

Community Health Needs
Assessment
2013

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I. Purpose and Background of the CHNA

Purpose of the CHNA

- To meet the requirements under section 501(r)(3) of the Internal Revenue Code, which was established by the Patient Protection and Affordable Care Act (PPACA).
- To better understand the underlying health status of the community served by JFK Medical Center.
- To allow interested members of the community an opportunity to opine on the health needs of the community in which they live.
- To include the perspective of local experts within public health.
- To reflect the needs and opinions of certain patient populations such as the medically underserved, low-income, minority groups, and those with chronic disease.
- To identify any significant health needs in the community served by JFK Medical Center.
- To include an Implementation Strategy that addresses the significant health issues identified in the CHNA.

Third Party Identity and Qualifications

- JFK Medical Center engaged 3d Health to complete both the Community Health Needs Assessment as well as the Implementation Strategy.
- 3d Health is a Chicago-based healthcare consultancy with particular expertise in analyzing markets on behalf of hospital and health system clients:
 - Defining geographies and populations served
 - Understanding the associated demographics and trending of populations served
 - Utilizing a variety of public and proprietary data sources to identify the health needs of a community
 - Comparing local health needs to state and national realities in order to define significant health needs
 - Working with physicians and other local experts to better understand the health needs of the community
 - Soliciting input from a broad array of constituents within the community
 - Developing practical Implementation Strategies that have a meaningful impact

Data Sources: Community Definition & Make-Up

- JFK Medical Center patient origin data by Zip Code
- Claritas
- Dignity Health
- Hoovers
- The Health Resources and Services Administration (“HRSA”)
- Truven Health Analytics
- U.S. Census Bureau

Data Sources: Health Outcomes

Focus Area	Measure	Source	Year(s)
Mortality	Premature death (years of potential life lost before age 75 per 100,000 pop)	National Center for Health Statistics	2008-10
Morbidity	Poor or fair health (percent of adults reporting fair or poor health)	Behavioral Risk Factor Surveillance System	2005-11
	Poor physical health days (average number in past 30 days)	Behavioral Risk Factor Surveillance System	2005-11
	Poor mental health days (average number in past 30 days)	Behavioral Risk Factor Surveillance System	2005-11
	Low birthweight (percent of live births with weight < 2500 grams)	National Center for Health Statistics	2004-10

Data Sources: Health Factors - Health Behaviors

Focus Area	Measure	Source	Year(s)
Tobacco use	Adult smoking (percent of adults that smoke)	Behavioral Risk Factor Surveillance System	2005-11
Diet and exercise	Adult obesity (percent of adults that report a BMI \geq 30)	National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System	2009
	Physical inactivity (percent of adults that report no leisure time physical activity)	National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Factor Surveillance System	2009
Alcohol use	Excessive drinking (percent of adults who report heavy or binge drinking)	Behavioral Risk Factor Surveillance System	2005-11
	Motor vehicle crash deaths per 100,000 population	National Center for Health Statistics	2004-10
Sexual activity	Sexually transmitted infections (chlamydia rate per 100,000 population)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2010
	Teen birth rate (per 1,000 females ages 15-19)	National Center for Health Statistics	2004-10

Data Sources: Health Factors - Clinical Care

Focus Area	Measure	Source	Year(s)
Access to care	Uninsured (percent of population < age 65 without health insurance)	Small Area Health Insurance Estimates	2010
	Ratio of population to primary care physicians	HRSA Area Resource File	2011-12
	Ratio of population to dentists	HRSA Area Resource File	2011-12
Quality of care	Preventable hospital stays (rate per 1,000 Medicare enrollees)	Dartmouth Atlas of Health Care	2010
	Diabetic screening (percent of diabetics that receive HbA1c screening)	Dartmouth Atlas of Health Care	2010
	Mammography screening (percent of females that receive screening)	Dartmouth Atlas of Health Care	2010

Data Sources: Health Factors - Social & Economic Environment

Focus Area	Measure	Source	Year(s)
Education	High school graduation (percent of ninth grade cohort that graduates in 4 years)	State sources and the National Center for Education Statistics	Varies by state
	Some college (Percent of adults aged 25-44 years with some post-secondary education)	US Census Bureau American Community Survey, 5-year estimates	2007-11
Employment	Unemployment rate (percent of population age 16+ unemployed)	Bureau of Labor Statistics	2011
Income	Children in poverty (percent of children under age 18 in poverty)	Small Area Income and Poverty Estimates	2011
Family and social support	Inadequate social support (percent of adults without social/emotional support)	Behavioral Risk Factor Surveillance System	2005-10
	Percent of children that live in single-parent household	US Census Bureau American Community Survey, 5-year estimates	2007-11
Community safety	Violent crime rate per 100,000 population	Uniform Crime Reporting, Federal Bureau of Investigation	2008-10

Data Sources: Health Factors - Physical Environment

Focus Area	Measure	Source	Year(s)
Environmental quality	Daily fine particulate matter (average daily measure in micrograms per cubic meter)	CDC WONDER Environmental data	2008
	Drinking water safety (percent of population exposed to water exceeding a violation limit in the past year)	Safe Drinking Water Information System	FY 2012
Built environment	Access to recreational facilities (rate per 100,000 population)	US Census Bureau County Business Patterns	2010
	Limited access to healthy foods (percent of population who lives in poverty and more than 1 or 10 miles from a grocery store)	USDA Food Environment Atlas	2012
	Fast food restaurants (percent of all restaurants that are fast food)	US Census Bureau County Business Patterns	2010

Date Sources: Disease Burden

Focus Area	Measure	Source	Year(s)
Disease Prevalence	Self reported diagnosis among adults (age 18 or older) across nine different conditions: <ul style="list-style-type: none"> • Heart Attack • Angina and Coronary Disease • Stroke • Asthma • COPD, Emphysema, Bronchitis • Arthritis • Depression • Kidney Disease • Diabetes 	Behavioral Risk Factor Surveillance System	2012
Cancer Incidence	Annual cancer incidence; across all sites (aggregate incidence rate) and for leading 19 tumor sites	National Cancer Institute, State Cancer Profiles website based on data from NCI's Surveillance, Epidemiology and End Results ("SEER") and CDC's National Program of Cancer Registries ("NPCR")	2006 to 2010

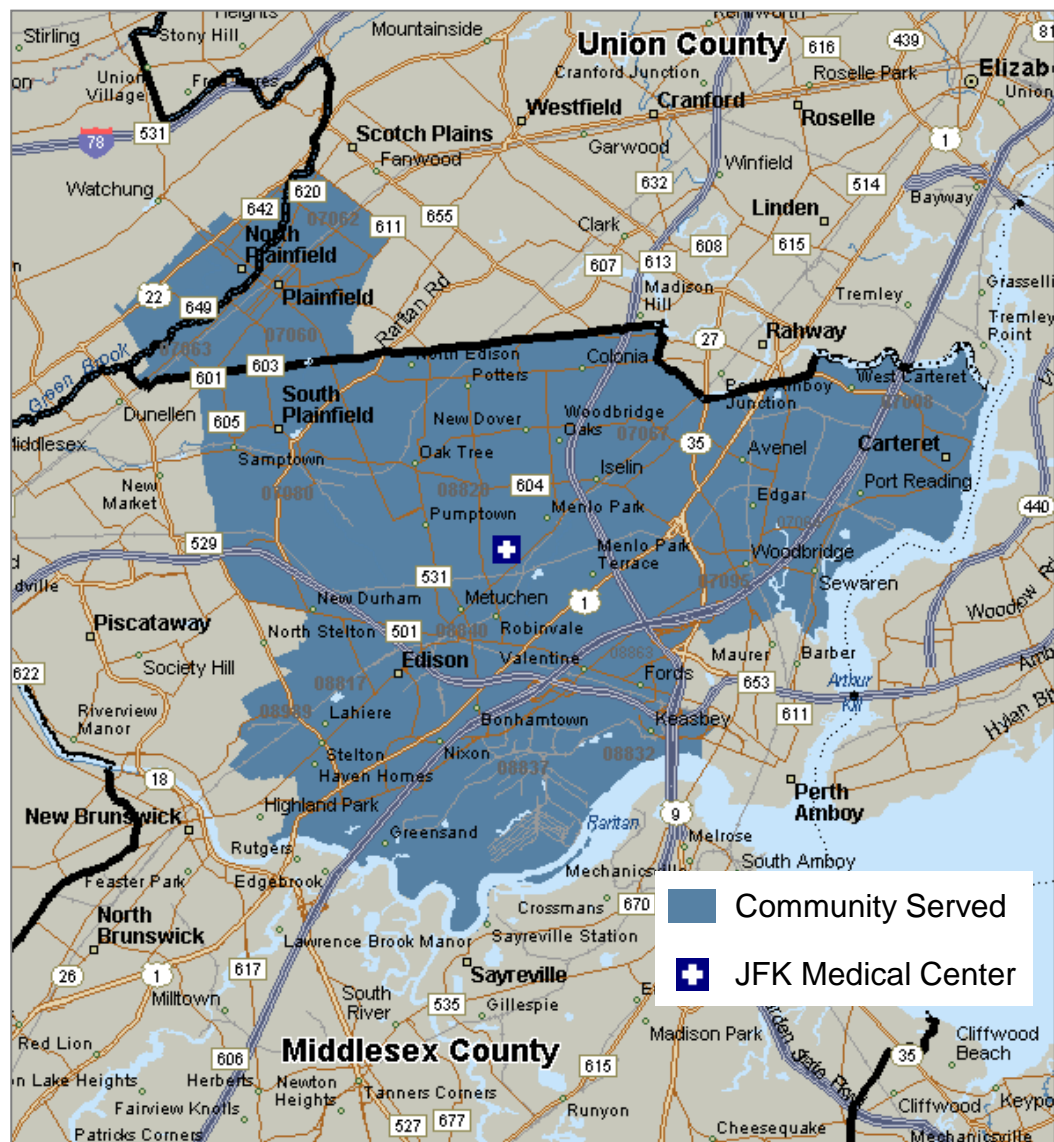
Data Limitations & Gaps

- 3d Health utilized professional judgment in determining the best available and most current data to be utilized in the Community Health Needs Assessment.
- While this CHNA is both robust and comprehensive, it cannot measure all possible elements of health within the community nor cannot it represent all potential constituents.
- 3d Health is limited in how frequently the data sources are updated.
- Portions of the data were available only at a County level vs. ZIP Code.
- This CHNA is purposefully designed to assess the overall health of the community and identify the most significant health needs.

II. JFK Medical Center's "Community Served"

JFK Medical Center's "Community Served"

- JFK Medical Center serves the 23 ZIP codes depicted on the map to the right.
- This geography was defined by JFK Medical Center to include any ZIP code with greater than 20% market share or more than 5% of patient origin.
- In addition, all Plainfield ZIP codes were included in the geography, regardless of the above, to reflect JFK's ongoing commitment to serving the Plainfield community.

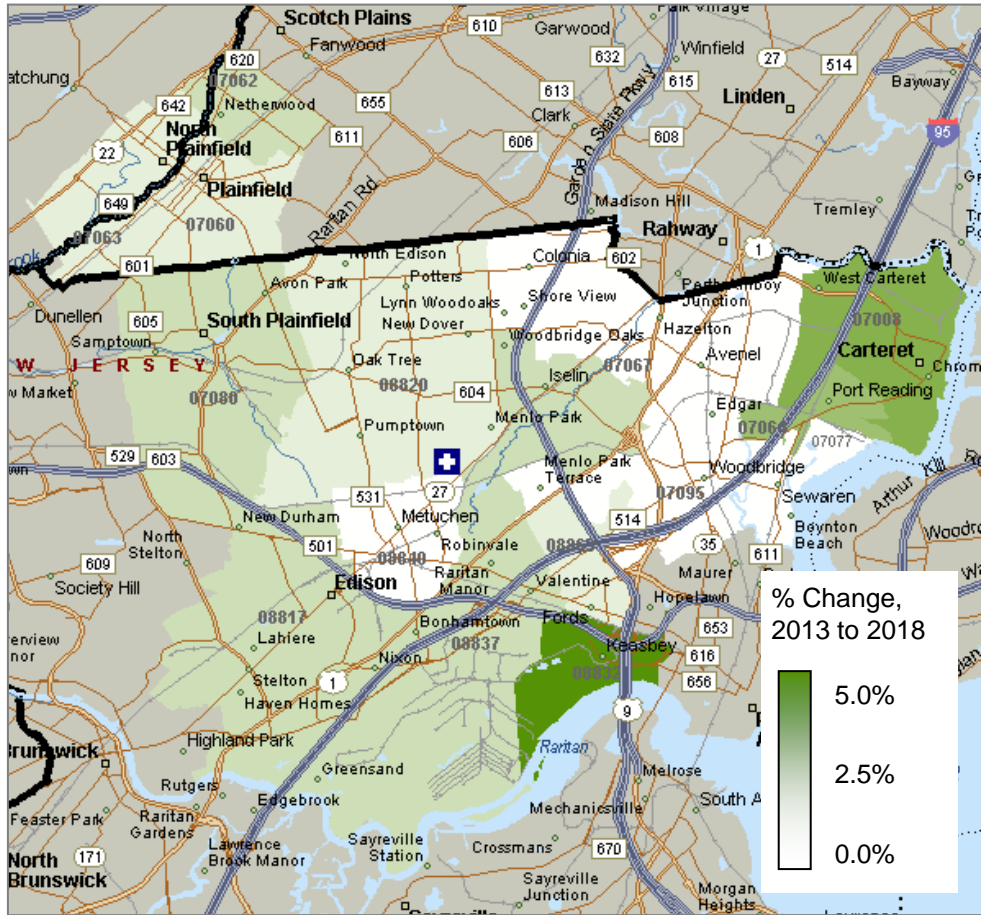


The Population is Forecast to Grow by 3,900 Residents

Service Area	Population		% Change
	2013	2018	
Community Served	331,168	335,099	1.2%

- The population in the community served is forecast to increase by 1.2% over the next five years.
- This is about a third of the 3.3% rate of growth projected for the nation, but higher than the New Jersey state average projection of 1.0%.
- The fastest growth is in Keasbey and Carteret/Port Reading.

Population Growth, 2013 to 2018



Source: Claritas

Growth by Town in the Community Served

- The population in Edison is forecast to grow the largest, with almost 1,400 new residents by 2018.
- However, population in three other areas is growing at a faster rate. Those areas with the highest rates include:
 - Keasbey, 4.8%
 - Carteret, 3.4%
 - Port Reading, 3.1%

Population by Town

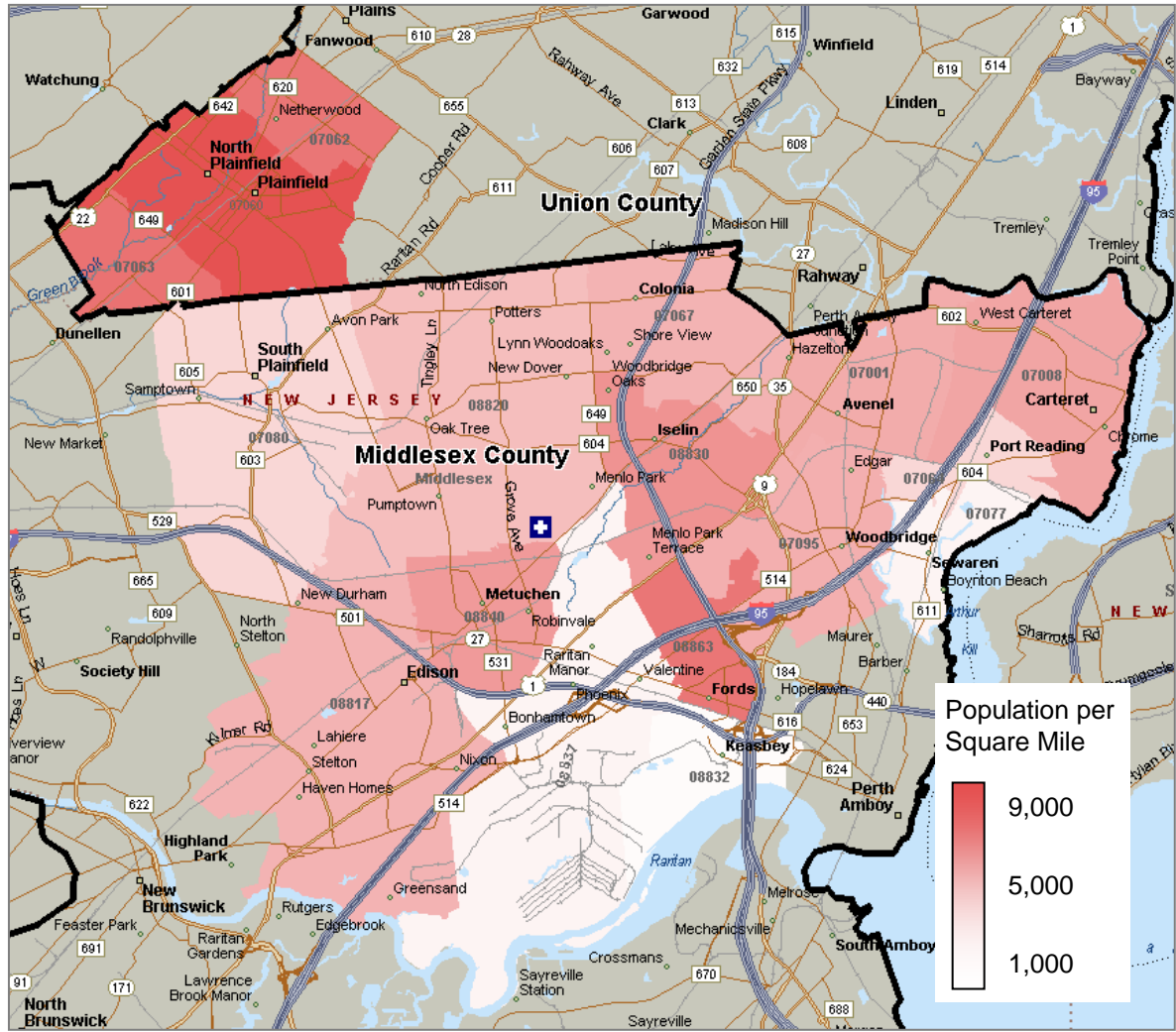
Town	2013	2018	% Change	# Change
Avenel	15,947	16,019	0.5%	72
Carteret	23,445	24,250	3.4%	805
Colonia	18,126	18,129	0.0%	3
Edison	100,542	101,927	1.4%	1,385
Fords	13,306	13,445	1.0%	139
Iselin	18,586	18,827	1.3%	241
Keasbey	3,421	3,585	4.8%	164
Metuchen	17,262	17,323	0.4%	61
Plainfield	71,302	71,861	0.8%	559
Port Reading	3,787	3,903	3.1%	116
Sewaren	2,678	2,693	0.6%	15
South Plainfield	23,525	23,843	1.4%	318
Woodbridge	19,241	19,294	0.3%	53
Total	331,168	335,099	1.2%	3,931

Source: Claritas

Population Density is Highest in Plainfield

- Population density varies across the community served.
- Density is highest at greater than 9,000 residents per square mile in the Plainfield area.
- However, in the areas along the Raritan and Arthur Kill River south of Carteret, there are only 1,000 residents per square mile.

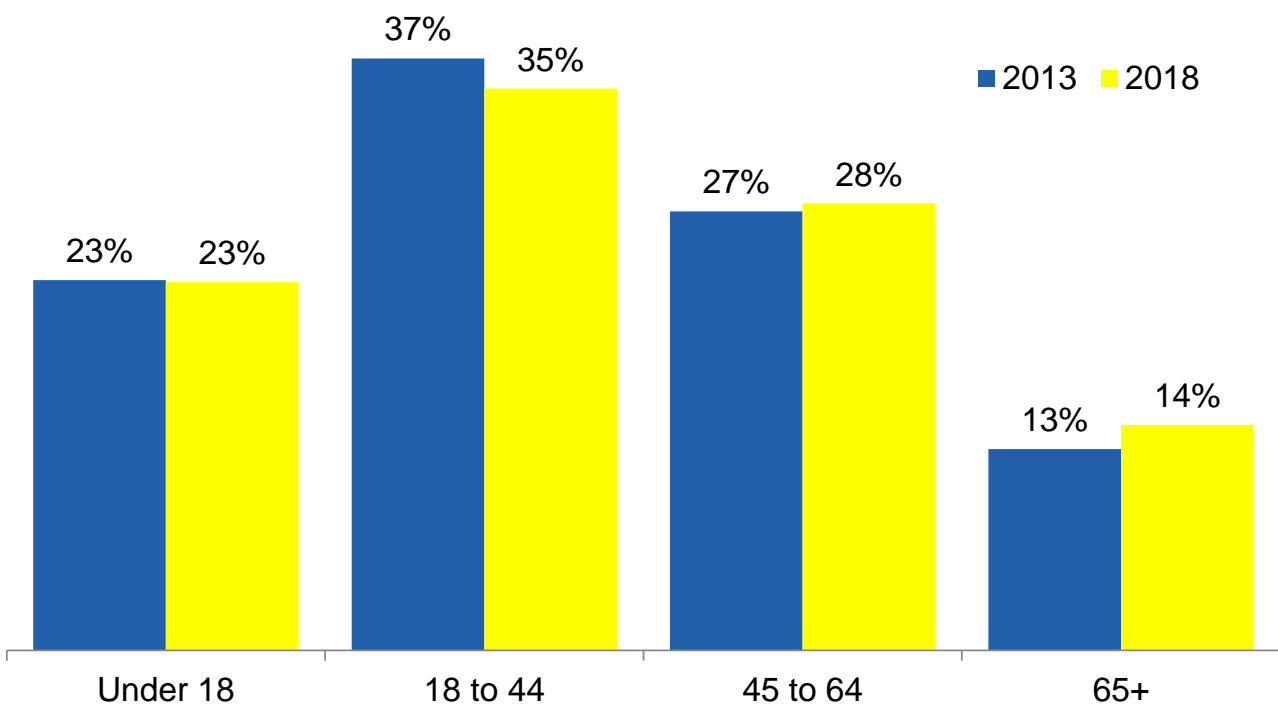
Population Density, 2013



Source: Claritas

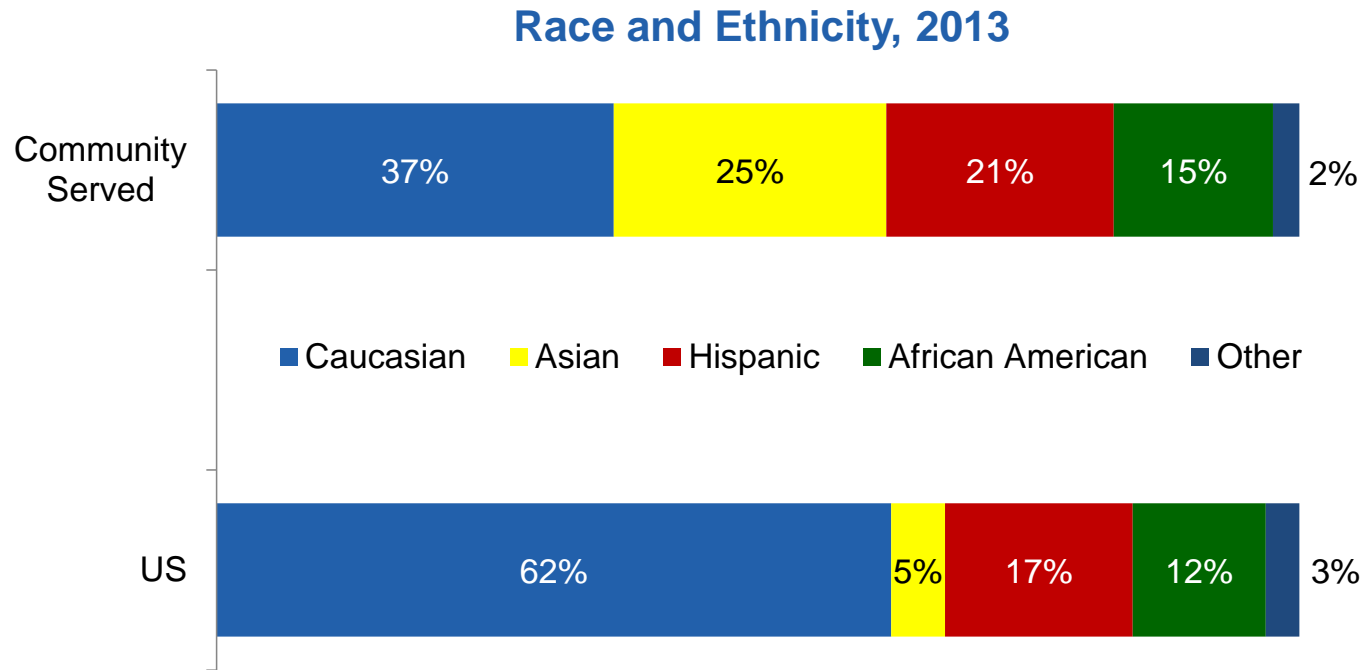
Population Age Distribution

- Age distribution of the community served is largely similar to US and state averages.
- The 65+ age cohort is projected to increase by an additional 5,600 residents over the next five years.



Source: Claritas

Race and Ethnicity in the Community Served

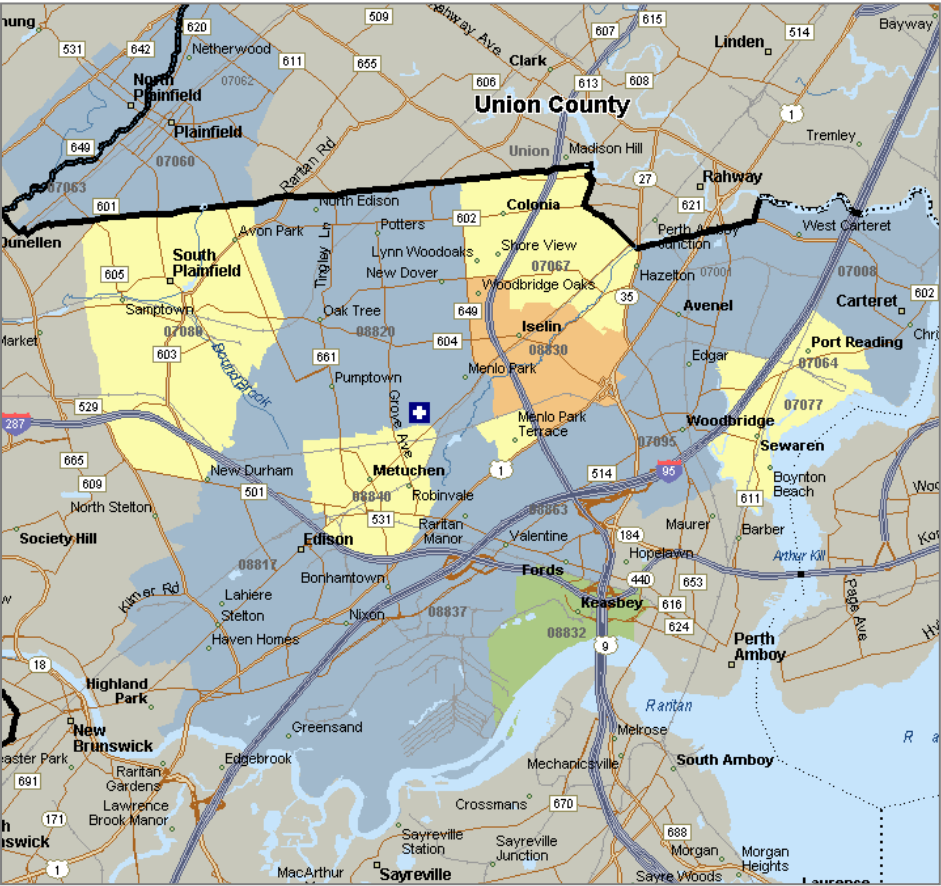


- The population in the community served is generally more diverse than the nation.
- Within the community served, the percentage of Asian residents is five times higher than the US percent.
- There are more Hispanic and African American residents as a percentage of the total than the US average in the community served.

