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Community Health Needs Assessment

Final Summary Report
-Gloucester County-

2013

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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 Inspira 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 Inspira 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 Gloucester County
  ➢ Household Telephone Survey with 575 community residents
  ➢ Key Informant Interviews with 37 community stakeholders
  ➢ Focus Group Discussions with 23 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

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II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

HOSPITAL & COMMUNITY PROFILE

Hospital Overview

Inspira Health Network is a charitable nonprofit health care organization formed in November 2012 by the merger of South Jersey Healthcare and Underwood-Memorial Hospital. The Network, which traces its roots to 1899, now comprises three hospitals, four multi-specialty health centers and a total of more than 60 locations. These include outpatient imaging and rehabilitation centers; numerous specialty centers, including sleep medicine, cardiac testing and wound care; and more than two dozen primary and specialty physician practices in Cumberland, Gloucester and Salem counties.

Inspira Medical Center Woodbury is a 305-licensed bed, acute-care, nonprofit hospital serving Gloucester County and parts of Salem and Camden counties. Inspira Medical Center Woodbury continuously receives the distinction of Accreditation from The Joint Commission, the nation's oldest and largest independent accrediting body.

With over 1,800 full- and part-time employees and a medical staff of almost 400, Inspira Medical Center Woodbury provides a comprehensive array of diagnostic, therapeutic and rehabilitative services in the comfort, convenience and security of a community hospital setting.

Community Overview

Inspira defined their current service area based on an analysis of the geographic area where individuals utilizing Inspira health services reside. Inspira's service area is considered to be the Gloucester County community. Gloucester County is situated in the Southwestern part of New Jersey and encompasses a total population of approximately 288,000.

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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 Gloucester 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, 37 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 23 community members in May 2013.

Research Partner

Inspira 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) Collected 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. Inspira 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 Inspira including medically underserved, low income, and minority populations.

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

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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 Gloucester 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 Inspira.

KEY FINDINGS-SECONDARY DATA PROFILE

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

Demographic & Household Indicators:
  ➢ Lower proportion of individuals with graduate or professional degrees
  ➢ Higher percentage of households who are cost-burdened

Access to Health Care
  ➢ Lower total physician supply
  ➢ Availability of providers for: primary care, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Cardiology, Surgical Specialists, Psychiatrists
  ➢ More emergency department visits among adults and the elderly
  ➢ More hospital admissions among the elderly
  ➢ More hospital admissions for ambulatory care sensitive conditions
  ➢ More Medicare beneficiaries with 30-day readmissions
  ➢ More substance abuse treatments admissions

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Safety:
- ➢ Lower percentage of children tested for lead poisoning
- ➢ Higher rates of reported child abuse
- ➢ Higher rates of Domestic violence
- ➢ Higher overall crime rate
- ➢ Higher non-violent crime rate
- ➢ Number of adult arrests (larceny, theft, offenses against children and families)

Health Behaviors:
- ➢ Lower percentage of individuals who have never smoked in their lifetime
- ➢ Fewer adults 50+ who have had a blood stool test
- ➢ Fewer Medicare beneficiaries who have had an influenza vaccination
- ➢ Fewer Medicare beneficiaries who have had colorectal cancer screenings
- ➢ Fewer Medicare beneficiaries who have had eye exams as part of diabetes screening

Maternal & Infant Health:
- ➢ More mothers who smoke during pregnancy
- ➢ More mothers who use drugs during pregnancy
- ➢ More mothers who formula feed exclusively

Communicable & Chronic Disease
- ➢ Higher overall cancer incidence rates (all sites)
- ➢ More females with breast cancer (Black and Hispanic females)
- ➢ Higher incidence of uterine cancer among Black females
- ➢ Higher incidence of males with brain cancer
- ➢ Higher incidence of colorectal cancer among males, Blacks and Hispanics
- ➢ Higher incidence of lung cancer (all demographic groups)
- ➢ Higher incidence of skin cancer among males
- ➢ Higher percentage of adults with diabetes

Mortality Rates
- ➢ Higher overall age-adjusted mortality rate
- ➢ Higher mortality rates among Non-Hispanic Blacks
- ➢ More years of potential life lost (premature death)
- ➢ Higher drug-related mortality rate
- ➢ Higher overall cancer mortality rate
- ➢ Higher female breast cancer mortality rate (Whites and Blacks)
- ➢ Higher prostate cancer mortality rate (Whites)
- ➢ Higher colorectal cancer mortality rate (Both males and females, Whites)
- ➢ Higher mortality rate for: unintentional injuries, chronic respiratory disease, stroke, kidney disease, suicide, atherosclerosis, and aortic aneurysm

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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
- ➤ Chronic Health Conditions (Diabetes, Heart Disease & Cancer)
- ➤ Maternal & Infant Health
- ➤ Substance Abuse
- ➤ Crime/Domestic Violence

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 21 zip codes in Inspira'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.

