RUTGERS

Senator Walter Rand Institute
for Public Affairs

COMMUNITY HEALTH NEEDS ASSESSMENT

SOUTH JERSEY HEALTH COLLABORATIVE:
Cooper University Health Care, Jefferson Health, Lourdes Health System, Virtua Health,
Burlington County Health Department, Camden County Department of Health and Human Services,
and Gloucester County Department of Health and Human Services.

2019-2022

Cooper
University Health Care

THANK YOU

FOR CHOOSING US AS YOUR PARTNER TO IMPROVE HEALTH IN OUR REGION

Senator Walter Rand Institute for Public Affairs at Rutgers-Camden is proud to submit this Community Health Needs Assessment to the South Jersey Health Collaborative. The Institute has worked carefully to fulfill each of the Internal Revenue Service requirements under the Affordable Care Act.

We have enjoyed working alongside you, and we appreciate your partnership and contributions throughout the process. We are grateful for the opportunity to conduct the assessment and hope it proves helpful as you continue to work to improve the health of people in Burlington, Camden, and Gloucester Counties.

Sarah Allred, PhD
Principal Investigator

CONTENT

1 | INTRODUCTION

This report contains the Community Health Needs Assessment (CHNA) for Burlington, Camden and Gloucester counties; the CHNA was conducted by The Walter Rand Institute for Public Affairs at Rutgers University-Camden (WRI) on behalf of the South Jersey Health Collaborative (SJHC). The South Jersey Health Collaborative consists of Cooper University Health Care, Jefferson Health, Lourdes Health System, Virtua Health, Burlington County Health Department, Camden County Department of Health and Human Services, and Gloucester County Department of Health and Human Services.

We conducted the CHNA with one main goal: To carefully characterize community members' views on the health needs in their communities and thereby fulfill the Internal Revenue Service (IRS) requirements for tax-exempt hospitals. For the purpose of this assessment, community is defined as the three counties that comprise the SJHC service areas (Burlington, Camden, and Gloucester counties). The IRS guidelines for collaborating hospital facilities, such as SJHC, stipulate that a single joint CHNA fulfills the IRS requirements so long as the CHNA report contains the information that would be present in separate reports and the joint CHNA covers the entire community served by the collaborating hospital facilities. Per those guidelines, we conducted the assessment over the entire service area of SJHC. In addition, where hospital facilities contributed distinct data (for example, Emergency Department data) we present data separately by hospital facility.

Our focus on community voice means that our assessment of health needs is framed by the community's perception of needs. Indeed, our most striking finding is the broad theme that the community's definition of health extends far beyond access to health providers and clinical health care to include the upstream determinants of health in their communities. These upstream determinants include things such as easy and affordable access to healthy food, safety, transportation, and time constraints. These community perceptions are consistent with recent research in population health that suggests that targeted interventions in these upstream determinants could provide cost-savings and improvements in health that are much larger than even the best improvements in the efficiency and delivery of direct clinical care[1].

WHAT YOU WILL FIND IN THIS REPORT

Community perception

A focus on community voice means that our assessment of health needs is framed by the community's perception of needs.

IRS required data

IRS guidelines were consulted throughout the report to ensure that all IRS requirements were met.

Broad health connections

It is clear that the community's definition of health extends far beyond access to care to include the upstream determinants of health in communities.

Real-time data

Data in this report have been aggregated and evaluated over the past several months to identify timely, relevant, and pressing health priorities.

1. Homer, J., Milstein, B., Hirsch, G. B., and Fisher, E.S. (2016). Combined Regional Investments Could Substantially Enhance Health System Performance and Be Financially Affordable. *Health Affairs: At the Intersection of Health, Health Care, and Policy, 35(8), 1435-1443.*

3 | PROCESS AND METHODS

A MULTI-MODAL PROCESS

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PROCESS AND METHODS

OVERVIEW

To achieve the goal of obtaining locally actionable information for improving health, this CHNA employed a mixed-methods iterative strategy of data collection that combined quantitative and qualitative analysis of primary data collected from community members and stakeholders with quantitative analysis of secondary data. The two fundamentals of our approach are rigorous data analysis and community voice. To that end, we used a variety of methods and tools to analyze the data we collected both from community members and other sources we identified through consultation with trusted community partners in each county.

Primary data is considered data collected and analyzed by the WRI research team, and secondary data is data collected by other entities and analyzed by our research team.

COMMUNITY SURVEY

1536 community surveys gathered public opinion to complement the qualitative data.

STAKEHOLDER INTERVIEWS

Five in-depth interviews were held with key stakeholders identified by SJHC.

FOCUS GROUPS

23 focus groups were conducted across all three counties.

EMERGENCY ROOM DATA

Emergency department data was provided by SJHC member hospitals for evaluation.

COMMUNITY DESCRIPTORS

Data on demographics, socioeconomics, health indicators, and clinical care were aggregated.

ANALYSIS AND CONTEXT

Data sets informed community profiles and characterized broad health relationships.

In this section, we describe the process and methods associated with our four main areas of data collection and analysis: (1) Primary Data: Focus Groups and Interviews; (2) Primary Data: Community Survey; (3) Secondary Data: Emergency Room Data; (4) Secondary Data: Community Descriptors.

PRIMARY DATA COLLECTION

FOCUS GROUPS AND STAKEHOLDER INTERVIEWS

Purpose and Methodology: Focus Groups and Interviews

We conducted a total of 23 focus groups across Burlington, Camden, and Gloucester counties. Of these, 11 were with community members and 12 were with stakeholders (leaders and staff of relevant organizations). Our main objective was to gather the thoughts of community members and stakeholders on health issues (such as access to care, health education, and communication) and any barriers residents may confront in obtaining care. Additional areas of inquiry included the strengths and weaknesses of the health care delivery system, as well potential areas of improvement.

The focus group format allowed participants to express their opinions, suggestions, and recommendations in a confidential format. Because they live and work within the South Jersey Health Collaborative (SJHC) service area, community member and stakeholder input was crucial to the community health needs assessment process.

Focus groups are useful for a community health needs assessment because they produce a large amount of information in a short time. In addition, focus groups elicit wide-ranging views on designated topics. Our focus groups utilized a semi-structured research instrument. Focus groups ranged in size from 2 to 17 participants. Informed consent was obtained after the purpose of the focus group was explained and prior to the data collection process, following the approved IRB protocol[1]. One research team member facilitated the focus group and one to two additional research team members took detailed notes. Following each focus group, the research team compiled a report including notes and a summary of the focus group.

OUTREACH BY THE NUMBERS

1536
SURVEY PARTICIPANTS

65 365
HOURS DEDICATED TO INTERVIEWS AND FOCUS GROUPS

210
FOCUS GROUP & INTERVIEW PARTICIPANTS

100+
LOCATIONS VISITED

ALL LOCATIONS AND PARTICIPANT NUMBERS ARE OUTLINED IN COMMUNITY VOICE. QUESTIONS AND PROCEDURES ARE LOCATED IN APPENDICES E-H

PRIMARY DATA COLLECTION

Purpose and Methodology: Key Stakeholder Interviews

We conducted 5 interviews with key stakeholders in the counties who were identified by SJHC. The interviews were completed using a semi-structured research instrument, and the goals of the interview were similar to those of the focus groups. The purpose of the research project was explained to potential participants and informed consent was obtained prior to the data collection process, following the approved IRB protocol[1].

Interviews were conducted in a private setting. Research team members took notes, and some interviews were also audio-recorded. Interview participants were asked to think about and share their perspectives on access to care, health education and communication, as well as the barriers residents face in obtaining care. Other areas of inquiry included the strengths and weaknesses of the health care delivery system as well potential areas of improvement. Both the research instrument and the protocol for the interview were developed based on the grounded theory approach within the qualitative research framework. This method permits research study participants to answer the questions in the way that they feel comfortable[2,3].

Furthermore, this method allows a free-flowing conversation between the interviewer and interviewee and allows the participant to detail and explain various viewpoints throughout the interview[4]. Another benefit is that the interviewer is not constrained to the questions on the instrument and is permitted to ask appropriate follow-up questions, for instance, when clarity is needed.

👍 **A LIST OF PARTICIPATING AGENCIES IS LOCATED IN APPENDICES C-D**

Analysis

All notes were transcribed and uploaded into software (NVivo 12) that helps with qualitative data management and analysis. The data were analyzed using thematic and analytic coding strategies[5]. Broadly, an initial set of themes was identified from discussion among facilitators and note-takers. Transcriptions were then coded by these themes (e.g., county resources, challenges facing the county, and recommendations). The transcription data that were not covered by these themes were left as uncategorized. Following this initial process, codes were revised and additional themes selected by integrating themes from quantitative data and careful reading of uncategorized transcription data.

To ensure inter-rater reliability, two research team members independently completed this coding.

Combined with the coding strategy, the NVivo software allowed us to clearly track individual themes (e.g. support services for substance abuse and mental health resources) across multiple focus groups and participants. The software also determined when the coding process reached a point of saturation (e.g. additional codes did not provide additional information). The coding process allowed researchers to pull quotes and case studies to further explain the themes in this report[6].

PRIMARY DATA COLLECTION

PRIMARY DATA COLLECTION: SURVEYS

Purpose and Methodology: Community Survey

The Community Survey gathered data to complement the qualitative focus group and interview data and provide a comprehensive picture of the health status, needs, and resources as identified by residents of Burlington, Camden, and Gloucester counties.

The survey topics reflect the importance that SJHC partners place on understanding the social determinants of health in the populations in its service areas. Social determinants of health are upstream factors that affect quality of life such as income, housing, crime, and physical environment. Although at first glance these may seem unrelated to physical health, a growing body of research suggests strong correlations between these variables and health care outcomes. Examples of social determinants of health that were explored through the Community Survey include neighborhood quality, housing status, food access and security, and adverse childhood experiences (ACEs).

A more detailed explanation of findings related to the social determinants of health and ACEs can be found in the Findings Section of this report.

DETAILS ON SOCIAL DETERMINANTS OF HEALTH CAN BE FOUND ON **PAGE 82**

SURVEY PARTS

ONE: PRIORITY QUESTIONS

Questions related to health issues, missing resources, barriers to care, health care access, and demographics.

► 15 questions in total
► Approx. 5 minutes to complete
► English and Spanish, paper and electronic versions available

TWO: SUPPORTING QUESTIONS

Expanded questions on health care access, health knowledge and behaviors; food access and security; neighborhood quality; adverse childhood experiences; and demographic data.

► Approx. 10 minutes to complete
► English and Spanish, paper and electronic versions available

PRIMARY DATA COLLECTION

Development: Community Survey

1. INITIAL SURVEY DEVELOPMENT

Questions were designed using:

- Previous Community Health Needs Assessments
- Consultation with Rutgers University subject matter experts
- Nat. Health and Nutrition Examination Survey (NHANES)-Centers for Disease Control & Prevention
- Behavioral Risk Factor Surveillance System (BRFSS) - Centers for Disease Control & Prevention
- National Household Food Acquisition and Purchase Survey (FoodAPS) - U.S. Dept. of Agriculture
- National Health Information Survey (NHIS) - Centers for Disease Control & Prevention
- New Jersey Health & Well-Being Poll - Rutgers Center for State Health Policy
- National Coalition for Sexual Health (NCSH)

2. FEEDBACK

Feedback was gathered from the South Jersey Health Collaborative and focused on:

- Additional response options
- Rewording of items
- Re-ordering of questions

SURVEY DEVELOPMENT

4. TRANSLATION SERVICES

Spanish surveys were translated from English and then back-translated by certified translators on the research team

3. PILOT TESTING

Researchers and community members tested the survey, including:

- Uploading survey into Qualtrics
- Setting response patterns
- Making changes after pilot testing

SURVEY ADMINISTRATION DETAILS

►► **Qualtrics:** web-based survey platform for development and distribution of the   electronic format of the Community Survey
►► **Item Formats: multiple choice, fill-in, and Likert scales.**
►► **Launch Date: December 19, 2018**
►► **Closed Date: March 29, 2019**

PRIMARY DATA COLLECTION

PRIMARY DATA ANALYSIS: SURVEYS

Analyzing Community Surveys

Data were analyzed in MATLAB, a scientific computing programming language. Data were exported from Qualtrics into a tab-separated file and read into MATLAB.

The research team wrote custom analysis code. This code created a county and municipality tag for each survey response, so that data could be analyzed by municipality, by county, or in aggregate. The data analysis code created frequency histograms of data.

STATISTICAL SIGNIFICANCE

Where reported, statistical differences in frequency histograms were computed using a bootstrap method. This method accounts for non-normal distributions of responses. The definition of statistical significance is that a result is unlikely to have occurred by chance, and statistical tests involve defining chance for a particular study.

In the bootstrap method, we define chance empirically in the following ways:

► First, we use computer software to assign each actual response to a random county.

► Second, we then calculate the average response in each county with the random assignment, and we compare the averages between counties. This gives us a single estimate of a "chance" distribution of responses between counties.

► Third, we repeat this process 999 more times, for a total of 1000 "chance estimates". We then compare the actual, observed, differences in the data between counties to the "chance" distribution between counties. If the observed data differences were larger than all of the "chance" estimates, we can conclude that our observed difference was very unlikely (less than 1 in 1000; $p < 0.001$) to have occurred by chance and is thus statistically significant. As in standard research papers, we defined statistical significance at the $p < 0.05$ level, which means that the observed difference was greater than 19/20 "chance" estimates.

PRIMARY DATA COLLECTION

Analyzing Community Surveys (continued)

Most of the survey questions include options for "I prefer not to answer" or "I don't know". Respondents could also move on to additional questions without selecting an answer. In addition, there were different numbers of respondents in each county.

Unless otherwise indicated, average responses to survey questions are presented as the percentage of community members (rather than the number) who selected a response in each county, after discarding the responses from those who skipped the question or answered "I don't know" or "I prefer not to answer".

Community members were asked for their zip code and their municipality. We inferred county from zip code and municipality. In some cases, the zip code information was in conflict with the municipality information. In these cases, we inferred county of residence from the zip code. When community members did not answer any of these questions, or when the zip code was from a county outside of Burlington, Camden, or Gloucester counties, we discarded data from county-specific analysis.

In cases where we did not specifically analyze data by county, we included data from all surveys that had responses, even if we were unable to locate the county of origin. For example, when we looked at health differences between younger people and older people, we used all survey data.

SECONDARY DATA COLLECTION

SECONDARY DATA: EMERGENCY DEPARTMENT DATA

Analysis: Aggregating Available Data

We analyzed emergency department data given to us by SJHC member hospitals. Cooper, Lourdes, Virtua, and Jefferson provided data from 2016-2018. The goal of this analysis was to provide the hospital systems with information to reduce emergency department (ED) utilization.

Here we describe the data and the process of analysis. SJHC members provided slightly different data sets. The graphic below outlines the variables that we worked with.

The first entry represents the variable used in the analysis for cause of ED visit.

COOPER UNIVERSITY HEALTH CARE

- ► CHIEF COMPLAINT
- ► INDEX/MRN*
- ► LANGUAGE
- ► ZIP CODE
- ► BENEFIT PLAN NAME
- ► ARRIVAL TIME
- ► ARRIVAL METHOD
- ► LOCATION NAME
- ► PRIMARY DIAGNOSIS
- ► ACUITY LEVEL
- ► DISCHARGE
- ► PRINCIPAL PROBLEM
- ► FIRST RACE, SECOND RACE
- ► DEMOGRAPHICS (AGE, SEX, ETHNICITY)

JEFFERSON HEALTH

- ► DIAGNOSIS DESCRIPTION
- ► MRN*
- ► ADMISSION DATE
- ► LANGUAGE
- ► ZIP CODE
- ► HOUSING STATUS
- ► EMPLOYMENT
- ► PRIMARY PAYER
- ► DISCHARGE DATE
- ► CHIEF COMPLAINT
- ► FACILITY
- ► ED EMERGENCY CODE
- ► ARRIVAL POINT
- ► INTERPRETER
- ► DISCHARGE STATUS
- ► DEMOGRAPHICS (DOB, GENDER, RACE) ETHNICITY)

LOURDES HEALTH SYSTEM

- ► ICD10CM PRINDIAG NAME
- ► MRN*
- ► ICD10CM ADMDIAG NAME
- ► ICD10CM ADMDIAG CODE
- ► PATIENT TYPE CODE
- ► ZIP CODE
- ► EMPLOYER NAME
- ► FINANCIAL CLASS
- ► INSURANCE PLAN
- ► LEVEL OF CARE
- ► DISCHARGE STATUS CODE
- ► DISCHARGE STATUS NAME
- ► HOSPITAL
- ► STATUS
- ► ADMIT TIME
- ► DEMOGRAPHICS (DOB, RACE)

VIRTUA HEALTH SYSTEM

- ► FINAL PRIMARY DIAGNOSIS
- ► MRN*
- ► LANGUAGE
- ► ZIP CODE
- ► HOUSING STATUS
- ► EMPLOYMENT STATUS
- ► FINANCIAL CLASS
- ► PRIMARY PAYER
- ► ADMISSION DATE
- ► TIME OF DAY
- ► DISCHARGE DATE
- ► ADMISSION REASON
- ► FACILITY
- ► EM CODE
- ► ARRIVAL POINT
- ► INTERPRETER FIELD
- ► DISCHARGE STATUS
- ► DEMOGRAPHICS (DOB, GENDER, RACE, ETHNICITY)

*anonymous medical record number (MRN)

SECONDARY DATA COLLECTION

Analysis: Defining Users and Meaningful Data

Data were analyzed in two statistical programs: IBM SPSS and SPSS Modeler. Using these programs, we built a medical language processing model. The analysis focused on (1) the characteristics of high utilizers of the ED; (2) frequent causes of ED visits.

The process of characterizing demographics of ED utilization is straightforward. To identify high utilizers of the ED, we determined the number of occurrences of each MRN in the data file. We then divided MRNs into three groups: Low, High and Super-Utilizers.

Low Utilizers	High Utilizers	Super-Utilizers
0-2 visits per year	3-5 visits per year	>6 visits per year
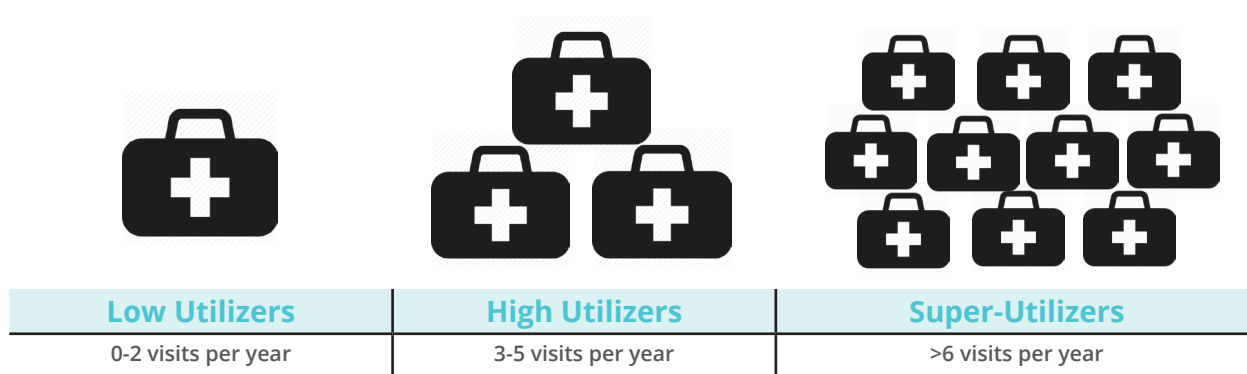
The process of characterizing the causes of visits to the ED is less straightforward because of the variation in the way that diagnoses are described and because of the specificity of the diagnoses codes. Between the different data sets we had nearly 50,000 unique diagnosis strings. The challenge was to categorize the diagnosis strings in a way that captured important features of the diagnosis strings in a small enough number of categories that they could be meaningfully interpreted.

In order to provide a meaningful interpretation of the data we built a language processing model in SPSS Modeler. To do this, we fed the text strings into IBM SPSS Statistics Text Analysis. The analysis program extracts concepts from these strings and learns from initial feedback. We manually examined the hundreds of concepts returned in initial feeds into the analysis program and sorted them

into appropriate categories. For instance, hematuria would go under the category of 'Urinary system symptoms' while the diagnosis of a urinary tract infection would be placed into the category of 'Urinary system diseases and illnesses'.

Through this initial process, we trained the model to automatically classify text strings into the appropriate categories. In this type of analysis, there is always a tradeoff between the number of categories, the specificity of the categories, and the number of strings usefully categorized. With too few categories, strings are either left uncategorized or else they are categorized with non-related strings. With too many categories, we lose meaningful patterns in the data. We compromised at 64 output categories that captured 90% of strings.

SECONDARY DATA COLLECTION

Analysis: Defining Users and Meaningful Data (continued)

Across the hospital systems, the top 10 (of 64) categories captured a majority of the ER visits, although the exact percentage varied by hospital system.

PERCENTAGE OF ED VISITS IN TOP TEN CATEGORIES

85%	60%	60%	77%
COOPER	JEFFERSON	LOURDES	VIRTUA
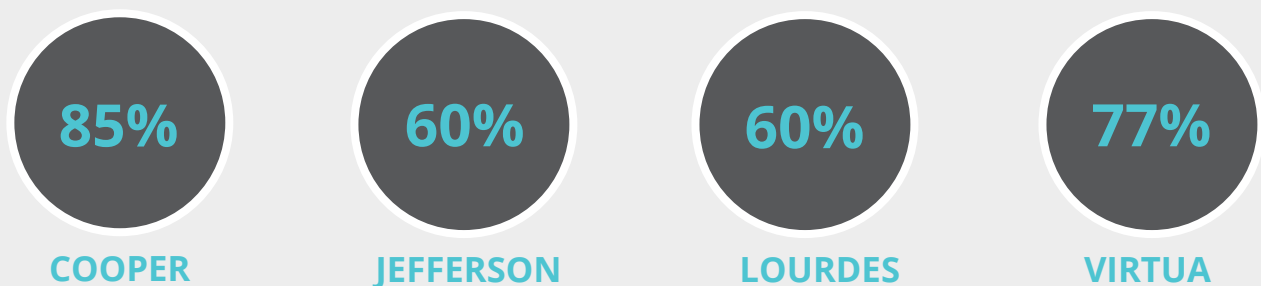
👍 A FULL LIST OF CATEGORIES CAN BE FOUND IN APPENDIX B

Secondary Data: Community Descriptors

In order to provide broad fact-based context for the community's perception of health needs, we also compiled secondary data. Secondary data collection began in December of 2018 and concluded in March of 2019. We aggregated data on demographics, socioeconomic variables, health indicators, and clinical care.

These data serve two purposes. First, they form the basis of the community profiles described in COMMUNITY CONTEXT.

Second, they provide an additional quantitative source of data to characterize relationships between health needs and upstream determinants of health. Sources are cited in the text and figures.

CITATIONS

1. The Institutional Review Board (IRB) process at Rutgers University implements the rules stipulated by federal agency regulation of human subjects research. All Rutgers' research must be completed in accordance with these guidelines. The Rutgers University IRB has the authority to approve, require modifications in planned research prior to approval, or disapprove research. Approval was granted on 10/27/2018 (Protocol #Pro2018002286).

2. Glaser, B. and Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.

3. Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks, CA: Sage Publications, Inc.

4. Rubin, H.J., & Rubin, I.S. (2012). *Qualitative Interviewing: The Art of Hearing Data*. Thousand Oaks, CA: Sage Publications, Inc.

5. Clarke, V. and Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-133.

6. Bazeley, P. (2007). *Qualitative data analysis with Nvivo*. London: Sage.

3 | FINDINGS: HEALTH NEEDS

Through focus groups, interviews, and a survey designed with the help of community groups, community members talked about health in their communities, their concerns and thoughts about potential solutions. Throughout this Findings Section, we report the community's perspective on health alongside data from local, state, and national sources. These other sources illustrate how the community perspective compares to state and national trends and benchmarks.

OVERVIEW

FOUR MAIN AREAS OF NEED

Our analysis revealed four main health needs along with a cross-cutting theme. The four health needs are Behavioral Health: Mental Health and Substance Abuse; Accessing Care; Communications and Relationships; and Obesity. The cross-cutting theme is Population Health: Social Determinants of Health. This theme shows how the specifics of health needs vary with population. For example, younger adults have different mental health care needs than older adults. Here we explore each of these four health needs by visualizing the data and discussing the causes and consequences of each health need. We report the health needs for each county in the service area, and we also show how each need intersects with social determinants of health and identify populations particularly at risk.

In some survey questions, we asked community members to select all the responses that applied to them personally or to their communities. For example, participants read a list of 33 potential health issues and selected every issue that impacted their community. In the Findings sections, we report data from these questions by topic area. For example, in the section on Behavioral Health, we report responses from all health issues related to mental health and substance abuse.

TO SEE ALL RESPONSES RANKED AGAINST EACH OTHER VISIT APPENDIX A

BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE ABUSE

Almost 19 percent of all survey responses to questions about health issues, barriers to health care, and resources missing were related to substance abuse and mental health.

ACCESSING CARE

Community members' concerns about accessing care took several forms, including the costs of care and insurance, the time involved in getting care, difficulty navigating the health care system and treatment plans, and transportation.

COMMUNICATIONS AND RELATIONSHIPS

In focus groups, interviews, and surveys, community members reported that communication around health care was a barrier to care.

OBESITY

Across the three counties, just over half of community members identified adult obesity as an issue facing their community.

AREA OF NEED 1 BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE ABUSE

"

"Opioids are stronger now. At this rate, a whole generation will be lost."

- Burlington County social service provider

"...one of the biggest [challenges] is the mental health and opioid problem. This is what I hear is most concerning for folks right now. These problems can lead into other health problems for people."

- representative from Burlington County

"

A COMMUNITY CONCERNED ABOUT MENTAL HEALTH

Participants in focus groups and interviews and respondents in the community survey were deeply concerned about substance abuse and mental health.

In the survey, 18.4% of all responses to questions about health issues, barriers to health care, and resources missing were related to substance abuse and mental health. Mental health and substance abuse was the top issue in every focus group and interview.

NEEDS INTERRELATED

For this report, per the guidelines of the Centers for Disease Control (CDC), we group mental health and substance abuse together into the larger category of behavioral health. Behavioral health describes the connection between a person's behaviors and the health and well-being of the body and mind. It includes strategies aimed at promoting and improving mental health, as well as strategies aimed at preventing or intervening in addictions.

Broadly, community members described the prevalence of needs related to behavioral health, the links between mental health and substance abuse, the inadequacy of resources, and specific populations that are particularly at risk for behavioral health challenges.

"[Drugs are] the biggest thing that is in every county and in the U.S. They are not trying to deal with the alcohol and drug issues. They are putting a Band-Aid on it. They are not taking the time to deal with them."

- community member from Camden County

"We're dealing with a huge substance abuse issue and access to care [is] related to it. Also getting care for the amount of time they need it for."

- representative from Gloucester County

BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE ABUSE

SUBSTANCE ABUSE

Prevalence

In 2017, the Governor of New Jersey declared opioid abuse a public health crisis in this state. Across all three counties, community members were most concerned about illegal drug use, but they were also concerned about other types of substance abuse: vaping/Juuling, alcohol misuse, prescription drug misuse, and tobacco use.

Illegal drug use stands out as a concern in the communities we studied, as it does in both the state and the nation, with almost 1 in 4 participants overall reporting that they had seen illegal drug use in their communities.

Drug Activity in Local Communities

	Seeing Drug Use	Seeing Drug Dealing
BURLINGTON	23%	18%
CAMDEN	28%	23%
GLOUCESTER	23%	21%

Participants are concerned about many behavioral health issues facing their communities

% Selecting as health issue facing community

Source: WRI Community Survey

► **BURLINGTON**
► **CAMDEN**
► **GLOUCESTER**
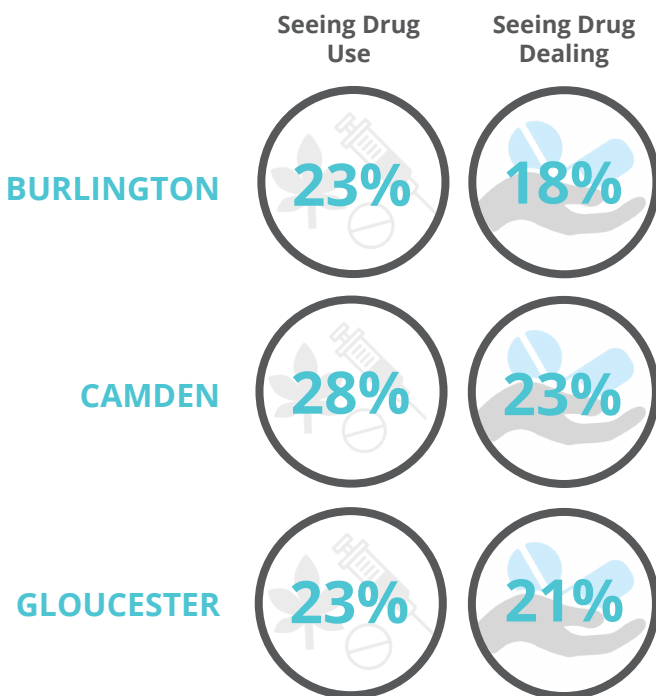
OVERDOSE RATES

Community members are dying from overdoses at increasing rates, even as naloxone (Narcan) administrations also increase. Overdose death rates are highest in Camden County, followed by Gloucester County and then Burlington County. In all three counties, residents are dying from overdoses at much higher rates than the national average.

Overdose deaths above the national average	
Burlington	1.5X
Camden	3X
Gloucester	2X

Source: NJ Cares and ACS 1-year estimates

Overdose deaths continue to rise
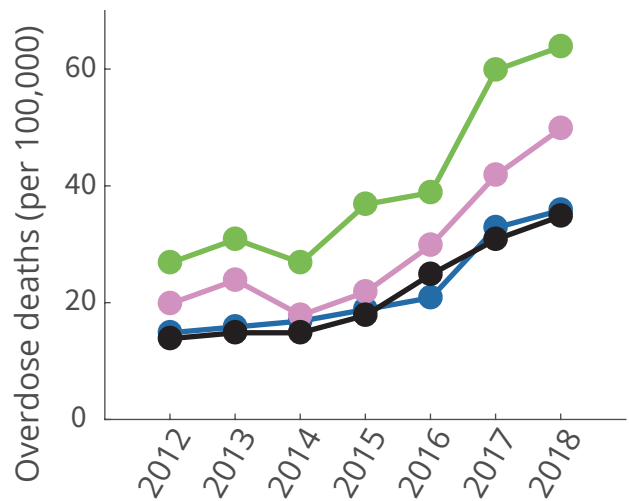
Source: NJCARES and ACS 1-year estimates

Naloxone (Narcan) administrations continue to rise
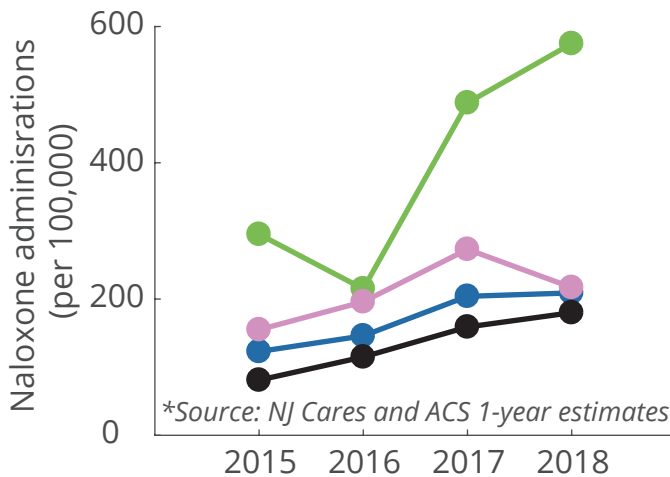
Source: NJ Cares and ACS 1-year estimates

► BURLINGTON
► CAMDEN
► GLOUCESTER
► NEW JERSEY

BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE ABUSE

MENTAL HEALTH

Prevalence

Mental health ranked in the Top 5 community health issues for all three counties, and high numbers of residents reported that mental health was a chronic issue that affected them personally. Residents in Camden County are most likely to report concerns about mental health.

Many chronic diseases co-occur with mental health disorders, and comorbid chronic diseases also complicate the treatment of mental health disorders and vice versa. Across the three counties, we found that individuals who reported poor mental health also had significantly more chronic health issues than those who had reported better mental health.

Mental health predicts number of chronic health conditions

p<0.001

Source: WRI Community Survey
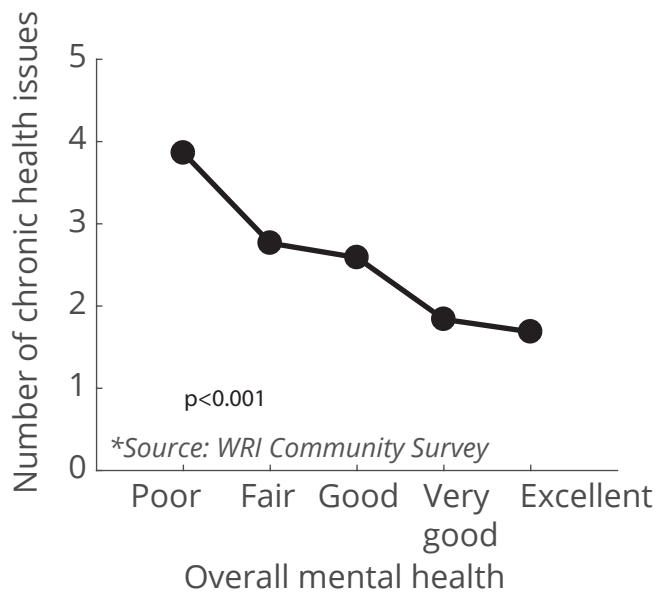
Prevalence of mental health challenges

	BURLINGTON	CAMDEN	GLOUCESTER
ISSUE FACING COMMUNITY	41%	42%	43%
CHRONIC ISSUE FOR YOU PERSONALLY	16%	21%	18%
POOR OR FAIR MENTAL HEALTH	16%	18%	17%

Source: WRI Community Survey

"

"Mental health is an area that has been suffering for a long time. You don't need to be out there on the street before you realize you have a mental health issue. So we [service professionals] need to also educate the public about mental health and for people to speak freely about mental health issues that they have."

- representative from Camden County

"

Links between substance abuse and mental health

Community members emphasized the links between substance abuse and mental health. One focus group participant in Burlington County succinctly summed up the connection, "Drugs and alcohol are only symptoms of mental health issues."

A leader in the criminal justice field described the efforts to better solve addiction problems by addressing them jointly with mental health. This individual also emphasized the importance of policies that allow for compassion and understanding. "We have a

Mental Health Committee as we are aware that mental health and addiction co-occur. We [...] discussed how do we work together and identify (e.g., not put in jail) and put resources to help people. How can we attack the problem by working together with people with multiple problems?"

Focus group participants also emphasized that the link between substance abuse and mental health is particularly important for vulnerable populations such as the homeless.

CASE STUDY
UNDERSTANDING THE STRUGGLE

"I have 20 years and experience dealing with mental health and dealing with major depression. ….[Entity] took me off my medications... I was locked away for violation of probation. I came out of compliance, and I ended up suicidal because they didn't give me medications….I was locked up again. There is no connect between law enforcement and medical institutions."

"If you are homeless, you isolate yourself. You are in a hole you cannot get yourself out of. The more you do not want to, the more depressed you are. You either end up dead or you receive help. There needs to be a neutral body to advocate for people."

- community members from Camden City

Inadequate resources

Participants at all levels (from key decision makers to the end users) in all three counties described a lack of services and resources available for individuals struggling with both substance abuse and mental health challenges. Community members described a need for more physical resources for those entering care, such as beds and counseling services. Individuals also need support after behavioral health treatment. Although resources are needed broadly, community members placed special importance on the need for behavioral health services for children.

"

> "Mental health. You have to wait.
> Right now I'm on an eight month waiting list for the second time.
> 16 months total. They don't have enough staff."

- community member from Burlington County

"

Physical resources

Community members noted the lack of beds, counseling services, and treatment centers. Community members also discussed the long waiting lists. These waiting lists are particularly harmful in cases of substance abuse, community members said, because there is often a critical time window when a person acknowledges the need for treatment.

If treatment is not immediately available, that individual may then refuse treatment later. When asked about the causes, participants noted the limits placed by insurance providers on coverage for services related to behavioral health. It was also suggested that more recovery centers be built and staffed, especially in-patient facilities.

