North Jersey Health Collaborative
your health matters

Community Health Needs Assessment

Morris 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 Morris County and a total of 124 issues were identified. In July 2015, County committee and Data committee members voted to narrow the list to 12 issues (the top 20%).

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 Morris County Committee voted to select five priority issues:

1. Obesity
2. Access to Behavioral Health Care
3. Heroin Use
4. Diabetes Treatment
5. Cardiovascular Diseases

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

ABOUT NJHC

Who we are

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

What we do

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

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

Our Story

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

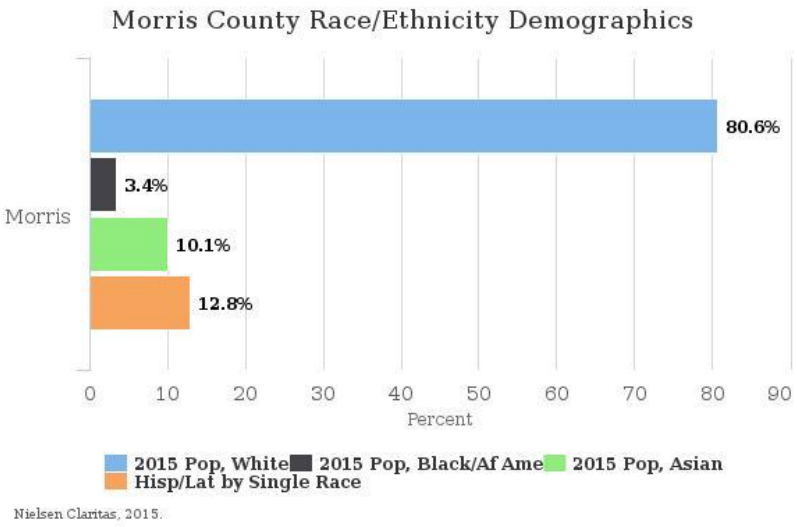
From that humble beginning, almost 100 organizations have signed on to partner with NJHC with the list of funding partners growing to over 20. In October 2014, NJHC officially launched the NJHealthMatters web portal to house and share data and resources with the community.

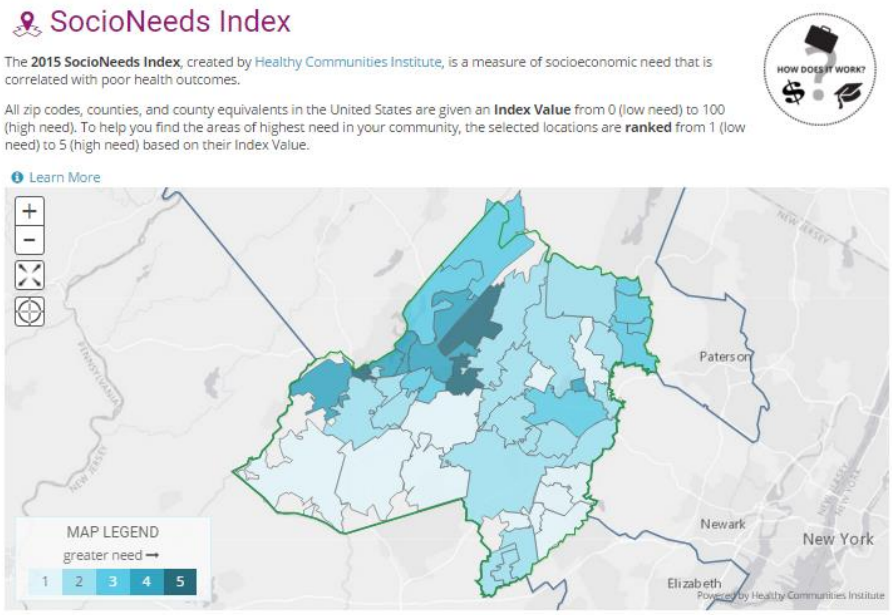
For more about the North Jersey Health Collaborative visit our website @ www.njhealthmatters.org or contact NJHC Manager, Catherine Connelly @ Catherine.connelly@njhealthmatters.org.

ABOUT MORRIS COUNTY

Located about 25 miles west of New York City, Morris County, NJ has a 2015 population of 502,174 residents in 185,005 households. The median age is 42.2 (higher than the NJ average of 39.6, with 21.83% of the population under the age of 18 and 15.68% of the population ages 65 and older.

Eight out of 10 residents in Morris County are White or Caucasian, with 12.8% of Hispanic/Latino, 10.1% Asian and 3.4% Black or African American. The median household income in Morris County is $94,383 with an average income of $126,236. However, 3.38% 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 Morris County with Greater Vulnerabilities

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

Table 1: NJHC Data Committee Membership

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

Access to Care

Access to care refers to an individual's ability to find, use, and pay for health care and preventive services when they are needed. Health insurance is part of access, but not all of it. Location of care providers, language spoken, cultural competency, hours open, and health literacy practices all influence access. In Morris County in 2013, a large majority (almost 90%) of adults had health insurance coverage. However, the rates were lower for those of Hispanic ethnicity (62.9%) and those aged 25-34 (82%). There is still room to improve, as although the 90% number puts the county ahead of most of those in New Jersey, it does not meet the HealthyPeople 2020 goal or the HealthyNJ 2020 goal. Almost 96% of children had health insurance within the county; however, Hispanic children had lower rates of insurance coverage. While the county has an adequate supply of primary care providers, non-physician physician extenders (e.g. nurse practitioners) are lacking.

Data from the 2013 Community Health Needs Assessment (CHNA) conducted by the Community Health Alliance of Northwestern Central NJ add another dimension to this category. In 2013, residents of Morris County with no college degree, who made less than $75,000/year in income (A.L.I.C.E.), and who are racial and ethnic minorities, were twice 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 Morris County report only a small number of days within the last month that their mental health was "not good." Additionally, they self-reported enough social support from family and friends. Although suicide rates are low (meeting the Healthy People 2020 Guidelines), men in Morris County are more than three times more likely than women to die from suicide. Morris County has a higher than average percentage of individuals who report heavy drinking (and that number is trending upwards over the years), and a lower than average percentage of individuals who report smoking cigarettes (and that number is decreasing).

