A New Jersey Partnership for Healthy Kids Program

A Robert Wood Johnson Foundation Program
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Get Healthy Camden (GHC) is pleased to submit this Blueprint for Action to New Jersey Health Initiatives. This blueprint will serve as our roadmap to building a culture of health in the City of Camden, New Jersey. GHC represents a broad, diverse base of cross-sector organizations with a rich history of collaboration creating sustainable and equitable change for a healthier Camden. The initiative operates as a work group of the Camden Collaborative Initiative (CCI)—a solutions-oriented partnership between governmental, non-profit, private, and community-based agencies formed to plan and implement innovative strategies to improve the environment and the quality of life of Camden’s residents.

As part of CCI, GHC is able to provide the framework to bridge the gap between existing environmental, arts and culture, and health initiatives in Camden. Our blueprint, developed by our Camden Roadmaps Team, provides a general history of the City of Camden and its needs as well as a plan of action toward ambitious and achievable goals. A County-level health assessment, limited city data, and feedback from a community engagement process, reinforce the need to broaden the scope of our work to date. With the reinvestment from the Robert Wood Johnson Foundation (RWJF) through New Jersey Partnership for Healthy Kids – Camden and the continuation of New Jersey Health Initiatives (NJHI) support, GHC is well positioned to continue to build our capacity and broaden our focus areas, and establish a culture of health in Camden.
The historical narrative of Camden, New Jersey is common to once thriving industrial centers across the United States. The flight of commercial activity in Camden, once home to the RCA Victor Talking Machine Company, Campbell Soup Company and the New York Shipbuilding Company, has resulted in decades of population decline and industry loss. Today, the City of Camden is home to a predominantly young, poor and minority population of 77,344 residents. In this aging urban center, 80% percent of the population is identified as African-American, Hispanic or another ethnic heritage. Over 36% percent of Camden residents live below the poverty line, more than double the national average of 15.3%. Moreover, vulnerable populations, including youth (individuals under 25), comprise over 30% of the city’s population.

The City of Camden is beginning to show signs of recovery from this great economic loss. Educational and medical institutions have established a growing hub of activity on the city, investing over $500 million in the City in the last decade. The Economic Opportunity Act of 2013, which consolidated and enhanced economic incentive programs in New Jersey, has spurred unprecedented private investment in the City, including the Philadelphia 76ers, Subaru of America, and Holtec International, among others. In addition, the City of Camden has been designated as a Promise Zone by the Obama Administration. The initiative forms a partnership between the federal government and local leaders of these designated communities, in which they work together to increase economic activity, leverage private investments, improve educational opportunities, address public health issues, and reduce/prevent violence and crime. Lead by the Mayor’s Office and Center For Family Services, Camden Promise Zone brings together several local organizations and partnerships to implement solutions that will allow Camden to continue to revitalize.
In 2009, the Robert Wood Johnson Foundation (RWJF) launched New Jersey Partnership for Healthy Kids in Camden, Newark, New Brunswick, Trenton and Vineland with a goal to build local coalitions that would implement policy and environmental changes to reverse the childhood obesity epidemic.

Locally, RWJF funded the YMCA of Burlington and Camden Counties (YMCA) and United Way of Greater Philadelphia and Southern New Jersey (UW) to implement New Jersey Partnership for Healthy Kids-Camden (NJPHK-C). The YMCA provided the operational capacity and staff and the UW served as the fiduciary agent. From 2009-2015, NJPHK-C made great strides in bringing health to the forefront in Camden, however, after five years of implementation, an operational restructuring was initiated in order to achieve greater impact.

The Executive Committee of NJPHK-C decided to integrate NJPHK-C under the auspices of the Camden Collaborative Initiative (CCI). CCI is a solutions-oriented partnership between governmental, non-profit, private, and community-based agencies formed to plan and implement innovative strategies to improve the environment and the quality of life of Camden’s residents. CCI was formed to realize the many opportunities to maintain, restore, and enhance the environmental resources in the city. CCI facilitates and leverages partnerships for proactive, holistic, and innovative solutions to help Camden become a vibrant sustainable city. It is a coordinated membership group that is organized as subject specialty working groups. NJPHK-C became the CCI's seventh working group and was rebranded as Get Healthy Camden (GHC) in March 2016. CCI working groups include: Air, Brownfields & Open Space, the Camden SMART Initiative, Environmental Education, Environmental Justice, Recycling and Get Healthy Camden.

In its new format, the backbone organizational function of staffing and program support are held by Cooper's Ferry Partnership (CFP), a nonprofit economic and community development organization facilitating the revival of the City of Camden by creating an environment where people choose to live, work, and invest. CFP develops visionary, long-range plans for the redevelopment
of Camden’s neighborhoods and works with private sector, government and community partners to make these plans a reality. The strategic vision of GHC is established and implemented by the GHC Executive Committee. Strategy area subgroups led by community partners further facilitate the execution of the GHC strategic vision. RWJF and New Jersey Health Initiatives support Get Healthy Camden in pursuit of building a culture of health. Creating a culture of health in the City of Camden is at the heart of all of the initiatives underway. Placemaking, arts, and culture can provide the bond to support a citywide collective that integrates policy systems and environmental change strategies. Camden’s culture of health is intrinsically tied to providing individuals and families with opportunities to make choices that lead to the healthiest lives possible while providing holistic approaches to health care that incorporate proper diet and exercise. The addition of GHC to CCI includes an intentional integration of
health in all policies using arts and culture placemaking with community development planning, “complete streets” transportation projects, sustainability initiatives, and economic development. To further support this integration, CFP has leveraged a 3-year, $900,000 grant from the Kresge Foundation to create safe nodes of activity and to restore Camden’s once vibrant corridors and public parks by repurposing vacant and underused spaces with creative placemaking projects. These leveraged funds will further support the health and environmental strategies listed below. The proposed strategies are aligned with CCI’s agenda and the Camden Promise Zone and have been identified as potential successes as GHC matures into this implementation phase.
GET HEALTHY CAMDEN
A Program of the Camden Collaborative Initiative