	BURLINGTON	CAMDEN	GLOUCESTER
SUBSTANCE ABUSE SERVICES ARE MISSING FROM MY COMMUNITY	33%	37%	36%
MENTAL HEALTH SERVICES ARE MISSING FROM MY COMMUNITY	42%	48%	47%

*Source: WRI Community Survey

"

"People who are seeking treatment for substance abuse disorder are funneled into waiting lists. Insurance terminates medical treatment and hospitalization for people who are seeking substance abuse disorder treatment early, where people who are being treated for heart disease stay as long as medically advised and are covered by insurance."

- representative from Burlington County

"Someone will say, I want and need help. Then, there are no beds at detox or rehab [...] until next Wednesday. Unless they go that night they are not going to go to treatment."

- criminal justice practitioner in Gloucester County

"Peer recovery specialists could improve patient outcomes by making sure that patients are receiving basic needs and creating a support recovery plan."

- Camden County stakeholder

"There aren't lots of psychologists for elderly people and the people who offer those services are often overwhelmed quickly."

- Camden County stakeholder

"

Support after treatment

Community members described the need for support after an individual completes treatment for substance use. These needs included places to live and support services near the place where individuals live after completing treatment. For example, participants noted that individuals must often travel away from where they live for treatment, and then they come to a community that does not have continued support.

The development and creation of support mentors was mentioned in nearly every focus group and interview as an integral way to help support those battling addiction when they return home. Community members emphasized that without this support, individuals fall back into the same environment that precipitated the substance use disorder when they return home.

Community members noted that although families want to be supportive, they often lack the necessary skills to provide the needed support.

"

"We don't have a lot of first time users that died. It is usually someone that is in their 30s and 40s. ...All of the sudden they start using again and they try to use at the level they did before (because they think they still have that built up tolerance), but in reality they don't. This is what leads to the overdose. This is similar to what happens to alcoholics who think they can drink what they could years ago. For instance, our addict might have done three bags before. They kind of fall off and three bags laced with fentanyl is now deadly".

- Gloucester County stakeholder

"I still have an open DYFS case 'cause [sic] one of the requirements is to see a therapist for my anxiety and depression. They gave me a referral, but I still have not seen one. Until I actually go see the therapist my case will be open."

-community member from Burlington County

"

Resources for children

Community members emphasized that resources for children are particularly scarce. Community members characterized the system as lacking resources to address the new challenges facing young people today, such as cyber-bullying, social media, and stresses induced by school pressure.

Of particular concern was screening for mental health in the school environment, including for suicidal ideation. Community members also mentioned that even when screening exists, there are not providers to address concerns.

Finally, community members mentioned the need for in-home mental health care for children.

"

"Mental health services for young people are lacking. It is a 5-month waiting list. When you have kids acting up in school and they do not have the tools, they can't get those services until they get diagnosed. Or go through the school to prison pipeline."

- community member from Camden City

"When children with special needs age out of the special services school, there is no framework to assist them anymore. They have to wind up in crisis to be moved back to the front of the waiting list and receive help and services."

-stakeholder from Burlington County

"

CASE STUDY
HELPING OUR CHILDREN IN JEOPARDY

"My daughter and son have psychiatric issues. Pediatric psychiatry does not exist….[my son] had just been seen by his primary care doctor and she had not picked up on that. I called [Entity]. The phone message says we are no longer accepting new patients. If you already have a therapist, please contact them directly. I contacted another group for a therapist for my daughter and there were three locations, but they were all part of the same company and the psychiatrist could not take on new patients…. And it's scary because it's affecting their future. It's almost like some of the family doctors lift up the rug and push it underneath. And then they wonder why they commit suicide or hurt themselves."

- community member from Camden County

BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE ABUSE

POPULATION HEALTH AND SOCIAL DETERMINANTS OF HEALTH

In order to most effectively target resources for interventions, it is important to know what populations are most in need of services. Through our analysis we identified populations particularly at risk for behavioral health challenges, including adults who experienced childhood trauma, individuals who are housing insecure, lower-income individuals, those who are socially isolated, and younger adults.

As one example, we divided our survey participants into three different groups and compared self-reports of overall mental health in each group. As the figure shows, mental health varies with social determinants of health: older individuals (>60) report better mental health than younger individuals (<40); individuals who report "rarely" or "never" feeling socially isolated say they have much better mental health than those who report "sometimes", "often" or "always" feeling socially isolated; and individuals living in households

making more than $100,000 per year report better mental health than those living in households making less than $50,000 per year.

Mental health varies with population
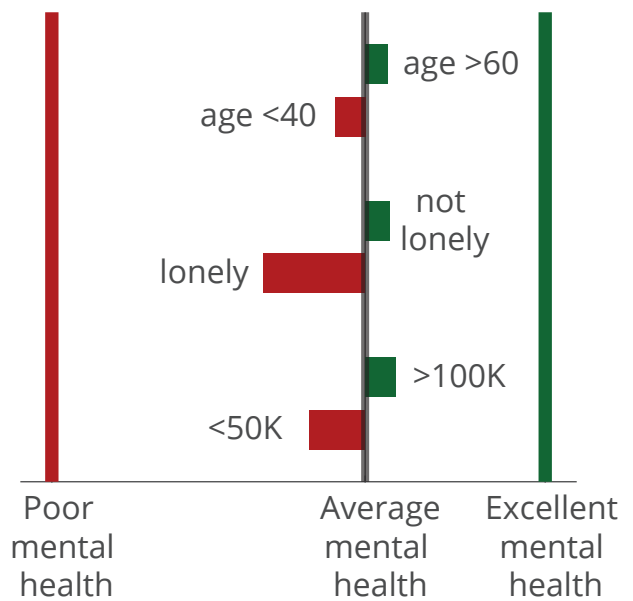
Source: WRI Community Survey

Childhood trauma

Past research has shown that traumatic experiences in childhood can linger through adulthood.

Survey participants answered questions about ten types of childhood trauma (Adverse Childhood Experiences, or ACEs), and received a score from 0 - 10 reflecting the number of these traumatic experiences.

Mental health in adults is related to childhood trauma
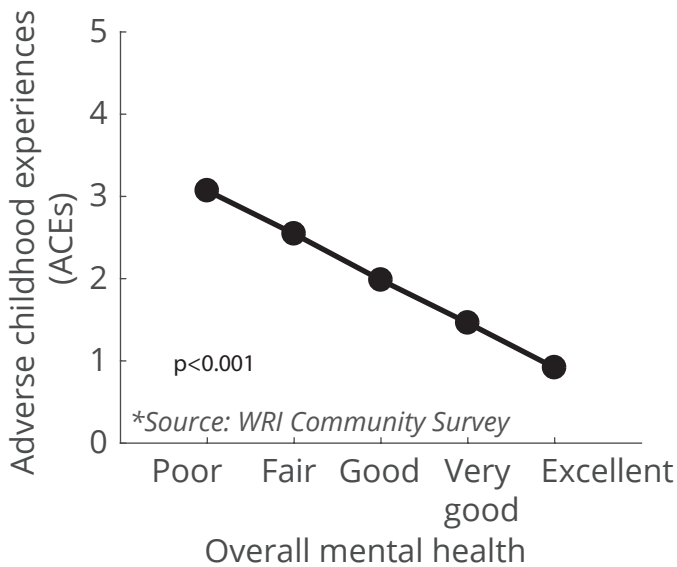
In our survey, we found a strong relationship between childhood traumatic experience and mental health in adults.

On average, adults reporting "poor" mental health reported having 3.5 times as many traumatic events in childhood as adults who reported having "excellent" mental health.

Adverse childhood experiences (ACEs) vs *Overall mental health*

p<0.001

Source: WRI Community Survey

(x-axis: Poor, Fair, Good, Very good, Excellent)

Housing insecurity

Survey participants who reported housing insecurity in the last year had worse mental health overall. We counted individuals as housing insecure if they answered that any of the following applied at any time during the previous year: they didn't know where they were going to sleep that night, they didn't have a home, they were kicked out of a home or evicted, they stayed at a shelter, or they slept in a place that was not designed for people to sleep, such as an abandoned building.

Individuals who were housing insecure were 4.5 times more likely to report "poor" mental health as those who were not housing insecure.

"

"Clients will get treated but the next step is housing and that has become a huge problem. What's next? That's what these people are constantly asking themselves... If all of us at this table were suddenly unhoused and facing an addiction problem, we ... wouldn't be able to fix that problem for ourselves. You'd end up at Maryville but the maximum is 4 days. There's a big gap for wraparound services because those people don't have anybody to help with housing... How do you deal with outpatient care when you don't have a place to live?"

-Camden City service provider

"

Low-income

Household income also predicts mental health. We looked at reported overall mental health for participants at 11 different household income levels ranging from less than $10,000 per year to greater than $150,000 per year. As income increased, self-report of mental health improved.

Mental health varies with population

Color in each box represents the average mental health
of individuals in that income bracket

Household income
< $10,000 per year

Household income
> $150,000 per year

Mental health is represented by color

'Poor'
mental
health

'Excellent'
mental
health

Source: WRI Community Survey

Social isolation

Inadequate social support leads to greater problems with behavioral health, and social isolation is also known to predict suicidality. Although a majority of community members felt they had adequate social support, a significant minority reported feeling socially isolated, left out, and lacking in companionship. Those who report ever feeling socially isolated in the previous week are 10 times more likely to report "poor" mental health than those who reported that they were never socially isolated.

	BURLINGTON	CAMDEN	GLOUCESTER
% REPORTING SOCIAL ISOLATION ON SOME, MOST, OR ALL DAYS	18%	18%	19%
% REPORTING LACK COMPANIONSHIP ON SOME, MOST OR ALL DAYS	26%	25%	23%
% REPORTNG FEELING LEFT OUT ON SOME, MOST, OR ALL DAYS	21%	22%	21%

*Source: WRI Community Survey

"

"Older people, seniors, need people they can talk to. They don't have a lot of connections and they need a friend. We also know now how useful it is to talk about your issues and the problems that you've faced in your life. Things have changed from the times where we thought all these internal issues were a secret."

-Camden County stakeholder

"Being connected to people is good for your health in all kinds of ways. Creating a spiritual or social network to lean on, getting services where people are most comfortable is best. Holding events at local churches or community centers is helpful."

-Camden County stakeholder

"

Younger adults

Compared to adults over 65, adults younger than 40 have more mental health concerns.

	YOUNGER	OLDER
SAY THEY ARE SOCIALLY ISOLATED	22%	16%
REPORT "POOR" OR "FAIR" MENTAL HEALTH	25%	10%
SAY THEY FEEL STRESSED	73%	43%

*Source: WRI Community Survey

Community Recommendations

Physical Resources

► **Increase the number of beds available**
► **Provide access to treatment and beds in a timely manner**
► **Increase timely access to treatment centers, especially in-patient facilities**
► **Provide additional treatment options**
► **Programs to reduce stigma associated with behavioral health**
► **Free or low-cost behavioral health services**

Support after Treatment

► **Enhance the support services community for those post-treatment/ post-detox**
► **Provide additional Peer Recovery Specialists**
► **Reduce the waiting lists or wait times for treatment and/or counseling**

Services for Specific Populations

► **Improve access and availability to translation services for those whose primary language is not English**
► **Provide additional behavioral health programs or supports for children in schools and in the community**

General Recommendations

► Strengthen the coordination of care amongst providers

► Collaborative approach to treatment

► Promote pain management strategies that do not include opioids

► Research the effects of addiction in the community

► Improve access to reliable transportation options

► Leverage technology (e.g. tele-mental health) to increase access to services such as assessment, treatment plan development, and follow-through

EXISTING RESOURCES

THIS IS A SAMPLE OF EXISTING PROGRAMS AND ORGANIZATIONS THAT MAY BE LEVERAGED TO ADDRESS THE BEHAVIORAL HEALTH NEEDS OUTLINED IN THIS SECTION

- CAMCARE
- CAMDEN COALITION OF HEALTHCARE PROVIDERS
- HEALTH INFORMATION EXCHANGE
- MY RESOURCE PAL
- CASTLE PROGRAM AT VIRTUA
- CENTER FOR FAMILY SERVICES
- CGS FAMILY PARTNERSHIP, INC.
- COMPLETECARE
- COUNTY HEALTH DEPARTMENTS
- CRISIS INTERVENTION SUPPORT SERVICES
- JEFFERSON'S ADOLESCENT PARTIAL HOSPITALIZATION PROGRAM
- MARYVILLE TREATMENT SOLUTIONS

- MUNICIPAL ALLIANCE PROGRAMS
- PEOPLE FOR PEOPLE FOUNDATION
- ROBINS' NEST
- SEABROOK, INC.
- SENIOR BEHAVIORAL PROGRAM AT LOURDES
- SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE
- SOUTH JERSEY HEALTH COLLABORATIVE
- PROJECT HOPE
- VIRTUA HEALTH AND WELLNESS CENTER IN CAMDEN
- VOLUNTEERS OF AMERICA

AREA OF NEED 2 ACCESSING HEALTH CARE

Community members' concerns about accessing care took several forms, including the costs of care and insurance, the time involved in getting care, difficulty navigating the health care system and treatment plans, and transportation. Lack of providers generally was not seen as a major barrier to health care, ranking 12th out of 17 in barriers to care. Despite this, a lack of specialists and population-specific needs made providers an important need.

COST OF HEALTH CARE

Cost of care was a concern for community members and stakeholders. Nearly all community members we surveyed had some form of health insurance: only 1.5% in Burlington County, 3.3% in Camden County, and 2.1% in Gloucester County reported having no insurance at all.

Indeed, a majority of community members across the county reported having private insurance. Nonetheless, residents complained that even with insurance, out-of-pocket costs both for clinical care and prescription medication are often too high.

► 75% say out-of-pocket costs are a barrier to health care in community

► 32% report not getting some essential health care themselves because of cost

► Of 23 possible missing resources, the top three across all counties related to cost: low-cost medical care, low-cost prescription drugs, low-cost dental care.

Source: WRI Community Survey

A majority of community members have private insurance

Private insurance
Medicare
Other
NJ Family Care

► BURLINGTON
► CAMDEN
► GLOUCESTER

Source: WRI Community Survey

% of Respondents selecting each option

"
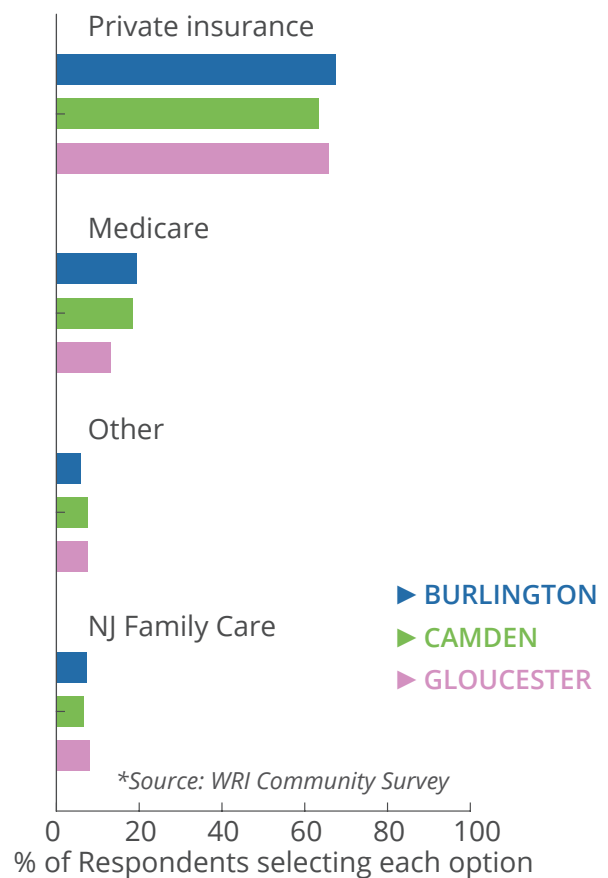
"Medical bills are so expensive. I have insurance through my job but [it does] not cover half of the cost for my medical bills. [These bills are from] both routine check-ups and emergency bills. Same with medication. I had to pay $300 for an inhaler."

-Burlington County resident

"Legislation recently changed to help diabetics where you can get a pen instead of refrigerated insulin. But regular middle-class people who need the normal insulin can't get it. It's amazing how the costs have gone up for these very popular drugs. There are plenty of middle-class people who can't afford their prescriptions."

-Camden County stakeholder

"[One barrier] is not enough affordable health care; my friends and family don't have health care. Obamacare has gaps where sometimes if they determine you aren't paying an amount they consider 'enough' you might not get what you need. Not having affordable insurance is one of the biggest issues in my neighborhood. Free health care is a good idea because my mom has to work really hard at a labor-intensive job in order to get health care but she's sacrificing her health in the process. It's concerning for me because even though she works really hard to do that, I'll still get kicked off her coverage when I turn 27. Co-pays are really high and sometimes that keeps me from going to a doctor."

-Burlington County resident

"

ACCESS TO CARE

✏ TIME TO GET HEALTH CARE

Challenges relating to time were nearly as frequent as those of cost. When asked about barriers to care, topics related to time ranked 2nd, 6th, 8th, and 9th on the list of 17 possible barriers. Time was an equally large barrier across all three counties.

BARRIERS RELATED TO TIME	
BURLINGTON	• 1 IN 2 CAN'T TAKE TIME OFF OF WORK • 2 IN 5 CAN'T FIND APPOINTMENTS THAT WORK WITH THEIR SCHEDULE • 1 IN 3 WAIT TOO LONG AT APPOINTMENTS • 2 IN 7 HAVE CHILD CARE DIFFICULTIES
CAMDEN	• 1 IN 2 CAN'T TAKE TIME OFF OF WORK • 2 IN 5 CAN'T FIND APPOINTMENTS THAT WORK WITH THEIR SCHEDULE • 1 IN 3 WAIT TOO LONG AT APPOINTMENTS • 2 IN 7 HAVE CHILD CARE DIFFICULTIES
GLOUCESTER	• 1 IN 2 CAN'T TAKE TIME OFF OF WORK • 2 IN 5 CAN'T FIND APPOINTMENTS THAT WORK WITH THEIR SCHEDULE • 2 IN 5 WAIT TOO LONG AT APPOINTMENTS • 1 IN 3 HAVE CHILD CARE DIFFICULTIES

*Source: WRI Community Survey

"

We hear: "People are working two jobs to make ends meet—don't get time off," *or* "They'll lose their job if they miss work, so they can't seek health care, especially for preventative care which is not a priority."

People also share that: "people who have jobs feel that if they take off, they will get fired," *or* "parents with sick children can't take time off to take care of kids as it looks like a pattern that looks like you're always sick because you're taking care of yourself and your child so then you get fired."

-stakeholders from Camden City and Camden, Gloucester, and Burlington Counties

"

"

"Mental health. There are long wait times. Patients screened in crisis have days-long waits to be placed into services. We need different models of how we care for the population. Centers are open Monday through Friday 9:00 am to 5:00 pm. People don't have crises on Saturday?"

-Camden County stakeholder

"Sometimes we get to the emergency room and we wait for so long."

-Burlington County resident

"Primary care physicians – you used to be able to get a good relationship with that doctor, it's much more difficult to see the person you want to see now unless you're willing to wait, even within a practice that should be coordinated, it [the system] is really fractured."

-Camden County stakeholder

"If you work more than 8 hours a day it's really difficult to go see someone. A person might only have one day a week off, like Sunday, but the doctor is closed then. People will wait until their condition is really bad before going because their schedule doesn't really allow for going, especially if it isn't dire."

-Camden County resident

"

ACCESS TO CARE

✏ NAVIGATION

Community members need help navigating health in two main ways. First, community members need help navigating the health care system. This includes things like knowing how to schedule appointments and figuring out whether insurance will pay for something.

As one example, a patient with diabetes would need to navigate making appointments with an endocrinologist, a nephrologist, an opthamologist, and a podiatrist, and also work through how to get insulin with their insurance. Second, community members need help navigating treatment and health behaviors. This includes things like understanding a treatment plan and following through with the behaviors that will improve health. For example, a patient with diabetes would need to know how and when to test their blood sugar and administer insulin, and how diet and exercise will affect their symptoms. This patient would also need to follow through on the knowledge by administering medication as needed and following through with exercise and a healthy diet. The pattern of results was similar across counties.

HELP NAVIGATING HEALTH SYSTEM		
	"HARD TO NAVIGATE HEALTH CARE SYSTEM" AS A BARRIER TO CARE	"PATIENT NAVIGATORS" AS A MISSING RESOURCE
BURLINGTON	2 IN 5 COMMUNITY MEMBERS	2 IN 7 COMMUNITY MEMBERS
CAMDEN	1 IN 2 COMMUNITY MEMBERS	1 IN 3 COMMUNITY MEMBERS
GLOUCESTER	1 IN 2 COMMUNITY MEMBERS	1 IN 3 COMMUNITY MEMBERS

*Source: WRI Community Survey

Navigating health treatment/behaviors

Broadly, community members noted improvements in the process of navigating care. Health care systems are implementing evidence-based processes that streamline care, such as having a central phone number to call for scheduling appointments, and calling patients to remind them to schedule appointments. Despite this, community members and stakeholders alike voiced some confusion about the process of getting health care, and emphasized that this confusion is much greater for some populations, including the underinsured and uninsured, and non-English speakers.

Navigating health treatment/behaviors (continued)

Examples of confusion include how to schedule appointments, how to know if insurance will cover a visit, and whether a patient needs a referral. Some of this stems from unclear communication with one provider about how to contact another provider, and other times patients do not know who to call to answer their questions.

"

"The underinsured and uninsured have a hard time navigating the health care system. Also, the insured patients may have a lack of understanding for how to navigate health care: what does their insurance cover? Where can they receive services for their needs?"

-Burlington County stakeholder

"Patients have difficulty navigating services on their own. People are instructed to follow-up with their PCP [Primary Care Provider] but are they asked if they have a PCP? Do they know what a PCP is?"

-Burlington County stakeholder

"There are people [patients] that are interested in their health, they [the patients] just don't know how to navigate it [the health care system]. Knowing that someone is in your corner can break that barrier."

-Camden County stakeholder

"Require more patient navigators, especially those that are culturally competent."

-Camden County stakeholder

"

CASE STUDY
TRYING TO ACCESS CARE IN
A DIGITAL WORLD

One focus group participant described calling on the phone to help a co-worker navigate the system because the coworker didn't know where to go to get care.

The participant shared that some people do not know how to use the internet, and some populations do not have access to the internet to look up available appointment times or information about where to get care.

ACCESS TO CARE

TRANSPORTATION

"
"Transportation is underdeveloped and the biggest problem."

-Burlington County stakeholder
"

Reliable transportation

Access to reliable transportation is important for people with chronic diseases. Research suggests that for individuals with limited economic resources, transportation to provider visits and pharmacies may be a significant barrier to care that can alter health outcomes[1]. Similarly, across the three counties, 2 in 5 community members reported that lack of transportation was an important barrier to care.

Despite this similarity, our survey data show apparent differences between counties. In Burlington County, for example, only 6% of community members usually get to the doctor in some way other than driving themselves, whereas 14% of community members in Camden County and 12% of community members in Gloucester County reported that they did not usually drive themselves to the doctor.

In addition, 33% of residents in Burlington and Gloucester counties, but only 23% of residents in Camden County, reported that public transportation was a resource missing from their communities. This difference likely reflects the wider availability of public transportation services in Camden County.

Transportation is an important need for vulnerable populations

Across the three counties, 11% of the population does not drive themselves to medical appointments. However, this percentage (and the corresponding need for transportation) varies with population. Here we report some population-specific transportation needs.

% INDIVIDUALS THAT DO NOT DRIVE THEMSELVES TO DOCTOR	
HOUSEHOLD INCOME < $50,000 = 27%	HOUSEHOLD INCOME > $100,000 = 3%
REPORTING "POOR" OR "FAIR" MENTAL HEALTH = 24%	REPORTING GOOD "VERY GOOD" OR "EXCELLENT" MENTAL HEALTH = 9%
DESCRIBE NEIGHBORHOOD AS A "POOR" OR "FAIR" PLACE TO LIVE = 18%	DESCRIBE NEIGHBORHOOD AS A "VERY GOOD" OR "EXCELLENT" PLACE TO LIVE= 7%

*Source: WRI Community Survey

At nearly every focus group, we heard from both residents and stakeholders about transportation challenges. Concerns centered around the reliability of existing transportation services and increasing the availability of that transportation. Community members were concerned both about public transportation services as well as state-funded transportation services.

Reliability

When transportation services existed, community members lamented the long wait times. Residents who rely on public transportation or other transportation services reported difficulty getting to medical appointments on time, or at all.

In focus groups, community members mentioned missing appointments and even surgery because they waited for rides that never showed up. Other participants cited cases of waiting for hours past expected arrival times of buses.

Availability

Even when transportation services specific to medical appointments existed, community members wanted an expansion of those services to include transportation to other types of events. For example, senior participants stated that while public transportation to medical appointments is available, more should be done to provide transportation to grocery stores and social activities.

In Camden City specifically, stakeholders explained that although community members could navigate transportation issues for their daily lives and regular health care, specialist visits required travel. Those without transportation, even if they have other forms of government assistance, are unable to travel to those appointments.

Availability (continued)

Across the counties, there was a recommendation to expand ride-sharing services. Stakeholders and community members spoke positively about the use of reimbursed ride-sharing services. Stakeholders mentioned working with hospitals to use Uber Health.

"

"I actually missed the appointment because the medical transportation came an hour late. I had an appointment for a specialist in Philly. They said they could take me there. The guy came 20 minutes before my appointment was due and I couldn't go to my appointment cause the hospital would say I was late and I would have to call and wait again."

-Burlington County community member

"I had to get surgery. They never showed up to pick me up. The next appointment they had to pick other people up. I reported them and will never ride with them again."

-Camden City resident

"We don't have a lot of physicians that want to practice in Camden City. Most residents travel out of the city to get physicians, and if they don't have mobility, transportation, that becomes an issue."

-Camden County stakeholder

"...City residents that don't have transportation would need help to leave Camden. What can we do? ...there are government programs, social welfare programs that might be able to cover this. If someone is on welfare or any benefits that would enable free transportation to areas just to get healthcare."

- Camden County representative

"

"

"Transportation is one of the top three challenges facing Burlington County. It is very difficult to move around the county if you don't have a car. There are some routes in the northern or the eastern parts of the county. But once you get beyond Mount Holly, there is nothing."

-Burlington County representative

"The bus comes almost every hour. If you want to go to Lowe's, you have to walk about a half-hour, and if you miss that bus, you have to wait an hour. There are only three buses here. Public transportation is awful. If you do catch the bus, you have to plan a day or two in advance and then plan your route. But if its spur of the moment, you have to wait an hour. "

-Burlington County community member

"...there are routes on the main road not many on the smaller roads. So, you do have to walk to the bus stop. It's more of a challenge in the rural communities."

-Gloucester County service provider

"

CASE STUDY ━━━━

NAVIGATING HARD TO REACH PUBLIC TRANSPORTATION

"With regard to transportation: I'm from Philly. When I moved to New Jersey I was shocked. You can't walk anywhere here. I couldn't walk down to Wawa because there's no sidewalk. Public transport is a mess, and even though there's a bus stop right near my house, I wouldn't even begin to know how to access it."

- Camden County social service provider

"

"The elderly/disabled have a bus that will pick them up and take them shopping at different local locations. There's also [...] which is another shuttle to help people get around. But you need a disability to utilize that."

-Gloucester County community member

"Uber Health has been huge....It beats out all other transportation options. It has helped a lot of patients."

-Gloucester County service provider

"We've been working at the hospital to use medical Uber and using some of the money allocated for transport and we're seeing no-shows drop."

-Gloucester County service provider

"

ACCESSING HEALTH CARE

✏️ PROVIDERS

Access to medical providers was not a top issue across all three counties, ranking 12th out of 17 possible barriers to care. And overall, residents reported that they most often went to a doctor or urgent care rather than a clinic for most medical care.

There were notable exceptions, however. Residents in all three counties reported a lack of specialists. Even when specialists are available, they are often far from the patient, which further disadvantages those without reliable transportation.

Overall, fewer Camden County residents than Burlington or Gloucester County residents travel outside their county for care.

Of those who do travel outside of their county for something other than primary care, the most common reasons were for specialist care and women's health.

Lack of speciality providers is a barrier to care

Pediatric services

Primary care providers

Medical specialists

► BURLINGTON
► CAMDEN
► GLOUCESTER

Women's health care services

*Source: WRI Community Survey

% Selecting as resource missing
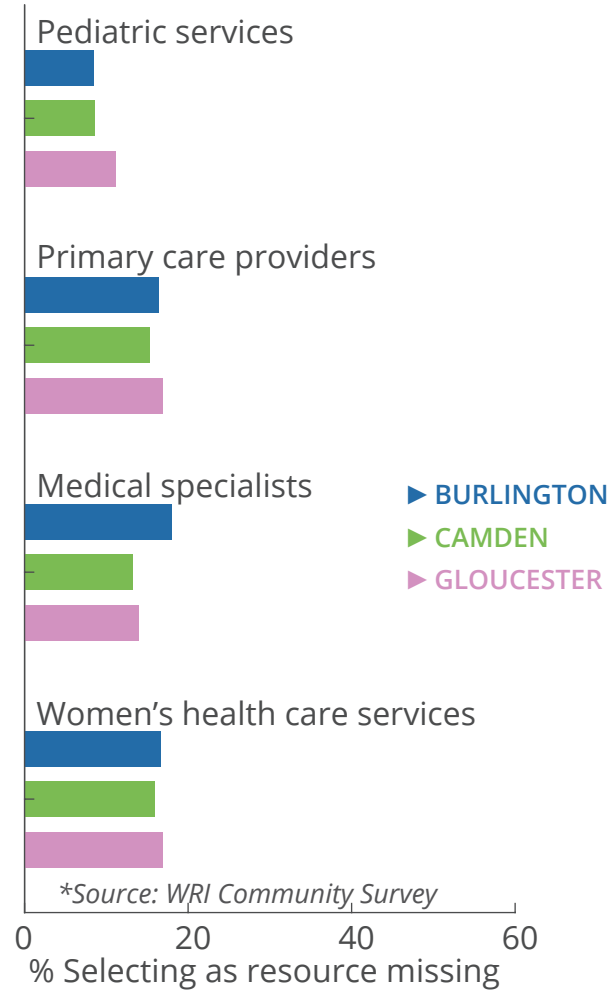
Relatively few residents travel outside the county for care

% TRAVEL OUTSIDE OF COUNTY FOR CARE:	
BURLINGTON	29%
CAMDEN	19%
GLOUCESTER	26%

*Source: WRI Community Survey

Where do you usually go for health care?

BURLINGTON   **CAMDEN**   **GLOUCESTER**
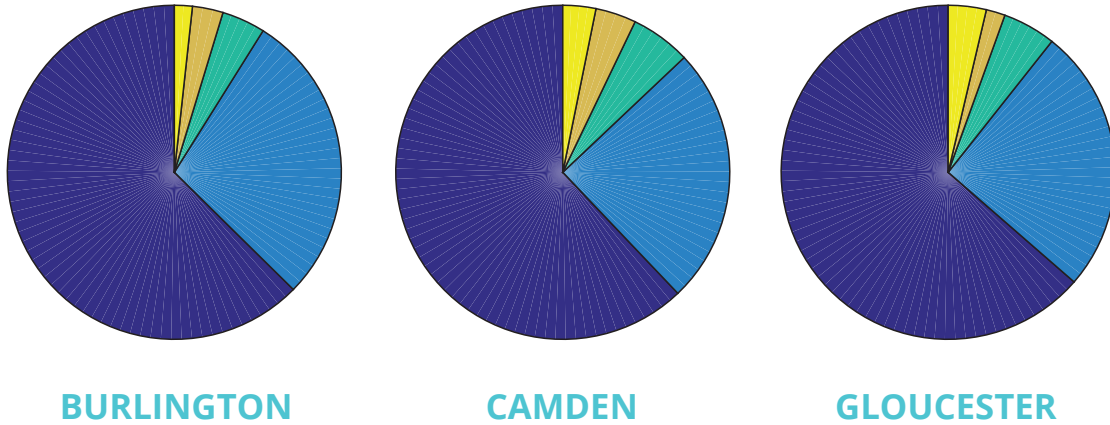
▶ DOCTOR'S OFFICE
▶ URGENT CARE
▶ HOSPITAL EMERGENCY ROOM
▶ CLINIC OR HEALTH CARE CENTER
▶ OTHER

*Source: WRI community survey

CASE STUDY
WHEN ACCESS TO CARE IS FAR FROM HOME

"We've had situations where we don't have specialists in Camden City, people have to go outside the city, and also that primary care physicians in the city are not enough to cover the entire city. So apart from the hospitals, people go to the emergency room, the frequent fliers, the rest of the citizens go out of the city to get good care. And if you don't have transportation, then it becomes an issue."

- Camden County representative

"

"You have to wait for referral and then wait to schedule and then wait three months to see the specialist."

-Camden County community member

"Primary doctor is fine, the next step of finding specialists is tough."

-Burlington County community resident
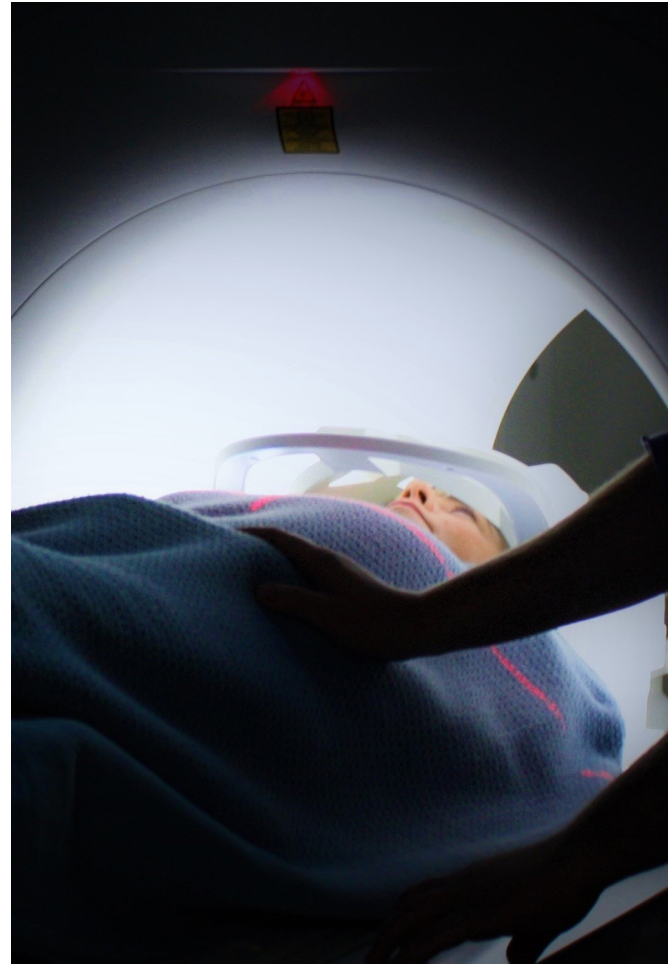
"Shortage of Neurologists. My nephew has a disease and he has to see a neurologist. There is no opening until October 2019. This is a condition that could be terminal. They did not recommend us to anywhere else."

-Burlington County community member in February 2019

"

General Recommendations

► Reduce wait times for appointments

► Provide appointment options outside of the Monday-Friday, 9 a.m.-5 p.m. window

► Culturally competent patient navigators to assist with health care and insurance systems

► Patient ambassadors or community members to help provide social support and encouragement; act as a "health coach"

► Translation services for those whose primary language is not English

► Resources for low cost medical care

► Resources for low cost prescription drugs

► Resources for low cost dental care

► Increase access to reliable transportation options (e.g. Uber Health, similar models)

EXISTING RESOURCES

THIS IS A SAMPLE OF EXISTING PROGRAMS AND ORGANIZATIONS THAT MAY BE LEVERAGED TO ADDRESS THE NEEDS SURROUNDING ACCESSING HEALTH CARE.

- **CAMDEN COALITION OF HEALTHCARE PROVIDERS**
- **HEALTH INFORMATION EXCHANGE**
- **MY RESOURCE PAL**
- **COOPER ADVANCED CARE CENTER**
- **COUNTY HEALTH DEPARTMENTS**
- **FAITH-BASED ORGANIZATIONS**

- **JEFFERSON'S HOUSE CALLS PROGRAM**
- **LOURDES' POPULATION HEALTH PROGRAM**
- **SOUTH JERSEY HEALTH COLLABORATIVE'S 7-DAY PLEDGE**
- **URGENT CARE CENTERS**

CITATION

1. Locatelli, S. M., Sharp, L. K., Syed, S. T., Bhansari, S., & Gerber, B. S. (2017). Measuring health-related transportation barriers in urban settings. *Journal of Applied Measurement*, 18(2), 178–193.

