

Hunterdon Medical Center
2016
Hunterdon County
Community Health Needs Assessment

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ACKNOWLEDGEMENTS

Special thanks to the many community members who participated in the eight focus groups and the 12 community stakeholders who participated in the Forces of Change Assessment, for their valuable input. “Thank you” to all members of the Hunterdon County Partnership for Health for your support and active participation throughout the entire Community Health Needs Assessment process.

EXECUTIVE SUMMARY

INTRODUCTION

The Hunterdon County Partnership for Health is a countywide initiative that involves nearly 60 community service providers, agencies and organizations sharing a common interest in promoting and improving the health, well-being, and quality of life of Hunterdon County residents. Since its inception in 1995, this healthier community initiative has led the completion of four county-level Behavioral Risk Factor Surveillance System (BRFSS) surveys and the development of a 2013 Community Health Improvement Plan (CHIP).

In 2015, Hunterdon Healthcare System (HHS) and the Hunterdon County Department of Health, the two founding members of the Partnership for Health, along with nearly 60 community member organizations began working on the 2016 Community Health Needs Assessment.

The objectives of the 2016 Hunterdon County Community Health Needs Assessment (CHNA) are as follows:

1. Develop a comprehensive community health profile that provides a Snapshot of the health and healthcare-related needs of Hunterdon County residents;
2. Identify and prioritize health issues/needs;
3. Have a CHNA report that provides focus for the Hunterdon Healthcare System and other community stakeholders for health and wellness improvement efforts.

PRIORITY ISSUES

Members of the Hunterdon County Partnership for Health reviewed the assessment findings and voted on the top priority health issues based on two criteria: (1) seriousness of the issue, which included size and consequence, and (2) ability to impact or make a difference. There were seven priority issues identified: obesity/overweight, transportation and access (to healthy food, health care, physical activity, services and social contact), substance abuse, mental health, chronic disease, preventive care, healthy behaviors/lifestyle. Because of the short Community Health Improvement Plan three-year cycle, the Partnership for Health decided to concentrate all of its time and resources on the top-priority issue, addressing obesity by a collective focus on healthier weight. However, many of the other priority issues will be addressed under the umbrella of “healthier weight” through three action teams and a Communication Committee:

Addressing Obesity- Focus on Healthier Weight

1. Access & Transportation: The rural nature of our county and lack of a public transportation system can present difficulties to many of our residents and contribute to obesity. Access to healthy food, health care, social support and community resources are only a few of the challenges.
2. Healthy behaviors/lifestyle: Thirty percent of our health is determined by the choices we make on a daily basis. What we eat, whether we choose to exercise or not, how we handle stress, smoking and excessive alcohol use all affect our overall health.

3. Mental Health: Obesity is frequently accompanied by depression and the two can trigger and influence each other. Depression may lead to reduced physical activity and increased appetite and the stigma associated with obesity may contribute to depression for people of all ages. Some medications used to treat mental illness are associated with weight gain.
4. Communication: One member of each action team will participate in the Partnership for Health Communications Committee. They will be responsible for communicating PFH activities across action teams and to the public at large when appropriate. Solving the problem of obesity and creating a culture of health in Hunterdon County will require involvement and buy-in from the entire community and the Communications Committee will be tasked with making sure they are well informed.

METHODOLOGY

The CHNA was conducted utilizing a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) framework:

1. Community Themes & Strengths Assessment – Conducted eight focus groups to identify factors affecting quality of life of residents of Hunterdon County;
2. Forces of Change Assessment – Conducted a brainstorming session with 12 community stakeholders to identify factors, events, and trends that influence or will influence the community’s health and the delivery and operation of public health services;
3. Community Health Status Assessment – Analyzed primary and secondary data sources to develop a comprehensive quantitative data-based county health profile.

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

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

KEY FINDINGS

I. COMMUNITY HEALTH STATUS ASSESSMENT

A. Demographic and Socioeconomic

- Third least densely populated county in NJ.
- Higher than state average median income. However, large variation exists across the 26 municipalities.
- Predominantly white, non-Hispanic residents. The second largest race/ethnicity is Hispanics.
- Increasing elderly (65 years and above) population.
- Smaller percentage of residents who are unemployed compared to NJ.

- Percentage of individuals in Hunterdon living below poverty is lower than NJ.

B. Healthcare Access and Utilization

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

C. Health Status and Health Outcomes

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

D. Substance Abuse and Mental Health

- Alcohol and marijuana are the most frequently abused substances among High school students.
- Prevalence of binge-drinking among Hunterdon adults and percentage of adult heavy drinkers are higher than State average.
- Lower percentage of adults and youths smoking cigarettes compared to their New Jersey counter-parts.
- Majority of residents admitted for substance abuse treatment is due to alcohol followed by heroin/opiates.

II. COMMUNITY THEMES AND STRENGTHS ASSESSMENT

A. Factors contributing to quality of life (Strengths)

- Rural Character – Participants cited that parks, open spaces, and other natural resources enhance the beauty of the County while encouraging physical activity by providing opportunities to engage in various outdoor recreational activities.
- Excellent School System – Access to high-quality education was frequently cited by focus group participants as one of the main strengths and appeal of the County.
- Healthcare and Community Resources – Participants mentioned that the County had a quality healthcare system and many community resources available to its residents. They pointed out that the focus on preventive care has a positive impact on the community’s overall health and well-being.
- Socioeconomic Status – Participants repeatedly cited the County’s strong socioeconomic status as a key factor contributing to a positive quality of life for residents.
- Strong Civic Support and Engagement – Respondents stated that volunteerism and community support in the County is very strong. Community members and local businesses not only donate money, ‘but more importantly they volunteer their time, knowledge and expertise.’”

B. Factors reducing quality of life (Weaknesses)

- High Cost of Living – Respondents frequently mentioned high property taxes and relatively higher cost of services as factors reducing quality of life in Hunterdon. This higher cost of living makes it challenging for many residents to make ends meet and continue to live in the County. This especially affects lower income and/or younger residents.
- Transportation – Lack of a public transportation system presents difficulties for many of our residents. Access to health care, healthy food, employment, and community resources can be problematic for those without personal transportation. While affecting many of our residents, it is particularly challenging for our senior, low-income, and disabled residents.
- Rural Nature/Open Space – Although residents enjoy the rural nature of our county and list it as one of the contributing factors to the quality of life here, they also see it as a challenge. “Everything is so spread out. It takes a long time to get anywhere and you have to drive.” Many areas of the county are without sidewalks and not safe to biking or walking.
- Lack of Entertainment – Respondents across many age groups expressed the need for more entertainment in the County. A new movie theater was top on the list of leisure activities residents would like to see in the County. Teens want more access to inexpensive indoor sports facilities during the winter months when outdoor activities are limited because of weather.
- Lack of Knowledge of Community Services – Participants cited that although there are many services and programs in the County, there are segments of the population that may not have access to or knowledge of them. This is particularly a problem for our Latino population. Language and cultural differences and low health literacy continue to be barriers in accessing needed healthcare services.

- Lack of Awareness of Disparate Populations – “Not everyone in Hunterdon County is wealthy!” Respondents are frustrated by this false notion and want others to realize that there are many in the County who struggle to make ends meet. Many focus group members expressed concern about the marginalization of different non-mainstream groups.

III. FORCES OF CHANGE ASSESSMENT

1. Obesity as it relates to the burden of chronic disease – One of the nation’s fastest-growing and most troubling health problems, obesity, has a tremendous impact on the health and the well-being of the residents in our county. Obesity increases the risk of hypertension, heart disease, Type 2 diabetes, stroke, asthma, some forms of cancer and many other health conditions including depression.
2. Substance abuse – Participants cited that substance abuse and its high prevalence of comorbidity with mental illness continues to be a pervasive problem in Hunterdon. Increasing accessibility to treatment services for substance abuse and mental illness is imperative to meet the persistent need. Emphasis on prevention efforts is also critical in curbing this problem.
3. Income disparities – Widening income inequality is one of the challenges of our time. It has affected and will continue to affect the health and well-being of the Hunterdon community and the delivery of services by the healthcare and local public health systems.
4. Healthcare Affordability and Uninsured Population – Although the impact of healthcare reform on healthcare delivery, affordability and accessibility has been positive for some, the increase in high-deductible health plans remains a challenge for many of our residents. Residents may delay or avoid necessary healthcare services because of the out-of-pocket expense. These are important issues that need to be addressed as they significantly influence the health of the community.

NEXT STEPS

Each action team will meet and discuss in further detail their respective priority as it relates to the problem of obesity. They will define measurable goals and objectives and develop clear strategies to address these issues. All of which will be captured in the 2016 CHIP. The next step in this process will be to use the developed strategies to take action and impact the identified health issues.

INTRODUCTION

The Hunterdon County Partnership for Health, Hunterdon’s “healthier community” initiative, was co-founded in 1995 by Robert Wise, President and CEO of Hunterdon Healthcare System, John Beckley, former Hunterdon County Health Department Director and Bernadette West, PhD, then Executive Director of Local Advisory Board (LAB) III, a Central New Jersey regional health- planning organization.

The Partnership for Health is a countywide initiative that involves nearly 60 community service providers/agencies sharing a common interest in promoting and improving the health, well-being and quality of life for Hunterdon County residents. This is reflected in the Partnership for Health’s vision statement of achieving health as defined by the World Health Organization (WHO): “Every individual of Hunterdon County has a state of optimal physical, mental, spiritual and social well-being which allows the individual to pursue the most fulfilling life possible, and not merely a life absent of disease or infirmity.”

Health and what influences it has evolved with the recognition of the social determinants of health. It is now understood that health is not a result of just one factor but is shaped, promoted and protected by a multitude of variables in our environment including where we live, work, learn and play. These factors include income, education, housing, access to quality healthcare and to healthy food, employment, and transportation, among others.

To better understand the health of the community and barriers to achieving health, the Partnership for Health has taken the lead in conducting a wide range of community surveys and needs assessments designed to measure and track community health indicators over the years. More specifically, the Partnership for Health has led the completion of four County-level Behavioral Risk Factor Surveillance System (BRFSS) surveys in 1995, 2000, 2005 and 2010. Data from these surveys provided a picture of the community’s health over the past 20 years. In 2013, a Community Health Improvement Plan (CHIP) was developed to focus on the “Top 4” public health issues identified for Hunterdon County at that time – (1) Latino Health Disparities, (2) Obesity/Overweight, (3) Substance Abuse, and (4) Aging-Related Issues. Action teams, made up of experts and other passionate individuals were formed to work together to develop goals, objectives and strategies addressing these top-four health issues.

In 2015-2016, Hunterdon Healthcare System (HHS), in collaboration with the Hunterdon County Department of Health, and the assistance of the Partnership for Health has led another round of Community Health Needs Assessment (CHNA) activities. This new assessment will provide an updated look into the most pressing health issues of the Hunterdon community.

CHNA is an essential step in the community health improvement process because it allows the Partnership for Health and its members, including Hunterdon Medical Center, to develop and implement more targeted and cost-effective strategies designed to improve the health status of the populations they serve.

With the collaborative efforts of the members of the Partnership for Health [see Appendix A for list of members] supported by HHS and the County, a comprehensive 2016 Hunterdon County Partnership for Health CHNA process began in October 2014 and concluded in March 2016 with the following objectives:

1. Develop a comprehensive community health profile that provides a snapshot of the health and healthcare-related needs of Hunterdon County residents;
2. Identify and prioritize health issues/needs;
3. Have a CHNA report that fulfills the new IRS requirement for non-profit hospitals and at the same time can be used by other community stakeholders for their strategic planning.

The scope and focus of the CHNA was designed to not only be on health outcomes, but also on behaviors, socio-economic status, and other environmental factors that impact health, following the University of Wisconsin Population Health Institute's County Health Rankings model [see Appendix B]. This report discusses the findings from the Assessment and will be used to guide the community's and Hunterdon Medical Center's health improvement planning process.

COMMUNITY

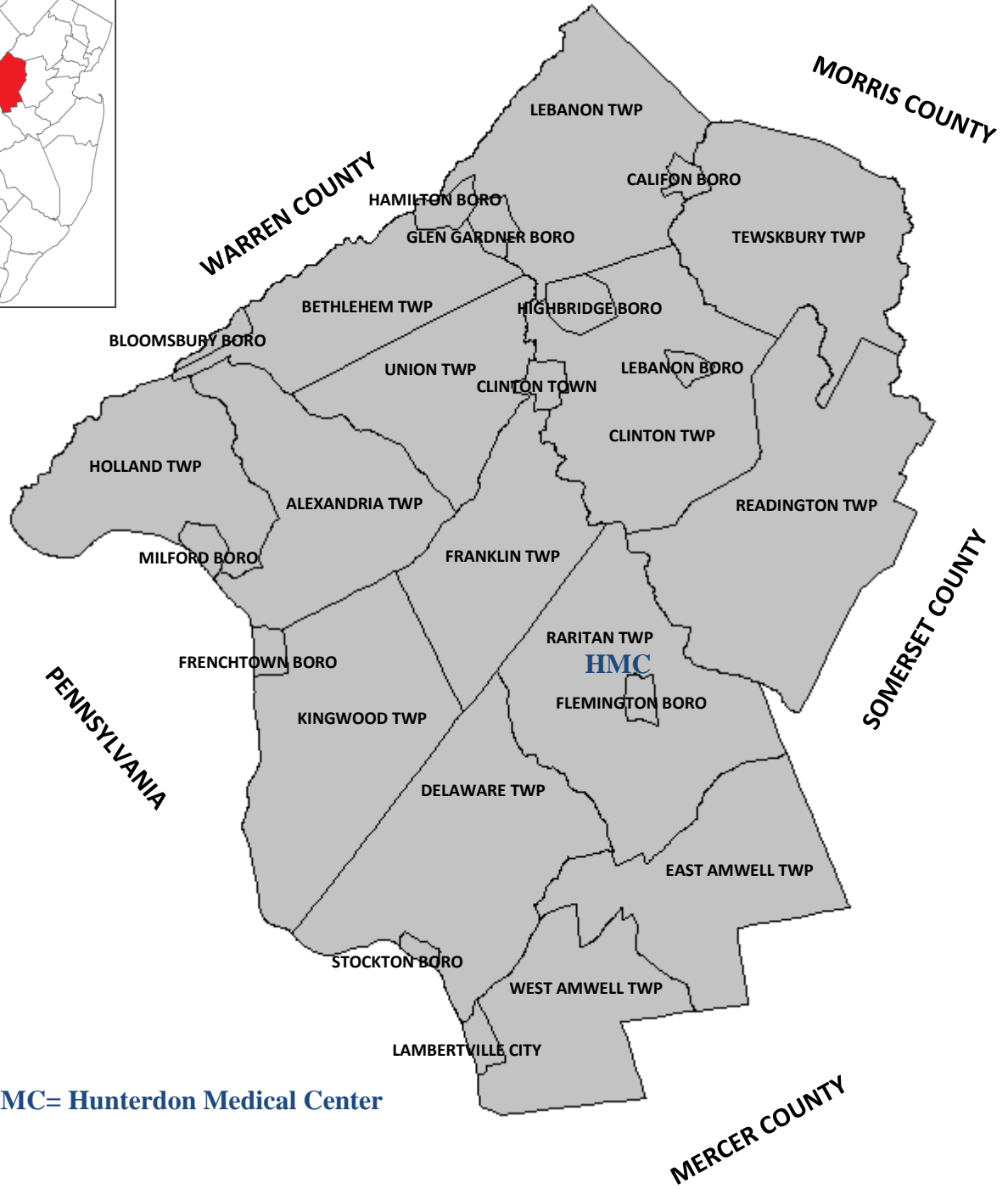
Hunterdon County, established in 1714 is a 427.8 square mile rural-suburban community located in Western New Jersey. Hunterdon is surrounded by Warren County, Morris County, Somerset County and Mercer County and part of Pennsylvania. Although the eighth largest county in NJ by total land area, it is then 18th most-populated with 125,488 residents as estimated by the US Census.^[1] Historically agricultural, Hunterdon has been transitioning into a more commercial, industrial, and residential community. The County, consisting of 26 municipalities, is the home of Hunterdon Medical Center (HMC), the only hospital in Hunterdon.

HMC is a 178-bed teaching hospital that treated over 8,300 inpatients in 2015 and had 308,000 outpatient visits. The Emergency Department sees approximately 33,000 patients each year.^[2] Since opening its doors in 1953, HMC focuses on primary care and community wellness, while emphasizing the importance of providing quality care thus achieving a high level of patient satisfaction. This philosophy is reflected in its mission and vision statements.

Mission: Hunterdon Healthcare System delivers compassionate and exceptional care that improves the health of the community.

Vision: Hunterdon Healthcare System is recognized as a national model for offering community- focused health improvement that is consumer-centered and driven by a passion for excellence.

Map of Hunterdon County and its Municipalities



HMC= Hunterdon Medical Center

MOBILIZING ACTION THROUGH PLANNING AND PARTNERSHIPS

The CHNA was conducted utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) framework, which was developed by the National Association of County and City Health Officials in partnership with the Public Health Practice Program Office of the Centers for Disease Control and Prevention, as a tool to guide community health improvement. MAPP is a process that is driven by the community and is rooted on partnership development, assessment of needs and assets, and strategic planning on how to use available resources to address the prioritized health needs or concerns.

