

Community Health Needs Assessment

2015

FINAL SUMMARY REPORT



**Hackettstown Regional
Medical Center**

SUBMITTED BY



HOLLERAN

COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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EXECUTIVE SUMMARY

Beginning in June 2015, Hackettstown Regional Medical Center (HRMC) undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area within Warren, Morris and Sussex counties in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing service area residents. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. Hackettstown Regional Medical Center contracted with Holleran, a research and consulting firm based in Lancaster, Pennsylvania, to execute this project.

The completion of the CHNA enabled HRMC to take an in-depth look at its community. The findings from the assessment were utilized by the Center to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. Hackettstown Regional Medical Center is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life.

This CHNA Final Summary Report serves as a compilation of the overall findings of each research component. However, this is not meant to be a completely inclusive summary of each report, but rather an overview that highlights statistics worth noting within each report.

CHNA Components

- Secondary Data Research
- Key Informant Interviews
- Prioritization Session
- Implementation Plan

Key Community Health Issues

Hackettstown Regional Medical Center, in conjunction with community partners, examined the findings of the Secondary Data and Key Informant Interviews to select Key Community Health Issues. The following issues were identified:

- Access to Care
- Chronic Disease Management
- Coordination of Care
- Mental Health

Prioritized Community Health Issues

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Hackettstown Regional Medical Center plans to focus on multiple key community health improvement efforts and will create an implementation strategy of their defined efforts in January 2016. This document will be shared with the public shortly thereafter.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Driven by its mission to “demonstrate God’s care by improving the health of people and communities through a ministry of physical, mental and spiritual healing,” Hackettstown Regional Medical Center has delivered exceptional and compassionate patient care for Warren, Morris, Hunterdon and Sussex counties in New Jersey since 1973. Hackettstown Regional Medical Center offers a wide array of medical services and programs ranging from its state-of-the-art diagnostic imaging services to its top-notch cancer treatment services, and its addiction counseling, consultation and therapeutic services. HRMC ranks as one of the top performing 5% of hospitals in the U.S., with an overall performance rating of 99.7%, for providing key treatments in areas of Acute Myocardial Infection, Pneumonia, Congestive Heart Failure, and Surgical Care.

Hackettstown Regional Medical Center employs more than 1,000 staff and volunteers, operates 111 licensed hospital beds and is staffed by more than 600 physicians/providers. HRMC has provided a total of 9,665 community benefit programs (screenings, programs, classes, support groups, vaccinations, and health professions education) within the past year.

Community Overview

Hackettstown Regional Medical Center defined its current service area based on an analysis of the geographic area where individuals utilizing its services reside. Its primary and secondary service areas are summarized below:

Primary Service Area		Secondary Service Area
Municipalities		Municipalities
Mount Olive Township	Independence Township	Netcong Borough
Washington Township (Morris County)	Liberty Township	Byram Township
Andover Borough	Mansfield Township	Stanhope Township
Allamuchy Township	Oxford Township	Belvidere Township
Hackettstown Town	Washington Borough	Blairstown Township
Hope Township	Washington Township (Warren County)	Knowlton Township
		White Township

Methodology

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

- A Statistical Secondary Data Profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for primary and secondary service areas was compiled.
- Key Informant Interviews were conducted with 55 community leaders and partners between July and August 2015. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, public schools, and the business community.

Research Partner

Hackettstown Regional Medical Center contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 23 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted data from secondary data sources
- Collected, analyzed and interpreted data from key informant interviews; and
- Prepared all reports

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Hackettstown Regional Medical Center sought community input through key informant interviews with community leaders and partners and included community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

Timeline and other restrictions may have impacted the ability to survey all community stakeholders. Hackettstown Regional Medical Center sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components.

Prioritization of Needs

Following the completion of the CHNA research, Hackettstown Regional Medical Center prioritized community health issues and will develop an implementation plan to address prioritized community needs.

SECONDARY DATA PROFILE OVERVIEW

Background

One of the initial undertakings of the CHNA was to create a Secondary Data Profile. Secondary data is comprised of data obtained from existing resources and includes demographic and household statistics, education and income measures, morbidity and mortality rates, and health indicators, among other data points. The data was gathered and integrated into a graphical report to portray the current health and socio-economic status of residents in the service areas.

Secondary data was collected from reputable sources, including the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), and New Jersey State Department of Health. A full reference list is included in Appendix A. The data represents a point in time study using the most recent data possible. When available, state and national comparisons are provided as benchmarks.

The profile details data covering the following areas:

- Demographic/Socioeconomic Statistics
- Mortality & Morbidity Statistics
- Maternal & Child Health Statistics
- Sexually Transmitted Illness & Communicable Disease Statistics
- Mental Health Statistics
- Environmental Health

Secondary Data Profile Key Findings

The following section highlights the key takeaways from the Secondary Data Profile. A full report of the findings is available through Hackettstown Regional Medical Center.

Demographic Statistics

According to U.S. Census Bureau 2009-2013 estimates, the total population in the primary service area is 95,392 and 31,586 in the secondary service area, an increase of 7.3% and 4.7% respectively since 2000. The vast majority of residents in both service areas identify their race as White (primary service area: 80.4%; secondary service area: 89.5%), which indicates a less racial diversity. The median age in the secondary service area is 45.1, indicating an older population when compared to the primary service area (41.7), the state (39.1) and the nation (37.3).

The racial breakdown of the service areas provides a foundation for primary language statistics. More than 80% of residents in both service areas speak English at home as their primary language. As shown in Figure 1, the percentage of the population who speak a language other than English is lower in the secondary service area when compared to the primary service area, the state, and the nation.

