

**The Miller Consulting Group**

New Jersey Rural Health

Focus Group Report 2011

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## Background / Goals and Objectives

### *Background*

The New Jersey State Office of Rural Health (NJSORH) approved a proposal for Cheryl Miller (The Miller Consulting Group), acting on behalf of the agency, to serve as a consultant to develop, plan, execute and provide a qualitative data analysis report conducted in designated New Jersey Rural Census Tract areas for a series of consumer focus groups.

The mission of the State Office of Rural Health is to serve as a statewide resource for rural health concerns, to improve rural health, and to foster available and accessible health services for residents of rural areas of New Jersey through programs and activities related to its five essential functions.

*Collecting and disseminating rural health information.*

*Coordinating resources and activities statewide.*

*Providing technical assistance to meet rural community health needs.*

*Encouraging recruitment and retention of health professionals in rural areas.*

*Strengthening state and federal partnerships.*

The focus groups were conducted over the period of February 2011 – May 2011 in the following designated rural areas of the state:

- Atlantic County (Hammonton)
- Burlington County (Pemberton Township)
- Cape May County (Woodbine Borough)
- Cumberland County (Bridgeton City)
- Ocean County (Plumsted Township)

A complete breakout of the specific census tracts covering each county is provided at the end of this report along with focus group demographics and county health rankings.

### *Goals and Objectives*

The goal of the project is to gain an insight into the health care perceptions and behaviors of the consumers living in designated rural areas of New Jersey; and to understand their views and opinions of rural health care facilities, providers and the availability/access to care in their local rural area.

The objective of the project is for the NJSORH to use the data and analysis to develop a defined proactive coalition of rural health care providers/support network or rural health care centers/clinics, and to assist the coalition in developing a persuasive application in order to secure additional Federal funding through Rural Health Grants.

# Methodology

## *Premise*

The premise of this qualitative study was to gather direct feedback on the views and opinions on issues related to the needs, wants and availability/accessibly regarding health care from rural residents of the state. These residents are the end use constituency served by the support of the New Jersey State Office of Rural Health (NJSORH) and a vital source and knowledge on the health care issues that are most important to them. Conducting a series of focus groups was selected as the best method of inquiry because they are uniquely suited to gaining insight into the personal health care experiences of rural residents.

## *Recruitment*

The participants for this project were drawn from each of the five county areas designated as rural. Participants were required to be an adult over the age of 18 and currently living in one of the designated areas. Participants were recruited through outreach and communication with municipal offices (mayors), county health departments, community-based organizations, health centers and direct referrals from community leaders and residents. Each person was contacted by phone (except farm workers who received more direct outreach) and provided with a general description of the topic of the focus group and the techniques that would be used for data collection. Also participants were advised they would receive a gift card as an incentive for their participation. For those whose schedule allowed them to participate, the date, place and time was provided verbally over the phone and an email confirming their attendance was sent to those with email addresses. A day before the scheduled focus group a reminder phone call was made to each attendee re-confirming the session.

## *Focus Groups*

Each two-hour focus group was moderated by Cheryl Miller, a consultant who has over 15 years of experience in marketing and involvement in focus group research with major international corporations. She created a permissive and comfortable environment that was conducive to allow participants to openly share their opinions and their personal health care experiences in an open manner. A representative from NJSORH attended each session and served as an observer.

There were a total of 81 participants (28 male/53 female) for all five focus groups with ages ranging from 18 to 78 (all participants did not supply age). Three of the focus groups were conducted in English, one group was conducted in English and Spanish with half of the group being Spanish speaking, and one group was conducted in Spanish with all participants being farm workers from Mexico or Guatemala. The Spanish speaking focus groups were executed with the assistance of a bi-lingual translator.

At the beginning of the focus group each participant was asked to complete a questionnaire in order capture views from everyone in the group. The completed questionnaires by arranged by county, with compiled verbatim responses, are contained at the conclusion of this report. The questionnaire also served as the discussion guide but the moderator allowed the discussion to evolve in order to provide more insight and to allow participants to express their personal experiences.

## Executive Summary

A series of questions were developed and used to serve as a guide to gather the views and opinions of the participants regarding healthcare availability, accessibility and barriers in their local rural area, and each group was encouraged to bring forth and detail their own personal health care experiences during the discussion. Participants proved to be pleased and excited to be provided a forum which enabled their views to be heard. This free interaction and discussion allowed general themes to develop that are outlined in the next section of this report. The following provides a summary of these results.

### Summary

Accessing affordable health care without health insurance is a national problem and escalates for residents in rural areas in New Jersey. Twenty-six (26) of the 81 participants in the focus groups did not have health insurance. These uninsured residents managed this barrier to health care in two ways; which was based on their cultural differences. The participants that were Mexican and Guatemalan farm workers, utilized the services of the South Jersey Family Medical Center (FQHC) for routine health care. But for more serious issues they would return to their home country for treatment due to the fear of incurring a large bill they could not afford. Conversely, all other uninsured participants, while also concerned about costs, demonstrated a trend not to use utilize the services of an FQHC due to a negative perception/experience and therefore went to a private doctor (paying out-of- pocket), basing this decision on the trust and longevity of the relationship. While some others relied on emergency room care, and sought out Charity Care to manage a large hospital bill.

Chronic illness is another national health care issue with occurrence reported to be more severe in rural areas due to limited health care resources, lower household income levels and limited health education. According to the CDC, chronic diseases, such as heart disease, cancer and arthritis are the leading cause of death in the United States. In 2005, 133 million American - almost 1 out of every 2 adults - had at least one chronic illness. Among the 81 participants in this study, a total of 53 responded yes when asked if they or someone in their household currently suffers form a chronic illness. Diabetes and hypertension were the two most commonly mentioned illnesses. Health education, chronic disease management or wellness centers were nonexistence in any of the rural areas, which participants suggested as means to address the issue.

Accessing quality primary health care within their local area was the most discussed topic, and delivered passionate responses among all of the participants. The overall feedback from the majority of participants was that they are no doctors, or too few **good** doctors in their local rural areas, and most participants felt that they had to leave their area to access quality medical care. In cases where there was a good doctor in town, he/she was not accepting new patients or did not accept their insurance (Medicare, Medicaid, and NJ Family Care). When probed as to what they meant by *good* doctor, participants felt that a good doctor should be competent in their medical abilities, offer clean facilities and treat them with respect and dignity. Based on the participants experiences of living in a rural community, that disproportionately, many medical providers did not always meet these described health care service standards. In addition, universally among the participants, accessing a medical specialist required traveling some distance to receive care.

Participants expect their doctor to be up-to-date on the latest medical developments and provide alternatives to drugs to remedy a health issue. Many participants mentioned the desire to have one-stop medical facility where all services (lab, x-ray etc.) would be provided in a central location - or in their words "under one roof" as a means to reduce health care travel expenses. Additionally a mobile doctor and mobile health care services (x-ray, lab, dental and ultrasounds) were

popular ideas. Many participants expressed the desire to have all doctors accept their insurance plans, especially Medicare, Medicaid and NJ Family Care. Many participants expressed the interest to have their health care provider take an interest in helping them manage their health, but most did not feel that they were able to achieve that goal.

The responses became even more passionate as the participants discussed barriers to their health care. The major barrier for uninsured participants was the lack of health insurance due to the high cost. Additionally for those uninsured seeking Charity Care; felt the forms were difficult to complete, intimidating and diminished their sense of self-worth. All participants cited transportation and distance as a considerable barrier with a few participants having to drive 100 or more miles (round-trip) to access care. The limited time doctors are spending with participants presented a substantial barrier for most. The overwhelming majority of participants felt that their doctor did not spend enough time, rushed them through their visit, did not answer questions or allow enough time to ask questions therefore limiting their access to quality care. In addition, participants expressed difficulty getting an appointment and long waiting times were another hot area of discussion. The majority of participants felt that they could not easily get appointments and had to endure long waits at the facility once an appointment was secured, with some participants waiting up to four hours. In areas with a high concentration of Spanish speaking residents, participants reported that their inability to locate bi-lingual *doctors* (not nurses) presented a major barrier. Participants expressed their desire to speak directly to the their physician in order for him/her to fully understand their health issue and privacy concerns.

## Findings by Major Theme

### *The uninsured, where do they go for health care or for an unexpected illness?*

There were a total of 81 participants for all five focus groups with 26 of the participants not having health insurance. The insured could have private insurance, Medicare, Medicaid or NJ Family Care. The current percentage of uninsured residents in New Jersey is 19 percent versus a 13 percent benchmark for the United States. The uninsured percentage for the rural counties included in this project range from 14 percent – 20 percent.<sup>1</sup>

Those uninsured participants fell into three categories of health care consumers:

- Working People (non-farm workers) without benefits and cannot afford private insurance
- Unemployed People (who previously had private insurance)
- Farm Workers (seasonal or year-round workers from outside of the U.S.)

The health care facilities used by the *non-insured* were overwhelmingly divided by category of health care consumer as taken from those who responded on the questionnaire and outlined below:

	Emergency Room	Private Doctor	A Family Health Center (FQHC)	Other
Unemployed/Working People	7	7	5	2
Farm Workers	1		11	

*(Some participants provided two options for health care facility use)*

This difference in choice is based on the diverse perceptions of the participants and their cultural attitudes. During discussions, the uninsured participants revealed several reasons for their choices of a health care facility. The farm workers choose to use the community health center (South Jersey Family Medical Center/SJFMC) due to the low cost and their fear of receiving a large bill from an emergency room visit or hospital stay. For more serious health issues, they all reported they would choose to fly to their home country for care. Additionally, SJFMC provides health care outreach and transportation services to farm workers, which gives them a better understanding of the facility and the health care options provided.

