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I. Introduction

This report provides a summary of the findings of the Community Health Needs Assessment (CHNA) for Gloucester, Cumberland, and Salem Counties; the CHNA was conducted by The Walter Rand Institute for Public Affairs (WRI) at Rutgers University-Camden on behalf of Inspira Health Network.

We conducted the CHNA with one main goal: fulfilling the IRS requirements for tax-exempt hospitals by carefully characterizing community members' views on the health needs in their communities. For the purpose of this assessment, community is defined as the three counties in the Inspira Health Network service area (Gloucester, Cumberland, and Salem Counties). 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, which 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

This report documents the community context in which we conducted the community health needs assessment (Section II), the process and methods we used to conduct the CHNA (Section III), the findings of the CHNA organized into six main themes (Section IV), documentation

of how we integrated the community voice into the CHNA (Section V), a plan for the dissemination of the current CHNA (Section VI), an explanation of how health needs were prioritized (Section VII), and an evaluation of how Inspira Health Network has integrated the results of the previous CHNA (Section VIII). The demographics of survey participants are included in the process and methods section (Section III).

Note to community members: The Findings Section (Section IV) has the most useful information. This section was written with the goal of clearly communicating the community's perception of health needs. It is organized by several main themes, with visuals highlighting the important points. Most of the technical information, such as details of the statistical analysis, is in other sections.

II. Community Health Needs Assessment: Community Context²

Below are brief descriptions of the three counties (Cumberland, Gloucester, and Salem). These profiles provide insight into potential social determinants of health present in the Inspira Health Network service areas. Population health research continues to support the notion that the environments in which people live, learn, work, play, worship, and age are important drivers of health, with variations in these environments affecting a broad spectrum of health outcomes. As such, the information presented in these county profiles will provide an important context for the primary data collected during this Community Health Needs Assessment.

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.

² Data for these county profiles were taken from United States Census and the New Jersey Department of Labor and Workforce Development.

Cumberland County

Located in the south-central part of New Jersey, Cumberland County is approximately 45 minutes from Philadelphia and Atlantic City, and two hours from New York City and Baltimore. With a land area of 483.7 square miles, Cumberland County is the 5th largest county in the state and ranked 16th in population. By a number of different metrics, Cumberland County is the poorest of the 21 counties in New Jersey. It was originally formed in 1798 from parts of Salem County and named after Prince William, Duke of Cumberland. The geography of Cumberland County is low-lying and sits near the Delaware Bay. It consists of a total of 14 municipalities: 3 cities, 10 townships, and 1 borough. The county seat is Bridgeton. From 2000 to 2010, the county's population increased 7.14%, from 146,438 to 156,898, but projections from the 2010 census indicate a small population decline.

Historically, the economy in Cumberland County was built around industries of glass-making, food processing, textiles, and maritime trade. Today, the county's economy consists of a large agricultural base but is also developing four key industry sectors: Health Care, Construction, Hospitality/Tourism, and Advanced Manufacturing.

Cumberland County has approximately 70,000 acres of farmland, accounting for about 20% of the agricultural land in the State of New Jersey. It is also home to three correctional facilities: Bayside State Prison, South Woods State Prison, and Southern State Prison.

According to the 2016 American Community Survey, Cumberland County is significantly behind the state's average in educational attainment. Statewide, 88.9% of the population possesses a high school diploma or higher, and 37.5% of the population have earned a Bachelor's degree or higher. In contrast, only 77.3% of Cumberland County's population have a high school diploma or higher, and only 14.3% have earned a Bachelor's degree or higher.

The largest employer in the county is Inspira Health Network, which employs more than double the number of employees as the next leading employer. The largest industry sectors are Education Services and Health Care and Social Assistance, which account for 25.7% of employment for those 16 and over. In Cumberland County, the preliminary unemployment rate in April 2018 was 6.6%, higher than the state's rate of 4.1%. Estimates indicate that from January 2014 to April 2018, the unemployment rate in Cumberland County dropped from 9.9% to 6.6%, a 33% decrease, while the state's estimated rate dropped from 6.6% to 4.1%, an approximate 38% decrease. As highlighted, the county's unemployment rate has continued to decrease over the course of the past two years, but it remains higher than New Jersey's rate. Despite progress, there are a number of municipalities in Cumberland County that continue to have high unemployment rates, including Bridgeton (8.8%), Millville (7.4%), and Vineland (7.2%).

The projected employment change by sector from 2014 to 2024 anticipates large employment increases in the sectors of Arts, Entertainment, and Recreation (23%), Construction (21%), Management of Companies and Enterprises (19%), and Administration and Waste Services (17%). In contrast, other sectors are expected to decrease employment, Information (-20.1%), Government (-11.5%), Manufacturing (-6.6%), and Education Services (-5.1%).

Gloucester County

Gloucester County was founded in May 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 2012, the population of the state of New Jersey increased by 5.4%, while the population of Gloucester County increased by 13.2%, making it the fastest growing county in the state. The census estimated the 2017 population as 292,206.

Gloucester County is located in the metropolitan area of Philadelphia, yet it has a strongly developed agricultural sector. In fact, Gloucester County is one of the primary food producing areas in the State of New Jersey. The industrial sector in Gloucester County is also strong. The county is home to a number of industrial parks, including Pureland Industrial Park, one of the nation's largest distribution centers. The projected employment change by sector, (2014 to 2024) anticipates a nearly 27% increase in the Arts, Entertainment, and Recreation sector, a 25.5% increase in Construction, and a 17.3% increase in Health Care and Social Services. The sectors of Real Estate, Rental, and Leasing, and Administrative and Waste Services are anticipated to increase by 15.4% and 13.6% respectively. The sectors that are projected to decrease the fastest are Information (-15.7%), Education Services (-10.8%), Manufacturing (-8.7%), and Government (-2.1%).

In Gloucester County, the preliminary unemployment rate in April 2018 was 4.0%, slightly lower than the state's rate of 4.1%. Estimates indicate that from January 2014 to April 2018, unemployment rates in Gloucester County dropped from 8.3% to 4.0%, an approximately 52% decrease, compared to the state's estimated drop from 6.6% to 4.1%, an approximately 38% decrease. Gloucester County's unemployment rate has seen a steady decline between 2014 and the early months of 2018.

According to the 2016 American Community Survey, Gloucester County is outperforming the state in some areas of educational attainment. Statewide, 88.9% of the population possess a high school diploma or higher, while 92.0% of Gloucester County's population have a high school diploma or higher. Nearly 38% of New Jersey's population earned a Bachelor's degree or higher and close to 30% of the population in Gloucester County completed a Bachelor's degree or higher.

Salem County

Salem County is located in the southwestern part of New Jersey. It is bordered to the west by the Delaware River, and its geography is almost

entirely flat coastal plain. The county seat is Salem. Salem County is the least populated of the 21 counties in the State of New Jersey but the tenth largest county in square miles. The county has been successful in maintaining the cultural history of agriculture and open space that has long defined much of South Jersey. Today, 42.6% of the land is under active farm cultivation. The county has 6 rivers, more than 34,000 acres of meadow and marshland, and 40 lakes and ponds. The population of Salem County increased 2.8% from 64,285 in 2000 to 66,083 in 2010, but projections from the 2010 census suggest that the population is now declining.

The top employment sectors in Salem County are Education and Health Care, which represent 22.1% of the jobs in the county. The largest employer is PSE&G, with roughly 1,300 employees. Most sectors in the county have payrolls that are well below the state's average. However, due to the presence of PSE&G's nuclear facility, the Trade, Transportation, and Utilities sectors pay employees more than their statewide counterparts. In terms of projections for the future, the county is expected to experience a population growth of only 1.5%, while the state's population is projected to increase by 3.9%. Employment numbers for Salem County are projected to remain virtually unchanged—showing a small growth of 0.1% per year. This is partially due to losses in Manufacturing, Utilities, and Retail Trade that are expected to offset the growth experienced in Construction, Health Care and Social Services in this area.

In Salem County, the preliminary unemployment rate in April 2018 was 5.3%, which is higher than the state's rate of 4.1%. Estimates indicate that from January 2014 to April 2018, the unemployment rate in Salem County dropped from 9.8% to 5.3%, an approximately 46% decrease, surpassing the state's estimated drop from 6.6% to 4.1%, an approximately 38% decrease. While the county's overall unemployment rate has continued to decrease, it continues to be higher than the state's rate. Furthermore, there continue to be a number of municipalities in

Salem County with high unemployment rates, including Salem (12.1%), Penns Grove (9.0%), and Carney's Point (6.8%).

III. Community Health Needs Assessment: Process and Methods

This section includes information on (1) staff involved with the project, (2) an overview of the methods used for data collection and analysis of the primary and secondary data research tools.

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Overview of Methods

To achieve the goal of obtaining locally actionable information for improving health, this Community Health Needs Assessment employed a mixed-methods iterative strategy of data collection that combined quantitative and qualitative analysis of primary data collected from community members 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 from participants and sources identified through consultation with trusted community partners in each county.

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 Interviews

Purpose and Methodology: Focus Groups

We conducted 13 different focus groups with community members (n=10) and stakeholders (n=3) across the three counties. Our main objective was to gather the community members' thoughts 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 of the health care service delivery system as well as its weaknesses and possible improvements. The focus group format allowed the community members to express their opinions, suggestions, and recommendations in a confidential format. Because they live and work within Inspira Health Network's service areas, community members' input is crucial to the community health needs assessment process.

Focus groups produce a large amount of information in a short time period. In addition, focus groups elicit wide-ranging views on designated topics. Our focus groups consisted of a semi-structured group interview. Focus groups ranged in size from 4 to 20 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. 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.

Purpose and Methodology: Key Stakeholder Interviews

We conducted 10 interviews with key representatives in the county and designated Inspira Health Network staff. The interviews were completed using a semi-structured research instrument, and the goals of the interview were similar to goals 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.³ 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 of the health care service delivery system as well as its weaknesses and potential improvements.

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.^{4, 5} 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.⁶ 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.

Analysis: Focus Groups and Interviews

Thematic and analytic coding strategies were employed.⁷ The data from the focus group and interview notes were grouped into units (e.g., county resources, challenges facing the county, and recommendations). Line-by-line coding was done by team members and then open coding was completed to identify the additional sub-themes within the aforementioned areas.⁸ To ensure inter-rater reliability, two research team members independently completed this coding.⁹ Discrepancies in the coding were resolved by a meeting between the coders and the principal investigator.

The interview and focus group data were examined using the NVivo 11 data management and analysis software. Researchers have argued that

³The Institutional Review Board (IRB) process at Rutgers University is based on the rules and regulations stipulated by federal agency regulation of human subjects research. All research must be completed in accordance with these guidelines. The Rutgers IRB has the authority to approve, require modifications in planned research prior to approval, or disapprove research. Approval was granted on 04/13/2018 (Protocol #Pro2018000633).

⁴Glaser, B. and Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.

⁵Strauss, A., & Corbin, J. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks, CA: Sage Publications, Inc.

⁶Rubin, H.J., & Rubin, I.S. (2012). *Qualitative Interviewing: The Art of Hearing Data*. Thousand Oaks, CA: Sage Publications, Inc.

⁷Clarke, V. and Braun, V. (2013). Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-133.

⁸Glaser, B. and Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.

⁹Marshall, C. and Rossman, G. (1989). *Designing Qualitative Research*. London: Sage.

NVivo can be helpful with analysis when using the grounded theory approach to qualitative research.¹⁰ To illustrate, the coding process allowed the researcher(s) to track what is occurring in these data and to determine when the point of saturation was reached (i.e., no new themes are emerging).¹¹ In NVivo, once the themes were identified, a node was created and the data stored at that node.¹² The data stored at the nodes allowed researchers to pull quotes and case studies to further explain the themes in this report. In the findings section, results are discussed in the aggregate to protect the identities of the participants.¹³

Primary Data Collection: Community Surveys

Purpose and Methodology: Community Survey

We also sought community engagement through the widespread dissemination of a Community Survey. The survey was comprised of 66 items, formatted for electronic and paper distribution in both English and Spanish. The Spanish surveys were translated from English and then back-translated by certified translators on the research team. The participant response time was approximately 15 minutes for the electronic version and 30 minutes for the paper version. The research team utilized Qualtrics, a web-based survey platform, for the development and distribution of the electronic format of the Community Survey. Survey item formats include multiple choice, fill-in, Likert scale, and ranking. The survey was launched on June 8, 2018 and closed on November 24, 2018 (24 weeks) and was designed to complement the qualitative focus group and interview data to provide

a comprehensive picture of the health status, needs, and resources as identified by residents of Cumberland, Gloucester, and Salem Counties.

The research team developed items with careful consideration to the tension between quantity of information collected and response burden placed on participants. The research team conducted pre-tests of the survey with community members and implemented the feedback received through the pre-testing in the final iteration of the community survey. Survey items integrated feedback from Inspira Health Network and community members, items from prior published Community Health Needs Assessments, and items from a number of national and state health information questionnaires including:

- National 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) - United States Department 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)

Throughout the process of developing the survey, the research team reviewed, modified, and implemented several measures to ensure that the survey items were relevant and easily understood by potential

¹⁰Hutchison, A.J., Johnston, L.H., & Breckon, J.D. (2010). Using QSR-NVivo to facilitate the development of a grounded theory project: an account of a worked example. *International Journal of Social Research Methodology*, 13(4), 283-302.

¹¹Glaser, B. and Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.

¹²Bazeley, P. (2007). *Qualitative data analysis with Nvivo*. London: Sage.

¹³Thus, we are in compliance with the regulations and approval granted for this research project by the Rutgers Institutional Research Board (IRB.)

participants. The research team worked closely with the advisory committee during bi-weekly conference calls to develop and edit the topics, order, and wording of the survey items. Stakeholder groups in each county were also consulted during monthly meetings to identify health-related topics/issues of concern to ensure survey items were included to capture information around those areas of concern and/or interest. The research team also included and/or modified questions based on information discussed during stakeholder meetings. To illustrate, the following question, “About how long does it take to get to your nearest grocery store?” was added at the suggestion of the Salem County stakeholders who shared that some residents spend more than 30 minutes on a bus to get to the nearest supermarket. In addition, the research team utilized its experience working in Southern New Jersey to identify other pertinent topics to include in the survey.

The final topic areas included in the survey are health and healthcare access, sexual health, health knowledge/behaviors, food access/security, neighborhood quality, adverse childhood experiences, and demographics. The addition of an Adverse Childhood Experiences (ACEs) scale is an innovative component of this Community Health Needs Assessment. Research has demonstrated 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. Identifying the distribution of childhood trauma within its service area will assist Inspira Health Network in creating partnerships with organizations that can design and implement interventions to minimize the incidence and/or effects of childhood trauma. One potential result is improving the long-term health of the residents in Inspira Health Network’s service areas. Data and information around Adverse Childhood Experiences and other trauma related areas are of increasing interest to funders. With this information, the Inspira Health Network will be on the front lines in possessing this data for their service area.

Data and Analysis

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 and also GIS (Geographical Information System) maps. To create GIS maps, geographic data files were downloaded from the State of New Jersey. For a given survey question, averages were calculated in each municipality. Each possible value was assigned a color, ranging from dark blue for low values to dark red for high values, and sliding through green, yellow, and orange. Following this, MATLAB drew a map that shaded each geographic area with the color associated with the average value in the data.

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 way: First, we use computer software to randomly assign each actual response to a 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.

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.” For the questions where participants were asked to rank items (for example, rank the top 5 health issues facing your community), we computed an individual item’s overall rank by summing the total number of times an issue was included in a participant’s top 5, regardless of rank.

Defining county: Community members were asked for their county of residence, their zip code, and their municipality. In some cases, community members did not report their county, but they did report their zip code or municipality. In these cases, we inferred county of residence from zip code and/or municipality. When community members did not answer any of these questions, we discarded data from county or municipality specific analysis and instead used their data only in aggregate.

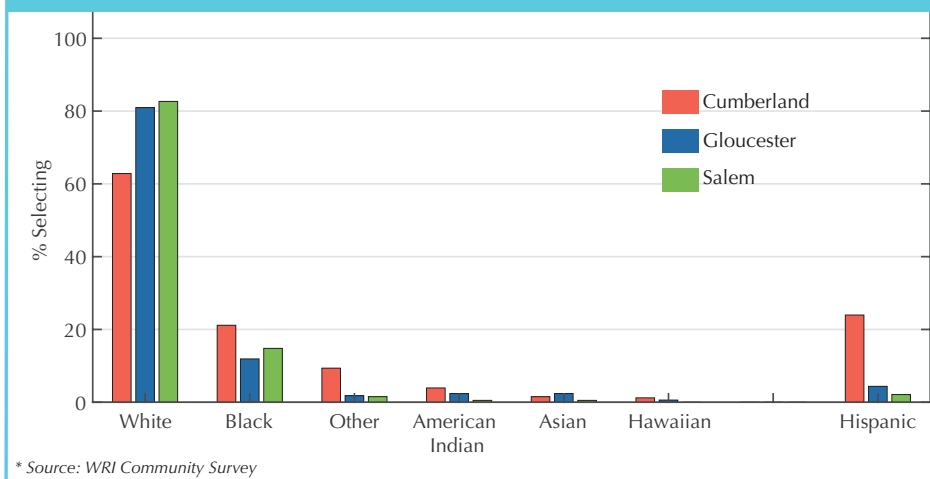
Demographics: We report survey demographics here. We received nearly 900 survey responses from community members. Given the population in Gloucester, Cumberland, and Salem Counties, this means that our margin of error is about 3% for results in aggregate for yes/no questions. This means that we are 95% confident that if we did the survey again, with a different 891 people, we would get a result for each question that is within about 3% points of the value that we report.

The demographic results of the survey show that the characteristics of community members taking the survey match in broad strokes the residents of the counties, although there are some differences (noted below).

Community Surveys Completed	
Cumberland	357
Gloucester	190
Salem	216
Undeclared	128
TOTAL	891

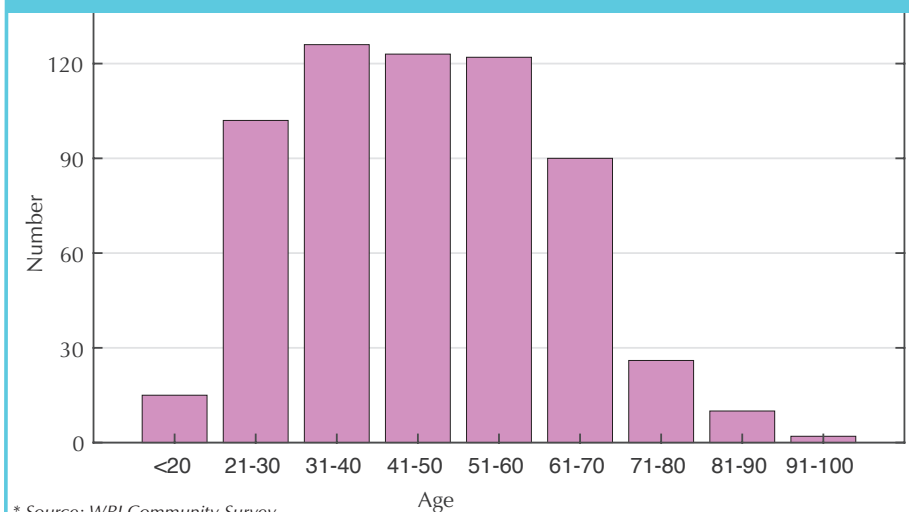
First, as it does in census estimates, race and ethnicity of community members taking the survey varies between counties. We asked community members to “check all that apply” in our race question, and many more community members selected “White” in Gloucester and Salem Counties than in Cumberland County. This is consistent with census estimates. In addition, nearly 25% of Cumberland County residents self-identified as Hispanic. This is a much higher percentage than Gloucester and Salem Counties, a trend that is also consistent with census data.

Demographics: What is your race? (Select all that apply)



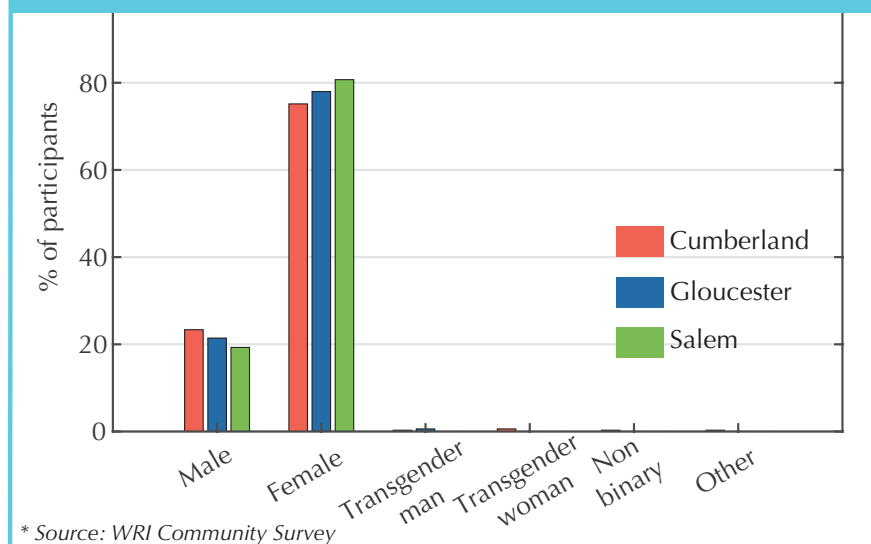
Second, we sampled across a wide range of ages. Our participants ranged in age from 18 to 93 years old, with an average age of 45 years old.

Demographics: What is your age?