CAMDEN COLLABORATIVE INITIATIVE

AIR

ENVIRONMENTAL JUSTICE

ENVIRONMENTAL EDUCATION

WASTE & RECYCLING

LAND & BROWNFIELDS
The City of Camden is located in Camden County, New Jersey. The health data for Camden County depicts an area with great health needs. The City of Camden is a primary contributor to the poor health rankings on the County level, which can be interpreted to demonstrate that the health needs of Camden residents are even greater than the data depicts.

Camden County’s age-adjusted mortality rate is 808.4 per 100,000 population compared to 722.8 throughout New Jersey. Premature death, which is mortality prior to 75 years of age, is also higher in Camden County with 6984.8 Years of Potential Life Lost per 100,000 compared to 5619.4 Statewide. The rate in Camden County also exceeds the nation. Camden County rates less favorable in a number of causes of death, including deaths due to drug use, cancer, heart disease, stroke, Alzheimer’s disease, kidney disease and homicide. Cancer mortality rates in Camden County for select cancers and demographics compared unfavorably to the state. The overall cancer mortality rate for all sites was slightly higher in Camden County (184.4) compared to New Jersey (180.7).

According to the County Health Rankings and Roadmaps, a program of the Robert Wood Johnson Foundation, the most recent county health rankings for New Jersey ranks Camden County 19th out of 21 New Jersey counties, for health outcomes. Health outcomes are measured in relation to length of life (premature death) and quality of life. Camden County also has a high percentage of adults who self-report having “poor” or “fair” health (15.7%); however, a lower percentage when compared to the state and the nation.

Within the rankings, the following health behavior areas are indicated as areas requiring additional attention (opportunities): physical activity and adult obesity. Other areas to further explore that may have an impact on childhood and adult obesity are: severe housing problems, violent crime, income inequality, unemployment, poverty, and children in single parent households.

See Appendix for full Camden County Health Rankings, Assessment Data, & Demographics.
Get Healthy Camden partners will continue to build upon the framework already solidified in 2014. The Camden Roadmaps is chartered by the Get Healthy Camden’s Executive Leadership Team to create, implement, monitor and evaluate policy, environmental and systems change efforts in building a culture of health in Camden, New Jersey.

Get Healthy Camden’s goals are to:

- Increase access to health
- Increase equitable change and sustainability
- Improve environmental conditions to walking and biking

The Camden Roadmaps Leadership Team will accomplish these goals by completing the following objectives:

- Create, lead or partner in work groups toward progress
- Identify progress based on what each workgroup wants to accomplish
- Communicate regularly to strengthen relationships and cohesion
- Invite City stakeholders to participate and play an active role in the work of GHC
- Establish a steering committee that will be an effective local force determined by established GHC goals

The South Jersey Health Partnership conducted several forums throughout the county and in Camden City that provided the opportunity for dialogue among partners about community needs, barriers to accessing care, effective interventions, health and social trends and community asset mapping. Get Healthy Camden partners participated in these forums to assist in obtaining qualitative data for the 2016 Community Health Needs Assessment which is being sponsored by local health systems in collaboration with local public health departments.

Get Healthy Camden also underwent a prioritization process of needs to ensure strategies were in line with the needs set in 2014 framework. At this session, partners adopted common priorities and goals to best advance community health improvement. Utilizing an action plan template,
partners defined strategies, measures and an implementation plan through a facilitated discussion.

The program timelines and action plans to implement the goals and objectives of this initiative will be monitored closely by subcommittees that will consist of existing and newly recruited partners. The action plans will be reviewed on a regular basis and efforts will continue to be evaluated utilizing the measures/metrics provided within the action plans.

The documentation and data of Get Healthy Camden's accomplishments, for example, changes in policy, behaviors, or the community environment, is necessary to identify progress and gaps in service. Documentation and data also helps to provide feedback to our stakeholders to improve community efforts and continuous adjustment of strategies or programs.
ACTION PLAN

COMMUNITY HEALTH & WELLNESS

EQUITABLE CHANGE & SUSTAINABILITY

WALKABILITY & BIKEABILITY
INCREASED PARTICIPATION OF THE CAMDEN COMMUNITY IN NUTRITION, PREVENTION AND WELLNESS PROGRAMS

ESTABLISHED POLICIES THAT ENCOURAGE HEALTHY FOOD OPTIONS AND NUTRITIONAL INFORMATION AT CONCESSION STANDS, RESTAURANTS AND STORES.

