



GLoucester County

Community Health Needs Assessment 2025-2027 Gloucester County

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BREAKOUT REPORT



RUTGERS-CAMDEN
Senator Walter Rand
Institute for Public Affairs

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Executive Summary

GLOUCESTER
COUNTY

This report summarizes the findings of the Community Health Needs Assessment (CHNA) for Inspira Health - specifically focusing on findings from Gloucester County. The CHNA was conducted by The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers University-Camden on behalf of Inspira Health.

The regional report documenting the overall CHNA process, methods, and findings can be found [here](#). Separate reports with detailed findings for each county (Cumberland, Gloucester, and Salem) were generated and are available [here](#).

We conducted the CHNA to fulfill the [Internal Revenue Service \(IRS\) CHNA](#) regulations for tax-exempt hospitals by characterizing community members' views on the health needs in their communities. For the purpose of this CHNA, community is defined as the three counties in Inspira Health's service area (Gloucester, Cumberland, and Salem counties), and findings in this county report focus on the data from Gloucester County. Our focus on community voice means that the findings are framed by the *community's self-reported perception and experience* of health barriers and needs, as well as assets and recommendations.

Broadly, the goal of conducting CHNAs is to provide actionable information for improving health at the community level. The main questions asked in the CHNA were:

1

What are the health-related **needs** of the populations within Inspira Health's service area?

2

What are the health-related **assets** within Inspira Health's service area?

3

What are gaps that are feasible to address with intervention or additional resources? What are the **solutions/recommendations** available or that could be implemented to address gaps/needs?

To achieve the goal of gathering contextualized, local information, WRI used a mixed-methods iterative strategy of data collection and analysis that combined existing publicly available data with primary data collected from a survey with community members, focus groups with community members, and interviews with key regional health stakeholders. The interviews, focus groups and surveys allowed us to hear directly from and with those who live, work, and play in Cumberland, Gloucester, and Salem counties.

The [Internal Revenue Service \(IRS\) CHNA regulations](#) stipulate that many different methods of need prioritization are acceptable for CHNAs. WRI generated the top needs for this CHNA using the community voice from the focus groups, interviews, and survey around health issues facing the community, barriers to care in the community, and resources missing in the community. Top barriers were generated separately for each of the three counties and for the three county region. WRI also included data about assets and solutions and recommendations as reported by community members.

Community-reported assets and **solutions/recommendations** were directly generated by the data from interviews with key stakeholders and focus groups with community members for each county and regionally. **Community-reported barriers/needs** were generated by a thorough review of all the data across interviews, focus groups, and interviews for each county and regionally. All primary data (interview, focus group, and survey data) included in this CHNA is self-reported based on perceptions and experiences of community members.

Community-reported assets across Gloucester County included the collaboration across local governments, nonprofit agencies, and faith-based organizations to promote public health through resource sharing and programming. Notable examples of programming included those offered by the Gloucester County Department of Health, Office of Aging, Department of Health and Social Services, and Williamstown Inspira LIFE Center. Participants also remarked on the presence of healthcare recreation, and leisure activities in the County, as well as its proximity to Philadelphia's many providers and specialists.

The Top 5 Gloucester County Barriers/Needs are:



A. **Cost of living.** This barrier refers to challenges in meeting basic needs (e.g., food, transportation, rent, etc.).



B. **Cost and availability of healthcare.** This barrier refers to the cost of medical expenses, prescriptions, insurance coverage and the absence of healthcare resources in the area.



C. **Mental and behavioral health and substance use.** This barrier refers to challenges around access, coverage, and continuity of treatment for mental health and substance use care.



D. **Community connections and spaces, especially for special populations (e.g., older adults, youth).** Creating healthy and safe spaces. This barrier highlights the need for community connection and safe spaces where adults and youth can come together.



E. **Health education.** This barrier reflected a need for clear and concise health information to make it to residents in ways that are accessible and approachable to them.

What the Barriers Mean/Context for the Barriers - Gloucester County: Barriers centered on the burden of the rising cost of living and healthcare. Participants also voiced the continued need for specialists within the county as well as greater access to healthy foods and opportunities to build community. Community members' perception of the healthcare system as confusing and expensive was tied to a sense of distrust in providers, the inability to separate valid and false health information, and the need for reliable advocates and safe spaces for community outreach.

Community-reported **solutions and recommendations** across Gloucester County included nurturing trust within the community. Participants recommended ensuring consistency between messaging and programming to increase trust in public health authorities and health care providers, as well as leaning on well-regarded community entities to adapt communications and make them accessible to all community members. There was also an emphasis on increasing the availability of public spaces and public events to promote healthy habits, health education, and community building. Participants also suggested engaging businesses and academic institutions in the area to invest in the community through their participation and sponsorship of community programming. Lastly, organizations noted that dedicated funding for equitable compensation in social services/health care positions would promote hiring and retention of high-quality staff.