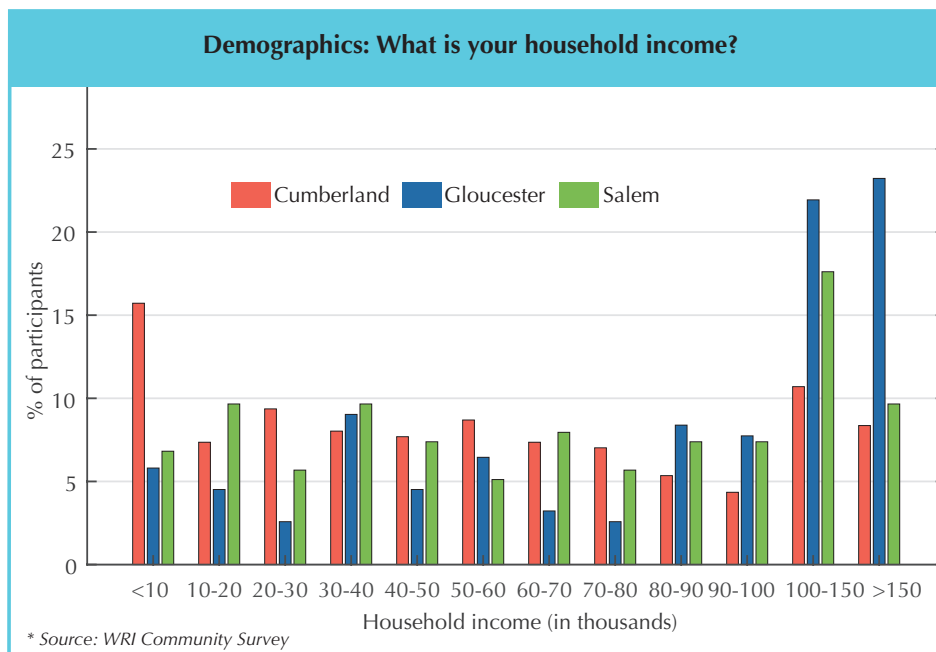


Third, distribution in gender is not representative of the underlying population, with about three-quarters of participants identifying as female. However, in this respect our survey is not unique. Nationally, women are more likely to respond to surveys than men.

Demographics: What is your gender?



Fourth, the income distribution broadly reflects known trends in Gloucester, Cumberland, and Salem Counties, with Gloucester having the highest median household income (\$90-100,000), Cumberland having the lowest median household income (\$50-60,000) and Salem falling in between (\$60-70,000).



Secondary Data: Emergency Room Data

Overview

The research team analyzed emergency room data for the three-year period from 2015-2017. The goal of this analysis is to provide Inspira Health Network with information to reduce Emergency Room (ER) utilization. Here we describe the data and the process of analysis.

Data

Inspira Health Network compiled the following data for every ER visit from 2015-2017 into one data file: Medical Record Number (MRN), time/date, location, age, gender, language, race/ethnicity, housing status, health insurance, method of arrival, final primary diagnosis code, referrals, discharge information, and acuity code.

Data Analysis

Data were analyzed in MATLAB, a scientific computing programming language. The research team wrote custom analysis code. The analysis focused on (1) the characteristics of high utilizers of the ER; (2) frequent diagnoses of ER visits.

The process of characterizing demographics of ER utilization is straightforward: To identify high utilizers of the ER, we determined the number of occurrences of each MRN in the data file. We then divided MRNs into three groups: (1) low utilizers of the ER (0-2 visits per year); (2) high utilizers of the ER (3-6 visits per year); and (3) super-utilizers of the ER (>6 visits per year). These divisions are somewhat arbitrary as there continues to be no standard definition for these categories.

The process of characterizing frequency of diagnosis in the ER is less straightforward. Inspira Health Network provided the final primary diagnosis code for each encounter in the Emergency Room (506,900 encounters). Preliminary analysis indicated that there were 11,467 unique primary diagnosis **codes** and 1,886 unique diagnosis **categories** present in the 506,900 records. Each diagnosis code was associated with an alphanumeric code and a text description of the code. Examination of the codes revealed duplicate text strings, and Inspira Health Network confirmed a switch from ICD 9 codes to ICD 10 codes during the time period covered by the data analysis. Mapping between the coding systems is not trivial because there is not a 1:1 correspondence between ICD 9 codes and ICD 10 codes. To account for this, the research team performed the following process: First, we performed frequency analysis for ICD 9 and ICD 10 codes separately. We then identified **categories** in either ICD 9 codes or ICD 10 codes that accounted for at least 1% of ER visits in any of the low utilizer, high utilizer, or super-utilizer groups. We performed the analysis by utilization group to ensure that we did not miss diagnoses that occurred frequently within only one group. This resulted in six lists of category codes (two coding schemes and three levels of utilization) that together contained 59 unique

category codes.

To provide a meaningful interpretation of these codes, we next manually examined text strings of the primary diagnosis codes associated with the frequently occurring ICD 9 and ICD 10 categories and, where appropriate, combined similar category strings into broader categories. The category conflation appeared largely straightforward, and we include in the subsequent paragraph a complete description of the categories that were combined in the analysis. This process resulted in 22 broad categories that included 74 ICD 9 and ICD 10 category codes (of the 1,886 in the data set). Together, this means that **41%** of all the ER visits were accounted for by **3.9%** of the category codes in the data.

The categories and associated codes were as follows (not in rank order): (1) viral infection [ICD 9 = 79; ICD 10 = B34]; (2) syncope, fever, collapse [ICD 9 = 780, ICD 10 = R55]; (3) asthma [ICD 9 = 493, ICD 10 = J45]; (4) nausea and vomiting [ICD9 = 787, ICD10 = R11]; (5) chest pain [ICD 9 = 786, ICD10 = R07]; (6) earache [ICD9 = 382, ICD10 = H66]; (7) diabetes [ICD9 = 250, ICD 10 =E11]; (8) sprains [ICD 9 = 845, 847, ICD10 = S93]; (8) back pain [ICD 9 = 724, ICD 10 = M54]; (9) other pain [ICD 9 = 338, ICD 10 = M25, G89]; (10) headache [ICD 9 = 784, ICD 10 = R51]; (11) abdominal pain [ICD 9 = 789, ICD 10 = R10]; (12) respiratory infections [ICD 9 = 465, 466, 468, ICD 10 = J18, J28]; (13) urinary or kidney [ICD 9 = 592, 599, ICD 10 = N39]; (14) mental health (anxiety and schizophrenia) [ICD 9 = 295, ICD 10 = F41]; (15) cellulitis and cutaneous abscess [ICD 9 = 582, ICD 10 = L02, L03]; (16) wounds, injuries and contusions [ICD 9 = 873,924, 959, ICD 10 = S61, S09, S01, S00]; (17) alcohol, opioid and drug related [ICD 9 = 303, 305, ICD 10 = T36-T50]; (18) pregnancy [ICD 10 = O26]; (19) COPD/chronic bronchitis [ICD 9 = 491, ICD 10 = J44]; (20) heart failure [ICD 9 =428 , ICD 10 = I50]; (21) epilepsy [ICD 10 = G40]; (22) acute pharyngitis [ICD 9 =462, ICD 10 = J02].

We note that the conflation of categories is somewhat subjective,

and that the analysis is limited by the coding system itself. A different conflation of categories would result in a different ordering of top 10 diagnoses.

Secondary Data: Community Descriptors

In order to provide broad fact-based context for the community's perception of health needs, the research team also compiled secondary data. Secondary data collection commenced in May 2018 and was finalized in November 2018. The research team aggregated data on demographic statistics, socioeconomic variables, health indicators, and clinical care. Variables from these federal, state, county and municipality sources were organized into a database that included the data and metadata such as date, the level of granularity of the data, and the category of each variable, among other things. These data serve two purposes. First, they form the basis of the community profiles described in Section II: Community Context. Second, they provide an additional quantitative source of data to characterize relationships between health needs and upstream determinants of health. We compiled data from a variety of sources; sources are cited in the text and figures.

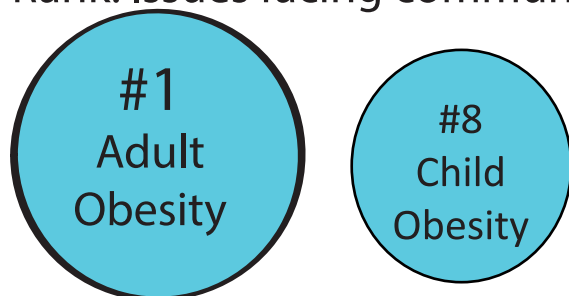
IV. Community Health Needs Assessment: Findings

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.

Our analysis revealed six broad health themes: **five areas of health needs and an area of success**. We explain each theme, provide context for each with additional data and show community suggestions for improvement. We also describe similarities and differences between the three counties we studied. In addition, we present community suggestions for improvements.¹⁴

Theme 1: Obesity

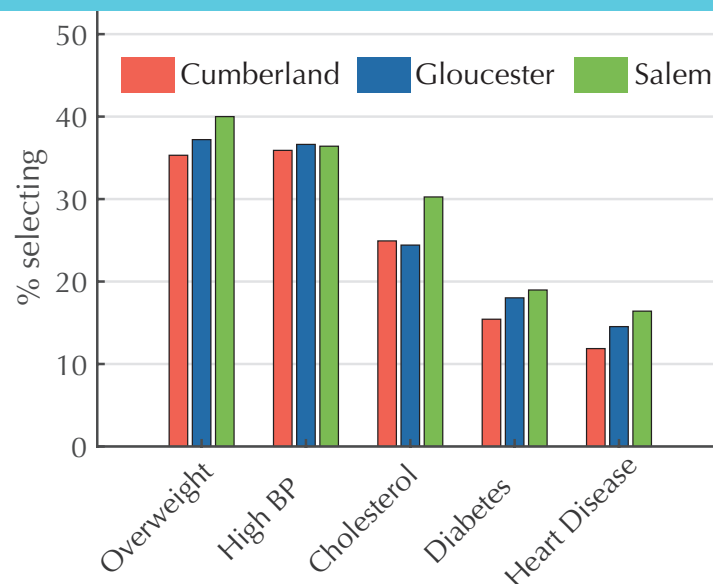
Rank: Issues facing community



Community members ranked obesity the top health issue in their communities. Nationally, obesity is also a concern, with health care costs and mortality related to obesity rapidly overcoming tobacco-related costs/mortality. Since 2000, the adult obesity rate in New Jersey

has increased by over 60%. 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.¹⁵ Even more troubling is that obesity and related chronic health conditions occur at higher rates in Southern New Jersey than they do in the rest of the state and nationally.

Which chronic health conditions are relevant to you?



* Source: WRI Community Survey

¹⁴ Here we report “Top 5” rankings in five areas: health issues, barriers to health, and resources missing in the community. These come from survey questions in which we asked participants to rank 5 topics in each area from a list of many possibilities. In each section, we report the ranking of issues, barriers, or resources when they were relevant to the theme, and in the appendix we include a bar graph of the top ten issues, barriers and resources missing.

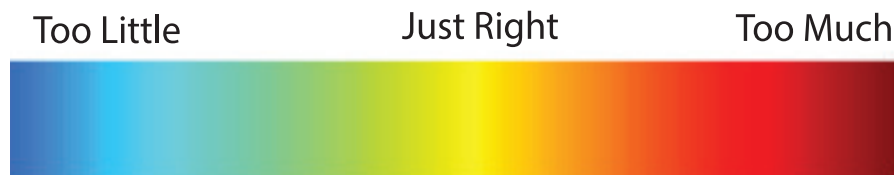
¹⁵ Robert Wood Johnson Foundation, 2018.

Why is Obesity Such An Issue?

We examine data related to physical activity, neighborhood environment, and food intake.

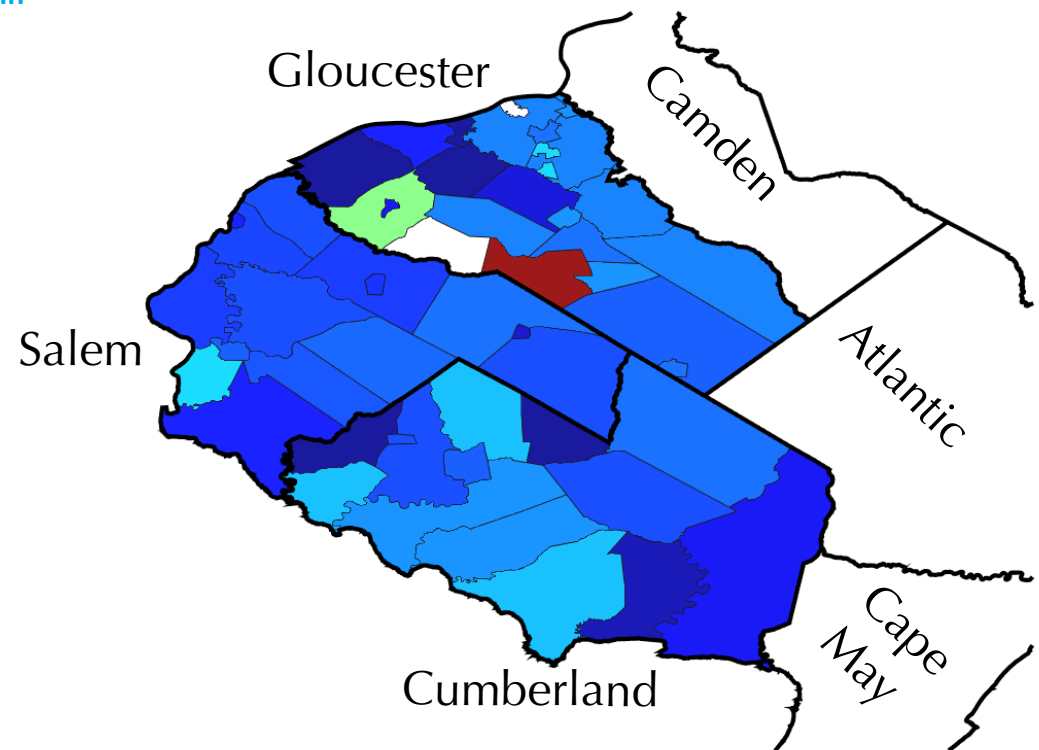
Context: Physical Activity

Both objectively and subjectively, community members are not physically active enough. Subjectively, community members themselves report that they do not get enough exercise; objectively, many community members are not reaching basic benchmarks of physical activity. In Cumberland County, **1 in 5** people reported not getting even **10 minutes of physical activity** in the past week. That number was **1 in 10** for Gloucester County and **1 in 4** for Salem County.



How Much Time Do You Spend on Exercise?

The color of each municipality on this map shows the average response of community members living in that municipality. The overall blue color of the map means that in almost all municipalities, community members self-report that they do not spend enough time on exercise. The two municipalities in white are those with no community responses.

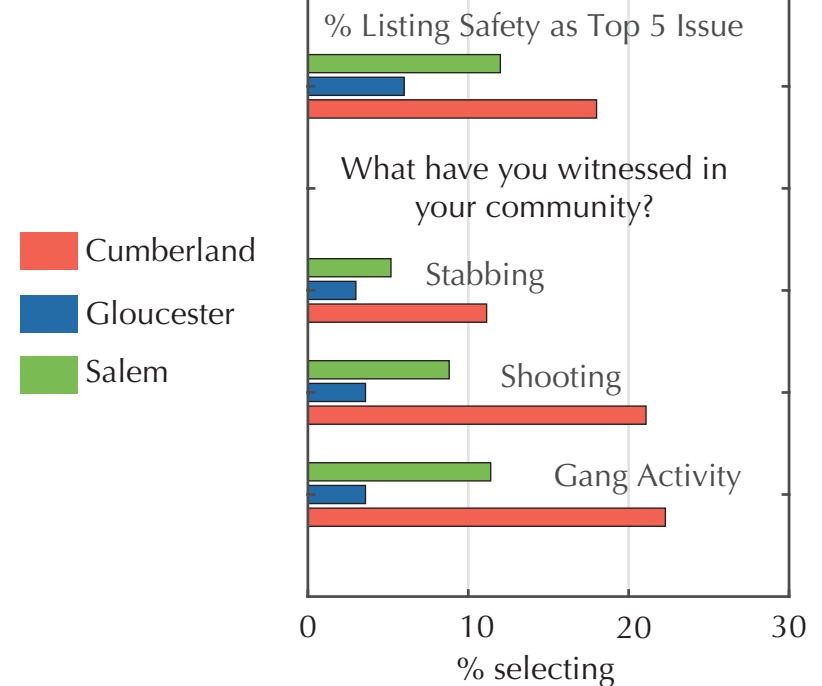


Context: Neighborhood Safety

Community safety influences obesity rates. When communities are unsafe, residents are less likely to spend time outside and are thus less likely to exercise and travel to grocery stores. Community safety was an important issue in Cumberland County, with nearly **1 in 5** residents choosing Community Safety as one of the Top 5 Issues facing their community (as opposed to **1 in 16** residents in Gloucester County and **1 in 8** residents in Salem County).

Although community safety is a broad issue with many causes, community members provided several concrete suggestions that would improve safe access to outdoor spaces. Several participants recommended the renovation and maintenance of safe, clean outdoor spaces. In Salem County, residents expressed concern over minimal to non-existent lighting on public streets as well as the accumulation of trash in the neighborhood. In Gloucester County, participants suggested the construction of sidewalks and paths to afford people safe ways to walk, bike, and exercise in rural parts of the community. Participants also urged that measures be taken to make public parks safer and thus more accessible.

Community Safety Questions



* Source: WRI Community Survey

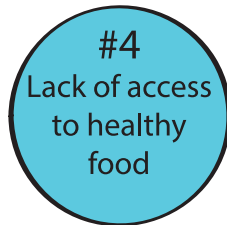
Community Voice

"There are no pedestrian walkways, no sidewalks, no lights; you can't see anything at night...people need to go to city council meetings and complain."

"The community needs to take action to clean up the environment."

Context: Local Food Environment

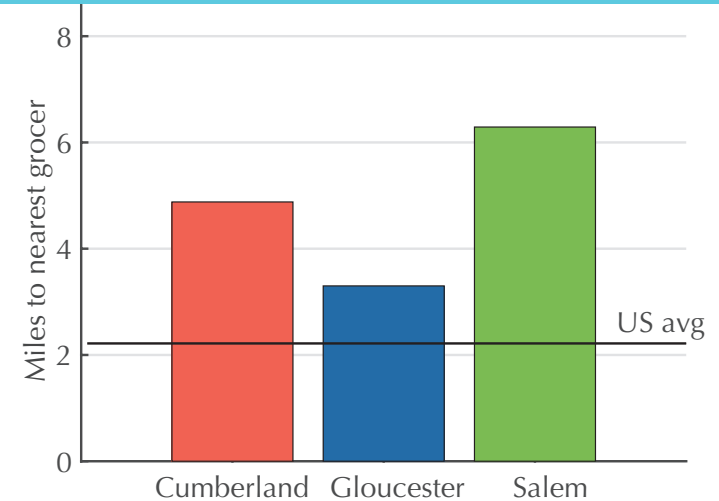
Rank: Issues facing community



Community members reported that the food environment in their local community made it difficult to eat a healthy diet. Community members in focus groups and interviews lamented the lack of healthy food options in their neighborhoods.

Community members travel long distances to grocery stores compared to other places in the country. However, other types of stores, such as fast food restaurants and liquor stores, are much closer.

How far is it to the nearest grocery store?



This “food swamp” may explain why so many participants have a hard time eating healthy food, and why so many community members purchase food at convenience stores, dollar stores, or bodegas, which are less likely to stock healthy foods than grocery stores.

Ate Fast Food Yesterday

Cumberland: **1** in **3**

Gloucester: **1** in **5**

Salem: **1** in **5**

Community Voice

“There aren’t many places to eat or buy healthy meals.”

“Name brand grocery stores aren’t coming into Salem City; folks have to travel far to get groceries.”

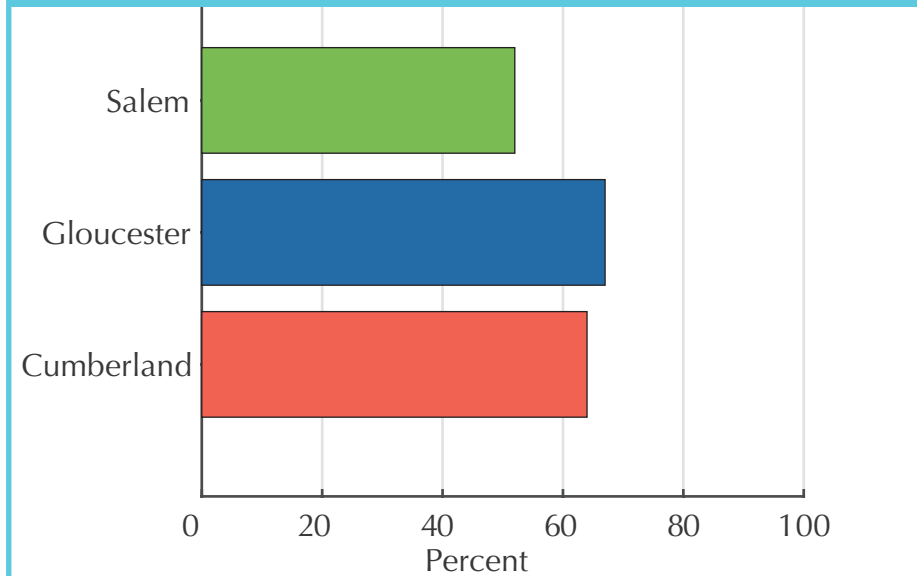
“Another major problem is obesity and lack of accessible healthy food.”

“Also...people might not know how to prepare the fresh foods...It is ironic that here in the Garden State, where we have a plentiful amount of food, we can’t figure out how to get it to the people who need it.”

“Cumberland County is often referred to as a ‘food desert’. However, it might more accurately be called a ‘food swamp’, meaning that there is food available, but it is mostly unhealthy...Healthy businesses don’t thrive here.”

The time it takes to get healthy ingredients may influence the percentage of community members who report time as an obstacle to meal preparation.

Participants Reporting Time as an Obstacle to Cooking



* Source: WRI Community Survey

Context: Affordability of Food

Even as community members ranked obesity as the number one issue facing their communities, they also discussed the issue of food insecurity. Perhaps counterintuitively, poverty (and lack of consistent access to food) are strongly correlated with obesity nationally. By many metrics, Cumberland and Salem Counties are two of the poorest in New Jersey. Community members made sense of this seeming paradox, describing how healthy food costs much more than unhealthy food.

Community Voice

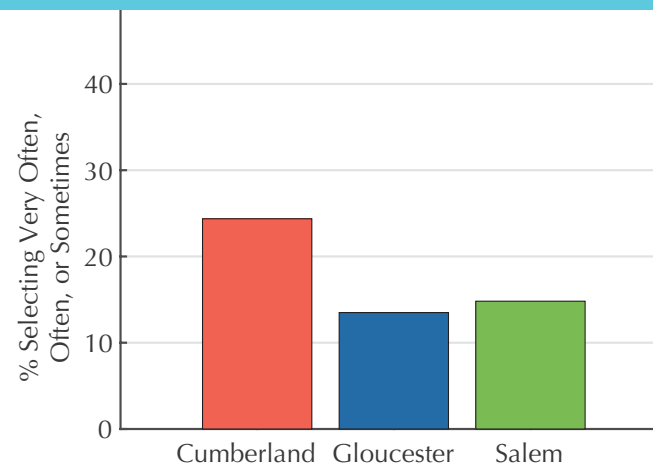
"It is cheaper to eat unhealthy than it is to eat healthy. It costs less to buy a fast food meal than it does to buy a salad."

