

Inspira Medical Center Elmer
Salem County, NJ

Community Health Needs Assessment

FINAL SUMMARY REPORT

2016 – 2017 - 2018



SUBMITTED BY



HOLLERAN

COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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EXECUTIVE SUMMARY

Beginning in November 2014, Inspira Health Network undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in Salem County, New Jersey. The purpose of the assessment was to gather current statistics and qualitative feedback on the key health issues facing county residents. The assessment examined a variety of health indicators including chronic health conditions, access to health care, and social determinants of health. Inspira Health Network contracted with Holleran, a research firm based in Lancaster, Pennsylvania, to execute this project.

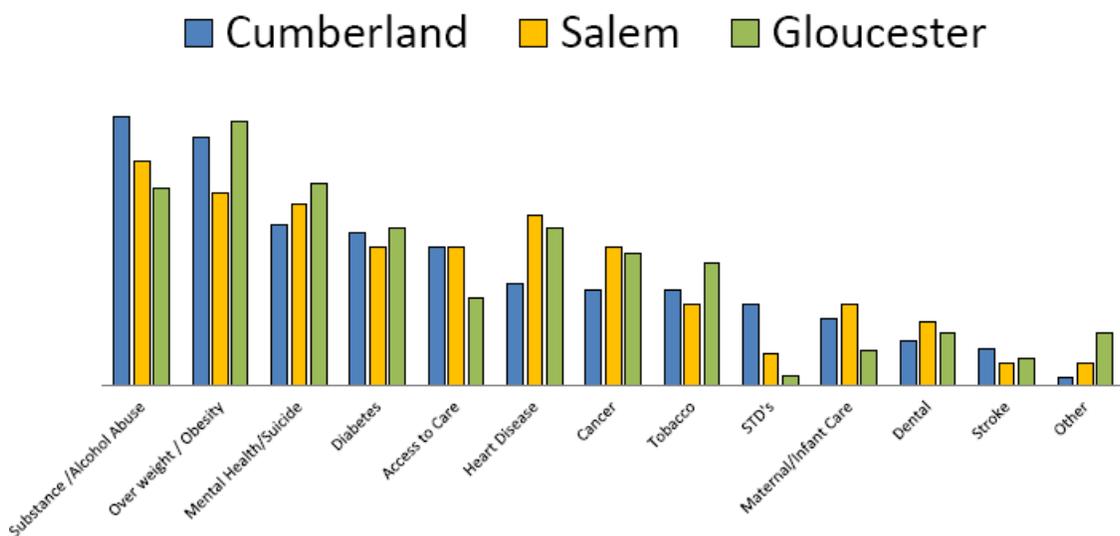
The completion of the CHNA enabled Inspira Health Network to take an in-depth look at the Salem County community. The findings from the assessment were utilized by Inspira Health Network to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. Inspira Health Network is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

CHNA Components

- Secondary Data Research
- Key Informant Interviews
- Focus Group Research
- Online Community Member Survey
- Prioritization Session
- Implementation Plan

Key Community Health Issues

Inspira Health Network, in conjunction with community partners, examined the findings of the Secondary Data, Key Informant Interviews, Focus Groups, and Online Community Member Survey to select Key Community Health Issues. The following issues were reported for the tri-county area of Cumberland, Salem and Gloucester Counties comparisons:



Prioritized Community Health Issues

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Inspira Health Network plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:

- Access to Health Care
- Chronic Disease (Cancer, Diabetes, Obesity, Heart Disease)
- Substance Abuse/Mental Health (Alcohol, Opiates, Smoking/Behavioral Health)
- Social Determinants (Housing, Crime & Violence, Physical Activity, Health Screenings)

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Inspira Health Network is a charitable, not-for-profit health system serving the residents of Southwest New Jersey. Inspira Health Network was established in November 2012 through the merger of South Jersey Healthcare and Underwood-Memorial Hospital. The Network, which traces its roots to 1899, now comprises three hospitals, four multi-specialty health centers, and a total of more than 60 locations. These include outpatient imaging and rehabilitation centers; numerous specialty centers, including sleep medicine, cardiac testing and wound care; and more than two dozen primary and specialty physician practices in Cumberland, Gloucester and Salem counties. With a medical staff of more than 1,100 physicians and other health care providers, Inspira Health Network provides evidence-based care to help each patient achieve the best possible outcome.

The mission of Inspira Health Network is to provide high quality health services that improve the lives of all we serve. In support of the mission, the leadership and staff of Inspira Health Network are dedicated to clinical and service excellence. They believe the organization must become a source of inspiration, encouraging everyone to lead healthier lives. This can only be achieved by working together with communities; by bringing vital services to the towns and neighborhoods they serve; and partnering with like-minded organizations to create a culture throughout the region that fosters good health for everyone.

Community Overview

Inspira Health Network defined their current service area based on an analysis of the geographic area where individuals utilizing their services reside. Inspira Health Network's service area is considered to be the Cumberland, Gloucester, and Salem county communities. The counties are situated in the Southwestern part of New Jersey and encompass a total population of approximately 513,000. Salem County encompasses a total population of approximately 65,000.

Methodology

The CHNA was comprised of both quantitative and qualitative research components. The CHNA results are specific to Salem County; however, data for all three counties are provided within many of the research components to provide both a system-level perspective and reference points for determining health. A brief synopsis of the research components is included below with further details provided throughout the document:

- A Statistical Secondary Data Profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Salem County, New Jersey was compiled.
- Key Informant Interviews were conducted with 28 community leaders and partners between January and March, 2015. Key informants represented a variety of sectors, including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.
- Two Focus Groups were conducted with 14 community members in April 2015. Community members provided qualitative feedback regarding access to care, key health issues, and health education and communication.
- An Online Community Survey was conducted with Salem County residents between April and May, 2015. The survey was designed to assess their health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. A total of 176 resident surveys were completed throughout the county to promote geographical and ethnic diversity among respondents.

Research Partner

Inspira Health Network contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 23 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted data from secondary data sources
- Analyzed and interpreted data from key informant interviews
- Collected, analyzed, and interpreted data from focus groups
- Conducted, analyzed, and interpreted data from the online community survey; and
- Prepared all reports

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Inspira Health Network sought community input through key informant interviews with community leaders and partners, focus group research, an online community survey available to all residents, and inclusion of community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

Language barriers, timeline, and other restrictions may have impacted the ability to survey all community stakeholders. Inspira Health Network sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components.

Prioritization of Needs

Following the completion of the CHNA research, Inspira Health Network prioritized community health issues and developed an implementation plan to address prioritized community needs.

SECONDARY DATA PROFILE

Background

One of the initial undertakings of the CHNA was to create a Secondary Data Profile. Secondary data is comprised of data obtained from existing resources and includes demographic and household statistics, education and income measures, morbidity and mortality rates, and health indicators, among other data points. The data was gathered and integrated into a graphical report to portray the current health and socio-economic status of residents in Salem County.

Secondary data was collected from reputable sources including the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), and New Jersey Department of Health. A full reference list is included in Appendix A. The data represents a point in time study using the most recent data possible. When available, state comparisons are provided as benchmarks.

The profile details data covering the following areas:

- Demographic/Socioeconomic Statistics
- Mortality & Morbidity Statistics
- Maternal & Child Health Statistics
- Sexually Transmitted Illness & Communicable Disease Statistics
- Mental Health Statistics
- Environmental Health & Crime Statistics

Secondary Data Profile Study Findings

The following section highlights the key takeaways from the secondary data profile. A full report of the findings is available through Inspira Health Network.

The key takeaways are summarized as Areas of Strength, Areas of Opportunity, and Areas of Difference. Areas of Strength highlight factors in which the county has a more favorable outcome than peer counties and/or New Jersey. In contrast, Areas of Opportunity highlight factors in which the county can improve upon. Areas in which the county differs notably from other peer counties or New Jersey, but that cannot be considered strengths or opportunities, are considered Areas of Difference. For example, if the county has a notably larger male population versus female population, this is neither a strength nor an opportunity, but it is an Area of Difference.

Areas of Strength

Income Statistics

- Salem County has the highest rate of grocery store access among the three counties. Less than 3% of children, seniors, low income individuals, and households without a car are without access to a grocery store.

Employment Statistics

- Salem County has the lowest unemployment rate (6.1%) when compared to Gloucester and Cumberland counties (6.3% and 9.2% respectively) and the state (6.6%).

Health Insurance Coverage Statistics

- Twelve percent of residents in Salem County are uninsured, which represents about the average among the three counties and the state. However, vulnerable populations in Salem County (e.g. the disabled, children, and the elderly) have the lowest uninsured rates when compared to vulnerable populations in peer counties and the state.

Maternal & Child Health Statistics

- Salem County has a lower percentage of low birth weight infants (8.0%) and preterm births (7.9%) when compared to peer counties and the state. The percentage of preterm births also exceeds the Healthy People 2020 goal of 11.4%.

Sexually Transmitted Infection & Communicable Disease Statistics

- Salem County has notably fewer cases of chlamydia, gonorrhea, and primary and secondary syphilis when compared to Gloucester and Cumberland counties. In addition, the number of chlamydia cases in Salem County has trended downwards since 2009.
- Salem County did not have any cases of tuberculosis in 2013.
- Salem County has a lower HIV/AIDS prevalence rate per 100,000 (258.5) when compared to Cumberland County (380.3) and New Jersey (423.2).

Cancer Statistics

- Salem County has a lower incidence rate per age-adjusted 100,000 for colorectal cancer and lung & bronchus cancer when compared to Gloucester and Cumberland counties.

Crime Statistics

- Salem County has the lowest total crime index (25.8) among the three counties. However, it is higher than the state overall (23.4).

Areas of Opportunity

Population Statistics

- Salem and Cumberland counties have the highest percentage of disabled residents (approximately 17%) when compared to Gloucester County (13.6%) and the state (10.6%).

Household Statistics

- Approximately 58% of renters in Salem County spend more than 30% of their income on rent, which represents about the average when compared to Cumberland and Gloucester counties and the state. However, the percentage still translates to more than half of renters in the county and households that spend more than 30% of their income on housing are at risk for financial hardship.
- Salem County has a larger proportion of grandparents who are responsible for grandchildren (45.4%) than Cumberland County (32.1%), Gloucester County (33.1%), and New Jersey (26.2%).
- Salem County has a higher proportion of single-female households (14.2%) and single-parent households (38.7%) when compared to both Gloucester County (12.9% and 26.4% respectively) and the state (13.4% and 27.1% respectively).

Income Statistics

- The proportion of individuals and families living in poverty is higher in Salem County (12.4% and 10.0% respectively) than in Gloucester County (8.1%; 5.8%) and the state (10.4%; 7.9%).
- A higher proportion of residents in Salem County receive food stamp/SNAP benefits (11.0%) when compared to Gloucester County (7.1%) and New Jersey (7.8%).
- Residents in Salem County have higher access to grocery stores; however, 19.1% of children are food insecure and 13.9% of all residents are food insecure.

Education Statistics

- Residents aged 25 years and over in Salem County are less likely to have graduated from high school (86.0%) and to have attained a bachelor's degree or higher (20.4%) when compared to Gloucester County (90.9%; 28.4%) and the state (88.1%; 35.8%).
- The proportion of students who passed State Achievement Tests is lower in Salem County when compared to Gloucester County and New Jersey.

Mortality Statistics

- The age-adjusted mortality rate per 100,000 is higher in Salem County (885.8) when compared to Cumberland County (839.3), Gloucester County (765.8), and the state (685.4).
- The top five causes of death in Salem County are heart disease, cancer, chronic lower respiratory disease, stroke, and accidents.
- The death rates due to cancer, chronic lower respiratory disease, stroke, and accidents are higher in Salem County when compared to both Cumberland and Gloucester counties and New Jersey. The death rates due to stroke and accidents are of particular concern, as the figures are notably higher in Salem County than in the other counties and the state.
- Salem County has the lowest life expectancy in years for males (73.4) when compared to Gloucester County (75.9) and Cumberland County (74.4). In addition, the life expectancy for females is lower in both Salem and Cumberland counties (79.4 and 79.1 respectively) when compared to Gloucester County (80.6).

Maternal & Child Health Statistics

- The birth rate per 1,000 females aged 15 to 17 years is higher in Salem County (18.9) than in Gloucester County (6.2) and the state (8.7).
- The percentage of Salem County mothers who started prenatal care in the first trimester (70.3%) is lower when compared to Cumberland (71.4%) and Gloucester (81.4%) counties and the state (78.6%). It also does not meet the Healthy People 2020 goal of 77.9%.
- The infant mortality rate per 1,000 live births is highest in Salem and Cumberland counties (8.4 and 9.5 respectively) when compared to Gloucester County (4.0) and the state (5.1).

Mental Health & Substance Abuse Statistics

- The suicide rate per 100,000 is higher in Salem County (11.2) when compared to Cumberland (8.4) and Gloucester (8.3) Counties, the state (7.3), and the Healthy People 2020 goal of 10.2.
- Salem County has a higher percentage of treatment admission for Marijuana/Hashish (20.2%) and other opiates (15.1%) when compared to Cumberland and Gloucester counties.

Cancer Statistics

- The overall cancer incidence rate per 100,000 is higher in Salem County (523.3) than in Cumberland County (506.5) and the state (492.5). In addition, Salem County has higher incidence rates for oral, cervical, and prostate cancer.
- Residents of Salem County are also more likely to die from cancer when compared to residents in Cumberland and Gloucester Counties and across the state. The death rate due to cancer per age-adjusted 100,000 is 205.6 in Salem County compared to 195.2 in Cumberland County, 201.7 in Gloucester County, 203.7 in the state, and the Healthy People 2020 goal of 161.4. Cancer mortality rates are higher in Salem County in comparison to peer counties and the state for female breast, colorectal, and prostate cancer.

Chronic Conditions among Medicare Beneficiaries

- The most common chronic conditions among Medicare beneficiaries in Salem County are hypertension, hyperlipidemia, ischemic heart disease, diabetes, and ischemic heart disease.

County Health Rankings

- Salem County received poor rankings for health outcomes and mortality (18 of 21 and 20 of 21 respectively). The rankings are a result of higher rates of premature death and child mortality.
- Salem County adults have higher rates of poor or fair overall health status, poor physical health, and poor mental health, particularly when compared to Gloucester County and state averages.
- Salem County received poor rankings for health factors and behaviors (20 of 21). Adults in Salem County are more likely to smoke, be physically inactive, be obese, and die due to alcohol-impaired driving.
- Salem County received a poor ranking for clinical care (20 of 21). Several factors contributed to the rank including the provider to population ratio for primary care physicians, dentists, and mental health providers and the rate of preventable hospital stays.

Environmental Health Statistics

- Salem County has a notably higher amount of recognized carcinogens and persistent, bioaccumulative, and toxic chemicals released (37,668lb and 14,468 respectively) when compared to Cumberland County (729lb; 1,964lbs) and Gloucester County (27,947lb; 7,386lb).

Crime Statistics

- The child abuse rate per 1,000 children is highest in Salem County (9.4) when compared to Cumberland County (8.2) and Gloucester County (6.9)

Areas of Difference

Population Statistics

- Salem County experienced a decline in population between 2000 and 2013 (-1.4%) when compared to Cumberland County (0.3%), Gloucester County (0.7%), and New Jersey (1.2%).
- Salem County has a notably larger older adult population when compared to the other counties and New Jersey, as evidenced by the median age (41.1 years) and the percent of residents age 65 years and older (15.6%).
- The percentage of people who speak a language other than English at home is lower in Salem County (7.2%) when compared to Cumberland and Gloucester counties (25.3% and 8.6% respectively) and the state (30.0%).

Household Statistics

- Salem County has a smaller average household size (2.58) and family size (3.15) when compared to Cumberland County (2.86 and 3.41 respectively), Gloucester County (2.73 and 3.22 respectively), and the state (2.71 and 3.29 respectively).

KEY INFORMANT INTERVIEWS

Background

Key informants were interviewed to gather a combination of quantitative and qualitative feedback through open-ended questions. Key informants were defined as community stakeholders with expert knowledge and included public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, county government, and other community leaders. A full listing of key informants and their affiliated organizations can be found in Appendix B.

Holleran staff worked with Inspira Health Network to identify key informant participants and develop the key informant survey. A total of 28 key informants completed the survey between January and March, 2015. The survey assessed the most pressing issues in the community, barriers to accessing health care, the impact of social determinants of health, how to best address wellness in the community, resources and wellness programs in the community, and underserved populations. A copy of the survey tool can be found in Appendix C.

It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives within Salem County.

Key Informant Study Findings

Demographics

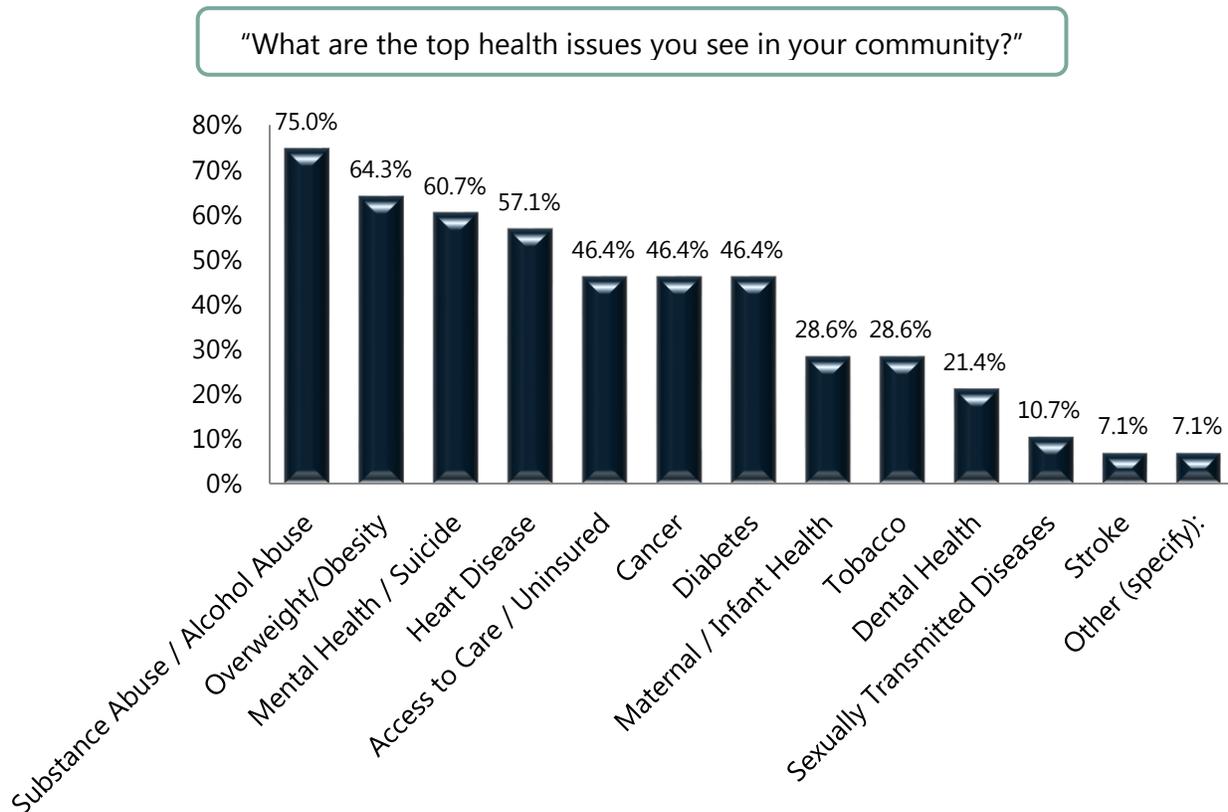
Respondents were asked to provide their gender, race, and community affiliation. The key informants were mostly female (71.4%) and White (92.9%). The largest percentage of informants were affiliated with Non-Profit/Social Services/Aging Services (25.0%), followed by Health Care/Public Health Organizations and Education/Youth Services (17.9%). The following table further depicts participants' community affiliations. The "Other" affiliation included the solid waste division.

