

Live Healthy Salem County Blueprint for Action



The Old Salem County Courthouse is a courthouse located in Salem City, Salem County, New Jersey. It is the oldest active courthouse in New Jersey and is the second oldest courthouse still in continuous use in the United States.

Contributing Partners

United Way of Salem County, Lead Agency

Cathedral Community
Development Corporation

Food Bank of South Jersey

Walter Rand Institute for Public Affairs,
Facilitator

Community members

Inspira Health Network

Minding Your Mind

New Jersey Health Initiatives

Ranch Hope

Municipal Alliance for the Prevention of
Alcohol & Drug Abuse

Robin's Nest

Rutgers Agricultural Experiment Station

Salem County Department of Health &
Human Services

Salem City High School

Salem County Alcohol & Drug Services

Southern Jersey Family Medical Center

Salem County Meals on Wheels

Salem Health & Wellness Foundation

Gateway Community Action Partnership

The Southwest Council, Inc.

Memorial Hospital of Salem County

Rutgers Cooperative Extension

Salem County Community
College

Southern New Jersey Perinatal
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New Jersey Department of Children
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I. Live Healthy Salem County: Cultivating Wellness in Salem County



The *Live Healthy Salem County Coalition* is a partnership of organizations and agencies from the public, not for profit, and private sectors, whose focus is on improving health outcomes in Salem County. The Coalition's mission is to inspire residents of Salem County to live healthy, productive lives by enhancing opportunities that lead to a sustained culture of wellness. The United Way of Salem County is the lead agency and the Senator Walter Rand Institute for Public Affairs at Rutgers University-Camden is the neutral convener (facilitating meetings and providing research and technical support).

The Live Healthy Salem County Coalition worked collectively to: assess the strengths and weaknesses of the current systems affecting health in the county; develop a plan of action that will address the identified health needs of Salem County residents. The combined effort of the partners culminated with the development of this Blueprint for Action Plan.

II. About Salem County

Salem County is located on the southwestern edge of New Jersey bordering the Delaware River. With a population of 64,715, Salem County is the least populated of the 21 counties in the state of New Jersey, but is the 10th largest county in square miles. The county has been successful in maintaining its cultural history of agriculture and open space that has long defined much of the South Jersey region. Today, 42.6% of the land is under active farm cultivation. The county has 6 rivers, more than 34,000 acres of meadow and marshland, and 40 lakes and ponds. Unfortunately, the sustaining of its agricultural history has not led to an improved economy. Specifically, only two of top 20 employers in the county are directly tied to agricultural, and only 1 of the 2 employers are in the top 10, which include(d), PSE&G (1300+), E.I duPont (1250), Mannigton Mills (826), Memorial Hospital of Salem County (600), Atlantic City Electric (426), R.E Pierson Construction (400+), Anchor Glass (moved out of county), **McLane NJ (352)**¹, Elmer Hospital (350), and Walmart (256).²



Economically, similar to other communities across the country, Salem County has been adversely affected by deindustrialization. The county's glass production³ industry no longer exists, and other large employers like DuPont have cut jobs over the past decade. While some communities have been able to adjust to the changes in their local and/or state economies, a number of municipalities are still suffering from a decline in manufacturing jobs. Specifically, parts of Salem County are struggling in a number of socio-economic categories. There are large disparities across the county in socio-economic categories including median household income (MHI), unemployment rates, and poverty. The chart below displays the

three municipalities with the highest and lowest median household incomes in Salem County. The municipality in Salem County with the highest MHI, Upper Pittsgrove Township, has a MHI that is 216% higher than the municipality with the lowest MHI,

¹ McLand NJ is the only employer in the top ten that is tied to the agriculture industry.

² http://www.salemcountynj.gov/?wpfb_dl=29

³ http://www.nj.com/salem/index.ssf/2014/10/5_things_you_should_know_about_the_history_of_salems_ardagh_glass_plant.html

Salem City. The disparity between the two municipalities is further discernible across other economic variables such as the unemployment rate and poverty.

Place	Population	Median Household Income (MHI)	Unemployment Rates	Poverty
Upper Pittsgrove Twp	3,494	\$83,534	5.5%	5.6%
Woodstown	3,497	\$82,212	9.7%	9.7%
Pittsgrove Twp	9,287	\$76,449	7.9%	7.3%
Salem County	64,715	\$60,768	8.2%	13.5%
New Jersey		\$72,068	6.6%	10.7%
Salem City	5,045	\$27,047	15.3%	41.0%
Penns Grove Boro	5,082	\$32,214	11.3%	28.7%
Carneys Point Twp	8,003	\$53,396	8.6%	12.4%

Comparable to rural areas with a similar socio-economic profile, Salem County is performing poorly in a number of indicators related to health. The co-occurrence of both, poor social and economic outcomes, and health outcomes in parts of Salem County, are the fundamental factors influencing Live Healthy Salem County's holistic approach to improving health in the county.

III. Live Healthy Salem County's Blueprint for Action

The Process

WRI facilitated a data centered, structured strategic planning process that was driven by the coalition partners' level of commitment. The process the coalition engaged in to develop the Blueprint for Action is described below:

1. The coalition collected and reviewed available health, demographic, and socio-economic data on Salem County. Additionally, the coalition read, and extrapolated relevant information from two assessments of Salem County, the 2015 Community Health Needs Assessment funded by Inspira Health Network, and the United Way of Salem County Needs Assessment, completed in 2014. The coalition also reviewed data from the Robert Wood Johnson Foundation's County Health & Roadmaps Rankings.
2. Utilizing the collected data and points of emphases outlined in the assessments, the Coalition identified potential areas of impact. Data that was gathered in year one of the planning phase was reviewed frequently at the monthly, Live Healthy Salem County Coalition meetings.
3. The coalition identified three health areas to focus on, mental and behavioral health, obesity and chronic diseases, and substance abuse. Subcommittees were developed for each impact area and had individual meetings in addition to their participation in the monthly coalition meetings.
4. Each subcommittee completed a SWOT Analysis to determine the strengths, weaknesses, opportunities and threats that exist within the systems responsible for addressing the health areas targeted by the Coalition.
5. The subcommittees identified the resources and stakeholders required to reach short and long term goals related to health. The goals fall into three categories: an implementation of a program, a change in common practices, or a policy change.

6. Coalition members also completed implementation and benchmark worksheets. These sheets assisted in outlining the coalition's short and long term goals. Specifically, the coalition determined the tasks to be completed, benchmarks to ensure success, and the potential obstacles to achieve the goals set by the coalition. The coalition utilized multiple data sources (census, state agencies), assessments done on the county, feedback from practitioners, and the Roadmaps to Health Action Center to identify goals and benchmarks.

The Live Healthy Salem County Coalition is providing the necessary foundation to sustain changes as partners provide more than just intermittent support, but instead, have offered vested interest in the next stage of the process--implementation.



IV. Mental and Behavioral Health

Mental and behavioral health is increasingly becoming part of the national discussion as researchers and practitioners learn more about the scope and causes of mental illness. Across the United States, 18.5% of adults experience a mental illness, while 1 out of every 5 children 13-18 years old have, or will have a serious mental illness.⁴ In addition to the national trends concerning mental health, the Live Healthy Salem County Coalition based its decision to address mental and behavioral health issues in the county on a number of factors, including the:

- suicide rate per 100,000 is higher in Salem County (11.2) than in the other counties in the region, Cumberland (8.4) and Gloucester (8.3), as well as the state's rate of 8.7;
- level of poverty in communities across the county and the links that exist between poverty and poor mental health;
- co-occurrence of mental/behavioral health and substance abuse problems.

Live Healthy Salem County has identified both short and long term goals for the purpose of: decreasing the stigma attached to mental illness; increasing awareness of available resources; improving access to mental/behavioral treatment and prevention services; and the development of an early detection program centered on youth in the county.



