



**North Jersey Health Collaborative**

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health matters

# **Community Health Needs Assessment Report**

## **Sussex County**

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2021

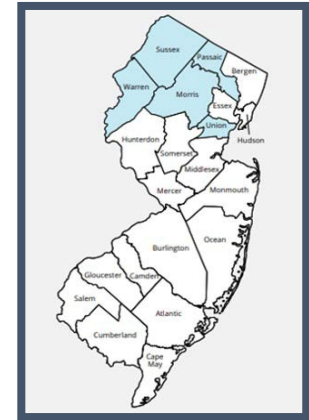
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## EXECUTIVE SUMMARY

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



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

### Key Objectives of this Report:

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

### Sussex County Highlights: Combining Community Perspective and Qualitative Data

Building on our shared community health needs assessments from 2016 and 2019, the 2021 assessment focuses on both individual health related issues and outcomes along with the larger social determinants of health. Overall, Sussex County has significant strengths and assets and was ranked number seven in the state for overall health outcomes according to the 2018 County Health Rankings. Further information on Sussex County's assets is included throughout this report. However, despite the county's overall good health and wealth; there are significant disparities from one community, or zip code, to another.

This year, the NJHC launched the *Social Determinants of Health Community Survey*. With 23 participants from Sussex County, this survey placed a larger emphasis on letting the perspectives of members who live and work in our communities shape our work. Some of the top issues identified by Sussex County residents through the survey include: income and employment, easy and safe access to transportation, and social support.

Through our secondary data analysis in 2019, it was identified that some of Sussex County's worst performing health indicators include: higher prevalence of depression in the medical care population,



longer mean travel time to work, and higher age-adjusted death rate due to Alzheimer’s Disease. In the adult population, 28% of Sussex County residents have been told they have high blood pressure, 28% are obese, and 23% are sedentary. The conditions are all risk factors for chronic diseases such as heart disease and diabetes. Mental illnesses such as anxiety, depression, and substance use are also health challenges for adults in the county. The age-adjusted death rate due to suicide in Sussex County is higher than many other counties in the state. While the overall cancer incidence rate in Sussex County is decreasing, liver and bile duct cancer incidence, melanoma incidence, non-Hodgkin’s lymphoma incidence, and oral cavity and pharynx cancer incidence are on the rise.

It is long established that socioeconomic status and income are strongly correlated with an individual’s health status. The [median annual income in Sussex County](#) in 2019 was approximately \$94,520, which is more than that for the state of New Jersey and for the entire United States. However, there is still considerable economic inequality across communities within the county. Approximately 23% of Sussex County [households are considered ALICE \(Asset Limited, Income Constrained and Employed\)](#), earning income above the Federal Poverty Level but below the basic cost of living. The data analysis included in this report also demonstrates that there are specific disparities related to race, ethnicity, gender, and age.

It is our hope that the information and data sources within this report will help NJHC partners and other community stakeholders dig deeper into these issues in order to develop effective strategies and solutions for improved health and well-being. After discussion at the Sussex County October Planning & Strategy Session, NJHC partners have prioritized the following health-related areas of need for the 2021 Community Health Improvement Plan for Sussex County:

- Access to healthy foods and physical activity
- Healthy housing
- Access to health care
- Mental health and substance misuse
- Transportation



## ACKNOWLEDGEMENTS

This edition of the NJHC Community Health Needs Assessment (CHNA) Report for Sussex County was developed in partnership with the members of the NJHC Sussex County Committee ([Appendix 1](#)). This Committee includes public health and local government agencies, hospitals and health care providers, community-based organizations, and other community stakeholders. The assessment process was led by the NJHC Regional Data Committee, under the shared governance of the NJHC Executive Committee and the Board of Trustees ([Appendix 2](#)).

The Community Health Improvement Plan (CHIP) developed from this assessment process will serve as our roadmap to improving the health and well-being of residents living in northern New Jersey. The NJHC would like to thank the numerous individuals and organizations who participated in the development and implementation of this assessment.

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We would also like to thank Laura O'Reilly-Stanzilis RN MSM, Executive Director, NJHC and Daniel Wikstrom for their support.

Questions regarding this report and the 2021 CHNA should be directed to Maureen Cianci at [mcianci@sussex.nj.us](mailto:mcianci@sussex.nj.us)

### Revision History Table

Description	Date	Changes	Author	Approved By
Amended	July /2024	Added Languages spoken in the County	Claudia Pelaez Yepes	Jennifer Shortino



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## CHAPTER ONE: ABOUT SUSSEX COUNTY

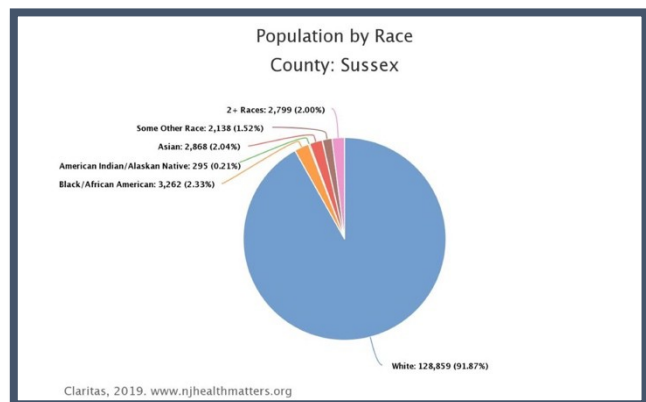


Sussex County is the northernmost county in the state of New Jersey and it is part of the state's Skylands Region and home to High Point State Park. As part of the New York Metropolitan Area, Interstate Route 80 and US Route 206 connect citizens to neighboring counties as well as bring access to New York and Pennsylvania. Sussex County is comprised of 24 municipalities and is governed by the Board of Chosen Commissioners, who are elected for three-year terms. There are 46 schools in 27 school districts, with some of which are the highest performing in the state. The county also has six libraries and is a part of the Rutgers New Jersey Agricultural Experiment Stations (NJAES) Cooperative Extension.

### Population Demographics

Sussex County has a population of 143,570 people; this is a decrease of approximately 5% from 2010.<sup>1</sup> The median age in the county is 45 years old. About one in five residents (20%) are children and youth under the age of 18 years old and almost 17% of residents are over the age of 65 years old. Sussex County is made up of 50% male residents and 50% female residents. According to the most recent American Community Survey, persons living with a disability (physical, mental or emotional)

represent 10% of the county's population, with incidence increasing with age to as much as 43% of the 65+ age group. [White residents make up the majority of the population \(93%\), with other racial groups represented as follows: Black/African American 2.7%, Asian 2%, and multiple races 1.7%.](#)<sup>2</sup> Residents who identify ethnically as Hispanic/Latino make up 9.2% of the county's population. According to the 2022 American Community Survey, 86.3% of people in Franklin borough, Sussex County, New Jersey speak English only at home. Other languages spoken in the borough include: Spanish (12.2%), Other Indo-European languages (1.3%), and Other languages (0.3%).