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 Morris 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 Morris 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. While most residents of Morris County have access to exercise opportunities at recreation and fitness facilities, or parks, the food environment is less than ideal to support healthy eating for all. Morris County has a high density (number of establishments for the population) of fast food restaurants and liquor stores, with a less than ideal number of grocery stores. Grocery stores (including supermarkets, but not convenience stores) are recognized as providing access to fresh fruits and vegetables, as well as several cook-at-home staples that are often healthier and more affordable than what is found at convenience stores. In Morris County, both children and individuals over the age of 65, have particularly low access to grocery stores. Of the grocery stores that do exist in Morris County, not many of them accept SNAP (Supplemental Nutrition Assistance Program) benefits, which may limit

access to these grocery stores to certain low-income populations. Farmers markets are present in the county, and could be used to fill the gaps.

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 Morris County, 43% 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, describing how easy and safe it is to walk to nearby destinations, 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. **Morris County** has a cancer incidence rate (number of new cases) that is higher than the national average. Specific cancers with high incidence rates include prostate cancer, non-Hodgkin lymphoma, melanoma, and female breast cancer. These cancers aren't appearing evenly across the population. Incidence of prostate cancer is higher in Black males, non-Hodgkin lymphoma in males and Hispanic individuals, melanoma in males, and breast cancer in White females. Although county-wide rates of cervical cancer are within expected limits, Hispanic women are more than twice as likely as White women to experience a new case of cervical cancer.

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. 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

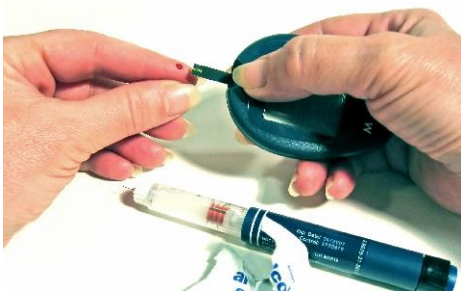
Cardiovascular Diseases affect the structure or function of the heart and blood vessels. It is the leading cause of death for both men and women in the U.S. Data shows that heart disease continues to be a challenge in Morris County. Of specific concern are those 65 and older, represented by the Medicare Population, where rates are higher than the majority 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), Hypertension (high blood pressure), and Heart Failure (where the heart is unable to pump

blood at the rate that is necessary to meet the needs of the body). 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 (157.1 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, Morris 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 3.3% of adults reported having suffered a heart attack, and 5.6% 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.

As a whole, Morris 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, while less than 8% of adults in Morris County have been diagnosed with diabetes, the rate for the Medicare population is much higher (26%) and continues to rise (and diabetes screenings of this population are inadequate). Data on racial or ethnic differences in chronic disease rates are not available at this time.

One in five adults in Morris 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 (18%) of low-income preschoolers in Morris County are Obese as well. This rate puts Morris 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 significant number (8.1%) of adults with pre-diabetes, of adults with arthritis (22%), and adults with asthma (4.6%).

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 Morris County included chlamydia (605 cases), lyme disease (558 cases), chronic hepatitis C (211 cases), Campylobacteriosis (75 cases), gonorrhea (72 cases) and non-typhoid salmonellosis (51 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. Alarmingly, all of these diseases are showing an increasing trend in new cases (incidence) when compared to prior year's values. For the two sexually transmitted diseases, those aged 20-24 were most at risk of getting them.

While tuberculosis rates are lower than the Healthy NJ 2020 goal, new cases (incidence) appear to be increasing over time (1.4/100,000 in 2010 and 2.4/100,000 in 2013). The HIV/AIDS prevalence rate (the number of people who report having HIV/AIDS) in Morris County is increasing over time as well. It's well understood that many people with HIV/AIDS don't know that they have it.

An important strategy for preventing communicable diseases is through vaccination. Childhood vaccination rates during 2013-2014 are slightly lower (96.7%) than the average (mean) rate for all counties in New Jersey (97.0 %). This indicator shows the percentage of enrolled kindergarten students that have received all required immunizations. Required immunizations include 4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var or physician documented varicella disease. Data is unavailable on whether this vaccination rate is different for different segments of the population (e.g. by gender, race/ethnicity, or income). Adult vaccination rates for influenza and pneumonia are slightly better in Morris County when compared to the US rates (median).

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. Compared to other counties across the U.S., as well as neighboring counties, Morris County is in good economic health. We see low rates of poverty in: children, families, individuals, those 65 and older; a higher than average median household income, low rates of public assistance(including free school lunches), and high rates of home ownership. Data suggests that childcare cost may not be a burden for Morris County residents overall. However, this information may be misleading, because the average income in this county is relatively high.

However, this economic health is not shared by all – Morris County has a higher than average rate of income inequality (Gini Coefficient = .487) than most other U.S. counties (bottom 25%). Additionally, 21% percent of households in Morris County are considered "ALICE" (Asset Limited, Income Constrained, Employed). Per capita income is significantly higher (almost double) for Asian and White individuals than for Hispanic/Latino and Black or African American individuals. Children of American Indian descent are 5 times as likely as their peers to live in poverty; Hispanic/Latino families are 3 times more likely to live in poverty than the county average. Unemployment at the county level is 4.3%, a figure that has been going down over the past few years (data on ethnic/racial breakouts is not available). Additionally, despite high rates of home ownership, Morris also has high rates of severe housing problems (the percentage of households with at least one of the following four problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing).

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 ozone air quality, Morris County is given a grade of "F" by the American Lung Association. This grade is based on the number of times that the ozone levels exceeded standards (the acceptable levels set by the National Environmental Protection Agency). Ozone is the primary ingredient in smog, and is harmful to breathe. 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 Morris County's environment in 2013 was high, nearly doubling since 2010. On the positive side, the amount of recognized carcinogens (cancer-causing substances) being released into the air in Morris County has significantly decreased (from 14,343 lbs. in 2010 to 1,268 lbs. in 2013). In terms of its public water systems, Morris County performs in the lower half of U.S. Counties (with 6.1% of people in the county relying on water from a source with at least one violation). Morris County residents fared well when compared to other US Counties in terms of environmentally-related health conditions such as asthma,COPD, and elevated lead in children's blood levels.

Injury

Injury refers to unintentional harm or damage to the body. Included in this category are motor vehicle collisions, falls, and poisonings. Fatal injuries are the largest cause of death for young people in the United States. Morris 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, within the county, males are more than twice as likely as females to die from unintentional injuries. The age-adjusted death rate for motor vehicle collisions in Morris County also remains lower than the state average (mean), with no gender differences.

