

## EXISTING POLICY AND ENVIRONMENTAL FACTORS

This section provides an overview of existing policy and environmental factors that influence health. Information from this section was collected by SAG members, NJPN staff and partners. This section also highlights data on the larger environmental factors that influence health that may be appropriate opportunities for policy and systems-level intervention.

### The Built Environment

The built environment—or the human modified settings in which we are born, live, work, play, and age—can have a positive or negative influence on the health of community residents, particularly in low income communities.

This setting (e.g., sidewalks, green space, recreational facilities, grocery stores, etc.) often determines the availability, or access to resources vital to establishing and maintaining a healthy lifestyle.

As cited by the County Health Rankings, there is strong evidence that residing in a food desert, defined as having little or no access to foods needed to maintain a healthy food diet, is correlated with a high prevalence of overweight, obesity, and premature death. Figure 30 illustrates the percent of low-income residents

(having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size) who have limited access to healthy foods, in that they do not live within 10 miles of a grocery store in rural areas, or within 1 mile of a grocery store in non-rural areas.

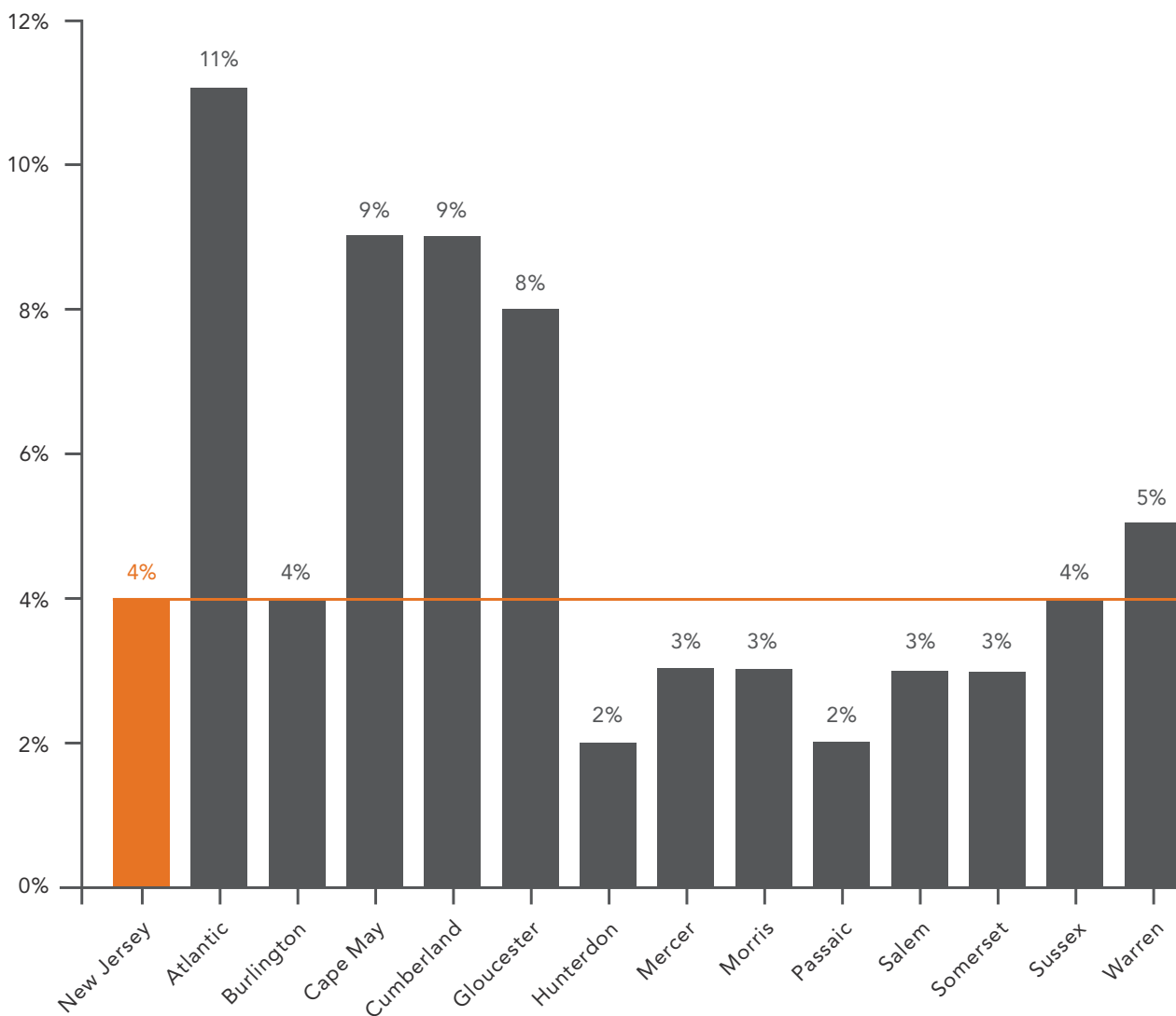
The proportion of the low-income population that does not live near a grocery store in New Jersey is 4.0%. Similarly, the majority of the 13-county focus area reports proportions between 2.0% and 5.0% of low-income residents who do not live near a grocery store. However, Atlantic (11.0%), Cape May (9.0%), Cumberland (9.0%), and Gloucester (8.0%) Counties report percentages that are at least twice that of the State overall.