⁴ National Alliance on Mental Illness

Voices from the Salem County Community

The Community Needs Assessment supported by the Inspira Health Network provides insight on the mental health needs of the residents in Salem County. Participants across the focus groups and surveys (176 surveyed, 28 participated in focus groups), reiterated the theme of the need for additional resources to adequately treat those who are mentally ill. The following was a common refrain from participants, "...patients need more access to mental health providers." Participants note (and the data supports)⁵ that there is only one mental health center and a dearth of psychiatry/psychological services in the county. Specifically, one participant mentioned that, "Healthcare Commons is the only provider of mental health services in the area and it takes months to get an appointment. Also, the hospital offers a screening program, but no additional services." Another key component that needs to be addressed is the stigma surrounding mental illness and treatment, as one focus group participant shared, "If you have diabetes, you're getting help. If you have anxiety, you're not talking to anybody." Community members had two recommendations for addressing mental health in Salem County. The first was the promotion of Mental Health First Aid course. The course can be offered to youth and adults. Salem County schools, organizations, and other individuals could emphasize this course to not only combat the stigma attached to mental health, but also as an additional available resource for residents seeking treatment. The second recommendation is to enlist the support of medical practitioners to assist in identifying mental health issues among patients while fostering their entry into treatment services⁶.

⁵ Department of Human Services. Division of Mental Health and Addiction Services. Directory of Mental Health Services. State of New Jersey (February 2016). Accessed on May 9, 2016 from http://www.nj.gov/humanservices/dmhas/home/hotlines/MH_Dir_COMPLETE.pdf

⁶ Community Health Needs Assessment (2015). Inspira Health Network.

Outcomes, Goals, and Benchmarks

Outcome #1: An increased awareness of mental health issues and available services, as well as improved access to mental health services.

Goal 1: Convene key stakeholders on an ongoing basis to develop and implement strategies for a sustainable, comprehensive mental and behavioral health network in Salem County.

- Develop and disseminate a resource and recognition guide.
- Work with practitioners to develop a mental health recognition tool.
- Gather and share information concerning existing resources.
- Utilize coalition members and other community partners to disseminate resource and recognition guides.

Goal 2: Develop and implement education campaign to decrease the stigma attached to mental illness.

- Develop a marketing campaign for the purpose of influencing people to seek treatment.
- Utilize billboards, social media, and schools to help implement plan.

Goal 3: Develop online network referral center.

- A collaboration among Live Healthy Salem County coalition members, and other service providers to develop an online network of service providers and referral system.

Outcome #1: Timeline and Benchmarks			
Benchmarks	Goal 1: Convene key stakeholders on an ongoing basis to develop and implement strategies for a sustainable, comprehensive mental and behavioral health network in Salem County.	Goal 2: Implement education campaign to decrease the stigma attached to mental illness.	Goal 3: Develop online network referral center.
Short Term Benchmarks (1 to 2-3 years)	<p>Years 1-3: Convene key stakeholders quarterly.</p> <p>Year 1: Develop and disseminate a resource and recognition guide.</p> <p>Years 2-3: 5,000 people receive resource and recognition guide.</p> <p>Year 1: Develop strategies to improve the ratio of population to mental health providers. (1,220:1)</p> <p>Mid-Year 2: Development of a county-wide behavioral health plan.</p> <p>Year 2: Implement strategies to improve the ratio of population to mental health providers.</p>	<p>Year 1: Development of a campaign strategy.</p> <p>Year 2: Implement campaign strategy.</p>	<p>Year 1: Convene service providers to outline what the network referral center would be comprised of, and to develop an implementation plan.</p> <p>Mid- Year 2: Launch of network referral center.</p>
Medium Term Benchmarks (3 to 6-7 years)	<p>Years 3-7: An additional 1,000 people per year receive resource and recognition guide.</p> <p>By the end Year 4: Improvement in ratio of population to mental health providers by 15%.</p>	<p>Years 3-7: Implement campaign strategy.</p>	Still Developing
Long Term Benchmarks (7 to 10 years)	<p>Years 7-10: An additional 500 people per year receive resource and recognition guide.</p>	<p>Year 7-10: Implement campaign strategy.</p>	Still Developing

Outcome #2: An increased amount of opportunities for residents to participate in activities that influence stress relief, relaxation, and recreation.

Goal 1: Connect the community to a centralized calendar of activities that offer opportunities for stress relief, relaxation, recreation, community engagement, and positive social interactions.

- Gather and share information concerning existing resources.
- Develop online community calendar.
- Increase the number of therapeutic, free or low cost activities in the county that also provide residents with opportunities to socialize with each other. (yoga, meditation)

Goal 2: Coordinate activities in public spaces throughout the county.

- Increase number of events held a parks and other public spaces throughout the county.

Outcome #2: Timeline and Benchmarks		
Benchmarks	Goal 1: Connect the community to a centralized calendar of activities that offer opportunities for stress relief, relaxation, recreation, community engagement, and positive social interactions.	Goal 2: Coordinate activities in public spaces throughout the county.
Short Term Benchmarks (1 to 2-3 years)	<p>6 months: Online calendar completed and launched.</p> <p>Year 1: Mobile app. of calendar is developed.</p> <p>Mid-Year 1: 1,500 unique visits to website calendar page.</p> <p>Mid-Year 1: 3,000 Mobile app. downloads.</p>	<p>Year 1: Have two events in public spaces throughout the county.</p> <p>Years 2-3: Hold three events per year in public spaces throughout the county.</p>
Medium Term Benchmarks (3 to 6-7 years)	<p>Years 3-5: 15% increase in unique visitors to calendar per year.</p> <p>Years 3-5: 20% increase in mobile app. downloads.</p>	<p>Years 3-7: Hold one event per quarter in public spaces throughout the county.</p>
Long Term Benchmarks (7 to 10 years)	Still Developing	<p>Years 7-10: Hold one event per quarter in public spaces throughout the county.</p>

Outcome #3: An improved early detection and prevention system centered on youth.

Goal 1: The development and implementation of youth programming geared towards prevention and early detection of mental and behavioral health problems.

- Develop a Community Based Creative Arts Program.
- Implement Anti-Bullying program (5th-7th grade).
- Utilize "Minding Your Mind" speakers.
- Increase school staff development around mental health awareness.

Goal 2: Launch a social and media awareness campaign.

- Develop a marketing campaign for the purpose of influencing people to seek treatment.
- Utilize billboards, social media, and schools to help implement plan.

Outcome #3: Timeline and Benchmarks		
Timeline	Goal 1: The development and implementation of youth programming geared towards prevention and early detection of mental and behavioral health problems.	Goal 2: Launch social and media awareness campaign.
Short Term Benchmarks (1 to 2 years)	<p>Year 1: Develop a plan for a Community Based Creative Arts Program.</p> <p>Year 3: Implement Community Based Creative Arts Program.</p> <p>Year 1: Have “Minding Your Mind” present in at least 4 schools.</p> <p>Year 2: Expand “Minding Your Mind” presentation to 10 schools.</p> <p>Year 1: Identify mental and behavioral health early detection training program for school teachers and administrators.</p> <p>Years 2-3: Implement mental and behavioral health early detection training program in 2 school districts per year.</p> <p>Year 2: Enhance Anti-Bullying programs in at least 4 school districts.</p>	<p>Year 1: Work with student interns to develop a social network campaign to increase awareness on mental health issues affecting teens.</p> <p>Year 1: Increase awareness of text message crisis support line 741-741. (crisistextline.org)</p>
Medium Term Benchmarks (3 to 7 years)	<p>Years 3-7: Expand “Minding Your Mind” presentation to 5 schools per year.</p> <p>Year 4: All school districts should have implemented mental and behavioral health early detection training program.</p> <p>Year 4: All school districts should have implemented enhancements in Anti-Bullying program.</p>	Still Developing
Early Accomplishments	- Tamia from Minding Your Mind spoke to the Salem City High School faculty in May 2016 as part of Mental Health Awareness month, and is scheduled to speak to the entire school district on September 6 th as part of their In-service training.	