When farm workers were asked, “How do you know it is a more serious issue?”, a male participant from Atlantic County responded (via a translator):

He finds that they will go to Central Medical (SJFMC); but if it's more serious, they get the idea from Central Medical that it is more serious because they give them a pass to go to the hospital and that's when they realize it's more serious than just a little pill. At that point they make their decision to fly.

When asked why they wouldn't go to the hospital for a serious illness, another male participant went on to further explain (via translator):

Because they don't have medical insurance and they're here to work and to make money to take back to their families.

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<sup>1</sup> County Health Ranking 2011 - Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute

Further questioning revealed that SJFMC does provide them with options and payment resources for more serious medical issues, but they don't trust the options and are afraid of getting a large bill they cannot pay. A male participant responded (via translator):

. . . their biggest fear is that they'll get a bill for the doctor, a bill for the hospital, a bill for the ambulance; and how are they going to pay for it when they can go to Mexico and get treated for low cost?

Another male responded (via translator) with a suggestion:

He finds that the funding that the clinic has is not adequate. Sometimes he wishes that there would be like a fund for people who needed more serious surgery or like for hernias or maybe a back issue, that there would be funding because sometimes he feels that they (the clinic) hold back if they need something more serious because the funding's not there and they don't have it.

The majority of non-farm working people and unemployed choose either the emergency room or a private doctor for health care. They were concerned about the costs, but that did not deter them from choosing those options because they thought they could find some way to pay or utilize charity care. Charity care can take a long time to get approved (up to six months) and only lasts for one year, starting from the time a person applies, which can be problematic when there is an ongoing illness.

The uninsured participants, who choose to go to a private doctor and pay out of pocket, selected that resource because of the trust of their doctor and the longevity of the relationship even if it meant driving a long distance. Mary Ann, an uninsured participant from Plumsted said:

. . . I go to them because I trust them. I've had them for so long, but I pay out of pocket, which is difficult for me. Now I'm out of work, but I was in a car accident last year, so I'm not able to work full time right now, and it's usually like \$81.00 - but last year they got charity care for the doctor's office. I guess some of my health care I avoid because I can't afford it, and there's not really anything in the area that I know of that accommodates people without insurance. And I tried to get insurance when I first got laid off, but I couldn't afford the monthly premiums from job. So it frustrates that there's certain things I can't do, get taken care of, but I have also researched things. I go to Susan G. Komen Cancer Institute, and I get all my female care for free from them.

Tara, from Bridgeton, another uninsured participant, explained why she goes to a private doctor:

I've been going to her since 2000 and she know my history; she knows my family background and when I moved down here, I didn't want to switch doctors. My pediatrician's up there too. I take my kids all the way to Voorhees when they have an issue.

When asked if she had looked for local health care, Tara responded:

I thought about it. But then the local is clinics. And I want my appointment at my appointment time. I don't want 12 appointments at that 9 o'clock appointment and whoever gets there first. It's my appointment. I want my appointment at that time.

Some of the uninsured who used a clinic or FQHC expressed a negative experience in dealing with the facility. Kim, an uninsured resident of Burlington County and who has several major health issues, said:

I go the emergency room or I go to Buttonwood, which I try not to go to.

When asked why, she responded:

Because I get sick waiting there three hours to be seen in an unventilated building, and I can't breathe. I have lung disease, and it's too much for me.

Ronald, another Burlington County resident said:



My wife has been going to the South Jersey Health Center at Buttonwood. They base their charge on what you make, what your family income is. But you can wait forever to get an appointment.

In addition to the cultural differences motivating selection, lack of information and communication on the availability of health resources was a reoccurring theme. Many people, the insured and uninsured, were not aware of the FQHCs in Ocean County (Ocean Health Initiative/CHEMED) and Cumberland County/Cape May (Complete Care Network). As mentioned earlier, SJFMC in Atlantic County does outreach and offers transportation to farm workers, which increases their use of the facility. Participants also cited the lack of local newspapers or the unavailability of a central location, such as local government offices or libraries, to aid in finding low-cost health care resources.

Seniors seem to have a better network of health care outreach because many were affiliated with senior centers and other community-based organizations (Plumsted's Senior Outreach Services - SOS) that aid in facilitating health care, health education and communication.

### *Chronic Illness - awareness, then education?*

Chronic illness is an overwhelming concern for the vast majority of the participants. Of the 81 participants in the focus groups, 53 confirmed on the questionnaire that they or someone in their household currently suffers from a chronic illness, such diabetes, high blood pressure, cancer, etc. The chronic disease state of the participants are problematic not only of rural New Jersey but the entire state. According to a 2008 report from the CDC (*New Jersey: Burden of Chronic Diseases*), the state shows the following statistics:

- Heart disease accounted for 29 percent of deaths in New Jersey in 2005, while stroke caused 5 percent of deaths.
- In 2007, 28 percent of adults in New Jersey reported having high blood pressure (hypertension) and 39 percent of those screened reported having high cholesterol, which puts them at greater risk for developing heart disease and stroke.
- 24 percent of all deaths in New Jersey in 2005 were due to cancer.
- In 2007, about 8 percent of adults in New Jersey reported being diagnosed with non-pregnancy diabetes.
- In 2007, 62 percent of adults in New Jersey were overweight or obese, based on self-reported height and weight.

These issues are exacerbated in rural areas because of limited access to health care due to lack of transportation, distance to health care providers, the lack of chronic disease management programs, limited health education and some of the lowest median household incomes in the state (Cumberland, Cape May and Atlantic Counties are ranked lowest in the state). The participants did understand the severity of chronic illnesses, its implications, and offered suggestions on ways to address the issue.

Edith, a resident of Burlington County, said:

I would like to see a wellness center that incorporates exercise along with care, preventative . . . So I would like to see a wellness center that's 9 (a.m.) to 9 (p.m.) to incorporate people who work and who don't work. Because most of your chronic diseases, a lot of them can be helped with exercise, with diet. But you know, you need to be educated in it. And something that's funded by the state or that you pay a nominal fee because, again, we're talking about most of the folks here . . . not most of the folks, some of the folks here, myself included . . . money is an issue.

Juanita, another Burlington County resident, went on to say:

I'm gonna piggyback on that. I work for a health care organization, and my pet peeve to them was

that again, in the highfalutin' areas, they have a wellness center. And towards Voorhees area, not too far from each other. And I mentioned to them, you know, you have the Mount Holly area, the Browns Mills area . . .we have nothing out here . . . We need to educate the patients so that even if it's a simple disease process or just signs and symptoms that could be going on, that if people are aware, that they can say, you know, that this is what is going on. So if we can get our patients and community educated on that, then that's a step in the right direction.

The group seemed to talk the most about the chronic illnesses diabetes and high blood pressure. None of the participants mentioned receiving any education nor were they being made aware of any chronic disease management programs. Also, several of the participants with these diseases did not have health insurance and were not able to engage in the full range of medicines, supplies or lab work required for their illness due to costs. These participants are at risk for serious complications that could lead to more severe health issues and, potentially, premature death if their disease becomes out of control.

### *Can you access **good** primary care in your community?*

While overall the majority people were able to access health care services 20 miles or less from their home, most expressed some dissatisfaction with the quality of the physician, cleanliness of the facility, or the availability/hours of the doctor or facility. Generally, many participants felt they had to travel outside of their local area to get better care or travel far distances to find a provider that would accept their insurance (Medicare/Medicaid/NJ Family Care). The farther a participant went for health care, the more satisfied they were with their care.

For example, in Woodbine Borough (Cape May County) several people used one of the two doctors in town, but other people could not use the services of these local providers because of their limited hours. Both doctors are only in the office twice a week; one has a nurse practitioner available four days per week. One is not accepting any new patients, and one does not accept Medicaid or NJ Family Care. This has created a need for participants to travel 10 - 20 miles or more to receive health care. If you or your child had a chronic illness, such as cancer or diabetes, it meant traveling even longer distances. The problem was compounded because many of the people did not have a reliable source of transportation.

In Pemberton (Burlington County), although there were a few doctors in the area, many felt that the quality and knowledge of those doctors were lacking. Ebba, a senior who is a long-term resident of the community, said:

So we really need more competent doctors, not just more plans. We need more physicians who are practicing in the area who are good doctors that you would recommend to a friend.

Edith, from Burlington County, provided an example of the competency of a local doctor:

There was a doctor in Browns Mills for my mom. She cut her leg cutting grass - She's 83 - and a piece of metal went into her leg. She went to the doctor - I don't know if it's the same one or not, but a doctor in Browns Mill - and he just gave her some cream or something. But it got infected, and she kept going back for a while until we talked her into going to a doctor farther away; but it was a major problem. It's almost like in, in the rural area . . . Now we know all doctors didn't get straight A's. Some got C's and barely passed. And it seems like sometimes the rural area you'll get the ones who barely passed. They got the certificate, but they just made it.

Kim, another Burlington County resident expressed it this way:

Because you live in a rural area, they feel as though they don't have to attend to you as well as they would someone in Voorhees or someone in a higher-income environment. Because we *are* in Browns Mills or Pemberton . . .(*residents aren't*) worthy of good-quality health care, basically. And because you're backwoods people, you're inbred, low-income, uneducated . . .This is what . . .Now I'm just . . . I just moved down here. And I say I'm from Pemberton, 'Oh'. And I'm like, What's wrong with Pemberton? It's not where you're from; it's where you're at. That's why you have to travel 20 and 30 miles and 40 miles to get a good doctor.

