North Jersey Health Collaborative

health matters

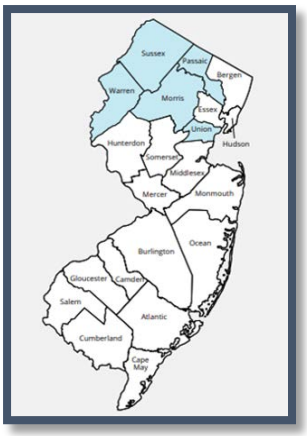
Community Health Needs Assessment Report

Union County

2019

North Jersey Health Collaborative
health matters

EXECUTIVE SUMMARY



Established in November 2013, the North Jersey Health Collaborative (NJHC) is an independent, self-governed 501(c)(3) organization with a diverse set of partners in five counties of New Jersey (Morris, Passaic, Sussex, Union, & Warren) representing health care, public health, social service, education, local government, business, and other community-based organizations.

Working together across sectors, the NJHC and its partners seek to establish a more coordinated collective approach to community health improvement. Core functions of the NJHC include a shared process of community health needs assessment and health improvement planning to target factors that drive poor health, and the development of collaborative strategies and action plans designed to create communities where opportunities for health and well-being are available for all people. This report is part of our continued commitment to collect, analyze, and share data to inform and modify the collective health improvement efforts of more than 100 partner organizations.

Key Objectives of this Report:

- Describe the county's socio-demographic characteristics, health status, and disparities.
- Engage community partners and residents to identify unmet needs related to health and well-being.
- Assist the NJHC and community partners to identify needs and to develop effective shared strategies and solutions that will have the greatest impact.

Union County Highlights: Combining Community Perspective and Qualitative Data

Building on our first shared community health needs assessment from 2016, the 2019 assessment represents a shift from a focus on primarily health-related issues and outcomes to one that includes the larger social determinants of health. Overall, Union County has many strengths and assets and was ranked number 8 in the state for overall health outcomes according to the 2018 County Health Rankings. You can read more about Union County's assets throughout this report. However, despite the county's overall good health and wealth, there are significant disparities from one community, or zip code, to another.

In 2018, the NJHC launched the *Community Voice Survey*. With 258 respondents from Union County, this survey placed a large emphasis on letting the perspectives of members who live and work in our communities, shape our work. Some of the top issues identified by Union County residents through the survey include: availability of affordable and safe housing, access to good quality mental health care, having enough jobs available for people who are unemployed, access to adequate and affordable health insurance, and having safe and good-quality childcare.

Through our secondary data analysis, it was identified that some of Union County's worst performing health indicators include: higher incidence of cervical cancer, fewer adults and children having health insurance, greater percentage of Medicare enrollees having heart failure and ischemic heart disease, and higher percentage of residents having inadequate social support. In the adult population, 29% of Union residents have been told they have high blood pressure, 25% are obese, and 22% are sedentary. The aforementioned are all risk factors for chronic diseases such as heart disease and diabetes. While the overall cancer incidence rate in Union County is decreasing, breast cancer incidence is on the rise even though the percentage of women 67-69 years-old who have had a recent mammogram is increasing. Mental health issues such as anxiety, depression, and substance use are also health challenges for adults in the county.

It is long established that socioeconomic status and income are strongly correlated with an individual's health status. The median annual income in Union County in 2017 was approximately $73,000, which is more than that for the entire United States. However, there is considerable economic inequality across communities within the county. Approximately 28% of Union County households are considered ALICE (Asset Limited, Income Constrained and Employed), meaning they earn income above the Federal Poverty Level but below the basic cost of living. The data analysis included in this report also demonstrates that there are specific disparities related to race, ethnicity, gender, and age.

It is our hope that the information and data sources within this report will help NJHC partners and other community stakeholders dig deeper into these issues in order to develop effective strategies and solutions for improved health and well-being. After discussion at the Union County October 2018 Planning & Strategy Session, NJHC partners have prioritized the following health-related areas of need for the 2019 Community Health Improvement Plan for Union County:

- Access to health care
- Access to healthy foods
- Chronic diseases
- Community safety
- Mental health and substance misuse

North Jersey Health Collaborative
health matters

ACKNOWLEDGEMENTS

This edition of the NJHC Community Health Needs Assessment (CHNA) Report for Union County was developed in partnership with the members of the NJHC Union County Committee (Appendix 1). This Committee includes public health and local government agencies, hospitals and health care providers, community-based organizations, and other community stakeholders. The assessment process was led by the NJHC Regional Data Committee, under the shared governance of the NJHC Executive Committee and the Board of Trustees (Appendix 2).

The Community Health Improvement Plan (CHIP) developed from this assessment process will serve as our roadmap to improving the health and well-being of residents living in northern New Jersey. The NJHC would like to thank the numerous individuals and organizations who participated in the development and the implementation of this assessment.

Members of the North Jersey Health Collaborative Data Committee:

- Don Dykstra, Atlantic Health System
- Shanice Johnson, Morris County Office of Health Management
- William Kernan, William Paterson University
- Lisa Lieberman, Montclair State University
- Annarelly "Annie" McNair, Union County Office of Health Management
- Jodi Miciak, United Way of Northern New Jersey
- Sarah Perramant, Warren County Health Department
- Rajika Reed, St. Luke's University Health Network
- Courtney Sartain, Warren County Health Department
- Arlene Stoller, Morris County Office of Health Management
- John Volturo, Atlantic Health System
- Leigh Ann Von Hagen, Rutgers University/Voorhees Transportation
- Trevor Weigle, Mt. Olive Township Health Department

We would also like to thank Catherine Connelly for her contributions to the community health needs assessment process.

Questions regarding this report and the 2019 CHNA should be directed to Christina Destro, Union County Committee chair, at cdestro@hqsi.org.

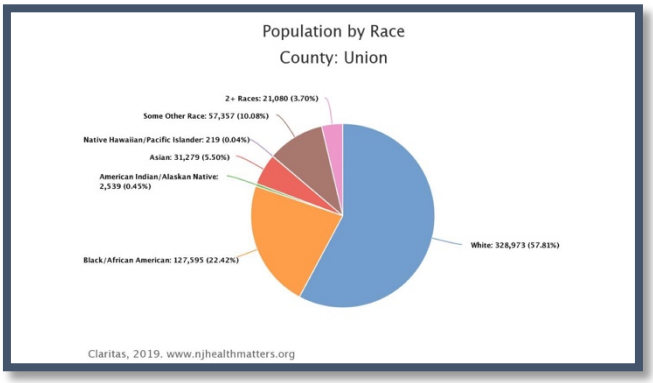
North Jersey Health Collaborative
health matters

TABLE OF CONTENTS

CHAPTER ONE: ABOUT UNION COUNTY

Union County is situated on the eastern edge of the state of New Jersey and it was the last county to be established in the state. As part of the New York Metropolitan Area, Interstate Route 95, Interstate Route 78, and the Garden State Parkway connect residents to neighboring counties as well as bring access to New York and Pennsylvania. Union County comprises 21 municipalities and is governed by the Board of Chosen Freeholders, which are elected for three-year terms on a staggered basis. There are 183 schools in 23 school districts, with the addition of one community college and Kean University. The county also has five libraries and is a part of the Rutgers New Jersey Agricultural Experiment Stations (NJAES) Cooperative Extension.

