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Somerset County 2015 Community Health Needs Assessment

Submitted to:

Robert Wood Johnson University Hospital
Somerset and Healthier Somerset



Health Resources in Action
Advancing Public Health and Medical Research

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Somerset County, New Jersey 2015 Community Health Needs Assessment

EXECUTIVE SUMMARY

Introduction

In 2015, Robert Wood Johnson University Hospital (RWJUH) Somerset, in partnership with the Healthier Somerset Coalition, sought to undertake a community health needs assessment (CHA) of the communities it serves. The purpose of the CHA was to provide an empirical foundation for future health planning as well as fulfill the community health needs assessment mandate for non-profit institutions put forth by the IRS. RWJUH Somerset contracted with Health Resources in Action (HRiA), a non-profit public health organization in Boston, MA, to collect and analyze data to develop the CHA report. This report discusses the findings from the community health needs assessment, which was conducted from February-September 2015.

The 2015 Somerset County community health needs assessment was conducted to fill several overarching goals, specifically to:

- Examine the current health status of Somerset County, New Jersey and its sub-populations, and compare these rates to state indicators
- Explore the current health priorities, as well as new and emerging health concerns, among residents within the social context of their communities
- Identify community strengths, resources and gaps in services in order to help RWJUH Somerset and the Healthier Somerset coalition set programming, funding, and policy priorities

This 2015 Somerset County community health needs assessment focuses on Somerset County, New Jersey, which includes 21 municipalities. This 2015 assessment updates and builds upon the previous assessment conducted in 2012.

Methods

This CHA aims to identify the health-related needs and strengths of Somerset County, New Jersey through a social determinants of health framework, which defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., healthy eating and active living) to clinical care (e.g., access to medical services) to social and economic factors (e.g., poverty) to the physical environment (e.g., air quality)—which have an impact on the community's health.

To identify the perceived health needs of the community, challenges to addressing these needs, current strengths and assets, and opportunities for action, the assessment process included: synthesizing existing data on social, economic, and health indicators in Somerset County, New Jersey; conducting a telephone survey with 2,002 Somerset County residents; conducting six focus groups with a range of populations and nineteen interviews with diverse individuals representing a variety of organizations, including an Asian American cultural organization, health care (including mental and behavioral health services), law enforcement, government, education, business, and social service organizations focusing on vulnerable populations (e.g., seniors, immigrants). It should also be noted that youth-specific and town-specific data were largely not available, and in cases where such data were available, sample sizes were often small and must be interpreted with caution.

Findings

The following provides a brief overview of key findings that emerged from this assessment.

Community Social, Economic, and Physical Context

While Somerset County is overall a safe, highly-educated, high-income community, certain segments of the population face day-to-day challenges related to affordability and transportation.

“If you have means in this county, it is a tremendous place to live but if you don’t, it’s not such a great place.” – Interview participant

- **Demographic Characteristics:** Residents and stakeholders described their community as comprised of young families, middle-aged adults, and senior living. A majority of Somerset County residents self-identify as Non-Hispanic White (61.3%); 14.7% self-identify as Non-Hispanic Asian, 13.3% as Hispanic, and 8.6% as non-Hispanic black. Between 2010 and 2030, the percentage of residents aged 65+ in Somerset County is expected to increase by 98.5%, and the percentage of Asian residents is projected to increase by 103.4%.
- **Income, Poverty, and Employment:** Residents and stakeholders stated that the cost of living in Somerset County is very high, and expressed concerns about a declining middle class. The median household income in Somerset County is \$99,020, but is substantially lower in certain municipalities such as Manville (\$62,583), Bound Brook (\$63,071), and North Plainfield (\$64,503). Interview and focus group participants stated that the county’s wealth creates a strong infrastructure of services and programs and also funds high quality public schools, but expressed concerns about affordability, especially for seniors and young families. Somerset County’s unemployment rate (7.2%) is lower than that for New Jersey overall (10.1%).
- **Education:** Over half of Somerset County adults age 25 and older (51.2%) have a Bachelor’s degree or higher, although the percent of adults with a Bachelor’s degree is lower in certain municipalities such as Manville (15.2%) and Bound Brook (20.9%). Many residents and stakeholders praised the public schools in Somerset County, but some noted a culture of academic pressure and competitiveness.
- **Housing and Transportation:** A lack of affordable housing, including for seniors, was a key concern raised by many stakeholders and residents. In the 2015 community health assessment telephone survey, 32.8% of respondents indicated that they could not find affordable housing for rent, and 34.2% indicated that available, affordable housing options are of poor quality or too small. When asked about concerns in the community, transportation access was the one most frequently mentioned by interview and focus group participants. While only 2.9% of Somerset County workers do not have a vehicle available, the percentage of workers without a vehicle is higher in certain communities such as Bound Brook (11.8%) and Bernardsville (8.5%).
- **Crime, Safety, and Disaster Preparedness:** Overall, Somerset County was described as a safe community. However, some residents and stakeholders noted that recent development in the area has led to increased crime. 57.3% of respondents to the 2015 community health assessment telephone survey reported that their household has a disaster evacuation plan, while 21.6% reported they have a disaster supply kit.

Community Health Outcomes and Behaviors

Somerset County is overall a healthy community, with rates of disease that are often lower than the U.S., the state of New Jersey, and other New Jersey counties. However, mental health and substance abuse issues are key health concerns for the community. Chronic disease prevention, through healthy eating and physical activity, was also raised as a priority need, and seniors were identified as a priority population for services and support.

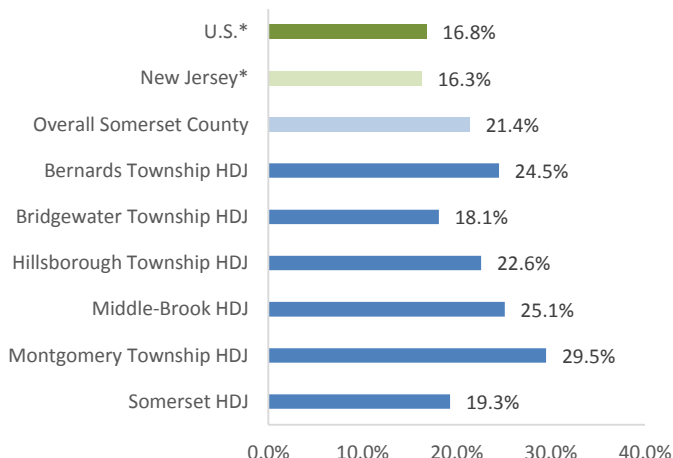
- **Chronic Diseases and Related Risk Factors:** The leading causes of death in Somerset County are cancer and heart disease. Residents and stakeholders noted that, while cancer and heart disease issues are not unique to Somerset County, they are still important health concerns for the community. Similarly, rates of overweight and obesity are similar in Somerset County compared to the state of New Jersey and the U.S. as a whole, but were still raised as key concerns by interview and focus group participants, particularly for youth. Residents and stakeholders discussed health behaviors related to chronic disease, including physical activity and healthy eating. Somerset County has a great deal of recreational opportunities, although many are accessible only by car. Residents and stakeholders cited a high density of fast food restaurants and a lack of time for meal preparation as barriers to healthy eating, and expressed a desire for more education around healthy eating.

“Mental health is something that a lot of people don’t discuss. Especially within communities like ours, the African American community.”— Focus group participant

- **Behavioral Health:** Behavioral health, including mental health and substance abuse, was the health concern most frequently raised by residents and stakeholders. In particular, abuse of alcohol, opioids and heroin was discussed, and a lack of substance abuse services was noted. As shown in the figure to the right, the percent of 2015 Somerset County telephone survey respondents reporting binge drinking (21.4%) is higher than 2013 binge drinking rates in New Jersey (16.3%) and the United States (16.8%).

Many interview and focus group participants also raised concerns about mental health, which they described as often co-occurring with substance abuse issues. Issues of anxiety and depression were raised for both youth and adults, and a lack of mental health providers, especially for young children and for uninsured or Medicaid patients, was frequently discussed. Stigma around mental health and substance abuse was also raised as a barrier to treatment.

Percent Self-Reported Binge Drinking At Least Once in Past Month, U.S., New Jersey, Somerset County, and Health Department Jurisdiction, 2013 and 2015



DATA SOURCE: U.S. and New Jersey data: New Jersey and U.S. data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2013. Somerset County and Health Department Jurisdiction data: Somerset County Community Health Needs Assessment Survey, 2015

- **Immunization and Infectious Disease:** Residents and stakeholders did not raise concerns related to immunization and infectious disease. Rates of HIV, gonorrhea, syphilis, and chlamydia are all lower in Somerset County compared to the state of New Jersey overall. Rates of flu shot or vaccination among residents age 65 and older are higher in Somerset County compared to New Jersey and the United States.

- **Maternal and Child Health:** Maternal and child health concerns were not raised by residents or stakeholders. The percentage of low birth weight births is similar in Somerset County to the state of New Jersey.
- **Environmental Health:** While environmental health concerns were not raised by residents or stakeholders during in-depth discussions, the 2015 community health assessment survey respondents ranked “environmental issues such as water and air quality” as the second highest priority for future funding and resources. The percent of the population getting water from a public water system with at least one health-based violation during the reporting period is much higher in Somerset County (49%) compared to New Jersey overall (6%); however, water quality reports for one municipality in Somerset County (Franklin Township) were falsified and tests were calculated incorrectly.
- **Oral Health:** A few residents and stakeholders mentioned challenges accessing low-cost dental services and identifying dentists willing to accept Medicaid. The ratio of population to dentists in Somerset County (1,102 : 1) is similar to New Jersey (1,240 : 1).
- **Elder Health and Caregiver Needs:** Concerns about elder health were raised by many residents and stakeholders, especially as the percentage of residents age 65+ is projected to increase in the near future. Issues raised included mental health (related to isolation and grief), substance abuse, falls prevention, medication management, home health care (including caregiver availability and support), and affordability in general (e.g., making trade-offs between healthy foods, medications and housing costs). Interview and focus group participants did note that senior services in Somerset County are quite strong, but explained that needs are growing.
- **Health Care Access and Utilization:** Residents and stakeholders frequently stated that high quality health care is available in Somerset County. However, cost, insurance problems, and transportation availability can create barriers for certain residents to see a doctor. A lack of mental health providers was frequently noted, especially for outpatient services, young children, and uninsured / Medicaid patients who cannot pay out of pocket. Additionally, confusion around health insurance was frequently discussed, as were frustrations that insurance limits the number and type of visits for certain specialty services, such as psychiatric and physical therapy services.

Community Resources and Strengths

Residents and stakeholders identified many assets of the Somerset County community including recreational opportunities, strong social services, excellent schools, supportive government, and availability of health care services.

- Somerset County was consistently described as a desirable place to live, and residents praised the mix of urban centers and rural open space. Residents also noted that there is a strong sense of community cohesion amongst residents, and a willingness to help others.
- Residents and stakeholders stated that the County’s wealth is utilized effectively and results in an excellent school system and a strong social services infrastructure. Local government is supportive of health initiatives, and community-based organizations also make many contributions to the health of the community.
- Overall, residents described local health care services as “excellent” and “comprehensive,” although certain types of services (e.g. mental health providers) are harder to access, especially for certain populations.

“Parks are one of Somerset County’s biggest assets.” – Interview participant

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data, a telephone survey, and discussions with community residents and stakeholders, this assessment report examines the current health status of Somerset County residents and sub-populations, identifies current and emerging priority health issues, and explores community assets, resources and gaps in services and programming. Several overarching themes emerged from this synthesis:

- Although Somerset County is overall a highly educated, high-income community, pockets of vulnerable populations exist. **Transportation** and **affordability** are key concerns for many residents.
- **Mental health** and **substance abuse** issues were considered priority health issues; a need for additional services in general was noted, and in particular a need was expressed for mental health providers who accept Medicaid and/or the uninsured. Participants described issues of anxiety, stress and depression for adults, and also noted that seniors and young children have unique mental health needs. Abuse of alcohol, opioids and heroin were described as priority health issues in regard to substance abuse.
- While Somerset County is perceived to be a health-conscious community, more can be done to encourage **physical activity** and **healthy eating**, including offering more physical activity opportunities for youth not involved in organized sports and promoting education around healthy eating.
- Overall Somerset County has a **strong health care infrastructure**, but could benefit from **additional services for seniors** especially as the population ages.
- Somerset County has a wealth of social service organizations and programs, though some expressed a need for **stronger connections among services** as well as **greater awareness and reach** throughout the community.
- Opportunities exist to **leverage community assets**, including economic resources and strong governmental, health care and community-based organizations, to address the identified health needs in Somerset County.

Prioritization of Needs

In June 2015, a summary of preliminary findings from the *2015 Somerset County Community Health Needs Assessment* was presented to the Healthier Somerset coalition and partners for further discussion. Participants rated a total of 15 health issues (identified through preliminary assessment findings and additional discussion at the session) on four criteria: relevance, appropriateness, impact, and feasibility. The final voting and discussion among Healthier Somerset coalition members and partners resulted in four priorities that were selected for the Somerset County Community Health Improvement Plan (CHIP):

1. Mental Health and Substance Abuse
2. Obesity
3. Chronic Disease
4. Access to Care

These issues will provide the frame for future planning for the CHIP in the months to come.

Somerset County, New Jersey 2015 Community Health Needs Assessment

BACKGROUND

Overview of Robert Wood Johnson University Hospital (RWJUH) Somerset and Healthier Somerset Coalition

In 2015, Robert Wood Johnson University Hospital (RWJUH) Somerset, in partnership with the Healthier Somerset Coalition, sought to undertake a community health needs assessment (CHA) of the communities it serves. The purpose of the CHA was to provide an empirical foundation for future health planning as well as fulfill the community health needs assessment mandate for non-profit institutions put forth by the IRS. RWJUH Somerset contracted with Health Resources in Action (HRiA), a non-profit public health organization in Boston, MA, to collect and analyze data to develop the CHA report. This report discusses the findings from the community health needs assessment, which was conducted from February 2015 to September 2015.

Purpose and Geographic Scope of the Somerset County Community Health Assessment

2015 Community Health Assessment

The 2015 Somerset County community health needs assessment was conducted to fill several overarching goals, specifically to:

- Examine the current health status of Somerset County and its sub-populations, and compare these rates to state indicators
- Explore the current health priorities, as well as new and emerging health concerns, among residents within the social context of their communities
- Identify community strengths, resources and gaps in services in order to help RWJUH Somerset and the Healthier Somerset coalition set programming, funding, and policy priorities

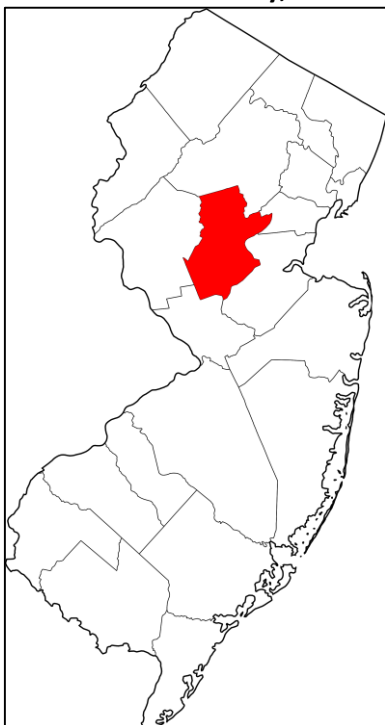
Previous Community Health Assessment

The 2015 Somerset County community health needs assessment builds upon previous assessments conducted in 2001, 2006, and 2011. Methods for this previous assessment included a telephone survey that was conducted in Somerset County and used questions from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System. The 2015 assessment compares current health status to the 2011 findings, and also identifies emerging needs, strengths, and resources.

Definition of Community Served

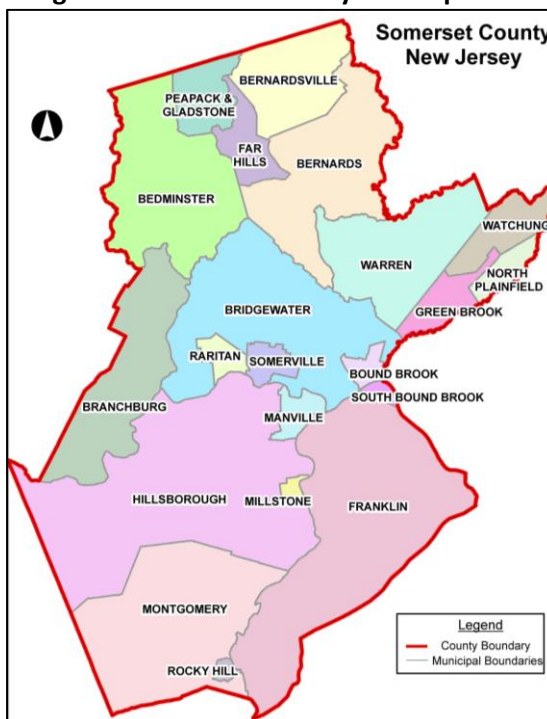
This community health needs assessment focuses on Somerset County, New Jersey, which includes 21 municipalities. Figure 1 and Figure 2 below show the location of Somerset County within the state of New Jersey, and geographic distribution of the 21 municipalities located within Somerset County. This assessment examines needs across the County; however, particular attention was given to at-risk populations, including racial/ethnicity minority groups, low-income residents, and seniors, to ensure that their needs were captured. Given that quantitative data were often not available for these specific sub-groups, the focus group segments and key informants were carefully selected to provide these perspectives.

Figure 1: Somerset County, New Jersey



DATA SOURCE: Wikipedia Commons. United States County Locator Maps [online]. Accessed at https://en.wikipedia.org/wiki/Somerset_County,_New_Jersey on August 18, 2015

Figure 2: Somerset County Municipalities



DATA SOURCE: Somerset County Planning Board. Municipalities Map [online]. Accessed at http://www.co.somerset.nj.us/maps/municipalities_map.html on August 18, 2015

METHODS

The following section describes how the data for this community health needs assessment were compiled and analyzed. This section also provides context about the broad health lens used to guide the assessment process. Specifically, the community health needs assessment defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., exercise and alcohol consumption), to clinical care (e.g., access to medical services), to social and economic factors (e.g., employment opportunities) and the physical environment (e.g., transportation)—that all have an impact on the community’s health. The beginning discussion of this section describes the larger social determinants of health framework that helped guide the assessment process.

Study Approach and Advisory Structure

This CHA was funded by RWJUH Somerset and conducted in partnership with the Healthier Somerset coalition, of which RWJUH Somerset is a part. The Healthier Somerset coalition’s strategic goals are to: (1) engage Somerset County in active participation in good health habits; (2) increase access to choices that promote healthy lifestyles; and (3) promote policy changes that improve health. For a full list of Healthier Somerset partners, please see Appendix A.

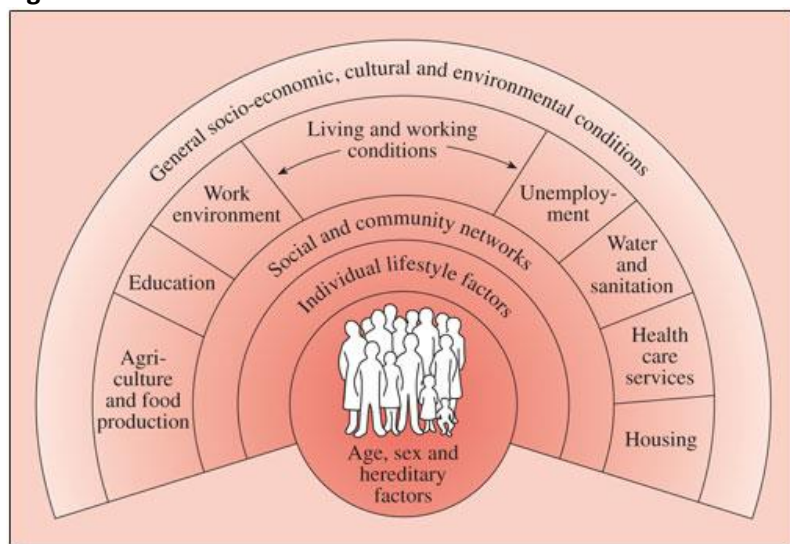
A CHA kick-off meeting was held in February 2015 with the Healthier Somerset coalition. Following that meeting, a data subcommittee was formed with volunteers from the coalition. This subcommittee met regularly from February through August 2015, and included representation from RWJUH Somerset, local

health department leaders, and community providers. This coalition provided input on data indicators and surveys, telephone survey questions and administration, focus group segments, key informant interviewees, qualitative data collection protocols, and report content and format.

Social Determinants of Health Framework

The diagram in Figure 3 provides a visual representation of the multitude of factors that affect health, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as quality of housing and educational opportunities. This report provides information on many of these factors, as well as reviews key health outcomes among the residents of Somerset County.

Figure 3: Social Determinants of Health Framework



SOURCE: World Health Organization, Commission on Social Determinants of Health. (2005)

Secondary Data

To develop a social, economic, and health portrait of Somerset County through a social determinants of health framework, existing data were drawn from state and local sources. Sources of data included, but were not limited to, the U.S. Census, Centers for Disease Control and Prevention, the New Jersey Department of Health and the Somerset County Planning Board. Other types of data included self-report of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), as well as vital statistics based on birth and death records. It should be noted that aside from population counts, age and racial/ethnic distribution, other data from the U.S. Census derive from the American Community Survey, which is comprised of data from a sample of a given geographic area. Per Census recommendations, aggregated data from the past five years was used for these indicators to yield a large enough sample size to look at results by municipality.

Primary Data: Input from Community Representatives

Somerset County Community Health Assessment Telephone Survey

In order to gather quantitative data that was not provided by secondary sources and to identify any changes since the 2012 assessment, a 38-question telephone survey was developed and administered to residents of Somerset County. The goal of the telephone survey was to learn about health-related issues and priorities among Somerset County residents.

The telephone survey was administered using a random-digit dial sampling methodology, with approximately 50% landline respondents and 50% cell phone respondents. This administration method aimed to yield a randomly selected sample that was similar in characteristics to the Somerset County population overall. The survey was offered in English and Spanish. Qualified respondents were adults ages 18+ who live in Somerset County, NJ. The survey was fielded from May 27, 2015 through June 18, 2015. A total of 2,002 respondents who live in Somerset County completed the survey. Consistent with telephone surveys, sampling weights were applied in the analyses, and the survey data were weighted on age, sex, and race/ethnicity for further precision. Table 1 provides a breakdown of demographic characteristics of the survey respondents.

Table 1: Respondent Characteristics of 2015 Somerset County Community Health Assessment Survey, n=2,002

| Characteristic | Survey Sample | Somerset County |
|--|---------------|-----------------|
| Age | | |
| Younger than 18 (not eligible for the survey) | 0% | 24.4% |
| 18-24 years old | 9.4% | 6.9% |
| 25-44 years old | 34.2% | 25.7% |
| 45-64 years old | 39.6% | 30.0% |
| 65 years or older | 16.7% | 12.9% |
| Gender | | |
| Male | 49.2% | 48.8% |
| Female | 50.8% | 51.2% |
| Race/Ethnicity | | |
| White, non-Hispanic | 57.8% | 62.4% |
| Black or African American, non-Hispanic | 8.3% | 8.5% |
| Asian, non-Hispanic | 14.3% | 14.1% |
| Hispanic, any race | 13.8% | 13.3% |
| Other race / Two or more races, non-Hispanic | 5.9% | 2.1% |
| Educational Attainment | | |
| Some high school or less | 4.4% | 6.7% |
| High school graduate/GED | 45.9% | 22.0% |
| Some college/Technical school | 10.3% | 20.0% |
| College graduate | 39.4% | 51.2% |
| Annual Household Income | | |
| Less than \$25,000 | 12.3% | 9.3% |
| \$25,000 to less than \$50,000 | 18.1% | 14.1% |
| \$50,000 to less than \$75,000 | 32.2% | 13.7% |
| \$75,000 or more | 37.4% | 62.9% |
| Health Dept. Jurisdiction in which Live | | |
| Somerset County Department of Health | 35.5% | 38.1% |
| Bernards Township Department of Health | 12.7% | 11.4% |
| Branchburg Health Department | 1.8% | 4.5% |
| Bridgewater Township Department of Health and Human Services | 16.3% | 13.7% |
| Hillsborough Township Department of Health | 14.8% | 12.0% |
| Middle-Brook Regional Health Commission | 14.2% | 13.4% |
| Montgomery Township Department of Health | 4.6% | 7.0% |

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015 and 5-Year American Community Survey, 2009-2013

NOTE: Percentages for educational attainment from the American Community Survey are out of individuals who are over 25 years of age

NOTE: The following municipalities fall within each health department jurisdiction: *Somerset County Department of Health* (Bedminster, Far Hills, Franklin, Manville, North Plainfield, Raritan, Somerville); *Bernards Township Department of Health* (Bernards, Bernardsville, Peapack-Gladstone); *Branchburg Health Department* (Branchburg); *Bridgewater Township Department of Health and Human Services* (Bridgewater); *Hillsborough Township Department of Health* (Hillsborough, Millstone Borough); *Middle-Brook Regional Health Commission* (Bound Brook, Green Brook, South Bound Brook, Warren, Watchung); *Montgomery Township Department of Health* (Montgomery, Rocky Hill).

Qualitative Data: Focus Groups and Interviews

Between April and June 2015, six focus groups and nineteen interviews were conducted. The data subcommittee advised on the selection of participants for the interviews, and the identification of local organizations to assist with focus group recruitment and hosting.

The focus groups spanned across age groups, geography, and roles. The focus groups comprised a range of populations; specifically the six focus groups were with individuals of the following population segments: parents, youth, seniors, working families, African Americans, and Hispanics (who participated in a Spanish-language group). Interviews were conducted with individuals representing a range of organizations, including an Asian American cultural organization, health care (including mental and behavioral health services), law enforcement, government, education, business, and social service organizations focusing on vulnerable populations (e.g., seniors, immigrants) (see Appendix C).

A semi-structured interview guide was used across all interviews and focus groups to ensure consistency in the topics covered. Each focus group and interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, focus groups lasted 90 minutes and included 6-12 participants, while interviews lasted approximately 30-60 minutes.

Analyses and Data Presentation

The secondary data, telephone survey data, and qualitative data from interview and focus groups were synthesized and integrated into this community health needs assessment report. When available, secondary data are presented by the 21 Somerset County municipalities or by the 7 local health department jurisdictions (see Appendix B for a listing of the municipalities that fall within each local health department jurisdiction).

Collected qualitative information was manually coded and then analyzed thematically for main categories and sub-themes. Data analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While municipality differences are noted where appropriate, analyses emphasized findings common across Somerset County. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas.

Data from the telephone survey were analyzed overall and by sub-groups (local health department jurisdiction, race/ethnicity, age, gender, income, and education). Telephone survey data are presented by sub-group in this report when substantial differences among groups were noted. When data are presented at the local health department jurisdiction level, Branchburg Health Department data are not included because the survey sample size for this locality was too small to present reliable results. Pearson's chi-square tests were conducted to test for statistically significant differences in survey

responses by sub-group. When differences by sub-group were statistically significant (i.e., not due to chance), results are noted with a * by the graph or table. Data from the 2015 telephone survey were also compared to data collected from previous Somerset County surveys (conducted in 2006 and 2011) when questions were similar; trend data are presented in this report when substantial changes were observed. Appendix D contains weighted data for all telephone survey questions by health department jurisdiction.

