



Atlantic County Community Health Improvement Plan 2014-2018



**Prepared by the Atlantic County Division of Public Health
In collaboration with its Public Health Partnership**



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- AtlantiCare
- Atlantic Cape Community College
- Atlantic City Health Department
- Atlantic County Division of Intergenerational Services
- Atlantic County Municipal Alliance
- Atlantic County Substance Abuse Services
- Atlantic Prevention Resources
- Bacharach Institute for Rehabilitation
- Cape Atlantic Regional Cancer Coalition
- New Jersey Department of Health
- Shore Medical Center
- Southern Jersey Family Medical Centers
- Southern Jersey Perinatal Cooperative
- Stockton University
- United Way of Greater Philadelphia and Southern New Jersey in Atlantic County

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Atlantic County At-A-Glance

Atlantic County has been one of the fastest-growing counties in New Jersey. With a population of 275,862 in 2013, Atlantic County's population grew by 9.2 per cent, or 23,310 residents, from 2000 to 2013, outpacing New Jersey's growth rate of 5.8 per cent for the same period.

Bordered by Cape May, Cumberland, Gloucester, Burlington and Ocean Counties, and the Atlantic Ocean, Atlantic County is within a 200-mile radius of four major metropolitan areas – New York City, Philadelphia, Baltimore, and Washington, DC.

At 561 square miles, Atlantic County is the third largest county in New Jersey. Atlantic County is comprised of a diverse blend of communities, ranging from the urban communities of Atlantic City, Pleasantville and Egg Harbor City, to town communities of Hammonton and Buena, to suburban communities including Egg Harbor, Galloway and Hamilton Townships and Northfield, Linwood and Somers Point, and the rural communities of Corbin City, Estell Manor and Port Republic. While New Jersey is the most-densely populated state in the nation, with a population density of nearly 1,200 persons per square mile, Atlantic County has a population density of 494 persons per square mile.

The proximity of the Atlantic Ocean, the casinos, entertainment venues and resort attractions of Atlantic City, and the beachfront communities of Brigantine, Ventnor, Margate and Longport make Atlantic County a popular tourist destination. Annual conventions, trade shows and special events –such as the Miss America Pageant and Thunder Over the Boardwalk airshow -- draw several hundred thousand visitors to the county each year.

The recent recession has impacted Atlantic City's casino industry. Currently Atlantic City is the third largest gaming market in the United States, behind Las Vegas and Pennsylvania, with gaming revenue of \$2.86 billion in 2013, down from a high of \$5 billion in 2005. However, in 2014 Atlantic City's casino market underwent a major contraction, with as many as one-fourth of the casino employees facing unemployment due to four casino closings. At this point in time, efforts are underway to retrain former casino workers, stabilize the tax base for the city and county, and shift the city's focus from casino-dependent to a broader entertainment and tourist destination, in addition to diversifying the regional economy.

Atlantic County was also impacted by Superstorm Sandy, which made landfall in late October 2012 just north of Brigantine. Sandy impacted many residents of the county, particularly in the coastal communities of Longport, Margate, Ventnor, Atlantic City and Brigantine, as well as low-lying areas of Pleasantville, Absecon and Egg Harbor Township. Many impacted residents continue to recover from the aftermath of Sandy.

