South Jersey Health Partnership

2016 Community Health Needs Assessment

BAKER TILLY

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South Jersey Health Partnership
2016 CHNA Executive Summary

Our Commitment to Community Health

The South Jersey Health Partnership (SJHP) brought together hospitals, health systems, and health departments across Southern New Jersey for the purpose of conducting a regional Community Health Needs Assessment (CHNA). The 2016 CHNA sought to better understand key drivers of resident health behaviors and outcomes, while promoting community engagement and collective health impact.

In conducting the CHNA, the SJHP examined a variety of household and health statistics with the input of community stakeholders to portray a full picture of health for Southern New Jersey. The findings ensure that community benefit and health improvement initiatives are aligned with the highest needs of the community.

After thorough analysis of health data and with insights from our community stakeholders, we determined the following health issues are priority health needs across the region:

- Behavioral Health and Chronic Disease Comorbidities
- Linkages to Care
- Substance Abuse

The SJHP is committed to the Southern New Jersey region and the people we serve. We are thankful to the many health and social service experts who lent expertise and input to the CHNA process and continue to partner to address health needs in the community.

South Jersey Health Partnership Member Organizations:

The 2016 SJHP Community Health Needs Assessment Process

Regional Partnership

The 2016 CHNA was conducted by the South Jersey Health Partnership, within four Southern New Jersey Counties: Burlington, Camden, Gloucester, and Ocean. Through a coordinated approach, the Partnership worked with county health departments and local community partners to gather feedback and conduct regional research and planning efforts to ensure community health improvement initiatives were aligned.

The 2016 SJHP CHNA included the following hospitals and health departments:

- Burlington County Health Department
- Camden County Health Department
- Cooper University Hospital
- Deborah Heart and Lung Center
- Gloucester County Health Department
- Kennedy University Hospitals-Cherry Hill, Stratford, Washington Township
- Lourdes Medical Center of Burlington County; Our Lady of Lourdes Medical Center
- Ocean County Health Department
- Virtua Marlton, Virtua Memorial, Virtua Voorhees

Methodology

The 2016 CHNA was conducted from February to October 2016, and used both primary and secondary research to illustrate and compare health trends and disparities across the region. Primary research solicited input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research identified demographic and health trends across geographic areas and populations.

The 2016 CHNA builds upon the 2013 CHNA and subsequent Community Health Improvement Plans. The CHNA was conducted in a timeline to comply with requirements set forth in the Affordable Care Act, as well as to further regional commitment to community health and population health management. The findings will be used to guide community benefit initiatives and engage partners to address identified health needs.

Specific research methods:

- A review of secondary health and socioeconomic indicators for the service area
- An analysis and comparison of hospital utilization data
- Partner Forums with community representatives and leaders to identify community health priorities and facilitate population health strategy collaboration
- Focus Groups with health consumers

Benchmarking

Secondary data for the SJHP service area were compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable, to provide benchmark comparisons. State and national averages represent comparable year(s) of data to service area statistics, unless otherwise noted.

Leadership

The 2016 SJHP CHNA was overseen by a Steering Committee of representatives from each member hospital and county health departments as follows:

Kimberly Barnes, Lourdes Health System
Christine Carlson-Glazer, MPH, Deborah Heart and Lung Center
Bageshree Cheulkar, MD, MPH, Virtua
Holly Funkhouser Cucuzzella, DrPH, MCHES, HO, Burlington Co. Health Department
Catherine Curley, PhDc, RN, Cooper University Health Care
Sharon Dostmann, Esq., Cooper University Health Care
Peggy Dowd, Deborah Heart and Lung Center
Patricia Hearey, MPH, MCHES, Camden Co. Dept. of Health and Human Services
Christopher Hellwig, MPH, CHES, Burlington Co. Health Department
Maxwell Kursh, MS, Cooper University Health Care
Amanda Kimmel, MSW, Kennedy Health
Donna McArdle, Deborah Heart and Lung Center
Tanya McKeown, Kennedy Health
Debra Moran, MS, Virtua
Lisa Morina, Kennedy Health
John Pellicane, MBA, Camden Co. Dept. of Health and Human Services
Brunilda Price, MA, MPA, Coordinator, Ocean Co. Health Department
Daniel Regenye, Ocean Co. Health Department
Annemarie Ruiz, Gloucester Co. Health Department
Sister Maureen Shaughnessy, MA, SC, Lourdes Health System
Jennifer Horner Sneddon, DNP, MPH, APN-C, CIC, Virtua
Nancy Street, MS, MBA, PMP, LSSBB, Cooper University Health Care

Community Engagement

Community engagement was an integral component of the 2016 SJHP CHNA. Partner Forums with key community leaders and focus groups with health consumers solicited wide participation from public health experts and representatives of medically underserved, low income, and minority populations. Additionally, representatives from each of the four study counties served on the CHNA committee to provide insight in data collection and planning.

Research Partner

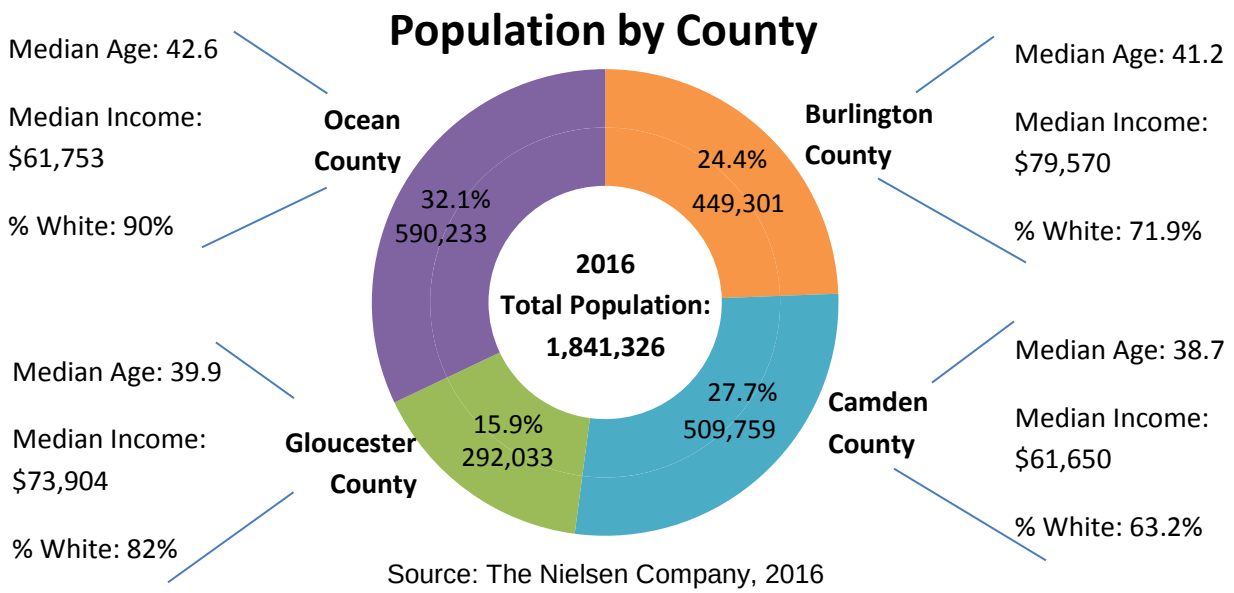
South Jersey Health Partnership's research partner, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy. Baker Tilly's expertise ensured the validity of the research and assisted in developing an Implementation Plan to address the highest health needs across the region.

Our Community's Residents

The SJHP service area includes the Southern New Jersey Counties of Burlington, Camden, Gloucester, and Ocean and a total population of approximately 1.8 million. Ocean County comprises the largest population, and is projected to have the most population growth over the next five years (2.2%). The population of the other service counties will increase 1.5% or less.

Social Determinants of Health: Factors within the environment in which people live, work, and play that can affect health and quality of life

The SJHP service area represents a diverse population. Burlington and Gloucester Counties are primarily White communities with similar or better socioeconomic indicators compared to the state. Camden County is the most racially and ethnically diverse of the four counties, and the most impacted by poorer social determinants of health. Ocean County is also a primarily White community with a prominent blue collar workforce.



Source: The Nielsen Company, 2016

Population Snapshots			
Burlington County	Camden County	Gloucester County	Ocean County
> Primarily White, and slightly older > Highest median income; lowest poverty rates > Lowest unemployment rate > Highest educational attainment	> Most racially/ethnically diverse > Lowest median income; highest poverty rates > Highest unemployment rate > Lowest educational attainment > Greatest socioeconomic disparity among racial/ethnic populations	> Primarily White > Similar economic indicators to the state > More likely to attain a high school diploma; less likely to attain higher education	> Primarily White and oldest population in NJ > Second lowest median income; lower unemployment and poverty rates than the state > Least likely to attain higher education; more likely to have a high school diploma

Social determinants of health are often the root cause of health disparity. Health disparities, as defined by Healthy People 2020, are "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage." Identifying the potential for health disparities helps determine where resources are most needed to improve health.

Across the SJHP service area, data shows that Black/African American and Hispanic/Latino residents are impacted by poorer social determinants of health and healthy disparity. Median income, depicted in the table below, is one indicator of disparity. Black/African American and Hispanic/ Latino residents are also less likely to have health insurance and/or attain higher education.

Median Household Income by Race and Ethnicity

	Burlington County	Camden County	Gloucester County	Ocean County
White Median Income	$81,803	$69,837	$76,455	$62,100
Black/African American Income Difference	-$12,805	-$27,234	-$18,655	-$10,221
Hispanic/Latino Income Difference	-$11,287	-$31,292	-$18,494	-$5,319

Source: The Nielsen Company, 2016

Zip code of residence is also one of the most important predictors of health disparity; where residents live plays a part in determining their health. The following zip codes within the SJHP service area are at greatest risk of health disparity based on social determinants of health and the presence of Medically Underserved Areas (MUAs), as designated by the Health Resources and Services Administration.

Medically Underserved Areas: Areas designated as having too few primary care providers, high infant mortality, high poverty, or a high elderly population

Zip Codes At Risk of Health Disparity

		Higher Poverty Rates	Higher Unemploy-ment	Lower Educational Attainment	Higher Uninsured Rate	Medically Underserved Areas
Burlington County	08068 Pemberton	✓	✓			✓
	08015 Browns Mills	✓		✓		
	08562 Wrightstown		✓			✓
	08640 Fort Dix	✓				
Camden County	08102 Camden	✓	✓	✓	✓	✓
	08103 Camden	✓	✓	✓	✓	✓
	08104 Camden	✓	✓	✓	✓	✓
	08105 Camden	✓	✓	✓	✓	✓
Gloucester County	08093 Westville	✓	✓	✓		
	08014 Bridgeport	✓			✓	
	08028 Glassboro	✓				✓
	08066 Paulsboro	✓	✓			
Ocean County	08733 Lakehurst	✓	✓	✓		✓
	08751 Seaside Heights	✓		✓	✓	
	08701 Lakewood	✓		✓		

Our Community's Health

Overall Health Status

County Health Rankings measure and compare the health of counties across the nation and are published annually through a joint collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Health Outcomes is one of the published rankings and is a key indicator of overall health status, measuring length of life and quality of life. The 2016 Health Outcomes Rankings for the SJHP service counties (out of the 21 counties in New Jersey) are as follows:

Overall County Health Outcomes Rankings

#9 Burlington County

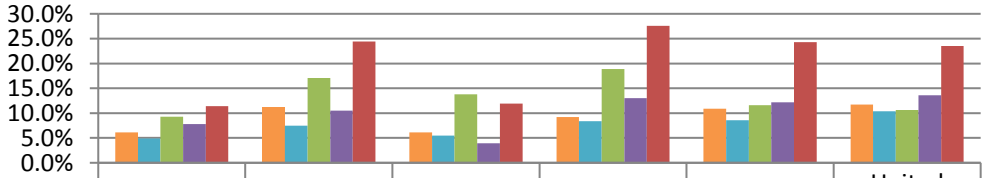
#11 Ocean County

#16 Gloucester County

#19 Camden County

Health outcomes are influenced by a number of factors, including access to care and health behaviors. The percentage of uninsured residents declined in all SJHP service counties from 2013 to 2014, and fewer residents are uninsured when compared to the nation. However, the counties do not meet the Healthy People 2020 goal of having 100% of all residents insured. Minority racial ethnic groups have the highest uninsured rates.

Population without Health Insurance Coverage by Race/Ethnicity



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Total Population	6.1%	11.1%	6.1%	9.2%	10.9%	11.7%
White	4.9%	7.5%	5.5%	8.4%	8.6%	10.4%
Asian	9.3%	17.1%	13.8%	18.9%	11.6%	10.6%
Black/African American	7.8%	10.5%	3.9%	13.0%	12.2%	13.6%
Hispanic/Latino	11.4%	24.4%	11.9%	27.6%	24.3%	23.5%

Source: American Community Survey, 2014

Individual health behaviors impact overall health status and have been shown to contribute to or reduce the chance of chronic disease. Burlington County has some of the lowest rates of smoking, obesity, and physical inactivity among adults, and the lowest percentage of adults who self-report having “poor” or “fair” health. By contrast, Camden County has some of the highest rates of poor health behaviors among adults, and the highest percentage of adults who self-report having “poor” or “fair” health.

Approximately 30% of adults in the SJHP counties are obese. Adult obesity rates increased in all counties from 2009 to 2013, and exceed the statewide rate. Physical inactivity contributes to obesity; adults in all counties are more likely to be physically inactive compared to the state.

Adults in all counties, except Ocean, are also more likely to drink excessively compared to the state. Ocean County adults are more likely to smoke, exceeding the Healthy People 2020 (HP 2020) goal by nearly 5 points.

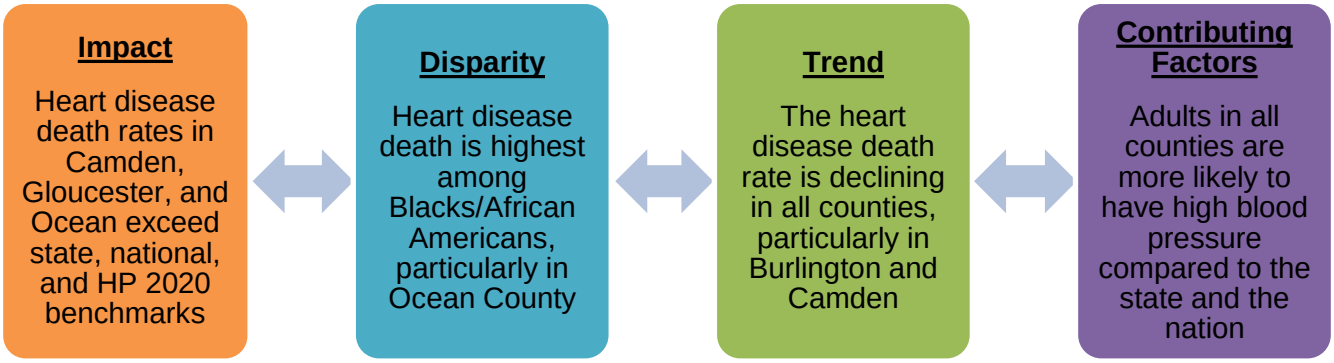
	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey	United States	HP 2020
Smoking Adults	14.2%	15.0%	15.0%	16.9%	15.1%	17.0%	12.0%
Excessive Drinking among Adults	19.4%	17.7%	20.3%	16.1%	17.3%	17.0%	25.4%
Adult Obesity	27.8%	29.9%	29.7%	27.9%	26.3%	29.4%	30.5%
Physical Inactivity among Adults	23.5%	27.3%	25.3%	26.7%	24.1%	23.0%	N/A
Self-Reported Health Status of “Fair” or “Poor”	11.4%	15.7%	13.4%	14.1%	16.2%	18.0%	N/A

Source: Centers for Disease Control & Prevention, 2012, 2013, 2014 & Healthy People 2020

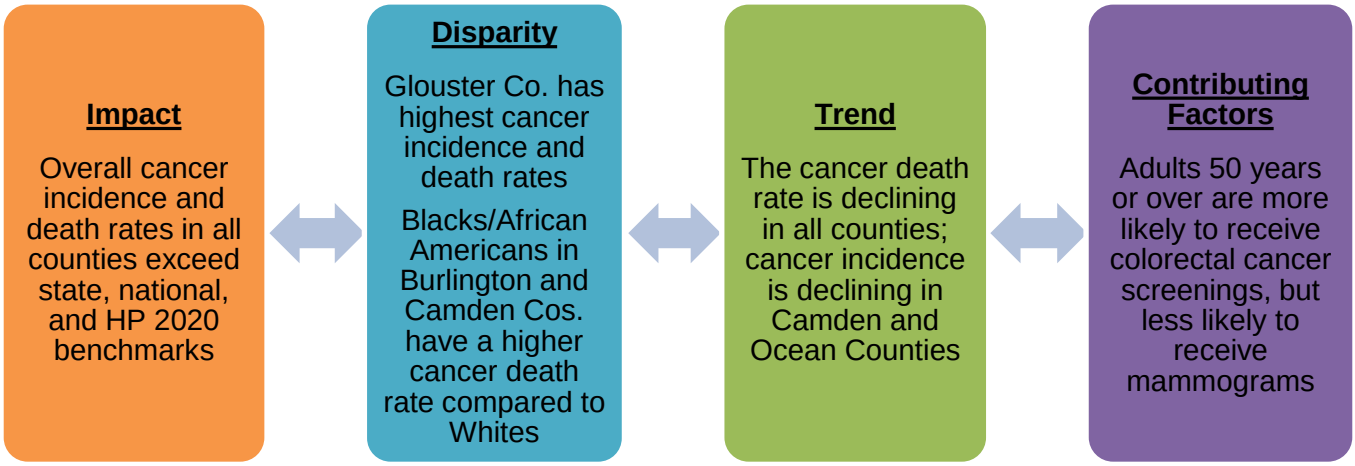
Top Causes of Death

The top three causes of death across the nation, in rank order, are heart disease, cancer, and chronic lower respiratory disease. Death rates for all three causes are higher in SJHP service counties compared to state and/or national benchmarks with one exception: heart disease death in Burlington County. The following charts highlight key findings related to each cause of death.

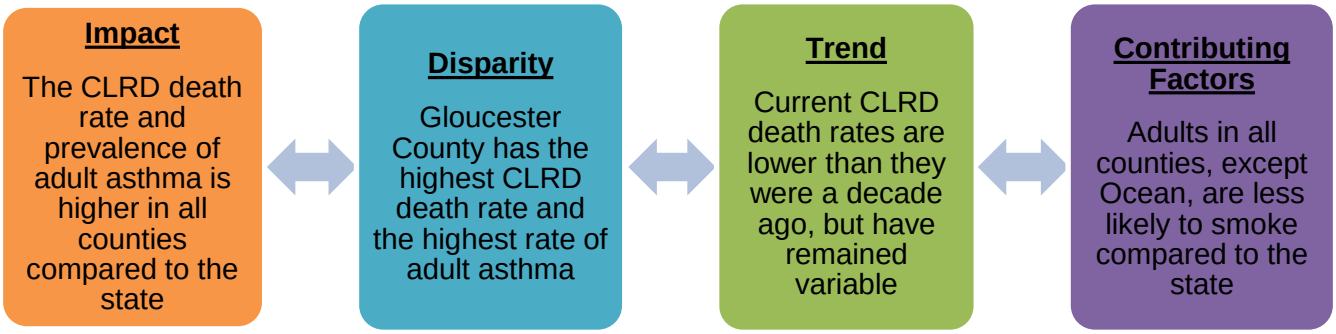
#1: Heart Disease



#2: Cancer



#3: Chronic Lower Respiratory Disease



Behavioral Health

The counties served by the SJHP experience more poor mental health days, higher suicide rates, and higher drug-induced death rates. The suicide rate exceeds the state rate, in all counties, except Gloucester. Rates in Burlington and Ocean Counties also exceed the Healthy People 2020 goal and are on the rise. The drug-induced death rate is higher in all counties compared to state and national rates and is increasing. Among residents seeking substance abuse treatment, heroin is the primary drug upon admission, followed by alcohol.

	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey	United States	HP 2020
30-Day Average for Poor Mental Health Days (Adults)	3.4	3.7	3.6	3.8	3.4	3.7	N/A
Suicide per Age-Adjusted 100,000	12.2	9.8	6.5	11.7	8.3	13.0	10.2
Drug-Induced Death per Age-Adjusted 100,000	17.0	26.6	24.0	27.1	14.5	15.5	N/A

Source: Centers for Disease Control and Prevention, 2014 & Healthy People 2020

Partner forum participants ranked mental health and substance abuse among the top three health needs in the community and identified the following barriers to accessing behavioral health services that contribute to health disparities across the region.

Key Barriers to Accessing Behavioral Health Services
> Lack of awareness of health and social services among residents and providers
> Lack of behavioral health services, including detox and rehab facilities, intensive case management, medication monitoring programs, psychiatrists, etc.
> Lack of integration of behavioral health in primary care settings
> Lack of recognition/treatment of behavioral health as a chronic disease
> Lack of medical transportation services within the community
> Low commercial reimbursement rates for behavioral health care
> Medicaid insurance limitations for behavioral health services, including providers, maximum lengths of stay and the number of available inpatient beds
> Stigma associated with receiving behavioral health services

Health Care Utilization Trends

South Jersey Health Partnership member hospital utilization data were analyzed across inpatient, outpatient, and emergency department settings to determine trends in how consumers access the healthcare delivery system; barriers to achieving optimal health; and opportunities

for community health improvement. The data showed that across the region, social determinants of health continue to be a key driver of high risk patients and health disparity. Behavioral health and substance abuse also continue to impact the health of the region as primary and comorbid conditions. The effect of both social determinants of health and behavioral health/substance abuse conditions is realized across all hospital settings, but particularly in the ED.

Across the region, residents in zip codes experiencing adverse social determinants of health have higher ED utilization, higher prevalence of chronic disease, and higher readmission rates. Specifically, in Burlington, Camden, and Gloucester Counties, 50% of patients who visited a SJHP member hospital ED 5 or more times in 2015 reside in 11 zip codes. All zip codes have a higher prevalence of chronic disease among residents. In addition, 10 zip codes experience adverse social determinants of health and contribute to 50% or more of readmissions within their respective county. The zip codes are noted in the table below by county.

It is important to note that hospital location can also impact utilization rates within specific zip codes. SJHP member hospitals are located in zip codes 08015, 08016, and 08060, 08103.

Zip Codes with the Greatest Potential for Health Disparity*

Burlington County	Camden County	Gloucester County
08015 Browns Mills[1]	08105 Camden[1,2]	08094 Williamstown[1,2]
08046 Willingboro[1,2]	08104 Camden[1,2]	08080 Sewell[2]
08060 Mount Holly[1,2]	08021 Clementon[1,2]	08028 Glassboro[1]
08016 Burlington[1,2]	08103 Camden[1,2]	

*Ocean County is excluded due to low utilization at SJHP member hospitals
[1]Residents in these zip codes experience adverse social determinants of health
[2]Residents in these zip codes experience more readmissions

Insurance coverage is another indicator of social determinants of health. Medicaid, a health insurance program that assists low-income individuals, accounted for less than 15% of all ED patients across the region. However, 31% of Medicaid patients visited the ED more than once during the year, the highest of all payer types. Nearly 4% visited the ED 5 or more times.

Across the SJHP member hospitals, behavioral health and substance abuse conditions were the primary diagnoses for 4.1% of all inpatient visits and 5.5% of all ED visits. However, behavioral health and substance abuse conditions can also present as secondary diagnoses or comorbidities and inhibit disease management, particularly among patients with chronic conditions. Across all hospital inpatient settings, approximately 28% of patients with a primary chronic condition diagnosis had a behavioral health comorbidity; 20% had a substance abuse comorbidity. Patients with COPD were the most likely to have a behavioral health and/or substance comorbidity.

Patients seen at a SJHP member hospital for COPD were the most likely to have a behavioral health and/or substance abuse comorbidity

Identified Priority Health Needs

As part of the 2016 CHNA, five partner forums were conducted with local health and human service providers and other community-based organizations to review research results from the CHNA and provide feedback on community health priorities. A voting system based on the criteria of scope, severity, and ability to impact was used to help participants prioritize local health needs. Priority lists from each forum were compared to develop a prioritized list of health needs across the region as follows:

1. Substance abuse
2. Chronic disease prevention and management
3. Mental health
4. Cancer
5. Maternal and child health

The SJHP hospital representatives held a facilitated meeting to discuss priority setting and goals. The SJHP CHNA Steering Committee considered data from the CHNA research in conjunction with input from community partners and public health representatives to adopt the following regional priority health needs (listed in alphabetical order).

- Behavioral Health and Chronic Disease Comorbidities
- Linkages to Care
- Substance Abuse

Behavioral Health/Chronic Disease Comorbidities

CHNA research shows that higher prevalence of behavioral health and chronic diseases exists across the region, and there is an increasing number of residents managing both conditions. Committee members acknowledged that patients with these comorbid conditions are at higher risk for poorer health outcomes and present specific challenges to health care delivery.

Linkages to Care

The 2016 CHNA showed that access to care for residents has improved with the expansion of health insurance, however, significant challenges exist for residents to “get linked” to care. In addition to common barriers to care including affordability, language and cultural competency, literacy limitations, knowledge of available services, care coordination, and transportation, newly insured residents are also unfamiliar with their health insurance benefits and how to navigate the health system to receive care.

Substance Abuse

Primary and secondary data indicated that use and abuse of alcohol and illegal and prescription medications is increasing across the study area. SJHP members saw substance abuse as a vital issue to tackle within their community but recognized that few resources exist to reduce the onset of disease. The committee agreed that additional dialogue with community partners was needed to better understand the needs of the community and determine opportunities for collaboration.

Our Commitment to Community Health Improvement: Plan & Board Approval

Community Health Improvement Planning

The SJHP developed common goals to address each priority area and ensure community health improvement initiatives are aligned across the region. Partners developed organization-specific Community Health Improvement Plans to guide community benefit and population health improvement activities across the region. The plans build upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment.

Priority Area: Behavioral Health/Chronic Disease Comorbidities

Goal: Increase identification and treatment of behavioral health among individuals with chronic disease.

Objectives:

- Increase screening for behavioral health among patients with chronic conditions.
- Increase the proportion of adults with mental health disorders who are properly diagnosed and receive treatment.
- Improve disease management for behavioral health and chronic conditions.

Priority Area: Linkages to Care

Goal: Increase the proportion of persons who have a specific source of ongoing care and are able to obtain services when they need them.

Objectives:

- Improve navigation of health care services to link individuals to appropriate care.
- Reduce the proportion of persons who are unable to obtain or delay receiving necessary medical care, dental care, or prescription medicines.
- Reduce usage of the Emergency Department as primary medical home.
- Reduce transportation barriers for residents to receive care.
- Increase the number of people who have health insurance.

Priority Area: Substance Abuse

Goal: Develop partnerships to enhance education and treatment for substance abuse.

Objectives:

- Increase community awareness of signs and symptoms related to substance abuse.
- Increase the number of individuals that are screened for substance abuse.
- Increase the number of individuals who receive treatment for substance abuse.

Board Approval and Dissemination

In accordance with IRS requirements, the CHNA Final Report and Implementation Plan were reviewed and adopted by each member hospital's Board of Directors and made widely available to the public through the hospitals' websites.

A Deeper Look: The Health of the Community

Social Determinants of Health

The following section outlines key demographic indicators related to the social determinants of health. All reported demographic data are provided by © 2016 The Nielsen Company.

Population Overview

The SJHP service area population is primarily White, although Burlington and Camden Counties represent more racially and ethnically diverse areas. Consistent with the demographics of the service area, residents are more likely to speak English as their primary language when compared to all state residents. Camden County residents are the least likely to speak English as their primary language; Spanish is the county's second most common language (11.7%).

2016 Population Overview

	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey	United States
White	71.9%	63.2%	82.0%	90.0%	66.2%	70.7%
Asian	4.9%	5.8%	2.9%	2.0%	9.4%	5.4%
Black or African American	17.1%	19.6%	10.5%	3.4%	13.8%	12.8%
Hispanic or Latino (of any race)	8.1%	16.3%	6.1%	9.3%	20.0%	17.8%
Primarily English Speaking	87.5%	80.3%	91.8%	87.3%	69.6%	79.0%

Economic Indicators

Camden County is the only SJHP service county with a higher percentage of both families and families with children living in poverty compared to the state; the county is similar to the nation. Families in Burlington County are the least likely to live in poverty; both percentages are less than half of the statewide values.

2016 Population by Poverty Status and Median Household Income

	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey	United States
Families in poverty	4.1%	11.3%	6.7%	7.0%	8.4%	11.7%
Families with children in poverty	3.1%	8.9%	5.1%	5.1%	6.4%	8.9%
Median Income	$79,570	$61,650	$73,904	$61,753	$72,173	$55,551

Unemployment measures the percentage of the eligible workforce (residents age 16 years or over) who are actively seeking work, but have not obtained employment. Approximately 6-7% of the workforce in all counties is unemployed. Unemployment rates in Camden and Gloucester Counties exceed both state and national rates.

Ocean County has one of the lowest unemployment rates, but the highest percentage of eligible workers not actively seeking employment. The number of older adults residing in Ocean County (22.5% of residents are 65 years or over) contributes to the percentage of residents not seeking employment.

2016 Unemployed Population

	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey	United States
Unemployment rate	5.7%	7.3%	6.9%	5.7%	6.3%	5.6%
Eligible residents not seeking employment	32.1%	33.7%	33.0%	41.5%	34.0%	36.3%

Homeownership is a measure of housing affordability. All counties have a higher percentage of home owners and a lower median home value when compared to the state overall. Camden County has the lowest homeownership rate, despite also having the lowest median home value.

2016 Population by Household Type

	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey	United States
Renter-occupied	22.2%	32.0%	19.8%	19.0%	34.9%	35.0%
Owner-occupied	77.8%	68.0%	80.2%	81.0%	65.1%	65.0%
Median home value	$259,818	$205,645	$225,641	$273,802	$333,394	$192,432

Education

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. All counties have an equivalent or lower percentage of residents with less than a high school diploma compared to the state overall. However, all counties also have a lower percentage of residents with at least a bachelor's degree compared to the state.

2016 Overall Population (25 Years of Over) by Educational Attainment

	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey	United States
Less than a high school diploma	7.5%	12.1%	8.6%	10.5%	11.6%	13.6%
High school graduate	30.1%	32.0%	35.2%	37.0%	28.9%	27.9%
Some college or associate's degree	27.3%	26.9%	27.4%	26.6%	23.2%	29.2%
Bachelor's degree or higher	35.0%	28.9%	28.8%	25.9%	36.4%	29.4%

Hispanic/Latino residents have notably lower educational attainment compared to the overall population. Hispanics/Latinos in both Camden and Ocean Counties are even less likely to attain higher education in comparison to the statewide percentage for Hispanics/Latinos. Only 10% to 12% of Hispanics/Latinos in either county have at least a bachelor's degree.

2016 Hispanic/Latino Population by Educational Attainment

	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey	United States
Less than a high school diploma	18.9%	29.5%	27.0%	31.5%	29.0%	35.6%
Bachelor's degree or higher	22.2%	10.4%	20.6%	11.7%	16.4%	13.9%

*Educational attainment is not available for Blacks/African Americans or other racial groups

Social Determinants of Health by Zip Code

Social determinants impact health for all individuals within a community. Populations most at risk for health disparities are highlighted below by zip code to allow the South Jersey Health Partnership to focus its health improvement efforts where it can have the greatest impact. Zip codes are presented in descending order by "Families in Poverty."

Cells highlighted in Yellow are more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.

