Inspira Medical Center Vineland
Cumberland 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 Cumberland 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.

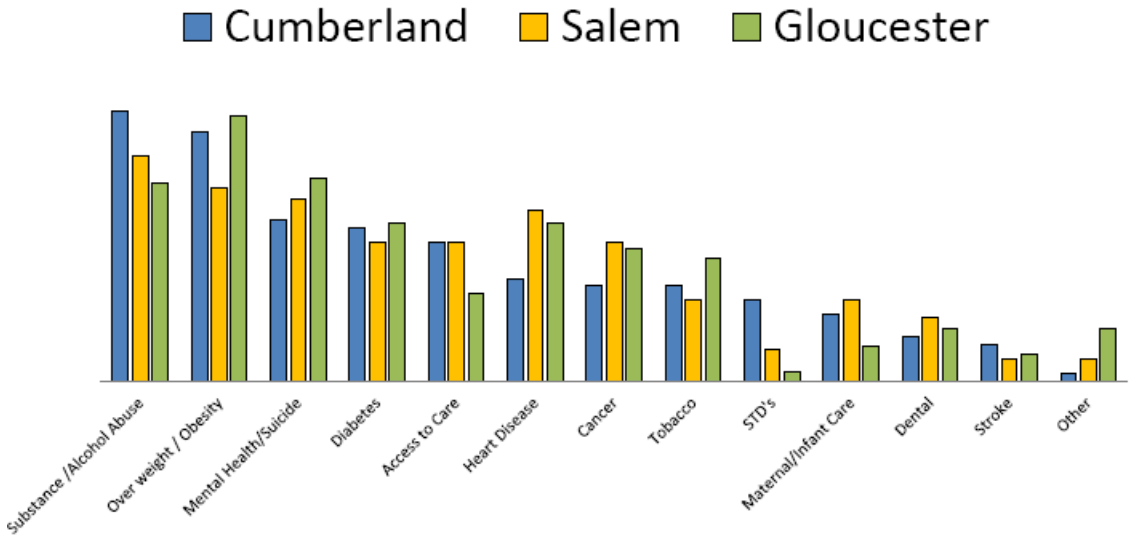
The completion of the CHNA enabled Inspira Health Network to take an in-depth look at the Cumberland County community. The findings from the assessment were utilized by Inspira Health Network to prioritize public health issues and develop a community health implementation plan focused on meeting community 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)
- 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. Cumberland County encompasses a total population of approximately 157,000.

Methodology

The CHNA was comprised of both quantitative and qualitative research components. The CHNA results are specific to Cumberland 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 Cumberland County, New Jersey was compiled.
- Key Informant Interviews were conducted with 41 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 37 community members in March 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 Cumberland 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 461 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 Cumberland 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

Mental Health & Substance Abuse Statistics

- The suicide rate per 100,000 is in Cumberland County (8.4) exceeds the Healthy People 2020 goal of 10.2.

Cancer Statistics

- The overall cancer incidence rate per age-adjusted 100,000 is lower in Cumberland County for all sites (506.5) than in Gloucester and Salem counties (543.6 and 523.3 respectively). In addition, incidence rates for breast cancer and prostate cancer are lower in Cumberland County when compared to Gloucester and Salem counties and the state. However, the overall cancer incidence rate for all counties is higher when compared to the state rate.

Environmental Health Statistics

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

Areas of Opportunity

Population Statistics

- Cumberland County has a higher percentage of residents with a disability (17.0%) when compared to both Gloucester and Salem counties (13.6% and 16.8% respectively). However, the percentages for all three counties are higher than that of the state (10.6%).
- Residents in Cumberland County are more likely to be linguistically isolated (7.0%) when compared to Gloucester County (1.4%) and Salem County (1.7%). Individuals who are linguistically isolated may face barriers accessing needed medical and social services and may have limited employment and schooling opportunities.

Household Statistics

- A smaller proportion of homes in Cumberland County are owner-occupied (67.1%) when compared to both Gloucester and Salem counties (80.3% and 71.7% respectively).
- A higher proportion of residents in Cumberland County (62.7%) spend more than 30% of their income on rent when compared to residents in Gloucester and Salem counties (56.1% and 57.6% respectively) and New Jersey (53.8%). Households that spend more than 30% of their income on housing are at risk for financial hardship.
- Cumberland County has a higher proportion of single-female households (18.3%) and single-parent households (44%) when compared to both Gloucester County (12.9% and 26.4% respectively), Salem County (14.2% and 38.7% respectively), and the state (13.4% and 27.1% respectively).

Income Statistics

- The proportion of individuals and families living in poverty is higher in Cumberland County (17.5% and 14.2% respectively) than in Gloucester County (8.1%; 5.8%), Salem County (12.4%; 10.0%), and the state (10.4%; 7.9%).

- A higher proportion of residents in Cumberland County receive cash public assistance (6%) and food stamp/SNAP benefits (15.9%) when compared to Gloucester (4.0% and 7.1% respectively) and Salem (3.8% and 11.0% respectively) counties and New Jersey (2.8% and 7.8% respectively).
- Cumberland County has a notably poorer food environment when compared to Gloucester and Salem counties and the state. However, Salem County also has a high percentage of low-income preschool obesity and child food insecurity.
- Forty-eight percent of Cumberland County students are eligible for the Free Lunch Program compared to 19.7% in Gloucester County and 35.5% across Salem County and the state.

Employment Statistics

- Cumberland County had a notably higher unemployment rate in 2014 (9.2%) when compared to Gloucester and Salem counties (6.3% and 6.1% respectively) and New Jersey (6.6%).

Education Statistics

- Residents aged 25 years and over in Cumberland County are less likely to have graduated from high school (77.0%) or college (14.3%) when compared to Gloucester County (90.9%; 28.4%), Salem County (86.0%; 20.4%), and the state (88.1%; 35.8%). In addition, Cumberland County has the lowest percenter of students passing State Achievement Tests when compared to Gloucester and Salem counties and the state.

Health Insurance Coverage Statistics

- Residents of Cumberland County are the least likely to have health insurance coverage (83.5%) when compared to Gloucester (91.0%) and Salem (88.0%) counties and New Jersey (86.8%). In addition, a larger proportion of residents with a disability in Cumberland County do not have health insurance coverage (10.3%) when compared to Gloucester (8.2%) and Salem (6.6%) counties and the state (8.3%). Residents age 18 to 64 years with a disability are the least likely to have health insurance.

Mortality Statistics

- The top five causes of death in Cumberland County are heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. The age-adjusted death rate due to heart disease is higher in Cumberland County than in both Gloucester and Salem counties and the state.

Maternal & Child Health Statistics

- The birth rate per 1,000 females aged 15 to 17 years is considerably higher in Cumberland County (22.4) than in Gloucester County (6.2), Salem County (18.9), and the state (8.7).
- The percentage of Cumberland County mothers who started prenatal care in the first trimester (71.4%) is lower when compared to Gloucester County (81.4%) and the state (78.6%).
- The percentage of infants and mothers who experienced low birth weight, preterm birth, and very preterm birth is higher in Cumberland County when compared to Gloucester and Salem counties and the state.
- The infant mortality rate per 1,000 live births is higher in Cumberland County (9.5) when compared to Gloucester (4.0) and Salem (8.4) counties and the state (5.1).

Sexually Transmitted Infection & Communicable Disease Statistics

- The number of chlamydia cases steadily increased in Cumberland County between 2009 and 2013 while Gloucester and Salem counties both experienced a stable or variable trend.
- Cumberland County has a higher prevalence of HIV/AIDS and a higher incidence of tuberculosis (380.3 and 4.4 respectively) when compared to Gloucester and Salem counties.

Mental Health & Substance Abuse Statistics

- Across all treatment admissions, Cumberland County has a higher rate of treatment admissions for heroin (33.9%) and alcohol abuse (28.1%).

Chronic Conditions among Medicare Beneficiaries

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

County Health Rankings

- Cumberland County received the worst ranking for health outcomes, mortality, quality of life, health factors and behaviors, and social and economic factors (21 of 21) in New Jersey.
- The years of potential life lost per age-adjusted 100,000 is notably higher in Cumberland County (8,144) and Salem County (8,042) when compared to Gloucester County (6,288), the state (5,636), and the national benchmark (5,317)
- The child mortality rate is higher in Cumberland County (82.8) than in Gloucester and Salem counties (34.5 and 65.2 respectively).
- Adults in Cumberland County are more likely to report having poor or fair health and have a higher average number of poor physical and mental health days when compared to Gloucester and Salem counties, the state, and the national benchmark.
- Data related to health behaviors is poorer in both Cumberland and Salem counties. Adults in both counties are more likely to smoke, be physically inactive, and be obese. Adults in Cumberland and Gloucester counties are more likely to drink excessively.
- All three counties received a poor ranking for clinical care. Several factors contributed to their rank including the provider to population ratio for primary care physicians, dentists, and mental health providers, and the rate of preventable hospital stays.
- A higher percentage of Cumberland County residents do not receive the social support that they require (28%) when compared to Gloucester (19%) and Salem (23%) counties, the state (22%), and the national benchmark of 14%.

Crime Statistics

- The total crime rate per 1,000 for both violent and property crimes is notably higher in Cumberland County (5.5 and 42.7 respectively) when compared to Gloucester (1.6; 26.3) and Salem (2.6; 23.2) counties and the state (2.9 and 20.5 respectively).

Areas of Difference

Population Statistics

- Cumberland County is more racially diverse when compared to Gloucester and Salem counties and the state. In particular, the proportion of Hispanics/Latinos and Black/African Americans is higher in Cumberland County (27.6% and 22.8% respectively) when compared with Gloucester (5.0%; 11.5%) and Salem (7.2%; 15.4%) counties and New Jersey (18.2%; 14.8%).
- The percentage of people who speak a language other than English at home is notably higher in Cumberland County (25.3%) when compared to Gloucester County (8.6%) and Salem County (7.2%), but is lower when compared to the state (30.0%). Residents in Cumberland County who speak a language other than English at home are more likely to speak Spanish (21.5%).

Household Statistics

- The median home value in Cumberland County ($168,900) is notably lower than that of Gloucester County ($224,700), Salem County ($190,200) and the state ($327,100).
- Cumberland County has a larger average family size (3.41) when compared to Salem County (3.15), Gloucester County (3.22), and the state (3.29).
- A lower percentage of residents aged 15 years and over in Cumberland County are currently married (41.1%) when compared to Gloucester County (51.8%), Salem County (48.8%), and the state (49.6%).

Income Statistics

- The median income for households and families is lowest in Cumberland County ($50,750 and $60,338 respectively).

Maternal & Child Health Statistics

- The birth rate per 1,000 is higher in Cumberland County (13.8) than in Gloucester County (10.9), Salem County (11.1), and the state (11.9).
- The birth rate is notably higher among Cumberland County Hispanic residents when compared to White, Black, and Hispanic residents in Gloucester and Salem counties and the state.

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 41 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 Cumberland County.

Key Informant Study Findings

Demographics

Respondents were asked to provide their gender, race, and community affiliation. The key informants were mostly female (65.0%) and White (80.5%). The largest percentage of informants were affiliated with Health Care/Public Health Organizations (26.8%), followed by Education/Youth Services (19.5%). The following table further depicts participants' community affiliations. "Other" affiliations included community-based organizations and emergency medical services.

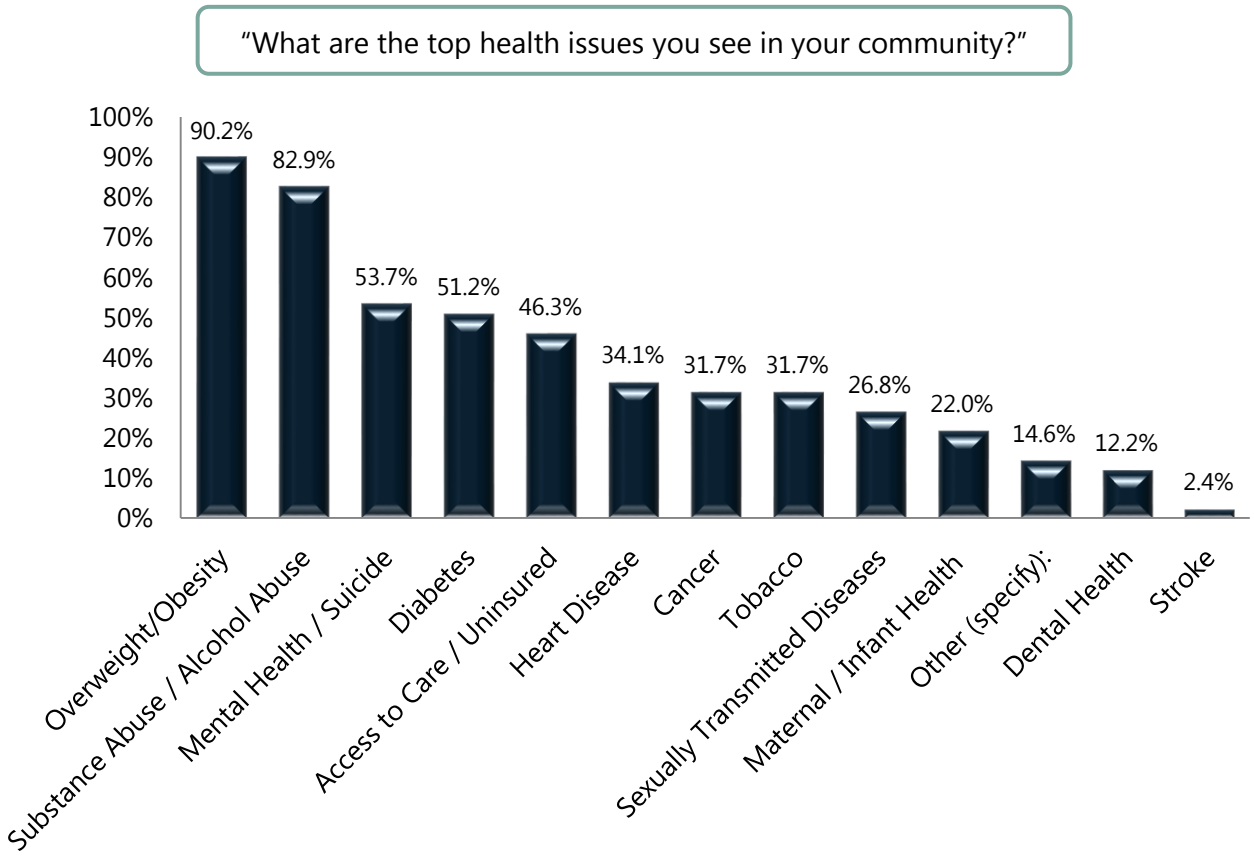
Community Affiliation	%
Health Care/Public Health Organization	26.8%
Education/Youth Services	19.5%
Mental/Behavioral Health Organization	12.2%
Faith-Based/Cultural Organization	12.2%
Government/Housing/Transportation Sector	12.2%
Non-Profit/Social Services/Aging Services	9.8%
Other	4.9%
Community Member	2.4%
Business Sector	0.0%

Key Health Issues

Key informants were asked to rank the five most pressing health-related issues in Cumberland 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:

- Overweight/Obesity
- Substance Abuse/Alcohol Abuse
- Mental Health/Suicide
- Diabetes
- Access to care/Uninsured

"Other" key health issues that key informants mentioned included health care costs, school wellness, congestive heart failure, and dementia.