Population Demographics

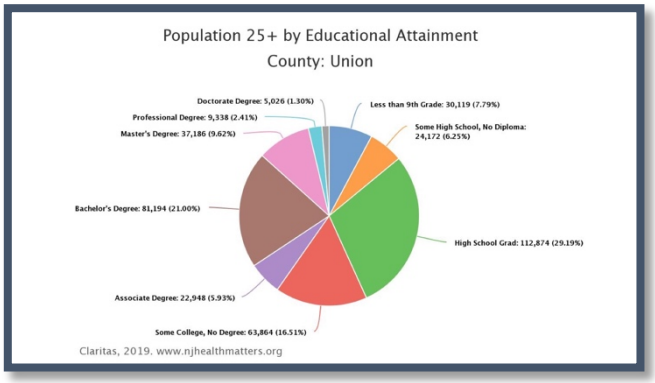


Union County has a population of 557,320 people; this is an increase of approximately 5% from 2010.[1] The median age in the county is 38 years-old. About one in four residents (24%) are children and youth under the age of 18 years-old and 14% of residents are over the age of 65 years-old. Union County is made up of 49% male residents and 51% female residents. According to the most recent American Community Survey, persons living with a disability (physical, mental or emotional) represent 9% of the county's population, with prevalence increasing with age to as much as 33% of the 65+ age group. White residents make up the majority of the county's population (57%), with other racial groups represented as follows: Black/African American 21%, other race 14%, and Asian 5%.[2] Residents who identify ethnically as Hispanic/Latino make up 31% of the county's population.

With a high birth rate (12 births per 1,000 residents in 2017) and net in-migration, the population in Union County has increased every year since 2010.[3,4] Approximately 30% of Union County residents, or 166,666

[1] US Census Bureau, 2017 American Community Survey 1-Year Estimates
[2] US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates
[3] New Jersey Department of Health, Birth Certificate Database
[4] US Census Bureau, Estimates of the Components of Resident Population Change: April 1, 2010 to July 1, 2017

people, were born outside the United States. Furthermore, the 2009 American Community Survey determined that 12% of Union County households, compared to the state value of 7%, are linguistically isolated; this means that all members over the age of 13 years-old in the household have some difficulty communicating in English.[5] The most common language spoken in linguistically isolated households in Union County is Spanish.



Only 21% of Union County residents 25 years-old or older have attained a Bachelor's degree or higher; this is markedly lower than the value of 37% for the New Jersey adult population as a whole.[2] There are 22,164 (5%) Union County residents who are at least 16 years-old who are in the labor force but are currently unemployed; this is equal than the 5% overall unemployment rate in New Jersey.[2] The median household income for the county is $73,376, which is slightly lower than the statewide median household income of $76,475 but higher than the national median household income of $61,372.[2]

Housing affordability, taxes, job availability, and availability of senior housing all impact where people live within the county. In Union County, there is a total of 201,442 housing units, 93% of which are occupied. Of the occupied residences, 59% are owner-occupied and 41% are renter-occupied.[6] As in every other county in New Jersey, there are socioeconomic disparities within the county, sometimes even from one zip code or census tract to the next.

Socioeconomic Profile

The SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socio-economic need that is correlated with poor health outcomes. It is calculated based on factors such as education, employment, poverty, and income. All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). According to the index, areas of Elizabeth (07206, 07202, and 07201) are the three zip codes with the highest level of socioeconomic need in Union County. For additional information and to access the SocioNeeds index, visit the NJHC's website (www.njhealthmatters.org).

[5] US Census Bureau, 2005-2009 American Community Survey 5-Year Estimates
[6] US Census Bureau, 2010 Census

Presently, 10% of Union County residents live below the Federal Poverty Level.[2] Of those, one in three (33%) are children and youth under 18 years-old. This is important as chronic stress associated with financial hardship may impact childhood development and affect children's health status into adulthood. Poverty also disproportionately impacts certain racial and ethnic groups. Specifically, residents who identify as being of other races (21%) and American Indian and Alaska Native residents (17%) experience poverty at higher rates than other racial/ethnic groups in Union County. In addition to households who live in poverty, 28% of Union County households are earning incomes above the Federal Poverty Level but below the basic cost of living for the county; these are considered as ALICE (Asset Limited, Income Constrained and Employed).[7] The United Way ALICE Project is a nationwide effort to quantify and describe the growing number of households in our communities that do not earn enough to afford basic necessities.

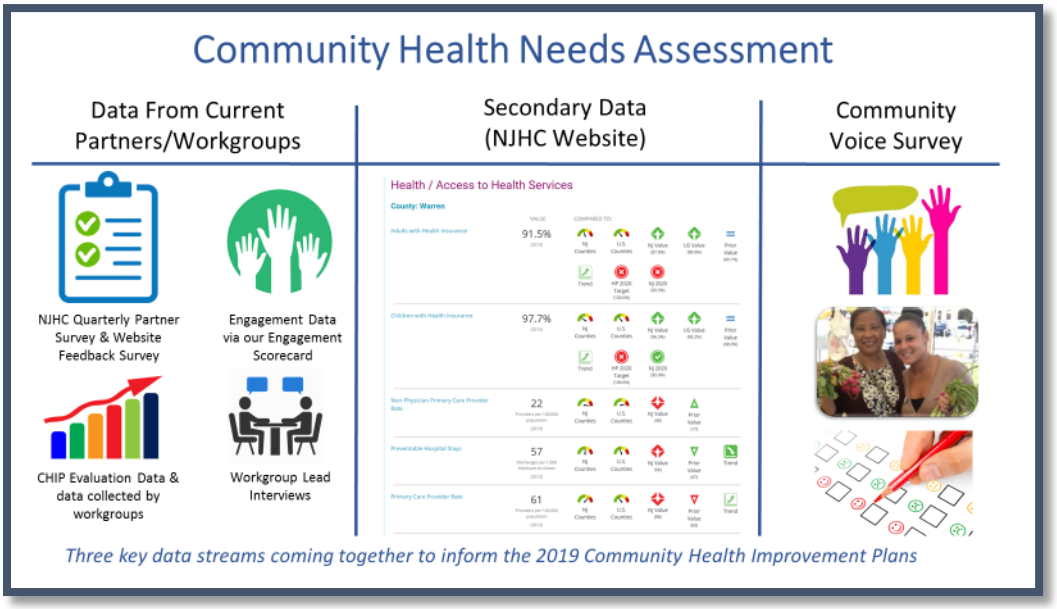
[7] United Way of Northern New Jersey, United Way ALICE Report – 2016 Update for New Jersey

CHAPTER TWO: OUR ASSESSMENT PROCESS

In this section, we describe our methods, collaborative processes, and data sources used to identify and prioritize the health-related needs of communities in Union County. Our approach is founded on the principles of active partner participation and accountability, and community engagement.

The Union County Committee

The Union County Committee includes public health and local government agencies, hospitals and health care providers, community-based organizations, and other community stakeholders. Our collaborative process includes quarterly county committee meetings, county-wide workgroups, and collective strategic planning efforts to ensure the health and well-being of all Union County residents. As part of the current shared assessment of the NJHC, the CHNA process brings together three data streams (see figure below): (1) data from our first 2016 Community Health Improvement Plan workgroups and feedback from our partners about what worked and what did not work, (2) results from secondary data analysis from the NJHC website, and (3) results of our first *Community Voice Survey*.



Three key data streams coming together to inform the 2019 Community Health Improvement Plans

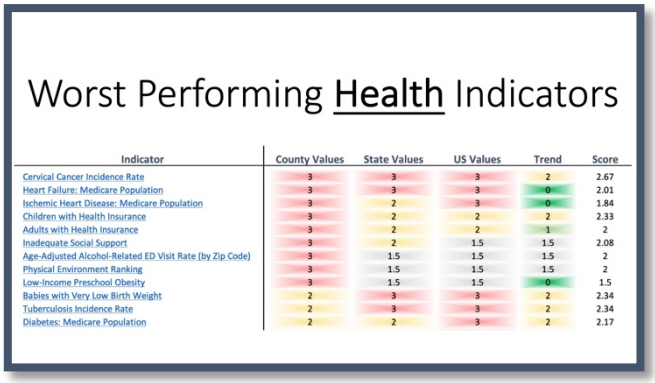
Building on Our First Assessment – Union County Committee Work Groups

Our first shared CHNA took place in 2016 and it identified the following priority areas relevant to Union County: obesity, cardiovascular disease and diabetes, mental health, and health literacy. Based on these results, the NJHC and the Union County Committee created a shared Community Health Improvement

Plan (CHIP) of strategies and metrics to respond to these four areas of need. The Diabetes and Cardiovascular Workgroup established collaborative relationships with health-related resources in the community and created referral pathways linking patients with diabetes or at risk of developing diabetes to management and prevention services. The Mental Health Workgroup partnered with a crisis text line to expanded their services and trained first responders (e.g., police, EMT) in mental health awareness. Lastly, the Obesity Workgroup assessed the needs and barriers related to healthy eating and active living for children in the Elizabeth area. The 2016 CHNA report and CHIP can be found here. Many of these efforts will continue and fuel future Collaborative initiatives.