Mental and Behavioral Health: List of Stakeholders

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • United Way of Salem County • Inspira Health Network • The Southwest Council, Inc. • Municipal Alliance for the Prevention of Alcohol & Drug Abuse • Salem City High School • Salem Health & Wellness Foundation • Salem County Department of Health & Human Services • Salem County Alcohol & Drug Services • Ranch Hope • Robin's Nest • Southern Jersey Family Medical Center | <ul style="list-style-type: none"> • Southern New Jersey Perinatal Cooperative • Memorial Hospital of Salem County • Community Members • Salem City School District* • Alloway Township School District* • Elmer Borough School District* • Elsinboro Township School District* • Mannington Township School District* • Oldmans Township School District* • Penns Grove-Carneys Point Regional School District* • Pennsville Public School District* • Pittsgrove Township School District* | <ul style="list-style-type: none"> • Quinton Township School District* • Salem County Vocational Technical School District* • The Lower Alloways Creek School District* • Upper Pittsgrove Township School District* • Woodstown-Pilesgrove Regional School District* • Healthcare Commons* • Salem County Freeholders* • Primary Care Physicians* • Urgent Care Centers* • CompleteCare* • FamCare* • Emergency Room Staff* • Municipal Policymakers* • Police Departments* |
|---|--|--|

***The Coalition has identified this potential partner and will reach out to secure their engagement and participation.**

V. Substance Abuse



There are a number of socio-economic and health factors that increase the likelihood that a person may abuse substances. Specifically, two co-occurring factors that influence substance abuse are poverty and mental illness. As noted in Section II of the action plan, parts of the county suffer from high levels of poverty, increasing the likelihood of substance abuse problems. The substance abuse subcommittee examined a number of different indicators to determine their area of focus. The chart below displays relevant data on substance abuse in Salem County.

Salem County is tracking worse than the state of New Jersey and top performing U.S. communities in a number of categories related to substance abuse. Inspira Health Network’s community assessment also notes that in the area of treatment admissions for Marijuana/Hashish (20.2%) and other opiates (15.1%), Salem County outpaced Cumberland and Gloucester counties. Additionally, in a survey administered as part of

Health Factors ⁷	Salem County	New Jersey	Top U.S. Performers
Adult smoking	19%	15%	14%
Excessive drinking	17%	17%	12%
Alcohol-impaired driving deaths	34%	26%	14%
Drug overdose deaths	15	14	8
Drug overdose deaths-modeled	18.1-20.0	7	6.1-8.0

Inspira’s health assessment, when participants were asked, “What are the top health issues you see in your community?,” 75% of the participants chose substance abuse as one of their top five pressing issues, and 25% had it as the number one pressing issue. Live Healthy Salem County also identified prescription drug abuse as a growing problem. The substance abuse subcommittee identified short and long terms goals related to the identified impact areas.

⁷ All data is from the Robert Wood Johnson Foundation’s County Health & Roadmaps Rankings.

Voices from the Salem County Community

As part of Inspira Health Network's community assessment, 176 Salem County community members were surveyed. Slightly over half of the survey respondents selected drug abuse/alcohol abuse as one of the most pressing issues in Salem County. Also, residents participated in focus groups. Many residents felt that prescription drug abuse and heroin use is a growing issue that needs to be addressed. In addition, participants shared that prescription drugs are easily accessible to children as they are selling them to each other. Community members stated that there needs to be a more effective system for disposing prescription drugs. Lastly, participants alluded to the fact that New Jersey is an access point for drug distribution in the region, leading to increased use of harder drugs such as heroin. Participants shared that residents can get a bag of heroin for \$8.00.⁸ Interesting enough, the cost of the least expensive amount of heroin that can be purchased in Salem County is cheaper than a pack of cigarettes.

⁸ Community Health Needs Assessment (2015). Inspira Health Network.

Outcomes, Goals, and Benchmarks

Outcome #1: An increased utilization of monitoring and screening tools as they relate to prescription drugs.

Goal 1: Educate physicians about the New Jersey Prescription Monitoring Program (PMP).

- Increase awareness of training, certification opportunities and Continuing Medical Education (CME) classes.
- Increase physician participation in the PMP.
- Hold a regional forum on prescription drug abuse.

Goal 2: Increase training participation and opportunities related to Screening, Brief Intervention, and Referral to Treatment (SBIRT) & PMP tools.

- Utilize the Hidden in Plain Sight curriculum.
- Increase screenings at schools.

Outcome #1: Timeline and Benchmarks		
Benchmarks	Goal 1: Educate physicians about the New Jersey Prescription Monitoring Program (PMP).	Goal 2: Increase training participation and opportunities related to SBIRT and PMP tools.
Short Term Benchmarks (1 to 2-3 years)	Year 1: Develop and administer an anonymous survey on PMP usage. (at least 150 participants) Year 2: Hold a regional forum on prescription drug abuse. Year 2: Develop a plan to make PMP mandatory.	Year 2: Develop a plan to make SBIRT training mandatory.
Medium Term Benchmarks (4 to 6-7 years)	Year 4: Double the amount of people using PMP. Year 4: Get legislation passed making PMP mandatory.	Year 4: Get legislation passed making SBIRT training mandatory.
Long Term Benchmarks (7 to 10 years)	Still Developing	Still Developing

Outcome #2: An increased awareness of drug and alcohol abuse and a reduction in the stigma attached to addiction.

Goal 1: Countywide Awareness and Education Campaign centered on marijuana and opioid usage.

- Engage parents, schools, and community members.
- Identify best practices centered on how to engage community members in understanding that addiction is a disease.

Goal 2: Countywide Awareness and Education Campaign centered on alcohol-related incidents.

- Engage parents, schools, and community members.
- Work to change the messaging around the dangers of alcohol-- perception of harm reduction.

Outcome #2: Timeline and Benchmarks		
Timeline	Goal 1: Countywide Awareness and Education Campaign centered on marijuana and opioid usage.	Goal 2: Countywide Awareness and Education Campaign centered on alcohol-related incidents.
Short Term Benchmarks (1 to 2-3 years)	<p>Year 1: Develop marijuana and opioid awareness campaign.</p> <p>Years 2-3: Implement marijuana and opioid awareness campaign.</p>	<p>Year 1: Develop awareness campaign with a focus on alcohol-related incidents.</p> <p>Years 2-3: Implement awareness campaign with a focus on alcohol-related incidents.</p>
Medium Term Benchmarks (3 to 6-7 years)	<p>Year 3: Develop campaign centered on ending the prescribing of opioids for pain.</p> <p>By Year 5: A 3% decrease in marijuana and opioid usage.</p>	<p>By Year 5: A 5% decrease in alcohol-related incidents.</p>
Long Term Benchmarks (7 to 10 years)	<p>By Year 8: End the prescribing of opioids in all hospitals in Salem County.</p>	<p>Still Developing</p>

Outcome #3: An increased access to service providers in Salem County (addiction treatment and prevention services).

Goal 1: Increase funding and access to service for treatment and prevention of addiction.