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	Overweight/Obesity	37	90.2%	31.7%
2	Substance Abuse/Alcohol Abuse	34	82.9%	24.4%
3	Mental Health/Suicide	22	53.7%	4.9%
4	Diabetes	21	51.2%	7.3%
5	Access to Care/Uninsured	19	46.3%	19.5%
6	Heart Disease	14	34.1%	4.9%
7	Cancer	13	31.7%	0.0%
8	Tobacco	13	31.7%	2.4%
9	Sexually Transmitted Diseases	11	26.8%	2.4%
10	Maternal/Infant Health	9	22.0%	0.0%
11	Other (specify):	6	14.6%	2.4%
12	Dental Health	5	12.2%	0.0%
13	Stroke	1	2.4%	0.0%

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, Cumberland County residents are least able to access transportation for medical appointments and mental/behavioral health 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	3.27	Neither Agree nor Disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.90	Neither Agree nor Disagree
Residents are able to access a dentist when needed.	2.90	Neither Agree nor Disagree
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area	2.54	Neither Agree nor Disagree
There is a sufficient number of bilingual providers in the area	2.59	Neither Agree nor Disagree
There is a sufficient number of mental/behavioral health providers in the area	2.32	Disagree
Transportation for medical appointments is available to area residents when needed	2.24	Disagree

Barriers to Health Care Access

After rating health care access service issues facing Cumberland 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.)
- Inability to Navigate Health Care System
- Lack of Transportation
- Lack of Health Insurance Coverage

"Other" responses that key informants mentioned as barriers to accessing care in the community included low educational attainment and lack of awareness of available services.

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 navigate the health care system was ranked as the most significant barrier in the community, followed by the inability to pay out of pocket expenses.

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.)	34	82.9%	22.0%
2	Inability to Navigate Health Care System	30	73.2%	31.7%
3	Lack of Transportation	28	68.3%	14.6%
4	Lack of Health Insurance Coverage	25	61.0%	9.8%
5	Basic Needs Not Met (Food/Shelter)	22	53.7%	9.8%
6	Language/Cultural Barriers	21	51.2%	0.0%
7	Lack of Trust	13	31.7%	0.0%
8	Availability of Providers/ Appointments	12	29.3%	4.9%
9	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	12	29.3%	2.4%
10	Lack of Child Care	9	22.0%	0.0%
11	Other (specify):	5	12.2%	4.9%
12	None/No Barriers	1	2.4%	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:

- "15% poverty rate"
- "Although our community does have many resources, often people are not aware they even exist. If they are aware, they may not think they qualify or the other barriers come in to play."
- "Basic lack of healthcare knowledge in the community about making the right personal choices and sticking with them over the long term."
- "Basic needs should include income. We have many residents unemployed or working for minimum wage."
- "Even if they have coverage, care can be denied."
- "I ranked the inability to pay out of pocket expense number one because even if many of our residents are lucky enough to have a job to meet basic needs, they cannot afford to take off from work without pay and then pay the additional expenses of co-payments related to medical care. Many are problem even afraid to call out sick because they don't want to risk losing the job that they are lucky enough to have."
- "I serve on a lot of committees and I get confused about health related services out there, but I will keep calling until I find out what I need to know. I believe that many county residents are not sure who to call and if by chance they contact an agency or guidance and they are "turned off" by the response, they won't keep trying to contact for help."
- "Lack of medical providers based on the size of the population."
- "Limited resources, especially for the middle class and underserved populations such as the working poor."
- "Many parents in Bridgeton do not have a vehicle."
- "More needs to be done to discourage EDs being used as PCP."
- "Parents are overwhelmed by all the questions to sign up kids for health insurance. We need to de-mystify health care insurance and health care in general so parents are not intimidated or frustrated."

Underserved Populations

Informants were asked whether they think there are specific populations that are not being adequately served by local health services. Seventy-five percent of respondents in Cumberland County indicated there are underserved populations in the community. The most underserved populations according to these respondents included:

- Low income/Poor
- Uninsured/Underinsured
- Homeless

The following table depicts the percentage of respondents who selected a population as underserved, in rank order. "Other" response referred to the Asian community due to language barriers.

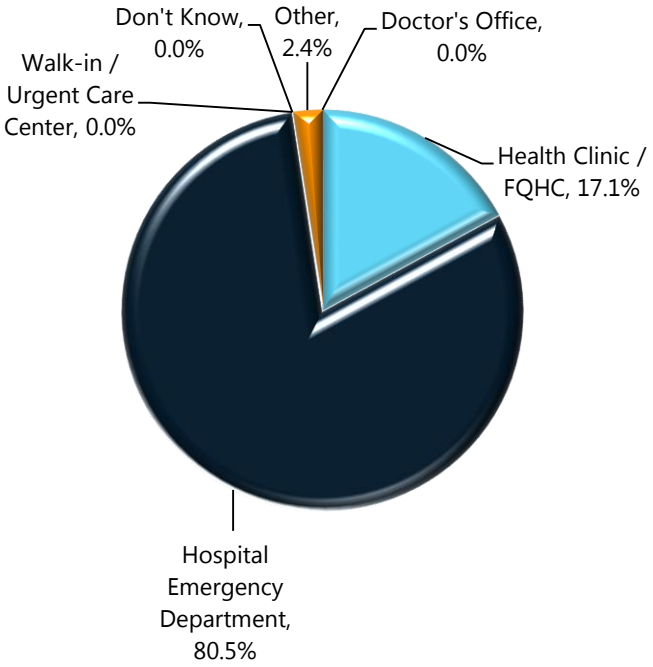
Ranking of Underserved Populations

	Underserved population	Number of Respondents Selecting The Population	Percent of Respondents who Selected The Population
1	Low income/Poor	24	80.0%
2	Uninsured/Underinsured	23	76.7%
3	Homeless	19	63.3%
4	Hispanic/Latino	15	50.0%
5	Immigrant/Refugee	15	50.0%
6	Black/African American	9	30.0%
7	Seniors/Aging/Elderly	8	26.7%
8	Disabled	5	16.7%
9	Young Adults	5	16.7%
10	Children/Youth	4	13.3%
11	Other	1	3.3%
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 vast majority of respondents (80.5%) 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 & Underserved Populations:

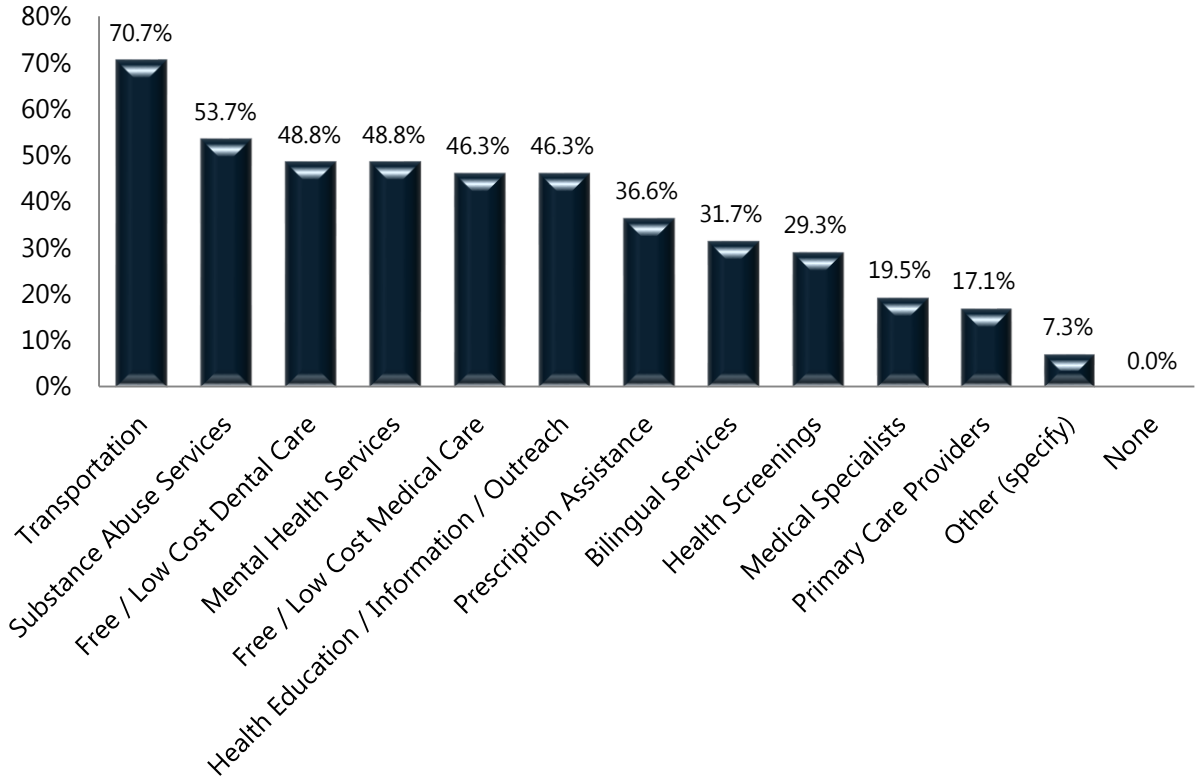
- "Bridgeton emergency room is used as a health center."
- "Low- income / poor cannot afford co-pays with new insurance coverage via healthcare reform. Can no longer afford to see their PCP; only affordable option is FQHC."

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
- Substance Abuse Services
- Free/Low Cost Dental Care

"Other" responses that informants provided included low cost vision care, good paying jobs with health benefits, and connection to the appropriate 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. Poverty emerged as a significant barrier to improved health. Other socioeconomic factors such as unemployment and unmet basic needs were also frequently mentioned. The vast majority of informants felt that most people in their communities are just trying to make ends meet and can't afford to buy gym memberships or healthier foods that usually tend to be more expensive.

"When trying to just stay alive, it is hard to concentrate on a healthy lifestyle."

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

- "Cost of food, lack of education."
- "Difficulty meeting primary needs."
- "For many they are facing so many other challenges such as enough food, clothing, paying utilities, etc. that personal care issues are not the priority."
- "1) Chronic illnesses are not viewed in some populations as chronic where treatment maintenance and prevention is necessary. 2) Prevention, healthy lifestyles such as eating healthy and exercising are not viewed as priorities when living day to day. It is not viewed as making an important difference in their lives. 3) Safety is an issue."
- "For me the most difficult challenge is having time and money to make healthy eating choices. Most people are working and picking up children and getting them to activities or other things that take up too much time and they don't have time to prepare meal. Most people are trying to just make ends meet and can't afford to eat healthy foods. There is not enough free places to exercise."
- "I think availability of free/safe recreation sites is a challenge for people to exercise. Some of the challenges preventing healthy eating are inability to budget for healthy foods, confusion over what is healthy and apathy because they are overwhelmed at making life style changes. Those managing chronic conditions may not have access or funds for monitoring equipment or medications. They may also be frustrated that their condition will never improve."
- "I think the insufficient income is one of the main challenges people have in maintaining a healthy lifestyle. It costs a lot more to buy healthy foods like fish, fresh vegetables and fruits than it does to buy pasta and other foods that have a negative impact on weight, diabetes, heart disease, etc."
- "Lack of education to the effects of not exercising or eating right."
- "Many people are unemployed and without insurance."
- "More Outreach/educational programs are needed specifically in Vineland City."
- "Our county faces a lot of challenges such as: unemployment & low educational attainment. Two variables which if addressed and improved as studies demonstrate will improve the likelihood of individuals being able to spend income and time investing in their health."

- "Values need to change. People need to see community leaders valuing healthy eating and good exercise habits. We need our schools and churches to have people moving before church activities. We need to have every gathering include fresh fruits and vegetables. We need free TV programs on healthy eating and exercise, diabetes education and heart disease education."
- "Poverty (lack of money, lack of resources, lack of wealth). Educational resources (lack of knowledge, lack of tools to understand). Infrastructure (society reinforces need for a car, gym membership; lack parks/play areas, lack good transportation system."

Next, key informants were asked, "What's being done well in the community in terms of health and quality of life?" Community outreach programs, the development of urgent care facilities, and the availability of free preventative health initiatives were frequently mentioned by informants. The following text box highlights select feedback given by respondents.

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

- "Community outreach programs are available to provide the resources that people are seeking."
- "Federally qualified health centers such as Complete Care are available and development of urgent health care centers."
- "Health Department educates the community and partners with local agencies in an effort to educate the community at large."
- "Health services try to work more closely together to serve the people of the community."
- "Healthcare providers work hard to create opportunities for free screenings etc... to encourage good health maintenance."
- "I see many programs to educate and care for the needs of the community, but that these are not fully taken advantage of by people in need. I also believe both the FQHC and hospital are very community centered in addressing the needs of the community."
- "Improved hospital based screenings to recognize co-morbid issues."
- "Inspira Health Network growth and development and initiation of access center connecting people and patients to the right services and programs."
- "Many agencies offer free health screenings and provide education on other ways to eat healthy and exercise."
- "Medicaid and Charity Care available. Most offices provide bilingual assistance."
- "Programs like YMCA and other organizations are showing people how to make better choices."
- "Public Health/Health Department is an asset in this community. Encompasses so many areas, and has a great deal going on with partners. Use the money and partnerships they do have well. Being health-conscious is starting to manifest in teens and young adults."
- "The community does have members and organizations that are passionate about improving the lives of the residents. We do get a lot of resources and funding because we are so disparaged. The infrastructure is definitely here because the organizations that can have the most impact are involved; it just doesn't always reach the community members in a meaningful way."
- "There are urgent care centers opening throughout the county. Employers are holding health fairs at their businesses as well as fairs being held at local social service agencies."