Secondary Data Analysis

As part of the CHNA process, secondary data analysis was conducted by the NJHC Regional Data Committee. This analysis ranked and scored more than 150 health indicators, including measurements of illness and disease, as well as measurements of behaviors and actions related to health. Scores are assigned to each indicator based on (1) how a specific county's performance compares to the performances of all other counties in New Jersey, (2) how a specific county's performance compares to the performances of all other counties in the US, (3) whether the specific county's performance is on track to meeting Healthy People 2020 and Health New Jersey 2020 targets, and (4) the directional trend of the specific county's indicator value over time. The complete list of health indicators and results from the secondary data analysis for Union County can be found here.

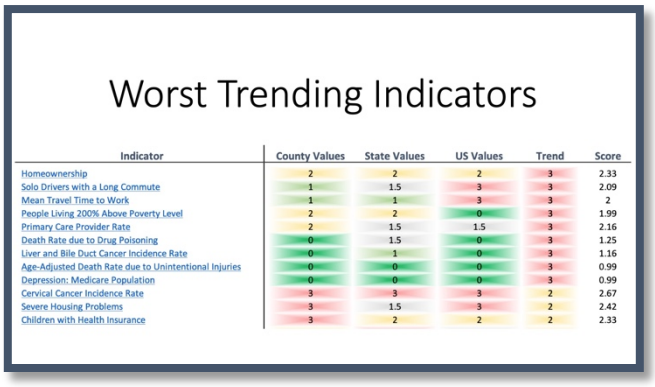

Worst Performing Health Indicators

Indicator	County Values	State Values	US Values	Trend	Score
Cervical Cancer Incidence Rate	3	3	3	2	2.67
Heart Failure: Medicare Population	3	3	3	0	2.01
Ischemic Heart Disease: Medicare Population	3	2	3	0	1.84
Children with Health Insurance	3	2	2	2	2.33
Adults with Health Insurance	3	2	2	1	2
Inadequate Social Support	3	2	1.5	1.5	2.08
Age-Adjusted Alcohol-Related ED Visit Rate (by Zip Code)	3	1.5	1.5	1.5	2
Physical Environment Ranking	3	1.5	1.5	1.5	2
Low-Income Preschool Obesity	3	1.5	1.5	0	1.5
Babies with Very Low Birth Weight	2	3	3	2	2.34
Tuberculosis Incidence Rate	2	3	3	2	2.34
Diabetes: Medicare Population	2	2	3	2	2.17

Results from the secondary analysis were first shared with the Union County Committee in April 2018 to help inform the proposal of community health improvement strategies at the Planning & Strategies Meeting that was held in October 2018. Results were presented in five ways: overall worst-performing indicators, worst-performing health indicators, worst-performing non-health indicators (e.g., social, economic, environmental, etc.), statistically significant negative disparities by gender, race/ethnicity, age, education and income, and worse trending indicators. Through the secondary data analysis, it has been identified that some of Union County's worst-performing health indicators include: higher cervical cancer incidence rate, fewer people with health insurance, more people having inadequate social support, higher prevalence of heart failure and ischemic heart disease in the Medicare population, and higher age-adjusted alcohol-related emergency department visit rate.

Negative disparities were found among men living in Union County with respect to health insurance coverage, age-adjusted death rate due to diabetes, liver and bile duct cancer incidence rate, age-adjusted

death rate due to unintentional injuries, and age-adjusted death rate due to diabetes. Non-Hispanic Black residents of Union County are experiencing negative disparities in terms of number of preterm births and very preterm births, number of preventable hospital stays, age-adjusted death rate due to prostate cancer, and number of children living below Federal Poverty Level. Hispanic residents in Union County are disproportionately affected by lack of health insurance coverage, number of workers commuting by public transportation, number of mothers who do not receive early prenatal care, and number of people 65+ living below Federal Poverty Level. Adults older than 65 years-old in the county have negative disparities in terms of education attainment above a Bachelor's degree and percentage of people spending more than 30% of their household income on rent. Finally, there are disproportionately more adolescents and young adults (15-24 years-old) who do not have health insurance and women who do not receive early or any prenatal care.



Indicator	County Values	State Values	US Values	Trend	Score
Homeownership	2	2	2	3	2.33
Solo Drivers with a Long Commute	1	1.5	3	3	2.09
Mean Travel Time to Work	1	1	3	3	2
People Living 200% Above Poverty Level	2	2	0	3	1.99
Primary Care Provider Rate	2	1.5	1.5	3	2.16
Death Rate due to Drug Poisoning	0	1.5	0	3	1.25
Liver and Bile Duct Cancer Incidence Rate	0	1	0	3	1.16
Age-Adjusted Death Rate due to Unintentional Injuries	0	0	0	3	0.99
Depression: Medicare Population	0	0	0	3	0.99
Cervical Cancer Incidence Rate	3	3	3	2	2.67
Severe Housing Problems	3	1.5	3	2	2.42
Children with Health Insurance	3	2	2	2	2.33

In addition to evaluating the performance of indicators, it was also important for the secondary data analysis to evaluate which indicators are trending in a negative direction, or getting worse. Primary care provider rate, death rate due to drug poisoning, and percentage of seniors being treated for depression are some of the worst-trending indicators in Union County. It is important to note that these worst-trending indicators are not also the worst-performing indicators, which is often the case in other NJHC counties. This is an indication that health improvement efforts may needs to be shifted to prevent these currently well-performing indicators from further worsening. Other indicators trending in a negative way include: liver and bile duct cancer incidence rate, age-adjusted death rate due to unintentional injuries, homeownership, percentage of solo drivers who have long commutes, mean travel time to work, and percentage of people living at or above 200% the Federal Poverty Level.

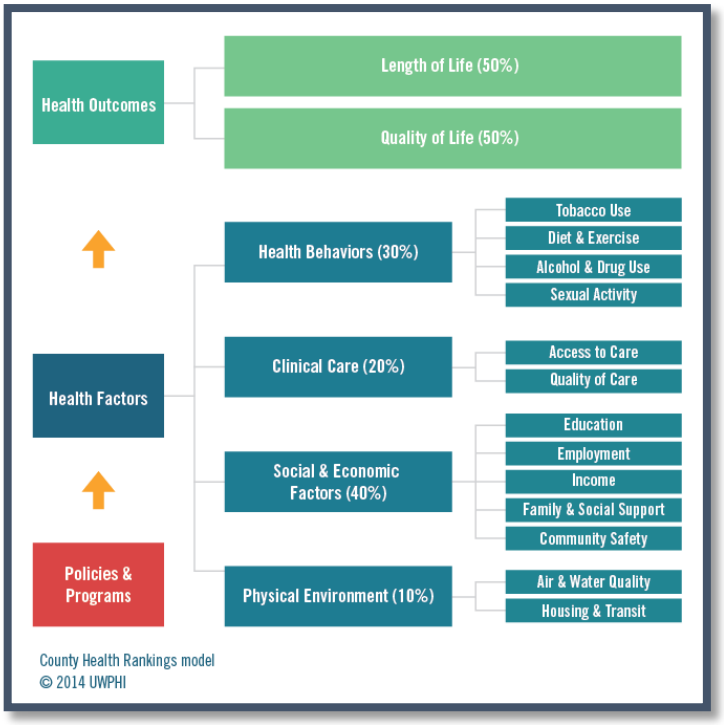
NJHC partners are well aware that results from this secondary data analysis, especially at the county level, tells just one part of the story of health in our communities. To gain a better perspective, NJHC partners set out to combine both secondary data with more localized primary data in order to more effectively identify, analyze, and strategize about issues that are important to the community and its stakeholders.

