Community Health Needs Assessment

2015 FINAL SUMMARY REPORT

HackensackUMC Mountainside

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EXECUTIVE SUMMARY

Beginning in August 2015, HackensackUMC Mountainside undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area within Essex County in New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing county residents. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. HackensackUMC Mountainside contracted with Holleran, a research firm based in Lancaster, Pennsylvania, to execute this project.

The completion of the CHNA enabled HackensackUMC Mountainside to take an in-depth look at its community. The findings from the assessment were utilized by HackensackUMC Mountainside to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. HackensackUMC Mountainside is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

CHNA Components
  ➢ Secondary Data Research
  ➢ Key Informant Interviews
  ➢ Prioritization Session
  ➢ Implementation Plan

Key Community Health Issues
HackensackUMC Mountainside, in conjunction with community partners, examined the findings of the Secondary Data and Key Informant Interviews to select Key Community Health Issues. The following issues were identified:
  ➢ Access to Care
  ➢ Chronic Disease Management
  ➢ Mental Health
  ➢ Obesity

Prioritized Community Health Issues
Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, HackensackUMC Mountainside plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:
  ➢ Chronic Disease Management
  ➢ Mental Health

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COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Driven by its mission to care for, cure and nurture the sick and injured, HackensackUMC Mountainside has delivered exceptional and compassionate patient care for Montclair and its surrounding New Jersey communities since 1891. HackensackUMC Mountainside offers a wide array of medical services and programs ranging from its state-of-the-art emergency center to its nationally recognized weight-loss surgery program and its comprehensive cancer center.

HackensackUMC Mountainside operates 365 hospital beds and is staffed by world-class physicians. Mountainside Hospital is designated as a Primary Stroke Center by the New Jersey State Department of Health and Senior Services. Honors include being listed as one of America's safest hospitals on Forbes.com. It has also been repeatedly recognized for outstanding customer satisfaction by Press Ganey – an organization that tracks customer satisfaction scores for hospitals.

Community Overview

HackensackUMC Mountainside defined its current service area based on an analysis of the geographic area where individuals utilizing its services reside. The primary service area included the following seven municipalities: Bloomfield Township, Montclair Township, Cedar Grove Township, Caldwell Borough, Nutley Township, Upper Montclair Township, and Glen Ridge Borough.

Methodology

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

➢ A <u>Statistical Secondary Data Profile</u> depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Essex County, New Jersey was compiled.

➢ <u>Key Informant Interviews</u> were conducted with 50 community leaders and partners between August and September 2015. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, public schools, and the business community.

Research Partner

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

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

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Community Representation

Community engagement and feedback were an integral part of the CHNA process. HackensackUMC Mountainside sought community input through key informant interviews with community leaders and partners, an online community member survey available to all residents, and inclusion of community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

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

Prioritization of Needs

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

SECONDARY DATA PROFILE OVERVIEW

Background

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

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

The profile details data covering the following areas:
  ➢ Demographic/Socioeconomic Statistics
  ➢ Mortality & Morbidity Statistics
  ➢ Maternal & Child Health Statistics
  ➢ Sexually Transmitted Illness & Communicable Disease Statistics
  ➢ Mental Health Statistics
  ➢ Environmental Health

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Secondary Data Profile Key Findings

The following section highlights the key takeaways from the Secondary Data Profile. A full report of the findings is available through HackensackUMC Mountainside.

Demographic Statistics

According to U.S. Census Bureau 2009-2013 estimates, the total population in the primary service area (PSA) is 159,276, a decrease of 0.4% since 2000. The vast majority of residents identify their race as White (76.0%), which closely mirrors that of the state's and the nation's racial makeup.

The racial breakdown of the primary service area provides a foundation for primary language statistics. Three-fourths of residents speak English as their primary language. As shown in Figure 1, the percentage of the population who speak a language other than English is lower in the primary service area when compared to the state, but is slightly higher than the nation.
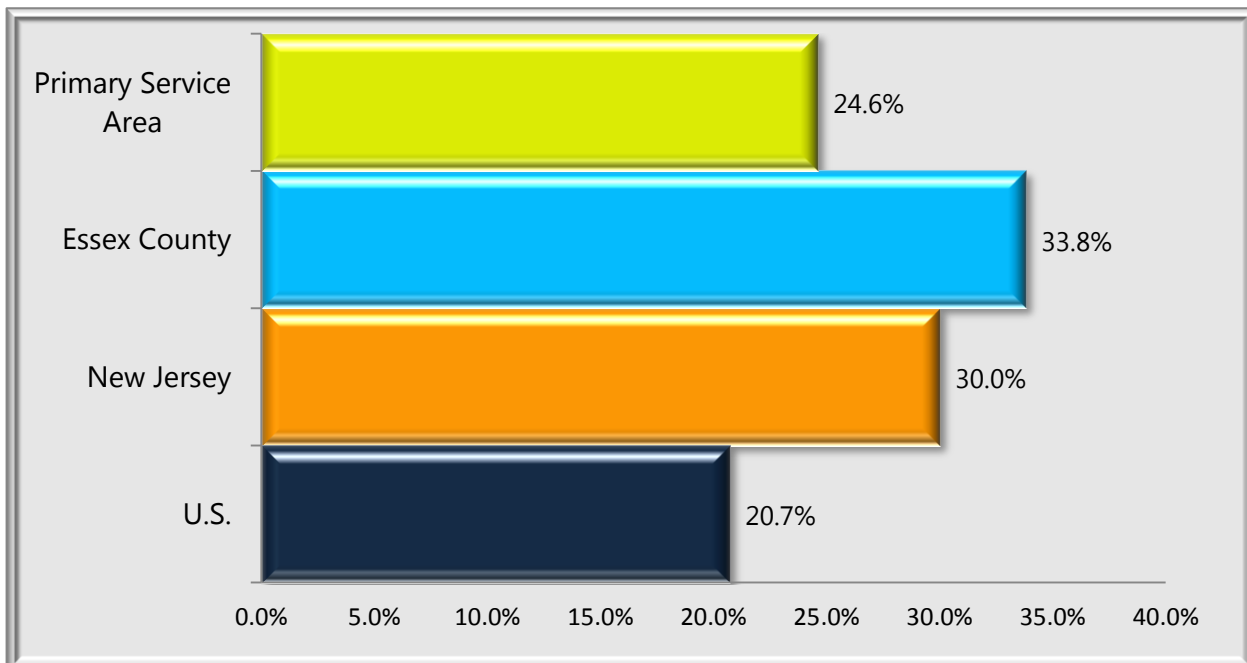

Figure 1. Percentage of population speaking a language other than English at home, 2009 – 2013

The median age in the primary service area is 40.4, indicating a slightly older population when compared to the state and the nation (39.1 and 37.3 respectively). In regard to marital status, residents in the primary service area, ages 15 years and over, are more likely to be currently married and living together (50.8%) and less likely to be separated or divorced when compared to residents across New Jersey and the nation.