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. As a whole, the state of Maternal/Child Health in Morris County

is positive. The most pressing concerns at the county level are infant mortality (infants that die within their first year of life) and teen births; Morris performs worse than the majority of NJ Counties for these measures.

Digging deeper, however, significant disparities are found in other maternal/child health indicators. Black mothers and younger mothers (ages 18-24) get early prenatal care at lower rates than the rest of the population. However, data shows that White mothers have higher rates of both preterm births and very preterm births, as well as babies with very low birth weights. Morris is, however, doing well in terms the rate of children and families living in poverty.

Additionally, Childhood vaccination rates during 2013-2014 are slightly lower (96.7%) than the average (mean) rate for all counties in New Jersey (97.0 %). This indicator shows the percentage of enrolled kindergarten students that have received all required immunizations. Required immunizations include 4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var or physician documented varicella disease.

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 Morris County, 11.8% of those on Medicare were treated for Alzheimer's disease or dementia. Although this value is decreasing from 2012, Morris still performs worse than 75% 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 four percent (3.9%) of Medicare beneficiaries in Morris County have been treated for a stroke; this puts Morris County in the lower 50% of US counties on this measure. However, the age-adjusted death rate for those who suffer a stroke (or other Cerebrovascular Disease) in Morris County is better when compared to other NJ Counties (30 deaths/100,000 population); differences by an individual's gender or race/ethnicity were not observed. 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 1% of adults reported having suffered a stroke.

Wellness & Nutrition

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 Morris County is significantly higher than the national average (83.7 years for Females, 80 years for Males). Data on life expectancy is only available at the zip code level or higher, meaning that we do not have information on life expectancy for specific neighborhoods. While the county is highly educated, with 93% of adults having a high school degree or higher and 50% having a bachelor's degree or higher, educational attainment is lower for Native American and Hispanic residents. 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 Morris 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 almost 5% of families in Morris 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 Morris County residents 65 and older live alone. 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 5 adults (20%) 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 is low, and continues to decrease with time. Data on civic participation shows that 70% of registered voters in Morris County turned out for the last presidential election (2012). Of the NJ Counties, Morris is towards the top (Number 5) 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 to 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."

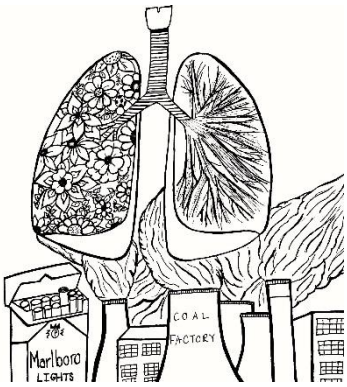
WELLNESS AND LIFESTYLE

- "[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 Morris County were held April 2nd, May 7th and June 4th. 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, 35 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.

