camden county

Making It Better, Together.

Community Health Needs Assessment

Final Summary Report

-Camden County, New Jersey-

2013

HOLLERAN

COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL SUMMARY REPORT

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COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL SUMMARY REPORT

I. EXECUTIVE SUMMARY

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 Tri-County Collaborative included the following partners: Cooper University Health Care, Kennedy Health System, Lourdes Health System, Inspira Medical Center-Woodbury, Virtua Health, and the Health Departments of Burlington, Camden and Gloucester Counties. The CHNA was conducted from September 2012 to June 2013. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors and chronic health conditions

This CHNA Final Summary Report serves as a compilation of the overall findings of each research component for Camden County. Camden County is situated in the Southwestern part of New Jersey and encompasses a total population of approximately 514,000. The completion of the CHNA enabled the Tri-County Health Assessment Collaborative to take an in-depth look at the greater community. The findings from the assessment were utilized by the Tri-County Collaborative to prioritize public health issues and develop community health implementation plans focused on meeting community needs.

Research Components

The Tri-County Collaborative took a comprehensive approach to identifying the needs in the communities it serves. A variety of quantitative and qualitative research components were implemented as part of the CHNA. These components included the following:

- Secondary Statistical Data Profile of Camden County
- Household Telephone Survey with 575 community residents
- Data Collection Sessions with 165 Camden City residents from diverse populations
- Key Informant Interviews with 113 community stakeholders
- Focus Group Discussions with 22 community residents

Key Community Health Issues

The following community health issues appeared in multiple research components:

- Access to Health Care
- Mental Health & Substance Abuse
- Chronic Health Conditions (Diabetes, Heart Disease & Cancer)
- Overweight/Obesity

II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

METHODOLOGY

The CHNA was comprised of quantitative and qualitative research components. A synopsis of the CHNA research is included below with further details provided throughout the document:

- Quantitative Data:
  - A **Secondary Statistical Data Profile** depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Camden County was compiled.
  - A **Household Telephone Survey** was conducted with 575 randomly-selected community residents. The survey was modeled after the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.
  - 4 **Data Collection Sessions** were held with 165 Camden City residents from diverse populations. Participants were administered an abbreviated version of the customized BRFSS survey tool. Responses were collected through wireless keypad technology.

- Qualitative Data:
  - **Key Informant Interviews** were conducted with key community leaders. In total, 113 people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.
  - 2 **Focus Groups** were held with 22 community members in May 2013.

Research Partner

The Tri-County Collaborative contracted with Holleran, an independent research and consulting firm located in Pennsylvania, to conduct research in support of the CHNA. Holleran has over 20 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

1) Analyzed and interpreted Secondary Data
2) Conducted, analyzed, and interpreted data from Household Telephone Survey
3) Conducted, analyzed and interpreted data from Key Informant Interviews
4) Conducted focus groups with community members

Community engagement and feedback were an integral part of the CHNA process. The Tri-County Collaborative sought community input through focus groups with community members, Key Informant Interviews with community stakeholders and inclusion of community partners in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served including medically underserved, low income, and minority populations.

III. SECONDARY DATA PROFILE OVERVIEW

BACKGROUND

One of the initial undertakings of the CHNA was a review of secondary data. Data that is obtained from existing resources is considered "secondary." The data presented in this report comes from the "2012 County Health Profile" report prepared by Health Research and Educational Trust of New Jersey (HRET). This report was prepared for members of the New Jersey Hospital Association and provides county-level data for Camden County, New Jersey.

Note that Holleran was not involved in any of the data tabulation or gathering and simply served in an advisory role to interpret the key points of the secondary data profile. The county-level data is compared to New Jersey statewide averages.

The profile details data covering the following areas:

- Demographic & Household Statistics
- Access to Health Care
- Safety
- Health Behaviors
- Maternal & Infant Health
- Communicable Disease & Chronic Disease
- Mortality

KEY FINDINGS-SECONDARY DATA PROFILE

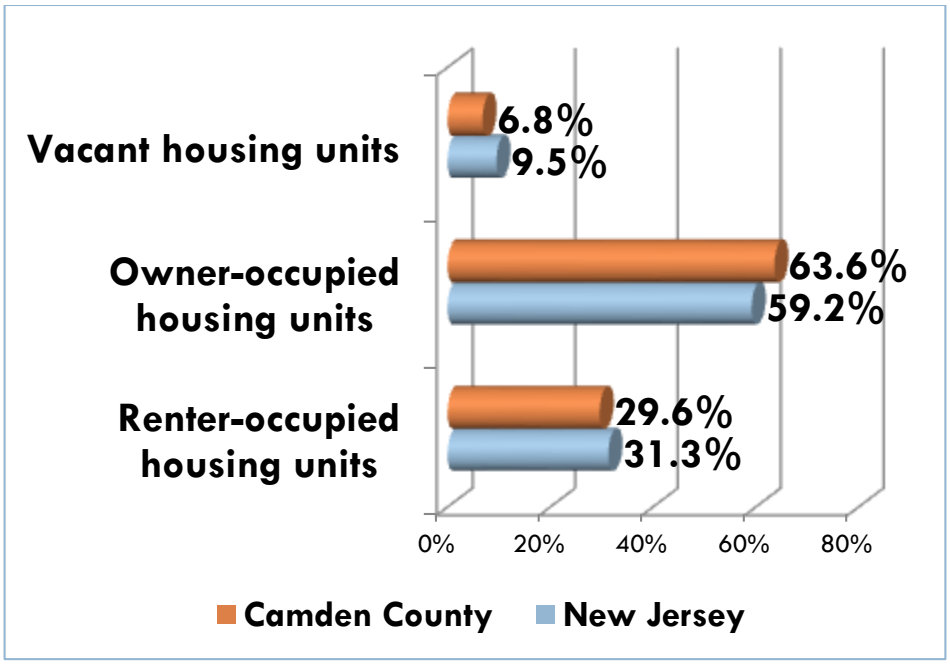
DEMOGRAPHIC & HOUSEHOLD STATISTICS

Camden County compares favorably:

- Vacant housing units are less likely in Camden County compared to throughout New Jersey[1].
- The percentage of cost-burdened households in the county is lower than the statewide figure[2].

It is estimated that there are 204,943 housing units in Camden County. Of those housing units, 6.8% are vacant, 63.6% owner-occupied and the remaining 29.6% are renter-occupied[1]. When comparing these statistics to New Jersey overall, Camden County has fewer vacant homes, fewer renter-occupied homes and more owner-occupied homes. There are also 2.6% fewer households that are cost-burdened in Camden County compared to statewide[2].

[1] U.S. Census Bureau, 2010 Census
[2] U.S. Census Bureau, 2009 American Community Survey



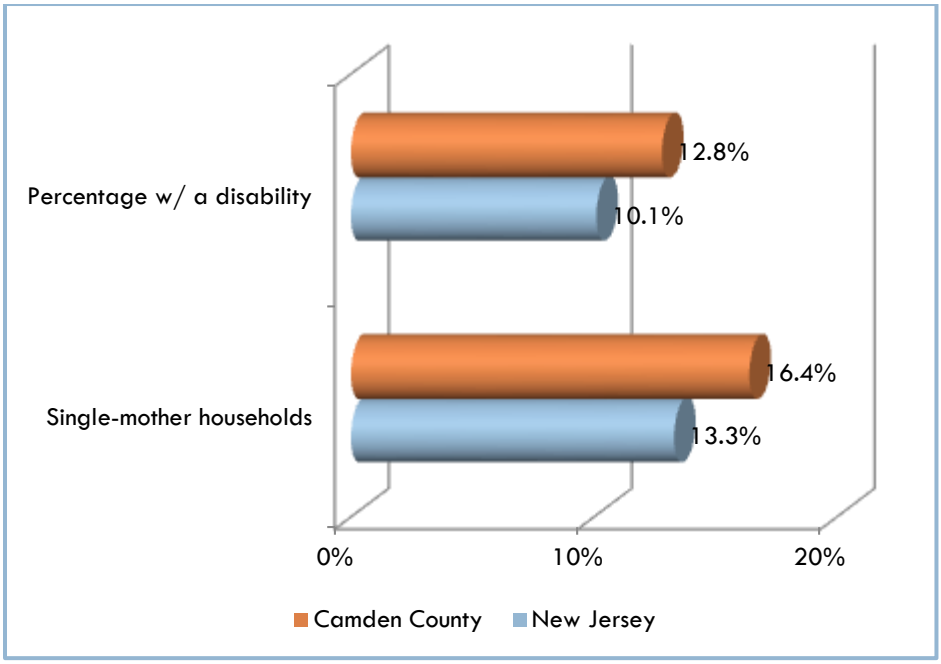
Source: U.S. Census Bureau, 2010 Census

Camden County compares unfavorably:

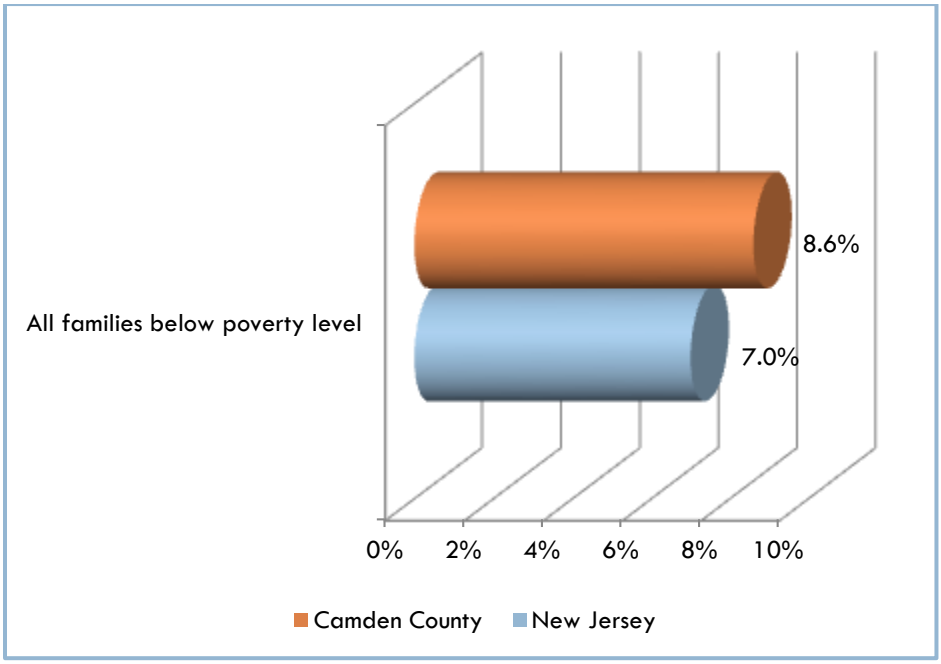
- The percentage of the total population with a disability living in Camden County is higher than statewide[2].
- There is a greater proportion of single-female households in Camden County compared to the state[1].
- The percentage of children living in single-family households is above state averages[1].
- Adults in Camden County are less likely to have Bachelor's degrees, graduate degrees or professional degrees compared to New Jersey overall[2].
- The poverty rates and household income statistics for Camden County are less favorable than the New Jersey averages[2].
- The number of people receiving public assistance (TANF, SNAP, EAP, and/or WIC) increased significantly from 2007-2011[3].

It is estimated that almost 13% of the county population lives with a disability compared to approximately 10% in New Jersey. Households in Camden County are also more likely to have single-parent households (female head of household). When looking at key economic and education indicators for the county, Camden also compares less favorably. Fewer adults in the county have a Bachelor's or graduate degree. There are more than 11,000 families living below the poverty level in Camden County, a portion that is higher than the proportion statewide.