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Table 1. Marital Status, 15 Years and Over (2009 - 2013)

	U.S.	New Jersey	Essex County	Primary Service Area
Never married	32.2%	33.5%	42.5%	33.5%
Now married, except separated	48.8%	49.6%	39.4%	50.8%
Separated	2.2%	2.0%	3.2%	1.7%
Widowed	6.0%	6.4%	6.2%	6.1%
Divorced	10.8%	8.5%	8.7%	8.0%

Source: American Community Survey 5-Year Estimates (2009 - 2013)

The median home value in the PSA ($447,738) is significantly higher than the median value across the state ($327,100) and the national median value ($176,700). The proportion of home owners spending more than 30% of their income on housing is higher in the service area (41.8%) when compared to New Jersey (40.3%) and especially the nation (28.7%).

The average cost to rent a household in the service area ($1,309) is higher than New Jersey ($1,172) and the nation ($904). However, the percentage of renters spending more than 30% of their income on housing (47.4%) is notably lower when compared to New Jersey (53.9%) and the nation (52.3%).
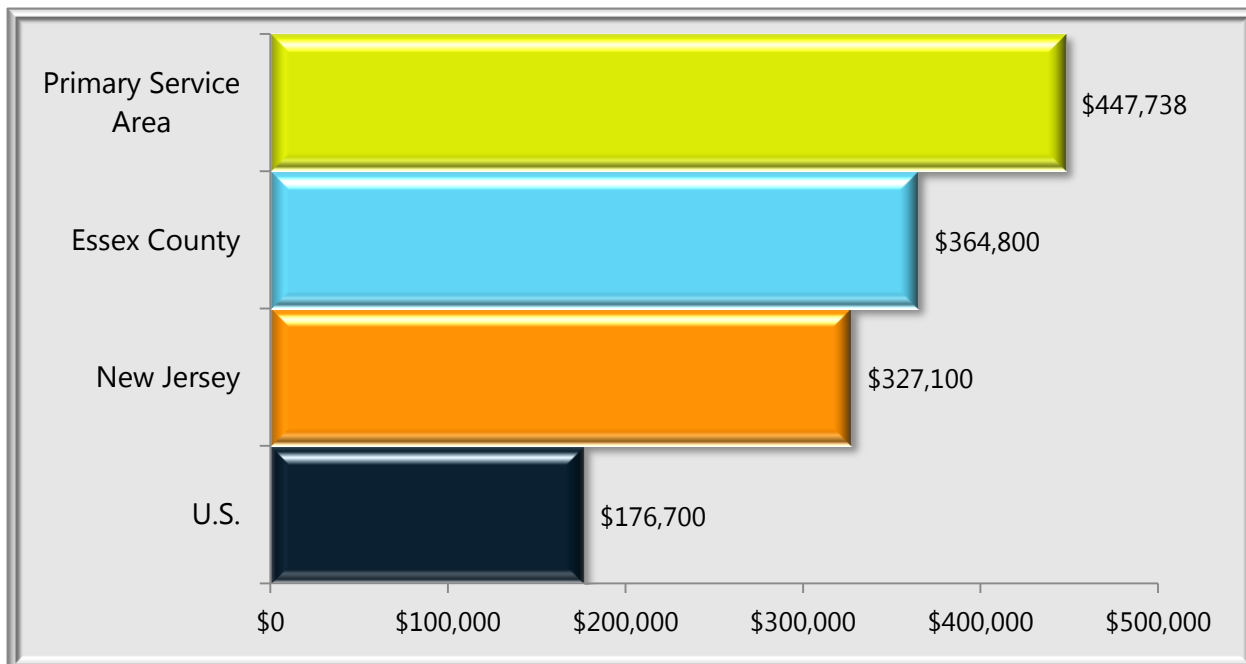

Figure 2. Median value for owner-occupied units, 2009 – 2013

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The median income for households and families in the primary service area ($91,745 and $114,385 respectively) is notably higher than across all of New Jersey ($71,629; $87,347) and the nation ($53,046; $64,719). However, when comparing male and female earnings for full-time, year-round workers, the gap in the median earnings for men and women in the primary service area is notably higher than the gap in the state and the nation. The difference is highlighted in Figure 3 below.
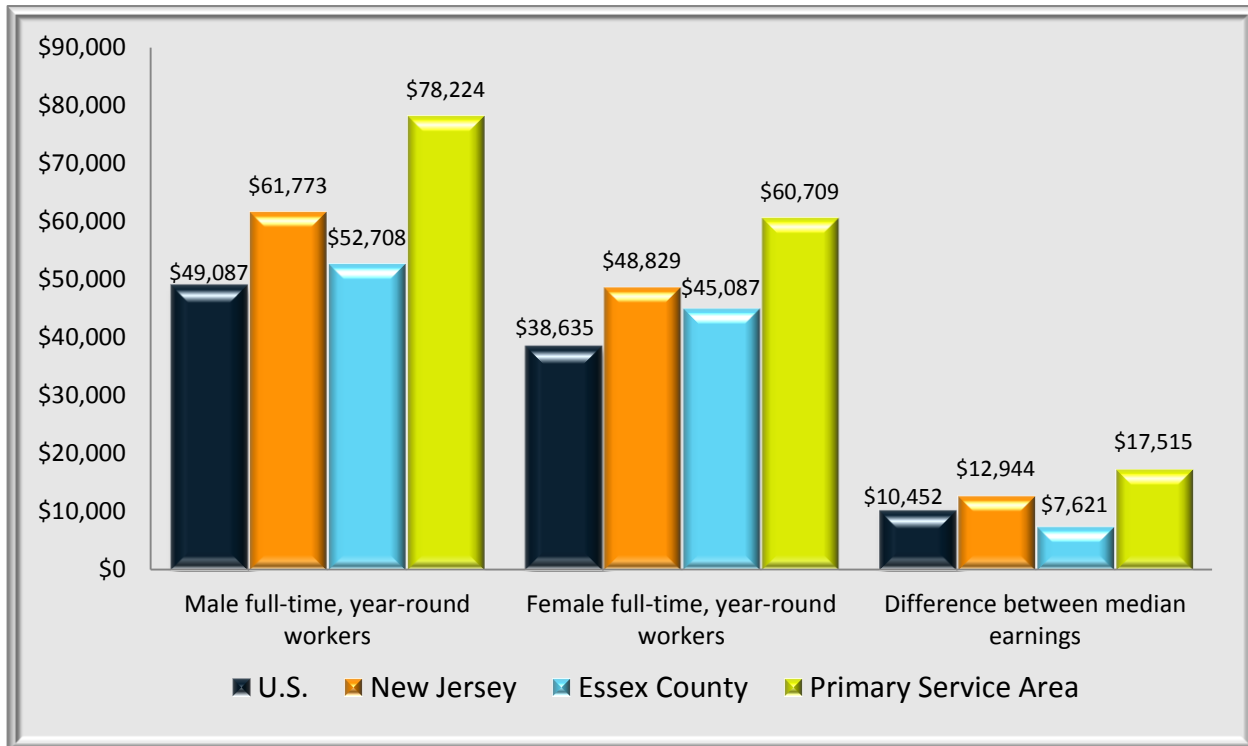