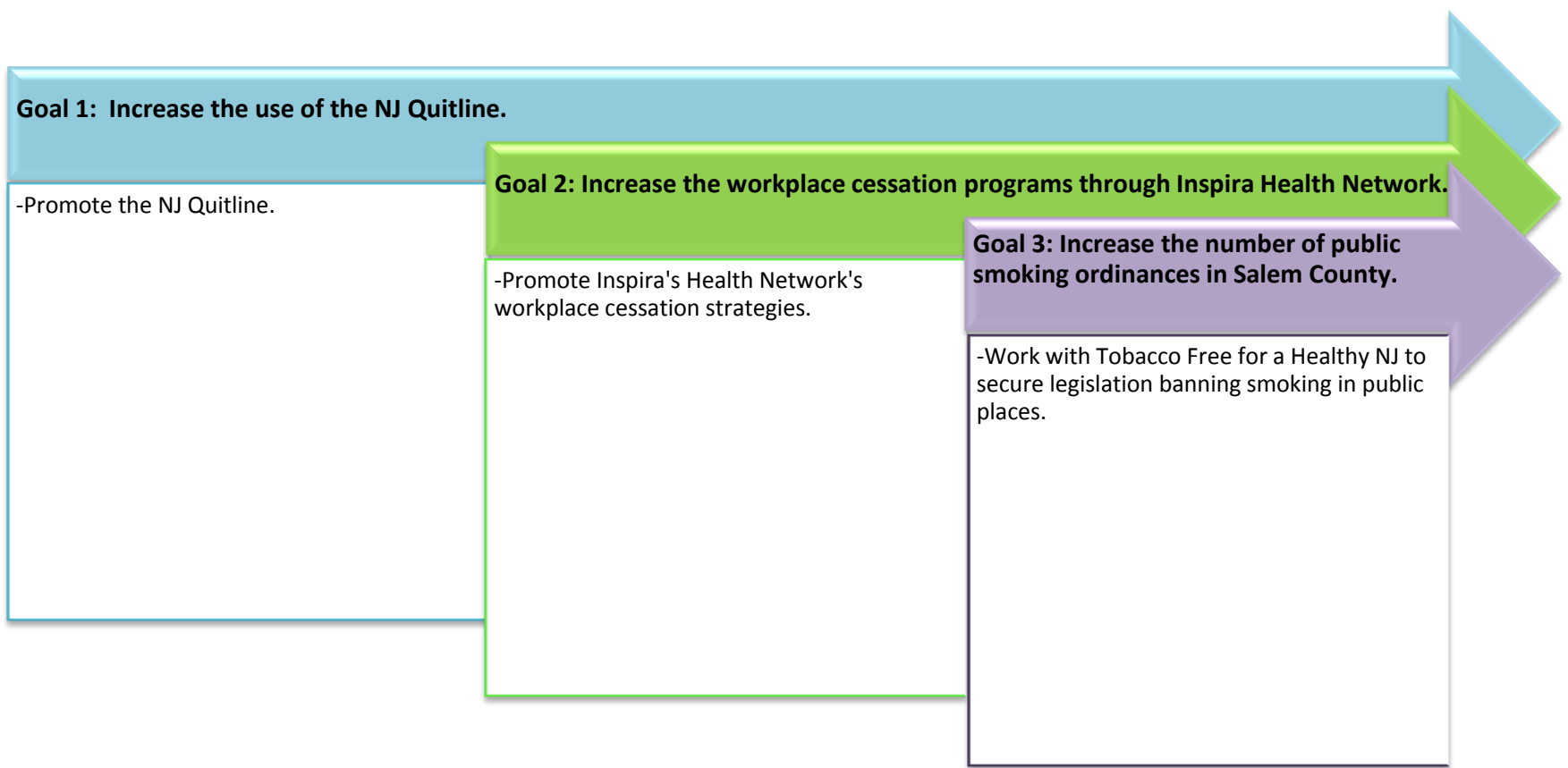
- Modify messaging in the community and neighborhood pertaining to addiction as a disease that needs treatment.
- Utilize real-time data to highlight the growing addiction problem occurring in Salem County.
- Increase the number of available beds for detox treatment, and access to inpatient facilities for residents of Salem County.
- Work with hospitals and treatment providers to develop innovative ways to treat individuals.
- Renovate the inactive army base located in Carneys Point so that it could be used as a treatment center.

Goal 2: Increase the awareness of proper methods for the disposal of prescription drugs.

- Share with the community the disposal options for prescription drugs such as Deterra and drop boxes at Police Departments across the county.

Outcome #3: Timeline and Benchmarks		
	Goal 1: Increase funding for treatment and prevention services for addiction.	Goal 2: Increase the awareness of proper methods for the disposal of prescription drugs.
Short Term Benchmarks (1 to 2-3 years)	<p>Year 1: By December 2016 or the 1st Quarter of 2017, there should be an additional 20 beds available for treatment (Inspira Health Network).</p> <p>Year 1: Research vacant buildings that could be renovated into addiction treatment centers, including the Carneys Point Army Base.</p> <p>Years 2-3: Collaborate with other health coalitions in region to hire a policy advocate to build a relationship with local, state, and federal legislators to help influence funding decisions. Develop a strategy to implement policy recommendations.</p>	<p>Year 1: Start messaging to the community about the importance of properly disposing prescription medications (i.e., flushing down the toilet is not environmental friendly).</p> <p>Years 2-3: Continue the messaging on billboards, brochures, newsletters, newspapers, and social media options with a focus on funerals home and pharmacies.</p>
Medium Term Benchmarks (3 to 6-7 years)	<p>By end of Year 3: Increase available beds for detox patients in the county by 3%.</p> <p>Year 3: Begin the process of renovating the inactive army base located in Carneys Point into a treatment center.</p> <p>By end of Year 6: Ensure that government funding is earmarked for treatment and prevention services in Salem County is increased by 20%.</p>	
Long Term Benchmarks (7 to 10 years)	<p>Year 7: Carneys Point Treatment Center opens.</p>	

Outcome #4: Decrease the number of smokers in Salem County.



Outcome #4: Timeline and Benchmarks			
Benchmarks	Goal 1: Increase the use of the NJ Quitline.	Goal 2: Increase the workplace cessation programs through Inspira Health Network.	Goal 3: Increase the number of public smoking ordinances in Salem County.
Short Term Benchmarks (1 to 2-3 years)	<p>Year 1: Increase the number of NJ Quitline users by 30%.</p> <p>Years 2-3: Increase the number of NJ Quitline users by 20-25% each year.</p>	<p>Year 1: Work with Inspira to engage their employees to stop smoking.</p> <p>Years 2-3: Share Inspira’s strategies with other workplaces to encourage their employees to stop smoking.</p> <p>Share Inspira’s resources as well as the NJ Quitline with employees, residents in the community.</p>	<p>Year 1: We are currently at 6 municipalities that have public smoke free ordinances.</p> <p>Years 2-3: Increase by 1 to 2 municipalities each year.</p>
Medium Term Benchmarks (3 to 6-7 years)	<p>Years 3-7: Continue to increase the use of the NJ Quitline in intervals of 5-10% each year.</p> <p>Years 3-10: Continue to reach out and engage community members, businesses, medical professionals to encourage individuals to quit smoking.</p>		<p>Years 3-7: Continue to increase the number of smoke free public ordinances by 1-2 each year until all municipalities in Salem County have one. (Total is 15 municipalities)</p>
Long Term Benchmarks (7 to 10 years)			<p>By Year 10: Ensure that municipal ordinances are in place and reflect the ever changing nature of smoking. (e-cigs and vaping, etc.)</p>

Substance Abuse: List of Stakeholders

- United Way of Salem County
- Inspira Health Network
- The Southwest Council
- Municipal Alliance for the Prevention of Alcohol & Drug Abuse
- Salem Health & Wellness Foundation
- Salem County Department of Health & Human Services
- Salem County Alcohol & Drug Services
- Ranch Hope
- Robin's Nest
- Community Members
- Salem County Freeholders*
- Tobacco Free for a Healthy New Jersey*
- News Media*
- Mothers Against Drunk Driving (MADD)*
- Students Against Drunk Driving (SADD)*
- Hospice Care Workers*
- Palliative Care*
- Pharmacists and Dentists*
- Primary Care Physicians*
- Southern New Jersey Perinatal Cooperative
- Churches
- Homecare Agencies
- Urgent Care Centers*
- CompleteCare*
- FamCare*
- Emergency Room Staff*
- Funeral Homes*
- Municipal Policymakers*
- Police Departments*
- Southern Jersey Family Medical Center
- Memorial Hospital of Salem County

***The Coalition has identified this potential partner and will reach out to secure their engagement and participation.**

VI. Chronic Disease and Obesity

The third focus area of health identified by the Live Healthy Salem County Coalition was a rather easy choice, Chronic Disease and Obesity. The two leading causes of death in the Salem County are cancer and heart disease. According to the Community Needs Assessment conducted by Inspira Health Network, the most common chronic conditions among Medicare beneficiaries in Salem County are: hypertension, hyperlipidemia, diabetes, and ischemic heart disease.⁹ Some of the root causes for the leading chronic conditions in the county are poor diets, obesity, and lack of exercise and fitness.



The chart below displays Salem County's health rankings in areas related to obesity. In terms of adult obesity, access to exercise, and physical inactivity, the county's performance is worse than the state of New Jersey, as well as top performing communities across the country. Live Health Salem County, developed short and long terms goals around increasing access to healthy food and physical activity.

Health Factors ¹⁰	Salem County	New Jersey	Top U.S. Performer
Adult Obesity	32%	25%	25%
Access to Exercise	69%	95%	91%
Physical Inactivity	28%	24%	20%

⁹ Community Health Needs Assessment (2015). Inspira Health Network.

¹⁰ All data is from the Robert Wood Foundations County Health Rankings.

Voices from the Salem County Community

The Senator Walter Rand Institute for Public Affairs (WRI) conducted 123 surveys with members of the Salem County community.¹¹ The purpose of these surveys was to examine the programming needs in Salem County, and to obtain information from residents regarding their interest in participating in health based events.

