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# *Achieving a Healthier Gloucester County 2015*

*A Comprehensive Community Health Improvement Plan  
(CHIP 2015)*

February 2015  
Gloucester County, New Jersey  
[www.gloucestercountynj.gov](http://www.gloucestercountynj.gov)

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## **EXECUTIVE SUMMARY**

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The Gloucester County Department of Health & Senior Services, Division of Health Services is proud to present the 2015 *“Achieving a Healthier Gloucester County”* Community Health Improvement Plan (CHIP). This plan serves as an update to the CHIP 2010, released in January of 2011.

This Community Health Improvement plan is developed by the Gloucester County Health Department, to be implemented by the department along with various partners, including county agencies, hospitals, non-profit organizations, faith based groups, municipal governments, local boards of health, academic institutions and other county departments and divisions.

Information for CHIP 2015 was gathered by the Tri-County Health Assessment Collaborative. This collaborative consisted of Hospitals, Health Systems and Health Departments within Burlington, Camden and Gloucester Counties. The CHNA Final Report serves as a compilation of the overall findings for Gloucester County.

The CHNA enabled the Gloucester County Health Department to take an in-depth look at the health needs and health behaviors of Gloucester County residents. These findings allow the department to prioritize public health issues and develop this Community Health Improvement Plan, focused on meeting community needs.

Upon completion, this document will be posted to the Gloucester County website. A press release will direct the public to its location. Hard copies will be available at the Health Department Office, County Store, Gloucester County Library and other locations. Copies will also be mailed to residents upon request.

Following the release of the Community Health Improvement Plan, the Gloucester County Department of Health, Senior and Disability Services, along with numerous community partners, hopes to implement the activities listed in the CHIP and suggest new activities that will address the priority areas. As a stakeholder in the health of this community, we encourage you to join us in our efforts in *“Achieving a Healthier Gloucester County”*

## **GLOUCESTER COUNTY DEMOGRAPHICS**

Gloucester County is located in the Southern Region of New Jersey. It is bordered by Camden County to the north, Salem County to the South and Atlantic County to the east. The Delaware River serves as Gloucester County's western border. The city of Philadelphia, Pennsylvania is on the opposite shore.



Gloucester County encompasses 322 square miles. It is the 11<sup>th</sup> largest in NJ by area. The largest municipality in area is Monroe Township (47 sq mi). The smallest is Swedesboro (0.76 sq mi). Gloucester County is made up of 24 municipalities, 16 of which have 10,000 residents or fewer.

With approximately 25% of its land considered developed, Gloucester County has maintained its agricultural history, while experiencing industrial and residential growth. While Gloucester County's number of housing units per square mile has grown significantly, it still is well below state totals.

# **GLOUCESTER COUNTY DEMOGRAPHICS**

<b>Housing Density</b>		
<b>Place</b>	<b>Housing Units Per Square Miles (2010)</b>	<b>%Change 2000-10</b>
<b><i>Gloucester County</i></b>	340.9	16.5
New Jersey	483.2	7.3

According to the 2010 US Census, Gloucester County has 288,288 residents. This represents a 13.2% increase from the 2000 census, which is much greater than the NJ population increase over the same time period (4.5%). Population varies among municipalities from a low of 2,500 (Swedesboro) to 49,000 (Washington Township).