Figure 3. Median income earning difference by gender, 2009 - 2013

Residents in the primary service area are less likely to live below the poverty level when compared to residents across New Jersey and the nation. In the primary service area, only 4.1% of all families and 5.9% of all people live below the poverty level, compared to 7.9% and 10.4% respectively in New Jersey and 11.3% and 15.4% respectively in the U.S. In addition, the percentage of female-headed households living below the poverty level is substantially lower in the service area than in New Jersey and the nation.

A lower percentage of households in the primary service area received food stamp/SNAP benefits in the past 12 months (3.3%) when compared to the state (7.8%) and the nation (12.4%). However, households in the primary service area with one or more people 60 years and older are more likely to receive food stamps (50.0%) when compared to their counterparts in New Jersey (31.4%) and the nation (26.0%).

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Table 2. Households Receiving Food Stamps/SNAP Benefits in the Past 12 Months (2009 - 2013)

	U.S.	New Jersey	Essex County	Primary Service Area
Families living below poverty level	11.3%	7.9%	13.6%	4.1%
Individuals living below poverty level	15.4%	10.4%	16.6%	5.9%
Households receiving food stamps/SNAP in the past 12 months	12.4%	7.8%	14.6%	3.3%
Households with one or more people 60 years and over receiving food stamps	26.0%	31.4%	27.5%	50.0%

Source: American Community Survey 5-Year Estimates (2009 - 2013)

According to the U.S. Census estimates (2009-13), the unemployment rate in the primary service area is 8.1%, and is lower than both the state's (10.1%) and the nation's (9.7%) unemployment rate. Of the residents who are employed, the majority work in management, business, science, and arts and are private sector wage and salary workers. The average travel time to work for residents in the primary service area is 32.4 minutes.

Education is an important social determinant of health. It is well documented that individuals who are less educated tend to have poorer health outcomes. High school graduation rates and educational attainment rates for higher education in the primary service area are substantially higher than the state and nation. Approximately 93% of adults in the Primary Service Area have a high school diploma or higher degree while 50.7% have a bachelor's degree or higher. This is in comparison to New Jersey (88.1%; 35.8%) and the nation (86.0%; 28.8%).
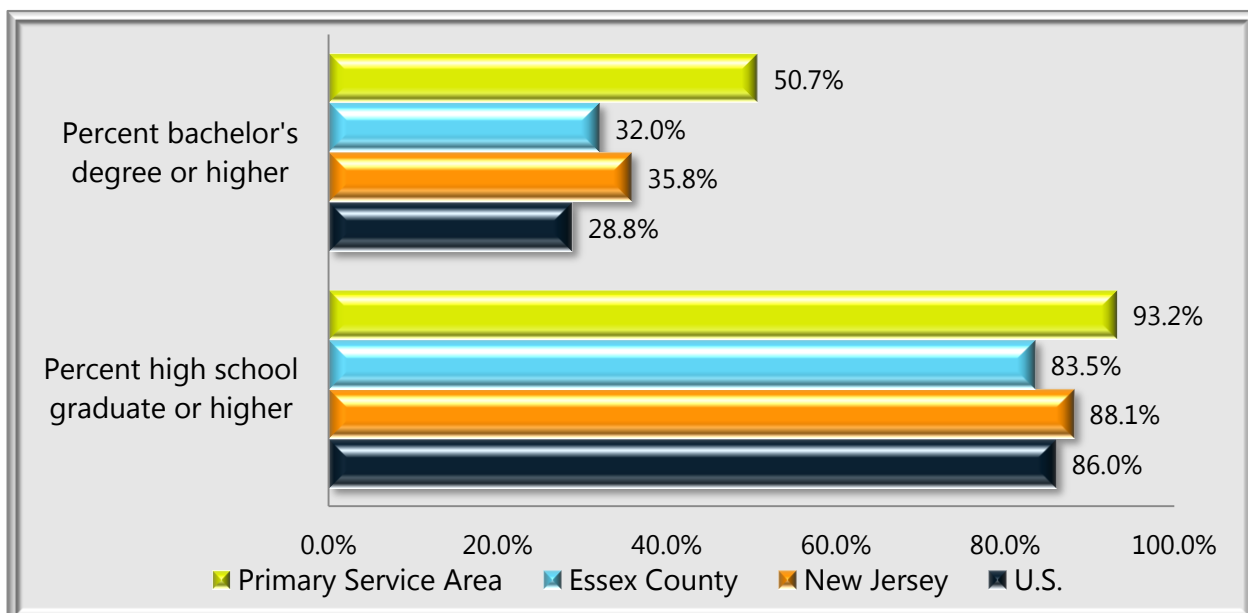

Figure 4. Educational attainment for population 25 years and older, 2009 - 2013

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Health Insurance Coverage and Health Care Access

Health insurance coverage can have a significant influence on health outcomes. According to the U.S. Census Bureau (2009-13) estimates, the percentage of residents in the primary service area who have health insurance coverage (92.0%) is higher compared to New Jersey (87.0%) and the nation (85.0%).