[3] N.J. Department of Human Services, Division of Family Development, Current Program Statistics, 2011; N.J. Department of Health and Senior Services, Division of Family Health Services, 2011



Source: U.S. Census Bureau, 2009 American Community Survey



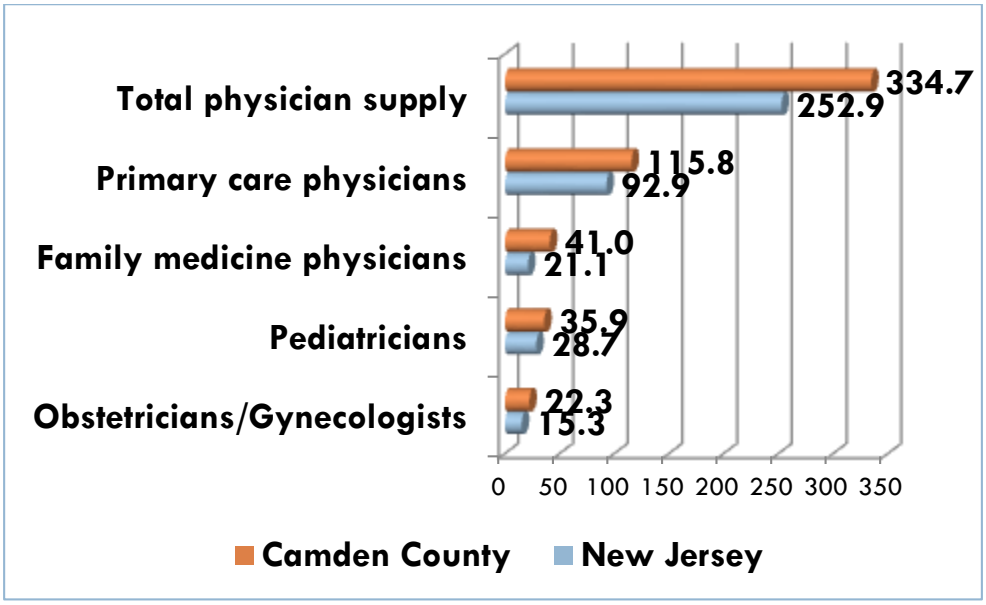
Source: U.S. Census Bureau, 2009 American Community Survey

HEALTH CARE ACCESS

Camden County compares favorably:

- The total physician supply is much greater in Camden County than throughout New Jersey[4].
- The number of physicians in Camden County for: primary care, family medicine, pediatrics, OB/GYN, cardiology, surgical specialists, and psychiatrists exceed the state averages[4].

With a few exceptions, the physician density in Camden County is far greater than New Jersey as a whole. The density rates reflect the number of physicians per 100,000 population. The countywide rate for all physicians is 334.7 compared to 252.9 statewide. Similar positive comparisons exist for a number of other specialties as well[4].



Source: N.J. Council of Teaching Hospitals, New Jersey Physician Workforce Task Force Report, 2008

Camden County compares unfavorably:

- The percentage of individuals receiving Medicaid in Camden County is greater than the percentage for New Jersey[2].
- The number of general Internal Medicine physicians in Camden County is below the statewide rate[4].
- Emergency department visits in Camden County greatly exceed the state benchmarks[5].
- Emergency department visits for primary care conditions exceed state figures (both adults and children)[6].

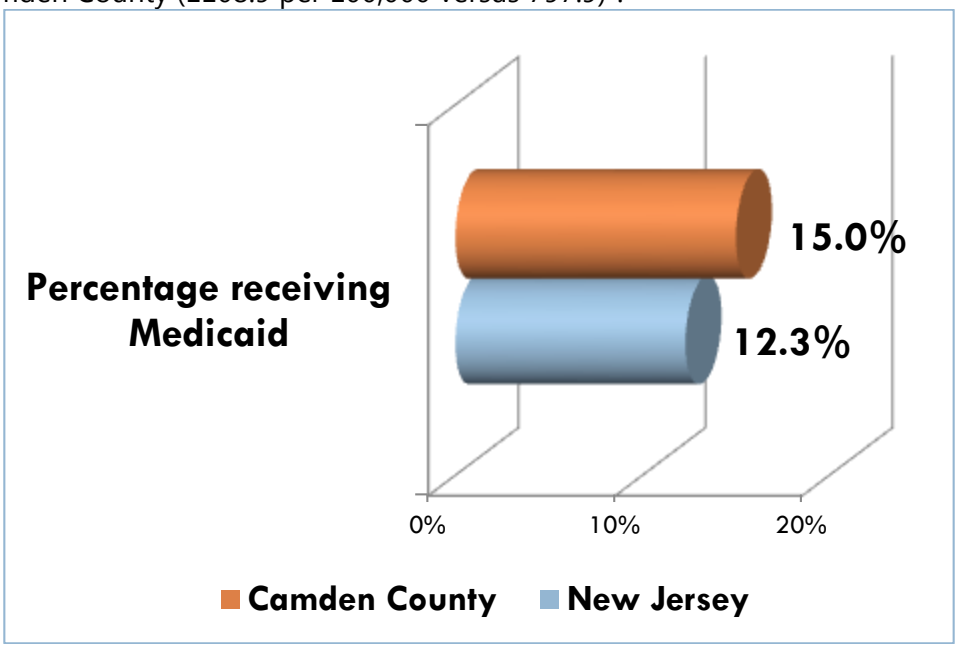
[4] N.J. Council of Teaching Hospitals, New Jersey Physician Workforce Task Force Report, 2008
[5] New Jersey Discharge Data Collection System, 2011
[6] New Jersey Discharge Data Collection System, Uniform Billing Data, 2010

- Hospital admissions for both adults and the elderly are higher in Camden County[6].
- Hospital admissions for ambulatory care sensitive conditions among adults (18-64) are higher than statewide[7].
- Medicare 30-day readmissions are higher in Camden County[7].
- Substance abuse treatment admissions in Camden County exceed admission rates for New Jersey overall[8].

Overall, the percentage of individuals with health insurance does not differ from the state (87.4%); however, individuals in Camden County are more likely to have public health insurance coverage. There are more than 76,000 individuals in Camden County who receive Medicaid, which is 2.6% above the proportion statewide[2]. The availability of providers in the county is generally above the state, the density of general Internal Medicine physicians is lower (38.9 per 100,000 versus 43.2)[4].

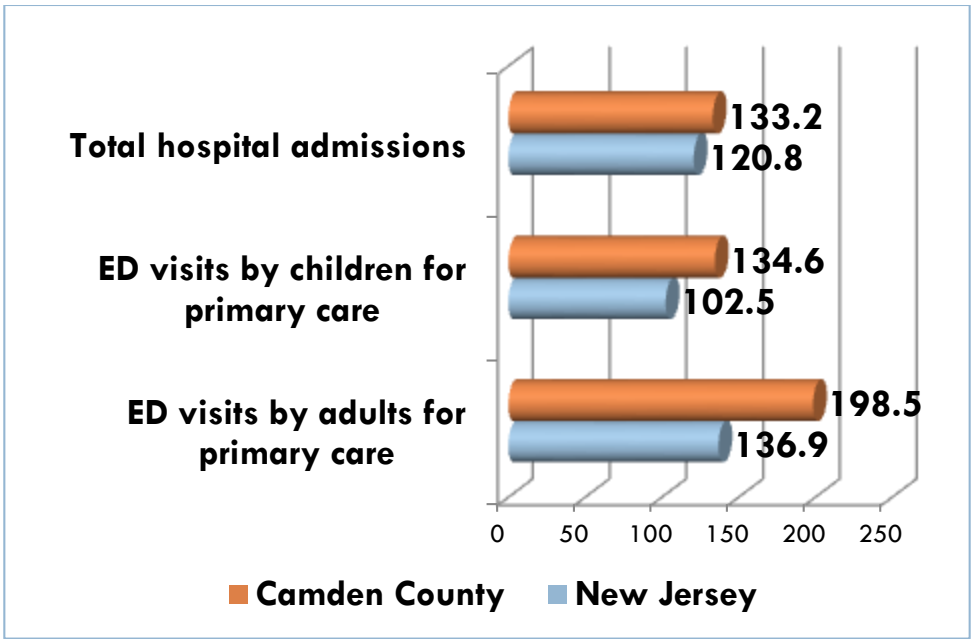
Emergency department (ED) use for primary care conditions and hospital admissions for ambulatory care sensitive conditions are not favorable when comparing Camden County to the state. Residents of all ages in Camden County are more likely to visit the ED, and adults and the elderly are more likely to be admitted to the hospital[7].

Readmissions within the 30-day period among Medicare beneficiaries are well above state benchmarks[7]. It should also be noted that treatment admissions for substance abuse are more likely in Camden County (1108.9 per 100,000 versus 797.9)[8].



Source: U.S. Census Bureau, 2009 American Community Survey

[7] Healthcare Quality Strategies, Inc. (HQSI), Report of Medicare FFS claims for New Jersey, 2011
[8] N.J. Department of Human Services, Division of Addiction Services, New Jersey Drug and Alcohol Abuse Treatment, 2009



Rates per 1,000 population

Source: New Jersey Discharge Data Collection System, 2011; Uniform Billing Data, 2010

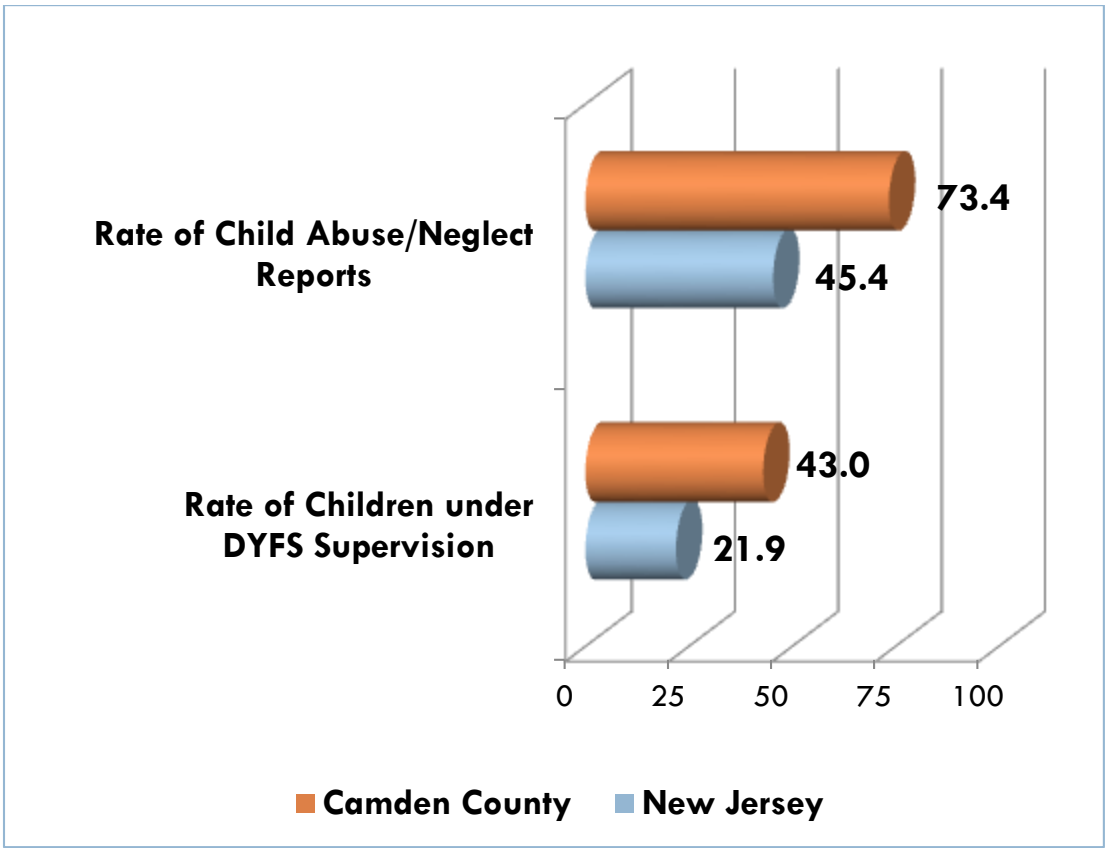
SAFETY

Camden County compares unfavorably:

- The percentage of children tested for lead poisoning (ages 6 to 29 months) is lower than the percentage for New Jersey overall[9].
- Reports of child abuse/neglect are higher in Camden County[10].
- The number of children under DYFS supervision and receiving in-home services is greater in Camden County than in other New Jersey counties[11].
- Domestic violence offenses in the county are above state rates[12].
- The overall crime rate for the county is above the state crime Rate[12].
- Juvenile arrests for being a "runaway" are higher in Camden County as well as adult arrests for drug abuse violations[12].