Community Perspective: *The Community Voice Survey*

The *Community Voice Survey* was developed based on requests from NJHC partners who wanted more direct input from the people who live and work in our communities. Allowing community members to share their perspectives can help NJHC partners gain a better understanding of the strengths and needs of our communities, and help to identify the facilitators and barriers to health and wellbeing.

The *Community Voice Survey* was developed by the NJHC Regional Data Committee based on the County Health Rankings and Roadmaps Model (see figure below), which includes the wide range of measures that influence how long and how well individuals live. These measures are categorized into four factors: physical environment, social and economic factors, clinical care, and health behaviors. For more information about this model, visit www.countyhealthrankings.org.

The main objective of the *Community Voice Survey* was to capture whether or not community members felt that the range of measures that are essential for health are available in their communities. The survey instrument was piloted in Vauxhall (Union County) in Fall 2017; feedback from the pilot helped to refine the survey instrument. The finalized survey was administered between January and May 2018; it was available in English, Spanish, Arabic and French Creole, and it was distributed both online and on paper by the NJHC as well as more than 50 public health and community-based organizations. Prior to distribution of the survey, participating organizations took part in a training webinar that addressed guidelines for survey administration and data collection with specific attention to issues of confidentiality.



Sampling targets were identified based on gender, age, race and ethnicity, as well as for low-income communities to capture a diverse range of perspectives. It is important to note that results of the *Community Voice Survey* only represent the views of individuals who chose to participate in the survey and are not representative of all individuals living in the county. Therefore, results from survey must be viewed within the context of other statistically representative data.

Initial survey findings were compiled and presented to Union County partners in July 2018 and final results was presented at the Union County Committee meeting in October 2018. The final report of survey results for Union County can be found here.

A total of 258 individuals living in Union County completed the *Community Voice Survey*. Respondents were mostly female (76%), between 45 and 64 years-old (51%), and identified as non-Hispanic White (52%). More than half (64%) of the respondents have at least a Bachelor's degree and about one out of three (34%) respondents described their household finances as being "very stable," meaning that they are able to handle all of their bills and unexpected expenses. Close to all (95%) respondents said they are covered by health insurance and 29% said they are providing unpaid care to a family member or a friend who is disabled, has a chronic illness, or has issues with aging. When asked to rate their overall well-being between 0 and 10, respondents gave an average score of 7.5 (range = 1-10).

Some of the top issues identified by Union County survey respondents include:

- Availability of affordable housing that is safe and well-kept,
- Availability of jobs for people who want jobs,
- Access to affordable health insurance that covers the care that people need,
- Having safe and well-maintained roads and ensuring the safety of pedestrians,
- Access to safe and high-quality childcare at good prices, and
- Access to high-quality mental health care that if affordable.

Responses collected from specific sub-populations found that respondents living in Elizabeth are more challenged in many of the measures that affect health and well-being in comparison to the overall responses collected from all respondents in Union County.

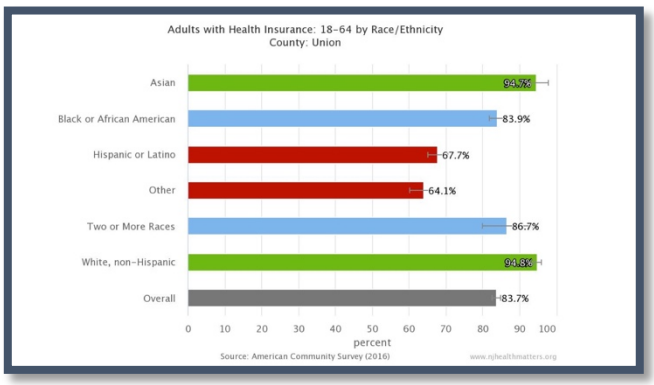
CHAPTER THREE: BRINGING IT ALL TOGETHER

A summary of the results from the three data streams used for this CHNA process are provided in this chapter for the following broad categories:

- Access to care
- Built environment: housing & transportation
- Chronic diseases
- Mental health
- Substance misuse

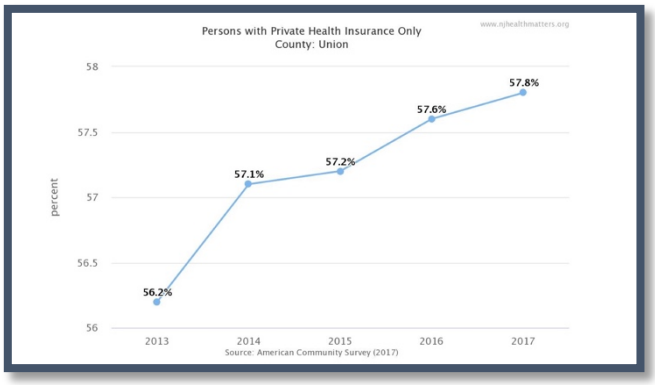
Access to Care

Access to care refers to an individual's ability to find, use, and pay for health care and preventive services when they are needed. Overall, Union County scored low in terms of access to care. In the 2018 County Health Rankings, Union County ranked 14th out of all 21 counties in New Jersey on factors related to clinical care. Location of care providers, language spoken, cultural competency, hours open, and health literacy practices all influence access to care. As such, Union County residents have access to four acute care hospitals and one children's hospital. The county is also home to a behavioral health hospital, a federally qualified health center with clinics in Elizabeth and Plainfield, as well as multiple medical groups that provide a wide range of primary care services.



Health insurance is a major factor in terms of accessing health care services. People without health insurance or with inadequate health insurance may not be able to afford medical treatments or prescription drugs. As a result, they often do not seek treatment for illnesses until their conditions are advanced and are, therefore, costlier and more difficult to treat. Furthermore, people who are uninsured or under-insured frequently rely on getting their health care services at the emergency department. In Union County, only 84% of adults have some type of health insurance and 15% of adults are unable to afford to see a doctor. Insurance coverage is significantly lower among residents 25-34 years-old (79%) and markedly lower for Hispanic/Latino residents (68%) and residents of other races (64%). Emergency department utilization data also shows that, among Hispanic/Latino patients treated in the emergency department in 2016-2017 for any reason, significantly more were enrolled in Medicaid or were receiving Charity Care benefits. Nearly all (95%) children (0-18 years-old) had some type of health insurance in Union County, with significantly more non-

Hispanic White children having coverage (98%). While insurance coverage rates are high for children in the county, improvements can still be made as it has yet to meet the national Healthy People 2020 and the statewide Healthy NJ 2020 targets.



Approximately 58% of residents in the county are covered by only private insurance, which they can receive from their employer or union, the military, or purchased directly from a private company. As a result of the rising costs of health insurance premiums, many small businesses are no longer able to offer health insurance to employees and more employers are offering limited benefit plans and/or passing costs along to employees with high deductibles and co-insurance payments. Despite this, the percentage of people with only private health insurance in Union County has not declined with time. In the *Community Voice Survey*, 53% of respondents in Union County felt that people in their neighborhood can get health insurance that is affordable and covers the care they need.

