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for Public Affairs

2022-2024 Community Health Needs Assessment

COMMUNITY HEALTH NEEDS ASSESSMENT

2022-2024

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SECTION 1:

INTRODUCTION

This report provides a summary of the findings of the Community Health Needs Assessment (CHNA) for Gloucester, Cumberland, and Salem Counties. The CHNA was conducted by The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers University-Camden on behalf of Inspira Health.

We conducted the CHNA with one main goal: fulfilling the Internal Revenue Service (IRS) requirements for tax-exempt hospitals by carefully characterizing community members' views on the health needs in their communities. For the purpose of this assessment, community is defined as the three counties in the Inspira Health Service's area (Gloucester, Cumberland, and Salem counties). Our focus on community voice means that our assessment of health needs is framed by the *community's perception* of needs. Indeed, our most striking finding is the broad theme that the *community's* definition of *health* extends far beyond access to health providers and clinical health care to include the upstream determinants of health in their communities. These upstream determinants include things such as easy and affordable access to healthy food, safety and transportation. These community perceptions are consistent with recent research in population health which suggests that targeted interventions in these upstream determinants could provide cost-savings and improvements in health that are much larger than even the best improvements in the efficiency and delivery of direct clinical care (Homer, Milstein, Hirsch, and Fisher, 2016).

This report documents the community context in which we conducted the community health needs assessment (Sections 2 and 2a), the process and methods we used to conduct the CHNA (Section 3, and Appendices A-S), the findings of the CHNA organized into five main themes (Section 4), documentation of how we integrated the community voice into the CHNA (Section 5), a plan for the dissemination of the current CHNA (Section 4), an explanation of how health needs were prioritized (Section 7), and an evaluation of how Inspira Health has integrated the results of the previous CHNA (Section 8). The demographics of survey participants are included in the process and methods section (Section 3).

Note to community members: The Findings Section (Section 4) has the most useful information. This section was written with the goal of clearly communicating the community's perception of health needs. It is organized by several main themes, with visuals highlighting the important points. Most of the technical information, such as details of the statistical analysis, is in other sections.

SECTION 2:

COMMUNITY HEALTH NEEDS ASSESSMENT: COMMUNITY CONTEXT

The below county profiles for Cumberland, Gloucester, and Salem Counties provide insight into the social determinants of health present in the Inspira Health service areas. Population health research continues to support the notion that the environments in which people live, learn, work, play, worship, and age are important drivers of health, with variations in these environments affecting a broad spectrum of health outcomes. As such, the information presented in these county profiles provides important context for the primary data collected during this Community Health Needs Assessment, particularly as these three counties represent more rural areas and face unique barriers compared to other parts of the state.

CUMBERLAND COUNTY

Located in the south-central part of New Jersey, Cumberland County is approximately 45 minutes from Philadelphia and Atlantic City, and two hours from NewYork City and Baltimore. With a land area of 483.7 square miles, Cumberland County is the 5th largest county in the state and ranked 16th in population (New Jersey Counties by Population, 2020). The County was originally formed in 1798 from parts of Salem County and named after Prince William, Duke of Cumberland from England. The geography of Cumberland County is low lying and sits near the Delaware Bay. Cumberland County is one of the most rural counties in the State of New Jersey. The population per square mile is 324.4 while the state rate is 1,195.5 per square mile (U.S. Census, 2010). Nearly 25% of its population (representing roughly 23,000 residents) live in a rural area and nearly 90% of its land area is considered rural (U.S. Census, 2017). Cumberland County has approximately 70,000 acres of farmland, accounting for about 20% of the agricultural land in the State of New Jersey. Nineteen of its thirty-five census tracts (54%) qualify as rural according to federal standards and approximately 20% of all housing units available in the county are in rural areas (U.S. Census, 2010). It consists of a total of 14 municipalities: 3 cities, 10 townships, and 1 borough. The county seat[1] is Bridgeton. From 2010 to 2020, the county's population decreased 1.75%, from 156,898 to 154,152 (U.S. Census, 2020c). A range of various metrics indicate Cumberland County has the highest percentage/rate of residents who are currently experiencing poverty out of the state's 21 counties.

According to the official website of Cumberland County, the economy historically in Cumberland County was built around industries of glass-making, food processing, textiles, and maritime trade. Today, the county's economy consists of a large agricultural base and is also developing four key industry sectors: Health Care, Construction, Hospitality/Tourism, and Advanced Manufacturing.

The largest employer in the county is Inspira Health, which employs more than double the number of employees of the next leading employer (Top Employers in Cumberland County, 2021). The largest industry sectors are Education and Health Care and Social Assistance, which account for 25.7% of employment for those 16 and over. In Cumberland County, the preliminary unemployment rate in May 2019 was 2.6% higher than the state's rate of 3.2% (Senator Walter Rand Institute for Public Affairs,

1 The county seat is the site of a county's administration and courts.

2021). Estimates indicate that from 2014 to 2019, the unemployment rate in Cumberland County dropped from 9.9% to 5.3%, a 46.46% decrease, while the state's estimated rate dropped from 6.7% to 3.4%, an approximate 49% decrease (U.S Department of Labor, 2021a). As highlighted, the county's unemployment rate has continued to decrease over the course of the past two years, but it remains higher than New Jersey's rate; there are a number of municipalities in Cumberland County that continue to have high unemployment rates, including Bridgeton (8.8%), Millville (7.4%), and Vineland (7.2%).

Projected employment changes from 2014 to 2024 anticipate large employment increases in the sectors of Arts, Entertainment, and Recreation (23%), Construction (21%), Management of Companies and Enterprises (19%), and Administration and Waste Services (17%). Sectors expected to decrease in employment include Information (-20.1%), Government (-11.5%), Manufacturing (-6.6%), and Education Services (-5.1%).

According to the 2019 American Community Survey, Cumberland County is significantly behind the state's average in educational attainment. Statewide, 91% of the population possesses a high school diploma or higher, and 39% of the population have earned a Bachelor's degree or higher. In contrast, only 81% of Cumberland County's population have a high school diploma or higher, and only 16% have earned a Bachelor's degree or higher.

There are only 1.7 municipal police officers per 1,000 citizens in Cumberland County as compared to the state rate of 2.2 officers. Yet, Cumberland County is home to three correctional facilities: Bayside State Prison, South Woods State Prison, and Southern State Prison. The violent crime rate in Cumberland County is 548.4 per 100,000 (Crime in NJ, 2016). New Jersey's violent crime rate is 229.0 per 100,000 (Crime in the US, 2017). Cumberland County's violent crime rate is 50% higher than the state's.

Grocery stores in Cumberland County are nearly double the federal average distance at five miles (Senator Walter Institute for Public Affairs, 2019). Thirteen of Cumberland's thirty-five census tracts (37%) qualify as food deserts (areas where there is very little or no access to healthy foods and supermarkets) and 63% (22) are considered low access (e.g., supermarkets are half mile away for urban areas or 10 miles for rural areas) (U.S. Department of Agriculture, 2015). At 7.5 (out of 10) Cumberland County has the lowest Food Environment Index in the state, compared to the state's 9.3 score. This Index measure demonstrates the difficulty of residents to afford and gain access to healthy foods.

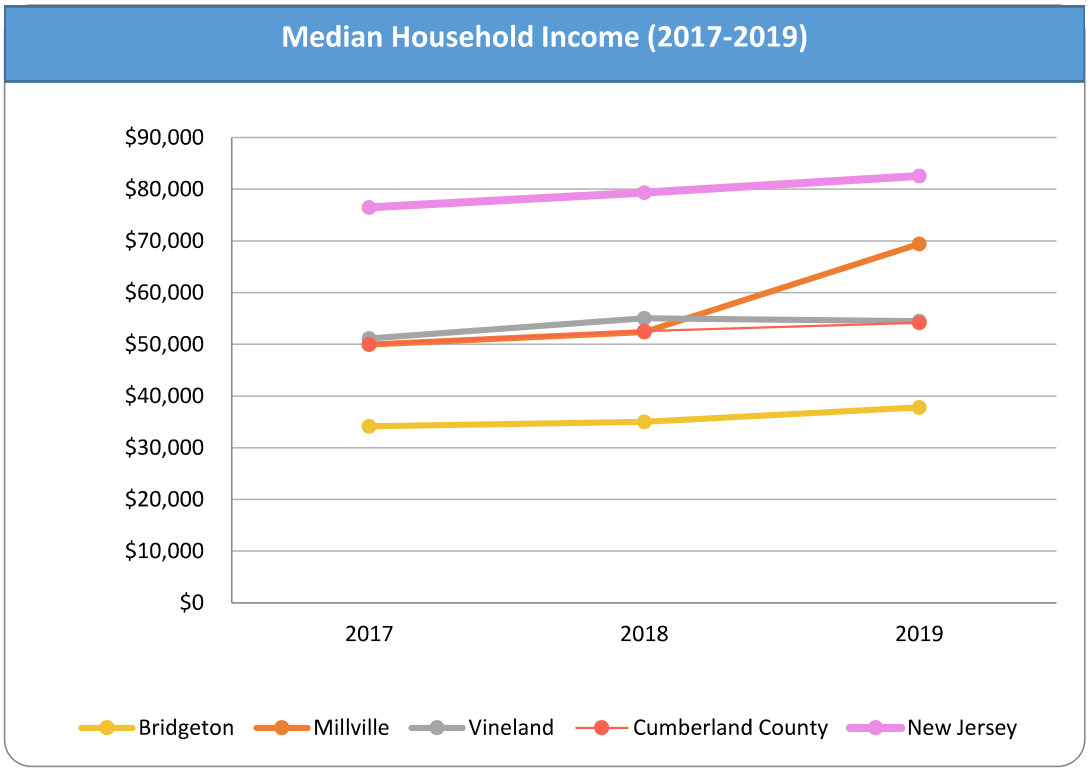
In Cumberland County, 79% of individuals have access to exercise opportunities, compared to 95% of New Jersey citizens and 91% nationally who have access to exercise opportunities. (County Health Rankings and Roadmaps, 2019).

The economy historically in Cumberland County was built around industries of glass-making, food processing, textiles, and maritime trade.

DATA SNAPSHOT: CUMBERLAND COUNTY

Median Household Income			
	2017	2018	2019
Bridgeton	$34,135	$35,023	$37,804
Millville	$49,950	$52,352	$69,411
Vineland	$51,113	$55,054	$54,476
Cumberland County	$50,000	$52,593	$54,149
New Jersey	$76,475	$79,363	$82,545

Source: *United States Census*



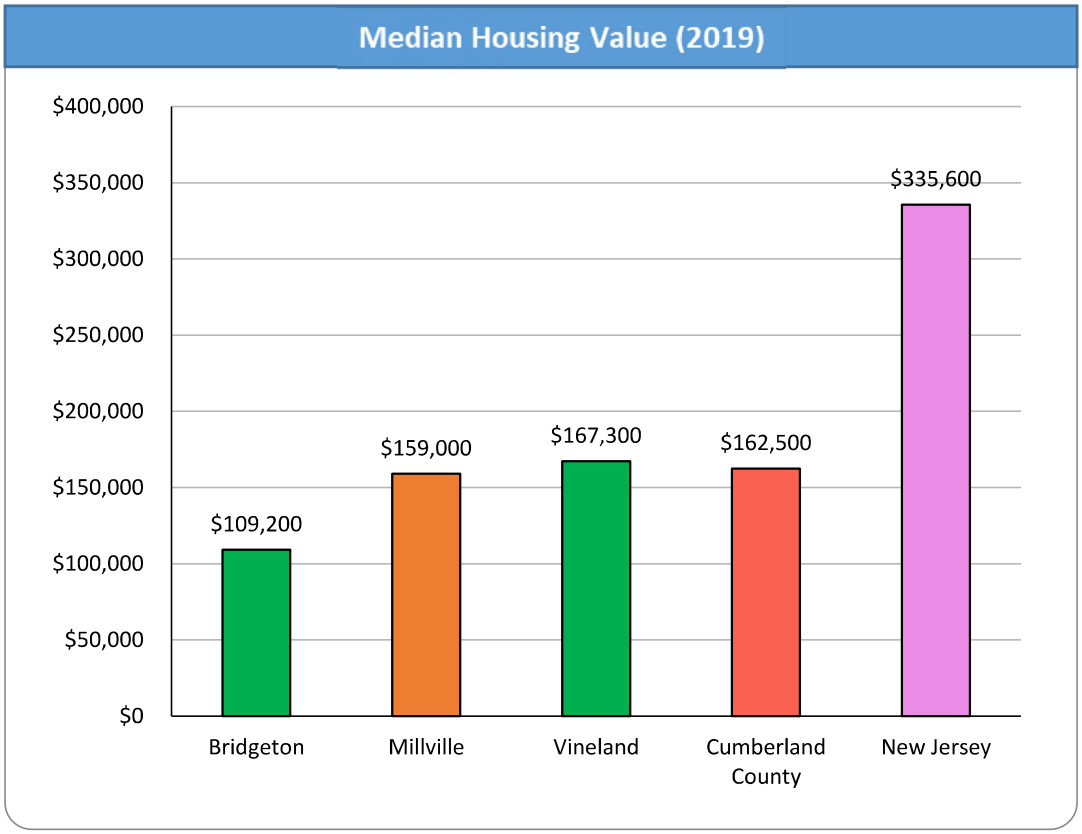
Source: *United States Census*

https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/2019/

The median household income (MHI) in Cumberland County is approximately 42% lower than the state of New Jersey. While the state saw an increase in household incomes from 2017 to 2019, Cumberland County experienced a slight increase too. Note that with the exception of Bridgeton, two municipalities (Millville and Vineland) are higher than the County's MHI. However, all three highlighted municipalities are lower than the State's MHI. From 2017 to 2019, Bridgeton's MHI remained significantly lower than the other two neighboring municipalities, with an estimated $37,804 MHI in 2019 compared with the County's $54,149 estimated MHI.

MEDIAN HOUSING VALUE (2019)	
Bridgeton	$109,200
Millville	$159,000
Vineland	$167,300
Cumberland County	$162,500
New Jersey	$335,600

Source: *United States Census*



Source: *United States Census*

In 2019, the median value of owner-occupied housing units in Cumberland County was $162,500. This is nearly 70% lower than New Jersey's median value of owner-occupied housing units, which is $335,600.

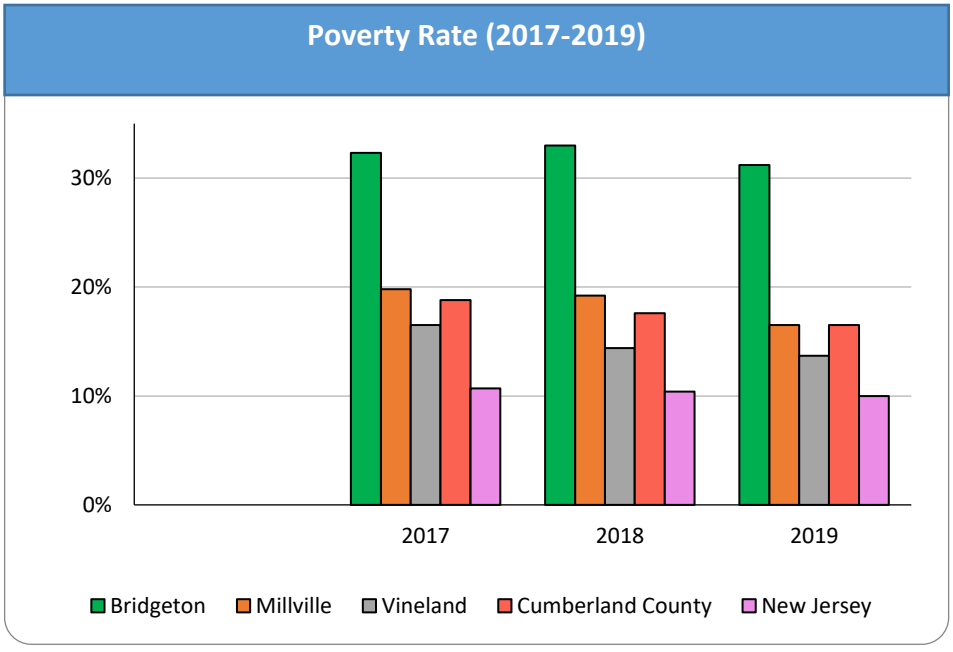
Composition of Population (2019)						
	White	Black	Asian	Other	Two or More Races	Hispanic and Latino
Bridgeton	53.3%	33.2%	0.6%	9.9%	0.0%	49.4%
Millville	76.3%	16.1%	2.7%	1.6%	3.0%	18.3%
Vineland	70.9%	14.2%	1.3%	7.9%	5.3%	40.9%
Cumberland County	68.1%	19.5%	1.4%	6.1%	4.1%	30.7%
New Jersey	67.8%	13.5%	9.5%	6.3%	2.7%	20.2%

Source: *United States Census*

Bridgeton is 1 of the 76 municipalities in the state with a majority-minority population.

POVERTY RATE (2017-2019)			
	2017	2018	2019
Bridgeton	32.3%	33.0%	31.2%
Millville	19.8%	19.2%	16.5%
Vineland	16.5%	14.4%	13.7%
Cumberland County	18.8%	17.6%	16.5%
New Jersey	10.7%	10.4%	10.0%

Source: *United States Census*

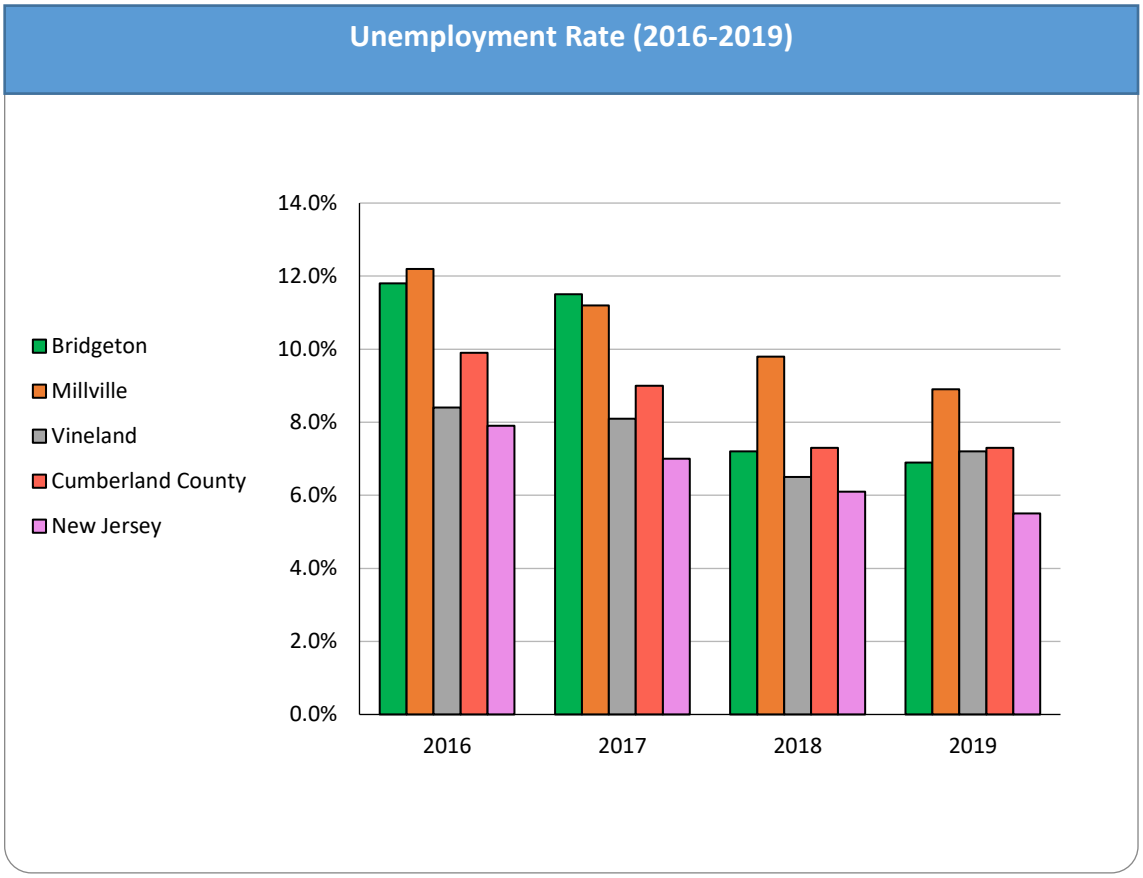


Source: *United States Census*

Bridgeton's poverty rate increased from 2017 to 2018, but decreased from 2018 to 2019. However, it remains close to three times New Jersey's rate and close to double of the County's rate. Millville's poverty rate was on an upward trend from 2017 to 2018, but decreased in 2019. Vineland's poverty rate has decreased every year since 2017.

Unemployment Rate (2016-2019)				
	2016	2017	2018	2019
Bridgeton	11.8%	11.5%	7.2%	6.9%
Millville	12.2%	11.2%	9.8%	8.9%
Vineland	8.4%	8.1%	6.5%	7.2%
Cumberland County	9.9%	9.0%	7.3%	7.3%
New Jersey	7.9%	7.0%	6.1%	5.5%

Source: *New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics*



Source: *United States Census*

Overall, Cumberland County's unemployment rate has been trending downward since 2016, but remains higher than the State's rate. The unemployment rate of Bridgeton and Millville municipalities have been trending downward since 2016. Vineland's unemployment rate was on a similar decline until its increase in 2019. Millville exhibits the highest unemployment rate among municipalities (8.9%).

Occupancy Rates (2019)			
	Owner-Occupied	Renter-Occupied	Vacant
Bridgeton	38.1%	61.9%	12.6%
Millville	65.0%	35.0%	12.2%
Vineland	65.9%	34.1%	6.6%
Cumberland County	65.2%	34.8%	10.1%
New Jersey	63.9%	36.1%	10.6%

Source: *United States Census*

Cumberland County follows a similar trend in occupancy rates as those of the state, with about 65% being owner-occupied. Among the highlighted municipalities, Bridgeton is the only exception, with almost 62% of housing being renter-occupied instead. Bridgeton and Millville also have about twice the rate of vacant housing than Vineland.

GLOUCESTER COUNTY

Gloucester County was founded in May 1686 and encompasses a land area of 322 square miles. Its geography is composed of low-lying rivers and coastal plains. Gloucester County is nearly a 50% to 50% split between rural and urban areas of land. The population per square mile is 904.2, and just over 50% of Gloucester County's land area is considered rural and 8.4% of Gloucester County's population lives in a rural area. Woodbury is the county seat. From 2010 to 2020, the population of the state of New Jersey increased by 5.65% (2010 population is 8,791,894; 2020 population is 9,288,994), while the population of Gloucester County increased by 4.85% (2010 population is 288,288; 2020 population is 302,294) (U.S. Census, 2020d).

Gloucester County is located in the Philadelphia metropolitan area, yet it has a strongly developed agricultural sector. In fact, Gloucester County is one of the primary food producing areas in the state of New Jersey. The industrial sector in Gloucester County is also strong. The county is home to a number of industrial parks, including Pureland Industrial Park, one of the nation's largest distribution centers. Projected employment change (2014 to 2024) anticipates a nearly 27% increase in the Arts, Entertainment, and Recreation sector, a 25.5% increase in Construction, and a 17.3% increase in Health Care and Social Services. The sectors of Real Estate, Rental, and Leasing, and Administrative and Waste Services are anticipated to increase by 15.4% and 13.6% respectively. Information (-15.7%), Education Services (-10.8%), Manufacturing (-8.7%), and Government (-2.1%) are expected to decrease in the upcoming years.

In Gloucester County, the preliminary unemployment rate in December 2021 was 4.6%, slightly lower than the state's rate of 4.9%. Estimates indicate that from 2015 to 2019, unemployment rates in Gloucester County dropped from 6% to 3.5%, an approximately 42% decrease, compared with the state's estimated drop from 5.7% to 3.4%, an approximately 40% decrease (U.S Department of Labor, 2021b). Gloucester County's unemployment rate saw a steady decline between 2014 and before the pandemic. In 2020, unemployment rate spiked up to 9.3% from 3.5% over the course of the year, an increase of 165%; similarly, the state's unemployment rate also increased to 9.8% from 3.4% in 2020, an increase of 188% (U.S Department of Labor, 2021b).

According to the (2019) American Community Survey, Gloucester County residents possess high educational attainment. Statewide, 89.8% of the population possess a high school diploma or higher, and 92.9% of Gloucester County's population have a high school diploma or higher. Nearly 40% of New Jersey's population earned a Bachelor's degree or higher and 33% of the population in Gloucester

Gloucester County is located in the Philadelphia metropolitan area, yet it has a strongly developed agricultural sector.

County completed a Bachelor's degree or higher (U.S. Census Bureau, 2020d).

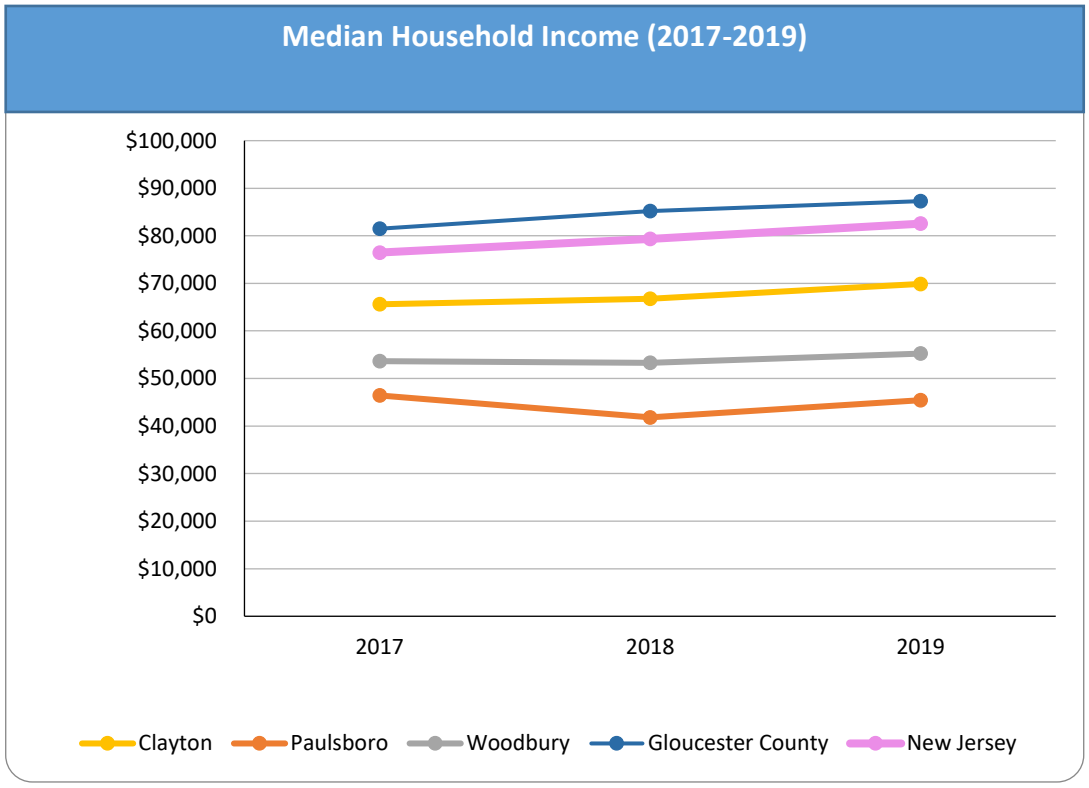
There are 1.9 municipal police officers per 1,000 citizens in Gloucester County (as compared to the state rate of 2.2 officers). Gloucester County's violent crime rate is 160 per 100,000 which is lower than the state average (229.0 per 100,000).

Eight of Gloucester's 67 county census tracts (12%) qualify as food deserts (U.S. Department of Agriculture, 2019) and 43.8% of the population are considered to have low access to food. Grocery stores are approximately 3.5 miles away from residents and this is slightly above the national average (Senator Walter Institute for Public Affairs, 2019). Gloucester County's Food Environment Index was 8.5, much lower than the state's 9.3 score. 83% of individuals have access to exercise opportunities in Gloucester County, compared to 95% of New Jersey citizens and 91% nationally who have access to exercise opportunities. (County Health Rankings and Roadmaps, 2019).

GLOUCESTER COUNTY DATA SNAPSHOT

Median Household Income			
	2017	2018	2019
Clayton	$65,595	$66,766	$69,883
Paulsboro	$46,429	$41,825	$45,450
Woodbury	$53,618	$53,281	$55,226
Gloucester County	$81,489	$85,160	$87,283
New Jersey	$76,475	$79,363	$82,545

Source: *US Census*

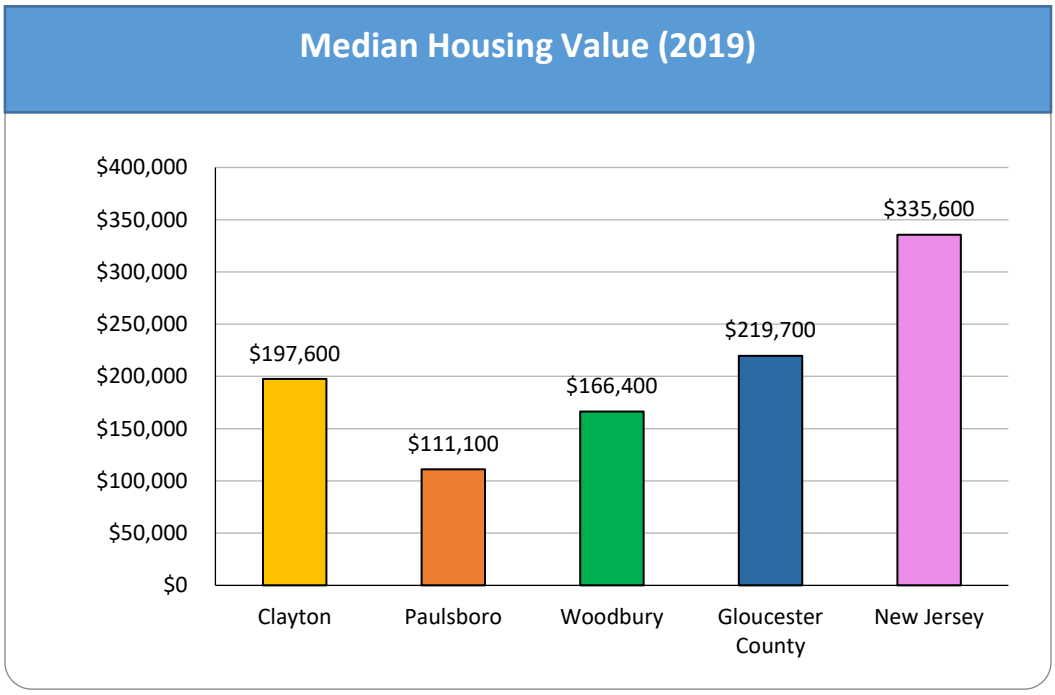


Source: *United States Census*

The median household income in Gloucester County is about 6% higher than the state of New Jersey's. While the state saw an increase in household incomes from 2017 to 2019, Gloucester County experienced a significant increase. Note that all three highlighted municipalities are lower than the County and the State's Median Household Income, with Paulsboro's and Woodbury's MHI significantly lower than Clayton's.

MEDIAN HOUSING VALUE (2019)	
Clayton	$197,600
Paulsboro	$111,100
Woodbury	$166,400
Gloucester County	$219,700
New Jersey	$335,600

Source: *US Census*



Source: *United States Census*

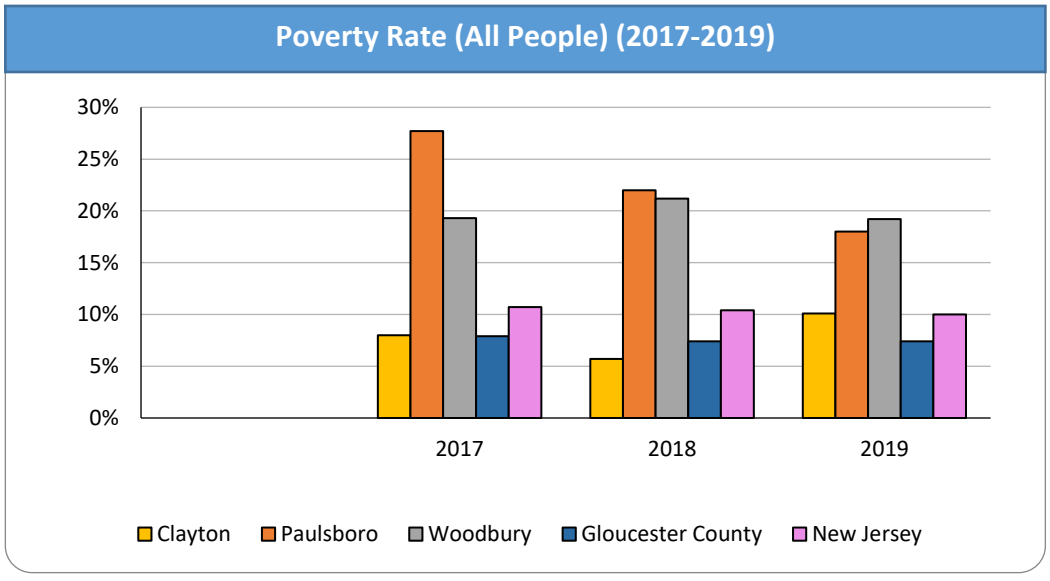
In 2019, the median value of owner-occupied housing units in Gloucester County was $219,700. This is nearly 42% lower than New Jersey's median value of owner-occupied housing units, which is $335,600.

Composition of Population (2019)						
	White	Black	Asian	Other	Two or More Races	Hispanic and Latino
Clayton	76.9%	16.9%	1.7%	0.8%	3.4%	7.9%
Paulsboro	63.7%	30.5%	0.0%	1.3%	4.6%	7.3%
Woodbury	57.7%	25.6%	1.5%	6.6%	8.4%	14.7%
Gloucester County	81.40%	10.2%	3.1%	2.0%	3.2%	6.2%
New Jersey	67.8%	13.5%	9.5%	6.3%	2.7%	20.2%

Source: *United States Census*

Gloucester County's population composition leans more towards homogeneity than that of the state. All three highlighted municipalities also show a majority-minority population though less homogenous, with Woodbury showing the most variety in notable percentages of Black, HIspanic/Latino, and mixed race individuals.