Health Status Indicators

This section highlights existing health statistics on maternal and infant health as well as morbidity and mortality rates in the general population. However, data could not be found at the primary service area level. Therefore, comparisons have been provided at the county, state and national levels only for the remainder of the report.

Mortality Rates

The crude death rate for all causes per 100,000 is lower in Essex County (749.2) than in New Jersey (792.2) and the nation (821.5).

Maternal and Child Health

In Essex County, the overall low birth weight percentage (10.1%) is higher than that of New Jersey (8.4%), the nation (8.0%), and the Healthy People 2020 goal (7.8%). Essex County's very low birth weight percentage (2.3%) is also higher when compared to the state and the nation and falls short of the Healthy People 2020 goal of 1.4%.

Another noteworthy indicator of maternal and child health is the proportion of mothers receiving prenatal care in the first trimester, and is notably lower in Essex County (68.0%) than in New Jersey (78.6%) and the Health People 2020 goal of 77.9%.

The teen birth rate per 1,000 population is notably higher in Essex County (34) when compared to New Jersey (22) and the National Benchmark of 20.

Sexually Transmitted and Communicable Diseases

The incidence of Chlamydia cases per 100,000 is notably higher in Essex County (664.8) when compared to the state (307.6) and the nation (446.6).

Cancer Statistics

Cancer Incidence and Mortality Rate

Women in Essex County are less likely to be diagnosed with breast cancer (118.2) when compared to their counterparts in New Jersey (127.3) and the nation (122.7).

The overall cancer mortality rate is lower for Essex County (153.7) than for New Jersey (164.7) and the nation (163.2).

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Chronic Conditions Statistics

Residents in Essex County are more likely to report having been diagnosed with Asthma (15.7%) when compared to their counterparts in New Jersey (12.4%).

The age-adjusted rate for hospitalization due to asthma is notably higher in Essex County (23.7) when compared to the state (15.4).

Chronic Conditions among Medicare Beneficiaries

Among Medicare beneficiaries aged 65 years and over, the three most common chronic conditions among Essex County beneficiaries are hypertensions, hyperlipidemia (elevated level of lipids or fats in the blood) and ischemic heart disease. Generally speaking, the percentage of Medicare beneficiaries in Essex County with a given chronic condition is slightly higher or equitable to the state and the nation.

In addition, among the beneficiaries, 28.2% had hospital readmissions for six or more chronic conditions in Essex County, which is slightly higher when compared to the state (25.0%) and the nation (24.1%).

County Health Rankings

- Residents in Essex County are more likely to die prematurely (7,211 per 100,000) when compared to residents in New Jersey and the National Benchmark (5,558 and 5,200 respectively).
- The percentage of residents who report having poor or fair health in general (17%) is higher in Essex County than that of New Jersey (15%) and the National Benchmark (10%).
- The proportion of Essex County adults who were obese (27%) and physically inactive (27%) is higher in Essex County than in New Jersey and the National Benchmark.
- Essex County adults received lower rankings compared to New Jersey and the National Benchmark for physical inactivity and obesity despite having better access to exercise opportunities. Twenty-seven percent of all Essex County adults are either obese and/or not exercising.
- Essex County adults also have lower rankings compared to New Jersey and the National Benchmark for drinking excessively.
- In regards to social and economic factors, Essex County has a notably lower ranking for children living in poverty and children in single-parent households when compared to the state and the National Benchmark.
- Violent crime rates were substantially higher in Essex County (974 per 100,000) when compared to New Jersey (302) and the National Benchmark (59).

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KEY INFORMANT INTERVIEW

Background

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

Holleran staff worked closely with HackensackUMC Mountainside to identify key informant participants and to develop the Key Informant Survey Tool. A copy of the questionnaire can be found in Appendix B. The questionnaire focused on gathering qualitative feedback regarding perceptions of community needs and strengths across three key domains:
  ➢ Key Health Issues
  ➢ Health Care Access
  ➢ Challenges & Solutions

A total of 50 key informants completed the survey between August and September 2015. The largest percentage of informants were affiliated with Health Care/Public Health sector (36.7%), followed by non-profit/Social Services/Aging Services (26.5%). Key informants serve and represent HackensackUMC Mountainside's service areas, but over two-thirds of respondents represented Montclair Township.

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

Key Health Issues

The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top five health issues that they perceived as being the most significant. The five issues that were most frequently selected were: Heart Disease, Overweight/Obesity, Diabetes, Cancer, and Mental Health/Suicide.

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

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

Rank	Key Health Issue	Percent Of Respondents Who Selected The Issue
1	Heart Disease	80.0%
2	Overweight/Obesity	76.0%
3	Diabetes	66.0%
4	Cancer	60.0%
5	Mental Health/Suicide	54.0%

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An "Other" option was provided to allow respondents to select an issue that was not on the list. Other key health issues that were specified include: Health Services to People with Disabilities, Insomnia/Sleep Issues, Medication Compliance, Motor Vehicle Accidents, Pulmonary Issues, and Metabolic Syndromes.

Respondents also shared additional information regarding the health issues they selected. A verbatim summary of select comments are highlighted below.

Select Comments Related to Key Health Issues:

> "I feel that due to lack of access to care and so many community members being underinsured or uninsured, community members are suffering and unable to receive quality health care. There are many health/medical issues that these communities face and unfortunately do to economic status, they are unable to get the proper care they need and deserve."
> "There seems to be a cascade of health issues that stem from the ongoing epidemic of obesity in adults and children."
> "Access to health care professionals with knowledge of the complexities that the issue of a disability brings to situation is a desperate need as this population grows in community settings."
> "Obesity contributes to diabetes and heart disease and we don't have good tools for it."
> "It's very hard to choose a number one, I believe Obesity contributes to other diseases listed, my runner up would be substance abuse and suicide prevention because I think that is a problem facing many youth in the community."

Health Care Access

Availability of Services

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

As illustrated in Table 2, availability of providers accepting Medicaid and Medical Assistance, lack of mental/behavioral health providers, availability of transportation services to attend medical appointments garnered the lowest mean responses compared to the other factors. Availability of bi-lingual health care providers was also a concern.

