



Burlington County Board
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Community Health Needs Assessment

Key Informant Report -Camden County, NJ-

2013

HOLLERAN

BACKGROUND

The Tri-County Health Assessment Collaborative, consisting of hospitals, health systems, and health departments within Burlington, Camden, and Gloucester Counties came together to undertake a comprehensive regional community health needs assessment (CHNA). The purpose of the assessment is to gather information about local health needs and health behaviors. The Tri-County Collaborative includes the following partners: Cooper University Hospital, Kennedy Health System, Lourdes Health System, Inspira Medical Center-Woodbury, Virtua Health, and the Health Departments of Burlington, Camden and Gloucester Counties.

As part of the assessment, the collaborative contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct a Key Informant Study with community stakeholders. Holleran staff worked closely with the Tri-County Collaborative to identify key informant participants and to develop the online Key Informant Survey Tool. A copy of the questionnaire can be found in Appendix A. The questionnaire focused on gathering qualitative feedback regarding perceptions of community needs and strengths across 3 key domains:

- Key Health Issues
- Health Care Access
- Challenges & Solutions

Holleran gathered a total of 153 completed online questionnaires during January and February 2013. Study participants represented a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, faith-based organizations, and the business community. Select demographics for the key informants can be found in Appendix B. It is important to note that the number of completed surveys and limitations to the sampling method yield results that are directional in nature. Results reflect the perceptions of some community leaders, but may not necessarily represent all community leaders within the community.

In order to evaluate potential differences, the responses of the Key Informants have been analyzed separately by county. A total of 113 Key Informants from Camden County, 54 Key Informants from Burlington County, and 37 from Gloucester County completed the survey. Note that informants could select more than one county based on which county/counties they primarily serve or are most familiar with. Results of the Burlington and Gloucester Key Informant studies are available in separate reports.

The Tri-County Health Assessment Collaborative will use the results of the Key Informant Study in conjunction with secondary data, BRFSS Household Survey results, and focus group discussions to understand community health needs and prioritize public health endeavors.

Key Health Issues

The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top five health issues that they perceived as being the most significant. The five issues that were most frequently selected were:

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

The following table shows the breakdown of the percent of respondents who selected each health issue. Issues are ranked from top to bottom based on number of participants who selected the health issue as one of their top five issues. The first column depicts the total percentage of respondents that selected the health issue as one of their top five. Respondents were also asked of those health issues mentioned, which one issue is the most significant. The second column depicts the percentage of respondents that rated the issue as being the most significant of their top five.

Table 1: Ranking of Key Health Issues

Rank	Health issue	Percent of respondents who selected the issue	Percent of respondents who selected the issue as the most significant
1	Access to Health Care/Uninsured	76%	39%
2	Diabetes	71%	9%
3	Overweight/Obesity	69%	14%
4	Substance Abuse/Alcohol Abuse	67%	10%
5	Mental Health/Suicide	53%	9%
6	Heart Disease	42%	7%
7	Maternal/Infant Health	27%	2%
8	Cancer	25%	6%
9	Dental Health	21%	0%
10	Tobacco	19%	1%
11	Sexually Transmitted Diseases	12%	1%
12	Stroke	10%	0%

An 'other' option was provided to allow respondents to select an issue that was not on the list. Other key health issues that were specified include:

- Asthma
- Homicides
- Influenza
- Lead based paint related issues
- Vision Problems
- Poverty/Hunger

Figure 1 shows the key informant rankings of all the key health issues. The bar depicts the total percentage of respondents that ranked the issue in their top five.

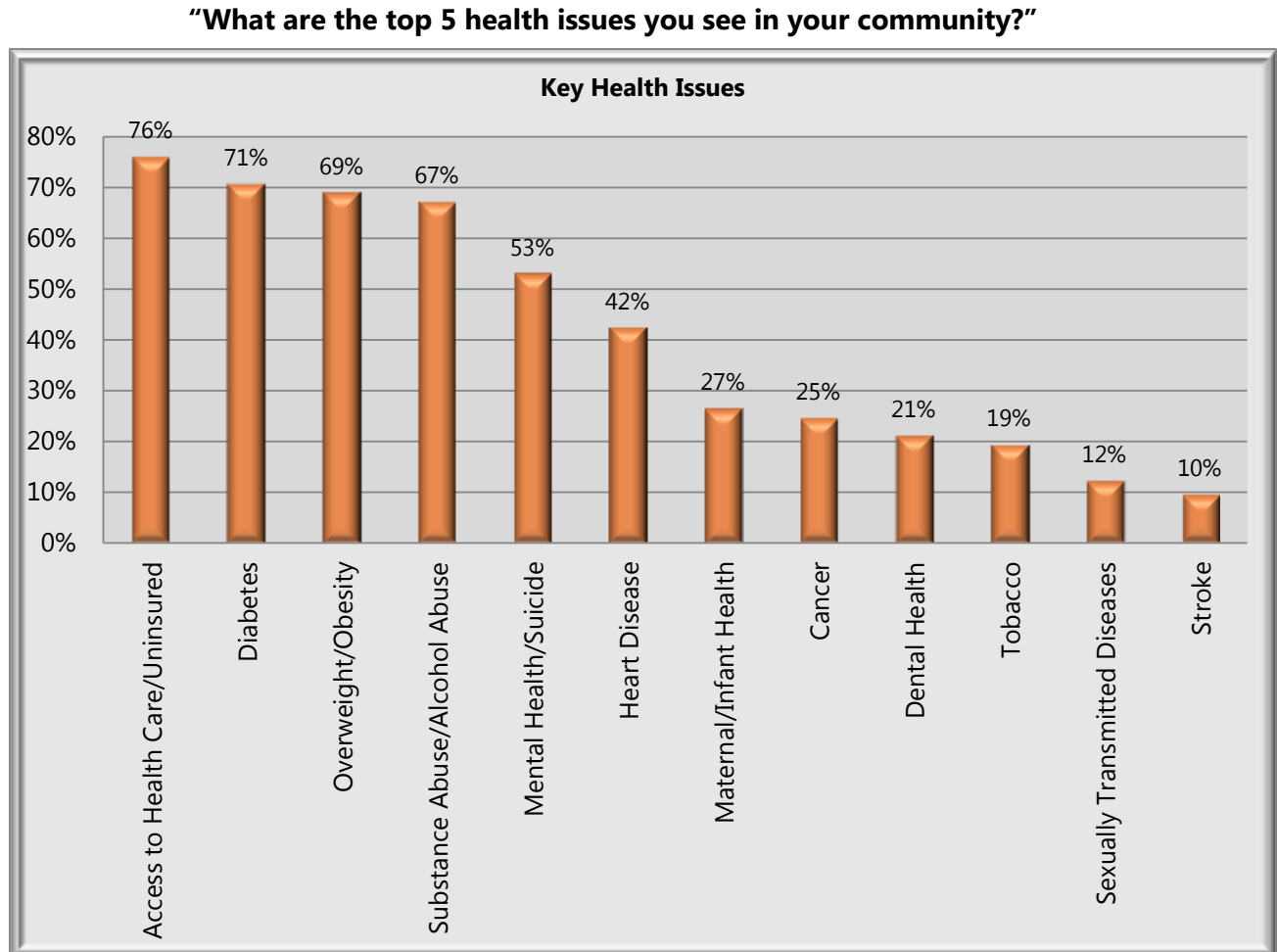


Figure 1: Ranking of key health issues

After selecting the top five issues, respondents were asked to share any additional information regarding the health issues they selected and reasons for their selections. The following section provides a brief summary of the key health issues and highlights related comments.