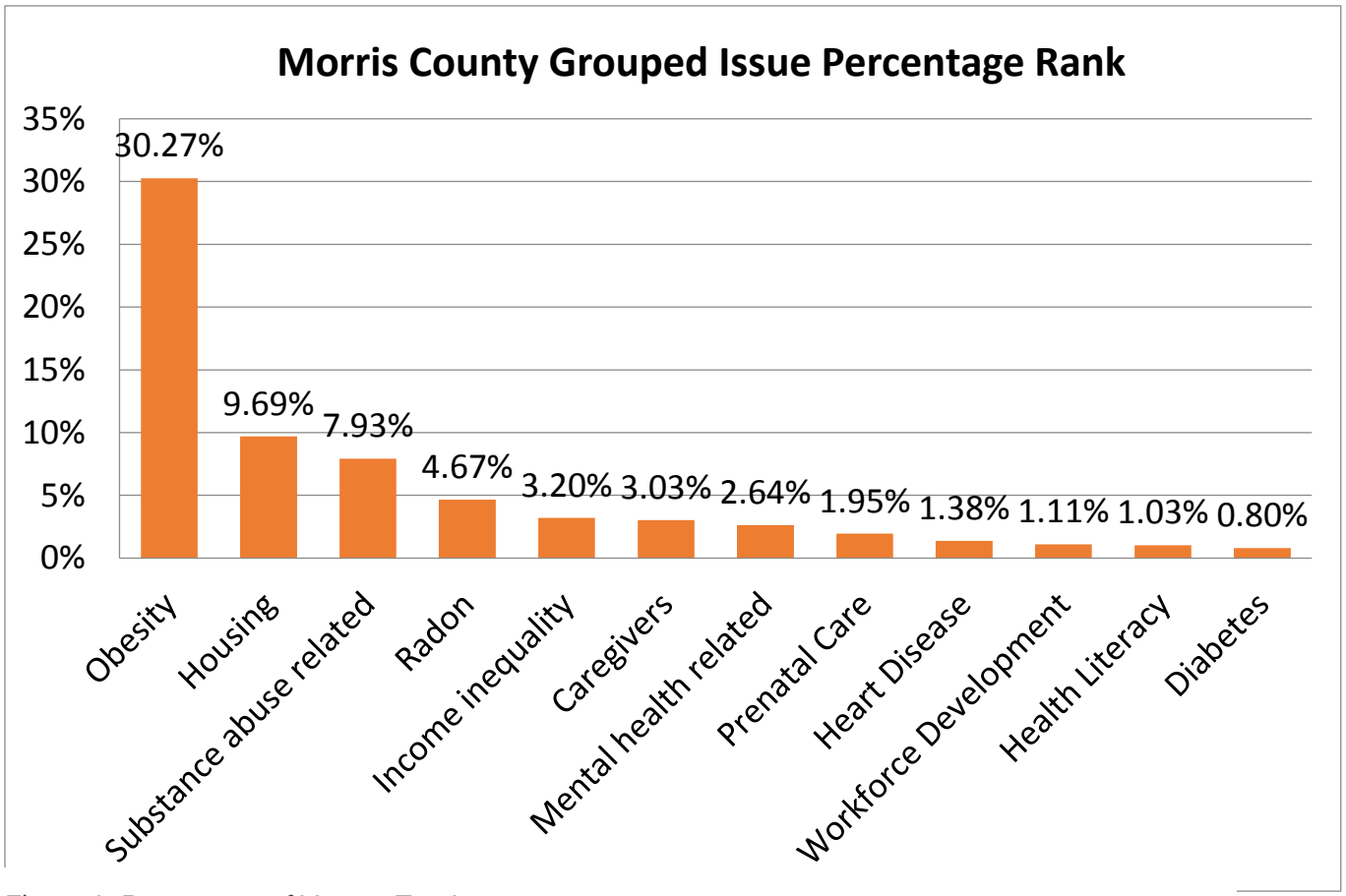


Figure 1: Percentage of Vote to Top Issues

Table 2: Raw and Grouped Issues after Initial Prioritization

Raw Issues	Grouped Issues
1. Childhood Obesity, especially in low income communities 2. Obesity Rates 3. Shortage of affordable or low-income housing (the percentage of households with at least one of the following four problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing). 4. Physical Inactivity 5. Food deserts (lack of access to grocery stores) 6. Homelessness 7. Radon 8. Stress and negative health impacts of Caregiving on Caregiver 9. Lack of farmer's markets/access to fresh fruit and vegetables close to people's home 10. Substance use/abuse 11. Lack of treatment facilities for substance abuse and behavioral health (including eating disorders) 12. Access to mental health/substance abuse care 13. Income Inequality 14. Suicide rates 15. Disparities in life expectancy, education, violent crime and poverty rates 16. Lack of collaboration between mental health agencies, public health agencies, and primary care providers 17. Health Literacy in underserved populations 18. Access to prenatal care 19. Teen Births 20. Lack of workforce development opportunities 21. High rates of heart disease for the following: Ischemic Heart Disease 22. Drinking and Driving 23. Lack of access to diabetes treatment 24. Negative Stigma associated with mental health and substance abuse **25.** High rates of heart disease for the following: Hypertension and Heart	1. Obesity (1, 2, 4, 5, 9) 2. Housing (3, 6) 3. Substance Abuse related (10, 11, 12, 22, 24) 4. Radon (7) 5. Socioeconomic Disparities (13, 15) 6. Caregivers (8) 7. Mental Health Related (14, 16) 8. Birth Outcomes (18, 19) 9. Cardiovascular Diseases (21, 25) 10. Workforce Development (20) 11. Health Literacy (17) 12. Diabetes Treatment (23)

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:

- Breaking "Substance Abuse Related Issues" into "Excessive Alcohol Use" and "Heroin Use"
- Moving "Socioeconomic Disparities", Workforce Development and Health Literacy to Drivers of several other issues
- Separated "Mental Health" to "Access to Behavioral Health Treatment" and "Suicide Rates"

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

Issue A: Obesity

In Morris County, **one in five adults is obese (20.4%)** and the rate of low-income preschool obesity (18.1%) 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. 13.3% of Morris County children face food insecurity and 9.4% of children have low access to grocery store (3.2% of low-income population). Morris County boasts a high rate (.79/1,000) of fast food restaurants and average rates of farmers markets and grocery stores.

Issue B: Housing

In Morris County, 17.4% of households in Morris County have severe housing problems (including overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities) (↑ from 16.5% 2006-2010). Almost half of renters spend 30% or more of their household income on rent (↑ from 44.4% 2006-2010). Low-income, ALICE and older populations may be most at risk with higher rent prominence in communities like Mount Arlington (84.2% high rent), Pompton Plains (80.1%) and Lake Hopatcong (71.9%). Key drivers including declines in federal support for low-income housing, restrictions on residential development and lower socioeconomic status.

Issue C: Excessive Alcohol Use

In Morris County, 17% of adults report heavy drinking (number trending upward over the years) (↑ from 15.1% in 2004-2010) and 56.6% of adults binge drink. This results in high rates of emergency department visits due to alcohol related emergencies. Almost one in four (24.6%) Motor Vehicle crash deaths involved alcohol (↑ from 23.6% 2008-2012) and the most recent data, Morris County had 1749 arrests (a ratio of .0063 per resident), making it the 5th worse county in New Jersey. Males may be most

at risk with 72.7% of all alcohol-related ED visits, as may be adults aged 50-59 (73.9 per 10,000) and uninsured patients (36.5% of visits). The ED utilization rate is highest in Morristown (11.06 per 1,000 population), Dover (8.46), Lake Hopatcong (5.71) and Parsippany (5.67). One driver may be liquor store density (18.2 per 100,000 residents), in which Morris County is among the worst in the nation.

Issue D: Access to Behavioral Health Care

Despite Morris County having 231 mental health providers per 100,000 population (among best in nation) (↑ from 165 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 E: Heroin Use

The rate of heroin deaths in Morris County was 5.2 per 100,000 in 2014 (N= 26), twice the U.S average of 2.6. Heroin and opiates comprised 46% of treatment admissions in the county in 2014 (N = 1031). Young adults may be most at risk with the highest rates of ED visits for substance-abuse related issues (over 45% of which were for opioid-related issues) and highest percentage of treatment admissions (18-24 (N = 264), 25-29 (N = 758). Morristown (86), Dover (84), Parsippany (64), Jefferson (57) and Mount Oliver (56) had the highest number of heroin admissions overall. An increase in prescription opioids has been cited as a driver.

Issue F: Radon

All Morris County Municipalities are rated with moderate to higher potential for radon with highest risk for people in homes with functional space below grade (e.g. finished basements) living in the Western part of the County.

Issue G: Caregiver Health

A recent study by Atlantic Center Population Health Sciences and the United Way of Northern New Jersey revealed that 21.7% of caregivers had poor or fair health, 20% were sedentary and 22.9% reported moderate to severe depression (compared to 6.9% of the general population). While caregiving can affect all groups, the most vulnerable caregivers may include:

- adults over age 65
- youth under age 18
- those with personal health challenges prior to or during caregiving
- those who are geographically or linguistically isolated
- low-income and ALICE populations

Drivers of poor caregiver health include:

- Increased strain/stress of caregiving responsibilities
- Loss of wages due to time demanded by caregiving activities
- Lack of time to exercise / pursue hobbies and free time activities
- Difficulty navigating health care and social service systems
- Changes in significant personal relationships/ social isolation
- Inability to "put self first"
- Lack of affordable respite care (especially for mental health)

Issue H: Suicide Rates

The age-adjusted death rate by suicide for Morris county was 6.0 deaths per 100,000 population (7.5 = NJ Average) (= from 6.4 in 2006-2008). From 2009-2011, there were 8 total suicides and 117 attempted suicides. In 2014, 73 ED visits were documented for suicidal attempts or intentional harm. Males are three times more likely to die by suicide than our female. Adolescents (10-19) comprised 61.6% of all ED visits due to suicide or self-harm. One driver may be untreated depression (12.3% of Morris county adults reported being diagnosed with a depressive disorder.