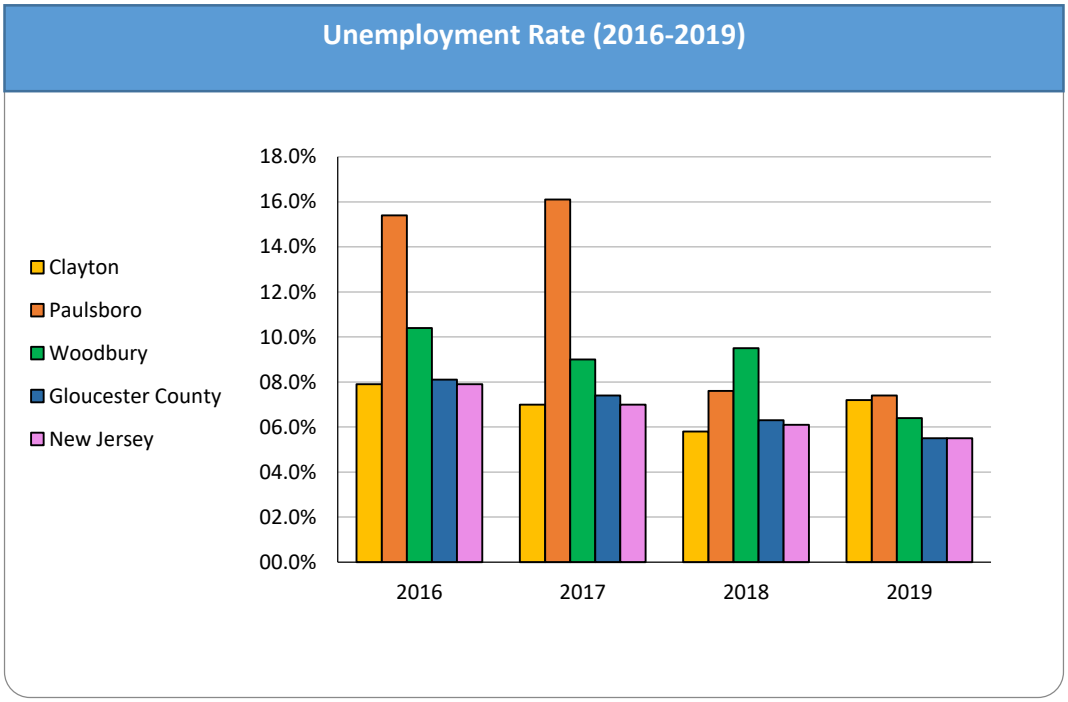
POVERTY RATE			
	2017	2018	2019
Clayton	8.0%	5.7%	10.1%
Paulsboro	27.7%	22.0%	18.0%
Woodbury	19.3%	21.2%	19.2%
Gloucester County	7.9%	7.4%	7.4%
New Jersey	10.7%	10.4%	10.0%



Paulsboro's poverty rate has decreased from 2017 to 2019, but still remains close to double of New Jersey's and double Gloucester County's rate. Clayton's poverty rate is on par with the State's rate, but still higher than the County's rate. Woodbury's poverty rate is close to double the State's rate and triple the County's rate.

Unemployment Rate (2016-2019)				
	2016	2017	2018	2019
Clayton	7.9%	7.0%	5.8%	7.2%
Paulsboro	15.4%	16.1%	7.6%	7.4%
Woodbury	10.4%	9.0%	9.5%	6.4%
Gloucester County	8.1%	7.4%	6.3%	5.5%
New Jersey	7.9%	7.0%	6.1%	5.5%

Source: *New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics*



Source: *United States Census*

Overall, Gloucester County's unemployment rate has been on par with the State's rate in percentage and decline. Woodbury and Paulsboro mirror this trend, but Paulsboro's rate is the highest among these municipalities (7.4%). Clayton's unemployment rate increased from 2018 to 2019.

Occupancy Rates (2019)			
	Owner-Occupied	Renter-Occupied	Vacant
Clayton	78.2%	21.8%	10.2%
Paulsboro	70.6%	29.4%	18.7%
Woodbury	57.3%	42.7%	12.8%
Gloucester County	80.1%	19.9%	7.6%
New Jersey	63.9%	36.1%	10.6%

Source: *United States Census*

Gloucester County has a higher percentage of owner-occupied housing than the state, with Woodbury being the only exception to this trend among the three highlighted municipalities. All three municipalities also show a higher percentage of vacant housing than the county, with Paulsboro rates being almost twice those of the state and almost triple those of the county.

SALEM COUNTY

Salem County is located in the southwestern part of New Jersey. It is bordered to the west by the Delaware River, and its geography is almost entirely flat coastal plain. The county seat is Salem. Salem County is the least populated of the 21 counties in the State of New Jersey but the 10th largest county in square miles (New Jersey Counties by Population, 2020). Salem County is the most rural county in the State of New Jersey. The population per square mile is 189.8. 93.4% (310 square miles) of Salem County is considered rural and 45.3% of the population lives in a rural area. The county has been successful in maintaining the cultural history of agriculture and open space that has long defined much of South Jersey. Today, 42.6% of the land is under active farm cultivation. The county has 6 rivers, more than 34,000 acres of meadow and marshland, and 40 lakes and ponds. In term of population change, between 2010 and 2020, Salem County's population decreased from 66,085 to 64,837, an approximately 1.9% drop; whereas the state population increased from 8,791,880 to 9,288,994, a 5.65% increase (U.S Department of Labor, 2021c).

The top employment sectors in Salem County are Education and Health Care, which represent 22.1% of the jobs in the county. The largest employer is the utility company PSE&G, with roughly 1,500 employees. Employment numbers for Salem County are projected to remain virtually unchanged—showing a small growth of 0.1% per year. This is partially due to losses in manufacturing, utilities, and retail trade that are expected to offset the growth experienced in construction, healthcare and social services in this area.

In Salem County, the preliminary unemployment rate in December 2021 was 6%, higher than the state's rate of 4.9%. Estimates indicate that from 2015 to 2019, the unemployment rate in Salem County dropped from 7.3% to 4.6%, an approximately 37% decrease, which still underperformed compared to the state's estimated drop from 5.7% to 3.4%, an approximately 40% decrease. While the county's overall unemployment rate has continued to decrease, it continues to be higher than the state's rate (U.S Department of Labor, 2021c). Furthermore, there continue to be a number of municipalities in Salem County with high unemployment rates, including Salem City (12.1%), Penns Grove (9.0%), and Carney's Point (6.8%). The pandemic's effects saw the unemployment rate in New Jersey (9.8%) for the first time in ten years surpass that of Salem County (9.5%).

According to the (2019) American Community Survey, Salem County residents are below the state average for educational attainment. Statewide, 89.8% of the population possess a high school diploma or higher, and 88.8% of Salem County's population have a high school diploma or higher. Nearly 40% of New Jersey's population earned a Bachelor's degree or higher and 21% of the population in Salem County completed a Bachelor's degree or higher (U.S. Census Bureau, 2020e).

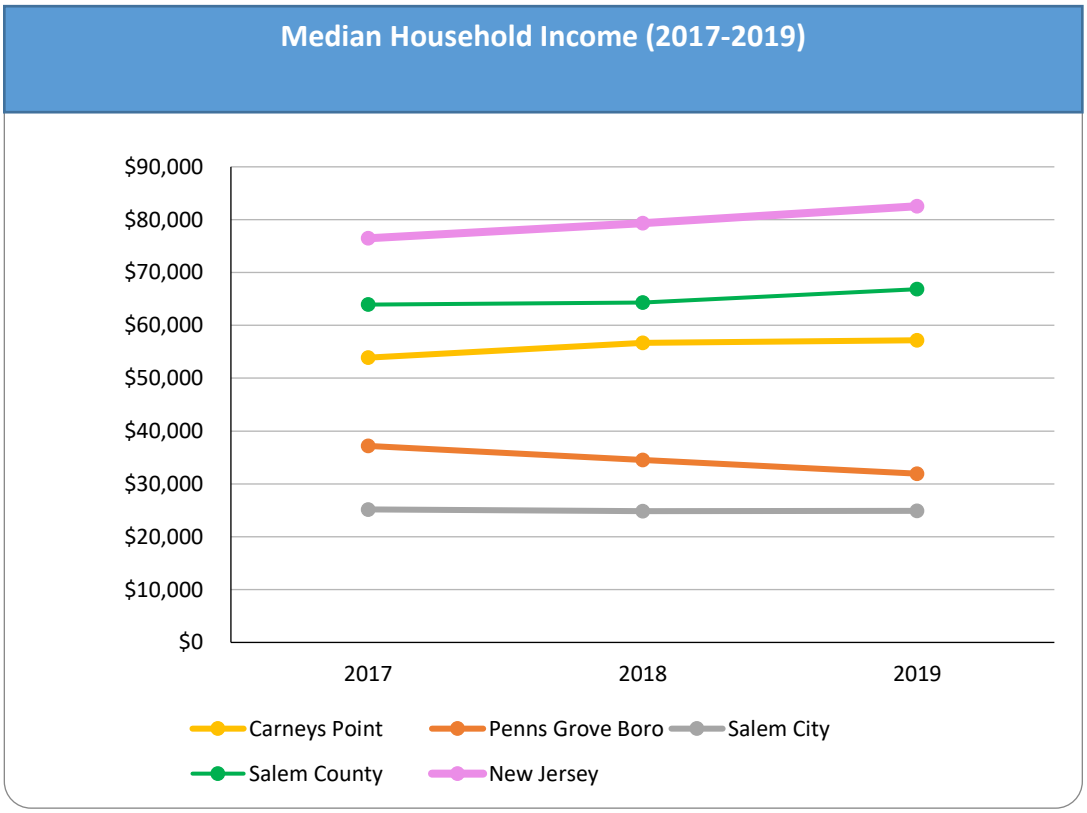
There are only 1.4 municipal police officers per 1,000 citizens in Salem County (as compared to the state rate of 2.2 officers). New Jersey's violent crime rate is 229.0 per 100,000 (Crime in the US, 2017) and Salem County's violent crime is higher than the state average at 271 per 100,000 residents.

Six of Salem's 24 census tracts (25%) qualify as food deserts (U.S. Department of Agriculture, 2019) and 13.1% of its population are considered low access. Grocery stores in Salem County are nearly triple the federal average distance at six miles (Senator Walter Institute for Public Affairs, 2019); however, this distance is expected to double if Incollingo proceeds with its rumored closure of the Penns Grove branch, following the closure of its Salem City branch that effectively classified it into a food dessert. Salem County's Food Environment Index was 8.3 (compared to the state's 9.3 score). Seventy percent (70%) of individuals have access to exercise opportunities in Salem County, compared to 95% of New Jersey citizens and 91% nationally who have access to exercise opportunities. (County Health Rankings and Roadmaps, 2019).

SALEM COUNTY DATA SNAPSHOT

Median Household Income			
	2017	2018	2019
Carneys Point	$53,892	$56,680	$57,181
Penns Grove Boro	$37,188	$34,500	$31,940
Salem City	$25,171	$24,841	$24,926
Salem County	$63,934	$64,309	$66,842
New Jersey	$76,475	$79,363	$82,545

Source: *United States Census*

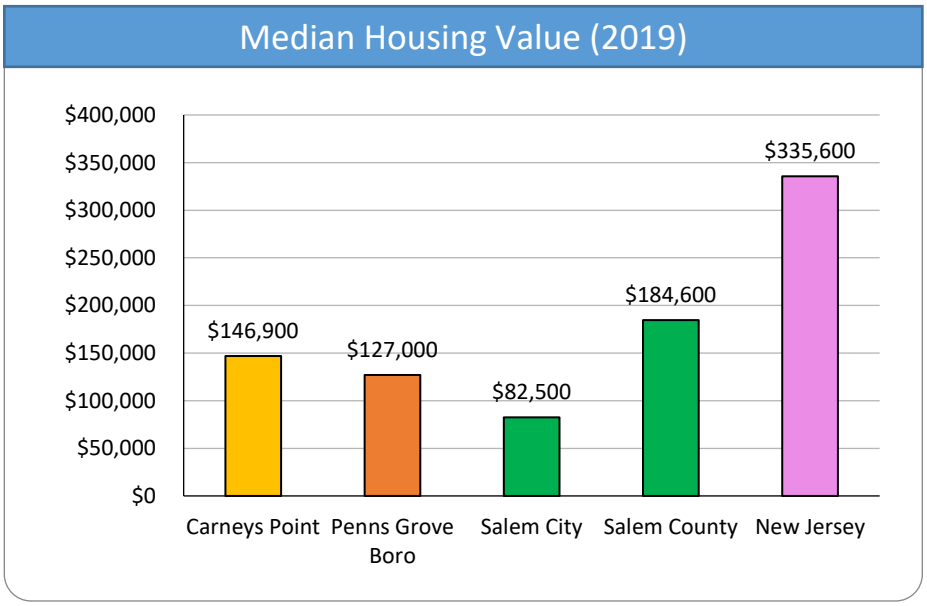


Source: *United States Census*

The median household income in Salem County is lower than the state of New Jersey's. While the state saw an increase in household incomes from 2017 to 2019, Salem County experienced a slight increase too. Note that with the exception of Carneys Point, the other two municipalities (Penns Grove Boro and Salem City) experienced a slight decrease. However, all three highlighted municipalities are lower than the County and the State's Median Household Income.

MEDIAN HOUSING VALUE (2019)	
Carneys Point	$146,900
Penns Grove Boro	$127,000
Salem City	$82,500
Salem County	$184,600
New Jersey	$335,600

Source: *US Census*



Source: *United States Census*

In 2019, the median value of owner-occupied housing units in Salem County was $184,600. This is nearly 58% lower than New Jersey's median value of owner-occupied housing units, which is $335,600.

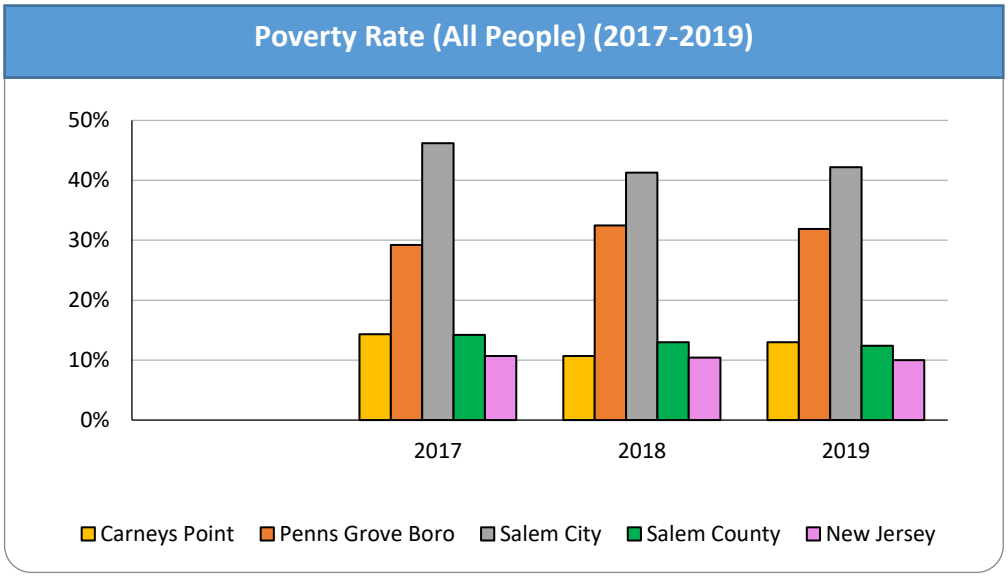
Composition of Population (2019)						
	White	**Black**	**Asian**	**Other**	**Two or More Races**	**Hispanic and Latino**
Carneys Point	76.60%	16.40%	0.50%	3.90%	2.10%	17%
Penns Grove Boro	46.60%	32.30%	1.30%	10.30%	9.40%	36.80%
Salem City	31.90%	60.30%	0.30%	0.30%	7.20%	12.50%
Salem County	80%	13.20%	1.10%	2%	3.30%	9%
New Jersey	67.8%	13.5%	9.5%	6.3%	2.7%	20.2%

Source: *United States Census*

Salem County's population composition leans more towards homogeneity than that of the state. Of the three highlighted municipalities, only Carneys Point shows a similar majority-minority population composition. Instead, both Penns Grove and Salem City show a minority-majority composition. Over 60% of Salem City's residents identified as Black. In Penns Grove, about a third of residents identified as Black and over a third identified as Hispanic/Latino.

Poverty Rate (2017-2019)			
	2017	2018	2019
Carneys Point	14.3%	10.7%	13.0%
Penns Grove Boro	29.2%	32.5%	31.9%
Salem City	46.2%	41.3%	42.2%
Salem County	14.2%	13.0%	12.4%
New Jersey	10.7%	10.4%	10.0%

Source: *US Census*

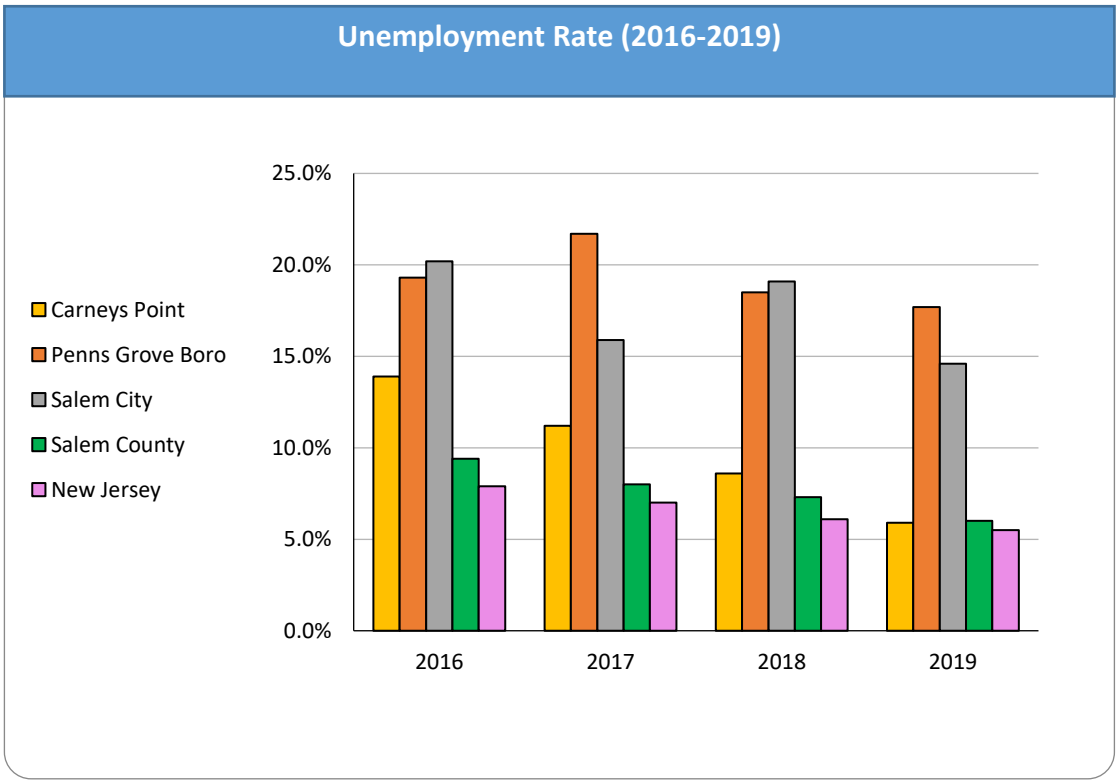


Source: *United States Census*

In 2019, Salem City's poverty rate (42.2%) was close to four times that of New Jersey's rate and close to three times the County's rate. Salem City's decreased from 2017 to 2018, but increased again in 2019. Carneys Point's poverty rate is on par with Salem County's rate and slightly higher than New Jersey's rate. Penns Grove's rate is slightly more than double the County's and close to three times the State's rate.

Unemployment Rate (2016-2019)				
	2016	2017	2018	2019
Carneys Point	13.9%	11.2%	8.6%	5.9%
Penns Grove Boro	19.3%	21.7%	18.5%	17.7%
Salem City	20.2%	15.9%	19.1%	14.6%
Salem County	9.4%	8.0%	7.3%	6.0%
New Jersey	7.9%	7.0%	6.1%	5.5%

Source: *New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics*



Source: *United States Census*

Overall, Salem County's unemployment rate has been trending downward since 2016, but remains slightly higher than the State's rate. The unemployment rate of the three highlighted municipalities (Carney's Point, Penns Grove Boro, and Salem City) has been trending downward since 2016. However, Penns Grove's rate (17.7%) is more than three times the County's and the State's, and Salem City's rate (14.6%) is more than double the County's and State's rate.

Occupancy Rates (2019)			
	Owner-Occupied	**Renter-Occupied**	**Vacant**
Carneys Point	65.3%	34.7%	12.0%
Penns Grove Boro	29.8%	70.2%	15.3%
Salem City	34.1%	65.9%	30.0%
Salem County	71.1%	28.9%	13.3%
New Jersey	63.9%	36.1%	10.6%

Source: *United States Census*

Salem County has a higher percentage of owner-occupied housing than the state. In contrast with Carneys Point, Penns Grove and Salem City show higher rates of renter-occupied housing. The rate of vacant housing in Salem City is over twice that of the county and nearly triple that of the state.

The county profiles for Cumberland, Gloucester, and Salem Counties provide insight into the social determinants of health present in these counties, and many of the unique strengths and challenges present in their communities. Environment provides essential context to health and overall well-being, and the rural nature of these counties (albeit to varying degrees) presents important considerations for health in these communities. Rural areas present several challenges for residents, long commutes, lack access to food, and fewer available services are some of the barriers residents face in rural communities. The following sections outlining the CHNA's findings are steeped deeply in the fabrics of these communities, and the geography and community context are an undercurrent throughout all of the data.

Estimates indicate that from 2015 to 2019, the unemployment rate in Salem County dropped from 7.3% to 4.6%, an approximately 37% decrease, which still underperformed compared to the state's estimated drop from 5.7% to 3.4%, an approximately 40% decrease.

SECTION 2A

ADDITIONAL COMMUNITY CONTEXT: STATE AND NATIONAL IMPACTS OF COVID-19 PANDEMIC (MARCH 2020 - JANUARY 2022)

> "...After the Second World War, the world has experienced mass trauma, because the Second World War affected many, many lives. Now even with this COVID pandemic, with bigger magnitude, more lives have been affected. Almost the whole world is affected, each and every individual on the surface of the world actually has been affected. And when there is mass trauma, it affects communities for many years to come..."
>
> **World Health Organization, Director-General, Tedros Adhanom Ghebreyesus**
>
> **March 5, 2021**

OVERVIEW

The data collected for Inspira Health's Community Health Needs Assessment (2022-2024) were gathered and synthesized during the COVID-19 pandemic. The immense challenges and shifts in daily life brought on by COVID-19 continue at the time of the writing of this report. The end of January 2022 marked two years since the United States Department of Health and Human Services (DHHS) declared the COVID-19 outbreak a public health emergency in the United States (PHE, 2020). COVID-19 has resulted in over 75 million cases and 885,000 deaths and counting in the United States since March 2020 (CDC, 2022). In the same time period, New Jersey experienced over 2 million cases and 31,000 deaths. The prior two years have brought lockdowns, closures, economic instability, and dramatic spikes in unemployment in combination with the physical and emotional effects of the virus' spread.

After many months of uncertainty and trepidation throughout 2020, the introduction of the national vaccination program in 2021 saw case numbers, deaths, and hospitalizations decline in New Jersey, and Governor Murphy shared in spring 2021 that there is a "new light on the horizon" in terms of containing the virus. Yet, the rise of the Delta variant during summer 2021, described as a more contagious variant, and continued health and economic challenges muddied the path to recovery. According to CDC data, the Delta variant surged starting at the end of July 2021 and by the end of November 2021 accounted for 99.1% of coronavirus circulating in the United States. In the same month, the CDC (2022) recommended that everyone over 18 years old that received the Pfizer-BioNTech or Moderna vaccine should receive a COVID-19 booster shot 6 months after they are fully vaccinated (2021). On December 15, 2021, the state announced *Boost NJ Day,* commemorating vaccination progress and over 2,000 vaccination sites (New Jersey Department of Health, 2021). This led to another reduction in case numbers, deaths, and hospitalizations in New Jersey, with over 13 million doses administered, and over 6 million fully vaccinated people by the end of January 2022 (New Jersey Department of Health, 2022). However, the resurgence of COVID-19 spurned once again in fall 2021 and winter 2022 through the Omicron variant, described as less potent, but more contagious. By the end of January 2022, the Omicron variant accounted for 99.5% of coronavirus circulating in the United States (CDC, 2022). Considering the constantly emerging mutations, New Jersey leadership continued to introduce ever-changing regulations to emphasize priorities of health, safety, and economic recovery for all residents. The holiday season between the end of December 2021 and the beginning of January 2022, brought challenges with

increased rates of exposure due to travel and the variant exposures. Thus, the need for testing grew exponentially, but the availability of tests inversely remained scarce (Kausch, 2021). A White House brief announced on December 22, 2021 that the government will be distributing emergency at-home rapid tests, but by the end of January 2022, many households were still waiting, without the ability to receive tests when they needed it the most (Kausch, 2021).

At the time of writing in early March 2022, many households have received the government-issued emergency at-home rapid tests, and case numbers and deaths are on the decline throughout New Jersey. Local and state mandates have continued to shift as regulations around social distancing and mask requirements are lifting in both public and private spaces. COVID-19 is shifting into an endemic virus, one that will involve continued vigilance and potentially annual vaccines. The devastating impacts of the pandemic remain ever present and necessitate the continued support and resources of community members, public and private agencies, and government officials as we rebuild and recover towards a healthier, more equitable future.

U.S. POLITICAL CHANGE AND DISRUPTION

The entire pandemic period has been shadowed by an era of heightened political polarization and displeasure with the modern political system, both shaping individual and local government public health responses (Maset, 2021). Using Gallup data, researchers found that political party support was the most important variable in explaining attitudes and behaviors around "levels of fear over COVID-19, social distancing, mask wearing, visiting work, and the scope of expected economic and social distribution," (Rothwell & Makridis, 2020, p. 2) even more so than local infection levels or other demographic variables. Additionally, geographic areas that voted for the democratic candidate in the 2016 presidential election were more likely to "live under mask mandates for workers or individuals, stay-at-home-orders, or limitations on social gatherings" (Makridis and Rothwell, 2020). The increased fear of the virus in more left-leaning states left a gap in some economic outcomes, with unemployment rates at 6.7% in right-leaning states versus 11.3% in left-leaning states, and vast differences in stay-at-home orders, testing availability, and mask mandates between states throughout the entire pandemic (Makridis and Rothwell, 2020).

There was also a presidential election during the middle of the pandemic, an incident only previously experienced during the 1918-1919 influenza outbreak during the midterms during the term of President Woodrow Wilson. According to the American Psychological Association (2020), the 2020 Election was a source of stress for more Americans than the 2016 presidential race, regardless of political affiliation. According to FiveThirtyEight, the pandemic did not do much to sway people's voting and decision-making processes, other than the impact it had on the economy in certain localities causing people to lean one way or another. After a contentious 2020 election cycle, Joseph R. Biden Jr. was elected the 46th President of the United States of America defeating former President Donald J. Trump with 81 million popular votes and 306 electoral college votes versus 74 million popular votes with 232 electoral college votes. Claims of voter fraud and doubts of election security proliferated in the months following the election, culminating into a violent and deadly attack on the United States Capitol Building on January 6, 2021. The violent insurrection temporarily delayed the ceremonial vote by the United States Senate to count the electoral votes from each state, but Joseph R. Biden, Jr., was declared the next President of the United States in the early morning hours of January 7, 2021.

In November 2021, political tensions in New Jersey remained heightened with statewide and governor elections as well, and Governor Phil Murphy was narrowly re-elected as Governor over opponent Jack Ciattarelli. Much of the rhetoric around the election focused on Coronavirus mandates and how voters felt about increased or reduced public safety measures (Tully, 2021). In late 2021 and early 2022 political

and public tensions continue around social distancing/ capacity restriction efforts, mask mandates, and vaccine/booster requirements. Governor Phil Murphy signed Executive Order No. 292 on March 7, 2022, which lifted the COVID-19 Public Health Emergency in addition to the statewide school and daycare mask mandate. As the pandemic moves into a waning yet uncertain phase in spring 2022, public officials continue to weigh costs and benefits and shift mandates and requirements according to public health guidelines.

RACIAL JUSTICE AND DISPARATE IMPACTS

The pandemic's onslaught collided with renewed racial reckoning across the United States spurred by the unjust deaths of Breonna Taylor, Ahmaud Arbery, and George Floyd in 2020. Calls for justice led by groups such as Black Lives Matter led citizens and institutions across the nation to reevaluate our racialized systems and infrastructures embedded in the nation's past. Discrimination among the Asian American and Pacific Island (AAPI) community during the pandemic also rose, with multiple violent attacks on individuals and AAPI businesses reported during this time. These injustices remain as COVID-19-driven disparities across racial/ethnic and socioeconomic lines continue to highlight the ways in which health systems and public and private infrastructures allocate resources and led to differential outcomes among citizens.

The Centers for Disease Control and Prevention (CDC) released U.S. data that estimated upwards of 385,000 COVID-19 deaths in 2020 and 457,000 subsequent deaths in 2021, and the data shows the disproportionate impact of COVID-19 on Americans of color. The "COVID-19 death rate was the highest among non-Hispanic American Indian or Alaska Native persons" (Ahmad, Cisweski, Miniño, & Anderson, 2021 and Erratum). COVID-19 killed young Hispanic men in New Jersey at four and a half times the rate of Hispanic women, twice the rate of young Black men, and seven times that of young White men (Yi, 2021a). According to the New Jersey Policy Perspective (NJPP), "no matter how you measure it, Black and Latinx residents have been disproportionately harmed by the COVID-19 pandemic." Black and Latinx cases, hospitalization rates, and mortality rates outpaced other groups. Additionally, Hispanic and Latinx residents were three times more likely than White residents to report not having health insurance (Holom-Trundy, 2020). Black residents were two times more likely than White residents to report not having health insurance (Holom-Trundy, 2020). And Black residents were "most likely (1.5 times more than White residents) to report both delaying medical care and needing medical care for something other than COVID-19, but not getting it, in the past four weeks" (Holom-Trundy, 2020) during 2020.

The pandemic has crystallized existing economic and social inequities among racial and ethnic groups, much of which is driven by social determinants of health. Residents of color have seen the greatest rise in unemployment rates during the pandemic, with Black and Latinx individuals being three times more likely than White individuals to report not having enough to eat in the past week, to report being behind on rental payments, much more likely to report lacking health insurance, and more likely to report delaying medical care of needing medical care (for other reasons than COVID-19) and not getting it (Reynertson, 2020; Yi, 2021b). The combinations of lack of access to care, potential lack of knowledge, and dangerous or unsafe working conditions have all contributed to the devastating and inequitable impacts of the pandemic on individuals and communities of color, resulting in "dual crises: residents of color having a greater likelihood of contracting the virus due to conditions beyond their control… while also facing the devastating impact on long term health and finances," creating even greater inequities post-COVID-19 (Reynertson, 2020).

Generally, women also have been especially hard-hit by the pandemic. According to a Senior Economist at the Federal Reserve, "through late April (of 2020) women had an unemployment rate that was 4% higher than men: 18% to 22% respectively (Birritteri, 2020)". Part of this is explained by the gender divide

in occupation and industry: women are more often employed in the arts, entertainments, retail, and hospitality industries which were deemed non-essential and, unlike typically male dominated industries such as construction and manufacturing, those industries were deemed essential and allowed to operate during the lockdowns.

Additionally, New Jersey residents with disabilities and their advocates have voiced displeasure and frustration with how they say the state has "failed their high risk community" during the pandemic (Meyers, 2020). According to the CDC, individuals with disabilities comprise over 24% of the state's population. Javier Robles, a Rutgers University professor and organizer of the New Jersey Disabilities COVID-19 Action Committee, notes "Fixing discriminatory hospital policies and a need for the protective gear are the most pressing issues. (Meyers, 2020)" Fear is a major consequence especially of discriminatory policies as Robles notes in addition to this, "If you went into the hospital you were not going to come back out… I heard that so much from people with disabilities." (a points based system, "categorical exclusion criteria", developed to ration ventilators and other life saving resources during the Pandemic, awarded these resources based on a lower points criteria, with disability and functional impairments automatically meaning a higher score card). (Meyers, 2020).

OPIOID CRISIS

The opioid crisis in the United States has continued to explode as a public health crisis and the impact of the COVID-19 pandemic led to an unprecedented surge of opioid-related deaths while stymying progress towards national recovery. Provisional data from the Centers for Disease Control and Prevention (CDC) indicates that the number of overdose deaths rose to 101,017 in the 12-month period ending in April 2021 (CDC). This was the highest ever recorded number for overdose deaths in a 12-month period and is close to a 26% increase in overdose deaths from April 2020 (CDC, 2022). The number of overdose deaths continues to rise and is up by 104,288 through September 2021, primarily involving opioids (CDC, 2021). The alarming increase in opioid-related death is driven by a variety of factors, including the ongoing unpredictability of the illicit drug supply (Walsh, 2021). Data revealed declines in opioid prescription deaths but increases in synthetic opioid-related deaths, particularly fentanyl, up to 50 times stronger than heroin and 100 times stronger than morphine (CDC, 2022).

Lockdowns, economic instability, and isolation during COVID-19 potentially increased risk for substance use/misuse (as well as challenges for potential relapses among other mental and behavioral disorders/illnesses). These additional stressors and uncertainties, compounded with limited access to resources and treatment services and clinics may have contributed to rising opioid overdose and substance use/misuse throughout the pandemic.

Furthermore, there remains concern about the worsening racial disparities in the overdose crisis. Several studies have outlined the surging pre-pandemic racial disparities in U.S. overdose mortality and the possible impacts of the COVID-19 pandemic on these sharp differences (NIH, 2021; Friedman et al., 2022). One study found that the rate of Black Americans dying from opioids and cocaine has increased by 575%, compared to 184% among White Americans (Cerdá et al., 2022). Additional data from the Families Against Fentanyl organization revealed that teen fentanyl deaths more than tripled since 2019 and increased more than five-fold among Black teens (2022). The Medical Director for the Mass General Hospital Substance Use Disorder Initiative, Sarah E. Wakeman, MD, said that "…many of these communities have already been devastated by the failed and racist war on drugs, leading to families separated through the child welfare system, people sent to prison, incarceration instead of treatment" (Walsh, 2021).

ECONOMIC IMPACT

Before the pandemic hit New Jersey, the state's economy had an expansive service-based industry and the pandemic deeply affected Southern New Jersey's economy in particular (NJDOL). According to a report from Stockton University, the COVID-induced recession of 2020 was far more damaging to the regional economy than the Great Recession of 2009 and Hurricane Sandy in 2012 (Stockton University - William J. Hughes Center for Public Policy, 2021). This same report estimates that the gross domestic product (GDP) of Southern New Jersey decreased by about 12% to 28% during the pandemic, losing as much as $5.1 billion from the economy during this time (Stockton University - William J. Hughes Center for Public Policy, 2021).

In April 2020, just over half of the February workforce (35% of all adults) lost their job, had hours reduced, took a pay cut, or were furloughed as a result of the coronavirus outbreak (Kaiser Family Foundation, 2020). This included three-fourths (76%) of those who were employed part-time, about two-thirds of hourly or contract workers (68%), and 65% of workers from lower-income households (those earning less than $40,000 annually). More than a year later, the workforce continues to feel the impacts of the pandemic. By March 2021, 44% of adults reported that someone in their household lost their job or income since February 2020 due to the pandemic, with Black and Hispanic households disproportionately comprising almost half of households impacted (Kaiser Family Foundation, 2020). Workers in the front-line industries are disproportionately likely to be low-wage, with about a fifth of low-wage workers employed in each of the entertainment, accommodation, food services (20%) and retail (19%) industries, and another tenth in service (5%) or construction (5%) industries (Kaiser Family Foundation, 2020). We also know that low-wage workers are more likely to be young adults, female (58% versus 47% for all workers), and disproportionately Hispanic or Black Non-Hispanic race/ethnicity when considering the population racial/ethnic layout nationally. Among those in front line jobs, 17% are Black compared to 11.9% of all workers (Gould and Wilson, 2020). Moreover, many of these workers faced additional health risks, and often were not offered paid time off/sick leave or proper personal protective equipment (PPE) while on the job (Walter Rand Institute, 2020).