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Table 2. Ratings of Statements about Health Care Access

Factor	Mean Score	Percentage of Respondents who "Agree" or "Strongly Agree"
Residents in the area are able to access a primary care provider when needed	3.84	78.0%
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	3.66	70.0%
Residents are able to access a dentist when needed	3.44	56.0%
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area	2.45	12.2%
There is a sufficient number of bi-lingual providers in the area	2.71	18.4%
There is a sufficient number of mental/behavioral health providers in the area	2.62	22.0%
Transportation for medical appointments is available to area residents when needed	2.64	28.0%
Residents in the area are utilizing emergency department care in place of a primary care physician	3.42	54.2%

Barriers to Health Care Access

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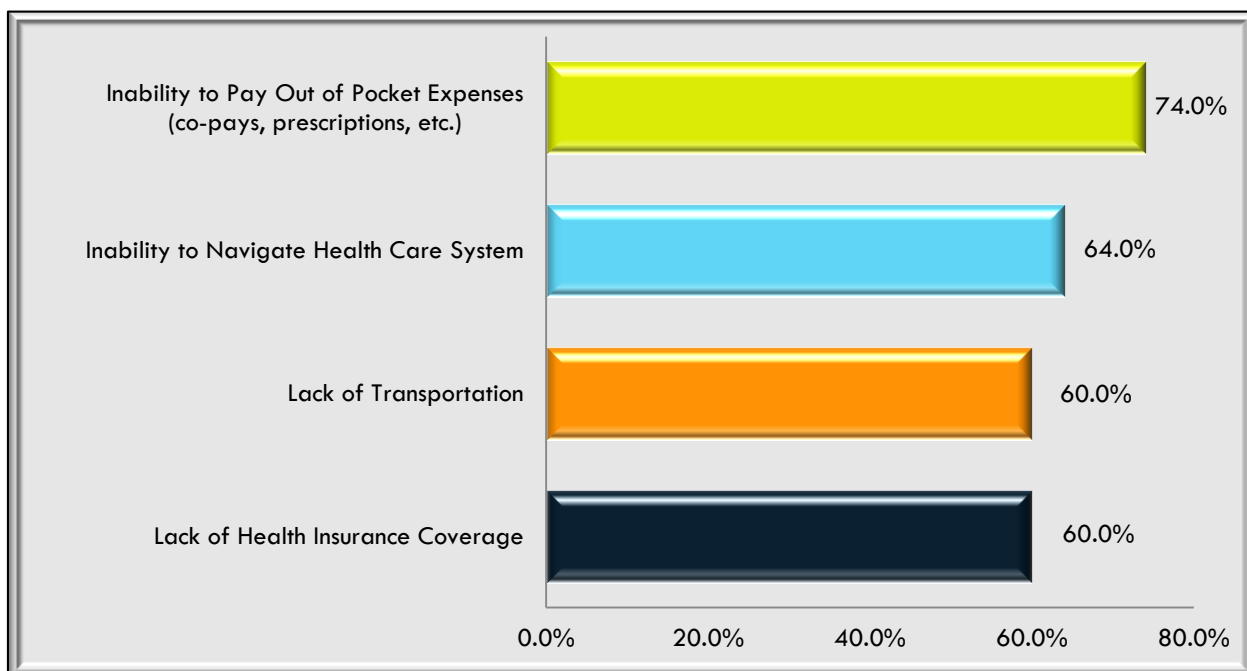

Figure 1. Barriers to health care access

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

Select Comments Regarding Health Care Access and Barriers:

> ➢ "Very often we see people who have prescriptions and need follow-up appointments but are unable to afford the cost and may not be eligible for the prescription assistance programs."
> ➢ "Transportation challenges are increasing due to changes in the insurance industry. Transportation for services once provided are no longer being covered."
> ➢ "This area has a very high cost of living. Preventive services are covered by health insurance for those who have it. But other services do have co-pays and hidden costs. People are afraid to seek treatment because they don't have the money for out of the ordinary, possibly exorbitant, medical expenses/bills."
> ➢ "Adults with disabilities are most often utilizing the Medicaid system for health insurance. Providers, both mental health and medical, with knowledge and experience with the complex issues presented by this population are sorely lacking."

Underserved Populations

Some population groups were identified by key informants as being underserved when compared to the general population. The majority of respondents felt that low-income/the poor, uninsured/underinsured individuals and the homeless are not being adequately served by local health services. Responding to the "other" option in the survey, respondents also mentioned "adults with developmental disabilities and mental health issues" and "those without transportation" as being underserved.

Health Care for Uninsured/Underinsured

Two-thirds of key informants indicated that hospital emergency departments are the primary place where uninsured/underinsured individuals go when they are in need of medical care. Urgent care and health clinic/FQHC were also mentioned as preferred places to obtain medical care.

Resources Needed to Improve Access

Free/low cost medical and dental care, transportation, and prescription assistance have been mentioned by more than half of the key informants as the most needed resources to improve access to health care for residents in the community. Detox services and age and culture-specific outreach programs were some of the comments participants mentioned as an essential resource to improve health care access.

Challenges and Solutions

Key informants were asked to identify challenges people in the community face in trying to maintain healthy lifestyles. The most salient themes that emerged in participants' responses include: Lack of time to buy and prepare healthy foods and exercise routinely, lack of health education and knowledge of available resources, and accessibility and price of healthy food choices. The vast majority of participants

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felt that most people in their community are struggling to make ends meet and do not have the time to devote to healthy living. Comments such as the following were very common:

> "*Those who struggle to keep a roof over their heads or food on the table are often not able to purchase healthier foods or the medications that are needed to manage chronic health conditions.*"

> "*People who are struggling to meet their basic needs don't have the financial wherewithal to afford healthy food. Exercising is low on the radar of folks trying to meet the basics.*"

Participants were also asked to share their opinions in regard to what would make it easier for residents to maintain healthy lifestyles. Most participants indicated that free or low cost wellness classes, community gardening, outreach programs within the communities, and making the area walkable and bikeable would help steer residents in their communities towards healthy lifestyle.

Responding to the question "What's being done well in the community?," respondents repeatedly mentioned HackensackUMC Mountainside's involvement in community outreach programs and screenings and its partnership with local agencies. Health fairs and education programs, availability of safe parks where residents can be physically active, and partnership collaborations were frequently mentioned by most respondents as making a difference in their communities.