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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 Inspira.

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.

➢ **Sweetened Drink Consumption:** The proportion of residents who did not drink soda or pop that contained sugar in the past 30 days (53.4%) 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 (65.9%) 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 (14.4%) is higher when compared to New Jersey (9.2%) and the United States (10.3%).

➢ **Anxiety Disorder:** The proportion of residents who reported being told they have an anxiety disorder (17.5%) is higher when compared to the United States (13.3%).

➢ **Disability:** The proportion of residents who are limited in any activities due to physical, mental, or emotional problems (22.5%) is higher when compared to New Jersey (16.9%) but similar to the United States (20.8%).

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- **Exercise:** The proportion of residents who have not participated in physical activity outside of their regular job in the last month (29.6%) is higher when compared to the United States (24.4%), but similar to New Jersey (26.6%).
- **Tobacco Control:** The proportion of residents who have smoked at least 100 cigarettes in their life (49.6%) is higher when compared to New Jersey (40.6%) and the United States (42.0%).

Areas of Disparity

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

- **Exercise:** White respondents are more likely than Black or African American respondents to report no times in the past month of participating in physical activities or exercises to strengthen their muscles.

Health Care Access

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.

- **Access:** The proportion of residents who reported having any kind of health care coverage (93.4%) is higher when compared to New Jersey (88.5%) and the United States (84.9%).
- **Routine Checkup Visits:** The proportion of residents who reported having a routine checkup within the last year (75.1%) is higher when compared to the United States (68.1%), but similar to New Jersey (77.0%).

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.

- **Cholesterol:** The proportion of residents who have ever been told they have high blood cholesterol (43.3%) is higher when compared to New Jersey (37.0%), but similar to the United States (38.5%).
- **Skin Cancer:** The proportion of residents who have been diagnosed with skin cancer (7.5%) is higher when compared to New Jersey (4.8%) but similar to the United States (5.7%).
- **Hypertension:** The proportion of residents who have ever been told they have high blood pressure (37.5%) is higher when compared to New Jersey (30.6%) and the United States (31.6%).

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 (87.7%) is higher when compared to New Jersey (83.3%) and the United States (79.4%).

➢ **Diabetes Screening:** The proportion of residents who have had a test for diabetes in the past three years (68.1%) 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 (45.3%) 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 (34.0%) is higher when compared to New Jersey (24.6%) and the United States (27.4%).

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.

➢ **HIV/Aids:** The proportion of residents who reported having been tested for HIV (38.0%) is lower when compared to New Jersey (43.7 %), but similar to the United States (40.2%).

Areas of Disparity

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

➢ **HPV:** Black or African American respondents are more likely than White respondents to report ever having had an HPV vaccination.

➢ **Pap Test:** White respondents are more likely than Black or African American respondents to report ever having had a pap test.

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 Gloucester 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
➢ Mental Health
➢ Hypertension
➢ Skin Cancer

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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 Inspira 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 37 completed surveys, collected between 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 Gloucester 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 five health issues that they perceived as being the most significant. The five issues that were most frequently selected were:

➢ Overweight/Obesity
➢ Diabetes
➢ Access to Health Care/Uninsured/Underinsured
➢ Substance Abuse/Alcohol Abuse
➢ Mental Health/Suicide

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.

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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	Overweight/Obesity	86%	22%
2	Diabetes	65%	5%
3	Access to Health Care/Uninsured	62%	27%
4	Substance Abuse/Alcohol Abuse	57%	8%
5	Mental Health/Suicide	54%	11%
6	Heart Disease	49%	14%
7	Cancer	35%	5%
8	Tobacco	30%	3%
9	Dental Health	24%	0%
10	Stroke	16%	0%
11	Sexually Transmitted Diseases	14%	0%
12	Maternal/Infant Health	5%	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.

