



# Warren County Community Health Assessment (CHA)

2023

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# Foreword

Warren County Health Department is pleased to present the 2023 community health assessment. The Warren County community partners were an integral part in the development and implementation of the community health assessment process. Many thanks go out all those who were involved over the past six months.

A Community Health Assessment (CHA) is conducted to improve and promote a healthier Warren County community. The goal of this process is to identify the factors that affect the health of our citizens and to determine the availability of community resources to adequately address the factors. The CHA is a collaborative effort that included county leaders, the Health Department, local organizations, and Warren County residents. The process began by addressing three key questions such including or regarding health concerns faced by community members, strengths and assets of the community and resources needed to address health concerns. “What health concerns do we have in our community?”, “What are the strengths of our community?” and “What resources do we have and what are needed to address the health concerns?”

The CHA is a snapshot of where county residents stand in terms of health and health behaviors. This report is crucial in directing the planning efforts for the health department and community partners. Together, we will use this information to guide our cooperative planning to improve the health conditions of our Warren County residents.

This cooperative project was made possible because of the dedication and support of community leaders and partners. We thank them all for their support in making this document a reality. We are especially grateful to Conduent Healthy Communities Institute (HCI) for guiding us through the process of collecting and analyzing all the data. We appreciate how, for a short time, Conduent was a part of our community and engaged with us as someone who cares about Warren County. It is the desire of Warren County Health Department that we work together to use the power of multiple resources to generate ideas, collaborations, and plans that will guide Warren County in becoming a happier and healthier community.

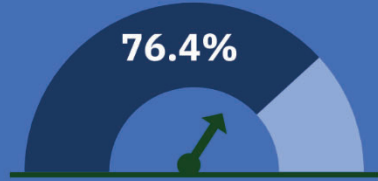
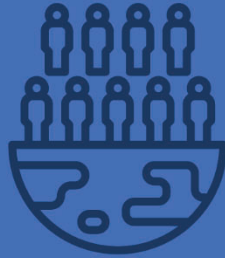


# WARREN COUNTY COMMUNITY HEALTH ASSESSMENT

*At-a-Glance*

## 110,794

Estimated Population



Identify as White in Warren County

## \$91,210

Median Household Income



## 4.57%

Of families in Warren County live below the poverty level

## DATA COLLECTION METHODS

### Secondary Data

Health and Quality of Life topics receiving a score of 1.6 or higher.



### Community Survey

Warren County had **471** Community Survey Respondents.



### Key Informant Interviews & Focus Groups

Warren County conducted **12** Key Informant Interviews with community members who have a fundamental understanding of public health, and **3** Focus Groups with community members.



## PRIORITIZED HEALTH NEEDS



Access to Care Services & Transportation



Food Insecurity & Nutrition



Older Adult Health

# Introduction & Purpose

The objective of this Community Health Assessment (CHA) report is to provide a comprehensive insight into health needs, barriers to care access, and Social Determinants of Health (SDoH). The identified priorities in this report serve as a guide for a collaborative approach in planning efforts aimed at enhancing the health and quality of life for community residents.

This report encompasses a description of community demographics and the served population. It outlines the process and methods employed to gather, analyze, and synthesize both primary and secondary data to identify significant health needs. Special attention is dedicated to the requirements of vulnerable populations, unmet health needs or service gaps, and community input.

The findings from this report will inform the identification, development, and targeting of initiatives to provide resources and support for addressing health challenges within the community. The overarching mission of the Warren County Health Department is to safeguard and enhance the health of all residents and visitors in Warren County.

## Acknowledgements

### Warren County Health Department Staff

Representatives from Warren County Health Department led the community health assessment process and met regularly over six months with Conduent Healthy Communities Institute (HCI) to review secondary data and community feedback, suggest new partners to contribute to the prioritization process, and finally approve the finalized health needs. The health department staff engaged with Warren County community members throughout the assessment process.

### Local Partners

Warren County Health Department gratefully acknowledges the participation of a dedicated group of local partners and external stakeholders that gave generously of their time and expertise to help guide this CHA report:

- Center for Family Services
- DASACC
- WC Human Services
- NORWESCAP
- Zufall Health
- United Way
- Warren County Commissioner
- Allamuchy Seniors Club
- St. Lukes Hospital
- Atlantic Health System
- Brakely Park Care Center
- Warren County Department of Education
- Community Prevention Resources of Warren County, Inc., Center for Addiction, Recovery, Education and Success (CARES of Warren)
- Prosecutor's Office
- WC Public Safety
- WC Division of Aging and Disabilities
- Warren Haven Rehabilitation and Nursing



## Consultants

Warren County Health Department commissioned Conduent Healthy Communities Institute (HCI) to support report development of Warren County's 2023 Community Health Needs Assessment. HCI collaborates with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. Report authors from HCI include Corinna Kelley, MPH, Public Health Consultant; Maudra Brown, MPH, Public Health Consultant; George Nguyen, Business Analyst; and Dari Goldman, MPH, Project Coordinator. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-health/>.

**The 2023 Warren County CHA is available at:** [Warren County Health Department | Warren County, NJ \(warrencountynj.gov\)](https://www.warrencountynj.gov)

## Contact Information

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908-475-7960

## Written Comments

Comment can be made by submitting to The Warren County Health Department at 700 Oxford Road, Oxford NJ 07863. Please submit a comment to the contact information provided above.



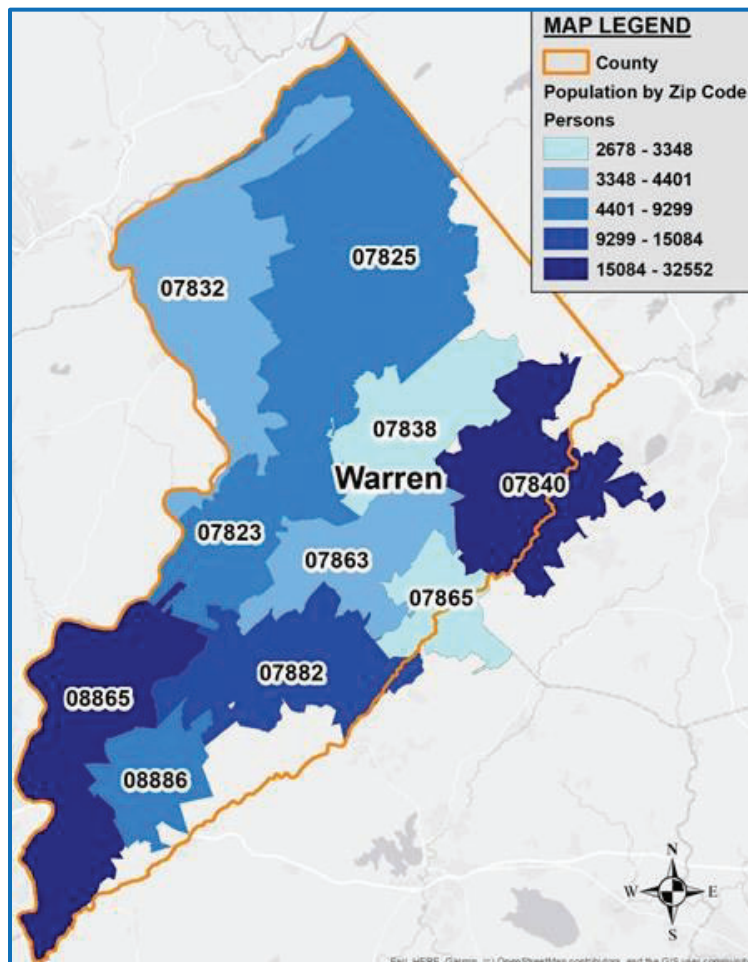
# Demographics

The demographics of a community significantly impact its health profile. Different racial, ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Warren County, New Jersey. All demographic estimates are sourced from Claritas® (2023 population estimates) unless otherwise indicated. Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year.

## Population

According to the 2023 Claritas Pop-Facts® population estimates, Warren County has an estimated population of 110,794 persons. Figure 1 shows the population size by each ZIP code, with the darkest blue representing the ZIP codes with the largest population. The most populated ZIP code area within Warren County is ZIP code 07840 with a population of 32,552.

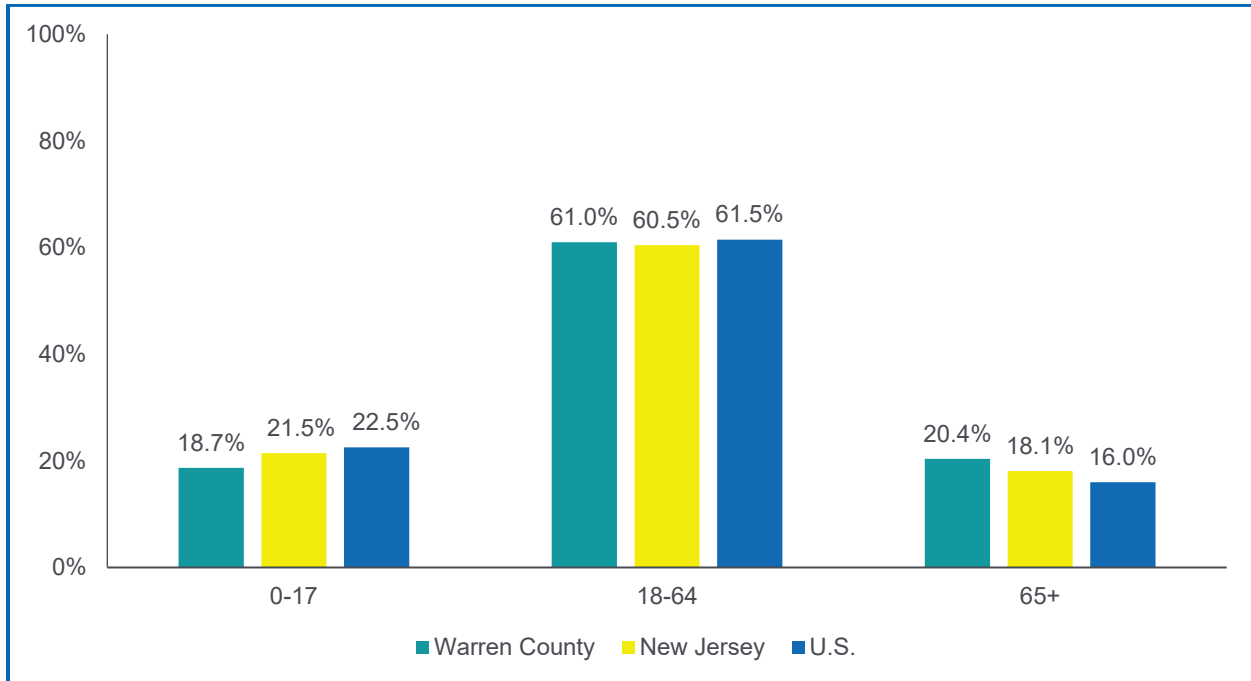
FIGURE 1. WARREN COUNTY POPULATOIN DISTRIBUTION BY ZIP CODE



## Age

Children 0-17 comprised 18.7% of the population in Warren County. When compared to New Jersey, Warren County has a higher proportion of residents ages 65+ and a lower proportion of children population age 0-17.

FIGURE 2. PERCENT POPULATION BY AGE: WARREN COUNTY, NJ, AND U.S.



## Sex and Gender

In Warren County, males comprise 49.1% of the population, whereas females comprise 50.9% of the population. This is higher than the percentage of males (48.9%) and lower than the percentage of females (51.1%) in New Jersey.

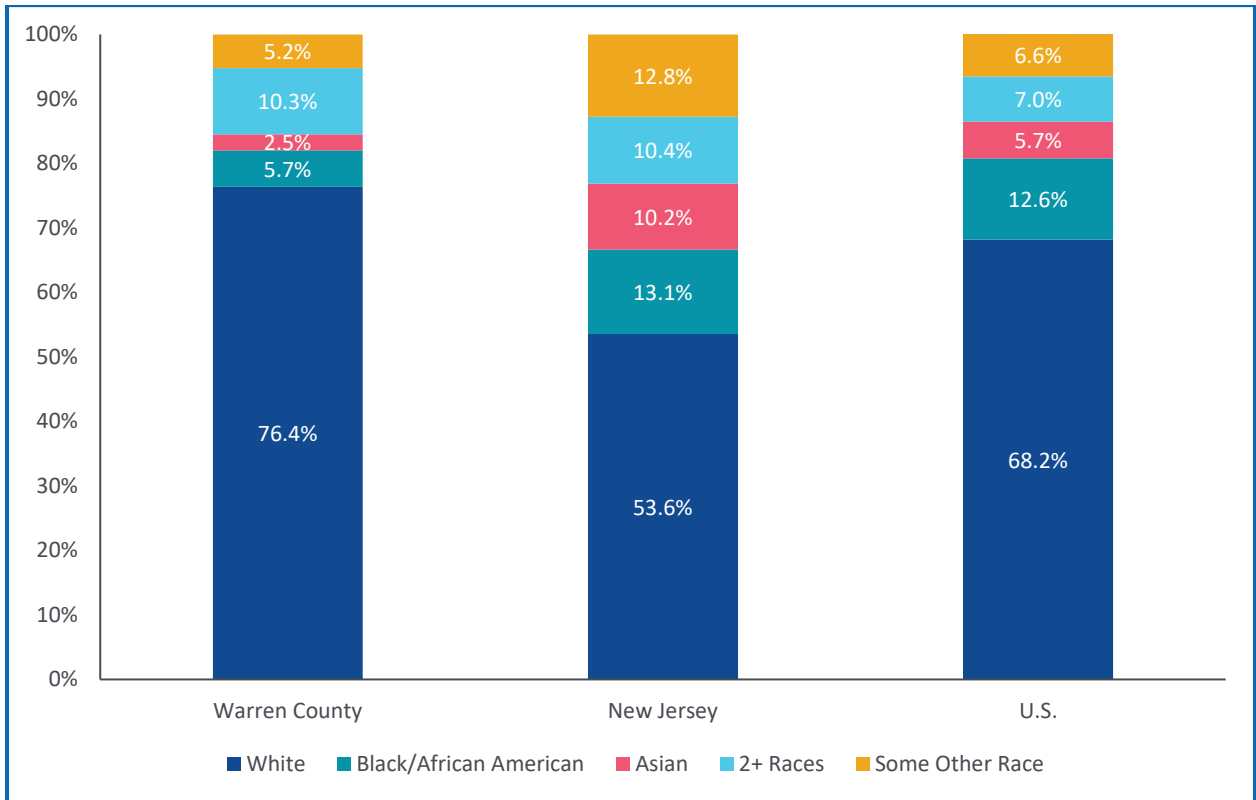
## Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.



The racial makeup of Warren County shows 76.4% of the population identifying as White, as indicated in Figure 3. In addition, 5.7% of community members identify as Black/African American and 2.5% identify as Asian.

FIGURE 3. WARREN COUNTY POPULATION BY RACE: WARREN COUNTY

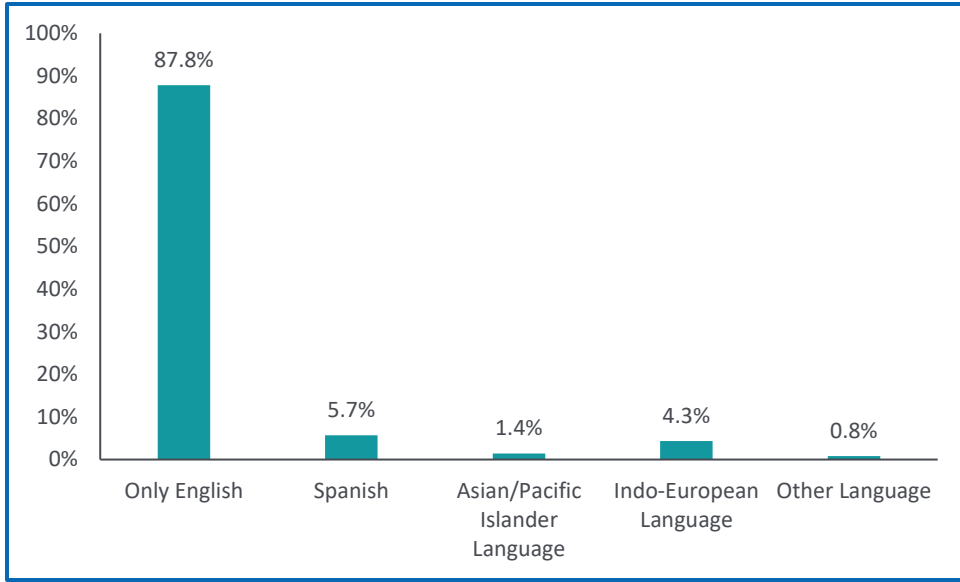


### Language and Immigration

Understanding countries of origin and language spoken at home can help inform the cultural and linguistic context for the health and public health system. According to the American Community Survey, 9.2% of residents in Warren County are born outside the U.S., which is lower than the national value of 13.6%.

In Warren County, 87.8% of the population age five and older speak only English at home, which is higher than both the state value of 68.1% and the national value of 78.3%. This data indicates that 5.7% of the population in Warren County speak Spanish and 4.3% speak an Indo-European language.

FIGURE 4. PERCENT LANGUAGE SPOKEN OTHER THAN ENGLISH AT HOME



# Social & Economic Determinants of Health

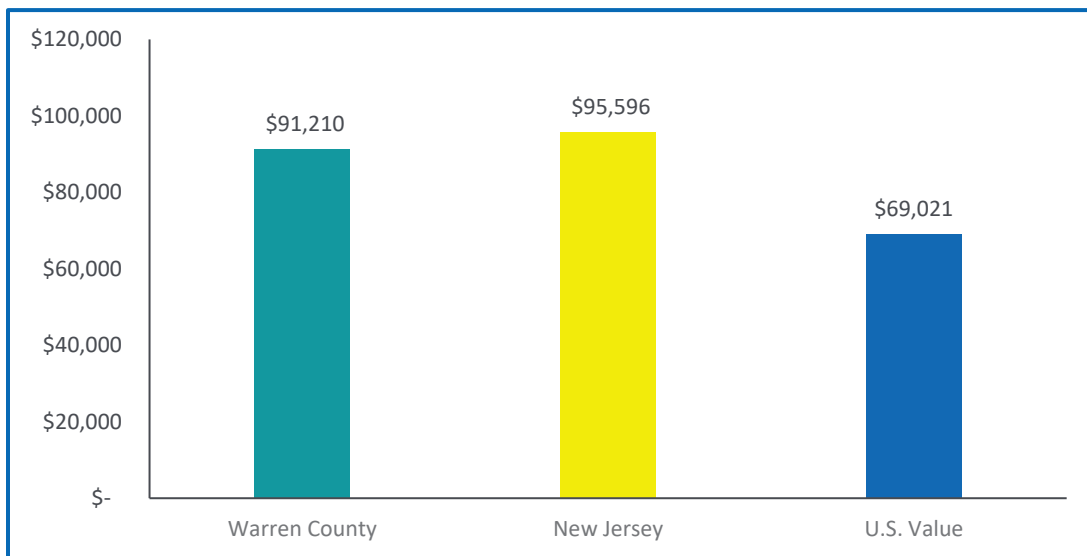
This section explores some of the economic, environmental, and social determinants of health impacting Warren County. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

## Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.<sup>1</sup>

As shown in Figure 5, the median household income for Warren County is \$91,210, which is lower than the state value of \$95,596 and higher than the national value of \$69,021.