[9] N.J. Department of Health and Senior Services, Division of Family Health Services, Maternal and Child Health Services, Child and Adolescent Health Program, 2010
[10] N.J. Department of Children and Families, Child Abuse and Neglect Substantiations, 2010
[11] N.J. Department of Children and Families, Division of Youth and Family Services, 2011
[12] N.J. Department of Law and Public Safety, Division of State Police, Uniform Crime Reporting Unit, 2009

Fewer Camden County children between the ages of 6 and 29 months are tested for lead poisoning compared to statewide (33.5% in Camden County compared to 45.6% tested in New Jersey)[9]. In 2010, there were 9,184 children reported as being abused or neglected in Camden County. Roughly 13% of those reports were substantiated. Camden County has a higher rate of child abuse being reported, but also has a higher rate of substantiated cases compared to the state[10]. Aligned with these statistics is the number of children under DYFS supervision, a figure that is 21% above New Jersey[11]. Rates of domestic violence offenses in Camden County are also higher than throughout New Jersey as is overall crime[12].



Rates per 1,000 population under 18

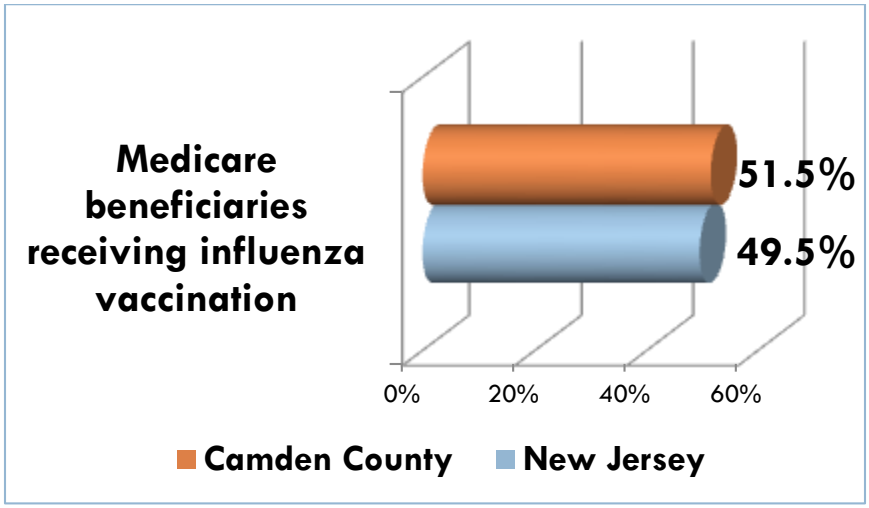
Source: N.J. Department of Children and Families, Child Abuse and Neglect Substantiations, 2010; N.J. Department of Children and Families, Division of Youth and Family Services, 2011

HEALTH BEHAVIORS

Camden County compares favorably:

- Adults 50+ are more likely to have had a sigmoidoscopy or colonoscopy[13].
- Males 40+ are more likely to have had a PSA test in the past 2 years[13].
- Medicare beneficiaries in Camden County are more likely to have had a flu vaccine than beneficiaries throughout the state[14].

Approximately 66% of adults 50 years and over in Camden County have had a sigmoidoscopy or colonoscopy compared to 63.7% statewide. Nearly 60% of men 40 years and over in Camden County have had a PSA test in the past two years compared to 57% in New Jersey[13]. In 2010, 51.5% of Medicare beneficiaries (65 or older) received an influenza vaccination. This is slightly above the 49.5% for New Jersey overall[14].



Source: Healthcare Quality Strategies, Inc. (HQSI), Report of Medicare FFS claims for New Jersey, 2011

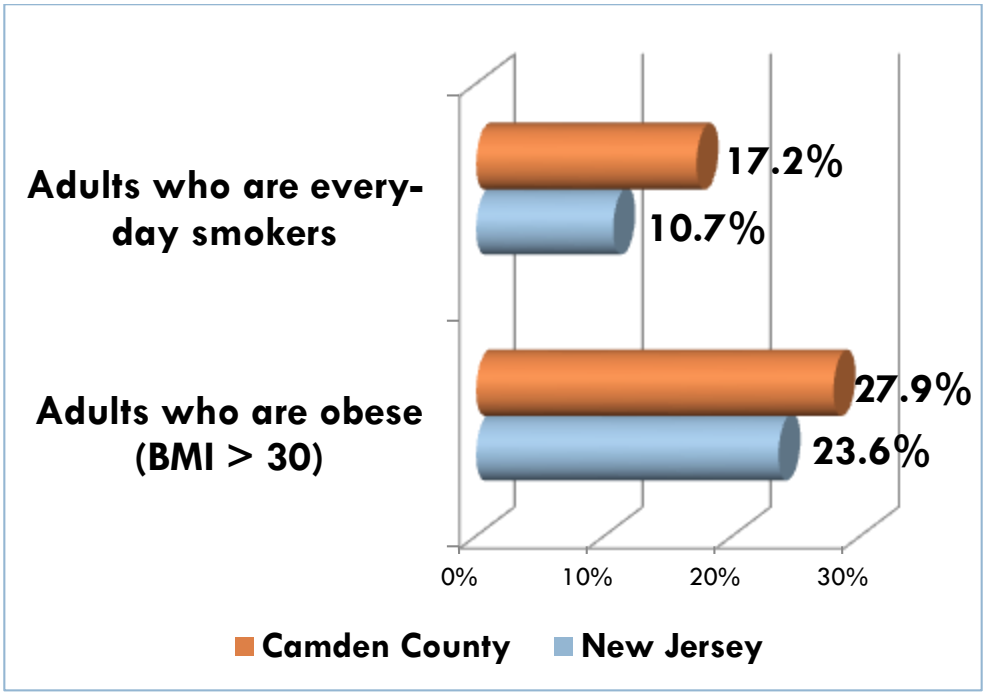
Camden County compares unfavorably:

- Regular tobacco use (cigarette smoking) is higher in Camden County compared to New Jersey overall[13].
- Tobacco use as well as heavy drinking among Blacks is proportionally higher in Camden County compared to Blacks statewide[13].
- The proportion of obese adults in the county exceeds the statewide average[13].
- The proportion of females 50+ who have had a mammogram is below the state proportion[13].
- Adults 50+ in Camden County are less likely to have had a blood stool test compared to those throughout the state[13].

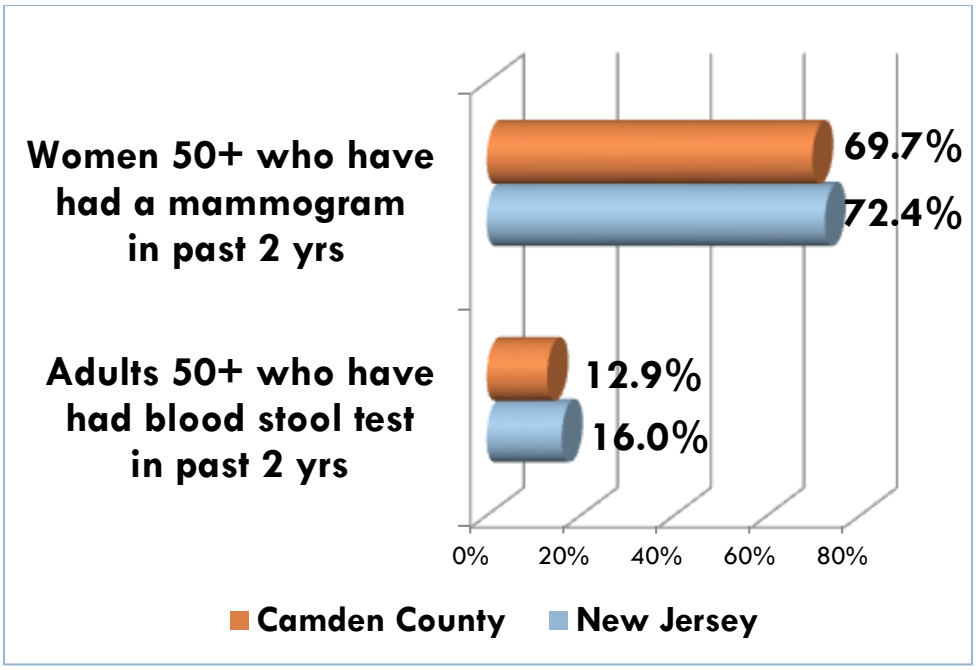
[13] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010
[14] Healthcare Quality Strategies, Inc. (HQSI), Report of Medicare FFS claims for New Jersey, 2011

- Medicare beneficiaries in Camden County who have had a pneumonia vaccination are proportionally lower than beneficiaries throughout New Jersey[14].
- The percentage of Medicare beneficiaries who have had cancer screenings is lower in Camden County[14].
- The percentage of Medicare beneficiaries who have had diabetes screenings is lower in Camden County[14].

The incidence of cigarette smoking in Camden County is well above state percentages. Roughly 17% of the adults smoke every day compared to 10.7% for New Jersey overall. When looking at BMI (Body Mass Index) statistics, nearly 28% of county residents are obese. This exceeds the state's obesity percentage by 4.3%. The proportion of adults who are having recommended screenings and preventive services is below state benchmarks as well. Specifically, Camden County is 2.7% below the state in the number of females 50+ who have had a mammogram in the past two years and is 3.1% below the state average in the number of adults 50+ who have had a blood stool test in the past two years[13]. Medicare beneficiaries in the county show similar trends.



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010



Source: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, 2010

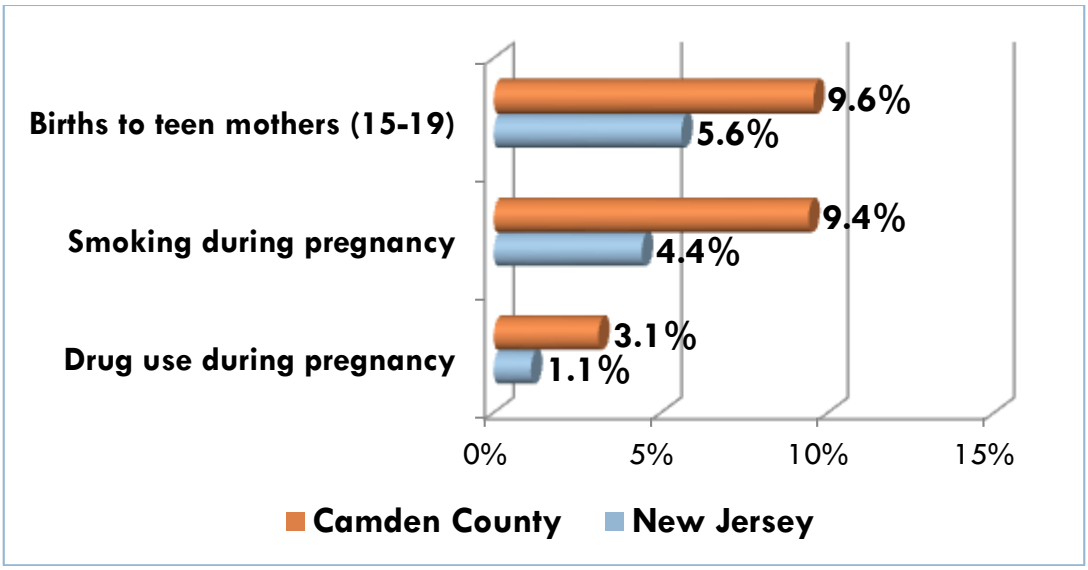
MATERNAL & CHILD HEALTH

Camden County compares unfavorably:

- Teen pregnancy rates (ages 15-19) exceed the rate for New Jersey overall[15].
- The percentage of births to unmarried mothers is greater in Camden County[15].
- Smoking and use of drugs during pregnancy is elevated among Camden County mothers[15].
- The proportion of expectant mothers receiving first trimester prenatal care is lower in Camden County than in other New Jersey counties[15].
- The overall infant mortality rate in Camden County exceeds the rate statewide[16].
- The infant mortality rate among Non-Hispanic Blacks in the county exceeds the rate among Non-Hispanic Blacks statewide[16].

Expecting mothers in the county are more likely to be teenagers, unmarried, and to smoke or use drugs during their pregnancy. Additionally, expecting mothers in the county are less likely to seek prenatal care in their first trimester (77% versus 81% statewide)[15]. The infant mortality rate is higher in Camden County (7.2) compared to New Jersey (5.1). The infant mortality rate among Non-Hispanic Blacks is nearly 14% which is 3.0 points above the state rate for Non-Hispanic Blacks.