Source: Claritas

Populations in the Community Served are Very Diverse

Racial/Ethnic Majority by Town



- Almost half of the towns in the community served have no racial/ethnic majority.
- Caucasians are not the majority in almost two-thirds of the towns in the community served, compared to the US where only 9% of towns have a non-white majority.

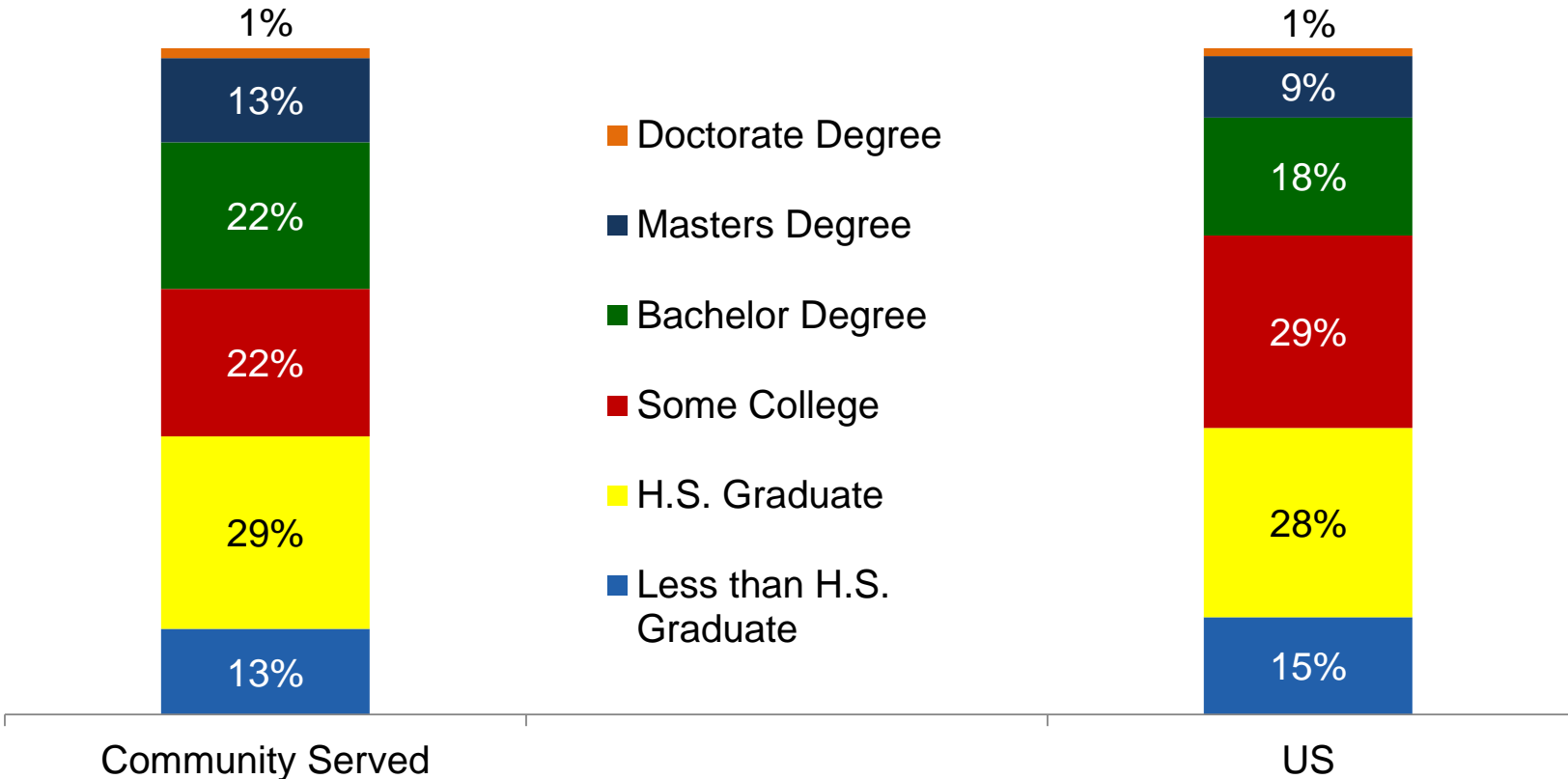
Majority in the town is...	# of Towns	% of All Towns
Asian	1	8%
Caucasian	5	38%
Hispanic	1	8%
No Majority	6	46%

Source: Claritas

Educational Attainment in the Community Served

- The community served has a higher percentage of the population with a college degree at 36% than the national average of 28%.

Educational Attainment Among the Population Age 25+, 2013

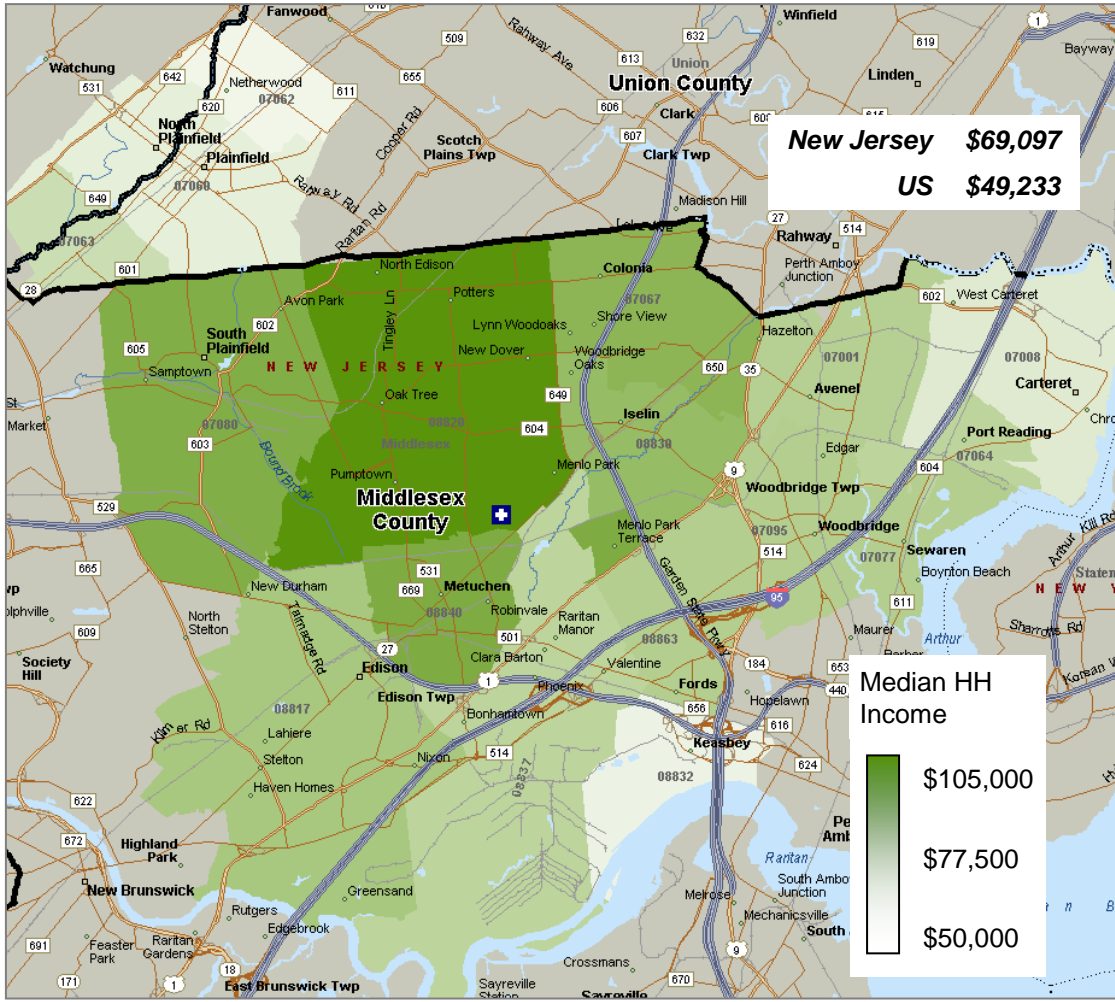


Source: Claritas

The Community Served is Relatively Affluent

- The northwestern portions of Middlesex County are among the most affluent areas of the geography, with median incomes at \$83k or higher in most ZIP codes.
- 70% of households in the community served have income levels above the state of New Jersey median and no areas are below the US median.

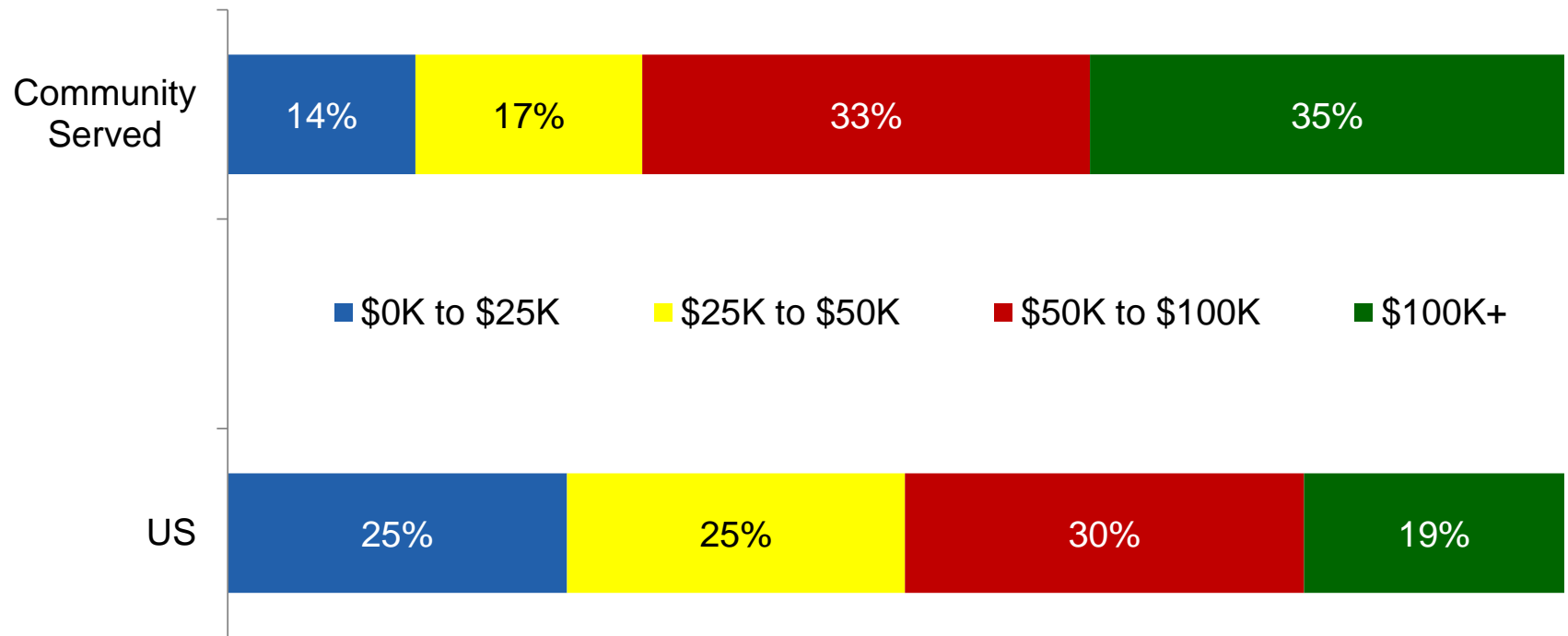
Median Household Income, 2013



Source: Claritas

The Community Served is Relatively Affluent

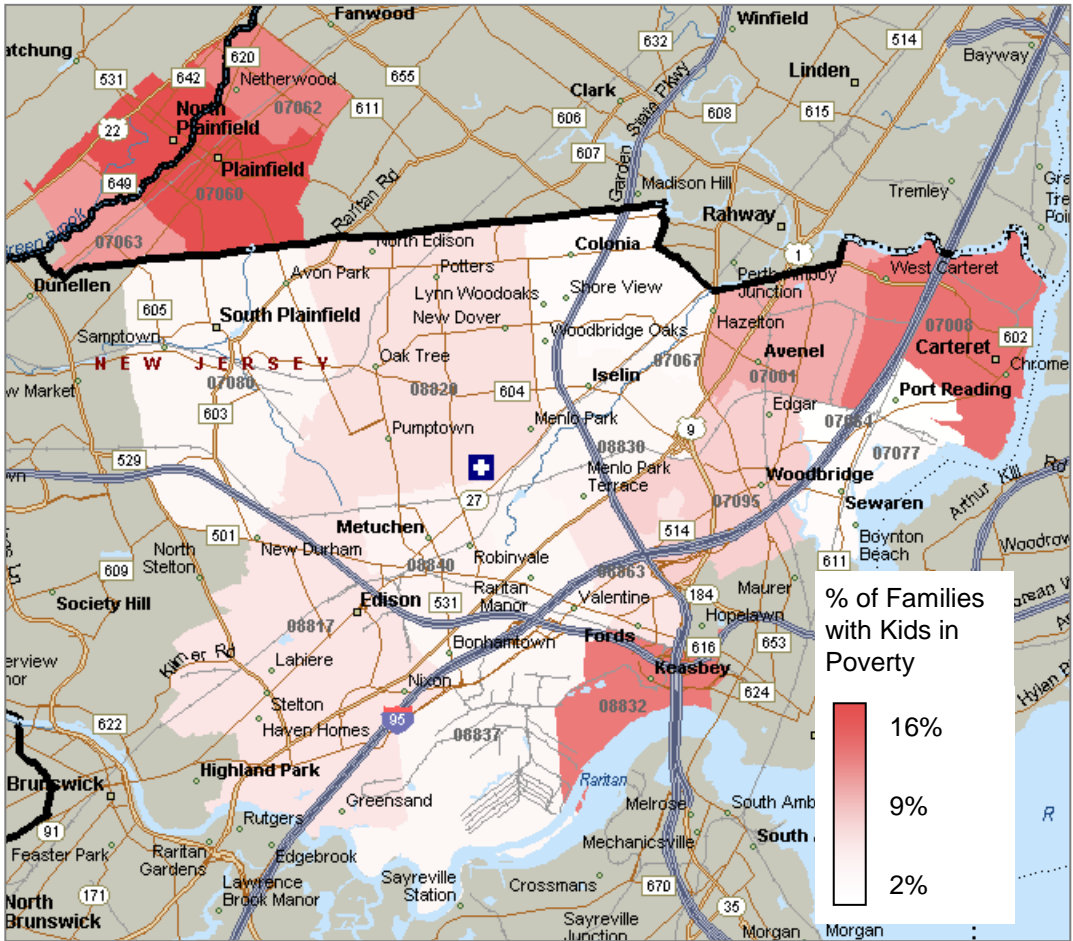
Household Income Distribution, 2013



- There are significantly fewer households in the community served with less than \$50,000 in household income at 31% than the US average of 50%.

Poverty Levels are Low in the Community Served

Percent of Households in Poverty, 2011



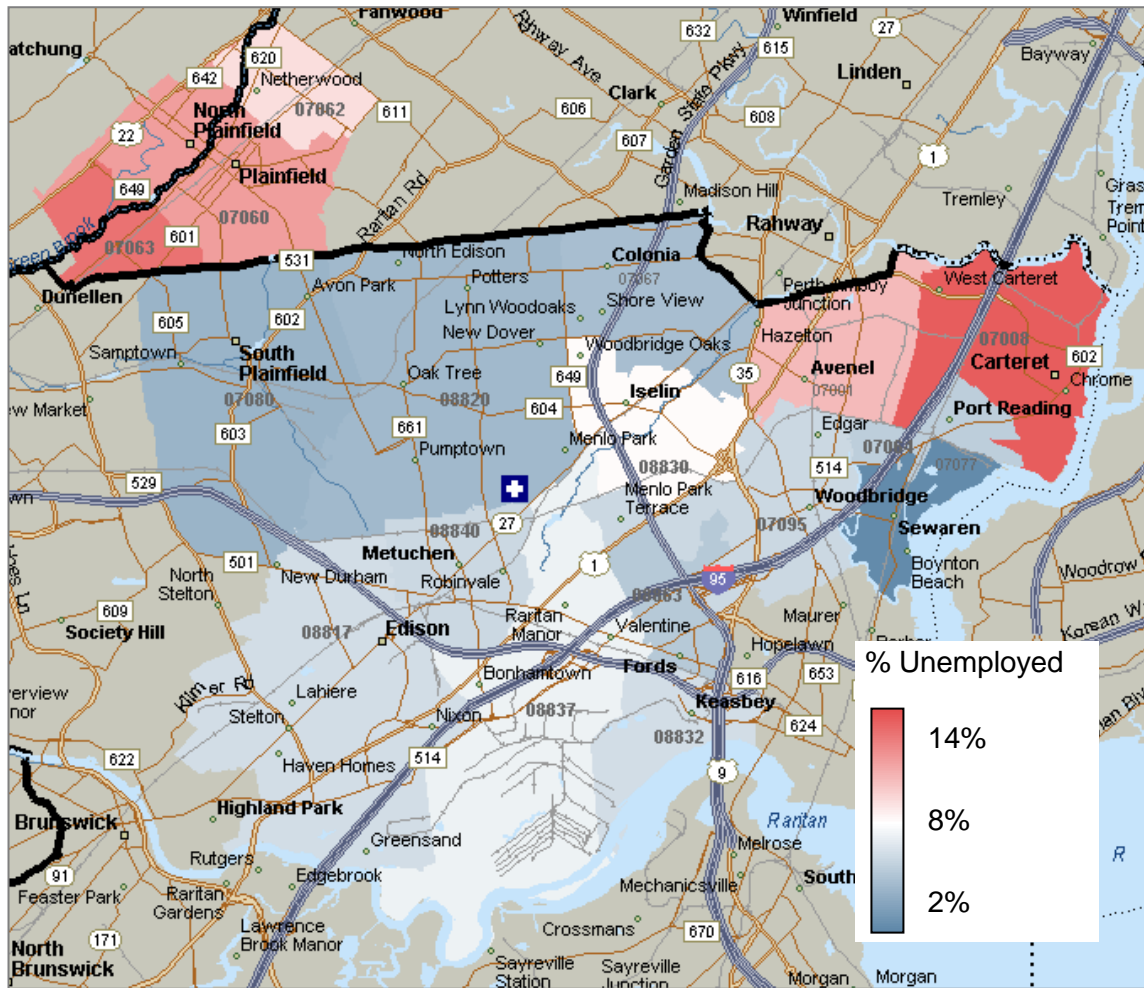
- Overall poverty¹ across the community served is 7%, compared to 11% in New Jersey and 17% in the US.
- As anticipated, the lower income areas in the community served are highly correlated with areas in poverty and with high rates of uninsured.
- 60% of the total population live in areas where the poverty level is 5% or lower.

¹Poverty was defined as households with children under 18 that are below the poverty line.
Source: Truven Health; Claritas

With a Couple Exceptions, Unemployment Rates are Low

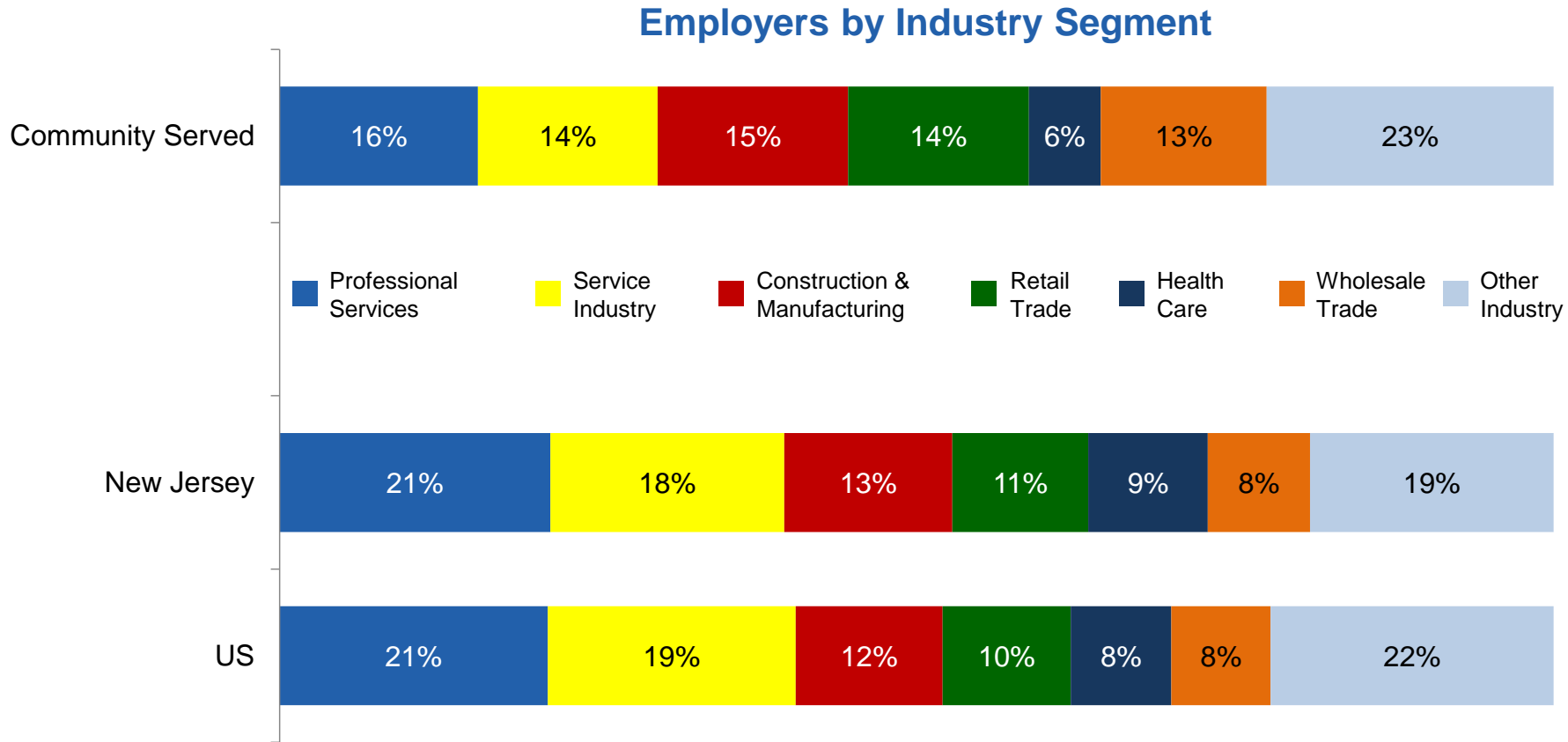
- Those areas with lower incomes and higher poverty rates are also experiencing higher unemployment rates:
 - Carteret, 13%
 - Plainfield (overall), 12%
- Three-fourths of the towns in the community served are below the New Jersey and US unemployment rates (both 9.9%)

Percent of Labor Force Unemployed, 2011



Source: Claritas; Truven Health

The Employer Base in the Community Served



- The community served contains fewer professional and service industry companies than NJ and the US, and a higher proportion of construction/manufacturing, retail, and wholesale companies.

Source: Hoovers; US Census Bureau

Top Employers in the Community Served

Top 10 Largest Employers by Number of Employees

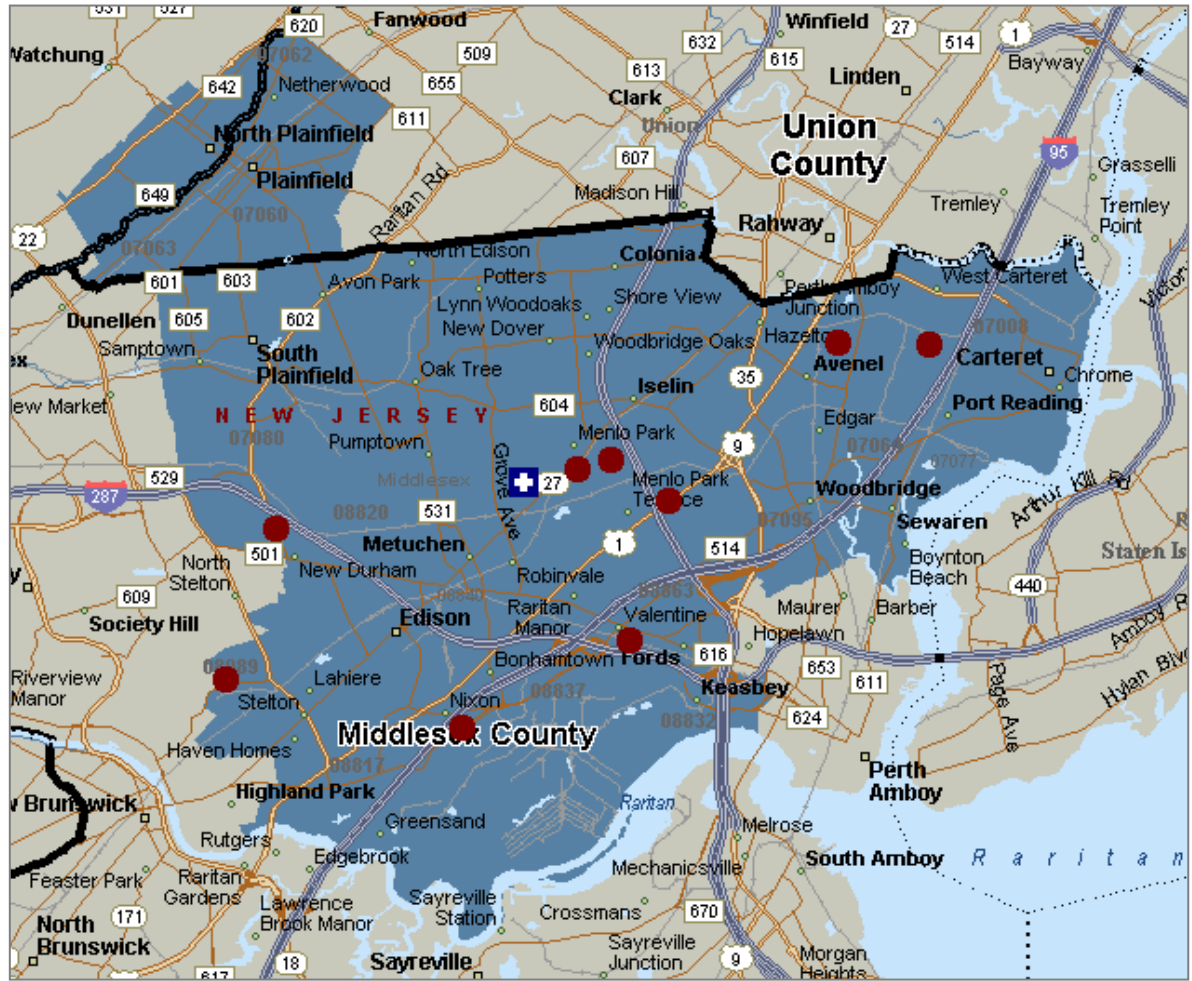
Company	Location	Total Employees	Revenue (Millions)
JFK Health System, Inc.	Edison	6,735	\$509.6
RCG Information Technology, Inc.	Edison	1,300	\$41.3
Genisys Software Ltd.	Iselin	1,270	\$66.5
Maidenform Brands, Inc.	Iselin	1,250	\$600.3
Rand Direct Inc.	Edison	1,200	\$69.9
Tumi Holdings, Inc.	South Plainfield	1,152	\$398.6
Biocon, Inc.	Edison	1,100	\$2.5
Middlesex County College	Edison	1,014	\$39.9
Chelco Group	Avenel	990	\$31.2
Toll Global Forwarding (americas) Inc.	Carteret	800	\$38.0

- JFK Medical Center is the largest employer in the Community Served. There are also a number of company headquarters located in the area.
- The top 10 employers include 9% of the total area labor force, yet make up only 0.03% of the ~35,000 employers.