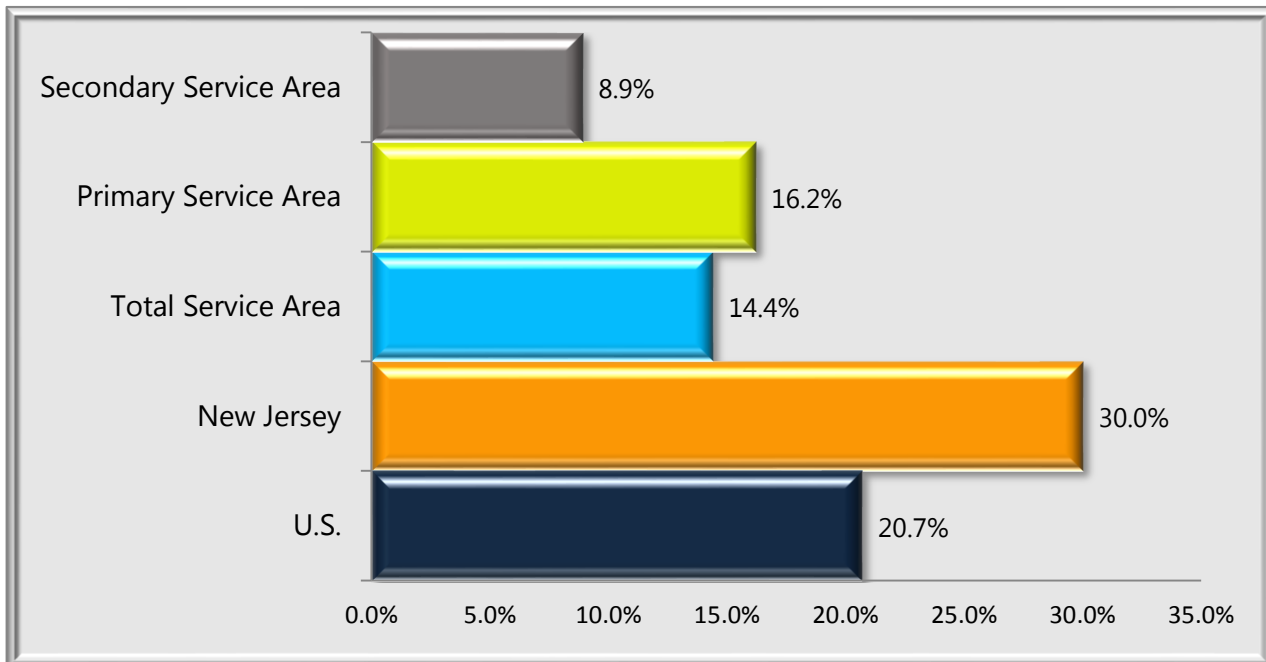


Figure 1. Percentage of population speaking a language other than English at home, 2009 – 2013

Households are identified as either family households or non-family households. A higher percentage of households are family households (71.3%) in the secondary service area when compared to the primary service area (68.9%), the state (69.2%) and the nation (66.4%). In regard to marital status, residents ages 15 years and over in the secondary service area are more likely to be currently married and living together (58.9%) and less likely to be divorced or never married when compared to residents across the primary service area, New Jersey and the nation.

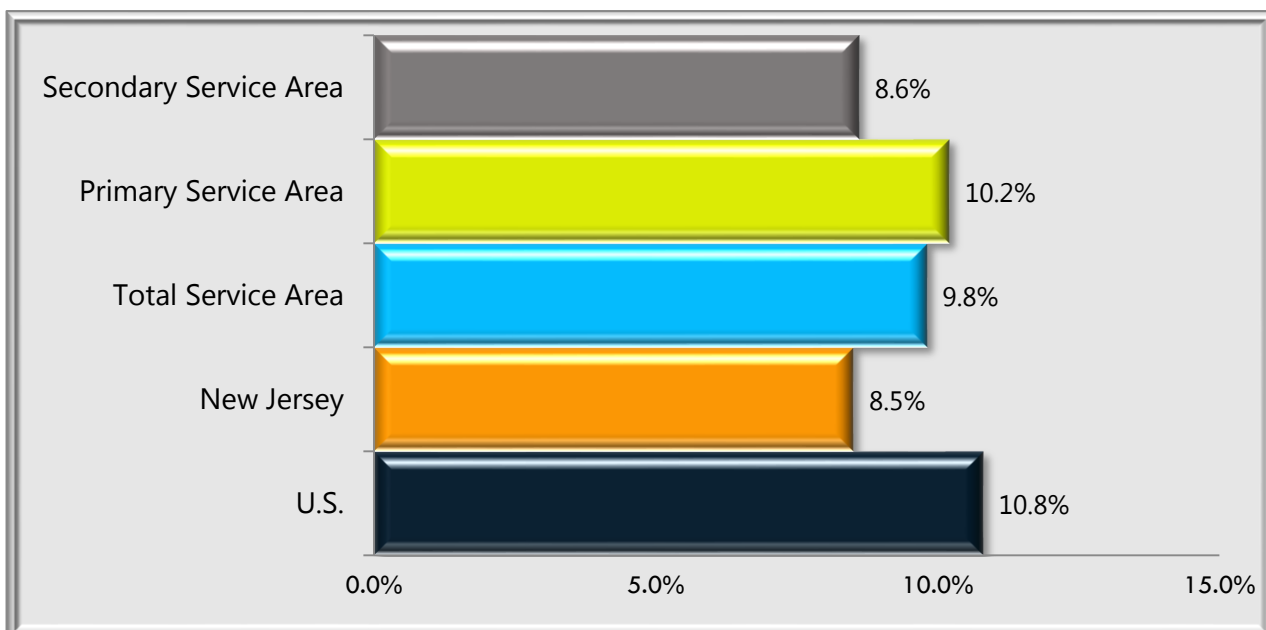


Figure 2. Divorce rate, 2009 – 2013

The median home value in the primary service area is notably higher than the median value in the secondary service area, across the state and the national median value. The proportion of home owners spending more than 30% of their income on housing is lower in both of the service areas when compared to the state and the nation.