FIGURE 5. MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY: WARREN COUNTY



## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.<sup>2</sup>

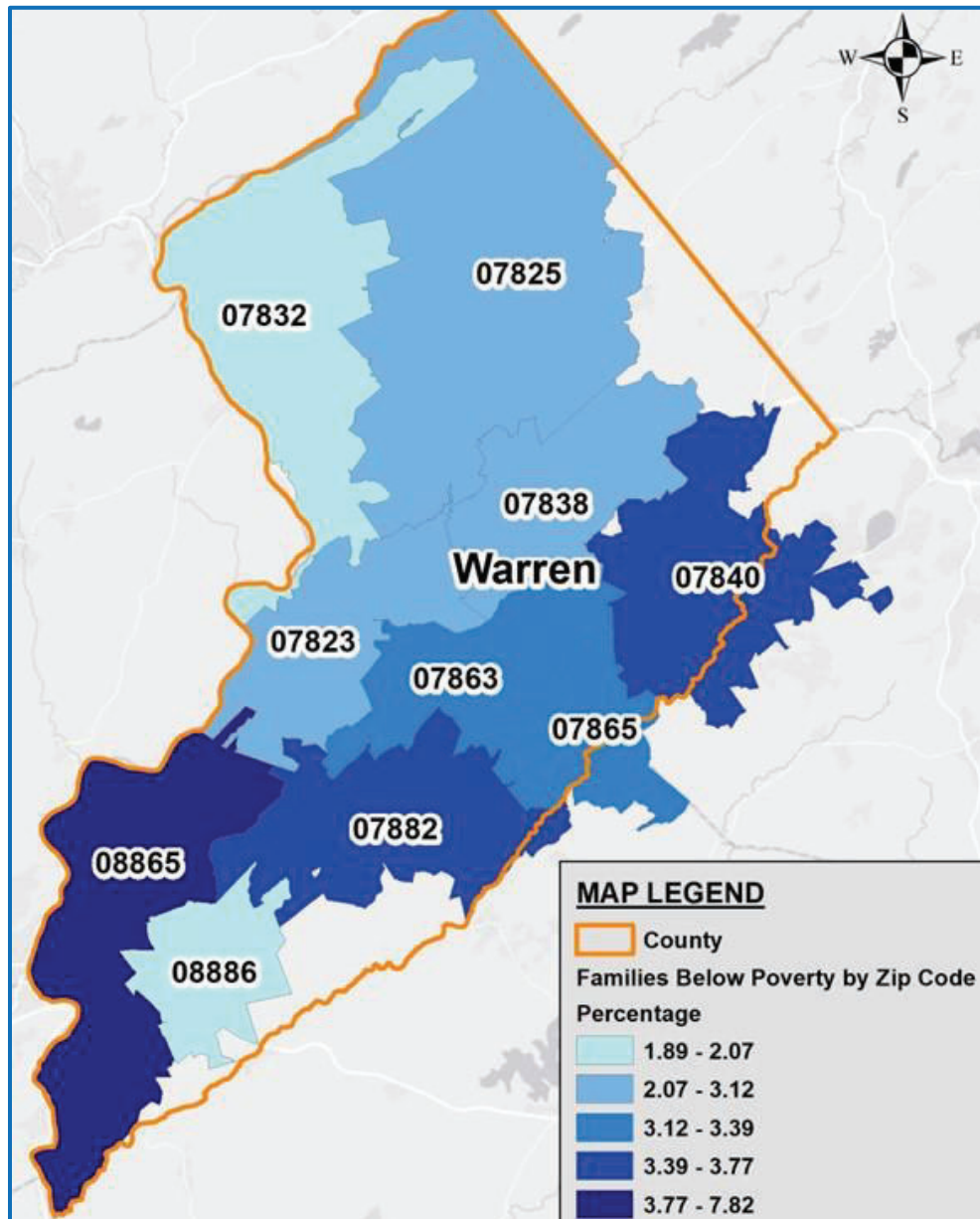
Figure 6 shows the percentage of families living below the poverty level by ZIP code. The darker blue colors represent a higher percentage of families living below the poverty level, with ZIP code 08865 having the highest

<sup>1</sup> Robert Wood Johnson Foundation. Health, Income, and Poverty. <https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html>

<sup>2</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

percentage at 7.82%. Overall, 4.57% of families in Warren County live below the poverty level, which is lower than both the state value of 6.6% and the national value of 8.9%.

FIGURE 6. FAMILIES LIVING BELOW THE POVERTY LEVEL: WARREN COUNTY



## Employment

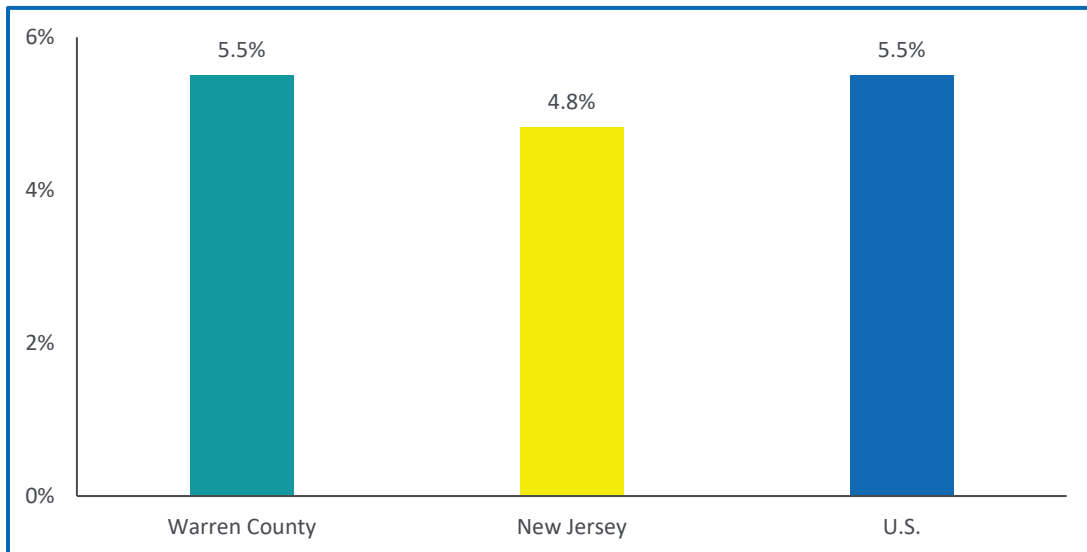
Employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.<sup>3</sup>

<sup>3</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment>

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.<sup>3</sup> Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.<sup>3</sup>

Figure 7 shows the population age 16 and over who are unemployed. The unemployment rate for Warren County is 5.5%, which is higher than the state value of 4.8%.

FIGURE 7. POPULATION 16+ UNEMPLOYED: WARREN COUNTY, NJ, AND U.S.



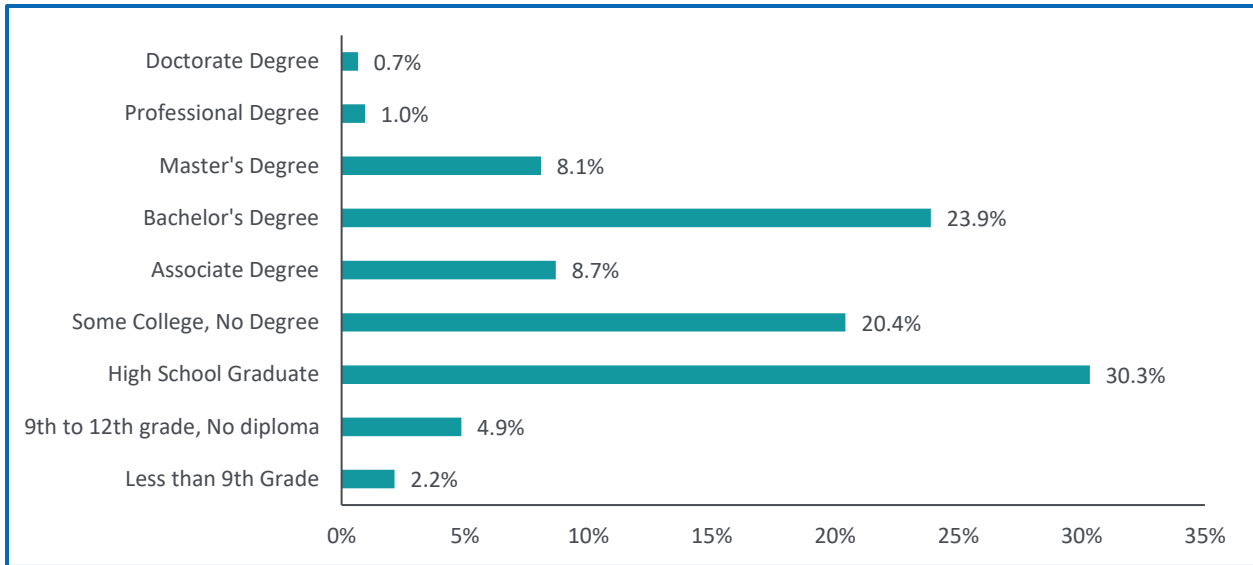
## Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. People with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.<sup>4</sup>

Figure 8 shows the percentage of the population 25 years or older by educational attainment.

<sup>4</sup> Robert Wood Johnson Foundation, Education and Health. <https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html>

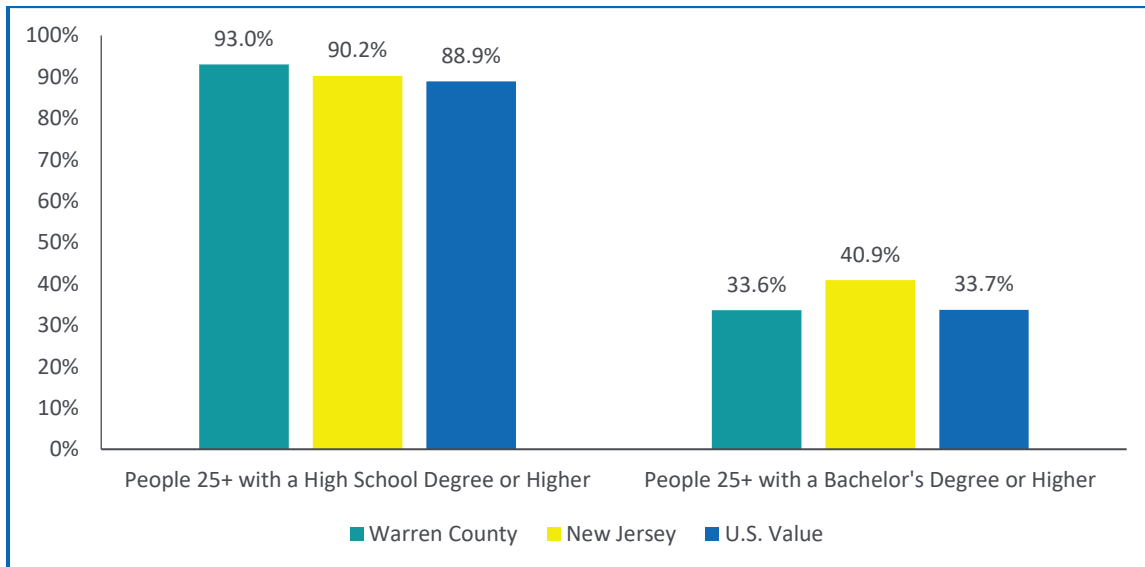
FIGURE 8. PERCENT POPULATION 25+ BY EDUCATIONAL ATTAINMENT: WARREN COUNTY



Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.<sup>5</sup>

Figure 9 shows that Warren County has a larger percentage of residents with a high school degree or higher (93.0%) when compared to both the state and the national value, but a lower percentage of residents with a bachelor's degree or higher (33.6%)

FIGURE 9. POPULATION 25+ BY EDUCATIONAL ATTAINMENT: WARREN COUNTY, NJ, AND U.S. COMPARISONS



<sup>5</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/priority-areas/social-determinants-health>

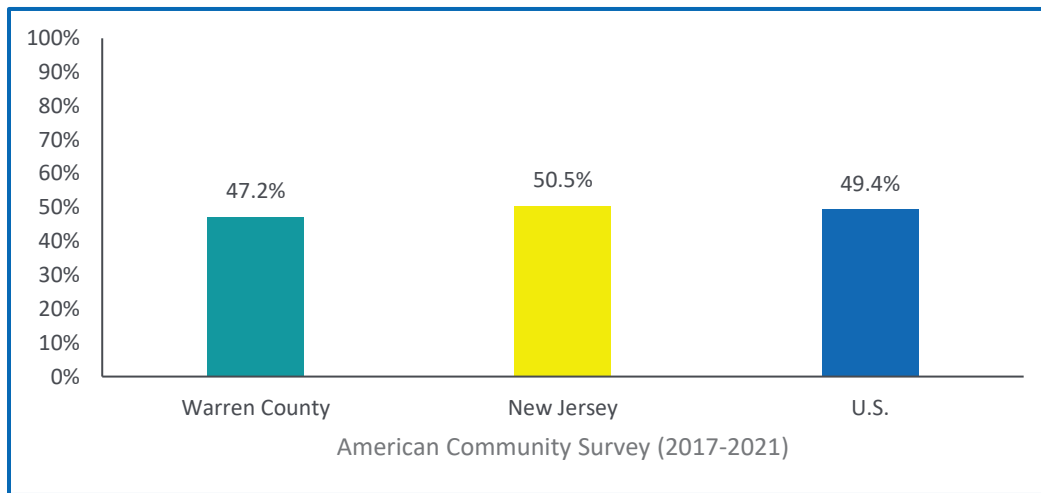
## Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.<sup>6</sup>

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.<sup>7</sup>

Figure 10 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Warren County (47.2%) is lower than both the state value (50.5%) and the national value (49.4%).

FIGURE 10. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT



## Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet is also increasingly essential for obtaining home-based telemedicine services, especially during Covid-19 pandemic placing isolation and social distancing laws in place.<sup>8</sup>

Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.<sup>8</sup>

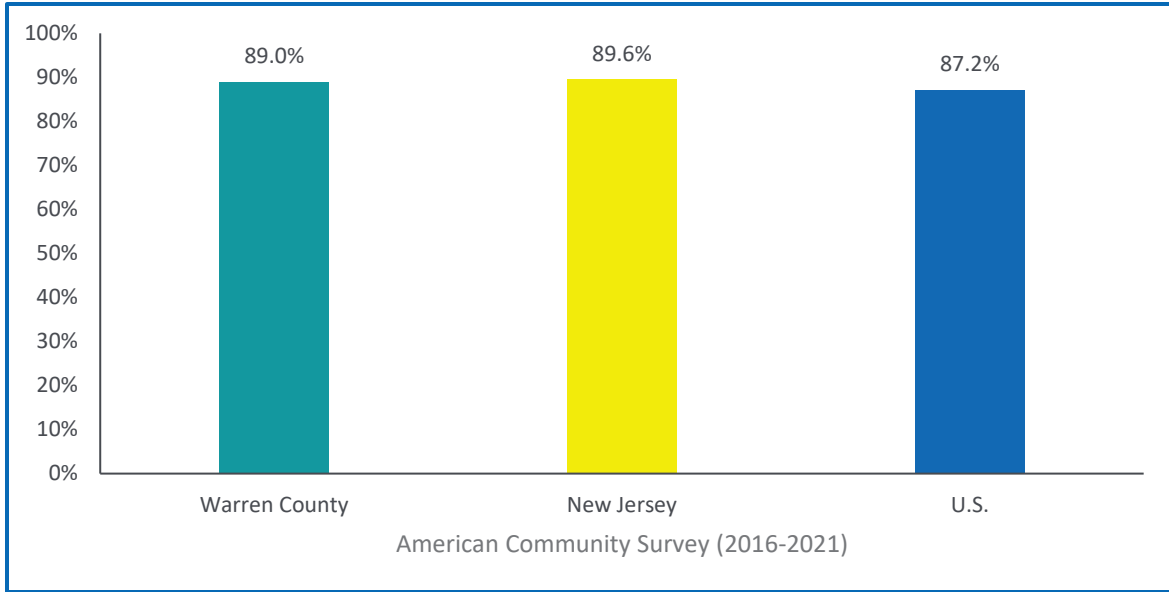
Figure 11 shows the percentage of households that have an internet subscription. The rate in Warren County (89.0%) is lower than both the state value (89.6%) and the national value (87.2%).

<sup>6</sup> County Health Rankings, Housing and Transit. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit>

<sup>7</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

<sup>8</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>

FIGURE 11. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION: WARREN COUNTY, NJ, AND U.S. COMPARISONS





# Disparities and Health Equity

Identifying disparities by population groups and geography helps to inform and focus priorities and strategies. Understanding disparities also helps us better understand root causes that impact health in a community and inform action towards health equity.

## Health Equity

Health equity focuses on the fair distribution of health determinants, outcomes, and resources across communities.<sup>9</sup> National trends have shown that systemic racism, poverty, and gender discrimination have led to poorer health outcomes for groups such as Black/African American persons, Hispanic/Latino persons, indigenous communities, people with incomes below the federal poverty level, and LGBTQ+ communities.

## Race, Ethnicity, Age & Gender Disparities: Secondary Data

Community health disparities were assessed in the secondary data using the Index of Disparity<sup>10</sup> analysis, which identifies disparities based on how far each subgroup (by race, ethnicity, or gender) is from the overall county value. For more detailed methodology related to the Index of Disparity, see Appendix A.

Table 1 identifies secondary data indicators with a statistically significant race, ethnicity, or gender disparity for Warren County, based on the Index of Disparity.

TABLE 1: INDICATORS WITH SIGNIFICANT RACE, ETHNICITY OR GENDER DISPARITIES

Age-Adjusted Death Rate due to Heart Disease	Male
Age-Adjusted Death Rate due to Unintentional Injuries	Male
Children Living Below Poverty Level	Two or More Races (Multiracial)
Families Living Below Poverty Level	Hispanic/Latino, Other
People 25+ with a Bachelor's Degree or Higher	65+, Other
People 65+ Living Below Poverty Level	Hispanic/Latino
People Living Below Poverty Level	6-11, Hispanic/Latino, Two or More Races (Multiracial)
Young Children Living Below Poverty Level	Two or More Races (Multiracial)

<sup>9</sup> Klein R, Huang D. Defining and measuring disparities, inequities, and inequalities in the Healthy People initiative. National Center for Health Statistics. Center for Disease Control and Prevention. [https://www.cdc.gov/nchs/ppt/nchs2010/41\\_klein.pdf](https://www.cdc.gov/nchs/ppt/nchs2010/41_klein.pdf)

<sup>10</sup> Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.



The Index of Disparity analysis for Warren County reveals that the Age-Adjusted Death Rate due to Heart Disease and the Age-Adjusted Death Rate due to Unintentional Injuries are higher in the Male population. Additionally, Hispanic/Latino and Multiracial populations are disproportionately impacted across various measures of poverty. These indicators include Children Living Below Poverty Level, Families Living Below Poverty Level, and People 65+ Living Below Poverty Level. Disparities can be associated with poorer health outcomes for these groups.

### Geographic Disparities

This assessment identified specific zip codes with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the Health Equity Index, Food Insecurity Index, and Mental Health Index. These indices have been developed by Conduent Healthy Communities Institute to easily identify areas of high socioeconomic need, food insecurity, or areas with poorer mental health outcomes. For all indices, counties, zip codes, and census tracts with a population over 300 are assigned index values ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher need is critical to targeting prevention and outreach activities.