While we know the majority of residents in the county have health insurance, the types of coverage and affordability may still pose challenges for those who are insured. For example, even though they are insured, only 60% of female Medicare enrollees receive mammography screenings routinely.

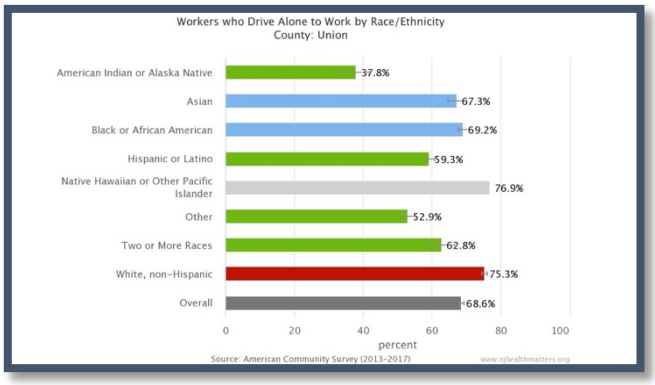
According to the 2018 County Health Rankings, the ratios of Union County's population to the number of primary care physicians, dentists, and mental health providers are higher than that for the state of New Jersey; this means there are more residents per each type of health care provider in Union County than in the state overall. Furthermore, the primary care provider rate is decreasing significantly over time. Despite this, 81% of Union County residents who completed the *Community Voice Survey* indicated that they felt most people in their community have a doctor they consider to be their personal doctor. However, only 60% of respondents stated that people in their neighborhood have access to good quality dental care at a reasonable price and 53% of respondents felt people in their neighborhood have access to good quality mental health care at a reasonable price.

Ratio of Population to Healthcare Providers	Union County	New Jersey
Primary care physicians	1,500 : 1	1,180 : 1
Dentists	1,180 : 1	1,190 : 1
Mental health providers	590 : 1	530 : 1

The measure of preventable hospital stays in a community indicates the quality and accessibility of primary health care services available. If the quality of health care services in the outpatient setting is poor, then people may be more likely to overuse the hospital as their main source of care and be hospitalized unnecessarily. In Union County, there has been a significant decrease in preventable hospital stays since 2011; and in 2015, there were only 40 preventable hospital stays per 1,000 Medicare enrollees. This is better than the statewide average of 50 per 1,000 Medicare enrollees.

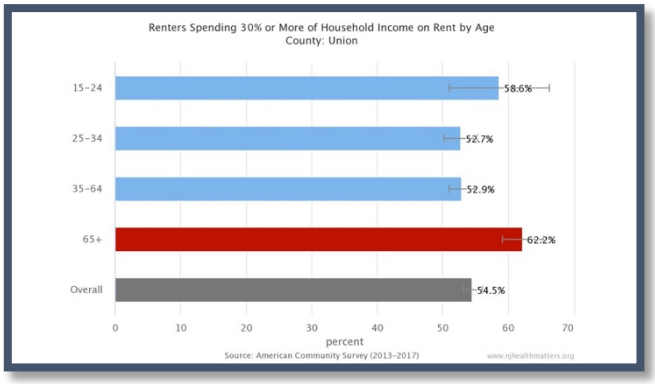
Built Environment: Housing & Transportation

According to the 2018 County Health Rankings, Union County ranked 15th out of all 21 New Jersey counties for physical environment. This ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.



In Union County, the average travel time to work is 31 minutes and it is increasing with time. Mean travel time to work is also disproportionately longer for men (33 minutes) in the county. Sixty-nine percent of workers 16 years-old or more drives alone to work; this is better than the New Jersey average (72%) as well as the US average (76%). Looking at specific sub-groups, significantly more workers 45+ years-old and non-Hispanic White workers are driving alone to work. Among solo drivers in Union County, 42% have a long commute (i.e., a commute for more than 30 minutes); this measure has increased significantly over time and has surpassed the national average of 35%. One potential way to reduce the number of people driving alone to work and the pollution that results from vehicle emissions is through carpooling or taking public transportation.

Affordable housing is another issue for many residents in the county. According to the American Community Survey, homeownership rate is 55% in Union County in 2017, a significant decline from years prior. This finding is supported by results of the *Community Voice Survey* where only 47% of respondents from Union County felt that there is enough affordable housing that it is safe and well-maintained in their neighborhood. Approximately two in five (41%) of all occupied residences in Union County are rented and 55% of renters spend one-third or more of their household income on rent. This is especially a problem for renters 65 years-old and older. Twenty-eight percent of households in Union County have severe



housing problems, meaning they have at least one of the following: overcrowding, high housing costs, lack of kitchen facilities, and lack of plumbing. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, increasing their risks for chronic diseases such as obesity and diabetes. Lack of plumbing facilities increases the risks for infectious diseases. Finally, areas where housing costs are high often force low-income residents into overcrowded or substandard living conditions with increased exposures to mold, pests, lead, or other environmental toxins. Although this indicator, at 28%, has improved with time, it is still worse than the statewide average of 22% and the national average of 18%.

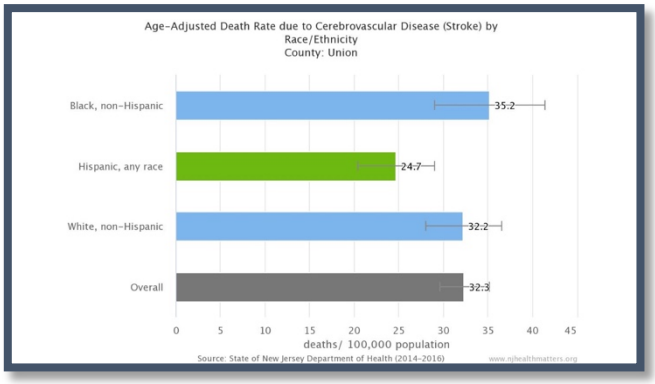
In 2017, 6% of the Union County population was homeless. People become homeless for a variety of reasons, including lack of affordable housing, low incomes, lack of affordable medical care, and social problems like domestic violence, mental illness, drug addiction, and alcoholism. Homelessness puts individuals at additional risks for untreated acute and chronic diseases, exacerbate mental illnesses, and shortens lifespans. In 2018, more than half (51%) of the 9,961 calls from Union County to NJ 2-1-1, a warmline for social service resources, were regarding utility assistance, such as heating and cooling, power, water, and telephone. The second highest volume of calls (26%) were related to housing; with shelters (50%) and rent assistance (26%) being the top two requests.[8]

Chronic Diseases

Chronic diseases involve persistent, serious health conditions that can be controlled, but not usually cured. Chronic diseases are some of the most common, costly, and preventable health problems in the US and they are influenced by environmental, genetic, and lifestyle factors.

Heart disease and stroke are the first and third leading causes of death in New Jersey, respectively. In Union County, the age-adjusted death rate due to heart disease is 158 deaths per 100,000 population. While this rate is lower than both the New Jersey statewide value (166 deaths per 100,000 population) and the US nationwide value (167 deaths per 100,000 population) and has decreased over time, it remains far from reaching the Healthy NJ 2020 goal. The age-adjusted death rate due to stroke is 32 deaths per 100,000 population in the county; this is less than the national rate of 37 deaths per 100,000 population but more than the state rate of 31 deaths per 100,000 population. Similar with heart disease, the age-adjusted death rate due to stroke has also been decreasing significantly over time, but it has yet to reach the Healthy NJ 2020 goal. The population that is of specific concern for heart disease in the county is the

[8] 2-1-1 Counts, New Jersey Top Service Requests Jan 01, 2018 to Dec 31, 2018



Medicare population, which includes mostly individuals 65+ years-old. Union County has more Medicare enrollees who have been treated for heart failure (when the heart cannot pump sufficient amounts of blood to the body) compared to both New Jersey and to the US. Compared to the US, Union County has more Medicare enrollees who have been treated for atrial fibrillation (abnormal heart rhythm), hyperlipidemia (high amount of fat in the blood), hypertension (high blood pressure), ischemic heart disease (narrowing of heart arteries), and stroke (when blood flow to the brain is cut off).