Community Affiliation	%
Non-Profit/Social Services/Aging Services	25.0%
Health Care/Public Health Organization	17.9%
Education/Youth Services	17.9%
Government/Housing/Transportation Sector	10.7%
Business Sector	10.7%
Community Member	7.1%
Mental/Behavioral Health Organization	3.6%
Faith-Based/Cultural Organization	3.6%
Other	3.6%

Key Health Issues

Key informants were asked to rank the five most pressing health-related issues in Salem County from a list of 13 focus areas identified in the survey. As depicted in the figure below, the health issues ranked most consistently as the top five included:

- Substance Abuse/Alcohol Abuse
- Overweight/Obesity
- Mental Health/Suicide
- Heart Disease
- Access to Care/Uninsured



Respondents were also asked of those health issues mentioned, which one issue is the most significant. The table below depicts the results, including a summary of the number of times an issue was mentioned and the percentage of respondents who rated the issue as being the most significant in the community. Overweight/Obesity was ranked as the most significant health issue in the community, followed by substance abuse/alcohol abuse.

Ranking of the Most Pressing Key Health Issues

Rank	Key Health Issue	Count	Percent of Respondents Who Selected The Issue	Percent of Respondents Who Selected the Issue as The Most Significant
1	Substance Abuse/Alcohol Abuse	21	75.0%	25.0%
2	Overweight/Obesity	18	64.3%	32.1%
3	Mental Health/Suicide	17	60.7%	7.1%
4	Heart Disease	16	57.1%	0.0%
5	Access to Care/Uninsured	13	46.4%	17.9%
6	Cancer	13	46.4%	10.7%
7	Diabetes	13	46.4%	3.6%
8	Maternal/Infant Health	8	28.6%	0.0%
9	Tobacco	8	28.6%	0.0%
10	Dental Health	6	21.4%	0.0%
11	Sexually Transmitted Diseases	3	10.7%	0.0%
12	Stroke	2	7.1%	0.0%
13	Other (specify):	2	7.1%	3.6%

Health Care Access

Respondents rated the ability of local residents to access health care services such as primary care providers, medical specialists, dentists, transportation, and Medicaid and Medical Assistance providers. Key informants were asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). According to key informants, Salem County residents are least able to access mental/behavioral health providers, transportation for medical appointments, and bilingual providers.

“On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access.”

Factor	Mean Score	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed	3.21	Neither Agree nor Disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.71	Neither Agree nor Disagree
Residents are able to access a dentist when needed.	2.82	Neither Agree nor Disagree
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area	2.64	Neither Agree nor Disagree
There is a sufficient number of bilingual providers in the area	2.43	Disagree
There is a sufficient number of mental/behavioral health providers in the area	2.04	Disagree
Transportation for medical appointments is available to area residents when needed	2.29	Disagree

Barriers to Health Care Access

After rating health care access service issues facing Salem County, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The top four barriers that were selected most frequently included:

- Inability to Pay Out-of-Pocket Expenses (Co-pays, prescriptions, etc.)
- Lack of Transportation
- Inability to Navigate Health Care System
- Lack of Health Insurance Coverage

The “Other” response given by a key informant mentioned residents’ lack of apathy about their own health.

The table below depicts the results for health care access barriers, including a summary of the number of times a barrier was mentioned and the percentage of respondents who rated the barrier as being the most significant in the community. The inability to pay out of pocket expenses was ranked as the most significant barrier in the community, followed by the inability to navigate the health care system, availability of providers/appointments, and basic needs not met (Food/Shelter).

Ranking of Barriers to Health Care Access

Rank	Barrier to Health Care Access	Count	Percent of Respondents Who Selected The Barrier	Percent of Respondents Who Selected The Barrier as The Most Significant
1	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	24	85.7%	32.1%
2	Lack of Transportation	23	82.1%	7.1%
3	Inability to Navigate Health Care System	14	50.0%	14.3%
4	Lack of Health Insurance Coverage	14	50.0%	10.7%
5	Availability of Providers/ Appointments	13	46.4%	14.3%
6	Basic Needs Not Met (Food/Shelter)	12	42.9%	14.3%
7	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	9	32.1%	7.1%
8	Lack of Trust	6	21.4%	0.0%
9	Language/Cultural Barriers	5	17.9%	0.0%
10	Lack of Child Care	4	14.3%	0.0%
11	Other (specify):	1	3.6%	0.0%
12	None/No Barriers	0	0.0%	0.0%

Key informants also shared additional information regarding barriers to health care access. Their responses are summarized below.

Additional Information Regarding Barriers to Health Care:

- “Cumberland and Salem seem to be having the most issues.”
- “For individuals with low paying jobs it is difficult to get time off from work to access health care services. Additionally, they often experience long wait times when they can get appointments after work because offices are trying to accommodate as many clients as possible.”
- “Majority of inmates incarcerated at the Correctional Facility do not have Health Insurance, nor do they have the ability or desire to pay out-of-pocket expenses.”
- “Poor lower socioeconomic area.”
- “Wait lists for mental health appointments and treatment are a big issue in Salem County.”

Underserved Populations

Informants were asked whether they think there are specific populations that are not being adequately served by local health services. Approximately 68% of respondents in Salem County indicated there are underserved populations in the community. The most underserved populations according to these respondents included:

- Low income/Poor
- Uninsured/Underinsured
- Immigrant/Refugee

The following table depicts the percentage of respondents who selected a population as underserved, in rank order. “Other” populations included the working poor and Medicaid recipients seeking mental health services.

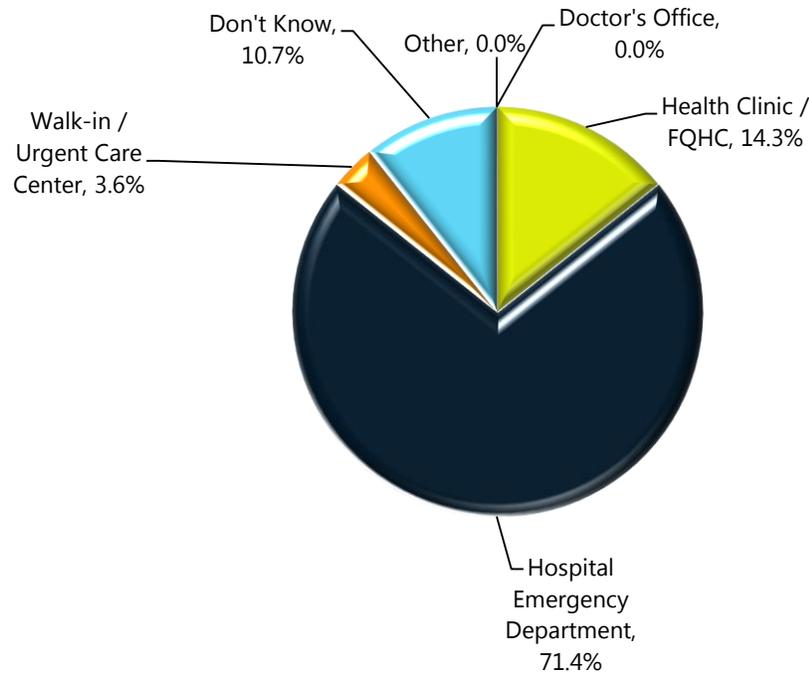
Ranking of Underserved Populations

	Underserved population	Number of Respondents Selecting The population	Percent of Respondents who Selected The Population
1	Low income/Poor	14	73.7%
2	Uninsured/Underinsured	11	57.9%
3	Immigrant/Refugee	8	42.1%
4	Children/Youth	7	36.8%
5	Homeless	7	36.8%
6	Black/African American	6	31.6%
7	Disabled	6	31.6%
8	Seniors/Aging/Elderly	5	26.3%
9	Hispanic/Latino	4	21.1%
10	Young Adults	4	21.1%
11	Other	3	15.8%
12	None	0	0.0%

Health Care for Uninsured/Underinsured

Key informants were asked to identify where uninsured/underinsured individuals go to access health care. The majority of respondents (71.4%) indicated the Hospital Emergency Department as a primary place where uninsured or underinsured individuals go when they are in need of medical care. Key informant opinions regarding this issue are summarized in the figure below.

“In general, where do you think most uninsured and underinsured individuals living in the area go when they are in need of a medical care?”



Key informants also shared additional opinions regarding uninsured/underinsured individuals and underserved populations.

Additional Information Regarding Uninsured/Underinsured Individuals & Underserved Populations:

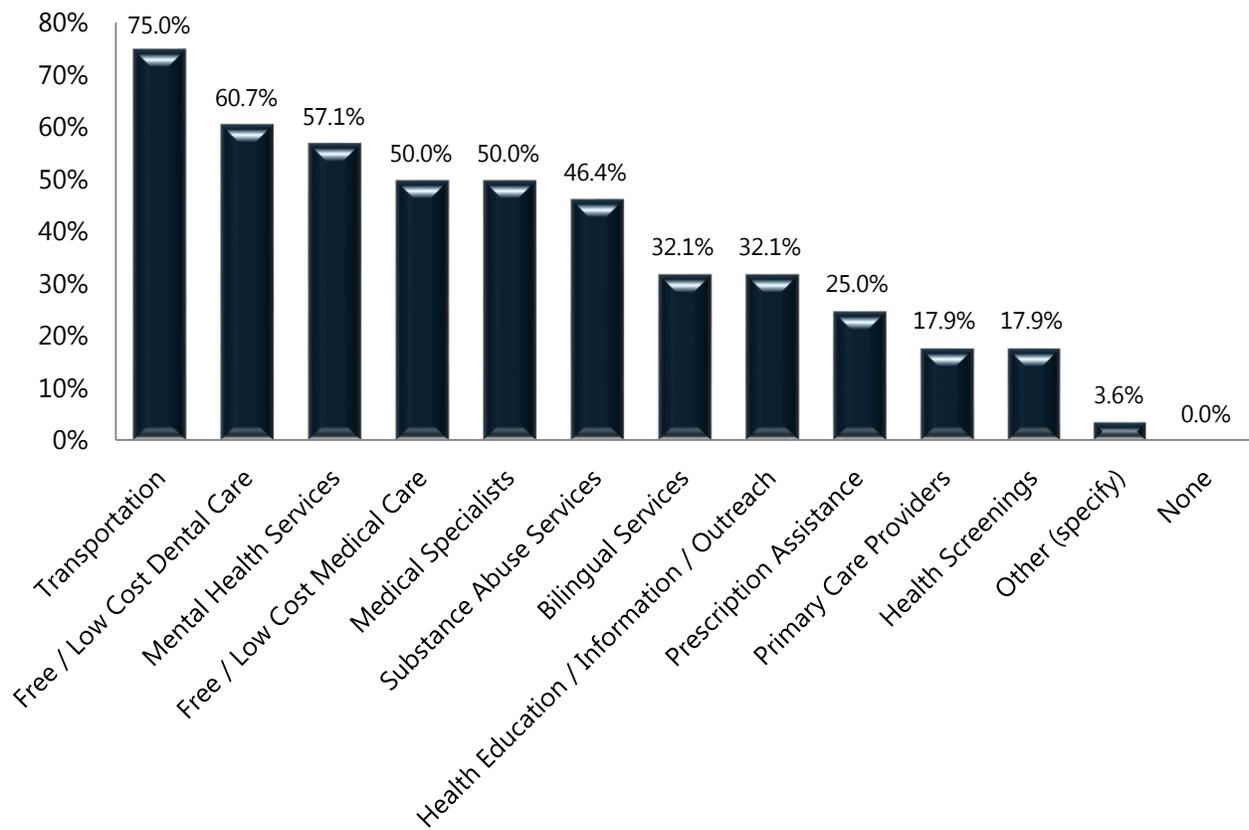
- “Cumberland and Salem have more issues than Gloucester County.”
- “Many of the surrounding practices do not accept Medicaid, especially the practices tied to not-for-profit hospitals like Inspira.”

Resources Needed to Improve Access

Respondents were asked to identify key resources or services that are needed to improve access to health care for residents in the community. As depicted in the figure below, the most needed resources to improve access to health care included:

- Transportation
- Free/Low Cost Dental Care
- Mental Health Services

The “Other” response a key informant provided included informal and peer support services.



Challenges and Solutions

Respondents were asked, “What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?” Key informants identified a variety of prominent issues in their community, primarily related to lack of education, lack of resources in the community, and lack of financial support to promote healthy living. In regards to education, informants stated that residents lack knowledge of what it means to be healthy. They also stated there is a lack of resources in the

“Many residents are living in crisis mode that prevents them from thinking of their futures.”

community to support healthy living. These resources included healthy food outlets, affordable recreation options, routine preventative care, and health education and promotion programming. Residents also lack the financial resources to afford healthier food and recreation options. As one informant stated, residents are in crisis mode and not thinking about their future health.

Select Comments Regarding Challenges People in the Community Face in Trying to Maintain Healthy Lifestyles:

- “Ability to purchase fresh foods at a lower cost is a major obstacle. Chronic conditions: more community-wide education is needed; more than given at physician's office.”
- “Access to routine preventive health care is number one. Additionally, access to fresh fruits and vegetables is another. Lack of an expansive transportation system impacts the ability to shop at supermarkets and get to appointments.”
- “Exercising for those who cannot afford gym memberships is difficult since the area is rural and there are not many places for walking safely (parks, walking trails etc.) throughout the county.”
- “Having grocery stores that carry fresh fruits and vegetables at “reasonable prices”. Limited resources encourage people to eat pasta and fast food.”
- “If you refer to Maslow hierarchy of needs many people in our community don't have their basic needs met which prevent them from maintaining a healthy lifestyle. Many have mental health issues and the resources in our community are not meeting those needs.”
- “Lack of strong community supports to help maintain healthy habits, such as support groups, peer support and other informal supports.”
- “Lack of supportive activities and events (like free classes) that encourage good habits. The local Health and Wellness FDTN did not support enough programs of this nature.”
- “Lack of understanding of healthy nutrition. Higher cost and more difficulty in finding healthy meals.”
- “Limited financially- cost of fresh foods prohibitive to family budgets. Limited to no access to healthy foods and activities/exercise for children (YMCA, playgrounds/youth centers).”
- “Little understanding of nutrition and food preparation. Lack of ability to pay or access to fitness facilities. Lack of access to transportation.”
- “Many mid-to-low income people do not have the financial resources to pay for gym facilities or equipment to assist with exercising. The same population seems to have a higher incidence of obesity and other chronic conditions. Obesity is the result of malnourishment from poor eating habits and lack of exercise or general movement. Frequently, that population does not have an understanding of what foods are best to consume and don't relate the quantity of food consumed to their health issues. Some are addicted to certain foods as a method of reward.”
- “Many residents are living in “crisis mode” that prevents them from thinking of their futures. This affects their mental and physical health in many ways. Depression and substance abuse are common in families living in poverty. We need to address the root causes of these symptoms and focus on the development of healthy coping mechanisms.”

Next, key informants were asked, “What’s being done well in the community in terms of health and quality of life?” Informants shared that many of the local health care providers and non-profit organizations are providing health services and health promotion activities. There is a greater emphasis on health awareness and prevention in the community. However, informants stated there is greater

need for collaboration and communication among providers. The following text box highlights select feedback given by respondents.

Select Comments Regarding What's being Done Well in the Community:

- "Community screenings are being provided by various agencies. Uninsured are able to obtain health coverage because of ACA. Our local social service agency is busting at the seams. Discount prescriptions are available if needed; people need to know how to access."
- "Education and outreach for various populations regarding many different health issues are conducted or sponsored by the Health Department, Office on Aging, Salem County Health and Wellness Foundation and others. There is a strong information and referral system among agencies when health related problems become known in an effort to address individual needs or in response to overall health issues."
- "Growth in urgent care facilities and expansion of hospital expertise and services."
- "I believe the small nonprofits like United Way of Salem and Meals on Wheels are working well."
- "More health promotion and awareness than previously. Greater availability of screenings. Access to primary care is good."
- "Salem County overall has some very nice recreation areas with walking paths and playing fields to encourage physical activity."
- "Some non-profit organizations and County agencies are implementing programs to assist with healthier lifestyles, providing reduced rates for exercise facilities, education and food assistance. However, the amount being invested in the programs is not sufficient to impact a large population in need. Local health care systems/hospitals seem to have some wellness programs to assist people with chronic illness but they are not long-term, usually based on episodes of care."
- "There are many different organizations doing great things but there is a disconnect between them and a lack of communication."
- "I think local towns have physical locations where residents would take advantage of good programs but there is no organization spearheading any sustained program targeted to achieve results."
- "There is some collaboration in the health field but not enough."

Key informants were then asked to provide suggestions or recommendations to improve health and quality of life in their community.

Suggestions/Recommendations:

- "Continued development of low cost health care programs, urgent care centers. Also needed is affordable mental health programs for adults and youth and affordable Substance use treatment."
- "The County needs more health care education and transportation services."
- "The mental health services are deplorable. When folks seek help from Healthcare Commons they are put on a 6 month waiting list."