Social Determinant of Health Indicators by Zip Code: Burlington County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Household w/ Children	Unemploy-ment	Less than HS Diploma
08015 Browns Mills	16.6%	12.8%	86.3%	9.2%	6.8%	10.7%	7.0%	15.2%
08640 Fort Dix	30.3%	23.3%	70.5%	9.2%	9.2%	10.1%	0.8%	1.5%
08068 Pemberton	23.4%	17.3%	86.1%	9.1%	7.7%	10.6%	8.1%	10.8%
08046 Willingboro	74.3%	10.6%	84.6%	7.6%	6.5%	10.5%	9.5%	10.4%
08010 Beverly	29.4%	13.5%	80.3%	7.2%	6.3%	12.4%	9.5%	12.9%
08052 Maple Shade	10.6%	11.1%	87.1%	7.0%	5.3%	11.1%	7.1%	8.5%
08065 Palmyra	14.4%	6.9%	91.1%	6.4%	3.9%	9.2%	8.5%	8.7%
08016 Burlington	30.6%	8.9%	85.4%	5.6%	5.0%	10.8%	6.7%	8.8%
08562 Wrightstown	6.8%	15.1%	90.1%	5.2%	4.7%	12.2%	8.3%	13.5%
08511 Cookstown	23.0%	17.9%	85.3%	3.5%	2.6%	6.5%	4.1%	13.1%
08060 Mount Holly	23.3%	12.5%	87.6%	3.2%	2.8%	10.1%	6.5%	6.8%
08515 Chesterfield	28.1%	15.3%	84.6%	1.3%	1.2%	3.5%	2.4%	9.3%
Burlington County	**17.1%**	**8.1%**	**87.5%**	**4.1%**	**3.1%**	**8.3%**	**5.7%**	**12.8%**
New Jersey	**13.8%**	**20.0%**	**69.6%**	**8.4%**	**6.4%**	**9.6%**	**6.3%**	**11.6%**

Social Determinant of Health Indicators by Zip Code: Camden County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy-ment	Less than HS Diploma
08102 Camden	30.8%	62.2%	50.6%	42.1%	32.7%	31.0%	11.2%	31.8%
08104 Camden	62.7%	36.0%	72.1%	41.8%	35.8%	39.6%	13.9%	29.4%
08103 Camden	59.0%	32.3%	71.7%	40.1%	35.0%	32.3%	10.2%	28.3%
08105 Camden	26.5%	68.7%	38.4%	33.0%	27.6%	30.5%	12.5%	32.9%
08107 Oaklyn	16.4%	19.3%	78.0%	15.5%	13.1%	14.1%	7.5%	13.4%
08021 Clementon	28.5%	15.7%	83.0%	13.7%	10.6%	16.3%	7.9%	11.2%
08110 Pennsauken	31.0%	43.3%	56.9%	12.7%	10.6%	15.3%	8.1%	22.8%
08030 Gloucester	4.3%	8.7%	90.4%	12.4%	11.2%	12.3%	7.5%	15.6%
08045 Lawnside	86.1%	5.6%	88.3%	10.9%	9.5%	13.8%	11.5%	10.3%
08109 Merchantville	20.4%	22.2%	74.5%	8.9%	7.0%	11.5%	7.0%	13.4%
Camden County	**19.6%**	**16.3%**	**80.3%**	**11.3%**	**8.9%**	**12.6%**	**7.3%**	**12.1%**
New Jersey	**13.8%**	**20.0%**	**69.6%**	**8.4%**	**6.4%**	**9.6%**	**6.3%**	**11.6%**

Social Determinant of Health Indicators by Zip Code: Gloucester County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy-ment	Less than HS Diploma
08066 Paulsboro	30.1%	9.7%	91.6%	19.4%	18.4%	20.0%	11.0%	10.6%
08093 Westville	12.8%	11.5%	89.9%	16.3%	13.4%	13.8%	9.9%	12.7%
08014 Bridgeport	0.4%	4.1%	91.7%	13.6%	7.6%	6.1%	6.8%	10.4%
08028 Glassboro	18.9%	9.5%	90.7%	10.8%	8.6%	13.3%	6.4%	8.1%
08312 Clayton	18.0%	7.3%	91.6%	9.8%	5.7%	10.5%	5.1%	11.8%
08328 Malaga	8.0%	7.1%	91.3%	9.0%	7.2%	7.5%	6.9%	14.8%
08096 Woodbury	13.0%	8.3%	89.2%	7.9%	5.9%	10.3%	6.6%	9.7%
08094 Williamstown	14.8%	6.8%	91.2%	7.6%	5.4%	8.5%	7.5%	11.8%
08334 Newfield	7.0%	10.7%	89.4%	6.8%	4.7%	6.8%	7.7%	12.9%
Gloucester County	**10.5%**	**6.1%**	**91.8%**	**6.7%**	**5.1%**	**8.6%**	**6.9%**	**8.6%**
New Jersey	**13.8%**	**20.0%**	**69.6%**	**8.4%**	**6.4%**	**9.6%**	**6.3%**	**11.6%**

Social Determinant of Health Indicators by Zip Code: Ocean County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy-ment	Less than HS Diploma
08701 Lakewood	5.5%	17.5%	73.4%	25.3%	22.4%	6.3%	4.4%	18.1%
08733 Lakehurst	12.4%	15.2%	81.1%	9.3%	5.2%	11.8%	7.7%	14.0%
08751 Seaside Heights	5.8%	17.0%	86.4%	8.5%	4.8%	17.2%	6.8%	20.0%
08757 Toms River	5.5%	7.6%	88.3%	5.9%	2.6%	3.7%	4.5%	18.0%
Ocean County	**3.4%**	**9.3%**	**87.3%**	**7.0%**	**5.1%**	**6.2%**	**5.7%**	**10.5%**
New Jersey	**13.8%**	**20.0%**	**69.6%**	**8.4%**	**6.4%**	**9.6%**	**6.3%**	**11.6%**

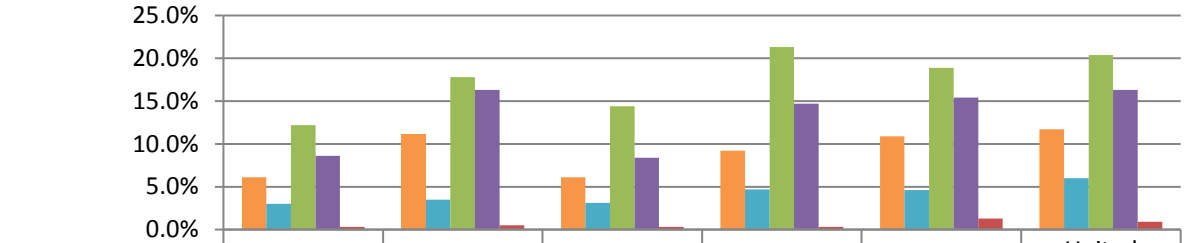
Health Status and Indicators

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the four county service area (Burlington, Camden, Gloucester, and Ocean). The following analysis uses data compiled by secondary sources such as the County Health Rankings & Roadmaps program, New Jersey Department of Health, and the Centers for Disease Control and Prevention (CDC). A full listing of all public health data sources can be found in Appendix A.

Access to Health Services

The percentage of uninsured residents declined in all counties from 2013 to 2014

Fewer residents within the SJHP counties are uninsured when compared to the nation, and only Camden County exceeds the statewide percentage for uninsured residents. The percentage of uninsured residents declined in all counties from 2013 to 2014. However, counties do not meet the Healthy People 2020 goal of having 100% of all residents insured. Uninsured rates are highest among young adults ages 19 to 25.



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Total Population	6.1%	11.1%	6.1%	9.2%	10.9%	11.7%
Under 18	3.0%	3.5%	3.1%	4.7%	4.6%	6.0%
19-25 years	12.2%	17.8%	14.4%	21.3%	18.9%	20.4%
18-64 years	8.6%	16.3%	8.4%	14.7%	15.4%	16.3%
65 years or over	0.3%	0.5%	0.3%	0.3%	1.3%	0.9%

Source: American Community Survey, 2014

Uninsured Rate Changes: 2013 to 2014

	2013 Uninsured Rate	2014 Uninsured Rate
Burlington County	6.8%	6.1%
Camden County	12.5%	11.1%
Gloucester County	9.0%	6.1%
Ocean County	9.5%	9.2%

Source: American Community Survey, 2014

The following zip codes within the four service counties have an uninsured rate that is more than 2 points higher than the national rate (11.7%):

Zip code 08751 Seaside Heights has the highest uninsured rate (28.3%) across the region

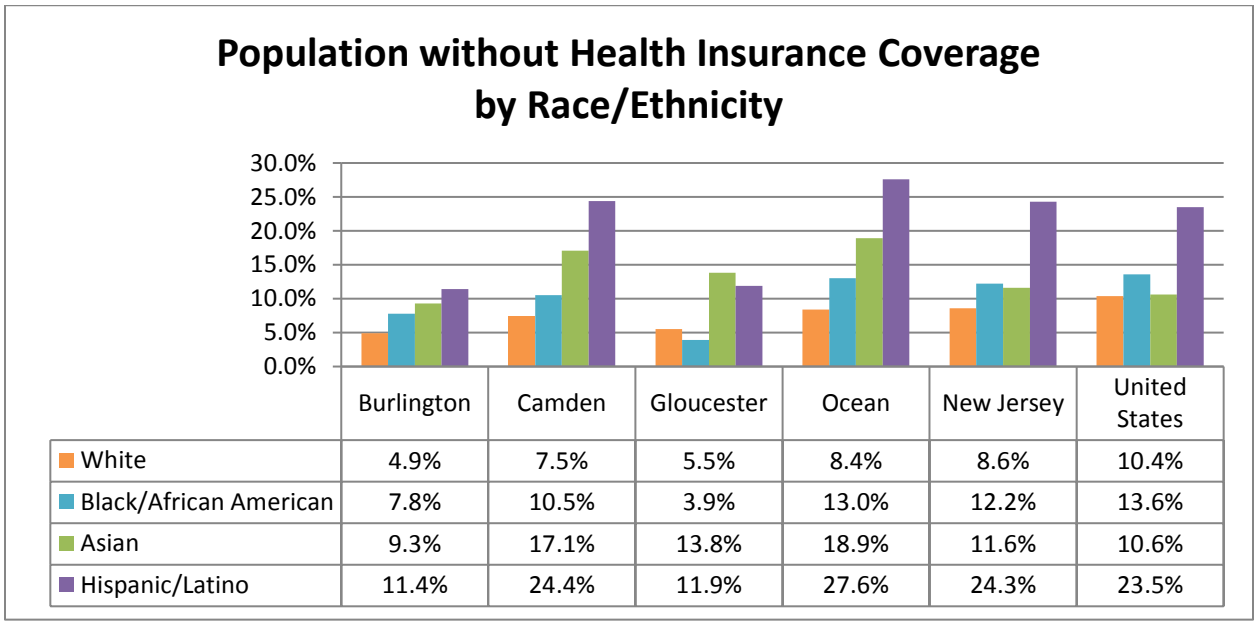
Uninsured Rates for Zip Codes Exceeding the Nation by at Least 2 Points

Zip Code	Uninsured Rate	Number of People Affected
08751 Seaside Heights, Ocean County	28.3%	1,216
08105 Camden, Camden County	24.4%	7,145
08110 Pennsauken, Camden County	19.5%	3,552
08014 Bridgeport, Gloucester County	18.0%	133
08328 Malaga, Gloucester County	17.0%	287
08021 Clementon, Camden County	16.8%	7,484
08102 Camden, Camden County	16.1%	1,206
08103 Camden, Camden County	15.7%	2,019
08104 Camden, Camden County	15.4%	3,672
08312 Clayton, Gloucester County	15.3%	1,209
08030 Gloucester City, Camden County	14.0%	1,863

Source: American Community Survey, 2010-2014

Minority racial and ethnic groups in all counties have lower health insurance rates compared to the White population. Asian and Hispanic/Latino populations are the most likely to be uninsured; Ocean County has the highest uninsured rates among these populations (18.9% and 27.6% respectively).

Hispanic/Latino residents have the highest uninsured rates among all racial/ethnic groups



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
White	4.9%	7.5%	5.5%	8.4%	8.6%	10.4%
Black/African American	7.8%	10.5%	3.9%	13.0%	12.2%	13.6%
Asian	9.3%	17.1%	13.8%	18.9%	11.6%	10.6%
Hispanic/Latino	11.4%	24.4%	11.9%	27.6%	24.3%	23.5%

Source: American Community Survey, 2014

Provider Access

Provider rates for primary care, dental care, and mental health care increased across New Jersey. Among SJHP service counties, provider rates increased for all provider types except primary care within Burlington and Ocean Counties.

Despite increases in the availability of providers, provider rates in Gloucester and Ocean Counties are lower than statewide rates. In Gloucester County, the largest deficit is the availability of mental health providers; the county rate is approximately 102 points lower than the statewide rate. In Ocean County, the largest deficit is the availability of primary care providers; the county rate is 38 points lower than the statewide rate.

The mental health provider rate in Gloucester County is approximately 102 points lower than the state

Burlington and Camden Counties have similar or better provider rates than the state as a whole, with the exception of dental providers. The dental provider rate in Burlington County is approximately 11 points lower than the statewide rate, while the dental provider rate in Camden County is approximately 8 points lower than the statewide rate.

Provider Rate Changes per 100,000

	Primary Care		Dental		Mental	
	2012	2013	2013	2014	2014	2015
Burlington County	88.0	84.7	70.1	70.9	152.6	237.0
Camden County	101.3	103.3	72.9	74.2	225.6	248.3
Gloucester County	54.9	57.9	43.1	44.0	67.2	73.6
Ocean County	48.9	47.7	62.2	63.1	121.0	127.9
New Jersey	85.6	85.7	80.7	81.7	160.5	175.2

Source: United States Department of Health & Human Services, Health Resources and Services Administration & Centers for Medicare & Medicaid Services

None of the population in New Jersey lives in a health professional shortage area (HPSA), but several facilities within Camden and Ocean Counties are designated HPSAs for primary care, dental care, and mental health care:

- Camden County: Project H.O.P.E and Camcare Health Corporation
- Ocean County: Lakewood Resources and Referral Center and Ocean Health Initiatives

Populations across all four counties live in Medically Underserved Areas (MUAs):

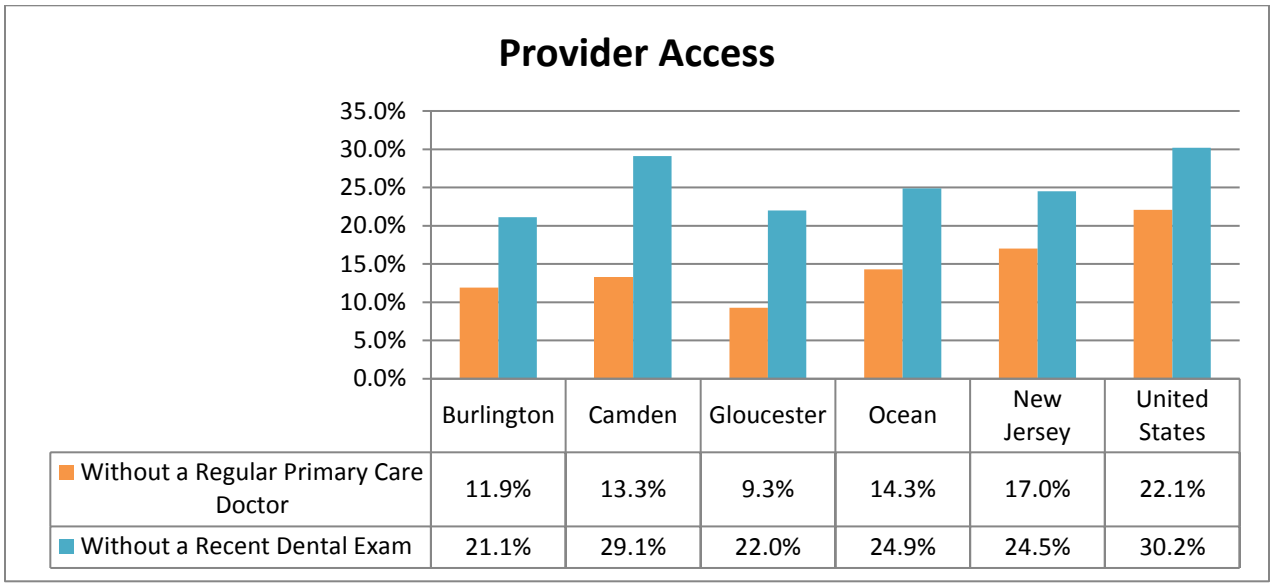
- Low income residents in New Hanover Twp., North Hanover Twp., Pemberton Boro./Twp., and Wrightstown Boro. within Burlington County
- Camden City (Census Tracts 6002, 6004, 6007-6013, 6016-6019, 6103, 6104)
- Low income residents in the area of Glassboro, Gloucester County (Census Tracts 5014.02-5014.04)
- Manchester Twp. and Lakewood Twp. in Ocean County

Ocean County has the lowest primary care provider rate and the highest percentage of adults without a regular primary care doctor. However, the percentage is lower when compared to state and national percentages.

Ocean County has the lowest primary care provider rate and the highest percentage of adults without a regular doctor

Camden County has the highest primary care and dental provider rates, but the second highest percentage of adults without a regular primary care doctor and the highest percentage of adults not receiving a dental exam within the past year. However, both percentages are lower than national rates and only the percentage of adults not receiving a dental exam exceeds the statewide rate.

All other counties have equivalent or better rates for adults without a regular primary care doctor or recent dental exam in comparison to the state and the nation.



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Without a Regular Primary Care Doctor	11.9%	13.3%	9.3%	14.3%	17.0%	22.1%
Without a Recent Dental Exam	21.1%	29.1%	22.0%	24.9%	24.5%	30.2%

Source: Centers for Disease Control and Prevention, 2006-2010 & 2011-2012
*All indicators represent the adult (18 years or over) population

Overall Health Status

South Jersey Health Partnership counties rank between 9th (Burlington) and 19th (Camden), out of 21 New Jersey counties, for health outcomes. Health outcomes are measured in relation to premature death (years of potential life lost before age 75) and quality of life.

County Health Rankings: Health Outcomes

	Health Outcomes Rank out of 21 NJ Counties
Burlington County	9
Ocean County	11
Gloucester County	16
Camden County	19

Source: County Health Rankings, 2016

Camden County ranks 19th out of 21 New Jersey counties for health outcomes. The county has the highest premature death rate, the highest percentage of adults who self-report having "poor" or "fair" health, and some of the highest 30-day averages for poor physical and mental health days.

The premature death rate in all four counties exceeds the state; Camden County exceeds the state by more than 2,000 points

Adults in all counties have a higher premature death rate than the statewide rate; Camden and Gloucester Counties also exceed the national rate. In addition, adults in all counties, except Burlington, have a higher average of poor physical and poor mental health days when compared to the state. Averages are similar or lower when compared to the nation.

Overall Health Status Indicators

	Premature Death Rate per 100,000	Adults with "Poor" or "Fair" Health Status	30-Day Average Poor Physical Health Days	30-Day Average Poor Mental Health Days
Burlington County	5650.5	11.4%	2.9	3.4
Camden County	7727.2	15.7%	3.5	3.7
Gloucester County	6870.5	13.4%	3.4	3.6
Ocean County	6246.7	14.1%	3.6	3.8
New Jersey	5548.3	16.2%	3.2	3.4
United States	6,600.0	18.0%	3.8	3.7

Source: National Center for Health Statistics, 2011-2013 & Centers for Disease Control and Prevention, 2014

Health Behaviors

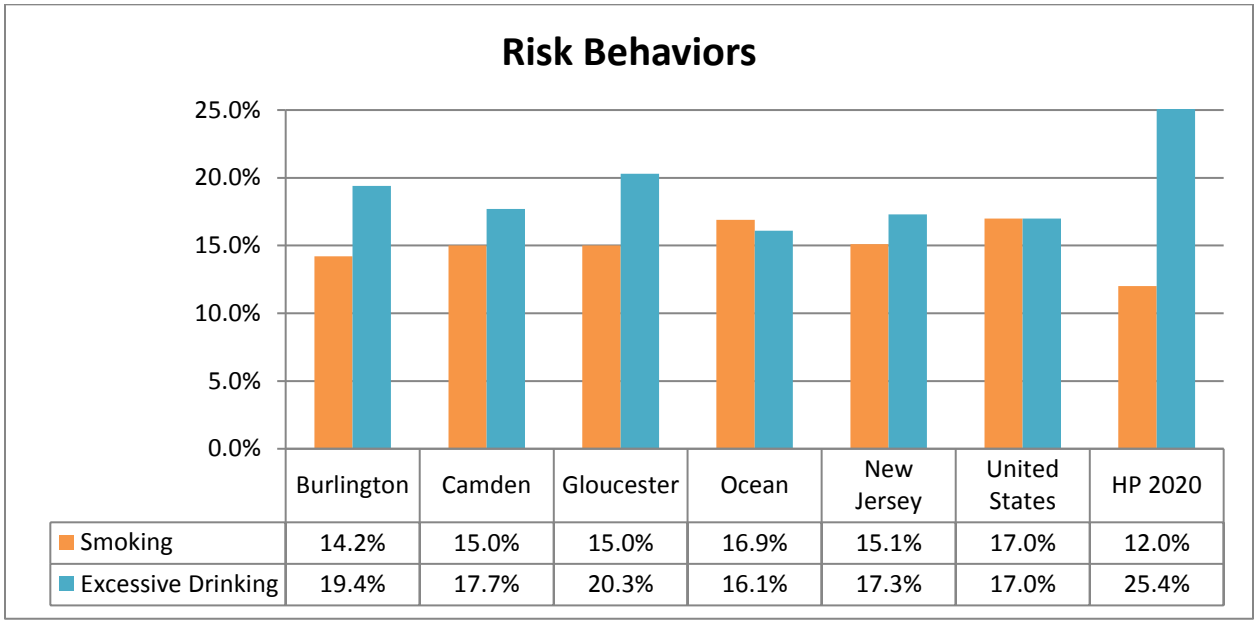
Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or reduce the chance of disease. The prevalence of these health behaviors is provided below, compared to New Jersey, the nation, and Healthy People 2020 goals, as available.

All counties exceed the HP 2020 goal for adult smokers, and adults in all counties except Ocean are more likely to drink excessively

Risk Behaviors

Adults in the SJHP service counties have similar or lower rates of smoking when compared to the state and/or the nation, but do not meet the Healthy People 2020 goal. Ocean County has the highest rate of adult smokers, exceeding the state percentage by nearly 2 points.

Excessive drinking includes heavy drinking (2 or more drinks per day for men and 1 or more drinks per day for women) and binge drinking (five or more drinks on one occasion for men and four or more drinks on one occasion for women). Adults in all counties, except Ocean, are more likely to drink excessively compared to adults across the state and the nation, but meet the Healthy People 2020 goal (25.4%).



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States	HP 2020
Smoking	14.2%	15.0%	15.0%	16.9%	15.1%	17.0%	12.0%
Excessive Drinking	19.4%	17.7%	20.3%	16.1%	17.3%	17.0%	25.4%

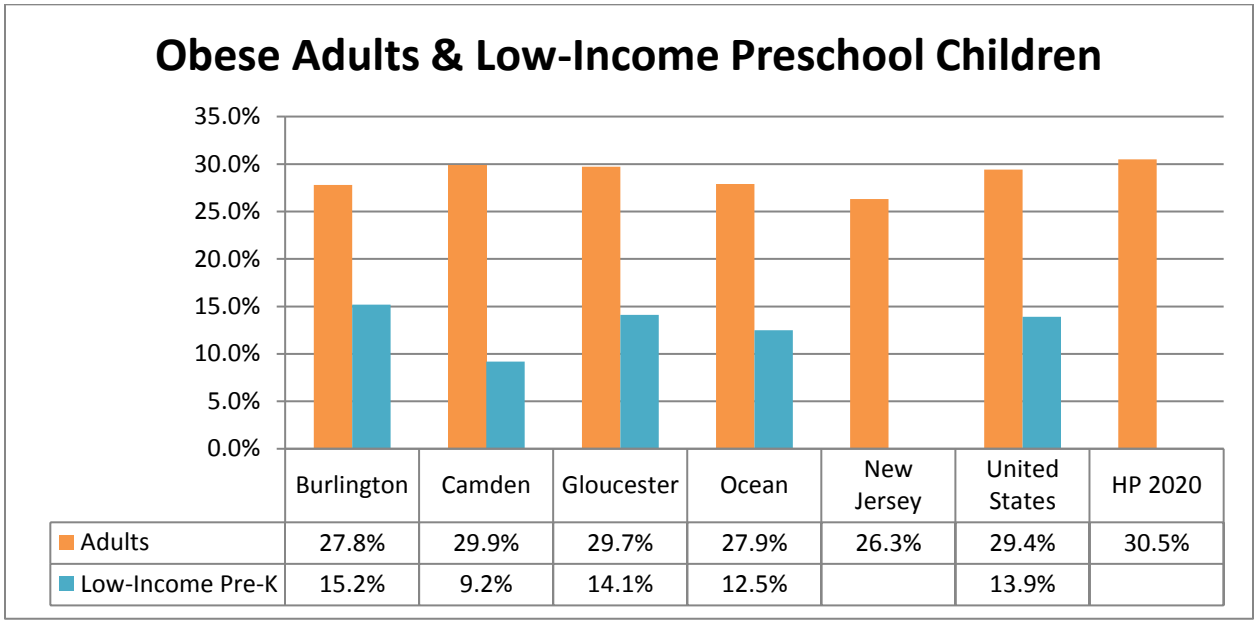
Source: Centers for Disease Control and Prevention, 2014 & Healthy People 2020

Obesity

The percentage of obese adults and children is a national epidemic. All SJHP service counties have a higher percentage of obese adults when compared to the state, but a lower or similar percentage when compared to the nation and Healthy People 2020. Adult obesity rates increased in all counties from 2009 to 2013; Gloucester and Camden experienced the greatest increases (3 points and 2.1 points respectively).

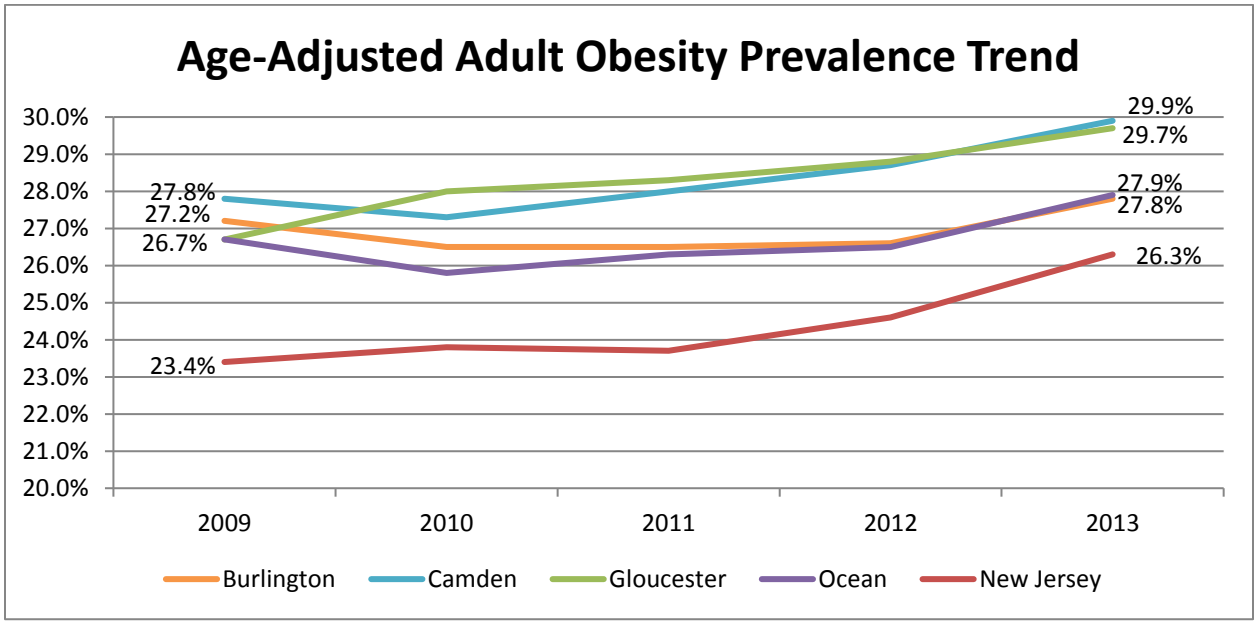
Adult obesity increased in all counties from 2009 to 2013; current percentages exceed the state

All SJHP service counties, except Burlington, have a lower or similar percentage of obese low-income preschool children compared to the nation. The percentage in Burlington County exceeds the national rate by 1.3 points. The children represented by this indicator are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the state or Healthy People 2020.



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States	HP 2020
Adults	27.8%	29.9%	29.7%	27.9%	26.3%	29.4%	30.5%
Low-Income Pre-K	15.2%	9.2%	14.1%	12.5%		13.9%	

Source: Centers for Disease Control & Prevention, 2013; USDA Food Environment Atlas, 2011; Healthy People 2020
*Obesity among low-income preschool children is not available for New Jersey or Healthy People 2020
**Adult obesity data for service counties and New Jersey is age-adjusted



Source: Centers for Disease Control and Prevention, 2009-2013
*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Food insecurity, defined as being without a consistent source of sufficient and affordable nutritious food, contributes to obesity rates. All SJHP service counties have a lower percentage of food insecure residents compared to the nation, and only Camden County exceeds the state rate. All counties also have a lower percentage of food insecure children compared to the nation, but Camden and Ocean Counties exceed the state rate by 0.5 points and 2.1 points respectively.

20.4% of children in Ocean County are food insecure, the highest of the four counties and higher than the state

Percentage of Food Insecure Residents

	All Residents	Children
Burlington County	11.1%	14.8%
Camden County	13.7%	18.8%
Gloucester County	11.5%	16.9%
Ocean County	11.0%	20.4%
New Jersey	12.4%	18.3%
United States	15.1%	23.7%

Source: Feeding America, 2013

Another measure of healthy food access is the number of fast food restaurants versus grocery stores. All counties have a higher rate of fast food restaurants compared to grocery stores. In addition, all counties, except Camden, have a lower rate of grocery stores than the state and the nation.

Healthy Food Access & Environment

	Fast Food Restaurants per 100,000	Grocery Stores per 100,000
Burlington County	72.0	15.4
Camden County	70.9	31.0
Gloucester County	57.2	14.6
Ocean County	70.8	17.9
New Jersey	76.6	30.5
United States	72.7	21.2

Source: United States Census County Business Patterns, 2013

Accesss to exercise opportunities includes access to parks, gyms, community centers, pools, etc. Camden County has the highest percentage of residents with access to exercise opportunities, but the most physically inactive adults. Contrastingly, Burlington County residents have the lowest access to exercise opportunities, but are the most likely to be physically active.

Physical Activity

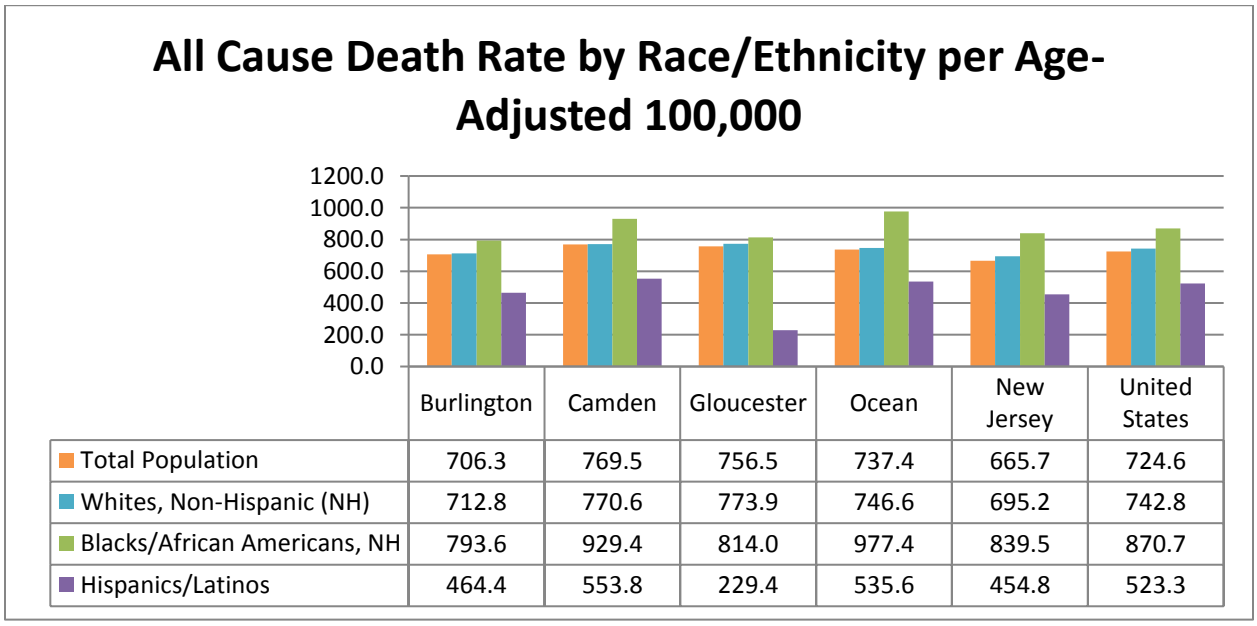
	Percentage of Residents with Access to Exercise Opportunities	Percentage of Physically Inactive Adults
Burlington County	85.2%	23.5%
Camden County	94.6%	27.3%
Gloucester County	88.5%	25.3%
Ocean County	85.6%	26.7%
New Jersey	94.5%	24.1%
United States	84.0%	23.0%

Source: Business Analyst, Delorme Map Data, ESRI, & US Census Tigerline Files, 2014 & Centers for Disease Control and Prevention, 2012

Mortality

The 2014 all cause age-adjusted death rate is higher in SJHP service counties compared to the state, and higher in all counties, except Burlington, compared to the nation. Among racial and ethnic groups, the death rate is highest among Blacks/African Americans. In Ocean and Camden Counties, the death rate among Blacks/African Americans is 230.8 points and 158.8 points higher, respectively, than the rate among Whites.

All counties have a higher rate of death compared to the state; death rates are highest among Blacks/African Americans

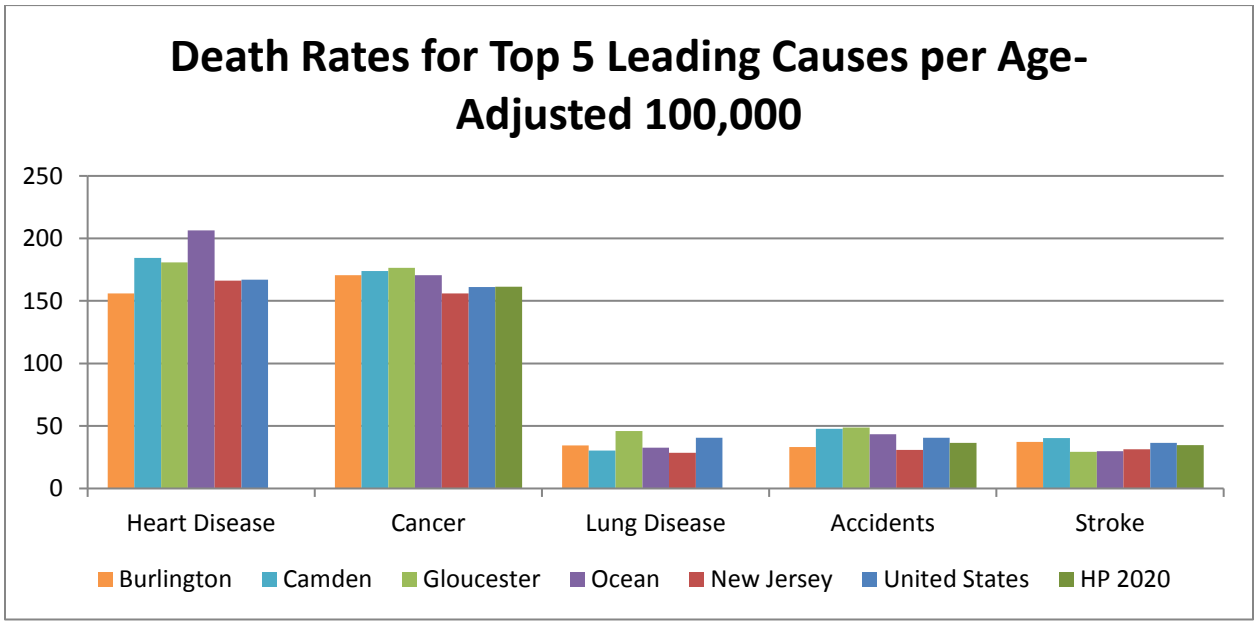


	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Total Population	706.3	769.5	756.5	737.4	665.7	724.6
Whites, Non-Hispanic (NH)	712.8	770.6	773.9	746.6	695.2	742.8
Blacks/African Americans, NH	793.6	929.4	814.0	977.4	839.5	870.7
Hispanics/Latinos	464.4	553.8	229.4	535.6	454.8	523.3

Source: Centers for Disease Control and Prevention, 2014

Death rates for the top five leading causes are generally higher among SJHP service counties compared to state and/or national benchmarks. Most notably, all counties exceed state and national benchmarks for cancer death. The following graph and table illustrate death rates by county.