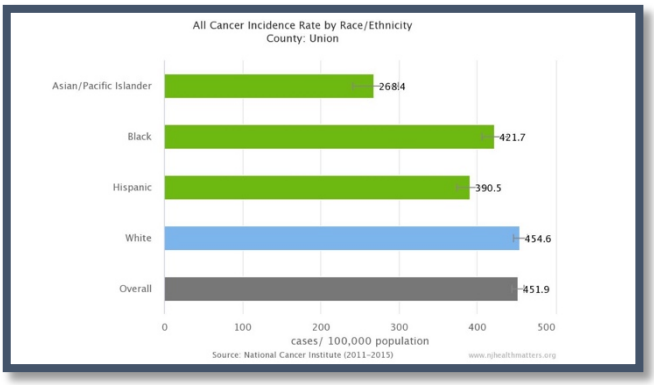
Some common risk factors for heart disease and stroke include obesity, diabetes, hypertension, poor nutrition, lack of physical activity, and tobacco use. According to the most recent data, 9% of adults have been diagnosed with diabetes in Union County and 7% of adults have been diagnosed with prediabetes. In 2016-2017, 10% of all emergency department encounters were with patients with diabetes. Among Medicare enrollees, 33% are adults with diabetes and this proportion is increasing with time. Older adults at least 65 years-old also made up 46% of all emergency department diabetes patients in 2016-2017. Approximately 29% of adults have been diagnosed with high blood pressure in the county and the age-adjusted death rate due to hypertensive heart disease is 9 per 100,000 population. Lastly, among adults in Union County, 25% are obese and 22% are sedentary, meaning they do not participate in physical activities outside of their jobs.

Childhood obesity is another critical chronic health issue as obese children tend to stay obese into adulthood and are more likely to develop diabetes and heart disease. In the US, one in five school-age children and young people are obese.[9] In New Jersey, 15% of children two to four years-old enrolled in WIC (Women, Infants, and Children) are obese, 15% of youth 10-17 years-old are obese, and 9% of high school students are obese.[10] One of the factors contributing to childhood obesity is lack of consistent access to enough nutritionally adequate foods. In Union County, 13% of children less than 18 years-old experience food insecurity and 54% of all households participating in SNAP (Supplemental Nutrition Assistance Program) have children under 18 years-old. While there have been improvements in childhood obesity prevalence, especially among younger children, as the result of efforts to improve eating behaviors and physical activity, the percentages remain alarming.

Cancer is a group of diseases involving abnormal cell growth that has the potential to invade and spread to other parts of the body. Union County has a cancer incidence rate of 452 cases per 100,000 population. All cancer incidence is significantly higher among men (498 cases per 100,000 population). While no

[9] Center for Disease Control and Prevention (CDC), Childhood Obesity Facts
[10] The State of Obesity, The State of Obesity in New Jersey

racial/ethnic group is experiencing negative disparities, all cancer incidence is significantly lower among Asian/Pacific Islander residents (268 cases per 100,000 population), Black residents (422 cases per 100,000 population), and also Hispanic residents (391 cases per 100,000 population).



According to the Cancer Incidence and Mortality in New Jersey report, between 2012 and 2016, the three most common types of cancer were breast, lung/bronchus, and colon/rectum for women, and prostate, lung/bronchus, and colon/rectum for men.[11] In Union County, there is a high incidence of cervical cancer (9 cases per 100,000 females) compared to the rest of New Jersey and the US; however, it is decreasing slightly over time. There is also a high incidence rate of non-Hodgkin's lymphoma in Union County (22 cases per 100,000 population) compared to the rest of the state and nation. While this rate is increasing over time for the county, it is significantly lower among Black residents (14 cases per 100,000 population). There are 138 cases of prostate cancer per 100,000 Union County males; this is slightly higher than the statewide rate of 135 cases per 100,000 males and prominently higher than the national rate of 109 cases per 100,000 males. The incidence rate of prostate cancer is significantly lower for Asian and White residents (66 and 113 cases per 100,000 males, respectively) and significantly higher for Black residents (197 cases per 100,000 males). Furthermore, Black residents in Union County also have a significantly higher age-adjusted death rate due to prostate cancer (36 deaths per 100,000 males).

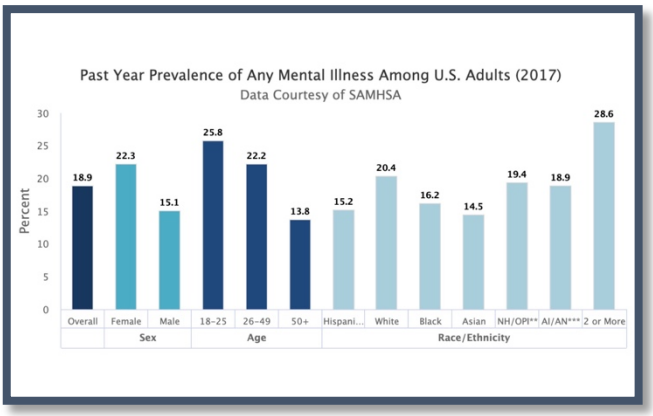
Looking at overall cancer-related mortality, Union County has a lower age-adjusted death rate due to cancer (153 deaths per 100,000 population) than New Jersey and the US as a whole. This rate is significantly higher for male residents (184 deaths per 100,000 population) and Black residents in the county (169 deaths per 100,000 population). Additionally, the death rate is significantly lower for female residents (133 deaths per 100,000 population), Asian/Pacific Islander residents (73 deaths per 100,000 population), and Hispanic/Latino residents (104 deaths per 100,000 population) than overall.

One way to mitigate the mortality and morbidity burden of cancers is through screening. Cancer screening allows doctors to find and treat certain types of cancer early and to reduce the chance of dying from those cancers. In Union County, only 59% of adults 50-75 years-old have been screened for colon cancer; this is significantly lower than the 65% and 68% screening coverage for New Jersey and the US overall, respectively. And while 81% of women 50-74 years-old have had a recent mammogram, this percentage decreases to 60% among female Medicare enrollees 67-69 years-old.

[11] New Jersey Department of Health, Cancer Incidence & Mortality in New Jersey, 2012-2016 Excerpts

Heart disease, diabetes, obesity, and cancer are only a few of the many chronic illnesses that affect Union County residents, particularly seniors 65+ years-old. Other chronic illnesses that require particular attention among Medicare beneficiaries include: prevalence of Alzheimer's disease and dementia, prevalence of chronic kidney disease, prevalence of rheumatoid arthritis and osteoporosis, and prevalence of asthma. While there is no one-size-fits-all cure for chronic diseases, abstaining from tobacco, maintaining a healthy weight, being physically active, and eating a healthy diet all have a positive impact on health and can help to reduce the development and progression of many chronic illnesses.

Mental Health



Mental health includes individuals' emotional, psychological, and social well-being. Mental illnesses are a wide range of conditions that affect people's mood, thinking, as well as their behaviors. Examples of mental illnesses include: depression, anxiety disorders, eating disorders, schizophrenia, and addictive behaviors. In the US, nearly 20% of adults (47 million in 2017) live with a mental illness.[12] Overall, mental illnesses are more prevalent among women, people between 18 and 25 years-old, and multiracial individuals.[13] In Union County, adults have an average of three poor mental health days each month and 11% of adults have more than 14 poor mental health days each month (i.e., they experience frequent mental distress).

Approximately 11% of adults in Union County have a depressive disorder; this increases to 14% among Medicare enrollees. According to 2016-2017 emergency department utilization data, Union County patients with diagnosed mental illnesses seeking care at emergency departments for any reason most often had mood disorders (40%) and anxiety disorders (38%); this is followed by patients who have dementia, amnesia, or other cognitive disorders (19%).

