

# Tri-County Health Assessment Collaborative 2013 Community Health Needs Assessment Research Review



Burlington County Board  
of Chosen Freeholders



Gloucester County Board  
of Chosen Freeholders



# The Tri-County Collaborative

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- Three counties
- Five health systems; 12 hospitals
- Three health departments
- Countless community partners



# Holleran Consulting

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- Founded in 1992 by Dr. Michele Holleran
- Full-service research & consulting firm
- Client partners in 43 states and Canada
- Specialize in community and stakeholder research
  - Hospitals/Health Systems
  - Public Health
  - Senior Living



HOLLERAN

# Purpose of Today's Meeting

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- To provide an overview of the CHNA process
- To review key findings from the CHNA
- Identify areas of strength, areas of opportunities, and health disparities
- To discuss the next steps in community health improvement planning

# ACA Requirements for CHNA

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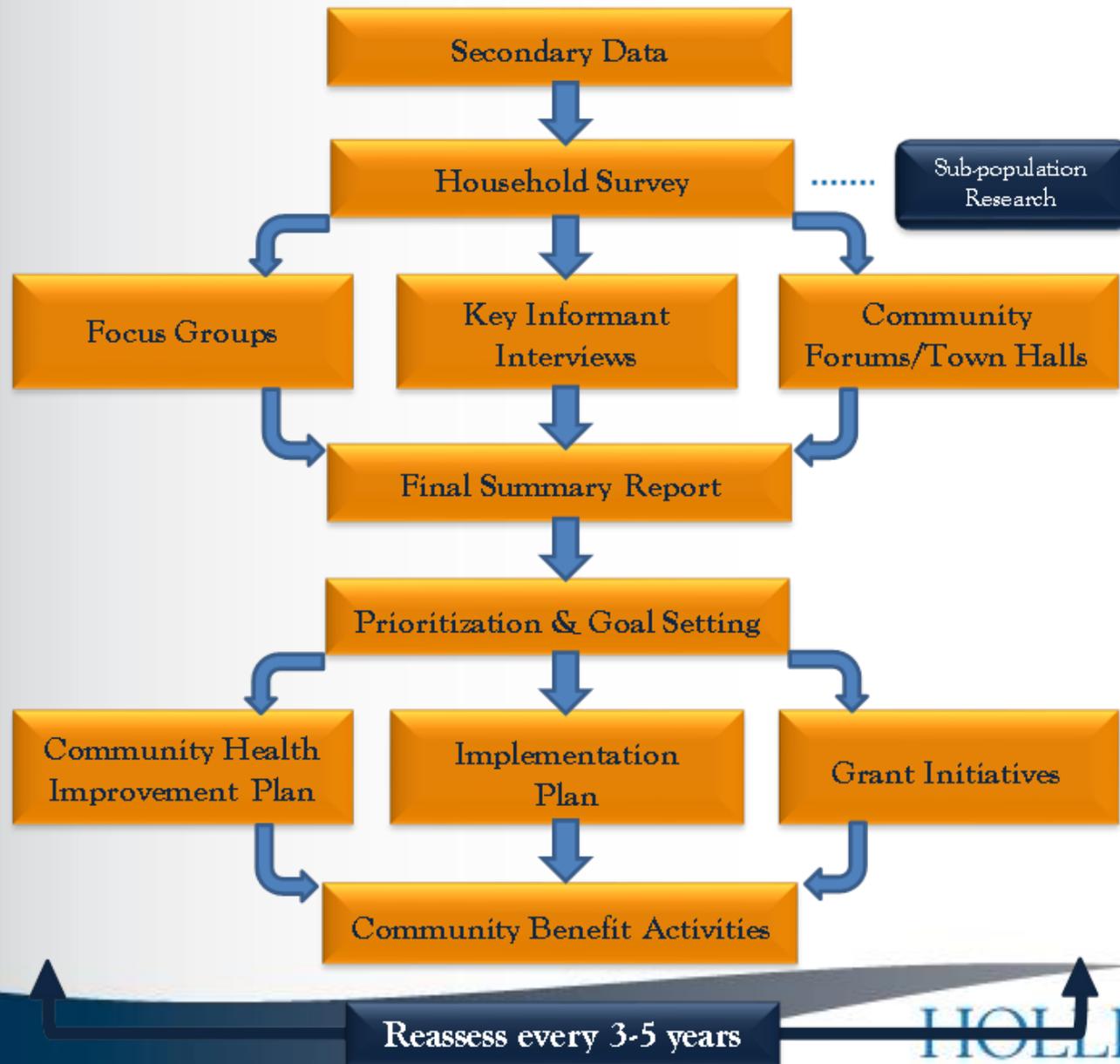
- Not-for-Profit Hospitals conduct CHNA
- Include public health and healthcare experts
- Include representatives of underserved, chronic disease, special populations
- Prioritize key community needs
- Create an implementation plan for community health improvement

# The Tri County CHNA

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- Collaboration among health providers, public health, and community partners
- Comprehensive mix of qualitative and quantitative research
- Baseline measures for key health indicators
- Provide county, state, national comparisons
- Identify community assets and areas of opportunities
- Inform community health improvement efforts

# Community Health Needs Assessment



# Research Overview

# CHNA Research Components

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The CHNA included a combination of both quantitative and qualitative research components.

## Quantitative Data:

- **Secondary Statistical Data Profiles**
- **Household Telephone Survey**
- **Data Collection Sessions**

## Qualitative Data:

- **Key Informant Interviews**
- **Focus Group Discussions**

# Secondary Data Results

# Secondary Data Profile

Utilized NJHA countywide profiles provided by Health Research & Educational Trust of New Jersey (HRETNJ)



- Household & Demographic Information
- Maternal health statistics
- Communicable disease
- Social determinants of health
- Hospital admission data
- Cancer statistics
- Mortality rates



# Secondary Data: Areas of Opportunity-Camden

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## **Demographic & Household Indicators:**

- Fewer adults with Bachelor's, graduate, or professional degrees
- Higher poverty rates & lower median household income
- Higher rates of child abuse, domestic violence, crime

## **Access to Health Care**

- Higher percentage on Medicaid or public/government insurance
- Fewer general Internal Medicine physicians
- More ED visits for primary care
- More hospital admissions for ambulatory care sensitive conditions

# Secondary Data: Areas of Opportunity-Camden

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## **Health Behaviors:**

More tobacco use

More substance abuse treatment admissions

Higher proportion of overweight/obese adults

Fewer adults who had cancer screenings, diabetes screenings

## **Maternal & Infant Health:**

Higher teen pregnancy rates (ages 15-19)

Higher rates of smoking and/or use of drugs during pregnancy

Fewer mothers receiving first trimester prenatal care

Higher overall infant mortality rate

# Secondary Data: Areas of Opportunity-Camden

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## **Communicable/Chronic Disease Incidence & Mortality**

Higher incidence of sexually transmitted infections

Higher cancer incidence and mortality rates  
(especially lung cancer and breast cancer)

Overall mortality rate

Higher Drug-related mortality rates

Higher mortality rates due to heart disease, cancer, stroke, unintentional injuries, respiratory disease, diabetes, Alzheimer's, kidney disease, and homicide

# Secondary Data: Areas of Opportunity-Burlington

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## **Demographic & Household Indicators:**

Fewer with graduate/professional degrees  
Increased unemployment rates in recent years  
Higher rates of reported child abuse

## **Access to Health Care:**

Lower total physician supply (internal medicine providers, pediatricians, and surgical specialists)

## **Maternal & Infant Health:**

More mothers who smoked during pregnancy

# Secondary Data: Areas of Opportunity-Burlington

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## **Health Behaviors:**

More tobacco use among males and 25-44 year olds

Heavy alcohol use among males and 45-64 year olds

Higher proportion of adults who are obese

## **Communicable/Chronic Disease Incidence & Mortality**

Higher rates of: Babesiosis, Lyme Disease, Influenza A, Ehrilichiosis

Higher cancer incidence & mortality rates

(especially breast cancer, prostate cancer)

Higher mortality rates for heart disease, stroke, chronic respiratory disease, Alzheimer's disease

# Secondary Data: Areas of Opportunity-Burlington

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## **Health Behaviors:**

More tobacco use among males and 25-44 year olds

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Higher proportion of adults who are obese

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Higher rates of: Babesiosis, Lyme Disease, Influenza A, Ehrilichiosis

Higher cancer incidence & mortality rates

(especially breast cancer, prostate cancer)

Higher overall cancer mortality rates

Higher mortality rates for heart disease, stroke, chronic respiratory disease, Alzheimer's disease

# Secondary Data: Areas of Opportunity-Gloucester

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## **Demographic & Household Indicators:**

Lower proportion with graduate/professional degrees

Higher rates of child abuse, Domestic violence, crime

## **Access to Health Care**

Lower total physician supply

(Primary Care, Internal Medicine, Pediatrics,  
Obstetrics/Gynecology, Cardiology, Surgical Specialists,  
Psychiatrists)

More hospital admissions for ambulatory care sensitive conditions

## **Maternal & Infant Health:**

More mothers who smoke and or use drugs during pregnancy

# Secondary Data: Areas of Opportunity-Gloucester

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## **Health Behaviors:**

Higher percentage of individuals who smoked in their lifetime

More substance abuse treatments admissions

## **Communicable/Chronic Disease Incidence & Mortality**

Higher percentage of adults with diabetes

Higher overall cancer incidence and mortality rates  
(especially lung, colorectal, and breast cancer)

Higher overall age-adjusted mortality rate

Higher drug-related mortality rate

Higher mortality rate for: unintentional injuries, chronic respiratory disease, stroke, kidney disease, suicide

# Household Telephone Survey & Data Collection Sessions

# Household Telephone Survey

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Household telephone survey based on CDC Behavioral Risk Factor Surveillance System Survey

- 2480 participants within Burlington, Camden, Gloucester County
- Sampling strategy designed to represent community
- Health Indicators
  - Access to Care
  - Screenings & Preventive Health
  - Tobacco/ Alcohol Consumption
  - Nutrition & Exercise
  - Chronic Health Conditions
  - Disability/ Caregiving



# Data Collection Sessions

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Abbreviated version of the BRFSS survey tool was administered at in-person data collection sessions using OptionFinder wireless polling technology.

- 4 sessions held in various locations in Camden City, NJ during March 2013.
- 165 Camden City residents representing diverse populations participated.
- Note that due to the sample size and difference in research methodology (in-person polling vs. telephone) differences should be interpreted with some caution.

