Inspira Medical Center Woodbury

Gloucester 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 Gloucester 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.

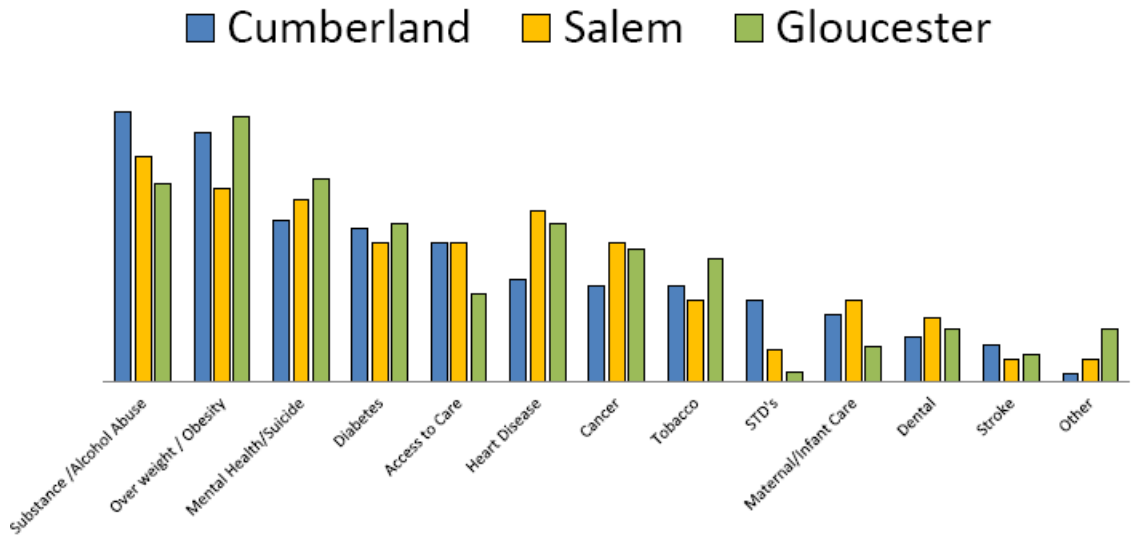
The completion of the CHNA enabled Inspira Health Network to take an in-depth look at the Gloucester County community. The findings from the assessment were utilized by Inspira Health Network to prioritize public health issues and develop a community health implementation plan focused on meeting community 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 (Cumberland, Salem and Gloucester) comparisons:



Prioritized Community Health Issues

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

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

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

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

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

Community Overview

Inspira Health Network defined their current service area based on an analysis of the geographic area where individuals utilizing their services reside. Inspira Health Network's service area is considered to be the Cumberland, Gloucester, and Salem county communities. The counties are situated in the Southwestern part of New Jersey and encompass a total population of approximately 513,000. Gloucester County encompasses a total population of approximately 290,000.

Methodology

The CHNA was comprised of both quantitative and qualitative research components. The CHNA results are specific to Gloucester 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 Gloucester County, New Jersey was compiled.

- Key Informant Interviews were conducted with 34 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 19 community members in April 2015. Community members provided qualitative feedback regarding access to care, key health issues, and health education and communication.

- An Online Community Survey was conducted with Gloucester 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 340 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 Gloucester 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

Household Statistics

- A greater proportion of homes in Gloucester County are owner-occupied (80.3%) when compared to both Cumberland and Salem counties (67.1% and 71.7% respectively) and the state (65.6%). In addition, the vacancy rate is lower in Gloucester County (5.7%) when compared to both Cumberland and Salem counties (9.5% and 9.0% respectively) and the state (10.6%).

- Gloucester County has a lower proportion of single-female households (12.9%) and single-parent households (26.4%) when compared to both Cumberland County (18.3% and 44.0% 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 lower in Gloucester County (8.1% and 5.8% respectively) than in Cumberland County (17.5%; 14.2%), Salem County (12.4%; 10.0%), and the state (10.4%; 7.9%).
- Fewer households in Gloucester County rely on food stamp/SNAP benefits (7.1%) when compared to Cumberland and Salem counties (15.9% and 11.0% respectively) and the state (7.8%).

Education Statistics

- Residents aged 25 years and over in Gloucester County are more likely to have graduated from high school (90.9%) and to have attained a bachelor's degree or higher (28.4%) when compared to Cumberland and Salem counties. However, residents in all three counties are less likely to have attained a bachelor's degree or higher when compared to the state.
- The proportion of students who passed State Achievement Tests is higher in Gloucester County when compared to Cumberland and Salem counties and New Jersey.

Health Insurance Coverage Statistics

- Residents of Gloucester County are the most likely to have health insurance coverage (91.0%) when compared to Cumberland and Salem counties (83.5% and 88.0% respectively) and the state (86.8%).

Maternal & Child Health Statistics

- The birth rate per 1,000 females aged 15 to 17 years is considerably lower in Gloucester County (6.2) than in Cumberland County (22.4), Salem County (18.9), and the state (8.7).
- The percentage of Gloucester County mothers who started prenatal care in the first trimester (81.4%) is higher when compared to Cumberland (71.4%) and Salem (70.3%) counties and the state (78.6%). It also exceeds the Healthy People 2020 goal of 77.9%.
- The infant mortality rate per 1,000 live births is notably lower in Gloucester County (4.0) when compared to Cumberland (9.5) and Salem (8.4) counties and the state (5.1).

Sexually Transmitted Infection & Communicable Disease Statistics

- Gloucester County did not have any cases of tuberculosis in 2013.
- Gloucester County has a lower HIV/AIDS prevalence rate per 100,000 (141.9) when compared to Cumberland and Salem counties (380.3 and 258.5 respectively) and the state (423.2).

Cancer Statistics

- The incidence rate per age-adjusted 100,000 for oral cancer and cervical cancer is lower in Gloucester County when compared to Cumberland and Salem counties.

Crime Statistics

- The violent crime rate per 1,000 is lower in Gloucester County (1.6) when compared to Cumberland and Salem counties (5.5 and 2.6 respectively) and the state (2.9).
- The child abuse rate per 1,000 is lower in Gloucester County (6.9) when compared to Cumberland and Salem counties (8.2 and 9.4 respectively).

Areas of Opportunity

Population Statistics

- Gloucester County has a lower percentage of residents with a disability (13.6%) when compared to both Cumberland and Salem Counties (17.0% and 16.8% respectively). However, the percentages for all three counties are higher than that of the state (10.6%).

Household Statistics

- Fewer residents in Gloucester County spend more than 30% of their income on rent (56.1%) when compared to Cumberland and Salem counties (62.7% and 57.6% respectively). However, the percentage is higher than the state (53.8%) and still encompasses more than half of all renters. Households that spend more than 30% of their income on housing are at risk for financial hardship.
- One-third of Gloucester County grandparents are responsible for their grandchildren compared to 26.2% in New Jersey.

Income Statistics

- Gloucester County children and older adults (age 65 years and over) are less likely to have access to a grocery store (89.1% and 94.7% respectively) when compared to Cumberland County (93.4%; 96.5%) and Salem County (97.2%; 97.7%).

Mortality Statistics

- Gloucester County has the lowest age-adjusted mortality rate per 100,000 among the three counties (765.8), but it still higher than the state rate (685.4).
- The top five causes of death in Gloucester County are heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. Gloucester County has some of the lowest mortality rates among all three counties for the reported causes of death. However, all of the rates are higher than the state rates.

Mental Health & Substance Abuse Statistics

- Gloucester County has the highest percentage of treatment admissions for heroin (39.8%) among all three counties.

Cancer Statistics

- The overall cancer incidence rate per 100,000 is higher in Gloucester County (543.6) when compared to Cumberland and Salem counties (506.5 and 523.3 respectively) and the state (492.5).

- Cancer incidence rates are highest in Gloucester County for prostate cancer, female breast cancer, and lung cancer. The rate for lung cancer is higher in Gloucester County than both peer counties and the state.

Chronic Conditions Among Medicare Beneficiaries

- The most common chronic conditions among Medicare beneficiaries in Gloucester County are hypertension, hyperlipidemia, ischemic heart disease, diabetes, and rheumatoid arthritis/osteoarthritis.

County Health Rankings

- Gloucester County received one of its poorest rankings in the area of clinical care (17 of 21). Several factors contributed to the clinical care rank including the provider to population ratio for primary care physicians, dentists, and mental health providers and the rate of preventable hospital stays.
- Gloucester County also received a poor ranking in the area of physical environment (19 of 21). The ranking was primarily a result of the proportion of the population commuting long distances, alone.
- In regards to health behaviors, Gloucester County had the highest rates for excessive drinking and drug-poisoning deaths.

Areas of Difference

Household Statistics

- The median home value in Gloucester County ($224,700) is notably higher than that of Cumberland County ($168,900) and Salem County ($190,200). However, it is lower than the median value across the state ($327,100).
- A higher percentage of residents aged 15 years and over in Gloucester County are currently married (51.8%) when compared to Cumberland County (41.1%), Salem County (48.8%), and the state (49.6%).

Income Statistics

- The median income for households and families is highest in Gloucester County ($74,524 and $87,913 respectively) in comparison to peer counties.

Maternal & Child Health Statistics

- The birth rate per 1,000 is lower in Gloucester County (10.9) than in Cumberland County (13.8), Salem County (11.1), and the state (11.9).

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 organization 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 34 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 Gloucester County.

Key Informant Study Findings

Demographics

Respondents were asked to provide their gender, race, and community affiliation. The key informants were mostly female (66.7%) and White (85.3%). The largest percentage of informants were affiliated with Health Care/Public Health Organizations (38.2%), followed by Non-Profit/Social Services/Aging Services (20.6%). The following table further depicts participants' community affiliations. "Other" affiliations included community-based wellness organizations.

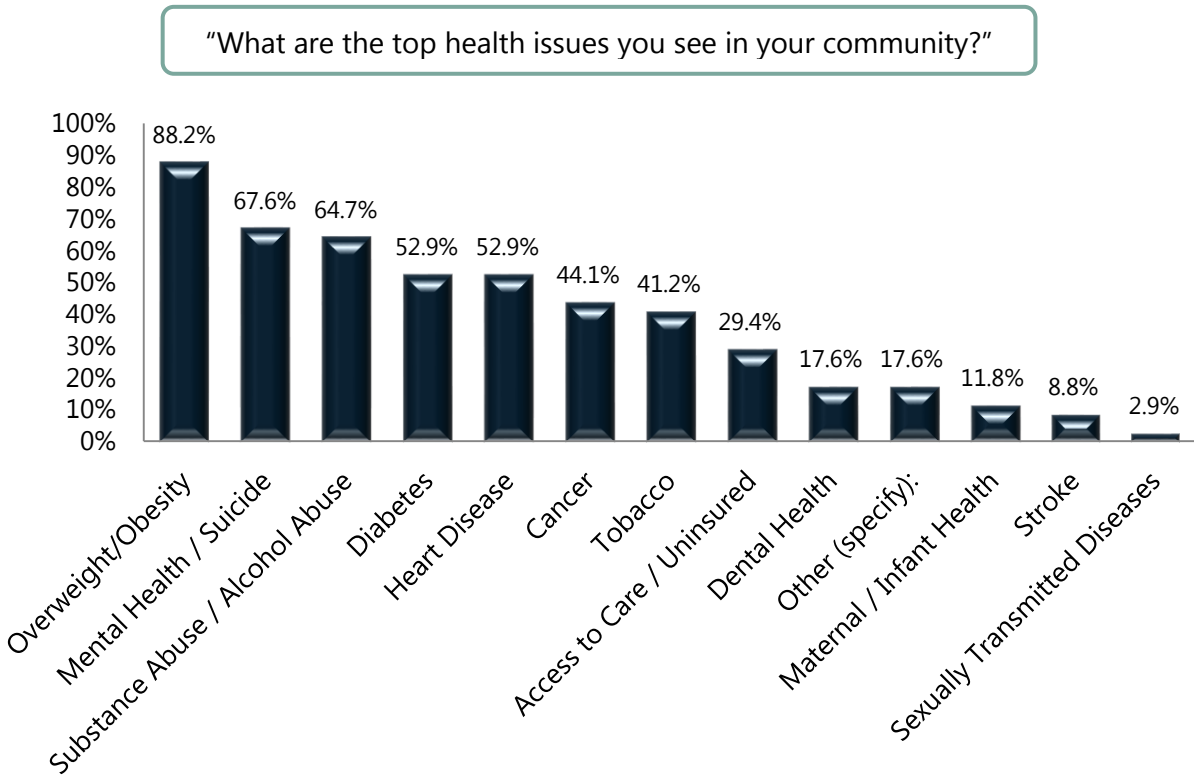
Community Affiliation	%
Health Care/Public Health Organization	38.2%
Non-Profit/Social Services/Aging Services	20.6%
Education/Youth Services	8.8%
Faith-Based/Cultural Organization	8.8%
Government/Housing/Transportation Sector	8.8%
Mental/Behavioral Health Organization	5.9%
Other	5.9%
Community Member	2.9%
Business Sector	0.0%

Key Health Issues

Key informants were asked to rank the five most pressing health-related issues in Gloucester 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
- Mental Health/Suicide
- Substance Abuse/Alcohol Abuse
- Diabetes
- Heart Disease

"Other" key health issues that key informants mentioned included vision care, asthma, and compliance with immunizations.



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 mental health/suicide.