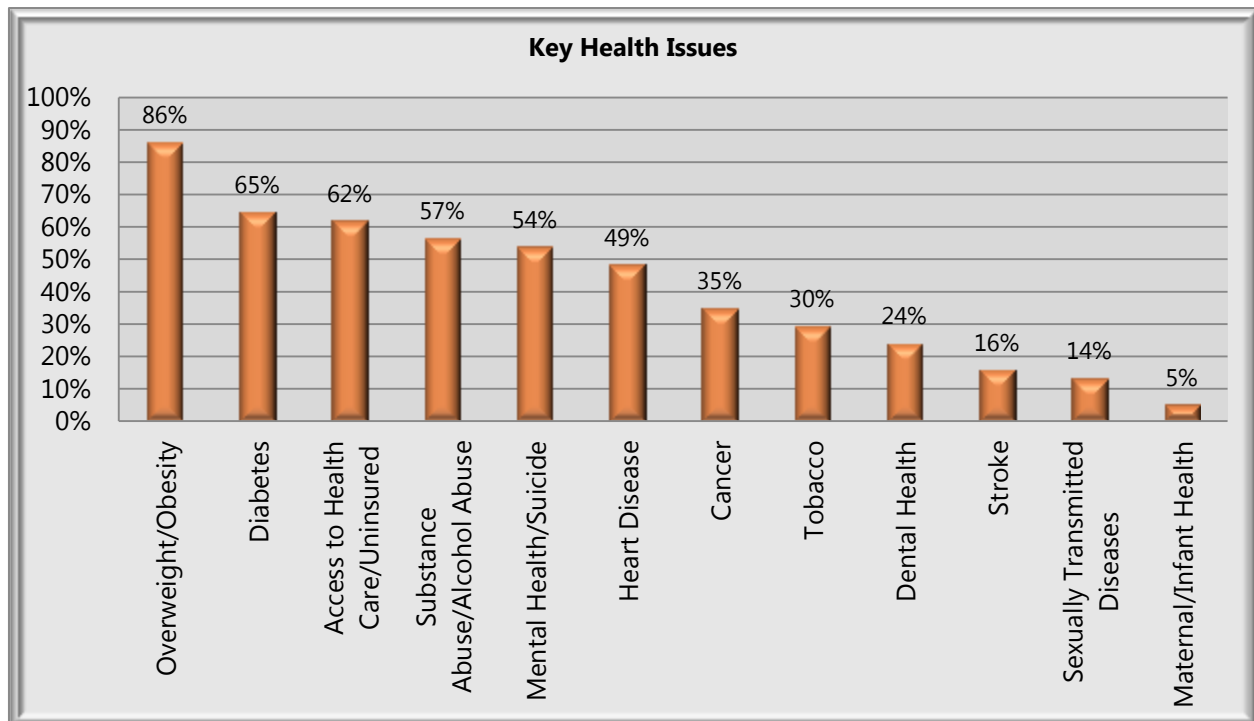**"What are the top 5 health issues you see in your community?"**

Figure 1: Ranking of key health issues

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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 and Figure 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 garnered the lowest mean response (1.97) 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)	3.24	Neither agree nor disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.97	Disagree
Residents in the area are able to access a dentist when needed.	2.79	Disagree
There is a sufficient number of providers accepting Medicaid and medical assistance in the area.	2.35	Disagree
There is a sufficient number of bilingual providers in the area.	2.21	Disagree
There is a sufficient number of mental/ behavioral health providers in the area.	1.97	Strongly Disagree
Transportation for medical appointments is available to residents in the area when needed.	2.18	Disagree