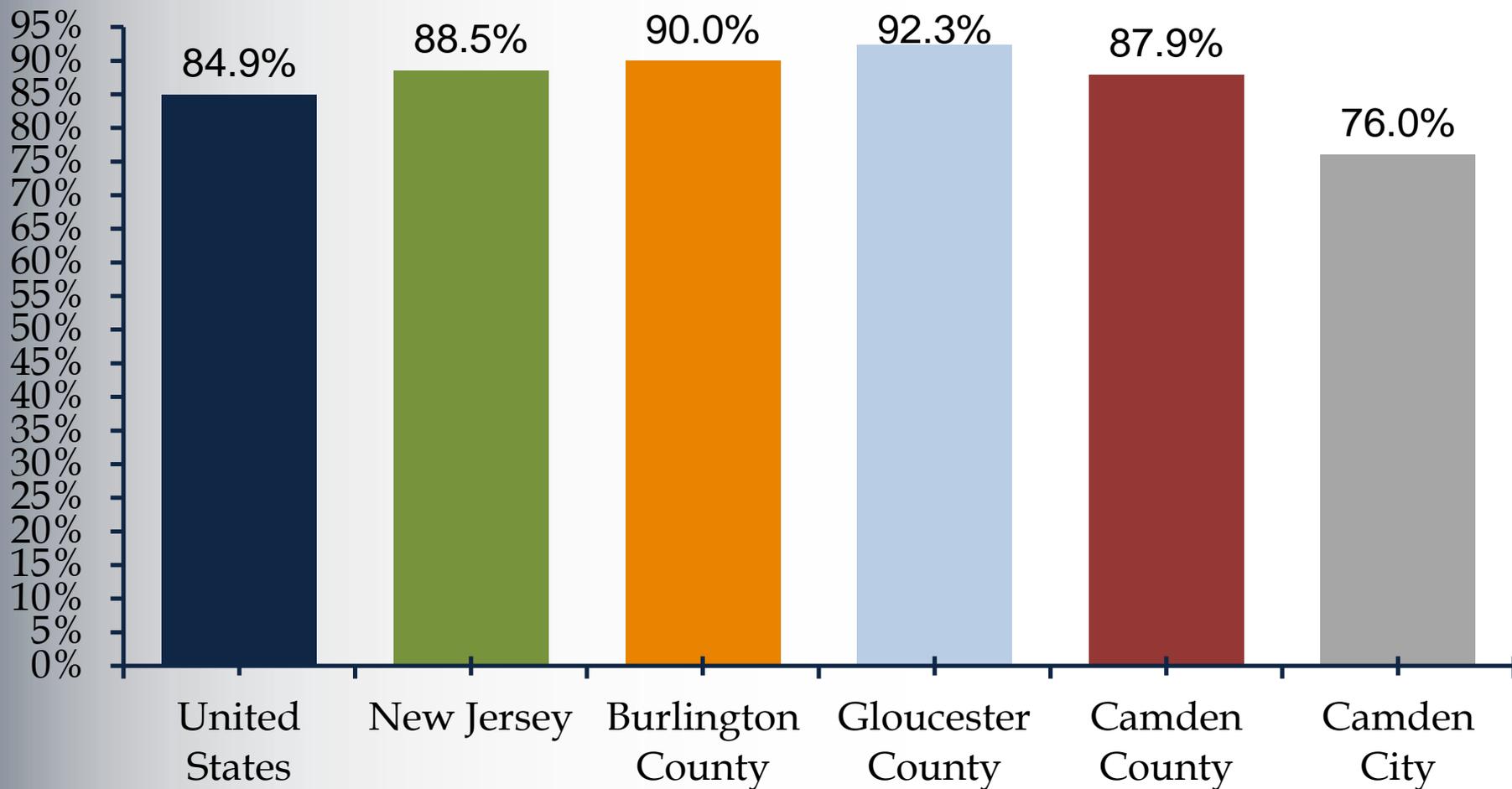
# Areas of Opportunity-Camden City

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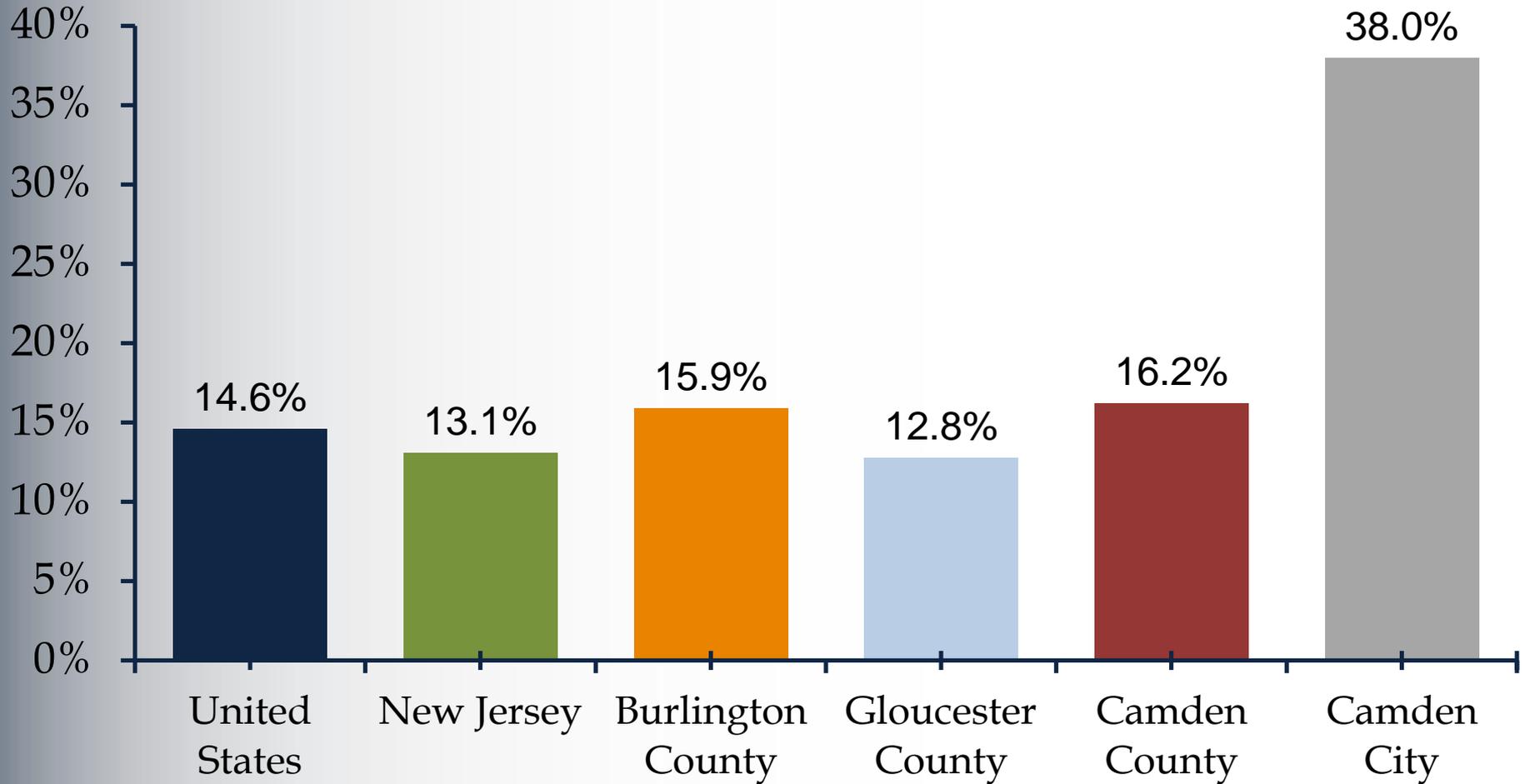
- Less likely to have health care coverage
- More likely to report that in the past 12 months they needed to see a doctor but could not because of cost
- More likely to be covered by Medicare, Medicaid, NJ FamilyCare
- More likely to report having trouble finding a general doctor/provider and specialist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

# Health Care Access

**Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?**

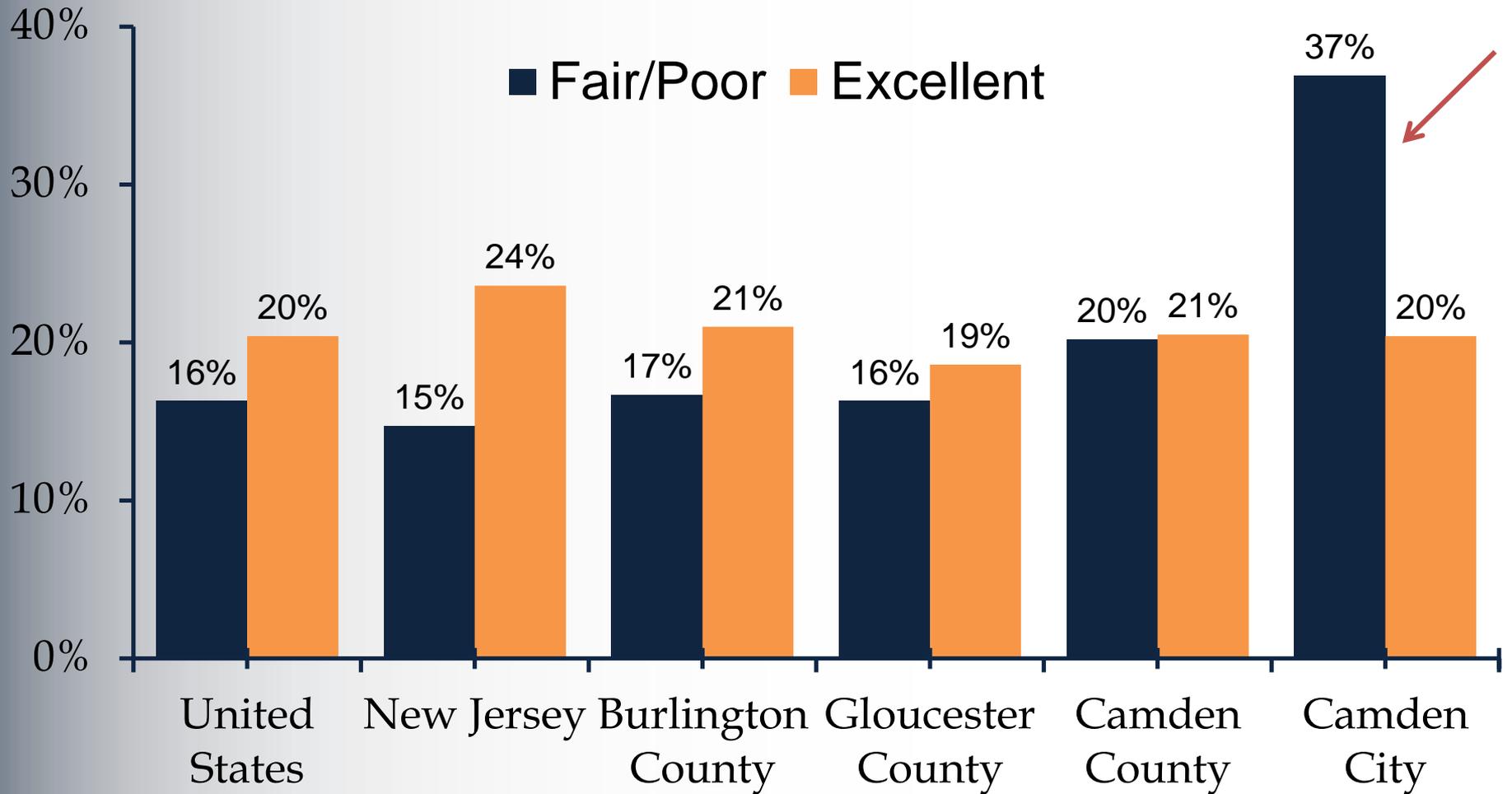


# Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

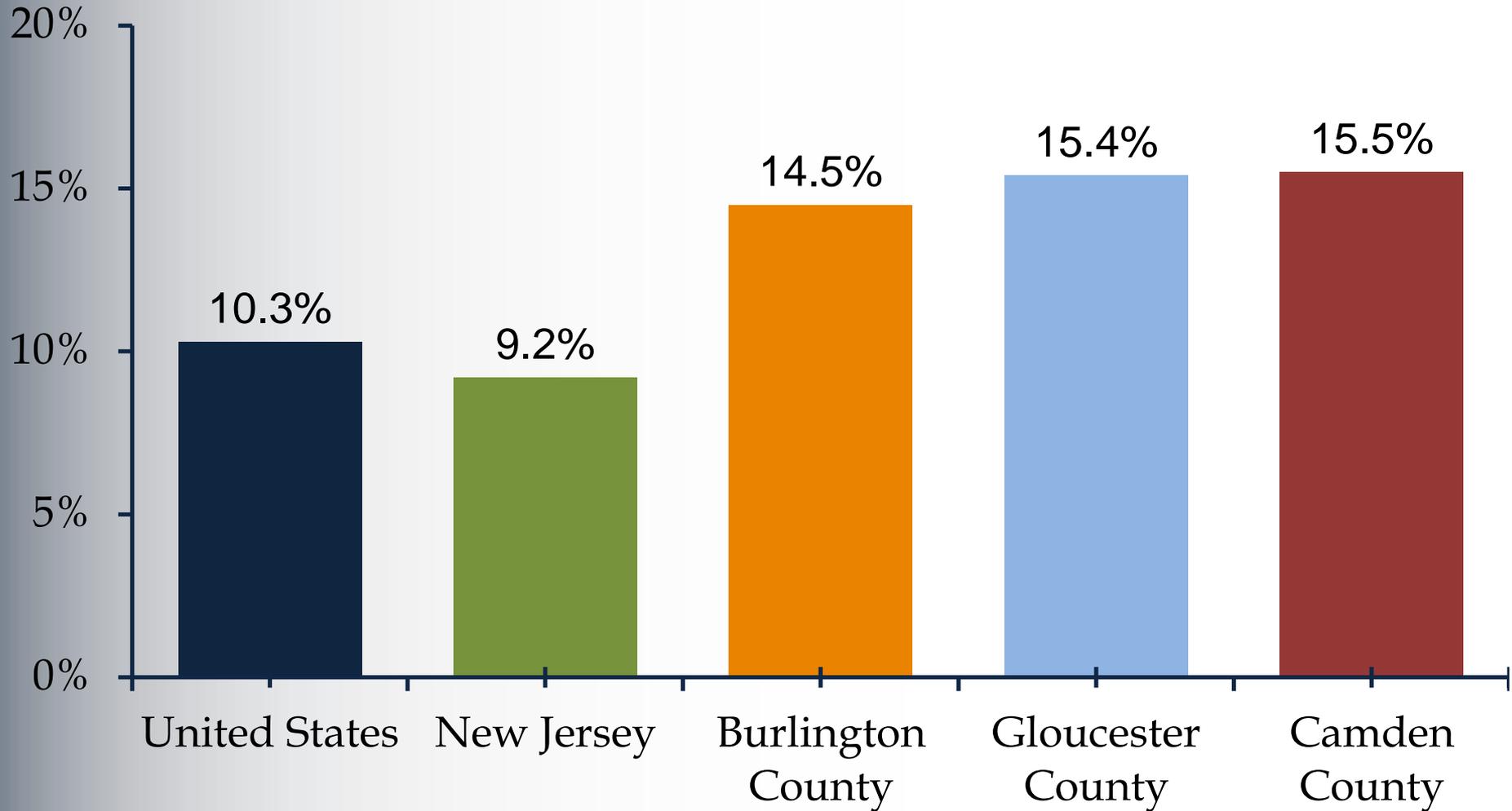


# Health Status & Chronic Health Issues

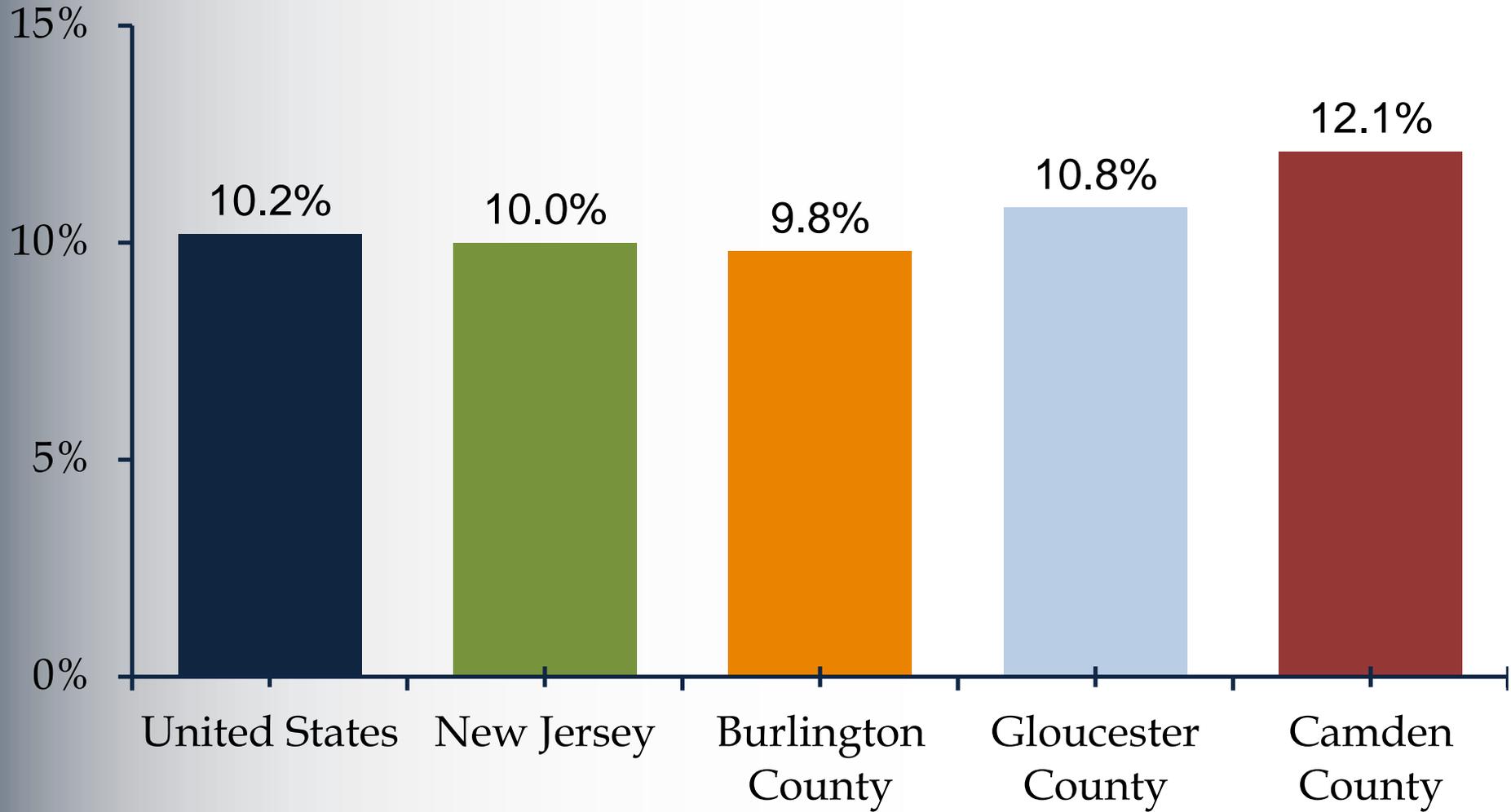
## General health status: Excellent vs. fair or poor