In Plumsted (Ocean County), most people have to travel between 10-30 miles to see a doctor and are very satisfied with the care received. Many are going to Mercer or Monmouth counties. There is no health care provider in town. With no public transportation, most people depend on themselves, friends, volunteer organizations and family to assist in their health care transportation needs. The ever rising cost of fuel makes transportation issues even more critical as it could cost you \$15-\$20 for a 60-mile (round trip) health care visit.

One female participant said:

I remember when I moved there 12 years ago. On Main Street in New Egypt (Plumsted) there were two doctors in there. I moved from an area where everything was close by so when I moved down here, I didn't want to go back up there, which is another hour. They were only what? Five miles away from here? And then having the drug store around the corner, it was great. But they left.

Seeing a specialist was one area for which practically everyone said they had to drive a long distance. There were virtually no specialists in any of the rural areas in which we held focus groups. Participants stated they had to drive between 20-40 miles or more to see a specialist.

### *What do you expect from your primary care doctor or provider?*

Most participants expressed their desire to have their doctor be *fully engaged in keeping up to date on the latest medical developments, treatment protocols and alternative medicine*. Participants would like the doctor to be able to offer guidance and provide direction on how to best manage their medical issues. Suzanne, from Cumberland County said:

I would like mine to be on the cutting edge of what's going on in the health care world. Mine's doing things that are old-fashioned. I've had diabetes a long time. You can't just tell me to put your insulin up to 40 units. That is not good health practice. Just pushing your insulin up cause your sugar's high that day. You know, that is not good practice.

A majority of the participants would like to see a primary care *doctor have lab services on premises or be affiliated with a 'health care mall'* where all ancillary services (x-ray, lab, specialist) would be located. This would be a one-stop shop, would prevent the need for multiple trips, and would reduce transportation time and cost. Lynnea, from Plumsted provided an example of the dilemma facing participants:

You go to the physician. He then writes you a script to get an ultrasound, and then you need to go get some lab work. It's like a three-day event by the time you get everywhere . . .Cause you are traveling a distance to each of these places.

Several participants mentioned the need for *mobile doctors and health care services*, including mobile x-ray, dental and ultrasound as solutions to providing health care availability to their area. Ebba, from Burlington County, gave an overview of a company that provides mobile health care service for seniors and the homebound:

It's a Philadelphia-based organization. And I think they have a Woodstown office; and if you're on Medicare or Medicaid and are more or less homebound, you can get your insurance to cover them. And they come to your house, and they provide all your services rather than you trying to find someone to drive you wherever you need to go. And they send out nurse practitioners to your home, and they do bring things like X-ray machines and blood tests, and all kinds of things to your home.

Many participants voiced their need for more doctors and specialists to *accept their health insurance plan*, especially Medicare and Medicaid, because it can be very difficult to find a local or reasonably distanced provider. Linda from Plumsted detailed her situation regarding this issue:

It's big trouble to get a specialist for Medicaid. My son has Medicaid so I have to go down a whole list of things, and this is not just this area, Monmouth and Ocean County, before I finally get one, and they go 'Okay, we can take you. We'll see you in five months.'

Participants also detailed the need for doctors to provide *good customer service*. This entails providing clean facilities, on-time appointments (no long waits), friendly staff, and for the doctor to treat all patients with compassionate care and show an interest in helping them manage their health.

### *Barriers to health care, can they be broken down?*

For uninsured participants the number one barrier to health care was the *lack of health insurance* (19 percent of New Jersey residents do not have health insurance). Because of the high cost involved, and the perceived or real lack health care alternatives, many of these participants don't seek preventative health care, lab work or follow-up care for chronic illnesses; and they self-medicate. This is a recipe for incurring a major medical issue and emergency room visits.

Few of the participants (excluding farm workers) in the group are utilizing an FQHC that offers medical and dental care based on one's income. In some areas, an FQHC is within 10 miles of their home. Some of this underutilization comes from being uninformed about the availability of the provider (did not know it existed), the perception of the quality of care (teaching doctors/rotating doctors) and the perceived environment of the facility (chaotic and crowded). Some participants who have used an FQHC expressed hesitation in continuing to use it because they had negative experiences, which included long waits for services, difficulty in getting and appointments, and lots of sick people mixed together.

In addition to facing the barrier of not having health insurance, a female participant in Cumberland County encountered another barrier when trying to access health care at Complete Care Network (FQHC) in Bridgeton. Because she recently lost her health insurance, she called Complete Care to find out what she needed to do in order to receive health care at their facility and apply for New Jersey Family Care. Neither she nor any of her children are sick now, but she wanted to have the process in place when the need arose.

First she was sent to the wrong office to get information. She was redirected to the correct office to get advice on what kind of documentation she needed to provide in order to apply for care. That advice was incorrect, which led to a wasted visit (a 10-20 mile drive) to the facility because she did not have the right documentation required to apply for care. She called Complete Care again, questioning the person on the phone and the person hung up on her without resolving issue. Regarding her exchange with Complete Care, she said:

But in the meantime, that right there would put someone who you know what, don't have my determination, I'm not dealing with this. And then you end up at the ER giving the state a \$5,000 bill for something you could have remedied with a simple phone call. So getting past that that right there, is a lot.

This participant felt that she was treated rudely and the facility provided poor communication.

Another female participant without insurance cited that *Charity Care forms are very confusing and intimidating*. She said:

They give you this package like this, and they say 'Here. Fill out this package. Bye-bye.' And you find out maybe the application is only one page, but it's so buried in paperwork. A lot of people would - not would, ARE - intimidated by it, so they don't even . . . And of course, the print is this big. And there's a lot of it. I think that's a barrier. It's really intimidating for a lot of people to have to go through all of that to get help. And you feel like less than a first-class citizen.

Major barriers cited by the majority of participants (insured and uninsured) include:

### *Transportation/Distance*

Transportation is an endemic issue from living in a rural area. Transportation and distance were mentioned time and time again as major barriers. Many participants feel they cannot receive quality medical care in their local area due to the quality of or the unavailability of doctors, and especially the non-existence of medical specialists. The transportation barrier affects the participants in a variety of ways, such as fewer visits to the doctors, the stress of trying to coordinate appointments with available transportation, the cost of gasoline, and the time it takes out of their day to drive up to 100 miles round-trip to see a doctor or specialist.

### *Limited Amount of Time Doctors Spend with Patients/Lack of Compassion*

Participants were very adamant and extremely frustrated about the lack of time doctors spend with patients. Most felt rushed and did not feel that the doctor was meeting their need for health care information, listening to their concerns or providing guidance and direction on how to manage their health or that of their children. A small minority of participants expressed how they demand answers and time from their doctor, and provided instruction to the group on how to develop this skill. But Shirley from Burlington County sums up the majority opinion by saying:

And they're not compassionate. It's like she said, they just don't care. It's like cattle. They're like, 'It's okay. Next, next, next.' And you go to ask a question. Before you get it out, he's rushing to tell you something else. 'Don't worry, we'll talk about that next time.' And then you'll be like, 'well I was going to say something'; but you know doctors, they rushin' you about something else. Not compassionate.

A male farm worker from Atlantic County expressed his confusion with his doctor in trying to understand what type of diabetes he has and how he should manage his treatment. He said:

He will ask him (the doctor) what type (diabetes) he has and he takes his blood pressure and tells him his blood pressure his high. Your blood pressure is this or that or the other. So he says, 'Yeah, but what type of diabetes do I have?' And he doesn't answer.

### *Difficulty Getting Appointments/Waiting Time at Appointments*

This is another barrier that produced widespread feedback. The overwhelming majority of participants felt that it was too difficult to get an appointment with a doctor. The barrier starts with the first phone call, which is answered via voice mail, and then you are sent into the voice mail maze (push 1 for x, push 2 for x, etc). If you make it through that and get a real person, they then advise you that it will be three to four weeks before you can get in to see a doctor. Participants felt that if they were calling for an appointment, they wanted to be seen by a doctor in a much shorter time frame.

The waiting continues once the person arrives at the doctor's office at their *scheduled* time. Participants communicated that they can wait anywhere from two to four hours after their scheduled time to be seen by a doctor. This issue is prevalent with private doctors as well as at the FQHC, with the FQHC having the most delays regarding waiting time. The farm workers in Atlantic County who use the Southern Jersey Family Medical Center (SJFMC) were the most dissatisfied of all participants. They feel that the medical staff and facility are too small to accommodate the demand. They may have an appointment at 6:00 p.m., but are not seen until 10:00 p.m. A male participant expressed it this way (via translator):

. . .Because of the long wait, sometimes they will see them up until 10:00 p.m. Usually the last one they'll take in at about 9:00 or 9:30; but, at that point, sometimes they even look at you and rebuke you because you're there at 9:00 or 9:30 even though you've been there since 6:00 p.m. and having to wait. They know when the cutoff time is so they know that if they go in by 9:00, what the doctor does is he gives them like two seconds and, 'Here's your pills. Go to Walmart.' At that point they feel that if they have another sickness, they can't even talk about it because they're on crunch time. That's what basically happens.

The farm workers have even more frustration regarding operating hours of SJFMC. Since they work all day and cannot make appointments until the evenings, it limits their availability to go to the doctor. Additionally, if someone gets sick on Friday, they have to wait until Monday to be seen by a doctor. They will not take an ambulance to the hospital because it is too costly. As a result, they would like SJFMC to offer weekend operating hours to better meet their needs.