WRI + Inspira Project Teams

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ABOUT THE SENATOR WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS (WRI)

The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers-Camden has been a long-standing and trusted regional community partner for over 25 years. WRI honors former Senator Rand's dedication to Southern New Jersey and exists to produce and highlight community-focused research and evaluation leading to sound public policy and practice. With that as a foundation, WRI convenes and engages stakeholders in making connections across research, policy, and practice in support of Camden City and Southern New Jersey residents. Using social science research methods, WRI specializes in transforming data into actionable information across a variety of areas, including workforce development, education, transportation, and public/population health. WRI reinforces and amplifies Rutgers' research, teaching, and service goals by connecting the multidisciplinary expertise of faculty to regional problems, developing research and professional skills in students, and linking the resources of higher education to communities in Southern New Jersey. For additional information about WRI, visit <https://rand.camden.rutgers.edu/>

ABOUT INSPIRA HEALTH

Inspira Health is the region's leading network of health care providers, delivering the full continuum of primary, acute and advanced care services. Inspira Health is a charitable nonprofit health care organization committed to providing an exceptional experience for patients and their loved ones. Tracing its roots to 1899, the system comprises four hospitals, two comprehensive cancer centers, nine multi-specialty health centers and locations throughout South Jersey.

Inspira's surgical teams provide nationally accredited bariatric procedures and a wide array of robotic and minimally invasive surgeries. In partnership with Cooper University Healthcare, Inspira provides comprehensive neuroscience and cardiology services throughout the region. Inspira's extensive ambulatory services include urgent care; ambulatory surgery centers; physical and occupational therapy; comprehensive behavioral health; primary and specialty physician practices in Gloucester, Cumberland, Salem, Camden and Atlantic counties; and extensive outpatient imaging in partnership with Atlantic Medical Imaging (AMI). Additionally, Inspira EMS covers communities throughout South Jersey. Inspira's Population Health and Community Impact Departments proactively reach out to underserved communities and address social drivers of health that impact individuals and families in our region.

Together with its medical staff of more than 1,300 physicians and advanced practice providers, as well as more than 7,800 employees, Inspira Health provides evidence-based care to help each patient achieve the best possible outcome. And as a regional leader in physician training, Inspira Health mentors and provides extensive clinical opportunities for more than 280 medical residents and fellows in 16 nationally accredited programs. Accredited by DNV Healthcare, the system's clinical and support staff are focused on providing quality care as a High Reliability Organization. To learn more about Inspira Health, visit InspiraHealthNetwork.org or call 1-800-INSPIRA.

Community Context — Gloucester County

Located in the southeast part of New Jersey, Gloucester County is approximately 40 minutes from Philadelphia, Pennsylvania and Atlantic City, New Jersey and two hours from New York City, New York, and Baltimore, Maryland. With a land area of 322 square miles, Gloucester County is the 11th largest county in the state, ranked 14th in population (New Jersey Counties by Population, 2024). Gloucester, named after the county of Gloucestershire in England, was founded in 1686 and used to include in its boundaries the current Atlantic and Camden Counties. The National Park in Gloucester County was the site of the Battle of Red Bank during the American Revolutionary War where Fort Mercer once stood. It now consists of a total of 24 municipalities: 1 city, 13 townships, and 10 boroughs, with Woodbury as the county's seat.

Additionally, Gloucester County is nearly a 50% to 50% split between rural and urban areas of land. The population per square mile is 938.8, while the state rate is 1,263 per square mile (U.S. Census, 2020). Gloucester County also has 49,381 acres of farmland, with almost 600 farms, where 93% specialize in crops and 7% in livestock, poultry, and other products (Census of Agriculture, 2017).

During its colonial era, its main industry sector was agriculture and, due in part to the county's many creeks that lead to the Delaware River and Atlantic Ocean, smuggling was once a common activity. Today, the county relied on agri-business, manufacturing, heavy industry, commercial enterprise and innovative new technology companies, possessing some of the largest industries of the East Coast like ExxonMobil, K-Tron, Spectrum Design LLC, COIM, and Omega Engineering. As of 2023, Rowan University dominates the employment sector, having over 3,500 employees, almost three times the number of employees from Inspira Health, at 1,200 (Major Employers in Gloucester County, 2023). The largest employment sector is Health Care & Social Assistance at 15%, closely followed by Educational Services at 12.2% (Gloucester County, NJ/ Data USA. (n.d.). As of 2024, the unemployment rate in Gloucester County is lower than the state's average of 4.8% (Department of Labor & Workforce Development, 2024).

According to the American Community Survey, Gloucester County is slightly behind the state's average in educational attainment. Since 2010, the county's high school education rates increased from 85.6% to 89.6%. New Jersey's also increased from 88% to 90.7%. Moreover, the percentage of residents with a bachelor's degree or higher rose from 28.2% to 35.7%. New Jersey's also grew from 35.4% to 43.5% during this time.

