



**North Jersey Health Collaborative**

health matters

# Community Health Needs Assessment

## Warren County



Warren County Health Department



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2021

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## EXECUTIVE SUMMARY

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



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

### **Key Objectives of this Report:**

- Describe the county landscape and socio-demographic characteristics, health status and disparities.
- Engage community partners and residents to identify gaps or unmet needs related to health and well-being.
- Assist the NJHC and community partners to identify needs and develop effective shared strategies and solutions with the greatest impact.

### **Warren County Highlights: Combining Community Perspective and Qualitative Data**

Building on our 2019 community health needs assessment and the data available on our data portal ([www.njhealthmatters.org](http://www.njhealthmatters.org)), the 2021 assessment focuses on both individual health related issues and outcomes along with the larger social determinants of health. Overall, Warren County has significant strengths and assets, but the rural landscape of the county poses its challenges to the health and wellbeing of residents. There are significant disparities from one community, or zipcode, to another.



In 2021, the NJHC launched the *Social Determinants of Health Community Survey*. With 35 respondents from collaborative partners in Warren County, this survey placed a large emphasis on letting the perspectives of members who live and work in our communities, shape our work. Some of the top issues identified by Warren County residents through the survey include: access to affordable health care (including health insurance) that covers all aspects of health; access to places where people can buy healthy foods at affordable prices; and access to affordable, safe and high-quality childcare and social support.

Through our secondary data analysis, it was identified that some of Warren County's worst performing health indicators were age-adjusted death rate due to colorectal cancer, mothers who received early prenatal care, atrial fibrillation, depression, and chronic kidney disease in the Medicare population, pancreatic cancer incidence rates, and very preterm births. Several of the worst performing health indicators impact our senior population, making it essential to monitor these health issues as the county population continues to age and the Medicare population continues to grow. Maternal and child health, particularly in Warren County, as well as mental health and substance use, continue to be of concern to public health professionals.

In addition to the aforementioned data sources, the Warren County Community Health Needs Assessment also incorporates hospital emergency room data. This data, from 2017, was initially compiled by the New Jersey Department of Health, and with the help of Atlantic Hospital System, Warren County-specific data was provided for the Warren County Health Department. The emergency room data includes all visits to New Jersey emergency rooms by New Jersey residents. The hospital data is helpful to further identify general trends and areas of unmet need.

After discussion with the CHIC of Warren County, NJHA partners prioritized the following health-related needs:

- Access to Care
- Safe Communities
- Chronic Disease
- Substance Use
- Maternal and Child Health
- Mental Health
- Economic Stability
- Transportation
- Nutrition & Physical Activity



## ACKNOWLEDGEMENTS

This edition of the NJHC Warren County Community Health Needs Assessment was developed in partnership with the Warren County Community Health Improvement Coalition partners (see appendix). The Committee includes public health and local government agencies, hospitals and health care providers, community-based organizations, in addition to other community stakeholders. The assessment process and facilitation of the Community Health Needs Assessment was led by the NJHC Regional Data Committee, under the shared governance of the NJHC Executive Committee and Board of Trustees (see appendix). We extend our thanks and appreciation to the numerous organizations that participated in this process.

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We would also like to thank Laura O'Reilly Stanzilis, Executive Director of the NJHC and Daniel Wikstrom for their support on this project.

Questions regarding this report should be directed to [info@njhealthmatters.org](mailto:info@njhealthmatters.org).

The Community Health Improvement Plan (CHIP) will be developed from this assessment and serves as our roadmap to improving the health of residents who live in northern New Jersey. The NJHC would like to thank everyone who participated in the development of the Community Health Needs Assessment and the Community Health Improvement Plan.



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## Chapter 1: ABOUT WARREN COUNTY

Nestled in the Northwest corner of New Jersey, Warren County is a predominately rural county with beautiful outdoor spaces and farmland, charming small towns, and growing industry. The Board of Chosen Commissioners governs the county. Interstate routes 80 and 78 both cross the county, connecting citizens to neighboring counties including Morris and Hunterdon, as well as Pennsylvania and New York.

### Population Demographics

With a population of 105,267 residents and an area of about 357 square miles, the population density is markedly lower than the overall state population density.<sup>1</sup> The county’s three most populated towns include Phillipsburg (population 14,249), Hackettstown (population 10,248), and Washington Borough (population 7,299).<sup>2</sup> The rest of Warren County’s residents live in more suburban and rural communities.

While most Warren County residents are white, racial and ethnic minority populations continue to grow. The Hispanic population more than doubled, from 3.7% in 2000 to 10.2% in 2019.<sup>1</sup> Additionally, roughly 12% of Warren County households speak a language other than English at home.<sup>1</sup> Although cultural and language barriers continue to persist, Warren County service providers are trying to mitigate these barriers by hiring bilingual staff, translating their resource materials, and adding culturally relevant services.

As shown in the table, over 90% of Warren County residents over the age of 25 have at least a high school diploma, with 33% of residents having a bachelor’s degree or higher. While Warren County has a slightly higher percentage of people who have obtained a high school

Educational Quick-Facts (2015-2019) <sup>1</sup>	Warren County	New Jersey
High School Graduate or Higher	91.5%	89.8%
Bachelor’s Degree or Higher	33.0%	39.7%
<a href="#">Number of Colleges or Universities</a>	2	111

diploma or further education than New Jersey, the state has a higher percentage of people who have received a bachelor’s degree or higher than Warren County. According to the secondary data analysis, Warren County had more people 25+ with a high school degree or higher, when compared to other New Jersey counties, as well as the state and nation overall.

<sup>1</sup> U.S. Census Bureau. (2020). *American Community Survey: State and County QuickFacts, New Jersey*. Retrieved from <https://www.census.gov/quickfacts/fact/table/warrencountynewjersey,US/POP010220>

<sup>2</sup> U.S. Census Bureau, 2020 Census of Population and Housing, updated every 10 years. [Decennial Census by Decades](#). Retrieved from <https://www.census.gov/quickfacts/fact/table/warrencountynewjersey,nj,US/PST045217>





# North Jersey Health Collaborative

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Socio-economic status and educational attainment are closely tied to individual-level health outcomes and can also greatly impact the health of neighborhoods and larger communities. Research shows that socioeconomically disadvantaged individuals typically suffer from poorer health outcomes than their wealthier, more educated peers (Edwards, R. D. & Tuljapurkar, S., 2005<sup>3</sup>; Backlund, E. et al., 2007<sup>4</sup>). [About 7% of Warren County households are at the poverty level.](#) Additionally, the data show that [about 28% of Warren County households meet ALICE \(Asset Limited, Income Constrained, Employed\) criteria.](#) Parts of the county, which include Belvidere, Phillipsburg, Mansfield, White Township, Alpha, and Hackettstown, [have a higher ALICE percentage.](#) The United Way ALICE Project is a nationwide effort to quantify and describe the number of households who are struggling financially.<sup>4</sup> Although individuals in these families are employed, they are still having trouble with financial independence and self-sufficiency. This phenomenon is often demonstrated by

the “welfare cliff.”

When families are receiving enough assistance, often through SNAP (Supplemental Nutrition Assistance Program), also formerly known as

Economic Quick-Facts (2015-2019) <sup>1,5</sup>	Warren County	New Jersey
<b>Employment Status</b>		
Employed	67.1%	65.5%
Unemployed	6.9%	7.3%
<b>Income &amp; Benefits</b>		
Median household income	\$81,307	\$82,545
Per Capita Income in Past 12 Months	\$39,802	\$42,745
Persons in Poverty	7.1%	9.2%
<i>Phillipsburg</i>	17.6%	
<i>Hackettstown</i>	11.6 %	

Food Stamps, and cash assistance from TANF (Temporary Assistance for Needy Families), families are barely receiving enough assistance to survive. When individuals in the family begin to work, and the public assistance benefits are cut due to the family no longer being eligible, typically due to their increased income, we see families’ financial situations decline. Each financial decision is made as a trade-off, perhaps paying for childcare so the adults can continue to work, instead of paying the electric or gas bill.

Respondents of the *Social Determinants of Health Community Survey* indicated that income, transportation and affordable housing represent significant barriers to health in Warren County. As economic opportunity and industry continue to find their way to Warren County, growth does not come without a trade-off. Many residents of the county appreciate the open space and small communities, and do not want more industry, noises, or traffic in their town. That mentality, coupled with the Highlands Preservation Act, makes bolstering the economy difficult.

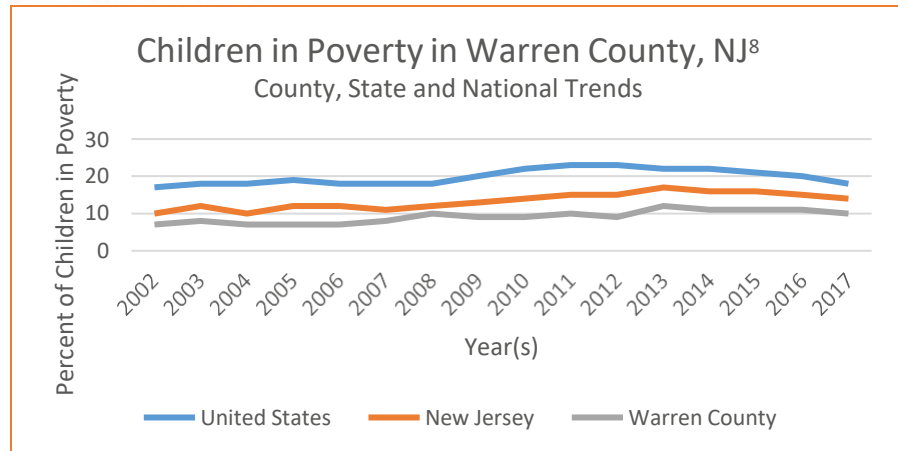
<sup>3</sup> Edwards, R. D., & Tuljapurkar, S. (2005). Inequality in life spans and a new perspective on mortality convergence across industrialized countries. *Population and Development Review*, 31, 645-675.

<sup>4</sup> Backlund, E, Rowe, G., Lynch, J., Wolfson, M. C., Kaplan, G. A., & Sorlie, P. D. (2007). Income inequality and mortality: A multilevel prospective study of 521,248 individuals in 50 US states. *International Journal of Epidemiology*, 36, 590-596.

