

Healthy Future Town Hall Meeting – July 18, ETS, Princeton, NJ

Questions, Answers and Comments from the floor

Thank you for your highly energized interest in the study. This is **your** Community Health Assessment, so please share the report with your contacts and friends in the community. The next steps are yours as well. Please become involved with our efforts to make Mercer County a healthier place to live. There are many ways to support health improvement! Feel free to contact, our project manager, Toni Lewis, 609-637-4906 or antonia.lewis@uwgmc.org

Questions

Community Health Assessment-Questions Directly Related to the Findings

1. *Can we get the data for substance abuse?*
There is a real need for additional data on substance abuse by township and county. One of the initiatives that can come out of the planning may be to improve the data collection process for future, particularly in the case of substance abuse and mental illness. We are aware that the Prevention Coalition of Mercer County does have some data. However, the Behavioral Risk Factor Surveillance System data is for New Jersey only and not available for Mercer County.
2. *Why isn't there any mention of cocaine and heroin?* The report does have data on cocaine and heroin. However, if there is additional reliable source of this information, please contact our project manager.
3. *How many youth or youth groups were a part of the focus groups?* Five youth focus groups were conducted which involved over 40 youth ages 14-17 years old and many youth leaders from every municipality in the county.

How many youth were involved in the self-reported surveys? The adolescent substance use data were from the New Jersey High School Risk and Protective Factor Survey –an effort to systematically document risk and protective factors as they relate to drug use among New Jersey youth. Approximately 350 high school students from Mercer County participated in that survey which was administered by Bloustein School of Planning and Public Policy, Center for Survey Research (BCSR) at Rutgers University. Other youth data related to physical activity and nutrition cited in the community health assessment report were only available at the state level and could not be broken down by county. That data were from the NJ Youth Risk Behavior Survey which over 1,600 high school students in NJ completed.

1. *What information have you found, if any, on the effect of the family unit has on our life today? I believe this is the basic building block of life today.* The study did not address the family unit or make comparisons to health and family unity. However, family health/healthy families often comes up as an important cross-cutting strategy in many of our communities, as we recognize the important intersections among family, health and wellness.

2. *What data collection efforts were done in Trenton? Youth interviews, families, school data etc.?*
The report (found at www.uwgmc.org/cha) discusses many of the key themes that emerged from the data collection efforts in Trenton. In addition to examining social, economic, and health data, where available, by municipality, including Trenton, we also engaged residents and leaders from the city. Specifically, we conducted five interviews with governmental officials, social service providers, and organizational leaders in Trenton as well as three focus groups total in Trenton, which included youth, families, and immigrant populations (one focus group was conducted in Spanish.) Many other interviews were conducted with social service providers and other stakeholders from organizations that serve the entire county, including Trenton. The Trenton Health Team is conducting a community health assessment specific to Trenton, and discussions with this group are ongoing.
3. *In any of the focus groups or interviews was there any discussion of workplace – related stress?*
Yes, much of the focus of these conversations was how stress is related to the competitive pressures of maintaining and sustaining a level of achievement related to family, economic and academic attainment in a time of economic downturn, the reality of two-income families, and long commute times.
4. *Was the Greater Mercer Transportation Group (TRADE, Access Link, and ARC-Mercer) part of the focus groups? Yes.* Stakeholders involved in transportation were part of the focus groups or interviews and were also members of the Community Advisory Board for the assessment. In addition, the people who use these services participated in focus groups as well.

Community Health Improvement Planning

1. *When is the chip going to take place?* The strategic planning will occur in September 2012.
2. *What are the ways that we could be more involved in the chip process?* The strategic planning will occur this fall, and it would be best to contact the GMPHP project manager for more information.
3. *How do you envision all the various planning coming together?* We will select and focus our planning efforts on between 3-5 health improvement areas and a number of initiatives will evolve from there based upon resources available. Part of the planning process will involve outlining and reaching out to potential partners and resources for the priority areas, and connecting to/enhancing, whenever possible, current initiatives already underway.

Community Health Action Steps-Broad Reaching Questions on Taking Action

1. *The face of the working poor is changing. What was the middle class is now the working poor. Aid goes to the poorest or poor but the middle class get squeezed all the time. How do we protect the middle class who make peanuts above the limits for aid and not enough to pay for what they or their children need?* This is a very challenging issue for which there are no simple answers. We hope that ideas and actions will germinate through our community discussion and health improvement initiatives.