In 2019, approximately 1 in 10 families with children in New Jersey lived in poverty

BASIC NEEDS INSECURITIES

Access to basic needs were also strained during the pandemic. Rates of hunger and poverty, which nationally had been on the decline, increased during this time (PBS Newshour, 2021). In 2020, according to the U.S. Census Bureau Household Pulse Survey, more than half of New Jersey residents (53%) reported loss of employment income since the pandemic's beginning and the majority of respondents (56%) reported difficulties paying for usual household expenses during the pandemic (Kapahi, 2020a; U.S. Census Bureau, 2019 & 2020a). By the end of 2021, the same survey reveals that 17% of New Jersey Residents continue to report loss of employment income, but 55% continue to report difficulties paying for usual household expenses (U.S. Census Bureau, 2021). These challenges are particularly acute for working families. In 2019, approximately one in ten families with children in New Jersey lived in poverty, and in 2020, families with children families were twice as likely (19%) to report that it was "very difficult" to cover usual expenses during the last seven days as households without children (9%) (Kapahi, 2020b; U.S. Census Bureau, 2019 & 2020b). By the end of 2021, 16% of families with children still reported that it was "very difficult" to cover usual expenses during the last seven days (U.S. Census Bureau, 2021). As noted in the above sections as well, the data also suggest the pandemic

disproportionately affected people of color and households with low incomes compared to white and higher income households (Kapahi, 2020; U.S. Census Bureau, 2019, 2020, & 2021).

The pandemic increased the number of food insecure individuals to more than 42 million people (up from 34 million people in 2019), including 13 million children (Feeding America, 2021). In New Jersey, a report by the Community FoodBank of New Jersey (CMFBNJ) projected food insecurity (unstable access to healthy foods) during the pandemic to increase over 56% of pre-pandemic levels for New Jerseyans, with a disproportionate increase (75%) in child food insecurity (2020). This same report expected New Jersey to experience about 10% higher rates of food insecurity than neighboring states like New York and Pennsylvania, and while six counties accounted for almost half of all increases in food insecurity (Monmouth, Ocean, Hudson, Essex, Middlesex, and Bergen), every county experienced increases, some nearly doubling their pre-pandemic levels (Stampas, 2020).

Another basic need, housing, has been greatly impacted by the pandemic. According to data from the New Jersey State Judiciary, there were "around 60,000 evictions pending across the state" in March 2021 (Guion, 2021). The president of the New Jersey Tenants Association, Matt Shapiro, said this number was most likely only a fraction of evictions that will be filed during the pandemic (Guion, 2021). On April 21, 2021, the New Jersey Courts released recommendations to reform how courts handle landlord-tenant matters and to address the impending flood of cases they will be asked to hear once a statewide moratorium on evictions is lifted (NJ Courts, 2021a; NJ Courts, 2021b). Governor Murphy signed another pair of bills in August 2021 stating New Jersey's eviction moratorium will end early for families above a certain income threshold and made confidential some landlord-tenant legal actions filed during the pandemic emergency (as of August 31, 2021) (Johnson, 2021). Renters making less than 80% of the area's median income were shielded from eviction through December 31, 2021, while those with income above 80% of the median saw the moratorium end on August 31, 2021. The bill also provided $750 million in aid for residents who have struggled to keep up with rent and utility bills during the coronavirus pandemic. By November 2021, judges continued to face a backlog of 52,000 landlord-tenant cases, and on January 1, 2022 New Jersey's moratorium on evictions was lifted (Conant, 2021). To prevent water and utility shut-offs during this transition, Governor Murphy signed a bill to extend the payment grace period until March 15, 2022 (Burns, 2021).

The pandemic increased the number of food insecure individuals to more than 42 million people

MENTAL HEALTH, COLLECTIVE GRIEF, & TRAUMA

The compounding unknowns and stressors during the pandemic impacted the mental health of New Jersey residents. Approximately 47% of Americans continue to say that worry and stress related to the threat of COVID-19 has played a negative role in their mental health, according to a COVID-19 Vaccine Monitor from Kaiser Family Foundation (Kearney, Hamel, and Brodie, 2021). In New Jersey, 46% of adults who responded to the Census Bureau's Household Pulse Survey between December 29, 2021 and January 10, 2022, reported having anxiety symptoms (United Census Bureau, 2022). Likewise, 42% of adults in New Jersey responded to the same survey that they experienced depression symptoms. The survey data also revealed the impact of job loss on mental health, with half of New Jersey residents who reported losing their job in the pandemic said they experienced anxiety or depression symptoms, compared with 34.2% who did not experience job loss (New Jersey Hospital Association, 2021). The Chief Medical Officer of the National Alliance on Mental Illness (NAMI), Ken Duckworth, said that, "It's

very clear through a very comprehensive CDC study, that that number is over two in five [Americans with] anxiety, depression, trauma". According to the NAMI helpline, there has been a substantial increase in people seeking help navigating the mental health care system for themselves or a loved one" (Powell, 2021).

LOSS OF PARENTS AND CAREGIVERS

Related to mental health is the grief associated with losing a loved one, which has been particularly acute among children who have lost a parent or caregiver. Data reveal that in the period from March 1, 2020, to October 30, 2021, an estimated 5.2 million children lost a parent or caregiver (Unwin et. al, 2022). This number continues to grow as U.S. data reveals an upward trend of over 184,000 children losing a parent or caregiver, an increase of 62% from the previous year (96,778) (Imperial College of London, 2022). One study revealed that globally, almost 64% of children who lost a parent or caregiver were aged 10-17, compared to almost 36% younger than age 10 (Unwin, et. al., 2022). Racial and ethnic disparities also emerged from the data as rates of COVID-19 deaths of parents and/or caregivers were higher for all racial and ethnic groups than for White children. Compared to White children, American Indian and/or Alaska Native children, Black children, Hispanic children, and Asian children were 4.5, 2.4, 1.8, and 1.1 times more likely, respectively, to lose a parent or caregiver during this time (Hillis, et. al., 2021). The highest burden of COVID-19–associated death of parents and caregivers occurred in the Southern U.S. for Hispanic children, in Southeastern states for Black children, and in states with tribal areas for American Indian and/or Alaska Native populations (Hillis, et. al., 2021).

The loss of a parent or caregiver has raised concerns about the detrimental impacts to the mental health of children, with children and other loved ones experiencing "pandemic grief" (Villarreal, 2021). Such a distressing event has led to increased rates of depression, post-traumatic stress disorder, trauma, confusion, and anger in children, and these challenges have compounded with increased isolation due to the pandemic (Villarreal, 2021; Hillis, 2021). A joint report with the CDC report describes the potential immedite and long-term adverse effects on the children's health and wellbeing, including dropping out of school, difficulty meeting basic needs, low self-esteem, and an increase in sexual risk behaviors (CDC, 2021). Child protection systems, services, and resources have also been severely impacted by the pandemic; emphasizing the need for effective interventions and support for children experiencing loss during the pandemic.

COVID-19 REFLECTIONS & LOOKING AHEAD

These last years have shone a light on racial inequities, political strife, and economic inequalities in our country, and how they intertwine (New York Times, 2021). At this point in the pandemic, racial, structural, and economic inequities have been exposed, and the community voices highlighted in this CHNA offer direct experience and context for building healthier counties. All of the components outlined in the above sections have played a part in the personal stories documented in the Inspira Health: Community Health Needs Assessment, revealing that there is much to be done if we are to face similar public health crises in the future.

One of the most important tasks will be the restoration of public trust in our institutions and in the medical and scientific community, especially for those communities who have dealt with a long history of medical racism and difficult or little to no access to care. There is hope that this experience will prove the usefulness of public health alert systems, with thoughtful, planned responses to early reports of outbreak and preventive measures through things such as entry screening, broad based testing, and more broader social acceptances of behaviors such as mask wearing. According to Dr. Anthony Fauci of the National Institute of Allergy and Infectious Disease (NIAID), collaborations across state lines will also be key.

The COVID-19 pandemic has demonstrated the continued prevalence and destructive impact of inequities; specifically racialized systems, underequipped infrastructures, and economic inequalities, and how these entities often intertwine in producing disparate outcomes among individuals and community populations. None of these tasks are easy, and if the United States and New Jersey are to avoid another crisis akin to COVID-19, steps must be taken by federal, state, and local government and community partners to support the well-being of all residents.

SECTION 3:

COMMUNITY HEALTH NEEDS ASSESSMENT: PROCESS AND METHODS

This section includes information on (1) staff involved with the project, (2) an overview of the methods used for data collection and analysis of the primary and secondary data research tools.

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OVERVIEW OF METHODS

To achieve the goal of obtaining locally actionable information for improving health, this Community Health Needs Assessment employed a mixed-methods iterative strategy of data collection that combined quantitative and qualitative analysis of primary data collected from community members with quantitative analysis of secondary data. The two fundamentals of our approach are rigorous data analysis and community voice: to that end, we used a variety of methods and tools to analyze the data we collected from participants and sources identified through consultation with trusted community partners in each county.

In this section, we describe the process and methods associated with our four main areas of data collection and analysis: (1) Primary Data: Focus Groups and Interviews; (2) Primary Data: Community Survey; (3) Secondary Data: Emergency Room Data; (4) Secondary Data: Community Descriptors.

It is also important to note that the CHNA was completed virtually (e.g., no in-person interviews or focus groups). There were also no in-person contacts and reach-outs to the community due to local, state, and federal regulations. WRI worked to create a comprehensive training guide and virtual protocol to ensure that participants felt comfortable and would share information with the research team. WRI research team members followed four core principles when facilitating focus groups and interviews: flexibility, respect, listening, and no judgment.

Each of the focus groups and interviews were completed virtually (e.g., Zoom or Microsoft Teams or telephone - the communication method that the community members felt most comfortable using was utilized). That enabled some participants to use the chat feature and share their answers in a written format rather than verbally. Every effort was made to ensure that participants were comfortable and answered the questions in the way that was preferred. The WRI research team ensured that all information whether shared via the chat or verbally was captured.

The WRI research team conducted 19 focus groups with different community members across the 3 counties.

Furthermore, we provided a space for flexibility as sometimes technology delayed the start of the focus group. The WRI research worked to ensure that the focus groups were planned and organized, but sometimes unforeseen circumstances occurred such as challenges with technology. Thus, the WRI research team was patient and flexible and worked to ensure that all participants could engage and share their perspectives. Together the WRI team worked to ensure that every single participant felt comfortable and heard. The WRI research team is grateful to each and every participant who took time out of their day to speak with us and to share their opinions, observations, and perspectives. Without them, this report would be much less robust.

PRIMARY DATA COLLECTION: FOCUS GROUPS AND INTERVIEWS

PURPOSE AND METHODOLOGY: FOCUS GROUPS

The WRI research team conducted 19 different focus groups with community members (n=15) and stakeholders (n=4) across the three counties. Out of the 15 focus groups conducted with community members, 4 were conducted with individuals who were Spanish speakers. All of the focus groups were completed virtually using Zoom or Microsoft Teams or telephone (the tool that the community

members felt most comfortable using was utilized). Each participant was also mailed a $25.00 Visa gift card as a thank you for taking the time to participate.

The main objective was to gather the community members' thoughts on health issues (such as access to care, health education, and communication) and any barriers residents may confront in obtaining care. Additional areas of inquiry included the strengths of the health care service delivery system as well as its weaknesses and possible improvements. The focus group format allowed the community members to express their opinions, suggestions, and recommendations in a confidential format. Because they live and work within Inspira Health's service areas, community members' input is crucial to the community health needs assessment process.

To achieve this, we worked with Inspira Health and other partners to set up focus groups with community members and service providers. The WRI research team recognizes that each of the three counties are unique and has a diverse population who reside, work, and play in those communities. The WRI research team ensured that populations that are overlooked or face inequities were included: individuals who do not speak English, older populations, individuals with disabilities, veterans. The WRI research team worked with community partners to complete specific reach outs to engage individuals from the aforementioned populations.

Focus groups produce a large amount of information in a short time period. In addition, focus groups elicit wide-ranging views on designated topics. Our focus groups consisted of a semi-structured guide and ranged in size from 1 to 13 participants. Informed consent was obtained after the purpose of the focus group was explained and prior to the data collection process, following the approved IRB protocol[1]. One research team member facilitated the focus group and one to two additional research team members took detailed notes. Following each focus group, the research team compiled a report.

PURPOSE AND METHODOLOGY: KEY STAKEHOLDER INTERVIEWS

WRI conducted 15 interviews with key representatives in each of three counties and designated Inspira Health staff. The interviews were completed using a semi-structured research instrument, and the goals of the interview were similar to goals of the focus groups. The purpose of the research project was explained to potential participants and informed consent was obtained prior to the data collection process, following the approved IRB protocol. Interviews were conducted virtually. Research team members took comprehensive notes. Interview participants were asked to think about and share their perspectives on access to care, health education and communication, as well as the barriers residents face in obtaining care. Other areas of inquiry included the strengths of the health care service delivery system as well as its weaknesses and potential improvements.

Both the research instrument and the protocol for the interview were developed based on the grounded theory approach within the qualitative research framework. This method permits research study participants to answer the questions in the way that they feel comfortable (Glaser and Strauss, 1967; Strauss and Corbin, 1998). Furthermore, this method allows a free-flowing conversation between the interviewer and interviewee and allows the participant to detail and explain various viewpoints throughout the interview (Rubin and Rubin, 2012). Another benefit is that the interviewer is not constrained to the questions on the instrument and is permitted to ask appropriate follow-up questions, for instance, when clarity is needed.

1 The Institutional Review Board (IRB) process at Rutgers University is based on the rules and regulations stipulated by federal agency regulation of human subjects research. All research must be completed in accordance with these guidelines. The Rutgers IRB has the authority to approve, require modifications in planned research prior to approval, or disapprove research. Approval was granted on September 14, 2021 (Protocol #Pro2021001086).

ANALYSIS: FOCUS GROUPS AND INTERVIEWS

All focus group and interview reports were coded by two research team members to establish inter-rater reliability. Thematic and analytic coding strategies were employed (Clarke and Braun, 2013). The data from the focus group notes were grouped into units (e.g., county resources, challenges facing the county, and recommendations). Line-by-line coding was done by team members and then open coding was completed to identify the additional sub-themes within the aforementioned areas (Glaser and Strauss, 1967). To ensure inter-rater reliability, two research team members independently completed this coding (Marshall and Rossman, 1989). Discrepancies in the coding were resolved by a meeting between the coders and the principal investigator.

The interview and focus group data were examined using the NVivo 12 data management and analysis software. Researchers have argued that NVivo can be helpful with analysis when using the grounded theory approach to qualitative research (Hutchinson, Johnston, and Breckon, 2010). To illustrate, the coding process allowed the researcher(s) to track what is occurring in these data and to determine when the point of saturation was reached (i.e., no new themes are emerging) (Glaser and Strauss, 1967). In NVivo, once the themes were identified, a node was created and the data stored at that node (Bazeley, 2007). The data stored at the nodes allowed researchers to pull quotes and case studies to further explain the themes in this report. In the findings section, results are discussed in the aggregate to protect the identities of the participants.[2]

Slightly over 1,000 community members participated in this CHNA from across the 3 counties.

872 individuals took the survey.

109 individuals participated in focus groups.

15 individuals participated in interviews.

2 Thus, we are in compliance with the regulations and approval granted for this research project by the Rutgers Institutional Research Board.

ADDITIONAL PRIMARY DATA: WHOLE FAMILY CULTURALLY RESPONSIVE APPROACH EVALUATION

Also included in this Community Health Needs Assessment is data gathered from an evaluation report submitted to the Pascale Sykes Foundation examining culturally responsive services for Hispanic/Latinx families in these three counties. Interviews were held from the end of June 2021 through the end of August 2021. All interviews were conducted remotely via Zoom or phone calls in light of continuing precautions to prevent the spread of COVID-19. A total of 15 staff members from service agencies and 21 family members participated. Data collection protocols were designed in a semi-structured interview format. Service providers and family participants were asked questions pertaining to barriers towards goals, forms of support that helped them achieve successes, and community needs. Interviews were conducted in English or Spanish based on the participant's preference. Bilingual notetakers transcribed the interviews. All data collected was translated to English by bilingual staff from the evaluation team. Staff engaged in the interview conducted an initial level of analysis to identify themes in the data, which were then used to formally code the data using NVivo.

PRIMARY DATA COLLECTION: COMMUNITY SURVEYS

PURPOSE AND METHODOLOGY: COMMUNITY SURVEYS

We also sought community engagement through the widespread dissemination of a Community Survey. The survey consisted of 95 items, formatted for electronic and paper distribution in both English and Spanish. The Spanish surveys were translated from English and then back-translated by certified translators on the research team. The participant response time was approximately 15 minutes for the electronic version and 30 minutes for the paper version.

The research team utilized Qualtrics, a web-based survey platform, for the development and distribution of the electronic format of the Community Survey. Survey item formats include multiple choice, fill-in, Likert scale, and ranking. The survey was launched on October 18, 2021 and closed on March 4, 2022 (19 weeks and 4 days) and was designed to complement the qualitative focus group and interview data to provide a comprehensive picture of the health status, needs, and resources as identified by residents of Cumberland, Gloucester, and Salem counties.

Questions covered 10 areas: Health and Healthcare Access; COVID-19; Demographics; Additional Health and Healthcare Access; Additional Health Knowledge/Behaviors; Food Access/Security; Neighborhood Quality; Adverse Childhood Experiences; Additional Demographics; and Child Health.

Due to the length of the survey, it was organized so that the most essential questions were at the beginning of the survey. The research team conducted pre-tests of the survey with community members and implemented the feedback received through the pre-testing in the final iteration of the community survey. Survey items integrated feedback from Inspira Health and community members, items from prior published Community Health Needs Assessments, and items from a number of national and state health information questionnaires including:

- National Health and Nutrition Examination Survey (NHANES) - Centers for Disease Control & Prevention
- Behavioral Risk Factor Surveillance System (BRFSS) - Centers for Disease Control & Prevention

- National Household Food Acquisition and Purchase Survey (FoodAPS) - United States Department of Agriculture
- National Health Information Survey (NHIS) - Centers for Disease Control & Prevention
- New Jersey Health & Well-Being Poll - Rutgers Center for State Health Policy
- National Coalition for Sexual Health (NCSH)

Throughout the process of developing the survey, the research team reviewed, modified, and implemented several measures to ensure that the survey items were relevant and easily understood by potential participants. The research team worked closely with the Inspira Health representatives to develop and edit the topics, order, and wording of the survey items. The research team also included and/or modified questions based on information discussed during meetings with Inspira Health representatives. In addition, the research team utilized its experience working in Southern New Jersey to identify other pertinent topics to include in the survey.

Additionally, questions were added to supplemental survey topic areas including the Additional Health and Healthcare Access; Additional Health Knowledge/Behaviors; Food Access/Security; Neighborhood Quality; Adverse Childhood Experiences; Additional Demographics; and Child Health sections. The addition of an Adverse Childhood Experiences (ACEs) scale is an innovative component of this Community Health Needs Assessment and the second time that it has been included in Inspira Health's CHNA. With this information, the Inspira Health will be on the front lines in possessing this data for their service area.

ANALYSIS: COMMUNITY SURVEYS

Data were analyzed using MATLAB, a scientific computing programming language. Data were exported from Qualtrics into Excel and then read into MATLAB. The research team wrote custom code to analyze the data.

Unless otherwise indicated, responses to survey questions are presented as the percentage of community members (rather than the number) who selected an option after discarding "I prefer not to answer" or "I don't know" responses.

Some people responded to the survey who did not live within the three county service area. Their answers are not included in descriptions of responses for each county separately, but they are included when responses are aggregated across counties. The number of responses can vary from question to question, because each county had a different number of participants and some participants skipped some questions.

DEMOGRAPHICS: COMMUNITY SURVEY PARTICIPANTS

OVERVIEW

People who participated in the survey were asked to self-report on several questions covering demographics and socioeconomic indicators. This section describes the results of these questions

LOCATION

Residents across the three county region participated in the survey. At least one resident from every municipality in the three-country region participated in the survey. The top municipalities of participation included Vineland, Millville, Salem, Pennsville, Bridgeton, Alloway, Quinton, Carneys

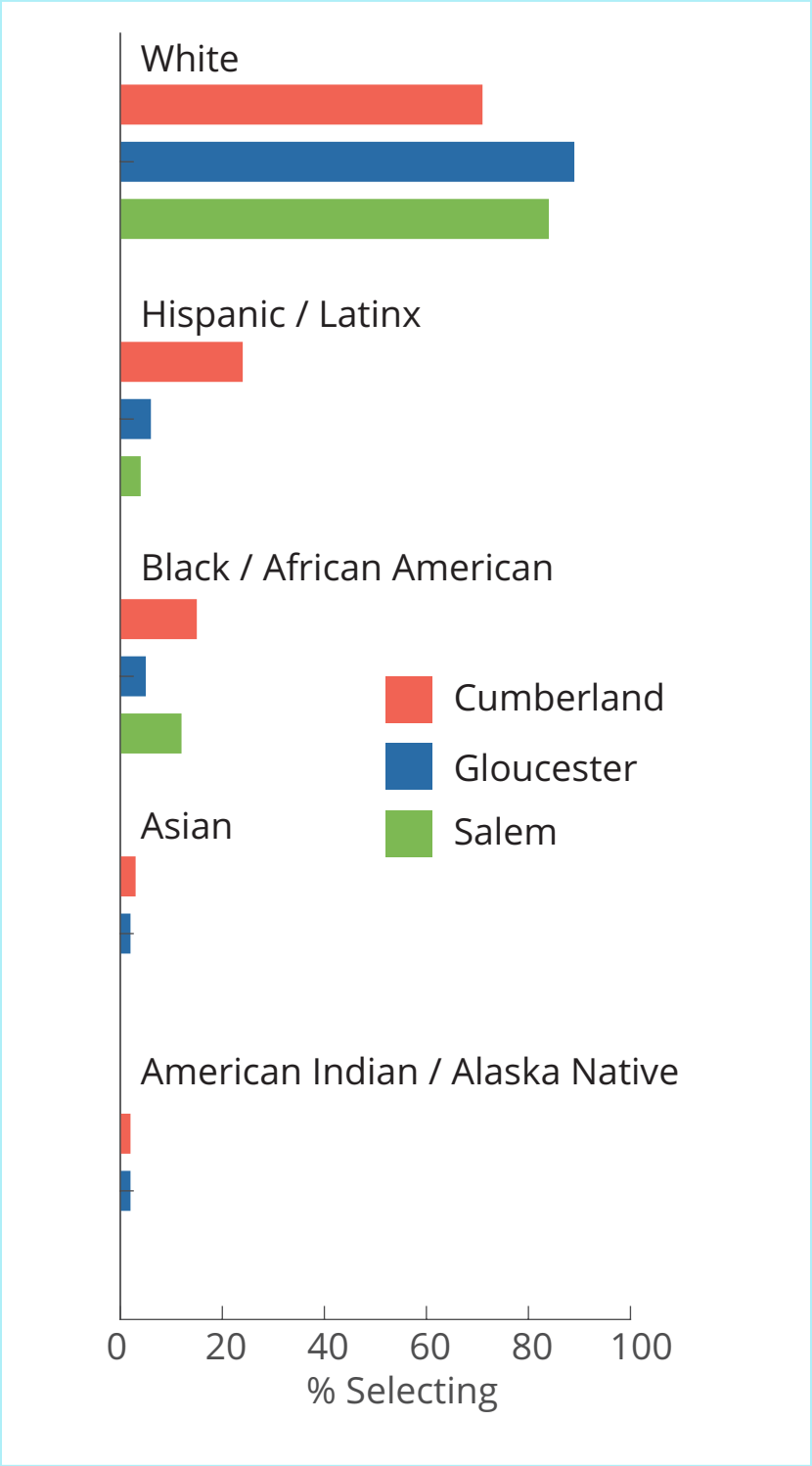
Point, and Washington Township. Of the survey participants who lived within the three-county area, 36% lived in Cumberland County, 25% lived in Gloucester County, and 38% lived in Salem County.

County of residence	
Total number	872
Cumberland County	299
Gloucester County	209
Salem County	317
Out-of-area	47

Top-responding municipalities		
Number of surveys	Municipality	County
110	Vineland City	Cumberland
59	Millville City	Cumberland
53	Salem City	Salem
45	Pennsville Township	Salem
37	Bridgeton City	Cumberland
34	Alloway Township	Salem
30	Quinton Township	Salem
25	Carneys Point Township	Salem
25	Washington Township	Gloucester
20	Elsinboro Township	Salem
19	Lower Alloways Creek Township	Salem
19	Monroe Township	Gloucester
19	Deptford Township	Gloucester
19	Upper Deerfield Township	Cumberland
18	West Deptford Township	Gloucester

RACE/ETHNICITY

Participants selected all racial/ethnic categories with which they identified. Across all counties, 80% of respondents identified as white, while 12% of participants identified as Black / African American, and the same percentage (12%) identified as Hispanic. Fewer participants identified as Asian (1%) and American Indian/Alaska Native (1%). Patterns varied across counties, as shown in the figure, with Cumberland County having the highest percentage of participants identifying as Black/African American and Hispanic.



AGE

Participants in the survey ranged from **18** (the minimum age allowed by the human subjects protocol) to **96**. Overall, the median age of survey participants was 48, and there was some variation by county, with Gloucester County reporting the lowest average age.

Median age by county	
Cumberland County	49
Gloucester County	47
Salem County	49

GENDER AND SEXUAL ORIENTATION

Across all counties, 84% of participants identified as female, 16% identified as male, and fewer than 1% identified as transgender. Most 92% of participants identified as heterosexual, with fewer numbers identifying as bisexual (5%) and gay or lesbian (2%). Fewer than 1% of participants identified as asexual. These patterns were similar across all three counties.

SOCIOECONOMIC FACTORS

Across the three-county service area, the median household income was $80,000 - $90,000. There was some variation in the three counties, with Cumberland County residents reporting the lowest median household income and Gloucester County residents reporting the highest median income. Although the median household income is higher than the national average in the three-county service area, the cost-of-living is also higher. Nearly 60% of participants across all three counties responded that they spent 50% or more of their income on housing expenses. About 4 out of 5 survey participants lived in a home they owned during the past year.

Education is also an important economic factor. An average of 57% of survey participants reported having a Bachelor's Degree or higher.

Socioeconomic status		
	Median household income	% with Bachelor's degree or higher
Overall	$80,000-$90,000	57%
Cumberland	$70,000-$80,000	60%
Gloucester	$90,000-$100,000	66%
Salem	$80,000-$90,000	48%

OTHER DEMOGRAPHIC VARIABLES

Overall, about 5% of respondents identified as veterans and 11% identified as students, although this pattern varied across counties.

	% Veterans	% Students
Overall	5%	12%
Cumberland County	7%	12%
Gloucester County	4%	20%
Salem County	5%	4%

SECONDARY DATA: EMERGENCY DEPARTMENT DATA

PURPOSE AND METHODOLOGY: EMERGENCY DEPARTMENT DATA

The research team analyzed emergency department data for the three-year period from 2018-2020. The goal of this analysis was to provide Inspira Health with actionable information about utilization of the emergency department (ED).

Inspira Health provided the following data for every ED visit between 2018 and 2020: Medical Record Number (MRN), time and date, location of visit, age, gender, language, race/ethnicity, housing status, health insurance, method of arrival, final primary diagnosis code, referrals discharge information, and acuity code.

ANALYSIS: EMERGENCY DEPARTMENT DATA

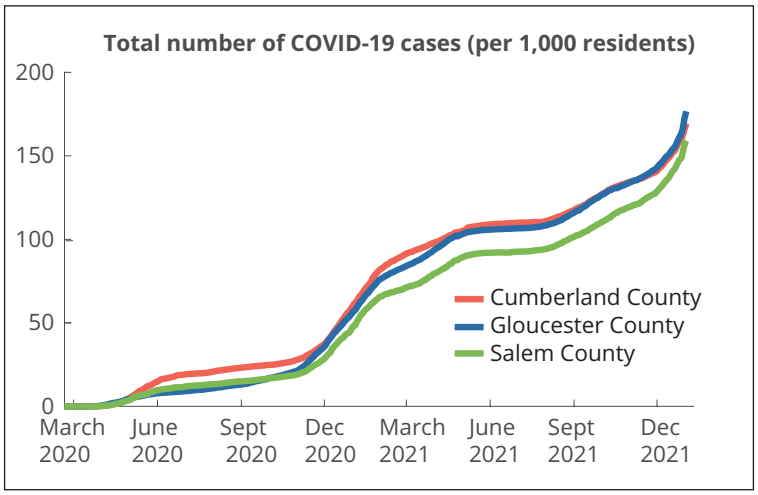
Data were analyzed in MATLAB, a scientific computing programming language. The research team wrote custom analysis code. The analysis focused on demographics of ED utilizers and how they differ as a function of frequency of visits. Many individuals visited the ED multiple times. When reporting on demographics of ED utilizers, we used the information reported by that individual on their first visit to the ED department during the three year period.

SECONDARY DATA: COMMUNITY DESCRIPTORS

In order to provide broad fact-based context for the community's perception of health needs, the research team also compiled secondary data. Secondary data collection commenced in September 2021 and was finalized in February 2022. The research team aggregated data on demographic statistics, socioeconomic variables, health indicators, and clinical care. Variables from these federal, state, county and municipality sources were organized into a database that included the data and metadata such as date, the level of granularity of the data, and the category of each variable, among other things. These data serve two purposes. First, they form the basis of the community profiles described in Section II: Community Context. Second, they provide an additional quantitative source of data to characterize relationships between health needs and upstream determinants of health. WRI compiled data from a variety of sources; sources are cited in the text and figures and the references section.

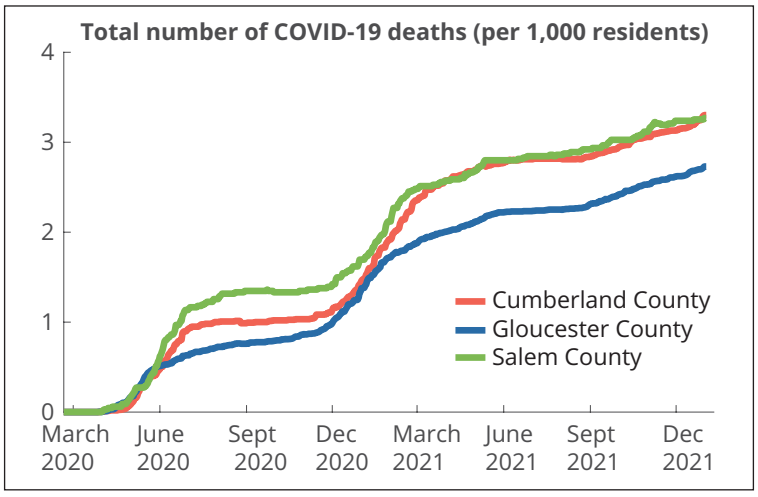
COVID-19 BY THE NUMBERS IN CUMBERLAND, GLOUCESTER, AND SALEM COUNTIES

By the end of 2021, the country had recorded about 55 million positive COVID-19 tests, which is nearly 17 positive tests for every 100 U.S. residents. Between March of 2020 and December of 2021, rates of positive COVID-19 tests were similar in the country and in New Jersey as a whole. However, there were some variations by county. The rise in cases over time, in Figure 1, shows that COVID-19 case rates were consistently lower in Salem County than in Cumberland and Gloucester Counties.



COVID By Numbers Figure1 CASES

Despite having similar case rates, death rates from COVID-19 in our region were much higher than in the country as a whole. By the end of 2021, there were about 2.5 COVID-19 deaths per 1,000 residents in the country as a whole, but 3.3 deaths per 1,000 residents in New Jersey. And although Salem County had fewer cases than Cumberland and Gloucester Counties, Figure 2 shows that Salem and Cumberland Counties had consistently higher death rates than Gloucester County.



COVID By Numbers Figure 2 DEATHS

Salem and Cumberland Counties also had much higher COVID-19 mortality rates than Gloucester County and the country. The mortality rate is the percentage of positive tests that resulted in death. In Salem and Cumberland Counties, there was one fatality for every 50 people who tested positive for COVID-19. That mortality rate is about 35% higher than the country as a whole.

Summary of COVID-19 Cases and Deaths between March 2020 and December 2021.					
	Number of cases	Number of deaths	Cases per 1,000 residents	Deaths per 1,000 residents	Mortality rate
Nation	55 million	826,000	167	2.5	1.5
New Jersey	1.6 million	29,000	178	3.3	1.9
Cumberland County	25,993	518	166	3.3	2
Gloucester County	49,641	787	172	2.7	1.6
Salem County	10,315	216	156	3.3	2.1

Data were downloaded from the Johns Hopkins COVID-19 Data Repository (**https://github.com/CSSEGISandData/COVID-19**). For the state and country, case and death numbers were rounded.

SECTION 4:

COMMUNITY HEALTH NEEDS ASSESSMENT: FINDINGS

Through **focus groups, interviews,** and **surveys,** community members shared their concerns and thoughts about health in their communities.Throughout this Findings section, we report the community's perspective on health alongside data from local, state and national sources. These other sources illustrate how the community perspective compares to state and national trends and benchmarks.

WRI's analysis revealed **five areas of health needs:**

- COVID-19
- Mental Health
- Accessibility, Availability and Affordability of Care
- Access to Children's Healthcare
- Food and Diet

WRI explains each theme, provides context for each with additional data and also when applicable, highlights community suggestions for improvement. WRI also describes similarities and differences between the three counties Inspira Health serves.

FINDING 1: COVID-19 CROSS-CUTTING QUALITATIVE FINDINGS: PERSPECTIVES FROM THE COMMUNITY

> "We've been too short-[sighted] and underestimated the impact - this was a wake-up call. 25,000 lives have been lost and over 1,000,000 people had COVID-19 [in NJ], we know it is real, we are in the middle of COVID-19, we need to do a better job." **(Regional Service Provider)**

COVID-19 deeply affected all avenues of daily life over the past two years. Both quantitative and qualitative data collected through the CHNA and through other recent projects (related to workforce, social service delivery, and resident experiences during COVID-19 in Southern New Jersey) provide nuance and highlight the ways the pandemic exacerbated inequities, disrupted patterns and routines, and changed how we work, play, and live in our communities. As one participant shared,

> "Systems broke down. Everyone went into panic mode, and we just had to learn how to deal with things. It's almost as if we're coming out of a hurricane. I think that the landscape has really changed. We still have a great deal of poverty and needs, but what are the needs that people have? What are those things that have been addressed temporarily that will become long term needs?... But what happens when that pandemic assistance runs out or is no longer there?" **(Cumberland County Service Provider)**

Data from the CHNA and these projects pulled from Cumberland, Gloucester, and Salem residents echo similar patterns and describe the experiences of COVID-19 during this time, outlining the impacts of COVID-19 on our physical and mental health, economic and financial stability, and overall well-being.

ECONOMIC IMPACT & BASIC NEEDS INSECURITY

Existing challenges in Cumberland, Gloucester, and Salem Counties related to transportation availability and distance to job opportunities deepened during the pandemic as businesses closed and opportunities became even more limited. A large pattern emerged in discussions around forced departure from the labor force due to childcare and virtual schooling as families did not have alternatives as to who watches their children when they went to work. During COVID-19, "for some families..if they have to call out of work or use PTO [paid time off] to come get their kids, it becomes a financial problem rather than a health problem," shared one Cumberland County focus group participant.

