

INTRODUCTION

This report provides the findings from the Comprehensive Community Health Needs Assessment for the Coalition for a Healthy NJ, Community Transformation Grant which was facilitated by the New Jersey Prevention Network. The process and elements of this report are in keeping with the guidelines set forth by the Centers for Disease Control and Prevention's (CDC) Community Transformation Grant.

OVERVIEW OF COMMUNITY TRANSFORMATION GRANT PROJECT

In 2011, the New Jersey Prevention Network (NJPN) received a capacity-building Community Transformation Grant (CTG) from the Centers for Disease Control and Prevention (CDC). Through this initiative, the Coalition for a Healthy NJ was created to build New Jersey's capacity to improve the health of residents in the 13-county focus area. This geographic focus, which was required by CDC, is the State of New Jersey excluding large counties (those with populations exceeding 500,000). This 13-county area includes Atlantic, Burlington, Cape May, Cumberland, Gloucester, Hunterdon, Mercer, Morris, Passaic, Salem, Somerset, Sussex and Warren Counties.

CDC identified five strategic directions to be addressed through the CTG Initiative including:



PURPOSE OF COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT

The Coalition for a Healthy NJ was charged with completing a Comprehensive Community Health Needs Assessment (CCHNA) in order to identify the needs, gaps and resources that impact chronic disease within the 13-county targeted area of New Jersey. This report highlights the methods and findings of this two-year process. It reflects a multitude of county-wide health and policy assessment results relevant to the CTG strategic directions. It includes the collection of statewide data and an assessment of state policies that affect the 13-county focus area. NJPN has partnered with a variety of stakeholders to ensure a comprehensive approach to this needs assessment. Health Resources in Action (HRiA), a non-profit public health consultancy organization, was engaged to assist in the development of elements of the Comprehensive Community Health Needs Assessment (CCHNA) report. This collaboration allowed use of empirical data, state and local key informant data and qualitative data to enhance the scope of this project. The data summarized in this report helps to identify the health-related strengths and needs of the 13-counties in relation to the five CTG focus areas from a policy/systems perspective.

The Comprehensive Community Health Needs Assessment identified specific populations experiencing health disparities and chronic diseases as a means to help select environmental strategies with the goal of making healthy living easier and more affordable where people work, live, learn and play. It does so by documenting needs as well as identifying resources and strengths, and includes performance measures and baseline data against which future progress and outcomes will be monitored.