Locations of Largest Area Employers

Largest Employer Locations

- Most of the largest employers in the community served are centered along US-1.



Source: Hoovers

Underserved Areas In and Near the Community Served

The Health Resources and Services Administration (“HRSA”) – a part of the US Dept. of Health & Human Services - designates whether a geographic area, population group, or facility qualifies as a shortage area.

Federally Designated Shortage Areas

Medically Underserved Area (“MUA”)

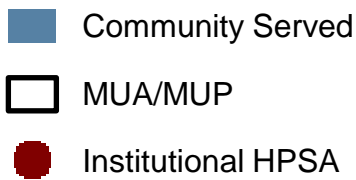
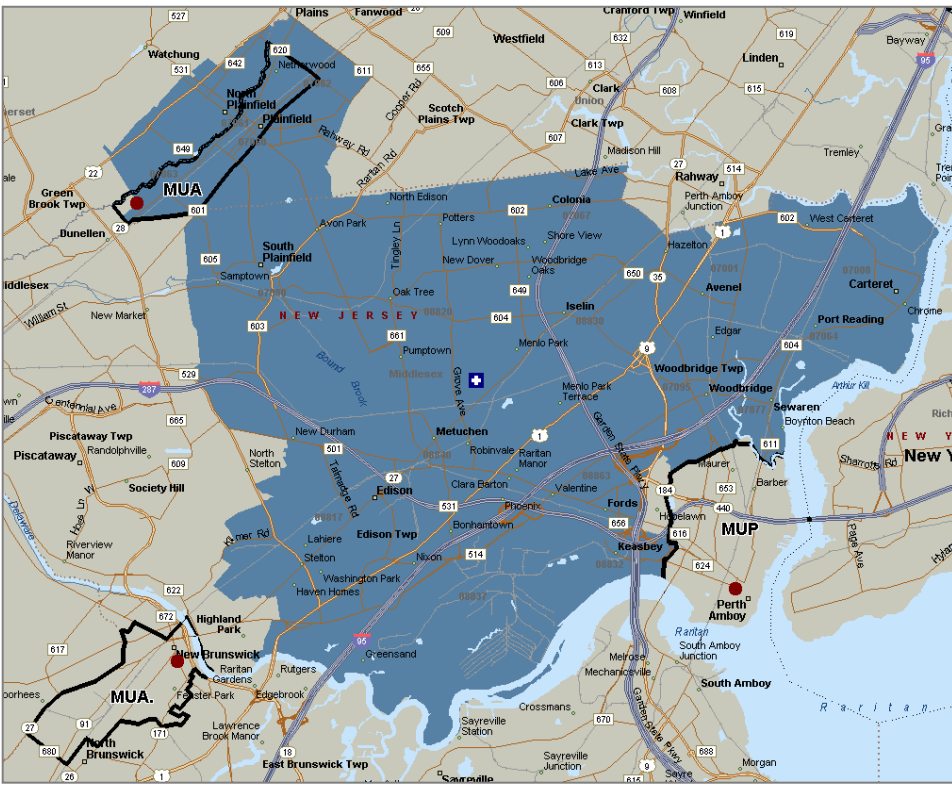
- County, a group of counties, a group of county/civil divisions or a group of urban census tracts in which residents have a shortage of personal health services

Medically Underserved Population (“MUP”)

- Groups of persons who face economic, cultural, or linguistic barriers to health care

Health Professional Shortage Area (“HPSA”)

- Areas having shortages of primary medical care, dental or mental health providers
- May be geographic, demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility)



Source: HRSA

Federally Designated Shortage Areas

Within the Community Served

MUA	MUP	HPSA
Union Service Area (Plainfield) Designated May 1994 <ul style="list-style-type: none"> Census Tracts 389, 390, 393, 394, and 395 	None	Plainfield Neighborhood Health Services <ul style="list-style-type: none"> Institutional (Comprehensive Health Center) Primary Care, Dental, Mental Health

Adjacent to the Community Served

MUA	MUP	HPSA
City Of New Brunswick Designated October 1993 <ul style="list-style-type: none"> Census Tracts 52, 53, 55, 56.01, 56.02, 57, 58, and 93 	City Of Perth Amboy Governor-Designated November 2000 <ul style="list-style-type: none"> Census Tracts 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, and 50 	Chandler Health <ul style="list-style-type: none"> Institutional (Comprehensive Health Center) Primary Care, Dental, Mental Health Jewish Renaissance Medical Center <ul style="list-style-type: none"> Institutional (Comprehensive Health Center) Primary Care, Dental, Mental Health

Quantifying Community Need by Geography

In 2005, Dignity Health (formerly Catholic Healthcare West) and Truven Health partnered to develop a Community Need Index (“CNI”) for every ZIP Code in the nation.

- This tool was an attempt to apply scientific rigor to quantifying community benefit initiatives.
- The CNI is a tool that can help identify the severity of health disparity by geography and pinpoint neighborhoods with significant barriers to health care access.
- The CNI does not rely solely on public health data, but rather focuses on a number of underlying socio-economic factors that impact access to care.
- Dignity Health and Truven analyzed each populated ZIP Code in the US across five different dimensions that impact access to care. These dimensions were scored on a scale of 1.0 to 5.0 with a score of 1.0 indicating a ZIP Code with the lowest barriers to care.
- A single, weighted average score was then calculated for each ZIP Code using the five individual scores.

Community Need Index: Barriers to Care

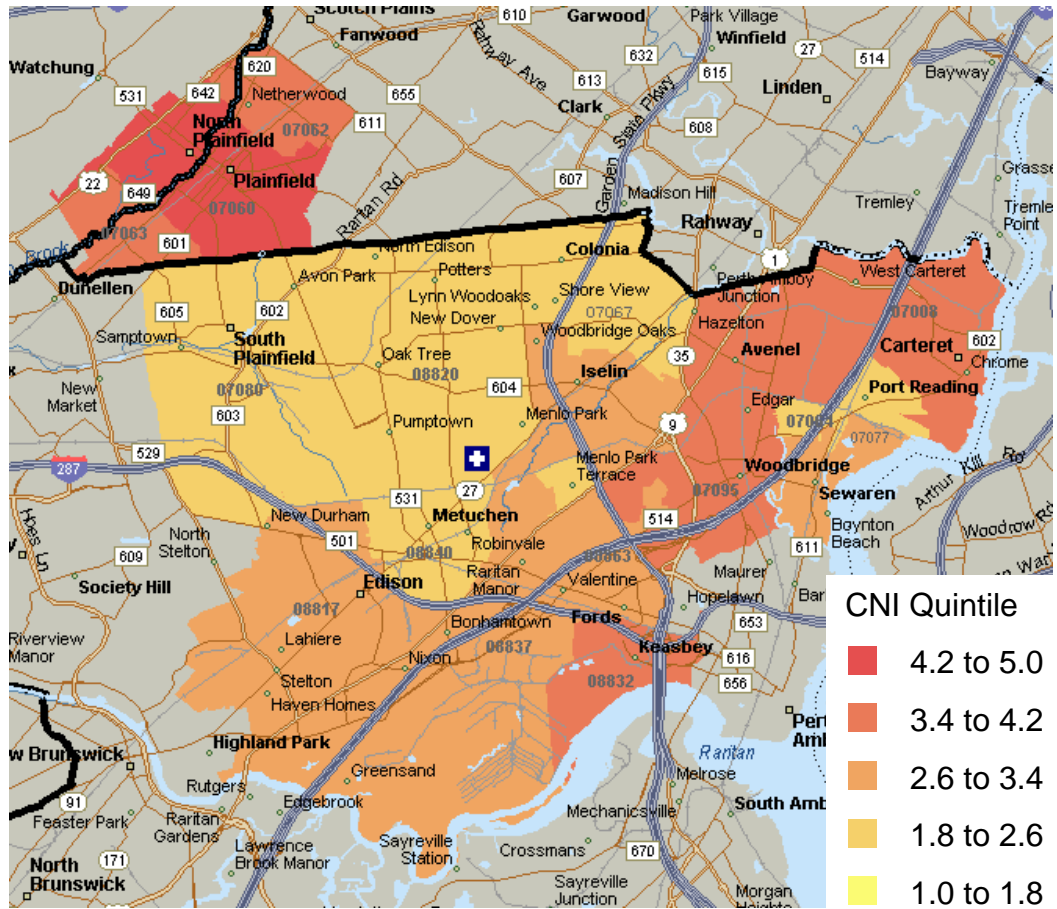
Barriers to Care	Factors Contributing to the Score
Income Barriers	<ul style="list-style-type: none"> • Percent of households in poverty with head of household age 65 or older • Percent of families with children under 18 that are in poverty • Percent of families with a single mother with kids under 18 that are in poverty
Cultural/Language Barriers	<ul style="list-style-type: none"> • Percent of the population greater than age 5 with no English • Percent of the population that belongs to a minority
Educational Barriers	<ul style="list-style-type: none"> • Percent of the population over age 25 with no High School diploma
Insurance Barriers	<ul style="list-style-type: none"> • Percent of the population that is in the labor force but unemployed • Percent of the population with no health insurance
Housing Barriers	<ul style="list-style-type: none"> • Percent of households that are renting

Source: Dignity Health; Truven Health

CNI Scores Correlate to Demographic Findings

- Those areas noted in the demographic analysis as socio-economically challenged also have high CNI scores.
- The community served scores slightly above the state and national levels – i.e. community needs are slightly higher than expected.

CNI Benchmarks	
<i>Community Served</i>	3.1
<i>New Jersey</i>	3.0
<i>United States</i>	3.0



Source: Dignity Health; Truven Health

Community Need Index Scores

CNI Across the Community Served

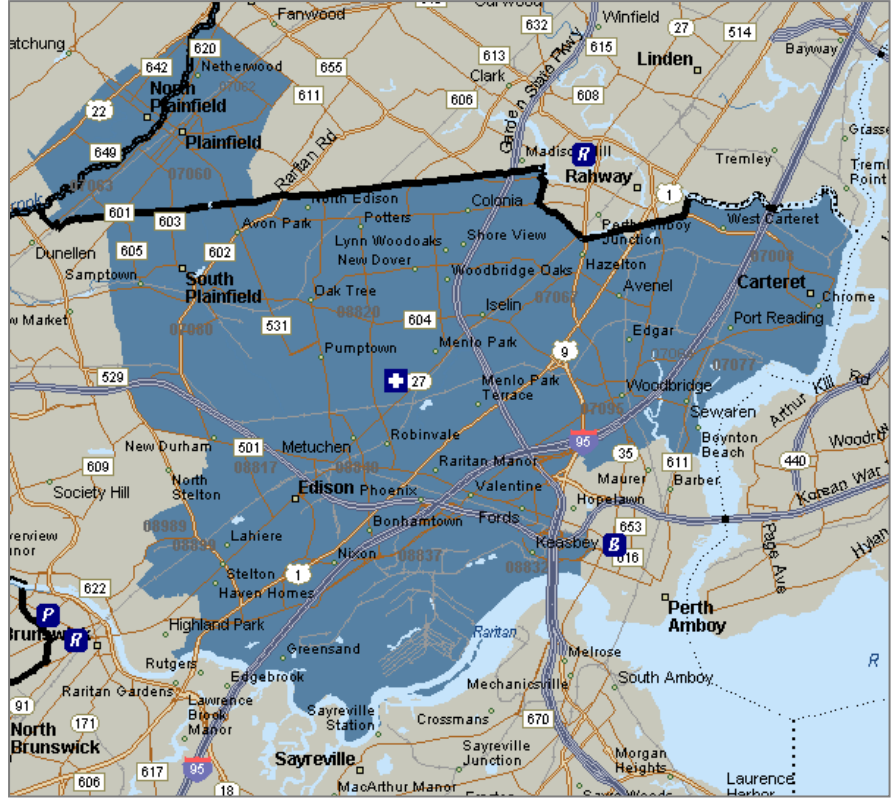
Town	CNI
Plainfield	4.0
Carteret	4.0
Keasbey	4.0
Avenel	3.6
Woodbridge	3.4
Fords	3.2
Edison	2.8
Sewaren	2.8
Iselin	2.8
Port Reading	2.4
Metuchen	2.2
South Plainfield	2.0
Colonia	1.8
Community Served	3.1

- There are no towns in the community served that score in the top quintile for high community need.
- However, the primary Plainfield ZIP code of 07060 scores at 4.2 – or the low cut off for the top quintile.
- Outside of Colonia, there are no towns in the community served that fall into the lowest quintile either.

Physician and Hospital Resources in the Community

- JFK Medical Center is the only acute care hospital located in the community served. However, there are four acute care hospitals located just outside the geography that are serving residents of the community served today.
- The Community served has more physicians per 100,000 than the US; however, the area is below the NJ rate.

Acute Care Hospitals



Physician Resources in the Community Served

Primary Care	243
Medical Specialists	186
Surgical Specialists	130
Hospital-Based Specialists	67
Total	626
<i>Per 100,000 Population</i>	<i>189.0</i>
<i>NJ Rate</i>	<i>210.4</i>
<i>US Rate</i>	<i>176.6</i>

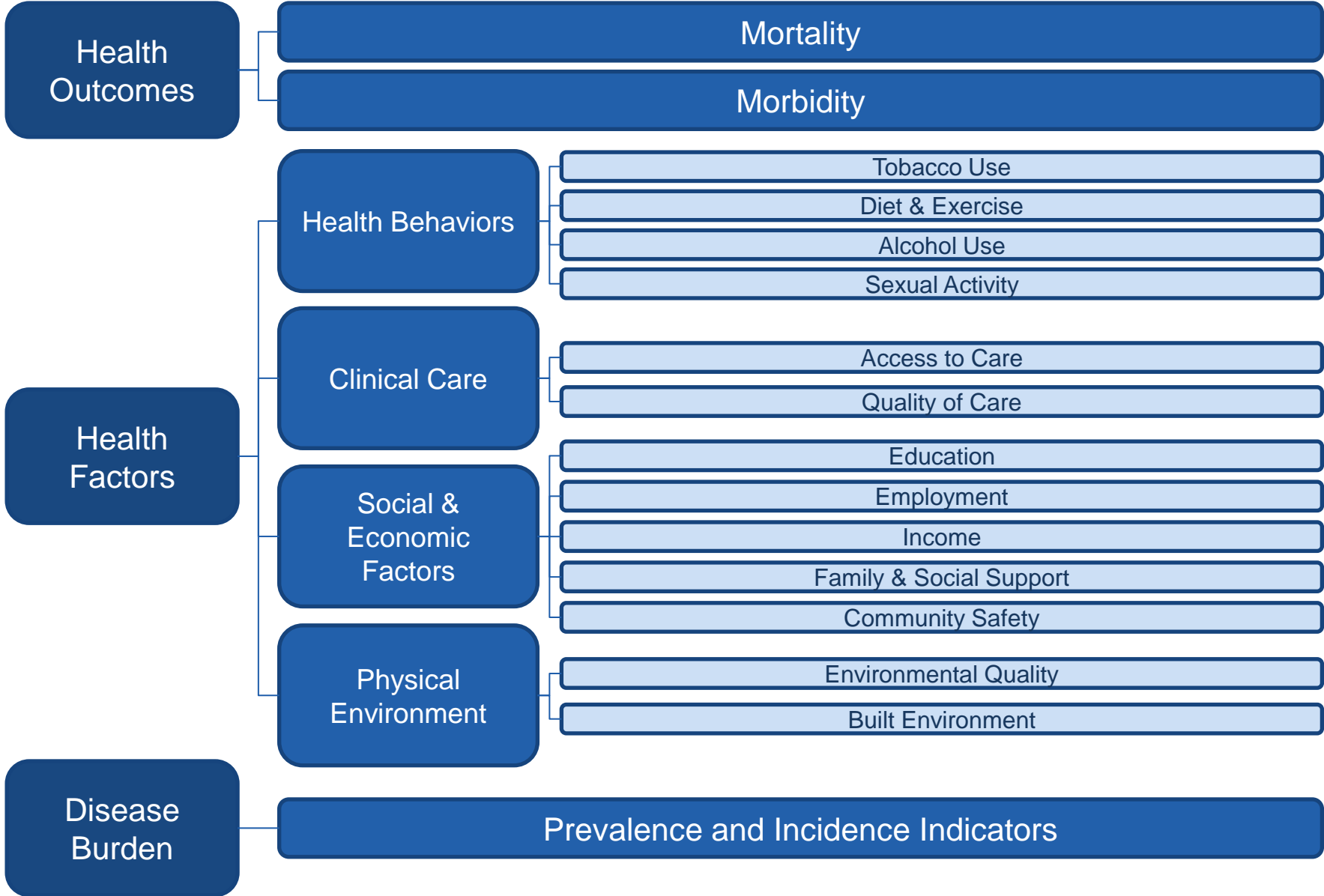
- JFK Medical Center
- Robert Wood Johnson University Hospitals
- Saint Peter's University Hospital
- Raritan Bay Medical Center

III. Population Health Evaluation

Evaluating Health Status for the Community Served

- 3d Health utilized several approaches and data sets to assess the health status of JFK Medical Center’s “Community Served.” Most of these data sources do not measure information below the County level, so 3d Health reported findings for Middlesex and Union Counties as necessary.
 - County Health Rankings & Roadmaps: A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The County Health Rankings are based on a conceptual model of population health that includes evaluation of a series of 30 different metrics grouped into Health Outcomes and Health Factors.
 - Prevalence and Incidence Indicators: 3d Health used the Behavioral Risk Factor Surveillance System (“BRFSS”), a nationwide telephone survey conducted at the state and local level in partnership with the Centers for Disease Control and Prevention (“CDC”), to assess self-reported prevalence of health risk behaviors and disease across nine conditions. 3d Health utilized the State Cancer Profiles compiled by the National Cancer Institute (“NCI”) to evaluate cancer incidence rates in aggregate and for 19 of the most common tumor sites.

Population Health Framework



Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Identifying Community Health Needs

- 3d Health compared JFK Medical Center's Community Served¹ on each of 40 metrics (30 from the County Health Rankings, 9 from the BRFSS, and one from NCI) to both the state of New Jersey and the US Average.
- In addition, the 30 metrics identified in the County Health Rankings provide a set of national benchmarks for goal-setting purposes ("National Target"). These targets generally show levels reached at the 10th percentile – or where a county's performance is better than 9 out of 10 counties. For some metrics, where higher scores are better (i.e. mammography screening) the target represents performance at the 90th percentile.
- 3d Health considered a score in JFK Medical Center's Community Served that was below the US average as an area to begin addressing community health needs. The New Jersey and National Target scores are shown merely as a point of comparison.

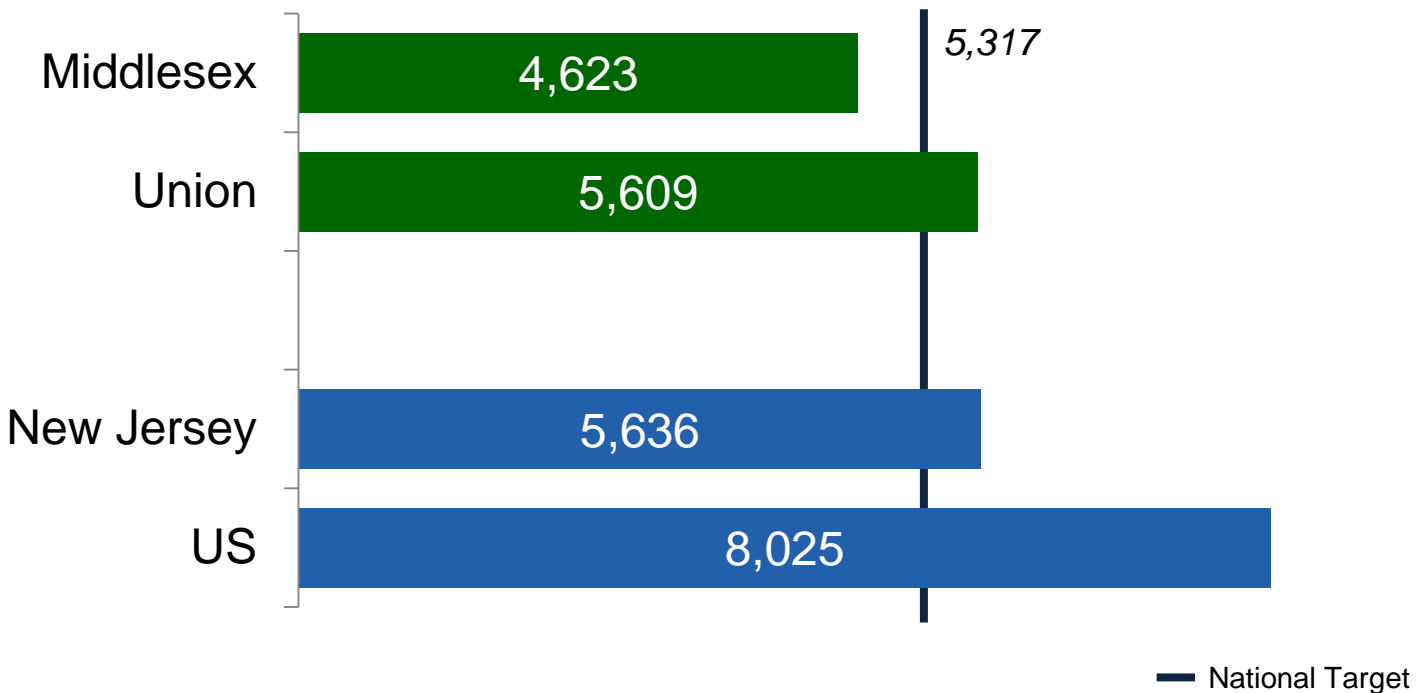
¹Note, the County Health Rankings data was only available at the county level; 3d Health evaluated Middlesex and Union Counties

IV. Health Outcomes

Premature Mortality

- When evaluating premature mortality, Middlesex and Union Counties scored significantly better than the US average in fewer years of life lost before age 75 per 100,000 population. Both counties are also below the New Jersey average. In addition, Middlesex County is below the National Target level.

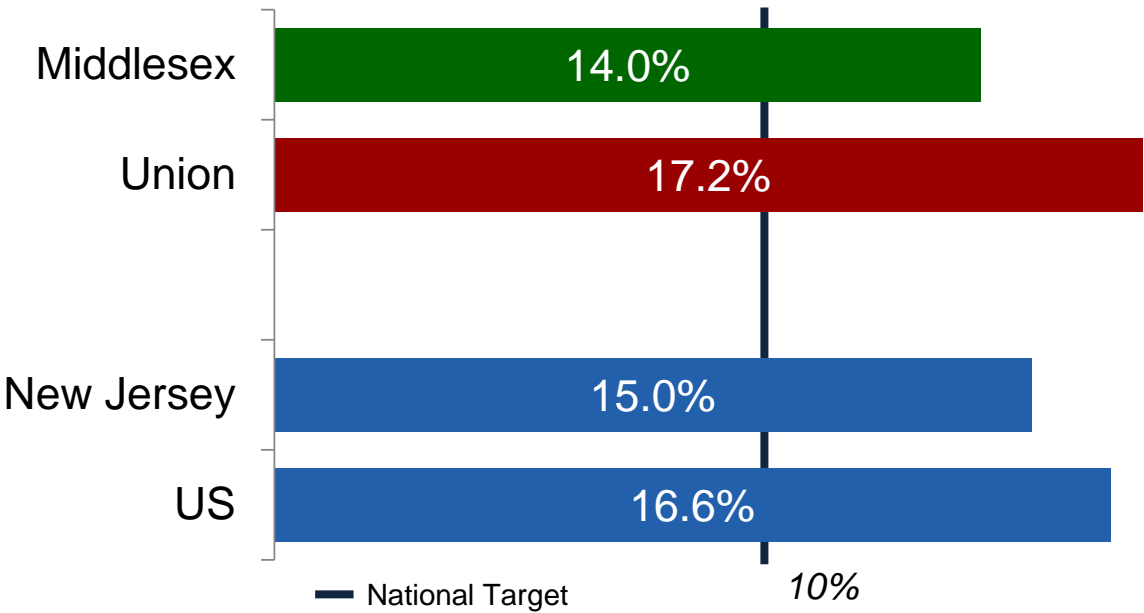
**Years of Potential Life Lost Before Age 75
per 100,000 Population**



Source: National Center for Health Statistics

Quality of Life

Percent of Population in Poor or Fair Health



- Residents in Union County were more likely than the US average to report that they were in fair or poor health.

- Area residents have fewer physically and mentally unhealthy days per month than both New Jersey and US residents overall.