<sup>4</sup> ALICE In New Jersey: A Financial Hardship Study. (2020). Retrieved August, 2021, from <https://www.unitedforalice.org/all-reports>



Economic development and financial stability are key determinants of overall wellbeing and health outcomes. As of July 2021, the unemployment rate in Warren County was 6.9%, which is slightly lower than the unemployment rate in New Jersey at 7.3%.<sup>5</sup> In 2019, the median



household income in Warren County was \$81,307, which is only slightly lower than the New Jersey median household income of \$82,545.<sup>1</sup> [According to the secondary data analysis](#), Warren County ranks 12<sup>th</sup> of New Jersey counties for per capita income, but negative disparities exist among Hispanic/Latinos, people of two or more races, and “other” races. There are also more individuals living below the poverty level in two of the more urban parts of Warren County. In Phillipsburg the poverty rate is 17.6%, while in Hackettstown the poverty rate is 11.6%.<sup>1</sup> Both of those poverty rates are higher than the overall poverty rate of Warren County, which is 7.1% and exceed the poverty rate in New Jersey at 9.2%.<sup>1</sup> [According to the secondary data analysis](#), Warren County ranks better than other New Jersey counties, as well as the state and nation overall, in terms of families living below the poverty level, but negative disparities exist for families that identify as Black Non- Hispanic, Hispanic, in addition to other racial minorities.

Safe and affordable housing is a concern for Warren County residents. Warren County is home to low-income housing, but there is still a greater need. According to The Eviction Lab at Princeton University, Warren County experienced 1,331 eviction filings in 2016, while our neighboring counties, Sussex and Hunterdon, experienced 718 and 277 eviction filings, respectively.<sup>6</sup> In 2019, most low-income renting families spend more than half of their income on rent, while about 25% of families spend over 70% of their income on housing and utilities and only about 25% of families who qualify for affordable or low-income housing actually receive the services that they need.<sup>6</sup> With already limited income, it can be hard for families to remain up to date on bills.

Evictions in a Tri-County Area <sup>6</sup>	
County	Eviction Filings
Hunterdon County	277
Sussex County	718
Warren County	1,331

<sup>5</sup> Local Area Unemployment Statistics Map. (2020). Retrieved April 29, 2019, from [https://data.bls.gov/lausmap/showMap.jsp;jsessionid=89BEDA249FE0888273DA49AE257FC322. t3\\_06v](https://data.bls.gov/lausmap/showMap.jsp;jsessionid=89BEDA249FE0888273DA49AE257FC322. t3_06v)

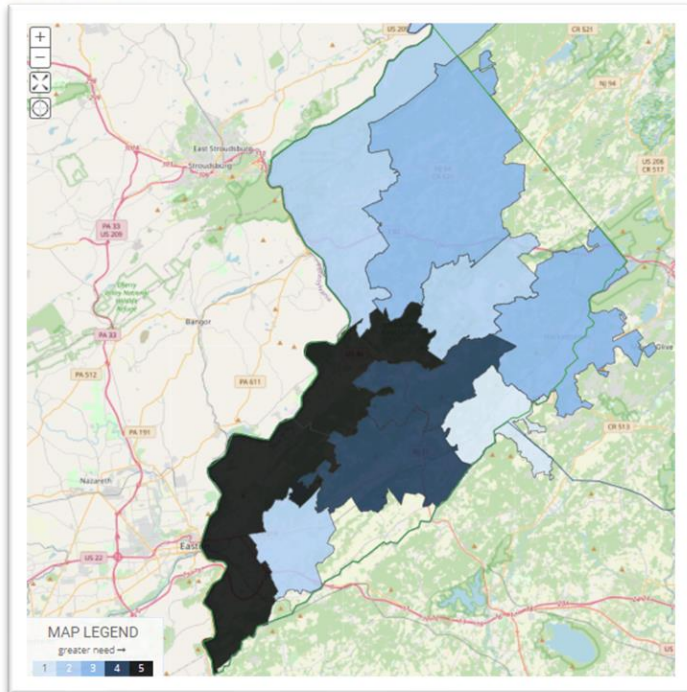
<sup>6</sup> Eviction Lab. (2016). Eviction Map & Data. Retrieved August, 2021, from <https://evictionlab.org/map/%23/#/2016?geography=states&type=er&locations=34041,-74.986,40.843>





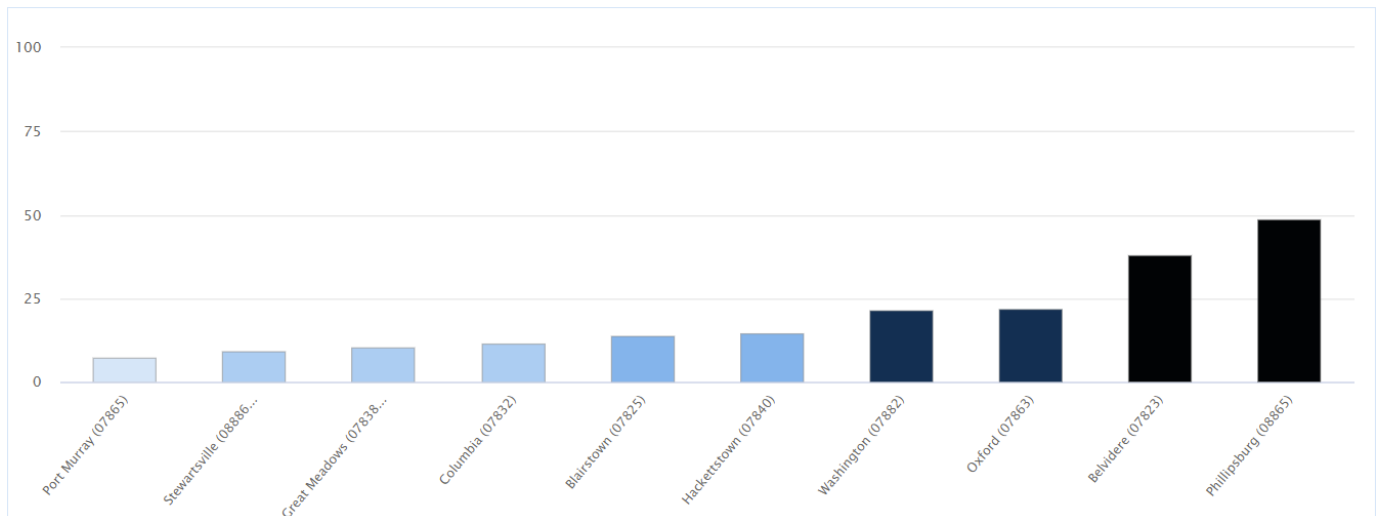
### Socio-Economic Profile

The SocioNeeds Index, created by Conduent Community Health Solutions, is a measure of socioeconomic need that is correlated with poor health outcomes. Factors that are included in the calculation of the SocioNeeds index score include education, employment and income. All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need)



to 100 (high need). According to the map legend, Port Murray and Stewartsville are ranked 1<sup>st</sup>, meaning the lowest need exists there, while Phillipsburg has the highest need within Warren County.

Socio-Needs Index Value by Zip Code Data in Warren County



Data broken down by Census Tract can be found [here](#).



## Chapter 2:

### OUR ASSESSMENT PROCESS

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

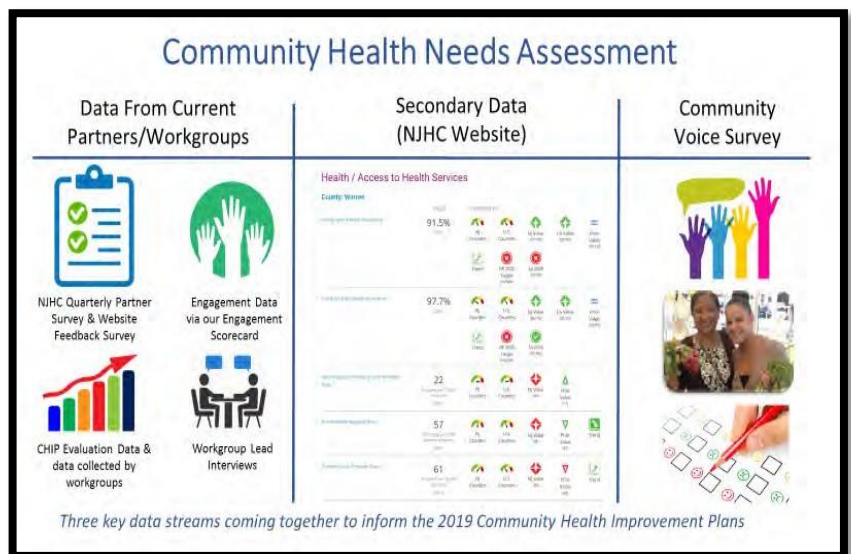
#### CHNA and CHIP Workgroup of Warren County

Each County has a project team that includes NJHC county chairs and public health professionals assigned by health officers. Teams meet monthly and hold additional meetings as needed. Our collaborative process includes quarterly county committee meetings, countywide workgroups, and collective strategic planning efforts to ensure the health and wellbeing of all Warren County residents. The Community Health Needs Assessment process brings together data from our previous (2019) Community Health Improvement Plan, workgroups, secondary data from our NJ Health Matters website ([www.njhealthmatters.org](http://www.njhealthmatters.org)), and results of our *Social Determinants of Health Community Survey*.

#### Building on our First Assessment - Warren County Committee Work Groups

Our first shared CHNA took place in 2015 and it identified priority areas relevant to Warren County: including

obesity, cardiovascular disease and diabetes, and mental health. Based on these results, the NJHC and the Warren County Committee created a shared Community Health Improvement Plan (CHIP) of strategies and metrics to respond to these areas of need. In 2020, Cross-Collaborative Workgroups were created to address community needs across all 5 counties of the collaborative. Workgroup topics include social determinants of health, chronic disease, healthy aging, mental health, nutrition, obesity, and physical activity. The 2015 and 2019 Community Health Needs Assessment, in addition to the Community Health Improvement Plan can be found on Warren County’s website. Many of the community partner efforts that began with the 2015 and 2019 assessments will continue and help fuel future collaborative initiatives.





## Secondary Data Analysis (2019)

As part of the 2019 community health needs assessment process, a secondary data analysis was conducted by the NJHC Regional Data Committee. This analysis ranked and scored more than 150 health indicators from our [www.njhealthmatters.org](http://www.njhealthmatters.org) website, which includes measurements of illness or disease, as well as behaviors and actions related to health. Scores were assigned to each indicator based on a comparison of the county to other New Jersey counties, whether state and national health targets have been met, and the directional trend of the indicator value over time. You can download the secondary data analysis spreadsheet from the NJHC website. Additionally, the secondary data analysis for Warren County is included in this report as an appendix.

This information was shared with the county partners at the April 2020 County Committee meetings to help inform the proposal of community health improvement strategies at the August Planning & Strategies meeting. Data was presented in four ways, worst performing indicators overall, worst health-performing indicators, worst traditional non-health related indicators (i.e., social, economic, environmental factors, etc.), presence of statistically significant negative disparities, and finally indicators that are trending in a negative direction from the overall value for each indicator.