"...healthy foods are not available or not available at a price point that people can afford."

% Living Below Poverty Line		% Children Living Below Poverty Line	
Cumberland	19.2%	Cumberland	32.5%
Gloucester	6.2%	Gloucester	9.2%
Salem	15.8%	Salem	31.1%
% Seniors Living Below Poverty Line		% Who Are Food Insecure	
Cumberland	7.1%	Cumberland	14.3%
Gloucester	3.3%	Gloucester	10.9%
Salem	5.5%	Salem	14.1%

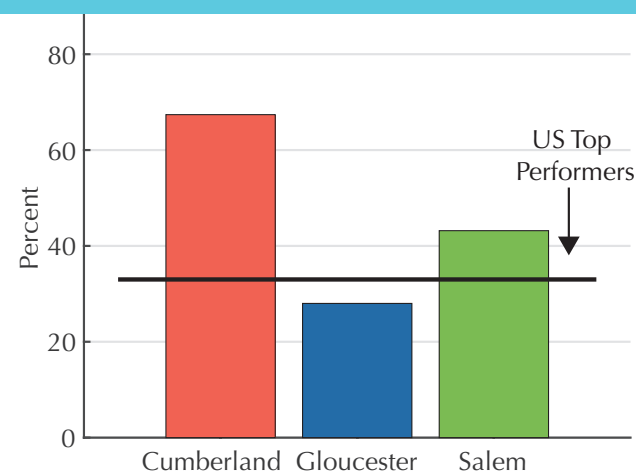
* Source: RWJF's County Health and Roadmaps Rankings, New Jersey Department of Labor and Workforce Development, and Community-Commons.

In the past 30 days, how often have you ... skipped meals ...?



* Source: WRI Community Survey

Participants Reporting School Lunch as Free or Reduced Cost



* Source: WRI Community Survey

Community Recommendation: Cumberland

Establish a centrally located food-based community center that would distribute healthy foods to community members.

Community Recommendation: Gloucester

Create meal delivery services for those who have dietary restrictions and seniors who might not qualify for Meals on Wheels.

Community Recommendation: Salem

Establish mobile feeding trucks that follow school bus routes. Develop more open sites where children and families can go to get food.

Community Voice

“We must help kids make healthy decisions and help them to start building healthy habits while they are young.”

Theme 2: Substance Abuse

Rank: Issues facing community



In 2017, the Governor of New Jersey declared opioid abuse a public health crisis in this state. Community members also expressed intense concern about substance abuse, the lack of resources to combat substance abuse, and the impact of substance abuse on friends and family members.

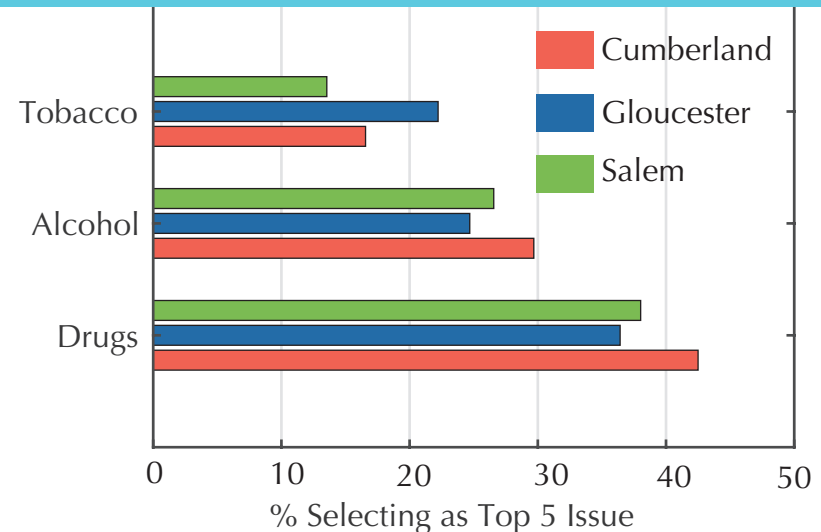
Community Voice

"Everybody should be trying to inform people about addiction from the family to the state. We need all hands on deck."

Context: Prevalence

Community members are concerned about multiple types of substance abuse, including drug use, tobacco use, and overuse of alcohol.

What are the Top 5 Health Issues in Your Community?

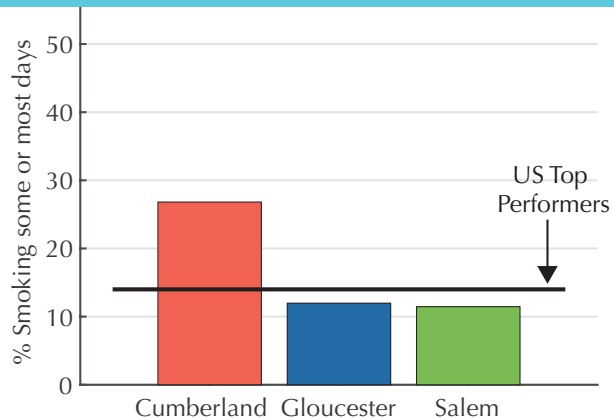


* Source: WRI Community Survey

Although community members mention tobacco use as an important issue, community members surveyed in Gloucester and Salem Counties outperform the top performers in this area.

Community members are dying from overdoses at increasing rates, even as naloxone administrations also increase.

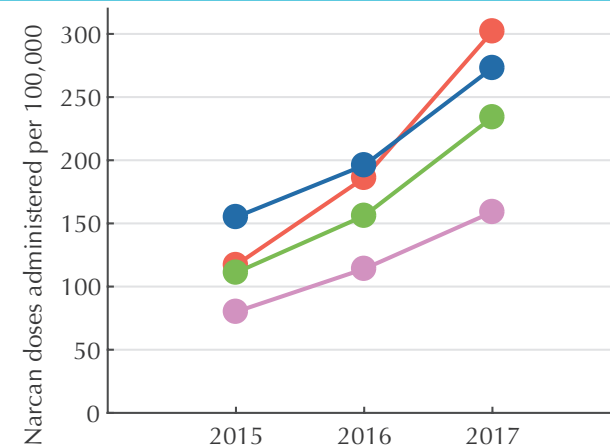
How often do you use tobacco products?



* Source: WRI Community Survey

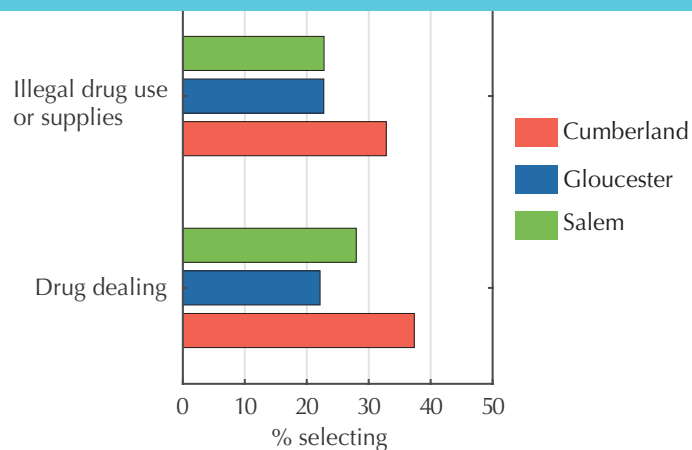
* Source: RWJF's County Health and Roadmaps Rankings

Substance Abuse: Narcan administrations



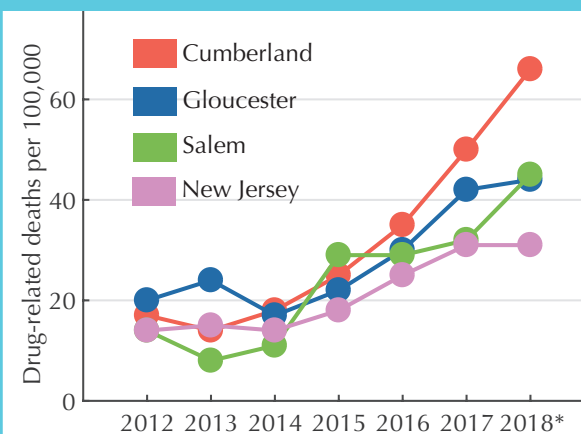
* Source: NJCARES

Have you seen the following activities in your neighborhood?



* Source: WRI Community Survey

Substance Abuse: Drug-related deaths over time



* Source: NJCARES

Context: Lack of Services/Resources

Rank: Resources missing



Community members report inadequate services and facilities to help those with substance abuse issues. Community members felt individuals and families had a lack of resources and support available in their communities to help them and their loved ones battle this addiction.

Community Voice

“Addicts may want to get help but they are turned away when there’s no insurance. People are relapsing because they have nowhere to turn...”

“Related to the opioid crisis, there is a lack of resources. There are limited people with the education and training requisite to treat this problem. ”

Community Voice: Case Study from Salem

We used to want to arrest our way out of problems, but we can’t do that now. There is a nationwide problem with the opioid epidemic and it is more of an illness than a violation of the law. The Office of the New Jersey Attorney General says they want us to help the community, but we don’t have the beds in Salem County to do that. There are no facilities down here for us to refer and send people. Remember, this is a small poverty-stricken county that also has no transportation.

Context: Impact on Families and Communities

Conversations with community members extended beyond overdoses and deaths to talk about impact of the epidemic on individuals and their families.

% of Driving Deaths that were Alcohol Impaired

Cumberland	32%
Gloucester	23%
Salem	35%

% Reporting Drinking to Excess

Cumberland	17%
Gloucester	20%
Salem	17%

* Source: Community Commons

Community Recommendations

Multiple participants made suggestions related to addressing addiction and mental health problems. For instance, it was recommended that information on addiction be provided to children and families. It was also suggested that more recovery centers be built and staffed, especially in-patient facilities, and that longer term care be provided for addicts and their families post-treatment. Interviewees from Inspira Health Network echoed the sentiment of community members that a multi-faceted and collaborative approach is needed to combat the opioid crisis. New practices of pain management must be examined, prevention efforts must be galvanized, and further research on addiction and its effects on the broader community must be conducted.

Community Voice: Case Study

The opioid crisis is all over and is an equal opportunity destroyer. There are so many pressures on grandparents raising their grandchildren that they can't keep up. The opioid crisis is upsetting the social order of things as parents are burying their children and children are watching their parents suffer and having to take care of them too. This does increase the amount of trauma and therapists that support emotional and behavioral health to help deal with this is important. These kids are in the cycle of violence and losing their innocence.

Theme 3: Mental and Behavioral Health

Rank: Issues facing community

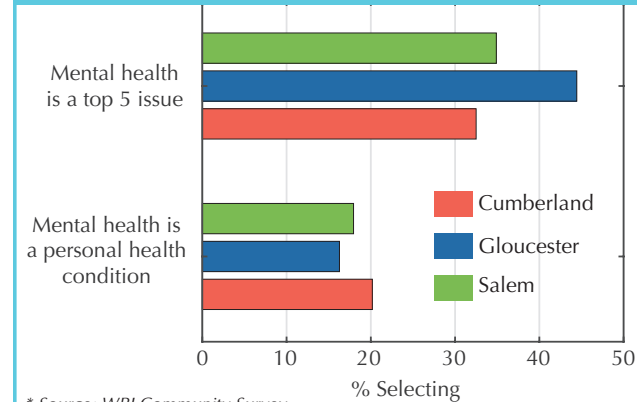


Community members said that mental and behavioral health were important issues facing their communities in general, and themselves specifically. Increased access to mental health treatment is included among the Healthy People 2020 objectives.

Community Voice

"We need to identify people with mental illness earlier before a problem occurs...We need to expand the efforts to our primary care providers to identify and promote the care of mental health."

Prevalence of Mental Health Issues



Average # of mentally unhealthy days in the last 30 days

Cumberland	4.1
Gloucester	4.3
Salem	4.0
New Jersey	3.4

Suicide Mortality Rate (per 100,000)

Cumberland	8.2
Gloucester	10.4
Salem	14.4
New Jersey	7.85

* Source: RWJF's County Health and Roadmaps Rankings Community Commons

Context: Inadequate Resources

Rank: Resources missing



Participants at all levels (from key decision makers to the end users) in all three counties felt there was a lack of services and resources available for individuals struggling with mental and behavioral health challenges.

% Reporting Inadequate Social or Emotional Support

Cumberland	27.2%
Gloucester	18.4%
Salem	23.6%

* Source: RWJF's County Health and Roadmaps Rankings

Community Voice

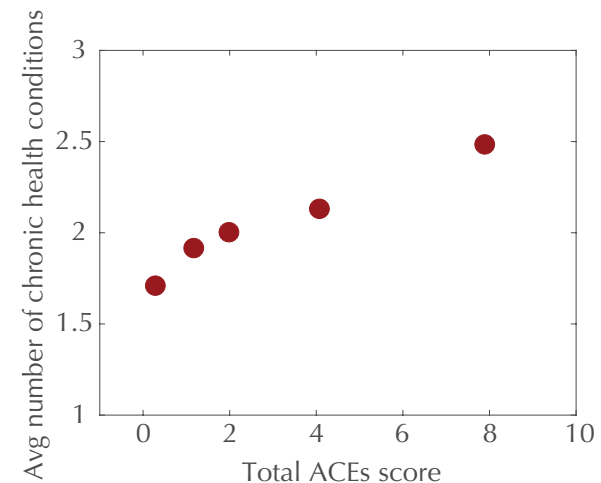
"In Gloucester County, behavioral health is the number one problem. We have a six-bed pod for behavioral health patients, but most days we exceed that capacity."

"It is very difficult to access care for behavioral health issues; patients need to be either well-insured, well-funded, or dirt poor."

Community Voice: Case Study

There are significant problems when it comes to children's health. There is a crisis in the area of behavioral health for children. As it is now, patients are waiting for prolonged periods of time to be screened by crisis providers. The emergency room physician should be authorized to do this in order to provide care in a timely and effective manner.

Trauma in Childhood Predicts Chronic Illness in Adults



¹⁶To make this graph, we averaged the number of chronic illnesses for all participants who reported ACEs scores within different ranges. The ACEs number represents the number of adverse childhood experiences reported in the survey.

Context: Social Support

Inadequate social support leads to greater problems with behavioral and mental health. 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.

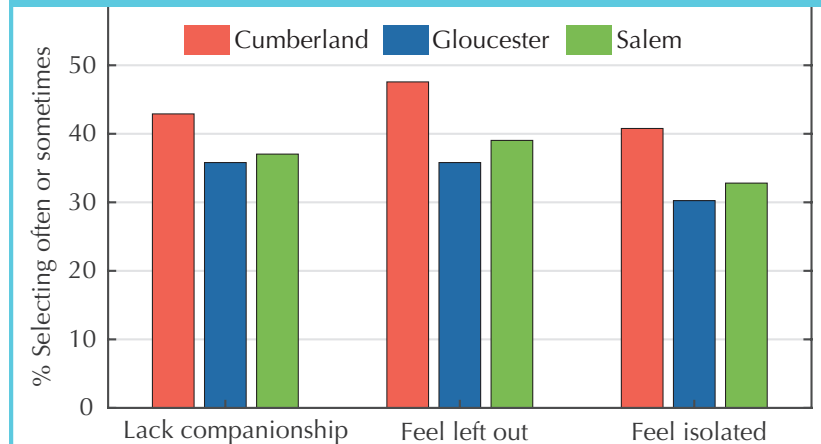
Community Voice

"We have to address emotional hurdles and bring about emotional health before we can achieve physical health."

Community Voice

"...we need counseling not just more prescription drugs."
"Inspira needs an 'all hands on deck' approach; the local players, insurance companies, and government need to collectively fund services."

Social support: How often do you ...



* Source: WRI Community Survey

Community Recommendations

- ★ Free counseling services
- ★ Children's behavioral health programs in schools
- ★ Programs to reduce stigma of mental health issues
- ★ Translation services for Spanish-speakers

Context: Education

Community members recommended that schools do more to educate parents on behavioral health issues and to connect families with the resources to help them address these issues. In addition, community members recommended that schools offer classes to help grandparents who are raising their grandchildren, since these grandparents might not be familiar with different educational demands and technological advances of younger generations.

To help keep children safe and to give them something to look forward to, several participants recommended the development of more after-school activities and programs for children, especially adolescents and teens. These recommendations were made most forcefully by participants from Cumberland County.

Community Voice

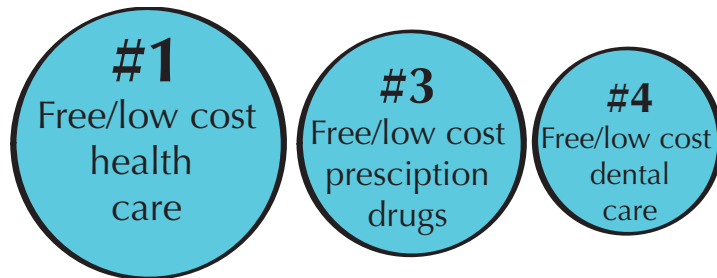
“There are a lot of grandparents raising the youth; they need education, too.”

“Give kids activities to do so they are off the street.”

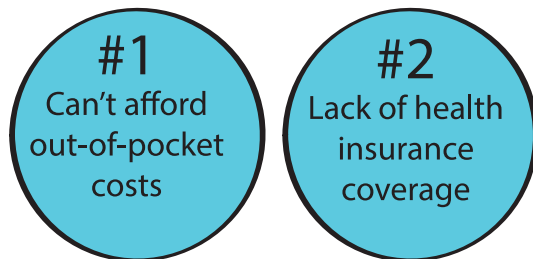
Theme 4: Access to Clinical Care

Community members' concerns about access to care took several forms. The **cost of care** was an important factor, even though most participants reported having some kind of insurance.

Rank: Resources missing

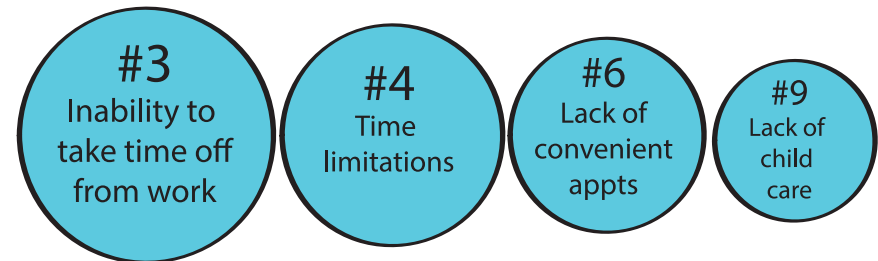


Rank: Barriers to care (Cost)

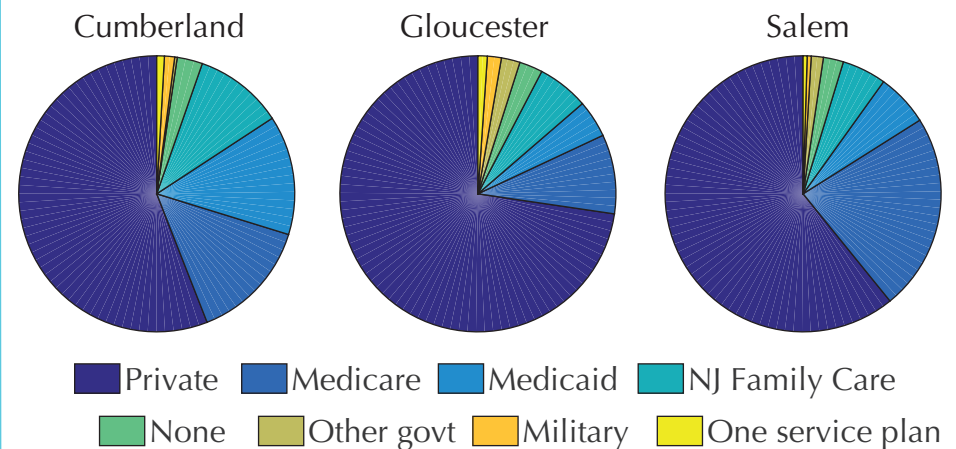


Community members reported that issues **related to time** were also important barriers to accessing health care.

Rank: Barriers to care (Time)



Access to Care: What kind of insurance?

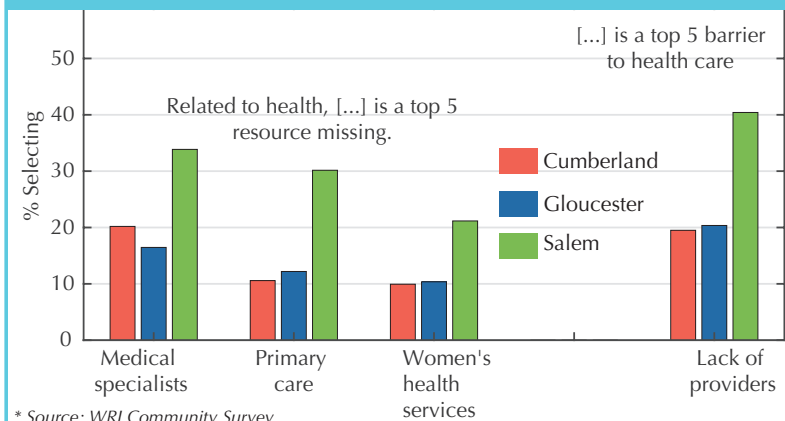


* Source: WRI Community Survey

Context: Lack of Facilities or Providers

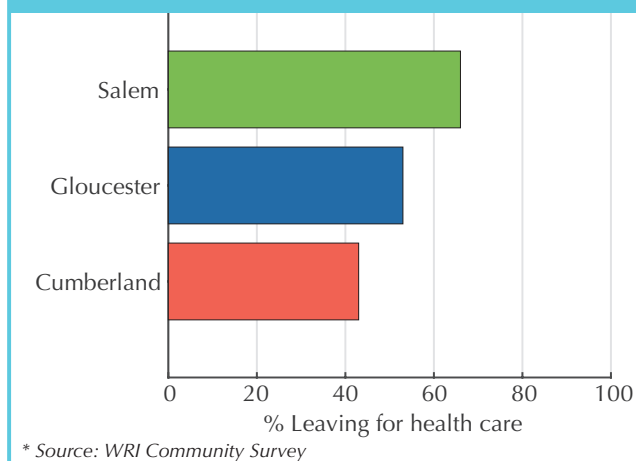
Generally, lack of facilities or providers was a strong concern for community members in Salem County, and much less of a concern for community members in Gloucester and Cumberland Counties.