Limitations

As with all research efforts, there are several limitations related to the assessment's data collection methods that should be acknowledged. It should be noted that for the secondary (quantitative) data analyses, in several instances, regional data could not be disaggregated to the municipality level due to the small population size of the communities in the region. Additionally, several sources did not provide current data stratified by race/ethnicity, gender, or age –thus these data could only be analyzed by total population. It should also be noted that youth-specific and town-specific data were largely not available, and in cases where such data were available, sample sizes were often small and must be interpreted with caution.

Likewise, data based on self-reports (from the 2015 Somerset County community health assessment telephone survey, and from self-report secondary data sources, e.g. BRFSS) should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest. Finally, it should be noted that, while the 2015 Somerset County community health assessment telephone survey data was collected with a random sampling technique and has been weighted on certain demographic characteristics to better represent the population, the persons who responded to the survey may be different from the persons who refused to participate in the survey, resulting in selection bias.

For the qualitative data, it is important to recognize that results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by local community organizations, and participants may be more likely to be those already engaged in community organizations or initiatives. Because of this, it is possible that the responses received only provide one perspective of the issues discussed. While efforts were made to talk to a diverse cross-section of individuals, demographic characteristics were not collected of the focus group and interview participants, so it is not possible to confirm whether they reflect the composition of the region. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

FINDINGS

Community Social and Economic Context

The health of a community is associated with numerous factors including what resources and services are available (e.g., safe green space, access to healthy foods) as well as who lives in the community. The section below provides an overview of the population of Somerset County.

Demographics

“There is a great deal of diversity in some locations.” - Key informant interview participant

The total population of Somerset County, 326,207, is divided into 21 municipalities ranging in size from 63,274 (Franklin) to 444 (Millstone). As shown in Table 2, Somerset County’s age distribution is similar to that for the state of New Jersey.

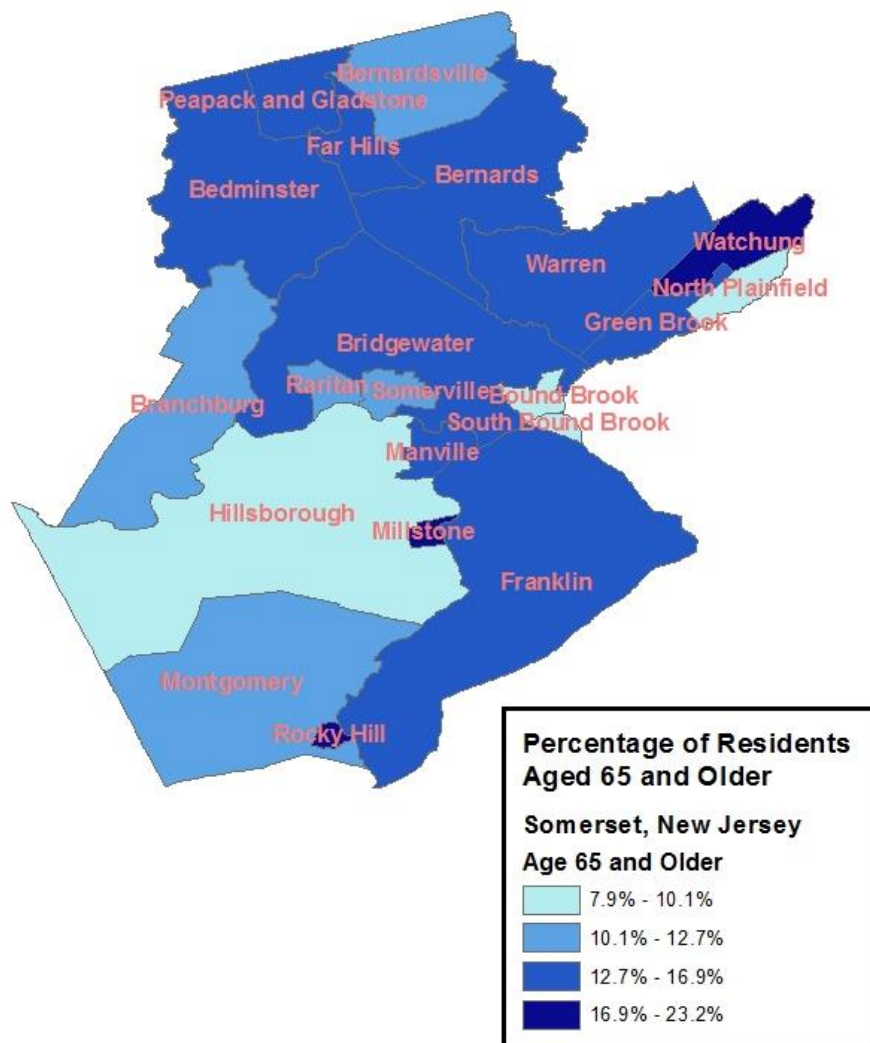
Table 2: Total Population and Age Distribution, New Jersey, Somerset County and by Health Department Jurisdiction, 2009 - 2013

| Geography | Total Population | <18 | 18-24 | 25-34 | 35-44 | 45-64 | 65-74 | 75+ |
|-------------------|------------------|-------|-------|-------|-------|-------|-------|-------|
| New Jersey | 8,832,406 | 23.2% | 8.8% | 12.7% | 13.7% | 27.7% | 7.3% | 6.5% |
| Somerset County | 326,207 | 24.4% | 6.9% | 11.1% | 14.6% | 30.0% | 6.8% | 6.1% |
| Bedminster | 8,197 | 16.5% | 4.6% | 11.2% | 13.5% | 37.3% | 11.5% | 5.4% |
| Bernards | 26,770 | 28.2% | 6.8% | 5.1% | 14.2% | 32.2% | 6.2% | 7.4% |
| Bernardsville | 7,758 | 27.9% | 7.3% | 7.6% | 14.9% | 30.6% | 8.9% | 2.7% |
| Bound Brook | 10,462 | 21.8% | 9.5% | 19.9% | 16.1% | 23.7% | 3.5% | 5.7% |
| Branchburg | 14,526 | 24.7% | 5.6% | 9.4% | 13.7% | 35.4% | 7.3% | 3.9% |
| Bridgewater | 44,717 | 24.7% | 6.9% | 8.0% | 14.4% | 31.5% | 6.8% | 7.7% |
| Far Hills | 1,037 | 22.8% | 9.4% | 6.6% | 12.1% | 34.7% | 8.0% | 6.7% |
| Franklin | 63,274 | 21.3% | 6.5% | 15.4% | 14.5% | 27.0% | 8.4% | 7.0% |
| Green Brook | 7,222 | 25.0% | 6.4% | 9.4% | 10.8% | 33.6% | 7.5% | 7.1% |
| Hillsborough | 38,752 | 25.8% | 7.2% | 10.4% | 15.3% | 32.0% | 4.9% | 4.3% |
| Manville | 10,400 | 18.8% | 8.8% | 14.2% | 13.5% | 29.6% | 7.8% | 7.4% |
| Millstone | 444 | 28.2% | 4.5% | 4.1% | 22.8% | 20.7% | 12.6% | 7.2% |
| Montgomery | 22,329 | 31.2% | 6.1% | 6.5% | 15.2% | 30.0% | 6.5% | 4.6% |
| North Plainfield | 22,001 | 24.9% | 9.2% | 14.9% | 17.0% | 26.0% | 4.2% | 3.6% |
| Peapack-Gladstone | 2,566 | 21.0% | 5.8% | 9.2% | 13.2% | 35.1% | 6.7% | 9.0% |
| Raritan | 7,058 | 25.9% | 6.2% | 11.4% | 17.6% | 27.5% | 5.7% | 5.7% |
| Rocky Hill | 543 | 20.3% | 4.4% | 6.1% | 9.0% | 37.0% | 14.7% | 8.5% |
| Somerville | 12,165 | 21.8% | 7.1% | 18.1% | 15.1% | 25.1% | 7.3% | 5.4% |
| South Bound Brook | 4,584 | 21.0% | 7.9% | 18.6% | 16.2% | 26.4% | 4.2% | 5.9% |
| Warren | 15,574 | 28.0% | 5.6% | 7.0% | 11.6% | 33.9% | 7.0% | 7.0% |
| Watchung | 5,828 | 19.7% | 8.2% | 5.5% | 14.1% | 30.8% | 11.1% | 10.5% |

DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

There is some variation in age distribution among the 21 municipalities of Somerset County. Figure 4 below shows the variation by municipality in the percent of residents aged 65 and older who reside in Somerset County. Certain municipalities, such as Rocky Hill and Watchung, have a higher percentage of residents aged 65 and older compared to the other municipalities.

Figure 4: Percent of Residents Aged 65 and Older, Somerset County, 2009 - 2013

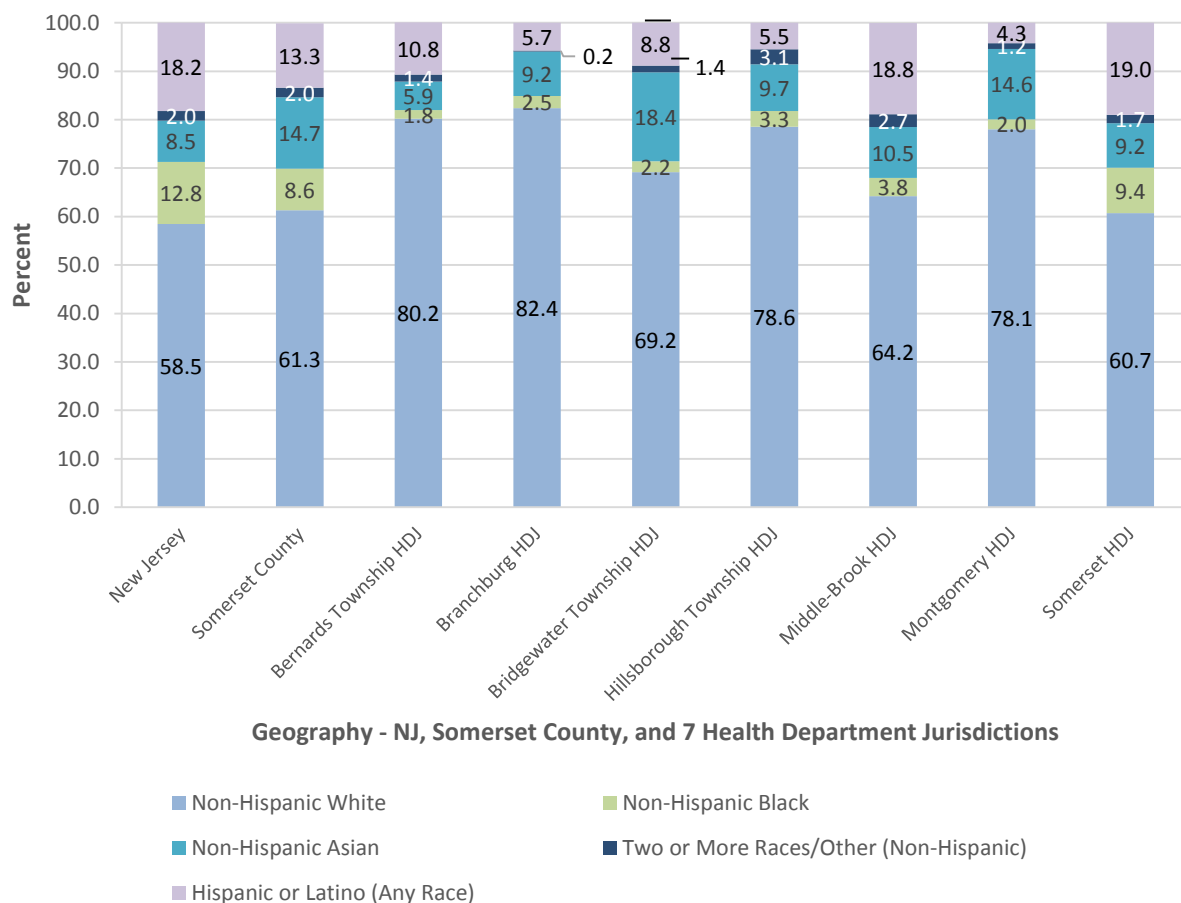


DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

When describing their community, many key informant interviewees and focus group participants noted the mix of young families, those of middle age, and seniors. While some respondents perceived that the region's population is aging, others disagreed, arguing that many new families have moved into Somerset County. Some respondents observed, however, that the region's high cost of living creates barriers for both younger families to move into the area and for seniors to "age in place."

Several interview and focus group participants described the County as largely white, but did note that certain communities have diverse populations. Several respondents observed that in recent years, the region has seen an increase in the number of undocumented individuals, who may be employed in farming and manufacturing. Figure 5 below shows the racial and ethnic distribution of New Jersey, Somerset County, and the 21 municipalities grouped into their 7 health department jurisdictions. More than eight in ten (80.2%) of residents in the Bernards Township health department jurisdiction, compared to only 60.7% of the Somerset jurisdiction, self-identify as non-Hispanic White. However, 9.4% of the Somerset health department jurisdiction, compared to only 1.8% of the Bernards Township jurisdiction, self-identifies as non-Hispanic Black. Compared to the state of New Jersey, Somerset County has a slightly lower percentage of Hispanic or Latino residents (13.3% compared to 18.2% in NJ) and a slightly higher percentage of non-Hispanic Asian residents (14.7% compared to 8.5% in NJ).

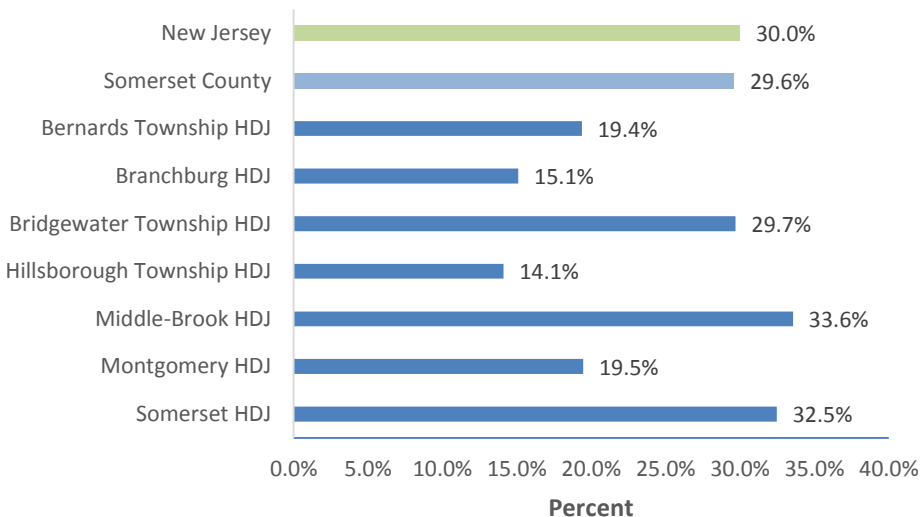
Figure 5: Population by Race/Ethnicity, 2009 - 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 6 below illustrates that the percent of the population who speaks a language other than English at home is higher in certain health department jurisdictions, such as Middle-Brook (34%) and Somerset (32%) compared to Somerset County (30%) as a whole.

Figure 6: Percent of Population Who Speak Language Other than English at Home



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Table 3 below illustrates the projected population changes for Somerset County by race/ethnicity and ages. Between 2010 and 2030, the population of Asian residents is projected to increase by 103.4% and the population of Hispanic residents of any race is projected to increase by 74.4%, while the population of White residents is projected to decrease by 22.3%. The percentage of residents ages 65 and older is projected to increase, while the percentage of residents age 19 and younger is projected to decrease.

Table 3: Projected Population Change, Somerset County, 2010 – 2020 and 2010 – 2030

| | 2010-2020 Percent Change | 2010-2030 Percent Change |
|----------------------------|--------------------------|--------------------------|
| Somerset County Total | 6.7% | 13.6% |
| White* | -11.8% | -22.3% |
| Black* | 11.8% | 21.6% |
| Asian* | 52.7% | 103.4% |
| Other Race* | 5.3% | 5.3% |
| Multiple Races | 44.7% | 92.9% |
| Hispanic Origin, Any Race* | 37.3% | 74.4% |
| Age 19 and younger | -5.1% | -3.8% |
| Age 65 and over | 41.7% | 98.5% |

DATA SOURCE: NJ Department of Labor Market and Demographic Research, Population and Labor Force Projections as reported in Trends and Indicators, 2013, Somerset County Planning Board

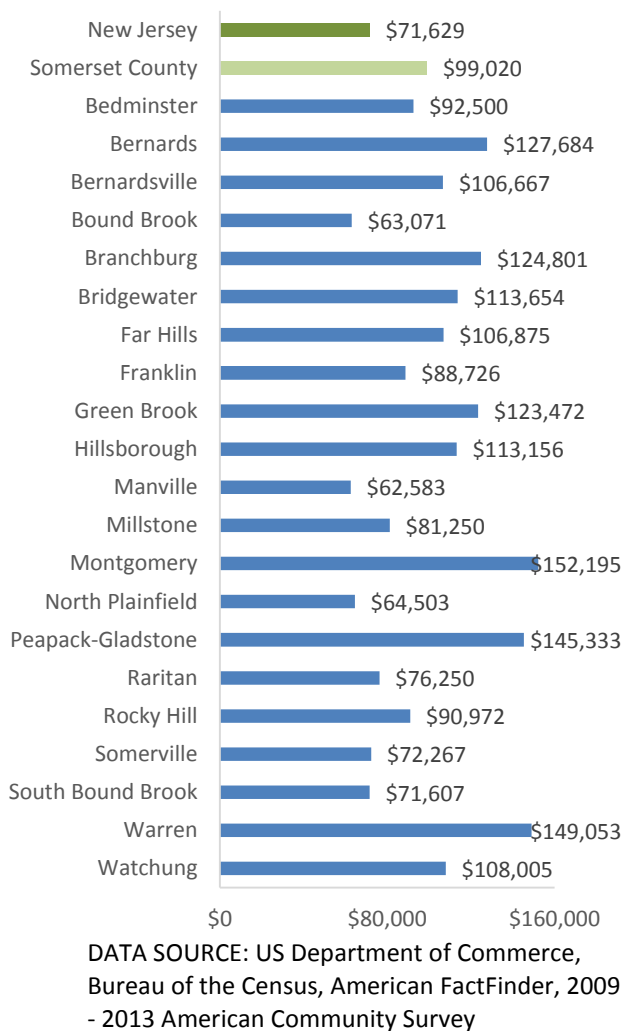
*White, Black, Asian, and Other include only individuals who identify as one race; Hispanic/Latino include individuals of any race

Income, Poverty, and Employment

"If you have means in this county, it is a tremendous place to live but if you don't, it's not such a great place." - Key informant interview participant

"The cost of living is astronomical in this county. The middle class is slowly dissolving and so we have poles of upper class and very low income. People are struggling." - Key informant interview participant

Figure 7: Median Household Income, 2009 - 2013



Interview and focus group participants frequently mentioned Somerset County's affluence, and noted that many multinational companies are located in the area and contribute to the region's economic wealth. The County's proximity to New York City was also noted as an economic asset. The County's wealth, as several respondents shared, has made possible a strong infrastructure of services and programs as well as great schools.

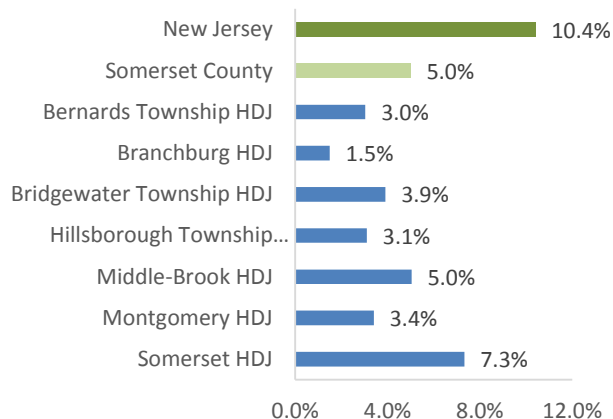
However, residents pointed out that although Somerset is largely a wealthy county, there remain, as one key informant described, *"pockets of extreme poverty."*

Figure 7 illustrates that the median household income for Somerset County (\$99,020) is higher than for the state of New Jersey (\$71,629). However, there is a wide range of incomes across Somerset County, with Manville having a median household income of \$62,583 compared to \$152,195 in Montgomery.

A recent analysis of income disparity across New Jersey found that of Somerset County's 115,913 households, with 24% defined as asset limited, income constrained, employed¹.

¹ United Way of Northern New Jersey, Asset Limited, Income Constrained, Employed (ALICE) Study of Financial Hardship in New Jersey, August 2012. Accessed 8/12/15: http://www.unitedwaynnj.org/documents/UWNNJ_ALICE%20Report_FINAL2012.pdf ALICE households earn more than the official U.S. poverty level but less than the basic cost of living. This group has also been referred to as the "working poor."

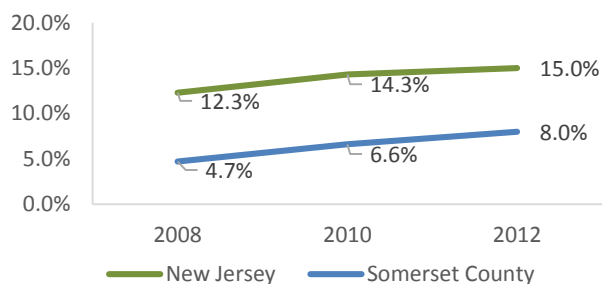
Figure 8: Percent of Individuals Below the Poverty Line in Past 12 Months, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

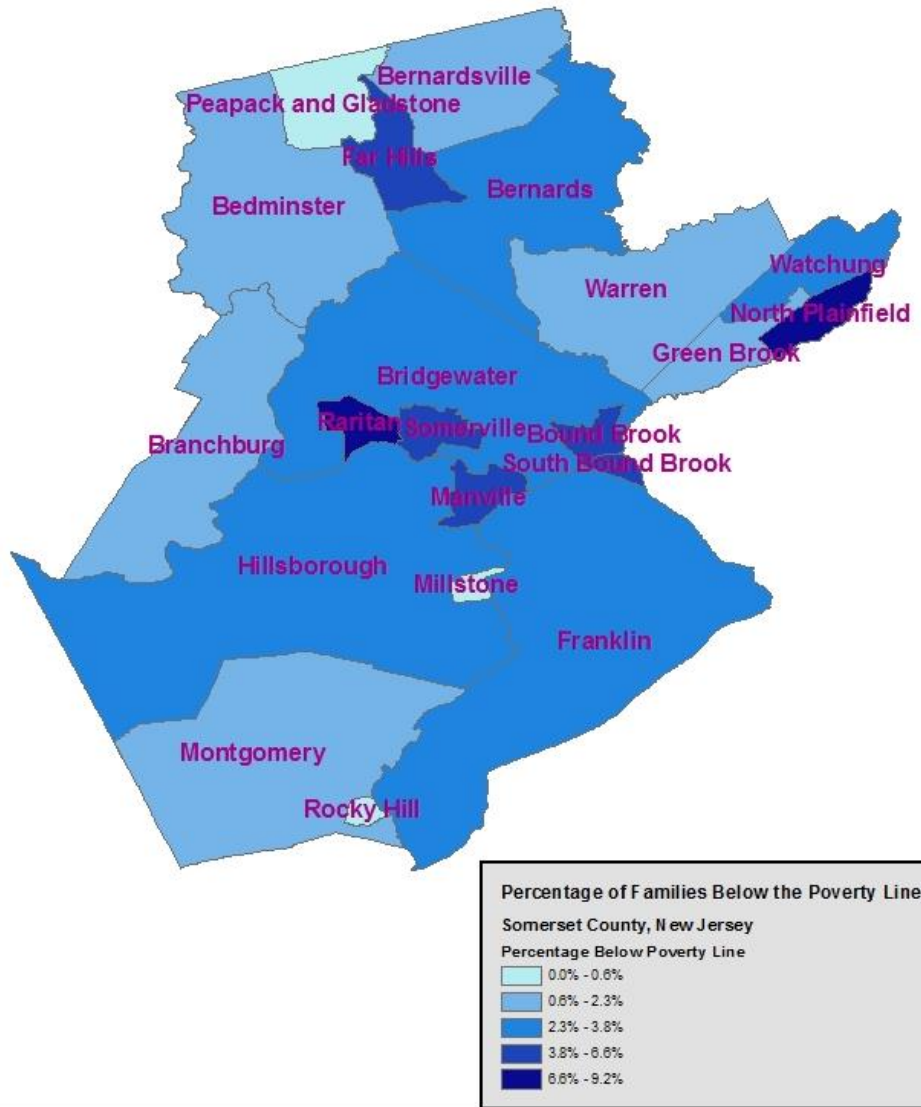
Figure 8 illustrates that, while the percent of individuals below the poverty line in Somerset County (5.0%) is lower than in the state of New Jersey (10.4%), certain communities, like the Somerset health department jurisdiction (7.3%), have comparatively higher rates of individuals living in poverty. While the percent of children living below the federal poverty level in Somerset County is lower than in New Jersey, Figure 9 shows that the percent of children living in poverty has increased between 2008 and 2010 in both Somerset County and New Jersey. Figure 10 below illustrates that certain communities like Raritan and North Plainfield have higher rates of families living in poverty compared to other communities.