Slightly over three-quarters of the individuals surveyed stated that they would attend one of the following health-related programs: classes that would assist with weight loss and/or management (40%); classes about healthy eating and healthy lifestyle management (36%). With regard to health, respondents reported that the most important needs are access to healthy foods (52%), followed by health education (50%).¹²

Food security, access to food, and obesity were the oft-mentioned themes from respondents concerning health in Salem County. Access to food, and more specifically healthy food, was an issue that many interviewees raised. The participants indicated that Salem County families have hard time accessing healthy food. One respondent mentioned that there is a supermarket in the area; however, the issue with the supermarket is that it does not appear to offer healthy foods. The lack of nutritional food was also mentioned as a contributing factor to obesity in Salem County.

Furthermore, the Inspira Community Needs Assessment echoed similar sentiments. For instance, many participants shared that they and other residents cannot afford to buy healthy foods and have trouble preparing healthy foods properly. Also, many community members felt that the grocery stores in the area “jacked up” the prices of food.¹³ Not only was access to healthy foods a primary concern for many community members, but also access to safe places to engage in physical activities is limited. One participant shared that the Campbell Center is available, but residents have to pay. She stated, “Even if it’s only \$3 a day for the kids to go play basketball, if you have three kids, that’s \$9. People can’t afford it. The schools have pleasant exercise grounds, but the community is not allowed to be on school grounds after hours.”¹⁴

¹¹ United Way of Salem County Needs Assessment. (November 2014).

¹² United Way of Salem County Needs Assessment. (November 2014).

¹³ Community Health Needs Assessment (2015). Inspira Health Network.

¹⁴ Community Health Needs Assessment (2015). Inspira Health Network.

Outcomes, Goals, and Benchmarks

Outcome #1: Increased access to healthy food throughout Salem County, New Jersey.

Goal 1: Increase the number of children in the county that have access to healthy meals during the summer months.

- Expand Summer Feeding Program.
- Expand Farm to Summer Program.

Goal 2: Increase access to food for children on weekends during the school year.

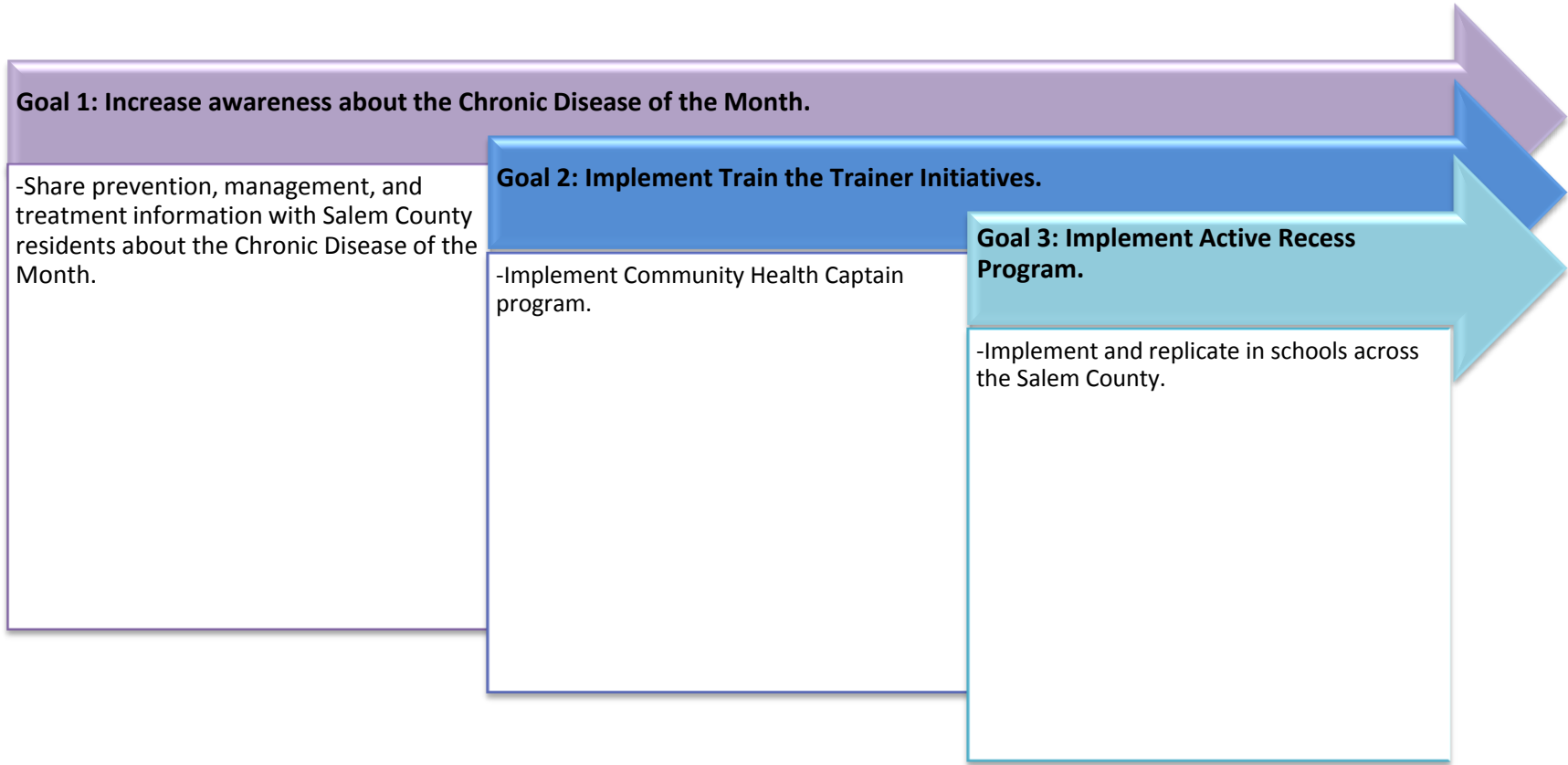
- Develop and implement the School Pantry Program.
- Implement the Community Cooking Demonstration Program.

Goal 3: Increase access to healthy food choices for all county residents.

- Develop and implement the Healthy Corner Store Initiative.
- Work to bring a supermarket to the areas of the county that are food deserts.

Outcome #1: Timeline and Benchmarks			
Benchmarks	Goal 1: Increase the number of children in the county that have access to healthy meals during the summer months.	Goal 2: Increase access to food for children on the weekends during the school year.	Goal 3: Increase access to healthy food choices for all county residents.
Short Term Benchmarks (1 to 2-3 years)	<p>Year 1: Presently, 7 sites are confirmed to participate in Summer Feeding Program as of 5/4/2016. The coalition anticipates serving 20 sites for the summer of 2016.</p> <p>Years 2-3: Working to increase this number participating sites in the Summer Feeding Program by 50% per year.</p>	<p>Years 2-3: Expand School Pantry and Community Cooking Demonstration Programs by 50% per year. Plan and host a Cook Off (i.e., salad, chili, salsa, or another food featured in the course).</p>	<p>Year 1: Engage elected officials on the issue of bringing a supermarket to Salem City, Penns Grove, or Pennsville.</p> <p>Year 2: Start developing plan to bring a supermarket to Salem City, Penns Grove, or Pennsville.</p> <p>Years 2-3: Complete the Food Trust training and secure participation in the Healthy Corner Store Initiative from at least 5 stores across the county.</p>
Medium Term Benchmarks (3 to 6-7 years)	<p>Years 3-5: Will work to increase the number of sites participating in the Summer Feeding Program by 10-15% per year.</p> <p>Years 6-7: Will work to increase the number of sites participating in the Summer Feeding Program by 5% per year.</p>	<p>Years 3-5: Will work to increase the number of participating sites in the School Pantry and Community Cooking Demonstration Programs by 10-15% per year. Develop a Farmers' Market to feature and showcase the skills learned by students in the course.</p> <p>Years 6-7: Will work to increase the number of participating sites in the School Pantry and Community Cooking Demonstration Programs by 5% per year. Continue hosting the Farmers' Market and the Cook Off.</p>	<p>Years 3-5: Continue to engage corner stores and try to have at least one corner store in each municipality (15) signed up for Healthy Corner Store Initiative by the end of year 5.</p> <p>Years 6-7: Supermarket opens in either, Salem City, Penns Grove, or Pennsville.</p> <p>Years 6-10: Will continue to increase the number of corner stores participating in Healthy Corner Store Initiative by 5% per year.</p>
Long Term Benchmarks (7 to 10 years)	<p>By 2026: It is the Coalition's expectation that there will be a sufficient number of sites across Salem County supporting meals for children in the summer and the program will be self-sustaining.</p>	<p>The coalition anticipates that by 2026 that these programs will be in locations across Salem County and will be self-sustaining.</p>	<p>The coalition aims to have 100% participation in the Healthy Corner Store Initiative by 2026.</p>
Early Accomplishments	<p>-As of 5/4/2016, the KidzPack Program is active in the Woodstown School District and the Community Cooking Demonstration Program is active in in Salem City High School, Penns Grove High School, and Salem County Special Services School District.</p> <p>-The Salem County Department of Health & Human Services has secured a grant from the NJ Healthy Communities Network. This grant is slated to start in July 2016. Currently, the Coalition and the Health Department are partnering to look for funds to pay for the required training from The Food Trust.</p>		

Outcome #2a: Increase access & awareness concerning physical activity in Salem County, New Jersey.