All SJHP service counties exceed state and national benchmarks for cancer death



Source: Centers for Disease Control and Prevention, 2014 & Healthy People 2020

Leading Cause Death Rates Exceeding State and National Benchmarks

	Causes with Higher Rates of Death than the State and the Nation	Rate of Death per Age-Adjusted 100,000	Rate Difference in Comparison to the State	Rate Difference in Comparison to the Nation
Burlington County	Cancer	170.5	14.4	9.3
	Stroke	37.2	5.8	0.7
Camden County	Heart Disease	184.3	18.0	17.3
	Cancer	173.9	17.8	12.7
	Accidents	47.8	16.9	7.3
	Stroke	40.2	8.8	3.7
Gloucester County	Heart Disease	180.7	14.4	13.7
	Cancer	176.4	20.3	15.2
	Lung Disease	45.9	17.4	5.4
	Accidents	48.8	17.9	8.3
Ocean County	Heart Disease	206.3	40.0	39.3
	Cancer	170.7	14.6	9.5
	Accidents	43.5	12.6	3.0

Source: Centers for Disease Control and Prevention, 2014

*Cells highlighted in red represent a rate that is ≥15 points higher than state and/or national comparisons

Accidents, including motor vehicle accidents, are the fourth leading cause of death in the nation. According to a report by the National Safety Council, 26% of the nation's car accidents are the result of cell phone use. The following table depicts 2013 and 2014 crashes related to cell phone use within the SJHP service counties.

Crashes Related to Cell Phone Use (Hand Held or Hands Free)

	2013		2014	
	Total Crashes	Fatal Crashes	Total Crashes	Fatal Crashes
Burlington County	113	2	125	0
Camden County	213	0	219	1
Gloucester County	93	0	57	0
Ocean County	138	0	131	0

Source: New Jersey Department of Transportation, 2013 & 2014

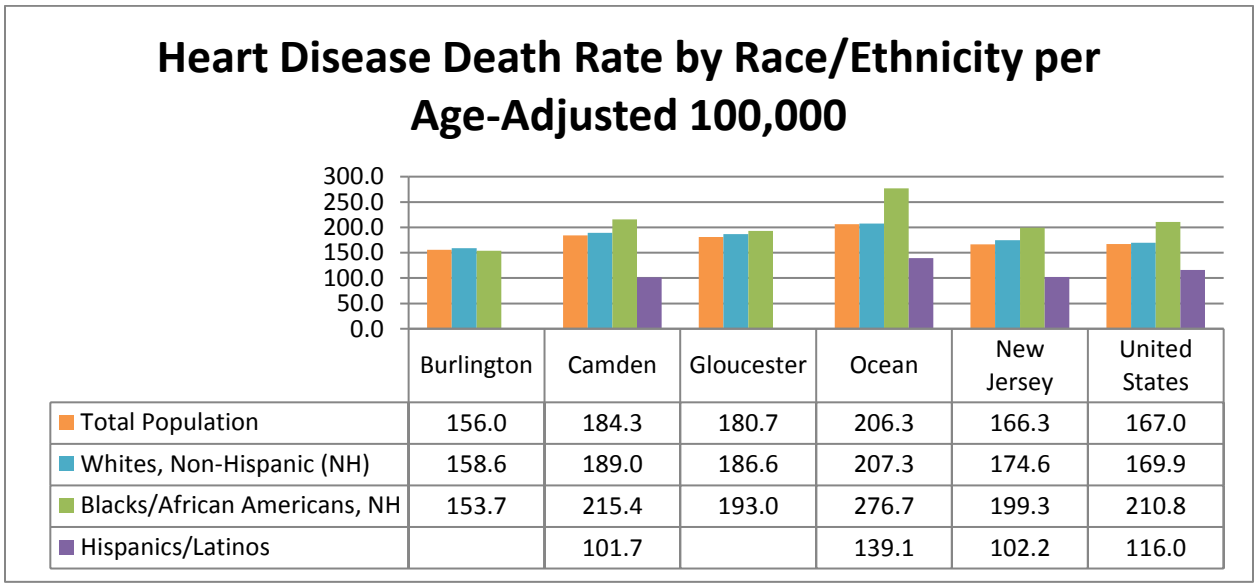
Chronic Diseases

Chronic disease rates are increasing across the nation and are the leading causes of death and disability. Chronic diseases are often preventable through reduced health risk behaviors like smoking and alcohol use, increased physical activity and good nutrition, and early detection of risk factors and disease.

Heart Disease and Stroke

Heart disease is the leading cause of death in the nation. All counties, except Burlington, have a higher heart disease death rate compared to the state and the nation. In addition, all counties, except Burlington, have a higher rate of death among Blacks/African Americans compared to Whites and Hispanics/Latinos. The difference in death rates between racial groups is highest in Ocean County (69.4 points).

The heart disease death rate exceeds the state and the nation in all counties, except Burlington

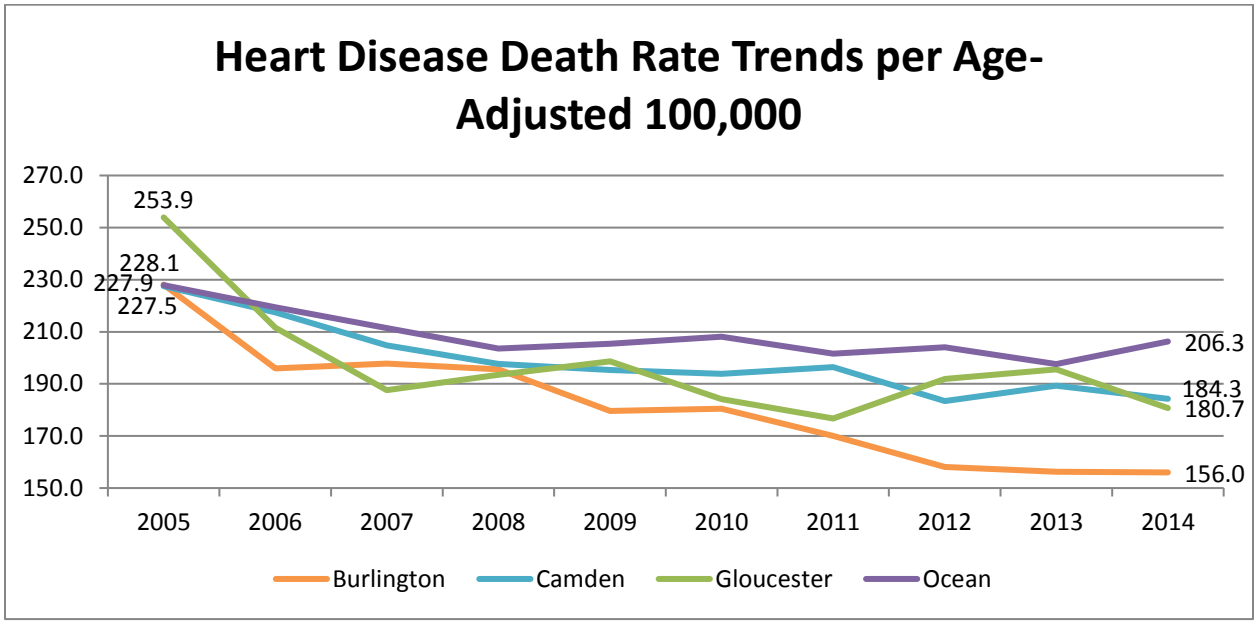


Source: Centers for Disease Control and Prevention, 2014

*Death rates among Hispanics/Latinos are unreliable in Burlington and Gloucester Counties

Gloucester County experienced the greatest decline in heart disease death from 2005 to 2014 (73.2 points), followed closely by Burlington County (72.1 points). Camden and Ocean Counties had similar 2005 heart disease death rates to Burlington County; however, the rates only declined 43.2 points and 21.6 points respectively.

The heart disease death rate declined in all counties from 2005 to 2014; declines were greatest in Gloucester and Burlington Counties



Source: Centers for Disease Control and Prevention, 2005-2014

Coronary heart disease is characterized by the buildup of plaque inside the coronary arteries. Ocean County has the highest prevalence and death rates due to coronary heart disease; the death rate is nearly 38 points higher than the statewide rate. Camden and Gloucester Counties also have a higher rate of death due to coronary heart disease when compared to the state, the nation, and Healthy People 2020.

Ocean County has the highest prevalence and death rates due to coronary heart disease

Coronary Heart Disease Prevalence and Death Rates

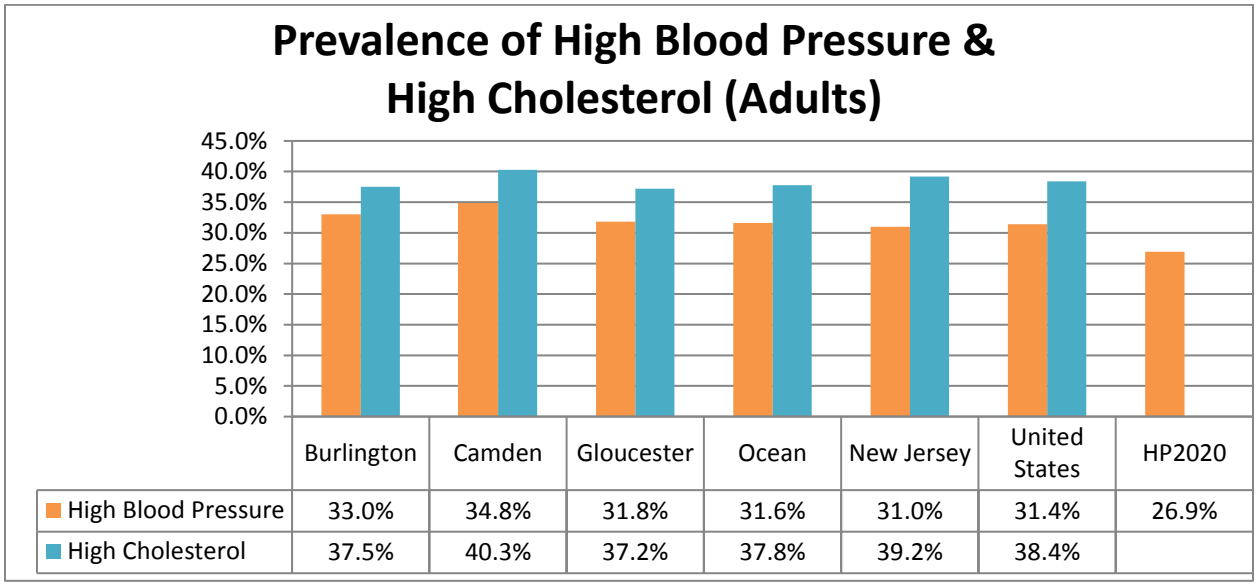
	Prevalence* (Adults)	Death Rate per Age-Adjusted 100,000
Burlington County	4.0%	87.7
Camden County	3.4%	110.0
Gloucester County	3.1%	107.6
Ocean County	5.5%	138.1
New Jersey	3.7%	100.5
United States	4.1%	98.8
HP 2020	NA	103.4

Source: Centers for Disease Control and Prevention, 2013 & 2014 & New Jersey Department of Health, 2013

*Prevalence includes coronary heart disease and angina

Heart disease is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. All SJHP service counties have a higher percentage of adults with high blood pressure when compared to state and national benchmarks; Camden County also has a higher percentage of adults with high cholesterol.

Adults in all counties are more likely to have high blood pressure compared to the state and the nation



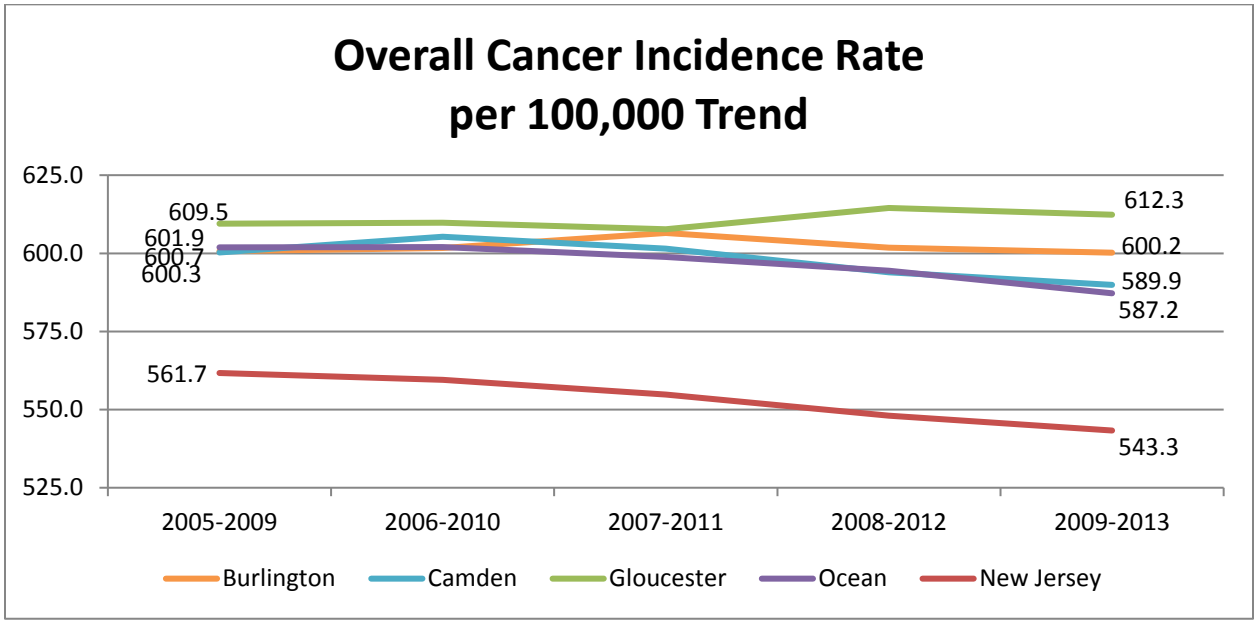
	Burlington	Camden	Gloucester	Ocean	New Jersey	United States	HP2020
High Blood Pressure	33.0%	34.8%	31.8%	31.6%	31.0%	31.4%	26.9%
High Cholesterol	37.5%	40.3%	37.2%	37.8%	39.2%	38.4%	

Source: Centers for Disease Control and Prevention, 2013; New Jersey Department of Health, 2013; Healthy People 2020

Cancer

Cancer is the second leading cause of death in the nation behind heart disease. The overall cancer incidence rate is higher in all SJHP service counties compared to the state and the nation. Gloucester and Burlington Counties have the highest overall incidence rates, exceeding the state rate by 69 points and 56.9 points respectively. Cancer incidence consistently declined in Camden and Ocean Counties from 2005-2009 to 2009-2013, but remained variable in Burlington and Gloucester Counties.

All counties have a higher incidence of cancer compared to the state and the nation; Gloucester and Burlington Counties have the highest rates



Source: New Jersey Department of Health, 2005-2009 – 2009-2013

Cancer screenings are essential for early diagnosis and preventing cancer death. Colorectal cancer screenings are recommended for adults age 50 years or over. Adults in the SJHP service counties are just as likely to have had a colorectal cancer screening when compared to the state and the nation.

Pap tests are recommended for women age 18 years or over to detect cervical cancer. Women in Burlington and Gloucester Counties are more likely to receive Pap tests when compared to women across the state and the nation, but women in Camden and Ocean Counties are less likely to receive them.

Mammograms are recommended for women age 50 years or over to detect breast cancer. Burlington County is the only county to have a higher rate of screening compared to the state and the nation.

Cancer Screenings

	Ever had a Colorectal Cancer Screening (50 Years or Over)	Pap Test in Past Three Years (18 Years or Over)	Mammogram in Past Two Years (50 Years or Over)
Burlington County	68.4%	84.5%	84.4%
Camden County	65.0%	74.4%	73.7%
Gloucester County	65.4%	79.9%	76.9%
Ocean County	67.5%	74.4%	76.5%
New Jersey	64.9%	78.5%	79.4%
United States	67.3%	78.0%	77.0%

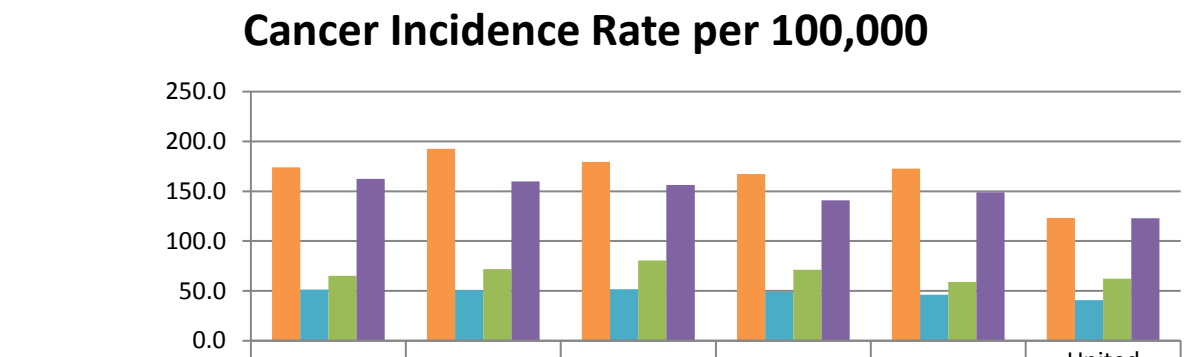
Source: Centers for Disease Control and Prevention, 2012 & New Jersey Department of Health, 2012

Presented below are the incidence rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male). All SJHP service counties have a higher

incidence of colorectal and lung cancer when compared to the state and the nation. In addition, all counties, except Ocean, have a higher rate of female breast and prostate cancer when compared to the state and the nation.

Camden County has the highest incidence and death rates due to female breast cancer and the lowest rate of mammography screening

Higher incidence rates can be linked to increased screenings. Colorectal cancer incidence is higher among all service counties although a similar percentage of adults receive colorectal cancer screenings. Female breast cancer incidence is also higher among the counties of Burlington, Camden, and Gloucester, but only Burlington County has a higher rate of mammography screening when compared to the state and the nation. Camden County has the highest incidence of female breast cancer and the lowest rate of mammography screening.

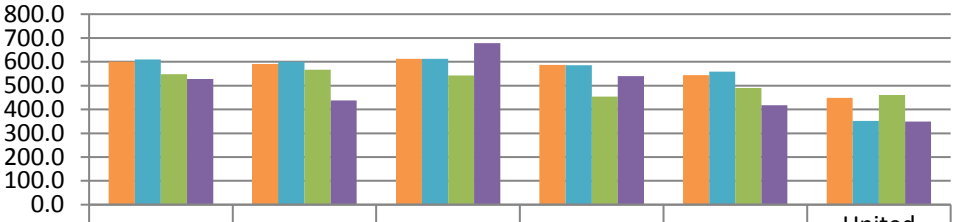


	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Female Breast	174.0	192.6	179.5	167.1	172.8	123.3
Colorectal	51.2	50.6	51.6	49.1	46.2	40.6
Lung and Bronchus	65.2	72.0	80.7	71.4	59.0	62.4
Prostate	162.6	160.0	156.4	140.9	148.8	123.1

Source: New Jersey Department of Health, 2009-2013 & National Cancer Institute, 2009-2013

Across the state of New Jersey and all SJHP service counties, except Gloucester, overall cancer incidence is highest among Whites. Ocean County experiences the greatest difference in cancer incidence by race; the rate among Whites is 131 points higher than the rate among Blacks/African Americans. In Gloucester County, cancer incidence is highest among Hispanics/Latinos. The Gloucester County Hispanic/Latino cancer incidence rate exceeds the state and the nation by more than 250 points.

Cancer incidence is highest among Whites in all counties, except Gloucester



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Total Population	600.2	589.9	612.3	587.2	543.3	448.4
Whites	609.4	600.8	612.2	584.9	558.1	351.1
Blacks/African Americans	548.4	567.1	543.1	453.9	490.8	460.0
Hispanics/Latinos	527.3	437.9	677.8	540.2	418.1	348.8

Source: New Jersey Department of Health, 2009-2013 & National Cancer Institute, 2009-2013

Age-adjusted cancer death rates for the same reporting period as cancer incidence (2009 to 2013) are measured below. The overall cancer death rate in all SJHP service counties is higher compared to the state, the nation, and the Healthy People 2020 goal, despite declining. The difference in overall death rate between the state and SJHP service counties is highest in Gloucester County (29.9 points) and Camden County (18.8 points).

All counties have a higher cancer death rate compared to state and national benchmarks

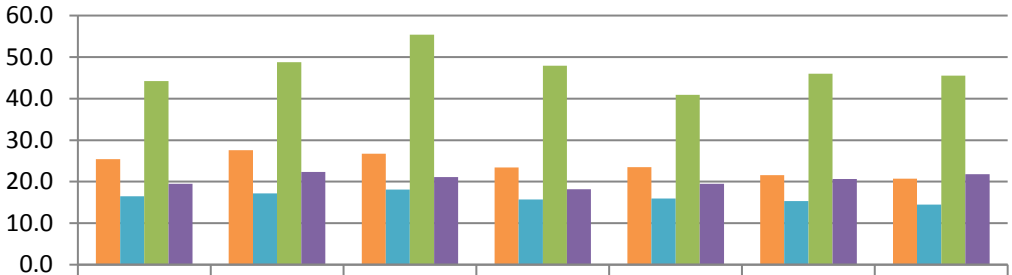
Gloucester County has the highest cancer incidence and death rates among SJHP service counties

Gloucester County has the highest incidence and death rates due to cancer among the SJHP service counties. Camden County has one of the lowest cancer incidence rates, but one of the highest cancer death rates, indicating that while fewer people develop the condition, more people die from it.

Presented below are the death rates for the most commonly diagnosed cancers. Camden and Gloucester Counties have higher death rates for all cancer types compared to the state, the nation, and Healthy People 2020 goals. Ocean County has a higher death rate due to lung cancer and Burlington County has higher death rates due to female breast and colorectal cancer.

Camden County has one of the lowest cancer incidence rates, but one of the highest cancer death rates

Cancer Death Rate per Age-Adjusted 100,000



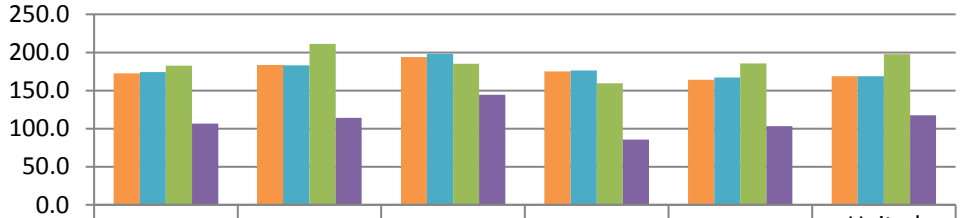
	Burlington	Camden	Gloucester	Ocean	New Jersey	United States	HP 2020
Female Breast	25.4	27.6	26.7	23.4	23.5	21.6	20.7
Colorectal	16.5	17.2	18.1	15.7	15.9	15.3	14.5
Lung and Bronchus	44.2	48.8	55.4	47.9	40.9	46.0	45.5
Prostate	19.5	22.3	21.1	18.2	19.5	20.6	21.8

Source: Centers for Disease Control and Prevention, 2009-2013 & Healthy People 2020

Across New Jersey, the cancer death rate is highest among Blacks/African Americans indicating that while fewer Blacks/African Americans develop cancer, more of them die from the condition. Among SJHP service counties, Burlington and Camden Counties follow the state trend. In Gloucester and Ocean Counties, cancer death is highest among Whites.

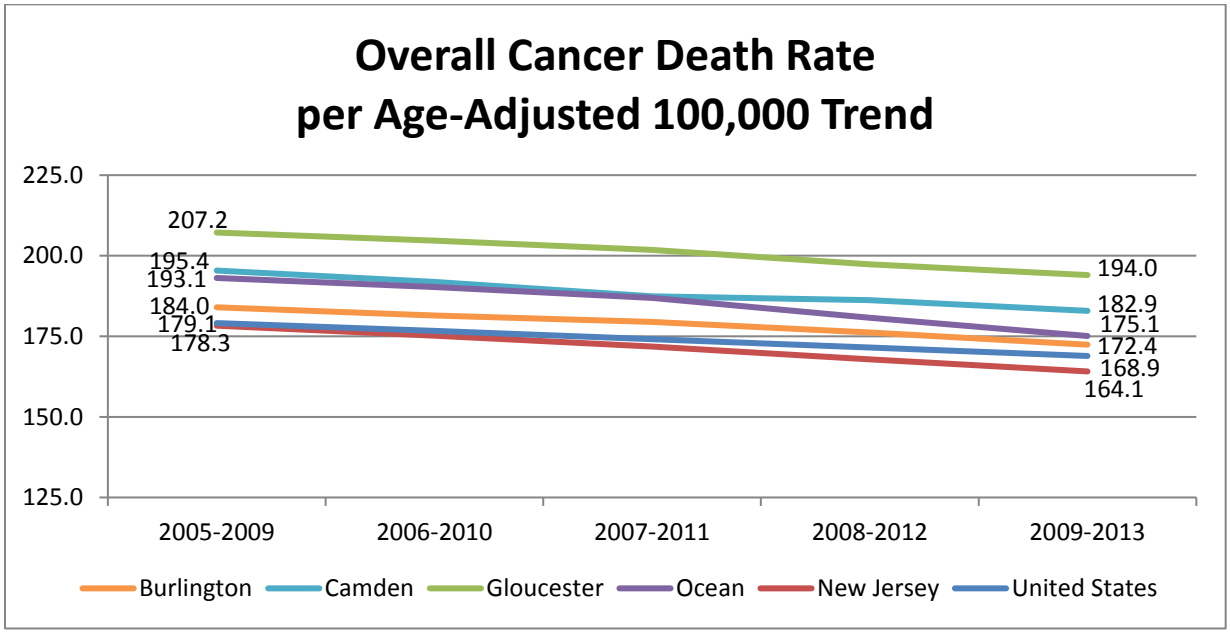
Blacks/African Americans in Burlington and Camden Counties have a lower incidence of cancer compared to Whites, but a higher death rate

Overall Cancer Death Rate by Race per Age-Adjusted 100,000



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Total Population	172.4	182.9	194.0	175.1	164.1	168.9
Whites	174.0	182.9	198.0	176.4	167.1	168.8
Blacks/African Americans	182.4	211.2	185.0	159.7	185.5	197.7
Hispanics/Latinos	106.7	114.2	144.4	85.5	103.4	117.4

Source: Centers for Disease Control and Prevention, 2009-2013



Source: Centers for Disease Control and Prevention, 2005-2009 – 2009-2013

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is the third most common cause of death in the nation. CLRD encompasses diseases like chronic obstructive pulmonary disorder, emphysema, and asthma.

All SJHP service counties have higher rates of asthma and CLRD death compared to the state

All counties have higher rates of adult asthma and CLRD death compared to statewide rates. Gloucester County has the highest rates, and also exceeds the nation. In addition, all counties, except Burlington, have a higher prevalence of adult COPD compared to state and national rates.

Smoking cigarettes contributes to the onset of CLRD. All counties, except Ocean, have a lower percentage of adult smokers when compared to the state. The percentage of smokers in Ocean County (16.9%) exceeds the state percentage by nearly 2 points.

Ocean County has the highest rates for adult smoking and COPD

Asthma Prevalence and CLRD Death Rates

	Current Asthma Diagnosis (Adult)	Ever had a COPD Diagnosis (Adult)	CLRD Death Rate per Age-Adjusted 100,000
Burlington County	9.9%	4.3%	34.3
Camden County	11.5%	7.4%	30.4
Gloucester County	11.8%	7.0%	45.9
Ocean County	10.1%	8.9%	32.7
New Jersey	9.0%	5.9%	28.5
United States	9.0%	6.5%	40.5

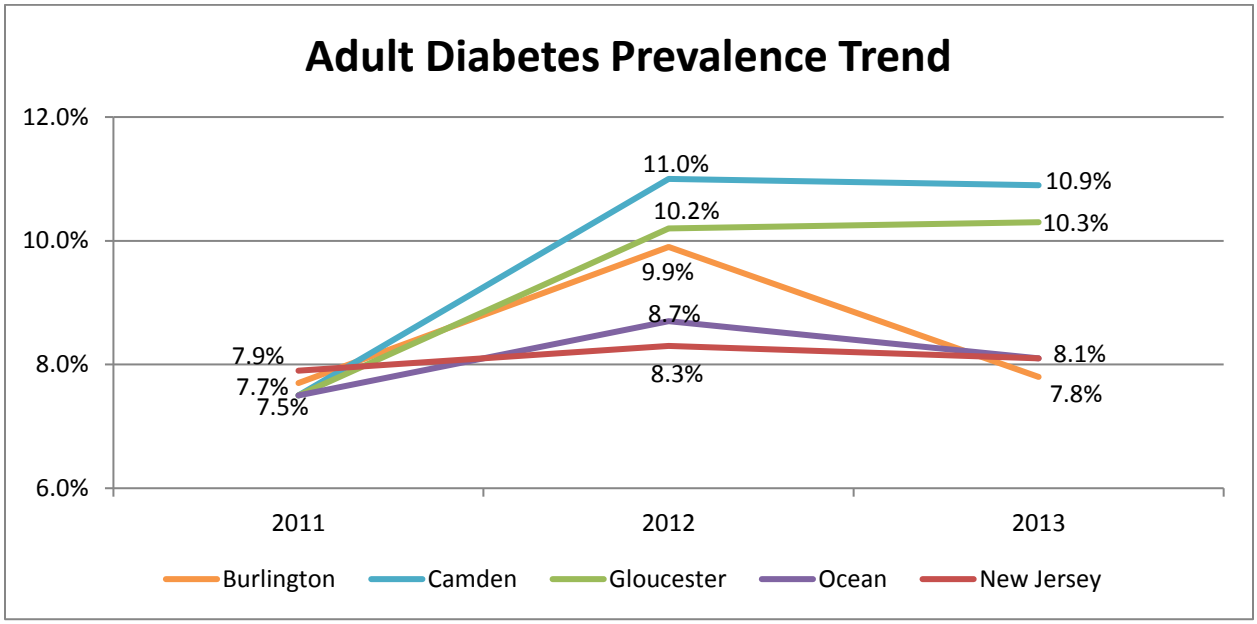
Source: Centers for Disease Control and Prevention, 2013 & New Jersey Department of Health, 2013

Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications. Type II diabetes, the most common form, is largely preventable through diet and exercise.

All of the counties experienced a sharp increase in adult diabetes prevalence from 2011 to 2012. In Burlington County, the prevalence rate decreased in 2013 below the state rate. In all other counties, the prevalence rate remained stable and higher than the state rate.

Adult diabetes prevalence increased in all counties from 2011 to 2012 and exceeds the state in all counties, except Burlington



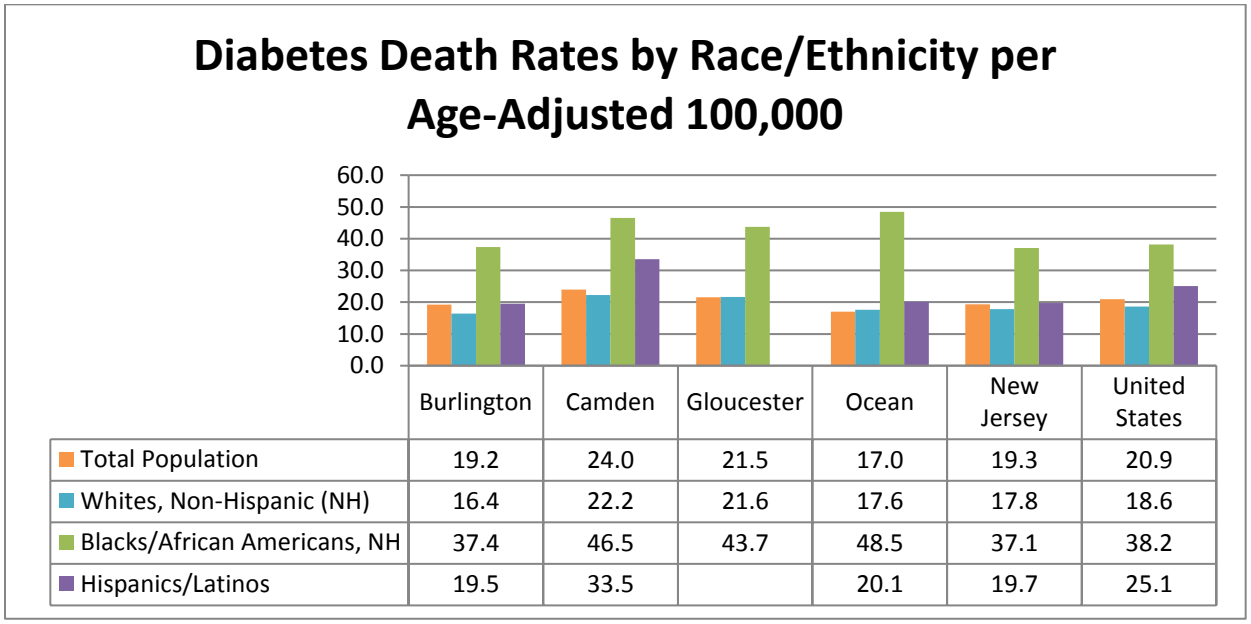
Source: New Jersey Department of Health, 2011-2013

All counties, except Camden, have a lower or comparable diabetes death rate when compared to the state and the nation. In addition, all SJHP service counties experienced an overall decline in the diabetes death rate. Gloucester County experienced the greatest rate decline (12.4 points).