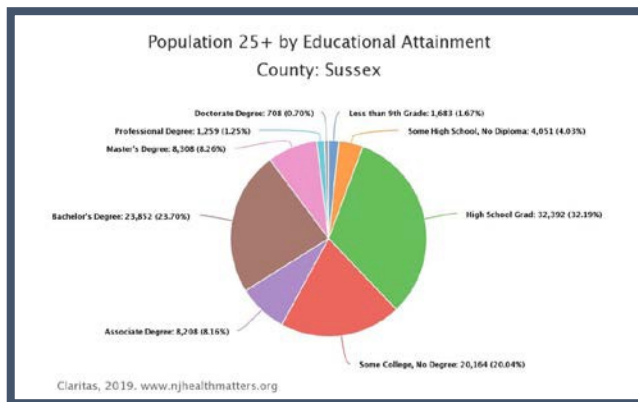


<sup>1</sup> US Census Bureau, 2017 American Community Survey 1-Year Estimates

<sup>2</sup> US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates



With a declining birth rate (8.4 births per 1,000 residents in 2017) and net out-migration, the population in Sussex County has decreased every year since 2010.<sup>3,4</sup> Approximately 8% of Sussex County residents, or 11,453 people, were born outside the United States. Furthermore, the [2019 American Community Survey](#) determined that 1.6% of Sussex County households, compared to the state value of 7%, are linguistically isolated; this means that all members over the age of 13 years-old in the household have some difficulty communicating in English.<sup>5</sup> The most common languages spoken in linguistically isolated households in Sussex County are Asian and Pacific Island languages.



Approximately 36.1% of Sussex County residents 25 years-old and older have attained a Bachelor's degree or higher; this is equal to the value of 39.7% of the New Jersey adult population as a whole.<sup>2</sup> 6.4% of SC residents WHO are at least 16 years old AND in the labor force are currently unemployed this is slightly lower than the 7% overall unemployment rate in New Jersey.<sup>2</sup> The median household income for Sussex county is \$94,520; this is higher than both the statewide median

household income of \$82,545 and the nationwide median household income of \$62,843.<sup>2</sup>

Housing affordability, taxes, job availability, and availability of senior housing all impact where people live within the county. In Sussex County, there are a total of 62,057 housing units, 86% of which are occupied. Of the occupied residences, 84% are owner-occupied and 16% are renter-occupied.<sup>6</sup> As in every other county in New Jersey, there are socioeconomic disparities within the county, sometimes even from one zip code or census tract to the next.

## Socioeconomic Profile

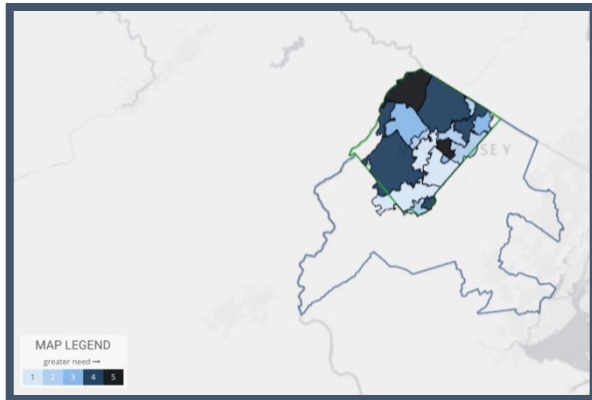
The SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socio-economic need that is correlated with poor health outcomes. It is calculated based on factors such as education, employment, poverty, and income. All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). According to the index, Franklin (07416), Montague (07827), and Vernon (07462) are the three zip codes with the highest level of socioeconomic need in Sussex County. For additional information, and to access the SocioNeeds index, visit the NJHC's website ([www.njhealthmatters.org](http://www.njhealthmatters.org)).

<sup>3</sup> New Jersey Department of Health, Birth Certificate Database

<sup>4</sup> US Census Bureau, Estimates of the Components of Resident Population Change: April 1, 2010 to July 1, 2017

<sup>5</sup> US Census Bureau, 2005-2009 American Community Survey 5-Year Estimates

<sup>6</sup> US Census Bureau, 2010 Census



Presently, 5.9% of Sussex County residents live below the Federal Poverty Level.<sup>2</sup> Of those, nearly one in four (25%) are youth under 18 years old. This is important as chronic stress associated with financial hardship may impact childhood development and affect children’s health status into adulthood. Poverty also disproportionately impacts certain racial and ethnic groups. Specifically, Native Hawaiian and Other Pacific Islander residents (43%) and Black/African American residents (21%) experience poverty at higher rates than other

racial/ethnic groups in Sussex County. In addition to households who live in poverty, 23% of Sussex County households are [earning incomes above the Federal Poverty Level but below the basic cost of living for the county](#); these are considered as ALICE (Asset Limited, Income Constrained and Employed).<sup>7</sup> The United Way ALICE Project is a nationwide effort to quantify and describe the growing number of households in our communities that do not earn enough to afford basic necessities.

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<sup>7</sup> United Way of Northern New Jersey, United Way ALICE Report – 2016 Update for New Jersey



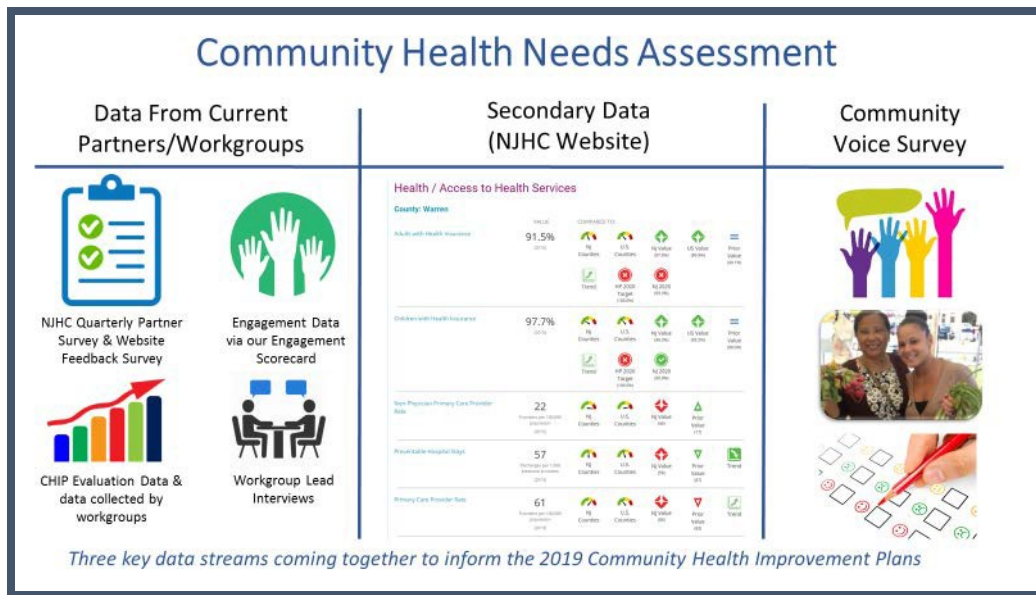


## CHAPTER TWO: OUR ASSESSMENT PROCESS

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

### Sussex County Committee

The Sussex County Committee includes public health and local government agencies, hospitals and health care providers, community-based organizations, and other community stakeholders. Our collaborative process includes quarterly county committee meetings, county-wide workgroups, and collective strategic planning efforts to ensure the health and well-being of all Sussex County residents. As part of the current shared assessment of the NJHC, the CHNA process brings together three data streams (see figure below): (1) data from our 2019 Community Health Improvement Plan workgroups and feedback from our partners about what worked and what did not work, (2) results from secondary data analysis from the NJHC website, and (3) results of our first *Social Determinants of Health Community Survey*.