*Lack of Spanish-Speaking Doctors*

This was a major concern for the participants in Cape May County (Woodbine), in Atlantic County (Hammonton) and Cumberland (Bridgeton). All of these areas have a high concentration of Spanish-speaking residents. The participants felt that they were not fully able to communicate their health needs and concerns to the doctor because of the doctor's inability to speak Spanish. Although sometimes nurses or other medical staff may be available to translate, they wanted to be able to speak directly with a doctor to ensure that he/she fully understood their health situation. They fear that this lack of direct communication could lead to misdiagnosis or inappropriate treatment. Additionally, they have health privacy concerns, especially the male farm workers as they don't fully feel comfortable talking to a third party about male health issues. They would feel more confident to discuss these issues if they could speak directly to a doctor. A male farm worker expressed his feelings (via translator):

He feels that he would feel more comfortable being able to speak to someone who understands, especially the language, because that way he can tell them exactly how he is feeling and he would feel the confidence to speak more.

## Conclusion

Although the focus groups achieved the goal of gaining feedback on the perceptions, views and opinions surrounding health care from residents living in designated rural areas of New Jersey, it also highlighted issues that are outside of the scope of this project, and are part of the national debate on how we manage health care (affordable health insurance, alternatives, more doctors in rural communities).

What the focus group findings do provide are some windows of opportunity to better meet the needs of New Jersey's rural residents. Some of these opportunities include increased communication on the local rural level surrounding available low-cost health care (FQHC), implementation of health education and chronic disease management programs, reexamining the staffing and operating hours of FQHC serving these communities, increased mobile access to health care for rural communities, increase doctor acceptance of Medicare/Medicaid, and some incentive/training programs for doctors to learn to speak Spanish. These are just a few of the opportunities that will allow health care decision makers, health care partnerships, municipalities, community based organizations, groups or agencies to make a positive impact on the health care of the rural residents and to better meet their needs.

# Rural Health Focus Group

## Demographics and Questionnaire Responses

The following provides the demographics and compiled responses from the questionnaire that each focus group participant completed. All responses have been recorded verbatim, only spelling has been modified to aid in readability. Participants may not have provided an answer to each question and some may have given more than one answer to an individual question. Therefore the number of responses to any question may not equal the number of participants for that group.

### Atlantic County

The Atlantic County focus group was held on May 18, 2011, in Hammonton. The group was made up of entirely Spanish speaking farm workers who reside either seasonally or full-time in Hammonton, and who were primarily of Mexican and Guatemalan heritage. A translator was used to facilitate group participation in the session and to assist in completing the questionnaire since many were not able to read Spanish and, therefore, did not fully complete the form. The following provides an overview of the demographics of the participants:

Atlantic County Focus Group Demographics	
Total Number of Participants	12
Male	11
Female	1
Spanish First Language	12
Age 18 -40	4*

\* Not all participants supplied age - by observation none appeared to be over 40 years old

### Atlantic County - Rural Health Questionnaire Responses

1. Do you have health insurance?

Yes            0  
No             12

2. If you do not have health insurance, where do you go when an illness occurs with you or your family?

Emergency Room        1  
Private Doctor  
Family Medical Center   11

3. Do you have a primary care doctor, dentist or pediatrician?

Primary Doctor  
Dentist                    1  
Pediatrician  
None of the above       11

4. How many miles do you have to travel to receive primary care (includes pediatrician)?

0-10 miles                9  
10-20 miles               3  
20-30 miles  
30 or more miles



5. Do you or someone in your household currently suffer from a chronic illness?

Yes 2  
No 9

6. In your opinion what are three (3) barriers you face regarding accessing health care in your community?

1st Health Care Barrier Facing Me	2nd Health Care Barrier Facing Me	3rd Health Care Barrier Facing Me
More transportation	More doctors	
Sometimes people come from other areas who are sick and they require more medical personnel	More doctors	
Costs	Transportation	Bi-lingual medical staff
Transportation	More doctors	A larger facility for health center
Transportation	Bi-lingual	Costs
We don't speak English	Also need more doctors	
Transportation	More doctors	
Bi-lingual doctors	Can't response because I can't understand doctor	
Medical personnel	More attention to the patient	Fewer delays in the exam room
Transportation	Need more doctors	

7. In your opinion what are three (3) important services a primary care provider should provide for its patients?

1st Important Service	2nd Important Service	3rd Important Service
Eye doctor	Dentist	
Dentist	Eye doctor	
Dentist	Eye doctor	
More dentist	Pediatrician	
Transportation to accompany the patient to the clinic for translation	More dentists	Pediatrician
Transportation		
More through exams	Privacy on male health issues	More communication on health issues

8. Could you provide 3 examples of what you expect from a primary care provider (doctor or health center)?

1st Example of What is Expected	2nd Example of What is Expected	3rd Example of What is Expected
More respect	Less waiting time/get discouraged	
No discrimination	Do not waste time and more attention to the patients in general	
Less waiting time - too many people		
More attention and adequately address issue		
I am healed		
Good medical attention		
More attention and adequately address issue	More personnel	

9. What is the number one issue regarding health care facing your community?

Number One Health Care Issue Facing the Community
Health insurance
Health insurance
Health insurance
Health insurance
Health insurance
Health insurance
Lack of medical insurance

## Burlington County

The Burlington County focus group was held on March 19, 2011, in Pemberton Township. All participants reside in one of the designated rural areas of the county. The following provides an overview of the demographics of the group:

Burlington County Demographics	
Total Number of Participants	16
Male	6
Female	10
Age 18 - 40	2
Age 41 - 55	5
Age 56 +	9

### Burlington County Rural Health Questionnaire - Responses

1. Do you have health insurance?

Yes	12
No	4

2. If you do not have health insurance, where do you go when an illness occurs with you or your family?

Emergency Room	4
Private Doctor	2
Health Center	1
Other - VA Clinic	1

3. Do you have a primary care doctor, dentist or pediatrician?

Primary Doctor	15
Dentist	10
Pediatrician	2
None of the above	1

4. How many miles do you have to travel to receive primary care (includes pediatrician)?

0-10 miles	8
10-20 miles	7
20-30 miles	2
30 or more miles	

5. Do you or someone in your household currently suffer from a chronic illness?

Yes	13
No	3

6. In your opinion what are three (3) barriers you face regarding accessing health care in your community?

1st Health Care Barrier Facing Me	2nd Health Care Barrier Facing Me	3rd Health Care Barrier Facing Me
Long wait in doctor's office	Long wait in emergency room	
Waiting too long in emergency room	We need specialist in the area	
Money	Confusing form for payment assistance	Program available for prevention of illness, health care wellness programs and exercise centers
Distance	Way to get there	Language complications
New doctor seems not as knowledgeable	Usually go to the office to set up appointments, phone time is long and confusing	
Nearby availability of specialist such as urologist	Rising cost of health care plans	High prices of some medications

1st Health Care Barrier Facing Me	2nd Health Care Barrier Facing Me	3rd Health Care Barrier Facing Me
Need for transportation for routine exams, etc.	Specialist are located in many different distant locations	Cost, co-pays, insurance approvals
Public transportation	Financial/health care prescription cost	
Expensive	Transportation	Understanding medical credentials as to who is the best to provide service
Distance to doctors	Distance to hospitals	Response time - emergency treatment
No insurance		
Transportation	Takes too much time to get appointment	
I have been unemployed for a few months. Times are difficult for me sometimes because I have full dentures. When I don't have funds for dental adhesive, tell me what do I do?	Since I don't have a primary care provider I need assistance for screenings pertaining to questions #5.	

7. In your opinion what are three (3) important services a primary care provider should provide for its patients?

1st Important Service	2nd Important Service	3rd Important Service
Clean	Faster	Friendly
Prompt Service	Clean facility	Friendly staff
Timely appointments	Quicker access to primary care providers (doctor)	More efficient in getting you in and out
Health care	Medicine	Knowledge of illness and friendliness to patients
Info for wellness and treatments	Communication, record keeping	Less time waiting in room while being undressed
Assist individuals in all around health monitoring	Referral to specialist as needed	Availability of medications
Prompt courteous service	Avoid return visits when not absolutely necessary	Inform patients of lab results, test, etc. in timely manner
Knowing the patient, taking the time to actually read a person's information	Efficient medical treatment. To be seen as a person and not a number	Follow-up, if they can't fix the problem then point to some who can.
Should provide medical service to the community	Should be available - proper hours for patients	Should have an on call service for after hours
On site lab work	Same day appointments	On site diagnostics such as EKG, x-ray, pulmonary function tests
Periodic screenings	Affordable lab services	Doctors not nurse practitioner
Understanding	Good referrals	Offer alternatives

8. Could you provide 3 examples of what you expect from a primary care provider (doctor or health center)?

1st Example of What is Expected	2nd Example of What is Expected	3rd Example of What is Expected
Clean	Faster	Friendly
Clean, good service	Staff nice and friendly/follow-up treatment	Respect and concern
Tell me what is wrong		
Taking time to address my needs and questions in a manner easily understood	To keep appointment in a timely manner	Participation in all health care plans
Expect friendliness	Expect knowledgeable doctor	Expect quick response
Professionalism	Not a long wait	To schedule quickly
Advice for overall health care	Availability of specialist	Prompt exams at doctor's office
15 minutes or less wait time - If I can be "on time" I expect them to be "on time"	Clean office, friendly courteous staff, competence	Well trained and updated on current state of the art.
Accessibility (not waiting a month for an appointment)	To actually perform the services they charge you for	Not to over medicate because they really don't grasp the problem but don't want to lose a patient.
To provide an accurate assessment of me to diagnose	Provide a treatment plan.	If unable to care for me provide me a specialist to refer me to or someone else.
Reasonable wait time	Competency, quality care for all staff reception - nursing - physicians	Clean facilities