Through our secondary data analysis, it was identified that some of Warren County's worst performing health indicators were age-adjusted death rate due to Colorectal Cancer, mothers who received early prenatal care, atrial fibrillation, depression, and chronic kidney disease in the Medicare population, pancreatic cancer incidence rates, and very preterm births. A significant portion of the worst performing health indicators impact our senior population. The data analysis spreadsheet also includes a column to identify whether or not any statistically significant disparities were found for specific races and ethnicities, gender, and age.

The NJHC partners understand secondary data, especially at the county level, tells just one part of the story of health. To gain a better perspective, NJHC partners set out to combine both secondary and more localized primary data collection efforts to more effectively identify, analyze and strategize about issues important to the community and its stakeholders.



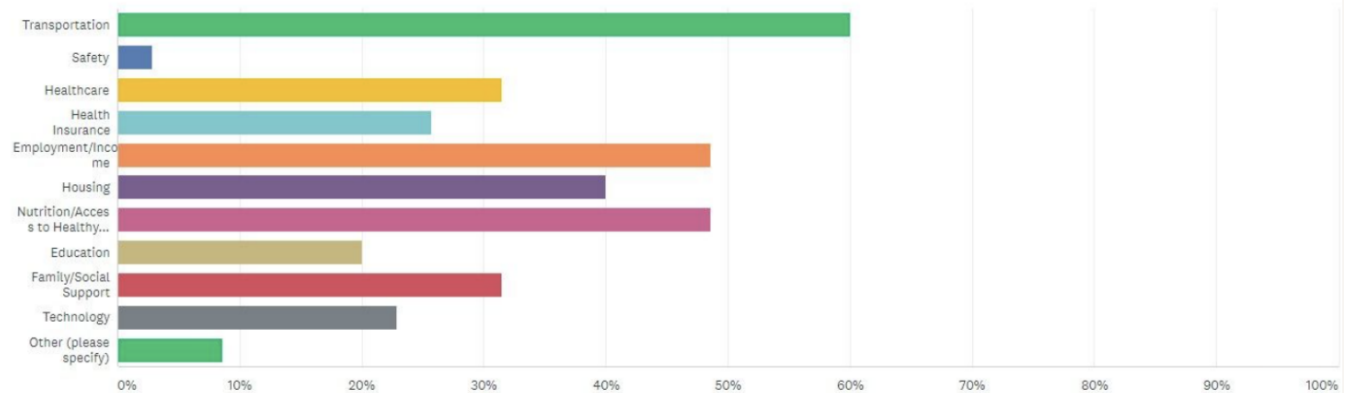
### Community Perspective: *The Social Determinants of Health Community Survey*

Our Community partners who are working with, and providing direct services to members of their communities participated in a Social Determinants of Health Survey. Collaboration on this process shows us what the needs are in various communities, so we may partner with those same organizations to increase access, programs and services to promote healthy equity. The data represents the voices of our partners that participated in the survey. Some of the top issues identified by Warren County survey respondents include:

- Access to transportation so people can get to work, school, businesses, healthcare facilities, and places of worship easily and safely
- Access to places where people can buy healthy foods at affordable prices
- Access to employment, job security, and a living wage
- Availability of affordable housing that is safe and clean
- Access to affordable health care (including health insurance) that covers all aspects of health
- Access to affordable, safe and high-quality childcare and social support
- Improving access to education and technology among people of all ages and ability
- Availability of public places that people can safely walk or bike to

What social issues you have identified in your community that may be negatively impacting health outcomes? Check all that apply

Answered: 35 Skipped: 4



Social Determinants of Health

1



## Chapter 3:

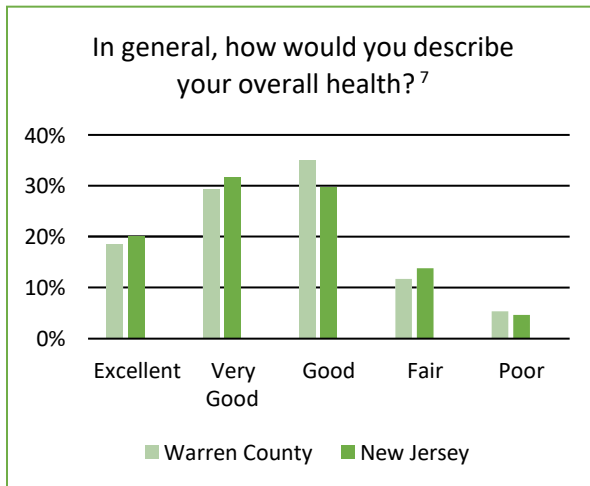
# BRINGING IT ALL TOGETHER

A summary of the data streams included in this assessment are provided in this section in the following broad categories:

- Access to Care
- Chronic Disease
- Maternal & Child Health
- Environmental Health
- Mental Health
- Substance Use
- Communicable Disease
- Health Behaviors

### Access to Care

The Centers for Disease Control and Prevention, CDC, collect data from states and counties, including Warren County. Each year this data is compiled into the Behavioral Risk Factor Surveillance System (BRFSS) Survey.<sup>7</sup> This survey collects information on a variety of health-related topics, from smoking and stress to injuries and immunizations.



In the BRFSS Survey, respondents are asked to rate their overall health. As shown in the graph, over 80% of Warren County residents rated their own overall health between “excellent” and “good”, which is a slightly higher majority than New Jersey overall.

Quality of Life is an important measure when determining the health status of both individuals and communities. According to the County Health Rankings, Warren County residents reported having poor physical and mental health days more often each year than New Jersey residents overall.<sup>8</sup> It is

important to understand the difference between what is reported in Warren County, versus other counties in New Jersey and even the state overall.

<sup>7</sup> Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, [2017].

<sup>8</sup> University of Wisconsin Population Health Institute. *County Health Rankings 2019*.





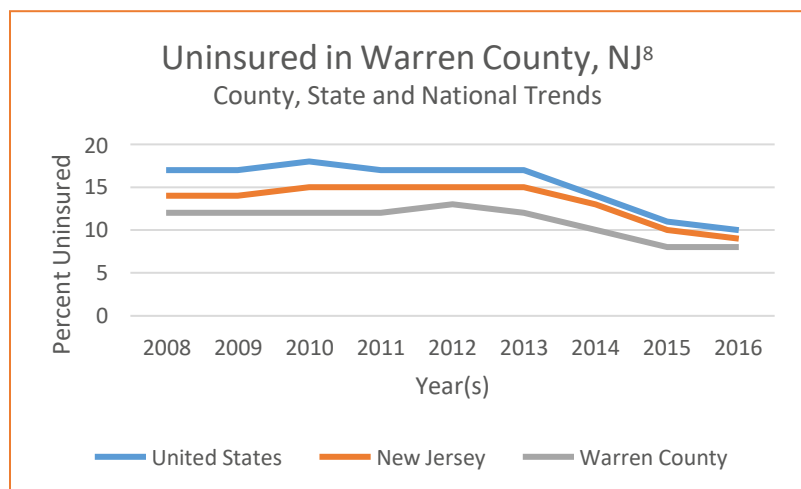
Parts of Warren County are quite rural, which can create barriers for Warren County residents to seek and obtain care. Additionally, transportation, is a perceived issue by community members. While there are shuttle services from Phillipsburg to Washington, and Washington to Hackettstown, as well as other “on demand” transportation services provided by the county, there seems to be barriers to using those resources. Additionally, disabilities and other physical limitations, can often impact residents, especially those over the age of 65.

Although self-reported health is an important measure that is used to assess the health of individuals and the community, it is also important to understand and assess what healthcare resources exist within Warren County. The county is home to two hospitals – St. Luke’s Warren Hospital and Atlantic Health Hackettstown Medical Center.

County Health Rankings-Warren County <sup>8</sup>	
Indicator	Ranking
Health Outcomes	14
Length of Life	15
Quality of Life	12
Health Factors	10
Health Behaviors	13
Clinical Care	13

In the 2019 County Health Rankings, Warren County ranked 14<sup>th</sup> in health outcomes, 15<sup>th</sup> in length of life, 12<sup>th</sup> in quality of life, 10<sup>th</sup> in health factors, 13<sup>th</sup> in health behaviors, and 13<sup>th</sup> in clinical care.<sup>8</sup> Despite the rural landscape of the county, which has proved to be challenging for public health, Warren County ranked 8<sup>th</sup> out of 21 in social and economic factors, as well as physical environment.<sup>8</sup>

Overall, the residents of Warren County are better insured than the average New Jersey resident. The continuously decreasing number of uninsured adults and children are likely due to policy changes in the Affordable Care Act (ACA). Part of the ACA included an expansion of public insurance coverage through Medicaid. Although insurance coverage in the county is quite high, [almost 7% of children under the age of 18 are still not covered.](#)<sup>8</sup> According to secondary data



analysis, Warren County ranks poorly for children with health insurance, when compared to other New Jersey counties, as well as New Jersey and the nation overall. According to secondary analysis, [11.6% of adults in the county were uninsured in 2018](#), slightly below other counties in New Jersey. Respondents of the *Social Determinants of Health Community Survey* indicated that affordable and quality insurance and healthcare represent barriers to health in Warren County.

According to statewide emergency room data, from 2017, there are clear disparities surrounding Warren County residents’ ability to access care. Residents who are receiving charity care, or are covered under Medicaid, are generally utilizing the emergency room more than their commercially or privately covered peers.<sup>9</sup> More specifically, there is a rising trend in younger, racial and ethnic minority residents, who are also receiving charity care or Medicaid, who are utilizing the emergency room.<sup>9</sup> In the county overall,





many residents are going to the emergency room for diseases of the circulatory and respiratory system, as well as injury and poisoning, which includes drug overdose.<sup>9</sup>

### Chronic Disease

Chronic disease, including the prevention, management and treatment of these conditions, continues to be a public health priority. Chronic diseases are complex conditions that are influenced by a variety of environmental, genetic, and lifestyle factors.

According to the [New Jersey Department of Health Annual Report Excerpt](#) (2018), the three most common types of cancer incidence among

Most Common Types of Cancer Incidence <sup>10</sup>	
Female	Male
1. Breast	1. Prostate
2. Lung and Bronchus	2. Lung and Bronchus
3. Corpus and Uterus, NOS	3. Colon and Rectum

females were breast, lung and bronchus, and corpus and uterus (or NOS), while for men the top three included prostate, lung and bronchus, as well as colon and rectum. In total, over 251,000 cases of invasive cancer were diagnosed among New Jersey residents between the years 2011 and 2015.<sup>10</sup> During the same time period, from 2011 to 2015, there were 82,366 deaths due to cancer among New Jersey residents.<sup>10</sup> In New Jersey, overall cancer mortality rates declined from 2011 to 2013, with a slight increase in 2014, and then declined again, for women.<sup>10</sup> For men, the cancer mortality rates have been steadily declining, which is similar to what is happening nationally with cancer mortality in men.<sup>10</sup> According to the secondary data analysis by the NJHC, [Warren County ranks well for age-adjusted death rate due to colorectal cancer](#) when compared to other New Jersey counties, as well as the state and nation overall. Additionally, when compared to values in the United States, [Warren County ranks poorly regarding all cancer incidence rates](#), where a specific negative disparity was identified for males.