1. Design and implement a comprehensive strategic, culturally appropriate media campaign for Get Healthy Camden that involves counter-marketing tactics engaging partner and community members to assist in media campaign
   - Highlight health and wellness programs through aggressive media campaigns using social media, radio and television information stands in key locations.
   - Conduct programs on public access channel and other local channels highlighting Get Healthy Partners’ programs and initiatives such as Food Bank’s Summer Meals Program and WIC (Women, Infants and Children).
   - Design and distribute promotional brochures with maps of Camden Parks, Farmers Markets and Low Cost Physical Activity sites in Camden City and appropriate Apps and Websites.
   - Launch media campaign on health and nutrition through a broad local network of media outlets including local community, and Spanish and Vietnamese newspaper and radio outlets.
   - Promote (e.g., signage, product placement, pricing strategies) the purchase of fruits and vegetables at local restaurants and food venues.
   - Establish a print and electronic “Get Healthy Camden” guide to improve and maintain health in Camden which will address health and wellness strategies and connect community members with existing prevention resources and provide at kiosks in lobbies or community rooms of housing complexes and other community sites.
   - Promote new and emerging online databases/websites as to how community and worksites can access fresh produce and health promotion services.

2. Increase access to water and promote drinking water rather than sweetened beverages and sport drinks at concession stands, worksites, faith based organizations, recreational sites, and entertainment venues.
   - Provide drinking water toolkits to 25 worksites, recreation areas and faith based organizations. (use recommended models through CDC)
• Establish water availability policies at 10 sites in Camden.
• Provide 10 staff trainings on water availability policies and why drinking water is important for healthy living.

3. Institute healthy food and beverage options at 3 major employers, 15 local restaurants and food venues in Camden and 80% of concession stands at parks, recreation and entertainment venues.
   • Support state legislation which requires eating establishments to post nutritional information.
   • Promote new and emerging online databases/websites as to how community and worksites can access fresh produce.
   • In collaboration with the Food Trust and other Get Healthy Camden Partners, promote and participate in strategies to encourage food retailers (e.g., grocery, corner or convenience stores; bodegas) to provide healthy food and beverage options (e.g., fresh produce) in underserved areas.

   • Provide technical assistance on developing wellness policies and instituting healthy food and beverage options to local businesses.
   • Provide tips on how to build a healthy concession stand at parks, recreation areas and entertainment venues.
   • Work with three major employers in Camden to establish policies regarding vending machines and healthy menus at meetings and events and cafeterias.
   • Provide signage at public gathering places promoting health and wellness and low cost healthy activities in Camden.

4. Adopt a comprehensive citywide wellness policy that consists of policies and systems that create walking and biking paths, parks and open space, healthy and affordable food outlets, and that makes Camden an environment that supports daily physical activity and nutrition.
   • Adopt ordinances to create and support built, food and work environments.

**PARTNERS**

- BPSOS
- Camden City School District
- Camden County Department of Health and Human Services
- Camden Health & Athletic Association
- Campbell Soup Company
- Center for Family Services
- Cooper University Hospital Health System
- Cooper's Ferry Partnership
- Faith-based organizations
- Food Bank of SJ
- Food pantries
- Hispanic Family Center
- Kroc Center
- Lady of Lourdes Health System
- NJ YMCA State Alliance
- Puerto Ricans United for Progress
- Rutgers Cooperative Extension of Camden County
- Rutgers-Camden School of Nursing
- The Food Trust
- The Learning Garden
- United Way of Greater Philadelphia & Southern New Jersey
- Vietnamese food outlets
- Virtua Health System
- WIC
- YMCA of Burlington & Camden Counties
1. Engage five or more new residents through personal invitation to planning meetings or workgroups, so that they are included in the decision making process.
   - Identify 15 individuals and partners who have a stake in healthy communities who look at problems and solutions differently.
   - Invite individuals and representatives from community based organizations through face-to-face visits and phone calls.
   - Provide introductions to the program by speaking at community groups or meetings recommended by community members.

2. Provide support to maximize and maintain community participation through training, coaching and mentoring, translation services, childcare and transportation by September 30, 2016.
   - Confirm commitments from all partners in signed written agreements.
   - Accept that some partners will have different levels of commitment.
   - Create and define useful roles for each partner.
   - Create training plan for all community members.
   - Establish roles in project oversight and decision-making.
   - Be open about when the coalition can share decision-making power with the community on a continuing basis.

3. Create innovative plan to engage partners and community members by:
   - Rotating meeting places and times to accommodate different schedules and give participants a chance to see other work, recreation, and community based sites.
   - Offering meeting options such as small workgroups, conference calls to accommodate levels of comfort.
   - Identifying ways to acknowledge, thank and update community members by using electronic communications, list servers, letters, e-mail, Web-based updates, personal meetings, and phone calls and text messages.
   - Reinforcing choices by Camden residents by establishing specific strategies chosen by residents.
• Incorporating community residents' ideas about how they would measure success in their neighborhoods.

4. Assure representation of all residents of different parts of the city, diversity, religion, groups, demographics, and nationality.
   • Create a list of partners needed and work with team members to identify specific individuals or groups to approach.
   • Regularly assess gaps in representation.
   • Build on strong relationships that have been established by other community partners and team members.
   • Repair relationships if necessary and rebuild those relationships.

PARTNERS
Camden Collaborative Initiative
Camden County Department of Health and Human Services
Camden School District
Campbell Soup Company
Center for Family Services
Congress of Community & Faith-Based Organizations
Cooper's Ferry Partnership
Faith-Based Organizations
Neighborhood associations
NJ YMCA State Alliance
Rutgers Cooperative Extension of Camden County
Rutgers-Camden School of Nursing
United Way of Greater Philadelphia & Southern New Jersey
YMCA of Burlington & Camden Counties
1. Plan & construct new trails identified in Trails Master Plan including Circuit trail through North Camden Waterfront Park Trail on Former Knox Gelatin Site and beyond, while also identifying and facilitating implementation of numerous trails through or adjacent to new Camden anchor institutions (Subaru).

2. Expand the advocacy efforts for The Circuit in New Jersey, including efforts towards better policy, more sustainable funding & better collaboration with existing stakeholders and state agencies.