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	30	88.2%	32.4%
2	Mental Health/Suicide	23	67.6%	14.7%
3	Substance Abuse/Alcohol Abuse	22	64.7%	11.8%
4	Diabetes	18	52.9%	8.8%
5	Heart Disease	18	52.9%	8.8%
6	Cancer	15	44.1%	5.9%
7	Tobacco	14	41.2%	2.9%
8	Access to Care/Uninsured	10	29.4%	5.9%
9	Dental Health	6	17.6%	0.0%
10	Other (specify):	6	17.6%	5.9%
11	Maternal/Infant Health	4	11.8%	2.9%
12	Stroke	3	8.8%	0.0%
13	Sexually Transmitted Diseases	1	2.9%	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, Gloucester County residents are least able to access mental/behavioral health providers, transportation for medical appointments, and bilingual providers.

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

Factor	Mean Score	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed	3.44	Neither Agree nor Disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	3.32	Neither Agree nor Disagree
Residents are able to access a dentist when needed.	3.12	Neither Agree nor Disagree
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area	2.68	Neither Agree nor Disagree
There is a sufficient number of bilingual providers in the area	2.41	Disagree
There is a sufficient number of mental/behavioral health providers in the area	2.15	Disagree
Transportation for medical appointments is available to area residents when needed	2.41	Disagree

Barriers to Health Care Access

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

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

"Other" responses that key informants mentioned as barriers to accessing care in the community included high co-pays and deductibles and intellectual and developmental disabilities.

The table below depicts the results for health care access barriers, including a summary of the number of times a barrier was mentioned and the percentage of respondents who rated the barrier as being the most significant in the community. The inability to pay out of pocket expenses was ranked as the most significant barrier in the community, followed by the inability to navigate the health care system.

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.)	26	76.5%	26.5%
2	Lack of Health Insurance Coverage	22	64.7%	11.8%
3	Inability to Navigate Health Care System	21	61.8%	17.6%
4	Lack of Transportation	20	58.8%	2.9%
5	Availability of Providers/ Appointments	15	44.1%	20.6%
6	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	15	44.1%	8.8%
7	Basic Needs Not Met (Food/Shelter)	12	35.3%	0.0%
8	Lack of Trust	8	23.5%	2.9%
9	Language/Cultural Barriers	8	23.5%	2.9%
10	Lack of Child Care	6	17.6%	0.0%
11	Other (specify):	2	5.9%	2.9%
12	None/No Barriers	1	2.9%	2.9%

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

Additional Information Regarding Barriers to Health Care:

- "Many of these barriers are interrelated, such as cultural barriers, inability to navigate the health care system and lack of trust all contributing to limited access."
- "People are confused where to go so they go to the ER."
- "There are limited resources for substance abuse treatment and mental health treatment especially in Salem County. There is also a lack of affordable medication assisted treatment for substance abuse disorder for those in need in all 3 counties."
- "There is a shortage of doctors for mental health, dental, etc., causing huge waiting lists. It is difficult for those with insurance to get into to see a doctor."
- "We see patients with insurance coverage yet no secondary to pick up copays. OR insurance doesn't pay for the service and the cost is not feasible for the patient. We can't guarantee or quote what the cost (after insurance) will be and many patients are afraid to come in due to out of pocket expenses or high copays. Many are worried about a bill even though we discuss compassionate care rates for services that aren't covered."

Underserved Populations

Informants were asked whether they think there are specific populations that are not being adequately served by local health services. Approximately 61% of respondents in Gloucester County indicated there are underserved populations in the community. The most underserved populations according to these respondents included:

- Uninsured/Underinsured
- Low income/Poor
- Homeless

The following table depicts the percentage of respondents who selected a population as underserved, in rank order. "Other" populations included individuals of all income levels in need of addiction or mental health service and the mentally ill.

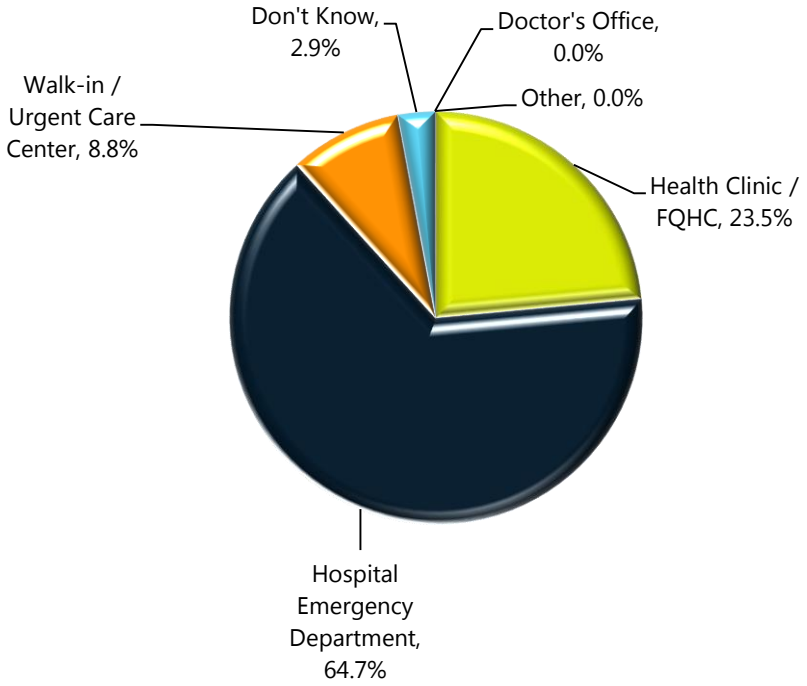
Ranking of Underserved Populations

	Underserved population	Number of Respondents Selecting The population	Percent of Respondents who Selected The Population
1	Uninsured/Underinsured	16	80.0%
2	Low income/Poor	15	75.0%
3	Homeless	8	40.0%
4	Hispanic/Latino	5	25.0%
5	Immigrant/Refugee	5	25.0%
6	Black/African American	4	20.0%
7	Disabled	4	20.0%
8	Children/Youth	4	20.0%
9	Seniors/Aging/Elderly	4	20.0%
10	Young Adults	3	15.0%
11	Other	2	10.0%
12	None	0	0.0%

Health Care for Uninsured/Underinsured

Key informants were asked to identify where uninsured/underinsured individuals go to access health care. The majority of respondents (64.7%) indicated the Hospital Emergency Department as a primary place where uninsured or underinsured individuals go when they are in need of medical care. Key informant opinions regarding this issue are summarized in the figure below.

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



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

Additional Information Regarding Uninsured/Underinsured Individuals & Underserved Populations:

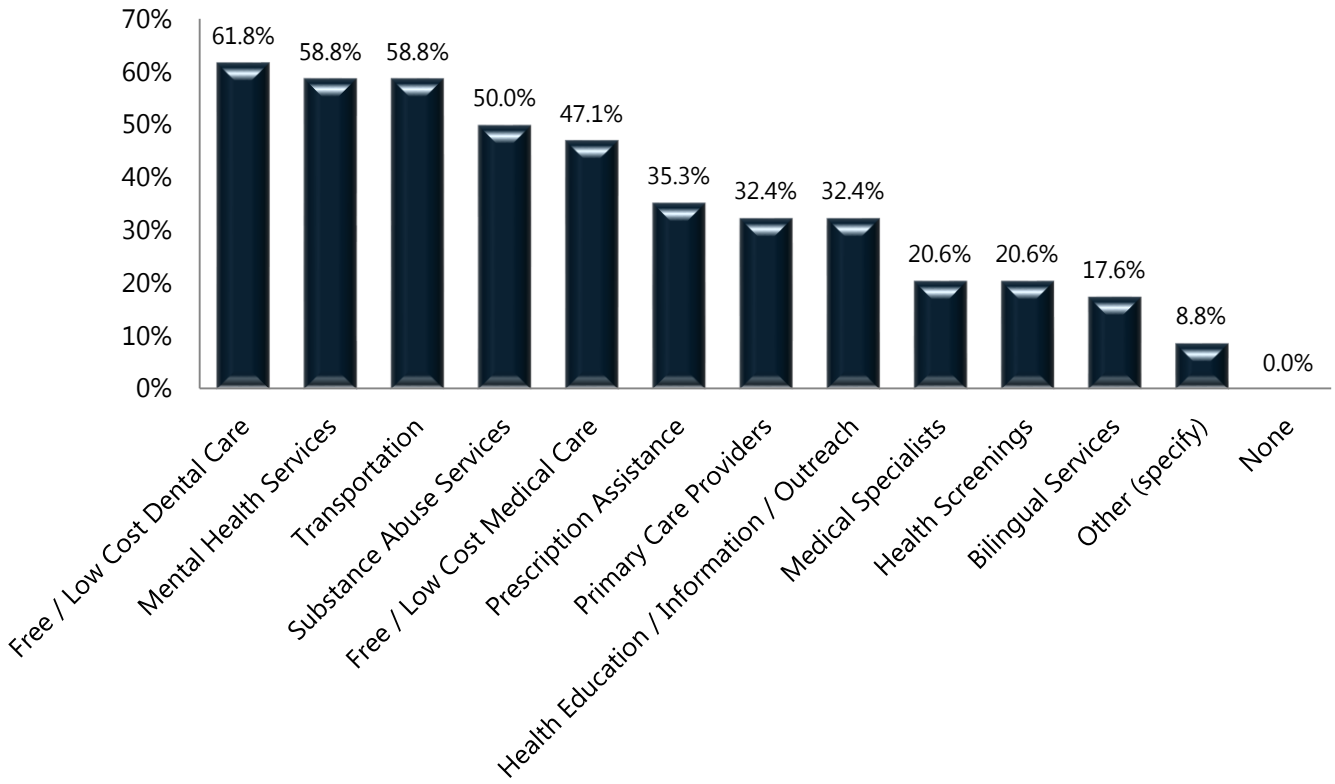
- "I think the new mediexpress places may help a lot."
- "The Affordable Healthcare Act was put into place to alleviate the stress on the Emergency Rooms of Hospital."
- "ER's are open 24 hours; easily located and a place uninsured/underinsured individuals know they won't be turned away from."
- "Many under and uninsured populations do not seek medical care and wind up in the hospital emergency department in a critical situation."
- "Some Use the Cooper Cam Care System."
- "Need to make sure uninsured have other options. Making sure they are aware they can see providers not just in the ER but other locations i.e. FQHC, clinics, times, etc. I don't think the uninsured are aware of this."
- "Primary care is somewhat available for these underserved populations, but specialists, medications, and other services are very difficult to obtain."
- "The Borough of Swedesboro and Township of Logan have our largest population of low income/poor. My guess is that a larger than average number of folks from these areas are also uninsured."

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:

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

"Other" responses that informants provided included prevention services covered by health insurance, mental health, and services for individuals with dementia.



Challenges and Solutions

Respondents were asked, "What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?" Key informants identified a variety of prominent issues in their community, primarily related to time, education, and income. In regards to time, informants stated that residents, especially families, need to learn to manage their time to accommodate jobs, child care, and health. Education regarding how to eat healthy and exercise is still an issue in the community. Informants questioned whether residents know

> **"Do people really know what healthy living is?"**

how to be healthy. Income is an issue for residents both in the general sense of meeting basic needs and affording healthier options and activities.

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

- "Basic needs are not met and poor income does not support a focus on prevention or management of chronic conditions."
- "Because many are poorly educated and poor from an economic perspective, it's cheap to eat bad food. But it's expensive to buy quality good foods that are better for your health."
- "Crime in their natural environment is making free exercises like walking, hiking dangerous."
- "Education. They still do not see these diseases as potential killers. Also the fact that in the family no one ever had to deal with these issues, they think they are immune."
- "High cost of healthy food; inability to receive preventative and wellness care; lack of low cost exercise programs."
- "Lack of education (Do people really know what healthy living is?); poor understanding of nutrition; balancing time and/or finding time to take care of themselves."
- "Limited knowledge of life skills including meal planning, grocery shopping on a budget, tasty/easy meal preparation. Adequate, convenient access of flexible services for middle age and older adults to maintain a healthy active lifestyle."
- "When unhealthy food is cheaper than fresh foods, people may feel pressured to buy the unhealthy food because they have a restricted amount of money to shop with and the need to make it stretch is often the priority."
- "There are extremely high levels of poverty in the community and folks struggling to meet basic needs of their families pose a great challenge to their motivation to take care of themselves. Many of these families are managing crisis on a daily basis, which makes living preventatively for a healthier future seem improbable."
- "They don't have places to exercise nor programs that show them the basics of how easy it is to exercise."
- "Unable to purchase better quality food due to limited funds, lack of knowledge about nutrition and food preparation, dependence upon others for food preparation and choices of food offered."
- "We need walking and bike paths. No sidewalks to get out and exercise with!! We need more access to fresh produce in low income neighborhoods. We need support for bringing local foods into schools. Kids need to be more active at school."
- "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/education programs, efforts to improve access to healthy foods and physical activity, and increased access to care (providers, urgent care, etc.) 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:

- "A lot of resources - parks, recreation, sidewalks (most neighborhoods), and many providers and healthcare facilities."
- "Awareness and the high number of providers of physical health, mental health, and substance abuse treatment services."
- "By having an excellent parks system, offering programs for all families. Health Department does a great job with the flu shots."
- "Development of the Kroc center in Camden & exercise groups at the Family Success Centers and recovery centers."
- "Family Medicine Center, FQHC are helpful, but needs exceed their capacity. Farmers Market and free/inexpensive areas for recreation are more accessible in warm weather. Inspira is developing increased behavioral health resources to the community, but needs for programs and access to aftercare are not yet met."
- "Health care providers, urgent care and hospital are readily accessible to residents. People can walk to hospital and doctor's offices are near main street."
- "Hospitals are offering many free or low cost health education opportunities."
- "Intensified cancer treatment services, including outpatient services; also there is growing awareness of the issue of prescription drug abuse, including professional and community education."
- "Some of the clinics are hiring multi-language personnel in an attempt to educate the old school community."
- "There are many types of quality programs out there to support patients. Weight loss, Medical Nutrition Counseling, Diabetes education and support groups, and the EMS program for CHF patients in the community after discharge."
- "The efforts towards increasing access to healthy foods; willingness to do community education to increase awareness about health issues; coalitions etc. for wellness."
- "What is being done well in the community is the NJ CEED program and the Patient Education department of Inspira Medical Woodbury. Both services provide free health screenings to the public."

