2011-2012 Community Health Needs Assessment: Summary of Prioritization Meeting

Submitted by:

Holleran

June 2011
Healthier Somerset
Meeting Summary: Community Needs Prioritization
May 22, 2012

BACKGROUND
On May 22, 2013, approximately 30 individuals from Somerset County healthcare organizations, health departments, community agencies, and area and social service organizations, gathered to review the results of the 2011-2012 Community Health Assessment data. The community assessment and planning meeting was initiated by Healthier Somerset, with funding support from Somerset Medical Center. The goal of the meeting was to discuss and prioritize key findings and to set the stage for an update to the county’s previous Community Health Improvement Plan.

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The meeting began with an abbreviated research overview by Lisa McCracken, President of Holleran. Additionally, a few reports of countywide secondary data were emailed to attendees in advance of the May meeting. Ms. Lehman presented the results of countywide secondary data profile reports that were developed by the New Jersey Hospital Association and the University of Wisconsin Population Health Institute (“County Health Rankings”). These reports detail data such as population and household statistics, mortality rates, cancer incidence, and children’s health data, among other things. It should be noted that prior to the May meeting, there was a full presentation of the primary household survey data to the Healthier Somerset coalition.

Following the research overview, participants were asked to share openly what they perceived to be the needs and areas of opportunity in the county. The following list is the list that was developed by the attendees along with relevant notes of mention related to each priority issue.

Master list of community priorities (in no particular order):

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Following the research overview, participants were asked to share openly what they perceived to be the needs and areas of opportunity in the county. The following list is the list that was developed by the attendees along with relevant notes of mention related to each priority issue.

Master list of community priorities (in no particular order):
1. **Obesity/Maintain a Healthy Weight**
   - Physical activity
   - Nutrition and healthy eating
   - Access to healthy food

2. **Mental Health**
   (stress, depression, substance abuse)
   - Expand to mental health in general (as opposed to just youth)

3. **Caregiving Needs**
   - Mental health demands
   - Financial impact on caregivers
   - Physical issues/challenges among caregivers

4. **Alcohol consumption**
   - Females 45-64 stand out
   - When drink, consumption is greater

5. **Infectious Disease**
   - HIV/AIDS, Lyme

6. **Smoking (current smokers)**
   - Cessation attempts not as prevalent in area
   - Males stand out

7. **Minority Outreach/Access**
   - Hispanic/Latino seem particularly vulnerable to health inequities

8. **Access to care**
   - Uninsured (general medical – available, but limited)
   - Oral health (cost) – No providers in county for free/reduced dental care

9. **Emergency Preparedness**
   - Need for plans, awareness, etc.

10. **Physical Environment**
    - Air quality
    - Fast food restaurants

11. **Chronic Disease**
- CHD, Diabetes, COPD, HIV/AIDS
- Embed in access to care? Decision: keep separate for now
- Prevention or management?

**PRIORITIZATION OF COMMUNITY ISSUES**

Once the master list was compiled, participants were then asked to rate each need based on two criteria. The two criteria included seriousness and 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 an audience response system. Each attendee received a keypad to register their vote. The following tables reveal the results of the voting exercise.

<table>
<thead>
<tr>
<th>Master List</th>
<th>Significance (average rating)</th>
<th>Impact (average rating)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Maintaining a Healthy Weight (CHIP)</td>
<td>4.63</td>
<td>3.78</td>
</tr>
<tr>
<td>2) Mental Health</td>
<td>3.48</td>
<td>3.08</td>
</tr>
<tr>
<td>3) Caregiving Needs</td>
<td>3.56</td>
<td>3.30</td>
</tr>
<tr>
<td>4) Alcohol Consumption (CHIP)</td>
<td>3.26</td>
<td>2.89</td>
</tr>
<tr>
<td>5) Infectious Disease (HIV/AIDS)</td>
<td>3.37</td>
<td>2.85</td>
</tr>
<tr>
<td>6) Smoking (CHIP)</td>
<td>3.70</td>
<td>3.15</td>
</tr>
<tr>
<td>7) Minority Outreach/Access</td>
<td>3.67</td>
<td>3.30</td>
</tr>
<tr>
<td>8) Access to care (general medical &amp; oral) (CHIP)</td>
<td>3.70</td>
<td>2.81</td>
</tr>
<tr>
<td>9) Emergency Preparedness</td>
<td>2.93</td>
<td>3.22</td>
</tr>
<tr>
<td>10) Physical Environment (Air, etc.) (CHIP)</td>
<td>3.89</td>
<td>2.33</td>
</tr>
<tr>
<td>11) Chronic Disease Management</td>
<td>4.26</td>
<td>3.48</td>
</tr>
</tbody>
</table>
The Quadrant Map above outlines the intersection of the seriousness and 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 stated interest in selecting a limited set of key issues/needs by focusing on areas where the previous CHIP needs updating, on areas that foster collaboration, priority issues where an impact can be made and “winnable battles.” It was also reiterated that individual agencies or groups may elect to focus on particular areas related to their respective areas of expertise.
DETERMINATION OF PRIORITY AREAS

Attendees reviewed the findings from the voting and discussed approaches to reducing the master list. There were several issues that were eliminated from consideration, given their associated ratings. They included:

- Infectious Disease
- Minority Outreach/Access (as a stand-alone issue)
- Emergency Preparedness
- Physical Environment

This yielded a scaled-back list of seven potential priority areas. It should be noted that there was one recommendation made for a final priority list. This scenario was discussed, but was not adopted by the group. The recommendation included the following priority areas. Notes of discussion are also included below in parentheses.

- Healthy Weight
- Chronic Disease (*secondary prevention or individual focus?*)
- Mental Health (*stress management? Separate issue? Many components to this topic*)
- Caregiving
- Minority Outreach (*include as an embedded issue within all of the others*)

The aim will be to finalize this prioritized list at the June 19, 2012 meeting.