[15] NJ Dept. of Health & Senior Services, Bureau of Vital Statistics & Registration, NJ Birth Certificate Database, 2011
[16] N.J. Dept. of Health & Senior Services, Center for Health Statistics, N.J. State Health Assessment Data, 2011



Source: N.J. Department of Health and Senior Services, Bureau of Vital Statistics and Registration, N.J. Birth Certificate Database. 2011

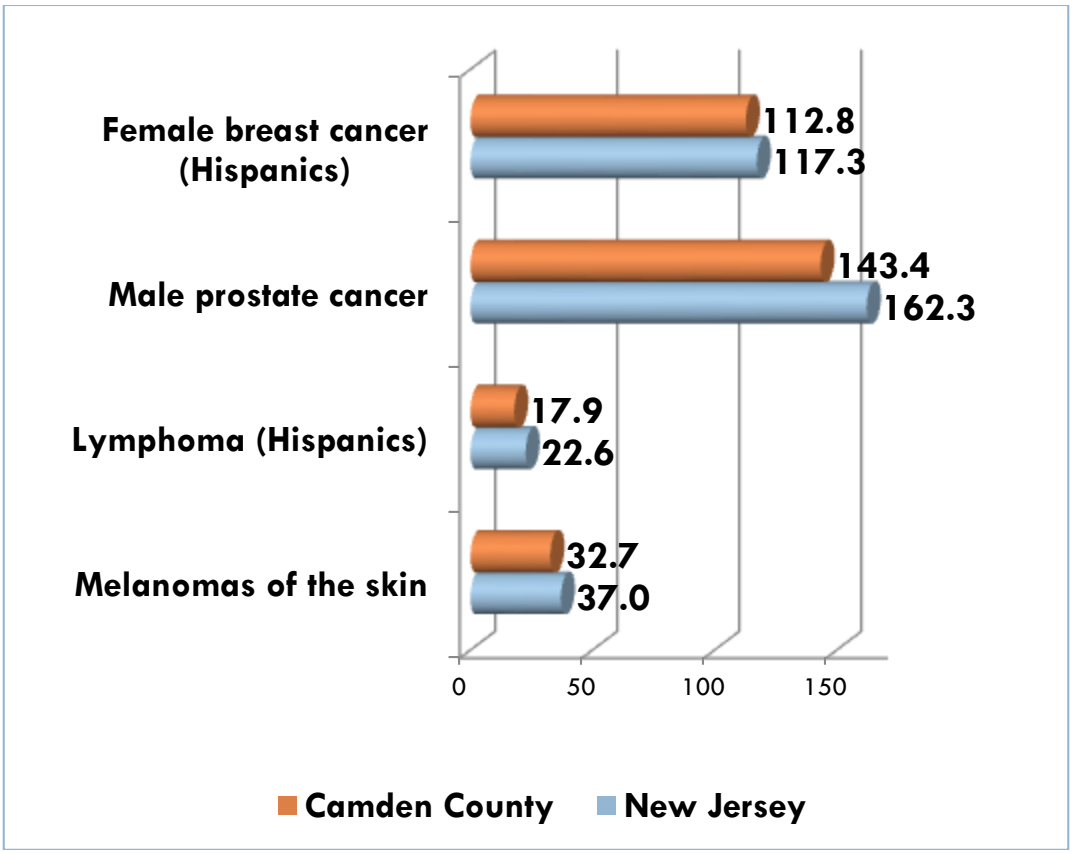
COMMUNICABLE & CHRONIC DISEASE

Camden County compares favorably:

- Infectious disease incidence rates for Campylobacteriosis, Hepatitis C, Influenza A, Lyme Disease, and Varicella are all lower than the corresponding rates throughout the state[17].
- The female breast cancer incidence rate among Hispanics in the county is lower than for Hispanics statewide[18].
- The prostate cancer incidence rate among Whites and Blacks is below the statewide rates[18].
- The colon cancer incidence rate among Blacks is lower in Camden County[18].
- The lymphoma incidence rate among Hispanics is lower in Camden County[18].
- The melanoma incidence rate among Males and Whites is lower in Camden County[18].

Camden County compares favorably against the state when it comes to select infectious disease incidence rates including rates for Campylobacteriosis, Hepatitis C, Influenza A, Lyme Disease, and Varicella[17]. While overall cancer incidence is elevated in Camden County, select cancers and demographic groups reveal lower incidence rates than New Jersey as a whole[18]. The following graph depicts a number of these comparisons.

[17] N.J. Department of Health and Senior Services, Division of Communicable Disease Service, New Jersey Reportable Communicable Disease Report, 2009
[18] N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011



Incidence rates per 100,000 population

Source: N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011

Camden County compares unfavorably:

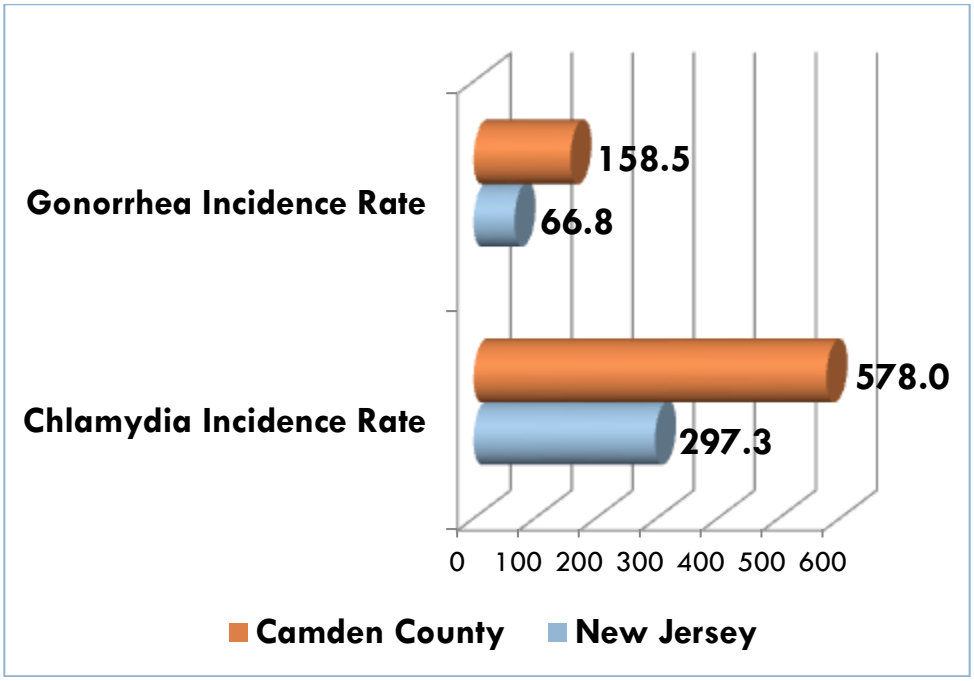
- The percentage of adults reporting "fair" or "poor" health is greater in Camden County[13].
- The incidence rates of certain sexually transmitted diseases/infections (Gonorrhea and Chlamydia) are above New Jersey overall[19].
- The overall incidence rates for cancer in Camden County exceed the New Jersey rates[18].
- The female breast cancer incidence rate among Whites and Blacks in the county is above the rate among Whites and Blacks statewide[18].
- The cervical cancer incidence rate among Hispanics is higher in Camden County compared to the state[18].
- The uterine cancer incidence rate among Hispanics is higher in Camden County compared to the state[18].
- The prostate cancer incidence rate among Hispanics is higher in Camden County compared to the state[18].
- The overall lung cancer incidence rate is higher in the county compared to the state[18].

[19] N.J. Department of Health and Senior Services, Division of HIV, STD and TB Services, Sexually Transmitted Diseases Program, 2010

- The colorectal cancer incidence rates among males and Whites in Camden County are above the state rates[18].
- Oral cancer among males in Camden County is more likely than among males statewide[18].

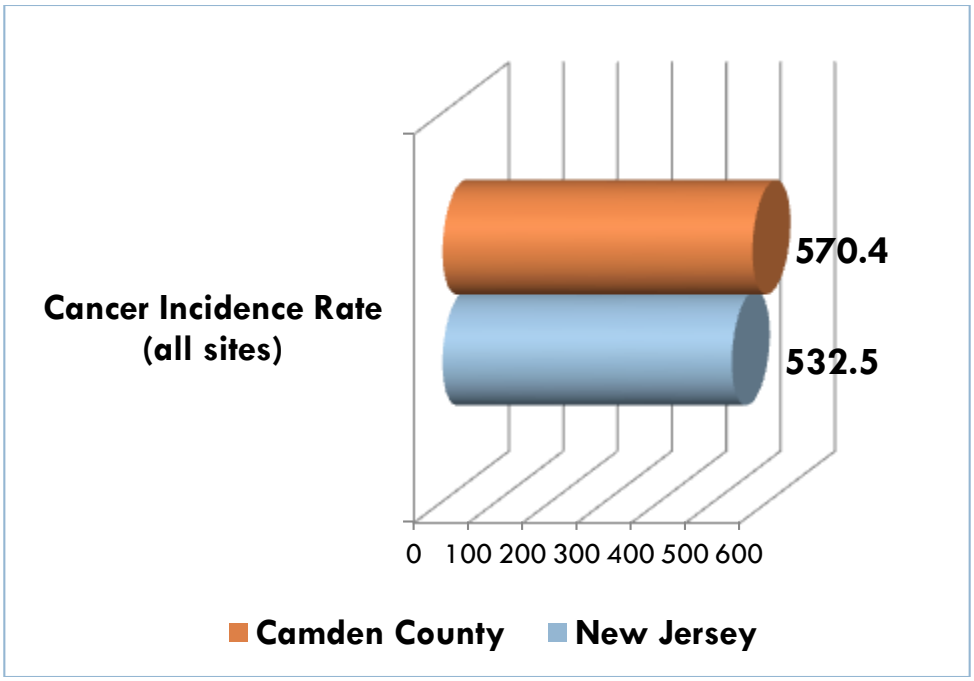
Nearly 2 out of 10 adults in Camden County report "poor" or "fair" health. This is 2.1% above the percentage throughout New Jersey[13]. Sexually transmitted diseases/infections are more common in Camden County, specifically Gonorrhea and Chlamydia[19].

Cancer rates overall are much higher in Camden County than statewide. This holds true for all cancers in combination, but also a number of other cancers for select demographic groups. Hispanics in the county show elevated cancer incidence rates for cervical cancer, uterine cancer, and prostate cancer[18].



Incidence rates per 100,000 population

Source: N.J. Department of Health and Senior Services, division of HIV, STD and TB Services, Sexually Transmitted Diseases Program, 2010



Incidence rate per 100,000 population

Source: N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011

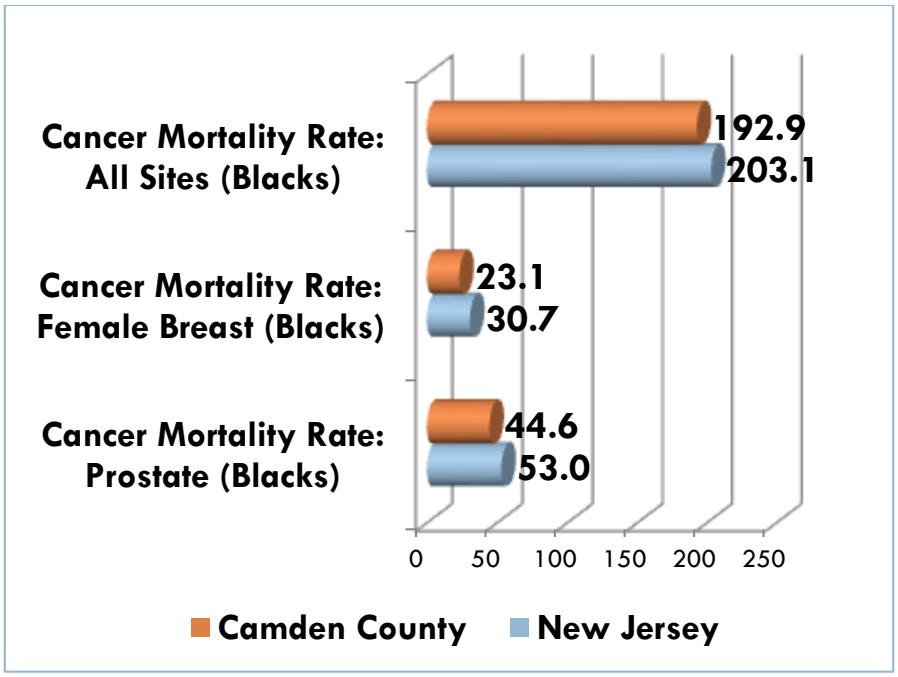
MORTALITY RATES

Mortality rates, also known as causes of death, are reported as the number of deaths per 100,000 population.