Figure 9: Percent of Children Living Below the Federal Poverty Level, 2008 - 2012



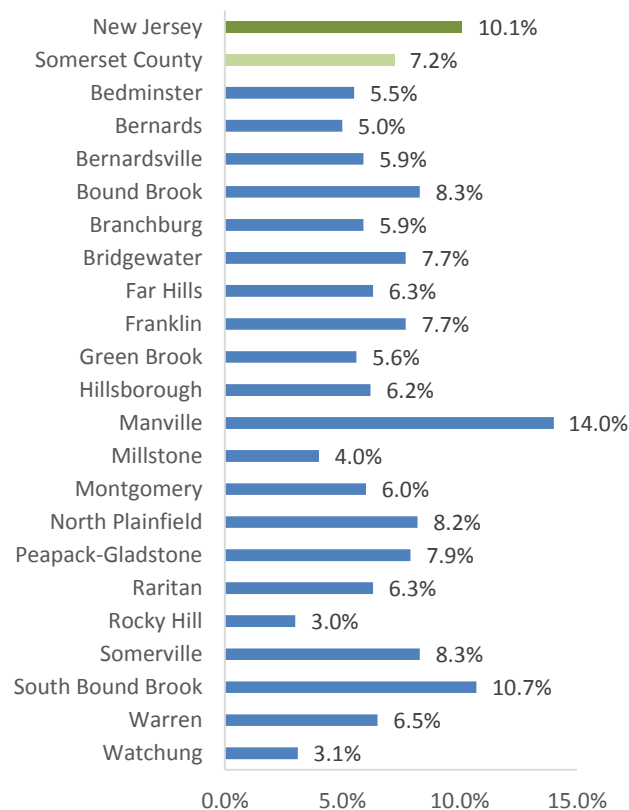
DATA SOURCE: The Annie E. Casey Foundation. Kids Count data center. Accessed at <http://datacenter.kidscount.org/> on 9/1/15

Figure 10: Percent of Families Below the Poverty Line, Somerset County, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 11: Percent of Unemployed Individuals, 16 Years and Older in the Labor Force, 2009 -2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 11 shows that the unemployment rate in Somerset County overall (7.2%) is lower than New Jersey (10.1%), but certain areas such as Manville (14%) have comparatively higher rates of unemployment. Additionally, some respondents expressed concern about the middle class, which they saw as declining in the county due to the 2008 recession as well as the region's high cost of living. As one focus group member explained, *"this community shuts out a lot of people who don't bring in certain incomes. You are either high tier or low tier. There is not too much in the middle."*

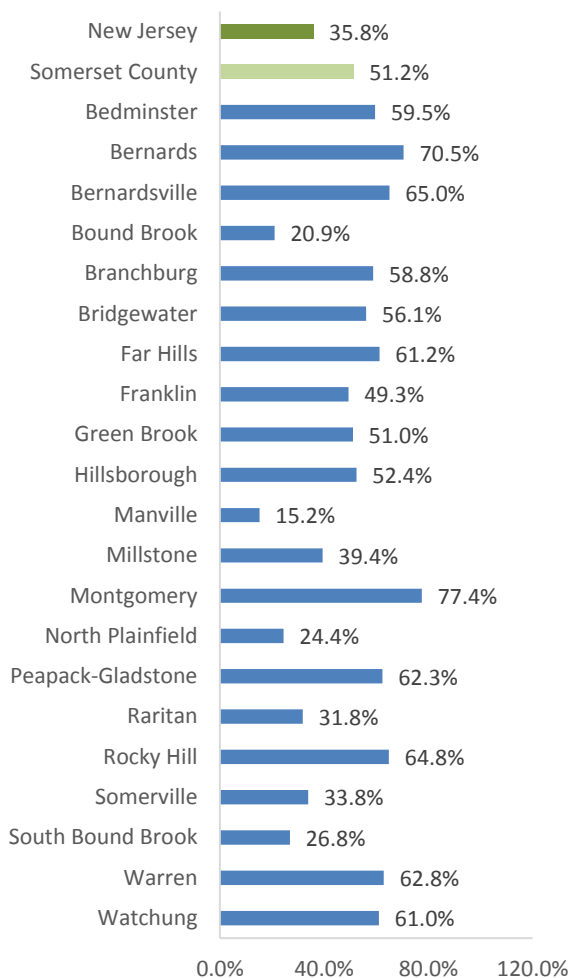
Although Somerset County is in general a high income community, interview and focus group participants reported that this affluence can also create challenges. For example, respondents described an increased sense of competition among families—economically, academically, and in sports. Another consequence, according to respondents, is "helicopter" parenting in which children are not encouraged to take risks or fail. Several focus group members described life in the community as "living in a bubble," leaving students with little understanding of the outside world and also creating a sense of well-being that may mask underlying concerns. In the words of one focus group participant, *"kids are academically prepared when they leave the community, but not otherwise prepared."*

Education

"Schools are good—you get your bang for the buck in terms of tax payments." - Key informant interview participant

"People from Southern Jersey tend to move here because the schools are good and the environment is good." - Key informant interview participant

Figure 12: Percent of Adults 25 Years and Older with a Bachelor's Degree or Higher, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Many focus group members and interviewees spoke about the high quality of education in the area. They reported that the county has excellent schools and access to several prestigious universities, including Princeton University and Rutgers University as well as local colleges and community colleges. Parent focus group members reported high levels of parent involvement in schools and good communication between schools and parents. In 2013, the percent of students enrolled in special education in Somerset County (15.0%) was the same as the percent in New Jersey overall (15.0%)².

Many respondents, however, pointed out that the strong educational culture in the area also has negative consequences. As one parent described, *"this place is very competitive—grades, sports. Everyone fights to make their kids the best."* Many respondents reported that the strong culture of academic pressure and competitiveness has led to high rates of anxiety and stress among young people in the community, which contributes to substance use and mental health concerns.

Figure 12 shows that the percentage of adults in Somerset County with a bachelor's degree or higher (51.2%) is higher than the percentage in New Jersey statewide (35.8%). However, certain municipalities, such as Manville (15.2%) and Bound Brook (20.9%), have comparatively lower rates of residents with a bachelor's degree or higher.

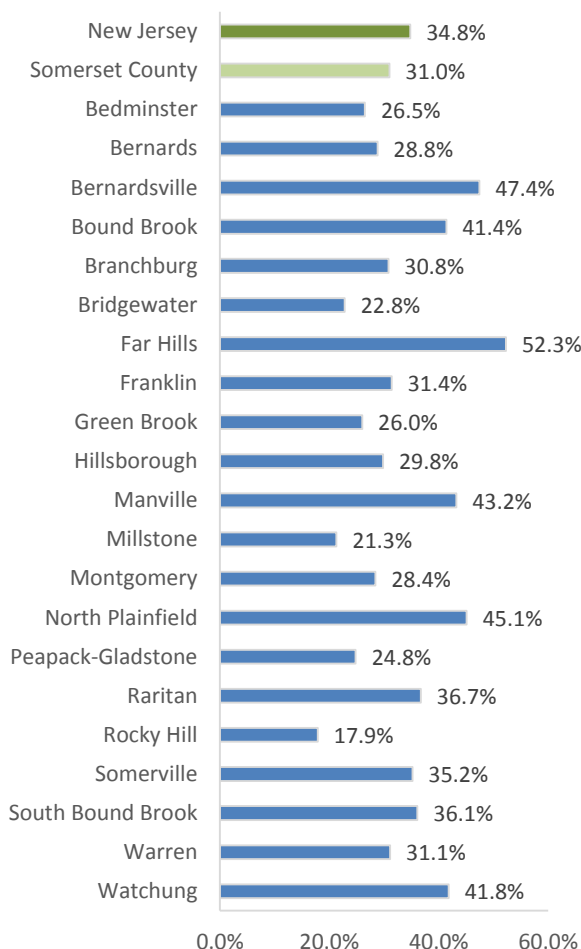
² The Annie E. Casey Foundation. Kids Count data center. Accessed at: <http://datacenter.kidscount.org/> on 9/1/15.

Housing and Transportation

“There is not enough affordable housing.” – Focus group participant

“Transportation. That is the #1 issue and there are just no solvable options.” – Key informant interview participant

Figure 13: Percent of Owners with a Mortgage Whose Housing Costs Are 35% or More of Household Income, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Housing:

Key informant interview and focus group participants described their county as a geographically diverse region with urban, suburban, and rural areas.

A lack of affordable housing in the area, coupled with high property taxes, was reported to be a challenge for the region. While some affordable housing is available to residents, there are wait lists for these. Affordable senior housing was specifically mentioned as a challenge by several respondents.

Figure 13 shows that, in Somerset County, 31% of homeowners with a mortgage have housing costs that are 35% or more of their household income; in some communities, such as Far Hills (52.3%) and Bernardsville (47.4%), an even higher percentage of homeowners face these high housing costs.

Focus group members and interviewees also reported that Somerset County has experienced an increase in development in recent years. Residents reported that new homes and apartments are being built, however they are out of reach for many families.

While most respondents did not discuss housing quality specifically, a few focus group members raised concerns about garbage piling up outside of homes and possibly containing bedbugs.

Figure 14: Housing Difficulties Experienced by Survey Respondents, by Health Department Jurisdiction, Somerset County, 2015

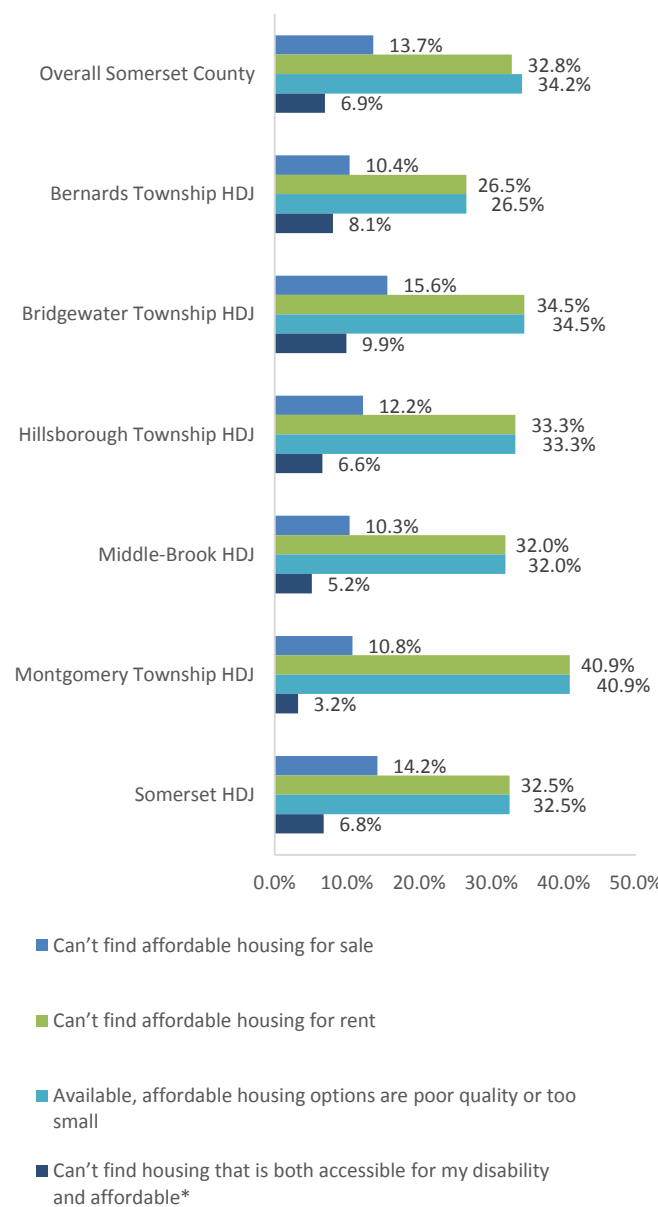
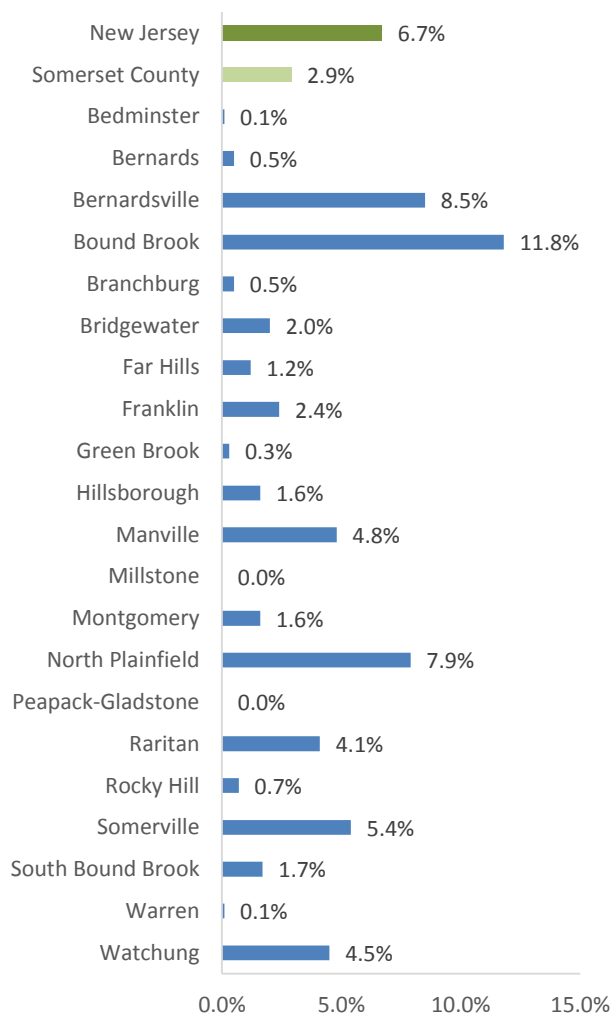


Figure 14 shows that, among 2015 community health assessment survey respondents, about a third overall have trouble finding affordable housing for rent; and about a third feel that available, affordable housing options are of poor quality or too small. These issues are especially pronounced in Montgomery Township (Figure 14) and for Hispanic residents. In the 2015 Somerset County Community Health Needs Assessment Survey, 76.3% of Hispanic respondents indicated that the available, affordable housing options are poor quality or too small, and 63.7% of Hispanic respondents indicated that they cannot find affordable housing for rent.

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

* statistically significant $p < 0.05$

Figure 15: Percent of Workers 16 Years and Over with No Vehicle Available, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

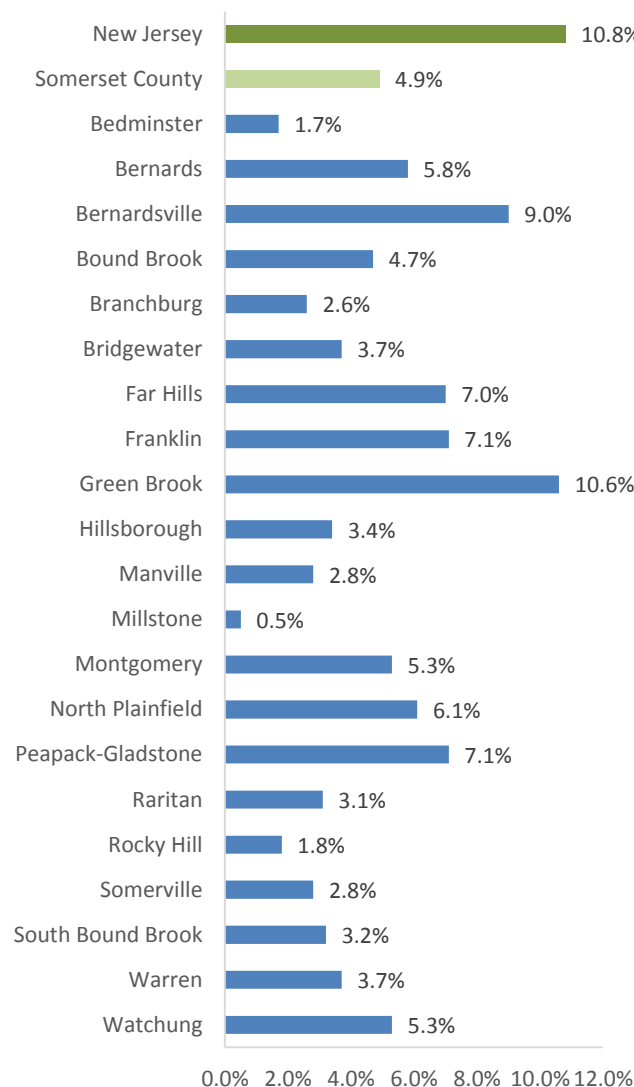
Transportation:

When asked about concerns in the community, the one most frequently mentioned was transportation. Almost all interviewees identified transportation as a concern for the region and it was a topic of discussion in almost all focus groups. While train transportation into New York City and cities south was reported to be good and accessible, east-west travel using public transit was described as challenging. Thus, according to respondents, most residents must rely on cars to get around within the county.

Figure 15 illustrates that, overall, the percent of workers in Somerset County without a vehicle (2.9%) is lower than the percent of workers without a vehicle for New Jersey statewide (6.7%). However, certain municipalities in Somerset County, such as Bound Brook (11.8%), Bernardsville (8.5%), and North Plainfield (7.9%) have relatively higher percentages of workers without vehicles available.

Interviewees and focus group participants reported that those who do not have private transportation rely on friends or family for rides or use taxis and the few public transit options available, which have limited routes, schedules, and stops. While there are a few volunteer driver programs operating in the County, according to residents, these services require substantial advance notice for scheduling. Seniors and those with disabilities in the region have a few more transportation options including rides offered through the county transportation department, although certain seniors may require more support to ride transit. Because of these challenges, residents report, many people without cars must rely on taxis, which are expensive. As one health provider and key informant interviewee observed, *“You see a lot of taxis coming when patients are discharged.”*

Figure 16: Percent of Workers 16 Years and Over Who Use Public Transportation (Excluding Taxicabs) as Means of Transportation to Work, 2009 – 2013



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 16 shows that the percent of workers who use public transportation to get to work is higher in New Jersey (10.8%) compared to Somerset County (4.9%), and that some municipalities, such as Millstone (.5%), Bedminster (1.7%), and Rocky Hill (1.8%), have especially low rates of public transportation use.

Interviewees familiar with transportation in the County reported that public transportation in New Jersey is supported through casino revenue, with some support from local and federal sources. Respondents noted that the recent closing of several casinos in the state and declining revenue among those that continue to operate have resulted in substantial losses of funding for public transportation.

Interviewees and focus group participants noted that there have been some efforts in recent years to increase opportunities for active transportation, such as walking or bicycling. While some towns in the county have passed Complete Streets ordinances, in some areas the existing infrastructure cannot easily be retrofitted to accommodate more active modes of travel (adding bike lanes, sidewalks, etc.).

Focus group members and interviewees shared that lack of transportation options for those without cars creates substantial challenges to accessing health, recreational, and social services in the County.”

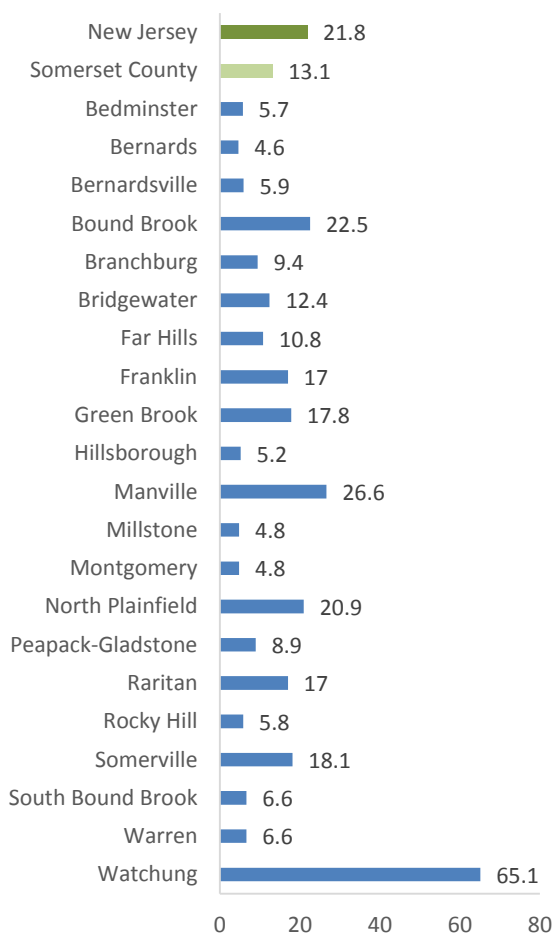
“People cannot get to services in their own municipalities. The services that are extensively in place tend to be those that people with means can get to.”—Key Informant Interview

Crime, Safety, and Disaster Preparedness

“Back in the day, you didn’t have to lock your doors.” – Focus group participant

“There are certain areas in the county where crime rates are high; some where it is not; it depends on where you are.” – Key informant interview participant

Figure 17: Crime Rate per 1,000 Population, 2013



DATA SOURCE: New Jersey State Police Uniform Crime Reporting Unit, Crime in New Jersey for the Year Ending December 31, 2013.

Crime and Safety:

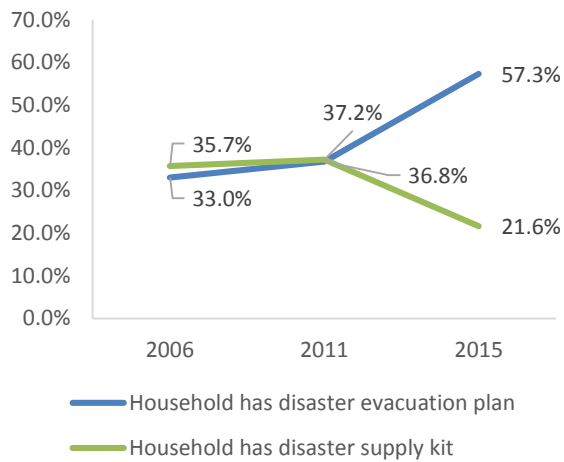
When asked about crime in their neighborhoods, most interview and focus group participants reported that their communities are safe and relatively free of crime. A few described their communities as “quiet,” and some youth used the word “boring.” However, a couple of respondents observed that with rising rates of drug abuse, crimes such as burglaries have increased, and people are more cautious about locking their homes and taking care of their valuables. Figure 17 shows that the crime rate varies across Somerset County municipalities, from 4.6 crimes per 1,000 residents in Bernards to 65.1 in Watchung.

Many respondents also reported that Somerset County has experienced substantial development over the past couple of years. In the opinion of many, the region has become “overdeveloped,” raising concerns about increasing crime, heavy traffic, and the loss of open areas.

There is also a lack of summer opportunities, such as summer camp, for students other than elementary school aged according to respondents. As one focus group member stated, *“they need more activities for middle school kids. Crime increases especially in the summer when kids don’t have anything to do. You need to keep the kids out of trouble.”*

When asked about domestic violence, responses were mixed. While several, especially those working in law enforcement and the social sector, reported that domestic violence is an issue in the community; others, primarily residents, did not report this.

Figure 18: Percent of Somerset County Households with Disaster Evaluation Plan and/or Supply Kit, 2006 – 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2006, 2011, and 2015

Disaster Preparedness:

Although not mentioned by many during discussions, disaster preparedness was discussed by a couple of interview and focus group respondents. Respondents raised concerns about the long-term effects of Hurricane Sandy, which occurred almost three years ago, as well as worry about future storms.

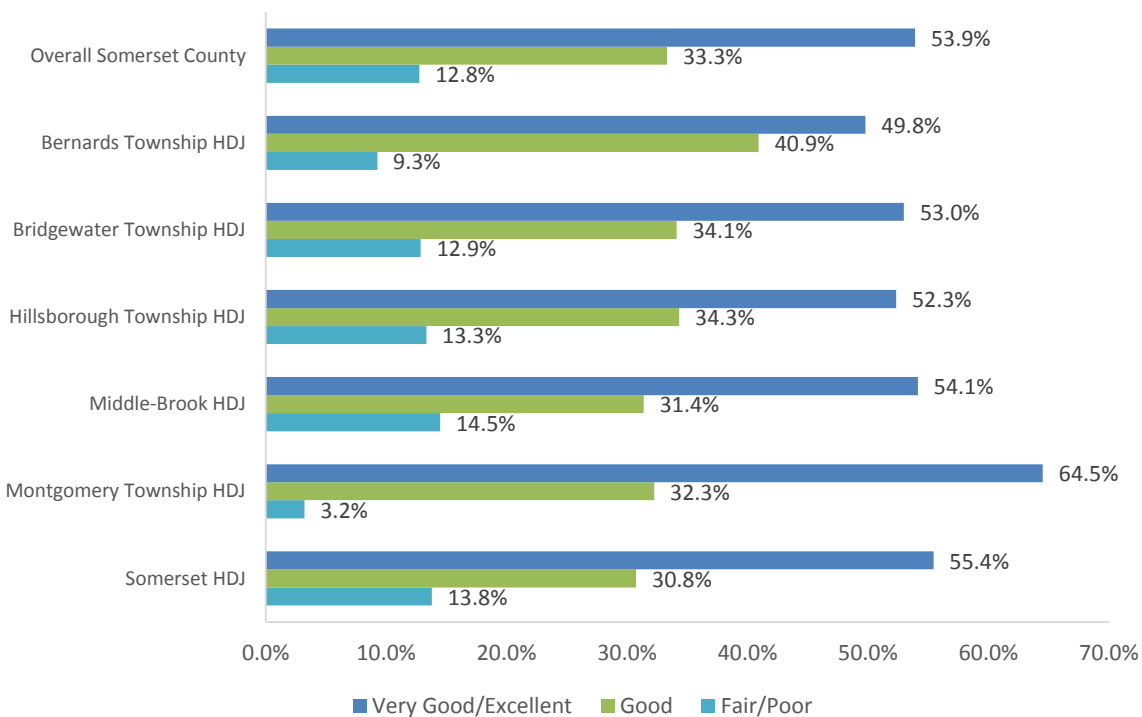
Figure 18 shows that 57.3% of respondents to the Somerset County community health needs assessment survey indicated that their household has a disaster evacuation plan, compared to only 35.7% of survey respondents in 2006. However, the percentage of respondents whose household has a disaster supply kit has decreased from 35.7% in 2006 to 21.6% in 2015.

Community Health Outcomes and Behaviors

This section presents data on key health risk factors, behaviors and outcomes. Overall, when asked about health outcomes and health in the state, a majority of interview and focus group participants described Somerset County as being a health-conscious community and a healthy place to live. According to County Health Rankings, Somerset County ranks second out of New Jersey's 21 counties on "Health Outcomes" (which rates performance on length and quality of life) and first on "Health Behaviors" (which rates performance on a variety of behaviors related to nutrition and physical activity, substance use, and sexual and reproductive health).

Figure 19 below shows that 53.9% of community health needs assessment survey respondents overall would describe their general health as "excellent" or "very good", which is slightly lower than the percentage in 2011 (59.3%) and 2006 (60.5%). A similar percentage of respondents from most health department jurisdictions described their general health as "excellent" or "very good," except for Montgomery Township jurisdiction respondents, 64.5% of whom described their health as "excellent" or "very good". 12.8% of survey respondents indicated their general health is "fair" or "poor"; national and state-level data for 2013 (the most recent year for which data is available) show that 16.6% of residents in New Jersey and 16.7% of U.S. residents describe their health as "fair" or "poor"³.