Issue I: Access to Prenatal Care:

In Morris County, 8.9% of women received no prenatal care in first trimester (19.4% is State average)(↓ from 13.2% in 2008). Younger women (18-19 (19.5%) or age 20-24 (15.1%)) who are Black, non-Hispanic (23.6%) or Hispanic/Latino (13.8%) have the highest risk.

Issue J: Cardiovascular Diseases

In Morris County, 31.9% of Medicare Population has Ischemic Heart Disease (↓ from 36.1% in 2009) and 29.2% of population (and 57.6% of Medicare beneficiaries) have hypertension (↓ from 58.2% in 2009). Non-Hispanic Black residents have a much higher rate (84.6 per 100,000) of avoidable heart disease and stroke death than White, non-Hispanic (37.0), Hispanic (28.6) or Asian (19.2) residents. In 2014, 86.3% of 65+ ED visits for circulatory disease were White, Non-Hispanic, 3.3% were Black, Non-Hispanic, 2.5% were Asian, non-Hispanic and 3.1% were Hispanic/Latino. Key drivers include access to healthy foods and recreation facilities. 13.3% of Morris County children face food insecurity and 9.4% of children have low access to grocery store (3.2% of low-income population). Morris County boasts a high rate (.79/1,000) of fast food restaurants and average rates of farmers markets and grocery stores. Tobacco use, health literacy and lower socioeconomic status are also drivers.

Issue K: Diabetes Treatment

In Morris County 15.5% of diabetics on Medicare have not received a blood sugar test in the past year. The age-adjusted death rate due to diabetes is 15.4 per 100,000 (↓ from 19.8% in 2006-2008) and comparing unfavorably among "peer counties" according to the CDC. Diabetes is highest among Medicare patients 65-75 years of age (26.4% have diabetes (↓ from 24.9% in 2009). Black, or African American residents have a higher likelihood of dying from diabetes (38.7 per 100,000) compared to 19.6 for Hispanic or Latino residents and 17.9 for White or Caucasian residents. Males die at a higher rate 19.7 per 100,000) than females (12.3 per 100,000). Diabetes-related ED visits are highest in Dover (24.12/10,000 residents), Boonton (20.53) and Morristown (20.34). Key drivers include health literacy, lower socioeconomic status, and the physical activity and food access components cited above.

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 61.8% of the vote was given to the top five issues.

Table 2. Final Prioritization Rankings

	Importance	Impact	Total	Rank
Obesity	8.30	7.55	15.85	1
Access to Behavioral Health Treatment	7.93	7.00	14.93	2
Heroin Use	7.75	6.81	14.56	3
Diabetes Treatment	4.09	3.89	7.98	4
Cardiovascular Diseases	4.06	3.81	7.86	5
Excessive Alcohol Use	3.86	3.28	7.14	6
Housing	3.86	2.86	6.72	7
Suicide Rates	3.47	3.25	6.72	7
Caregiver Health	3.45	3.11	6.56	9
Access to Prenatal Care	3.15	3.11	6.26	10
Radon	2.47	2.03	4.50	11

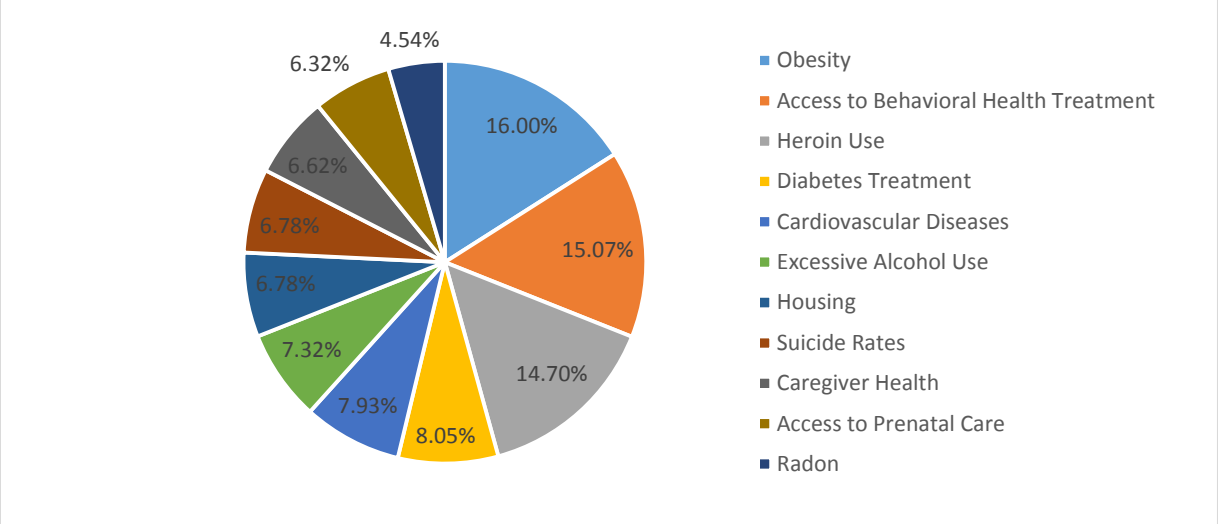


Figure 2. Percent of the Final Vote by Issue

IMPLEMENTATION PLANNING

In January 2016, the top five issues were revealed to the County Committees and work groups were formed to build objectives, strategies, outcomes and action steps within each priority issues. Using a process informed by the Kansas Health Institute and other reputed sources in the public health, the process will develop a shared plan with 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 of NORWESCAP
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