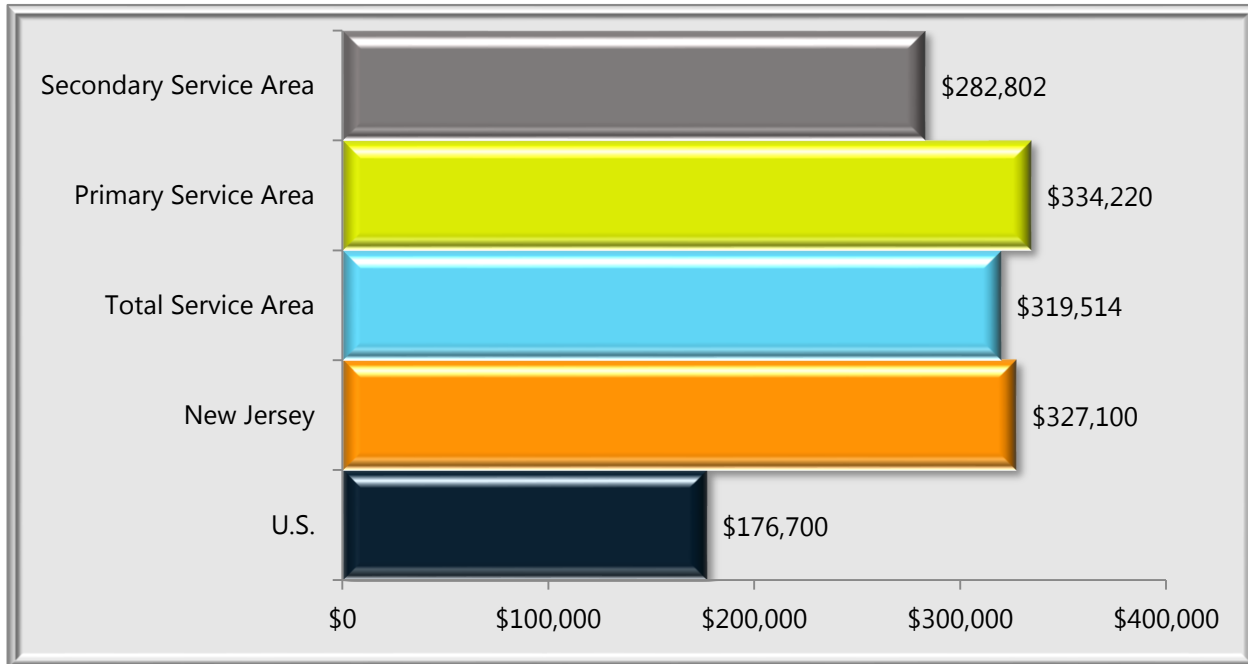


Figure 3. Median value for owner-occupied units, 2009 – 2013

The median income for households and families in the secondary service area is notably higher than that of the primary service area, the state and the nation (Median income for households: \$96,541; Median income for families: \$113,155).

Residents in the primary and secondary service areas are less likely to live below the poverty level when compared to residents across New Jersey and the nation. For instance, in the primary and secondary service areas, approximately less than 6% of all people live below the poverty level compared to 10.4% in New Jersey and 15.4% in the nation.

Table 1. Poverty Status of Families and People in the Past 12 Months (2009 - 2013)

	U.S.	New Jersey	Total Service Area	Primary Service Area	Secondary Service Area
All families	11.3%	7.9%	4.1%	3.9%	4.7%
Married couple families	5.6%	3.5%	1.8%	1.7%	1.9%
Female-headed households, no husband present	30.6%	23.3%	15.6%	14.8%	18.2%
All people	15.4%	10.4%	5.7%	5.8%	5.4%

Source: U.S. Census Bureau

A lower percentage of households in the primary and secondary service areas received food stamp/SNAP benefits in the past 12 months (4.0% and 5.3% respectively) when compared to the state (7.8%) and the nation (12.4%). However, households in the secondary service area with one or more adults aged 60 years or older are by far more likely to receive food stamps (45.6%) when compared to their peers in the primary service area (25.0%), the state (31.4%) and the nation (26.0%).

Table 2. Households with Supplemental Benefits in the Past 12 Months (2009 - 2013)

	U.S.	New Jersey	Total Service Area	Primary Service Area	Secondary Service Area
Households below poverty level	14.2%	10.1%	11.3%	13.1%	6.2%
Households with supplemental security income	4.9%	4.0%	2.5%	2.4%	2.6%
Households with cash public assistance income	2.8%	2.8%	1.8%	1.8%	1.6%
Households with food stamp/ SNAP benefits in the past 12 months	12.4%	7.8%	4.0%	4.0%	5.3%
Households below poverty level and receiving food stamps	52.3%	49.5%	37.7%	36.5%	45.6%
Households with one or more people 60 years and over receiving food stamps	26.0%	31.4%	27.3%	25.0%	45.9%
Households with children under 18 years receiving food stamps	55.5%	54.0%	41.3%	41.4%	40.7%

Source: U.S. Census Bureau

According to the U.S. Census estimates (2009-13), the unemployment rate in the secondary service area is 8.1% and 8.3% in the primary service area, and both rates are lower when compared to the state (10.1%) and the nation (9.7%). Of the residents who are employed, the majority work in management, business, science, and arts sectors and are private wage and salary workers.

Education is an important social determinant of health. It is well documented that individuals who are less educated tend to have poorer health outcomes. High school graduation rates and educational attainment rates for higher education in the primary service area are substantially higher when compared to secondary service area, the state and nation. Approximately 93% of adults in the primary service area have a high school diploma or higher degree, while 40.6% have a bachelor's degree or higher. This is in comparison to the secondary service area (92.9%; 28.9%), New Jersey (88.0%; 35.8%) and the nation (85.9%; 28.8%).