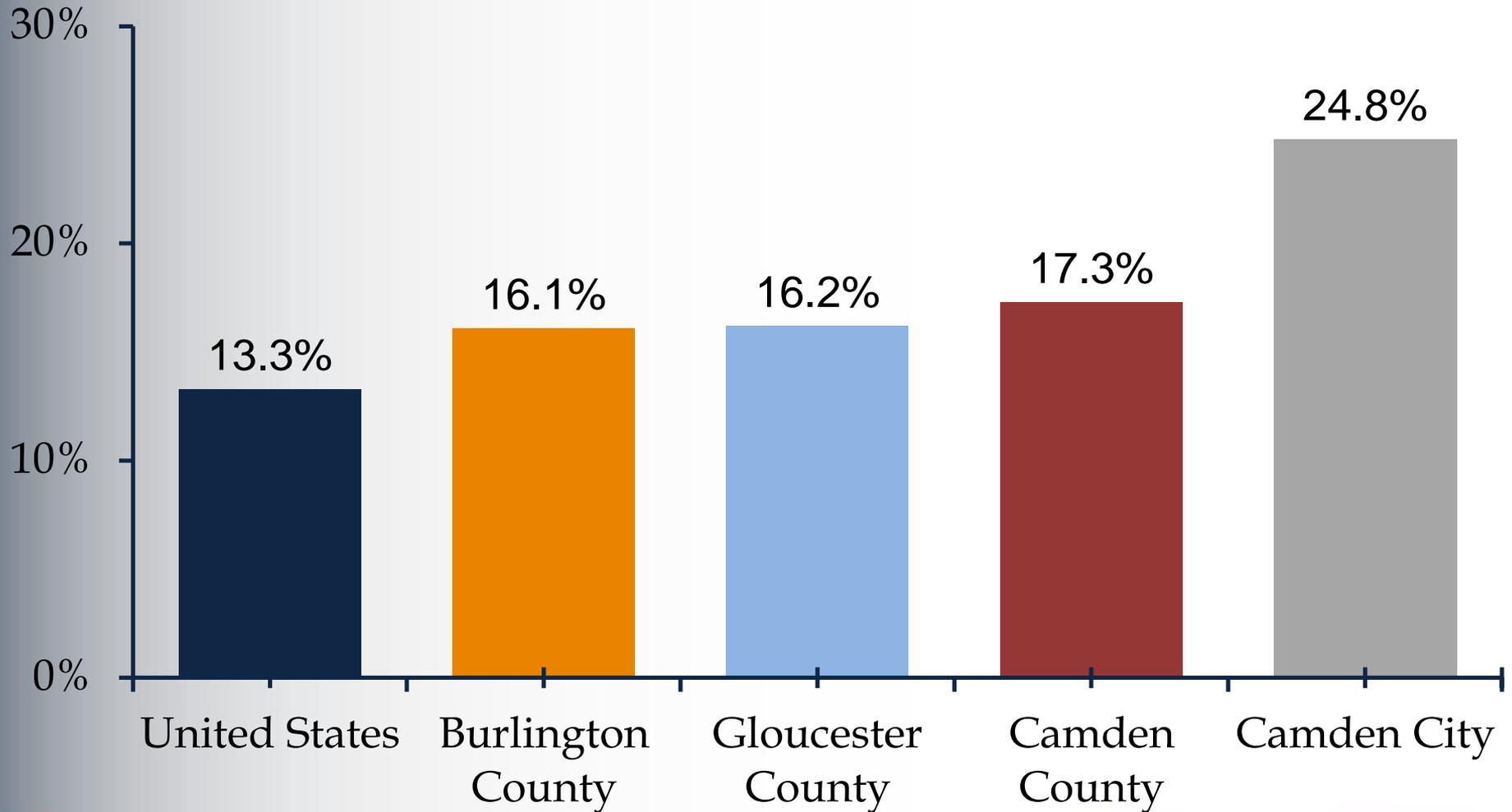
## Poor physical health: 15 – 30 days of past 30 days



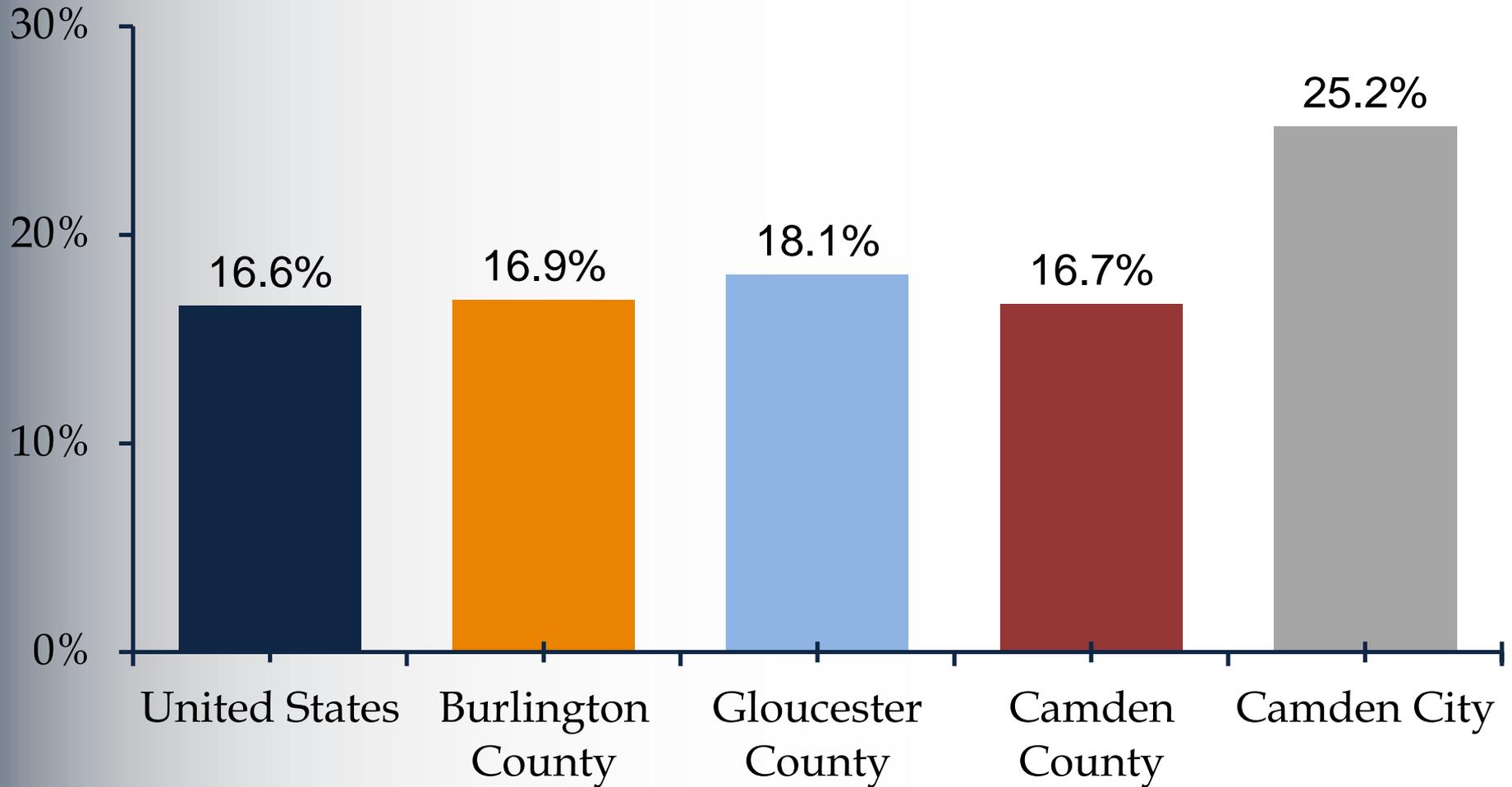
## Poor mental health: 15 – 30 days of past 30 days



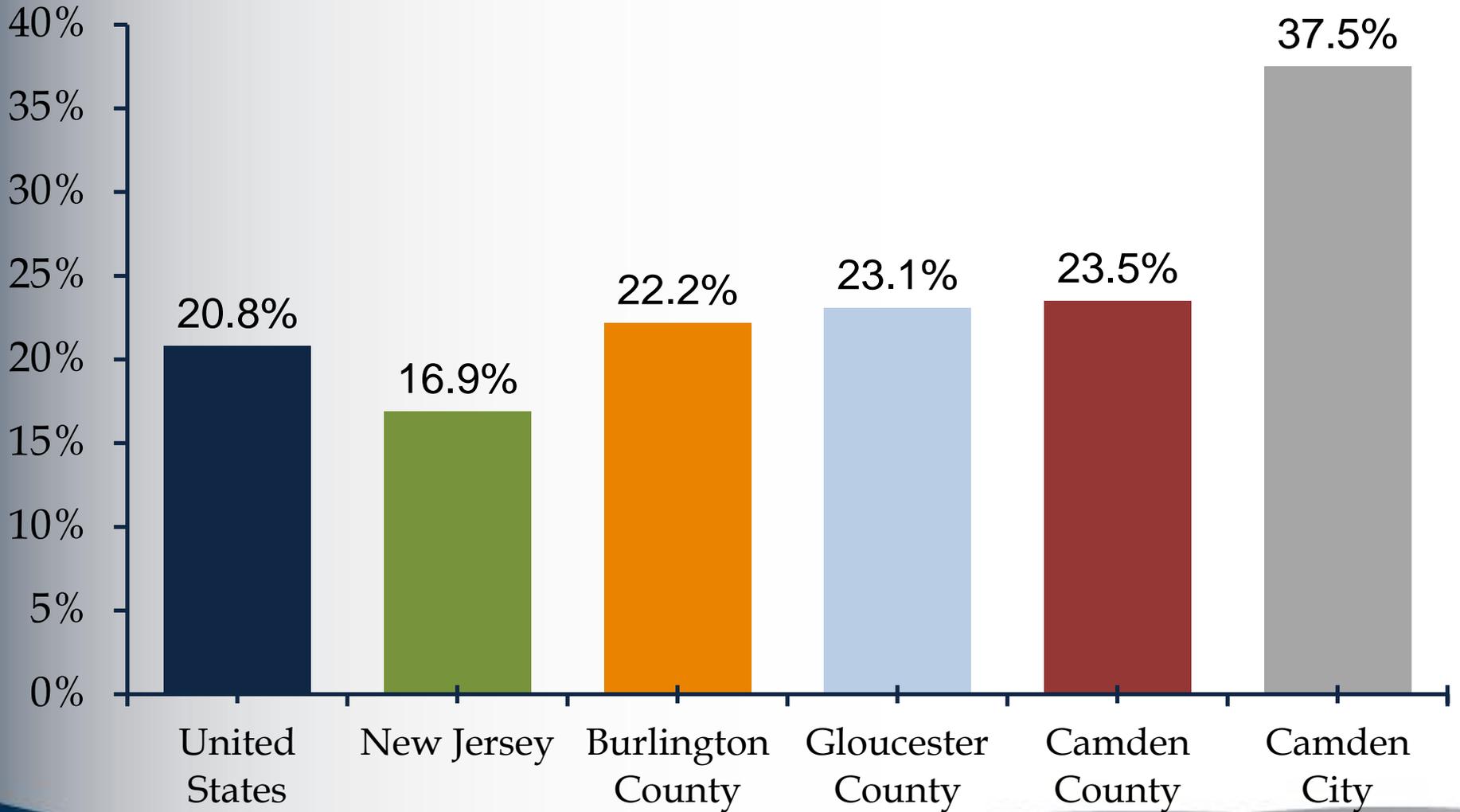
Has a doctor or other health care provider EVER told you that you have an anxiety disorder?



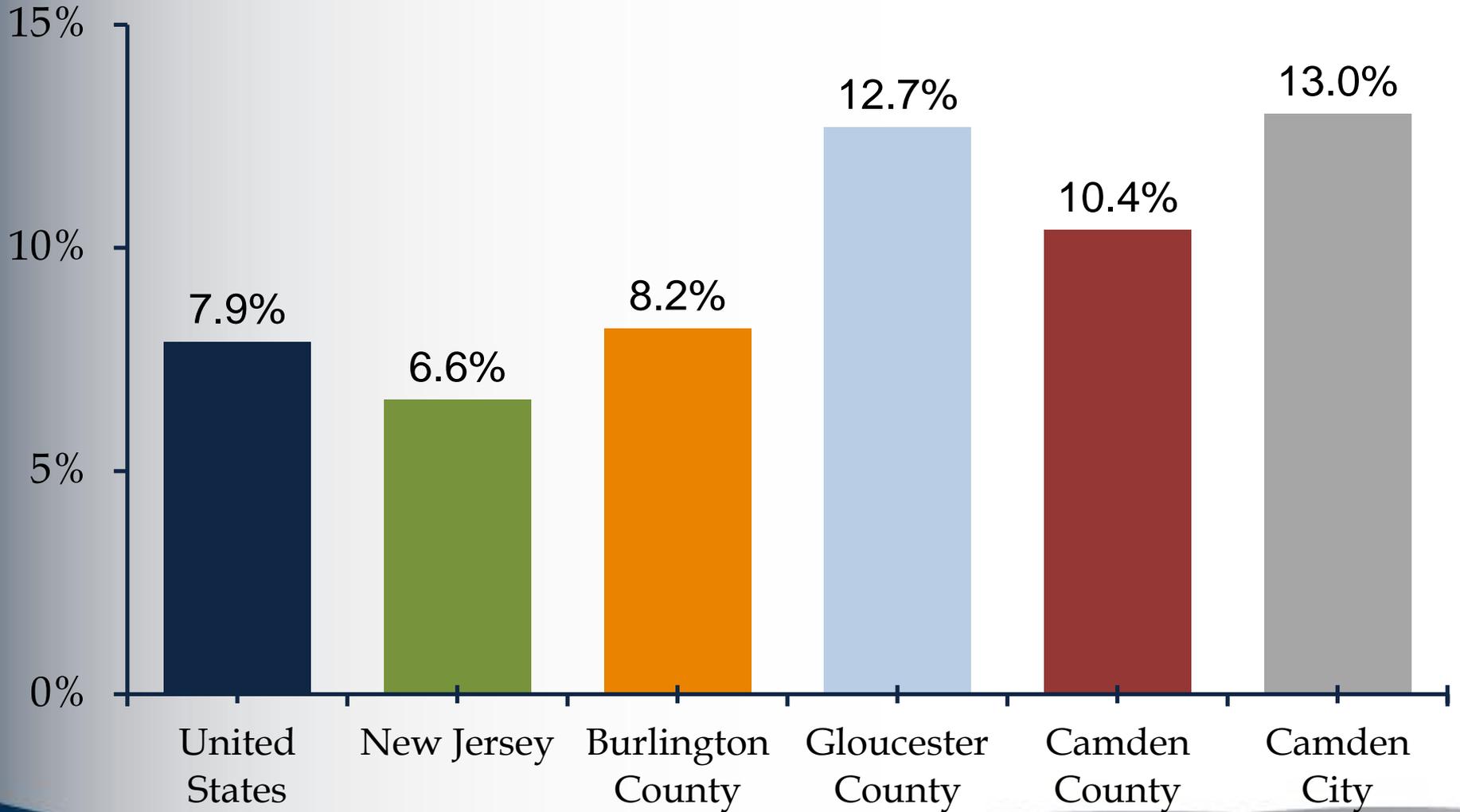
Has a doctor or other health care provider EVER told you have a depressive disorder?