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

- ➢ Making free clinics available so as to limit people's dependency on the Emergency Department for basic health needs
- ➢ Increasing access to transportation
- ➢ Wider distribution of information and services in lower income communities
- ➢ Sustainable educational programs and health promotion activities, and
- ➢ More education and community outreach to help seniors manage chronic conditions

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IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization Session

HackensackUMC Mountainside held two sessions (Executive Team Planning Session and Community Meeting Planning Session) to review the results of the 2015 Community Health Needs Assessment (CHNA). The goal of each meeting was to discuss and prioritize the needs of their local community as identified through the CHNA and to set the stage for community health improvement initiatives and the development of the hospital's Implementation Strategy. Thirteen individuals attended the Executive Team planning session on October 13, 2015. A total of 21 key informants who had been identified during the CHNA research process for their expertise within the community attended a three-hour Community planning session in the afternoon. Among the attendees were representatives from local health and human service agencies, area non-profit organizations, health providers, and public health representatives. A list of attendees for both sessions can be found in Appendix D.

Process

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

Following the research overview, participants were provided with information regarding the prioritization process, criteria to consider when evaluating key areas of focus, and other aspects of health improvement planning, such as goal setting and developing strategies and measures. In a large-group format, attendees were then asked to share openly what they perceived to be the needs and areas of opportunity in the city. The open group discussion encouraged attendees to share if their perceived needs of the community aligned with the needs as found through the CHNA. Participants confirmed their experience matched the identified needs and areas of opportunity found in the region.

Through facilitated discussion, the group identified multiple areas of defined health needs that would later be consolidated to four broad areas of potential focus. The "master list" of community priorities (presented in alphabetical order) includes:

➢ Access to Care
➢ Chronic Disease Management
➢ Mental Health
➢ Obesity

Key Community Health Issues

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

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Master List	Seriousness Rating (average)	Impact Rating (average)
Access to Care	3.31	3.23
Chronic Disease Management	4.60	4.08
Mental Health	4.77	3.85
Obesity	4.38	3.62

The priority area that was perceived as the most serious was Mental Health (4.77 average rating), followed by Chronic Disease Management (4.60 average rating). The ability to impact Chronic Disease Management was rated the highest at 4.08, followed by Mental Health with an impact rating of 3.85.

Though obesity is a serious health issue in the community, it was determined that it will be addressed indirectly under the chronic disease management wing through health education and outreach programs. In regards to Access to Care, HackensackUMC Mountainside is already providing free care to the community and plans to expand its programs in this area. In 2014, the hospital provided about $23 million in uncompensated care to uninsured/underinsured individuals.

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

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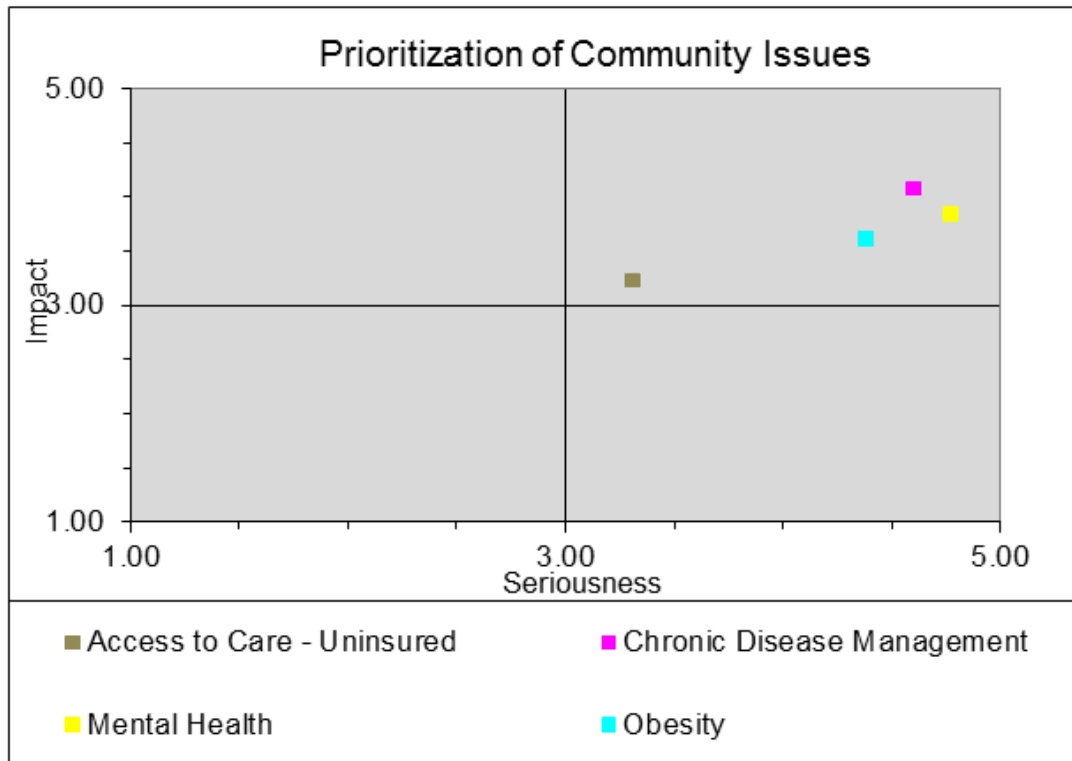
Identified Health Priorities

The Executive Team reviewed the findings from the voting and discussed cross-cutting approaches to further hone the priority areas. Ultimately, the following two priority areas were adopted based on the level of seriousness of the issue and urgent needs of the community:

➢ Chronic Disease Management
➢ Mental Health

Holleran Consulting presented the key research findings to the community attendees and facilitated discussion to identify the ability for regional health and human services providers to effectively address the prioritized health needs. The attendees evaluated the existing community assets as well as the strengths, opportunities, weaknesses and threats to the community around Chronic Disease Management and Mental Health. Further dialogue regarding the community needs confirmed the attendees' support of Chronic Disease Management and Mental Health as priority areas for the community.