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

Suggestions/Recommendations:

- "Although health educators have broad skills, specialists such as registered dietitians should be considered nutrition experts."
- "More focus on preventing illness than the treatment of it."

- "Average Gloucester County residents spend more money on housing than any other budget item. We need more affordable housing, better public transportation whether it is park and rides or sheltered bus stops."
- "1)Health care services need to be more community based, brought into the community rather than expecting the community to come to them; 2) there needs to be a better understanding of cultural factors in how individuals learn, access information and utilize services, 3) FQHC's operate in isolation- need to be more integrated into county wide health care delivery systems to improve coordination of services."
- "County-wide wellness collaborative."
- "Funding or in-kind help to advertise the screening programs that are available to the community."
- "Make our environment easier to navigate, walkable, bikable. These are the things that are easy and affordable for residents."
- "Many programs are available to improve health and quality of life. However, there's lack of communication with each other and the community, of services and programs available. Many organizations are not aware of what programs are out there and many community members are also unaware of them."
- "More education and/or cultural sensitivity training for healthcare professionals in regards to people with intellectual and developmental disabilities."
- "More intentional work done toward wellness programs and preventive health education in partnership with community officials, school district, and religious organizations. Health care providers could take the lead in reaching out to city officials, school officials, and church leaders in conducting these programs. One possible strategy is to hold a non-sectarian/ecumenical health fair that involves the collaboration of the community, health sector, educational and religious sectors."
- "More non-health care institutions embracing the existing community education resources that are available. More cross curriculum interaction among providers from various disciplines."
- "More primary care providers for children that are not clinics. Parents need health care providers who know their children. Waiting three days when your child is sick, does not work."
- "More transportation and housing for homeless; detox and rehab facilities."

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

General/Additional Comments:

- "Please consider that health care providers are in many cases non profit companies. I have selected the "Health Care" category, even though we are a non profit."
- "I commend your steps toward becoming "Baby Friendly" health system that promotes breastfeeding."
- "Educating the public about a healthy BMI will improve health and reduce illness."

FOCUS GROUPS

Background

Focus groups were conducted among Gloucester County residents and health and social service providers to gather qualitative feedback regarding access to care, key health issues, and health education and communication. The focus groups were conducted on April 21, 2015 at two locations. The first focus group was conducted at FamCare in Glassboro with 12 representatives from the community. The second focus group was conducted at the Glassboro Family Success Center in Glassboro with seven representatives from the community. Both of the focus groups were conducted for approximately 90 minutes.

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

It is important to note that the results reflect the perceptions of some community members, but may not necessarily represent all community perspectives within Gloucester 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. Gloucester County residents struggle to access care due to their insurance status, transportation, cost, language, lack of services, and lack of awareness of services. In general, Gloucester County has a shortage of specialists and mental health providers and a shortage of providers accepting insurances like Medicaid and New Jersey Family Care. Participants noted that several populations within the community are especially underserved by health services. These populations include seniors, individuals with disabilities, and immigrants. In regards to accessing care, more residents are relying on urgent care centers. Urgent care centers are thought to have a shorter wait time, be less expensive, be more accessible, and have a degree of anonymity.

A number of major health issues were identified within the community; however, the most pressing were overweight/obesity, mental health, and substance abuse. Factors that contribute to overweight/obesity are lack of access to healthy foods and lack of access to free or affordable areas for physical activity. Residents lack access to healthy foods due to limited grocery store options, cost, time to prepare foods, and education. Mental health issues are at the forefront of the community and substance abuse is thought to be an epidemic. A lack of mental and behavioral health providers is considered the biggest contributing factor to both issues. Participants shared that residents are often the 150th person on the waiting list for services and have to wait as long as six months.

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. There are access points for information and services in the community, but they are not always recognized by the residents. Participants recommended new

ways to advertise access points and services overall. In regards to programs aimed at improving health, participants acknowledged that these programs need to take into account time, cost, and location to make them as accessible as possible. They listed needs for specific topics such as paying for college tuition, bonding between fathers and children, cooking classes, and fresh fruit and vegetable promotion.

Access to Care

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

The participants shared that members of the community experience a number of difficulties obtaining health care services. The most frequently stated barriers included being uninsured or underinsured, transportation, cost, language, lack of services, and lack of awareness of services. In regards to insurance status, participants shared that many specialists and mental health providers do not accept Horizon New Jersey Health or Medicaid. One participant stated she has to send patients to Cooper for orthopedic care because specialists in the area don't accept Medicaid. Another participant stated that it is difficult to find psychiatrists who will take the insurance of children and adolescents. If appointments are not covered, they can cost as much as $400 per hour, a fee most working families cannot pay. Dental care insurance is also an issue in the county. One participant stated, "I had a HMO dental plan through my husband's work and I couldn't find a single person who would take it." She had to switch to a PPO plan and it took a year to make the transition. In that time, she paid for everything out of pocket.

Participants shared that transportation to medical appointments is also a problem in the county. One participant stated that many public transportation options are "curb-to curb," meaning the individual has to be able to get to the curb and get in the vehicle on their own. This option is an issue for residents with disabilities. Public transportation is also restricted by county boundaries and specified routes. Many services will not cross county lines so residents who need services in Camden or Cumberland Counties have to find alternative means. Another barrier is that most transportation services only travel north and south in the county, not east and west. However, participants did note a new transportation service, Pureland East West Community Shuttle, that will provide east and west travel. The service will start June 1st, will only charge $1 per ride, and will provide transportation to work sites and appointments.

The cost to obtain health care, particularly related to copays, was cited as a barrier for Gloucester County residents. One participant stated that copays are particularly troublesome for residents seeking follow-up care. If residents have a number of specialists they are seeking (e.g. diabetic patients who see endocrinologists, endocardiologist, podiatrist, etc.), the copays for those specialists can add up. Participants shared that their clients set limits to the number of specialists they can see in a month based on what they can afford.

Language barriers are also an issue in the county. There are a number of residents whose primary language is Spanish. Providers use the language line to communicate with these clients, but when the

service is not available, it is hard to communicate. Clients are not always confident that the patient understands their instructions.

There is a general lack of services in the county, as well as lack of awareness of services that are available. Participants stated that a lack of mental health services, specifically psychiatrists for evaluation and assessment, is one of the biggest barriers to health care access in the community. A lack of providers overall has also led to six to eight month waiting periods for individuals who have New Jersey Family Care insurance. In addition, participants shared that there is lack of awareness of the resources that are available in the community. Participants shared that many of the insurance companies offer services like transportation, but the insurance companies do not advertise these services. If patients do not continue to ask and independently seek help, they do not get it. There are also multiple access points for services specific to the county, including First Call for Help, Heart of Gloucester County, and the county website. However, many residents and providers are not aware of these access points. As a result, there is not a consistent method or path for residents to follow to learn about different services and the right people are not getting the right information. One participant stated, "We are not all speaking to one another." Participants recommended a better means for collaboration among all organizations, non-profit and for-profit alike.

Participants identified specific populations within the community who struggle to access care. These populations included seniors, people with disabilities, and immigrants. Participants shared that there are not a lot of care options for older adults and people with disabilities. In particular, one participant shared that OB/GYN services are limited for people with disabilities. She stated, "Where do you find an OB/GYN, whose table I could get on without having six people help me? I just pray nothing's wrong." The same person referenced that there are no scales in the county that can accommodate individuals with disabilities. All of these populations were also thought to struggle to "fight with insurance companies" and navigate the system. One participant stated, "Medicare is not the law, but it has complicated rules." In regards to immigrants, one participant suggested using care coordinators who are fluent in the immigrants' languages to walk them through the system.

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

Participants shared that they and their clients are accessing health care at a multitude of locations. One participant stated that her clients rely more on specialists than primary care physicians because of the perception that they have a better understanding of their unique needs. Another participant stated that she uses her primary care provider. She considers her primary care provider to be her general contractor for health needs and that he then subcontracts out work as needed. Participants also stated that urgent care centers are becoming more popular among residents. Urgent care centers have a shorter wait time, free parking, a smaller copay, extended hours, and are viewed as less intimidating than the emergency rooms. There is also anonymity to visiting an urgent care center versus a regular primary care provider. One participant gave the example of patients who are overweight and constantly told by their primary care provider to lose weight. However, anonymity is also a risk because providers don't know patients or their medical history.

Participants were also asked to comment on health care access among the underinsured and uninsured.

Participants shared that these individuals are primarily utilizing the emergency room or the minute clinic. However, participants also send clients to the Federally Qualified Health Centers.
Lastly, participants were asked to comment on the use of a digital platform to access health care. The platform would be used to schedule appointments, view emergency room wait times, view physician listings, etc. Participants thought this concept was a good idea and it has already been duplicated by the county to advertise community resources and services. However, the barrier to these platforms is access. Not every resident has a computer and they don't think to use the library computer/internet services. In addition, language is a barrier for residents who are not primarily English speakers. Participants also want assurance that the system will be easy to navigate and constantly updated.

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 suggestions to improve access to care for uninsured and underinsured individuals. These suggestions included:

1. New Jersey currently provides free cancer screenings to residents and provides treatment, regardless of ability to pay, if the screenings find an issue. Participants felt this service was something that should continue to be offered, especially to families without insurance.

2. Continued growth of urgent care centers and the transportation system (e.g. rail systems and bus systems) to support medical appointments.

3. Providing better access to jobs, particularly for immigrants. Immigrants are looking for jobs, but it takes as long as three to six months to get a social security number and they are uninsured during that time.

4. Finding the right balance of premiums and deductibles among insurance plans. One participant stated that if premiums are too high, residents cannot afford their plan, but if premiums are too low, they also cannot afford the deductible.

5. There is a continued need for education, either through printed materials, health fairs, or workshops, around navigating the health care and insurance systems. One participant stated that even after residents obtain insurance, they still visit the emergency room for care because it is what they've always done. As a result, they are still subject to high costs. Another participant stated that families struggle to register for Family Care. The process is lengthy and not well managed. Families often think they have insurance, but don't or are denied and are not sure why. However, participants also stated that residents need to be open to education efforts and take steps to understand the health care system prior to needing it.

Health Issues

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

Participants named a number of health problems present within the community. However, almost all of these health problems were related to obesity, mental health, and substance abuse and are therefore discussed in later sections. Pre-diabetes was voiced as an issue in the community, especially among children, but again, it was thought to primarily be a result of obesity.

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

Participants were in agreement that overweight and obesity are issues in the county, especially among school-age children. They shared a number of factors related to maintaining a healthy weight that are contributing to the issue. In regards to healthy eating, residents face barriers like access, cost, time, and education. Residents in Gloucester County do not have easy access to grocery stores, especially in Woodbury, or farmer's markets or health food stores. Residents have to drive to Cherry Hill to shop at a Wegman's or Whole Foods Market. At local grocery stores, residents have to walk through the bakery section to get to the fruits and vegetables. In addition, the cost to eat healthy and attend cooking classes to learn to prepare healthy foods is expensive. Programs will sometimes receive a grant to support cooking classes, but they are only available for one or two years before the grant runs out. In addition, healthy eating and cooking classes are taught in the schools, but if the parents are not modeling the behavior, it is tough for the lessons to "stick." One positive in the community is that the food bank is providing recipes with the food it provides. Another positive is that the local food stores are providing nutritionists on site. However, the nutritionists only hold day hours so if families shop after 6pm, the nutritionist is unavailable. In addition, if families need to access private nutritionist services, insurance typically only pays for three visits per year. The out of pocket costs for any additional visits are expensive (approximately $150 per visit). Lastly, the time required to cook healthy meals is also a barrier, especially for families with children who are rushing to activities after school and work. It is easier for families to purchase fast food or frozen foods than to make healthy meals.

Residents in Gloucester County also struggle to exercise on a regular basis. The barriers include access to free recreation sites (e.g. parks), a lack of exercise facilities, particularly for the disabled, cost, and time. The county has a number of parks and recreation centers, but they are not within walking distance of where people live. If residents don't have the ability to drive, children are stuck at home after school, often playing video games. The disabled in particular struggle to find recreation opportunities that are accessible. One participant stated that the program, Camp Sun and Fun, is available for disabled residents age eight to 88, and it is a fantastic program, but it is only available in the summer. Participants also shared that there are not a lot of free or affordable recreation programs available to families and the programs that are affordable, are not well known to the community. In regards to gyms and fitness facilities, the available options are expensive. Some fitness centers are starting to accept insurance discounts, but others cost as much as $60 per month. There is one fitness center in the area that is affordable, but it is always crowded so people are intimidated to exercise and residents require transportation to get there. Another barrier is lack of time, especially among families. Residents are

working long hours and either do not know how to manage their time or are too stressed to think about going to the gym. Participants suggested that employers provide worksite wellness opportunities by providing 30 extra minutes at lunch to exercise or providing discounts to recreation facilities.