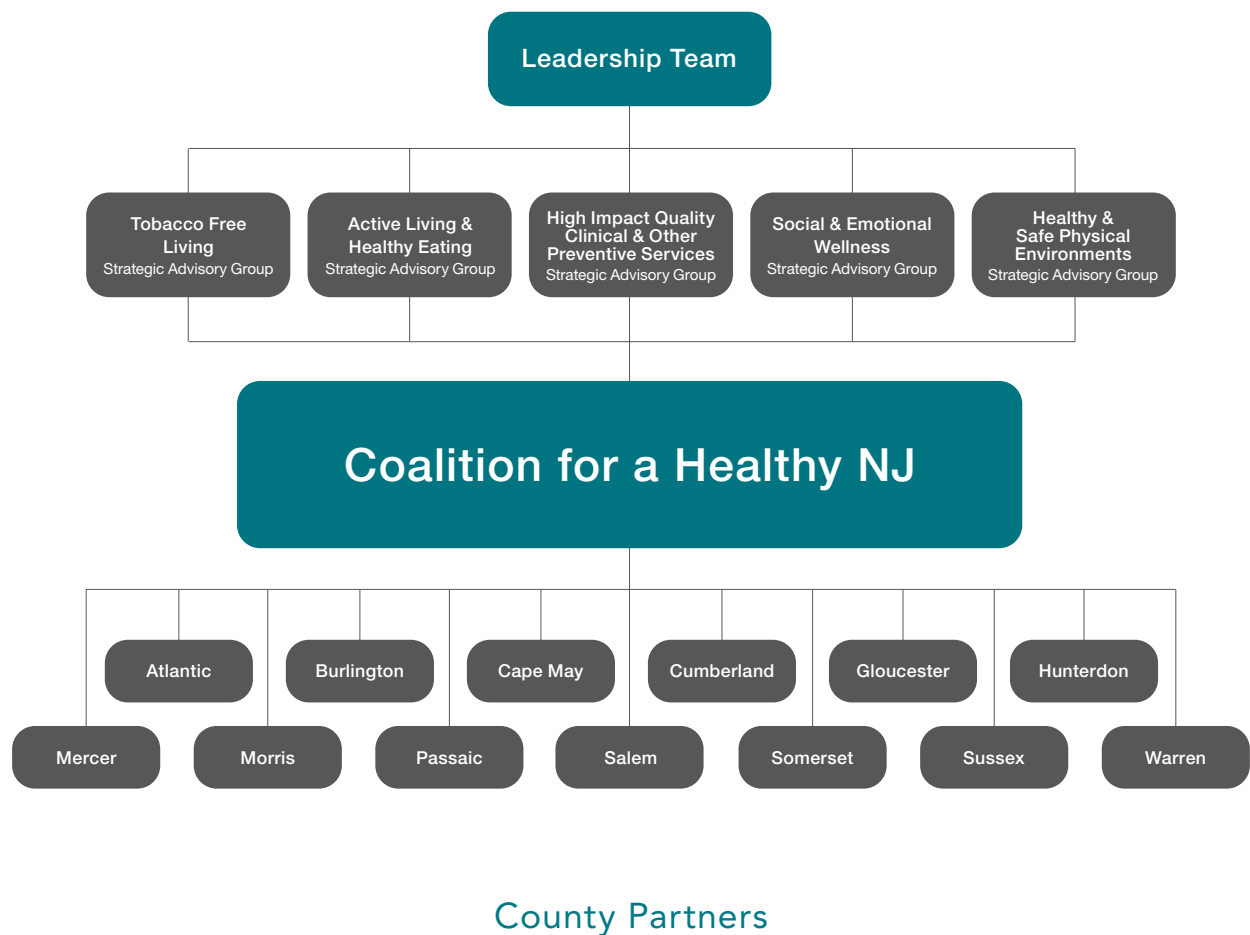
A secondary goal of this process was to create tools and systems that would assist future needs assessment efforts including a comprehensive list of data sources, a list of public health strategic plans and a customized policy assessment tool with a supportive database.

LEADERSHIP AND COMMUNITY ENGAGEMENT PROCESS

Engagement of stakeholders, leaders, and community members has been critical to each step of this capacity-building process. To assist in compiling and analyzing the data and as a capacity-building grantee, NJPN has formed the Coalition for a Healthy NJ, which consists of the following groups:

- **Executive Strategic Advisory Group (SAG):** The Executive SAG has served as a leadership team and consists of New Jersey's key leaders and stakeholders representing the strategic directions as previously noted. The Executive SAG reviewed the CCHNA data and the recommendations from the Strategic Advisory Groups (SAGs) and assisted in determining final priorities for the Coalition for a Healthy NJ.
- **Strategic Advisory Groups (SAGs) for each of the strategic directions:** The SAGs are comprised of key leaders and content experts from across the 13-county focus area and key leaders in public health from throughout the state. The SAGs allowed us to ensure that each of the five strategic directions were being fully considered and assessed through this process. The members were selected for their unique expertise and/or position related to a strategic direction. The SAGs played a key role in the development of the CCHNA and policy scan. They provided guidance on the areas of focus for the CCHNA as well as helped to frame out the policy scan guidelines and efforts. The SAG members assisted in identifying data sources, identifying appropriate evidence-based interventions, and participated in other public health planning activities.
- **County Partners:** The County Partners are county coalitions selected through a competitive process to ensure a local perspective throughout this process. Local coalitions can provide perspectives on issues and knowledge of unique cultures of their community which quantitative data alone cannot capture. The County Partners conducted county-wide public health environmental scans, as well as a resource inventory and a health disparities report to capture a snapshot of each targeted county. The County Partners are committed to implementing activities that will address the gaps identified by the CCHNA.
- **Coalition Members:** Each of the more than 125 Coalition for a Healthy NJ members, representing all 13 targeted counties, are organizations working on a state or local level and dedicated to reducing chronic disease and addressing one or more of the strategic directions.