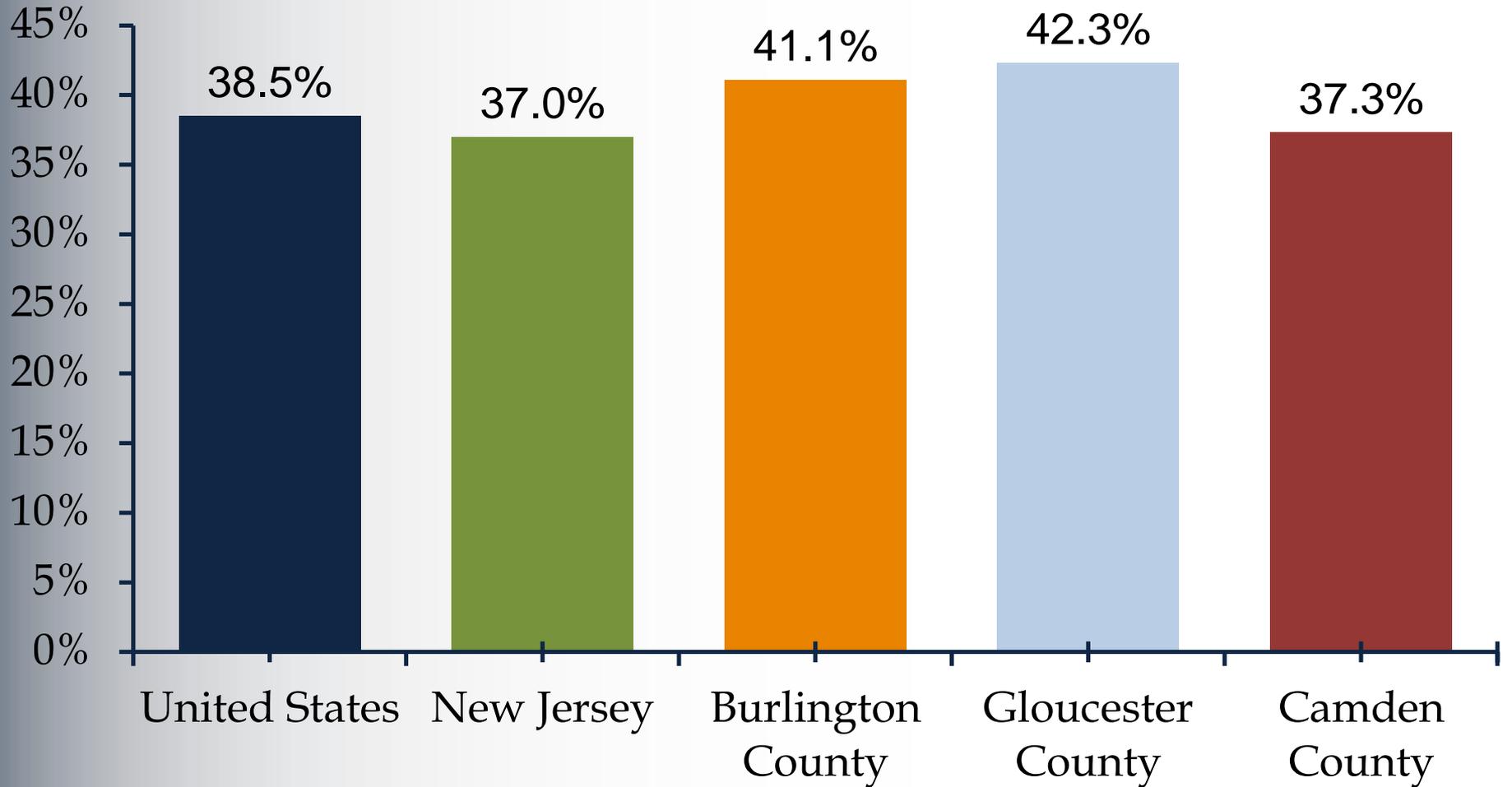
Respondents who are limited because of physical, mental, or emotional problems



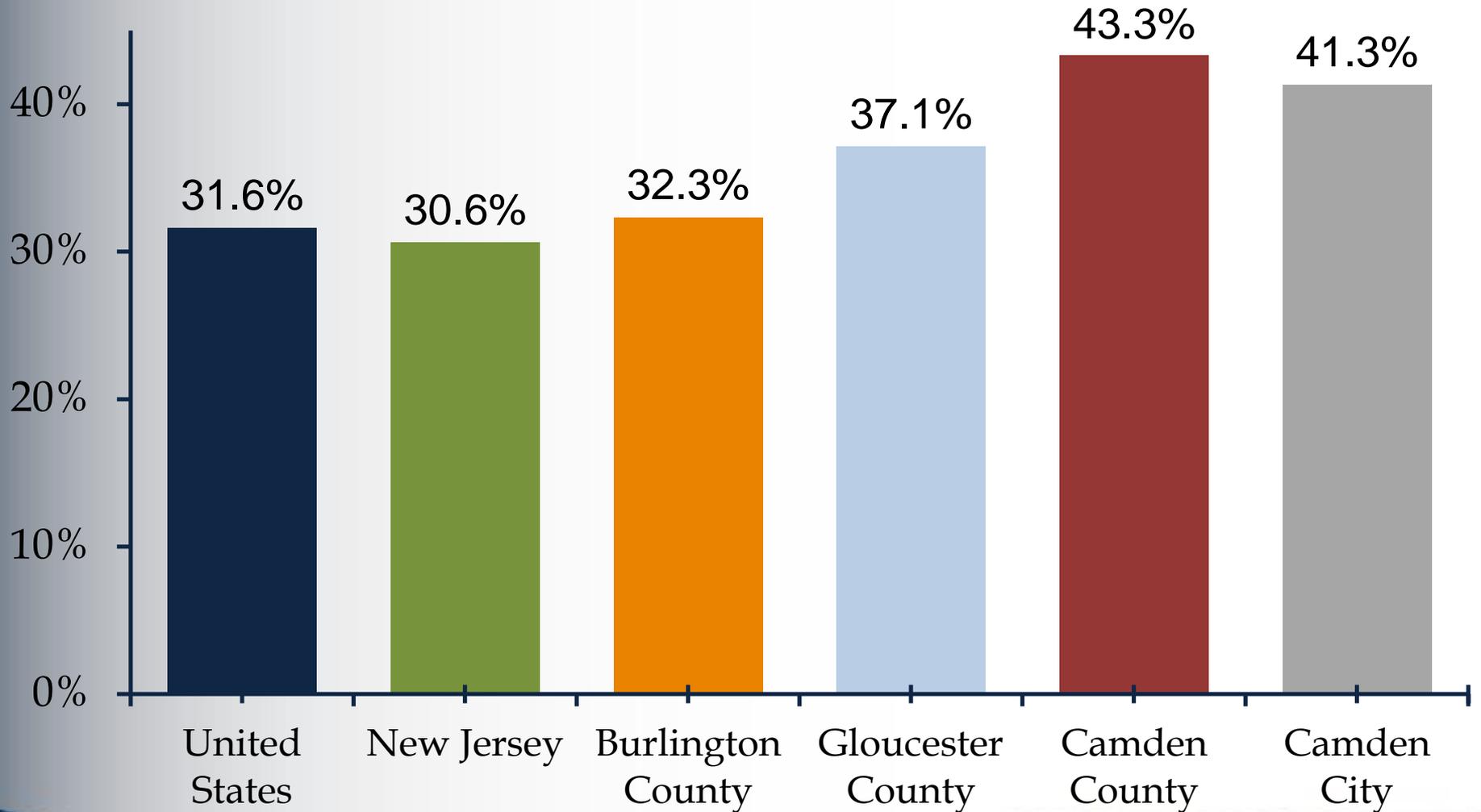
Respondents with health problems that require special equipment  
(cane, wheelchair, special bed)



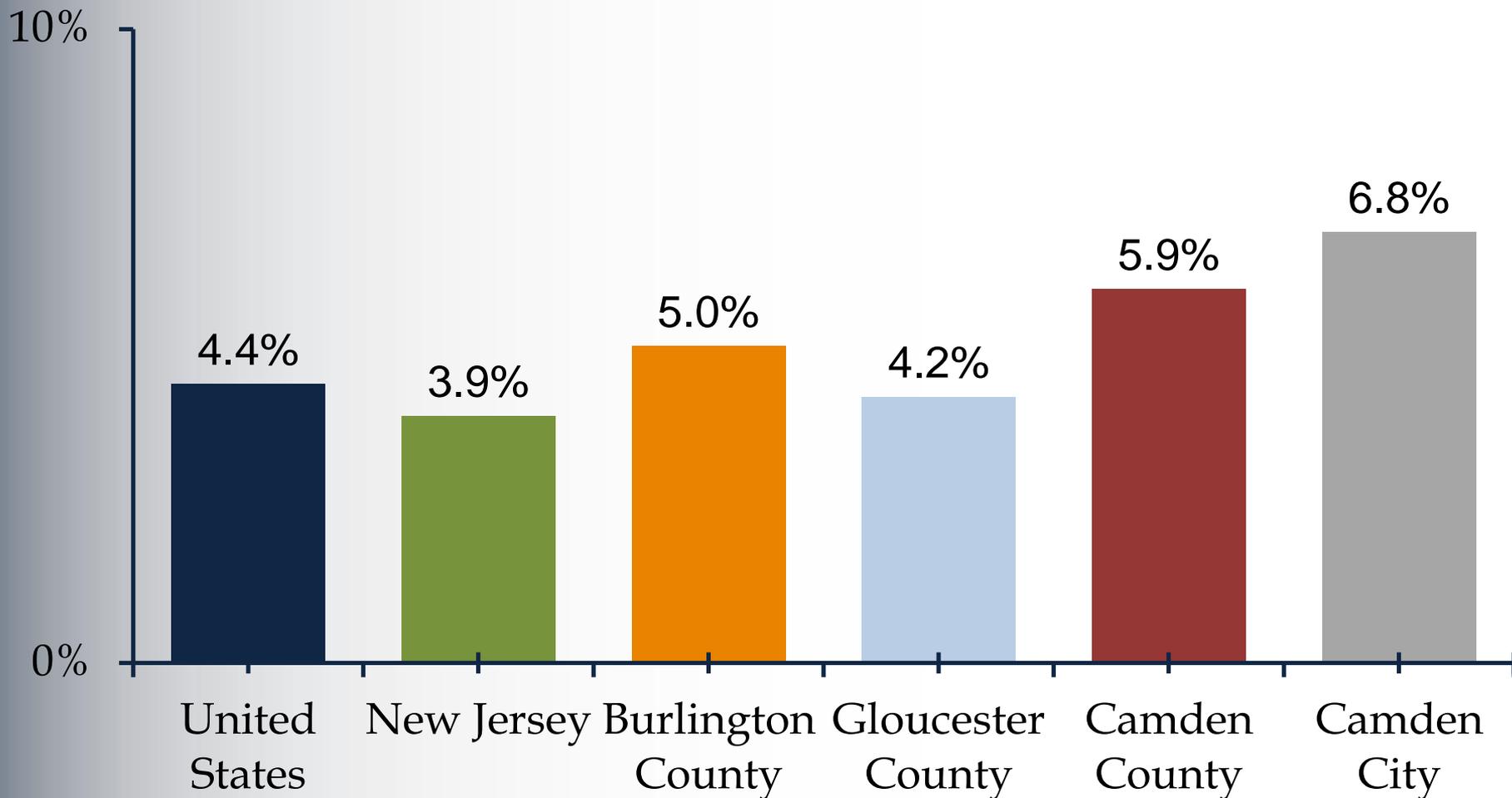
## Respondents with high blood cholesterol