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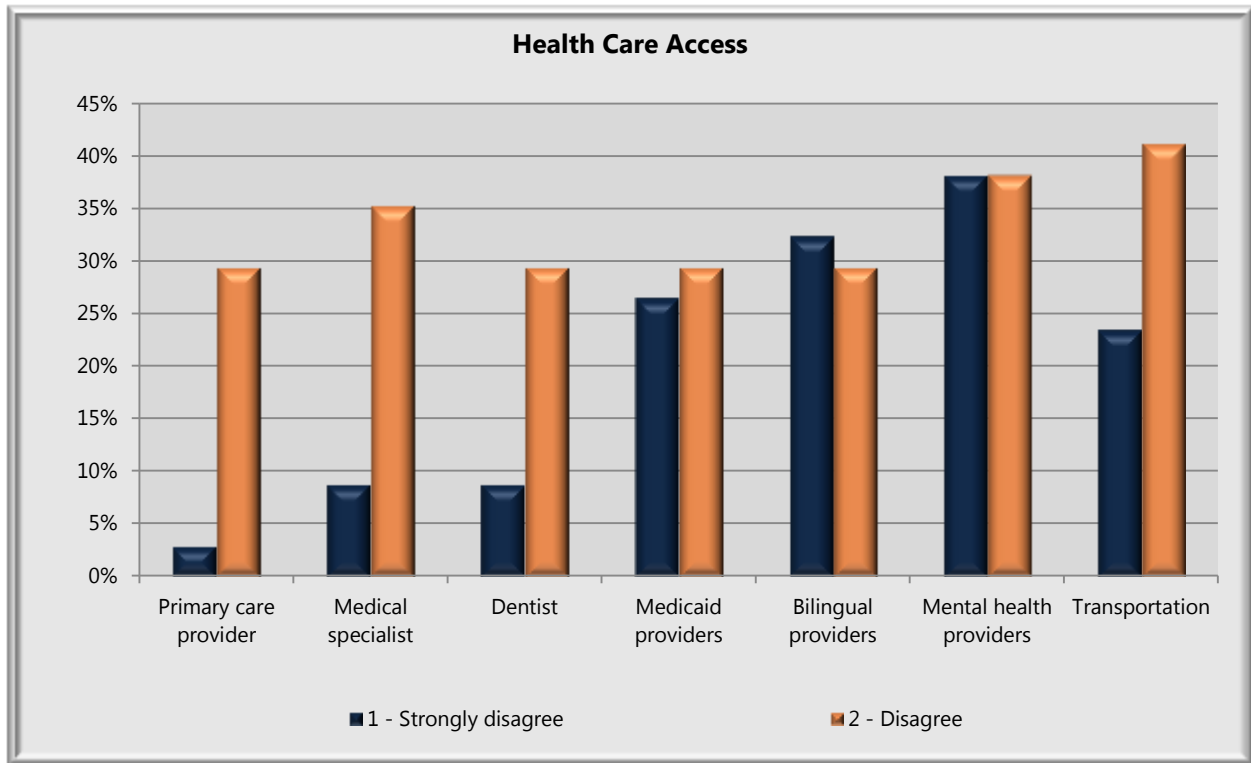
Figure 2: Frequency of disagree and strongly disagree responses for health care factors

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:

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

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.

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"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	Inability to Pay Out of Pocket Expenses	28	82%	18%
2	Lack of Transportation	25	74%	9%
3	Lack of Health Insurance Coverage	24	71%	24%
4	Inability to Navigate Health Care System	22	65%	12%
5	Basic Needs Not Met	18	53%	9%
6	Availability of Providers/Appointments	17	50%	18%
7	Language/Cultural Barriers	16	47%	0%
8	Time Limitations	13	38%	6%
9	Lack of Child Care	9	26%	0%
10	Lack of Trust	8	24%	3%

Figure 3 shows a graphical depiction of the frequency of selected barriers to health care access.
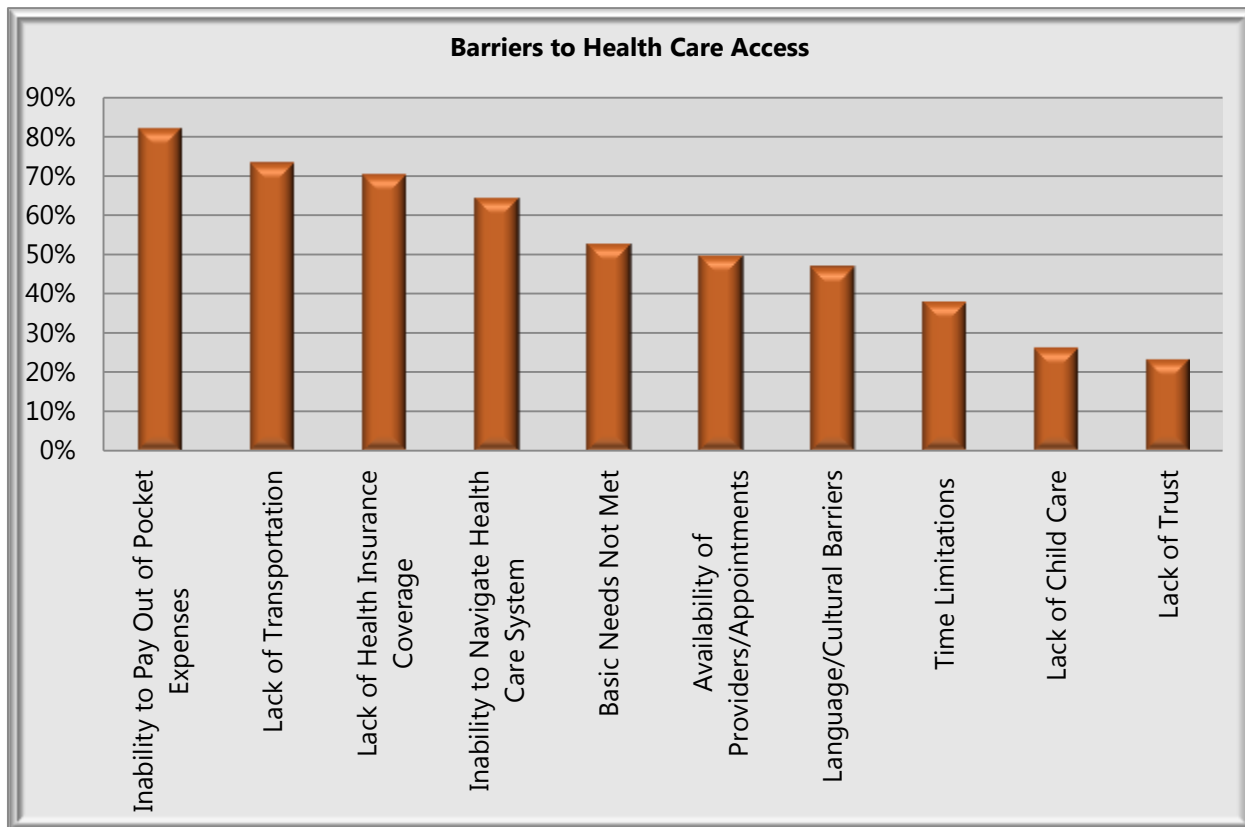