Access to Health Care was the most frequently selected health issue with 76% of informants ranking it among the top five key health issues. 39% of informants ranked Access to Health Care as the most significant issue facing the community.

Select Comments related to Access to Health Care:

- *"For health to improve in our community, access is key."*
- *"Access is a complex issue in Camden. Some reports suggest that more than 50% of our community use Emergency Services as their primary care facility and as few as 64% of women in their first trimester of pregnancy seek any medical advice."*
- *"Clients are unable to get needed services if they do not have insurance or cannot afford their co-pays."*
- *"The underinsured and uninsured do not have access to specialty care - endocrinologist, psychiatrist, psychologist, pain management, cardiology, etc."*
- *"Without access to health care all the other health problems are compounded."*
- *"Lack of access to health care leads to decreased knowledge of self-care which leads to lifestyle choices that may not be healthy and poor medical care-this in turns leads to increased use of ER as a primary care site and increased risk of illnesses. One of the biggest problems in Camden is health care systems that are overtaxed and do not properly take care of the indigent."*
- *"Many parents and single adults no longer qualify for NJ FamilyCare health insurance because the cap on income has been reduced."*
- *"Too many in Camden City in particular are without insurance and/or access to health care."*
- *"I work primarily with disadvantaged populations in Camden City and Camden County. Accessing healthcare and dental care for themselves and their children is the primary barrier that we see."*
- *"Healthcare services in Camden are disorganized, inaccessible, and expensive."*

Diabetes was the second most frequently selected health issue with 71% of informants selecting it among the top five key health issues. 9% of respondents ranked it as the most significant issue facing the community.

Select Comments related to Diabetes:

- *"Chronic diseases can be prevented and controlled with sustained healthy choices as part of a daily routine. The Diabetes Prevention Program proved that a healthy lifestyle is more effective than drugs in preventing and controlling diabetes in people who are at high risk of diabetes."*
- *"Diabetes is an epidemic but it is preventable."*
- *"There has been a significant increase in diabetes in the past five years."*
- *"The uninsured cannot afford diabetic supplies and medication."*

Overweight/Obesity was the third most frequently selected health issue with 69% of informants ranking it among the top five key health issues. 14% of informants ranked it as the most significant issue facing the community.

Select Comments related to Overweight/Obesity:

- *"Children between the ages of 6-19 are extremely overweight due to the lack of healthy choices in the neighborhood. Corner stores don't sell fresh vegetables or fruit. Students are not taught what a healthy meal consists of and are brought up and sent to school with junk food."*
- *"Obesity if addressed can help decrease diabetes and hypertension. However, a component of obesity that needs to be addressed is poverty and limited income as healthier choices are often unavailable due to cost."*

Substance Abuse/Alcohol Abuse was the fourth most frequently selected health issue with approximately 67% of key informants ranking it among the top five key health issues. 10% of informants ranked it as the most significant issue facing the community.

Select Comments related to Substance Abuse/Alcohol Abuse:

- *"Substance abuse is a major concern in our community."*
- *"As a prevention provider, we field phone calls daily from individuals of all ages who are in need of AOD (Alcohol/Other drug) treatment. Oftentimes, they are uninsured or underinsured."*
- *"Illegal drug selling and using are out of control."*
- *"The level of violent behavior resulting in homicides in the city of Camden and surrounding areas appears related to substance abuse and gang activity. Being able to address these issues more broadly, as well as poverty, better quality of life, mental health and gun control, should reduce the violence that appears out of control."*

Mental Health/Suicide was the fifth most frequently selected health issue with 53% of the informants ranking it among the top five key health issues. 9% of informants ranked it as the most significant issue facing the community.

Select Comments related to Mental Health/Suicide:

- *"Mental health is an issue that is often misdiagnosed and underdiagnosed and is an underlying factor in a large percentage of our patients with co-morbidities."*
- *"With the recession and many individuals losing their jobs and health insurance, we have seen a significant increase in requests for Mental Health Services, including many who then use the Emergency Rooms for medications and other services. The Outpatient Programs at one point had 800 people on a waiting list. The waiting time for services is very long."*
- *"Individuals in need of psychiatric care are currently waiting 6-8 weeks for an initial outpatient appointment. Individuals in need of hospitalization can wait 72 hours in the psychiatric screening centers."*
- *"Mental health outpatient clinics with psychiatrists who take Medicare are nonexistent in Camden city."*
- *"The crisis system does not work-not enough crisis outreach to defuse crises, too much reliance on crisis unit and ED's, and too few involuntary beds."*
- *"Child mental health services are limited. Community-based intensive child and adult MH services are not effective and do not follow evidence-based practices with too little QI and expert oversight."*

Health Care Access**Availability of Services**

The second set of questions concerned the ability of local residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bilingual providers. Respondents were provided with statements such as: "Residents in the area are able to access a primary care provider when needed." They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are displayed in Table 2.

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

Table 2: Mean Responses for Health Care Access Factors

Factor	Mean Response	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	2.73	Disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.42	Disagree
Residents in the area are able to access a dentist when needed.	2.32	Disagree
There is a sufficient number of providers accepting Medicaid and medical assistance in the area.	2.30	Disagree
There is a sufficient number of bilingual providers in the area.	2.32	Disagree
There is a sufficient number of mental/behavioral health providers in the area.	1.94	Strongly Disagree
Transportation for medical appointments is available to residents in the area when needed.	2.07	Disagree

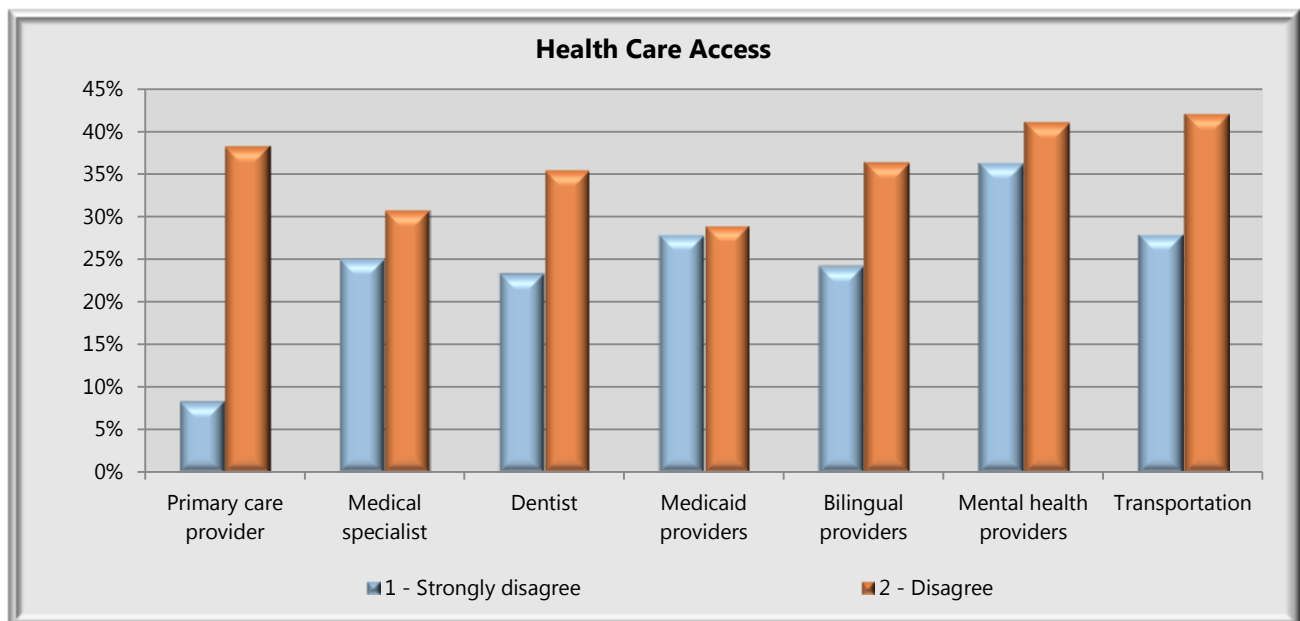


Figure 2: Frequency of disagree and strongly disagree responses for health care factors

Health care access appears to be a significant issue in the community. As illustrated in Table 2 and Figure 2, very few informants strongly agree to any of the health care access factors. Most respondents would either 'Disagree', or 'Strongly Disagree' with community residents' ability to access care. Availability of mental/ behavioral health providers garnered the lowest mean response (1.94) compared to the other factors.