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

Mental and behavioral health issues are at the forefront in the county. The primary contributing factor is that there are not a lot of providers in the county. The providers who are available have a long waiting list. Participants shared that unless residents are in eminent danger, they could be the 150th person on the list and wait six months to see a provider. One participant stated, "By that point, they're so far gone and they end up in the emergency room." There is also a lack of crisis centers in the community. The crisis centers that are available only admit residents for 72 hours or send them home. As a result of the lack of mental and behavioral health providers in the area, primary care physicians are prescribing psychiatric medications for issues like mild depression instead of recommending therapy.

Participants also discussed the relationship between mental health and substance abuse. One participant stated that individuals with mental health issues are compensating for their problems with substance abuse. As a result, self-injury and suicides are becoming rampant in the area. She shared that her organization is hosting a workshop for self-injury. In regards to the workshop, she stated, "We have 130 people signed up and 75 on the waiting list. We've never had that response before." Participants expressed concerns that in general, the programs that are available to treat substance abuse are not adequate. They specifically referenced 21-day programs, which are not enough to enact behavior change, and the Princeton House, which only addresses detox before sending residents back out into the community. However, resources like Princeton House are all that some residents can access due to insurance. Princeton House accepts Medicaid, but many providers cannot or do not accept Medicaid or Medicare. Participants referenced a law that took effect in January and cut out more than half of the clinicians who can accept Medicaid. Residents in the county also face stigma and it is hard for them to admit they need help or that their children need help. When they do admit they need help and actively seek it, help is not available.

Participants offered a number of recommendations to improve access to mental and behavioral health services in the county. These recommendations included changing the regulations on insurance, recruiting more providers to the area, and building more rehab and crisis facilities. One participant recommended working with Rowan University and their school of medicine to recruit providers to the area. She recommended offering the option to residents to intern in the community and then have some of their school loans deferred if they work in the area after graduation. Another participant shared the idea of making it easier for for-profit organizations to accept more insurance types so that waiting lists for non-profit organizations are reduced.

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

Participants shared that opiate and prescription medication addiction is a problem in the community. One participant stated, "We held a heroin conference, but we weren't allowed to use the word 'epidemic' even though we are at that stage." Providers continue to see an increase in opiate use among adults and prescription drug abuse among adults and kids. Participants shared that it's easy to get a prescription for a drug like Percocet just by complaining about a back injury. Patients are also better versed in medical language due to the internet, so they ask for drugs by name. As a result of adults having easy access, children also have easy access through their parents.

The county is starting to address the issue but it will take a long time due to the extent it has infiltrated the area. One participant shared that her organization received a grant in January to combat addiction among the uninsured and it was depleted by March; it was supposed to last until December. There are additional programs like DARE and Project Aware for kids in the area, but the perception is that "kids are still going to do what they're going to do." A recommendation by participants was to better advertise prescription drop boxes in the community.

Health Education/Communication

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

Participants shared in prior comments that residents and providers in the community are not fully aware of the health care services/options that are available to them. In addition, if residents have a bad experience with one service (e.g. they receive a large bill afterwards), they are hesitant to seek any other services. As a result, there are people who want services, but don't know where to get them and people who know where the services exist, but don't trust them.

Participants also commented that organizations are doing a better job coordinating care and multiple providers, but they are not perfect yet. Patients hold a misperception that all providers always talk to each other. In general, participants stated a need for more nurse care coordinators and navigators in the community. Participants also shared that social workers are often underutilized as a resource for coordinating and accessing services.

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

Participants named a number of sources that they use to get health information, including word of mouth through family and friends, health care providers, and the internet. One participant stated that she will get an opinion from her doctor but then verify with her friends and family. Participants also referenced 211, but stated it is not always accurate. It is a statewide system, not a local system, so

residents have to go through a lot of "hoops" to get what they need. The most trusted sources of information according to participants are family and friends and doctors, if residents have a good relationship with him/her.

Participants also named a number of specific sources offering information within the community:

1. First Call for Help: This service is available on the weekends and after hours (after 5pm). It is operated by Center for Family Services.

2. Heart of Gloucester County: This service is another information referral, primarily for emergency first responders.

3. Gloucester County: A database and booklet of community services is available on the county website for residents. The database includes contact information and the website of organization. It is updated every couple of years.

4. Family Success Centers: Participants shared that the Family Success Centers offer a lot of good information, but it is not always getting to the right individuals. They recommended distributing the information through small groups like council meetings, versus just displaying the information on bulletin boards or flyers on a table. They also recommended advertising the Family Success Center and the services it offers in an attractive and upfront manner. One participant stated that she has parents review flyers to make sure they are attractive and will draw attention. Another participant stated that it's not always obvious what the Family Success Center is unless people take the initiative to dig deeper. The information also needs to be updated to reflect current services as families often receive information about expired services. One participant recommended hosting a focus group specifically around the Family Success Center and how it can better reach and serve residents.

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

Participants and their constituents are interested in opportunities and programs to improve their health as long as time, cost, and location make them easily accessible. Participants recommended the workplace as the ideal location for wellness programs. They stated that the majority of the day is spent at work and therefore it is one of the easiest access points and makes the most sense for investing time and money. Participants recommended enticing employers to adopt worksite wellness programs through the promise of healthier employees, less sick time, etc.

Participants recommended that if community programs are being developed, it is important to make them as accessible and enticing as possible. One participant referenced the program, Families on the Move. It was a free program that offered lots of activities, but it was lucky to draw a handful of people. The program developers found that the timing, late afternoon, was inconvenient for families who had to get their child home from school, get to the program, and then get home to make dinner. Another participant stated that incentives like food are important to enticing participation.

A few specific program types that participants were interested included:

1. Paying for college tuition
2. Father-child oriented programs that promote male involvement in childrens' lives
3. Cooking classes, preferably near farm stands
4. Fresh fruit and vegetable promotion programs

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. Collaboration among providers to provide better access to and awareness of resources
2. Sharing success stories in the community around health issues
3. Increasing resources to market health messages (e.g. Michele Obama's Let's Move program)
4. Using health fairs as a means to take the message directly to the people
5. Developing a one-stop center where residents can learn about available resources

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

Participants provided several closing remarks. The first was a request for more resources related to smoking and e-cigarettes. E-cigarette usage is on the rise because of the perception they are better than cigarettes, but there is no research to support the perception. The second acknowledged the social service agencies in the community and their ability to work with the limited resources available. More of these agencies are needed in the community. The third remark once again acknowledged the need for better awareness of available services and the need to accept the issues in the community. The participant stated that Gloucester County is a closed community and it needs to be more open to the problems in order to find solutions.

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, 340 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. Respondents represented a diverse set of zip codes; however, the largest percentage of respondents resided in zip codes 08096 and 08080. Of the total 340 respondents, 82.6% were female and 17.4% were male. Approximately 56% of all respondents were between the ages of 45 and 64 years. An additional 26.5% of all respondents were between the ages of 25 and 44 years. Whites comprised 93.5% of study participants and Blacks/African-Americans represented 3.5%. Approximately 2% of all respondents identified as Latino/Hispanic.

Zip Code	%	Zip Code	%
08096	17.9%	08028	2.9%
08080	11.8%	08027	2.4%
08062	7.4%	08093	2.1%
08094	7.4%	08312	2.1%
08085	7.1%	08061	1.5%
08086	5.0%	08063	1.5%
08322	4.4%	08014	0.9%
08097	4.1%	08020	0.9%
08344	4.1%	08328	0.9%
08051	3.8%	08066	0.6%
08071	3.8%	08343	0.6%
08090	3.5%	08074	0.3%
08056	3.2%		

Demographic Information	n	%
Gender		
Female	281	82.6%
Male	59	17.4%
Age		
18 - 24	9	2.6%
25 - 34	41	12.1%
35 - 44	49	14.4%
45 - 54	98	28.8%
55 - 64	91	26.8%
65 – 80	47	13.8%
81 and over	5	1.5%
Race/Ethnicity		
White	317	93.5%
Black/African American	12	3.5%
Asian/Pacific Islander	8	2.4%
American Indian	2	0.6%
Other	0	0.0%
Hispanic/Latino*	7	2.1%

* 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 (65.4%) were married, while 11.2% of respondents were divorced and 12.4% were never married. In addition, 3% of respondents prefer a language other than English at home. Almost all respondents who prefer a language other than English, prefer Spanish. However, Greek, Hungarian, and Vietnamese were also mentioned.

Household Type	n	%
Marital Status		
Married	221	65.4%
Divorced	38	11.2%
Widowed	17	5.0%
Separated	5	1.5%
Never married	42	12.4%
Member of an unmarried couple	15	4.4%
Household Language Other than English		
Yes	10	3.0%

The socioeconomic status of respondents, including education, employment, income, was also assessed. More than half of the total participants (66.1%) attained at least an associate's degree. In addition, the

majority of respondents (71.2%) were employed, working full-time; less than 1% were unemployed and looking for work. Eighty-two percent had an annual household income of $50,000 or more; 4.5% of respondents had an income less than $25,000.

Socioeconomic Information	n	%
Level of Education		
Never attended school	0	0.0%
Grades 1-8 (Elementary School)	0	0.0%
Grades 9-11 (High school, no diploma)	6	1.8%
Grade 12 (High school diploma or GED)	33	9.7%
College 1 year to 3 years(Some college or technical school)	74	21.8%
Associate's degree	44	13.0%
College 4 years or more (College graduate)	103	30.4%
Graduate or professional-level degree	77	22.7%
Other	2	0.6%
Employment Status		
Employed, working full-time	242	71.2%
Employed, working part-time	47	13.8%
Not employed, looking for work	2	0.6%
Not employed, not looking for work	2	0.6%
Retired	38	11.2%
Disabled, not able to work	7	2.1%
Student	1	0.3%
Homemaker	1	0.3%
Annual Household Income from All Sources		
Less than $10,000	1	0.3%
$10,000-$14,999	4	1.2%
$15,000-$19,999	3	0.9%
$20,000-$24,999	7	2.1%
$25,000-$34,999	14	4.3%
$35,000-$49,999	30	9.1%
$50,000-$74,999	67	20.4%
$75,000 and more	202	61.6%

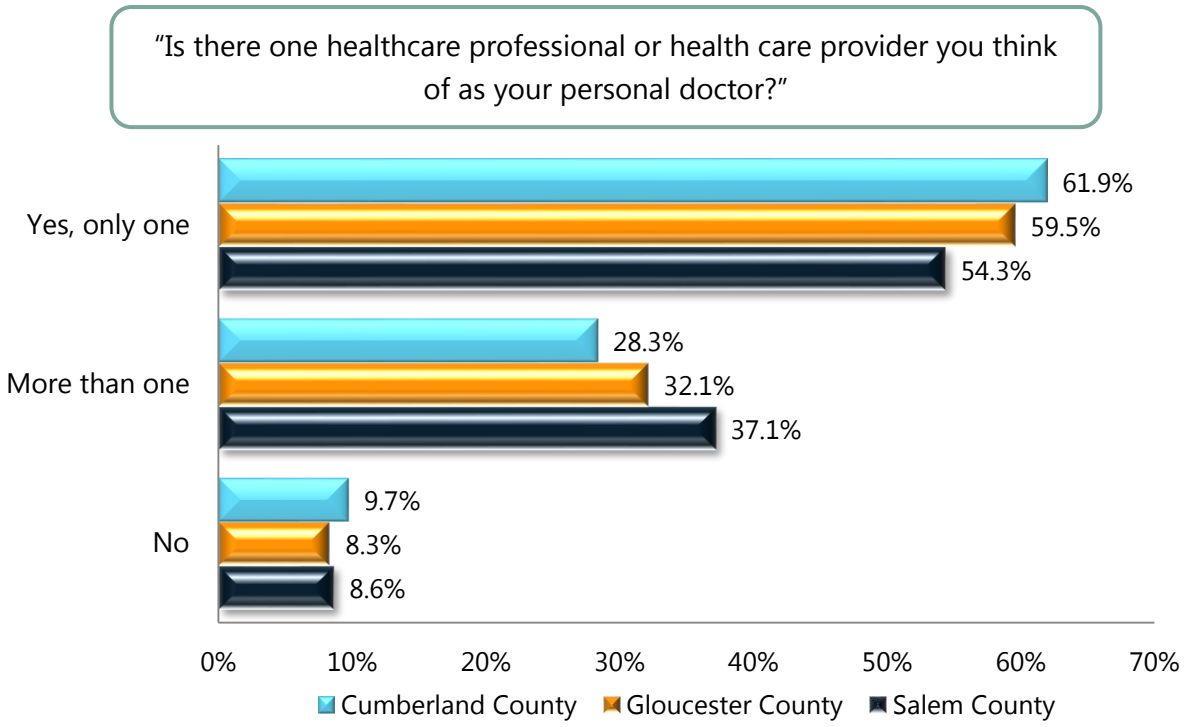
Respondents were also asked to report on their current insurance coverage. The majority of respondents (85.2%) had insurance through their employer or someone else's employer. Approximately 4% of respondents relied on Medicaid or Medical Assistance and 1.2% of respondents were uninsured.

Insurance Coverage	n	%
Insurance Type		
Your employer	218	64.5%
Someone else's employer	70	20.7%
A plan that you or someone else buys or you own	18	5.3%
Medicaid or Medical Assistance	15	4.4%
The military, TRICARE, or the VA	4	1.2%
The Indian Health Service	3	0.9%
Some other source	25	7.4%
None	4	1.2%
Don't know/Not sure	1	0.3%

Access to Health Care

Primary Care

A high proportion of respondents (91.7%) have at least one person who they think of as their personal doctor; only 8.3% of respondents reported not having a personal doctor. Gloucester County had the lowest percentage of respondents without a personal doctor among the three counties.