The MAPP process consists of four assessments, three of which were used for this CHNA:

1. Community Themes & Strengths Assessment
2. Forces of Change Assessment
3. Community Health Status Assessment



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

Kim Blanda, RN, BSN with Hunterdon Regional Community Health, a division of Hunterdon Healthcare System, led the focus groups and consultant Steven Godin, PhD, MPH, facilitated the Forces of Change brainstorming session. Kim Blanda is a bachelor prepared registered nurse and business school graduate with nearly 20 years of experience in health care. She is also the Community Health Improvement Plan Coordinator for Hunterdon County and the Coordinator for the Hunterdon County Partnership for Health. Steve Godin is a professor of Health Studies and Director of the MPH Program at East Stroudsburg University. He has over 20 years of experience in Community and Public Health.

COMMUNITY HEALTH STATUS ASSESSMENT

The Community Health Status Assessment (CHSA) aims to develop a picture of the health status of the community by gathering data on various health indicators and comparing them to previous year, state, or national data. This information was compiled, analyzed, and presented in graphs and tables that are easily understandable.

Data for the CHSA was obtained from the following primary and secondary sources:

A. Primary

1. Hunterdon County Behavioral Risk Factor Surveillance System, 2010 (HC BRFSS) – a health-related landline telephone survey of Hunterdon County adult residents conducted between August 23 and October 15, 2010 with a final sample size of 1,104. Survey questions were adopted from the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) study. Phone interviews and data analysis were done by Holleran.
2. Hunterdon County Youth Risk Behavior Survey, 2012 (HC YRBS) – a health-related paper and pencil survey of Hunterdon County high school students conducted in October 2012 with a final sample size of 2,002. Survey questions were adopted from the CDC Youth Risk Behavior Surveillance (YRBS) study. Data analysis was done by Holleran.
3. United Way of Hunterdon County Latino Health Behavior Risk Factor Survey, 2011 – a health-related survey of Hispanic/Latino residents of Hunterdon County conducted between May and July 2011 with a final sample size of 352. Survey questions were adopted from the CDC BRFSS. Data analysis was done by Steve Godin, MPH, PhD.
4. Community Themes and Strengths Assessments- a series of focus groups and a stakeholder brainstorming session to capture the needs, concerns and trends were held during the assessment cycle.
5. Electronic Health Record Data- aggregate health data was used to identify significant health concerns.

B. Secondary

1. US Census Bureau, 2010 (actual) and 2015 (estimate)
2. Centers for Medicare and Medicaid Services
3. CDC Morbidity and Mortality Weekly Report
4. County Health Profiles: Hunterdon County, 2012
5. County Health Rankings and Roadmaps, 2016
6. Drug Monitoring Initiative, New Jersey State Police
7. NJ Center for Health Statistics
8. NJ Crime Index
9. NJ Department of Labor and Workforce Development
10. New Jersey Education Data, Town charts: Hunterdon County 2016
11. Risk and Protective Factors Surveys, PRIDE Survey

DEMOGRAPHICS

Population

According to the 2015 US Census population estimate, Hunterdon County is home to 125,488 residents, a decline of 1.5% from the 2010 US Census. Of the 125,488 residents, there is an even distribution of males and females, 49.4% and 50.6% respectively. ^[3]

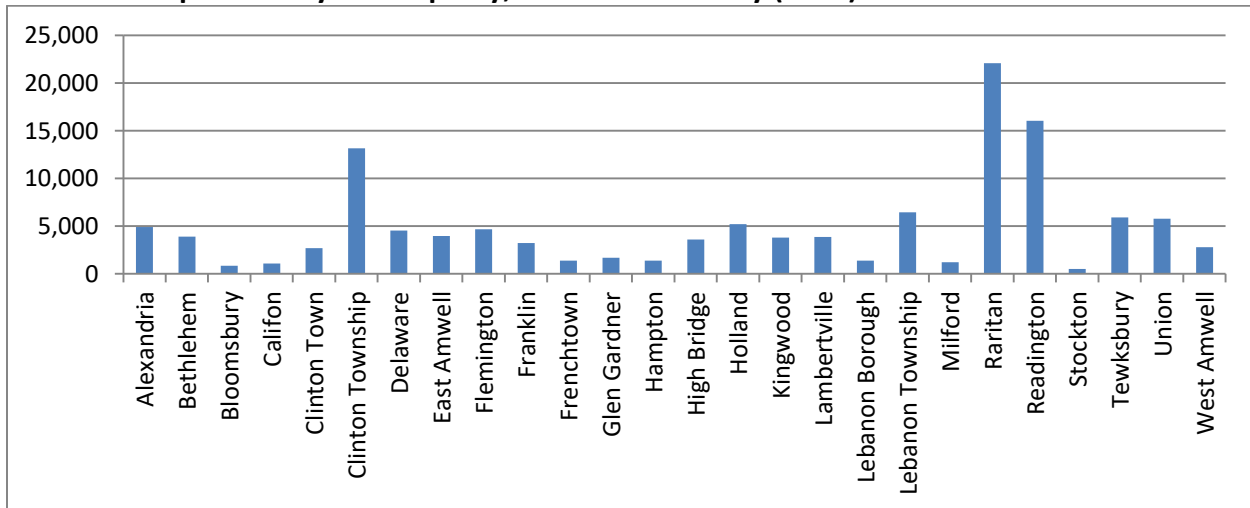
TABLE 1: US Census Population Estimates for Hunterdon County

April 2010 Census	2011 Estimate	2012 Estimate	2013 Estimate	2014 Estimate	2015 Estimate
128,349	127,203	126,495	126,252	125,810	125,488

Source: US Census Bureau, 2010 and 2011-2015 estimates

The most populated municipalities are the townships of Clinton, Raritan, and Readington. Raritan and Readington are also the largest municipalities by land area in the county: 37.5 and 47.7 square miles, respectively. ^[2] However, population density is the highest in Flemington Borough and Lambertville City and lowest in the townships of Delaware and Kingwood. ^[4]

FIGURE 1: Population by Municipality, Hunterdon County (2014)



Source: State of NJ Department of Labor and Workforce Development- Population & Labor Force Projections 2013-2032

Hunterdon County has one of the lowest population densities in New Jersey. The wide open spaces, green pastures, and farmland are part of what entices people to call Hunterdon County “home”.

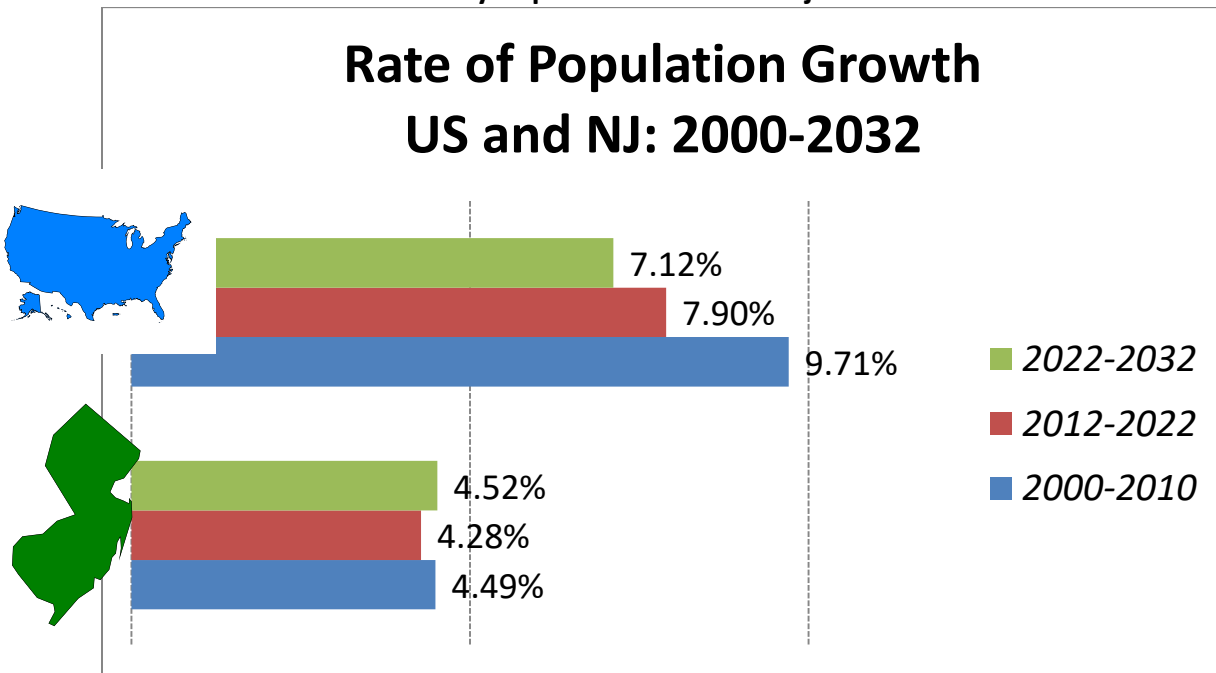
TABLE 2: Hunterdon County Population Density

Area in Square Miles	Resident Population 2010 Census	Population per Square Mile
427.8	128,349	300.0

Source: Source: US Census Bureau, Census 2000 and 2010 Redistricting Data

New Jersey’s 2012-2032 population growth will continue to lag behind the nation as a whole. Hunterdon County’s population is also declining and following the New Jersey trend.

FIGURE 2: US and New Jersey Population Growth Projections

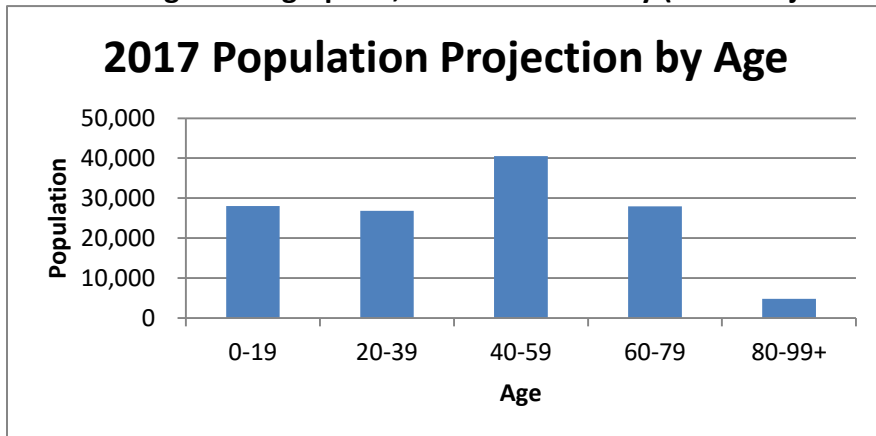


Source: State of NJ Department of Labor and Workforce Development- Population & Labor Force Projections 2013-2032

Age

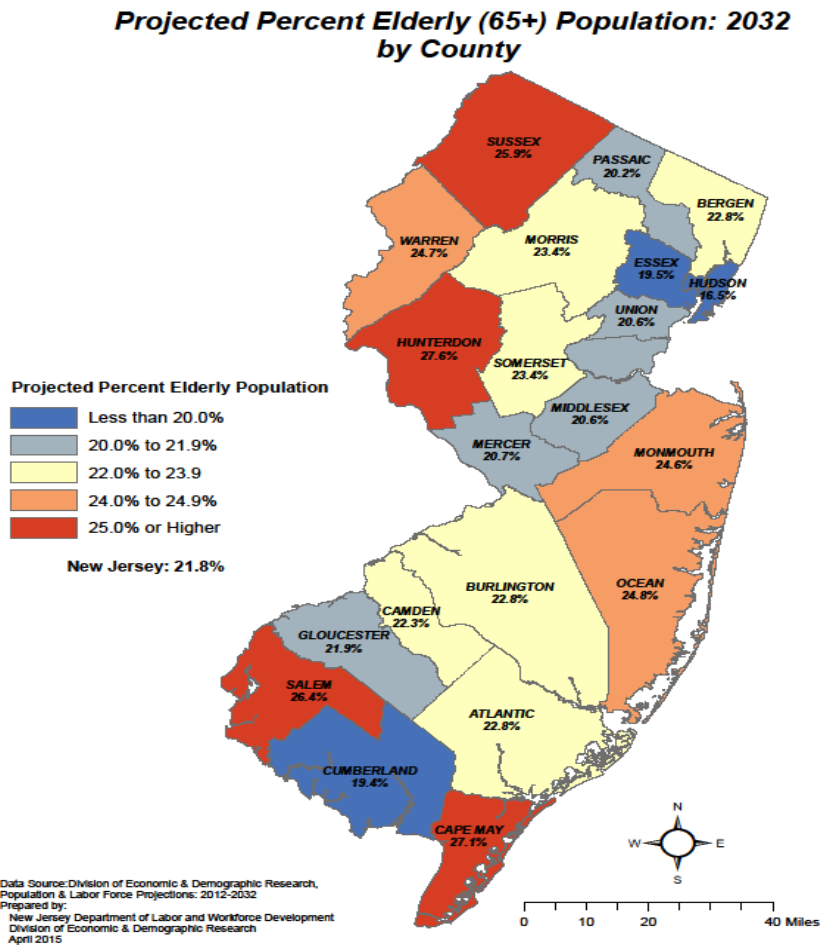
The proportion of children (under 18 years), adults (18-64 years) and elderly (65 years and over) residing in Hunterdon is relatively similar to that of New Jersey and the rest of the country. The similarity does not end there. As seen in all parts of the country, some more than others, the proportion and number of elderly are growing. And this is a trend that is expected to continue. According to the Pew Research Center, there will be an average of 10,000 individuals celebrating their 65th birthday every day until 2030.^[5]

FIGURE 3: Age Demographics, Hunterdon County (2017 Projection)



Source: State of NJ Department of Labor and Workforce Development- Population & Labor Force Projections

FIGURE 4: Projected Percent of Elderly (65+) Population: 2032 by County



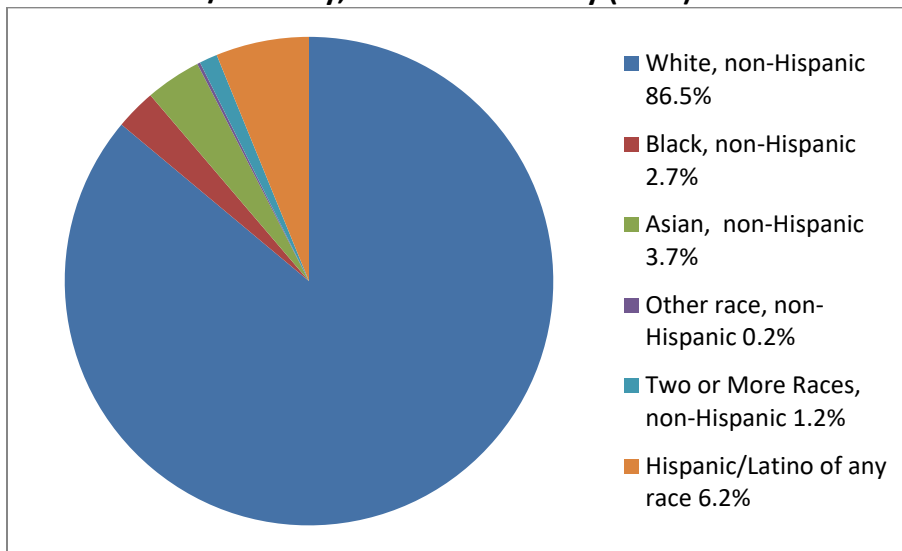
Source: Department of Labor and Workforce

As “Baby Boomers” continue to enter their retirement age, the share of New Jersey’s population (18 to 64 years old) is projected to shrink.^[6] The aging population and increased longevity will certainly have an impact on the health of the community as well as in the provision of healthcare and social services. Prevalence of chronic conditions increases with age leading to higher utilization of healthcare services among the elderly. It is expected that the complex care-needs of this growing population, both primary and specialty care, will pose challenges to healthcare planning and delivery.

Race

New Jersey is one of the most racially and ethnically diverse states in the country with residents representing more than 100 nations. However, diversity is not spread uniformly throughout the state. Hunterdon is made up of predominantly white, non-Hispanic residents (86.5%), a much higher proportion than NJ (56.8%).^[7] However, the County has seen tremendous growth in the number of people of a different race/ethnicity in recent years. The Hispanic community in particular, regardless of race, has increased by over 200% since 2000, from 2.8% in 2000 to 6.2% in 2014.^[5] Asians are the third largest race/ethnic group in Hunterdon and make up 3.7% of the county population, increasing from 1.2% in 2000.^[8] This increasing diversity is evident not only in Hunterdon, but across the nation as well and is projected to continue to grow over the next few decades.^[9]

FIGURE 5: Race/Ethnicity, Hunterdon County (2014)



Source: US Census Bureau, 2014 Update

The increasing diversity affects the primary language spoken at home. In New Jersey, 30.3% of homes speak a language other than English. Although much lower than the state average of 12.1%, the Limited English Proficiency (LEP) population in the county has increased from 2.2% in 2000 to 4.1% in 2010. Spanish (4.3%) is the second-most common language spoken at home, far behind English (88.9%). Among the LEP population, those speaking Spanish increased from 0.9% in 2000 to 1.9% in 2009.^[10]

The growing diversity - racially, ethnically, culturally, and linguistically – is an asset to the community, as exposure to these differences has been suggested to promote tolerance, understanding, and open-mindedness.^[11] However, demographic changes also create challenges for the community, as well as the healthcare system. The ability of service providers to effectively and appropriately communicate with the community they serve is vital. Language and differences in cultural norms, beliefs and attitudes, especially about healthcare, can act as barriers to accessing health and social services, and will necessitate increased awareness, understanding, and sensitivity of these differences among service providers.