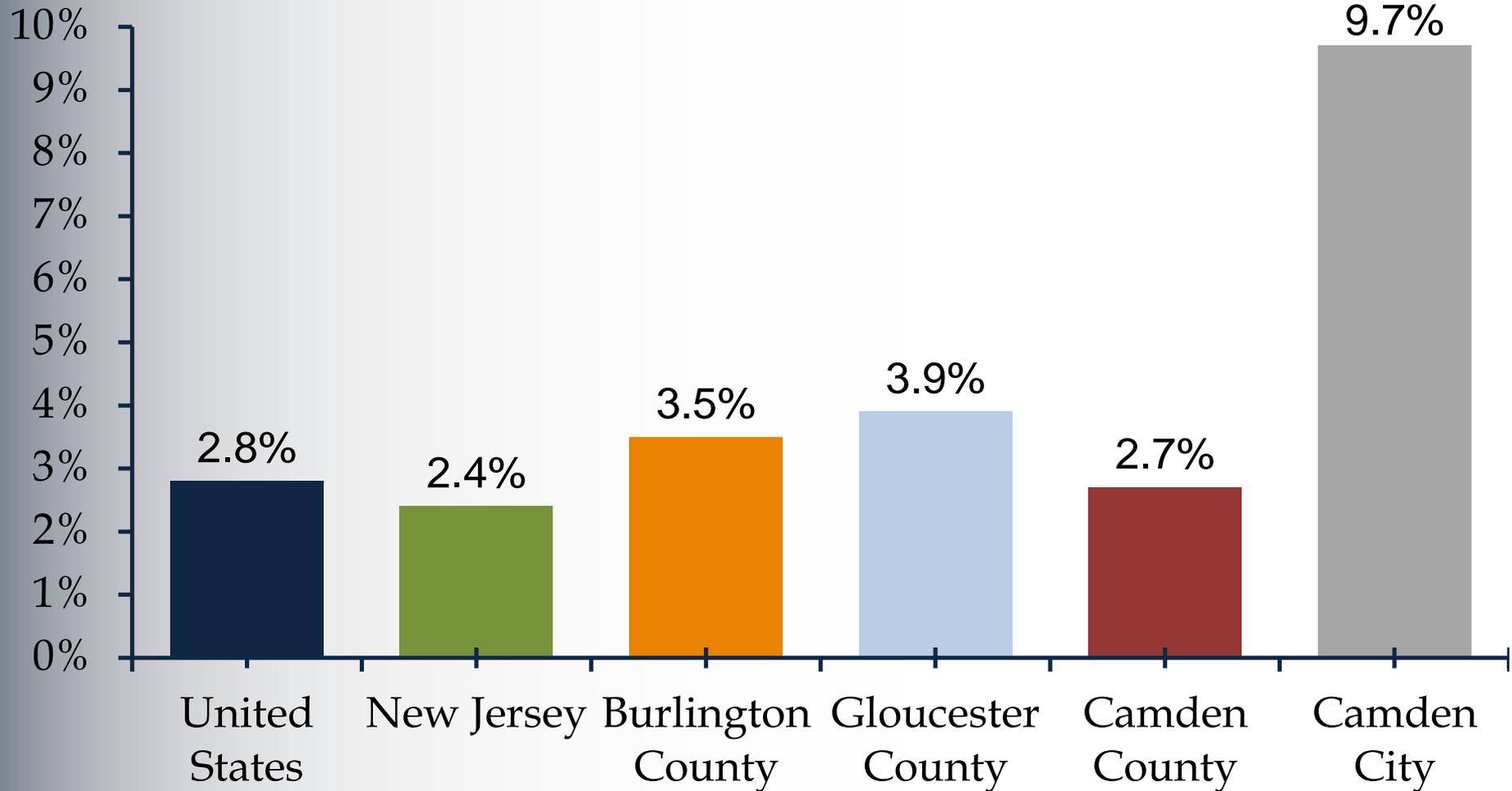
## Respondents who have high blood pressure



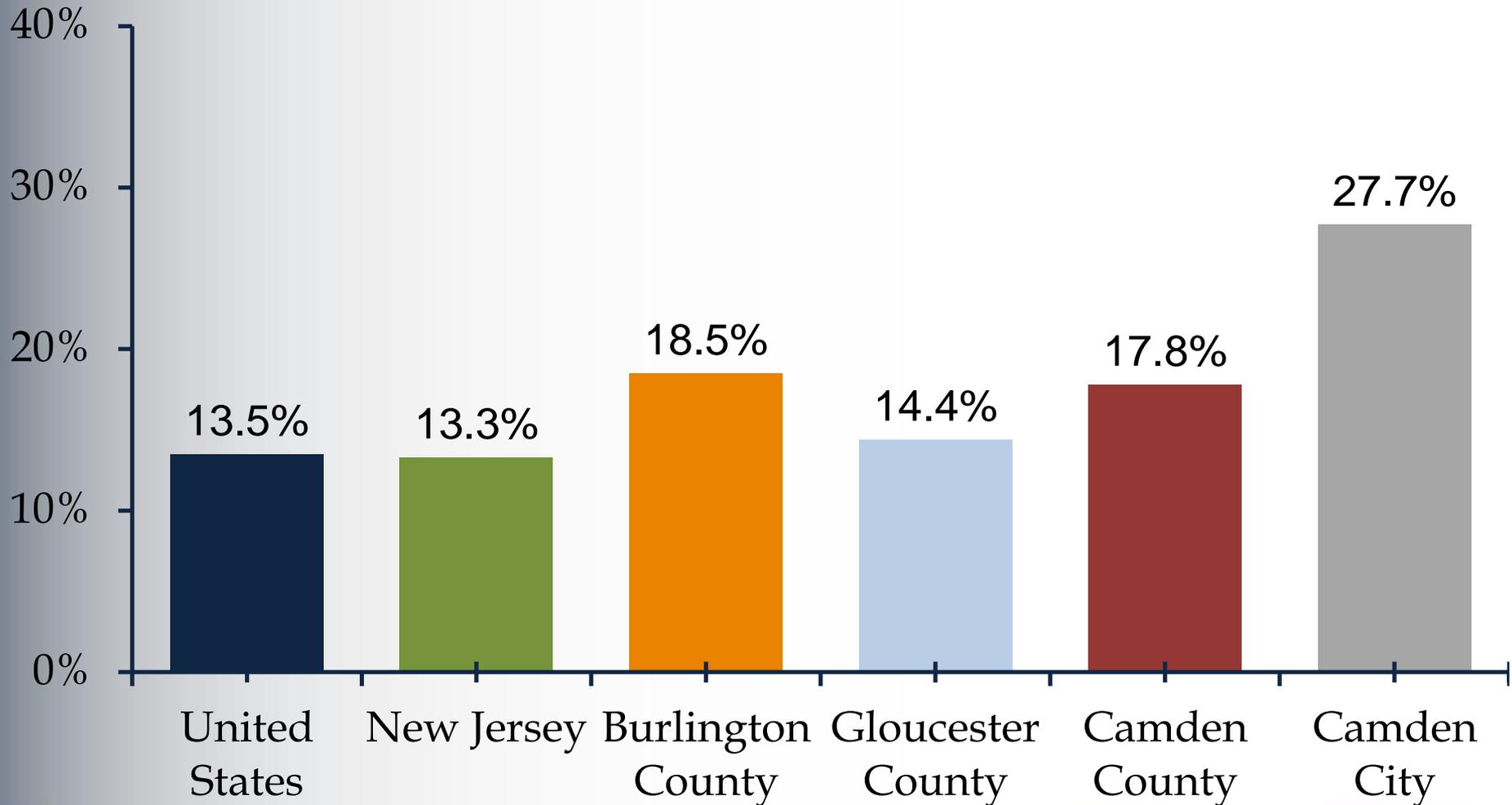
# Respondents who have angina or coronary heart disease?