The diabetes death rate declined in all counties from 2005 to 2014; Gloucester County experienced the greatest decline (12.4 points)

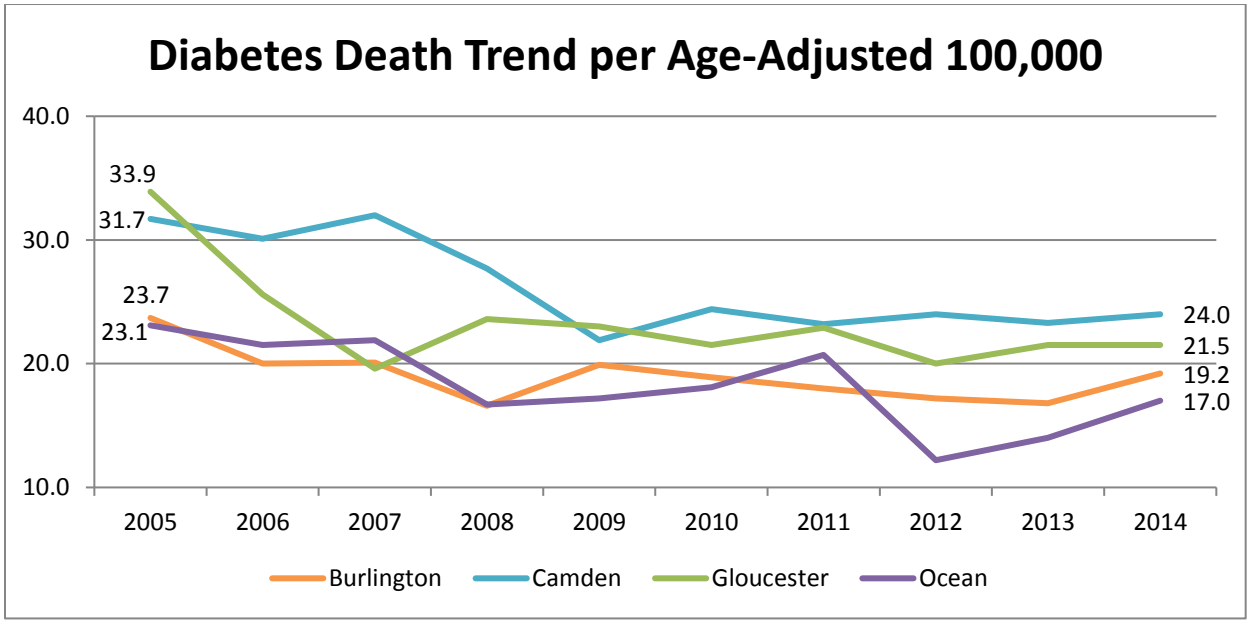
Diabetes death rates are higher among Blacks/African Americans compared to Whites and Hispanics/Latinos. In Burlington, Camden, and Gloucester Counties, the diabetes death rate among Blacks/African Americans is approximately double the rate among Whites. In Ocean County, the diabetes death rate among Blacks/African Americans is nearly triple the rate among Whites.

The diabetes death rate among Blacks/African Americans is double to triple the rate among Whites



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Total Population	19.2	24.0	21.5	17.0	19.3	20.9
Whites, Non-Hispanic (NH)	16.4	22.2	21.6	17.6	17.8	18.6
Blacks/African Americans, NH	37.4	46.5	43.7	48.5	37.1	38.2
Hispanics/Latinos	19.5	33.5		20.1	19.7	25.1

Source: Centers for Disease Control and Prevention, 2014
*Diabetes death data is not available for Hispanics/Latinos in Gloucester County



Source: Centers for Disease Control and Prevention, 2005-2014

The testing of blood sugar levels is essential to diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. The percentage of Medicare enrollees with diabetes who received a hA1c test in the past year is lower in all SJHP service counties, except Ocean, when compared to the nation; Camden and Gloucester Counties are also below the state.

Diabetic Monitoring (hA1c Test) among Medicare Enrollees (65-75 Years)

	Percentage of Enrollees Receiving an Annual hA1c Test from a Provider
Burlington County	84.4%
Camden County	82.2%
Gloucester County	83.3%
Ocean County	85.9%
New Jersey	84.2%
United States	85.0%

Source: Dartmouth Atlas of Health Care, 2013

Senior Health

Seniors face a number of challenges related to health and well-being as they age. They are more prone to chronic disease, social isolation, and disability. The following table notes the percentage of Medicare Beneficiaries 65 years or over who have been diagnosed with a chronic condition.

Chronic Conditions

New Jersey Medicare Beneficiaries 65 years or over are more likely to have a chronic condition when compared to the nation, with the exception of COPD and depression. South Jersey Health Partnership service counties follow the state trend. Ocean County Beneficiaries have some of the highest prevalence rates of chronic disease, most notably 66.1% of Beneficiaries have high cholesterol and 70.3% of Beneficiaries have hypertension.

Chronic Conditions Among Medicare Beneficiaries 65 Years or Over

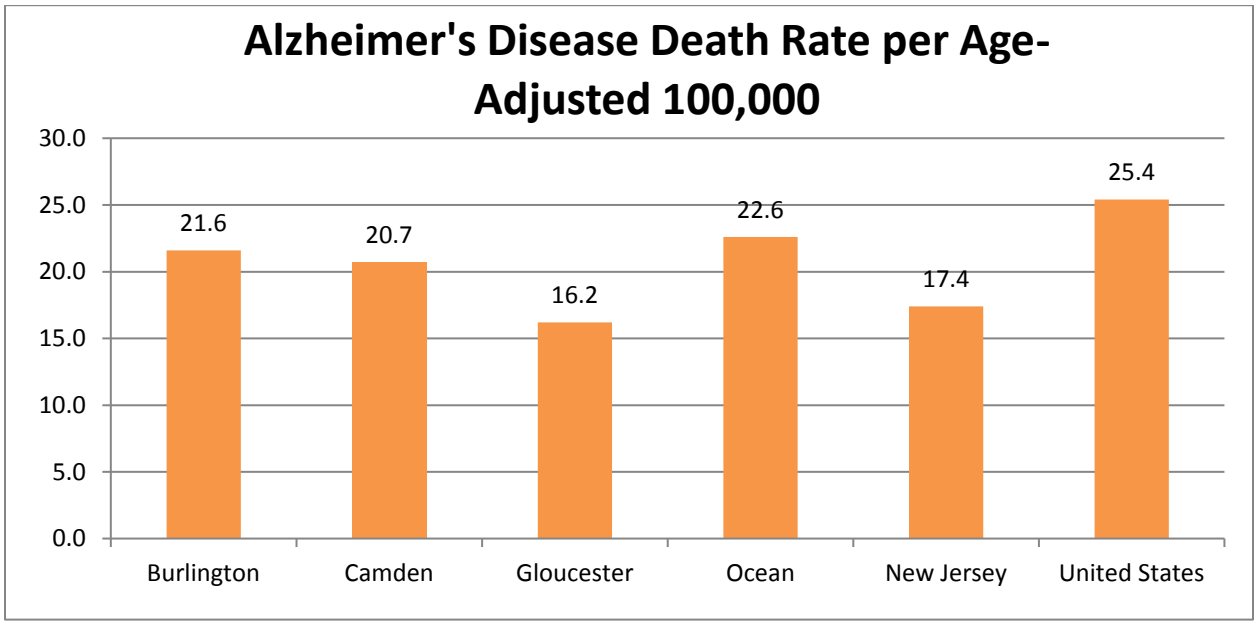
	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey	United States
Alzheimer's Disease	11.9%	12.7%	13.8%	12.2%	12.5%	11.5%
Arthritis	33.1%	32.9%	32.3%	38.1%	32.3%	30.7%
Asthma	5.7%	5.8%	5.5%	5.3%	5.2%	4.5%
Cancer	10.8%	10.2%	9.9%	11.4%	10.3%	8.9%
COPD	10.3%	10.3%	11.7%	15.2%	10.8%	11.0%
Depression	12.4%	12.9%	11.3%	11.9%	11.7%	13.6%
Diabetes	30.3%	31.3%	32.5%	35.2%	32.4%	27.1%
Heart Failure	14.6%	14.9%	15.3%	18.3%	17.4%	14.6%
High Cholesterol	56.3%	56.2%	57.5%	66.1%	56.7%	47.9%
Hypertension	64.6%	63.9%	64.0%	70.3%	64.3%	58.4%
Ischemic Heart Disease	31.4%	33.7%	35.3%	41.5%	35.7%	29.3%
Stroke	5.4%	5.5%	5.3%	5.0%	4.9%	4.0%

Source: Centers for Medicare & Medicaid Services, 2014

Alzheimer's Disease

According to the National Institute on Aging, "Although one does not die of Alzheimer's disease, during the course of the disease, the body's defense mechanisms ultimately weaken, increasing susceptibility to catastrophic infection and other causes of death related to frailty."

A higher percentage of SJHP Medicare Beneficiaries age 65 years or over have Alzheimer's disease when compared to the national percentage; however, the death rate due to Alzheimer's disease is lower among all residents when compared to the national rate. The Gloucester County Alzheimer's disease death rate is also lower than the state rate.



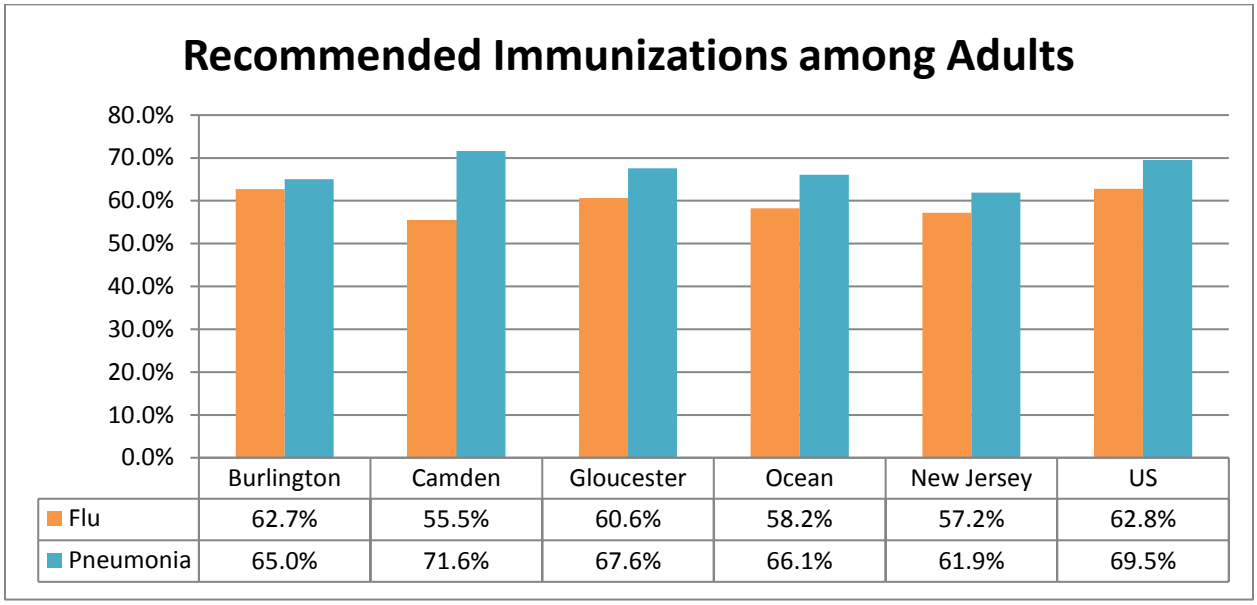
Source: Centers for Disease Control and Prevention, 2014

Immunizations

The Advisory Committee on Immunization Practices recommends all individuals age six months or older receive the flu vaccine. However, the vaccine is a priority for older adults.

The following graph illustrates the percentage of adults age 65 years or over who have received recommended immunizations for influenza and pneumonia. Adults in all service counties are just as likely or more likely to receive an annual flu vaccine when compared to the state rate, but only Burlington County meets the national rate. Similarly, adults in all service counties are more likely to receive a pneumonia vaccine (ever) when compared to the state rate, but only Camden County exceeds the national rate.

Older adults are just as likely or more likely to receive flu and pneumonia vaccines when compared to the state



	Burlington	Camden	Gloucester	Ocean	New Jersey	US
Flu	62.7%	55.5%	60.6%	58.2%	57.2%	62.8%
Pneumonia	65.0%	71.6%	67.6%	66.1%	61.9%	69.5%

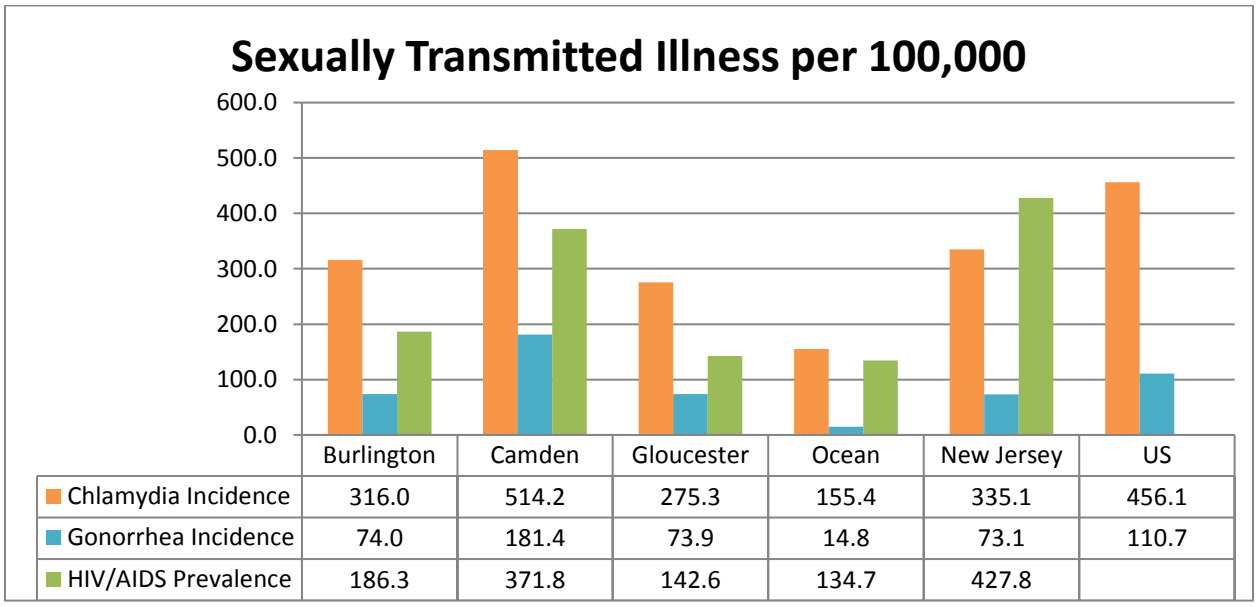
Source: Centers for Disease Control and Prevention, 2013 & New Jersey Department of Health, 2013

Sexually Transmitted Illnesses

New Jersey has a lower incidence of chlamydia and gonorrhea compared to the nation. Incidence rates in Burlington, Gloucester and Ocean Counties are similar to or lower than state rates, while incidence rates in Camden County exceed state and national rates.

The incidence of chlamydia and gonorrhea in Camden County exceeds the state and the nation

All SJHP service counties have a lower prevalence of HIV/AIDS compared to the state. However, the rate in Camden County is at least double the rate in other counties.



	Burlington	Camden	Gloucester	Ocean	New Jersey	US
Chlamydia Incidence	316.0	514.2	275.3	155.4	335.1	456.1
Gonorrhea Incidence	74.0	181.4	73.9	14.8	73.1	110.7
HIV/AIDS Prevalence	186.3	371.8	142.6	134.7	427.8	

Source: Centers for Disease Control and Prevention, 2014 & New Jersey Department of Health, 2014

Behavioral Health

Behavioral Health in the Emergency Department

The following tables depict the distribution of behavioral health patients in hospital emergency departments (ED) by county, age, and payer mix. Behavioral health diagnoses encompass both mental health and substance abuse conditions. Emergency department visits include visits to all hospitals within a given county.

From 2010 to 2014, the number of behavioral health visits and the behavioral health use rate increased in all counties, except Ocean. Camden County has the highest current behavioral health use rate. The rate measures the total behavioral health visits as a proportion of the total county population.

The behavioral health use rate in the ED increased in all counties, except Ocean. Camden County has the highest rate.

Behavioral Health Patients in the ED (Primary Diagnosis) - Burlington County*

	2010	2011	2012	2013	2014
Total Behavioral Health Visits	4,685	4,832	5,692	5,448	5,803
Percentage of ED Visits Due to a Behavioral Health Diagnosis	4.4%	4.5%	4.3%	4.3%	4.6%
Behavioral Health Use Rate per 1,000	10.4	10.8	12.6	12.1	12.9

Behavioral Health Patients in the ED (Primary Diagnosis) - Camden County*

	2010	2011	2012	2013	2014
Total Behavioral Health Visits	12,201	13,267	13,723	13,548	13,869
Percentage of ED Visits Due to a Behavioral Health Diagnosis	5.1%	5.2%	5.0%	4.9%	4.8%
Behavioral Health Use Rate per 1,000	23.8	25.9	26.7	26.4	27.1

Behavioral Health Patients in the ED (Primary Diagnosis) - Gloucester County*

	2010	2011	2012	2013	2014
Total Behavioral Health Visits	4,716	5,124	5,348	5,157	5,289
Percentage of ED Visits Due to a Behavioral Health Diagnosis	4.9%	5.0%	5.2%	5.2%	5.2%
Behavioral Health Use Rate per 1,000	16.4	17.7	18.5	17.8	18.2

Behavioral Health Patients in the ED (Primary Diagnosis) - Ocean County*

	2010	2011	2012	2013	2014
Total Behavioral Health Visits	10,218	10,939	10,371	10,393	10,268
Percentage of ED Visits Due to a Behavioral Health Diagnosis	4.9%	5.2%	4.8%	5.1%	5.2%
Behavioral Health Use Rate per 1,000	17.7	18.9	17.9	17.8	17.5

*Source: New Jersey Hospital Association, 2010-2014

Adults ages 22 to 54 comprise the largest proportion of behavioral health visits across all counties. Gloucester County has the largest percentage of patients 21 years or younger (28.1%), while Ocean County has the largest percentage of patients 55 years or over (23.6%). The Ocean County finding is consistent with having a higher median age.

Among payer types, Medicaid – HMO & FFS and charity care/uninsured payers account for 38% (Burlington County) to 56% (Camden County) of all behavioral health visits. In all counties, except Burlington, Medicaid payers comprise the largest percentage of visits.

Medicaid and Charity Care/Uninsured payers account for 38% to 56% of all behavioral health visits

Behavioral Health Patients in the Emergency Department by Age

Age	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey
0 – 12	4.2%	5.8%	5.3%	2.4%	4.0%
13 – 21	21.1%	15.7%	22.9%	15.8%	17.3%
22 – 54	55.4%	61.5%	57.0%	58.2%	60.2%
55 and over	19.2%	16.9%	14.8%	23.6%	18.4%

Source: New Jersey Hospital Association, 2014

Behavioral Health Patients in the Emergency Department by Payer Mix

Payer Type	Burlington County	Camden County	Gloucester County	Ocean County	New Jersey
Medicare – HMO &FFS	18.0%	15.6%	15.9%	25.9%	15.0%
Medicaid – HMO & FFS	24.7%	40.1%	27.7%	30.0%	27.8%
Blue Cross	11.7%	6.7%	9.1%	13.2%	10.2%
Charity Care/Uninsured	13.6%	16.0%	18.8%	18.5%	24.6%
Commercial HMO	26.8%	15.8%	17.7%	9.0%	16.6%
Commercial	1.0%	4.6%	9.4%	2.2%	3.8%
Other	4.2%	1.2%	1.4%	1.2%	2.0%

Source: New Jersey Hospital Association, 2014

Inpatient Psychiatric Beds by County

	Total Inpatient Psychiatric Beds
Burlington County	55
Camden County	65
Gloucester County	20
Ocean County	60
New Jersey	1,425

Source: New Jersey Hospital Association, 2014

Mental Health

Adults in all counties, except Burlington, have a higher average of poor mental health days when compared to the state average; Ocean County has the highest average (3.8 days). Adults in all counties, except Ocean, are also more likely to have doctor diagnosed depression compared to adults across the state; however, only Camden County exceeds the national rate.

Ocean County has the highest average for poor mental health days, but the lowest rate of diagnosed depression

The suicide death rate exceeds the state rate, in all counties, except Gloucester. Rates in Burlington and Ocean Counties also exceed the Healthy People 2020 goal and are on the rise. The Gloucester County suicide rate increased 7 points from 2010 to 2013, but declined 7 points between 2013 and 2014.

Burlington and Ocean County suicide rates exceed HP 2020 and are on the rise

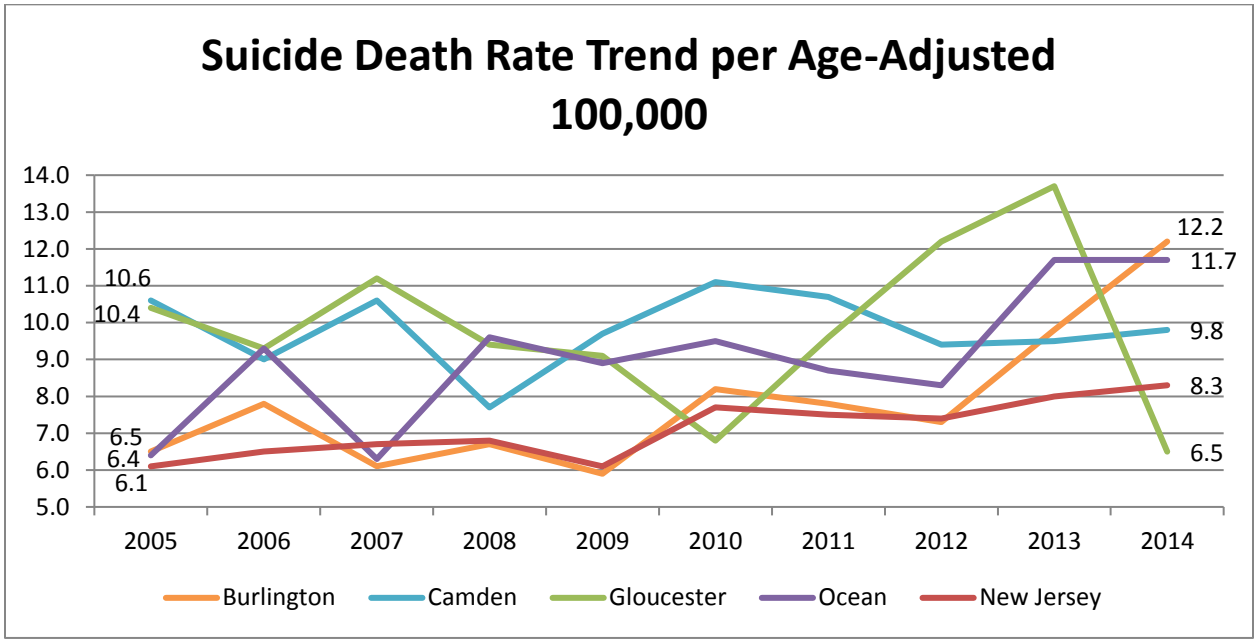
The mental and behavioral disorders death rate has been increasing across New Jersey and in all SJHP service counties over the past decade. Current rates in all counties, except Ocean, exceed the state rate; Gloucester County also exceeds the national rate.

The death rate due to mental and behavioral disorders is increasing in all counties

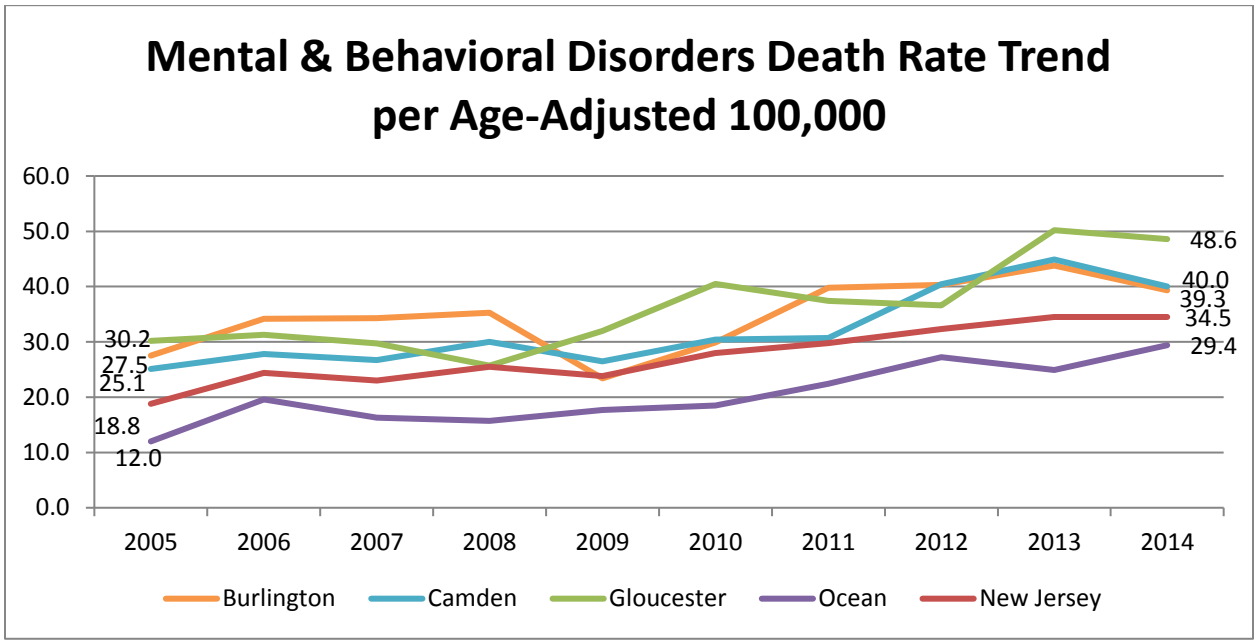
Mental Health Measures

	Poor Mental Health Days (Adults)	Depression Diagnosis (Adults)	Suicide Rate per Age-Adjusted 100,000	Mental & Behaviors Disorders Death rate per Age-Adjusted 100,000
Burlington County	3.4	15.8%	12.2	39.3
Camden County	3.7	19.7%	9.8	40.0
Gloucester County	3.6	18.5%	6.5	48.6
Ocean County	3.8	12.5%	11.7	29.4
New Jersey	3.4	13.9%	8.3	34.5
United States	3.7	18.7%	13.0	40.9
HP 2020	NA	NA	10.2	NA

Source: Centers for Disease Control and Prevention, 2013 & 2014 & Healthy People 2020



Source: Centers for Disease Control and Prevention, 2005-2014



Source: Centers for Disease Control and Prevention, 2005-2014

<u>Substance Abuse</u>

Substance abuse includes both alcohol and drug abuse. Adults in all counties, except Ocean, are more likely to drink excessively compared to state and national rates. However, Ocean County is the only county to exceed the state rate for driving deaths due to DUI (30.4%).

The drug-induced death rate is higher in all SJHP service counties compared to the state and the nation, and increasing. Ocean County has the highest drug-induced death rate and experienced the greatest increase between 2005 and 2014 (18.5 points).

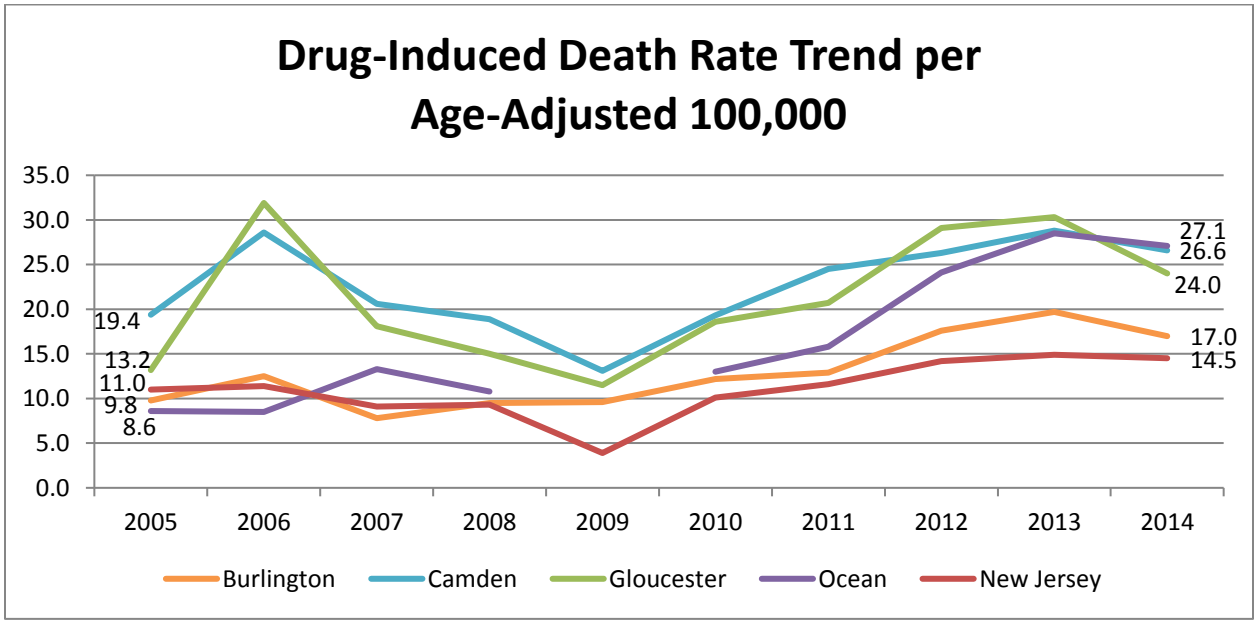
The drug-induced death rate is higher in all counties compared to the state and the nation and increasing

New Jersey experienced a decline in drug-induced deaths between 2005 and 2009 before increasing from 2010 to 2014. Camden and Gloucester Counties experienced similar trends, reaching their lowest rate in the decade in 2009 before increasing.

Substance Abuse Measures

	Excessive Drinking (Adults)	Percent of Driving Deaths due to DUI	Drug-Induced Death Rate per Age-Adjusted 100,000
Burlington County	19.4%	22.0%	17.0
Camden County	17.7%	18.9%	26.6
Gloucester County	20.3%	26.4%	24.0
Ocean County	16.1%	30.4%	27.1
New Jersey	17.3%	26.2%	14.5
United States	17.0%	31.0%	15.5
HP 2020	25.4%	NA	NA

Source: Centers for Disease Control and Prevention, 2014; Fatality Analysis Reporting System, 2010-2014; Healthy People 2020



Source: Centers for Disease Control and Prevention, 2005-2014
*A 2009 rate is not reported for Ocean County due to a low death count

The following tables depict 2014 substance abuse treatment admissions for residents within each county, regardless of where they sought treatment in New Jersey. Data represent all admissions to treatment providers, not unique patients, unless otherwise noted.

The total number of substance abuse treatment admissions is highest in Ocean County and lowest in Burlington County. Based on 2016 population counts and the number of unique clients in each county, the rate of substance abuse clients per 100,000 population is also higher in Ocean County, followed closely by Camden County.

Across all counties, heroin is the primary drug upon admission, followed by alcohol. The percentage of admissions due to heroin increased across all counties from 2013 to 2014. Counties with a higher percentage of heroin admissions also have a higher percentage of intravenous (IV) drug users.

Substance Abuse Treatment Admissions by Primary Drug

	Burlington County		Camden County		Gloucester County		Ocean County	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Alcohol	650	28%	1,153	24%	568	21%	1,325	23%
Heroin	862	37%	1,868	38%	1,231	45%	3,034	52%
Other opiates	261	11%	411	8%	370	14%	636	11%
Cocaine	129	6%	309	6%	130	5%	191	3%
Marijuana	335	15%	859	18%	307	11%	520	9%
Other drugs	62	3%	255	5%	101	4%	142	2%
Total Admissions	**2,686**		**5,214**		**2,881**		**6,565**	
IV Drug Users	**29%**		**30%**		**37%**		**44%**	
Unduplicated Clients	**1,893**		**3,766**		**1,886**		**4,381**	
Unduplicated Clients per 100,000*	**421.3**		**738.8**		**645.8**		**742.2**	

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014
*Based on 2016 population counts

Substance Abuse Treatment Admissions Trend

		Total Admissions	Unduplicated Clients	Heroin Admissions
Burlington County	2013	2,938	2,059	33%
	2014	2,686	1,893	37%
Camden County	2013	5,830	4,093	36%
	2014	5,214	3,766	38%
Gloucester County	2013	3,402	2,236	40%
	2014	2,881	1,886	45%
Ocean County	2013	7,285	4,976	40%
	2014	6,565	4,381	52%

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2013 & 2014

Substance Abuse Treatment Admissions by Age at Admission

	Burlington County		Camden County		Gloucester County		Ocean County	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Under 18	41	2%	69	1%	20	1%	61	1%
18 – 21	226	8%	436	8%	325	11%	657	10%
22 – 24	336	13%	597	11%	422	15%	1,043	16%
25 – 29	611	23%	1,028	20%	651	23%	1,401	21%
30 – 34	495	18%	879	17%	527	18%	1,199	18%
35 – 44	507	19%	1,126	22%	507	18%	1,135	17%
45 – 54	351	13%	819	16%	319	11%	807	12%
55 or over	119	4%	259	5%	110	4%	262	4%

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014
*Note: Treatment admission data for youth 21 years or under only include youth funded by the New Jersey Division of Mental Health and Addiction Services and do not represent all youth receiving services

The following tables depict substance abuse treatment admissions by primary drug and municipality for each of the four counties. Note: Only municipalities with 50 or more admissions are included, and drugs categorized as “Unknown” are not included.

Across the counties, municipalities with the highest total number of substance abuse admissions often have adverse socioeconomic measures. The municipalities are denoted by a (*). Most notably, approximately 33% of all admissions in Camden County are from residents who live in Camden City.