DISABILITY

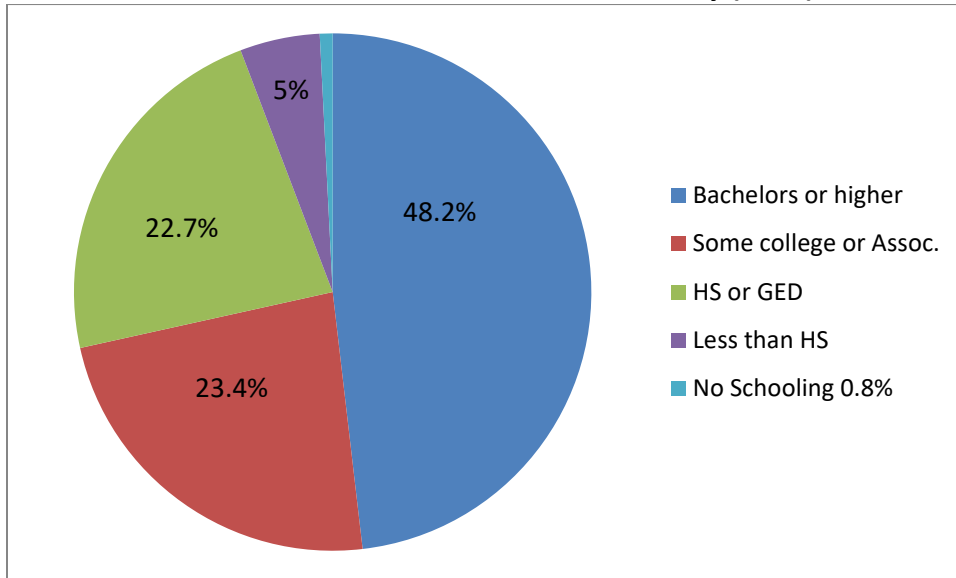
According to the 2010 American Community Survey (ACS), 845,000 individuals, or 9.7 percent of the state’s residents had reported having at least one type of disability- the second lowest percentage among the nation’s 50 states. New Jersey’s population with disabilities includes more women (55%) than men (45%). “Ambulatory difficulty” is the most common type of disability in New Jersey. “Independent living difficulty” is the second most common type and was expressed by many Hunterdon County residents in our Senior Focus Group.^[12] New Jersey’s individuals with disabilities include 107,400 disabled veterans. Among them, 49,700 reported having disabilities directly related to their active military service. Having services available and accessible to persons with disabilities is of utmost importance. In 2009, the percentage of Hunterdon County residents with one or more disabilities is lower than the state average.

SOCIAL AND ECONOMIC FACTORS

Educational Attainment

According to new state data, more New Jersey students graduated high school on time in 2015 than in any of the past five years.^[13] The increase from 88.6% in 2014 to 89.7% in 2015 marked the fourth consecutive year the NJ high school graduation rate increased. Hunterdon County has a high school graduation rate of 95%, one of two of the highest in the state. About seventy-five percent of our residents have some college level education.^[14]

FIGURE 6: Educational Attainment, Hunterdon County (2016)



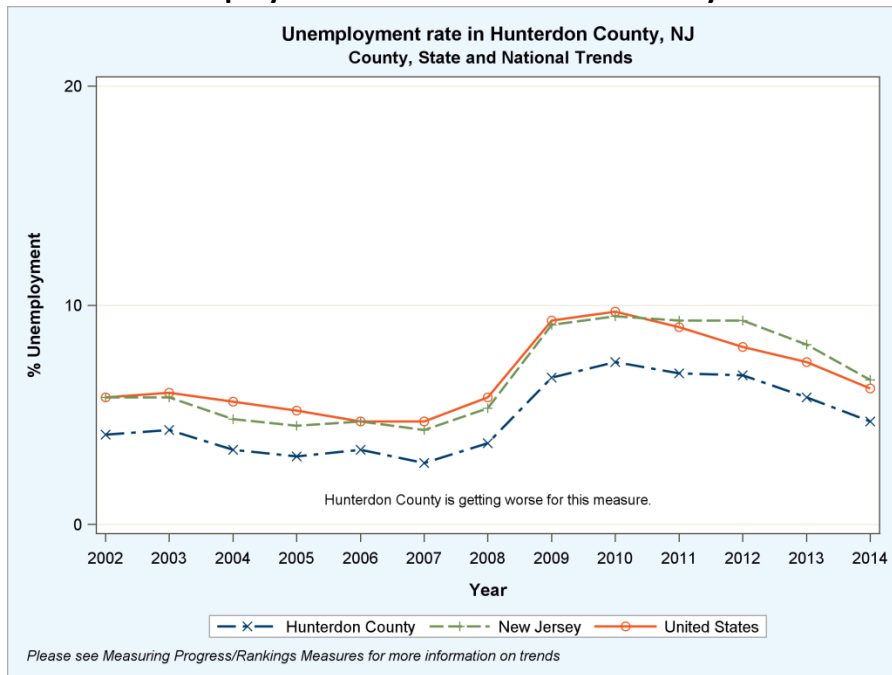
Source: New Jersey Education Data, Town charts, Hunterdon County 2016

In addition, Hunterdon is known for its excellent public school system, with high school graduation rates higher than the state average.^[15] The high educational attainment of both adults and youths in the county is a key contributor to overall quality of life. Studies have shown that educational attainment is strongly correlated with an individual's health. It is suggested that better-educated individuals are more likely to have access to healthcare and are more health literate. Therefore they have better health outcomes and are more likely to contribute positively to their community.^[16]

Employment

Although considered one of the wealthiest counties in the country, residents of Hunterdon did not escape the impact of the economic downturn. The unemployment rate almost doubled from 4.1% in 2002 to 7.0% in 2012. In 2014, the unemployment rate is 4.7%, lower than the NJ unemployment rate of 6.6%. In the past 10 years, the largest rise in unemployment in Hunterdon County occurred between 2008 and 2010, similarly observed across the state.^[17]

FIGURE 7: Unemployment Rates in Hunterdon County- 2002 to 2014



Source: County Health Rankings & Roadmaps, RWJF & Wisconsin University 2016

Income and Poverty

In 2014, the US Census Report listed \$106,519 as the median income in Hunterdon County. This is significantly higher than the state average, \$72,062.

TABLE 3: Per Capita and Median Household Income, Hunterdon County, New Jersey and USA

	Hunterdon County	New Jersey	USA
Per Capita Income	\$50,846	\$36,359	\$27,915
Median Household Income	\$106,519	\$72,062	\$52,762

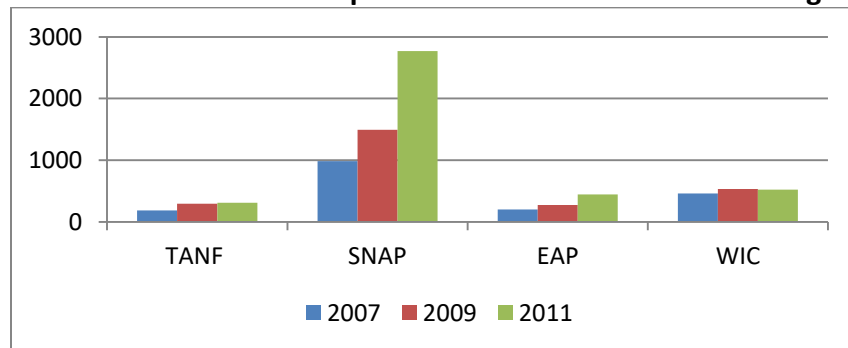
Source: US Census Bureau Estimate 2014

In spite of its general affluence, 4.7% of Hunterdon County residents are living in poverty.^[18] This percentage is up from 3.6% reported in the 2007-2011 American Community Survey. It is important to note that the poverty thresholds are updated for inflation using the Consumer Price Index (CPI-I), but are not adjusted for geographic location, which influences cost of living.^[19,20] In a location such as Hunterdon where cost of living is higher than average, the above numbers actually underestimate the level of poverty.

Food-stamp usage, now known as Supplemental Nutrition Assistance Program (SNAP), was most notable during 2007-2011 [Figure 8]. It saw a surge of 281% between 2007 and 2011. As of October 2015, Hunterdon County had 3,146 individuals as SNAP participants: 1900 adults

and 1,246 children.^[21] Flemington has the highest number of SNAP families with concentrated pockets of SNAP families in Lambertville, Raritan Township, and Readington. It should also be noted that Hunterdon County has the lowest percentage of SNAP participants in the entire state.

FIGURE 8: Number of People on Government Assistance Programs, Hunterdon County



Source: Health Research and Educational Trust of New Jersey (HRET), County Health Profiles: Hunterdon County 2012

“Hidden poverty” was a term used by focus group participants to refer to individuals who were financially well-off but are now experiencing financial difficulties. A lot of them are either too embarrassed to ask for help or do not know where to get help, as they never had to do so before. The big concern was how to reach this population to help them when “we don’t know who they are and they do not want to be identified.” Although at a different degree compared to those with lower incomes, wealthy people are affected by the bad economy as well. They too are experiencing hardship as their standard of living has dramatically changed, explained one focus group participant. Many Focus Group participants explained that, “Maintaining a household in Hunterdon County can be very stressful because of the high cost of living here”.

Housing

Focus group participants noted that the high cost of living, particularly housing, and property taxes, are one of the downsides of living in Hunterdon, and actually results in fewer people wanting to move and live in the county. Although the median value of housing slightly dropped between 2005 and 2009, the median gross rent has continued to increase and is actually above the state average.

TABLE 4: Median Value of Housing and Gross Rent, Hunterdon County and New Jersey

2010-2014	New Jersey	Hunterdon County
Median Value Housing	\$319,900	\$393,500
Median Gross Rent	\$1,188	\$1,332

Source: US Census Quick Facts 2010-2014

According to the Hunterdon County New Jersey Housing Data, just over sixteen percent of county residents are renters compared to over eighty-three percent who are homeowners. [22] Housing costs are a huge financial burden for both Hunterdon homeowners and renters. Hunterdon County has the largest proportion of housing costing over \$2,000 per month in the state. This validates focus group participants’ sentiment that housing expense is a considerable financial strain to both renters and homeowners.

Crime

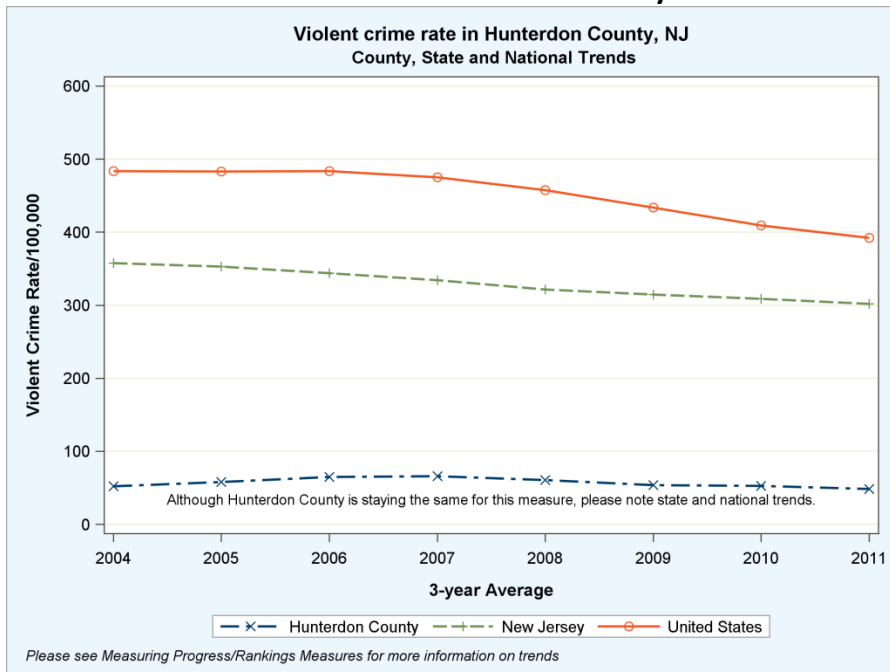
Hunterdon County has a reputation as being a safe place to live. Safety is one of the measures used by the County Health Rankings model to rate the health of a community because a safer community is associated with a healthier community. During the focus groups, most participants expressed that they considered Hunterdon County a “very safe place to live”. This qualitative information was supported by quantitative data that showed the County having a very low violent-crime rate of 62 crimes per 100,000 people. [23] This is the lowest county rate in NJ.

TABLE 5: Crime Rate per 1,000 Inhabitants, Hunterdon County and New Jersey

	Hunterdon County		New Jersey
	2013	2014	2014
Overall Crime Rate per 1,000 population	8.4	7.1	20.0

Source: Index of Crime by County- 2013/2014

FIGURE 9: Violent Crime Rate in Hunterdon County



Source: County Health Rankings and Roadmaps 2016

PHYSICAL ENVIRONMENT

Access to Healthy Food

According to the 2016 County Health Rankings, two percent of Hunterdon County residents have limited access to healthy foods. This ranking describes the percentage of low income residents who do not live close to a grocery store. Seven percent of the population is considered food insecure. Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. However, this data does not provide an accurate picture of the food environment in the county because it is based solely on the number of and distance to grocery stores. It does not include other venues where healthy food can be purchased such as local farms, which are very common in Hunterdon. Although places are far and transportation continues to be a challenge for some residents, and more work needs to be done to reduce the barriers to accessing these healthy foods, a majority of its residents have access to farm stands and farmers' markets.

Transportation

Another factor frequently mentioned during focus group sessions reducing the quality of life in Hunterdon was transportation. Public transportation options within the county are very limited, making it difficult for a significant segment of the community to engage in community activities and access services. This especially impacts the low-income, the elderly, the disabled, and other individuals with transportation challenges.

Although the county offers affordable transportation through the LINK, it requires a lot of planning to schedule a trip, offers very little flexibility and has a limited capacity. HART Commuter Information Services, a non-profit agency, has been educating the community and service providers about ways to maximize the resources currently in place and to minimize transportation challenges. They recently created new service lines that should help residents get from one end of the county to the other via the Route 31 corridor. They have also started a line that runs from Flemington to the Bridgewater Commons Mall. Once there, riders can connect with larger transportation systems. HART continues to monitor the transportation needs and is working to maximize the LINK service but realizes that other solutions must be sought. Work still needs to be done in this area as it severely limits access to the many services and resources in the County, such as healthcare.

CLINICAL CARE

Healthcare Access and Utilization

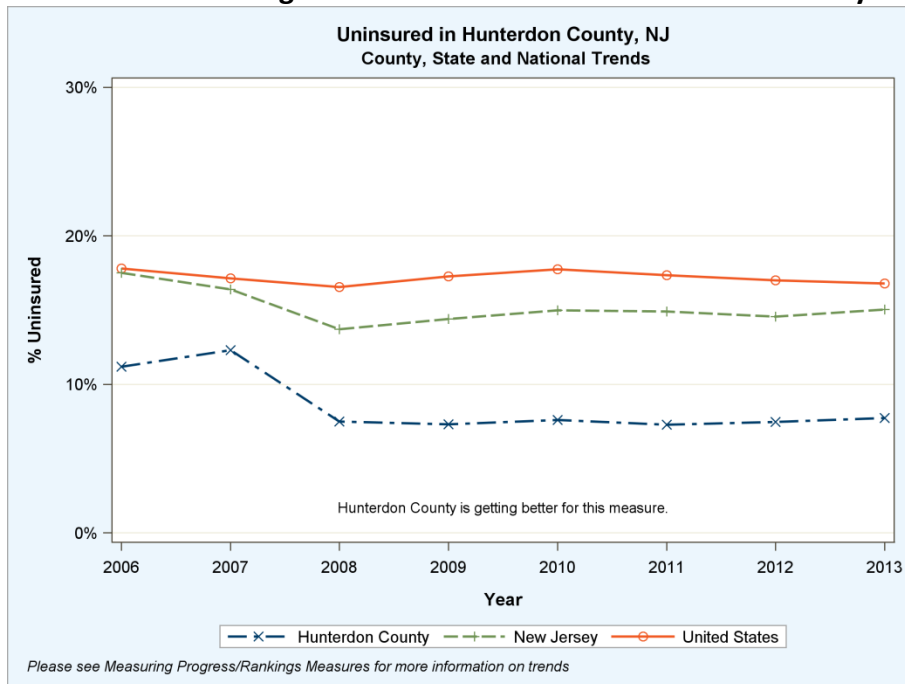
Access to quality and timely healthcare is critical for an individual to achieve the best possible health outcome, as it impacts the individual's overall physical, social and mental well-being. Access to primary care is of a particular importance as it is the first step in preventing,

diagnosing, and treating an illness. Common barriers to accessing healthcare include high cost and deductibles, lack of insurance coverage, lack of transportation, and language difficulties. All of these barriers, at varying levels, are present in Hunterdon County.

In Hunterdon, 93.2% of its adult residents reported having some form of health insurance, be it health insurance, or prepaid plans such as HMOs or government plans such as Medicare or Medicaid.^[24] This is considerably higher than state and national averages; however, disparity exists especially among the Hispanic community, the fastest growing ethnic group in the county. According to the most recent Latino Health Behavior Risk Factor Survey, done in 2011, only 37.2% of Hispanic adults living in Hunterdon County reported having some form of health insurance, substantially lower than the general population,^[25] which translates to reduced access to both preventive and treatment services. This is one of many areas where disparities exist between the Hispanic community and the general population of Hunterdon County.

With the passage of the Affordable Care Act (ACA) in 2010, in particular the individual mandate provision, it is expected that the number of uninsured will decrease significantly. This will result largely from an expansion of Medicaid eligibility and a new individual mandate provision. However, a significant proportion of the population, such as undocumented immigrants, will remain uninsured, as they will not gain coverage through the ACA.

FIGURE 10: Percentage of Uninsured Adults in Hunterdon County



Source: County Health Rankings & Roadmaps, 2016.