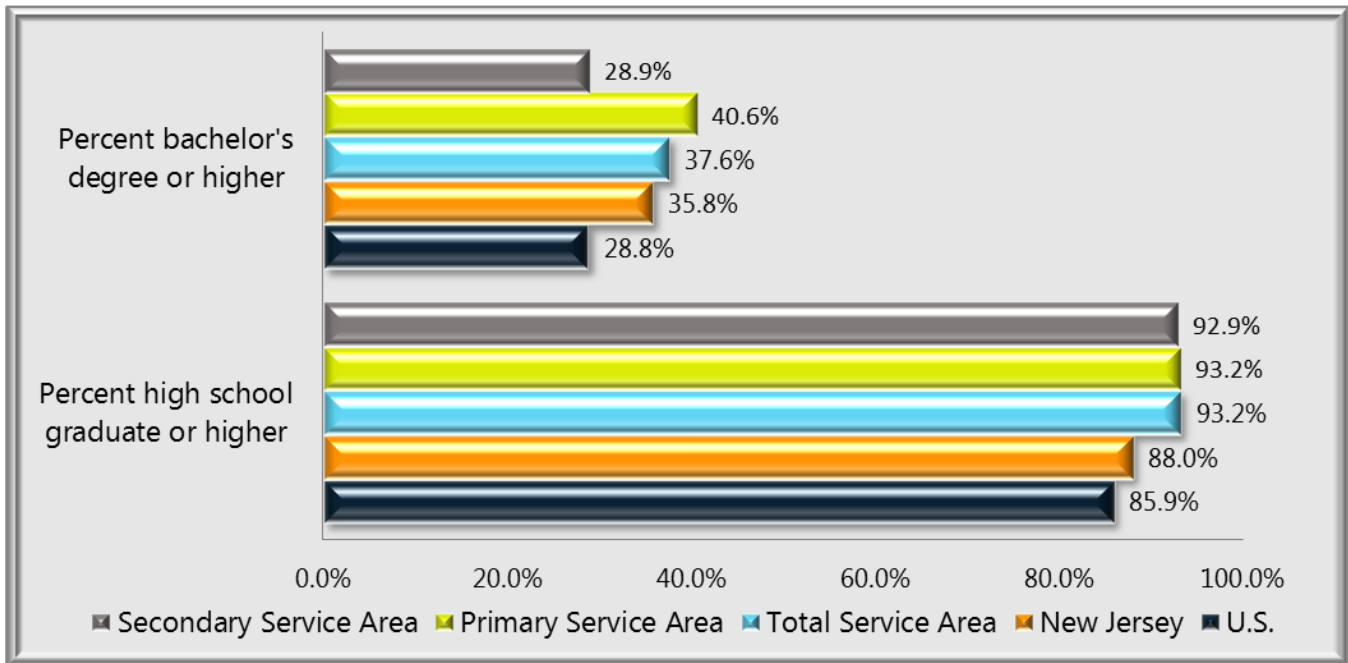


Figure 4. Educational attainment for population 25 years and older, 2009 - 2013

Health Insurance Coverage and Health Care Access

Health insurance coverage can have a significant influence on health outcomes. According to the U.S. Census Bureau (2009-13) estimates, the percentage of residents in the primary and secondary service areas who have health insurance coverage (91.2% and 91.9% respectively) is higher compared to New Jersey (87.2%) and the nation (85.1%).

Health Status Indicators

This section highlights existing health statistics on maternal and infant health as well as morbidity and mortality rates in the general population. However, due to availability of data, health indicator statistics are presented as crude rates only and does not account for characteristics such as age, race, and gender.

Mortality Rates

The crude death rate for all causes per 100,000 is substantially higher in the secondary service area (802.8) when compared to the primary service area (668.2) and the state (792.1), but is slightly lower than the nation’s crude death rate (807.3).

Residents in the secondary service area are more likely to die from cancer (27.6%) when compared to residents in the primary service area (26.5%), across New Jersey (23.7%) and the nation (22.9%).

Maternal and Child Health

Approximately, 9% of mothers in the secondary service area smoked during pregnancy. This percentage is higher when compared to the primary service area (7.7%), New Jersey (5.5%), and the nation (6.8%) and falls substantially below the Healthy People 2020 goal of 1.4%. The proportion of infants born with low birth weight is higher in the secondary service area (7.2%) when compared to their peers in the primary service area (4.9%), New Jersey (6.9%), and the nation (6.7%). In addition, a higher percentage of mothers in the secondary service area had preterm births (12%) when compared to mothers in the primary service area (10.3%), the state (9.5%), and the nation (11.4%).

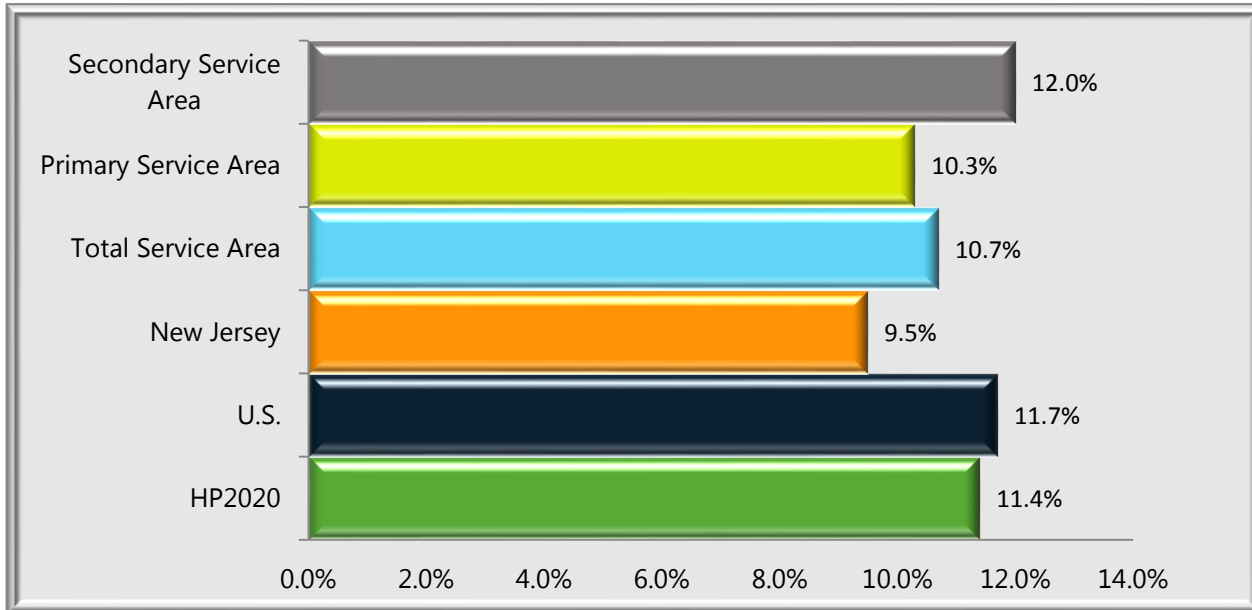


Figure 5. Percentage of infants born preterm, 2011

Cancer Mortality Statistics

Residents in the secondary service area are more likely to die from colon and prostate cancers (both 3.9%) when compared to their peers in the primary service area (colon: 2.5%; prostate: 1.3%), the state (colon: 2.3%; prostate: 1.1%) and the nation (colon: 2.1%; prostate: 1.1%).

KEY INFORMANT INTERVIEW

Background

A survey was conducted among area key informants. Key informants were defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other area authorities.

Holleran staff worked closely with Hackettstown Regional Medical Center to identify key informant participants and to develop the Key Informant Survey Tool. A copy of the questionnaire can be found in Appendix B. The questionnaire focused on gathering qualitative feedback regarding perceptions of community needs and strengths across three key domains:

- Key Health Issues
- Health Care Access
- Challenges & Solutions

A total of 55 key informants completed the survey between July and August 2015. The largest percentage of informants were affiliated with Health Care/Public Health sector (41.8%), followed by non-profit/Social Services/Aging Services (20.0%).

It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives within the service areas. See Appendix C for a listing of key informant participants. The following section provides a summary of the Key Informant Interviews including key themes and select comments.

Key Health Issues

The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top five health issues that they perceived as being the most significant. The five issues that were most frequently selected were: Substance abuse/Alcohol abuse, mental health/suicide, overweight/obesity, cancer and heart disease. Respondents also ranked substance abuse/alcohol abuse, mental health/suicide, and overweight/obesity as the top three most significant health issues facing their communities.

The following table shows the breakdown of the percent of respondents who selected each health issue. Issues are ranked from top to bottom based on the number of participants who selected the issue.