### Building on Our First Assessment – Sussex County Committee Work Groups

Each County has a project team that includes NJHC county chairs and public health professionals assigned by health officers. Teams meet monthly and hold additional meetings as needed. Based on these meetings, the NJHC and the Sussex County Committee created a shared Community



Health Improvement Plan (CHIP) of strategies and metrics to respond to areas of need. In 2020, Cross-Collaborative Workgroups were created to address community needs across all 5 counties of the collaborative. Workgroup topics include social determinants of health, chronic disease, healthy aging, mental health, nutrition, obesity, and physical activity. The 2016 CHNA and CHIP can be found [here](#). Many of these efforts will continue and fuel future Collaborative initiatives.

## Secondary Data Analysis (2019)

As part of the CHNA process, secondary data analysis was conducted by the NJHC Regional Data Committee in 2019. This analysis ranked and scored more than 150 health indicators, including measurements of illness and disease, as well as measurements of behaviors and actions related to health. Scores are assigned to each indicator based on (1) how a specific county's performance compares to the performances of all other counties in New Jersey, (2) how a specific county's performance compares to the performances of all other counties in the US, (3) whether the specific county's performance is on track to meet Healthy People 2030 and Healthy New Jersey 2030 targets, and (4) the directional trend of the specific county's indicator value over time. The complete list of health indicators and results from the secondary data analysis for Sussex County can be found [here](#).

Results were presented in five ways: overall worst-performing indicators; worst-performing health indicators; worst-performing non-health indicators (e.g., social, economic, environmental, etc.); statistically significant negative disparities by gender, race/ethnicity, age, education and income; and worse trending indicators. Through the secondary data analysis, it was identified that some of Sussex County's worst-performing health indicators include: higher incidence of oral cavity and pharynx cancer, higher prevalence of depression in the Medical population, longer mean travel time to work, and lower rates of mammography screening in the Medicare population.



### Worst Performing Health Indicators

Indicators	County Values	State Values	US Values	Trend	Score
Age-Adjusted Death Rate due to Alzheimer's Disease	3	3	3	2	2.34
Babies with Very Low Birth Weight	3	3	3	3	2.67
Food Insecure Children Likely Ineligible for Assistance	3	3	3	2	2.34
Mean Travel Time to Work	3	3	3	3	2.67
Oral Cavity and Pharynx Cancer Incidence Rate	3	3	3	3	3
Workers Commuting by Public Transportation	3	3	3	2	2.34
Workers who Drive Alone to Work	3	3	3	3	2.67
Drinking Water Violations	3	3	1.5	2	2.25
Age-Adjusted Death Rate due to Suicide	3	3	0	2	1.83
Mammography Screening: Medicare Population	3	2	2	2	2
Kindergartners with Required Immunizations	3	2	1.5	2	2.25
Depression: Medicare Population	3	2	1	3	2.49

Negative disparities were found among men living in Sussex County with respect to mean travel time to work, overall age-adjusted death rate, age-adjusted death rate due to heart disease, and age-adjusted death rate due to cancer. Non-Hispanic Black residents of Sussex County are experiencing negative disparities in terms of per capita income; percent of individuals, families and young children living below the Federal Poverty Level; and educational attainment above high school for

people 25 years old or above. Hispanic residents in Sussex County are disproportionately affected by lower per capita income, fewer mothers receiving early prenatal care, and more children living below the Federal Poverty Level. Adults older than 65 years old in the county have negative disparities in terms of education attainment above high school and significantly more adolescents and young adults (15-24 years old) are spending more than 30% of their household income on rent (i.e., they are housing insecure).

In addition to evaluating the performance of each indicator, it was also important for the secondary data analysis to evaluate which indicators are trending in a negative direction, or getting worse. Oral cavity and pharynx cancer incidence and depression prevalence in the Medicare population are two of the worst-performing health indicators in Sussex County and they are also found on the top of the list of worse trending indicators. Other indicators trending in a negative way include: incidence rate of non-Hodgkin lymphoma, incidence rate of liver and bile duct cancer, death rate due to drug poisoning, rheumatoid arthritis or osteoarthritis prevalence in the Medicare population, liquor store density, and homeownership.

### Worst Trending Indicators

Indicators	County Values	State Values	US Values	Trend	Score
Babies with Very Low Birth Weight	3	3	3	3	2.67
Mean Travel Time to Work	3	3	3	3	2.67
Oral Cavity and Pharynx Cancer Incidence Rate	3	3	3	3	3
Workers who Drive Alone to Work	3	3	3	3	2.67
Depression: Medicare Population	3	2	1	3	2.49
Age-Adjusted Death Rate due to Alzheimer's Disease	3	3	3	2	2.34
Food Insecure Children Likely Ineligible for Assistance	3	3	3	2	2.34
Workers Commuting by Public Transportation	3	3	3	2	2.34
Drinking Water Violations	3	3	1.5	2	2.25
Age-Adjusted Death Rate due to Suicide	3	3	0	2	1.83
Mammography Screening: Medicare Population	3	2	2	2	2
Kindergartners with Required Immunizations	3	2	1.5	2	2.25

NJHC partners are well aware that results from this secondary data analysis, especially at the county level, tell just one part of the story of health in our communities. To gain a better perspective, NJHC partners set out to combine both secondary data and more localized primary data in order to more effectively identify, analyze, and strategize about issues that are important to the community and its stakeholders.