- “Develop a community coalition that addresses the needs in a holistic way with a larger level of funding to achieve impact across the County. This would involve healthcare systems/hospitals, non-profit agencies serving specific populations and/or providing services already to the populations and expanding their role. Evaluation of impact on a regular basis with adjustment to programs as needed.”
- “Encourage the Department of Health and the School systems to partner for screenings regarding STDs. Salem is 18th out of 21 counties with the highest STD rates. Schools are reluctant to allow us to screen children. Philadelphia has a wonderful screening program. We should learn from them!”
- “Look to build stronger community support networks for individuals struggling with chronic health conditions to support healthy behavior and avoid co-morbid mental health conditions such as depression and anxiety, that hinder wellness and health maintenance.”
- “More partnership/collaborations across organizations. The hospital systems as the 5,000 lb gorillas should be working more at supporting other community-based organizations rather than taking action(s) that may inadvertently be putting them out of business.”
- “There is a lack of transportation. The only medical transportation service is limited to the elderly and/or the disabled and those services now have a cost associated with them. We are lacking in resources for preventative care for young to middle aged adults. Programs that connect individuals to health resources while they are accessing other services may be effective in reaching those who are lacking in medical care or knowledge.”
- “To improve the quality of health in our community we need more community centers that are accessible and affordable. Incentives seem to work well with our population.”
- “Treatment for mental health issues and substance abuse are two areas that need additional resources. Working on a systemic approach to reduce teen pregnancy throughout the county is also an important need.”
- “We should offer more fitness/healthy lifestyle programming for children and young adults. Increased transportation services.”

Lastly, key informants were asked to share any additional comments.

General/Additional Comments:

- “Whatever you can do on any level will be a step in the right direction. Poor nutrition and lack of exercise are issues at the top of your “to do” list.”
- “Thank you for asking these questions! I want to be part of the solution and help in anyway I can.”
- “Salem County need community out-reach programs related to healthcare and mental health conditions.”
- “I think a comprehensive resource that can be accessed from the internet listing service providers, type of care provided, and associated costs for Cumberland, Gloucester, and Salem counties would help community members know where they can get services.”

FOCUS GROUPS

Background

Focus groups were conducted among Salem County health and social service providers to gather qualitative feedback regarding access to care, key health issues, and health education and communication. The focus groups were conducted on April 13, 2015 at two locations. The first focus group was conducted at the Salem Health & Wellness Foundation in Penns Grove with 10 representatives from the community. The second focus group was conducted at the Salem County Family Success Center in Salem with four representatives from the community. Both of the focus groups were conducted for approximately 90 minutes.

Holleran created the discussion guide in consultation with Inspira Health Network. The discussion guide consisted of 12 questions designed to elicit responses and group discussion around the chosen health topics. A copy of the tool can be found in Appendix D.

It is important to note that the results reflect the perceptions of some community members, but may not necessarily represent all community perspectives within Salem County.

Focus Group Study Findings

Summary of Findings

Participants from both focus groups were engaging and not shy in sharing their opinions. They offered different perspectives of the community related to access to care, key health issues, and health education and communication. Salem County residents struggle to access care due to transportation, language, lack of providers, lack of awareness of services, and cost. Participants noted that even residents with insurance often use the emergency room for primary care due to a lack of providers in the area and a lack of convenient primary care appointment times. In regards to awareness, participants stated that even providers are not fully aware of all of the available services in the community. They suggested establishing a coalition of health care providers that meets regularly and shares information regarding health initiatives and services. In regards to cost, participants noted that many residents struggle to pay copays and prescription fees, but residents in Salem City and Penns Grove are the most effected. Participants also acknowledged several groups in the community who struggle the most to receive care. These groups include undocumented Hispanics/Latinos and transient families.

A number of major health issues were identified within the community. Many of the issues related to chronic conditions brought on by overweight/obesity. Additional health issues included mental health and substance abuse, adolescent health, and lead poisoning. Factors that contribute to overweight/obesity are lack of access to healthy foods and affordable areas for physical activity. Factors that contribute to poor mental health and substance abuse in the community are a lack of access to medical providers and socioeconomic indicators like poverty. Participants recommended that the county promote the Mental Health First Aid Course to both reduce the stigma surrounding mental health and provide more local resources. In regards to adolescent health, participants shared that youth in the county are risk-takers. As a result, STDs, drug use, and teenage pregnancy rates are high. Lead poisoning among children is an issue in the county due to older housing and late testing.

Participants were in agreement that residents in the community are not fully aware of the health care services and options that are available to them. Participants made a number of recommendations to increase awareness of services. These recommendations included placing resource guides in strategic, central locations, hosting after school meetings with parents and students, developing an app similar to Gloucester County's Heart of Gloucester County app, and developing community advocates and liaisons among older adults and grandparents. In regards to specific programs that are needed in the community, participants listed topics related to substance abuse, home-bound seniors, health access/awareness, and overweight/obesity.

Access to Care

Did the individuals you serve have difficulty obtaining health care services in the past few years? If yes, what are the reasons?

The participants shared that members of the community experience a number of difficulties obtaining health care services. The most frequently stated barriers included transportation, language, lack of awareness of services in the area, and cost. In regards to transportation, participants shared there is a lack of public transportation options in the county. One participant stated that even if residents can secure a ride to their appointment through the hospital, they are responsible for arranging their own transportation to get home. The challenge of finding transportation often forces residents to cancel appointments and not receive care.

Language is an issue in the county as there are not enough bilingual staff working in the health and social service fields. Participants shared that Spanish-speaking patients in particular wait longer for appointments with bilingual staff and are often not completely understood. There are also cultural competency issues among bicultural patients. They do not feel comfortable talking to providers about sensitive issues like mammogram screenings.

There is a general lack of awareness of services in the county. A number of health-related initiatives are taking place in the county, but the information regarding these initiatives is disjointed and the messaging is not consistent. Participants shared that even providers are not fully aware of all the available services. Participants suggested establishing a coalition of health care providers that meets regularly and shares information regarding health initiatives and services. However, participants shared that residents also need to take the initiative to understand services in the area. Many residents only address issues when they become urgent. Once the episode passes, they don't follow up with appointments or care.

The cost to obtain health care, particularly related to copays and prescriptions, was cited as a barrier for Salem County residents. Residents struggle to find the money to refill their prescriptions and are not able to take advantage of cheaper alternatives. For example, one participant shared that insulin is sold at a much lower cost on Amazon and other online platforms, but patients don't always have sufficient access to computers and the internet or are not aware of these options. Participants cited residents in

Salem City and Penns Grove as having the most depressed economies and therefore the most trouble with financial barriers.

Residents in Salem County struggle to access dental care, eye care, mental health care, and maternal and child health care, in particular. Participants shared, "No one gets dental care unless you are able to pay cash and not many people in this county can afford to pay cash for dental treatments." Residents who do have dental insurance also struggle to receive services because of a lack of providers in the area. Residents experience the same financial barriers when accessing eye care. The county offers a free eye screening service to residents; however, the service is under-utilized because as stated previously, residents are not aware of the service. The need for mental health and maternal and child health care is increasingly prevalent in the county, but participants shared there are no providers in the area to serve these individuals. In regards to maternal and child health care, many residents travel to Cooper Health System for services.

Where do the individuals you serve usually get health care when they need it? Why?

Participants responded that the insured primarily use clinics or private physicians and the uninsured use the FQHC or the emergency room. However, even insured residents use the emergency room for primary care due to a lack of providers in the area and a lack of convenient primary care appointment times. Participants shared that the elderly are the most likely to access care through their primary care physician; however, even the elderly do not access care as often as they should due to a lack of providers in the area. In regards to primary care appointment times, participants stated that offices need to have extended hours to accommodate work and school schedules. One participant stated, "If there's a single mom, by the time she gets off work and picks up her kids from daycare, the office will be closed. They need to be able to accommodate people's needs."

Participants were asked to comment on the use of a digital platform to access health care. The platform would be used to schedule appointments, view emergency room wait times, view physician listings, etc. Participants were interested by the concept of the platform, but they need more information about it as they have not been exposed to it in the past. Participants also expressed barriers to implementing the platform, specific to Salem County. Many of the clients the participants serve do not have computers at home or do not know how to navigate the internet or the health care system. Another barrier is that clients don't always prepare for a health issue so they may not be aware of the service until they absolutely need it. A few participants suggested a phone system or a health app as an alternative platform. However, participants stated that if a phone system is put in place, it needs to be better managed than some of the hotline services in the area. Clients are frustrated by hotline services because they are redirected to multiple locations, are put on hold for extended periods, and do not always get in contact with an individual who can assist them.

If you had one suggestion on how to improve access to care for uninsured or underinsured individuals in the community, what would that be?

Participants noted a number of barriers to improving access to care for uninsured and underinsured individuals. The barriers included lack of insurance options for undocumented Latinos/Hispanics in the

community, parents and children who are transient, and confusion regarding the health insurance exchange. In regards to transient families, participants shared that some parents in the community have seasonal jobs and their family's insurance eligibility status changes regularly. The community needs to find a way to ensure the children of these families maintain eligibility. In regards to the health exchange, participants shared that the system is confusion and often overwhelming with the amount of available options. Residents often resort to just "picking one" and they don't necessarily know what kind of insurance coverage they have. One participant shared that the mindset of some residents is that, "As long as I have a [insurance] card, I'm good." Participants also shared that some residents would rather pay a penalty for not having insurance than purchase insurance through the exchange. These residents have the mindset of "don't use it, don't pay for it."

In addition, participants offered a number of recommendations to improve access to care for uninsured and underinsured individuals in the community. The recommendations included:

1. Establishing urgent care centers in the community. There are currently no urgent care centers in Salem County. As a result, individuals who are not insured utilize the emergency room. Participants emphasized that these urgent care centers need to accept Medicaid patients.
2. Providing more resources to the Federally Qualified Health Center (FQHC). Participants shared that residents do not want to use the FQHC because it is overwhelmed and "it takes forever to get in."
3. Establishing a system similar to NJ211 specific to insurance-related questions and navigating the health exchange. Participants also recommended creating an "interpretive statement" or the layman's translation of difficult government jargon.

Health Issues

Focusing on specific health issues, what would you say are the biggest health problems in the community?

Participants named a number of health problems present within the community. In particular, they named chronic conditions like diabetes and hypertension and anything else that goes along with unhealthy eating. The participants also elaborated on the following health issues in the community:

1. Mental Health: Healthcare Commons is the only provider of mental health services in the area and it can take months to get an appointment. Participants shared that they are "stuck" trying to keep their patients from abusing drugs and meeting basic needs like nutrition, while they wait for an appointment. Substance abuse is highly prevalent in the area, especially among people with mental health issues. High unemployment rates and poverty levels were thought to contribute to the prevalence of mental health and substance abuse issues in the community.

2. Women's Health: Participants shared that access to women's health is very difficult in the community. There are no OB/GYN services in the immediate area.
3. Adolescent Health: Participants shared that adolescents in the community are risk-takers and as a result, STDs, drug use, and teen pregnancy rates are high. In regards to risk-taking, one participant stated, "They don't want to use condoms" and "It's in the heat of the moment. They don't see the consequences." Participants thought that if future goals meant more to adolescents, it might make an impact on their actions. They also thought increased risk-taking was a product of culture changes. For example, teen pregnancy is not as stigmatized or "looked down upon" as it was in the past.
4. Lead: Participants feel children in Salem County are not tested for lead poisoning at an early enough age, especially given that many of them are living in households with potentially high levels of lead. Participants shared that there is a knowledge gap among parents and schools are assessing the situation too late. Schools address lead exposure when kids enter at the age of five years, but at that point, they may have been exposed for years. Participants suggested that all children be tested by the age of one year.
5. Accidents: Many of the youth in Salem County are involved in motor vehicle and other accidents. Participants contributed this issue in part to their abuse of prescription drugs. They also expressed concerns that even after accidents occur, youth are not being followed up with to address their prescription drug problem.

In your opinion, are overweight and obesity issues a problem in Salem County? Why?

Thirty percent of Salem County residents are overweight or obese. Participants shared that the contributing factors to this issue are access to healthy foods and physical activity opportunities. Participants shared that residents either cannot afford to purchase healthy foods, hold the perception that healthy foods are more expensive, or they do not know how to prepare them. In addition, access to food in general is limited in the county. There is a lack of grocery stores in the community so prices are often "jacked up." In addition, the food is not always fresh because there are not a lot of partnerships between the local farms and stores. Salem County has a lot of farmland, but not a lot of fresh accessible food. However, fast food options are overly abundant.

Participants noted a number of resources for improving healthy food access in the county. They cited Bushels of Blessings and Philabundance as sources for healthy foods. They also cited a partnership between Salem High School, United Way, and South Jersey Food Bank to provide vegetable preparation courses for adolescents and parents. The program is in its second year and has been successful. Participants also made the recommendations to create a community recipe book or "recipe of the week" to instruct residents on how to cook healthy foods and expand the current community gardens into other parts of the county.

In regards to physical activity, participants shared there are not enough fitness facilities or public parks. In addition, not all residents can afford to register for the fitness facilities that are available. One

participant shared that the Campbell Center is available, but residents have to pay. She stated, "Even if it's only \$3 a day for the kids to go play basketball, if you have three kids, that's \$9. People can't afford it." The schools have pleasant exercise grounds, but the community is not allowed to be on school grounds after hours.

In your opinion, are mental health and behavioral health issues a problem in Salem County? Why?

As stated previously, mental health is a serious issue in Salem County. One participant stated, "It mostly has to do with prescription drug and substance abuse. Patients need more access to mental health providers." Participants shared that there is only one mental health center and a lack of psychiatry in the county. The hospital offers a screening program, but no additional services. However, there is also a stigma regarding mental health issues and seeking services. One participant stated, "If you have diabetes, you're getting help. If you have anxiety, you're not talking to anybody." In particular, parents are hesitant to acknowledge their kids are struggling with mental health issues and do not always seek care for them.

Other participants stated that mental health is a factor of socioeconomic issues like unemployment, deterioration of education, and the cycle of poverty in the county. In Salem City, there are no longer working class jobs. Factories have closed and there are so few options that residents are left trying to survive on minimum wage jobs. Participants shared that one of the reasons industry does not prosper in the area is that the education base cannot support businesses. One participant stated, "The people who are educated, are educated to leave. There are no resources to draw businesses."

Participants made two suggestions for addressing mental health in the county. The first was the promotion of Mental Health First Aid courses. The course can be offered to youth and adults and is gaining traction across the country. Salem County could emphasize this course to both fight stigma and provide more local services. The second suggestion was to enlist the help of primary care providers to identify mental health issues and act as a gateway to services. Participants would like to see them adopt an open-door policy and not be viewed as a clinical setting that's uncomfortable.

In your opinion, are prescription drug abuse and heroin use a problem in Salem County? Why?

Participants stated that prescription drug abuse and heroin use are definitely issues in the county. Several key contributors that were already mentioned include the socioeconomic profile of the county and the lack of resources to combat the issues. Participants shared that poverty levels and unemployment rates are high. They also shared that there is a lack of health care providers, especially mental health providers, in the area. The community currently has SOVAT and DAYTOP to combat the issues and provide therapy, but it needs more outpatient clinics.

In addition, participants shared that prescriptions are very accessible to kids; they are selling them to each other. Among vulnerable kids it's leading to "harder" drug use and more long-term problems. Participants shared that there needs to be more opportunity to dispose of medications properly. Residents cannot be relied upon to do it themselves at one or two locations. Lastly, participants shared that New Jersey is an access point for drugs so harder drugs like heroin are also more accessible and are

available at a higher strength and purity. Participants shared that residents can get a bag of heroin for \$8.

Health Education/Communication

Do you feel that people in the community are fully aware of the health care services/options that are available to them? Why? Why not?

Participants shared in prior comments that people in the community are not fully aware of the health care services/options available to them. As stated before, participants feel the information regarding services is disjointed and the messaging is not consistent. Even residents with insurance struggle to find providers, access services, and ensure payment for services. In addition, residents are not actively seeking the information. To address this issue, participants provided several recommendations:

1. Provide resources guides in community gathering places such as churches and bus stops.
2. Make the information available to kids in school in the form of flyers or pamphlets that are then sent home to parents. However, participants did express concern that the information sent home with kids does not always reach the parents.
3. Host after school meetings with parents and students. One participant shared that a woman from St. John's Church comes to the school to talk to students about accessing Medicaid if they are 18 years or older. Another participant recommended hosting health vendors at back-to-school nights to "get people where they are."
4. Develop a system similar to Gloucester County's app, Heart of Gloucester County. The app is used by emergency first responders to identify current providers in the area by health issue.
5. Host wellness events or fairs in the community versus trying to educate residents in a formal classroom/training room setting.
6. Work with community advocates, specifically older adults, who are more aware of resources to be liaisons and information distribution points. Participants felt that grandparents in particular are more likely to keep track of information and be a hub for resources. An effort to engage grandparents would also serve as a volunteer opportunity and connection point for an often isolated population. One participant gave the example of an older adult who supported mental health by volunteering as a phone operator and coordinating transportation for other residents.

How do you/the individuals you serve usually get health information or find out about resources in the community such as health workshops or support groups? What is the best way to promote these types of programs?

Participants named a number of sources that they and their clients use to get health information, including word of mouth, social service providers, the internet, the school guidance office, the doctor, public libraries, and flyers and posters in doctor's offices and hospitals. Many participants stated that they "Google" an issue to get basic information and then schedule an appointment with their doctor. Generally, the internet is the most trusted source of information. In addition, nurses and health educators were thought to be more trusted than doctors. Participants also named a number of specific locations offering information within the community:

1. Office of Aging: The Office of Aging was noted for having a number of information sources related to health issues.
2. Family Success Centers: The Family Success Centers are viewed as successful, but limited in resources and space.
3. Department of Health: The Department of Health was recognized for providing free vaccines and useful materials to expose residents to health-related information.

Would you/the individuals you serve be interested in opportunities or programs to help improve your health and your family's health?

Participants and their constituents are interested in opportunities and programs related to substance abuse, home-bound seniors, health access/awareness, and overweight/obesity or healthy living. In regards to substance abuse programs, participants would like to see a program similar to Inspira's smoking cessation program. For home-bound seniors, participants would like to see a home health program that provides services to seniors in the comfort of their home. In regards to health access/awareness, participants would like to see an outreach coordinator to identify resources in the community. Lastly, in regards to overweight/obesity, participants are interested in programs related to:

1. Healthy cooking, shopping for healthier foods, and reading nutrition labels
2. Increasing physical activity
3. Getting kids involved in what they eat through community gardens

Closing

If you had one suggestion on what could be done to improve the health of the community, what would it be?

Participants had a number of suggestions for improving health in the community. The suggestions included:

1. Improved access to insurance
2. Affordable, convenient transportation
3. More mental health services for all age groups
4. More health care providers, primary and specialty
5. Parenting assistance and skill building
6. Community fairs to promote awareness and wellness
7. Employee wellness programs that provide regular, immediate, and friendly feedback

ONLINE COMMUNITY MEMBER SURVEY

Background

Inspira Health Network, in conjunction with Holleran, used a customized survey tool consisting of approximately 50 questions to assess access to health care, health status and behaviors, and health-related community strengths and opportunities. The survey took approximately 15 to 20 minutes to complete. In total, 176 residents completed the survey. A copy of the survey tool can be found in Appendix E.