Figure 20: Perceived Individual Health Status by Health Department Jurisdiction, Somerset County, 2015

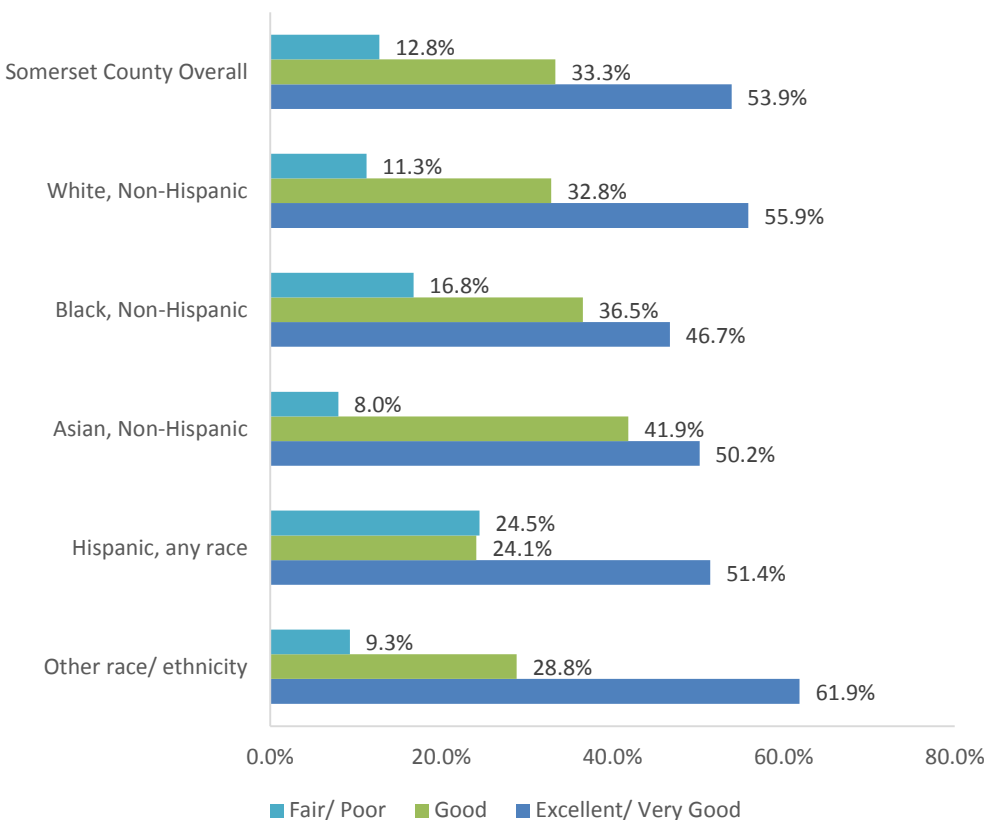


DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

³ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Aug 06, 2015]. URL: <http://wwwdev.cdc.gov/brfss/brfssprevalence/>.

Figure 21 below shows that, while overall only 12.8% of community health needs assessment survey respondents rate their own health as “fair” or “poor”, 24.5% of Hispanic respondents and 16.8% of Black, Non-Hispanic respondents rate their health as “fair” or “poor”.

Figure 21: Perceived Individual Health Status by Race/Ethnicity, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

While Somerset County’s residents overall are quite healthy, many interview and focus group participants observed that health outcomes and health status differs across different population groups. The sections below present health data by the population overall, and, when available, by specific population sub-groups to illustrate differences across the County.

“Somerset County has pretty good health outcomes overall but once you break down by race and socioeconomic class, there are disparities.” – Key informant interview

Mortality and Morbidity

Overall Leading Causes of Death

The leading causes of death in Somerset County in 2011 (the most recent year for which data is available) were cancer (25.8% of deaths) and heart disease (23.9% of deaths).⁴ Table 4 presents the age-adjusted death rates per 100,000 residents in both New Jersey and Somerset County. The death rate in Somerset County is lower than the rate in New Jersey for all underlying causes of death except stroke, where the rate in Somerset County (33.1) is slightly higher than for New Jersey (32.6) as a whole.

Table 4: Age-Adjusted Death Rates per 100,000 population, 2011

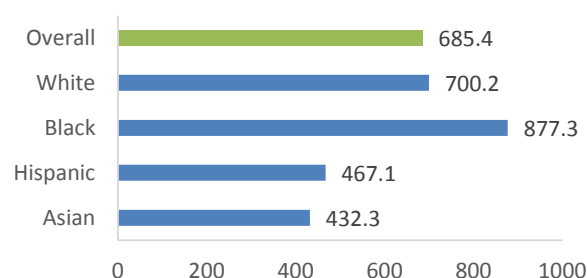
| | New Jersey | Somerset County |
|-------------------------------------|-------------------|------------------------|
| Overall Death Rate | 685.4 | 601.6 |
| Heart Disease | 173.8 | 141.5 |
| Cancer | 164.7 | 158.1 |
| Stroke | 32.6 | 33.1 |
| Chronic Lower Respiratory Diseases* | 31.4 | 27.3 |
| Unintentional Injury* | 26.6 | 21.4 |
| Diabetes* ** | 21.0 | 18.4 |
| Alzheimer's Disease* | 17.9 | 16.9 |
| Septicemia* | 16.9 | 12.6 |
| Kidney Disease* | 15.6 | 8.7 |
| Influenza & Pneumonia* | 12.0 | 10.0 |

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and National Center for Health Statistics and U.S. Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD)

*Data from 2009-2011; **Diabetes as the underlying cause of death

Figure 22 shows that the age-adjusted death rate per 100,000 residents in New Jersey varies by race/ethnicity. The age-adjusted death rate is much higher for black residents (877.3) compared to the rate for White (700.2), Hispanic (467.1) and Asian (432.3) residents.

Figure 22: Age-Adjusted Death Rate per 100,000 Population by Race/Ethnicity, New Jersey, 2011



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and National Center for Health Statistics and U.S. Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD); Note: Data for White, Black, and Asian do not include Hispanics. Hispanic ethnicity includes persons of any race.

⁴ Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and National Center for Health Statistics and U.S. Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD)

Overall Leading Causes of Hospitalization

Table 5 and Table 6 below present 2014 data from the Robert Wood Johnson University Hospital Somerset on the leading causes of Emergency Department (ED) visits and inpatient hospital admissions, respectively, for patients from Somerset County. Data are presented by age group and are presented both as a count and as a rate (standardized to the 2010 U.S. Census). Table 5 shows that the leading causes of ED visits at RWJUH Somerset for Somerset County children, adults, and seniors are fever, observation for other specified suspected conditions, and urinary tract infection, respectively. Chest pain is common among adults and the elderly, while head injuries are common among children and the elderly.

Table 5: Rates of Leading Causes of RWJUH-Somerset Emergency Department Visits by Age per 1,000 Population in Somerset County, 2014

| | Somerset County patients | |
|--|--------------------------|-----------|
| | Rate per 1,000 residents | Count (#) |
| Children (<18 years old) | | |
| Fever, unspecified | 0.96 | 313 |
| Observation for other specified suspected conditions | 0.95 | 307 |
| Head injury, unspecified | 0.79 | 255 |
| Unspecified otitis media (inflammation of inner ear) | 0.66 | 212 |
| Acute upper respiratory infections | 0.58 | 186 |
| Adults (18-64 years old) | | |
| Observation for other specified suspected conditions | 2.20 | 711 |
| Abdominal pain, unspecified site | 2.17 | 701 |
| Chest pain, unspecified | 1.68 | 544 |
| Other chest pain | 1.62 | 524 |
| Headache | 1.36 | 441 |
| Elderly (65+) | | |
| Urinary tract infection, unspecified site | 0.70 | 223 |
| Chest pain, unspecified | 0.64 | 207 |
| Head injury, unspecified | 0.62 | 199 |
| Syncope (loss of consciousness) and collapse | 0.60 | 195 |
| Atrial fibrillation (abnormal heart rhythm) | 0.54 | 174 |

DATA SOURCE: Robert Wood Johnson University Hospital, 2014 Data, rates standardized to 2010 U.S. Census

Table 6 shows that the leading causes of inpatient hospitalization at RWJUH Somerset for Somerset County children (excluding births as a leading cause), adults, and seniors are anorexia, major depressive disorders, and septicemia, respectively.

Table 6: Rates of Leading Causes of RWJUH-Somerset Inpatient Hospitalizations by Age per 1,000 Population in Somerset County, 2014

| | Somerset County patients | |
|--|--------------------------|-----------|
| | Rate per 1,000 residents | Count (#) |
| Children (<18 years old) | | |
| Single liveborn, delivered without cesarean section | 0.80 | 258 |
| Single liveborn, delivered by cesarean section | 0.53 | 171 |
| Anorexia nervosa | 0.02 | 8 |
| Pneumonia | 0.02 | 7 |
| Acute appendicitis without peritonitis | 0.02 | 7 |
| Adults (18-64 years old) | | |
| Major depressive affective disorder recurrent episode severe degree without psychotic behavior | 0.32 | 104 |
| Pancreatitis, acute | 0.28 | 89 |
| Previous cesarean delivery with delivery | 0.25 | 81 |
| Septicemia, unspecified | 0.24 | 78 |
| Acute appendicitis without peritonitis | 0.23 | 74 |
| Elderly (65+) | | |
| Septicemia, unspecified | 0.53 | 173 |
| Atrial fibrillation (abnormal heart rhythm) | 0.48 | 154 |
| Acute kidney failure, unspecified | 0.43 | 139 |
| Urinary tract infection, site not specified | 0.41 | 133 |
| Pneumonia | 0.39 | 127 |

DATA SOURCE: Robert Wood Johnson University Hospital, 2014 Data, rates standardized to 2010 U.S. Census

Note: Inpatient counts include inpatient admissions that came in through Emergency Department visits

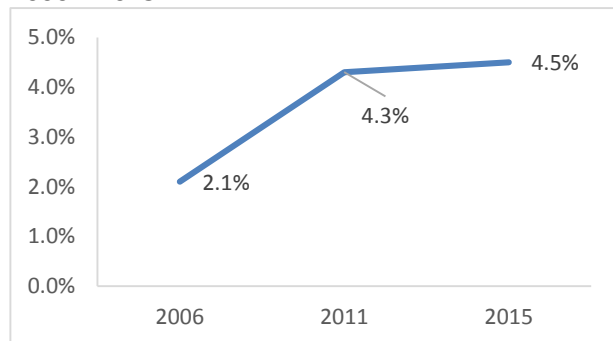
Chronic Diseases and Related Risk Factors

Healthy Eating and Physical Activity

"Parks are one of Somerset County's biggest assets." – Key informant interview participant

"[There is] lots of fast food. That makes it hard to be healthy." – Focus group participant

Figure 23: Vegetable Consumption, Somerset County, 2006 – 2015

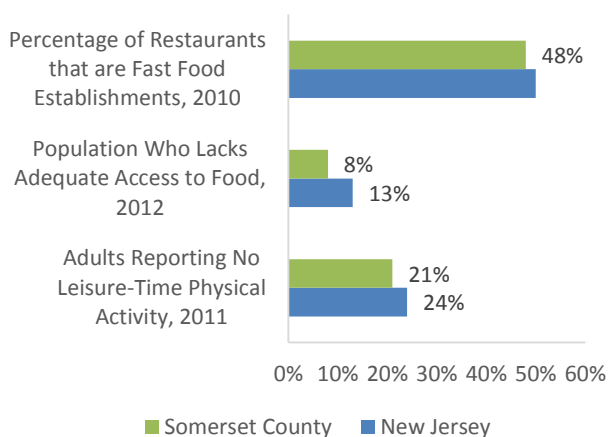


DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2006, 2011, 2015

Focus group members and interviewees overwhelmingly reported that Somerset County has many options for physical activity and healthy eating and that, in general, most residents engage in healthy behaviors. As one interviewee shared, *"People overall are pretty health conscious in the community. They are out and about."*

Figure 23 below shows the percent of respondents to the 2015 Somerset County community health assessment survey who indicated that, in an average day, they eat no servings of green or orange vegetables. The percent of individuals consuming no vegetable servings has risen from 2006 to 2011 to 2015.

Figure 24: Food Access and Security, 2010 and 2012



DATA SOURCE: Fast food data: County Business Patterns, 2010, as reported in County Health Rankings & Roadmaps; Food access data: Map the Meal Gap, 2012, as reported in County Health Rankings & Roadmaps; Physical activity data: CDC Diabetes Interactive Atlas, 2011, as reported in County Health Rankings & Roadmaps

While overall, respondents reported that most residents in the County have access to healthy foods including farmer's market, local farms and restaurants that serve healthy food options, in some communities, there is less access. As a youth focus group member shared, *"I don't know of a healthy restaurant here in Bound Brook."* Figure 24 shows that 50% of restaurants in Somerset County are fast food establishments (slightly higher than the percentage in New Jersey statewide: 48%).

Table 7: Number of Persons Participating in NJ SNAP Program

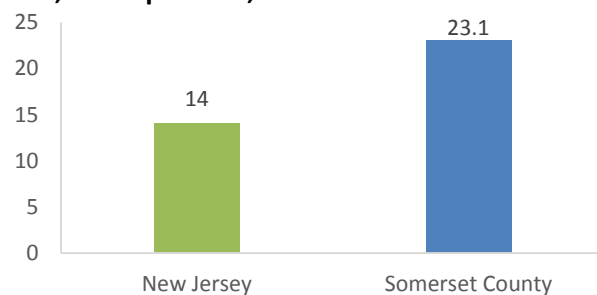
| Geography | Total Number of Participants | % Change (1 year: Jan. 2014 - 2015) |
|-----------------|------------------------------|-------------------------------------|
| New Jersey | 904,418 | 6.0% |
| Somerset County | 13,121 | 4.4% |

DATA SOURCE: NJ MMIS Shared Data Warehouse, January 2015, as reported in Current Program Statistics Report by NJ Department of Human Services, Division of Family Development

Food security is also an issue for some residents. Eight percent of the population in Somerset County lacks adequate access to food (Figure 24) and the percent of Somerset County residents who participate in New Jersey's Supplemental Nutrition Assistance Program (SNAP) program increased by 4.4% from 2014 to 2015 (Table 7).

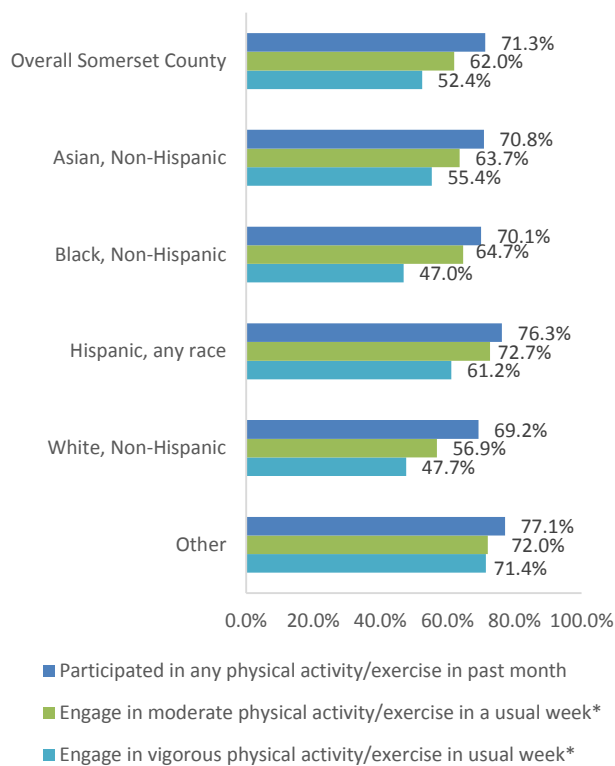
Overall, interview and focus group participants described Somerset County as a physically active community. Residents shared that the County has parks, golf courses, hiking and biking trails, and that the local YMCA provides opportunities for physical activity; however, many of these are out of reach to those who do not drive. In the words of one interviewee, *"we are fortunate to have phenomenal parks run by Somerset County park commission. We have one of the best park systems for the size of our county, in the nation."* Figure 25 illustrates that the number of recreation facilities per 100,000 residents in Somerset County (23.1) is substantially higher than the number of facilities in New Jersey as a whole (14).

Figure 25: Number of Recreation Facilities per 100,000 Population, 2010



DATA SOURCE: Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, 2010 & 2013, as reported in County Health Rankings & Roadmaps

Figure 26: Adult Participation in Moderate or Vigorous Physical Activity by Race/Ethnicity, Somerset County, 2015



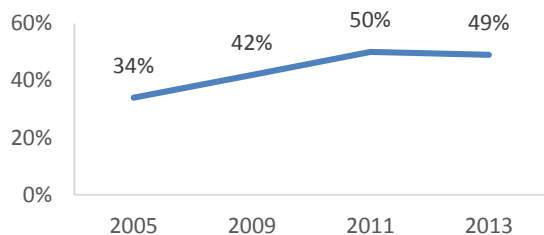
DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

* statistically significant $p < 0.05$

Figure 26 shows the percent of 2015 Somerset County community health assessment survey respondents who indicated that they engage in any physical activity or exercise, moderate physical activity, and/ or vigorous physical activity. Overall, 71.3% respondents participate in some physical activity in the past month. When asked about the type of physical activity they do in a typical week, 62.0% have participated in moderate physical activity (e.g., brisk walking, bicycling, vacuuming, gardening) and 52.4% participate in vigorous activity (e.g., running, aerobics, heavy yard work). The rate of Somerset County residents who participate in any physical activity or exercise (71.3%) has declined from 2011 (77.3%) and 2006 (86.3%), and is slightly lower than 2013 rates⁵ for New Jersey (73.2%) and the U.S. (74.7%).

Compared to other races, Hispanic survey respondents report higher levels of physical activity participation in the past month (76.3%). When asked about the type of physical activity they do in a typical week, Hispanic survey respondents reported higher levels of both moderate (72.7%) and vigorous (61.2%) physical activity compared to other races.

Figure 27: Percent of High School Students Who Were Physically Active for At Least 60 Minutes per Day on 5 of Past 7 Days, New Jersey, 2005 – 2013



DATA SOURCE: New Jersey Student Health Survey, New Jersey Department of Education, 2013

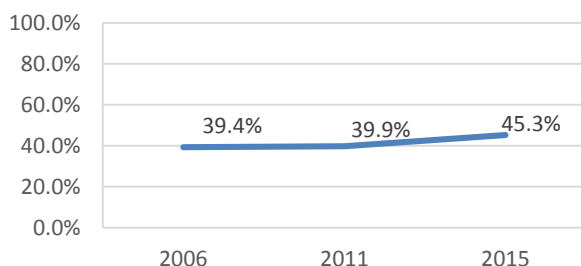
Many youth participate in school-based or other competitive sports, according to respondents. Figure 27 illustrates that, across New Jersey, the percentage of high school students engaged in regular physical activity has increased from 34% in 2005 to 49% in 2013. However, many assessment key informant interview respondents noted a lack of physical activity opportunities for young people in the area, particularly those who are not engaged in school sports or other organized activities. Part of this, according to respondents, is due to the lack of transportation options for youth.

Overweight and Obesity

“People are becoming obese much earlier than in years past and they are seeing chronic diseases earlier in life. All of these diseases used to be considered adult diseases, they are not anymore.” – Key informant interview participant

“Do people know how to be healthy? Yes, most people are aware. But they may or may not be acting on it.” – Key informant interview participant

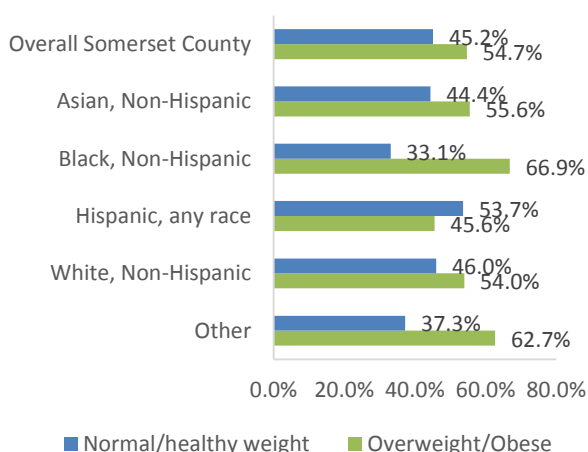
Figure 28: Percent of Survey Respondents Who Are Neither Obese Nor Overweight, Somerset County, 2006 – 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2006, 2011, 2015

The percent of adults who were overweight or obese in Somerset County in 2012 (61.9%) was similar to the percent of overweight or obese adults in 2013⁶ in New Jersey as a whole (62.9%) and nationwide (64.8%). In the 2015 Somerset County community health assessment survey, 54.7% of respondents indicated they were overweight or obese. Figure 28 shows that the percent of Somerset County survey respondents who are neither overweight nor obese has increased from 2006 to 2015, indicating that rates of overweight/obesity may be decreasing in Somerset County.

Figure 29: BMI Status by Race/Ethnicity, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

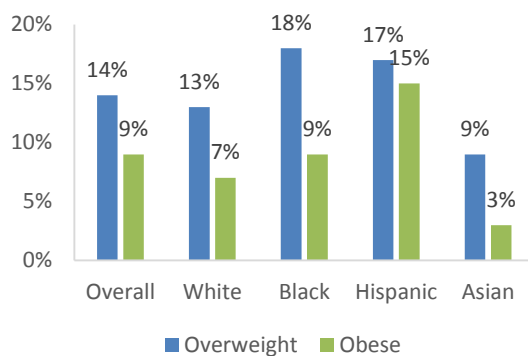
Figure 29 shows the weight status of 2015 Somerset County community health assessment survey respondents overall and by race/ethnicity. While 54.7% of respondents overall reported that they are either overweight or obese, 66.9% of Black-non-Hispanic respondents reported that they are overweight or obese.

⁵ Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Aug 06, 2015]. URL: <http://wwwdev.cdc.gov/brfss/brfssprevalence/>.

⁶ New Jersey Behavioral Risk Factor Survey (NJBRFS). New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD) [online]. Accessed at <http://nj.gov/health/shad> on 6/26/2015

Key informant interview and focus group participants shared divergent views about the extent to which obesity is a concern in the community. Some people reported that the overall community pays attention to health and is active, citing an emphasis on organized sports, availability of places to be physically active, high education levels, and the ability to afford and access healthy food. As one focus group member shared, *“you can walk down any street in this town and you see someone biking, running, walking.”* Several also observed, however, that healthier food options and more opportunities for physical activity are located in the wealthier communities. As one focus group member shared, *“when you go to wealthier areas, you don’t see all the fast food restaurants.”* Respondents also noted a need for education about how to cook healthy foods on a limited budget.

Figure 30: Percent of Overweight and Obese High School Students, New Jersey, 2013



DATA SOURCE: New Jersey Student Health Survey, New Jersey Department of Education, 2013

Others, however, reported that they believed obesity is a concern, especially among youth. They reported that although the community has a high rate of fitness, if students are not participating in competitive sports, they have limited opportunities to be physically active, in part due to lack of transportation to fitness centers. At the same time, residents reported that like elsewhere, working parents and the stresses of busy lifestyles leaves little time for parents to prepare healthy meals. Expressing a concern shared by many, one parent focus group member stated, *“when you work a lot, you don’t have time to cook, you do what you can. You’re tired.”*

Figure 30 shows that, overall, 14% of high school students in New Jersey were overweight in 2014, and 9% were obese. However, rates of overweight were higher among Black and Hispanic students (18% and 17%, respectively) and rates of obesity were higher among Hispanic students (15%). Somerset County-specific data for youth weight were not available.

Schools’ responses to concerns about healthy eating and physical fitness have been mixed, according to key informant interview and focus group respondents. Some reported that school food has improved in terms of nutritional quality, while others have not observed this. As one focus group member shared, *“the schools are starting to take certain things away--chips, pretzels—but they haven’t addressed a better appetizing menu.”* To enhance physical activity, some schools in Somerset have been implementing the FitnessGram® and/or the Coordinated School Health Initiative.⁷ However, respondents recognized that due to test pressures, schools are limited in the amount of attention they can give to issues of healthy eating and physical activity.

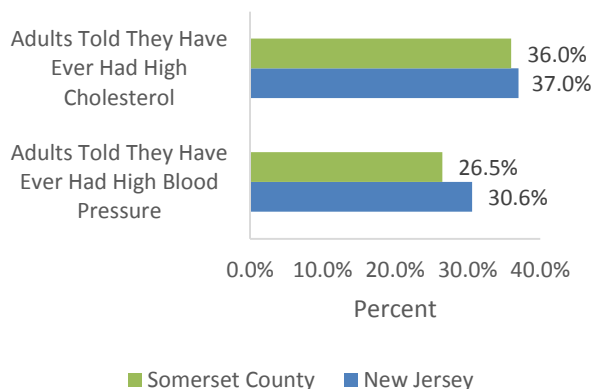
⁷ Fitnessgram® is a fitness assessment and reporting program for youth, first developed in 1982 by The Cooper Institute in response to the need for a comprehensive set of assessment procedures in physical education programs. The assessment includes a variety of health-related physical fitness tests that assess aerobic capacity; muscular strength, muscular endurance, and flexibility; and body composition. Scores from these assessments are compared to Healthy Fitness Zone® standards to determine students' overall physical fitness.

Heart Disease and Diabetes

“We all know somebody who has diabetes.” – Focus group participant

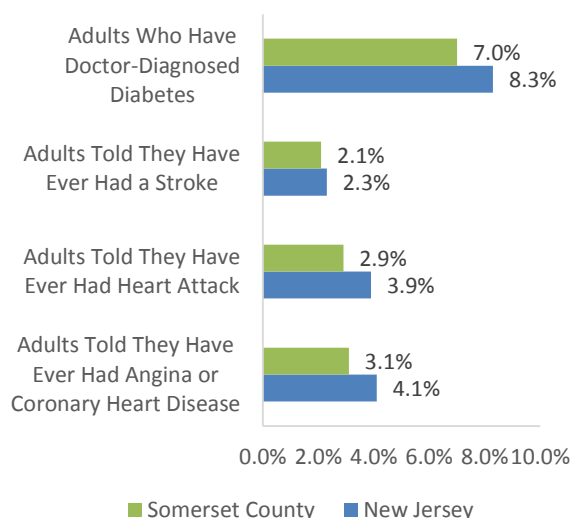
“Heart disease, blood pressure, cancer – all are also health issues here.” – Key informant interview participant

Figure 31: Prevalence of Cholesterol and Blood Pressure, Somerset County and New Jersey, 2011



DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS). New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD) [online]

Figure 32: Prevalence of Diabetes and Heart Disease, Somerset County and New Jersey 2012

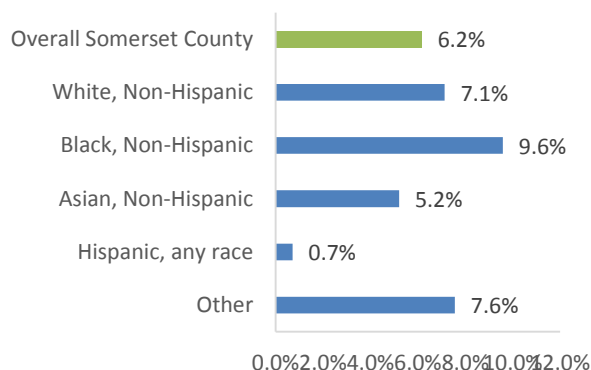


DATA SOURCE: New Jersey Behavioral Risk Factor Survey (NJBRFS). New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD) [online].

When asked about the prevalence of chronic disease in the community, respondents most frequently pointed to a rise in the number of people with diabetes, which was seen as connected to today’s fast-paced lifestyle, not eating healthy foods, eating out, and sedentary lifestyle. Several reported that health concerns like high blood pressure and diabetes are more prevalent among minority populations. Health providers, especially those who serve lower-income patients, reported rising rates of obesity, heart disease, asthma, and diabetes in their patient populations as well as a rise in the prevalence of multiple chronic diseases. As one interviewee shared, *“chronic disease is a big issue here...we see a lot of diabetes, congestive heart failure, and chronic obstructive pulmonary diseases (COPD).”*

Figure 31 illustrates that, compared to New Jersey, a slightly lower percentage of Somerset County residents have been told they have high cholesterol or high blood pressure. Similarly, as shown in Figure 32, rates of diabetes, stroke, heart attack, and heart disease are lower in Somerset County compared to New Jersey. Nevertheless, 7% of adults in Somerset County have been diagnosed with diabetes, and 3.1% have angina or coronary heart disease.