1st Example of What is Expected	2nd Example of What is Expected	3rd Example of What is Expected
Assessment	Straight talk	
Compassion	Take time with patient	Explain side effects of medications

9. What is the number one issue regarding health care facing your community?

Number One Health Care Issue Facing the Community
Takes too much time to get appointments at the current clinics that provide medical help for uninsured people
Distance to health care facilities is 20-30 minutes to any hospital, doctor, lab, physical therapy whether I choose to travel to Toms River, Hamilton, Mt. Holly/Mt. Laurel area.
Not enough doctors in the area - unable to find doctor who will take patient on Medicaid.
Insurance
Access locally to a variety of specialists. Perhaps one location where specialists could take patients one or two days a month. Most specialists have offices in Mt. Laurel, Moorestown, Marlton - all areas difficult to reach. Public transportation is minimal and those areas have heavy traffic - hard to get a volunteer to drive there.
Rising costs of health plans, medications, available transportation to doctor, health centers
Communication, less waiting, new information
Distance
The expense is out of control for doctors, test and prescriptions
Need specialist in area - dermatologist, eye specialist

## Cape May County

The Cape May County focus group was held on April 28, 2011, in Woodbine Borough. All participants reside in Woodbine Borough. The group was comprised of English and Spanish speaking participants; who were primarily of Puerto Rican heritage. A translator was used to facilitate their participation in the session. The following provides an overview of the demographics of the participants:

Cape May Focus Group Demographics	
Total Number of Participants	22
Male	4
Female	18
Spanish First Language	9
Age 18 - 40	5
Age 41 - 55	8
Age 56+	5

## Cape May Rural Health Questionnaire - Responses

1. Do you have health insurance?

Yes	19
No	3

2. If you do not have health insurance, where do you go when an illness occurs with you or your family?

Emergency Room	0
Private Doctor	1
Family Health Center	2
Other - <i>Volunteers in Medicine</i>	1

3. Do you have a primary care doctor, dentist or pediatrician?

Primary Doctor	18
Dentist	14
Pediatrician	4
None of the above	1

4. How many miles do you have to travel to receive primary care (includes pediatrician)?

0-10 miles	9
10-20 miles	7
20-30 miles	1
30 or more miles	5

5. Do you or someone in your household currently suffer from a chronic illness?

Yes	16
No	6

6. In your opinion what are three (3) barriers you face regarding accessing health care in your community?

1st Health Care Barrier Facing Me	2nd Health Care Barrier Facing Me	3rd Health Care Barrier Facing Me
Transportation	Orientation for people to know more	
We could use some transportation because a lot of people don't have car	We could use a bus	
Distance to thing like gyms and most medical services, distance and time	Healthy food on the road	Availability of providers and childcare while seeking care
Choice of doctors	Access to specialist	Current knowledge of medical changes by local health community

1st Health Care Barrier Facing Me	2nd Health Care Barrier Facing Me	3rd Health Care Barrier Facing Me
Appointments	Certain hours	Two doctors
Appointments only \$40 if you are a no show	Only 2 doctors in town	One doctor not taking
Distance		
Transportation		
Hospitals are too far away	Not enough good doctors in Cape May County	
No medical insurance	Transportation	No money
Distance/adequate transportation	Finances/hidden health costs	Anxiety about finding/follow-up care
Transportation - too far	Hours/days of centers/clinics are open	Not all providers accept state insurance
Transportation		
Costs	Transportation	Medicines
Lack of medical insurance		
Transportation	Access to services that are being offered and needed	Public not being informed of health services available for low income
Transportation	Medical insurance	
To go to other towns	Cost of health care	Transportation getting to doctor
Transportation	Prescriptions are not covered	Referrals are not covered
Costs	Transportation	Lack of medications
Costs	Transportation	Medicines

7. In your opinion what are three (3) important services a primary care provider should provide for its patients?

1st Important Service	2nd Important Service	3rd Important Service
Checkup every 3 months	Blood test/lab work	Referrals
Checkup every 3 months	Blood pressure	Referrals
Security	Privacy	
Info about sickness	Help for cost	Other doctor for help
Orientation/Pediatrics	Vaccinations/Nutrition	Mental health medicines
Friendly services	Caring and patient doctors	Bi-lingual staff
Vaccinations/lab work	Medicines/Nutritionist	Guidelines on pediatrics
Checkup monthly or every 3 months	Blood test	Referrals
Vaccinations	Medicines	Information on conditions that you have
Pediatrics	Quality care	Education able to provide education to help individuals with diabetes, heart disease, obesity etc.
Good follow up care	Good initial check up	
Vaccinations/lab work	Medicines/Nutritionist	Guidelines on pediatrics
Availability (hours)	Blood test	
Lab		
Accurate diagnosis	Accurate prognosis	Accurate current medical insight
Blood work	Doctors notes	Sample medications
Samples of pills	More available hours	Blood work
Being there not (outsourcing) patient care	Taking care in totality (full checkups to check for possible problems) - Annual exam	Current knowledge and treatment
Time to spend with patients	Awareness of community problems	Accuracy of diagnosis
Health	Mental	Dentist
We need a lab in Woodbine		
More service for client	More programs	More information about diseases

8. Could you provide 3 examples of what you expect from a primary care provider (doctor or health center)?

1st Example of What is Expected	2nd Example of What is Expected	3rd Example of What is Expected
Specials for people who have to cancel	Help for people who are not mobile	Sometimes little resources for Medicaid
I expect them to tell me the truth about my health	To tell me where to go if they cannot help me	
Complete physical exam	Blood work - test - eye exam	
Time to spend with patients	Awareness of community problems	Accuracy of diagnosis
Care of the full patient (annual exams, etc.)	Current knowledge - ability to explain	Access to my past records (medical history available to all treating staff)
Not to sit too long in office	Paperwork (25) dollars	
On time appointment	No charge for paperwork	Cleaner office/exam rooms
Individualized concern	Updated current personal information	
I expect honesty		
Availability	Punctuality	Thorough exam
Necessary medicines	Good service	Guidelines/direction
Quality care - not rushed	Having same physician treat you and the time to treat you	
Necessary medicines	Service	Guidelines/direction
Help control my diabetes	Help control my high blood pressure	Help control my asthma
Good service	Good directions	Necessary medicines
Knowledge, friendliness, caring, someone who will be understanding	Someone who is knowledgeable about my medical history and not make me feel that I am just another name on the chart but their patient	Bi-lingual staff who are able to communicate with their patients
Directions/instructions	Needed medications	Good service
Total security	Privacy	
Pap test	Mammogram	Diabetes test
Funding to help control my diabetes	Transportation to help control my high blood pressure	Migraine

9. What is the number one issue regarding health care facing your community?

Number One Health Care Issue Facing the Community
Health insurance
Having to go to the emergency room for care
Transportation
Low income families who are not eligible for state aid and have no transportation to and from county health services. Employing bi-lingual staff to communicate with patients during intake so there will not be a misdiagnosis.
Transportation
Health insurance plans
Transportation
Two doctors here - one is not taking new patients, the other has too many patients and not enough hours
Transportation
Not enough specialist doctors
Health insurance
The distance one must travel for services
\$\$\$
You must offer more acute services for the needs of the Woodbine community

## Cumberland County

The Cumberland County focus group was held on May 3, 2011, in Bridgeton City. All participants reside in one of the designated rural areas. The following provides an overview of the demographics of the group:

Cumberland County Focus Group	
Total Number of Participants	11
Male	0
Female	11
Age 18 - 40	2
Age 41 - 55	4
Age 56+	5

## Cumberland Rural Health Questionnaire - Responses

1. Do you have health insurance?

Yes 5  
No 6

2. If you do not have health insurance, where do you go when an illness occurs with you or your family?

Emergency Room 2  
Private Doctor 3  
Family Health Center 1

3. Do you have a primary care doctor, dentist or pediatrician?

Primary Doctor 9  
Dentist 7  
Pediatrician 4  
None of the above 1

4. How many miles do you have to travel to receive primary care (includes pediatrician)?

0-10 miles 7  
10-20 miles 4  
20-30 miles 0  
30 or more miles 1

5. Do you or someone in your household currently suffer from a chronic illness?

Yes 8  
No 3

6. In your opinion what are three (3) barriers you face regarding accessing health care in your community?

1st Health Care Barrier Facing Me	2nd Health Care Barrier Facing Me	3rd Health Care Barrier Facing Me
High cost for doctors visit	No health insurance due to layoff from job	Health insurance, too expensive to buy
15% you have to pay after Medicare		
Spanish speaking personnel	Waiting time	Quality professional
Being able to see specialist that are taking patients on an income basis	Being able to go to a rehabilitation facility that is income based (after surgery etc.)	Getting transportation - a van or bus or bus that can take you there and back home.
A lack of primary care. Can't get to doctor - within service days.	Not enough funds to get needed testing	Not enough available health info.
Some people who work for the day are over looked for applying for services - they said they make too much money	Do not have a job so my health insurance was dropped - do not qualify for anything else	
Ease of getting an appointment	The feeling of inadequate care	



1st Health Care Barrier Facing Me	2nd Health Care Barrier Facing Me	3rd Health Care Barrier Facing Me
Affordability	Family size	Transportation
Co-pay \$50 per visit - more for emergency room	Transportation	Access to specialist - child mental health care
None at the moment		

