering decline in tobacco use	4.98	2.74	24.33	14.00	14.43	0.0%	0%	0.0%	0.00
108	Bicycle safety for children and adults	6.11	5.31	31.33	25.33	19.17	0.0%	0%	0.0%	0.00
109	High prevalence of STIs					19.74				

		County Committees			Data Committee			Averages		Total
Rank	Issue	Importance	Impact	Rank	Importance	Data Strength	Rank	Score	Rank	Total Score (=Avg score x Avg. Rank
110	Lack of health education targeted at the immigrant population	7.34	5.48	38.00	28.67	20.24	0.0%	0%	0.0%	0.00
111	Lack of safe space for walking and biking - environment is geared towards cars					13.90				
112	Alcohol/substance abuse: Teens	6.60	4.85	34.67	26.00	23.22	2.2%	0%	1.1%	0.20
113	Alcoholism among undocumented residents	5.73	4.33	26.00	24.00	18.62	0.0%	0%	0.0%	0.00
114	Homeownership					11.88				
115	Unclear messaging about screenings/self-detection	7.34	6.57	36.33	32.67	18.08	1.1%	0%	0.6%	0.12
116	Lack of physical activity (adults who are sedentary)	8.09	4.17	40.67	24.29	22.55	3.3%	2%	2.8%	0.54
117	Poor prenatal care					22.29				
118	Chlamydia cases	7.83	4.44	38.21	23.57	16.05	3.9%	0%	1.9%	0.36
119	Perception that parks are unsafe					14.43				
120	Lack of community facilities and programs for youth	6.65	6.83	31.79	36.43	21.00	0.0%	0%	0.0%	0.00
121	Family caregiving					18.17				
122	Insufficient care for those with developmental disabilities like Down's Syndrome and Autism	5.38	4.87	26.15	27.08	21.23	0.0%	0%	0.0%	0.00

		County Committees			Data Committee			Averages		Total
Rank	**Issue**	**Importance**	**Impact**	**Rank**	**Importance**	**Data Strength**	**Rank**	**Score**	**Rank**	**Total Score (=Avg score x Avg. Rank**
123	Generational differences in smoking habits					13.56				
124	Lack of data on epilepsy, seizure disorders, and ALS	6.43	2.39	32.14	13.08	16.94	0.0%	0%	0.0%	0.00
125	Language barriers for health education/materials					24.75				