Figure 33: Percent of Survey Respondents Who Have Been Diagnosed With Diabetes, by Race/Ethnicity, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic

Figure 33 shows that 6.2% of 2015 Somerset County community health assessment survey respondents reported that a doctor, nurse or other health professional has ever told them they have diabetes, compared to 8.3% in 2011 and 8.6% in 2006. In the 2015 survey, rates of diabetes diagnosis were higher for Black, non-Hispanic respondents (9.6%) and White, non-Hispanic respondents (7.1%) compared to Asian, non-Hispanic respondents (5.2%) and Hispanic respondents (0.7%).

Among survey respondents who have diabetes, only 27.6% reported having ever taken a course on how to manage diabetes. However, when asked about programming for chronic disease, interview and focus group participants reported that there are several including a diabetes self-management group for seniors offered by the Somerset County Aging.

Cancer

Issues related to cancer did not emerge as a prominent concern across the interviews and focus groups. A couple of participants noted that, due in part to industry in the region, cancer appears to be more prevalent especially among older people. Some perceived this to be a statewide issue. Locally, however, some respondents noted that lung cancer rates in the region are high due to a former asbestos plant located in Manville.

Figure 34: Selected Cancer Screenings, New Jersey and Somerset County, 2012

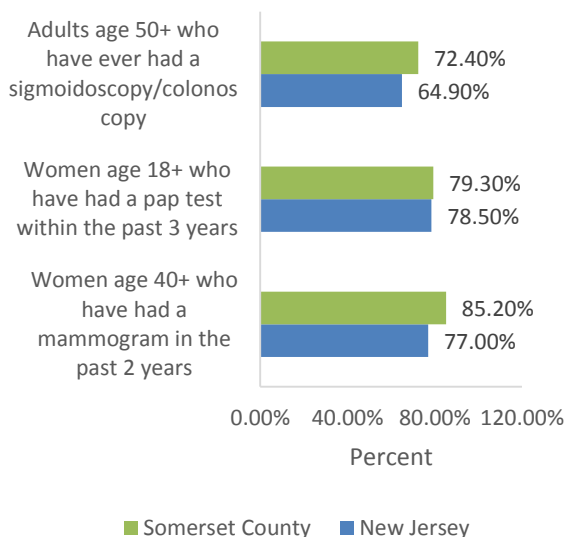


Figure 34 illustrates that, compared to New Jersey as a whole, rates of screenings for colorectal cancer, breast cancer, and cervical cancer are slightly higher in Somerset County.

DATA SOURCE: NJ: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012; Somerset County: New Jersey Behavioral Risk Factor Survey (NJBRFS). New Jersey Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data (NJSHAD) [online]. Accessed at <http://nj.gov/health/shad> on 6/26/2015.

Figure 35: Percent of Female Survey Respondents Who Have Never Had a Mammogram and/or Pap Test, 2011 and 2015

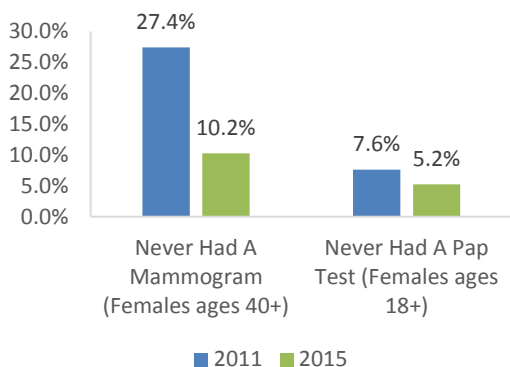


Figure 35 shows that the percent of female community health assessment survey respondents age 40+ who have never had a mammogram decreased from 27.4% in 2011 to 10.2% in 2015, and the percent who have never had a pap test decreased from 7.6% in 2011 to 5.2% in 2014.

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2011 and 2015

Table 8: Age-Adjusted Cancer Incidence and Death Rates

| Geography | Age-Adjusted Invasive Cancer Incidence Rate per 100,000, 2008 - 2012 | Age-Adjusted Death Rate due to Cancer per 100,000, 2011 |
|-----------------|--|---|
| New Jersey | 495.8 | 164.7 |
| Somerset County | 528.0 | 158.1 |

DATA SOURCE: Incidence Rates: New Jersey State Cancer Registry; Death Rates: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and National Center for Health Statistics and U.S. Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD)

Table 8 shows that, while the cancer incidence rate in Somerset County (528) is higher than the rate in New Jersey (495.8), the death rate due to cancer in Somerset County (158.1) is lower than cancer death rate statewide (164.7).

Asthma

Asthma did not emerge as a pressing health concern during the interview and focus group discussions. The hospitalization rate due to asthma in Somerset County (8.5 per 10,000 residents) is lower than that for the state of New Jersey (15.4 per 10,000 residents) (Table 9).

Table 9: Hospitalizations Due to Asthma, Age-Adjusted Rates per 10,000 Residents, 2013

| Geography | Hospitalization Rate |
|-----------------|----------------------|
| New Jersey | 15.4 |
| Somerset County | 8.5 |

DATA SOURCE: Office of Health Care Quality and Assessment, New Jersey Department of Health and United States Census Bureau, as reported by the New Jersey State Health Assessment Data (NJSHAD)

However, it should be noted that within Somerset County, asthma emergency department visit rates vary by racial/ethnic groups. For example, the asthma emergency department visit rate for non-Hispanic black residents in Somerset County is 4.4 times the rate for non-Hispanic white residents, and 2.3 times the rate for Hispanic residents⁸.

⁸ New Jersey Department of Health. New Jersey Asthma Awareness and Education Program. *Asthma in New Jersey* 2013.

Behavioral Health

Behavioral health issues, including mental health and substance abuse, were raised by a majority of interview and focus group participants.

Mental Health

“There is also a stigma around mental health. There is stigma everywhere, but in a more affluent community, you don’t want to be that person.”— Key informant interview participant

“Mental health is something that a lot of people don’t discuss. Especially within communities like ours, the African American community. Mental illness is something you are ashamed of—it is considered a weakness. The weakness, though, is that you are not reaching out for help.”
— Focus group participant

Mental health concerns emerged as one of the most significant health concerns in the area according to interviewees and focus group members.

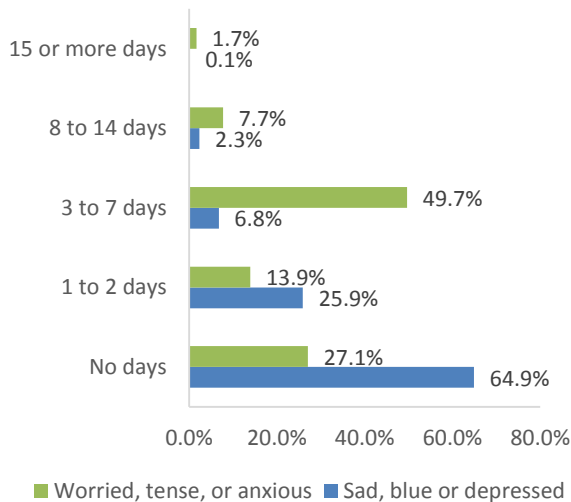
Adult Behavioral Health

Key informant interviewees and focus group participants most frequently mentioned concerns about anxiety and depression, which come from what one person described as living in “*high achieving, dual-income families*.” Respondents identified several factors contributing to mental health concerns among adults including technology, financial and job pressures, family break-ups, and corporate downsizing that accompanied the 2008 recession. A couple of respondents reported that natural disasters, such as Hurricane Sandy, have undermined a sense of security, further contributing to anxiety and stress. In addition, a couple of provider respondents shared that they have observed rising rates of trauma among those with mental health issues, often attributed to past sexual abuse and for, recent immigrants, traumatic events in their country of origin. As shown above in Table 6, the leading cause of inpatient hospitalizations at RWJUH Somerset among adult patients, age 18 – 64, who are Somerset County residents is “major depressive affective disorder”.

Seniors were also singled out by several respondents for mental health concerns, in particular depression that can come with the loss of loved ones and friends, lack of mobility and energy, and increasing isolation.

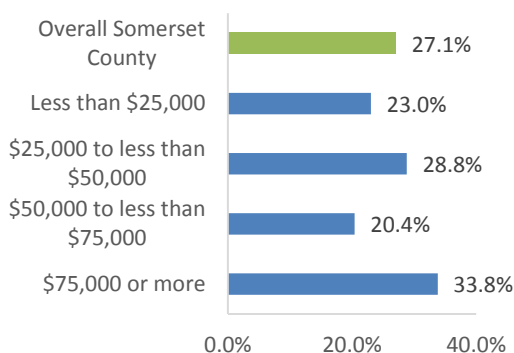
“In a more affluent community, there is pressure to keep up with the Joneses. No one wants to admit mental health issues or substance abuse.” — Key informant interview

Figure 36: Adult Mental Health in Past 30 Days, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Figure 37: Adults Who Report No Days Feeling Worried, Tense or Anxious in Past 30 Days by Income, Somerset County, 2015

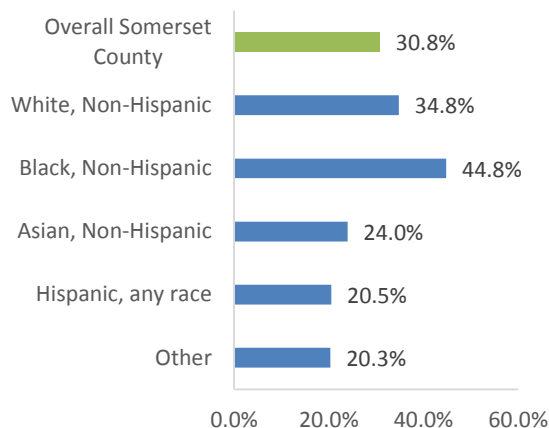


DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Figure 36 shows the percent of 2015 Somerset County community health assessment survey respondents who reported feeling worried, tense or anxious, and/or sad, blue, or depressed in the past 30 days. Among survey respondents, while 64.9% did not feel sad, blue or depressed at all in the past 30 days, only 27.1% did not feel worried, tense or anxious in the past 30 days. Almost half of the respondents (49.7%) felt worried, tense or anxious 3 to 7 days in the past 30 days.

Figure 37 shows the percent of 2015 Somerset County community health assessment survey respondents who reported that they did not feel worried, tense or anxious at all in the past month. When comparing results by income level, more respondents in the highest income bracket (\$75,000 or more annual income) reported no days of worry, tension or anxiety compared to respondents from all other income brackets.

Figure 38: Percent of Survey Respondents Whose Doctor or Other Healthcare Provider Has Ever Talked to Them About Mental Health, by Race/Ethnicity, Somerset County, 2015*



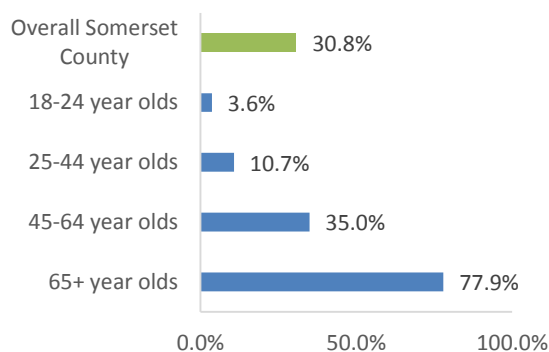
DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic

* Statistically significant $p < 0.05$

Figure 38 shows that, overall, 30.8% of respondents to the 2015 Somerset County community health assessment survey reported that their doctor or other healthcare provider had ever talked to them about mental health. Asian, non-Hispanic (24.0%) and Hispanic (20.5%) respondents reported lower rates of mental health discussions with healthcare providers.

Figure 39. Percent of Survey Respondents Whose Doctor or Other Healthcare Provider Has Ever Talked to Them About Mental Health, by Age, Somerset County, 2015*



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

* Statistically significant $p < 0.05$

Figure 39 shows that out of the respondents to the 2015 Somerset County community health assessment survey, far fewer 18 to 24 year olds said they spoke with a healthcare provider about mental health (3.6%) compared to respondents of all other age groups.

Figure 40: Percent of Survey Respondents Whose Doctor or Other Healthcare Provider Has Ever Talked to Them About Mental Health, by Education, Somerset County, 2015

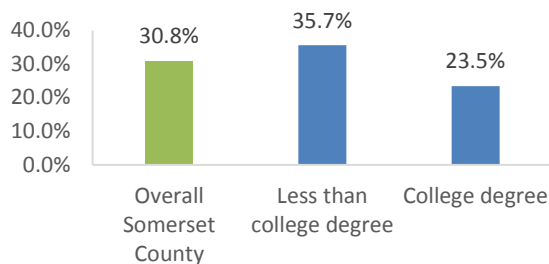


Figure 40 shows that a higher percentage of the respondents to the 2015 Somerset County community health assessment survey who had less than a college education reported that they had talked with a provider about mental health (35.7%) compared to respondents who had at least a college degree (23.5%).

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Table 10: Suicide Deaths per 100,000 Population, Age-Adjusted, 2009 - 2011

| Geography | Deaths per 100,000 Population |
|-----------------|-------------------------------|
| New Jersey | 7.3 |
| Somerset County | 6.1 |

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health and Population Estimates, State Data Center, New Jersey Department of Labor and Workforce Development, as reported by the New Jersey State Health Assessment Data (NJSHAD)

The topic of suicide was not raised often during the focus groups and interviews. Table 10 shows that the suicide death rate in Somerset County (6.1) is lower than that for New Jersey overall (7.3).

Child and Youth Behavioral Health

Among young people, pressure to achieve, in both academics and sports, and overstimulation and lack of rest have led to increased rates of depression and anxiety among youth, according to key informant and focus group participants.

Figure 41: Percent of High School Youth Who Felt Sad or Hopeless for Two Weeks Straight in Past 12 Months, New Jersey and United States, 2013

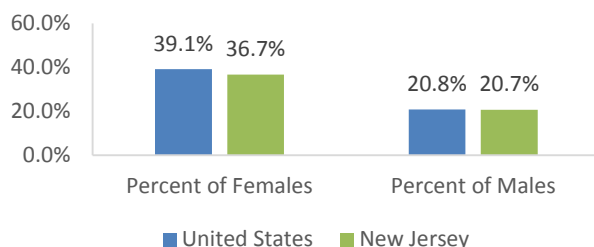


Figure 41 shows that, in both New Jersey and the United States, the percentage of high school students who felt sad or depressed is generally higher for females compared to males.

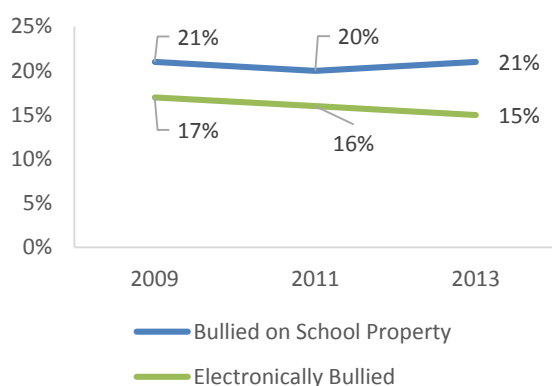
DATA SOURCE: Youth Risk Behavior Surveillance System, 2013

Another topic that was raised repeatedly in focus groups with parents is the high rates of ADHD and ADD diagnoses in children and youth, especially boys. Many parents reported that they believed young people are being over-diagnosed and overmedicated and that this is exacerbated by both the competitive nature of the community and the fact that insurance often reimburses for medication, but not for counseling. As one parent focus group member queried, *“I feel like they are over diagnosing ADHD. Why not stop drugging them up and see what you can do without the drugs?”* Finally, a few respondents expressed concern about eating disorders in Somerset County, particularly among teen girls.

“Kids are seeing psychiatrists for depression and anxiety. I have a lot of friends whose kids see a psychiatrist on a regular basis.”

– Focus group participant

Figure 42: Percent of Youth Reporting Being Bullied, New Jersey, 2009 – 2013



DATA SOURCE: New Jersey Student Health Survey, New Jersey Department of Education, 2013

Bullying was also reported to be a concern among youth, by both adult and youth focus group members. Several pointed to the rise in bullying through social media. According to respondents, this is a concern shared across communities in New Jersey and schools were reported to be proactive on this issue (the New Jersey has a statewide bullying policy). As one provider and interviewee observed, *“it seems like [bullying] is a problem every school district is really trying to work on.”*

Figure 42 shows that, in New Jersey, the percent of youth reporting being bullied on school property and being electronically bullied has remained relatively stable between 2009 and 2013.

Barriers to Addressing Mental Health Issues

Interview and focus group participants frequently noted that there is a need for more mental health providers in the area (see “Challenges to Accessing Health Care Services” section below for more information on the availability of mental health providers).

One of the barriers to effectively addressing mental health concerns, according to respondents, is stigma. As one participant in the African American focus group shared, *“mental health is something that a lot of people don’t discuss...mental illness is something you are ashamed of, it is seen as a weakness.”* This attitude, which cuts across demographic and economic groups, creates a substantial challenge to both recognizing mental health issues and seeking help for them.

Respondents did report, however, that there are several efforts underway to enhance understanding of mental health issues. Several reported that they have been trained in Mental Health First Aid, a national program that teaches community members and first responders how to help people developing a mental illness or in a crisis.⁹

⁹ For more information on Mental Health First Aid USA, managed by the National Council for Behavioral Health, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health, see: <http://www.mentalhealthfirstaid.org/cs/>

Overall, assessment focus group and interview respondents perceived schools as being less effective in addressing mental health concerns among children and youth than they could be. As one key informant described, *“there is a ‘don’t ask, don’t tell’ policy [around mental health issues].”* Several reported that parental attitudes play a key role in how mental health issues are addressed within schools and that there is substantial stigma associated with mental health issues in the community. As a result, one provider explained, parents tend to focus on medical issues and solutions rather than those with mental health issues. As one interviewee observed, *“It is easier for parents to buy into something medical than something else.”*

Substance Use and Abuse

“The veneer of well-being often forces us to deny that there are any underlying problems such as substance abuse, which there is.” – Focus group participant

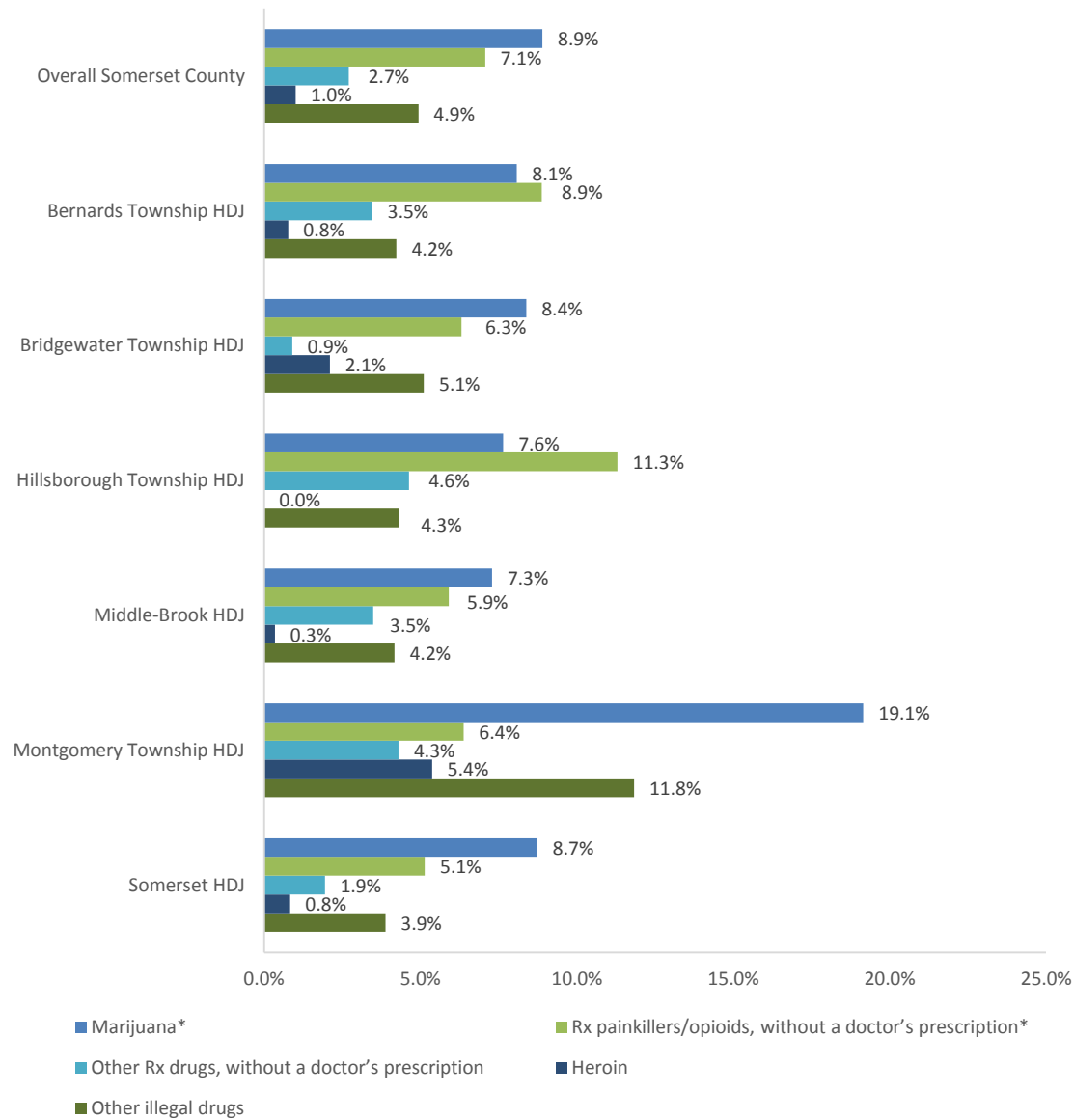
“[Somerset County is an] affluent community with a lot of time, lots of money, a lot in the way of alcohol and drug abuse.” – Focus group participant

Substance use was cited as another challenge for the community and one that, according to respondents, has become more problematic in recent years. Opiate-based drugs, both prescription and heroin, were frequently mentioned as the biggest concern and the number of heroin overdose deaths is rising according to respondents. Respondents also noted a rise in co-occurring substance use and mental health disorders.

Focus group members and interviewees shared several reasons for the rise in substance use including stress, mental health issues, a declining economy, rising rates of prescription drugs, and wealth that results in easy access. In addition, interviewees and focus group participants reported that the region’s proximity to Newark and Philadelphia means that drugs are easily available in the community. As one focus group participant explained, *“there is wealth and money and there is access, so there is abuse.”*

Figure 43 below shows the percent of 2015 Somerset County community health assessment survey respondents who indicated they had used specified substances in the past year. Overall, 8.9% of respondents reported using marijuana and 7.1% of respondents reported using prescription painkillers or opioids with a doctor’s prescription. However, there is variation in reported substance use by municipality. For example, 19.1% of respondents from Montgomery Township reported using marijuana, while 11.3% of respondents from Hillsborough Township reported using prescription painkillers or opioids with a doctor’s prescription.

Figure 43: Substance Abuse in the Past Year by Health Department Jurisdiction, Somerset County, 2015

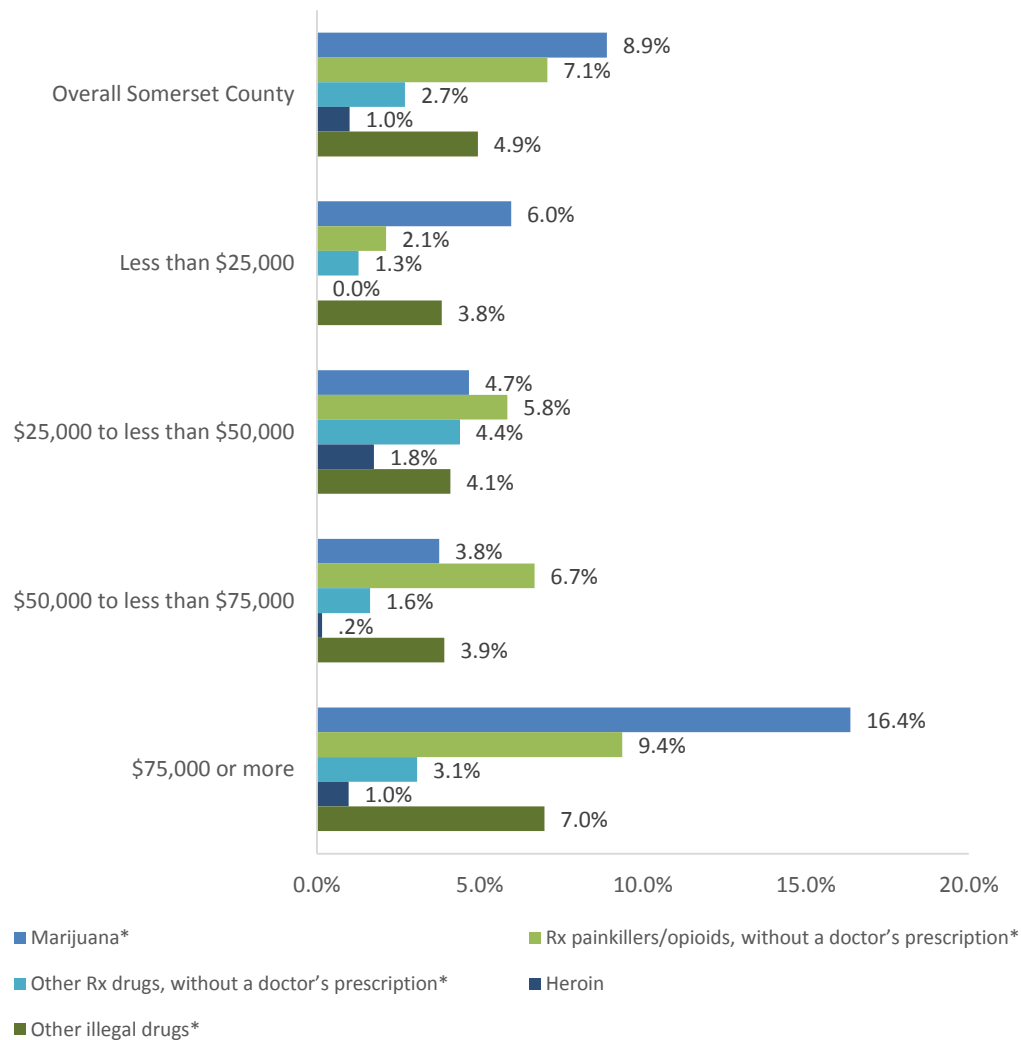


DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

* Statistically significant $p < 0.05$

Among the 2015 Somerset County community health assessment survey respondents, the type of substance used varied by income. For example, as shown in Figure 44, a higher percentage of respondents whose incomes annual incomes were \$75,000 or higher indicated that in the past year they had used marijuana (16.4%) and prescription painkillers or opioids (9.4%) compared to respondents from other income categories.