Substance Abuse Treatment Admissions by Municipality – Burlington County

	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hash		Other Drugs		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N
Burlington City*	67	10	19	15	58	7	10	4	67	20	8	12	251
Burlington Twp*	46	7	3	2	80	9	19	7	31	9	9	13	219
Cinnaminson Twp	19	3	2	2	36	4	12	5	4	1	1	1	84
Delran Twp	19	3	0	0	24	3	6	2	8	2	1	1	66
Evesham Twp	25	4	9	7	43	5	7	3	2	1	1	1	99
Maple Shade Twp*	26	4	9	7	47	5	18	7	10	3	1	1	130
Medford Twp	19	3	0	0	18	2	9	3	5	1	0	0	65
Moorestown Twp	14	2	3	2	26	3	5	2	7	2	2	3	62
Mount Holly Twp	37	6	8	6	40	5	15	6	20	6	4	6	150
Mount Laurel Twp	48	7	2	2	35	4	20	8	20	6	1	1	141
Pemberton Boro*	30	5	5	4	28	3	17	6	18	5	1	1	117
Pembertown Twp*	39	6	5	4	67	8	18	7	23	7	4	6	186
Riverside Twp	17	3	1	1	25	3	10	4	4	1	2	3	79
Southampton Twp	16	2	1	1	9	1	12	5	6	2	7	10	61
Willingboro Twp*	51	8	19	15	36	4	21	8	33	10	5	7	193
Burlington County	**650**	**100**	**129**	**100**	**862**	**100**	**263**	**100**	**337**	**100**	**68**	**100**	**2,686**

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014
*Municipalities have higher substance abuse admission counts and some of the poorest social determinants of health

Substance Abuse Treatment Admissions by Municipality – Camden County

	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hash		Other Drugs		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N
Audubon Boro	17	1	1	0	28	1	12	3	10	1	4	2	81
Bellmawr Boro	20	2	11	4	36	2	11	3	12	1	2	1	102
Berlin Boro	16	1	1	0	29	2	9	2	3	0	2	1	65
Berlin Twp	27	2	3	1	38	2	7	2	8	1	2	1	92
Camden City*	326	28	158	51	478	26	88	21	472	55	118	47	1,721
Cherry Hill Twp	66	6	5	2	99	5	29	7	18	2	5	2	245
Clementon Boro*	28	2	5	2	70	4	13	3	19	2	3	1	144
Collingswood Boro	24	2	0	0	53	3	4	1	8	1	0	0	94
Gloucester City*	30	3	7	2	118	6	17	4	17	2	14	6	221
Gloucester Twp*	31	3	13	4	91	5	15	4	28	3	3	1	200
Haddon Twp	14	1	2	1	25	1	1	0	3	0	3	1	56
Lindenwold Boro	35	3	11	4	52	3	10	2	25	3	3	1	142
Pennsauken Twp*	49	4	14	5	73	4	15	4	33	4	11	4	212
Pine Hill Boro	12	1	2	1	36	2	7	2	17	2	5	2	88
Runnemede Boro	21	2	2	1	47	3	7	2	7	1	7	3	98
Somerdale Boro	18	2	1	0	16	1	6	1	1	0	1	0	52
Voorhees Twp	27	2	4	1	30	2	4	1	9	1	4	2	89
Winslow Twp	44	4	10	3	41	2	25	6	35	4	7	3	179
Camden County	**1,153**	**100**	**309**	**100**	**1,868**	**100**	**418**	**100**	**860**	**100**	**253**	**100**	**5,214**

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

Substance Abuse Treatment Admissions by Municipality – Gloucester County

	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hash		Other Drugs		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N
Clayton Boro	23	4	6	5	22	2	12	3	12	4	6	6	87
Deptford Twp	42	7	6	5	91	7	26	7	24	8	4	4	204
Franklin Twp	22	4	2	2	57	5	32	9	14	5	1	1	134
Glassboro Boro*	52	9	9	7	67	5	15	4	35	11	8	8	196
Mantua Twp	21	4	6	5	61	5	21	6	8	3	4	4	131
Monroe Twp	43	8	10	8	93	8	23	6	23	7	7	7	217
National Park Boro	9	2	3	2	43	3	5	1	4	1	2	2	69
Paulsboro Boro	22	4	4	3	27	2	10	3	22	7	4	4	97
Pitman Boro	16	3	5	4	31	3	15	4	12	4	6	6	86
Washington Twp	56	10	10	8	94	8	49	13	34	11	10	10	267
Wenonah Boro	16	3	5	4	45	4	8	2	2	1	0	0	79
West Deptford Twp	27	5	10	8	50	4	16	4	16	5	7	7	136
Westville Boro*	30	5	9	7	54	4	13	4	16	5	5	5	138
Woodbury City*	26	5	17	13	81	7	18	5	30	10	10	10	201
Gloucester County	**568**	**100**	**132**	**100**	**1,231**	**100**	**371**	**100**	**307**	**100**	**100**	**100**	**2,881**

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

*Municipalities have higher substance abuse admission counts and some of the poorest social determinants of health

Substance Abuse Treatment Admissions by Municipality – Ocean County

	Alcohol		Cocaine/ Crack		Heroin		Other Opiates		Marijuana/ Hash		Other Drugs		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N
Barnegat Light Boro	35	3	3	2	111	4	27	4	20	4	7	5	224
Beachwood Boro	40	3	3	2	93	3	12	2	9	2	1	1	173
Berkeley Twp	61	5	7	4	98	3	34	5	25	5	3	2	242
Brick Twp	177	13	29	15	426	14	106	16	59	11	22	17	924
Dover Twp	210	16	39	20	436	14	121	19	99	19	17	13	1,018
Jackson Twp	102	8	8	4	210	7	38	6	48	9	5	4	467
Lacey Twp	51	4	2	1	150	5	31	5	20	4	4	3	279
Lakehurst Boro	3	0	2	1	34	1	6	1	9	2	2	2	59
Lakewood Twp*	122	9	30	16	109	4	17	3	62	12	6	5	371
Little Egg Harbor Twp	42	3	2	1	130	4	23	4	20	4	5	4	246
Manchester Twp	53	4	7	4	114	4	17	3	20	4	6	5	246
Ocean Twp	34	3	8	4	104	3	33	5	11	2	7	5	215
Point Pleasant Boro	39	3	11	6	99	3	10	2	7	1	4	3	202
Point Pleasant Beach Boro	13	1	2	1	42	1	6	1	3	1	1	1	78
Seaside Heights Boro*	40	3	6	3	100	3	17	3	21	4	3	2	206
South Toms River Boro*	46	3	3	2	108	4	18	3	21	4	5	4	230
Stafford Twp	53	4	4	2	97	3	26	4	16	3	7	5	241
Tuckerton Boro	24	2	1	1	70	2	21	3	6	1	3	2	139
Ocean County	**1,325**	**100**	**191**	**100**	**3,034**	**100**	**654**	**100**	**520**	**100**	**131**	**100**	**6,565**

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

*Municipalities have higher substance abuse admission counts and some of the poorest social determinants of health

Maternal and Infant Health

The birth rate is highest in Camden and Ocean Counties. Camden County also has the most racial and ethnicity diversity among births with 22.9% of births occurring among Blacks/African Americans and 22.5% of births occurring among Hispanics/Latinos.

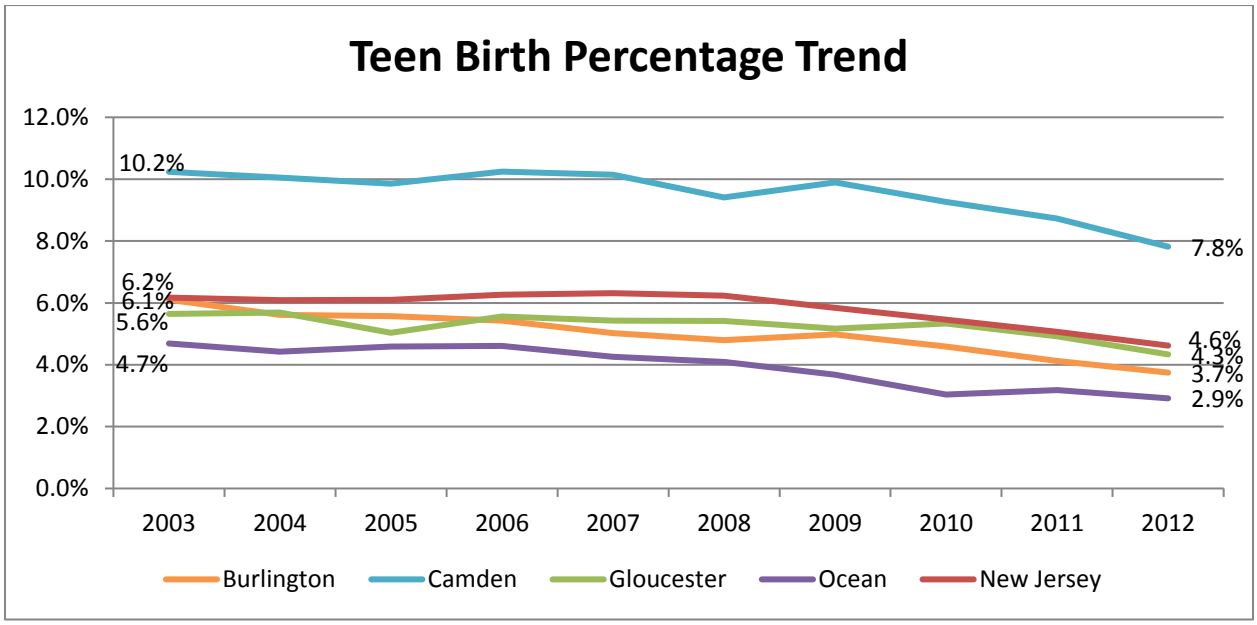
2012 Births by Race and Ethnicity

	Total Births	Birth Rate per 1,000	White Births	Black/African American Births	Hispanic/Latino (any race) Births
Burlington County	4,512	10.0	62.1%	17.6%	10.5%
Camden County	6,345	12.4	46.6%	22.9%	22.5%
Gloucester County	3,022	10.4	74.3%	13.2%	7.5%
Ocean County	7,995	13.8	83.1%	2.5%	12.3%

Source: New Jersey Department of Health, 2012

The percentage of births to teenagers is declining in all counties. From 2003 to 2012, Burlington and Camden Counties experienced the greatest declines (2.4 points). All counties either meet or have a lower percentage of teen births compared to the nation (7.8%), and only Camden County exceeds the state rate (4.6%).

The percentage of births to teenage mothers is declining in all counties



Source: New Jersey Department of Health, 2003-2012

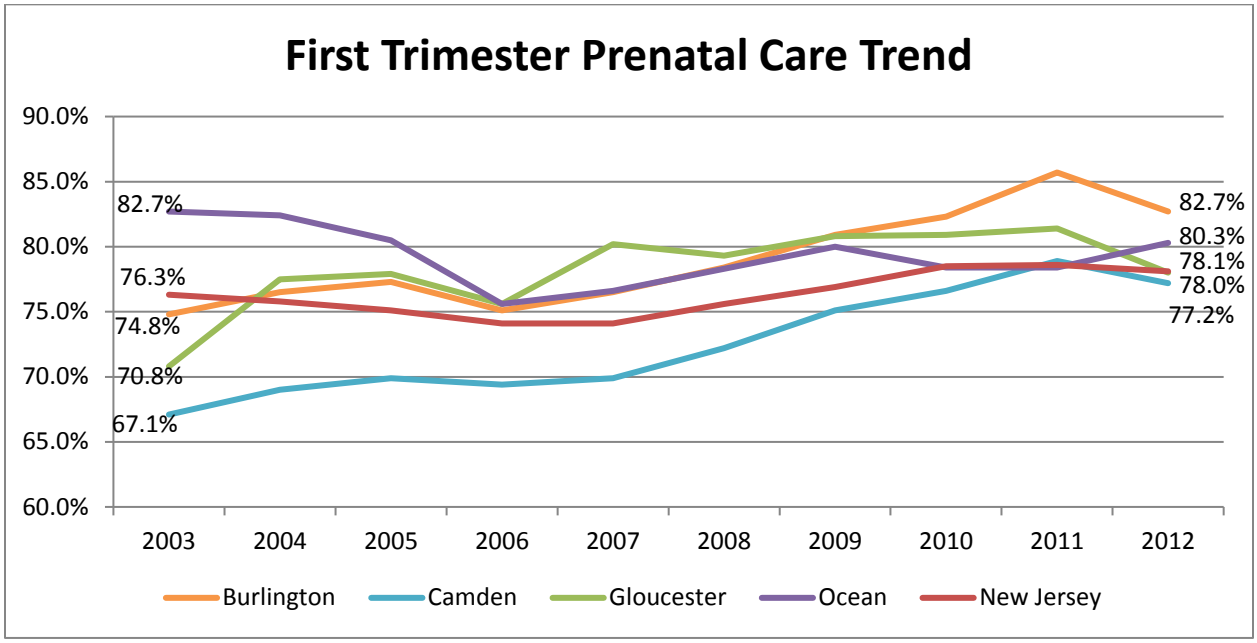
Prenatal care should begin during the first trimester to ensure a healthy pregnancy and birth. All counties have a similar or higher percentage of mothers receiving first trimester prenatal care compared to the state (78.1%) and Healthy People 2020 goal (77.9%). Camden County has the lowest percentage (77.2%).

All counties are either within reach of or meet the HP 2020 goal for mothers receiving first trimester prenatal care

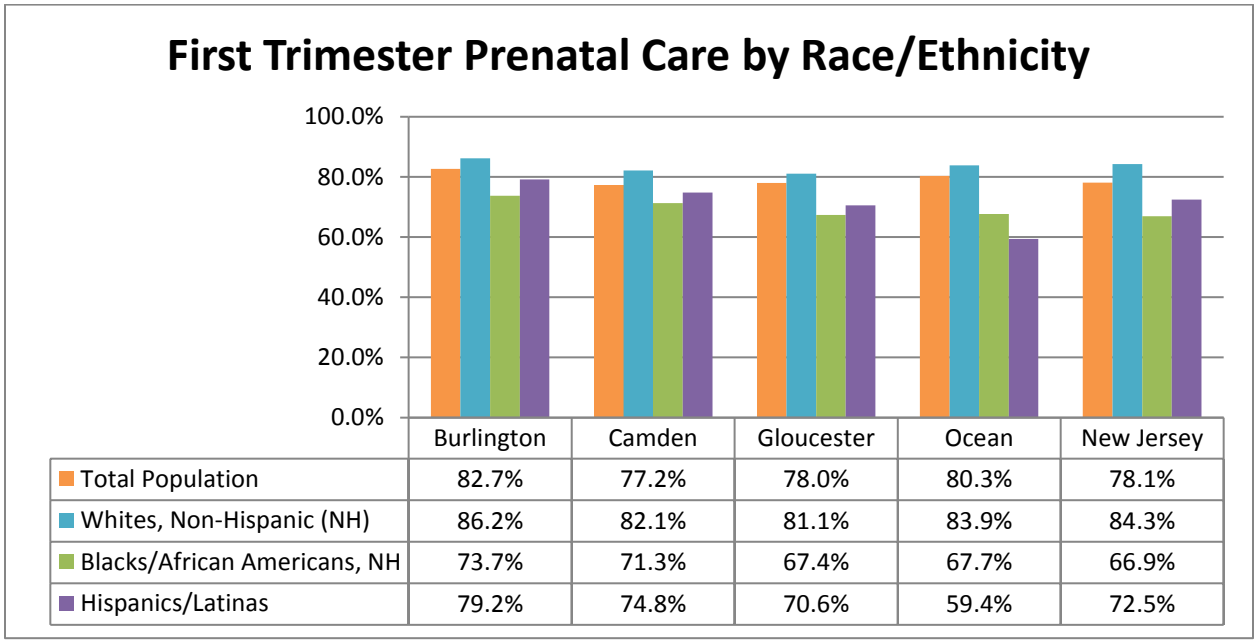
The percentage of mothers receiving first trimester prenatal care increased in all SJHP service counties, except Ocean, from 2003 to 2012. Ocean County experienced a decline in mothers receiving first trimester prenatal care between 2003 and 2006, but the percentage is now on the rise.

Black/African American and Hispanic/Latina women in all counties are less likely to receive first trimester prenatal care compared to White women. Ocean County experiences the greatest disparity with a rate difference between Whites and Blacks/African Americans and Hispanics/Latinas of 16 points and 25 points respectively.

Black/African American and Hispanic/Latina mothers are less likely to receive first trimester prenatal care



Source: New Jersey Department of Health, 2003-2012



	Burlington	Camden	Gloucester	Ocean	New Jersey
Total Population	82.7%	77.2%	78.0%	80.3%	78.1%
Whites, Non-Hispanic (NH)	86.2%	82.1%	81.1%	83.9%	84.3%
Blacks/African Americans, NH	73.7%	71.3%	67.4%	67.7%	66.9%
Hispanics/Latinas	79.2%	74.8%	70.6%	59.4%	72.5%

Source: New Jersey Department of Health, 2012

The following municipalities within each county do not meet the Healthy People 2020 goal for mothers receiving first trimester prenatal care (77.9%) by more than 2 points. Municipalities are presented in ascending order by percentage of mothers receiving first trimester prenatal care.

Municipalities That Do Not Meet the Healthy People 2020 Goal (77.9%) for Mothers Receiving Frist Trimester Prenatal Care

Burlington County		Camden County		Gloucester County		Ocean County	
Municipality	%	Municipality	%	Municipality	%	Municipality	%
Burlington City	72.5%	Brooklawn Boro	55.6%	Westville Boro	62.2%	Seaside Heights Boro	59.5%
Willingboro Twp	72.6%	Lawnside Boro	65.2%	Woolwich Twp	65.9%	Point Pleasant Beach Boro	66.7%
Edgewater Park Twp	74.0%	Haddonfield Boro	68.3%	Swedesboro Boro	68.6%	Long Beach Twp	71.4% (n=5)
Delanco Twp	75.4%	Camden City	68.8%	Paulsboro Boro	70.9%	Lakehurst Boro	72.7%
		Merchantville Boro	70.6%	Woodbury City	71.8%	South Toms River Boro	73.8%
		Collingswood Boro	72.0%	Logan Twp	72.7%		
		Gloucester City	72.6%	Deptford Twp	75.0%		
		Pennsauken Twp	73.4%	Greenwich Twp	75.6%		
		Stratford Boro	73.9%				

Source: New Jersey Department of Health, 2012

*Only municipalities with 5 or more reported mothers are included. Counts less than 10 are noted.

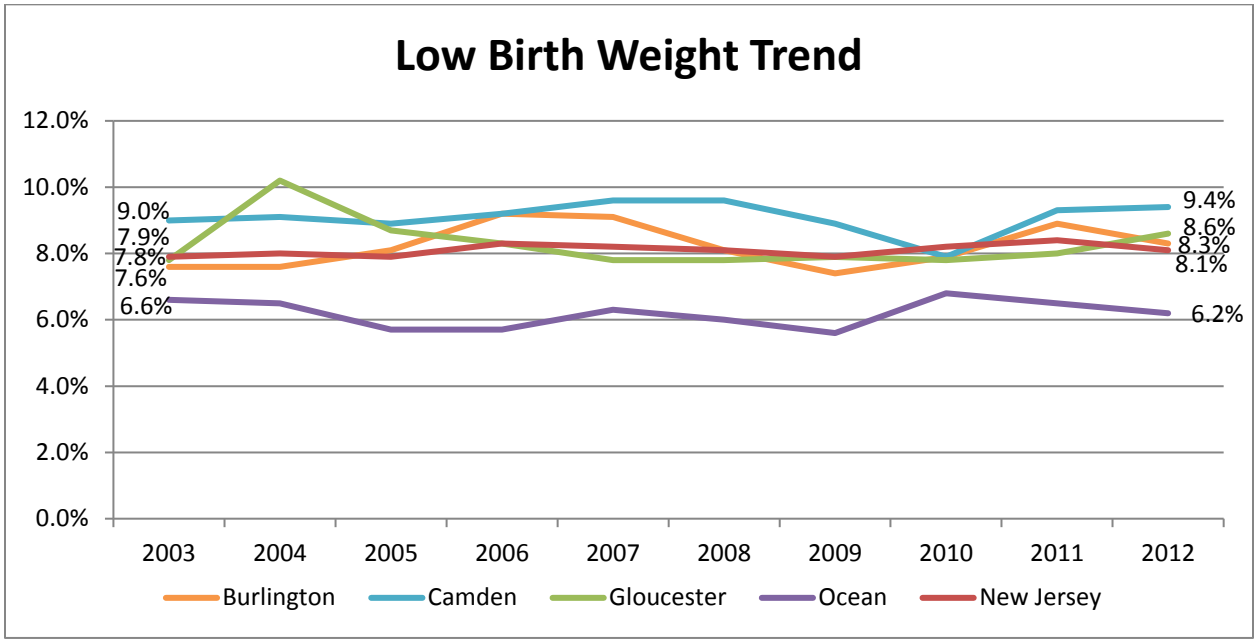
Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. Ocean County is the only county to meet the Healthy People 2020 goal (7.8%) for low birth weight babies. Camden and Gloucester Counties have the highest percentages at 9.4% and 8.6% respectively.

The low birth weight percentage has remained relatively stable in all SJHP service counties over the past decade; however, all counties, except Ocean, have a higher low birth weight percentage than in 2003.

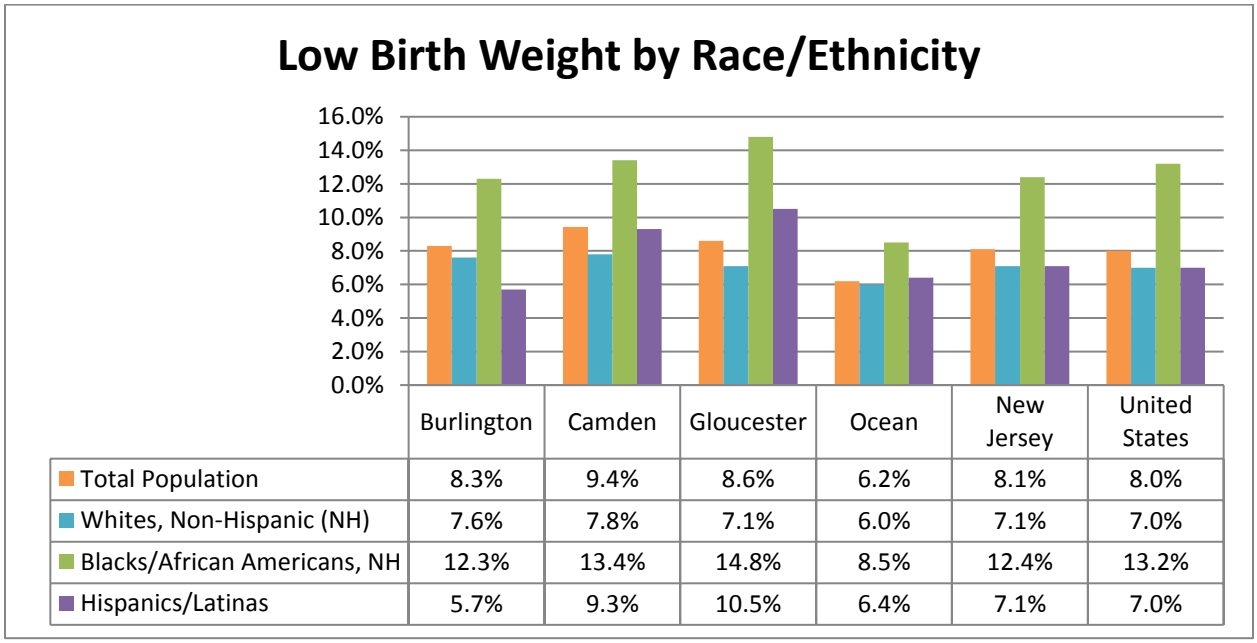
All counties, except Ocean, meet the HP 2020 goal for low birth weight babies and have a higher rate than at the beginning of the decade

Black/African American women in all counties and Hispanic/Latina women in Camden and Gloucester Counties are more likely to deliver low birth weight babies when compared to White women. Gloucester County experiences the greatest disparity with a rate difference between Whites and Blacks/African Americans and Hispanics/Latinas of 8 points and 3 points respectively.

Low birth weight percentages are highest among Blacks/African Americans



Source: New Jersey Department of Health, 2003-2012



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Total Population	8.3%	9.4%	8.6%	6.2%	8.1%	8.0%
Whites, Non-Hispanic (NH)	7.6%	7.8%	7.1%	6.0%	7.1%	7.0%
Blacks/African Americans, NH	12.3%	13.4%	14.8%	8.5%	12.4%	13.2%
Hispanics/Latinas	5.7%	9.3%	10.5%	6.4%	7.1%	7.0%

Source: Centers for Disease Control and Prevention, 2012 & New Jersey Department of Health, 2012

The following municipalities within each county do not meet the Healthy People 2020 goal for low birth weight babies (7.8%) by more than 2 points. Municipalities are presented in descending order by percentage of low birth weight babies.

Municipalities that Do Not Meet the Healthy People 2020 Goal (7.8%) for Low Birth Weight Babies

Burlington County		Camden County		Gloucester County	
Municipality	%	Municipality	%	Municipality	%
Bordentown City	18.4% (n=7)	Merchantville Boro	14.7% (n=5)	Paulsboro Boro	12.7%
Lumberton Twp	17.0%	Waterford Twp	13.8%	East Greenwich Twp	11.3%
Burlington City	13.7%	Mount Ephraim Boro	12.1% (n=8)	Monroe Twp	11.3%
Westampton Twp	11.5%	Camden City	11.5%	Woodbury City	10.6%
Willingboro Twp	11.0%	Pennsauken Twp	11.4%	Swedesboro Boro	10.0% (n=7)
Maple Shade Twp	10.8%	Berlin Twp	11.1% (n=8)		
Mount Holly Twp	10.4%	Lindenwold Boro	10.8%		
Bordentown Twp	10.2%	Bellmawr Boro	10.1%		
Medford Twp	9.9%	Gloucester Twp	10.1%		

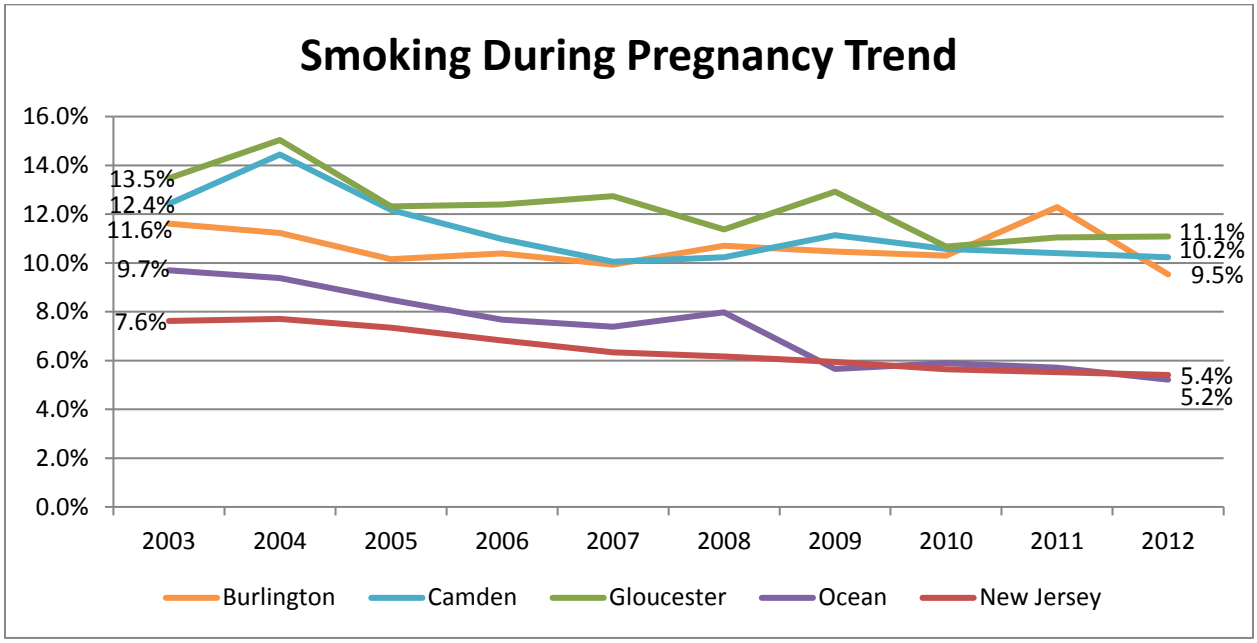
Source: New Jersey Department of Health, 2012
*Only municipalities with 5 or more reported mothers are included. Counts less than 10 are noted.
**No municipalities within Ocean County have a low birth weight percentage greater than 9.8%

None of the counties meet the Healthy People 2020 goal (1.4%) for mothers who smoke during pregnancy, and all counties, except Ocean, exceed the statewide percentage. However, percentages in all counties decreased from 2003 to 2012.

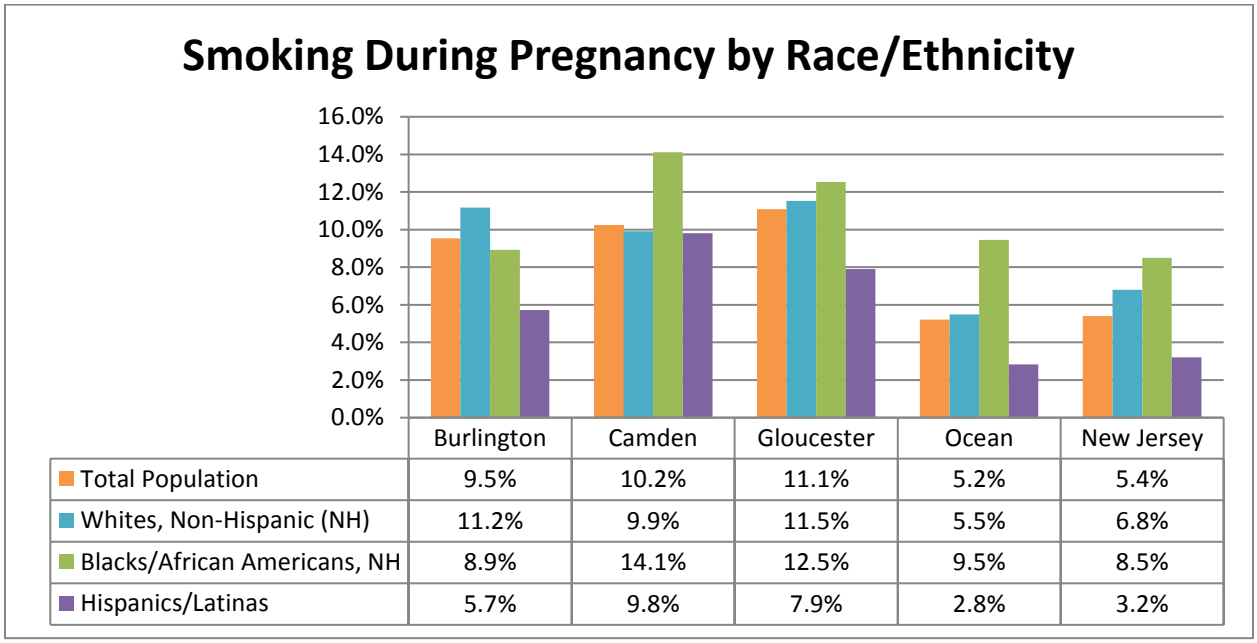
None of the counties meet the HP 2020 goal for mothers who smoke during pregnancy, but rates are declining

Across New Jersey, Black/African American women are more likely to smoke during pregnancy compared to other racial and ethnic groups. Camden, Gloucester, and Ocean Counties follow a similar trend. In Burlington County, White women are the most likely to smoke during pregnancy; they exceed Black/African American women by 2.3 points.

Black/African American women are the most likely to smoke during pregnancy in all counties, except Burlington.



Source: New Jersey Department of Health, 2003-2012



	Burlington	Camden	Gloucester	Ocean	New Jersey
Total Population	9.5%	10.2%	11.1%	5.2%	5.4%
Whites, Non-Hispanic (NH)	11.2%	9.9%	11.5%	5.5%	6.8%
Blacks/African Americans, NH	8.9%	14.1%	12.5%	9.5%	8.5%
Hispanics/Latinas	5.7%	9.8%	7.9%	2.8%	3.2%

Source: New Jersey Department of Health, 2012

Nearly all municipalities within the service counties exceed the state and Healthy People 2020 goal for mothers who smoke during pregnancy. The following table identifies municipalities that exceed their respective county rate by more than 2 points to focus on areas of greatest disparity. Municipalities are presented in descending order by percentage of mothers who smoke during pregnancy.