Gloucester County's Food Environment Index was 8.8 (out of 10), slightly lower than the state's 9.0 score (County Health Rankings and Roadmaps, 2024). The Food Environment Index scores range from 0 (worst) to 10 (best) (County Health Rankings and Roadmaps, 2024). Moreover, food insecurity affects 10% of the population, with 12% having limited access to healthy foods (County Health Rankings and Roadmaps, 2024).

Across the county, 88% of individuals have access to exercise opportunities, compared to 96% of New Jersey citizens who have access to exercise opportunities (County Health Rankings and Roadmaps, 2024). Additionally, around 7% of adults and 2% of children do not have health insurance. There is 1 primary care physician for every 1,020 residents in Gloucester County, 1 dentist for every 2,240 residents, and 1 mental health provider for every 640 residents (County Health Rankings and Roadmaps, 2021). In New Jersey, there is 1 primary care physician for every 1,280 residents, 1 dentist for every 1,160 residents, and 1 mental health provider for every 340 residents (County Health Rankings and Roadmaps, 2021).

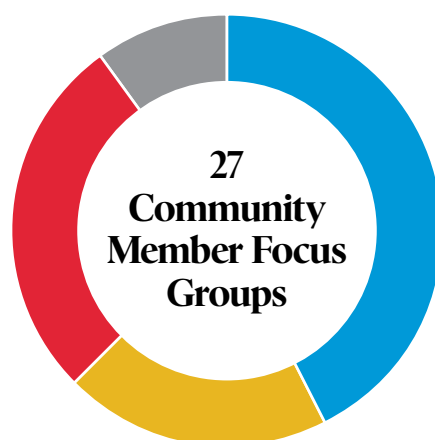
In Gloucester County, 77% of the population commutes to work by driving alone, reflecting a heavy reliance on personal vehicles for transportation. Among these commuters, 46% experience a journey lasting longer than 30 minutes, indicating that a substantial portion of the workforce faces extended travel times on a daily basis.

Data Collection Totals and Community-Reported Demographics

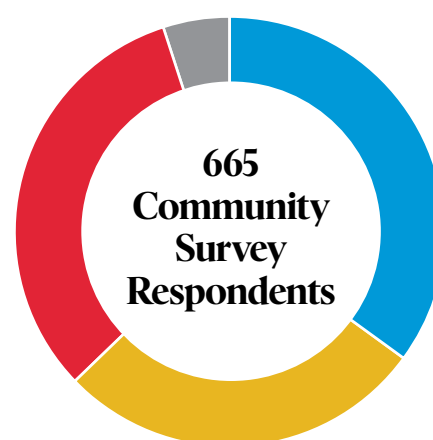
REGIONAL DATA COLLECTED:



- **Cumberland County Stakeholders**
4 interviews (22.2%)
- **Gloucester County Stakeholders**
1 interview (5.5%)
- **Salem County Stakeholders**
3 interviews (16.7%)
- **Regional Stakeholders**
10 interviews (55.6%)



- **Cumberland County Community Members** 9 focus groups, 91 participants (42.52%)
- **Gloucester County Community Members** 7 focus groups, 43 participants (20.09%)
- **Salem County Community Members** 11 focus groups, 59 participants (27.57%)
- **Other County Community Members** 21 other county participants (9.8%)
- **Regional Stakeholders** 1 (9.8%)



- **Cumberland County Community Members** 234 respondents (35%)
- **Gloucester County Community Members** 186 respondents (28%)
- **Salem County Community Members** 212 respondents (32%)
- **Other County Community Members** 33 respondents (5%)

Key Stakeholder Interviews

There was 1 Gloucester County stakeholder interview conducted. Note that all responses to interview outreach attempts and participation in interviews were voluntary.

Community Member Focus Groups

There were 234 focus group participants (214 for whom demographic information was reported), and 20.09% (43) were from Gloucester County. **Additional focus group demographics can be seen in the Inspira CHNA 2025-2027 Background, Process + Regional Findings Report [here](#).**

Community Member Survey

There were 665 community survey responses, 28% (186) of whom were from Gloucester County. The municipalities with the most survey responses in Gloucester County were Glassboro (21), Mantua (20), Harrison (17), and Washington Township (16). In Gloucester County, 82% (152) of respondents go to Inspira for health care. **Additional community survey demographics can be seen in the Inspira CHNA 2025-2027 Background, Process + Regional Findings Report [here](#).**

Findings: Gloucester County

A note about the data.

Note that data (interview, focus group, and survey data) is self-reported based on perceptions and experiences of community members. The top needs selected in the survey by respondents and discussed by community members in focus groups and key stakeholders in the interviews reflect what is important to the participants at the time of the data collection. Many of the barriers are deeply interconnected and they reflect the perception of community members of individual and community health needs based on their experiences.

All survey responses will be reported with percentages as well as the number of survey takers who chose/selected that question choice, out of the total number of survey respondents to that question (e.g., 50% means 10 out of 20 survey takers selected that question choice, 10 out of 20 total survey takers who answered that question of the survey).

The responses in this report are totals across Gloucester County.