Outcome #2a: Timeline and Benchmarks

Timeline	Goal 1: Increase awareness about Chronic Disease of the Month.	Goal 2: Implement Train the Trainer Initiatives.	Goal 3: Implement Active Recess Program.
Short Term Benchmarks (1 to 2-3 years)	Years 1-3: Work with the Southern Jersey Family Medical Center to secure this information on a monthly basis and disseminate to the community. Work to phase this in by targeting SJFMC partners and churches in Salem County.	Year 1: The coalition will partner with the Inspira Health Network to expand their Body and Soul Program (promotes physical activity and healthy lifestyle). Presently, the Body and Soul Program is located at the Mt. Zion Baptist Church. The coalition will work to identify 5-10 more locations to expand this program and work to locate volunteers to run the sessions. Years 2-3: The coalition will work to identify another 5-10 sites and locate and conduct trainings for volunteers.	Year 1: Mid-Atlantic States Career and Education Center is incorporating Active Recess into one of the Salem City Schools. The Coalition will work with Mid-Atlantic to replicate this model into other schools in Salem City. Years 2-3: The coalition will work to incorporate Active Recess in elementary schools in 6-8 other municipalities in Salem County.
Medium Term Benchmarks (3 to 6-7 years)	Years 3-7: Continue to share this information with the community by reaching out to additional community members, organizations, and agencies that have not been contacted.	Years 3-7: The coalition will continue to grow and expand this program at a rate of 5%-8% per year.	Years 3-5: The coalition anticipates securing and implementing the Active Recess curriculum in the remaining elementary schools across the Salem County Years 6 & 7: The coalition will look to implement Active Recess in middle schools across the counties.
Long Term Benchmarks (7 to 10 years)	Years 7-10: Continue to disseminate this information and possibly build in other components such as prevention or treatment actions.	Years 7-10: The Coalition will continue to develop and reach out to the Salem County community to engage different populations.	Years 7-10: The coalition anticipates that 2026 that the Active Recess Program will be implemented in 100% of the schools across the county.
Early Accomplishments	- The Get Up and Move program (funded through Salem Health and Wellness Foundation) that began March 19th, has an after school program which is held Tuesdays, Wednesdays (Aerobics and Aerobic Kickboxing) and Thursdays (Yoga) and is offered to middle school and high school students, parents, and teachers.		

Outcome #2b: Increase access & awareness concerning physical activity in Salem County, New Jersey.

Goal 4: Develop & Implement Bike Share Program.

-Develop program in Penns Grove and work to expand across the County.

Goal 5: Implement Safe and Complete Routes.

-Choose a municipality and begin the process of implementation.

Outcome #2b: Timeline and Benchmarks		
Timeline	Goal 4: Develop & Implement Bike Share Program.	Goal 5: Implement Safe and Complete Routes.
Short Term Benchmarks (1 to 2-3 years)	<p>Year 1: The coalition will partner with Stand Up for Salem as they are sponsoring bike workshop training program at the Salem Family Success Center during the summer of 2016. The Coalition hopes to have 100 children from County attend the program this summer.</p> <p>Years 2-3: The coalition will continue to build the bike repair summer workshop and increase the attendance by 50-75% per year.</p> <p>Year 2: The Coalition is also interested in following the Newark Bike Project (DE) model and implementing it in several municipalities across Salem County. Work will be completed to identify the 3 initial municipalities.</p>	<p>Year 1: Per the New Jersey Complete Streets Policy Compilation¹⁵, Salem County does not have any Complete Streets Initiative in place. The Coalition will work to identify one municipality to begin the process of implementing the Complete Streets Policy.</p> <p>Years 2-3: The coalition will work with the identified municipality and other relevant stakeholders to develop a plan for implementation.</p>
Medium Term Benchmarks (3 to 6-7 years)	<p>Years 3-7: The coalition will continue to build the above mentioned programs.</p>	<p>Years 3-7: The coalition will work to complete the implementation of New Jersey Complete Streets at the first chosen site and begin work with 1-2 other municipalities in Salem County.</p>
Long Term Benchmarks (7 to 10 years)	<p>Years 8-10: The coalition expects to have a county-wide bike program across all of its municipalities.</p>	<p>Year 7-10: The coalition will continue its work by implementing New Jersey Complete Streets in 2-3 additional municipalities in the hopes that 50% of the municipalities in Salem County could have complete streets by 2026.</p>
Early Accomplishments	<p>- The coalition will be working with the Penns Grove Police Department to implement a bike program in their community. The coalition and the PD will work to design and identify needed partners to incorporate this program in this community.</p>	

¹⁵ New Jersey Complete Streets Policy Compilation (April 28, 2016). Edward J. Bloustein School of Planning and Public Policy at Rutgers University. Accessed on May 3, 2016 from <https://www.dropbox.com/s/ve9tq7vzyxjp73/NJ-Complete-Streets-Policy-Compilation-4.28.16%20REDUCED.pdf?dl=0>

Obesity and Chronic Disease: List of Stakeholders

- United Way of Salem County
- Food Bank of South Jersey
- Inspira Health Network
- Salem Health and Wellness Foundation
- Salem County Department of Health & Human Services
- Southern Jersey Family Medical Center
- Southern New Jersey Perinatal Cooperative
- Rutgers Cooperative Extension of Salem County
- Salem County Meals on Wheels
- Riverview Family Success Center
- Catholic Charities
- Salem City High School
- Community Members
- Faith Works Council
- Bookmobile
- Summer Camps*
- Day Care Programs*
- Churches and other Faith-Based Organizations*
- Bushels for Blessings*
- News Media*
- School Districts across the County*
- Supermarkets (i.e., Shop-Rite, Acme)*
- Corner Stores across Salem County*
- Medical Personnel*
- Mid-Atlantic States Career and Education Center*
- Forman Acton Scholars*
- The Food Trust*
- Farmers*
- Salem County Food Pantries*
- Penns Grove Police Department*
- Salem Family Success Center*
- Investors*
- Salem City Bike Program*
- Stand Up for Salem*
- Salem County Freeholders*
- Municipal Government Officials*
- Federal Government Officials*
- Mullica Hill Women's Tri Club*
- Newark (DE) Bike Program*
- Greensgrow in Camden City*

***The Coalition has identified this potential partner and will reach out to secure their engagement and participation.**

VII. Common Areas of Focus

As the Live Healthy Salem County Coalition strategically planned around the three core health areas, chronic disease and obesity, mental health and behavioral health, and substance abuse, they identified a number of common themes that impact all areas of health in the county.

Awareness and Community Engagement

Live Healthy Salem County Coalition will address two issues related to awareness in the county:

- the effects of negative health trends as they relate to chronic disease and obesity, mental health and behavioral health, and substance abuse as well as other related health issues;
- the lack of access and availability of health services specific to mental illness and addiction across the county.

Strategically, the coalition determined that the goals of increasing awareness and engaging the community are closely aligned. Specifically, the task, events, and strategies developed to achieve each individual goal (engagement and awareness), would help the coalition move the needle forward toward promoting healthy behaviors across the county. The chart below highlights strategies the coalition will employ to increase awareness and engage the community.