Salem County has a particular need for more providers

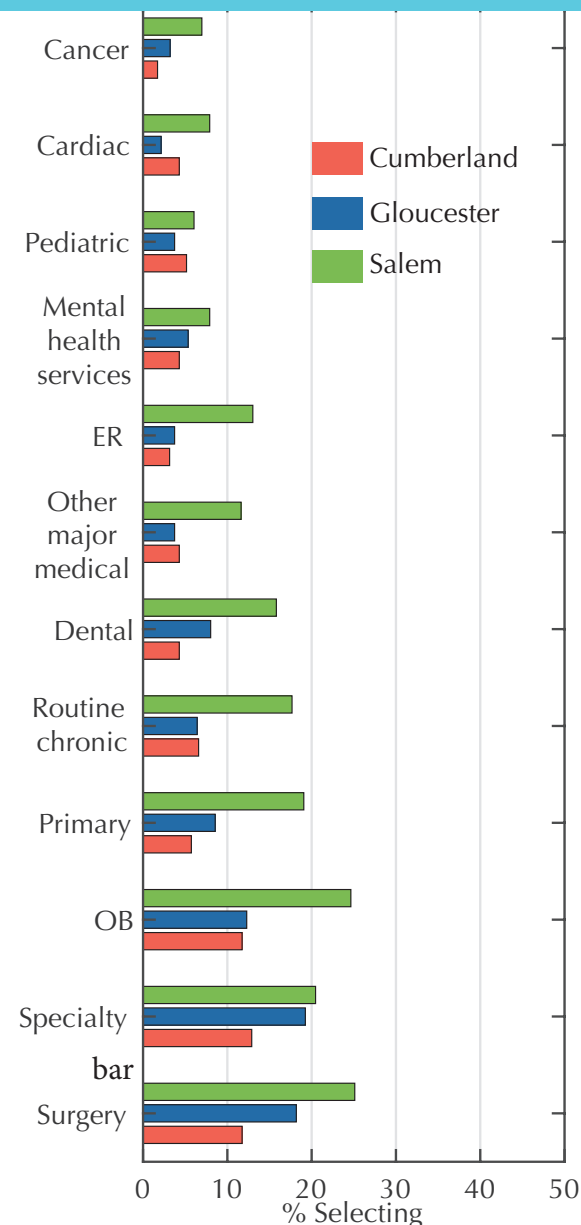


Community members in Salem County were more likely to travel outside of their county for care, and they traveled at higher rates for every type of care, from surgery, to primary care, to emergency room usage.

In the last 12 months, did you travel outside your county for health care?



Why did you leave your county for care?



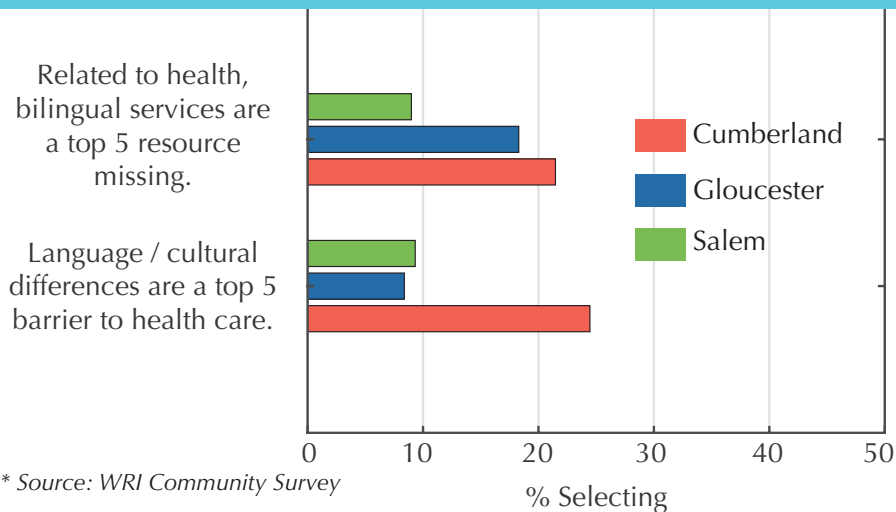
Community Voice

"We used to have Salem hospital, but it has been closed. There is not a maternity ward; there's nowhere for women to have a baby in Salem."

Community Voice

"Even though [my children] can translate some things, they cannot translate everything. They cannot translate medical terminology or they become embarrassed in translating. Some of these themes are not appropriate for children."

Lack of Access: Language barriers are important in Cumberland County



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. Although these concerns are common to Spanish-speakers across all three counties, there is a larger Spanish-speaking population in Cumberland County. Focus group participants also mentioned a need for more culturally-sensitive service providers.

Community Voice: Case Study from Gloucester

An individual associated with the Hispanic Family Success Center mentioned that she is aware of many friends, relatives, and acquaintances who do not go to medical institutions (e.g., doctor's offices, hospitals, urgent care, etc) because they feel there are not adequate translation services. This individual accompanies family members, friends, and neighbors to any number of appointments since this individual is the only one who can translate for the patient. This individual mentioned that there are people in Gloucester, Cumberland, and Salem Counties who in fact have medical insurance but decide not to go to receive medical care because they cannot communicate with medical staffers.

Context: Communication about Existing Opportunities for Health Care

In some cases, there seemed to be a disconnect between programs available to community members and the community members' awareness of those programs. This disconnect was especially 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.

Community Voice

"People don't know that services exist. We have to get the word out; more needs to be done to make people aware of available resources."

Community Recommendations

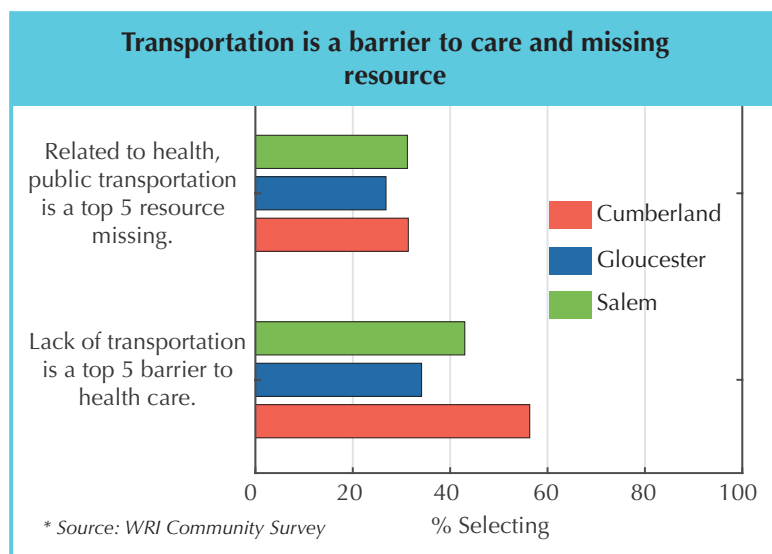
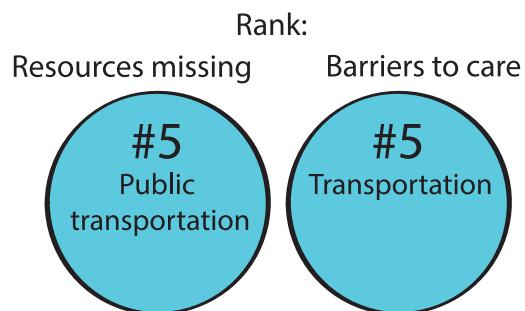
In all three counties, community members recommended increased community outreach from service providers to make residents aware of available services and programs. Social service providers recommended that they should be cross-promoting each other's services and programs in order to maximize their impact. In addition, to make community outreach more effective it was suggested that social service providers be more mindful of stereotypes and biases they may hold about those utilizing their services.

Outreach Recommendations From Community

- ★ Use social media to advertise programs and services.
- ★ When possible, implement workshops or programs through online streaming platforms.
- ★ Get out into the community to inform people of available services and resources through word of mouth, since not all community members have access to the internet."
- ★ Outreach at schools, barber shops, mailed flyers, churches, and community events.

Theme 5: 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.¹⁷ Community members reported that public transportation was an important missing resource and that transportation was an important barrier to care. We observe that in some cases, communities achieved particular transportation successes, and we note these in Theme 6 (Existing Strengths).



Context: Long Wait Times

Even when transportation services existed, community members lamented the long wait times. Several participants recommended that improvements be made to the existing public transportation services, citing cases of people waiting hours past the expected arrival of buses and only being allotted 20 minutes to grocery shop while the bus waited.

Context: Expand Existing Transportation Service

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. 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. Focus group participants highlighted the importance of getting out and interacting with other people. In Salem and Gloucester Counties, it was pointed out that while public transportation may be available to seniors, it is not generally available to younger individuals, which hinders their ability to hold down jobs.

% of Households without Access to a Motor Vehicle

Cumberland	9.85%
Gloucester	6.15%
Salem	7.85%

* Source: Community Commons

¹⁷ 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.

Context: Limitations on Inspira Health Network

Several respondents across the focus groups and the interviews noted that legal restrictions hamper Inspira Health Network's ability to combat the transportation problem. They mentioned that health care providers are not allowed to supply patients with transportation to their medical appointments, because this could be considered an unfair enticement. One participant did share that as of sometime in 2017, this policy was relaxed to some extent. However, participants reported that health care providers are only able to supply patients with transportation if the patient has alerted them to the fact that they have trouble finding transportation to the appointment. Medical providers cannot ask direct questions about transportation. Medical providers are not permitted to advertise that they offer transportation to medical appointments/services.

Community members report that Inspira Health Network has started a non-emergent transportation system which serves anyone who needs outpatient care, including oncology patients. This service has

been utilized by 150 patients as of April 2018. One participant shared that there are still restrictions pertaining to this service and it is a non-reimbursed service.

Community Recommendations

Although Salem and Cumberland Counties are more rural than Gloucester County, participants in all three counties recommended the establishment of reliable public transportation options.

Recommendations From Salem County

- ★ Create more bus routes.
- ★ Create route to hospital in Elmer.
- ★ Create ride-sharing service to hospital in Elmer.
- ★ Establish a centrally-located pick-up spot for public transportation.

Theme 6: Existing Strengths

As we analyzed our qualitative and quantitative data to establish health needs, we also noticed a number of specific strengths that contributed to health in communities. In this section, we highlight a few of those strengths.

Strength: Services for Seniors

Across all three counties, focus group participants reported on programs and resources geared toward meeting the unique needs of the senior population. Multiple participants mentioned the accessibility of transportation services for seniors. In many cases, participants reported that seniors were able to access free transportation services in order to get to medical appointments. Community members identified senior clubs, activities, and bus trips as assets of their communities. Participants talked of the importance of these events in combating isolation and promoting social connections among seniors.

Salem County Success

- ★ The Office of Aging provides seniors with transportation to the MOVE program, a senior-based exercise group that meets twice a week.
- ★ The Office of Aging offers good programs, makes sure people have food, helps with insurance, and makes wellness calls.
- ★ The Pantry Stretcher program in Salem County, which aims to address food insecurity among seniors, was also cited as a valuable community asset.

In addition, many individuals also mentioned that seniors have access to vouchers that may be used to purchase fruits and vegetables.

Community Voice

“Seniors have many resources, but people who are not seniors may not have the same resources available.”

“There are strong programs for seniors, including luncheons and entertainment.”

Cumberland County Success

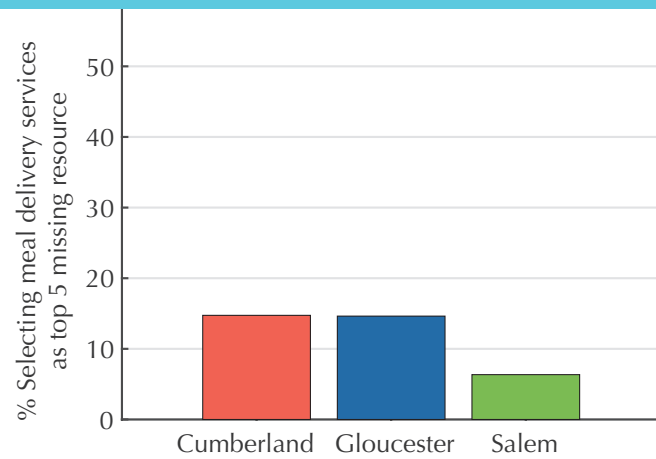
Participants from Cumberland County mentioned the Inspira bus service for seniors, and appreciated that that transportation was available to take seniors to grocery stores and to other events and activities.

Gloucester County Success

Several churches regularly host free luncheons for senior residents.

The Meals on Wheels program in Salem County was identified by several participants as an asset of the community, and community members as a whole recognized this.

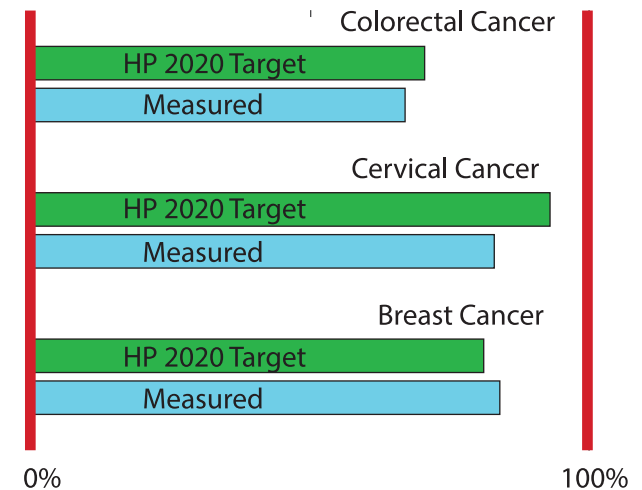
Strengths: Meal delivery services in Salem County



* Source: WRI Community Survey

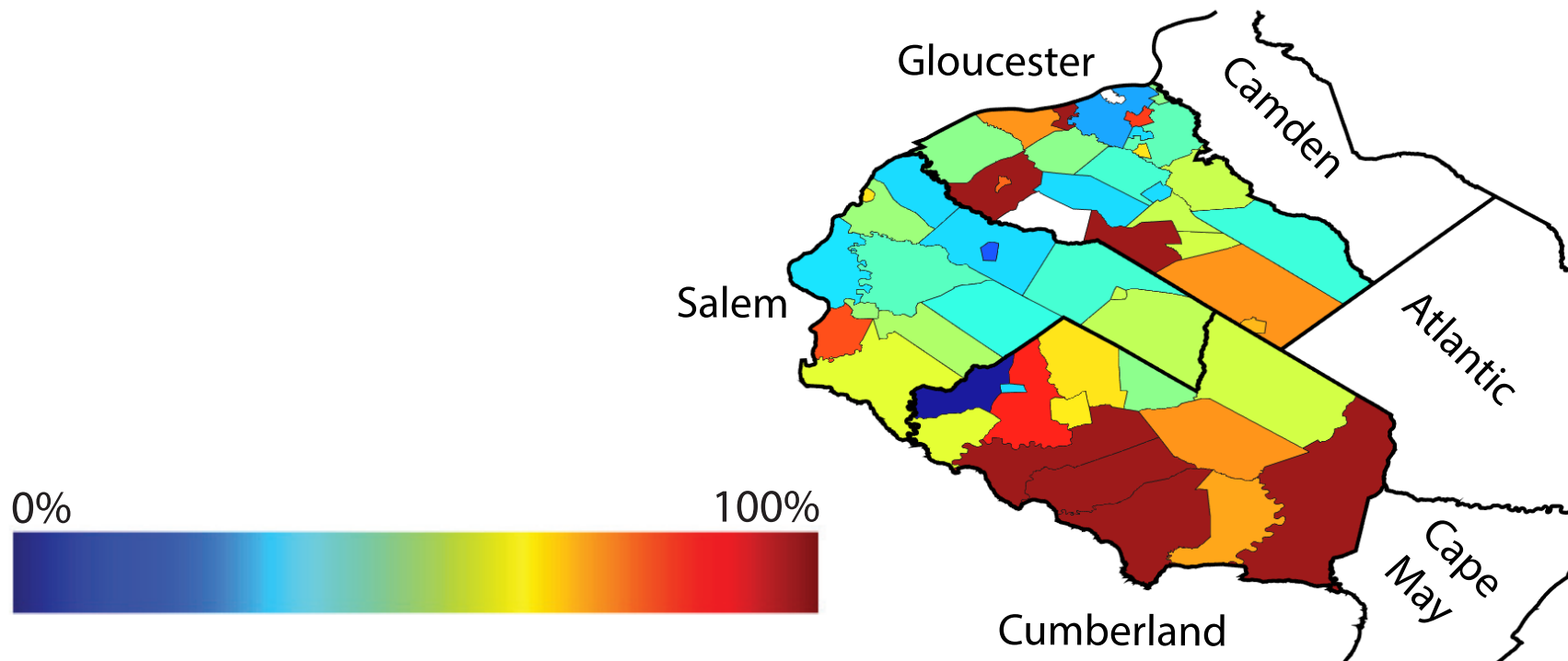
Strength: Testing and Screening

In several areas, communities have already met or nearly met the Healthy People 2020 guide for cancer screenings for the community members surveyed.



Percentage of Community Members Reporting Being Tested for STDs

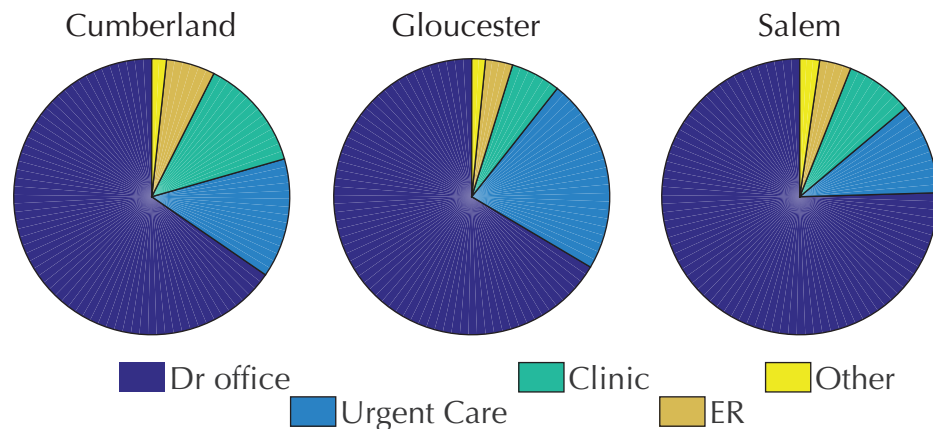
In Cumberland County specifically, rates of STD testing are high. In this map, the color of the municipality represents the average answer of community members living in that municipality. The redder the color, the higher the percentage of community members reporting that they had been tested for STDs. The higher values of testing in Cumberland County is important for two reasons. First, rates of pregnancy and STDs have traditionally been very high in Cumberland County. These higher rates of testing mean that more individuals are making choices to get information about sexual health. Second, contacting health care providers to get these results also means that these community members are interacting with medical professionals, who may be able to help them with additional health concerns.



Strength: Community Health Centers

Several focus group participants and interviewees identified community health centers like CompleteCare as valuable resources. Participants also cited urgent care centers as noteworthy resources. CompleteCare was praised for offering individuals prompt, high quality healthcare, particularly in Cumberland County. Participants in Gloucester County spoke very positively of the urgent care centers in their county, citing reduced wait times and more efficient care, compared to visiting the emergency room. The value of urgent care centers can be seen in the pie graph: most patients report that they usually get their care at doctor's offices or urgent care centers, rather than at emergency rooms.

Strengths: Where do you usually go for health care?



* Source: WRI Community Survey

Strength: Social Service Providers and Faith-Based Community

The value of social service providers and the faith-based community emerged as a recurrent theme in focus groups across all counties. Multiple participants identified the programs and resources offered by social service providers as major strengths of their communities. Faith-based organizations were also cited as providing essential resources to the community. Participants reported that churches are instrumental in providing food, clothes, and other necessities to those in need.

Community Voice

"The faith-based community is a great partner in a resource strained and starved environment."

Strength: Family Success Centers

Family Success Centers were praised for providing community members with a variety of services and resources including:

- ★ Food pantries
- ★ Health nutrition and education
- ★ Employment information and assistance
- ★ Community dinners and activities

Success: Hispanic Family Success Center in Gloucester

The Hispanic Family Center provides services especially geared toward non-English speakers. Specifically, several participants stated that the Hispanic Family Center helped to translate their children's school materials and provided translation assistance when making medical appointments.

Other Strengths

- ★ YMCAs in Gloucester and Salem counties, for providing programming and food assistance for children and families.
- ★ The Food Bank of New Jersey, for addressing food insecurity.
- ★ Healthcare Commons, for addressing behavioral health issues.

Strength: Community Connection and Collaboration

When asked to identify strengths of their communities, focus group participants and interviewees alike were quick to cite the talent, motivation, and camaraderie of individuals living and working in these communities. Several participants, spanning all three counties, stressed the close-knit quality of their communities. Participants expressed that people in their communities were closely connected to their neighbors, often growing up together. It was also stated that most residents have a genuine interest in crafting creative solutions in order to help each other and to better their communities.

Collaboration between various service providers and social service agencies was also cited as a community strength, particularly in Cumberland County. Several participants reported that they had noticed increased communication and cohesion between their various medical providers. One participant shared that her primary care provider reached out to contact her specialty care provider, even setting up the appointment for her.

Community Voice

"There is more interaction between doctors, which didn't exist before. We are seeing doctors communicate more with each other, and this is important."

"Neighbors care about each other."

"Many people want to help; if the community had more resources, then more changes could be made."

