



# **Community Health Needs Assessment**

## **Final Summary Report** ***-Burlington County-***

**2013**

**HOLLERAN**

# COMMUNITY HEALTH NEEDS ASSESSMENT

## FINAL SUMMARY REPORT

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# COMMUNITY HEALTH NEEDS ASSESSMENT

## FINAL SUMMARY REPORT

### I. EXECUTIVE SUMMARY

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 Tri-County Collaborative included the following partners: Cooper University Health Care, Kennedy Health System, Lourdes Health System, Inspira Medical Center-Woodbury, Virtua Health, and the Health Departments of Burlington, Camden and Gloucester Counties. The CHNA was conducted from September 2012 to June 2013. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors and chronic health conditions.

This CHNA Final Summary Report serves as a compilation of the overall findings of each research component. Detailed reports for each individual component were provided separately. The completion of the CHNA enabled Lourdes Medical Center of Burlington and its partners to take an in-depth look at the greater community. The assessment was conducted to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital’s commitment to community health and population health management. The findings from the assessment were utilized by Lourdes to prioritize public health issues and develop a community health implementation plan focused on meeting community needs.

#### Research Components

The CHNA Collaborative took a comprehensive approach to identifying the needs in the communities it serves. A variety of quantitative and qualitative research components were implemented as part of the CHNA. These components included the following:

- Secondary Statistical Data Profile of Burlington County
- Household Telephone Survey with 575 community residents
- Key Informant Interviews with 54 community stakeholders
- Focus Group Discussions with 20 community residents

#### Key Community Health Issues

The following community health issues appeared in multiple research components:

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

## II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

### HOSPITAL & COMMUNITY PROFILE

#### Hospital Overview

Lourdes Medical Center of Burlington County was founded in 1961 by 11 physicians looking to serve the growing Willingboro area, Lourdes Medical Center of Burlington County today is a 249-bed community hospital that provides technologically advanced diagnostic and treatment options close to home.

Specialty services include the Lourdes Cancer Center, Lourdes Specialty Hospital of Southern New Jersey, a unit for long-term acute-care patients; cardiology services, including a hyperbaric chamber for the treatment of chronic wounds and behavioral health services.

Lourdes Medical Center of Burlington County is part of the Lourdes Health System, and is sponsored by the Franciscan Sisters of Allegany, N.Y. Lourdes is a member of Catholic Health East, a health system with 31 hospitals on the East Coast.

#### Clinical Centers of Excellence

- Bariatric Surgery
- Cancer Care
- Cardiac Services
- Behavioral Health Services

#### Other Services

- Emergency
- Long Term Acute Care Hospital
- Sleep Laboratory
- Women's Center
- Wound Care

#### Community Overview

Lourdes defined their current service area based on an analysis of the geographic area where individuals utilizing Lourdes health services reside. Lourdes's service area is considered to be the Burlington County community. Burlington County is situated in the Southern part of New Jersey and encompasses a total population of approximately 449,000.

## 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:

- Quantitative Data:
  - A **Secondary Statistical Data Profile** depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Burlington County was compiled.
  - A **Household Telephone Survey** was conducted with 575 randomly-selected community residents. The survey was modeled after the Center for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.
  
- Qualitative Data:
  - **Key Informant Interviews** were conducted with key community leaders. In total, 54 people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.
  - **2 Focus Groups** were held with 20 community members in May 2013.

### Research Partner

Lourdes contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 20 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- 1) Analyzed and interpreted Secondary Data
- 2) Conducted, analyzed, and interpreted data from Household Telephone Survey
- 3) Conducted, analyzed and interpreted data from Key Informant Interviews
- 4) Conducted focus groups with community members

Community engagement and feedback were an integral part of the CHNA process. Lourdes sought community input through focus groups with community members, Key Informant Interviews with community stakeholders and inclusion of community partners 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 served by Lourdes including medically underserved, low income, and minority populations.

Following the completion of the CHNA research, Lourdes prioritized community health issues and developed an implementation plan to address prioritized community needs.

### III. SECONDARY DATA PROFILE OVERVIEW

#### BACKGROUND

One of the initial undertakings of the CHNA was a review of secondary data. Data that is obtained from existing resources is considered “secondary.” The data presented in this report comes from the “2012 County Health Profile” report prepared by Health Research and Educational Trust of New Jersey (HRET). This report was prepared for members of the New Jersey Hospital Association and provides county-level data for Burlington County, New Jersey.

Note that Holleran was not involved in any of the data tabulation or gathering and simply served in an advisory role to interpret the key points of the secondary data profile. The county-level data is compared to New Jersey statewide averages.

The profile details data covering the following areas:

- Demographic & Household Statistics
- Access to Health Care
- Safety
- Health Behaviors
- Maternal & Infant Health
- Communicable Disease & Chronic Disease
- Mortality

This section serves as a summary of the key takeaways from the secondary data profile. A full report of all of the statistics is available through Lourdes.

#### KEY FINDINGS-SECONDARY DATA PROFILE

The following indicators are worse in Burlington County compared to the state of New Jersey.

##### Demographic & Household Indicators:

- Fewer with graduate/professional degrees
- Increased unemployment rates in recent years
- Increased TANF, SNAP and WIC recipients between 2007 and 2012

##### Access to Health Care:

- Lower total physician supply as well as number of internal medicine providers, pediatricians, and surgical specialists

##### Safety:

- Higher rates of reported child abuse
- Lower percentage of children tested for lead poisoning

### Health Behaviors:

- More male tobacco use (cigarette use)
- More tobacco use among 25-44 year olds
- Heavy alcohol use among males
- Heavy alcohol use among 45-64 year olds
- Higher proportion of adults who are obese (not including those “overweight” per BMI)
- Higher percentage of Blacks who are overweight or obese per BMI

### Maternal & Infant Health:

- More mothers who smoked during pregnancy

### Communicable & Chronic Disease

- Higher rates of: Babesiosis, Lyme Disease, Influenza A, Ehrlichiosis
- Higher cancer incidence rates overall
- Higher breast cancer incidence rates
- Higher uterine cancer incidence rates among Blacks and Hispanics
- Higher prostate cancer incidence rates among Whites and Blacks
- Higher colon cancer incidence rates among Blacks and Hispanics
- Higher lung cancer incidence rates among Whites
- Higher lymphoma incidence rates among females and Hispanics
- Higher melanoma incidence rates among males and Whites