## Grocery Store Access

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Figure 30: Percent of Population who are Low-Income and Do Not Live Close to a Grocery Store, 2012



DATA SOURCE: United States Department of Agriculture (USDA), 2012, as cited by County Health Rankings, 2013.



Table 6: Grocery Store Access

Report Area	Total Population	Number of Establishments	Establishment Rate per 100,000 population
United States	308,745,538	64,366	20.85
New Jersey	8,791,894	2,552	29.03
13-County Area	3,401,582	880	25.87
Atlantic	274,549	91	33.15
Burlington	448,734	75	16.71
Cape May	97,265	35	35.98
Cumberland	156,898	41	26.13
Gloucester	288,288	45	15.61
Hunterdon	128,349	22	17.14
Mercer	366,513	102	27.83
Morris	492,276	99	20.11
Passaic	501,226	235	46.89
Salem	66,083	14	21.19
Somerset	323,444	64	19.79
Sussex	149,265	28	18.76
Warren	108,692	29	26.68

DATA SOURCE: US Census Bureau, County Business Patterns: 2011. Additional data analysis by CARES. as cited by Community Commons, 2013.

NOTE: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Table 7: Low Income Population with Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
United States	308,745,538	19,347,047	6.27%
New Jersey	8,791,894	336,945	3.83%
13-County Area	3,401,582	169,811	4.99%
Atlantic	274,549	31,785	11.58%
Burlington	448,734	19,769	4.41%
Cape May	97,265	9,386	9.65%
Cumberland	156,898	16,263	10.37%
Gloucester	288,288	25,763	8.94%
Hunterdon	128,349	3,162	2.46%
Mercer	366,513	12,872	3.51%
Morris	492,276	17,653	3.59%
Passaic	501,226	8,070	1.61%
Salem	66,083	1,650	2.50%
Somerset	323,444	10,353	3.20%
Sussex	149,265	6,996	4.69%
Warren	108,692	6,089	5.60%

DATA SOURCE: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas: 2010 as cited by Community Commons 2013.

NOTE: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Further, Figure 31 offers a visualization of food desert data across the State of New Jersey. Areas highlighted in orange indicate that community members within those boundaries reside in a food desert. While the definition of a food desert varies depending on the size of the community, overall it is defined as a low-income census tract (poverty rate of 20% or greater) where a substantial number of residents have low access to a supermarket or large grocery store (at least 500 people or 33% of the census tract must reside more than one mile from a supermarket or large grocery store. For rural census tracts, the distance is more than 10 miles).