A. Community-Reported Assets

Interviews and focus groups with Gloucester County stakeholders and residents highlighted multiple assets that exist within the county that contribute to healthy communities. Specifically, assets mentioned were programming offered by the Gloucester County Department of Health, particularly as it relates to community programs offered in public spaces. Data also spoke to the county's asset of its proximity to healthcare providers in Philadelphia, such as the Children's Hospital of Philadelphia (CHOP). Overall, data highlighted how various systems work well together - across local governments, the nonprofit and faith-based sectors. Data spoke to trusted community personnel who worked across organizations and got the word out about programs.

Multiple sources of data commented on specific programs that were available and that were used across the county—including senior art programs, vegetable vouchers for local produce, Inspira outreach at local churches, concerts in Deptford, a community garden in Woodbury, yoga classes, and the overall programming through the Office of Aging (e.g., programs that bring groceries to

your apartment). The Gloucester County Department of Health and Social Services were specifically mentioned for exceptional programming. Many community members shared they learned about programs through word of mouth and/or local newsletters.

One program that stood out in particular was the Williamstown Inspira LIFE Center. Multiple participants spoke to the enriching range of activities (physical therapy, diet, dancing, art) quality and compassionate care, and wonderful experiences they received at the Life Center. One person shared how their doctors were patient and kind, noting, "you can tell them when something is hurting you or bothering you, they don't look at you like, oh, here we go again, something else to complain about. They listen, then they try to help us with it, and many times, it's that way, it's like that here, that's what they do. They don't lecture." (Gloucester County Community Member). Another person shared, "I'm diabetic, and my diet was horrible. Dr. [name], just by sitting and chatting. I'm a lot more careful with what I eat now than I used to be, and my sugar's going down. Just chatting about this, that and the other, and [name of staff person]'s hysterical with her European stories, but she's a lot of fun. She incorporates dance steps into the exercises, so you don't feel like you're exercising."

Overall, participants spoke to the availability of healthcare, recreation, and leisure activities available in Gloucester County—specifically mentioning shopping, parks, multiple healthcare institutions, and easy access to Philadelphia.

One person shared, "You're not held down by anything, even shopping. I can't drive anymore. If he's not available to take me and I don't have anybody to take me, I could call a service that they take you to certain places at certain days, certain times, and they'll just come and pick you up." (Gloucester County Community Member)

Another shared, "Activities up there if you join a senior center, you pay dues. If you go on a trip, they carpool. Their lunches aren't as good as down here. They don't have as much to offer. I'm amazed at what Jersey has to offer. Maybe it's good to come from Pennsylvania. I can appreciate it." (Gloucester County Community Member).

Gloucester County data spoke to the organizational and structural level collaboration and partnership across institutions. County stakeholders credit this collaboration to the overlap of work between organizations (transportation, economic development, social services) seen during COVID, and how that partnership has carried beyond the pandemic. As one person shared, "Everybody had a role. Had a role and everyone continues to work together. A lot of counties are not like that...I feel like we're super proactive with trying to, most health departments are reactive. "Oh, I've seen an outbreak here. Let me investigate it. Oh, what's causing it? Now let me deal with it." That's how most health departments are traditionally.

Their infrastructure is a reactive health department. Gloucester is super unique, where we are proactive. "Hey, let's see if we can offer this programming and see if we see numbers come down...It does take years. That's the hardest thing. Public health, you don't see an improvement next week. You see it years from now. That's why it's required to do that community health improvement plan every five years. To see, are we seeing our numbers get better? That's why the hospitals aren't required to do this job. I feel like Gloucester, we try our best to be proactive, and that comes down to our leadership." (Gloucester County Stakeholder). The county stakeholders mentioned being attuned to changing needs of the community through community health improvement planning, commenting how they more recently were targeting obesity education and schedule yoga in the parts, chair yoga, and Tai Chi, and walking, program and nutrition classes.

B. Community-Reported Barriers/Needs

The top main health needs identified across Cumberland County were cost of living, cost of health care, mental health and substance use, community connections and spaces, and health education.

What the Barriers Mean/ Context for the Barriers

Gloucester County's barriers centered around the rising cost of living and its impact on the affordability of daily needs and health care. Data indicates that cost increases in necessities such as food and housing have led community members to prioritize immediate needs, at times delaying or opting out of medical care and healthy habits. The availability of healthcare providers was impacted by accessibility challenges pertaining to appointment availability, incompatible insurance networks, and the need for nearby specialized services. Furthermore, Gloucester County residents have experienced challenges navigating the healthcare system and have faced individual and community health crises that have eroded their trust in local authorities and healthcare providers. Though Gloucester County reported assets in connectivity of resources and organizations, community members asked for a greater investment in increasing trust around healthcare and health education, as well as more opportunities for community building.