Municipalities that Exceed the County for Mothers Smoking during Pregnancy

Burlington County		Camden County		Gloucester County		Ocean County	
Municipality	%	Municipality	%	Municipality	%	Municipality	%
Wrightstown Boro	26.3% (n=5)	Brooklawn Boro	33.3% (n=6)	Newfield Boro	25.0% (n=5)	Seaside Heights Boro	27.0%
Southampton Twp	22.6%	Gloucester City	21.9%	Westville Boro	22.2%	Tuckerton Boro	23.5% (n=8)
Mount Holly Twp	20.0%	Camden City	16.8%	Elk Twp	20.0% (n=8)	Ocean Gate Boro	22.7% (n=5)
Bordentown City	18.4% (n=7)	Runnemede Boro	16.5%	Greenwich Twp	20.0% (n=9)	Little Egg Harbor Twp	22.5%
Riverside Twp	17.9%	Oaklyn Boro	15.3% (n=9)	Paulsboro Boro	19.1%	Stafford Twp	14.6%
Burlington City	17.6%			Monroe Twp	15.3%	Ocean Twp	14.5%
Beverly City	16.7% (n=7)			Woodbury City	14.1%	Plumsted Twp	11.9% (n=8)
Florence Twp	16.2%			West Deptford Twp	13.5%	Berkeley Twp	11.8%
Pemberton Twp	14.7%			Deptford Twp	13.4%	Beachwood Boro	11.6%
Shamong Twp	12.8% (n=5)					South Toms River Boro	11.5% (n=7)
						Lacey Twp	11.4%
						Manchester Twp	11.4%
						Barnegat Twp	10.9%
						Toms River Twp	7.5%

Source: New Jersey Department of Health, 2012

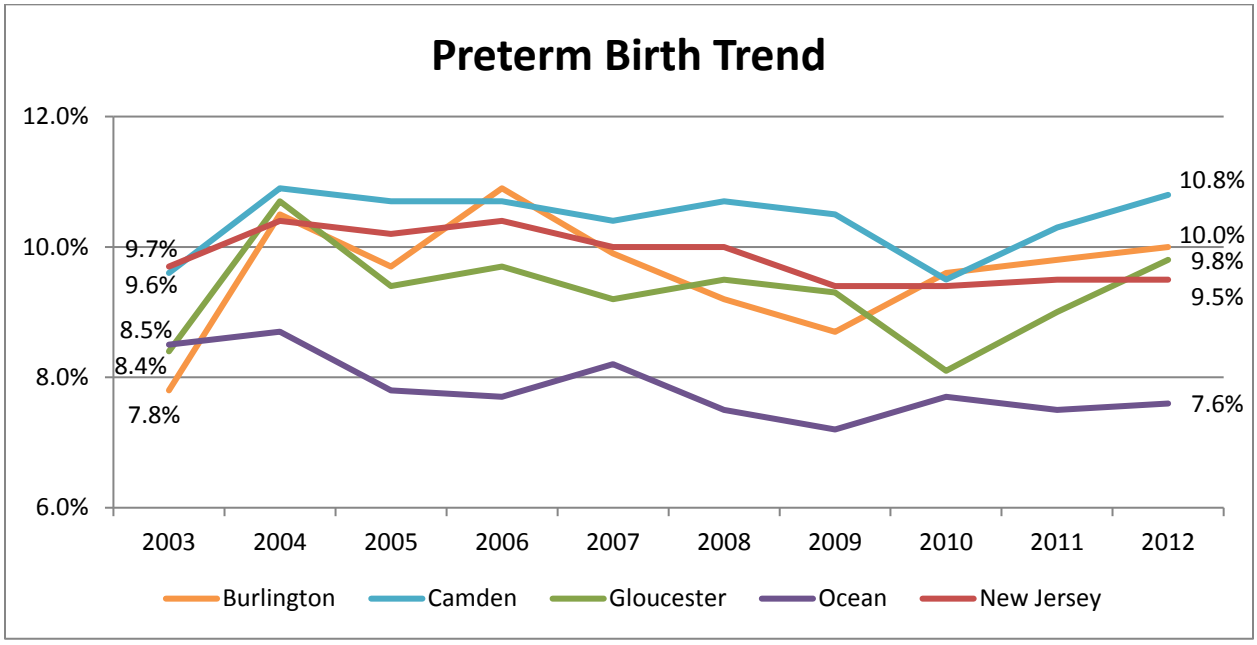
*Only municipalities with 5 or more reported mothers are included. Counts less than 10 are noted.

All counties meet the Healthy People 2020 goal for preterm births (11.4%), but only Ocean County has a lower rate than the state (9.5%). Ocean County is also the only county to experience a downward trend in preterm births. Burlington, Camden, and Gloucester County preterm birth trends have remained variable, and all three counties experienced recent increases, resulting in higher rates than at the beginning of the decade.

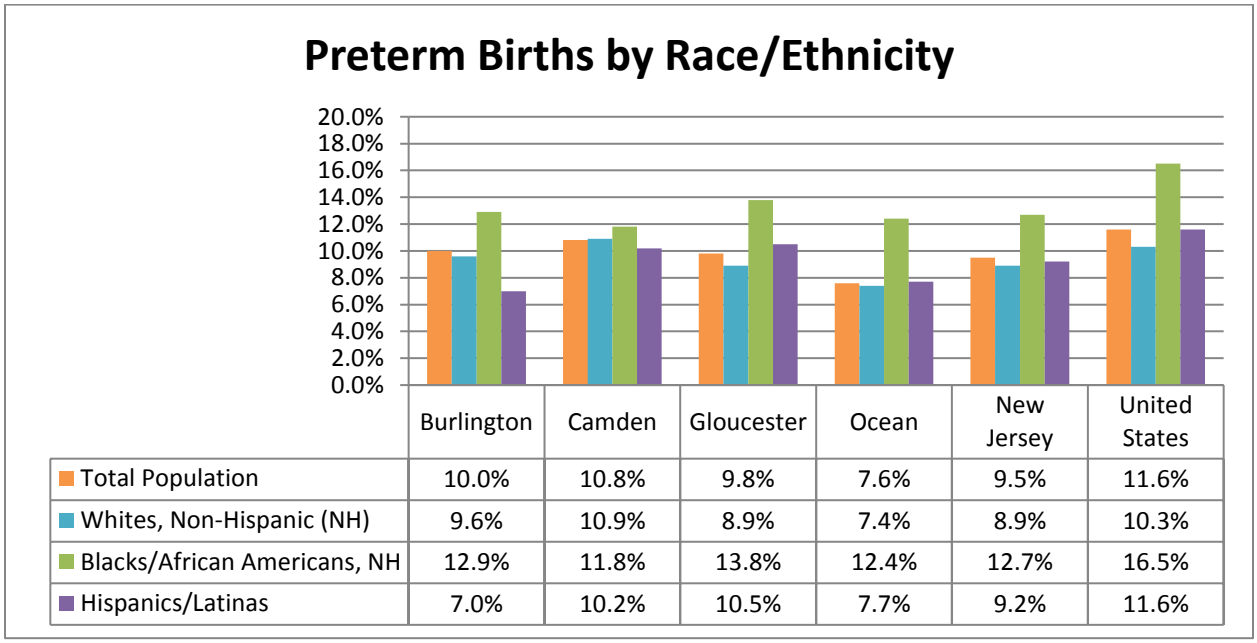
All counties meet the HP 2020 goal for preterm births; however, percentages in Burlington, Camden, and Gloucester Counties are increasing

Black/African American women are the most likely to deliver preterm babies. Gloucester and Ocean County experience the greatest disparity with a rate difference between Whites and Blacks/African Americans of 5 points. Hispanic/Latina women in Gloucester County are also more likely to deliver preterm babies; they exceed Whites by 1.6 points.

Black/African American women are the most likely to deliver preterm babies



Source: New Jersey Department of Health, 2003-2012



	Burlington	Camden	Gloucester	Ocean	New Jersey	United States
Total Population	10.0%	10.8%	9.8%	7.6%	9.5%	11.6%
Whites, Non-Hispanic (NH)	9.6%	10.9%	8.9%	7.4%	8.9%	10.3%
Blacks/African Americans, NH	12.9%	11.8%	13.8%	12.4%	12.7%	16.5%
Hispanics/Latinas	7.0%	10.2%	10.5%	7.7%	9.2%	11.6%

Source: Centers for Disease Control and Prevention, 2012 & New Jersey Department of Health, 2012

The following municipalities within each county do not meet the Healthy People 2020 goal for babies born preterm (11.4%) by more than 2 points. Municipalities are presented in descending order by percentage.

Municipalities that Do Not Meet the Healthy People 2020 Goal (11.4%) for Preterm Births

Burlington County		Camden County		Gloucester County		Ocean County	
Municipality	%	Municipality	%	Municipality	%	Municipality	%
New Hanover Twp	16.7% (n=5)	Waterford Twp	17.1%	Clayton Boro	16.2%	Lakehurst Boro	18.2% (n=6)
Westampton Twp	14.4%	Haddon Twp	15.9%	National Park Boro	14.7% (n=5)	Seaside Heights Boro	16.2% (n=6)
Hainesport Twp	14.3% (n=8)	Mount Ephraim Boro	13.6% (n=9)	Paulsboro Boro	14.5%		
Lumberton Twp	14.0%						
Eastampton Twp	13.8% (n=9)						
Burlington City	13.7%						

Source: New Jersey Department of Health, 2012
*Only municipalities with 5 or more reported mothers are included. Counts less than 10 are noted.

The infant death rate in Burlington and Ocean Counties meets the Healthy People 2020 goal (6.0). The Ocean County rate did not exceed 4.6 per 100,000 over the past decade. Consistent trending data is not available for Burlington County after 2008 due to low death counts.

An infant death rate is not reported for Gloucester County during the 2003 to 2012 time span due to low death counts. Infant death counts have not exceeded 20 since 2005 (n=23).

Camden County is the only county to not meet the Healthy People 2020 goal for infant mortality. The county experienced a 3.1 point increase in the infant death rate from 2010 to 2011, before declining to its current rate. Current infant death rates by race and ethnicity are not reported due to low death counts (Whites = 16; Blacks/African Americans = 17; Hispanics/Latinas = 18).

Infant Mortality per 1,000 Live Births

	Rate	Death Count
Burlington County	5.5	25
Camden County	9.0	57
Gloucester County	NA	14
Ocean County	3.4	27
New Jersey	4.4	454
United States	6.0	NA
HP 2020	6.0	NA

Source: Centers for Disease Control and Prevention, 2012; New Jersey Department of Health, 2012; Healthy People 2020

Southern New Jersey Perinatal Cooperative

The Southern New Jersey Perinatal Cooperative (SNJPC) was established in 1981 to improve maternal and child health in the South Jersey counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem. All hospitals providing maternity care in these counties, including all South Jersey Health Partnership member hospitals, except Deborah Heart and Lung Center, are members of the SNJPC. The Cooperative publishes annual maternal and child health data based on a regional hospital database.

In 2015, 18,523 births occurred in South Jersey counties, 66.3% were to residents in Burlington, Camden, and Gloucester Counties. Four percent of all births were to mothers under the age of 20 years, 1.1% were to mothers under 18 years. Births to teens under the age of 18 declined 71% from 2001 to 2015. Camden County had the most births to mothers under 20 years in 2015 (290 births), but Cumberland and Salem Counties had the highest percentage (6.7%).

Across the region in 2015, 305 (1.6%) babies were born with very low birth weight (<1500 grams). According to the SNJPC Achievement 2015 report, the following indicators are more prevalent among very low birth weight babies in the South Jersey region:

- Black/African American mother
- Lack of early prenatal care
- Tobacco use during pregnancy
- Plurality
- Maternal age 35 years or greater
- Hypertension in pregnancy/Pre-eclampsia

73% of White and Hispanic mothers exclusively breastfeed at hospital discharge compared to 60% of Black/African American mothers

The percentage of mothers exclusively breastfeeding at the time of discharge from the hospital has been increasing in the South Jersey region since 2002. In 2015, 70.6% of women who gave birth at a SNJPC hospital exclusively breastfed their baby. However, there are differences in breastfeeding rates by race and ethnicity, as depicted in the following table taken from the Achievement 2015 report.

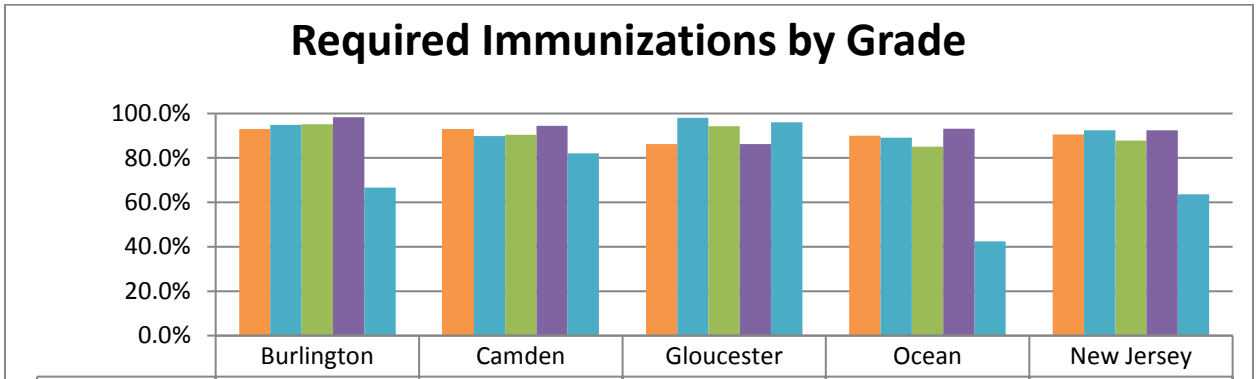
Breastfeeding at Discharge by Race/Ethnicity

Year	Black	White	Hispanic
2007	50.3%	64.8%	70.1%
2008	50.3%	65.3%	69.6%
2009	51.5%	66.8%	70.4%
2010	50.8%	64.6%	70.6%
2011	53.5%	66.5%	66.8%
2012	57.5%	69.7%	73.0%
2013	57.0%	70.9%	73.7%
2014	59.9%	73.3%	74.0%
2015	59.6%	73.0%	72.6%
Change over time	18.5%	12.5%	3.5%

Child Health

Immunizations

The combined percentage of students (Pre-K, Kindergarten, First, Sixth, and Transfers) who meet immunization requirements is higher in all counties, except Ocean, compared to the statewide percentage. The Ocean County percentage is five points lower than the state. Across, all counties, transfer students are the least likely to meet immunization requirements.



	Burlington	Camden	Gloucester	Ocean	New Jersey
Pre-K	93.0%	92.9%	86.3%	90.0%	90.5%
Kindergarten	94.9%	89.9%	98.1%	89.1%	92.5%
First	95.2%	90.4%	94.3%	85.1%	87.8%
Sixth	98.3%	94.4%	86.3%	93.1%	92.4%
Transfers	66.6%	82.0%	96.0%	42.5%	63.6%

Source: New Jersey Department of Health, 2014-2015

Lead Screening and Poisoning

According to the New Jersey Department of Health, "Scientist's have found that lead can disrupt the normal growth and development of a child's brain and central nervous system. The first six years, in particular, the first three years of life, is the time when the human brain grows the fastest, and when the critical connections in the brain and nervous system that control thought, learning, hearing, movement, behavior and emotions are being formed."

Lead poisoning is defined as a blood lead level of 10 micrograms per deciliter of blood (µg/dL) or higher. The following table depicts children under the age of 6 who have been tested for lead poisoning and who have lead poisoning. Burlington and Gloucester Counties have the lowest screening rates and the lowest counts for children with lead poisoning (7).

Lead Screening and Poisoning among Children <6 Years of Age

	Total Children	Percent Tested for Lead Poisoning	Number with Blood Lead Levels ≥10 µg/dL
Burlington County	31,546	9.5%	7
Camden County	40,195	13.3%	42
Gloucester County	21,059	6.4%	7
Ocean County	46,657	23.7%	16
New Jersey	652,622	26.2%	762

Source: New Jersey Department of Health, July 1, 2013 – June 30, 2014

Motor Vehicle Accidents

Motor vehicle accidents are the leading cause of death and disability among youth. Across New Jersey in 2014, there were 37,980 young driver (ages 16 to 20) crashes. Ocean County has the highest crash rate in the state (888 young driver crashes per 10,000 residents). Ocean and Gloucester Counties have the second and third highest proportion of crashes involving a young driver, respectively (approximately 18%).

Young Driver (16 to 20 Years) Crashes

	Total Crashes	Total Young Driver Crashes	Proportion of Crashes Involving a Young Driver
Burlington County	11,555	1,905	16.4%
Camden County	13,192	1,839	13.9%
Gloucester County	5,987	1,096	18.3%
Ocean County	16,281	3,003	18.4%
New Jersey	265,521	37,980	14.3%

Source: New Jersey Division of Highway Traffic Safety, 2014

School Achievement

The following table depicts the percentage of students passing New Jersey state achievement tests by grade. Camden County is the only county to not meet or exceed state averages.

Students Passing State Achievement Tests

	4th Grade	8th Grade	11th Grade
Burlington County	77%	79%	87%
Camden County	65%	70%	82%
Gloucester County	76%	80%	88%
Ocean County	76%	79%	87%
New Jersey	74%	77%	86%

Source: KIDS COUNT Data Center, 2014

Making the Connection: Healthcare Utilization Data

Background

South Jersey Health Partnership member hospital utilization data were analyzed across the inpatient, outpatient, and emergency department settings to determine usage trends related to key community health needs. The data were analyzed by zip code and payer type, as applicable, and correlated with public health statistics and socio-economic measures to identify utilization patterns among high risk populations and to improve outcomes for patients.

The utilization data was provided by O'Conco Healthcare Consultants and all analyses were performed by Baker Tilly. Data are reported for calendar year 2015. Across the SJHP member hospitals, there were 621,732 inpatient, outpatient, and emergency department visits. The following table displays total case counts by hospital setting.

Inpatient Visits	Outpatient Visits	Emergency Department Visits
137,327	58,509	425,896

Hospital utilization data is considered in conjunction with public health data. It is important to consider public health data with hospital utilization data as in a given year much of the population will not have contact with any of the hospitals' departments. Therefore, their health concerns are not measured by health provider utilization data.

Note: Deborah Heart and Lung Center does not operate an emergency department and is excluded from all emergency department analyses. However, Lourdes Medical Center of Burlington County operates an emergency department at the Deborah location, and data for this facility is included in all analyses.

Chronic Condition Prevalence

The Agency for Healthcare Research and Quality (AHRQ) is a federal agency committed to improving the safety and quality of the healthcare system. According to AHRQ, approximately 45% of all Americans have a chronic condition and more than 66% of all deaths are due to one or more of the most common chronic conditions.

The following tables illustrate the top zip codes of residence within each SJHP service county for patients managing a chronic condition. The data represent the zip codes accounting for 50% or more of utilization across nine chronic conditions: Asthma, Behavioral Health, Cancer, Chronic Obstructive Pulmonary Disorder (COPD), Congestive Heart Failure (CHF), Coronary Heart Disease (CHD), Diabetes, Hypertension, and Substance Abuse. The condition may not be the primary reason for the visit, or the primary diagnosis code, but it is listed on the patient's record as an existing condition. The data are presented in order of zip codes with the highest percentages of chronic disease usage.

Recognizing the relationship between social determinants of health and health status, socioeconomic measures for the top originating zip codes for chronic condition prevalence are analyzed to identify the potential for high risk patients and health disparity.

Burlington County

More than half of Burlington County hospital visits with a chronic condition are driven by residents who live in eight zip codes. Residents in four of the zip codes (08015, 08016, 08046, and 08060) experience adverse social determinants of health in comparison to the county as whole, including higher poverty rates, higher unemployment, and lower educational attainment. Another contributing factor to utilization within zip codes 08015, 08016, and 08060 is the location of SJHP member hospitals Deborah Heart and Lung Center, Lourdes Medical Center of Burlington County, and Virtua Memorial Hospital in the zip codes.

Zip Codes Accounting for 50% or More of Chronic Condition Prevalence in Burlington County across Inpatient, Outpatient, and Emergency Department Settings

Zip Code	Asthma	Behavioral Health	Cancer	COPD	CHF	CHD	Diabetes	Hyper-tension	Substance Abuse
08046 Willingboro	14.1%	9.4%	10.1%	8.7%	10.6%	9.2%	13.2%	11.4%	10.9%
08016 Burlington	9.6%	9.4%	7.9%	10.0%	11.1%	9.4%	10.6%	9.1%	10.0%
08054 Mount Laurel	7.0%	9.0%	10.3%	7.2%	8.4%	9.5%	7.5%	8.7%	6.8%
08015 Browns Mills	11.3%	7.8%	--	10.1%	7.6%	6.3%	9.8%	8.6%	9.8%
08053 Marlton	6.3%	9.0%	9.6%	7.9%	7.7%	8.8%	7.1%	8.4%	--
08060 Mount Holly	7.4%	7.0%	--	--	--	--	6.8%	6.5%	8.5%
08075 Riverside	--	--	6.9%	--	--	--	--	--	7.8%
08088 Vincentown	--	--	7.3%	7.2%	7.1%	7.6%	--	--	--
Percentage of all Diagnoses in the county (sum of above zip codes)	**55.7%**	**51.6%**	**52.1%**	**51.1%**	**52.5%**	**50.8%**	**55.0%**	**52.7%**	**53.8%**

Social Determinants of Health Indicators by Zip Code: Burlington County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy-ment	Less than HS Diploma
08046 Willingboro	74.3%	10.6%	84.6%	7.6%	6.5%	10.5%	9.5%	10.4%
08016 Burlington	30.6%	8.9%	85.4%	5.6%	5.0%	10.8%	6.7%	8.8%
08015 Browns Mills	16.6%	12.8%	86.3%	9.2%	6.8%	10.7%	7.0%	15.2%
08060 Mount Holly	23.3%	12.5%	87.6%	3.2%	2.8%	10.1%	6.5%	6.8%
Burlington County	**17.1%**	**8.1%**	**87.5%**	**4.1%**	**3.1%**	**8.3%**	**5.7%**	**12.8%**
New Jersey	**13.8%**	**20.0%**	**69.6%**	**8.4%**	**6.4%**	**9.6%**	**6.3%**	**11.6%**

*Cells highlighted in yellow represent a data point that is more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.

Camden County

More than half of Camden County hospital visits with a chronic condition are driven by residents who live in 10 zip codes. Residents in six of the zip codes (08021, 08104, 08105, 08110, 08103, and 08102) experience adverse social determinants of health in comparison to the county as whole. Camden City comprises four of the six zip codes. The city is a designated Medically Underserved Area and has some of the highest reported health disparities across the region.

Zip Codes Accounting for 50% or More of Chronic Condition Prevalence in Camden County across Inpatient, Outpatient, and Emergency Department Settings

Zip Code	Asthma	Behavioral Health	Cancer	COPD	CHF	CHD	Diabetes	Hyper-tension	Substance Abuse
08021 Clementon	9.5%	10.2%	10.4%	11.6%	9.4%	9.7%	9.3%	8.8%	9.9%
08104 Camden	12.7%	6.6%	5.6%	6.0%	6.8%	5.4%	9.2%	7.7%	12.6%
08105 Camden	13.1%	6.4%	5.5%	4.2%	5.1%	5.0%	10.3%	7.3%	10.3%
08081 Sicklerville	6.3%	6.2%	8.2%	6.3%	6.0%	6.5%	6.3%	6.8%	5.3%
08012 Blackwood	--	5.9%	7.3%	6.5%	5.9%	6.1%	5.3%	5.7%	4.4%
08043 Voorhees	--	6.7%	5.3%	6.1%	7.4%	6.5%	--	5.9%	--
08110 Pennsauken	5.1%	--	4.4%	4.6%	5.0%	4.6%	6.0%	4.9%	--
08103 Camden	8.2%	4.7%	--	--	--	--	6.6%	4.9%	9.7%
08002 Cherry Hill	--	5.3%	5.1%	5.0%	6.5%	6.0%	--	5.0%	--
08102 Camden	--	--	--	--	--	--	--	--	4.4%
Percentage of all Diagnoses in the county (sum of above zip codes)	**54.9%**	**52.0%**	**51.8%**	**50.3%**	**52.1%**	**49.8%**	**53.0%**	**57.0%**	**56.6%**

Social Determinants of Health Indicators by Zip Code: Camden County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy-ment	Less than HS Diploma
08021 Clementon	28.5%	15.7%	83.0%	13.7%	10.6%	16.3%	7.9%	11.2%
08104 Camden	62.7%	36.0%	72.1%	41.8%	35.8%	39.6%	13.9%	29.4%
08105 Camden	26.5%	68.7%	38.4%	33.0%	27.6%	30.5%	12.5%	32.9%
08110 Pennsauken	31.0%	43.3%	56.9%	12.7%	10.6%	15.3%	8.1%	22.8%
08103 Camden	59.0%	32.3%	71.7%	40.1%	35.0%	32.3%	10.2%	28.3%
08102 Camden	30.8%	62.2%	50.6%	42.1%	32.7%	31.0%	11.2%	31.8%
Camden County	**19.6%**	**16.3%**	**80.3%**	**11.3%**	**8.9%**	**12.6%**	**7.3%**	**12.1%**
New Jersey	**13.8%**	**20.0%**	**69.6%**	**8.4%**	**6.4%**	**9.6%**	**6.3%**	**11.6%**

*Cells highlighted in yellow represent a data point that is more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.

Gloucester County

More than half of Gloucester County hospital visits with a chronic condition are driven by residents who live in four zip codes. Residents in three of the zip codes (08094, 08096, and 08028) experience adverse social determinants of health in comparison to the county as whole. Zip code 08028 (Glassboro) has some of the highest poverty rates and is designated as a Medically Underserved Area for low-income residents.

Zip Codes Accounting for 50% or More of Chronic Condition Prevalence in Gloucester County across Inpatient, Outpatient, and Emergency Department Settings

Zip Code	Asthma	Behavioral Health	Cancer	COPD	CHF	CHD	Diabetes	Hyper-tension	Substance Abuse
08094 Williamstown	24.7%	27.0%	22.9%	30.4%	24.4%	25.7%	27.2%	26.2%	26.6%
08080 Sewell	16.8%	18.1%	18.5%	18.0%	21.5%	21.4%	16.6%	18.8%	13.6%
08096 Woodbury	--	--	9.6%	--	10.6%	10.0%	11.2%	10.0%	10.7%
08028 Glassboro	12.2%	10.1%	--	9.5%	--	--	--	--	--
Percentage of all Diagnoses in the county (sum of above zip codes)	**53.7%**	**55.2%**	**51.0%**	**57.9%**	**56.5%**	**57.1%**	**55.0%**	**55.0%**	**50.9%**

Social Determinants of Health Indicators by Zip Code: Gloucester County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy-ment	Less than HS Diploma
08094 Williamstown	14.8%	6.8%	91.2%	7.6%	5.4%	8.5%	7.5%	11.8%
08096 Woodbury	13.0%	8.3%	89.2%	7.9%	5.9%	10.3%	6.6%	9.7%
08028 Glassboro	18.9%	9.5%	90.7%	10.8%	8.6%	13.3%	6.4%	8.1%
Gloucester County	**10.5%**	**6.1%**	**91.8%**	**6.7%**	**5.1%**	**8.6%**	**6.9%**	**8.6%**
New Jersey	**13.8%**	**20.0%**	**69.6%**	**8.4%**	**6.4%**	**9.6%**	**6.3%**	**11.6%**

*Cells highlighted in yellow represent a data point that is more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.

Ocean County

More than half of Ocean County hospital visits with a chronic condition are driven by residents who live in nine zip codes; however, utilization is primarily driven by residents living in zip codes 08759, 08533, and 08757. Residents in zip code 08757 (Toms River) experience adverse social determinants of health in comparison to the county as whole. Zip code 08759 (Manchester Township) is designated as a Medically Underserved Area.

Note: While Ocean County is served by SJHP member hospitals, none of the hospitals are located within the county. As a result, utilization reported by the member hospitals for Ocean County is lower than other SJHP service counties. Approximately 9,600 chronic condition diagnoses are reported for Ocean County residents compared to 216,000 in Camden County.

Zip Codes Accounting for 50% or More of Chronic Condition Prevalence in Ocean County across Inpatient, Outpatient, and Emergency Department Settings

Zip Code	Asthma	Cancer	COPD	CHF	CHD	Diabetes	Hyper-tension	Mental Health	Substance Abuse
08759 Manchester Township	20.6%	21.6%	34.2%	32.5%	28.2%	28.0%	29.6%	22.6%	14.4%
08533 New Egypt	20.3%	5.9%	--	--	--	6.2%	8.7%	16.8%	12.0%
08757 Toms River	--	--	7.7%	11.4%	10.0%	9.8%	7.8%	--	6.8%
08753 Toms River	7.8%	--	--	5.9%	6.9%	7.6%	6.0%	5.8%	8.4%
08050 Manahawkin	--	9.9%	7.0%	--	--	--	--	6.6%	6.3%
08087 Tuckerton	--	11.7%	6.6%	--	--	--	--	--	6.8%
08005 Barnegat	--	5.9%	--	--	6.6%	--	--	--	6.3%
08731 Forked River	6.1%	--	--	--	--	--	--	--	--
08008 Beach Haven	--	5.9%	--	--	--	--	--	--	--
Percentage of all Diagnoses in the county (sum of above zip codes)	54.8%	60.9%	55.5%	49.8%	51.7%	51.6%	52.1%	51.8%	61.0%

Social Determinants of Health Indicators by Zip Code: Ocean County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy-ment	Less than HS Diploma
08757 Toms River	5.5%	7.6%	88.3%	5.9%	2.6%	3.7%	4.5%	18.0%
Ocean County	**3.4%**	**9.3%**	**87.3%**	**7.0%**	**5.1%**	**6.2%**	**5.7%**	**10.5%**
New Jersey	**13.8%**	**20.0%**	**69.6%**	**8.4%**	**6.4%**	**9.6%**	**6.3%**	**11.6%**

*Cells highlighted in yellow represent a data point that is more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.

Behavioral Health/Substance Abuse Medical Comorbidities

Across the SJHP member hospitals in 2015, behavioral health and substance abuse diagnoses accounted for 4.1% of all inpatient visits and 5.5% of all emergency department visits (i.e. they were the primary reason for the visit or the primary diagnosis).

Behavioral Health and Substance Abuse Primary Diagnoses as a Percentage of Total Inpatient and Emergency Department Visits

	Behavioral Health Diagnosis	Substance Abuse Diagnosis
Inpatient Setting		
Total Behavioral Health/Substance Abuse Primary Diagnoses Across All Hospitals	4,502	1,137
Percentage of All Hospital Inpatient Cases	3.3%	0.8%
Emergency Department Setting		
Total Behavioral Health/Substance Abuse Primary Diagnoses Across All Hospitals	16,246	7,234
Percentage of All Hospital Emergency Cases	3.8%	1.7%

Behavioral health and substance abuse conditions can also present as comorbidities, particularly among patients with chronic conditions. Across all SJHP member hospital inpatient settings in 2015, approximately 28% of patients with a primary chronic condition diagnosis had a behavioral health comorbidity; 20% had a substance abuse comorbidity. In the emergency department setting, approximately 6% of patients with a primary chronic condition diagnosis had a behavioral health and/or substance abuse comorbidity.

28% of patients seen at a SJHP member hospital in 2015 had a behavioral health comorbidity; 20% had a substance abuse comorbidity

Behavioral Health and Substance Abuse Secondary Diagnoses among Inpatient and Emergency Department Visits due to a Chronic Condition*

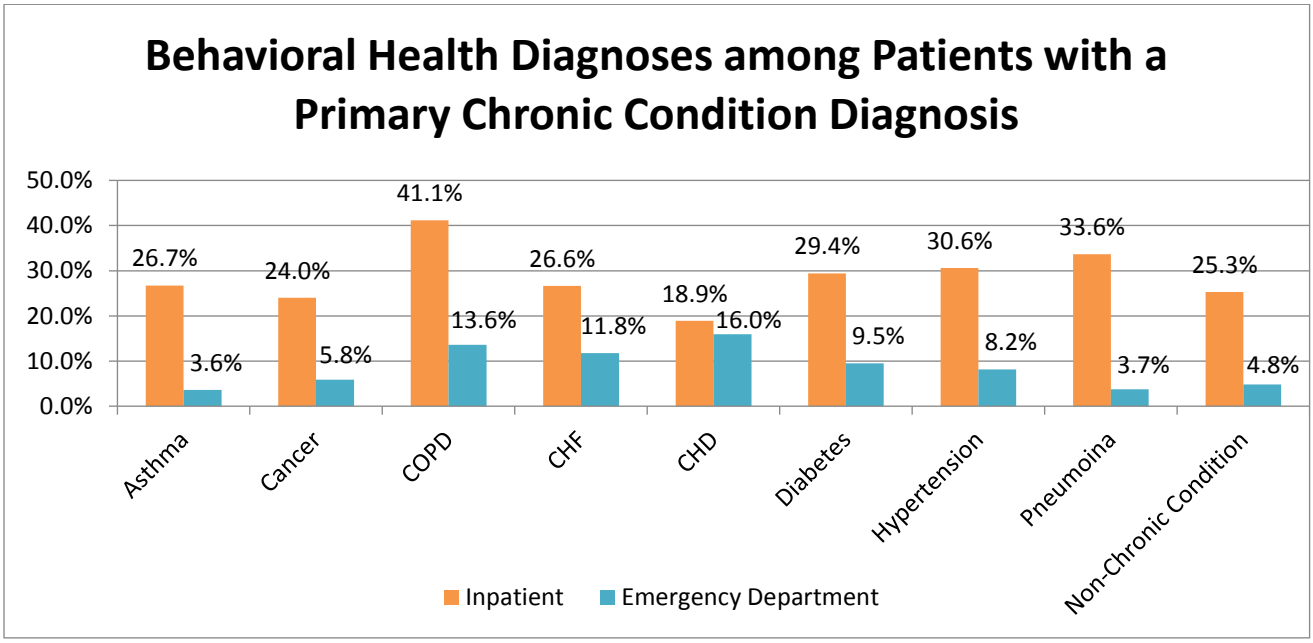
	Behavioral Health Diagnosis	Substance Abuse Diagnosis
Inpatient Setting	28.2%	19.9%
Emergency Department Setting	6.5%	6.3%

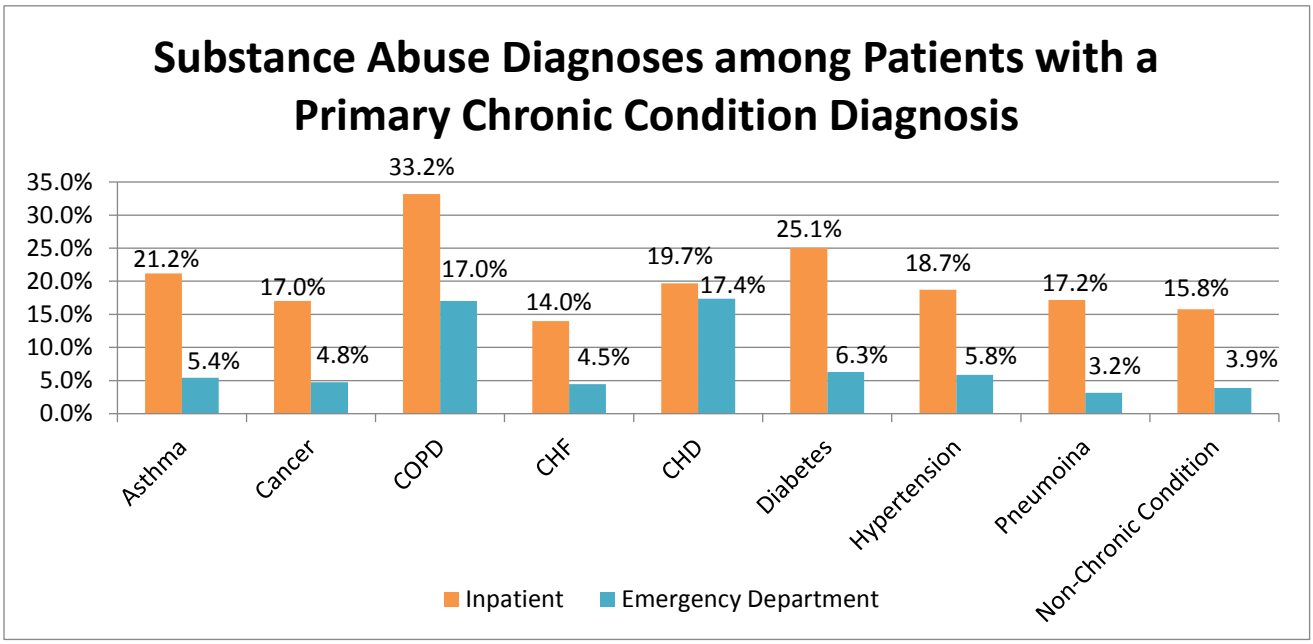
*Chronic conditions include Asthma, Cancer, COPD, CHF, CHD, Diabetes, Hypertension, and Pneumonia

Chronic conditions can be more difficult to manage if a patient also has a behavioral health and/or substance abuse diagnosis. The following charts examine the prevalence of behavioral health and substance abuse diagnoses among patients seen in the inpatient or emergency setting with a chronic condition diagnosis. Note: the chronic condition was the primary diagnosis or reason for the visit, while behavioral health and substance abuse diagnoses were secondary conditions.