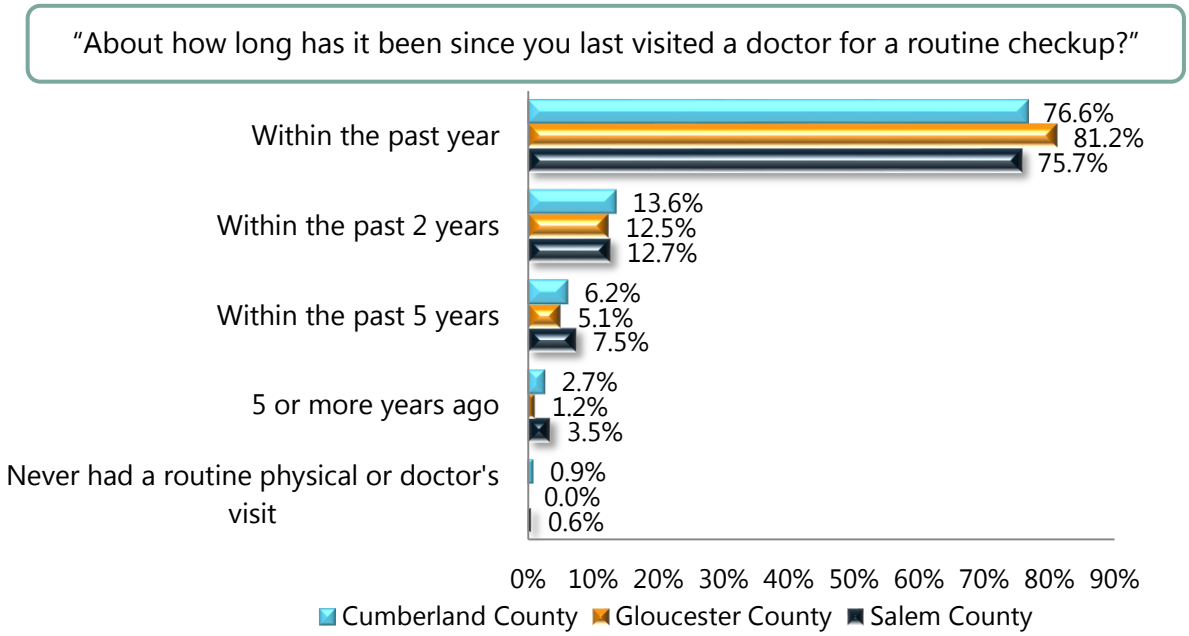


Respondents were then asked if they have delayed getting needed medical care in the past 12 months. Approximately 23% of respondents stated they delayed getting medical care. Among respondents who delayed getting medical care, the primary reasons were the inability to pay out of pocket expenses and the inability to get an appointment in a timely manner. A significant percentage of respondents also cited "Other" reasons for delaying care. These included not being able to leave work for an appointment and not being able to get a timely appointment after having to reschedule. The following table illustrates the reasons why respondents delayed medical care, in detail.

Reasons for Delaying Medical Care in the Past 12 Months

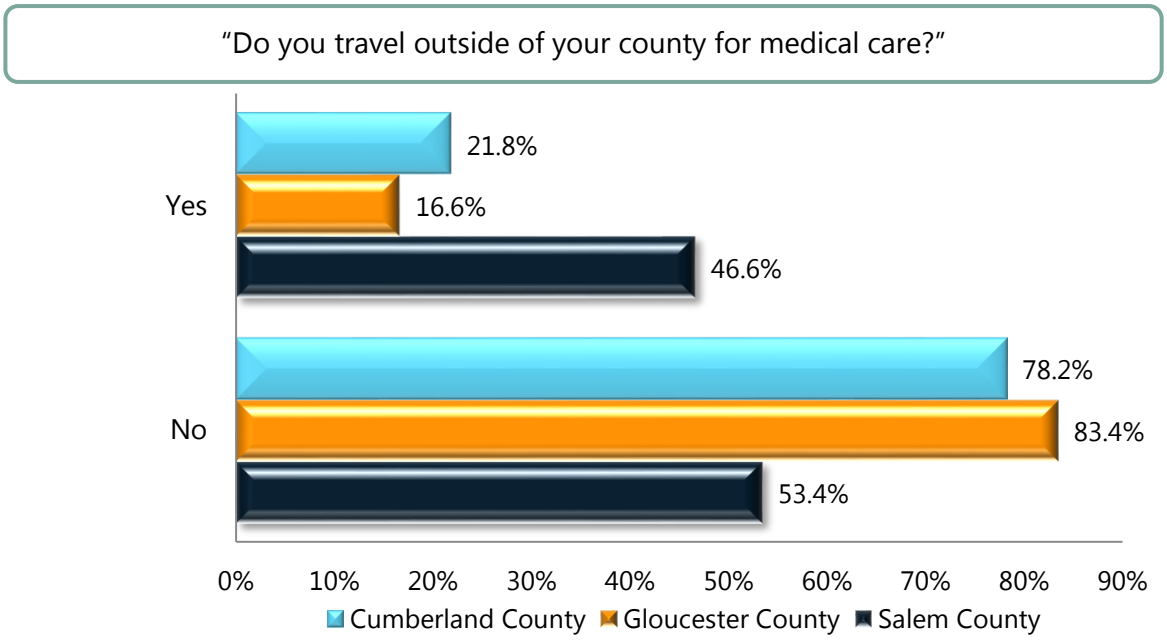
Reason	Cumberland County	Gloucester County	Salem County
You couldn't afford the out of pocket costs	30.7%	29.5%	28.4%
You couldn't get through on the telephone	4.3%	1.3%	4.5%
You couldn't get an appointment soon enough	16.4%	20.5%	26.9%
Once you got there, you had to wait too long to see the doctor	15.7%	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 81% of respondents visited a doctor within the past year and 12.5% visited a doctor within the past two years. The results are better when compared to the peer counties.



Health Services & Information

Lastly, respondents were asked to identify how often they travel outside of their county for medical care and where they get their health information. Approximately 17% of respondents travel outside of the county for medical care. Respondents travel outside the county for both primary care and specialty care. Specialty care services/providers included OB/GYN, thyroid care, endocrinology, dermatology, pain management, cardiology, dental, orthopedics, foot and ankle specialists, and oncology.



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 or are employed as a health professional.

Sources for Health Information

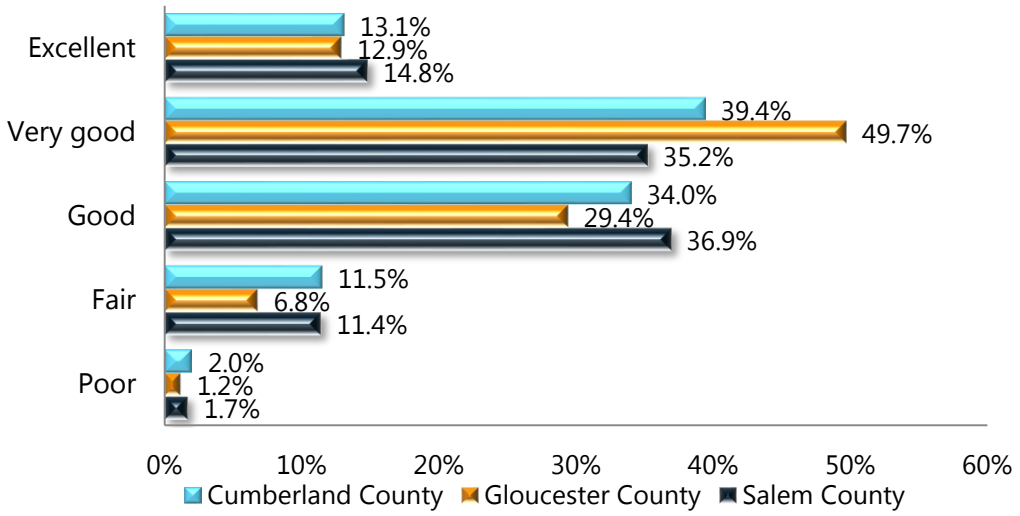
Information Source	Cumberland County	Gloucester County	Salem County
Family/Friends	7.7%	4.4%	6.3%
Church	0.0%	0.3%	0.0%
Public Library	0.2%	0.3%	0.0%
Doctors, Nurses, Pharmacists	51.3%	62.5%	60.3%
Hospital	3.9%	2.9%	2.3%
Health Department	1.5%	0.6%	1.1%
Schools	0.2%	0.3%	0.0%
Employer	4.4%	5.3%	2.3%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

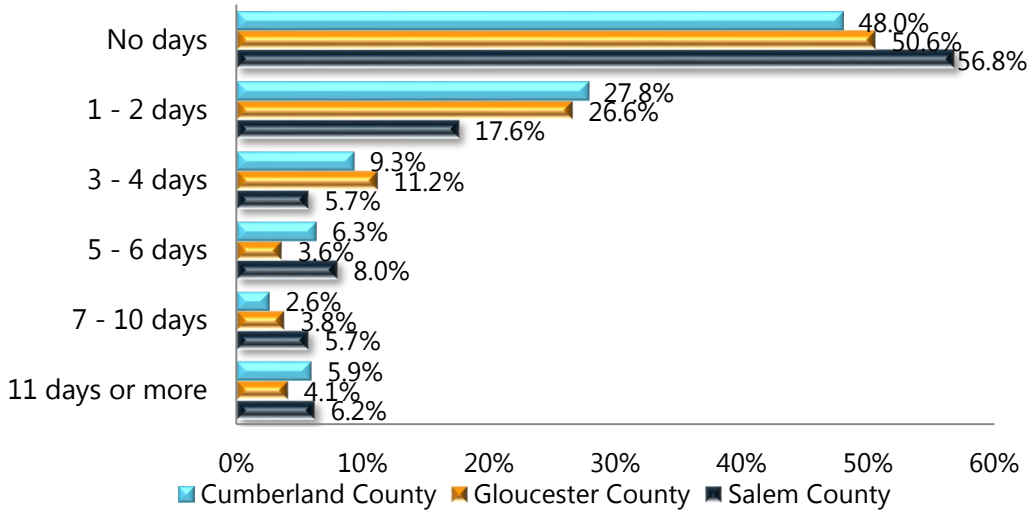
Overall Health Status

Respondents were asked to rate their overall health status, including both physical and mental health. In general, Gloucester County respondents reported having "Good" or "Very good" health (79.1%), with the largest percentage reporting "Very good" health (49.7%). Only 8.0% of respondents reported having "Fair" or "Poor" health. However, 49.4% of respondents had at least one day of poor physical health and 44.5% had at least one day of poor mental health, in the past 30 days. In addition, 66.1% 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 21.7% of respondents were unable to work or do daily activities on at least one day in the past 30 days due to poor physical or mental health.

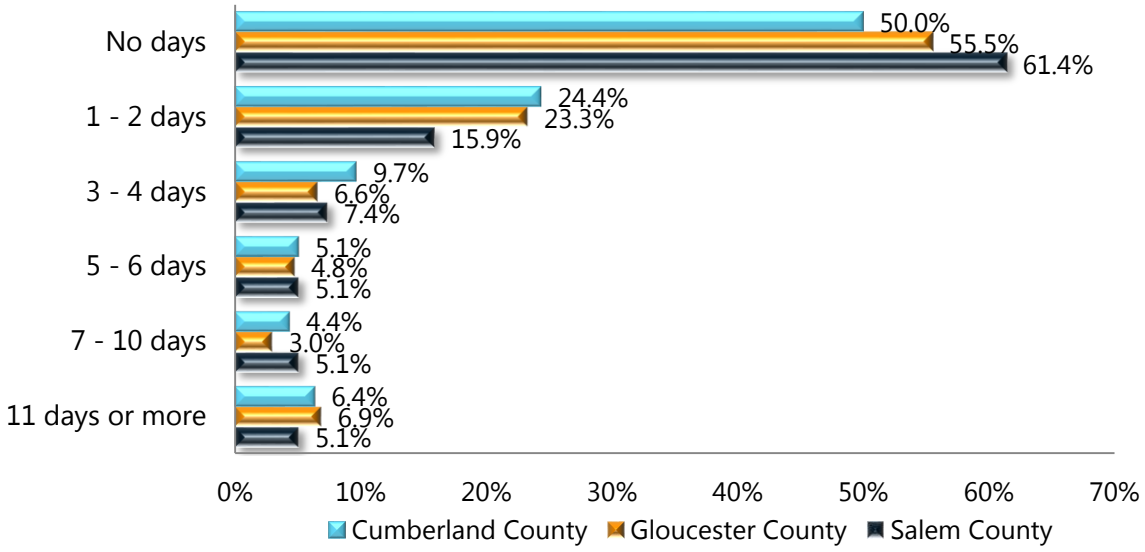
"How would you rate your overall health?"