AREA OF NEED 3 COMMUNICATION AND RELATIONSHIPS

In focus groups, interviews, and surveys, community members reported that communication around health care was a barrier to care. Rushed or unclear communication between patients and providers left community members feeling uncertain about their diagnoses and treatment plans. Community members and stakeholders alike worried that stigma associated with identity or diagnoses impacted effective communication between patients and providers.

Stakeholders worried that poor communication between agencies resulted in duplicate services and kept patients from receiving available services. Community members and stakeholders mentioned a need for better communication between health systems and the public. In many cases, despite active promotion by health systems, Community members were not aware of programs and services provided by the health systems.

Finally, community members and stakeholders mentioned the need to have population-specific communications strategies. Discussion surrounding these themes provided a nuanced view: community members and stakeholders alike recognized the challenges.

"

"We put info out, but I don't know if people are reading it....
We could do more public relations and more outreach....
Looking at what best practices are and where could get the most reach,
which really could benefit the community....You're still going to have
people who read the newspaper and only use the internet sparingly;
you're going to have to use all outlets not just social media.
Need multi-faceted media, need to think innovatively about how
to get info out, and we struggle with that in Gloucester County.

-Gloucester County stakeholder

"

COMMUNICATION AND RELATIONSHIPS

COMMUNICATION BETWEEN HEALTH SYSTEMS AND PATIENTS

The communication needs between health systems and patients took several forms. Community members often did not know about existing programs. Survey participants read through a list of 15 hospital network programs and selected every program they had heard of.

On average, participants had heard of just 2.6 of the 15 programs on the list (APPENDICES I-J). Camden County residents had heard of significantly more programs than Burlington County or Gloucester County residents (2.8 in Camden County, 2.4 in Burlington County, and 2.5 in Gloucester County). Still, this means that even in Camden County, participants could only identify hearing about 1 in 5 programs designed to serve residents. The program with the most name recognition, The MD Anderson Cancer Center at Cooper, was recognized by about one-third of residents.

Thus, there is in some cases a disconnect between programs available to community members and the community members' awareness of those programs.

This disconnect was also clear in key stakeholder interviews and focus groups, where it was established that programs exist that are not utilized by the community because community members are unaware of the programs.

Top six most recognized programs

MD Anderson Cancer Center (Cooper)

Ripa Center for Women (Cooper)

Virtua Mobile Farmers' Market

Sidney Kimmel Cancer Center (Jefferson)

Virtua Mobile Mammography

Bariatric Surgery (Jefferson)

% Heard of program
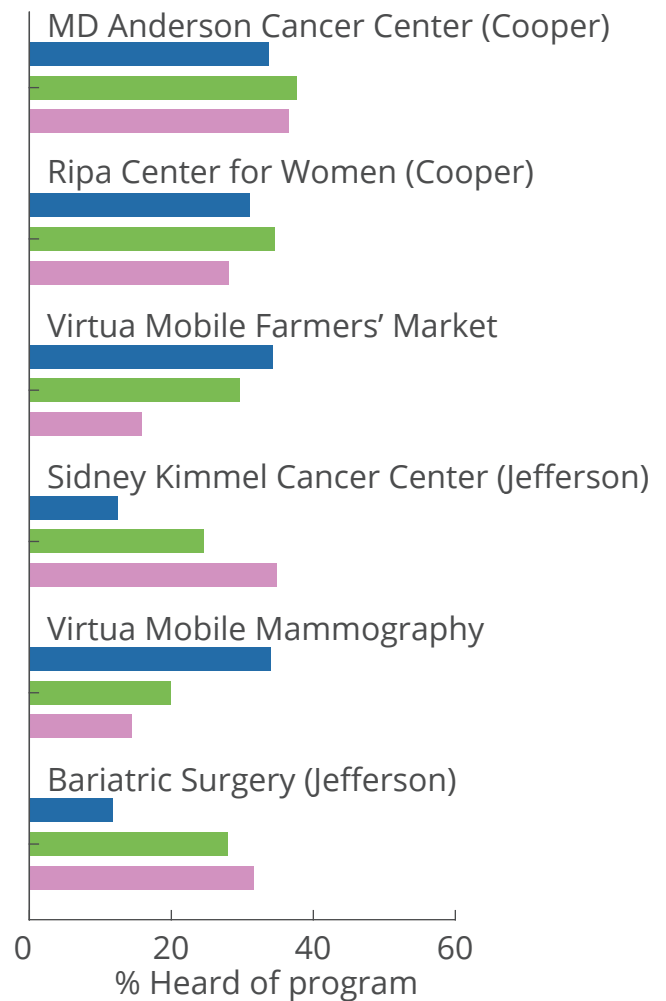
We have abbreviated some program names due to space constraints. Full names are in the survey appendix.

Source: WRI Community Survey

▶ BURLINGTON
▶ CAMDEN
▶ GLOUCESTER

Other communication needs

Other communication needs centered around health literacy. For example, stakeholders mentioned that some patients lack information about managing chronic health conditions.

Another compelling example comes from the survey. Although nearly three-quarters of community participants reported getting their flu shot this year, the most common reasons for not getting the flu shot highlighted a lack of health literacy. Of those who did not get the flu vaccine, about 1 in 3 cited a belief that they would not get the flu. Another 1 in 7 believed the flu shot would make them sick, and another 1 in 9 believed that vaccines do more harm than good.

These beliefs varied by county.

	BURLINGTON	CAMDEN	GLOUCESTER
% RECEIVED FLU VACCINE	**77%**	**76%**	**67%**
% OF THOSE NOT RECEIVING FLU VACCINE WHO BELIEVE:			
THAT THEY WILL NOT GET THE FLU	26%	23%	42%
THAT THE FLU VACCINE WILL MAKE THEM SICK	12%	16%	14%
THAT VACCINES DO MORE HARM THAN GOOD	17%	8%	7%

*Source: WRI Community Survey
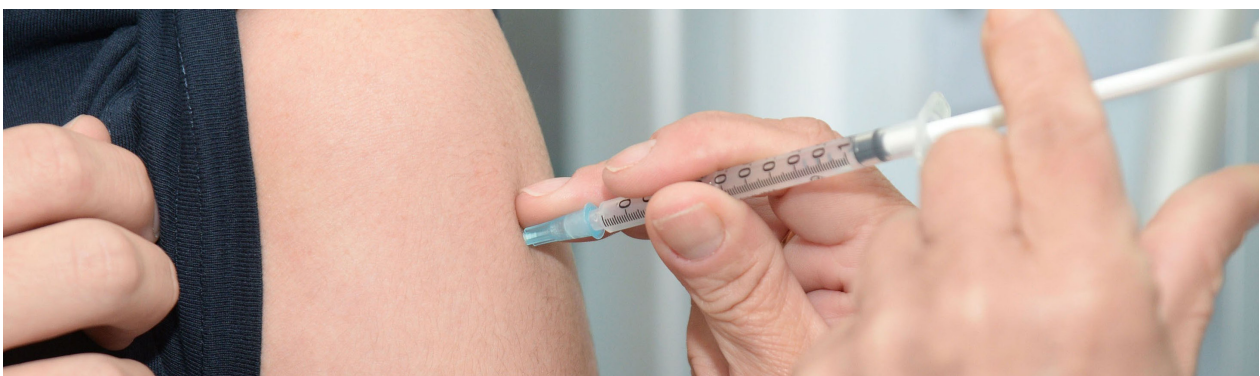
COMMUNICATION AND RELATIONSHIPS

COMMUNICATION BETWEEN AGENCIES

In focus groups, stakeholders discussed ways that patients' health could be improved with more effective communication and collaboration between agencies.

"

"I think people/agencies working in Camden care a lot about their clients, it's just about the communication between agencies. The problems are not insurmountable but sometimes we've seen people throw their hands up and say they're overwhelmed."

-Camden City stakeholder

"Partnership and connecting to other agencies...we exhausted our funding on housing and so the team needed to come together to see what we could do next year. I had to start physically going out to other sites where we were getting referrals and sitting in the ER with people rather than calling. We should all be able to call one another."

-Camden County stakeholder

"

Sharing cost and services between provider organizations

Stakeholders mentioned that some services are needed infrequently and thus are too expensive for one organization to maintain. However, if the cost of services could be shared among agencies, it would be more affordable.

Stakeholders worried that there were too many duplicate services, and that if redundant services could be eliminated, the savings could be directed to filling service gaps.

CASE STUDY
MAKING MULTIPLE STOPS FOR CARE

"You can't just go and get tested for lead, it's a whole process. You need to go to a different facility, have to pay for parking, and need to generally jump through hoops. Places don't keep the proper tools, I went to one place and they didn't have the proper needle to test my baby. Lots of people would give up after going to an appointment and being told that you can't actually be helped right now. A systemic push needs to happen for "one stop shops" where people can get everything they need rather than run all over town trying to get what they need."

- Gloucester County stakeholder

Communication about existing shared services between providers

In some cases, stakeholders mentioned frustration that shared services exist, but that key providers are unaware of the shared services. Stakeholders worried that patients missed available services because agencies were unaware of the best places to refer patients.

> "We are really working on collaboration. Partnership, collaboration, accountability are the main pillars of our organization. Partners don't always collaborate but we try to do the best we can at [...]. Robins' Nest is great, Center for Family Services is good as well, smaller partners do in home or in the office counseling. We pay for a website for everyone in the area to put their information up on so it can be more visible."

-Gloucester County stakeholder

Data sharing between agencies, providers and community

Stakeholders mentioned frustration at repeating paperwork between agencies. Time is wasted for both patients and stakeholders when documentation and paperwork are required repeatedly. Even in cases where medical organizations are sharing data, that often does not transfer to social service agencies. Stakeholders expressed a desire for a central location for paperwork and patient data.

> "Wasted duplication of effort across different electronic systems. What really needs to happen is an integrative system for providers to communicate better with each other."

-Gloucester County stakeholder

"

"We should utilize the technology to break down the silos between different service providers. We need to break down data sharing barriers between social service agencies and medical providers so that patient records like for a person who may be homeless can be shared across services."

-Camden city stakeholder

"

Communication about patients between providers

Stakeholders emphasized the value of work linkage meetings in Camden, but felt that these meetings were not as effective in Burlington and Gloucester Counties. Other stakeholders emphasized the importance of organizing patient care activities and sharing information among all relevant stakeholders about a patient's care to achieve a better level of care.

Communication between providers and community organizations

Stakeholders and community members alike mentioned the need for collaboration between clinical care providers, county health departments, social service providers, schools, faith-based groups, and other local groups.

These organizations are all concerned for the well-being of the same community members. Specifically, stakeholders recommended including faith-based organizations in public health work and in communicating to the public. As another example, substance abuse prevention work is hampered by lack of communication between agencies administering Narcan. When law enforcement administers Narcan, there is a record, but those records are not integrated with others who administer Narcan, such as EMS or hospital personnel.

Stakeholders from Gloucester County mentioned the desire for better relationships with hospitals and schools to manage care, so that individuals with behavioral health challenges are not immediately sent to the Crisis Unit.

"

"Intraprofessional collaboration association as an idea to help. Even if we did it once a year that might be nice. We bump into one another and we care for the same people, but without events like this focus group, we don't really know one another."

-Camden County representative

"

COMMUNICATION AND RELATIONSHIPS

COMMUNICATION BETWEEN PATIENTS AND PROVIDERS

Community members discussed issues with communication between providers and patients in several broad categories.

Rushed and unclear communication

Community members explained that sometimes providers use jargon that the patients cannot understand. Patients reported leaving without understanding their diagnosis or treatment plan because they felt uncomfortable asking questions. Other community members reported that their providers did not really hear their health concerns, particularly women's health concerns.

Providers seemed aware of this problem, but felt unable to spend more time with patients because of the unrelenting time pressures they face. Some providers noted that they are now expected not just to be doctors that address physical symptoms, but also social service providers.

Other providers lamented that they did not have more resources to address the upstream determinants of health, noting their treatment for a physical health issue was unlikely to be helpful when the life circumstances that contributed to the physical health issue in the first place remained unchanged. Stakeholders worried that face time with patients was insufficient for patients to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

"

"I had diabetes. And when I [went to Hospital in Atlantic County they] sent a nutritionist around to explain. But when I went in Camden County no one explained anything. They gave me a pamphlet. It was scary until I could understand how to control [my diabetes] through health, exercise, and changing my diet."

-Camden County community member

"General sense is that the medical professionals in the area do not treat their patients with enough respect or engage with them in meaningful ways about their health. Assembly line mentality. Lots of stories about not having calls returned."

-Gloucester County community member

"They don't listen! When I try to advocate and talk about my son's health issues, doctors see me as a wrench in their plan."

-Gloucester County community member

"
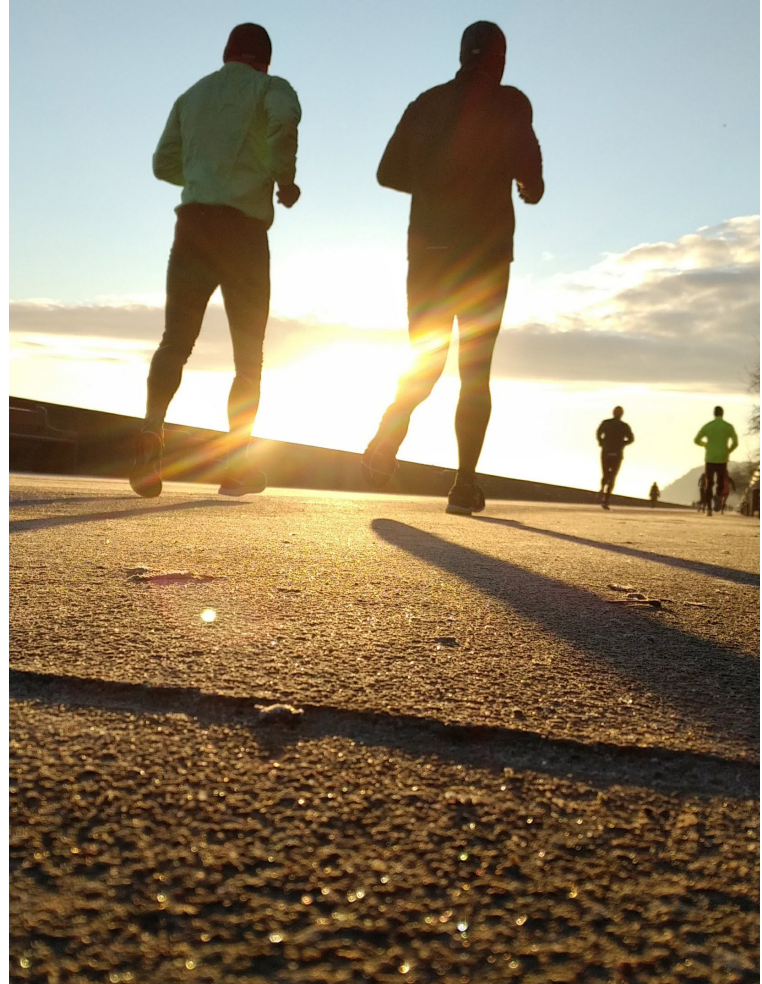
Language

Spanish speakers in all counties discussed challenges for the Hispanic and/or immigrant population. Specifically, community members reported that they and their family members do not go to the doctor because they cannot communicate with the health care staff. Even when translation services are available in theory, it takes so long that community members do not utilize the services and may delay or avoid getting care.

Community members may wait until a bilingual family member or friend is available to go to a health care appointment with them, and in some cases friends may charge for these services. Community members reported being told that they were responsible for providing their own translator. Focus group participants also mentioned a need for more culturally-sensitive service providers. In many cases, therapists and support groups are not available in languages other than English.

In addition, discharge instructions are often only in English. Some community members mentioned shortages in bilingual providers: even when funding is available to hire them, no bilingual therapists are available.

"

"Language and language barriers. You go on a website, and you get English. Organizations don't offer other languages. When dealing with a provider, it is much more beneficial to communicate with someone who can translate directly, rather than using a phone app. This helps improve the patient/doctor relationship too."

-Burlington County stakeholder

"Second-hand translation is detrimental to quality of care, as it causes delays in treatment, is less personal, and things are lost in translation. People shouldn't have to bring someone with them to translate all the time. People are being turned away from clinics/services because they don't have someone to translate for them."

-representative from Burlington County

"

Stigma and trust

Some community members reported feeling objectified by their providers, as though providers treated them as less than human. Some patients felt their providers looked at them differently, or in some cases did not take their health concerns seriously because of some aspect of their identity, such as their housing status, ethnic background, gender, or sexual orientation.

This type of communication erodes trust between patients and their providers. Patients felt that this stigma and distrust prevented them from adequately communicating their health concerns. Community members noted that this stigma was particularly strong for behavioral health, and that community members will not seek treatment until that stigma goes away.

Community members also mentioned that distrust of providers affected their willingness to ask for help. Several participants mentioned that they worried that if they discussed their health challenges, their children or benefits might get taken away.

"

"Others might not feel comfortable going in to see the doctor or speaking up about not understanding what the doctor is saying because of shame. Nobody wants to feel stupid but doctors will tell you a bunch of stuff without breaking it down for you."

-Camden City community member

"Stigma around the diagnosis of mental health conditions is an obstacle for proper provider care. Some providers don't treat mental health disorders/diseases with the same respect that they would treat any other condition. Enhancing the resources for mental health is key."

-Camden County community member

"

Population-specific communication strategies

Community members mentioned the need to develop communication strategies that were effective for different populations. For example, in addition to Spanish translation services, community members asked for services for those who are hearing- and vision- impaired.

In addition, community members asked for cultural competency geared at different populations among providers. Such

competency would help build trust, and also address information gaps.

Stakeholders and community members noted that since not all populations have the same health behaviors and beliefs, messaging for particular populations could be helpful. Participants noted that the definition of population is broader than race and language.

"

"Different people feel differently about food and exercise. There are vastly different levels of baseline knowledge across patients."

-Burlington County stakeholder

"Elderly populations need to have resources marketed towards them differently than just using social media and the internet and email."

-representative from Burlington County

"They might not go back because of a bad experience and feel they could be treated better some other way."

-Camden County community member

"

CASE STUDY

CREATING AWARENESS AND SPACE FOR CULTURAL DIFFERENCES

"Culture and health are different, there are disparities along racial lines. Health looks different and the way the populations look at health is different as well. We need to educate more African Americans about health behaviors. Breastfeeding was a big thing that we realized there just wasn't enough education on it so people weren't doing this thing that is so healthy for them and their baby."

- Gloucester County stakeholder

General Recommendations

▶ Clearer communication by providers to patients; speak in simple, jargon-free language

▶ Increase health literacy programs for providers and education for patients

▶ Assist patients in obtaining and processing information regarding their health care

▶ Ensure language/cultural competency for providers

▶ Assist in fostering more support with populations who need these services

▶ Improve coordination of care

▶ Organize patient care activities and share patient information with relevant stakeholders

▶ Enhance and share data about clients utilizing multiple systems (avoid service duplication)

▶ Central location for paperwork and patient data

▶ Improve communication across agencies about programs, resources, and other information

▶ Use multiple methods to notify patients and share information about health and programming with community members (e.g., social media, TV ads)

▶ Tailor health-related messaging for different communities; messaging should be culturally appropriate

▶ Utilize community liaisons to help educate individuals and break down stigmas (e.g., around cancer, mental health, and substance use)

▶ Raise awareness of social determinants of health

▶ Reduce the stigma around the opioid epidemic

▶ Reduce the stigma around seeking help for mental health

EXISTING RESOURCES
THIS IS A SAMPLE OF EXISTING PROGRAMS AND ORGANIZATIONS THAT MAY BE LEVERAGED TO ADDRESS THE NEEDS SURROUNDING COMMUNICATIONS AND RELATIONSHIPS

- **COOPER ADVANCED CARE CENTER**
- **COUNTY HEALTH DEPARTMENTS**
- **MEDICAL PROFESSIONALS (E.G. DOCTORS, NURSES, ALLIED HEALTH PROFESSIONALS)**
- **FAITH-BASED ORGANIZATIONS**
- **FAMILY SUCCESS CENTERS**

- **JEFFERSON'S HOUSE CALLS PROGRAM**
- **LIBRARIES**
- **STRONG RELATIONSHIPS AND COLLABORATIONS WITH COMMUNITY PARTNERS**
- **SOUTH JERSEY HEALTH COLLABORATIVE**

AREA OF NEED 4 OBESITY

"

"Chronic disease is still the most expensive and common killer; chronic disease isn't sexy and it's not in the headlines."

-Burlington County Stakeholder

"Obesity, people know that they need to eat well but they don't want to, or it's too much money."

-Gloucester County stakeholder

"

Community members ranked **obesity** as a top health issue in their communities. When asked to identify health issues facing their communities, over 1/3 of all responses were directly related to obesity, the causes of obesity, and the chronic diseases that are associated with obesity. Across the three counties, just over half of community members identified adult obesity as an issue facing their community. Community members selected as important health issues both the causes of obesity and its consequences.

For example, high numbers selected both "too much unhealthy food" and "lack of access to healthy food" as important health care issues. Community members were concerned about the health consequences of obesity, for themselves as well as for the community, and selected chronic conditions such as high blood pressure, cancer, diabetes, and heart

diseases with high frequency. Nationally, obesity is also a concern, with health care costs and mortality related to obesity rapidly overcoming tobacco-related costs and mortality. Since 2000, the adult obesity rate in New Jersey has increased by over 60 percent[1]. This period has also seen an increase in the burden of obesity-related diseases such as diabetes, hypertension, and heart disease.

Projections for the chronic disease burden related to obesity are dire, with an expected four-fold increase in the number of heart disease cases within the next 20 years[2]. Even more troubling is the fact that obesity and related chronic health conditions occur at higher rates in Burlington, Camden, and Gloucester counties than they do in the rest of the state.

Which of the following chronic health conditions … do you have or are at-risk for?

High blood pressure

Overweight / obesity

High cholesterol

Diabetes

Cancer

► BURLINGTON
► CAMDEN
► GLOUCESTER

Heart disease

% Selecting as issue affecting them personally
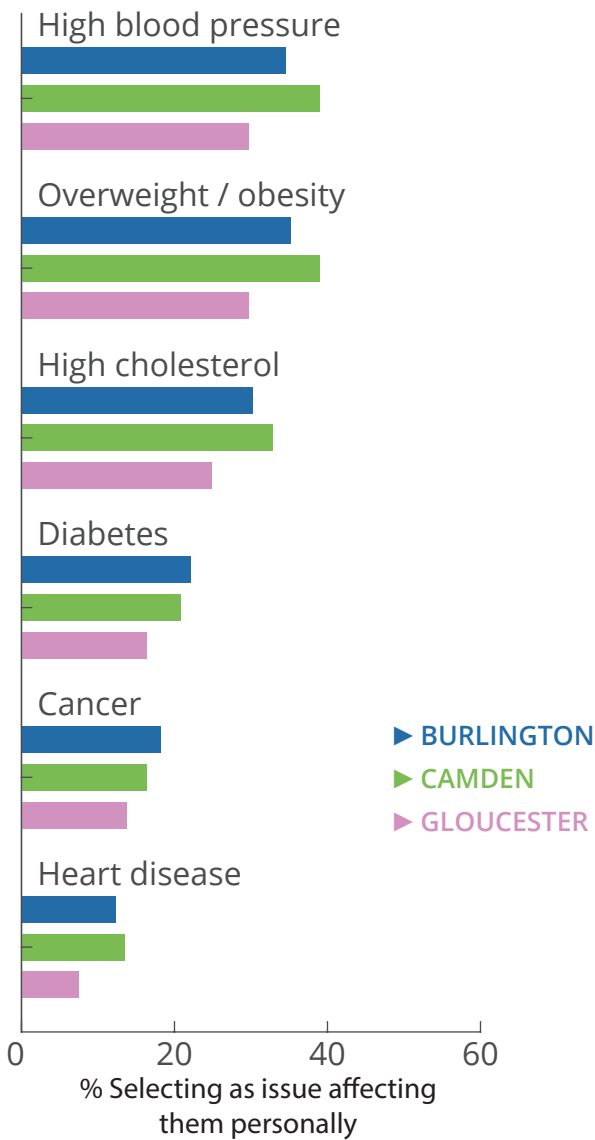
*Source: WRI Community Survey

Many residents are concerned about obesity and related chronic health conditions.

Adult overweight / obesity

Too much unhealthy food

High blood pressure

Cancer

Diabetes

Childhood obesity

Heart disease

Lack of healthy food

% Selecting as health issue facing community
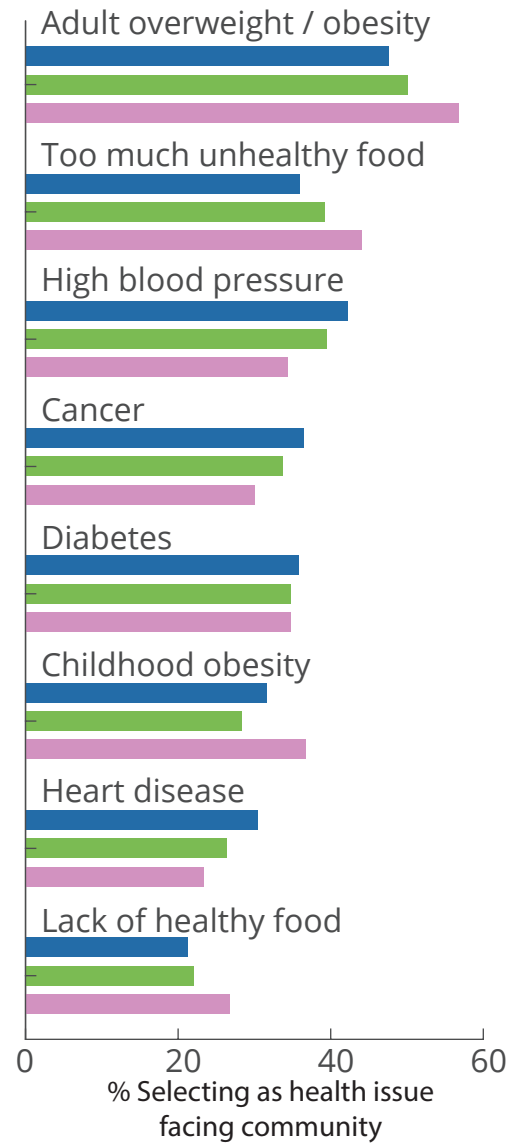
*Source: WRI Community Survey

OBESITY

WHY? DIET AND FOOD

"

"Chronic diseases are always going to come up as an issue, for the fact that we have limited exercisers, a slew of fast food restaurants....
Diabetes, cancer, heart disease, stroke, obesity.
Those are all going to come up [as issues]."

-Gloucester County stakeholder

"

Unhealthy diet contributes to obesity. Across the three counties, 39% of participants report that "Too Much Unhealthy Food" is an issue in their community. Across the three counties, 19% reported that they had ever worried that food would run out. This means that more than twice as many residents worry about too much unhealthy food as worry about having enough food.

Still, some groups worry much more about food running out. We found that the following groups were significantly more likely to worry that food would run out: those with higher ACEs scores, low-income individuals, those who rated their neighborhood as a poor place to live, and those who had poorer mental health. We did not find that a relationship between race and worry about food.

% worried that food would run out before they could afford to buy more

DID NOT HAVE CHILDHOOD TRAUMA = 12%	HAD CHILDHOOD TRAUMA = 25%
HIGH INCOME = 3%	LOW INCOME = 44%
GOOD MENTAL HEALTH = 15%	POOR MENTAL HEALTH = 39%
NEIGHBORHOOD GOOD = 11%	NEIGHBORHOOD NOT GOOD = 32%

*Source: WRI Community Survey

Time is the biggest obstacle to cooking at home

In addition, cost of a healthy diet remained an important topic of conversation. Individuals mentioned that it costs more to eat healthy than unhealthy food.

One resident of Camden County said: "You can get a burger for $1, but a salad for $7. It's ridiculous." And another resident stated that she is "spending $300 a month on food at the Price Right. The produce kills me...." Still others noted that while it is possible to eat healthy food on a budget, some people might not know how to find inexpensive options.

People who make their own meals at home are less likely to be obese, so we asked participants what prevented them from cooking at home. Across the three counties, half of residents reported that nothing prevented them from cooking at home. But of those that found it difficult to prepare meals at home, about three-quarters said time was an obstacle. Relatively few community members reported that a lack of knowledge about how to cook or access to food prevented them from cooking. This data suggests that interventions surrounding preparing food should be targeted at preparation of quick and healthy meals.

Don't have time to cook meals

Buying out works better for

► BURLINGTON
► CAMDEN
► GLOUCESTER

Other

Lack of access to the ingredients

Don't feel comfortable cooking

Source: WRI Community Survey

0   20   40   60   80   100

% Selecting
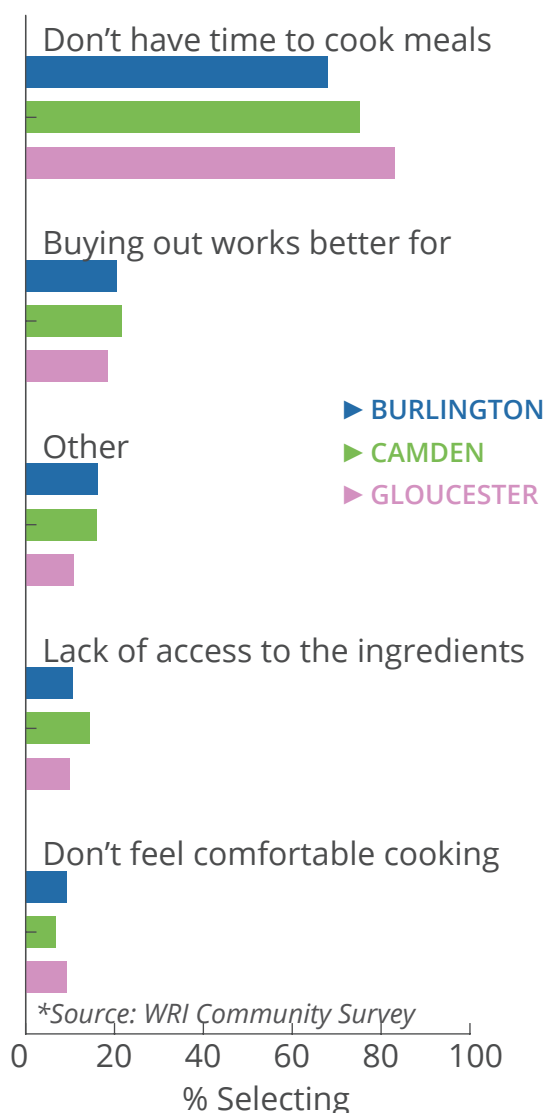
Why don't people eat a healthy diet?

► No time to cook

► No time to buy healthy food

► Healthy food costs too much

► It's hard to access healthy food (transportation)

► Healthy food doesn't taste as good

CASE STUDY
NO TIME TO EAT HEALTHY MEALS

"The barrier to eating healthy is time. As an example, I'm a full-time working mom. I have activities for my kids, running my kids here and there then there's homework, projects, and activities on the weekends. When do I have time to just stop and think? There is no time for meal prep; it looks so easy and then it's like oh, I have to think about what I'm doing. I got a coupon, I gotta [sic] go to the store; am I doing it online or am I doing it in person? For me, it's … time and … attention on how to do it."

- Gloucester County service provider

On average, proximity to a grocery store makes diet better

Interestingly, we found that the quality of community members' overall diet was related to the location of the nearest grocery store.

Community participants who reported an "excellent" diet lived an average of 2.5 miles from the nearest grocery store, whereas participants who reported a "poor" diet lived an average of 4.1 miles from the nearest grocery store.

Distance to grocery store could hurt diet because of the time it takes to get to the grocery store. In addition, many community members get to the grocery store in some other way than driving their own car.

p < 0.01

Source: WRI Community Survey

Average distance to nearest grocer (miles) vs **Overall diet** (Poor, Fair, Good, Very good, Excellent)
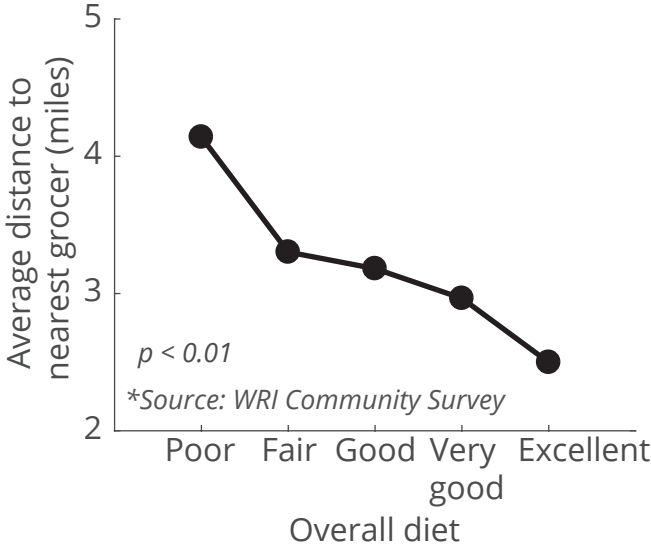
A Camden County stakeholder summed it up: "all areas are food deserts if you don't have a car."

MANY RESIDENTS DO NOT DRIVE THEMSELVES TO DO SHOPPING	
BURLINGTON	1 IN 8
CAMDEN	1 IN 3
GLOUCESTER	1 IN 4

*Source: WRI Community Survey

"

"Transportation is an issue. Personally, I don't have a car and no one else had a car. So there are grocery stores there but they are not on the bus route. It's inconvenient to walk with groceries. Every month, we would pay extra to get it brought to our house. They make you pay."

-Camden County resident

"The issues with nutrition are not the absence of healthy food, but the junk food is cheaper."

-Burlington County stakeholder

"It could be the thought of it costing more money. I think giving people the option of it doesn't cost that much if you buy frozen vegetables or fruit. Going to an Aldi or a corner store that might have a deal on fruits and vegetables. I think people are limited on time…"

-Gloucester County stakeholder

"

OBESITY

✎ WHY? EXERCISE AND LIFESTYLE

In addition to diet, other behaviors and elements of lifestyle affect obesity. Examples include exercise, sleep, stress, and screen time. We examined the relationship between these variables and obesity and other health indicators. We found similar patterns across the three counties: those who exercise less, sleep less, stress more, and use screens (e.g. phone, tablet) more are more likely to be obese and exhibit other negative health outcomes. Unless otherwise noted, the groups in the boxes are compared by frequency: "every day" and "most days" are in one group, and "never" or "once or twice" are in another group.

	BARRIERS RELATED TO TIME

EXERCISE	• **1 IN 5 DID NOT EXERCISE EVEN ONCE IN THE PREVIOUS SEVEN DAYS**
	• **MORE EXERCISE GROUP: 19% OVERWEIGHT**
	• **LESS EXERCISE GROUP: 46% OVERWEIGHT**
	• **MORE EXERCISE GROUP: SIGNIFICANTLY MORE LIKELY TO REPORT**
	    * **BETTER OVERALL PHYSICAL AND MENTAL HEALTH**
	    * **BETTER OVERALL DIET**
	    * **LESS LIKELY TO EAT FAST FOOD**
	    * **FEWER CHRONIC HEALTH ISSUES**

STRESS	• **1 IN 3 IS STRESSED OUT EVERY DAY OR MOST DAYS**
	• **MORE STRESS GROUP: 45% OVERWEIGHT**
	• **LESS STRESS GROUP: 30% OVERWEIGHT**
	• **MORE STRESS GROUP: SIGNIFICANTLY MORE LIKELY TO REPORT**
	    * **WORSE OVERALL PHYSICAL AND MENTAL HEALTH**
	    * **WORSE OVERALL DIET**
	    * **MORE LIKELY TO SMOKE**
	    * **MORE CHRONIC HEALTH ISSUES**

SCREEN TIME	• **2 IN 7 REPORTS TOO MUCH SCREEN TIME EVERY DAY OR MOST DAYS**
	• **MORE SCREEN TIME GROUP: 45% OVERWEIGHT**
	• **LESS SCREEN TIME GROUP: 27% OVERWEIGHT**
	• **MORE SCREEN TIME GROUP: SIGNIFICANTLY MORE LIKELY TO REPORT**
	    * **WORSE OVERALL MENTAL HEALTH**
	    * **MORE LIKELY TO FEEL ISOLATED**
	    * **WORSE OVERALL DIET**
	    * **MORE LIKELY TO EAT FAST FOOD**
	    * **MORE CHRONIC HEALTH ISSUES**

SLEEP	• **1 IN 2 GETS ENOUGH SLEEP EVERY DAY OR MOST DAYS**
	• **ENOUGH SLEEP GROUP: 30% OVERWEIGHT**
	• **LESS SLEEP GROUP: 45% OVERWEIGHT**
	• **MORE SLEEP GROUP: SIGNIFICANTLY MORE LIKELY TO REPORT:**
	    * **BETTER OVERALL PHYSICAL HEALTH**
	    * **BETTER OVERALL DIET AND LESS LIKELY TO EAT FAST FOOD**
	    * **FEWER CHRONIC HEALTH ISSUES**

*Source: WRI Community Survey

OBESITY

✏ WHY? NEIGHBORHOOD CHARACTERISTICS

A neighborhood's characteristics can influence obesity rates. For example, if a neighborhood is unsafe, residents may be less likely to spend time outside and may then be less likely to exercise and travel to grocery stores. If a neighborhood does not have sources of fruits and vegetables, residents may be less likely to buy healthy foods.