### Health Equity Index

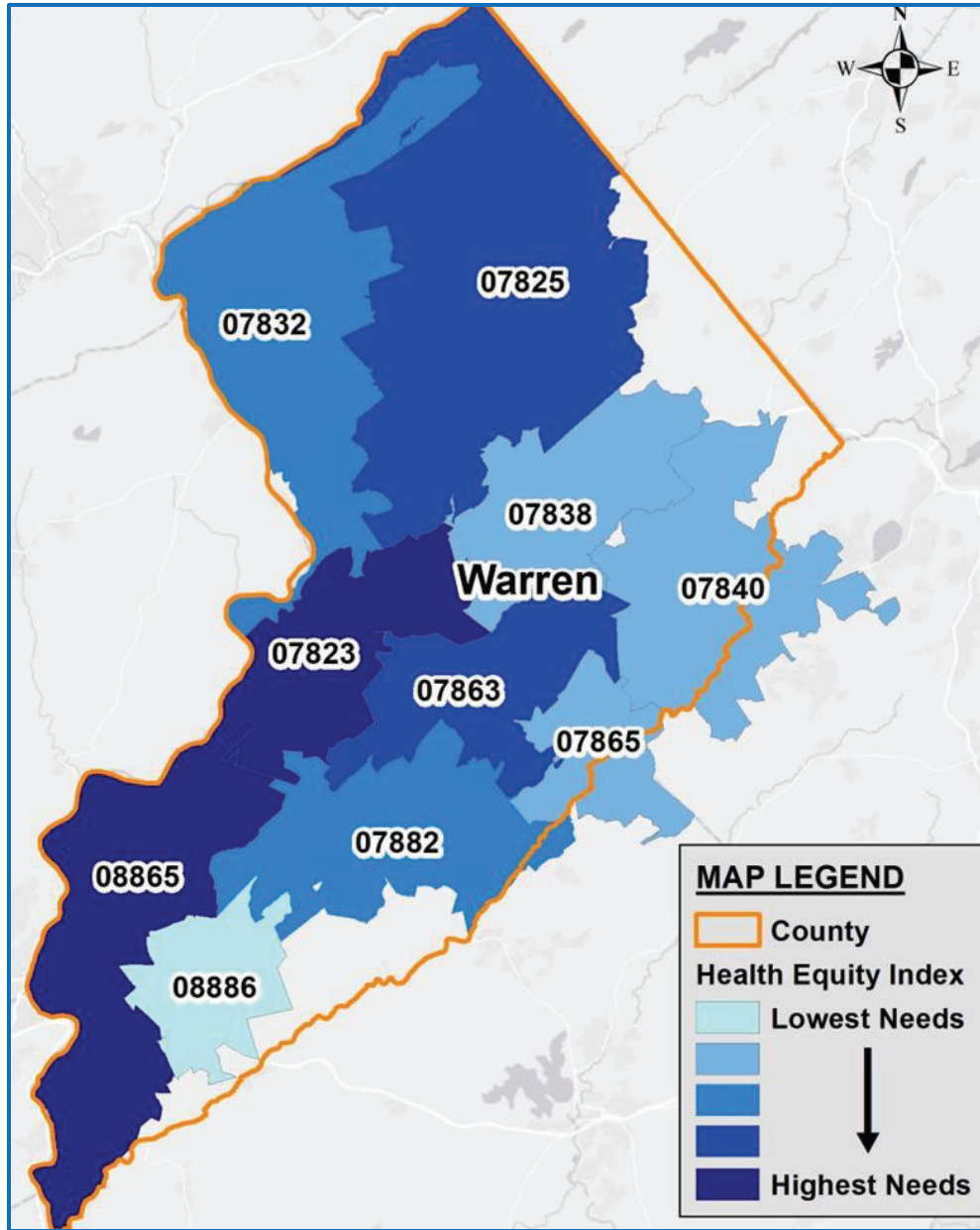
Conduent’s Health Equity Index (HEI) estimates areas of high socioeconomic need, which are correlated with poor health outcomes. Zip codes are ranked based on their index value to identify relative levels of need. Table 2 provides the index values for each zip code. The map in Figure 12 illustrates the zip code with the highest level of socioeconomic need (as indicated by the darkest shade of blue) is zip code 07823 with an index value of 39.9.

TABLE 2. SOCIONEEDS INDEX VALUES BY ZIP CODE

Zip Code	HEI Value	Rank
07823	39.9	5
08865	36	5
07825	27.2	4
07863	25.9	4
07832	23.6	3
07882	21	3
07840	18	2
07838	16.4	2
07865	14.6	2
08886	5.5	1



FIGURE 12. WARREN COUNTY HEALTH EQUITY INDEX



## Food Insecurity Index

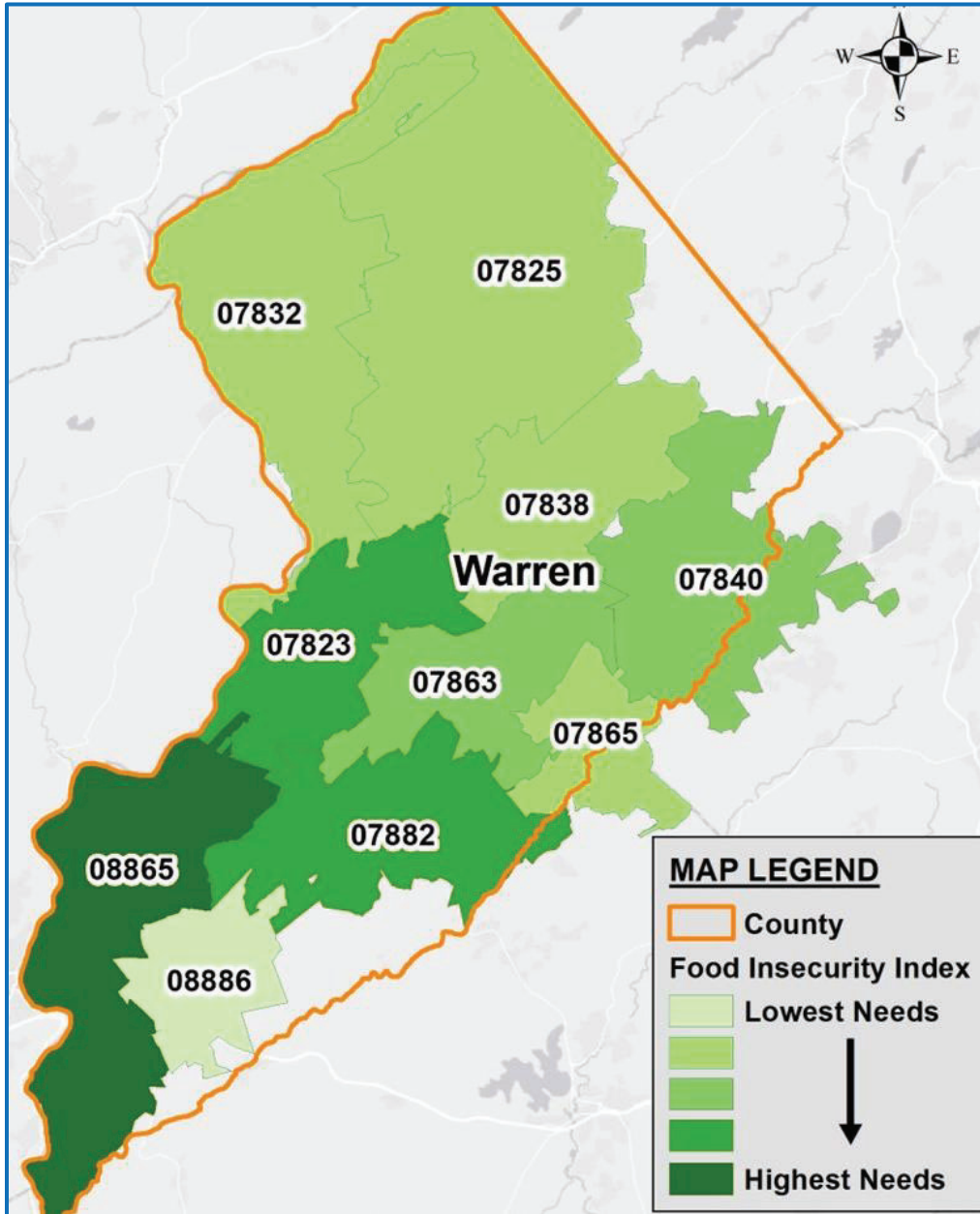
Conduent's Food Insecurity Index estimates areas of low food accessibility correlated with social and economic hardship. Zip codes are ranked based on their index value to identify relative levels of need. Table 3 provides the index values for each zip code. The map in Figure 13 illustrates the zip code with the highest level of food insecurity (as indicated by the darkest shades of green) is zip code 08865 with an index value of 53.3.

TABLE 3. FOOD INSECURITY INDEX VALUES BY ZIP CODE

Zip Code	FII Value	Rank
08865	53.3	5
07882	26	5
07823	23.4	5
07863	18.6	4
07840	12.7	3
07838	9.7	2
07865	9.5	2
07825	8.7	2
07832	8.1	2
08886	4.2	1



FIGURE 13. WARREN COUNTY FOOD INSECURITY INDEX



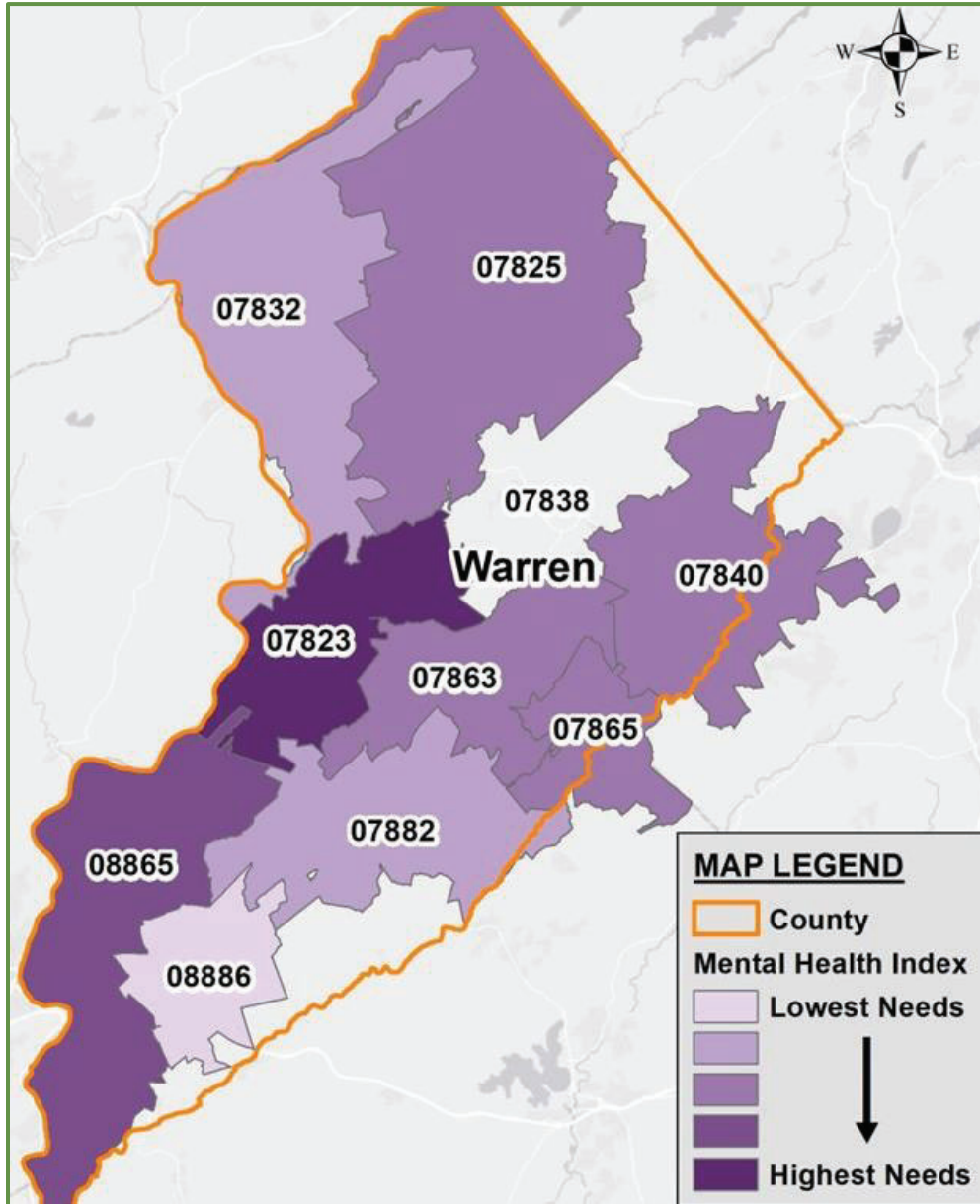
## Mental Health Index

Conduent's Mental Health Index is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Zip codes are ranked based on their index value to identify relative levels of poor mental health outcomes. Table 4 provides the index values for each zip code. The map in Figure 14 illustrates the zip code with the poorest mental health outcome (as indicated by the darkest shades of purple) is zip code 07823 with an index value of 93.5.

TABLE 4. MENTAL HEALTH INDEX VALUES BY ZIP CODE

Zip Code	MHI Value	Rank
07823	93.5	5
08865	76.1	5
07863	68.5	4
07840	65.5	4
07865	64	4
07825	60.5	3
07882	53.2	2
07832	50.3	2
08886	15.8	1

FIGURE 14. MENTAL HEALTH INDEX



## Future Considerations

While disparities in health outcomes are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Consider these factors to inform and focus strategies to positively impact a community's health and mitigate the disparities in Warren County.

# Primary and Secondary Data Methodology and Key Findings

## Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods.

HCI’s Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Warren County value was compared to a distribution of New Jersey and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 15. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs. Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Warren County.

FIGURE 15. SECONDARY DATA SCORING

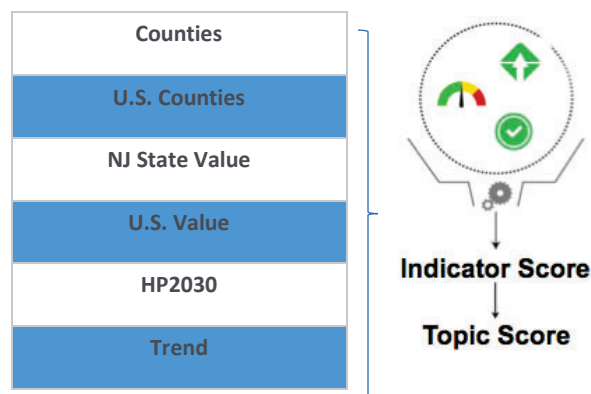
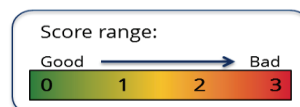


TABLE 5. TOPIC SCORING RESULTS

Health & Quality of Life Topics	Score
Tobacco Use	1.99
Women’s Health	1.78
Cancer	1.69
Alcohol & Drug Use	1.64
Children’s Health	1.62

Table 5 shows the health and quality of life topic scoring results for Warren County, with Tobacco Use as the poorest performing topic area with a score of 1.99, followed by Women’s Health with a score of 1.60. Topics that received a score of 1.60 or higher were considered a significant health need. Five topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap. Please see Appendix A for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.



## Community Feedback: Primary Data Collection & Analysis

To ensure the perspectives of community members were considered, input was collected from Warren County community members. Primary data used in this assessment consisted of online survey, key informant interviews



(KIIIs) with community stakeholders and community focus groups. These findings expanded upon information gathered from the secondary data analysis to inform this Warren County CHA.

## Community Survey

Warren County Health Department gathered community input from an online survey to inform its Community Health Assessment. The survey was promoted across the Warren County. Responses were collected from July 2023 to October 2023. The English version of the survey were made available. A paper survey was also developed and distributed. The survey consisted of 35 questions related to top health needs in the community, individuals' perception of their overall health, individuals' access to health care services, as well as social and economic determinants of health. The list of survey questions is available in Appendix B.

Survey marketing and outreach efforts included distribution of flyers throughout the county and to community partners, and through social media. A total of 471 responses were collected, which meets the threshold to be statistically significant for Warren County.

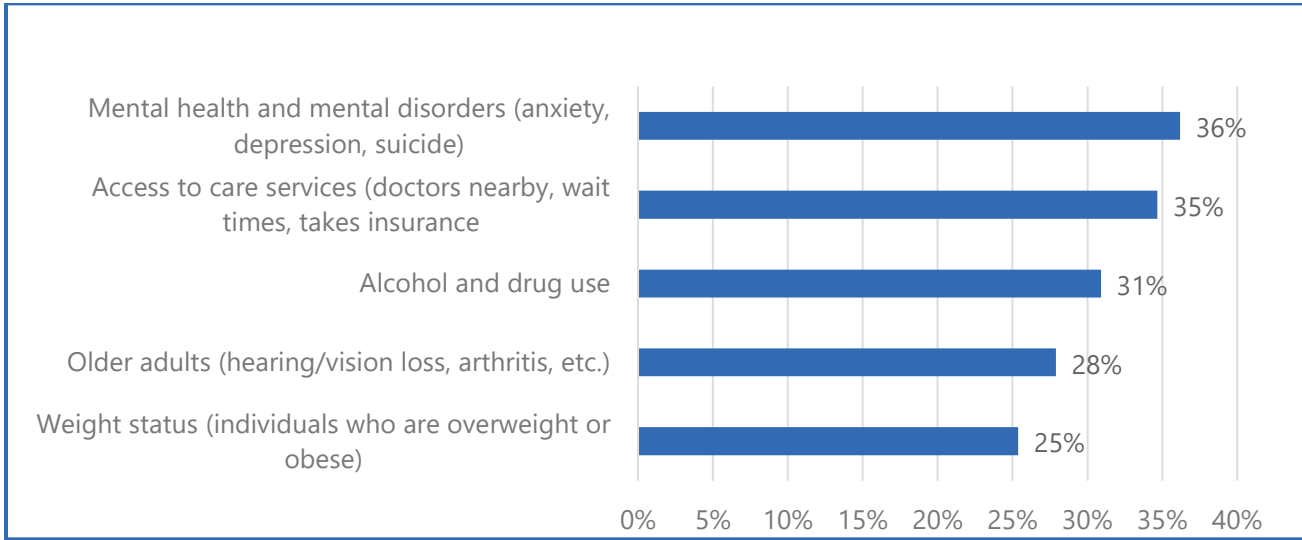
## Demographic Profile of Survey Respondents

Survey respondents were more likely to identify as female, identify as White, identify as Non-Hispanic/Latino, and between 55-84 years old when compared to the actual population estimates reflected in the demographic data for the Warren County.

## Community Survey Analysis Results

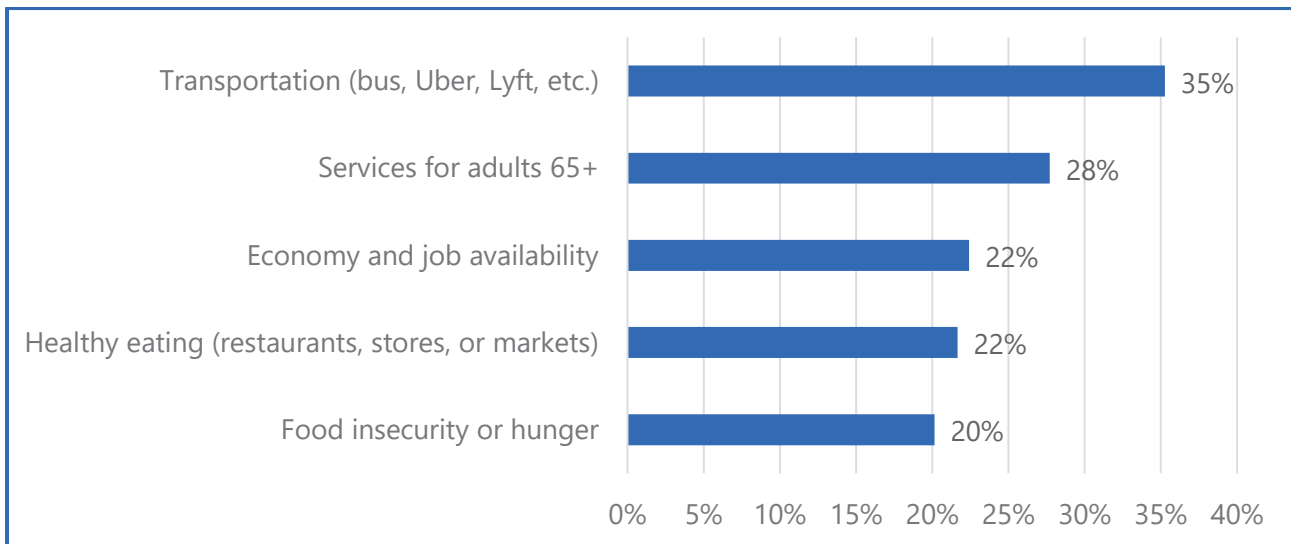
Survey participants were asked about the most important health issues and which quality of life issues they would most like to see addressed in the community. The top responses for these questions are shown in Figures 16 and 17 below.