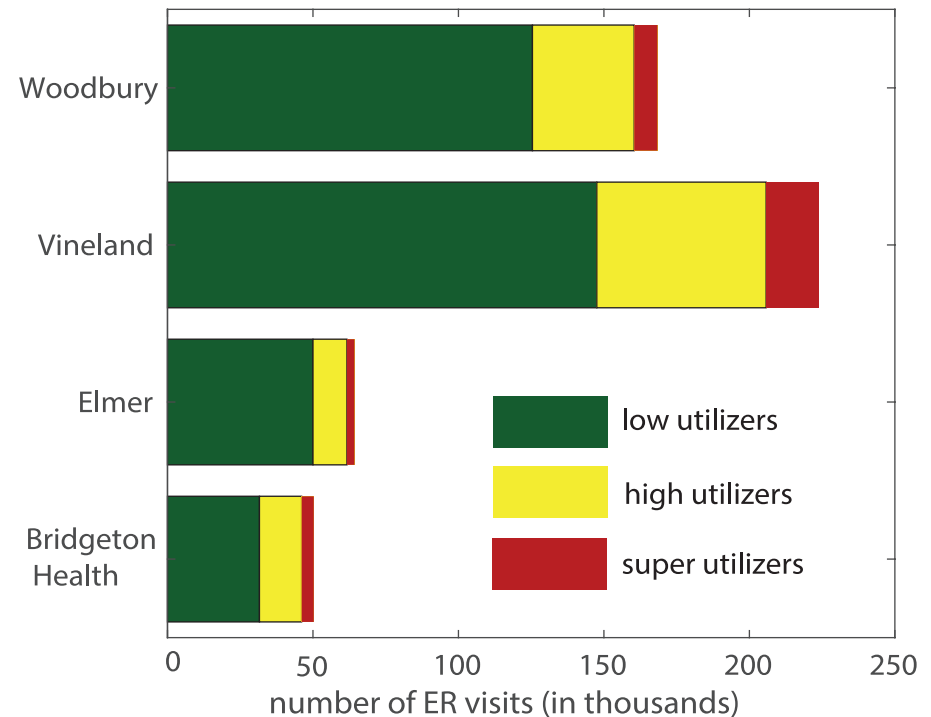
Findings: Emergency Room Data

How Often Do People Use the ER?

Between 2015 and 2017, **199,866** people visited the ER a total of **506,900** times. Most people -- **93 out of every 100** -- were **low utilizers**, visiting the ER fewer than **2** times per year over the three-year period analyzed. A smaller number -- **1 out of 16** -- were **high utilizers**, visiting the ER **3-6** times per year. And **1 out of 150** ER visitors was a **super-utilizer**, visiting the ER more than **6** times per year. The top utilizer visited the ER **328 times in 3 years**. Although few people are super-utilizers, they account for a disproportionately high number of visits. While only **1 in 150** visitors to the ER is a super-utilizer, **1 in every 14** visits is from a super-utilizer. And while only **1 in 16** visitors is a high-utilizer, **1 in every 4** visits is from a high-utilizer.

Where Do People Go To the ER?

Vineland sees the most ER visits, followed by Woodbury, Bridgeton and Elmer. Vineland and Bridgeton have a disproportionately high percentage of visits by super utilizers.



Where Do ER Users Live?

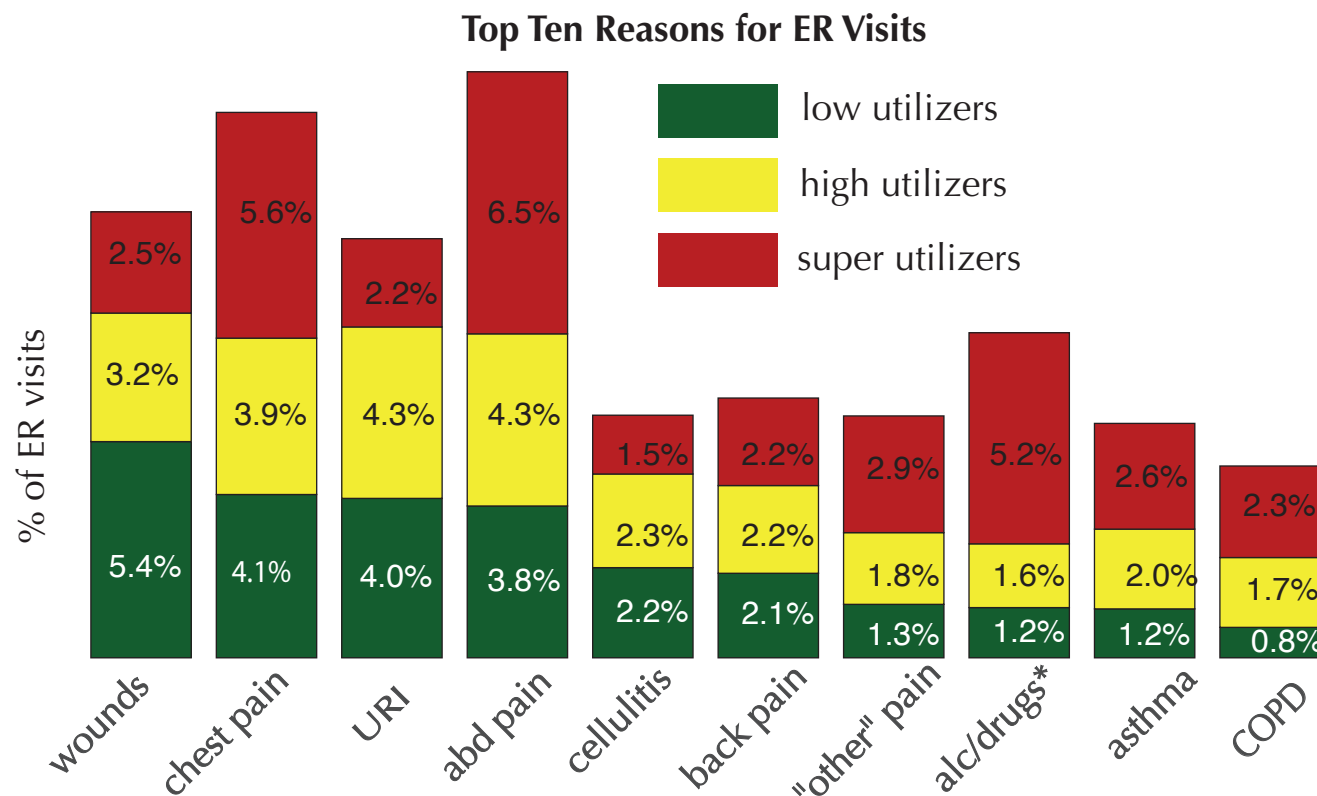
We looked at every ER visitor's zip code, and the top 10 occurring zip codes are listed here, as well as municipalities associated with that zip code. A higher proportion of over-utilizers (high and super utilizers) live in Millville and Bridgeton.

Low Utilizers		High Utilizers		Super-Utilizers	
Vineland	08360	Bridgeton	08302	Millville, Vineland	08332
Bridgeton	08302	Vineland	08360	Bridgeton	08302
Millville, Vineland	08332	Millville, Vineland	08332	Vineland	08360
Woodbury, West Deptford	08096	Woodbury, West Deptford	08096	Woodbury, West Deptford	08096
Vineland	08361	Vineland	08361	Vineland	08361
Elmer	08318	West Deptford, Paulsboro	08066	West Deptford, Paulsboro	08066
West Deptford, Paulsboro	08066	Elmer	08318	Elmer	08318
West Deptford, Deptford	08093	West Deptford, Deptford	08093	West Deptford, Deptford	08093
Swedesboro	08085	West Deptford	08086	Deptford	08090
West Deptford, Deptford	08051	South Harrison, Ferrell	08062	Fairfield, Lawrence	08311

Why Do People Come To the ER?

The top 10 reasons for ER visits, sorted by overall frequency, are (1) injuries (this collapsed several categories, including different kinds of wounds, contusions and lacerations to different body parts); (2) chest pain; (3) upper respiratory infections, including pneumonia and bronchitis; (4) abdominal pain; (5) cellulitis; (6) back pain; (7) other pain; (8) alcohol and drug related issues;¹⁸ (9) asthma; and (10) chronic obstructive pulmonary disorders. Although these top ten categories reflect only a small fraction of the 1,886 total diagnosis categories found in the data (see Section III: ER Methods for details), they account for nearly 27% of all ER visits.

Over-utilizers come to the ER for different reasons than low-utilizers. Super-utilizers are almost four and a half times as likely to visit the ER for drug and alcohol related issues as are low-utilizers, and they are two to three times more likely to visit for COPD (chronic obstructive pulmonary disorder) and asthma. The analysis of emergency room data was complex, and the details of this analysis are found in the method section (Section III).



¹⁸ This is likely an underestimation of ER visits associated with alcohol and drugs for two reasons. First, even if alcohol and drugs contributed to the final primary reason for ER visit, the final primary diagnosis code could be listed as something else. Second, even when the final primary diagnosis code is associated with alcohol and drug related issues, the code could fall under a number of different broad categories. We consulted with Inspira Health Network's Information Technology Department and aggregated these by hand, but our list is likely incomplete.

V. Community Health Needs Assessment: Community Voice

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 challenging to engage (e.g., those that might be homebound).

Focus Groups: Community Outreach and Engagement

Focus groups were organized with the goal of gaining input from traditionally underserved populations, including individuals of low socioeconomic status, racial and ethnic minorities, senior citizens, and chronically ill individuals. Members of these populations were strongly represented in the community focus groups. For example, we held two community focus groups at the Hispanic Family Success Center and included individuals whose primary language was Spanish (we provided translators and conducted the two focus groups in Spanish). Individuals who are currently homeless or who are at risk of becoming homeless in the near future were also included in the focus groups, allowing us to tap into another underserved population. As another example of including a traditionally underserved population, we held a focus group at the Salem Family Success Center with The Huddle, a group comprised primarily of young, African-American males. Furthermore, senior citizens and individuals participating in a job training program were included in the focus group at the Mid-Atlantic Training Center. One focus group also included community members participating in the

Cumberland County Drug Court Program.¹⁹

Interviews: Expert and Community Member Participation

Participants in the interviews were criminal justice representatives from two of the counties and Inspira Health Network executives occupying various leadership roles. The identities of the interviewees will not be disclosed in any reports.²⁰ Interviewees will be referred to by gender neutral pseudonyms to protect their identity.

¹⁹ This program works with individuals charged with non-violent drug offenses. Participants could have been charged with possession and/or being under the influence of an illegal or legal substance.

²⁰ This is due to the regulations and approval granted for this research project by the Rutgers Institutional Research Board. Rutgers University requires all human subjects research to be conducted in compliance with all applicable Federal, State and other regulations stipulated by the U.S. Department of Health and Human Services (DHHS), Office for Human Research Protections (OHRP).

Summary Information of Focus Groups

Location of Focus Group	County	Date	Number of Participants	Description of Participants
Gloucester County Health Department	Gloucester	June 22	8	Stakeholders and service providers
Salem County Health Department	Salem	June 22	12	Stakeholders and service providers
Cumberland County Department of Health	Cumberland	June 27	17	Stakeholders and service providers
Salem Family Success Center	Salem	August 9	12	Men in The Huddle: a community group for fathers
Mosaic Family Success Center	Gloucester	August 15	4	Community members in knitting club
Forest Lakes Family Success Center	Cumberland	August 15	7	Community members attending dinner at Family Success Center
Hispanic Family Success Center	Gloucester	August 17	4	Community members attending a BINGO group
Cumberland County Drug Court	Cumberland	August 22	23	Community members are required to appear at Drug Court
Mid-Atlantic Training Center	Salem	August 23	18	Seniors attending Walk 'n' Talk program and community members from job program

Salem Family Success Center	Salem	August 23	12	Community members attending a presentation on expungement
Hispanic Family Success Center	Gloucester	August 31	6	Community members attending a BINGO group
Hispanic Family Success Center	Gloucester	August 31	3	Community members attending a BINGO group
Greater Bridgeton Family Success Center	Cumberland	September 27	13	Community members attending programming
Totals	Cumberland: 4 Gloucester: 5 Salem: 4	13 Completed	139 participants	

Community Survey: Outreach and Distribution

To accommodate differences between participants, 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 10,000 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. Maps of the three counties were utilized in order to identify mainstays and hubs of the communities such as restaurants, libraries, social service organizations, YMCAs, barbershops, and laundromats. After compiling a list of locations, research team members traveled to these locations to distribute the flyers as well as paper copies of the survey.

In addition to canvassing the three counties to distribute the flyers advertising the survey, paper copies of the survey were distributed in a similar fashion. Targeted efforts were made to distribute paper copies of the survey to populations who may not have access to the online version. This includes populations that are traditionally underrepresented. In an effort to capture input from senior citizens (who might be chronically ill and homebound) paper surveys were delivered to Salem County Meals on Wheels with self-addressed envelopes. Surveys for these populations were also tailored with a larger font size to make it easier to read and therefore less onerous for the participant to complete. Paper surveys were also distributed and collected from the VFW in Glassboro, Cumberland County Drug Court, and a Mother and Child Residential facility in Woodbury, among other locations. This allowed us to gain input from diverse groups of people,

including the veteran population, individuals dealing with substance abuse problems, and those familiar with women's and children's issues.

Research team members attended assorted community events to engage the community and increase awareness of the community survey. Attendance at these events also doubled as a way to distribute paper surveys. For instance, many surveys were completed on site at the Gloucester County Health Fair held at the Mosaic Family Success Center, the National Night Out in Vineland, and the Salem County Walk 'N' Talk exercise group. Community partners were instrumental in distributing the survey to county residents. As previously mentioned, Salem County Meals on Wheels aided by distributing surveys to their clients along with normal meal deliveries. Additionally, the City of Vineland Health Department and the Salem County Health Department distributed surveys at health fairs and weekly exercise groups. The Gateway Family Success Center in Bridgeton also helped further the Community Health Needs Assessment's mission by distributing surveys to individuals attending a community fashion show.

The lists below itemize locations by county where flyers and paper copies of the survey were distributed for completion.

Cumberland County Locations

Cumberland County Library	Monarch Family Success Center	Forest Lakes Family Success Center
Office of Aging and Disability	Glory Tabernacle Family Development Center	Bank St. Laundromat
Bridgeton Free Public Library	Vineland City Health Department	Success Center Gateway Family
Southwest Council	Brown Hornet Fitness	Holly City Family Success Center
Bridgeton Fire Department	IHN Vineland and Bridgeton	Millville Public Library
Vineland II Head Start	Vineland National Night Out	Vineland Public Library

Senior Thrift and Craft Center	Cumberland County Drug Court	Big Brothers Big Sisters
Cumberland County Workforce Development Center	Menz-O-Matic Laundry	The YMCA of Vineland
Razor's Edge Barber Shop	Inspira Family Success Center (Vineland)	Cumberland County Department of Health

Gloucester County Locations

Mosaic Family Success Center	Glassboro Public Library	Holly Bush Laundromat
Holly Bush Community Center	St. Bridget's Catholic Church Parish Center	YMCA of Gloucester County
Friendship Fire Company Number 1	Mother-Child Residential Services	Inspira Medical Center Woodbury
Woodbury Public Library	The Hispanic Family Success Center	Families in Motion
Glassboro VFW	Volunteers of America: Eleanor Corbett House	Comic Book Store
Glassboro Food Bank	Fam Care Inc.	Marvin's Hair With Style
Gloucester County Health Fair	Center for Family Services	Ben's Barber Shop
Family Promise Homeless Service	Mr. Suds Laundromat	Gloucester County Department of Health

Salem County Locations

Closeout City Liquidation Center	Salem Art Bank	Rutgers Southern Regional CCR&R
The Huddle Men's Group	Salem NJ WIC	Volunteers of America
Salem County Walk 'n' Talk	Salem Free Public Library	Stand Up for Salem
Salem Family Success Center	Riverview Family Success Center	Birdseye Family Success Center
Cowtown	Southern New Jersey Family Medical Center	Washout Laundromat
Salem County Meals on Wheels	Java Dog Coffee and Tea	Salem County Department of Health
Salem County One-Stop Career Center	Salem Oak Diner	Salem County Office on Aging and Disabilities
Salem City National Night Out	Jewel's Cafe	Grandma's Cafe

***Flyers and Links Emailed to the Partners of the Cumberland Gloucester
Salem Health
and Wellness Alliance***

City of Vineland Health Department
City of Millville Public Schools
City of Woodbury Public Library
CompleteCare Health Network
Cumberland Cape Atlantic YMCA/YMCA of Vineland
Cumberland County Board of Chosen Freeholders
Cumberland County College
Cumberland County Office of Corrections
Cumberland County Department of Health
Cumberland County Department of Human Services
Cumberland County Department of Planning & Development
Cumberland County Guidance Center
Cumberland County Office of Education
Cumberland County Office of Workforce Development
Cumberland County Prosecutor's Office
Cumberland County Technical Education Center
Cumberland Development Corporation
Cumberland/Gloucester/Salem Community Advisory Board
Gateway Community Action Partnership
Gloucester County Department of Health & Human Services
Holly City Development Corp
M25 Initiative
Meals on Wheels of Salem County
New Jersey Family Planning League
Robin's Nest Inc.
Rowan College at Gloucester County
Rutgers Cooperative Extension of Gloucester County
Rutgers Food Innovation Center
Salem County Department of Health & Human Services

Salem County Inter-Agency Council
Salem Health & Wellness Foundation
Southern New Jersey Perinatal Cooperative
The Southwest Council, Inc.
United Way of Greater Philadelphia & Southern NJ in Cumberland
County
Vineland Library
Woodbury Library
YMCA of Gloucester County

VI. Community Health Needs Assessment: Dissemination Plan

This Community Health Needs Assessment report will be made widely available on the Inspira Health Network website. Paper copies of the report will be made available for public inspection upon request and without charge at Inspira Health Network facilities. Inspira Health Network 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 the Inspira Health Network website and in paper form until Inspira Health Network has made two subsequent Community Health Needs Assessment reports widely available to the public.

VII. Community Health Needs Assessment: Prioritization

This section describes how health needs were prioritized for this assessment. The IRS regulations 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 community voice, and we used secondary data to frame the needs as assessed by the community. A main source of prioritization was the community response to three questions: health issues facing the community, barriers to care in the community, and resources missing in the community. The software used in qualitative analysis of focus groups and surveys (NVivo) returned major content nodes. We integrated these nodes with data from the community survey. These nodes were largely consistent with the survey data. Thus, in this CHNA, the ranking of needs largely follows the community members' ranking of issues facing their community, which was consistent with the nodes that emerged in the focus groups and interviews. There was one exception. The fifth need in "Issues Facing Community" was "Lack of healthy food/

too much unhealthy food". Because this directly relates to the issue of Obesity, which was identified as the top issue facing the community, we included "Lack of healthy food" under the Obesity theme. We replaced this fifth issue with Transportation, since transportation was identified as a barrier to care and a missing resource in the survey, and it also emerged as an important node in the focus groups and interviews.

VIII. Then and Now: Evaluating the Progress Made in Addressing Previous Priority Areas

In their 2016 Community Health Needs Assessment, Inspira Health Network identified four priority areas on which to focus their efforts to improve the health of the communities within Cumberland, Gloucester and Salem Counties. The priority areas were: (1) Substance Abuse; (2) Access to Healthcare; (3) Chronic Disease Management and; (4) Social Determinants of Health. Inspira Health Network collaborated with its community partners and made advances in these areas. This section details the efforts and progress in each of the four priority areas. These areas are broad, and though progress has been made, there are continued opportunities for improving community health around these areas.

Substance Abuse

As identified in the Findings Section of this report (Section IV), substance abuse, prevention and treatment were identified by members of the community as issues affecting health. As in the United States and in New Jersey, substance abuse, including opioid abuse, continues to be a significant challenge in Cumberland, Gloucester, and Salem Counties. In early 2017, then Governor Chris Christie, declared opioid abuse a public health crisis in New Jersey. In the same year, the New Jersey Department of Health and Human Services (2017) identified an over 30% unmet need for substance abuse treatment services among Cumberland, Gloucester, and Salem Counties. Recognizing these needs,

Inspira Health Network and its community partners have taken an active role in countering the opioid crisis.

As part of its Drug Abuse Prevention Program, Inspira offers free Deterra pouches, a drug disposal product that provides an easy and environmentally-friendly way for people to deactivate and dispose of unused, expired, or unneeded medications in their own home. Deterra uses a molecular absorption technology to neutralize active chemicals in prescription drugs when water is added. Inspira has partnered with community agencies, home care and hospice workers, funeral homes, and realtors among others to ensure wide distribution of the Deterra pouches. As a result, community events were identified as the number one location at which people had received their Deterra pouches. Additionally, 54% of Deterra users indicated that before Deterra, they had previously disposed of unused medication unsafely, by flushing it down the toilet or throwing it in the trash. The FDA (Food and Drug Administration) indicates that prompt, safe disposal of unused medication is an effective way of reducing the likelihood of accidental or intentional misuse of prescription drugs. In 2017, 27,000 Deterra pouches were distributed, destroying 2,079,000 pills. This program received local media coverage.²¹ Inspira Health Network has also collaborated with community organizations to support the installation of drug lockboxes in municipalities across the three counties. Since 2016, this has resulted in the removal and safe disposal a total of 13,063 pounds of unused medication across the three counties.

Inspira Health Network has also participated in the distribution of the overdose reversal drug, Naloxone. Nationally, the distribution of Naloxone has been shown to reduce deaths due to opioid overdoses. Since 2016, 862 doses were provided to first responders in Gloucester,

Cumberland, and Salem Counties. In 2017, 277 doses of Naloxone and 282 atomizers were provided to law enforcement in all three counties. These numbers are significant, considering that according to NJCARES, about 1,500 doses of Naloxone were administered in these three counties in 2017. Inspira Health Network has also offered free naloxone training to community members across the three counties. Since 2016, 30 trainings have been offered in Cumberland, 21 in Gloucester, and 22 in Salem Counties.

Recognizing that the administration of Naloxone is only a temporary solution, Inspira Health Network, in collaboration with the Center for Family Services, established an Opioid Overdose Recovery Program (OORP) in Woodbury, New Jersey (Gloucester County) in 2017. The OORP, funded through the State of New Jersey Division of Mental Health and Addiction Services, offers services to individuals who have been reversed from opioid overdoses (by police, emergency responders, or friends/family) and are subsequently treated at hospital emergency departments as a result of the reversal. Recovery Specialists and Patient Navigators engage individuals reversed from an opioid overdose and provide non-clinical assistance, recovery supports and appropriate referrals for assessment and substance use disorder treatment. The Recovery Specialists and Patient Navigators also maintain follow-up with these individuals for a minimum of 8 weeks after the initial contact. Some programmatic goals are to decrease opioid-related deaths, increase linkage to appropriate care in the community, and promote recovery. Since it was established, a total of 432 participants have been enrolled in the OORP.