Poor Health Days per Month

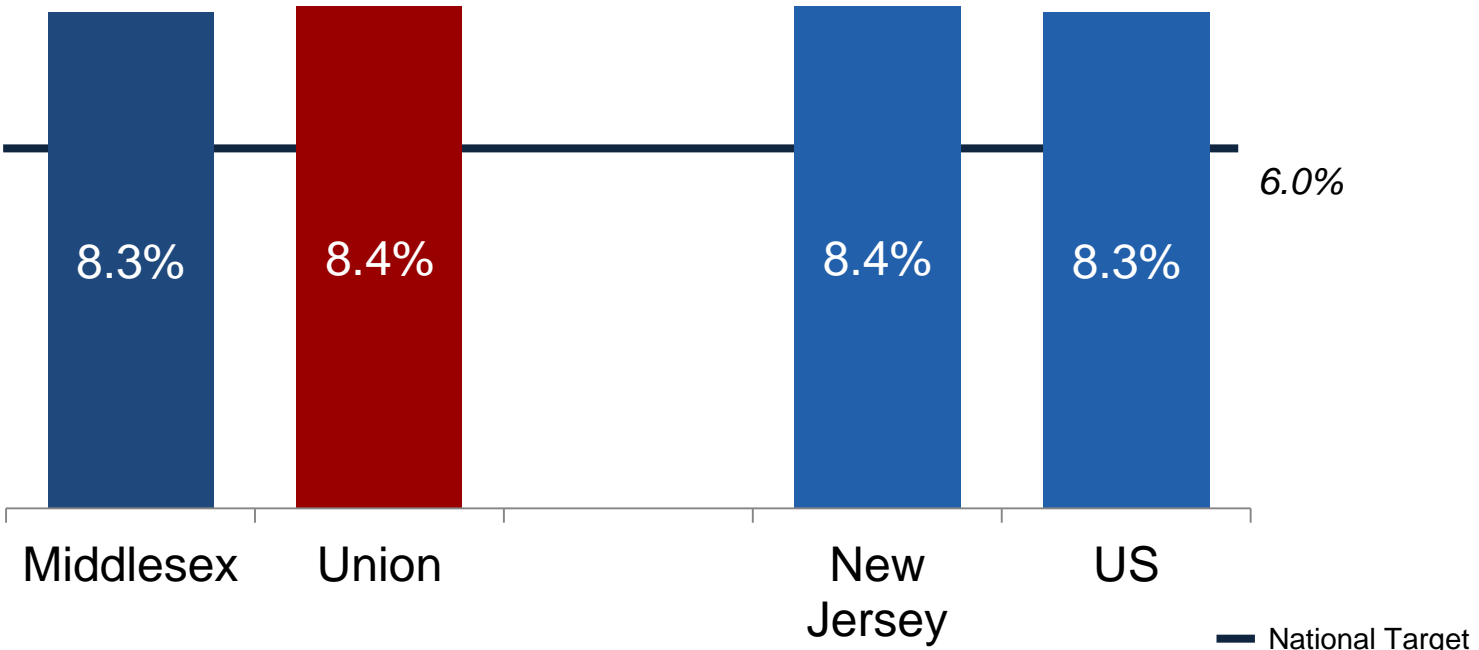
	Physically Unhealthy Days	Mentally Unhealthy Days
Middlesex	3.1	3.0
Union	3.3	3.2
New Jersey	3.3	3.3
US	3.8	3.4

National Target 2.6 2.3

Source: Behavioral Risk Factor Surveillance System

Birth Outcomes

Percent of Live Births with Low Birth Weight



- Low birth weight (“LBW”) is a unique indicator in that it measures both maternal and infant health. LBW can indicate that mothers have exposure to health risks across all categories. LBW can also serve as a predictor of premature mortality or morbidity over the course of the life of the infant.
- Union County has a very slight increased rate of LBW than the US average.

Source: National Center for Health Statistics; Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Health Outcomes

Measure	Middlesex	Union
Premature Death		
Population in Poor or Fair Health		✓
Poor Physical Health Days		
Poor Mental Health Days		
Low Birth Weight		✓

County Rank: Health Outcomes

**5th of 21
NJ Counties**

**10th of 21
NJ Counties**

✓ Below US average

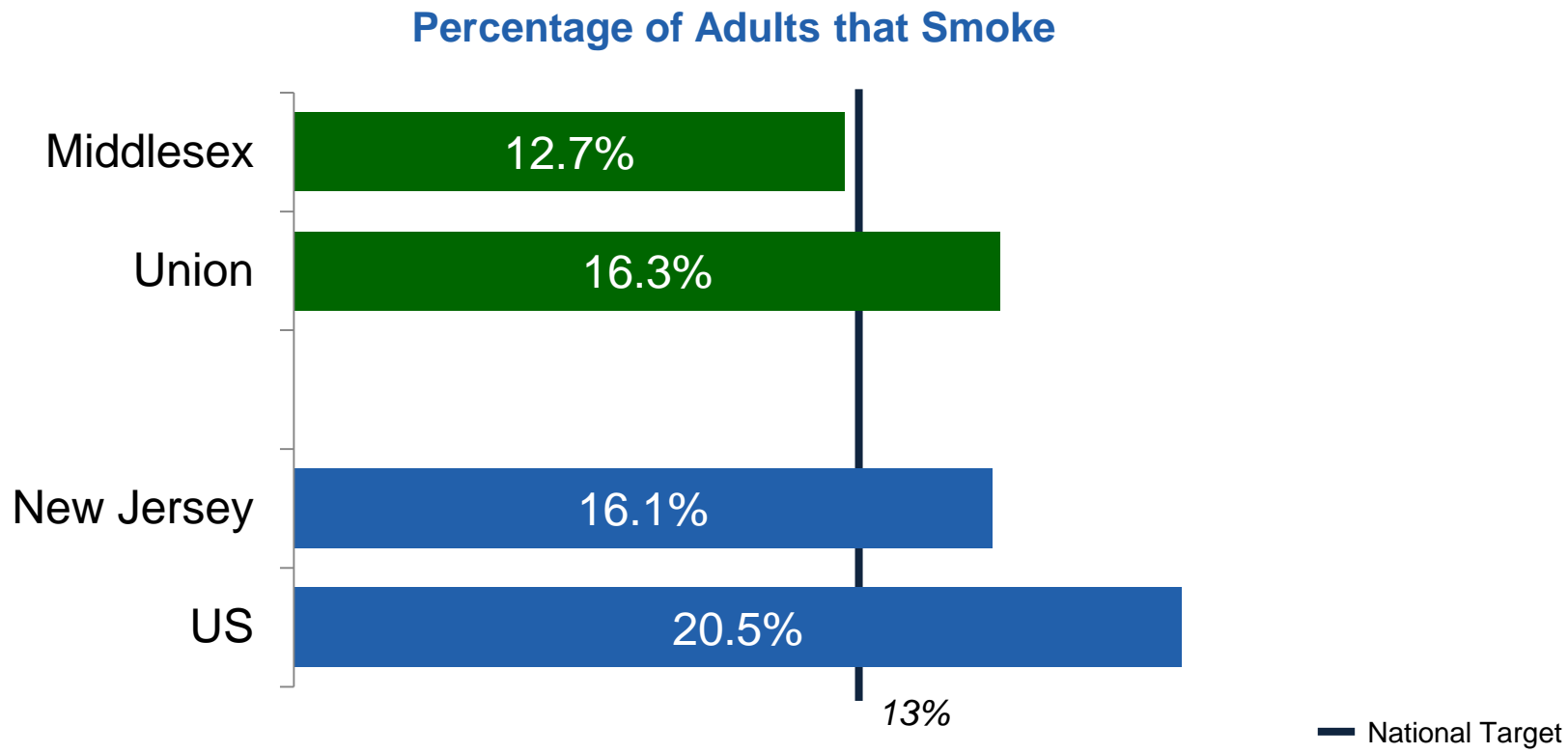
Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

V. Health Factors

- A. Health Behaviors
- B. Clinical Care
- C. Social & Economic Factors
- D. Physical Environment

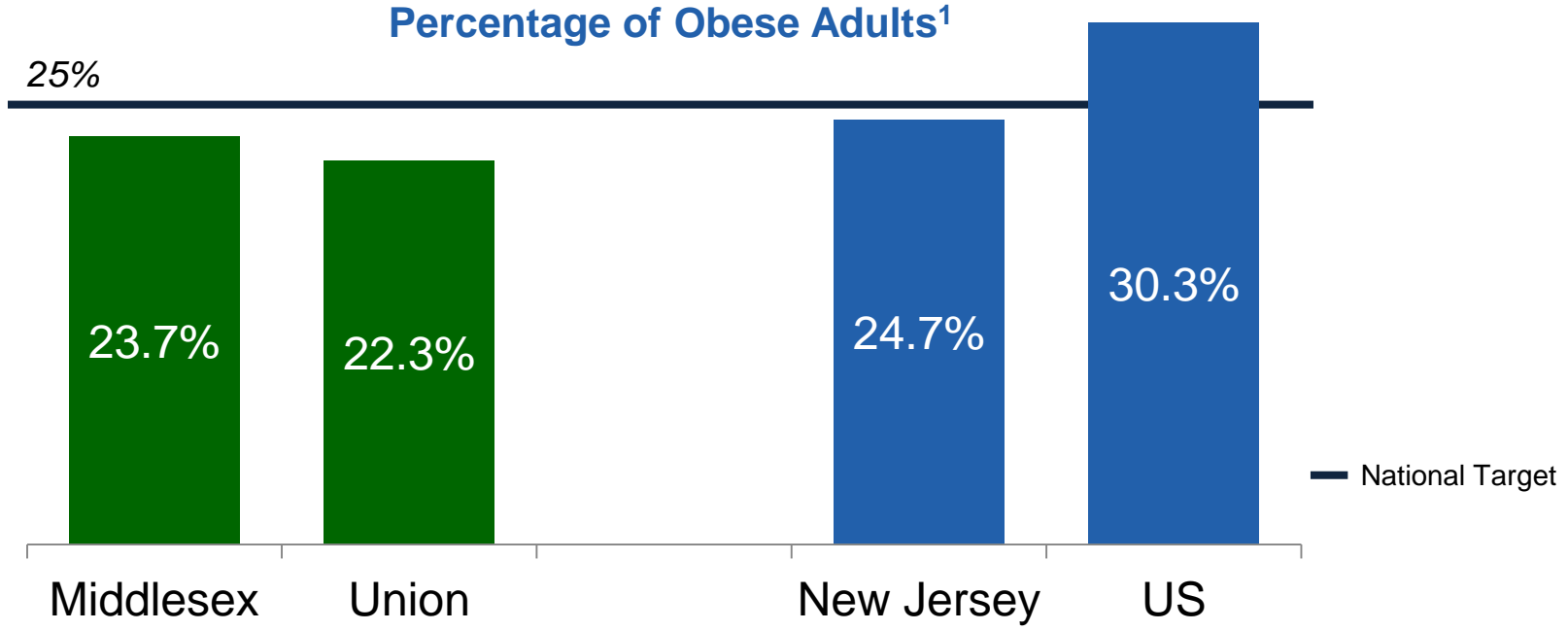
Adult Smoking Rates

- There are significantly fewer adult smokers in Middlesex County than the national average. Union County also compares well to the US average.
- The adverse effects of cigarette smoking are well documented and include higher rates of cancer, cardiovascular diseases, respiratory diseases, adverse reproductive effects, and other adverse health outcomes.



Source: Behavioral Risk Factor Surveillance System

Obesity and Physical Activity



- Decreased physical activity and obesity are leading indicators for many adverse health conditions.
- Both counties rank below the National Target level for obesity rates. However, the percent of residents that are physically inactive is largely similar to state and national averages.

	% Physically Inactive ²
Middlesex	27.2%
Union	25.4%
New Jersey	25.3%
US	27.9%

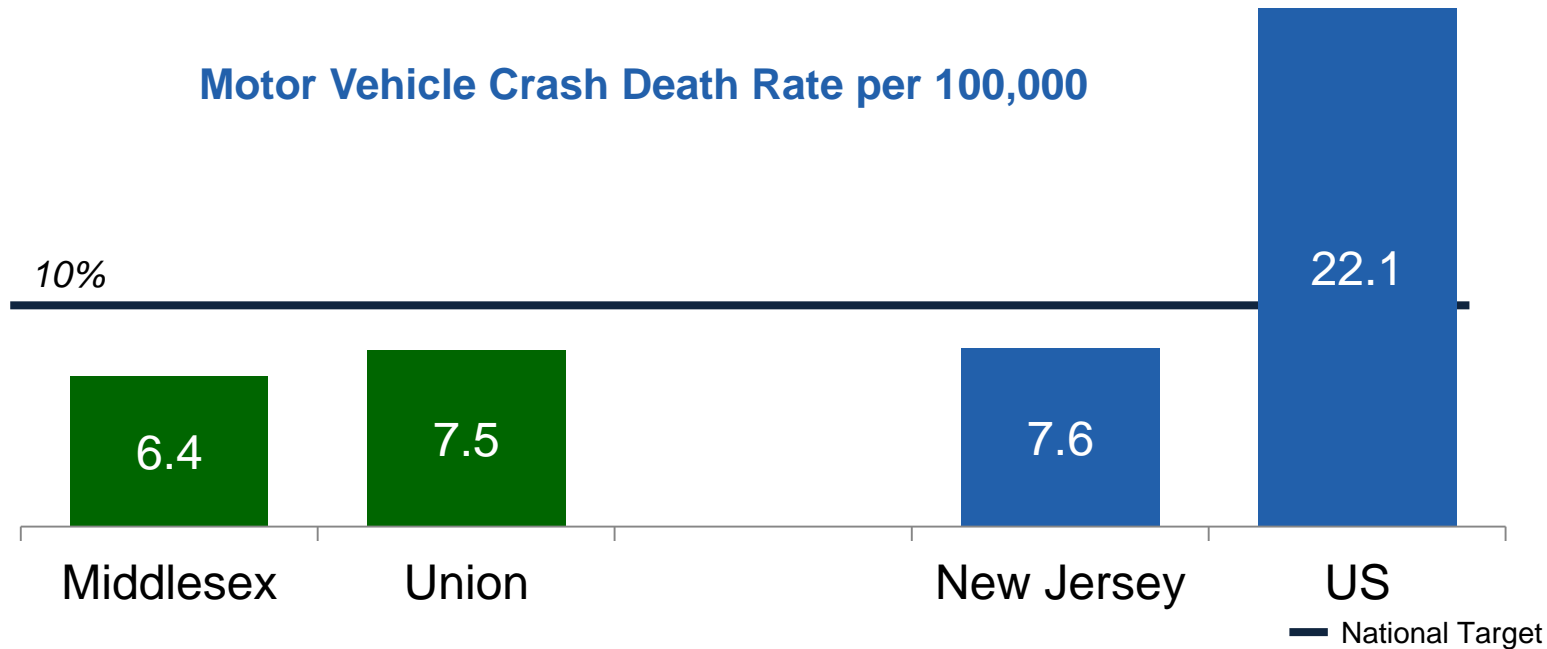
National Target 20.8%

¹Defined as body mass index equal or greater than 30
²Did not participate in any physical activity (i.e. running, golf, gardening; walking for exercise) outside of work during the past month
 Source: National Center for Chronic Disease Prevention and Health Promotion; Behavioral Risk Factor Surveillance System

Alcohol Use and Motor Vehicle Deaths

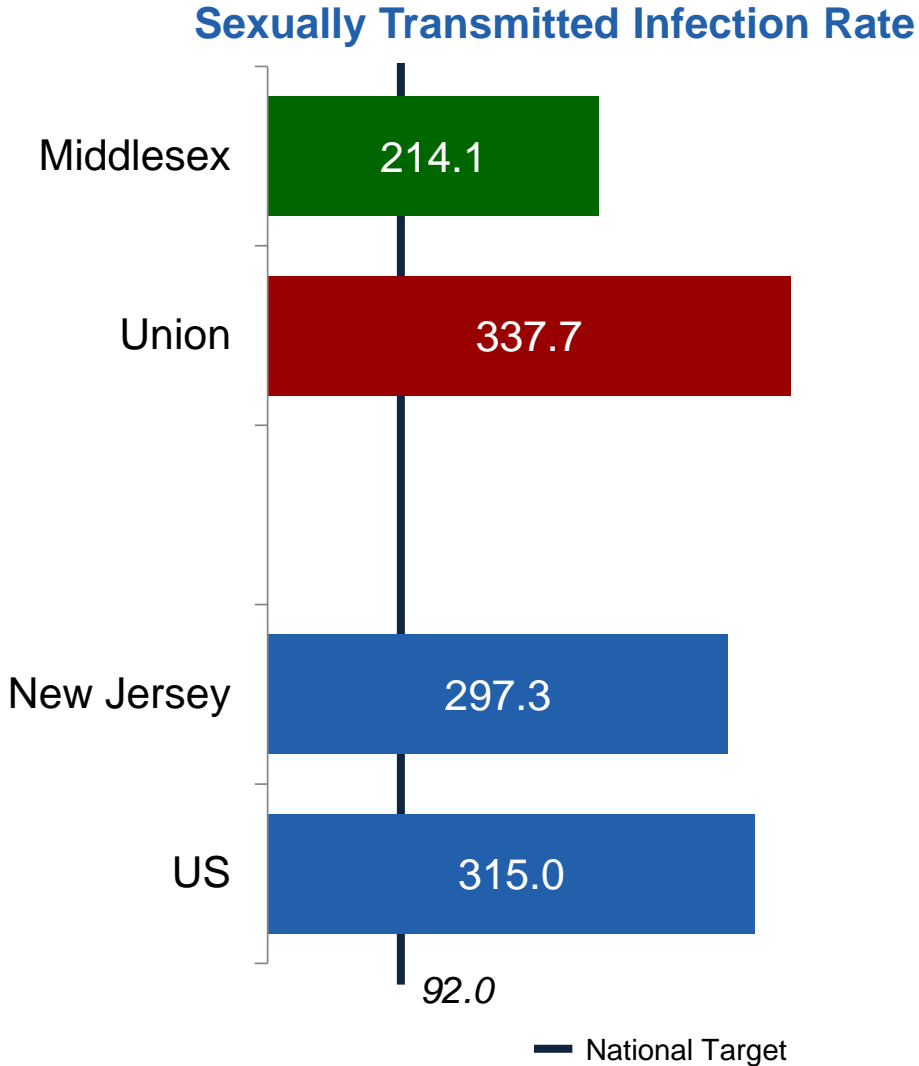
- Residents of Union County are more likely to report excessive use of alcohol¹ than the national average.
- Mortality from motor vehicle crashes is significantly lower than the US average and National Target in Middlesex and Union Counties.

	Excessive Drinking
Middlesex	13.1%
Union	16.0%
New Jersey	15.8%
US	14.5%
<i>National Target</i>	7.3%



¹Defined as either binge drinking (4+ for women, 5+ for men at one time once a month or more) or heavy drinking (1+ for women, 2+ for men per day on average)
 Source: Behavioral Risk Factor Surveillance System; National Center for Health Statistics

Sexual Activity



- Union County has a higher incidence of sexually transmitted disease as measured by the rate of chlamydia infections per 100,000 population.
- The Middlesex County rate of teen births is 64% lower than the national average and is below the National Target.

	Teen Birth Rate
Middlesex	16.6
Union	26.1
New Jersey	23.6
US	45.8
<i>National Target</i>	21.0

Source: National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; National Center for Health Statistics

Factors Influencing Health: Health Behaviors

Measure	Middlesex	Union
Adult Smoking		
Adult Obesity		
Physical Inactivity		
Excessive Drinking		✓
Motor Vehicle Crash Death Rate		
Sexually Transmitted Infections		✓
Teen Birth Rate		

County Rank: Health Behaviors

**5th of 21
NJ Counties**

**7th of 21
NJ Counties**

✓ Below US average

Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

V. Health Factors

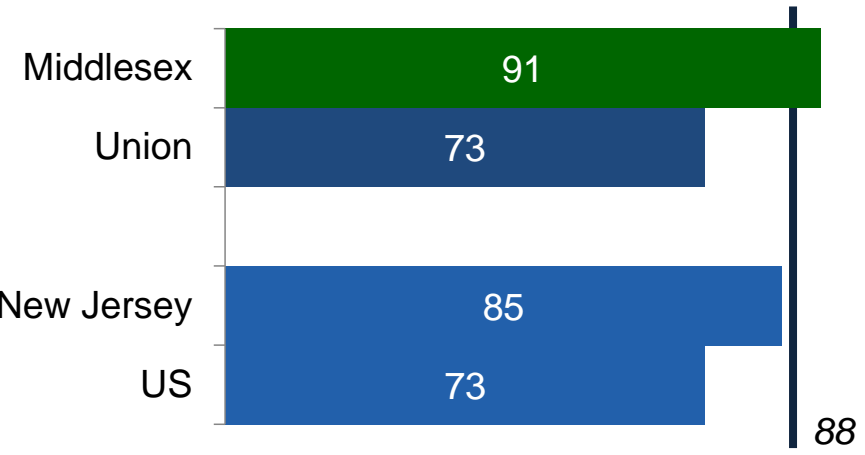
- A. Health Behaviors
- B. Clinical Care**
- C. Social & Economic Factors
- D. Physical Environment

Access to Care

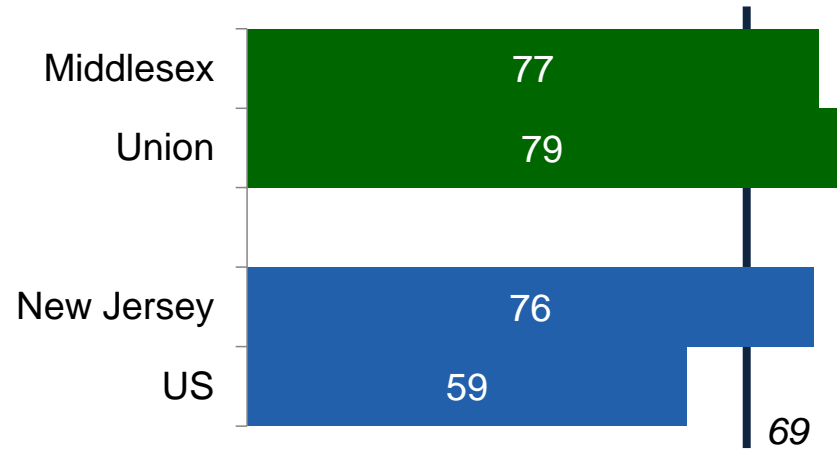
- Rates of uninsured are below the US average in both counties.
- The number of primary care physicians per population is above the National Target in Middlesex County, but Union County is right at the national average. One study suggests that an increase of one primary care physician per 10,000 population is associated with a reduction in average mortality by 5.3%

	Percent Uninsured
Middlesex	15.1%
Union	18.3%
New Jersey	15.0%
US	18.5%
<i>National Target</i>	11.4%

Primary Care Physicians per 100,000



Dentists per 100,000

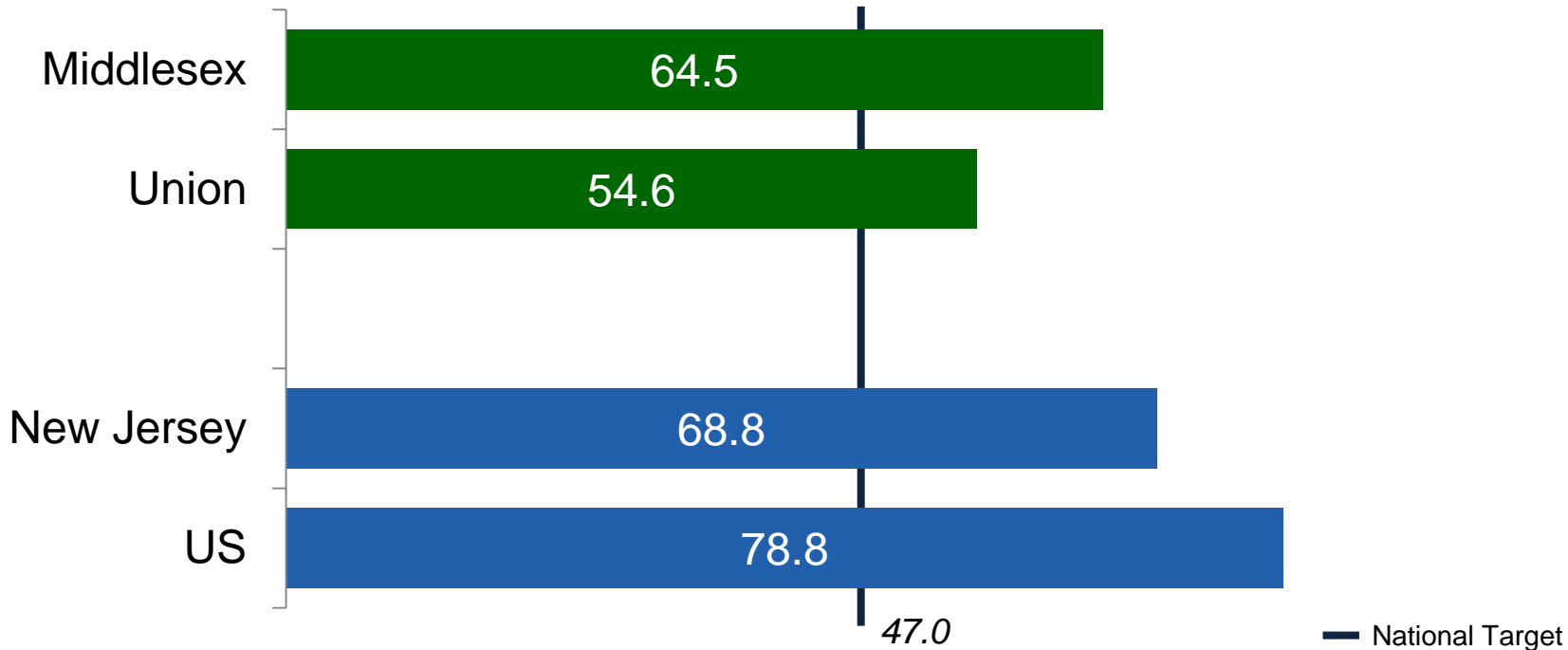


— National Target

Source: Small Area Health Insurance Estimates; HRSA Area Resource File; Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Preventable Hospital Stays

Preventable Hospital Stays for Ambulatory Care Sensitive Conditions¹



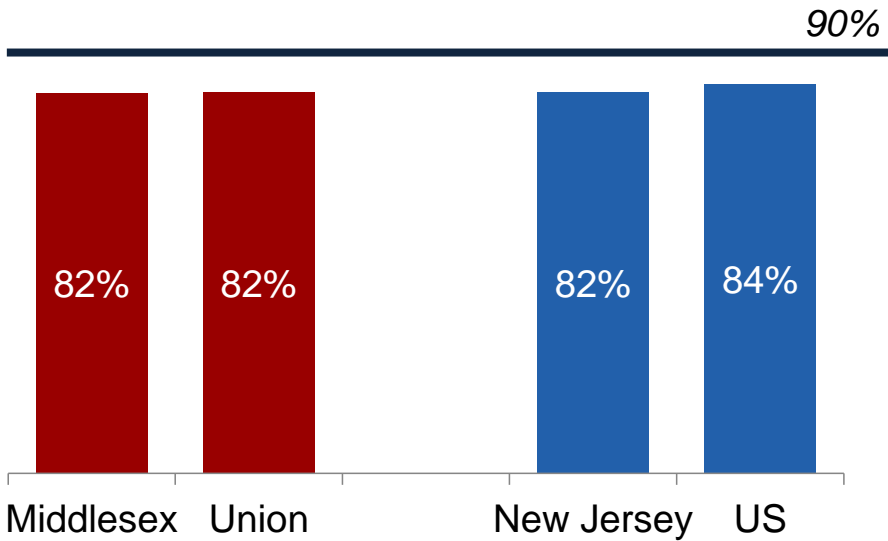
- Among the Medicare population, residents of Middlesex and Union Counties generally have fewer hospital admissions for preventable conditions that can be managed in the outpatient setting than the US average.