- "There has been significant increase in grant funding for a variety of agencies in the county recently. Agencies that are pursuing the funding are doing a great job to get those dollars to our area. Built environment changes are slowly progressing in our county making opportunities for reduced tobacco use and increased physical activity. Wonderful alliances have been formed to address these concerns."
- "There is an educational initiative that has been in place for over 2 years - there has been a major effort to publicize the services that are available - too many residents do not realize what is available or how to access these services."
- "There is now plenty of information available to the public regarding the need to make healthy lifestyle choices and what these choices should be. We just have to find a way to motivate our residents to make the right choices and stick with them. In some circumstances we need to assist them with the financial means that will allow them to make healthy choices. I feel that we have also made great strides in improving the availability of medical care for our residents. I also feel that we have accomplished much in improving accessibility for disabled residents."

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

Suggestions/Recommendations:

- "I think there needs to be more community health workers whose main role is to spread the word about resources. Conventional options like flyers, emails, billboards only go so far and they only reach those who have those resources. People in our community value face to face contact with individuals who can give them a solution, not just another piece of paper."
- "Alliances that are formed throughout the county must be more aggressive about going after grant funding jointly. If grant funding is received resources must be shared to make the dollars and programming have a farther reach by sharing the pot of money. Agencies must start thinking outside the box as far as the services they provide. For example if an agency works solely on sexual assault prevention staff should be trained to take opportunities with their clients to address the other factors in the individuals life and assist by providing referrals to the appropriate agencies."
- "Better community education programs at grocery stores, shopping centers and community events."
- "Connect the dots for the community to make it more the system of care and eligibility more easily understandable for county residents of all walks of life."
- "Create access to affordable health care/education programs (Free) and transportation to and from medical appointments for seniors and underserved populations."
- "Each community within the county needs to act cohesively and not as silos. Involve members of the community that are directly affected."
- "Education and informing the residents what is already available - also need more primary care physicians."
- "Free access to education about healthy eating and exercise. More free programs for gym access and personal counseling, person life coaching."
- "Homeless and immigrant (including non-Hispanic) outreach."

- "Increase the availability of inpatient or resident substance abuse providers. Find ways to motivate people to make healthy lifestyle choices and stick with them. Make everyone residents, providers, social services etc. more aware of programs that are currently available so patient referrals can be made. Increase collaboration among agencies and providers that are providing the same or similar services. If we work together and combine our resources we can make them go a lot further in meeting the needs of the community."
- "Local outreach to teach people how to navigate the healthcare system. Partnerships with the schools to bring services to where the kids are. Expand school based health services, school based vaccine clinics and school/provider communication."
- "Partnerships with health services and community organizations."
- "People need to be better informed of resources available to them. This has continued to be a great challenge for all healthcare providers."
- "Provide low cost transportation to allow access to healthcare facilities. Go to where the people are - hold health fairs and education sessions in apartment complexes, recreation centers, etc. where patients can be reached without traveling to a healthcare facility."
- "Screenings, education, transportation, bilingual health care providers."

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

General/Additional Comments:

- "Thank you for the programs I know you provide. I am interested in your life coaching free seminar and the group or individual life coach counseling. I wish my insurance covered this service, but I will have to pay out of pocket to fully take part in these programs."
- "There is a huge trust issue - so many people say please do not EVER take me there."
- "Health impacts our lives in every possible way, and it is important to remember that EVERY person's health matters regardless of their socioeconomic status, race, gender, ethnicity, sexual orientation, or disability."
- "Need to connect better with the funding community - to seek LARGE grants not small ones - to work on a large collaborative effort."
- "Please make sure to include child protective services, board of social services, sexual assault and mental health agencies in this survey as well as key informant interviews they were missed last time. Assure they are also at the table when working to address the issues."
- "More community partnership efforts from local businesses and non-profit organizations are essential and key to impact the community regarding health care issues."

FOCUS GROUPS

Background

Focus groups were conducted among Cumberland County residents to gather qualitative feedback regarding access to care, key health issues, and health education and communication. The focus groups were conducted on March 25, 2015 at two locations. The first focus group was conducted at the Cumberland County YMCA in Vineland with 17 representatives from the community. The second focus group was conducted at the Cumberland County Family Success Center in Port Norris with 20 representatives from the community. Both of the focus groups were conducted for approximately 90 minutes. The results for the focus groups are often presented by location to accurately represent the community. Port Norris is an isolated section of the county and as a result, has specific health issues and barriers.

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 Cumberland 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. Cumberland County residents, in particular Port Norris residents, struggle to access care due to lack of services in the area, difficulty navigating the health system, and transportation. Participants noted that both primary care and specialty care providers are lacking in the community. Specialty care is particularly lacking for diabetes patients and children. Residents also struggle to access primary care and often resort to the emergency room and urgent care centers due to a lack of extended office hours. Urgent care centers are becoming more prevalent in the county and more attractive to residents due to their accessibility and cost. However, there is a need for more information regarding urgent care centers as residents are unsure of the services they offer and the insurances they accept.

A number of major health issues were identified within the community; however, the most pressing were overweight/obesity, mental health and substance abuse, diabetes, and autism. Factors that contribute to overweight/obesity are lack of access to healthy foods and safe and affordable areas for physical activity. Port Norris in particular was noted by participants as a food desert. Factors that contribute to poor mental health and substance abuse in the community are lack of access to medical providers, cost of services, and socioeconomic indicators like poverty. Residents offered suggestions to improve mental health and substance abuse, including support groups, prevention workshops, and better awareness efforts. Participants feel that education, especially around substance abuse, starts in the schools and with parents.

Participants were in agreement that residents of the community are not fully aware of the health care services and options that are available to them. Residents are typically blind to services until they need

them. One of the biggest contributing factors to lack of awareness is a lack of information sharing between providers and patients. Participants recommended improving health service awareness by working with churches and schools to be hubs of information. They also recommended creating a directory of services that is promoted to all residents. In regards to specific programs that are needed in the community, participants listed topics such as preventative health care, nutrition and exercise, and family bonding.

Access to Care

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

YMCA: Vineland,NJ

The participants were quick to answer that members of the community experience a number of difficulties obtaining health care services. The most frequently stated barriers included lack of services in the area, difficulty navigating the health care system, and transportation. The participants shared that they often have to travel outside of the county or go without services all together due a the lack of health care providers in the county. In relation to primary care, one participant shared that his family often relies on the emergency room because it's all that is available. However, even the wait at the emergency room is so long that they often go home before seeing a health care provider. Another participant shared that even when doctors are accessible, they may not accept all insurances, which forces community members to coordinate care outside of their community or go without care.

Participants also felt that specialty care services are missing in the community. They shared that there needs to be a better strategy for attracting specialists who accept multiple forms of insurance to the area. There are two or three general care practitioners in the community, but residents have to travel outside of the area for any services outside of their scope of practice. In particular, specialty care for pediatrics and children who have mental health problems, food allergies, and special needs (e.g. autism, ADHD, counseling, G6PD) was identified as missing in the community. One participant stated, "If there are resources here, they're so maxed out that they give you a date and it's two months down the line. How is that going to help us when we're trying to implement a certain structure?" In addition, participants shared that there are only two diabetes doctors in the entire county and diabetes is a major issue in the community. In regards to insurance, participants stated that many of the doctors in the area do not accept Medicaid, which a number of people in the community rely upon.

Participants stated barriers related to navigating the health care system. One participant shared that he lost his insurance, but was still able to get a necessary procedure under his wife's insurance. However, when his wife lost her insurance, he was reliant on Medicaid to receive post-surgery therapy. He was in the Medicaid system, but it took six months before everything was set up and he could receive services. Another participant shared that there is general lack of communication between providers. If community members visit multiple providers, they are often asked the same questions and receive duplicate tests. The participants suggested a means to integrate provider records to share information. They also suggested providing access to care coordinators at the beginning of treatment to explain all service options and the system.

Transportation was shared as an issue due to lack of public options in the county. Participants shared that if community members use the bus system for an appointment in the morning, they may not be able to return until evening depending on where they live. The homeless shelter was specifically stated as only receiving intermittent bus service.

Family Success Center: Port Norris, NJ

The participants in Port Norris stated many of the same barriers to accessing care; however, the reasons for the barriers and the degree to which they impact health care access differ from Vineland participants. Lack of services and transportation were identified as the greatest barriers to accessing care in the community. Port Norris does not have any health care providers located within the community; residents have to travel to other communities (Millville, Vineland, or Bridgeton) for all services. However, both primary and specialty health care providers are scarce even outside of the community. One participant shared that there is only one doctor specializing in diabetes. The participant stated, "She has no idea who patients are because she is too overwhelmed." Residents also have to travel outside of the community for dental care. They referenced that dental service providers are "good," but that the cost is also a barrier. Many residents do not have dental insurance and even when they do, the out of pocket fees are prohibitive or providers may not accept their insurance type.

Transportation is an issue as a result of having to travel outside of the community for services. There is no public transportation in Port Norris for routine medical care. If residents cannot drive themselves to an appointment, they have to find a ride from someone in the community or reschedule. The bus route does come through Port Norris, but participants shared that individuals who use the service ride the bus for seven hours to get to their appointment or wait for seven hours at the doctor's office for the bus to pick them up. One participant shared that her neighbor had to move because he had diabetes and was unable to get to medical appointments. He had to move closer to a bigger area. Residents of Port Norris also struggle to schedule appointments at times that are convenient to their family. Residents shared that medical services are typically only available from 8 to 4pm and they struggle to make these times without calling off of work or picking the kids up early from school.

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

YMCA: Vineland,NJ

Participants shared that they use the following resources to access health care:

1. Primary Care Physician: Participants use their primary care physician when it's available to them. However, the hours of availability for primary care physicians are often limited (close at 4pm), which forces people to use the emergency room or urgent care.

2. Emergency Room: Participants use the emergency room when they are not able to access a primary care physician or urgent care. However, the wait for the emergency room is often six hours if the health problem is not perceived as an emergency.
3. Urgent Care Centers: The participants had mostly positive feedback regarding urgent care centers. They shared that they are easily accessible and have shorter wait times than the

emergency room. The one negative finding shared by participants is the cost of urgent care centers. Many participants felt that the co-pay and deductible are often too expensive for families and that urgent care centers are not viewed as "income friendly". Participants also shared that there is confusion in the community regarding what services urgent care centers offer and what insurances are accepted. Community members still use the emergency room because they do not know what can be treated at urgent care centers. In addition, community members who are underinsured or uninsured are not sure if they will be turned away from urgent care centers. There is a need for information regarding urgent care centers in the community.

Participants were also asked to share their opinions regarding accessing the health care system through a digital platform. The platform would be used to schedule appointments, download directions, view physician listings, and monitor emergency room wait times. In general, participants were open to the concept of the platform. They find it easier to schedule appointments online versus over the phone. However, participants voiced a number of concerns related to language, technology, and communication. One participant stated, "I would be curious to see how that would work only because I know there are a lot of families that are English as a second language. So would that be available in Spanish, would there be some kind of facility that would be able to walk people through that? There's a lot of people who aren't tech savvy. If that was available there should be a designated place and somebody to help them." Additional languages in the community that should be considered are Russian and Haitian Creole. In regards to communication and monitoring, participants want assurance that if they schedule an appointment, it will not be lost or forgotten in the system.

Family Success Center: Port Norris, NJ

Participants again emphasized that there are no medical services (doctors, dentists, urgent care, etc.) available in the community. Residents typically travel to the three surrounding towns of Millville, Vineland, and Bridgeton or Cape May to receive services. As a result, residents are typically only accessing services when they are sick, not for prevention. Participants shared their feedback in regards to specific access points for medical care:

1. Emergency Room: Many residents in the community use the hospital emergency room for medical issues because they are not able to access primary care due to hours of availability. As mentioned before, many locations are only open 8 to 4pm and residents cannot access services during these times, especially give the need to travel from out of town.

2. Urgent Care Centers: Residents are using urgent care centers because they are faster and less expensive than the emergency rooms. They are also more accessible when they are located in grocery stores, like Shop-Rite. However, information related to urgent care centers and minute clinics is limited. Many residents are not aware of the services they offer. In addition, residents are concerned that by "bouncing" between urgent care centers they are losing continuity of care and their medical history.

3. Cape Regional Medical Center: Participants had positive feedback regarding accessing services in Cape May. They receive good care and the wait times are short. One participant shared that at

most she has waited 30 minutes for an appointment.

Participants were also asked to share their opinions regarding accessing the health care system through a digital platform. In general, participants were open to the concept of the platform as long as it was accurate and up-to-date. One participant gave the example of using a similar platform in Vineland. She had a medical emergency and made an appointment and checked-in via the platform in the morning, but still had to wait five hours for her appointment. Another barrier to the platform is that many individuals in Port Norris do not have access to the internet or computers. Internet connection service is limited in the area.

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

1. Defining a location with five or six health care representatives that is open for a set number of hours and is available for individuals to ask questions about insurance, navigating the system, etc. The location would resemble the care coordinator model.

2. Home surveying similar to the Census for individuals who are not able to make it to a physical location like the one described above. In this system, care coordinators would discuss individual health and access needs in the comfort of patients' homes.

3. Providing more knowledge to individuals in the event they become uninsured or underinsured. One participant shared that she was recently uninsured and she did not know what to do for herself or her kids. She would have benefited from information related to cheaper medical services and access to financial assistance. Another participant suggested providing more information related to navigating the system and working with agencies to provide more awareness and guidance about programs like New Jersey Family Care. Many individuals go through a three to six month waiting period when they do not know if they have insurance or when it will take effect. Residents often receive a letter informing them they had coverage that started three months earlier. Many residents also aren't aware that they can apply for insurance online or over the phone; they think they need to visit the office in Vineland. There is a general lack of medical literacy when navigating the system.

4. Developing a system in which premiums are manageable for low income individuals. One participant stated that health care is a right and should not be a matter of charity.

5. Reaching out to providers in the area to identify individuals willing to volunteer service hours or provide free exams related to women's health, dental, and eye health.

Participants in Port Norris also referenced the Family Success Center as a great resource for acquiring insurance. The center offers representatives to help individuals in the community sign up for insurance through ObamaCare. One participant stated, "They've been a godsend to this community because the

people you see here are like the caregivers, but we had each other and that's all we had. Them [Family Success Center] coming in here has been a tremendous help to us all."

Health Issues

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

Focus group participants named a number of health problems present within the community. The following is the list of problems as described by participants:

1. Mental Health: Mental health was identified as a health problem by multiple individuals in the focus group. Participants felt that mental health issues are prevalent in the area, but there are not enough services to combat it. Many residents need to travel outside of New Jersey to receive services. In Port Norris specifically, residents are isolated from other communities and do not have services readily available.