Active Partners	
Atlantic Health System	Morris County Park Commission
Caring Partners	Morris Regional Public Health Partnership
Child & Family Resources (CFR)	Morris Township Health Department
Community Member	Mount Olive Township
CONTACT We Care	New Jersey Conservation Foundation
Diabetes Foundation, Inc.	NewBridge Services
East Hanover Township	NJ 211
F. M. Kirby Children's Center	NORWESCAP
Family Intervention Services	Novo Nordisk
Gay Activist Alliance in Morris County	Panera Bread
Good Grief	Partnership for Maternal and Child Health of NNJ
Grow it Green Morristown	Pequannock Health Department
Hanover Township Board of Health	Randolph Township Health Department
Hanover Township Health Dept	Rockaway Township Health Department
Hanover Township School	Saint Clare's Health System
Homeless Solutions	Screen for Life
Inroads to Opportunities	ShopRite Lincoln Park
Interfaith Food Pantry	SNAP-ED Rutgers University
Lincoln Park Health Department	Springfield Health Department
Madison Area YMCA	The Greater Morristown YMCA
Madison Board of Health	TransOptions
Madison Health Department	United Way of Northern New Jersey
MCOHA	Visiting Nurse Association of NNJ
MCPIK/CARES	Voorhees Transportation Center/NJ Health Impact Collaborative
Mended Hearts of Morris County	Wind of the Spirit
Mental Health Association of Morris County	Zufall Health Center
Morris - Somerset Regional Chronic Disease and Cancer Coalition	
Morris County Department of Human Services	
Morris County Family Success Center Partnership for Maternal and Child Health	

APPENDIX B: MORRIS COUNTY PARTNERS 2015

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	Childhood Obesity, especially in low income communities	44.41	36.06	13.3%	50.00	50.00	11%	45.12	12.2%	5.51
2	Obesity Rates	41.29	38.53	12.0%	43.35	46.65	0%	42.46	6.0%	2.54
3	Shortage of affordable or low-income housing (the percentage of households with at least one of the following four problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing).	33.57	21.25	0.0%	46.65	43.35	11%	36.21	5.6%	2.01
4	Physical Inactivity	39.38	36.4	2.3%	41.65	41.65	7%	39.77	4.5%	1.78
5	Food deserts (lack of access to grocery stores)	29	22.67	0.2%	45.00	35.00	9%	32.92	4.6%	1.50
6	Homelessness	40.59	30.3	1.6%	36.65	36.65	7%	36.05	4.1%	1.49
7	Radon	19.7	23	0.5%	35.00	31.65	9%	27.34	4.7%	1.28
8	Stress and negative health impacts of Caregiving on Caregiver	36.8	34.62	1.6%	46.65	35.00	4%	38.27	3.0%	1.16
9	Lack of farmer's markets/access to fresh fruit and vegetables close to people's home	28.71	29.17	1.6%	41.65	40.00	4%	34.88	3.0%	1.06
10	Substance use/abuse	43.38	36.03	4.4%	40.00	38.35	0%	39.44	2.2%	0.86
11	Lack of treatment facilities for substance abuse and behavioral health (including eating disorders)	39.14	31.14	4.6%	31.65	28.35	0%	32.57	2.3%	0.75
12	Access to mental health/substance abuse care	42.43	33.28	3.7%	41.65	35.00	0%	38.09	1.8%	0.70
13	Income Inequality	35.57	20.43	0.9%	45.00	41.65	2%	35.66	1.6%	0.56
14	Suicide rates	36.61	30.17	2.8%	41.65	36.65	0%	36.27	1.4%	0.50

		County Committees			Data Committee			Averages		Total
Rank	**Issue**	**Importance**	**Impact**	**Rank**	**Importance**	**Data Strength**	**Rank**	**Score**	**Rank**	**Total Score (=Avg score x Avg. Rank**
15	Disparities in life expectancy, education, violent crime and poverty rates	34	23.53	3.2%	33.35	28.35	0%	29.81	1.6%	0.48
16	Lack of collaboration between mental health agencies, public health agencies, and primary care providers	36.91	41.67	2.5%	36.65	26.65	0%	35.47	1.3%	0.45
17	Health Literacy in underserved populations	40	39.71	2.1%	46.65	26.65	0%	38.25	1.0%	0.40
18	Access to prenatal care	40.86	35.44	2.1%	40.00	36.65	0%	38.24	1.0%	0.40
19	teen births	32.17	30.34	1.8%	38.35	40.00	0%	35.22	0.9%	0.32
20	Lack of workforce development opportunities	22.06	16.97	0.0%	40.00	33.35	2%	28.10	1.1%	0.31
21	High rates of heart disease for the following: Ischemic Heart Disease	29.79	24.55	1.6%	41.65	45.00	0%	35.25	0.8%	0.28
22	Drinking and Driving	39.29	34.43	1.6%	33.35	33.35	0%	35.11	0.8%	0.28
23	Lack of access to diabetes treatment	37	35.76	1.6%	35.00	31.65	0%	34.85	0.8%	0.28
24	Negative Stigma associated with mental health and substance abuse	35.33	30.97	1.6%	38.35	23.35	0%	32.00	0.8%	0.26
25	High rates of heart disease for the following: Hypertension and Heart	36.92	32.59	1.1%	50.00	50.00	0%	42.38	0.6%	0.24
26	Lack of resources/support for ALICE families (those falling through the crack)	37.17	33.97	1.1%	46.65	46.65	0%	41.11	0.6%	0.24
27	Lack of access to preventive services	39	35	1.1%	45.00	40.00	0%	39.75	0.6%	0.23
28	High rates of heart disease for the following: Heart failure	34.56	29.12	1.1%	46.65	46.65	0%	39.25	0.6%	0.23
29	Work-related stress for low-income workers with multiple jobs	33.14	24.7	1.4%	38.35	31.65	0%	31.96	0.7%	0.22