FIGURE 16. MOST IMPORTANT COMMUNITY HEALTH ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 16, the most important community health issues identified by survey respondents were Mental Health and Mental Disorders (anxiety, depression, suicide) (36% of respondents), Access to care services (doctors nearby, wait times, takes insurance) (35%), Alcohol and Drugs Use (31%), Older Adults (hearing/vision loss, arthritis, etc.) (28%), and Weight Status (individuals who are overweight or obese) (25%). A health topic was considered to be a significant need if at least 20% of survey respondents identified it as a top health issue.

FIGURE 17. MOST IMPORTANT QUALITY OF LIFE ISSUES AMONG SURVEY RESPONDENTS



As shown in Figure 17, Transportation (bus, Uber, Lyft, etc.) (35% respondents), followed by Services for adults 65+ (28%), Economy and job availability (22%), Healthy eating (restaurants, stores, or markets) (22%), and Food Insecurity or hunger (20%). Similar to the health topics, a quality-of-life topic was considered to be a significant need if at least 20% of survey respondents identified it as a pressing issue.

Qualitative Data: Key Informant Interviews & Focus Groups

**Key Informant Interviews**

Warren County Health Department conducted key informant interviews via Microsoft Teams virtual and in-person meetings to collect community input. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, and/or being able to speak to the needs of underserved or vulnerable populations. Twelve individuals participated as key informants representing different entities serving Warren County. Table 6 lists the represented organizations that participated in the interviews.

TABLE 6. WARREN COUNTY KEY INFORMANT ORGANIZATIONS

<b>Key Informant Organizations</b>
<b>Atlantic Health System</b>
<b>Brakely Park Care Center</b>
<b>Center for Family Services</b>
<b>Community Prevention Resources of Warren County, Inc., Center for Addiction, Recovery, Education and Success (CARES of Warren)</b>
<b>DASACC</b>
<b>NORWESCAP</b>
<b>Prosecutor's Office</b>
<b>St Lukes Hospital</b>
<b>United Way</b>
<b>WC County Commissioner</b>
<b>WC Division of Aging and Disabilities</b>
<b>WC Public Safety</b>
<b>Warren County Department of Education</b>
<b>Warren Haven Rehabilitation and Nursing</b>
<b>Zufall</b>

The twelve key informant interviews took place July through September 2023 via phone. The questions focused on the interviewee’s background and organization, the greatest perceived health needs and barriers of concern in the community and the impact of health issues on the populations they serve and other vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the



secondary data. Additionally, questions were included to obtain feedback about the impact of COVID-19 on their community. A list of the questions asked in the key informant interviews can be found in Appendix B.

**Focus Groups Methodology**

Focus groups were also conducted by Warren County Health Department. The focus of these facilitated group conversations was to gain deeper insights about perceptions, attitudes, experiences, or beliefs held by community members about their health and the health of their community. The data collected through the focus group process provides adjunct information to the quantitative data collection methods in a mixed methods approach. While the data collected is useful in gaining insight into a topic that may be more difficult to gather through other data collection methods, it is important to note that the information collected in an individual focus group is not necessarily representative of other groups.

The project team developed a focus group guide made up of a series of questions and prompts about the health and well-being of residents in Warren County (see Appendix B). Community members were asked to speak to barriers and assets to their health and access to healthcare. Three in-person and virtual focus groups were hosted across Warren County from July 2023 to September 2023. Discussions lasted approximately 60 to 90 minutes. Trained facilitators implemented techniques to ensure that everyone was able to participate in the discussion. Key community groups who participated in these focus groups include representatives from: 1) Warren County Allamuchy OWLS 2) Warren County Community Health Workers and 3) Warren County Superintendents.

**QUALITATIVE ANALYSIS RESULTS**

The project team captured detailed transcripts of the focus group sessions. The text from these transcripts were analyzed using the qualitative analysis program Dedoose<sup>11</sup>. Text was coded using a pre-designed codebook, organized by themes, and analyzed for significant observations.

Table 7 below summarizes the top health and quality of life categories that were identified from the key informant interviews and focus groups. These top need areas were synthesized with findings from secondary data analysis to identify overall health needs for consideration for prioritization in Warren County.

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<sup>11</sup> Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC [www.dedoose.com](http://www.dedoose.com)



TABLE 7. WARREN COUNTY TOP NEEDS IDENTIFIED THROUGH QUALITATIVE DATA ANALYSIS

Topic
Access to Health Care Services
Alcohol & Drug Use
Childrens Health
Food Insecurity/Healthy Eating
Mental Health & Mental Disorders
Older Adult Health
Transportation

## Data Considerations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. Each data source used in this assessment was evaluated based on its strengths and limitations during data synthesis and should be kept in mind when reviewing this report.

For both primary and secondary data, immense efforts were made to include as wide a range of community health indicators, community survey, key informants, and focus group participants as possible. Although the topics by which data are organized cover a wide range of health and quality of life areas, within each topic there is a varying scope and depth of secondary data indicators and primary data findings.

Secondary data were limited by the availability of data, with some health topics having a robust set of indicators, while others were more limited. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available, ranging from census tract or zip code to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Due to variations in geographic boundaries, population sizes, and data collection techniques for different locations (zip codes, and counties), some datasets are not available for the same time spans or at the same level of localization. Finally, persistent gaps in data exist for certain community health issues.

For the primary data, the breadth of findings is dependent upon who self-selected to participate as key informants and focus group participants. Additionally, the community survey was a convenience sample, which means results may be vulnerable to selection bias and make the findings less generalizable.



# Warren County Health Concerns

## Overview

Multiple types of data were collected and analyzed to inform this Community Health Assessment. They include the following data collection activities:

- Secondary Data Analysis of 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life
- Community Survey
- Twelve key informant interviews with key community partners
- Three community focus groups with Warren County organizations.

## Significant Health Needs

Findings from the data sources described above were analyzed and combined to identify the significant health needs for Warren County. Figure 18 illustrates the six significant health needs, listed in alphabetical order, that were included for prioritization based on the findings of all forms of data collected for the Warren County 2023 Community Health Assessment.

FIGURE 18. WARREN COUNTY SIGNIFICANT HEALTH NEEDS



# Prioritization

To better target activities to address the most pressing health needs in the community, Warren County Health Department convened a group of community members and leaders to participate in a presentation of data on significant health needs facilitated by HCI. Following the data presentation and facilitated discussion, participants were given access to an online link to complete a scoring exercise to assign a score to each significant health need based on a set of criteria.

Following the prioritization, members from the Warren County Health Department reviewed and discussed the scoring results of the prioritized significant community needs and identified four priority areas to be considered for subsequent implementation planning.

## Process

An invitation to participate in the Warren County data synthesis presentation and virtual prioritization activity was sent out in the weeks preceding the meeting held on Friday, November 17th, 2023. A total of 12 individuals representing local hospital systems, health department as well as community-based organizations, and nonprofits attended the virtual meeting.

During the November 17<sup>th</sup> meeting, the group reviewed and discussed the results of HCI's primary and secondary data analyses leading to the significant health needs shown in Figure 18. A one-page handout called a "Prioritization Cheat Sheet" (see Appendix D) was provided to participants to support the prioritization activity. From there, participants were given time to access an online link and assign a score to each of the significant health needs based on how well they met the criteria set forth by the public health department and hospital. The group also agreed that root causes, disparities, and social determinants of health would be considered for all prioritized health topics resulting from the online prioritization activity.

The criteria for prioritization included:

### 1. Magnitude of the Issue

- How many people in the community are or will be impacted?
- How does the identified need impact health and quality of life?
- Has the need changed over time?

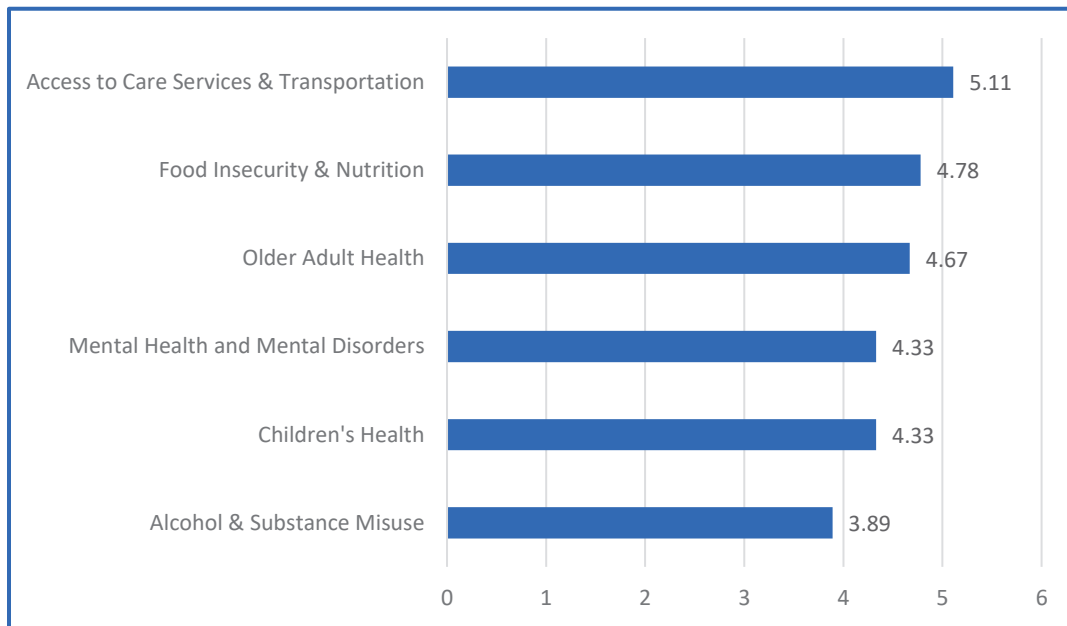
### 2. Ability to Impact

- Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?
- Does the hospital or health system have the expertise or resources to address the identified health need?
- Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?

Participants assigned a score of 1-3 to each health topic and criterion, with a higher score indicating a greater need for that topic to be prioritized. For example, participants assigned a score of 1-3 to each topic based on whether the magnitude was (1) least concerning, (2) somewhat concerning or (3) most concerning. Along a similar line, participants assigned a score of 1-3 to each topic based on (1) least ability to impact (2) some ability to impact or (3) most ability to impact. In addition to considering the data presented by HCI in the presentation and on the prioritization cheat sheet, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health topic and criterion. Numerical scores for the two criteria were equally weighted and averaged to produce an aggregate score and overall ranking for each health topic. The aggregate ranking can be seen in Table 8 below.

TABLE 8. PERCENTAGE OF OVERALL RESULTS OF PRIORITIZATION ACTIVITY(N=9)



## Prioritized Significant Health Needs

Following the prioritization session, members from Warren County Health Department reviewed and discussed the scoring results of the prioritized significant community needs and identified four overall priority areas to be considered for integration into the Community Health Improvement Planning process. These included combining Access to care services & Transportation, Food Insecurity & Nutrition, and Older Adult Health (Figure 19).

A deeper dive into the primary and secondary data for each of these priority health topics is provided in the next section of the report. This information highlights how each topic became a high priority health are for Warren County.

FIGURE 19. 2023 WARREN COUNTY PRIORITIZED HEALTH NEEDS













# Prioritized Health Needs

The following section provides a detailed description of each prioritized health need. An overview is provided for each health topic, followed by a table highlighting the poorest performing indicators and a description of key themes that emerged from community feedback. The four prioritized health needs are presented in alphabetical order.

Each prioritized health topic includes key themes from community input and secondary data warning indicators. The warning indicators shown for certain health topics are above the 1.60 threshold for Warren County and indicate areas of concern. See the legend below for how to interpret the distribution gauges and trend icons used within the data scoring results tables.

	Indicates the county fell in the bottom 10% of all counties in the distribution. The county fares worse than 90% of all counties in the distribution.
	Indicates the county is in the top 30% of all counties in the distribution. The county fares better than 70% of all counties in the distribution.
	The indicator is trending up, significantly, and this is not the ideal direction.
	The indicator is trending up and this is not the ideal direction.
	The indicator is trending down, significantly, and this is the ideal direction.
	The indicator is trending down and this is the ideal direction.
	The indicator is trending up, significantly, and this is the ideal direction.
	The indicator is trending up and this is the ideal direction.

## Prioritized Health Topic #1: Access to Care & Transportation

### Access to Care & Transportation Healthcare Access



**35%** of community survey respondents ranked *Access to care services (doctors nearby, wait times, takes insurance)* as a top important health issue in the community

#### Community Feedback

- Lack of knowledge/awareness of resources
- Limited providers accepting Medicaid
- Lack or Limited health insurance coverage &/or high deductible costs
- Lack of access to early intervention care/treatment leads to lower utilization of healthcare services
- Lack of access to prenatal care
- Language barriers
- Work constraints (i.e. Inability to take time off to access services during available times)
- Need for behavioral health services & other specialists in the county

### Access to Care & Transportation Transportation



**35%** of community survey respondents ranked *Transportation (bus, Uber, Lyft, etc.)* as the top social need that they would like to see improved in the community

#### Community Feedback

- Lack or limited public transportation options that are affordable (ie. Uber/Lyft/taxis)
- Free bus has limited bus stops
- Time to travel is long using NJ transit
- Reliable transportation not available all hours needed
- People with disabilities have difficulty accessing transportation
- Medicaid program provides limited transportation (20 mile radius)

## Secondary Data

### Health Care Access & Quality

From the secondary data scoring results, Health Care Access & Quality has the 7<sup>th</sup> highest data score of all topic areas, with a score of 1.51. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.70) were categorized as indicators of concern and are listed in Table 9 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 9: DATA SCORING RESULTS FOR HEALTH CARE ACCESS & QUALITY

SCORE	HEALTH CARE ACCESS & QUALITY	County	State	US	State Counties	US Counties	Trend
2.19	Preventable Hospital Stays: Medicare Population (2021) <i>discharges/100,000 Medicare enrollees</i>	3388	2929	2686			
1.92	Children with Health Insurance (2021) <i>percent</i>	93.1	96.4	94.6			
1.72	Adults Unable to Afford to See a Doctor (2020) <i>percent</i>	10.9	11.1	9.8		—	

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

Preventable Hospital Stays: Medicare Population is the top area of concern related to Health Care Access & Quality in Warren County. There were 3,388 discharges per 100,000 Medicare enrollees, which falls in the worst 25% of counties in the nation. The indicator Children with Health Insurance shows the percentage of children under 19 that have any type of health insurance coverage. The value for Warren County (93.1%) is in the worst 25% of counties in both the state and nation. Furthermore, the percent of Adults Unable to Afford to See a Doctor is 10.9% and the trend over time is showing increasing concern.

## Primary Data

### Health Care Access & Quality

Health Care Access & Quality emerged as a prominent health need identified by survey respondents, key informants, and focus group participants during the CHA process. In the survey, thirty-five percent (35%) of respondents ranked access to care services as the second most important health issue in Warren County. Twenty-two percent (22%) of participants indicated a lack of access to affordable healthcare services within the community, while nineteen percent (19%) faced challenges in obtaining services within a reasonable timeframe or distance from their home or workplace. Affordability and accessibility of healthcare services were extensively discussed in key informant and focus group conversations. The discussions highlighted the impact of limited health insurance coverage, high deductible costs, or providers not accepting Medicaid, emphasizing the crucial need for knowledge and awareness of available resources. Accessibility barriers included difficulties in connecting to services within a reasonable timeframe or distance from home or work. Participants also addressed issues such as the limited availability of prenatal care, a shortage of behavioral health specialists, and the importance of culturally competent care. The provided quotes offer a glimpse into the lived experiences of the immigrant/undocumented population within the community.

### Transportation

Transportation emerged as a primary social and economic concern for Warren County residents, topping the list of improvements they would most like to see in the community. Thirty-five percent (35%) of survey respondents identified transportation as the number one most important issue to address. Insights from focus groups and key informant interviews revealed concerns about the lack or limited availability of affordable public transportation



options. Sixty-two percent (62%) of survey participants expressed that transportation is not easily accessible when needed. Further discussions with participants emphasized the prolonged travel times using the NJ transit system or its unavailability during the hours required. The provided quotes shed light on the experiences of agricultural workers living and working within the community, emphasizing that time and transportation pose significant barriers to care.