2. Diabetes: Diabetes was named as a health problem in the community, primarily because it can lead to a number of other health issues. As one participant stated, "Because when you have diabetes and it's out of control, there are other health issues that go along with it." In relation to diabetes, participants shared their concerns regarding the food industry and how food is being processed in such a way that increases the chances of developing the condition. They also felt the condition is not being aggressively prevented or diagnosed at an early enough age to prevent a diagnosis or further complications.

3. Autism: Autism was identified as being "big" in the area. Participants stated that almost all individuals in the community either know someone or are related to someone with autism. In addition, services for Autism are lacking in the community. Residents have to travel outside of the area for services.

4. Drug and Alcohol Abuse: Drug and alcohol abuse was thought to go "hand-in-hand" with mental health as a need in the community. It was also thought to be a result of not having a lot of alternative activities within the community.

In Port Norris, participants identified items in the community that help mitigate some of the factors contributing to the major health issues. These items included:

1. Keeping a Nurse Practitioner on staff at the Family Success Center for well visits, sick visits, sports physicals, etc. However, her hours are limited and come at a cost to the center.

2. Engaging the advisory committee to identify opportunities for educational presentations to the community. These presentations include educating the community about available resources.

3. Hosting health-related activities once a month. For example, they host cancer-related activities during cancer awareness month.

In addition, residents identified items they would like to see in the community to mitigate some of the factors contributing to the major health issues. These items included:

1. Setting up a mobile health clinic to visit once or twice a month, especially for kids, for residents who cannot make it to a neighboring town for services.

2. Designating services for adults. Kids are often taken care of through the school (e.g. the dental trailer and eye checks by the nurse) or the Smiles Program through Inspira, but the adults are not taken care of.

3. Increasing access to fresh produce. These individuals live in the Garden State, but have limited access to produce. Seniors have a $25 voucher program for produce, but they almost lost it.

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

Participants were in agreement that overweight and obesity are issues in the community and they shared a number of barriers to maintaining a healthy weight. Overall, participants felt there are not a lot of outlets for promoting health in the community. New restaurants and other places to eat are promoted and advertised, but options for staying fit are not made public. In relation to food, participants shared that eating healthy is expensive. The price of fruits and vegetables, not even organic fruits and vegetables, is over-priced. There are farmers markets in the area, but participants felt residents don't always have money available to purchase from them. One participant shared that WIC gives residents vouchers to buy from the farmers markets and this practice is viewed as very helpful.

In Port Norris specifically, residents live in a food desert. There are no grocery stores in the immediate area so residents rely on the mini-mart of Wawa if they are in a rush or do not have transportation. As a result, there are not as many options available and what is available, is not as healthy and is expensive.

In relation to physical activity, participants again shared a number of barriers, the first of which was cost. One participant would like her family to use the YMCA in the area, but the cost of approximately $600 per year is inhibitive. Another participant shared that her child would like to play Little League baseball, but the cost to register is $200. In general, parents struggle to find the funds necessary to enroll their children in sports and there are very few free options for recreation. Participants shared that the schools lock the fence around the track so it is not accessible. They shared their frustration that their tax dollars are used to build recreation facilities like the track and baseball field, but the children are not allowed to use them outside of school hours unless they pay to be on a sports team. Participants also shared that there is a decreased focus on physical activity in the community since gym class was cut from daily to weekly. Lastly, participants identified transportation as a barrier to promoting physical activity among their children. If residents have multiple children and they need to get them to different sporting events, they rely on others to carpool and share the burden.

In Port Norris, exercise is limited by a lack of physical activity options, specifically for children. There are no physical locations except the skate park and no programs like dancing or karate. There is one other park in the community, but it consists of only two swings and one slide and is vandalized. Participants shared that the park is where most of the teenagers go to use controlled substance and many of them use foul language not appropriate for younger children.

Participants were asked to identify opportunities for improving overweight and obesity issues in the community. One participant felt the schools should offer more activities that are free to students. She gave the example that she has two boys and they have to pay out of pocket to play football. It is free to play in high school, but not in elementary and middle school. In general, participants felt there needs to be a way to remove the price tag from physical activity. One participant suggested a grant for children within certain ages to have free access to the YMCA. The YMCA is in a central location and is on a bus route so it is accessible, but not cost-friendly. Participants also felt there needs to be more awareness in the community regarding the issue, starting at the preschool level. One participant gave the example of using Michele Obama's initiative, Let's Move. In Port Norris, residents are excited about the start of a community garden as a means to bring fresh produce to the area.

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

As mentioned before, mental and behavioral health issues are a problem in the community. One of the biggest contributing factors that was discussed by participants is the lack of access to services to combat these issues. The waiting lists for services are often several months out and when residents call providers and leave messages for appointments, their calls are not always returned. Primary care physicians can only diagnose and provide treatment to a certain extent and then residents are reliant upon specialists. In addition, the cost of services, specifically related to copays and medications, is a barrier. Participants also stated that residents are not always receiving yearly physicals so they are not being diagnosed or reevaluated properly. As a result, their condition often escalates to mental health and drug abuse issues. Lastly, participants stated that poverty and lack of real life skills contribute to poor mental health.

Port Norris residents offered several suggestions to combat poor mental health. Many of these suggestions related to education and more programs in the community. They would like to see support groups for coping, workshops for prevention, and awareness of how substance abuse is impacting the community.

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

<u>YMCA: Vineland,NJ</u>
This question initiated a chuckle from the participants as the answer, to them, was an obvious, "Yes." Participants were then asked why the issue is a problem in the community. They identified several reasons including, a lack of counselors and individuals who can deal with the problem, poverty, and a lack of alternative options. In regards to poverty, participants stated there is a lack of jobs in the

community. One participant shared that it's no longer possible to go directly to a factory or other employment location and get hired. Residents have to utilize the temp agency and cycle through jobs. There is a benefit to the company because they do not have to give employees insurance. However, residents either cannot make ends meet with temporary jobs or cannot find a job at all. They are reduced to selling drugs to provide for themselves and their families. In relation to a lack of alternative options, one participant stated, "When you have to pay $200 a kid for sports, what else can they [kids] do to blow off steam?"

Participants were asked to share ideas for addressing the issue of prescription drug abuse and heroin use in the community. They felt that education starts in the schools and with parents. Schools and parents need to be able to identify when children are struggling with addiction and they need to have the resources to address it. The school district has a huge presence in the community and is an ideal access point for education and resources. Parents also need to be taught how to properly dispose of medications. Children are finding medications in the home and either taking them or selling them. The Vineland Police Departments has a "take-back" program for prescription medications, but there is not a lot of awareness in the community about the program. Participants shared that they often flush their medications because they don't know what else to do with them. Lastly, participants also felt that understanding the "whys" behind addiction is the key to addressing the issue.

Family Success Center: Port Norris,NJ

Participants answered this question with a resounding, "Yes" or "Big time." In Port Norris, reasons for the issue come back to lack of services and the community environment. The community does not have any addiction services, crisis centers, or hotlines for help. The only service immediately accessible is a pill drop box at the police department. The environment is also conducive to prescription drug abuse and heroin use as it is an isolated and depressed area and there are not a lot of alternative activities. One participant stated, "We are a bad place out here." Lastly, there is a stigma to asking for help in the community and residents avoid seeking services.

The advisory committee for the Family Success Center has a lot of ideas regarding prevention in the area, but the funding is lacking. They would like to focus efforts on the kids to show them that drug use isn't real life. One participant stated, "This is what our kids grow up with. Their parents, their grandparents… and it's hard. There's nothing else for them to do in the community. They do the drugs to fit in with the kids." Another participant stated, "This community has to work twice as hard as far as traveling or getting resources." Some of the things the center has been able to enact are educational programs for seniors on properly disposing of prescriptions, drug awareness programs in elementary and middle school, focus groups, and town hall meetings.

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?

YMCA: Vineland,NJ
Participants responded to this question with a resounding, "No." Residents in the community are often not aware of healthcare services/options in the community until they need them. Participants identified one major factor contributing to general lack of awareness of services, lack of information sharing between health care providers and patients. Providers are either not aware of services or not passing the information on to patients. As a result, residents have to learn from other individuals in the community about services.

Participants also identified ways to improve awareness of services. They suggested using the schools and churches as a central hub for information. In addition, participants suggested using media sources such as TV, billboards, phone apps, and window advertisements among local businesses to promote services. They felt that using multiple sources and "bombarding" residents with information was the most effective means for improving awareness. Participants also suggested the community or the hospital host a fair every three months and invite local health care providers to present information. The fair would give families the opportunity to have fun while learning about community-specific services. It would also give the hospital an opportunity to be more involved in the community. Lastly, participants suggested pairing the information with a free give-away that would attract residents. One participant referenced the long line for free Rita's water ice on the first day of spring and asked why the community couldn't do something similar, but pair it with health information.

Family Success Center: Port Norris,NJ
In Port Norris, residents feel forgotten and uninformed. All communication efforts are focused on Vineland, Millville, and Bridgeton. The Family Success Center is the only social service organization in the township and while the majority of the community is actively aware of its services, there are still some who are not. Residents are even less aware of organizations and services outside of the township because they are not actively advertised in the area. The area is isolated. One participant suggested going door-to-door to promote the Family Success Center and other services by word of mouth. She also suggested using "old school methods" like a bake sale, car wash, or fish fry to promote services. Participants also recognized teachers as the gateways to kids and families and recommended using them to identify families in need and connect them with services. Lastly, participants suggested using the community telephone on-call system that is currently used to announce school closures and delays for updating information and promoting services.

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?

YMCA: Vineland,NJ
Participants named a number of sources that they use to get health information or find out about resources in the community. One participant said she gets diabetes information through the mail and finds it very helpful when she pays attention to it. Another participant said she gets her information from the Family Success Center bulletin boards and by talking to a representative. A representative from

the Family Success Center was present at the session and she stated that even her team has trouble identifying all of the resources in the community and they often have to call around to find them. A directory of services that is mailed to each family in the community was suggested. Participants shared that a current directory does exist, but not everyone is aware of it. The participants would also like the hospital to create an annual mailing announcing any new or in-demand services.

Participants were also asked to identify the sources of health information they trust the most. Participants named the internet as their primary source. However, one participant shared that he references three different sources prior to making a decision because information is always changing and it's hard to keep up.

Family Success Center: Port Norris,NJ

The Family Success Center is viewed as one of the only sources of information in the community outside of word of mouth. It is also the source residents trust the most. Additional sources that residents use are the schools, churches, and the Office of Aging and Disabled. Schools are viewed as a tremendous strength in the area and they should be leveraged to share information through workshops and parent-teacher nights. In relation to churches, one participant pointed out that there are 19 of them in the area and they could be a satellite for the Family Success Center and other organizations to share information in the community. She also suggested using the churches as a partner in transportation as they have a number of vans that are not always in use.

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

Participants are interested in opportunities and programs to help improve their health and their family's health. One participant stated that he is currently part of a program that offers him points for completing healthy activities like a physical. He felt this program should be offered to everyone in the community to encourage preventative medicine and save money in the long run. Another participant shared that nutrition and exercise programs are needed in the community. Participants would like to see healthy cooking classes and ideas for exercising at home with available resources. Participants also recognized that programs need to target specific groups to get their attention. For example, one participant recommended using rappers to get the attention of teenagers. Lastly, participants suggested programs that promote family bonding time. One participant shared that with both parents working outside of the home, everyone is in a rush. Families need training on how to bond and build the family unit. Family bonding would also empower families to directly address issues like drug abuse.

In Port Norris, participants shared a list of programs their community would be interested in:

1. CPR training
2. Prenatal classes
3. Age 0 to 5 nurturing and development
4. Education related to diabetes, mental health, substance abuse, seniors and financial literacy
5. Wellness programs to promote prevention
6. Social workers to act as gateways to resources
7. Community organizer for urban issues

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. Providing information and education to the community. Participants would like to see more one-on-one conversation with families to assess their needs and promote health improvement.

2. Lowering the cost of services so that everyone in the community can afford them relative to their income.

3. Making the health system friendlier and easier to navigate. People fear the system because they either don't understand the information given to them or don't have the money to pay for services.

4. Providing an urgent care center in Port Norris.

5. Building a community center in Port Norris that provides an outlet for physical activity and that gives kids an opportunity to get off the streets.

Is there anything we haven't covered in this discussion that you think is important?
Port Norris residents shared that they would like more focus on sexual health (e.g. teenage pregnancy and STDs) and prenatal care.

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, 461 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. Approximately 53% of all respondents resided in zip codes 08360 and 08302. Of the total 461 respondents, 78.7% were female and 21.3% were male. Fifty-two percent of all respondents were between the ages of 45 and 64 years. An additional 33.2% of all respondents were between the ages of 25 and 44 years. Whites comprised 82.9% of study participants and Blacks/African-Americans represented 8.4%. Approximately 16% of all respondents identified as Latino/Hispanic.

Zip Code	%	Zip Code	%
08360	29.1%	08345	0.7%
08302	23.4%	08316	0.4%
08332	18.9%	08321	0.4%
08361	18.4%	08324	0.4%
08311	2.2%	08329	0.4%
08323	1.5%	08315	0.2%
08349	1.3%	08320	0.2%
08352	1.1%	08362	0.2%
08353	1.1%		

Demographic Information	n	%

Gender		
Female	363	78.7%
Male	98	21.3%
Age		
18 - 24	19	4.1%
25 - 34	71	15.4%
35 - 44	82	17.8%
45 - 54	119	25.8%
55 - 64	121	26.2%
65 – 80	42	9.1%
81 and over	7	1.5%
Race/Ethnicity		
White	374	82.9%
Black/African American	38	8.4%
Asian/Pacific Islander	3	0.7%
American Indian	2	0.4%
Other	34	7.5%
Hispanic/Latino*	72	15.9%

* 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 (60.7%) were married, while 11.5% of respondents were divorced and 17.0% were never married. In addition, 6.2% of respondents preferred a language other than English at home. Almost all respondents who preferred a language other than English, preferred Spanish.