3. Develop, plan, implement and engineer comprehensive Camden GreenWay bicycle signage plan for use on all new trail projects in Camden, specifically for wayfinding on Circuit “trunk trails” including municipal and county maintained trails.

   - Roosevelt Plaza will be established as a temporary & continuous programming such as bike valet parking, farmers markets, food trucks and more kid-friendly options to continue to transform the park into the premiere downtown public open space, and fun destination for trail users and downtown visitors.
   - Expanding the Camden Night Gardens event to continue to specific target trail users and potential trail users to the Former Riverfront State Prison site, ensuring more regular activity on this underutilized resource.

**PARTNERS**

- Camden Collaborative Initiative
- Camden County Department of Health and Human Services
- Camden Greeways, Inc.
- Campbell Soup Company
- Center for Family Services
- Cooper’s Ferry Partnership
- Greater Philadelphia Bicycle Coalition
- New Jersey Prevention Network
- NJ Conservation Foundation
- NJ YMCA State Alliance
- Rails-to-Trails Conservancy
- Rutgers Cooperative Extension of Camden County
- Rutgers-Camden School of Nursing
- Tri-State Transportation Campaign
- United Way of Greater Philadelphia & Southern New Jersey
- YMCA of Burlington & Camden Counties
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United Way of Greater Philadelphia and Southern New Jersey

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Vice President & Regional Executive Director
United Way of Greater Philadelphia & Southern New Jersey

Kim F. Fortunato
Director of Healthy Communities
Campbell Soup Company

Patricia D. Hearey, MPH, MCHES *
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Camden County Department of Health and Human Services

Tim Kerrihard
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YMCA of Burlington & Camden Counties

Judyann McCarthy, MSW, LCSW *
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Center for Family Services

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County Extension Department Head
Rutgers Cooperative Extension of Camden County

* Camden Roadmaps Team member
APPENDIX
Camden County – County Health Rankings 2015

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Areas to explore

Each icon is color-coded to help you in determining your county's progress:

- 🔴 Your county is getting worse for this measure
- 🟢 Your county is staying the same for this measure
- 🟢 Your county is getting better for this measure

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**County Demographics**

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<th>State</th>
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<tr>
<td>Population</td>
<td>511,038</td>
<td>8,938,175</td>
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<tr>
<td>% below 18 years of age</td>
<td>23.3%</td>
<td>22.5%</td>
</tr>
<tr>
<td>% 65 and older</td>
<td>14.2%</td>
<td>14.7%</td>
</tr>
<tr>
<td>% Non-Hispanic African American</td>
<td>18.5%</td>
<td>12.9%</td>
</tr>
<tr>
<td>% American Indian and Alaskan Native</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>% Asian</td>
<td>5.8%</td>
<td>9.4%</td>
</tr>
<tr>
<td>% Native Hawaiian/Other Pacific Islander</td>
<td>0.1%</td>
<td>0.1%</td>
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<tr>
<td>% Hispanic</td>
<td>15.6%</td>
<td>19.3%</td>
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<tr>
<td>% Non-Hispanic white</td>
<td>58.3%</td>
<td>56.8%</td>
</tr>
<tr>
<td>% not proficient in English</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>% Females</td>
<td>51.7%</td>
<td>51.2%</td>
</tr>
<tr>
<td>% Rural</td>
<td>1.6%</td>
<td>5.3%</td>
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**Health Outcomes**

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<thead>
<tr>
<th></th>
<th>Camden County</th>
<th>Trend (Click for info)</th>
<th>Error Margin</th>
<th>Top U.S. Performers^</th>
<th>New Jersey</th>
<th>Rank (of 21)</th>
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<tr>
<td>Health Outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19</td>
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<tr>
<td>Length of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17</td>
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<tr>
<td>Premature death</td>
<td>7,700</td>
<td>🟢</td>
<td>7,500-8,000</td>
<td>5,200</td>
<td>5,500</td>
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Get Healthy Camden

APPENDIX 1
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<thead>
<tr>
<th>Quality of Life</th>
<th>Camden County</th>
<th>Trend (Click for info)</th>
<th>Error Margin</th>
<th>Top U.S. Performers^</th>
<th>New Jersey</th>
<th>Rank (of 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor or fair health**</td>
<td>16%</td>
<td>15-16%</td>
<td>12%</td>
<td>16%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor physical health days**</td>
<td>3.5</td>
<td>3.4-3.6</td>
<td>2.9</td>
<td>3.2</td>
<td></td>
<td></td>
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<tr>
<td>Poor mental health days**</td>
<td>3.7</td>
<td>3.6-3.8</td>
<td>2.8</td>
<td>3.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>9%</td>
<td>9-10%</td>
<td>6%</td>
<td>8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Health Outcomes (not included in overall ranking)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Premature age-adjusted mortality</td>
<td>370</td>
<td>360-380</td>
<td>270</td>
<td>290</td>
<td></td>
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<tr>
<td>Child mortality</td>
<td>60</td>
<td>50-60</td>
<td>40</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant mortality</td>
<td>9</td>
<td>8-9</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent physical distress</td>
<td>11%</td>
<td>10-11%</td>
<td>9%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequent mental distress</td>
<td>11%</td>
<td>11-11%</td>
<td>9%</td>
<td>11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes prevalence</td>
<td>10%</td>
<td>10-10%</td>
<td>9%</td>
<td>10%</td>
<td></td>
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<tr>
<td>HIV prevalence</td>
<td>430</td>
<td></td>
<td>41</td>
<td>513</td>
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<tr>
<td><strong>Health Factors</strong></td>
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<tr>
<td><strong>Health Behaviors</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Adult smoking**</td>
<td>15%</td>
<td>15-15%</td>
<td>14%</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>29%</td>
<td>27-31%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food environment index</td>
<td>7.6</td>
<td></td>
<td>8.3</td>
<td>8.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>27%</td>
<td>26-29%</td>
<td>20%</td>
<td>24%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to exercise</td>
<td>95%</td>
<td></td>
<td>91%</td>
<td>95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Indicators</td>
<td>Camden County</td>
<td>Trend (Click for info)</td>
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<tr>
<td>-----------------------------------------</td>
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<td>-------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>opportunities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive drinking**</td>
<td>18%</td>
<td>17-18%</td>
<td></td>
<td>12%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>19%</td>
<td>15-23%</td>
<td></td>
<td>14%</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>528.9</td>
<td></td>
<td></td>
<td>134.1</td>
<td>319.6</td>
<td></td>
</tr>
<tr>
<td>Teen births</td>
<td>34</td>
<td>33-35</td>
<td></td>
<td>19</td>
<td>20</td>
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</tr>
</tbody>
</table>