Inspira has also promoted the use of SBIRT (screening, brief intervention, referral to treatment) to leverage the patient encounter. SBIRT is

²¹ Inspira distributing pouches that neutralize old prescription drugs for safe disposal, WHYY, November 22, 2016.

²² Madras, B. K., Compton, W. M., Avula, D., Stegbauer, T., Stein, J. B., & Clark, H. W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: comparison at intake and 6 months later. *Drug and alcohol dependence*, 99(1-3), 280-295

an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and drugs.²² Inspira has provided SBIRT training to health professionals, students, and health care providers. As a result, 90% of first, second and third year Medical and Pharmacy staff and students have been trained to use SBIRT during patient encounters. Since 2015, this has resulted in the identification of 7,913 patients with positive screenings and 6,415 (81%) accepting a referral to treatment.

As further commitment to the battle against the opioid crisis in its service area, in 2018, Inspira Health Network opened a new medical detoxification and addiction treatment unit in Bridgeton, New Jersey (Cumberland County). This is currently the only in-patient acute medical detox unit in Southern New Jersey. The unit features six single occupancy and seven double occupancy rooms for a total of twenty beds. Services include detoxification and substance abuse counseling; medication management and education; group and individual counseling; wellness planning and individualized treatment care plans and referral; advocacy and service linkages.

Access to Healthcare

Insufficient access to care can result from multiple issues. These include include lack of providers, lack of facilities, inconvenient office hours, and cost. All of these issues serve as barriers, limiting a community's access to care. Although no single intervention can target such diverse barriers, incremental changes in programs can result in a large improvement in health outcomes over time. Access to healthcare remains a challenge in the Inspira Health Network service area. It was identified again as one of the top issues in this community health needs assessment. However, since the last assessment, Inspira Health Network has taken several steps to improve access to healthcare within its service area.

The passage of the Affordable Care Act (ACA) and, importantly, the Medicaid expansion in New Jersey resulted in an overall decline in

the uninsured population. To further assist in reducing the uninsured population in its service area, Inspira Health Network has implemented a strategy to train local federally qualified health center staff to assist community members in navigating health care enrollment. As a result, of the combined enrollment assistance efforts, in 2016, 47,666 individuals were screened for eligibility, with 12,615 presumptive eligibility applications completed.

In 2017, 56,994 individuals were screened for eligibility, with 13,939 presumptive eligibility applications completed. Inspira's efforts have assisted with the decrease in the uninsured population in its service area. Current estimates from the County Health Rankings²³ indicate that the rate of uninsured under age 65 has decreased across the three counties since 2016. As of 2018, the rates of uninsured in Gloucester and Salem counties are less than the New Jersey rate (7%, 8% and 10%, respectively). The uninsured rate also decreased in Cumberland County during the same period. However, at 13%, it remains higher than the New Jersey rate. Demographic differences between the counties may explain some of this phenomenon. Additionally, through financial counselors and community-based partners, Inspira Health Network provided community-based programs on how to use health insurance properly, in order to assist newly insured populations, especially non-English speakers, in utilizing their benefits. These programs are especially critical, given the decrease in federal government spending on outreach related to the Affordable Care Act.

Recognizing the need for a more coordinated system of mental health care, Inspira Health Network has been an advocate for expanded mental health care coverage and facilities. In 2016, five major health systems in southern New Jersey, including Inspira Health Network, the New Jersey Hospital Association (NJHA) and the Camden Coalition of Healthcare Providers (CCHP) launched the South Jersey Behavioral Health Innovation Collaborative (SJBHIC) to evaluate the current behavioral health landscape and provide innovative recommendations on how

²³University of Wisconsin, Population Health Institute. County Health Rankings Key Findings.

to improve the system. To understand the challenges in the current system, the Collaborative is gathering data from the five participating hospitals on how patients flow through their network of providers. The Collaborative will then analyze the data and apply evidence-based and best practices to create system changes that will better serve individuals with behavioral health conditions.

In 2017, Inspira Health Network successfully proved the need for expansion of inpatient behavioral health facilities. As such, 85 new beds were secured to provide individual behavioral health treatment. Additionally, Inspira Health Network also collaborates with and supports its community partners in their efforts to address mental health care. In 2017, Cumberland County Health Department hosted two Mental Health First Aid Trainings. Mental Health First Aid training helps a person assist someone experiencing a mental health crisis such as a panic attack or contemplating suicide.

Inspira Health Network also supports the Cumberland County Housing Collaborative's M25 Initiative. The goal of the initiative is to end chronic homelessness in Cumberland County by 2020. Homeless individuals may lack the space and resources to manage their chronic health conditions. Housing First initiatives operate under the assumption that by providing stable, unconditional housing and voluntary supportive services to homeless individuals, especially those with mental health and substance abuse disorders, they will be better able to manage their chronic conditions. While homeless, individuals must expend too much energy on addressing day-to-day needs, such as securing a bed in a shelter, to address their chronic conditions. Having met their basic need of housing, the formerly homeless individual is able to avail themselves of the services necessary to achieve wellness. The M25 "Housing First" initiative has the potential to reduce costs by revealing more beneficial and cost-effective ways for vulnerable individuals to engage with public services. Importantly, the Behavioral Health Collaborative data will provide guidance concerning what individuals should be considered

for Housing First interventions and will validate the community savings associated with each Housing First recipient. Since 2017, 50 chronically homeless individuals were provided with supportive housing. This has resulted in a 97% reduction in incarceration, a 34% decrease in hospital usage and a 75% reduction in ambulance usage among the 50 formerly homeless individuals.

Chronic Disease Management

To improve community awareness about nutrition, physical activity, weight management and other wellness programs related to chronic disease management, Inspira Health Network developed a tool called Aunt Bertha. Aunt Bertha is a searchable database of local programs, specific to Cumberland, Gloucester and Salem counties. Promotion of Aunt Bertha was accomplished through community partners, flyers and billboards in English and Spanish, the two primary languages spoken in the three counties. In 2017, for Cumberland County (the only county for which analytics are currently available) 694 unique individuals utilized the service. Moving forward, Aunt Bertha will be an important resource in raising community awareness of local wellness-related services and programs, a need that was identified by some Community Health Needs Assessment participants.

Inspira Health Network has been instrumental in developing Live Healthy Initiatives in each county. These initiatives consist of a range of community partners spanning an array of sectors, working together to improve the health of their communities. The Live Healthy Initiatives have demonstrated several successes: an increased number of businesses and schools implementing healthy food policies and programs; increased use of healthy food prescriptions and food security screening in primary care settings; integration of physical activity and nutrition assessment into health professional curricula. An initiative that resulted from these collaborations is the ParkHop initiative in Vineland, New Jersey (Cumberland County). ParkHop, an annual event established in 2015, offers residents a number of family-friendly physical activities,

such as yoga at the library in downtown Vineland and volleyball, kick ball and Zumba in the parks. Inspira Health Network has also begun to offer pop up nutritional classes in waiting rooms. Other outcomes of these collaborations include 26 corner stores that are currently participating in Live Healthy Vineland. An additional 14 Corner Stores in Bridgeton and Millville will be joining Live Healthy Cumberland County.

Inspira is the lead provider for the NJ Cancer Education and Early Detection (NJ CEED) program in Cumberland, Gloucester and Salem Counties. To encourage early detection of cancer, the NJ CEED program provides free screenings and cancer awareness and prevention education for community members who are uninsured or underinsured. Free cancer screenings are available to those who are eligible, including: the PSA (prostate specific antigen) blood test for prostate cancer; clinical breast exam and mammogram for breast cancer; pelvic exam and Pap test for cervical cancer; digital-rectal exam for prostate cancer; and stool test for colon and rectal cancer. In 2017, the CEED program resulted in 199 new encounter for breast cancer screenings and 477 follow-ups; 129 new encounters for gastrointestinal/genitourinary cancers and 382 follow-ups; and 53 new encounters for lung, head, neck cancers and 207 follow-ups. The benefits of these programs were seen quantitatively in the results of the community survey, with community members reaching (or nearly reaching) the Healthy People 2020 goals for several types of cancer screening.

Social Determinants of Health

Inspira Health Network has made efforts to address some of the many social determinants of health with which residents in its service area must contend. This is because Inspira Health Network functions with the understanding that the health of its patients is affected by much more than merely the presence or absence of disease. Many of the initiatives outlined in previous sections of this evaluation are aimed at addressing social determinants of health, as well as disease prevention/treatment.

Inspira Health Network believes that “food is medicine” and so has established a Fresh Food Pharmacy. Inspira has included food security screening questions in its primary care settings. Providers are then empowered to write “healthy food prescriptions.” Additionally, Inspira Health Network has collaborated with partners, including local farms and pantries to establish a Farm to Pantry pilot program, through which six tons of produce were distributed to food insecure community members in 2017. Farm to Pantry programs operate through harvesting surplus produce in order to provide fresh food to families in need. Recognizing a need to improve further its understanding of food security issues in its service area, Inspira Health Network included a food access and security section in its current Community Health Needs Assessment.

Through its Live Healthy collaborations, Inspira Health Network has established worksite wellness programs. The programs include: access to the YMCA Diabetes Prevention Program; “Lunch and Learns” on health-related topics; promoting more physical activity and nutrition; various on-site health screenings; education about healthy food prep with registered dietitians; smoking cessation programs; and the establishment of on-site health and wellness committees. To date, 23 worksites have implemented worksite wellness programs, representing a potential reach of over 13,000 people.

In addition to the support of the M25 Initiative described in the Access to Health Care section, support of the homeless includes the initiation of Code Blue programs in all major cities in Cumberland and Salem Counties. This is a direct result of collaborative efforts between Inspira Health Network and its community partners. In 2017, Code Blue provided over 3,000 dinners to homeless or in-need individuals and 1,500 warming center stays in Cumberland County.

Inspira Health Network also supports the efforts of the Cumberland County Positive Youth Development Coalition (CCPYDC) program. CCPYDC is a countywide juvenile delinquency prevention effort funded

by the New Jersey Attorney General's Office and Cumberland County Freeholders. It began in the city of Vineland in 2009 and expanded to Bridgeton and Millville in 2013. The Coalition brings together stakeholders from a number of sectors including education, law enforcement, social services, faith-based institutions, and youth-serving organizations in order to reduce juvenile delinquency and prevent those already involved in the juvenile system from becoming involved in the adult criminal justice system. In 2017, CCPYDC collaborated with the Live Healthy Corner Store Initiative, the Vineland Board of Health, and the YMCA to help bring gun safety information to Vineland, Millville, and Bridgeton (Cumberland County). Information was available in English and Spanish. Local police chaplains were on site at each of the three events to answer other community policing questions.

In 2017, 66 children completed Youth for Success. The Youth for Success Initiative, funded by the NJ Attorney General's Office, is a collaboration of various agencies in Cumberland County, including CCPYDC (with the Boys & Girls Club as lead agency). The goal of the initiative is to help curb juvenile delinquency in the local community.

Inspira Health Network also supports other criminal justice and violence prevention efforts, many aimed at youth. In 2017, 128 youths avoided a juvenile record through stationhouse adjustments. A stationhouse adjustment is an alternative to incarceration that law enforcement agencies may use to handle first-time juvenile offenders who have committed minor juvenile delinquency offenses within their jurisdiction. The intent of the stationhouse adjustment program is to provide for immediate consequences to the perpetrator, such as community service or restitution, and a prompt and convenient resolution for the victim, while at the same time benefiting the juvenile by avoiding the stigma of a formal juvenile delinquency record. In many instances, this early intervention will deter the youth from continuing their negative behavior and divert the youth from progressing further into the juvenile

justice system.²⁴

Several other programs supported by Inspira Health Network have aimed at improving social determinants of health. In 2017, 130 gun safety kits were distributed across Cumberland County. Community members were also invited to have "Coffee with a Cop" and 300 community members participated. In addition, the Mobile Feeding Bus and the Summer Feeding programs provided nutrition education and engaged 600 youths in Bridgeton, New Jersey (Cumberland County) in positive play. Finally, in collaboration with community partners, a \$737,000 federal grant was secured to combat Gang and Gun Violence in Bridgeton, Millville and Vineland (Cumberland County).

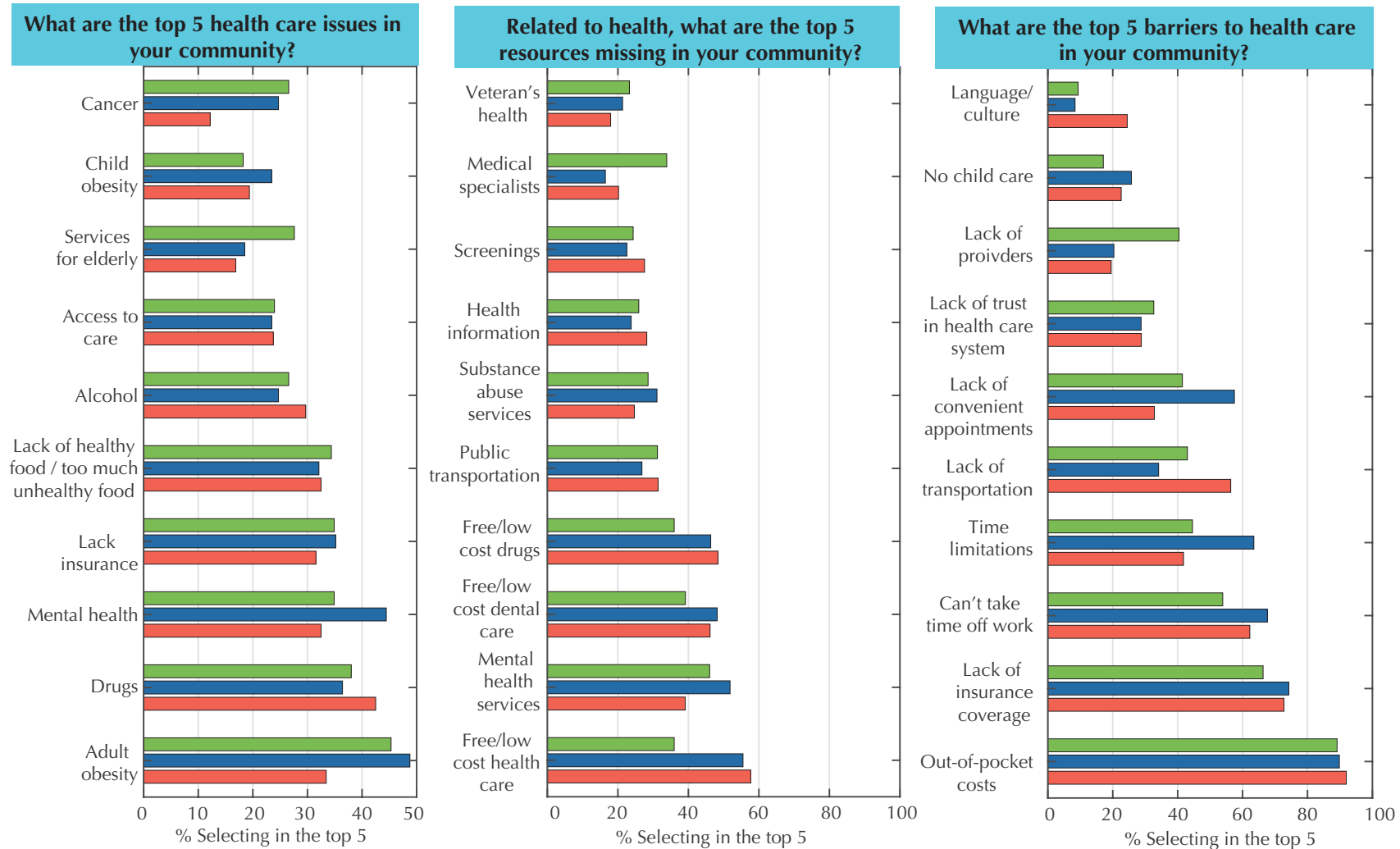
Inspira Health Network sees itself as a member of a vibrant community of organizations working together to improve the health of Cumberland, Gloucester, and Salem Counties. Inspira Health Network will continue to leverage and expand its existing partnerships as it seeks to address the needs identified in the current Community Health Needs Assessment.

²⁴Harvey, P.C. (2005). Attorney General Harvey, P.C. (2005). Attorney General Guidelines for Stationhouse Adjustment of Juvenile Delinquency Offenses. Trenton, NJ: Office of the Attorney General, State of New Jersey.Guidelines for Stationhouse Adjustment of Juvenile Delinquency Offenses. Trenton, NJ: Office of the Attorney General, State of New Jersey.

Appendices

Appendix A: Selected Expanded Survey Responses

Throughout the report, we referred to rankings of Issues Facing the Community, Barriers to Health Care, and Resources Missing from the Community. Below we provide, in rank order, the top 10 in each category, organized by county. The data are reported as percentage of community members ranking the issues/barrier/resources in their top 10.



Appendix B: Research Tools

Interview Questions with Questions with Designated Expert and Community Representatives in Gloucester, Cumberland, and Salem 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 Cumberland, Gloucester, and Salem 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 Inspira's Community Health Needs Assessment.

INTERVIEW QUESTIONS

Potential Topics (but not limited): Four core areas of focus are: what is your definition of health; barriers to health; current resources, and how IHN 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 they IHN 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 are the top 3 challenges for your community/county? Stated alternatively, what are some barriers that you

think keep this 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, 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 Counties 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 IHN's service areas? Are there other stakeholders that should be at the table?
- 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 IHN 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.

FOCUS GROUP GUIDE; SOCIAL SERVICE PROVIDERS

PRELIMINARIES FOR GROUP (INSTRUCTIONS FOR RESEARCH TEAM)

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 we read 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, 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 focus group has the potential to reveal usable information for improving the health care system for residents in the Cumberland, Gloucester, and Salem counties. We will also remind the participants that this is to be an informal discussion that we will be guiding 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 as a result of the questions we 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 others 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.
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. Fourth, please fill out the index card with some questions.

FOCUS GROUP QUESTIONS

Icebreaker: Let's go around the table and introduce ourselves. State your name (or whatever you would prefer us to call you) and what makes you most proud of your Community).

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

- 1) What are the most significant problems related to health in your community?
 - a. What ages, race, and gender 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? (eg: school readiness or policies around English as a second language or discipline)
 - a. What ages, race, and gender are affected by the issue?
- 3) What are the most significant problems affecting families in your community (e.g., families able to provide parenting, economic security and a healthy environment)?
 - a. What ages, race, and gender are affected by the issue?
- 4) What other problems or concerns significantly affect members of your community?
 - a. What ages, race, and gender 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 – The most pressing things that stand in the way of people staying healthy, getting healthy, or managing ongoing health conditions?
- 7) Resources 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 the most in assuring a health community.
- 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 that 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.

FOCUS GROUP GUIDE: COMMUNITY MEMBERS

(English)

PRELIMINARIES FOR GROUP (INSTRUCTIONS FOR RESEARCH TEAM)

1. Prior to the start of the focus group, we will meet with each participant individually and provide them with a copy of the consent form. Participants will be asked to follow along as we read it aloud and given an opportunity to ask any questions they may have. Two copies of the form will be signed, one by the participant and one of the researchers; the participant will keep a copy and we will retain a 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 from key community members 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 focus group has the potential to reveal useful information for improving the health care system for residents in the Cumberland, Gloucester, and Salem counties. We will also remind the participants that this is to be an informal discussion, which will be guided by the researcher 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 as a result of the questions we 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 others 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.
4. Introductions of Members: First, each participant would introduce themselves by state their name (or whatever they would prefer us to call them). Then, identify how long you have been a living/working in this community. Fourth, please fill out the index card with some questions.

FOCUS GROUP QUESTIONS

Icebreaker: Please share with us what does the term “healthy community,” mean to you? In another words, what do you think makes the community a healthy place to live?

- 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 affected by the issue? (e.g., ages, race, and gender)
 - b. How do these problems stand in the way of people staying healthy, getting healthy, or managing ongoing health conditions?

3) What gaps in services are there relating to health?

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, diabetes, 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.

FOCUS GROUP: COMMUNITY MEMBERS

(Spanish)

PRELIMINARIES FOR GROUP (INSTRUCTIONS FOR RESEARCH TEAM)

1. Prior to the start of the focus group, we will meet with each participant individually and provide them with a copy of the consent form. Participants will be asked to follow along as we read it aloud and given an opportunity to ask any questions they may have. Two copies of the form will be signed, one by the participant and one of the researchers; the participant will keep a copy and we will retain a 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 from key community members 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 focus group has the potential to reveal useful information for improving the health care system for residents in the Cumberland, Gloucester, and Salem counties. We will also remind the participants that this is to be an informal discussion, which will be guided by the researcher 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 as a result of the questions we 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 others 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.
4. Introductions of Members: First, each participant would introduce themselves by state their name (or whatever they would prefer us to call them). Then, identify how long you have been a living/working in this community. Fourth, please fill out the index card with some questions.

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, mayor 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 controlar una condición crónica o cambiar ciertos comportamientos de salud como el fumar, hábitos alimenticios, actividad física, o uso de sustancias?
- Servicios de prevención como vacunas contra la gripe o inmunizaciones?
- 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

- a. Trauma
- b. Violencia familiar/ violencia en la comunidad
- c. Tratamiento y acceso al cuidado mental
- d. Tratamiento y acceso al cuidado para el abuso de sustancias
- e. Violencia en la comunidad
- f. Preocupaciones de la comunidad
- g. Conexiones sociales
- h. Inseguridad económica
- i. Amenazas y oportunidades para la salud en la comunidad
- j. Necesidades de cuidado de salud

- k. Opciones de cuidado de salud
- l. Experiencias de cuidado de salud
- m. Barreras de cuidado de salud
- n. Estrategias de prevención

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

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

Q1.1 Consent Form-Participation in Anonymous Surveys

Community Health Needs Assessment for Inspira Health Network

You are invited to participate in a research study that is being conducted by Dr. Sarah Allred, who is the Faculty Director at The Senator Walter Rand Institute for Public Affairs at Rutgers University, Camden Campus. The purpose of this research is to understand how residents in Cumberland, Gloucester, and Salem Counties view their health status, health risk behaviors, preventive health practices, and health care access as well community strengths, weaknesses, barriers, and areas for improvement.