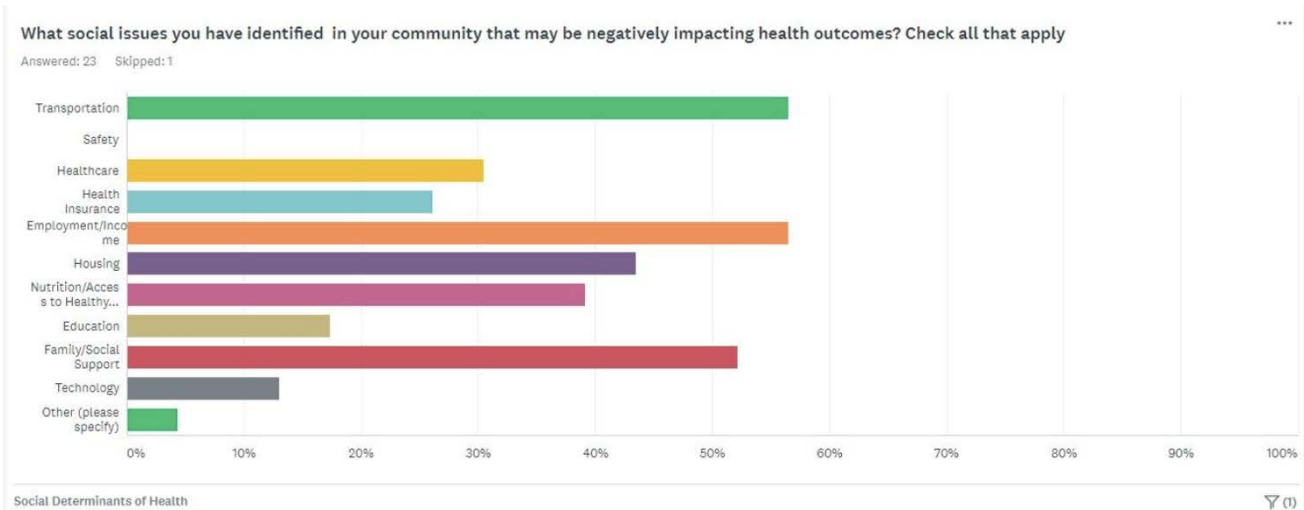


### Community Perspective: *The Social Determinants of Health Community Survey*

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

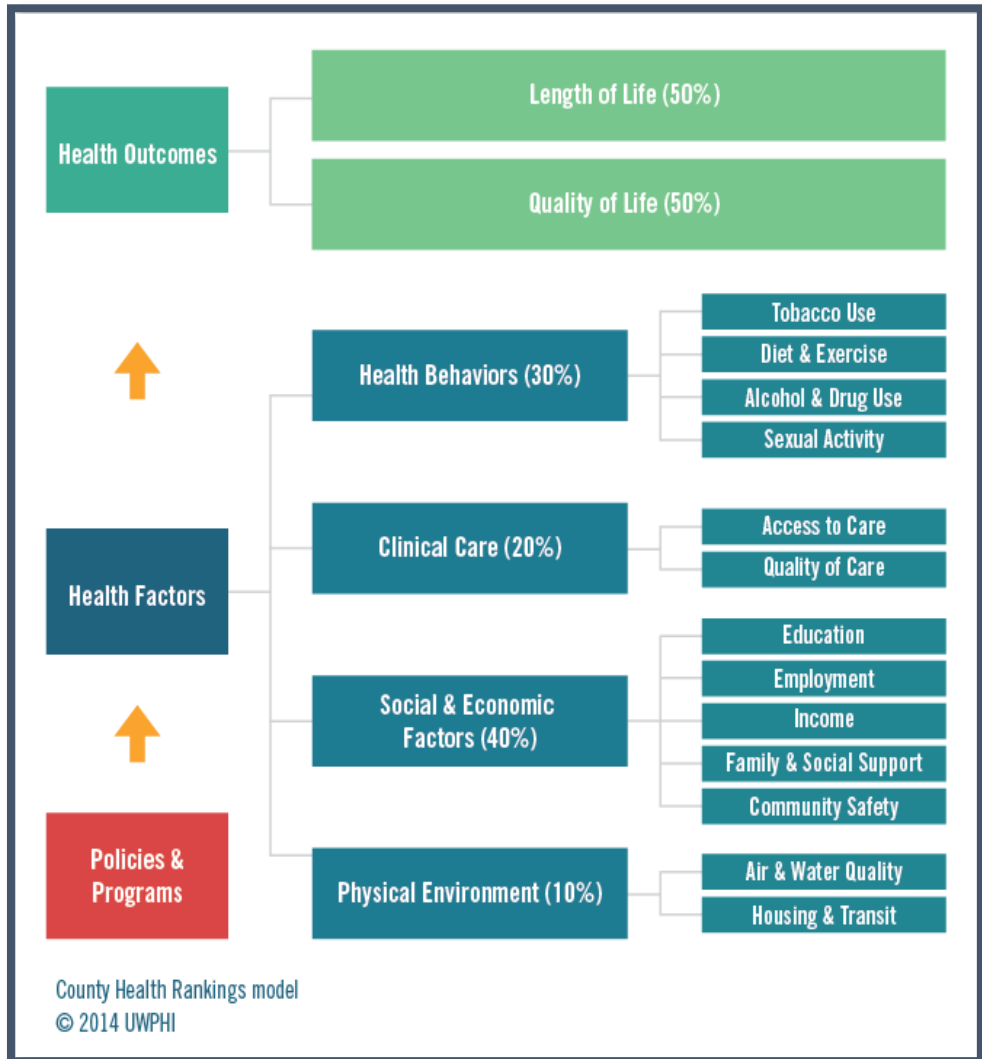
Some of the top issues identified by Sussex County survey respondents include:

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





## County Health Rankings Model of Determinants of Community Health





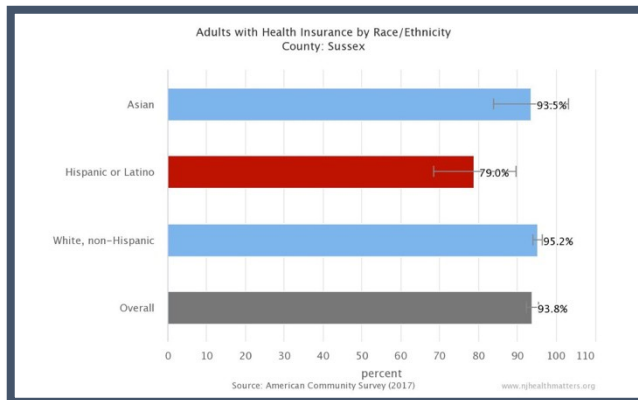
## CHAPTER THREE: BRINGING IT ALL TOGETHER

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

- Access to care
- Built environment: housing & transportation
- Cancer & cancer prevention
- Maternal & child health
- Mental health
- Substance misuse

### Access to Care

Access to care refers to an individual's ability to find, use, and pay for healthcare and preventive services when they are needed. Overall, Sussex County scored average in terms of access to care. In the 2018 County Health Rankings, Sussex County ranked 10<sup>th</sup> out of all 21 counties in New Jersey on factors related to clinical care. Location of care providers, language spoken, cultural competency, hours open, and health literacy practices all influence access. In addition to Atlantic Health System's Newton Medical Center, Sussex County is also home to Fountain House, a psychiatric hospital, Zufall Health Center, Bridges Health Center, three urgent care clinics, one pediatric health center, one home care agency, and two rehabilitation centers.

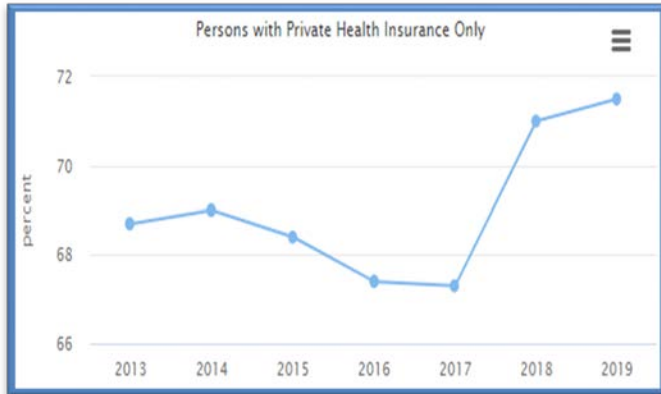


Health insurance is a major factor in terms of accessing health care services. People without health insurance or with inadequate health insurance may not be able to afford medical treatments or prescription drugs. As a result, they often do not seek treatment for illnesses until their conditions are advanced and are therefore costlier and more difficult to treat. Furthermore, people who are uninsured or under-insured frequently rely on getting their healthcare services at the emergency

department. In 2019, [the majority \(96.4%\) of adults \(19-64 years old\) in Sussex County had some type of health insurance](#). [Nearly all \(98.6%\) children \(0-18 years old\) in Sussex County had some type of health insurance](#).



While insurance coverage rates are high for both adults and children in Sussex County, improvements can still be made as neither group have met the Healthy People 2020 target of 100% coverage.



Approximately [71.5% of residents in the county are covered by private insurance](#), which they receive from their employer or union, the military, or they purchase directly from a private company. As a result of the rising costs of health insurance premiums, many small businesses are no longer able to offer health insurance; and more employers are offering limited benefit plans and/or passing costs along to employees with high deductibles and co-insurance payments. As a result, the percentage of people with only private health insurance in Sussex County has declined. Furthermore, we

found from the NJHC *Social Determinants of Health Community Survey* that many participants saw access to health insurance that is affordable and covers the care they need as a major barrier to health in their community. Progress has been made at the state level, as the [NJ Department of Banking and Insurance announced in September 2021](#) that state subsidies will lower premiums for most marketplace enrollees. Although more residents may be covered, this does not mean that their access to healthcare has improved. Despite efforts made by the state, premiums remain high for many residents, and therefore act as a barrier to accessing preventative and primary care.