Additional Health Behaviors (not included in overall ranking)

<table>
<thead>
<tr>
<th>Health Indicators</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Food insecurity</td>
<td>14%</td>
<td></td>
<td></td>
<td>11%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Limited access to healthy foods</td>
<td>5%</td>
<td></td>
<td></td>
<td>2%</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Drug overdose deaths</td>
<td>26</td>
<td>24-29</td>
<td></td>
<td>8</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Drug overdose deaths - modeled</td>
<td>≥20</td>
<td>6.1-8.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor vehicle crash deaths</td>
<td>8</td>
<td>7-9</td>
<td></td>
<td>9</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Insufficient sleep</td>
<td>41%</td>
<td>40-41%</td>
<td></td>
<td>28%</td>
<td>37%</td>
<td></td>
</tr>
</tbody>
</table>

Clinical Care 14

<table>
<thead>
<tr>
<th>Health Indicators</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>14%</td>
<td>13-15%</td>
<td></td>
<td>11%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>970:1</td>
<td>1,040:1</td>
<td>1,170:1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentists</td>
<td>1,350:1</td>
<td>1,340:1</td>
<td>1,220:1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health providers</td>
<td>400:1</td>
<td>370:1</td>
<td>570:1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>69</td>
<td>66-71</td>
<td></td>
<td>38</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>Camden County</td>
<td>Trend (Click for info)</td>
<td>Error Margin</td>
<td>Top U.S. Performers^</td>
<td>New Jersey</td>
<td>Rank (of 21)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------</td>
<td>------------------------</td>
<td>--------------</td>
<td>---------------------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Diabetic monitoring</td>
<td>82%</td>
<td></td>
<td>80-84%</td>
<td>90%</td>
<td>84%</td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>58%</td>
<td></td>
<td>56-61%</td>
<td>71%</td>
<td>61%</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Clinical Care (not included in overall ranking)**

<table>
<thead>
<tr>
<th>Services</th>
<th>Camden County</th>
<th>Trend (Click for info)</th>
<th>Error Margin</th>
<th>Top U.S. Performers^</th>
<th>New Jersey</th>
<th>Rank (of 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured adults</td>
<td>18%</td>
<td></td>
<td>17-19%</td>
<td>13%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Uninsured children</td>
<td>5%</td>
<td></td>
<td>4-6%</td>
<td>5%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Health care costs</td>
<td>$10,330</td>
<td></td>
<td></td>
<td></td>
<td>$10,037</td>
<td></td>
</tr>
<tr>
<td>Other primary care providers</td>
<td>1,553:1</td>
<td></td>
<td>866:1</td>
<td></td>
<td>2,504:1</td>
<td></td>
</tr>
</tbody>
</table>

**Social & Economic Factors**

<table>
<thead>
<tr>
<th>Factors</th>
<th>Camden County</th>
<th>Trend (Click for info)</th>
<th>Error Margin</th>
<th>Top U.S. Performers^</th>
<th>New Jersey</th>
<th>Rank (of 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation</td>
<td>85%</td>
<td></td>
<td></td>
<td></td>
<td>93%</td>
<td>88%</td>
</tr>
<tr>
<td>Some college</td>
<td>63%</td>
<td></td>
<td>62-65%</td>
<td></td>
<td>72%</td>
<td>66%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>7.5%</td>
<td></td>
<td>3.5%</td>
<td></td>
<td>6.6%</td>
<td></td>
</tr>
<tr>
<td>Children in poverty</td>
<td>19%</td>
<td></td>
<td>16-22%</td>
<td></td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>5.2</td>
<td></td>
<td>5.0-5.3</td>
<td></td>
<td>3.7</td>
<td>5.1</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>40%</td>
<td></td>
<td>38-42%</td>
<td></td>
<td>21%</td>
<td>30%</td>
</tr>
<tr>
<td>Social associations</td>
<td>8.3</td>
<td></td>
<td></td>
<td></td>
<td>22.1</td>
<td>8.3</td>
</tr>
<tr>
<td>Violent crime</td>
<td>618</td>
<td></td>
<td></td>
<td></td>
<td>59</td>
<td>302</td>
</tr>
<tr>
<td>Injury deaths</td>
<td>64</td>
<td></td>
<td>61-67</td>
<td></td>
<td>51</td>
<td>42</td>
</tr>
</tbody>
</table>