Camden County compares favorably:

- Select cancer mortality rates among Blacks in Camden County are lower than the corresponding rates among Blacks throughout New Jersey: female breast cancer, prostate cancer, and lung cancer[18].

For the most part, the cancer mortality rates in Camden County exceed the statewide rates. The exceptions are with the Blacks in the county. Their respective mortality rates for certain types of cancers are significantly below the state rate for Blacks[18]. The graph below depicts these comparisons.



Incidence rates per 100,000 population

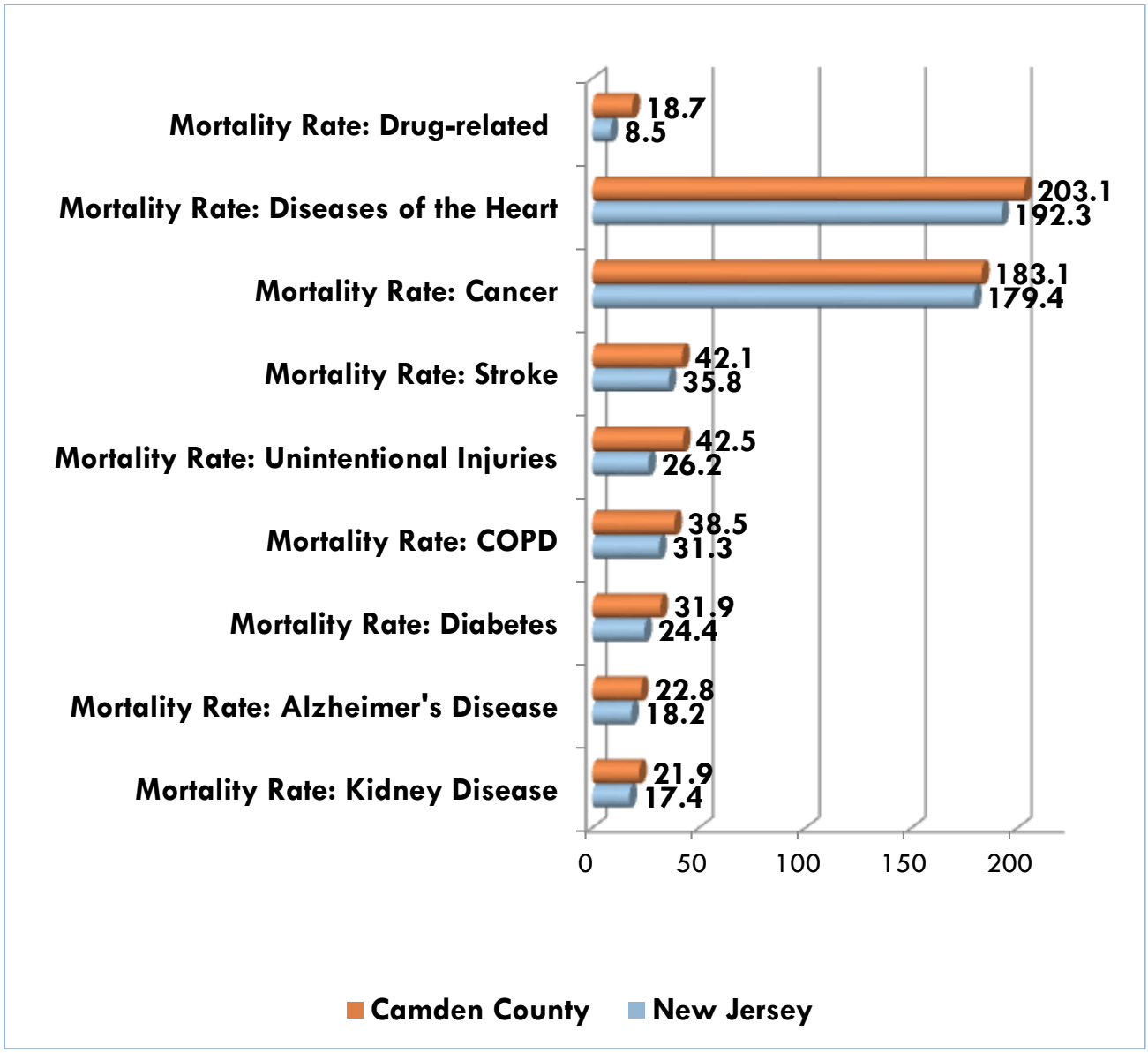
Source: N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011

Camden County compares unfavorably:

- The overall mortality rate for Camden County is above the state rate[16].
- The number of years per life lost (premature death) in the county is less favorable than the statewide figure[20].
- Drug-related mortality rates are higher in Camden County[16].
- Deaths due to heart disease, cancer, stroke, unintentional injuries, respiratory disease, diabetes, Alzheimer's, kidney disease and homicide are all higher in Camden County[16].
- Cancer mortality rates among Camden County Whites for all sites, prostate and lung cancer are higher than statewide[18].
- The cancer mortality rates among males for all sites and lung cancer are above New Jersey overall[18].

Camden County's age-adjusted mortality rate is 808.4 per 100,000 population compared to 722.8 throughout New Jersey[16]. Premature death, which is mortality prior to 75 years of age, is also higher in Camden County with 6984.8 Years of Potential Life Lost per 100,000 compared to 5619.4 statewide[20]. There are a number of causes of death where Camden County rates less favorable, including deaths due to drug use, cancer, heart disease, stroke, Alzheimer's disease, kidney disease and homicide[16]. Cancer mortality rates in Camden County for select cancers and demographics compared unfavorably to the state. The overall cancer mortality rate for all sites was slightly higher in Camden County (184.4) compared to New Jersey (180.7)[18].

[20] N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data, 2011; U.S. Census Bureau, 2007 American Community Survey



Rates per 100,000 population

Source: N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011; N.J. Department of Health and Senior Services, Center for Health Statistics, N.J. State Health Assessment Data, 2011

FINAL THOUGHTS-SECONDARY DATA PROFILE

Based on a review of the secondary data, the following indicators are worse in Camden County compared to the state of New Jersey.

Demographic & Household Indicators:

- Higher percentage of total population with a disability
- Higher proportion of single-female households
- Higher percentage of children living in single-family households
- Fewer adults with Bachelor's degrees, graduate degrees, or professional degrees
- Higher poverty rates and lower median household income
- Number of people in TANF, SNAP, EAP, and WIC increased from 2007-2011

Access to Health Care

- Higher percentage on Medicaid or public/government insurance
- Fewer number of general Internal Medicine physicians
- More emergency department visits and emergency department visits for primary care
- More hospital admissions (adults and elderly)
- More hospital admissions for ambulatory care sensitive conditions
- More Medicare 30-day readmissions
- More substance abuse treatment admissions

Safety:

- Lower percentage of children tested for lead poisoning
- More reports of child abuse
- Higher rates of domestic violence offenses
- Higher overall crime rate
- More juvenile and adult arrests (juveniles-runaways; adults-drug abuse violations)

Health Behaviors:

- More tobacco use (proportion of regular smokers and percentage who have ever smoked in a lifetime)
- Higher proportion of overweight/obese adults
- Fewer Females 50+ who have had a mammogram
- Fewer Adults 50+ who have had a blood stool test
- Fewer Medicare beneficiaries who have had a pneumonia vaccine
- Lower Percentage of Medicare beneficiaries who have had cancer screenings
- Lower Percentage of Medicare beneficiaries who have had diabetes screenings

Maternal & Infant Health:

- Higher teen pregnancy rates (ages 15-19)
- Higher percentage of births to unmarried mothers

- Higher rates of smoking and/or use of drugs during pregnancy
- Lower proportion of mothers receiving first trimester prenatal care
- Higher overall infant mortality rate

Communicable & Chronic Disease

- Higher percentage of adults reporting "fair" or "poor" health
- Higher incidence of sexually transmitted infections: Gonorrhea, Chlamydia
- Higher overall incidence rates for cancer
- Higher female breast cancer incidence rate among Whites and Blacks
- Higher overall lung cancer incidence rate
- Higher colorectal cancer incidence rate among males and Whites
- Higher oral cancer incidence rate among males

Mortality Rates

- Overall mortality rate
- More Years per life lost (premature death)
- Higher Drug-related mortality rates
- Higher mortality rates due to heart disease, cancer, stroke, unintentional injuries, respiratory disease, diabetes, Alzheimer's, kidney disease, and homicide
- Higher cancer mortality rates among Whites: all sites, prostate, lung
- Higher cancer mortality rates among males: all sites and lung cancer

Many of the unfavorable indicators included above fit into the following health issue categories that could be considered areas of opportunity for Camden County:

Areas of Opportunity

- Access to Health Care
- Overweight/Obesity
- Substance Abuse
- Chronic Health Conditions (Diabetes, Heart Disease & Cancer)
- Maternal & Infant Health
- Crime/Domestic Violence
- Sexually Transmitted Infections

IV. HOUSEHOLD TELEPHONE SURVEY OVERVIEW

BACKGROUND

The partnership conducted a Household Telephone Survey based on the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national initiative, headed by the Centers for Disease Control and Prevention (CDC) that assesses health status and risk factors among U.S. citizens.

The following section provides a summary of the Household Telephone Survey results including details regarding the research methodology as well as a summary of key findings. A full report of the Household Telephone Survey results is available in a separate document.

Methodology

Interviews were conducted by Holleran's teleresearch center from October 2012 through February 2013. Trained interviewers contacted respondents via land-line telephone numbers generated from a random call list. Statistical considerations for the study can be found in Appendix B.

Participants

Interviews were conducted via telephone with 2,480 adults residing within specific zip codes in Burlington, Camden, and Gloucester Counties in New Jersey. A statistically valid sample of 575 respondents from the 34 zip codes in Camden County was randomly selected from the total sample, allowing for comparisons across counties and hospitals.

Participants were randomly selected for participation based on a statistically valid sampling frame developed by Holleran. The sampling strategy was designed to represent the 108 zip codes served by the Tri-County Health Assessment Collaborative.

The sampling strategy identified the number of completed surveys needed within each zip code based on the population statistics from the U.S. Census Bureau in order to accurately represent the community area. Only respondents who were at least 18 years of age and lived in a private residence were included in the study. It is important to note that the sample only includes households with land-line telephones which can present some sampling limitations.

Survey Tool

The survey was adapted from the Center for Disease Control Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey tool assesses health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The customized survey tool consisted of approximately 100 factors selected from core sections and modules from the BRFSS tool. Depending upon respondents' answers to questions regarding

cardiovascular disease, smoking, diabetes, etc., interviews ranged from approximately 15 to 30 minutes in length.

KEY FINDINGS-TELEPHONE SURVEY OVERVIEW

The following section provides an overview of key findings from the Household Telephone Survey including highlights of important health indicators.

Areas of Opportunity-Camden County

The following are areas where Camden County residents fare worse, or less healthy, than the State of New Jersey and/or the Nation as a whole.

Health Indicators

Areas of Strength

The following are areas where Camden County residents fare better, or healthier, than the State of New Jersey and/or the Nation as a whole.

- **Sweetened Drink Consumption:** The proportion of residents who did not drink soda or pop that contained sugar in the past 30 days (49.6%) is higher when compared to the United States (42.5%). Additionally, the proportion of residents who did not drink sweetened fruit drinks such as lemonade in the past 30 days (63.6%) is higher when compared to the United States (52.1%).

Areas of Opportunity

The following are areas where Camden County residents fare worse, or less healthy, than the State of New Jersey and/or the Nation as a whole.

- **Healthy Days – Physical Health:** The proportion of residents who reported poor physical health for 15-30 days of the past 30 days (15.5%) is higher when compared to New Jersey (9.2%) and the United States (10.3%).
- **Healthy Days – Mental Health:** The proportion of residents who reported poor mental health for no days of the past 30 days (62.4%) is lower when compared to New Jersey (68.6%), but similar to the United States (66.0%).
- **Healthy Days – Activity Limitation:** The proportion of residents who reported poor physical or mental health as being a barrier from usual activities for 15-30 days of the past 30 days (17.9%) is higher when compared to New Jersey (11.9%), but similar to the United States (13.3%).
- **Anxiety Disorder:** The proportion of residents who reported being told they have an anxiety disorder (24.8%) is higher when compared to the United States (13.3%).
- **Disability:** The proportion of residents who are limited in any activities due to physical, mental, or emotional problems (23.5%) is higher when compared to New Jersey (16.9%) but similar to the United States (20.8%).