While we know most residents in the county have health insurance, the type of coverage and affordability may pose challenges for even those who are insured. For example, even though they are insured, only [58% of female Medicare enrollees receive mammography screenings](#) routinely.

According to the 2018 County Health Rankings, the ratios of the county's population to primary care physicians, dentists, and mental health providers in Sussex County are higher than that for the state of New Jersey, meaning there are more residents per health care provider in Sussex County than in the state overall.

Ratio of Population to Healthcare Providers	Sussex County	New Jersey
Primary care physicians	2,140 : 1	1,180 : 1
Dentists	1,380 : 1	1,190 : 1
Mental health providers	730 : 1	530 : 1

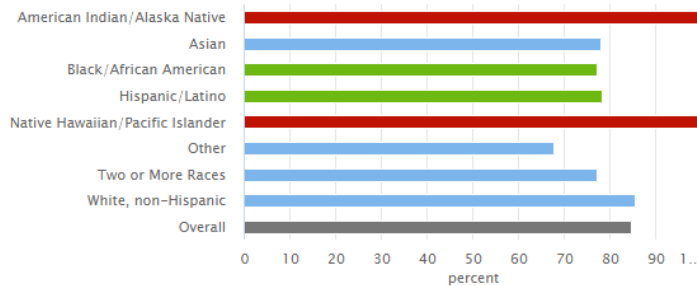
The measure of preventable hospitalizations in a community indicates the quality and accessibility of primary health care services available. If the quality of health care services in the outpatient setting is poor, then people may be more likely to overuse the hospital as their main source of care and be hospitalized unnecessarily. In Sussex County, there has been a decrease in preventable hospital stays since 2011. And (remove and) in 2015, [there were 48 preventable hospital stays per 1,000 Medicare enrollees](#); this is better than the statewide average of 50 per 1,000 Medicare enrollees.

### Built Environment: Housing & Transportation

According to the 2021 County Health Rankings, Sussex County ranked 15<sup>th</sup> out of all 21 New Jersey counties for physical environment. This ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone.



Workers who Drive Alone to Work by Race/Ethnicity



In Sussex County, the [average travel time to work is 38 minutes](#) and [84% of workers 16 years-old or more drive alone to work](#); these are worse than both the New Jersey average (32 minutes, 72%) and the US average (26 minutes, 76%). Furthermore, both these measures have increased over time. Looking at specific sub-groups, men have significantly longer mean *travel time (42 minutes)* and significantly more American Indian/Alaska Native, Native Hawaiians and Pacific Islanders are driving alone to work (100%). Among solo

drivers in Sussex County, [57.7% have a long commute](#) (i.e., a commute for more than 30 minutes); this measure has also increased over time, though not significantly. One potential way to reduce the number of people driving alone to work and the pollution that results from vehicle emissions is through carpooling or taking public transportation. Skylands Ride in Sussex County provides 3200 trips per month on a northbound route with 23 stops and a southbound route with 26 stops, from Sussex Wantage library to Hampton Plaza in Newton NJ. Medical buses connect rides an average of 1500 rides per month.

Rides per day are an average of 60 and, small medical buses have an average of 180 rides per day, leading 60% of the trips being medical.<sup>29</sup> The number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates, of the 53,322 total households in the report area, 1,870 or 3.51% are without a motor vehicle<sup>30</sup>.

Affordable housing is an issue for many residents in the county. According to the American Community Survey, the [homeownership rate was 71%](#) in Sussex County in 2019, a significant decline from years prior. Of the 53,322 total households in Sussex County, 17,164 or 32.19% of the population live in cost-burdened households<sup>30</sup>. Many respondents to the *Social Determinants of Health Community Survey* reported that lack of affordable housing in their neighborhood represents a significant barrier to health. According to the County Health Rankings, [14.5% of households in Sussex County have severe housing problems](#), meaning they have at least one of the following four problems: overcrowding, high housing costs, lack of kitchen facilities, and/or lack of plumbing. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, increasing their risks for chronic diseases such as obesity and diabetes. Lack of plumbing facilities increases the risks for infectious disease. Finally, areas where housing costs are high often force low-income residents into overcrowded or substandard living conditions with increased exposures to mold, pests, lead, or other environmental toxins.

<sup>29</sup> Skylands Ride Sussex County, (2021)

<sup>30</sup> US Census Bureau, American Community Survey 2015-2019

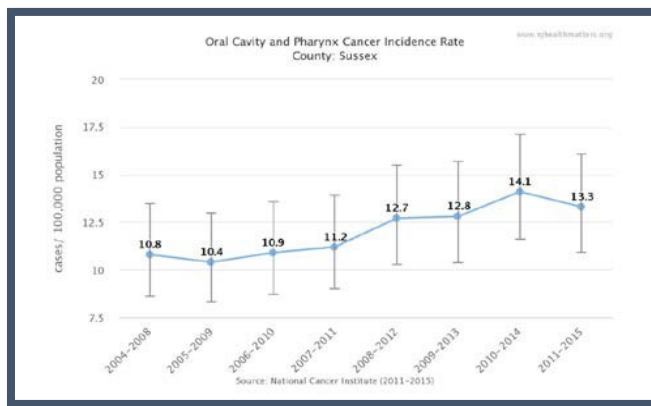




In 2017, [1.2% of the Sussex County population was homeless](#). People become homeless for a variety of reasons, including lack of affordable housing, low income, and lack of affordable medical care, unexpected medical expenses and social problems like domestic violence, mental illness, drug addiction, and alcoholism. Homelessness puts individuals at additional risk for untreated acute and chronic diseases, exacerbates mental illness, and shortens lifespans. In 2018, nearly half (48%) of the 1,466 calls from Sussex County to NJ 2-1-1, a warmline for social service resources, were regarding utility assistance, such as heating and cooling, power, water, and telephone. The second highest volumes of calls (25%) were related to housing and shelter, or for assistance in paying for or finding a low cost, emergency place to live.<sup>8</sup>

### Cancer & Cancer Prevention

Cancer is a group of diseases involving abnormal cell growth that has the potential to invade and spread to other parts of the body. Sussex County has a [high cancer incidence rate of 510.3 cases per 100,000 population](#), ranking among the worst 25% of counties nationwide. All cancer incidences are significantly higher among men (560 cases per 100,000 population) and it is significantly lower among Asian/Pacific Islander residents (290.4 cases per 100,000 population).



According to the Cancer Incidence and Mortality in New Jersey report, in 2018, the three most common types of cancer were breast, lung/bronchus, and corpus, uterus and NOS for women; and prostate, lung/bronchus, and colon/rectum for men.<sup>9</sup> In Sussex County, [oral cavity and pharynx cancer incidence rate is 12.7 cases per 100,000 population](#) and increasing with time. This is higher than the New Jersey statewide average (11.1 cases per 100,000 population) as well as the US average

(11.8 cases per 100,000 population). Other types of cancers with higher incidence rates in Sussex County than in New Jersey and/or the US include: [breast cancer](#), [colorectal cancer](#), [lung and bronchus cancer](#), [melanoma](#), and [non-Hodgkin's lymphoma](#).