Participants expressed concern over being able to cover expenses for rent, food, and utility bills (particularly once government stimulus checks ended). One Regional Service Provider commented,

> "The people after [Hurricane] Sandy with homeowners' insurance, were the ones who got their houses fixed. Many of those who didn't lost their homes and became homeless. The same thing happened with COVID. If you had a job or savings account, you fared better than those who didn't. People who had jobs that allowed them to work remotely or were

> paying them because they were on furlough. They did better than those who had jobs that wouldn't pay people who couldn't show up. Additionally, that contributed to the food challenges. Then people who could order groceries, like I did, were fortunate enough to both have food and not risk exposure. If you have means or if you have even a support system, then financially, you're going to pull yourself out of it. When you're somebody who lives paycheck to paycheck to begin with, something like that is a long hit on you. Financially it is going to take a lifetime to recover, if at all."

Regional business representatives discussed COVID-19's impact on their operations, and how many businesses did not receive relief through the government's Paycheck Protection Program (PPP). Shared one Salem County Service Provider, "There are a lot of small businesses that didn't make it through and didn't have the opportunity. There were businesses down here that [did] not feel the support that they needed. We see very large corporations who didn't need the dollars get that money." In healthcare, the stoppage of elective surgeries and closure of doctors' offices in Spring 2020 coupled with a decline in emergency room numbers as people stayed home even in emergencies took a serious financial toll on health systems. Questioned one Regional Healthcare Provider, "How can we live in [a] COVID and elective world? When the governor opened up we reopened our centers and outpatient imaging, doctors' offices. We had to have a recovery plan with X amount of money as it was the right thing to do while keeping people paid. Furloughed people became temperature checkers just to keep people who wanted employment."

ACCESS, AVAILABILITY, AND AFFORDABILITY OF SERVICES

Participants expressed mixed views on the accessibility of services throughout COVID-19. Some shared that people may not be aware of resources in the community and that during COVID-19 these resources may be hard to find or access, while other community members "think this whole pandemic has made the accessibility to everything easier, with the internet and all that." Social service agencies and health networks reported on the ways they adapted to provide resources to residents during lockdowns, and how their overall operations became more flexible given the rapid and constant changes in health requirements/mandates. Shared one Cumberland County Service Provider staffer, "I would say a couple of things that are really inspiring to me. Once, a whole family got COVID, so we delivered essential things to them. The whole family made a full recovery, and we were part of that by delivering items to the home. [Program Director] provided food and groceries for families in need. Me and the coaches were delivering food and families were like "Oh, that helped us get through the week!" Another Regional Service Provider lauded the great partnership with farmers and local food banks they had, but feared it was not enough to deal with food desserts that they have in their community and exacerbated by COVID-19. Healthcare providers across the counties WRI spoke with chronicled their institutions' shifts between hospitals and staffing as the virus surged in the early days of the pandemic.

Data from County residents showed a range of interest and participation in virtual services provided by organizations and health providers during the pandemic, such as ESL (English as Second Language) classes, Zumba classes, and virtual craft programs. While many appreciated the access and ability to attend these programs without having to secure childcare, gaps in technology made accessing these programs difficult to some, and others expressed preference for in person classes/activities that contributed to social connection (vs virtual learning spaces). One Regional Provider shared, "the health literacy and technology literacy with COVID-19, that was so evident. When we changed to telehealth, many of our families didn't even have email addresses and didn't understand how to start that up. The knowledge of technology wasn't there and now needed to be. Right now, everyone here knows everything is online when making appointments, but in New Jersey there's the assumption that people have skills and knowledge that they don't. That's an area in which families really need support."

BARRIERS TO HEALTH AND CARE

> "COVID-19 has highlighted how bad health inequity is. As we recover we see this in our face much more. Our strategy is going to focus on screening for social determinants and building programs to address them." **(Regional Healthcare Provider)**

> "Our healthcare system is ridiculous. We can't even in COVID create a universal vaccine card. This pandemic has highlighted the lack of transparency in healthcare. Our outcomes show just how horrible our system is." **(Regional Primary Care Physician)**

> "[We need] an honest conversation about what our public health infrastructure has to look like. If the hospital hadn't stepped in or the Commissioner told us to step in, I don't know how the local Departments of Health were going to vaccinate people." **(Regional Healthcare Provider)**

The health landscape during the past two COVID-19 years drastically shifted how health systems operate and care for people. Many people paused (and continue to pause) their preventative health screenings and measures, such as for mammograms and colonoscopies. The rise of telehealth visits saw staff on the road with their phones to communicate with residents. One Cumberland County Healthcare Provider chronicled the challenges: "they were practically living out of their cars. We needed to make sure they had laptops, surface pros, and things like that. We had to make sure participants had technology and they could access it. We discovered that things such as finding tools that met HIPAA compliance is important. We can't just [Apple iPhone] Facetime our residents because it's not HIPAA compliant. We utilized [Microsoft]Teams but the issue is that when you call them on teams a random number appears, so they're not answering. We had to make sure all the programs were available for our clients to access and that they had the right technology."

The multiple phases of the pandemic shifted how Regional Healthcare Providers responded. "Over the years and each cycle of COVID-19 the impact was different. We had staff from urgent care and had staff extenders from people who were usually telehealth. We have opened treatment tents. We got through the first phase and then staff had some post-traumatic experience that some don't even recognize," a Salem and Cumberland County Healthcare provider commented. Providers partnered with local school districts for COVID testing and vaccination and with a doctor's clinic to help administer vaccines to migrant farming workers, many of whom had concerns of ICE involvement and were working keeping the economy and agricultural industries afloat during the pandemic.

> "Regarding COVID-19, it has changed over time. A year and a half ago, the big challenge was to do testing where we had thousands coming to our community who were untested and unvaccinated. The community was concerned that people were coming in and infecting others. Initially setting up testing was a big challenge. We did hundreds of tests out here in the middle of nowhere. We sent hundreds to LabCorp. There were problems with farm workers on camps and that caused positivity rates to go up. What do you do when they live in communal housing? The state got involved where they had a quarantine center. The challenge was testing and quarantining and even bigger than that was information.

> Where do they get masks, how do you get COVID, etc.? The hospital was worried they would be overwhelmed too. We educated them to hopefully stay negative. We limped along but then the next push was vaccines and the need to be vaccinated." **(Regional Primary Care Physician)**

MISINFORMATION & COVID-19 VACCINES

Healthcare providers discussed upholding the governor's public health emergency, masking, and vaccine mandates throughout 2020 - 2022. With regards to COVID-19 misinformation, providers shared how they have reached out to clergy and physicians trying to demystify and focus on the scientific information. These conversations continue to be challenging as "there are a lot of people who just aren't trusting. As protocols come into place there is resistance and discomfort between employer and staff and our ability to continue to operate," one Regional Healthcare Provider shared. A pattern of misinformation and lack of trust between media sources, government/public institutions, private entities, and citizens proliferated throughout the pandemic. The levels of trust, in governments and institutions, contributed to by histories and continued presence of medical racism and language barriers, became particularly acute during the national vaccine rollout in 2021. As one Cumberland and Salem County Healthcare Provider noted, "We see that nationally and we see that local as well. Reaching herd immunity and the pushback from staff whose values do not support the vaccine. That is causing unrest and a diversity of opinions which increases in high stress environments." Some community member participants explained their decision to not receive the vaccine [as of the time of the interview] with one person sharing, "I fear that the vaccine won't work and/or contracting the virus. I watched a video of a lady who got the vaccine and she passed out. That makes me skeptical of taking it, yet I don't want to catch it." Healthcare professionals who WRI spoke with discussed their strategies to promote vaccine uptake, with one Regional Healthcare Provider commenting, "we spend a lot of time explaining the facts. We start with success stories in our huddles. One of the first was convincing of a woman and her daughter. This employee even went with them. It doesn't always work but we have had some success."

Mirroring existing health inequities for individuals of color and people from lower-resourced neighborhoods, inequitable access to vaccination has remained prevalent throughout COVID-19 as providers worked to create greater access. Commented one Regional Healthcare Provider:

> "So, the silver lining to me about that is that when you expose the inequalities, then there's the chance to talk about them and maybe do something about them. For instance, why was it such an issue that certain people couldn't access vaccines? In the beginning, when the vaccines rolled out and the people who were getting it with the people who had the means and the ability to go get it. Populations who were experiencing it at a higher rate often were unable to access it. I think we've figured that out but in the beginning it was, again, very much a privilege to be at the front of the line for the vaccine." **(Regional Services Provider)**

MENTAL HEALTH

Unequivocally, conversations around mental health challenges abound throughout COVID-19. Shared one Cumberland County Service Provider, "the mental health problems were always there before

COVID-19, then COVID-19 hit and maybe it took a little bit of time, but then COVID-19 just exacerbated all of the mental health issues. We see it at [organization name], increased aggression, and anxiety. These were all the trends we had seen because of COVID-19." Behavioral and mental health challenges were particularly acute among children. Multiple participants discussed the difficulties of regressed learning, stunted developmental/ socialization, and other behavioral issues among children throughout COVID-19, particularly as children were pulled in and out of virtual vs. in person schooling. Said one Regional Service Provider, "Anxiety is off the charts with schooling. There have been lots of behavioral issues. Many professionals attribute this to kids being emotionally stunted. When you miss out on years of socialization and growing, same with kindergarten. Everyone is stunted. They are seeing immature behaviors in middle school and high school." COVID-19 also affected individuals' (both adults and children) access to evaluation and treatment. The closure of facilities and increase in demand saw waitlists for services and for therapy stretch six to eight months out.

COLLECTIVE GRIEF & TRAUMA

Challenges from social isolation, financial instability, COVID-19 complications, and losses of loved ones compounded into collective grief and trauma during this time. Shared one Regional Service Provider, "It can be loss in terms of someone passing away from COVID-19, someone passing away not due to COVID-19 during the pandemic, someone who couldn't be there for their family members in the health care system due to the pandemic; kids hearing all these different messages from teachers and parents about masks, vaccines, etc., and just feeling the stress of everyone else's stress. Carrying the stress and collective grief from everyone." Difficulties abound during the pandemic and sadness permeated daily lives. Another Regional Service Provider discussed how families have been placed in a crisis mode of having to find food, rental assistance, learning technology to educate their children, and related challenges, saying, "it impacts the whole family. People are living through a traumatic crisis."

Healthcare providers in these three counties shared ways they tried to aid staff working through multiple waves of the pandemic through giving them weekly free meals and time off, "anything we could do for resilience, including a ping pong table." One provider had weekly resilient team meetings with behavioral health specialists and discussed important topics like loss or grief.

Parallel to COVID-19, the nation experienced a wave a racial reckoning and intensified political strife that compounded heated emotions and traumatic experiences for many, particularly individuals of color, during this time. Shared one Salem County community member, "It is the politics surrounding it that is ripping the nation to shreds. So much misinformation and people are numb and have a sense of confusion about health and who to believe and the security that this nation has. I am not sure even if we could get back to normal because things have changed so much."

HEIGHTENED IMPACT OF POPULATIONS THAT ARE MARGINALIZED

As Section 2a highlighted through supporting data, the impacts of COVID-19 were inequitable across race/ethnicity and income, among many other elements. COVID-19 disrupted essentially every facet of daily life, and these disruptions were particularly precarious for many individuals who are in marginalized groups, such as children, victims of domestic abuse, those experiencing homelessness, and those who are currently and/or recently have been incarcerated. The following quotes illustrate only a few of the vast disparities seen throughout COVID-19:

> "The courts aren't running. The population in the jail keeps piling up. They're trying to close the jail, it's a big mess. Really, it's just the perfect storm. When people don't see

closure, that impacts their mental well-being. Normal cases that would regularly be done in the next 2-3 years are now going to be done in the next 5+ years. For instance, if someone had their house burglarized, they are not going to see justice for the next 4-5 years." **(Cumberland County Government)**

"It has definitely been harder from a housing standpoint to house people. With the eviction laws, landlords were less likely to take in our clients because they couldn't evict them if they didn't pay. So, they had higher thresholds of their standards. It kept people housed, but it also prevented people from getting housed. The pandemic also dramatically slowed down the process for people to get housed. Our targets were not met either year, yet we had funding available for people." **(Cumberland County Service Provider)**

"There's also that risk that during the pandemic people have not been working regularly, they are not having income, multiple families are living in the same environment, etc. The pandemic has really been a breeding ground for frustrations, and all those things that can come along with domestic abuse." **(Regional Healthcare Provider)**

COVID-19 REFLECTIONS & LOOKING AHEAD

COVID-19 starkly illustrated the devastating impacts of compounding health inequities and financial instabilities on communities in Cumberland, Gloucester, and Salem counties. As noted, the patterns and themes echoed throughout this report cover many similar topics, and the COVID-19 pandemic highlighted the disparities experienced in many corners of our institutions, social fabrics, and daily routines. Moving forward, community leaders and partners must work together to plan and provide for a healthier, more equitable future.

"If [COVID-19] follows the same suit then what's going to happen is eventually people are just going to forget about it. It's one thing when you're constantly feeling or remembering the fear, but then it's almost like people relax and forget about it. In the disaster world they call it like blue skies and gray skies. When there's a blue sky, nothing is wrong, and everything is great. So why would we talk about a disaster? Then the gray sky is when there's suddenly a disaster and then everyone is like, why didn't we talk about that? That's the challenge with prevention. Even with health issues, how do you get people to talk about something before it's an issue?" **(Regional Healthcare Provider)**

FINDING 2: MENTAL HEALTH

> "They don't give you resources that could be available for the community if the woman is in need of counseling. If she's depressed, if there's mental health issues there. They're not good in those aspects, there are others who do tell you where to call if you feel like you need to talk to someone. There's women who literally have no one, they are like in limbo. They come from another state or country and they don't know anyone, they are in limbo. They have no idea of how the health system works here. ....I think youth again, mental health is huge right now. There's such a need for accountability and mentorship."
> **(Gloucester County Community Member)**

Resources and services for mental health care remain a priority for residents in the three-county region. The uncertainty, isolation, and collective trauma experienced during the pandemic not only increased mental health challenges during this time, but also crystallized the importance of availability of mental health treatment and services. When asked about health issues in their community, mental health was the top issue, with **66% of residents saying mental health was an issue in their community.**

ISOLATION

The isolation and stressors of the pandemic resulted in many individuals experiencing challenges around their mental health and emotional well-being. Research across the country suggests that social isolation increased because of the COVID-19 pandemic. In the three-county service area, nearly half (46%) of participants reported feeling isolated from others during the past week. Social isolation is highest in Cumberland County, followed by Salem County, and then Gloucester County. People reporting social isolation were unable to meet with people, connect on a personal level, and do not feel they are a part of the community. As one Cumberland County Community Member shared, "I think I was depressed in the pandemic with being home all the time. I was very isolated for the 8 months I was pregnant."

Moreover, social isolation was a strong predictor of chronic health conditions related to mental and behavioral health. Nearly **three-quarters** of participants who reported social isolation within the week prior to taking the survey also reported having at least one of the following conditions: anxiety, depression, other mental health conditions, alcohol misuse, drug misuse. However, only **one-third** of participants with very low levels of social isolation reported having at least one of these conditions.

A Cumberland County community members shared the challenges of the long-term isolation impacted her and her children, "I was crying because I am tired of being inside these 4 walls...I feel bad seeing [my children] locked up like me. That's why I cry sometimes, seeing my kids inside all the time." Participants WRI spoke with expressed a desire for more social opportunities (during and post-pandemic), and the vital role to health that socialization plays. Shared one Community Member, "Having someone to talk to. I know it's a simple idea, but on the grand scale I don't know if it looks like having places in the community or events that happen, or maybe even hosting a health fair or something where people talk to you and make a connection. You can go and find out about clubs or other people who think like you and realize you're not alone."

As discussed more thoroughly in the children's health findings section, isolation among children also induced adverse health effects. Many kids were not given the proper support and areas to play and consequently they were unable to develop the proper connections and social skills for their mental and behavioral development. Commented one Cumberland County Community Member, "we had a conversation in our classroom with the teenagers, I was really surprised that one girl said she doesn't even know the other students in one of her classes. They're not even engaging with each other in that 90-minute time block when they're in there together."

NEGATIVE MENTAL HEALTH OUTCOMES

Participants reported experiencing anxiety, stress, and depression during this time. When asked to select health conditions that they had been diagnosed with or were at risk of, nearly half of participants selected anxiety (42%), making anxiety the most common health condition of all those surveyed. One Cumberland County Community Member spoke about her daughter's experience with anxiety, saying "my daughter actually had an anxiety attack from being in my house. No one noticed until my other daughter got up and looked for her, we had to call the police to help us find her, she was walking. She's 13. They found her walking in a street far away from the house. Apparently, she left at 9 pm and it was already 1 am, so she walked a lot. She can't stand being in the house anymore, she wants to go back to school. She was in therapy, but she stopped, I think the psychologist wasn't helping her because it was by talking on the phone." Some participants mentioned they were depressed and/or experienced sadness and struggled emotionally. Nearly one-third selected depression (30%) as a mental health challenge they experienced during this time. Many participants spoke of the stress of the uncertainty surrounding this pandemic, and the loss of purpose and motivation they felt, combined with fear of the virus and an overload of sad pandemic news. "There are many different types of stress, and many different reasons that people could feel stress. If you're dealing with multiple issues, then it's even more difficult to deal with. I think that's where you start to see people's experiencing burnout and things being dumped on you that you're responsible for/or for managing them, I think it gets to the point where people get overwhelmed," shared a Regional Healthcare Provider.

SUBSTANCE MISUSE

Survey results demonstrated substance misuse was also a concern among residents in this three-county region, with illegal drug use ranking 3rd (53%), alcohol use ranking 8th (39%), and prescription drug use ranking 13th (35%). Shared one Cumberland County Community Provider, "We have challenges with drugs and alcohol. We have populations we see daily reacting to substance abuse and mental health, they go hand and hand in a certain level." Data from our survey revealed that 44% of residents saw a need for substance misuse services, and community support groups like Alcoholics Anonymous (34%).

When the nation entered lockdown in early 2020, many people faced challenges that potentially increased their risk for substance use (as well as challenges for potential relapses among other mental and behavioral disorders/illnesses), including trauma, social isolation, loss of economic opportunity, boredom, and despair (Walsh, 2021). During the same period, there was limited access to resources, treatment services and clinics, and barriers to accessing harm-reduction interventions (Walsh, 2021). Although telemedicine and take-home treatments were available to some people, treatments remained inaccessible for individuals lacking access to digital platforms. As one person shared, "I have heard that certain facilities for recovering addicts are very low funded. So some are treated properly, but the ones who have to depend on insurance to pay for their expenses are being treated differently. Some aren't receiving the proper care." **(Cumberland County Community Member)**

Participants also discussed the ways in which mental health concerns can compound with the effects of substance misuse, leading to further relapses and adverse effects, such as involvement with the criminal justice system.

LACK OF AVAILABLE SERVICES AND ACCESS TO CARE

> "We have more access to liquor stores than mental health access and treatment." **(Salem County Community Member)**

Participants in the CHNA discussed the lack of available treatment services for individuals with a mental health illness. **More than half** of participants reported that people with mental and behavioral health conditions were underserved in their communities. Our survey data showed that nearly one-third of participants (30%) said that lack of access to people and places was a health issue in their communities. Mental and behavioral health services topped the list of resources missing from the community, with 63% of residents seeing a need for more of those services. Similar to access to other healthcare services, insurance challenges contributed to barriers to receiving mental health care. As noted by one Regional Healthcare Provider, "There are a lot of people who do have insurance, but then there are some who don't. They say there is a sliding scale fee, but sometimes that's pretty high and people can't afford it. That's a barrier when talking about your overall health and mental health. We do have a lot of support groups around here that are helpful for mental health but also social health."

Overall, lack of mental health services echoed across all populations - older adults, adults, and adolescents. Community Members commented on the mental health needs of various populations:

> "Even outside of COVID-19, once people stop working, and they retire, there can be a lot of isolation. When you have supportive assets in the community where seniors can get together, we can help." **(Cumberland County Community Member)**

> "The mental health needs in this community are large. Especially ones that are high quality. There are a lot of children with autism and special needs and that's another need..." **(Cumberland County Community Member)**

> "I would really like to see more support groups for parents. I know I am struggling really badly. Just talking to other moms is a blessing and seeing how they got through it. Even if it was virtual. It would be an amazing idea." **(Gloucester County Community Member)**

The pandemic induced and/or intensified many mental health challenges for residents in this three-county region, and the dearth of available services left long-waiting lists and illnesses untreated. Data from the CHNA not only showed a lack of available services, but how the shift to counseling and therapy to virtual and phone call formats did not serve families as effectively in person. As one Regional Healthcare Provider commented, "Mental health and resources for mental health has been a challenge. It is a large issue. We do have services but sometimes there are barriers for families to understand and utilize services while navigating the system." - **(Cumberland and Gloucester county**

Service Provider). Related, a study in *Psychiatric Services* found that more than 25% of American adults who had symptoms of depression or anxiety reported an unmet need for mental health counseling at the end of 2020 and that more than 10% of adults in the same study reported this unmet need (Nagata, et. al., 2021). The authors stated, "COVID-19 has laid bare the unmet need for mental health counseling that varies across gender and racial lines throughout the adult population" (Nagata, et. al., 2021, pg. 3).

Family members also expressed an evident need for counseling and mental health services in Spanish, noting that many community members had limited knowledge of resources. There are services to help families but sometimes they are not set up for general use and require further knowledge and assistance. Shared one Regional Service Provider, "...we've talked a lot of about counseling/mental health in the Hispanic community is a double edged sword—they don't want to do counseling and talk about those types of things—you probably know this there is a definitely an alcohol problem particularly among men, and it is hard to find Spanish-speaking counselors and Cumberland County doesn't have a great depth of counseling services—finding one that speaks Spanish is even more difficult." **(Cumberland County Service Provider)**

BREAKING OF STIGMAS AROUND MENTAL HEALTH

Even though some families acknowledge mental health concerns and the need for appropriate support, the topic is not commonly discussed and remains taboo across some of the population in the three-county region. Commented one Cumberland Community Member, "There is a need to normalize seeking mental health services or [what] resources are there relating to health and other types of assistance. Having people who could talk about the benefits of getting help, not worrying about what other people think. If more people normalize it, we will have more community members seek help. It will take years to change what people have learned for generations."

Stigma and accessibility to Spanish counseling and mental health resources have been barriers particularly for the Spanish-speaking populations in these counties. Participants shared:

> "I was thinking, maybe looking for a way to get counseling for my children. My husband has alcohol problems. He can't help me the way I wish he could. That's why I work double. My husband doesn't want to go to rehab. He's still working, he does both [working and drinking]. I want counseling for all three of us. I haven't found anything. I asked my sister because her husband died from alcoholism. She found services for her children but lost the number since. For my children [I want counseling] in English, but for me in Spanish." **(Cumberland County Community Member)**

> "Specifically back to Spanish speaking families, there is a tendency to not want to air your dirty laundry and not want to get in—they come in with a problem but there is another problem they don't want to bring up--but I think with the number of our Hispanic families—we don't do counseling we're not talking about our stuff—maybe it's a little stronger to the hispanic families that can make life coaching and management a little more difficult." **(Regional Service Provider)**

The sheer magnitude of COVID-19's impact forced many individuals, families, and providers to acknowledge the presence and negative impacts of mental illness, providing opportunities to discuss

mental health more openly in communities. Conversations about mental health issues and how to address them increased during this time, and residents expressed finding a safe space or person to talk about their mental health issues and receive support. Nonetheless, challenges around identifying and supporting loved ones with challenges remain, as one participant shared, "Some people don't recognize the warning signs, sometimes people with mental health issues are good at hiding the problems. Families or their friends don't recognize that they are in jeopardy and need help."

Ideally, increased conversations around mental health will also be met with an increase in resources and providers to address mental health concerns in these communities. One Gloucester County Community Member shared, "A couple years back I saw an internship program that was affiliated with the church. It was in Camden I think, but it was a girls accountability or mentorship program for young girls from 9-15. It was teaching them about their health and different stages they go through, sex, puberty. We need to have these things in the community." **(Gloucester County Community Member)**

FINDING 3: ACCESSIBILITY, AVAILABILITY, AND AFFORDABILITY OF SERVICES

> "Lack of access to primary care providers. Uninsured individuals. There are a lot of them [uninsured individuals]. Transportation is a challenge in our area [Cumberland, Gloucester, and Salem Counties]. There is no public transit in the area. Affording prescriptions is a challenge too." **(Cumberland County Service Provider)**

Examination of the data revealed another important theme of **access, availability, and affordability of services** in the three county region. The topic of access to care remains an essential concern for people around the country as COVID-19 brought people's lives and their daily routines to a sudden halt. Moreover, as illustrated through the Community Context section, each of the counties are rural counties (albeit to varying degrees), creating additional challenges around transportation, availability of providers, and affordability of care throughout the pandemic.

ACCESS TO SERVICES

Across the three counties, **access to health care was the 4th ranked health issue with 43% of residents overall listing access as a health issue in their communities.** In Salem County, just under 60% of those surveyed stated that access to health care was a challenge in their community. Nearly half of those surveyed (47%) in Cumberland County and 26% in Gloucester County identified access to health care as a problem in their communities.

In the community survey data, concerns about access occurred in three broad areas: **transportation, time,** and **translation.** Please reference the table below for a summary of the key survey results for those three topics. Each of these topics plus **cost of care** and **insurance access** will be detailed in this section.

Survey responses: Access to Care				
Health issues	**Rank: Out of 35 options**	**Cumberland**	**Gloucester**	**Salem**
Access to health care	#4	48%	26%	59%
Resources missing	**Rank: Out of 26 options**	**Cumberland**	**Gloucester**	**Salem**
Public transportation	#7	48%	29%	44%
Medical transportation	#18	36%	19%	31%
Barriers to care	**Rank: Out of 18 options**	**Cumberland**	**Gloucester**	**Salem**
Lack of transportation	#2	59%	31%	55%
Time limitations	#7	47%	38%	36%
Can't miss work	#9	47%	32%	34%
Child care	#12	38%	18%	28%
Language barriers	#13	46%	16%	19%

ACCESS TO TRANSPORTATION

> "Transportation is just a real problem. If you don't have your own vehicle then your ability to get to any of the services that are available is relying on public transportation which there is very minimal public transportation or resources that are provided through programming that again are being stretched thin because there's only so much to go around." **(Salem County Service Provider)**

> "There's a reason that Salem County and Cumberland County are constantly at the bottom of the health rankings. I think a part of that has to do with transportation as well because there really just isn't the infrastructure. Unless you have a vehicle, you're at the mercy of the lack of public transportation that exists in that area. They are very rural areas, so access to a lot of things like health care and food are things that are limited."
> **(Service Provider who works in Cumberland, Gloucester, and Salem Counties)**

Access to reliable transportation is essential to access and obtain health care. Research suggests that for individuals with limited economic resources, transportation to provider visits and pharmacies may be a significant barrier to care that can alter health outcomes (Syed, Gerber, and Sharp, 2013). Community members and stakeholders across the survey, focus groups, and interviews reported that public transportation was an important missing resource and that transportation was an important barrier to accessing care in this tri-county region. This barrier was also echoed as a near unanimous agreement from focus group and interview participants.

Overall, 50% of residents reported in the community survey that lack of transportation was a barrier to health care. This was the second (2nd) largest barrier in the community survey. Residents were concerned both about lack of public transportation to health facilities (42%) and medical transportation such as AccessLink and LogistiCare (30%). Concerns about transportation were **much higher in Cumberland and Salem** Counties than in Gloucester County. As one Community Member shared, the distance to travel combined with limited transportation reduces ability to keep up with medical needs, "How often you have to go to this doctor. You can do it once, but you can't continue to go to doctors that are so far away." **(Cumberland County Community Member)**

Cumberland County is uniquely disadvantaged in this respect due to a lack of public transportation infrastructure (Birdsall, 2013, p. 1; Codey & Lettiere, 2005, p. 12). Eighty-one percent of Cumberland County residents drive to work alone each day, a full 10% higher than the state average (County Health Rankings and Roadmaps, 2019). Cumberland County residents were twice as likely as Gloucester County residents to name transportation as a barrier to health care, and nearly 70% more likely to see public transportation as a health resource missing in their community.

> "Also, Bridgeton is really big and they don't have transportation."
> **(Cumberland County Service Provider)**

At nearly every focus group and interview, we heard from both residents and stakeholders across the three counties about transportation challenges. Concerns centered around the reliability of existing transportation services and increasing the availability of that transportation to healthcare and other related services. Community members also shared concerns both about public transportation services

as well as state-funded transportation services. Several participants expressed that the bus system(s) in their area is insufficient for their needs, including going to the store, their children's schools, and medical appointments. Distance and inaccessible transportation deter families from engaging in programming, with some participants indicating that even the distance between Vineland and Bridgeton made their attendance unfeasible. Walking is a common method of mobility to nearby destinations, weather-permitting; nevertheless, further destinations, such as those related to medical appointments, require the use of taxis. Although most families reported being able to afford occasional taxi rides, those who require more frequent medical appointments noted transportation as a significant, often detrimental expense. Two participants from Cumberland County shared the following, "Transportation is basic. Most people don't have a vehicle. I think that's one of the problems here. There should be better transportation in Bridgeton. There are many who probably don't have enough for a taxi." And another shared that they "...have one car. I usually use a taxi to get around. When I go to the clinic/doctor's office it's $10 each way." **(Cumberland County Community Member)**

"Transportation is basic. Most people don't have a vehicle. I think that's one of the problems here. There should be better transportation in Bridgeton. There are many who probably don't have enough for a taxi." **(Cumberland County Community Member)**

Specialized medical transportation services were notably absent in participants' mentions of helpful services. In fact, complications around scheduling and waiting times made it more feasible to coordinate the use of the shared family car, even if it interfered with other responsibilities. One participant stated, "The specialist doctor for my son is in Egg Harbor. My husband takes me because public transportation is too much. They used to provide transportation, but it was very difficult and I had to wait a long time. Medicaid used to cover the transportation for the appointments. My husband has to miss work [when he takes us to appointments] but he makes it work. He said his son's appointments are more important so he does not mind." **(Cumberland County Community Member)**

"Transportation [is a barrier]. People don't always live by a bus station, can't afford a taxicab, or maybe it's not walkable. Vineland is really one of the most geographically spread-out places in NJ and it can be challenging to get to a location. You can't just walk to one place or another because of the lack of buses or transportation…there's a huge distance between the city of Millville and downtown. If you're out in one of those far-out areas the availability of things around you is very slim. That makes it even more challenging to get to an appointment if there are those barriers." **(Cumberland County Service Provider)**

Participants also shared how the counties' ruralness contributed to transportation barriers. One focus group participant shared and everyone else agreed, "Everything is spread out. For example, we've got CompleteCare that used to be located right in the center of Vineland. So, all of those people who lived in the center of the city could walk to their dentist and doctor's appointments. Now that CompleteCare moved their business to the outskirts of town, by Inspira, people now need to find transportation. Most of the doctors are outside of town. Cumberland County is like a mixed bag, it's hard to put in one box because there are farm and city areas, which complicates the transportation issues." **(Cumberland County Service Provider)** Similar concerns about the lack of public transportation were shared by community members in Salem County.

ACCESS TO TRANSLATORS AND SPANISH SPEAKING HEALTH CARE SERVICE PROVIDERS

> "There is not a lot of Spanish language support..."
>
> **(Cumberland County Service Provider)**

> "When they see that you're Hispanic and that you don't speak English, they don't pay you as much attention as they do to those who speak English."
>
> **(Cumberland County Community Member)**

Individuals who speak Spanish in all three counties discussed challenges for the Hispanic/Latinx and/or immigrant populations. Specifically, community members reported that they and their family members encounter challenges when receiving care due to the language barrier. Over two-thirds (36%) of survey participants in Cumberland County stated the need for bilingual services is missing. Even when translation services are available in theory, it takes so long to use that community members do not utilize the services and may delay or avoid getting care. According to one Cumberland County Service Provider and supported by others, there is a "machine [that] is like a video call conference thing, it's an interpreter and not just a translator. But is it comforting? Do the people feel like they are understood? No. To be honest the students don't like it. I have students who speak both English and Spanish and students who speak only Spanish. So the English and Spanish students tell me it doesn't translate to exactly what they're speaking. The students tend to have a little trouble with it. But with individualized sessions or phone calls we use it and we stumble through it, but it's not as good as it could be." **(Cumberland County Service Provider)**

Community members may wait until a bilingual family member or friend is available to go to a health care appointment with them. Although these concerns are common to Spanish-speakers across all three counties, there is a larger Spanish-speaking population in Cumberland County than Gloucester and Salem counties. According to the census estimates of 2019 for Cumberland County, almost a third of the population identifies as Hispanic or Latino, while over 27% indicate speaking a language other than English at home and 10% have reported being born in a foreign country (U.S. Census Bureau, 2019b).

Focus group and interview participants also mentioned a need for more culturally-sensitive service providers. One community member from Cumberland County stated, "I don't like how I am attended [at the primary care physician's office]. There's no chemistry. No one is friendly there; they're so cold. They

speak English [no effort for translation support]." Also, included in this section of the report is data[1] gathered from an evaluation report submitted to the Pascale Sykes Foundation examining culturally responsive services and Hispanic/Latinx families in these three counties.

The report also illustrated how language persists as a significant barrier for participants specifically with medical visits and transportation. Many of the study/evaluation participants mentioned their difficulty with the pronunciation of the language, hindering their communication with other individuals, and fearing they would be misunderstood. One participant from Cumberland County even said that, "... if I spoke English, nothing would be difficult. It makes me sad when I see people who do know the language but don't do anything with it." Participants gave insight into their difficulties navigating the English language in a new country. "...The language barrier that's one of the biggest ones that we have because sometimes in a lot of places...maybe there are people who aren't having a good day and don't have the patience to deal with Spanish-speaking people, and they just give Spanish speakers the form in English like "Here, fill this out." But then the family doesn't know what to do and how to fill it out. I definitely feel that if we had more bilingual staff everywhere things would be much easier. Of course we focus on helping families learn English, but I think the agency should focus more on having bilingual people. **(Cumberland County Service Provider)**

This challenge was also echoed by several Spanish speaking community members, "It happens for certain services that families don't find services in Spanish and come to us. Cumberland County has a large Spanish-speaking population. Things like the clinic, Gateway, they have Spanish services. Lawyers or services not normally used, they don't have Spanish speaking staff…Families come directly to me. Right now, I only go to the office once or twice a week. When I'm not available, the other [English-speaking] [staff member] and my supervisor try to communicate with families using Google Translate if necessary, and give them what they can, and then provide them with my contact information." **(Cumberland County Community Member)**

AVAILABILITY OF CARE & SERVICES

Survey, interview, and focus group data highlighted the lack of specialists, the lack of primary care doctors, and the challenge in locating and traveling to appointments. Residents were broadly concerned both about t**he availability of specialist care (42%) and primary care providers (41%).**

Another **37% of residents listed lack of available appointments as a barrier to accessing care.**

Common issues related to resource availability included inaccessibility to health care centers or network providers, long waiting periods for appointments, and conflicting time appointments. Concerns about availability of care/services were highest in Salem County, followed by Cumberland County and then Gloucester County. For example, Cumberland County residents were almost 4 times as likely to rank lack of specialists as a barrier to health care as Gloucester County residents (61% vs 16%), and they were twice as likely to view lack of primary care providers as a barrier to care (50% vs 22%). As one

1 Interviews were held from the end of June 2021 through the end of August 2021. All interviews were conducted remotely via Zoom or phone calls in light of continuing precautions to prevent the spread of COVID-19. A total of 15 collaborative staff members and 21 family members participated. Data collection protocols were designed in a semi-structured interview format. WRI asked service providers and family participants questions pertaining to barriers, supports, goals, successes, and community needs. Interviews were conducted in English or Spanish based on the participant's preference. To facilitate data collection, WRI used notetakers during the interviews. All data collected was translated to English by bilingual staff from the evaluation team. Staff engaged in the interview conducted an initial level of analysis to identify themes in the data, which were then used to formally code the data using NVivo.

participant shared, "If people are working all day and can't leave their jobs, they don't have availability during the evenings, weekends or early mornings. They [clinics] are not always at convenient times for the public." **(Gloucester County Community Member)**

Consistent with these reports about availability of primary care, residents in Gloucester County were much less likely to use a hospital emergency department as a regular source of health care (2%) than were residents of Cumberland County (7%) or Salem County (9%).