### Mortality Rates

- Higher overall cancer mortality rates
- Higher prostate and colon cancer mortality rates among Blacks
- Higher lung cancer mortality rates among White males
- Higher mortality rates for diseases of the heart
- Higher mortality rates for stroke
- Higher mortality rates for chronic respiratory disease
- Higher mortality rates for Alzheimer’s disease

## FINAL THOUGHTS-SECONDARY DATA PROFILE

Based on a review of the secondary data, areas of opportunity are outlined below. Many of the unfavorable indicators included above fit into the following health issue categories:

### Areas of Opportunity

- Access to Health Care
- Obesity/Overweight
- Chronic Health Conditions (Heart Disease & Cancer)
- Substance Abuse/Alcohol Abuse

## IV. HOUSEHOLD TELEPHONE SURVEY OVERVIEW

### BACKGROUND

The partnership conducted a Household Telephone Survey based on the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national initiative, headed by the Centers for Disease Control and Prevention (CDC) that assesses health status and risk factors among U.S. citizens.

The following section provides a summary of the Household Telephone Survey results including details regarding the research methodology as well as a summary of key findings. A full report of the Household Telephone Survey results is available in a separate document.

### Methodology

Interviews were conducted by Holleran's teleresearch center from October 2012 through February 2013. Trained interviewers contacted respondents via land-line telephone numbers generated from a random call list. Statistical considerations for the study can be found in Appendix B.

### Participants

Interviews were conducted via telephone with 2,480 adults residing within specific zip codes in Burlington, Camden, and Gloucester Counties in New Jersey. A statistically valid sample of 575 respondents from the 25 zip codes in Lourdes - Burlington's service area was randomly selected from the total sample, allowing for comparisons across counties and hospitals.

Participants were randomly selected for participation based on a statistically valid sampling frame developed by Holleran. The sampling strategy was designed to represent the 108 zip codes served by the Tri-County Health Assessment Collaborative.

The sampling strategy identified the number of completed surveys needed within each zip code based on the population statistics from the U.S. Census Bureau in order to accurately represent the community area. Only respondents who were at least 18 years of age and lived in a private residence were included in the study. It is important to note that the sample only includes households with land-line telephones which can present some sampling limitations.

### Survey Tool

The survey was adapted from the Center for Disease Control Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey tool assesses health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The customized survey tool consisted of approximately 100 factors selected from core sections and modules from the BRFSS tool. Depending upon respondents' answers to questions regarding cardiovascular disease, smoking, diabetes, etc., interviews ranged from approximately 15 to 30 minutes in length.



## KEY FINDINGS-TELEPHONE SURVEY OVERVIEW

The following section provides an overview of key findings from the Household Telephone Survey including highlights of important health indicators and health disparities. Areas of strength and opportunity are identified below by health topic. The findings are representative of the total service area of Lourdes Medical Center of Burlington County.

### Health Indicators

#### Areas of Strength

The following are areas where local residents fare better, or healthier, than the State of New Jersey and/or the Nation as a whole.

- **Oral Health:** The proportion of residents who visited a dentist in the past year (75.2%) is higher when compared to the United States (68.1%), but similar to New Jersey (74.7%).
- **Sweetened Drink Consumption:** The proportion of residents who did not drink soda or pop that contained sugar in the past 30 days (53.0%) is higher when compared to the United States (42.5%). Additionally, the proportion of residents who did not drink sweetened fruit drinks such as lemonade in the past 30 days (66.0%) is higher when compared to the United States (52.1%).

#### Areas of Opportunity

The following are areas where local residents fare worse, or less healthy, than the State of New Jersey and/or the Nation as a whole.

- **Healthy Days – Physical Health:** The proportion of residents who reported poor physical health for 15-30 days of the past 30 days (13.4%) is higher when compared to New Jersey (9.2%), but similar to the United States (10.3%).
- **Healthy Days – Activity Limitation:** The proportion of residents who reported poor physical or mental health as being a barrier from usual activities for no days of the past 30 days (51.4%) is lower when compared to New Jersey (61.2%), but similar to the United States (58.6%).
- **Disability:** The proportion of residents who are limited in any activities due to physical, mental, or emotional problems (22.6%) is higher when compared to New Jersey (16.9%) but similar to the United States (20.8%).
- **Drinking and Driving:** The proportion of residents who reported no times in the past 30 days of having driven after having too much to drink (93.2%) is lower when compared to New Jersey (98.2%) and the United States (96.5%).

### Areas of Disparity

The following are areas in which certain demographic groups fare worse, or less healthy, than other demographic groups.

- **Health Status:** Black or African American respondents are more likely than White respondents to report their health as being excellent.
- **Activity Limitations:** White respondents are more likely than Black or African American respondents to report for no days in the past 30 days of poor physical or mental health as being a barrier to usual activities.
- **Dental Visits:** White respondents are more likely than Black or African American respondents to report seeing a dentist within the past 12 months.
- **Obesity:** Black or African American respondents are more likely than White respondents to be considered obese.
- **Tobacco Use:** White respondents are more likely than Black or African American respondents to report smoking 100 cigarettes in their life.

### Health Care Access

#### Areas of Opportunity

The following are areas where local residents fare worse, or less healthy, than the State of New Jersey and/or the Nation as a whole.

- **Routine Checkup Visits:** The proportion of residents who reported having a routine checkup within the last year (68.6%) is lower when compared to New Jersey (77.0%), but similar to the United States (68.1%).

### Chronic Health Conditions

#### Areas of Opportunity

The following are areas where local residents fare worse, or less healthy, than the State of New Jersey and/or the Nation as a whole.

- **Skin Cancer:** The proportion of residents who have been diagnosed with skin cancer (7.3%) is higher when compared to New Jersey (4.8%), but similar to the United States (5.7%).

### Immunization and Screening

#### Areas of Strength

The following are areas where local residents fare better, or healthier, than the State of New Jersey and/or the Nation as a whole.