Table 1: Ranking of the Top Five Most Pressing Key Health Issues

Rank	Key Health Issue	Percent Of Respondents Who Selected The Issue
1	Substance Abuse/Alcohol Abuse	69.1%
2	Mental Health/Suicide	67.3%
3	Overweight/Obesity	60.0%
4	Cancer	58.2%
5	Heart Disease	50.9%

Respondents also shared additional information regarding the health issues they selected and their reasons for ranking them the way they did. A verbatim summary of select comments are highlighted below.

Select Comments Related to Key Health Issues:

- “There is very limited substance abuse treatment available in Warren County - no detox or residential at all. People need immediate access to detox and linkage to appropriate treatment. Substance abuse is a critical, life threatening, public health issue resulting in death to many residents.”
- “Many with mental health issues are uninsured and it is difficult to get them the help they need. There is often a delay in getting them the proper treatment due to lack of practitioners or facilities.”
- “This community offers very little to those with mental health issues. Most psychiatrists don't accept insurance and expect payment upfront. Family Guidance is a great program but travel to Phillipsburg is difficult.”

Health Care Access

Availability of Services

The second set of questions concerned the ability of local residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bi-lingual providers. Respondents were provided with statements such as: “Residents in the area are able to access a primary care provider when needed.” They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree).

As illustrated in Table 3, availability of mental/behavioral health providers, bi-lingual providers, health care providers accepting Medicaid and Medical Assistance, and availability of transportation for medical appointments garnered the lowest mean responses compared to the other factors.

Table 2. Ratings of Statements about Health Care Access

Factor	Mean Score
Residents in the area are able to access a primary care provider when needed.	3.72
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.).	3.22
Residents are able to access a dentist when needed.	3.11
Transportation for medical appointments is available to area residents when needed.	2.38
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	2.32
There is a sufficient number of bi-lingual providers in the area.	2.25
There is a sufficient number of mental/behavioral health providers in the area.	1.76

Barriers to Health Care Access

After rating availability of health care services, respondents were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected are summarized in the graph below.

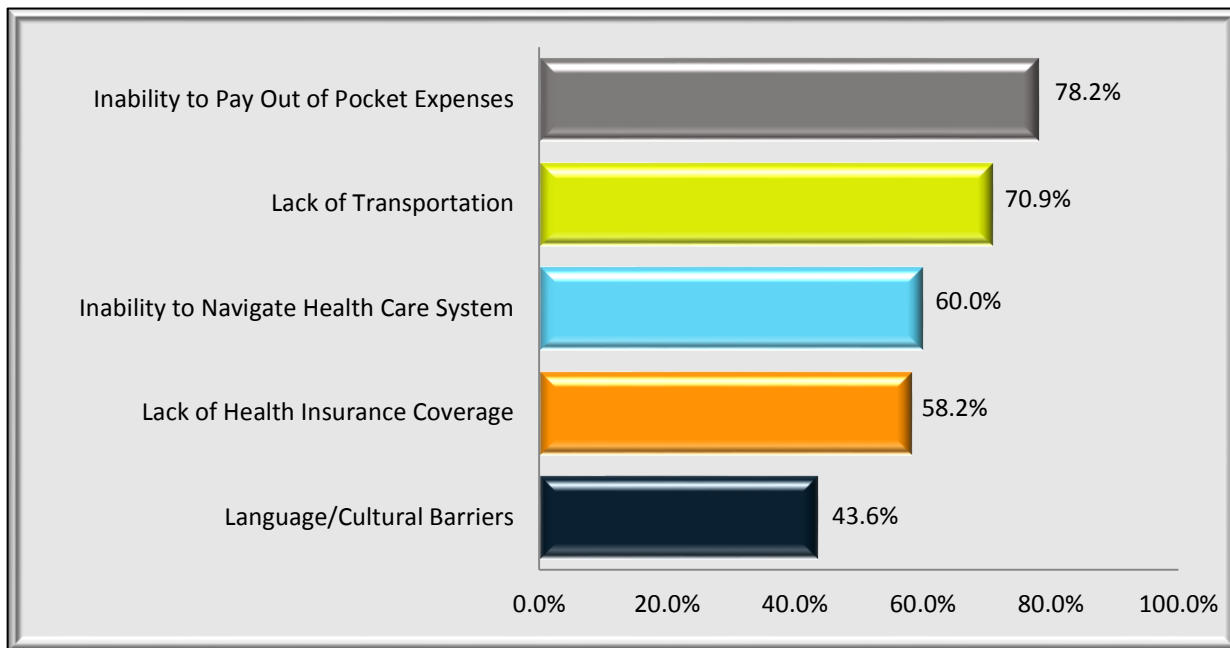


Figure 1. Barriers to health care access

Inability to pay out-of-pocket expenses has been rated by participants as being the most significant barrier (30.9%), followed by lack of health insurance coverage with 16.4%. Other barriers that were rated by participants as being the most significant included lack of transportation, inability to navigate health care system, and the availability of providers/appointments.

After selecting the most significant barriers, informants were asked to share any additional information regarding the barriers to accessing health care.

Select Comments Regarding Health Care Access and Barriers:

- “Affordable care act is not what it was presented to be. Costs have gone up!”
- “Transportation is always an issue in Warren County, as it is spread out and not easily navigable if you do not have a car. Even for residents who live near healthcare providers, most communities are not walkable. Therefore, without a car (or if you are not able to drive), it is difficult to access the care that is available.”
- “Most people do not have the time or ability to deal with their health insurance issues, even if they have coverage. Everything is a fight, all the time.”
- “The Health Care System is becoming more and more complicated. It seems that you have to be, or have a friend that is a health care professional or a medically knowledgeable attorney to understand pragmatically.”

Underserved Populations

Some population groups were identified by key informants as being underserved when compared to the general population. Low-income/the poor, uninsured/underinsured individuals and the homeless are the top three population groups that were rated by key informants as not being adequately served by local health services. Responding to the “other” option in the survey, respondents also mentioned “children with special needs,” “the mentally ill,” and “people with addictions” as being underserved.

Health Care for Uninsured/Underinsured

Nearly three-fourths of key informants indicated that hospital emergency departments are the primary place where uninsured/underinsured individuals go when they are in need of medical care. Health Clinic/FQHC and Urgent Care were also mentioned as preferred places to obtain medical care.

Resources Needed to Improve Access

Free/low cost dental care, transportation, mental health services, substance abuse services, and prescription assistance have been mentioned by more than half of the key informants as the most needed resources in the community to improve access to health care for residents. Assistance with Nursing Homes and Medicaid providers were also pointed out by participants as an essential resource to improve health care access.