As noted earlier, the lack of health insurance or being underinsured severely impacts an individual's decision of whether or not to seek needed care. In 2015, over 7,000 people or about eight percent of Hunterdon County residents were without health insurance. In the

United States 48.4 Million or eighteen percent of residents have no health insurance and in New Jersey, twelve and one-half percent are uninsured.^[26]

Table 6: Hunterdon County Uninsured by Age and Race/Ethnicity

Age 0-18	Age 19-25	Age 26-34	Age 35-54	Age 55-64
184	1,201	1,952	2,999	765

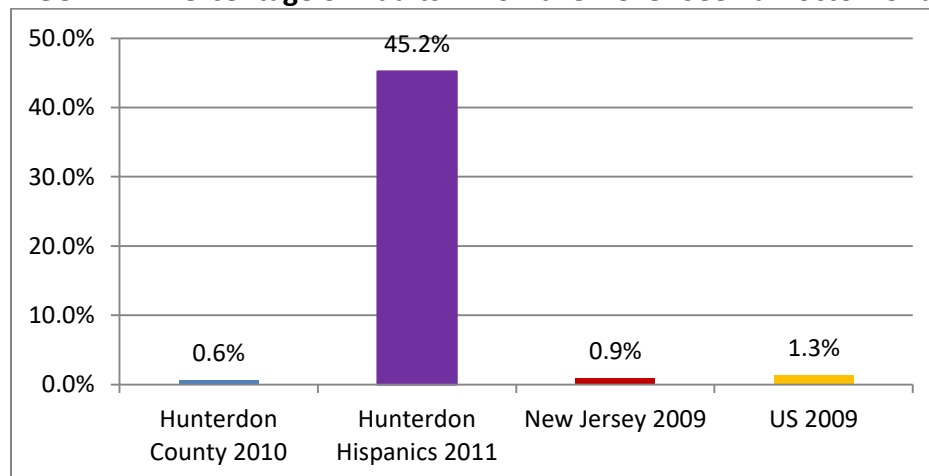
Latino	White (Non-Latino)	Black (Non-Latino)	Asian (Non-Latino)	American Indian	Multiracial or Other
675	4,921	925	505	-	76

Source: CMS 2015

In addition to financial constraints, 31.3% of Hispanics surveyed reported that they could not get needed health care in the past year because of language barriers.^[25] And, not surprisingly, this problem was even more significant among Hispanics with less than a high school diploma compared to those with more education. This data illustrates the demand and need for more Spanish-speaking and culturally competent healthcare providers. Studies show that language barriers contribute to health disparities and result in poorer health conditions, less patient satisfaction and less utilization of preventive services while overutilizing emergency department services.^[27, 28]

Almost half of all Hispanics surveyed reported never having seen a doctor for a routine checkup.^[25] This finding is especially alarming when compared to the county, state and national data, in which approximately only one percent reported never having seen a doctor for a routine checkup.^[24]

FIGURE 11: Percentage of Adults Who Have Never Seen a Doctor for a Routine Checkup



Source: Hunterdon County Behavioral Risk Factor Surveillance System, 2010; United Way of Hunterdon County Latino Health Behavior Risk Factor Survey, 2011

Absence of health insurance is usually concurrent with not having a primary care physician or usual source of care. A larger percentage of Hispanics report being uninsured than all other county residents. Therefore, it is not surprising to see that a lower percentage of Hispanics have a usual source of care compared to the general population, 57.3% and 89.9%, respectively.^[25, 24] Out of all the Hispanics who reported having a usual source of care, 54.4% indicated that it is a doctor's office or HMO.^[25] However, 7.7% indicated that they considered the hospital emergency room as their usual source of care.^[25] This is concerning not only because Emergency Department (ED) utilization is more expensive, but also because having a usual source of care is associated with increased use of preventive services and reduced hospitalizations.^[29] The health disparity seen among the Hunterdon Hispanic community is a result of multiple factors mentioned above: healthcare affordability, language and cultural differences, and the accessibility of services geared towards this population.

Physician Supply

While there is a projected shortage of primary care providers in NJ and the rest of the nation,^[30] Hunterdon is in a better shape, as its main focus has always been on primary care and preventive services. Hunterdon boasts, 860:1 ratio of population to primary care physicians (includes family medicine, internal medicine, pediatrics, and obstetrics/gynecology), substantially better than the state ratio of 1170:1.^[14] This is believed to be one of the reasons why Hunterdon was ranked the healthiest county in NJ for the past seven years.

Preventive Services

Early detection of cancer increases chances for successful treatment and therefore survival. Accessibility and affordability of these preventive services is important. In Hunterdon, percentages of reported use of preventive services are generally higher than the state average. Most Hunterdon residents have health insurance.

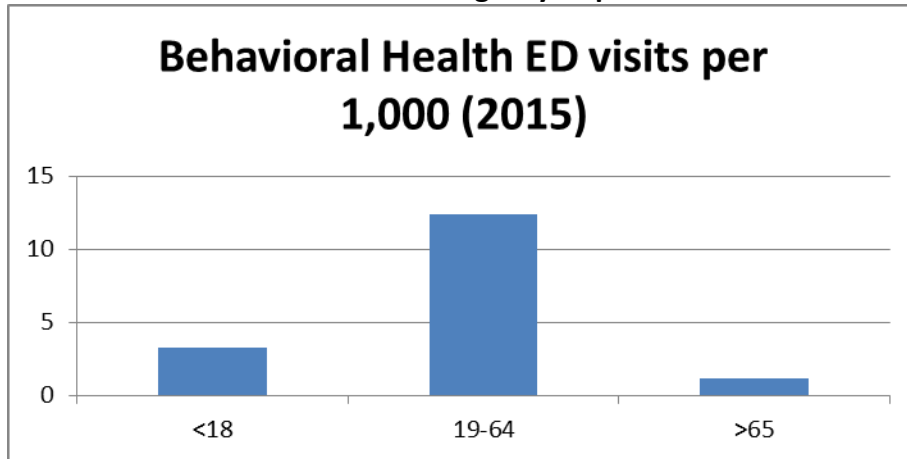
Among the Hunterdon Hispanic community, use of preventive services is not nearly as frequent. Hispanics are less likely to be screened for blood cholesterol and for breast and colorectal cancers. Again, not having access to these preventive/early diagnostic tests contributes to the poorer health status of Hispanics in the community. According to the Hunterdon Healthcare System Electronic Medical Record (EMR), we have been able to increase the number of Latino women receiving a mammogram from 74% in 2013 to 76% in the first quarter of 2016. The data shows that we are making progress but need to continue to address the barriers the Hunterdon Hispanic Community is experiencing regarding accessing these preventive services.

Hospital Utilization and Access

Hunterdon Medical Center (HMC) is the only hospital in Hunterdon County. HMC is a 178-bed teaching hospital that treated about 8,300 (excludes newborns) inpatients in 2015 and had 308,000 outpatient visits. The Emergency Department(ED) sees approximately 33,000 patients each year and twenty-two percent of all ED visits are admitted to HMC as an inpatient. Seniors

represent about fifty percent of all ED visits and children (<18) represent about five percent of all ED visits.

FIGURE 12: Behavioral Health Emergency Department Visits



Source: Hunterdon Medical Center EMR Data, 2015

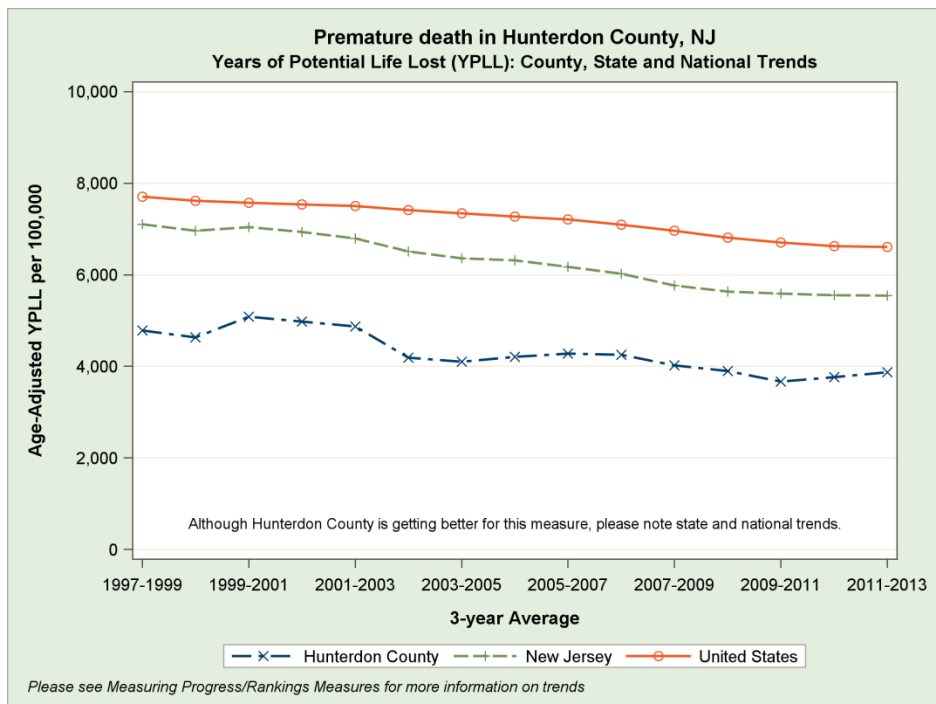
Emergency departments (EDs) provide a significant source of medical care in the United States with over 131 million total ED visits occurring in 2011. ED utilization reflects the greater health needs of the surrounding community and may be the only care available to those who are uninsured and cannot receive care elsewhere. Many ED visits could be avoided if patients had access to primary care services. The Hunterdon Medical Center ED sees about 33,000 patients each year. Hunterdon Healthcare recently opened an Urgent Care Center in Flemington which will provide an alternative to ED care when medical homes are not open and patients don't need ED level of care.

HEALTH OUTCOMES

Mortality

Chronic Disease is a major cause of disability and death in New Jersey. In 2009, heart disease, cancer, stroke, and diabetes caused 59% of deaths. Premature Death is the years of potential life lost before age 75(YPLL). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. Hunterdon County is tied with Somerset County for the lowest rate of YPLL. ^[14]

FIGURE 13: Premature Death: Years of Potential Life Lost Based on 3-Year Averages



Source: County Health Rankings, 2016

Leading Causes of Death

In 2011, the top two reported causes of death in Hunterdon County were cancer and heart disease. In 2013, cancer is still first for the leading cause of death in Hunterdon. Chronic respiratory diseases and stroke are also leading causes of death ranked under cancer, and heart disease.^[31]

Morbidity

The County Health Rankings project looks at four factors in determining morbidity: reported poor or fair health, poor physical health days, poor mental health days, and low birth weight. In all four categories, Hunterdon is either the top ranked in the state or tied for first place. Again, this is one of the reasons Hunterdon was ranked the healthiest County in NJ for health outcomes.

Mental Health

As shown by the increasing rates of hospital utilization due to mental/behavioral health conditions, mental health is an issue among County residents. Substance abuse and the “success-driven” culture of the county are believed to contribute to this growing problem. Stress and anxiety, caused by the pressure to succeed academically and athletically among youths, and professionally and financially among adults, were mentioned in the focus group sessions to be contributing to the mental health problem.

According to the 2012 Youth Risk Behavior Survey (YRBS), 13% of Hunterdon high-school students seriously considered suicide, while nine percent made a plan about how they would attempt suicide and four percent actually attempted suicide.^[32] Although percentages for these three indicators are lower than State and national averages, it still serves as a reminder that this is a severe problem with serious consequences and should not be ignored.

Depression and mental health issues also affect adults. In the 2010 BRFSS, 33% of adults reported feeling sad, blue, or depressed at least once in the past 30 days. Even more concerning is that among those who felt sad, blue or depressed, only 21% sought help to address concerns they had regarding their feelings.^[24] Among those who sought help, 17% were unable to get the help they were looking for.^[24] The most common reason cited was that they did not know where to go (57%).^[24] Focus group participants mentioned the challenges facing Hunterdon residents in accessing mental healthcare services and identified the importance of increasing capacity and awareness of how and where to access these services.

Chronic Disease

According to the American Heart Association, in 2013, one of every three deaths in the United States was from heart disease, stroke, and other cardiovascular diseases. Approximately 80 million adults in the U.S. have high blood pressure and nearly 160 million people were overweight or obese in 2009-2012. Lifestyle and behaviors have a huge impact on cardiac health and health in general. Inactivity, unhealthy food choices, smoking, and stress all contribute to strains on the body and can lead to heart disease, diabetes, and other chronic diseases.

In the Hunterdon County 2010 BRFSS, 23% of survey respondents replied “Yes” when asked if they have been diagnosed as having a chronic condition. Asthma was the chronic condition reported to be the most prevalent, followed by diabetes.

Diabetes is closely associated with obesity and being overweight. This was further evident when a cross-tabulation analysis showed that 17% of obese individuals are diagnosed with diabetes compared to only four percent of individuals who were neither overweight nor obese based on their body mass index (BMI).^[22]

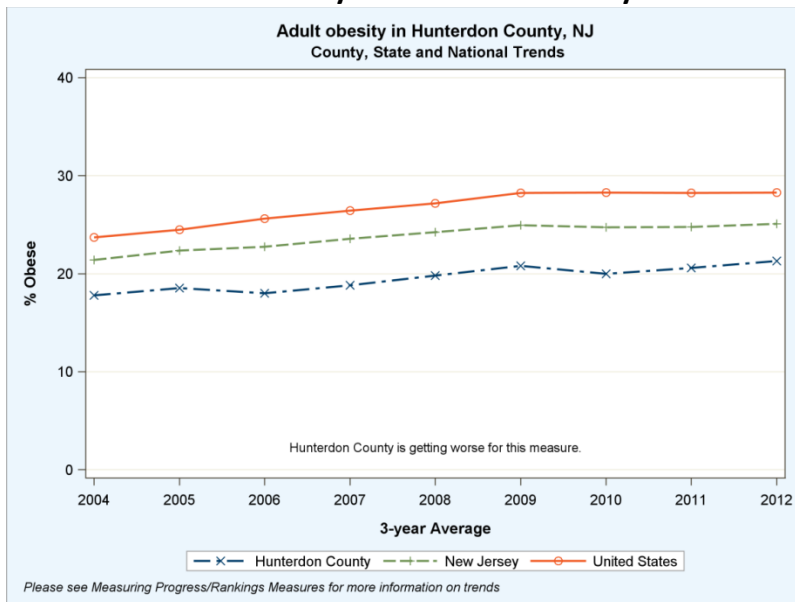
HEALTH BEHAVIORS

Obesity, Physical Activity, and Nutrition

Obesity, physical activity, and nutrition have been in the national spotlight because of the rising prevalence of obesity across all age groups, but among children in particular. This has an alarming impact on our health, the healthcare system, and the economy. According to the *F as in Fat Report* (2012), if current trends continue, 44% of people in the US will be obese by 2030 and the incidence of obesity-related diseases such as Type 2 diabetes, coronary heart disease, and stroke, hypertension, arthritis, and cancer will increase drastically.^[33] In addition, obesity-related healthcare costs will increase by 10-20% nationwide.^[33]

Prevalence of obesity among adults in Hunterdon County is lower compared to the State-wide percentage according to the BRFSS study. However, just like the trend nationwide, it continues to rise. The electronic health records (EHR) maintained by Hunterdon Healthcare System were also analyzed. The aggregate body mass index (BMI) data of patients are based on actual measurement taken during physician office visits. It is interesting to note that these BMI data are significantly higher when compared to the self-reported BRFSS data. In 2015, the EHR data reflected that only 30% of adult patients have a BMI within the normal range (between 18.5 and 24.9). This means that 70% of adult patients fall outside the normal weight parameters; meaning they are either obese, overweight, or underweight. This confirms the importance and value of the EHR as a health surveillance tool, allowing the hospital and other service providers in the county to better understand the scope and trends of important health indicators such as obesity.

FIGURE 14: Adult Obesity in Hunterdon County



Source: 2016 County Health Rankings & Roadmaps

Table 7: Percentage of Patients in Hunterdon Primary Care Network with BMI between 18.5 and 24.9

2013	2014	2015
33%	32%	30%

Source: Hunterdon Healthcare System Community Benefit Dashboard

Substance Use and Abuse- Tobacco, Alcohol and Other Drugs

Tobacco

Tobacco use is the leading cause of preventable death, chronic disease, healthcare crisis, economic burden, cause of lost productivity, and source for poor health outcomes and quality performance measures. According to the Wisconsin University and Robert Wood Johnson Foundation County Health Rankings and Roadmaps 12% of Hunterdon County residents are smokers compared to the New Jersey rate of 15%.