Individuals with an intellectual disability (ID) were given less cancer-related health care than people without ID. This could indicate cancer is under-diagnosed and/or under-treated in people with ID. Cancer care is well embedded in primary and community care but faces challenges when it comes to people with intellectual disabilities (ID)<sup>21</sup>. Our CHIP will endeavor to be inclusive of individuals with IDD for cancer screening promotion and activities.

<sup>8</sup> 2-1-1 Counts, New Jersey Top Service Requests Jan 01, 2018 to Dec 31, 2018

<sup>9</sup> New Jersey Department of Health, Cancer Incidence & Mortality in New Jersey, 2012-2016 Excerpt

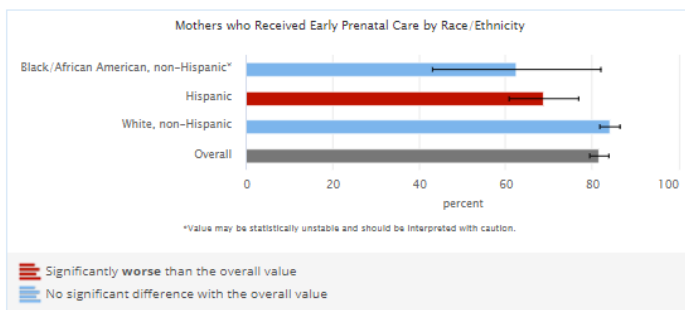
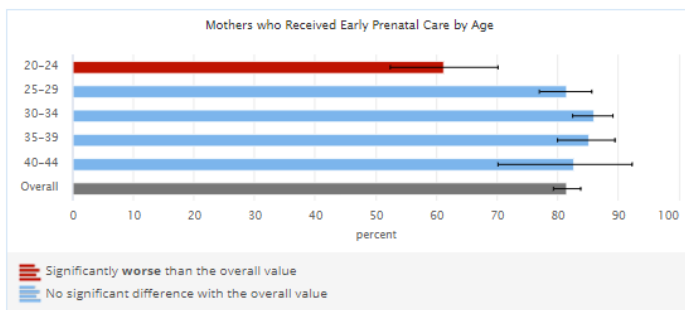
<sup>21</sup> National Center for Biotechnology Information. Disparities in cancer-related healthcare among people with intellectual disabilities: A population-based cohort study with health insurance claims data. July 25<sup>th</sup> 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7520346/>



In addition to having higher incidence rates for several types of cancer, Sussex County also has a higher [age-adjusted death rate due to cancer](#) (161.3 deaths per 100,000 population) compared to other counties in New Jersey (150.5 deaths per 100,000 population) and across US counties (168.5 deaths per 100,000 population). There is also a significant gender disparity in the age-adjusted death rate in the county, where there are 186.5 deaths per 100,000 population among men but only 143 deaths per 100,000 population among women. One way to mitigate the mortality and morbidity burden of cancers is through screening. Cancer screening allows doctors to find and treat certain types of cancer early and to reduce the chance of dying from those cancers. In Sussex County, [70.8% of adults 50-75 years-old have been screened for colon cancer](#); this is slightly higher than the 69.7% screening coverage across the entire US. And while [76.5% of women 50-74 years-old have had a recent mammogram](#), this percentage decreases to only [57.7% among female Medicare enrollees 67-69 years-old](#).

### Maternal and Child Health

Maternal and child health encompasses the healthcare dimensions of family planning, the health of women during pregnancy, childbirth and the postpartum period, as well as the health status of infants and children. Healthy birth outcomes and early identification and treatment can prevent death or disability and allow children to reach their fullest potential. [The birth rate for Sussex County](#) in 2019 was 8.4 births per 1,000 population, as compared to the statewide rate of 11.2 births per 1,000 population.<sup>10</sup> The teen birth rate in from 2015-2019 was a mere [1.4 live births per 1,000 females aged 15-17](#).



Some of the maternal and child health goals for Healthy People 2020 and 2030 are to reduce the infant death rate to less than 5 deaths per 1,000 live births, to reduce the percentage of babies born with low birth weight to 8%, and (remove “and”, insert “,to” [to promote healthy weight of mothers before and during pregnancy](#) as a predictor of infant health outcomes, and to [expand the percentage of women who receive prenatal care within the first trimester of their pregnancies to 80.5%](#).<sup>13</sup> In Sussex County, the infant mortality rate is [6 deaths per 1,000 live births](#); this is higher than the statewide rate of 5 deaths per 1,000 live births. In terms of newborns with low birth weight, [7% of babies born in Sussex County weighs less than 2,500 grams at birth](#) (5lbs.,oz.).

This proportion is decreasing slightly with time and there are no significant differences based on maternal age or race/ethnicity. Although [81.6% of women in Sussex County are receiving prenatal care within the](#)



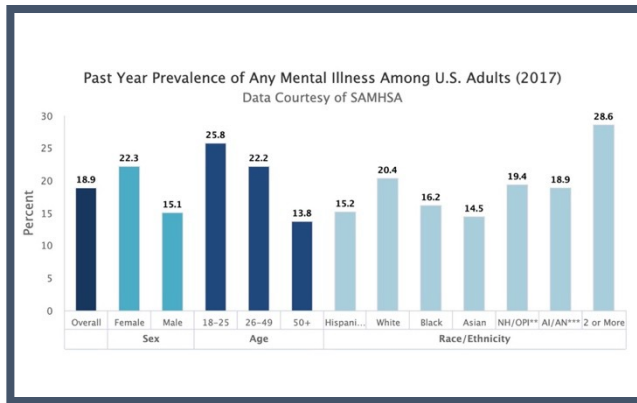
first trimester of their pregnancies, this proportion is decreasing with time and significantly fewer women 20-24 years-old, Black/African American, and Hispanic/Latina women are getting early prenatal care. Furthermore, there are 2% of mothers in Sussex County who did not receive any prenatal care during their pregnancies.

Childhood exposure to lead is another important factor that influences children's health. Lead can disrupt the normal growth and development of a child's brain and central nervous system, causing problems such as learning disabilities, behavioral problems, and seizures. The Center for Disease Control and Prevention (CDC) defines a blood lead level of five or more micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) as requiring public health actions.<sup>14</sup> In New Jersey, all children are required to be screened for lead exposure and the New Jersey Department of Health recommends that all children be screened for lead poisoning at 12 and 24 months of age. Additionally, screening is recommended for any child between three and six years of age who has never previously been screened, as well as any child who is six months of age or older who is exposed to a known or suspected lead hazard. In 2017, 21% of all children six to 26 months-old in Sussex County were screened for lead exposure, five children had a blood lead level between five and nine  $\mu\text{g}/\text{dL}$  and no children had a blood lead level greater than 10  $\mu\text{g}/\text{dL}$  (i.e., having a confirmed elevated blood lead level).<sup>15</sup> Among children less than six years-old tested for blood lead in the county, 1% have at least five micrograms per deciliter of lead in their blood and less than 1% of all children have a confirmed elevated blood lead level. Information on Sussex County's grant for prevention of childhood lead exposure can be found here. Additionally, there is updated data on lead exposure in homes. Finally the DOH report on children under 3 years of age with confirmed elevated blood lead levels can be found here.