Feedback from each of these groups was integral at various stages of this process. These specialty groups provided support, insight, and expertise in determining the next steps of planning and implementation. Their intimate knowledge of the existing data, coalitions, and active public health initiatives helped limit any duplication of efforts between the many public health organizations working on similar projects. The result was a needs assessment that not only includes the most relevant information that had been collected by other groups, but new information that had previously not been evaluated.



ABOUT THE COUNTY PARTNERS

The County Partners conducted the implementation of the Community Health Assessment Policy Tracking and Environmental Resources (CHAPTER) tool, the policy scan and the chronic disease resource inventory data collection activities. By reaching out to local organizations, worksites, schools, municipalities and community institutions, they were able to collect a large volume of data that had not previously been accessible.

Each County Partner was required to designate a fiscal agent by which the coalition would be funded and through which communications could be sent to ensure a streamlined connection to the coalition members. The County Partners and their fiscal agents are listed below.

ATLANTIC COUNTY: Atlantic Prevention Resources on behalf of the Join Together Atlantic County Coalition

BURLINGTON COUNTY: Prevention Plus of Burlington County on behalf of the Burlington County Coalition for Healthy Communities

CAPE MAY COUNTY: Cape Assist on behalf of the Cape May County Healthy Community Coalition

CUMBERLAND AND SALEM COUNTIES: The Southwest Council on behalf of the Salem Cumberland Regional Action Toward Community Health

GLOUCESTER COUNTY: Southern New Jersey Perinatal Cooperative on behalf of Gloucester County Partners 4 Wellness

HUNTERDON COUNTY: Hunterdon Regional Community Health on behalf of the Hunterdon County Partnership for Health

MERCER COUNTY: Mercer Council on Alcoholism & Drug Addiction on behalf of the Greater Mercer County Public Health Partnership