7. In your opinion what are three (3) important services a primary care provider should provide for its patients?

1st Important Service	2nd Important Service	3rd Important Service
Routine health exams	Routine lab and x-ray	Referrals to extended health professionals
Easy access		
Time	Professional explanations	
Some teaching and useful knowledge about diseases like diabetes	An onsite mental health center	Physicians who know and are up to date on chronic conditions and also push other therapies (alternative medicine)
Immediately available service	Having enough available knowledge to provide necessary help	Lack of resources
Preventative health care	Women's health	Making men more comfortable getting exams that they may need
Recommendations for care in areas that they don't specialize in	Complete care/including customer service	On time appointment
Immediate opening for sick visits	To take a new insurance if current insurance changes	Cost effective
Primary care provider	Primary doctor	Primary health center
Individualized care and interest	Follow up and thorough testing for preventative maintenance	Flexible hours
Convenient hours and less waiting time after arrival	Comprehensive diagnosis	Medicine for those who can't afford the payment or co-pay

8. Could you provide 3 examples of what you expect from a primary care provider (doctor or health center)?

1st Example of What is Expected	2nd Example of What is Expected	3rd Example of What is Expected
Personal service and relationship		
To know me	To care about me	Honesty
If my insurance changes from private to state it be taken (Medicaid)	To continue to meet current needs of patient regardless of insurance type	Refuse to see patient if income changes
Ask me what other concerns I may have other than the reason for my visit	Alternative methods other than drugs to help control and lower blood pressure	
To do a full exam - touching the person not just looking at them	To listen to the problem and talking to seriously	Recommend tests that would help to understand the person's complaints
To have ample professional care provider - quality assistants	To be able to provide the next step	Quality - referral
He/she is not looking at my folder when I get there. They should come early enough to look at what's going	He/she should know the results of tests and procedures that they send you to get.	I expect them to realize that they are working with a population that has income needs. You might have to pay them to get angry with you.
To have respect for your appointment time.	Be able to get answers to my health problems.	Be treated as an individual
Access - reasonable hours		
Routine health exams	Routine lab and x-ray	Referral to extended health professionals

9. What is the number one issue regarding health care facing your community?

Number One Health Care Issue Facing the Community
Lack of Spanish speaker doctors - either family doctors or specialist
Transportation/education of our people and especially our youth
The #1 issue facing our community as far as health care is that there is little dental care, physical therapy and lack of care for senior citizens
Lack of available affordable service
The lack of receiving quality health care
No insurance
Medical insurance for adults and middle class (affordability)
Providers are more concerned with getting paid than adequate care
Unemployed individuals are without including their children - a lot of untreated illnesses

## Ocean County

The Ocean County focus group was held on February 16, 2011, in Plumsted Township. All participants in the group reside in Plumsted Township. The following provides an overview of the demographics of the participants:

Ocean County Focus Group Demographics	
Total Number of Participants	20
Male	7
Female	13
Age 18 - 40	0
Age 41 - 55	10
Age 56+	10

## Ocean County Rural Health Questionnaire - Responses

1. Do you have health insurance?

Yes 18  
No 1

2. If you do not have health insurance, where do you go when an illness occurs with you or your family?

Emergency Room 1  
Private Doctor 1

3. Do you have a primary care doctor, dentist or pediatrician?

Primary Doctor 18  
Dentist 13  
Pediatrician 5  
None of the above

4. How many miles do you have to travel to receive primary care (includes pediatrician)?

0-10 miles 6  
10-20 miles 10  
20-30 miles 5  
30 or more miles 1

5. Do you or someone in your household currently suffer from a chronic illness?

Yes 14  
No 5

6. In your opinion what are three (3) barriers you face regarding accessing health care in your community?

1st Health Care Barrier Facing Me	2nd Health Care Barrier Facing Me	3rd Health Care Barrier Facing Me
Difficulty making appointments with a specialist/ do not accept Medicaid	Distance	Many do not accept Medicaid or people with disabilities
Transportation	Insurance confusion	Long distance to specialist
Not comfortable with local doctors		
Illness		
Transportation	Length of time to get an appointment	Time and miles driven for health care, lab work etc. At 78 years of age this will soon be a problem.
Transportation	Frailty and illness	No doctor
Coverage	Not taking because of pre-existing conditions	Waiting times to get appointments

1st Health Care Barrier Facing Me	2nd Health Care Barrier Facing Me	3rd Health Care Barrier Facing Me
Transportation will be a barrier when I cannot drive	We need more information on what's available	
Affordability	Affordability	Affordability
Not covered expenses, especially dental	Vision care - very limited cover - put off due to budget	Lack of transportation or low cost transportation
Out of network	Doctor/hospital to admit me	Transportation/ambulance too expensive
Availability of doctors in the area	Paying for complete coverage at reasonable rate	
Transportation	Nobody to call for help	Police department too far away to handle ambulance
I'd like a clinic for children's shots and wellness checkups		
Very busy doctor - can't always get in at the last minute	Lack of ancillary services close to us (lab/x-ray)	No general practitioner or eye doctor in the area
Limited medical services	Transportation assistance	Distance
Lack of choices/uncomfortable with skill set	Level of existing providers in the area	Health care practitioners are not affiliated with good teaching hospitals
Cost/can't afford bills	Availability/too young for Medicare	Insurance

7. In your opinion what are three (3) important services a primary care provider should provide for its patients?

1st Important Service	2nd Important Service	3rd Important Service
Provide comfortable for open dialogue.	Comprehensive annual screenings	Appointments that are adhered to/no long waits
Access	Affordability	Follow-up care
Regular health assessments and follow-ups	Availability	Information about your health/time spent with you
Setting up next appointment with other doctors	Good follow-up care (not just "How is it going?")	Fix the problem/don't cover up with meds
Concern for your health	Be on staff at hospital	Give time to listen to health problems
Monitor blood pressure	Be available when needed	Dental services
Scheduling as needed		
Short wait times for appointments		
Coordinate with specialists	Routine illnesses i.e. flu	Record-keeping
Availability	Understanding; basic updates example: pediatrician/vaccinations	Courtesy and help with insurance direction and paperwork
Charity care	Availability	Compassion even though they are not insured
Quality care and access to new treatments	Multi-cultural expertise/culturally competent	Physical, shots, emergency care
G.P.	X-ray	EKG
Participation in preventative health care initiatives	Able to refer to qualified specialists when needed	A primary care provider who can treat the entire family or in partnership with other providers "one-stop shop"
Always there	Close by	Clean
Heart issues/monitor	X-ray	Eye exams
Ability to see patients in a timely manner	Access to doctor	
Access to hospital	To be in network for my insurance	Ability to go to any hospital regardless of in network for special services

8. Could you provide 3 examples of what you expect from a primary care provider (doctor or health center)?

1st Example of What is Expected	2nd Example of What is Expected	3rd Example of What is Expected
A doctor who really give you time, who listens carefully	When needed, will make a referral	Hooks up via computer to all health care systems
Clean understandable English	Speaks in terms and medical words I can understand	
Understanding	Courtesy	Guidance

1st Example of What is Expected	2nd Example of What is Expected	3rd Example of What is Expected
To listen and understand	Work with you	
To be seen when I feel it is necessary	To be seen when I feel it is necessary	
Attention to problems	Schedule correctly	See me when in hospital
Time to explain my options		
Address concerns responsibly		
Up to date knowledge	Respect and patience	No unnecessary tests
Appointments - why so long a wait. Two weeks? No	Referral - why 72 hours	Scripts. If you are on maintenance why do you have to come in for a visit.
To know the person they are dealing with.		
Total service - exams, x-rays, blood work.	Hours of flexibility and days when available	
Knowledge	Helpful	
Has the time to listen to the entire list of symptoms before offering a diagnosis	Complete care giving	I am interested in holistic health-natural remedies first before prescribing medicines
Participating in health care plan	Emergency services	Financial flexibility
Quality care	Availability (hours)	Cost effective
Extended hours	Mutual respect = partnering in my health care choices	

9. What is the number one issue regarding health care facing your community?

Number One Health Care Issue Facing The Community
Lack of quality/quantity of physicians
Not enough health care providers and cost.
Availability - Only 1 G.P.
Not enough doctors within a reasonable travel distance.
No clinic
There is not enough availability in this area. You need to travel great distances 10-40 miles.
There is no medical center nearby, everything is 20+ miles away.
The patient has to travel to get to a doctor.
Being informed. No one knows what is available.
Out of pocket expenses that prevents or delays one from seeking care.
People losing company sponsored plans through layoff and being unable to afford monthly cost for family.
Transportation to doctors etc.
Transportation

## Rural Census Tracts and County Health Rankings

The Rural-urban commuting area (RUCA) codes classify U.S. census tracts using measures of population density, urbanization, and daily commuting. The most recent RUCA codes are based on data from the 2000 decennial census. Within the Metropolitan counties, all Census Tracts that are assigned a RUCA code of 4-10 are eligible for Rural Health grants and are classified a rural area, as are all of the areas that are included in this project.

The County Health Rankings are provided from data from the Robert Wood Johnson Foundation in collaboration with the University of Wisconsin. Their County Health Rankings model is “...grounded in the belief that programs and policies implemented at the local, state, and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation.” In reviewing the findings from the rural health focus group report, these rankings are provided to give an idea of the current health status of the residents; and are shown in comparison to Hunterdon County, which is ranked number one in health outcomes of all 21 counties in New Jersey. For more details on any specific measurement or other counties, please go to <http://www.countyhealthrankings.org/new-jersey/overall-rankings>.