If you participate, you will answer questions about your health, health risk behaviors, preventive health practices, and health care access as well your opinions about community strengths, weaknesses, barriers, and areas for improvement. The survey will take approximately 15 minutes to complete.

This research is anonymous. Anonymous means that we will record no information about you that could identify you. There will be no linkage between your identity and your response in the research. This means that we will not record your name, address, phone number, etc.

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

There are no foreseeable risks to participation in this study. You may not receive a direct benefit from taking part in this study. However, your responses will help guide actions that may benefit your county.

Participation in this study is voluntary. You may choose not to participate, and you may stop answering questions at any time without any penalty to you. In addition, 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, 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: humansubjects@orsp.rutgers.edu

Please retain a copy of this information for your records. By filling in "I agree," you agree to participation in this study. If you are 18 years of age or older, understand the statements above, and will consent to participate in the study, fill in the "I Agree" button to begin the survey.

- ☐ I Agree
- ☐ I Do Not Agree

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

Health & Healthcare Access

Q2.1 What county do you currently live in?

- ☐ Cumberland
- ☐ Gloucester
- ☐ Salem

Q2.2 What is the zip code of your home?

Q2.3 What town do you live in?

Q2.4 What kind of health insurance do you have?

- ☐ Private health insurance
- ☐ Medicare
- ☐ Medi-Gap
- ☐ Medicaid
- ☐ NJ FamilyCare
- ☐ Military health care(TRICARE/VA/CHAMP-VA)
- ☐ Indian Health Service
- ☐ Other government program
- ☐ Single service plan (ex: dental, vision, prescriptions)
- ☐ No coverage of any type
- ☐ I don't know
- ☐ I prefer not to answer

Q2.5 The following questions will ask you to rate different aspects of your health. Please choose the best response for each question.

	Excellent	Very good	Good	Fair	Poor	I don't know	I prefer not to answer
Would you say your health is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you say your DENTAL health is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you say your MENTAL health is...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2.6 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 _____
- ☐ I don't know
- ☐ I prefer not to answer

Q2.7 What would you consider to be your top 3 sources of healthcare information? (Place a 1, 2, or 3 on the line in front of your selections).

- | | |
|---|---|
| _____ Personal doctor or health care provider | _____ Health department (Community Health Worker, Nurse, Health Educator) |
| _____ Friends/Relatives | _____ Television/Radio programs |
| _____ Books/Magazines | _____ Other |
| _____ Work | _____ I don't receive any health care information |
| _____ Health insurance company | _____ I don't know |
| _____ Internet sources | _____ I prefer not to answer |
| _____ Spirit of Women | |

Q2.8 How do you normally get to your medical appointments?

- ☐ Walk/Bike
- ☐ Drive yourself
- ☐ Senior citizen transportation
- ☐ Other

- ☐ Public Transport (bus, train, etc.)
- ☐ Have a family member or friend take you
- ☐ Volunteer organization
- ☐ I don't know
- ☐ Taxi/Ride share (Uber/Lyft, etc.)
- ☐ Use LogistiCare
- ☐ Use another form of medical transport
- ☐ I prefer not to answer

Q2.9 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

Q2.10 About how long has it been since you last visited a doctor for a routine checkup?

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 5 years (2 years but less than 5 years ago)
- ☐ I don't know
- ☐ I prefer not to answer
- ☐ Within the past 2 years (1 year but less than 2 years ago)
- ☐ 5 or more years ago
- ☐ I have never visited a doctor for a routine checkup

Q2.11 Have you ever had to travel outside your county for health care services?

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

If you answered "Yes", continue on to Q2.12

All other responses, skip to Q2.13

Q2.12 For what kind of health care services did you have to travel outside your county? Select all that apply.

- ☐ Primary care
- ☐ Routine management of chronic conditions
- ☐ Obstetrics/Gynecology
- ☐ Surgery
- ☐ Cardiac care
- ☐ Cancer treatment
- ☐ Pediatric care
- ☐ Mental health
- ☐ Substance abuse treatment
- ☐ Emergency
- ☐ Other specialty care
- ☐ Other major medical services or procedures
- ☐ Dental care
- ☐ Other _____
- ☐ I don't know
- ☐ I prefer not to answer

Q2.13 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

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

Q2.14 If you are currently on any prescribed medication(s), please choose any reasons why you may not be taking it as prescribed. Select all that apply.

- ☐ I do not get my prescription(s) filled
- ☐ I ran out of my medication(s)
- ☐ I forget to take it
- ☐ I am not sure how to take it
- ☐ I don't want to take it
- ☐ I don't like how the medicine makes me feel (side effects)
- ☐ I would rather take natural remedies
- ☐ I stop taking it when I feel better
- ☐ Other _____
- ☐ I always take my medications as prescribed
- ☐ I am not on any prescribed medication
- ☐ I don't know
- ☐ I prefer not to answer

*If you answered "I do not get my prescription(s) filled", continue on to Q2.15
All other responses, skip to Q2.16*

Q2.15 What has stopped you from getting your prescription(s) filled? Select all that apply.

- ☐ I could not afford it
- ☐ I forgot to get it filled or pick it up
- ☐ Other
- ☐ I prefer not to answer
- ☐ No transportation to get to the pharmacy
- ☐ I don't think I needed it
- ☐ I don't know

Q2.16 Was there a time in the past 12 months when you needed medical equipment/supplies (ex. cane/walker, hearing aid(s), nebulizer, breathing machine, etc.) but could not attain them because of cost?

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

*If you answered "Yes", continue on to Q2.17
All other responses skip to Q2.18*

Q2.17 Which were the medical equipment/supplies you could not attain? Select all that apply.

- ☐ Cane/Walker
- ☐ Wheelchair

☐ CPAP

☐ Eyeglasses

☐ Hearing aid (s)

☐ Nebulizer

☐ Oxygen machine/tank

☐ Other

☐ I don't know

☐ I prefer not to answer

Q2.18 Do you feel like you receive a lower quality of health care because of any aspect of your identity (for example: race/ethnicity, gender, sexual orientation)?

☐ Yes

☐ No

☐ I don't know

☐ I prefer not to answer

Q2.19 What are the top 5 most significant barriers that keep people in your community from accessing health care when they need it? (Place a 1 ,2 ,3, 4, or 5 on the line in front of your selections.)

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

_____ Inability to take time off from work

_____ Lack of child care

_____ Lack of convenient appointments

_____ Lack of health insurance coverage

_____ Lack of medical providers

_____ Lack of transportation

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

_____ Language/cultural barriers

_____ Neighborhood safety concerns

_____ Time limitations (long wait times, limited office hours)

_____ Other, please specify

Q2.20 Related to health, what are the top 5 resources or services you think are missing in the community? (Place a 1, 2, 3, 4, or 5 on the line in front of your selections).

_____ Bilingual services

_____ Community support services (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 (ex: cancer, STIs, chronic disease)

_____ Hospice care

_____ Immunization/vaccination services

_____ Meal delivery services

_____ Medical specialists

_____ Mental health services

_____ Pediatric (children's) medical providers

_____ Primary care providers

_____ Public transportation

_____ Services for senior citizens/aging population

_____ Substance abuse services

_____ Respite care

_____ Women's health care (prenatal care, birth control, etc.)

_____ Veterans health care

_____ Other

Q2.21 What are the top 5 health issues you see in your community? (Place a 1, 2, or 3 on the line in front of your selections).

- | | |
|---|--|
| _____ Access to health care | _____ Drug abuse (prescription) |
| _____ Access to birth control | _____ Drug abuse (illegal) |
| _____ Access to services for senior citizens/aging population | _____ Heart disease |
| _____ Alcohol abuse | _____ Lack of healthy food/too much unhealthy food |
| _____ Adult overweight/obesity | _____ Lack of Insurance/under-insurance |
| _____ Cancer | _____ Maternal/infant Health |
| _____ Community safety | _____ Mental health/suicide |
| _____ Child overweight/obesity | _____ Sexual assault/sexual violence |
| _____ Dental health | _____ Sexually transmitted infections/diseases (STIs/STDs) |
| _____ Diabetes | _____ Stroke |
| _____ Domestic violence | _____ Tobacco |
| | _____ Other |

Q2.22 Are there specific populations in your community that you think are not being adequately served by local health services? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Uninsured/underinsured |
| <input type="checkbox"/> Children/youth | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Seniors/aging/elderly |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual orientation (LGBTQ) |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Young adults |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Immigrant/refugee | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Low income/poor | <input type="checkbox"/> I prefer not to answer |

Sexual Health

Q3.1 Have you ever been tested for sexually transmitted infections/diseases (for example: HIV, gonorrhea, chlamydia)?

- | | |
|---------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> I don't know |
| <input type="radio"/> No | <input type="radio"/> I prefer not to answer |

If you answered "Yes", continue on to Q3.2

All other responses skip to Q3.4

Q3.2 Where were you tested for STDs/STIs?

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

Q3.3 How many times have you been tested for sexually transmitted infections/diseases?

Q3.4 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

Q3.5 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

Health Knowledge/Behaviors

Q4.1 In a typical week do you do any exercise or physical activity for at least 10 minutes at a time (this includes: brisk walking, bicycling, sports, etc.)?

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

Q4.2 Please indicate how much time you spend on the following:

	Too little	About the right amount	Too much	I don't know	I prefer not to answer
Exercising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling stressed/worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure/Relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screen time (i.e. phone, computer, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.21 Is there a gun/firearm in your home?

☐ Yes

☐ No

☐ I don't know

☐ I prefer not to answer

Q4.3 Based on your age, gender, and/or health history please choose all of the cancers for which you should be receiving regular screenings?

	Yes	No	Not Applicable (N/A)	I don't know	I prefer not to answer
Breast					
Cervical					
Colorectal					
Lung					
Prostate					
Skin					

Q4.10 Have you ever been screened for Hepatitis C?

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

Q4.11 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 Q4.12.
All other responses skip to Q4.13.*

Q4.12 If you did not receive your flu vaccine, why not?

- ☐ I could not afford it
- ☐ I got it once and got sick because of it
- ☐ I don't think I need it/I don't get sick
- ☐ Vaccines don't work
- ☐ Vaccines do more harm than good
- ☐ Other _____
- ☐ I don't know
- ☐ I prefer not to answer

Q4.13 Which of the following chronic conditions are relevant to you (You have been diagnosed or are at-risk of)? (Select all that apply)

- ☐ Asthma
- ☐ Diabetes
- ☐ Mental Health Condition(s)
- ☐ Cancer
- ☐ Heart Disease
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Overweight/Obesity
- ☐ Alcohol Abuse
- ☐ Drug Abuse
- ☐ Other _____
- ☐ None of these
- ☐ I don't know
- ☐ I prefer not to answer

Q4.14 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

Q4.15 Do you have an Advance Directive (instructions for situations in which you cannot participate in health-care decisions) on file with your doctor or hospital?

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

Q4.16 The following questions are about your connection to others.

	Hardly Ever	Some of the Time	Often	I don't know	I prefer not to answer
How often do you feel that you lack companionship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.17 Do you now...

	Every day	Some days	Not at all	I don't know	I prefer not to answer
Use any tobacco products (cigarettes, cigars, dip)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any electronic vaping products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you did not answer "Every day" or "Some days", for either question, skip to Q5.1.
 If you answered "Every day" or "Some days," for either question, continue on to Q4.18.

Q4.18 If you have ever tried to quit using tobacco products, what methods have you tried? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Nicotine patches | <input type="checkbox"/> I have never tried to quit smoking |
| <input type="checkbox"/> Nicotine gum or lozenges | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nicotine inhaler | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Prescribed oral medication | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> E-cigarettes/Vapes | |

Food Access/Security

Q5.1 In general, how healthy is your overall diet? Would you say...

- | | | |
|---------------------------------|------------------------------------|--|
| <input type="radio"/> Excellent | <input type="radio"/> Fair | <input type="radio"/> I prefer not to answer |
| <input type="radio"/> Very good | <input type="radio"/> Poor | |
| <input type="radio"/> Good | <input type="radio"/> I don't know | |

Q5.2 About how far, in miles, is the nearest grocery store from your house?

Q5.3 About how long, in minutes, does it take to get to your nearest grocery store?

Q5.4 How do you normally get to the grocery store?

- | | |
|---|---|
| <input type="radio"/> Walk or ride bike | <input type="radio"/> Buy your groceries online |
| <input type="radio"/> Take Public Transportation | <input type="radio"/> Other _____ |
| <input type="radio"/> Drive yourself | <input type="radio"/> I don't know |
| <input type="radio"/> Have a family member or friend take you | <input type="radio"/> I prefer not to answer |
| <input type="radio"/> Ride sharing service (Uber or Lyft) | |

Q5.5 Within the past 30 days, where have you or someone in your household gotten groceries? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Grocery store (such as Acme, Shoprite, Aldi, Walmart) | <input type="checkbox"/> Convenience store (Wawa, 7-11) |
| <input type="checkbox"/> Corner store/bodega | <input type="checkbox"/> Dollar store |

- ☐ Friends or family
- ☐ Church/food pantry/soup kitchen
- ☐ Other

- ☐ I don't know
- ☐ I prefer not to answer

Q5.6 Thinking back to yesterday, did you eat...

	Yes	No	I don't know	I prefer not to answer
Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fast Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A meal with your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5.7 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 _____
- ☐ I don't know
- ☐ I prefer not to answer

Q5.8 Within the past 30 days, how often did you or your family skip or cut the size of meals because there was not enough money?

- ☐ Very Often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ I don't know
- ☐ I prefer not to answer

Q5.9 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 (ex. 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," or "The children do not eat school lunch", continue on to Q5.10.
If you answered, "There are no children in the home", "I don't know", or "I prefer not to answer", skip to Q6.1.*

Q5.10 Do you find it difficult to provide food for your children on the weekend or during school breaks?

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

Neighborhood Quality

Q6.1 How would you rate your neighborhood as a place to live?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ I don't know
- ☐ I prefer not to answer

Q6.2 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
As a place to buy fresh fruits and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a place to walk or exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a place to talk to or connect with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6.3 Have you ever 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

Q6.4 How often, would you say you heard gunshots in your neighborhood?

- ☐ Many times
- ☐ A few times
- ☐ Once
- ☐ Never
- ☐ I don't know
- ☐ I prefer not to answer

Adverse Childhood Experience

Q7.1 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who used illegal street drugs or who abused prescription medications?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you ever in foster care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7.2 Were your parents separated or divorced?

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

Q7.3 Still looking back before you were 18 years of age...

	Never	Once	More than once	I don't know	I prefer not to answer
How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before age 18, how often did a parent or adult in your home ever hit, beat, kick,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

or physically hurt you in any way? Do not include spanking. Would you say...					
How often did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did anyone at least 5 years older than you or an adult, ever touch YOU sexually?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographics

Q8.1 What is your age?

Q8.2 What is the highest level of school you have completed or the highest degree you have received?

- | | |
|---|---|
| <input type="radio"/> Less than high school degree | <input type="radio"/> Bachelor's degree in college (4-year) |
| <input type="radio"/> High school graduate (high schooldiploma or equivalent including GED) | <input type="radio"/> Master's degree |
| <input type="radio"/> Some college but no degree | <input type="radio"/> Doctoral degree |
| <input type="radio"/> Associate degree in college (2-year) | <input type="radio"/> Professional degree (JD, MD) |

Q8.3 Are you a veteran?

- ☐ Yes
- ☐ No

Q8.4 Are you Hispanic/Latino?

- ☐ Yes
- ☐ No

Q8.5 Choose the race(s) that you identify with. Select all that apply.

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native

- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other _____

Q8.6 How many people, including yourself, are living or staying at your home?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ More than 6

Q8.7 Please choose the answer that is closest to your household income

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

Q8.8 Are you currently employed?

- ☐ Yes, full-time
- ☐ Yes, part-time
- ☐ Yes, self-employed
- ☐ No, disabled
- ☐ No, retired
- ☐ No, unemployed
- ☐ Other _____
- ☐ I don't know
- ☐ I prefer not to answer

Raffle - Community Health Needs Assessment

Thank you for taking the survey! We appreciate your feedback!

If you would like to be entered into a raffle to receive a \$50 gift card, please write your name and your phone number or email address in the space below. Your name and contact information will NOT be linked to your survey answers. We will separate your name and your survey response when entering the data into the software programs. This raffle and the survey use different software and cannot be linked. Your name and contact information will not be shared with anyone. Gift card recipients will be selected on October 1, 2018 by a random drawing. All name and contact information will be shredded and deleted after the raffle winners are chosen. Feel free to leave this page blank if you choose not to participate. Participation in the raffle is voluntary.

Name:

Phone Number and/or Email Address:

Q1.1 Formulario de Consentimiento- Participación en Encuestas Anónimas

Evaluación de Necesidades de Salud en la Comunidad para la Red del Cuidado de Salud de Inspira

Le invitamos a participar en un estudio de investigación conducido por la Dra. Sarah Allred, Directora de Facultad del Instituto de Relaciones Públicas Senator Walter Rand en la Universidad de Rutgers- Camden. El propósito de esta investigación es el de entender cómo los residentes de los condados de Cumberland, Gloucester, y Salem ven su estado de salud, comportamientos riesgosos para la salud, prácticas preventivas de salud, y acceso al cuidado de salud, así como las fortalezas, debilidades, barreras, y otras áreas que necesiten desarrollo dentro de la comunidad.

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 encuesta tomará aproximadamente 15 minutos en completar.

Esta investigación es anónima. Anónimo quiere decir que no guardaremos ninguna información que pueda identificarlo/la. No existirá ninguna conexión entre su identidad y su respuesta en la investigación. Esto significa que no guardaremos su nombre, dirección, número de teléfono, etc.

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 Senator 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

Liberty Plaza / Suite 3200, 335 George Street, 3rd Floor

New Brunswick, NJ 08901

Teléfono: 732-235-2866

Email: humansubjects@orsp.rutgers.edu

Por favor guarde una copia de esta información para sus registros. Al seleccionar “Estoy de Acuerdo,” usted acepta participar en este estudio.

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.

- ☐ Estoy de acuerdo
 - ☐ No estoy de acuerdo
-

La Salud y el Acceso al Cuidado Médico

Q2.1 ¿En qué condado vive ahora?

- ☐ Cumberland
 - ☐ Gloucester
 - ☐ Salem
-

Q2.2 ¿Cuál es su código postal?

Q2.3 ¿En qué pueblo o ciudad vive?

Q2.4 ¿Qué tipo de seguro médico tiene?

- ☐ 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
- ☐ No sé
- ☐ Prefiero no responder

Q2.5 Las siguientes preguntas le pedirán que califique varios aspectos de su salud. Por favor escoja la mejor respuesta a cada pregunta.

	Excelente	Muy buena	Buena	Normal	Mala	No sé	Prefiero no responder
Diría que su salud es...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diría que su salud DENTAL es...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diría que su salud MENTAL es...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2.6 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 _____
- ☐ No sé
- ☐ Prefiero no responder

Q2.7 ¿Cuáles consideraría que son sus 3 principales fuentes de información acerca del cuidado médico? Escriba los números 1, 2 y 3 al lado de sus selecciones. _____ Doctor personal o proveedor de cuidado médico

- _____ Amigos/Familiares
- _____ Libros/Revistas
- _____ Trabajo
- _____ Compañía de seguro médico
- _____ Fuentes en el internet
- _____ Spirit of Women

- _____ Departamento de salud (Trabajador/a de Salud de la Comunidad, Enfermera/o, Educador de Salud)
- _____ Televisión/Programas de radio
- _____ Otra
- _____ No recibo ninguna información de salud
- _____ No sé
- _____ Prefiero no responder

Q2.8 ¿Cómo se transporta a sus citas médicas normalmente? Camina / Va en bicicleta

- ☐ Toma transporte público (bus, tren, etc.)
- ☐ Taxi/ Vehículo compartido (Uber o Lyft, etc.)

- ☐ Conduce un coche
- ☐ Un familiar o amigo lo/a lleva
- ☐ Usa LogistiCare
- ☐ Transporte para ciudadanos de la tercera edad
- ☐ Organización de voluntarios
- ☐ Usa otro modo de transporte médico
- ☐ Otro
- ☐ No sé
- ☐ Prefiero no responder

Q2.9 ¿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

Q2.10 ¿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 (1 año pero hace menos de 2 años)
- ☐ Dentro de los pasados 5 años (2 años pero hace menos de 5 años)
- ☐ 5 años o más
- ☐ Nunca he visitado un doctor para un chequeo médico
- ☐ No sé
- ☐ Prefiero no responder

Q2.11 ¿Alguna vez ha tenido que viajar fuera de su condado por servicios médicos?

- ☐ Sí
- ☐ No
- ☐ No sé
- ☐ Prefiero no responder

Si ha contestado "Sí," vaya a la pregunta 2.12

Si ha contestado otra respuesta, vaya a la pregunta 2.13

Q2.12 ¿Qué tipo de servicios? Seleccione todos los que correspondan.

- | | | |
|--|--|---|
| <input type="checkbox"/> Cuidado primario | <input type="checkbox"/> Cuidado pediátrico | <input type="checkbox"/> Otros servicios o procedimientos médicos mayores |
| <input type="checkbox"/> Cuidado de rutina por enfermedades crónicas | <input type="checkbox"/> Salud mental | <input type="checkbox"/> Cuidado dental |
| <input type="checkbox"/> Obstetricia/Ginecología | <input type="checkbox"/> Tratamiento para el abuso de sustancias | <input type="checkbox"/> Otro _____ |
| <input type="checkbox"/> Cirugía | <input type="checkbox"/> Emergencia | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Cuidado cardiaco | <input type="checkbox"/> Otro cuidado especial | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> Tratamiento para el cáncer | | |
-

Q2.13 ¿Hubo un tiempo en los pasados 12 meses cuando necesitó ver a un doctor pero no pudo por el costo?

- ☐ Sí ☐ No sé ☐ No ☐ Prefiero no responder

Q2.14 Si tiene una prescripción para algún medicamento recetado, por favor indique cualquier razón por la cual no lo tomaría como recetado. Seleccione todas las que correspondan.