The following section provides an overview of the findings from the online community member survey, including highlights of important health indicators and health disparities.

Online Community Member Survey Study Findings

Demographic Information

The demographic profile of the respondents who completed the online survey is depicted in the tables below. More than half of respondents resided in zip codes 08318 and 08079. Of the total 176 respondents, 79.5% were female and 20.5% were male. Approximately 54% of all respondents were between the ages of 45 and 64 years. An additional 27.2% of all respondents were between the ages of 25 and 44 years. Whites comprised 93.8% of study participants and Blacks/African-Americans represented 4.0%. Approximately 2% of all respondents identified as Latino/Hispanic.

Zip Code	%	Zip Code	%
08318	39.2%	08001	6.8%
08079	20.5%	08067	1.7%
08069	11.4%	08072	1.7%
08070	9.1%	08038	1.1%
08098	8.5%		

Demographic Information	n	%
Gender		
Female	140	79.5%
Male	36	20.5%
Age		
18 - 24	2	1.1%
25 - 34	18	10.2%
35 - 44	30	17.0%
45 - 54	46	26.1%
55 - 64	49	27.8%
65 – 80	27	15.3%
81 and over	4	2.3%
Race/Ethnicity		
White	165	93.8%
Black/African American	7	4.0%
Asian/Pacific Islander	1	0.6%
American Indian	0	0.0%
Other	3	1.7%
Hispanic/Latino*	3	1.7%

* Hispanic/Latino respondents can be of any race, for example, White Hispanic or Black/African American Hispanic

Household type among respondents was also assessed. The majority of respondents (70.1%) were married, while 8.0% of respondents were divorced and 9.8% were never married. In addition, 0.6% or one respondent preferred a language other than English at home. The individual preferred to speak Italian.

Household Type	n	%
Marital Status		
Married	122	70.1%
Divorced	14	8.0%
Widowed	11	6.3%
Separated	2	1.1%
Never married	17	9.8%
Member of an unmarried couple	8	4.6%
Household Language Other than English		
Yes	1	0.6%

The socioeconomic status of respondents, including education, employment, income, was also assessed. More than half of the total participants (66.0%) attained at least an associate’s degree. In addition, the majority of respondents (70.5%) were employed, working full-time; less than 3% were unemployed and

looking for work. Approximately 76% had an annual household income of \$50,000 or more; 6.0% of respondents had an income less than \$25,000.

Socioeconomic Information	n	%
Level of Education		
Never attended school	0	0.0%
Grades 1-8 (Elementary School)	0	0.0%
Grades 9-11 (High school, no diploma)	0	0.0%
Grade 12 (High school diploma or GED)	24	13.6%
College 1 year to 3 years(Some college or technical school)	36	20.5%
Associate’s degree	26	14.8%
College 4 years or more (College graduate)	48	27.3%
Graduate or professional-level degree	42	23.9%
Other	0	0.0%
Employment Status		
Employed, working full-time	124	70.5%
Employed, working part-time	21	11.9%
Not employed, looking for work	4	2.3%
Not employed, not looking for work	1	0.6%
Retired	21	11.9%
Disabled, not able to work	2	1.1%
Student	2	1.1%
Homemaker	1	0.6%
Annual Household Income from All Sources		
Less than \$10,000	3	1.8%
\$10,000-\$14,999	3	1.8%
\$15,000-\$19,999	3	1.8%
\$20,000-\$24,999	1	0.6%
\$25,000-\$34,999	12	7.1%
\$35,000-\$49,999	19	11.2%
\$50,000-\$74,999	33	19.5%
\$75,000 and more	95	56.2%

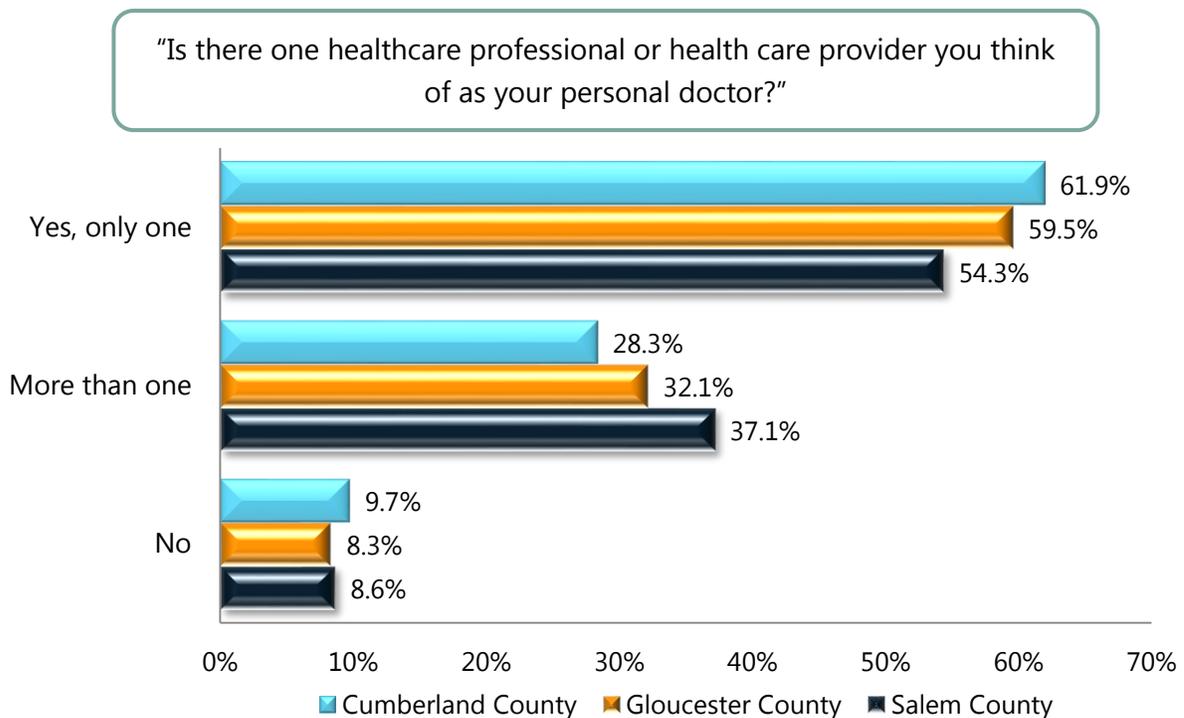
Respondents were also asked to report on their current insurance coverage. The majority of respondents (79.6%) had insurance through their employer or someone else’s employer. Approximately 9% of respondents relied on Medicaid or Medical Assistance and 1.7% of respondents were uninsured.

Insurance Coverage	n	%
Insurance Type		
Your employer	104	59.1%
Someone else’s employer	36	20.5%
A plan that you or someone else buys or you own	17	9.7%
Medicaid or Medical Assistance	15	8.5%
The military, TRICARE, or the VA	2	1.1%
The Indian Health Service	0	0.0%
Some other source	9	5.1%
None	3	1.7%
Don’t know/Not sure	1	0.6%

Access to Health Care

Primary Care

A high proportion of respondents (91.4%) have at least one person who they think of as their personal doctor; only 8.6% of respondents reported not having a personal doctor. Salem County had one of the lowest percentage of respondents without a personal doctor among the three counties.

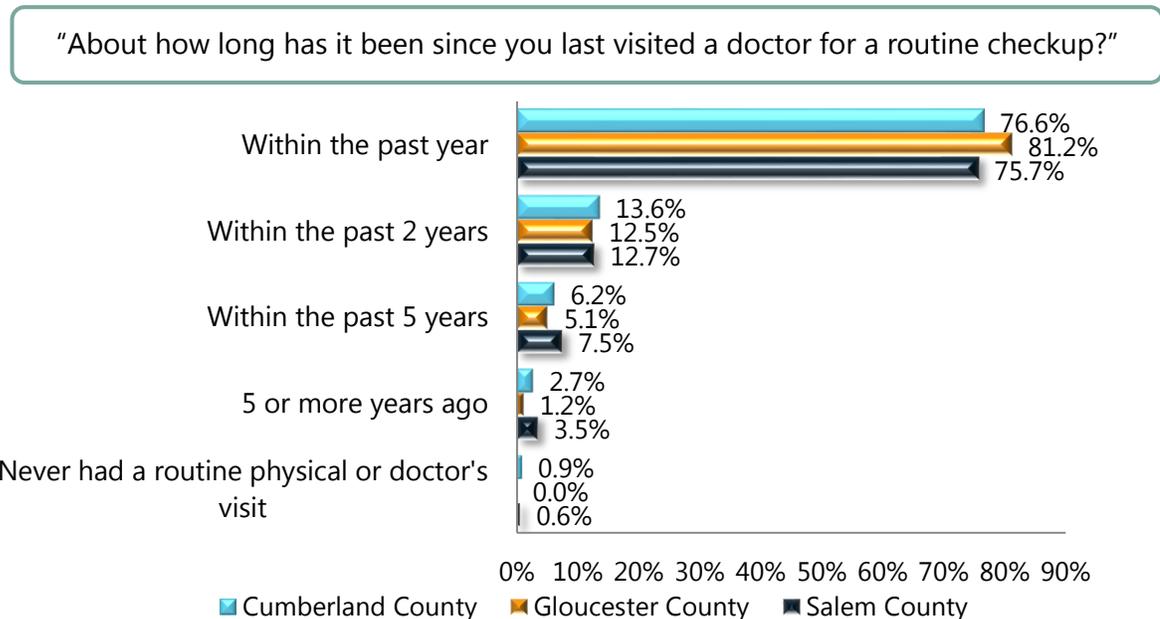


Respondents were then asked if they have delayed getting needed medical care in the past 12 months. Approximately 38% of respondents stated they delayed getting medical care. Salem County had the highest percentage of respondents delaying needed medical care among the three counties. Respondents who delayed getting medical care primarily did so due to the inability to pay out of pocket expenses and the inability to get an appointment in a timely manner. A number of respondents also cited "Other" reasons for delaying care. These included being too busy to make an appointment, lack of money and convenient appointment times, and not needing medical care. The following table illustrates the reasons why respondents delayed medical care, in detail.

Reasons for Delaying Medical Care in the Past 12 Months

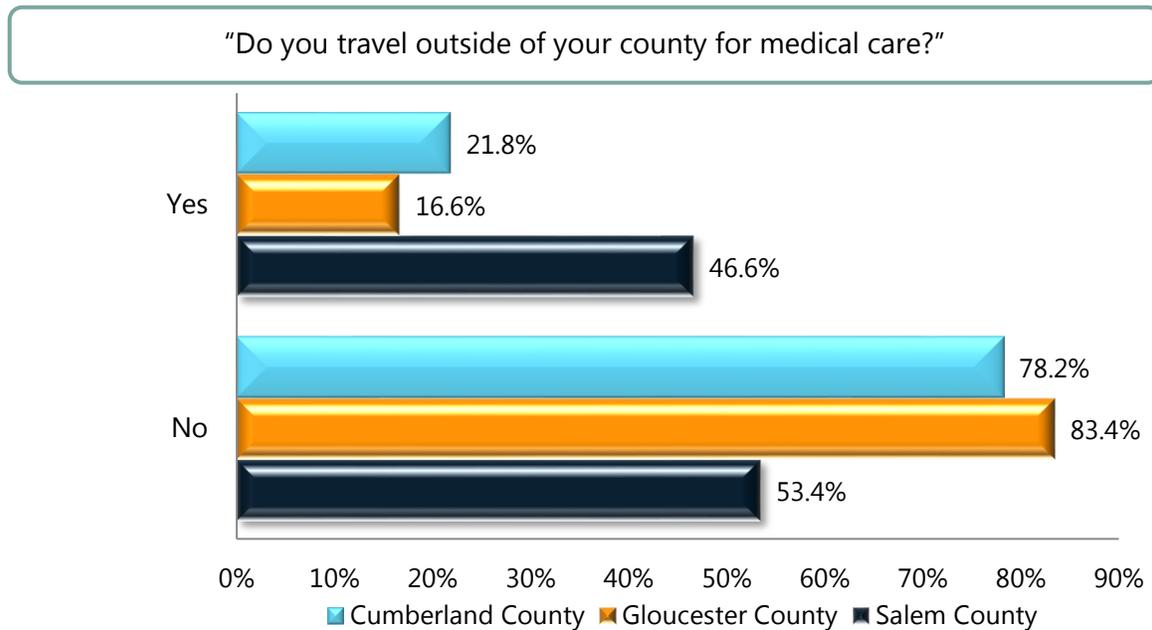
Reason	Cumberland County	Gloucester County	Salem County
You couldn't afford the out of pocket costs	30.7%	29.5%	28.4%
You couldn't get through on the telephone	4.3%	1.3%	4.5%
You couldn't get an appointment soon enough	16.4%	20.5%	26.9%
Once you got there, you had to wait too long to see the doctor	15.7%	7.7%	10.4%
The clinic/doctor's office wasn't open when you went there	0.0%	0.0%	0.0%
You didn't have transportation	5.7%	2.6%	3.0%
Not sure who to contact	5.7%	6.4%	1.5%
You did not have childcare	1.4%	5.1%	1.5%
The provider would not take your insurance	2.1%	3.8%	10.4%
Other	17.9%	23.1%	13.4%

Respondents were asked to report on the last time they visited a doctor for a routine checkup. Approximately 76% of respondents visited a doctor within the past year and 12.7% visited a doctor within the past two years. The percentages are mostly positive, but lower when compared to peer counties.



Health Services & Information

Lastly, respondents were asked to identify how often they travel outside of their county for medical care and where they get their health information. Approximately 47% of respondents travel outside of the county for medical care, a significant proportion of the total sample. Respondents travel outside the county for both primary care and specialty care. Specialty care services/providers included OB/GYN, thyroid, mental health care, oncology, dental, eye care, cardiology, pediatrics, orthopedics, etc.



Respondents primarily rely on health care providers (doctors, nurses, and pharmacists) and the internet for health information. Respondents who selected, "Other" stated that they use multiple sources for health information, are employed as a health professional, or refer to their insurance company.

Sources for Health Information

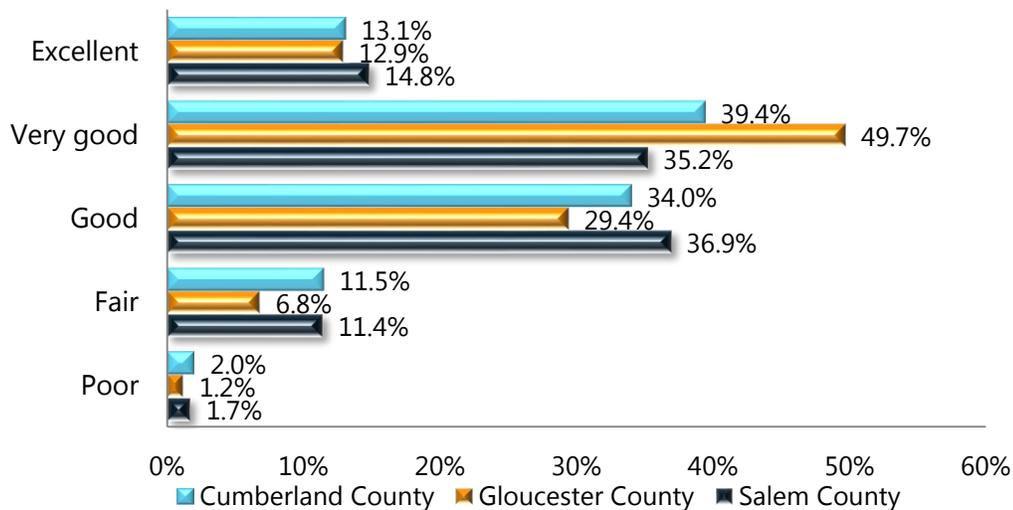
Information Source	Cumberland County	Gloucester County	Salem County
Family/Friends	7.7%	4.4%	6.3%
Church	0.0%	0.3%	0.0%
Public Library	0.2%	0.3%	0.0%
Doctors, Nurses, Pharmacists	51.3%	62.5%	60.3%
Hospital	3.9%	2.9%	2.3%
Health Department	1.5%	0.6%	1.1%
Schools	0.2%	0.3%	0.0%
Employer	4.4%	5.3%	2.3%
Internet/Websites	25.0%	19.5%	23.6%
Community Clinic	1.8%	0.0%	0.0%
Other (please specify)	3.9%	3.8%	4.0%