¹Conditions that do not normally require hospitalization if the condition is well-managed in an outpatient setting; measured as Medicare hospitalizations per 1,000 enrollees
Source: Dartmouth Atlas of Health Care

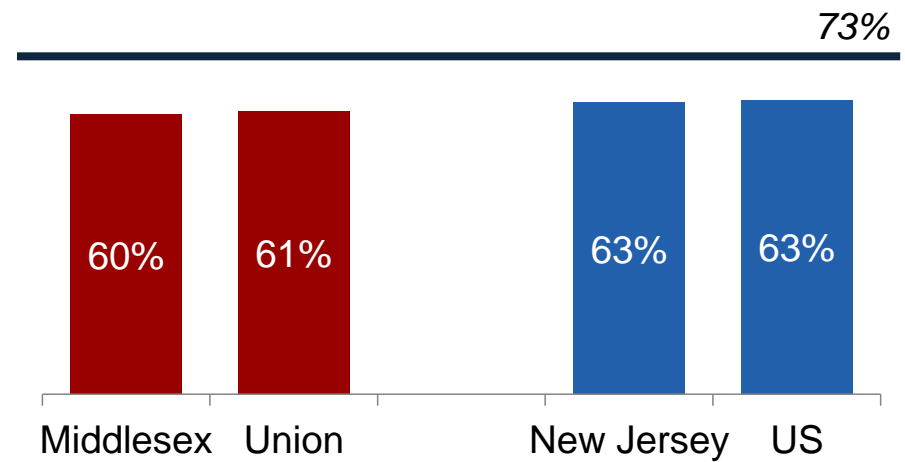
Health Screening Rates

- Screening rates for diabetes management and mammography are just below the US average in both counties.

Diabetic Screening¹



Mammography Screening



— National Target

¹As measured by HbA1c screening to estimate how well a patient has managed his or her blood sugar over the past two to three months
Source: Dartmouth Atlas of Health Care

Factors Influencing Health: Clinical Care

Measure	Middlesex	Union
Percent Uninsured		
Primary Care Physicians		
Dentists		
Preventable Hospital Stays		
Diabetic Screening	✓	✓
Mammography Screening	✓	✓

County Rank: Clinical Care

**9th of 21
NJ Counties**

**10th of 21
NJ Counties**

✓ Below US average

Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

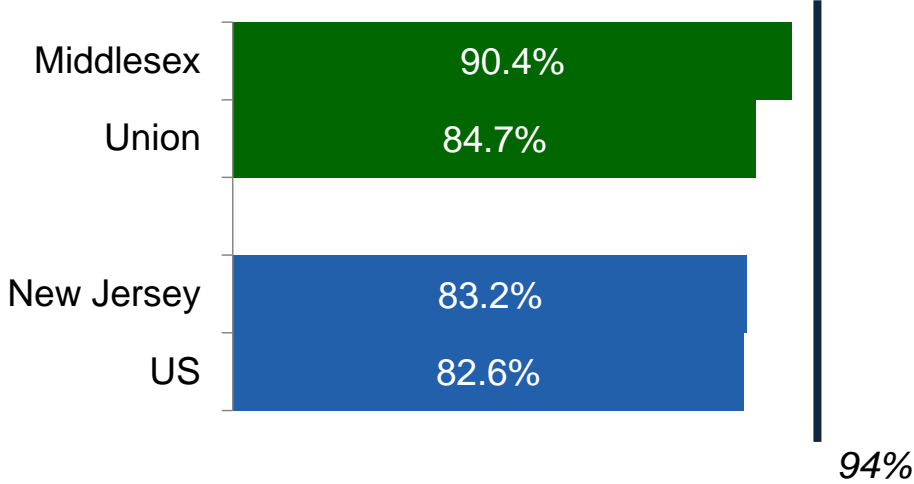
V. Health Factors

- A. Health Behaviors
- B. Clinical Care
- C. Social & Economic Factors
- D. Physical Environment

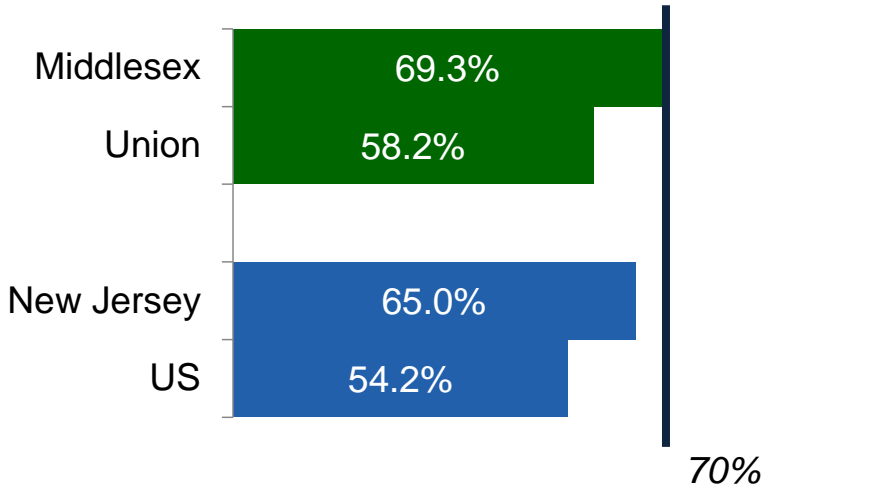
Educational Attainment

- Residents of Middlesex and Union Counties have higher rates of high school graduation than the New Jersey and US average.
- Both counties also contain a higher percentage than the US average of adults age 25 to 44 that have attended at least some college.
- Higher health literacy is highly correlated with more education. Among college graduates, only 3% have below basic health literacy skills. However, 49% of adults who did not complete high school have below basic health literacy skills.
- Adults with lower than average health literacy are more likely to report their health status as poor.

High School Graduation Rate



Percent of Adults 25-44 with Some College



— National Target

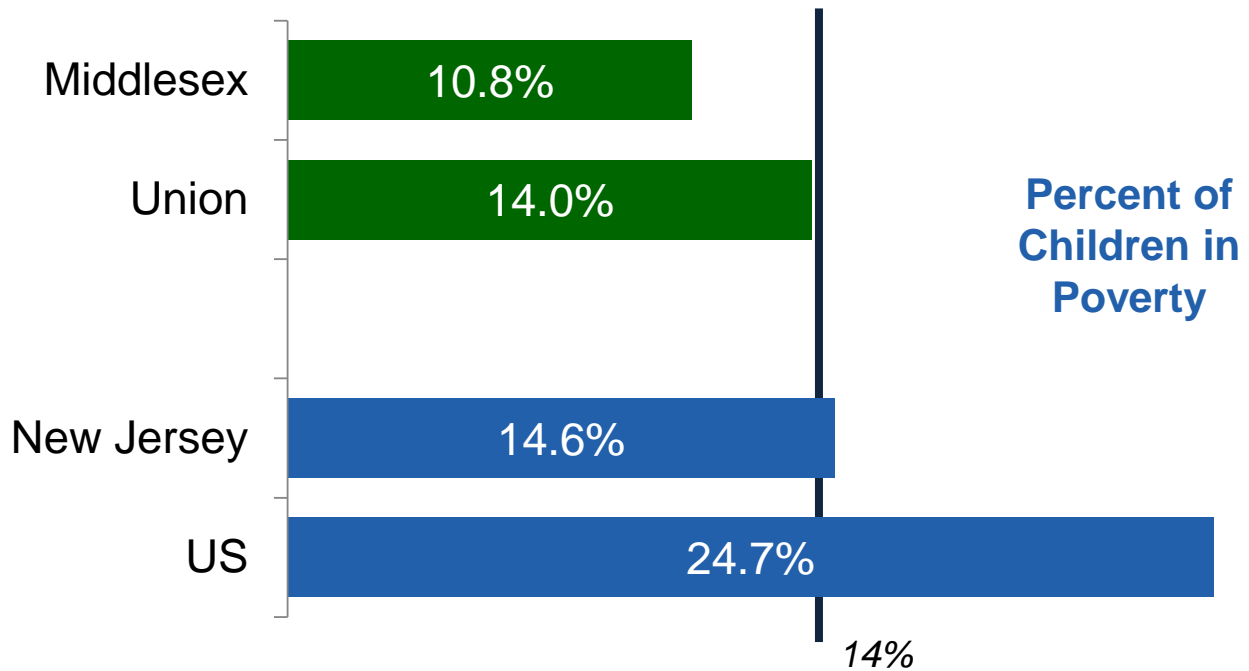
Source: National Center for Education Statistics; US Census American Community Survey; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Unemployment and Poverty Rates

- Union County has a higher percent of the population in the labor force that is without a job compared to state and national averages.
- Poverty rates among children are about half of the national average and are both below the National Target.

	Percent Unemployed
Middlesex	8.4%
Union	9.7%
New Jersey	9.3%
US	8.7%

National Target 5.0%



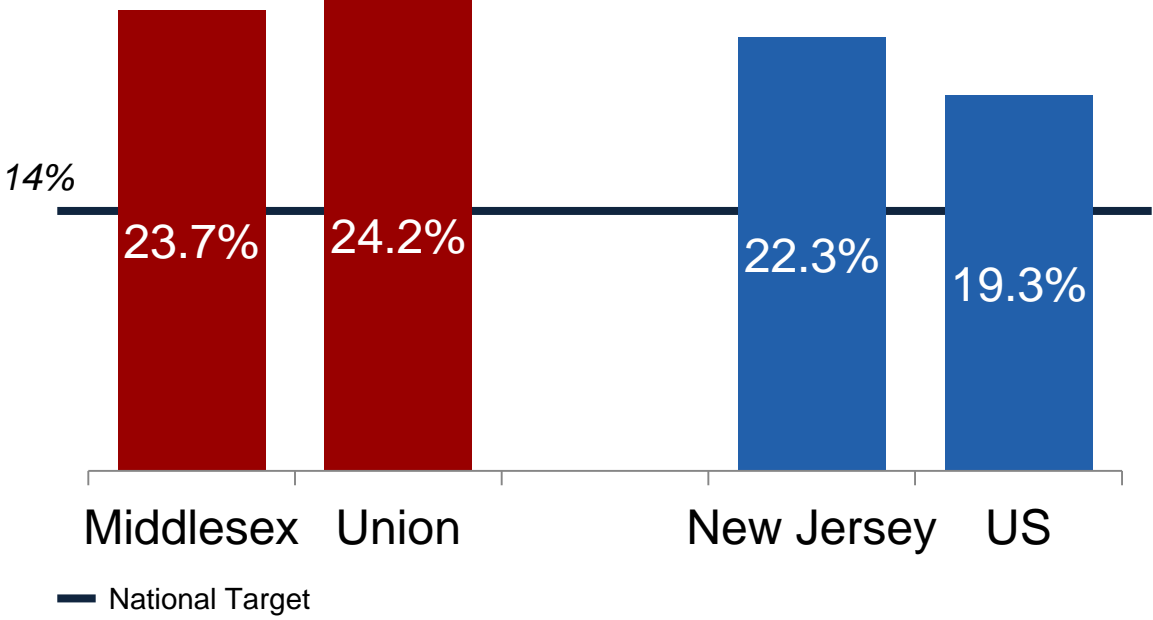
Source: Bureau of Labor Statistics; Small Area Income and Poverty Estimates

— National Target

Family and Social Support

- Studies have shown that people living in areas with high levels of social trust were less likely to rate their health status as fair or poor.
- In addition, adults and children in single-parent households have a higher risk for severe illness or death.

Percent of Adults without Adequate Social/Emotional Support¹



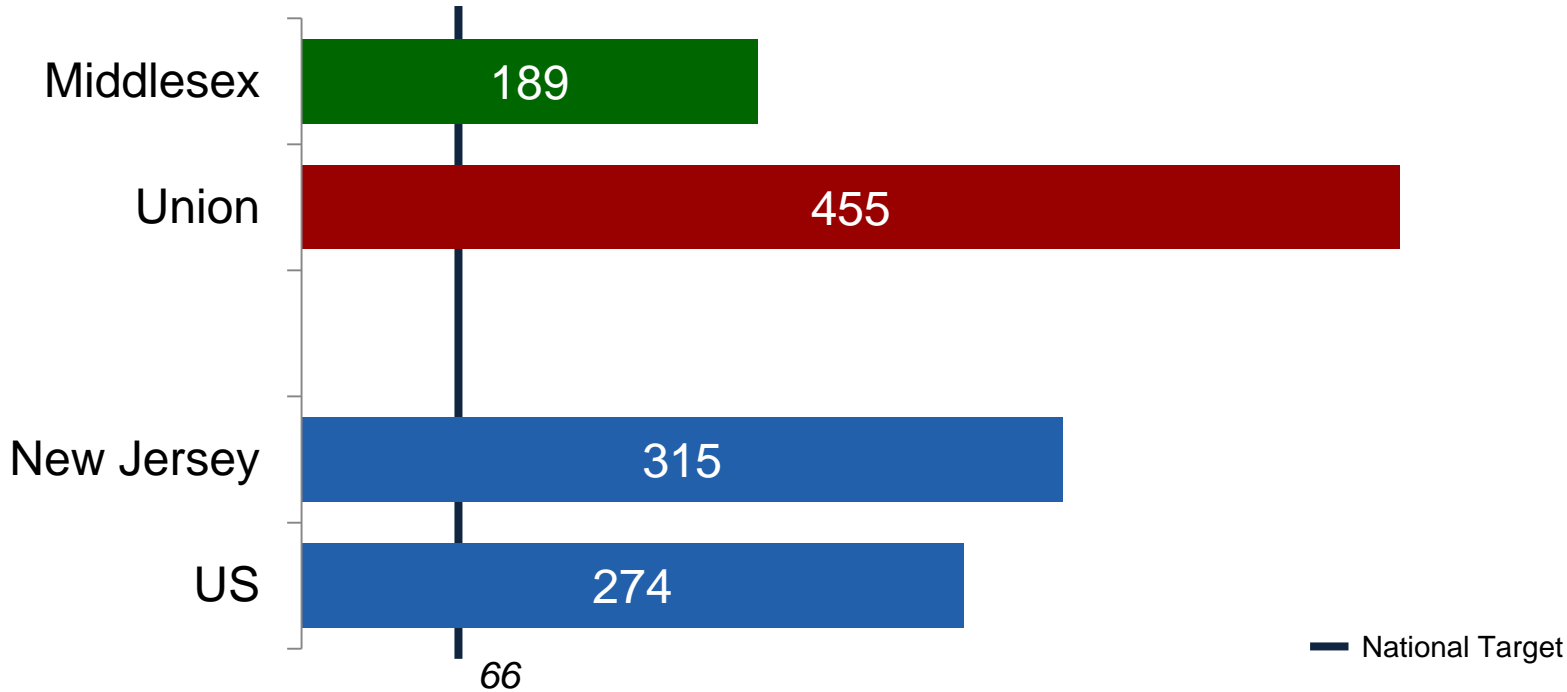
	Children in Single-Parent Household
Middlesex	23.5%
Union	32.2%
New Jersey	28.5%
US	31.0%

National Target 19.4%

¹Based on answer to “How often do you get the social and emotional support you need?” for adults 18+ Source: Behavioral Risk Factor Surveillance System; US Census Bureau American Community Survey; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Community Safety

Violent Crimes per 100,000 Population



- The Union County violent crime rate is 1.7 times higher than the US rate.
- Exposure to crime has been shown to increase stress, which may increase hypertension and other stress-related disorders. Violent neighborhoods have also been associated with increased substance abuse, sexual risk-taking behaviors, and risky driving practices.

Note: Violent crime includes offenses involving force or threat of force; murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault
Source: Uniform Crime Reporting, Federal Bureau of Investigation; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Factors Influencing Health: Social & Economic Factors

Measure	Middlesex	Union
High School Graduation		
Some College		
Unemployment Rate		✓
Children in Poverty		
Inadequate Social Support	✓	✓
Children in Single-Parent Home		✓
Violent Crime Rate		✓

County Rank: Social & Economic Factors

9th of 21 NJ Counties

13th of 21 NJ Counties

✓ Below US average

Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

V. Health Factors

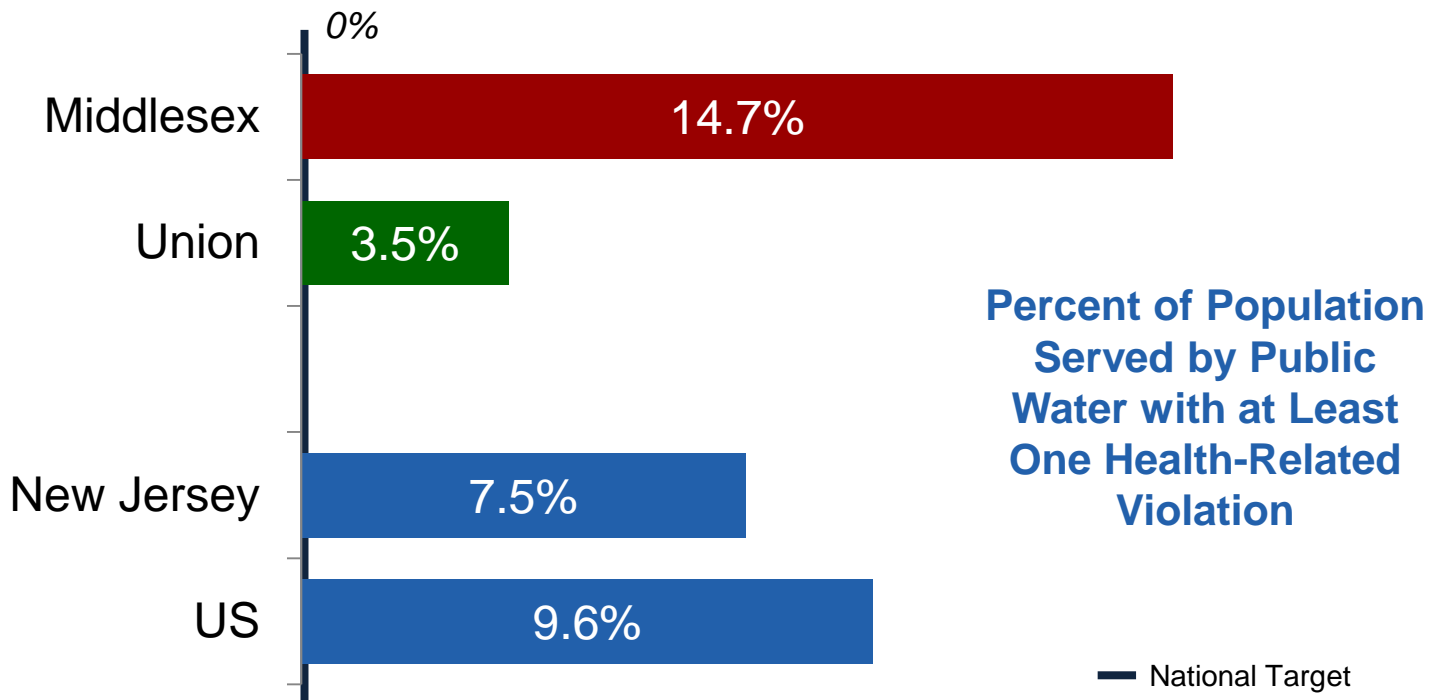
- A. Health Behaviors
- B. Clinical Care
- C. Social & Economic Factors
- D. Physical Environment

Environmental Quality

- Air quality in both Middlesex and Union Counties is poorer than the US average.
- Middlesex County also has more residents being served by water systems with some level of health-related violations.

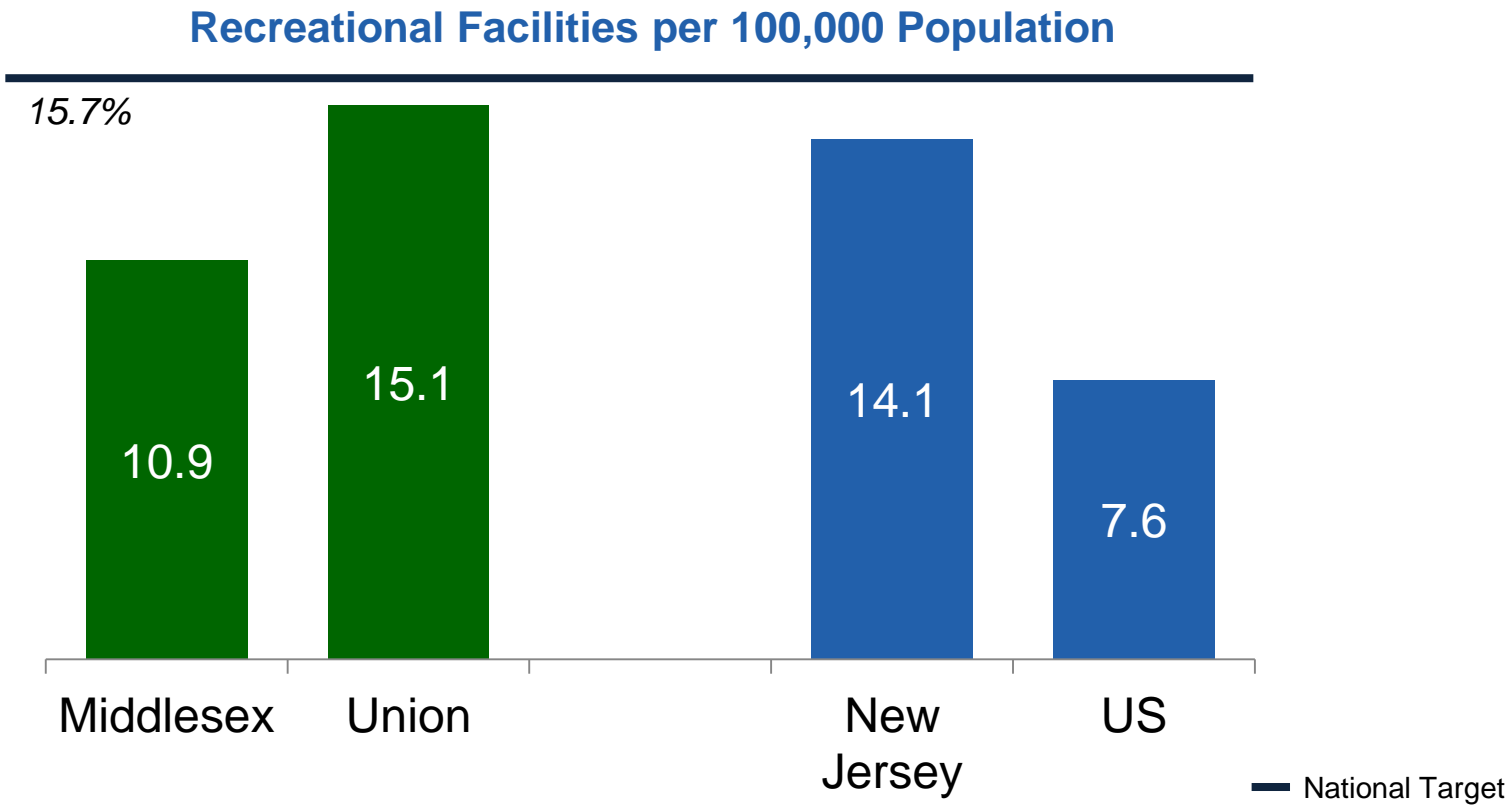
	Avg. Daily Fine Particulate Matter ¹
Middlesex	11.8
Union	11.9
New Jersey	11.6
US	11.1

National Target 8.8



¹Fine particulate matter measured as micrograms per cubic meter
 Source: CDC WONDER Environmental data; Safe Drinking Water Information System

Built Environment: Recreation

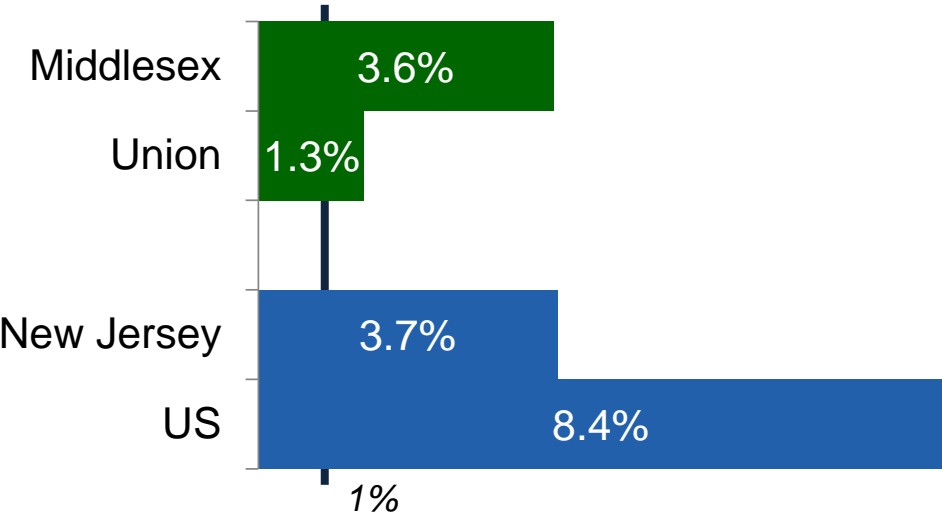


- Built environment factors refer to constructed resources, as opposed to natural resources, that are meant to support human activity (e.g. buildings, roads, parks, restaurants, grocery stores and other amenities).
- Residents in Union County are almost twice as likely to have access to recreational facilities than the US average.