Patients seen in the inpatient setting for a chronic condition were more likely to have a behavioral health and/or substance abuse comorbidity than patients seen in the emergency department with a chronic condition. In the inpatient setting, patients with COPD were the most likely to have a behavioral health and/or substance abuse comorbidity. In the emergency department, patients with CHD were the most likely to have a behavioral health and/or substance abuse comorbidity, followed by patients with COPD.

Approximately 20% to 40% of patients treated in the inpatient setting for a chronic condition had a behavioral health and/or substance abuse comorbidity





Emergency Department Utilization

Utilization by Payer Type

South Jersey Health Partnership member hospitals had a combined 425,896 visits to their emergency departments (ED) in 2015, representing 299,687 unique patients. More than half of the patients visiting the ED had commercial insurance; approximately 8% were uninsured.

Emergency Department Usage by Payer Type

	Unique ED Patients		Percentage of Total ED Visits
	Count	Percentage of Total Patients	
Commercial	169,244	56.5%	55.5%
Medicaid	42,222	14.1%	16.2%
Medicare	45,144	15.1%	16.3%
Uninsured	25,211	8.4%	7.4%
Other	17,866	6.0%	4.5%

The following table illustrates the number of patients who were seen in the ED more than once during 2015 by payer type. Across the South Jersey region, Medicare and Medicaid patients accounted for a smaller percentage of total emergency department visits, but one-quarter to one-third of the patients visited the ED more than once during the year. By contrast, only 22.5% of patients with commercial insurance visited the ED more than once. Uninsured patients were the least likely to visit the ED on more than one occasion.

One-quarter to one-third of Medicare and Medicaid patients visited the ED more than once in 2015

Emergency Department Visits by Number of Visits and Payer Type

	Percent of Total Unique Patients			
	Commercial	Medicaid	Medicare	Uninsured
1	77.5%	68.9%	73.7%	83.6%
2	14.4%	18.2%	15.7%	11.6%
3	4.4%	6.5%	5.3%	3.0%
4	1.8%	2.9%	2.4%	0.9%
5	0.8%	1.4%	1.1%	0.4%
6	0.4%	0.8%	0.6%	0.2%
7	0.2%	0.4%	0.4%	0.1%
8	0.1%	0.3%	0.2%	0.1%
9	0.1%	0.2%	0.1%	0.1%
10	0.1%	0.1%	0.1%	0.0%
More than 10	0.2%	0.5%	0.4%	0.1%

Emergency Department Frequent Flyers by Zip Code

The emergency department is often the primary source of care for high risk patients. These patients typically have unmet primary care needs, co-occurring physical and behavioral health conditions, and adverse social determinants of health impeding proactive disease management efforts. The following tables analyze the zip codes within each SJHP service county that accounted for 50% or more of unique patients who visited the ED five or more times within the year. Note: Ocean County is excluded due to low ED utilization at SJHP member hospitals.

Burlington County

More than half of Burlington County residents who visited a SJHP hospital ED five or more times within 2015 reside in four zip codes. Residents in all four of the zip codes experience adverse social determinants of health in comparison to the county as whole. Zip codes 08015 (Browns Mills) and 08046 (Willingboro) have the largest proportion of ED over-utilizers and some of the highest poverty and unemployment rates, and lowest educational attainment (less than a high school diploma).

Zip Codes Accounting for 50% or More of Unique Patients Visiting the Emergency Department 5 or More Times: Burlington County

	Number of Patients Visiting the ED 5 or More Times	Percent of Total Patients Visiting the ED 5 or More times
08015 Browns Mills	332	18.7%
08046 Willingboro	233	13.2%
08060 Mount Holly	178	10.1%
08016 Burlington	167	9.4%
Total number of patients visiting the ED 5 or more times (sum of above zip codes)	**910**	**51.4%**

Camden County

More than half of Camden County residents who visited a SJHP hospital ED five or more times within 2015 reside in four zip codes. Residents in all four of the zip codes experience adverse social determinants of health in comparison to the county as whole. Residents in Camden City zip codes (08103, 08104, and 08105) experience as high as 42% poverty among families, 14% unemployment, and 33% low educational attainment (less than a high school diploma).

Zip Codes Accounting for 50% or More of Unique Patients Visiting the Emergency Department 5 or More Times: Camden County

	Number of Patients Visiting the ED 5 or More Times	Percent of Total Patients Visiting the ED 5 or More times
08105 Camden	477	14.3%
08104 Camden	451	13.5%
08021 Clementon	420	12.6%
08103 Camden	352	10.5%
Total number of patients visiting the ED 5 or more times (sum of above zip codes)	**1,700**	**50.9%**

Gloucester County

More than half of Gloucester County residents who visited a SJHP hospital ED five or more times within 2015 reside in three zip codes. Residents in two of the zip codes (08094 and 08028) experience adverse social determinants of health in comparison to the county as whole. Zip code 08028 (Glassboro) has some of the highest poverty rates in the county and is a Medically Underserved Area for low-income residents. Zip code 08080 (Sewell) was identified as a driver of chronic condition prevalence within the hospital setting.

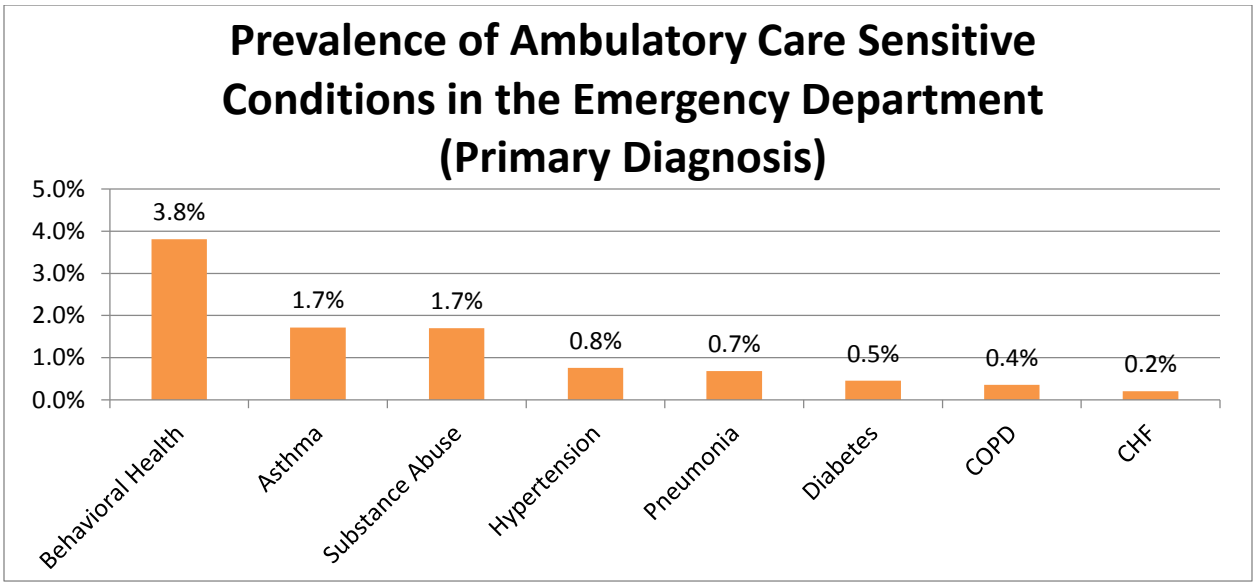
Zip Codes Accounting for 50% or More of Unique Patients Visiting the Emergency Department 5 or More Times: Gloucester County

	Number of Patients Visiting the ED 5 or More Times	Percent of Total Patients Visiting the ED 5 or More times
08094 Williamstown	134	27.0%
08080 Sewell	95	19.2%
08028 Glassboro	80	16.1%
Total number of patients visiting the ED 5 or more times (sum of above zip codes)	**309**	**62.3%**

Ambulatory Care Sensitive Conditions in the Emergency Department

Ambulatory care is care provided on an outpatient basis and includes diagnosis, observation, consultation, treatment, intervention, etc. Ambulatory care sensitive (ACS) conditions are conditions that if effectively treated and managed in an outpatient setting, should not be the primary reason for a hospital visit. Ambulatory care sensitive utilization trends can identify access to care barriers and inform the need for community health management resources.

The following graph illustrates the prevalence of ACS conditions in the ED. The prevalence of ACS conditions is relatively low compared to the total number of ED visits; however, collectively, they accounted for 10% of all visits. Behavioral health and substance abuse conditions accounted for nearly 6% of all visits.



Readmission Rates

The following table calculates 30-day readmission rates across all SJHP member hospital for select chronic conditions. Note: admissions only include cases in which the chronic condition is the primary diagnosis.

Readmissions by Chronic Condition Diagnosis (Primary Diagnosis)

	Admissions	Readmissions	Readmission Rate
COPD	2,139	363	17.0%
CHF	3,514	568	16.2%
Diabetes	2,231	355	15.9%
Cancer	4,785	657	13.7%
CHD	1,670	187	11.2%
Asthma	2,004	193	9.6%
Substance Abuse	954	90	9.4%
Hypertension	603	44	7.3%
Behavioral Health	4,125	285	6.9%

The following tables analyze the zip codes that accounted for 50% or more of total readmissions within each SJHP service county. All of the zip codes noted in the tables were previously identified as having a higher prevalence of chronic conditions among residents. Many of the zip codes were also identified as having higher ED utilization. These zip codes are noted with an (*).

Zip Codes Accounting for 50% or More of Readmissions: Burlington County

	Admissions	Readmissions	Readmission Rate	% of Total Readmissions in the County
08054 Mount Laurel	3,703	335	9.0%	10.3%
08016 Burlington*	3,097	331	10.7%	10.2%
08046 Willingboro*	3,366	286	8.5%	8.8%
08053 Marlton	3,563	266	7.5%	8.2%
08060 Mount Holly*	2,537	231	9.1%	7.1%
08088 Vincentown	2,246	215	9.6%	6.6%

Zip Codes Accounting for 50% or More of Readmissions: Camden County

	Admissions	Readmissions	Readmission Rate	% of Total Readmissions in the County
08021 Clementon*	5,652	514	9.1%	10.2%
08104 Camden*	3,505	342	9.8%	6.8%
08105 Camden*	3,625	325	9.0%	6.5%
08043 Voorhees	2,833	322	11.4%	6.4%
08012 Blackwood	3,439	304	8.8%	6.0%
08081 Sicklerville	4,130	298	7.2%	5.9%
08103 Camden*	2,258	270	12.0%	5.4%
08002 Cherry Hill	2,757	267	9.7%	5.3%

Zip Codes Accounting for 50% or More of Readmissions: Gloucester County

	Admissions	Readmissions	Readmission Rate	% of Total Readmissions in the County
08094 Williamstown*	3,604	317	8.8%	26.1%
08080 Sewell*	2,524	244	9.7%	20.1%
08096 Woodbury	1,322	127	7.5%	10.5%

Zip Codes Accounting for 50% or More of Readmissions: Ocean County

	Admissions	Readmissions	Readmission Rate	% of Total Readmissions in the County
08759 Manchester Township	452	48	10.6%	23.3%
08757 Toms River	180	18	10.0%	8.7%
08050 Manahawkin	134	16	11.9%	7.8%
08087 Tuckerton	159	16	10.1%	7.8%
08731 Forked River	92	15	16.3%	7.3%

Conclusions

South Jersey Health Partnership member hospital utilization data were analyzed across inpatient, outpatient, and emergency department settings to determine how consumers are accessing the healthcare delivery system; barriers to achieving optimal health; and opportunities for community health improvement. The data showed that across the region, social determinants of health continue to be a key driver of high risk patients and health disparity. Behavioral health and substance abuse also continue to impact the health of the region as primary and comorbid conditions. The effect of both social determinants of health and behavioral health/substance abuse conditions is realized across all hospital settings, but particularly in the ED.

Across the region, residents in zip codes experiencing adverse social determinants of health have higher ED utilization, higher prevalence of chronic disease, and higher readmission rates. Specifically, in Burlington, Camden, and Gloucester Counties, 50% of patients who visited a SJHP member hospital ED 5 or more times in 2015 reside in 11 zip codes. All zip codes have a higher prevalence of chronic disease among residents. In addition, 10 zip codes experience adverse social determinants of health and contribute to 50% or more of readmissions within their respective county. The zip codes are noted in the table below by county.

It is important to note that hospital location can also impact utilization rates within specific zip codes. Zip codes 08015, 08016, and 08060, 08103 are all locations of SJHP member hospitals.

Zip Codes with the Greatest Potential for Health Disparity*

Burlington County	Camden County	Gloucester County
08015 Browns Mills[1]	08105 Camden[1,2]	08094 Williamstown[1,2]
08046 Willingboro[1,2]	08104 Camden[1,2]	08080 Sewell[2]
08060 Mount Holly[1,2]	08021 Clementon[1,2]	08028 Glassboro[1]
08016 Burlington[1,2]	08103 Camden[1,2]	

*Ocean County is excluded due to low utilization at SJHP member hospitals
[1]Residents in these zip codes experience adverse social determinants of health
[2]Residents in these zip codes experience more readmissions

Insurance coverage is another indicator of social determinants of health. Medicaid, a health insurance program that assists low-income individuals, accounted for less than 15% of all ED patients across the region. However, 31% of Medicaid patients visited the ED more than once during the year, the highest of all payer types. Nearly 4% visited the ED 5 or more times.

Across the SJHP member hospitals, behavioral health and substance abuse conditions were the primary diagnoses for 4.1% of all inpatient visits and 5.5% of all ED visits. However, behavioral health and substance abuse conditions can also present as secondary diagnoses or comorbidities and inhibit disease management, particularly among patients with chronic conditions. Across all hospital inpatient settings, approximately 28% of patients with a primary chronic condition diagnosis had a behavioral health comorbidity; 20% had a substance abuse comorbidity. Patients with COPD were the most likely to have a behavioral health and/or substance comorbidity.

The Community's Input

Partner Organizations and Community Leaders

Background

As part of the 2016 CHNA, five partner forums were conducted within the southern New Jersey counties, one each within Burlington, Gloucester, and Ocean Counties and two within Camden County. Camden partner forums were conducted in Camden City and in the southern portion of the county in recognition of the unique socioeconomic and health disparities within the city. The objective of the forums was to solicit feedback from representatives of key stakeholder groups about priority health needs, including identifying underserved populations, existing resources to address the priority needs, and barriers to accessing services. The forum also served to facilitate collaboration to address community health needs.

Partner Forum Locations and Dates:

Southern Camden County
May 23, 2016, 8:30-11:00am
Virtua Health Education Center, 106 Carnie Blvd, Voorhees Township, NJ
Attendance: 50 partners

Camden City
May 24, 2016, 8:30-11:00am
Cooper University Health Care, 1 Federal Street, Camden, NJ
Attendance: 35 partners

Gloucester County
May 25, 2016, 8:30-11:00am
Kennedy Health & Wellness Building, 405 Hurffville Crosskeys Rd, Sewell, NJ
Attendance: 16 partners

Ocean County
May 26, 2016, 9:30-12:00pm
Rutgers Agricultural Building, 1623 Whitesville Rd, Tom's River, NJ
Attendance: 21 partners

Burlington County
June 3, 2016, 8:30-11:00am
Health and Human Services Offices, 795 Woodlane Road, Westampton, New Jersey
Attendance: 40 partners

Facilitation
An overview of the 2016 CHNA research findings was presented to the partners. Participants were then asked to respond to a list of identified health needs as determined by the research and offer feedback on prioritizing issues.

Identified Community Health Needs

- Cancer
- Chronic Disease Prevention & Management
- Maternal & Child Health
- Mental Health
- Substance Abuse

Partners were asked to prioritize the identified health needs based on the following criteria, rating each need on a scale of 1 (low) to 4 (very high):

- **Scope (How many people are affected?)**
  - Magnitude or burden of the issue (i.e. the number of people impacted)
  - High need among vulnerable populations

- **Severity (How critical is the issue?)**
  - Degree to which health status is worse than state/national norms
  - Cost/Burden of the issue in the community (e.g. dollars, time, social)
  - Focus on eliminating health disparities

- **Ability to Impact (Can we achieve the desired outcome?)**
  - Availability of resources/Community capacity
  - Community readiness to address the issue
  - Can “move the needle” to demonstrate measureable outcomes

Voting results were shared with the partners before breaking into small group discussions to further explore the issues. The subgroups discussed underserved populations, barriers to optimal health for residents, existing community assets, service delivery gaps, and opportunities for collaboration around the priority needs. An overview of participants’ responses from each partner forum is outlined below.

Identifying Priority Needs
The following table depicts the prioritization of each of the identified health needs by partner forum participants, based on the criteria of scope, severity, and ability to impact. Across all partner forums, substance abuse, chronic disease management and prevention, and mental health ranked among the top three health needs within communities. Partners generally ranked chronic disease, substance abuse, and mental health as having similar scope and severity, but lower potential for impact based on current community resources and known best practices.

Priority Health Need Rankings by Partner Forum

Overall Ranking	Identified Health Need	Burlington County Ranking	Camden City Ranking	Gloucester County Ranking	Ocean County Ranking	S. Camden County Ranking
1	Substance Abuse	1	2	1	1	3
2	Chronic Disease Prevention & Management	2	1	2	3	1
3	Mental Health	3	3	3	2	2
4	Cancer	4	5	4	4	4
5	Maternal & Child Health	5	4	5	5	5

Small Group Discussion

Small group discussion was facilitated, based on the following questions, to identify community assets, service delivery gaps, and recommendations for hospital to address health needs. Community assets identified by partners are included in Appendix A.

Existing Community Resources

- What organizations are working on these issues?
- What resources exist here that can help impact this issue?
- Are there models of innovative partnerships around this issue?

Service Delivery Barriers/Gaps in Services

- What do residents need to help them address this issue?
- What additional services could help improve health around this issue?
- What community inputs will be required?
- What partners could help?

Recommendations to Hospitals/Opportunities for Collaboration

- What are one to two recommendations on how health systems can impact these issues?
- How can community partners work together to address these issues?

Across all communities, partners identified the following populations as being at higher risk of being underserved by health services and for adverse health outcomes:

- Behavioral health patients
- Homeless
- Immigrants/Migrants/Undocumented
- Incarcerated/Formerly Incarcerated
- Individuals with chronic disabilities (physical and/or intellectual)
- LGBTQ

- Low-income
- Military base personnel and their families
- Minority racial/ethnic groups (Blacks/African Americans and Hispanics/Latinos)
- Non-English speaking
- Patients discharged from hospitals and in need of wrap-around social services
- Patients with comorbidities (mental health/substance abuse and/or chronic condition(s))
- Seniors
- Transient populations
- Uninsured/Underinsured
- Veterans
- Youth/Teenagers

The following section summarizes key findings from each partner forum.

Burlington County Key Findings

Service Delivery Barriers/Gaps in Services

Burlington County experiences fewer socioeconomic and health disparities in comparison to other southern New Jersey counties. Residents are less likely to live in poverty, more likely to have attained higher education, and have greater access to health care. However, disparities still exist and include increasing obesity rates, higher incidence and mortality rates due to cancer, and increasing mental health and substance abuse needs. In addition, maternal and child health indicators continue to be an area of need among minority population groups, particularly Blacks/African Americans.

Partners identified the following barriers to accessing health services that contribute to health disparities within Burlington County:

- Lack of access to health services as a result of fewer providers accepting Medicaid, out-of-pocket costs (e.g. copays and deductibles), language and literacy, and difficulty navigating the health care system
- Lack of awareness of health and social services among residents and providers
- Lack of behavioral health services, including detox facilities (only one facility identified in the county) and medication monitoring programs
- Lack of bilingual and culturally competent providers
- Lack of care coordination among providers, contributing to lack of continuity of care
- Lack of culturally appropriate and targeted health education and service messaging
- Lack of social service program capacity and funding to meet demands for services
- Lack of transportation services within the community to medical and social service appointments
- Medicaid insurance limitations for behavioral health services, including maximum lengths of stay and the number of available inpatient beds
- Stigma associated with receiving services

Partners identified a number of missing services that could help improve health within the community:

- A comprehensive directory of community resources and services
- Child care services at community events to allow adults to participate in programming
- Chronic disease prevention activities and education among children and adolescents
- Community gardens to promote healthy eating education and behaviors
- Farmers markets with flexible and convenient times for all residents
- Healthy food options near military bases to address food deserts
- Mobile health screening services
- Participation by all community stakeholders (faith-based, providers, social service agencies, schools, elected officials, etc.) to address health issues
- Support groups for individuals with cancer and other chronic conditions

Recommendations to Hospitals/Opportunities for Collaboration

Cancer:

- Identify and share cancer-related resources with CONTACT of Burlington County to improve service referrals and awareness of resources
- Identify health coaches/community members who have a current cancer diagnosis or have survived cancer to provide peer-to-peer support and education

Chronic Disease Prevention & Management:

- Initiate mobile farmers markets that visit school, churches, youth sporting events, etc. and include health screenings and health education
- Partner with celebrity chefs, grocery stores, libraries, and/or culinary schools to provide healthy cooking demonstrations and health education
- Utilize high school students in need of community service hours to staff community outreach programs
- Utilize social media (e.g. text messaging, Instagram, and Nixle) and local news sources (e.g. Beverly Bee) to improve health education messaging and service awareness

Maternal & Child Health:

- Advocate to improve maternal and child health policies and legislation (e.g. breastfeeding, maternity leave, women's health funding in the state budget, etc.)
- Improve communication among medical and social service providers regarding available services and increase inter-agency referrals
- Improve health education and awareness messaging to incorporate social media, be culturally competent, and target vulnerable populations
- Partner with the Department of Transportation to improve public transportation across the county, focusing on underserved and vulnerable populations

Mental Health & Substance Abuse:

- Develop a directory of all behavioral health resources to increase awareness of services and referrals to health and social service agencies

- Include non-traditional partners (e.g. Chamber of Commerce, elected officials, first responders, etc.) in all future behavioral health discussions
- Partner with screening centers (e.g. Screening and Crisis Intervention Program at Lourdes Medical Center) to share resource information with residents and improve referrals across agencies

Camden City Key Findings

Service Delivery Barriers/Gaps in Services

Partners stated that all of Camden City is underserved and at risk for poorer health outcomes as a result of worse socioeconomic indicators and lack of a built environment that supports health. Many Camden City residents struggle to meet their basic needs (e.g. food and shelter) and experience a higher incidence of post-traumatic stress due to violence and other adverse experiences. Children, in particular, are viewed as at higher risk for poorer health outcomes due to adverse childhood experiences.

According to the forum participants, Camden City residents also experience the following barriers to accessing health services:

- Fear of the health system, disease outcomes, and social service providers
- Lack of adequate health services as a result of few providers accepting Medicaid, provider hours and locations, and difficulty navigating the health care system
- Lack of awareness of health and social services and participant eligibility criteria
- Lack of bilingual and culturally competent providers
- Lack of cancer services, including child services, screenings, and education
- Lack of care coordination, both between medical providers and social service agencies
- Lack of community engagement and trust inhibiting resident participation in initiatives to improve health and the built environment
- Lack of mental health provider in the community and integration in primary care settings
- Lack of quality interactions/relationships between patients and health care providers to support compassionate, respectful care and communication
- Lack of support for families, particularly for grandparents raising grandchildren
- Lack of transportation services within the community to medical and social service appointments
- Social determinants of health, including poverty, education, housing, and public safety

Partners identified a number of missing services that could help improve health within the community:

- A one-stop-shop for all health services that is shared with community partners
- A patient referral system between social service agencies
- Community advocates to conduct outreach and connect residents with services
- Community and provider substance abuse training to identify early signs and symptoms and increase awareness of services

- Community-based urgent care centers, clinics, and health educators
- Comprehensive discharge planning for patients leaving the hospital and in need of wrap-around services (medical and social)
- Home visits to improve patient compliance and identify social service needs
- In-person translators in lieu of phone translation services
- Insurance and worksite incentives to receive screenings (e.g. a paid "free" day)

Recommendations to Hospitals/Opportunities for Collaboration

Cancer:

- Explore free parking options for cancer appointments in the city; parking costs are a primary cause for patient no-show rates
- Improve education among providers (emergency and primary care) regarding cancer resources, guidelines, and the impact of nutrition and physical activity on cancer care
- Initiate a collaborative marketing campaign by health systems, health departments and FQHC's to educate the community on resources and screening guidelines
- Obtain more data for low cancer screening rates among Camden County residents to further understand the difference between rates for uninsured and insured residents
- Train and develop patients navigators and translators, utilizing a volunteer program for post-graduate students in need of community service

Chronic Disease Prevention & Management:

- Develop an all-in-one social services center, similar to the Social Work and Spiritual Care Department developed by the Children's Hospital of Philadelphia
- Embed a nurse managed health clinic in the community, similar to the Drexel University 11th Street Family Health Services
- Improve patient menus and invest in healthy food outlets like the Fresh Carts Program to promote healthy food consumption in the hospitals and in low-income neighborhoods
- Initiate a collaborative impact group within the community to coordinate social services

Maternal & Child Health:

- Create a collaborative effort and build partnerships among social service agencies that are serving similar populations with similar funding sources
- Develop a directory of resources that is accessible to all community members
- Identify community advocates to distribute information and services
- Provide a list of local agencies/clinics providing immunizations and physicals to schools
- Work with community members to identify their top priorities and make sure they're aligned with the needs assessment

Mental Health & Substance Abuse:

- Develop a central repository of all behavioral health resources to increase awareness of services and referrals between health and social service agencies
- Develop relationship-based, culturally competent community outreach workers to take services into the communities and better meet the needs of minority populations
- Partner with school systems to provide both primary (prevention) and secondary (detection and treatment) mental health services to students and their parents

Gloucester County Key Findings

Service Delivery Barriers/Gaps in Services

Gloucester County has some of the lowest poverty rates and highest educational attainment rates among the four southern New Jersey counties, but experiences some of the worst health disparities. All reported provider rates are lower than statewide rates; the mental health provider rate is more than 100 points lower than the state rate. Gloucester County also has one of the highest rates of adult obesity and higher incidence and mortality rates for cancer, chronic lower respiratory disease, and diabetes. Across nearly all health indicators, particularly maternal and child health indicators, Blacks/African Americans and Hispanics/Latinos experience worse outcomes.

Partners identified the following barriers to accessing health services that contribute to health disparities within Gloucester County:

- Lack of bilingual providers
- Lack of funding to market social services to the community, contributing to a lack of awareness of available health and social services among residents
- Lack of mental health integration in the primary care setting
- Lack of mental health providers within the community, particularly psychiatrists and methadone maintenance programs. Providers are leaving the area for higher salaries.
- Lack of resiliency among residents, particularly residents with behavioral health conditions, to identify and register for needed services
- Lack of social service awareness among teachers, parents, and providers to refer residents and patients
- Lack of staffing among social service agencies to support programs
- Lack of state-level support/funding for county health departments
- Lack of transportation services within the community to medical and social service appointments
- Low commercial insurance reimbursement rates for behavioral health care and lack of behavioral health providers accepting Medicaid insurance
- Social determinants of health, including housing and employment

Partners identified a number of missing services that could help improve health within the community:

- Behavioral health education among providers, patients, and social service clients to identify signs and symptoms of conditions
- Behavioral health telemedicine to address current provider shortages
- Funding from the state to provide transportation services and improve access to care
- Innovative Model for Preschool and Community Teaching (IMPACT)
- In-home care for both mental and physical health needs
- Service coordination among social service providers to prevent duplication of efforts
- Services and providers that are culturally representative of the community
- Services to address the needs of PTSD clients and veterans

Recommendations to Hospitals/Opportunities for Collaboration

Chronic Disease Prevention & Management:

- Create formal community coalitions to enhance programs already in place across the county. Coalitions may be geographic and/or topic specific.
- Educate hospital providers on existing social service programs and agencies to provide direct patient referrals
- Provide hospital-level support (e.g. staffing and funding) for existing community services and outreach efforts instead of creating new programs and services

Maternal & Child Health:

- Develop a partnership with methadone maintenance programs and detox/rehab that allows children to remain with addicted mothers in treatment
- Develop mobile units for prenatal care, ultrasounds, and pregnancy testing and deploy in vulnerable neighborhoods and migrant worker farms
- Provide bilingual midwives and OB/GYN doctors at all locations serving uninsured/underinsured residents

Mental Health & Substance Abuse:

- Bring all current providers to the table to collaboratively and non-competitively address the community's shortage of providers and other barriers
- Partner with residency programs to bring primary care providers directly to behavioral health organizations and address co-occurring chronic conditions
- Train primary care providers to prescribe stabilizing medications and free up behavioral health providers to care for patients in crisis or in need of more advanced care

Ocean County Key Findings

Service Delivery Barriers/Gaps in Services

Ocean County has lower poverty rates and higher educational attainment rates compared to the state and the nation. However, the county has some of the lowest provider rates for primary care and dental care and some of the worst health disparities among racial and ethnic populations. Across nearly all health indicators, Blacks/African Americans and Hispanics/Latinos experience worse outcomes. Ocean County also has the highest death rate due to heart disease and drug-induced causes.

Partners identified the following barriers to accessing health services that contribute to health disparities within Ocean County:

- Cost of receiving care, even sliding scale fees, if uninsured, but employed
- Insurance reimbursements for behavioral health services and limitations for length of stay and readmissions
- Lack of awareness of eligibility criteria (e.g. insurance status and legal status) to receive medical and social services
- Lack of awareness of services among residents and lack of awareness of the need for services until residents are in crisis

- Lack of bilingual and culturally competent providers
- Lack of collaboration among social service agencies that are providing similar programs
- Lack of health care providers in minority communities
- Lack of recognition of mental health and substance abuse as chronic diseases
- Lack of services to meet the unique behavioral health needs of seniors
- Lack of transportation services both within and outside of the county for medical and social services
- Lack of trust among residents for medical and social service providers
- Limitations in funding for available behavioral health programs due to the state's adoption of a managed care model

Partners identified a number of missing services that could help improve health within the community:

- Behavioral health prevention and treatment services, including non-profit inpatient detox centers and medication management treatment (methadone)
- Community-based health services that are available to residents on an ongoing and flexible basis, and in an environment that they are comfortable in (e.g. churches)
- Computer training for seniors to improve their ability to identify and access services
- Education addressing substance (e.g. marijuana and vaping) abuse consequences
- Education programs for cancer and diabetes self-care
- Free pregnancy testing
- Medication management and reconciliation, particularly for seniors
- State funding for transportation services to medical appointments

<u>Recommendations to Hospitals/Opportunities for Collaboration</u>

Chronic Disease Prevention & Management:

- Advocate to Medicare to provide transportation funding for dialysis patients who require multiple appointments per week
- Develop a set of questions to be asked of all hospital patients at the time of discharge to assess their need for wrap-around medical and social services
- Provide navigators and/or care transition aides to assist in navigating the health care system, identifying wrap-around services, and transitioning patients back to their homes

Maternal & Child Health:

- Develop a coalition of community partners to initiate collective impact focused on the many needs of the community (medical and social)
- Host health fairs at community churches (e.g. Harmony Church, Macedoni Church, and Cathedral of the Air) and Federally Qualified Health Centers
- Partner with military bases to provide medical appointments to women and children and initiate early prenatal care

Mental Health & Substance Abuse:

- Advocate for higher reimbursement rates for behavioral health services

- Develop a needle exchange program
- Monitor the success of and potentially replicate the Barnabas Health Opiate Overdose Recovery Program, a two year grant-funded pilot program providing recovery services and case management to Narcan treated patients

Southern Camden County Key Findings

Service Delivery Barriers/Gaps in Services

Health disparities exist in Camden County both in comparison to state and national benchmarks and among racial/ethnic populations. The county has the highest uninsured rate among the four southern New Jersey counties and some of the highest rates of adult obesity, cancer, chronic lower respiratory disease, and diabetes. Camden County also has the highest percentage of adults diagnosed with depression, the highest behavioral health use rate in the Emergency Department, and the second highest drug-induced death rate. Across nearly all health indicators, Blacks/African Americans and Hispanics/Latinos experience worse outcomes.