Challenges and Solutions

Key informants were asked to identify challenges people in the community face in trying to maintain healthy lifestyles. The most salient themes that emerged in participants’ responses include: Lack of time to buy and prepare healthy foods and exercise routinely, lack of health education and knowledge of available resources, and accessibility and price of healthy food choices. The vast majority of participants felt that most people in their community are struggling to make ends meet and do not have the time to devote to healthy living. Comments such as the following were very common:

“Many are too busy trying to make ends meet when they are of working age to fit in time for exercise and relaxation. By the time they are older and have time, the health damage has been done.”

“Purchasing and preparing healthy meals is more expensive than the McDonald's dollar menu or pasta dinners. Long commutes to work sitting in a car allow little time for leisure activities and exercise. Community recreation programs address physical exercise needs of youth; however, do not fully address less fit adults. Further, gym memberships are expensive.”

Responding to the question “What’s being done well in the community?,” respondents repeatedly mentioned Hackettstown Regional Medical Center’s educational programs, support groups, and its emergency transportation as being done well. The efforts of various community groups to promote healthy lifestyles and the variety of available programs were also frequently mentioned by most respondents as making a difference in their communities.

Key informants made recommendations that they felt would help improve health and quality of life in their communities. Some of the most frequently mentioned suggestions are summarized below:

- Recruiting more specialists in the field of mental health and providing psychiatric services;
- Improving access to transportation;
- Wider distribution of services in lower income communities;
- Advertising existing programs and services available in the community;
- Sustainable educational programs and health promotion activities, and;
- A community-wide plan to improve sidewalks and bike trails

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization Session

On October 20, 2015, approximately 23 individuals representing HRMC’s service areas gathered to review the results of the 2015 Community Health Needs Assessment (CHNA). The goal of the meeting was to discuss and prioritize the needs of their local community as identified through the CHNA and to set the stage for community health improvement initiatives and the development of the hospital’s Implementation Strategy. Among the attendees were representatives from local health and human service agencies, area non-profit organizations, health providers, and public health representatives. A list of attendees for both sessions can be found in Appendix D.

Process

The prioritization meeting was facilitated by Holleran Consulting. The meeting began with an abbreviated research overview. This overview presented the results of the secondary data research and key findings of the CHNA.

Following the research overview, participants were provided with information regarding the prioritization process, criteria to consider when evaluating key areas of focus, and other aspects of health improvement planning, such as goal setting and developing strategies and measures. Through facilitated discussion, the group identified multiple areas of defined health needs that would later be consolidated to four broad areas of potential focus. The “master list” of community priorities (presented in alphabetical order) includes:

- Access to Care
- Chronic Disease Management
- Coordination of Care
- Mental Health

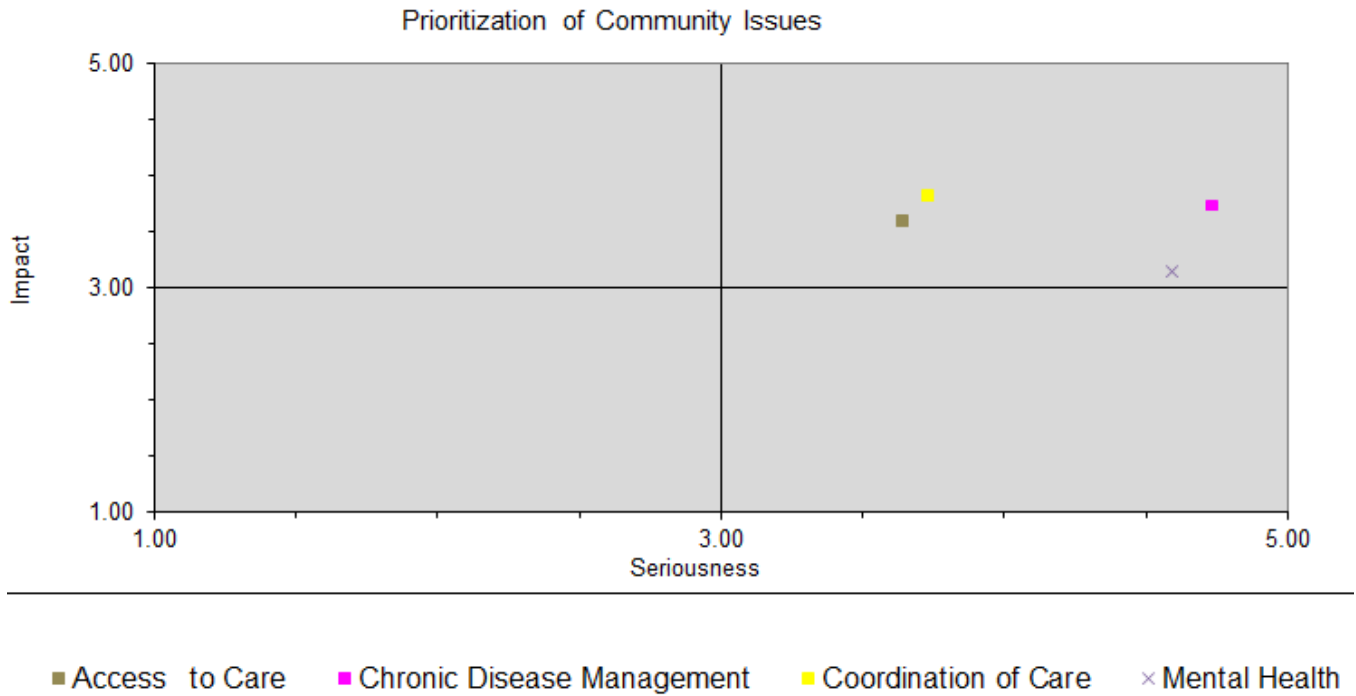
Key Community Health Issues

Once the master list was compiled, participants were asked to rate each need based on two criteria. The two criteria included seriousness of the issue and the ability to impact the issue. Respondents were asked to rate each issue on a 1 (not at all serious; no ability to impact) through 5 (very serious; great ability to impact) scale. The ratings were gathered instantly and anonymously through a wireless audience response system. Each attendee received a keypad to register their vote. The following tables reveal the results of the voting exercise.