Barriers to Health Care Access

After rating availability of health care services, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected were:

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

Table 3 shows the breakdown of the number and percent of respondents who selected each barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier. The third column in the table depicts the percentage of respondents that rated the barrier as being the most significant facing the community.

“What are the most significant barriers that keep people in the community from accessing health care when they need it?”

Table 3: Ranking of Barriers to Health Care Access

Rank	Barrier to Health Care Access	Number of respondents who selected the issue	Percent of respondents who selected the issue	Percent of respondents who marked it as the most significant barrier
1	Lack of Health Insurance Coverage	87	81%	23%
2	Inability to Pay Out of Pocket Expenses	85	79%	16%
3	Inability to Navigate Health Care System	83	78%	25%
4	Lack of Transportation	70	65%	5%
5	Basic Needs Not Met (Food/Shelter)	65	61%	9%
6	Language/Cultural Barriers	58	54%	1%
7	Time Limitations	57	53%	6%
8	Availability of Providers/Appointments	55	51%	11%
9	Lack of Trust	39	36%	4%
10	Lack of Child Care	34	32%	0%

Figure 3 shows a graphical depiction of the frequency of selected barriers to health care access.

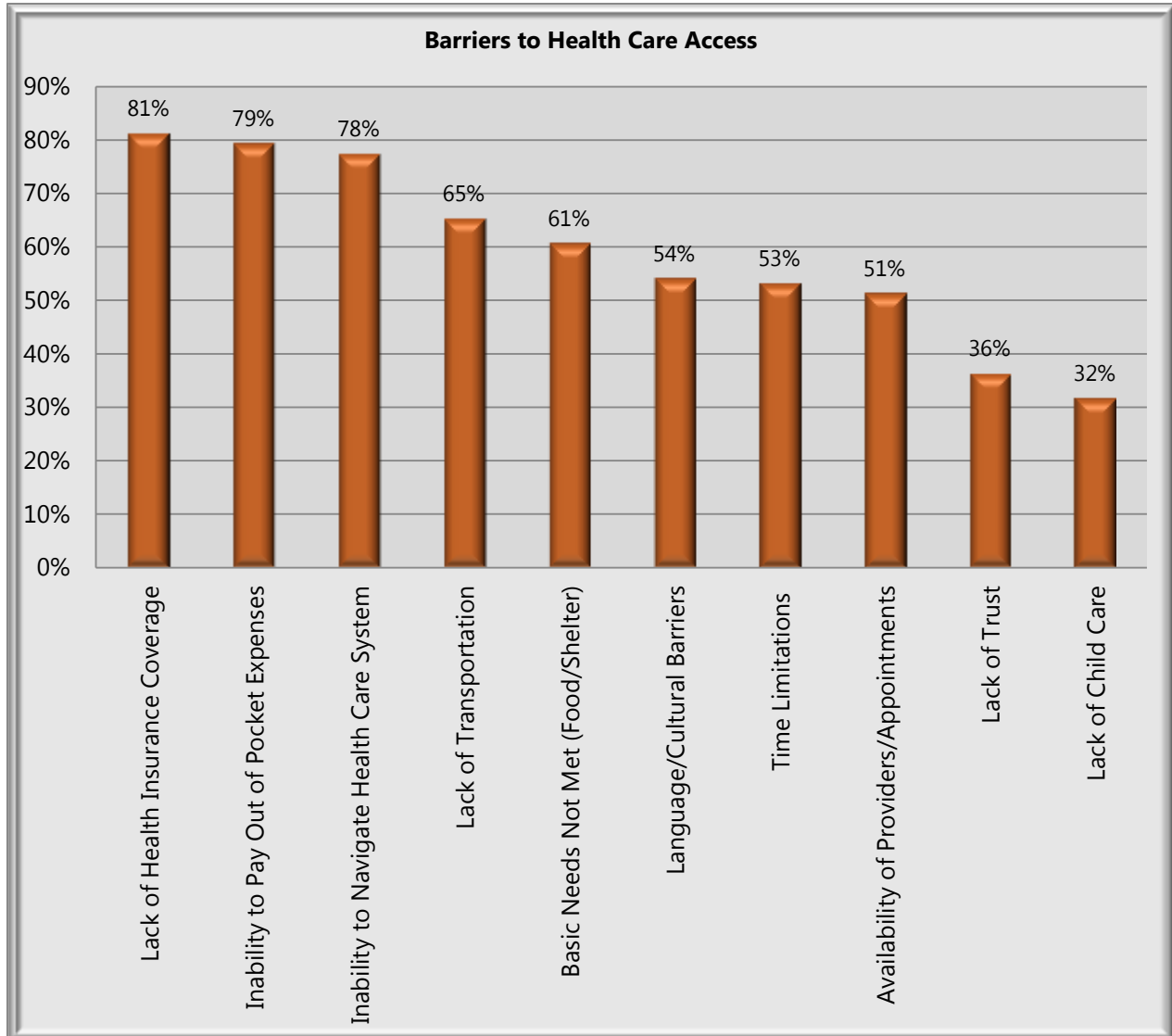


Figure 3: Ranking of barriers to health care access

After selecting the most significant barriers, informants were asked to share any additional information regarding the barriers to accessing health care.

Select Comments regarding Barriers:

- *"Hurdles are placed in the way of accessing health insurance."*
- *"Our community is very linguistically isolated and this language barrier often prevents our community from being able to access quality care. The health care system in New Jersey is not equipped with language line or culturally competent and appropriate practices."*
- *"Better communication at the community and provider level about available options and an "any right door" approach to accessing healthcare are critical to improving access as we move into the new age of healthcare."*
- *"Although there are health providers and resources for people to access health care, the processes and procedures for many are confusing, demeaning and disorganized. Provider organizations need to update, upgrade and improve their customer service mechanisms to better interact, publicize and meet individuals' needs in providing them access to care."*
- *"Even the most savvy and informed residents in Camden County struggle to navigate the healthcare systems. It is a full-time job to support a family member with a serious health condition. This situation strains resources and puts the well and sick at risk for poor outcomes."*
- *"Most individuals who call us for treatment referrals typically have called countless others and have been turned away due to "falling between the cracks" of funding-they are either uninsured or don't have Medicaid/Medicare - therefore they would have to pay cash and are unable to."*
- *"I have many parents who, they nor their children, have health insurance and wait months to hear from the Board of Social Services regarding their insurance status."*
- *"Outrageously low Medicaid reimbursement rates for psychiatrists have essentially eliminated access to private providers for the uninsured. In addition, many psychiatrists no longer accept private insurance because of the industry's burdensome reimbursement system."*
- *"Lack of trust is the trump card that serves as the basis for other reasons why people don't access health care."*
- *"There are many people in Camden City who do not trust institutions: health, banking, or education."*
- *"Health literacy and the knowledge to deal with health issues also play a role as well as cultural barriers. There are services available especially in Camden City but many are unable or unwilling to access."*
- *"All 8 of my offices offer open access scheduling, and we offer same day appointments to many patients (50 to 80% of visits per day.) We call patients and still many do not show up or they show up 1/2 hour late."*
- *"We are using the wrong payment models, the wrong clinical delivery models, the wrong staffing models, and the wrong data models. The system is profoundly broken."*

Underserved Populations

Informants were then asked whether they thought there were specific populations who are not being adequately served by local health services. As seen in Figure 4, the majority of respondents (90%) indicated that there are underserved populations in the community.