- **Exercise:** The proportion of residents who have not participated in physical activity outside of their regular job in the last month (29.8%) is higher when compared to the United States (24.4%), but similar to New Jersey (26.6%).
- **Tobacco Control:** The proportion of residents who have smoked at least 100 cigarettes in their life (48.9%) is higher when compared to New Jersey (40.6%) and the United States (42.0%). Additionally, the proportion of residents who no longer smoke cigarettes (56.7%) is lower when compared to New Jersey (64.4%), but similar to the United States (59.4%).
- **Seatbelt Use:** The proportion of residents who never wear a seat belt when they ride in or drive a car (3.9%) is higher when compared to New Jersey (1.1%) and the United States (1.5%).

Areas of Disparity

The following are areas in which certain demographic groups within Camden County fare worse, or less healthy, than other demographic groups.

- **Health Status:** Hispanic respondents are more likely than Non-Hispanic respondents to report their health as being fair or poor.
- **Physical Health:** Hispanic respondents are more likely than Non-Hispanic respondents to report 15-30 of poor physical health days in the past 30.
- **Mental Health:** Hispanic respondents are more likely than Non-Hispanic respondents to report 8-14 days of poor mental health in the past 30.
- **Disability:** Hispanic respondents are more likely than Non-Hispanic respondents to report limitations in physical activity due to physical, mental, or emotional problems.
- **Tobacco Use:** Hispanic respondents are more likely than Non-Hispanic respondents to report smoking cigarettes every day. Additionally, Hispanic respondents are more likely than Non-Hispanic respondents to report having stopped smoking for one or more days in the past 12 months because they were trying to quit smoking.
- **Seatbelt Use:** Hispanic respondents are more likely than Non-Hispanic respondents to report never wearing a seatbelt when in a car.
- **Anxiety Disorder:** White respondents are more likely than Black or African American respondents to report being told they have an anxiety disorder.
- **Dental Visits:** White respondents are more likely than Black or African American respondents to report seeing a dentist within the past 12 months.
- **Sweetened Drink Consumption:** White respondents are more likely than Black or African American respondents to report never drinking sweetened fruit drinks, such as Kool-Aid, Cranberry juice cocktail, and lemonade.

Health Care Access

Areas of Strength

The following are areas where Camden County residents fare better, or healthier, than the State of New Jersey and/or the Nation as a whole.

- **Routine Checkup Visits:** The proportion of residents who reported having a routine checkup within the last year (77.2%) is higher when compared to the United States (68.1%), but similar to New Jersey (77.0%).

Areas of Disparity

The following are areas in which certain demographic groups within Camden County fare worse, or less healthy, than other demographic groups.

- **Access:** Non-Hispanic respondents are more likely than Hispanic respondents to report having any kind of health care coverage.
- **Prohibitive Cost:** Hispanic respondents are more likely than Non-Hispanic respondents to report a time in the past 12 months of needing to see a doctor but not being able to due to cost. Additionally, Black or African American respondents are more likely than White respondents to report a time in the past 12 months that they needed to see a doctor but could not due to cost.
- **Type of Coverage:** Hispanic respondents are more likely than Non-Hispanic respondents to report coverage through Medicaid or NJ FamilyCare, while Non-Hispanic respondents are more likely than Hispanic respondents to report having coverage through a current or former job.
- **Finding a Doctor:** Hispanic respondents are more likely than Non-Hispanic respondents to report having trouble in the past 12 months finding a doctor who would see them. Additionally, Hispanic respondents are more likely than Non-Hispanic respondents to report a time in the past 12 months that a doctor's office told them they would not be accepted as a new patient.

Chronic Health Conditions

Areas of Opportunity

The following are areas where Camden County residents fare worse, or less healthy, than the State of New Jersey and/or the Nation as a whole.

- **Asthma:** The proportion of residents who have been diagnosed with asthma (17.8%) is higher when compared to New Jersey (13.3%) and the United States (13.5%).
- **COPD:** The proportion of residents who have been diagnosed with chronic obstructive pulmonary disease (7.8%) is higher when compared to New Jersey (5.1%), but similar to the United States (6.3%).
- **Diabetes:** The proportion of residents who have been diagnosed with diabetes (13.0%) is higher when compared to New Jersey (9.2%) and the United States (9.3%).

- **Hypertension:** The proportion of residents who have ever been told they have high blood pressure (43.3%) is higher when compared to New Jersey (30.6%) and the United States (31.6%).

Areas of Disparity

The following are areas in which certain demographic groups within Camden County fare worse, or less healthy, than other demographic groups.

- **Heart Disease:** Hispanic respondents are more likely than Non-Hispanic respondents to report having had an angina or coronary heart disease in the past.
- **Asthma:** Hispanic respondents are more likely than Non-Hispanic respondents to report having been told they have asthma.
- **Kidney Disease:** Hispanic respondents are more likely than Non-Hispanic respondents to report having been told they have kidney disease.

Immunization and Screening

Areas of Strength

The following are areas where Camden County residents fare better, or healthier, than the State of New Jersey and/or the Nation as a whole.

- **Cholesterol Awareness:** The proportion of residents who have had their blood cholesterol checked (89.8%) is higher when compared to New Jersey (83.3%) and the United States (79.4%).
- **Flu Vaccination:** The proportion of residents who reported receiving the flu shot or flu vaccine in the past 12 months (50.5%) is higher when compared to New Jersey (36.0%) and the United States (36.7%).
- **Pneumonia Vaccination:** The proportion of residents who reported receiving a pneumonia shot (32.7%) is higher when compared to New Jersey (24.6%) and the United States (27.4%).
- **HIV/Aids:** The proportion of residents who reported having been tested for HIV (46.3%) is higher when compared to the United States (40.2%), but similar to New Jersey (43.7%).
- **Mammogram:** The proportion of residents who have ever had a mammogram (78.0%) is higher when compared to New Jersey (68.1%) and the United States (67.7%).

Areas of Disparity

The following are areas in which certain demographic groups within Camden County fare worse, or less healthy, than other demographic groups.

- **Cholesterol Awareness:** White respondents are more likely than Black or African American respondents to report having had their blood cholesterol checked. Additionally, Non-Hispanic respondents are more likely than Hispanic respondents to report having had their blood cholesterol checked.

CAMDEN CITY DATA COLLECTION SESSIONS

In order to adjust for the limitations to conducting a land-line based telephone survey, an abbreviated version of the survey tool was also administered at in-person data collection sessions. Four data collection sessions were held in various locations in Camden City, NJ during March 2013. A total of 165 Camden City residents participated. The Tri-County Collaborative worked with organizations serving underserved populations to recruit low-income and racially/ethnically diverse populations. Individuals attending the sessions answered questions anonymously through OptionFinder wireless polling technology. Data collection session participants received a $50 CVS gift card for completing the survey.

Areas of Opportunity-Camden City

The following are areas where Camden City residents who participated in the Data Collection Sessions appear to fare worse, or less healthy, than Camden County, the State of New Jersey and/or the Nation as a whole. Please note that due to the sample size (n=165) and the difference in research methodology (in-person polling vs. telephone), these differences should be interpreted with caution.

- Less likely to have health care coverage
- More likely to report that in the past 12 months they needed to see a doctor but could not because of cost
- More likely to be covered by Medicare, Medicaid, NJ FamilyCare
- More likely to report having trouble finding a general doctor/provider and specialist
- More likely to report having asthma
- More likely to report having disability (limited in any activities due to physical, mental, or emotional problems)

FINAL THOUGHTS-TELEPHONE SURVEY OVERVIEW

The Household Telephone Survey results provided important information about the current health status and health behaviors of residents in the Camden County. A review of the Household Telephone Survey results yields several areas of opportunity for the local community.

Areas of Opportunity

- Access to Health Care
- Mental Health
- Heart Disease & Hypertension
- Asthma & COPD
- Diabetes

V. KEY INFORMANT INTERVIEWS OVERVIEW

BACKGROUND

A survey was conducted among area "Key Informants." Key informants were defined as community stakeholders with expert knowledge including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other area authorities.

Holleran staff worked closely with the Tri-County Collaborative to identify key informant participants and to develop the Key Informant Survey Tool. A copy of the questionnaire can be found in Appendix C. 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

The online survey garnered 113 completed surveys collected during January and February 2013. It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives within Camden County. See Appendix D for a listing of key informant participants. The following section provides a summary of the Key Informant Interviews.

KEY THEMES-KEY INFORMANT INTERVIEWS

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%

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.