Heart disease is the leading cause of death for men and women in New Jersey, while stroke is the third leading cause of death. Several lifestyle factors, including physical inactivity, diet, tobacco use, and obesity can influence different conditions including diabetes, obesity, high blood pressure, and high cholesterol. These conditions are all considered risk factors for heart disease, which include heart attacks, coronary heart disease, heart failure, and stroke.

<sup>9</sup> New Jersey Department of Health Discharge Data Collection. 2017 New Jersey Uniform bill data and New Jersey ED Data

<sup>10</sup> New Jersey State Cancer Registry-Cancer Incidence and Mortality in New Jersey 2011-2015



In 2017, according to the CDC, 33% of New Jersey adults have been told they have high blood pressure.<sup>7</sup> Similarly, in Warren County, 30.8% of adults have been told that they have high blood pressure.<sup>7</sup> Furthermore, over 31.7% of New Jersey adults have had their blood cholesterol checked and have been told it was high, while in Warren County that number is slightly higher, at nearly 36%.<sup>7</sup> It is estimated that these lifestyle and risk factors contribute to at least 200,000 preventable deaths nationally.<sup>11</sup>

Heart Disease <sup>7</sup>		
Indicator	Warren County	New Jersey
High Blood Pressure	32.7%	33%
High Cholesterol	36%	<u>31.7%</u>
Coronary Heart Disease	3.6%	3.2%
Heart Attack	<u>2.9%</u>	<u>3.4%</u>

According to CDC BRFSS data, approximately 3.2% of New Jersey residents were ever told that they had coronary heart disease, while approximately 3.4% were told that they ever had a heart attack.<sup>7</sup> In Warren County, rates of coronary heart disease are slightly higher at 3.6%, and heart attacks slightly lower at 2.9%.

Health Factors that Influence Chronic Disease <sup>8</sup>		
Indicator	Warren County	New Jersey
Diabetes Prevalence	10%	10%
Adult Obesity	32%	27%
Poor or Fair Health	15%	16%
Frequent Physical Distress	12%	11%
Adult Smoking	17%	13%
Physical Inactivity	28%	27%

Cancer, heart disease, stroke, and diabetes are only a few of the many chronic conditions that affect Warren County residents. Residents also suffer from asthma, arthritis, and obesity. Fortunately, (while the following are not a one-size-fits-all cure for chronic diseases) abstaining from tobacco, maintaining a healthy weight, remaining physically active, and eating healthy food have all been found to have a positive impact on health and help reduce the incidence and severity of many of these diseases.

In Warren County, according to 2019 statewide emergency room data, almost 15% of visits to the emergency room by Warren County residents was due to endocrine; nutritional; metabolic and immunity disorders.<sup>9</sup> A significant portion of the patients who are going to the emergency room for these illnesses and symptoms are men and women 45 and over.<sup>9</sup>

<sup>11</sup> CDC-Preventable Deaths from Heart Disease & Stroke | VitalSigns | CDC. (2013, September). Retrieved April 29, 2019, from <https://www.cdc.gov/vitalsigns/heartdisease-stroke/index.html>



## Maternal & Child Health

In Warren County, the birth rate is 8.9 births per 1,000 residents, while in New Jersey the birth rate is 11.2 births per 1,000 residents.<sup>12</sup> Data from the County Health Rankings shows that the [infant mortality rate for Warren County](#) was 8 per 1,000 live births, which is double New Jersey’s total, 4.4 per 1,000 live births.<sup>8</sup> In 2018, 9.1% of Warren County [births were classified as “preterm” or before 37 weeks](#), compared to 9.5% of New Jersey births.<sup>12</sup> According to the

Maternal and Child Health <sup>8</sup>		
Indicator	Warren County	New Jersey
Birth Rate	8 per 1,000	4.4 per 1,000
Preterm Births	9.1%	9.5%
Low Birthweight	7.5%	7.9%
Infant Mortality	8 per 1,000 live births	4.4 per 1,000 live births

secondary data analysis, Warren County ranks poorly for mothers who received early prenatal care, specifically among Hispanic women between the ages of 20 and 24, when compared to NJ 2020 objectives.

Although Warren County residents have generally been able to receive prenatal care, there are no longer any maternity wards located within the county. If you live in the southern end of the county, you most likely will travel to Bethlehem or Flemington to deliver your baby, while if you are in the northern part of the county, you may choose to travel to Newton or Morristown. In addition to removing the maternity wards, prenatal care, specifically for women who are underinsured or uninsured, is also difficult to obtain. Although there are federal and state programs available to pregnant women in Warren County, it is unclear whether residents are aware of the programs, and whether these programs can adequately serve pregnant women in the county. Additionally, many of the responsible agencies for maternal and child health services in Warren County have their main office outside of the county.

Childhood exposure to lead is another important measure of children’s health. Lead can disrupt the normal growth and development of a child’s brain and central nervous system. All New Jersey children are required to be screened for lead exposure. The New Jersey Department of Health recommends that all children should be screened for lead poisoning at 12 and 24 months of age. Additionally, any child between three and six years of age who has never previously been screened, as well as any child who is six months of age or older, and is exposed to a known or suspected lead hazard, should be screened. Additional triggers for testing include international travel and home renovations.

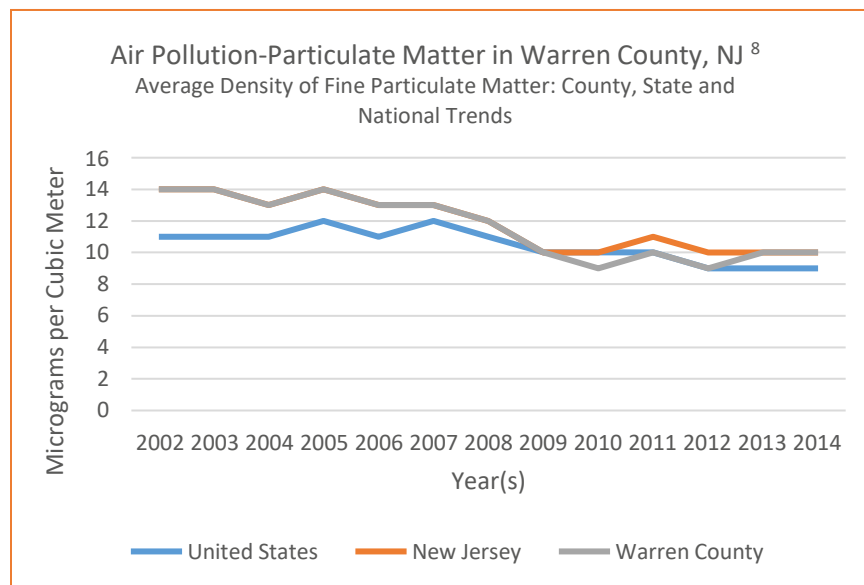
The Warren County Health Department works directly with the issue of lead exposure, and provides services including lead testing for children, as well as home inspections. According to the New Jersey State Health Assessment Data, approximately 34% of children six to 26 months, about 800 children total, were tested for lead.<sup>12</sup> There have been 12 cases of elevated blood lead levels (EBLL), in the same age group, in Warren County in 2019.<sup>12</sup> Screening numbers are going up with the new blood lead level measure, requiring intervention by the Warren County Health Department.

<sup>12</sup> New Jersey Department of Health (2017). New Jersey State Health Assessment Data. Retrieved from: <https://www-doh.state.nj.us/doh-shad/>



## Environmental Health

Our physical environment also has a great impact on our general health. Warren County is home to great natural beauty, much of which is easily accessible to residents through parks and trails. Our indoor environments also influence our health. From safe food preparation in restaurants to lead exposure through paint in older homes, the places where we live, work, and play all have a part in our health.



While Warren County is predominately rural, industries within the county and in neighboring counties, as well as motor vehicles and other sources, contribute to air pollution. In 2019, according to the County Health Rankings, Warren County ranked 8<sup>th</sup> out of 21 counties for the physical environment.<sup>8</sup> According to these rankings, average daily density of fine particulate matter in Warren County was

10  $\mu\text{g}/\text{m}^3$ , which is slightly higher than New Jersey, which is 9.9  $\mu\text{g}/\text{m}^3$ .<sup>8</sup> Unsurprisingly, about 81% of the Warren County workforce [drives to work alone](#), while only 71% drives alone in the State of New Jersey.<sup>8</sup> Additionally, 55.8% of Warren County residents [have a long commute and drive to work alone](#), while the same is true for 43.4% of New Jersey residents.<sup>8</sup> According to secondary data analysis, Warren County ranked poorly for workers commuting by public transportation, when compared to other New Jersey Counties, as well as the state and nation overall.

Other environmental issues include housing and contaminated water supply. According to the County Health Rankings, 15% of households have at least 1 of the 4 [housing problems](#): overcrowding, high housing costs, lack of kitchen, and no plumbing facilities.<sup>8</sup> The severe housing problem is even worse for New Jersey as a whole, at 21%.<sup>8</sup> Although there are housing subsidies throughout the county, it is clear that sufficient, affordable housing is still an issue for many residents in Warren County. Ultimately, issues with housing, including overcrowding or insufficient utilities can contribute to nuisances, which include bed bugs and other vermin. Additionally, in Warren County, there were health-related drinking water violations.<sup>8</sup>

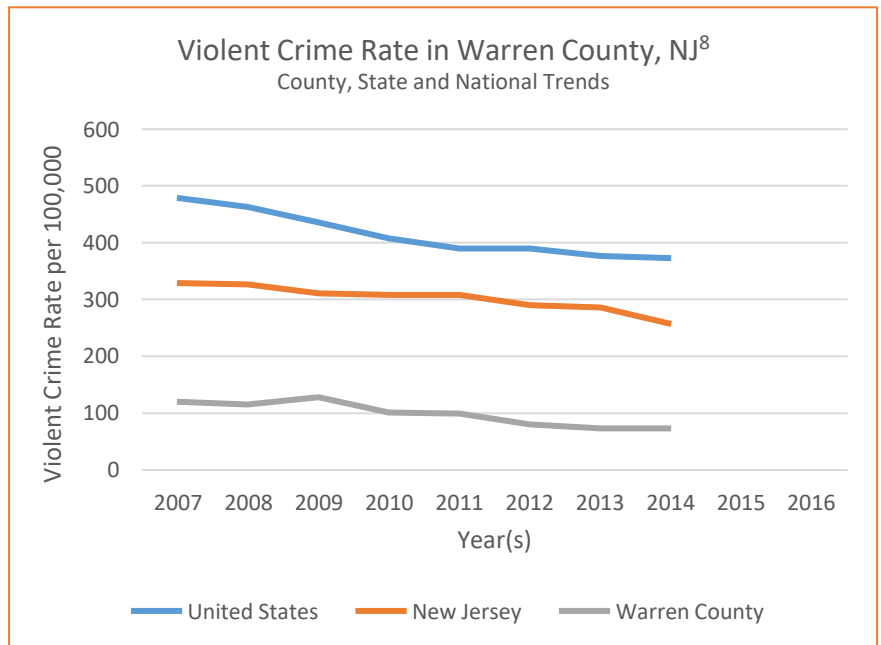
[Homeownership](#) in Warren County is at 65.6%, while in New Jersey that percentage is a little lower at 57.1%.<sup>8</sup> Additionally, the severe housing cost burden, which is the percentage of households that spend 50% or more on their household income on housing is at 13% in Warren County, slightly lower than the State of New Jersey at 18%.<sup>8</sup>



### Mental Health

Many millions of Americans suffer from mental illness; both diagnosed and undiagnosed. Social connectedness, individual and collective trauma, as well as exposure to community violence can contribute to the overall mental health of an individual, and in turn, greatly affect the community. Access to mental health providers has been at the forefront of advocacy work nationwide.