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

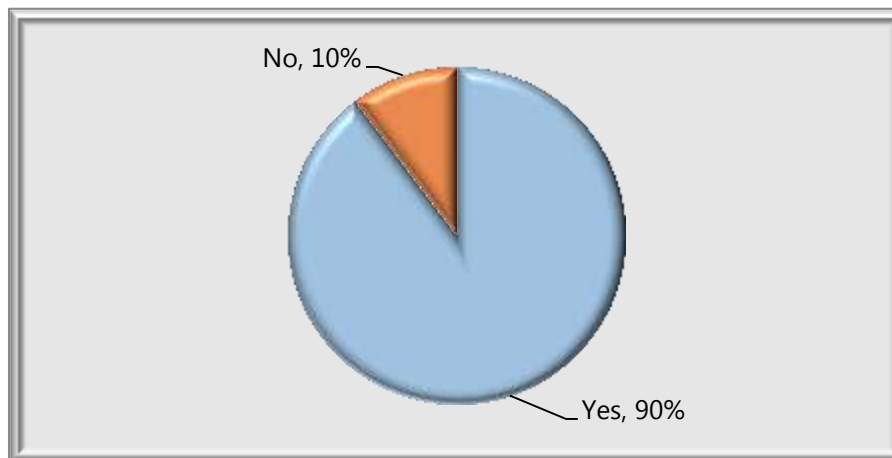


Figure 4: Key informant opinions regarding underserved populations

Those respondents were asked to identify which populations they thought were underserved. The results can be found in Table 4 below. Uninsured/underinsured, low-income/poor, and homeless individuals were considered underserved populations. In addition, racial/ethnic minorities and immigrant/refugee populations were also considered underserved populations.

Table 4: Underserved Populations

	Underserved population	Number of respondents who selected the population
1	Uninsured/Underinsured	73
2	Low-income/Poor	67
3	Homeless	60
4	Black/African-American	37
5	Hispanic/Latino	37
6	Immigrant/Refugee	37
7	Seniors/Aging/Elderly	32
8	Disabled	26
9	Children/Youth	25
10	Young Adults	22
11	Individuals with Mental Health Issues	2
12	LGBT Community	1

Health Care for Uninsured/Underinsured

Next, the informants were asked to select where they think most uninsured and underinsured individuals go when they are in need of medical care. Table 5 and Figure 5 show the results. The majority of respondents (79%) indicated that uninsured and underinsured individuals go to the Hospital Emergency Department for medical care.

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

Table 5: Ranking of Where Uninsured and Underinsured Individuals Receive Medical Care

Rank	Location	Number of respondents who selected the Location	Percent of respondents who selected the Location
1	Hospital Emergency Department	85	79%
2	Health Clinic/FQHC	10	9%
3	Walk-in/Urgent Care Center	4	4%
4	Doctor's Office	3	3%
5	Don't Know	5	5%

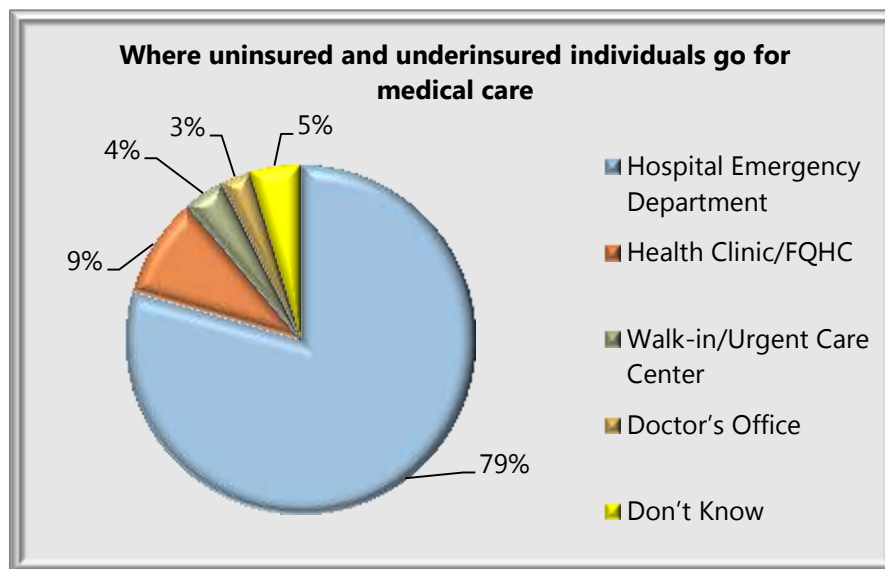


Figure 5: Key informant opinions of where uninsured/underinsured individuals receive medical care

Select Comments regarding Uninsured/Underinsured:

- *"Too many frequent emergency rooms as their primary health care source."*
- *"One of the overwhelming elements of health in Camden County is that many individuals who are uninsured or only have Medicaid view the Emergency Room as their primary care facility."*
- *"Creating a continuum of care that gets individuals out of the Emergency Rooms and into the Federally Qualified Health Centers (FQHCs) is one of the most important components of reducing costs, controlling chronic conditions such as diabetes or hypertension, and creating a more health-educated community."*
- *"I am just getting to know the UrbanPromise community, but the cultural norm is to go to the ER if acutely ill."*
- *"Many residents do not have health care providers and use the ER for non-urgent care-sometimes because they do not know any better and many times because they call for appointments and are told they will have to wait weeks or months for an appointment."*
- *"Many uninsured/underinsured do not trust the health care systems and have an extremely hard time with charity care (lack of courtesy, unable to gather all the paperwork needed, stringent criteria for eligibility)."*
- *"There is ample capacity to handle the under/uninsured population in Camden County. However, there needs to be a strategic approach between ED's and FQHC's to manage this population."*
- *"Uninsured/Underinsured homeless use Project H.O.P.E. for medical services in Camden City."*
- *"Camden County has a significant number of "high utilizers" of emergency rooms that present with cold or flu symptoms, but also have co-occurring mental health and substance abuse issues."*
- *"There is an effort underway in our community to reduce emergency room utilization by engaging those who use it most often in care and treatment with outreach and follow-up. This is a good thing. The problem is how to reach those who are delaying care until a condition becomes life-ending or life-threatening."*
- *"They know that they can be seen in the ER if they present with the complaint being chest pain. Often that is not the case, but they know that they will be seen if that is the chief complaint"*
- *"Osborn has the highest number of undocumented uninsured patients in the area due to relaxed policies around payment. Unfortunately, given the cost of healthcare today operationally, this may not be possible in the future."*
- *"Many of these folks are unaware of CAMcare's services and a lack of bilingual providers also impacts many people."*
- *"FQHC's are extremely overloaded and often difficult to navigate."*

Resources Needed to Improve Access

Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community. Many respondents indicated that free and low cost medical and dental services are needed. In addition, informants want to see more mental health and substance abuse services. Transportation is also a concern. Table 6 includes a listing of the resources mentioned ranked in order of the number of mentions.