Household Type	n	%
Marital Status		
Married	279	60.7%
Divorced	53	11.5%
Widowed	17	3.7%
Separated	17	3.7%
Never married	78	17.0%
Member of an unmarried couple	16	3.5%
Household Language Other than English		
Yes	28	6.2%

The socioeconomic status of respondents, including education, employment, income, was also assessed. More than half of the total participants (55.8%) attained at least an associate's degree. In addition, the majority of respondents (72.0%) were employed, working full-time; less than 2% were unemployed and looking for work. Approximately 69% had an annual household income of $50,000 or more; 13.1% 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)	5	1.1%
Grades 9-11 (High school, no diploma)	7	1.5%
Grade 12 (High school diploma or GED)	76	16.5%
College 1 year to 3 years(Some college or technical school)	113	24.6%
Associate's degree	71	15.4%
College 4 years or more (College graduate)	103	22.4%
Graduate or professional-level degree	83	18.0%
Other	2	0.4%
Employment Status		
Employed, working full-time	329	72.0%
Employed, working part-time	55	12.0%
Not employed, looking for work	8	1.8%
Not employed, not looking for work	1	0.2%
Retired	41	9.0%
Disabled, not able to work	9	2.0%
Student	3	0.7%
Homemaker	11	2.4%
Annual Household Income from All Sources		
Less than $10,000	20	4.6%
$10,000-$14,999	14	3.2%
$15,000-$19,999	6	1.4%
$20,000-$24,999	17	3.9%
$25,000-$34,999	38	8.7%
$35,000-$49,999	42	9.6%
$50,000-$74,999	103	23.5%
$75,000 and more	199	45.3%

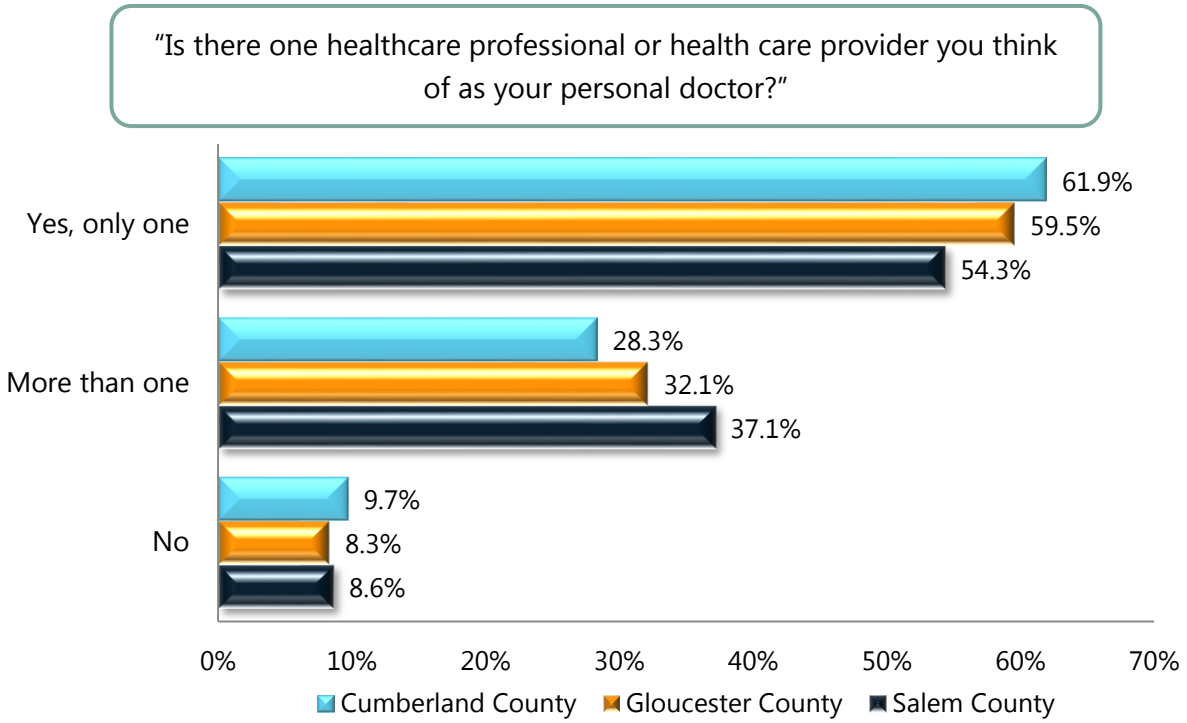
Respondents were also asked to report on their current insurance coverage. The majority of respondents (82.2%) had insurance through their employer or someone else's employer. Approximately 9% of respondents relied on Medicaid or Medical Assistance and 3.7% of respondents were uninsured.

Insurance Coverage	n	%
Insurance Type		
Your employer	303	65.9%
Someone else's employer	75	16.3%
A plan that you or someone else buys or you own	19	4.1%
Medicaid or Medical Assistance	39	8.5%
The military, TRICARE, or the VA	5	1.1%
The Indian Health Service	1	0.2%
Some other source	24	5.2%
None	17	3.7%
Don't know/Not sure	4	0.9%

Access to Health Care

Primary Care

A high proportion of respondents (90.3%) have at least one person who they think of as their personal doctor; only 9.7% of respondents reported not having a personal doctor. However, Cumberland County had the highest percentage of respondents without a personal doctor among the three counties.



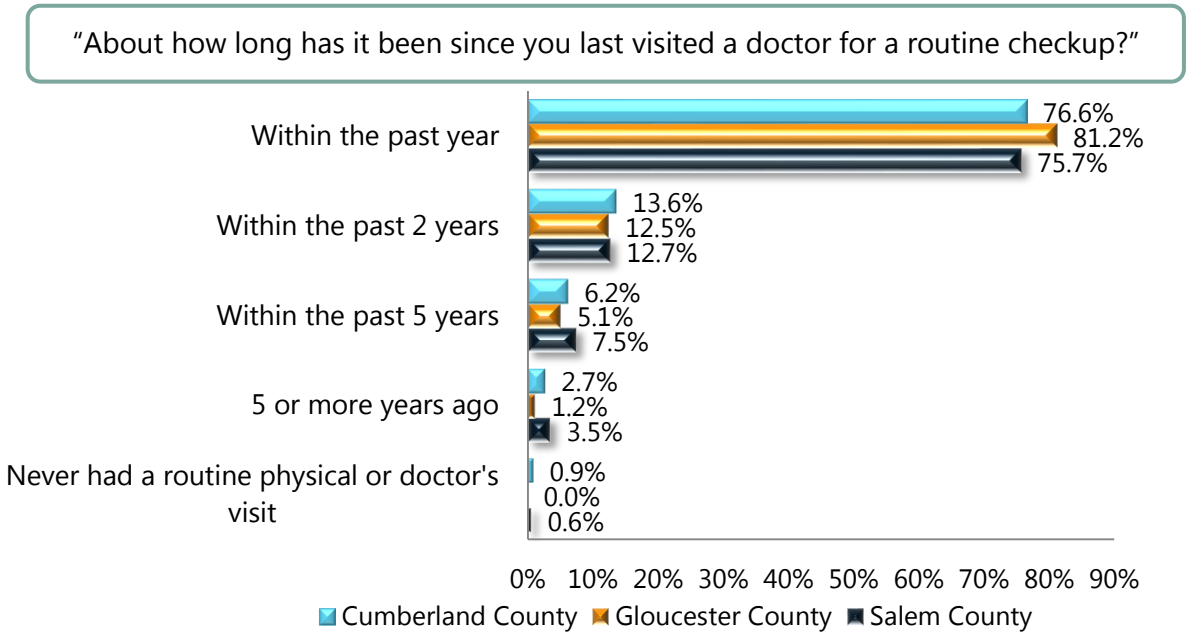
Respondents were then asked if they have delayed getting needed medical care in the past 12 months. Approximately 31% of respondents stated they delayed getting medical care. Among respondents who delayed getting medical care, the primary reasons were the inability to pay out of pocket expenses, the inability to get an appointment in a timely manner, and having to wait too long to see the doctor once

an appointment was scheduled. "Other" responses from respondents primarily referenced time constraints and not being able to leave work for an appointment. 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%

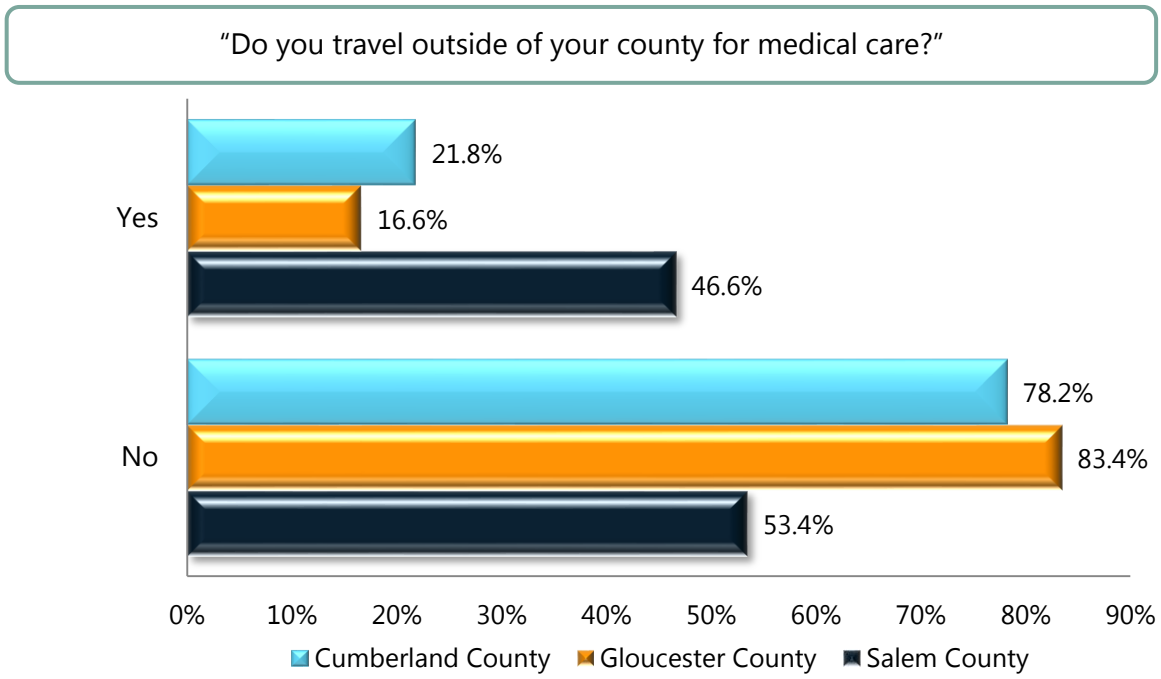
Respondents were asked to report on the last time they visited a doctor for a routine checkup. Approximately 77% of respondents visited a doctor within the past year and 13.6% visited a doctor within the past two years. The results are generally consistent across the three counties.



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 22% of respondents travel outside of the

county for medical care. Respondents travel outside the county for a number of services, but primarily for primary care, OB/GYN services, oncology, and endocrinology.



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.

Sources for Health Information

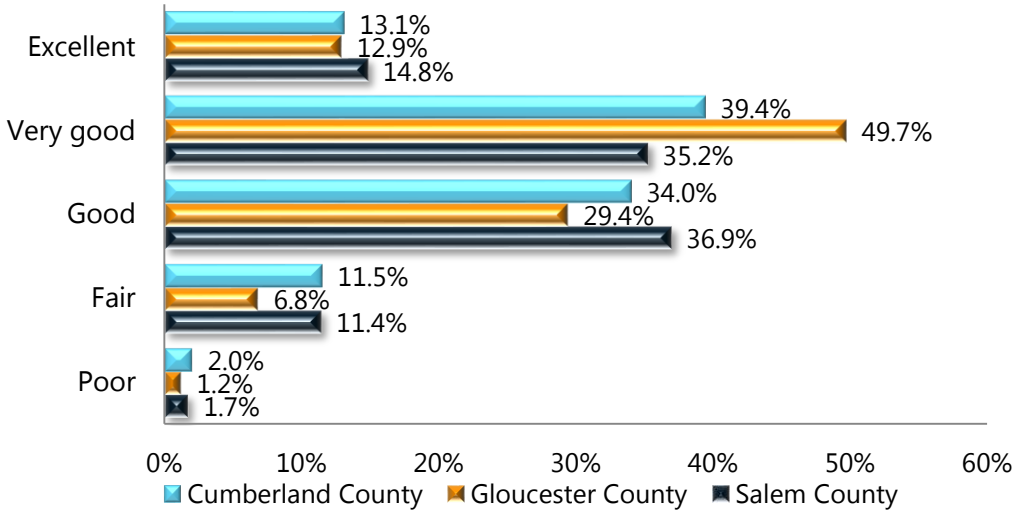
Information Source	Cumberland County	Gloucester County	Salem County
Family/Friends	7.7%	4.4%	6.3%
Church	0.0%	0.3%	0.0%
Public Library	0.2%	0.3%	0.0%
Doctors, Nurses, Pharmacists	51.3%	62.5%	60.3%
Hospital	3.9%	2.9%	2.3%
Health Department	1.5%	0.6%	1.1%
Schools	0.2%	0.3%	0.0%
Employer	4.4%	5.3%	2.3%
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

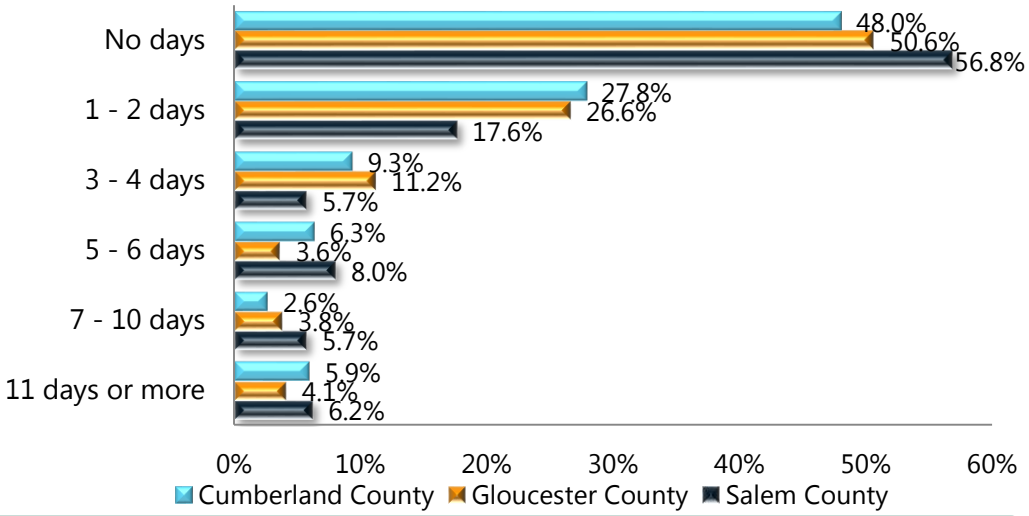
Overall Health Status

Respondents were asked to rate their overall health status, including both physical and mental health. In general, Cumberland County respondents reported having "Good" or "Very good" health (73.4%). Only 13.5% of respondents reported having "Fair" or "Poor" health. However, 52.0% of respondents had at least one day of poor physical health and 50.0% had at least one day of poor mental health, in the past 30 days. In addition, 69.3% of respondents felt stressed out or overwhelmed "Always," "Most of the time," or "Sometimes." Respondents who experienced poor physical or mental health did so primarily on one to two days and only 27.2% 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.