[Research has found a significant relationship between perpetrators of Intimate Partner Violence and occurrence of psychological health problems](#) such as anxiety, depression, suicidality, personality disorders and addiction. According to a report prepared by the State of New Jersey Department of Law and Public Safety in 2016, there was a 3% increase in domestic violence offenses across the State of New Jersey.<sup>13</sup> Of those reported offenses, approximately 75% of the victims were female.<sup>13</sup>



#### The 2017

BRFSS Survey showed that 19.2% of

Warren County residents report ever being told that they have a form of depression, versus 14.8% of New Jersey residents.<sup>7</sup> Warren County's suicide rate is 13.4 per 100,000 residents, while New Jersey's rate is 8 per 100,000 residents.<sup>11</sup> According to the secondary data analysis, Warren County ranks poorly for age-adjusted rate due to suicide, when compared to the other New Jersey counties and New Jersey overall. Quality and quantity of mental health providers, as well as suicide rates, are issues in Warren County.

Social connectedness, which measures how people come together and interact, can often help to mitigate poor mental health and isolation. When people feel connected to one another and their communities, they often feel empowered to ask questions and to access resources and information that is vital to their own health. Participants of the *Social Determinants of Health Community Survey* cited lack of social support as a barrier to health in their community.

<sup>13</sup> State of New Jersey Department of Law & Public Safety (2016). Domestic Violence Report. Retrieved from: <http://www.njsp.org/ucr/domestic-violence-reports.shtml>



According to the County Health Rankings, about 5% of the youth in Warren County is considered “disconnected youth”, which is the percentage of teens and young adults between the ages of 16-24 who are neither working nor in school.<sup>8</sup> School and work are two places where social interaction and engagement take place, primarily in the younger years. When teens and young adults are not going to school or work, there is greater risk for isolation, which can greatly impact mental health.

According to emergency room data, from 2017, mental illness diagnoses accounted for over 20% of Warren County residents visits to the emergency room. The highest prevalence of mental illness diagnoses from Warren County residents include anxiety disorders, mood disorders, and suicide and non-suicidal self-injury.<sup>9</sup>

The Warren County Department of Human Services Mental Health Board maintains a Mental Health Plan to serve as a guide for the delivery of mental health services in the county. Warren County’s Department of Human Services Division of Administration is responsible for overseeing community-based services in the areas of human and social services, mental health, substance abuse, juvenile services and paratransit services.

## Substance Use

In addition to mental health, substance use is of serious concern in Warren County. As families and communities have watched their loved ones switch from prescription drugs to heroin, we have seen an increase in overdoses and mortality due to the rising strength of street-level opiates. Prescribing habits of doctors have been strictly monitored through the New Jersey Prescription Monitoring Program, NJPMP, an initiative started by the New Jersey Division of Consumer Affairs’ in an effort to halt the abuse and diversion of prescription drugs. Fentanyl, which is a controlled substance that is used in clinical settings like hospitals to manage pain, has been actively mixed into heroin. Because Fentanyl is extremely powerful in small doses, it’s inclusion in illicit drugs such as heroin make their use even more dangerous than they have been previously.

In Warren County, the [age-adjusted drug overdose death rate](#) is 35.5 per 100,000 residents, which is slightly higher than the state average at 32.5 per 100,000.<sup>8</sup> Naloxone (also known as Narcan), the opiate reversal antidote, has been widely distributed in the county, state, and nationwide. As of mid-September, there were over 1,330 admissions for substance use disorders in Warren County.<sup>14</sup> Over 615 of those admissions were for heroin and other opiates, while 320 admissions were for alcohol (NJSAMS). Over 500 of these admissions were for intravenous drug users.<sup>14</sup> About 85% of those admitted were white(non-Hispanic).<sup>14</sup> Almost 90% of those admitted for substance use disorder were discharged, but only 45% were discharged because their treatment plan was completed.<sup>14</sup>

According to emergency room data, about 5% of emergency room visits by Warren County residents were related to substance abuse, excluding nicotine. The highest prevalence of substance abuse related visits to the emergency room by Warren County residents were from male and females aged 25-64 years older.<sup>9</sup> The highest prevalence of diagnoses for substance abuse from Warren County residents include alcohol abuse with intoxication, alcohol abuse (uncomplicated), and opioid dependence





(uncomplicated).<sup>9</sup>

Tobacco and cannabis are also substances that are of concern to the public's health. The adult cigarette smoking rate in Warren County is 16%, which is slightly higher than the New Jersey rate, which is 14%.<sup>8</sup> As youth move away from traditional cigarettes, to sleeker, less easily detected vaping devices, the Surgeon General has declared an e-cigarette epidemic among youth. Popular e-cigarettes, including the Juul, are unregulated by the FDA, and contain 5% nicotine by volume, which is more than double the concentration of nicotine in similar e-cigarette devices. This high concentration of nicotine can increase the risk of addiction. [According to the US Surgeon General](#), E-cigarette use among U.S. middle and high school students increased 900% during 2011-2015, before declining for the first time during 2015-2017. However, current e-cigarette use increased 78% among high school students, from 11.7% in 2017 to 20.8% in 2018. In 2018, more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, used e-cigarettes.

E-cigarette "juice" comes in kid-friendly flavors, including mango, fruity pebbles, and crème brûlée, and these devices can also be used to deliver other drugs, including cannabis. Since voters decided to decriminalize cannabis possession in 2020, governmental agencies, community-based organizations and community members will have to work together to determine the risks, educate the public and develop an action plan for moving forward.

Like tobacco and cannabis, excessive alcohol use can have negative health effects, especially for those who are under the drinking age of 21. Alcohol can negatively affect a developing brain, and can cause negative side effects for youth throughout their lifespan. Excessive drinking is a risk factor for alcohol poisoning, high blood pressure, heart attacks, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, suicide, interpersonal violence, and motor vehicle crashes.

Excessive drinking is determined by self-report of either binge drinking [consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days], or heavy drinking [drinking more than one (women) or 2 (men) drinks per day on average]. According to the BRFSS Survey, around 60% of Warren County residents have indicated that they had at least one drink of alcohol within the past 30 days, which is similar to New Jersey's average.<sup>7</sup> Approximately 18% of Warren County residents and 18% of New Jersey residents reported binge drinking in the past 30 days.<sup>7</sup>

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<sup>14</sup> State of New Jersey Department of Human Services Division of Mental Health and Addiction Services. New Jersey Substance Abuse Monitoring System (NJSAMS). (2018). Substance Abuse Treatment: Admissions and Discharge Records Retrieved from: <https://njsams.rutgers.edu/njsams/>



Excessive drinking is the percent of adults that report either binge drinking or heavy drinking. Almost 21% of Warren County residents reported an instance of [excessive drinking](#), while only 16% of New Jersey residents reported the same behavior.<sup>8</sup> The rate of alcohol-impaired driving deaths in Warren County was 17.7%, slightly less than New Jersey's average of 22%.<sup>8</sup>

## Communicable Diseases & Sentinel Events

Although the rates of communicable diseases have steadily decreased with the advent of vaccines, sanitation, and other control measures, these illnesses still pose a public health threat. The New Jersey Department of Health requires health care providers and laboratories to report the incidence of certain illnesses to the local and state health departments. Early notification, in addition to communicable disease investigation, helps aid the health department in preventing further spread of illnesses.

Vaccinations play an important role in minimizing the transmission of communicable diseases. New Jersey requires that children in day care and schools provide documentation of vaccination status or proof of exemption. Vaccine requirements for school children in New Jersey include those for diphtheria, tetanus, and pertussis (DTap/Tdap), polio, measles, mumps, and rubella (MMR), hepatitis B, varicella (chicken pox), meningococcal disease, haemophilus influenzae type B, and influenza.<sup>15</sup> Vaccination rates among sixth graders are lower than the state average. The vaccination rate between 2016 and 2018 for Warren County sixth graders was 64.3%, while the overall state rate was 96.5%.<sup>15</sup> The rates of vaccine-preventable diseases are generally low in Warren County. Recent declines in vaccinations throughout the United States, however, have resulted in a rise in measles and pertussis, or whooping cough, cases. Declines in vaccinations are attributed to a growing anti-vaccinator community, enhanced by social media, which is a group that erroneously attributes several health problems to the medical practice of vaccination.

The U.S. influenza surveillance system is a collaborative effort between CDC and its many partners in state, local, and territorial health departments, public health and clinical laboratories, vital statistics offices, healthcare providers, clinics, and emergency departments. Information is collected that allows the CDC to find out when and where influenza activity is occurring, track influenza-related illness, determine what influenza viruses are circulating, detect changes in influenza viruses, and measure the impact influenza is having on hospitalizations and deaths in the United States.