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Atlantic County Quick Facts

	<u>Atlantic Co.</u>	<u>New Jersey</u>
Population, 2013 estimate	275,862	8,899,339
Population, 2010	274,549	8,791,894
Population, percent change, 2010 to 2013	0.5%	1.2%
Persons under 5 years old, percent, 2013	6.1%	6.0%
Persons under 18 years old, percent, 2013	22.4%	22.7%
Persons 65 years old and over, percent, 2013	15.4%	14.4%
Female persons, percent, 2013	51.4%	51.2%
Caucasians, percent, 2013	71.4%	73.4%
African-Americans, percent, 2013	17.3%	14.7%
American Indian/Alaska Native, percent, 2013	0.7%	0.6%
Asian persons, percent, 2013	8.1%	9.2%
Native Hawaiian/Other Pacific Islander, percent, 2013	0.1%	0.1%
Persons reporting two or more races, percent, 2013	2.5%	2.0%
Persons of Hispanic/Latino origin, percent, 2013	18.2%	18.9%
White persons, not Hispanic, percent, 2013	57.2%	57.6%
Living in same house 1 year & over, percent, 2008-2012	88.6%	90.0%
Foreign born persons, percent, 2008-2012	16.2%	20.8%
Language other than English spoken at home, % age 5+, 2008-2012	25.6%	29.6%
High school graduates, % of persons age 25+, 2008-2012	83.7%	87.9%
Bachelor's degree or higher, % of persons age 25+, 2008-2012	24.1%	35.4%
Housing units, 2013	127,278	3,578,141
Homeownership rate, 2008-2012	69.6%	66.2%
Housing units in multi-unit structures, percent, 2008-2012	31.8%	35.9%
Median value of owner-occupied housing units, 2008-2012	\$248,100	\$337,900
Households, 2008-2012	101,018	3,186,878
Persons per household, 2008-2012	2.63	2.70
Per capita money income in past 12 months, 2008-2012	\$27,227	\$35,928
Median household income, 2008-2012	\$54,559	\$71,637
Persons below poverty, percent, 2008-2012	12.8%	9.9%

Source: U. S. Census Bureau

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BACKGROUND

The Atlantic County Division of Public Health convened workshops with partner agencies to develop a Community Health Assessment (CHA) tool for Atlantic County. Those in attendance included representatives from United Way, Shore Medical Center, AtlantiCare, Stockton University, Atlantic Cape Community College, Southern Jersey Medical Center, Bacharach Institute for Rehabilitation, Atlantic City Health Department and the Atlantic County Alliance Coordinator for Substance Abuse.

The group reviewed community health needs assessments completed and published by United Way of Atlantic County (2010), Shore Medical Center (2012) and AtlantiCare and Bacharach Institute for Rehabilitation (2013), along with the most recent census data. In addition, various state and federal reports outlining Atlantic County's health indicators as compared to other counties in the state were studied.

After much discussion a consensus was reached that the Atlantic County Division of Public Health needed to focus its community health needs assessment on two areas, barriers to accessing healthcare, and to leading a healthy lifestyle.

Objectives

The objectives of the CHA included the following:

1. Collect, compile, interpret and report on Atlantic County residents' perceptions of the barriers to access to healthcare, and barriers to habits of a healthy lifestyle within Atlantic County as it relates to overall health and well-being.
2. To accurately represent all populations and communities within Atlantic County.
3. To integrate findings from the CHA with findings from other Community Needs Assessments conducted and published by public health partner organizations within Atlantic County
4. To update data compiled and published as part of the Atlantic County Community Health Improvement Plan (CHIP), completed as part of the Mobilizing for Action through Planning and Partnerships (MAPP) process.

Methodology

With input from its partners, a work group involving key staff from the Atlantic County Division of Public Health and the City of Atlantic City Health Department developed a four-page survey tool. The survey was mailed – in three separate mailings with postage-paid return envelopes – to randomly selected household addresses across Atlantic County.

In addition to the mailings, the survey was distributed to County Library sites, municipalities, health fairs and community events, clinics and other services, community and coalition meetings, and other venues. The survey tool was also translated into Spanish, and posted (in English and Spanish) on the County's

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website. With a population of 275,862, a total of 1063 valid and completed surveys were required to obtain reliable data.

At the end of the survey period, 1064 valid and completed surveys were collected and analyzed, yielding a 95 per cent confidence level, and a margin of error of +/- three per cent.

