

2013

HUNTERDON COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT



HUNTERDON
COUNTY'S
HEALTHY
COMMUNITIES
INITIATIVE

June 2013

EXECUTIVE SUMMARY

INTRODUCTION

The Hunterdon County *Partnership for Health* is a county-wide initiative that involves more than 30 community service providers, agencies and organizations sharing a common interest in promoting and improving the health, well-being and quality of life of Hunterdon County residents. Since its inception in 1995, this healthier community initiative has led the completion of 4 county-level Behavioral Risk Factor Surveillance System (BRFSS) surveys and the development of a 2007 Community Health Improvement Plan (CHIP).

In 2011, Hunterdon Healthcare System (HHS), in collaboration with the Hunterdon County Department of Health, applied for and received a grant from the Robert Wood Johnson Foundation's (RWJF) New Jersey Health Initiatives program. This two-year grant operationalized through Hunterdon Regional Community Health (HRCH), an affiliate of Hunterdon Healthcare System, has enabled the *Partnership for Health* to lead another round of Community Health Needs Assessment (CHNA) activities.

The objectives of the 2013 Hunterdon County *Partnership for Health* Community Health Needs Assessment are as follows:

1. Develop a comprehensive community health profile that would provide a snapshot of the health and healthcare-related needs of Hunterdon County residents
2. Identify and prioritize health issues/needs
3. Have a CHNA report that would fulfill the new IRS requirement for non-profit hospital and that can be used by other community stakeholders who are interested in using it for their strategic planning

METHODOLOGY

The CHNA conducted utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, which consists of the following 4 assessments:

1. *Community Themes & Strengths Assessment* – Conducted 6 focus groups to identify factors affecting quality of life of residents of Hunterdon County.
2. *Local Public Health System Assessment* – Surveyed 18 individuals to identify the strengths, limitations, gaps and needs of the current public health system in Hunterdon County.
3. *Forces of Change Assessment* – Conducted a brainstorming session with 14 community stakeholders to identify factors, events and trends that influence or will influence the community's health and the delivery and operation of public health services.
4. *Community Health Status Assessment* – Analyzed 13 primary and secondary data sources to develop a comprehensive quantitative data-based county health profile.

Throughout the CHNA process, input from members of the *Partnership for Health* and other community residents, service providers and stakeholders -- especially those representing the underserved, low-income and minority populations -- was taken into account.

After consideration and analysis of both qualitative and quantitative data from the 4 individual assessments, members of the *Partnership for Health* developed a master list of health issues in the county and voted on what should be prioritized.

KEY FINDINGS

I. COMMUNITY HEALTH STATUS ASSESSMENT

A. Demographic and Socioeconomic

- 3rd least densely populated county in NJ.
- Larger proportion of residents have a college or graduate/professional degrees (48%) compared to NJ overall.
- Higher than state average median income. However, large variation exists across the 26 municipalities.
- Dramatic 281% increase in food stamp usage between 2007 and 2011.
- Predominantly white, non-Hispanic residents. The 2nd largest race/ethnicity is Hispanics.
- Larger proportion of residents aged 45-64 years compared to NJ. Increasing elderly (65 years and above) population.
- Smaller percentage of residents who are unemployed compared to NJ.
- Percentage of individuals in Hunterdon living below poverty is lower than NJ.

B. Healthcare Access and Utilization

- Among adult Hunterdon residents, 93.2% have some form of health insurance coverage compared to just 87.2% in NJ. However, only 37.9% of Hunterdon Hispanics have some form of health insurance coverage.
- Larger percentage of Hunterdon Hispanics reported not having a primary care provider and cited cost as a major barrier to seeing a doctor compared to the general Hunterdon County population.
- Lower total physician density (per 100,000 population) compared to NJ. However, Hunterdon has a higher ratio of primary care and family physicians compared to the state.
- Percentages of reported use of preventive services in Hunterdon are higher among women over 40 years of age receiving mammogram and adults over 50 who received sigmoidoscopy or colonoscopy. However, percentage of men over 40 years of age receiving a Prostate-Specific Antigen test is lower than the state average.

C. *Maternal and Child Health*

- Larger percentage of pregnant women receiving prenatal care in the first trimester compared to state average. However, percentage among Hunterdon Hispanics is significantly lower.
- Birth rate is significantly lower than NJ and there are higher percentage of C-sections and multiple births in Hunterdon.

D. *Health Status and Health Outcomes*

- Top reported causes of death were cancer, diseases of the heart and cerebrovascular diseases/stroke, although mortality rates due to these diseases were lower than NJ's rates.
- Breast and prostate cancers, followed by melanomas of the skin were the most common types of cancer. Lung/bronchus, prostate and colon/rectum cancers were the most frequently reported causes of cancer deaths.
- Lower percentage of obese and overweight adults compared to NJ. However, prevalence is increasing.

E. *Substance Abuse and Mental Health*

- Alcohol and marijuana are the most frequently used substance among high school students.
- Prevalence of binge drinking among Hunterdon adults and percentage of adult heavy drinkers are higher than state average.
- Lifetime heroin use among Hunterdon high school students is higher than NJ.
- Lower percentage of adults and youths smoking cigarettes compared to their NJ counterparts.
- Majority of residents admitted for substance abuse treatment are due to alcohol followed by heroin/opiates.
- Larger percentage of high school students reported having been bullied on school property compared to NJ's average.