- **Cholesterol Awareness:** The proportion of residents who have had their blood cholesterol checked (87.4%) is higher when compared to the United States (79.4%), but similar to New Jersey (83.3%).
- **Diabetes Screening:** The proportion of residents who have had a test for diabetes in the past three years (64.6%) is higher when compared to the United States (57.7%).

- **Flu Vaccination:** The proportion of residents who reported receiving the flu shot or flu vaccine in the past 12 months (45.2%) is higher when compared to New Jersey (36.0%) and the United States (36.7%).
- **Pneumonia Vaccination:** The proportion of residents who reported receiving a pneumonia shot (36.3%) is higher when compared to New Jersey (24.6%) and the United States (27.4%).
- **Breast Exam:** The proportion of female residents who reported ever having a breast exam (93.7%) is higher when compared to New Jersey (87.3%), but similar to the United States (89.8%).

### Areas of Opportunity

The following are areas where local residents fare worse, or less healthy, than the State of New Jersey and/or the Nation as a whole.

- **Cholesterol Screening:** The proportion of residents who have had their blood cholesterol checked in the past year (69.9%) is lower when compared to New Jersey (77.6%), but similar to the United States (74.0%).
- **Breast Exam:** The proportion of female residents who have had a breast exam within the past year (59.5%) is lower when compared to New Jersey (76.3%) and the United States (68.4%).
- **Pap Test:** The proportion of female residents who have had a pap test within the past year (58.1%) is lower when compared to New Jersey (68.5%) but similar to the United States (57.7%).

### Areas of Disparity

The following are areas in which certain demographic groups fare worse, or less healthy, than other demographic groups.

- **Flu Vaccination:** White respondents are more likely than Black or African American respondents to report having a flu shot or flu vaccination in the past 12 months.
- **HIV/AIDS:** Black or African American respondents are more likely than White respondents to report having ever been tested for HIV.
- **Breast Exam:** White respondents are more likely than Black or African American respondents to report ever having had a clinical breast exam.

## FINAL THOUGHTS-TELEPHONE SURVEY OVERVIEW

The Household Telephone Survey results provided important information about the current health status and health behaviors of residents in the Burlington County. A review of the Household Telephone Survey results yields several areas of opportunity for the local community.

### Areas of Opportunity

- Access to Health Care-Preventative Health Screenings
- Skin Cancer

## V. KEY INFORMANT INTERVIEWS OVERVIEW

### 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 Lourdes to identify key informant participants and to develop the Key Informant Survey Tool. A copy of the questionnaire can be found in Appendix C. The questionnaire focused on gathering qualitative feedback regarding perceptions of community needs and strengths across 3 key domains:

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

The online survey garnered 54 completed surveys collected during January and February 2013. It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives within Burlington County. See Appendix D for a listing of key informant participants. The following section provides a summary of the Key Informant Interviews.

### KEY THEMES-KEY INFORMANT INTERVIEWS

#### 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 health issues that they perceived as being the most significant. The issues that were most frequently selected were:

- Access to Health Care/Uninsured/Underinsured
- Overweight/Obesity
- Diabetes
- Substance Abuse/Alcohol Abuse
- Mental Health/Suicide
- Heart Disease

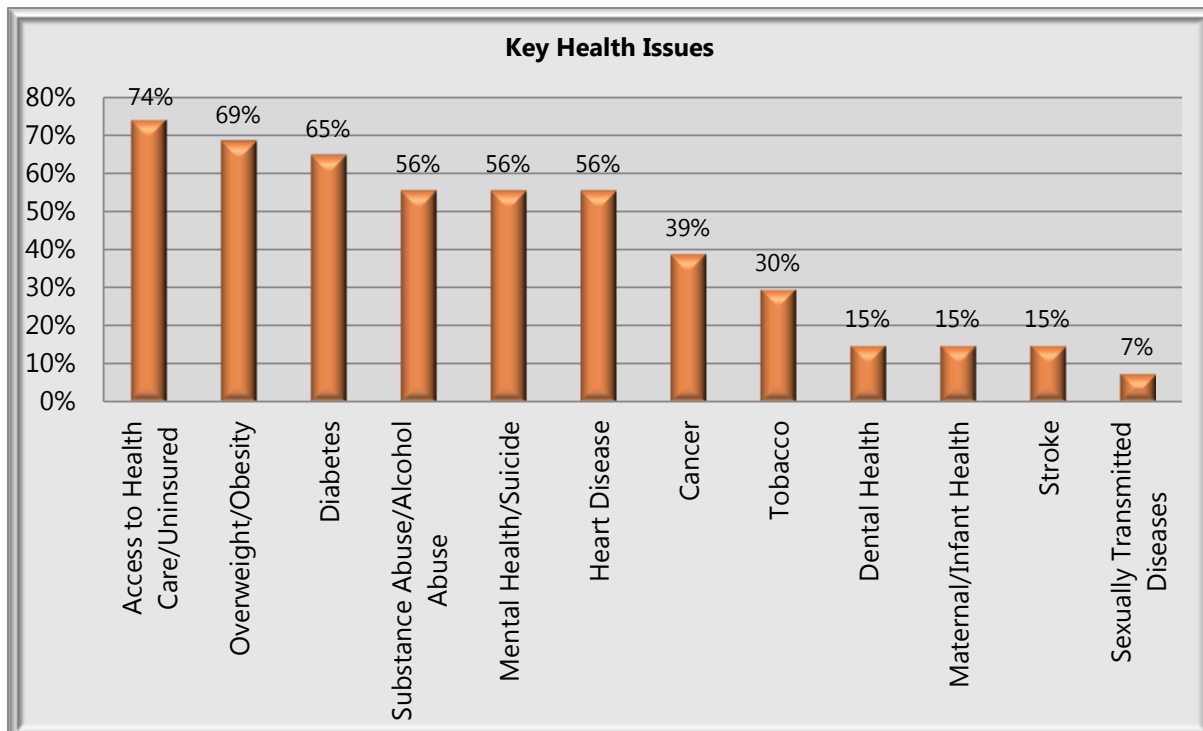
The following table shows the breakdown of the percent of respondents who selected each health issue. Issues are ranked from top to bottom based on number of participants who selected the health issue as one of their top five issues. The first column depicts the total percentage of respondents that selected the health issue as one of their top five. Respondents were also asked of those health issues mentioned, which one issue is the most significant. The second column depicts the percentage of respondents that rated the issue as being the most significant of their top five.