Poor mental health and experiences of psychological distress are important risk factors for suicide, the 10th leading cause of death in the US and 14th in the state of New Jersey.[14] Union County has an age-adjusted death rate due to suicide of 7 deaths per 100,000 population. This is slightly less than the statewide value of 8 deaths per 100,000 population but markedly lower than the nationwide rate of 13 deaths per 100,000 population. However, this rate is increasing with time and moving away from reaching the Healthy NJ 2020 goal.

[12] National Institute of Mental Health, Mental Health Information – Statistics
[13] Substance Abuse and Mental Health Services Administration (SAMHSA), 2017 National Survey on Drug Use and Health
[14] New Jersey State Health Assessment Data, Health Indicator Report of Suicide

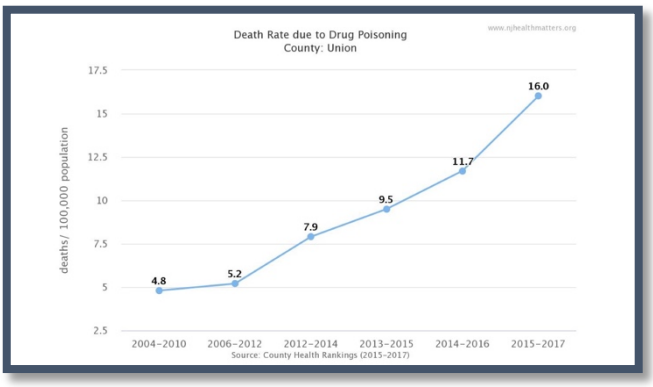
An important factor that impacts mental health is social connectedness, which measures the degree to which a person has and perceives a sufficient number and diversity of relationships that allow him/her to (1) give and receive information, emotional support and material aid, (2) create a sense of belonging and value, and (3) foster growth. Greater social connectedness can help mitigate poor mental health and isolation as people who feel connected often feel more empowered to ask questions and to access resources and information that is vital to their own health and well-being. Overall, 24% of Union County residents feel like they have inadequate social support. Of the 258 people who completed the *Community Voice* Survey, 68% of respondents said that neighbors in their community know one another, 70% said that neighbors look out for and take care of each other, and 62% said that community members could come together and solve problems that arise. According to the County Health Rankings, Union County residents have an association rate of 9 membership associations per 10,000 population; this is slightly higher than the rate of 8 associations per 10,000 population for New Jersey overall. Approximately 7% of Union County youths 16-24 years-old are considered "disconnected," meaning they are neither working nor in school.[15] School and work are two important places for social interactions to take place, especially in the younger years. When teens and young adults are not going to school or working, there is greater risk for isolation, which can negative impact their mental health.

Other factors which impact mental health include traumatic experiences (e.g., domestic violence, community violence, sexual assault). In Union County, there were a total of 3,858 cases of violent offenses in 2016; this is a staggering 48% increase from the previous year. Of all reported offenses in the county, the highest number of incidents were reported in Elizabeth City, Plainfield City, and Linden City.[16] Even though Union County already has a high violent crime rate of 357 per 100,000 population, 8th highest in the state, this measurement includes only crimes that have been reported to the police and excludes those cases where the victims are unable to make a report.

Proper maintaining of mental health and treatment of mental illnesses is crucial for health and well-being; however, this is often complicated by lack of available programs and services. In the *Community Voice Survey*, only 53% of Union County respondents stated that they believe people in their community have access to good quality mental health care. This finding is supported by the County Health Rankings, which found that the ratio of mental health providers to population is 1:590 in Union County, compared to 1:530 in New Jersey.

[15] County Health Rankings and Roadmap, Measures – Disconnected Youth
[16] State of New Jersey Department of Law and Public Safety, Thirty-Fourth Annual Domestic Violence Offense Report (2016)

Substance Misuse



Substance misuse refers to the inappropriate or excessive use of alcohol, drugs (both prescription and illegal), and tobacco. There is an increase in overdose and mortality due to the over prescription and increasing street-level access to opioids (e.g., oxycodone, heroin, fentanyl) in recent years. Many community-based organizations and non-profit agencies have since joined the fight to both prevent substance misuse through education and resources, and treat substance use disorders through advocating for and linking substance users to treatment and recovery services. Deaths as a result of drug poisoning (i.e., overdose) have increased significantly in Union County. Compared to the measurement period of 2014-2016, Union County's overdose death rate increased by 37% in the 2015-2017 measurement period. Most recently, there were 268 overdose deaths in the county; this is equal to a rate of 16 deaths per 100,000 population.[17]

Naloxone, also known as NARCAN® or EVZIO®, is an opioid antagonist designed to rapidly reverse opioid overdose and it has been widely distributed in the county, region, state, as well as nationwide. In 2018, 830 naloxone administrations were given by law enforcement and emergency medical services responders in Union County, with a total of 16,082 administrations across the state.[18]

Aside from prescription and recreational drugs, excessive alcohol use is also harmful to health and well-being. Heavy drinking (i.e., having 15+ drinks per week for men or 8+ drinks for women) and binge drinking (i.e., having 5+ drinks during a single occasion for men or 4+ drinks for women) is a risk factor for alcohol poisoning, high blood pressure, heart attacks, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, suicide, interpersonal violence, and motor vehicle crashes.[19] Although 95% of Union County respondents to the *Community Voice Survey* stated that they do not drink excessively, our secondary analysis found that 17% of Union County adults drink excessively and 17% of adults have binge drank on at least one occasion. Emergency department utilization data show that of the 12,468 substance users in Union County who visited the emergency department in 2016-2017 for any reason, 65% have been diagnosed with an alcohol-related disorder in their lifetime.

According to the National Highway Traffic Safety Administration, motor vehicle crashes that involve an alcohol-impaired driver kill 28 people in the US every day and the annual cost of alcohol-related crashes totals more than $44 billion. In Union County, 30% of vehicle crash deaths involve alcohol; this is higher

[17] County Health Rankings, Measures – Drug Overdose Deaths (2015-2017)
[18] NJ CARES, 2018 New Jersey Statewide Naloxone Administrations
[19] Center for Disease Control and Prevention (CDC), Fact Sheets – Alcohol Use and Your Health

that the New Jersey proportion of 22% and the US proportion of 29%. Prevalence of harmful alcohol use and its consequences are associated with density of alcohol outlets. High alcohol outlet density is related to increased rates of drunk driving, vehicle-related pedestrian injuries, and also child abuse and neglect. There are currently about 22 alcohol outlets per 100,000 population in Union County, but this has decreased significantly over time.

Prevention and timely treatment of substance misuse is critical for halting and reversing the current substance abuse epidemic in the US; however, information about substance misuse prevention and treatment are not always readily available and accessible. Among Union County *Community Voice Survey* respondents, 25% indicated they do not know where to find information on substance use prevention and 27% do not know where to find substance use treatment for themselves or a loved one; 30% reported they are not aware of places to properly dispose of unwanted prescription medications; and 51% did not feel that people in their community have access to substance misuse treatment that is accessible, good-quality, and affordable.