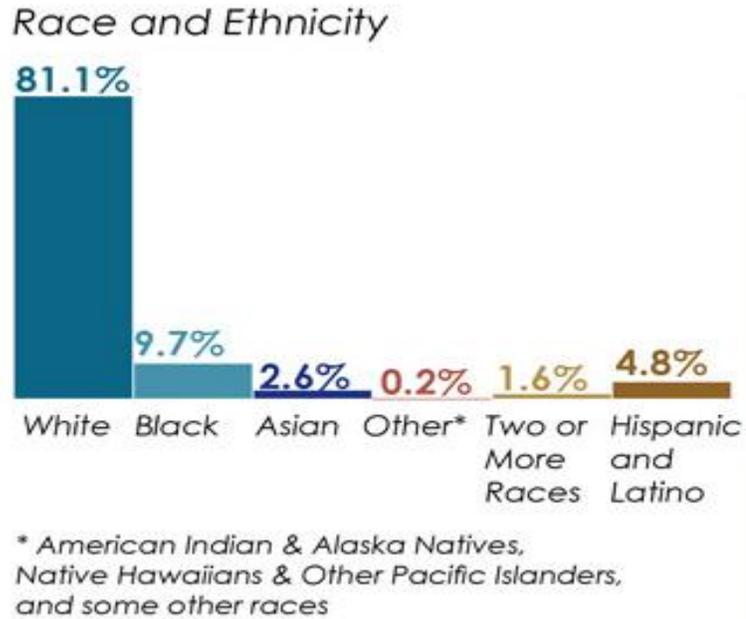


Gloucester County has a slightly lower percentage of seniors than New Jersey.

<b>Place</b>	<b>% Persons under the age of 18</b>	<b>% Persons 65 years and older</b>
<i>Gloucester County</i>	24.4	12.4
SJ 7 County Avg.	23.6	13.7
New Jersey	23.5	13.5

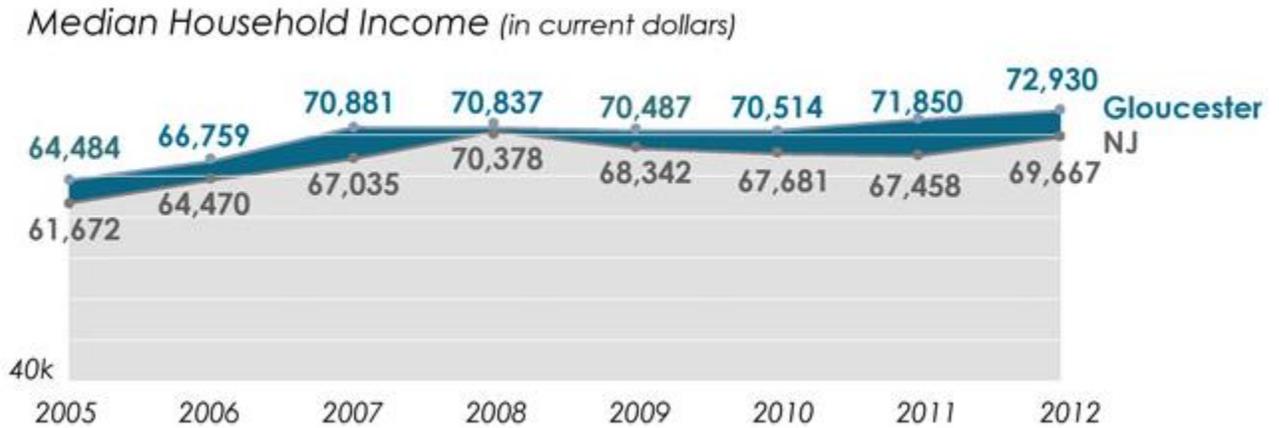
# **GLOUCESTER COUNTY DEMOGRAPHICS**

The majority of Gloucester County residents identify themselves as Caucasian (81.1%), followed by African-American (9.7%), Hispanic/Latino (4.8%) and Asian (2.6%).