## Atlantic County

### Rural Census Tracts

RUCA Code	Location	Census Tract*	Population*
4	Hammonton	34001010800	2,614
4	Hammonton	34001010900	4,945
4	Hammonton	34001011000	2,229
4	Hammonton	34001011100	2,816
			<b>12,604 - Total Population</b>

\* Based on the 2000 census

### Atlantic County Health Rankings - 2011

	Atlantic County	Hunterdon County	National Benchmark*	New Jersey	Atlantic County Rank	Hunterdon County Rank
<b>Health Outcomes</b>					<b>17</b>	<b>1</b>
<b>Mortality</b>					<b>17</b>	<b>1</b>
Premature Death <sup>1</sup>	8,476	4,162	5,564	6,170		
<b>Morbidity</b>					<b>16</b>	<b>1</b>
Poor or Fair Health <sup>2</sup>	19%	9%	10%	15%		
Poor Physical Health Days <sup>3</sup>	4.0	2.7	2.6	3.4		
Poor Mental Health Days <sup>4</sup>	3.6	2.8	2.3	3.3		
Low Birthweight <sup>5</sup>	8.7%	6.3%	6.0%	8.3%		
<b>Health Factors</b>					<b>19</b>	<b>1</b>
<b>Health Behaviors</b>					<b>19</b>	<b>3</b>
Adult Smoking <sup>6</sup>	23%	15%	15%	17%		
Adult Obesity <sup>7</sup>	27%	20%	25%	24%		
Excessive Drinking <sup>8</sup>	19%	18%	8%	16%		
Motor Vehicle Crash Death Rate <sup>9</sup>	17	8	12	9		
Sexually Transmitted Infections <sup>10</sup>	429	75	83	258		
Teen Birth Rate <sup>11</sup>	43	5	22	26		
<b>Clinical Care</b>					<b>12</b>	<b>1</b>
Uninsured Adults <sup>12</sup>	18%	14%	13%	19%		
Primary Care Providers <sup>13</sup>	1,109:1	465:1	631:1	808:1		
Preventative Hospital Stays <sup>14</sup>	83	61	52	78		
Diabetic Screening <sup>15</sup>	78%	85%	89%	78%		
Mammography Screening <sup>16</sup>	60%	63%	74%	59%		
<b>Social &amp; Economic Factors</b>					<b>17</b>	<b>1</b>
High School Graduation <sup>17</sup>	95%	90%	92%	84%		
Some College <sup>18</sup>	54%	76%	68%	64%		
Unemployment <sup>19</sup>	12.1%	6.8%	5.3%	9.2%		
Children in Poverty <sup>20</sup>	17%	3%	11%	12%		
Inadequate Social Support <sup>21</sup>	24%	17%	14%	23%		
Single-Parent Households <sup>22</sup>	36%	13%	20%	28%		
Violent Crime Rate <sup>23</sup>	536	66	100	336		

	Atlantic County	Hunterdon County	National Benchmark*	New Jersey	Atlantic County Rank	Hunterdon County Rank
<b>Physical Environment</b>					<b>12</b>	<b>13</b>
Air Pollution-Particulate Matter Days <sup>24</sup>	3	1	0	5		
Air Pollution-Ozone Days <sup>25</sup>	5	11	0	11		
Access To Healthy Foods <sup>26</sup>	67%	68%	92%	84%		
Access To Recreational Facilities <sup>27</sup>	14	15	17	15		



## Burlington County

### Rural Census Tracts

RUCA Code	Location	Census Tract*	Population*
4	North Hanover Township	34005701900	4,257
4	Wrightstown Borough	34005702000	709
4	North Hanover Township	34005702101	3,090
4	New Hanover Township	34005702104	5,356
10	Springfield Township	34005702106	0
10	Wrightstown Borough	34005702107	1
4	Wrightstown Borough	34005702108	0
4	Pemberton Township	34005702109	2,111
10	Pemberton Township	34005702110	0
4	New Hanover Township	34005702111	3,753
4	Wrightstown Borough	34005702112	38
4	Pemberton Township	34005702205	8,063
4	Pemberton Township	34005702206	1,880
4	Pemberton Township	34005702207	3,788
4	Pemberton Township	34005702208	7,193
4	New Hanover Township	34005704100	635
			<b>40,874 - Total Population</b>

\* Based on the 2000 census

### Burlington County Health Rankings - 2011

	Burlington County	Hunterdon County	National Benchmark*	New Jersey	Burlington County Rank	Hunterdon County Rank
<b>Health Outcomes</b>					<b>8</b>	<b>1</b>
<b>Mortality</b>					<b>9</b>	
Premature Death <sup>1</sup>	5,893	4,162	5,564	6,170		
<b>Morbidity</b>					<b>10</b>	<b>1</b>
Poor or Fair Health <sup>2</sup>	12%	9%	10%	15%		
Poor Physical Health Days <sup>3</sup>	3.3	2.7	2.6	3.4		
Poor Mental Health Days <sup>4</sup>	3.5	2.8	2.3	3.3		
Low Birthweight <sup>5</sup>	8.2%	6.3%	6.0%	8.3%		
<b>Health Factors</b>						
<b>Health Behaviors</b>					<b>10</b>	<b>3</b>
Adult Smoking <sup>6</sup>	18%	15%	15%	17%		
Adult Obesity <sup>7</sup>	26%	20%	25%	24%		
Excessive Drinking <sup>8</sup>	16%	18%	8%	16%		
Motor Vehicle Crash Death Rate <sup>9</sup>	11	8	12	9		
Sexually Transmitted Infections <sup>10</sup>	245	75	83	258		
Teen Birth Rate <sup>11</sup>	22	5	22	26		
<b>Clinical Care</b>					<b>4</b>	<b>1</b>

	Burlington County	Hunterdon County	National Benchmark*	New Jersey	Burlington County Rank	Hunterdon County Rank
Uninsured Adults <sup>12</sup>	14%	14%	13%	19%		
Primary Care Providers <sup>13</sup>	1,026:1	465:1	631:1	808:1		
Preventative Hospital Stays <sup>14</sup>	66	61	52	78		
Diabetic Screening <sup>15</sup>	82%	85%	89%	78%		
Mammography Screening <sup>16</sup>	61%	63%	74%	59%		
<b>Social &amp; Economic Factors</b>					<b>7</b>	<b>1</b>
High School Graduation <sup>17</sup>	85%	90%	92%	84%		
Some College <sup>18</sup>	67%	76%	68%	64%		
Unemployment <sup>19</sup>	8.5%	6.8%	5.3%	9.2%		
Children in Poverty <sup>20</sup>	7%	3%	11%	12%		
Inadequate Social Support <sup>21</sup>	19%	17%	14%	23%		
Single-Parent Households <sup>22</sup>	24%	13%	20%	28%		
Violent Crime Rate <sup>23</sup>	172	66	100	336		
<b>Physical Environment</b>					<b>11</b>	<b>13</b>
Air Pollution-Particulate Matter Days <sup>24</sup>	5	1	0	5		
Air Pollution-Ozone Days <sup>25</sup>	7	11	0	11		
Access To Healthy Foods <sup>26</sup>	79%	68%	92%	84%		
Access To Recreational Facilities <sup>27</sup>	16%	15	17	15		

## Cape May County

### Rural Census Tracts

RUCA	Location	Census Tract*	Population*
10	Woodbine Borough	34009020500	2,716

\* Based on the 2000 census

### Cape May County Health Rankings - 2011

	Cape May County	Hunterdon County	National Benchmark*	New Jersey	Cape May County Rank	Hunterdon County Rank
<b>Health Outcomes</b>					<b>15</b>	<b>1</b>
<b>Mortality</b>					<b>18</b>	<b>1</b>
Premature Death <sup>1</sup>	8,486	4,162	5,564	6,170		
<b>Morbidity</b>					<b>8</b>	<b>1</b>
Poor or Fair Health <sup>2</sup>	14%	9%	10%	15%		
Poor Physical Health Days <sup>3</sup>	3.7	2.7	2.6	3.4		
Poor Mental Health Days <sup>4</sup>	3.6	2.8	2.3	3.3		
Low Birthweight <sup>5</sup>	6.8%	6.3%	6.0%	8.3%		
<b>Health Factors</b>					<b>14</b>	<b>1</b>
<b>Health Behaviors</b>					<b>16</b>	<b>3</b>
Adult Smoking <sup>6</sup>	22%	15%	15%	17%		
Adult Obesity <sup>7</sup>	25%	20%	25%	24%		
Excessive Drinking <sup>8</sup>	18%	18%	8%	16%		
Motor Vehicle Crash Death Rate <sup>9</sup>	16	8	12	9		
Sexually Transmitted Infections <sup>10</sup>	180	75	83	258		
Teen Birth Rate <sup>11</sup>	31	5	22	26		
<b>Clinical Care</b>					<b>14</b>	<b>1</b>
Uninsured Adults <sup>12</sup>	20%	14%	13%	19%		
Primary Care Providers <sup>13</sup>	2,297:1	465:1	631:1	808:1		
Preventative Hospital Stays <sup>14</sup>	83	61	52	78		
Diabetic Screening <sup>15</sup>	81%	85%	89%	78%		
Mammography Screening <sup>16</sup>	62%	63%	74%	59%		
<b>Social &amp; Economic Factors</b>					<b>13</b>	<b>1</b>
High School Graduation <sup>17</sup>	100%	90%	92%	84%		
Some College <sup>18</sup>	57%	76%	68%	64%		
Unemployment <sup>19</sup>	11.4%	6.8%	5.3%	9.2%		
Children in Poverty <sup>20</sup>	14%	3%	11%	12%		
Inadequate Social Support <sup>21</sup>	17%	17%	14%	23%		
Single-Parent Households <sup>22</sup>	37%	13%	20%	28%		
Violent Crime Rate <sup>23</sup>	342	66	100	336		