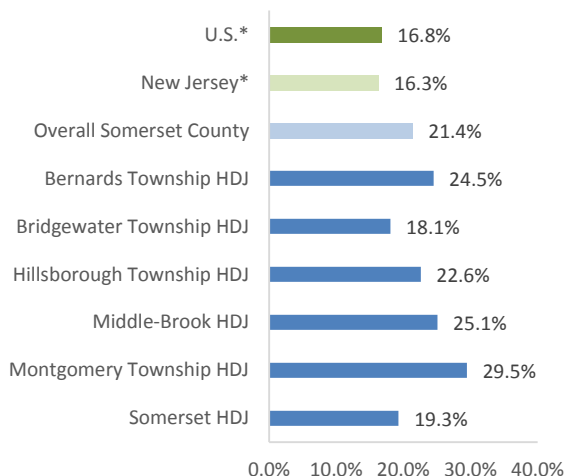
Figure 44: Substance Abuse in the Past Year by Income, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

* Statistically significant $p < 0.05$

Figure 45: Percent Self-Reported Binge Drinking At Least Once in Past Month, U.S., New Jersey, Somerset County, and Health Department Jurisdiction, 2013 and 2015



DATA SOURCE: U.S. and New Jersey data: New Jersey and U.S. data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2013. Somerset County and Health Department Jurisdiction data: Somerset County Community Health Needs Assessment Survey, 2015
NOTE: *Data for U.S. and New Jersey is from 2013; Data from Somerset County is from 2015.

Figure 45 shows the percent of 2015 Somerset County community health assessment survey respondents who reported binge drinking (5 drinks on at least one occasion for men and 4 drinks on at least one occasion for women) in the past 30 days. This chart also compared Somerset County data to 2013 New Jersey and national data. Overall, in Somerset County, 21.4% of respondents indicated they had engaged in binge drinking at least once in the past month. While this percentage is lower than the respondents in the 2011 Somerset County healthy survey who reported binge drinking (25.5%), it is higher than the percentage of adults in New Jersey (16.3%) and the U.S. (16.8%) who in 2013 reported binge drinking in the last month.

Table 11: Percent Self-Report Binge Drinking At Least Once in Past Month by Race/Ethnicity, Somerset County, 2015

| | |
|---------------------------------|-------|
| Overall Somerset County | 21.4% |
| White, Non-Hispanic | 20.2% |
| Black, Non-Hispanic | 7.3% |
| Asian, Non-Hispanic | 15.5% |
| Hispanic, any race | 60.7% |
| Other race, Non-Hispanic | 3.1% |

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015
NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic

Table 11 shows the percent of self-reported binge drinking among Somerset County community health survey respondents by race/ethnicity. The percent of Hispanic respondents reporting binge drinking in the past month (60.7%) is substantially higher than the percent of other races reporting binge drinking.

Table 12: Percent Self-Report Binge Drinking At Least Once in Past Month by Age, Somerset County, 2015

| | |
|--------------------------------|-------|
| Overall Somerset County | 21.4% |
| 18 – 24 year olds | 44.1% |
| 25 – 44 year olds | 38.8% |
| 45 – 64 year olds | 8.6% |
| 65+ year olds | 0.0% |

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Table 12 shows the percent of self-reported binge drinking among Somerset County community health survey respondents by age. The percent of respondents reporting binge drinking consistently declines as age increases, with 44.1% of 18 – 24 year olds reporting binge drinking and 0% of adults ages 65 and older reporting binge drinking.

Figure 46: Current Smokers, Smoke Every Day, U.S. (2013), New Jersey (2013), and Somerset County Overall* and by Race/Ethnicity (2015)

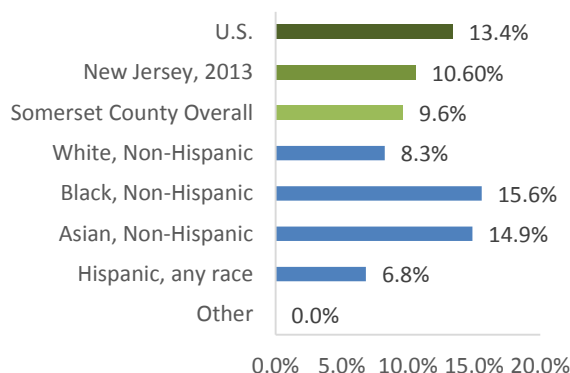


Figure 46 shows that, overall, the percent of 2015 Somerset County community health assessment survey respondents who reported smoking every day was 9.6%, lower than the percent of current smokers in 2013 New Jersey (10.6%) and the U.S. (13.4%) overall. However, Black, non-Hispanic (15.6%) and Asian, non-Hispanic (14.9%) survey respondents reported comparatively higher rates of current, every day smoking.

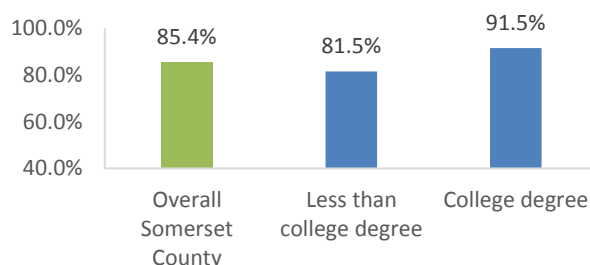
DATA SOURCE: U.S. and New Jersey: 2013 Behavioral Risk Factor Surveillance System; Somerset County: Somerset County Community Health Needs Assessment Survey, 2015

NOTE: Data for the U.S. and New Jersey is from 2013, while Somerset County data is from 2015

NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic

* Statistically significant $p < 0.05$

Table 13: Percent of Non-Smokers by Education, Somerset County, 2015



Overall in Somerset County, 85.4% of 2015 Somerset County community health assessment survey respondents reported that they do not smoke at all (Table 13). A higher percentage of respondents with a college degree or higher reported that they do not smoke (91.5%) compared to respondents with less than a college education (81.5) (Table 13).

DATA SOURCE: U.S. and New Jersey: 2013 Behavioral Risk Factor Surveillance System; Somerset County: Somerset County Community Health Needs Assessment Survey, 2015

Youth Substance Use

A concern shared by many residents are rising rates of substance abuse among youth. Substance use, according to some providers, is beginning much earlier. As one social service provider and interviewee explained, *“we have a campaign right now talking about 12 year-olds abusing drugs, getting them out of their parents’ and family members’ medicine cabinets.”* This, according to some respondents, has also meant more involvement of younger people in the criminal justice system, at a younger age.

Alcohol, tobacco, and substance use among youth were identified as significant concerns among Somerset County focus group and interview respondents.

Respondents also reported that alcohol use was a substantial concern in the community, including underage drinking. This year, municipal alliances across the state of New Jersey have identified alcohol abuse as a problem to address; schools also offer educational programs around alcohol and use of other substances. There is also a hosting law in place, although according to one respondent, this is enforced voluntarily by municipality and a couple of respondents reported that there is social acceptability of youth drinking in their parents’ homes. As one focus group member shared, *“we do have a hosting law—and there has been a lot of advertising around this. But parents do let children drink in their houses.”*

According to residents, marijuana is less of a concern among youth than alcohol and opiate-based drugs. However, a few respondents reported that due to recent decriminalization efforts, youth are receiving unclear messages about marijuana. As one focus group participant put it, *“kids are really confused about marijuana – is it legal or not legal?”* Several respondents also reported that the rise of e-cigarettes among young people has been a growing concern with growing numbers of vapor shops, in part because young people do not see them as having health consequences like traditional cigarettes and thus are more likely to use them. As one focus group member shared, *“You don’t see kids smoking cigarettes, you see them smoking e-cigarettes.”*

Figure 47: High School Youth Substance Abuse by Race/Ethnicity, New Jersey, 2013

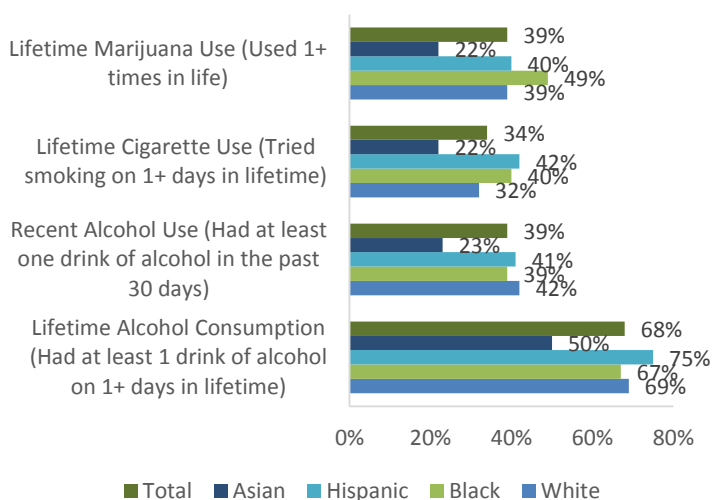


Figure 47 shows substance abuse rates among New Jersey high school students by race/ethnicity. Overall, 68% of high school youth in New Jersey have consumed alcohol in their lifetime, and 39% have used marijuana. In comparison to other racial/ethnic subgroups, Asian high school students have lower rates of marijuana, cigarette, and alcohol use.

DATA SOURCE: New Jersey Student Health Survey, New Jersey Department of Education, 2013

Available Substance Use Services

According to focus group members and interviewees, Somerset County has a number of efforts and services in place to address substance use challenges. Like many communities, first responders in Somerset now carry Narcan to reverse opiate overdoses. However, Narcan administration is not paired with mandatory treatment, making it difficult to address longer-term addiction problems. The region also has an extensive Drop Box program for prescription drugs with five locations throughout Somerset.

Despite these efforts, when asked about substance abuse services and supports, respondents overall, felt as though there were too few to meet the need. As one key informant stated, *“there is a whole list, but there are never enough substance use services.”* Several respondents identified a need for more smoking cessation programs in the state, and also for more substance use education programs. Respondents also acknowledged that a lack of awareness about substance abuse issues, and also stigma associated with these issues, can prevent residents from seeking treatment.

Figure 48: Substance Use Treatment Admissions, Primary Drug, Somerset County and New Jersey, Jan. – Dec. 2014

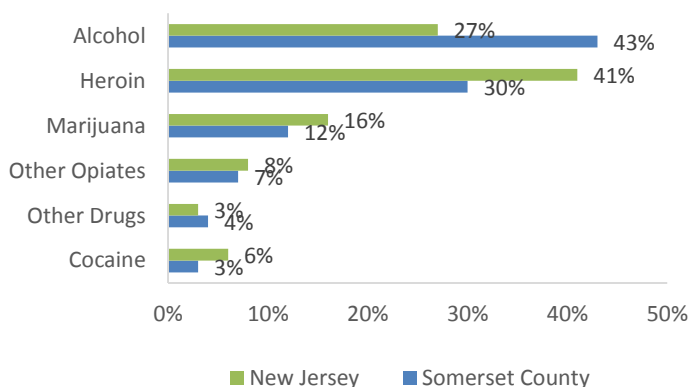


Figure 48 shows the primary drugs for substance abuse treatment admissions in New Jersey and Somerset County in 2014. For both New Jersey and Somerset County, alcohol and heroin are the most common primary drugs leading to treatment admissions. However, the percentage of treatment admissions attributable to alcohol is higher in Somerset County (43%) compared to New Jersey as a whole (27%).

DATA SOURCE: New Jersey Substance Abuse Monitoring System (NJ-SAMS), Department of Human Services, Division for Mental Health and Addiction Services, 2014

Figure 49: Substance Use Treatment Admissions, Primary Drug, Somerset County, 2010 and 2014

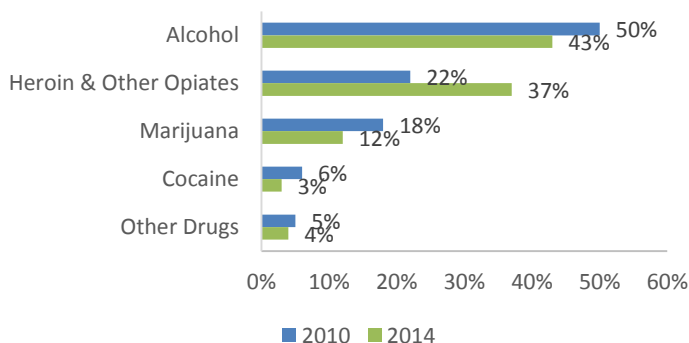


Figure 49 shows the primary drug attributable to substance abuse treatment admissions in Somerset County in 2010 and 2014. While the proportion of treatment admissions for alcohol abuse has declined slightly, from 50% in 2010 to 43% in 2014, the proportion of admissions for heroin and other opiates has increased from 22% to 37%.

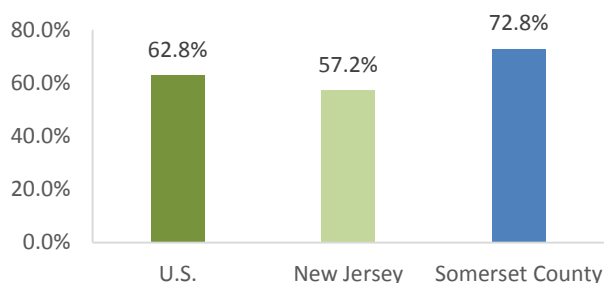
DATA SOURCE: 2010: New Jersey Department of Human Services, Division of Addiction Services, Statistical Reports, Substance Abuse Overview. 2014: New Jersey Substance Abuse Monitoring System

(NJ-SAMS), Department of Human Services, Division for Mental Health and Addiction Services.

Immunization and Infectious Disease

Interview and focus group participants did not raise concerns related to immunizations or infectious disease.

Figure 50: Percent of Adults Aged 65+ Who Have Had Flu Shot or Vaccine in Past Year, U.S., New Jersey and Somerset County, 2013 and 2015



DATA SOURCE: U.S. and New Jersey data: New Jersey and U.S. data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2013. Somerset County and Health Department Jurisdiction data: Somerset County Community Health Needs Assessment Survey, 2015

NOTE: *Data for U.S. and New Jersey is from 2013; Data from Somerset County is from 2015.

Overall, 34% of 2015 Somerset County community health assessment survey respondents reported that they had had a flu shot or vaccine in the past year. However, Figure 50 shows that, among survey respondents aged 65 and older (the standard population for this question in the national BRFSS survey), 72.8% of respondents indicated that they had had a flu shot or vaccine in the past year. In 2013 (the most recent year for which New Jersey and United States data is available), fewer adults aged 65 older in New Jersey (57.2%) and the U.S. (62.8%) reported having a flu shot or vaccine in the past year.

Table 14: Infectious Disease Rates, New Jersey and Somerset County, 2014

| | New Jersey | Somerset County |
|-----------|------------|-----------------|
| HIV | 427.8 | 180.3 |
| Gonorrhea | 78.7 | 27.5 |
| Syphilis | 2.6 | 2.4 |
| Chlamydia | 317.9 | 172.4 |

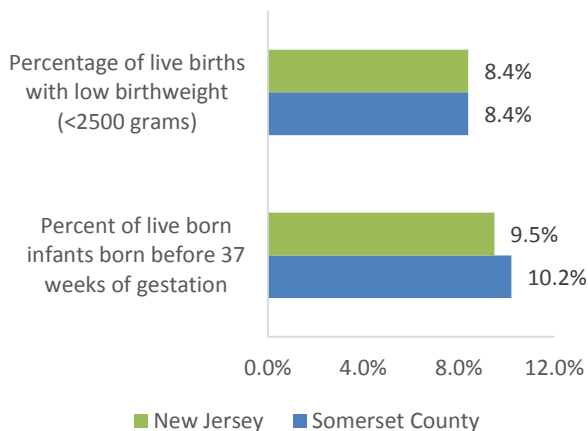
DATA SOURCE: NJ Communicable Disease Reporting & Surveillance System. Rates calculated using 1-year population estimates from 2013 American Community Survey

Table 14 shows that rates of HIV, gonorrhea, syphilis, and chlamydia in Somerset County are lower than those for New Jersey overall. For example, the HIV rate in Somerset County is 180.3 compared to 427.8 in New Jersey.

Maternal and Child Health

“We hardly ever see a pregnancy in the teenage population.” – Focus group participant

Figure 51: Percentage of Preterm Births and Low Birthweight Births, New Jersey and Somerset County, 2011



DATA SOURCE: Preterm Births: Health Indicators Warehouse 2004-2010, as reported in County Health Rankings & Roadmaps; Low Birth Weight: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, as reported by the New Jersey State Health Assessment Data (NJSHAD)

In general, concerns about teenage pregnancy and sexual health were not a prominent theme in focus groups or interviews. In 2011, the adolescent birth rate in Somerset County (5.2 live births per 1,000 females ages 15 – 17) was lower than that for New Jersey overall (8.7 per 1,000 females ages 15 - 17).

Similarly, maternal and child health concerns were not raised by key informant interviewees and focus group participants. Figure 51 below shows that percentage of low birthweight births in Somerset County (8.4%) is equal to the percentage of New Jersey overall, while the percentage of preterm births is slightly higher in Somerset County (10.2%) compared to New Jersey overall (9.5%).

Environmental Health

Concerns about environmental quality were not discussed during the qualitative data collection. However, “environmental issues” were rated as a high priority health issue by 2015 Somerset County community health assessment survey respondents, especially among Hispanic respondents (see the section below on “Assessment Respondents’ Vision For the Future” for more information on priority health issues).

Table 15: Drinking Water Violations, New Jersey and Somerset County, FY2013 – FY2014

| Geography | % of population potentially exposed to water exceeding a violation limit during the past year |
|------------------|--|
| New Jersey | 6% |
| Somerset County | 49% |

DATA SOURCE: Safe Drinking Water Information System (SDWIS), as reported in County Health Rankings & Roadmaps

Table 15 shows that the percent of the population in Somerset County (49%) potentially exposed to drinking water violations is substantially higher than the percent in New Jersey overall (6%). In November 2013, the NJ Department of Environmental Protection, assisted by the Environmental Protection Agency, investigated the New Brunswick Water Department, which serves Franklin Township in Somerset County, and found that between early 2010 and spring 2013 water quality reports were falsified and tests were incorrectly calculated¹⁰. These incorrect and false tests may have contributed to the high rate of exposure in Somerset County to water exceeding violation limits.

Table 16: Air Pollution, New Jersey and Somerset County, 2011

| Geography | Average Daily Density of Fine Particulate Matter, Micrograms per Cubic Meter, 2011 |
|------------------|---|
| New Jersey | 11.3 |
| Somerset County | 11.3 |

DATA SOURCE: CDC WONDER Environmental data, 2011, as reported in County Health Rankings & Roadmaps

Table 16 below shows that rates of fine particulate matter, a type of particle pollution that can cause health problems, in New Jersey and Somerset County are similar. The average daily density of fine particulate matter in New Jersey and Somerset County, 11.3 micrograms per cubic meter, meets the National Ambient Air Quality Standards of being less than 12 micrograms per cubic meter on average¹¹.

Oral Health

Table 17: Dentist Ratio, New Jersey and Somerset County, 2013

| Geography | Ratio of population to dentists |
|------------------|--|
| New Jersey | 1,240 : 1 |
| Somerset County | 1,102 : 1 |

DATA SOURCE: Area Health Resource File/National Provider Identification file, 2013, as reported in County Health Rankings & Roadmaps

Although not mentioned by many respondents, oral health was described as a need by a couple of service providers who reported challenges to getting low-cost dental services for their clients. One reason for this shared by respondents was that few dentists are willing to accept Medicaid. Table 17 below shows that the ratio of population to dentists is higher in New Jersey compared to Somerset County.

¹⁰ City of New Brunswick, Water Quality Update: Important Information About Your Drinking Water, November 27, 2013. Accessed 8/10/15: <http://thecityofnewbrunswick.org/water-utility/wp-content/uploads/sites/12/2014/04/NBWD-PN-11.27.13.pdf>

¹¹ United State Environmental Protection Agency, National Ambient Air Quality Standards (NAAQS), Accessed 8/10/15: <http://www.epa.gov/air/criteria.html>

Elder Health and Caregiver Needs

“As the number of seniors increase, we need to think about what their needs are.” – Key informant interview participant

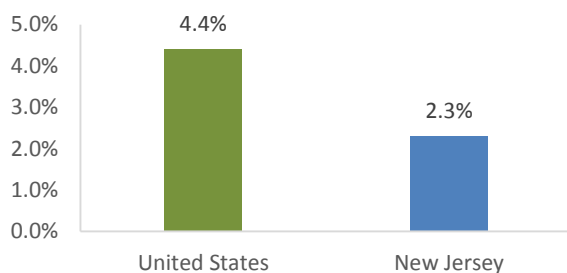
“Patients are dealing with their co-morbidities but also dealing with isolation. Nurses might be the only one people are seeing. That is one of our strongest challenges. There is more of a psycho-social component.” – Key informant interview participant

With Somerset County population projections showing rapid growth among those 65+ years old, addressing senior needs were seen as vitally important.

Several key informant interview and focus group respondents singled out health concerns among seniors as a particular area of concern in the community. As they age, seniors face increasing isolation, as families live further away and elders become less mobile. It has also become difficult for seniors to remain in their own homes and communities and “age in place.” Concerns that social isolation as well as grief were mentioned as contributing factors to mental health and substance use issues among seniors. As one community social service provider and key informant remarked, *“Drug abuse among the elderly is a concern but it’s subtle. I do think it’s out there. There are things going on. There is depression. They use pills and alcohol.”*

Other concerns identified by respondents for seniors include access to dental care, falls prevention, and medication management. A couple of respondents expressed concerns about elder neglect and abuse and a rise in the need for adult protective services. Respondents also mentioned that seniors may be more economically vulnerable, and have trouble affording their medications and healthy foods. As one interviewee explained, *“people own their homes but they are unable to meet their needs financially.”*

Figure 52: Percent of Nursing Home Beds That Are Alzheimer’s Special Care Unit Beds, 2014



DATA SOURCE: Alzheimer’s Association. 2015 Alzheimer’s Disease Facts and Figures. Accessed at http://www.alz.org/images/nj/facts2015_report.pdf on 9/1/15

Alzheimer’s was also mentioned by a few interview participants. For example, one interviewee stated that *“One major piece, though, is Alzheimer’s.... there are not enough services and not enough understanding of this, especially when it happens to younger people.”* The number of Americans age 65 and older with Alzheimer’s in New Jersey is projected to increase from 170,000 in 2015 to 210,000 in 2025, a change of 23.5%¹². Figure 52 shows that, as of 2014, 2.3% of nursing home beds are designated as Alzheimer’s special care units in New Jersey, which is lower than the percent of designated beds for the U.S. overall (4.4%).

¹² Alzheimer’s Association. 2015 Alzheimer’s Disease Facts and Figures. Accessed at http://www.alz.org/images/nj/facts2015_report.pdf on 9/1/15.

Respondents reported that Somerset has many excellent services for seniors (including a network of seven senior centers that provide recreational, educational, social, and meals programs for seniors; the United Way Caregiver Coalition; Meals on Wheels; etc.). However, respondents noted that there are fewer caregivers, home health aides, and home care providers than what it seems like are needed. As one provider and key informant shared, *“There is a huge aging population in this community and there do not seem to be enough healthcare providers for home care and in the community that are able to really support the aging in place process.”* The United Way of Northern New Jersey’s Caregiver’s Coalition recently conducted a survey with caregivers; survey results are projected to be released in 2015, and may provide additional data on caregiver needs.

Health Care Access and Utilization

Resources and Use of Health Care Services

“This area is full of doctors. Every kind of care – you can get here. There are many doctors to choose from.” – Key informant interview participant

“I’m really happy to have RWJUH-Somerset and St. Peter’s Hospital right near us. And all my doctors are real close by.” – Focus group participant

Somerset County health services were seen as high quality and comprehensive, although some residents experience challenges with access.

Overall, respondents reported positive perceptions about the health services in the region, describing them as “excellent,” “available,” and “comprehensive.” A couple of respondents reported that private primary care and specialty practices are increasingly merging into medical groups associated with hospitals; respondents found these merges to be convenient, but did note that they sometimes made it difficult for patients to simultaneously seek care at practices associated with different hospitals (for example, seeking primary care at one practice and specialty care at another practice affiliated with a different hospital).

Table 18: Primary Care Physician Ratio, New Jersey and Somerset County, 2012

| Geography | Ratio of population to primary care physicians |
|-----------------|--|
| New Jersey | 1,168 : 1 |
| Somerset County | 934 : 1 |

DATA SOURCE: Area Health Resource File/American Medical Association, 2012, as reported in County Health Rankings & Roadmaps

Table 18 shows that the ratio of number of residents to primary care physicians is lower in Somerset County compared to New Jersey, indicating that there are more physicians per population in the area.

Several respondents reported that they increasingly use drugstore-based clinics, like the Minute Clinic® at CVS, for their medical needs. As one key informant shared, *“One of the strengths those med clinics have....[is that] they can triage you and take care of most needs, at a more affordable rate than the ER.”*

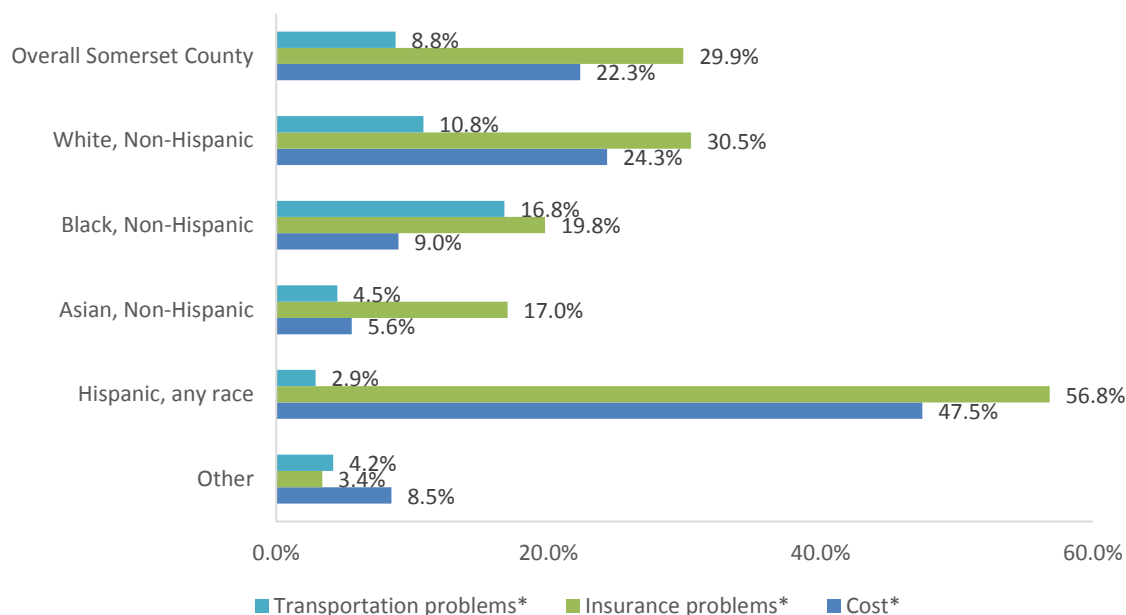
A few key informant interviewees also reported that New Jersey is transitioning to a Medicaid managed care model from a fee-for-service model. Interviewees reported that this transition has resulted in concern among provider organizations about contracting, and confusion among patients around health insurance.