Master List	Seriousness Rating (average)	Impact Rating (average)
Access to Care	3.64	3.59
Chronic Disease Management	4.73	3.73
Coordination of Care	3.73	3.82
Mental Health	4.59	3.14

The priority area that was perceived as the most serious was Chronic Disease Management (4.73 average rating), followed by Mental Health (4.59 average rating). The ability to impact Coordination of Care was rated the highest at 3.82, followed by Chronic Disease Management with an impact rating of 3.73.

The matrix below outlines the intersection of the seriousness and impact ratings. Those items in the upper right quadrant are rated the most serious and with the greatest ability to impact.



Identified Health Priorities

The Hackettstown Regional Medical Center Implementation Strategy Work Group will review these research findings, along with its current services and programs, resources and areas of expertise, and other existing community assets, to determine what identified needs it would address, and those it would play a support role in addressing.

Appendix A. Secondary Data Sources

Centers for Disease Control and Prevention. (2015). *CDC wonder*. Retrieved from <http://wonder.cdc.gov/>

Centers for Disease Control and Prevention. (2015). *National vital statistics reports*. Retrieved from <http://www.cdc.gov/nchs/nvss.htm>

New Jersey State Department of Health. *Reports and Statistics*. Retrieved from <http://www.in.gov/isdh/18888.htm>

U.S. Census Bureau. (2009-2013). *American fact finder*. Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

U.S. Department of Health and Human Services. (2012). *Healthy People 2020*. Retrieved from <http://www.healthypeople.gov/2020/default.aspx>

U.S. Department of Health and Human Services. (2015). *The 2015 HHS poverty guidelines*. Retrieved from <http://aspe.hhs.gov/poverty/15poverty.cfm>

Appendix B. Key Informant Survey Tool

INTRODUCTION: As part of its ongoing commitment to improving the health of the communities it serves, Hackettstown Regional Medical Center is spearheading a comprehensive Community Health Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

Hackettstown Regional Medical Center's Mission Statement: We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental, and spiritual healing.

KEY HEALTH ISSUES

1. What are the top 5 health issues you see in your community? (CHOOSE 5)

<input type="checkbox"/> Access to Care/Uninsured	<input type="checkbox"/> Overweight/Obesity
<input type="checkbox"/> Cancer	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Dental Health	<input type="checkbox"/> Stroke
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Substance Abuse/Alcohol Abuse
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Maternal/Infant Health	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Mental Health/Suicide	<input type="checkbox"/> Other (specify):

2. Of those health issues mentioned, which 1 is the most significant? (CHOOSE 1)

<input type="checkbox"/> Access to Care/Uninsured	<input type="checkbox"/> Overweight/Obesity
<input type="checkbox"/> Cancer	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Dental Health	<input type="checkbox"/> Stroke
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Substance Abuse/Alcohol Abuse
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Maternal/Infant Health	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Mental Health/Suicide	<input type="checkbox"/> Other (specify):

3. Please share any additional information regarding these health issues and your reasons for ranking them this way in the box below:

ACCESS TO CARE

4. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

	Strongly disagree ← → Strongly agree				
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Residents in the area are able to access a dentist when needed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Residents in the area are utilizing emergency department care in place of a primary care physician.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There is a sufficient number of bilingual providers in the area.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There are a sufficient number of mental/behavioral health providers in the area.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Transportation for medical appointments is available to area residents when needed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5. What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

<input type="checkbox"/> Availability of Providers/Appointments
<input type="checkbox"/> Basic Needs Not Met (Food/Shelter)
<input type="checkbox"/> Inability to Navigate Health Care System
<input type="checkbox"/> Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
<input type="checkbox"/> Lack of Child Care
<input type="checkbox"/> Lack of Health Insurance Coverage
<input type="checkbox"/> Lack of Transportation
<input type="checkbox"/> Lack of Trust
<input type="checkbox"/> Language/Cultural Barriers
<input type="checkbox"/> Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
<input type="checkbox"/> Lack of Health Literacy
<input type="checkbox"/> None/No Barriers
<input type="checkbox"/> Other (specify):

6. Of those barriers mentioned, which **1** is the most significant? (CHOOSE 1)

<input type="checkbox"/> Availability of Providers/Appointments
<input type="checkbox"/> Basic Needs Not Met (Food/Shelter)
<input type="checkbox"/> Inability to Navigate Health Care System
<input type="checkbox"/> Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
<input type="checkbox"/> Lack of Child Care
<input type="checkbox"/> Lack of Health Insurance Coverage
<input type="checkbox"/> Lack of Transportation
<input type="checkbox"/> Lack of Trust
<input type="checkbox"/> Language/Cultural Barriers
<input type="checkbox"/> Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
<input type="checkbox"/> Lack of Health Literacy
<input type="checkbox"/> None/No Barriers
<input type="checkbox"/> Other (specify):

7. Please share any additional information regarding barriers to health care in the box below:

8. Are there specific populations in this community that you think are not being adequately served by local health services?

__ Yes __ No

9. **If yes**, which populations are underserved? (Select all that apply)

<input type="checkbox"/> Uninsured/Underinsured
<input type="checkbox"/> Low-income/Poor
<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Black/African-American
<input type="checkbox"/> Immigrant/Refugee
<input type="checkbox"/> Disabled
<input type="checkbox"/> Children/Youth
<input type="checkbox"/> Young Adults
<input type="checkbox"/> Seniors/Aging/Elderly
<input type="checkbox"/> Homeless
<input type="checkbox"/> None
<input type="checkbox"/> Other (specify):

10. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

<input type="checkbox"/>	Doctor’s Office
<input type="checkbox"/>	Health Clinic/FQHC
<input type="checkbox"/>	Hospital Emergency Department
<input type="checkbox"/>	Walk-in/Urgent Care Center
<input type="checkbox"/>	Don’t Know
<input type="checkbox"/>	Other (specify):

11. Please share any additional information regarding Uninsured/Underinsured Individuals & Underserved Populations in the box below:

12. Related to health and quality of life, what resources or services do you think are missing in the community? (Select all that apply)

<input type="checkbox"/>	Free/Low Cost Medical Care
<input type="checkbox"/>	Free/Low Cost Dental Care
<input type="checkbox"/>	Primary Care Providers
<input type="checkbox"/>	Medical Specialists
<input type="checkbox"/>	Mental Health Services
<input type="checkbox"/>	Substance Abuse Services
<input type="checkbox"/>	Bilingual Services
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Prescription Assistance
<input type="checkbox"/>	Health Education/Information/Outreach
<input type="checkbox"/>	Health Screenings
<input type="checkbox"/>	None
<input type="checkbox"/>	Other (specify):

CHALLENGES & SOLUTIONS

13. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?