Chronic Disease Management

Community partners identified that while the community as a whole provides a large number of resources to assist people in managing their chronic diseases, there is a clear disconnect between the availability of services and the area residents utilizing those services due to a lack of education and awareness. Participants identified that even the most basic terminologies used with chronic disease patients, such as "sugars" and "A1c" were not consistent among providers and add to patient confusion. Community partners suggested strategies to address this need included the following:

• Create a localized hotline to provide chronic disease information to connect community members to available resources and act as a referral source.
• Provide additional health screenings through collaborative efforts by local health departments, hospitals, primary medical providers and insurance companies.
• Utilize a baseline assessment that would measure the health literacy of individuals with chronic diseases to enhance the understanding of community needs to local health providers.
• Identify pictorial education material that would create consistent messaging from all medical providers.

Mental Health

Similar to the Chronic Disease Management group, the Mental Health group participants identified many resources that are available to members of the community. Two primary challenges the group identified were the stigma's that are still strongly associated with a Mental Health diagnosis and trying to navigate available age-specific resources. Participants recommended strategies to address this need included:

• Create a Mental Health Collaborative that will explore the opportunity for the community to work together with the common goals of creating a directory of Mental Health Services and educating the community to reduce the stigma.

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- Provide additional community education around depression awareness.
- Investigate ways to increase availability of counseling and support group sessions.
- Review existing programming to understand the potential to expand services.

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COMMUNITY HEALTH IMPLEMENTATION PLAN

Strategies to Address Community Health Needs

HackensackUMC Mountainside developed an Implementation Strategy to illustrate the hospital's specific programs and resources that support ongoing efforts to address the identified community health priorities. This work is supported by community-wide efforts and leadership from the Executive Team and Board of Directors. The goal statements, suggested objectives, key indicators, intended outcomes and initiatives, and inventory of existing community assets and resources for each of the four priority areas are listed below.

I.   Chronic Disease Management

Goal: Promote health and reduce chronic disease through improved education, awareness and disease prevention

Suggested Objectives:

- Increase the proportion of adults who receive chronic disease screenings to maximize treatment options
- Increase the proportion of adults who participate in behaviors/programs that reduce risk factors for chronic disease

Suggested Key Indicators:
- Number of health promotion activities targeting high-risk populations
- Number of screenings and referrals to address early detection
- Number of individuals participating in health education programs
- Number/Percentage of patients who report incorporating healthy lifestyle behaviors and techniques and/or increased knowledge of the components of healthy living/lifestyles
- Emergency Department/hospital admissions/readmissions for chronic conditions

Intended Outcomes:
- Increased utilization of generic screening tools that results in positive improvement on health indicators
- Adults making more decisions based on health education
- Lower rates of obesity, diabetes, and related chronic conditions and decreased health complications
- Increased rates of healthy weight in adults through regular exercise and increase fruits, vegetables, and water consumption
- Decreased number of ER visits for chronic conditions

Existing Community Resources:
Diabetes Clinical Improvement Program
Brookdale SR
Nutley SR
YMCA

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II. Mental Health

Goal: Improve mental health through education, review of program expansion potentials and collaboration

Suggested Objectives:
- Increase mental health collaborations throughout Essex County
- Create a resource that can be used easily for mental health information, resources, and referrals
- Develop campaign messages to promote peer advocates. (Messages may include identifying the indicators of mental illness and local resources available)
- Increase the proportion of adults and children with mental health disorders who receive treatment
- Increase mental health screenings by primary care providers

Suggested Key Indicators:
- Community meetings and educational sessions held on the mental health topic
- Number of community members and community health volunteers who serve as informal referral agents and mental health champions for increasing awareness
- Number/Percentage of Emergency Department patients presenting with mental health
- issues who are transferred to inpatient or outpatient facilities
- Number/Percentage of patients successfully referred for mental health services
- Number/Percentage of primary care providers screening for and providing mental health treatment or referrals
- Number of mental health and/or substance/alcohol abuse community outreach programs conducted and number of participants

Intended Outcomes
- Increased number of people using a mental health hotline and attending mental health education sessions
- Increased number of at-risk residents who can identify coping mechanisms during crises/emergent events and resources available to them

Initiatives
- Convene a Mental Health Summit to set the foundation for enhanced community collaborations

Existing Community Resources

- Mental Health Association of Essex County
- Caldwell College – Suicide Helpline
- Partnership for Children of Essex County
- Active Minds
- Programs for Parents
- Family Service League
- Care Plus NJ
- COPE
- Turning Point

- Need ALA – Teen
- Montclair County Schools
- Sister to Sister
- Brother to Brother
- Project Oasis
- Succeed Together
- Side Door

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Appendix A. Secondary Data Sources

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County Health Rankings & Roadmaps. (2015). *Santa Clara County*. Retrieved from
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Appendix B. Key Informant Survey Tool

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

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

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

When answering the questions, please consider the community and area of interest to be the communities surrounding HackensackUMC Mountainside including Bloomfield, Montclair, Cedar Grove, Caldwell, Nutley, Upper Montclair and Glen Ridge.

KEY HEALTH ISSUES

When answering the questions, please consider the communities of Bloomfield, Montclair, Cedar Grove, Caldwell, Nutley, Upper Montclair and Glen Ridge.

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

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

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

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

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

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ACCESS TO CARE

When answering the questions, please consider the communities of Bloomfield, Montclair, Cedar Grove, Caldwell, Nutley, Upper Montclair and Glen Ridge.

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

Strongly disagree←→Strongly agree

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

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

☐	Availability of Providers/Appointments
☐	Basic Needs Not Met (Food/Shelter)
☐	Inability to Navigate Health Care System
☐	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐	Lack of Child Care
☐	Lack of Health Insurance Coverage
☐	Lack of Transportation
☐	Lack of Trust
☐	Language/Cultural Barriers
☐	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)

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☐	None/No Barriers
☐	Other (specify):

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

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

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

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

___ Yes   ___   No

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

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

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

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

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

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

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

CHALLENGES & SOLUTIONS

When answering the questions, please consider the communities of Bloomfield, Montclair, Cedar Grove, Caldwell, Nutley, Upper Montclair and Glen Ridge.

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

14. In your opinion, what would make it easier for residents of the communities you serve to maintain healthy eating habits and an active lifestyle?

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

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

CLOSING

When answering the questions, please consider the communities of Bloomfield, Montclair, Cedar Grove, Caldwell, Nutley, Upper Montclair and Glen Ridge.