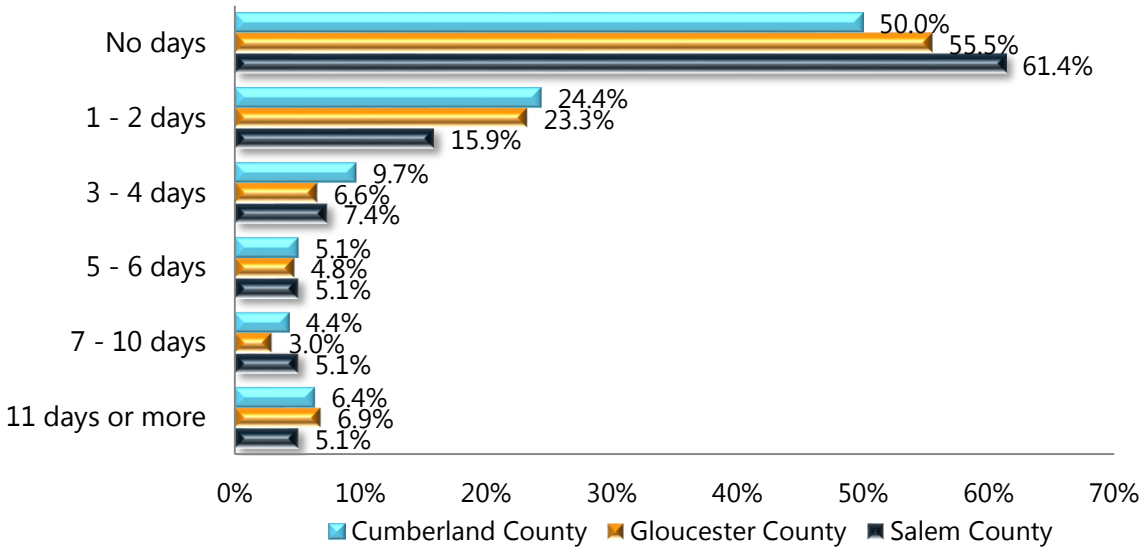
"How would you rate your overall health?"



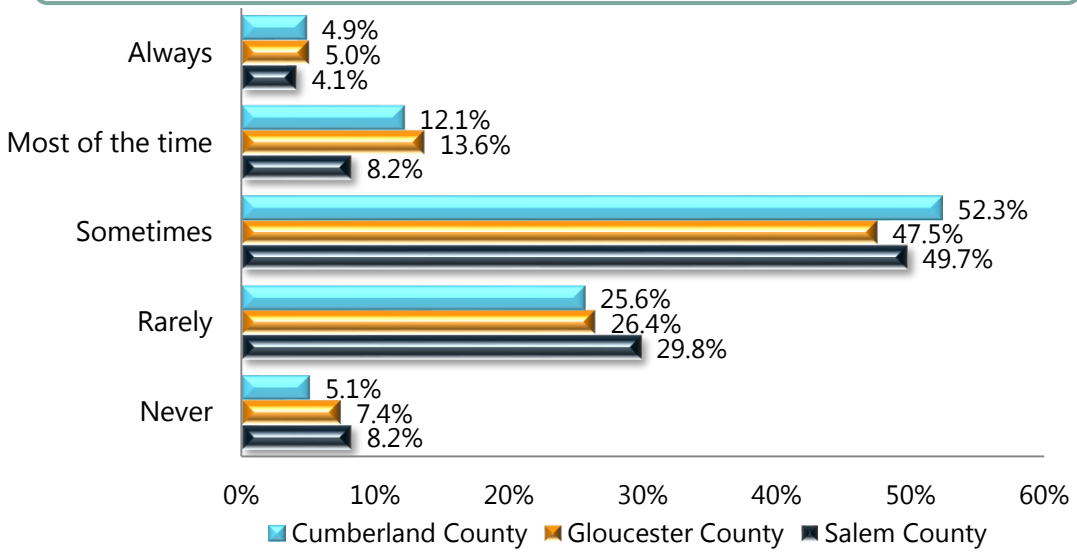
"In the past 30 days, how many days was your physical health not good?"



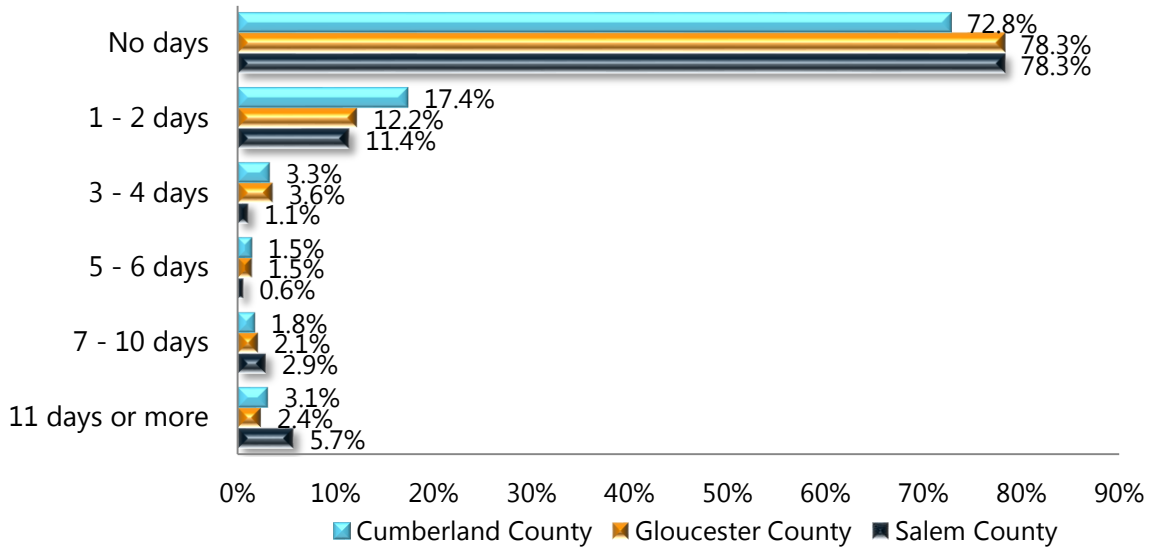
"In the past 30 days, how many days was your mental health not good?"



"How often do you feel stressed out or overwhelmed?"



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

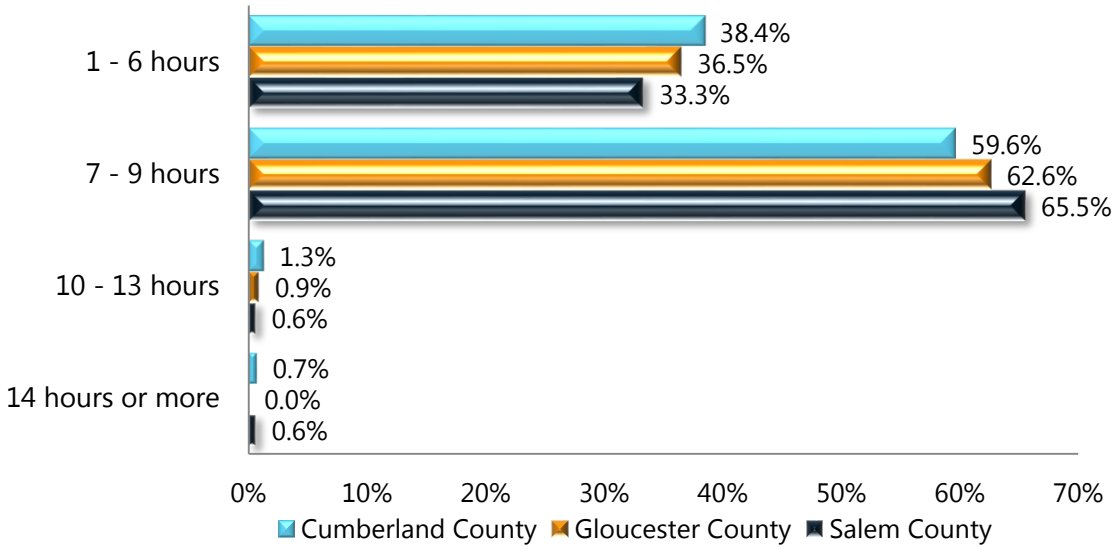


Health Behaviors

Sleep

Respondents were also asked how many hours of sleep they get in a 24 hour period on average. More than half of respondents (59.6%) reported getting seven to nine hours of sleep, which is the recommended number of hours for adults, according to the National Sleep Foundation. However, 38.4% 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?"



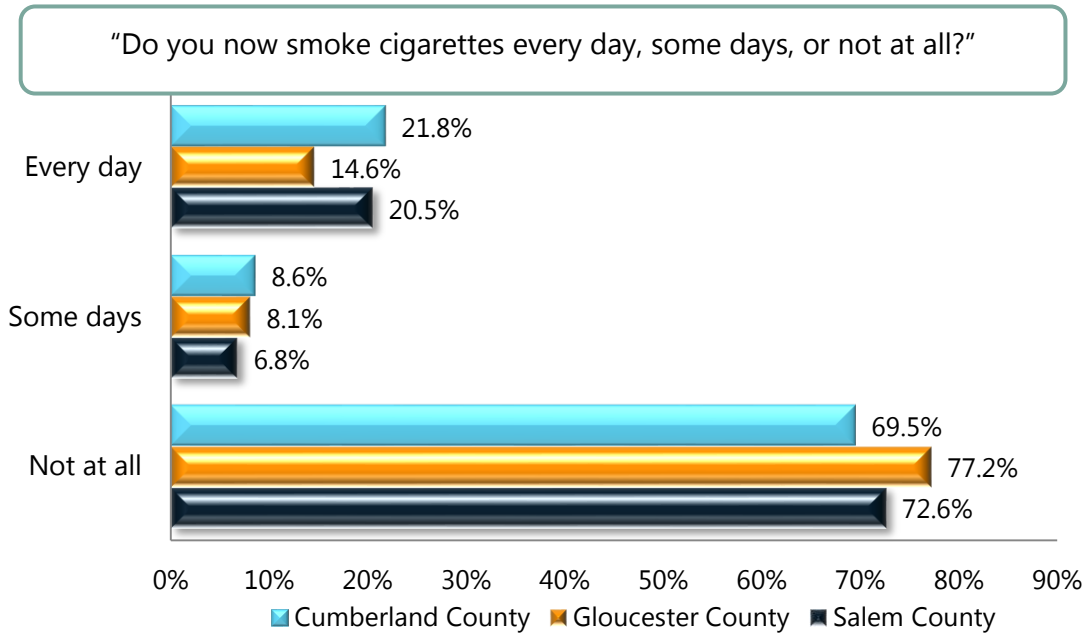
Safety Precautions

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, Cumberland County respondents are less likely to practice safety-related behaviors when compared to their peers in Gloucester and Salem counties. In particular, only 85.7% of respondents always wear a seatbelt when in a car and only 76.2% practice safe sex.

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%

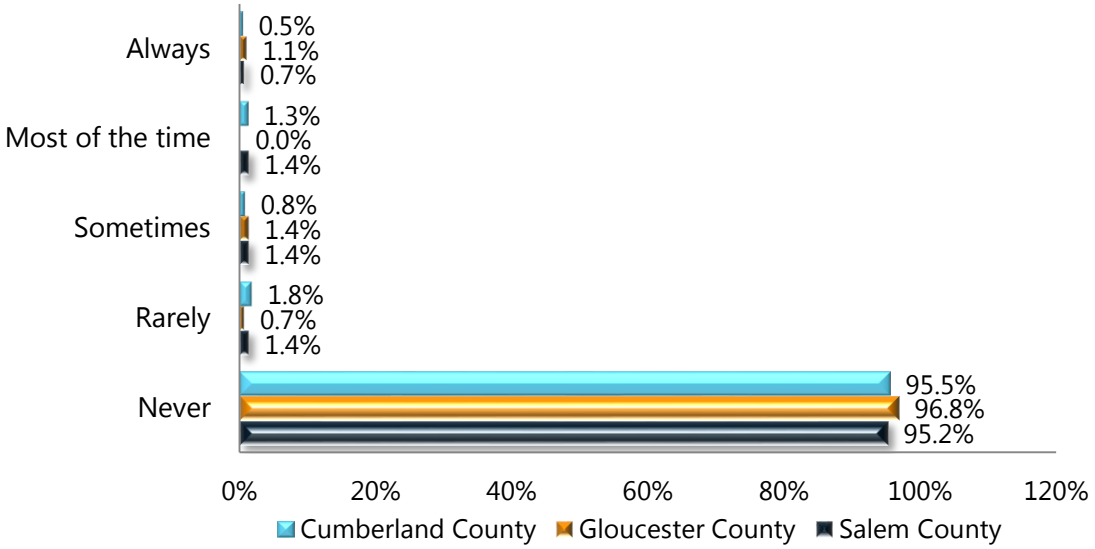
Tobacco Use

Respondents were asked about their use of cigarettes and electronic cigarettes, and their exposure to secondhand smoke. Forty-four percent of Cumberland County respondents have smoked at least 100 cigarettes in their lifetime. Among these respondents, 21.8% currently smoke every day and 8.6% smoke some days.