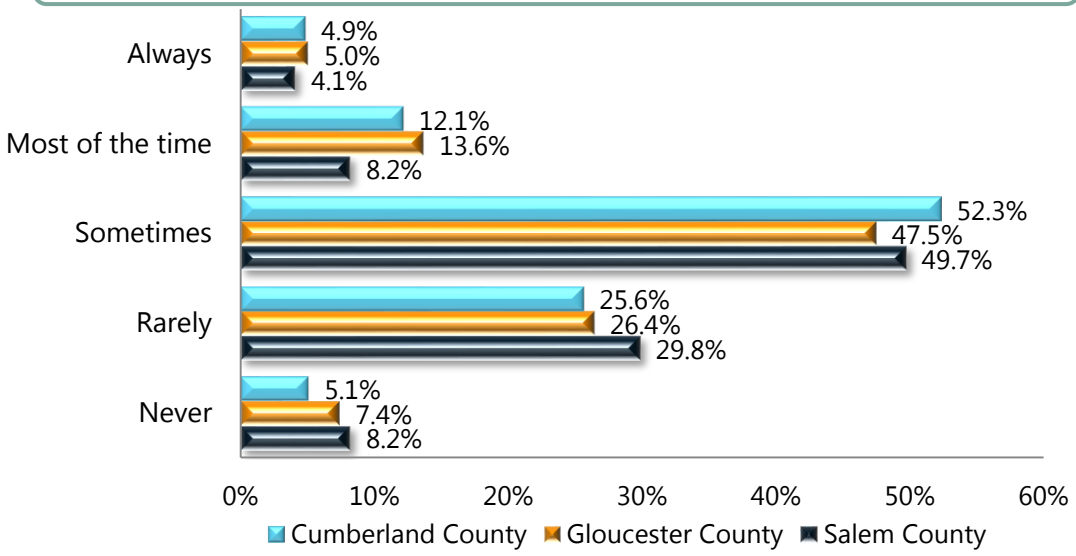
"In the past 30 days, how many days was your physical health not good?"

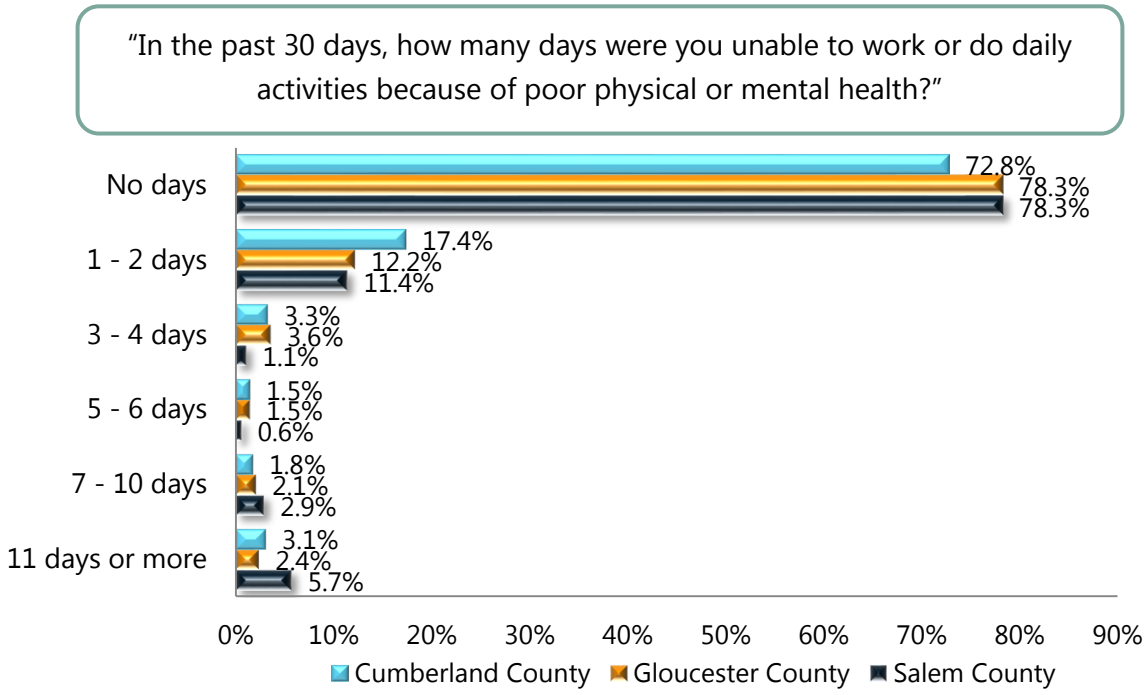


"In the past 30 days, how many days was your mental health not good?"



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

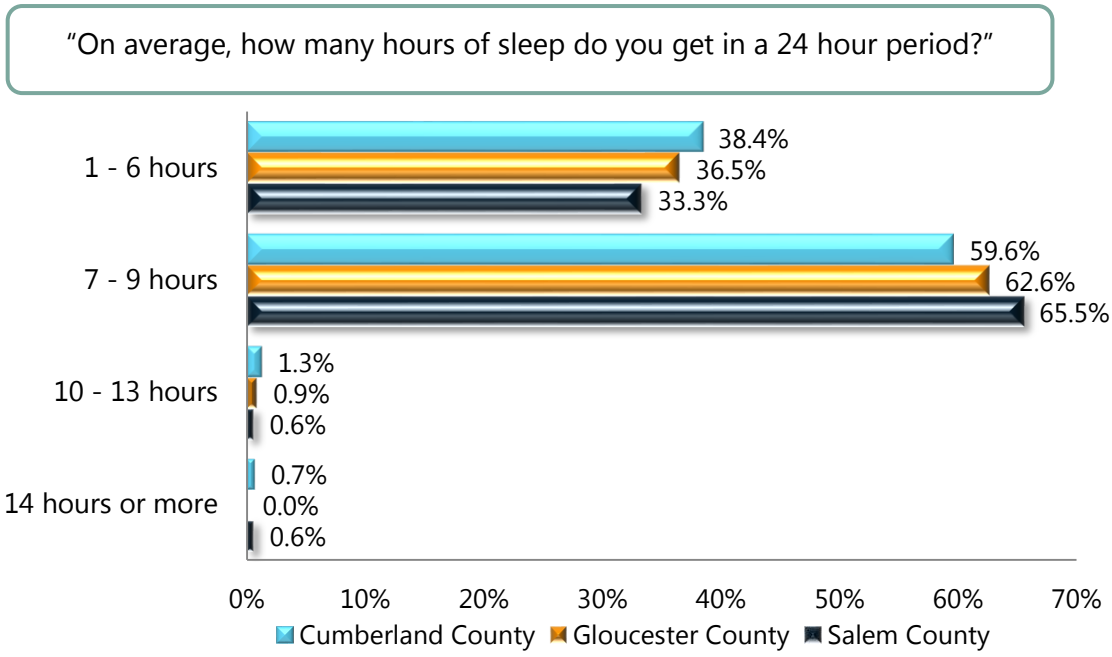




Health Behaviors

Sleep

Respondents were also asked how many hours of sleep they get in a 24 hour period on average. More than half of respondents (62.6%) reported getting seven to nine hours of sleep, which is the recommended number of hours for adults, according to the National Sleep Foundation. However, 36.5% of respondents reported only getting one to six hours of sleep on average.



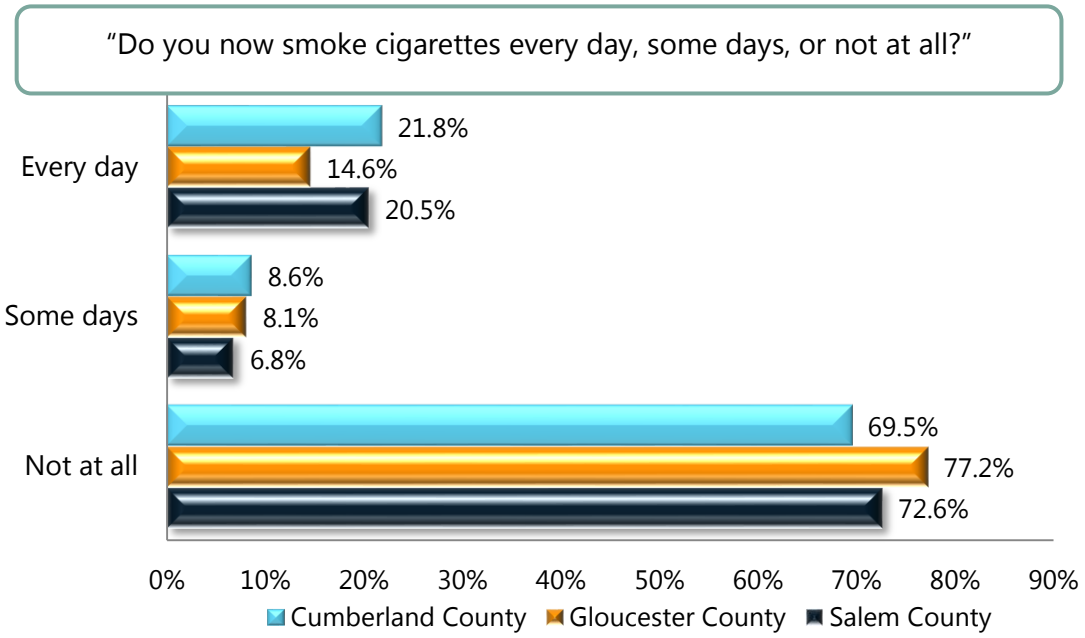
Safety Precautions

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, Gloucester County respondents are just as likely or more likely to practice safety-related behaviors when compared to their peers in Cumberland and Salem counties. In particular, 90.6% of respondents always wear a seatbelt when in a car.

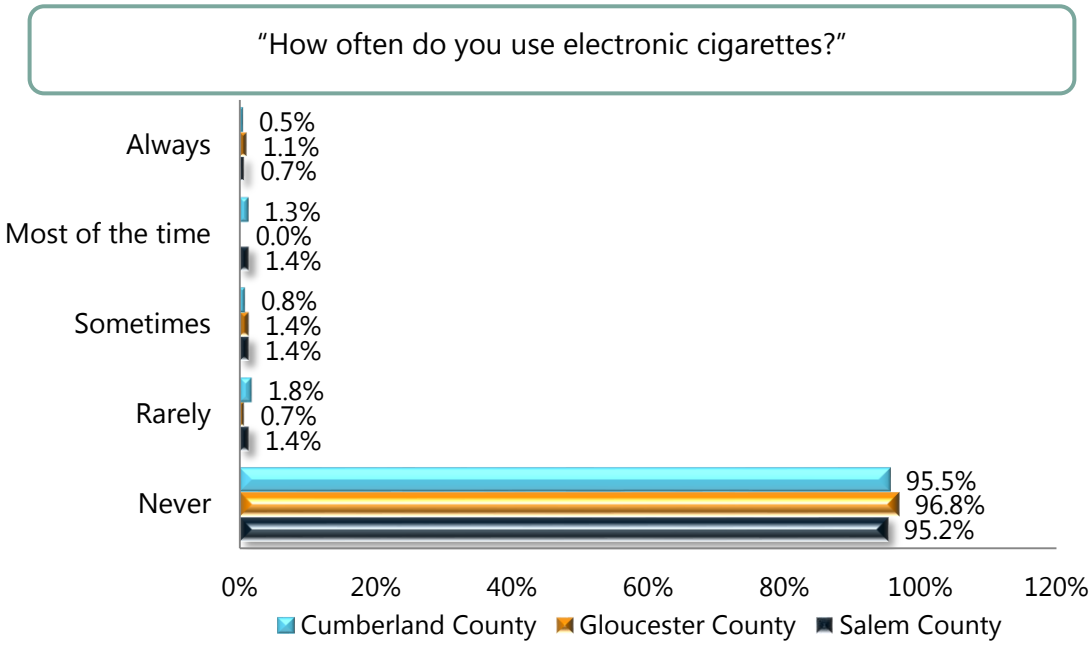
Safety-Related Behavior	Cumberland County		Gloucester County		Salem County	
	Never or Rarely	Always	Never or Rarely	Always	Never or Rarely	Always
Wear a seatbelt when driving or riding in a car	2.7%	85.7%	0.6%	90.6%	1.2%	91.5%
Wear a helmet while riding a bicycle, scooter, roller blades, etc.	47.8%	33.3%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

Tobacco Use

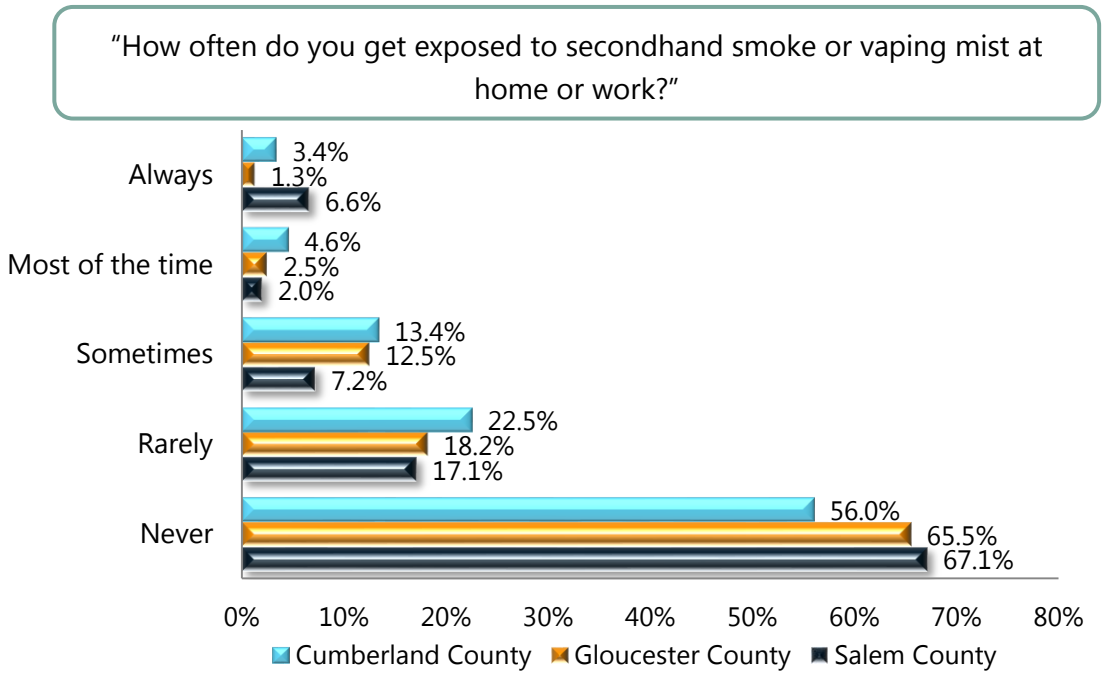
Respondents were asked about their use of cigarettes and electronic cigarettes, and their exposure to secondhand smoke. Approximately 38% of Gloucester County respondents have smoked at least 100 cigarettes in their lifetime. Among these respondents, 14.6% currently smoke every day and 8.1% smoke some days.