		County Committees			Data Committee			Averages		Total
Rank	**Issue**	**Importance**	**Impact**	**Rank**	**Importance**	**Data Strength**	**Rank**	**Score**	**Rank**	**Total Score (=Avg score x Avg. Rank**
30	Morris County has a higher than average percentage of individuals who report heavy drinking	37.17	32.71	1.1%	30.00	41.65	0%	35.38	0.6%	0.20
31	Obesity in preschoolers	40.32	36.67	0.9%	48.35	50.00	0%	43.84	0.5%	0.20
32	Incomplete streets	23.65	24.62	1.1%	43.35	43.35	0%	33.74	0.6%	0.19
33	Breast Cancer	36.48	31.92	0.9%	50.00	48.35	0%	41.69	0.5%	0.19
34	Need to improve childhood vaccination rates, especially within daycares	32.92	33.75	1.1%	35.00	25.00	0%	31.67	0.6%	0.18
35	Lack of community gardens	26.45	26.83	1.1%	38.35	35.00	0%	31.66	0.6%	0.18
36	Hispanics and lower income populations suffer a noticeable disparity in accessing care.	36.25	32	0.9%	43.35	46.65	0%	39.56	0.5%	0.18
37	Affordable and safe Before- and after-school care for children	38.29	33.33	0.9%	43.35	38.35	0%	38.33	0.5%	0.18
38	Lack of resources to help people stop smoking	27.57	27.43	1.1%	25.00	30.00	0%	27.50	0.6%	0.16
39	Lack of access to vaccines for those without insurance	33.91	34.55	0.9%	36.65	31.65	0%	34.19	0.5%	0.16
40	Advance care planning	29.24	28.18	1.1%	33.35	18.35	0%	27.28	0.6%	0.16
41	Increasing Number of Mental/Behavioral Issues	37.31	27.69	0.9%	40.00	28.35	0%	33.34	0.5%	0.15
42	Limited stroke awareness and prevention	35.33	33.1	0.9%	35.00	23.35	0%	31.70	0.5%	0.15
43	Poor Ozone air quality	25.74	16.86	0.9%	30.00	43.35	0%	28.99	0.5%	0.13
44	Anti-vaccination movement	32.17	30	1.1%	16.65	10.00	0%	22.21	0.6%	0.13
45	Lack of education on public health issues such as outbreaks (enterovirus, Ebola virus)	32.86	34.85	0.9%	21.65	20.00	0%	27.34	0.5%	0.13

		County Committees			Data Committee			Averages		Total
Rank	**Issue**	**Importance**	**Impact**	**Rank**	**Importance**	**Data Strength**	**Rank**	**Score**	**Rank**	**Total Score (=Avg score x Avg. Rank**
46	High percentage of fast food restaurants	26.71	13.38	0.9%	30.00	31.65	0%	25.44	0.5%	0.12
47	Lack of affordable exercise opportunities (e.g. sports leagues, gyms)	28.57	27.69	0.7%	31.65	26.65	0%	28.64	0.3%	0.10
48	Lack of positive, out of school activities for youth	35.29	29.56	0.7%	28.35	20.00	0%	28.30	0.3%	0.10
49	Poor or Unaffordable Access to higher education	22.59	14.81	0.7%	36.65	28.35	0%	25.60	0.3%	0.09
50	Melanoma	35.83	35.42	0.5%	36.65	38.35	0%	36.56	0.2%	0.08
51	Increasing Popularity of E-Cigarettes	32.29	31.46	0.5%	38.35	35.00	0%	34.28	0.2%	0.08
52	Lack of access to specialty providers	37.79	28.43	0.5%	38.35	30.00	0%	33.64	0.2%	0.08
53	Senior Citizen Isolation / Lack of Social Support / High numbers of seniors Living Alone	34.26	30.15	0.5%	38.35	31.65	0%	33.60	0.2%	0.08
54	Farmers markets do not accept WIC/SNAP vouchers	29	29.43	0.5%	40.00	28.35	0%	31.70	0.2%	0.07
55	Lack of easy access to parks and trails from residences, especially for people without cars	27.2	24.58	0.5%	31.65	30.00	0%	28.36	0.2%	0.07
56	Asthma	27.86	23.14	0.5%	28.35	31.65	0%	27.75	0.2%	0.06
57	Unproven connection between vaccines and autism, and how this impacts behavior	26.3	26.46	0.7%	11.65	5.00	0%	17.35	0.3%	0.06
58	Lead in older homes	24.81	20.74	0.5%	30.00	28.35	0%	25.98	0.2%	0.06
59	Lack of self-help/support groups for Senior Citizens	27.83	29.67	0.5%	25.00	20.00	0%	25.63	0.2%	0.06
60	Lack of data on helmet use/concussion	24.29	23.91	0.5%	23.35	20.00	0%	22.89	0.2%	0.05