II. **COMMUNITY THEMES AND STRENGTHS ASSESSMENT**

A. *Factors contributing to quality of life (Strengths)*

- Rural Character – Participants cited that parks, open spaces, and other natural resources enhance the beauty of the county while encouraging physical activity by providing opportunity to engage in various outdoor recreation activities.
- Accessibility and Availability of Healthcare and Social Services – Participants mentioned that the county has a lot of available healthcare and social services available for all its residents, and in particular the more vulnerable population, such as the children, seniors, lower income and the growing Latino population. They also pointed out that the focus on preventive care has a positive impact on the community's overall health and well-being.

- Safety of the Community – Respondents identified safety and low crime rate as factors that draw a lot of people to choose to live and raise a family in Hunterdon.
- Excellent School System – Access to high quality education was also frequently cited by focus group participants as one of the main strengths and appeal of the county.
- Strong Civic Support and Engagement – Respondents stated that volunteerism and community support in the county is very strong. Community members and local businesses not only donate money, “but more importantly they volunteer their time, knowledge and expertise.”

B. Factors reducing quality of life (Weaknesses)

- High Cost of Living – Respondents frequently mentioned the high property tax and relatively higher cost of services as factors that reduce quality of life in Hunterdon. High cost of living makes it challenging for a lot of residents to make ends meet and continue to live in the county. This especially affects lower income and/or younger residents.
- Limited Services and Programs for Latinos – Participants cited that although there are more services and programs for Latinos now than before, it is still not enough to adequately meet their need. Language and cultural differences and low health literacy continue to be barriers in accessing needed healthcare services.
- Mental Health Issues – Participants noted that the success-driven culture and naturally competitive environment in the county put tremendous pressure on children, adolescents and adults, which in turn leads to stress and anxiety.
- Limited Affordable Transportation Options – Due to the rural nature of the county, transportation was considered by many to be a major barrier to accessing healthcare and social services for many residents, in particular the elderly, low-income and disabled.
- Large Low Income Population – Participants cited that income affects everything – access to care, proper nutrition, opportunities to participate in organized recreational activities, and many more. They stated that in Hunterdon there is a growing number of “hidden poor.” These are individuals/families who are now struggling to make ends meet, yet do not seek assistance because they are embarrassed or they do not know where to go.

III. FORCES OF CHANGE ASSESSMENT

1. Economic Crisis – The economic downturn was a major factor among the participants. It has affected and will continue to affect the health and well-being of the Hunterdon community and the delivery of services by the healthcare and local public health systems. In addition, these tough economic times not only affect residents’ finances, but also their health. The financial stress of figuring out a way to maintain the lifestyle they are used to may have a harmful effect on their mental health as well as their children.
2. Healthcare Affordability and Uninsured Population – Although the impact of the healthcare reform on healthcare delivery, affordability and accessibility remains

uncertain, participants believe that these are important issues that need to be addressed as they significantly influence the health of the community.

3. *Ageing Population and End-of-Life Care* – The changing demographic, the growing elderly population in particular, will contribute to an increase in demand for specific healthcare, social and supportive services, such as home care, and end-of-life and palliative care. Participants agreed that the public health system and the hospital will need to determine ways to fill the gaps and provide the needed care and services.
4. *Substance Abuse, Mental Illness and Gang Activity* – Participants cited that substance abuse and its high prevalence of comorbidity with mental illness continue to be a pervasive problem in Hunterdon. In addition, because of the high demand for and profitability of drugs, gang activity is increasing in Hunterdon. Increasing accessibility to treatment services for substance abuse and mental illness is imperative to meet the persistent need. Emphasis on prevention efforts is also critical to curb this problem.
5. *Government Policies and Priorities* – The differing priorities of federal, state and local governments are creating confusion and affecting availability and accessibility of services and programs in the county. Focus on the federal level is prevention and public health. However, decreasing budget has led to shifting of priorities away from health and human services and decreasing funding and staffing of various public health services at the local level.

IV. LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

- Overall, the Hunterdon County public health system which consists of the hospital, local health department, community-based agencies, faith-based organizations, schools and other public health entity, is performing at an optimal level.
- It should be noted that assessment participants responded the best they could with the information they have. However, the results captured at this point in time may not accurately reflect the current performance of the local public health system due to the uncertainties of how changes in the county Division Public Health Services would impact the county's public health infrastructure and delivery of the 10 Essential Public Health Services.

PRIORITY ISSUES

Members of the Hunterdon County *Partnership for Health* reviewed the assessment findings and voted on the following to be its priority health issues based on 2 criteria: (1) seriousness of the issue, which included size and consequence, and (2) ability to impact or make a difference:

1. *Obesity/Overweight* – Although percentage of overweight and/or obese adults in Hunterdon is lower than the state and nation, it has been increasing over the past 15 years. In addition, being overweight or obese substantially increases risk of developing certain chronic diseases such as heart disease and diabetes.
2. *Substance Abuse* – Substance abuse continues to be a pervasive issue in Hunterdon that cuts across age and gender.
3. *Latino Health Disparities* – There is a stark disparity in access to and utilization of healthcare services between the Hunterdon Latinos and the general Hunterdon

population. They are also more likely to have poorer health outcomes and exhibit more risky behaviors compared to the general Hunterdon population.

4. *Aging-related Issues* – The growing elderly population and their more specialized needs, such as home health and end-of-life care, are challenges that need to be addressed. Gaps in provision of and coordination of services need to be looked at and closed.

NEXT STEPS

Action teams were formed around each of the 4 identified health issues. Each team will meet and discuss in further detail their respective health issue. They will define attainable goals and objectives and develop clear strategies to address the health issues. All of which will be captured in the 2013 CHIP. The next step in this process will be to use the developed strategies to take action and impact the identified health issues.