The use of electronic cigarettes or e-cigs is not common among Gloucester County respondents. Less than 4% of respondents reported using them at all and only 1.1% reported using them "Always" or "Most of the time."

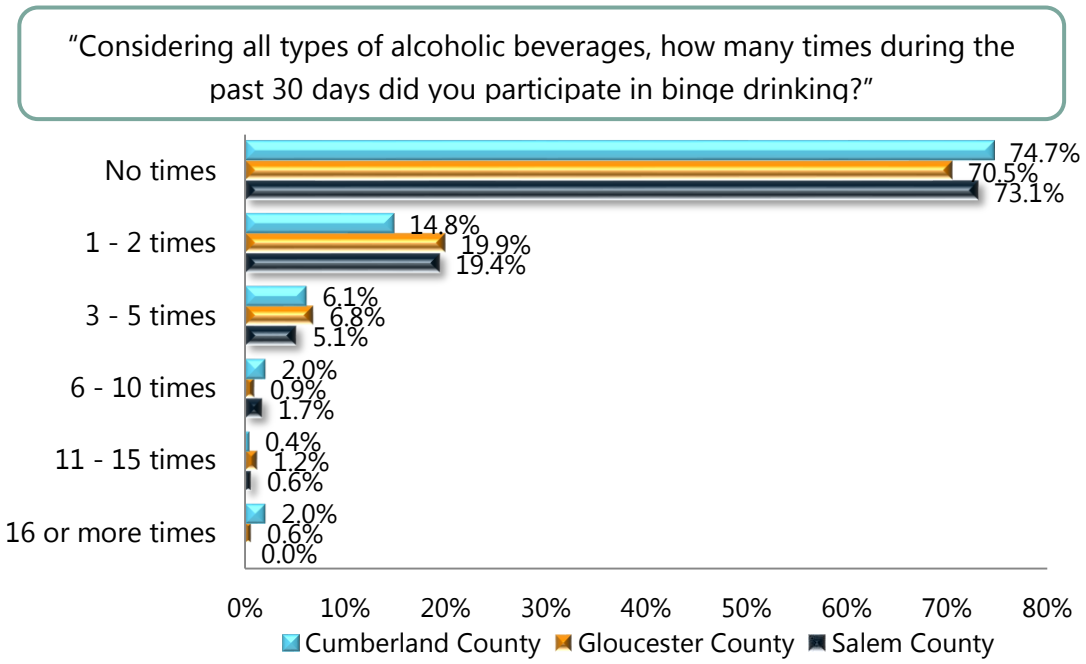


Fewer Gloucester County respondents reported smoking or using electronic cigarettes. However, 34.5% reported being exposed to secondhand smoke or vaping mist. They were primarily exposed on rare or some occasions.

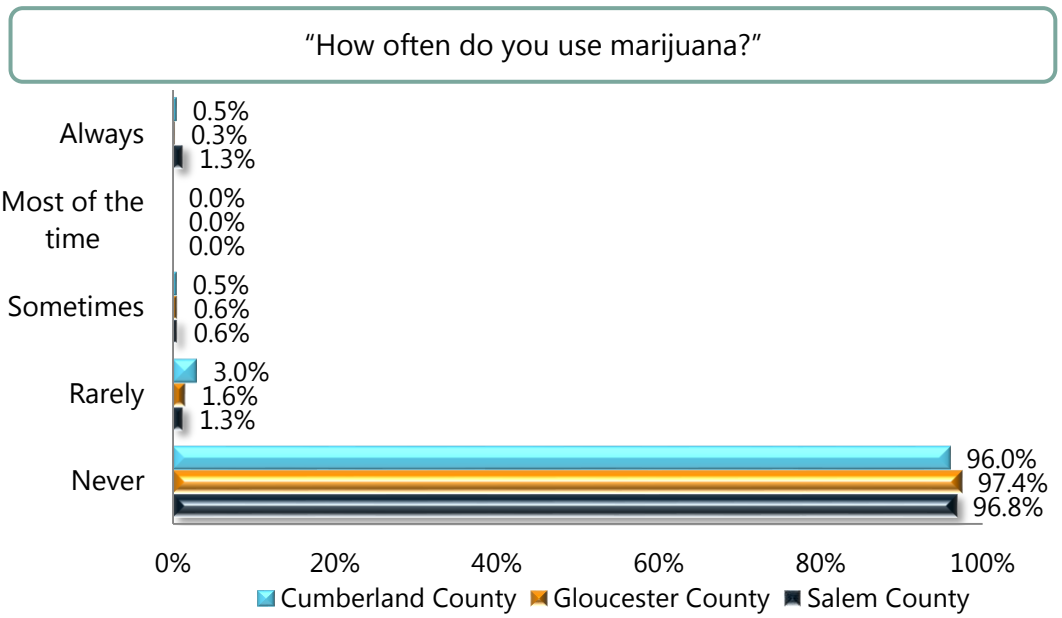


Alcohol and Substance Abuse

Binge drinking is defined as consuming four drinks or more on one occasion for women and five drinks or more on one occasion for men. Approximately 71% of respondents did not participate in binge drinking during the past 30 days; the percentage is lower when compared to both peer counties. Among respondents who did participate in binge drinking, the majority did so on one or two occasions.



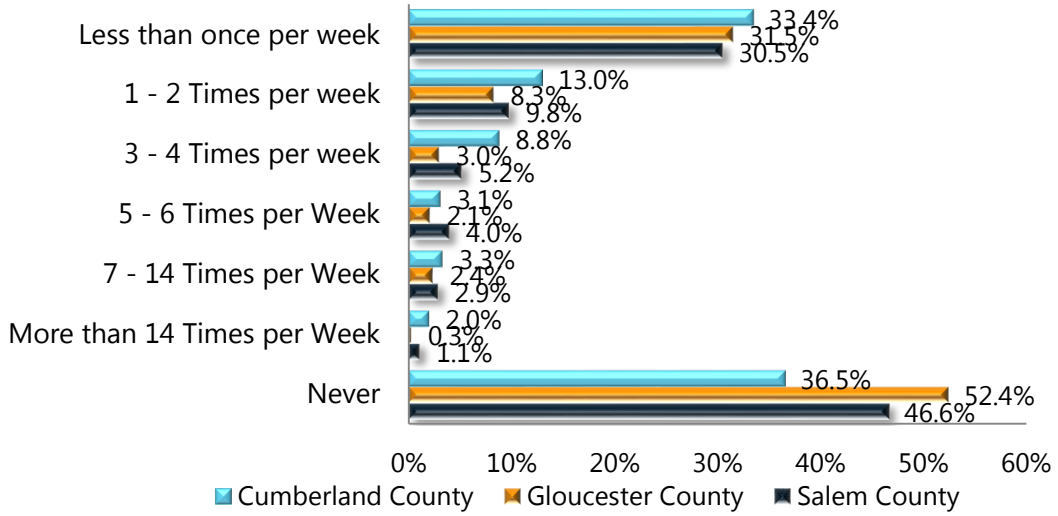
Respondents were asked how often they use marijuana and how often they misuse prescription drugs, opioids, heroin, or other illegal drugs. Only 2.6% of respondents reported using marijuana. The majority of respondents who did use marijuana did so on rare occasions. In addition, only 1% of respondents reported misusing prescription drugs, opioids, heroin, or other illegal drugs, which is comparable to the peer counties of Cumberland and Salem.



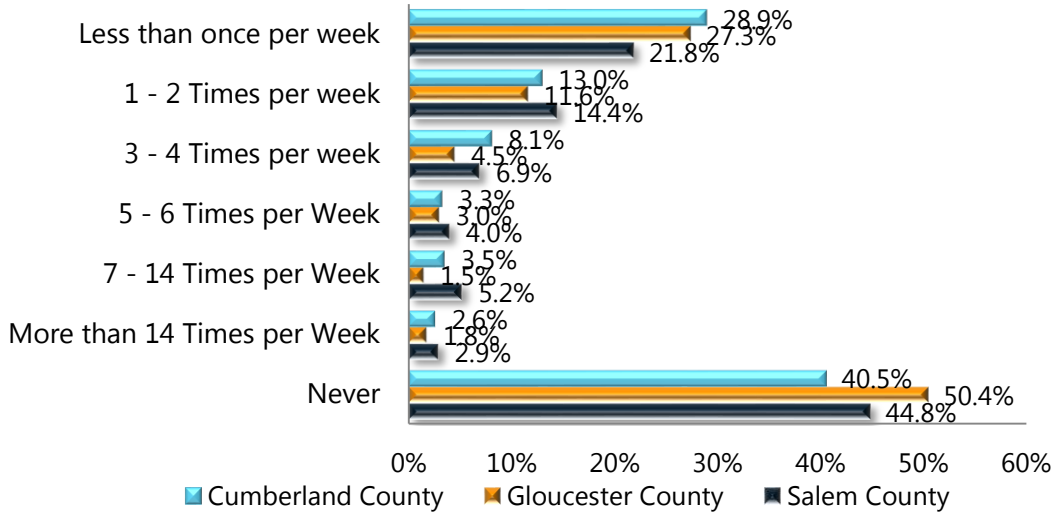
Dietary Behaviors

Strong evidence indicates that consumption of sugary drinks on a regular basis contributes to the development of type 2 diabetes, heart disease, and other chronic conditions. Respondents were asked how often they drink soda or pop and sugar-sweetened beverages, like fruit drinks, sweet tea, and sports or energy drinks. Approximately 48% 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. Approximately 3% of respondents drink soda or pop seven or more times per week. In addition, 49.6% of respondents drink sugar-sweetened beverages. Again, the majority do so less than once per week or one to two times per week; only 3.3% of respondents drink these beverages seven or more times per week.

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

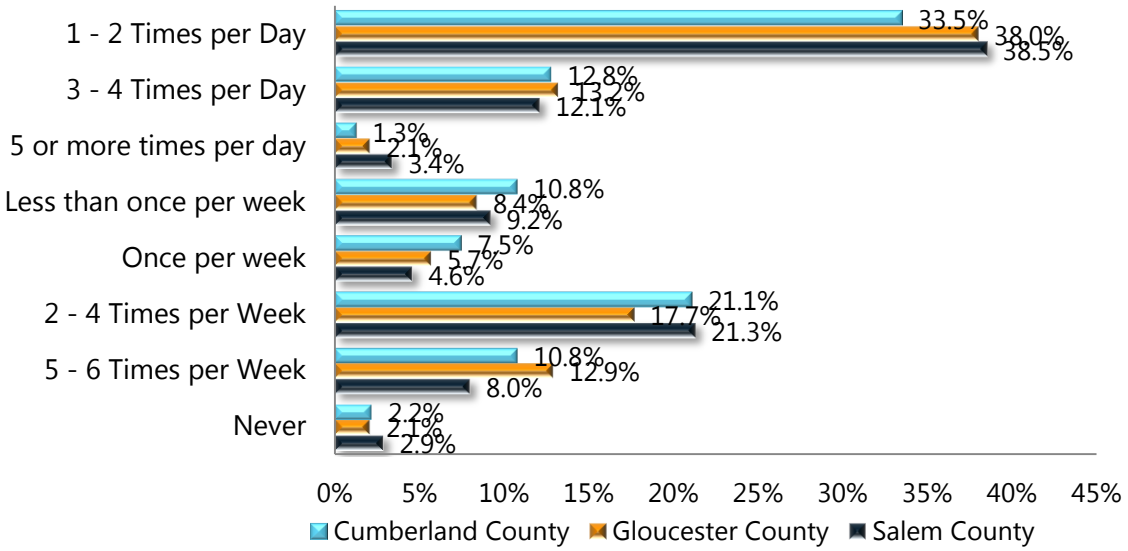


"During the past month, how often did you drink sugar-sweetened fruit drinks, sweet tea, and sports or energy drinks?"