Exposure to second-hand smoke is linked to a wide range of serious and life threatening health problems including heart disease, cancer, asthma and other respiratory problems.^[34] As we continue to learn about the dangers of second-hand smoke, many communities have passed tobacco-free laws or regulations that cover outdoor areas such as parks, recreational facilities, beaches, outdoor workplaces, restaurant and bar patios, transit waiting areas, and public events such as county fairs and farmers' markets.^[35] Coalition for a Healthy NJ and the NJ Prevention Network in collaboration with local coalitions throughout Hunterdon County have pushed to increase the number of Outdoor Smoke-free Ordinances. Currently four out of the twenty-six municipalities have adopted these ordinances: Clinton Township, Frenchtown, Raritan Township, and Flemington Borough. In addition to preventing secondhand smoke exposure, outdoor tobacco-free laws help smokers who are trying to quit, by eliminating the sight and smell of tobacco smoke. These measures send a clear message to children that tobacco use is not an acceptable behavior or a norm in the community.^[35]

TABLE 8: Percentage of High school Seniors (Under 18 years) Who Reported Purchasing Cigarettes from Convenience Stores or Gas Stations, by Gender

	Males	Females
Hunterdon County 2012	53.1%	30.0%
United States 2011	20.8%	15.5%

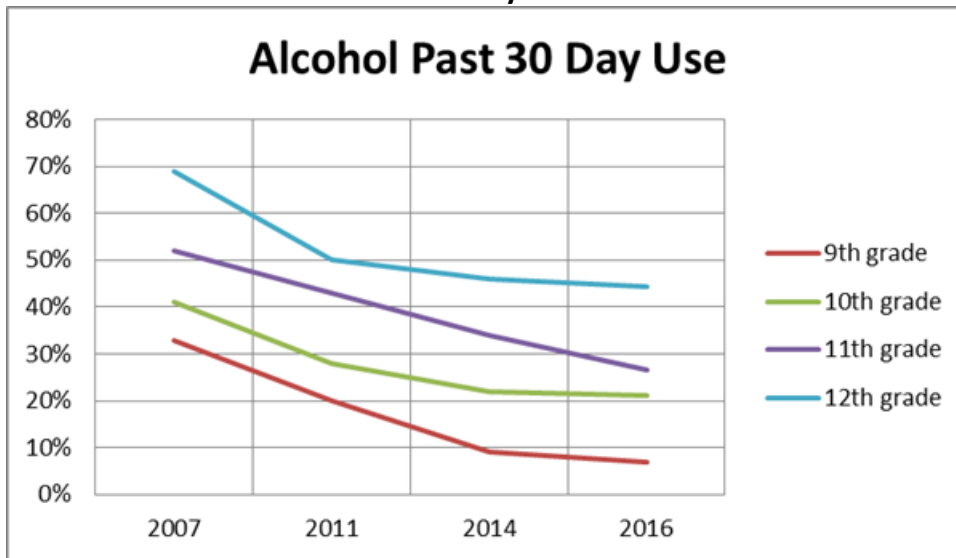
Source: Hunterdon County Youth Risk Behavior Survey, 2012.

Alcohol

Excessive drinking is a risk factor for a number of adverse health outcomes such as alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.^[36] Approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States.^[37] Excessive Drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average. According to the County Health Rankings and Roadmaps, 19% of Hunterdon County Residents drink excessively. This is higher

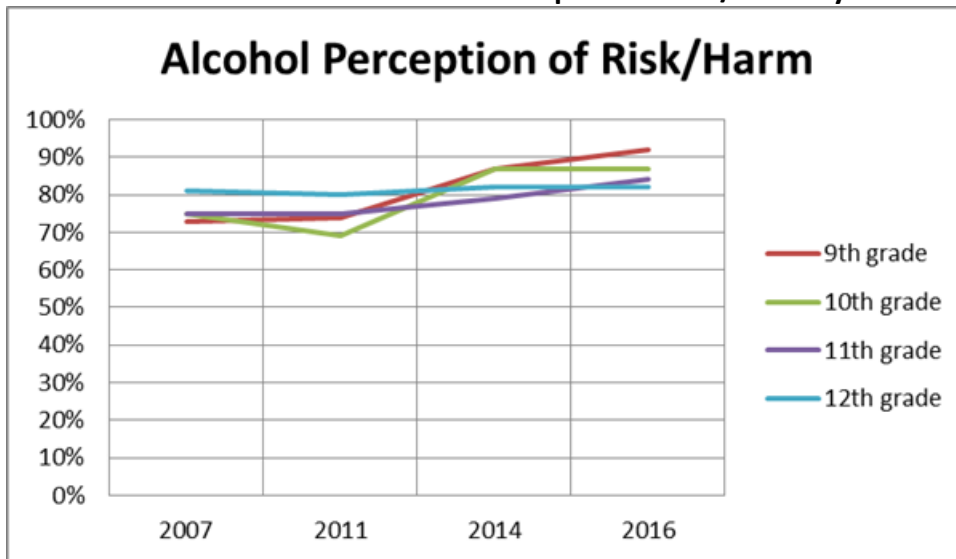
than the NJ rate of 17%. Hunterdon Prevention Resources, a Hunterdon County based substance abuse prevention organization shared some recent data about alcohol use for high school students in the county. In a Risk and Protective Factor Survey, they looked at students' alcohol use in the past 30 days and students' perception of harm. The trend shows a decline in the use of alcohol in the past 30 days and there seems to be a rising perception of harm about alcohol use. Looking at the chart below it appears that sophomore students may be an area to concentrate prevention activities.

FIGURE 15: Alcohol Use and Abuse: Percentage of HS Students who used Alcohol in the Past 30 Days



Source: Risk and Protective Factor Surveys, PRIDE

FIGURE 16: Alcohol Use and Abuse: Perception of Risk/Harm by HS Students

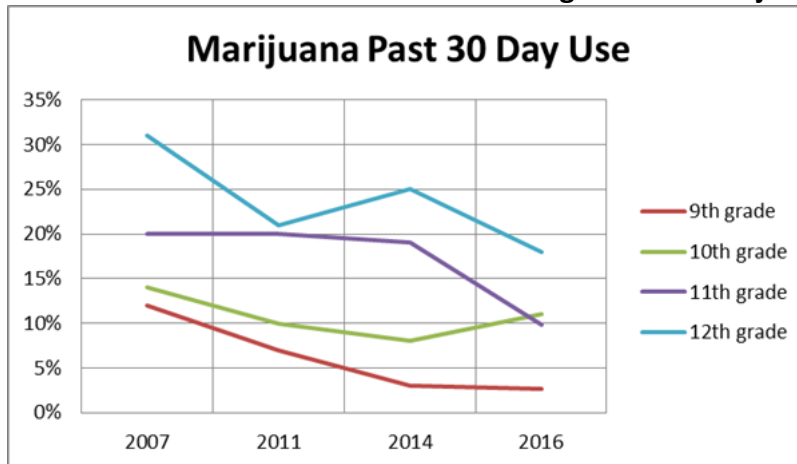


Source: Risk and Protective Factor Surveys, PRIDE

Other Drugs

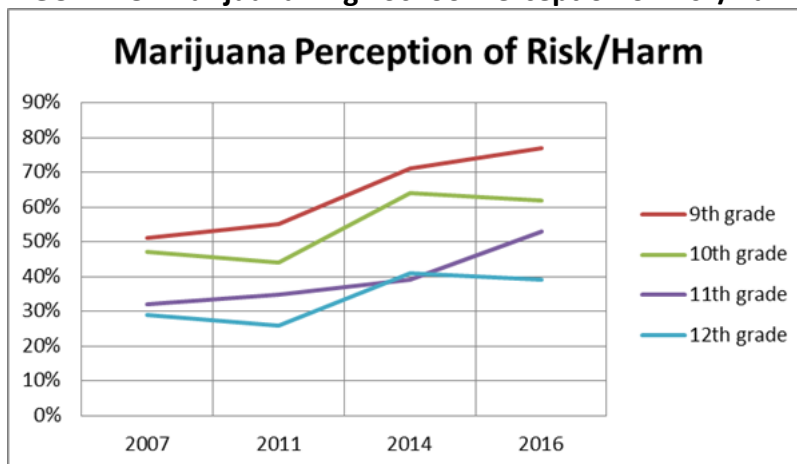
In the United States, motor vehicle accidents are the leading cause of death among youths and young adults aged 16-25. The prevalence of driving under the influence of alcohol among High school students aged 16-19 has declined by 54% from 1991 to 2011 however, the prevalence of teens ≥ 16 driving under the influence of marijuana has increased. Use of marijuana alone and in combination with alcohol has been shown to impair driving abilities. ^[38] Below is a chart showing use of marijuana by high school students in Hunterdon County by grade in the past 30 days.

FIGURE 17: Substance Use and Abuse – High School Marijuana Use



Source: Risk and Protective Factor Surveys, PRIDE

FIGURE 18: Marijuana- High School Perception of Risk/Harm



Source: Risk and Protective Factor Surveys, PRIDE

According to the New Jersey Statewide Crime Summary, there were 55,239 arrests reported by the law enforcement agencies of the state for drug abuse violations, an increase of 3 percent when compared to 2013. Adults accounted for 93 percent and juveniles accounted for 7 percent of the arrests. In 2014, Thirty-two percent of persons arrested for drug abuse violations

were age 21 and under. Fifty-one percent of the drug arrests were due to marijuana and thirty nine percent were arrests related to opioid or cocaine and their derivatives (heroin, morphine). In 2014 in Hunterdon County, 44% of substance use/abuse arrests were due to alcohol and 32% were due to heroin. ^[39]

FIGURE 19: Drug Monitoring Initiative: Percentage of Arrests in Hunterdon County

Hunterdon	Alcohol	Cocaine/Crack	Marijuana/Hashish	Heroin	Other Opiates	Other
2009	50.00%	5.17%	18.68%	19.83%	4.41%	0.96%
2010	50.52%	3.65%	18.65%	18.33%	6.35%	1.56%
2011	48.57%	3.24%	18.76%	19.24%	6.76%	1.81%
2102	46.15%	3.40%	17.72%	23.42%	6.01%	1.50%
2013	46.00%	3.00%	14.00%	26.00%	6.00%	3.00%
2014	44.00%	3.00%	9.00%	32.00%	7.00%	5.00%
State Average '14	27%	6%	16%	41%	8%	3%

Source: Drug Monitoring Initiative, New Jersey State Police

Prescription drug abuse in the United States is increasing at an alarming rate. Teenagers report they can easily obtain prescription pills from medicine cabinets in their own and other people’s homes. Efforts by a local substance abuse prevention coalition, the Hunterdon County Prosecutor’s Office, and other county partners continue to educate our residents about proper disposal of prescription medications. Prescription drop boxes are currently located in the following locations throughout Hunterdon County: Frenchtown Police Department, Holland Township Police Department, Hunterdon County Justice Center Court House, Lambertville Police Department, New Jersey State Police Kingwood Station, Readington Police Department, Tewksbury Police Department, and West Amwell Police Department.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

INTRODUCTION

The purpose of the Community Themes and Strengths Assessment (CTSA) is to gather input from community members to develop a more in-depth understanding of issues they feel are important, their concerns and their perceptions about quality of life. Focus groups were the approach used to engage the community, to generate ideas, prioritize issues perceived as having the greatest impact on the health of the community and to obtain an in-depth view of their idea of a healthy community. Eight focus groups were completed between March 2015 and July 2015 with a total of 76 participants. Participants were chosen from various sectors of Hunterdon County: faith leaders, senior citizens (age 65+), County Parks Department employees, teenagers, members of the Latino Health Access Committee, school nurses and healthcare and social service professionals. These groups were targeted as they were considered to be in a position to know the community as a whole, its needs and concerns, as well as its assets, because of the nature of their work and the numerous and diverse county residents with whom they interact. The purposive sampling process used entailed reaching out to a key member of each of the previously-mentioned groups, informing them of the purpose of the focus group and the time commitment required. They were then asked to participate and to help in the recruitment of six to eight other members. Afterwards, project staff contacted the possible participants to provide additional details and to confirm their involvement.

METHODOLOGY

A modified version of the Nominal Group Technique (NGT) was employed in conducting the focus groups. These steps included:

1. An introduction of all participants, the facilitator and note taker
2. An outline of the general “rules” to be observed during the session
3. A review of the three questions to be posed:
 - a. What factors contribute to quality of life living in Hunterdon County?
 - b. What factors reduce quality of life living in Hunterdon County?
 - c. What recommendations do you have to improve quality of life in Hunterdon County?
4. A “round-robin” method was used by the facilitator who called on each participant (in turn) to share an idea in response to the question posed. Each unique idea was written on a board or a flip chart poster in the exact words used by the participant. Each participant got two turns to respond to each question. Afterwards, the facilitator opened the floor and asked participants to share any additional ideas they had that were not yet listed on the board.
5. The ideas were clarified and grouped. Participants were asked to look at the ideas listed on the board and to agree on a final listing. The voting then began. Each idea was read to the group by the facilitator, and the participants, by raising their hands,

cast two votes on the ideas they believed to be the most important. The votes were then tallied and recorded. The same steps were followed for all three questions.

Data from all eight focus groups were collected and analyzed independently and collectively. The analysis identified prevailing themes in each of the three questions and coded accordingly.

The group and date of the sessions are as follows:

Group	# of Participants	Date
Population Health Committee	14	Mar. 12, 2015
Senior Citizens (age 65+)	9	April 8, 2015
County Human Services	8	April 14, 2015
Teens	10	April 28, 2015
County Parks Department	8	April 29, 2015
School Nurses	4	May 22, 2015
Faith Leaders	8	May 27, 2015
Non-profits/Social Service Providers	15	July 9, 2015

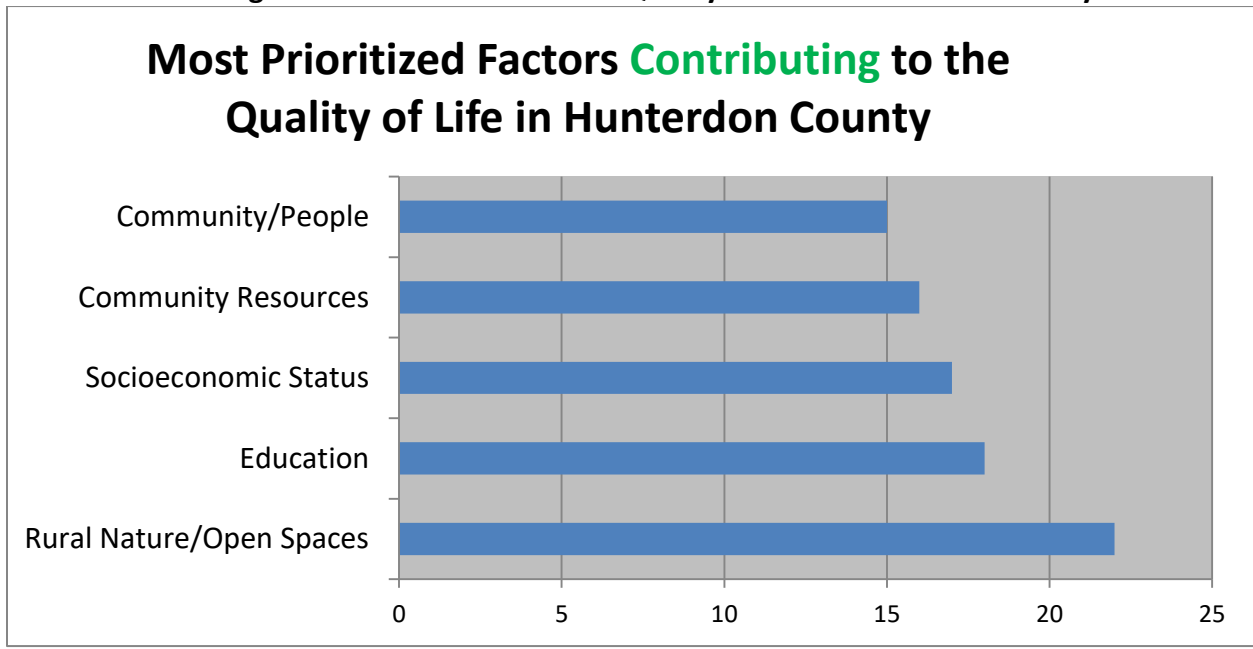
RESULTS

Because participants of the focus groups were from varying backgrounds with varying life and work experiences, a broad range of responses was expected. However, in spite of their differences, common themes across all eight focus groups were apparent in each of the three questions.

Factors Contributing to Quality of Life

For factors that contribute to quality of life in Hunterdon, common responses from participants were: natural beauty of the county and the opportunity it provides residents to engage in outdoor physical activity, majority of residents have health insurance and have access to healthcare and social services, community is safe and people are willing to volunteer their time and other resources. Figure 20 highlights the most important factors contributing to the quality of life in Hunterdon, as voted by all focus group participants.

FIGURE 20: Leading Factors that Contribute to Quality of Life in Hunterdon County



Community/People

“People are friendly here and give back generously to the community.”

Hunterdon is a geographically large area, yet there remains a sense of small-town community. It was indicated by participants that community members are open to volunteering and helping when they can. Business owners also support, promote, and fund various community programs and events that benefit our community.

Community Resources

“There are many community services available in our county if you know where to find them.”

Participants cited that our county is rich in services. There are many services available for the residents including targeted services for the more vulnerable groups: children, seniors, and the growing Latino population. The majority of residents have some type of health insurance, reducing barriers to accessing needed health services, although the increase in high deductible plans has created some challenges for our residents.

Socioeconomic Status

“The fact that we are the wealthiest county in the state definitely works in our favor.”

The links between income and health are well documented. Higher income is also linked with better health and longer life among adults. A common theme throughout all of the focus

groups was the benefit of wealth. Access to healthy food, exercise, and recreational activities, medical insurance, and higher education were some of the benefits mentioned. While those at the bottom of the economic ladder typically experience the worst health outcomes, even those who would be considered middle-class by most standards are less healthy than those who are most affluent. ^[40]

Education

“We have excellent school systems here and that is why many of us moved to Hunterdon.”