As stated by the County Health Rankings, the availability and accessibility of recreational facilities can either encourage and facilitate or be a barrier to making healthy lifestyle choices. In New Jersey the rate of recreational facilities per 100,000 population is 14.0 (Figure 32). Across the 13-county focus area, Cumberland (7.7 per 100,000) and Passaic (9.6 per 100,000) Counties had substantially lower rates of recreational facilities, while Morris (22.3 per 100,000) and Somerset (23.1 per 100,000) Counties had substantially higher rates as compared to the State.

Figure 31: Food Desert Map of New Jersey, 2013

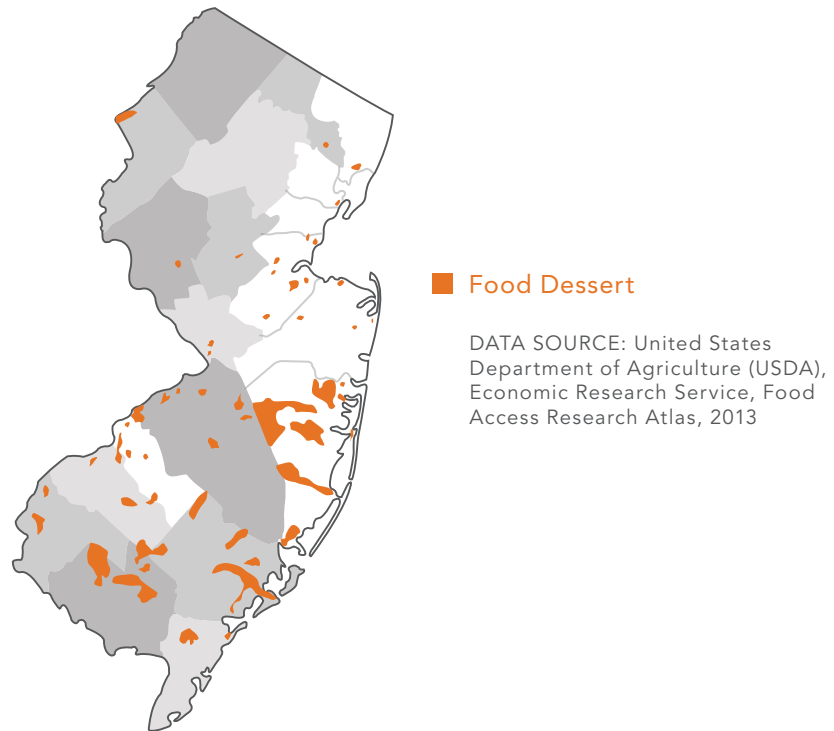
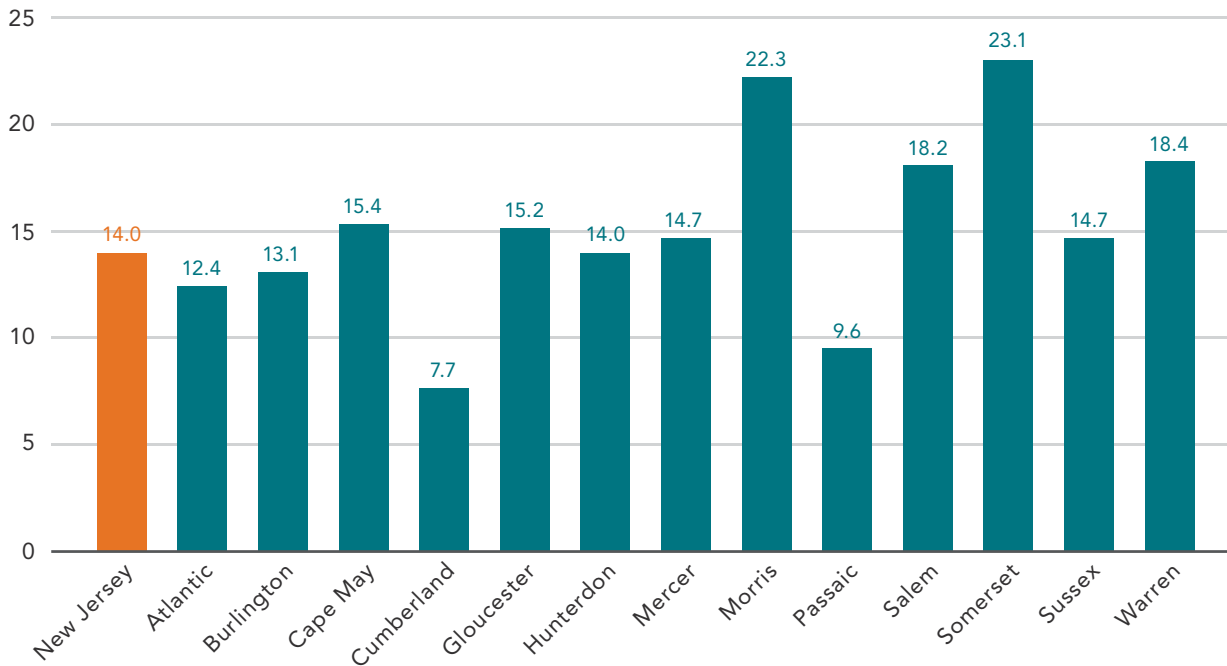