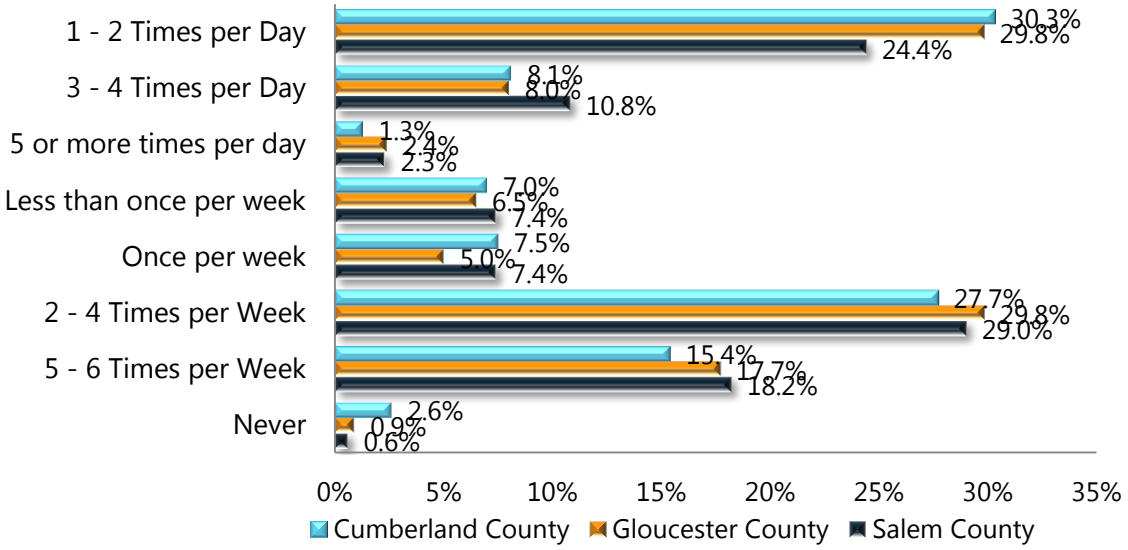


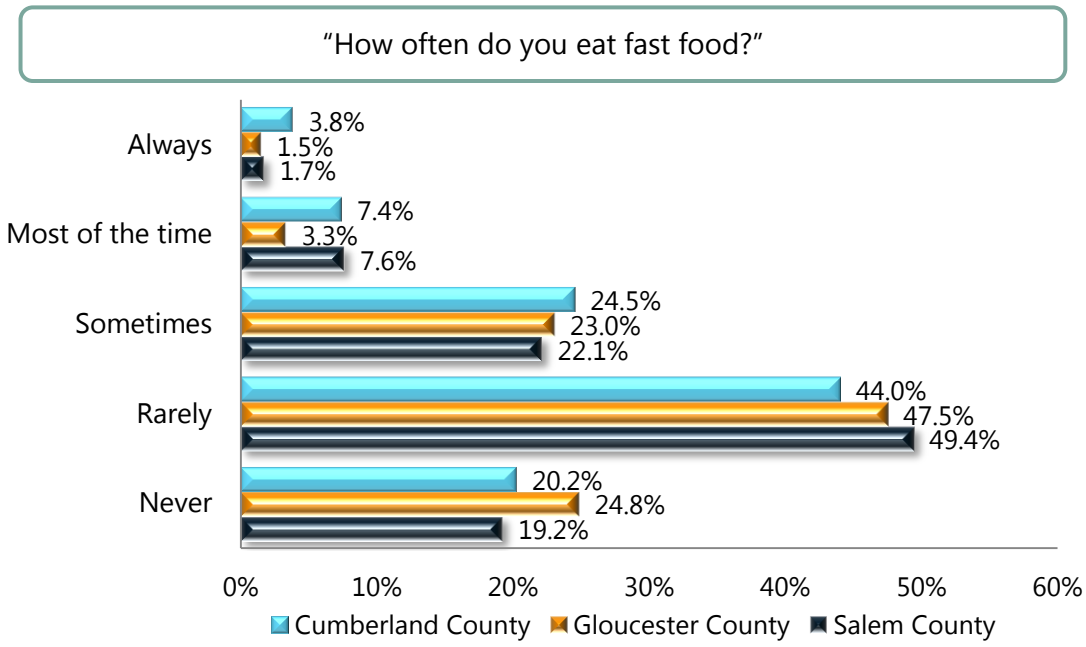
Respondents were also asked about their consumption of fruits and vegetables, fast food, and salt. Approximately 2% of respondents never eat fruit and less than 1% never eat vegetables. However, more than half of respondents are only consuming fruits and vegetables one to two times per day or two to four times per week. In addition, 75.2% of respondents consume fast food, primarily "Rarely" or "Sometimes." In regards to salt consumption, 54.7% of respondents are currently watching or reducing their salt intake.

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

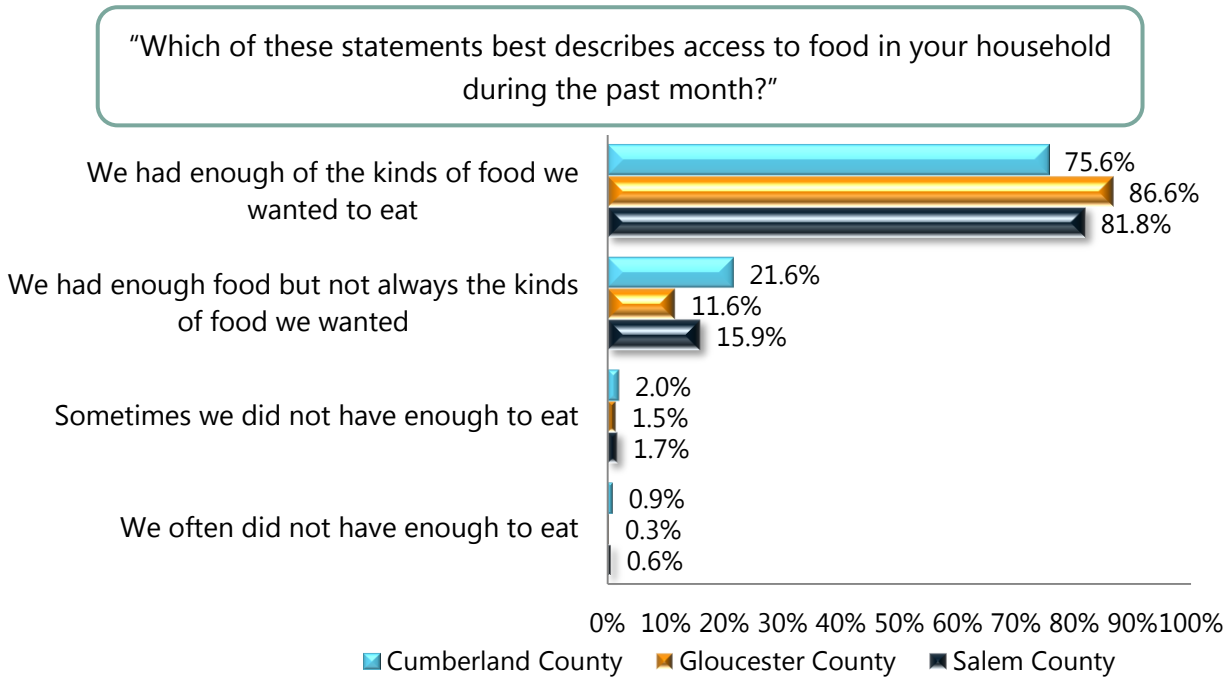


"During the past month, how many times did you eat dark green vegetables, for example, broccoli or dark leafy greens?"





Lastly, respondents were asked how food secure their household is. Approximately 87% of respondents reported that their household had enough of the kinds of foods they wanted to eat. Less than 2% of respondents reported not having enough to eat, and 11.6% reported not having enough of the food they wanted to eat.



Physical Activity Behaviors

It is widely supported that physical activity can inhibit health concerns such as obesity and overweight, heart disease, joint and muscle pain, and many others. It is recommended that individuals regularly engage in at least 30 minutes of moderate physical activity, preferably daily, and at least 20 minutes of vigorous physical activity several days a week. Approximately 73% of respondents reported engaging in exercise, outside of their regular job, during the past month. Among these respondents, 87.7% engaged in moderate physical activity and 54.1% 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 (71.1%) and for a duration of 30 minutes to less than two hours (61.0%). In regards to vigorous physical activity, respondents were also most likely to engage in an activity one to four times per week (50.2%) and for a duration of 30 minutes to less than two hours (60.5%).

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, respondents in Gloucester County are less likely to have a mental health diagnosis when compared to peer counties. However, approximately one in five individuals are still affected.

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). Approximately 16% of respondents have been diagnosed with asthma and 1.9% have been diagnosed with COPD.

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. More than one-third of all respondents have been diagnosed with high blood pressure and/or high cholesterol. However, less than 4% of respondents have been diagnosed with angina and only 1% have been diagnosed with a heart attack or 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 25.5% reporting they have the condition. Approximately 10% to 14% of respondents have been diagnosed with diabetes or cancer, respectively. The most common types of cancer diagnoses included skin cancer (26.7%), breast cancer (26.7%), and melanoma (13.3%). In addition, 16.2% of respondents reported being diagnosed with other conditions that spanned all body systems. Thyroid issues and sleep apnea 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 Gloucester County respondents varies based on the type of measure. However, Gloucester County respondents were the most likely to receive all preventative measures when compared to peer counties. Gender specific screenings, like mammograms and prostate exams, were the most prevalent among respondents (78.0% and 60.3% respectively). Colorectal screenings and skin screenings were the least prevalent among respondents (45.5% and 49.7% respectively).

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

Community Perception

Most Pressing Health Issues

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

Health Issue	Percent of Respondents Selecting the Issue
Overweight/Obesity	67.6%
Drug Abuse/Alcohol Abuse	50.8%
Cancer	46.9%
Heart Disease	40.8%
Mental Health/Suicide	34.6%

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.)	80.3%
Lack of Health Insurance Coverage	64.1%
Difficult to Understand/Navigate Health Care System	41.7%
Can't Find Doctor/Can't Get Appointment	34.3%
Lack of Transportation	33.0%

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	47.7%
Free/Low Cost Medical Care	40.8%
Free/Low Cost Vision/Eye Care	36.2%
Mental Health Services	33.9%
Health Education/Information/Outreach	30.9%

Child Health Information

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

Child Health Information	Percent of Respondents Selecting the Information Type
Drug Abuse	58.3%
Nutrition/Exercise	57.3%
Alcohol Use	52.7%
Tobacco Use	45.7%
Reckless Driving/Speeding	39.0%

Quality of Life

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

Community Issue	Percent of Respondents Selecting the Issue
Cost of Health Services	56.5%
Low Income/Poverty	44.5%
Employment/Career Opportunity	43.5%
Affordable Housing	33.4%
Lack of Counseling/Mental Health Services/Support Groups	31.1%

Overall Health

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

Community Problem	Percent of Respondents Selecting the Problem
Overweight/Obesity	76.8%
Heart Disease	63.9%
Cancer	59.6%
Mental Health Problems	55.3%
High Blood Pressure	49.7%

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	80.3%
Smoking/Tobacco Use	69.8%
Alcohol Abuse	62.6%
Drug Abuse	57.7%
Not Going to the Doctor for Yearly Checkups and Screenings	54.1%

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:

- Urgent care centers were mentioned by a significant proportion of respondents as improving access to care in the community
- Promoting a community-based atmosphere of health through outreach, workshops, health fairs, education, and programs
- Expanded access to care through new locations and more providers
- Availability of free care and screenings for community members
- Availability of parks and other recreational facilities
- The presence and contribution of hospitals in the area, including Inspira Health Network

Greatest Impact on Health

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

- Stress, to include work-related
- Maintaining a healthy weight through diet and exercise
- Time management
- Lack of sleep
- Access to providers and services

- Cost of meeting basic needs and health care
- Age, growing older
- Health conditions, such as COPD, mental health issues, cancer, and heart disease
- Health education and awareness
- Health behaviors, such as smoking

Suggestions for Improving Health

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

- More awareness in the community regarding health issues and the services available
- Collaborative partnerships between community organizations
- More preventative health education, screenings, and outreach efforts, especially in the areas of nutrition, exercise, mental health, dental care, and smoking
- More focus on the health of youth – enforcing healthy behaviors, support groups, teen clubs, etc.
- More free or low cost services to assist low income and uninsured/underinsured individuals
- Improved access to healthy foods and physical activity opportunities
- Improved access to affordable and convenient health care

IDENTIFICATION OF COMMUNITY HEALTH NEEDS & PLANNING

Prioritization Session

Process

Key Community Health Issues

Identified Health Priorities

Appendix A. Secondary Data Sources

Annie E. Casey Foundation (2013). *Kids Count Data Center.* Retrieved from http://datacenter.kidscount.org/data#NJ/2/0

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Appendix B. Key Informant Participants

Name	Agency
McWilliams, Kendria	Maryville Treatment Centers
Schroy, Marita	Inspira Health Network
Mahmoud, Kathleen	Gloucester County WIC Program
Coniglio, Barry	Greater Woodbury Chamber of Commerce
Madden, Patricia	Kennedy Health System
Wolcott, Pat	National Park Elementary School
Sexton, Tom	Rails-to-Trails Conservancy
Ingemi, Quinn	Southern NJ Perinatal Coop
Romarate-Knipel, Pastor Carla	Central Baptist Church
Gower, Mike	United Way of Gloucester County
Blanchard, Robyn	ARC of Gloucester County
Morales, Rafael	Jehovah's Witness
Kephart, Carla	Gloucester County Dept of Health
Brown, Robin	NewPoint Behavioral Health Care
Speranza, Susan	Inspira Health Network
Little, Lisa	Inspira Health Network
Burzichelli, Dominick	Rowan College at Gloucester County
Hughes, Luanne	Rutgers Cooperative Extension
Tucker, Keish	Archway Programs
Harris, Pastor Steve	Gloucester County Community Church
Kaprielyan, Peter	Inspira Health Network
Cerny, Lisa	Gloucester County Dept of Human Services
Ellsworth, Mary Ann	New Jersey Department of Health
Love, Mary	SERV
Wietz, Merle	SNJ Perinatal Cooperative
Vanderwerken, Suzanne	Woodbury Family Medicine
Ruiz, Annmarie	Gloucester County Dept of Health
Devine, Joe	Kennedy Health System
Lavender, Dr. James	Kingsway School District
Baylor, Michelle	Shady Lane Gloucester County Home
O'Neill Walczak, Melissa	YMCA of Gloucester County
Clancy, James	Pitman Manor
Bamford, Robert	Gloucester County Dept of Health
Minichino, Amy	Southern NJ Perinatal Coop

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 (Housing, Crime/Violence, Physical Activity, Health Screenings)

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