Table 6: Listing of Resources Needed in the Community

Rank	Resources Needed	Number of Mentions
1	Free/Low Cost Dental Care	67
2	Mental Health Services	67
3	Transportation	64
4	Free/Low Cost Medical Care	58
5	Substance Abuse Services	51
6	Health Education/Information/Outreach	47
7	Prescription Assistance	44
8	Primary Care Providers	33
9	Bilingual Services	28
10	Medical Specialists	28
11	Health Screenings	26
12	Recreation Opportunities	2

Challenges & Solutions

The final section of the survey focused on challenges to maintaining healthy lifestyles, perceptions of current health initiatives, and recommendations for improving the health of the community.

When asked what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy, participants suggested the following common challenges:

- Cost/Access
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Safety/Crime/Poverty
- Cultural Barriers

Select Comments regarding Challenges to Maintaining Healthy Lifestyles:

- *"Safety is a major concern. There are no recreational and/or outdoor parks or facilities to exercise, relax and/or eat in."*
- *"Crime limits outdoors access for natural exercise."*
- *"Exercising outdoors is not always an option due to lack of safety."*
- *"It is too dangerous to exercise outside."*
- *"People are afraid to walk in their neighborhoods for fear of being attacked."*
- *"Lack of affordable and accessible recreation facilities and activities."*
- *"There are no community exercise programs, or if there are, they are poorly advertised."*
- *"Healthy food choices are difficult to find in many neighborhoods and there is a large population of people who do not know how to cook so fast food has become a way of life."*
- *"Camden is a food desert - no supermarkets, just corner stores."*
- *"Transportation to grocery stores is a significant barrier for residents."*
- *"Those living in Camden have very limited access to grocery stores with fresh produce at affordable costs."*
- *"Lack of knowledge in how to prepare fresh foods."*
- *"Lack of culturally appropriate chronic disease self-management and education programs."*
- *"Education is the largest barrier to resident understanding about their healthcare problems."*
- *"There are many residents that are uneducated and do not have capacity to make informed decisions including those related to healthy lifestyle."*
- *"I think poverty is the biggest challenge. The poor cannot always afford the healthy foods and eat more carbs which contribute to some of the other issues. When you are struggling for the basic necessities of life, it is hard to worry about exercise, etc."*
- *"Low income individuals face the financial resources to purchase healthier foods. Many lack transportation, so they depend on corner markets and fast food for their diet."*
- *"Getting to medical appointments and navigating the information/educational system to learn more about their chronic condition can be challenging."*
- *"The costs of prescriptions and supplies for chronic medical conditions prohibit people from managing their diseases."*
- *"The largest need is an infrastructure that supports healthy lifestyles like walking and bicycling for utilitarian purposes that connects to purposeful destinations."*
- *"Lack of access to diabetes equipment and medication for uninsured and underinsured."*

Respondents were asked "What is being done well in the community in terms of health and quality of life?" Overall, there were many positive comments about programs in the community; however, informants felt that there was still more work to be done. One respondent stated, "Not enough is being done - when one knows that there are several major health providers in the city of Camden." Another responded, "I don't think enough is being done to help people live healthy lives. The economy is a huge obstacle."

Select Comments regarding What is Being Done Well:

- *"The Camden Coalition of Healthcare Providers focus on working together to meet the needs of the biggest users of medical care."*
- *"The Camden Coalition and other entities have received grant monies to help people with chronic disease management and high ER utilizers. Providers are coming out of their own silos to work with others."*
- *"The Camden Coalition and the Health Information Exchange are major resources to track residents and patterns associated with demographics, hospitalizations/ readmissions, rehabilitation stays and help people navigate the levels of care to community."*
- *"The Camden Coalition of Healthcare Providers network is doing good work to reach out, research, and positively affect people's health care and lives. We need more holistic and comprehensive approaches like that."*
- *"The work of the Camden Coalition of Healthcare Providers is exemplary. How do we scale that work throughout our community?"*
- *"The concerted effort by Camden Coalition of Healthcare providers is helping to focus attention on some of the community health issues and create solutions to providing better care for people in this community."*
- *"Camden Coalition of Healthcare Providers and Camden Churches Organized for People are working to empower residents to help themselves out by educating them about how to get better results in their own healthcare."*
- *"Fledging programs that focus on meeting the needs of people in a housing development, e.g. Northgate II, show promise in terms of engaging and maintaining people in services."*
- *"There are 2 FQHCs and 4 hospitals in the county that offer ED services and charity care."*
- *"The county health department offers free STD/HIV testing, operates a regional TB clinic at offers free immunizations and flu shots."*
- *"At Project H.O.P.E., the Federally Qualified Health Center for homeless and at-risk individuals in Camden, we provide nearly one in five patients with same-day, walk-in appointments."*
- *"Cooper Hospital is doing considerable outreach and improving accessibility to health care services. Cooper medical students have done an incredible job in outreaching to the community and promoting healthy lifestyles."*
- *"Cooper University Hospital continues to move more offices into the City of Camden. Other providers need to bring more services and specialties to our city. We need something similar to Cooper Urgent Care Center in Cherry Hill. This way people with small problems don't tie up Emergency Rooms or the already crowded doctor's offices in the city."*
- *"There has been an increase in available screenings and a real attempt at disseminating information to disadvantaged populations. Cooper Hospital in particular has made a clear and concerted effort to increase outreach in the community and meet the needs of the most underprivileged."*
- *"The willingness to form coalitions speaks well to a community that is strapped in resources but trying to be creative. We need more funding resources as a community to be able to do the work well."*

- *"Having the hospitals and county health departments working together is incredible! By doing so, a message is being sent to the community that health, wellness and healing is a priority and a collective goal to achieve."*
- *"Community outreach, forming partnerships with community to hear and help address community concerns, working with the community to help rehabilitate the neighborhoods surrounding the community and helping to make the community safe from crime."*
- *"Camden City and County provide outreach to underserved, underinsured individuals with multiple community centered programs."*
- *"The faith community and other grassroots groups are stepping up to try to support individuals and families in terms of both meeting basic needs and providing emotional or mental supports needed."*
- *"The HOT Team, which does outreach to the homeless, is making strides in engaging them in services."*
- *"The County Mobile Health Van and the Vision Screening Van make regular visits."*
- *"Expansion of health services through the urgent health care centers."*
- *"Campbell's Soup Healthy Communities Initiative and NJ Partnership for Healthy Kids are addressing childhood obesity by partnering with schools to integrate the CATCH program for nutrition and physical activity."*
- *"Love the work that NJ Healthy Partnerships is doing in North Camden at the Northgate playground."*
- *"Local gardens, Camden City Garden Club, and CSA through Greensgrow urban farm."*
- *"Farmers Markets have been appearing in towns throughout the region."*
- *The Food Access committee is starting to identify good locations for fresh food and safe routes to get there."*
- *"There are a lot of parks that offer opportunities for active lifestyles. The no smoking policy in county parks is a great step forward."*
- *"Awareness of health and social issues is high among providers and there are many scattered efforts throughout the area to alleviate the needs of residents."*
- *"We have the MAPP process (Mobilizing Action in Planning and Partnerships) which identified issues in Camden County such as chronic disease, cancer, obesity, environmental and mental health. Our partnerships are strong, and we work well together."*
- *"The County Health Department is working on obesity and physical activity initiatives county-wide as well as other MAPP focus areas."*
- *"We have a very good County Department of Health which is excellent in providing information and educational forums."*
- *"We have started a wellness center at UrbanPromise Ministries to increase access to behavioral health services, and Genesis counseling is willing to partner with us."*
- *"The Camden Area Health Education Center has been involved in providing clean needles and syringes to prevent the spread of HIV."*
- *"Camcare does a very good job."*
- *"The Community Planning & Advocacy Center is a nonprofit that promotes collaboration and coordination of services for a range of special populations and raises awareness."*
- *"Growing the health system - new facilities, new medical school, and renewed efforts."*