**Additional Social & Economic Factors (not included in overall ranking)**

<table>
<thead>
<tr>
<th>Factors</th>
<th>Camden County</th>
<th>Trend (Click for info)</th>
<th>Error Margin</th>
<th>Top U.S. Performers^</th>
<th>New Jersey</th>
<th>Rank (of 21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median household income</td>
<td>$61,700</td>
<td>$59,000-64,400</td>
<td>$61,700</td>
<td>$72,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children eligible for free lunch</td>
<td>39%</td>
<td></td>
<td></td>
<td></td>
<td>25%</td>
<td>31%</td>
</tr>
<tr>
<td></td>
<td>Camden County</td>
<td>Trend (Click for info)</td>
<td>Error Margin</td>
<td>Top U.S. Performers(^\text{^})</td>
<td>New Jersey</td>
<td>Rank (of 21)</td>
</tr>
<tr>
<td>--------------------------------</td>
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<td>------------------------</td>
<td>--------------</td>
<td>-----------------</td>
<td>------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Residential segregation - black/white</td>
<td>58</td>
<td></td>
<td></td>
<td>23</td>
<td>64</td>
<td></td>
</tr>
<tr>
<td>Residential segregation - non-white/white</td>
<td>51</td>
<td></td>
<td></td>
<td>15</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Homicides</td>
<td>11</td>
<td>10-12</td>
<td>2</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physical Environment**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>15</th>
<th>11.3</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Air pollution - particulate matter</td>
<td>11.4</td>
<td></td>
<td></td>
<td>9.5</td>
<td>11.3</td>
<td></td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>Yes</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>21%</td>
<td>21-22%</td>
<td>9%</td>
<td>23%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driving alone to work</td>
<td>77%</td>
<td>77-78%</td>
<td>71%</td>
<td>72%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>38%</td>
<td>37-40%</td>
<td>15%</td>
<td>42%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^\text{^}\) 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods
2013 Tri-County Needs Assessment

In addition to the 2015 county health rankings, a regional assessment was implemented in 2013 by the Tri-county Community Health Needs Assessment Collaborative. The Tri-County Health Assessment Collaborative, consisting of hospitals, health systems, and health departments within Burlington, Camden, and Gloucester Counties came together to undertake a comprehensive regional community health needs assessment (CHNA). The CHNA was conducted from September 2012 to June 2013.

In 2013, According to the Tri county Community Health Needs Assessment:

- The proportion of residents who have not participated in physical activity outside of their regular job in the last month (29.8%) is higher when compared to the United States (24.4%), but similar to New Jersey (26.6%).
- The proportion of residents who have smoked at least 100 cigarettes in their life (48.9%) is higher when compared to New Jersey (40.6%) and the United States (42.0%). Additionally, the proportion of residents who no longer smoke cigarettes (56.7%) is lower when compared to New Jersey (64.4%), but similar to the United States (59.4%).
- Hispanic respondents are more likely than Non-Hispanic respondents to report smoking cigarettes every day. Additionally, Hispanic respondents are more likely than Non-Hispanic respondents to report having stopped smoking for one or more days in the past 12 months because they were trying to quit smoking.
- The proportion of residents who have been diagnosed with chronic obstructive pulmonary disease (7.8%) is higher when compared to New Jersey (5.1%), but similar to the United States (6.3%).
- The proportion of residents who have been diagnosed with diabetes (13.0%) is higher when compared to New Jersey (9.2%) and the United States (9.3%).
- The proportion of residents who have ever been told they have high blood pressure (43.3%) is higher when compared to New Jersey (30.6%) and the United States (31.6%).
- Hispanic respondents are more likely than Non-Hispanic respondents to report having had an angina or coronary heart disease in the past.
- White respondents are more likely than Black or African American respondents to report having had their blood cholesterol checked.
- Non-Hispanic respondents are more likely than Hispanic respondents to report having had their blood cholesterol checked.
- Tobacco use as well as heavy drinking among Blacks is proportionally higher in Camden County compared to Blacks statewide.
- The proportion of obese adults in the county exceeds the statewide average.
- Adults 50+ in Camden County are less likely to have had a blood stool test compared to those throughout the state.
- When looking at BMI (Body Mass Index) statistics, nearly 28% of county residents are obese. This exceeds the state’s obesity percentage by 4.3%.

In addition to a household telephone survey, 4 data collection sessions were held with 165 Camden City residents from diverse populations who were administered an abbreviated version of the Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access. The four sessions were held in various locations in Camden City, NJ during March 2013. One hundred and sixty-five (165) Camden City residents representing diverse populations participated in these
sessions. Responses were collected through wireless keypad technology.

Residents in Camden City were:

- Less likely to have health care coverage
- More likely to report that in the past 12 months they needed to see a doctor but could not because of cost
- More likely to be covered by Medicare, Medicaid, NJ FamilyCare
- More likely to report having trouble finding a general doctor/provider and specialist
- More likely to report having disability (limited in any activities due to physical, mental, or emotional problems)
- More likely to report having asthma

The above bar graph and following bar graphs illustrate some of the differences among nation, state, county and Camden City Statistics.
Key Informant Interviews were also conducted with 100 community stakeholders and leaders in Camden County. Key Informants representing a variety of sectors including public health/medical services, non-profit and social organizations, youth agencies, and the business community provided input on health issues and barriers to care. Key informants indicated that the following resources were needed to improve access to health promotion activities, prevention activities and healthcare:

- Increased awareness/education/community outreach
- Increased collaboration/coordination/community engagement
- Improved access to affordable exercise and nutrition programs
- Enhanced mental health and substance abuse services
- Need for patient navigation and support

The final section of the survey focused on challenges to maintaining healthy lifestyles, perceptions of current health initiatives, and recommendations for improving the health of the community. When asked what challenges people in the community face in trying to maintain
healthy lifestyles like exercising and eating healthy, participants suggested the following common challenges:

- Cost/Access
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Safety/Crime/Poverty
- Cultural Barriers

Based on the feedback from the key informants, access to health care is a significant health issue in the community. A number of barriers contribute to access issues including inability to pay, health insurance coverage, and difficulty navigating the health care system. Diabetes and Obesity/overweight were seen as prominent health issues. In addition, Substance Abuse/Alcohol Abuse and Mental Health/Suicide were concerns for the community. Respondents indicated the need for additional resources and increased awareness, education, prevention, and outreach to inform the community about programs and services.

Two Focus Group Discussion were also held with 24 community residents in Camden County. Group topics addressed Access to Health Care & Key Health Issues and Nutrition/Physical Activity & Obesity. Attendees were especially concerned with childhood obesity. They felt that the food in schools is unhealthy and that physical activity is no longer structured. They felt that physical activity should be emphasized in the schools and expressed concern that schools are cutting back on time for gym and recess. There are some recreation programs in the county to keep children active but there are not enough and they can be expensive. When asked what challenges people in the community face in trying to stay physically fit and eat healthier, participants suggested the following common challenges:

- Cost
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Stress/Depression
- Television/Video Games
- Crime/Safety

When asked what kinds of things were helpful to participants when they tried to be physically fit and eat healthier, the participants mentioned the following supports:

- Creating a plan and establishing goals
- Cooking simply
- Cutting out soda and junk food
- Trying to be a role model for children/family
- Having a buddy/mentor to help with motivation
- Group/team-based physical activity like walking clubs
- Working towards a goal or reward

Participants provided the following recommendations to encourage people in the community to
eat healthier:

- More healthy restaurants and stores
- Affordable/Accessible healthy food
- Coupons/Vouchers for healthy food
- Healthy Cooking Demonstrations/Classes
- Healthy Recipes & Healthy Cooking Tips
- Family-oriented Workshops for children and parents to learn together
- Access to wellness coaches, nutritionists, dieticians
- Workplace & School wellness challenges.
- Educate children through exposure to farmers and fresh/local food

Select Comments regarding Challenges to Maintaining Healthy Lifestyles:

- “Safety is a major concern. There are no recreational and/or outdoor parks or facilities to exercise, relax and/or eat in.”
- “Crime limits outdoors access for natural exercise.”
- “Exercising outdoors is not always an option due to lack of safety.”
- “It is too dangerous to exercise outside.”
- “People are afraid to walk in their neighborhoods for fear of being attacked.”
- “Lack of affordable and accessible recreation facilities and activities.”
- “There are no community exercise programs, or if there are, they are poorly advertised.”
- “Healthy food choices are difficult to find in many neighborhoods and there is a large population of people who do not know how to cook so fast food has become a way of life.”
- “Camden is a food desert - no supermarkets, just corner stores.”
- “Transportation to grocery stores is a significant barrier for residents.”
- “Those living in Camden have very limited access to grocery stores with fresh produce at affordable costs.”
- “Lack of knowledge in how to prepare fresh foods.”
- “Lack of culturally appropriate chronic disease self-management and education programs.”
- “Education is the largest barrier to resident understanding about their health problems.”
- “There are many residents that are uneducated and do not have capacity to make informed decisions including those related to healthy lifestyle.”
- “I think poverty is the biggest challenge. The poor cannot always afford the healthy foods and eat more carbs which contribute to some of the other issues. When you are struggling for the basic necessities of life, it is hard to worry about exercise, etc.”
- “Low income individuals face the financial resources to purchase healthier foods. Many lack transportation, so they depend on corner markets and fast food for their diet.”
- “Getting to medical appointments and navigating the information/educational system to learn more about their chronic condition can be challenging.”
- “The costs of prescriptions and supplies for chronic medical conditions prohibit people from managing their diseases.”
- “The largest need is an infrastructure that supports healthy lifestyles like walking and bicycling for utilitarian purposes that connects to purposeful destinations.”
- “Lack of access to diabetes equipment and medication for uninsured and underinsured.”
Based on responses to the 2013 Camden County BRFSS, nearly 28 percent of Camden County respondents meet the criteria for being obese (based on BMI). This exceeds the state’s obesity percentage by 4.3%. There is in addition to these disconcerting statistics an increasing prevalence of childhood obesity as well as significant disparities between racial and ethnic groups. The 2011 New Jersey Student Health Survey indicates that 15 percent of high-school students are obese. Obese children are likely to become obese adults. Childhood and adult obesity and overweight is associated with such health conditions as heart disease, stroke, diabetes, certain cancers and high-blood pressure. A high BMI is associated with excess mortality in persons over age 50. Efforts to reduce obesity through proper exercise and nutrition and efforts can help significantly in management of diabetes, heart disease and other chronic conditions and may also reduce cancer risk. The proportion of adults who are having recommended screenings and preventive services is below state benchmarks as well.

Obese Adults & Low-Income Preschool Children

Source: Centers for Disease Control & Prevention, 2012; USDA Food Environment Atlas, 2011; Healthy People 2020
*Obesity among low-income preschool children is not available for New Jersey or Healthy People 2020
The children represented by this indicator shown above are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the state or Healthy People 2020.
Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. In addition, physical inactivity at the county level is related to health care expenditures of circulatory system diseases. Access to exercise opportunities includes access to parks, gyms, community centers, pools, etc. Camden County has a high percentage of residents with access to exercise opportunities compared to the state and the nation. However, adults in Camden County are the most likely to be physically inactive.