Neighborhood quality predicts obesity

To examine the relationship between neighborhood quality and obesity, we measured participants' reports of their neighborhoods as places to live, as places to connect with others, as places to walk, and as places to buy fruits and vegetables. We also asked participants about different dangerous activities that might have seen in their neighborhoods, such as shootings, stabbings, gang activity, and illegal drug use. We then used the number of these activities as a measure of neighborhood safety (or lack thereof).

Next, we divided responses into "good" and "poor" neighborhood groups by putting ratings of "excellent" and "very good" into the "good" neighborhood group and ratings of "poor" and "fair" into the "poor" neighborhood group.

Finally, we compared the obesity rates in each group to the overall obesity rate. For example, in the bottom set of bars, those that rated their neighborhood as a good place to walk and exercise had obesity rates 6% lower than than the population as a whole, while those who rated their neighborhood as a poor place to exercise had obesity rates 10% higher than the population as a whole.

Neighborhood is **good** place to ...   Neighborhood is **poor** place to ...

be safe

get fruits and vegetables

live

connect with others

walk and exercise

15 10 5 0 5 10 15
Group obesity incidence relative to average obesity
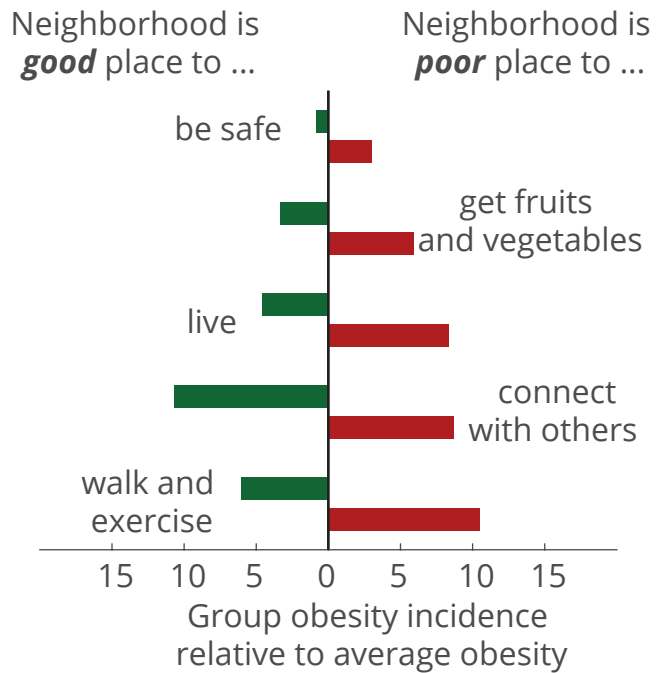
Source: WRI Community Survey

► HIGHER OBESITY THAN AVERAGE
► LOWER OBESITY THAN AVERAGE

It is clear that neighborhood quality is related to obesity. Those who rate their neighborhoods as poor have higher (red) obesity rates than the average, while those who rate their neighborhoods as good have lower (green) obesity rates than average.

"

"[We need] more grocery stores like Wegmans and Whole Foods, but less expensive. Walgreens and Family Dollar are within walking distance, but they don't have all the kinds of fresh food we need. In my town, we just had low income housing built, but I don't know if they thought about where those people can get their food, especially healthy food."

-Burlington County Resident

"Supermarkets are priced higher in lower income areas than higher SES [Socioeconomic Status] areas because they have a monopoly on the market; forcing families to buy cheaper and more accessible McDonald's."

-community member from Burlington County

"Despite the great farms, there's a lack of accessibility to healthy foods."

-Burlington County service provider

"Existing farmer's markets are not reachable by public transportation."

-Burlington County service provider

"Transportation is an issue also because not everybody has a car and even if you do, that gets expensive. It's not just gas, it's car insurance and AAA (American Automobile Association) and all the extras. So they might sacrifice their vegetable intake to save money by not driving to a grocery store further away."

-Burlington County service provider

"

OBESITY

POPULATION HEALTH: SOCIAL DETERMINANTS OF HEALTH

Social determinants of health influence risk factors for obesity. Here we report on findings that **household income** and **childhood trauma** are both related to quality of diet.

Household income

To examine the relationship between income and diet, we took each of the 12 household income brackets (from <$10,000 to $150,000+). We then averaged the quality of diet for all participants within each income bracket.

The color map goes from Red ('poor diet') to Green ('excellent diet'). Each rectangle

represents the average diet for all community members in that income range. As income increases, color transitions from dark orange to green, indicating the diet improves as income increases. This correlation between income and diet was moderate but highly significant ($r = 0.25$, $p<0.00001$).

Color in each box represents the average quality of diet
of individuals in that income bracket

Household income
< $10,000 per year

Household income
> $150,000 per year

Overal diet is represented by color

'Poor'
diet

'Excellent'
diet

Source: WRI Community Survey

Childhood trauma

Past research has shown that traumatic experiences in childhood can linger through adulthood. Survey participants answered questions about ten types of childhood

trauma (Adverse Childhood Experiences, or ACEs), and received a score from 0 - 10 reflecting the number of these traumatic experiences.

Childhood trauma (continued)

In our survey, we found a strong relationship between childhood traumatic experience and overall diet in adults. On average, adults with poor diet reported having 2.6 times as many traumatic events in childhood as adults who reported having an excellent diet.

$p < 0.0001$
*Source: WRI Community Survey
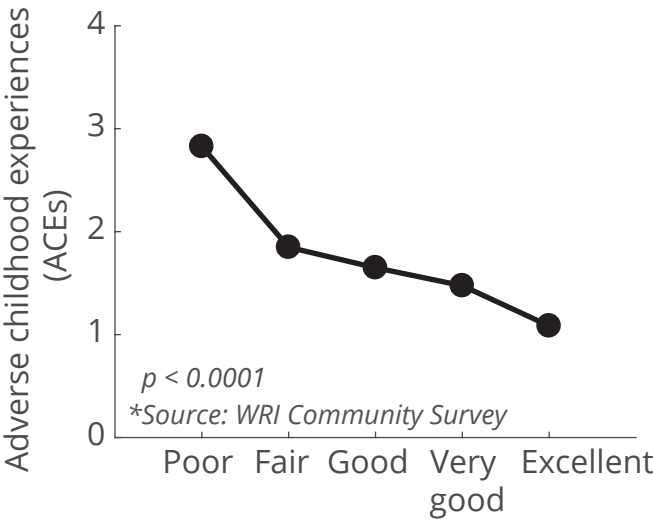
General Recommendations

► Educate the public on the importance of eating healthy food

► Provide assistance so individuals can avoid unhealthy food options

► Schools or other organizations should consider offering classes on healthy cooking and eating to children and families

EXISTING RESOURCES
THIS IS A SAMPLE OF EXISTING PROGRAMS AND ORGANIZATIONS THAT MAY BE LEVERAGED TO ADDRESS THE OBESITY NEEDS OUTLINED IN THIS SECTION

- COOPER ADVANCED CARE CENTER
- COUNTY HEALTH DEPARTMENTS
- FAITH-BASED ORGANIZATIONS
- FOOD BANKS
- FOOD PANTRIES
- KROC CENTER
- VIRTUA'S MOBILE FARMERS MARKET

- SOUTH JERSEY HEALTH COLLABORATIVE
- ALFREA WELLNESS
- LOURDES WEIGHT MANAGEMENT AND BARIATRIC PROGRAM

CITATIONS

1. Trust for America's Health & Robert Wood Johnson Foundation (2018). The State of Obesity: Better Policies for a Healthier America.

2. Robert Wood Johnson Foundation, 2018.

CROSS-CUTTING THEME POPULATION HEALTH: SOCIAL DETERMINANTS OF HEALTH

Throughout the previous Findings, we weaved population-specific analyses into each health need. Here we provide additional information about the social determinants of health more broadly.

"

> "With regard to health, your zip code is more important than your genetic code."

-Burlington County stakeholder

"

Community members and stakeholders emphasized repeatedly that health problems are not separable from the life circumstances and physical environments in which people live. These social determinants are a constellation of factors that are not easily separated. For example, we found in our community survey that low-income individuals are less physically and mentally healthy.

Additionally, our survey results highlighted that those who experienced childhood trauma are also less healthy, and more likely to be low-income. The relationship between the social determinants of health and physical and mental health were clear not only in the quantitative data, but also in the discussions we had with community members.

Stakeholders indicated at times a sense of helplessness at the inability to improve health without addressing these other life circumstances.

Here we address two specific populations, those with childhood traumatic experiences and those who are homeless. We also provide a broad overview of the interconnection between social determinants and health.

"

"The costs are not just health-related: poor family support, incarceration, drug use, lack of employment. People that are already struggling need help."

-Camden County stakeholder

"There is also a social and holistic factor. [You] shouldn't only think of the medical aspect, there are other factors that really impact health, like food access and housing and economic security. More people are starting to realize that you cannot only focus on the medical aspect of it. If your lights are about to go off soon, your health takes a backseat to that problem."

-Camden City stakeholder

"Health is not a number one priority until it has to be."

-Burlington County social services provider

"

POPULATION AND SOCIAL DETERMINANTS OF HEALTH

CHILDHOOD TRAUMATIC EXPERIENCES

Recent research has looked directly at the link between childhood trauma and chronic illness. Research suggests that childhood trauma can have long-lasting negative health effects, such as an increased risk of developing chronic diseases like heart disease and high blood pressure.

In our survey, community members answered a standard set of questions about events that might have occurred during childhood (known as Adverse Childhood Experiences or ACEs). We found that this measure of childhood trauma (ACEs) was correlated with overall physical health in adulthood as reported by participants.

On average, participants who reported "poor" overall physical health had 3.3 times as many childhood traumatic experiences as those who reported "excellent" physical health. The correlation was highly statistically significant.

$p < 0.0001$
*Source: WRI Community Survey

Y-axis: Adverse childhood experiences (ACEs)
X-axis: Overall physical health (Poor, Fair, Good, Very good, Excellent)

> A Gloucester County resident spoke about how stress can manifest:

> "It doesn't come to mind right away, but once I think about it, I realize how important the social, emotional, and mental aspects of health are because those can end up manifesting into physical health issues. Stressing yourself out, stressing your body, and reliving traumatic experiences can all really impact your overall health."

POPULATION AND SOCIAL DETERMINANTS OF HEALTH

HOMELESSNESS

Community members discussed the changing face of homelessness. Although the stereotype exists that most homeless individuals are older men with mental health or substance abuse challenges, stakeholders who work with homeless populations emphasize that in Burlington, Camden, and Gloucester Counties, that stereotype does not reflect reality. Housing insecure individuals are now younger and include many families.

However, homeless shelters have not adapted to this changing population. Community members mentioned that almost every homeless shelter separates family members by gender. Specifically, stakeholders were concerned about the separation of teenage sons from their mothers. Community members worried that separating family members from each other removed important social supports in an already stressful situation.

In some cases, children are transported far from their parents. It is particularly harmful, community members noted, for teenage boys to be housed with non-related adult men.

INTERCONNECTION

Our survey data provide unambiguous quantitative support for the belief expressed in focus groups by community members and stakeholders that the environments in which people live are strongly related to their health. The following table illustrates a snapshot of the ways in which these social determinants of health and population-specific variables influence each other.

To create this table, we divided survey respondents into different groups based on demographic, socioeconomic, or other upstream determinants of health. These variables are on the vertical axis in the figure, and the text labels describe the variables and their subgroups. We then examined whether participants who differed in one of these variables showed corresponding differences in health outcomes. The health outcomes we tested are on the horizontal axis, and included overall physical health, overall mental health, diet, number of chronic health issues, and program knowledge. We used program knowledge as a proxy for familiarity with the health care system. The variable of program knowledge is the total number of programs recognized by the survey respondent. The color of the box represents the value of the population on the vertical axis for the outcome on the horizontal axis. For each outcome, we mapped values to color such that the "worst" possible value for that variable is red and the "best" possible value for that variable is green.

Interconnection (continued)

In the top left box, for example, the yellow color indicates that the average physical health for lower income participants was halfway between "Poor" and "Excellent". The colored boxes are in pairs to illustrate the differences between sub-populations. For example, the green directly below the physical health for lower income individuals shows that overall physical health is better for higher income individuals.

Thus, the first row of boxes demonstrates that income predicts health: people with lower income have significantly worse physical health, mental health and overall diet (yellow/ orange boxes) than those with higher income (green boxes). Lower-income individuals also have more chronic issues (yellow box) than higher-income individuals (green box), and lower-income individuals know little about health programs (orange box) compared to higher-income individuals (green box). The fourth row of boxes, all labeled "n.s." demonstrates that we found no significant differences in health between those who were veterans and those who were not.

The table clearly shows the strong relationships between social determinants of health and health outcomes.

		physical health	mental health	diet	# chronic issues	program knowledge
Income:	lower / higher	▢	▢	▢	▢	▢
Housing:	insecure / secure	n.s.	n.s.	n.s.	▢	n.s.
Hispanic/ Latino?	no / yes	n.s.	n.s.	n.s.	▢	n.s.
Veteran?	no / yes	n.s.	n.s.	n.s.	n.s.	n.s.
LGBT?	no / yes	▢	▢	▢	n.s.	n.s.
Race/ White?	no / yes	n.s.	n.s.	n.s.	n.s.	n.s.
Age	<40 / >60	▢	▢	n.s.	▢	n.s.
ACEs	low / high	▢	▢	▢	▢	n.s.
Safe neighborhood	yes / no	▢	▢	▢	n.s.	n.s.

Interconnection (continued)

Income and neighborhood quality strongly predict physical health, mental health, diet, chronic health issues and program knowledge. Other upstream variables, such as social isolation, stress, and sleep are also strongly related to health outcomes. In our population, race and ethnicity were less predictive of health outcomes than were other demographic variables such as sexual orientation. We note that although housing status did predict health outcomes, the differences were not significant because the number of housing insecure participants was too low.

Neighborhood as a place to		physical health	mental health	diet	# chronic issues	program knowledge
Social isolation	rarely					
	often					
Stress	often					n.s.
	rarely					
Enough Sleep	rarely					
	often					
Exercise	rarely					n.s.
	often					
Too much screen time	often	n.s.				n.s.
	rarely					
Eat fast food?	rarely				n.s.	n.s.
	often					
Live	poor					
	good					
Connect with others	poor					
	good					
Buy fruits/ vegetables	poor					
	good					
Walk	poor					
	good					
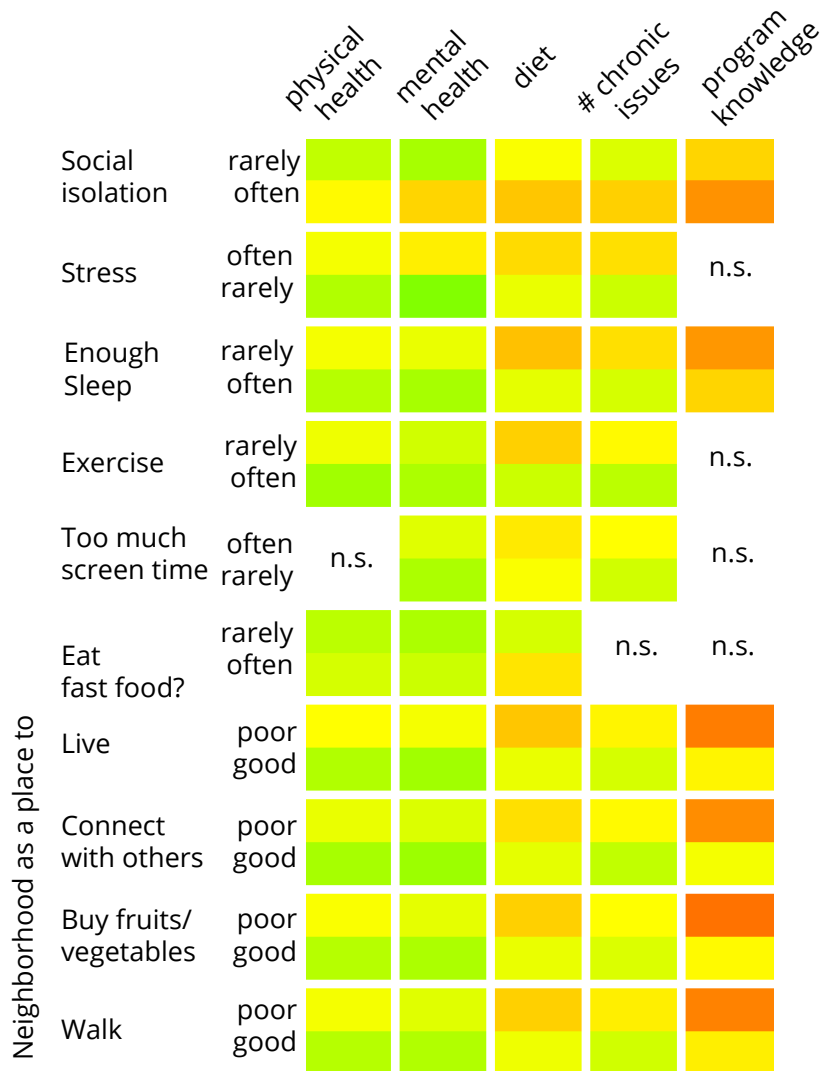
STATISTICAL SIGNIFICANCE

N.S. indicates that the differences between the sub-populations was not significant for that outcome variable. In these tables, we only show differences between groups that are statistically significant at the 0.05 level; this means we expect that if we did the survey 100 times with different participants, 95 out of 100 times we would get a difference between groups at least as large as the one shown in this figure. When doing multiple tests as we did in this table, it can change the way statistical significance is calculated; we used the more liberal definition rather than the more conservative Bonferroni correction.

CASE STUDY
WORKING HARD TO SEE OPPORTUNITY

"A big barrier in the town where I grew up, is employment opportunities. It's infested with narcotics and alcoholism. The only thing in town are churches and liquor stores. Other than the military base, there aren't opportunities. People lose their licenses and end up trapped in these towns with no opportunities…what is there to turn to other than drugs and alcohol?…Especially as a young person, you end up in this black hole of a town with no way out. "

- Burlington County community member

General Recommendations

► Provide additional beds for individuals who are homeless

► Provide support services (e.g., wraparound services) to those who are homeless

► Provide services and supports to immigrants and those whose primary language is not English

► Provide housing and medical services to veterans

EXISTING RESOURCES

THIS IS A SAMPLE OF EXISTING PROGRAMS AND ORGANIZATIONS THAT MAY BE LEVERAGED TO ADDRESS THE CROSS-CUTTING THEME OF POPULATION HEALTH AND SOCIAL DETERMINANTS OF HEALTH

- CAMDEN COALITION OF HEALTHCARE PROVIDERS
- CAMP SALUTE
- COOPER ADVANCED CARE CENTER
- COUNTY HEALTH DEPARTMENTS
- JEFFERSON'S HOUSE CALLS PROGRAM
- JOSEPH'S HOUSE
- PEOPLE FOR PEOPLE FOUNDATION
- SOUTH JERSEY BEHAVIORAL HEALTH INNOVATION COLLABORATIVE
- SOUTH JERSEY HEALTH COLLABORATIVE
- VOLUNTEERS OF AMERICA

4 | FINDINGS: DEMOGRAPHICS

We received 1536 survey responses from community members. Here we describe the geographic distribution, demographics and socioeconomic indicators of the the survey respondents.

OVERVIEW

People who participated in the survey were asked to self-report on several questions covering demographics and socioeconomic indicators. This section will report the results of these questions, along with the relevant comparison to expected local or national trends[1].

SURVEY RESPONSES BY THE NUMBERS

TOTAL REPONSES: 1536			
BURLINGTON	**CAMDEN**	**GLOUCESTER**	**DID NOT REPORT**
458	607	308	163
MUNICIPALITIES REPRESENTED: 94/101			
CHERRY HILL	**GLASSBORO**	**CAMDEN CITY**	**EVESHAM TOWNSHIP**	**GLOUCESTER TOWNSHIP**
85	69	67	60	60

*Source: WRI Community Survey

MARGIN OF ERROR AND STATISTICAL SIGNIFICANCE

Given the population in Burlington, Camden, and Gloucester counties, our margin of error (MOE) is about 2% for results in aggregate for yes/no questions. This means that we are 95% confident that if we did the survey again, with a different 1536 people, we would get a result for each question that is within about 2% points of the value that we report. (The exact margin of error varies with the expected response, with expected responses near 50% having higher margins of errors than those at the extreme.) When the samples become smaller (for example, when we divide into counties, or compare low-income to higher-income), the MOE for each sub-group gets larger. However, even though the MOE within a group gets larger, comparisons between these smaller groups can still be meaningful and statistically significant. In other words, if we break the total sample into low-income and high-income populations, we could still be confident that there were meaningful differences between the low- and high-income populations.

DEMOGRAPHICS

Race/Ethnicity

Participants were asked to select all racial categories with which they identified. In the figure, the black lines represent census estimates of race demographics for the three counties. Responses for race were broadly consistent with census estimates, although with the exception of Gloucester County, survey participants were somewhat less likely to identify as "Black or African American" than census estimates would suggest. We also asked participants to select if they identified as "Hispanic/Latino". In Camden County, more residents identified as Hispanic/Latino (9.3%) than in Burlington County (5.2%) and Gloucester County (5.3%).

This pattern is consistent with census estimates, although overall we under-sampled the Hispanic/Latino population, despite efforts to reach the Hispanic/Latino population, including translating the survey into Spanish.

► BURLINGTON
► CAMDEN
► GLOUCESTER

Source: WRI Community Survey

Age

Participants in the survey ranged from 18 to 91 years old. Our IRB protocol required participants to be 18 years old or older. Because of this, our median age will not compare with median age estimated in the census. On average, Gloucester County participants were younger than Burlington County and Camden County participants, perhaps this is because our survey contains a large sample of Rowan University students.
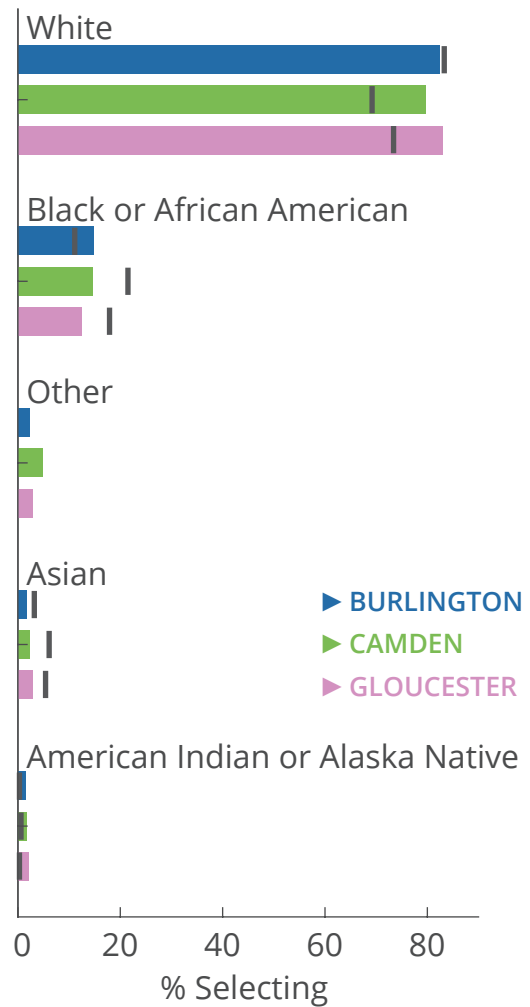
AVERAGE AGE	
BURLINGTON	51.3 YEARS
CAMDEN	50.2 YEARS
GLOUCESTER	43.7 YEARS

Source: WRI Community Survey

Gender and Sexual Orientation

Across all counties, women comprised about 80% of participants, which was substantially more than expected based on census estimates. In Gloucester and Camden Counties, more than the nationally estimated percentage[2] of people self-identified as LGBT.

Socioeconomic Factors

On average, household income in survey participants reflected the characteristics of the county, with participants in Burlington and Gloucester Counties having higher median household income than those in Camden County.

Survey participants across all three counties were highly educated, with more than 1 in 2 participants having completed a bachelor's degree or higher, compared with the about 1 in 3 in census estimates of the region. Participants were also likely to be employed: in Burlington and Camden Counties, about 3 in 4 were employed at least part-time and more than 4 in 5 in Gloucester County were employed at least part-time. A higher percentage of people in Camden County reported being unable to work due to a disability than in Burlington and Gloucester Counties.

% IDENTIFY AS LGBT	
BURLINGTON	3%
CAMDEN	6%
GLOUCESTER	4.9%
NATIONAL ESTIMATES	4.5%[2]

*Source: WRI Community Survey

MEDIAN HOUSEHOLD INCOME	
BURLINGTON	$70,000 - $80,000 Census = $83,000
CAMDEN	$60,000 - $70,000; Census = $65,000
GLOUCESTER	$80,000-$90,000; Census = $81,000

*Source: WRI Community Survey and ACS 5-year estimates

% VETERAN	
BURLINGTON	6.0%
CAMDEN	5.2%
GLOUCESTER	3.1%
NEW JERSEY	4.6%

*Source: WRI Community Survey and ACS 2017 1-year estimates

% STUDENTS	
BURLINGTON	11%
CAMDEN	14%
GLOUCESTER	30%

*Source: WRI Community Survey

Housing

The majority of the participants across the three counties reported owning their own home. Participants from Gloucester County were more likely to report living in some sort of temporary housing (e.g. family or friend's home; rooming/boarding house; shelter/emergency housing), followed by participants in Camden County.

Only participants from Camden County reported having experienced any episodes of have stayed in a location not meant as housing (e.g. abandoned building or car). In addition, about 3 in 5 of all survey participants reported spending "too much" or "far too much" of their income on housing-related expenses.

WHERE DO PEOPLE LIVE?	
BURLINGTON	OWN: 74% RENT: 18% LIVE WITH FRIENDS OR FAMILY: 5% ROOMING HOUSE: <1% OTHER (INCLUDES SHELTERS, HOMELESS): 2.5%
CAMDEN	OWN: 68% RENT: 21% LIVE WITH FRIENDS OR FAMILY: 6% ROOMING HOUSE: <1% OTHER (INCLUDES SHELTERS, HOMELESS): 3.4%
GLOUCESTER	OWN: 62% RENT: 21% LIVE WITH FRIENDS OR FAMILY: 6% ROOMING HOUSE: 5% OTHER (INCLUDES SHELTERS, HOMELESS): 5%

*Source: WRI Community Survey

CITATIONS

1. Comparisons were made to the U.S. Census Bureau. (2018). QuickFacts.

2. Newport, F. (2018). "In U.S., Estimate of LGBT Population Rises to 4.5%". Gallup.

5 | FINDINGS: EMERGENCY DEPARTMENT DATA

ER data over a three-year period was analyzed for important insights about where, why and how often people visit local Emergency Departments (EDs) of SJHC partner hospitals.

OVERVIEW

Analyzing data to understand behavior

With the goal of understanding how often people visit Emergency Departments (EDs), where they visit EDs, and why they visit, we analyzed ED data from SJHC partner hospitals.

For Jefferson, Lourdes and Virtua, reason for visit was extracted from the visitor's final primary diagnosis. For Cooper, reason for visit was based on chief complaint (see Process and Methods for details on analysis).

HOW OFTEN DO PEOPLE USE THE ED?

Between 2016 and 2018, 631,455 people visited the ED a total of 1,290,921 times.

If every person utilized the ED in the same way, this would mean that the average utilizer visited 2.04 times in a 3-year period, or 0.68 times per year.

However, our analysis demonstrated that not all people who visit the ED utilize it in the same way. To explore patterns in ED utilization, we divided utilizers into 3 groups: low-utilizers, high-utilizers, and super-utilizers.

Overall, the large majority (97%) of visitors are low-utilizers, while only 3% of visitors are high- or super-utilizers. However, this small percentage of visitors accounts for a disproportionately high percentage of total visits.

Although only 1 in 33 visitors is a high- or super-utilizer, these patients account for 1 in 6 visits overall. The top utilizer visited the ED 116 times in one year.

Low Utilizers	High Utilizers	Super-Utilizers
0-2 visits per year	3-5 visits per year	>6 visits per year
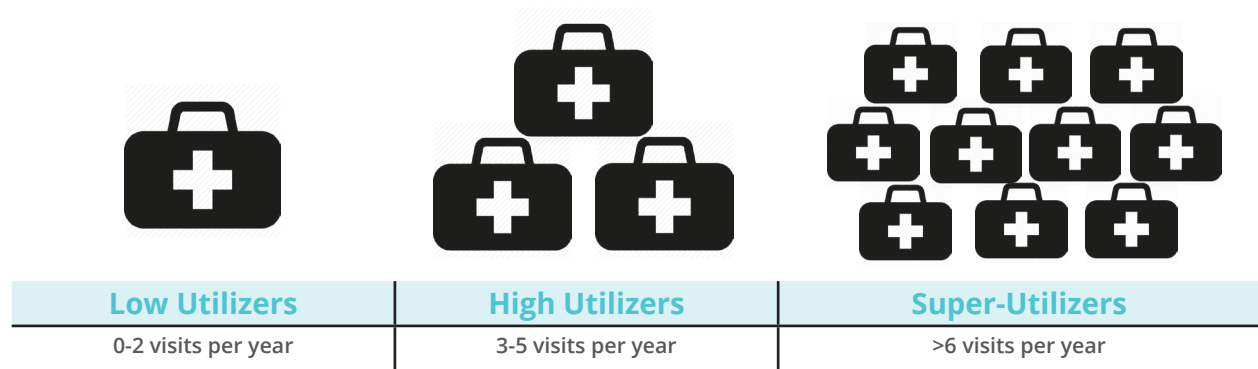
ED visits by location

COOPER (1 HOSPITAL)

TOTAL VISITS PER YEAR	81,010
TOTAL VISITORS PER YEAR	40,095
TOP UTILIZER	78 VISITS PER YEAR
LOW-UTILIZER VISITORS 96% ▶ LOW-UTILIZER VISITS 80%	
HIGH-UTILIZER VISITORS 3% (1 IN 33) ▶ HIGH-UTILIZER VISITS 14% (1 IN 7 VISITS)	

SUPER-UTILIZER VISITORS
1% (1 IN 95)
▶
SUPER-UTILIZER VISITS
6% (1 IN 17)
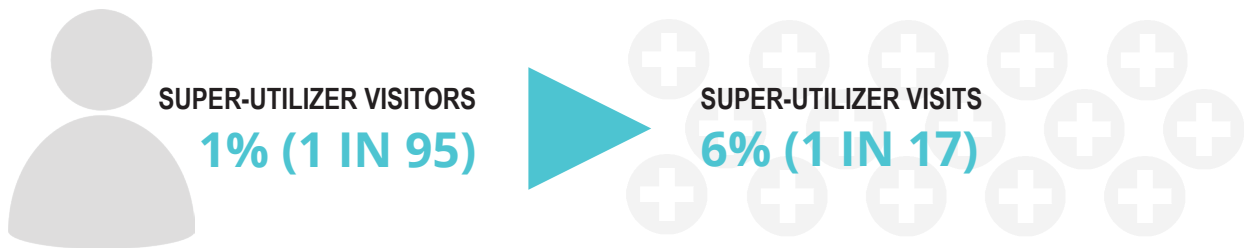
JEFFERSON (3 HOSPITALS)

TOTAL VISITS PER YEAR	99,960
TOTAL VISITORS PER YEAR	46,326
TOP UTILIZER	112 VISITS PER YEAR
LOW-UTILIZER VISITORS 97% ▶ LOW-UTILIZER VISITS 81%	
HIGH-UTILIZER VISITORS 3% (1 IN 32) ▶ HIGH-UTILIZER VISITS 14% (1 IN 7 VISITS)	

SUPER-UTILIZER VISITORS
<1% (1 IN 358)
▶
SUPER-UTILIZER VISITS
4.5% (1 IN 22)

ED visits by location

LOURDES (3 HOSPITALS)

TOTAL VISITS PER YEAR	107,238
TOTAL VISITORS PER YEAR	41,976
TOP UTILIZER	85 VISITS PER YEAR
LOW-UTILIZERS VISITOR 96% ▶	LOW-UTILIZER VISITS 79%
HIGH-UTILIZER VISITORS 4% (1 IN 26) ▶	HIGH-UTILIZER VISITS 17% (1 IN 6 VISITS)

SUPER-UTILIZER VISITORS
<1% (1 IN 325)
▶
SUPER-UTILIZER VISITS
4% (1 IN 23)
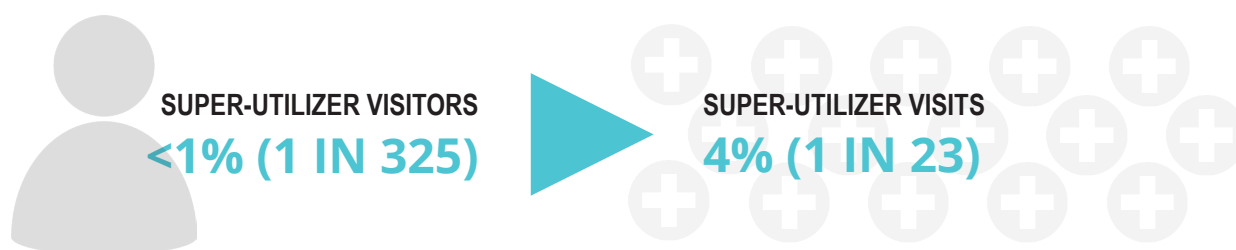
VIRTUA (5 HOSPITALS)

TOTAL VISITS PER YEAR	152,911
TOTAL VISITORS PER YEAR	84,767
TOP UTILIZER	51 VISITS PER YEAR
LOW-UTILIZERS VISITOR 99% ▶	LOW-UTILIZER VISITS 91.8%
HIGH-UTILIZER VISITORS 1% (1 IN 87) ▶	HIGH-UTILIZER VISITS 6.5% (1 IN 15 VISITS)

SUPER-UTILIZER VISITORS
<1% (1 IN 1272)
▶
SUPER-UTILIZER VISITS
1.6% (1 IN 61)
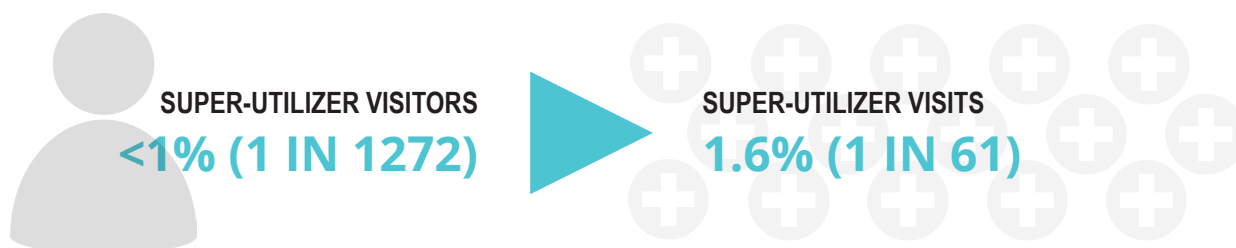
WHERE DO PEOPLE GO TO THE ED?