- | | | |
|---|---|--|
| <input type="checkbox"/> No mando a surtir mi(s) medicamento(s) | <input type="checkbox"/> No me gusta cómo me hace sentir el medicamento (efectos secundarios) | <input type="checkbox"/> Siempre tomo mis medicamentos como fueron recetados |
| <input type="checkbox"/> Se me acabó el medicamento | <input type="checkbox"/> Preferiría tomar remedios naturales | <input type="checkbox"/> No se me ha recetado ningún medicamento |
| <input type="checkbox"/> Me olvido de tomarlo | <input type="checkbox"/> Paro de tomarlo cuando me siento mejor | <input type="checkbox"/> No sé |
| <input type="checkbox"/> No estoy seguro de cómo tomarlo | <input type="checkbox"/> Otra _____ | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> No quiero tomarlo | | |

Si ha contestado "Siempre tomo mis medicamentos como fueron recetados," "No se me ha recetado ningún medicamento," "No sé" o "Prefiero no responder," vaya a la pregunta 2.16.

Q2.15 ¿Qué le ha impedido obtener su(s) medicamento(s)? Seleccione todas las que correspondan.

- | | |
|---|--|
| <input type="checkbox"/> No pude cubrir el costo | <input type="checkbox"/> No creí que fuera necesario |
| <input type="checkbox"/> No tuve transportación a la farmacia para mandarlo a surtir o para recogerlo | <input type="checkbox"/> Otra _____ |
| <input type="checkbox"/> Me olvidé de mandarlo a surtir o de recogerlo | <input type="checkbox"/> No sé |
| | <input type="checkbox"/> Prefiero no responder |

Q2.16 ¿Hubo una ocasión en los pasados 12 meses cuando necesitó equipo o productos médicos, pero no pudo conseguirlos debido al costo?

- ☐ Sí ☐ No sé ☐ No ☐ Prefiero no responder

Si ha contestado "Sí," vaya a la pregunta 2.17

Si ha contestado otra respuesta, vaya a la pregunta 2.18

Q2.17 ¿Qué tipo de equipo/productos médicos? Seleccione todos los que correspondan.

- | | |
|---|--|
| <input type="checkbox"/> Máquinas de respiración | <input type="checkbox"/> Silla de ruedas |
| <input type="checkbox"/> Bastón/caminador | <input type="checkbox"/> Nebulizador |
| <input type="checkbox"/> Lentes/espejuelos/anteojos | <input type="checkbox"/> Máquina o tanque de oxígeno |
| <input type="checkbox"/> Audífonos especiales | <input type="checkbox"/> Otro _____ |

☐ No sé

☐ Prefiero no responder

Q2.18 ¿Cree que el cuidado que recibe sea inferior debido a algún aspecto de su identidad? (por ejemplo: raza/identidad étnica, género, orientación sexual)

☐ Sí

☐ No sé

☐ No

☐ Prefiero no responder

Q2.19 ¿Cuáles son las 5 barreras más importantes que impiden que la gente de SU comunidad consigan cuidado médico cuando lo necesitan? Escriba los números 1,2,3,4 y 5 al lado de sus selecciones.

_____ No pueden cubrir los costos por cuenta propia (copago, prescripciones, etc.)

_____ 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

_____ Falta de proveedores de cuidado médico

_____ Falta de transporte

_____ Falta de confianza en los proveedores/ sistemas de cuidado médico

_____ Barreras de lenguaje o culturales

_____ Problemas de seguridad en el vecindario

_____ Restricciones de tiempo (esperas largas, horas de oficina limitadas)

_____ Otras, por favor especifique

Q2.20 En cuanto a la salud, ¿cuáles son los 5 principales servicios o recursos que usted cree hagan falta en la comunidad? Escriba los números 1,2,3,4 y 5 al lado de sus selecciones.

_____ 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

_____ Proveedores médicos pediátricos (para niños)

_____ Proveedores de cuidado primario

_____ Transportación pública

_____ Servicios de abuso de sustancias

_____ Cuidado de relevo

_____ Cuidado de salud para mujeres (cuidado prenatal, métodos anticonceptivos, etc.)

_____ Cuidado de salud para veteranos

_____ Servicios para ciudadanos de tercera edad / poblaciones de edad avanzada

_____ Otro

Q2.21 ¿Cuáles son los 5 principales problemas de salud que ve en su comunidad? Escriba los números 1,2,3,4 y 5 al lado de sus selecciones.

- | | |
|--|--|
| <input type="text"/> Acceso al cuidado médico | <input type="text"/> Enfermedades del corazón |
| <input type="text"/> Acceso a métodos anticonceptivos | <input type="text"/> Falta de comida saludable/exceso de mala alimentación |
| <input type="text"/> Abuso del alcohol | <input type="text"/> Falta de seguro médico o insuficiente cobertura |
| <input type="text"/> Sobrepeso/obesidad en adultos | <input type="text"/> Salud infantil/materna |
| <input type="text"/> Cáncer | <input type="text"/> Salud mental/suicidio |
| <input type="text"/> Seguridad en la comunidad | <input type="text"/> Ataques sexuales/ violencia sexual |
| <input type="text"/> Sobrepeso/obesidad en niños | <input type="text"/> Enfermedades/infecciones de transmisión sexual (ETS/ITS) |
| <input type="text"/> Salud dental | <input type="text"/> Derrame cerebral |
| <input type="text"/> Diabetes | <input type="text"/> Tabaco |
| <input type="text"/> Violencia doméstica | <input type="text"/> Acceso a servicios para ciudadanos de tercera edad / poblaciones de edad avanzada |
| <input type="text"/> Abuso de drogas (de prescripción) | <input type="text"/> Otro |
| <input type="text"/> Abuso de drogas (ilegales) | |

Q2.22 ¿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.

- | | |
|--|--|
| <input type="checkbox"/> Negros/Afro-Americanos | <input type="checkbox"/> Personas sin seguro/ insuficiente cobertura |
| <input type="checkbox"/> Niños/jóvenes | <input type="checkbox"/> Veteranos |
| <input type="checkbox"/> Discapacitados | <input type="checkbox"/> Personas de la tercera edad/ ancianos |
| <input type="checkbox"/> Género | <input type="checkbox"/> Orientación sexual |
| <input type="checkbox"/> Hispanos/Latinos | <input type="checkbox"/> Jóvenes adultos |
| <input type="checkbox"/> Personas sin hogar | <input type="checkbox"/> Ninguna de éstas |
| <input type="checkbox"/> Inmigrantes/refugiados | <input type="checkbox"/> Otra _____ |
| <input type="checkbox"/> Personas pobres o de bajos recursos | <input type="checkbox"/> Prefiero no responder |

Salud Sexual

Q3.1 ¿Alguna vez ha sido chequeado por infecciones o enfermedades de transmisión sexual? (por ejemplo: VIH, gonorrea, clamidia)

- | | |
|-----------------------------|---|
| <input type="radio"/> Sí | <input type="radio"/> Prefiero no responder |
| <input type="radio"/> No | |
| <input type="radio"/> No sé | |

Si ha contestado "Sí," vaya a la pregunta 3.2

Si ha contestado otra respuesta, vaya a la pregunta 3.4

Q3.2 ¿Dónde fue chequeado?

- | | |
|--|---|
| <input type="radio"/> Oficina del doctor | <input type="radio"/> Departamento de Salud/ Clínica de ETS |
|--|---|

- ☐ Clínica o Centro de Salud
- ☐ Hospital
- ☐ Otro _____

- ☐ No sé
- ☐ Prefiero no responder

Q3.3 ¿Cuántas veces ha sido chequeado?

Q3.4 ¿Con cuál identidad de género se identifica ahora?

- | | | |
|--|--|---|
| <input type="radio"/> Masculino | <input type="radio"/> Género no-binario | <input type="radio"/> Prefiero no responder |
| <input type="radio"/> Femenino | <input type="radio"/> Otro (por favor especifique) _____ | |
| <input type="radio"/> Hombre transgénero | | |
| <input type="radio"/> Mujer transgénero | <input type="radio"/> No sé | |

Q3.5 ¿Cómo describiría su orientación sexual?

- | | |
|---|--|
| <input type="radio"/> Lesbiana, gay, u homosexual | <input type="radio"/> Otra (por favor especifique) _____ |
| <input type="radio"/> Heterosexual | <input type="radio"/> No sé |
| <input type="radio"/> Bisexual | <input type="radio"/> Prefiero no responder |

Conocimiento y Comportamientos de Salud

Q4.1 En una semana típica, ¿hace algún tipo de ejercicio o actividad física por al menos 10 minutos cada vez? (Incluya: caminatas rápidas, andar en bicicleta, deportes, etc)

- | | |
|--------------------------|---|
| <input type="radio"/> Sí | <input type="radio"/> No sé |
| <input type="radio"/> No | <input type="radio"/> Prefiero no responder |

Q4.2 Por favor indique cuánto tiempo pasa en lo siguiente:

	Muy poco	Lo apropiado	Demasiado	No sé	Prefiero no responder
Ejercitándose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sintiéndose estresado/preocupado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
En recreación/descansando	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frente a una pantalla (Ej: teléfono, computadora, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Durmiendo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trabajando	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.21 ¿Hay un arma de fuego en su casa?

- ☐ Sí
 ☐ No sé
 ☐ No
 ☐ Prefiero no responder

Q4.3 Basado en su edad, género, y/o historial médico, por favor seleccione todos los tipos de cáncer por los que debería ser chequeado regularmente?

	Sí	No	No aplica	No sé	Prefiero no responder
Seno					
Cervical					
Colorrectal					
Pulmón					
Próstata					
Piel					

Q4.10 ¿Alguna vez ha sido chequeado/a por Hepatitis C?

- ☐ Sí
- ☐ No

- ☐ No sé
- ☐ Prefiero no responder

Q4.11 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 4.12

Si ha contestado otra respuesta, vaya a la pregunta 4.13

Q4.12 ¿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
- ☐ Otra _____
- ☐ No sé
- ☐ Prefiero no responder

Q4.13 ¿Ha sido diagnosticado/a o está en riesgo de adquirir alguna de las siguientes condiciones crónicas? (Seleccione todas las que sean relevantes)

- ☐ Asma
- ☐ Diabetes
- ☐ Problemas de salud mental
- ☐ Cáncer
- ☐ Enfermedades del corazón
- ☐ Presión alta

- ☐ Colesterol alto
- ☐ Sobrepeso/obesidad
- ☐ Abuso del alcohol
- ☐ Abuso de drogas
- ☐ Otra _____
- ☐ Ninguna de éstas

☐ No sé

☐ Prefiero no responder

Q4.14 ¿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 sé

☐ No

☐ Prefiero no responder

Q4.15 ¿Tiene un documento de Voluntades Anticipadas archivado con su doctor o en el hospital? (Voluntades Anticipadas o *Advance Directive*: instrucciones en caso de que usted no pueda tomar decisiones sobre su cuidado médico)

☐ Sí

☐ No sé

☐ No

☐ Prefiero no responder

Q4.16 Las siguientes preguntas son sobre sus conexiones con otras personas.

	Casi nunca	A veces	A menudo	No sé	Prefiero no responder
¿Con qué frecuencia siente que le hace falta compañía?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Con qué frecuencia se siente excluido/a?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Con qué frecuencia se siente aislado de los demás?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.17 Actualmente...

	Todos lo días	Algunos días	Nunca	No sé	Prefiero no responder
Usa algún producto con tabaco (cigarrillos, cigarros/puros, tabaco masticable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usa algún producto vaporizador/cigarrillo electrónico	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4.18 Si alguna vez ha intentado dejar de fumar, ¿qué métodos ha tratado? Seleccione todos los que correspondan.

- | | |
|---|--|
| <input type="checkbox"/> Consejería | <input type="checkbox"/> Ninguno de éstos |
| <input type="checkbox"/> Parches de nicotina | <input type="checkbox"/> Nunca he intentado dejar de fumar |
| <input type="checkbox"/> Pastillas de nicotina o chicle de nicotina | <input type="checkbox"/> Otro |
| <input type="checkbox"/> Inhalador de nicotina | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Prescripción para medicación oral | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> Vaporizadores o cigarrillos electrónicos | |

Acceso a/ Seguridad de Comida

Q5.1 En general, ¿qué tan saludable es su dieta? Diría que es...

- | | |
|---------------------------------|---|
| <input type="radio"/> Excelente | <input type="radio"/> Mala |
| <input type="radio"/> Muy buena | <input type="radio"/> No sé |
| <input type="radio"/> Buena | <input type="radio"/> Prefiero no responder |
| <input type="radio"/> Normal | |

Q5.2 ¿A qué distancia está su tienda de alimentos más cercana? En millas.

Q5.3 ¿Cuánto tiempo le toma llegar a su tienda de alimentos más cercana? En minutos.

Q5.4 ¿Cómo se transporta a la tienda de alimentos?

- ☐ Camina o va en bicicleta
- ☐ Toma el transporte público
- ☐ Maneja un coche
- ☐ Un familiar o amigo lo/la lleva
- ☐ Servicio de vehículo compartido (Uber o Lyft)
- ☐ Compra la despensa por internet
- ☐ No sé
- ☐ Prefiero no responder
- ☐ Otra

Q5.5 En los últimos 30 días, ¿dónde ha usted o alguien de su hogar comprado la despensa? Seleccione los que correspondan.

- ☐ Supermercado (como Acme, Shoprite, Aldi, Walmart)
- ☐ Tienda/bodega
- ☐ Tienda de conveniencia (Wawa, 7-11)
- ☐ Dollar store
- ☐ Amigos o familiares
- ☐ Iglesia/centro de reparto de comida gratuita/comedores populares
- ☐ Otro
- ☐ Prefiero no responder

Q5.6 Ayer, usted comió...

	Sí	No	No sé	Prefiero no responder
Frutas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cómdia rápida	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Una comida con su familia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5.7 ¿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
- ☐ No sé
- ☐ Prefiero no responder

Q5.8 En los últimos 30 días, ¿con qué frecuencia usted o su familia dejaron de comer o redujeron sus porciones por falta de dinero?

- ☐ Muy a menudo
 ☐ A veces
 ☐ Nunca
 ☐ Prefiero no responder
- ☐ Muchas veces
 ☐ Raramente
 ☐ No sé

Q5.9 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

Vaya a la pregunta 6.1 si ha contestado "Los niños no comen el almuerzo de la escuela," "No hay niños en la casa," "No sé" o "Prefiero no responder"

Q5.10 ¿Se le hace difícil conseguir comida para los niños durante los fines de semana o vacaciones escolares?

- ☐ Sí ☐ No sé
- ☐ No ☐ Prefiero no responder

Calidad de vecindario

Q6.1 ¿Cómo describiría su vecindario como lugar para vivir?

- ☐ Excelente
 ☐ Malo
- ☐ Muy bueno
 ☐ No sé
- ☐ Bueno
 ☐ Prefiero no responder
- ☐ Normal

Q6.2 Describa su vecindario o la comunidad en donde vive con respecto a lo siguiente:

[illegible]

Q6.3 ¿Alguna vez ha visto alguna de las siguientes actividades en su vecindario? Seleccione todas las que correspondan.

- | | |
|---|---|
| <input type="checkbox"/> Tráfico de drogas | <input type="checkbox"/> Ninguna |
| <input type="checkbox"/> Actividad de pandillas | <input type="checkbox"/> Uso ilegal de drogas / artículos para el uso de drogas |
| <input type="checkbox"/> Apuñalamientos | <input type="checkbox"/> Prefiero no responder |
| <input type="checkbox"/> Tiroteos | |
-

Q6.4 ¿Con qué frecuencia ha escuchado disparos en su vecindario?

- | | | |
|-------------------------------------|-------------------------------|---|
| <input type="radio"/> Muchas veces | <input type="radio"/> Una vez | <input type="radio"/> No sé |
| <input type="radio"/> Algunas veces | <input type="radio"/> Nunca | <input type="radio"/> Prefiero no responder |
-

Experiencias de Infancia Adversas

Q7.1 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Vivió con alguien que tuviera un problema de alcohol o alcoholismo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Vivió con alguien que usara drogas ilegales o que abusaba de medicamentos recetados?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Vivió con alguien que haya estado o que haya sido sentenciado a pasar tiempo en prisión, cárcel, u otro centro correccional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Estuvo en cuidado temporal/colocación familiar?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7.2 ¿Sus padres estuvieron separados o divorciados?

- ☐ Sí ☐ No sé
- ☐ No ☐ Prefiero no responder
- ☐ Padres no estaban casados

Q7.3 Pensando todavía en la época antes de que tuviera 18 años...

	Nunca	Una vez	Más de una vez	No sé	Prefiero no responder
¿Con qué frecuencia sus padres o los adultos en el hogar se cacheteaban, golpeaban, pateaban, puñeteaban, o pegaban entre sí?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Con qué frecuencia alguno de sus padres o adultos en el hogar lo/la insultó, regañó usando groserías, o lo/la hizo sentir mal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Con qué frecuencia alguien (mayor que usted con 5 años o adulto) lo/la tocó de manera sexual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Con qué frecuencia alguien (mayor que usted con 5 años o adulto) trató de hacer que USTED se toque de manera sexual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
¿Con qué frecuencia alguien (mayor que usted con 5 años o adulto) lo/la forzó a tener sexo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demografía

Q8.1 ¿Cuántos años tiene?

Q8.2 ¿Cuál es el nivel escolar más alto que ha completado o el título más alto que ha recibido?

- | | | |
|---|---|---|
| <input type="radio"/> Menos de un bachillerato | <input type="radio"/> Título técnico/Diplomado Asociado en una universidad (2 años) | <input type="radio"/> Doctorado |
| <input type="radio"/> Graduado de escuela secundaria (diploma de bachillerato or el equivalente, incluyendo el GED) | <input type="radio"/> Bachillerato o Licenciatura en una universidad (4 años) | <input type="radio"/> Título profesional (JD, MD) |
| <input type="radio"/> Un tiempo en la universidad pero sin título | <input type="radio"/> Maestría | |

Q8.3 ¿Es un veterano?

- ☐ Sí
- ☐ No

Q8.4 ¿Es hispano/latino?

- ☐ Sí
- ☐ No

Q8.5 Escoja la raza(s) con la(s) que se identifique. (Seleccione todas las que correspondan)

- | | |
|---|--|
| <input type="checkbox"/> Blanco/a | <input type="checkbox"/> Asiático/a |
| <input type="checkbox"/> Negro/a o Afro-Americano/a | <input type="checkbox"/> Nativo/a Hawaiano/a o Isleño/a del Pacífico |
| <input type="checkbox"/> Nativoamericano/a o Nativo de Alaska | <input type="checkbox"/> Otra _____ |

Q8.6 ¿Cuántas personas, incluyéndose a usted mismo, viven o se están quedando en su hogar?

- ☐ 1 ☐ 3 ☐ 5 ☐ Más de 6
- ☐ 2 ☐ 4 ☐ 6
-

Q8.7 Por favor escoja la respuesta que sea la más cercana al ingreso de su hogar

- | | | |
|---|---|---|
| <input type="radio"/> Menos de \$10,000 | <input type="radio"/> \$40,000 a \$49,999 | <input type="radio"/> \$80,000 a \$89,999 |
| <input type="radio"/> \$10,000 a \$19,999 | <input type="radio"/> \$50,000 a \$59,999 | <input type="radio"/> \$90,000 a \$99,999 |
| <input type="radio"/> \$20,000 a \$29,999 | <input type="radio"/> \$60,000 a \$69,999 | <input type="radio"/> \$100,000 a \$149,999 |
| <input type="radio"/> \$30,000 a \$39,999 | <input type="radio"/> \$70,000 a \$79,999 | <input type="radio"/> \$150,000 o más |
-

Q8.8 ¿Actualmente está empleado/a?

- | | |
|---|---|
| <input type="radio"/> Si, de tiempo completo | <input type="radio"/> No, no estoy empleado/a |
| <input type="radio"/> Si, de tiempo parcial | <input type="radio"/> Otra _____ |
| <input type="radio"/> Si, de trabajo autónomo | <input type="radio"/> No sé |
| <input type="radio"/> No, discapacitado/a | <input type="radio"/> Prefiero no responder |
| <input type="radio"/> No, jubilado/a | |

Rifa – Evaluación de Necesidades de Salud Comunitaria

¡Gracias por tomar la encuesta! ¡Le agradecemos por sus respuestas!

Si le gustaría participar en una rifa para recibir una tarjeta de regalo de \$50, por favor escribe su nombre y número de teléfono o correo electrónico en el espacio abajo. Su nombre e información de contacto NO serán conectados a las respuestas que ha dado en la encuesta. Separaremos su nombre y sus respuestas de su encuesta cuando entremos los datos en los programas de software. Esta rifa y la encuesta utilizan software distinto y no se pueden conectar. No se compartirán su nombre e información de contacto con nadie. El/la ganador/a será elegido/a el 1 de Octubre de 2018 en una rifa al azar. Todos los nombres e información de contacto se triturarán y borrarán después de elegir a los/las ganadores/as. Ud. puede dejar esta página blanca si no quiere participar. La participación en la rifa es voluntaria.

Nombre: _____

Número de Teléfono y/o Dirección de Correo Electrónico: _____

No one knows your **community** better than YOU!

Inspira Health Network is conducting a community health needs assessment
of **Cumberland, Gloucester and Salem Counties**
Surveys will be available throughout the summer to gather information about
Community Health Needs

We need YOUR help to have YOUR voice heard:

- Go to <https://goo.gl/C6wvXA>
- It will only take 15 minutes.
- Tell your family and friends to fill out the survey too!
- Can choose to enter a raffle to win a \$50 Visa Gift Card.
- Please contact us at: 2018CHNA@gmail.com with any questions

Use this code
to take the survey



— ¡Nadie conoce — tu comunidad mejor — que TÚ! —

La red de salud de Inspira está realizando una evaluación sobre las necesidades de salud en las comunidades de los condados de **Cumberland, Gloucester y Salem**

Las encuestas estarán disponibles durante el verano para recolectar
— información sobre las necesidades de salud en la comunidad —

Necesitamos TU ayuda para que se escuche TU voz:

- Sigue el link goo.gl/iNZ55e
- Solo tomará 15 minutos
- ¡Dile a tu familia y amigos que tomen la encuesta también!
- Tienes la opción de participar en la rifa de una tarjeta de regalo

Visa de \$50

- Por favor escríbenos a: 2018CHNA@gmail.com si tienes preguntas

Usa este código
para tomar la encuesta





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