Source: US Census County Business Patterns; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Built Environment: Food & Nutrition

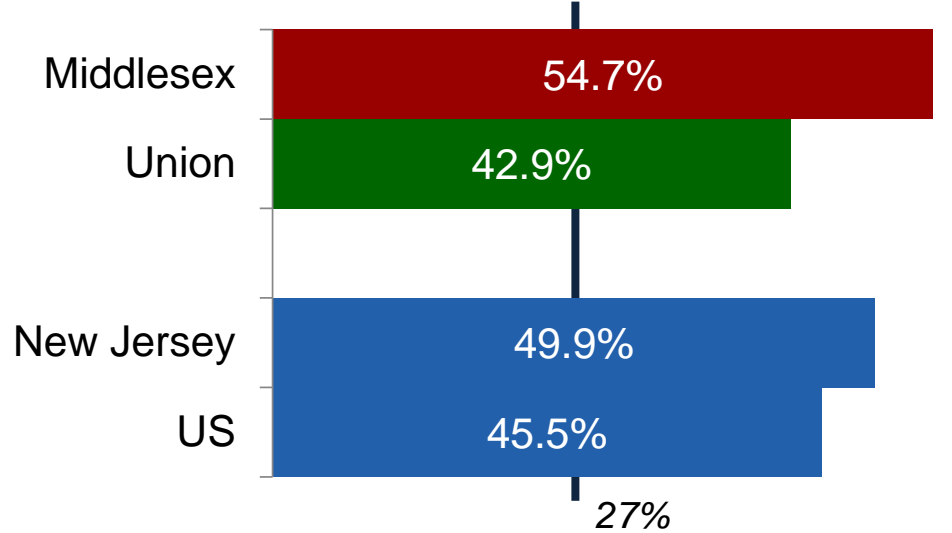
Limited Access to Healthy Foods¹



- Studies suggest that access to fast food restaurants and living in “food deserts” is highly correlated with increased prevalence of overweight, obesity, and premature death.

- Residents in both counties have reasonably accessible grocery and supermarket options relative to the US average.
- However, Middlesex County has more fast food restaurants per capita when compared to the US.

Percent of Restaurants that are Fast Food



— National Target

¹Defined as percent of low income individuals that do not live close to a supermarket or large grocery store
 Source: USDA Food Environment Atlas; US Census Bureau County Business Patterns; Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

Factors Influencing Health: Physical Environment

Measure	Middlesex	Union
Daily Fine Particulate Matter	✓	✓
Drinking Water Safety ¹	✓	
Access to Recreational Facilities		
Limited Access to Healthy Foods		
Fast Food Restaurants	✓	

County Rank: Physical Environment

20th of 21 NJ Counties

6th of 21 NJ Counties

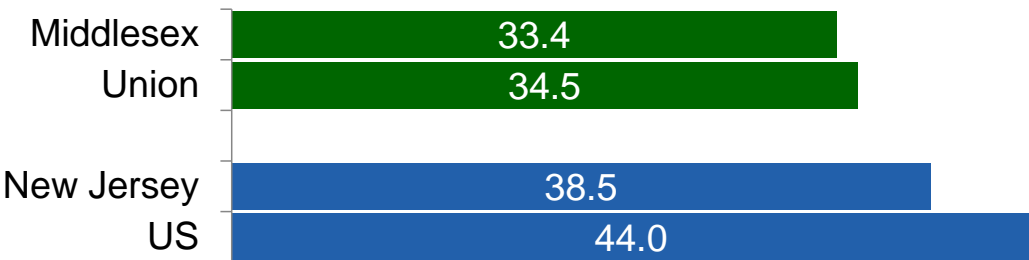
¹Based on discussion and analysis provided by the Middlesex Water Company, all of the water quality violations documented in Middlesex County occurred in areas outside the "Community Served" by JFK medical Center (towns noted on page 15).
 Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

✓ Below US average

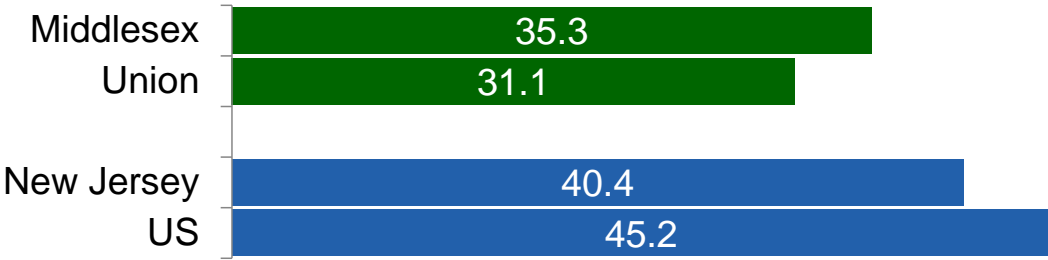
VI. Disease Burden

Prevalence of Vascular Diseases

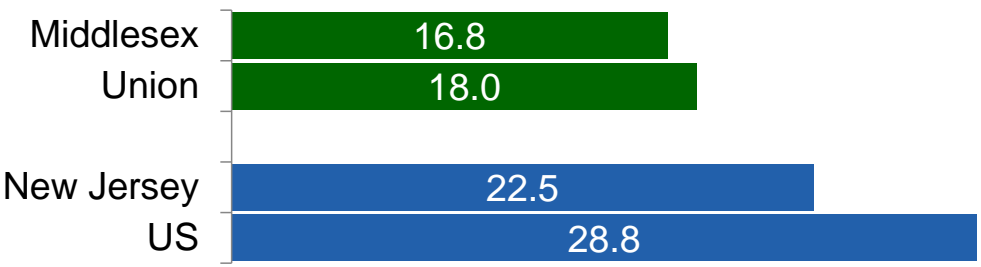
Heart Attack per 1,000



Angina and Coronary Disease per 1,000



Stroke per 1,000

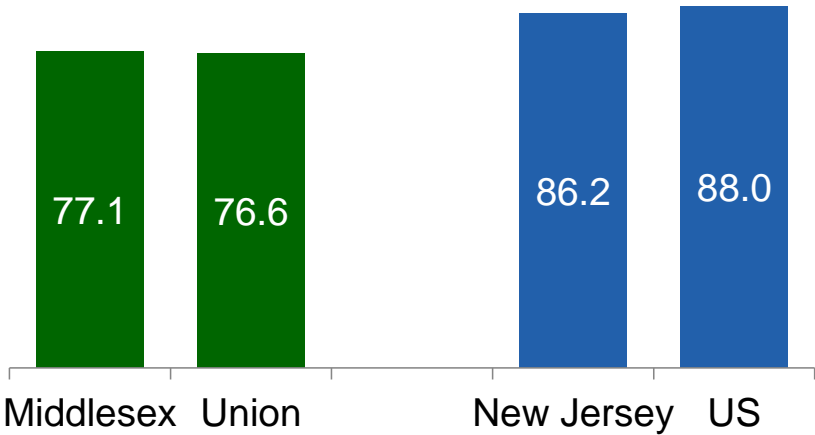


- Self-reported prevalence of cardiovascular and cerebrovascular disease in Middlesex and Union Counties (as measured by crude rate per 1,000 population) are below both New Jersey and US reported levels.

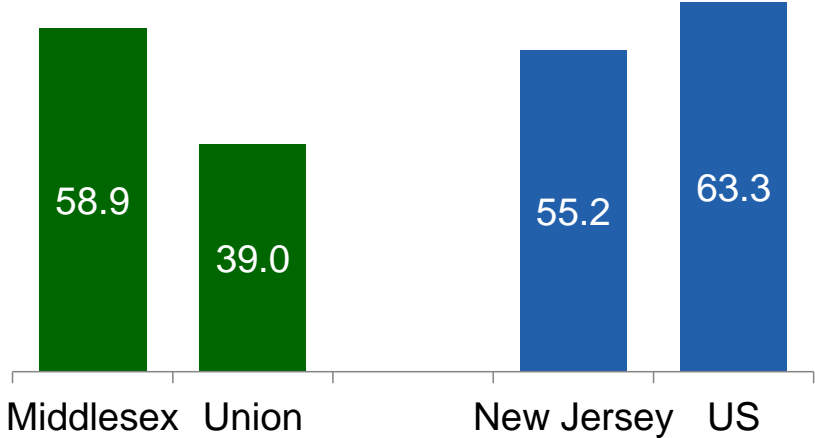
Source: BRFSS, 2012

Asthma and Pulmonary Diseases

Adults with Asthma per 1,000 Population



Adults with COPD, Emphysema, or Bronchitis per 1,000 Population



- Rates of asthma and pulmonary diseases is lower within Middlesex and Union Counties than US Rates.
- Within Middlesex County, rates of COPD, Emphysema or Bronchitis are 7% above the New Jersey rate.

Source: BRFSS, 2012

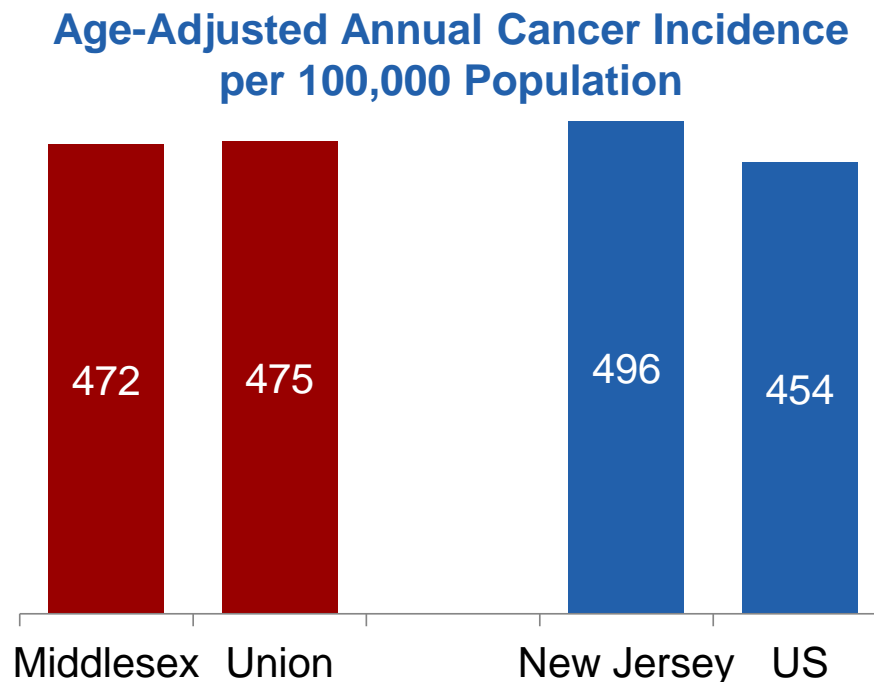
Prevalence of Other Leading Health Conditions

Adults with Selected Conditions
per 1,000 Population

	Arthritis	Depression	Diabetes	Kidney Disease
Middlesex	158.7	101.7	89.8	25.1
Union	164.7	84.9	77.5	17.2
New Jersey	217.2	129.9	93.0	22.7
US	254.9	168.3	101.7	26.6

- When compared to the US, Middlesex and Union Counties have much lower prevalence rates among the other major conditions surveyed on the BRFSS.
- Middlesex and Union Counties prevalence rates are also below New Jersey rates. However, these gaps are smaller than those between the counties and the US rates.

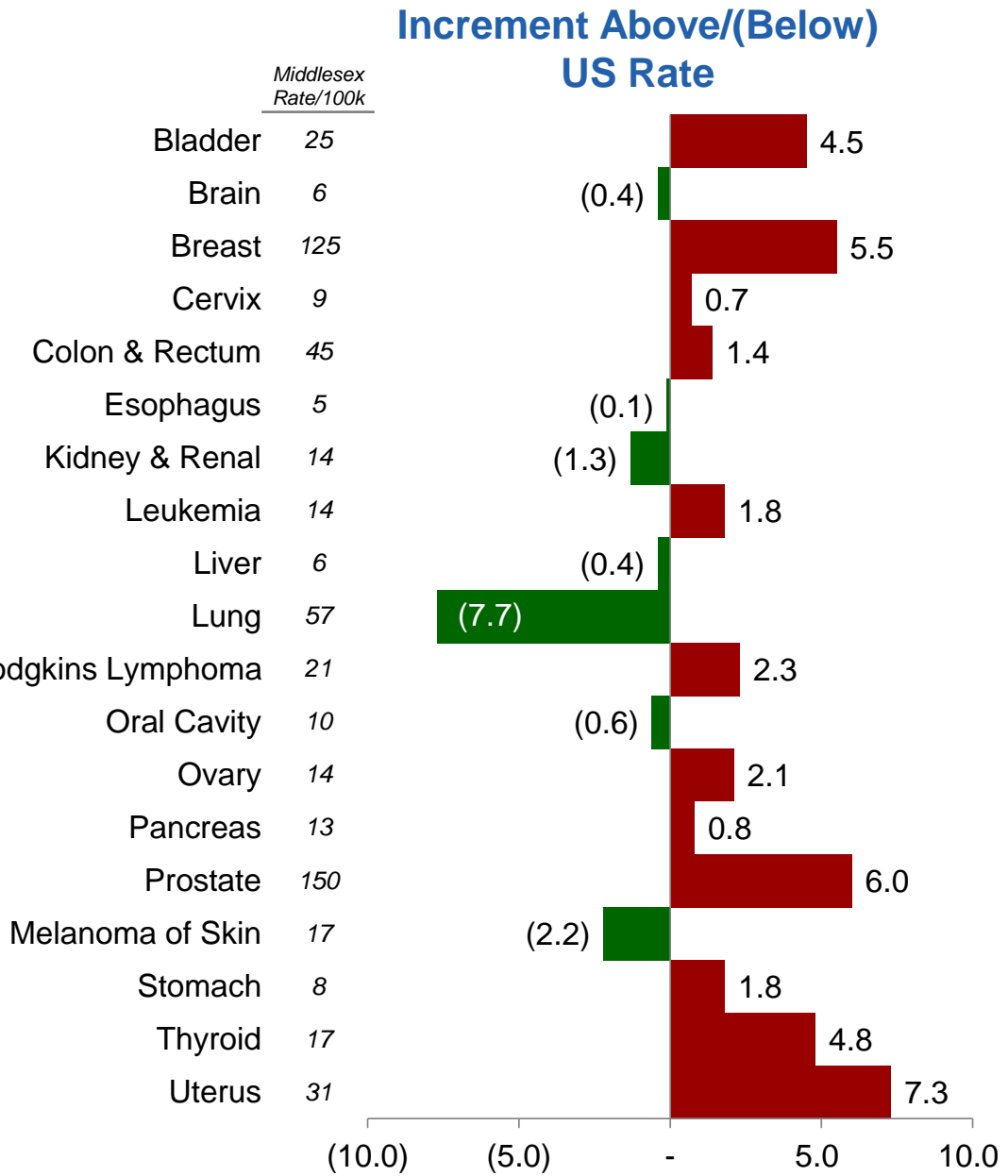
Cancer Incidence per 100,000 Population



- Cancer incidence rates per 100,000 (all tumor sites) are 4% higher in Middlesex County and 5% higher in Union County than the US incidence rate.
- However, incidence rates in Middlesex and Union are below the New Jersey rates by a similar margin (~5%).

Middlesex County Tumor Site Incidence Rates

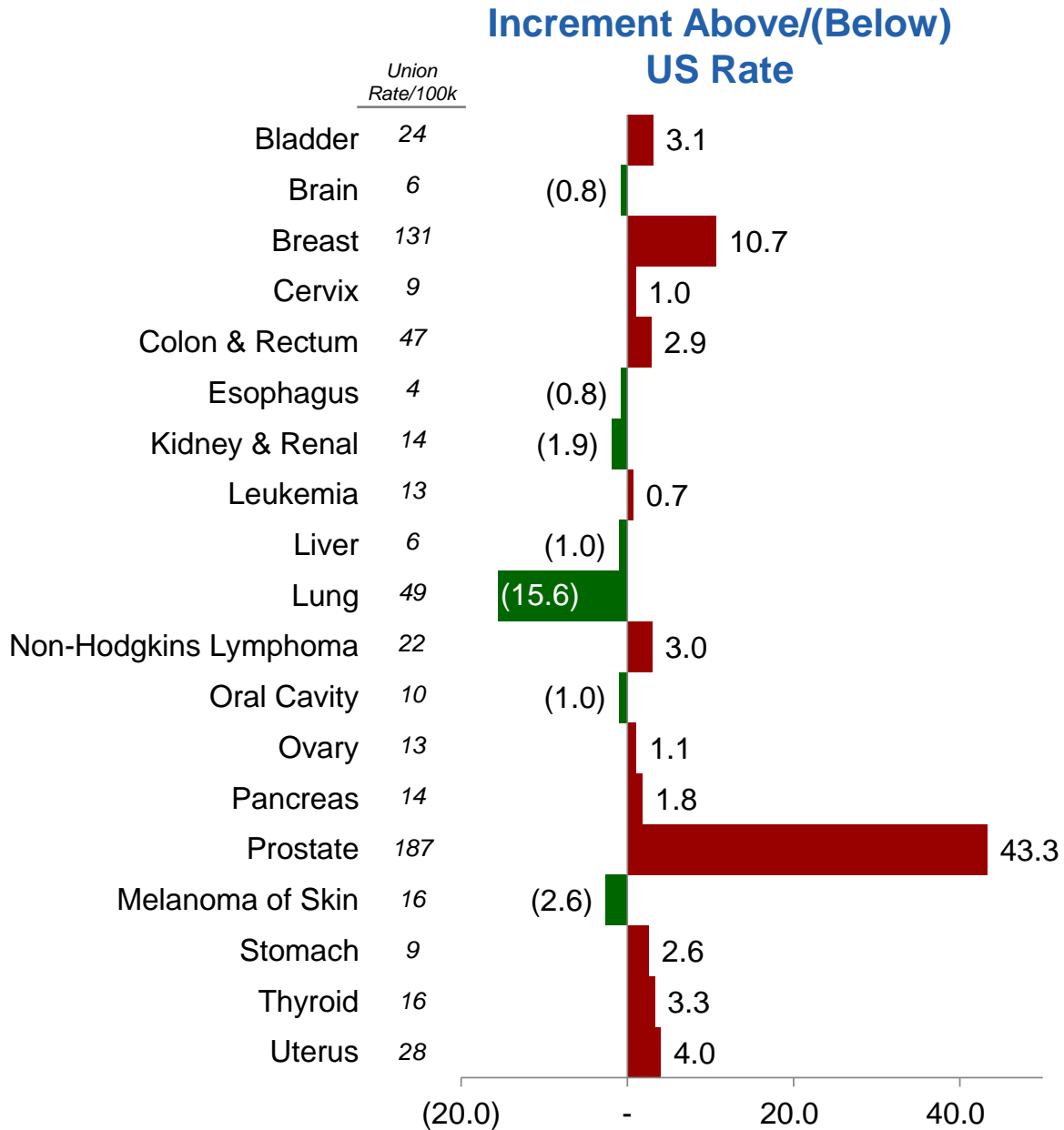
- Within Middlesex County, Cancer incidence rates are higher than the US rates for 12 of the 19 leading tumor sites.
- The tumor sites with the largest differences in incidence rates (per 100,000) include:
 - Uterus (30% above US)
 - Prostate (4% above US)
 - Breast (5% above US)
 - Bladder (22% above US)
- Among rarer cancers, two tumor sites show large differences from US incidence rates:
 - Thyroid (39% above US)
 - Stomach (27% above US)



Source: NCI State Cancer Profiles, 2006-2010 Rates

Union County Tumor Site Incidence Rates

- Cancer incidence rates are higher than the US rates for 12 of the 19 leading tumor sites in Union County.
- The number of new Prostate Cancer cases per 100,000 population is 30% higher in Union County than the US.
- The difference in incidence rate is also high for Breast tumors (9% above US rates).
- Among less common cancers, sites show large differences from US incidence rates:
 - Stomach (39% above US)
 - Thyroid (27% above US)



Source: NCI State Cancer Profiles, 2006-2010 Rates

VII. Community Input

- A. Community Survey
- B. Local Expert Interviews

Community Survey Approach & Methodology

- JFK Medical Center and 3d Health conducted a survey of community members to understand the community's perceptions around health needs.
- The Community Survey was available in both paper and electronic formats.
- The Community Survey was available for completion by an interested community member from July 24, 2013 through September 13, 2013.
- JFK Medical Center utilized a number of methods in announcing the existence of the Community Survey:
 - Press Release
 - Link on the Hospital's web site
 - Hospital's Facebook Page
 - Hospital's Twitter Account
 - Hospital's Newsletter
 - Hospital's Intranet
 - Hospital's admissions desk
 - Hospital's cafeteria
 - Word of mouth
 - Booth space at Menlo Park Mall for two days

Community Survey Approach & Methodology

- JFK Medical Center and 3d Health collected a total of 123 surveys.
- Of the 123 Community Surveys, 7 surveys were submitted by people that live outside of Middlesex and Union Counties. These 7 responses were excluded from the survey tabulation, leaving a total of 116 surveys.
- Of the 116 responses, 78 individuals provided a response to the racial/ethnic segmentation question. In some instances, responses were analyzed by category: White (55 responses) and Minority (23 responses).
- Too few community members responded to the household income question to reliably draw conclusions based on segmentation of respondents by socioeconomic criteria.

Community Perspective on Factors Influencing Health

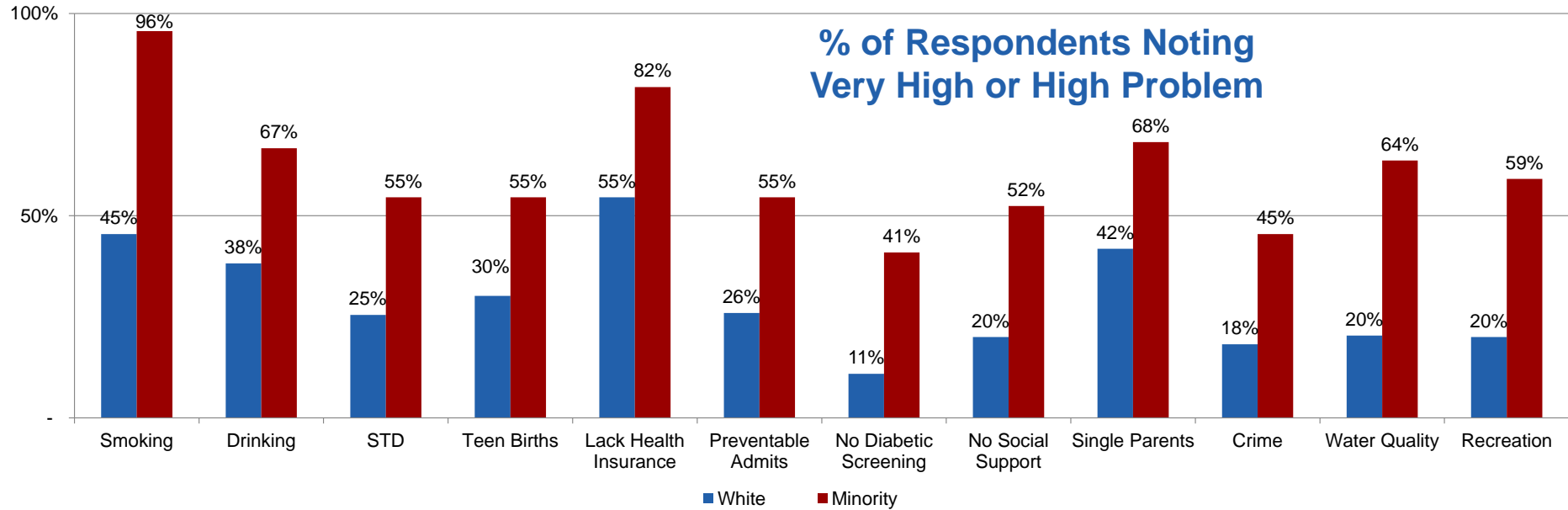
- Survey respondents were asked to indicate how large an issue each of the factors influencing health status (as identified in Section IV) is within their community.
- Each factor is listed to the right with the corresponding percentage of respondents who rated the particular factor as a “Very High” or “High” health issue.
- The five factors shaded red were rated as an issue by more than 50% of survey respondents.

Factors	% High or Very High
Obesity	75%
Lack of Physical Activity	70%
Too Many Fast Food Restaurants	63%
Lack of Health Insurance	61%
Smoking	59%
Children in Single Parent Homes	48%
Excessive Drinking	47%
Unemployment	45%
Preventable Hospital Stays	37%
Teen Birth Rate	36%
Availability of Health Foods	36%
Air Quality	34%
High School Graduation Rate	33%
Water Quality	33%
Children in Poverty	32%
Lack of Social Support	32%
Availability of Recreational Facilities	32%
Sexually Transmitted Diseases	31%
Primary Care Shortage	30%
Dentist Shortage	28%
College Graduation Rate	25%
Crime	24%
Motor Vehicle Accidents	20%
Not Enough Diabetic Screening	17%
Not Enough Mammography Screening	11%

Source: JFK Community Survey

Differences in Health Factor Perspectives by Race

- When segmenting responses by race/ethnicity, 12 of the 25 health factors showed a statistically significant difference between the proportion of respondents noting a Very High or High concern. In all instances, minority populations noted a bigger problem than whites on the impact of the particular health factor.
- Almost all minority respondents noted smoking as being a significant problem, while 8 out of 10 felt the lack of health insurance in the community was a large issue.

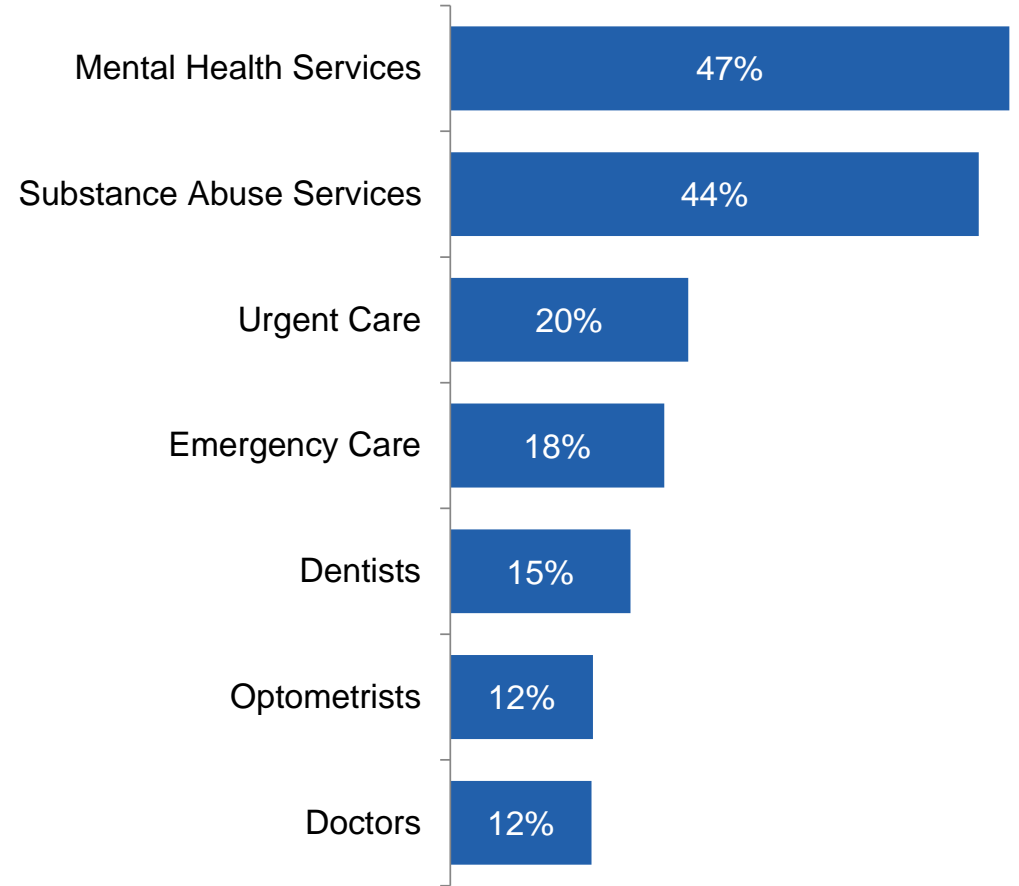


Source: JFK Community Survey

Community Access to Health Services

- Community members were asked if the community has enough of seven particular health services.
- Just under half of all respondents noted that there are not enough mental health and substance abuse services.
- The only service with a statistically significant difference between whites and minorities was dental services with 9% of whites compared 27% of minorities noting a shortage.