Thirteen percent of Union County adults currently smoke cigarettes. Smoking is the leading cause of preventable death as it causes cancers, heart diseases, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD). Smoking also increases the risks for tuberculosis, certain eye diseases, and problems of the immune system.[20] In addition to smoking, secondhand smoke (i.e., smoke from a burning cigarette and smoke breathed out by smokers) also causes numerous health problems, such as heart disease, lung cancer, asthma, and sudden infant death syndrome (SIDS).[21]

The recent popularity of e-cigarettes has further exacerbated the health problems related to smoking. E-cigarettes operate by heating a liquid solution until it becomes an aerosol that can be inhaled; the aerosol produced contains tiny chemical particles that can cause heart diseases, lung diseases, and acute lung injuries.[22] Furthermore, the liquid solutions used with e-cigarettes often contain high levels of nicotine, which can increase the risk of addiction. The use of e-cigarettes is especially problematic for adolescents and young adults. According to the US Surgeon General, e-cigarettes have been the most commonly used tobacco product by youth in the United States since 2014.[23] In 2018, approximately 21% of high school students (a 78% increase from 2017) and 5% of middle school students (a 48% increase from 2017) used e-cigarettes.[24] In conclusion, as the legalization of recreational Marijuana is likely to occur in New Jersey, governmental agencies, community-based organizations and community members must work together to educate residents about the associated health risks of recreational marijuana use in order to reduce potential negative or unwanted health consequences.

[20] Center for Disease Control and Prevention (CDC), Health Effects of Cigarette Smoking
[21] Center for Disease Control and Prevention (CDC), Health Effects of Secondhand Smoke
[22] American Lung Association, The Impact of E-Cigarettes on the Lung
[23] US Surgeon General, Surgeon General's Advisory on E-cigarette Use Among Youth
[24] Food and Drug Administration (FDA), National Youth Tobacco Survey, 2017-2018

CHAPTER FOUR: WORKING TOGETHER TO CREATE SOLUTIONS

The data presented in this report combines both public health data from the NJHC data portal (www.njhealthmatters) and our first *Community Voice Survey*. The primary purpose of this report is to assist our partners in determining where to invest our resources in order to have the greatest impact in improving the health and well-being of our communities.

In October 2018 the Union County Committee partners came together to review the data used for this CHNA process and summarized in this report. The data served as the catalyst for conversations among the partners, which resulted in the following list of overall priority areas:

- Access to healthy foods
- Access to health care
- Chronic disease prevention
- Community safety
- Mental health and substance misuse

What's Next?

The NJHC commits to working jointly with our community partners and stakeholders to implement solutions and strategies designed to help create healthier communities in our region. These strategies and our efforts will be documented in a shared county-specific CHIP that will be publicly available on the NJHC website by December 2019.

APPENDICES

Appendix 1: 2018-2019 NJHC Union County Committee Members

Appendix 2: NJHC Executive Committee Members & Board of Trustees

North Jersey Health Collaborative
health matters

2018-2019 NJHC Union County Committee Members

Last Name	First Name	Organization
Anglin	Ashley	United Way Northern New Jersey
Agguire	Amparo	Trinitas Regional Medical Center
Avallone	Megan	Westfield Regional Health Department
Balaben	Beth	High Focus Centers
Balancia	Vincent	Johnson & Johnson
Bareford	Connie	ACAP – North Jersey Consultation Center
Barnes	Candace	Boys and Girls Club of Union County
Boysen	Catherine	Central Jersey Family Health Consortium
Brush	Carol	Horizon NJ Health
Cognetti	Sheri	Fanwood-Scotch Plains YMCA
Colandenses	Bridget	Westfield Regional Health Department
Connelly	Catherine	United Way Northern New Jersey
Destro	Christina	Healthcare Quality Strategies, Inc.
Diogo	Adrien	New Jersey Healthcare Quality Institute
Ensle	Karen	Rutgers NJAES Cooperative Extension
Foley	Sean	Resolve Counselor, BOE
Francis	Judith	Holy Redeemer Home Care
Frederico	Lisa	New Jersey Children's System of Care (CSOC)
Green	Alexandra	Atlantic Health System
Green	Stacy	Plainfield Board of Education
Guider	Gabrielle	Atlantic Health System
Inlarp	Pat	Dhammakaya Meditation Center of Fanwood
Jansen	Michelle	Rutgers NJAES Cooperative Extensive
Johnson	Deborah	DCF, FCP, DECS
Johnson	Mike	The Gateway Family YMCA
Jouan, Jr.	Guillard	Central Jersey Family Health Consortium
King	Max	Atlantic Health System
Konig	Jason	The Gateway Family YMCA
Lopes	Mariluci	USDA
McCahey	Alane	The Gateway Family YMCA

Last Name	First Name	Organization
McMillan	Glen	Mental Health Association of Union County
McNair	Annarelly “Annie”	Union County Office of Health Management
Mickiewicz	Paul	The Gateway Family YMCA
Morales	Orville	The Public Good Project
Nelson	Courtney	American Heart Association
Neto	Nicole	Community Coordinated Child Care of Union County
Occhipinti	Noreen	JFK Health
Ohrn	Erica	Atlantic Health System
Oppelt	Joanne	Caring Contact
Paolella	Patrice	Atlantic Health System
Peart	Donna	Fanwood-Scotch Plains YMCA
Pedro	Carol	Youth and Family Counseling Services
Przytula	Joe	Elizabeth Public Schools
Randel	Lovely	Union County Office of Health Management
Regenburg	Pat	Atlantic Health System
Singer	Pamela	Summit Medical Group Foundation
Slonim	Annette	The Common Market
Stephenson	Jeanine	Neighborhood Health Services Center
Thode	Sara	Union County Department of Human Services
Trautwein	Anna	Summit Medical Group Foundation
Twyne	Roselena	Trinitas Regional Medical Center
Vargas	Juanita	United Way of Greater Union County
Von Hagen	Leigh Ann	Voorhees Transportation Center / NJ Health Impact Collaborative
Wilson	Kim	Community Coordinated Child Care of Union County
Wu Jung	Corey	The Gateway Family YMCA

North Jersey Health Collaborative
health matters

NJHC Executive Committee Members & Board of Trustees

Last Name	First Name	Organization
Executive Committee		
Cognetti	Sheri	Fanwood-Scotch Plains YMCA
Destro	Christina	Healthcare Quality Strategies, Inc.
Elnakib	Sara	Rutgers Cooperative Extension of Union County
Harris	Mary Jo	Byrne Criminal Justice Innovation / NORWESCAP
Johnson	Shanice	Morris County Office of Health Management
Mann	Diane	Madison Area YMCA
Stoller	Arlene	Morris County Office of Health Management
Storms-Mazzucco	Tracy	Center for Prevention and Counseling
Summers	Peter	Warren County Health Department
Weigle	Trevor	Mount Olive Township Health Department
Board of Trustees		
Acree	Melissa	NJ 2-1-1 Partnership
Callas	Dan	TransOptions, Inc.
Cognetti	Sheri	Fanwood-Scotch Plains YMCA
Correale	Peter	Pequannock Township Health Department
Destro	Christina	Healthcare Quality Strategies, Inc.
Elnakib	Sara	Rutgers Cooperative Extension of Union County
Gorman	Stephanie	Morristown County Office of Health Management
Gungil	Charlene	Passaic County Department of Health / Passaic Regional Public Health Partnership
Harris	Mary Jo	Byrne Criminal Justice Innovation / NORWESCAP
Hess	Nancy	NORWESCAP/ Skylands RSVP
Johnson	Shanice	Morris County Office of Health Management
Lanza	Denise	Morris County Park Commission
Mann	Diane	Madison Area YMCA
McDonald	James R, III	County of Sussex Department of Health & Human Services – Division of Health

Last Name	First Name	Organization
Orapello	Mary Ann	Wayne Township Health Department
Paddilla Gonzalez	Jessica	Housing Partnership NeighborWorks Homeownership Center
Perez	Carlos, Jr.	Morris County Office of Health Management
Skrobala	Kathleen	Morris Regional Public Health Partnership / Lincoln Park Health Department
Stoller	Arlene	Morris County Office of Health Management
Storms-Mazzucco	Tracy	Center for Prevention and Counseling
Summers	Peter	Warren County Health Department
Vargas	Carol	Atlantic Health System
Weigle	Trevor	Mount Olive Township Health Department