Figure 32: Rate of Recreational Facilities per 100,000 Population, 2010



DATA SOURCE: County Business Patterns 2010, as cited by County Health Rankings, 2013

## Tobacco-Free Policies

According to the CDC, tobacco use is one of the leading causes of premature and preventable death in the United States. Living tobacco-free lowers a person's risk of developing lung cancer, heart disease, and other diseases and causes of death. Tobacco-free living means avoiding use of all types of tobacco products –such as cigarettes, cigars, smokeless tobacco, and hookahs –and also living free from secondhand smoke exposure.

The New Jersey Smoke-Free Air Act, effective April 15, 2006, requires smoke-free environments at all indoor workplaces (except at casinos) and common areas of any private or public multi-unit housing facilities (such as hallways and lobbies). On March 12, 2010, New Jersey became one of two states to first ban the use of electronic smoking devices and sale to minors.

Tobacco-free and smoke-free policies are most likely to be effective when applied to use in outdoor and indoor areas and sales. Some New Jersey counties and municipalities are taking it upon themselves to implement such policies. As seen in Table 8, Morris (106), Passaic (97), and Mercer (71) are the three counties that have implemented the greatest number of tobacco-free policies, while Cape May (10), Cumberland (22), and Warren (22) Counties have implemented the fewest. Additionally, residents have reported voluntary household smoke-free rules as seen in Figure 33.



Table 8: Number of Tobacco-Free Policies Stratified by Type, 2013

Geographic Location	Marketing Advertising Restrictions	Tobacco Use Indoors	Tobacco Use Outdoors Rec. Area	Sales - Bans to Minors (vending machines/self service)	College Polices - Outdoor Setback Zones	Housing - Smoke Free	Housing - Smoke Free w/perimeters	Total Policies
Atlantic	1	19	10	6	2	1	0	39
Burlington	0	15	16	17	1	1	1	51
Cape May	0	2	2	5	0	1	0	10
Cumberland	0	1	5	15	1	0	0	22
Gloucester	3	6	16	35	2	0	0	62
Hunterdon	0	6	5	31	0	0	0	42
Mercer	0	25	5	36	4	0	1	71
Morris	0	17	30	50	4	3	2	106
Passaic	3	13	46	31	3	1	0	97
Salem	0	0	2	7	5	0	0	14
Somerset	0	10	16	21	1	2	0	50
Sussex	0	3	15	7	1	2	0	28
Warren	0	4	7	8	3	0	0	22

DATA SOURCE: Global Advisors on Smoke Free Policy (NJ GASP), County-wide Public Health Environmental Scan (personal communication, September 2013).