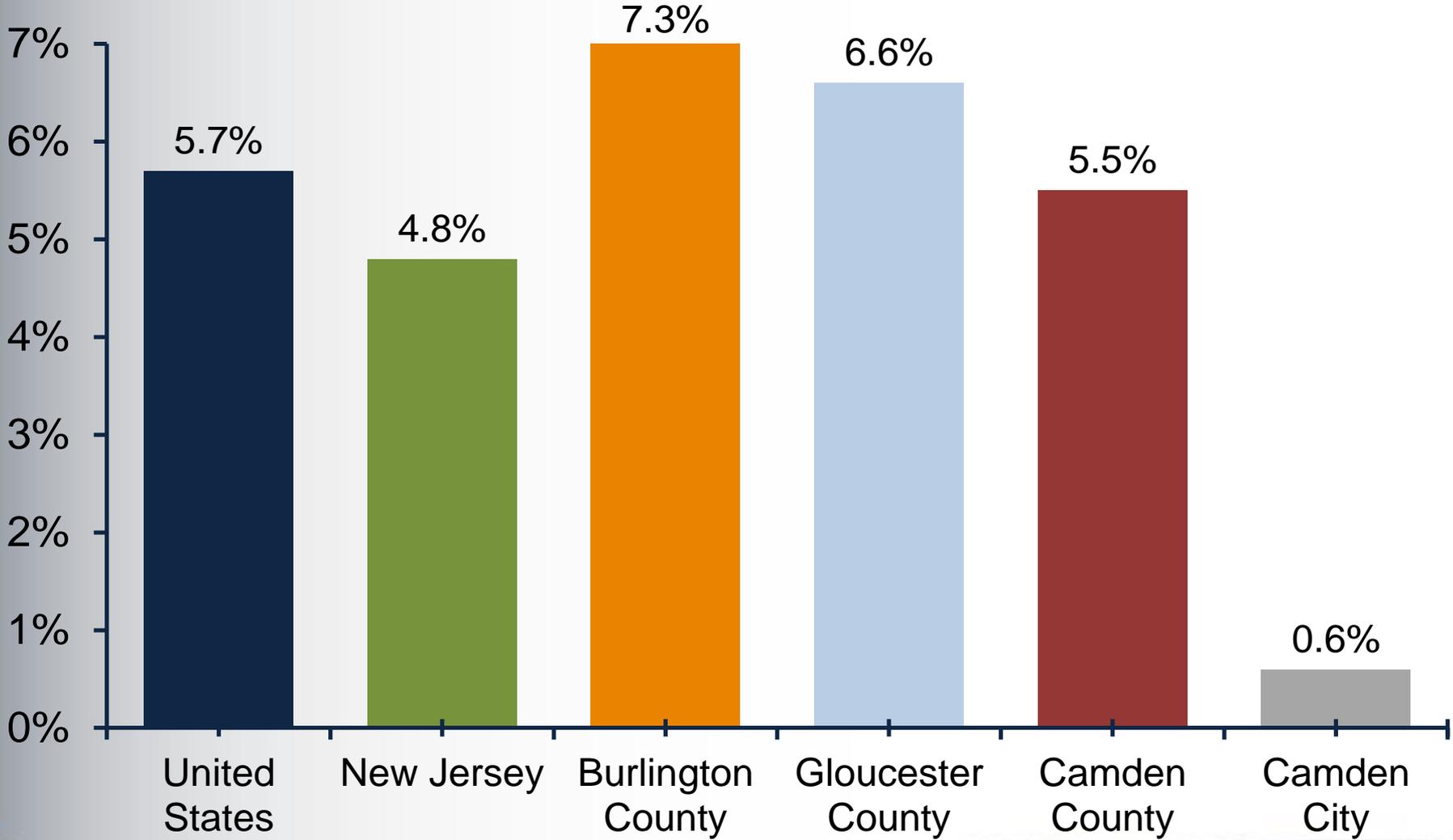
## Respondents who have had a stroke



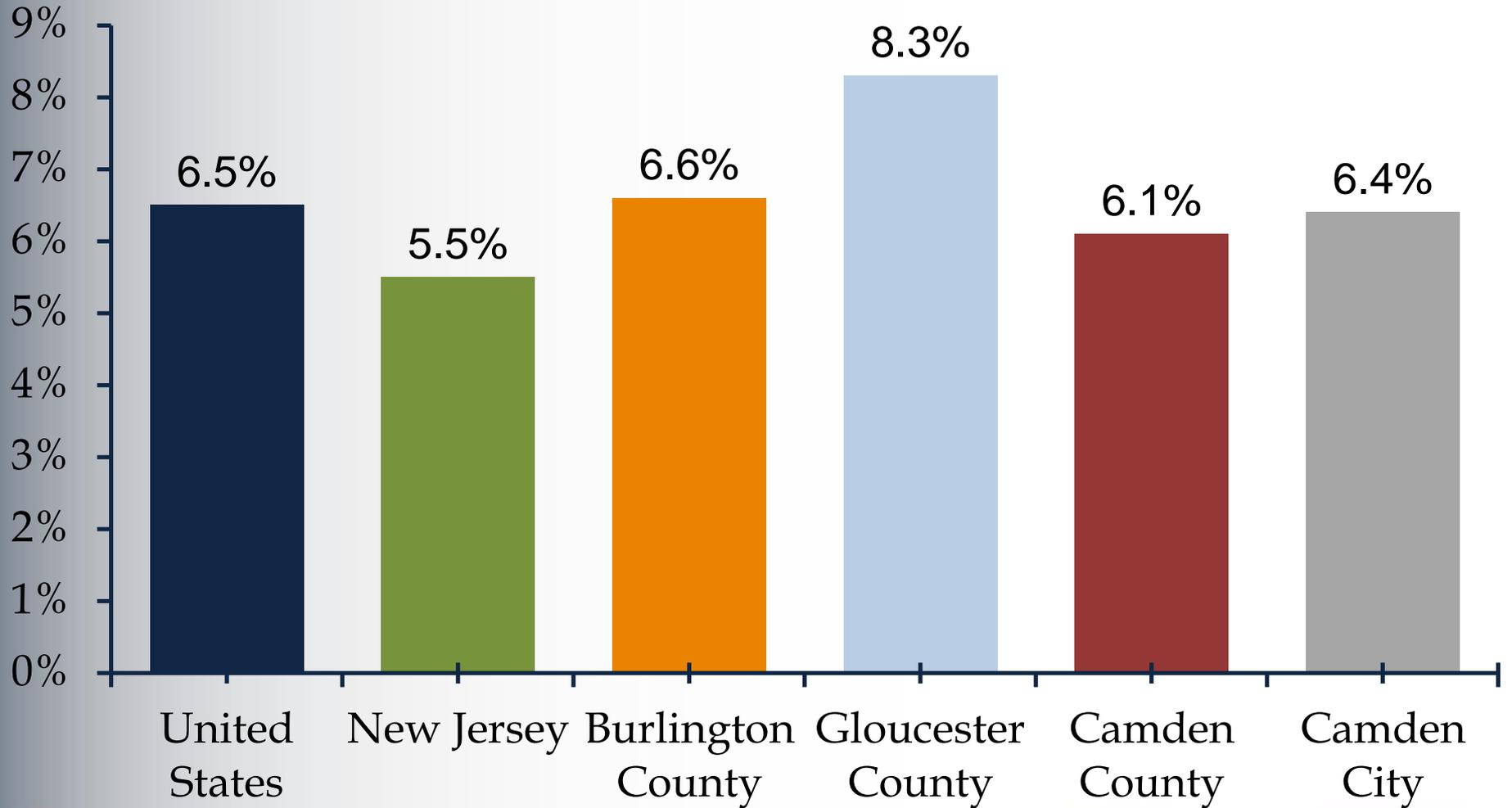
## Respondents who have asthma



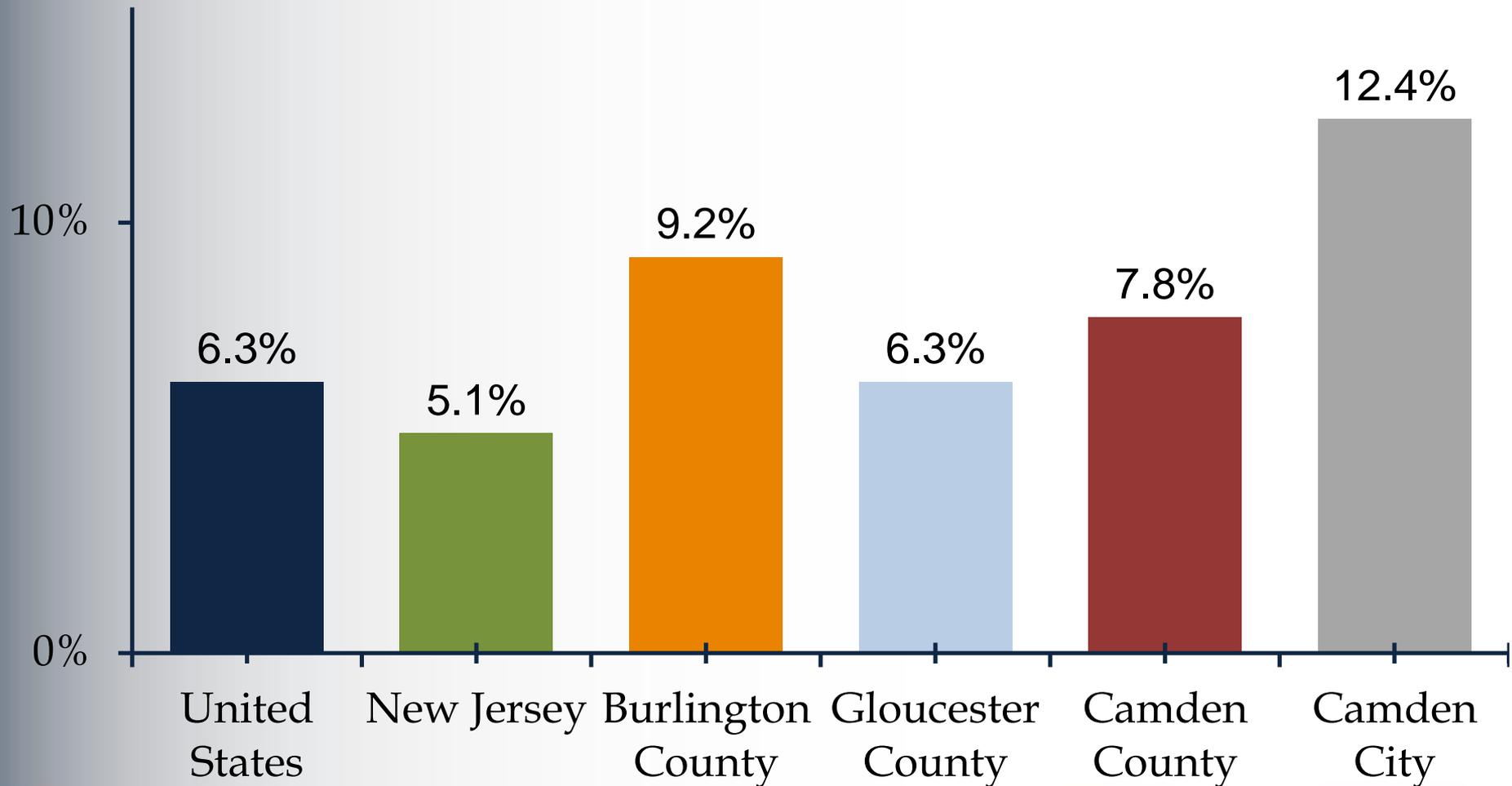
# Respondents who have ever had skin cancer



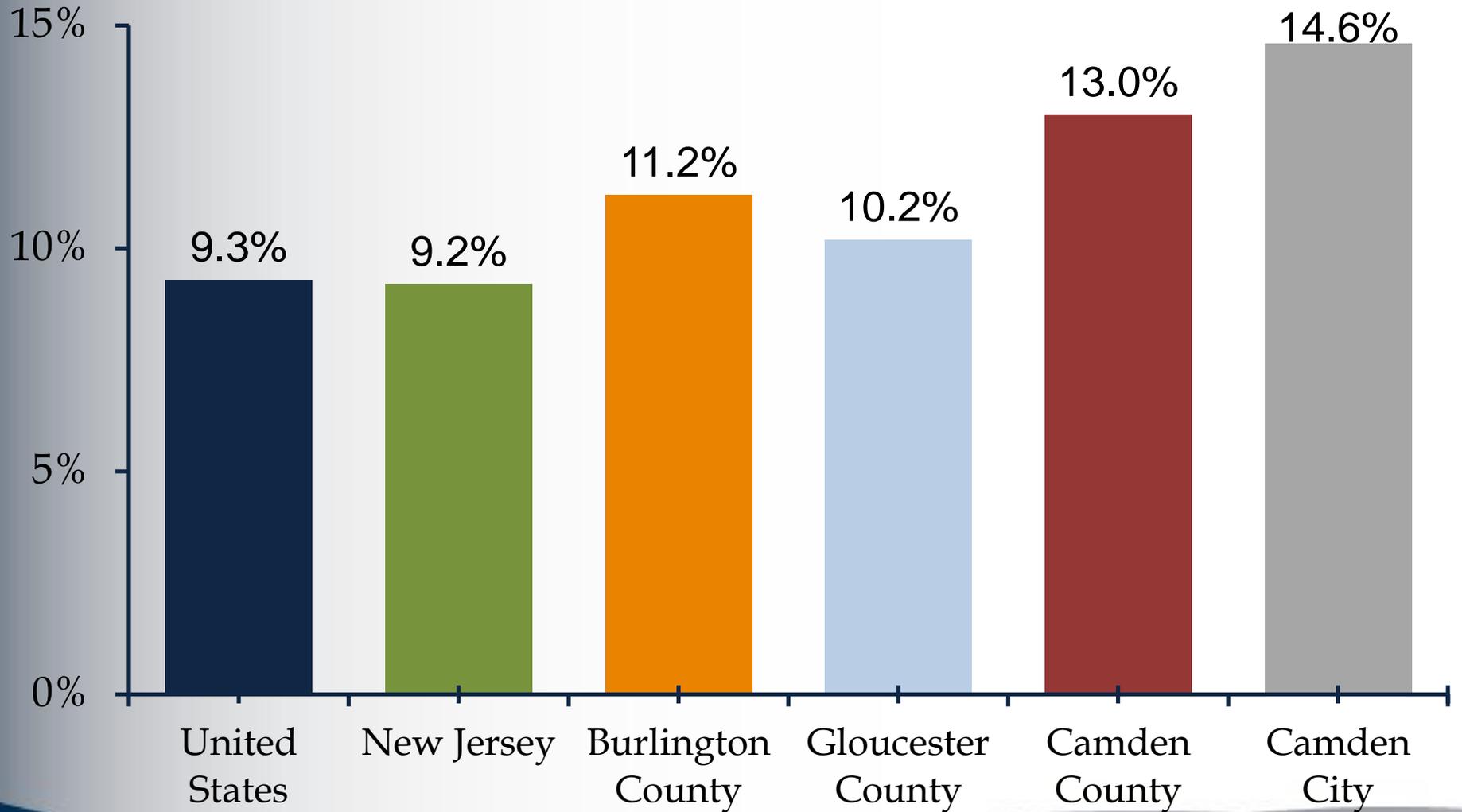
# Respondents who have ever had any other types of cancer



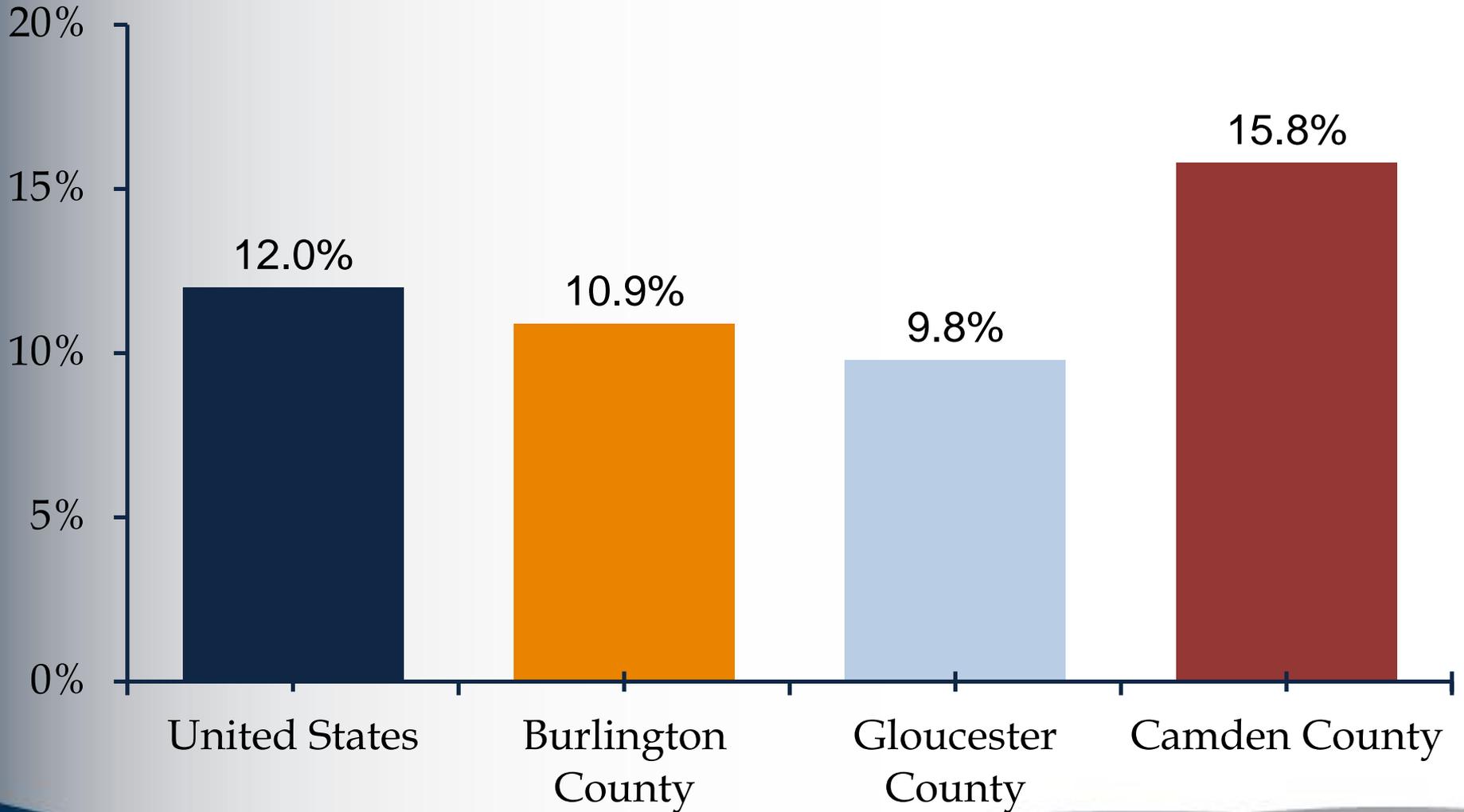
Respondents who have COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis



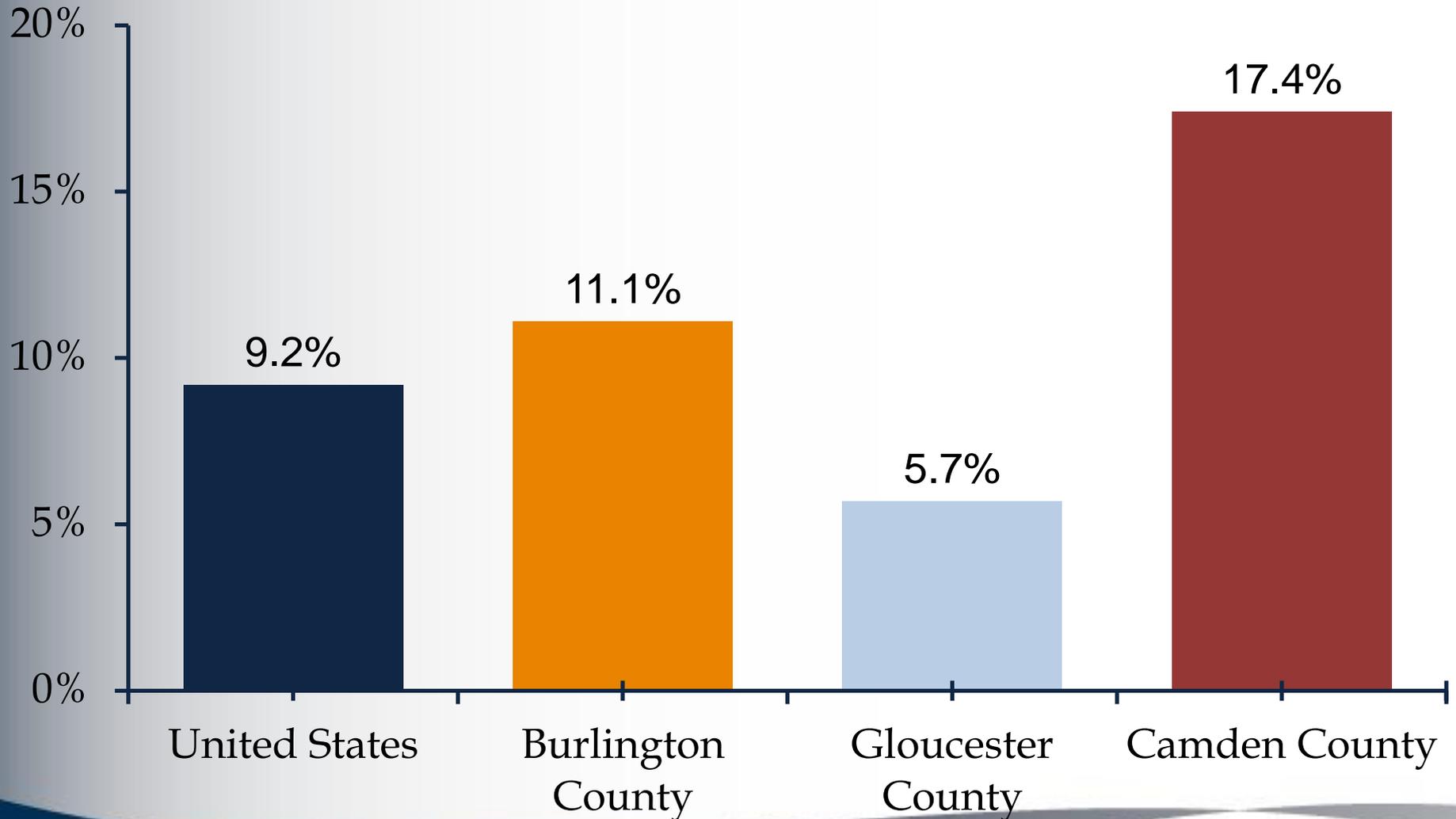
## Respondents who have diabetes



Diabetic respondents who, in the past year, have not seen a doctor, nurse, or other health professional for their diabetes