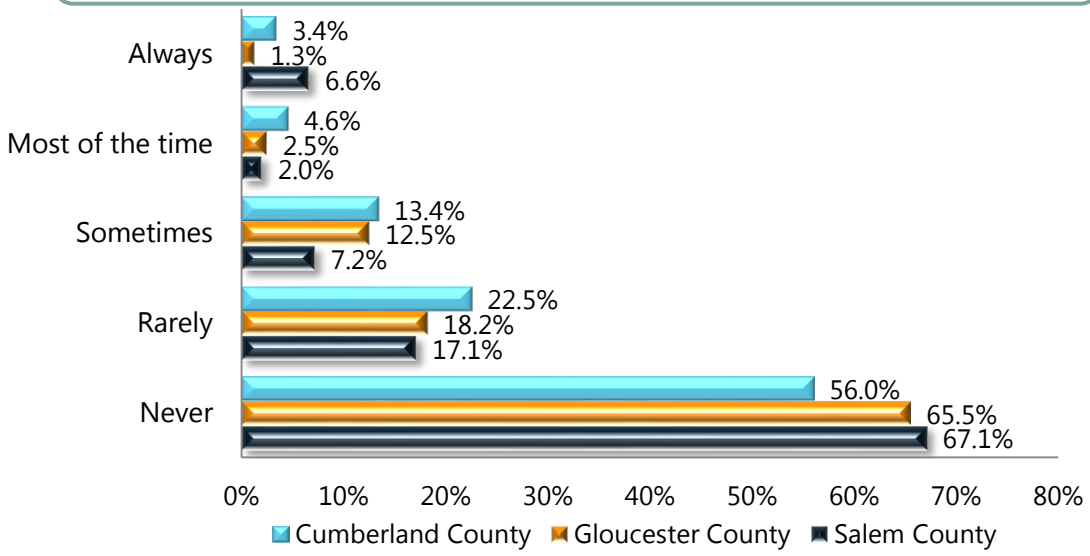
The use of electronic cigarettes or e-cigs is not common among Cumberland County respondents. Less than 5% of respondents reported ever using them and less than 3% of respondents reported using them "Most of the time" or "Always."

"How often do you use electronic cigarettes?"



However, more respondents are exposed to secondhand smoke or vaping mist in their home or at work. Forty-four percent of respondents are exposed to secondhand smoke or vaping mist, primarily on rare or some occasions.

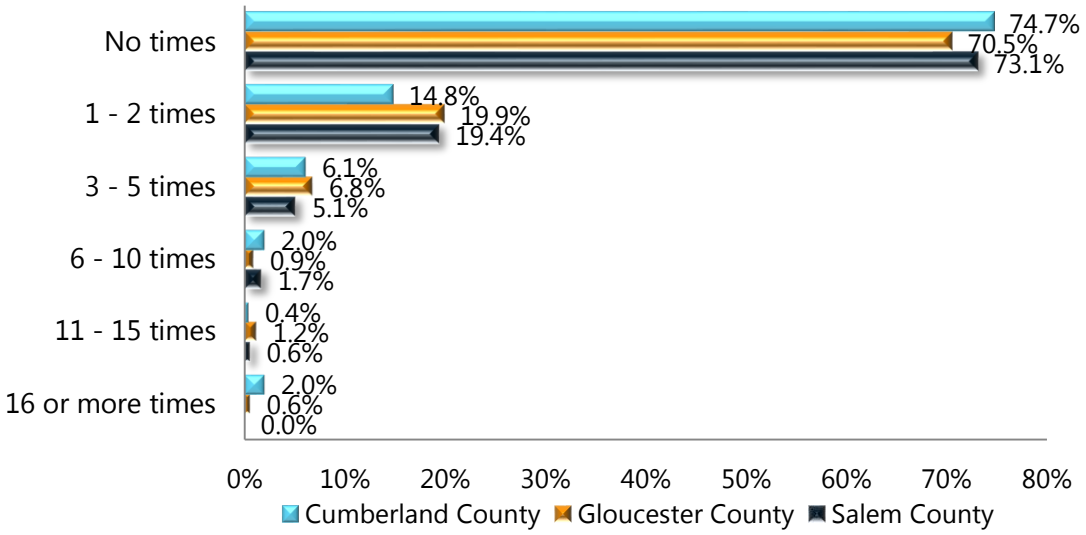
"How often do you get exposed to secondhand smoke or vaping mist at home or work?"



Alcohol and Substance Abuse

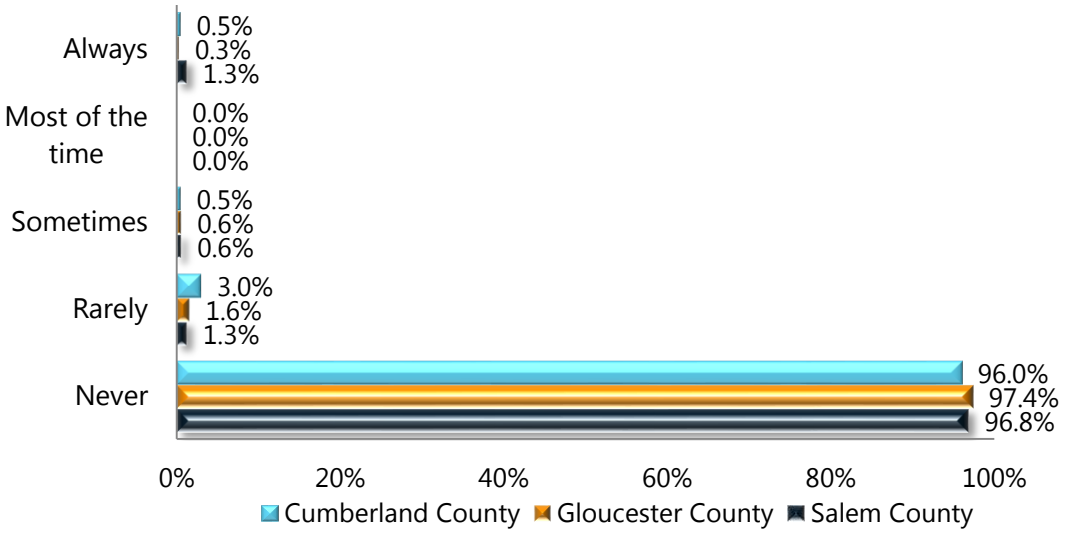
Binge drinking is defined as consuming four drinks or more on one occasion for women and five drinks or more on one occasion for men. Approximately 75% of respondents did not participate in binge drinking during the past 30 days. Among respondents who did participate in binge drinking, the majority did so on one or two occasions.

"Considering all types of alcoholic beverages, how many times during the past 30 days did you participate in binge drinking?"



Respondents were asked how often they use marijuana and how often they misuse prescription drugs, opioids, heroin, or other illegal drugs. Only 4.0% of respondents reported using marijuana. The majority of respondents who did use marijuana did so on rare occasions. In addition, less than 2% of respondents reported misusing prescription drugs, opioids, heroin, or other illegal drugs, which is comparable to the peer counties of Gloucester and Salem.

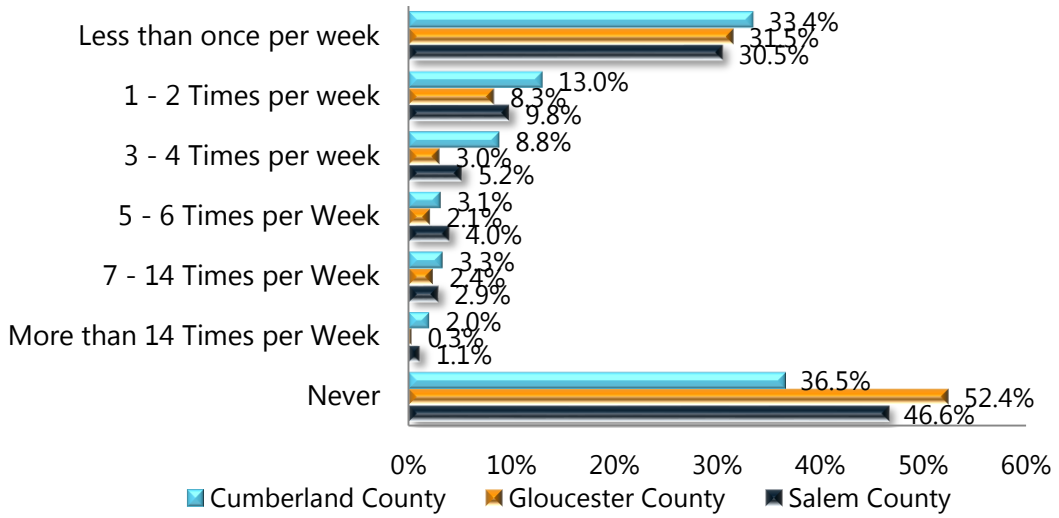
"How often do you use marijuana?"



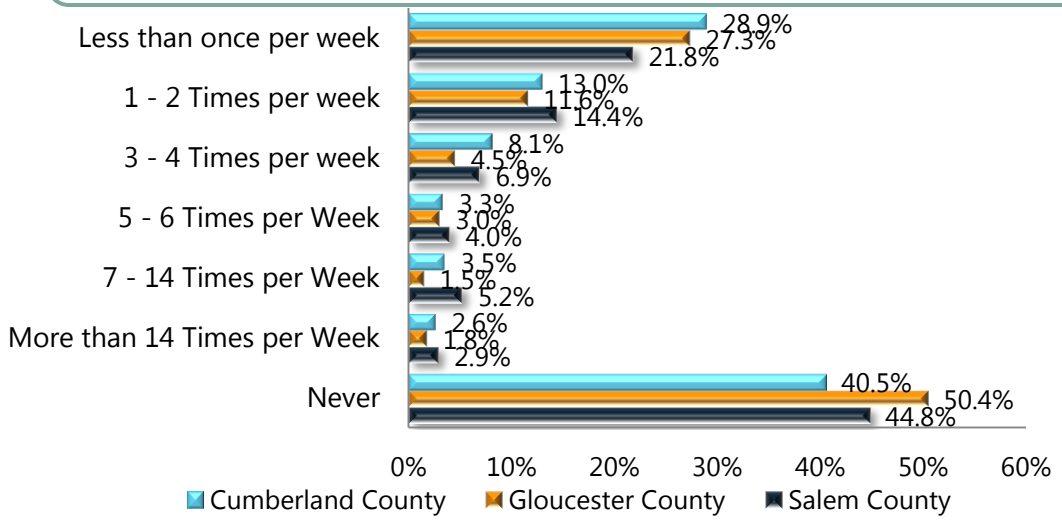
Dietary Behaviors

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. More than 63% 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. However, 5.3% of respondents drink soda or pop seven or more times per week. Approximately 60% of respondents drink sugar-sweetened beverages. Again, the majority do so less than once per week or one to two times per week, but 6.1% 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?"

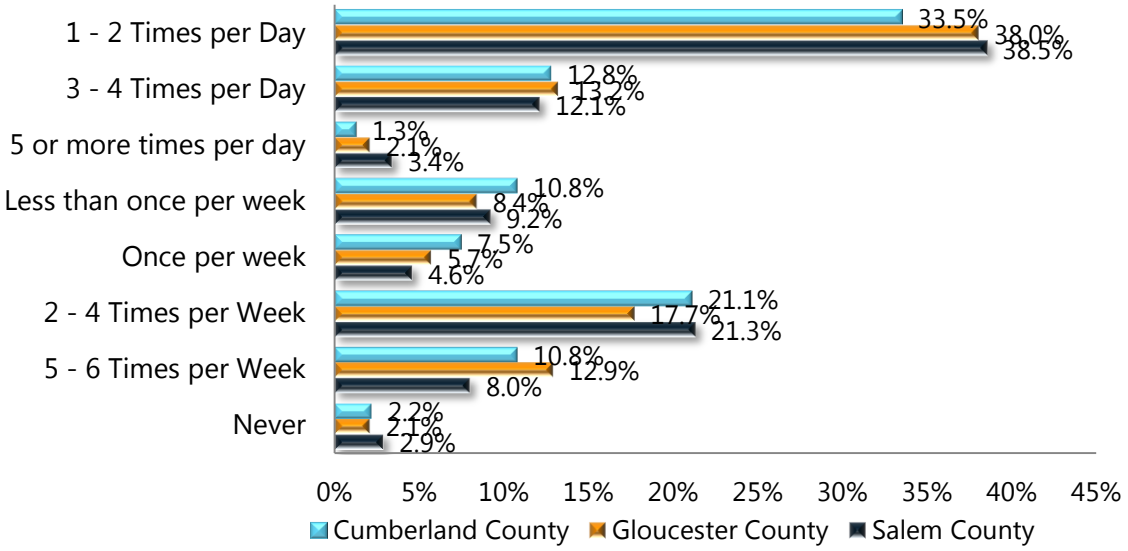


"During the past month, how often did you drink sugar-sweetened fruit drinks, sweet tea, and sports or energy drinks?"

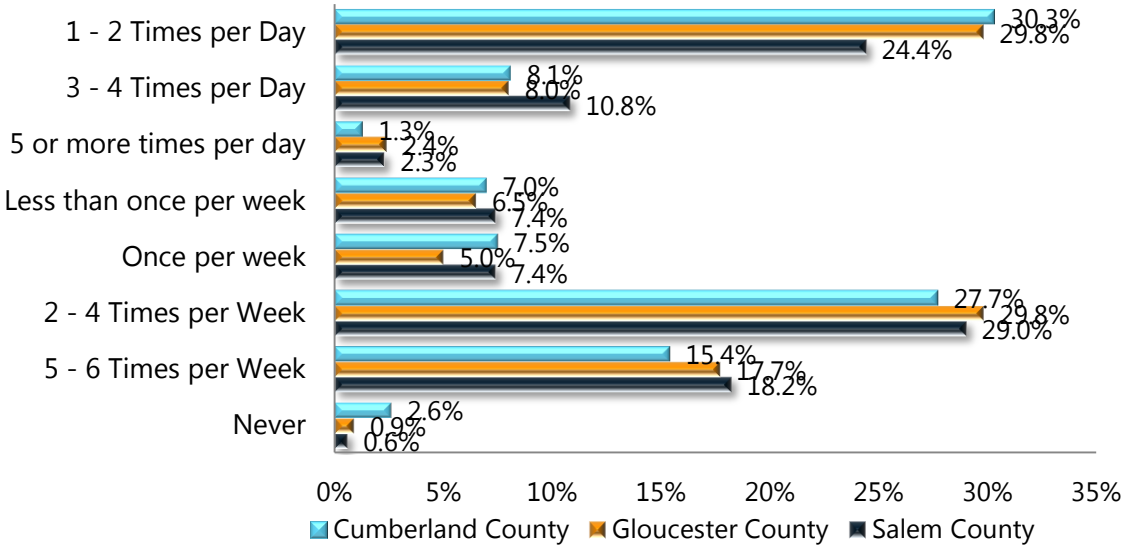


Respondents were also asked about their consumption of fruits and vegetables, fast food, and salt. Less than 3% of respondents never eat fruit or vegetables. However, more than half of respondents are only consuming fruits and vegetables one to two times per day or two to four times per week. In addition, 79.8% of respondents consume fast food, primarily "Rarely" or "Sometimes." In regards to salt consumption, 53.6% of respondents are currently watching or reducing their salt intake.