Next, key informants were asked "What recommendations or suggestions do you have to improve health and quality of life in the community?" Several major themes emerged from the comments including the following:

- Increased Awareness/Education/Community Outreach
- Increased Collaboration/Coordination/Community Engagement
- Improved Access to Affordable Medical Care and Dental Care
- Improved Access to Affordable Exercise and Nutrition Programs
- Enhanced Mental Health and Substance Abuse Services

Select Comments regarding Recommendations to Improve Health:

- *"More outreach and health education - for this to be successful, it should be connected to individuals receiving a service - such as free screenings or flu shots."*
- *"Continue to inform the community of services available and educate residents. Look for outreach partners like the Camden District Council Collaborative Boards that engage the community regularly."*
- *"Utilization of places of worship as community links for health information with faith-based organizations staff and congregations being included as stakeholders in the process."*
- *"Develop more outreach into the community of paraprofessionals (particularly young men) to speak to the importance of proper medical screening."*
- *"More outreach needs to be done in the community at the residential rather than the organizational level to inform the residents about available services."*
- *"Involve the community more."*
- *"Collaboration with service providers to concentrate efforts where most needed. Provide health services so poor/low income individuals do not resort to using emergency room services as clinic services."*
- *"Continued collaboration and partnerships between agencies, organizations, hospitals, and community leaders."*
- *"Health education, awareness about health care and what is covered in health plans, Medicaid or commercial."*
- *"Extend the sphere of influence the Camden Coalition has and other entities like it to assist un/underinsured navigate the healthcare process with a focus on prevention."*
- *"Increase number of bilingual health care providers (especially for Latinos), medical homes, primary care providers and specialists for those who are uninsured."*
- *"The rules and regulations to navigate through the health care system, can be daunting to some individuals. If these regulations can be simplified, or easier to understand, individuals seeking assistance might be more willing to 'go through the process' of getting help."*
- *"Improve Medicaid transportation so that it is accessed without barriers."*
- *"Create a vision with residents of a healthy community and engage all stakeholders in the process of addressing the needs."*
- *"Improve access to the healthcare system through navigation and support at every point of entry for care. Improve educational programs focused on health."*
- *"Prevention strategies need to be initiated in all populations."*

- *"We need to try some radical and very different models for improving the health and quality of life in Camden and engage the community in change. Health and Social Service providers continue to plan and make decisions for residents without having them at the table because we believe we know best and then wonder why we make no difference."*
- *"Improve knowledge about healthy behaviors through education and outreach in schools and communities. Make green safe spaces available to all residents."*
- *"One of the best ways to reach the largest group of people is through the Mayor's Wellness Program which should be implemented in each municipality and should work with green initiatives, rails to trails and general health and wellness."*
- *"Prevention strategies need to be initiated in all populations."*
- *"Access to healthier food choices especially in Camden City."*
- *"Connect food access points to a good walking and biking network."*
- *"More drug treatment centers and outreach for drug addicts and the homeless. More community/economic development to bring more businesses to the area."*
- *"Programs that supply fresh produce, like the Camden Children's Garden should be expanded and there should be better upkeep of parks, like Cooper River Park West, in which people can exercise."*
- *"Increase access to trauma-focused behavioral health services right in Camden."*
- *"Build a supermarket in Camden, or at least bring a Produce Junction. Work with corner stores to put healthy foods in the front of the store."*
- *"Increase mental health services and ease restrictions on psychiatric admissions."*
- *"Integration of mental health services into the primary care settings."*
- *"Improve access to good and effective mental health services."*
- *"Provide adequate funding for existing system of community mental health services to be able to meet the need of the population."*
- *"More involvement at schools with parents on health issues."*
- *"More education programs to encourage healthy choices. These programs need to start with school age children."*
- *"More grass-roots community engagement and education efforts and a healthcare system that takes time to educate across all socio-economic, cultural and language groups."*
- *"Better employment opportunities for the lesser skilled. Hire more people in the second chance programs at entry level positions."*
- *"Increase reliable transportation."*
- *"The transportation system has to become more accessible and affordable and accommodate the mental health community."*
- *"We need more primary care physicians, psychiatrists and dentists that can accept Medicaid, Medicare and clinics for individuals with no insurance or ability to pay."*
- *"Improve safety with the aim of increased physical activity."*
- *"Infrastructure that supports utilitarian walking and biking in a network of active transportation that leads to many destinations."*
- *"Provide easier and faster access to substance abuse treatment."*
- *"Provide a safer community, free of fear and violence. Increase policing. Tougher sentences for gang affiliation. Provide schools where students are encouraged to learn."*

- *"Expand partnership between hospitals and Federally Qualified Health Centers (FQHCs)."*
- *"More free or low cost care, especially dental care."*
- *"More access to specialists who will see Medicare/Medicaid patients."*
- *"More centers for low income with leaner sliding scales."*
- *"More mobile vans, clinics, and urgent care facilities."*
- *"More health workers and communications geared towards HIV and STD awareness in middle aged and young adults."*
- *"There is a need for more Primary Care Physicians in the communities."*
- *"We need to do a language needs assessment for Camden, Burlington, and Gloucester Counties-and then create a plan around prioritizing language access (language line, training, etc.)."*
- *"Before we add more resources, we need to understand the failures within the healthcare system at a more detailed operational level (cost, utilization, clinical metrics, scheduling, workforce) and how we're using our current resources."*

Conclusions

Many of the key informants expressed appreciation for the opportunity to share their thoughts and experiences and indicated interest and support for efforts to improve community health. Based on the feedback from the key informants, access to health care is a significant health issue in the community. A number of barriers contribute to access issues including inability to pay, health insurance coverage, and difficulty navigating the health care system. Diabetes and obesity/overweight were seen as prominent health issues. In addition, Substance Abuse/Alcohol Abuse and Mental Health/Suicide were concerns for the community. Respondents indicated the need for additional resources and increased awareness, education, prevention, and outreach to inform the community about programs and services.

The Tri-County Health Assessment Collaborative will use the results of the Key Informant Study in conjunction with secondary data, BRFSS Household Survey results, and focus group discussions to understand community health needs and prioritize public health endeavors.

APPENDIX A: QUESTIONNAIRE

INTRODUCTION: In order to better understand the health of the communities they serve, Cooper, Kennedy, Lourdes, Inspira, and Virtua Health Systems along with local county health departments are partnering to conduct a comprehensive Community Health Needs Assessment. The Tri County Health Assessment Collaborative will evaluate community health needs in Burlington, Camden, and Gloucester Counties.