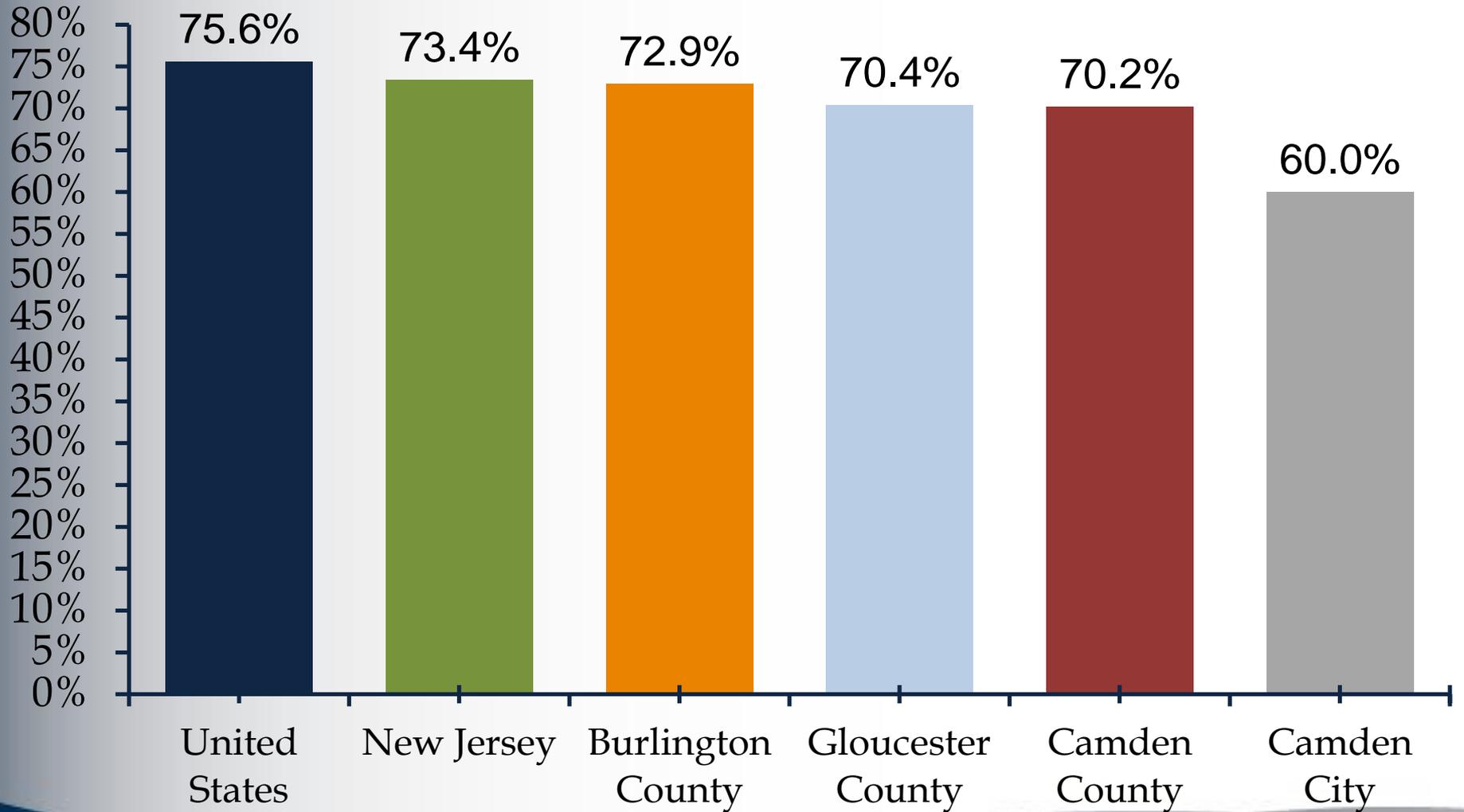


Diabetic respondents who, in the past year, have not had a doctor, nurse, or other health professional check them for “A1C”

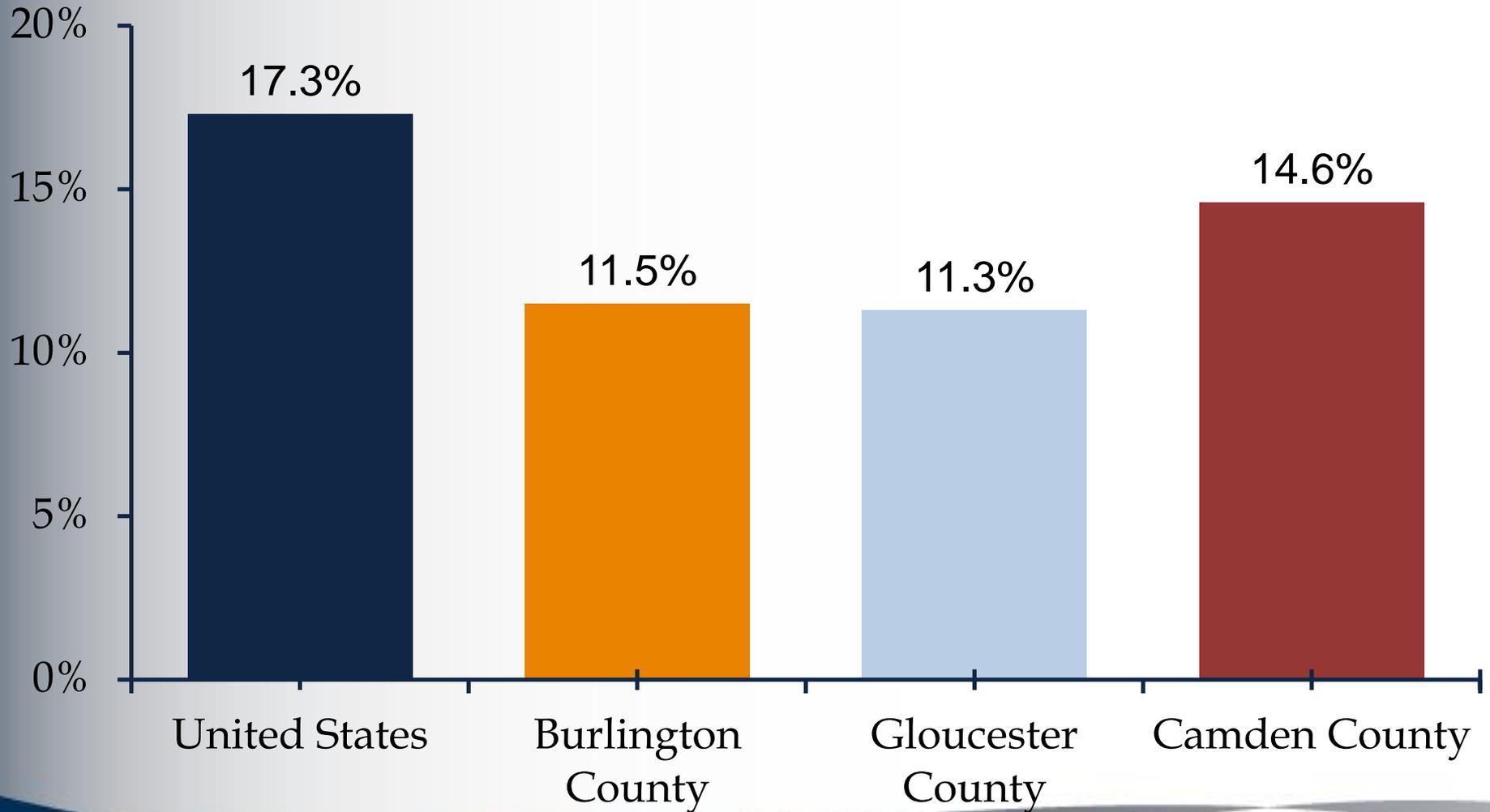


# Health Risk Factors: Obesity, Tobacco & Alcohol Use

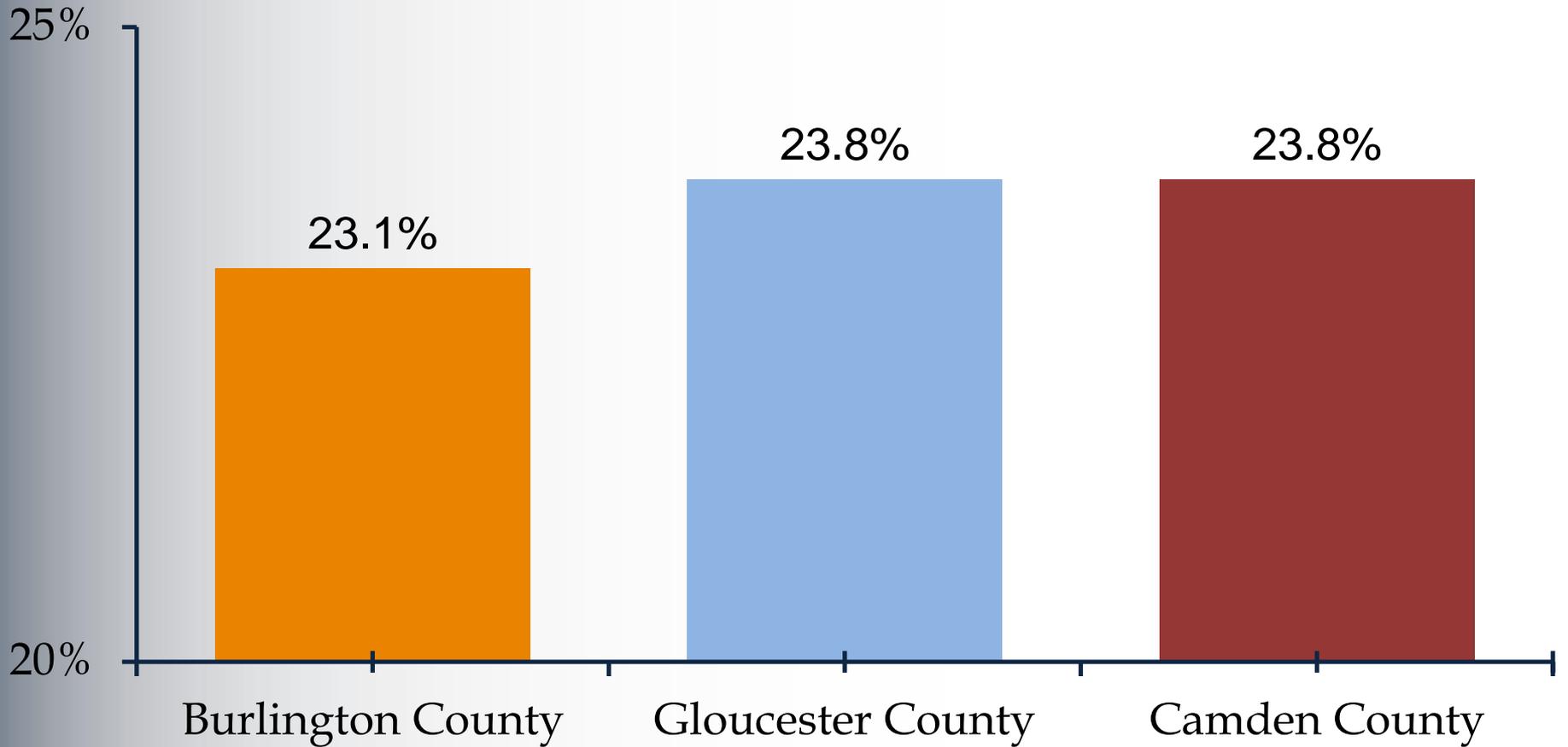
Respondents who participated in any physical activities or exercises  
in the past month



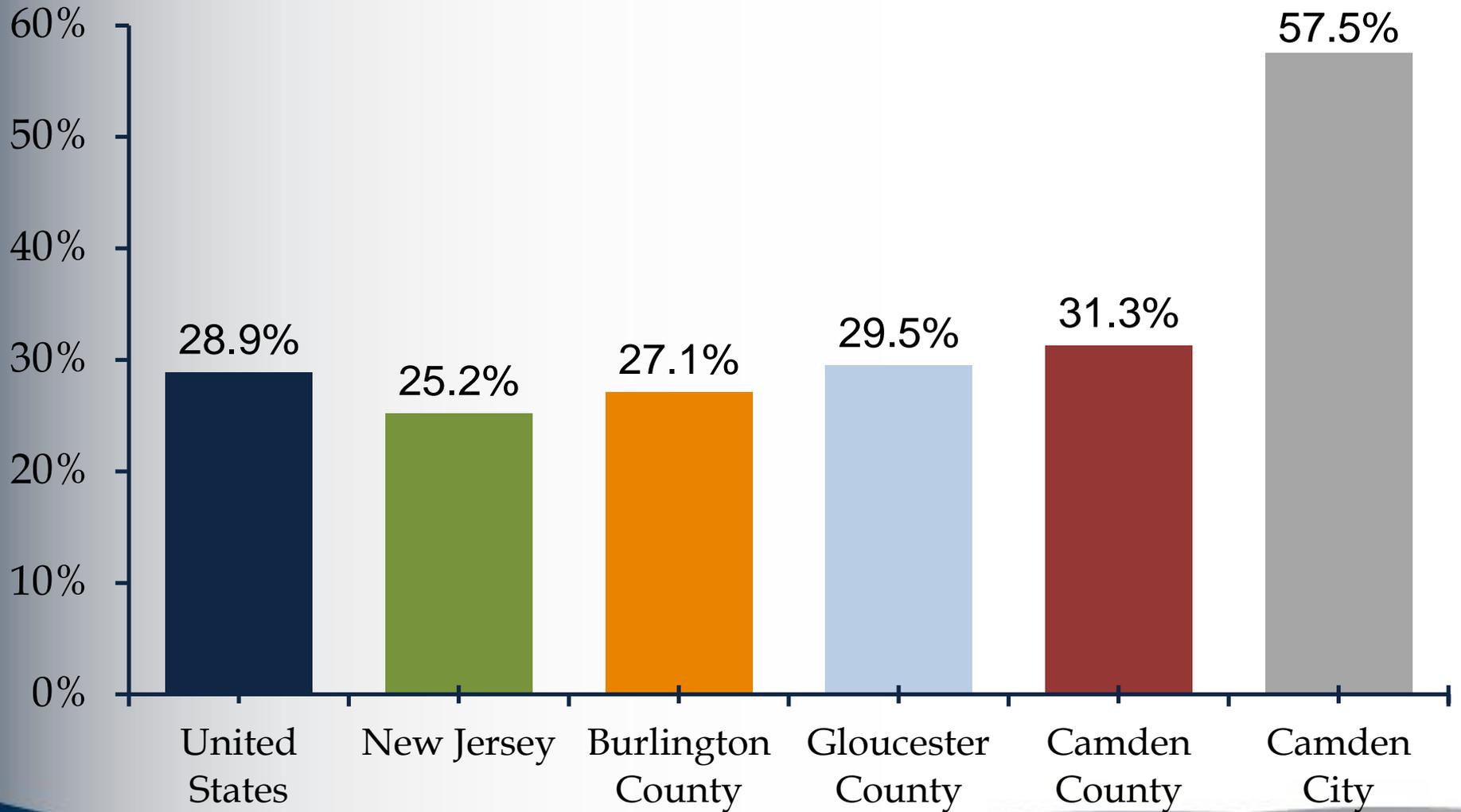
Respondents who drank regular soda on a daily basis during past month