To determine where people utilized the ED, we calculated the total number of visits per year to each hospital in the network. In the figure, we labeled each hospital name, and the color of the bar indicates which SJHC partner the hospital was affiliated with. Overall, Cooper University Hospital in Camden had the most visits.

► COOPER
► JEFFERSON
► LOURDES
► VIRTUA

erage ED visits per year (in thousands)
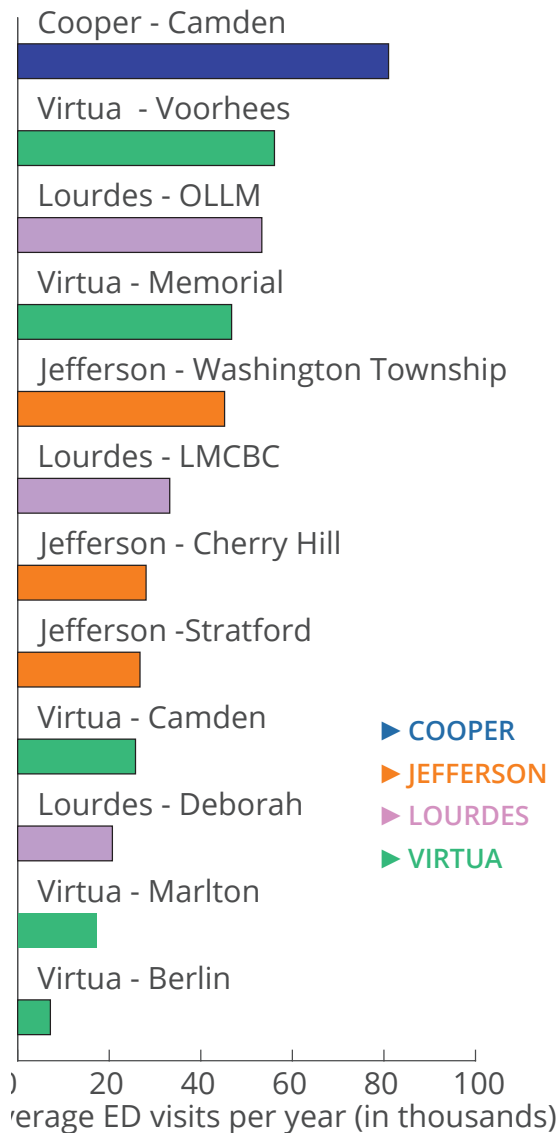
Where do super-utilizers go?

% of total ED visits by super-utilizers
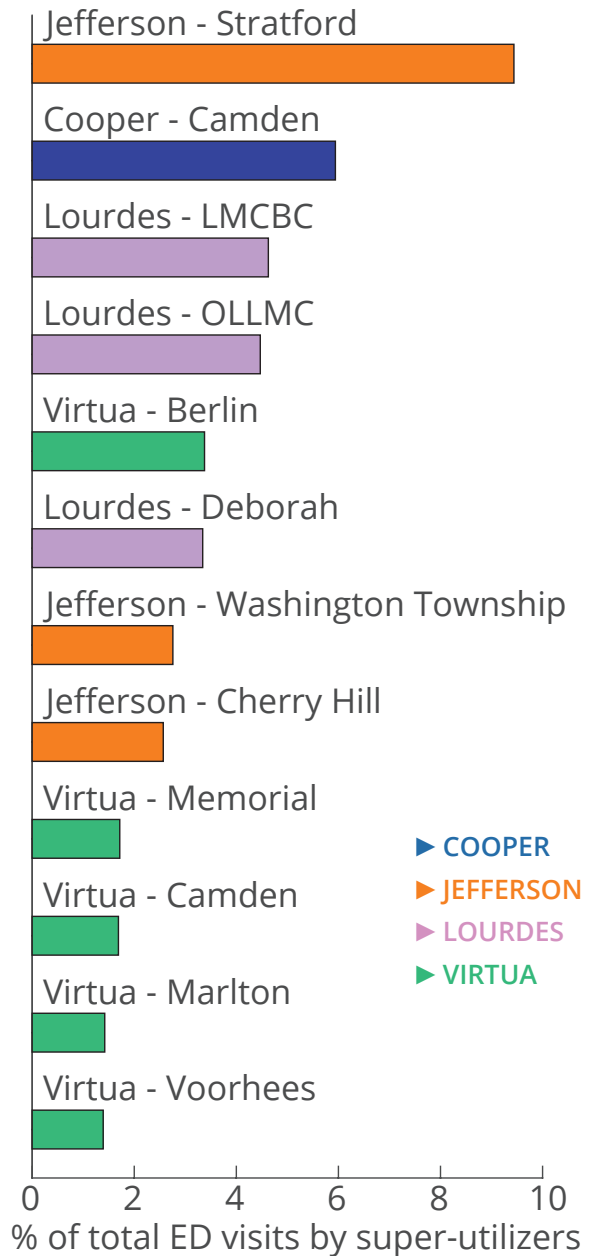
In each SJHC hospital system, super-utilizers displayed a preference for some locations over others. In the figure, hospitals are sorted by the percentage of total visits by super-utilizers. For each hospital, we divided the total number of ED visits by the number of super-utilizer visits. A value of 25%, for example, means that 1 in every 4 visits is from a super-utilizer.

*Source: SJHC Partners, analyzed by WRI

WHY DO PEOPLE COME TO THE ED?

To decrease ED utilization, it is important to understand why people come to the ED for health care. To explore reasons for ED visits, we analyzed the primary diagnosis (or chief complaint) for every ED visit. We then used a program that analyzes text strings to sort the diagnoses (and complaints) into meaningful categories. The goal was to create common-sense categories that were general enough to capture a majority of diagnoses but specific enough to convey useful information.

The program created **64 categories** that captured about **90% of all visits** across hospitals (see Process and Methods section for details).

SEE **PROCESS AND METHODS** FOR DETAILS.

Top categories and common themes for visits

Here we show the top 10 diagnoses (or complaints) for each hospital. The black bars for each hospital explain what percentage of total ED visits were for that diagnosis/ complaint. Although the top 10 varied somewhat from hospital to hospital, there were common themes. Pain, wounds and injuries, cardiovascular symptoms, and behavioral health, including both mental health and substance abuse, were consistently top reasons for visits.

Next, we examined whether super-utilizers tend to visit the ED for different reasons than low-utilizers. To do so, we went through each diagnosis/complaint and determined the percentage of visits that were from super-utilizers. We then plotted the percentage for each diagnosis/complaint relative to the percentage of super-utilizer visits overall. If super-utilizers visit for the same reasons as low-utilizers, all the bars in the right half of the figure would be lined up with the center black line. Red bars mean that super-utilizers came for that diagnosis/complaint relatively more often than low-utilizers, and green bars mean that super-utilizers visited for that diagnosis/ complaint relatively less often than low-utilizers.

Again, there were common themes across hospitals. Super-utilizers were a higher fraction of those visiting for pain and behavioral health issues, and a lower fraction of those visiting for wounds and injuries. Note that the axis is different for Cooper and that a far higher percentage of visits were for pain at Cooper. Cooper provided chief complaint rather than final primary diagnosis. Thus, the higher rate of pain at Cooper could reflect a real difference between ED visitors, or it could reflect a difference in the data provided.

TOP CATEGORIES FOR SUPER-UTILIZER ED VISITS

COOPER	JEFFERSON

COOPER

% of total ED visits in category

Pain
Cough
Behavioral health
Cardiovascular symptoms
Wounds and injuries
Fever
Gastrointestinal symptoms
Skin diseases
Lung-related symptoms
Headache

Relative % of visits by super-utilizers

Source: SJHC Partners, analyzed by WRI

JEFFERSON

% of total ED visits in category

Wounds and injuries
Behavioral health
Gastrointestinal symptoms
Cardiovascular symptoms
Pain
Respiratory infections
Urinary system diseases
Foreign body
Neurological diseases
Gastrointestinal diseases

Relative % of visits by super-utilizers

Source: SJHC Partners, analyzed by WRI

TOP CATEGORIES FOR SUPER-UTILIZER ED VISITS

LOURDES	VIRTUA

LOURDES

% of total ED visits in category

- Wounds and injuries
- Behavioral health
- Respiratory infections
- Cardiovascular symptoms
- Pain
- Urinary system diseases
- Urinary system symptoms
- Foreign body
- Infection
- Gastrointestinal symptoms

Relative % of visits by super-utilizers

Source: SJHC Partners, analyzed by WRI

VIRTUA

% of total ED visits in category

- Wounds and injuries
- Pain
- Respiratory infections
- Cardiovascular symptoms
- Gastrointestinal symptoms
- Infections
- Behavioral health
- Urinary system symptoms
- Neurological diseases
- Abscess

Relative % of visits by super-utilizers

Source: SJHC Partners, analyzed by WRI

COMMUNITY CONTEXT

DEFINING THE COMMUNITIES

In this section, we describe the communities of Burlington, Camden and Gloucester Counties, which together constitute the South Jersey Health Collaborative (SJHC) service area. These profiles provide insight into social determinants of health in the region. The environments in which people live, learn, work, play, worship, and age are important drivers of health, and variations in these environments affect a broad spectrum of health outcomes. To create the profiles, we consulted data sources, such as the U.S. Census and the Robert Wood Johnson Foundation's County Health Rankings and Roadmaps, to gather data that would best provide context for the primary data collected during this CHNA.

BURLINGTON COUNTY

CAMDEN COUNTY

(PHOTO COURTESY ADVENTURE AQUARIUM)

GLOUCESTER COUNTY
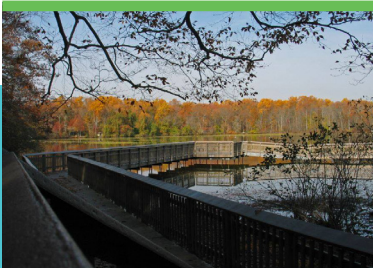
Burlington County is New Jersey's largest county in land area with almost 800 square miles. It has a population of about half a million residents. Because Fort Dix is located within Burlington County, it has a higher proportion of veterans.

Camden County is located across the Delaware River from Philadelphia, Pennsylvania, and has a population of just over half a million, making it the most populous of the eight southern New Jersey counties.

Gloucester County has a well developed agricultural sector because of its diverse land assets. It also has a strong industrial sector with several industrial parks, including Pureland Industrial Park, one of the nation's largest distribution centers.

COMMUNITY CONTEXT

BURLINGTON COUNTY

Founded in 1694, Burlington County is located east of the Delaware River and near southern New Jersey's Great Bay. With almost 800 square miles, it is the largest county in New Jersey by land area. The population of Burlington County has remained relatively stable in the last few years, at about half a million residents. Because Fort Dix is located within Burlington County, it has a higher proportion of veterans (8.7%) than the rest of the state (4.6%).

ECONOMY

- **Ranked as better than NJ average**
- **Largest employers**:
    Lockheed Martin (3,500 jobs);
    Virtua Memorial Hospital (3,300 jobs)
- **Largest industry:** Health Care and Social Assistance (30,161 jobs, 17%)
- **Unemployment**:
    Burlington County = 4.2% (2019)
    NJ = 4.6%

*Source: Choose New Jersey 2016; NJLWD, Quarterly Census of Employment and Wages (2018 3rd Quarter); Local Area Unemployment Statistics (LAUS); ACS 2017 5-year estimates

HEALTH

- **Ranked as about average than State**
- **County Health Ranking: 10/21**
- **Poor mental health days:**
    Burlington County = 3.3
    NJ = 3.4
- **Poor physical health days**:
    Burlington County = 3.4
    NJ = 3.5
- **% low birthweight:**
    Burlington County = 8%
    NJ = 8%

*Source: RWJF 2019 County Health Rankings

INCOME

- **Ranked as better than NJ average**
- **Per capita income**:
    Burlington County = $39,528
    NJ = $39,069
- **Median household income:**
    Burlington County = $82,839
    NJ = $76,475
- **Poverty:**
    Burlington County = 6.4%
    NJ = 10.7%

*Source: ACS 2017 5-year estimates

CRIME

- **Lower than NJ average**
- **Lowest crime rate of 8 South Jersey Counties.**
- **Violent crime rate**:
    Burlington County = 1.63/1,000
    NJ = 2.53/1,000
- **Non-violent crime rate**:
    Burlington County = 14.6/1,000
    NJ = 15.4/1,000

*Source = 2016 New Jersey State Police Uniform Crime Report

COMMUNITY CONTEXT

CAMDEN COUNTY

Located across the Delaware River from Philadelphia, Pennsylvania, Camden County was founded in 1844. It has 37 municipalities, and a population of just over half a million. It is the most populous of the eight South Jersey counties. The largest municipality in Camden County is the City of Camden, at just over 75,000 residents. The City of Camden has an identity distinct from the County, with residents referring to distinct populations and needs in the city compared to the county. The City of Camden is more diverse, less affluent, and less safe than the rest of the county. Because of its unique challenges, the City of Camden has received investments and tax incentives from the state and federal government.

ECONOMY

- **Largest employers**: Cooper University Health Care (5,000+); American Water Works (1,000-2,499)
- **Largest industry**: Healthcare and Social Assistance (42,154 jobs, 25%)
- **Investment in Camden City**:
  Federal/State tax incentives = $1.4 billion; Grow NJ program = $1.6 billion; Camden Rising: $2.5 billion in capital investments since 2012, est. total economic impact: $4.2 billion.
- **Unemployment**:
  Camden County = 5.1%; City: 7.9%*
  NJ = 4.6%   (*2019, lowest in 28 yrs.)

INCOME

- **Ranked as lower than average**
- **Per capita income**:
  Camden County = $32,931
  NJ = $39,069
- **Median household income:**
  Camden County = $65,037
  NJ = $76,475
- **Poverty**:
  Camden County = 6.4%
  NJ = 10.7%

HEALTH

- **Ranked as worse than NJ average**
- **County Health Ranking: 20/21**
- **Poor mental health days:**
  Camden County = 4.2
  NJ = 3.4
- **Poor physical health days**:
  Camden County = 4.0
  NJ = 3.5
- **% low birthweight:**
  Camden County = 9%
  NJ = 8%

CRIME

- **Higher than NJ average**
- **Violent crime rate**:
  Camden County = 4.65/1,000
  City of Camden= 20.9/1,000
  NJ = 2.53/1,000
- **Non-violent crime rate**:
  Camden County = 24.2/1,000
  City of Camden = 36.4/1,000
  NJ = 15.4/1,000
- Crime rates are lowest rate in 50 yrs. but still higher than State averages

COMMUNITY CONTEXT

GLOUCESTER COUNTY

Gloucester County was founded in 1686 and encompasses a land area of 322 square miles. Its geography is composed of low-lying rivers and coastal plains. Woodbury is the county seat. From 2000 to 2017, the population in New Jersey increased by 7%, while the population of Gloucester County increased by 13.9%, making it the fastest growing county in the state. In 2017, the population reached nearly 300,000. It is the least diverse of the three counties, with non-Hispanic whites making up nearly 80% of the population. Gloucester County is located in the metropolitan area of Philadelphia, yet it has a strongly developed agricultural sector. The industrial sector in Gloucester County is also strong. The county is home to several industrial parks, including Pureland Industrial Park, one of the nation's largest distribution centers.

ECONOMY

- **Ranked as better than NJ average**
- **Largest employers**:
    - Inspira Health Network (1,000-2,499);
    - Kennedy University Hospital (1,000-2,499)
- **Largest industry**: Retail Trade (18,178 jobs, 19.8%)
- **Unemployment**:
    - Gloucester County = 4.7% (2019)
    - NJ = 4.6%

*Source: Choose New Jersey 2016; NJLWD, Quarterly Census of Employment and Wages (2018 3rd Quarter); Local Area Unemployment Statistics (LAUS); ACS 2017 5-year estimates

HEALTH

- **Ranked as worse than NJ average**
- **County Health Ranking: 16/21**
- **Poor mental health days**:
    - Gloucester County = 4.3
    - NJ = 3.4
- **Poor physical health days**:
    - Gloucester County = 3.8
    - NJ = 3.5
- **% low birthweight:**
    - Gloucester County = 9%
    - NJ = 8%

*Source: RWJF 2019 County Health Rankings

INCOME

- **Ranked as better than NJ average**
- **Per capita income**:
    - Gloucester County = $36,205
    - NJ = $39,069
- **Median household income**:
    - Gloucester County = $81,489
    - NJ = $76,475
- **Poverty**:
    - Gloucester County = 7.9%
    - NJ = 10.7%

*Source: ACS 2017 5-year estimates

CRIME

- **Lower than NJ average**
- **2nd Lowest crime rate of 8 South Jersey Counties.**
- **Violent crime rate**:
    - Gloucester County = 1.16/1,000
    - NJ = 2.53/1,000
- **Non-violent crime rate**:
    - Gloucester County = 18.5/1,000
    - NJ = 15.4/1,000

*Source = 2016 New Jersey State Police Uniform Crime Report

7 | COMMUNITY VOICE

BROAD INTERESTS OF THE COMMUNITY

This section documents the community members who participated in the focus groups and the interviews as well as the outreach and distribution plan to recruit survey participants. Specific efforts were made to recruit community members that are underserved.

COMMUNITY VOICE

FOCUS GROUPS: COMMUNITY OUTREACH AND ENGAGEMENT

Focus groups were organized with the goal of gaining input from a wide array of community members, with a particular focus on those that are traditionally underserved by the healthcare system. Additionally, we worked to solicit the insights of the organizations that serve the community on a daily basis.

FOCUS GROUPS

COMMUNITY PARTICIPANTS

A wide cross-section of participants representitng local populations were encouraged to participate, especially those considered underserved.

Below are some examples of groups represented:

► Low socio-economic status
► Spanish speakers
► Chronically ill individuals
► Young adults and college students
► Veterans
► Formerly incarcerated individuals
► Senior citizens

STAKEHOLDERS

Stakeholders in many community-based organizations were invited to participate.

Examples include those:

► Serving senior citizens, children and non-English speakers
► With expertise in housing insecurity, mental health, addiction services and transportation, women's health, public health, and green spaces,
► Serving formerly incarcerated individuals
► Serving as patient advocates,
► Leaders in faith-based organizations

COMMUNITY VOICE

INTERVIEWS: EXPERT AND COMMUNITY MEMBER PARTICIPATION

Participants in the interviews were the County Health Officers from three of the counties, five criminal justice officials in Gloucester County, and a leading mental health provider whose agency provides services to Gloucester County.

FOCUS GROUPS: TOTAL NUMBERS

23
COMPLETED

201
PARTICIPANTS

6
BURLINGTON COUNTY

6
CAMDEN COUNTY

5
CAMDEN CITY

6
GLOUCESTER COUNTY

The chart on the next page details the sites, dates, participant numbers, and how or why the group was assembled. Sites listed multiple times on the same date represent different focus groups held on that date.

LOCATION	COUNTY	DATE	#	DESCRIPTION
Generations Family Success Center	Burlington	February 5	12	Community members attending a Diaper Derby event.
Evergreen Family Success Center at the Hispanic Center	Gloucester	February 8	10	Community members attending a BINGO group
Mosaic Family Success Center	Gloucester	February 8	3	Community members attending an ESL class
Camden Coalition of Healthcare Providers	Camden city	February 21	17	Community members participating in Community Advisory Council
Camden Coalition of Healthcare Providers	Camden city	February 21	12	Community members participating in Community Advisory Council
Rutgers University-Campus	Burlington Camden	February 25	5	Rutgers-Camden Students
Rutgers University-Campus	Burlington Camden	February 26	2	Rutgers-Camden Students
Orchards Family Success Center	Camden	February 26	7	Community members participating in dinner night
Mosaic Family Success Center	Gloucester	February 27	5	Community members attending a crochet/knitting group
Building Bridges Family Success Ctr.	Camden	March 14	4	Community members attending programming
Virtua Barry D. Brown Health Education Ctr.	Camden	March 19	8	Stakeholders and service providers
Virtua Barry D. Brown Health Education Ctr.	Camden	March 19	7	Stakeholders and service providers
Virtua Barry D. Brown Health Education Ctr.	Camden	March 19	5	Stakeholders and service providers
Jefferson /Kennedy Health & Wellness Ctr.	Gloucester	March 13	9	Stakeholders and service providers
Jefferson /Kennedy Health & Wellness Ctr.	Gloucester	March 13	8	Stakeholders and service providers
Jefferson /Kennedy Health & Wellness Ctr.	Gloucester	March 13	9	Stakeholders and service providers
Cooper Business Office	Camden city	March 14	11	Stakeholders and service providers
Cooper Business Office	Camden city	March 14	13	Stakeholders and service providers
Cooper Business Office	Camden city	March 14	11	Stakeholders and service providers
Burlington Co. Human Services Building	Burlington	March 15	8	Stakeholders and service providers
Burlington Co. Human Services Building	Burlington	March 15	8	Stakeholders and service providers
Burlington Co. Human Services Building	Burlington	March 15	8	Stakeholders and service providers
R.I.T.E Self-Help Center	Burlington	March 27	7	Community members attending programming

COMMUNITY VOICE

COMMUNITY SURVEY: OUTREACH AND DISTRIBUTION

To maximize survey participation, we used both paper and electronic versions of the survey.

We employed several distribution strategies:

► First, survey links were sent out via email to various partner organizations.

► Second, the online link to the survey was posted on the Senator Walter Rand Institute for Public Affairs website.

► Third, we distributed approximately 17,000 bilingual (English and Spanish) flyers advertising the survey and providing the links and the QR codes to the electronic surveys. The postcard-sized flyers were distributed in diverse community locations.

👍 **APPENDIX L** SHOWS SAMPLE FLYERS

In-person outreach

We compiled an extensive list of locations in Burlington, Camden, and Gloucester counties to drop off flyers. Because our goal was a wide range of community members, we started with organizations that serve a diverse group of patrons or that provide services to an underserved or underrepresented population. To that end, from maps of the three counties we identified mainstays and hubs of the communities such as restaurants, libraries, social service organizations, gyms, barbershops, hair salons, tattoo parlors, and laundromats.

We traveled to locations on our list to distribute both flyers and paper copies of the survey. We targeted paper surveys to

populations unlikely to use the internet, such as homeless individuals and older adults who are unable to leave the house. Community partners were instrumental in distributing the survey to South Jersey residents. The categories below itemize locations where flyers and paper copies of the survey were distributed for completion and why.

A complete list of locations where flyers and paper copies of the survey were distributed is in the appendix.

👍 **APPENDIX K** LISTS DISTRIBUTION SITES

In-person outreach (continued)

ORGANIZATIONS OR EVENTS WITH ONSITE SURVEY COMPLETION	GROUPS SERVED BY PAPER SURVEY DROP OFF
▶ SisterHood Inc., ▶ Gloucester County Health Department, ▶ Family Support Org. of Burlington County, ▶ Orchards Family Success Center, ▶ Rowan University and Rutgers University, ▶ Hispanic Family Success Center, ▶ NJ First Lady's Family Festival in Camden City, and ▶ Joseph's House.	▶ Veterans, ▶ College students, ▶ Faith-based groups, ▶ Students living in urban centers, and ▶ those familiar with women's and children's issues.

LOCATIONS FOR SURVEY OUTREACH

COMMUNITY GROUPS AND CENTERS	MUNICIPAL BUILDINGS AND GOVERNMENT	SOCIAL SERVICE ORGANIZATIONS
Community centers are used for public events and town-related programming, such as educational events. Coverage: Flyers at nearly every community center in all three counties. Several local Lions and Elks Clubs also received flyers and surveys.	Residents visit municipal buildings to pay taxes, apply for licenses, and get information about their municipality. Coverage: Towns across the three counties. We also worked with state representatives in both Camden and Gloucester Counties to share the e-flyer with their constituents.	Social service organizations serve vital roles in the community. We distributed flyers at several dozen organizations, including: SisterHood Inc., Family Support Org. of Burlington County, Evolution Family Success Center, My Friend's House, and Habitat for Humanity.

HEALTH CARE ORGANIZATIONS	LOCAL BUSINESSES	COLLEGE CAMPUSES
▶ Federally Qualified Health Centers (FQHCs) ▶ Planned Parenthood locations ▶ offices of SJHC partners ▶ emails to staff and clients of SJHC partners	High-volume businesses with diverse clientele were selected for flyer distribution. Examples include: laundromats, restaurants, pizza parlors, thrift stores, gyms, tattoo parlors, barbershops and hair salons, union offices, gaming stores, and country clubs.	▶ Rutgers University ▶ Rowan University ▶ Camden County Community College ▶ Burlington County Institute of Technology

COMMUNITY VOICE

Digital and print outreach

To promote the electronic survey, we developed an e-flyer (APPENDIX M) and sent it to community partners. First, we asked partners to send the e-flyer out to their respective organizations' staff, listservs and online newsletters. Next, we searched for organizations and individuals to forward the e-flyer to their fellow community members.

TOWN CLERKS	STUDENT ORGANIZATIONS AT RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY (CAMDEN CAMPUS)	COUNTY LIBRARIES/ DIRECTORS
Town clerks are aware of community events and have access to residents in their town. We contacted town clerks in the region, including 16 in Burlington County, 12 in Camden County, and 19 in Gloucester County.	We contacted leaders of different student-led organizations on campus. Examples include: African Students Association, Asian Cultural Society, West Indian – Indian Connection, Latin American Students Organization, Criminal Justice Organization, Korean Students Association, and Black Student Union, as well as Rutgers Camden Office of Military & Veterans Affairs.	We contacted directors of county libraries, who distributed e-flyers. We also left paper flyers at branches of county libraries, where diverse groups of community members make use of computers accessible to the public. Staff at the libraries encouraged patrons to take the survey.

COUNTY HEALTH DEPARTMENT OFFICERS	MEDIA	SOCIAL
The County Health Departments emailed the survey links to their staff, partners, and mailing lists.	▶ Article in the Burlington County Times including a link to the survey, ▶ Beverly Bee article (distributed to 10,000 households monthly in Burlington City, Edgewater Park Township, Beverly City, and Delanco Twnshp.)	A boosted Facebook post was used to increase awareness of the survey. An animated post with survey link was created and boosted over 28 days to Facebook users living within 25 miles of Gloucester County. Post engagement was 6,787; people reached 6,155; and cost per post engagement was $0.01.

COMMUNITY VOICE

Public comments

Public comments were accepted on the most recently conducted CHNA and most recently adopted implementation strategy via email to a designated person at each SJHC partner hospital.

The comment period began on the date the report was posted, on or before 1/1/2017, and ended on 12/21/2018. No comments were received.

8 | PRIORITIZATION AND DISSEMINATION

This section describes how health needs were prioritized for this assessment. The IRS guidelines stipulate that many different methods of prioritization are acceptable; one listed method is the community's perception of need. We prioritized needs solely using the responses from community members and stakeholders, and we used secondary data to frame the needs as assessed by the community.

OVERVIEW

PRIORITIZATION

Needs were prioritized by integrating qualitative and quantitative data.

We prioritized needs by integrating qualitative and quantitative data in the following fashion.

In the survey, participants selected health issues facing their community from a list of 32 options (APPENDICES I-J). Participants also identified barriers to health care (from 17 options) and health care resources missing from the community (from 23 options). The quantitative research team looked at the most frequently selected issues, barriers, and resources, and grouped these into distinct categories of related needs. Independently of this process, the research team overseeing the qualitative data collection completed a similar process of initial categorization through inductive coding (see Process and Methods for explanation).

From these two initial sets of needs, the qualitative and quantitative teams identified a set of common health needs: Behavioral Health: Substance Abuse and Mental Health; Accessing Health Care; Communication and Relationships; Obesity; and Population Health: Social Determinants of Health. Because Population Health underlies each of the first four categories, we characterized this as a cross-cutting theme rather than a separate health need.

To prioritize needs within this list, and to verify that this list captured the needs in the data, we created rankings in both the qualitative and quantitative data. For the quantitative data, we re-analyzed the survey by collapsing the 32 health issues, 17 barriers, and 23 resources missing into one of the above categories (or an "other" category, for those responses that did not naturally fall into one of these categories). We then counted the total number of mentions in each category and divided that by the total number of responses selected.

The pattern in all three counties was identical, with Behavioral Health receiving 18-19%, Accessing Care receiving 33%, Communication and Relationships receiving 8-9%, and Obesity receiving 14-15% responses. Another 19-20% were explicitly related to Population Health: Social Determinants of Health, and only 5-6% of issues mentioned did not fall in any category.

The fact that only 5-6% of responses did not fall into one of the categories indicates that the identified needs appropriately captured participants' data.

In facts and numbers

To create rankings in the qualitative data, we examined both the number of focus groups and interviews in which the need was mentioned, as well as the number of times the need was mentioned in each focus group. Both methods of counting are important. If a need is mentioned at all in a focus group, it means that at least one person is thinking about it. However, if the need continues as a topic of discussion, it means that it is important to many of the participants.

One clear difference between the qualitative and quantitative data emerged: although many focus group participants mentioned obesity or its causes and consequences, the Obesity need received many fewer mentions in focus groups than the other three needs. Instead, Behavioral Health was a topic in every focus group and interview, with stakeholders and community members. Not only did it arise in every focus group,

but also the number of mentions within each focus group was higher than any other need. The need of Accessing Care and the need of Communication and Relationships received approximately the same number of mentions.

We combined these rankings to reach our final prioritization. We ranked Behavioral Health as the top need, because it ranked far above the other health needs in the qualitative data and second in the quantitative data. We ranked Accessing Care as second and Communication and Relationships third because, while these two needs received similar rankings in the qualitative data, Accessing Care received many more mentions in the quantitative data. And finally, we ranked Obesity as fourth because it ranked last by a large margin in the qualitative data and 3rd in the quantitative data.

PRIORITIZED NEEDS BY COUNTY
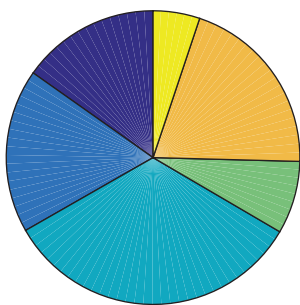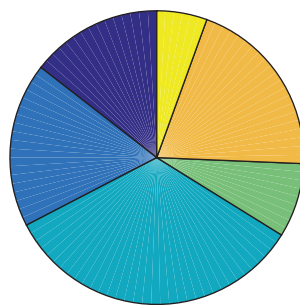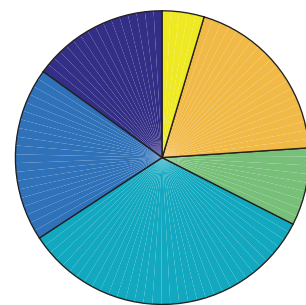
BURLINGTON   **CAMDEN**   **GLOUCESTER**

▶ ACCESSING CARE

▶ COMMUNICATION AND RELATIONSHIPS

▶ BEHAVIORAL HEALTH: SUBSTANCE ABUSE AND MENTAL HEALTH

▶ OBESITY

▶ POPULATION HEALTH /SDOH

▶ OTHER

This Community Health Needs Assessment report will be made widely available on the South Jersey Health Collaborative (SJHC) hospital websites. Paper copies of the report will be made available for public inspection upon request and without charge at hospital facilities.

SJHC members will be completing presentations to partner organizations, and the WRI research team is available to answer community questions or create visuals suitable for community needs. Prior Community Health Needs Assessment reports will remain widely available to the public, both on SJHC hospital websites and in paper form until SJHC has made two subsequent Community Health Needs Assessments.

9 | THEN AND NOW: EVALUATING PROGRESS OF PREVIOUS PRIORITIES

Following its 2016-2019 Community Health Needs Assessment (CHNA), South Jersey Health Collaborative (SJHC) partners identified needs on which to focus to address community health. In this section, we outline some of the programs and strategies that were implemented or leveraged to address the needs outlined in the last CHNA.

OVERVIEW

PROGRESS SINCE THE 2016-2019 CHNA

Three of the partners (Cooper, Jefferson and Virtua) identified three needs: 1) Behavioral Health/Chronic Disease Comorbidities; 2) Linkages to Care; and 3) Substance Abuse. Lourdes identified four needs: 1) Chronic Diseases; 2) Behavioral Health; 3) Substance Abuse; and 4) Cancer. In this section, we outline the programs and strategies that were implemented or leveraged to address those needs.

In the descriptions below, programs may be attributed to a specific hospital. However, it is important to note that because of the strong partnerships with community organizations, patients are often referred to programs between hospitals. Thus, even when one hospital is the primary lead on a program, patients at other hospitals within the Collaborative benefit from the services. The ultimate goal of the SJHC is to provide the patients in their service area with the services they need.

Some of the programs below were developed in response to the last CHNA. Other times, existing programs were retooled. Where relevant, we list the timing of program changes and program development.

BEHAVIORAL HEALTH AND CHRONIC DISEASE COMORBIDITIES	**LINKAGES TO CARE**
CANCER	**SUBSTANCE ABUSE**

BEHAVIORAL HEALTH AND CHRONIC DISEASE COMORBIDITIES

The previous CHNA found a high prevalence of behavioral health and chronic disease in the SJHC service area, with an increase in the number of residents managing both simultaneously. Patients with these comorbid conditions are at higher risk for poorer health outcomes and present specific challenges to health care delivery. To address this problem, SJHC aimed to increase the identification and treatment of behavioral health among individuals with chronic disease.

To accomplish this aim, the SJHC partner hospitals implemented programs targeted to provide education and social support to individuals living with chronic diseases.

Primary care

To address behavioral health needs of patients in primary care settings, Lourdes implemented an embedded model. The model in 2016 was comprised of a partnership between Lourdes and a behavioral health vendor, through which behavioral health practitioners were available in eight primary care practice sites. This program provided 640 visits to 427 individuals. The program has been adjusted because only 25% of available slots were being used at any given time. Through the updated model, primary care providers offer referrals for expedited visits to the behavioral health vendor.

Cooper is currently piloting a fully integrated model in Willingboro (Burlington County). Using an interdisciplinary team comprised of a primary care provider, psychologist, and clinical social worker, the program serves individuals that present with mental health concerns or are at high risk for them. Through collaboration and consultation, patients gain access to behavioral health providers for needs such as beginning or adjusting medications, addressing the onset of new or the worsening of existing mental health conditions, and navigating the connection to long-term behavioral health services in their community, if required.

To further address mental health within its primary care sites, Lourdes Health System has implemented depression screening of individuals with chronic disease using the Patient Health Questionnaire-9 (PHQ-9). Beginning in May 2017, Cooper also implemented mental health screening within the primary care setting. Cooper screens all individuals with the Patient Health Questionnaire-2 (PHQ-2) and the PHQ-9. When appropriate, medical providers also use the Generalized Anxiety Disorder scale (GAD-7) to screen for anxiety and the Mood Disorder Questionnaire (MDQ) to screen for bipolar disorder.

Primary care (continued)

The scoring of these screening tools provides clinical decision support to the medical providers, allowing them to determine whether additional behavioral health care is needed.

Since 2017, Jefferson's Family Health Services at Somerdale Square (Camden County) has offered behavioral health screenings and treatment for thousands of area residents. These services are funded through a grant from The Nicholson Foundation to implement integrated behavioral health services in a primary care setting. Jefferson is now expanding that program to Family Health Services in Washington Township (Gloucester County). Through a specially trained behavioral health consultant, screenings and treatment are offered to thousands of area residents facing behavioral health, anxiety, and substance use issues in the same location as they receive their primary medical care.

Cancer

To support women with cancer, Cooper implemented "Look Good Feel Better," an American Cancer Society program that helps women undergoing cancer treatment learn to cope with the appearance-related side effects of treatment and regain a sense of self-confidence. Through Cooper's "Home Health Party", members of the cancer outreach team meet groups of women in Camden County in a comfortable environment to provide breast cancer education. Cooper also provides social support for individuals living with cancer, survivors and caregivers through their "Walk, Talk and Thrive Program," a bi-weekly group walking program with a course from MD Anderson at Cooper to the Camden Waterfront.

Coping with a cancer diagnosis puts strain on individuals and their loved ones, and the cancer diagnosis can also be isolating. To this end, Cooper has developed several support groups for specific populations. Some examples include groups to support Latino cancer survivors; individuals living with myeloma; individuals living with brain tumors; individuals living with laryngectomies; individuals living with breast cancer; and women living with any type of cancer. Loved ones are always welcomed at these support groups. An additional support group, "Sister Will You Help Me," is for women of color and faith living with a breast cancer diagnosis. Similar support groups are also offered by other systems.