2. *In terms of education, someone mentioned kids have sometimes 8 hours of homework. How and what has been done to facilitate and help parents with very limited education and language barrier, such as the immigrant population?* This is a question we need to directly ask our leaders in education. In addition, it is most important that leaders in education and community members in the immigrant population are engaged in our community wide health improvement project. Please have them contact the GMPHP project manager.
3. *How can we promote prevention & alternative medicine coverage?* The public health members of the Greater Mercer Public Health Partnership are working on prevention efforts daily. Alternative medicine is making its way into the health care and other venues. Education and awareness initiatives may be one thing that comes out of health improvement planning initiatives. Ideally, it would be best if you alternative medicine providers were involved in community wide efforts. Please have them contact the GMPHP project manager.
4. *What can be done about the many immigrants into Mercer- especially Trenton and Hispanics? Their issues involve poverty and by (expansion), lack of affordable health care; relations with police, general attitudes of prejudice & lack of respect from forces of authority, inadequate housing, high dropout rates from architecturally defective local schools...lack of food markets that are accessible & have moderately priced, healthy food and diversity & selection.* It is most important that leaders and community members in the immigrant, Trenton and Hispanic population are engaged in our community wide health improvement project. Please have them contact the GMPHP project manager.
5. *How does the community know about all this information? I just learned about it recently due to my job in healthcare- but what about the average Mercer County resident?* We are working to publicize our health assessment data. The Community Advisory Board and Greater Mercer Public Health Partnership are sharing and promoting the data throughout the community. We appreciate any help on sharing the data via our website www.uwgmc.org/cha
 - a. *Did the statistics on high school students include the many private schools in Mercer County?*

The statistical data and focus group discussions included both private and public school students geographically dispersed throughout the county of Mercer.
 - b. *Mercer County is so big & diverse- How do you make a plan for such a large area that has such extremes in socio-economic situations?* We hope that this is our advantage and not a disadvantage. A large heterogeneous community is a challenge though not an obstacle. As we continue to work on the next phase we hope to learn the answer to this question. Another potential solution is to focus the plan on population-specific strategies... namely, those segments of the population that experience the most disparities and that, if supported, could result in the greatest improvements on the plan's selected community health indicators.
6. *What is your plan for the vulnerable population- especially for immigrants (who are not insured) and seniors (growing very fast)?*

- a. *Healthcare insurance & availability of medical facilities and access to HMO or any other community health services.*
- b. *Public Transport Facility- Connecting buses to stations, malls, or other interconnecting counties.*

The answers to both a & b: The question you pose- What is your plan needs to be phrased as “What is our plan” – The answer to this rewritten question is that our plan is evolving, please join our efforts. It is going to take many hands. This is a community effort. We are looking to work together toward a sustainable health improvement plan. See answers to number 5 above as well. This plan may focus on a few key population-specific strategies to address the disparities and vulnerabilities you mention, especially as these population segments are growing.

7. *How can the available healthcare grants be more efficiently used to deliver care to all needy Mercer County residents? Many of the current grants are in Trenton city and are not being administered effectively so services do not get to the residents.*

The administration of grants in Trenton certainly varies from agency to agency. Certainly, it would make sense to being to coordinate and collaborate on grant writing and administration.

8. *Why aren't there any public funds provided for monitoring of our older population, (life alert like)?* The administration of public funds is done through our local, county and state government and it is best that this question be directed to the office on aging.

9. *There is a lack of insurance. Does Obama healthcare take into account part time employees who are not provided with health insurance? Employers change jobs from full-time to part-time to avoid providing health benefits?* The goal of health reform is health insurance for everyone. Please keep in mind this will improve access of health care and hopefully prevention to some extent; however as a community we still will not be healthy. Good health involves much more than quality health care and insurance. We need to look at all factors that have an impact on health from the individual level to the community level. For example, do we have well-maintained sidewalks, adequate lighting, and safe parks so people can be physically active? This is just one of many examples.

10. *What is the impact of current pressures for Federal and State withdrawal of funding for social services- including health, food, and transportation? What is the local issue?* On all levels of government the ever shrinking budget is making it very difficult to provide enough quality social services hence the reason to work collaboratively together to solve complex issues in a more cost effective and comprehensive manner.

11. *Problem area- STDs in seniors- how will we address this?* Our plan is evolving. This is a community effort. We are looking to work together toward a sustainable health improvement plan especially for our vulnerable population of seniors.

12. *No specific mention made about undocumented immigrants and any special needs they may have. What have we learned about them?* Luckily, our focus groups included undocumented immigrants who are very vulnerable in our society. Their access to public resources and social

services are severely restricted due to the fear of deportation. We heard this in many different discussions throughout the county. Several receive free health screenings when possible however are unable to afford a doctor's care for follow up.