Health Status: Physical & Mental

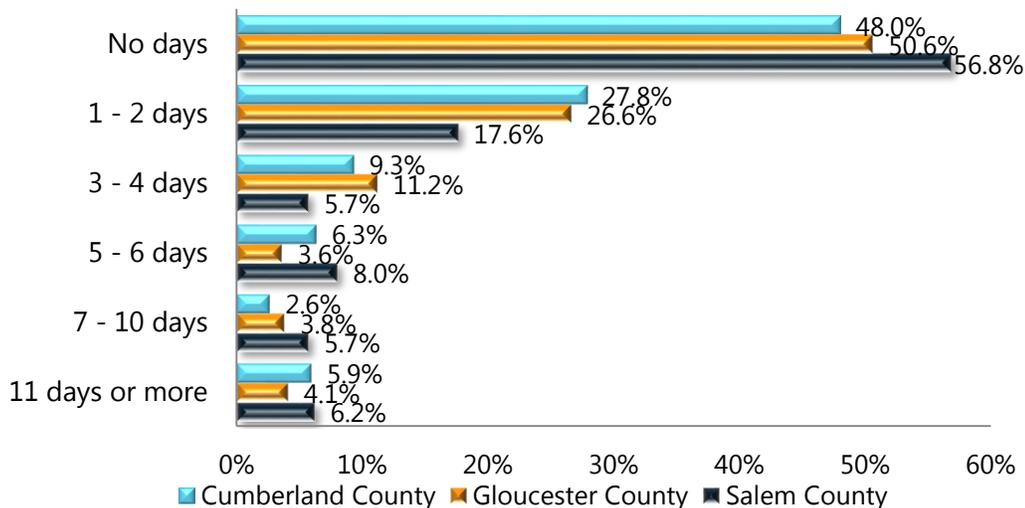
Overall Health Status

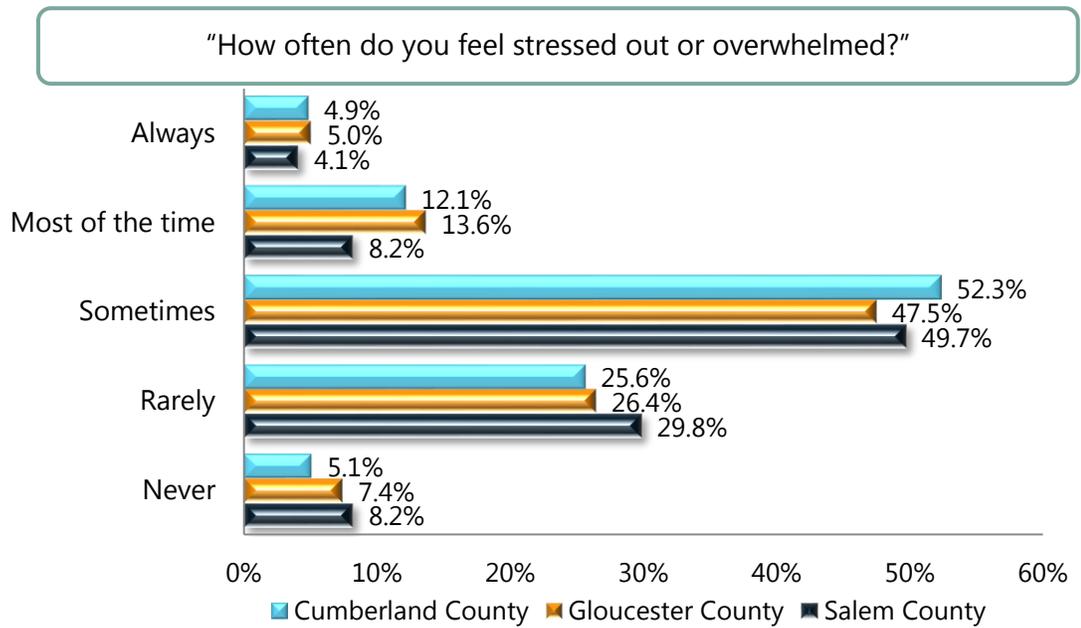
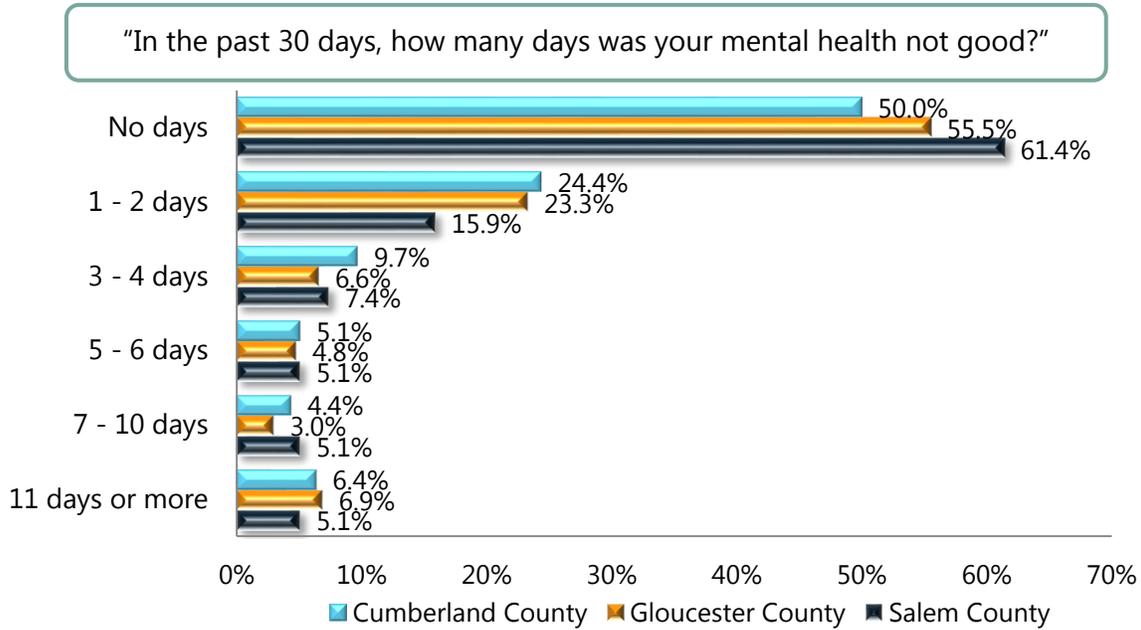
Respondents were asked to rate their overall health status, including both physical and mental health. In general, Salem County respondents reported having “Good” or “Very good” health (72.1%). Approximately 13% of respondents reported having “Fair” or “Poor” health. In addition, 43.2% of respondents had at least one day of poor physical health and 38.6% had at least one day of poor mental health in the past 30 days. Sixty-two percent of respondents felt stressed out or overwhelmed “Always,” “Most of the time,” or “Sometimes.” The percentages are lower when compared to peer counties. Respondents who experienced poor physical or mental health did so primarily on one to two days and only 21.7% of respondents were unable to work or do daily activities on at least one day in the past 30 days due to poor physical or mental health.

“How would you rate your overall health?”

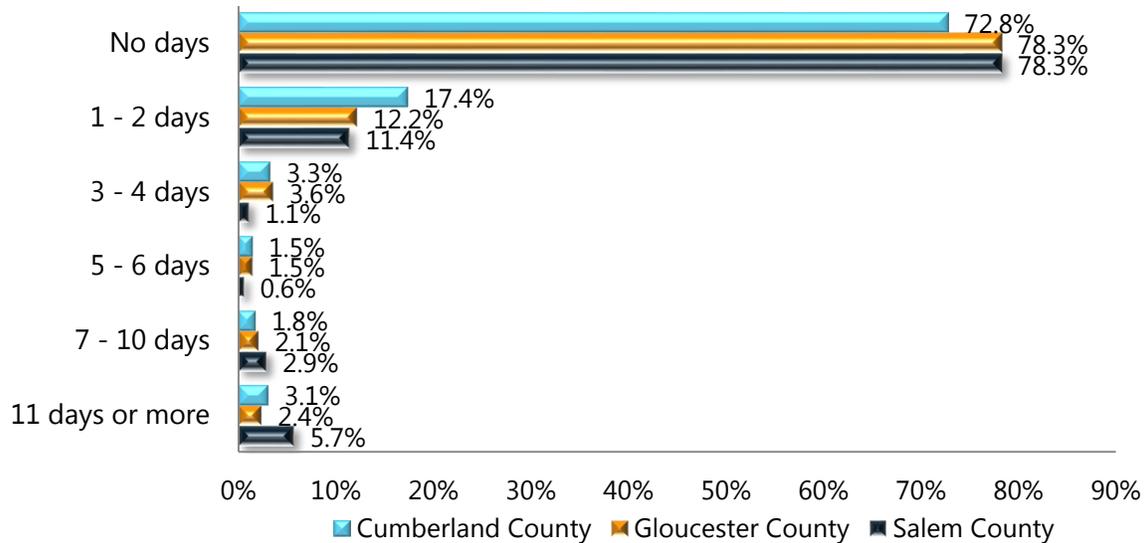


“In the past 30 days, how many days was your physical health not good?”





"In the past 30 days, how many days were you unable to work or do daily activities because of poor physical or mental health?"

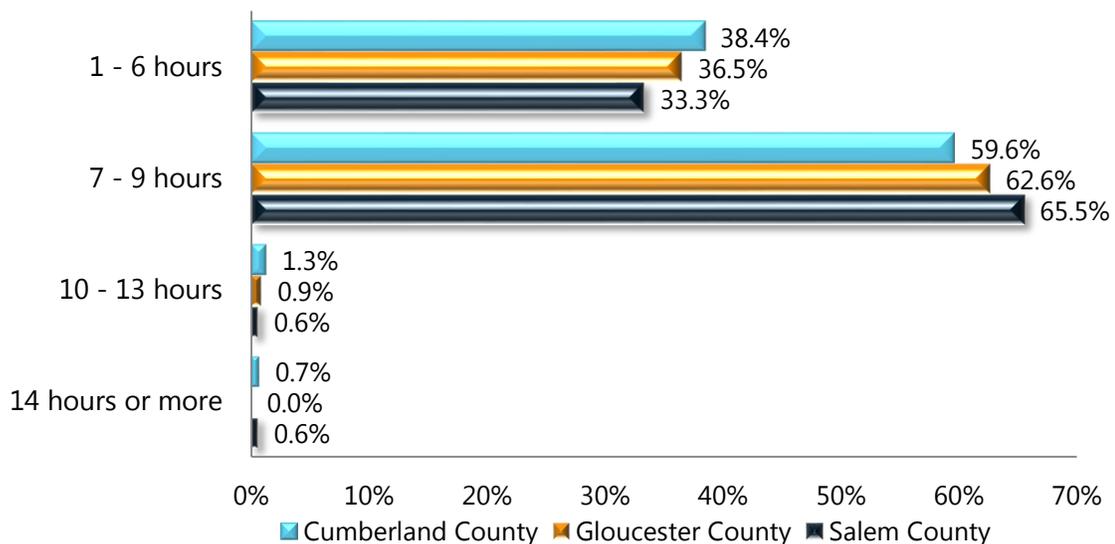


Health Behaviors

Sleep

Respondents were also asked how many hours of sleep they get in a 24 hour period on average. More than half of respondents (65.5%) reported getting seven to nine hours of sleep, which is the recommended number of hours for adults, according to the National Sleep Foundation. However, 33.3% of respondents reported only getting one to six hours of sleep on average.

"On average, how many hours of sleep do you get in a 24 hour period?"



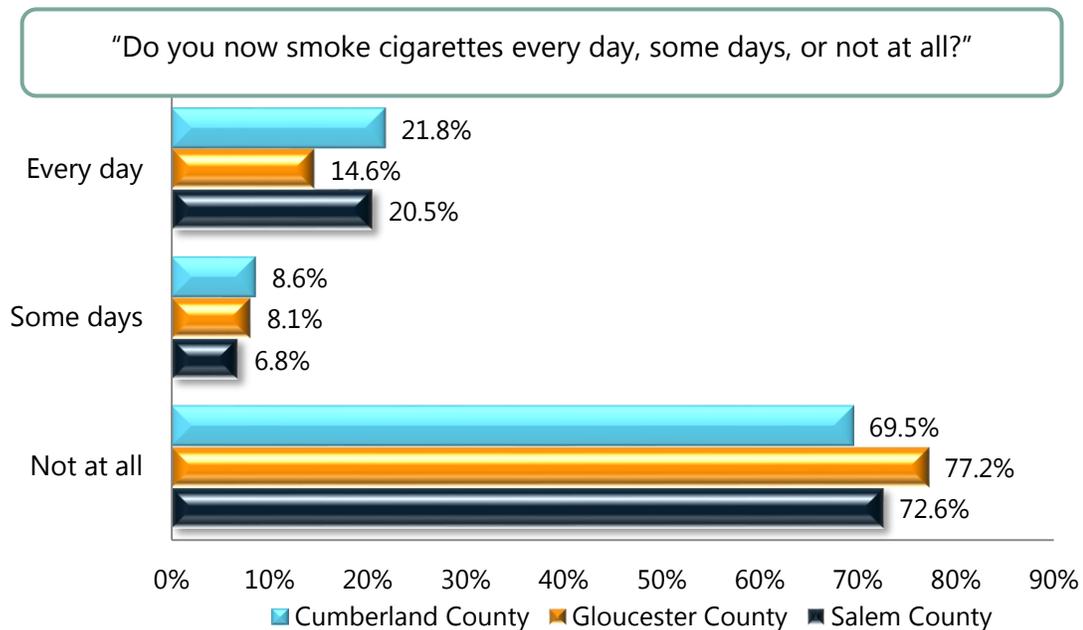
Safety Precautions

Respondents were asked how often they perform a number of safety-related behaviors, such as wearing a seatbelt when driving and using sunscreen, on a scale of “Never” to “Always.” The following table depicts their responses. In general, Salem County respondents are more likely to wear a seatbelt when riding in a car, practice safe sex, and drive responsibly. They are less likely to wear a helmet while riding a bicycle, scooter, roller blades, etc. and use sunscreen regularly.

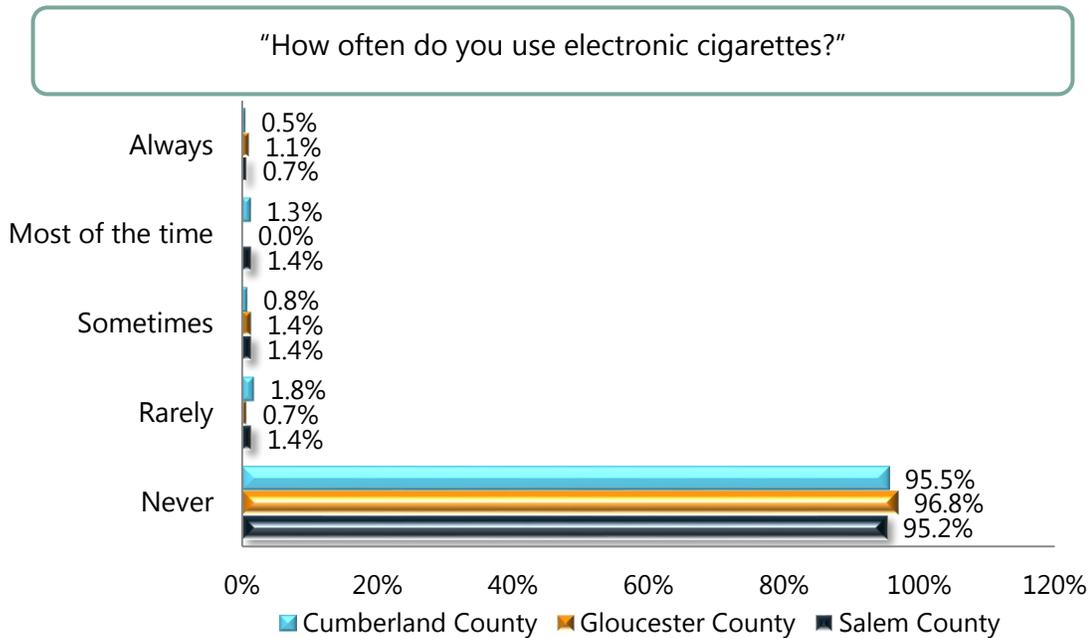
Safety-Related Behavior	Cumberland County		Gloucester County		Salem County	
	Never or Rarely	Always	Never or Rarely	Always	Never or Rarely	Always
Wear a seatbelt when driving or riding in a car	2.7%	85.7%	0.6%	90.6%	1.2%	91.5%
Wear a helmet while riding a bicycle, scooter, roller blades, etc.	47.8%	33.3%	31.4%	49.4%	44.0%	33.0%
Use sunscreen regularly	25.0%	17.8%	18.2%	22.4%	18.0%	10.5%
Practice safe sex	14.6%	76.2%	10.4%	80.2%	7.6%	80.2%
Drive responsibly	1.1%	49.6%	0.3%	50.9%	1.1%	52.3%

Tobacco Use

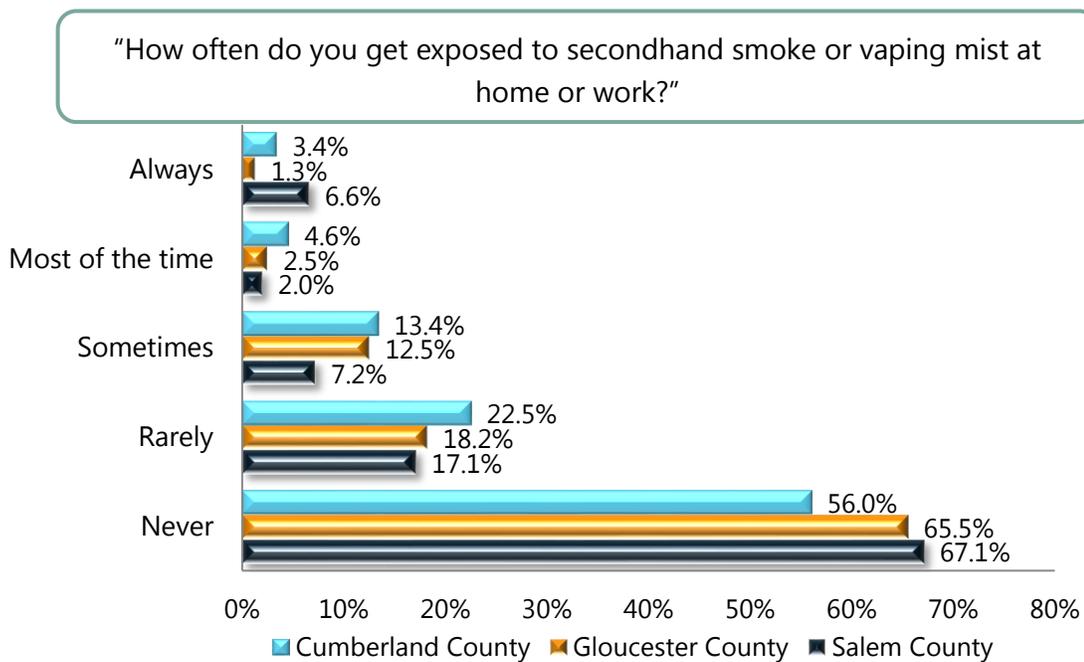
Respondents were asked about their use of cigarettes and electronic cigarettes, and their exposure to secondhand smoke. Approximately 43% of Salem County respondents have smoked at least 100 cigarettes in their lifetime. Among these respondents, 20.5% currently smoke every day and 6.8% smoke some days.



The use of electronic cigarettes or e-cigs is not common among Salem County respondents. Less than 5% of respondents reported using them at all and only 2.1% reported using them “Always” or “Most of the time.”

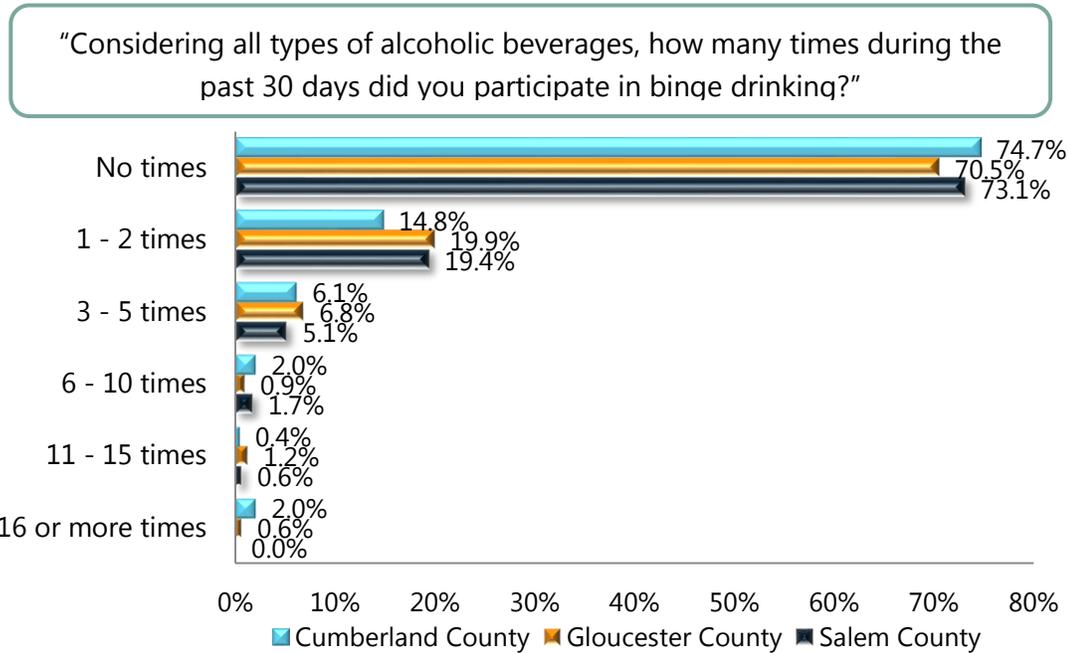


Fewer Salem County respondents reported smoking or using electronic cigarettes. However, 32.9% reported being exposed to secondhand smoke or vaping mist. They were primarily exposed on rare or some occasions.