Survey responses: Availability				
	Overall rank	**% selecting**		
Resources missing	**Rank: Out of 26 options**	**Cumberland**	**Gloucester**	**Salem**
Medical specialists	#8	41%	18%	59%
Primary care providers	#9	33%	23%	60%
Barriers	**Rank: Out of 18 options**	**Cumberland**	**Gloucester**	**Salem**
Lack of specialists	#8	38%	16%	61%
Lack of appointments that work with my schedule	#10	41%	36%	35%
Lack of primary care physicians / family doctors	#11	30%	22%	50%

Arrangements to take care of a child and/or multiple month waiting periods for adults and/or childrens' appointments further exacerbated availability to care and services. The survey data indicated that 39% of respondents indicated their inability to take **time off of work** to attend appointments, and 30% noted lack of child care as a barrier to accessing needed healthcare. One Salem County Community Member commented, "...If we need to go to an appointment, my husband has to take the day off work. We take all the children because we don't have anyone to leave them with..." Particularly during, COVID-19, community members discussed their inability to bring children to a doctor's appointment with them, and the lack of available child care in the three-county region. Said one person, "I don't think there is a lot of help before the age of 3. Like if there was early intervention. There isn't a place locally to get services." **(Cumberland County Community Member)**. Finding appointment times remains a challenge as "... we had to get our children's physicals done and it was a six-month waitlist. Come to find one of my children has a problem we should have addressed months ago. Because of COVID-19 appointments are scarce," shared a Salem County Community Member.

LACK OF PRIMARY CARE PROVIDERS (PCPs) AND PEDIATRICIANS

> "For Salem and Cumberland Counties, the greatest issue is health access. There are not enough primary care doctors to serve all the people." **(Service provider who works in all 3 counties)**

> "...There aren't enough primary care providers near me. I really want Inspira to hear this...I would like Inspira to invest in recruitment here. There's no one coming here to do this... There is a dearth of primary care providers..." **(Cumberland County Stakeholder)**

Community members and stakeholders shared that there are not enough primary care providers in the three counties, most especially Cumberland and Salem Counties. The Robert Wood Johnson County Health Rankings show that there is only one primary care physician in Cumberland for every 2,400 people; for Salem County that ratio is 2,990:1 and for Gloucester County 1,850:1. For New Jersey the ratio is 1,180:1 and the United States 1,030:1. According to one key stakeholder, "30% of the PCPs in Cumberland and Salem [Counties] are to retire in the next five years." And another from Cumberland County shared that, "there has been no new primary care doctors in the last 10 years." And this was echoed as parents in Salem County sought to locate pediatricians for their children, "When I was searching for one [a pediatrician] around here [Penns Grove], there was none. We have to travel to Salem [City], which is okay…but not everyone has a car or the availability to travel." And another parent shared that there was a "six-month waitlist…because of COVID-19 appointments are scarce."

Cumberland also has far fewer mental health care providers and dentists than the rest of the state. In Cumberland there are 970 citizens for every one mental healthcare provider and 1,500 residents for every dentist. For Gloucester County, the ratio for mental healthcare providers to citizens is 860:1 and for dentists it is 2,220:1. For Salem County, the ratio for mental healthcare providers to citizens is 930:1 and for dentists it is 2,980:1. For the state, those numbers are 420 and 1,140, respectively. For the United States, those numbers are 270 and 1,030, respectively. This gap in providers proves challenging as Cumberland County and Salem County residents report more poor mental health days per month (4.9); Gloucester County residents report 4.5 poor mental health days per month than the rest of the state and the United States (3.8 days) (County Health Rankings and Roadmaps, 2021).

One Cumberland County Community Member summed up this plight as, "There's no doctor's, dentist's where I live. You need to get to Bridgeton, Vineland, Millville to go. I have to take off work. There's no help out here. We do everything we can and end up going by without a lot of things because we don't have it."

With regards to additional providers, multiple participants made specific suggestions related to addressing addiction and mental health problems. For instance, it was recommended that information on addiction be provided to children and families. It was also suggested that more recovery centers be built and staffed, especially in-patient facilities, and that longer term care be provided for addicts and their families post-treatment. Interviewees from Inspira Health echoed the sentiment of community members that a multi-faceted and collaborative approach is needed to combat the opioid crisis. Access to and availability of providers in this region remains essential as one Cumberland County Community Member noted, "I think because of the economic area, poverty is pervasive in affecting mental health, it is an entire area. It's not just drug use or witnessing violence, it's continuously being in poverty that takes a strain on mental health."

LACK OF SPECIALISTS

Across the focus groups and interviews, residents and stakeholders in all three counties reported a lack of specialists. This was identified as a key need in Salem County where nearly 60% of those surveyed chose this as a missing resource. And over 40% of Cumberland County survey participants stated the need for specialists as a missing resource in their communities.

Even when specialists are available, they are often geographically far from the patient, which further disadvantages those without reliable transportation. Cumberland County Service Providers shared this sentiment on numerous occasions, "...Most of the time specialist type services are not easily accessible. You have to leave the town or go to Philadelphia…" Another participant shared that parents of diabetic children can face challenges securing, "...the specialized care due to our location and being far away from Philadelphia and Delaware." Furthermore, community members across the counties shared that appointments with specialists take months to secure.

> "For example, high-risk pregnancy care. A mother had to go to Cooper [Hospital in Camden City] so she could get appropriate translation services." **(Cumberland County Stakeholder)**

AFFORDABILITY OF CARE AND HEALTH INSURANCE

> "A lot of families don't have insurance or don't know how to apply for it." **(Cumberland County Service Provider)**

AFFORDABILITY OF CARE

Cost of care was one of the largest concerns for community members and stakeholders. Although only 2% of those who took the survey reported not having any kind of health insurance, the cost of health care was an important issue for residents in all three counties. Four of the top 5 health issues selected by residents were related to cost (of dental care, prescriptions, medical care and eye care). Cost was the top barrier to health care affordability, with 71% of residents saying that out-of-pocket costs were a barrier to accessing health care. In addition, 50% of residents said that people with low incomes were underserved in their communities. As one community member commented, "[Husband does not have health insurance]. We could only apply for the anesthesia. For the surgery we had to pay more than $4,000, like around $6,000. It was a particular doctor, the emergency Medicare paid for the anesthesia. My husband was on the verge of dying…" **(Cumberland County Community Member)**

Although affordability was a top issue in all three counties, the impact was different in the three counties. Cumberland County residents were most concerned about cost, followed by Salem County. Gloucester County residents had the fewest concerns about cost.

When it came to their personal health care, 30% of respondents reported that cost had prevented them from receiving needed care. The percentage was lowest in Gloucester County (26%).

Survey responses: Affordability of Care				
	Overall rank	% selecting		
Resources missing	**Rank: Out of 26 options**	**Cumberland**	**Gloucester**	**Salem**
Affordable dental care	#2	59%	51%	51%
Affordable prescriptions	#3	58%	50%	45%
Affordable health care	#4	58%	44%	48%
Affordable eye care	#5	53%	43%	50%
Barriers to health care	**Rank: Out of 18 options**	**Cumberland**	**Gloucester**	**Salem**
Out-of-pocket costs	#1	77%	61%	70%
Lack of health insurance	#3	60%	43%	44%

Out of pocket costs were the top concern and a barrier to health care in all three counties. Across the three counties, on average 71% of respondents shared that they could not afford out-of-pocket costs such as co-pays, prescriptions, etc. This was highest in Cumberland County (77%) followed by Salem County (70%) and Gloucester County (61%).

> "Cost of medicines. I just diagnosed a guy who needs a blood thinner and it was $500. He needs it or he'll have a stroke. He can't afford it. Diabetes medicines are hundreds of dollars and people just can't afford them. The wife called me crying. They can't afford the medicines via Medicare but no Part D. I have some alternatives to try but it's not the same. $500 a month adds up." **(Cumberland County Service Provider)**

> "What if your job doesn't let you take off? You have to plan to get that time off and consider what the copay is. And also how often you have to go to this doctor? You can do it once, but you can't continue to go to doctors that are so far away and that have a big copay." **(Cumberland County Community Member)**

And of the 26 missing resources, the top 4 across all three counties were: affordable dental care; affordable prescriptions; affordable health care; and affordable eye care. These challenges are highlighted by a community member, "I think that what happens to me and other people I know is that because of the insurance we have – we don't have access to dental care for our children. We noticed that for a certain time, my doctor didn't accept that insurance, so I did have problems because my prior dentist shut down and my children were without dental care for a year. And in Complete Care they told me there wasn't any more space, I think in this aspect we do need more." And a Salem County resident shared, "…I got sick in November. I went to my doctor, but they couldn't figure out what was wrong with me. I went to a stomach specialist. I went to Pennsylvania. I don't have insurance so I had to pay $270 per consultation fee with the specialist. I've been going there and all my plans went down the drain. It took me two years to save the money I had…I'm doing better but I have to pay for medication, but I found a pharmacy that gives me discounts."

AFFORDABILITY OF HEALTH INSURANCE

The majority of survey participants stated that not having insurance was in the top five as a barrier to care, and this barrier was also echoed in the focus groups and interviews too. Nonetheless, nearly all of the community members we surveyed had some form of health insurance: only 3% in Cumberland and Salem County; and 1% in Gloucester County reported having no insurance at all. Despite having insurance, many of the nuanced policies and stipulations across different insurances created barriers for residents we spoke with.

One Cumberland County community member stated the challenge as just, "Insurance. Sometimes the services are not approved, or the specialists are out of state. The insurance won't cover things or you have to do a lot of paperwork." A resident in Gloucester County pointed out the cost of insurance and the cost of care in general, "There are a lot of people who do have insurance, but then there are some who don't. They say there is a sliding scale fee, but sometimes that's pretty high and people can't afford it. That's a barrier when talking about your overall health and mental health."

In Salem County a mother shared that she has been working to find a pediatrician for her children, commenting, "I'll get a list of who's available within my insurance network, but when I call them they no longer take that insurance. I'm self-employed and have New Jersey Family Care for my children. It seems like all of the doctors are dropping that. It's very difficult to find providers. Also, many are out of county. I did finally find one in Salem County, but when I took the children they accepted my insurance for the visit, but not for their immunizations. That doesn't help me at all."

EXISTING RESOURCES AND SERVICES IN THE COMMUNITY

When asked to identify strengths of their communities, focus group participants and interviewees discussed the talent, motivation, and camaraderie of individuals living and working in these communities. Participants expressed that people in their communities were closely connected to their neighbors, often growing up together. It was also stated that most residents have a genuine interest in crafting creative solutions in order to help each other and to better their communities.

The value and importance of social service providers across the three counties emerged as a key theme in the focus groups and interviews. Multiple participants identified the programs and resources offered by social service providers as major strengths of their communities. Participants reported that these organizations are instrumental in providing basic necessities to those in need, especially throughout the pandemic. Shared one Gloucester County Service Provider, "being able to provide parents diapers for children, just basic household items, sanitary wipes, has been important and helpful for families." Several

participants reported that they had noticed increased communication and cohesion between their various providers, many organizations of which were specifically mentioned in the data we collected.

FAMILY SUCCESS CENTERS

> "I would like more people to go to the Family Success Center. It's local and amazing for this area." **(Cumberland County Community Member)**

Family Success Centers (FSCs) were mentioned on several occasions by many community members and stakeholders as key places of support and access for members of the community. Specifically, the following were mentioned by name: Hispanic Family Success Center (Evergreen); Forest Lakes; Monarch; Acenda FSCs (Penns Grove and Mosaic); Riverview and Birdseye. The Family Success Centers are a critical resource for the community that works to provide support to families in need. They offer a multitude of free services ranging from legal and housing assistance to parenting and financial courses to obtaining household items and food to name some of the services.

Community members shared the following:

"We have some Family Success Centers within Inspira. I see all the time that they have monthly or weekly nutrition classes or invite people to cook healthy meals with them. Sometimes they have family focused things and clothing classes that show resources available. But sometimes they're not in prime locations. So, they have resources, but it just might be the transportation part." (Cumberland County Stakeholder)

"Family Success Center at Penns Grove is a really good organization. Say you don't have a computer; you can get help there. They'll help with different things that go into the whole community. It's good. I believe Family Success is located throughout New Jersey, which is good for all communities." (Salem County Community Member)

"We have the Riverview Success Center and Birdseye Success Center. They're very good at giving us the info we need and are very accessible. They have information for everything from medical health and mental health. They do a lot of activities for the kids to keep them off the streets. Their calendars are full every month with different things you can do." (Salem County Community Member)

RAFT SCHOOL BASED YOUTH SERVICES PROGRAM (SBYSP)

The RAFT School Based Youth Services Program (SBYSP) is a comprehensive student-centered health and wellness program that provides direct services to all students on-site. The goal of the SBYSP is to help young people navigate their adolescent years, finish their high school education, obtain skills leading to employment or continuing education, and graduate healthy and drug free. All services are provided free of charge and require a signed parental consent form signed by a parent/legal guardian.

PARENT LINKING PROGRAM (PLP)

Inspira IMPACT's Parent Linking Program (PLP) is for any pregnant or parenting student enrolled in Vineland High School. The goal of the Parent Linking Program is to guide, educate and support young mothers and fathers as they navigate the challenges of parenthood. Commented one participant, the program provides, "early intervention and parent linking for pregnant and parenting teens so there are case managers in that. We are looking to expand into other schools and meet the kids where they are. Same kind of thing. There may be linkages with them at the family centers. Expand into other schools to provide those resources.

Meet the kids where they are. Same kind of family success and linkages with them. Existing families and reaching out to them." **(Cumberland and Gloucester County Community Service Provider)**

M25

The M25 Initiative is a nonprofit that empowers and mobilizes individuals to collaborative address multiple challenges facing the community such as food insecurity, poverty, crime, and to induce a community spirit among residents. Shared one participant, "The work M25 has done to help build housing for people who previously have been homeless has been an important initiative, and we've been backseat to that, but it has been important for us." **(Cumberland, Salem and Gloucester County Community Service Provider)**

INSPIRA HEALTH

Multiple participants also spoke directly about Inspira Health. "I do think the hospital is a strength. We're the largest employer, people look to us, we do a lot of events in the community. But we're just too siloed," commented one person **(Cumberland, Salem and Gloucester County Community Service Provider).** Other individuals we spoke with expressed administration of the organization's new leadership and their willingness to work with additional partners to address and solve problems facing the communities. Another employee shared, "What is exciting about right now with Inspira is my experience with the new CEO and the people she brought into her leadership team. They have been super accessible and willing to work when I brought these things to their attention. Not just consider, but really push to work on these issues. They are eager to step up to the plate and put resources in place. Prior to the previous CEO's tenure, we had a good relationship. But I'm really excited about the new possibilities to develop more and continue to work on these social issues and how they impact people's lives within the criminal justice system."

FAITH- BASED COMMUNITY

Faith-based organizations also emerged as supplemental social service providers, deeply trusted by community members. One person noted, "I think the faith community in Salem County is a great place to start. I know they're doing the best they can to inform people of fact vs fiction. They're small congregations and they trust their ministers and deacons. As long as they're open to facts and are willing to take it." **(Salem County Community Service Provider)**

MEALS ON WHEELS SALEM COUNTY

Meals on Wheels Salem County not only provided meals to older adults and other eligible individuals, but they also provided companionship. The team at Meals on Wheels Salem County took the time to check in on individuals in their community during the pandemic and the prolonged isolation. One Salem County respondent shared, "As the pandemic went on those calls got longer and longer. And we started having volunteers help because it was very difficult to get other work done and give them the time. There were a few clients that you could literally be on the phone for an hour because they were not seeing anyone else.

"Lack of resource list. We gathered the resource list but never finished it. There is a lack of communication because people don't know. " **(Salem County Community Member)**

> "Maybe communication and how to reach out to other organizations. Limited communication: connection is an issue. Organizations don't reach out to the community. I think the local newspaper, like the SNJ Today, could serve as a reminder to reach out to people."
> **(Cumberland County Service Provider)**

And just to have someone to process everything with and listen to them and have someone on the other end. It definitely impacted their health."**(Salem County Community Service Provider)**

COMMUNITY HEALTH CENTERS & URGENT CARES

Several focus group participants and interviewees also identified community health centers like CompleteCare as valuable resources. CompleteCare was praised for offering individuals prompt, high quality healthcare, particularly in Cumberland County. "I just think CompleteCare has been a godsend for our community. They have their facilities in Vineland, Bridgeton, and Millville. To me, from my personal experience, they're embracing doing things by technology which reaches a lot of young people. I think that's super helpful for our community," one participant shared. **(Cumberland County Community Stakeholder)**

Participants also cited urgent care centers as noteworthy resources. Participants spoke very positively of the urgent care centers in their county, citing reduced wait times and more efficient care, compared to visiting the emergency room. A Salem County community member stated that a "huge positive is MedExpress, urgent care. A lot of people don't have that transportation to go to the hospital, MedExpress is right along the bus route and you're in and out. If you don't have insurance they'll still help you, I think you have to fill out an application for charity care, but you can go in and be seen and I think a lot of people do utilize that."

While many participants praised the services of the region's social service providers, many also spoke to the duplicated efforts and silos where groups worked. Across the interviews and focus groups community members shared that breaking down silos and working together would be helpful. One Cumberland County stakeholder summed it up this way, "One of the things that we desperately needed is a single port of entry system for individuals. Whether they're coming in through the hospital, through a social service, through the jail, etc., there needs to be a coordinated pipeline for those individuals. We have too many nonprofits in Cumberland County trying to address the same thing but from their own different perspective, and they're not necessarily coordinating that. I really think there is a need for collective impact. There are leaders and there are grass-root movements, but there isn't the sustained coordination between the various entities and parties involved."

COMMUNICATIONS & OUTREACH AROUND RESOURCES AND SERVICES

> "People always say that there are resources available, but if people don't know where the resources are or the ability to get to those resources then they are really not available."
> **(Cumberland County Community Stakeholder)**

In some cases, there seemed to be a disconnect between programs available to community members and community members' awareness of those programs. This disconnect was especially clear in key stakeholder interviews and focus groups, where it was established that programs exist that are not utilized by the community because community members are unaware of the programs. The community

survey showed that 40% of residents across the counties have not heard of any of 15 programs shown to them in a list. That suggests there is not a lot of understanding about available resources.

Community members and stakeholders mentioned the need to have population-specific communications strategies. Discussion surrounding these themes provided a nuanced view, a stakeholder in Cumberland County shared the following, "I think that one of the things in Cumberland County that we have to be cognitive of is the undocumented population. There is a large group of the undocumented population who don't have access to the normal entry point. The other thing is that not a lot of the population are technologically savvy. Many of the advancements, such as telehealth, allows people to engage but these people don't have the technological competency to utilize these services. I don't know if there's a policy blocking people, other than the fact that Cumberland County geographically is kind of scattered, where our resources are located they are scattered. That becomes very difficult when you tie it into the fact people aren't very technologically competent and they're limited by transportation resources."

And COVID-19 added another barrier around health and technology literacy. While telemedicine was successful on many fronts, some individuals did not have the same access and quality of care primarily due to their health insurance or lack thereof. And while adjustments like telehealth were made for safety precautions during COVID-19, many participants we spoke with reported telehealth was not the same level of treatment or comparable to the in person interactions participants would have preferred and/or felt more comfortable with receiving. Shared one participant, "Virtual is good and makes people more compliant but are you getting that same impact when you're not face to face with someone and just have a computer screen. In the room you can read body language but on a screen it's hard. Just like all of our meetings you miss a lot of the connections. I watched my grandson go through counseling and he would just say it was alright. You can't make that connection if you aren't in person. I don't know how that will pan out. Especially for behavioral health." **(Salem County Service Provider)**. Another Salem County Social Service Provider shared, "People have a difficult time with, you know, either not having enough minutes on their phones or not knowing how to [if] they have a tablet, and they don't know how to get to the address."

Participants we spoke with offered many suggestions for ways to connect community members to resources, both in person and online. Recommendations included using social media to advertise programs and services; conducting direct outreach at schools, barber shops, churches, and local events; mailing out flyers, and advertising in local newspapers.

"For me, I think it's communication access. A lot of stuff is online/ on the internet and not everyone has that. Or maybe they have a smart phone and don't know how to use it. People can't print out stuff if they don't have printers. Sometimes they want you to fill out paperwork but don't have glasses. A lot of people can't read. I think a lot of people are at a 5th-6th grade reading level and just don't understand." **(Gloucester County Member)**

FINDING 4:
ACCESS TO CHILDREN'S HEALTHCARE

There are several barriers related to children and their health, well-being, and care that exist in Cumberland, Gloucester, and Salem Counties. These regions are underserved in terms of medical providers, mental health experts, specialized care, community resources, educational institutions, and child care. Parents, caregivers, community members, service providers, and key stakeholders all reported the ongoing struggles with accessing the necessary services for children due transportation challenges, not enough providers for pediatric and mental health care, and obstacles to accessing care and services. The community survey data highlighted that nearly 20% of residents across the three counties reported that children/youth were underserved members of their community, and nearly 33% said that pediatric service providers were a resource missing in their communities.

Access to pediatric services, mental health resources, the return to in-person learning, and access to child care resources will be discussed. There are barriers in place that prevent the community members from accessing resources. Barriers to transportation, lack of pediatric providers and specialists, health insurance access, lengthy waiting lists, lack of mental health resources, and lack of childcare resources are the challenges facing these communities when it comes to children's health care.

ACCESS TO PEDIATRIC SERVICES

> "It's a very underserved region...Specialized medical services for pediatrics are not there. Especially for families who have Medicaid. The inequality of limited resources for specialized care, like behavior and mental health, so many of the children who have significant developmental delays must travel far. It's often a waitlist and then they don't have transportation. It's just a snowball of families not having the resources they need"
> **(Cumberland County Service Providers)**

Specialized pediatric health care centers are limited, and as shared previously, the dearth of public transportation options are a barrier for many families securing health care for their children. The community survey data highlighted that 41% of Salem County residents and 29% of Cumberland County residents stated that pediatric and medical providers for children were a missing resource in their counties. Nearly 20% of Gloucester County respondents identified that as a missing need.

Within these counties, parents and caregivers struggle to locate pediatric health specialists. The main campuses of globally renowned specialists, such as the Children's Hospital of Philadelphia (CHOP) and Nemours Children's Hospital of Delaware (DuPont), are not readily available to those who do not have a reliable mode of transportation. While many pediatric providers do have secondary locations, those who need advanced care are often required to visit the main campus, located in both Philadelphia and Wilmington respectively. As a result, public transportation is a challenge for families whose children need to be seen by specialists; however, public transportation and even medical transportation are not reliable in this region. Almost half of the community survey respondents indicated that access to public transportation was a major concern, particularly for those in Cumberland and Gloucester counties. Nearly a third of respondents indicated concerns about AccessLink and LogistiCare as well. One Cumberland County Service Provider shared, "The primary pediatric providers are CHOP and

DuPont, a lot of their care can be pretty far away in terms of appointments. That's another challenge. It's not uncommon for kids to not be managing their problems effectively because it could be the barrier of their appointment's location…Sometimes in specialized circumstances like that it's hard to get the specialized care due to our location and being far away from Philadelphia and Delaware" **(Cumberland County Service Providers).** This was also echoed by another stakeholder who shared, "I know a lot of students in Millville that won't go to the doctor because they don't have transportation" **(Cumberland County Service Providers).** The lack of accessibility and availability of transportation limit parents and caregivers and families in obtaining and accessing care. As seen above, the reality is that it is not uncommon for individuals in these communities to avoid setting up medical appointments because they cannot figure out a way to get to it.

ACCESS AND AFFORDABILITY OF INSURANCE

Locating providers that will accept insurance is a challenge reported by the community. Recognizing that for many access to services is already limited by their physical ability to get there, these struggles are highlighted when families are restricted by their medical insurance, if they are insured at all. Focus group and interview participants shared that there are doctors who change the insurances that they will accept on a frequent basis. As a result, families who have previously found trusted providers to which they have transportation have now been forced to look elsewhere. Multiple community members shared that it is a constant struggle to locate pediatric providers within these counties who also remain in the network long term. One Salem County mother shared, "With insurance, I know recently I've been trying to find a pediatrician for my children. I'll get a list of who's available within my insurance network, but when I call them they no longer take that insurance. It's very difficult to find providers. Also, many are out of county…".

Furthermore, those with insurance have reported challenges in navigating the appropriate systems of care for their children. Oftentimes, there are multiple steps, representatives, and touchpoints that one must contact prior to being seen by the specialist in securing insurance approval. For many this leads to feelings of frustration and confusion. In turn, struggles to navigate the system does in some instances slow the access to the care for the children or in some cases prohibit them from obtaining the necessary care. Multiple Cumberland County service providers shared the following: "To give you an example, a family was referred to a statewide program. The family has to call a service line, give their information, and then go through a few other steps that eventually lead to our program. Before they even get to schedule the evaluation they have to go through three different agencies. This is the same with Certified Pediatric Nurse Practitioner–they have to go through multiple agencies just to fax over a sheet."

> "When people tell me stories of having to seek out services and maybe they don't understand the process 100% and then they feel like the patience on the other end isn't there. They try to get the resources for help and assistance in other ways but are not able to do it. Maybe because people we're unable to understand these barriers in general"
> **(Cumberland County Service Providers)**

"My daughter is a cancer survivor. She needs another surgery. We were leaving Philadelphia and we had nice insurance. We were taken care of nicely. But then I moved here [Gloucester County]... They denied my health insurance…So now I have to start over. When I called, they said they were going to get back to me in three days, but they never called back. Then I went to the office, and they said that I have to wait until next week and someone would call me. Then they said I would have to start the process again…So, I am struggling with my daughter. She is a cancer survivor, and she has a bladder reconstruction. She needs supplies and now she needs surgery. It's all very hard for me…I went to the office and did the paperwork that they asked me to do, and no one would talk to me. They said they would call me, but I don't know what to do. It's very hard for me"

(Gloucester County Community Member)

WAITING LISTS TO ACCESS PROVIDERS AND SPECIALIZED MEDICAL SERVICES/CARE

The COVID-19 pandemic has added significant pressure to the already overworked medical system. Families and staff/providers reported increases in wait times for appointments. While some services had closed for a limited time early in the pandemic causing an increase in wait times when they reopened, others faced a shortage of providers on staff thus adding to long wait times for patients to be seen. Some members of the community and other service providers reported months long wait times for appointments, especially for neurologists and speech specialists. Please note that many patients often benefit most from being seen on an immediate basis. One Cumberland County Service Provider stated, "The waiting list to get some type of evaluation is extreme. They were closed for a while, and prior to closing there was already a waitlist. Now, that wait list is 6-8 months. I had kids who turned three during the pandemic where services weren't available, and those kids are in school now with a lot of problems." A Salem County caregiver, noted in her experience, that, "...we had to get our children's physicals done and it was a six-month waitlist. Come to find one of my children has a problem we should have addressed months ago. Because of COVID appointments are scarce."

ACCESS TO TRANSLATORS AND CULTURALLY SENSITIVE CARE

Families whose primary language is Spanish have reported challenges in locating care providers with whom they can communicate. For many families when obtaining care, other relatives are used as translators. Many examples were shared of how older relatives such as parents and/or grandparents may not feel comfortable speaking English, so their younger relatives (grandchildren and/or children) are often taken to appointments to translate. The young people have shared that this is a burden for them as they themselves may not feel completely confident in their translation abilities when it comes to complex medical terminology, medications, diagnoses, procedures, and instructions. They are

concerned that they may miss important information that could adversely impact the care of their relatives. Furthermore, there might be moments of discomfort and apprehension when translating important medical information as sometimes the conditions are personal in nature. Clearly stated, there is frequently a disconnect between the provider, translator, and patients. Multiple community members shared an example of a teenage community member, "She shared that when she goes to the hospital she speaks English, but her parents speak Spanish. So she'll go to the emergency room and the employees look at her to translate for her parents. She does it because she wants to be polite, but she's not getting all the information. We encourage her to ask for a translator. All of these places like hospitals and doctors offices have a translator, but not everyone is aware they can ask for it or use it. Sometimes even the employees don't know. So empowering the community to know those services are available but also making sure the word is out to the employees and recognizing that it's not appropriate to ask family members to translate…A lot can get lost in translation…" **(Cumberland County Community Member).** Another Cumberland County parent shared that, "…My [oldest] daughter helped me because I don't know English. She takes care of going to the appointments, neurologists, surgeons."

Furthermore, access to pediatric services includes access to programs that help promote effective parenting strategies and healthy child advancement in supportive and sensitive ways. Language plays a role in this as well, as Spanish-speaking parents reported opening their provider searches to English-speaking ones in hope of shortening the wait for service, thus sacrificing their ability to communicate with the provider and the benefit from transferring of skills to continue their child's treatment at home. Locally available resources designed with families in mind can make significant strides in regard to overall development and bonding. Community participants in focus groups expressed a desire to have a space and people to talk to about their experiences raising children with special needs. Rather than seeking counseling themselves, they expressed interest in establishing a community with parent peers and experts with whom to exchange experiences, strategies, and connections. "If a child is going through something, do we have the resources to support them and the parents? Maybe they're not knowledgeable…? How do we deal with that?" **(Cumberland County Stakeholder).** "I think it's about healthy family systems; what does that look like? Parenting: what does it mean to be a parent in a healthy way? Do they have knowledge of child development, what that looks like, where their child developmentally should be at/achieved? What about healthy relationships, in schools' communities, and other places…I think healthy is also having activities available that promote health that are affordable." **(Cumberland County Service Providers).**

ACCESS TO MENTAL HEALTH SERVICES AND RESOURCES

> "Clearly, the isolation is with children, kids who are showing up with mental health issues that have never imagined, and these are kids with everything you can imagine but have no place to process the isolation the way we saw it the most was the way people not being with love ones at the end of life, from a public health perspective this was the right idea but given all the things we were confronted with, but the reality is having that responsibility and literally having to sit day after day without having that closure until recently providing that behind a window was devastating. All of that is going to have years and years of impact to begin to unwind" **(Regional Service Provider)**

Social isolation has impacted the community. Individuals have sought mental health resources, however, the system is overwhelmed. Across the board, participants discussed the challenges of being unable to connect with family, friends, coworkers, and even friendly strangers. The impact of the pandemic on mental health also manifested in children. Supplemental data from the community survey supports

this: A subgroup of 79 survey participants answered questions about their children's health. While this is too small a number to make broad generalizations about children's health, the responses suggest that children's mental health is a top concern for parents. While 76% reported that their child's physical health was excellent or very good, only 59% reported that their child's mental health was excellent or very good. Similarly, when asked to select from a list of 20 chronic health conditions relevant to their children, 23% of parents selected anxiety, making it the most frequently selected option. Three of the six top conditions were related to mental health.

Access to mental health providers for children proved to be a challenge. Many who have attempted to make appointments with mental health care providers for their children have encountered waitlists that are months long. Unfortunately this does little to support them in a moment of crisis. A parent from Gloucester County shared, "My teenage daughter has become very depressed during this time. When it first started, I had to keep a close eye on her because she wasn't allowed around to be around their peers or anything. As a parent I was concerned with the toll that took on her mental health and the fear of her suicide. It hurt for the kids seeing that they couldn't go to school…She is at school and work, she's doing well now".

> "One of the barriers now is staff shortage [at mental health providers]. I know for my students if they're trying to see a therapist or psychiatrist there's like a 90 day waiting list [3 months]. That's a barrier due to staff shortages. Transportation can be a challenge too, especially for my kids. The services are in different areas that they can't always get to.... I feel like this affects the community too because we have to refer out and that adds to the months-long wait times to get an appointment" **(Cumberland County Service Provider).**

> "Mental health is needed, especially in these times. I did have some issues with my teenage son when I tried to get an appointment, it was months and months out - almost a year out for a new appointment. I was willing to do whatever, even go out of county but it's still hard" **(Salem County Community Member).**

RETURN TO IN-PERSON LEARNING AND THE NEED FOR RE-SOCIALIZATION

> "There's so much stress that comes online between students and teachers and then their transition back to full in person has been really difficult. Some kids really thrived in a virtual world and had difficulties coming back in person. Some were the opposite in that they did badly virtually and really needed in-person learning. It worked differently for students depending on different factor" **(Cumberland County Service Provider)**

Recognizing that local public schools provide resources to their students and families, the requirement to go remote during the COVID-19 pandemic led to significant impacts on the community. The loss of physical interaction and learning impacted the students and their families from a growth and development perspective. For caregivers and parents, going remote affected child care, mental health supports, and food security as children may have received breakfast and lunch at school. Schools are now back to in-person learning sessions and now children are presented with the opportunity to once again socialize

with their peers. At the same time, challenges still exist most acutely in supporting and addressing the learning and socialization needs that developed during the full academic year of remote learning.

COVID-19 caused an influx of many of the problems within the community, but is critical to remember that the pandemic has magnified the existing challenges and also made them harder to address. For school staff, the implementation of virtual learning created the challenge of checking in on their students. For young people who lack agency, school staff and workers are often on the front lines working to identify and address abuse along with other issues that occur in the home through personal interactions and contact. Children may not always know how or be willing to report abuse or internal struggles in the home. However, in-person interactions with staff, teachers, and professionals who are trained to identify and address the needs of students place young people in a much more secure situation. Remote schooling limited staff's ability to check in on a student's well-being, both physically and mentally, identify patterns of abuse, and address personal unmet needs. This concern is particularly prevalent for this region, given that all three counties have ranked no lower than third in the state for rate of child maltreatment between 2014 and 2018, with Cumberland County having the highest rate of child maltreatment 2014-2016 (NJ Child Welfare Data Hub). One Gloucester County Service Provider shared, "The front line in determining if kids are okay is the school system. When kids aren't in school you have less ways of identifying if kids are victims of abuse… kids need to stay in school. We need to check on their physical and mental health."

Another challenge that has been reported as students return to in-person learning is a rise in behavioral issues, mental health struggles, and academic challenges. "These kids are falling behind academically again, some of them were really successful with online learning and some were not and needed the in-person structure" **(Cumberland County Service Provider).** While staff now have the opportunity to check in on students' well-being, the reality is that many of them are not okay and are struggling. There are new challenges that need to be addressed but the resources needed do not necessarily always exist in the capacity in which they are required. "Our youth are behind and a lot of kids are not going to school…the kids are struggling and are further behind than before. We need more resources…"**(Salem County Community Members).**

> "When you look at and know how kids are, when they see an F they want to give up because they don't see a comeback from that. So, there's a trickle-down effect with their mental health. They want to give up and not come to school anymore because they see these F's and don't see any coming back from it" **(Cumberland County Service Provider).**

Although schools have been working to safely implement in-person instruction and for the most part students have the opportunity to connect with their peers, that's not to say there are no lasting impacts from the restrictions relating to virtual learning. While remote instruction was necessary in order to comply with nationally mandated pandemic safety and health protocols, it did have lasting impacts on the social, behavioral, and mental growth and development of young people. Recognizing that at the start of the pandemic there was a sudden mass shift in everyday life and expectations on a global scale, it is not surprising that many are struggling in the long term. Many young people were challenged to understand the magnitude of the situation. Essentially for many, school was a constant in their lives. Oftentimes their educational institutions served as a safe space, where "Mental health issues and anxiety are off the charts. There's been a lot of behavioral issues in the schools this year. Principals and counselors are chalking and developmental stunted by a 1.5 to 2 years. Missed out on socialization with

peers and growing. Same thing with preschool and kindergarten. Seeing the very immature behaviors and time spent online" **(Cumberland and Gloucester County Stakeholder)**.