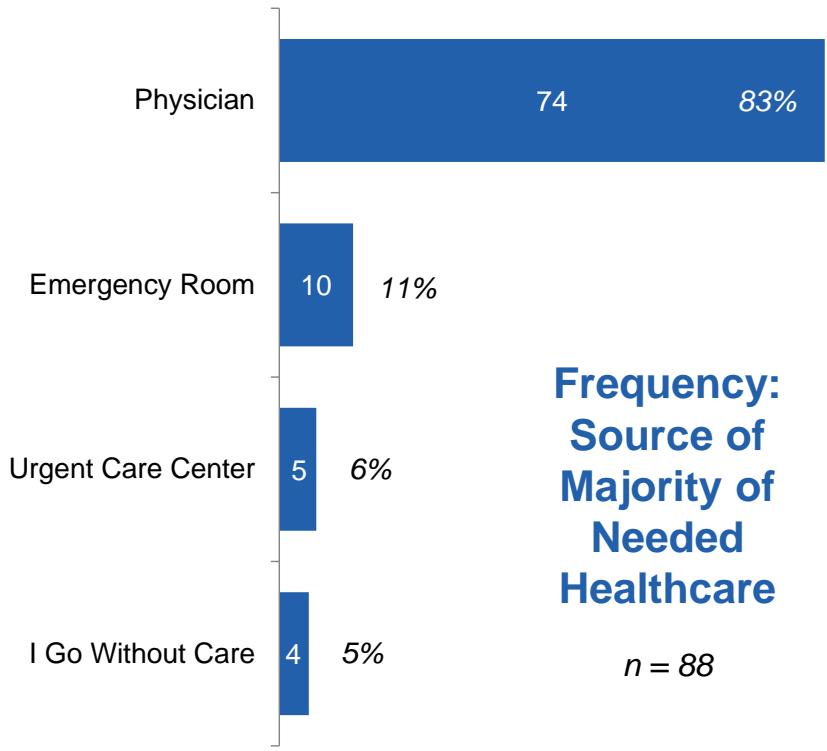
% of Respondents Noting Strongly Disagree or Disagree



Source: JFK Community Survey

Respondents Get Most Health Care from Physicians

- Community members were asked “Where do you receive the majority of your needed healthcare?”



- Minority respondents were almost three times as likely to get the majority of their needed healthcare from the Emergency Room or an Urgent Care Center (30% of minority respondents vs. 11% of whites)

Note: Respondents were able to choose more than one response; percent of respondents will not sum to 100%
Source: JFK Community Survey

Addressing Potential Barriers to Care

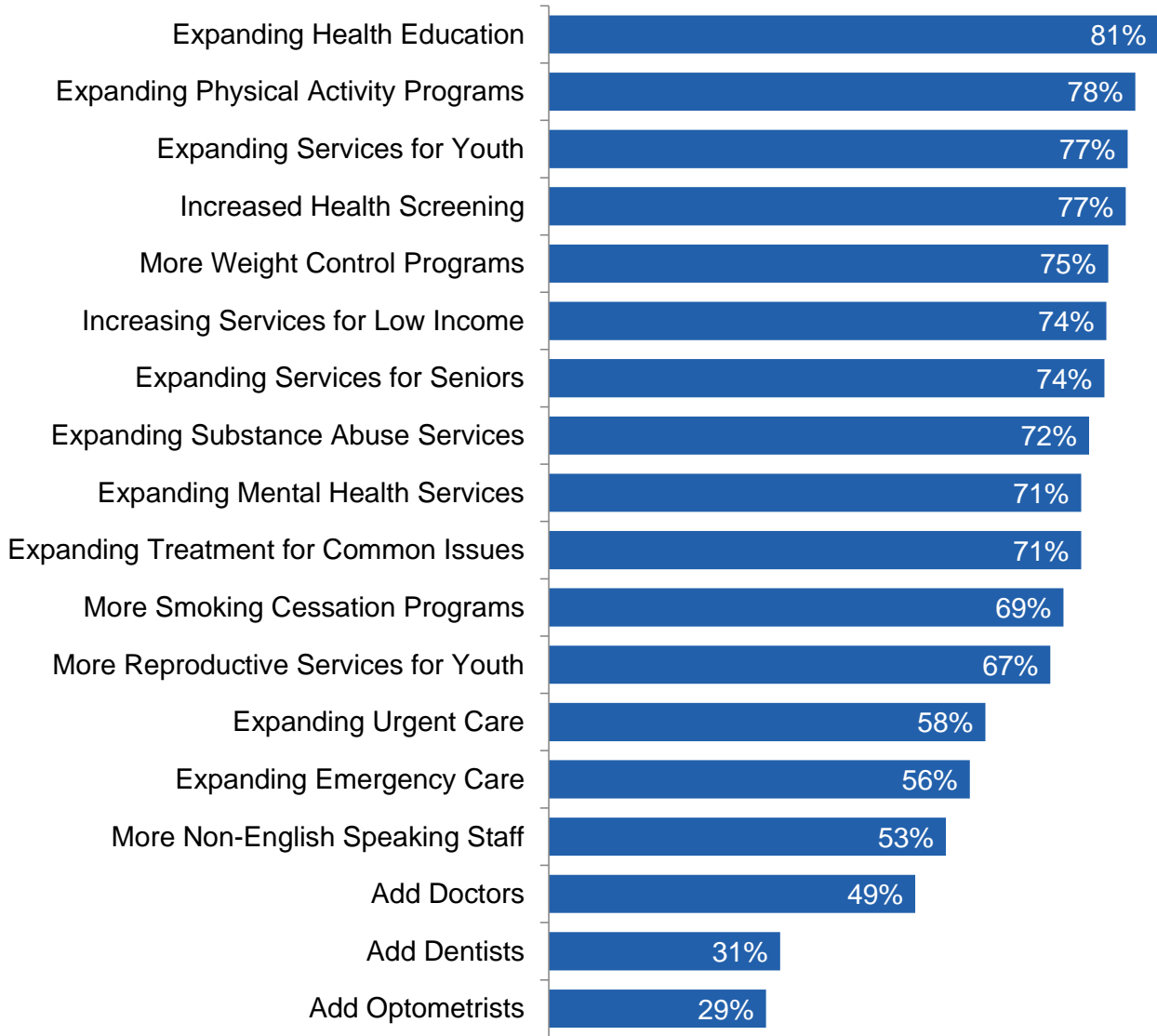
Barrier to Care?	% of Respondents
I have never experienced difficulties getting care	58%
Insurance problems/lack of coverage	28%
Cost of care	26%
No available provider/not accepting new patients	12%
Lack of transportation	2%
Language barriers/could not communicate	2%

- Community members were asked “Have any of these issues ever made it difficult for you to get the medical care that you need?”
- Almost 6 out of 10 respondents reported no difficulties in accessing needed care.
- Among the other 40% of respondents, insurance coverage or cost of care was the most common reason for an inability to access care.
- There were no statistically significant differences between white and minority populations among these barriers to care.

Note: Respondents were able to choose more than one response; percent of respondents will not sum to 100%
Source: JFK Community Survey

Highest Priorities for Investing in Health Services

% of Respondents Noting Very High or High Priority



- Community members were asked “When deciding funding and other resources, what priority do you think should be given to the following?”
- Of the 18 potential funding opportunities, adding additional providers (doctors, dentists, optometrists) were the only resources where fewer than half of respondents felt it was a very high or high priority.

Source: JFK Community Survey

Variations in Highest Priorities by Race/Ethnicity

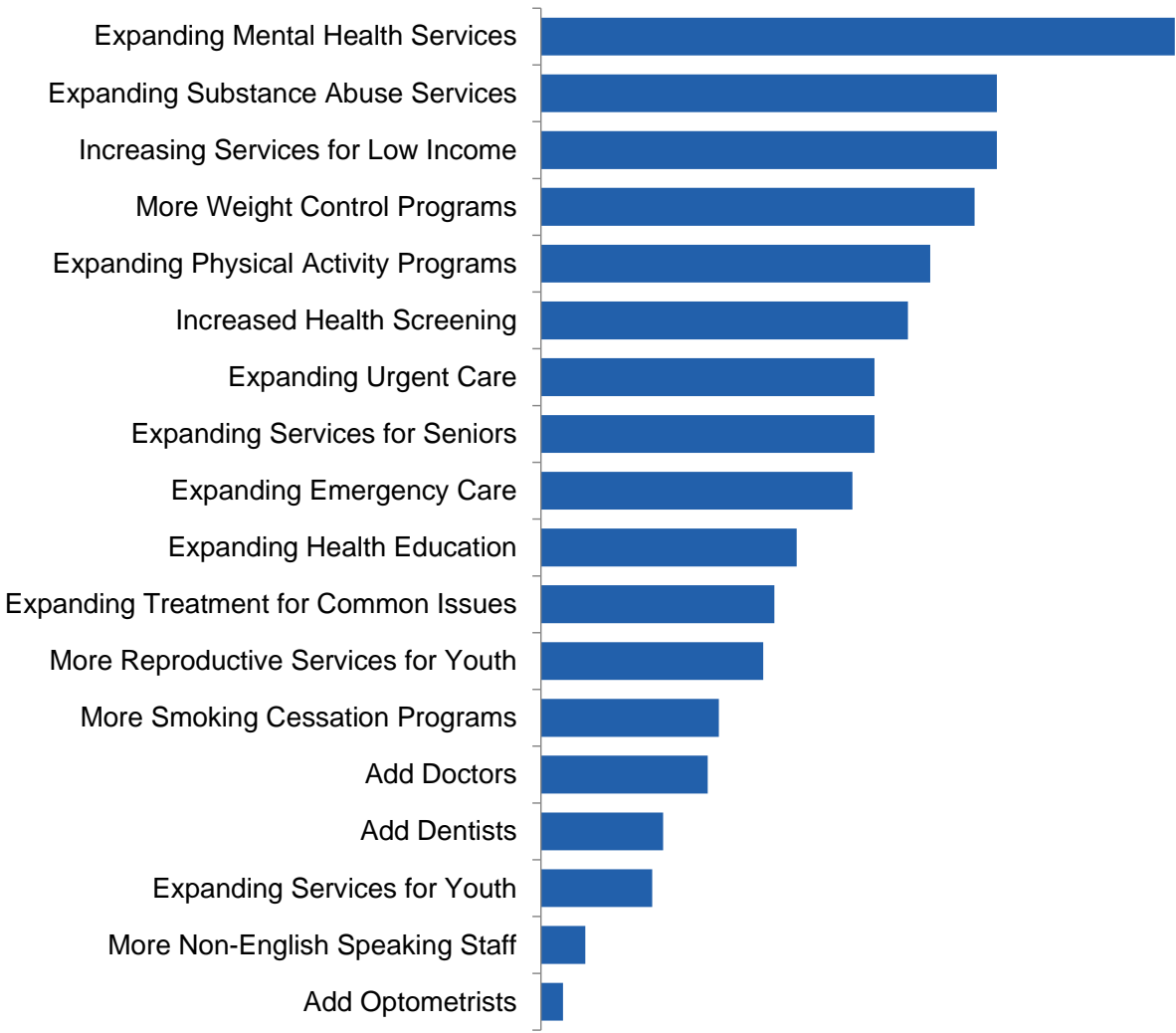
**% of Respondents Noting Very High or High Priority
by Race/Ethnicity**

Funding Opportunity	Whites	Minorities
Add Doctors	40%	65%
Add Dentists	20%	52%
More Non-English Speaking Staff	43%	70%

- There were three areas with a statistically significant difference between white and minority respondents.

Respondents Desire Funding Mental Health Services Most

Ranked Distribution of Top Scoring Opportunities



- Community members were asked to rank their **top three** choices among the 18 potential funding opportunities on the previous page.
- In analyzing responses to this question, opportunities ranked first were scored with a “3”, second with a “2”, and third with a “1”; then these scores were summed by opportunity in order to rank the responses by total numeric score.
- This process allows for opportunities with fewer first place rankings, but many second and third place rankings to score higher among the list of all 18 funding opportunities.

Source: JFK Community Survey

Top Scoring Funding Opportunities by Race/Ethnicity

Top Scoring Opportunities Among Whites

1. Expanding Mental Health Services
2. Increasing Services for Low Income Population
3. Expanding Substance Abuse Services
4. More Weight Control Programs
5. Increased Health Screening

Top Scoring Opportunities Among Minorities

1. Expanding Substance Abuse Services
2. More Weight Control Programs
3. Increasing Services for Low Income Population
4. Expanding Physical Activity Programs
5. Expanding Treatment for Common Issues

- There was some overlap in top scoring priorities between whites and minorities.
- However, there were slight variations in what the different segments of the population felt should receive the highest priority.

VII. Community Input

- A. Community Survey
- B. Local Expert Interviews

Input from Local Community Leaders & Experts

- JFK Medical Center and 3d Health contacted approximately 100 individuals and organizations in the community served soliciting feedback on health status and needs in the community in order to incorporate into the Community Health Needs Assessment process.
- Interviews were conducted with eleven individuals:
 - Four municipal health officers/public health department employees in Middlesex and Union Counties
 - One community physician
 - One senior administrator at a large primary care practice
 - Two employees of advocacy and/or community service organizations
 - Three community leaders

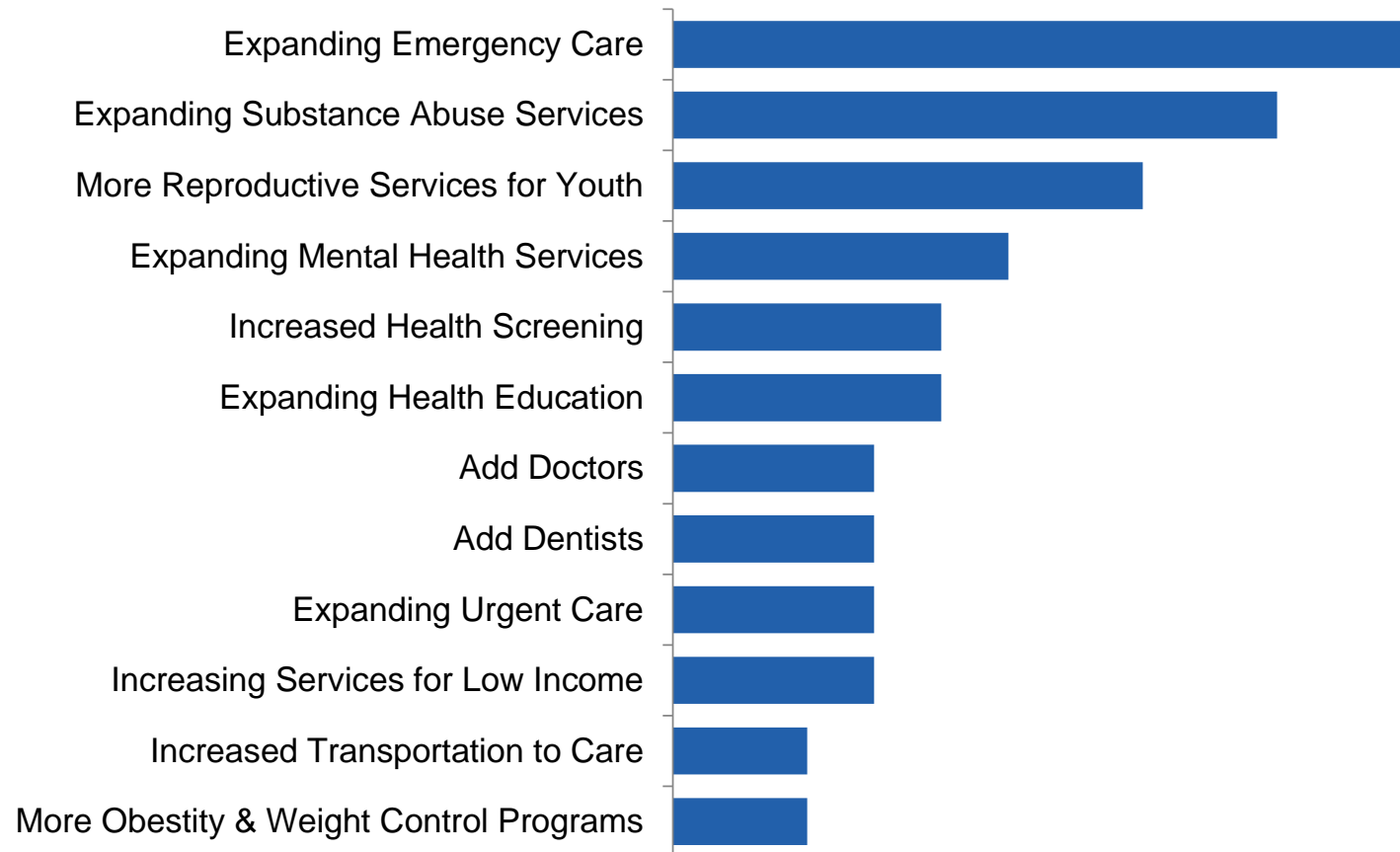
Top Health Needs Noted by Local Experts

Health Need	Mentioned
Lack of health insurance coverage	82% (9 of 11)
Rates of adult obesity	73% (8 of 11)
The number of children in poverty	73% (8 of 11)
Unemployment	64% (7 of 11)
Lack of emergency services	64% (7 of 11)
Lack of substance abuse services	64% (7 of 11)
Not enough diabetic screening services	64% (7 of 11)
Too much physical inactivity among the population	64% (7 of 11)
Too many fast food restaurants	55% (6 of 11)

Top Priorities Among Local Experts

- Local experts were asked to rank their **top three** choices among potential funding opportunities. These responses were scored, summed, and ranked¹ similarly to the responses from the community survey.

Ranked Distribution of Top Scoring Opportunities



¹Priorities ranked 1st were scored with a 3, 2nd with a 2, and 3rd with a 1, then summed and ranked by numeric score
Source: Local Expert Interviews

VIII. Identified Significant Community Health Needs

Community Health Needs – Population Health Evaluation

Middlesex County	% Variance US Avg.
1. Inadequate Social Support	23%
2. Fast Food Restaurants	20%
3. Daily Fine Particulate Matter	6%
4. Mammography Screening	5%
5. Cancer Incidence (All Sites)	4%
6. Diabetic Screening	2%

Union County	% Variance US Avg.
1. Violent Crime Rate	66%
2. Inadequate Social Support	25%
3. Unemployment Rate	11%
4. Excessive Drinking	11%
5. Sexually Transmitted Infections	7%
6. Daily Fine Particulate Matter	7%
7. Cancer Incidence (All Sites)	5%
8. Children in Single-Parent Home	4%
9. Population in Poor/Fair Health	4%
10. Mammography Screening	4%
11. Diabetic Screening	2%
12. Low Birthweight	1%

Community Health Needs – Community Input

Community Survey

1. Expanding Mental Health Services
2. Expanding Substance Abuse Services
3. Increasing Services for Low Income
4. More Weight Control Programs
5. Expanding Physical Activity Programs

Local Expert Input

1. Expanding Emergency Care
2. Expanding Substance Abuse Services
3. More Reproductive Services for Youth

Prioritizing the Significant Identified Health Needs

3d Health combined and ranked the significant community health needs identified through the various components of the CHNA in order to create one prioritized list of the needs.



- Top scoring needs ranked based on frequency of mention on the survey and during local expert interviews
- Top scoring needs ranked based on degree of variance from the US rate on the specific metric (e.g. higher rank for larger variance from the US)

Segmenting the Significant Identified Health Needs

JFK Medical Center and 3d Health prioritized and categorized the significant, identified community health needs based on JFK Medical Center's core services and ability to solve for these issues:

- Core Competency
 - Needs related to provision of services offered by JFK Medical Center today
 - Needs related to areas of expertise of JFK Medical Center and its clinical staff
- Rely on Specialized Community Assets:
 - Needs related to the provision of health services that JFK Medical Center does not offer today or where other organizations are better positioned and possess the specialized expertise to address
- Environmental
 - Needs that require actions that are not directly related to the mission of JFK Medical Center
 - Needs where JFK Medical Center has limited ability to influence or direct required actions to address or where responsibility to address lies with some other external entity or organization that does not typically provide health services
 - Needs that require individuals to modify behaviors and personal habits outside of any institutional support or other actions by JFK Medical Center

Prioritized and Categorized Significant Health Needs

Core Competency

2. Emergency Care Services
5. Weight Control Programs
7. Physical Activity Programs
15. Mammography Screening
19. Diabetic Screening
20. Low Birthweight

Rely on Specialized Community Assets

1. Mental Health Services
3. Substance Abuse Services
6. Reproductive Services for Youth
12. Excessive Drinking
13. Sexually Transmitted Infections

Environmental

4. Services for Low Income
8. Violent Crime Rate
9. Inadequate Social Support
10. Fast Food Restaurants
11. Unemployment Rate
14. Daily Fine Particulate Matter
16. Cancer Incidence
17. Children in Single Parent Home
18. Population in Poor/Fair Health

IX. Existing Resources Addressing Significant Health Needs

Significant Health Needs: Core Competency

Prioritized Health Need	Existing Resources
<p>2. Emergency Care Services</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Emergency services at the JFK Medical Center campus in Edison; services 60,000 patients annually; dedicated Pediatric Emergency Department • JFK Medical Center satellite Emergency Department on the Muhlenberg Campus <p>Other Community Resources</p> <ul style="list-style-type: none"> • Concentra Urgent Care Centers – South Plainfield and Edison • Kinder Pediatric Urgent Care – Woodbridge • Medcenter of Edison • U.S. HealthWorks Medical Group – Edison • Urgent Care New Jersey – Edison
<p>5. Weight Control Programs</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • JFK for Life program focused on comprehensive weight loss solutions; offers nutrition planning, counseling, physical activity programs and fitness center, lectures about physical activity & nutrition • Pediatric Weight Management Program: screening at middle schools in three school systems with underserved population to identify at-risk children and enroll children and families in nutrition classes; identifies 50 to 100 children at each school • Healthy Way Program: ~10 group sessions annually for employees and community • Diabetes Center of New Jersey; offers education and counseling on meal planning, weight loss, cholesterol management <p>Other Community Resources</p> <ul style="list-style-type: none"> • Backsmart Wellness Center, P.A. - Edison • The Center for Medical Weight Loss - Edison • Curves - Edison • Jenny Craig Weight Loss Center - Edison • Neighborhood Health Services Corporation Plainfield • Physicians Wellness Center – Edison

Significant Health Needs: Core Competency

Prioritized Health Need	Existing Resources
<p>7. Physical Activity Programs</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • JFK for Life Fitness Center • Programming for employees and community members that transition from physical therapy and cardiac rehab programs • Miles for Minds 5K Race • Plainfield-Queen City Historic 5K Walk/Run for Life • Girls on the Run of Central New Jersey <p>Other Community Resources</p> <ul style="list-style-type: none"> • Buddy Ball Inc. (for children with special needs) • Carteret Youth Program • Edison Community Centers • Inman Sports Club • North Plainfield Parks & Recreation • Neighborhood Health Services Corporation Plainfield • Plainfield Division of Parks & Recreation • RWJ Rahway Fitness & Wellness Center at Carteret • The South Plainfield Senior Center • Woodbridge Community Center • YMCA – Edison, Plainfield, Metuchen, Woodbridge • YWCA of Central New Jersey – Plainfield

Significant Health Needs: Core Competency

Prioritized Health Need	Existing Resources
<p>15. Mammography Screening</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Breast Center at JFK Medical Center • Maximizing Mammography program: funded by Susan G. Komen grant for over 10 years; grant focused on Middlesex County; reaches out to ~1,000 women annually, particularly women with last mammogram 2+ years ago; one-on-one motivational telephone calls to encourage women to get mammogram; offers 100 no-cost screening mammograms for underserved; • Community outreach (~5-6 events annually) through health fairs <p>Other Community Resources</p> <ul style="list-style-type: none"> • American Imaging of Edison • AP Diagnostic Imaging, Inc. - Edison • Associated Radiologists, P.A. – Edison Imaging Center • Middlesex County Cancer Coalition • MRI of Woodbridge • The New Jersey Cancer Education and Early Detection Project (“NJCEED”) provides breast cancer screening in Middlesex and Union counties • TRICAT - Edison • Union County Cancer Coalition

Significant Health Needs: Core Competency

Prioritized Health Need	Existing Resources
<p>19. Diabetic Screening</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Diabetes Center of New Jersey; offers education and counseling on meal planning, weight loss, cholesterol management to physician-referred patients and open to general population through appointment • Pediatric Weight Management Program: screening at middle schools in three school systems with underserved population to identify at-risk children and enroll children and families in nutrition classes; identifies 50 to 100 children at each school • Offers free blood glucose screenings at a number of health fairs annually, to employees at the hospital during diabetes month <p>Other Community Resources</p> <ul style="list-style-type: none"> • Edison Township On-line Diabetes Risk Assessment • Middlesex County Health Education Programs
<p>20. Low Birthweight</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Perinatal programs at the hospital to reduce elective inductions before 39 weeks (and resulting low birthweight babies) to below 1% • Centering Pregnancy program; group care integrative model serving 100 women per year that focuses on prenatal care, education, and support; women are enrolled with others of similar term; low birthweight for enrolled women around 4-5% • Plainfield Connections home visitation program; grant from NJ Department of Children and Families focusing on outreach and health education to mothers and young children; program to educate pregnant teens in area high schools on prenatal care <p>Other Community Resources</p> <ul style="list-style-type: none"> • Edison Township Child Health Conferences • Middlesex County Health Department Special Child Health Services – Early Intervention • Neighborhood Health Services Corporation Plainfield • VNA of Central Jersey / WIC Program