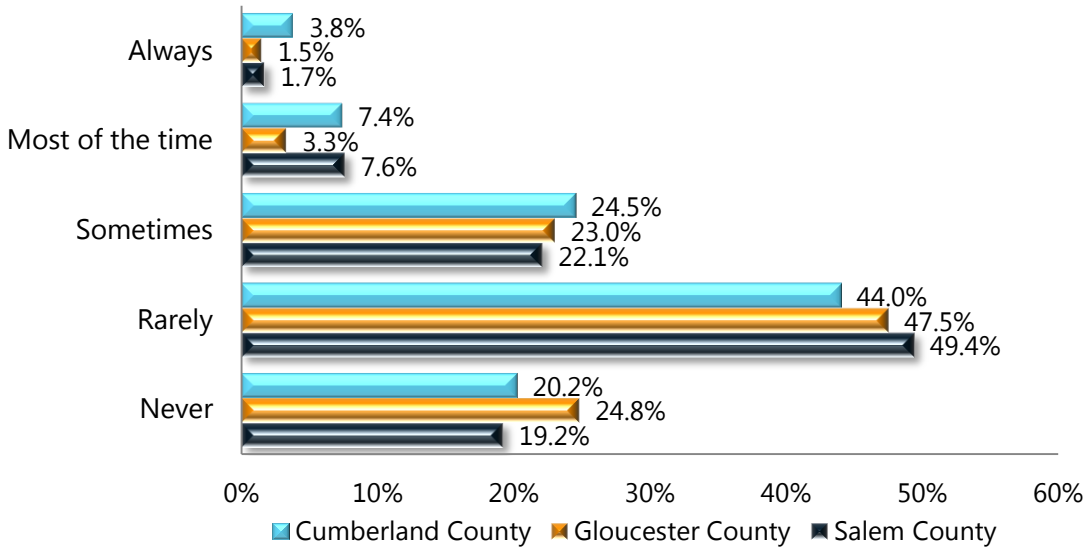
"During the past month, not counting juice, how many times per day or week did you eat fruit?"



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

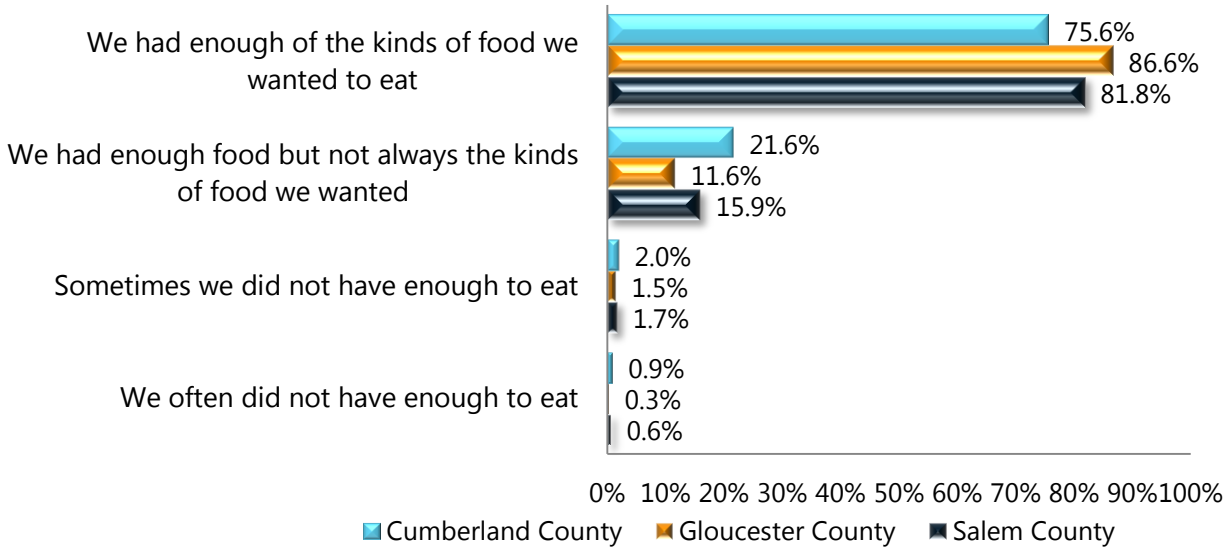


"How often do you eat fast food?"



Lastly, respondents were asked how food secure their household is. Approximately 76% 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, but 21.6% reported not having enough of the food they wanted to eat.

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



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 69% of respondents reported engaging in exercise, outside of their regular job, during the past month. Among these respondents, 89.6% engaged in moderate physical activity and 50.3% 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 (70.8%) and for a duration of 30 minutes to less than two hours (63.8%). In regards to vigorous physical activity, respondents were also most likely to engage in an activity one to four times per week (44.2%) and for a duration of 30 minutes to less than two hours (61.5%).

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, nearly a quarter of Cumberland County respondents have been diagnosed with an anxiety disorder and one in five have a depressive disorder.

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). Cumberland County respondents are less likely to be diagnosed with asthma, but more likely to be diagnosed with COPD. A correlation between COPD diagnosis and higher tobacco use among Cumberland County respondents is possible.

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. However, less than 3% of respondents have been diagnosed with a heart attack, angina, and/or a stroke.

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. Arthritis was the most commonly diagnosed condition among respondents with 27.8% reporting they have the condition. Approximately 11% to 12% of respondents have been diagnosed with diabetes or cancer, respectively. The most common types of cancer diagnoses included skin cancer (24.0%) and breast cancer (22.0%). In addition, 16.4% of respondents reported being diagnosed with other conditions that spanned all body systems. Thyroid issues were cited by many respondents.

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 Cumberland County respondents varies based on the type of measure. Gender specific screenings, like mammograms and prostate exams, were the most prevalent among respondents (66.2% and 52.7% respectively). Oral/Throat exams and skin screenings were the least prevalent among respondents (34.2% and 35.6% 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 closely by drug abuse/alcohol abuse.

Health Issue	Percent of Respondents Selecting the Issue
Overweight/Obesity	63.0%
Drug Abuse/Alcohol Abuse	51.4%
Access to Care/Uninsured	38.5%
Cancer	37.3%
Diabetes	35.6%

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.)	76.6%
Lack of Health Insurance Coverage	65.6%
Lack of Transportation	41.1%
Basic Needs Not Met (Food/Shelter)	36.9%
Language/Cultural Issues	35.9%

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	44.4%
Free/Low Cost Medical Care	40.9%
Free/Low Cost Vision/Eye Care	37.0%
Access to Affordable Fresh Fruits & Vegetables	33.7%
Mental Health Services	33.7%

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 nutrition/exercise, followed closely by drug abuse. These findings are consistent with the most pressing health issues in the community.

Child Health Information	Percent of Respondents Selecting the Information Type
Nutrition/Exercise	55.0%
Drug Abuse	51.7%
Alcohol Use	49.9%
Tobacco Use	41.2%
Teenage Pregnancy	36.1%

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, by far.

Community Issue	Percent of Respondents Selecting the Issue
Low Income/Poverty	84.9%
Employment/Career Opportunity	47.9%
Gang Activity	38.3%
Violent Crime	36.8%
Homelessness	28.9%

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.

Community Problem	Percent of Respondents Selecting the Problem
Overweight/Obesity	73.6%
Cancer	44.0%
Mental Health Problems	43.8%
Heart Disease	38.6%
Diabetes	38.1%

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	73.8%
Smoking/Tobacco Use	65.1%
Drug Abuse	64.6%
Lack of Parenting Skills	60.4%
Alcohol Abuse	56.2%

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:

- Efforts to increase education and awareness (Health fairs, health programs, outreach efforts)
- Improved access to care through an increase in the number of medical services, facilities, and providers available in the community
- Urgent care centers
- Free services available to the low income/poor communities (Clinics, immunizations, screenings, etc.)
- The role of Inspira Health Network and Family Success Centers in improving the community
- Complete Care Clinic

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
- Cost of healthcare and insurance
- Lack of time to dedicate to health, primarily as it relates to navigating the system and exercising
- Physical health status, primarily as it relates to healthy eating habits, exercise, sleep, and smoking
- Age, growing older
- Personal motivation to improve health
- Finances

Suggestions for Improving Health

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

- Establishing workplace wellness programs
- Investing in more health services and professionals, especially in the fields of mental health and substance abuse
- More opportunities to improve health through nutrition and exercise
- Improved case management and care coordinator services
- A systematic approach to improving family systems, parenting, and education
- Improved access to care (e.g. providers, wait times, etc.) and medical compliance
- More health outreach programs/education and affordable choices for health care
- Improved job opportunities

IDENTIFICATION OF COMMUNITY HEALTH NEEDS & PLANNING

Prioritization Session

Process

Key Community Health Issues

Identified Health Priorities

Appendix A. Secondary Data Sources

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Appendix B. Key Informant Participants

Name	Agency
Anderson, Mark	Cumberland County Prosecutor's Office
Atkinson, Jessica	Cumberland Co Dept of Health
Bermudez, Ruben	City of Vineland
Blizzard, Kim	Cumberland County Technical Educ. Center
Carlon-Wolfe, Wendi	Millville Public Schools
Cooper, Tejlah	Cumberland Co Dept of Health
Derella, Joe	Cumberland Co. Brd of Chosen Freeholders
Dickinson, Robert	City of Vineland Health Department
Dunkins, Rev. James	Shiloh Baptist Church - Port Norris
Edwards, Curtis	CompleteCare Health Network
Egan, Nancy	Cumberland Co Dept of Health
Flicker, Pastor Sue	The First United Methodist Church of NJ
Fordyce, Pastor John	First Presbyterian Church
Graceffo, Megan	Seabrook House
Griffiths, Diane	Fairfield Township School
Hickman, Dawn	Inspira Health Network
Ippolito, Pastor Frank	Calvary Chapel Vineland
Katzmar, Lewis	Cumberland County Education Dept
Knecht, Pat	West Avenue School
LaTourette, Loretta	Compassionate Ministry Director
Lincks, Alfred	City of Vineland EMS Division
Linn, Dr. Steven	Inspira Health Network
London, Rosie	Inspira Health Network
Lopez, Emma	City of Vineland Health Department
Miller, Sarah	Inspira Health Network
Mitzi-Barber, Patricia	Hopewell Crest School
Moellers, Gary	Cumberland County Guidance Center
Moore, Dave	Inspira Health Network
Moran, Robert	Center for Human Services
Nazario, Juanita	Cumberland County Dept of Human Svcs
Niles, Melissa	Cumberland County Dept of Human Svcs
Piccone, Jim	Cumberland County College
Ross, Patricia	Broad Street School
Sapienza-Eck, Clare	Inspira Health Network
Scheetz, Lisa	Cumb Cape Atlantic YMCA/YMCA of Vld
Name	**Agency**

Smaniotto, Brenda	Inspira Health Network
Spinelli, Allison	Cumberland Co Dept of Workforce Dev.
Spinelli, Meghan	CompleteCare Health Network
Steinbronn, George	Cumberland Cape Atlantic YMCA/YMCA of Vld
Wood, Kim	Cumberlan County Planning & Development
Woods, Alice	United Way of Cumberland County

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)	❍	❍	❍	❍	❍
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	❍	❍	❍	❍	❍
Residents are able to access a dentist when needed.	❍	❍	❍	❍	❍
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	❍	❍	❍	❍	❍
There is a sufficient number of bilingual providers in the area.	❍	❍	❍	❍	❍
There is a sufficient number of mental / behavioral health providers in the area.	❍	❍	❍	❍	❍
Transportation for medical appointments is available to area residents when needed.	❍	❍	❍	❍	❍

What are the most significant barriers that keep people in the community form 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?

- ❍ 08302
- ❍ 08311
- ❍ 08313
- ❍ 08314
- ❍ 08315
- ❍ 08316
- ❍ 08320
- ❍ 08321
- ❍ 08323
- ❍ 08324
- ❍ 08327
- ❍ 08329
- ❍ 08332
- ❍ 08345
- ❍ 08348
- ❍ 08349
- ❍ 08352
- ❍ 08353
- ❍ 08360
- ❍ 08361
- ❍ 08362
- ❍ 08329

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

What zip code do you live in?

- ❍ 08014
- ❍ 08020
- ❍ 08025
- ❍ 08027
- ❍ 08028
- ❍ 08032
- ❍ 08039
- ❍ 08051
- ❍ 08056
- ❍ 08061
- ❍ 08062
- ❍ 08063
- ❍ 08066
- ❍ 08071
- ❍ 08074
- ❍ 08080
- ❍ 08085
- ❍ 08086
- ❍ 08090
- ❍ 08093
- ❍ 08094
- ❍ 08096
- ❍ 08097
- ❍ 08312
- ❍ 08322
- ❍ 08328
- ❍ 08344
- ❍ 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 your 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	❍	❍	❍	❍	❍	❍
Wear a helmet while riding a bicycle, scooter, roller blading, etc.	❍	❍	❍	❍	❍	❍
Eat fast food more than once a week	❍	❍	❍	❍	❍	❍
Use electronic cigarettes	❍	❍	❍	❍	❍	❍
Get exposed to second hand smoke or vaping mist at home or work	❍	❍	❍	❍	❍	❍
Use marijuana	❍	❍	❍	❍	❍	❍
Misuse prescription drugs, opioids, heroin, or other illegal drugs	❍	❍	❍	❍	❍	❍
Use sunscreen regularly	❍	❍	❍	❍	❍	❍
Practice safe sex i.e. use a condom, monogamous, get tested	❍	❍	❍	❍	❍	❍
Feel stressed out or overwhelmed	❍	❍	❍	❍	❍	❍
Drive responsibly, follow safe rules of the road, drive within the speed limit	❍	❍	❍	❍	❍	❍

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 activitie... 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 activitie... 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 activitie... 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 activitie... 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	❍	❍
Depressive disorder	❍	❍
Asthma	❍	❍
Cancer	❍	❍
Angina or coronary disease	❍	❍
High cholesterol	❍	❍
Heart attack, also called myocardial infarction	❍	❍
Stroke	❍	❍
High blood pressure	❍	❍
Chronic obstructive pulmonary disease (COPD)	❍	❍
Diabetes	❍	❍
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	❍	❍
Other (please specify)	❍	❍

Do you have routine health screenings for:

	Yes	No	Not applicable
Skin	❍	❍	❍
If What is your gender? Female Is Selected Mammogram	❍	❍	❍
If What is your gender? Male Is Selected Prostate	❍	❍	❍
Oral/throat	❍	❍	❍
Colorectal	❍	❍	❍

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

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- Maria Ruiz