> "There's permanent psychological damage that happens because of this. These types of things change people forever, especially kids. The trauma is very real. Then I think it could trickle into other parts of people's lives, easily" **(Cumberland and Gloucester County Stakeholder).**

While young people may have returned to in-person instruction, they are not doing so without struggling from the long-term mental impacts of the trauma that was inflicted upon them. For many their mental health struggled, and their social behavior had been stunted. Although many are trying to move on and survive the best they can, there is a shared collective grief of the mass trauma that has occurred. While people are learning how to move on and working to adapt, the idea of what has been lost, both personally and collectively, is not easily forgotten. The persistent stress, grief, fear, and uncertainty created by COVID-19 pandemic impacted every single person around the world, and this pandemic and those corresponding stressors compounded in emotional and mental well-being challenges of varying degrees. The social isolation during this time was difficult, and people experienced extreme lows, loneliness, and severe negative impacts on their mental health.

> "It drastically changes the teaching profession. They're feeling more stressed, parents are losing their jobs and couldn't get adequate child care for their kids, their bills are still piling up, etc. We've come across a lot of people facing a lot of loss in a lot of different areas" **(Cumberland County Service Providers).**

ACCESS TO AFFORDABLE CHILD CARE

Community survey respondents across the three counties noted that a lack of child care was a barrier. Among those surveyed, slightly above one third (38%) of those in Cumberland County indicated that they were impacted. Additionally slightly below one third (28%) in Salem County and Gloucester County (18%) reported similarly.

Surviving in the pandemic has been taxing on the average individual for a plethora of reasons. Although school is primarily back in session, parents still report struggling with childcare for their elementary aged children. Recognizing that schools are attempting to operate with appropriate safety measures in place, that ultimately means that attendance procedures have become considerably strict. Parents have reported challenges with their children either being directly exposed to COVID-19 requiring them to quarantine, or them exhibiting minor symptoms such as a non-descript cough and not being allowed to attend school until they can produce a negative COVID test. This presents significant challenges for parents who have to work and cannot afford childcare or who cannot obtain child care out of potential fear of disease transmission.

Generally within the localized counties many feel as though there is a lack in affordable quality childcare for infants and toddlers. Centers that do exist are limited in available spots, which presents challenges for parents who have to attend school and/or work. Additionally, hours are not always ideal for individuals who may require child care assistance during non-conventional times. Ultimately a center that is only open 7am-4pm is not of much help to a parent who must work 2pm-10pm in order to provide for their family, essentially requiring them to have to make a choice between financial work and effective parenting.

> "I think there is a lack of childcare for infants and toddlers in Cumberland County. There are several good quality centers, but I don't think the amount of infant and toddler slots is as great as it could be. Our center handles the pregnant students/teenagers who go to [school]. Our students often want jobs over the summer. Evening hours are concerning. Some are only open until 4 pm. We're only open until 3pm, so that doesn't help with people who want evening hours" **(Cumberland County Community Member).**

In turn, recognizing that the financial need within the communities is high, childcare is often not easily affordable without government assistance. This highlights previously established challenges of having to choose between watching one's child or going to work. Looking at family income, about one-fifth of children in Cumberland and Salem Counties live below the poverty line compared to the state's rate of 14% (United States Census, 2018c). In many cases people struggle to afford assistance or receive subsidies as a result of not having enough hours at work or not making enough in general. Ultimately childcare is considered to be very expensive and the lack of affordability places an additional burden on already overworked and underserved parents within the area.

> "Sometimes families do not meet the requirements, either not enough hours or they're over income. We've tried to help a lot of families out, but places cut hours like they're a business. Sometimes a lot of subsidies don't pay for childcare, and it can be very expensive" **(Cumberland County Community Member).**

Additionally, there is still fear about children's health relating to the ongoing global health pandemic. Young children are especially vulnerable and are currently ineligible to partake in the current health related practices that promote safety such as mask wearing, social distancing, and vaccination. In addition to pandemic related concerns, generally infants and young children are vulnerable to the virus as at the time of this writing, children under 5 years old were not eligible for the COVID-19 vaccine. Parents and caregivers have reported that they are fearful of exposing their young children to the outside world and others within childcare facilities. Unless one has an alternate trusted person to watch their child, this limits the caregiver's ability to work and engage in other activities within their daily lives. "Relating to childcare, I know places have COVID protocols, but I really don't trust them, and I don't want my daughter to get sick. So, I stay with one member of my family to babysit, not putting her in childcare" **(Gloucester County Community Member).**

CONCLUDING THOUGHTS

Barriers exist in regard to reliable transportation, availability of service providers, health insurance networks, mental health challenges, and childcare resource availability. Structurally there needs to be a change within the local communities to ensure that families have access to the appropriate resources they need. The overwhelming response from individuals surveyed and interviewed indicates that there is an intense need and desire for appropriate resources, and that families are willing to work to obtain them, however structurally there are significant community based barriers that make doing so extraordinarily difficult. Ultimately more needs to be done on a local level to ensure that community members have access to the resources they need for their children.

The community based services that do exist are highly valued, and trusted organizations within the community. Often these centers serve to help members access resources both on the local and statewide level. Through working to help those in need obtain health insurance, maintain

internet access, and provide them with a safe place to go to, community members highly rank these services as beneficial, however there simply is not enough of them. Transportation barriers, access restrictions, staffing shortages, lack of awareness, and resource shortages prevent all members of the community from having equal access. Additionally, within these counties is a lack of medical service providers. Families struggle with finding appropriate pediatricians, specialized care, and mental health services. Challenges include but are not limited to lack of transportation to appointments, struggles with finding providers within one's insurance network, and scheduling an appointment within a reasonable time period.

FINDING 5: FOOD AND DIET

> "If they're dealing with food insecurity, they're going to have poor health outcomes. The basic needs of individuals: I kind of look at it as bed, bread, and education. People need to have a bed, they need to have bread in their stomachs, and they need to have education that provides them with economic opportunities. If they have poor economic options, they end up making poorer health choices that lead to poorer health outcomes." **(Cumberland County Service Provider)**

Food deserts are increasingly common across the U.S. In 2020, as many as 13.8 million households in the U.S. experienced food insecurity (10.5% of the population), with approximately 1.5 million households in New Jersey alone (U.S. Department of Agriculture, 2020; Kiefer, 2022). Despite Southern New Jersey being home to an abundance of farmland and agricultural hubs, residents of Salem, Cumberland, and Gloucester Counties are continuously facing deep rooted food instability. Studies dating back to 2011 suggest that little progress has been made over the course of a decade as hardships in food security continue (Ver Pleog, Nulph, and Williams, 2011; Adomaitis, 2011; Kiefer, 2022).

FOOD INSECURITY

Currently, U.S. Census statistics indicate that Cumberland County residents experience the most food insecurity across all counties in New Jersey. Cumberland County has the highest rate of food insecurity at 11.3%, compared to the National and State average (10.9% (New Jersey Department of Health, 2021) and 10.3% (State of Childhood Obesity) respectively). Gloucester and Salem County food insecurity rates place them below the national average with percentages of 10.7% and 7.5% respectively (New Jersey Department of Health).

Across the CHNA service area, there were concerns about food security. In Cumberland and Salem Counties, more than 1 in 5 residents who completed the community survey (22%) reported worrying in the past week that food would run out before they had money to buy more. In Gloucester County, that number was about 1 in 10 (13%).

Another indication of needs related to food security is the number of residents who participate in programs designed to alleviate food insecurity. Across the three-county service area, about 1 in 3 residents reported utilizing such programs. Utilization was highest in Cumberland County (39%), followed by Salem County (37%) and Gloucester County (23%).

Utilization of food programs			
	Cumberland County	Gloucester County	Salem County
% Utilizing any type of food assistance	39%	23%	37%
Program-specific utilization			
WIC (New Jersey Supplemental Nutrition Program for Women Infants and Children)	23%	11%	16%
SNAP (Supplemental Nutrition Assistance Program)	23%	11%	18%
Food bank	19%	4%	19%
Food distribution programs (e.g. community food drives, Meals on Wheels)	12%	4%	10%
Other resources or organizations (please specify)	4%	<1%	2%

Community survey data indicates that nearly 20% of survey respondents in Cumberland and Salem counties stated they have used a food bank while that number was only 4% in Gloucester County. Furthermore, 12% in Cumberland County and 10% in Salem County have used a food distribution program such as community food drives, and other similar resources, while only 4% of Gloucester County participants did. Given the prevalence of food insecurity in this region, there is opportunity to increase food availability and resources in these locations to improve residents' and the counties' overall wellbeing.

ACCESS TO FOOD

Residents reported several kinds of concerns about their food environment. First, more than one-third of residents expressed concern both that there was too much unhealthy food and that there was not enough healthy food in their communities.

Residents had mixed feelings about their diets. Nearly three-quarters (73%) reported eating fruits and vegetables more than twice per week, but more than half of residents (53%) also reported eating fast food more than twice per week. In addition, only 18% of respondents said that their overall diet was excellent or very good. This low percentage contrasts with the 38% who said their overall physical health was excellent or very good. Participants in Cumberland were the least likely to rate their diets highly (13%), followed by Salem County residents (19%) and then Gloucester County residents (24%).

Previous research suggests that preparing meals at home (as opposed to eating out) is associated with a healthier diet (Mills, et. al., 2017). When residents were asked if there were obstacles to preparing meals at home, about half reported that they faced no obstacles (56%). However, two broad categories of obstacles included time and difficulty accessing food. Across the three-county region, nearly 1/3 of residents reported that they didn't have enough time to cook meals. In Cumberland and Salem Counties, about 1 in 10 residents reported that they lacked access to ingredients or had difficulty getting to grocery stores. Many fewer Gloucester County residents faced obstacles getting food to prepare at home (3%). As such, Gloucester County residents reported on average that the nearest grocery store

was 2.9 miles away. In contrast, the average Cumberland County resident lived almost twice as far (5.7 miles) from the nearest grocery store, and that number was 8 miles for Salem County residents.

Average distance to grocery store		
Cumberland	Gloucester	Salem
5.7 miles	2.9 miles	8 miles

Across the three-county service area, about 90% of residents reported that they drove themselves to the grocery store, but that number was highest in Gloucester County (94%) and lowest in Cumberland County (87%).

Accessibility to high quality and nutritious food is often a difficulty for individuals living within Salem, Cumberland and Gloucester counties. Instead of grocery stores, these counties are populated with fast food restaurants, with the nearest source of healthy food being between 1 and 10 miles away (as of 2019) (Capuzzo, 2019), a distance inaccessible without a vehicle and at a cost that many are unable to afford due to cost inflation. Residents who are without a private form of transportation are supremely disadvantaged when shopping for food. As one community member shared, "We don't have transportation, which is limiting. We have these 3 cities that have urban issues but then are surrounded by rural areas that can be a challenge for those in the outskirts because there's no transportation. They have to travel 25 minutes to just get to the grocery store." (Cumberland and Gloucester County Service Provider)

The dearth of public transportation in the region makes public transportation a "non-existent" option for some residents, particularly given the time commitment necessary to complete a grocery shop and the distance needed to travel to get to grocery stores. Not only is this time consuming, but it also adds to additional costs, which may not be feasible for residents. As one community member noted, "There's absolutely no public transportation or stores. We have one market. There is an Acme and ShopRite, there are things that are accessible. But not to someone with a transportation issue." (Salem County Community Member)

Proximity to grocery stores reduces access, and many communities are further disadvantaged by lack of a grocery store all together. One participant commented, "Salem City has lost their grocery store – they have no grocery store. Penns Grove is tentatively supposedly losing theirs [grocery store] to a Wawa. So with the lack of transportation as one of our biggest obstacles" (Salem County Community Member). The lack of food available in a reasonable distance has an impact on the health and quality of life of the residents in these counties.

In addition to geographic and transportation limitations, cost inflations have further restricted access to healthy food within these counties. In 2020, food costs in the U.S. increased by 3.5%, with largest increases in meat products - a crucial form of protein for a well-balanced diet - ranging from 6-10% increase in costs (U.S. Department of Agriculture Economic Research Service, 2022). Since 2020, the cost of food has climbed even more, with supermarket produce adding another 6.4% increase (Hurdle, 2021) to already costly products. Given the COVID-19 pandemic and multiple other factors, the increased food prices have naturally created a greater pressure for those living in suboptimal financial situations to be more stringent with their budgets, these residents often left unable to afford quality food for their families.

As a result, several interviewees reported turning to social welfare services to supplement their nutritional budget. One Service Provider shared, "We saw an increase in people needing food, not just

for Meals on Wheels, but also with the food banks and all across Salem County… we have almost no grocery stores here in Salem County. There's like two stores and neither of them have this but there are grocery stores in the surrounding area that have these programs where you can go in and meet with a dietitian and do all that." **(Salem County Service Provider)**

Living within a food desert affects beyond the immediate nutritional quality of the food that is possible to obtain, but often impacts the overall livelihood and health of both adults and children. Within Salem and Cumberland Counties, the child food insecurity rates range from 15.5% and 16.7% (6.2% and 14.4% higher than national average respectively) (New Jersey Department of Health). Gloucester County child food insecurity rates are slightly lower, with a rate of 8.9% (39.0% lower than national average) (New Jersey Department of Health). Given the existing struggle for many adults to obtain food for themselves, for many children, a school-provided meal is their only opportunity for nutritious sustenance. "In a community as poor ours, that also impacts nutrition. A lot of them are getting their most nutritious meal of the day in school," shared one Cumberland County Community Member.

The combination of barriers to food accessibility and costs of healthy food contributes towards greater food insecurity and dependency on unhealthy alternatives among many residents in these counties.

ACCESS TO HEALTHY FOOD & DIET

> "How do we get healthy if we can't get to what nourishes our body?"
> **(Salem County Community Member)**

While food is certainly accessible in these counties, quality of the food available can limit populations from receiving the proper nutrition needed to have healthy diets. The nutritional quality of the food available at corner stores remains questionable, as one community member shared, "The problem is there are no shopping centers, especially in Salem County. Salem County and Salem City are food deserts and fresh food is expensive. Bodegas are the only places they can go. Everything is high in sodium or cholesterol or prepackaged." **(Cumberland, Gloucester, and Salem County Service Provider)**

The increased prevalence of pre-packaged and processed food in such locations has allowed for cheaper provisions at the high cost of individual health. Foods high in trans-fats, sodium, and excessive sugars are significant contributors to chronic diseases over time. Components of good health include not only a proactive lifestyle that encompasses healthy nutrition and a consistent well-balanced diet, but also the reassurance that basic human needs are able to be met though easily accessible and affordable food.

OBESITY

> "We have high obesity which leads to unhealthy diabetes and congestive heart failure. We have issues with kidney disease as well."
> **(Cumberland and Gloucester Service Provider)**

Obesity and related health conditions were a top concern for community residents. When asked about health conditions of concern in their community, obesity ranked #2 overall, with 55% of residents indicating concern. Nearly 50% of residents reported being overweight or obese themselves, which is reflected in comparison to the statewide and national average. All three counties are higher than state (27%) and national (26%) averages for adult obesity (Cumberland 37%; Salem 39%; and Gloucester 33%) (County Health Rankings and Roadmaps, 2021). Residents were also concerned about chronic

health conditions related to obesity in their communities as residents were concerned about high blood pressure (34%) and diabetes (33%), and many residents also experienced these as chronic health conditions themselves (36% high blood pressure, 22% diabetes). Cumberland County residents were most concerned about obesity and related health conditions in their communities, and Salem County residents were most likely to report that they were overweight or diabetic.

Given a lack of access to healthy food, high rates of health issues, such as obesity, cardiovascular diseases, and poor childhood development, were attributed to the quality of food available in these locations. As one Service Provider said, "All these diseases are linked to the access to healthcare and healthy food which is crazy given we're surrounded by farms." **(Cumberland and Gloucester County Service Provider)**

Based on our community survey data, we found that 45% of Cumberland County survey participants stated there is too much unhealthy food, 36% for Salem County, and slightly over one-quarter said that for Gloucester County. Additionally, 55% of respondents across the three counties stated that adult obesity was a challenge in their community (Cumberland 61%; Salem 54%; and Gloucester 47%), these results suggest a connection between lack of healthy food and chronic diseases. "Obesity in all of the issues that come along with it like heart disease and diabetes is at the forefront of one of the major issues" **(Regional Service Provider)**.

Childhood obesity was also a concern as the community data showed that 37% of respondents across the counties stated that child obesity was a challenge in the community (43% in Cumberland County; 35% in Salem County; and 28% in Gloucester County). For many children, the risk of obesity was vastly elevated as outdoor activities had been drastically reduced due to the COVID-19 pandemic.

With high chronic health conditions and dietary issues, the communities in question may benefit from greater education in nutrition and how to enhance healthy lifestyle choices, as one Gloucester County Community Member shared, "There's a deficit in health when it comes to nutrition. Nutritionists for children. There is a pandemic that I see in children, they are under 12 and they are obese because of the lack of activity that is happening in the schools and in the homes… We're seeing children under 12 being pre-diabetic or diabetic so this is what I think." Even though many programs and school curricula aim to address the issue of obesity and nutrition, and provide healthy alternatives in a low cost manner, providers we spoke with commented on the challenges of funding sustainability for projects that have more than one core public health objective. Additionally, as noted above with challenges to accessing healthy food, many individuals are limited in achieving the standard of health that is preached in many educational spaces. The disconnect between health advice to practice good nutrition and provision of resources to facilitate these healthy practices is a clear issue: "Groceries are limited too, so healthy food isn't common. One of our success centers is in one of three areas with nothing but a school, dollar store and liquor store." **(Cumberland and Gloucester County Service Provider).** Future efforts can look to couple nutrition education with access to food in sustainable ways.

EXISTING COMMUNITY STRENGTHS

Although there are shortcomings and disadvantages to food accessibility within Salem, Cumberland and Gloucester counties, there are several strengths within the communities that participants were keen to identify regarding food and diet.

First and foremost, the geographic location of the counties allows for collaborations and partnerships with surrounding farms to be established. Though this is not frequent, in times when farms served as a resource, they would partner with local food banks. Shared one Regional Service Provider, "We have a great partnership with farmers and local food banks, but it's not enough to deal with food deserts that we have in our communities and exacerbated by COVID-19".

Food pantries have been a particular target of need over the course of the pandemic. With many facing unemployment, and rising food prices, the demand for emergency food has been especially high (Hurdle 2021). Service Providers in this region acted quickly to provide food, shared one person from Cumberland County, "One of the things we did early on was pivot to address food insecurity as something we could support the local food pantry and soup kitchens that were hit hard." **(Cumberland County Service Provider)**

Access to food pantries however, can be particularly difficult for individuals who are considered undocumented and therfore unable to obtain important forms of identification to receive food. As one Service Provider noted, "When using them [food pantries], a lot of time when going, people have to provide personal information. This can be especially hard for the for the undocumented community. They often can't provide social security cards or things like that that require proper documentation to access services." **(Cumberland County Service Provider)**

Pre-pandemic and throughout COVID-19 many community agencies provided individuals with the physical and educational resources to cook healthy meals for themselves and their families. One Cumberland County Service Provider reflected on this experience sharing, "We did cooking nights. We delivered a whole package [of materials] to the families, and they would come online and do the cooking with us. When it was something a family could do together, they would come up." **(Cumberland County Service Provider)**

Agencies organized virtual cooking nights and provided boxes of food for cooking. Together, community agencies and community members went through food courses, and these programs increased accessibility to nutrition education and at times reduced the physical barrier of proximity to grocery stores by providing attendees with food boxes. Shared a Gloucester County Service Provider, "Chef [name] does personalized boxes of the food and you just cook at home. He has his own business doing that. We have collaborated with him for the families and we're hoping to start sometime next month. He'll be on zoom preparing these meals with families and they'll be provided their own boxes at home to prepare these meals." Community agencies also discussed other resources they provide to the community members they work with such as access to a food pharmacy and connection to a nutritionist. "They'll talk about the basics and provide them with food right there. It is a store of dry and canned goods and they'll follow up with them," a Regional Healthcare Provider shared.

The three county region's current needs related to food and diet focused on lack of access to food generally, and lack of access to healthy food generally. These regions are home to many residents that are food insecure, and lack of transportation options and grocery stores limit residents' ability to obtain healthy and nutritious meals. Challenges related to obesity and chronic diseases are prevalent in these communities among adults and children, and creative strategies to promote healthy eating, provide access to food, and support sustainable food infractures were recommended by participants.

As exemplified through the pandemic, community needs are constantly shifting, and the same holds true for health needs related to food and diet; one Cumberland County Service Provider noted, "The interesting thing is with the amount of money that got flooded into the system from the government, all of our food pantries and soup kitchens were reporting low amounts of people in attendance. For instance, one weekly kitchen used to have 70 people come out, but maybe they would report having 20-30 people come out to pick up a daily lunch. What I have found through this whole thing is that the needs of people have changed. I'm not sure what those needs are, but we are trying to navigate those needs." (Cumberland County Service Provider). Continued efforts to understand the needs of community members will help contribute to equitable allocation of resources that create sustainable avenues for healthy diets and food access.

FINDING:
EMERGENCY DEPARTMENT ANALYSIS

ANALYZING DATA TO UNDERSTAND BEHAVIOR

We analyzed ED data to understand **how often** people visit Emergency Departments (EDs), **who** visits EDs, **where** they go to the ED and where they live, **why** they visit, and how COVID-19 affected ED usage **over time.**

HOW OFTEN DO PEOPLE USE THE ED?

> Between 2018 and 2020, **196,484** people visited Inspira Emergency Departments **474,597** times.

If every person utilized the ED in the same way, this would mean that the average utilizer visited the ED about **2.42 times in a 3-year period**, or about 0.81 times per year. However, not everyone utilizes the ED in the same way. To explore patterns in utilization, we divided utilizers into 3 groups: **low-utilizers, high-utilizers, and super-utilizers.**

Categorizing ED utilizers		
Low-utilizers	**High-utilizers**	**Super-utilizers**
<3 visits per year	3-5 visits per year	>6 visits per year

Overall, the large majority of visitors (94%) are low-utilizers. Smaller numbers of visitors are high-utilizers (5.3%) or super-utilizers (<1%). However, even though these top utilizers only account for a small share of the **people** using the ED, they account for a much larger share of the **visits** to the ED.

For example, although top utilizers (high- and super-utilizers) account for **1 in every 17** people who visit the ED, top utilizers account for more than **1 in 4** visits. The top utilizer visited the ED an average of **134 times per year** over the 3-year period. These numbers of top utilizers are lower than they were from 2015-2017, when top utilizers accounted for **1 in 15 visitor**s and nearly **1 in 3 visits.**

Later sections explore common characteristics of top-utilizers.

ED utilization profile				
	Low utilizers	High-utilizers	Super-utilizers	**Total**
Number of people	185,078	10,415	991	**196,484**
% of people	94%	5%	1%	**100%**
Number of visits to ED	343,214	99,831	31,552	**474,597**
% of ED visits	72%	21%	7%	**100%**

WHO IS USING THE EMERGENCY DEPARTMENT?

This section provides a basic demographic profile of visitors to the ED and then describes demographic differences between low-utilizers and top-utilizers.

GENDER

Overall, ED visitors were slightly more likely to be female (52%) than male (48%). However, super-utilizers were much more likely to be female (59%) than male (41%).

AGE

The average age of all ED visitors was 38.9 years, and age increased with utilization. The average age of low-utilizers was 38.7, the average age of high-utilizers was 40.4, and the average age of super-utilizers was 45.5.

RACE/ETHNICITY

Overall, nine categories of race/ethnicity described 99.5% of ED visitors. The top three categories were White (58%), followed by Black (19%) and Hispanic (also 19%). The other six categories (Undeclared, Other, White and Black, Asian Indian, Asian, and Black and American Indian), each had 1% or fewer respondents. Although ED records tracked an additional 15 categories, all of these categories together made only one-half of one-percent of ED visitors.

Compared to low-utilizers, high- and super-utilizers of the ED were more likely to be Black and less likely to be White (highlighted in the table). Other categories showed similar patterns across utilization categories.

ED Utilization by Race			
Race	**% of low-utilizers**	**% of high-utilizers**	**% of super-utilizers**
White	**58%**	**47%**	**46%**
Black	**19%**	**28%**	**34%**
Hispanic	19%	23%	19%
Undeclared	1%	<0.5%	<0.5%
Other	1%	<0.5%	<0.5%
White and Black or African American	<0.5%	<0.5%	<0.5%
Asian Indian	<0.5%	<0.5%	<0.5%
Asian	<0.5%	<0.5%	<0.5%
Black/African American and American Indian/Alaska Native	<0.5%	<0.5%	<0.5%

LANGUAGE

ED visitors reported 33 different primary languages. Despite this variety, almost all (99.5%) ED visitors spoke English (92.3%) or Spanish (7.2%). Frequency of ED utilization was unrelated to language; low-utilizers and top-utilizers were equally likely to speak English.

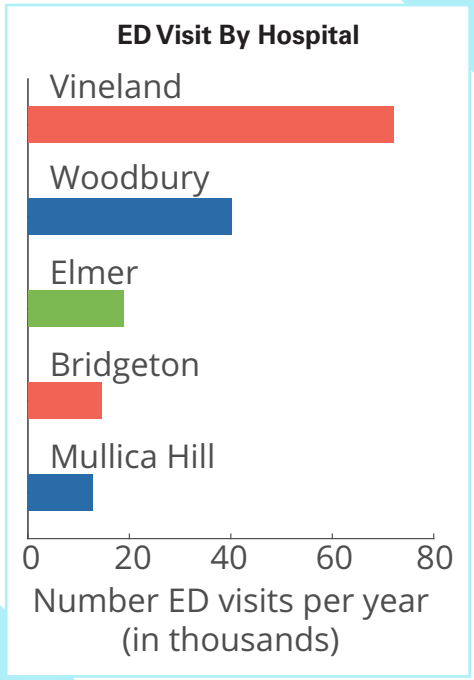
INSURANCE STATUS

Across all ED visits, Inspira tracked 178 different categories of primary insurance. Despite this variety, almost all ED visits (93%) included just 13 kinds of insurance. These 13 categories are displayed in the table, ranked by frequency in low-, high-, and super-utilizers. High- and super-utilizers were relatively more likely to use Horizon, Medicare, and Medicaid than low-utilizers. In contrast, high- and super-utilizers were relatively less likely to use Aetna, out-of-state Blue Cross, Amerihealth, CIGNA, United Health Care, Charity Care, other commercial insurance, or be uninsured.

Insurance status			
Primary Insurance	**% of low-utilizers**	**% of high-utilizers**	**% of super-utilizers**
Horizon	31%	39%	43%
Medicare	14%	22%	24%
Aetna	11%	7%	6%
Medicaid	9%	11%	10%
No Insurance	8%	5%	4%
Blue Cross (Other than Horizon)	5%	4%	3%
Amerihealth	2%	1%	1%
No Fault	2%	1%	<1%
Worker's Comp	2%	<1%	<1%
CIGNA	2%	1%	<1%
United Health Care	1%	1%	<1%
Charity Care	1%	1%	<1%
Commercial (Other)	1%	<1%	<1%

WHERE DO PEOPLE GO TO THE ED?

To determine where people utilized the ED, we calculated the total number of visits per year to each ED location. In the figure, each hospital name is labeled and given a color corresponding to the county where it is located. Overall, Vineland had the most ED visits, followed by Woodbury, Elmer, Bridgeton, and Mullica Hill.



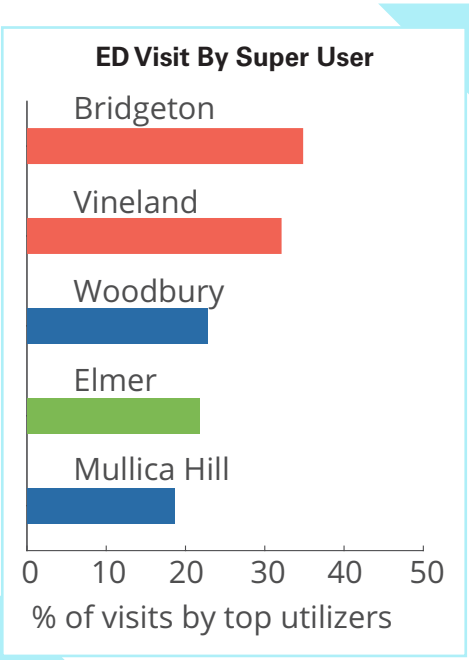
WHERE DO OVERUTILIZERS GO?

Top-utilizers displayed a preference for some locations over others. In the figure, EDs are sorted by the percentage of visits from top-utilizers. For each hospital, the total number of ED visits was divided by the number of visits from top-utilizers (both high-utilizers and super-utilizers). A value of 25%, for example, means that 1 and every 4 visits to the ED was from a high- or super-utilizer.

WHERE DO ED VISITORS LIVE?

STATES

Overall, visitors to the ED had home addresses from 3,154 different zip codes and all 50 US states and the District of Columbia. Despite this variety, almost all ED visitors (98%) lived in New Jersey. Only four additional states contributed more than 0.1% of visitors. These included Pennsylvania (3,795 visits), Florida (899 visits), Delaware (867 visits), and New York (544 visits).

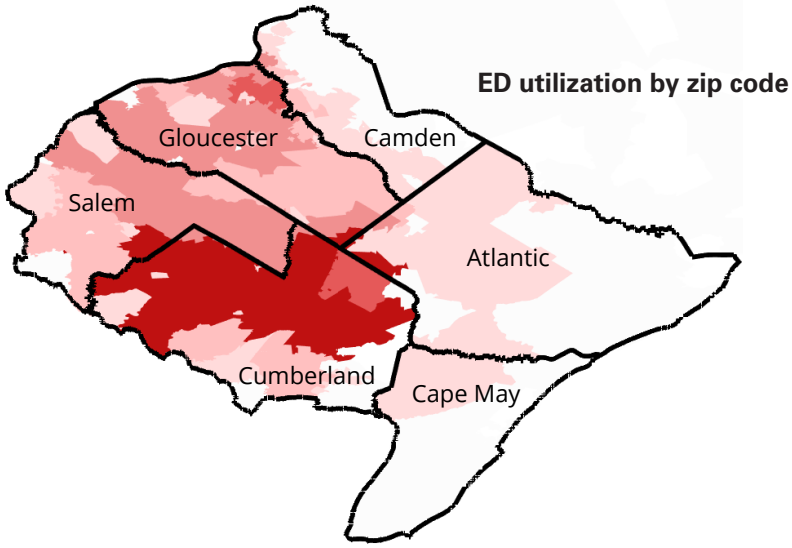


COUNTIES

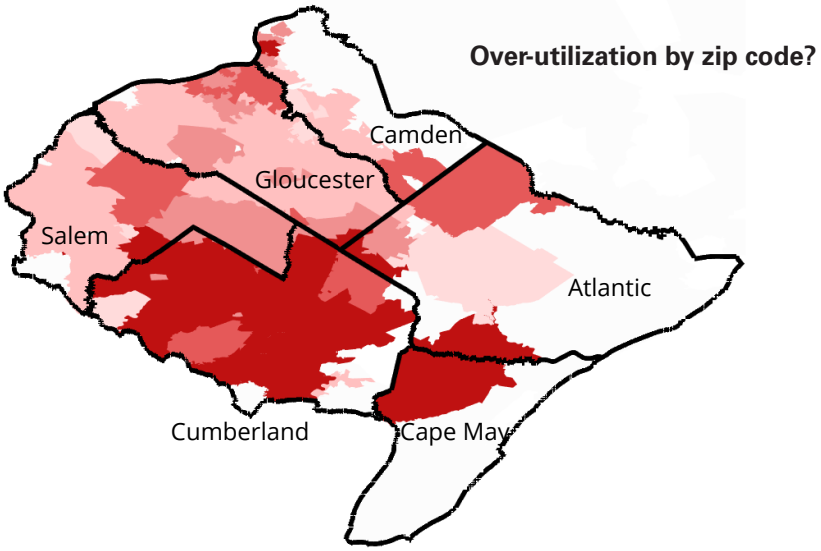
Overall, 89% of ED visits were from people living in the three-county service region. More than half the visits came from residents of Cumberland County (53%), nearly a third came from residents living in Gloucester County (29%), and fewer than 1 in 10 visits came from residents living in Salem County (6.7%). Importantly, even though Camden County is not one of the three service counties, Camden County residents visited Inspira EDs in numbers similar to Salem County residents (5.4% vs 6.7%). An additional 8.7% of visits came from residents living in other southern New Jersey counties (Atlantic, Burlington, Camden, Cape May, and Ocean Counties), while very few (<0.5%) visits were from residents living in counties in central and northern New Jersey.

ZIP CODES

ED visitors lived in 3,154 unique zip codes. However, most ED visits came from residents living in just a few zip codes. The top 60 zip codes accounted for 94% of all ED visits. The first map shows the pattern of visits to those top 60 zip codes. Darker red colors mean more visits from residents living in that zip code. As the map shows, the most ED visits came from residents living in Cumberland County, in areas near Bridgeton, Vineland, and Millville. In Gloucester County, zip codes with high utilization included Woodbury, Paulsboro, Westville, Swedesboro, Mullica Hill, and Glassboro. And in Salem County, the highest number of visits came from residents living near Inspira in Elmer.



To further understand the role that EDs play in meeting health needs in different communities, it is helpful to see how high- and super-utilization varies by zip code. If an unusually high percentage of visits are from these top-utilizers, this suggests that outreach targeted to those individuals could significantly lower ED utilization. Indeed, the second map shows that the pattern of usage by top-utilizers differs in some cases from low-utilizers. An unusually high fraction of visits comes from top-utilizers in northwest Cape May County (near Woodbine), large parts of Cumberland County, northeast Atlantic County (near Hammonton), the northeast parts of Gloucester County (near Paulsboro, Westville, National Park, Woodbury) and Camden City (in Camden County).