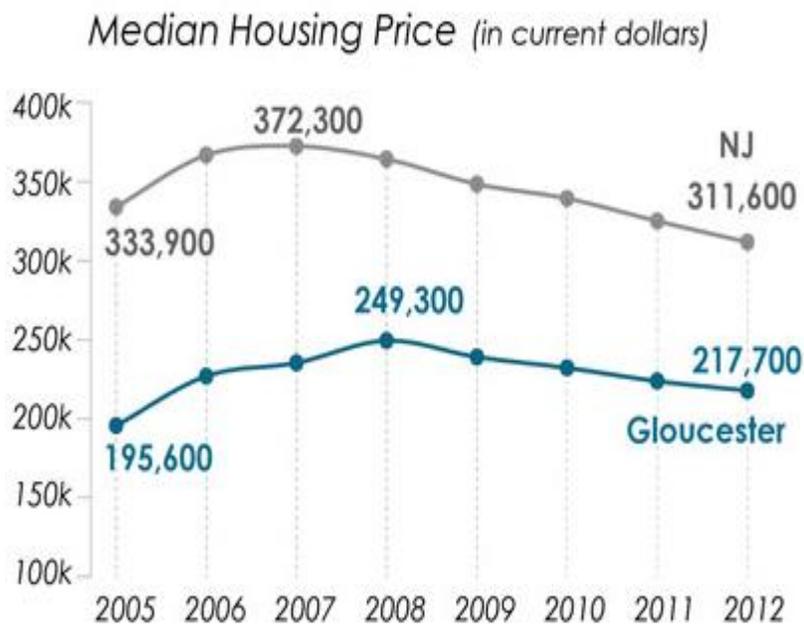


	Gloucester County	New Jersey
White	81.1%	68.6%
Black	9.7%	13.7%
Asian	2.6%	8.3%
Hispanic / Latino	4.8%	17.7%

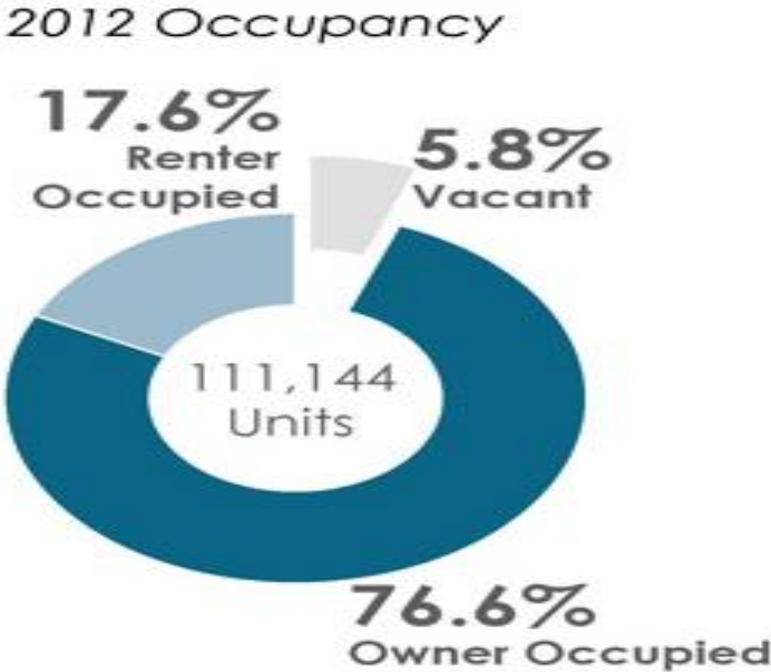
The median household income for Gloucester County increased from 2005 (\$64,484) until 2007 (\$70,881), and then stayed flat, totaling \$72,930 by 2012. Each year, this was always about \$3,000 more than the median household income in New Jersey (\$61,672 in 2005 and \$69,667 in 2012), which never fell below \$60,000 in that span.



The median housing price in Gloucester County started at \$195,600 in 2005, raised to \$249,300 by 2008, but then fell down to \$217,700 in 2012. The price in New Jersey remained much higher, following a similar pattern, but starting at \$333,900 in 2005, raising to \$372,300 in 2007, and falling to \$311,600 in 2012.



As of 2012, there are 111,144 housing units in Gloucester County, 76.6 percent of which are owner-occupied, 17.6 percent are renter-occupied, and 5.8 percent are vacant.



# **COMMUNITY HEALTH NEEDS ASSESSMENT**

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The Tri-County Health Assessment Collaborative, consisting of hospitals, health systems, and health departments within Burlington, Camden, and Gloucester Counties came together to undertake a comprehensive regional community health needs assessment (CHNA). The Tri-County Collaborative included the following partners: Cooper University Health Care, Kennedy Health System, Lourdes Health System, Inspira Medical Center-Woodbury, Virtua Health, and the Health Departments of Burlington, Camden and Gloucester Counties. The CHNA was conducted from September 2012 to June 2013. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment was conducted to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health and population health management.

The Tri-County Collaborative contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 21 years of experience in conducting public health research and community health needs assessments.