**Table 1: Ranking of Key Health Issues**

Rank	Health issue	Percent of respondents who selected the issue	Percent of respondents who selected the issue as the most significant
1	Access to Health Care/Uninsured	74%	36%
2	Overweight/Obesity	69%	13%
3	Diabetes	65%	6%
4	Substance Abuse/Alcohol Abuse	56%	13%
5	Mental Health/Suicide	56%	11%
6	Heart Disease	56%	9%
7	Cancer	39%	6%
8	Tobacco	30%	0%
9	Dental Health	15%	2%
10	Maternal/Infant Health	15%	2%
11	Stroke	15%	0%
12	Sexually Transmitted Diseases	7%	0%

Figure 1 shows the key informant rankings of all the key health issues. The bar depicts the total percentage of respondents that ranked the issue in their top five.

**“What are the top 5 health issues you see in your community?”**



**Figure 1: Ranking of key health issues**

## 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 bilingual 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). The results are displayed in Table 2.

Health care access appears to be a significant issue in the community. As illustrated in Table 2, very few informants strongly agree to any of the health care access factors. Most respondents ‘Disagree’, with community residents’ ability to access care. Availability of mental/ behavioral health providers and availability of bilingual providers garnered the lowest mean responses (2.08) compared to the other factors.

**“On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access.”**

**Table 2: Mean Responses for Health Care Access Factors**

Factor	Mean Response	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	3.27	Neither agree nor disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.98	Disagree
Residents in the area are able to access a dentist when needed.	2.86	Disagree
There is a sufficient number of providers accepting Medicaid and medical assistance in the area.	2.12	Disagree
There is a sufficient number of bilingual providers in the area.	2.08	Disagree
There is a sufficient number of mental/ behavioral health providers in the area.	2.08	Disagree
Transportation for medical appointments is available to residents in the area when needed.	2.10	Disagree

### Barriers to Health Care Access

After rating availability of health care services, the informants 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 were:

- Lack of Health Insurance Coverage
- Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
- Inability to Navigate Health Care System

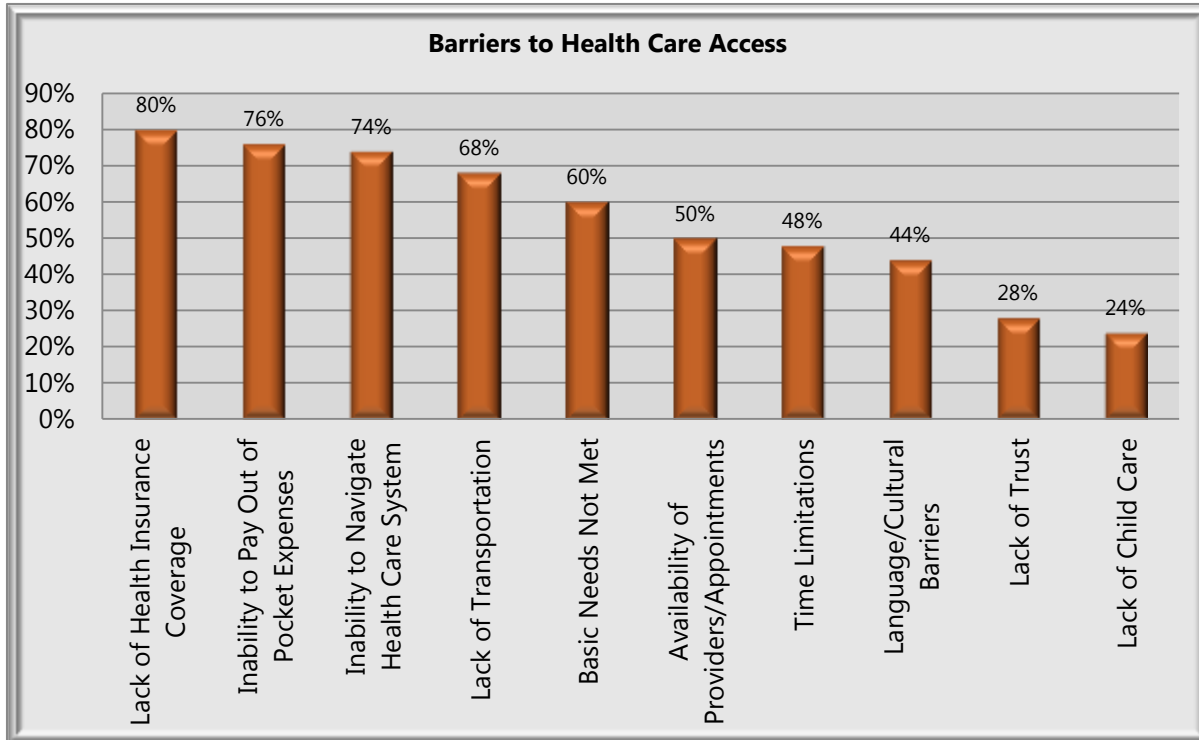
Table 3 shows the breakdown of the number and percent of respondents who selected each barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier. The third column in the table depicts the percentage of respondents that rated the barrier as being the most significant facing the community.

**“What are the most significant barriers that keep people in the community from accessing health care when they need it?”**

**Table 3: Ranking of Barriers to Health Care Access**

Rank	Barrier to Health Care Access	Number of respondents who selected the issue	Percent of respondents who selected the issue	Percent of respondents who marked it as the most significant barrier
1	Lack of Health Insurance Coverage	40	80%	20%
2	Inability to Pay Out of Pocket Expenses	38	76%	18%
3	Inability to Navigate Health Care System	37	74%	22%
4	Lack of Transportation	34	68%	8%
5	Basic Needs Not Met	30	60%	8%
6	Availability of Providers/Appointments	25	50%	14%
7	Time Limitations	24	48%	8%
8	Language/Cultural Barriers	22	44%	2%
9	Lack of Trust	14	28%	0%
10	Lack of Child Care	12	24%	0%

Figure 2 shows a graphical depiction of the frequency of selected barriers to health care access.