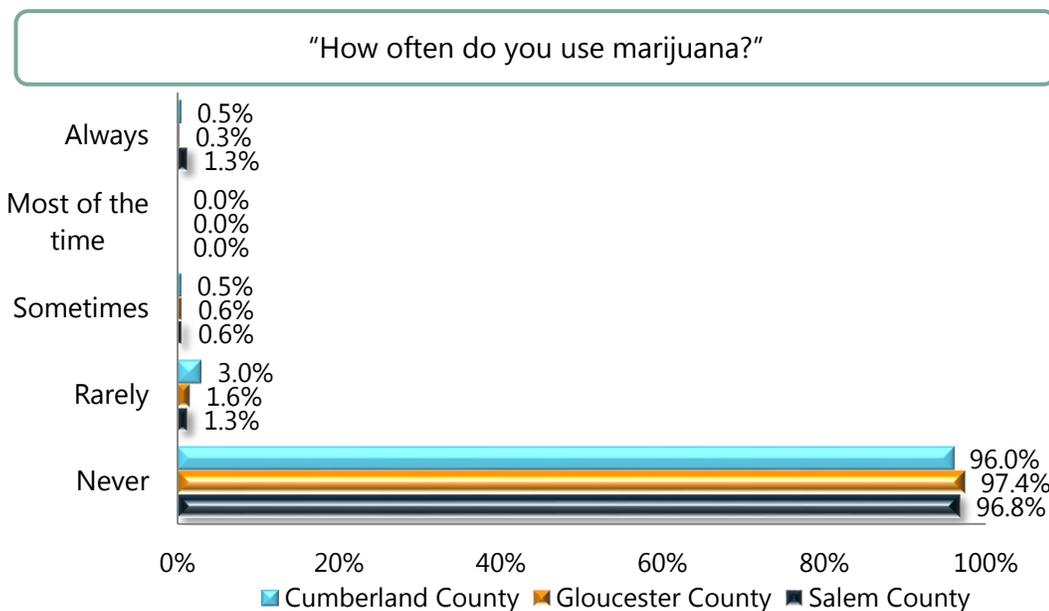


Alcohol and Substance Abuse

Binge drinking is defined as consuming four drinks or more on one occasion for women and five drinks or more on one occasion for men. Approximately 73% of respondents did not participate in binge drinking during the past 30 days. Among respondents who did participate in binge drinking, the majority did so on one or two occasions.



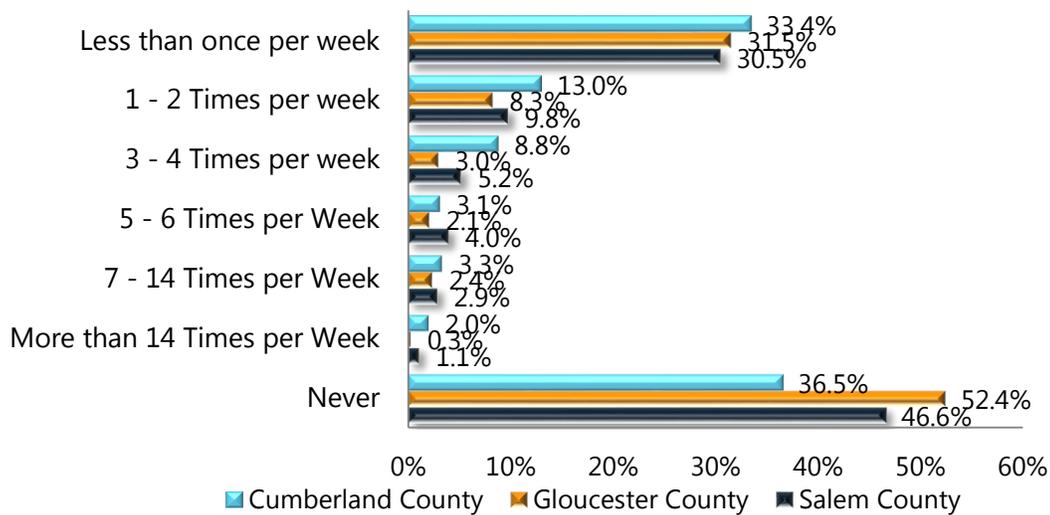
Respondents were asked how often they use marijuana and how often they misuse prescription drugs, opioids, heroin, or other illegal drugs. Only 3.2% of respondents reported using marijuana. In addition, less than 1% of respondents reported misusing prescription drugs, opioids, heroin, or other illegal drugs, which is comparable to the peer counties of Cumberland and Gloucester.



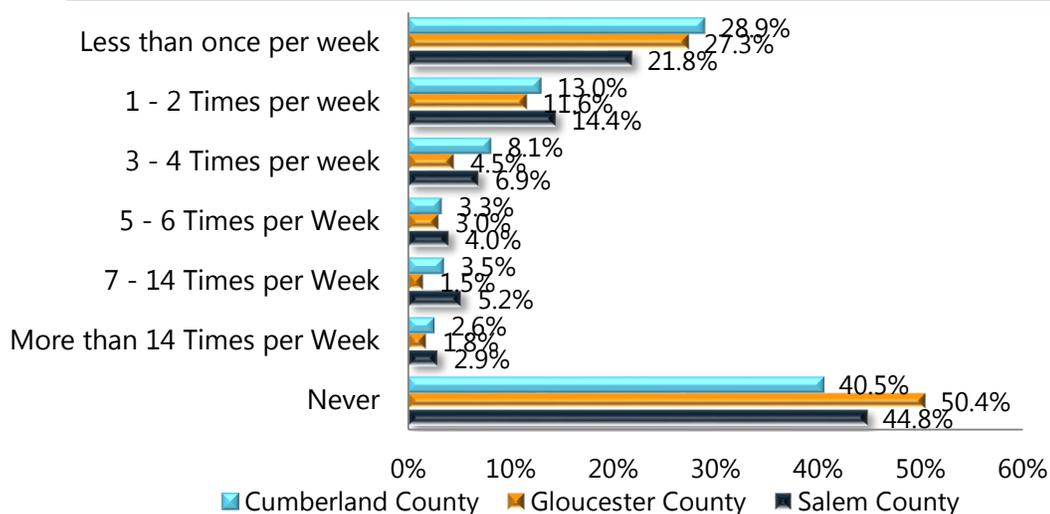
Dietary Behaviors

Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, heart disease, and other chronic conditions. Respondents were asked how often they drink soda or pop and sugar-sweetened beverages, like fruit drinks, sweet tea, and sports or energy drinks. Approximately 53% of respondents drink soda or pop. Among these respondents, the majority do so less than once per week or one to two times per week. Four percent of respondents drink soda or pop seven or more times per week. In addition, 55.2% of respondents drink sugar-sweetened beverages. Again, the majority do so less than once per week or one to two times per week; 8.1% of respondents drink these beverages seven or more times per week.

“During the past month, how often did you drink regular soda or pop that contains sugar?”

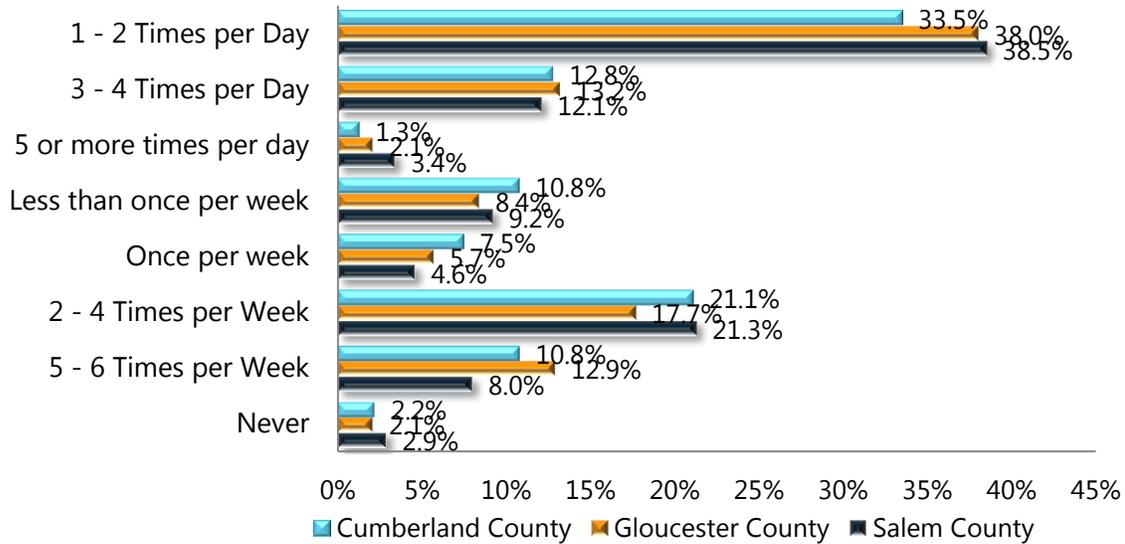


“During the past month, how often did you drink sugar-sweetened fruit drinks, sweet tea, and sports or energy drinks?”

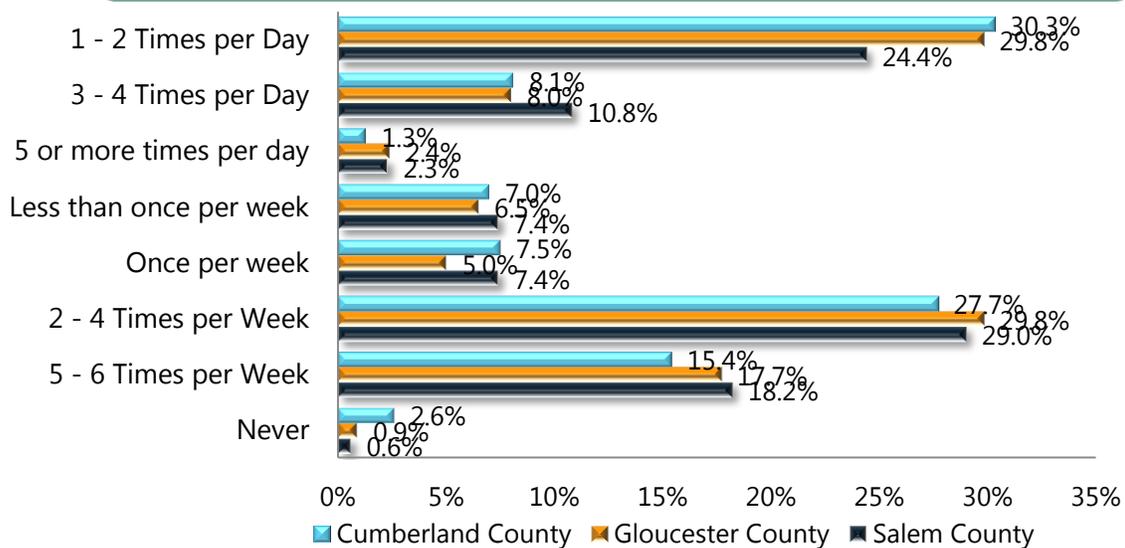


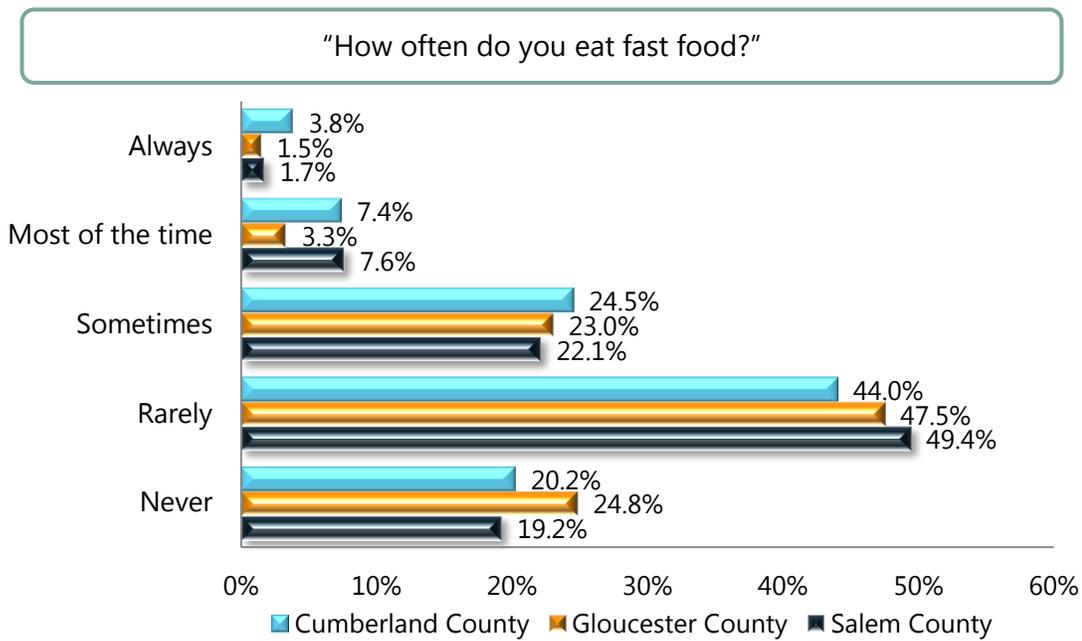
Respondents were also asked about their consumption of fruits and vegetables, fast food, and salt. Approximately 3% of respondents never eat fruit and less than 1% never eat vegetables. However, more than half of respondents are only consuming fruits and vegetables one to two times per day or two to four times per week. In addition, 80.8% of respondents consume fast food, primarily “Rarely” or “Sometimes.” In regards to salt consumption, 52.3% of respondents are currently watching or reducing their salt intake.

“During the past month, not counting juice, how many times per day or week did you eat fruit?”

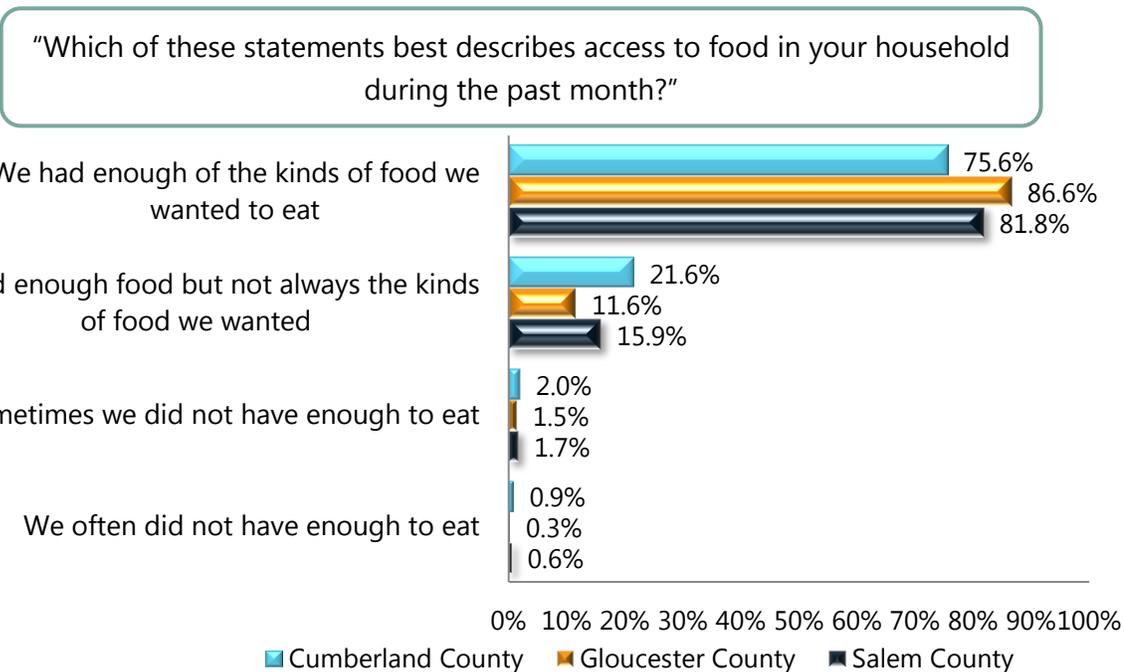


“During the past month, how many times did you eat dark green vegetables, for example, broccoli or dark leafy greens?”





Lastly, respondents were asked how food secure their household is. Approximately 82% of respondents reported that their household had enough of the kinds of foods they wanted to eat. Less than 3% of respondents reported not having enough to eat, and 15.9% reported not having enough of the food they wanted to eat.



Physical Activity Behaviors

It is widely supported that physical activity can inhibit health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly

engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week. Approximately 74% of respondents reported engaging in exercise, outside of their regular job, during the past month. Among these respondents, 92.1% engaged in moderate physical activity and 46.0% engaged in vigorous physical activity, at least once during the last week. In regards to moderate physical activity, the majority of respondents engaged in an activity one to four times per week (74.8%) and for a duration of 30 minutes to less than two hours (59.6%). In regards to vigorous physical activity, respondents were also most likely to engage in an activity one to four times per week (39.5%) and for a duration of 30 minutes to less than two hours (47.3%).

Health Conditions and Prevention Measures

Mental Health Conditions

Respondents were asked if they have ever been diagnosed with a mental health condition like an anxiety disorder or depressive disorder. The following table depicts the percentage of respondents who have been diagnosed with either condition. Overall, respondents in Salem County are more likely to have a mental health diagnosis when compared to peer counties.

Mental Health Condition	Cumberland County	Gloucester County	Salem County
Anxiety Disorder	24.4%	18.0%	24.7%
Depressive Disorder	18.5%	18.2%	19.5%

Respiratory Health Conditions

Respondents were also asked if they have ever been diagnosed with a respiratory health condition like asthma or chronic obstructive pulmonary disease (COPD). In general, respondents in Salem County are more likely to have an asthma diagnosis (19.9%), but just as likely or less likely to have a COPD diagnosis (1.9%).