The CHNA collaborative took a comprehensive approach to identifying the needs in the communities it serves. A variety of quantitative and qualitative research components were implemented as part of the CHNA. These components included the following:

- **Secondary Statistical Data Profiles** of Camden, Burlington, and Gloucester counties depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics were compiled.
- **Household Telephone Survey** was conducted with 2,480 randomly-selected community residents in Camden, Burlington, and Gloucester counties. The survey was modeled after the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access
- **Key Informant Interviews** were conducted with 153 community stakeholders and leaders in Camden, Burlington, and Gloucester counties. Key Informants representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community provided input on health issues and barriers to care.
- **Focus Group Discussions** were held with 65 community residents in Camden, Burlington, and Gloucester counties. Focus group topics addressed Access to Health Care & Key Health Issues and Nutrition/Physical Activity & Obesity.

## **SECONDARY STATISTICAL DATA FINDINGS**

The Tri-County Collaborative, came together to undertake a comprehensive regional community health needs assessment (CHNA). A review of existing secondary data was one component of the assessment. This report summarizes the key themes and conclusions for Gloucester County, New Jersey. The data presented in this report comes from the “2012 County Health Profile” report prepared by HealthResearch and Educational Trust of New Jersey (HRET). This report was prepared for members of the New Jersey Hospital Association.

This summary document is not inclusive of all data points from the full “County Health Profile” report. All data points that are included in this summary document are reported from the HRET full report for Gloucester County. The county-level data is compared to New Jersey statewide averages.

### **FULL SECONDARY DATA PROFILE LINK**

#### **AREAS OF STRENGTH-**

##### **Demographic & Household Statistics:**

- Lower levels of poverty; fewer households with individuals living in poverty than statewide
- More owner occupied households, as opposed to rental properties

##### **Access to Healthcare:**

- Lower percentage of uninsured adults
- Lower rates of Medicaid, public / government insurance
- Number of family medicine providers
- Fewer emergency room visits among children
- Fewer emergency room visits for primary care conditions
- Fewer hospital admissions for children

##### **Health Behaviors:**

- Higher proportion of former smokers (individuals who have quit smoking)
- More males age 40+ who have had a PSA test

##### **Communicable and Chronic Disease:**

- Lower percentage of adults reporting “fair” or “poor” health
- Lower rates of infectious diseases
- Fewer females with breast cancer (overall, Whites, non-Hispanic)
- Fewer males with prostate cancer (overall, Whites, Black, non-Hispanic)

##### **Mortality Rates:**

- Lower mortality rates for heart disease, diabetes and septicemia
- Lower overall cancer mortality rate among Blacks
- Lower lung cancer mortality rate among Blacks

## **AREAS OF OPPORTUNITY-**

### **Demographic & Household Statistics:**

- Lower proportion of residents with graduate or professional degree
- Increased TANF, SNAP, and WIC recipients between 2007-2012
- Higher percentage of households who are cost-burdened

### **Access to Healthcare:**

- Lower total physician supply
- More emergency department visits among adults and elderly
- More hospital admissions among elderly
- 30 day hospital readmission rates among Medicare beneficiaries is higher
- Rate of substance abuse admissions across all drugs exceeds NJ rate

### **Safety:**

- Children less likely to be screened for lead poisoning
- Higher rates of reported child abuse
- Higher rates of domestic violence
- Higher overall crime rate
- Higher non-violent crime rate

### **Health Behaviors:**

- Lower percentage of individuals who have never smoked
- Fewer Medicare beneficiaries who have had an influenza vaccination
- Fewer Medicare beneficiaries who have had colorectal cancer screening
- Fewer Medicare beneficiaries who have had eye exams as part of diabetes screening

### **Maternal and Child Health:**

- Higher percentage of mothers who smoke and/or use drugs during pregnancy
- Higher percentage of mothers who use formula exclusively

### **Communicable and Chronic Disease:**

- Higher cancer incidence rates (all sites)
- Higher breast cancer rates among black and Hispanic females
- Higher rates of brain cancer among men
- Higher rates of colorectal cancer among black and Hispanic males
- Higher incidence rate of lung cancer among all demographic groups
- Higher incidence of skin cancer among males
- Higher percentage of adults with diabetes