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

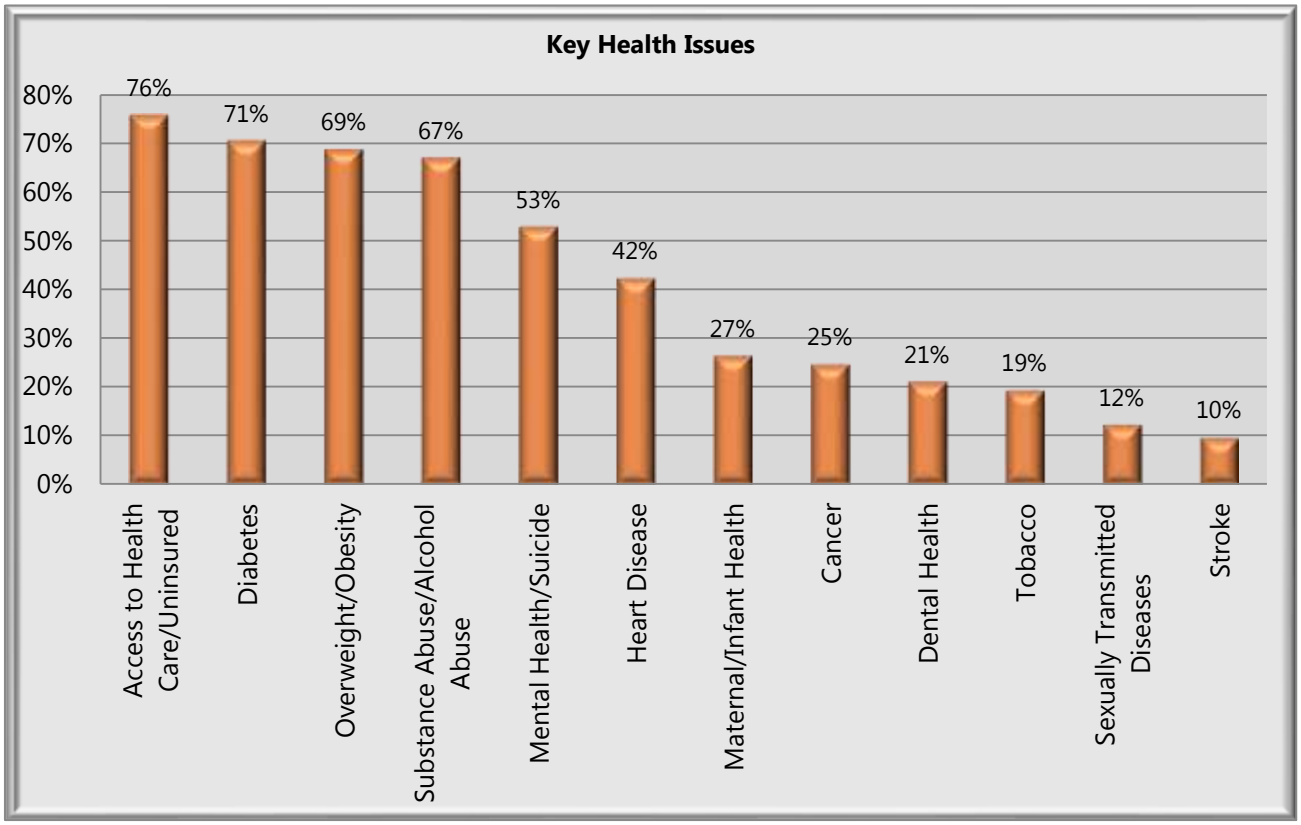


Figure 1: Ranking of key health issues

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

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

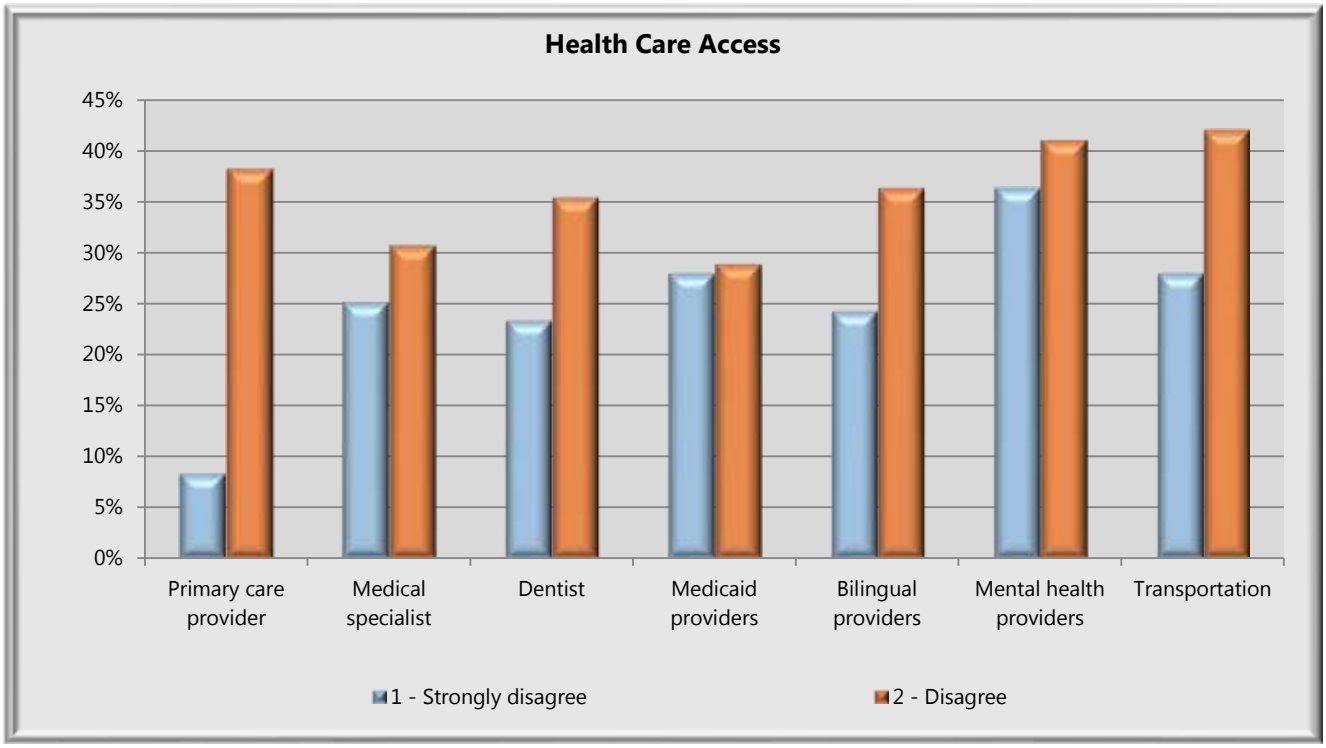


Figure 2: Frequency of disagree and strongly disagree responses for health care factors

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%

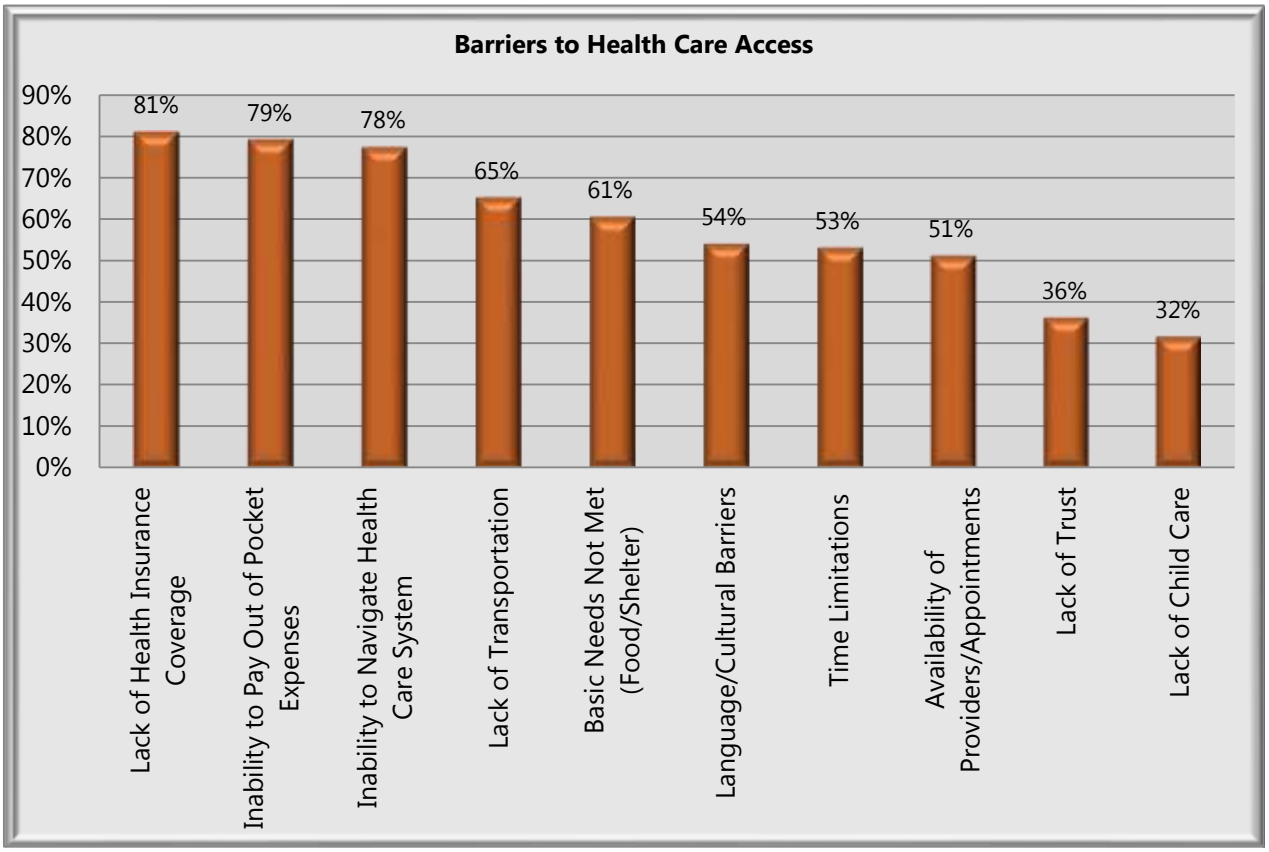


Figure 3: Ranking of barriers to health care access

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?"

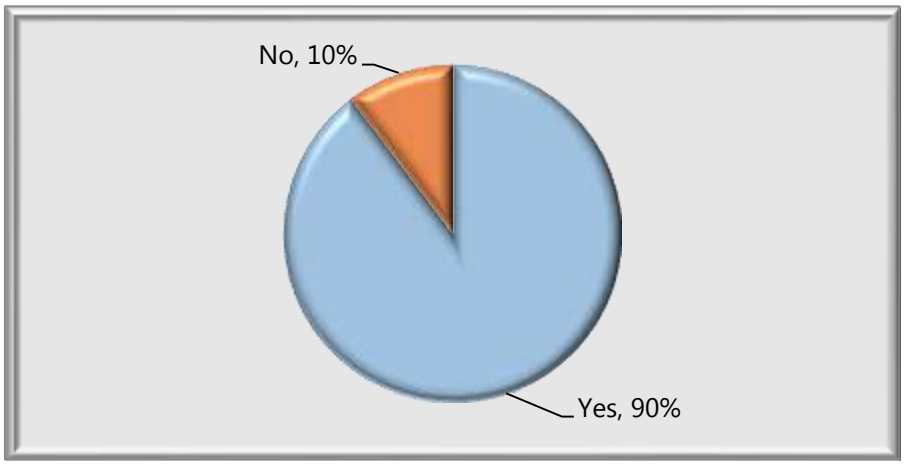


Figure 4: Key informant opinions regarding underserved populations

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%

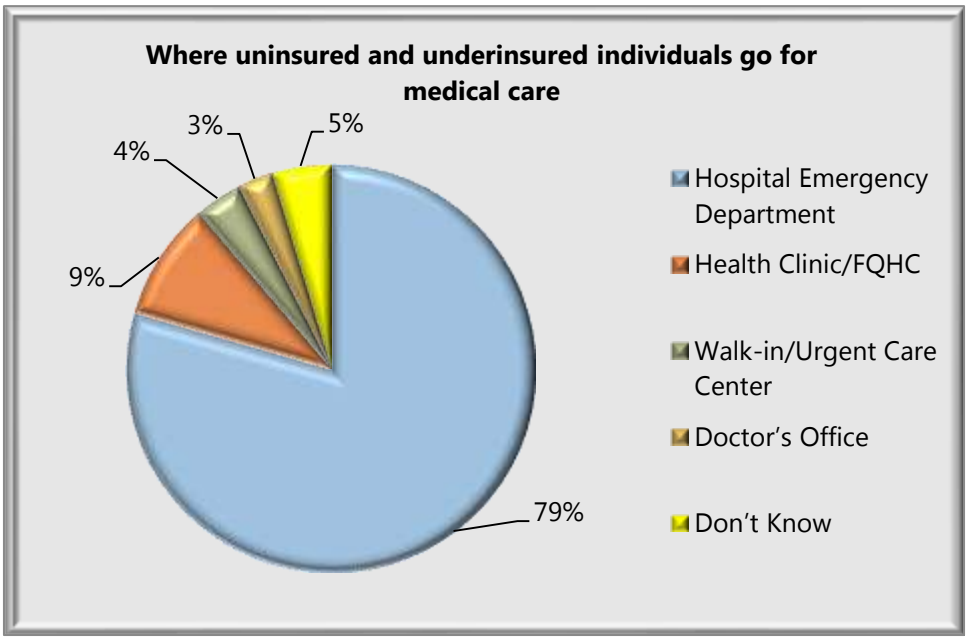


Figure 5: Key informant opinions of where uninsured/underinsured individuals receive medical care

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

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

FINAL THOUGHTS-KEY INFORMANT INTERVIEWS

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, the following issues were identified as areas of opportunity for the local community.

Areas of Opportunity

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

VI. FOCUS GROUPS OVERVIEW

BACKGROUND

Two focus groups were held in Camden County in May 2013. Focus group topics addressed Access to Health Care & Key Health Issues and Nutrition/Physical Activity & Obesity. Each session lasted approximately two hours and was facilitated by trained staff from Holleran. Participants were recruited through local health and human service organizations and public news releases. In exchange for their participation, attendees were given a $50 gift card at the completion of the focus group. Discussion guides, developed in consultation with the Tri-County Collaborative, were used to prompt discussion and guide the facilitation (See Appendix E).

In total, 22 people participated in the Focus Groups. It is important to note that the results reflect the perceptions of a limited number of community members and may not necessarily represent all community members in Camden County. The following section provides a summary of the focus group discussions.

KEY THEMES-FOCUS GROUPS

Access to Health Care

Several participants indicated that they or someone they know have had difficulty obtaining health care services. Participants were asked about barriers to accessing health care services in the community. Participants indicated that lack of insurance coverage and inability to pay were major barriers to accessing health care services in the community.

Some individuals in the community are not offered health insurance through their jobs while others are unable to afford the health insurance that is offered. Participants explained that many people are falling through the gaps as they do not make enough to pay for insurance but are not poor enough to qualify for assistance.

Co-pays, deductibles, and prescription costs also present challenges in accessing health care. One participant explained that even though she is insured, her insurance company denied coverage for the tests that her doctor ordered.

Participants mentioned that there are not enough providers especially specialty providers and mental health providers. There are often waiting lists for appointments. Waiting lists for specialists can sometimes be several months. It can also be extremely difficult to find doctors who accept Medicare/Medical assistance.

Transportation is also a barrier in accessing health care. Participants talked about how the system is fragmented and not easily accessible throughout the county. In some cases, people forgo health care because of lack of transportation. The elderly are especially vulnerable.

There are some medical shuttle transportation services available, but participants stated that it is not always reliable. Rides must be scheduled in advance and passengers must be self-sufficient getting on and off the shuttle. Depending on the route schedules, it could take 1.5 hours to travel what could be a 20 minute drive.

When asked where uninsured and underinsured individuals go for health care, participants indicated that uninsured residents often utilize the Emergency Department for primary health care because the Emergency Department will not turn them away if they do not have insurance. Camcare, Kennedy Family Health-Stratford, and Project Hope-Camden-Bergen Landing were also mentioned as options for the uninsured, but they explained that many people are not aware that there are other options. Participants pointed out that there is a lack of understanding about using the ER and suggested that education and patient navigation services could assist patients in more appropriate use of the ER. Participants explained that Urgent Care Centers and Pharmacy Minute Clinics offer another option for care but out of pocket costs are still an issue.