Challenges to Accessing Health Care Services

Although there are many health care facilities in the Somerset County region, focus group members and interviewees reported that some populations, especially lower-income and undocumented individuals, face challenges to accessing health care services, and that overall there is a need for certain types of services, such as mental health and substance abuse services.

Figure 53 below shows the percent of 2015 Somerset County community health assessment survey respondents who could not see a doctor due to transportation, insurance, and /or cost issues by race/ethnicity. Overall, insurance (29.9%) and cost (22.3%) are greater barriers than transportation (8.8%). These barriers are especially pronounced for Hispanic respondents, 56.8% of whom indicated insurance issues were a barrier and 47.5% of whom indicated cost issues were a barrier (Figure 53). More details on transportation, insurance, and affordability issues are provided below.

Figure 53: Reasons Could Not See A Doctor in Past 12 Months by Race/Ethnicity, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

* Statistically significant $p < 0.05$

Availability of Specialty Care, Including Mental Health Providers

“Somerset has a higher number of [mental health] providers per person compared to other counties. But still it’s seems like a 3-week wait to see [an] outpatient psychiatrist in the community once [a patient is] released.” – Key informant participant

“The age of severe mental health issues seems to be getting younger – and there’s nowhere for them to go.” – Key informant participant

Interviewees and focus group participants generally reported that, while mental health services are available in Somerset County, there is a need for more services that are available to everyone. As one interviewee shared, *“the trouble is getting in and paying.”* Respondents described long waits for mental health services, and disruptions in care and medication as patients leave in-patient services but are delayed connecting to a community-based service.

Respondents stated that, while there are many private mental health providers in Somerset County, an increasing number do not seem to accept insurance, and are thus out of reach for all but the most affluent patients. Medicaid reimbursement rates for mental health services are low, and while

medication may often be reimbursed, counseling is not, leading some to observe that people are being overmedicated. Respondents also reported that finding mental health services for children and youth was particularly difficult as there are fewer psychiatrists and psychologists for this age group.

A few respondents also mentioned difficulty finding specialty providers, for example breast cancer surgeons, who accept Medicaid or uninsured patients.

Obtaining and Navigating Health Insurance

“Insurance companies say who you can see. You have to know what you are doing. Call the insurance company. I made a mistake recently around the out-of-network issue.” – Focus group participant

“The insurance companies dictate the length of care, and this is a problem.” – Key informant interview participant

When asked about health insurance, respondents expressed mixed opinions. Some noted that obtaining health insurance is a challenge for some people, even with the Affordable Care Act (ACA). As one provider and interviewee observed, *“Most people get their insurance through employment and lower income people are not employed by employers who have health insurance.”*

Length and quality of insurance coverage are additional challenges related to accessing health care, according to interviewees and focus group members. The most frequently mentioned challenge was coverage for services like mental health where the number and type of visits is often limited by health insurance companies. As mentioned above, assessment focus group and interview respondents reported that a growing number of private mental health providers seem to no longer take insurance or treat patients once their insurance coverage runs out. As one mental health provider and interviewee explained, *“there are people who need [mental health] treatment but they can’t find providers who will take their insurance. So the only people getting treatment are those who can pay.”* According to respondents, similar challenges of coverage exist for dietitian and physical therapy services. Finally, delays in approvals for covered services by health insurance companies creates challenges for patients, according to respondents.

Respondents also reported that many people, especially seniors, face challenges navigating healthcare and health insurance. Some noted that this is particularly challenging for caregivers with elderly parents. As one focus group participant explained, *“we have to quarterback mom’s health issues and it’s a full-time job...Just keeping track of it and advocating is hard.”*

Affordability of Health Care Services

“Medications are very expensive. People shop around. However, no one is helping people to manage their medications and there is a lot of mixing of drugs.” – Key informant interview participant

The cost of healthcare was also reported to be a challenge to accessing healthcare. Interviewees and focus group participants discussed high deductibles and co-pays, some of which was reported to have increased since the implementation of the Affordable Care Act. The consequence, several shared, is that people decide not to get health care or have trouble affording medications. In the 2015 Somerset County community health assessment survey, 6% of respondents indicated that in the last year they needed a prescribed medication but could not obtain it due to cost.

Transportation

“You need to reserve way in advance for the current transportation service. It’s really hard to line up the doctor’s appointment and the ride service.” – Focus group participant

As discussed earlier, transportation is seen as one of the greatest challenges for the region for those who do not have private vehicles. This, according to respondents, substantially affects access to healthcare for some people. While some options for transportation to health care services do exist, appointments for these services need to be made ahead of time. Additionally, no transportation is provided to regular services such as dialysis, leaving some patients to rely on taxis and their associated costs.

Provider Communication and Cultural Competency

While a couple of provider interviewees reported that they have bi-lingual staff (Spanish-speaking) and access to interpretation services, language access was reported to be a concern among some interviewees and focus group members. Some education programs cannot be offered because there are no bi-lingual providers. As one provider and interviewee shared, *“the County offers a Stanford Chronic Disease Program for the public but they do not have a Spanish-speaking leader.”*

Awareness of Services

While the community has substantial health and social services resources, several respondents reported that people are not always aware of the range of services that are available to them. As one key informant interviewee noted, *“There could be better use of all the services that there are. There are a lot of groups and coalitions, and great things that are available here. There needs to be more awareness of what is available and need to connect them better to the folks who actually need it.”*

Quality of Care

Overall, respondents indicated that Somerset County residents have access to high quality health care. The one specific concern related to quality shared by several respondents was that doctors tend to over-prescribe medication. One focus group member shared her challenge, *“finding a good doctor who does not throw a pill at you. I am very discouraged.”*

Influence of Affordable Care Act on Healthcare Access

“Access to doctors is an issue when people are losing insurance. That climate makes it more difficult. People are confused by the ACA. That is creating a challenge.” — Key informant interview participant

A topic of frequent conversation in interviews and focus groups was the impact of the Affordable Care Act (ACA). While the ACA has resulted in increased access to health insurance for many, challenges remain, according to respondents, many of whom also acknowledged that the program is still in its early stages. One of the most significant challenges has been patients’ lack of understanding about the differences across insurance plans. One consequence, according to respondents, has been that patients have selected insurance with lower premiums but high deductibles and co-pays. As a result, a couple of

respondents observed, some people have not been accessing preventive care. Other plans had higher-than-expected premiums. While overall, people believed that ACA enrollment counselors have been successful, they have not helped people negotiate health insurance issues once people are enrolled. Nonetheless, most respondents reported that they did believe that the number of people insured has increased with the ACA. As one focus group member stated, *“more people have gotten insurance through Obamacare.”* Undocumented residents, however, continue to be uninsured.

COMMUNITY RESOURCES AND STRENGTHS TO POTENTIALLY ADDRESS IDENTIFIED NEEDS

Focus group and interview participants identified a variety of strengths and assets of Somerset County.

Location and Outdoor Spaces

“I like the mixture scenery-wise: urban, suburban, rural, all within a 10-mile radius. You have a city area and then can walk out in to a country. You can jump on a train and go to the city.” – Focus group participant

Assessment respondents highlighted a number of Somerset County’s strengths, including: its schools, recreational spaces, social services, health organizations, governmental agencies, and engaged community residents.

Many respondents identified Somerset County’s location and outdoors spaces as assets. As one interviewee described, *“it’s the best of both worlds—rural and urban.”* Convenience to highways and economic centers, although sometimes difficult to access due to traffic, were mentioned as strong geographic assets by many interviewees and focus group members. Youth focus group members, for example, appreciated the close proximity of many things. Others reported that they valued the region’s green spaces, farmland, and quieter areas.

Economic Resources and Excellent Schools

Several respondents noted that, because Somerset County is overall a high income community, it has both a strong infrastructure of services and programs as well as great schools. Respondents noted that these characteristics are a draw for both residents and business to move to and stay in the County.

Supportive and Effective Local Government

Several respondents noted and appreciated the support of local government, including supportive Freeholders, the actions of the Healthier Somerset Coalition, the Mayor’s Wellness Initiative, and local efforts around a Complete Street policy.

Strong Social Service Organizations and Programs

“It seems to be dense with services but often we are not really sure how to connect them.” – Key informant interview participant

Respondents praised the services and programs in the community which were described as both plentiful and of high quality. Examples of strong social service organizations and programs mentioned by respondents included the county-run mental health system (Somerset County is one of two counties in the state with this model), youth services programming through the Youth Services Commission, the Somerset County Office on Aging & Disability, and the YMCA, among others. Several members reported that programs are high quality across the board, not just for certain segments of the population. Several also mentioned the efforts of different coalitions including the Healthier Somerset Coalition and the United Way’s Caregiver Coalition.

Perspectives on the level of coordination across organizations were mixed. Some respondents reported collaboration to be strong. As one interviewee stated, *“in terms of human services, we have large systems in the county that are well put together, well-funded, and well-coordinated.”* Others, however, did not share this view and stated that coordination and collaboration could be improved such as one interviewee who shared, *“there is a lot of infrastructure but it is not coordinated.”*

Community Cohesion and Volunteerism

Residents described their communities as “friendly” and “tight-knit.” They reported high rates of volunteerism in schools and the community as well as a strong faith community. As one interviewee noted, *“There are high levels of volunteerism, people like to give back. They are very willing and open to help.”*

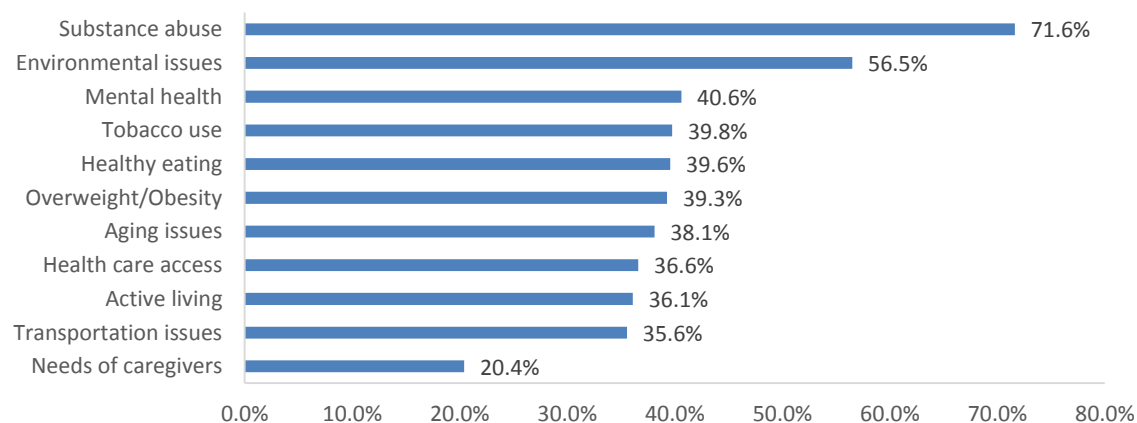
Health Care Services and Providers

As mentioned earlier, in general, respondents felt that high quality health care services are available locally, though certain types of services (e.g. mental health services) are harder to access especially for certain populations.

ASSESSMENT RESPONDENTS' VISION FOR THE FUTURE

The 2015 Somerset County community health assessment survey respondents were asked to rank a number of issues as high, medium, or low priority for future funding and resources. Figure 54 shows the percent of survey respondents who ranked each topic as a high priority. Substance abuse issues (71.6%), environmental issues (56.5%), and mental health issues (40.6%) were the most commonly ranked issues as “high priority”. These were followed by a number of risk-related behaviors: tobacco use, healthy eating, and overweight/obesity.

Figure 54: Health Topics Considered as “High Priority” among Survey Respondents, Somerset County, 2015



DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

Table 19 below shows that patterns were generally similar by geography.

Table 19: High Priority Health Topics by Health Department Jurisdiction, Somerset County, 2015

| | Bernards Township HDJ | Bridgewater Township HDJ | Hillsborough Township HDJ | Middle-Brook HDJ | Montgomery Township HDJ | Somerset HDJ |
|--|-----------------------|--------------------------|---------------------------|------------------|-------------------------|--------------|
| Substance abuse, such as abuse of alcohol and other drugs | 74.9% | 72.2% | 72.5% | 71.8% | 68.8% | 70.5% |
| Environmental issues such as water and air quality | 52.5% | 48.5% | 59.1% | 62.6% | 67.7% | 56.8% |
| Mental health | 42.6% | 44.7% | 42.2% | 41.7% | 39.8% | 37.2% |
| Tobacco use* | 32.9% | 43.8% | 37.3% | 36.8% | 34.4% | 42.6% |
| Healthy eating* | 31.8% | 35.6% | 45.5% | 46.9% | 48.9% | 38.0% |
| Overweight/obesity | 40.9% | 38.7% | 37.0% | 43.1% | 39.4% | 38.7% |
| Issues related to aging such as Alzheimer's or falls (Aging issues) | 32.8% | 37.2% | 38.0% | 41.2% | 43.0% | 37.3% |
| Health care access | 31.3% | 33.8% | 34.7% | 39.7% | 33.3% | 39.1% |
| Active living, such as making it easier to walk, bike, and visit parks | 32.8% | 40.4% | 34.4% | 33.8% | 30.1% | 36.8% |
| Transportation issues | 35.1% | 39.0% | 31.7% | 29.8% | 34.4% | 37.7% |
| The needs of caregivers* | 20.5% | 18.9% | 23.1% | 22.8% | 26.9% | 18.5% |

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

* Statistically significant $p < 0.05$

Table 20 below shows that, overall, in each racial/ethnic sub-group, substance abuse was rated a high priority by the highest percentage of respondents. However, there is some variation in high priority health topics by race/ethnicity. For example, 77.3% of Hispanic respondents rated environmental issues as a high priority, compared to less the 55% of respondents who self-identify as other races or ethnicities. 60.1% of Asian respondents rated mental health as a high priority issue, compared to less the 45% of respondents who self-identify as other races or ethnicities.

Table 20: High Priority Health Topics by Race/Ethnicity, Somerset County, 2015

| | White, Non-Hispanic | Black, Non-Hispanic | Asian, Non-Hispanic | Hispanic, any race | Other race, non-Hispanic |
|------------------------|---------------------|---------------------|---------------------|--------------------|--------------------------|
| Substance abuse* | 70.3% | 56.6% | 74.7% | 79.8% | 79.7% |
| Environmental issues* | 53.4% | 36.5% | 51.2% | 77.3% | 83.1% |
| Mental health | 37.3% | 42.2% | 60.1% | 19.8% | 65.3% |
| Tobacco use* | 41.4% | 46.7% | 32.5% | 40.6% | 30.5% |
| Healthy eating* | 37.4% | 27.5% | 35.4% | 48.2% | 68.6% |
| Overweight/Obesity* | 36.6% | 40.7% | 56.6% | 18.0% | 66.1% |
| Aging issues* | 38.1% | 46.1% | 37.8% | 22.0% | 66.9% |
| Health care access* | 35.9% | 46.1% | 35.4% | 21.2% | 68.9% |
| Active living* | 39.3% | 43.7% | 26.7% | 35.6% | 22.9% |
| Transportation issues* | 38.7% | 43.4% | 30.6% | 30.9% | 19.5% |
| Needs of caregivers* | 21.4% | 5.4% | 10.7% | 42.4% | 7.6% |

DATA SOURCE: Somerset County Community Health Needs Assessment Survey, 2015

NOTE: Other includes Middle Eastern, Non-Hispanic; American Indian/Native American, Non-Hispanic; Other. Non-Hispanic; Two or more races, Non-Hispanic

* Statistically significant $p < 0.05$

The sections below provide areas where community health assessment focus group and interview respondents saw opportunities and needs for future policies, programs, and services in Somerset County.

Behavioral Health Services

"I would love to see people talking more about mental health in a positive way... So that people every 6 months go to the dentist, every year go to a physical, [and] every 6 months check in with a behavioral specialist." – Key informant interview participant

Of all needed services, mental health services and substance abuse services were those identified as most needed in the community. As mentioned earlier, respondents described a need for more behavioral health providers who accept Medicaid. Specific types of needed behavioral health services mentioned included: services for children, including to address academic-related stress; services to address eating disorders; services that are able to address co-occurring disorders of mental illness and substance use; and smoking cessation programs.

Respondents also suggested that broader community education about mental health would help reduce stigma. This broader education and outreach could include parenting and youth programs. Several

respondents also thought more should be done to educate health and social service providers about mental health issues. This included training primary care providers, police officers, and teachers in Mental Health First Aid and Mental Health First Aid for Youth.

Healthy Living and Disease Prevention

“They need to have more workshops for those in the community who have health issues.” – Focus group participant

“Diabetes is just going to keep getting worse unless we start educating the community.” – Key informant interviewee

One theme that emerged frequently was the need for more community education, at the appropriate health literacy level, on health and prevention, and specifically around diabetes and obesity. Respondents discussed challenges to finding the time to prepare healthy food, and suggested that more classes on purchasing and preparing quick, healthy meals would be helpful.

Another prominent theme was a desire for more wellness programming. Worksites were seen as key partners in this. As one interviewee stated, *“for businesses interested in controlling health care costs, smoking and obesity programs can help. Flu shots reduce absenteeism.”* Respondents also expressed a need for more low-cost physical activity opportunities for youth not involved in school sports.

Suggestions for policy and environmental changes included being more proactive around complete streets implementation, including policies around maintaining bike and pedestrian-friendly streets; improving school foods; and encouraging mass transit.

Services for Seniors

Focus group and interview respondents commented that more services were needed for seniors, especially as the population ages. Respondents expressed that it was important for Somerset County to have more wellness programming include exercise programs, education around dementia and Alzheimer’s, opportunities for social activities, and expansion of transportation options. Respondents also recommended continued caregiver supports and services, and for more services around home health to keep down hospital readmission rates. Finally, respondents discussed a need for providing assistance to seniors around navigating health insurance.

Activities for Youth

Respondents, including youth focus group participants, expressed a desire for more activities for local youth, especially for those who do not play competitive sports. Suggestions included youth clubs and adventure programming, engaging camps for older students, and affordable programming for middle school students. Youth focus group members expressed a desire for jobs and things to do when it is cold outside. As one youth focus group participant stated, *“we need activities when it’s cold outside. Games and sports – have something like that during the winter, so people actually do something instead of staying home on their phones. Snowball fights. Ice skating center. Bridgewater has one.”* Respondents also mentioned a need for teaching youth life skills, and also addressing academic-related stress and providing alternative opportunities for youth who may not pursue a four-year college education.

Enhanced Collaboration and Greater Awareness of Existing Services

Although not a prominent theme broadly, a few community organizational interviewees spoke about a desire for greater collaboration across the many health and human service organizations that work in Somerset County, especially for those working with high risk populations. One respondent expressed this as *“these agencies need to know each other—know what is happening in other parts of the county and outside the county. Services their clients need that they are not able to provide.”* Respondents also mentioned a need for raising awareness about already existing services, such as free screening services.

Cultural Competence and Increased Language Access for Non-English Speakers

“We would like to see more programs for adults and children in Spanish.” – Focus Group participant

Some respondents mentioned a need for more language access for non-English speakers. This includes increasing the number of bi-lingual providers and available interpreters in health care settings, and offering more health education programs for Spanish speakers.

SUMMARY OF IDENTIFIED COMMUNITY HEALTH NEEDS

Through a review of the secondary social, economic, and epidemiological data as well as a telephone survey and discussions with community residents and stakeholders, this assessment report examines the current health status of Somerset County residents and its subpopulations, identifies current priority health issues and emerging health concerns, and explores community strengths, resources, and gaps in services to help inform future programming, funding, and policy priorities. Several overarching themes emerged from this synthesis:

- ***Although Somerset County is overall a highly educated, high-income community, pockets of vulnerable populations exist. Transportation and affordability are key concerns for many residents.*** Somerset County overall is a safe, affluent community with excellent schools and a strong infrastructure. However, participants raised concerns about rising housing and other costs in the area, and noted that in particular seniors and young, working families have difficulty making ends meet. Survey data shows that Hispanic residents in particular have trouble finding affordable housing in the area. Many respondents also noted that public transportation is very limited in the area, and cited this as a potential barrier for certain residents to access health care, recreation, and social services.
- ***Mental health and substance abuse issues were considered priority health issues, and a need for additional services was noted.*** A majority of participants stated that behavioral health issues are of key concern for the area. Participants noted that, as a wealthy community, Somerset County has the means to afford substances. Abuse of alcohol, opioids and heroin were described. Many participants also described concerns related to mental health, which sometimes co-occur with substance abuse disorders. Participants described issues of anxiety, stress and depression for adults, and also noted that seniors and young children have unique mental health needs. Stigma and a lack of mental health providers, especially those who accept Medicaid and/or the uninsured, prevent residents from obtaining the mental health care they need.
- ***While Somerset County is perceived to be a health-conscious community, more can be done to encourage physical activity and healthy eating.*** Respondents praised Somerset County's parks system and other recreational opportunities, but a need was expressed for more physical activity opportunities for youth not involved in organized sports. Respondents cited a high density of fast food restaurants and a lack of time for meal preparation as barriers to healthy eating, and expressed a desire for more education around healthy eating. While rates of overweight/obesity in Somerset County are similar to those for the state of New Jersey, residents felt that more could be done in their community to encourage healthy eating and active living.
- ***Overall Somerset County has a strong health care infrastructure, but could benefit from additional services for seniors especially as the population ages.*** In general, respondents felt that high quality health care is available in Somerset County. Health insurance concerns, including confusion around coverage and limitations around the type and frequency of covered services, were discussed. Respondents praised the social services available for seniors, but noted that more support is needed around home health care for seniors.
- ***Somerset County has a wealth of social service organizations and programs, though some expressed a need for stronger connections amongst services and also greater awareness and***

reach throughout the community. Both service providers and residents praised the availability of social service organizations and programs provided through local government, non-profits, and health care institutions. Some participants commented that these organizations themselves could be better connected, and that more could be done to raise awareness about services within the community so as to maximize their reach.

PRIORITIZATION OF NEEDS

Process and Criteria for Prioritization

Issues and Themes Identified in the Community Health Assessment

In June 2015, a summary of preliminary findings from the *2015 Somerset County Community Health Needs Assessment* was presented to the Healthier Somerset coalition and partners for further discussion. The following themes emerged most frequently from a review of the available data and were considered in the selection of the CHIP health priorities:

Substance Abuse

Issues: Opiates (Rx drugs and heroin), marijuana, alcohol

Environmental Issues

Tobacco Use

Issues Related to Aging

Healthy Eating

Mental and Behavioral Health

Issues: Stress, anxiety, depression, stigma, trauma, bullying

Overweight/ Obesity

Health Care Access

Issues: Availability of providers, especially for mental health, physical therapy, and nutrition; health insurance costs

Active Living

Transportation Issues

Caregiver Needs

Chronic Disease

Issues: heart disease, cancer, diabetes, asthma

Process to Set Health Priorities

HRiA presented a rating tool for prioritization populated with twelve key health issues that were identified through the health assessment. Following a group discussion, participants identified three additional key health issues. Participants used the rating tool to rate each health issue based a set of criteria provided: 1=low, 2=medium, 3=high, 4=very high.

RELEVANCE

How Important Is It?

- Burden (magnitude and severity, economic cost; urgency of the problem)
- Community concern
- Focus on equity and accessibility

APPROPRIATENESS

Should We Do It?

- Ethical and moral issues
- Human rights issues
- Legal aspects
- Political and social acceptability
- Public attitudes and values

IMPACT

What Will We Get Out of It?

- Effectiveness
- Coverage
- Builds on or enhances current work
- Can move the needle and demonstrate measureable outcomes
- Proven strategies to address multiple wins

FEASIBILITY

Can We do It?