A. Cost of living

Cost of living was a top barrier in Gloucester County, with most of Gloucester participants describing concerns regarding routine expenses such as transportation, gas, groceries, and housing. When asked about the top community-based health issues in their county, 76.9% (143 of 186) survey respondents in Gloucester County selected cost of living among their top 5 issues. Additionally, over half of respondents reported having felt some degree of worry or stress about money. When asked "How often in the past 12 months were you worried or stressed about having enough money (for rent, bills, food, gas)?" 29.6% (53 of 179) of respondents indicated feeling worried or stressed sometimes

and 27.3% (49 of 179) indicated feeling worried or stressed at least often. In line with these data, 25.3% (47 of 186) of respondents considered unemployment a community-based health issue, and 29% (54 of 186) desired to see more financial assistance resources offered in their communities for activities ranging from budgeting to help with applications for government benefits.

A key component of cost of living were groceries. A significant concern for many residents was the affordability of healthy foods. While 73.8% (132 of 179) reported eating healthy foods often, nearly half of survey respondents (47.8%, 89 of 186) identified availability of healthy food as a community-based health concern, and almost a quarter reported having felt concerned about not having enough food to eat at least sometimes in the past year (24.1%, 43 of 179). Participants in focus groups explained that the closure of supermarkets in areas like Paulsboro has limited their food choices and expanded the distance they must travel for fresh produce. The closure of affordable grocery stores (e.g., Price Rite) and widespread increase in the prices of fruits and vegetables was also seen as a barrier to healthy eating.

Environmental concerns contributed to the barriers to healthy eating as well. Residents explained that [water pollution in the Delaware River](#) has caused them additional expenses such as drinking exclusively from bottled water, installing filtering systems, and making structural changes to community gardens so the contaminated soil would not impact the produce. Related, environmental health and justice was among the top five community health-based issues for the County as well (40.9%, 76 of 186). A resident described the community's worries around the water situation as follows, "That's the roughest part, really. The water is really getting me. I feel like everyone is talking about getting filter systems, not only just for drinking, but for taking a shower and brushing your teeth. Nobody wants to do that anymore. They're finding that the water isn't safe, it's breaking down your teeth and your skin is terrible because you're washing your skin with this crappy water. Just so much. Everything is bad for you now." (Gloucester County Community Member).

Access to and costs of housing and transportation also factor into overall cost of living challenges. Residents without reliable transportation and housing have trouble accessing resources. Housing availability (29.6%, 55 of 186) was among the top 5 community health based issues for Gloucester County, while homelessness (21.5%, 40 of 186) and transportation (9.7%, 18 of 186) were concerns for vulnerable community members. For instance, public transit users explained that buses do not run frequently enough, and organizations that seek to provide transportation are unable to find drivers within the County, so that they have had to outsource transportation services to vaccine sites and for senior meal provision. Furthermore, Gloucester survey respondents indicated that transportation availability (27%, 47 of 174), reliability (18.4%, 32 of 174), and cost/payment (16.7%, 29 of 174) were among the top transportation barriers to medical appointments.

Housing affordability was also a concern for residents and organizations, with one resident pointing out the decrease in low-income housing around university (e.g. Rowan University) areas. Lower housing affordability was one of the ways in which participants experienced the rising cost of living, which pushes many to seek increases in their income. Organizations explained that the cost of living makes it difficult to hire qualified staff and properly compensate them for the job, given that nonprofits and public sector roles tend to offer lower wages.

As one person shared, "If you can only pay somebody minimum wage, that's what you're going to get. This problem is going to exist and people are just going to be showing up for the paycheck. I feel like when there's really allocated funding, you get people that's looking at, 'Okay, I'm being compensated for what I do,' because I talked about housing. There's no low-income housing. Bills have to be paid so people need to be compensated for what they are doing." (Gloucester County Community Member).

B. Cost and availability of health care

Healthcare Cost

Community members identified multiple ways in which affordable health care was missing in Gloucester County. Nearly half of survey respondents indicated that low-cost general medical care was among the top 5 missing resources in their community (45.9%, 85 of 185), and over a third indicated the need for prescriptions at a lower cost (37.3%, 69 of 185). Participants experienced challenges in finding providers who accept their insurance plans, with 26.5% (49 of 185) identifying insurance-covered providers as a missing resource in the County. Additionally, participants felt that insurance premiums and supplemental coverage plans have increased and that the uncovered aspects of health care were expensive.

Over a quarter of participants reported delaying or not getting medical care (29.9%, 55 of 184) or prescriptions (26.6%, 49 of 184) due to cost. For example, participants shared making decisions against requesting an ambulance or pursuing recommended care due to cost. In particular, some participants highlighted barriers around dental healthcare, which was among the top five missing resources (30.3%, 56 of 185). A resident explained how cost can discourage people from keeping up with their dental care, "Dental health is crazy expensive and ridiculous any time it isn't covered with your insurance...personally, I just don't even see a point in going. It's like, 'Okay, you're going to take X-rays and do a cleaning just to find out what's wrong and then tell me that all the options are unaffordable'" (Gloucester County Community Member).

