RUTGERS

Senator Walter Rand Institute
for Public Affairs

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EXECUTIVE SUMMARY

SOUTH JERSEY HEALTH COLLABORATIVE:
Cooper University Health Care, Jefferson Health, Lourdes Health System, and Virtua Health
Burlington County Health Department, Camden County Department of Health and Human Services,
Gloucester County Department of Health and Human Services.

Here we summarize the key findings of the Community Health Needs Assessment (CHNA) for Burlington, Camden and Gloucester counties. The CHNA was conducted by Senator Walter Rand Institute for Public Affairs (WRI), an applied research and policy center at Rutgers University-Camden, on behalf of the South Jersey Health Collaborative (SJHC).

METHODS

Through **focus groups**, **interviews**, and a **survey** designed with the help of community groups, community members voiced **concerns** about health and offered potential **solutions**. Our analysis revealed **four main health needs**: **Behavioral Health: Mental Health and Substance Abuse**; **Accessing Care**; **Communications and Relationships**; and **Obesity**. Here we briefly describe each health need.

OUTREACH BY THE NUMBERS

1536 SURVEY PARTICIPANTS

65 HOURS DEDICATED TO INTERVIEWS AND FOCUS GROUPS

210 FOCUS GROUP & INTERVIEW PARTICIPANTS

100+ LOCATIONS VISITED

BEHAVIORAL HEALTH: MENTAL HEALTH AND SUBSTANCE ABUSE

Substance abuse: Substance abuse was mentioned in **every** focus group and interview. Deaths from drug overdoses in all three counties occur at much higher rates than national averages, and **1 in 4** survey respondents witnessed illegal drug use in their communities.

Mental health: Mental health was also mentioned in **every** focus group and interview. Overall, **1 in 5** survey respondents reported suffering from a mental health issue, but specific populations were more at-risk. Housing-insecure individuals were **4.5 times** as likely to report 'Poor' mental health as those with stable housing. And adults reporting 'Poor' mental health reported **3.5 times** as many traumatic events in childhood as adults who reported having 'Excellent' mental health.

Mental health, substance abuse, and physical health are linked. As one focus group participant noted, "Drugs and alcohol are only symptoms of mental health issues." Individuals with poor mental health were less physically healthy as well.

Resources are inadequate. Community members described a need for more physical resources for those entering care, such as beds and counseling services. Individuals also need support after behavioral health treatment. Although resources are needed broadly, community members placed special importance on the need for behavioral health services for children.

ACCESSING CARE

Money and time: Money and time both prevent residents from getting health care. Although nearly all survey respondents were insured, **75%** still reported out-of-pocket costs as a barrier to health care. Other top barriers to care included not being able to take time off work, child care, and lack of convenient appointments.

Navigating health: First, community members need help navigating the **health care system**. Community members and stakeholders alike voiced confusion about the process of getting health care, and emphasized that this confusion is much greater for some populations, including the **underinsured**, **uninsured** and **non-English speakers**. Examples of confusion include how to schedule appointments, how to know if insurance will cover a visit, and whether a patient needs a referral. Second, community members need help navigating **treatment plans and health behaviors**. As one example, community members wanted **logistical help** and **social support** to follow through with medication regimens and to complete diet and exercise plans. Community members consistently mentioned the need for an advocate to be with them physically, as well as socially to provide support as they worked to follow their health plan. The importance of social support is clear: socially isolated survey respondents reported **40% more chronic health issues**.

Transportation: Lack of transportation is an important barrier to care for vulnerable populations. For example, low-income respondents drive themselves to the doctor at **1/9th** the rate of high-income respondents. At nearly every focus group, residents and stakeholders complained about the **reliability** and **availability** of existing transportation services.

COMMUNICATION AND RELATIONSHIPS

Rushed or unclear **communication between patients and providers** left community members feeling uncertain about their diagnoses and treatment plans. This need was acute for Spanish-speakers, who reported delaying or forgoing health care because of language barriers. Stigma associated with identity or diagnoses also impeded effective communication between patients and providers.

Stakeholders worried that poor **communication between agencies** resulted in duplicate services and kept patients from receiving available services. Patients and stakeholders mentioned a need for **better communication between health systems and the public**. In many cases, despite active promotion by health systems, patients were not aware of programs and services provided by the health systems.

OBESITY

When asked to identify health issues facing their communities, over **one-third** of all responses were directly related to obesity, the causes of obesity, and the chronic diseases that are associated with obesity.

Why? Diet and Food. Overall, residents were more concerned about the unhealthy food surrounding them than they were about food insecurity. For example, **39%** reported that "Too Much Unhealthy Food" is an issue in their community, and only **19%** reported that they ever worried that food would run out before they had money to buy more. Still, some groups worry about food insecurity, such as low-income individuals, those with a negative perception of their neighborhoods, and those who had poorer mental health. In addition, residents complained that it costs more to eat healthy than unhealthy food. One resident of Camden County said: "You can get a burger for $1, but a salad for $7. It's ridiculous." Still others noted that while it is possible to eat healthy food on a budget, it is challenging to find the time to prepare healthy food or travel to purchase healthy ingredients.

Why? Exercise and lifestyle. In addition to diet, other behaviors and elements of lifestyle affect obesity. Unsurprisingly, those that exercised more were less likely to be overweight. Those who were less rested, more stressed and used more electronics were much more likely to be overweight or obese.

Why? Neighborhood Characteristics. Residents' beliefs about their neighborhoods strongly predicted obesity. Residents who rated their neighborhoods as good places to connect with others were less likely to be overweight. Similarly, those who lived closer to grocery stores had better overall diets than those who lived far from grocery stores.

Population-specific needs: Lower-income residents reported a much worse overall diet than high-income individuals. In addition, those with poor mental health had much worse diets than those with excellent mental health. Furthermore, childhood experiences affect adult diet: adults with poor diet reported **2.6 times** as many traumatic events in childhood as adults who reported having excellent diet.

CONCLUSIONS

Broadly, the two most striking findings from the CHNA are: **(1) Actionable information comes from population-specific rather than county-specific analysis of health needs.** For example, all three counties had similar rates of chronic pain, but population-specific analyses showed large differences: in one analysis, adults who had traumatic experiences as children reported chronic pain at **twice** the rate of those who had not. For many health needs, differences between populations were much greater than differences between counties.

(2) Time and money are interrelated barriers to health. In the area of accessing care, for example, many insured individuals forgo health care because they cannot afford to take time off of work. In the area of obesity, as another example, residents noted that although it is in theory possible to eat a healthy diet on a budget, they do not have time to prepare meals or travel for inexpensive produce. Thus, interventions to improve health should focus on minimizing both time and cost barriers.