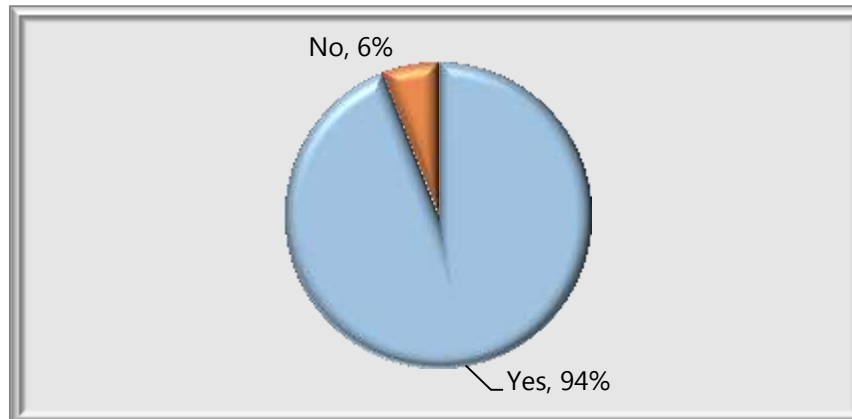


**Figure 2: Ranking of barriers to health care access**

### Underserved Populations

Informants were then asked whether they thought there were specific populations who are not being adequately served by local health services. As seen in Figure 3, the majority of respondents (94%) indicated that there are underserved populations in the community.

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



**Figure 3: Key informant opinions regarding underserved populations**



Those respondents were asked to identify which populations they thought were underserved. The results can be found in Table 4 below. Uninsured/underinsured, low-income/poor, and homeless individuals were considered underserved populations. In addition, racial/ethnic minorities and immigrant/refugee populations were also considered underserved populations.

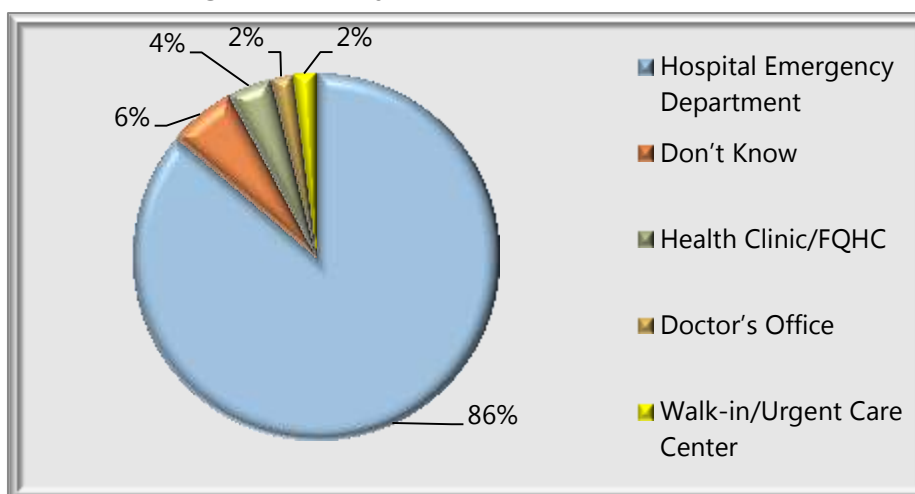
**Table 4: Underserved Populations**

	<b>Underserved population</b>	<b>Number of respondents who selected the population</b>
1	Uninsured/Underinsured	30
2	Low-income/Poor	28
3	Homeless	22
4	Hispanic/Latino	16
5	Immigrant/Refugee	16
6	Black/African-American	13
7	Seniors/Aging/Elderly	13
8	Disabled	9
9	Young Adults	6
10	Children/Youth	5
11	People w/ Mental/Substance Abuse Issues	3
12	LGBT Community	1

### Health Care for Uninsured/Underinsured

Next, the informants were asked to select where they think most uninsured and underinsured individuals go when they are in need of medical care. As shown in Figure 4, the majority of respondents (86%) indicated that uninsured and underinsured individuals go to the Hospital Emergency Department for medical care.

**In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care?**



**Figure 4: Key informant opinions of where uninsured individuals receive medical care**

### Resources Needed to Improve Access

Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community. Transportation was the most frequently mentioned need. Many respondents indicated that free and low cost medical and dental services and prescription assistance are needed. In addition, informants want to see more mental health services and substance abuse services. Table 5 includes a listing of the resources mentioned ranked in order of the number of mentions.

**Table 5: Listing of Resources Needed in the Community**

Rank	Resources Needed	Number of Mentions
1	Transportation	31
2	Free/Low Cost Dental Care	30
3	Prescription Assistance	30
4	Free/Low Cost Medical Care	29
5	Mental Health Services	26
6	Substance Abuse Services	23
7	Health Education/Information/Outreach	21
8	Bilingual Services	16
9	Health Screenings	11
10	Primary Care Providers	12
11	Medical Specialists	8
12	Free/Low Cost Recreational Opportunities	2

### Challenges & Solutions

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

Next, key informants were asked “What recommendations or suggestions do you have to improve health and quality of life in the community?” Several major themes emerged from the comments including the following:

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

## **FINAL THOUGHTS-KEY INFORMANT INTERVIEWS**

Many of the key informants expressed appreciation for the opportunity to share their thoughts and experiences and indicated interest and support for efforts to improve community health. Based on the feedback from the key informants, the following issues were identified as areas of opportunity for the local community.

### **Areas of Opportunity**

- Access to Health Care/Uninsured/Underinsured
- Overweight/Obesity
- Diabetes
- Substance Abuse/Alcohol Abuse
- Mental Health/Suicide
- Heart Disease

## **VI. FOCUS GROUPS OVERVIEW**

### **BACKGROUND**

Two focus groups were held in Burlington County in May 2013. Focus group topics addressed Access to Health Care & Key Health Issues and Nutrition/Physical Activity & Obesity. Each session lasted approximately two hours and was facilitated by trained staff from Holleran. Participants were recruited through local health and human service organizations and public news releases. In exchange for their participation, attendees were given a \$50 gift card at the completion of the focus group. Discussion guides, developed in consultation with Lourdes, were used to prompt discussion and guide the facilitation (See Appendix E).