Figure 3: Ranking of barriers to health care access

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 4, the majority of respondents (85%) 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?"
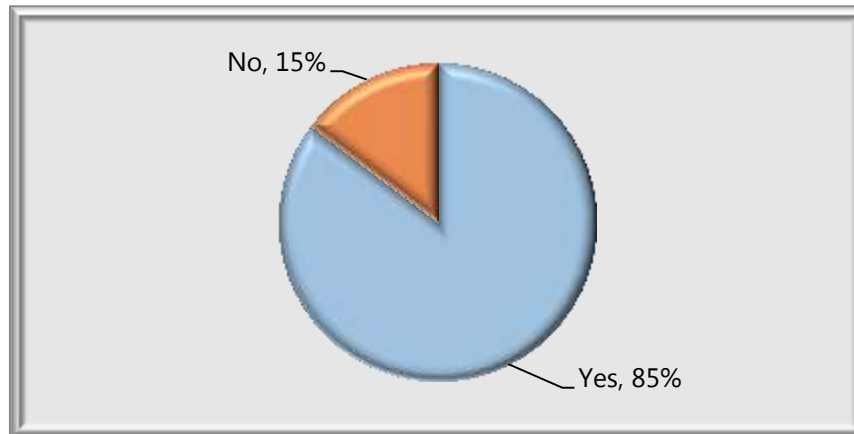

No, 15%

Yes, 85%

Figure 4: 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

	Underserved population	Number of respondents who selected the population
1	Uninsured/Underinsured	20
2	Low-income/Poor	18
3	Hispanic/Latino	13
4	Homeless	13
5	Immigrant/Refugee	11
6	Black/African-American	9
7	Seniors/Aging/Elderly	8
8	Disabled	6
9	Children/Youth	5
10	Young Adults	3
11	Individuals with Mental Health Issues	1

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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 5, the majority of respondents (85%) 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?
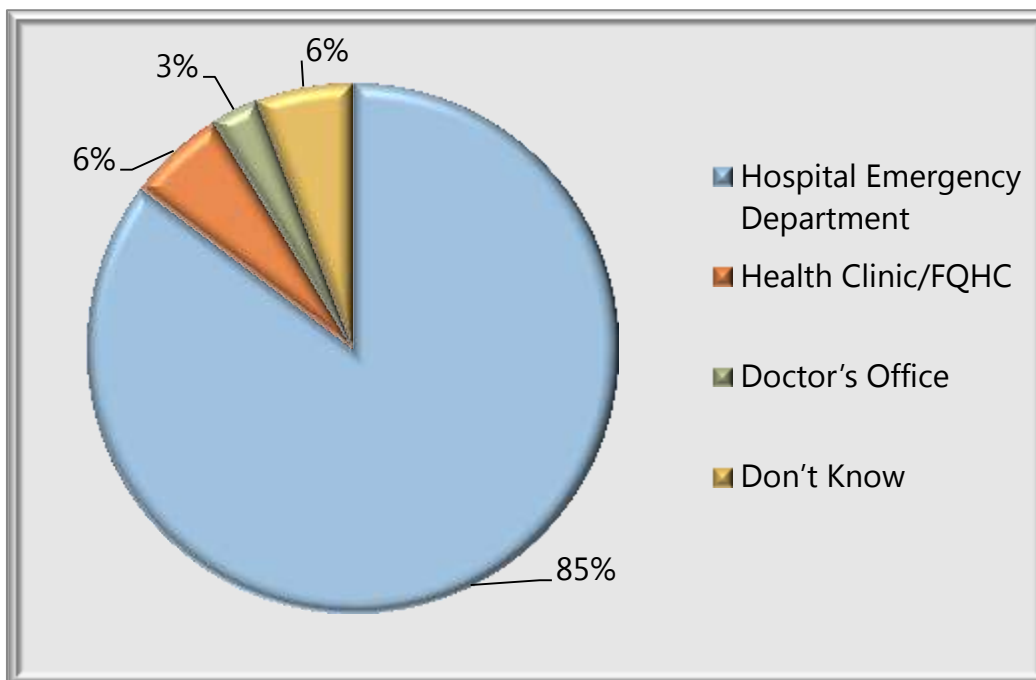