Respiratory Health Condition	Cumberland County	Gloucester County	Salem County
Asthma	14.8%	16.3%	19.9%
COPD	4.0%	1.9%	1.9%

Heart Conditions

Respondents were next asked to report on the diagnosis of heart conditions and predictors of heart conditions, high blood pressure and high cholesterol. Approximately one-third of all respondents have been diagnosed with high blood pressure and/or high cholesterol. Less than 4% of respondents have been diagnosed with a heart attack or stroke. However, 6.8% of respondents have been diagnosed with angina, a higher percentage than both peer counties.

Heart Condition	Cumberland County	Gloucester County	Salem County
High Blood Pressure	33.8%	35.4%	33.9%
High Cholesterol	32.2%	34.4%	33.3%
Heart Attack	0.9%	1.0%	3.1%
Angina or Coronary Disease	2.4%	3.8%	6.8%
Stroke	2.1%	1.0%	2.5%

Other Health Conditions

Lastly, respondents were asked if they have been diagnosed with arthritis, diabetes, cancer, or any other conditions. Respondents were most likely to report having a condition other than arthritis, diabetes or cancer. These conditions spanned all body systems and primarily included thyroid issues, sleep apnea, irritable bowel syndrome, glaucoma, and allergies. Arthritis was the second most commonly diagnosed condition among respondents with 27.1% reporting they have the condition. Approximately 8% to 13% of respondents have been diagnosed with diabetes or cancer, respectively. The most common types of cancer diagnoses included skin cancer (23.8%) and breast cancer (23.8%).

Other Health Conditions	Cumberland County	Gloucester County	Salem County
Arthritis	27.8%	25.5%	27.1%
Diabetes	10.6%	9.7%	7.5%
Cancer	11.8%	13.7%	13.0%
Other	16.4%	16.2%	28.6%

Health Prevention Measures

The prevalence of routine health prevention measures among Salem County respondents varies based on the type of measure. However, in general, Salem County respondents are more likely to receive preventative measures when compared to Cumberland County and less likely to receive preventative measures when compared to Gloucester County. Gender specific screenings, like mammograms and prostate exams, were the most prevalent among respondents (73.8% and 54.3% respectively). Oral/Throat exams and colorectal screenings were the least prevalent among respondents (37.6% and 41.0% respectively).

Health Prevention Measure	Cumberland County	Gloucester County	Salem County
Flu Vaccine	43.1%	57.5%	41.7%
Skin Screening	35.6%	49.7%	42.1%
Mammogram	66.2%	78.0%	73.8%
Prostate Exam	52.7%	60.3%	54.3%
Oral/Throat Exam	34.2%	51.5%	37.6%
Colorectal Screening	36.0%	45.5%	41.0%

Community Perception

Most Pressing Health Issues

Respondents were asked to identify the five most pressing health issues in the community, from a list of 27 focus areas. According to respondents, the most pressing health issue in the community is overweight/obesity, followed by drug abuse/alcohol abuse.

Health Issue	Percent of Respondents Selecting the Issue
Overweight/Obesity	68.1%
Drug Abuse/Alcohol Abuse	53.8%
Cancer	42.5%
Access to Care/Uninsured	40.0%
Heart Disease	28.1%

Barriers to Accessing Care

Respondents were then asked to identify the most significant barriers that keep people in the community from accessing health care when they need it. According to respondents, the most significant barrier is the cost of out of pocket expenses, followed by lack of health insurance coverage.

Barrier to Accessing Care	Percent of Respondents Selecting the Barrier
Cost/Paying Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	76.7%
Lack of Health Insurance Coverage	63.5%
Lack of Transportation	49.7%
Difficult to Understand/Navigate Health Care System	33.3%
Can't Find Doctor/Can't Get Appointment	32.7%

Resources and Services

Respondents were then asked to identify health resources or services they think are missing in the community. According to respondents, the most needed resources or services in the community are free/low cost dental care, followed closely by free/low cost medical care.

Missing Resource or Service	Percent of Respondents Selecting the Resource or Service
Free/Low Cost Dental Care	44.3%
Free/Low Cost Medical Care	39.2%
Free/Low Cost Vision/Eye Care	38.0%
Mental Health Services	38.0%
Substance Abuse Services	36.1%

Child Health Information

Respondents were then asked to identify the five most important health topics that children need more information about. According to respondents, the most needed information among children relates to drug abuse, followed closely by nutrition/exercise. These findings are consistent with the most pressing health issues in the community.

Child Health Information	Percent of Respondents Selecting the Information Type
Drug Abuse	56.7%
Nutrition/Exercise	56.1%
Alcohol Use	47.8%
Sexual Intercourse	42.0%
Tobacco Use	37.6%

Quality of Life

Respondents were then asked to identify the five community issues that most affect quality of life. According to respondents, low income/poverty status has the biggest impact on quality of life in the community, followed by employment/career opportunities.

Community Issue	Percent of Respondents Selecting the Issue
Low Income/Poverty	62.3%
Employment/Career Opportunity	54.1%
Cost of Health Services	34.6%
Single Parent Homes	34.0%
Lack of Recreational Services	28.3%

Overall Health

Respondents were then asked to identify the five most important problems that affect overall health in the community. According to respondents, overweight/obesity is by far the most important problem that affects overall health in the community, followed by cancer.

Community Problem	Percent of Respondents Selecting the Problem
Overweight/Obesity	74.7%
Cancer	51.9%
Mental Health Problems	47.5%
Heart Disease	44.3%
High Blood Pressure	41.8%

Respondents were also asked to identify the five most important behaviors that affect overall health in the community. According to respondents, lack of exercise/poor physical fitness is the most important behavior that affects overall health in the community. This finding correlates to the most important problem that affects overall health in the community, overweight/obesity.

Community Behavior	Percent of Respondents Selecting the Behavior
Lack of Exercise/Poor Physical Fitness	74.2%
Smoking/Tobacco Use	64.2%
Drug Abuse	62.9%
Alcohol Abuse	62.3%
Lack of Parenting Skills	61.0%

Final Thoughts

Lastly, respondents were asked four open-ended questions related to what is being done well in the community, the most important factor impacting personal health, suggestions for improving health in the community, and general feedback. The following highlights respondents’ feedback.

Positives in the Community

Respondents were asked what they think is being done well in the community related to health. Respondents made references to the following items:

- Free screenings, clinics, and health education/information available to residents
- Awareness of health prevention measures
- Elmer Hospital’s baby friendly policy
- Food pantries and food banks in the community
- Outreach efforts, like health fairs and programs available through the department of health
- Increased access to care through expanded services
- Professional collaboration and communication among providers and social service agencies
- Availability of parks and recreation facilities and exercise programs for children
- Senior focused care, programs, and organizations (Office of Aging)

Greatest Impact on Health

Respondents were asked about the most important thing, positive or negative, that is currently impacting their personal health. Respondents made references to the following items:

- Stress, to include work-related
- Maintaining a healthy weight through diet and exercise
- Age, getting older
- The cost of health care services and insurance (Premiums, deductibles, etc.)
- The cost of living

- Better time management to allow for more preventative efforts
- Access to health care providers (Services and insurance)
- Various health concerns (Arthritis, back pain, cancer, high blood pressure, etc.)

Suggestions for Improving Health

Respondents were asked for their suggestions to improve health in the community. Respondents made references to the following items:

- More health education and outreach efforts in the community, especially around drugs, nutrition, exercise, diabetes, parenting and preventative screenings
- Better access to quality health care, especially specialists and mental health providers
- More health services and insurance options that are free or affordable
- Encourage individuals to take ownership of their health
- Better access to grocery stores and healthy food choices
- Encourage business development in the community to ultimately improve economic vitality
- More transportation services to assist residents in getting to medical appointments

IDENTIFICATION OF COMMUNITY HEALTH NEEDS & PLANNING

Prioritization Session

Process

Key Community Health Issues

Identified Health Priorities

Appendix A. Secondary Data Sources

- Annie E. Casey Foundation (2013). *Kids Count Data Center*. Retrieved from <http://datacenter.kidscount.org/data#NJ/2/0>
- American Lung Association. *State of the Air 2014*. Retrieved from <http://www.stateoftheair.org/2014/states/new-jersey/>
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U.S. Department of Health and Human Services. (2015). *The 2015 HHS poverty guidelines*. Retrieved from <http://aspe.hhs.gov/poverty/15poverty.cfm>

Appendix B. Key Informant Participants

Name	Agency
Bailey, David	Ranch Hope
Baillie, Joan	Salem County Community College
Baker, Rev. Chris	Pennsville Church of Nazarene
Blithe, Mary	Salem County Health Department
Carter, Diane	Southern Jersey Family Medical Centers, Inc
Cassidy, Mandi	Salem County Health Department
Coan, Susan	Atlantic City Electric
Delmar, Joseph	PSE&G
Dice, Paul	Salem Housing Authority
DiFabio, Anthony	Robin's Nest Inc.
Gilden, Cory	The Southwest Council, Inc.
Goins, Brenda	Salem Health & Wellness Foundation
Hancock, Brian	Robin's Nest Inc.
Hegeman, Arianne	United Way of Salem County
Humphreys, Chris	Fulton Bank
Jensen, Ryan	The Memorial Hospital of Salem County
Jones, Jennifer	Salem County Chamber of Commerce
LaRue, Michelle	FamCare
Lockbaum, Kathy	Salem County Board of Social Services
Marshall, Peg	Meals on Wheels of Salem County, Inc.
Nelson, Kim	Woodstown Middle School
Nicolosi, Peggy	NJ Department of Education
Nixon, Kathy	FamCare
Remster, Gayle	Woodstown Middle School
Sheppard, Jill	Salem County Health Department
Skradzinski, Raymond	Salem County Correctional Facility
Weber, Mary Beth	Woodstown Middle School
Williams, Melinda	Salem County Improvement Authority

Appendix C. Key Informant Survey Tool

As part of its ongoing commitment to improving the health of the communities it serves, Inspira Health Network is spearheading a comprehensive Community Health Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the questions, please consider the community and area of interest to be the county (Cumberland, Gloucester, or Salem) that you primarily serve or represent.

Key Health Issues

What are the top 5 health issues you see in your community?

- Access to Care / Uninsured
- Cancer
- Dental Health
- Diabetes
- Heart Disease
- Maternal / Infant Health
- Mental Health / Suicide
- Overweight/Obesity
- Sexually Transmitted Diseases
- Stroke
- Substance Abuse / Alcohol Abuse
- Tobacco
- Other (specify): _____

Of those health issues mentioned, which 1 is the most significant?

- Access to Care / Uninsured
- Cancer
- Dental Health
- Diabetes
- Heart Disease
- Maternal / Infant Health
- Mental Health / Suicide
- Overweight/Obesity
- Sexually Transmitted Diseases
- Stroke
- Substance Abuse / Alcohol Abuse
- Tobacco
- Other (specify): _____

Please share any additional information regarding these issues and your reasons for ranking them this way in the box below:

Access to Care

On a scale of strongly disagree through strongly agree, please rate each of the following statements about Health Care Access in the area.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents are able to access a dentist when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of bilingual providers in the area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a sufficient number of mental / behavioral health providers in the area.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation for medical appointments is available to area residents when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

- Availability of Providers / Appointments
- Basic Needs Not Met (Food / Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language / Cultural Barriers
- Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- None / No Barriers
- Other (specify): _____

Of those barriers mentioned, which 1 is the most significant?

- Availability of Providers / Appointments
- Basic Needs Not Met (Food / Shelter)
- Inability to Navigate Health Care System
- Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language / Cultural Barriers
- Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
- None / No Barriers
- Other (specify): _____

Please share any additional information regarding barriers to health care in the box below:

Are there specific populations in this community that you think are not being adequately served by local health services?

- Yes
- No

Which populations are underserved? (Select all that apply)

Answer If Are there specific populations in this community that you think are not being adequately served by local health services? Yes Is Selected

- Uninsured / Underinsured
- Low - income / Poor
- Hispanic / Latino
- Black / African - American
- Immigrant / Refugee
- Disabled
- Children / Youth
- Young Adults
- Seniors / Aging / Elderly
- Homeless
- None
- Other _____

In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care?

- Doctor's Office
- Health Clinic / FQHC
- Hospital Emergency Department
- Walk-in / Urgent Care Center
- Don't Know
- Other _____

Please share any additional information regarding Uninsured / Underinsured Individuals & Underserved Populations in the box below:

Related to health and quality of life, what resources or services do you think are missing in the community? (Select all that apply)

- Free / Low Cost Medical Care
- Free / Low Cost Dental Care
- Primary Care Providers
- Medical Specialists
- Mental Health Services
- Substance Abuse Services
- Bilingual Services
- Transportation
- Prescription Assistance
- Health Education / Information / Outreach
- Health Screenings
- None
- Other (specify) _____

Challenges & Solutions

What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and / or trying to manage chronic conditions like diabetes or heart disease?

In your opinion, what is being done well in the community in terms of health and quality of life? (Community Assets / Strengths / Successes)

What recommendations or suggestions do you have to improve health and quality of life in the community?

Demographics

Which one of these categories would you say BEST represents your community affiliation?

- Health Care / Public Health Organization
- Mental / Behavioral Health Organization
- Non-Profit / Social Services / Aging Services
- Faith-Based / Cultural Organization
- Education / Youth Services
- Government / Housing / Transportation Sector
- Business Sector
- Community Member
- Other _____

What is your gender?

- Male
- Female

Which of these groups would you say BEST represents your race / ethnicity?

- White / Caucasian
- Black / African American
- Hispanic / Latino
- Asian / Pacific Islander
- Other _____

Inspira Health Network and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

Appendix D. Focus Group Survey Tool

ACCESS TO CARE

I'm going to begin the discussion with getting your feedback on health care as it relates to your ability to access health care.

1. Did you or someone you know have difficulty obtaining health care services in the past few years? If yes, what are the reasons?

Probes: What are the most significant barriers that keep people in the community from accessing health care?

Insurance coverage, copays, availability of providers, transportation, cost, language/ cultural barriers, accessibility, and awareness of services

What about access to other health services like dental care and vision care?

2. Where do you usually get health care when you need it? Why?

Probes: Do you get regular checkups or do you see a doctor only when you are sick or need treatment? In general, where do uninsured and underinsured individuals go when they need health care?

Do you or your family/friends use urgent care centers? If so, why? What are some of the advantages and disadvantages of urgent care centers?

Would you be interested in accessing care through a digital platform?(For example, appointment scheduling, directions, physician listings, and ER wait times)

3. If you had one suggestion on how to improve access to care for uninsured or underinsured individuals in the community, what would that be?

Probes: If you or people you know do not have insurance, what are some of the barriers to signing up?

Do people in the community know about the resources available to help them sign up for health care? If not, how can these resources be made more available?

HEALTH ISSUES

4. Focusing on specific health issues, what would you say are the biggest health problems in the community?

Probes: Examples: Teen Pregnancy, Violence and Safety, Obesity, Heart Disease, Diabetes, Mental Health, Substance Abuse, Dental Health, etc. Why?

Are there other factors in the community that contribute to these problems?

5. In your opinion, are overweight and obesity issues a problem in XX County? Why?

Probe: What challenges do you think people face in trying to stay physically fit and eating healthier? For example, are there barriers to accessing fruits and vegetables?

6. In your opinion, are mental health and behavioral health issues a problem in XX County? Why?

Probes: What challenges do you think people face in trying to access mental and behavioral health services and treatment programs? (e.g. transportation, wait lists, cost, insurance coverage, program eligibility, stigma, language/cultural issues)

What suggestions do you have to ensure that people have access to quality mental and behavioral health services?

7. In your opinion, are prescription drug abuse and heroin use a problem in XX County? Why?

Probes: Are there adequate resources to combat addiction and provide treatment?

What suggestions do you have to ensure people do not become addicted to prescription drugs and/or heroin?

HEALTH EDUCATION/COMMUNICATION

Next, I want to talk to you about how you gain information about health and health services in the community.

8. Do you feel that people in the community are fully aware of the healthcare services/options that are available to them? Why? Why not?

9. How do you usually get health information or find out about resources in the community such as health workshops or support groups? What is the best way to promote these types of programs?

Probes: Health provider, clinic, pharmacist, health educator, nurse, nutritionist, churches, family members, magazine/newspaper, TV, radio, internet/social media, etc.

Posters/flyers, brochures/booklets, newspaper articles, church newsletters/ programs

*Who do you trust **most** to give you health information? Why?*

10. Would you be interested in opportunities or programs to help improve your health and your family's health?

Probes: What types of programs or opportunities? What would make you more likely to participate?

CLOSING

11. If you had one suggestion on what could be done to improve the health of the community, what would it be?

12. Is there anything we haven't covered in the discussion that you think is important?

That concludes our session. You had great suggestions and input. Thank you again for your time and have a great afternoon/evening.

Appendix E. Online Community Member Survey Tool

Thank you for participating in the Community Health Survey. All information gathered in this survey will be anonymous and confidential. The information gathered from this survey will be used to help better understand the health issues and needs of our community. By completing this survey you are helping efforts to make Cumberland, Gloucester, and Salem Counties a healthier place to live, work, and play. The survey should take about 10-15 minutes to complete and is only open to individuals 18 years of age and older. At the completion of the survey, you will be eligible to enter a cash prize drawing. Two individuals from each county will be selected to win a \$50 gift card. To be eligible for the prizes you will be required to provide your name, email address and/or phone number at the end of the survey. However, your information will NOT be connected with your responses and will be used strictly for identifying prize recipients.

Which county do you live in?

- Cumberland County
- Gloucester County
- Salem County
- Other

If Other Is Selected, Then Skip To End of Survey

Answer If Which county do you live in? Cumberland County Is Selected

What zip code do you live in?

- | | |
|-----------------------------|-----------------------------|
| <input type="radio"/> 08302 | <input type="radio"/> 08329 |
| <input type="radio"/> 08311 | <input type="radio"/> 08332 |
| <input type="radio"/> 08313 | <input type="radio"/> 08345 |
| <input type="radio"/> 08314 | <input type="radio"/> 08348 |
| <input type="radio"/> 08315 | <input type="radio"/> 08349 |
| <input type="radio"/> 08316 | <input type="radio"/> 08352 |
| <input type="radio"/> 08320 | <input type="radio"/> 08353 |
| <input type="radio"/> 08321 | <input type="radio"/> 08360 |
| <input type="radio"/> 08323 | <input type="radio"/> 08361 |
| <input type="radio"/> 08324 | <input type="radio"/> 08362 |
| <input type="radio"/> 08327 | <input type="radio"/> 08329 |

Answer If Which county do you live in? Gloucester County Is Selected

What zip code do you live in?