Lourdes Cancer Program has deployed a psychosocial distress screening to meet the standards of the American College of Surgeons' Commission on Cancer accreditation. This screening is administered to each oncology patient at the start of treatment and is re-administered as needed. Distress screenings are reviewed by an oncology social worker who has special experience in crisis intervention and behavioral health intervention. Consults with the oncology social worker are also provided to each patient upon diagnosis to ensure that patients are offered support for needs that extend beyond direct clinical care for cancer. Examples include mental health issues and social needs like housing and insurance.

Elderly

In Burlington County, Lourdes has implemented a Senior Behavioral Health Program. Through this program, individuals benefit from customized treatment plans developed by a multidisciplinary team consisting of a psychiatrist, medical providers, social workers, nurses and

occupational and recreational therapists. The program provides medical assessment and intensive psychiatric and physiological therapeutic intervention in a safe, structured, and supportive environment.

Children/Adolescents

Virtua continues to invest in its CASTLE (Children Achieving Success Through Therapeutic Life Experiences) program. This program offers high quality mental health services geared to helping children aged 3-17 years old who have severe emotional, behavioral, or psychiatric disorders. CASTLE offers three levels of care including a full-day partial hospital program, half-day after school program, and outpatient individual and family therapy. For children 3 to 5 years old, CASTLE offers a Therapeutic Nursery. The CASTLE program also offers group therapy, monthly medication management and psychiatric evaluations by a psychiatrist or advanced practice nurse.

Jefferson offers an Adolescent Partial Hospitalization Program in Washington

Township (Gloucester County). This program provides a safe and warm group-based environment designed to inspire positive change in thinking and behavioral patterns. Jefferson has structured its program to address the myriad challenging issues adolescents face today at home, at school, and within the community that cause an increase in anxiety and depressive symptoms. The program provides evidence-based therapeutic intervention techniques specifically designed to aid clients' insight into illness by addressing how past, current, and future fear-based or distorted thinking contribute to struggles.

Maternal health

Virtua offers several services to support pregnant women and new mothers who may be experiencing depression. Services include postpartum in-hospital depression screening; a postpartum depression support group; education on treatment options that

may include medication and/or counseling; coordination with the new mother's obstetrician; support offered through telephone calls; and a "Happiest Baby on the Block" class to help parents learn to soothe fussy babies.

Maternal health (continued)

Virtua also has a comprehensive Perinatal Bereavement and Palliative Care program that provides support to families through loss of pregnancy. Virtua's HOPING/UNITE Infant Loss Support program is one of the only perinatal grief support groups active in southern New Jersey. It is offered to patients within Virtua as well as from other health care centers.

LifeCare for Little Ones supports parents during pregnancy when they are given a life-limiting diagnosis for their baby. An interdisciplinary team comprised of doctors, nurses, chaplains, social workers, and staff provide care and counsel that helps to ease a family's difficult journey. In the Rainbow Baby Connection program, Virtua bereavement specialists support mothers who are pregnant following the loss of a baby to assist with feelings of guilt, fear and anxiety.
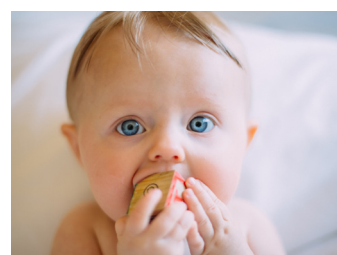
Regional initiatives

The South Jersey Health Collaborative along with the New Jersey Hospital Association (NJHA) and the Camden Coalition of Healthcare Providers (CCHP) have launched the South Jersey Behavioral Health Innovation Collaborative (SJBHIC) to evaluate the current behavioral health landscape and provide innovative recommendations on how to improve the system.

To understand the challenges in the current system, SJBHIC gathers data from the five participating hospitals on how patients flow through their network of providers, analyzes the data and then applies evidence-based best practices along with innovative system changes that will better serve individuals with behavioral health conditions. SJBHIC is pursuing a multipronged strategy that includes a feasibility study for a regional psychiatric emergency department, joint case conferencing for the most complex patients, and investments in Housing First. Thus far, SJBHIC has improved access to patient beds at other health systems. This has increased the overall number of beds available within southern New Jersey.

Additionally, SJBHIC has streamlined throughput for individuals meeting the criteria for involuntary commitment by improving quality of care and reducing the length of stay for emergency department visits.

Chronic diseases

Since the previous CNHA, Lourdes has implemented a population health program to address the needs of residents in its service area. As part of this population health program, individuals living with chronic diseases are offered additional support through a population health nurse and a social worker. The population health nurse offers coaching, education and navigation services for those who are considered high risk.

Health education is focused on the disease process, medication management, diet, importance of exercise and importance of regular follow up with their physician, as well as available wellness initiatives. The social worker provides support to individuals that require assistance with issues such as medication affordability, access to care, psychiatric services, or homelessness.

In May 2017, Virtua implemented its Mobile Farmers Market, which serves southern New Jersey residents. Understanding that food is medicine and that individuals affected by food insecurity are more likely to suffer from chronic diseases, the Mobile Farmers Market provides high-quality, low-cost produce.

OTHER SERVICES FOR INDIVIDUALS WITH CHRONIC DISEASE	
CAMDEN COUNTY CANCER SCREENING PROJECT AT COOPER	The Camden County Cancer Screening Project at Cooper offers free cancer screening for men and women in Camden County that are uninsured or have limited income.
DIRECT ACCESS COLONOSCOPY PROGRAM	The Direct Access Colonoscopy program at Lourdes fast tracks individuals from intake to a screening appointment, eliminating the often unnecessary in-person prep visit and increasing their compliance with screening.
TOBACCO SCREENING AND SMOKING CESSATION PROGRAMS	Tobacco screening and smoking cessation programs (e.g. American Lung Association's Freedom from Smoking program) offered by all SJHC hospital partners.
DIABETES SCREENING AND EDUCATION	All SJHC hospital partners offer diabetes screening and education for individuals diagnosed with type-1 and type-2 diabetes, leading to better A1C control.
WOMEN'S HEALTH EDUCATION	Women's Health Education at Cooper's Ripa Center for Health and Wellness focuses on a variety of topics including integrative medicine, joint replacement, inflammatory bowel disease, urogynecology, podiatry, hand health, drug-free pain management, healthy bones, joint replacement, vaping, cancer and genetics, and breast health.

LINKAGES TO CARE

The previous CHNA showed that access to care for residents has improved with the expansion of health insurance. However, significant challenges exist for residents to "get linked" to care.

Other barriers to care include affordability, language and cultural competency, literacy limitations, knowledge of available services, care coordination, and transportation.

In addition, newly insured residents are also unfamiliar with their health insurance benefits and how to navigate the health system to receive care. The SJHC hospital partners have implemented several strategies to link individuals in their service area to care.

Post-discharge follow-up

In collaboration with Camden Coalition of Healthcare Providers (CCHP), Cooper, Virtua, Lourdes, and Jefferson have implemented the 7-day pledge. The program aims to reduce avoidable hospitalizations by removing barriers to timely primary care follow-up post-hospital discharge.

Using data from the Camden Coalition Health Information Exchange, eligible patients are contacted post-discharge to schedule a primary care appointment within seven days of their discharge.

Additionally, to facilitate scheduling through this program, Cooper allocated a percentage of provider schedules to hospital follow-up visits. In 2018, Cooper also piloted appointment scheduling prior to hospital discharge to enhance the discharge process.

Caring for the underserved

The Cooper Advanced Care Center continues to care for Camden's medically underserved population through the mission of delivering better care at lower cost with better health outcomes. Through four locations and across twenty-three specialties, more than 40,000 patient visits are completed each year. On average, twenty new patients are seen every month.

Signature programs include multidisciplinary group visits, Licensed Practice Nurse protocol visits, care management and health coach services, behavioral health and expanded addiction medicine services. The team based approach to health with a focus on patient engagement and addressing social barriers resulted in a significant decrease in hospital readmissions in 2017.

Caring for the underserved (continued)

Virtua operates a pediatric mobile services program that provides care for children under 5 years of age. The van provides impoverished communities throughout southern New Jersey with a range of services, including dental and developmental screenings, lead poisoning education, flu shots, health education, community resources and referrals to specialized services. Additionally, at the Virtua Health and Wellness Center in Camden, patients can be referred to specialists that they can see on-site, with continued care coordination.

Jefferson's House Calls program provides quality care to homebound patients, as well as assistance with medication management, in-home labs and medical imaging, care coordination, and health coach support.

In 2017, Cooper joined Deborah Heart and Lung Center to launch the HeroCare Connect program to ensure that New Jersey's veterans, servicemen, and women and their families receive high-quality specialty healthcare in a timely manner. What distinguishes this program is its concierge approach, which offers initial appointments within 24 to 48 hours. Since July 2017, HeroCare Connect has coordinated initial specialist appointments for nearly 3,000 individuals.

In 2018, the Linguistics Department was redesigned at Cooper to enhance the interpretation services being offered. Between 2017 and 2018, the number of interpretation cases more than doubled (3,132 to 6,600). Cooper hired interpreters to accommodate increased requests for interpreters located on-site and provided flexibility to support unexpected requests for interpreter services. Having a native-language speaker physically present has improved the comfort and communication between physician and patient.

Regional care coordination

To facilitate coordinated care through data sharing, SJHC participates in the Camden Coalition Health Information Exchange (HIE), which serves Camden County and southern New Jersey.

As a web-based application, the Camden HIE offers Camden and regional healthcare providers real-time access to medical information and facilitates sharing of clinical data among primary hospitals, physician practices, laboratory and radiology groups, and other healthcare organizations. Along with establishing Cooper's Accountable Care Organization (ACO), a team of Care Coordinators   and Health Coaches were added to Cooper primary care practices in 2017. The goal was to facilitate patient self-care management, reduce hospitalizations and risk of readmissions. Through engagement strategies like brief action planning and motivational interviewing, each care manager uses a patient-centered approach to connecting with patients to optimize health outcomes.

SUBSTANCE ABUSE

South Jersey Health Collaborative partners saw substance abuse as a vital issue to tackle within their communities but recognized that few resources exist to reduce the onset of disease. The committee agreed additional dialogue with community partners was needed to better understand the needs of the community and determine opportunities for collaboration. The SJHC implemented strategies that sought to educate the community and expand services to individuals living with substance use disorder.

Provider education

Since the last CHNA, SJHC partners have offered education and training opportunities to providers both within and outside of their organizations. The topics of these sessions include Controlled Substance Patient Agreements in Primary Care; strategies to reduce prescription drug abuse; compliance with state opioid prescribing laws; and opioid dependence and treating chronic pain. Lourdes hosted several sessions to educate physicians. At least 20 physicians have been educated, including the Accountable Care Organization (ACO) independent physicians and employed physicians. Cooper established a committee to deliver education aimed at increasing the number of individuals receiving effective treatment for substance use disorders.

To increase the number of providers that can prescribe medically-assisted treatment, Cooper conducted three health system-wide buprenorphine trainings available to hospital-based providers, primary care providers, residents, and medical students. Since 2016, Cooper has trained the entirety of the emergency medicine department and the obstetrics department in buprenorphine with formal X-waiver training. Didactic education sessions were offered to internal medicine residents in Fall 2017. Additionally, through its affiliation with Cooper Medical School of Rowan University, Cooper was able to successfully advocate for the expansion of the medical school criteria to include training on treatment of substance use disorder, including training on medication assisted treatment for opioid use disorder.

In partnership with the Camden County Addiction Awareness Task Force, Virtua co-hosted a conference entitled, "Substance Use in Pregnancy: How Can We Help?". This conference was aimed at providing healthcare practitioners with education and information on how to provide safe and nonjudgmental care to pregnant women with substance use disorders. The information focused on how to adequately identify and treat pregnant women with substance use disorders. The conference also provided networking opportunities for professionals who care for women with substance use disorders and their families.

Prevention

Lourdes now utilizes a Controlled Substance Patient Agreement in all primary care settings. Individuals taking prescription opioids must agree to a urine drug screening process in some Lourdes Medical Associates (LMA) family practice sites.

Additionally, a "pill counts" process for patients prescribed narcotics has been established in some provider practices. Lourdes has identified and can refer patients who have substance abuse issues to pain practices to help manage their pain.

Treatment

To better meet the continually increasing need for treatment services, SJHC partners have continued to expand their treatment offerings. Cooper now has a formal division of addiction medicine which includes a full time inpatient hospital consult service, and outpatient specialty clinics in Camden, Blackwood, and Pennsville. This division has five physicians, a lead behavioral therapist, care coordinators, nurses, a health coach, and other front line staff and administrators helping to engage patients. There is also integrated care for addiction and infectious disease within the Early Intervention Program, a wrap-around infectious disease and primary care clinic serving the needs of people living with or at risk for HIV.

Continued alliances with local federal qualified health centers (FQHC's) and opioid treatment providers (OTP's) expanded immediate access to treatment services within the region. In 2018, Project Hope joined forces with Cooper Addiction Medicine to provide immediate access to treatment though the Cooper Emergency Bridge Program. The Chief Medical Officer of Project Hope hosts an open monthly Breakfast Club with Cooper Addiction Medicine that offers training, support, and collaboration for local area providers

who are beginning to provide addiction treatment services. This unique platform, where experienced providers offer up their expertise in addiction treatment, encourages interdisciplinary engagement and provides support for other physicians looking to offer care to patients struggling with addiction. Additionally, Cooper will further expand its offerings as it has received two grants. Through The Cooper Addiction Medicine Perinatal Clinic continues to expand with gracious funding from New Jersey Department of Health (NJDOH), The Cooper Addiction Medicine Perinatal Clinic has provided access to services for more than 100 pregnant and parenting women. These services make recovery sustainable, and include emergency housing, free medication, therapy, essential baby items, education, and other services.

The second grant is to integrate EMS service delivery for patients after an overdose. This is a critical moment during which patients may decide to make a change in their substance use if outreach is provided. Jefferson uses a two-step process to treating individuals with addiction: medication-assisted treatment paired with individual counseling.

Provider Education

Individual counseling often focuses on reducing or stopping substance use; skill building; adherence to a recovery plan; and social, family, and professional/educational outcomes. Counselors provide a variety of services to people in treatment for substance use disorders including assessment, treatment planning, and counseling. Cognitive-behavioral therapy teaches individuals in treatment to recognize and stop negative patterns of thinking and behavior.

Counselors also seek to help individuals to reinforce positive behaviors, such as abstaining from substance use, and assist in building motivation to engage in treatment and seek recovery. Counselors also support engagement in 12-step programs such as Alcoholics Anonymous or Narcotics Anonymous.

Cooper established a monthly Addiction Breakfast Club for community/regional treatment providers. The partnership includes Camden Coalition of Healthcare Providers, Project HOPE, CompleteCare, Volunteers of America, Robins' Nest, and Camcare. Additionally, as substance abuse is inextricably linked to behavioral health, the regional partnership of the South Jersey Behavioral Health Innovation Collaborative also tracks data on substance abuse and seeks to improve access to treatment for individuals who use substances. The goal of this data tracking is to improve health outcomes and reduce overutilization of healthcare services.

PAST AND PRESENT

There is substantial overlap between the health needs identified in this CHNA and those identified in the previous CHNA. As this section indicates, SJHC partners have devoted many resources to addressing these health needs, yet they remain serious problems. Through the data provided in this CHNA, SJHC partners will continue to explore innovative and regional solutions to these serious health problems.

Cooper University Health Care

PRIORITY AREA: BEHAVIORAL HEALTH – MENTAL HEALTH AND SUBSTANCE ABUSE

Brief Description of Need

Behavioral health describes the connection between a person's behaviors and the health and well-being of the body and mind. It includes strategies aimed at promoting and improving mental health, as well as strategies aimed at preventing or intervening in addictions. Broadly, community members described the prevalence of needs related to behavioral health, the links between mental health and substance abuse, the inadequacy of resources, and specific populations that are particularly at risk for behavioral health challenges.

Goal	Offer a range of accessible behavioral health prevention and treatment options that fit the needs of individuals.
Objectives	1. Increase screenings for behavioral health needs in a variety of health care settings. 2. Increase the number of individuals who receive treatment for mental health and/or substance abuse.
Strategies and Tactics	1. As a designated Center for Excellence, serve as subject matter experts for training, mentorship and technical assistance on evidence-based addiction medicine treatment to providers and healthcare organizations across the southern part of New Jersey. 2. Expand integrated behavioral health services throughout our primary care network. 3. Expand opioid education at Cooper Medical School of Rowan University to ensure all students receive buprenorphine (sub Oxone) X waiver training. 4. Introduce a Masters prepared social worker to triage all behavioral health referrals and connect patients to the right care at the right time. 5. Expand inpatient consult services for patients with concurrent substance use disorders to help bridge them to outpatient chronic care treatment at Cooper or collaborating organizations. 6. Expand outpatient addiction medicine low barrier specialty clinics (i.e. walk in style settings). 7. Increase the presence of the Community Based Medication Assistive-Treatment Collaborative to local area providers for training, support and collaboration in more southern New Jersey counties. 8. Partner with Camden County designated providers to expand involuntary services to facilitate quicker care in the Emergency Department. 9. Collaborate with the Camden County police department to train and equip first responders on addressing patients with opioid use disorders in the field. 10. Offer a comprehensive EMS program for addiction medicine services including education, appointment scheduling assistance and administration of buprenorphine (sub Oxone) when appropriate. 11. Expand access to addiction treatment through Advanced Recovery Systems partnership. 12. Continue wrap-around perinatal programs for pregnant women with substance use disorders.

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PRIORITY AREA: ACCESSING CARE

Brief Description of Need

Community members' concerns about accessing care took several forms, including the costs of care and insurance, the time involved in getting care, difficulty navigating the health care system and treatment plans, and transportation. Lack of providers generally was not seen as a major barrier to health care. Despite this, a lack of specialists and population-specific needs made providers an important need.

Goal	Offer supportive services that assist the community with achieving accessible health care.
Objectives	1. Reduce transportation barriers for residents to receive care. 2. Improve navigation of health care services to link individuals to appropriate, transparent, and cost-effective care.
Strategies and Tactics	1. Enhance our ambulatory platform that conforms to the needs of the patient population across the entire continuum of care by introducing geographical multispecialty hub buildings, starting in Camden County. 2. Expand access to providers through walk-in appointments and non-traditional hours (e.g. evenings and weekends). 3. Extend Patient Access Center Navigators to 24 hour access. Extend MD Anderson at Cooper Navigators until midnight. 4. Expand Nurse Navigator services by providing clinical decision-making support to accurately assess and triage incoming patient calls. 5. Implement a comprehensive breast cancer program to identify access barriers, enhance access, provide training and educate professionals. 6. Increase access to community-based education and clinical screening programs. 7. Continue access to the Cooper Medical School free student clinic for uninsured and underinsured patients, including the provision of medication and care coordination.

Cooper University Health Care

PRIORITY AREA: COMMUNICATION AND RELATIONSHIPS

Brief Description of Need

Community members reported that communication around health care was a barrier to care. Rushed or unclear communication between patients and providers left community members feeling uncertain about their diagnoses and treatment plans. Community members and stakeholders alike worried that stigma associated with identity or diagnoses impacted effective communication between patients and providers. Stakeholders worried that poor communication between agencies resulted in duplicate services and kept patients from receiving available services. Community members and stakeholders mentioned a need for better communication between health systems and the public. In many cases, despite active promotion by health systems, community members were not aware of programs and services provided by the health systems. Finally, community members and stakeholders mentioned the need to have population-specific communications strategies.

Goal	Improve communication and coordination across the health care continuum, inclusive of patients, providers, and other community organizations.
Objectives	1. Improve communication between providers and patients to establish clearer patient understanding of the care plan. 2. Assist patients in obtaining and understanding information regarding their health care. 3. Improve communication between health care agencies.
Strategies and Tactics	1. Improve coordination with post-acute provider network to impact patient quality. 2. Enhance nursing orientation processes and competencies to improve communication and focus on the discharge process. 3. Standardize the hospitalist discharge process through enhanced communication with providers and patients for better understanding of discharge instructions. 4. Introduce an APN model to follow at-risk homebound patients following hospital discharge. 5. Lead inter-organizational collaboration amongst regional health care institutions to expand MyCooper functionality. 6. Integrate wearable technology data to MyCooper patient charts for increased analytics and patient engagement. 7. Increase communication with other health care institutions for enhanced visibility into medical records of shared patients. 8. Pilot electronic patient intake, tracking and notification process prior to a patient visit. 9. Use the Annual Wellness Visit to drive communication and engagement for patients 65 years old and over. 10. Restructure the organizational daily safety meeting to focus on enhanced patient outcomes. 11. Introduce a health literacy program across Cooper to facilitate better provider and patient communication. 12. Continue digital marketing communication mediums (e.g. social, blog, website) to drive awareness towards community programs.

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ADDENDUM

About Cooper University Health Care

Cooper University Health Care is the leading academic tertiary care health system and the only state-designated Level 1 Trauma Center in South Jersey with a mission to serve, to heal, to educate. With more than 630 physicians, more than 7,000 employees, and a network of more than 100 medical offices and four urgent care centers throughout the region, Cooper offers signature programs in cardiology, critical care, neurosciences, pediatrics, orthopedics, and surgical specialties. The Cooper Health Sciences campus is home to Cooper University Hospital, MD Anderson Cancer Center at Cooper, Children's Regional Hospital at Cooper, and Cooper Medical School of Rowan University. For more information about Cooper University Health Care, visit CooperHealth.org.

Mission Statement

Our mission is to serve, to heal and to educate. We accomplish our mission through innovative and effective systems of care and by bringing people and resources together, creating value for our patients and the community.

Our Commitment to Community Health

Based on more than a century of commitment and achievements in the areas of patient care and community service, Cooper University Health Care provides a continuum of care in both primary and tertiary areas. Cooper offers everything from the most sophisticated, technologically advanced medicine at Cooper University Hospital in Camden to a full array of primary care, preventive care and wellness resources located throughout South Jersey. Cooper has a long history in the City of Camden and is playing a leading role in its revitalization. Since 1887, Cooper University Health Care has been a committed partner with the Cooper Plaza and Lanning Square neighborhoods. Cooper continues to build partnerships with local civic associations, non-profit organizations and government agencies on revitalization efforts and initiatives that support local children and their families.

2019 CHNA Partners:
- Cooper University Health Care (Cooper University Hospital)
- Jefferson Health (Cherry Hill, Stratford, Washington Township)
- Lourdes Health System (Our Lady of Lourdes Medical Center, Lourdes Medical Center of Burlington County)
- Virtua Health (Virtua Marlton, Virtua Memorial, Virtua Voorhees)
- Burlington, Camden, Gloucester County Health Departments

ADDENDUM

Community Health Improvement Plan

Each CHNA partner hospital will develop an Implementation Plan that outlines the priority area(s) the hospital/health system would address and a three-year action plan to align community benefit activities with community health needs.

Board Approval and Dissemination

The CHNA Final Report was reviewed and adopted by the Cooper Board of Trustees on December 17, 2019. The Final Report is available at www.cooperhealth.org. Paper copies will be made available upon request.

Cooper is committed to the community and to being a partner within the South Jersey region. Since 1887, Cooper has been dedicated to serving and building partnerships with local civic associations, nonprofit organizations and government agencies on revitalization efforts and initiatives that support local children and their families. Cooper will continue its work to improve the health and well-being of our residents, guided by the 2019 CHNA and our mission to serve, to heal and to educate. We accomplish our mission through innovative and effective systems of care and by bringing people and resources together, creating value for our patients and the community.

For more information regarding the Community Health Needs Assessment or to submit comments or feedback, contact Max Kursh at Kursh-maxwell@cooperhealth.edu.

APPENDIX A

Burlington County: Issues, Resources, Barriers

% Selecting as issue facing community
- Adult overweight / obesity
- Illegal drug use
- High blood pressure
- Mental health
- Vaping/Juuling
- Services for senior citizens
- Cancer
- Too much unhealthy food
- Diabetes
- Alcohol
- Prescription drug use
- Tobacco
- Child overweight / obesity
- Heart disease

% Selecting as resource missing from community
- Free/low cost medical
- Free/low cost dental
- Free/low cost drugs
- Mental health care
- Health education
- Services for seniors
- Subst abuse services
- Public transportation
- Patient navigators
- Health screening
- Veterans' health care
- Meal delivery services
- Community support groups
- Bilingual services

% Selecting as barrier to health in community
- Out -of-pocket costs
- Can't take time off of work
- Limited Insurance
- Hard to navigate the system
- No appointments that work
- Lack of insurance
- Lack of transportation
- Appointments take too long
- Lack of child care
- Fear the outcome
- Lack trust in dr/system
- Lack of providers
- Immigration concerns
- Language

Camden County: Issues, Resources, Barriers

% Selecting as issue facing community

- Adult overweight / obesity
- Illegal drug use
- Mental health
- High blood pressure
- Too much unhealthy food
- Prescription drug use
- Services for seniors
- Alcohol
- Tobacco
- Diabetes
- Cancer
- Vaping/Juuling
- Lack of insurance
- Dental health

% Selecting as resource missing from community

- Free/low cost drugs
- Free/low cost dental
- Free/low cost medical
- Mental health care
- Services for seniors
- Substance abuse services
- Health education
- Patient navigators
- Health screenings
- Meal delivery services
- Bilingual services
- Community support groups
- Public transportation
- Veterans' health care

% Selecting as barrier to health in community

- Out -of-pocket costs
- Can't take time off of work
- Limited Insurance
- Hard to navigate the system
- Lack insurance
- No appointments that work
- Lack of transportation
- Appointments take too long
- Lack of child care
- Fear the outcome
- Lack trust in dr/system
- Lack of providers
- Languace
- Immigration concerns

Gloucester County: Issues, Resources, Barriers

% Selecting as issue facing community

- Adult overweight / obesity
- Illegal drug use
- Too much unhealthy food
- Vaping/Juuling
- Mental health
- Tobacco
- Alcohol
- Prescription drug use
- Child overweight/obesity
- Diabetes
- High blood pressure
- Services for seniors
- Cancer
- Lack healthy food

% Selecting as resource missing from community

- Free/low cost medical
- Free/low cost dental
- Free/low cost drugs
- Mental health care
- Health education
- Substance abuse services
- Services for seniors
- Health screenings
- Public transportation
- Patient navigators
- Meal delivery services
- Bilingual services
- Veterans' health care
- Community support groups

% Selecting as barrier to health in community

- Out -of-pocket costs
- Can't take time off of work
- Hard to navigate the system
- Limited insurance
- No appointments that work
- Lack of insurance
- Lack of transportation
- Appointments take too long
- Lack of child care
- Fear the outcome
- Lack of providers
- Lack of trust
- Language
- Immigration concers

APPENDIX B

Appendix B - Diagnosis Categories[1]

- Abdomen, chest, back
- Abortion
- Abscess
- Adult Sexual Abuse
- Allergy
- Appendicitis
- Asthma
- Bites and Stings
- Blood Diseases and Illnesses
- Cardiovascular Diseases and Illnesses
- Cardiovascular Symptoms
- Cellulitis
- Cough
- Cyst
- Dehydration
- Diabetes and Blood Sugar
- Embolism
- Examinations
- Exposure
- Female Reproductive System Symptoms
- Fever
- Foreign Body
- Gastrointestinal and Digestive Symptoms
- Gastrointestinal and Digestive Diseases and Illnesses
- Head, face, neck, and ear
- Headaches and Migraines
- Hemorrhage
- Hernia
- Illness caused by unspecified organism
- Immunization
- Infection
- Leg, knee, foot, ankle
- Liver

- Lung diseases
- Lung related symptoms
- Malignant neoplasm
- Mass or lump
- Medical implant or device
- Mental health and substance abuse
- Mouth, teeth, lips, nose
- Neurological diseases and illnesses
- Obstruction
- Pain
- Person with feared health complaint and no diagnosis
- Poisoning
- Pregnancy
- Respiratory infection
- Seizures
- Sepsis
- Shoulder, arms, hands, wrists
- Sinus
- Skeletal system diseases
- Skin diseases and illnesses
- Stroke
- Tissue death and necrosis
- Transport accident
- Urinary system diseases and illnesses
- Urinary system symptoms
- Vagina diseases and illnesses
- Wounds and injuries

[1] Language Processing Model Categorization

APPENDIX C

Appendix C - Agencies that Participated in Focus Groups

Burlington County (3/15)

Burlington 35th Street Consulting, LLC
Burlington County Behavioral Health
Burlington County Health Department
Cooper University Health Care
Deborah Heart and Lung Center
Hampton Behavioral Health Center
Jefferson Health
Lourdes Health System
Lourdes Medical Center of Burlington County
Maryville Addiction Treatment Center
Masonic Village at Burlington
New Jersey Department of Health
Penn Medicine / Virtua
Prevention Plus of Burlington County
Rutgers Health
Servicios Latinos de Burlington County
Solstice Counseling Services
Tri-State Transportation Campaign
Virtua Health System
Voorhees Pediatric Facility
Weisman Children's Rehabilitation Hospital

Camden City (3/14)

American Cancer Society
CAMcare Health Corporation
Camden Coalition of Healthcare Providers
Camden County Department of Health and Human Services
Camden County Department of Health and Human Services: Alcoholism and Drug
        Abuse Services; Mental Health Administration
Camden Diabetes Initiatives, LLC
Camden District Council Collaborative Board
Center for Family Services
CFG Health Systems, LLC; Virtua CASTLE Program
Cooper Health System
Cooper Children's Regional Hospital; Safe Kids Southern New Jersey
Cooper University Health Care
Cooper's Ferry Partnership

APPENDIX C

Gateway Community Action Partnership
Joseph's House
KIPP NJ
Lourdes Health System
Maryville Addiction Treatment Center
NJ HIV Housing Collaborative
Rails to Trails Conservancy
Roundtrip
Virtua Health System
Volunteers of America
Weisman Children's Rehabilitation Hospital

Camden County (3/19)

Camden County Department of Health and Human Services
Camden County Department of Health and Human Services: Communicable Disease Unit
Camden County Department of Health and Human Services: Division of Environmental & Consumer Health Services
Center for Family Services
Cooper University Health Care
Gateway Community Action Partnership; WIC Program
Lourdes Health System: Health Network
Maryville Addiction Treatment Center
Parkside Business and Community in Partnership, Inc.
Scott Counsel
SOS Group, Inc.
Southern New Jersey Perinatal Cooperative
Virtua Health System

Gloucester County (3/13)

Center for Family Services
CompleteCare Health Network
Cooper University Health Care
Famcare
Gloucester County Department of Health & Human Services
Gloucester County Department of Health & Human Services; Division of Human & Disability Services
Helping Hand Behavioral Health
Inspira Health Network
Jefferson Health

APPENDIX C

Maryville Addiction Treatment Center
Robins' Nest
Rothman Institute
Scott Counsel
Solstice Counseling Services
Southern New Jersey Perinatal Cooperative
The Southwest Council, Inc.
United Way of Gloucester County
Virtua Health System
YMCA of Gloucester County

APPENDIX D

Appendix D - Agencies that Participated in Interviews

Burlington County Health Department

Camden County Department of Health and Human Services

CGS Family Partnership Inc.

Gloucester County Department of Health and Human Services

Gloucester County Prosecutor's Office

APPENDIX E

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Appendix E - Interview Questions with Designated Officials in Burlington, Camden, and Gloucester Counties

Focus: To obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, other key health issues, and health education and communication, as well as the barriers residents confront in obtaining care. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the interview has the potential to reveal usable information for improving the health care system for residents in the Burlington, Camden, and Gloucester counties

Thank you for taking time out of your busy schedule to help us learn more about your agency's efforts. This is important information that will help to inform South Jersey Health Collaborative's Community Health Needs Assessment.

Demographic Information

Participant Name

Participant's Agency

Participant's Position

*Length of time Participant
has been at the agency*

APPENDIX E

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<u>**INTERVIEW QUESTIONS**</u>

Four core areas of focus are (but not limited to): what is your definition of health; barriers to health; current resources, and how SJHC can help support the community in becoming healthier.

1) Let's start by discussing your definition of community or public health. Simply put, how do you define health?
    a. Probe: If participant identifies more individual health focused needs, continue to ask for further information and examples.
    b. If the participant responds with information regarding health needs outside of individual health such as poverty, gun violence, violence, and so forth, continue to seek further information. If the participant mentions more macro factors such as the ones listed above or others, ask the participant to clarify or connect how these factors affect or are related to individual health.
    c. Based on the answers above, ask the participant, which of the needs identified do you think SJHC could help to support?

2) Are there strengths or resources that already exist in the community that could be built upon to improve the health and well-being of residents?
    a. If so, please explain.

3) Now let's shift focus, what do you consider to be the top 3 challenges for your community/county? Stated alternatively, what are some barriers that you think keep your county from being the healthiest county in the State of NJ?
    a. Probe: What policies or service gaps create or support these barriers?

4) Are there specific needs the residents of this community/county have which you would like to discuss?
    a. Probes: lead levels, opioid crisis, mental health access and treatment, prevention or early intervention services for youth?
    b. What resources need to be developed or increased in order to address the health needs?

5) Are there dynamics at play concerning individuals, community organizations, or governmental entities that are currently working in the county which positively or negatively affect community health?
    a. Could you detail if there are any health-related projects that are being successfully implemented in the community?
        i. How successfully are individuals, community organizations, and governmental entities working together to improve health in their counties?
    b. Who else do you think could help support community health in SJHC's service areas? Are there other stakeholders that should be at the table?
    c. What is keeping your community from being "healthy" or being a "healthy community"?

6) And lastly, in a perfect world with unlimited funds or resources, what are the health concerns or issues with obtaining or receiving health services that SJHC would work to solve?

7) Is there anything else that you would like to discuss that we have not mentioned already?

Thank you for your time! The information you shared will be valuable as we continue with the CHNA. Take care and enjoy the rest of your day.

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Appendix F – Focus Group Guide: Social Service Providers

PRELIMINARIES FOR GROUP (Instructions for Research Team Members)

1. Prior to the start of the focus group, we will meet with each participant individually and provide him or her with a copy of the consent form. Participants will be asked to follow along as a research team member reads it aloud and given an opportunity to ask any questions they may have. Two copies of the form will be signed by the participant and one of the researchers; we will give one copy to him or her and retain the other copy for our records. After all of the participants have signed consent forms, they will be invited into a private room where the focus group will be held.

2. The focus group will begin with some preliminary remarks thanking the participants for their participation. The purpose of the focus group is to obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, health education and communication, the barriers residents confront in obtaining care, and other key health issues. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the focus group has the potential to reveal usable information for improving the health care system for residents in the Camden, Gloucester, and Burlington counties. We will also remind the participants that the focus group will be an informal discussion that we will guide by asking questions. We will also tell them that they should feel free to volunteer information if there is something they believe is important that does not come up while addressing the questions research team members ask.

3. We will explain that we cannot prevent participants from telling people outside the group after its conclusion what was discussed in the group, but that we would like people to respect each other's privacy and not reveal things that fellow participants said. We will also explain that participants should be mindful that others might repeat what they say when they speak in the group. The questions to be posed during each of the group sessions are listed on the attached sheet below.

4. Introductions of Members: First, identify your current roles in the community. For example, you might answer that you are an executive at the hospital. Second, provide a description of your connection to the issue of healthcare needs in our community. Third, identify how long you have been a living/working in this community.

APPENDIX F

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<u>Focus Group Questions (English)</u>

Let's go around the table and introduce ourselves. State your name (or whatever you would prefer us to call you during the focus group) and what areas of health you work on in your community.

Potential Topics (but not limited to): Access to care, key health issues, health education and communication, barriers to obtaining care, strengths of the health care delivery system, room for improvements, problems/concerns identification, as well as communication, cooperation, and data sharing between key stakeholders and providers.

Icebreaker: What is health? What does health mean to you?

1) What are the most significant problems related to health in your community?
   a. What ages, races, and genders are affected by the issue?

2) What are the most significant problems related to education, learning, and individuals reaching their developmental potential in your community? (e.g.: school readiness, policies around English as a second language, or discipline issues)
   a. What ages, races, and genders are affected by the issue?

3) What are the most significant problems affecting families in your community (e.g., families being able to provide parenting, economic security, and a healthy environment)?
   a. What ages, races, and genders are affected by the issue?

4) What other problems or concerns significantly affect members of your community?
   a. What ages, races, and genders are affected by the issue?

5) What does this community have "going for it" with regard to meeting the healthcare needs of its citizens?

6) Current community gaps: What are the most pressing things standing in the way of people getting healthy, staying healthy, or managing ongoing health conditions?

7) What resources are needed to meet the identified community gaps?
   a. Examples:
      - Services, support, or information to manage a chronic condition or change health behaviors such as smoking, eating habits, physical activity, or substance use.
      - Preventive services such as flu shots or immunizations.
      - Specialty healthcare services or providers.