FIGURE 20: MOST IMPORTANT "HEALTH PROBLEMS" IMPACTING THE WARREN COUNTY POPULATION

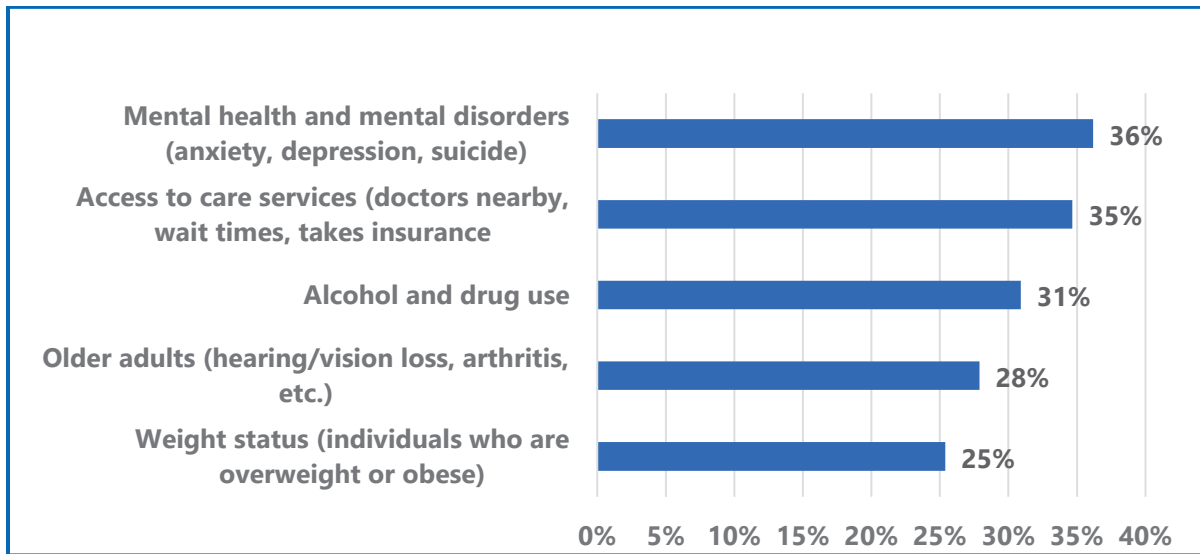
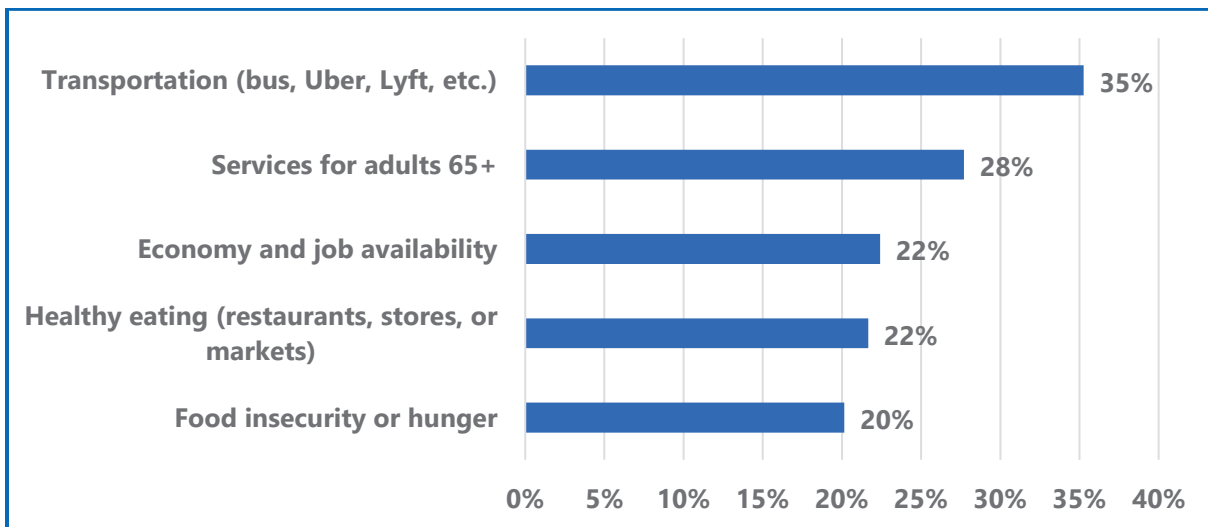


FIGURE 21: MOST IMPORTANT "SOCIAL & ECONOMIC ISSUES" WARREN COUNTY RESIDENTS WANT IMPROVED



## Prioritized Health Topic #1: Access to Care & Transportation

Quotes from community partner interviews.



.....  
The undocumented population does not have access to as many resources as other communities. There is also fear of reaching out to a doctor to be reported/deported.  
- Community Partner Interview  
.....



.....  
I mainly work with agricultural workers in the county and when it comes to these people, I would say time and transportation is the biggest barrier for them to get care. These people, because they're agricultural workers, they're working sunup/sundown almost seven days a week. It's hard for them to get care. So that's the reason why we bring out the mobile clinics.  
- Community Partner Interview  
.....



## Prioritized Health Topic #2: Food Insecurity & Nutrition

### Food Insecurity & Nutrition



**42%** of community survey respondents ranked *Food Insecurity & Nutrition* as an important health issue in the community

#### Community Feedback





- Increase in food pantry utilization
- No grocery store in towns (Phillipsburg)
- Lack of access to healthy/affordable food due to transportation barriers
- SNAP/food stamps need increased fundings
- No way to deliver food except through Meals on Wheels
- Only fast food options that are accessible
- No access to nutritional food/produce

## Secondary Data

The main indicator of concern for the topic area is Food Insecure Children Likely Ineligible for Assistance, which shows the percentage of food insecure children in households with incomes above 185% of the federal poverty level who are likely not income-eligible for federal nutrition assistance. The value for Warren County (32.0%) is in the worst 25% of counties for both the state and the nation.

TABLE 10: DATA SCORING RESULTS FOR FOOD INSECURITY & NUTRITION

SCORE	FOOD INSECURITY & NUTRITION	County	State	US	State Counties	US Counties	Trend
2.50	Food Insecure Children Likely Ineligible for Assistance (2020) <i>percent</i>	32.0	12.0	29.0			—

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

## Primary Data

Forty-two percent (42%) of survey respondents in Warren County highlighted Food Insecurity & Nutrition as a crucial health issue to address. Weight status emerged as one of the most significant health concerns for the community, with a particular emphasis on the desire to improve healthy eating options in various establishments, including restaurants, stores, and markets, along with addressing food insecurity or hunger. In-depth discussions during key informant interviews and focus groups revealed that transportation barriers contribute to a lack of access to healthy and affordable food. This limitation often leads residents to rely on fast food, and the only available food delivery option is Meals on Wheels. Phillipsburg residents specifically expressed the need for local grocery stores and emphasized the importance of funding for SNAP/Food stamps. Additionally, forty-nine percent (49%) of survey respondents noted challenges in reaching grocery stores when needed, with limited access to affordable and healthy food options in nearby corner stores, grocery stores, or farmers' markets. The HCI food insecurity index identified zip codes 08865 (Phillipsburg, NJ), 07823 (Belvidere, NJ), and 07882 (Washington, NJ) as having the highest need, correlating with household and community measures of food-related financial stress, such as Medicaid and SNAP enrollment. The provided quotes offer a glimpse into the lived experiences of community members, emphasizing the crucial themes of affordability and accessibility of nutritious food.

## Prioritized Health Topic #2: Food Insecurity & Nutrition

Quotes from Key Informant Interviews and Focus Groups

“

.....  
Idea for town council to put in an ordinance putting moratorium on fast food restaurants/the distance between fast food restaurants, incentivizing grocery stores with tax cuts.  
- Key Informant  
.....

”

“

.....  
Lack of access to healthy/affordable food due to transportation barriers. Walking isn't a feasible option because of a highway that goes right through.  
- Key Informant  
.....

”

“

.....  
If you don't have food it goes from a desert to a swamp. Fast food restaurants are brought in where people can walk to. There is no access to food with nutritional value like produce, exacerbating diabetes, heart disease, and obesity.  
- Key Informant  
.....

”

## Prioritized Health Topic #3: Older Adult Health

### Older Adult Health



**28%** of community survey respondents ranked *Services for adults 65+* as an important health issue in the community













#### Community Feedback

- Higher rates of suicide deaths & opioid overdoses in ages 40s & above
- Lack of knowledge on navigation of resources (accessing medication & insurance)
- Transportation issues & providers offices are far (live in rural/remote locations)
- COVID Impact: Increased isolation, cancelled extracurricular activities, difficulty scheduling appointments, adult meal programs cancelled, no access to internet

#### Secondary Data

Older Adult Health had the 6th highest data score of all topic areas, with a score of 1.55. Further analysis was done to identify specific indicators of concern, which include indicators with high data scores (scoring at or above the threshold of 1.70) and seen in Table 11. See Appendix A for the full list of indicators categorized within this topic.

TABLE 11: DATA SCORING RESULTS FOR OLDER ADULT HEALTH

SCORE	OLDER ADULT HEALTH	County	State	US	State Counties	US Counties	Trend
2.64	Atrial Fibrillation: Medicare Population (2021) <i>percent</i>	16.0	14.0	14.0			
2.36	Chronic Kidney Disease: Medicare Population (2021) <i>percent</i>	20.0	16.0	17.0			
2.36	Heart Failure: Medicare Population (2021) <i>percent</i>	14.0	11.0	11.0			
2.31	Mammography Screening: Medicare Population (2021) <i>percent</i>	40.0	43.0	45.0			



<b>2.25</b>	Adults 65+ who Received Recommended Preventive Services: Males (2020) <i>percent</i>	33.6		43.7			—
<b>2.19</b>	Ischemic Heart Disease: Medicare Population (2021) <i>percent</i>	26.0	24.0	21.0			
<b>1.97</b>	Hyperlipidemia: Medicare Population (2021) <i>percent</i>	70.0	71.0	63.0			
<b>1.92</b>	People 65+ Living Below Poverty Level (Count) (2017-2021) <i>people</i>	1477	—	—	—	—	
<b>1.83</b>	Diabetic Monitoring: Medicare Population (2019) <i>percent</i>	86.6	87.6	87.5			
<b>1.81</b>	Stroke: Medicare Population (2021) <i>percent</i>	7.0	7.0	6.0			

\*HP2030 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2030 represents a Healthy People target to be met by 2030.

From the secondary data results, several indicators raise concern for Warren County. The percentages of the Medicare population in Warren County with atrial fibrillation, chronic kidney disease, heart failure, and ischemic heart disease were all in the worst 25% of counties in both the state and the nation. Early screening and preventive measures for the Medicare population in Warren County also have potential for improvement, with percentages for mammography screening and diabetic monitoring lower than that of both the state and national values.

## Primary Data

Twenty-eight percent (28%) of respondents in the community survey identified services for adults aged 65 and older as a significant health concern. Key informant interviews and focus groups revealed heightened rates of deaths and opioid overdoses among individuals aged 40 and above. Further discussions underscored challenges related to navigating resources and services, such as accessing medication, insurance, and dealing with transportation issues due to providers' offices being situated far from home. The COVID-19 pandemic exacerbated issues for older adults, leading to increased isolation, the cancellation of extracurricular activities, and difficulties in scheduling appointments, especially for those with limited internet access or knowledge of how to use it. The provided quotes offer additional insight into the key themes discussed in the qualitative data.

# Non-Prioritized Significant Health Needs

The following significant health need emerged from a review of the primary and secondary data. While Warren County Health Department will not directly focus on these topics in their Community Health Improvement Plan, additional opportunities will be identified to grow and expand existing work as well as implementing additional programming in new areas as they arise.

Key themes from community input are included where relevant for each non-prioritized health need, along with the secondary data score and warning indicators.

## Non-Prioritized Health Need #1: Mental Health and Mental Disorders (Anxiety, Depression)

### Mental Health and Mental Disorders



**36%** of community survey respondents ranked *Mental Health & Mental Disorders (anxiety, depression, suicide)* as the most important health issue in the community

#### Community Feedback



- Minimal mental health providers/resources or long wait times
- Minimal resources for those with substance use disorder (adults & youth) & smoking cessation (vaping)
- Lack or limited health insurance (Medicaid)
- Overall increase in depression, suicidal ideation, anxiety
- No knowledge/awareness of existing resources & stigma of seeking services
- **COVID impact:** virtual programs created barriers for those with no computer/internet access. Increased isolation, delayed emotional development & increased anxiety (school-aged kids), experiencing and dealing with loss



.....  
Healthy education programs that would be offered in the evening and in Spanish.



- Key Informant  
.....

## Non-Prioritized Health Need #2: Children's Health

### Children's Health



#### Community Feedback



- Mental Health & Behavioral health issues
- Lack of activities for kids aside from sports (specifically for those ages 12-15 years of age)
- Families without resources to bring kids out of county
- Lack of affordable/nearby activities for children during summer
- Not enough staffing for those running youth activities

Quotes from Key Informant Interviews and Focus Groups.



.....  
Another strong contributing factor to the uptick in mental health issues and behavioral problems in school, is the influence of social media on our students. Every teenager has a cell phone now.



They're more inclined to watch videos that influence the way they think and act. So, for example, sometimes we find concerning behaviors in students because they are mimicking what they see.

- Key Informant  
.....



.....  
When I come to work, I have parents calling saying they can't find a specialist. They can't get into this. They must travel an hour to do this. It's concerning because some of them don't have transportation or insurance. It's just amazing to me the differences between not only one state to another, but one town to another. Within Warren County, it's a very distinct and diverse county.



- Key Informant  
.....



.....  
I'm even hearing from families with young children that there's no summer programming. A lot of times people talk about sending their kid to camp and they have a way to get their kids to those camps. That isn't really available in most of Warren County.



- Key Informant  
.....

# Non-Prioritized Health Need #3: Alcohol & Drug Misuse

## Alcohol & Drug Misuse



**31%** of community survey respondents ranked *Alcohol & Drug Use* as an important health issue in the community

### Community Feedback

- **Resource deficit:** minimal mental health providers/resources for those with substance use disorder, limited providers that take Medicaid, don't have IOP programs for youth/in home providers/outpatient providers, need resources on smoking cessation (vaping)
- **Prevention:** Not having access to early intervention to mitigate symptoms. ACE's and trauma that was not properly addressed resurfacing later in life (i.e. high rates of childhood sexual abuse in Warren County)
- Compounding stress on economically strained populations leading to increase in stress/MH concerns
- Loss of family guidance center has impacted community greatly: mental health evaluation for children takes weeks
- Children dealing with social anxiety are turning to drug use

.....

“ I'm part of the Stigma Free Committee for Warren County, and that stigma still lies there, no matter how much we try to educate the public, especially about substance use or misuse or what substance use disorder looks like. That's another barrier. People make a lot of assumptions about people that have substance use disorder. ”

- Key Informant

.....

.....

“ Warren County has a gap in service. We don't have any inpatient treatment for either mental health or addiction services. We do have one inpatient provider, but they're more geared towards people who can pay out of pocket than towards the low-income side. ”

- Key Informant

.....



# Barriers to Care

A critical component in assessing the needs of a community includes identifying barriers to health care and social services, which can inform and focus strategies for addressing the prioritized health needs. The following section explores barriers that were identified through the primary data collection.

## Built Environment/Infrastructure

The impediments to accessing healthcare in New Jersey are compounded by the rural nature of the county and its built environment/infrastructure. A significant digital divide exists, particularly affecting residents in remote areas who must travel considerable distances to access affordable health services. The absence of public transportation in these regions, coupled with a lack of reliable personal transportation, further exacerbates the challenge. Individuals with disabilities are disproportionately affected by these circumstances.

The rural character of the county also influences the availability of nutritious food. The absence of access to affordable, healthy food options leaves many residents reliant on fast-food restaurants. The built environment and infrastructure significantly impact the well-being of individuals in any community, shaping their access to essential services and healthy food choices.

## Housing

Warren County lacks a homeless shelter, leading numerous individuals in need of housing to find themselves in temporary arrangements or living on the streets. The homelessness issue was further intensified by the impact of COVID-19, and various resources implemented during the pandemic have since been reduced. Additionally, Section 8 housing does not align with the average costs of apartments in the area. The absence of suitable housing exposes many individuals to adverse environmental conditions that can further impact their health.

## Looking Ahead

While identifying barriers and disparities are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health as well. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health and will be addressed as Warren Health Department moves forward with the development of their Community Health Improvement Plan (CHIP).

## Conclusion

The Warren County Health Department conducted a Community Health Assessment (CHA) utilizing primary and secondary data analysis to offer a comprehensive overview of health in Warren County, New Jersey. This report identifies health barriers in the community, highlighting priority health areas and providing essential information for stakeholders at all levels to enhance collaborative efforts. The mission of the Warren County Health Department is to safeguard and enhance the health of residents and visitors in Warren County. Over the next year, the collaborative efforts will focus on developing strategies to address the priorities outlined in the report, ultimately contributing to the formulation of the Community Health Improvement Plan for Warren County.



# Appendix Summary

The following support documents are shared separately as supporting material utilized for data collection and analysis.

## **A. Secondary Data (Methodology and Data Scoring Tables)**

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

## **B. Community Input Assessment Tools**

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this collaborative CHNA:

- Community Health Survey Questions
- Key Informant Discussion Questions
- Focus Group Discussion Questions

## **C. Prioritization Toolkit**

Overview of prioritization session voting criteria.

# Appendix A. Secondary Data Methodology and Data Scoring Tables

## Secondary Data Sources

Secondary data used for this assessment were collected and analyzed from a community indicator database developed by Conduent Healthy Communities Institute (HCI). The database, maintained by researchers and analysts at HCI, includes over 150 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, national targets, and to previous time periods. The following is a list of secondary sources used in Warren County’s Community Health Assessment:

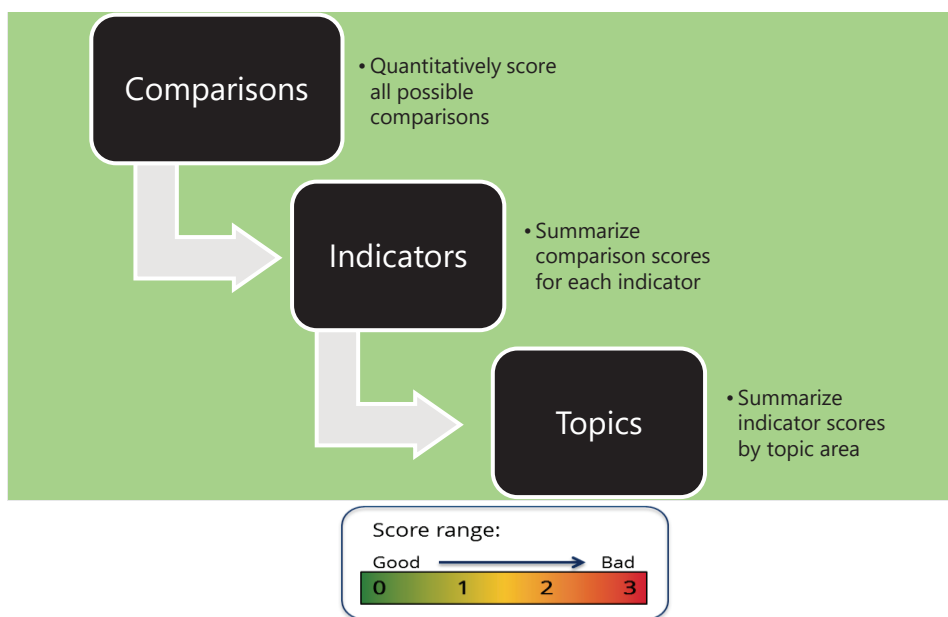
1	American Community Survey 1-Year
2	American Community Survey 5-Year
3	American Lung Association
4	Annie E. Casey Foundation
5	CDC - PLACES
6	Centers for Disease Control and Prevention
7	Centers for Medicare & Medicaid Services
8	County Health Rankings
9	Feeding America
10	Healthy Communities Institute
11	National Cancer Institute
12	National Center for Education Statistics
13	National Environmental Public Health Tracking Network
14	State of New Jersey Department of Health
15	State of New Jersey Department of Human Services, Division of Mental Health and Addiction Services
16	State of New Jersey Department of State
17	The Dartmouth Atlas of Health Care
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Census Bureau - Small Area Health Insurance Estimates
21	U.S. Environmental Protection Agency
22	United For ALICE



## Data Scoring

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on highest need. For each indicator, the Warren County value was compared to a distribution of New Jersey and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown below. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic area.

### Data scoring is done in three stages:



Due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only available at the county level. The data scoring results are therefore presented in the context of Warren County.

### Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Healthy Northeast New Jersey Community Data Platform is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.



## Comparison to Values: State, National, and Targets

Each county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

## Trend over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

## Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

## Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

## Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

## Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for the Warren County, and the indicators with the highest race or ethnicity index value were found, with their associated subgroup with the negative disparity highlighted in the [Disparity and Health Equity section](#) of this report.

## Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds ® Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

### How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

### What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

Results for the Warren County Health Equity Index can be found in the [Disparities and Health Equity section](#) of this report.

## Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

### How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

### What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

Results for the Warren County Food Insecurity Index can be found in the [Disparities and Health Equity section](#) of this report.

## Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators

related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

### How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

### What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Results for the Warren County Mental Health Index can be found in the [Disparities and Health Equity section](#) of this report.

## Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators.

Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

## Race or Ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

## DATA SCORING RESULTS

The following tables list each indicator by topic area for Warren County as of June 2023. Source keys are listed under [Secondary Data Sources](#) section of this report.