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

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

When answering the survey questions, please consider the community and area of interest to be the county /counties you select below. Please select which county/counties you primarily serve or are most familiar with:

- Burlington County
- Camden County
- Gloucester County

KEY HEALTH ISSUES

1. What are the top **5** health issues you see in your community? (CHOOSE 5)

<input type="checkbox"/> Access to Care/Uninsured	<input type="checkbox"/> Overweight/Obesity
<input type="checkbox"/> Cancer	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Dental Health	<input type="checkbox"/> Stroke
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Substance Abuse/Alcohol Abuse
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Maternal/Infant Health	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Mental Health/Suicide	

2. Of those health issues mentioned, which **one** is the most significant? (CHOOSE 1)

<input type="checkbox"/> Access to Care/Uninsured	<input type="checkbox"/> Overweight/Obesity
<input type="checkbox"/> Cancer	<input type="checkbox"/> Sexually Transmitted Diseases
<input type="checkbox"/> Dental Health	<input type="checkbox"/> Stroke
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Substance Abuse/Alcohol Abuse
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Maternal/Infant Health	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Mental Health/Suicide	

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

ACCESS TO CARE

4. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

	Strongly disagree ← → Strongly agree
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Residents in the area are able to access a dentist when needed.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of bilingual providers in the area.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
There is a sufficient number of mental/behavioral health providers in the area.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Transportation for medical appointments is available to area residents when needed.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

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

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

6. Of those barriers mentioned, which **one** is the most significant? (CHOOSE 1)

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

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

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

__ Yes __ No

9. **If yes**, which populations are underserved? (Select all that apply)

<input type="checkbox"/>	Uninsured/Underinsured
<input type="checkbox"/>	Low-income/Poor
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Black/African-American
<input type="checkbox"/>	Immigrant/Refugee
<input type="checkbox"/>	Disabled
<input type="checkbox"/>	Children/Youth
<input type="checkbox"/>	Young Adults
<input type="checkbox"/>	Seniors/Aging/Elderly
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	None
<input type="checkbox"/>	Other (specify):

10. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

<input type="checkbox"/>	Doctor's Office
<input type="checkbox"/>	Health Clinic/FQHC
<input type="checkbox"/>	Hospital Emergency Department
<input type="checkbox"/>	Walk-in/Urgent Care Center
<input type="checkbox"/>	Don't Know
<input type="checkbox"/>	Other (specify):

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

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

<input type="checkbox"/>	Free/Low Cost Medical Care
<input type="checkbox"/>	Free/Low Cost Dental Care
<input type="checkbox"/>	Primary Care Providers
<input type="checkbox"/>	Medical Specialists
<input type="checkbox"/>	Mental Health Services
<input type="checkbox"/>	Substance Abuse Services
<input type="checkbox"/>	Bilingual Services
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Prescription Assistance
<input type="checkbox"/>	Health Education/Information/Outreach
<input type="checkbox"/>	Health Screenings
<input type="checkbox"/>	None
<input type="checkbox"/>	Other (specify):

CHALLENGES & SOLUTIONS

13. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?
14. In your opinion, what is being done **well** in the community in terms of health and quality of life? (Community Assets/Strengths/Successes)
15. What recommendations or suggestions do you have to improve health and quality of life in the community?

CLOSING

Please answer the following demographic questions.

16. **Name & Contact Information:** (Note: Your name and organization is required to track survey participation. Your identify WILL NOT be associated with your responses.)

Name:

Title:

Organization:

Email Address:

17. Which one of these categories would you say BEST represents your community affiliation? (CHOOSE 1)

<input type="checkbox"/>	Health Care/Public Health Organization
<input type="checkbox"/>	Mental/Behavioral Health Organization
<input type="checkbox"/>	Non-Profit/Social Services/Aging Services
<input type="checkbox"/>	Faith-Based/Cultural Organization
<input type="checkbox"/>	Education/Youth Services
<input type="checkbox"/>	Government/Housing/Transportation Sector
<input type="checkbox"/>	Business Sector
<input type="checkbox"/>	Community Member
<input type="checkbox"/>	Other (specify):

18. What is your gender? __ Male __ Female

19. Which one of these groups would you say BEST represents your race/ethnicity? (CHOOSE 1)

<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Asian/Pacific Islander
<input type="checkbox"/>	Other (specify):

20. The Tri County Health Assessment Collaborative (Cooper, Kennedy, Lourdes, Inspira, Virtua Health Systems and Burlington, Camden, and Gloucester County Health Departments) and its partners will be using the information gathered through these surveys to develop a community health implementation plan. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

APPENDIX B: KEY INFORMANT STUDY PARTICIPANT LIST

Name	Title	Organization
Akram Abed	Manager, Camden Metro Region	Rails-to-Trails Conservancy
Kathy Birmingham	Executive Director	Camden County Family Support Organization
Deb Bokas	Director Social Services	LMA/Osborn Family Health Center
Linda Brady-Chernow	RN	Medicaid
Jeffrey Brenner	Executive Director	Camden Coalition of Healthcare Providers
Lynn Brown	President/CEO	Planned Parenthood of Southern NJ
Rebecca Bryan	Director, Wellness Center	UrbanPromise Ministries, Inc.
Sade Bryant	Administrative Assistant	PBCIP
Sylania Burnett	Project Director	Camden Healthy Start
Cathy Butler, MA, CSW	Assistant Director	Southern NJ Perinatal Coop
Major Paul Cain	Kroc Center Administrator	The Salvation Army
Nelson Carrasquillo	General Coordinator	CATA (Farmworker Support)
Martha Chavis	Director, CHWI	Camden AHEC
Lynne Chesshire	RN/CM of ED	Our Lady of Lourdes Medical Center
T. Collier	RN/Co-Owner	Parkside Adolescent & Adult Medical Clinic
Shana Cornfield	Program Manager	The Food Trust
Marilyn Corradetti	Mental Health Administrator	Community Planning & Advocacy Council
Catherine Curley RN, PhD	Director, Neurosciences	Virtua
Cindy Decker	Hospital/Physician	VITAS Hospice
Patricia DeShields	CEO	Project H.O.P.E.
Maureen Donnelly	Safe Kids Southern New Jersey	Cooper University Hospital
Rachel Dornish	REHS	Camden County Health Dept.
Marianna Emanuele	Member	We Care About Centerville
Christine Ermert Bortner	Community Health Educator	Lourdes Wellness Center
Ami Feller	Admissions	South Jersey Health Care Center
Gene Floyd	Block Captain Chair	PBCIP
Kim Fortunato	Director, Campbell Healthy	Campbell Soup Company
Marion Frockowiak	Director of Nursing	Abigail House for Nursing & Rehab
Valeria Galarza	Program Manager	New Jersey Partnership for Healthy Kids – Camden
Beth Gebhart	Executive Director, Community Service & Fund Development	Lutheran Social Ministries of New Jersey