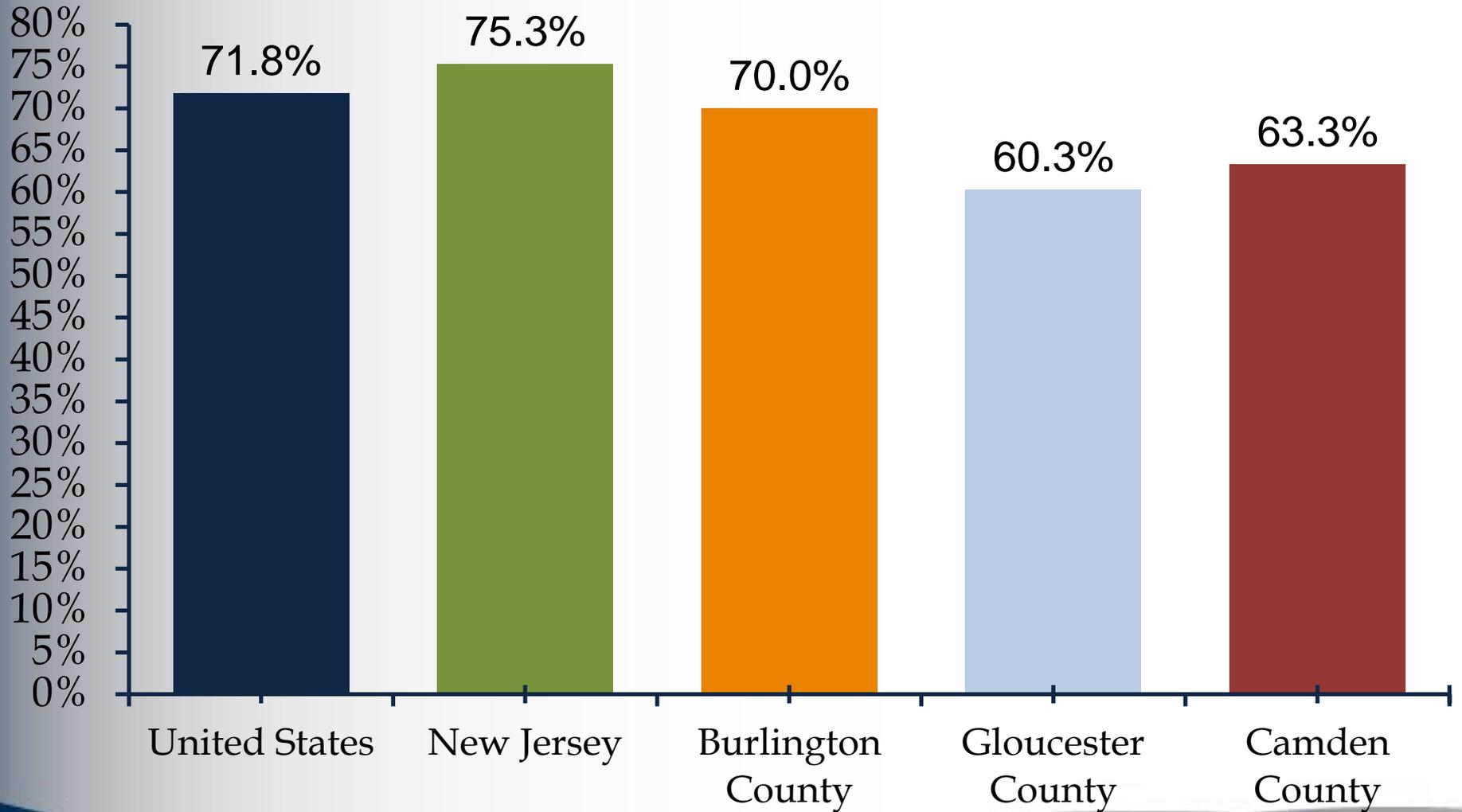
Respondents who eat at a fast food restaurant, such as McDonald's, Burger King, KFC, or Taco Bell one to seven times a week



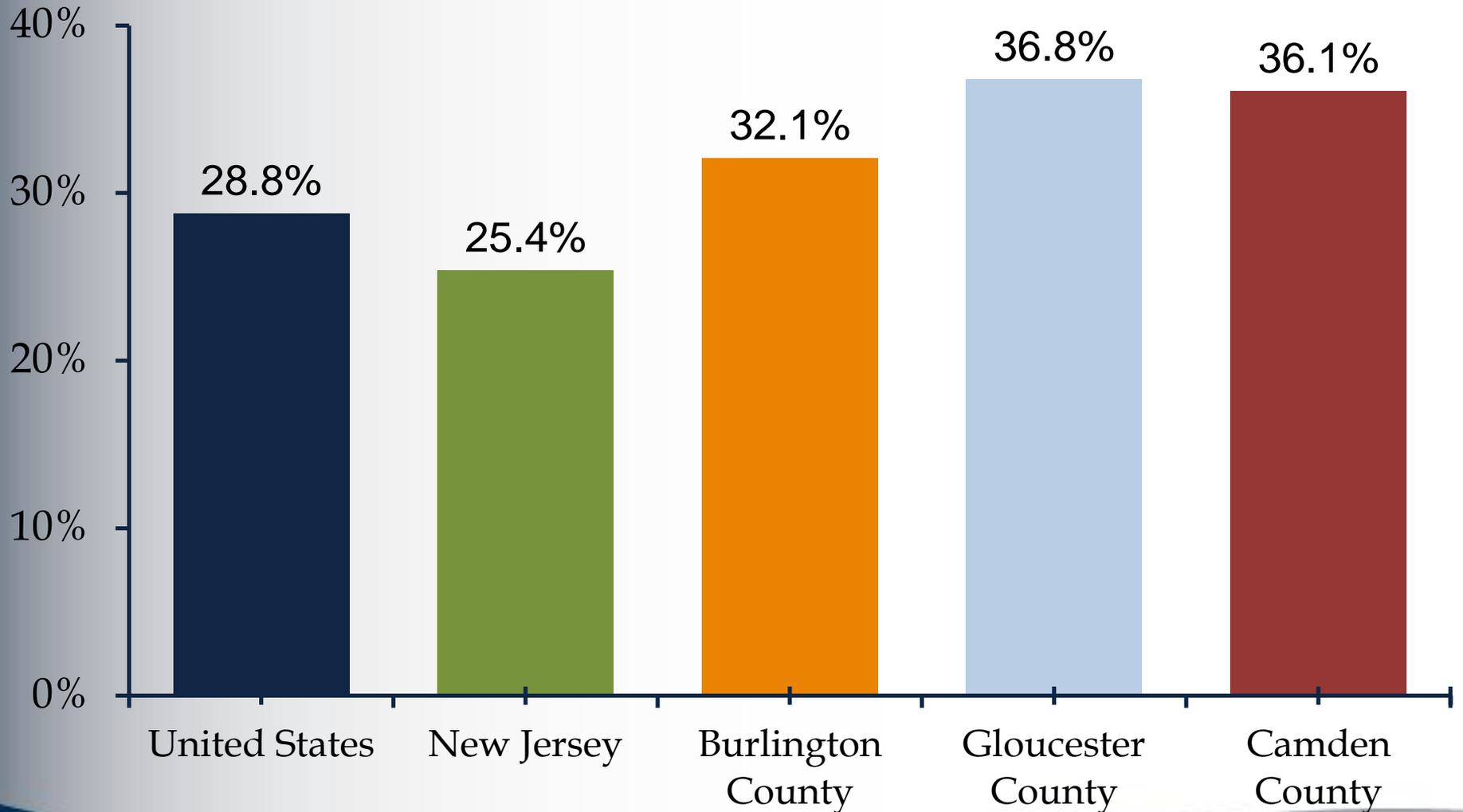
## Respondents who smoke cigarettes every day



Respondents who, during the past 30 days, on the days they drank, had an average of one to two drinks



Respondents who, on one or more times during the past 30 days, had X (x=5 for men, x=4 for women) or more drinks on an occasion



# Areas of Strength/Opportunity

# Household Study: Areas of Opportunity-Burlington

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- **Poor Health Days – Physical Health** higher compared to NJ and US
- **Disability** higher compared to NJ, similar to US
- **Drinking & Driving** higher compared to NJ US
- **Asthma** higher compared to NJ and US
- **Skin Cancer** higher compared to NJ and US
- **COPD** higher compared to NJ and US
- **Blood Stool Home Test and Pap test screening rates** lower compared NJ

# Household Study: Areas of Opportunity-Camden

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- **Poor Health Days–Physical Health** higher compared to NJ & US
- **Poor Health Days–Mental Health** higher compared to NJ, similar to US
- **Anxiety Disorder Diagnosis** higher compared to US
- **Disability** higher compared to NJ, similar to US
- **Physical Inactivity** higher compared to US, similar to NJ
- **Asthma** higher compared to NJ and US
- **COPD** higher compared to NJ, similar to US
- **Diabetes** higher compared to NJ and the US
- **Hypertension:** is higher compared to NJ and US

# Household Study: Areas of Opportunity-Gloucester

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- **Poor Health Days – Physical Health:** higher compared to NJ and US
- **Oral Health checkups** lower compared to NJ, similar to US
- **Disability** higher compared to NJ, similar to US
- **Physical Inactivity** higher compared to US similar to NJ
- **Hypertension** higher compared to NJ and US

# Key Informant Study

# Key Informant Study

- Qualitative in-depth telephone interviews with 154 local community leaders
  - Health & Human Services
  - Government Agencies
  - Community & Faith-based Groups
- Survey questions focused on:
  - Health Needs
  - Underserved Populations
  - Access to Care



# Key Informant Interviews: Key Health Issues

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<b>Camden</b>	<b>Burlington</b>	<b>Gloucester</b>
<b>Access to Care</b>	<b>Access to Care</b>	<b>Obesity/Overweight</b>
<b>Diabetes</b>	<b>Obesity/Overweight</b>	<b>Diabetes</b>
<b>Obesity/Overweight</b>	<b>Diabetes</b>	<b>Access to Care</b>
<b>Substance/Alcohol Abuse</b>	<b>Substance/Alcohol Abuse</b>	<b>Substance/Alcohol Abuse</b>
<b>Mental Health/Suicide</b>	<b>Mental Health/Suicide</b>	<b>Mental Health/Suicide</b>

# Key Informant Interviews: Health Care Access

<b>Residents are able to access a <u>primary care provider</u> when needed (Family Doctor, Pediatrician, General Practitioner)</b>	Disagree
<b>Residents are able to access a <u>medical specialist</u> when needed (Cardiologist, Dermatologist, Neurologist, etc.)</b>	Disagree
<b>Residents are able to access a <u>dentist</u> when needed.</b>	Disagree
<b>There is a sufficient number of <u>providers accepting Medicaid</u> or other forms of medical assistance.</b>	Disagree
<b>There is a sufficient number of <u>bilingual providers</u>.</b>	Disagree
<b>There is a sufficient number of <u>mental/behavioral health providers</u>.</b>	Strongly Disagree
<b><u>Transportation</u> for medical appointments is available to residents when needed.</b>	Disagree

# Key Informant Interviews: Barriers to Health Care Access

- Access to care arose as a primary issue in the Key Informant study.
- Top Barriers to Care:
  - Lack of Health Insurance Coverage
  - Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
  - Inability to Navigate Health Care System
  - Lack of Transportation
  - Basic Needs not met
  - Availability of Providers/Appointments



# Key Informant Interviews: Underserved Populations

**Uninsured/Underinsured**

**Low-income/Poor**

**Homeless**

**Black/African-American**

**Hispanic/Latino**

**Immigrant/Refugee**

**Seniors/Aging/Elderly**

**Disabled**

**Children/Youth**

**Young Adults**

**Individuals with Mental Health Issues**

# Key Informant Interviews: Resources Needed to Improve Access

<b>Free/Low Cost Dental Care</b>
<b>Transportation</b>
<b>Free/Low Cost Medical Care</b>
<b>Mental Health Services</b>
<b>Prescription Assistance</b>
<b>Bilingual Services</b>
<b>Health Education/Information/Outreach</b>
<b>Substance Abuse Services</b>
<b>Primary Care Providers</b>
<b>Health Screenings</b>
<b>Medical Specialists</b>
<b>Free/Low Cost Recreational Opportunities</b>
<b>Free/Low Cost Dental Care</b>

# Key Informant Interviews: Resources Needed to Improve Access

- Increased Awareness/Education/Community Outreach
  - Increased Collaboration/Coordination/  
Community Engagement
  - Improved Access to Affordable Medical Care &  
Dental Care
  - Improved Access to Affordable Exercise &  
Nutrition Programs
- Enhanced Mental Health & Substance Abuse Services
  - Need For Patient Navigation & Support

# Focus Groups

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- 6 groups (2 per county)
- 65 community residents participated
- Topics: Access to Health Care & Key Health Issues and Nutrition/Physical Activity & Obesity



# Focus Group: Key Themes

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## Primary challenges:

- Lack of affordable medical and dental services
- Need for mental and behavioral health services
- Transportation barriers
- Lack of community awareness of available programs and resources
- Need for centralized place to get information and listing of available resources
- Lack of coordination among programs and providers
- Need for health education and wellness programs

# Focus Groups: Key Themes

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Suggestions to improve community health:

- Transportation Assistance
- Patient Navigation Services
- Prescription Assistance Programs
- Eldercare/Home Care Services
- Health Outreach (Wellness Fairs, Workshops, Health Screenings, Mobile Health Services)
- Nutrition & Exercise Programs
- Stress Management Programs
- Smoking Cessation Programs
- Support Groups
- Chronic Disease Management Programs

# Overall Summary of Findings

# Key Community Health Issues

- **Access to Health Care**
- **Chronic Health Conditions  
(Diabetes, Heart Disease & Cancer)**
- **Mental Health & Substance Abuse**
- **Obesity/Overweight**

# Next Steps

# Next Steps

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- Share findings with stakeholders
- Determine prioritization process
- Hold prioritization sessions
- Take a closer look at priority areas
- Develop community wide CHIP and Hospital Implementation Strategies

# Prioritize Community Health Needs

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- Input from community representatives
- Important many vs. vital few
- Scope, severity, ability to impact
- Build upon community assets
- Identify community-wide health priorities



# Creating the Plan

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- Community Health Improvement Plan (CHIP)
  - Opportunity for all organizations to align
  - Guide community health improvement efforts
  - Measure population health indicators
  
- Hospital Implementation Plans
  - Show alignment between hospital programs and services and community needs
  - Specific to hospital programs/initiatives
  - Measure community health/CB efforts

This is just the beginning...



# Questions/Discussion

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