### Warren County Secondary Data Scoring Results

SCORE	ALCOHOL & DRUG USE	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.50	Adults who Drink Excessively	percent	22.8	--	18.6	19.0	2020	8
2.25	Adults who Binge Drink	percent	20.9	--	16.5	15.7	2020	14
2.19	Liquor Store Density	stores/ 100,000 population	21.9	--	19.3	10.5	2020	19
1.83	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	32.8	--	32.3	23.5	2018-2020	6
1.81	Adults who Use Alcohol: Past 30 Days	percent	61.9	--	57.1	--	2020	14
1.58	Health Behaviors Ranking		13.0	--	--	--	2023	8
1.44	Death Rate due to Drug Poisoning	deaths/ 100,000 population	28.7	20.7	32.0	23.0	2018-2020	8
1.25	Opioid Treatment Admission Rate	admissions/ 100,000 population	431.7	--	430.3	--	2021	15
1.17	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	21.8	--	22.8	27.0	2016-2020	8
0.36	Liver and Bile Duct Cancer Incidence Rate	cases/ 100,000 population	6.2	--	8.1	8.6	2015-2019	11
SCORE	CANCER	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.39	Age-Adjusted Death Rate	deaths/ 100,000 females	23.1	15.3	20.3	19.6	2016-2020	11



	due to Breast Cancer							
2.33	Non-Hodgkin Lymphoma Incidence Rate	<i>cases/100,000 population</i>	23.5	--	21.9	19.0	2015-2019	11
2.31	All Cancer Incidence Rate	<i>cases/100,000 population</i>	508.6	--	488.9	449.4	2015-2019	11
2.31	Mammography Screening: Medicare Population	<i>percent</i>	40.0	--	43.0	45.0	2021	7
2.31	Melanoma Incidence Rate	<i>cases/100,000 population</i>	26.6	--	21.9	22.9	2015-2019	11
2.14	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	64.2	--	53.5	56.3	2015-2019	11
2.03	Age-Adjusted Death Rate due to Pancreatic Cancer	<i>deaths/100,000 population</i>	12.5	--	11.3	11.1	2016-2020	11
2.03	Colorectal Cancer Incidence Rate	<i>cases/100,000 population</i>	43.7	--	39.8	37.7	2015-2019	11
2.00	Mammogram in Past 2 Years: 50-74	<i>percent</i>	70.6	80.5	--	78.2	2020	5
1.94	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	37.6	25.1	30.2	35.0	2016-2020	11
1.81	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/100,000 population</i>	12.5	--	11.4	12.0	2015-2019	11
1.78	Age-Adjusted Death Rate due to Cancer	<i>deaths/100,000 population</i>	155.6	122.7	141.0	149.4	2016-2020	11
1.75	Adults with Cancer	<i>percent</i>	7.5	--	--	6.5	2020	5
1.75	Breast Cancer Incidence Rate	<i>cases/100,000 females</i>	132.7	--	138.8	128.1	2015-2019	11
1.69	Pancreatic Cancer Incidence Rate	<i>cases/100,000 population</i>	14.8	--	14.7	13.2	2015-2019	11
1.64	Cancer: Medicare Population	<i>percent</i>	12.0	--	13.0	11.0	2021	7

1.47	Prostate Cancer Incidence Rate	<i>cases/100,000 males</i>	121.6	--	140.1	109.9	2015-2019	11
1.42	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	71.8	--	--	72.4	2020	5
1.17	Cervical Cancer Incidence Rate	<i>cases/100,000 females</i>	7.2	--	7.7	7.7	2015-2019	11
1.08	Cervical Cancer Screening: 21-65	<i>Percent</i>	83.3	--	--	82.8	2020	5
0.67	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/100,000 males</i>	16.0	16.9	16.7	18.8	2016-2020	11
0.44	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/100,000 population</i>	11.2	8.9	13.0	13.1	2016-2020	11
0.36	Liver and Bile Duct Cancer Incidence Rate	<i>cases/100,000 population</i>	6.2	--	8.1	8.6	2015-2019	11
<b>SCORE</b>	<b>CHILDREN'S HEALTH</b>	<b>UNITS</b>	<b>WARREN COUNTY</b>	<b>HP2030</b>	<b>NJ</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.50	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	32.0	--	12.0	29.0	2020	9
2.14	Children with Elevated Blood Lead Levels	<i>percent</i>	3.7	--	2.3	--	2019	4
1.92	Children with Health Insurance	<i>percent</i>	93.1	--	96.4	94.6	2021	1
1.64	Kindergartners with Required Immunizations	<i>percent</i>	94.3	--	94.3	--	2022-2023	14
1.36	Substantiated Child Abuse Rate	<i>cases/1,000 children</i>	3.2	8.7	2.5	8.9	2019	4

1.00	Child Food Insecurity Rate	percent	9.1	--	9.0	16.1	2020	9
0.75	Child Care Centers	per 1,000 population under age 5	9.5	--	8.2	7.0	2022	8
SCORE	COMMUNITY	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.36	Solo Drivers with a Long Commute	percent	55.8	--	43.1	37.0	2017-2021	8
2.22	Workers Commuting by Public Transportation	percent	1.2	5.3	9.8	4.2	2017-2021	2
2.19	Mean Travel Time to Work	minutes	34.4	--	31.5	26.8	2017-2021	2
1.83	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/100,000 population	9.2	--	6.5	--	2018-2020	14
1.75	Female Population 16+ in Civilian Labor Force	percent	60.4	--	60.8	58.7	2017-2021	2
1.69	People 65+ Living Alone	percent	27.8	--	25.9	26.3	2017-2021	2
1.69	Workers who Drive Alone to Work	percent	79.0	--	67.3	73.2	2017-2021	2
1.64	People 65+ Living Alone (Count)	people	5553	--	--	--	2017-2021	2
1.56	Median Monthly Owner Costs for Households without a Mortgage	dollars	941	--	1102	538	2017-2021	2
1.47	Social Associations	membership associations / 10,000 population	9.3	--	8.5	9.1	2020	8
1.47	Voter Turnout: Presidential Election	percent	72.0	--	72.0	--	2020	16
1.42	Persons with Health Insurance	percent	92.0	92.4	91.3	--	2020	20
1.42	Social and Economic Factors Ranking	rate	9.0	--	--	--	2023	8

1.36	People 25+ with a Bachelor's Degree or Higher	percent	34.5	--	41.5	33.7	2017-2021	2
1.36	Substantiated Child Abuse Rate	cases/1,000 children	3.2	8.7	2.5	8.9	2019	4
1.28	Mortgaged Owners Median Monthly Household Costs	dollars	2173	--	2560	1697	2017-2021	2
1.22	Median Household Gross Rent	dollars	1177	--	1436	1163	2017-2021	2
1.17	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	21.8	--	22.8	27.0	2016-2020	8
1.17	Median Housing Unit Value	dollars	272500	--	355700	244900	2017-2021	2
1.14	Population 16+ in Civilian Labor Force	percent	61.8	--	61.7	59.6	2017-2021	2
1.14	Youth not in School or Working	percent	5.3	--	5.6	6.9	2017-2021	2
1.08	Households with One or More Types of Computing Devices	percent	92.6	--	93.9	93.1	2017-2021	2
1.03	Linguistic Isolation	percent	2.5	--	6.9	4.2	2017-2021	2
1.00	Single-Parent Households	percent	19.9	--	22.0	25.1	2017-2021	2
0.81	Young Children Living Below Poverty Level	percent	11.3	--	14.5	18.5	2017-2021	2
0.75	Households with an Internet Subscription	percent	89.0	--	89.6	87.2	2017-2021	2
0.75	Median Household Income	dollars	85163	--	89703	69021	2017-2021	2
0.75	Per Capita Income	dollars	42025	--	46691	37638	2017-2021	2
0.58	People 25+ with a High School Diploma or Higher	percent	93.2	--	90.5	88.9	2017-2021	2



0.58	Persons with an Internet Subscription	percent	92.7	--	91.9	89.9	2017-2021	2
0.53	Children Living Below Poverty Level	percent	9.8	--	13.5	17.0	2017-2021	2
0.53	Total Employment Change	percent	1.3	--	0.4	0.9	2019-2020	19
0.50	People Living Below Poverty Level	percent	7.8	8.0	9.8	12.6	2017-2021	2
0.25	Homeownership	percent	68.5	--	58.0	57.4	2017-2021	2
SCORE	DIABETES	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
1.83	Diabetic Monitoring: Medicare Population	percent	86.6	--	87.6	87.5	2019	17
1.36	Diabetes: Medicare Population	percent	26.0	--	28.0	24.0	2021	7
1.08	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	17.6	--	18.2	22.6	2018-2020	14
1.00	Adults 20+ with Diabetes	percent	6.8	--	--	--	2020	6
SCORE	ECONOMY	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	32.0	--	12.0	29.0	2020	9
2.44	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	38.6	25.5	33.3	27.4	2021	1
2.31	Households with Cash Public Assistance Income	percent	2.8	--	2.1	2.6	2017-2021	2
1.92	People 65+ Living Below Poverty Level (Count)	people	1477	--	--	--	2017-2021	2

1.75	Female Population 16+ in Civilian Labor Force	percent	60.4	--	60.8	58.7	2017-2021	2
1.67	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	60.9	--	63.0	--	2021	22
1.56	Median Monthly Owner Costs for Households without a Mortgage	dollars	941	--	1102	538	2017-2021	2
1.53	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	28.2	--	26.0	--	2021	22
1.50	Households that are Below the Federal Poverty Level	percent	11.0	--	11.0	--	2021	22
1.47	Unemployed Workers in Civilian Labor Force	percent	3.9	--	4.1	3.9	February 2023	18
1.42	Social and Economic Factors Ranking		9.0	--	--	--	2023	8
1.36	Size of Labor Force	persons	60302	--	--	--	February 2023	18
1.33	Food Insecurity Rate	percent	8.9	--	7.4	11.8	2020	9
1.28	Mortgaged Owners Median Monthly Household Costs	dollars	2173	--	2560	1697	2017-2021	2
1.25	People 65+ Living Below Poverty Level	percent	7.6	--	8.7	9.6	2017-2021	2
1.22	Median Household Gross Rent	dollars	1177	--	1436	1163	2017-2021	2

1.17	Median Housing Unit Value	dollars	272500	--	355700	244900	2017-2021	2
1.14	Adults with Disability Living in Poverty (5-year)	percent	19.8	--	20.9	24.9	2017-2021	2
1.14	Population 16+ in Civilian Labor Force	percent	61.8	--	61.7	59.6	2017-2021	2
1.14	Youth not in School or Working	percent	5.3	--	5.6	6.9	2017-2021	2
1.11	Renters Spending 30% or More of Household Income on Rent	percent	47.2	25.5	50.5	49.4	2017-2021	2
1.00	Child Food Insecurity Rate	percent	9.1	--	9.0	16.1	2020	9
0.86	Overcrowded Households	percent	1.1	--	3.5		2017-2021	2
0.81	Young Children Living Below Poverty Level	percent	11.3	--	14.5	18.5	2017-2021	2
0.75	Median Household Income	dollars	85163	--	89703	69021	2017-2021	2
0.75	Per Capita Income	dollars	42025	--	46691	37638	2017-2021	2
0.69	People Living 200% Above Poverty Level	percent	81.5	--	77.9	70.8	2017-2021	2
0.53	Children Living Below Poverty Level	percent	9.8	--	13.5	17.0	2017-2021	2
0.53	Families Living Below Poverty Level	percent	5.2	--	7.0	8.9	2017-2021	2
0.53	Students Eligible for the Free Lunch Program	percent	20.6	--	29.8	37.3	2021-2022	12
0.53	Total Employment Change	percent	1.3	--	0.4	0.9	2019-2020	19
0.50	Income Inequality		0.4	--	0.5	0.5	2017-2021	2
0.50	People Living Below	percent	7.8	8.0	9.8	12.6	2017-2021	2

	Poverty Level							
0.42	Severe Housing Problems	percent	14.0	--	20.2	17.0	2015-2019	8
0.25	Homeownership	percent	68.5	--	58.0	57.4	2017-2021	2
SCORE	EDUCATION	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
1.36	People 25+ with a Bachelor's Degree or Higher	percent	34.5	--	41.5	33.7	2017-2021	2
0.75	Child Care Centers	per 1,000 population under age 5	9.5	--	8.2	7.0	2022	8
0.58	People 25+ with a High School Diploma or Higher	percent	93.2	--	90.5	88.9	2017-2021	2
0.53	Student-to-Teacher Ratio	students/teacher	10.6	--	11.7	15.5	2021-2022	12
SCORE	ENVIRONMENTAL HEALTH	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.19	Liquor Store Density	stores/100,000 population	21.9	--	19.3	10.5	2020	19
2.14	Children with Elevated Blood Lead Levels	percent	3.7	--	2.3	--	2019	4
1.81	Annual Particle Pollution	grade	B	--	--	--	2018-2020	3
1.50	Access to Exercise Opportunities	percent	89.4	--	96.1	84.0	2023	8
1.47	Food Environment Index		8.2	--	9.2	7.0	2023	8
1.42	Adults with Current Asthma	percent	9.5	--	--	9.2	2020	5
1.36	Number of Extreme Precipitation Days	days	25.0	--	--	--	2021	13
1.36	PBT Released	pounds	15817	--	--	--	2021	21
1.36	Recognized Carcinogens Released into Air	pounds	1767	--	--	--	2021	21

1.25	Physical Environment Ranking		1.0	--	--	--	2023	8
1.03	Annual Ozone Air Quality	grade	B	--	--	--	2018-2020	3
0.86	Overcrowded Households	percent	1.1	--	3.5	--	2017-2021	2
0.83	Asthma: Medicare Population	percent	6.0	--	7.0	6.0	2021	7
0.42	Severe Housing Problems	percent	14.0	--	20.2	17.0	2015-2019	8
SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.19	Preventable Hospital Stays: Medicare Population	discharges/100,000 Medicare enrollees	3388.0	--	2929.0	2686.0	2021	7
1.92	Children with Health Insurance	percent	93.1	--	96.4	94.6	2021	1
1.72	Adults Unable to Afford to See a Doctor	percent	10.9	--	11.1	9.8	2020	14
1.67	Non-Physician Primary Care Provider Rate	providers/100,000 population	59	--	76	--	2022	8
1.61	Primary Care Provider Rate	providers/100,000 population	60	--	85	--	2020	8
1.58	Clinical Care Ranking		12.0	--	--	--	2023	8
1.44	Dentist Rate	dentists/100,000 population	73	--	86	--	2021	8
1.42	Adults who have had a Routine Checkup	percent	76.1	--	--	74.7	2020	5
1.42	Persons with Health Insurance	percent	92.0	92.4	91.3	--	2020	20
1.39	Adults with Health Insurance	percent	93.2	--	89.7	87.8	2021	1
1.17	Mental Health Provider Rate	providers/100,000 population	242	--	270	--	2022	8
1.08	Adults who Visited a Dentist	percent	67.1	--	--	64.8	2020	5

1.08	Adults without Health Insurance	percent	12.2	--	--	15.3	2020	5
SCORE	HEART DISEASE & STROKE	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.64	Atrial Fibrillation: Medicare Population	percent	16.0	--	14.0	14.0	2021	7
2.36	Heart Failure: Medicare Population	percent	14.0	--	11.0	11.0	2021	7
2.19	Ischemic Heart Disease: Medicare Population	percent	26.0	--	24.0	21.0	2021	7
1.97	Hyperlipidemia: Medicare Population	percent	70.0	--	71.0	63.0	2021	7
1.81	Stroke: Medicare Population	percent	7.0	--	7.0	6.0	2021	7
1.58	High Cholesterol Prevalence: Adults 18+	percent	36.0	--	--	34.1	2017	5
1.50	Hypertension: Medicare Population	percent	69.0	--	69.0	65.0	2021	7
1.47	Age-Adjusted Death Rate due to Hypertensive Heart Disease	deaths/100,000 population	9.0	--	9.3	--	2018-2020	14
1.42	Adults who Experienced Coronary Heart Disease	percent	6.7	--	--	6.4	2020	5
1.42	Adults who Have Taken Medications for High Blood Pressure	percent	76.8	--	--	75.8	2017	5
1.25	Adults who Experienced a Stroke	percent	2.9	--	--	3.2	2020	5
1.25	Age-Adjusted Death Rate due to Heart Disease	deaths/100,000 population	174.6	--	162.4	--	2018-2020	14

1.17	High Blood Pressure Prevalence	percent	32.5	42.6	--	32.4	2017	5
1.08	Cholesterol Test History	percent	85.0	--	--	81.5	2017	5
1.03	Age-Adjusted Death Rate due to Heart Attack	deaths/100,000 population 35+ years	40.5	--	45.4	--	2020	13
0.86	Age-Adjusted Hospitalization Rate due to Heart Attack	hospitalizations/10,000 population 35+ years	19.4	--	23.5	--	2020	13
0.58	Adults who Experienced a Heart Attack	percent	2.2	--	3.5	--	2020	14
0.25	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	25.5	33.4	30.6	37.6	2018-2020	14
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.64	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	1.9	--	0.7	1.7	March 3, 2023	10
2.39	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	15.0	--	12.5	13.4	2018-2020	14
1.64	Chlamydia Cases	cases	274	--	--	--	2021	14
1.64	Kindergartners with Required Immunizations	percent	94.3	--	94.3	--	2022-2023	14
1.42	Pneumonia Vaccinations : Medicare Population	percent	7.0	--	6.0	19.0	2021	7
1.36	Lyme Disease Cases	cases	201	--	--	--	2021	14
1.31	Flu Vaccinations : Medicare Population	percent	53.0	--	54.0	37.0	2021	7

1.19	Adults 50+ with Influenza Vaccination	percent	55.3	--	53.3	--	2020	14
1.17	Cervical Cancer Incidence Rate	cases/100,000 females	7.2	--	7.7	7.7	2015-2019	11
1.14	Adults with Pneumonia Vaccination	percent	30.4	--	24.7	--	2020	14
0.86	Overcrowded Households	percent	1.1	--	3.5	--	2017-2021	2
0.53	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	6.8	--	9.6	11.0	March 3, 2023	10
0.53	Tuberculosis Incidence Rate	cases/100,000 population	0.9	1.4	3.3	2.4	2021	14
0.36	Liver and Bile Duct Cancer Incidence Rate	cases/100,000 population	6.2	--	8.1	8.6	2015-2019	11
SCORE	<b>MATERNAL, FETAL &amp; INFANT HEALTH</b>	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.47	Infant Mortality Rate	deaths/1,000 live births	8.0	5.0	4.4	5.9	2015-2017	14
2.22	Preterm Births	percent	10.4	9.4	9.2	--	2021	14
1.36	Very Preterm Births	percent	1.4	--	1.3	--	2021	14
0.94	Babies with Low Birthweight	percent	7.4	--	7.7	8.5	2021	14
0.94	Babies with Very Low Birthweight	percent	1.1	--	1.2	1.4	2021	14
0.86	Mothers who Received No Prenatal Care	percent	1.0	--	1.8	--	2021	14
0.50	Mothers who Received Early Prenatal Care	percent	83.6	--	74.9	78.3	2021	14
SCORE	<b>MENTAL HEALTH &amp; MENTAL DISORDERS</b>	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
1.83	Poor Mental Health: Average	days	4.7	--	4.1	4.4	2020	8