Healthcare Availability

Data also revealed a degree of missing health services. Participants indicated that child pediatric health was one of the top medical health issues in Gloucester County (29%, 54 of 186) and noted that the lack of pediatric specialists within the county forced them to travel to Philadelphia for the closest pediatric hospitals for diagnosis and treatment of conditions such as autism, asthma, and genetic disorders. One participant shared there are "limited pediatric services covered by insurance. They are always busy. I would pick a different office but don't want to drive so far so [my] toddler goes to Urgent Care when he's sick and annual appointments are always later than they should be." (Gloucester County Community Member).

Other participants discussed their limited access to prescriptions through a lack of local drugstores. Residents in Paulsboro, for instance, shared that local drugstores have closed down and older residents are often unable to secure reliable transportation in need of medications.

One resident expressed concern for those most vulnerable community members, "For whatever reason, your local government is hearing them and then nothing else is said or nothing's done...As you get older, we know your health start to fail some and there's not a drugstore nowhere in sight for you to get your medication...I know in Paulsboro that's a big issue. Not being able to get to the medication that they need" (Gloucester County Community Member).

Availability of medical appointments was among the top missing needs for the area as well, according to 38.9% of Gloucester County survey respondents (72 of 185). Participants shared that PCP [Primary Care Provider] appointments could take weeks, especially for new clients. Respondents who opted to go into an Urgent Care or Emergency Room instead of a primary care provider in the last 12 months listed appointment availability among their top reasons (Urgent Care- 49.2%, 30 of 61; ER [Emergency Room] - 24.3%, 9 of 37). Participants posed that some routine care such as seeking birth control or antibiotics could be accessible more promptly and suggested offering more sick appointment slots or telehealth as an alternative. Specialists were also reported to have long wait times of up to 6 months for appointments.

C. Mental and behavioral health and substance use

Mental health and well-being were among the top issues for community members in Gloucester County (38.7%, 72 of 186). Mental health services were identified as an overall missing resource, with 33.5% (62 of 185) of survey respondents reporting it as a missing medical resource and 41.4% (77 of 186) reporting it as a missing community health resource. Participants expressed a need for holistic,

preventive care, as one person shared "I think when a lot of us come up with disability, a lot of us have physical ailments but it's like we really can't get it with the physical. It's like we get mishandled and then at a certain point it becomes mental at that point. I think they should address that before it gets bad for those who really need that help." (Gloucester County Community Member). Over a fifth of respondents (23.2%, 41 of 177) reported experiencing functional difficulties related to a physical, mental, emotional problem, having difficulty remembering, concentrating, or making decisions. Data also highlighted pediatric mental health as a need. Survey respondents specified the need for testing and treatment of developmental disorders and behavioral disorders, as well as proactive planning and support for adults with developmental disorders. Emotional and social skills were also a concern, with community members recommending the creation of more resources targeted for teenagers around managing anxiety, learning conflict-resolution and problem-solving skills, and accessing emergency assistance (e.g. suicide or crisis hotline for teens).

Insurance coverage of mental health care services surfaced as a specific barrier as well due to the many logistic challenges it presented for community members. Participants reported struggling to find mental health care providers and psychiatrists who accepted their insurance, especially Medicaid/Medicare. This also impacted their continuation of care, as changes to their insurance led them to switch providers or discontinue services when their current provider did not accept their new insurance. Participants shared that navigating insurance parameters was difficult especially in situations in which they felt unstable.

As one participant shared: "A year ago... I tried to take my own life and they kept me for 10 days and wouldn't let me leave. When they released me from the hospital, they released me to no help outside. They directed me to places that did not take my insurance. They had my insurance information on file. Everybody I tried to follow up for aftercare, they couldn't help me because they didn't take my insurance. Now, why would the hospital release me? There could be more communication in that part because I couldn't get help once I was released... that almost took me right back into the situation in which I fell into, trying to kill myself in the first place, trying to take my own life... If you figure they have all your information right in front of you, there should be more help in that within the Inspira community to send you to an Inspira person, not just say, "Here, go to them, maybe they can help you." (Gloucester County Community Member).

Continuation of care was a challenge for substance use treatment as well. About a fifth of respondents identified substance use as a community health issue (21%, 39 of 186).

Participants shared that people in recovery are often sent to rehab centers in North Jersey due to insurance coverage or a perception of better quality treatment. Participants reflected that the distance separated them from family and community at a time in which their need for social support is the greatest. One participant pushed for a change in care mentality that seeks to reintegrate people in recovery into their community: "They could have more community programs like community gardens and stuff like that where people are interacting with each other and it's more of a community thing, as opposed to sending a bunch of addicts to a facility somewhere and having them... Whatever they do there, I don't even know, but more of a community effort towards it and something to work towards... stuff that has to do with nature and with other people around that!" (Gloucester County Community Member).

D. Community connections and spaces, especially for special populations

Data revealed a need for community spaces to gather and foster a sense of belonging in Gloucester County. When asked about top missing community health needs, 34.9% (65 of 186) of respondents selected community social support services and programs connecting other people. Participants explained that spaces and opportunities for public activities could promote community engagement and social investment by encouraging people to build robust social support circles through recreational activities. As one community member described "I don't know if it's people, I don't want to say displaced, but the people that are moving into these communities don't have the same family or caring or—I don't know, something is just missing... It doesn't even have to be a sport but some more community, I feel like that's when people start turning to drugs and the streets, is when they don't have anyone to turn to." (Gloucester County Community Member). Some members suggested increasing the frequency of established community events like Deptford Day and to encourage the involvement of businesses and academic institutions in the community.