According to the NJ Real Estate Association, one of the biggest considerations in purchasing a home is the quality of the school district. Parents in our focus group expressed that education is valued in our county, and in fact we have one of the highest levels of education in the state. Even if you are single, living in an area with a much sought-after school system raises your property value. ^[41]

Rural Nature

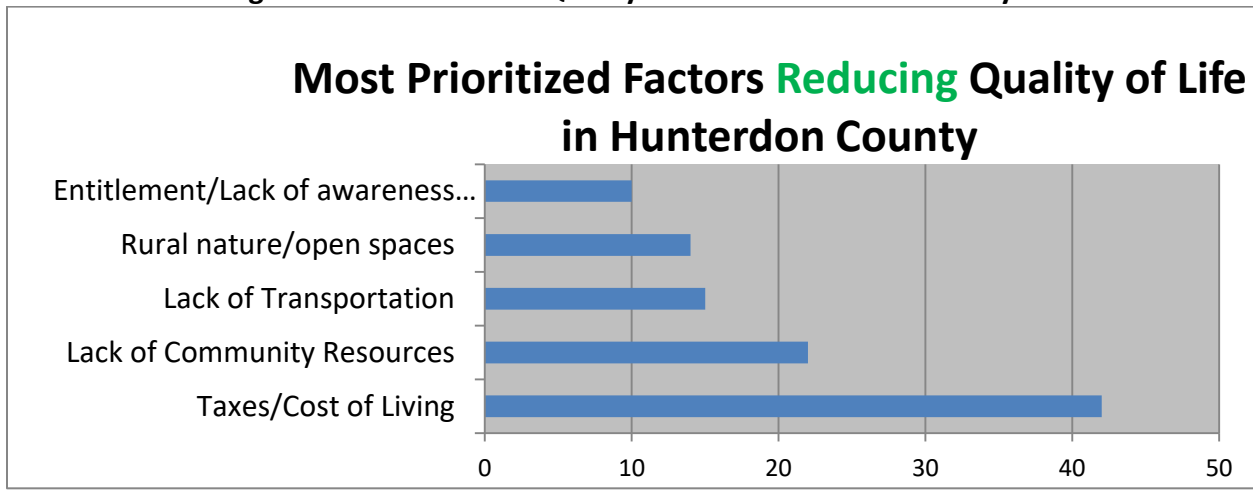
“It really is a beautiful place to live.”

The rural nature and open spaces were mentioned numerous times in all of the eight focus groups as being one of the leading factors that contribute to quality of life. Rural character includes the county’s natural resources, parks, open space and the overall beauty of the county’s physical environment. A clean and beautiful neighborhood has a profound impact on the physical and mental health and well-being of its residents. The availability and accessibility of open space encourage physical activity by providing opportunities to engage in various outdoor recreational activities.

Factors Reducing Quality of Life

For factors that reduce quality of life living in Hunterdon, there was some overlap with the factors that contribute to quality of life- meaning they could be both positive and negative factors. The rural nature of the county is beautiful and provides for outdoor recreation and explorations however, it also makes moving about the county difficult for those without transportation. Figure 22 depicts the factors voted by focus group participants to have a significantly negative impact on the quality of life living in Hunterdon.

FIGURE 21: Leading Factors that Reduce Quality of Life in Hunterdon County



Entitlement/Lack of Awareness of Disparities

“Not everyone in Hunterdon has money. Some of us struggle just to make ends meet.”

Documented disparities exist in the United States between the majority white population and various racial and ethnic minority populations on several health and health care indicators including access to and quality of care, disease prevalence, infant mortality and life expectancy. However, awareness of these disparities, a necessary first step toward changing behavior and compelling action, remains limited. ^[42] Many focus group participants expressed that many Hunterdon residents were blind to the poverty that exists in our county.

Rural Nature/Open Space

Participants view the rural nature of Hunterdon County as both positive and negative. Although the natural beauty was seen as a factor that contributes to quality of life, the large geographic area can make navigating the county for those without a car difficult. Even with a personal vehicle, participants complained about the time “wasted” while getting from one point in the county to another.

Lack of Transportation

This response was somewhat mixed in that some expressed that it was not the lack of services, but the lack of knowledge of available services. Others responded that although progress has been made with regards to expanding services and programs for members of the Latino community, it is still lacking. The needs and challenges of the Latino community; language barriers, cultural differences, lack of advocacy services, literacy and health education programs remain inadequately addressed and negatively impact their health and quality of life.

Lack of Community Services

This response was somewhat varied in that some expressed that it was not the lack of services, but rather the lack of knowledge of available services that reduced quality of life in Hunterdon County. Others responded that although progress has been made with regards to expanding services and programs for members of the Latino community, it is still lacking. The needs and challenges of the Latino community: language barriers, cultural differences, lack of advocacy services, literacy and health education and health education programs remain inadequately addressed and negatively impact their health and quality of life.

High Cost of Living

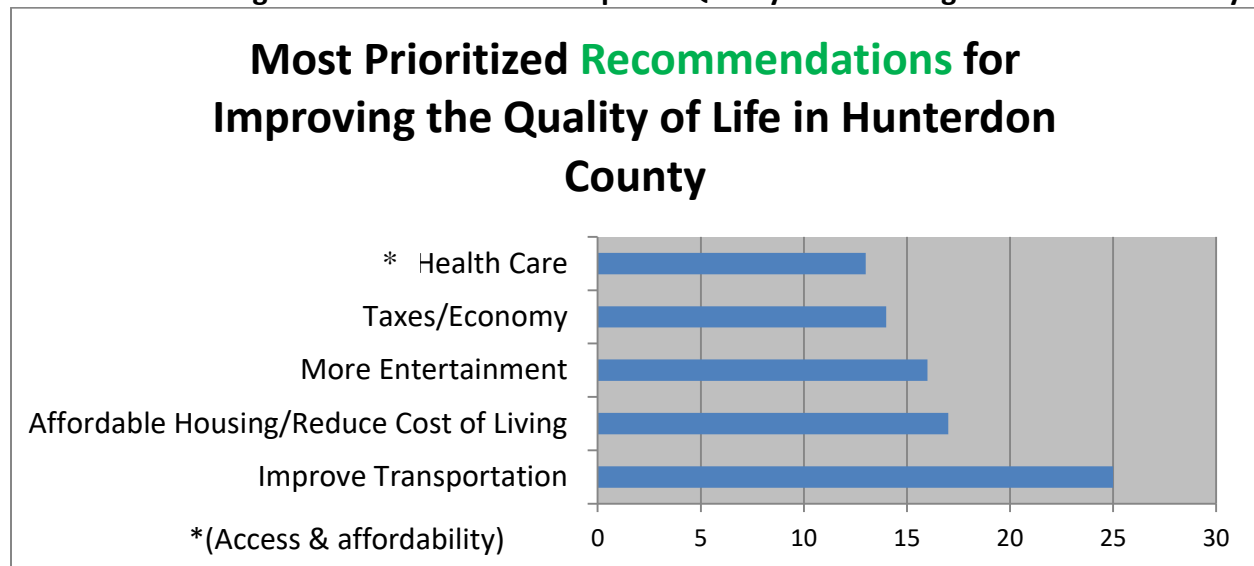
“I had to sell my house and move in with my daughter. I could not afford to live in my home anymore.”

High property taxes are the number one prioritized factor for reducing quality of life in Hunterdon County. This is especially troublesome for the elderly, minority and young adult population. Teens in our focus group did not anticipate being able to live here as adults because of the high rents, home prices and property taxes. Many adult participants stated they would not remain in Hunterdon after retiring.

Recommendations to Improve Quality of Life

When participants were asked what recommendations they have to improve quality of life living in Hunterdon, it was not surprising that they mentioned changing many of the factors they identified to be detrimental to quality of life living in the county. Most frequently cited recommendations included improving transportation, a long standing problem. Participants would also like to see healthcare become accessible and affordable to all, accessibility to and awareness of various healthcare and social services, more affordable housing, and greater entertainment options.

FIGURE 22: Leading Recommendations to Improve Quality of Life Living in Hunterdon County



Access & Affordability of Healthcare

Affordability of healthcare is a key concern. Although many of our residents have insurance, high deductibles may limit use to urgent care only. Typically, preventive care is covered under these plans. Residents need to be educated to seek these preventive services. We also need to stress the importance of lifestyle behaviors and the direct correlation to health. The impact, if any, of the ongoing healthcare reform on residents, especially those who are uninsured, remains to be seen. Although Hunterdon offers a lot of resources and services, many of its residents are not aware that that they exist. If they do know they exist, they do not know how or where to go to avail these services. Respondents suggested that providers be educated on the resources available so they can refer their clients appropriately and efficiently.

Decrease Taxes and Improve Economy

Although understandably more difficult to do and beyond the control of most, many participants said that reducing taxes and the overall cost of living would improve the quality of

life of residents living in Hunterdon. It will alleviate residents' financial concerns, allow them to live more comfortably and encourage more people to move in or remain in the County. Many participants recommended increasing our tax base by enticing large businesses into the County, while others recommended providing more services for the tax dollars we spend.

Increase Entertainment Options

Most participants recommended more entertainment options. "We need a movie theater." Although Hunterdon County is abundant in outdoor recreational activities, some expressed, "There is nothing to do when it's cold outside". Teens are hungry for a County Recreational Center where they have access to indoor basketball courts and other physical activity options. "There are many gyms, but not everything is affordable. We just want a place to hang out with our friends."

Affordable Housing/Reduce Cost of Living

As would be expected, with our high property taxes, come high housing costs. Some focus group members recommended rehabbing older buildings for low-income housing or the development of new housing units. They explained that there should be "broader access to affordable housing". Many essential service providers are brought into the County by their employers because they cannot afford to live here.

Improve Transportation

As our senior population continues to grow and the need for workforce transportation expands, so does the need for improvement in transportation. This has been a longstanding problem in our county. The LINK services have made some recent route changes and expansion into Somerset County which is helpful, but still does not address the many needs of our residents. To improve accessibility to many services, riders need individualized on demand transportation options.

FORCES OF CHANGE ASSESSMENT

INTRODUCTION

The purpose of the Forces of Change Assessment (FOCA) is to identify and analyze present and future external forces expected to have an impact, be it positive or negative, on the public health system and the community's health and well-being. Forces of change include:

- **Trends** – patterns over time, such as migration in and out of the community or a growing disillusionment with government
- **Factors** – discrete elements, such as the community's large ethnic population, an urban setting or the jurisdiction's proximity to a major waterway
- **Events** – one-time occurrences, such as a hospital closure, a natural disaster or the passage of new legislation

Categories of forces of change include: Social, Economic, Political, Technological, Environmental, Scientific, Legal and Ethical.

METHODOLOGY

A total of 12 key stakeholders and community leaders participated in the Forces of Change Assessment (FOCA) brainstorming session. Participants were chosen because of their knowledge of Hunterdon County and their informed perceptions regarding impending changes that will affect the community and its health. The Assessment was held on September 25, 2015. Similar to the focus group, a modified version of the Nominal Group Technique was used. In round-robin fashion, each participant identified a force of change. All responses were listed on the board by the facilitator. This process was repeated. Once every participant had the opportunity to share at least two responses, the facilitator asked if any of the forces written on the board can be combined (i.e. similar ideas). Next, participants were given a ballot which lists the final 31 discrete forces identified and grouped during the brainstorming session. They were then asked to select their top two forces.

RESULTS

The following lists by category, all the individual Forces of Change identified by the Forces of Change Assessment (FOCA) participants:

Social

- Obesity as it relates to the burden of chronic disease. Increase of infectious disease due to anti-vaccine and increase in international travel
- Growing Latino population and challenges assimilating into the community
- Aging of our community members in general
- Overall demographic changes (age demographic)

- Strong link to the faith community (strengthening link)
- Increase in substance abuse
- Losing people eligible for pensions, departure from NJ and Hunterdon County (used to be a significant presence), losing a generation of people that were very active in the community
- Isolated seniors not connected in the community
- Increased diverse populations beyond the Hispanic population
- Advanced care planning for serious illness

Economic

- Decreasing length of stay at acute and sub-acute level due to changes in insurance reimbursement
- High deductible health plans
- Increase in homelessness (veterans and seniors 55-64 years of age)
- Increase in federal funding for caregivers relegated to primary care for behavioral health and prevention
- Closure of neighboring hospital that would create greater pressure on Hunterdon Medical Center's resources.
- Increase amount of food costs – food insecurity issues/access to healthy food choices
- Increase in the income disparity in our county population
- Prescription drug prices
- Limited affordable childcare
- Inadequate law enforcement and emergency services resources
- Overtaxed service providers to serve the increased population that requires these services

Political

- Act of terrorism
- Medical marijuana/Legalization of marijuana has led to increased use
- The tax ruling will cost Morristown Hospital millions of dollars – now there are concerns over this ruling and how it will affect other facilities. This could impact all community hospitals and Hunterdon Medical Center.
- Education system needs to remain at a high level
- Limited access to birth control

Environmental

- Lack of transportation as it relates to access to healthcare and healthy food
- Opportunity to take advantage of farm to table; healthy eating and attracting people to that

Technological

- Use of mobile technology
- Ethical
- Personalized medicine/genomics

Ethical

- Personalized medicine/genomics

Participants were asked to combine forces they believe to be similar, if any. After much discussion, the group ultimately settled on a final list and ranked their Top 4 Forces of Change. The top four ranked to be the leading Forces of Change are as follows:

1. Obesity as it relates to chronic disease
2. Increase in substance abuse
3. Increase in the income disparity in our County population
4. High deductible health plans

PRIORITIZATION

On March 11, 2016, approximately 40 members of the Hunterdon County Partnership for Health gathered to review the results of the Community Health Assessment data. The meeting was convened by Hunterdon Regional Community Health (HRCH), acting as an agent of the Partnership. It was facilitated by Dr. Cindy Barter, Partnership for Health Chairperson. The goal of the meeting was to discuss and prioritize key research findings and to lay the groundwork for an updated Community Health Improvement Plan (CHIP).

The meeting began with introductions and a check-in with attendees regarding their expectations for the day. The participants shared the following expectations for the day and the planning process:

- To leave the day with key health initiatives identified
- To understand how the *Partnership for Health* can make a difference
- To maximize collaboration and define it in a concrete way
- To focus on goals and objectives that are measurable and reflect known best practices

Following a discussion of expectations, a research overview was presented by Karen DeMarco, MPH, Hunterdon County health Officer, Rose Puelle, PhD, Senior Director of Population Health, Hunterdon Healthcare Partners and Kim Blanda, RN, BSN, Clinical Liaison, Hunterdon Regional Community Health and Coordinator of Partnership for health. The research provided a synthesis of the key data findings including a county health update, population health snapshot, County Rankings and Roadmaps and review of the US Census Hunterdon County Demographic data. [Appendix C & D] Additionally, key themes from the other Mobilizing Action through Planning and Partnerships (MAPP) assessments were shared. This included an overview of key forces of change in Hunterdon County and key community themes and strengths from focus group sessions. It should be noted that the majority of the research findings had been communicated to the attendees in advance of the meeting.

Subsequent to the research overview, participants were asked to share openly what they perceived to be the leading health needs and areas of opportunity in the County. The intent was to develop a master list of potential health priorities for inclusion in the updated Community Health Improvement Plan (CHIP). The following list was developed by the attendees, along with relevant notes related to each priority issue.

Master List of Community Priorities (in no particular order):

Obesity/Overweight

- Relationship with chronic diseases such as heart disease, diabetes, hypertension, etc.
- Role of nutrition and exercise

Mental health

- Recognizing the comorbidity with mental illness and health outcomes
- Obesity as it relates to mental illness

Substance Abuse

- Increase in abuse of prescription drugs and heroin
- Mental health and substance abuse

Access to Care and Transportation

- Access to healthy food, medical care, goods and services
- Access to social activities and friends
- Transportation throughout the County

Chronic Disease

- Burden to the healthcare system and a person's quality of life

Preventive Care

- Annual physicals and screenings as appropriate

Healthy Behaviors and Lifestyle

- Role that our everyday behaviors play in our overall health

A number of crosscutting issues were identified as well. These issues were perceived as having broad impact across the spectrum of health issues. They include:

- Funding shortages
- Cultural competency
- High deductible insurance plans

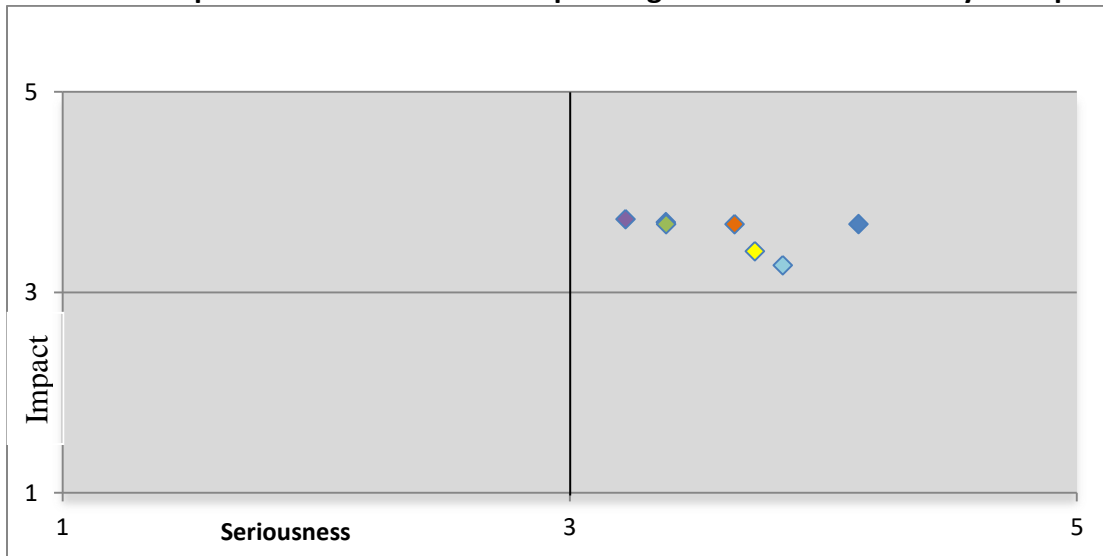
Future *Partnership* work was encouraged to consider each of these cross-cutting issues when identifying potential interventions and community improvement activities.