**Mortality Rates:**

- Overall age-adjusted mortality rate for Gloucester county is higher than the NJ rate
- Higher rates of drug related mortality
- Higher overall cancer mortality rates
- Higher prostate cancer mortality rates for white men
- Higher breast cancer mortality rates
- Higher colorectal cancer rates for men and women
- Higher mortality rates than NJ for: unintentional injury, chronic respiratory disease, stroke, kidney disease, suicide, aortic aneurysm

# **HOUSEHOLD TELEPHONE SURVEY FINDINGS**

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Interviews were conducted via telephone with 575 respondents, at least 18 years of age, from the 26 zip codes in Gloucester County. The telephone survey methodology is contained in the BRFSS report.

The survey was adapted from the Center for Disease Control Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey tool assesses health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The customized survey tool consisted of approximately 100 factors selected from core sections and modules from the BRFSS tool. Depending upon respondents' answers to questions regarding cardiovascular disease, smoking, diabetes, etc., interviews ranged from approximately 15 to 30 minutes

The following section provides an overview of key findings from the Household Telephone Survey including highlights of important health indicators and health disparities. Areas of strength and opportunity are identified below.

## **[BRFSS REPORT LINK](#)**

### **Areas of Opportunity:**

- Higher proportion of residents who reported poor physical health for 15-30 of last 30 days
- Lower proportion of residents who have visited a dentist in the past year
- Higher proportion of residents who have not participated in physical activity in the last month
- Higher proportion of residents who never wear a seatbelt
- Higher proportion of residents who have been told they have high blood pressure

### **Areas of Strength:**

- Fewer residents drank soda containing sugar in the past 30 days
- Fewer residents who drank sweetened fruit drinks in the past 30 days
- Higher proportion of residents who reported having health care
- Higher proportion of residents who have had a routine checkup in the past year
- Higher proportion of residents who have had blood cholesterol checked
- Higher proportion of residents who have had a test for diabetes in the past 3 years
- Higher proportion of residents who have received a pneumonia vaccination

## **KEY INFORMANT INTERVIEW FINDINGS**

As part of the assessment, the Tri-County Collaborative contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct a Key Informant Study with community stakeholders. Holleran staff worked closely with the Tri-County Collaborative to identify key informant participants and to develop the online Key Informant Survey Tool. A copy of the questionnaire can be found in the Key Informant Report. The questionnaire focused on gathering qualitative feedback regarding perceptions of community needs and strengths across 3 key domains:

- Key Health Issues
- Health Care Access
- Challenges & Solutions

Holleran gathered a total of 153 completed online questionnaires during January and February 2013. Study participants represented a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, faith-based organizations, and the business community. It is important to note that the number of completed surveys and limitations to the sampling method yield results that are directional in nature. Results reflect the perceptions of some community leaders, but may not necessarily represent all community leaders within the community. A list of informants, their organizations, and demographic information is included in the Key Informant Report.

### **KEY INFORMANT REPORT LINK**

The following table shows the breakdown of the percent of respondents who selected each health issue. Issues are ranked from top to bottom based on number of participants who selected the health issue as one of their top five issues. The first column depicts the total percentage of respondents that selected the health issue as one of their top five. Respondents were also asked of those health issues mentioned, which one issue is the most significant. The second column depicts the percentage of respondents that rated the issue as being the most significant of their top five.

Rank	Health Issue	% of respondents that selected this issue	% of respondents who selected issue as most significant
1	Overweight / Obesity	86%	22%
2	Diabetes	65%	5%
3	Access to Healthcare	62%	27%
4	Substance Abuse / Alcohol Abuse	57%	8%
5	Mental Health / Suicide	54%	11%
6	Heart Disease	49%	14%
7	Cancer	35%	5%
8	Tobacco	30%	3%
9	Dental Health	24%	0%
10	Stroke	16%	0%
11	Sexually Transmitted Disease	14%	0%
12	Maternal / Infant Health	5%	0%