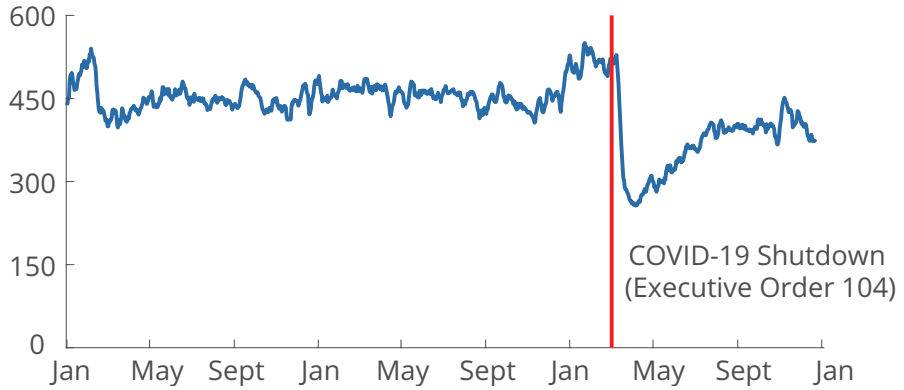
Top 15 Zip Codes: Total number of ED visits			
Zip code	City	County	Total # of ED Visits
08302	Bridgeton	Cumberland	77,687
08360	Vineland	Cumberland	75,666
08332	Millville	Cumberland	64,174
08096	Woodbury	Gloucester	31,671
08361	Vineland	Cumberland	20,399
08318	Elmer	Salem	13,514
08066	Paulsboro	Gloucester	11,286
08093	Westville	Gloucester	10,298
08085	Swedesboro	Gloucester	8,943
08062	Mullica Hill	Gloucester	8,611
08028	Glassboro	Gloucester	6,858
08030	Gloucester City	Camden	6,853
08051	Mantua	Gloucester	6,548
08086	Thorofare	Gloucester	6,101
08080	Sewell	Gloucester	5,723

Top 15 Zip Codes: Percentage of visits by top utilizers			
Zip code	City	County	Percentage of visits by top-utilizers
08270	Woodbine	Cape May	40%
08345	Newport	Cumberland	39%
08332	Millville	Cumberland	36%
08104	Camden	Camden	34%
08341	Minotola	Atlantic	34%
08349	Port Norris	Cumberland	34%
08302	Bridgeton	Cumberland	33%
08360	Vineland	Cumberland	32%
08362	Vineland	Cumberland	30%
08352	Rosenhayn	Cumberland	30%
08066	Paulsboro	Gloucester	29%
08093	Westville	Gloucester	29%
08063	National Park	Gloucester	29%
08037	Hammonton	Atlantic	28%
08361	Vineland	Cumberland	28%

Because many southern New Jersey municipalities have small populations, a single zip code can cover many municipalities. For the sake of space, each zip code here is matched with one municipality, but the zip code may cover multiple nearby municipalities.

ED UTILIZATION OVER TIME

On March 16, 2020, in an effort to slow the spread of COVID-19, Governor Phil Murphy issued Executive Order 109, which shut down most non-essential activity in New Jersey. The figure of average ED visits per day shows that the number of daily ED visits decreased sharply after Executive Order 109. Before March 16, 2020, there were 457 visits on an average day; after March 16, 2020 that number decreased to 369.



SECTION 5:

COMMUNITY HEALTH NEEDS ASSESSMENT: COMMUNITY VOICE

This section documents the community members who participated in the focus groups and the interviews as well as the outreach and distribution plan to recruit survey participants. Specific efforts were made to recruit community members that are challenging to engage (e.g., those that might be homebound).

INTERVIEWS: EXPERT AND COMMUNITY STAKEHOLDER PARTICIPATION

Participants in the interviews were criminal justice representatives from the three counties and Inspira Health executives occupying various leadership roles. Additional service providers in each county participated as well. There were 15 individuals who participated spanning the areas of healthcare, criminal justice, population health, food security, and housing. The identities of the interviewees will not be disclosed in any reports.[1] Interviewees will be referred to by gender neutral pseudonyms to protect their identity.

FOCUS GROUPS: COMMUNITY OUTREACH AND ENGAGEMENT

Focus groups were organized with the goal of gaining input from traditionally underserved populations, including individuals of low socioeconomic status and racial and ethnic minorities. Members of these populations were strongly represented in the community focus groups (see Section V: Table 1 below for the complete list of focus groups) through our collaborative efforts with service agencies such as the Salem Family Success Center's The Huddle which allowed us to connect with a group comprised primarily of young, African-American fathers; the IMPACT Parents Linking Program which serves young parents seeking family services; and the Inspira Early Intervention Program which helps parents of children with developmental challenges navigate resources and benefits. We collaborated concurrently with agencies to organize focus in Spanish which allowed us to get input directly from several individuals whose primary language was Spanish. As part of a culturally responsive approach, we had experienced native Spanish speakers as facilitators conducting the focus groups in Spanish. Lastly, we also conducted several focus groups with staff and service providers from various organizations such as Family Success Centers, Inspira Health programming, and United Advocacy Group. These individuals provided a unique perspective on the needs of the communities in which they serve, especially in terms of the needs that have arisen due to the pandemic.

Out of caution for the safety of those involved, all 19 focus groups were done virtually via Zoom. We collaborated with staff from the various agencies and programs to conduct outreach with the potential participants, send reminders ahead of the focus groups, and to arrange for compensation. As mentioned earlier, we could not have obtained such rich data were it not for the efforts of our partners who went above and beyond to seek participants for the focus groups.

1 This is due to the regulations and approval granted for this research project by the Rutgers Institutional Research Board. Rutgers University requires all human subjects research to be conducted in compliance with all applicable Federal, State and other regulations stipulated by the U.S. Department of Health and Human Services (DHHS), Office for Human Research Protections (OHRP).

The virtual format of data collection did present challenges. For instance, we were precluded from doing in-person focus groups to connect with unhoused individuals and those in the Drug Court. We also recognize that the virtual format of the focus groups may have presented a barrier to potential participants lacking reliable internet connection or a secure space to join the focus groups. The virtual format also did have benefits - doing the focus groups virtually eliminated the need for participants to secure child care in order to participate and saved families on travel time. Furthermore, at least one organization offered its space for participants to use during the focus group, thus alleviating concerns about potential lack of internet connection and privacy.

Organization	Date	County	Number of Participants	Description of Participants
Evergreen Family Success Center	Thursday, January 20, 2022	Gloucester	9	Community members utilizing the FSC services
The Huddle of South Jersey	Tuesday, February 1, 2022	Salem	13	Men in The Huddle: a community group for fathers
Evergreen Family Success Center (Spanish)	Thursday, February 3, 2022	Gloucester	2	Community members who speak Spanish
IHN Monarch Family Success Center	Monday, February 7, 2022	Cumberland	7	Stakeholders and service providers
RAFT School Based Programs (Vineland High School and Wallace Middle School)	Tuesday, February 8, 2022	Cumberland	8	Stakeholders and service providers
Acenda (Glassboro)	Tuesday, February 8, 2022	Gloucester	2	Community members attending programming
United Advocacy Group	Wednesday, February 9, 2022	Cumberland	8	Family Advocates providing services
(Acenda) Penns Grove Family Success Center	Wednesday, February 9, 2022	Salem	6	Community members attending programming
(Acenda) Penns Grove Family Success Center	Thursday, February 10, 2022	Salem	5	Community members attending programming
IHN Monarch Family Success Center (Spanish)	Thursday, February 10, 2022	Cumberland	4	Community members who speak Spanish

Organization	Date	County	Number of Participants	Description of Participants
IMPACT Parents Linking Program	Friday, February 11, 2022	Cumberland	3	Community members attending programming
Acenda (Glassboro)	Saturday, February 12, 2022	Gloucester	1	Community members attending programming
IHN Monarch Family Success Center	Monday, February 14, 2022	Cumberland	6	Community members attending programming
Impact Family Success Center	Tuesday, February 15, 2022	Cumberland	11	Community members attending programming
Acenda (Glassboro)	Wednesday, February 16, 2022	Gloucester	2	Community members attending programming
IMPACT Parents Linking Program (Spanish)	Thursday, February 17, 2022	Cumberland	1	Community members who speak Spanish
IMPACT Parents Linking Program	Friday, February 18, 2022	Cumberland	8	Stakeholders and service providers
Inspira Early Intervention Program (Spanish)	Friday, February 25, 2022	Cumberland	4	Community members who speak Spanish
Inspira Early Intervention Program	Friday, February 25, 2022	Cumberland	9	Stakeholders and service providers
Totals		**19 completed**	**109 participants**	

COMMUNITY SURVEY: OUTREACH AND DISTRIBUTION

To accommodate differences between participants, we used both paper and electronic versions of the survey. The survey and all related promotional materials were available and distributed in both English and Spanish.

We employed several distribution strategies. First, survey links and promotional materials were sent out via email and in-person delivery to various partner organizations. Outreach to these organizations was done through a collaborative effort among WRI, Inspira Health, and the Advisory Board Committee. WRI reached out to its partner network in Gloucester, Salem, and Cumberland counties via email and phone to inform them of the survey and its potential impact on their communities. Inspira Health designated staff liaisons to share the survey link and promotional materials with partner organizations and the offices of their affiliated providers. The Advisory Board Committee shared the link with their community

partners and helped identify avenues to reach out to underrepresented groups such as placing palm cards in centers working with Spanish-speaking individuals and at clinics and medical tents offering the COVID-19 vaccine. Second, both WRI and Inspira shared the survey link on their websites, social media, and respective newsletters multiple times over the course of the data collection period. The survey was promoted also by Inspira Health's President and CEO Amy Mansue in the weekly "A Message to the Community" video updates published through Inspira Health's Facebook page. Third, we worked with Inspira Health's Marketing team to distribute the survey via targeted ads on social media to increase outreach to demographics with lower participation rates at the last CHNA (e.g., individuals who identify as male between the ages of 18-64, participants between the ages of 18-49 of all genders). Lastly, we worked with various partner organizations to distribute paper copies of the survey to better reach populations in which technology may be a barrier, and later arranged for retrieval of the completed surveys either by mail delivery or in-person pick-up.

Due to the anticipated reduced participation of housing-insecure participants in virtual focus groups, the survey was edited to include additional questions around housing, neighborhood connections, child health, and access to health information. Thus, when disseminated, the survey was able to capture additional community opinions on these specific issues. To alleviate participant burden and account for participants' limited time, as noted in the methodology section, the survey was organized to prioritize the main questions that would indicate the strongest health needs as perceived by residents of these counties.

Locations where Inspira Health distributed flyers/palm cards:

Vaccination distribution tents at Vineland and Millville

Vineland, Cumberland County, Salem County Departments of Health

Physician liaisons distributed information across the primary care practices

Information was also shared widely through various listservs, coalitions, and social media

SECTION 6:

COMMUNITY HEALTH NEEDS ASSESSMENT: DISSEMINATION PLAN

This Community Health Needs Assessment report will be made widely available on the Inspira Health website (**https://www.inspirahealthnetwork.org/community-programs/community-health-needs-assessment**). Paper copies of the report will be made available for public inspection upon request and without charge at Inspira Health facilities. Inspira Health will be completing presentations to partner organizations, and the WRI research team is available to answer community questions or create visuals suitable for community needs. Prior Community Health Needs Assessment reports will remain widely available to the public, both on the Inspira Health website and in paper form until Inspira Health has made two subsequent Community Health Needs Assessment reports widely available to the public.

SECTION 7:

COMMUNITY HEALTH NEEDS ASSESSMENT: PRIORITIZATION

This section describes how health needs were prioritized for this assessment. The IRS regulations stipulate that many different methods of prioritization are acceptable; one listed method is the community's perception of need. WRI prioritized needs solely using the community voice, and we used secondary data to frame the needs as assessed by the community. A main source of prioritization was the community response to three questions: health issues facing the community, barriers to care in the community, and resources missing in the community. The software used in qualitative analysis of focus groups and surveys (NVivo) returned major content themes. WRI integrated these themes with data from the community survey. These themes were largely consistent with the survey data. Thus, in this CHNA, the ranking of needs largely follows the community's ranking of issues facing the community, which was consistent with the themes that emerged in the focus groups and interviews. To that end, the five priorities are:

COVID-19

Mental Health

Accessibility, Availability, and Affordability of Care

Access to Children's Healthcare

Food and Diet

SECTION 8:

THEN AND NOW: EVALUATING THE PROGRESS MADE IN ADDRESSING PREVIOUS PRIORITY AREAS

Inspira Health's (Inspira) 2019-2021 Community Health Needs Assessment allowed for community members to identify five priority areas in which to focus efforts to improve health within Cumberland, Gloucester and Salem counties. The priority areas were: 1) Obesity; 2) Substance Abuse; 3) Mental & Behavioral Health; 4) Access to Healthcare; 5) Transportation. This section details the progress made in each of the five priority areas.

OBESITY

In 2019-2021, Inspira continued to strive to reduce adult obesity, reduce risk factors for chronic disease, and improve management of disease conditions through promotion and education of healthy lifestyles. We sought to expand collaboration with community partners to focus efforts on programs for nutrition, weight management, and physical activity.

The Physician Referred Exercise Program (P.R.E.P.) is a three month supervised fitness program at the Inspira Health Fitness Connection. Participants are referred by their doctors and work out in scheduled group sessions with certified Medical Fitness Specialists to help meet their wellness goals. With full access to the gym, P.R.E.P. members can also attend classes (such as yoga or spin) if approved for independent exercise. From 2019 through 2021, over 500 people completed the program.

New Jersey Cancer Education and Early Detection (NJCEED) Program, is a grant that Inspira receives to provide comprehensive cancer outreach education, and free screenings to underserved and uninsured residents who might not otherwise have access to these important diagnostic screenings. Since 2019 nearly 3,000 preventative screenings have been provided including Breast, Cervical, Colorectal, and Prostate Screenings.

Inspira participated in the Mayor's campaigns for healthier Vineland, Millville, and Bridgeton. In collaboration with Inspira, the local federally qualified healthcare center, CompleteCare Health Network and other partners co-hosted community health fairs, facilitated community outreach events, and connected residents to the appropriate healthcare and social service providers to encourage enrollment in affordable healthcare programs. This initiative aimed to improve healthcare for Vineland, Millville, and Bridgeton residents by making resources available through increased awareness and access.

In 2019, STEPS for Kids was developed through a collaboration between Inspira, The Robert Wood Johnson Foundation and Cumberland/Cape/Atlantic YMCA to reduce childhood obesity in Vineland and Bridgeton schools. School nurses identified Students aged 8-12 years old with a Body Mass Index at or above the 85th percentile. Those students identified as being at risk for obesity and their parents attended a 12-week interactive bilingual program that focused on balanced meal plans and simple exercise techniques to help families achieve healthier lifestyles.

In 2021, with the launch of the Healthy Habits program, Inspira registered dieticians brought key health and nutrition information to school students across South Jersey. We partnered with local school districts at no cost to conduct in-school or virtual sessions catering to various age groups.

To offer easier access to healthy food, Inspira partnered with the Community Food Bank of New Jersey and the Food Bank of South Jersey to provide school-based food pantries in Millville, Woodbury, and Vineland. In three years, the pantries have provided about 412,000 pounds of food to over 32,000 people.

In 2020, Inspira reinvigorated its Food Farmacy program. Food Farmacies are resources for patients who face food insecurity, meaning their food intake is negatively impacted by lack of money or other resources. At the Food Farmacies, patients meet with a registered dietician and receive nutritious food that is appropriate for any medical conditions they may have. The program includes regularly scheduled meetings with a dietitian to help develop healthy eating habits. The goal of the Food Farmacy program is to help patients lead healthier lives and to reduce emergency medical care.

SUBSTANCE ABUSE

Inspira's goal is to reduce substance abuse to protect health, safety, and quality of life for all, especially children and increase awareness and identification of substance abuse disorders.

The Smoking and Tobacco Quit Center has certified Tobacco Treatment Specialists who offer a free smoking cessation assessment by phone to individuals from Cumberland, Salem and Gloucester counties. Eligible patients can have free nicotine replacement patches and gum or lozenges shipped directly to their homes. Six week quit groups are also offered. Since 2019 the Quit Center has fielded over 300 referrals.

Narcan is a lifesaving drug that can reverse the effects of opioid overdose, typically carried by first responders and now distributed widely throughout communities to use in emergency situations. Since 2019, over 1,700 doses of naloxone and nasal atomizers have been distributed.

To prevent the misuse and abuse of prescription drugs, Inspira has partnered with The Southwest Council and other community organizations to provide the Deterra Drug Deactivation System free of charge. Deterra is a method for safe at-home medication disposal, which can reduce environmental impacts and prevent drug addiction by deactivating unused prescription drugs. Since 2019, over 5,600 Deterra pouches have been distributed.

MENTAL HEALTH

Inspira's goals are to improve mental health through prevention and by ensuring access to appropriate, quality mental health services, identify people with mental health conditions as early as possible in order to initiate treatment, and create a range of treatment options that provide optimal setting for patient care.

Inspira Behavioral Health participated in both the Gloucester County Inter-Agency Coordinating Council (CIACC) and Tri-County CIACC. The CIACC Group is made up of a variety of agencies and community members from Gloucester, Salem, and Cumberland Counties who meet regularly to coordinate services, communicate regarding changes in the behavioral health services in the counties, and advocate for patient rights and services.

Following the first COVID surge in the summer of 2020, the Behavioral Health and Emergency Department volumes rose dramatically. At a time when many services closed, Inspira Behavioral Health programming remained open. To maximize limited resources safely, Inspira created the Behavioral Health Addiction and Response Team (BART). A focus on virtual assessments provided protection from COVID-19, while expediting patient engagement, assessment and placement. BART aligned existing case management and peer support resources to assist our 5 Inspira Emergency Departments. The BART mission is to access and place Inspira's Behavioral Health, Emergency Department, and medical

floor patients to the appropriate Behavioral Health or Substance Use Disorder (SUD) services. The virtual component allows case managers to visit patients and interact with clinicians quickly and safely.

ACCESS TO HEALTHCARE AND TRANSPORTATION

Access to medical care is essential, especially for patients who require critical or specialty services, such as dialysis. In addition to transporting patients from the field to the Emergency Department (ED), they also provide interfacility transfers and safe, non-emergency transport.

In 2019, the Inspira Medical Center Mullica Hill opened. Inspira Medical Center Mullica Hill offers 210 private patient rooms, all of which include ultramodern smart room technology designed to enhance safety and the patient experience. The maternity unit includes home-like birthing suites that provide a comforting environment for expecting parents to welcome their newborns. A pediatric emergency department with an adjacent inpatient unit is available to accommodate children and families. For patients seeking the latest cancer treatment, the Mullica Hill campus offers comprehensive oncology services all under one roof. A bus stop was added to NJ Transit's 412 Bus Route to enhance access to this new facility.

SOCIAL DETERMINANTS OF HEALTH

In the 2019-2021 CHNA, the most striking finding is the broad theme that the community's definition of health extends far beyond access to health providers and clinical health care to include the upstream determinants of health in their communities. These upstream determinants include things such as easy and affordable access to healthy food, safety, transportation, and time constraints. These perceptions are consistent with current research in population health, which suggests that targeted interventions in these upstream determinants could provide cost-savings and improvements in health that are much larger than even the best improvements in the efficiency and delivery of direct clinical care.

Since 2017, Inspira has donated a total of more than $200,000 to the Cumberland County Housing First Collaborative, demonstrating its commitment to addressing chronic homelessness which is a significant social determinant of health. The housing first model places people in their own dwelling first, while simultaneously making sure that all needed medical, behavioral health, and social services are being provided.

COVID-19 RESPONSE

2020 was an unprecedented year, as Inspira Health's President and CEO Amy Mansue said, "There wasn't a playbook for health care's response to COVID-19. In spite of its challenges, this experience also brought all of us at Inspira together as we fought this virus with everything we had—at the bedside and in our community".

To date, they have provided over 144,000 COVID-19 vaccines to people at the vaccination distribution sites on the medical center campuses in Vineland and Mullica Hill, mobile clinics, schools, businesses, churches, and in people's homes.

Inspira offered guidance to schools and communities via virtual Town Halls. They also provided personal protective equipment to locations throughout Gloucester, Salem, and Cumberland Counties including 72,000 K95 masks.

When the national shortage of alcohol-based hand sanitizer occurred, Inspira pharmacy leaders responded by acquiring FDA's temporary approval for compounding pharmacies to produce what Inspira needed. The team produced over 438 gallons, as well as the production of over 250 alcohol sanitizer wipe containers.

SECTION 9:

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1 Please note that on June 18, 2021 there was an Erratum published that stated the following: In the report "**Provisional Mortality Data — United States, 2020**," on page 520, the last sentence in the "What is added by this report?" paragraph of the Summary box should have read, "COVID-19 was the third leading cause of death, and the COVID-19 death rate was highest among **non-Hispanic American Indian or Alaska Native persons.**"The citation for this Erratum is *Erratum*: Vol. 70, No. 14. MMWR Morb Mortal Wkly Rep 2021;70:900. DOI: **http://dx.doi.org/10.15585/mmwr.mm7024a4**

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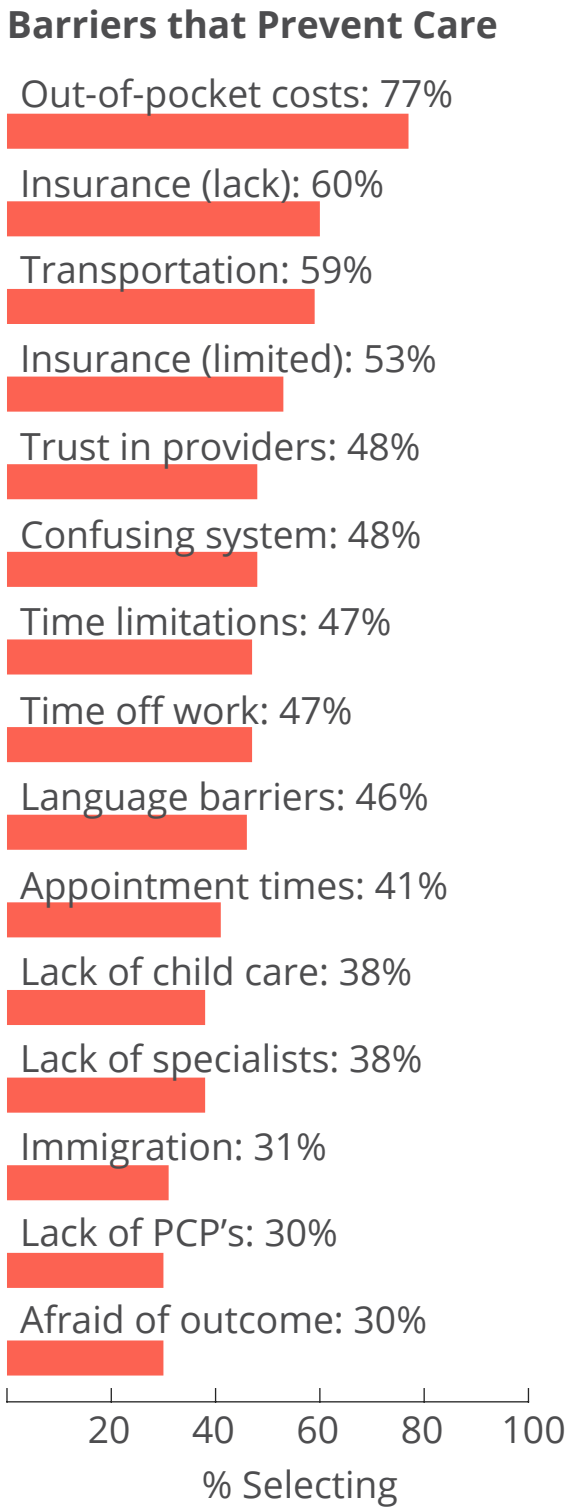
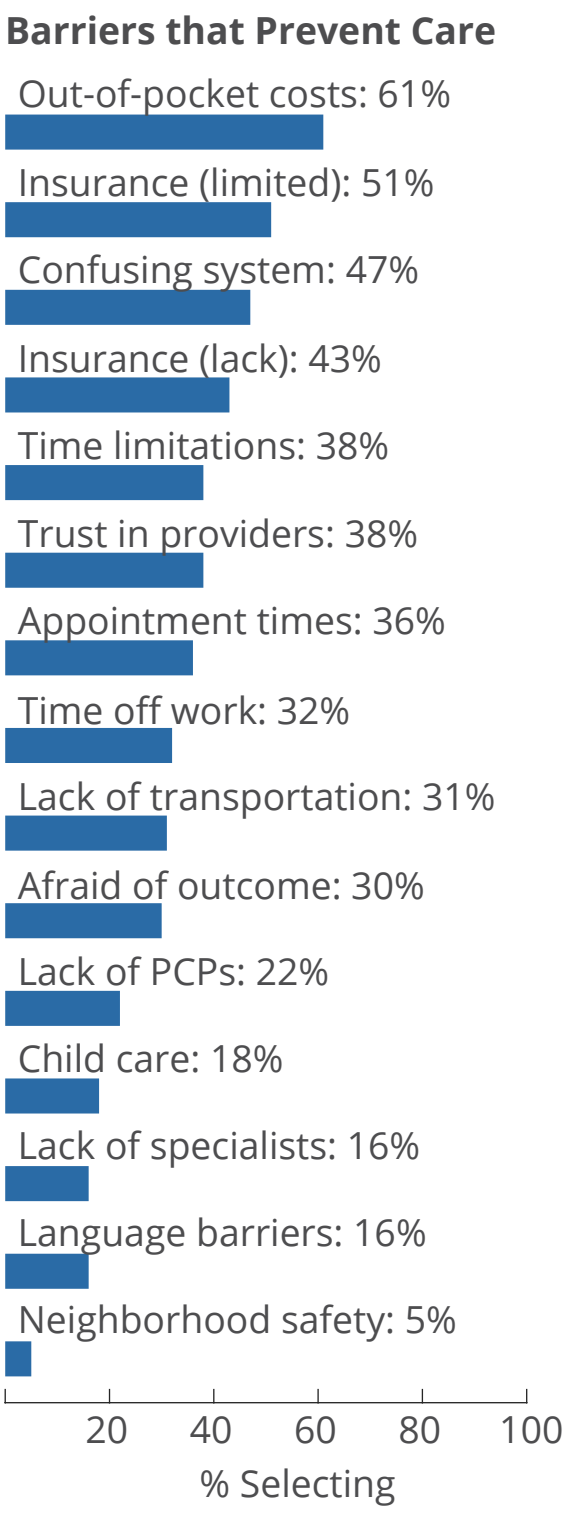
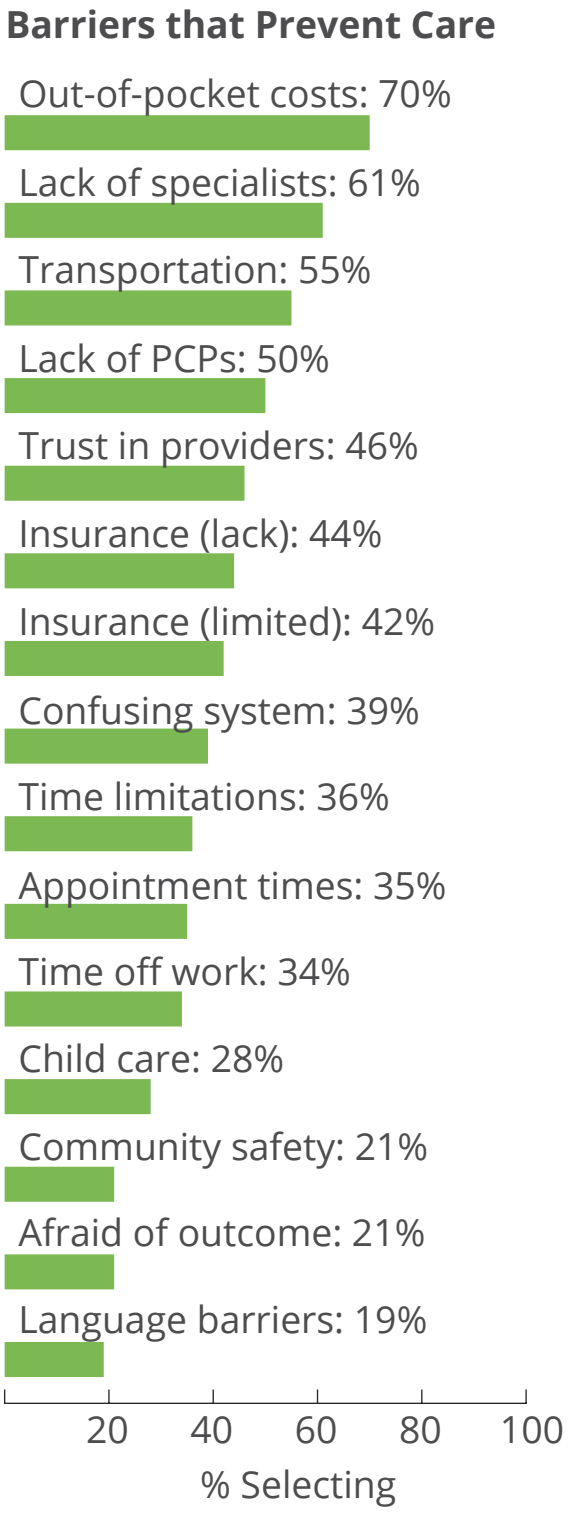
APPENDIX A

BARRIERS THAT PREVENT CARE




Barriers that Prevent Care
Out-of-pocket costs: 61%
Insurance (limited): 51%
Confusing system: 47%
Insurance (lack): 43%
Time limitations: 38%
Trust in providers: 38%
Appointment times: 36%
Time off work: 32%
Lack of transportation: 31%
Afraid of outcome: 30%
Lack of PCPs: 22%
Child care: 18%
Lack of specialists: 16%
Language barriers: 16%
Neighborhood safety: 5%
20
40
60
80
100
% Selecting


Barriers that Prevent Care
Out-of-pocket costs: 70%
Lack of specialists: 61%
Transportation: 55%
Lack of PCPs: 50%
Trust in providers: 46%
Insurance (lack): 44%
Insurance (limited): 42%
Confusing system: 39%
Time limitations: 36%
Appointment times: 35%
Time off work: 34%
Child care: 28%
Community safety: 21%
Afraid of outcome: 21%
Language barriers: 19%
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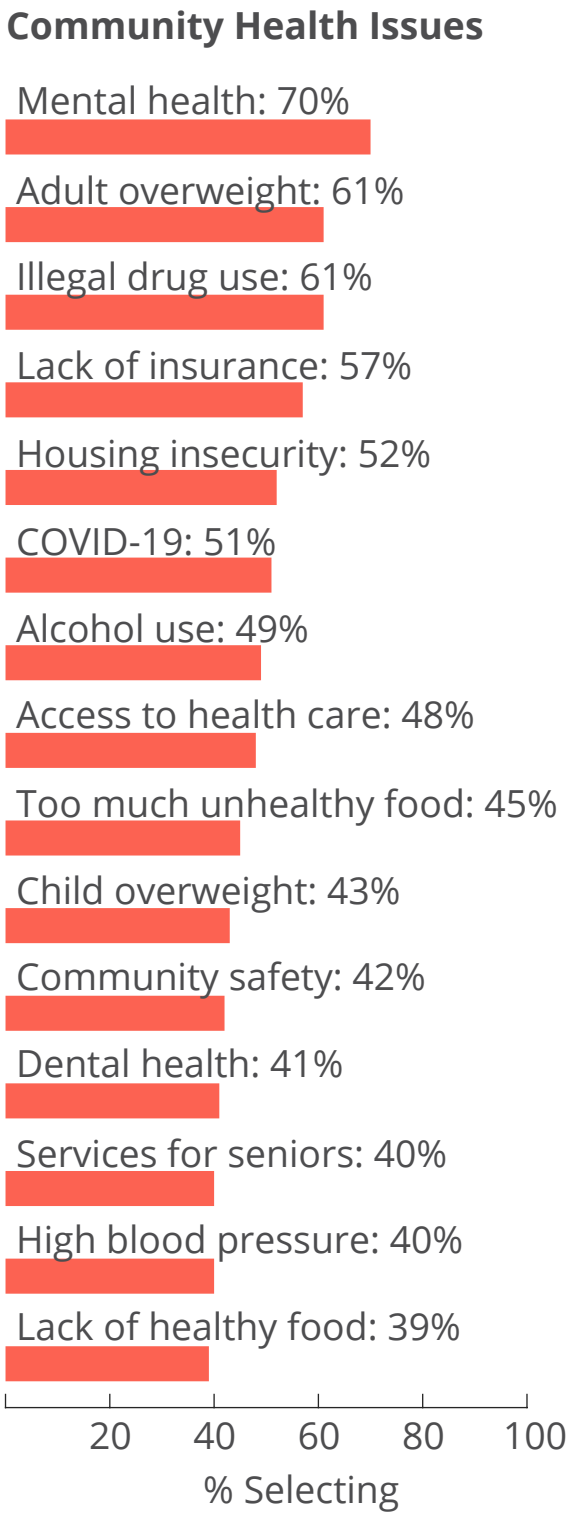
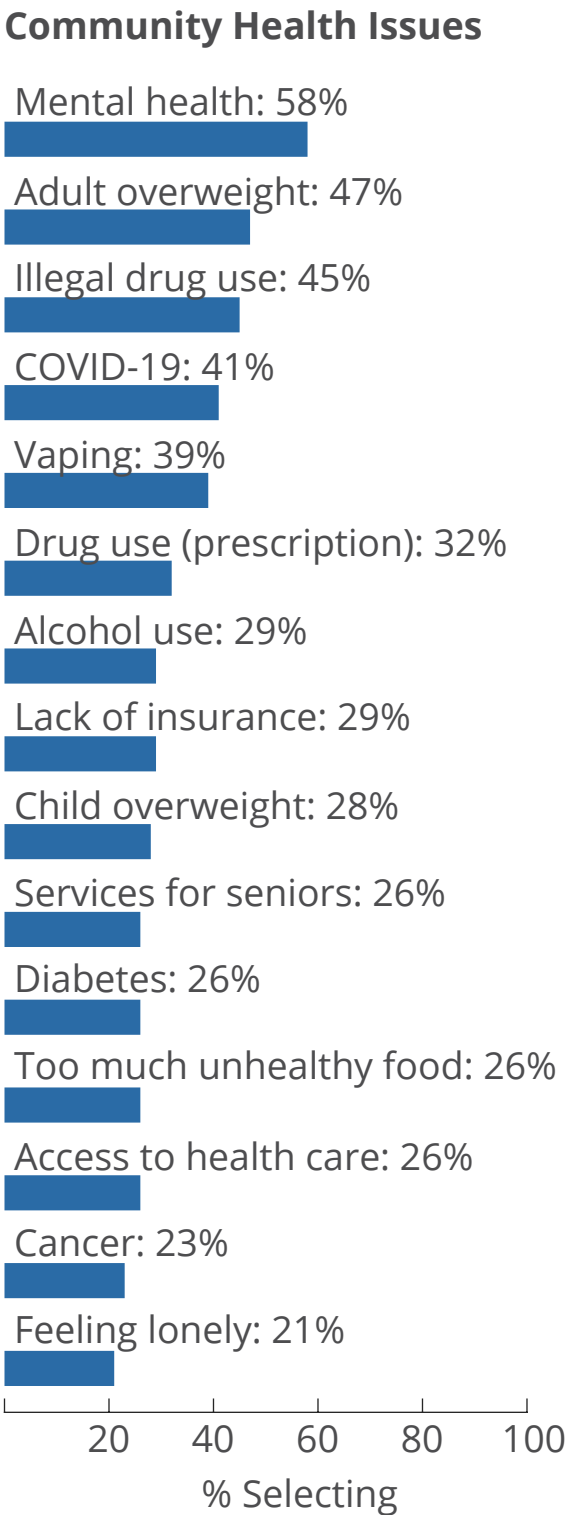
APPENDIX B