Table 9: New Jersey Communities with Smoke-Free Housing Options

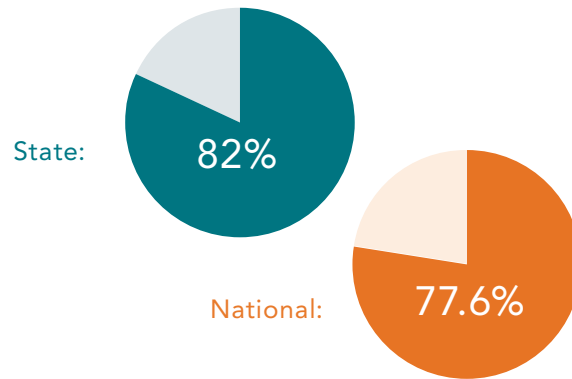
County	Municipality	Type of Option
Atlantic	Somers Point	Smoke-Free Market Rate and/or Affordable Housing
	Hammonton	Smoke-Free Migrant Worker Camp Housing
Burlington	Mount Holly	Smoke-Free Market Rate and/or Affordable Housing
	Palmyra	Smoke-Free Market Rate and/or Affordable Housing
	Willingboro	Smoke-Free Market Rate and/or Affordable Housing
Cape May	Ocean City	Smoke-Free Public housing Authority
Gloucester	Woodbury	Smoke-Free Market Rate and/or Affordable Housing
Mercer	Ewing	Smoke-Free Market Rate and/or Affordable Housing
Morris	Dover	Smoke-Free Public housing Authority
	Madison	Smoke-Free Public housing Authority
	Mendham	Smoke-Free Market Rate and/or Affordable Housing
	Parsippany	Smoke-Free Market Rate and/or Affordable Housing
	Riverdale	Smoke-Free Market Rate and/or Affordable Housing
Passaic	Paterson	Smoke-Free Public housing Authority
Somerset	Franklin	Smoke-Free Market Rate and/or Affordable Housing
	Somerset	Smoke-Free Market Rate and/or Affordable Housing
Sussex	Newton	Smoke-Free Public housing Authority

DATA SOURCE: Global Advisors on Smoke Free Policy (NJ GASP), County-wide Public Health Environmental Scan (personal communication, September 2013).



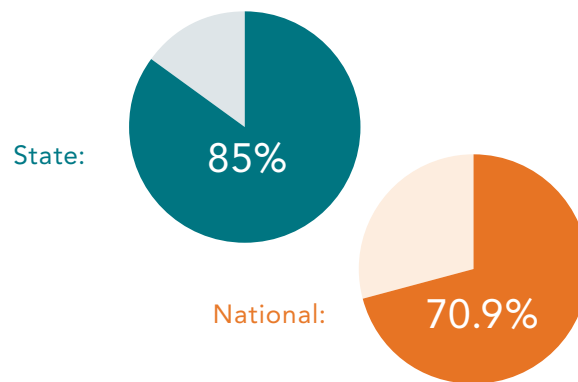
Figure 33: New Jersey Indoor Smoke-Free Policies

### Percent of Households Protected by Smoke-Free Policies in Homes 2006 - 2007



NOTE: The above estimate is a percentage of households with smoke-free rules. The estimate is based on agreement of self-respondents aged 15 years and older within each household.  
Source: Tobacco Use Supplement to the Current Population Survey (TUS-CPS)

### Percent of People Protected by Smoke-Free Policies in Indoor Worksites 2006 - 2007



NOTE: The above estimate is a percentage of people aged 15 years and older, who work in indoor worksites with smoke-free policies.  
Source: Tobacco Use Supplement to the Current Population Survey (TUS-CPS)