Figure 5: Opinions of where uninsured/underinsured individuals receive medical care

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. Many respondents indicated that free and low cost medical and dental services are needed. Transportation was also a frequently mentioned need. Table 6 includes a listing of the resources mentioned ranked in order of the number of mentions.

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Table 6: Listing of Resources Needed in the Community

Rank	Resources Needed	Number of Mentions
1	Free/Low Cost Dental Care	24
2	Transportation	21
3	Free/Low Cost Medical Care	19
4	Mental Health Services	17
5	Prescription Assistance	15
6	Bilingual Services	13
7	Health Education/Information/Outreach	13
8	Substance Abuse Services	12
9	Primary Care Providers	8
10	Health Screenings	7
11	Medical Specialists	7
12	Free/Low Cost Recreational Opportunities	3

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
- Improved Access to Affordable Medical Care
- Improved Access to Affordable Exercise and Nutrition Programs
- Enhanced Mental Health and Substance Abuse Services

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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
➢ Overweight/Obesity
➢ Diabetes
➢ Access to Health Care/Uninsured/Underinsured
➢ Substance Abuse/Alcohol Abuse
➢ Mental Health/Suicide

VI. FOCUS GROUPS OVERVIEW

BACKGROUND

Two focus groups were held in Gloucester 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 Inspira, were used to prompt discussion and guide the facilitation (See Appendix E).

In total, 23 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 Gloucester 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

Several participants indicated that they or someone they know have had difficulty obtaining health care services. Participants were asked about barriers to accessing health care services in the community, and they indicated that lack of insurance coverage and inability to pay were major barriers to accessing health care services in the community. Co-pays, deductibles, and prescription costs present additional challenges in accessing health care. People on tight budgets are forced to choose between health care and food.

Some individuals in the community are not offered health insurance through their jobs while others are unable to afford the health insurance that is offered. Young adults and the working poor were seen as vulnerable populations. Participants explained that many people are falling through the gaps as they don't make enough to pay for insurance but are not poor enough to qualify for assistance. Participants talked about losing coverage temporarily when they were in between jobs and making decisions to forgo care and discontinue needed medications until they were able to get coverage.

In general, participants felt that there are not enough providers especially specialty providers such as dermatologists and pain management specialists. Dental care and dental emergency care were also difficult to access. Participants stated that people are walking around with rotten teeth because they are not aware of any affordable options.

Participants explained that there are often waiting lists for medical appointments. Waiting lists for specialists can sometimes be several months. 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 discussed the recent conflict between a major health insurance provider (Aetna) and one of the local health care systems (Kennedy Health System) as affecting their ability to find providers and obtain care. Because of contract/reimbursement issues, Kennedy is no longer a participating provider with Aetna so many patients with Aetna had to seek out new providers or were forced to pay higher out of pocket expenses. Individuals talked about losing the valued relationship with providers especially for patients who are managing chronic health conditions through ongoing care like dialysis.

For those who were uninsured, it was hard to find providers who would accept private pay on a sliding scale fee. 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. In addition, participants explained that Urgent Care Centers and Pharmacy Minute Clinics offer another option for care but out of pocket costs are still an issue.

