

Rural Health Needs Assessment Executive Summary

Prepared for the New Jersey Department of Health, Office of Rural Health

OVERVIEW

The New Jersey Department of Health, Office of Rural Health is charged with assessing the healthcare needs of the state's rural residents. As part of its effort, the Office of Rural Health contracted with the Institute for Families at the Rutgers School of Social Work to analyze archival data and to collect and analyze primary data to assess these needs.

METHODS

Three types of data sources were used to assess the needs of rural New Jersey residents:

1. Archival data were collected and analyzed to assess an array of health and social indicators for rural communities. Sources included the 2010 U.S. Census, birth and death records, epidemiological reports, substance abuse and mental health services data, crime reports and other available sources.
2. Qualitative data were collected through focus groups with New Jersey health and healthcare service providers serving the state's rural regions. Providers included staff at federally-qualified health centers, public health departments, prevention coalitions and various community service providers. A sample of 17 individuals from seven organizations throughout the state participated in the focus groups.
3. Key informant surveys conducted with rural residents throughout the state provided a mix of quantitative and qualitative data. The survey examined the use and access of dental care, specialists, pharmacy and primary care services by rural residents. A total of 287 people from rural regions responded to the 15-item survey including 124 respondents from the southern region, 90 from the northern region and 70 from the central region of the state.

KEY FINDINGS

Archival data demonstrated that rural areas in New Jersey have higher rates of suicide, cancer, diabetes, asthma, and obesity than suburban and urban communities. Atlantic and Cumberland counties have lower rates of healthcare coverage and a higher number of sub-optimal health indicators.

Service providers described transportation, lack of specialty services, high healthcare and insurance costs, and a culture that does not value preventive care as barriers to better health outcomes in rural communities. They suggested increased funding for federally-qualified health centers and incorporating the use of navigator services as options to expand the availability of services for the community.

Rural residents were most concerned about the affordability of health care. Survey data indicated a consistent difference in use and accessibility of services by uninsured respondents compared to all other groups. Uninsured respondents were more likely to delay care, use emergency room services more frequently than other groups and be less satisfied with the services that they receive. Rural residents suggested enhancing the availability of basic medical services by increasing the number of clinics and physicians in rural areas.

RECOMMENDATIONS

- Increase the number of people in rural regions with health insurance;
- Enhance prevention and health education programming targeted to rural residents to address cultural devaluation of general health;
- Consider employing community health navigators to help address insurance and prevention/health education issues;
- Investigate alternative transportation options for rural areas;
- Provide mobile services to the most isolated rural populations; and
- Increase access to specialist services including dental, obstetrics-gynecology, and mental health.