8) What one action, service, program, or resource would the group members like to see initiated to help ensure (or create) a healthier community?

APPENDIX F

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9) What is your vision for a healthy community?
   a. What does "quality of life" mean to you?
   b. What makes a community healthy?

10) Other areas to explore: (group into physical, mental, and community, and healthcare)
   - Trafficking
   - Trauma
   - Family Violence / Community Violence
   - Mental Health Treatment and Access to Care
   - Substance Abuse Treatment and Access to Care
   - Community Violence
   - Community Concerns
   - Social Connections
   - Economic Insecurity
   - Threats to and Opportunities for Community Health
   - Healthcare Needs
   - Healthcare Choices
   - Healthcare Experiences
   - Healthcare Barriers
   - Prevention Strategies
   - Communication and Cooperation and Data Sharing With Other Key Stakeholders And Providers

11) Is there anything else you would like to discuss that we haven't mentioned yet?

Thank you for your time! The information you shared will be valuable as we continue with the CHNA. Take care and enjoy the rest of your day.

APPENDIX G

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Appendix G - Focus Group Guide: Community Members

PRELIMINARIES FOR GROUP (Instructions for Research Team Members)

1. Prior to the start of the focus group, we will meet with each participant individually and provide him or her with a copy of the consent form. Participants will be asked to follow along as a research team member reads it aloud and given an opportunity to ask any questions they may have. Two copies of the form will be signed by the participant and one of the researchers; we will give one copy to him or her and retain the other copy for our records. After all of the participants have signed consent forms, they will be invited into a private room where the focus group will be held.

2. The focus group will begin with some preliminary remarks thanking the participants for their participation. The purpose of the focus group is to obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, health education and communication, the barriers residents confront in obtaining care, and other key health issues. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the focus group has the potential to reveal usable information for improving the health care system for residents in the Camden, Gloucester, and Burlington counties. We will also remind the participants that the focus group will be an informal discussion that we will guide by asking questions. We will also tell them that they should feel free to volunteer information if there is something they believe is important that does not come up while addressing the questions research team members ask.

3. We will explain that we cannot prevent participants from telling people outside the group after its conclusion what was discussed in the group, but that we would like people to respect each other's privacy and not reveal things that fellow participants said. We will also explain that participants should be mindful that others might repeat what they say when they speak in the group. The questions to be posed during each of the group sessions are listed on the attached sheet below.

4. Introductions of Members: First, identify your current roles in the community. For example, you might answer that you are an executive at the hospital. Second, provide a description of your connection to the issue of healthcare needs in our community. Third, identify how long you have been a living/working in this community.

APPENDIX G

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Focus Group Questions

Icebreaker: What is health? What does health mean to you?

1) Let's start with the positives. What does this community have "going for it" with regard to meeting the healthcare needs of its residents?

2) In your opinion, tell us what you think are the most significant problems related to health in your community?

    a. Do you think that any one type of population is particularly affected by the issue? (e.g., ages, race, and gender)
    b. How do these problems stand in the way of people getting healthy, staying healthy, or managing ongoing health conditions?

3) What gaps in services or resources are there relating to health in your community?

    a. When identifying a gap, please also suggest what could fill this gap;-services, resources, education, better food, transportation? Are there other health related resources needed to help people in this area?
        i. Examples:
            • Services, support, or information to manage a chronic condition or change health behaviors such as smoking, eating habits, physical activity, or substance use.
            • Preventive services such as flu shots or immunizations.
            • Specialty healthcare services or providers.

4) ***For the facilitator:*** as appropriate, please ask the participants of the focus group to share their thoughts on the following if they have not already been identified (group into physical, mental, and community, and healthcare).

➢ Trafficking
➢ Trauma
➢ Family Violence / Community Violence
➢ Mental Health Treatment and Access to Care
➢ Substance Abuse Treatment and Access to Care
➢ Community Violence
➢ Community Concerns

➢ Social Connections
➢ Economic Insecurity
➢ Threats to and Opportunities for Community Health
➢ Healthcare Needs
➢ Healthcare Choices
➢ Healthcare Experiences
➢ Healthcare Barriers
➢ Prevention Strategies

5) Is there anything else that you would like to share with us that we have not talked about?

Thank you for your time! The information you shared will be valuable as we continue with the CHNA. Take care and enjoy the rest of your day.

APPENDIX H

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Appendix H – Focus Group Guide: COMMUNITY MEMBERS

PRELIMINARIES FOR GROUP (Instructions for Research Team Members)

1. Prior to the start of the focus group, we will meet with each participant individually and provide him or her with a copy of the consent form. Participants will be asked to follow along as a research team member reads it aloud and given an opportunity to ask any questions they may have. Two copies of the form will be signed by the participant and one of the researchers; we will give one copy to him or her and retain the other copy for our records. After all of the participants have signed consent forms, they will be invited into a private room where the focus group will be held.

2. The focus group will begin with some preliminary remarks thanking the participants for their participation. The purpose of the focus group is to obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, health education and communication, the barriers residents confront in obtaining care, and other key health issues. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the focus group has the potential to reveal usable information for improving the health care system for residents in the Camden, Gloucester, and Burlington counties. We will also remind the participants that the focus group will be an informal discussion that we will guide by asking questions. We will also tell them that they should feel free to volunteer information if there is something they believe is important that does not come up while addressing the questions research team members ask.

3. We will explain that we cannot prevent participants from telling people outside the group after its conclusion what was discussed in the group, but that we would like people to respect each other's privacy and not reveal things that fellow participants said. We will also explain that participants should be mindful that others might repeat what they say when they speak in the group. The questions to be posed during each of the group sessions are listed on the attached sheet below.

4. Introductions of Members: First, identify your current roles in the community. For example, you might answer that you are an executive at the hospital. Second, provide a description of your connection to the issue of healthcare needs in our community. Third, identify how long you have been a living/working in this community.

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Focus Group Questions

Icebreaker: Por favor díganos ¿qué entiende usted por una "comunidad saludable"? En otras palabras, ***¿qué tipo de cosas hacen que la comunidad sea un lugar saludable para vivir?***

1) Empecemos por lo positivo. ¿De qué manera esta comunidad cumple con las necesidades de salud de sus residentes?

2) En su opinión, díganos ¿cuáles cree que sean los problemas más importantes en cuanto a la salud de su comunidad?
   a. ¿Cree que haya un grupo en particular que se vea afectado por estos problemas? (por ejemplo, basado en edad, raza, género)
   b. ¿Cómo es que estos problemas no dejan que las personas se mantengan saludables, se vuelvan saludables, o que mantengan sus condiciones médicas bajo control?

3) ¿Qué le hace falta a los servicios de salud?
   a. Cuando identifique un área que haga falta, por favor también sugiera lo que se podría hacer para llenar este espacio: servicios, recursos, educación, major comida, transportación? Hay otros recursos relacionados a la salud que se necesiten para ayudar a otras personas en esta área?
      i. Ejemplos:
         - Servicios, información, o apoyo para controla una condición crónica o cambiar ciertos comportamientos de salud como el fumar, ábitos alimenticios, actividad física, o uso de sustancias?
         - Servicios de prevención como vacunas contra la gripe o immunizaciones?
         - Servicios o proveedores de salud especializados?

4) For the facilitator: as appropriate, please ask the participants of the focus group to share their thoughts on the following if they have not already been identified. (group into physical, mental, and community, and healthcare).
   - Tráfico
   - Trauma
   - Violencia familiar/ violencia en la comunidad
   - Tratamiento y acceso al cuidado mental
   - Tratamiento y acceso al cuidado para el abuso de sustancias
   - Violencia en la comunidad
   - Preocupaciones de la comunidad
   - Conexiones sociales
   - Inseguridad económica
   - Amanezas a y oportunidades para la salud en la comunidad
   - Necesidades de cuidado de salud
   - Opciones de cuidado de salud
   - Experiencias de cuidado de salud
   - Barreras de cuidado de salud
   - Estrategias de prevención

5) Hay algo más que quiera conversar con nosotros que no hayamos aún mencionado?

APPENDIX H

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Gracias por su tiempo! La información que ah compartido será valiosa mientras continuamos con CHNA. Cuídese y que disfrute el resto de su día.

APPENDIX I

Q1.1 Consent Form-Participation in Anonymous Questionnaire: Community Health Needs Assessment for the South Jersey Health Collaborative

You are invited to participate in a research study that is being conducted by Dr. Sarah Allred, Faculty Director at The Senator Walter Rand Institute for Public Affairs at Rutgers University, Camden. The purpose of this research is to collect feedback on health issues and services from individuals who live in Burlington, Camden, and Gloucester Counties. If you choose to participate, you will answer questions about your health, health risk behaviors, preventive health practices, and access to health care, as well as community strengths and weaknesses. Nonprofit hospitals are required by federal law to collect data on community health needs every three years. The survey will take about 5 minutes to complete. After you complete the survey, if you wish to answer additional questions those will take about 10 minutes.

This research is anonymous, which means that we will not record any information that could be used to identify you. There will be no link between your identity and your responses on the survey.

The research team and the Institutional Review Board at Rutgers University are the only parties that will see your responses, except as may be required by law. If a report of this study is shared, only group results will be stated. All study data will be kept for three years.

There are no expected risks of participating in this study. You may receive no direct benefit from taking part in this study, but your feedback will be used to inform future health programming and services that may benefit your county.

Participation in this study is voluntary. You may choose not to participate or to withdraw at any time during the survey without any penalty. Also, you may choose not to answer any questions that make you uncomfortable.

If you have any questions about the study or study procedures, you may contact:
Sarah R. Allred, Faculty Director, The Walter Rand Institute for Public Affairs
Rutgers University, The State University of New Jersey, Camden
411 Cooper Street , Camden, NJ 08102
Phone: 856-225-6268; Email: srallred@camden.rutgers.edu

If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:
Institutional Review Board, Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200, 335 George Street, 3rd Floor, New Brunswick, NJ 08901
Phone: 732-235-2866; Email: human-subjects@ored.rutgers.edu

If you are 18 years of age or older, understand the statements above, and will consent to participate in the study, click on the "I Agree" button to begin the survey.   If not, please click on the "I Do Not Agree" button, which will exit this program.

| I Agree | I Do Not Agree |

If you answered "I Do Not Agree," skip to End of Survey

APPENDIX I

Section 2: Health & Healthcare Access

Q2.1 What is the zip code of your home? _____

Q2.2 What town do you live in? _____

Q2.3 Which of the following are health issues in your community? (Select all that apply).

☐ Access to health care

☐ Access to services for senior citizens / aging population

☐ Access to family planning/reproductive health

☐ Alcohol use

☐ Adult overweight / obesity

☐ Asthma

☐ Cancer

☐ Community safety

☐ Child overweight / obesity

☐ Dental health

☐ Diabetes

☐ Domestic violence

☐ Drug use (prescription)

☐ Drug use (illegal)

☐ Heart disease

☐ Homelessness / housing insecurity

☐ High blood pressure (Hypertension)

☐ HIV / AIDS

☐ Immunization/vaccination rates too low

☐ Lack of healthy food

☐ Lack of insurance / under-insurance

☐ Lung disease (e.g., COPD)

☐ Maternal / infant health

☐ Mental health / suicide

☐ Over-incarceration (too many people in jail/prison)

☐ Sexual assault / sexual violence

☐ Sexually transmitted infections / diseases (STIs/STDs)

☐ Stroke

☐ Tobacco

☐ Too much unhealthy food

☐ Vaping/Juuling

☐ Other (please specify) _____

Q2.4 What are the barriers that keep people in your community from accessing health care when they need it? (Select all that apply).

☐ Can't afford out of pocket costs (co-pays, prescriptions, etc.)

☐ Hard to navigate / understand the health care system

☐ Inability to take time off from work

☐ Lack of child care

☐ Lack of appointments that work with my schedule

☐ Lack of health insurance coverage

☐ Limited health insurance coverage

☐ Lack of medical providers

☐ Lack of transportation

☐ Lack of trust in health care providers / health care system

☐ Afraid of diagnosis / outcome of visit

☐ Language barriers

☐ Law enforcement concerns

☐ Immigration concerns

☐ Neighborhood safety concerns

☐ Time limitations (e.g., wait too long at appointments)

☐ Other (please specify) _____

APPENDIX I

Q2.5 Related to health, what are the resources or services you think are missing in the community? (Select all that apply).

- ☐ Bilingual services
- ☐ Community support services (e.g., AA, NA, support groups, etc.)
- ☐ Free / low cost medical care
- ☐ Free / low cost dental care
- ☐ Free / low cost prescriptions
- ☐ Health education / information / outreach
- ☐ Health screenings (e.g., cancer, STIs, chronic disease)
- ☐ Hospice care
- ☐ Immunization/vaccination services
- ☐ Meal delivery services
- ☐ Medical specialists
- ☐ Mental / behavioral health services
- ☐ Patient navigators (people to help you understand the health care system)
- ☐ Pediatric (children's) medical providers
- ☐ Primary care providers
- ☐ Public transportation
- ☐ Services for senior citizens / aging population
- ☐ Services for formerly incarcerated population
- ☐ Substance abuse services
- ☐ Respite care
- ☐ Women's health care (e.g., prenatal care, ob/gyn, reproductive health, etc.)
- ☐ Veterans health care
- ☐ Other (please specify)_____

Q2.6 Are there specific populations in your community that you think are NOT being adequately served by local health services? (Select all that apply).

- ☐ Black / African American
- ☐ Children / youth
- ☐ Disabled
- ☐ Formerly incarcerated
- ☐ Gender
- ☐ Hispanic / Latino
- ☐ Homeless
- ☐ Immigrant / refugee
- ☐ Low income / poor
- ☐ People living with HIV / AIDS
- ☐ People with mental / behavioral health conditions
- ☐ Uninsured / underinsured
- ☐ Veterans
- ☐ Seniors / aging / elderly
- ☐ Sexual orientation (LGBTQ)
- ☐ Young adults
- ☐ None of these
- ☐ Other (please specify) _____

Q2.7 When you are sick or need health care, what kind of place do you go most often?

- ☐ Clinic or healthcare center
- ☐ Doctor's office
- ☐ Hospital emergency room
- ☐ Hospital outpatient department
- ☐ Urgent care
- ☐ Other (please specify)_____
- ☐ I don't know
- ☐ I prefer not to answer

APPENDIX I

Q2.8 About how long has it been since you last visited a doctor for a yearly checkup?

☐ Within the past year (anytime less than 12 months ago)

☐ Within the past 2 years (more than 1 year but less than 2 years ago)

☐ Within the past 5 years (more than 2 years but less than 5 years ago)

☐ 5 or more years ago

☐ I have never visited a doctor for a routine checkup

☐ I don't know

☐ I prefer not to answer

Q2.9 What kind of health insurance do you have? (Select all that apply).

☐ Medicare

☐ Private health insurance

☐ Medi-Gap

☐ Medicaid

☐ NJ FamilyCare

☐ Military health care (TRICARE / VA / CHAMP-VA)

☐ Indian Health Service

☐ Other government program

☐ Single service plan (e.g., dental, vision, prescriptions)

☐ No coverage of any type

☐ Other (please specify)_____

☐ I don't know

☐ I prefer not to answer

Q2.10 Which of the following programs have you heard about? (Select all that apply).

☐ Cooper Diabetes Education

☐ HeroCare Connect

☐ Jefferson Health Comprehensive Diabetes Program

☐ Jefferson Health Bariatric Surgery Program

☐ Jefferson Health Sidney Kimmel Cancer Center - Washington Township

☐ Lourdes Freedom From Smoking Program

☐ Lourdes Wellness Services, Collingswood (e.g., Acupuncture, Therapeutic Massage)

☐ MD Anderson Cancer Center at Cooper Tobacco Cessation Program

☐ MD Anderson Cancer Center at Cooper Cancer Outreach and Screening Program

☐ Virtua VIP Senior Program

☐ Virtua Mobile Farmers' Market

☐ Virtua Pediatric Mobile Service

☐ Virtua Mobile Mammography

☐ Women's Health Education Programs at the Ripa Center for Women's Health and Wellness at Cooper

☐ I have not heard of any of these programs

☐ I don't know

☐ I prefer not to answer

Section 3: Demographics
Q3.1 What is your age?

_____

APPENDIX I

Q3.2 Are you Hispanic/Latino?

☐ Yes   ☐ No

Q3.3 Choose the race(s) that you identify with. Select all that apply.

☐ Black or African American   ☐ Asian

☐ White   ☐ Native Hawaiian or Pacific Islander

☐ American Indian or Alaska Native   ☐ Other (please specify) _____

Q3.4 Please choose the answer that is closest to your household income.

☐ Less than $10,000   ☐ $50,000 to $59,999   ☐ $100,000 to
☐ $10,000 to $19,999   ☐ $60,000 to $69,999 $149,999
☐ $20,000 to $29,999   ☐ $70,000 to $79,999   ☐ $150,000 or more
☐ $30,000 to $39,999   ☐ $80,000 to $89,999
☐ $40,000 to $49,999   ☐ $90,000 to $99,999

Q3.5 Thinking about the place you last slept, was it:

☐ A place you own   ☐ A shelter / emergency housing

☐ A place you rent   ☐ A place where people are not meant to live
                                        (e.g., car, abandoned building, on the
☐ A place you sublet / sublease   street)

☐ A rooming / boarding house (rent one room   ☐ Other (please specify)_____
and share common areas like kitchens and
bathrooms)   ☐ I don't know

☐ Your family / friend's home (e.g., you are   ☐ I prefer not to answer
temporarily staying with them for some
reason)

Q3.6 Within the past year, have any of the following applied to you? (Select all that apply).

☐ Kicked out / thrown out of home   ☐ Did not know where you were going to
                                        sleep, even for one night
☐ Evicted from home
                                     ☐ Did not have a home
☐ Stayed in shelter
                                     ☐ None of the above
☐ Stayed in an abandoned building, auto, or
other place not meant as housing   ☐ I don't know

                                     ☐ I prefer not to answer

*Thank you for answering our questions! We would like to ask you more questions about health in
your community. If you are willing to answer more questions, please go to the next page.*

Additional Questions

Section 4: Additional Health and Healthcare Access Questions

Q4.1 The following questions will ask you to rate different aspects of your health. Please choose the best response for each question. How would you rate your ….?

	Excellent	Very Good	Good	Fair	Poor	I don't know	I prefer not to answer
Overall health?	☐	☐	☐	☐	☐	☐	☐
DENTAL health?	☐	☐	☐	☐	☐	☐	☐
MENTAL health?	☐	☐	☐	☐	☐	☐	☐
Overall diet?	☐	☐	☐	☐	☐	☐	☐

Q4.2 How do you normally get to your medical appointments?

☐ Walk/Bike   ☐ Drive yourself   ☐ Senior citizen transportation   ☐ Other (please specify) _____

☐ Public Transportation (bus, train, etc.)   ☐ Have a family member or friend take you   ☐ Volunteer organization   ☐ I don't know

☐ Paying someone to drive you (e.g., Uber or Lyft or Taxi)   ☐ Use LogistiCare   ☐ Use another form of medical transport   ☐ I prefer not to answer

Q4.3 Do you feel like your regular form of transportation to medical appointments gets you to your appointments on time?

☐ Yes   ☐ I don't know

☐ No   ☐ I prefer not to answer

APPENDIX I

Q4.4 Where do you get information about health care? (Select all that apply).

☐ Personal doctor or health care provider

☐ Friends / relatives

☐ Books / magazines

☐ Work

☐ Health insurance company

☐ Internet sources (e.g., WebMD)

☐ Health department (e.g., Community Health Worker, Nurse, Health Educator)

☐ Mobile apps

☐ Social media (e.g., Facebook, Instagram)

☐ Television / Radio programs

☐ Other (please specify) _____

☐ I don't receive any health care information

☐ I don't know

☐ I prefer not to answer

Q4.5 In the past year, have you ever had to travel outside your county for health care services?

☐ Yes

☐ No

☐ I don't know

☐ I prefer not to answer

If you answered "Yes," continue on to Q4.6
All other responses, skip to Q4.7

Q4.6 For what kind of health care services did you have to travel outside your county? (Select all that apply).

☐ Primary care (e.g., family physician, family practitioner, or family practice)

☐ Routine management of chronic conditions

☐ Obstetrics /Gynecology

☐ Surgery

☐ Cardiac care

☐ Cancer treatment

☐ Pediatric care

☐ Mental / behavioral health

☐ Substance abuse treatment

☐ Emergency

☐ Other specialty care

☐ Other major medical services or procedures

☐ Dental care

☐ Other (please specify) _____

☐ I don't know

☐ I prefer not to answer

APPENDIX I

Q4.7 Was there a time in the past 12 months when cost prevented you from getting the health care, services, or medical equipment you needed?

☐ Yes   ☐ I don't know

☐ No   ☐ I prefer not to answer

If you answered "Yes," continue on to Q4.8
All other responses skip to Q5.1

Q4.8 How did cost prevent you from getting the health care you needed? (Select all that apply).

☐ I couldn't afford to go to a healthcare provider   ☐ Other (please specify)
☐ I could not afford to buy medical equipment   _____
   (e.g. glucose strips, wheelchair, CPAP)   ☐ I don't know
☐ I could not afford prescription medication   ☐ I prefer not to answer
☐ I could afford to follow medical advice (e.g.,
   follow a specific diet)

Section 5: Additional Health Knowledge/Behaviors

Q5.1 Please indicate the health conditions for which you are receiving recommended screenings. Select N/A if it does not apply to you.

	Yes	No	Not Applicable (N/A)	I don't know	I prefer not to answer
Breast Cancer	☐	☐	☐	☐	☐
Cervical Cancer	☐	☐	☐	☐	☐
Colorectal Cancer	☐	☐	☐	☐	☐
Lung Cancer	☐	☐	☐	☐	☐
Prostate Cancer	☐	☐	☐	☐	☐
Skin Cancer	☐	☐	☐	☐	☐
Hepatitis C	☐	☐	☐	☐	☐
STDs/STIs (e.g. HIV, gonorrhea, chlamydia)	☐	☐	☐	☐	☐

If you answered "Yes to STDs/STIs," continue on to Q5.2
All other responses skip to Q5.3

APPENDIX I

Q5.2 Where have you been tested for STDs/STIs? (Select all that apply).

- ☐ Doctor's Office
- ☐ Health Department / STI / STD Clinic
- ☐ Health Clinic or Health Center
- ☐ Hospital
- ☐ Other (please specify) _____
- ☐ I don't know
- ☐ I prefer not to answer

Q5.3 Within the past 12 months, did you get a flu vaccine?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to answer

> *If you answered "No," continue on to Q5.4.*
> *All other responses skip to Q5.5.*

Q5.4 If you did not receive your flu vaccine, why not? (Select all that apply).

- ☐ I could not afford it
- ☐ I got it once & got sick because of it
- ☐ I didn't have time to get it
- ☐ I don't think I need it/I don't get sick
- ☐ Vaccines don't work
- ☐ Vaccines do more harm than good
- ☐ Other (please specify)_____
- ☐ I don't know
- ☐ I prefer not to answer

Q5.5 Which of the following chronic conditions are relevant to you because you have been diagnosed or are at-risk of? (Select all that apply).

- ☐ Asthma
- ☐ Diabetes
- ☐ Mental / behavioral health condition(s)
- ☐ Cancer
- ☐ Chronic pain
- ☐ Heart Disease
- ☐ High Blood Pressure (Hypertension)
- ☐ High Cholesterol
- ☐ Lung disease (e.g., COPD, emphysema)
- ☐ Overweight / obesity
- ☐ Alcohol misuse / abuse
- ☐ Drug misuse / abuse
- ☐ Other (please specify)_____
- ☐ None of these
- ☐ I don't know
- ☐ I prefer not to answer

Q5.6 Have you ever had a conversation with people close to you about what you would like to happen if you were so sick you could not make decisions about your healthcare?

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ I prefer not to answer

APPENDIX I

Q5.7 Think back to last week. How often did you …	Never	Once or twice	Some days	Most days	Every day	I don't know	I prefer not to answer
… eat fruits or vegetables	☐	☐	☐	☐	☐	☐	☐
… eat a meal with your family	☐	☐	☐	☐	☐	☐	☐
… eat fast food	☐	☐	☐	☐	☐	☐	☐
… feel you lack companionship	☐	☐	☐	☐	☐	☐	☐
… feel left out	☐	☐	☐	☐	☐	☐	☐
… feel isolated from others	☐	☐	☐	☐	☐	☐	☐
… feel stressed out	☐	☐	☐	☐	☐	☐	☐
… exercise	☐	☐	☐	☐	☐	☐	☐
… get enough sleep	☐	☐	☐	☐	☐	☐	☐
… get enough leisure/relaxing time	☐	☐	☐	☐	☐	☐	☐
… get too much "screen time" (on phone, tablet, tv, etc.)	☐	☐	☐	☐	☐	☐	☐
… work too much	☐	☐	☐	☐	☐	☐	☐
… use any tobacco products (e.g., cigarettes, cigars, dip, chew)	☐	☐	☐	☐	☐	☐	☐
… use any electronic vaping products	☐	☐	☐	☐	☐	☐	☐
… worry whether food would run out before there was money to buy more	☐	☐	☐	☐	☐	☐	☐

If you answered "Never," "I don't know," "I prefer not to answer" to the tobacco question, skip to Q5.9. If you answered "Every day," "Most days," "Some days," or "Once or twice" to the tobacco question, continue on to Q5.8.

APPENDIX I

Q5.8 If you have ever tried to quit using tobacco products, what methods have you tried? (Select all that apply).

☐ Counseling

☐ Nicotine patches

☐ Nicotine gum or lozenges

☐ Nicotine inhaler

☐ Prescribed oral medication

☐ E-cigarettes / Vapes / Juuls

☐ None of these

☐ I have never tried to quit smoking

☐ Courses

☐ Mobile Apps

☐ Other (please specify)_____

☐ I don't know

☐ I prefer not to answer

Q5.9 Is there a gun/firearm in your home?

☐ Yes

☐ No

☐ I don't know

☐ I prefer not to answer

Section 6: Food Access/Security

Q6.1 About how far, in miles, is the nearest grocery store from your house?

_____

Q6.2 How do you normally get to the grocery store? (Select all that apply).

☐ Walk or ride bike

☐ Take public transportation

☐ Drive yourself

☐ Have a family member or friend take you

☐ Paying someone to drive you (e.g., Uber or Lyft or Taxi)

☐ Buy your groceries online

☐ Other (please specify)_____

☐ I don't know

☐ I prefer not to answer

Q6.3 Within the past 30 days, where have you or someone in your household gotten groceries? (Select all that apply).

☐ Grocery store (e.g., Acme, Shoprite, Aldi, Walmart)

☐ Corner store / bodega

☐ Convenience store (e.g., Wawa, 7-11)

☐ Dollar store

☐ Friends or family

☐ Church / food pantry / soup kitchen

☐ Online

☐ Other (please specify)_____

☐ I don't know

☐ I prefer not to answer

APPENDIX I

Q6.4 What, if anything, prevents you from regularly cooking complete meals at home? (Select all that apply).

☐ Lack of access to the ingredients to cook meals

☐ Distance / difficulty reaching a place to buy the ingredients

☐ Don't feel comfortable cooking meals

☐ Don't have time to cook meals

☐ Not physically able to cook meals

☐ No place / equipment with which to cook meals (i.e. kitchen, stove, microwave, etc.)

☐ Buying out works better for me

☐ Nothing prevents me from cooking meals at home

☐ Other (please specify) _____

☐ I don't know

☐ I prefer not to answer

Q6.5 If there are any children in your home, do they get their school lunches free, at a reduced price, or do they pay full price?

☐ Free

☐ Reduced price

☐ Full price

☐ The children do not eat school lunch (e.g., bring lunch from home)

☐ There are no children in the home

☐ I don't know

☐ I prefer not to answer

If you answered "Free," "Reduced price," "Full price," "The children do not eat school lunch," continue on to Q6.6.

If you answered "There are no children in the home," "I don't know," "I prefer not to answer" skip to Q7.1.

Q6.6 How many children (under the age of 18 years old) live in the home? _____

APPENDIX I

Section 7: Neighborhood Quality

Q7.1 Thinking about the neighborhood or community you live in, please rate each of the following:

	Excellent	Very Good	Good	Fair	Poor	I don't know	I prefer not to answer
As a place to buy fresh fruits and vegetables	☐	☐	☐	☐	☐	☐	☐
As a place to walk or exercise	☐	☐	☐	☐	☐	☐	☐
As a place to talk to or connect with others	☐	☐	☐	☐	☐	☐	☐
As a place to live	☐	☐	☐	☐	☐	☐	☐

Q7.2 Within the past year, have you seen any of the following activities in your neighborhood? (Select all that apply).

☐ Drug Dealing   ☐ Stabbing   ☐ I prefer not to answer
☐ Gang Activity   ☐ Shooting
☐ Illegal drug use / drug supplies   ☐ None
                        ☐ I don't know

APPENDIX I

Section 7: Neighborhood Quality

Q7.1 Thinking about the neighborhood or community you live in, please rate each of the following:

	Excellent	Very Good	Good	Fair	Poor	I don't know	I prefer not to answer
As a place to buy fresh fruits and vegetables	☐	☐	☐	☐	☐	☐	☐
As a place to walk or exercise	☐	☐	☐	☐	☐	☐	☐
As a place to talk to or connect with others	☐	☐	☐	☐	☐	☐	☐
As a place to live	☐	☐	☐	☐	☐	☐	☐

Q7.2 Within the past year, have you seen any of the following activities in your neighborhood? (Select all that apply).

☐ Drug Dealing
☐ Gang Activity
☐ Illegal drug use / drug supplies

☐ Stabbing
☐ Shooting
☐ None
☐ I don't know

☐ I prefer not to answer

APPENDIX I

Section 8: Adverse Childhood Experiences

Please know that the following questions ask about potentially sensitive information. You are free to skip any question at any time. We are trying to determine ways to better help young people. There is research that highlights the link between childhood experiences and the impact of those experiences on health in adulthood. Please consider answering these questions as they relate to important public health issues.

Q8.1 The following questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age...

	Yes	No	I don't know	I prefer not to answer
Did you live with anyone who was depressed, mentally ill, or suicidal?	☐	☐	☐	☐
Did you live with anyone who was a problem drinker or alcoholic?	☐	☐	☐	☐
Did you live with anyone who used illegal street drugs or who abused prescription medications?	☐	☐	☐	☐
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	☐	☐	☐	☐
Were you ever in foster care?	☐	☐	☐	☐
Did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	☐	☐	☐	☐
Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say...	☐	☐	☐	☐
Did a parent or adult in your home ever swear at you, insult you, or put you down?	☐	☐	☐	☐
Did anyone at least 5 years older than you or an adult, ever touch YOU sexually?	☐	☐	☐	☐
Did anyone at least 5 years older than you or an adult, try to MAKE YOU touch THEM sexually?	☐	☐	☐	☐
Did anyone at least 5 years older than you or an adult, force you to have sex?	☐	☐	☐	☐

APPENDIX I

Section 9: Additional Demographics

Q9.1 What is the highest level of school you have completed or the highest degree you have received?

☐ Less than high school degree

☐ High school graduate (high school diploma or equivalent including GED)

☐ Some college but no degree

☐ Associate degree in college (2-year)

☐ Bachelor's degree in college (4-year)

☐ Master's degree

☐ Doctoral degree

☐ Professional degree (e.g., JD, MD)

Q9.2 Are you a full-time/part-time university or college student?

☐ Yes   ☐ No

Q9.3 Are you a veteran?

☐ Yes   ☐ No

Q9.4 How many people, including yourself, are living or staying at your home?

☐ 1   ☐ 4   ☐ More than 6

☐ 2   ☐ 5

☐ 3   ☐ 6

Q9.5 Are you currently employed?

☐ Yes, full-time

☐ Yes, part-time

☐ Yes, self-employed

☐ No, disabled

☐ No, retired

☐ No, unemployed

☐ Other (please specify) _____

☐ I don't know

☐ I prefer not to answer

Q9.6 What is your current gender identity?

☐ Male

☐ Female

☐ Transgender man

☐ Transgender woman

☐ Non binary

☐ Other (please specify) _____

☐ I don't know

☐ I prefer not to answer

Q9.7 What do you consider to be your sexual orientation?

☐ Lesbian, gay, or homosexual

☐ Straight or heterosexual

☐ Bisexual

☐ Other (please specify)_____

☐ I don't know

☐ I prefer not to answer

APPENDIX I

Q9.8 Thinking about your housing, how much do you feel like you spend on housing and utilities?

☐ Far too little

☐ Too little

☐ About the right amount

☐ Far too much

☐ Too much

☐ I don't know

☐ I prefer not to answer

APPENDIX J

Q1.1 **Formulario de Consentimiento- Participación en Cuestionarios Anónimas**

Evaluación de Necesidades de Salud en la Comunidad para la Colaborativa de Salud del Sur de Jersey

Le invitamos a participar en un estudio de investigación conducido por la Dra. Sarah Allred, Directora de Facultad del Instituto de Relaciones Públicas Senador Walter Rand en la Universidad de Rutgers- Camden. El propósito de esta investigación es el de recoger las observaciones de los residentes de los condados de Burlington, Camden, y Gloucester sobre temas y servicios de salud. Si usted participa, responderá preguntas acerca de su salud, comportamientos riesgosos para la salud, prácticas preventivas de salud, y acceso al cuidado de salud, así como acerca de sus opiniones sobre las fuerzas, debilidades, barreras, y áreas que necesiten desarrollo en la comunidad. La ley federal exige que los hospitales sin fines de lucro recopilen datos sobre las necesidades de salud de la comunidad cada tres años. La encuesta tomará aproximadamente 5 minutos en completar. Si después de completar la encuesta, decides de contestar preguntas adicionales eso tomaría aproximadamente 10 minutos.

Esta investigación es anónima, eso quiere decir que no guardaremos ninguna información que pueda identificarlo/la. No existirá ninguna conexión entre su identidad y su respuesta en la investigación.

El equipo de investigación y la Junta de Revisión Institucional de la Universidad de Rutgers son los únicos grupos que tendrán permiso de ver los datos, con la excepción de que sea requerida por la ley. Si un reporte sobre este estudio es publicado, o si los resultados son presentados en una conferencia profesional, solo los resultados colectivos serán presentados. Todos los datos del estudio serán guardados por tres años.

No hay ningún riesgo anticipado en este estudio. Puede ser que no reciba ningún beneficio directo por tomar parte en este estudio. Sin embargo, sus repuestas ayudarán a guiar medidas que podrían beneficiar a su condado.

Su participación en este estudio es voluntaria. Usted puede elegir no participar, y puede dejar de contestar preguntas en cualquier momento sin ninguna penalización. Además, no tiene que contestar ninguna pregunta que le cause incomodidad.

Si tiene alguna pregunta sobre este estudio o sus métodos, puede contactar a:

Sarah R Allred, Directora de Facultad, Instituto de Relaciones Públicas Senador Walter Rand

Universidad de Rutgers, Universidad Estatal de Nueva Jersey, Camden

411 Cooper Street Camden, NJ 08102

Teléfono: 856-225-6268, Email: srallred@camden.rutgers.edu

Si tiene alguna pregunta acerca de sus derechos como sujeto de investigación, por favor contacte a un Administrador de la Junta en la Universidad de Rutgers, Junta de Revisión Institucional de Artes y Ciencias.

Junta de Revisión Institucional

Universidad de Rutgers, la Universidad Estatal de Nueva Jersey

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Si tiene 18 años o más, entiende la información previa, y consiente a participar en el estudio, oprima "Estoy de Acuerdo" para comenzar la encuesta.

No estoy de acuerdo

Estoy de acuerdo

Si usted seleccionó "No estoy de acuerdo," vaya al Final de la Encuesta

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Sección 2: La Salud y el Acceso al Cuidado Médico

Q2.1 ¿Cuál es su código postal?

_____

Q2.2 ¿En qué pueblo o ciudad vive?

_____

Q2.3 ¿Cuáles son problemas de salud que ve en su comunidad? Seleccione todos los que correspondan.