13. *What lessons can we learn from other communities who have undertaken similar initiatives?* Other communities across the United States are sometimes very similar and sometimes very different. However, we are looking carefully whenever possible at the lessons learned elsewhere. This is partly why we are so lucky to have the support of an organization that is experienced in doing this work in many different regions nationally. We do know that successful plans involve broad community participation from start to finish, focus on a limited number of priorities/goals, maintain ongoing and transparent communications about the process and outcomes, and engage multiple sectors in problem-solving for change.
14. *What are major contributors to failing to meet goals? Parkinson's Law—"The demand upon a resource tends to expand to match the supply of the resource."*
15. *Among Youth – Prescription Drug Use – Is that illegal use? I wasn't sure if that stat is specific to kids using prescription drugs without prescription/designated use.* The data discussed substance use and abuse, but the survey question from the original source did not differentiate by legality.
16. *Was the issue of poverty or hunger a concern in the county or are these issues limited to Trenton? As presented in the report it is a problem throughout the county and in Trenton.* There are food pantries in several areas of the county and number of people who take advantage of the food offered is increasing rapidly. In many focus groups and interviews, the issues of "hidden poverty" and "pockets of poverty" were discussed as being pervasive throughout Mercer County, even in more affluent areas, but were not as visible to the public.
17. *What do you see for the role of prevention of obesity – State, County, and Local Government? All levels of government are interested in taking an active role in preventing obesity; however shrinking resources to work on these issues are prohibiting progress.*
18. *How would you suggest leveraging the county's resources – open space, farms, parks recreational facilities (especially the U.S. Rowing program in Mercer County Park) – to help the residents obtain healthy locally grown foods and get exercise?* This is where we need community involvement to effectively move resources and make the appropriate connections in order to marshal the reserves most efficiently. Identifying these resources and partners is part of the planning process and is an ongoing effort to catalogue assets and initiatives already in place.
19. *Regarding the disabled population, what were their primary needs and concerns?* The needs and concerns varied within this subpopulation depending upon the disability. They had many needs that were very similar to other vulnerable populations – such as health care assess. Specifically, they expressed a desire for improved sensitivity and cultural competency by health care providers. One focus group was dedicated to the disabled, the caregivers, family and disabled members of the community.

20. *Regarding the seniors/older adult population, what were their primary needs and concerns?*

The senior population expressed concerns about isolation, transportation, dementia, Parkinson's and health insurance access, affordable prescriptions, staying in their home and affording to do so, they considered the senior centers very valuable resource.

21. *How can the youth be recruited to participate in our program? They are the future leaders.*

We are very interested in increasing the youth involvement and hope to do so through community leaders who are involved in youth and our school systems.

22. *How are we going to provide services for people who are aging in place? Medicare, does not cover most home care services? The hope is that the future of government policy will be to direct the reimbursement in this direction. This type of change can be expedited with community action. We need more members of the community to get involved to accomplish this charge.*

23. *What is the availability of healthy food? Who cooks and is able to cook using healthy foods? The cost and time to prepare healthy meals is sometimes a barrier. Community wide collaborations can work toward improving nutrition for everyone. This work has already been done regionally and can be replicated here.*

24. *How many food banks/soup kitchens, feeding centers are there? What is their future? A resource directory has not been completed at this time.*

25. *What is unique specifically to Mercer County? Based on data vs. general trend.*

Many of the issues raised in the Mercer County community health assessment can be seen as prominent issues around the country (e.g., substance abuse, mental health, obesity-related issues); however, how they play out at the local level in Mercer County is different than in other parts of the country. (For example, limited pedestrian walkability within a community was an issue that was discussed often in the focus groups due to the suburban nature of many communities; this is not as much of an issue in assessments conducted in urban areas.) Additionally, the culture around strong education, high achievement, and its related high stress were issues that were more prominent in Mercer County than in many other areas.

26. *The question is: Starting in 2004, the New Jersey death certificate included a check off box for diabetes. Does the current Death Certificate still include the diabetes check off box? If so, what trends have been seen since 2004 in deaths in which a diagnosis of diabetes was indicated?*

This information is online and we recommend you take a look at the data on this site:

<http://www.state.nj.us/health/chs/>

27. *The data indicates that transportation is a need in Mercer County. Yet, two of the county's acute care facilities have relocated to locations that are further away from populations centers. What methods are being employed by those institutions to assure access to the health care services, for those in greatest of transportation assistance? This is a question to ask directly of those facilities. In the comments below, Princeton Health Care responded.*

Comments

- In terms of Princeton Health Care, and the assessment's access issue: we are addressing - a. seniors in the area gets free transport to UMCPD via "Ride Provide" of the Greater Mercer Transportation Association b. New bus route to UMCPD public private partnership.

- We must note and consider the big missing links:
 - a. Fact- The fast growing/ unresolved Trenton Health/ Safety problems are highly spilling out to suburbs, i.e. drugs & gangs.
 - b. There is high autism rate increase one in every forty nine births in New Jersey. Who is planning for services for so many children and youth in need? The National epidemic is one in eighty births but worse in New Jersey.
 - c. Childhood obesity/ Lack of exercise.

- Need more study & action as environmental cause for poor health – air pollution/lead and particle respiratory disease etc. all goes to how to prevent illness.

- Need to address growing problem of Rx abuse among adults. Predication will grow as Boomers retire. Substance Abuse treatment is focused on teens.

- Municipal privatization should be by municipal contract and not for the individual owners to provide. I say this because I have been in communities where individual homeowners paid for garbage removal. It was a hardship.

- Years ago I read about organizations taking over large homes and making them into supervised homes with a communal kitchen. It was the individual's home so it was their choice for visitors or people entering their home. The house was run by live-in staff.

- Encourage Naturally Occurring Retirement Communities (NORT). Refer to Sunday's Trenton Times.

- Nutrition programs for youth and aged need to provide more natural (fruits and green vegetables) and less starch and empty carbohydrates. This is a complaint that I've heard about senior citizen lunch programs.

- Years ago I read about community health education (targeted issues) through barber shops and beauty salons. These environments are a very comfortable for teaching.