Once the master list was compiled, participants were then asked to rate each need based on two criteria: (1) Seriousness of the issue, which included size and consequence, and (2) Ability to impact or make a difference. Respondents were asked to rate each issue on a 1 through 5 scale, (1=not at all serious; no ability to impact) (5=very serious; great ability to impact). The ratings were gathered instantly and anonymously through "Option Finder," a wireless audience response system. Each attendee received a keypad to register their vote. The following table and figure reveal the results of the voting.

TABLE 9: Master List of Top Health Issues with Corresponding Seriousness and Ability to Impact Scores (Scale of 1 - 5 with: 1 = not at all serious up to 5 = very serious and 1 = no ability to impact up to 5 = great ability to impact)

Master List	Seriousness (average rating)	Ability to Impact (average rating)
Obesity/Overweight	4.14	3.68
Transportation	3.73	3.41
Substance Abuse	3.38	3.68
Mental Health	3.65	3.68
Chronic Disease	3.38	3.70
Preventive Care	3.22	3.73
Healthy Behaviors	3.84	3.27

FIGURE 23: Top Health Issues with Corresponding Seriousness and Ability to Impact Scores



Preventive Care	■	Transportation	■
Substance Abuse, Chronic Disease (pts overlap)	■	Healthy Behaviors	■
Mental Health	■	Obesity/Overweight	■

The Quadrant Map outlines the intersection of the seriousness and ability to impact ratings. The issues that are in the upper right of the map are those that have the highest ratings across the two criteria.

During the meeting, the attendees expressed an interest in selecting a limited set of key issues based on the premise that the Community Health Improvement Plan is only a three year initiative. The attendees reached consensus and identified obesity to be the priority health issue of Hunterdon County and to be adopted for inclusion in the Community health

Improvement Plan (CHIP). They decided three subcommittees, all concentrating on different challenges related to obesity, would be established: Access and Transportation, Mental Health, and Lifestyle/Behaviors. There will be a fourth committee responsible for communication. A member of the Communication Committee will sit on each of the three action teams for better collaboration and seamless communication between Partnership for Health members and the community at large.

CONCLUSION

This Community Health Needs Assessment report includes both qualitative and quantitative data, and provides an overview of the health status and health needs of the Hunterdon community. Quantitative data were gathered from multiple sources, both primary and secondary, such as the BRFSS, YRBS, US Census Bureau, NJHA County Health Profile and others. Qualitative data were collected from focus groups with members of the business community, healthcare professionals, faith leaders, social service providers, school nurses, county employees, teens, and senior citizens, as well as from the Forces of Change brainstorming session with key community stakeholders.

Common and overarching themes became apparent after the review and analysis of all data:

- **Lack of Awareness and Coordination of Services**

There are plenty of services, programs and resources offered in Hunterdon. However, they are mostly being underutilized. Anecdotal reasons shared to explain underutilization were lack of awareness that such a service exists, transportation issues, and lack of coordination among service providers. Focus needs to be on collaboration and coordination among service providers, agencies and organizations in order to better meet the needs of the community and improve their overall health.

- **Other Key Findings**

- Hunterdon is ranked the healthiest county in NJ
- Majority of Hunterdon adults have some form of health insurance coverage however, high deductible plans are delaying some residents from seeking care
- Significantly more Hispanics reported having problems accessing healthcare due to cost, lack of insurance, language barriers and cultural differences compared to the general Hunterdon population
- Leading causes of death were cancer and diseases of the heart
- Although our overall population is decreasing, our senior and Latino populations are increasing
- Obesity is becoming an increasing health issue in Hunterdon spanning all age groups
- Alcohol consumption among adults in Hunterdon are higher than state average
- Cross-sector collaboration is of utmost importance to address community needs

Addressing Obesity- Collective Focus on Healthier Weight

Review and analysis of all data helped the members of Partnership for Health to identify obesity, as the priority health issue in the community. Action teams, comprised of individuals with the expertise, passion and knowledge of the identified priority health issue, have been formed. Action team members are tasked to define attainable goals and objectives and develop clear strategies to address this health issue. All of this will be captured and documented in the 2016 Community Health Improvement Plan (CHIP) and HMC's Community Needs Implementation Plan (CNIP). In addition, action team members will also discuss and identify broad measures to track and measure both short-term and long-term progress and success in addressing obesity, and moving residents toward a healthier weight in Hunterdon County.

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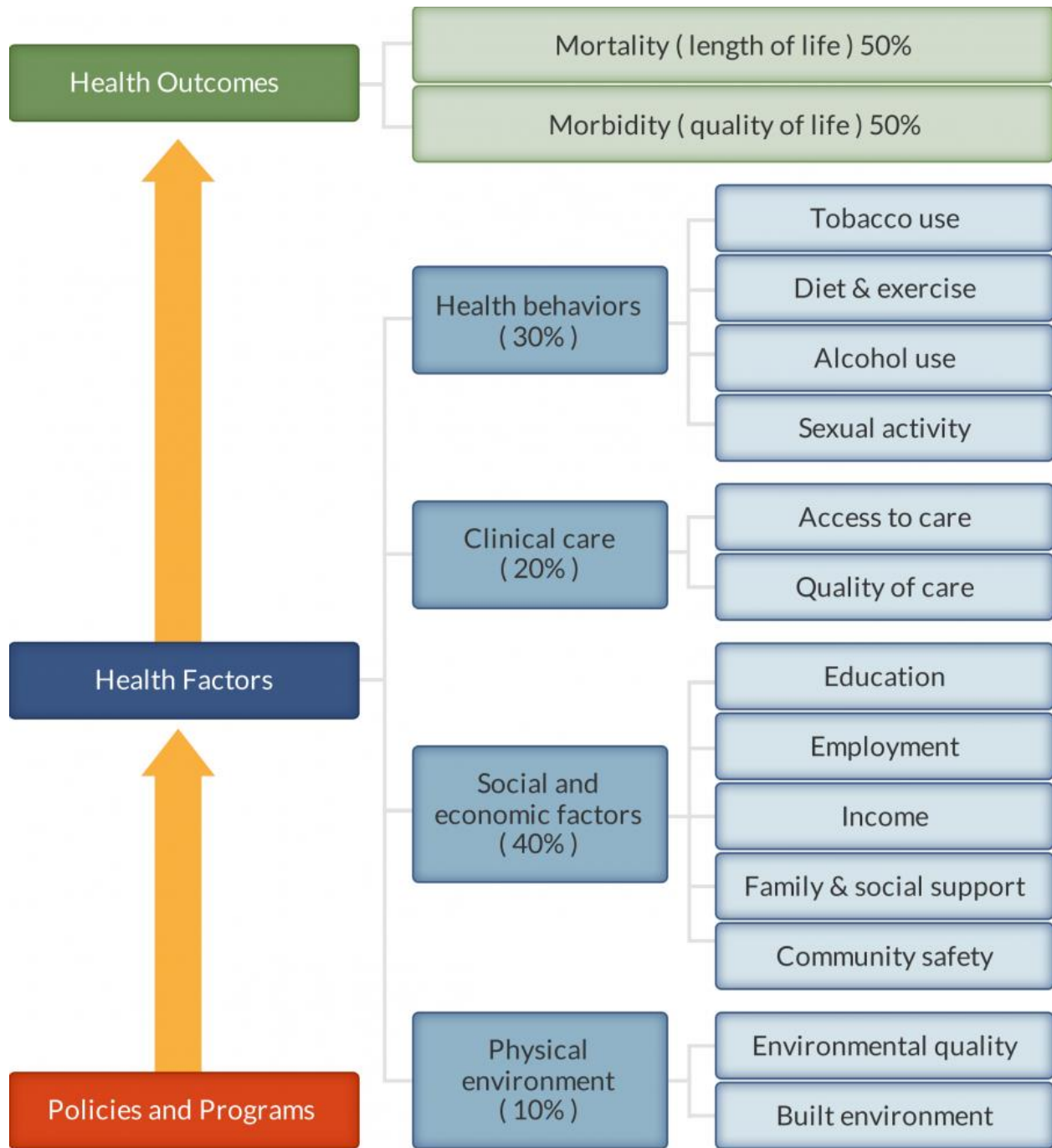
APPENDIX A: *List of Partnership for Health Members*

- American Heart Association
- Anderson House
- Cancer Coalition of Hunterdon and Mercer
- Calvary Episcopal Church
- Central Jersey Family Health Consortium
- Delaware Valley Family Health Center
- Easter Seals- New Jersey
- Fisherman's Mark
- Flemington Jewish Community Center
- Francis Desmares Elementary School
- Flemington Area Food Pantry
- HART Commuter Information Services
- Hunterdon Care Center
- Hunterdon Cardiovascular Associates
- Hunterdon County Chamber of Commerce
- Hunterdon County Resident
- Hunterdon County Department of Human Services
- Hunterdon County Division of Health
- Hunterdon County Division of Senior, Disabilities and Veterans Services
- Hunterdon County Economic Development
- Hunterdon County Medication Access Partnership
- Hunterdon County Medical Reserve Corps
- Hunterdon County Office of the Prosecutor
- Hunterdon County Parks and Recreation
- Hunterdon County Public Health Nursing and Education
- Hunterdon County Superintendent Office
- Hunterdon County YMCA
- Hunterdon Drug Awareness Program
- Hunterdon Helpline
- Hunterdon Healthcare System
- Hunterdon HealthCare Partners
- Hunterdon Medical Center
 - Center for Healthy Aging
 - Center for Nutrition and Diabetes Management
 - Home Health Services
 - Hunterdon Behavioral Health
 - HMC Foundation
- Hunterdon/Mercer Regional Chronic Disease Coalition
- Hunterdon Pediatric Associates

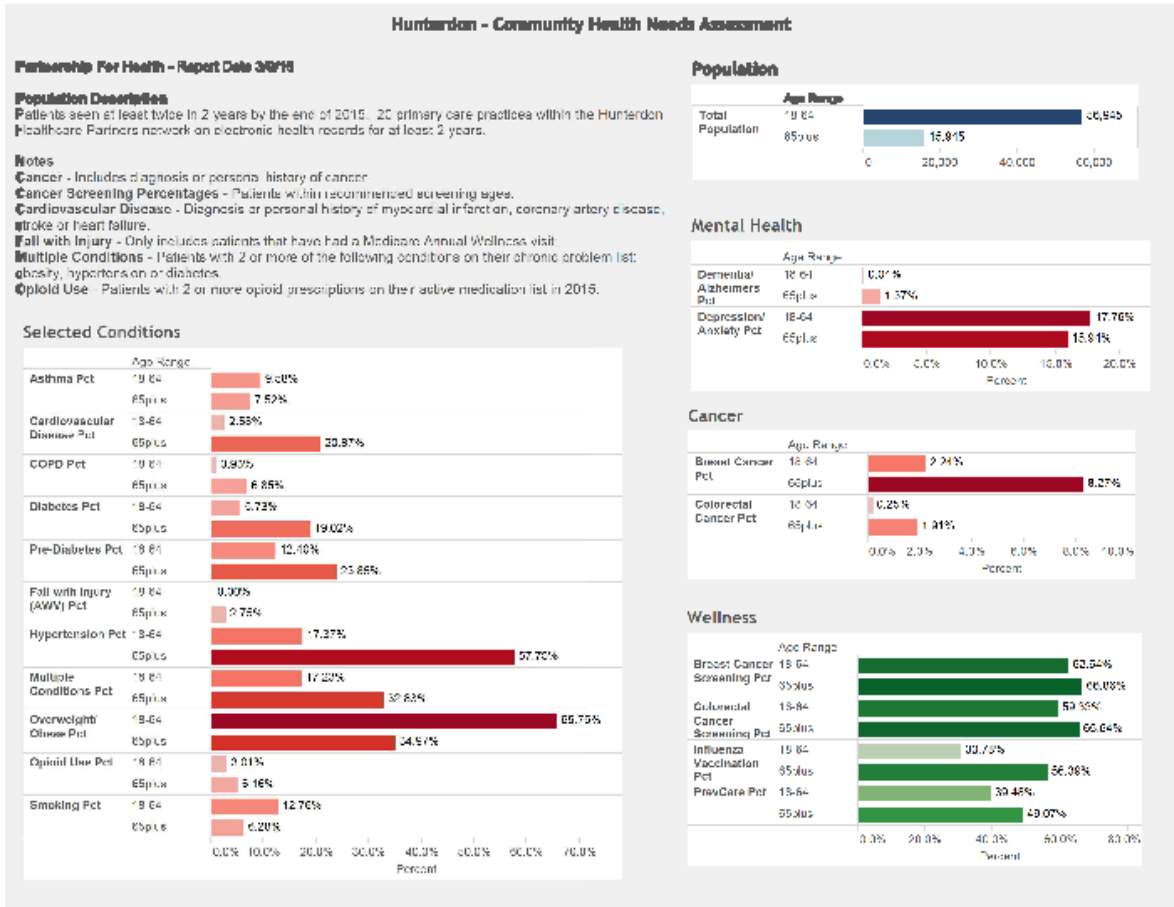
List of *Partnership for Health Members* continued

- Hunterdon Regional Cancer Center
- Hunterdon Regional Community Health
 - Hunterdon Hospice
 - Visiting Health and Supportive Services
 - Hunterdon Lifeline
 - Hunterdon Integrative Medicine
- Hunterdon and Mercer County Regional Chronic Disease Coalition
- Hunterdon Prevention Resources
- Latino Healthcare Access Committee
- NJ Cancer Education and Early Detection
- NJ SNAP- Ed
- Phillips Barber Family Health Center
- Raritan Valley Community College
- Readington Township Board of Health
- Rutgers Cooperative Extension Services
- Safe Communities Coalition of Hunterdon and Somerset County
- State of New Jersey- Department of Education
- Shoprite of Hunterdon County
- Templo Internacional de Restauracion
- United Way of Hunterdon County
- Zufall Health

APPENDIX B: County Health Rankings Model



APPENDIX C: Hunterdon CHNA Population Dashboard *(presented by Rose Puelle, PhD, Senior Director Population Health, Hunterdon Healthcare Partners)*

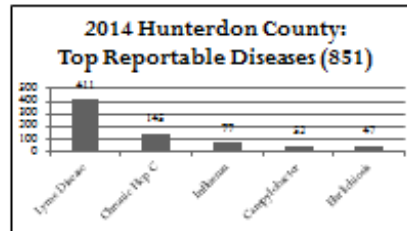
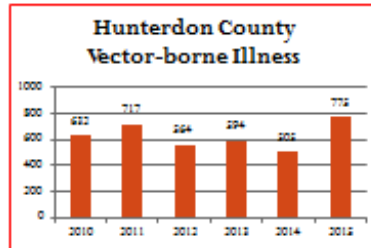


Reportable Communicable Disease

Communicable Disease

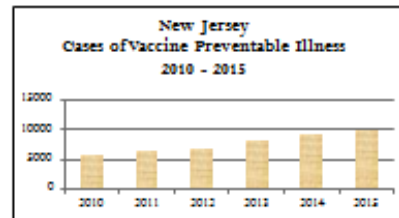
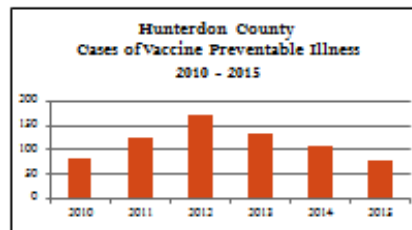
- Communicable Disease
 - Emerging Infectious Disease
 - International Travel
 - Community Effects
 - Hunterdon County
 - Vector-borne
 - Hepatitis C

• New Jersey Annual Immunization Status Reports, 2014-2015
 ** Hunterdon County Health Division 2015 School Audit Report



Vaccine-Preventable Illness

- Rate of Religious Exemptions in Hunterdon = 4% = 5,852 children*
**
- - Religious Exemption cited as reason for not vaccinating against Influenza in Hunterdon = 6.7%*



Hunterdon County Health Division

Transportation Barriers

- Maternal/Child Health
- Latino Health
- Aging Adult
- Public Health Preparedness



APPENDIX E: 2014 IRS 990 Narrative

Obesity:

Goal: Reduce the prevalence of obesity among Hunterdon County residents.

Measure: 1. Stop and eventually reverse the rising obesity trend
2. Increase number of participants in wellness and weight and diabetes management programs by 10%

Data Source: 1. Percentage of adults who have a BMI within the normal range (between 18.5 and 24.9) in Hunterdon Healthcare physician practices electronic health records (NextGen)
2. Number of adults participating in wellness and weight and diabetes management programs

To support community efforts we tracked the percentage of patients that have a BMI within a healthy weight range (adults and children). These numbers are shared quarterly with system administrative leadership, Boards, the Clinical Management Committee and the Population Health Committee. As part of a CMS CPCI (Comprehensive Primary Care Initiative) innovation project, seven primary care practices conducted nutrition education classes at their sites for patients identified as pre-diabetic in 2014. Ten Care Coordinators also assisted patients in addressing weight management as part of our Accountable Care programs. Static percentages across quarters in 2014 provided evidence that efforts may need to be refocused and/or expanded in 2015.

The Hunterdon Healthcare System supports the Partnership for Health (PFH), a county-wide initiative that involves more than 30 community service providers, agencies and organizations sharing a common interest in promoting and improving the health, well-being and quality of life of Hunterdon County residents. The PFH has four action teams, one concentrating on obesity. In 2014 the obesity action team participated in the Community Transformation Grant. A nutrition program was provided at 17 worksites, to approximately 200 employees throughout the county. The presentation improved awareness of healthy behaviors including portion size, increasing fruit and vegetable intake, increasing hydration, and preparing healthy lunches.