Awareness	Community Engagement
<p>-Facilitate quarterly health events, held in public places throughout the county.</p> <p>-The coalition will leverage our relationship with Faith Works Council to increase our ability to engage the community.</p> <p>-An annual, large scale, countywide health event that will include a number of health organizations providing free health services such as screenings. Also, social service agencies will be invited to service people on site. The event location will change every year.</p> <p>-Create a directory for social services in Salem County and ensure it is updated annually.</p>	<p>-Develop and implement a Community Health Captain program.</p> <p>-Coordinate a calendar of county-wide events.</p> <p>-Research best practices for engaging rural, isolated families.</p> <p>-Hold coalition meetings in different locations across the county.</p>

Resources

Another shared area of concern identified by the coalition partners, is the lack of resources to address the health issues adversely affecting the county. The coalition discussed three different distinct paths associated with the funding of programs, policies and practices developed to address health issues. The chart below outlines a path to increasing the Live Health Salem County Coalition's resources for the purpose of improving health in Salem County.

Government

- The coalition has long felt that Salem County, largely due to its rural characteristics, including its small population, has not received enough resources from government entities to effectively address some of the issues adversely affecting the county as it relates to a number of health and socio-economic factors. To address the issue, Live Healthy Salem County will try to partner with other coalitions (possibly Live Healthy Vineland), to bring on a part time policy advocate to work with local, county, state, and federal legislators on relevant funding and legislative solutions to the resource problem.

Non-Profit/Philanthropy

- Critical to the success and growth of Live Healthy Salem County will be its ability to fund the programs it wishes to develop and implement, as well as building a foundation for long term sustainability. To help achieve this goal, the coalition will hire a part time grant writer who will also help the coalition build capacity.

Private Sector

- The last component of resource building identified by the coalition is private sector partnerships. As state government funding of programs has decreased over the years, the need for non-profit and private sector partnerships have increased. The coalition will take on the task of leveraging their partnerships to influence the building of relationships with the private sector in Salem County.

VIII. Next Steps

While the last year of planning has been demanding and arduous, it has also been rewarding for the Live Healthy Salem County Coalition. The planning process provided an opportunity for organizations across the county to come together to identify common goals that will improve health outcomes in Salem County. The coalition partners recognize that the road to a healthier Salem County is long and paved with obstacles, but remain resolute in knowing that the goals outlined in this Blueprint for Action are achievable as long as the coalition continues to strengthen its partnerships with a cross-sector of stakeholders, as well as the community at large. The next steps are outlined below.

- The coalition recognizes that the Blueprint for Action is a living document that will change and grow as we go through the process. Part of that growth will be influenced by feedback from stakeholders and the wider community. Over the next couple of months, the coalition will be presenting the plan to stakeholders all over the county. The partners will present the plan: to elected officials at the local, state, and federal levels; at community events that are already scheduled across the county; and to smaller groups of community members.
- Live Healthy Salem County will reach out to expand the coalition. Specifically, the coalition needs more representation from elected officials and the private sector.
- A large percentage of the short terms goals are built on increasing the awareness concerning some of the health issues adversely affecting Salem County. The coalition will immediately begin the process of implementing some of the programs centered on increasing awareness as it relates to the identified health issues.
- The coalition acknowledges the role that social and economic factors (education, employment, income, family & social support and community safety) play in influencing health outcomes as outlined in the Robert Wood Johnson Foundation's County Health & Roadmaps Ranking Model. While many of the goals outlined in this Blueprint for Action can be tied to the social and economic factors mentioned above, there is room to expand the proposed

programming to include specific components that will directly improve outcomes in the areas of education, employment, income, family/social support, and community safety. WRI will provide program and practice recommendations to the coalition that will increase the synergy between health, and socio-economic outcomes.

- The coalition will also develop broad, long term benchmarks related to the areas of health targeted in this Blueprint for Action.

The Live Healthy Salem County Coalition would like to thank all the contributors for their assistance in the preparation of the Blueprint for Action.

South Jersey Health Data: Snapshot

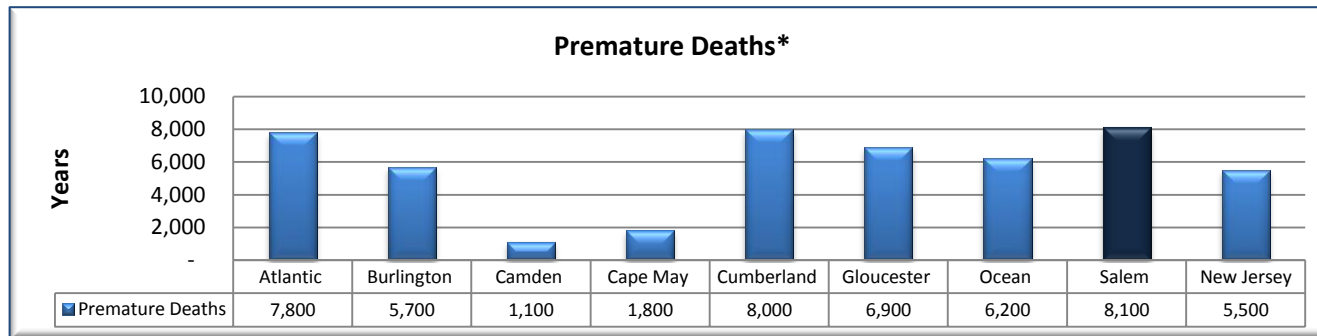
Data is from the Robert Wood Johnson Foundation's County Health & Roadmaps Rankings

Health Outcomes

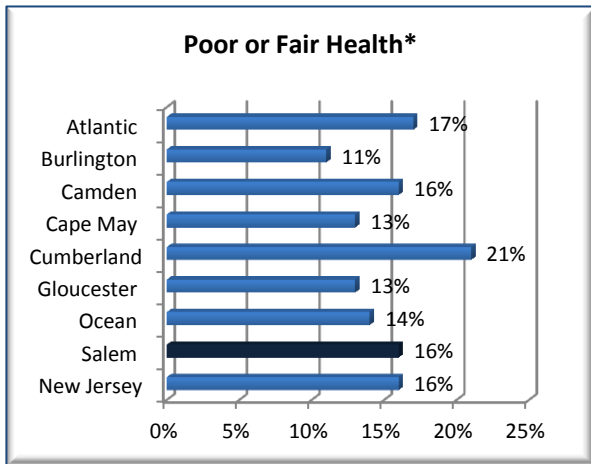
2016 Health Outcome Rankings for 8 Southern New Jersey Counties (out of 21 counties)								
County	Atlantic	Burlington	Camden	Cape May	Cumberland	Gloucester	Ocean	Salem
Rankings	18	9	19	15	21	16	11	17
Health Outcome rankings are based on variables used to determine length and quality of life.								

Length of Life Rankings								
County	Atlantic	Burlington	Camden	Cape May	Cumberland	Gloucester	Ocean	Salem
Rankings	19	11	17	18	20	15	14	21
Length of Life rankings are based on premature death data.								

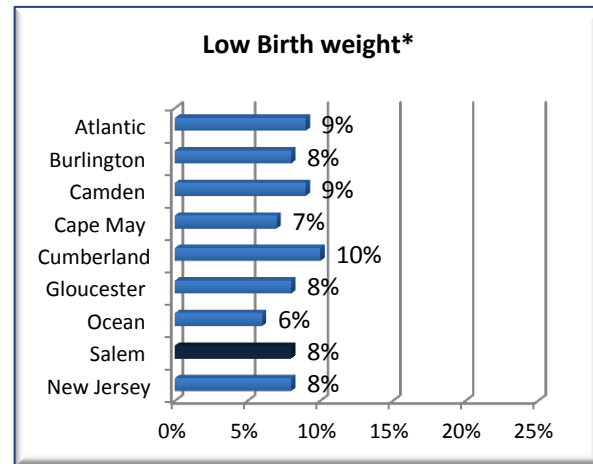
Quality of Life Rankings								
County	Atlantic	Burlington	Camden	Cape May	Cumberland	Gloucester	Ocean	Salem
Rankings	16	11	17	6	21	13	9	15
Quality of Life rankings are based on the following variables: poor or fair health, poor physical days, poor mental days, low birthweight.								