Please answer the following demographic questions.

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

18. Which one of these categories would you say <u>BEST</u> represents your organization's community affiliation? (CHOOSE 1)

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

19. Please indicate which town(s) your organization serves or represents(Select all that apply):

☐	Bloomfield
☐	Caldwell
☐	Cedar Grove
☐	Glen Ridge
☐	Montclair
☐	Nutley
☐	Upper Montclair

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

☐	White/Caucasian
☐	Black/African American
☐	Hispanic/Latino
☐	Asian/Pacific Islander
☐	Other (specify):

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21. Which one of these groups would you say BEST represents the age of the clients you serve? (CHOOSE 1)

☐	Newborn - 18 years
☐	19 – 35 years
☐	36 – 64 years
☐	65 years and over

22. HackensackUMC Mountainside and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

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Appendix C. Key Informant Interview Participants

Name	Title	Agency
Linda Lucas	Executive Director	ARC of Essex County
Jenn Puleo	Administrator	Alaris Health Center
Robert Jackson	Mayor of Montclair	
Tom Restaino	Health Officer	Public Health Coordinator
Arthur Dawson	Councilman of Glen Ridge	
Stuart Patrick	Councilman of Glen Ridge	
Dawn McFadden	Chief Operating Officer	Montclair YMCA
Linda Wanat	Township Clerk of Montclair	
Peter Hughes	Mayor of Glen Ridge	
Daniel Murphy	Councilman of Glen Ridge	
Erica Abbruzzese	Health Educator	Montclair Health Dept
Everett Schlam	Doctor	Family Medicine
Patricia Cruz	Public Health Nurse	Township of Nutley
Elaine Spears	Director	Montclair Neighborhood Development Corporation
Melissa Braxton	Social Worker	Homesharing
Donna Williams	Nursing Supervisor	Township of Bloomfield
Katie York	Project Director	Lifelong Montclair
Mike Bruno	Exec Director	Human Needs Food Pantry
Beverly Riddick	Exec Director	HOMEcorp
Gwen Parker Ames	Exec Director	Montclair Emergency Services for the Homeless
Peggy Brodowski	Director of Nursing	Montclair Health Dept
Pamela Scott	Executive Director	Partners for Health
Jose Flores	Doctor	Family Medicine
Al Brunetti	Pharmacist in Charge	Brookdale Shop Rite
Michael Fitzpatrick	Bloomfield Health Officer	
Kathy Smith	Grants Program Director	Partners for Health
Robert Gorman	Doctor	Family Medicine
Lisa Alfano		Gates Manor Nursing Home
Anonymous	Pharmacist in Charge	Keil's Pharmacy
Angela Yearwood	Administrator	Job Haines Home
Fred Menzel	Captain	Bloomfield Volunteer Emergency Squad
Michele Kroeze	Business Manager	Salvation Army
Raghav Rastogi	Doctor	Internal Medicine
Sue Garfinkel	Exec. Director	COPE Center, Inc

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Name	Title	Agency
Dawn Diamond	Director	NJ Center for Healthy Living
Kevin Ryan	Mayor of Verona	
James Simpson	Chief	Montclair Ambulance Unit
Julie Kidangan	Doctor	Family Medicine
Sean Spiller	Councilman of Montclair	
Anne Mernin	Exec Director	Toni's Kitchen
JP Randall		Nutley Volunteer EMS
Katherine Palla	Doctor	Internal Medicine
Sue Portuese	Montclair Health Officer	
Rowen Diano	Doctor	Internal Medicine
Alphonso Petracco	Mayor of Nutley	
Deborah Day	Caregiver's Coalition	United Way of Northern NJ
Carli McCarthy	Coordinator	United Way of Bloomfield
Marc Moressi	Doctor	Internal Medicine
Emma Justice	Executive Director	Interfaith Hospitality Network
Joanne Aidala	Director	Montclair Health And Wellness Partnership

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Appendix D. Prioritization Session Participants

Executive Team Planning Session Participants

Name	Title
John Fromhold	President and CEO
Anthony Esposito, Jr	Chief Financial Officer
Bonnie Michaels, RN	Chief Nursing Officer
Theresa Soroko, M.D.	Chief Medical Officer
Karen Palatella, RN	Chief Quality and Compliance Officer
Jeffrey Welsh	Vice President of Physician Relations
Dawn Tosner	Vice President of Physician Practices
Tony Gilberti	Vice President of Specialty Development
Natalie Thigpen	Vice President of Marketing, PR and Planning
Fran Corridon	Vice President of Human Resources
Christopher Cannara, RN	Assistant Chief Operating Officer
Joseph Patanella	Assistant Chief Operating Officer
Rober Cuneo	Assistant Chief Operating Officer

Community Planning Session Participants

Name	Title	Agency
Beverly Riddick	Executive Director	Home Corp
Brenda Myrick	Director	Interfaith Hosp. Network of Essex County
Chiara Marababol	Marketing Coordinator	HackensackUMC Mountainside
Dawn Diamond	Director	NJ Center, Health and Living
Dr. Jude Zwer	Nurse Practitioner, Diabetes Program	HackensackUMC Mountainside
Florey Cruz-Cerpa	Community Health Manager	HackensackUMC Mountainside
Grettel Muscato	Director of Volunteers	HackensackUMC Mountainside
Jennifer Puleo	Administrator	Alaris Health at Cedar Grove
Joanne Aidala	Director	Montclair Health and Wellness Partnership
Katie Gorman	Nutrition Coordinator	HackensackUMC Mountainside
Katie York	Project Director	Lifelong Montclair
Kelli Hanzo	Bariatrics Program Director	HackensackUMC Mountainside
Margaret Brodowski	Director of Nursing	Montclair Health Department

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Name	Title	Agency
Megan Ginter	Health Educator	Montclair Health Department
Michael Hodges	Health Educator	Bloomfield Health Department
Michele Kroeze	Business Manager	Salvation Army
Natalie Thigpen	Vice President of Marketing, PR and Planning	HackensackUMC Mountainside
Pam Scott	Executive Director	Partners for Health
Shavonda Sumter	Director of Behavioral Health	HackensackUMC Mountainside
Sue Portuese	Montclair Health Officer	Montclair Health Department
Warren Grand	Director of Cardiology	HackensackUMC Mountainside

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