		County Committees			Data Committee			Averages		Total
Rank	**Issue**	**Importance**	**Impact**	**Rank**	**Importance**	**Data Strength**	**Rank**	**Score**	**Rank**	**Total Score (=Avg score x Avg. Rank**
61	Difficulty tracking undocumented residents' use of social services	28.82	19.85	0.5%	21.65	15.00	0%	21.33	0.2%	0.05
62	Childhood Poverty	40.18	28.39	0.2%	41.65	45.00	0%	38.81	0.1%	0.04
63	Teen birth rate	31.88	29.57	0.2%	38.35	40.00	0%	34.95	0.1%	0.04
64	Lack of education about HPV and low vaccination rates	33.86	37.21	0.2%	33.35	33.35	0%	34.44	0.1%	0.04
65	Limited transportation to services (both health and social services) - not accessible by bike or car	37.59	28.65	0.2%	38.35	31.65	0%	34.06	0.1%	0.04
66	High rates of heart disease for the following: Atrial Fibrillation	25.86	21.91	0.2%	43.35	40.00	0%	32.78	0.1%	0.04
67	Osteoporosis	29.33	26.17	0.2%	31.65	36.65	0%	30.95	0.1%	0.04
68	Concussion, Traumatic Brain Injury in Athletes	34.13	29.57	0.2%	31.65	25.00	0%	30.09	0.1%	0.03
69	Lack of case managers and care coordinators, including in-home medication management	31.04	24.17	0.2%	33.35	16.65	0%	26.30	0.1%	0.03
70	Access and affordability of family planning resources	30.52	27.24	0.2%	26.65	20.00	0%	26.10	0.1%	0.03
71	Lack of enforcement of vehicle idling laws, especially outside of schools	20.5	21.38	0.2%	21.65	15.00	0%	19.63	0.1%	0.02
72	High rates of heart disease for the following: Hyperlipidemia	29.85	24.7	0.0%	46.65	50.00	0%	37.80	0.0%	0.00
73	Autism Spectrum Disorders	31.86	26.29	0.0%	26.65	25.00	0%	27.45	0.0%	0.00
74	the age adjusted death rate due to heart disease (157.1 per 100,000 lives)	36.86	30.15	0.0%	40.00	38.35	0%	36.34	0.0%	0.00
75	Tourette's Syndrome	14.12	10.43	0.0%	18.35	10.00	0%	13.23	0.0%	0.00
76	Inconsistent nutrition offerings between home and school	33.29	26.76	0.0%	31.65	26.65	0%	29.59	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**
77	Low Rates of Flu Vaccination	28.86	31.29	0.0%	25.00	25.00	0%	27.54	0.0%	0.00
78	Lack of data on occupational injury	18.86	16.03	0.0%	21.65	18.35	0%	18.72	0.0%	0.00
79	Need for services and resources for those with communicable diseases	36.32	29.57	0.0%	21.65	15.00	0%	25.64	0.0%	0.00
80	Overcrowding in public housing	26.57	17.5	0.0%	21.65	16.65	0%	20.59	0.0%	0.00
81	Misdiagnosis of alcoholism vs dementia in Senior Citizens	25.29	21.14	0.0%	21.65	8.35	0%	19.11	0.0%	0.00
82	Lack of data on youth injuries	19.56	19.22	0.0%	20.00	18.35	0%	19.28	0.0%	0.00
83	Access to community organizations that provide sex education outside of school	23.29	21.47	0.0%	18.35	11.65	0%	18.69	0.0%	0.00
84	Prostate Cancer (high incidence)	33.38	29.71	0.0%	43.35	43.35	0%	37.45	0.0%	0.00
85	Truck and freight routes are dangerous for pedestrians	15.86	11.29	0.0%	26.65	20.00	0%	18.45	0.0%	0.00
86	Lack of available information on occupational health risks	20	18.24	0.0%	20.00	18.35	0%	19.15	0.0%	0.00
87	Mold in Lincoln Park buildings/homes	24	20.74	0.0%	31.65	30.00	0%	26.60	0.0%	0.00
88	Barren lands, toxic waste	17	12.58	0.0%	30.00	25.00	0%	21.15	0.0%	0.00
89	Lead poisoning	27.07	29.17	0.0%	33.35	31.65	0%	30.31	0.0%	0.00
90	High chlamydia incidence rates	29.66	27.96	0.0%	40.00	41.65	0%	34.82	0.0%	0.00
91	Non-Hodgkin's Lymphoma	24.35	17.59	0.0%	45.00	45.00	0%	32.99	0.0%	0.00
92	Lack of recreational opportunities for seniors, especially in winter	25.17	26.13	0.0%	33.35	30.00	0%	28.66	0.0%	0.00
93	Transportation for Seniors to Social Service Agencies	32.67	28.71	0.0%	40.00	25.00	0%	31.60	0.0%	0.00
94	Overuse of ED by homeless population	34.83	25.67	0.0%	45.00	36.65	0%	35.54	0.0%	0.00
95	Long waitlist for psychiatric treatment and medication	38	27.59	0.0%	45.00	30.00	0%	35.15	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**
96	Lack of data on car seats and seatbelt use	20	20.83	0.0%	15.00	15.00	0%	17.71	0.0%	0.00
97	Lack of diabetes screening	32.74	35.5	0.0%	40.00	31.65	0%	34.97	0.0%	0.00
98	Colorectal cancer	34	30.67	0.0%	30.00	30.00	0%	31.17	0.0%	0.00
99	Fear of accessing health services	28.62	27.59	0.0%	31.65	13.35	0%	25.30	0.0%	0.00
100	Limited school-based behavioral health services	29.48	25.18	0.0%	31.65	25.00	0%	27.83	0.0%	0.00
101	Epilepsy	14.46	11.54	0.0%	20.00	15.00	0%	15.25	0.0%	0.00
102	Poor airflow in buildings	17.04	11.48	0.0%	28.35	18.35	0%	18.81	0.0%	0.00
103	infant mortality	32.78	27.5	0.0%	36.65	46.65	0%	35.90	0.0%	0.00
104	Lack of shelters for homeless women	34.81	25.19	0.0%	41.65	31.65	0%	33.33	0.0%	0.00
105	Income Inequality/ALICE Population on the rise	34.46	25.37	0.0%	46.65	46.65	0%	38.28	0.0%	0.00
106	Limited network of providers	32.12	22.96	0.0%	33.35	25.00	0%	28.36	0.0%	0.00
107	Smoking Rates	37.41	31.73	0.0%	33.35	33.35	0%	33.96	0.0%	0.00
108	High Plastic bag usage at grocery stores	19.44	20.18	0.0%	15.00	13.35	0%	16.99	0.0%	0.00
109	Limited sources of emergency assistance	33.46	24.42	0.0%	33.35	21.65	0%	28.22	0.0%	0.00
110	Arthritis	22.88	18.15	0.0%	21.65	20.00	0%	20.67	0.0%	0.00
111	Cervical Cancer Incidence Rate	33.33	29.29	0.0%	43.35	50.00	0%	38.99	0.0%	0.00
112	Medication compliance and health literacy	34.23	33.8	0.0%	31.65	20.00	0%	29.92	0.0%	0.00
113	Lack of data on Poisoning	19.23	22.29	0.0%	13.35	11.65	0%	16.63	0.0%	0.00
114	Food safety	27.2	25.8	0.0%	30.00	25.00	0%	27.00	0.0%	0.00
115	Burden of paperwork for accessing social services and ACA	27.08	24.8	0.0%	45.00	20.00	0%	29.22	0.0%	0.00
116	HPV vaccination and education	30.4	30.87	0.0%	36.65	30.00	0%	31.98	0.0%	0.00
117	Lack of data on domestic abuse	28.33	25.77	0.0%	38.35	38.35	0%	32.70	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**
118	Lack of knowledge on what drives behavior change	27.39	24.38	0.0%	26.65	26.65	0%	26.27	0.0%	0.00
119	Difficulty aging in place	27.5	26.8	0.0%	35.00	25.00	0%	28.58	0.0%	0.00
120	Alzheimer's disease or dementia	31.25	23.2	0.0%	43.35	40.00	0%	34.45	0.0%	0.00
121	Adult onset diabetes in Indian/South Asian Population	26.8	24.79	0.0%	45.00	40.00	0%	34.15	0.0%	0.00
122	Lack of momentum for anti-littering and pro-recycling campaigns	19.58	22.71	0.0%	15.00	10.00	0%	16.82	0.0%	0.00
123	Lack of sufficient food stamps, food pantry, and soup kitchens	36.25	30	0.0%	38.35	20.00	0%	31.15	0.0%	0.00
124	Lack of STI awareness	29.38	25.22	0.0%	31.65	20.00	0%	26.56	0.0%	0.00