- ☐ Acceso al cuidado médico
- ☐ Acceso a servicios para los adultos mayores/ población envejeciendo
- ☐ Acceso a la planificación familiar / salud reproductiva
- ☐ Uso del alcohol
- ☐ Sobrepeso/obesidad en adultos
- ☐ Asma
- ☐ Cáncer
- ☐ Seguridad en la comunidad
- ☐ Sobrepeso/obesidad en niños
- ☐ Salud dental
- ☐ Diabetes
- ☐ Violencia doméstica
- ☐ Uso de drogas (de prescripción)
- ☐ Uso de drogas (ilegales)
- ☐ Enfermedades del corazón
- ☐ Falta de vivienda / inseguridad en la vivienda
- ☐ Alta presión arterial (Hipertensión)
- ☐ VIH/SIDA
- ☐ Inmunización/ muy pocas personas que reciben vacunas
- ☐ Falta de comida saludable
- ☐ Falta de seguro médico o insuficiente cobertura
- ☐ Enfermedades de los pulmones (ej.: EPOC)
- ☐ Salud infantil/materna
- ☐ Salud mental/suicidio
- ☐ Encarcelamiento en exceso (demasiadas personas en la cárcel / prisión)
- ☐ Ataques sexuales/ violencia sexual
- ☐ Enfermedades/infecciones de transmisión sexual (ETS/ITS)
- ☐ Derrame cerebral
- ☐ Tabaco
- ☐ Exceso de mala alimentación
- ☐ Cigarrillos electrónicos (ej.: Juuls)
- ☐ Otro (por favor especifique)

_____

Q2.4 ¿Cuáles son barreras que impiden que la gente de SU comunidad consiga cuidado médico cuando lo necesitan? Seleccione todas las que correspondan.

- ☐ No pueden cubrir los costos por cuenta propia (copago, prescripciones, etc.)
- ☐ Dificultades navegando/entendiendo el sistema medico
- ☐ Se les hace imposible pedir libre del trabajo
- ☐ No tienen con quien dejar a los niños
- ☐ No hay citas convenientes
- ☐ Falta de cobertura de seguro médico
- ☐ Cobertura de seguro médico limitado
- ☐ Falta de proveedores de cuidado médico
- ☐ Falta de transporte
- ☐ Falta de confianza en los proveedores/ sistemas de cuidado médico
- ☐ Miedo de una diagnosis/ el resultado de la visita
- ☐ Barreras de lenguaje o culturales
- ☐ Preocupaciones sobre problemas con la ley
- ☐ Preocupaciones de inmigración
- ☐ Problemas de seguridad en el vecindario
- ☐ Restricciones de tiempo (esperas largas, horas de oficina limitadas)

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☐ Otro (por favor especifique)
_____

Q2.5 En cuanto a la salud, ¿cuáles son los servicios o recursos que usted cree hagan falta en la comunidad? Seleccione todos los que correspondan.

☐ Servicios bilingües
☐ Servicios de apoyo comunitarios (AA, NA, grupos de apoyo, etc.)
☐ Cuidado médico gratuito o de bajo costo
☐ Cuidado dental gratuito o de bajo costo
☐ Prescripciones gratuitas o de bajo costo
☐ Educación/información/ promoción de temas de salud
☐ Chequeos de salud (ej.: cáncer, enfermedades sexuales, enfermedades crónicas)
☐ Cuidados para enfermos terminales
☐ Servicios de inmunización/vacunas
☐ Servicios de comida a domicilio
☐ Especialistas médicos
☐ Servicios de salud mental

☐ Navegadores de paciente (personas que le ayudan entender el sistema medico)
☐ Proveedores médicos pediátricos (para niños)
☐ Proveedores de cuidado primario
☐ Transportación pública
☐ Servicios para los adultos mayores/ población envejeciendo
☐ Servicios para la población anteriormente encarcelada
☐ Servicios de abuso de sustancias
☐ Cuidado de relevo
☐ Cuidado de salud para mujeres (cuidado prenatal, obstetricia/ginecología métodos, etc.)
☐ Cuidado de salud para veteranos
☐ Otro (por favor especifique)
_____

Q2.6 ¿Hay poblaciones específicas en SU comunidad que usted crea no están siendo atendidas apropiadamente por los servicios de salud locales? Seleccione todas las que correspondan.

☐ Negros/Afro-Americanos
☐ Niños/jóvenes
☐ Discapacitados
☐ Anteriormente encarceladas
☐ Género
☐ Hispanos/Latinos
☐ Personas sin hogar
☐ Inmigrantes/refugiados
☐ Personas pobres o de bajos recursos
☐ Personas viviendo con VIH/SIDA

☐ Personas con condiciones de salud mental/salud de comportamiento
☐ Personas sin seguro/ insuficiente cobertura
☐ Veteranos
☐ Personas de la tercera edad/ ancianos
☐ Orientación sexual
☐ Jóvenes adultos
☐ Ninguna de éstas
☐ Otro (por favor especifique)
_____

Q2.7 Cuando está enfermo/a o necesita cuidado médico, ¿a qué lugar va usualmente?

☐ Clínica o centro médico
☐ Oficina del doctor
☐ Sala de emergencias del hospital
☐ Departamento ambulatorio del hospital
☐ Cuidado de urgencias

☐ Otro (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

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Q2.8 ¿Hace cuánto tiempo que visita a un doctor para un chequeo de rutina?

☐ Dentro de este año pasado (hace menos de 12 meses)

☐ Dentro de los pasados 2 años (hace más de 1 año pero menos de 2 años)

☐ Dentro de los pasados 5 años (hace más de 2 años pero menos de 5 años)

☐ 5 años o más

☐ Nunca he visitado un doctor para un chequeo médico

☐ No sé

☐ Prefiero no responder

Q2.9 ¿Qué tipo de seguro médico tiene? Seleccione todos los que correspondan.

☐ Seguro médico privado

☐ Medicare

☐ Medi-Gap

☐ Medicaid

☐ NJ FamilyCare

☐ Seguro médico para militares (TRICARE/VA/CHAMP-VA)

☐ Programa de Salud para Indígenas

☐ Otro programa del gobierno

☐ Plan de servicios individuales (ej.: dental, visión, prescripciones)

☐ Ningún tipo de cobertura

☐ Otro (por favor especifique)

_____

☐ No sé

☐ Prefiero no responder

Q2.10 ¿De cuál de los siguientes programas has oído hablar? Seleccione todos los que correspondan.

☐ Centro de Cáncer MD Anderson del hospital Cooper Programa para dejar de usar tabaco

☐ Centro de Cáncer MD Anderson del hospital Cooper Programa del alcance y la detección del cáncer

☐ Educación de Diabetes del hospital Cooper

☐ HeroCare Connect

☐ Jefferson Health Programa de Diabetes Comprensivo

☐ Jefferson Health Programa de Cirugía Bariátrica

☐ Jefferson Health Centro de Cáncer Sidney Kimmel en el Municipio Washington

☐ Lourdes programa "Freedom From Smoking"

☐ Lourdes servicios de bienestar, Collingswood (ej.: Acupuntura, masajes terapéuticos)

☐ Programas de educación de salud de mujeres para el salud y bienestar en el Centro Ripa del hospital Cooper

☐ Virtua Programa VIP para las personas de la tercera edad

☐ Virtua mercado campesino móvil

☐ Virtua servicios pediátricos móviles

☐ Virtua mammografia movil

☐ No hay oído hablar de ningunas de estos programas

☐ No sé

☐ Prefiero no responder

Sección 3: Demografía

Q3.1 ¿Cuántos años tiene?

_____

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Q3.2 ¿Es hispano/latino?

☐ Sí   ☐ No

Q3.3 Escoja la raza(s) con la(s) que se identifique. Seleccione todas las que correspondan.

☐ Negro/a o Afro-Americano/a   ☐ Nativo/a Hawaiano/a o Isleño/a del Pacífico
☐ Blanco/a   ☐ Otra (por favor especifique)
☐ Nativo-americano/a o Nativo de Alaska   _____
☐ Asiático/a

Q3.4 Por favor escoja la respuesta que sea la más cercana al ingreso de su hogar.

☐ Menos de $10,000   ☐ $70,000 a $79,999
☐ $10,000 a $19,999   ☐ $80,000 a $89,999
☐ $20,000 a $29,999   ☐ $90,000 a $99,999
☐ $30,000 a $39,999   ☐ $100,000 a $149,999
☐ $40,000 a $49,999   ☐ $150,000 o más
☐ $50,000 a $59,999
☐ $60,000 a $69,999

Q3.5 Pensando en el lugar donde dormiste usted ayer, era:

☐ Un lugar de que usted es dueño   ☐ Refugio para personas sin hogar/vivienda de emergencia
☐ Un lugar que usted renta
☐ Un lugar que usted subarriende   ☐ Un lugar donde la gente no debería vivir (ej.: un carro, un edificio abandonado, en la calle)
☐ Una casa de huéspedes/ pensión (renta un cuarto y compartes los áreas comunes como las cocinas y los baños)   ☐ Otro (por favor especifique)
                                      _____
☐ La casa de unos familiares o amigos (ej.: usted se está quedándose con ellos por alguna razón)   ☐ No sé
                                      ☐ Prefiero no responder

Q3.6 ¿Durante el año pasado, hay algunos de los siguientes que le aplican a usted?

☐ Echado del hogar   ☐ No sabía dónde usted se dormirá, incluso por una noche
☐ Desalojado del hogar
☐ Quedado en un refugio para personas sin hogar   ☐ No tenía un hogar
                                      ☐ Ningunos de estos
☐ Quedado en un edificio abandonado, un carro, o un otro lugar donde la gente no debería vivir   ☐ No sé
                                      ☐ Prefiero no responder

¡Gracias por contestar nuestras preguntas! Nosotros queremos hacerle más preguntas sobre la salud en su comunidad. Si usted está de acuerdo de contestar más preguntas, por favor vaya a la página siguiente.

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Preguntas Adicionales

Sección 4: Preguntas adicionales acerca la salud y acceso al cuidado médico

Q4.1 Las siguientes preguntas le pedirán que califique varios aspectos de su salud. Por favor escoja la mejor respuesta a cada pregunta.

	Excelente	Muy Bueno	Bueno	Normal	Malo	No sé	Prefiero no responder
¿Salud en general?	☐	☐	☐	☐	☐	☐	☐
¿Salud DENTAL?	☐	☐	☐	☐	☐	☐	☐
¿Salud MENTAL?	☐	☐	☐	☐	☐	☐	☐
¿Dieta en general?	☐	☐	☐	☐	☐	☐	☐

Q4.2 ¿Cómo se transporta a sus citas médicas normalmente?

☐ Camina / Va en bicicleta
☐ Toma transporte público (bus, tren, etc.)
☐ Paga a alguien para que lo/a lleve (ej.: Uber, Lyft, taxi)
☐ Conduce su mismo
☐ Un familiar o amigo le lleva
☐ Usa LogistiCare

☐ Transporte para ciudadanos de la tercera edad
☐ Organización de voluntarios
☐ Usa otro modo de transporte médico
☐ Otro (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

Q4.3 ¿Cree que su modo regular de transporte a citas médicas le ayuda a llegar a sus citas a tiempo?

☐ Sí
☐ No

☐ No sé
☐ Prefiero no responder

Q4.4 ¿Dónde consigue información acerca del cuidado de la salud? Seleccione todas las que correspondan.

☐ Doctor o proveedor de cuidado médico
☐ Amigos/Familiares
☐ Libros/Revistas
☐ Trabajo
☐ Compañía de seguro médico
☐ Fuentes en el internet
☐ Departamento de salud (Trabajador/a de Salud de la Comunidad, Enfermera/o, Educador de Salud)

☐ Aplicaciones móviles
☐ Medios sociales
☐ Televisión/Programas de radio
☐ Otro (por favor especifique)
_____
☐ No recibo ninguna información de salud
☐ No sé
☐ Prefiero no responder

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Q4.5 ¿En el año pasado, alguna vez ha tenido que viajar fuera de su condado por servicios médicos?

☐ Sí
☐ No

☐ No sé
☐ Prefiero no responder

Si ha contestado "Si," vaya a la pregunta 4.6
Si ha contestado otra respuesta, vaya a la pregunta 4.7

Q4.6 ¿Por qué tipo de servicios ha viajado fuera de su condado? Seleccione todos los que correspondan.

☐ Cuidado primario (ej.: médico de familia, proveedor de cuidado médico de familia)
☐ Cuidado de rutina por enfermedades crónicas
☐ Obstetricia/Ginecología
☐ Cirugía
☐ Cuidado cardiaco
☐ Tratamiento para el cáncer
☐ Cuidado pediátrico
☐ Salud mental/salud de comportamiento

☐ Tratamiento para el abuso de sustancias
☐ Emergencia
☐ Otro cuidado especial
☐ Otros servicios o procedimientos médicos mayores
☐ Cuidado dental
☐ Otro (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

Q4.7 ¿Hubo un tiempo en los pasados 12 meses cuando el costo le impidió de conseguir cuidado médico, servicios médicos o equipos médicos que usted necesitó?

☐ Sí
☐ No

☐ No sé
☐ Prefiero no responder

Si ha contestado "Si," vaya a la pregunta 4.8
Si ha contestado otra respuesta, vaya a la pregunta 5.1

Q4.8 ¿En qué forma el costo le impidió de conseguir el cuidado médico usted necesitó?

☐ No podría darme el lujo de ir al medico
☐ No podría darme el lujo de los equipos médicos (ej.: las tiras reactivas, silla de rueda, maquina CPAP)
☐ No podría darme el lujo de las prescripciones medicales

☐ No podría darme el lujo de seguir consejo médico (ej.: de seguir un diete especifico)
☐ Otro (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

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Sección 5: Preguntas adicionales acerca el conocimiento/comportamientos de salud

Q5.1 Por favor indica las condiciones médicas para las que está recibiendo exámenes de detección recomendados. Seleccione N/A si no le aplica a usted.

	Si	No	No Aplica (N/A)	No sé	Prefiero no responder
Cáncer de Seno	☐	☐	☐	☐	☐
Cáncer Cervical	☐	☐	☐	☐	☐
Cáncer Colorrectal	☐	☐	☐	☐	☐
Cáncer del Pulmón	☐	☐	☐	☐	☐
Cáncer del Próstata	☐	☐	☐	☐	☐
Cáncer del piel	☐	☐	☐	☐	☐
Hepatitis C	☐	☐	☐	☐	☐
Enfermedades/infecciones de transmisión sexual (ETS/ITS) (ej.: VIH, gonorrea, chlamydia)	☐	☐	☐	☐	☐

Si ha contestado "Sí, a Enfermedades/infecciones de transmisión sexual (ETS/ITS)" vaya a la pregunta 5.2

Si ha contestado otra respuesta, vaya a la pregunta 5.3

Q5.2 ¿Dónde fue chequeado por enfermedades/infecciones de transmisión sexual (ETS/ITS)?

☐ Oficina del doctor
☐ Departamento de Salud/ Clínica de ETS
☐ Clínica o Centro de Salud
☐ Hospital

☐ Otro (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

5.3 En los últimos 12 meses, ¿se ha puesto la vacuna de la gripe?

☐ Sí
☐ No

☐ No sé
☐ Prefiero no responder

Si ha contestado "No," vaya a la pregunta 5.4

Si ha contestado otra respuesta, vaya a la pregunta 5.5

Q5.4 ¿Por qué no?

☐ No pude cubrir el costo
☐ Me la puse una vez y me enfermé
☐ No creo que la necesite/no me enfermo

☐ Las vacunas no funcionan
☐ Las vacunas hacen más daño que bien

☐ Otro (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

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Q5.5 ¿Ha sido diagnosticado/a o está en riesgo de adquirir alguna de las siguientes condiciones crónicas? Seleccione todos los que correspondan.

☐ Asma
☐ Diabetes
☐ Problemas de salud mental/ salud de comportamiento
☐ Cáncer
☐ Dolor crónico
☐ Enfermedades del corazón
☐ Presión alta (hipertensión)
☐ Colesterol alto

☐ Enfermedades de los pulmones (ej.: EPOC, enfisema)
☐ Sobrepeso/obesidad
☐ Mal uso/abuso del alcohol
☐ Mal uso/abuso de drogas
☐ Otro (por favor especifique
_____
☐ Ninguna de éstas
☐ No sé
☐ Prefiero no responder

Q5.6 ¿Alguna vez ha hablado con sus seres queridos sobre lo que le quisiera hacer en caso de que estuviera tan enfermo que no pudiera tomar decisiones sobre su cuidado médico?

☐ Sí
☐ No

☐ No sé
☐ Prefiero no responder

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Q5.7 Pesando a la semana pasado. Con que frecuencia …	Nunca	Una o Dos veces	Algunas días	La mayoría de los días	Todo los días	Ne Sé	Prefiero no responder
… comió fruta o vegétales	☐	☐	☐	☐	☐	☐	☐
… comió con su familia	☐	☐	☐	☐	☐	☐	☐
… comió comida rápida	☐	☐	☐	☐	☐	☐	☐
… sentía que le falta compañerismo	☐	☐	☐	☐	☐	☐	☐
… sentía excluido	☐	☐	☐	☐	☐	☐	☐
… sentía aislado de otra personas	☐	☐	☐	☐	☐	☐	☐
… sentía estresado	☐	☐	☐	☐	☐	☐	☐
…hiciste ejercicio	☐	☐	☐	☐	☐	☐	☐
… dormiste suficiente	☐	☐	☐	☐	☐	☐	☐
… tenía suficiente tiempo libre/para relajarse	☐	☐	☐	☐	☐	☐	☐
… estuvo demasiado de tiempo frente a una pantalla (ej.: teléfono, computadora, etc.)	☐	☐	☐	☐	☐	☐	☐
… trabajó demasiado	☐	☐	☐	☐	☐	☐	☐
… usó algunos productos de tabaco (ej.: cigarrillos, cigarros, tabaco de masticar)	☐	☐	☐	☐	☐	☐	☐
… usó algunos productos de vaporizar electrónicos	☐	☐	☐	☐	☐	☐	☐
…estuvo preocupado de que si la comida se terminará antes que había el dinero para comprar mas	☐	☐	☐	☐	☐	☐	☐

Si ha contestado "Nunca, No sé, o Prefiero no responder," a la pregunta del tabaco vaya a la pregunta 5.9
Si ha contestado otra respuesta a la pregunta del tabaco vaya a la pregunta 5.8

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Q5.8 Si alguna vez ha intentado dejar de usar productos de tabaco, ¿qué métodos ha tratado? Seleccione todos los que correspondan.

☐ Consejería
☐ Parches de nicotina
☐ Pastillas de nicotina o chicle de nicotina
☐ Inhalador de nicotina
☐ Prescripción para medicación oral
☐ Vaporizadores o cigarrillos electrónicos
☐ Cursos

☐ Aplicaciones móviles
☐ Ninguno de éstos
☐ Nunca he intentado dejar de fumar
☐ Otro (por favor especifique _____
☐ No sé
☐ Prefiero no responder

Q5.9 ¿Hay un arma de fuego en su casa?
☐ Sí
☐ No
☐ No sé
☐ Prefiero no responder

Sección 6: Acceso a/ Seguridad de Comida

Q6.1 ¿A qué distancia está su tienda de alimentos más cercana? En millas.

_____

Q6.2 ¿Cómo se transporta a la tienda de alimentos?

☐ Camina / Va en bicicleta
☐ Toma transporte público (bus, tren, etc.)
☐ Paga a alguien para que lo/a lleve (ej.: Uber, Lyft, taxi)
☐ Conduce su mismo
☐ Un familiar o amigo le lleva

☐ Compra sus alimentos por internet
☐ Otro (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

Q6.3 En los últimos 30 días, ¿dónde ha usted o alguien de su hogar comprado la despensa? Seleccione los que correspondan.

☐ Supermercado (ej.: Acme, Shoprite, Aldi, Walmart)
☐ Tienda/bodega
☐ Tienda de conveniencia (Wawa, 7-11)
☐ Tienda dólar
☐ Amigos o familiares

☐ Iglesia/centro de reparto de comida gratuita/comedores populares
☐ Por internet
☐ Otro (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

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Q6.4 ¿Hay algo que le impida preparar comida en su casa? Seleccione todas las que correspondan.

☐ Falta de acceso a alimentos frescos

☐ Distancia/dificultad en llegar a la tienda para comprar comida

☐ No se siente cómodo/a cocinando

☐ No tiene tiempo para cocinar

☐ No es capaz físicamente de cocinar

☐ No tiene un lugar/equipo para hacerlo (ej.: cocina, hornilla, microondas, etc.)

☐ Comer afuera se le hace más fácil

☐ No hay nada que me previene prepara comida en casa

☐ Otro (por favor especifique)
_____

☐ No sé

☐ Prefiero no responder

Q6.5 Si hay niños en su hogar, ¿reciben almuerzos gratis, a precio rebajado, o pagan el precio completo?

☐ Gratis

☐ Precio rebajado

☐ Precio completo

☐ Los niños no comen el almuerzo de la escuela

☐ No hay niños en la casa

☐ No sé

☐ Prefiero no responder

Si ha contestado "Gratis," "Precio rebajado", "Precio completo" o "Los niños no comen el almuerzo de la escuela," vaya a la pregunta 6.6

Si ha contestado otra respuesta, vaya a la pregunta 7.1

Q6.6 ¿Cuantos niños (bajos de 18 años) viven en la casa? _____

Sección 7: Calidad de vecindario

Q7.1 Pensado en el vecindario o comunidad donde usted vive, por favor califique lo siguiente:

	Excelente	Muy bueno	Bueno	Normal	Malo	No sé	Prefiero no responder
Como un lugar donde comprar frutas y vegetales frescos	☐	☐	☐	☐	☐	☐	☐
Como un lugar donde caminar o hacer ejercicio	☐	☐	☐	☐	☐	☐	☐
Como un lugar para hablar o conectar con otras personas	☐	☐	☐	☐	☐	☐	☐
Como un lugar donde vivir	☐	☐	☐	☐	☐	☐	☐

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Q7.2 ¿Alguna vez ha visto alguna de las siguientes actividades en su vecindario? Seleccione todas las que correspondan.

☐ Tráfico de drogas   ☐ Tiroteos
☐ Actividad de pandillas   ☐ Ninguna
☐ Uso de drogas ilegales/equipos de drogas   ☐ No sé
☐ Apuñalamientos   ☐ Prefiero no responder

Sección 8: Experiencias de Infancia Adversas

Por favor entiende que las siguientes preguntas pueden pedir información sensitiva. En cualquier tiempo, usted puede elegir de no responder a cualquier pregunta Nosotros estamos tratando de determinar formas de ayudar los personas jóvenes. Ay recursos que iluminan un relación entre los experiencias de infancia y el impacto de esos experiencias en la salud los adultos. Por favor, considere contestar estas preguntas porque se acercan de temas importantes por salud público.

Q8.1 Las siguientes preguntas se refieren al periodo de su vida antes de que tuviera 18 años. Pensando en la época antes de que tuviera 18 años...

	Sí	No	No sé	Prefiero no responder
¿Vivió con alguien que estuviera deprimido/a, enfermo/a mentalmente, o en riesgo de suicidio?	☐	☐	☐	☐
¿Vivió con alguien que tuviera un problema de alcohol o alcoholismo?	☐	☐	☐	☐
¿Vivió con alguien que usara drogas ilegales o que abusaba de medicamentos recetados?	☐	☐	☐	☐
¿Vivió con alguien que haya estado o que haya sido sentenciado a pasar tiempo en prisión, cárcel, u otro centro correccional?	☐	☐	☐	☐
¿Estuvo en cuidado temporal/colocación familiar?	☐	☐	☐	☐
¿Con qué frecuencia sus padres o los adultos en el hogar se cacheteaban, golpeaban, pateaban, puñeteaban, o pegaban entre sí?	☐	☐	☐	☐
Antes de sus 18 años, ¿con qué frecuencia alguno de sus padres o adultos en el hogar lo/la golpeó, pegó, pateó, o lastimó físicamente de cualquier manera? Sin contar nalgadas, diría...	☐	☐	☐	☐
¿Con qué frecuencia alguno de sus padres o adultos en el hogar lo/la insultó, regañó usando groserías, o lo/la hizo sentir mal?	☐	☐	☐	☐
¿Con qué frecuencia alguien (mayor que usted con 5 años o adulto) lo/la tocó de manera sexual?	☐	☐	☐	☐
¿Con qué frecuencia alguien (mayor que usted con 5 años o adulto) trató de hacer que USTED se toque de manera sexual?	☐	☐	☐	☐
¿Con qué frecuencia alguien (mayor que usted con 5 años o adulto) lo/la forzó a tener sexo?	☐	☐	☐	☐

APPENDIX J

Sección 9: Información Demografía Adicional

Q9.1 ¿Cuál es el nivel escolar más alto que ha completado o el título más alto que ha recibido?

☐ Menos de un bachillerato
☐ Graduado de escuela secundaria (diploma de bachillerato o el equivalente, incluyendo el GED)
☐ Un tiempo en la universidad pero sin título
☐ Título técnico/Diplomado Asociado en una universidad (2 años)

☐ Bachillerato o Licenciatura en una universidad (4 años)
☐ Maestría
☐ Doctorado
☐ Título profesional (JD, MD)

Q9.2 ¿Eres un estudiante del universidad?

☐ Sí

☐ No

Q9.3 ¿Eres un veterano?

☐ Sí

☐ No

Q9.4 ¿Cuántas personas, incluyéndose a usted mismo, viven o se están quedando en su hogar?

☐ 1   ☐ 3   ☐ 5   ☐ Más de 6

☐ 2   ☐ 4   ☐ 6

Q9.5 ¿En este tiempo está empleado/a?

☐ Si, de tiempo completo
☐ Si, de tiempo parcial
☐ Si, de trabajo autónomo
☐ No, discapacitado/a
☐ No, jubilado/a

☐ No, no estoy empleado/a
☐ Otro (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

Q9.6 ¿Con cuál identidad de género se identifica ahora?

☐ Masculino
☐ Femenino
☐ Hombre transgénero
☐ Mujer transgénero

☐ Género no-binario
☐ Otro (por favor especifique)
_____

☐ No sé
☐ Prefiero no responder

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Q9.7 ¿Cómo describiría su orientación sexual?

☐ Lesbiana, gay, o homosexual
☐ Heterosexual
☐ Bisexual

☐ Otra (por favor especifique)
_____
☐ No sé
☐ Prefiero no responder

Q9.8 Pensado en su vivienda (hogar), ¿Cuánto piense usted que gasta en pagar la vivienda y utilidades?

☐ Demasiado poco
☐ Muy poco
☐ Más o menos la cantidad correcta
☐ Muy Demasiado

☐ Demasiado
☐ No sé
☐ Prefiero no responder

APPENDIX K

Appendix K - Community Voice: Outreach for Survey and Focus Groups

Burlington County Locations

Bass River Municipal Building	Riccardo's Pizza (Beverly)	St. Joseph's Church (Beverly)	Bordentown City Library
Retro Fitness Bordentown	Crosswicks Library (Bordentown Township and Chesterfield)	Library Company of Burlington	Burlington City Health Center
YMCA and Women's Opportunity Center (Burlington City)	SisterHood Incorporated	International Union of Bricklayers and Allied Craftworkers (Bordentown)	Boilermaker's Union Local 28 (Eastampton)
Delaware Valley Muslim Association	Cinnaminson Library	Cinnaminson Municipal Building	Delanco Public Library
Delran Planned Parenthood	Speed Queen Laundromat	Evesham library	Blue Barn Recreation Center
Florence library	Family Support Organization of Burlington	Lumberton Municipal Building	Columbus Indoor Farmers Market
Mansfield Municipal Building	Maple Shade Library	Habitat for Humanity (Maple Shade)	Medford Lakes Colony Office
Lakes Coffee (Medford Lakes)	Pineland Library (Medford Township)	Moorestown library	Community Counseling Center (Moorestown)
Generations Family Success Center (Mount Holly)	YMCA Mount Laurel	Mount Laurel Library	Mount Laurel Community Center
Tommy B's Community Center (inside Air Force base)	North Hanover Municipal Building	Pemberton Library	Pinelands Family Success Center (Pemberton Township)

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Solstice Counseling Services	Sally Stretch Keen Memorial Library	Pine Tree Education and Environmental Center	Burlington County Library
Burlington County Human Services Office	Connect Family Center (Willingboro)	Woodland Township Municipal Building	Burlington County Institute of Technology

Camden County Locations

Public Library of Audubon	Dorathea Zeoli Public Library (Audubon Park)	Barrington Senior Center / Municipal building	Bellmawr Planned Parenthood
Bellmawr Library	John McPeak Library (Berlin Township)	Brooklawn American Legion	Evolution Family Success Center (Camden)
Cherry Hill Public Library	Building Bridges Family Success Center (Clementon)	Collingswood Public Library	Gloucester City Public Library
Carol Norcross Senior Wellness Center (Gloucester Township)	Haddon Heights Public Library	William Rohrer Library (Haddon Township)	Haddonfield Public Library
Lindenwold Public Library	Merchantville Public Library	Oaklyn Public Library	Pennsauken Country Club
Runnemede Library	Stratford Public Library	Voorhees Public Library	Waterford Public Library
Orchards Family Success Center (Winslow)	Rutgers Camden Locations	Paradise Pizza	

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Gloucester County Locations

Family Support Organization of Gloucester	Clayton Municipal Building	Mr. Suds Laundromat (Clayton)	Deptford Public Library
East Greenwich Municipal building	Penn Pizza (East Greenwich)	Elk Municipal Building	Franklinville Community Center and Library
Gloucester Public Library – Mullica Hill Branch	Logan Public Library	Timberline Shopping Center (Mantua)	Newfield Public Library
Gill Memorial Library (Paulsboro)	McCowan Memorial Library (Pitman)	Habitat for Humanity (Pitman)	South Harrison Municipal Building
Swedesboro Public Library	King's Things Christian Thrift Store (Swedesboro)	Margaret Heggan public Library (Washington)	RiverWinds Community Center (West Deptford)
Westville Public Library	Evergreen Family Success Center (Woodbury)	Woodbury Public Library	CompleteCare Health Network Family Medicine Center (Woodbury)
YMCA Woodbury	My Friend's House (Woodbury Heights)	Communications Workers of America Local Office (Woodbury Heights)	Planet Fitness Mantua
Mantua Coin-Op Laundromat	Pat's Pizza (Woodbury)	In the Village Salon	Gloucester County Department of Health
Mosaic Family Success Center	Glassboro Public Library	CompleteCare Health Network (Glassboro)	Greenwich Public Library
Independent Oil Workers (Paulsboro)	Pete's Barber Shop (Mantua)	Evolution Tattoo Studio (Mantua)	Church of God International (National Park)
Fort Mercer Club (National Park)	VFW Post 678 (Paulsboro)	Weiss True Value Hardware (Paulsboro)	Don's Barber Shop (Paulsboro)

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Mythic Ink Tatoo Parlor (Pitman)	True Value Hardware (Swedesboro)	Swedesboro Municipal Building	Sri Rajaganapathi Temple (Swedesboro)
Marine Corps League (Wenonah)	West Deptford Public Library	West Deptford Youth and Family Services	Westville Lions Club
Iron Worker's Local (Westville)			

APPENDIX L

No one knows your
community
better than YOU!

South Jersey Health Collaborative is conducting a community health needs assessment **of Burlington, Camden, and Gloucester Counties.** Surveys will be available throughout spring to gather information about **Community Health Needs.**

It will only take 5 minutes.
Tell your family and friends to fill out the survey too!
Questions? Contact us at 2018CHNA@gmail.com

Use this code
to take the survey

RUTGERS
Senator Walter Rand Institute
for Public Affairs

VISIT: https://goo.gl/yEuYd6

— ¡Nadie conoce —
tu comunidad mejor
que TÚ!

Colaborativa de Salud del Sur de Jersey está realizando una evaluación sobre las necesidades de salud en las comunidades de los condados de Burlington, Camden, y Gloucester.

Las encuestas estarán disponibles durante el invierno y el primavera para recolectar información sobre las necesidades de salud en la comunidad

Solo tomará 5 minutos. ¡Dile a tu familia y amigos que tomen la encuesta también!
Por favor escríbenos a: 2018CHNA@gmail.com.

Usa este còdigo
para tomar la encuesta

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Sigue el link https://goo.gl/BHVbFP

APPENDIX M

Join the conversation on health in our region

Walter Rand Institute for Public Affairs (WRI) at Rutgers-Camden is conducting a community health needs assessment for three counties in southern New Jersey: Burlington, Camden, and Gloucester, and **we need your feedback.**

Why should you participate?
This survey is part of an in-depth look at these communities by the South Jersey Health Collaborative (SJHC) to help prioritize public health issues. The findings will be used to develop a community health plan to outline and deliver solutions. Your survey will provide essential information about needs that exist in your community!

What do I need to do?

The survey is anonymous and takes about 5 minutes to complete.

You can access the survey by clicking on the image below. A paper copy in English and Spanish is also available and will be mailed to you at your request. Email Kristin Curtis for details.

Raise your voice and tell others to join you!
Share this email with your family, friends, colleagues, and neighbors.

APPENDIX N

Appendix N - Burlington County Times Article

Burlington County residents encouraged to participate in health survey[1]

▲ HIDE CAPTION

Holly Funkhouser Cucuzzella, Burlington County Health Department director and health officer, is asking residents to participate in a health needs survey. [ARCHIVE PHOTO]

By Kelly Kultys
Posted Feb 6, 2019 at 2:59 PM Updated Feb 6, 2019 at 2:59 PM

The Burlington County Health Department is asking residents to fill out a survey so officials can better understand their health needs.
Editor's note: This story was changed to reflect the correct phone number for the Burlington County Health Department.

MOUNT HOLLY — Burlington County officials are encouraging residents to participate in a survey about what their health needs are and what potential services they could use. "Taking this survey is a wonderful way for Burlington County residents to provide feedback on many things affecting their health," said Holly Funkhouser Cucuzzella, Burlington County Health Department director and health officer. "The data that is collected will help us develop a comprehensive County Health Improvement Plan designed to benefit all county residents based upon their reported needs. We encourage everyone to take a few minutes to help us plan for your future public health needs."

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[1] Article can be accessed at https://www.burlingtoncountytimes.com/news/20190206/burlington-county-residents-encouraged-to-participate-in-health-survey

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Appendix O: Beverly Bee Article

South Jersey Health Collaborative:
CHNA Survey in Burlington, Camden and Gloucester

CAMDEN, N.J. (Feb. 13, 2019) How can we better understand local health needs to improve health outcomes in our region? The Walter Rand Institute for Public Affairs (WRI) at Rutgers University-Camden is working to find out. Now through March, WRI—an applied research and policy center focused on South Jersey—is conducting Community Health Needs Assessments (CHNA) in Burlington, Gloucester, and Camden Counties for the South Jersey Health Collaborative (consisting of Cooper, Jefferson, Lourdes, and Virtua health systems). The CHNA is part of a federal mandate that requires nonprofit hospitals to assess local needs every three years, and the results are vital in tracking health needs and gaps in service, as well as identifying service coordination, effective delivery, and other benefits that are important to residents.

"CHNAs provide broad insights from residents throughout the community in addition to experts working in the field. The critical piece of a comprehensive CHNA is the voice of the people, and that is why we want as many people as possible to complete this survey," said principal researcher and WRI faculty director Sarah Allred. "The more voices that speak up, the more robust our data will be for community leaders and decision-makers in health care." This report is expected to be released in mid-May. Additional CHNAs were completed in December 2018 for Inspira Health Network in Cumberland, Gloucester and Salem Counties.

The CHNA survey includes questions about health care, mental health services, substance abuse services, prenatal care, elder care and more. It is available in English and Spanish, and can be completed online in less than five minutes. Links to the survey can be found at www.Rand.Camden.Rutgers.edu. A paper survey is also available; contact Kristin Curtis at 856-225-6236 or krcurtis@camden.rutgers.edu for more information.

Senator Walter Rand Institute (WRI) for Public Affairs at Rutgers University–Camden addresses public policy issues impacting southern New Jersey through applied research, community engagement and organizational development. Focused on the areas of population health, criminal justice and safety, and organizational development, WRI provides high-quality research and evaluation as well as a venue for public, private and nonprofit leaders to engage constructively on challenging issues. Since its inception in 2000, WRI has tackled an array of policy problems including social service delivery, local government capacity, release and re-entry of violent offenders, civic engagement, housing affordability, and regional development. All of these projects have connected scores of Rutgers students with meaningful opportunities to enhance their education with invaluable experience in the real-world of public affairs.

Learn more at www.Rand.Camden.Rutgers.edu.

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The size of each word represents the frequency of use in the transcripts of the focus groups and interviews.

| THANK YOU.

Building Knowledge for Policy and Practice in Southern New Jersey

This report was researched, coordinated, prepared and presented by Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers University-Camden. WRI addresses public policy issues impacting Southern New Jersey through applied research, community engagement and organizational development.

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