In total, 20 people participated in the Focus Groups. It is important to note that the results reflect the perceptions of a limited number of community members and may not necessarily represent all community members in Burlington County.

The following section provides a summary of the focus group discussions including key themes and select comments.

## KEY THEMES-FOCUS GROUPS

### Access to Health Care

A few participants indicated that they or someone they know have had difficulty obtaining health care services especially when in between jobs or working seasonal jobs like construction. Overall, lack of health insurance coverage did not appear to be as much of an issue in Burlington County compared to Camden and Gloucester. However, participants still expressed concern about increasing insurance premiums and difficulty affording out of pocket expenses (co-pays, deductibles, and prescription costs) related to health care.

In general, participants felt that there are not enough providers especially specialty providers such as dermatologists. Dental care and dental emergency care were also difficult to access. Participants explained that low income children can get dental coverage through NJ Family Care but adults cannot. Some of the local dentistry schools offer reduced cost dental clinics but not everyone is aware of these services.

Participants expressed frustration in trying to find providers that take their insurance. It can also be extremely difficult to find doctors who accept Medicare/Medical assistance, and many participants felt that people with Medicare/Medical assistance were not treated the same as people with private insurance. Participants also explained that it is difficult to understand insurance plans and medical billing procedures.

When asked where uninsured and underinsured individuals usually go for health care, participants indicated that uninsured residents often utilize the Emergency Department for primary health care because the Emergency Department will not turn them away if they do not have insurance. Participants explained that Urgent Care Centers and Pharmacy Minute Clinics offer another option for care but out of pocket costs are still an issue. Participants mentioned that it is often difficult to get a same day appointment for a sick visit with their primary care provider so sometimes they will just go to the pharmacy.

Transportation can also be a barrier in accessing health care. There is a local county bus system (BurLink) as well as a shuttle transportation service for seniors and people with disabilities. Shuttle arrangements must be made several days in advance and service is not available throughout the entire county.

### Key Health Issues

When asked about major health issues facing the Burlington County community, participants identified the following issues:

- Access to Health Care
- Mental & Behavioral Health/Substance Abuse
- Obesity/Overweight
- Diabetes
- Heart Disease

## Mental & Behavioral Health

Mental and Behavioral Health/Substance Abuse issues were frequently mentioned by participants. One participant worked in health and human services in Burlington County and explained that substance abuse services are extremely limited but there is a growing need. Abuse of prescription opiates has increased dramatically over the past 10 years. It is very difficult to place patients in local detox treatment as there are long waiting lists. Participants felt that people with mental health issues don't know where to go to get help and that mental health services are difficult to navigate.

## Nutrition, Physical Activity, & Obesity/Overweight Issues

Obesity/Overweight issues were discussed at length by participants. Attendees were especially concerned with childhood obesity. They felt that the schools are not doing enough to teach and support healthy behavior. Participants thought 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.

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 and exercise:

- Affordable/Accessible healthy food/produce
- Coupons/Vouchers for healthy food/produce
- School & Community Gardens
- 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
- Partner with schools to provide nutrition education
- Workplace & School wellness challenges
- Community-wide wellness challenges
- Free & Low Cost Recreation/Sports Programs
- Community Walking Clubs

### **Awareness of Health & Human Services**

Participants repeatedly stated that people in the community are not aware of the health care services and options that are available to them. Participants felt that there was a lack of coordination of information and services in the community. Participants thought it would be helpful to have a county resource guide or database with lists of area resources. Participants also suggested that co-locating services through a 1-stop shop clinic could improve access and awareness. In addition, they encouraged the hospitals to partner with schools, faith-based community, libraries, and other networks to promote health information.

When asked where people generally get health information, participants indicated that they get information from newsletters, newspapers, magazines, flyers, brochures, and doctors' offices. Hospitals, health departments, and community agencies were also mentioned as resources for information. In some cases, they learn about programs and services through word of mouth from friends, family, and neighbors.

When asked for suggestions for other ways to disseminate information, some participants suggested that information could be shared through television public service announcements and community access programming. They also mentioned radio spots as well as local ad spots during movie previews. Attendees pointed out that they have become increasingly reliant on the internet for information. In fact, many participants learned about the focus group through email blasts from community email lists. Community agencies and groups have developed networks to distribute information electronically.

## Challenges & Solutions

Participants discussed the primary challenges and needs they see in the community related to health and quality of life. The following themes emerged from the discussion:

- 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

When asked what could be done to improve health and quality of life in the community, participants emphasized the need to improve communication and awareness about existing services. Overall, participants saw the need for more community outreach and health education. In addition, participants suggested the following 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

## FINAL THOUGHTS-FOCUS GROUPS

The focus group participants were grateful for the opportunity to share their thoughts and experiences, and at the end of the sessions, many expressed support for community-wide efforts to improve health in Burlington County. Based on the feedback from the focus group participants, the following health issues appear to be potential areas of opportunity for the local community.

### Areas of Opportunity

- Access to Health Care
- Mental & Behavioral Health/Substance Abuse
- Obesity/Overweight
- Diabetes
- Heart Disease

## VII. OVERALL ASSESSMENT FINDINGS & CONCLUSIONS

The Community Health Needs Assessment research components reveal a number of overlapping health issues for residents living in the Burlington County. The following list outlines the key issues that were identified in multiple research components

### KEY COMMUNITY HEALTH ISSUES

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

The completion of the comprehensive community health needs assessment enabled Lourdes to take an in-depth look at its greater community. The results will be integrated into community planning activities, which will include the prioritization of the key health needs and the development of a hospital implementation plan. The aim of such implementation plans is to not only direct community benefit initiatives, but to move toward population health management. This model promotes a well-care model rather than a sick-care one and rewards organizations and individuals who take ownership of their health and yield positive outcomes. Healthy communities lead to lower healthcare costs, strong community partnerships and an overall enhanced quality of life. Lourdes is committed to the people it serves and the communities they live in.