Significant Health Needs: Specialized Community Assets

Prioritized Health Need	Existing Resources
<p>1. Mental Health Services</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Center for Behavioral Health; provides outpatient and emergency services at Edison campus • STEPS Recovery Center at Muhlenberg campus in Plainfield; provides outpatient substance abuse programs • Emergency stabilization and navigation services for behavioral health patients at JFK <p>Other Community Resources</p> <ul style="list-style-type: none"> • Catholic Charities Counseling Programs • Comprehensive Care Services - Edison • Comprehensive Services on Aging (“COPSA”) Community Outreach - Middlesex County • Diamond Counseling Center - Edison • Dudley House – Plainfield • Edison Family Service Center • Educate Advocate Reduce Stress (“EARS”) for caregivers • First Step Counseling - Metuchen • Jewish Family Service of Southern Middlesex County • Middlesex County Board of Social Services • Middlesex County Division of Addictions and Mental Health Planning • Middlesex County Educational Services Commission • Middlesex County Family Support Organization (“FSO”) • Municipal Alliances - community based prevention organizations • Neighborhood Health Services Corporation Plainfield • UCPC Behavioral Healthcare – Plainfield • UMDNJ-University Behavioral HealthCare • Union County Division of Youth Services • United Family and Children's Society – Plainfield

Significant Health Needs: Specialized Community Assets

Prioritized Health Need	Existing Resources
<p>3. Substance Abuse Services</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Center for Behavioral Health; provides outpatient services at Edison campus • STEPS Recovery Center at Muhlenberg campus in Plainfield; provides outpatient substance abuse programs • Grant from Division of Addiction Services to provide care • Emergency stabilization and navigation services for substance abuse patients at JFK <p>Other Community Resources</p> <ul style="list-style-type: none"> • Catholic Charities Neighborhood Center • Edison Family Service Center • First Step Counseling – Metuchen • Middlesex County Division of Addiction Services grant funding for specialty services • Middlesex County Educational Services Commission • Municipal Alliances - community based prevention organizations • National Council on Alcoholism and Drug Dependency (“NCADD”) of Middlesex County • Neighborhood Health Services Corporation Plainfield • Organization For Recovery, Inc. – Plainfield • RAMAS Counseling Center – Woodbridge • Rutgers Center of Alcohol Studies Program for Addictions Consultation and Treatment • Woodbridge Township Municipal Drug & Alcohol Alliance
<p>6. Reproductive Services for Youth</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Plainfield Connections program at Plainfield area high schools <p>Other Community Resources</p> <ul style="list-style-type: none"> • American Women’s Services – Woodbridge • Gateway Pregnancy Center - Plainfield • Life Choices Resource Center - Metuchen • Neighborhood Health Services Corporation Plainfield • Plainfield School District Teen Parenting Program • Planned Parenthood – Plainfield

Significant Health Needs: Specialized Community Assets

Prioritized Health Need	Existing Resources
<p>12. Excessive Drinking</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Agreements with Middlesex and Union County Intoxicated Drivers Resource Center to provide assessment and treatment plans for offenders; approximately 20 calls per week • Center for Behavioral Health; provides outpatient services at Edison campus • STEPS Recovery Center at Muhlenberg campus in Plainfield; provides outpatient substance abuse programs • Grant from Division of Addiction Services to provide specific care • Emergency stabilization and navigation services for patients presenting at JFK <p>Other Community Resources</p> <ul style="list-style-type: none"> • Alcoholics Anonymous of Northern NJ – Union NJ • Catholic Charities Neighborhood Center • First Step Counseling - Metuchen • Municipal Alliances - community based prevention organizations • National Council on Alcoholism and Drug Dependency (“NCADD”) of Middlesex County • Neighborhood Health Services Corporation Plainfield • New Jersey D.R.I.V.E. (Driver Response Impaired Vision Exercise) • Woodbridge Township Municipal Drug & Alcohol Alliance
<p>13. Sexually Transmitted Infections</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Plainfield Connections program at Plainfield area high schools <p>Other Community Resources</p> <ul style="list-style-type: none"> • Edison Township Department of Health • Middlesex County Rape Crisis Intervention Center (“RCIC”) • Neighborhood Health Services Corporation Plainfield • Planned Parenthood – Plainfield • The Public Health Nursing Division of Middlesex County STD Clinic Program • Woodbridge Township Department of Health and Human Services

Significant Health Needs: Environmental

Prioritized Health Need	Existing Resources
<p>4. Services for Low Income</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • JFK Medical Center provides over \$30M annually in financial assistance (in terms of net community benefit expense; \$24M in charity care and \$6M for Medicaid patients) • JFK Family Medicine Center patient-centered medical home model provides care to underserved and economically disadvantaged residents • JFK Family Medicine Center provides health services to about 600 underprivileged children annually each summer at Kamp Kiddie Keep Well • Dental Clinic grant funding from Delta Dental of New Jersey Foundation; offers dental services outreach to low income residents • Plainfield Connections home visitation program targeting mothers with young children to provide health and developmental services / education for both mothers and children • Childhood Lead Poisoning program to reduce lead exposure in children in Union County • Healthy Homes Equal Healthy Families program; outreach to Union county residents with children under 5 to address environmental conditions in the home to promote health <p>Other Community Resources</p> <ul style="list-style-type: none"> • Amandla Crossing Transitional Housing – Edison • Carteret Youth Program • Catholic Charities Family Preservation Services • Catholic Charities Juvenile Crime Intervention • Community Presbyterian Church Food Pantry • The Dental Life Network • First Baptist Church of Woodbridge – Homeless Shelter Food Pantry • First Congregational Church of Woodbridge Food Pantry • First Presbyterian Church of Avenel Food Pantry • First Presbyterian Church of Iselin Food Pantry • First Presbyterian Church of Metuchen Food Pantry • First Presbyterian Church of Woodbridge Food Pantry • Greater Plainfield Habitat for Humanity, Inc.

Significant Health Needs: Environmental

Prioritized Health Need	Existing Resources
<p>4. Services for Low Income <i>(continued)</i></p>	<p>Other Community Resources (continued)</p> <ul style="list-style-type: none"> • Immunization Clinic of Woodbridge Township • JACC-Jersey Assistance Services Program • Legal Services of New Jersey – Edison • Middlesex County Board of Social Services • Middlesex County Collaborative Preschool Immunization Program • Middlesex County Division of Housing, Community Development, & Social Services • Middlesex County Family Support Organization (“FSO”) • Middlesex County Shelters • Neighborhood Health Services Corporation Plainfield • Ozanam Family Shelter – Edison • Saint Joseph’s Parish – Society of St. Vincent De Paul Food Pantry • School Age Immunization Clinic of Edison Township • South Plainfield Social Services Department • St. Cecelia’s Food Pantry • St. Francis Cathedral Social Concerns Food Pantry • St. James Emergency Food Pantry • St. James Episcopal Church Food Pantry • St. Paul’s Evangelical Lutheran Church Food Pantry • Statewide Public Interest Legal Hotline – Edison • The Township of Edison Housing Rehabilitation Program • Tree of Life and Hope, Inc. - Woodbridge • Trinity Episcopal Church Food Pantry/Soup Kitchen • Union County Children’s Immunization Center • Union County Paratransit System • Union County Temporary Assistance to Need Families (“TANF”) • Welfare Hot Line – Edison • Women Helping Women – Metuchen

Significant Health Needs: Environmental

Prioritized Health Need	Existing Resources
8. Violent Crime Rate	<p>Other Community Resources</p> <ul style="list-style-type: none">• Catholic Charities Juvenile Crime Intervention• Diamond Counseling Center - Edison• Domestic Violence Representation Project• First Step Counseling - Metuchen• Middlesex County Board of Social Services• Middlesex County Office of Victim-Witness Advocacy• Middlesex County Rape Crisis Intervention Center (“RCIC”)• Middlesex County Sexual Violence Prevention Coalition• Union County Division of Youth Services• Women Helping Women - Metuchen

Significant Health Needs: Environmental

Prioritized Health Need	Existing Resources
<p>9. Inadequate Social Support</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Centering Pregnancy program; most enrollees develop a social network with other pregnant women in their group • Plainfield Connections home visitation program targeting mothers with young children to provide health and developmental services / education for both mothers and children • Rotary fund raiser to provide temporary adult day care to offer caregivers respite day(s) <p>Other Community Resources</p> <ul style="list-style-type: none"> • Buddy Ball Inc. (for children with special needs) • Carteret Youth Program • Catholic Charities Family Preservation Services • Catholic Charities Juvenile Crime Intervention • Diamond Counseling Center • Edison Community Centers • Metuchen Senior Citizen Center • Middlesex County Board of Social Services • Middlesex County Family Support Organization (“FSO”) • Middlesex County Office of Aging and Disabled Services • North Plainfield Parks & Recreation • Plainfield Division of Parks & Recreation • RWJ Rahway Fitness & Wellness Center at Carteret • The Social Services/Welfare Department of South Plainfield • The South Plainfield Senior Center • Union County Division of Youth Services • Woodbridge Community Center • YMCA – Edison, Plainfield, Metuchen, Woodbridge

Significant Health Needs: Environmental

Prioritized Health Need	Existing Resources
<p>10. Fast Food Restaurants</p>	<p>Other Community Resources</p> <ul style="list-style-type: none"> • Edison Township Child Health Conferences • Middlesex County Health Education Programs • Middlesex County Nutrition Program • Middlesex Senior Farmer’s Market • The Neighborhood Health Services Corporation Plainfield Nutritional Counseling • Senior Meal Program of Middlesex County • The Union County Congregate Nutrition Program • Union County Meals on Wheels Home Delivery • VNA of Central Jersey / WIC Program • Woodbridge Township Health Department
<p>11. Unemployment Rate</p>	<p>Other Community Resources</p> <ul style="list-style-type: none"> • Easter Seals Adult Training Center – Edison • Edison Job Corps • Edison Sheltered Workshop • Middlesex County Workforce Investment Board (“WIB”) • Personal Assistance Service Program (“PASP”) for people with disabilities • Union County Department of Human Services
<p>14. Daily Fine Particulate Matter</p>	<p>Other Community Resources</p> <ul style="list-style-type: none"> • The Clean Communities Program of Edison Township • Middlesex County Clean Air, Clean Energy Initiative • Middlesex County Air Pollution Control Program • Union County Bureau of Environmental Health

Significant Health Needs: Environmental

Prioritized Health Need	Existing Resources
<p>16. Cancer Incidence</p>	<p>Other Community Resources</p> <ul style="list-style-type: none"> • Lainie’s Angels • Middlesex County Cancer Coalition • The New Jersey Cancer Education and Early Detection Project (“NJCEED”) provides comprehensive screening in Middlesex and Union counties • Union County Cancer Coalition
<p>17. Children in Single Parent Home</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • Program at Nursing School to provide housing for single mothers enrolled in the nursing program <p>Other Community Resources</p> <ul style="list-style-type: none"> • Amandla Crossing Transitional Housing – Edison • Carteret Youth Program • Catholic Charities Connections Program • Catholic Charities Family Preservation Services • Catholic Charities Juvenile Crime Intervention • Diamond Counseling Center - Edison • Edison Township Child Health Conferences • First Step Counseling - Metuchen • Middlesex County Board of Social Services • Middlesex County Family Support Organization (“FSO”) • Ozanam Family Shelter - Edison • Union County Division of Youth Services

Significant Health Needs: Environmental

Prioritized Health Need	Existing Resources
<p>18. Population in Poor/Fair Health</p>	<p>JFK Medical Center</p> <ul style="list-style-type: none"> • JFK Family Medicine Center patient-centered medical home model provides care to underserved and economically disadvantaged residents • Plainfield Connections home visitation program targeting mothers with young children to provide health and developmental services / education for both mothers and children • Childhood Lead Poisoning program to reduce lead exposure among children in Union County • Healthy Homes Equal Healthy Families program; outreach to Union county residents with children under 5 to address environmental conditions in the home to promote health <p>Other Community Resources</p> <ul style="list-style-type: none"> • Cerebral Palsy Association of Middlesex County • Developmental Disabilities Associate of NJ – Sewarren • Easter Seals Adult Training Center – Edison • Edison “Mr. Fix-it Program” • Global Options (“GO”) Program • Jersey Assistance for Community Caregiving (“JACC”) • Middlesex County Area Transit • Middlesex County Health Education Programs • Middlesex County Special Child Health Services (“SCHS”) Program • Roosevelt Care Center – Edison • Senior Meal Program of Middlesex County • St. Joseph's Senior Home – Woodbridge • The Edison Senior Citizen Center Transportation Service • Tree of Life and Hope, Inc. – Woodbridge • Union County Meals on Wheels Home Delivery • Union County Paratransit System

X. Implementation Strategy

Framework for Evaluating Potential Strategic Options

In developing JFK Medical Center's CHNA Implementation Strategy, the following framework was applied to each identified, significant community health need in order to evaluate potential strategic options:

1. Current Programs
2. New Programs
3. Partner with Existing Community Resources
4. Facilities
5. Charity Care Programs
6. Preventive Care Programs
7. Education
8. Patient Awareness and Navigation
9. Advocacy
10. Do Nothing

Significant Health Needs: Core Competency

Prioritized Health Need	Implementation Strategy	Progress Metric
<p>2. Emergency Care Services</p>	<ul style="list-style-type: none"> Develop new Emergency Department (“ED”) Pavilion on Edison campus to increase capacity and speed throughput (<i>Current Programs, Facilities</i>) 	<ul style="list-style-type: none"> Increase ED square footage to 54,000 New space online by 2015
	<ul style="list-style-type: none"> Create separate area in ED for behavioral health patients to provide appropriate beds, equipment, and privacy while awaiting discharge and speed throughput for other patients in the ED (<i>New Programs, Facilities</i>) 	<ul style="list-style-type: none"> 4 dedicated treatment areas for behavioral health opened
	<ul style="list-style-type: none"> Launch Plainfield Health Initiative to identify and facilitate needed primary care relationships for Plainfield residents to reduce inappropriate utilization to free up needed ED capacity (<i>New Programs, Charity Care Programs, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Attempt to secure funding and begin enrolling patients within three months after funding
	<ul style="list-style-type: none"> Prepare an analysis of the Satellite ED on the Muhlenberg campus to ensure it is properly sized, configured, and located to best meet the type of cases presented (<i>Current Programs</i>) 	<ul style="list-style-type: none"> Analysis completed during 2014

Prioritized Health Need	Implementation Strategy	Progress Metric
<p>5. Weight Control Programs</p>	<ul style="list-style-type: none"> Work with physician practices to expand number of area residents serviced by JFK for Life (<i>Current Programs, Preventive Care Programs, Education, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Increase program membership by 10% within three years
	<ul style="list-style-type: none"> Continue Pediatric Weight Management Program at area middle schools (<i>Current Programs, Preventive Care Programs, Education</i>) 	<ul style="list-style-type: none"> Maintain program funding
	<ul style="list-style-type: none"> Increase number of Healthy Way Program sessions (<i>Current Programs, Education</i>) 	<ul style="list-style-type: none"> Increase from 7 sessions per year to 10 within three years

Significant Health Needs: Core Competency

Prioritized Health Need	Implementation Strategy	Progress Metric
7. Physical Activity Programs	<ul style="list-style-type: none"> Work with physician practices to expand number of area residents serviced by JFK for Life (<i>Current Programs, Preventive Care Programs, Education, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Increase program membership by 10% within three years
	<ul style="list-style-type: none"> Continue sponsorship of Miles for Minds 5K Race, Plainfield-Queen City Historic 5K Walk/Run for Life, and Girls on the Run (<i>Current Programs, Preventive Care Programs</i>) 	<ul style="list-style-type: none"> Maintain current sponsorship levels

Prioritized Health Need	Implementation Strategy	Progress Metric
15. Mammography Screening	<ul style="list-style-type: none"> Continue Maximizing Mammography program offering annual outreach to ~1,000 women, including 100 no-cost mammograms to underserved women (<i>Current Programs, Preventive Care Programs</i>) 	<ul style="list-style-type: none"> Maintain Susan G. Komen grant
	<ul style="list-style-type: none"> Increase number of non-Susan G. Komen grant related outreach activities (<i>Current Programs, Preventive Care Programs, Education, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Increase from 5-6 events to 10 events annually
	<ul style="list-style-type: none"> Increase screening among patients at the JFK Family Medicine Center (<i>New Programs, Preventive Care Programs, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Begin to measure screening rates to establish a baseline Increase screening rates 30% above baseline over three years

Significant Health Needs: Core Competency

Prioritized Health Need	Implementation Strategy	Progress Metric
19. Diabetic Screening	<ul style="list-style-type: none"> Develop Centering Diabetes group model of care for diabetic patients through the JFK Family Medicine Center (<i>New Programs, Preventive Care Programs, Education</i>) 	<ul style="list-style-type: none"> Implement and maintain program for the next three years
	<ul style="list-style-type: none"> Continue Pediatric Weight Management Program at area middle schools (<i>Current Programs, Preventive Care Programs, Education</i>) 	<ul style="list-style-type: none"> Maintain funding for program
	<ul style="list-style-type: none"> Promote screening services in outreach, advertising, and/or marketing materials (<i>Current Programs, Preventive Care Programs, Education, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Promote at least six times per year
	<ul style="list-style-type: none"> Offer free blood glucose screenings at health fairs and outreach events (<i>Current Programs, Preventive Care Programs, Education</i>) 	<ul style="list-style-type: none"> Conduct at least 10 events annually

Prioritized Health Need	Implementation Strategy	Progress Metric
20. Low Birthweight	<ul style="list-style-type: none"> Maintain gains in reducing elective inductions prior to 39 weeks (<i>Current Programs</i>) 	<ul style="list-style-type: none"> Keep elective inductions prior to 39 weeks below 1%
	<ul style="list-style-type: none"> Continue and expand Centering Pregnancy model (<i>Current Programs, Education</i>) 	<ul style="list-style-type: none"> Maintain funding and reduce drop-out rate after intake to 20%
	<ul style="list-style-type: none"> Continue Plainfield Connections program outreach activities to promote prenatal care (<i>Current Programs, Education, Preventive Care Programs</i>) 	<ul style="list-style-type: none"> Maintain funding for program
	<ul style="list-style-type: none"> Begin working with Union County providers to explore adoption of Centering Pregnancy model or similar model (<i>Partner with Existing Community Resources, Preventive Care Programs</i>) 	<ul style="list-style-type: none"> Conduct at least two meetings

Significant Health Needs: Specialized Community Assets

Prioritized Health Need	Implementation Strategy	Progress Metric
<p>1. Mental Health Services</p>	<ul style="list-style-type: none"> Continue providing services through the Center for Behavioral Health in Edison (<i>Current Programs</i>) 	<ul style="list-style-type: none"> Maintain funding
	<ul style="list-style-type: none"> Continue providing navigation services for behavioral health ED patients to ensure placement into the best available care setting (<i>Current Programs, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Maintain funding for these services
	<ul style="list-style-type: none"> Create separate area in ED for behavioral health patients to provide appropriate beds, equipment, and privacy for these patients (<i>New Programs, Facilities</i>) 	<ul style="list-style-type: none"> 4 dedicated treatment areas for behavioral health opened
	<ul style="list-style-type: none"> Provide dedicated nurse case manager for Family Medicine Center patients with depression to coordinate care (<i>New Programs, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Implement and maintain program for the next three years
	<ul style="list-style-type: none"> Work with existing community mental health resources to discuss ways to ensure behavioral health patients are getting care where and when they need it (<i>Partner with Existing Community Resources</i>) 	<ul style="list-style-type: none"> Conduct six meetings per year with community resources
	<ul style="list-style-type: none"> Meet with appropriate Federal, State, and Local officials to create awareness of existing systemic challenges in care delivery to behavioral health patients (<i>Advocacy</i>) 	<ul style="list-style-type: none"> Conduct four meetings per year with governmental officials

Significant Health Needs: Specialized Community Assets

Prioritized Health Need	Implementation Strategy	Progress Metric
<p>3. Substance Abuse Services</p>	<ul style="list-style-type: none"> Continue providing services through the Center for Behavioral Health in Edison (<i>Current Programs</i>) 	<ul style="list-style-type: none"> Maintain funding
	<ul style="list-style-type: none"> Continue providing navigation services for ED patients to ensure placement into the best available care setting (<i>Current Programs, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Maintain funding for these services
	<ul style="list-style-type: none"> Work with existing community mental health resources to discuss ways to ensure substance abuse patients are getting care where and when they need it (<i>Partner with Existing Community Resources</i>) 	<ul style="list-style-type: none"> Conduct six meetings per year with community resources
	<ul style="list-style-type: none"> Meet with appropriate Federal, State, and Local officials to create awareness of existing systemic challenges in care delivery to substance abuse patients (<i>Advocacy</i>) 	<ul style="list-style-type: none"> Conduct four meetings per year with governmental officials

Significant Health Needs: Specialized Community Assets

Prioritized Health Need	Implementation Strategy	Progress Metric
6. Reproductive Services for Youth	<ul style="list-style-type: none"> Continue Plainfield Connections services with area high schools (<i>Current Programs, Preventive Care, Education</i>) 	<ul style="list-style-type: none"> Maintain funding for program
	<ul style="list-style-type: none"> Conduct outreach at area high schools through the JFK Family Medicine Residency program to provide education (<i>New Programs, Preventive Care Programs, Education</i>) 	<ul style="list-style-type: none"> Conduct six educational events per year
	<ul style="list-style-type: none"> Work with existing community resources to discuss ways to support education, outreach, and services to youth (<i>Partner with Existing Community Resources</i>) 	<ul style="list-style-type: none"> Conduct six meetings per year with community resources

Prioritized Health Need	Implementation Strategy	Progress Metric
12. Excessive Drinking	<ul style="list-style-type: none"> Continue providing services through the Center for Behavioral Health in Edison (<i>Current Programs</i>) 	<ul style="list-style-type: none"> Maintain funding
	<ul style="list-style-type: none"> Continue providing navigation services for ED patients to ensure placement into the best available care setting (<i>Current Programs, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Maintain funding for these services
	<ul style="list-style-type: none"> Work with existing community mental health resources to discuss ways to ensure substance abuse patients are getting care where and when they need it (<i>Partner with Existing Community Resources</i>) 	<ul style="list-style-type: none"> Conduct six meetings per year with community resources
	<ul style="list-style-type: none"> Meet with appropriate Federal, State, and Local officials to create awareness of existing systemic challenges in care delivery to substance abuse patients (<i>Advocacy</i>) 	<ul style="list-style-type: none"> Conduct four meetings per year with governmental officials

Significant Health Needs: Specialized Community Assets

Prioritized Health Need	Implementation Strategy	Progress Metric
13. Sexually Transmitted Infections	<ul style="list-style-type: none"> Continue Plainfield Connections services with area high schools (<i>Current Programs, Preventive Care, Education</i>) 	<ul style="list-style-type: none"> Maintain funding for program
	<ul style="list-style-type: none"> Conduct outreach at area high schools through the JFK Family Medicine Residency program to provide education (<i>New Programs, Preventive Care Programs, Education</i>) 	<ul style="list-style-type: none"> Conduct six educational events per year
	<ul style="list-style-type: none"> Work with existing community resources to discuss ways to support education and outreach (<i>Partner with Existing Community Resources</i>) 	<ul style="list-style-type: none"> Conduct six meetings per year with community resources

Significant Health Needs: Environmental

Prioritized Health Need	Implementation Strategy	Progress Metric
4. Services for Low Income	<ul style="list-style-type: none"> Launch Plainfield Health Initiative to identify and facilitate needed primary care relationships for Plainfield residents (<i>New Programs, Charity Care Programs, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Attempt to secure funding and begin enrolling patients within three months after funding
	<ul style="list-style-type: none"> Continue existing Family Medicine Center, charity care, and financial assistance programs (<i>Current Programs, Charity Care Programs</i>) 	<ul style="list-style-type: none"> Maintain policies and funding

Prioritized Health Need	Implementation Strategy	Progress Metric
8. Violent Crime Rate	<ul style="list-style-type: none"> Develop routine screening activities among JFK Medical Center patients to detect intimate partner violence (<i>New Programs</i>) 	<ul style="list-style-type: none"> Screening tool developed
	<ul style="list-style-type: none"> Create mechanism to routinely link victims of violence presenting at JFK Medical Center with available community services (<i>Current Programs, Partner with Existing Community Resources, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Preferred partners identified and process for linking patients developed

Prioritized Health Need	Implementation Strategy	Progress Metric
9. Inadequate Social Support	<ul style="list-style-type: none"> Continue current Centering Pregnancy program, Plainfield Connections, and Rotary fund raiser (<i>Current Programs</i>) 	<ul style="list-style-type: none"> Maintain funding

Prioritized Health Need	Implementation Strategy	Progress Metric
10. Fast Food Restaurants	<ul style="list-style-type: none"> Participate in outreach events to promote healthy eating habits (<i>New Programs, Education</i>) 	<ul style="list-style-type: none"> Participate in four events per year

Prioritized Health Need	Implementation Strategy	Progress Metric
11. Unemployment Rate	<ul style="list-style-type: none"> Work with area Chambers of Commerce to foster economic development and creation of jobs in the area (<i>Partner with Existing Community Resources, Advocacy</i>) 	<ul style="list-style-type: none"> Attend 12 meetings per year

Significant Health Needs: Environmental

Prioritized Health Need	Implementation Strategy	Progress Metric
14. Daily Fine Particulate Matter	<ul style="list-style-type: none"> Work with political leaders and relevant governmental regulatory agencies to improve air quality standards (<i>Advocacy</i>) 	<ul style="list-style-type: none"> Send one letter annually to relevant bodies

Prioritized Health Need	Implementation Strategy	Progress Metric
16. Cancer Incidence	<ul style="list-style-type: none"> Work with political leaders and relevant governmental regulatory agencies to improve environmental quality standards (<i>Advocacy</i>) 	<ul style="list-style-type: none"> Send one letter annually to relevant bodies

Prioritized Health Need	Implementation Strategy	Progress Metric
17. Children in Single Parent Home	<ul style="list-style-type: none"> Continue Nursing School housing program (<i>Current Programs</i>) 	<ul style="list-style-type: none"> Maintain funding

Prioritized Health Need	Implementation Strategy	Progress Metric
18. Population in Poor/Fair Health	<ul style="list-style-type: none"> Continue existing Family Medicine Center, charity care, and financial assistance programs (<i>Current Programs, Charity Care Programs</i>) 	<ul style="list-style-type: none"> Maintain policies and funding
	<ul style="list-style-type: none"> Continue Plainfield Connections home visitation model for mothers with young children (<i>Current Programs, Education</i>) 	<ul style="list-style-type: none"> Maintain funding
	<ul style="list-style-type: none"> Continue Childhood Lead Poisoning program to reduce lead exposure (<i>Current Programs</i>) 	<ul style="list-style-type: none"> Maintain funding
	<ul style="list-style-type: none"> Continue Healthy Homes Equal Healthy Families program to reduce environmental exposures in the home (<i>Current Programs</i>) 	<ul style="list-style-type: none"> Maintain funding
	<ul style="list-style-type: none"> Launch Plainfield Health Initiative to identify and facilitate needed primary care relationships for Plainfield residents (<i>New Programs, Charity Care Programs, Patient Awareness & Navigation</i>) 	<ul style="list-style-type: none"> Attempt to secure funding and begin enrolling patients within three months after funding