## Select Comments by Informants Related to Key Health Issues

- *“As a school nurse, I am seeing an increase in obese children. Many students are overweight due to poor economic circumstances and lack of easy access to reasonable fresh produce.”*
- *“Childhood obesity is a major concern, but we must involve parents/caregivers in the process.”*
- *“I see a significant number of overweight students in our community.”*
- *“So many of the other health care issues result or are directly impacted by obesity. Unless we deal with this issue any work done in the other areas will not be as successful.”*
- *“As a diabetes educator, I see diabetes in the community and the hospital all the time.”*
- *“Heart Failure is the #1 Readmission Diagnosis and hospitals are being penalized for readmissions within 30 days of discharge.”*

After careful review of all available data, along with existing programs and services, the Gloucester County Department of Health, in collaboration with our partners have identified three categories where our focus can make an immediate and permanent impact on the health status and behaviors of our residents.

## **Improvement Category #1 - Cancer Education and Screening**

<b>Improvement Category</b>	<b>Focus Area</b>	<b>Activities</b>	<b>Target Audience</b>	<b>Location</b>	<b>Relevant Data</b>
Cancer Prevention	CEED	Promote free cancer screenings offered by GC CEED. Distribute CEED flyers, promotional materials, etc. at a min. of 10 events annually	Uninsured / underinsured GC residents	Clinics, WIC, health fairs, WHS	Overall cancer incidence rates (all sites) are higher in Gloucester County than in NJ
Cancer Prevention	Sun Safety	Conduct Dermascan screenings and provide sun safety education at a min. of 10 events annually	All Gloucester County residents	golf courses, pools, parks, mall, health fairs, WHS	Incidence of skin cancer among males is higher in Gloucester County than in NJ
Cancer Prevention	Tobacco Cessation	Promote NJ Quitline and Mom's Quit Connection at a min. of 10 events annually	Residents who smoke and their families	health fairs, clinics, mall, WHS	Proportion of adults who have never smoked is lower in Gloucester County than NJ
Cancer Prevention	Tobacco Control	Respond to 100% of Smoke Free Air Act non-compliance allegations within 48 hours. Provide education as needed	GC businesses and residents	as needed	Proportion of adults who have never smoked is lower in Gloucester County than NJ

### **1A – Cancer Education and Early Detection (CEED)**

Gloucester County CEED program provides cancer education and free screenings to county residents. The Gloucester County Health Department will partner with CEED by distributing CEED info, flyers and promotional material at health fairs, events, the county store, clinic areas etc. We will also welcome CEED outreach workers to attend select health department programs such as health clinics, WIC services, etc..

### **1B – Sun Safety**

The Gloucester County Health Department will promote sun safety, to caution residents on the dangers of skin cancers. We will provide free Dermascan screenings and information at golf courses, public pools, parks and other events, particularly during spring and summer months.

**1C – Tobacco Cessation**

The Gloucester County Health Department will encourage tobacco cessation by referring smokers to the NJ Quitline where they can receive nicotine replacement therapies. Pregnant smokers will be referred to Mom’s Quit Connection where they can receive face to face smoking cessation counseling.

**1D – Tobacco Control**

The Gloucester County Health Department will continue to assure compliance with the NJ Smoke Free Air Act by providing education and guidance to businesses, individuals and organizations. We will also continue to investigate alleged infractions of the Smoke Free Air and Tobacco Age of Sale Acts.

## **Improvement Category #2 - Chronic Disease Prevention**

<b>Improvement Category</b>	<b>Focus Area</b>	<b>Activities</b>	<b>Target Audience</b>	<b>Location</b>	<b>Relevant Data</b>
Chronic Disease Prevention	Heart Disease	Conduct cholesterol screenings and provide information at 10 events annually	All Gloucester County residents	Mall, health fairs, health clinics, senior events	Gloucester County mortality rate for atherosclerosis is higher than NJ
Chronic Disease Prevention	Diabetes	Conduct glucose screenings and provide information at 10 events annually	All Gloucester County residents	Mall, health fairs, health clinics, senior events	There is a higher percentage of adults with diabetes in Gloucester County than in NJ
Chronic Disease Prevention	Obesity Prevention	Conduct BMI measurements and provide information at 10 events annually	All Gloucester County residents	School wellness events, mall, health fairs, health clinics	Gloucester county residents participate in physical activities less frequently than NJ residents
Chronic Disease Prevention	Hypertension	Conduct blood pressure screenings and provide information at 10 events annually	All Gloucester County residents	Mall, health fairs, health clinics, senior events, WHS	Greater percentage of Gloucester County residents have been told they have high blood pressure than NJ residents