## APPENDIX A: SECONDARY DATA PROFILE REFERENCES

### Primary Reference:

New Jersey Hospital Association, Health Research and Educational Trust of New Jersey. (2012). *County Health Profile: Burlington County*. <http://www.njha.com>

### Source Citations:

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11. N.J. Department of Children and Families, Division of Youth and Family Services, 2011
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16. N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data, 2011
17. N.J. Department of Health and Senior Services, Division of Communicable Disease Service, New Jersey Reportable Communicable Disease Report, 2009
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## APPENDIX B: HOUSEHOLD TELEPHONE STUDY STATISTICAL CONSIDERATIONS

The Household Telephone Study sampling strategy was designed to represent the service area of Lourdes. For the purposes of this study, the following ZIP codes within Burlington County were used to define the hospital service area:

08010	08054	08518
08015	08055	08554
08016	08057	08562
08022	08060	08640
08036	08065	08641
08041	08068	
08046	08075	
08048	08077	
08052	08088	
08053	08505	

The sampling strategy identified the number of completed surveys needed within each ZIP code based on the population statistics from the U.S. Census Bureau in order to accurately represent the service area. Call lists of household land-line telephone numbers were created based on the sampling strategy. The final sample (575) yields an overall error rate of +/-4.1% at a 95% confidence level. This means that if one were to survey all residents within Lourdes’s service area, the final results of that analysis would be within +/-4.1% of what is displayed in the current data set.

Data collected from the 575 respondents was aggregated and analyzed by Holleran using IBM SPSS Statistics. The detailed survey report includes the frequency of responses for each survey question. In addition, BRFSS results for New Jersey and the United States are included when available to indicate how the health status of the local service area compares on a state and national level.

Statistically significant differences between service area responses and state and/or national responses are also noted in the detailed report. In addition, statistically significant differences for select demographic characteristics (gender, race/ethnicity) are included in the report. Holleran runs Z-tests and Chi Square tests in SPSS to identify statistically significant differences and uses p values  $\leq .01$  as the cutoff for significance.

It is common practice in survey research to statistically weight data sets to adjust for demographic imbalances. For example, in the current household survey, the number of females interviewed is above the actual proportion of females in the area (Sample: 65.0% female vs. Actual Population: 51.2% female). The data was statistically weighted to correct for this over-representation of females. The data set was weighted by age, gender, and race in order to more accurately represent the population. It should be noted that the national dataset (from the CDC) is also statistically weighted to account for similar imbalances.

## APPENDIX C: KEY INFORMANT STUDY QUESTIONNAIRE

**INTRODUCTION:** In order to better understand the health of the communities they serve, Cooper, Kennedy, Lourdes, Inspira, and Virtua Health Systems along with local county health departments are partnering to conduct a comprehensive Community Health Needs Assessment. The Tri County Health Assessment Collaborative will evaluate community health needs in Burlington, Camden, and Gloucester Counties.

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.

When answering the survey questions, please consider the community and area of interest to be the county /counties you select below. Please select which county/counties you primarily serve or are most familiar with:

- Burlington County
- Camden County
- Gloucester County

### 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"/> Other (specify):
<input type="checkbox"/> Mental Health/Suicide	

2. Of those health issues mentioned, which **one** 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"/> Other (specify):
<input type="checkbox"/> Mental Health/Suicide	

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
There is 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 is 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"/> None/No Barriers
<input type="checkbox"/> Other (specify):

6. Of those barriers mentioned, which **one** 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"/>	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**

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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 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?                      \_\_ Male                      \_\_ Female

19. Which one of these groups would you say BEST represents your race/ethnicity? (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. The Tri County Health Assessment Collaborative (Cooper, Kennedy, Lourdes, Inspira, Virtua Health Systems and Burlington, Camden, and Gloucester County Health Departments) and its partners will be using the information gathered through these surveys to develop a community health implementation plan. Please share any other feedback you may have for them below:

*Thank you! That concludes the survey.*

**APPENDIX D: KEY INFORMANT STUDY PARTICIPANT LIST**

Name	Title	Organization
Dan Boas	Director	Burlington Co. Social Services
Mary Ann Boccolini	President & CEO	Samaritan Healthcare & Hospice
Sylvia Bookbinder	Public Health Systems Coordinator	NJ Department of Health
Jeanne Borkowski	Director	Burlington Co. Office on Aging
Linda Brady-Chernow, RN	RN	Medicaid
Cathy Butler, MA CSW	Assistant Director	Southern NJ Perinatal Cooperative
Pamela Comer	Nurse Case Manager	Virtua
Annette Conklin	Community Member	Camden Cancer Coalition
Joe Conlin	Coordinator	Prevention Plus of Burlington
Catherine Curley RN, PhD	Director, Neurosciences	Virtua
Maureen Donnelly	Safe Kids Southern NJ	Cooper University Hospital
Christine Ermert Bortner	Community Health Educator	Lourdes Wellness Center
Mary Ann Flatley	Director, Wellness	Medford Leas
Beth Gebhart	ED, Community Service	Lutheran Social Ministries of NJ
Generosa Grana	Director, Cooper Cancer Institute	Cooper Hospital
Kristi Howell-Ikeda	CEO	Burlington County Chamber
Loletha Johnson	Public Health Nurse	Burlington Co. Health Dept.
Nancy Keleher	Director, Community Outreach	Cooper University Hospital
Tim Kerrihard	President and CEO	YMCA of Burlington & Camden
Renee Koubiadis	Assistant State Campaign Director	Citizens' Campaign
Dr. Christopher Manno	Superintendent of Schools	Burlington Township School District
Harry Marmorstein	CEO	The Drenk Center
Angela Mateo Gonzalez	Executive Director	Servicios Latinos de Burlington Co.
Kendria McWilliams	CEO	Maryville Treatment Centers
Suzanne Menges	Senior Administrative Analyst	Burlington Co. Dept. of Human Services
Nancy Nguyen	Branch Manager	BPSOS-Delaware Valley
Teresa Price	Infection Prevention Manager	Virtua
Dawn Rademan	Director, Community Impact	United Way
Bill Ragozine	Executive Director	Cross County Connection TMA
Jose Ramos	Executive Director	Spanish American Social Cultural Assoc.
Mary Lynne Reynolds	Executive Director	Mental Health Association in Southwestern NJ
Joye Rozier	Coordinator	Burlington/Camden County Regional Chronic Disease Coalition
Susan Santry	Corporate Director	Kennedy University Hospital