Transportation is also a barrier in accessing health care, and in some cases, people forgo health care because of lack of transportation. Participants talked about how the system is fragmented and not easily accessible throughout the county. Participants stated that crossing county lines for health care was impossible. There are some medical shuttle transportation services available such as Logisticare and Access Link, but participants explained that reliability is an issue. Participants said that sometimes a patient will be done with their appointment and then have to wait two hours or longer before they are picked up. Rides must be scheduled in advance and passengers must be self-sufficient getting on and off the shuttle.

Key Health Issues

When asked about major health issues facing the Gloucester 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. Substance abuse is a growing problem in Gloucester especially the abuse of prescription drugs including pain medications. The need for mental health counseling and addiction services was mentioned multiple times. Participants felt the system was fragmented and that there were not enough mental health providers especially psychiatrists. They felt the mental health services were especially difficult to navigate. Participants stated that the current waiting list for outpatient mental health treatment for Medicaid/Medicare patients was sometimes up to a year wait.

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. One participant pointed out that because of overcrowding/scheduling issues, her daughter has to eat lunch at 10:00am which creates poor eating habits. Participants felt that physical activity should be emphasized in the schools and expressed concern that schools are cutting back on time for gym and recess. There are some recreation programs in the county to keep children active, but there are not enough and they can be expensive.

Participants discussed the need for free and low cost youth sports/recreation programs and summer programs at length. Local sports programs can cost hundreds of dollars while summer programs can cost thousands of dollars. Participants suggested that scholarships, income-based sliding scale fees, bartering through volunteer service, and sponsorship through local businesses and Rotary Clubs would help alleviate the cost burden on parents who cannot afford the programs.

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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
- Nutrition Education
- 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
- Healthier Vending policies in schools and workplaces
- Workplace & School wellness challenges
- Free & Low Cost Recreation/Sports/Summer Camp Programs

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. One participant stated, "There are lots of services and resources are out there – but people don't know about them." Participants felt that there was a lack of coordination of information and services in the community. They explained

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that sometimes there are great classes and events but attendance is poor because promotion is limited. For example, one participant talked about the recent Healthy Kids Day event that was held at the local YMCA and pointed out that a lot of community members were unaware of the event.

Participants felt it would be helpful to have a county resource guide or database with lists of area resources. They expressed frustration that the hospitals did not appear to have readily available information about community resources upon discharge. Participants talked about the need for a one-stop shop (website, toll-free hotline, kiosks and/or physical office) to find community resources.

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 suggested that the hospitals could partner with the school system to disseminate information to the parents. In addition, they recommended partnerships with the faith-based community, local neighborhood organizations, the Chamber of Commerce, senior/low-income housing programs, and other networks.

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

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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. There was a discussion the growing senior population and concern that the elderly are being left to die alone with no one checking on them. Participants talked about working with local municipalities, senior services, and volunteer programs to match people up with seniors. In addition, participants suggested the following to improve community health:

➢ Transportation Assistance
➢ Patient Navigation Services
➢ Prescription Assistance Programs
➢ Eldercare/Home Care Services
➢ Enhanced community support services/safety net for frail elderly and shut-ins
   (Possibly create volunteer matching network through faith-based/community programs)
➢ Health Outreach (Wellness Fairs, Workshops, Health Screenings, Mobile Health Services)
➢ Nutrition & Exercise Programs
➢ 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 Gloucester 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

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VII. OVERALL ASSESSMENT FINDINGS & CONCLUSIONS

The Community Health Needs Assessment research components reveal a number of overlapping health issues for residents living in the Gloucester County. The list below 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 Inspira 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. Inspira is committed to the people it serves and the communities they live in.

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APPENDIX A: SECONDARY DATA PROFILE REFERENCES

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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 Inspira. For the purposes of this study, the following ZIP codes within Gloucester County were used to define the hospital service area:

08012	08085
08014	08086
08020	08090
08027	08093
08028	08094
08051	08096
08056	08097
08061	08312
08062	08322
08063	08328
08066	08343
08071	08344
08080	

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 Inspira Medical Center-Woodbury'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.