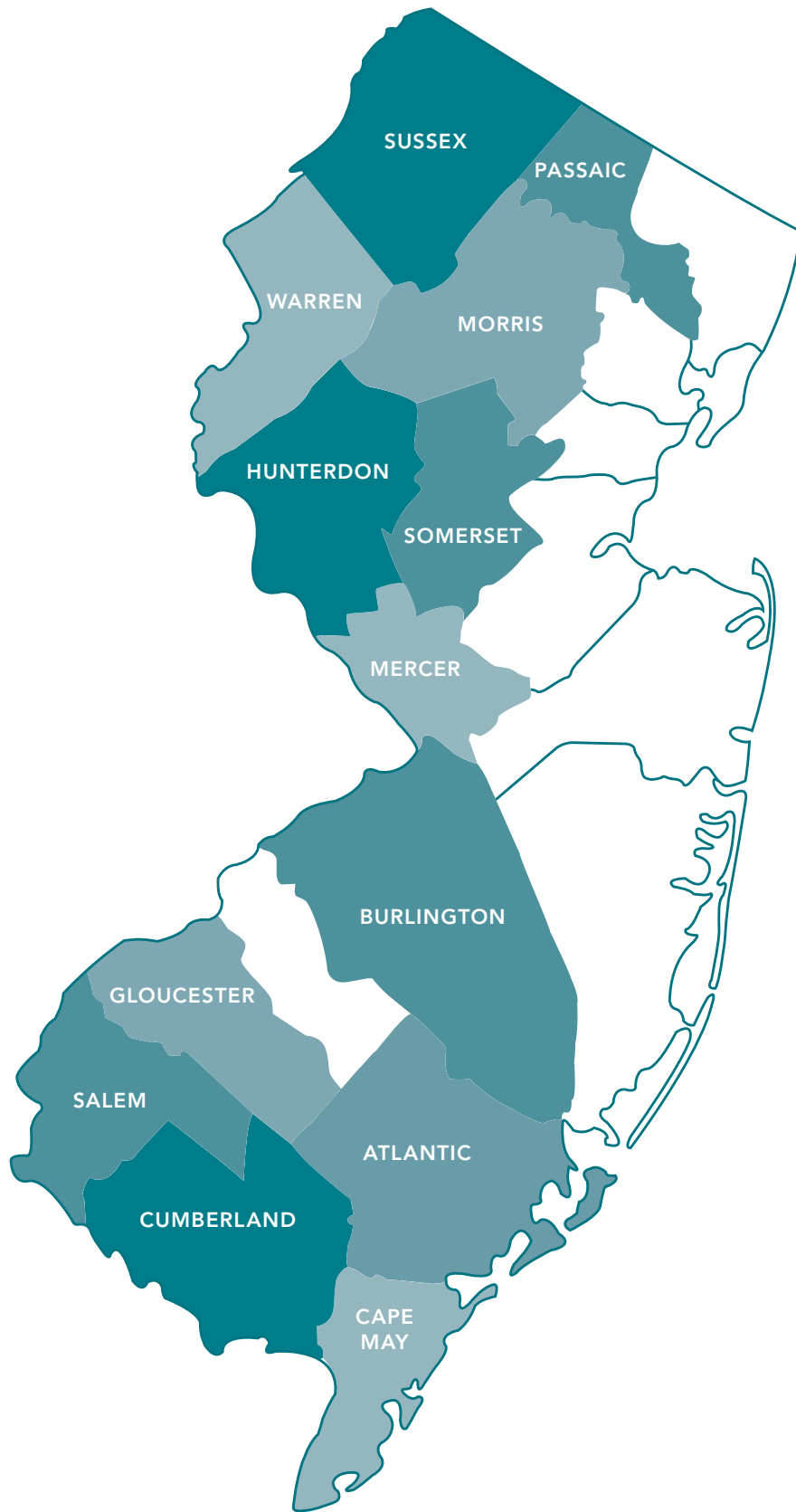
MORRIS COUNTY: Morris Regional Public Health Partnership on behalf of the Coalition for a Healthy and Active Morris

PASSAIC COUNTY: United Way of Passaic County on behalf of the Passaic County Public Health Partnership

SOMERSET COUNTY: Greater Somerset Public Health Partnership

SUSSEX COUNTY: The Center for Prevention and Counseling on behalf of the Coalition for Healthy and Safe Communities in Sussex County

WARREN COUNTY: Community Prevention Resources of Warren County on behalf of the Community Action Partnership of Warren County





SUMMARY OF KEY FINDINGS

This Comprehensive Community Health Needs Assessment captures a wealth of information to paint a picture of health in the 13-county focus area. Several techniques were used to delve into the data collected. The data can be broken down into four general areas: quantitative health data, health disparities data, Scarborough Research™ data and Community Health Assessment, Policy Tracking & Environmental Resources (NJ CHAPTER) data. The result of combining these methods provides a unique perspective of health characteristics as they play out across the 13-county focus area, from identifying specific disparate populations, to how behavioral choices impact health, to which places, organizations and policies have the greatest impact on overall health. The following pages highlight some of the key findings from each of these four sections. We hope this depth of information is helpful in your work.