*Years of potential life lost before age 75 per 100,000 population (age-adjusted).



*Percentage of adults reporting fair or poor health (age-adjusted).



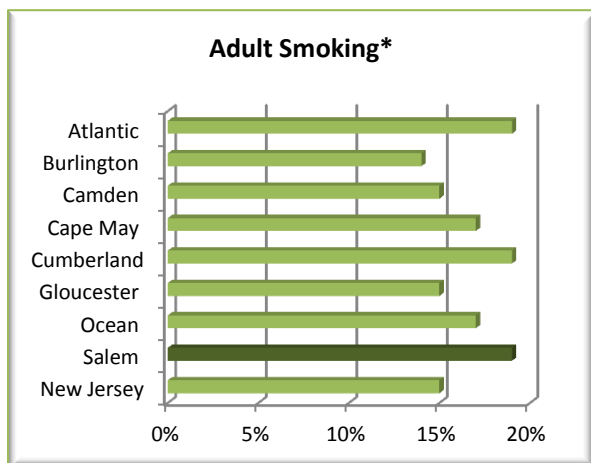
*Percentage of live births with low birthweight (< 2500 grams).

Health Factors

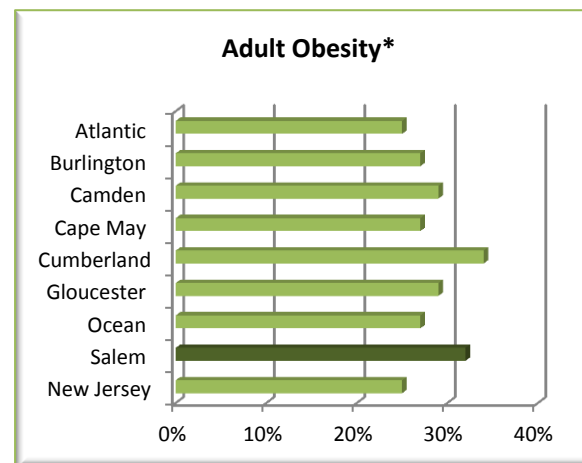
2016 Health Factors Rankings for 8 Southern New Jersey Counties (out of 21 counties)								
County	Atlantic	Burlington	Camden	Cape May	Cumberland	Gloucester	Ocean	Salem
Rankings	19	7	15	14	21	13	12	20
Health Factor rankings are based on variables used to determine the following: health behaviors, clinical care, social and economic factors, and physical environment.								

Health Behavior Rankings								
County	Atlantic	Burlington	Camden	Cape May	Cumberland	Gloucester	Ocean	Salem
Rankings	19	8	14	18	21	15	13	20
Health Behavior rankings are based on the following variables: adult smoking, adult obesity, food environment index, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired driving deaths, sexually transmitted infections, and teen births.								

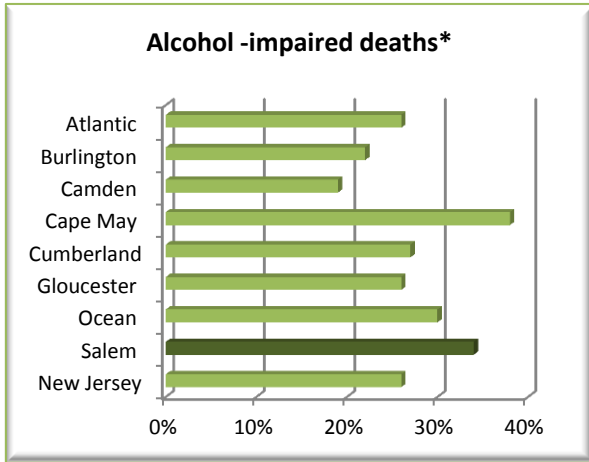
Clinical Care Rankings								
County	Atlantic	Burlington	Camden	Cape May	Cumberland	Gloucester	Ocean	Salem
Rankings	16	8	14	6	20	17	12	19
Clinical Care rankings are based on the following variables: uninsured, primary care physicians, dentists, mental health providers, preventable health stays, diabetic monitoring, and mammography screening.								



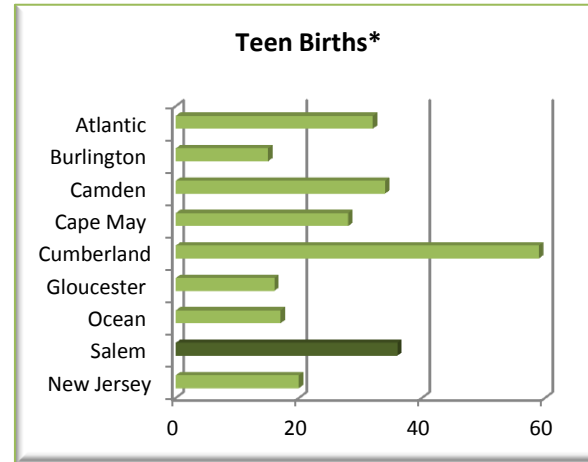
*Percentage of adults who are current smokers.



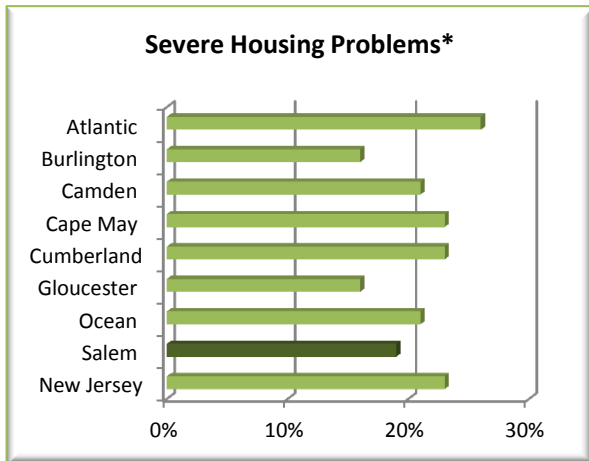
*Percentage of adults that report a BMI of 30 or more.



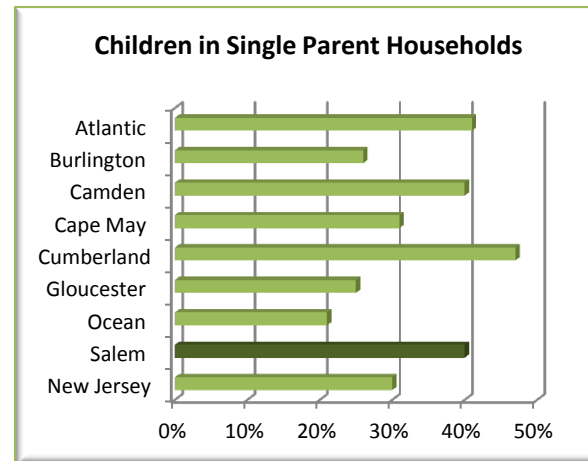
*Percentage of driving deaths with alcohol involvement.



*Number of births per 1,000 female population ages 15-19.



*Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.



Primary Care Physicians, Dentist, and Mental Health Providers Ratios									
County	Atlantic	Burlington	Camden	Cape May	Cumberland	Gloucester	Ocean	Salem	NJ
Primary Care	1,320:1	1,180:1	970:1	1,810:1	2,190:1	1,730:1	2,100:1	2,410:1	1,170:1
Dentist	1,860:1	1,410:1	1,350:1	1,870:1	1,730:1	2,270:1	1,580:1	3,240:1	1,220:1
Mental Health	850:1	420:1	400:1	1,050:1	1,290:1	1,360:1	780:1	1,220:1	570:1

Social & Economic Factors Rankings								
County	Atlantic	Burlington	Camden	Cape May	Cumberland	Gloucester	Ocean	Salem
Rankings	20	7	15	17	21	10	12	14
Social and Economic Factor rankings are based on the following variables: high school graduation, some college, unemployment, children in poverty, income inequality, children in single parent households, social association, violent crime, and injury deaths.								

Physical Environment Rankings								
County	Atlantic	Burlington	Camden	Cape May	Cumberland	Gloucester	Ocean	Salem
Rankings	6	12	15	4	19	20	10	21
Physical Environment rankings are based on the following variables: air pollution-particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute-driving alone.								