- | | |
|-----------------------------|-----------------------------|
| <input type="radio"/> 08014 | <input type="radio"/> 08074 |
| <input type="radio"/> 08020 | <input type="radio"/> 08080 |
| <input type="radio"/> 08025 | <input type="radio"/> 08085 |
| <input type="radio"/> 08027 | <input type="radio"/> 08086 |
| <input type="radio"/> 08028 | <input type="radio"/> 08090 |
| <input type="radio"/> 08032 | <input type="radio"/> 08093 |
| <input type="radio"/> 08039 | <input type="radio"/> 08094 |
| <input type="radio"/> 08051 | <input type="radio"/> 08096 |
| <input type="radio"/> 08056 | <input type="radio"/> 08097 |
| <input type="radio"/> 08061 | <input type="radio"/> 08312 |
| <input type="radio"/> 08062 | <input type="radio"/> 08322 |
| <input type="radio"/> 08063 | <input type="radio"/> 08328 |
| <input type="radio"/> 08066 | <input type="radio"/> 08344 |
| <input type="radio"/> 08071 | <input type="radio"/> 08343 |

Answer If Which county do you live in? Salem County Is Selected

What zip code do you live in?

- 08001
- 08023
- 08038
- 08067
- 08069
- 08070
- 08072
- 08079
- 08318
- 08347
- 08098
- 08072

What is your age?

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 80
- 81+

What is your gender?

- Female
- Male

What is your marital status?

- Married
- Divorced
- Widowed
- Separated
- Never married
- Member of an unmarried couple

Are you Hispanic, Latino/a, or of Spanish origin?

- Yes
- No
- Don't know / Not sure

Which one of these groups would you say best represents your race?

- White
- Black/African American
- Asian/Pacific Islander
- American Indian or Alaska Native
- Other (please specify): _____

What is the highest grade or year of school you completed?

- Never attended school
- Grades 1-8 (elementary school)
- Grades 9-11 (Some high school, but no diploma)
- Grade 12 (High school diploma or GED)
- College 1 year to 3 years (Some college or technical school)
- Associate's degree
- College 4 years or more (College graduate)
- Graduate or professional-level degree
- Other (please specify) _____

Which of the following categories best describes your employment status?

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work
- Student
- Homemaker

Do you or anyone in your household prefer to use a language other than English?

- Yes, please specify your preferred language: _____
- No
- Don't Know

What is your annual household income?

- Less than \$10,000
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000 and more

Are you currently covered by any of the following types of health insurance or health coverage plans?
(select all that apply)

- Your employer
- Someone else's employer
- A plan that you or someone else buys on your own
- Medicaid or Medical Assistance
- The military, TRICARE, or the VA
- The Indian Health Service
- Some other source
- None
- Don't know / Not sure

How would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know / Not sure

In the past 30 days, how many days was your physical health, which includes physical illness and injury, not good?

- No days
- 1 - 2 days
- 3 - 4 days
- 5 - 6 days
- 7 - 10 days
- 11 days or more

In the past 30 days, how many days was your mental health, which includes stress, depression, and problems with emotions, not good?

- No days
- 1 - 2 days
- 3 - 4 days
- 5 - 6 days
- 7 - 10 days
- 11 days or more

In the past 30 days, how many days were you not able to work or do daily activities because of poor physical or mental health?

- No days
- 1 - 2 days
- 3 - 4 days
- 5 - 6 days
- 7 - 10 days
- 11 days or more

Is there one healthcare professional or healthcare provider you think of as your personal doctor?

- Yes, only one
- Yes, more than one
- No
- Don't Know / Not sure

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

- You couldn't afford the out-of-pocket costs
- You couldn't get through on the telephone
- You couldn't get an appointment soon enough
- Once you got there, you had to wait too long to see the doctor
- The clinic/doctor's office wasn't open when you went there
- You didn't have transportation
- Not sure who to contact
- You did not have childcare
- The provider would not take your insurance
- No, I did not delay getting medical care/did not need medical care
- Other (please specify) _____

About how long has it been since you last visited a doctor for a routine checkup? A routine exam is a general physical exam, not an exam for a specific injury, illness, or condition.

- Within the past year (anytime less than 12 months ago)
- Within the past 2 (1 year but less than 2 years ago)
- Within the past 5 (2 years but less than 5 years ago)
- 5 or more years ago
- Don't know / Not sure
- Never had a routine physical or doctor's visit

Do you travel outside of your county for medical care?

- Yes (please specify what kind of medical care) _____
- No

Where do you get your health information?

- Family/Friends
- Church
- Public Library
- Doctors, Nurses, Pharmacists
- Hospital
- Health Department
- Schools
- Employer
- Internet/Websites
- Community Clinic
- Other (please specify) _____

On average, how many hours of sleep do you get in a 24 hour period?

- 1 - 6 hours
- 7 - 9 hours
- 10 - 13 hours
- 14 hours or more

How often do you do the following?

	Always	Most of the time	Sometimes	Rarely	Never	N/A
Wear a seatbelt when driving or riding in a car	<input type="radio"/>					
Wear a helmet while riding a bicycle, scooter, roller blading, etc.	<input type="radio"/>					
Eat fast food more than once a week	<input type="radio"/>					
Use electronic cigarettes	<input type="radio"/>					
Get exposed to second hand smoke or vaping mist at home or work	<input type="radio"/>					
Use marijuana	<input type="radio"/>					
Misuse prescription drugs, opioids, heroin, or other illegal drugs	<input type="radio"/>					
Use sunscreen regularly	<input type="radio"/>					
Practice safe sex i.e. use a condom, monogamous, get tested	<input type="radio"/>					
Feel stressed out or overwhelmed	<input type="radio"/>					
Drive responsibly, follow safe rules of the road, drive within the speed limit	<input type="radio"/>					

Have you smoked at least 100 cigarettes in your entire life? Note: 5 packs = 100 cigarettes

- Yes
- No
- Don't know / Not sure

Answer If Have you smoked at least 100 cigarettes in your entire life? Note: 5 packs = 100 cigarettes Yes Is Selected

Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all
- Don't know / Not sure

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men) or 4 or more drinks (for women) on one occasion or in one sitting?

- No times
- 1 - 2 times
- 3 - 5 times
- 6 - 10 times
- 11 - 15 times
- 16 or more times
- Don't know / Not sure

During the past month, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

- Less than once per week
- 1 - 2 Times per week
- 3 - 4 Times per week
- 5 - 6 Times per Week
- 7 - 14 Times per Week
- More than 14 Times per Week
- Never
- Don't know / Not sure

During the past month, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade) sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.

- Less than once per week
- 1 - 2 Times per week
- 3 - 4 Times per week
- 5 - 6 Times per Week
- 7 - 14 Times per Week
- More than 14 Times per Week
- Never
- Don't know / Not sure

During the past month, not counting juice, how many times per day or week did you eat fruit? Count fresh, frozen, or canned fruit. Do not include jam, jelly, or fruit preserves.

- 1 - 2 Times per Day
- 3 - 4 Times per Day
- 5 or more times per day
- Less than once per week
- Once per week
- 2 - 4 Times per Week
- 5 - 6 Times per Week
- Never
- Don't know / Not sure

During the past month, how many times did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens, spinach, or kale?

- 1 - 2 Times per Day
- 3 - 4 Times per Day
- 5 or more times per day
- Less than once per week
- Once per week
- 2 - 4 Times per Week
- 5 - 6 Times per Week
- Never
- Don't know / Not sure

Are you currently watching or reducing your sodium or salt intake?

- Yes
- No
- Don't know / Not sure

Which of these statements best describes access to food in your household during the past month?

- We had enough of the kinds of food we wanted to eat
- We had enough food but not always the kinds of food we wanted
- Sometimes we did not have enough to eat
- We often did not have enough to eat
- Don't know / Not sure

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- Yes
- No
- Don't know / Not sure

Answer If During the past month, other than your regular job, did you participate in any physical activities... Yes Is Selected

How many times per week did you do moderate physical activities during the past month? Moderate physical activities make you breathe somewhat harder than normal and may include: brisk walking, hiking, snow shoveling, bicycling at a regular pace, playing tennis, calisthenics, or horseback riding.

- 1 - 4 times per week
- 5 - 10 times per week
- 11 or more times per week
- No times
- Don't Know / Not Sure

Answer If During the past month, other than your regular job, did you participate in any physical activities... Yes Is Selected

And how much time did you usually spend doing moderate physical activities on each occasion during the past week?

- Less than 30 minutes
- 30 minutes to 1 hour 59 minutes
- 2 hours to 3 hours 59 minutes
- 4 hours to 5 hours 59 minutes
- 6 hours or more

Answer If During the past month, other than your regular job, did you participate in any physical activities... Yes Is Selected

How many times per week did you do vigorous physical activities during the past month? Vigorous physical activities make you breathe much harder than normal and may include: heavy lifting, backpacking, mountain climbing, high impact aerobics, fast bicycling more than 10 mph, competitive baseball, football or soccer, race walking, or running.

- 1 - 4 times per week
- 5 - 10 times per week
- 11 or more times per week
- No times
- Don't Know / Not Sure

Answer If During the past month, other than your regular job, did you participate in any physical activities... Yes Is Selected

And how much time did you usually spend doing vigorous physical activities on each occasion during the past week?

- Less than 30 minutes
- 30 minutes to 1 hour 59 minutes
- 2 hours to 3 hours 59 minutes
- 4 hours to 5 hours 59 minutes
- 6 hours or more

During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in the nose?

- Yes
- No
- Don't know / Not sure

Have you ever been told by a doctor, nurse, or other health professional that you have:

	Yes	No
Anxiety disorder	<input type="radio"/>	<input type="radio"/>
Depressive disorder	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>
Angina or coronary disease	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>
Heart attack, also called myocardial infarction	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>
Chronic obstructive pulmonary disease (COPD)	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>

Do you have routine health screenings for:

	Yes	No	Not applicable
Skin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If What is your gender? Female Is Selected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If What is your gender? Male Is Selected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral/throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever had cancer?

- Yes
- No

Answer If Have you ever had cancer? Yes Is Selected

Please specify the type of cancer

- Breast cancer
- Cervical cancer
- Endometrial (uterus) cancer
- Ovarian cancer
- Head and neck cancer
- Oral cancer
- Pharyngeal (throat) cancer
- Thyroid
- Colon (intestine) cancer
- Esophageal/Esophagus
- Liver cancer
- Pancreatic (pancreas) cancer
- Rectal/Rectum cancer
- Stomach
- Hodgkin's Lymphoma
- Leukemia (blood) cancer
- Non-Hodgkin's Lymphoma
- Prostate cancer
- Testicular cancer
- Melanoma
- Other skin cancer
- Heart
- Lung
- Bladder cancer
- Renal (kidney) cancer

What do you think are the top 5 most pressing health issues facing your county? (CHOOSE 5)

- Access to Care/Uninsured
- Alzheimer's Disease/Aging Issues
- Cancer
- Child Abuse/Neglect
- Dental Health
- Diabetes
- Domestic Violence
- Fire-Arm Related Injuries
- Heart Disease
- High Blood Pressure
- HIV/AIDS
- Homicide/Violent Crime
- Infectious Disease (i.e. hepatitis, TB, etc.)
- Infant Death
- Maternal/Infant Health
- Mental Health/Suicide
- Motor Vehicle Crash Injuries
- Overweight/Obesity
- Rape/Sexual Assault
- Respiratory/Lung Disease
- Sexually Transmitted Infections (STIs)
- Stroke
- Drug Abuse/Alcohol Abuse
- Tobacco Use/Smoking
- Teenage Pregnancy
- Prescription Drug Abuse
- Other (please specify): _____

What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

- Can't Find Doctor/Can't Get Appointment
- Basic Needs Not Met (Food/Shelter)
- Difficult to Understand/Navigate Health Care System
- Cost/Paying Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
- Lack of Child Care
- Lack of Health Insurance Coverage
- Lack of Transportation
- Lack of Trust
- Language/Cultural Issues
- Not enough time
- None/No Barriers
- Don't Know
- Other (specify): _____

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

- Health Education/Information/Outreach
- Health Screenings
- Immunization/Vaccination Programs
- Access to Affordable Fresh Fruits & Vegetables
- Availability of Parks & Recreation Areas
- Free/Low Cost Medical Care
- Free/Low Cost Dental Care
- Free/Low Cost Vision/Eye Care
- Primary Care Providers (Family Doctors)
- Medical Specialists (Ex. Cardiologist)
- Mental Health Services
- Prenatal Care Services
- Substance Abuse Services
- Bilingual Services
- Elder Care/Senior Services
- Transportation
- Prescription Assistance
- None
- Don't Know/Not sure
- Other (please specify): _____

Please select the 5 most important health topics you think your child/children need more information about.

- Diabetes Management
- Asthma Management
- Mental Health Issues
- Dental Hygiene
- Reckless Driving/Speeding
- Sexual Intercourse
- Suicide Prevention
- Nutrition/Exercise
- Tobacco Use
- Alcohol Use
- Sexually Transmitted Infections
- Violence Prevention
- Teenage Pregnancy
- Drug Abuse
- Anger Management
- Other _____

In your opinion, which 5 community issues most affect the quality of life in your community?

- Low Income/Poverty
- Dropping Out of School
- Lack of Community Support
- Violent Crime
- Lack of Culturally Appropriate Health Services
- Bioterrorism
- Cost of Health Services
- Pollution
- Access to Medical Care
- Homelessness
- Affordable Housing
- Transportation
- Clean Water for Drinking
- Lack of Primary Healthcare Providers
- Lack of Medical Specialists
- Neglect and Abuse
- Lack of Counseling/Mental Health Services/Support Groups
- Availability of Healthy, Affordable Food
- Gang Activity
- Lack of Recreational Services
- Employment/Career Opportunity
- Discrimination/Racism
- Single Parent Homes
- Availability of Child Care

- Lack of/Inadequate Health Insurance
- Other _____

In your opinion, what are the 5 most important problems that affect overall health in your community?

- Cancer
- Infectious Disease (i.e. hepatitis, TB, etc.)
- Child Abuse/Neglect
- Mental Health Problems
- Dental Problems
- Motor Vehicle Crash Injuries
- Diabetes
- Overweight/Obesity
- Rape/Sexual Assault
- Domestic Violence
- Respiratory/Lung Disease
- Fire-Arm Related Injuries
- Sexually Transmitted Infections
- Heart Disease
- Stroke
- Suicide
- High Blood Pressure
- Teenage Pregnancy
- HIV/AIDS
- Infant Death
- Homicide/Violent Crime
- Other _____

In your opinion, what are the 5 most important behaviors that affect overall health in your community?

- Lack of Exercise/Poor Physical Fitness
- Smoking/Tobacco Use
- Suicide
- Not Using Seatbelts
- Not Getting Immunizations ("shots")
- Not Getting Prenatal (Pregnancy) Care
- Lack of Parenting Skills
- Drug Abuse
- Alcohol Abuse
- Having Unsafe Sex
- Not Going to the Dentist
- Not Going to the Doctor for Yearly Checkups and Screenings
- Reckless/Drunk Driving
- Violence
- Other _____

What do you think is being done well in the community related to health?

What is the most important thing, positive or negative, impacting your personal health currently?

What suggestions do you have to improve health in the community?

Entities throughout Inspira Health Network's service area will use the information from this survey to plan community health programs. Please share any additional comments you have for them below:

Thank you for your input!

Appendix F. Prioritization Session Participants

Access to Health Care Sub-Committee

Inspira Health Network: Lynda Adams, Charles Sonaliya, Shawn Carter, Carolyn Heckman
 Inspira Family Success Centers: Donna Cooper, Leahe Togno, Kim Friddell
 Cumberland County Prosecutor's Office: Mark Anderson
 City of Vineland Health Department: Robert Dickinson
 Cumberland County Dept - Transportation: Ryan Feaster
 CompleteCare Health Network: Dr. Jazmine Harri
 FamCare: Dawn Hickman
 Robin's Nest: Niurca Louis

Substance Abuse/Mental Health Sub-Committee (Drug/Alcohol/Tobacco/Behavioral Health)

Inspira Health Network: Ken Corson, Dave Moore, Sarah Seabrook-DeJong, Susan Speranza, Dave Yhlen,
 Charles Sonaliya, Shawn Carter, Carolyn Heckman
 Robin's Nest/Danielle Counseling Center: Bridget DeFiccio
 Cumberland County Guidance Center: Joanne Gittone, Gary Moellers
 Southern NJ Perinatal Coop: Quinn Ingemi
 The Southwest Council: Jessica Kanady, Matthew Rudd
 Cumberland County Dept of Human Services: Melissa Niles
 Cumberland County College: Dr. Jim Piccone
 Cumberland County: Dante Rieti, Kim Wood
 Salem County Dept of Health & Human Services: Maggie Vaughn

Chronic Disease Sub-Committee (Obesity, Diabetes, Heart Disease, Cancer)

Inspira Health Network: Maria Basche, Michele Boyd, Carol Copsey, Cathy Giovinazzi, Dr. Steve Linn, Shawn Carter
 Stephanie Long, Cody Ore, Marita Schroy, Brenda Smaniotto, Charles Sonaliya, Carolyn Heckman
 Cumberland County Health Dept.: Jessica Atkinson
 Gateway Community Action Partnership: Nesmaida Baez
 Rutgers Cooperative Extension: Alex DelCollo
 CompleteCare Health Network: Rich Elwell, Dr. Sandra Brooks
 Gateway Community Action Partnership: Misty Sheppard, Nesmaida Baez
 Rutgers Food Innovation Center: Diane Holtaway
 Rutgers Extension of Gloucester County: Luanne Hughes
 City of Vineland Health Department: Emma Lopez
 Cumberland/Cape/Atlantic YMCA/YMCA of Vineland: Lisa Scheetz

Social Determinants Sub-Committee (Housing, Crime/Violence, Physical Activity, Health Screenings)

Inspira Health Network: Paul Abrams, Kim Friddell, Charles Sonaliya, Shawn Carter, Carolyn Heckman
 CompleteCare Health Network: Dr. Sandra Brooks
 Robin's Nest: Anthony DiFabio
 City of Vineland Dept of Health: Robert Dickinson, Emma Lopez
 Land Design Engineering: Michael DiVietro
 NJ Family Planning League: Paula Gordy
 FamCare, Inc.: Dawn Hickman
 Cumberland/Cape/Atlantic YMCA/YMCA of Vineland: Lisa Scheetz
 Salem County Health Dept: Jill Sheppard
 Cumberland County Health Dept: Megan Sheppard
 Holly Center Family Center: Shannon St. Clair
 Gloucester County Health Dept.: Ann Marie Ruiz