Weighting of the Results

All of the results, with the exception of the demographics and verbatim comments, were statistically weighted. The ethnic composition of the sample is not fully representative of the county population. Therefore, the results were statistically weighted to correct for this representation. The statistical weighting simply equalizes the survey response to reflect the county demographics. For example, the Hispanic/Latino population was under-represented in the sample. The weighting increases the responses of the Hispanic/Latino respondents so that they are accurately represented.

SUMMARY OF FINDINGS

Respondent Demographics

The graphical report displays an exact breakdown of respondent zip codes and municipalities. The zip codes represented the most include 08234, 08205, and 08401. Egg Harbor Township represents the largest proportion of respondents, with 135 surveys completed, and followed by Galloway Township and Atlantic City, with 130 and 118 surveys completed, respectively.

Forty per cent of the respondents have resided in Atlantic County for 20 years or more; 13% have lived here for more than 40 years. The male/female breakdown in the survey was 35% male and 65% female. Some 65% of the sample was White/Caucasian, and 52% had a college degree or higher. The largest proportion of respondents was 65 years of age and older, at 30%; the next largest age group responding was persons 40 to 54 years of age, at 26%.

Nearly 40% of the respondents were employed full-time, and 24% reported household income between \$50,000 and \$100,000 (23% chose not to answer this question). For 91% of the households surveyed, English is the primary language spoken at home. Nine per cent indicated they have no health insurance, and an additional three per cent indicated they paid cash for their healthcare because they don't have insurance.

Community Health

When asked about the most important factors for a healthy community, "low crime/safe neighborhoods" was identified most often (23%), followed by "good jobs and healthy economy," "good place to raise children," and "good schools." These responses mirrored findings from the Atlantic

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County MAPP process. Additional factors ranked included “clean environment,” “access to healthcare,” “affordable housing,” “religious/spiritual values,” and “other.” In the “other” category, the most commonly identified factor was public transportation.

When asked about the most important risky behaviors facing Atlantic County residents, “drug abuse” was identified most often (24%), followed by “alcohol abuse,” “unsecured firearms,” and “dropping out of school.” Again, these responses mirrored findings from the previous MAPP process. Additional factors ranked included “unsafe sex,” “racism,” “being overweight,” “tobacco use,” and “other.” In the “other” category, distracted driving, obesity and junk food as it relates to obesity, drunk driving, and unsupervised children were most commonly cited.

When asked about the most important health problems, “cancers” were most often identified (22%), followed by “child abuse or neglect,” “heart disease and stroke,” and “aging problems.” Again, these findings mirrored those from the previous MAPP process. Additional factors ranked included “domestic violence,” “HIV/AIDS,” “motor vehicle crash injuries,” “sexually transmitted diseases,” and “other.” In the “other” category, obesity and unhealthy eating habits, diabetes, drunk drivers, drug/alcohol and medication misuse, and sedentary lifestyle and stress were most commonly identified.

In an effort to support community survey efforts by the Municipal Alliances within Atlantic County, residents were asked to identify the most serious issues with drugs and alcohol within their communities. Alcohol, at 23%, was the leading issue, followed by heroin (18%) and prescription drugs (17%). Cocaine, marijuana, and methamphetamines rounded out the list. Three per cent reported that drugs and alcohol were not problems in their communities. Tobacco was identified as “other” drug and alcohol problems.

Nutrition issues

Several nutrition questions were asked in the CHA. Atlantic County respondents indicated that they ate “one or fewer” (36%) or “two servings” (32%) of fruit per day. Vegetable consumption fared a little better, with respondents indicating that they ate “two servings” (33%), “three servings” (25%), or “one or fewer servings” (22%) per day.

When asked about breakfast consumption, 55% of respondents indicated they ate breakfast seven times over the previous seven days. Other responses, including not eating breakfast at all during the past seven days, were all in the single digits.

Nearly 40% of respondents indicated they drank four or more 12-ounce servings of water on a typical day, with an additional 25% indicating they drank three servings of water daily. And 90% of Atlantic County respondents reported not consuming energy drinks at all in the past seven days.