The need for community spaces came across as a strategy to prevent community violence and crime as well. Individual and community safety was one of the top community health issues identified by 43.5% (81 of 186) respondents in Gloucester County. When asked about missing community health resources, 27.4% (51 of 186) selected violence support and community safety-related services. Some participants posited that community spaces such as recreation centers could become safe spaces for people seeking advice, and proposed integrating health advocates who can guide these community members to the appropriate professional resources.

Gloucester County members also prioritized services for special populations (e.g., youth, older adults, LGBTQ+ community, people who have disabilities, people in recovery) as one of their top issues

(26.9%, 50 of 186). In addition to the integration of marginalized community members such as people in recovery (see section about Mental and Behavioral Health and Substance Use), data also revealed a concern around spaces for young people to spend their time safely.

Community members were concerned about young people's vulnerability to negative messages about their bodies, self-image, harmful content online, and problems at home. There was a perception that having a third space option such as a community center might offer alternative, healthier activities for children and teenagers to engage in while supervised by adults in the community. As summarized by a community member "The drug addictions in these communities is major, and that plays a role not just with the individual that's on the drugs, but all the family members that this person come in contact with. The young kids and everybody. And we are seeing it, [with] the parent or the adult, and then it's just trickling down to the 15-year-old, and then the 12-year-old, and this is what they know, and then they become a product of their environment, because of the environment that they're living in." (Gloucester County Community Member).

E. Health education

Data pointed to the need for expanding health education by improving community outreach, facilitating access to reliable information, and deepening trust in medical authorities. Health education and information was reported as a community health issue by 33.9% (63 of 186) of respondents and as a missing community health resource by 37.1% (67 of 186). Medical providers and leaders shared a concern about lack of knowledge and social media misinformation around rising public health concerns such as sexually transmitted infections (STIs), rabies, the presence of lead in old homes, and the inappropriate use of substances like tobacco, vapes, tranquilizers, and energy drinks. Community members also desired to see more availability and communications about screenings for health conditions, first aid and CPR training, and encouraging healthy nutrition at home.

Regarding the promotion of healthy habits, participants remarked on the importance of engaging caregivers in modeling healthy behaviors and offering healthy options for children when they are out in the community. A participant described the challenge in connecting children's home experience with their school/community experience, "If you're giving a student the notes and the parent is not involved, it's not going to happen. You've got to help both. We've got to be able to have more dialogue with the parents to get them more involved...it's understanding the why [for] the disconnect with the parents. It could be a lot of things, a lot of disruptions, finances, social media or anything with the digital age. I think with that, it's understanding why there's a disconnect with the parent and the child. Then I think going from there, if we were able to assist the parent with the needs, then they would probably be able to pour into the children a little more." (Gloucester County Community Member).

Other findings indicated that community distrust of healthcare professionals may be a barrier to effective communication of health information. When asked to indicate how often survey participants felt that a doctor did not listen to what they were saying, 32.9% (61 of 186) answered at least sometimes. Participants shared experiences in which they felt rushed or dismissed by medical staff. A participant expressed that “people get into that field for the wrong reason. I’m noticing, this day and age, it’s a lot of people that go to school for [health] because they want the money, not because they care about people. So next thing you know, they’re not really paying attention. They don’t really care.” (Gloucester County Community Member). There was a general agreement that the trustworthiness of the information source was critical to the effectiveness of communications.

A healthcare staff member shared that efforts to gain trust include “trying to partner with someone [community members] trust because they don’t trust us anymore... having that transparency with our newsletters, putting our information out, partnering with our County administrators to make sure information goes out on our programs, the importance of it, educating the community, making sure they’re aware of what the programs are, what the reasons are, why we are here.” (Gloucester County Community Stakeholder).

The need for more responsive ways to communicate health information were evident in the data from the community. Community members noted that outreach strategies relying primarily on social media and virtual contact were not enough to connect with most of the population. Instead, participants suggested that physical mailers sent to residences, multilingual pamphlets or flyers in churches and at senior living complexes, and local newsletters at the township level would appeal more to community members who lack access to online resources or prefer personalized communications. Participants also pointed out that reliance on digital communications also presented a barrier to access personal health records and care, as explained by a community member, “If it’s not word of mouth from one of the women, it’s like you don’t know. What type of computer system? How are things computerized now? Why wouldn’t there be a little computer room in [the health facility] so everybody can access their MyCharts? You got a whole MyChart but some of us don’t utilize them. And then they took away the free phone Lifeline service for a lot of people.” (Gloucester County Community Member).