In 2014 Hunterdon Healthcare System offered employee wellness rewards to those who attended a 2 part Healthy Plate, Healthy Weight program that provided information on healthy eating strategies to approximately 150 employees. All employees can also take advantage of discount gym memberships and an on-site weight management program. A salad bar and healthy options are offered in the employee cafeteria.

The Center for Nutrition and Diabetes Management, part of the Hunterdon Healthcare System, provides nutrition education to patients with diabetes. Eighty percent of patients with diabetes are obese. In 2014, the number of individual counseling sessions increased for pediatric and adult obesity while the number of diabetes patients decreased. Although we did not reach our goal of a 10% increase in participants of the wellness and weight and diabetes management programs, we did have more people participate in 2014 than in 2013. Patient's issues with insurance coverage and high deductibles affect our patient volumes. We also experienced a decrease in our diabetes educator staff. The

number of pre-diabetes patients counseled was relatively stable. We have established group education classes to meet the needs of diabetic patients with less nursing staff, making these services more affordable and accessible to all.

Obesity/overweight continues to be a challenge in Hunterdon County and throughout New Jersey, and the nation. Moving forward into 2015 the obesity action team is addressing four areas to make an impact on the obesity rates in Hunterdon County: worksite wellness, school wellness, food access, and breastfeeding. They will address policy change and changes in environment that they hope will provide sustainable models for reducing obesity through these venues and the county.

Substance Abuse:

Goal: Reduce the prevalence and incidence of substance abuse among Hunterdon County residents.

Measure: Reduce Substance Abuse by 5%

Data Source: Increase number of completed inpatient Addiction Treatment Consults

The number of inpatient consults conducted by Hunterdon Medical Center's Behavioral Health Practitioners was slightly lower in 2014(330 consults) as compared to 2013 (346 consults). This result is directly related to a decrease in the number of Addiction Treatment Staff during the third quarter. The staff vacancy was filled and changes made to the current staff's schedules allowed for more consult time. The 2015 numbers are on target to exceed the 2013 baseline.

Latino Health Disparity & Prenatal Care:

Goal: Reduce health disparities among the Latino population in Hunterdon County

Measure:

1. Increase number of Latino mothers attending group prenatal care program
2. Increase the proportion of Latino mothers receiving early and adequate prenatal care
3. Increase the number of Latinos participating in health education workshops
4. Increase percentage of Latinos receiving age-appropriate cancer screening

Data Source:

1. Number of Latino mothers attending the group prenatal care program at Phillips Barber
2. Percentage of pregnant Latino women receiving prenatal care in their first trimester
3. Number of adult Latinos participating in health education workshops
4. Percentage of Latinos who have had a mammogram in the past 2 years

The Latino Prenatal Group Visit program was successful this past year in providing access to care for prenatal care. The program provided transportation to Phillips Barber physician practice at no cost (grant funded) to the participants. The number of participants nearly doubled from 2013 to 2014, from 31 to 60 mothers attending the program.

In 2014 the number of Latino women receiving prenatal care during their first trimester and delivering at Hunterdon Medical Center was 70% compared to 82% in 2013. There are many factors that may have been the reason for this decrease. One of the factors is the increase of Latino mothers arriving to the country and our area later in their pregnancies. This is a general shift in the demographics of the Latino population in our area.

The designation of Phillips Barber as a Centering Pregnancy site and the diligent work of our Public Health Nurses, Social Services, WIC, and the medical director of this program and her staff have made tremendous strides in this area. Their services are well known throughout the community. However, the current trend of pregnant Latino women arriving to the community later in their pregnancies is a factor that has and will decrease our percentages.

The Hunterdon Regional Cancer Center at Hunterdon Medical Center facilitates the Hunterdon NJ CEED (Cancer Education and Early Detection) program. The successes of this program were achieved due to the commitment of CEED staff to provide Breast, Cervical, Colorectal, and Prostate Cancer education and screening enrollment to Hunterdon County's uninsured and underinsured Latino residents. The CEED staff is linguistically and culturally competent providing bilingual education programs. Through collaboration with local businesses, non-profit organizations, healthcare providers, local government agencies and faith-based organizations they were able to increase participation in the Latino health education workshops to 303 people in 2014 compared with 198 in 2013. They will continue to work with many community organizations in order to further engage the Latino community.

Aging Related Issues:

Goal: Improve the health, function and quality of life of seniors living in Hunterdon County

Measures:

1. Increase the percentage of seniors who seek preventive care.
2. Increase the percentage of seniors who have completed an Advance Directive.
3. Increase hospice utilization.
4. Increase average daily census of Brideside Adult Day Center.

Data Source:

1. Percentage of adults 65 years and older who receive an Annual Wellness Visit or Annual Physical Exam
2. Percentage of adults 65 years and older who have a scanned Advance Directive in their EHR.
3. Number of completed hospice consults
4. Number of enrolled Brideside clients

1. Adult Wellness Exams/Annual Physicals

In 2014 all primary care practices were using our CareSentry population management technology. This software enabled physicians to receive status reminders real-time during the patient appointment. For example, if they were due for an annual physical or a flu shot this would come up as an alert. Patients age 65 and above were encouraged to schedule wellness

visits and address preventative care. Pre-visit planners reached out to patients prior to those visits to stimulate patient engagement. While in the waiting room, patients are provided a Pre-visit Health Review that includes their status for a wellness visit. Patients are provided Adult Wellness Visit (AWV) and Annual Physical forms prior to a scheduled visit. The Director of Population Health talked about keeping healthy and the Medicare Annual Wellness visit during a radio show in February of 2014. With all of these efforts the percentages of patients 65 and over having an Adult Wellness Visit or Annual Physical increased from a baseline of 28% in 2013 to 37% by the end of 2014. Efforts will be expanded in 2015 to include additional age categories and methods of patient engagement.

2. Advance Directives

The percentage of patients age 65 and above with a scanned Advance Directive in the out-patient electronic health records system was tracked and included on the newly created Population Health Dashboard. The Dashboard was shared with system administrative leadership, Boards, the Clinical Management Committee and the Population Health Committee. A Pre-visit Planning Worksheet was developed in 2014 that includes Advance Directives. If no document is present in the EHR, an Advanced Directive template is provided to the patient during the well visit. During 2014 the percentage of scanned Advance Directives increased from 6% to 10%. Efforts in 2015 will focus on expanded educational opportunities for physicians on methods to address advanced illness planning.

3. Hospice Utilization

Hunterdon Hospice Inc., a member of the Hunterdon Healthcare System, increased hospice utilization from 344 admissions in 2013 to 376 admissions in 2014. The increase in admissions is related to an increase in physician referral as well as family self-referral. Although we saw an increase in referrals, short lengths of stay are associated with late physician referral and family hesitancy. As we move forward we are developing an online tool kit for physicians to utilize while meeting with patients and families to aide in the discussions regarding end of life care and help facilitate the referral process.

4. Brideside Census

Brideside fell slightly under goal in terms of participant volume in 2014 primarily due to two factors: transportation and increased discharges. Hunterdon is a rural county and transportation is a challenge for many people but especially seniors. Securing affordable and appropriate transportation is not always feasible. Public transportation is a particular hardship for our clients who suffer from Dementia and Alzheimer's. We have recently secured private funding to purchase a van and provide our clients with door to door transportation. This should address our transportation issue moving forward.

Brideside also experienced a shorter length of stay. While "Welcome Visits" and enrollments remained relatively steady, the discharge rate increased. The trend in 2014 was that families were waiting until closer to "crisis mode" to enroll their loved one at Brideside. Therefore, the length of time that they were appropriate for Brideside or within the criteria for social day care was shorter. Through continuing efforts to educate the community about our services and the benefits of earlier enrollment we hope to increase our census.

APPENDIX F: 2015 IRS 990 Narrative

Obesity:

Goal: Reduce the prevalence of obesity among Hunterdon County residents.

Measure: 1. Stop and eventually reverse the rising obesity trend
2. Increase number of participants in wellness and weight and diabetes management programs by 10%

Data Source: 1. Percentage of adults who have a BMI within the normal range (between 18.5 and 24.9) in Hunterdon Healthcare physician practices electronic health records (NextGen)
2. Number of adults participating in wellness and weight and diabetes management programs

To support community efforts we tracked the percentage of patients that have a BMI within a healthy weight range (adults and children). These numbers are shared quarterly with system administrative leadership, Boards, the Clinical Management Committee and the Population Health Committee. As part of a CMS CPCI (Comprehensive Primary Care Initiative) innovation project, seven primary care practices conducted nutrition education classes at their sites for patients identified as pre-diabetic in 2014. Ten Care Coordinators also assisted patients in addressing weight management as part of our Accountable Care programs. Static percentages across quarters in 2014 provided evidence that efforts needed to be expanded. In 2015 the percentage of adult patients within a healthy weight range was shared quarterly with the Hunterdon County Partnership for Health.

The Hunterdon Healthcare System supports the Partnership for Health (PFH), a county-wide initiative that involves more than 50 community service providers, agencies and organizations sharing a common interest in promoting and improving the health, well-being and quality of life of Hunterdon County residents. The PFH has four action teams, one concentrating on obesity. In 2015 the obesity action team worked with food pantries to solicit healthier donations with an emphasis on low-sodium and low-sugar options. They also provided cooking demonstrations and recipes so that food pantry patrons could learn how to incorporate the available fresh produce donated by local farmers into their family meals. This was particularly helpful when the patrons were not used to eating certain vegetables or their culture was not familiar with how to cook them.

The Obesity Action Team also started conversations with the Hunterdon County Chamber of Commerce to work on a workforce wellness program. This Healthy Hunterdon Workforce Initiative will help to bring the concept of “making the healthy choice the easy choice” to businesses throughout the county. By stressing how small changes can make a big impact on health, we hope to improve the health of employees throughout the workforce. The program rolled out in January of 2016.

In 2015, Hunterdon Healthcare System offered employee wellness rewards to those who attended a 2 part Healthy Plate, Healthy Weight program that provided information on healthy eating strategies to approximately 175 employees. In addition,

employees had access to an on-site Weight Watchers program conducted during the lunch hour. If employees exercised at least 3 times per week in at least 30-minute increments, they would also qualify for wellness rewards. All employees can also take advantage of discount gym memberships and an on-site weight management program, in addition to a campus Walking Map, which outlines a variety of "trails" employees can walk around campus during their lunch break . A salad bar and healthy options are offered in the employee cafeteria.

The Center for Nutrition and Diabetes Management, part of the Hunterdon Healthcare System, provides nutrition education to patients with diabetes. Eighty percent of patients with diabetes are obese. In 2015, the number of diabetes patients increased while the number of pediatric and adult obesity patients decreased. Although we did not reach our goal to maintain the number of total referrals in 2015, 1541 referrals were made to our center resulting in 4,190 appointments which include both diabetes patients and nutrition patients. Patient issues with insurance coverage and high deductibles continue to affect our patient volume as well as the retirement of a part time 21 hour per week nurse educator who was replaced with a per diem nurse educator. The number of prediabetes patients continues to remain consistent but we are seeing an increase in commercial insurances that are beginning to cover a prediabetes diagnosis. We continue to offer and fill diabetes group education classes to meet the needs of patients with diabetes with less nursing staff, making these services more accessible to all.

Obesity /overweight continues to be a challenge in Hunterdon County, New Jersey and the nation. Moving forward in 2016, our center will continue to be involved in the Partnership for Health specifically the Lifestyle/Behavior Action Team.

Substance Abuse:

Goal: Reduce the prevalence and incidence of substance abuse among Hunterdon County residents.

Measure: Reduce Substance Abuse by 5%

Data Source: Increase number of completed inpatient Addiction Treatment Consults

The number of inpatient consults conducted by Hunterdon Medical Center's Behavioral Health Practitioners was higher in 2015 (517 consults) as compared to 2014 (330 consults). This result is directly related to an increase in the number of Addiction Treatment Staff. The staff vacancies from 2014 were filled and changes made to the current staff's schedules allowed for more consult time.

Latino Health Disparity & Prenatal Care:

Goal: Reduce health disparities among the Latino population in Hunterdon County

Measure: 1. Increase number of Latino mothers attending group prenatal care program
2. Increase the proportion of Latino mothers receiving early and adequate prenatal care
3. Increase the number of Latinos participating in health education workshops
4. Increase percentage of Latinos receiving age-appropriate cancer screening

Data Source: 1. Number of Latino mothers attending the group prenatal care program at Phillips Barber
2. Percentage of pregnant Latino women receiving prenatal care in their first trimester
3. Number of adult Latinos participating in health education workshops
4. Percentage of Latinos who have had a mammogram in the past 2 years

The Latino Prenatal Group Visit program was successful this past year in providing access to care for prenatal care. The program provided transportation to Phillips Barber physician practice at no cost (grant funded) to the participants. In 2015, the number of Latino women receiving prenatal care during their first trimester and delivering at Hunterdon Medical Center was 72% compared to 70% in 2014. The designation of Phillips Barber as a Centering Pregnancy site and the diligent work of our Public Health Nurses, Social Services, WIC, and the medical director of this program and her staff have made tremendous strides in this area. Their services are well known throughout the community. However, the current trend of pregnant Latino women arriving to the community later in their pregnancies is a factor that may decrease our percentages moving forward.

The Hunterdon Cancer Education and Early Detection (CEED) Grant program is located at the Hunterdon Regional Cancer Center at Hunterdon Medical Center. One of the program's initiatives is educating community members on prevention and early detection of Breast, Cervical, Colorectal, and Prostate Cancer, specifically to populations who are uninsured or under insured. During 2015, CEED staff partnered with local community based organizations, healthcare providers, local government agencies and businesses to provide linguistically and culturally competent programs to 346 Latino residents. This outreach increased from our 2014 efforts where 303 Latino residents attended. Moving into 2016, the CEED program will continue to work with many community organizations in order to further engage the Latino community.

Aging Related Issues:

Goal: Improve the health, function and quality of life of seniors living in Hunterdon County

Measures: 1. Increase the percentage of seniors who seek preventive care.
2. Increase the percentage of seniors who have completed an Advanced Directive.
3. Increase hospice utilization.

4. Increase average daily census of Briteside Adult Day Center.

Data Source:

1. Percentage of adults 65 years and older who receive an Annual Wellness Visit or Annual Physical Exam
2. Percentage of adults 65 years and older who have a scanned Advance Directive in their EHR.
3. Number of completed hospice consults
4. Number of enrolled Briteside clients

1. **Adult Wellness Exams/Annual Physicals**

In 2015 all primary care practices continue to use CareSentry population management technology. This software enabled physicians to receive status reminders real-time during the patient appointment. For example, if they were due for an annual physical or a flu shot this would come up as an alert. Patients age 65 and above were encouraged to schedule wellness visits and address preventative care. Pre-visit planners reached out to patients prior to those visits to stimulate patient engagement. While in the waiting room, patients are provided a Pre-visit Health Review that includes their status for a wellness visit. Patients are provided Adult Wellness Visit (AWV) and Annual Physical forms prior to a scheduled visit. With all of these efforts the percentages of patients 65 and over having an Adult Wellness Visit or Annual Physical increased from a baseline of 37% in 2014 to 48% by the end of 2015.

2. **Advance Directives**

The percentage of patients age 65 and above with a scanned Advance Directive in the out-patient electronic health records system was tracked and included on the newly created Population Health Dashboard. The Dashboard was shared with system administrative leadership, Boards, the Clinical Management Committee and the Population Health Committee. A Pre-visit Planning Worksheet was developed in 2014 that includes Advance Directives. If no document is present in the EHR, an Advanced Directive template is provided to the patient during the well visit. During 2015 the percentage of scanned Advance Directives increased from 10% to 11%. Efforts in 2015 focused on expanding educational opportunities for physicians on methods to address advanced illness planning. An End-of-Life Summit was held on March 11, 2015 and an End-Of-Life Tool Kit was created to assist physicians and other health care workers become more comfortable with end of life discussions.

3. **Hospice Utilization**

In 2015, Hunterdon Hospice, Inc. a member of the Hunterdon Healthcare System, experienced a 12% increase in utilization over 2014. Although the number of admissions decreased from 376 in 2014 to 322 in 2015, patient's length of stay was longer so overall utilization increased. An End of Life summit held by Hunterdon Medical Center in March 2015 led to the identification of barriers experienced by Hunterdon Health care System physicians in accessing hospice services. Barriers include "not having the words" to have a conversation with a family and not knowing when to refer to hospice services and having difficulty knowing the

differences between hospice and palliative care. Hunterdon Hospice, Inc., a member of the Hunterdon Healthcare System helped create an on-line tool kit for physicians to utilize while meeting with patients and families to aide in the discussions regarding end of life care as well as having guidelines as to when to refer a patient for an evaluation or admission to hospice. As we move forward, Hunterdon Hospice staff is actively involved in educating physicians about this new tool and facilitating the referral process.

4. **Briteside Census**

Briteside fell slightly under goal in terms of participant volume in 2015 primarily due to increased discharges. Securing the Briteside van and providing transportation has helped us to reach those in rural areas and add participants that would not otherwise be able to attend. However, even with the van we are still experiencing a shorter length of stay. New client “welcome visits”, did increase from the year prior by 12%, meaning admissions into Briteside increased compared to 2014, but families are now waiting until a crisis to take advantage of our service. This means their length of stay tends to be shorter, making for a high turnover at Briteside.

We are unable to sustain advanced care. Our bathroom stalls are not suited for assistance, therefore any participant who is non-weight bearing or needs assistance with toileting must be discharged. We do not offer shower service for incontinence, which is also a challenge for seniors. Our rate of discharge was increasing thus surpassing our admission rate. Participants fell out of criteria and eligible for discharge primarily due to staff inability to tend to care needs in our current location.

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