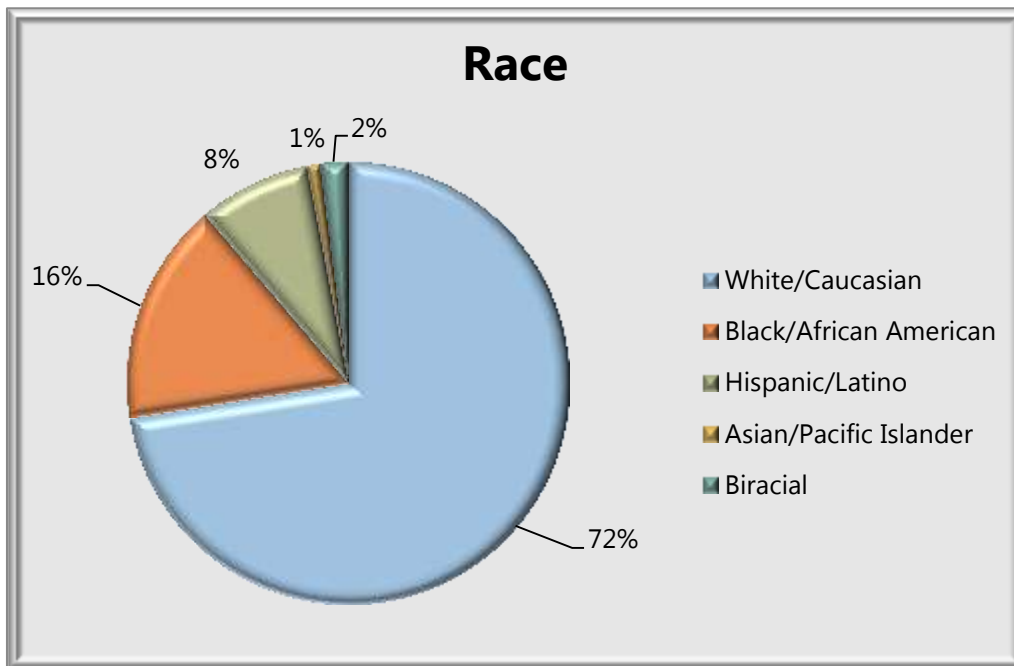
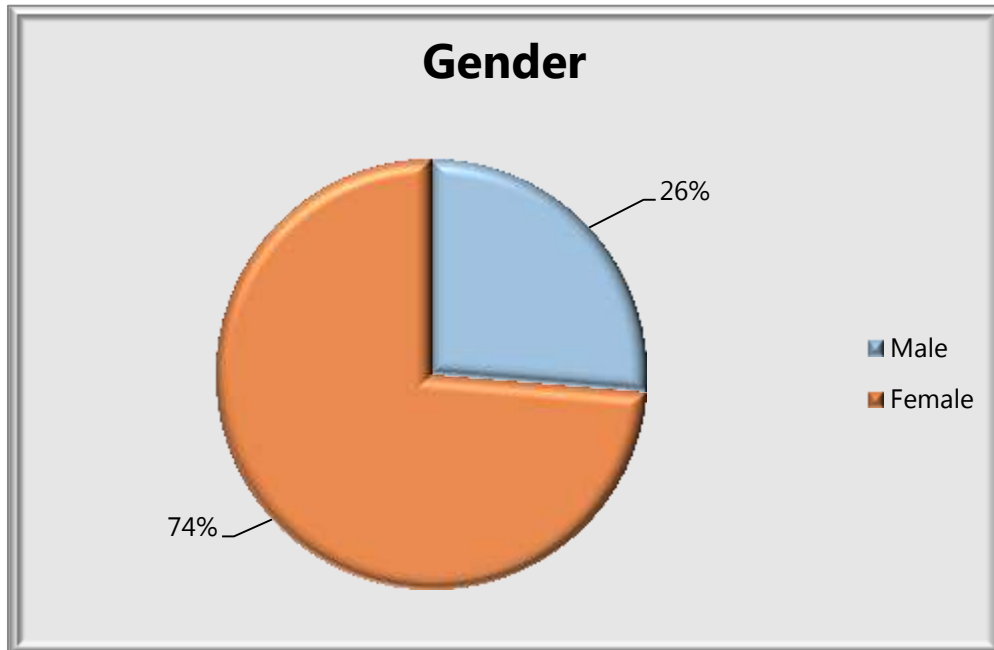
Name	Title	Organization
Migna Gonzalez	Social Worker	Early Childhood Development Center
Generosa Grana	Director, Cooper Cancer Institute	Cooper University Hospital
Joan Gray	Director of Ambulatory Services	Virtua
Matthew Grochowski	Registered Environmental Health Specialist	Camden County Health Dept.
Helen Hannigan	Chief Operating Officer	Family Health Initiatives
Mark Hebert	PHENS Coordinator	Camden County Health Dept.
Pilar Hogan Closkey	Executive Director	Saint Joseph's Carpenter Society
Daniel J. Hyman, DO	Head, Division of GIM	Cooper University Hospital
Lisa Jenkins	District Parent Advisory Council	Camden City Schools
Nancy Keleher	Director/Community Outreach	Cooper University Hospital
Tim Kerrihard	President and CEO	YMCA of Burlington & Camden
Renee Koubiadis	Assistant State Campaign Director	Citizens' Campaign
Marie Lawrence	Committeewoman, Ward 3	Township of Winslow
Gino Lewis	Director	Camden County Community Development
Milford Liss	Executive Director	Boys & Girls Club of Camden
Mary Love	Residential Coordinator	CFS/SERV
Patricia Madden	RN Emergency Department	Kennedy Health System
Andrea Marshall	Director of Education	Camden County Council on Alcoholism & Drug Abuse, Inc.
Scot McCray	Asst. Vice-President – Operations	CAMcare Health Corporation
Kendria McWilliams	CEO	Maryville Treatment Centers
Joshua Myers	Manager of Development and Information Technology	Project H.O.P.E., Inc.
Jana Nelson	Director	UMDNJ-School of Nursing
Nancy Nguyen	Branch Manager	BPSOS-Delaware Valley
Liza Nolan	Executive Director	Camden Community Development Association
Angel M. Osorio	Chief Executive Officer	District Council Collaborative Boards
Carmen D. Perez	Executive Director	Puerto Rican Unity for Progress

Name	Title	Organization
Barbara Pfeiffer	Director	Art Aware
Anthony Phoenix	CCHP Board Secretary/ CCOP Resident Healthcare Team Leader	CCHP, CCOP, Fairshare Resident Advisory Board Member
Teresa Price	Infection Prevention Manager	Virtua
Andres J Pumariega, M.D.	Chair, Psychiatry	Cooper Health System and CMSRU
Larry Ragone	Director of Development, Public Relations	South Jersey Eye Center
Bill Ragozine	Executive Director	Cross County Connection TMA
Mary Lynne Reynolds	Executive Director	Mental Health Association in Southwestern New Jersey
Sheila Roberts	President	Cooper Lanning Civic Association
Evelyn Rodriguez	Director, Oncology Outreach Programs	Cooper University Hospital
Lynn Rosner, M.Ed.	Certified Tobacco Treatment Specialist	Camden County Health Department
Joye Rozier	Coordinator	Burlington/Camden County Regional Chronic Disease Coalition
Merilee Rutolo	Vice President	Center For Family Services
Ann Sadler	Case Manager/Elders	RESPOND
Laura Sanchez	Special Projects Manager	Camden AHEC
Kelsey Sanderson	Volunteer & Community Partnerships Coordinator	Center For Family Services
Susan Santry	Corporate Director	Kennedy University Hospital, Inc.
Kristine Seitz	Prevention Specialist	CFS/SERV
Andrew Seligsohn	Associate Chancellor for Civic Engagement & Strategic Planning	Rutgers-Camden
Tom Sexton	Northeast Regional Director	Rails-to-Trails Conservancy
Nicole Sheppard	Senior Program Director	Center For Family Services
Ernest Smith	SEHS	Camden County Health Department
Keith Stewart	President	Lanning Square West

Name	Title	Organization
Karen Talarico	Executive Director	Cathedral Kitchen
William Thomspson	Vice President	Camden County College
Camy Trinidad	Executive Director	American Red Cross
Tracy Troiani	Marketing Manager	Bayada Nurses
Keish Tucker	Clinical Director	Archway Programs
Robin Waddell	Department Head	Rutgers Cooperative Extension
Stephen Walter	Unit Director, Communicable Disease Unit	Camden County Department of Health & Human Services
Merle Weitz	Director of Special Programs	Southern NJ Perinatal Cooperative
Dyanne Westerberg	Chair, Family & Community Medicine	CMSRU- Cooper
Plyshette Wiggins	Senior Director	American Cancer Society
Carol Wolff	Executive Director	Camden Area Health Education Center (AHEC)
Leah Ziskin, MD, MS	Adjunct Associate Professor	School of Public Health

APPENDIX C: DEMOGRAPHICS

Respondents were asked to provide some demographic information including: gender, race, and community affiliation. The key informants were mostly women (74%) and White (72%). A large percentage of the informants were affiliated with Health Care/Public Health Organizations (37%). The following figures provide a graphical depiction of these demographic characteristics.



“Which one of these categories would you say best represents your community affiliation?”