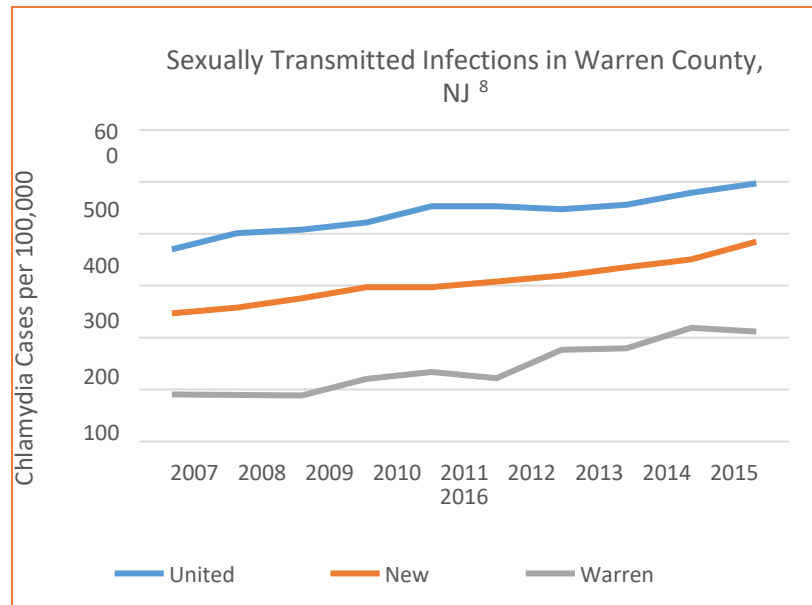
Influenza vaccines also play an important role in reducing the incidence of seasonal flu in Warren County. The CDC recommends that everyone over the age of 6 months old should get a flu vaccine, every season.

Getting a flu vaccine can reduce flu and flu-like illnesses, visits to the doctor, missed work and school due to illness, as well as prevent flu-related hospitalizations.

The Warren County Health Department is a Vaccine For Children (VFC) provider. Vaccines For Children is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of the inability to pay (CDC). These children may include uninsured, underinsured, or children from low-income families. Because the regulations are quite strict for VFC providers, many providers in the area have backed out of the VFC program, limiting the number of places that underserved and underinsured children can get vaccinated. The Warren County Health Department has seen an increase in vaccinations, particularly in those that are eligible for the VFC program.



Sexually transmitted diseases, including HIV/AIDS are relatively rare in Warren County. According to the County Health Rankings, there are 189 people [living with a diagnosis of HIV](#) per 100,000 people in the county, while in the state overall, there are 419.7 people living with a diagnosis of HIV per 100,000 people.<sup>8</sup> However, although HIV prevalence is significantly lower in Warren County, the number of sexually transmitted infections has increased since 2009. In 2019, there were 247 [newly diagnosed cases of chlamydia](#) in Warren County, with more diagnoses among females than males.<sup>8</sup>



Lyme disease continues to pose a threat to Warren County residents. Rates of Lyme disease are highest in the northeast and northwest regions of the United States, including New Jersey. In 2018, [there were 244 cases of Lyme Disease in Warren County](#).

### Health Behaviors

Social determinants of health, which include where we live, how much money we make, and what our education level is, greatly affect our willingness and ability to engage in health behaviors. For example, if you did not graduate from high school and you are working a job that pays minimum wage, you may struggle to pay your rent on time or to pay for your utilities, and consequently, you might have to buy low-cost food to feed your family. The consistent pattern of eating food that is more affordable but less healthy (often being higher in fat and sugar, highly processed, and low in nutritional value) can lead to an increased risk for diabetes and obesity, which can complicate an individual's health status.

<sup>15</sup> NJDOH (2018). New Jersey Annual Immunization Status Reports: Number of Fully Vaccinated Students, by Grade Type and County, New Jersey, 2017-2018.

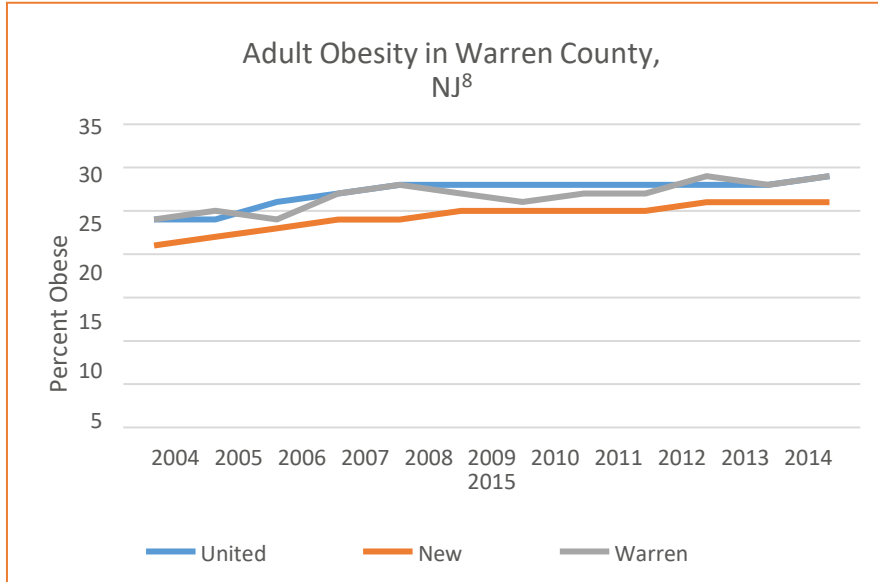


Our built environment includes all of the space where we work and play, including the open space and infrastructure. The built environment can influence an individual's health behaviors, including their level of physical activity, in addition to their access to different infrastructure within the community. For example, if a family lives in a neighborhood where the crime level is high, a parent might not let their children play outside, which can lead to a more sedentary lifestyle. If there was a local community center, or a neighborhood playground, children in the community may have more options for physical activity. Additionally, if a family does not have a car, and does not live within walking distance of a grocery store, they may rely on corner stores and bodegas to do their food shopping, which can be more expensive and less nutritious than if the family were able to get to the grocery store.

Nutrition, both knowledge of how to cook healthily, as well as food access, are vital for good overall health. While nutrition education is important, there are more strategies that need to be employed to increase food security and access to healthy food for all residents in Warren County. The [rate of food insecurity](#) in Warren County is 8.6%, the same as the state's average. According to the secondary data analysis, Warren County ranks poorly among food insecure children likely ineligible for assistance, when compared to New Jersey and the nation overall.

Food insecurity is generally defined as lacking access to an adequate food supply to live a healthy and active life. Food insecurity is a result of many different factors, which include lack of income, lack of utilities and housing, in addition to being socially isolated and issues with behavioral health. Many participants of the *Social Determinants of Health Community Survey* indicated that transportation and access to healthy and nutritious foods was a major barrier to health in Warren County. Although there is public transportation provided by the county, residents still struggle with getting adequate access to healthy, nutritious food.

The causes of obesity (BMI  $\geq 30$ ) and overweight (BMI  $\geq 25$ ) are linked to physical activity, diet, genetics and family history, environment, smoking, other health conditions, taking certain medications, lack of sleep, aging, and stress. The impact of being overweight or obese on the community is far reaching; it is associated with a variety of adverse health outcomes, such as heart disease, cancers, and type 2 diabetes, which is closely related to an increased cost burden. In 2017, [the obesity rate](#) in Warren County was 31.1% and has steadily been increasing for the past decade. According to the secondary data analysis, Warren County ranks poorly for adults over the age of 20 who are obese, when compared to NJ 2020 objectives, although it is below Healthy People 2030's goal of <36%.



Obesity and being overweight are highly connected to health behaviors such as diet and exercise. Although Warren County has many farmers markets, community supported agriculture (CSA) farm sharing programs, farm stands, and local produce available at grocery stores; generally, produce and fresh food is more expensive than food items

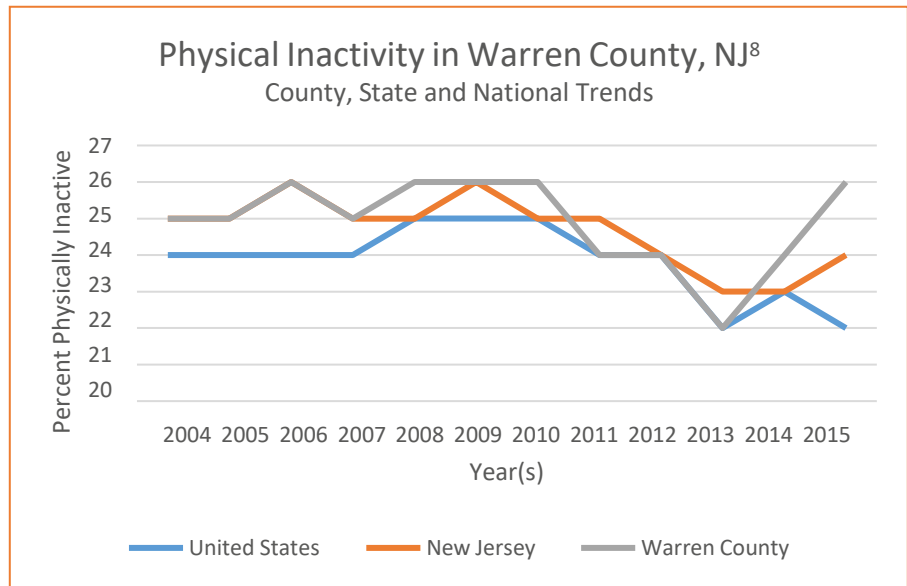
that are canned or frozen, so [some people, including low-income and elderly people with limited income, may find it harder to include fresh, nutritious food in their limited budget.](#)

According to the BRFSS Survey, only 70.8% of Warren County residents consume fruit one or more times a day, which is slightly higher than the overall rate of New Jersey, which is 66.4%.<sup>7</sup> Similarly, about 83.5% of Warren County residents are consuming one or more servings of vegetables per day, which is also higher than the rate in New Jersey, which is just under 81%.<sup>7</sup> Overall changes in the American diet, particularly eating more pre-prepared food, as well as increased portion size, have greatly impacted the health of individuals, families, as well as communities.

In addition to nutrition, physical activity is also important for individuals. Libraries or community centers may hold exercise classes, like yoga or Zumba, for different age groups. While this provides an opportunity for physical activity and social interaction, it can also eliminate monetary costs, which are often a barrier for residents. The rate of [physical inactivity](#) in Warren County is 26.1%, which meets Healthy People 2020's target of <32.6%.