Results suggested that community members need more personalized guidance to find information about their own personal health care. Over a third (34.9%, 65 of 186) of survey respondents identified community health workers and advocates as a missing community health resource. Community members explained that patients need more support in navigating steps of care such as clarifying diagnosis and treatment plans, identifying payment options for outstanding medical bills,

understanding services covered by insurance, and connecting with appropriate continuation of care promptly. A participant argued that the healthcare system is difficult to navigate overall, "It's the way the system is so overly complex. I've got a PhD and I work in healthcare and I run into these problems. I cannot imagine how most people deal with this stuff because I've got some resources to call on and I still get stuck with this kind of thing." (Gloucester County Community Member).

See full Gloucester County and Regional Top Self-Reported Needs (Barriers) from the Community Survey in the Inspira CHNA 2025-2027 Background, Process + Regional Findings Report [here](#).

C. Community-Reported Solutions and Recommendations

Data from Gloucester County offered multiple recommendations/solutions to address existing barriers within the county. Individuals that WRI spoke with highlighted the continued need for existing, and additional, community events and community spaces, such as farmers markets, health education classes (around teen mental health, CPR training, substance use, nutrition classes, classes about understanding autism). Specific data also called for/recommended that both Rutgers Camden and Rowan University become more involved in Gloucester County programming/community events.

One person shared, "I think that safe spaces sounds college-like or new age, but I feel like teens and a little bit younger, they should have a safe space to get away from whatever chaos is going at home...if they're not fond of the 10 clubs that we have here, [they] can go somewhere else to have a safe place in a safe zone. I think that will really take a lot of different demographics out of places they shouldn't be and put that access into good things."

Data spoke to the need for community events and community outreach to be built through trusting relationships between individuals, groups, and organizations, especially across neighborhoods and municipalities, as exhibited through this quote, "More community events. Every time we have an event anywhere, we're meeting people that also are wanting to help and that's how we are mending the community. I had a tea party at the Paulsboro Club this weekend and [one] lady was like, "I'm from Willingsboro, I just want to help but I don't know anyone anymore." I'm like, "We have more events, people can network." Then we can get together and start new opportunities." (Community Member, Gloucester)

Community members pointed out that consistency and follow-through were key in gaining community trust, referring to the implementation and execution of resources and services as well as to the frequency and accuracy of the health information healthcare authorities want to share.

A participant explained, "If you have consistency and presence, you'll win the community over. I feel like even with this study right here: you tell the community that you're doing it, you put out whatever findings, and [Inspira] is like 'This is what we're doing.' After you're saying 'This is what we're doing to combat it,' give it some time and be consistent, because sometimes big corporations or big companies come out with this thing that they're going to do, and a couple of months [later] they die down. It needs to have consistency. You need to get the organizations, community members, local governments, officers, whatever, and just make sure that something is happening." (Gloucester County Community Member).

While getting the word out to residents was noted as a challenge, data highlighted leaning on churches, faith communities, and schools/school events to spread the word about events, programs, and health-related opportunities. Participants also mentioned that they bring pamphlets/flyers about events to specific churches, and to various doctors offices, one person sharing, "I took a bunch of them over to the office of my church and they said they have a lot of people that have needs and this was wonderful and it's also in Spanish because we have a lot of Spanish people in our church." (Gloucester County Community Member). Another shared, "Every time I open the mailbox, there's an ACME flyer or a ShopRite flyer. Why can't the government entities do that as well to help you" (Gloucester County Community Member). Participants offered specific recommendations for various ways to do community outreach:

- "Starting them where they at. Right now Paulsboro, it's a big basketball, football, wrestling town. A lot of the younger ones are getting out of the football realm now and going to different places because, I don't know, right? That's where they at Sundays, Fridays, Tuesdays, Mondays, they at basketball practice. They at this. Going to those organizations, going to those events and saying, "Hey, we got these." Bringing up food pantries to the football game where hundreds of parents is going to be. That's what she should do. Things of that nature because that's how you're going to get your name out there, the people is right there. Then the access and resources right there." (Gloucester County Community Member).

- “I would say, even if it’s on a small scale, because Inspira itself have hundreds of doctors, nurses, putting them out in the field as well and showing them that they care about the community would actually help a lot. Showing them that an actual doctor, or nurse took their time out of their day and educating them about this or just being regular, or at least with the kids showing them it’s a different possibility, what a cardiologist is, what the anesthesiologist is.” (Gloucester County Community Member).

In terms of infrastructure and healthcare overall, data from Gloucester County also spoke to the need to equitably fund positions in social services/health care.

As one person shared, “I feel like from the government, there should be more being allocated to programs such as these. Again, the work that we are doing, what we are saying right now is not elementary. This is high level stuff, so you need high level people to be able to push these things out. If we can only pay—not just we, but organizations such as us can only pay somebody a minimum wage, that’s what we’re going to get. This problem is going to persist in a lot of cases. I know [name of colleague] will go over and above. He does. Everyone here goes over and above, but with more allocated funding, it helps to get more people like us in the room to help make this difference” (Gloucester County Community Member).



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