Environmental

Residents were asked to identify the places in their communities where they most often go for recreation. The most popular locations were “rivers/lakes/beaches/woods” (13%), “county parks” (11%), “municipal/city parks” (10%), “library” (10%), and “church/place of worship” (10%). Additional

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venues identified were “movie theaters,” “sports fields,” “senior centers,” “swimming pools,” “health/fitness clubs,” “place for yoga/tai-chi/Zumba/etc.,” “social club/service club,” “live theater/concerts,” “dance halls,” and “other.” Most frequent “other” venues for recreation include boardwalk, home, backyard, bike paths, and walking around town.

Barriers and Interventions

When asked about barriers to making healthy lifestyle choices, Atlantic County residents identified “cost of maintaining a healthy lifestyle” (24%) and “lack of time/too busy” (20%) as the top two barriers. Also identified were “lack of knowledge of services,” “limited access to healthy foods such as fruits and vegetables,” “limited access to recreational facilities,” “lack of transportation,” “safety concerns,” and “other” barriers. A lack of motivation or willingness to change, and a lack of knowledge were most commonly identified as “other” barriers.

Atlantic County residents indicated they would like to see walking programs (16%) and organized exercise activities (14%) as interventions for healthy lifestyle choices. Other interventions identified included incentives to encourage a healthier lifestyle, more health fairs/community events, healthy cooking demonstrations, community gardens, smoke-free outdoor areas, healthy living support groups, and “other” interventions. Bike paths and bike lanes were most commonly identified by Atlantic County residents as “other” types of interventions they would like to see in their communities.

When asked about barriers to getting healthcare, residents identified “prescription or medicine cost” (21%) and “cost of care/insurance does not cover cost” (19%) as the primary barriers. Additional barriers identified by Atlantic County residents include “too much paperwork,” “location of healthcare services,” “lack of transportation,” “fear or distrust of healthcare system,” “too complicated/I don’t understand,” “I don’t know where to get healthcare,” and “other.” Most common “other” barriers identified were the lack of providers (primary care and specialists), need for better hours, and lack of insurance.

When asked about barriers to eating fruits and vegetables, Atlantic County residents identified “cost of purchasing” (36%), “time it takes to prepare” (15%), and “lack of availability” (13%) as the top three barriers. Residents cited “not making a point to eat them,” no market or store close with good-quality produce, not liking the taste, and not knowing how to prepare them as other barriers. When asked how these barriers could be overcome, residents indicated affordability, availability, and education on how to prepare fruits and vegetables.

Residents were asked to identify barriers to breastfeeding. “Planned early return to work or school after baby was born” (14%), “lack of adequate milk” (12%), “uncomfortable with breastfeeding” (11%), and “lack of support” (10%) were the top barriers identified. In addition, “too time-consuming,” “breast-feeding difficulties with previous baby,” “don’t have to worry about what you eat or drink,” “not important,” “avoid problems with breasts (i.e., sore nipples, breast infection),” and “not viewed as ‘socially acceptable’” were also identified as barriers. While no other barriers were identified, it is

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important to note that 12% of women responding to this question indicated that they exclusively breastfed for six months.

When asked how breastfeeding mothers could be supported to overcome these barriers, education and support groups, and teaching tolerance, were the overwhelming interventions suggested.

Atlantic County respondents indicated several barriers to participating in recreational activities. No time (24%), the cost of participating (18%), difficulty finding other people to participate with (12%), and concerns for their safety (7%) were identified as the leading barriers. Additional barriers included “too far away,” “there is no opportunity to participate near my home,” “cost of equipment,” “physically unable to participate,” and “other.” While many reported no barriers, other reported no bike lanes as an additional barrier to participation.