	Number of Days							
1.53	Depression: Medicare Population	percent	16.0	--	15.0	16.0	2021	7
1.42	Poor Mental Health: 14+ Days	percent	13.2	--	--	13.5	2020	5
1.36	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	9.4	12.8	--	13.9	2018-2020	14
1.25	Adults Ever Diagnosed with Depression	percent	17.9	--	--	18.4	2020	5
1.17	Mental Health Provider Rate	providers/100,000 population	242	--	270	--	2022	8
0.58	Alzheimer's Disease or Dementia: Medicare Population	percent	6.0	--	6.0	--	2021	7
0.33	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	12.2	--	22.2	31.0	2018-2020	14
				--				
<b>SCORE</b>	<b>OLDER ADULTS</b>	<b>UNITS</b>	<b>WARREN COUNTY</b>	<b>HP2030</b>	<b>NJ</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.64	Atrial Fibrillation: Medicare Population	percent	16.0	--	14.0	14.0	2021	7
2.36	Chronic Kidney Disease: Medicare Population	percent	20.0	--	16.0	17.0	2021	7
2.36	Heart Failure: Medicare Population	percent	14.0	--	11.0	11.0	2021	7
2.31	Mammography Screening: Medicare Population	percent	40.0	--	43.0	45.0	2021	7
2.25	Adults 65+ who Received Recommended Preventive Services: Males	percent	33.6	--	--	43.7	2020	5

2.19	Ischemic Heart Disease: Medicare Population	percent	26.0	--	--	21.0	2021	7
1.97	Hyperlipidemia: Medicare Population	percent	70.0	--	71.0	63.0	2021	7
1.92	People 65+ Living Below Poverty Level (Count)	people	1477	--	--	--	2017-2021	2
1.83	Diabetic Monitoring: Medicare Population	percent	86.6	--	87.6	87.5	2019	17
1.81	Stroke: Medicare Population	percent	7.0	--	7.0	6.0	2021	7
1.69	People 65+ Living Alone	percent	27.8	--	25.9	26.3	2017-2021	2
1.64	Cancer: Medicare Population	percent	12.0	--	13.0	11.0	2021	7
1.64	People 65+ Living Alone (Count)	people	5553	--	--	--	2017-2021	2
1.53	Depression: Medicare Population	percent	16.0	--	15.0	16.0	2021	7
1.50	Hypertension: Medicare Population	percent	69.0	--	69.0	65.0	2021	7
1.47	Prostate Cancer Incidence Rate	cases/100,000 males	121.6	--	140.1	109.9	2015-2019	11
1.36	COPD: Medicare Population	percent	12.0	--	12.0	11.0	2021	7
1.36	Diabetes: Medicare Population	percent	26.0	--	28.0	24.0	2021	7
1.31	Osteoporosis: Medicare Population	percent	10.0	--	11.0	11.0	2021	7
1.25	Adults 65+ who Received Recommended Preventive Services: Females	percent	39.5	--	--	37.9	2020	5
1.25	People 65+ Living Below Poverty Level	percent	7.6	--	--	9.6	2017-2021	2
1.19	Adults 50+ with Influenza Vaccination	percent	55.3	--	53.3	--	2020	14

1.03	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.0	--	35.0	--	2021	7
0.92	Adults 65+ with Total Tooth Loss	percent	8.7	--	--	13.4	2020	5
0.86	Adults who were Injured in a Fall: 45+	percent	4.4	--	--	--	2020	14
0.83	Asthma: Medicare Population	percent	6.0	--	7.0	--	2021	7
0.58	Alzheimer's Disease or Dementia: Medicare Population	percent	6.0	--	6.0	6.0	2021	7
0.33	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	12.2	--	22.2	31.0	2018-2020	14
<b>SCORE</b>	<b>ORAL HEALTH</b>	<b>UNITS</b>	<b>WARREN COUNTY</b>	<b>HP2030</b>	<b>NJ</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
1.81	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	12.5	--	11.4	12.0	2015-2019	11
1.44	Dentist Rate	dentists/100,000 population	73	--	86	--	2021	8
1.08	Adults who Visited a Dentist	percent	67.1	--	--	64.8	2020	5
0.92	Adults 65+ with Total Tooth Loss	percent	8.7	--	--	13.4	2020	5
<b>SCORE</b>	<b>OTHER CONDITIONS</b>	<b>UNITS</b>	<b>WARREN COUNTY</b>	<b>HP2030</b>	<b>NJ</b>	<b>U.S.</b>	<b>MEASUREMENT PERIOD</b>	<b>Source</b>
2.36	Chronic Kidney Disease: Medicare Population	percent	20.0	--	16.0	17.0	2021	7
1.31	Osteoporosis: Medicare Population	percent	10.0	--	11.0	11.0	2021	7
1.08	Adults with Kidney Disease	percent	2.8	--	--	3.0	2020	5
1.03	Rheumatoid Arthritis or Osteoarthritis	percent	34.0	--	35.0	34.0	2021	7

	s: Medicare Population							
0.58	Adults with Arthritis	percent	16.0	--	18.4	--	2020	14
SCORE	PHYSICAL ACTIVITY	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
1.75	Adults 20+ Who Are Obese	percent	30.3	36.0	--	--	2020	6
1.58	Health Behaviors Ranking		13.0	--	--	--	2023	8
1.50	Access to Exercise Opportunities	percent	89.4	--	96.1	84.0	2023	8
1.08	Adults 20+ who are Sedentary	percent	19.6	--	--	--	2020	6
SCORE	PREVENTION & SAFETY	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
1.83	Age-Adjusted Death Rate due to Motor Vehicle Collisions	deaths/100,000 population	9.2	--	6.5	--	2018-2020	14
1.69	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	53.6	43.2	50.0	51.6	2018-2020	14
1.61	Age-Adjusted Death Rate due to Unintentional Poisonings	deaths/100,000 population	32.9	--	32.2	23.5	2018-2020	14
1.44	Death Rate due to Drug Poisoning	deaths/100,000 population	28.7	20.7	32.0	23.0	2018-2020	8
0.86	Adults who were Injured in a Fall: 45+	percent	4.4	--	7.1	--	2020	14
0.42	Severe Housing Problems	percent	14.0	--	20.2	17.0	2015-2019	8
SCORE	RESPIRATORY DISEASES	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.64	COVID-19 Daily Average	deaths per 100 cases	1.9	--	0.7	1.7	March 3, 2023	10

	Case-Fatality Rate							
2.42	Adults who Currently Use Smokeless Tobacco	<i>percent</i>	7.1	--	1.6	--	2020	14
2.39	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/100,000 population</i>	15.0	--	12.5	13.4	2018-2020	14
2.14	Lung and Bronchus Cancer Incidence Rate	<i>cases/100,000 population</i>	64.2	--	53.5	56.3	2015-2019	11
1.94	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/100,000 population</i>	37.6	25.1	30.2	35.0	2016-2020	11
1.44	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	<i>deaths/100,000 population</i>	30.0	--	26.4	38.1	2018-2020	14
1.42	Adults who Smoke	<i>percent</i>	13.9	6.1	11.1	16.0	2020	8
1.42	Adults with Current Asthma	<i>percent</i>	9.5	--	--	9.2	2020	5
1.36	COPD: Medicare Population	<i>percent</i>	12.0	--	12.0	11.0	2021	7
1.25	Adults with COPD	<i>Percent of adults</i>	6.4	--	--	6.4	2020	5
1.19	Adults 50+ with Influenza Vaccination	<i>percent</i>	55.3	--	53.3	--	2020	14
1.14	Adults with Pneumonia Vaccination	<i>percent</i>	30.4	--	24.7	--	2020	14
0.83	Asthma: Medicare Population	<i>percent</i>	6.0	--	7.0	6.0	2021	7
0.53	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	6.8	--	9.6	11.0	March 3, 2023	10
0.53	Tuberculosis Incidence Rate	<i>cases/100,000 population</i>	0.9	1.4	3.3	2.4	2021	14

SCORE	TOBACCO USE	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.42	Adults who Currently Use Smokeless Tobacco	percent	7.1	--	1.6	--	2020	14
2.14	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	64.2	--	53.5	56.3	2015-2019	11
1.42	Adults who Smoke	percent	13.9	6.1	11.1	16.0	2020	8
SCORE	WELLNESS & LIFESTYLE	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
1.58	Morbidity Ranking		13.0	--	--	--	2023	8
1.17	High Blood Pressure Prevalence	percent	32.5	42.6	--	32.4	2017	5
1.08	Poor Physical Health: 14+ Days	percent	9.0	--	--	10.0	2020	5
1.00	Poor Physical Health: Average Number of Days	days	2.5	--	2.4	3.0	2020	8
0.92	Self-Reported General Health Assessment: Poor or Fair	percent	11.6	--	--	14.5	2020	5
0.81	Insufficient Sleep	percent	30.3	31.4	32.3	33.0	2020	8
SCORE	WOMEN'S HEALTH	UNITS	WARREN COUNTY	HP2030	NJ	U.S.	MEASUREMENT PERIOD	Source
2.39	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	23.1	15.3	20.3	19.6	2016-2020	11
2.31	Mammography Screening: Medicare Population	percent	40.0	--	43.0	45.0	2021	7
2.00	Mammogram in Past 2 Years: 50-74	percent	70.6	80.5	--	78.2	2020	5

1.75	Breast Cancer Incidence Rate	<i>cases/100,000 females</i>	132.7	--	138.8	128.1	2015-2019	11
1.17	Cervical Cancer Incidence Rate	<i>cases/100,000 females</i>	7.2	--	7.7	7.7	2015-2019	11
1.08	Cervical Cancer Screening: 21-65	<i>Percent</i>	83.3	--	--	82.8	2020	5



The following table lists scores for topic area for Warren County as of May 2023.

## Warren County Secondary Data Scoring Result- Health Topics and Quality of Life Topics:

Health and Quality of Life Topics	Score
Tobacco Use	1.99
Women's Health	1.78
Cancer	1.69
Alcohol & Drug Use	1.64
Children's Health	1.62
Older Adults	1.55
Health Care Access & Quality	1.51
Respiratory Diseases	1.51
Physical Activity	1.48
Heart Disease & Stroke	1.44
Environmental Health	1.36
Maternal, Fetal & Infant Health	1.33
Diabetes	1.32
Oral Health	1.31
Prevention & Safety	1.31
Immunizations & Infectious Diseases	1.30
Other Conditions	1.27
Community	1.23
Mental Health & Mental Disorders	1.18
Economy	1.17
Wellness & Lifestyle	1.09
Education	0.81



# Appendix B. Community Input Assessment Tools

## Community Survey



### Warren County Health Department Community Survey

Welcome to the Warren County Community Health Survey! The information collected in this survey is completely anonymous and will allow community organizations across our county to better understand the health needs in our community. What we hear from you will be used to understand and improve health for everyone in Warren County. Please tell us about the issues you feel are most important in our community.

In this survey, "community" refers to the people in major areas where you live, shop, play, work, and get services.

You must be 18 years old or older and live in Warren County to complete this survey. Your participation in this brief survey is completely voluntary. Survey results will be available and shared broadly in the community within the next year. The responses that you provide will remain anonymous and will not be attributed to you individually in any way.

If you have any questions, please contact Warren County Health Department by email at [mross@co.warren.nj.us](mailto:mross@co.warren.nj.us). Visit [Warren County Health Department](http://www.warrencountyhealth.org) or [www.warrencountynj.gov](http://www.warrencountynj.gov) for local community data and information on our community health assessment process. Thank you very much for your input and your time!

#### I. Please answer a few questions about yourself so that we can see how different types of people feel about local health issues.

\*1. In what municipality do you live? Please select one.

- |  |   |
|--|---|
| <input type="radio"/> Allamuchy Township     | <input type="radio"/> Knowlton Township     |
| <input type="radio"/> Alpha Borough          | <input type="radio"/> Liberty Township      |
| <input type="radio"/> Belvidere, Town of     | <input type="radio"/> Lopatcong Township    |
| <input type="radio"/> Blairstown Township    | <input type="radio"/> Mansfield Township    |
| <input type="radio"/> Franklin Township      | <input type="radio"/> Oxford Township       |
| <input type="radio"/> Frelinghuysen Township | <input type="radio"/> Phillipsburg, Town of |
| <input type="radio"/> Greenwich Township     | <input type="radio"/> Pohatcong Township    |
| <input type="radio"/> Hackettstown, Town of  | <input type="radio"/> Washington Borough    |
| <input type="radio"/> Harmony Township       | <input type="radio"/> Washington Township   |
| <input type="radio"/> Hope Township          | <input type="radio"/> White Township        |
| <input type="radio"/> Independence Township  |   |

\*2. What is your 5-digit zip-code? \_\_\_\_\_

3. Which of the following best describes you? Select all that apply.

- |  |  |
|--|--|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Latino/Hispanic        |
| <input type="radio"/> Asian                            | <input type="radio"/> Pacific Islander       |
| <input type="radio"/> Black or African American        | <input type="radio"/> White                  |
|  | <input type="radio"/> Other (please specify) |
-

4. What is your age? **Select one.**

- 18-20
- 21-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or older
- Prefer not to [answer](#)

5. How do you best describe your current gender identity? **Select all that apply.**

- Man
- Woman
- Transgender
- Gender non-conforming
- Self-describe. Please write here:

\_\_\_\_\_

Prefer not to answer.

6. What is the highest level of education you have completed? **Select one.**

- Did not attend [school](#)
- Less than 9<sup>th</sup> [Grade](#)
- Some High School, No Diploma
- High School Graduate, [Diploma](#) or the equivalent (GED)
- [Associate Degree](#)
- Bachelor's Degree
- Master's Degree
- Professional Degree
- Doctorate Degree

7. How much total combined money did all members of your household earn in the previous year? **Select one.**

- Less than \$15,000
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 +
- Prefer not to [answer](#)

8. What language do you mainly speak at home? **Select one.**

- Speak English
- Speak Spanish
- Speak Asian / Pacific Islander Language
- Speak Indo-European Language
- Speak other language (please [specify](#)) \_\_\_\_\_

9. Do you identify with any of the following statements? **Select all that apply.**

- I have a [disability](#)
- I am [active-duty](#) military
- I am retired [military](#)
- I am a [Veteran](#)
- I am an immigrant or [refugee](#)
- Prefer not to [answer](#)
- I do not identify with any of these

2

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10. Including yourself, how many people currently live in your household?

- 1
- 2
- 3
- 4
- 5
- 6 or more (please specify number) \_\_\_\_\_

**II. In this survey, "community" refers to the major areas where you live, shop, play, work, and get services.**

11. How would you rate your community as a healthy place to live? **Select one.**

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy

**\*12. In the following list, what do you think are the three most important "health problems" in your community? (Those problems that have the greatest impact on overall community health.)**

**Select up to 3.**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Access to care services (doctors available nearby, wait times, services available nearby, takes insurance) | <input type="checkbox"/> Maternal and infant health   | <input type="checkbox"/> Quality of health care services available                   |
| <input type="checkbox"/> Adolescent health  | <input type="checkbox"/> Men's health (ex. prostate exam, prostate health)                        | <input type="checkbox"/> Respiratory/lung diseases (asthma, COPD, etc.)              |
| <input type="checkbox"/> Alcohol and drug use   | <input type="checkbox"/> Mental health and mental disorders (anxiety, depression, suicide)        | <input type="checkbox"/> Sexually transmitted diseases/infections (STDs/STIs)        |
| <input type="checkbox"/> Auto immune diseases (Multiple Sclerosis, Crohn's disease, etc.)   | <input type="checkbox"/> Nutrition and healthy Eating   | <input type="checkbox"/> Teen and adolescent health                                  |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Older adults (hearing/vision loss, arthritis, etc.)                      | <input type="checkbox"/> Tobacco use (including e-cigarettes, chewing tobacco, etc.) |
| <input type="checkbox"/> Children's health  | <input type="checkbox"/> Oral health and access to dentistry services (dentists available nearby) | <input type="checkbox"/> Weight status (Individuals who are overweight or obese)     |
| <input type="checkbox"/> Chronic pain   | <input type="checkbox"/> People living with <u>disabilities</u>                                   | <input type="checkbox"/> Women's health (ex. mammogram, pap exam)                    |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Physical activity  | <input type="checkbox"/> Other (please <u>specify</u> )                              |
| <input type="checkbox"/> Family planning services (birth control)   |   | _____  |
| <input type="checkbox"/> Heart disease and stroke   |   |  |
| <input type="checkbox"/> Injury and violence  |   |  |



•13. In your opinion, which of the following would you most like to see improved in your community?

Select up to 3.



- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Access to higher education (2-year or 4-year degrees)                       | <input type="checkbox"/> Economy and job availability                      | <input type="checkbox"/> Neighborhood safety   |
| <input type="checkbox"/> Accessible structures for those with disabilities                           | <input type="checkbox"/> Education and schools (Pre-K to 12th grade)       | <input type="checkbox"/> Support for those with physical/emotional trauma                  |
| <input type="checkbox"/> Ability to access safe parks and walking <u>paths</u>                       | <input type="checkbox"/> Emergency preparedness                            | <input type="checkbox"/> Safe air and water quality  |
| <input type="checkbox"/> Bike lanes  | <input type="checkbox"/> Inequity in jobs, health, housing, etc.           | <input type="checkbox"/> Safe housing  |
| <input type="checkbox"/> Crime/crime prevention  | <input type="checkbox"/> Food insecurity or hunger                         | <input type="checkbox"/> Services for adults 65+   |
| <input type="checkbox"/> Discrimination or inequity based on race/ethnicity, gender, age, <u>sex</u> | <input type="checkbox"/> Healthy eating (restaurants, stores, or markets)  | <input type="checkbox"/> Isolation/feeling <u>lonely</u>                                   |
| <input type="checkbox"/> Domestic violence and abuse (intimate partner, family, or child abuse)      | <input type="checkbox"/> Homelessness and unstable housing                 | <input type="checkbox"/> Support for families with children (childcare, parenting support) |
|  | <input type="checkbox"/> Injury prevention (traffic safety, and accidents) | <input type="checkbox"/> Transportation (bus, Uber, Lyft, etc.)                            |
|  |  | <input type="checkbox"/> Other (please <u>specify</u> )                                    |

14. Below are some statements about health care services in your community. Please rate how much you agree or disagree with each statement. Select an option for your response in each row below.

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are good quality health care services in my community.					
There are affordable health care services in my community.					
I am connected to a primary care doctor or health clinic that I am happy with					
I can access the health care services that I need within a reasonable time frame and distance from my home or work					
I feel like I can advocate for my health care (I feel heard and seen by my health care provider)					
I know where to find the health care resources or information I need when I need them					
Individuals in my community can access healthcare services regardless of race, gender, sexual orientation, immigration status, etc.					