**Physical Activity**

<table>
<thead>
<tr>
<th></th>
<th>Percentage of Residents with Access to Exercise Opportunities</th>
<th>Percentage of Physically Inactive Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden County</td>
<td>94.6%</td>
<td>27.3%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>94.5%</td>
<td>24.1%</td>
</tr>
<tr>
<td>United States</td>
<td>NA</td>
<td>23.0%</td>
</tr>
</tbody>
</table>

Source: Business Analyst, Delorme Map Data, ESRI, & US Census Tigerline Files, 2014 & Centers for Disease Control and Prevention, 2012

Obesity is affected by access to nutritious food and exercise opportunities. Camden County has a lower percentage of food insecure residents compared to the nation, however Camden County exceeds the state.

**Percentage of Food Insecure Residents**
Another measure of healthy food access is the number of fast food restaurants versus grocery stores in the area. Camden County has a higher rate of fast food restaurants compared to grocery stores.

<table>
<thead>
<tr>
<th>Healthy Food Access &amp; Environment</th>
<th>Fast Food Restaurants per 100,000</th>
<th>Grocery Stores per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden County</td>
<td>70.9</td>
<td>31.0</td>
</tr>
<tr>
<td>New Jersey</td>
<td>76.6</td>
<td>30.5</td>
</tr>
<tr>
<td>United States</td>
<td>72.7</td>
<td>21.2</td>
</tr>
</tbody>
</table>

Source: United States Census County Business Patterns, 2013

**Diabetes**

Diabetes is caused either by the body’s inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications. Type II diabetes, the most common form, is largely preventable through diet and exercise. Camden County experienced a sharp increase in adult diabetes prevalence from 2011 to 2012.

**Adult Diabetes Prevalence Trend**

<table>
<thead>
<tr>
<th>%</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.0%</td>
<td>7.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.0%</td>
<td></td>
<td>2011</td>
<td>2012</td>
</tr>
</tbody>
</table>

Source: New Jersey Department of Health, 2011-2013

The Camden County diabetes death rate is approximately 5 points higher than the state and 3 points higher than the nation. Diabetes death rates are higher among Blacks/African Americans compared to Whites and Hispanics/Latinos. In Camden County, the diabetes death rate among Blacks/African Americans is approximately double the rate among Whites.
The testing of blood sugar levels is essential to diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. The percentage of Medicare enrollees with diabetes who received a hA1c test in the past year is lower in Camden County when compared to the nation and the state.
Diabetic Monitoring (hA1c Test) among Medicare Enrollees (65-75 Years)

<table>
<thead>
<tr>
<th></th>
<th>Percentage of Enrollees Receiving an Annual hA1c Test from a Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden County</td>
<td>82.2%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>84.2%</td>
</tr>
<tr>
<td>United States</td>
<td>85.0%</td>
</tr>
</tbody>
</table>

Source: Dartmouth Atlas of Health Care, 2013

Next Steps – Data Collection

To help with future planning, Get Healthy Camden wanted to know what agencies were doing in three strategy areas: school wellness; food access; and active living and physical activity in Camden City. Thirty-three respondents (79%) reported their agencies have implemented a School Wellness Strategy, an average of three School Wellness Strategies per respondent of the 13 strategies listed. Over half of respondents (55%) said they offer nutrition education classes and/or programs (see Table 3). Over one-quarter of respondents indicated their agency implements School Wellness Strategies that increase time available for children to be physical (35%) and create safe places to play at school (29%).

School Wellness

Respondents were asked if their agency collected data to document or measure the results of their School Wellness Strategies. As shown in Table 4, half or more of the respondents for many of the School Wellness Strategies indicated “yes,” they are collecting data (for 9 of the 13 strategies). For 61 strategy responses (57%) the respondent indicated “yes,” the agency collects data, 29 responses (27%) indicate “no,” the agency does not collect data, and 17 responses (16%) indicate it is not known if the agency collects data to document the results of the School Wellness Strategies they are implementing.

Food Access

Thirty-six respondents (86%) reported their agencies have implemented a Food Access Strategy: an average of three Food Access Strategies per respondent of the 11 strategies listed. Over half of respondents (57%) indicated they offer nutrition education classes and/or programs (see Table 6). Nearly half the respondents (45%) said their agency offers nutrition education classes outside of schools and one-fifth offer support to those who do urban farming, community gardening, and/or backyard gardening. As both the School Wellness and Food Access sections of the survey asked about “nutrition education classes,” there may be duplication of the responses to those strategies.

Active Living and Physical Activity

Twenty-three respondents (55%) reported their agencies have implemented an Active Living and Physical Activity Strategy: an average of two of the nine Active Living and Physical Activity Strategies. Only about one-fourth or fewer respondents’ agencies provide each one of
these strategies (see Table 9). About one-fifth of respondents reported offering physical activity programs outside of school (21%), providing space for physical activity (26%) working to make parks safer (19%), and working to make streets and/or sidewalks safe (19%).

Agencies were asked to report not only on the types of strategies they implement, but when they began implementing the strategies, whether or not there is a target date for completing the strategy, whether or not they collect data to document the strategy, and whether or not they would be willing to share aggregated data about the strategies with community partners. Get Healthy Camden will explore these additional avenues to ascertain baseline measurements for future planning.