- Community capacity
- Technical capacity
- Economic capacity
- Political capacity/will
- Socio-cultural aspects
- Ethical aspects
- Can identify easy short-term wins

Participants calculated an overall rating for each health issue by adding their four ratings and entering the total overall rating in the Total Rating column. While active living, healthy eating, and overweight/obesity are interrelated issues, participants chose to keep them separate during the voting process. Each participant received four dots stickers and were asked to place their dots on the four key health issues

that received the four highest overall Total Ratings on their rating worksheet. Participants used their personal judgment to break any ties. The results of the dot voting process are depicted in the table below. Similar health issues receiving a high number of votes were combined to arrive at the four priorities indicated.

| Key Health Issues | Votes |
|--|-------|
| 1. Tobacco use | 3 |
| 2. Transportation issues | 3 |
| 3. <i>Well-being (added by participants)</i> | 3 |
| 4. <i>Housing (added by participants)</i> | 4 |
| 5. Environmental issues (such as water and air quality) | 6 |
| 6. Needs of caregivers | 7 |
| 7. <i>Infectious Disease (added by participants)</i> | 8 |
| 8. Active living (such as making it easier to walk, bike, and visit parks) | 9 |
| 9. Issues related to aging (such as Alzheimer's or falls) | 9 |
| 10. Overweight/obesity | 11 |
| 11. Substance abuse (such as abuse of alcohol and other drugs) | 12 |
| 12. Healthy eating | 13 |
| 13. Health care access | 16 |
| 14. Chronic Disease (management & treatment) | 19 |
| 15. Mental health | 21 |

Prioritized Community Health Needs

The final priorities were selected by participants. After further discussion, some key health issues from the rating exercise (e.g. healthy eating and overweight/obesity; mental health and substance abuse) were combined in the priorities and goals statements. The final priorities are as follows:

Final Priorities:

1. Mental Health and Substance Abuse
2. Healthy Eating and Overweight/Obesity
3. Chronic Disease (Management and Treatment)
4. Health Care Access

Priorities and Goal Statements

Participants moved into four self-selected break-out groups to draft and refine goal statements for each of the priorities:

| Priority Area | Goal Statement |
|---|---|
| Priority Area 1: Mental Health and Substance Abuse | Goal 1: Improve comprehensive services for mental health and/or substance abuse through timely, affordable and appropriate access for all residents. |
| Priority Area 2: Obesity | Goal 2: Prevent and reduce the severity of obesity through education and strategies that promote healthy eating, active living, and behavioral change. |
| Priority Area 3: Chronic Disease | Goal 3: Reduce the impact of chronic disease through prevention, management, and education to improve quality of life. |
| Priority Area 4: Access to Care | Goal 4: To improve the access to and awareness of health care services for those living and working in Somerset County, including underserved populations. |

APPENDIX A. DOCUMENTATION OF COLLABORATIVE PROCESS FOR DEVELOPMENT OF COMMUNITY HEALTH ASSESSMENT

Healthier Somerset partners:

- American Diabetes Association
- Anew Wellness LLC
- Carrier Clinic
- Central Jersey Family Health Consortium
- Community Visiting Nurse Association
- The Courier News
- EmPoWER Somerset
- Final Touch Landscaping LLC
- Greater Somerset Public Health Partnership
- Middle Earth
- Morris-Somerset Regional Chronic Disease Committee
- Natural Medicine & Rehabilitation
- Office of the Somerset Executive County Superintendent of Schools
- The Oscar & Ella Wilf Campus for Senior Living
- Powerhouse Gym
- Richard Hall Mental Health Center
- Ridewise TMA
- Robert Wood Johnson University Hospital Somerset
- Rutgers Cooperative Extension
- Sanofi US
- Somerset County Board of Chosen Freeholders
- Somerset County Business Partnership
- Somerset County Finance Department
- Somerset County Health Department
- Somerset County Health Officers Association:
 - Somerset County Department of Health
 - Bernards Township Health Department
 - Branchburg Township Health Department
 - Bridgewater Township Health Department
 - Hillsborough Township Health Department
 - Middle-Brook Regional Health Commission
 - Montgomery Township Health Department
- Somerset County Office on Aging and Disability Services
- Somerset County Office of Youth Services
- Somerset County Wellness Committee
- Somerset County YMCA
- United Way of Northern New Jersey
- Verizon Wireless
- Visiting Nurse Association of Somerset Hills
- Zufall Health

2015 Somerset CHA Data / Research Subcommittee

Organizations represented:

- Carrier Clinic
- Robert Wood Johnson University Hospital Somerset
- Bernards Township Health Department
- Branchburg Township Health Department
- Middle-Brook Regional Health Commission
- Montgomery Township Health Department
- Somerset County Department of Health

Dates of meetings:

- 2/13/15 (kick-off meeting with full Healthier Somerset coalition)
- 3/19/15
- 4/2/15
- 4/30/15
- 6/11/15
- 6/16/15 (Data presentation and first CHIP Planning Session with full Healthier Somerset coalition)
- 7/9/15
- 7/13/15
- 8/25/15

APPENDIX B: MUNICIPALITIES WITHIN EACH OF THE 7 SOMERSET COUNTY HEALTH DEPARTMENT JURISDICTIONS

| Health Department Jurisdiction | Municipalities Covered |
|--|--|
| Somerset County Department of Health | Bedminster, Far Hills, Franklin, Manville, North Plainfield, Raritan, Somerville |
| Bernards Township Department of Health | Bernards, Bernardsville, Peapack-Gladstone |
| Branchburg Health Department | Branchburg |
| Bridgewater Township Department of Health and Human Services | Bridgewater |
| Hillsborough Township Department of Health | Hillsborough, Millstone Borough |
| Middle-Brook Regional Health Commission | Bound Brook, Green Brook, South Bound Brook, Warren, Watchung |
| Montgomery Township Department of Health | Montgomery, Rocky Hill |

APPENDIX C. FULL LIST OF FOCUS GROUP AND INTERVIEW SECTORS

Organizations involved in focus group recruitment:

1. Bentley Community Services, Inc. (Focus group conducted 4/16/15)
2. EmPoWER Somerset (Focus group conducted 4/14/15)
3. Middle Earth (2 focus groups conducted on 4/16/15)
4. Somerset County YMCA (Focus group conducted 4/16/15)
5. Quail Brook Senior Center (Focus group conducted 4/13/15)

List of Key Informant Interviewee Organizations and Dates of Interviews:

| Organization | Date of Interview |
|--|-------------------|
| 1. Carrier Clinic | 4/14/15 |
| 2. Community Visiting Nurse Association of Somerset County | 4/14/15 |
| 3. Crawford House | 4/14/15 |
| 4. EmPoWER Somerset | 4/15/15 |
| 5. Family & Community Services of Somerset County | 5/19/15 |
| 6. Morris-Somerset Regional Chronic Disease Coalition | 5/27/15 |
| 7. Richard Hall Community Mental Health Center | 5/6/15 |
| 8. Samaritan Homeless Interim Program (SHIP) | 4/14/15 |
| 9. Somerset County Asian American Heritage Month Celebration Committee Leaders | 4/13/15 |
| 10. Somerset County Business Partnership | 4/16/15 |
| 11. Somerset County Department of Human Services | 5/4/15 |
| 12. Somerset County Office on Aging and Disability Services | 5/14/15 |
| 13. Somerset County Health Officers | 4/17/15 |
| 14. Somerset County Prosecutor's Office | 4/13/15 |
| 15. Somerset County School Nurses Association | 5/6/15 |
| 16. United Way | 5/6/15 |
| 17. YMCA | 5/4/15 |
| 18. Zarephath Christian Church / Health Center | 5/11/15 |
| 19. Zufall Health Center | 5/1/15 |

APPENDIX D. 2015 SOMERSET COUNTY COMMUNITY HEALTH ASSESSMENT TELEPHONE SURVEY WEIGHTED RESULTS OVERALL AND BY HEALTH DEPARTMENT JURISDICTION

Table 1. HEALTH STATUS

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|--------------------------|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Perceived general health | | | | | | | | |
| Very Good/Excellent | 53.9% | 55.4% | 49.8% | 51.4% | 52.9% | 52.5% | 54.1% | 64.5% |
| Good | 33.3% | 30.7% | 40.9% | 31.4% | 34.2% | 34.2% | 31.4% | 32.3% |
| Fair/Poor | 12.8% | 13.9% | 9.3% | 17.1% | 12.9% | 13.3% | 14.5% | 3.2% |

Table 2. NUTRITION, PHYSICAL ACTIVITY, WEIGHT

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|--|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Vegetable servings per day | | | | | | | | |
| None | 4.5% | 5.8% | 5.0% | 0.0% | 2.1% | 3.7% | 6.2% | 1.1% |
| 1-2 servings | 57.5% | 56.3% | 62.9% | 63.9% | 59.6% | 55.5% | 56.4% | 54.8% |
| 3-4 servings | 31.3% | 31.8% | 26.6% | 30.6% | 30.8% | 31.2% | 32.0% | 37.6% |
| 5 or more servings | 6.7% | 6.1% | 5.4% | 5.6% | 7.5% | 9.6% | 5.5% | 6.5% |
| Participation in any physical activity/exercise | | | | | | | | |
| Yes | 71.3% | 70.0% | 75.0% | 55.6% | 67.6% | 69.9% | 78.7% | 72.0% |
| No | 28.7% | 30.0% | 25.0% | 44.4% | 32.4% | 30.1% | 21.3% | 28.0% |
| Participation in moderate physical activity/exercise | | | | | | | | |
| Yes | 62.0% | 61.0% | 66.8% | 41.7% | 60.7% | 62.6% | 61.7% | 67.7% |
| No | 38.0% | 39.0% | 33.2% | 58.3% | 39.3% | 37.4% | 38.3% | 32.3% |
| Participation in vigorous physical activity/exercise | | | | | | | | |
| Yes | 52.4% | 50.7% | 58.1% | 36.1% | 53.0% | 51.7% | 55.0% | 50.0% |
| No | 47.6% | 49.3% | 41.9% | 63.9% | 47.0% | 48.3% | 45.0% | 50.0% |
| BMI status | | | | | | | | |
| Underweight | 0.1% | 0.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Normal/healthy weight | 45.2% | 45.2% | 44.3% | 31.4% | 44.4% | 52.3% | 43.2% | 38.0% |
| Overweight | 46.9% | 45.2% | 47.4% | 65.7% | 48.1% | 41.9% | 47.7% | 59.8% |
| Obese | 7.8% | 9.2% | 8.3% | 2.9% | 7.4% | 5.7% | 9.1% | 2.2% |

Table 3. SOCIAL DETERMINANTS

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|--|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Income meets living expenses | | | | | | | | |
| Never | 4.0% | 3.0% | 5.0% | 5.4% | 6.3% | 6.3% | 1.4% | 1.1% |
| Rarely | 20.2% | 23.2% | 18.2% | 43.2% | 19.5% | 17.8% | 15.2% | 16.1% |
| Most of the time | 46.2% | 42.6% | 50.4% | 29.7% | 48.3% | 46.2% | 49.7% | 49.5% |
| Always | 29.7% | 31.1% | 26.4% | 21.6% | 25.8% | 29.7% | 33.8% | 33.3% |
| Housing-related difficulties | | | | | | | | |
| Can't find affordable housing for sale | | | | | | | | |
| Yes | 13.7% | 14.2% | 10.4% | 44.4% | 15.6% | 12.2% | 10.3% | 10.8% |
| No | 86.3% | 85.8% | 89.6% | 55.6% | 84.4% | 87.8% | 89.7% | 89.2% |
| Can't find affordable housing for rent | | | | | | | | |
| Yes | 32.8% | 32.5% | 26.5% | 47.2% | 34.5% | 33.3% | 32.0% | 40.9% |
| No | 67.2% | 67.5% | 73.5% | 52.8% | 65.5% | 66.7% | 68.0% | 59.1% |
| Available/affordable housing is poor quality or too small | | | | | | | | |
| Yes | 34.2% | 34.8% | 29.6% | 47.2% | 30.0% | 37.7% | 36.2% | 34.4% |
| No | 65.8% | 65.2% | 70.4% | 52.8% | 70.0% | 62.3% | 63.8% | 65.6% |
| Can't find accessible housing for my disability and affordable | | | | | | | | |
| Yes | 6.9% | 6.8% | 8.1% | 2.8% | 9.9% | 6.6% | 5.2% | 3.2% |
| No | 29.2% | 30.3% | 20.8% | 19.4% | 25.2% | 31.4% | 33.3% | 39.8% |
| Not Applicable | 63.9% | 62.9% | 71.2% | 77.8% | 64.9% | 62.0% | 61.5% | 57.0% |

Table 4. SCREENINGS

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|--|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Mammogram (out of female respondents aged 40+) | | | | | | | | |
| No | 10.2% | 16.8% | 13.8% | 12.5% | 16.8% | 20.8% | 17.0% | 25.0% |
| Yes, within the past year | 24.6% | 31.4% | 29.2% | 31.3% | 21.3% | 23.3% | 30.6% | 18.2% |
| Yes, within the past 2 years | 9.3% | 10.3% | 9.2% | 18.8% | 14.2% | 12.6% | 14.3% | 15.9% |

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|---|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Yes, within the past 3 years | 27.7% | 20.0% | 26.9% | 12.5% | 25.8% | 25.2% | 14.3% | 18.2% |
| Yes, within the past 5 years | 2.9% | 3.0% | 3.1% | 6.3% | 3.9% | 4.4% | 3.4% | 6.8% |
| Yes, 5 or more years ago | 25.2% | 18.6% | 17.7% | 18.8% | 18.1% | 13.8% | 20.4% | 15.9% |
| Pap test (out of female respondents aged 18+) | | | | | | | | |
| No | 5.2% | 4.9% | 5.3% | 0.0% | 3.8% | 6.9% | 5.4% | 4.5% |
| Yes, within the past year | 29.4% | 32.2% | 25.6% | 17.6% | 22.4% | 30.6% | 34.2% | 25.0% |
| Yes, within the past 2 years | 14.5% | 13.6% | 12.8% | 35.3% | 15.4% | 14.4% | 13.4% | 22.7% |
| Yes, within the past 3 years | 12.1% | 11.7% | 12.0% | 11.8% | 15.4% | 12.5% | 9.4% | 11.4% |
| Yes, within the past 5 years | 19.0% | 15.7% | 24.8% | 5.9% | 24.4% | 20.6% | 16.8% | 15.9% |
| Yes, 5 or more years ago | 19.8% | 22.0% | 19.5% | 29.4% | 18.6% | 15.0% | 20.8% | 20.5% |

Table 5. DIABETES

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|--|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Diabetes diagnosis | | | | | | | | |
| Yes | 6.2% | 6.2% | 4.6% | 0.0% | 7.8% | 4.7% | 9.3% | 2.1% |
| Yes, but female told only during pregnancy | 0.8% | 0.8% | 1.5% | 0.0% | 0.3% | 0.3% | 1.4% | 1.1% |
| No | 89.7% | 89.9% | 90.8% | 91.7% | 87.4% | 91.0% | 86.9% | 94.7% |
| No, pre-diabetes or borderline | 3.3% | 3.0% | 3.1% | 8.3% | 4.5% | 4.0% | 2.4% | 2.1% |
| Taken course on diabetes management | | | | | | | | |
| Yes | 27.6% | 27.5% | 7.7% | 0.0% | 33.3% | 40.0% | 25.8% | 0.0% |
| No | 72.4% | 72.5% | 92.3% | 0.0% | 66.7% | 60.0% | 74.2% | 100.0% |

Table 6. SMOKING, ALCOHOL, AND OTHER SUBSTANCES

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|---------------|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Cigarette use | | | | | | | | |
| Every Day | 9.6% | 9.3% | 14.3% | 22.2% | 8.7% | 8.7% | 4.8% | 16.1% |
| Some Days | 5.0% | 4.6% | 3.1% | 0.0% | 4.2% | 7.4% | 5.9% | 7.5% |

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|---|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Not at All | 85.4% | 86.2% | 82.6% | 77.8% | 87.1% | 83.9% | 89.3% | 76.3% |
| Tried to quit smoking in past 12 months | | | | | | | | |
| Yes | 55.4% | 47.0% | 75.6% | 22.2% | 72.1% | 39.6% | 61.3% | 54.5% |
| No | 44.6% | 53.0% | 24.4% | 77.8% | 27.9% | 60.4% | 38.7% | 45.5% |
| Days per week consumed at least one drink | | | | | | | | |
| None | 47.8% | 49.2% | 43.1% | 67.6% | 43.3% | 49.0% | 47.6% | 53.6% |
| 1 to 2 days per week | 51.4% | 50.3% | 56.9% | 32.4% | 55.8% | 49.7% | 51.7% | 43.3% |
| 3 to 4 days per week | 0.8% | 0.6% | 0.0% | 0.0% | 0.9% | 1.3% | 0.7% | 3.1% |
| Days in past 30 days consumed at least one drink | | | | | | | | |
| None | 22.8% | 24.3% | 24.2% | 35.3% | 22.4% | 24.2% | 16.5% | 19.6% |
| 1 to 2 days per month | 59.9% | 59.3% | 58.7% | 58.8% | 62.6% | 56.7% | 63.7% | 57.7% |
| 3 to 7 days per month | 17.2% | 16.4% | 16.7% | 5.9% | 15.0% | 19.1% | 19.9% | 22.7% |
| 8 to 14 days per month | 0.05% | 0.0% | 0.4% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Consumed 5 or more drinks (4 for women) in past 30 days | | | | | | | | |
| None | 78.6% | 80.7% | 75.5% | 90.9% | 81.9% | 77.4% | 74.9% | 70.5% |
| Once | 17.2% | 15.2% | 19.6% | 9.1% | 14.1% | 17.7% | 21.5% | 23.1% |
| Twice | 3.5% | 3.7% | 3.9% | 0.0% | 3.2% | 4.0% | 2.7% | 3.8% |
| 3 to 4 times | 0.7% | 0.4% | 0.5% | 0.0% | 0.8% | 0.9% | 0.9% | 2.6% |
| 5 or more times | 0.1% | 0.0% | 0.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| Substance use in past 12 months | | | | | | | | |
| Marijuana | | | | | | | | |
| Yes | 8.9% | 8.7% | 8.1% | 21.6% | 8.4% | 7.6% | 7.3% | 19.1% |
| No | 91.1% | 91.3% | 91.9% | 78.4% | 91.6% | 92.4% | 92.7% | 80.9% |
| Prescription painkillers without R _x | | | | | | | | |
| Yes | 7.1% | 5.1% | 8.9% | 13.9% | 6.3% | 11.3% | 5.9% | 6.4% |
| No | 92.9% | 94.9% | 91.1% | 86.1% | 93.7% | 88.7% | 94.1% | 93.6% |
| Other prescription painkillers without R _x | | | | | | | | |
| Yes | 2.7% | 1.9% | 3.5% | 0.0% | 0.9% | 4.6% | 3.5% | 4.3% |
| No | 97.3% | 98.1% | 96.5% | 100.0% | 99.1% | 95.4% | 96.5% | 95.7% |
| Heroin | | | | | | | | |
| Yes | 1.0% | 0.8% | 0.8% | 0.0% | 2.1% | 0.0% | 0.3% | 5.4% |
| No | 99.0% | 99.2% | 99.2% | 100.0% | 97.9% | 100.0% | 99.7% | 94.6% |
| Other illegal drugs | | | | | | | | |

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|-----|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Yes | 4.9% | 3.9% | 4.2% | 21.6% | 5.1% | 4.3% | 4.2% | 11.8% |
| No | 95.1% | 96.1% | 95.8% | 78.4% | 94.9% | 95.7% | 95.8% | 88.2% |

Table 7. MENTAL HEALTH

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|---|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Days felt sad, blue, or depressed | | | | | | | | |
| No days | 64.9% | 65.2% | 70.4% | 58.3% | 69.2% | 59.8% | 61.5% | 60.6% |
| 1 to 2 days | 25.9% | 26.5% | 18.7% | 25.0% | 20.7% | 30.2% | 30.2% | 33.0% |
| 3 to 7 days | 6.8% | 6.2% | 8.2% | 11.1% | 7.0% | 8.0% | 5.8% | 4.3% |
| 8 to 14 days | 2.3% | 2.1% | 2.7% | 5.6% | 3.0% | 2.0% | 2.4% | 0.0% |
| 15 or more days | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 2.1% |
| Days felt worried, tense, or anxious | | | | | | | | |
| No days | 27.1% | 29.6% | 31.2% | 19.4% | 19.8% | 24.3% | 28.3% | 31.2% |
| 1 to 2 days | 1392.2% | 14.9% | 11.2% | 27.8% | 16.8% | 11.3% | 12.4% | 8.6% |
| 3 to 7 days | 49.7% | 46.1% | 50.4% | 41.7% | 51.5% | 53.5% | 53.4% | 51.6% |
| 8 to 14 days | 7.7% | 7.9% | 6.5% | 11.1% | 10.4% | 8.0% | 4.8% | 7.5% |
| 15 or more days | 1.7% | 1.5% | 0.8% | 0.0% | 1.5% | 3.0% | 1.0% | 1.1% |
| Discussed with doctor about mental health | | | | | | | | |
| Yes | 30.8% | 34.1% | 26.5% | 47.2% | 34.5% | 25.7% | 25.8% | 28.0% |
| No | 69.2% | 65.9% | 73.5% | 52.8% | 65.5% | 74.3% | 74.2% | 72.0% |

Table 8. ADULT IMMUNIZATION

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|---|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Flu vaccine in past 12 months (out of respondents aged 65+) | | | | | | | | |
| Yes | 72.8% | 66.0% | 60.7% | 100.0% | 87.3% | 75.0% | 81.8% | 64.7% |
| No | 27.2% | 34.0% | 39.3% | 0.0% | 12.7% | 25.0% | 18.2% | 35.3% |
| Discussed with doctor about adult immunizations in past 2 years | | | | | | | | |
| Yes | 18.4% | 19.9% | 13.5% | 30.6% | 23.1% | 15.0% | 16.2% | 15.1% |

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|----|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| No | 81.6% | 80.1% | 86.5% | 69.4% | 76.9% | 85.0% | 83.8% | 84.9% |

Table 9. HEALTH COVERAGE

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|---|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Health care coverage | | | | | | | | |
| Yes | 75.9% | 76.1% | 81.1% | 75.0% | 77.2% | 73.8% | 74.5% | 63.4% |
| No | 24.1% | 23.9% | 18.9% | 25.0% | 22.8% | 26.2% | 25.5% | 36.6% |
| Reasons could not see doctor in past 12 months | | | | | | | | |
| Cost | | | | | | | | |
| Yes | 22.3% | 21.1% | 19.2% | 19.4% | 21.3% | 22.5% | 25.5% | 34.4% |
| No | 77.7% | 78.9% | 80.8% | 80.6% | 78.7% | 77.5% | 74.5% | 65.6% |
| Insurance problems | | | | | | | | |
| Yes | 29.9% | 27.9% | 31.5% | 36.1% | 27.5% | 31.4% | 30.3% | 40.4% |
| No | 70.1% | 72.1% | 68.5% | 63.9% | 72.5% | 68.6% | 69.7% | 59.6% |
| Transportation problems | | | | | | | | |
| Yes | 8.8% | 10.9% | 4.7% | 11.1% | 6.6% | 10.6% | 6.5% | 9.7% |
| No | 91.2% | 89.1% | 95.3% | 88.9% | 93.4% | 89.4% | 93.5% | 90.3% |
| Reasons could not get prescribed medication in past 12 months | | | | | | | | |
| Cost | | | | | | | | |
| Yes | 6.0% | 6.3% | 1.5% | 16.7% | 8.1% | 7.6% | 4.8% | 3.2% |
| No | 94.0% | 93.7% | 98.5% | 83.3% | 91.9% | 92.4% | 95.2% | 96.8% |
| Insurance problems | | | | | | | | |
| Yes | 4.4% | 5.4% | 3.8% | 8.3% | 3.6% | 3.3% | 2.7% | 8.6% |
| No | 95.6% | 94.6% | 96.2% | 91.7% | 96.4% | 96.7% | 97.3% | 91.4% |
| Transportation problems | | | | | | | | |
| Yes | 8.7% | 10.5% | 6.9% | 8.3% | 7.2% | 7.9% | 7.9% | 7.5% |
| No | 91.3% | 89.5% | 93.1% | 91.7% | 92.8% | 92.1% | 92.1% | 92.5% |

Table 10. DISASTER PLANNING

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|---------------------------------------|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Disaster evacuation plan in household | | | | | | | | |
| Yes | 57.3% | 58.5% | 51.5% | 50.0% | 46.8% | 63.7% | 63.8% | 64.5% |
| No | 42.7% | 41.5% | 48.5% | 50.0% | 53.2% | 36.3% | 36.2% | 35.5% |
| Disaster supply kit in household | | | | | | | | |
| Yes | 21.6% | 20.9% | 19.2% | 13.9% | 18.3% | 25.5% | 23.1% | 32.3% |
| No | 78.4% | 79.1% | 80.8% | 86.1% | 81.7% | 74.5% | 76.9% | 67.7% |

Table 11. PRIORITY HEALTH TOPICS

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|--|-----------------------------------|----------------------|-------------------------------|-----------------------|----------------------------------|-----------------------------------|--------------------------|--------------------------------|
| Health topic priorities for county funding/resources | | | | | | | | |
| Overweight/Obesity | | | | | | | | |
| Low priority | 5.6% | 5.1% | 8.1% | 8.3% | 5.1% | 7.6% | 3.4% | 5.3% |
| Medium priority | 55.1% | 56.2% | 51.0% | 58.3% | 56.2% | 55.4% | 53.4% | 55.3% |
| High priority | 39.3% | 38.7% | 40.9% | 33.3% | 38.7% | 37.0% | 43.1% | 39.4% |
| Healthy eating | | | | | | | | |
| Low priority | 18.9% | 20.5% | 20.5% | 18.9% | 19.2% | 16.8% | 16.6% | 13.0% |
| Medium priority | 41.6% | 41.5% | 47.7% | 45.9% | 45.2% | 37.6% | 36.6% | 38.0% |
| High priority | 39.6% | 38.0% | 31.8% | 35.1% | 35.6% | 45.5% | 46.9% | 48.9% |
| Active living | | | | | | | | |
| Low priority | 9.8% | 10.8% | 12.0% | 5.6% | 7.5% | 7.9% | 9.7% | 11.8% |
| Medium priority | 54.1% | 52.4% | 55.2% | 47.2% | 52.1% | 57.6% | 56.6% | 58.1% |
| High priority | 36.1% | 36.8% | 32.8% | 47.2% | 40.4% | 34.4% | 33.8% | 30.1% |
| Mental health | | | | | | | | |
| Low priority | 4.2% | 3.9% | 6.6% | 2.7% | 3.0% | 4.0% | 4.8% | 3.2% |
| Medium priority | 55.2% | 58.9% | 50.8% | 59.5% | 52.3% | 53.8% | 53.4% | 57.0% |
| High priority | 40.6% | 37.2% | 42.6% | 37.8% | 44.7% | 42.2% | 41.7% | 39.8% |
| Substance abuse | | | | | | | | |
| Low priority | 10.6% | 10.3% | 8.9% | 10.8% | 8.7% | 10.3% | 13.7% | 16.1% |
| Medium priority | 17.7% | 19.1% | 16.2% | 21.6% | 19.2% | 17.2% | 14.4% | 15.1% |
| High priority | 71.6% | 70.5% | 74.9% | 67.6% | 72.2% | 72.5% | 71.8% | 68.8% |

| | Overall Somerset County (N=1,998) | Somerset HDJ (N=712) | Bernards Township HDJ (N=269) | Branchburg HDJ (N=34) | Bridgewater Township HDJ (N=321) | Hillsborough Township HDJ (N=298) | Middle-Brook HDJ (N=267) | Montgomery Township HDJ (N=97) |
|-----------------------|--|-------------------------|-------------------------------------|--------------------------|--|---|-----------------------------|--------------------------------------|
| Tobacco use | | | | | | | | |
| Low priority | 21.8% | 20.5% | 30.2% | 22.2% | 22.8% | 19.1% | 19.9% | 18.3% |
| Medium priority | 38.5% | 36.9% | 36.8% | 27.8% | 33.3% | 43.6% | 43.3% | 47.3% |
| High priority | 39.8% | 42.6% | 32.9% | 50.0% | 43.8% | 37.3% | 36.8% | 34.4% |
| Aging issues | | | | | | | | |
| Low priority | 20.2% | 20.4% | 17.8% | 11.1% | 21.9% | 22.4% | 18.6% | 23.7% |
| Medium priority | 41.7% | 42.3% | 49.4% | 36.1% | 40.8% | 39.6% | 40.2% | 33.3% |
| High priority | 38.1% | 37.3% | 32.8% | 52.8% | 37.2% | 38.0% | 41.2% | 43.0% |
| Needs of caregivers | | | | | | | | |
| Low priority | 21.8% | 20.7% | 30.1% | 22.2% | 22.8% | 19.1% | 20.0% | 18.3% |
| Medium priority | 57.8% | 60.8% | 49.4% | 63.9% | 58.3% | 57.8% | 57.2% | 54.8% |
| High priority | 20.4% | 18.5% | 20.5% | 13.9% | 18.9% | 23.1% | 22.8% | 26.9% |
| Environmental issues | | | | | | | | |
| Low priority | 4.4% | 5.5% | 3.1% | 2.8% | 5.1% | 3.3% | 3.5% | 4.3% |
| Medium priority | 39.1% | 37.7% | 44.4% | 44.4% | 46.4% | 37.6% | 33.9% | 28.0% |
| High priority | 56.5% | 56.8% | 52.5% | 52.8% | 48.5% | 59.1% | 62.6% | 67.7% |
| Transportation issues | | | | | | | | |
| Low priority | 6.7% | 7.2% | 6.9% | 8.3% | 6.3% | 5.9% | 7.3% | 5.4% |
| Medium priority | 57.7% | 55.2% | 57.9% | 50.0% | 54.7% | 62.4% | 63.0% | 60.2% |
| High priority | 35.6% | 37.7% | 35.1% | 41.7% | 39.0% | 31.7% | 29.8% | 34.4% |
| Health care access | | | | | | | | |
| Low priority | 7.4% | 7.3% | 8.5% | 5.4% | 7.8% | 8.3% | 6.2% | 4.3% |
| Medium priority | 56.0% | 53.6% | 60.2% | 51.4% | 58.4% | 57.1% | 54.1% | 62.4% |
| High priority | 36.6% | 39.1% | 31.3% | 43.2% | 33.8% | 34.7% | 39.7% | 33.3% |