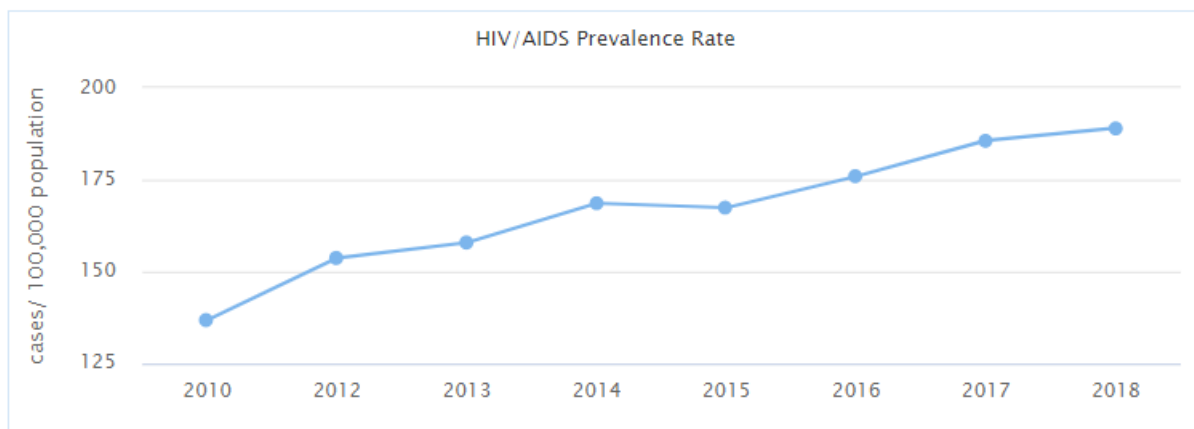


According to the 2017 BRFSS Survey, 79% of Warren County residents indicated that during the past month, they participated in any physical activities, although only about 28% participated in enough aerobic and muscle strengthening exercises to meet the recommended guidelines.<sup>7</sup> Warren County is fortunate to have ample public outdoor spaces, including parks and trails. In addition to Stephens State Park, Worthington State Forest, Allamuchy Mountain State Park, Jenny Jump State Forest, Marble Hill Natural Resource Area, Rockport Pheasant Farm, White Lake Natural Resource Area, West Oxford Mountain Natural Resource Area, the Paulinskill Valley Rail Trail, the Pequest Wildlife Management Area Trail, the Delaware Water Gap, and the Appalachian Trail, the county is home to municipal parks, sports fields, and public pools. Additionally, local playgrounds and neighborhoods provide a place for youth to engage in physical activity.



Sexually transmitted infections pose a significant risk to community health. In 2019 there

were [247 reported cases of Chlamydia](#), and [42 reported cases of Gonorrhea](#) in Warren County; in 2015 there was [only 1 reported case of Syphilis](#). [The prevalence of HIV/AIDS has been steadily increasing since 2010](#), reaching 189.1 cases per 100,000 population in 2018.







## Chapter 4:

### Working Together to Create Solutions

The data presented in this report combines both public health data from the NJHC data portal [www.njhealthmatters](http://www.njhealthmatters) and our first NJHC *Social Determinants of Health Community Survey*. The primary purpose of this report is to assist our partners in determining where to invest our resources for the greatest impact. The data within this document will serve as the catalyst for conversation among our community partners to address the following list of overall priority areas:

- Access to Care
- Economic Stability
- Chronic Disease
- Maternal and Child Health
- Mental Health
- Physical Activity & Nutrition
- Safe Communities
- Substance Use
- Transportation

Strategies have been proposed within each of the priorities listed above. The county partners will continue to review and further refine the strategies to determine which ones to include in our 2019 Community Health Improvement Plan (CHIP).

*Addressing the COVID-19 Pandemic:*

*The COVID-19 pandemic has caused an unprecedented amount of disease and loss of life in our community. On top of this tragedy, the pandemic has displayed and exploited the existing health inequities in our community and around the world. While we partially based this assessment on a recent Social Determinants of Health Survey, we relied heavily on the published data that is available but does not yet reflect the impact of COVID-19. We make this assessment knowing that much of the health indicating data will soon change and will show that new issues are emerging and that pre-pandemic problems are being exacerbated. As of this writing, the COVID-19 pandemic has slowed in NJ but continues. In addition to the burden of disease, we are facing ongoing social and economic disruptions that will affect the public health and well-being of our community for years, if not generations, to come.*



## Appendices

### List of NJHC Warren County Community Health Coalition Partners

<i>Warren County Committee 2020-2021</i>
<b>Organization</b>
Atlantic Health System
DASAAC
Eastern Coach Company
Family Guidance Center of Warren County
Family Support Organization of Hunterdon, Somerset
Kwenyan Professional Health Services
North jersey Health Collaborative
Norwescap
Ridge and Valley Conservancy
Rutgers Coop Ext: Dept. of Family & Community Health Sciences
Somerset Home
St. Luke's Coventry Family Practice
TransOptions
United Way of Northern NJ
Warren County Community College
Warren County Department of Human Services
Warren County Division of Aging & Disability Services
Warren County Economic Development Committee
Warren County Health Department
Warren County Prosecutor's Office



**List of NJHC Board of Trustee Members**

Last Name	First Name	Organization
<b>Executive Committee</b>		
Laura	O'Reilly-Stanzilis	North Jersey Health Collaborative, Executive Director
Lanza	Denise	Morris County Park Commission
Mickewicz	Paul	Gateway Family YMCA
Shehata	Pauline	Warren County Health Department
Elicin	Jessica	Community Foodbank of New Jersey
Dhuyvetter	Alma	Sussex County YMCA
<b>Officers</b>		
Cianci	Maureen	Sussex County Division of Health
Cognetti	Sherilyn	Fanwood-Scotch Plains YMCA, Ret.
Weigle	Trevor	Mount Olive Township Health Department
Lewis	Amy	Westfield Regional Health Department
Summers	Peter	Warren County Health Department
<b>Board of Trustees</b>		
Acree	Melissa	NJ 2-1-1 Partnership
Anderson	Kelsey	NORWESCAP/ Skylands RSVP
Aumueller	Tim	Avidon Health
Schleicher Bravo	Blair	Morris Habitat for Humanity
Cantisano	Thomas	Pequannock Township Health Department
Caputo	Mark	Randolph Twp. Health Department
Cherry	Julienne	Summit Health Cares
Gorman	Stephanie	Morristown County Office of Health Management
Gapas	Marconi	Union County Health Officers' Association
Kimmelman	Lea	Morris Somerset Chronic Disease and Cancer Coalition
Perez Jr.	Carolos	Morris County Office of Health Management
Puluso	Aimee	Montville Health Department



## North Jersey Health Collaborative

health matters

Skrobola	Kathleen	Passaic Regional Public Health Partnership / Ringwood Health Department
Tabbot	Peter	Rockaway Township Health Department
Vargas	Carol	Atlantic Health System
Whitehead	Kathryn	Twp. Of Hanover Health Department



NJHC Warren County Secondary Data Analysis (2019)

Indicator	Value			Trend	Score	Negative Disparities		
	County Value	State Value	US Value			Gender	Race/Ethnicity	Age
Age-Adjusted Death Rate due to Colorectal Cancer	3	3	3	3	3			
Mothers who Received Early Prenatal Care	3	3	3	3	3		Hispanic or Latino	20-24
Workers Commuting by Public Transportation	3	3	3	3	3			
Atrial Fibrillation: Medicare Population	3	3	3	2	2.67			
Chronic Kidney Disease: Medicare Population	3	3	3	2	2.67			
Pancreatic Cancer Incidence Rate	3	3	3	2	2.67			
Very Preterm Births	3	3	3	2	2.67			
Depression: Medicare Population	3	3	1	3	2.66			
Voter Turnout: Presidential Election	3	2	1.5	3	2.58			
High Blood Pressure Prevalence	3	3	3	1.5	2.51			
Age-Adjusted Death Rate due to Diabetes	2	3	2	3	2.5			
Solo Drivers with a Long Commute	3	1.5	3	2	2.42			
Mean Travel Time to Work	3	3	3	1	2.34	Male		
Age-Adjusted Death Rate due to Suicide	3	3	1	2	2.33			
Death Rate due to Drug Poisoning	2	1.5	2	3	2.25			
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	3	3	1	1.5	2.17			
Age-Adjusted Death Rate due to Pancreatic Cancer	2	2	3	2	2.17			
Age-Adjusted Death Rate due to Unintentional Poisonings	2	2	3	2	2.17			
Ischemic Heart Disease: Medicare Population	3	2	3	1	2.17			
Non-Hodgkin Lymphoma Incidence Rate	2	2	3	2	2.17			
Children with Elevated Blood Lead Levels	2	3	1.5	2	2.09			
Adults who Drink Excessively	3	1.5	2	1.5	2.08			
All Cancer Incidence Rate	2	2	3	1.5	2.01	Male		
Food Insecure Children Likely Ineligible for Assistance	2	3	3	1	2.01			



# North Jersey Health Collaborative

## health matters

Liquor Store Density	2	2	3	1.5	2.01		
Age-Adjusted Death Rate due to Unintentional Injuries	2	3	1	2	2		
Age-Adjusted Rate of Adult ED Visits for Acute Myocardial Infarction (Available by Zip Code)	3	1.5	1.5	1.5	2		
Age-Adjusted Rate of ED Visits Due to Influenza	3	1.5	1.5	1.5	2		
Chlamydia Cases	1.5	1.5	1.5	3	2		
Colorectal Cancer Incidence Rate	2	2	2	2	2		
COPD: Medicare Population	2	2	2	2	2		
Mammography Screening: Medicare Population	2	2	2	2	2		
Adults 20+ who are Obese	2	3	1.5	1.5	1.92		
Kindergartners with Required Immunizations	2	2	1.5	2	1.92		
Breast Cancer Incidence Rate	2	2	2	1.5	1.84		
Cancer: Medicare Population	2	2	3	1	1.84		
Heart Failure: Medicare Population	2	2	3	1	1.84		
Infant Mortality Rate	2	3	1	1.5	1.84		
Lung and Bronchus Cancer Incidence Rate	2	3	2	1	1.84		
Melanoma Incidence Rate	1	2	3	2	1.84		
Teen Birth Rate: 15-17	2	3	1	1.5	1.84		
Workers who Drive Alone to Work	2	3	2	1	1.84		White non-Hispanic
Asthma: Medicare Population	1	1	2	3	1.83		
Non-Physician Primary Care Provider Rate	3	1.5	1.5	1	1.83		
Recreation and Fitness Facilities	2	1.5	1.5	2	1.83		
Substantiated Child Abuse Rate	2	3	0	2	1.83		
Age-Adjusted Death Rate due to Motor Vehicle Collisions	2	3	1.5	1	1.76		
Households that are Asset Limited, Income Constrained, Employed (ALICE)	1.5	3	1.5	1.5	1.76		
Age-Adjusted Death Rate due to Hypertensive Heart Disease	1	1	1.5	3	1.75		
Access to Exercise Opportunities	2	2	1	1.5	1.67		