The Child Health Crisis workgroup of the North Jersey Health Collaborative had collected the BMI data from 2020-2021 Sussex County school districts, grades Kindergarten to 6th; 31 schools reported the BMI data out of 36 schools or 86.1%. A total of 5811 children were assessed, the results showed that 60% of the population has a normal BMI, 19% of the population falls in the category of overweight (<95% percentile), and 19% is obese (>95% percentile). Comparing the results with the last 2018-2019 assessment, the percentage in the actual data went up 2% for the overweight category, going from 17% to 19%. The obese category percentage was raised from 16% in 2018-2019 to 19% in 2020-2021 data results.



## Mental Health



Mental health includes individuals' emotional, psychological, and social well-being. Mental illnesses are a wide range of conditions that affect people's mood, thinking, as well as their behaviors. Examples of mental illnesses include: depression, anxiety disorders, eating disorders, schizophrenia, and addictive behaviors. In the US, nearly 20% of adults (47 million in 2017) live with a mental illness.<sup>16</sup> Overall, mental illnesses are more prevalent among women, people between 18 and 25 years-old, and multiracial

individuals.<sup>17</sup> In Sussex County, adults have an [average of 4.6 poor mental health days each month](#) and [13.2% of adults have more than 14 poor mental health days each month](#) (i.e., they experience frequent mental distress). Approximately [16.6% of adults in Sussex County have been diagnosed with depression](#) and [16.9% among Medicare enrollees](#).

<sup>10</sup> New Jersey State Health Assessment Data, Complete Health Indicator Report of Birth Rate

<sup>11</sup> County Health Rankings and Roadmap, Measures – Teen Births

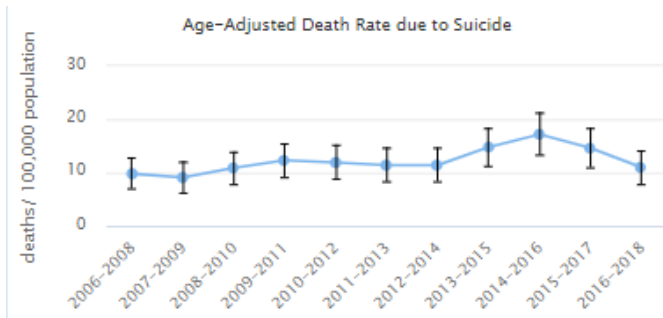
<sup>12</sup> Center for Disease Control and Prevention (CDC), Reproductive Health: Teen Pregnancy

<sup>13</sup> New Jersey Department of Health, Healthy New Jersey 2020<sup>14</sup> Center for Disease Control and Prevention (CDC), Childhood Lead Poisoning Prevention Program

<sup>15</sup> New Jersey Department of Health, Childhood Lead Exposure In New Jersey Annual Report (State Fiscal Year 2017)

<sup>16</sup> National Institute of Mental Health, Mental Health Information – Statistics

<sup>17</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), 2017 National Survey on Drug Use and H



Poor mental health and experiences of psychological distress are risk factors for suicide, which is the [10<sup>th</sup> leading cause of death in the US and 13<sup>th</sup> in the state of New Jersey](#).<sup>18</sup> The [age-adjusted death rate due to suicide is 11 deaths per 100,000 population](#) in Sussex County. This is higher than the statewide rate of 8 deaths per 100,000 population and lower than the nationwide rate of 13.9 deaths per 100,000 population.

An important factor that impacts mental health is social connectedness, which measures the degree to which a person has and perceives a sufficient number and diversity of relationships that allow her/him to (1) give and receive information, emotional support and material aid; (2) create a sense of belonging and value; and (3) foster growth. Greater social connectedness can help mitigate poor mental health and isolation as people who feel connected often feel more empowered to ask questions and to access resources and information that is vital to their own health and well-being. Overall, [19.3% of Sussex County residents have inadequate social support](#). This is in accordance with many respondents of our *Social Determinants of Health Community Survey*, who indicated that lack of social support was a major barrier to health in Sussex County. According to the County Health Rankings, Sussex County residents have an association rate of 9 membership associations per 10,000 population; this is slightly higher than the rate of 8 associations per 10,000 population for New Jersey overall. Approximately 9% of Sussex County youths 16-24 years-old are considered “disconnected,” meaning they are neither working nor in school.<sup>19</sup> School and work are two important places for social interactions to take place, especially in the younger years. When teens and young adults are not going to school or working, there is greater risk for isolation, which can negatively impact their mental health.

Other factors which impact mental health include traumatic experiences (e.g., domestic violence, community violence, sexual assault). In Sussex County, there were a total of 1,231 cases of violent offenses in 2016; this is a 3% increase from the previous year. Of all reported offenses in the county, the highest numbers of incidents were reported in Newton Town, Hopatcong Borough, and Vernon Township.<sup>20</sup> While

<sup>18</sup> New Jersey State Health Assessment Data, Health Indicator Report of Suicide

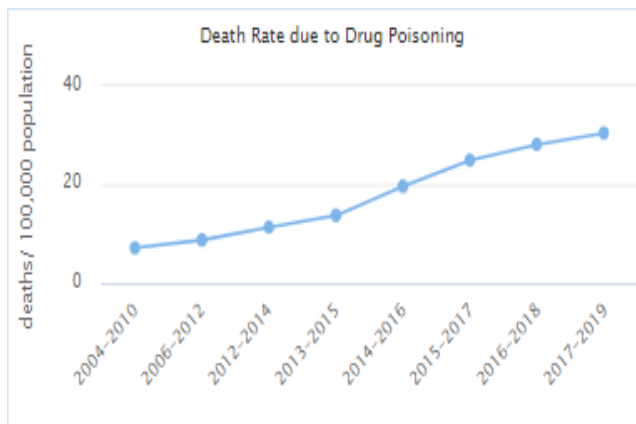
<sup>19</sup> County Health Rankings and Roadmap, Measures – Disconnected Youth

<sup>20</sup> State of New Jersey Department of Law and Public Safety, Thirty-Fourth Annual Domestic Violence Offense Report (2016)



Sussex County has a [violent crime rate of 54.3 cases per 100,000 population](#), this measurement only includes crimes that have been reported to the police and excludes those cases where the victims are unable to make a report.

Proper maintaining of mental health and treatment of mental illnesses is crucial for health and well-being; however, this is often complicated by lack of available programs and services. The County Health Rankings show that the ratio of mental health providers to population is 1:730 in Sussex County, compared to 1:530 in New Jersey.



### Substance Misuse

Substance misuse refers to the inappropriate or excessive use of alcohol, drugs (both prescription and illegal), and tobacco. There is an increase in overdose and mortality due to the over prescription and increasing street-level access to opioids (e.g., oxycodone, heroin, fentanyl) in recent years. Many community-based organizations and non-profit agencies have since joined the fight to both prevent substance misuse through education and resources, and treat substance use disorders

through advocating for and linking substance users to treatment and recovery services. Deaths as a result of drug poisoning (i.e., overdose) have increased significantly in Sussex County. Compared to the measurement period of 2014-2016, Sussex County's [overdose death rate increased by 27%](#) in the 2015-2017 measurement period. Most recently, there were 107 overdose deaths in the county; this is equal to a rate of 25 deaths per 100,000 population.<sup>21</sup>

**Below is information obtained from NJCARES, a Real-Time Dashboard of Opioid-Related Data and Information; the information below is for Sussex County only.**

In 2019: 39 confirmed overdose deaths in Sussex County

In 2020: 48 suspected overdose deaths in Sussex County

January 1, 2021- June 30, 2021: 17 suspected overdose deaths in Sussex County

Below information can be found on this [link](#)

2020 Naloxone Administrations by LE and EMS 119

2019 Naloxone Administrations by LE and EMS 121

NOTE: the numbers above do not represent naloxone purchased and used independent of LE or EMS.