	Cape May County	Hunterdon County	National Benchmark*	New Jersey	Cape May County Rank	Hunterdon County Rank
<b>Physical Environment</b>					<b>1</b>	<b>13</b>
Air Pollution-Particulate Matter Days <sup>24</sup>	1	1	0	5		
Air Pollution-Ozone Days <sup>25</sup>	5	11	0	11		
Access To Healthy Foods <sup>26</sup>	83%	68%	92%	84%		
Access To Recreational Facilities <sup>27</sup>	23	15	17	15		

## Cumberland County

### Rural Census Tracts

RUCA Code	Location	Census Tract*	Population*
10	Maurice River Township	34011010102	0
4	Fairfield Township	34011010401	6,283
10	Fairfield Township	34011010402	0
5	Greenwich Township	34011010500	2,276
4	Hopewell Township	34011010600	4,968
4	Upper Deerfield Township	34011010700	7,556
4	Bridgeton City	34011020100	1,235
4	Bridgeton City	34011020200	2,560
4	Bridgeton City	34011020300	5,245
4	Bridgeton City	34011020400	2,922
4	Bridgeton City	34011020501	6,973
4	Bridgeton City	34011020600	3,836
4	Pittsgrove Township (Salem County)	34033021101	4,696
			<b>48,550 - Total Population</b>

\* Based on 2000 Census

### Cumberland County Health Rankings - 2011

	Cumberland County	Hunterdon County	National Benchmark*	New Jersey	Cumberland County Rank	Hunterdon County Rank
<b>Health Outcomes</b>					<b>21</b>	<b>1</b>
<b>Mortality</b>					<b>20</b>	<b>1</b>
Premature Death <sup>1</sup>	9,318	4,162	5,564	6,170		
<b>Morbidity</b>					<b>21</b>	<b>1</b>
Poor Fair Health <sup>2</sup>	24%	9%	10%	15%		
Poor Physical Health Days <sup>3</sup>	4.3	2.7	2.6	3.4		
Poor Mental Health Days <sup>4</sup>	3.6	2.8	2.3	3.3		
Low Birthweight <sup>5</sup>	9.5%	6.3%	6.0%	8.3%		
<b>Health Factors</b>					<b>21</b>	<b>1</b>
<b>Health Behaviors</b>					<b>21</b>	<b>3</b>
Adult Smoking <sup>6</sup>	25%	15%	15%	17%		
Adult Obesity <sup>7</sup>	30%	20%	25%	24%		
Excessive Drinking <sup>8</sup>	16%	18%	8%	16%		
Motor Vehicle Crash Death Rate <sup>9</sup>	21	8	12	9		
Sexually Transmitted Infections <sup>10</sup>	460	75	83	258		
Teen Birth Rate <sup>11</sup>	78	5	22	26		
<b>Clinical Care</b>					<b>18</b>	<b>1</b>
Uninsured Adults <sup>12</sup>	19%	14%	13%	19%		
Primary Care Providers <sup>13</sup>	1668:1	465:1	631:1	808:1		
Preventative Hospital Stays <sup>14</sup>	83	61	52	78		
Diabetic Screening <sup>15</sup>	76%	85%	89%	78%		
Mammography Screening <sup>16</sup>	58%	63%	74%	59%		

	Cumberland County	Hunterdon County	National Benchmark*	New Jersey	Cumberland County Rank	Hunterdon County Rank
<b>Social &amp; Economic Factors</b>					<b>21</b>	<b>1</b>
High School Graduation <sup>17</sup>	80%	90%	92%	84%		
Some College <sup>18</sup>	38%	76%	68%	64%		
Unemployment <sup>19</sup>	12.7%	6.8%	5.3%	9.2%		
Children in Poverty <sup>20</sup>	20%	3%	11%	12%		
Inadequate Social Support <sup>21</sup>	29%	17%	14%	23%		
Single-Parent Households <sup>22</sup>	44%	13%	20%	28%		
Violent Crime Rate <sup>23</sup>	709	66	100	336		
<b>Physical Environment</b>					<b>21</b>	<b>13</b>
Air Pollution-Particulate Matter Days <sup>24</sup>	1	1	0	5		
Air Pollution-Ozone Days <sup>25</sup>	10	11	0	11		
Access To Healthy Foods <sup>26</sup>	50%	68%	92%	84%		
Access To Recreational Facilities <sup>27</sup>	9	15	17	15		

## Ocean County

### Rural Census Tracts

RUCA Code	Location	Census Tract*	Population*
4	Plumsted Township	34029718000	7,275
10	Jackson Township	34029719000	446
			<b>7,721 - Total Population</b>

\* Based on 2000 Census

### Ocean County Health Rankings - 2011

	Ocean County	Hunterdon County	National Benchmark*	New Jersey	Ocean County Rank	Hunterdon County Rank
<b>Health Outcomes</b>					<b>10</b>	<b>1</b>
					<b>14</b>	<b>1</b>
Premature Death <sup>1</sup>	6,607	4,162	5,564	6,170	<b>7</b>	
<b>Morbidity</b>						<b>1</b>
<b>Mortality</b>	15%	9%	10%	15%		
Poor Physical Health Days <sup>3</sup>	3.6	2.7	2.6	3.4		
Poor Mental Health Days <sup>4</sup>	3.7	2.8	2.3	3.3		
Low Birthweight <sup>5</sup>	6.5%	6.3%	6.0%	8.3%		
<b>Health Factors</b>					<b>12</b>	<b>1</b>
<b>Health Behaviors</b>					<b>12</b>	<b>3</b>
Adult Smoking <sup>6</sup>	20%	15%	15%	17%		
Adult Obesity <sup>7</sup>	26%	20%	25%	24%		
Excessive Drinking <sup>8</sup>	14%	18%	8%	16%		
Motor Vehicle Crash Death Rate <sup>9</sup>	11	8	12	9		
Sexually Transmitted Infections <sup>10</sup>	102	75	83	258		
Teen Birth Rate <sup>11</sup>	23	5	22	26		
<b>Clinical Care</b>					<b>8</b>	<b>1</b>
Uninsured Adults <sup>12</sup>	16%	14%	13%	19%		
Primary Care Providers <sup>13</sup>	1695:1	465:1	631:1	808:1		
Preventative Hospital Stays <sup>14</sup>	76	61	52	78		
Diabetic Screening <sup>15</sup>	81	85%	89%	78%		
Mammography Screening <sup>16</sup>	64%	63%	74%	59%		
<b>Social &amp; Economic Factors</b>					<b>12</b>	<b>1</b>
High School Graduation <sup>17</sup>	80%	90%	92%	84%		
Some College <sup>18</sup>	60%	76%	68%	64%		
Unemployment <sup>19</sup>	9.7%	6.8%	5.3%	9.2%		
Children in Poverty <sup>20</sup>	15%	3%	11%	12%		
Inadequate Social Support <sup>21</sup>	23%	17%	14%	23%		
Single-Parent Households <sup>22</sup>	21%	13%	20%	28%		
Violent Crime Rate <sup>23</sup>	140	66	100	336		
<b>Physical Environment</b>					<b>18</b>	<b>13</b>

	Ocean County	Hunterdon County	National Benchmark*	New Jersey	Ocean County Rank	Hunterdon County Rank
Air Pollution-Particulate Matter Days <sup>24</sup>	2	1	0	5		
Air Pollution-Ozone Days <sup>25</sup>	18	11	0	11		
Access To Healthy Foods <sup>26</sup>	85%	68%	92%	84%		
Access To Recreational Facilities <sup>27</sup>	11	15	17	15		



## Notes for County Health Rankings 2011

\*90th Percentile, i.e. only 10% are better

- 1-Years of potential life loss before age 75 per 100,000 population (age-adjusted)
- 2-Percent of adults reporting fair or poor health
- 3-Average number of physically unhealthy days reported in past 30 days (age-adjusted)
- 4-Average number of mentally unhealthy days reported in past 30 days
- 5-Percent of live birth with low birthweight (<2500 grams)
- 6-Percent of adults report smoking  $\geq$  100 cigarettes and currently smoking
- 7-Percent of adults that report a BMI  $\geq$  30
- 8-Binge plus heavy drinking
- 9-Motor vehicle crash deaths per 100,000 population
- 10-Chlamydia rate per 100,000 population
- 11-Teen birth rate per 1000 female population ages 15-19
- 12-Percent of the population under age 65 without insurance
- 13-Ratio of population to primary care providers
- 14-Hospitalization rate for ambulatory-care sensitive conditions per 1000 Medicare enrollees
- 15-Percent of diabetic Medicare enrollees that receive HbA1c screening
- 16-Percent of female Medicare enrollees that receive mammography screening
- 17-Percent of ninth grade cohorts that graduate in 4 years
- 18-Percent of adults age 25-44 years with some post secondary education
- 19-Percent of population age 16+ unemployed but seeking work
- 20-Percent of children under age 18 in poverty
- 21-Percent of adults without social/emotional support
- 22-Percent of children that live in households headed by a single parent
- 23-Violent crime rate per 100,000 population
- 24-Annual number of days of unhealthy air quality days due to the particulate matter
- 25-Annual number of unhealthy air days due to ozone
- 26-Healthy food outlets include grocery stores and product stands/farmers markets
- 27-Rate of recreational facilities per 100,000 population