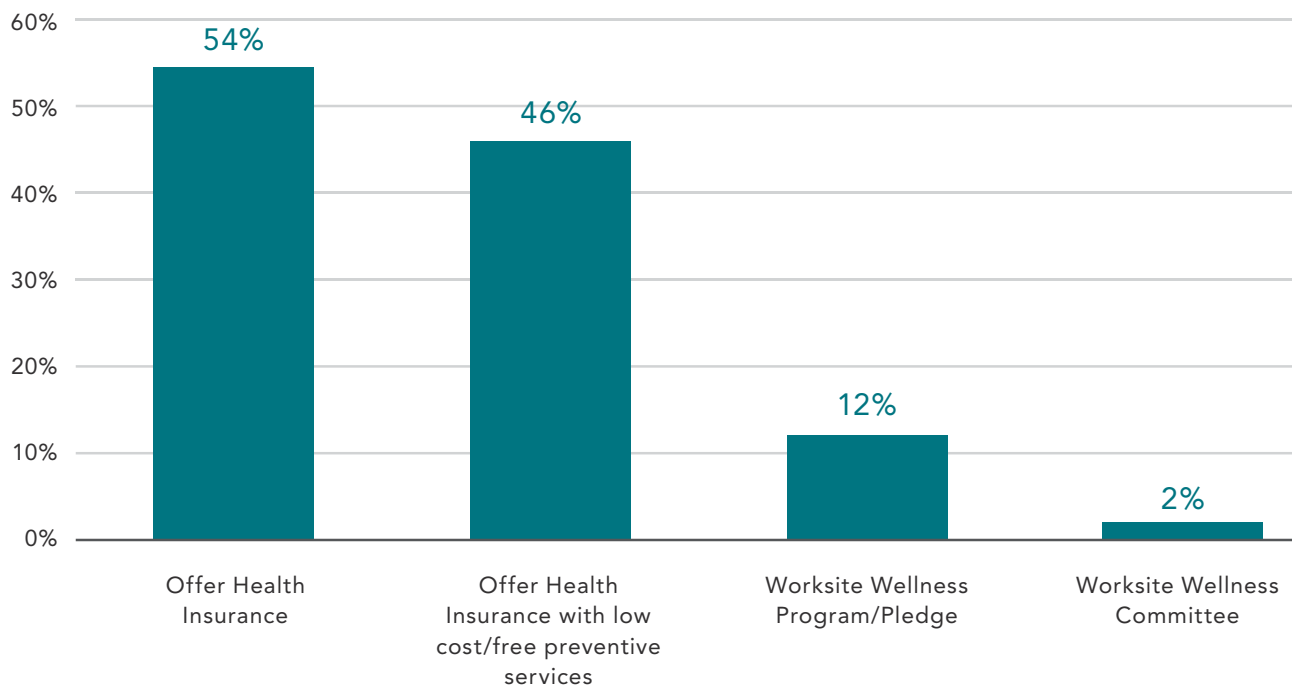
DATA SOURCE: Centers for Disease Control and Prevention, Smoking & Tobacco Use, State Tobacco Activities Tracking and Evaluation (STATE) System, <http://apps.nccd.cdc.gov/statesystem>, 2013.

## Employer-Based Policies/Worksite Wellness

A positive wellness culture in the workplace contributes to the physical, mental and emotional well-being of workers. This will ultimately lead to more productive and constructive employees, and therefore more productive and constructive businesses, according to the CDC.

Figure 34 illustrates worksite wellness policy data among small employers (having 50 or less employees) for the State of New Jersey. According to the United States Census' 2010 County Business Patterns report, there are a total of 217,707 small employers in New Jersey who employ a total of 1,384,882 employees. As seen in Figure 34, 54% of those small employers offer health insurance. Further, 46% of small employers offer health insurance with low cost or no cost preventive services (i.e., immunizations, screenings, and annual check-ups). While 12% of small employers have either pledged to or implemented a worksite wellness program, 2% have existing worksite wellness committees in place.

Figure 34: Worksite Wellness Policy Among Small Employers in New Jersey, 2013



DATA SOURCE: Employers Association of New Jersey, 2013 via personal communication.  
NOTE: 'Small employers' defined as having 50 or less employees.