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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: 65.2% female vs. Actual Population: 51.5% 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)

☐ Access to Care/Uninsured	☐ Overweight/Obesity
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Dental Health	☐ Stroke
☐ Diabetes	☐ Substance Abuse/Alcohol Abuse
☐ Heart Disease	☐ Tobacco
☐ Maternal/Infant Health	☐ Other (specify):
☐ Mental Health/Suicide	

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

☐ Access to Care/Uninsured	☐ Overweight/Obesity
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Dental Health	☐ Stroke
☐ Diabetes	☐ Substance Abuse/Alcohol Abuse
☐ Heart Disease	☐ Tobacco
☐ Maternal/Infant Health	☐ Other (specify):
☐ Mental Health/Suicide	

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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

Statement	1	2	3	4	5
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐	☐	☐	☐	☐
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐	☐	☐	☐	☐
Residents in the area are able to access a dentist when needed.	☐	☐	☐	☐	☐
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐	☐	☐	☐	☐
There is a sufficient number of bilingual providers in the area.	☐	☐	☐	☐	☐
There is a sufficient number of mental/behavioral health providers in the area.	☐	☐	☐	☐	☐
Transportation for medical appointments is available to area residents when needed.	☐	☐	☐	☐	☐

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)

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

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

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

☐	Uninsured/Underinsured
☐	Low-income/Poor
☐	Hispanic/Latino
☐	Black/African-American
☐	Immigrant/Refugee
☐	Disabled
☐	Children/Youth
☐	Young Adults
☐	Seniors/Aging/Elderly
☐	Homeless
☐	None
☐	Other (specify):

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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)

☐	Doctor's Office
☐	Health Clinic/FQHC
☐	Hospital Emergency Department
☐	Walk-in/Urgent Care Center
☐	Don't Know
☐	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)

☐	Free/Low Cost Medical Care
☐	Free/Low Cost Dental Care
☐	Primary Care Providers
☐	Medical Specialists
☐	Mental Health Services
☐	Substance Abuse Services
☐	Bilingual Services
☐	Transportation
☐	Prescription Assistance
☐	Health Education/Information/Outreach
☐	Health Screenings
☐	None
☐	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?

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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 <u>BEST</u> represents your community affiliation? (CHOOSE 1)

☐	Health Care/Public Health Organization
☐	Mental/Behavioral Health Organization
☐	Non-Profit/Social Services/Aging Services
☐	Faith-Based/Cultural Organization
☐	Education/Youth Services
☐	Government/Housing/Transportation Sector
☐	Business Sector
☐	Community Member
☐	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)

☐	White/Caucasian
☐	Black/African American
☐	Hispanic/Latino
☐	Asian/Pacific Islander
☐	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.

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APPENDIX D: KEY INFORMANT STUDY PARTICIPANT LIST

Name	Title	Organization
Linda Brady-Chernow	RN	Medicaid
Robin Brown	Director Adult Partial Care	NewPoint Behavioral Health Care
Cathy Butler, MA, CSW	Assistant Director	Southern NJ Perinatal Coop
Nelson Carrasquillo	General Coordinator	CATA (Farmworker Support)
Lisa Cerny	Director	Gloucester Co. Dept. of Human Services
T. Collier	RN/Co-owner	Parkside Medical Clinic
Maureen Donnelly	Safe Kids Southern New Jersey	Cooper University Hospital
Mary Ann Ellsworth	Public Health Nutritionist	New Jersey Department of Health
Ami Feller	Admissions	South Jersey Health Care Center
Generosa Grana	Director, Cooper Cancer Institute	Cooper Hospital
Jere Hoffner	Executive Director	United Way of Gloucester County
Luanne Hughes, MS, RD	FCHS Educator	Rutgers Cooperative Extension
Nancy Keleher	Director, Community Outreach	Cooper University Hospital
Lisa Little	Region 10 & New Jersey CEED	Underwood-Memorial Hospital
Mary Love	Residential Coordinator	CFS/SERV
Patricia Madden	Registered Nurse, Emergency	Kennedy Health System
Kimberly McKown-Strait	Executive Director	FamCare, Inc.
Kendria McWilliams	CEO	Maryville Treatment Centers
Madeline Mills, RN,CSN	Certified School Nurse	Woodbury City Public School
Nancy Nguyen	Branch Manager	BPSOS-Delaware Valley
Bill Ragozine	Executive Director	Cross County Connection TMA
Mary Lynne Reynolds	Executive Director	Mental Health Association in
Annmarie Ruiz	Health Officer	Gloucester County Dept. of Health
Susan Santry	Corporate Director	Kennedy University Hospital, Inc.
Marita Schroy	Registered Nurse/Certified	Underwood Memorial Hospital
Tom Sexton	Northeast Regional Director	Rails-to-Trails Conservancy
Tracy Troiani	Marketing Manager	Bayada Nurses
Keish Tucker	Clinical Director	Archway Programs
Merle Weitz	Director of Special Programs	Southern New Jersey Perinatal
Scott Woodside	Director for Student Health	Rowan University

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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

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 Gloucester County? Why?

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

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

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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 Gloucester 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

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

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

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