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GOALS AND OBJECTIVES

In 2013, the Atlantic County Division of Public Health convened its public health partnership group, composed of representatives of health and public health agencies and organizations, education, community service, and other organizations to review the previous Community Health Improvement Plan (CHIP), and to identify the parameters and scope of the 2014-2018 CHIP.

Because the United Way had recently completed a Community Needs Assessment, and Shore Medical Center, AtlantiCare and Bacharach Institute had completed Community Health Assessments, the Division of Public Health chose to focus on two primary health issues:

- 1. Access to healthcare**
- 2. Adopting or leading healthy lifestyles.**

Access to healthcare:

In Atlantic County, 19.2 per cent of adults under age 65, and 6.2 per cent of children under age 18, are without health insurance (County Health Rankings, 2013). With the advent of the federal Affordable Care Act, the percentage of uninsured adults has decreased, with nine per cent of Atlantic County residents indicating they have no health insurance, and another three percent indicating they pay cash for the healthcare because they don't have insurance (Atlantic County Community Health Assessment, 2014).

In addition, cost is often cited as a barrier to accessing quality healthcare. In an average year from 2005 to 2011, 16.1 per cent of Atlantic County adults reported that they could not see a doctor due to prohibitive costs (DHHS data, cited by County Health Rankings, 2013).

When asked about barriers to getting healthcare, residents identified "prescription or medicine cost" (21%) and "cost of care/insurance does not cover cost" (19%) as the primary barriers. Additional barriers identified by Atlantic County residents include "too much paperwork," "location of healthcare services," "lack of transportation," "fear or distrust of healthcare system," "too complicated/I don't understand," "I don't know where to get healthcare," and "other." Most common "other" barriers identified were the lack of providers (primary care and specialists), need for better hours, and lack of insurance (Atlantic County CHA, 2014).

Adopting or leading healthy lifestyles:

When asked about barriers to making healthy lifestyle choices, Atlantic County residents identified "cost of maintaining a healthy lifestyle" (24%) and "lack of time/too busy" (20%) as the top two barriers. Also identified were "lack of knowledge of services," "limited access to healthy foods such as fruits and vegetables," "limited access to recreational facilities," "lack of transportation," "safety concerns," and

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“other” barriers. A lack of motivation or willingness to change, and a lack of knowledge were most commonly identified as “other” barriers. (Atlantic County CHA, 2014)

Atlantic County residents indicated they would like to see walking programs (16%) and organized exercise activities (14%) as interventions for healthy lifestyle choices. Other interventions identified included incentives to encourage a healthier lifestyle, more health fairs/community events, healthy cooking demonstrations, community gardens, smoke-free outdoor areas, healthy living support groups, and “other” interventions. Bike paths and bike lanes were most commonly identified by Atlantic County residents as “other” types of interventions they would like to see in their communities. (Atlantic County CHA, 2014)

Community Health Issue #1: Access to healthcare

Goal: Optimize the ability of Atlantic County residents to access comprehensive preventative and healthcare services.

Objective 1: By 2018, increase *access* to healthcare services provided by Atlantic County Health agencies.

Strategies:

1. Work with our Public Health partners (AtlantiCare, Bacharach Institute, United Way, and others) to promote their recommendations to improve access to healthcare for Atlantic County residents.
2. Increase the number of health screenings provided at Public Health Clinics and community health fairs by five per cent to uninsured and underinsured residents of Atlantic County.
3. Through outreach and education, and in spite of insurance coverage status, encourage all Atlantic County residents to receive age-appropriate screenings and vaccinations.
4. Refer Atlantic County residents in need of health insurance coverage and prescription assistance to appropriate agencies.
5. Work with the Cape Atlantic Regional Cancer Coalition and the Cancer Early Education and Detection (CEED) Program to increase participation in smoking cessation programs by five per cent.
6. Increase the promotion and marketing of walk-in clinics and health fairs for Atlantic County residents to increase the number of residents served.

Objective 2: By 2018, increase *awareness* of healthcare services provided by Atlantic County Health agencies.