Key Health Issues

When asked about major health issues facing the Camden County community, participants identified the following issues:

- Access to Health Care
- Mental & Behavioral Health/Substance Abuse
- Obesity/Overweight
- Diabetes
- Hypertension & Heart Disease

Mental & Behavioral Health

Mental and Behavioral Health/Substance Abuse issues were frequently mentioned by participants. The need for mental health counseling and addiction services was mentioned multiple times. Participants explained that there a major gaps in the system and that the area is lacking in psychiatric care especially for children and the elderly. Participants commented that some people are reluctant to seek care because there is still a stigma around mental health though they felt awareness and acceptance is steadily increasing.

Substance abuse is also a significant problem in Camden. Participants indicated that there is a growing problem with addiction and abuse of prescription drugs including pain medications. Participants talked about drug seeking behavior and patients going from one ER to another to try to get a prescription for painkillers. There are not enough detox facilities in the area so people either need to wait 3-6 months to receive treatment or they have to admit to suicide ideation to try to get admitted through the hospitals.

Nutrition, Physical Activity, & Obesity/Overweight Issues

Obesity/Overweight issues were discussed at length by participants. Attendees were especially concerned with childhood obesity. They felt that the food in schools is unhealthy and that physical activity is no longer structured. They felt that physical activity should be emphasized in the schools and expressed concern that schools are cutting back on time for gym and recess. There are some recreation programs in the county to keep children active but there are not enough and they can be expensive.

When asked what challenges people in the community face in trying to stay physically fit and eat healthier, participants suggested the following common challenges:

- Cost
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Stress/Depression
- Television/Video Games
- Crime/Safety

When asked what kinds of things were helpful to participants when they tried to be physically fit and eat healthier, the participants mentioned the following supports:

- Creating a plan and establishing goals
- Cooking simply
- Cutting out soda and junk food
- Trying to be a role model for children/family
- Having a buddy/mentor to help with motivation
- Group/team-based physical activity like walking clubs
- Working towards a goal or reward

Participants provided the following recommendations to encourage people in the community to eat healthier:

- More healthy restaurants and stores
- Affordable/Accessible healthy food
- Coupons/Vouchers for healthy food
- Healthy Cooking Demonstrations/Classes
- Healthy Recipes & Healthy Cooking Tips
- Family-oriented Workshops for children and parents to learn together
- Access to wellness coaches, nutritionists, dieticians
- Workplace & School wellness challenges.
- Educate children through exposure to farmers and fresh/local food

Awareness of Health & Human Services

Participants repeatedly stated that people in the community are not aware of the health care services and options that are available to them. One participant stated, "*It's amazing the resources that we have in this county, but people don't know about them.*" Participants felt that there was a lack of coordination of information and services in the community. Participants felt it would be helpful to have a county resource guide with lists of area resources. One participant mentioned that 2-1-1 is a toll-free information and referral hotline operated by United Way, but they stated that it can be difficult to keep so much information up-to-date.

When asked where people generally get health information, participants indicated that they get information from newspapers, magazines, flyers, brochures, and doctors' offices. Hospitals, health departments, and community agencies were also mentioned as resources for information. In some cases, they learn about programs and services through word of mouth from friends, family, and neighbors.

When asked for suggestions for other ways to disseminate information, some participants suggested that information could be shared through television public service announcements and community access programming. Others suggested newsletters and postcards. They also suggested that the hospitals could partner with the school system to disseminate information to the parents.

Attendees pointed out that they have become increasingly reliant on the internet for information. In fact, many participants learned about the focus group through email blasts from community email lists. Community agencies and groups have developed networks to distribute information electronically.

Challenges & Solutions

Participants discussed the primary challenges and needs they see in the community related to health and quality of life. The following themes emerged from the discussion:

- Lack of affordable medical and dental services
- Need for mental and behavioral health services
- Transportation barriers
- Lack of community awareness of available programs and resources
- Need for centralized place to get information and listing of available resources
- Lack of coordination among programs and providers
- Need for health education and wellness programs

When asked what could be done to improve health and quality of life in the community, participants emphasized the need to improve communication and awareness about existing services. Overall, participants saw the need for more community outreach and health education. In addition, participants suggested the following to improve community health:

- Health Fairs
- Health Workshops
- Health Screenings
- Nutrition & Exercise Programs
- Chronic Disease Management Programs
- Transportation Assistance
- Patient Navigation Services
- Wellness Coaches
- Eldercare/Home Care Services
- Prescription Assistance Programs

FINAL THOUGHTS-FOCUS GROUPS

The focus group participants were grateful for the opportunity to share their thoughts and experiences, and at the end of the sessions, many expressed support for community-wide efforts to improve health in Camden County. Based on the feedback from the focus group participants, the following health issues appear to be potential areas of opportunity for the local community.

Areas of Opportunity

- Access to Health Care
- Mental & Behavioral Health/Substance Abuse
- Obesity/Overweight
- Diabetes
- Hypertension & Heart Disease

VII. OVERALL ASSESSMENT FINDINGS

The Community Health Needs Assessment research components reveal a number of overlapping health issues for residents living in the Camden County. The list below shows the key issues that were identified in multiple research components

KEY COMMUNITY HEALTH ISSUES

- ***Access to Health Care***
- ***Mental Health & Substance Abuse***
- ***Chronic Health Conditions (Diabetes, Heart Disease & Cancer)***
- ***Overweight/Obesity***

APPENDIX A: SECONDARY DATA PROFILE REFERENCES

Primary Reference:

New Jersey Hospital Association, Health Research and Educational Trust of New Jersey. (2012). *County Health Profile: Camden County*. http://www.njha.com

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19. N.J. Department of Health and Senior Services, Division of HIV, STD and TB Services, Sexually Transmitted Diseases Program, 2010

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APPENDIX B: HOUSEHOLD TELEPHONE STUDY STATISTICAL CONSIDERATIONS

The Household Telephone Study sampling strategy was designed to represent the Camden County population. For the purposes of this study, the following ZIP codes within Camden County were used to define the hospital service area:

08002	08037	08105
08003	08043	08106
08004	08045	08107
08007	08049	08108
08009	08059	08109
08012	08078	08110
08021	08081	08103
08026	08083	08104
08029	08084	08034
08030	08089	08035
08031	08091	
08033	08102	

The sampling strategy identified the number of completed surveys needed within each ZIP code based on the population statistics from the U.S. Census Bureau in order to accurately represent the service area. Call lists of household land-line telephone numbers were created based on the sampling strategy. The final sample (575) yields an overall error rate of +/-4.1% at a 95% confidence level. This means that if one were to survey all residents within Camden County, the final results of that analysis would be within +/-4.1% of what is displayed in the current data set.

Data collected from the 575 respondents was aggregated and analyzed by Holleran using IBM SPSS Statistics. The detailed survey report includes the frequency of responses for each survey question. In addition, BRFSS results for New Jersey and the United States are included when available to indicate how the health status of the local service area compares on a state and national level.

Statistically significant differences between service area responses and state and/or national responses are also noted in the detailed report. In addition, statistically significant differences for select demographic characteristics (gender, race/ethnicity) are included in the report. Holleran runs Z-tests and Chi Square tests in SPSS to identify statistically significant differences and uses p values $\leq$.01 as the cutoff for significance.

It is common practice in survey research to statistically weight data sets to adjust for demographic imbalances. For example, in the current household survey, the number of females interviewed is above the actual proportion of females in the area (Sample: 68.0% female vs. Actual Population: 51.7% female). The data was statistically weighted to correct for this over-representation of females. The data set was weighted by age, gender, and race in order to more accurately represent the population. It should be noted that the national dataset (from the CDC) is also statistically weighted to account for similar imbalances.

APPENDIX C: KEY INFORMANT STUDY 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)

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

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

☐ Access to Care/Uninsured	☐ Overweight/Obesity
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Dental Health	☐ Stroke
☐ Diabetes	☐ Substance Abuse/Alcohol Abuse
☐ Heart Disease	☐ Tobacco
☐ Maternal/Infant Health	☐ Other (specify):
☐ 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)	☐1 ☐2 ☐3 ☐4 ☐5
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐1 ☐2 ☐3 ☐4 ☐5
Residents in the area are able to access a dentist when needed.	☐1 ☐2 ☐3 ☐4 ☐5
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐1 ☐2 ☐3 ☐4 ☐5
There is a sufficient number of bilingual providers in the area.	☐1 ☐2 ☐3 ☐4 ☐5
There is a sufficient number of mental/behavioral health providers in the area.	☐1 ☐2 ☐3 ☐4 ☐5
Transportation for medical appointments is available to area residents when needed.	☐1 ☐2 ☐3 ☐4 ☐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)

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

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

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

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. **<u>If yes</u>**, which populations are underserved? (Select all that apply)

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

☐	Doctor's Office
☐	Health Clinic/FQHC
☐	Hospital Emergency Department
☐	Walk-in/Urgent Care Center
☐	Don't Know
☐	Other (specify):

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

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

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

CHALLENGES & SOLUTIONS

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)

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

18. What is your gender? __ Male __ Female

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

☐	White/Caucasian
☐	Black/African American
☐	Hispanic/Latino
☐	Asian/Pacific Islander
☐	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 D: 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

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 Thomspon	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 E: FOCUS GROUP DISCUSSION GUIDES

Access to Health Care & Health Issues Discussion Guide

Access to Care

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

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

   Probes: What are the most significant barriers that keep people in the community from accessing health care?
   Insurance coverage, copays, availability of providers, transportation, cost, language/ cultural barriers, accessibility, and awareness of services
   What about access to other health services like dental care and vision care?

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

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

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

Health Issues

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

   Probes: Examples: Obesity, Heart Disease, Diabetes, Mental Health, Substance Abuse, Dental Health, etc. Why?
   Are there other factors in the community that contribute to these problems?

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

   Probe: What challenges do you think people face in trying to stay physically fit and eating healthier?

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

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

Health Education/Communication

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

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

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

   Probes: Health provider, clinic, pharmacist, health educator, nurse, nutritionist, churches, family members, magazine/newspaper, TV, radio, internet/social media, etc.
   Posters/flyers, brochures/booklets, newspaper articles, church newsletters/ programs
   *Who do you trust **most** to give you health information? Why?*

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

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

Closing

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

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

Nutrition, Physical Activity, & Obesity Discussion Guide

Overweight/Obesity

Today, we're going to discuss a number of things related to health, including healthy eating and exercise. Nationally, obesity and overweight issues have been increasing among adults and children.

1. What do the words overweight and obesity mean to you?

2. In your opinion, are overweight and obesity a problem in Camden County? Why?

3. What does health or being healthy mean to you? Is weight related to health? How?

Physical Activity

We know lack of exercise or physical activity can contribute to weight issues. The next few questions are about physical activity.

4. Would you describe yourself as active? Why or why not?

5. What helps people to be "physically active?" What are the challenges?

6. In general, do you think that children and adults in your community are getting a significant amount of physical activity? Why? Why not?

   (Recommended is at least 60 minutes per day for children and 30 minutes per day for adults.)

7. Do you feel there are opportunities in your community for children and adults to be active?

   Probes: Are there parks and playgrounds? Are there barriers/challenges for adults and children to engage in physical activities? What can be done to address these barriers/challenges?

8. Overall, what suggestions do you have to ensure that children and adults in our community are physically active?

Nutrition/Healthy Eating

Eating habits can also contribute to weight gain. We are going to move to a discussion of nutrition and healthy eating.

9. Do you think you eat healthy and have healthy eating habits? Why or why not?

Probes: Are you eating a variety of fruits and vegetables, whole grain foods, low fat dairy and lean proteins?

10. What helps people "eat healthy" and what makes it challenging?

Probes: Access to food, cost, time, knowledge

11. Are you interested in learning more about how to choose and prepare healthy foods?

Probe: What is the best way to educate adults and children about eating healthy?

Health Education/Communication

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

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

13. Where do you currently get health information? Do you view websites for health related information? Which ones? (Are they credible?)

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

14. In what format would you like to receive future health information?

Probes: Brochures, booklets, flyers, newspaper articles, church newsletters/ programs, videos, radio programs, television programs, social media (i.e. –Facebook, twitter, phone apps.), etc.

Closing

15. If you had one suggestion on what would help Camden County residents to eat healthy and move more, what would it be?