Partners identified the following barriers to accessing health services that contribute to health disparities within Southern Camden County:

- Lack of awareness among residents and providers of health and social services, and difficulty navigating the system
- Lack of behavioral health services (providers, rehab, halfway houses, intensive case management, etc.); residents generally cannot access services until they are in crisis
- Lack of bilingual and culturally competent providers
- Lack of a central access point for all services (medical and social)
- Lack of community engagement in initiatives to improve health; initiatives cannot be viewed as a “project” by residents
- Lack of recognition of mental health and substance abuse as chronic diseases
- Lack of service coordination and information sharing between providers and social service agencies
- Lack of staffing among social service agencies to support programs
- Lack of transportation services within the community to medical and social service appointments
- Low insurance reimbursement rates for behavioral health care and lack of providers accepting all insurance types
- Public safety and a deteriorating built environment
- Social determinants of health, including insurance coverage and poverty
- Stigma related to receiving behavioral health services

Partners identified a number of missing services that could help improve health within the community:

- A coalition of community partners to collectively address and impact health needs
- A comprehensive directory of community resources and services

- Breastfeeding and other child care education provided at pediatric offices
- Case management services similar to the City of Angels and Parent to Parent
- Coordination among social service agencies providing services to the same clients
- Detox/Rehab centers
- In-home health services to improve access and service outreach

Recommendations to Hospitals/Opportunities for Collaboration

Chronic Disease Prevention & Management:

- Advocate as collective health systems to influence policy and drive change at a local level
- Hire individuals (e.g. social workers and Emergency Department navigators) who will assure patients follow through with care instructions and receive needed social services
- Provide additional community case workers to provide support in the homes of residents
- Provide information to patients about community services at the time of discharge
- Support efforts like Aunt Bertha to create a single source for all community resources

Maternal & Child Health:

- Direct service communication and outreach to the matriarch of the family as she is the gatekeeper and decision maker
- Engage school systems to increase education and outreach efforts to youth and parents
- Identify community champions or advocates and work with these individuals to disseminate information and services and enact change. Head Start programs may be a starting point as a trusted organization in the community.
- Initiate a medical home model (from the front desk to the back door) that incorporates lunch and learn sessions to learn about different community services
- Rename the “postpartum visit” as a “mom and baby wellness visit” to avoid the stigma of depression associated with postpartum and increase show rates for these appointments

Mental Health & Substance Abuse:

- Advocate for policy change to remove prohibitive costs associated with primary care physician licensure to provide behavioral health services
- Advocate for regulatory change to promote prevention through recovery and Medicaid coverage of all prevention services
- Develop a marketing campaign to advertise behavioral health services and assure that everyone has equal access to the same information
- Develop a “no wrong door” approach to accessing behavioral health services
- Develop a standard algorithm for assessment and entry into treatment services, similar to algorithms for asthma and diabetes
- Initiate a care coordination, multi-disciplinary team to aide clients in their recovery
- Increase behavioral health education and awareness among primary care providers, parents, schools, emergency department staff, etc.
- Provide specialty behavioral health physicians within primary care offices

Community Member Focus Groups

Facilitated meetings were held with residents across the four study counties. A total of 72 adults attended five sessions held in September 2016 in Burlington, Camden, Gloucester, and Ocean Counties and Camden City. Participants were recruited by South Jersey Health Partnership member organizations and were prescreened to have a chronic condition diagnosis.

Key themes were consistent across the five groups:

1) Having a positive relationship with their physician is a key factor in managing health.
2) Residents that participated in group activities or had close support maintained exercise and a healthy diet better than those who didn't.
3) Mental health of patients is discounted or not discussed as related to physical health.
4) Care coordination across health systems is fragmented; patients have trouble navigating the health systems.

Living with Chronic Conditions

Participants in the sessions experienced various chronic conditions. The most prevalent conditions were diabetes and high blood pressure, followed by high cholesterol, arthritis, neuropathy and other pain, and obesity. Some in the groups had been diagnosed with chronic heart failure, chronic obstructive pulmonary disorder (COPD), or cancer.

Asked how their conditions affected their life, participants acknowledged that they were limited in some way by their condition. Some have made changes to improve diet and physical activity. "I changed my eating habits and I feel pretty good." "I quit smoking." "I do a lot of walking now, more than I ever did before." "I know how I'll feel afterwards if I don't watch what I eat." "I used to take my daughter to the park and sit on the bench eating a bag of snacks. Now, I'm running with her. I'm involved with her play. Every little movement counts." "I used to eat everything fried, even my vegetables. I was as big as a house. Now, I boil everything."

Participants agreed it is hard to maintain healthful lifestyles. "When my sugar is high, I just want to go to bed." "By the time I'm done with everything I need to do at home and to care for my daughter, I'm out of breath." "I'm exhausted." "I'm tired all the time. I know it's my weight. I have to get energy and motivated." Pain, depression, and busy lifestyles keep people from exercising every day. Many struggle to find motivation to improve their health. Children and grandchildren are mentioned repeatedly as motivators to improve health.

Many participants described their feelings about their health as "frustrated." "I feel frustrated that I have to get up and stretch everything out just to keep my back from hurting. There are days that I just don't feel like doing it." Others are frustrated that they have to take medication daily or limit foods they enjoy. "As soon as I fight one thing, here comes another. It's a continuous battle." "I feel frustrated, angry, depressed. I'm not a person to sit around, but that's what I've been doing."

Depression is common among participants. "Being sick affects your body, and mind." Maintaining health is a "constant battle." "One condition snowballs into another." "It's a big

change when you're used to taking care of yourself and now need to rely on others." "I feel ashamed when people see me." "It affects your self-esteem." Some feel isolated because of their conditions. "I wonder how long I have. I read the obituaries every day."

Asked what factors help them lead a healthier life, participants most valued having family support and a good relationship with their physician. Participating in group activities like walking clubs or a senior center were seen as positive influences. Support groups and initiatives to coordinate care were valuable to participants who accessed those services.

Would you describe your community as healthy?
Asked if they would describe their community as "healthy," residents were divided. "There is a lot of talk about health here, but I don't think people are that healthy." "We need more health education in schools, particularly at the elementary level, to instill lifelong healthy behaviors. By the time people start to be conscious about their health, it's too late."

Participants in all groups could name health promotion activities that occurred in their communities. Local venues for recreation are accessible across the region, including parks, YMCAs, gyms, senior centers, and wellness programs. About half of the participants had engaged in some activity associated with the hospitals or local health department. Most notable were walking clubs, health conferences, screenings, and newsletters. Local hospitals were seen as providing quality health services.

Barriers that keep people from exercising and eating healthy also exist in communities. Neighborhood safety, lack of knowledge of programs and services, busy lifestyles, and transportation limits were listed as barriers for individuals to optimize health.

Some saw the health system as being disjointed, particularly in providing resources and well care. "Doctors aren't aware of what resources exist in the community." "They [doctors] don't spend enough time with you to treat you individually."

Physical and Mental Health
Many respondents listed depression as a chronic condition that they suffer from. Participants described feeling depressed because they are not able to do what they used to do or feel overburdened from being sick. Many said their physician did not ask about their mental health when treating their physical health. They also did not feel comfortable to talk about their mental health with family or friends.

"Mental health is a big thing that is not being handled in health care, and it leads to so many things. Health care should focus on mental health and stop shying away from it. Right now, it seems like an embarrassment to have an issue. If they pushed that it was okay to have these issues, people wouldn't get to the level of depression they are."

Physician Relations
Participants agreed that a positive relationship with their physician is paramount in maintaining health. Positive attributes for physicians include "listening to me;" "recognizing me;" "seeing me

as a person first, then a patient;" "asking how my mental health is;" "being proactive with test results," "looking at me, not the computer, during my visit."

Some residents viewed the health system as non-responsive. Physician offices "don't return calls;" "doctors have too many patients to spend enough time with each one;" "they put everyone in a pile and write the same prescription, even though it doesn't work for some."

Participants experienced long waiting times in the office while time in the exam room had decreased. Residents were cognizant that insurance plays a large part in who they can choose as their providers, and what treatment the provider prescribes. Residents with Medicaid have the longest wait times and are most limited in providers that accept their insurance.

Health resources

With shorter appointments and more complex diagnoses, patients do not always receive all the information they would like from their providers. Residents use the internet to learn more about their health conditions and treatments. Trusted resources include WebMD, Mayo Clinic, and hospital websites. They also receive newsletters from health systems and insurance companies, which they think are valuable. Many have signed up to receive disease-specific newsletters. Delivery preferences vary from email to Facebook to direct mail. Residents also receive health information at pharmacies, grocery stores, malls, libraries, and faith settings.

Barriers to Accessing Care

Cost and transportation are the biggest barriers to care for residents. Copays, deductibles, and prescriptions keep residents from accessing care when they need it. Transportation is equally challenging in rural and metro settings. AccessLINK is a service available in Camden, but even at $2 per trip, residents say "It's expensive to go everywhere you need to go and they require 24-hour's notice." Residents in outlying towns have few public transportation options.

It's not uncommon for residents to skip pills because they don't have a prescription plan or can't afford copays. They may also delay or cancel appointments due to copays. "I'm employed and living on my own. My copays may only be $20, but if I have four appointments, I might only be able to pay for two. I have to push back my appointments or skip them."

Community Health Improvement Planning

The SJHP developed common goals to address each priority area and ensure community health improvement initiatives are aligned across the region. Partners developed organization-specific Community Health Improvement Plans to guide community benefit and population health improvement activities across the region. The plans build upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment.

Priority Area: Behavioral Health/Chronic Disease Comorbidities

Goal: Increase identification and treatment of behavioral health among individuals with chronic disease.

Objectives:

- Increase screening for behavioral health among patients with chronic conditions.
- Increase the proportion of adults with mental health disorders who are properly diagnosed and receive treatment.
- Improve disease management for behavioral health and chronic conditions.

Priority Area: Linkages to Care

Goal: Increase the proportion of persons who have a specific source of ongoing care and are able to obtain services when they need them.

Objectives:

- Improve navigation of health care services to link individuals to appropriate care.
- Reduce the proportion of persons who are unable to obtain or delay receiving necessary medical care, dental care, or prescription medicines.
- Reduce usage of the Emergency Department as primary medical home.
- Reduce transportation barriers for residents to receive care.
- Increase the number of people who have health insurance.

Priority Area: Substance Abuse

Goal: Develop partnerships to enhance education and treatment for substance abuse.

Objectives:

- Increase community awareness of signs and symptoms related to substance abuse.
- Increase the number of individuals that are screened for substance abuse.
- Increase the number of individuals who receive treatment for substance abuse.

The SJHP is committed to addressing the highest needs of our community. Through a collaborative effort, we will continue to promote community engagement and collective health impact. We are thankful to the many community partners who lent expertise and input to the CHNA process and welcome their continued partnership in improving the health of the region.

Appendix A: Public Health Data References

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Appendix B: Partner Forum Attendees

Five partner forums were conducted with a total of 162 community representatives. The representatives, and their organization, included:

Burlington County

Community Representative	Organization
Agatha Reidy	Virtua
Bageshree Cheulkar	Virtua
Barbara Biglin	Burlington County Department of Human Services
Barbara Heinz	Mom's Quit Connection
Cathy Curley	Cooper University Hospital
Cheryl Rahilly	Masonic Village at Burlington
Christine Carlson-Glazer	Deborah Heart & Lung Center
Daniela Fumu	Camden County Health Department
David Patriarca	Pemberton Township Mayor
Dawn Britton	Virtua
Dipal Patel	Virtua
Donna McArdle	Deborah Heart & Lung Center
Elizabeth Walker-Graham	Virtua
Gwendolyn Hughes	Lourdes Health System
Healther Andolsen	Burlington County Library
Jenise Rolle	Center for Family Services
Jennifer Canada	Burlington County Community Action Program
Jerry Kilkenny	Burlington County Transportation
Joan Lombardi	Virtua
Joanne Rosen	Samaritan
June DePonte-Sernak	American Red Cross
Karen Isky	American Lung Association
Kathy Taylor	Masonic Village
Kelly Donnelly	Burlington County Animal Shelter
Kim Burnes	Lourdes Health System
Kimberly Mattson	Burlington County Health Department
Laurie Navin	March of Dimes
Linda Cushing	Burlington County Department of Human Services
Linda Davis	YMCA of Burlington County
Linda Graf	Moorestown Visiting Nurse Association
Lindsay Borcsik	Lourdes Health System
Mary Hankenson	Holy Redeemer
Olujimisola Adelani	87 MDG Joint Base
Peggy Cooch	Virtua
Peggy Dowd	Deborah Heart & Lung Center
Sandy Bennis	Moorestown Visiting Nurse Association
Shirla Simpson	Burlington County Department of Human Services
Suzanne Menges	Burlington County Department of Human Services
Tracy Little	New Jersey SNAP-ED
Wendy Moluf	Rowan College of Burlington County

Camden City

Community Representative	Organization
Brandy Williams	Camden AHEC
Caryelle Lasher	Camden County Department of Health and Human Services
Chandler Hart-McGonigle	Camden Promise Zone
Chaya Bleier	Abigail House
Chris Winn	Cooper University Health Care
Christin Kwasny	National Kidney Foundation
Debra Moran	Virtua
Dianne Browne	Camden Healthy Start
Doug Shirley	Cooper University Health Care
Esther Gross	Morgan Village Circle Community Development Corporation
Evelyn Robles-Rodriguez	Cooper University Health Care
Julianne Morris	Cooper University Health Care
Joan Gram	Virtua
Kathleen Jackson	Rutgers School of Nursing Camden
Lorin Clay	Southern New Jersey Perinatal Cooperative
Lorraine Sweeney	Cooper University Health Care
Luisa Medrano	Catholic Charities Diocese of Camden
Lynn Rosner	Camden County Department of Health and Human Services
MaryAnn Rahman	Camden County
Nancy Street	Cooper University Health Care
Patricia Hearey	Camden County Department of Health and Human Services
Rachel N'Diaye	National Kidney Foundation
Rebecca Bryan	Urban Promise Ministries
Renee Wickersty	Camden County Board of Education
Rev. Floyd White	Woodland Avenue Presbyterian Church
Robin Waddell	NJ SNAP-Ed Rutgers Co-Op Experiment
Sara Kucharski	Camden County Department of Health and Human Services
Sharon Dastmann	Cooper University Health Care
Shawn Gibson	Planned Parenthood
Sister Maureen Shaughnessy	Lourdes Health System
Soley Berrios	Camden Coalition of Healthcare Providers
Tierra Wallace	Cooper University Health Care
Tondalya DeShields	Cooper University Health Care
Valeria Galarza	Cooper's Ferry Partnership
Yvette Alvarez	WIC (Women, Infants, Children)

Gloucester County

Community Representative	Organization
Annmarie Ruiz	Goucester County Health Department
Barbara Wallace	Mayor, Washington Township
Bea Frost	American Red Cross
Bridget DeFiccio	Robin's Nest, Inc.
Cari Burke	Robin's Nest, Inc.
Donna Fanticola	United Way of Gloucester County
Elizabeth Schaaf	Lourdes Hospital – Camden
Emily Paul	CompleteCare Health Network
JoAnne Dunagan	New Point Behavioral Health Center
Jody Simon	Robin's Nest, Inc.
John Zukauskas	New Point Behavioral Health Center
Karen Dickel	Gloucester County Commission for Women
Luanne Hughes	Rutgers Co-op Experiment
Melissa Walczak	YMCA Gloucester County
Robert Bamford	Gloucester County Department of Health and Human Services
Suzanne VanDerwerken	Inspira Family Medicine Residency

Ocean County Partner Forum

Community Representative	Organization
Brunilda Price	Ocean County Health Department
Carla Tisdale-Walker	Deborah Hospital Foundation
Charlene Harding	Barnabas Health
Christine Carlson-Glazer	Deborah Heart and Lung Center
Connie Fahim	O.C.E.A.N., Inc.
Dana O'Connor	Long Beach Island Health Department
Debra Levinson	Ocean Monmouth Health Alliance
Donna McArdle	Deborah Heart and Lung Center
Ella Boyd	Ocean County Health Department
Jackie Rohan	Ocean County Office for Senior Services
Jennifer Crawford	Ocean County Health Department
Kimberly Tozzi	Ocean Health Initiatives
Leslie Terjesen	Ocean County Health Department
Lynn McGrath	Deborah Heart and Lung Center
Marcia Griffin	New Life Christian Center
Michael Blatt	Ocean County Department of Human Services
Michael Capko	Barnabas Health
Patricia High	Ocean County Health Department
Peggy Dowd	Deborah Heart and Lung Center
Rita Zenna	Deborah Heart and Lung Center
Roberto Flecha	Seashore Family Services of New Jersey

Southern Camden County

Community Representative	Organization
Amy Verbofsky	Delaware Valley Regional Planning Committee
Andrea Marshall	Camden County Council on Alcoholism and Drug Abuse
Anthony Davis	Mental Health Association in Southwestern New Jersey
Arlene Kreider	S.C.U.C.S., Inc.
Bageshree Cheulkar	Virtua
BettyAnn Cowling-Carson	Camden County
Claudia Funaro	Camden County Health Department
Dawn Britton	Virtua
Deborah Bokas	Osborn Family Health Center
Debra Moran	Virtua
Diane Costanzo	Virtua
Diane Trump	Virtua
Dipal Patel	Virtua
Donna Berry	Virtua
Felicia Nesmith-Cunningham	Kennedy Family Health Services
Jamie O'Brien	Center for Family Services Navigator Exchange
Jaya Valpuri	Gateway WIC
Jeanne Borrelli	Camden County
Jenise Rolle	Center for Family Services
Jenn Tiernan-Palerm	Virtua
Jennifer Horner	Virtua
Jennifer Keefer	Rutgers University
John Pellicane	Camden County Health Department
Kathy Quinn	With You in Wellness
Keish Tucker	Archway Programs
Kendria McWilliams	Mayville
Kimberly Briggs	Virtua
Koren Norwood	Camden County Health Department
Krista Briglia	United Way
Lebo Edge	CAMcare Health Corporation
Marilyn Mock	Fair Share Northgate II
Marlana Cannata	Kennedy Health
Mary Kate Kennedy	1 Link 4 Senior Care
Matthew Grochowski	Camden County Health Department
Maureen Bergeron	Camden County Health Department
Maureen Donnelly	Cooper Health / Safe Kids Southern New Jersey
Merle Weitz	Southern New Jersey Perinatal Cooperative
Niurca Louis	Robin's Nest, Inc.
Pamela Gray	Center for Family Services
Patricia Hearey	Camden County Department of Health and Human Services
Plyshette Wiggins	Burlington Camden County Regional Chronic Disease Coalition
Ron DeFeo	Center for Family Guidance Health Network
Ronni Whyte	Kennedy Health
Rosy Arroyo	Community Planning Advocacy Council
Ruth Gubernick	RSG Consulting
Shellie Buckman	S.C.U.C.S., Inc.
Stephanie Patnzio	Virtua
Tanya McKeown	Kennedy Health
Yeidy Marrero	Fair Share Northgate II
Yvette Alvarez	WIC (Women, Infants, Children)

Appendix C: Identified Community Assets

The following community assets and potential partners in addressing priority health needs were identified by partner forum attendees.

Burlington County

Priority Health Need: Cancer	
211 United Way Call Center	Federally Qualified Health Centers
American Lung Association	Lighthouse Hospice
Bayada Hospice	Moorestown Visiting Nurse Association
Burlington County Health Department	Our Lady of Lourdes Cancer Center
Compassionate Care Hospice	Samaritan Hospice
Cooper University Hospital	Susan G Komen Central and South Jersey
Cooper University Hospital Cancer Education & Early Detection (CEED)	Virtua/Penn Medicine
Deborah Heart and Lung Center	
Priority Health Need: Chronic Disease Prevention & Management	
American Heart Association	Grocery Stores
Beverly Bee	Lourdes Health System
Burlington County Health Department	Nixle Social Media
Burlington County Library	Parent Teacher Association
Deborah Heart and Lung Center	Pemberton Library
Emergency Medical Services	School Districts
Faith-Based Organizations	South Jersey Food Bank & Mobile Units
Farmers Markets	Virtua (Diabetes Education)
Priority Health Need: Maternal & Child Health	
Burlington County Alternative High School	March of Dimes
Burlington County Community Action Program	Moms Quit
Burlington County Health Department	Providence House
CAMCare	South Jersey Food Bank
Covenant House	South Jersey Perinatal Cooperative
Good Counsel	SNAP-ED
Head Start	WIC (Women, Infants, Children)
Priority Health Need: Mental Health & Substance Abuse	
American Red Cross	Moorestown Visiting Nurse Association
Burlington County Department of Human Services Division of Behavioral Health	Mom 2 Mom New Jersey
Burlington County Drug Abuse	New Jersey Children's System of Care
Burlington County Municipal Alliance Network	Oaks Integrated Care
Catholic Charities	Opioid Overdose Prevention Program
Center for Family Services	Rowan College of Burlington
Children's Mobile Response and Stabilization	School Districts
Disaster Response Crisis Counselor Program	Traumatic Loss Coalition
Law Enforcement (Crisis Intervention Training)	Virtua
Legacy Treatment Services	Voluntary Organizations Active in Disaster
Lourdes Health System	

Camden City

Priority Health Need: Cancer	
American Cancer Society	Dentists
Aunt Bertha Resource Guide	Fifis Family
Avon	Kennedy Health
CAMCare	Komen Foundation
Camden County Department of Health and Human Services (CCDHHS)	Lourdes Health System
CCDHHS Bellmawr Regional Health Center	MD Anderson Cancer Center
Clark Family	Planned Parenthood
Cooper University Hospital Cancer Education & Early Detection (CEED)	Project Hope
Cooper University Health Care	Spiegler Foundation – Melanoma South Jersey
Dental Programs at Local Universities	Virtua
Priority Health Need: Chronic Disease Prevention & Management	
Aunt Bertha Resource Guide	Delaware Valley Reg. Planning Commission
Better Tomorrows	Farmers Against Hunger
Camden Citywide Diabetes Collaborative	Healing 10 Coalition
Camden Coalition of Healthcare Providers	National Kidney Foundation
Campbell Soup	New Jersey Conservation Foundations
Cathedral Kitchen	Rails to Trails
Center for Family Services	South Jersey Food Bank
Cooper University Health Care	Urban Promise
Coopers Ferry Partnership	YMCA
Priority Health Need: Maternal & Child Health	
Air Quality Flag Program	Planned Parenthood
Aunt Bertha Resource Guide	Public Schools
CCDHHS	Rutgers University
Catholic Charities	South Jersey Eye Clinic
Dentists	Southern New Jersey Perinatal Cooperative
Hispanic Family Center	Women, Infants, & Children
Oral Health Impact Project	
Priority Health Need: Mental Health & Substance Abuse	
Abigail Nursing	Lourdes Health System
Aunt Bertha Resource Guide	Lourdes Institute of Wholistic Studies
Camden Area Health Education	Osborn Family Health Center
Camden Coalition	Public Housing: Branch Village & Roosevelt Manor
CCDHHS	The Bridge
Castle Program	The Creative Arts Morgan Village Academy
Genesis Counseling Center	Virtua System

Gloucester County

Priority Health Need: Chronic Disease Prevention & Management	
American Red Cross	Inspira Health Network
CATA Farmworkers	Kennedy Health
Community Colleges	Region 10 Cancer and Chronic Disease Coalition
CompleteCare Health Network	Rowan University Department of Health and Exercise Science
Gloucester County Health Department	Rutgers Family and Community Health Sciences
Gloucester County Planning Department	YMCA of Gloucester County
Priority Health Need: Maternal & Child Health	
CAMCare	Robins' Nest
CompleteCare Health Network	Southern New Jersey Perinatal Cooperative
Inspira Health Network	Virtua
Kennedy Health	Women, Infants, & Children
Priority Health Need: Mental Health & Substance Abuse	
Gloucester County Veterans Helping Veterans Program	NewPoint Behavioral Health Care
Inspira Health Network	People for People Foundation
Kennedy Health	Services to Overcome Drug Abuse Among Teenagers, Inc.
Marryville Addiction Treatment Center	

Ocean County

Priority Health Need: Chronic Disease Prevention & Management	
Deborah Heart and Lung Center	New Jersey Cancer Education and Early Detection
Federally Qualified Health Centers: Ocean Health Initiatives & CHEMED	Ocean County Health Department
Healthy Bones Move Today	Ocean County Office of Senior Services
Live Healthy Ocean County	Pink Campaign
Meals on Wheels	Take Control of Yourself
Priority Health Need: Maternal & Child Health	
Acute Care Hospitals with Prenatal Care	O.C.E.A.N., Inc. Head Start Child Development Program
Federally Qualified Health Centers: Ocean Health Initiatives & CHEMED	
Priority Health Need: Mental Health & Substance Abuse	
Barnabas Health	Seashore Family Services of New Jersey
Opiate Overdose Recovery Program	

Southern Camden County

Priority Health Need: Chronic Disease Prevention & Management	
Campbell Healthy Community Initiative	Food Trust Healthy Corner Store Initiative
CAMCare	Integrative Health
Camden City Health Department	Senior Citizens United Community Services
Center for Family Services	United Way
Delaware Valley Regional Planning Commission	Virtua
Food Bank of South Jersey	
Priority Health Need: Maternal & Child Health	
Camden City Healthy Start	Nurse Family Partnership
Camden County Board of Social Services	Postpartum Wellness Initiative
Camden County Developmental Disability Resources	Safe Kids Southern New Jersey
Immunization Registry	Smoking Cessation Programs
Improving Pregnancy Outcomes Initiative	Southern New Jersey Perinatal Cooperative
Lead Coalition	Southern New Jersey Regional Early Intervention Collaborative
New Jersey Parent Link	

Priority Health Need: Mental Health & Substance Abuse
211 United Way Call Center
Mental Health Association in Southwestern New Jersey – Phone numbers for the mental health services listed below are provided on the Association's website (http://www.mhaswnj.org/wp-content/uploads/2014/01/2015-REVISED-CAMDEN-COUNTY.pdf)
Adult Mental Health Services Inpatient • Ancora Psychiatric Hospital • Camden County Health Services Psychiatric • Hospital in Blackwood (Lakeland) • Cooper Hospital • Hampton Behavioral Health Center • Kennedy Hospital in Cherry Hill Outpatient • Center for Family Guidance • Genesis Counseling Center • South Jersey Behavioral Health • The Starting Point, Inc. Case Management • Oaks Integrated Care

Adult Mental Health Services Partial Care • Archway Programs, Inc. • Center for Family Guidance • Daybreak (Atco) • Harmony Place • Kennedy Hospital in Cherry Hill • Oaks Integrated Care • Unity Place, Inc. • Rutgers Behavioral Health • Wiley Behavioral Management Services • South Jersey Behavioral Health
Alcohol & Substance Abuse Services • Addictions Hotline of NJ • NJ CONNECT • Salvation Army • Genesis Counseling Center • Hispanic Family Center • Lighthouse • Maryville-Glassboro Outpatient • Message of Hope • Rutgers Behavioral Health • Narcotics Anonymous of NJ • Princeton House-Intensive Outpatient • Seabrook House (inpatient) • The Starting Point, Inc. • SODAT • Women of Hope Resource Center
Emergency Mental Health Services: • CONTACT 24 hour crisis line • Division of Youth and Family Services Mobile Response Team • Oaks Integrated Care Crisis Screening Centers @ Our Lady of Lourdes and Kennedy Hospital in Cherry Hill
Hispanic Mental Health Services • Hispanic Family Center of Southern NJ • Nueva Vida Behavioral Health Center
Homeless Mental Health Services • COSTAR Drop in Center in Camden • Oaks Integrated Care Path Program • Early Intervention Support Services
Individual, Family & Youth Counseling • Catholic Charities • Center for Family Guidance • Center for Family Services • Hispanic Family Center • Jewish Family & Children's Services

Information & Referral • Camden County Human Services Hotline • Child Care Help Line • Child Support Services • CONTACT 24-hour telephone counseling • Division of Youth and Family Services • Domestic Violence • Family Help Line (stressed parents) • First Call for Help (referrals; emergency shelter) • Gambling Hotline • Health & Senior Services • NAMI
Legal Services • Camden Regional Legal Services • County Health Law Project • Mental Health & Guardianship Advocacy • Public Defender-Camden
Mental Health Self-Help Groups • NAMI • The Post Program (boarding home) • Self-Help Center Consumer Group • Self-Help Clearing House (info and referral) • Wellness Self-Help Center of Camden City • Oaks Integrated Services (New Beginnings) • Donald May Center
Senior Services/Social Services • Camden City on Aging • Division of Senior Services • Health & Senior Services • Hispanic Family Center of Southern NJ • Meals on Wheels • NJ Medical Assistance Hotline • Nutrition Program Salvation Army • Pharmaceutical Assistance to the Aged & Disabled (PAAD) • Princeton House (Partial Care) • Reassurance Contact
Services for Individuals with Disabilities • 360 Translations • The ARC of Camden County • Center for Family Services • Division of Deaf & Hard of Hearing • Division of Developmental Disabilities • Division of Medical Assistance • Good Neighbors, Community Living for people with disabilities • National Office of the American Council of the Blind • Medical Assistance Hotline • Medicare • Sign Language Services, LLC • Social Security Administration

Social Services • American Red Cross • Big Brothers & Big Sisters • Camden Co. Board of Social Services • Camden Co. Adult Services (Protective/Housing) • Camden Co. Family Services • Camden Co. Transportation (limited) • Camden Co. Dept. of Health & Human Services • Camden Co. Office of Economic Opportunity • Communicable Diseases Unit • HIV Testing • Community Planning & Advocacy Council & Human Services Coalition (CPAC/HSC) • Dept. of Human Services (Food Stamps) • Dooley House • Low Income Home Energy Assistance • Medical Assistance Hotline • Medicare • Samaritan Hospice • Salvation Army-Camden • Veteran's Affairs
Vocational & Educational Services • CAMWERCS (pre-employment counseling for ages 16-20) • Division of Vocational Rehabilitation Services • Works Rite (supported employment) • LEARN-Supported Education
Women's Services • Camden County Women's Center (counseling/battered women) • Services Empowering Rape Victims • Adoption Information • Catastrophic Illness in Children Relief Fund • First Way • Foster Care Information • So. NJ Perinatal Cooperative • NJ Family Care/KidCare Health Insurance • Planned Parenthood-Camden • Safe Haven for Infants • CFS (Women's Referral Central) • Renfrew Center (Eating Disorders – Ages 12+) • Day Services and Residential Program
Youth & Children's Services <u>Emergency Services</u> • Division of Youth & Family Services • Oaks Integrated Care Crisis Line • Suicide Prevention Line <u>Partnership for Children</u> • PerformCare • Camden Co. Partnership for Children • Family Support Organization

Youth & Children's Services

Youth & Family Support Services

- The Bridge (13-18 years)
- Center for Family Services
- Division of Family Development
- Dooley House
- Kinship Navigator Program
- NJ Office of the Child Advocate
- Office of Youth Service Camden (counseling)
- Oaks Integrated Care (youth case management)

Outpatient & Evaluation

- Bancroft NeuroHealth (Admissions)
- Castle Program @ Virtua (4-16 years)
- Center for Family Guidance
- Center for Family Services
- Genesis Counseling Center
- Hampton Behavioral Health Center
- Hispanic Family Center
- Kennedy Hospital in Cherry Hill
- The Starting Point
- Youth Consultation Services (YCS) (counseling for ages infant-21 and dual diagnosis DDMI for ages 5-17 years)

Inpatient Psychiatric Services

- Hampton Behavioral Health Center
- Kennedy Hospital in Cherry Hill
- Youth Consultation Services (YCS)

Residential Treatment

- Bancroft NeuroHealth
- Youth Consultation Services (YCS)
- The Center for Family Services

Partial Care

- Archway Challenge Program (11-17 years)
- Kennedy Hospital in Cherry Hill
- Princeton House (Moorestown)
- Virtua Castle Program Day (5-15 years)
- Youth Consultation Services (YCS)

Residential/Out of Home Placement

- The Center for Family Services
- YCS Therapeutic Foster Care

Camden County Public Schools

- Child Study Team Supervisor
- Superintendent of Schools

Youth & Children's Services Private Schools Providing Special Education for Emotionally Disabled Youth • Archway Program School (3-21 years) • Bancroft NeuroHealth • Brookfield Academy (13-18 years) • Yale School (7-18 years) • Camden Center for Youth Development (juvenile resource center)
Camden County Health & Human Services Alcohol & Substance Abuse Services – Phone numbers for the substance abuse services listed below are provided on the department's website (http://www.camdencounty.com/health/health-human-services/alcohol-amp-substance-abuse)
Alcohol and Substance Abuse Unit (information & drug treatment referrals)
Municipal Alliance Program (services to expand the prevention and education components of the Comprehensive Alcoholism and Drug Abuse Plan of Camden County)
Information & Resources • NJ Governor's Council on Alcohol and Drug Abuse • National Alliance for the Mentally Ill (NAMI) • National Council on Alcohol & Drug Dependence • Mental Health Association of Southwestern New Jersey • New Jersey Department of Mental Health and Addiction Services (MHASWNJ) • New Jersey Prevention Network (NJPN) • Phoenix House Foundation • Substance Abuse & Mental Health Services Administration (SAMSHA) • Take Action Against Substance Abuse and Gun Violence
Intoxicated Driver Resources • Chance to Change • NJ Division of Addiction Services INTOXICATED DRIVER PROGRAM (IDP) • NJ Division of Mental Health & Addiction Services
Alcohol and Substance Abuse Treatment and Recovery Support Resources • Addictions Hotline of New Jersey
Prevention and Education Service • Camden County Council on Alcohol and Substance Abuse
Inpatient Services (Detox & Residential) • Hendricks House (Halfway-House) • Legacy Treatment Services • New Hope Foundation (Detox/Short-term Residential Rehabilitation) • Seabrook House (Detox, Short-term Residential Services, Outpatient/Alcohol/Drugs)
Outpatient Services • Center for Family Services • Genesis Counseling Center, Inc. • Hispanic Family Center • Kennedy Memorial Hospitals • Family First • Message of Hope • My Father's House • Princeton House Behavioral Health • Rehab After Work/Rehab After School • SODAT of NJ, Inc. • Twin Oaks (MICA/Counseling-Referrals) • Unity Place I • Women of Hope Resource Center (women only)

Outpatient Medication Assisted Therapy Services • Delaware Valley Medical • Urban Treatment Associates Inc.
Recovery Supports • Al-Anon and Alateen of New Jersey • Alcoholics Anonymous • Living Proof Recovery Center, Center for Family Services • Narcotics Anonymous (South Jersey) • Nar-Anon New Jersey
Camden County's CRISIS Center • Twin Oaks Community Services