### **GET HEALTHY GLOUCESTER**

1. The Gloucester County Health Department will create a marketing plan to increase awareness of free screenings, including blood pressure, glucose, cholesterol, BMI, and Dermascan. The programs will be made available throughout the county to various populations. Screenings will be accompanied by education and follow-up if necessary. Effective by July 1<sup>st</sup>, 2015

2. Partnership Coordinator or designee will participate in 100% of Chronic Disease Coalition meetings.

3. By December of each year, Gloucester County Department of Health will present the “Get Healthy Gloucester” campaign to Local Boards of Health, Collaborative meetings, health fairs, and at the Annual Community Health meeting. The health department will provide information at the annual Women’s Health Summit to attendees on “Get Healthy Gloucester” goals and activities.

## Improvement Category #3 – Unintentional Injury Prevention

Improvement Category	Focus Area	Activities	Target Audience	Location	Relevant Data
Unintentional Injury Prevention	Fall Prevention	Conduct at least 5 community presentations annually	Seniors	Nutrition sites, senior centers, WHS	Emergency Room visits among Gloucester County adults and elderly are higher than ER visit statistics statewide
Unintentional Injury Prevention	Fall Prevention	Lead at least 6 exercise classes that promote balance annually	Seniors	Senior centers, community centers	Emergency Room visits among adults and elderly in Gloucester County are higher than ER visit statistics statewide
Unintentional Injury Prevention	Poison Prevention	Conduct at least 5 NJ PIES community presentations annually	All Gloucester County residents	Family Success Centers, Social Services, WHS, community centers	Emergency Room visits among adults and elderly in Gloucester County are higher than ER visit statistics statewide
Unintentional Injury Prevention	Seatbelt & Bike Helmet Use	Conduct at least 5 community presentations annually	All Gloucester County residents	Family Success Centers, Social Services, WHS, community centers	Percentage of residents that report never using seatbelts is higher in GC than NJ or the US

### **Fall Prevention**

The Gloucester County Health Department will conduct Fall Prevention Presentations to senior groups. We will present at each nutrition site during the month of September and to other groups as requested throughout the year. We will continue to offer Senior Fitness programs that promote balance, strength, and flexibility in order to prevent falls.

### **Summer Safety**

The Gloucester County Health Department will conduct outreach and presentations during the spring and summer months to promote Summer Safety. This will include water safety, sun protection, bike helmet use, mosquito / tick borne illnesses and other topics as appropriate. We will look to conduct this outreach at various sites throughout the county including Family Success Centers, Social Services, Senior Groups, and others.

### **Poison Prevention**

The Gloucester County Health Department will conduct poison information and education programs using the NJ PIES created presentations. We will conduct these programs with a variety of audiences including Family Success Centers, Social Services, Senior Groups, and others throughout the county.

**Seatbelt Use / Bike Helmets**

The Gloucester County Health Department will advocate seatbelt use with all residents and bike helmet use among children by distributing information at health department programs and events, as well as health fairs and other opportunities. We will also conduct presentations at various sites including Family Success Centers, Social Services and others.

**Resources:**

CHNA Tri-County Final Report

Results of Gloucester County BRFSS

Secondary Data Profile of Gloucester County

CHNA Key Informant Survey

**Note:**

Information for CHIP 2015 was gathered by the Tri-County Health Assessment Collaborative. The Collaborative CHNA Final Report serves as a compilation of the overall findings for Gloucester County and can be found by accessing the following link:

[http://www.inspirahealthnetwork.org/upload/docs/11\\_13\\_Gloucester\\_Community\\_Health\\_Needs\\_Assessment.pdf](http://www.inspirahealthnetwork.org/upload/docs/11_13_Gloucester_Community_Health_Needs_Assessment.pdf)