14. In your opinion, what is being done *well* in the community in terms of health and quality of life? (Community Assets/Strengths/Successes)

15. What recommendations or suggestions do you have to improve health and quality of life in the community?

CLOSING

Please answer the following demographic questions.

16. **Name & Contact Information:** (Note: Your name and organization is required to track survey participation. Your identify WILL NOT be associated with your responses.)

Name:

Title:

Organization:

Email Address:

17. Which one of these categories would you say BEST represents your organization's community affiliation? (CHOOSE 1)

<input type="checkbox"/>	Health Care/Public Health Organization
<input type="checkbox"/>	Mental/Behavioral Health Organization
<input type="checkbox"/>	Non-Profit/Social Services/Aging Services
<input type="checkbox"/>	Faith-Based/Cultural Organization
<input type="checkbox"/>	Education/Youth Services
<input type="checkbox"/>	Government/Housing/Transportation Sector
<input type="checkbox"/>	Business Sector
<input type="checkbox"/>	Community Member
<input type="checkbox"/>	Other (specify):

18. What is your gender?

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

19. Which one of these groups would you say BEST represents the race/ethnicity of the clients you serve? (CHOOSE 1)

<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Asian/Pacific Islander
<input type="checkbox"/>	Other (specify):

20. Hackettstown Regional Medical Center and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

Appendix C. Key Informant Interview Participants

Name	Title	Agency
Lisa Dimiceli	Manager, Marketing and Public Relations	Hackettstown Regional Medical Center
Deborah Beards	Director	House of the Good Shepherd
Elizabeth Sartori	Counseling and Addiction Center	Hackettstown Regional Medical Center
Shri Babu	Director of Nursing	Bentley Commons at Paragon Village
Mary Ann Anderson	Chief Nursing Officer	Hackettstown Regional Medical Center
Darren Tynan	Sergeant	Hackettstown Police Dept.
Joan Moskowitz	Health Link Coordinator	Hackettstown Regional Medical Center
Mark Elbaum	President	Rotary
Daniello Pangallo	LCSW	Heath Village
Jim Sheldon	Executive Director	Hackettstown BID
Phyllis Sirkis	Member	Kiwanis Club of Hackettstown
Mary Stein	Health Educator	Hackettstown Regional Medical Center
Maria Chervenak	Manager, CHL	Hackettstown Regional Medical Center
Donna Kendrick	Staff Development	Hackettstown Regional Medical Center
Beth Waters	Manager, Emergency Services	Hackettstown Regional Medical Center
Joanne Williams	EMS	Hackettstown Regional Medical Center
James Macauley	Chief, HPD	Hackettstown Police Dept.
Eva Turbiner	President & CEO	Zufall Health
William Oliveri, MD	ER Physician	Hackettstown Regional Medical Center
Theresa Lord-Stout	Director, Health Services	Centenary College
Robert Miller	President & CEO	Bach's
Robin Ennis	Caregiver Coalition Coordinator	United Way of Northern NJ
David Pekola	Father	Church of the Assumption
Judith Wiegand	Executive Director	Hackettstown Regional Medical Center
Jason Coe	President	Hackettstown Regional Medical Center

Name	Title	Agency
Nancy DelPlato	Health Start	Hackettstown Regional Medical Center
Nancy Quinn	Program Director	NORWESCAP WIC Program
Edward Smith	Freeholder Director	Board of Chosen Freeholders
Richard Gardner	Freeholder	Board of Chosen Freeholders
Yvette Day	Executive Director	Community Prevention Resources
Bill Hunt	Emergency Management Coordinator	Warren County Office of Emergency Management
Richard McDonald	Executive Director	Family Guidance of Warren County
Tracy Fazzolari	Director	Home Instead
Michael Reilly	Chief of Police	Mansfield Police Dept.
Peter Summers	Health Officer	Warren County Health Dept.
Helen Watkins	Warren County Public Health Nurse	Warren County Health Dept.
Judith Leone	Warren County Public Health Nurse	Warren County Health Dept.
Sarah Shoemaker	Public Health Planner	Warren County Health Dept.
Mary Beth Maciag	Nurse Practitioner	Planned Parenthood
Cecilia Clayton	Executive Director	Karen Ann Quinlan Hospice
Deborah Berry-Toon	Director	Project Self-Sufficiency
Garrett Lare	Chief	Long Valley First Aid Squad
Cristianna Cook-Gibbs	Health Officer	Washington Twp. Health Department
Cheryl Wilson	School Nurse	Great Meadows Middle School
Helen Giles	Public Health Nurse	Mt. Olive Twp. Public Health
Mark Spitzer	Chief of Police	Mt. Olive Police Dept.
Beth Ann Dispoto	School Nurse	North Warren Regional School District
Jan McDyer	Transportation Coordinator	Warren County Transportation Coordinator
Kevin O'Neill	Surrogate	Warren County Surrogate
Scott Burd	Executive Director	Warren County Div. of Senior Service
Shannon Brennan	Mental Health Administrator	Warren County Mental Health Board
Shawn Buskirk	Director	Warren County Dept. of Human Services
Jan Hopkins	Executive Director	Chelsea at Brookfield
Susan Fishbough	Adm. Supervisor	Warren County Temporary Assistance
Jerry Dimaio, Sr.		

Appendix D. Prioritization Session Participants

Prioritization Session Participants

Name	Agency
Beth Waters	Hackettstown Regional Medical Center
Cathy Shane	Karen Ann Quinlan Home Care
Darren Tynan	Hackettstown Police Department
David Mango	Hackettstown School District
Donna Kendrick	Hackettstown Regional Medical Center
Eva Turbiner	Zufall Health
Gail Canavan	Fairleigh Dickinson University
Gladys Kowalski	Northwest new Jersey Community Action Partnership
Helen Giles	Mt. Olive Township
Jason Coe	Hackettstown Regional Medical Center
Joan Moskowitz	Hackettstown Regional Medical Center
Ken Janowski	Hackettstown Regional Medical Center
Lisa Dimiceli	Hackettstown Regional Medical Center
Liz Sartoni	Counseling and Addiction Center, Hackettstown Regional Medical Center
Maria Chervenak	Hackettstown Regional Medical Center
Mary Stein	Hackettstown Regional Medical Center
Maulik Trivedi	Hackettstown Regional Medical Center
Peter Summers	Warren County Health Department
Rachel Stephenson	Northwest new Jersey Community Action Partnership
Robert Peterson	Hackettstown Regional Medical Center
Sarah Shoemaker	Warren County Health Department
Stella Visaggio	Hackettstown Regional Medical Center
Trevor Weigle	Mt. Olive Township