Strategies:

1. Promote enrollment in NJ Family Care, Dental Assistance Program, Prescription Assistance Program, and other insurance programs for uninsured and underinsured residents, by having applications and/or information available at all health fairs, flu clinics, and –if practical-- other events that the Atlantic County Division of Public Health participates in.

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2. Increase the number of community events which promote enrollment in healthcare coverage.
3. Increase the use of local venues (churches, libraries, schools, etc.) that promote community events and healthcare services by five per cent.
4. Increase the distribution of Atlantic County Division of Public Health's newsletters and other materials that provide information on available healthcare services in the county, by five per cent.
5. Promote the Division of Public Health's website to include healthcare agencies in the county that provide services (i.e., locations of FQHCs, UrgentCares, Public Health Clinics, etc.) to increase the use of this website to disseminate information by 10 per cent.

Community Health Issue #2: Adopting or leading healthy lifestyles

Goal: Improve the health outcomes of Atlantic County residents.

Objective 1: By 2018, improve healthy lifestyle choices of Atlantic County residents.

Strategies:

1. Increase the number of walking programs offered at the municipal or neighborhood level by five per cent, or establish walking programs in at least five different locations.
2. Increase number of municipalities and employers who utilize the "Get Fit for Life" worksite wellness program or other employee wellness toolkit by 20 per cent.
3. Encourage participation in programs such as the Mayors' Wellness Campaign, Shaping NJ, and other campaigns to increase physical activity by Atlantic County residents.
4. Increase the delivery of the HealthEASE program to municipalities, nutrition sites, faith-based organizations, community-based organizations and other venues throughout the county by five per cent.
5. Increase number of residents who report eating the appropriate servings of fruits and vegetables by disseminating nutrition education information (quick cook healthy recipe cookbook, cost saving tips for healthy eating, and time saving tips for healthy eating) on county website and delivering nutrition education in the community by two per cent.
6. Promote demonstrations of healthy meal preparations at appropriate events.
7. Work with the Community Food Bank of New Jersey by providing healthy meal preparation tips for limited income. Provide materials, when available, in languages other than English.
8. Collaborate with SNAP-Ed in promoting healthy eating programs.
9. Continue to partner with Southern Jersey Perinatal Cooperative/Healthy Mothers Healthy Babies Coalition to encourage and support breastfeeding.

Objective 2: By 2018, increase the promotion of healthy lifestyle choices/programs offered by Atlantic County Health Department.

Strategies:

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1. Disseminate Atlantic County Walking Guide to all municipalities, nutrition sites, and senior centers located in the county.
2. Disseminate Atlantic County Walking Guide to 50 faith-based organizations and 50 worksites.
3. Increase number of health fairs and community events that promote healthy lifestyles by five per cent.
4. Establish a webpage that provides resources for health-related information: worksite wellness, school health, and community, and track the number of 'hits' on the website.
5. Work with the County Municipal Alliance Coordinator to promote drug and alcohol abuse prevention programs and, when possible, combine these programs with a community physical activity element (e.g., walking, basketball, tennis, etc.).

Objective 3: By 2018, improve collaboration with community-based organizations and other public health partners.

Strategies:

1. Work with Cape Atlantic Regional Cancer Coalition in encouraging municipalities to adopt at least one "Complete Street" ordinance, which accommodate car and truck traffic, bicycles, walkers and persons with disabilities.
2. Work with Atlantic County Healthy Living Committee on at least one project each year.
3. Work with Rural Health Coalition and develop three outreach programs for rural health communities.
4. Work with Atlantic Prevention Resources to promote smoke-free policies and ordinances.
5. Collaborate with other Public Health partners (Shore Medical Center, AtlantiCare, Bacharach Institute, Federally Qualified Healthcare Centers, United Way, and others) to promote and participate in appropriate healthy lifestyle events.
6. Increase the number of health fairs and community events that partner with other health-minded organizations by five per cent.