# North Jersey Health Collaborative

## health matters

Age-Adjusted Death Rate due to Lung Cancer	2	3	1	1	1.67		
Children with Low Access to a Grocery Store	2	1.5	1.5	1.5	1.67		
Health Behaviors Ranking	2	1.5	1.5	1.5	1.67		
Households with No Car and Low Access to a Grocery Store	2	1.5	1.5	1.5	1.67		
Low-Income and Low Access to a Grocery Store	2	1.5	1.5	1.5	1.67		
Lyme Disease Cases	1.5	1.5	1.5	2	1.67		
PBT Released	1.5	1.5	1.5	2	1.67		
People 25+ with a Bachelor's Degree or Higher	2	3	1	1	1.67	Unknown/Other	65+
People 65+ with Low Access to a Grocery Store	2	1.5	1.5	1.5	1.67		
People with Low Access to a Grocery Store	2	1.5	1.5	1.5	1.67		
Persons with Disability Living in Poverty	2	2	0	2	1.66		
Poor Mental Health: Average Number of Days	2	1.5	1	1.5	1.58		
Poor Physical Health: Average Number of Days	2	1.5	1	1.5	1.58		
Prostate Cancer Incidence Rate	1	2	3	1	1.51		
Dentist Rate	2	1.5	1.5	1	1.5		
Fast Food Restaurant Density	2	1.5	1.5	1	1.5		
Mental Health Provider Rate	2	1.5	1.5	1	1.5		
Primary Care Provider Rate	2	1.5	1.5	1	1.5		
SNAP Certified Stores	2	1.5	1.5	1	1.5		
Age-Adjusted Death Rate	1	2	1.5	1.5	1.42	Male	
Social Associations	1	1.5	2	1.5	1.42		
Students Passing 4th Grade State Achievement Tests	1	1	1.5	2	1.42		
Students Passing 8th Grade State Achievement Tests	1	1	1.5	2	1.42		
Adults who Smoke	2	1.5	0	1.5	1.41		
Frequent Physical Distress	2	1.5	0	1.5	1.41		
Age-Adjusted Alcohol-Related Emergency Department Visit Rate (Available by Zip Code)	1	1.5	1.5	1.5	1.34		
Age-Adjusted Death Rate due to Cancer	2	2	2	0	1.34	Male	
Age-Adjusted Death Rate due to Heart Disease	1	2	2	1	1.34	Male	
Age-Adjusted Rate of Adult ED Visits for COPD	1	1.5	1.5	1.5	1.34		



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## health matters

Age-Adjusted Rate of Emergency Department Visits due to Mood Disorder (Available by Zip Code)	1	1.5	1.5	1.5	1.34		
Age-Adjusted Rate of Substance Use Emergency Department Visits	1	1.5	1.5	1.5	1.34		
Clinical Care Ranking	1	1.5	1.5	1.5	1.34		
Diabetes: Medicare Population	1	1	3	1	1.34		
Grocery Store Density	1	1.5	1.5	1.5	1.34		
Hyperlipidemia: Medicare Population	1	1	3	1	1.34		
Hypertension: Medicare Population	1	1	3	1	1.34		
Insufficient Sleep	1	1	2	1.5	1.34		
Morbidity Ranking	1	1.5	1.5	1.5	1.34		
Mortality Ranking	1	1.5	1.5	1.5	1.34		
Physical Environment Ranking	1	1.5	1.5	1.5	1.34		
Preventable Hospital Stays	2	2	2	0	1.34		
Recognized Carcinogens Released into Air	1.5	1.5	1.5	1	1.34		
Social and Economic Factors Ranking	1	1.5	1.5	1.5	1.34		
Syphilis Cases	1.5	1.5	1.5	1	1.34		
Median Household Income	1	2	0	2	1.33	American Indian/Alaskan Native, Hispanic or Latino, Unknown/Other	
Homeownership	1	0	0	3	1.32		
People Living Below Poverty Level	1	0	0	3	1.32	Black non-Hispanic, Hispanic or Latino, Unknown/Other, Two or More Races	<6, 12--17, 18-24
Adults 20+ who are Sedentary	1	1	1.5	1.5	1.25		
Adults 20+ with Diabetes	1	1	1.5	1.5	1.25		
Cost of Licensed Child Care as a Percentage of Income	1	1	1.5	1.5	1.25		
Food Environment Index	1	1.5	0	2	1.25		
Frequent Mental Distress	1	1.5	1	1.5	1.25		
Inadequate Social Support	1	1	1.5	1.5	1.25		
Severe Housing Problems	0	1.5	0	3	1.25		
Students Eligible for the Free Lunch Program	1	0	1.5	2	1.25		
Low-Income Preschool Obesity	0	1.5	1.5	2	1.17		
People 65+ Living Alone	1	1	1	1.5	1.17		



# North Jersey Health Collaborative

## health matters

Rheumatoid Arthritis or Osteoarthritis: Medicare Population	1	1	2	1	1.17		
Child Food Insecurity Rate	2	1	0	1	1.16		
People Living 200% Above Poverty Level	1	1	0	2	1.16		
Unemployed Workers in Civilian Labor Force	1	1	0	2	1.16		
Students Passing 11th Grade State Achievement Tests	1	1	1.5	1	1.09		
Self-Reported General Health Assessment: Poor or Fair	1	1.5	0	1.5	1.08		
Annual Ozone Air Quality	0	1.5	1.5	1.5	1.01		
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	1	2	0	1	1		
Children with Health Insurance	1	1	1	1	1		
Life Expectancy for Males	1	1	1	1	1		
People 25+ with a High School Degree or Higher	1	1	1	1	1	Asian, Unknown/Other	65+
Per Capita Income	1	2	0	1	1	American Indian/Alaskan Native, Asian, Black non-Hispanic, Two or More Races, Unknown/Other	
Children Living Below Poverty Level	1	0	0	2	0.99	Black non-Hispanic, Hispanic or Latino	
Families Living Below Poverty Level	1	0	0	2	0.99	Black non-Hispanic, Hispanic or Latino, Two or More Races	
Households with Cash Public Assistance Income	1	0	0	2	0.99		
Linguistic Isolation	1	0	0	2	0.99		
Oral Cavity and Pharynx Cancer Incidence Rate	1	0	0	2	0.99		
Farmers Market Density	0	1.5	1	1.5	0.92		
Annual Particle Pollution	0	1.5	1.5	1	0.84		
Life Expectancy for Females	1	2	1	0	0.84		
Liver and Bile Duct Cancer Incidence Rate	0	1	0	2	0.83		
Cost of Family Child Care as a Percentage of Income	0	0	1.5	1.5	0.75		
Drinking Water Violations	0	0	1.5	1.5	0.75		
Adults with Health Insurance	1	1	1	0	0.67	Hispanic or Latino	25-34
Age-Adjusted Death Rate due to Prostate Cancer	1	1	1	0	0.67		
Diabetic Monitoring: Medicare Population	0	1	1	1	0.67		



# North Jersey Health Collaborative

## health matters

Osteoporosis: Medicare Population	1	1	1	0	0.67			
Renters Spending 30% or More of Household Income on Rent	1	1	1	0	0.67			15-24, 65+
Stroke: Medicare Population	0	0	2	1	0.67			
Age-Adjusted Death Rate due to Alzheimer's Disease	1	0	0	1	0.66			
Cervical Cancer Incidence Rate	0	0	0	2	0.66			
Food Insecurity Rate	1	0	0	1	0.66			
Preterm Births	0	0	0	2	0.66		Unknown/Other	
Single-Parent Households	1	0	0	1	0.66			
Young Children Living Below Poverty Level	1	0	0	1	0.66		Black non-Hispanic	
Alcohol-Impaired Driving Deaths	0	1.5	0	1	0.59			
Age-Adjusted Death Rate due to Breast Cancer	0	1	2	0	0.51			
Violent Crime Rate	0	1.5	1.5	0	0.51			
Alzheimer's Disease or Dementia: Medicare Population	0	0	1	1	0.5			
Income Inequality	0	0	0	1.5	0.5			
Student-to-Teacher Ratio	0	1	1.5	0	0.43			
Babies with Low Birth Weight	0	0	0	1	0.33		Unknown/Other	
Babies with Very Low Birth Weight	0	0	0	1	0.33			40-44
Mothers who Received No Prenatal Care	0	0	0	1	0.33			
Tuberculosis Incidence Rate	0	0	0	1	0.33			
Age-Adjusted Death Rate due to Influenza and Pneumonia	0	0	0	0	0			
People 65+ Living Below Poverty Level	0	0	0	0	0			



### FORCES OF CHANGE

FORCES	NEGATIVE	POSITIVE
<p>What do you believe has impacted Warren County's health within the last three years?</p>	<ul style="list-style-type: none"> <li>• Closing of adults day center</li> <li>• Removed mental healthcare from St. Luke's Warren hospital</li> <li>• Closing of federally qualified health center</li> <li>• Changes in affordable care act could lead to less people with health insurance.</li> </ul>	<ul style="list-style-type: none"> <li>• Closed power plants in Pennsylvania, leading to less pollution in New Jersey</li> <li>• New job opportunities on the horizon in Phillipsburg</li> <li>• More Medicaid coverage due to Medicaid expansion</li> </ul>
<p>What do you see happening in the next three years that will impact Warren County's health?</p>	<ul style="list-style-type: none"> <li>• Potential health effects of marijuana legalization</li> </ul>	<ul style="list-style-type: none"> <li>• High awareness of opioid epidemic- ample planning to address opioid addiction</li> <li>• Stigma-free initiative</li> </ul>
<p>What characteristics of Warren County may positively impact health?</p>		<ul style="list-style-type: none"> <li>• Social media use makes folks feel less isolated</li> <li>• Reduced suburban sprawl</li> <li>• Programs for park systems, such as smoke-free parks</li> <li>• Sense of community</li> <li>• Integrated healthcare</li> <li>• Improvements in technology (telemedicine, grocery delivery)</li> <li>• The staff at the Departments of Health and of Human Services that are always working to look at ways to fill the gaps in services.</li> <li>• The Tri-County Continuum of Care (TriCoC) uses a coordinated entry process to house chronically homeless and includes supportive housing resources (also works to end homelessness within the tri-county region through the same process).</li> </ul>
<p>What barriers to improving health exist in Warren County?</p>	<ul style="list-style-type: none"> <li>• Warren County has high rates of suicide</li> <li>• Limited OB/Prenatal care</li> <li>• Transportation won't go out of County</li> <li>• Cost of healthcare</li> <li>• High rates of domestic violence, particularly in Phillipsburg and Washington</li> <li>• High taxes</li> <li>• No services for people who are LGBT+</li> <li>• Social media used for bullying</li> <li>• People don't know what resources are available</li> <li>• Medicare reimbursement changed</li> <li>• Home health aides are not paid well.</li> <li>• Change in how state is paying for supportive housing</li> <li>• Wait for senior housing</li> <li>• Population dropping</li> <li>• High foreclosure rate</li> <li>• Immigration laws may prevent people who are undocumented from receiving services.</li> </ul>	