Quantitative

This assessment contains a wide array of quantitative data showing different aspects of New Jersey's overall health. While all of this data is important and relevant, here we will share a few of the more interesting findings:

- Heart disease is the leading cause of death in New Jersey, and currently 5.1% of residents are diagnosed with some form of it. At the same time, a full 25% of Garden State adults report that they do not engage in leisure time physical activity.
- Smokers still account for 14.6% of the population.
- Just slightly more than half (54%) of New Jersey employers offer insurance to their employees; when including insurance plans that offer low cost or free preventive services, that number drops to 46%.
- Additionally, only 12% of businesses in the state offer a Worksite wellness plan or pledge, and just 2% have a Worksite Wellness Committee.

Health Disparities

Each County Partner completed a health disparities analysis which identified unique populations experiencing disparities in health within their county. Their analysis also determined which geographic communities were most at risk. The disparate communities are identified in the adjacent table.

The disparate populations that have been highlighted within the 13 counties include:

- Low Income Populations (9 counties);
- Hispanic Populations (8 counties);
- Older Adult Populations (7 counties);
- Youth Populations (5 counties); and
- African American Populations (3 counties).

County	Communities
Atlantic	Buena Borough
	Buena Vista Township
	Egg Harbor City
	Hammonton
Burlington	Beverly City
	Burlington City
	Riverside Township
Cape May	Lower Township (Erma & Villas)
	Wildwood
Cumberland	Bridgeton
	Fortesque
	Port Norris
	Southeast Vineland
Gloucester	Glassboro
	Paulsboro
	Woodbury
Hunterdon	Flemington
	Frenchtown
	High Bridge
	Lambertville
Mercer	Ewing
	Hightstown
	Trenton
Morris	Dover
	Morris Township
	Morristown
Passaic	Clifton
	City of Passaic
	City of Paterson
Salem	Alloway Township
	Penns Grove
	Salem City
Somerset	Borough of Bound Brook
	Township of Hillsborough
	Borough of North Plainfield
Sussex	Borough of Franklin
	Newton
	Borough of Sussex
Warren	Hackettstown
	Phillipsburg
	Washington

Scarborough Data

The Scarborough Research™ data captured the behaviors of New Jerseyans that impact their health. This data highlights the preference and consumption patterns of residents in the 13-county focus area.

Eating Out:

- 68% of respondents said they had eaten dinner at a sit down establishment in the past 30 days.
- 59% had gotten lunch at a quick service establishment in the same time period.

Drinking Sugar Sweetened Beverages (SSB):

- 71% of New Jerseyans drank a sugar sweetened beverage (SSB) in the past seven days.
- Along with the general consumption of SSBs, persons who bought diabetes medication also drank SSBs in large numbers, with Atlantic County having the highest percentage of diabetic SSB consumers (94%).

Physical Activity:

- 25% of residents attempt to find ways to drive less.
- A full 50% of residents only walked a mile or less in the past week.

Hospital Usage:

- 74% of New Jersey households had someone use a hospital in the past three years.

Community Health Assessment, Policy Tracking & Environmental Resources (CHAPTER) Data

County Partners used the CHAPTER Tool to investigate policies in four sectors: Communities-at-Large, Community Institutions, Schools, and Worksites. Each of these sectors were evaluated for their policies and environmental efforts relating to our five priority areas including Tobacco-Free Living, Active Living and Healthy Eating, High Impact Quality Clinical and Other Preventive Services, Healthy and Safe Physical Environments and Social and Emotional Wellness. When reviewing the analysis by sector the following highlights stand out:

- Community-at-Large: The Tobacco-Free Living priority had the least number of policies and environmental elements in place.
- Community Institutions: The data shows a large disparity in almost every category between low numbers of actual policies enacted, but high number of environmental practices in place.
- Schools: This sector showed higher levels of both policies and environmental elements in place across the board, but there is still room for improvement.
- Worksites: This sector shows incredibly low numbers for policies relating to Healthy and Safe Physical Environments, but higher numbers of environmental elements in place. The majority of worksites fell into the 60% or less category for both policies and environmental elements in place for almost all areas.