15. Where do you get most of your health information? **Select all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Community organization/agency | <input type="checkbox"/> Library                              |
| <input type="checkbox"/> Doctor or healthcare provider | <input type="checkbox"/> Newspaper/Magazine                   |
| <input type="checkbox"/> Facebook or Twitter           | <input type="checkbox"/> Radio                                |
| <input type="checkbox"/> Other social media            | <input type="checkbox"/> Church or church group               |
| <input type="checkbox"/> Family or friends             | <input type="checkbox"/> School or college                    |
| <input type="checkbox"/> Health Department             | <input type="checkbox"/> TV                                   |
| <input type="checkbox"/> Hospital                      | <input type="checkbox"/> Workplace                            |
| <input type="checkbox"/> Internet                      | <input type="checkbox"/> Other (please <u>specify</u> ) _____ |

16. How would you rate your own personal health in the past 12 months? **Select one.**

- Very Unhealthy
- Unhealthy
- Somewhat Healthy
- Healthy
- Very Healthy

17. Which type(s) of health plan(s) do you use to pay for your health care services? **Select all that apply.**

- Medicaid
- Medicare
- Insurance through an employer
- Insurance through the Health Insurance Marketplace/Obama Care/Affordable Care Act (ACA)
- Private Insurance I pay for myself (HMO/PPO)
- Indian Health Services
- Veteran's Administration
- COBRA
- I pay out of pocket/cash
- No health coverage/insurance
- Some other way (please specify) \_\_\_\_\_

18. If you did not receive health care services in the last 12 months, **select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Cost - too expensive/can't <u>pay</u>                               | <input type="checkbox"/> Limited access due to COVID-19 closures   |
| <input type="checkbox"/> No insurance  | <input type="checkbox"/> Cultural reasons  |
| <input type="checkbox"/> Insurance not <u>accepted</u>                                       | <input type="checkbox"/> Religious reasons   |
| <input type="checkbox"/> Lack of personal transportation                                     | <input type="checkbox"/> Lack of trust in healthcare services and/or providers   |
| <input type="checkbox"/> Lack of transportation due to bus schedule and/or drop-off location | <input type="checkbox"/> Previous negative experience <u>receiving</u> care or services  |
| <input type="checkbox"/> Hours of operation did not fit my <u>schedule</u>                   | <input type="checkbox"/> Lack of providers that I identify with (race, ethnicity, gender) or have training <u>specific</u> to my needs |
| <input type="checkbox"/> Childcare was not <u>available</u>                                  | <input type="checkbox"/> Does not apply  |
| <input type="checkbox"/> Wait is too <u>long</u>   | <input type="checkbox"/> Other (please <u>specify</u> ) _____  |
| <input type="checkbox"/> No doctor is <u>nearby</u>  |  |
| <input type="checkbox"/> I did not know where to <u>go</u>                                   |  |
| <input type="checkbox"/> Office/service/program has limited <u>access</u>                    |  |
| <input type="checkbox"/> Language barrier  |  |

5



19. In the past 12 months, was there a time you needed or considered seeking mental health services but did not receive services? **Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Cost - too expensive/can't <u>pay</u>                               | <input type="checkbox"/> I worried that others would judge <u>me</u>   |
| <input type="checkbox"/> No insurance  | <input type="checkbox"/> Language barrier  |
| <input type="checkbox"/> Insurance not <u>accepted</u>                                       | <input type="checkbox"/> Cultural reasons  |
| <input type="checkbox"/> Lack of personal transportation                                     | <input type="checkbox"/> Religious reasons   |
| <input type="checkbox"/> Lack of transportation due to bus schedule and/or drop-off location | <input type="checkbox"/> Lack of trust in healthcare services and/or providers   |
| <input type="checkbox"/> Hours of operation did not fit my <u>schedule</u>                   | <input type="checkbox"/> Previous negative experience <u>receiving</u> care or services  |
| <input type="checkbox"/> Childcare was not <u>available</u>                                  | <input type="checkbox"/> Lack of providers that I identify with (race, ethnicity, gender) or have training <u>specific</u> to my needs |
| <input type="checkbox"/> Wait is too <u>long</u>   | <input type="checkbox"/> Does not apply  |
| <input type="checkbox"/> No doctor is <u>nearby</u>  | <input type="checkbox"/> Other (please <u>specify</u> ) _____  |
| <input type="checkbox"/> I did not know where to <u>go</u>                                   |  |
| <input type="checkbox"/> Office/service/program has limited <u>access</u>                    |  |
| <input type="checkbox"/> Limited access due to COVID-19 closures                             |  |
| <input type="checkbox"/> I did not know how treatment would <u>work</u>                      |  |

20. In the past 12 months, was there a time that you needed or considered seeking alcohol/substance use treatment but did not get services? **Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Cost - too expensive/can't <u>pay</u>                               | <input type="checkbox"/> Language barrier  |
| <input type="checkbox"/> No insurance  | <input type="checkbox"/> Cultural reasons  |
| <input type="checkbox"/> Insurance not <u>accepted</u>                                       | <input type="checkbox"/> Religious reasons   |
| <input type="checkbox"/> Lack of personal transportation                                     | <input type="checkbox"/> Lack of trust in healthcare services and/or providers   |
| <input type="checkbox"/> Lack of transportation due to bus schedule and/or drop-off location | <input type="checkbox"/> Previous negative experience <u>receiving</u> care or services  |
| <input type="checkbox"/> Hours of operation did not fit my <u>schedule</u>                   | <input type="checkbox"/> Lack of providers that I identify with (race, ethnicity, gender) or have training <u>specific</u> to my needs |
| <input type="checkbox"/> Childcare was not <u>available</u>                                  | <input type="checkbox"/> Does not apply  |
| <input type="checkbox"/> Wait is too <u>long</u>   | <input type="checkbox"/> Other (please <u>specify</u> ) _____  |
| <input type="checkbox"/> No doctor is <u>nearby</u>  |  |
| <input type="checkbox"/> I did not know where to <u>go</u>                                   |  |
| <input type="checkbox"/> Office/service/program has limited <u>access</u>                    |  |
| <input type="checkbox"/> Limited access due to COVID-19 closures                             |  |
| <input type="checkbox"/> I did not know how treatment would <u>work</u>                      |  |
| <input type="checkbox"/> I worried that others would judge <u>me</u>                         |  |

21. In the past 12 months, did you go to a hospital Emergency Department? **Select one.**

- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more



22. What were the main reasons that you went to the Emergency Department instead of a doctor's office or clinic? **Select all that apply.**

- After clinic hours/weekend
- I don't have a regular doctor/clinic
- I don't have health insurance
- I feel more comfortable accessing my care in the ED instead of at a doctor's office or clinic
- Concerns about cost or co-pays
- Emergency/Life-threatening situation
- Long wait for an appointment with my regular doctor
- Needed food, shelter, or other resources
- My doctor (or another provider) told me to go
- Other (please specify) \_\_\_\_\_

23. Is your primary care doctor within 30 minutes of where you live?

- Yes
- No
- I do not have a primary care doctor
- I do not go to the doctors office for regular check ups

24. Is there enough health care services for maternal, infant and children within the county?

- Yes
- No
- I don't know

25. How many children (under age 18) currently live in your home? **Select one.**

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more



26. Below are some statements about employment and education in your community. Please rate how much you agree or disagree with each statement. **Place an X for your response in each row below.**

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are job trainings or employment resources for those who need them					
There are resources for individuals in my community to start a business (financing, training, real estate, etc.)					
Childcare (daycare/pre- school) resources are affordable and available for those who need them					
The K-12 schools in my community are well funded and provide good quality education					
Our local University/Community College provides quality education at an affordable cost					

27. Which is your current employment status? **Select all that apply.**

- Employed, working full-time
- Employed, working part-time
- Not working by choice
- Out of work, looking for work
- Out of work, but NOT currently looking for work
- Unable to work
- A student
- Retired

28. Do any of the following reasons make it difficult for you to find or keep a job? **Select any that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> Attending <u>school</u>  | <input type="checkbox"/> Positive drug test/drug screen                         |
| <input type="checkbox"/> Available jobs do not pay a wage <u>that</u> allows me to care for myself and my <u>family</u> | <input type="checkbox"/> Criminal history                                       |
| <input type="checkbox"/> Cannot find <u>childcare</u>   | <input type="checkbox"/> Under 18 years old                                     |
| <input type="checkbox"/> Cost of childcare is too <u>high</u>   | <input type="checkbox"/> Have not received my high school <u>diploma</u> or GED |
| <input type="checkbox"/> Care giver for a family member   | <input type="checkbox"/> Physically <u>disabled</u>                             |
| <input type="checkbox"/> Full time work is too <u>much</u>  | <input type="checkbox"/> Disabled   |
| <input type="checkbox"/> Part time work is not <u>enough</u>  | <input type="checkbox"/> I did not have a fair chance to get a <u>job</u>       |
| <input type="checkbox"/> Furloughed or temporarily <u>unemployed</u>  | <input type="checkbox"/> Unable to work from <u>home</u>                        |
| <input type="checkbox"/> Shifts do not work with my <u>schedule</u>   | <input type="checkbox"/> Does not <u>apply</u>                                  |
| <input type="checkbox"/> Lack of transportation   | <input type="checkbox"/> Other (please <u>specify</u> ) _____                   |





29. Below are some statements about housing, transportation, and safety in your community. Please rate how much you agree or disagree with each statement. **Place an X for your response in each row below.**

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
There are affordable places to live in my community					
Streets in my community are typically clean and buildings are well maintained					
I feel safe in my own <u>neighborhood</u>					
Crime is not a major issue in my neighborhood					
There is a feeling of trust in Law Enforcement in my community					
Transportation is easy to get to if I need it					

30. What transportation do you use most often to go places? **Select one.**

- Drive my own car
- Someone drives me
- Walk
- Ride a bicycle
- Ride a motorcycle or scooter
- Take a bus
- Take a taxi or ride share service (Uber/Lyft)
- Use medical transportation/specialty van transport
- Use senior transportation
- Someone drives me
- Other (please specify) \_\_\_\_\_

31. Which of the following categories best reflects your current living situation? **Select one.**

- Live alone in a home (house, apartment, condo, trailer, etc.)
- Live in a home with another person such as a partner, sibling(s), or roommate(s)
- Live in a home that includes a spouse or partner AND a child/children under age 25
- Live in a multi-generational home (home includes grandparents or adult children age 25+)
- Live in a home with more than one family (more than one family lives in the home)
- Live in an assisted living facility or adult foster care
- Long-term care/nursing home
- Temporarily staying with a relative or friend
- Staying in a shelter or are homeless (living on the street)
- Living in a tent, and /or recreational vehicle (RV)
- Hotel/motel (long-term stay)
- Other (please specify) \_\_\_\_\_



32. What, if any, issues do you have with your current housing situation? **Select all that apply.**

- Eviction concerns (prior, current, or potential)
- Current housing is temporary, need permanent housing
- Mortgage is too expensive
- Need assisted living or long-term care
- Rent/facility is too expensive
- Too far from town/services
- Too run down or unhealthy environment (ex. mold, lead)
- Too small /crowded, problems with other people
- Unsafe, high crime
- None of the above
- Does not apply
- Other (please specify) \_\_\_\_\_

33. Below are some statements about access to food and resources in your community. Please rate how much you agree or disagree with each statement. **Place an X for your response in each row below.**

	Strongly Agree	Agree	Feel Neutral	Disagree	Strongly Disagree
I <u>am able to</u> prepare my own food					
I can get to a grocery store when I need food or other household supplies					
Affordable healthy food options are easy to purchase at nearby corner stores, grocery stores or farmer's markets					
In my neighborhood it is easy to grow/harvest and eat fresh food from a home garden					
Local restaurants serve healthy food options					
We have good parks and recreational facilities					
There are good sidewalks or trails for walking safely					
It is easy for people to get around regardless of abilities					
Air and water quality are safe in my community					

34. In the past 12 months, did you worry about whether your food would run out before you got money to buy more? **Select one.**

- Often
- Sometimes
- Never

35. In the past 12 months, did you or someone living in your home receive emergency food from a church, a food pantry, or a food bank, or eat in a soup kitchen? **Select one.**

- Often
- Sometimes
- Never



**IV. During this time, we understand that COVID-19 has impacted everyone’s lives, directly and indirectly. We would like to know how these events have impacted you and your household to better understand how our community has been affected overall.**

36. We know the COVID-19 pandemic is challenging in many ways. Please select from the following list the issues that are the biggest challenge for your household right now. **Select all that apply.**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Access to basic medical care   | <input type="checkbox"/> Feeling alone/isolated, not being able to socialize with other <u>people</u>  | <input type="checkbox"/> Lack of skills to use technology to communicate, access virtual school, or work remotely from <u>home</u> |
| <input type="checkbox"/> Access to emergency medical services   | <input type="checkbox"/> Feeling nervous, anxious, or on <u>edge</u>   | <input type="checkbox"/> Not being able to <u>exercise</u>   |
| <input type="checkbox"/> Access to prescription medications   | <input type="checkbox"/> Household members not getting <u>along</u>  | <input type="checkbox"/> Not knowing when the pandemic will end/not be feeling in <u>control</u>                                   |
| <input type="checkbox"/> A shortage of food   | <input type="checkbox"/> Household member(s) have or have had COVID-19 or COVID-like symptoms (fever, shortness of breath, dry cough)  | <input type="checkbox"/> Options for childcare services/lack of childcare support  |
| <input type="checkbox"/> A shortage of healthy food   | <input type="checkbox"/> Lack of technology to communicate with people outside of my household, access virtual school, or work remotely from home ( <u>e.g.</u> internet access, computer, tablet, etc.) | <input type="checkbox"/> Unable to find <u>work</u>  |
| <input type="checkbox"/> A shortage of sanitation and cleaning supplies (e.g., toilet paper, disinfectants, etc.) |  | <input type="checkbox"/> None of the following <u>apply</u>  |
| <input type="checkbox"/> Challenges for my children attending school (in person or virtually)                     |  | <input type="checkbox"/> Other (please <u>specify</u> ) _____  |
| <input type="checkbox"/> Experience housing challenges or homelessness  |  |  |

37. If you have not received the Covid-19 Vaccination, what reasons contributed to your decision? **Select all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> I have just not scheduled my <u>appointment</u>           | <input type="checkbox"/> Cultural or religious reasons                                  |
| <input type="checkbox"/> Uncertain about the safety or side-effects of the vaccine | <input type="checkbox"/> Lack of trust in healthcare services and/or providers          |
| <input type="checkbox"/> Challenges getting a vaccine <u>appointment</u>           | <input type="checkbox"/> Previous negative experience receiving care or <u>services</u> |
| <input type="checkbox"/> Not able to take off work for an appointment              | <input type="checkbox"/> I do not believe the vaccine is safe for <u>me</u>             |
| <input type="checkbox"/> Lack of transportation                                    | <input type="checkbox"/> I have a pre-existing condition that makes me ineligible       |
| <input type="checkbox"/> Hours of operation did not fit my <u>schedule</u>         | <input type="checkbox"/> I am not <u>vaccinated</u>                                     |
| <input type="checkbox"/> Language barrier  | <input type="checkbox"/> Other (please <u>specify</u> ) _____                           |
| <input type="checkbox"/> No vaccine site is <u>nearby</u>                          |   |
| <input type="checkbox"/> Wait is too <u>long</u>                                   |   |
| <input type="checkbox"/> I am worried that others would judge <u>me</u>            |   |



38. In your day-to-day life how often have any of the following things happened to you?

	At least once a week	A few times a month	A few times a year	Never
You are treated with less courtesy or respect than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You receive poorer service than other people at restaurants or stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they think you are not smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People act as if they are afraid of you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You are threatened or harassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People criticized your accent or the way you speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. What do you think are the main reasons for these experiences happening in your day to day life?  
(Choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Your ancestry or national origins             | <input type="checkbox"/> Your gender                             |
| <input type="checkbox"/> Your race                                     | <input type="checkbox"/> Your age                                |
| <input type="checkbox"/> Your religion                                 | <input type="checkbox"/> Your height                             |
| <input type="checkbox"/> Your weight                                   | <input type="checkbox"/> Your sexual orientation                 |
| <input type="checkbox"/> Some other aspect of your physical appearance | <input type="checkbox"/> A physical disability                   |
| <input type="checkbox"/> Your education or income level                | <input type="checkbox"/> I have not had these <u>experiences</u> |



## V. ADVERSE CHILDHOOD EXPERIENCES

The final question is about ACEs, adverse childhood experiences, which happened during your childhood. This information will allow us to better understand how problems that may occur early in life can have a health impact later in life. This is a sensitive topic, and some people may feel uncomfortable with these questions. If you prefer not to answer these questions, you may skip them.

40. From the list of events below, please check the box next to events you experienced BEFORE the age of 18. (Choose all that apply)

- Lived with anyone who was depressed, mentally ill, or suicidal
- Lived with anyone who engages in unhealthy/hazardous alcohol use or with an alcohol use disorder
- Lived with anyone who used illegal street drugs or who misused prescription medications
- Lived with anyone who served time in prison, jail, or other correctional facility
- Parents were separated or divorced
- Parents or adults experienced physical harm (slap, hit, kick, etc.)
- Parent or adult physically harmed you (slap, hit, kick, etc.)
- Parent or adult verbally harmed you (swear, insult, or put down)
- Adult or anyone at least 5 years older touched you sexually
- Adult or anyone at least 5 years older made you touch them sexually
- Adult or anyone at least 5 years older forced you to have sex
- Does not apply

*Thank you for taking the time to participate in this community survey. Your feedback and insight are vital as we work to improve and address issues impacting our community's health.*

**END OF SURVEY**



# Key Informant Interview Guide

1. To begin, could you please tell us a little about the organization you work for and the geographic location it serves?
  - a. *What is your organization's mission? What are the top priority health issues that your organization addresses?*
  - b. *Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?*
  - c. *Which geographic location(s) does your organization serve?*
  - d.
2. COVID-19 has significantly impacted everyone's lives. Through that lens, what have you seen as the biggest challenges in Warren County during the pandemic?
3. Now, we would appreciate your perspective on the current health needs or issues faced by people living in Warren County. In your opinion, what are the top health issues affecting residents of your community?
4. What do you think are the leading factors that contribute to these health issues?
5. Which groups (or populations) in your community seem to struggle the most with the health issues that you've identified?
  - a. *Are there specific challenges that impact low-income, under-served/uninsured, racial or ethnic groups, age or gender groups in the community?*
  - b. *How does it impact their lives?*
6. What geographic parts of the county/community have greater health or social need?
  - a. *Which neighborhoods in your community need additional support services or outreach?*
7. What barriers or challenges might prevent someone in the community from accessing health care or social services?
8. Could you tell us about some of the strengths and resources in your community that address these issues, such as groups, partnerships/initiatives, services, or programs?
  - a. *What services or programs could potentially have an impact on the needs that you've identified, if not yet in place?*
9. Is there anything additional that should be considered for assessing the needs of the community?



# Focus Group Interview Guide

Below you will find the questions that were asked during the scheduled focus group session.

## COVID-19 QUESTION

We know that COVID-19 has significantly impacted everyone's lives. What have you seen as the biggest challenges in Warren County during the pandemic?

## GENERAL HEALTH QUESTIONS

What is the top health-related problem that residents are facing in your community that you would change or improve?

What do you think is the cause of this problem in your community?

From the health issues and challenges we've just discussed, which do you think are the hardest to overcome?

Are there groups in your community that are facing particular health issues or challenges? Which groups are these?

What do you think causes residents to be healthy or unhealthy in your community?

What resources are available for residents in your community?

## CLOSING QUESTION

Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?



# Appendix C. Prioritization Toolkit

The handout shown below was provided to participants to support the virtual prioritization activity. The actual prioritization process was completed online using a web-based survey tool.

**Considerations: MAGNITUDE**

*How many people in the community are or will be impacted?*

*How does the identified need impact health and quality of life?*

*Has the need changed over time?*

**Considerations: ABILITY TO IMPACT**

*Can actionable and measurable goals be defined to address the health need? Are those goals achievable in a reasonable time frame?*

*Does the hospital or health system have the expertise or resources to address the identified health need?*

*Can the need be addressed in collaboration with community partners? Are organizations already addressing the health issue?*

**\*The health needs in the table below are listed in alphabetical order (not by order of importance)**

<b>Health Need*</b>	<b>Magnitude of the Issue</b> Assign a score of 1 to 3: 1 – Least Concerning 2 – Somewhat Concerning 3 – Most Concerning	<b>Ability to Impact</b> Assign a score of 1 to 3: 1 – Least Ability to Impact 2 – Some Ability to Impact 3 – Most Ability to Impact
<b>Access to Care Services &amp; Transportation</b>		
<b>Alcohol &amp; Drug Misuse</b>		
<b>Children’s Health</b>		
<b>Food Insecurity &amp; Nutrition</b>		
<b>Mental Health and Mental Disorders</b>		
<b>Older Adult Health</b>		