2020 Opioid Prescriptions dispensed 65,386

2019 Opioid Prescriptions dispensed 70,320



Naloxone, also known as NARCAN<sup>®</sup> or EVZIO<sup>®</sup>, is an opioid antagonist designed to rapidly reverse opioid overdose and it has been distributed in the county, region, state, as well as nationwide. In 2018, 127 naloxone administrations were given by law enforcement and emergency medical services responders in Sussex County, with a total of 16,082 administrations across the state.<sup>22</sup>

Aside from prescription and recreational drugs, excessive alcohol use is also harmful to health and well-being. Heavy drinking (i.e., having 15+ drinks per week for men or 8+ drinks for women) and binge drinking (i.e., having 5+ drinks during a single occasion for men or 4+ drinks for women) is a risk factor for alcohol poisoning, high blood pressure, heart attacks, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, suicide, interpersonal violence, and motor vehicle crashes.<sup>23</sup> Our secondary analysis found that [21.5% of Sussex County adults drink excessively](#) and [22.7% of adults have bingedrank](#) on at least one occasion.

Prevalence of harmful alcohol use and its consequences are associated with density of alcohol outlets. High alcohol outlet density is related to increased rates of drunk driving, vehicle-related pedestrian injuries, and also child abuse and neglect. There are currently about [23.5 alcohol outlets per 100,000 population](#) in Sussex County and this value is increasing over time.

Prevention and timely treatment of substance misuse is critical for halting and reversing the current substance abuse epidemic in the US; however, information about substance misuse prevention and treatment are not always readily available and accessible. Among Sussex County *Social Determinants of Health Community Survey* respondents, access to quality insurance, affordable healthcare, and social support were all listed as barriers to health – and all present significant barriers to mental health care as well.

[About 15% of Sussex County adults currently smoke cigarettes](#) and in 2019 [49% has smoked more than 100 cigarettes](#) in their lifetime. Smoking is the leading cause of preventable death as it causes cancers, heart diseases, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD). Smoking also increases the risks for tuberculosis, certain eye diseases, and problems of the immune system.<sup>24</sup> In addition to smoking, secondhand smoke (i.e., smoke from a burning cigarette and smoke breathed out by smokers) also causes numerous health problems, such as heart diseases, lung cancer, asthma, and sudden infant death syndrome (SIDS).<sup>25</sup>

The recent popularity of e-cigarettes has further exacerbated the health problems related to smoking. E-cigarettes operate by heating a liquid solution until it becomes an aerosol that can be inhaled; the aerosol produced contains tiny chemical particles that can cause heart diseases, lung diseases, and acute lung injuries.<sup>26</sup> Furthermore, the liquid solutions used with e-cigarettes often contain high levels of nicotine, which can increase the risk of addiction. The use of e-cigarettes is especially problematic for adolescents and young adults. [According to the US Surgeon General](#), E-cigarette use among U.S. middle and high school students increased 900% during 2011-2015, before declining for the first time during 2015-2017. However, current e-cigarette use increased 78% among high school students during the past year, from 11.7% in 2017 to 20.8% in 2018. <sup>4</sup> In 2018, more than 3.6 million U.S. youth, including 1 in 5 high school students and 1 in 20 middle school students, currently use e-cigarettes. In December of 2019, 3,350



students from 5 Sussex County school districts have participated in the 2019 PRIDE Survey on Youth Risk and Protective Factors from the Center for Prevention. The results showed that 28.4% of 12th graders and 21.4% of 11th graders have used e-cigarettes in the past 30 days. According to the 2020 national “Monitoring the Future” survey, teens report vaping more just nicotine. 34.5% of 12th-grade student’s nationwide reported using nicotine in their e-cigarettes, and nearly 22% reported smoking THC (marijuana) oil from their e-cigarettes. 24% of the 12th grade in Sussex County reported using marijuana within the last 30 days.<sup>28</sup> At a glance, 1 in 5 students claimed that some substances, like e-cigarettes and alcohol, were easy or fairly easy to obtain. Data from the Center for Prevention 2019 PRIDE Survey on Youth Risk and Protective Factors can be found [here](#).

Finally, as the decriminalization of cannabis possession occurred in New Jersey last year, governmental agencies, community-based organizations and community members must work together to educate residents about the associated health risks of recreational marijuana use in order to reduce potential negative or unwanted health consequences.

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<sup>21</sup> County Health Rankings, Measures – Drug Overdose Deaths (2015-2017)

<sup>22</sup> NJ CARES, 2018 New Jersey Statewide Naloxone Administrations

<sup>23</sup> Center for Disease Control and Prevention (CDC), Fact Sheets – Alcohol Use and Your Health

<sup>24</sup> Center for Disease Control and Prevention (CDC), Health Effects of Cigarette Smoking

<sup>25</sup> Center for Disease Control and Prevention (CDC), Health Effects of Secondhand Smoke

<sup>26</sup> American Lung Association, The Impact of E-Cigarettes on the Lung

<sup>27</sup> US Surgeon General, Surgeon General’s Advisory on E-cigarette Use Among Youth

<sup>28</sup> The Center for Prevention & counseling (2019) Pride Survey Plus. Sussex County Youth Risk & Protective Factor Survey.





## CHAPTER FOUR: WORKING TOGETHER TO CREATE SOLUTIONS

The data presented in this report combines both public health data from the NJHC data portal [www.njhealthmatters](http://www.njhealthmatters) and our first *Social Determinants of Health Community Survey*. The primary purpose of this report is to assist our partners in determining where to invest our resources in order to have the greatest impact in improving the health and well-being of our communities. The data served as the catalyst for conversations among the partners, which resulted in the following list of overall priority areas:

- Access to healthy foods and physical activity
- Healthy housing
- Access to health care
- Mental health and substance misuse
- Transportation

### What's Next?

The NJHC commits to working jointly with our community partners and stakeholders to implement solutions and strategies designed to help create healthier communities in our region. These strategies and our efforts will be documented in a shared county-specific CHIP that will be publicly available on the NJHC website by December 2019.

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



## APPENDICES

Appendix 1: 2018-2019 NJHC Sussex County Committee Members

Appendix 2: NJHC Executive Committee Members & Board of Trustees

### 2020-2021 NJHC Sussex County Committee Members

Organization
Passaic County Department of Health
Atlantic Health System
Sussex County Mental Health Board
Center for Prevention and Counseling
Sussex County Division of Health / NJCEED
North Jersey Health Collaborative
United Way of Northern New Jersey
Domestic Abuse & Sexual Assault Intervention Center
Sussex County YMCA
NAMI Sussex
Sussex Wantage Regional School
Sussex County Dept of Human Services
Project Self Sufficiency
NORWESCAP – Child & Family Resource Services

Organization
Zufall Health Center
Sussex Warren Chronic Disease Coalition
Family Partners of Morris & Sussex
Center for Evaluation and Counseling
Sussex County Municipal Alliance
Housing Partnership for Morris County
Sussex Co. Board of Education
Local Share Food Share Alliance
Shop Rite
Logisticare
Family Intervention Services
Voorhees Transportation Center / NJ Health Impact Collaborative
NORWESCAP – WIC Program
Mount Olive Township Health Dept



## NJHC Executive Committee Members & Board of Trustees

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