Name	Title	Organization
Tom Sexton	Northeast Regional Director	Rails-to-Trails Conservancy
Frederick Thorne	Program Supervisor	Catholic Charities, Diocese of Trenton
Theresa Tobey	Executive Director	CONTACT of Burlington Co.
Camy Trinidad	Executive Director	American Red Cross
Tracy Troiani	Marketing Manager	Bayada Nurses
Dr. Bill Walker	Senior Vice President	MANNA Food Ministry of Sykesville Presbyterian Church
Merle Weitz	Director, Special Programs	Southern NJ Perinatal Cooperative
Plyshette Wiggins	Senior Director, Community	American Cancer Society
Carol Wolff	Executive Director	Camden Area Health Education Center (AHEC)

## APPENDIX E: FOCUS GROUP DISCUSSION GUIDES

### Access to Health Care & Health Issues Discussion Guide

#### **Access to Care**

---

**I’m going to begin the discussion with getting your feedback on health care as it relates to your ability to access health care.**

1. Did you or someone you know have difficulty obtaining health care services in the past few years? If yes, what are the reasons?

*Probes: What are the most significant barriers that keep people in the community from accessing health care?*

*Insurance coverage, copays, availability of providers, transportation, cost, language/ cultural barriers, accessibility, and awareness of services*

*What about access to other health services like dental care and vision care?*

2. Where do you usually get health care when you need it? Why?

*Probes: Do you get regular checkups or do you see a doctor only when you are sick or need treatment?*

*In general, where do uninsured and underinsured individuals go when they need health care?*

3. If you had one suggestion on how to improve access to care for uninsured or underinsured individuals in the community, what would that be?

## Health Issues

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4. Focusing on specific health issues, what would you say are the biggest health problems in the community?

*Probes: Examples: Obesity, Heart Disease, Diabetes, Mental Health, Substance Abuse, Dental Health, etc. Why?*

*Are there other factors in the community that contribute to these problems?*

5. In your opinion, are overweight and obesity issues a problem in Burlington County? Why?

*Probe: What challenges do you think people face in trying to stay physically fit and eating healthier?*

6. In your opinion, are mental health and behavioral health issues a problem in Burlington County? Why?

*Probes: What challenges do you think people face in trying to access mental and behavioral health services and treatment programs? (e.g. transportation, wait lists, cost, insurance coverage, program eligibility, stigma, language/cultural issues)*

*What suggestions do you have to ensure that people have access to quality mental and behavioral health services?*

## Health Education/Communication

---

**Next, I want to talk to you about how you gain information about health and health services in the community.**

7. Do you feel that people in the community are fully aware of the healthcare services/options that are available to them? Why? Why not?
8. How do you usually get health information or find out about resources in the community such as health workshops or support groups? What is the best way to promote these types of programs?

*Probes: Health provider, clinic, pharmacist, health educator, nurse, nutritionist, churches, family members, magazine/newspaper, TV, radio, internet/social media, etc.*

*Posters/flyers, brochures/booklets, newspaper articles, church newsletters/ programs*

*Who do you trust **most** to give you health information? Why?*

9. Would you be interested in opportunities or programs to help improve your health and

your family's health?

*Probes: What types of programs or opportunities? What would make you more likely to participate?*

### **Closing**

---

10. If you had one suggestion on what could be done to improve the health of the community, what would it be?
11. Is there anything we haven't covered in the discussion that you think is important?

## Nutrition, Physical Activity, & Obesity Discussion Guide

### Overweight/Obesity

---

**Today, we’re going to discuss a number of things related to health, including healthy eating and exercise. Nationally, obesity and overweight issues have been increasing among adults and children.**

1. What do the words overweight and obesity mean to you?
2. In your opinion, are overweight and obesity a problem in Burlington County? Why?
3. What does health or being healthy mean to you? Is weight related to health? How?

### Physical Activity

---

**We know lack of exercise or physical activity can contribute to weight issues. The next few questions are about physical activity.**

4. Would you describe yourself as active? Why or why not?
5. What helps people to be “physically active?” What are the challenges?
6. In general, do you think that children and adults in your community are getting a significant amount of physical activity? Why? Why not?

(Recommended is at least 60 minutes per day for children and 30 minutes per day for adults.)

7. Do you feel there are opportunities in your community for children and adults to be active?

*Probes: Are there parks and playgrounds? Are there barriers/challenges for adults and children to engage in physical activities? What can be done to address these barriers/challenges?*

8. Overall, what suggestions do you have to ensure that children and adults in our community are physically active?

## Nutrition/Healthy Eating

---

**Eating habits can also contribute to weight gain. We are going to move to a discussion of nutrition and healthy eating.**

9. Do you think you eat healthy and have healthy eating habits? Why or why not?

*Probes: Are you eating a variety of fruits and vegetables, whole grain foods, low fat dairy and lean proteins?*

10. What helps people “eat healthy” and what makes it challenging?

*Probes: Access to food, cost, time, knowledge*

11. Are you interested in learning more about how to choose and prepare healthy foods?

*Probe: What is the best way to educate adults and children about eating healthy?*

## Health Education/Communication

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12. Would you be interested in opportunities or programs to help improve your health and your family’s health?

*Probes: What types of programs or opportunities? What would make you more likely to participate?*

13. Where do you currently get health information? Do you view websites for health related information? Which ones? (Are they credible?)

*Probes: Health provider, clinic, pharmacist, health educator, nurse, nutritionist, churches, family members, magazine /newspaper, TV, radio, etc.*

14. In what format would you like to receive future health information?

*Probes: Brochures, booklets, flyers, newspaper articles, church newsletters/ programs, videos, radio programs, television programs, social media (i.e. –Facebook, twitter, phone apps.), etc.*

## Closing

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15. If you had one suggestion on what would help Burlington County residents to eat healthy and move more, what would it be?