COMMUNITY HEALTH ISSUES




Community Health Issues
Mental health: 58%
Adult overweight: 47%
Illegal drug use: 45%
COVID-19: 41%
Vaping: 39%
Drug use (prescription): 32%
Alcohol use: 29%
Lack of insurance: 29%
Child overweight: 28%
Services for seniors: 26%
Diabetes: 26%
Too much unhealthy food: 26%
Access to health care: 26%
Cancer: 23%
Feeling lonely: 21%
20
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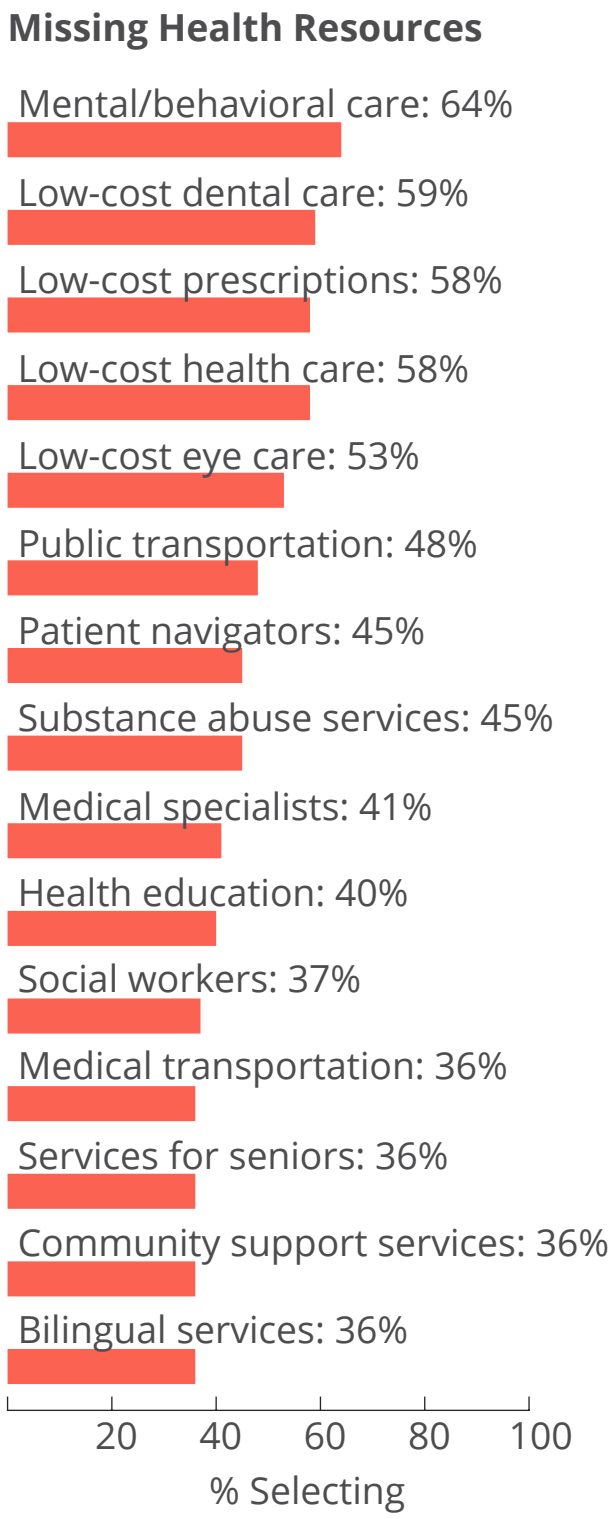
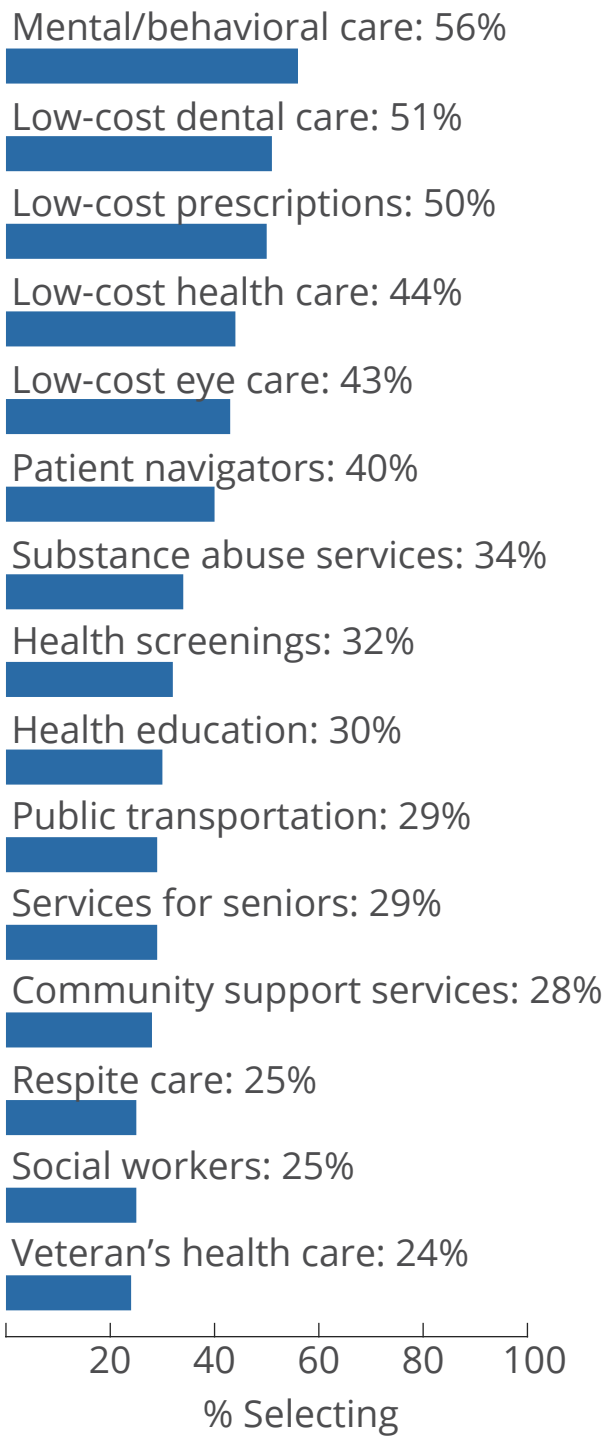
Community Health Issues

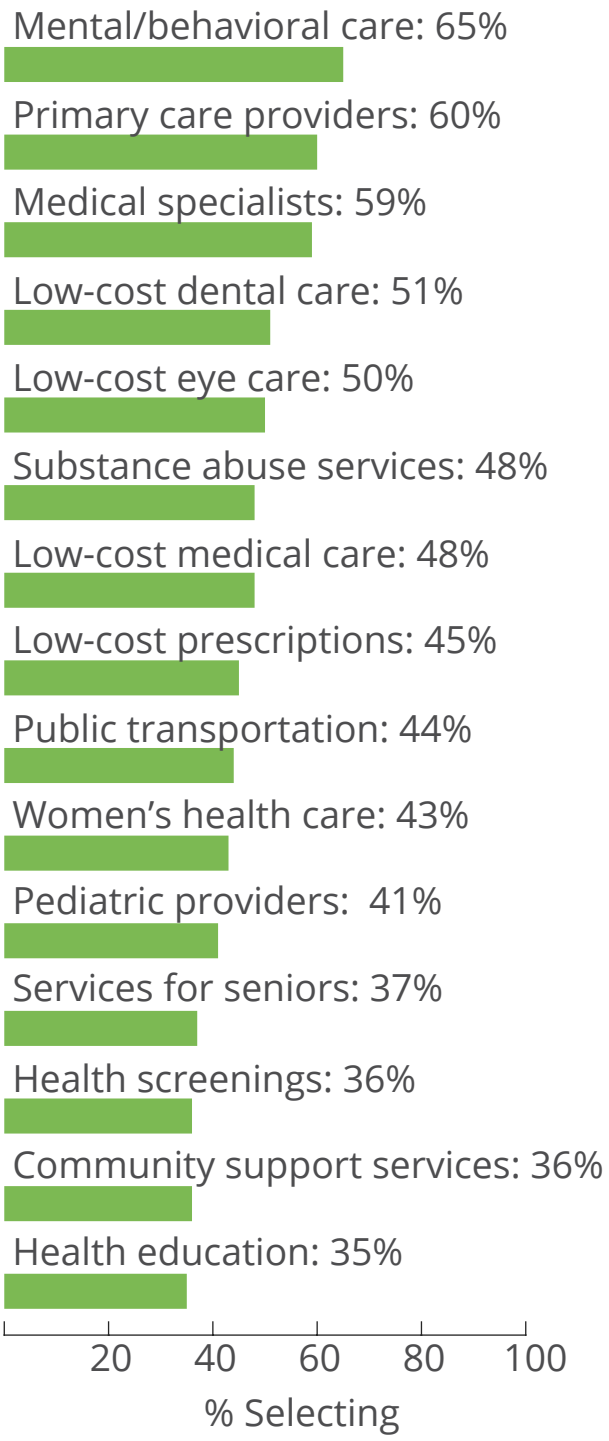
APPENDIX C
MISSING HEALTH RESOURCES



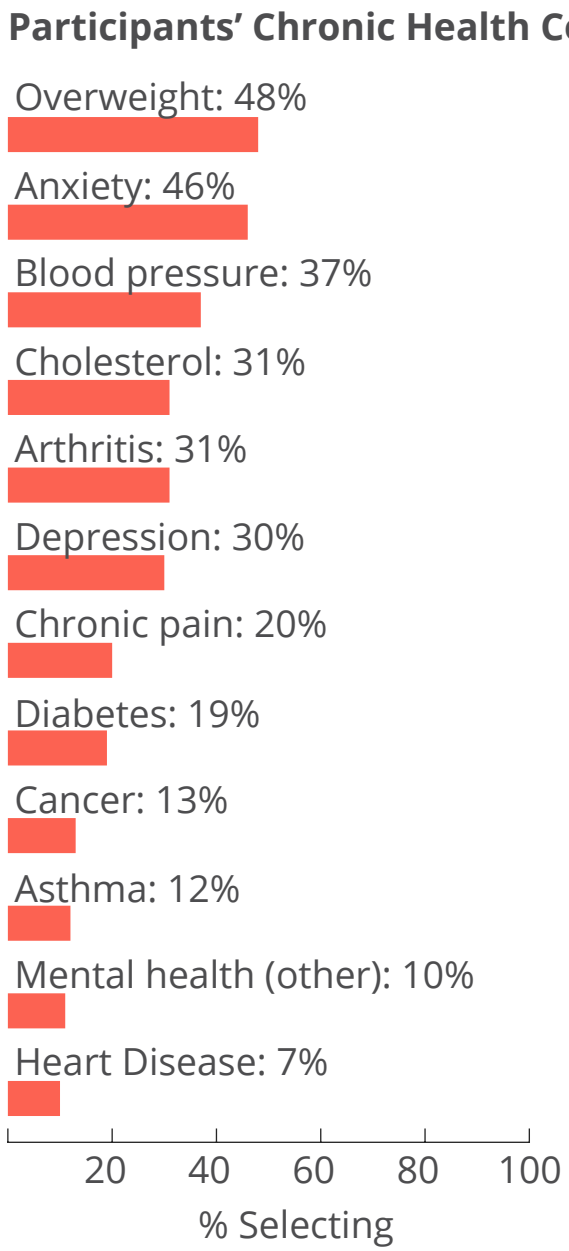
Missing Health Resources



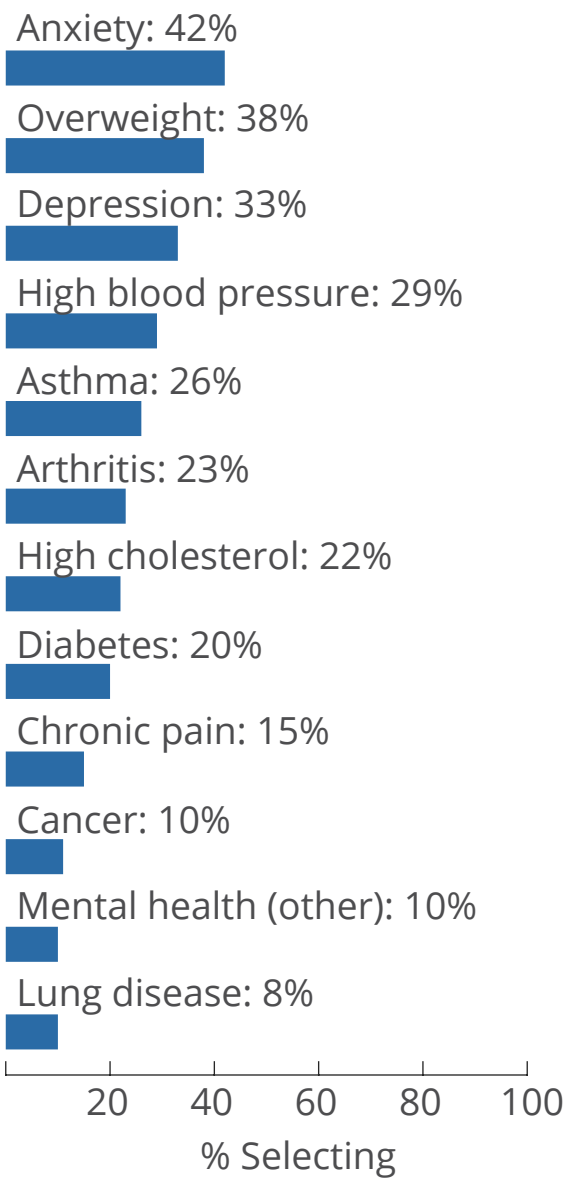
Missing Health Resources



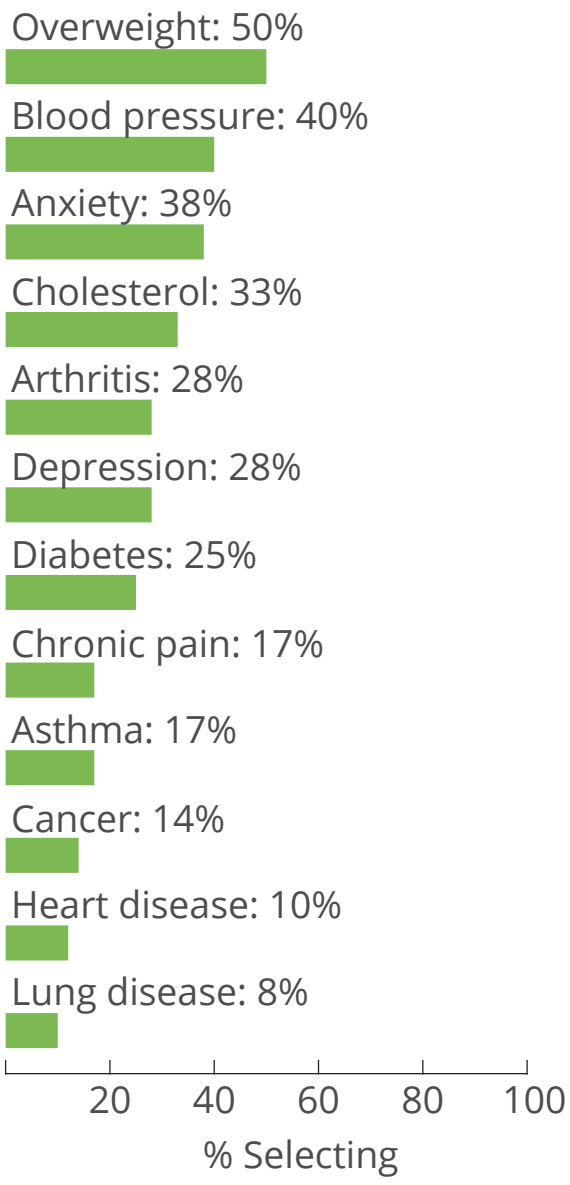
APPENDIX D
PARTICIPANTS CHRONIC HEALTH CONDITIONS



Participants' Chronic Health Conditions



Participants' Chronic Health Conditions



APPENDIX E - H

FOCUS GROUP GUIDE AND CONSENT FORM

CONSENT TO TAKE PART IN ANONYMOUS RESEARCH (FOCUS GROUP)

Title of Study: Community Health Needs Assessment for Inspira Health
Principal Investigator: Kristin Curtis, M.A.

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. Your alternative to taking part in the research is not to take part in it.

Who is conducting the study and what is it about?
You are invited to take part in a research study that is being conducted by Kristin Curtis, MA, who is the Assistant Director of the Senator Walter Rand Institute for Public Affairs at Rutgers University. The purpose of this research is to obtain valuable perspectives of residents in and key members of the service delivery community within Inspira Health's service area about health-related needs, health practices, health care access, as well as community strengths, weaknesses, barriers, and areas for improvement.

Kristin Curtis may be reached at 856-225-6236 or at the Senator Walter Rand Institute for Public Affairs 411 Cooper Street Camden, NJ.

What will I be asked to do if I take part in the study?
Your participation will involve taking part in a focus group conducted by a member of the designated research team, assisted by notetakers from the research team. The focus group will take no more than 90 minutes. Questions will focus on your experience working with the health care system and with residents in the Inspira Health service area.

What are the risks of harm or discomforts I might experience if I take part in the study?
If you participate in the focus group, there are minimal risks in that participating in the focus group raises the risk that someone else in the group might reveal something you say in the discussion that you did not want them to tell anyone. Also, someone participating in the focus group may reveal that you took part in the discussion even though you did not want to tell anyone. To minimize this risk, at the beginning of the focus group we will emphasize the importance of keeping the participants and discussion confidential. You may also use a pseudonym (fake name) during the discussion. It is possible, but unlikely, that some of the topics discussed might upset you or someone else in the group. If that happens, you can leave if you prefer not to stay. However, your contribution will help produce valuable information about how to improve health care services in Cumberland, Gloucester, and Salem counties.

Are there any benefits to me if I choose to take part in this study?
The benefits of taking part in this study may be that your responses will guide actions that may benefit your county and your contribution will help produce valuable information about how to improve health care services in Cumberland, Gloucester, and Salem counties. However, it is possible that you may receive no direct benefit from taking part in this study.

Will I be paid to take part in this study?
You will not be paid to take part in this study.

How will information about me be kept private or confidential?
All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed.

- We will not collect any information that can identify you or other subjects. Interview notes will be stored in a locked cabinet controlled by the investigator. Responses may be converted to digital format and stored on a password-protected computer that can only be accessed by the study team. Paper copies will then be destroyed. We plan to delete the data in three years.

No information that can identify you will appear in any professional presentation or publication.

What will happen to information I provide in the research after the study is over?
After the study is over the information may be used by or distributed to investigators for other research without obtaining additional permission from you.

The research team and the Institutional Review Board at Rutgers University are the only parties that may see the data, except as may be required by law. If the findings of this research are professionally presented or published, only group results will be stated.

What will happen if I do not wish to take part in the study or I later decide not to stay in the study?
It is your choice whether you take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. In addition, you can choose to skip questions that you are not comfortable answering. If you do not want to enter the study or decide to stop taking part, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled. Please note, however, that once you have submitted your responses, you may no longer withdraw them as we will not know which ones yours are.

If you have questions about taking part in this study, you can contact the Principal Investigator: Kristin Curtis, MA, Senator Walter Rand Institute for Public Affairs at 856-225-6236 or **krcurtis@camden.rutgers.edu.**

If you have questions about your rights as a research subject, you can contact the IRB Director at:
Arts and Sciences IRB (732) 235-2866 or the Rutgers Human Subjects Protection Program at (973) 972-1149 or email us at humansubjects@ored.rutgers.edu.

[For IN-PERSON Studies:]
We will provide you a copy of this consent form for your records.

By beginning this research, I acknowledge that I am 18 years of age or older and have read and understand the information. I agree to take part in the research, with the knowledge that I am free to withdraw my participation in the research without penalty.

[For ONLINE Studies:]
Please print a copy of this consent form for your records.

If you are 18 years of age or older, understand the statements above, and consent to take part in the study, click on the "I Agree" button to begin the research. If not, please click on the "I Do Not Agree" button which will exit you from this screen/program.

I Agree | I Do Not Agree

FOCUS GROUP GUIDE: COMMUNITY MEMBERS

(ENGLISH)

PRELIMINARIES FOR GROUP (INSTRUCTIONS FOR WRI RESEARCH TEAM MEMBERS (Virtual Protocol)

1. Prior to the start of the focus group, we will ensure that each participant signed the consent form via Qualtrics.

If yes, move onto next step.

If no, please pause and secure their email address and ask them to read it and "sign" it.
Remind them in a nutshell that their participation in this session is voluntary and confidential. Your name will not appear on any report and nothing you say today will be connected with you in our notes.

Focus Group Consent Form
https://rutgers.ca1.qualtrics.com/jfe/form/SV_aaA5AicuGDC8zfE

2. The focus group will begin with some preliminary remarks, thanking the participants for their participation. The purpose of the focus group is to obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, other key health issues, and health education and communication, as well as the barriers residents confront in obtaining care. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the focus group has the potential to reveal usable information for improving the health care system for residents in the Cumberland, Salem, and Gloucester counties. We will also remind the participants that this is to be an informal discussion that we will be guiding by asking questions. We will also tell them that they should feel free to volunteer information if there is something they believe is important that does not come up as a result of the questions we ask.

3. We will explain that we cannot prevent participants from telling people outside the group after its conclusion what was discussed in the group, but that we would like people to respect each other's privacy and not reveal things that others said. We will also explain that participants should be mindful that others might repeat what they say when they speak in the group.

4. Basic Ground Rules: Thanks and now we are ready to begin. First, I want to take a second and just go over some basic ground rules. We want to hear from all of you, so please do not be afraid to share your opinions and thoughts. But at the same time, please respect the other participants in the group. Please do not cut others off or talk over them. Most importantly, the topics discussed in this focus group should not be discussed outside of this virtual call. Please respect each other's point of view.

(Note to focus group facilitator: If you have not this done yet, before you ask the first question, please ask each of the participants to introduce themselves by the name they wish to be referred.)

FOCUS GROUP QUESTIONS

Icebreaker: Please share with us what does the term "healthy community," mean to you? In other words, what do you think makes the community a healthy place to live?

1) Let's start with the positives. What does this community have "going for it" with regard to meeting the healthcare needs of its residents?

2) In your opinion, tell us what you think are the most significant problems related to health in your community?

    a. Do you think that any one type of population is affected by the issue? (e.g., ages, race, and gender)
    b. How do these problems stand in the way of people staying healthy, getting healthy, or managing ongoing health conditions?

3) What gaps in services or resources are there relating to health?

    a. When identifying a gap, please also suggest what could fill this gap;-services, resources, education, better food, transportation? Are there other health related resources needed to help people in this area?
        i. Examples:
            - Services, support or information to manage a chronic condition or change health behaviors such as smoking, eating habits, diabetes, physical activity, or substance use?
            - Preventive services such as flu shots or immunizations?
            - Specialty healthcare services or providers?

4) Now, let's shift gears slightly and discuss the COVID-19 Pandemic. Could you talk about the impacts that this pandemic has had on your county/community?
    a. What do you think could be the impacts that will be felt the most by the community/county?

5) As the county plans for and starts to recover from the pandemic, what are the top 3-5 challenges facing the community on the **road to recovery** from the pandemic?
    a. What do you feel are the top 3-5 priorities for the community on the **road to recovery** from the pandemic?
6) Is there anything else that you would like to share with us that we have not talked about?

Thank you for your time! The information you shared will be valuable as we continue with the CHNA. Take care and enjoy the rest of your day.

CONSENTIMIENTO PARA PARTICIPAR EN UN ESTUDIO ANÓNIMO (GRUPO DE DISCUSIÓN)

Título del Estudio: Evaluación de las Necesidades de Salud Comunitarias para Inspira Health
Investigador Principal: Kristin Curtis, M.A.

Este formulario es parte del proceso de consentimiento informado para un estudio. Aquí le daremos información que le ayudará a decidir si desea participar en el estudio. No tiene ninguna obligación de participar en el estudio si no lo desea.

¿Quién conduce el estudio y de qué se trata?
Se le invita a participar en un estudio dirigido por Kristin Curtis, M.A., quien es la Directora Asistente del Senator Walter Rand Institute for Public Affairs en la Universidad de Rutgers-Camden. El propósito de este estudio es el de obtener las valiosas perspectivas de los residentes y miembros claves de la comunidad en la red de servicio de Inspira Health en lo que tiene que ver con la salud, las prácticas de salud, el acceso a la atención médica, así como también las ventajas, debilidades, barreras y áreas de mejoramiento de la comunidad.

Kristin Curtis puede ser contactada al 856-225-6236 o en el Senator Walter Rand Institute for Public Affairs localizado en la 411 Cooper Street, Camden, NJ, 08102.

¿Qué me pedirán que haga si participó en el estudio?
Su participación consistirá en formar parte de un grupo de discusión dirigido por un miembro de nuestro equipo, con la ayuda de otros miembros que tomarán notas. Los grupos de discusión no durarán más de 90 minutos. Las preguntas serán sobre su experiencia con el sistema de atención médica y con los residentes en el área de servicio de la red de Inspira Health.

¿Qué riesgos de daño o molestias puedo experimentar si participo en el estudio?
Si participa en el grupo de discusión, los riesgos son mínimos, ya que al participar en el grupo de discusión se corre el riesgo de que otra persona del grupo revele algo que usted dijo en la discusión y que no quería que otros supieran. Además, alguien que participe en el grupo de discusión puede revelar que usted participó en la discusión aunque no quisiera decírselo a nadie. Para minimizar este riesgo, al principio del grupo de discusión haremos énfasis en la importancia de mantener la confidencialidad de los participantes y de la discusión. También puede utilizar un seudónimo (nombre falso) durante la discusión. Es posible, aunque poco probable, que algunos de los temas de discusión le molesten a usted o a otra persona del grupo. Si eso ocurre, puede retirarse si prefiere no quedarse. Sin embargo, su contribución ayudará a producir información valiosa sobre cómo mejorar los servicios de atención médica en los condados de Cumberland, Gloucester y Salem.

¿Hay algún beneficio para mí si decido participar en este estudio?
Los beneficios de participar en este estudio pueden ser que sus respuestas guiarán decisiones que podrían beneficiar a su condado, y su contribución ayudará a producir información valiosa sobre cómo mejorar los servicios de atención médica en los condados de Cumberland, Gloucester y Salem. Sin embargo, es posible que no reciba ningún beneficio directo por participar en este estudio.

¿Me pagarán por participar en este estudio?
No se le pagará por participar en este estudio.

¿Cómo se mantendrá mi privacidad o la confidencialidad de mi información?
Haremos todo lo posible para mantener sus respuestas confidenciales, pero se puede garantizar una confidencialidad completa.

- No recogeremos ninguna información que pueda identificar su identidad o la de otros participantes. Las notas de la entrevista serán guardadas en un archivo bajo llave con acceso solo del equipo del estudio. Las notas serán convertidas a un formato digital y guardadas en una computadora con contraseña a la cual solo el equipo del estudio puede entrar. Las copias en papel serán destruidas. Planeamos destruir la data dentro de tres años.

Ninguna información que pueda identificarle aparecerá en ninguna presentación o publicación profesional.

¿Qué ocurrirá con la información que salga de este estudio una vez finalizado?

Al finalizar el estudio, la información podrá ser utilizada o distribuida a los investigadores para otras investigaciones sin necesidad de obtener un permiso adicional de usted.

El equipo de investigación y la Junta Institucional de Revisión (IRB) de la Universidad de Rutgers son las únicas partes que pueden ver los datos, excepto en los casos en que lo exija la ley. Si los resultados de esta investigación se presentan o publican profesionalmente, sólo se indicarán los resultados del grupo.

¿Qué ocurrirá si no deseo participar en el estudio o si me quiero retirar?

Usted decide si participa en la investigación. Puede elegir participar, no participar, o cambiar de opinión y retirarse del estudio en cualquier momento. Además, puede optar por no responder a las preguntas si se siente incómodo. Si no quiere participar en el estudio o decide dejar de hacerlo, su relación con el equipo del estudio no cambiará, y podrá hacerlo sin penalización y sin perder los beneficios a los que tenga derecho. Sin embargo, tenga en cuenta que, una vez que haya enviado sus respuestas, ya no podrá retirarlas, ya que no sabremos cuáles son las suyas.

Si tiene preguntas sobre la participación en este estudio, puede ponerse en contacto con la investigadora principal Kristin Curtis, MA, Senator Walter Rand Institute for Public Affairs, al 856-225-6236 o a krcurtis@camden.rutgers.edu.

Si tiene preguntas sobre sus derechos como participante en la investigación, puede ponerse en contacto con el Director del IRB en Arts and Sciences IRB (732) 235-2866 o el Programa de Protección de Sujetos Humanos de Rutgers al (973) 972-1149 o enviarnos un correo electrónico a humansubjects@ored.rutgers.edu.

[Para los estudios EN PERSONA].

Le entregaremos una copia de este formulario de consentimiento para sus archivos.

Al comenzar esta investigación, reconozco que tengo 18 años o más y que he leído y comprendido la información. Estoy de acuerdo en participar en la investigación, con el conocimiento de que soy libre de retirar mi participación del estudio sin penalización.

[Para los estudios en LÍNEA:]

Por favor, imprima una copia de este formulario de consentimiento para sus archivos.

Si tiene 18 años o más, entiende las declaraciones anteriores y acepta participar en el estudio, presione el botón “Acepto” para comenzar la investigación. En caso contrario, presione el botón “ NO ESTOY DE ACUERDO” para salir de esta pantalla/programa.

I Agree
I Do Not Agree

FOCUS GROUP GUIDE: COMMUNITY MEMBERS
(Spanish)

PRELIMINARIES FOR GROUP (INSTRUCTIONS FOR WRI RESEARCH TEAM MEMBERS (Virtual Protocol)

1. Prior to the start of the focus group, we will ensure that each participant signed the consent form via Qualtrics.

If yes, move on to next step.

If no, please pause and secure their email address and ask them to read it and "sign" it.
Remind them in a nutshell that their participation in this session is voluntary and confidential. Your name will not appear on any report and nothing you say today will be connected with you in our notes. ("Su participación es voluntaria y confidencial. Su nombre no aparecerá en ningún reporte y nada de lo que diga hoy será relacionado a usted en nuestras notas.")
Focus Group Consent Form
https://rutgers.ca1.qualtrics.com/jfe/form/SV_aaA5AicuGDC8zfE

2. The focus group will begin with some preliminary remarks, thanking the participants for their participation. The purpose of the focus group is to obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, other key health issues, and health education and communication, as well as the barriers residents confront in obtaining care. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the focus group has the potential to reveal usable information for improving the health care system for residents in the Cumberland, Salem, and Gloucester counties. We will also remind the participants that this is to be an informal discussion that we will be guiding by asking questions. We will also tell them that they should feel free to volunteer information if there is something they believe is important that does not come up as a result of the questions we ask.

3. We will explain that we cannot prevent participants from telling people outside the group after its conclusion what was discussed in the group, but that we would like people to respect each other's privacy and not reveal things that others said. We will also explain that participants should be mindful that others might repeat what they say when they speak in the group.

4. Basic Ground Rules: Thanks and now we are ready to begin. First, I want to take a second and just go over some basic ground rules. We want to hear from all of you, so please do not be afraid to share your opinions and thoughts. But at the same time, please respect the other participants in the group. Please do not cut others off or talk over them. Most importantly, the topics discussed in this focus group should not be discussed outside of this virtual call. Please respect each other's point of view.

(Note to focus group facilitator: If you have not this done yet, before you ask the first question, please ask each of the participants to introduce themselves by the name they wish to be referred.)

Focus Group Questions (Spanish)

Icebreaker: Por favor díganos ¿qué entiende usted por una "comunidad saludable"? En otras palabras, ¿qué tipo de cosas hacen que la comunidad sea un lugar saludable para vivir?

1) Empecemos por lo positivo. ¿De qué manera esta comunidad cumple con las necesidades de salud de sus residentes?

2) En su opinión, díganos ¿cuáles cree que sean los problemas más importantes en cuanto a la salud de su comunidad?

    a. ¿Cree que haya un grupo en particular que se vea afectado por estos problemas? (por ejemplo, basado en edad, raza, género)
    b. ¿Cómo es que estos problemas no dejan que las personas se mantengan saludables, se vuelvan saludables, o que mantengan sus condiciones médicas bajo control?

3) ¿Qué le hace falta a los servicios de salud?
    a. Cuando identifique un área que haga falta, por favor también sugiera lo que se podría hacer para llenar este espacio: servicios, recursos, educación, mejor comida, transportación? Hay otros recursos relacionados a la salud que se necesiten para ayudar a otras personas en esta área?
        i. Ejemplos:
            - Servicios, información, o apoyo para controla una condición crónica o cambiar ciertos comportamientos de salud como el fumar, ábitos alimenticios, actividad física, o uso de sustancias?
            - Servicios de prevención como vacunas contra la gripe o immunizaciones?
            - Servicios o proveedores de salud especializados?

4) Ahora, vamos a enfocarnos en la pandemia de COVID-19. Nos puede hablar del impacto que esta pandemia ha tenido en su comunidad/condado?
    a. Cuáles cree que sean las consecuencias que más se sentirán en su comunidad/condado?

5) A medida que el condado planifica y se empieza a recuperar de la pandemia, cuáles son los 3-5 desafíos principales que afectan a su comunidad en este proceso?
    a. Cuáles son las 3-5 prioridades mayores en su comunidad durante el proceso de recuperación de la pandemia?

6) Hay algo más que quiera conversarnos que no hayamos mencionado?

Gracias por su tiempo! La información que ah compartido será valiosa mientras continuamos con CHNA. Cuídese y que disfrute el resto de su día.

APPENDIX I - J
STAKEHOLDER INTERVIEWS

CONSENT TO TAKE PART IN ANONYMOUS RESEARCH (INTERVIEW)

Title of Study: Community Health Needs Assessment for Inspira Health
Principal Investigator: Kristin Curtis, M.A.

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. Your alternative to taking part in the research is not to take part in it.

Who is conducting the study and what is it about?
You are invited to take part in a research study that is being conducted by Kristin Curtis, MA, who is the Assistant Director of the Senator Walter Rand Institute for Public Affairs at Rutgers University. The purpose of this research is to obtain valuable perspectives of residents in and key members of the service delivery community within Inspira Health's service area about health-related needs, health practices, health care access, as well as community strengths, weaknesses, barriers, and areas for improvement.

Kristin Curtis may be reached at 856-225-6236 or at the Senator Walter Rand Institute for Public Affairs 411 Cooper Street Camden, NJ.

What will I be asked to do if I take part in the study?
Your participation will involve taking part in an interview conducted by a member of the designated research team, assisted by notetakers from the research team. The interview will take no more than 90 minutes. Questions will focus on your experience working with the health care system and with residents in the Inspira Health service area.

What are the risks of harm or discomforts I might experience if I take part in the study?
There are no foreseeable risks to participation in the interview.

Are there any benefits to me if I choose to take part in this study?
The benefits of taking part in this study may be that your responses will guide actions that may benefit your county and your contribution will help produce valuable information about how to improve health care services in Cumberland, Gloucester, and Salem counties. However, it is possible that you may receive no direct benefit from taking part in this study.

Will I be paid to take part in this study?
You will not be paid to take part in this study.

How will information about me be kept private or confidential?
All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed.

- We will not collect any information that can identify you or other subjects. Interview notes will

be stored in a locked cabinet controlled by the investigator. Responses may be converted to digital format and stored on a password-protected computer that can only be accessed by the study team. Paper copies will then be destroyed. We plan to delete the data in three years.

No information that can identify you will appear in any professional presentation or publication.

What will happen to information I provide in the research after the study is over?
After the study is over the information may be used by or distributed to investigators for other research without obtaining additional permission from you.

The research team and the Institutional Review Board at Rutgers University are the only parties that may see the data, except as may be required by law. If the findings of this research are professionally presented or published, only group results will be stated.

What will happen if I do not wish to take part in the study or I later decide not to stay in the study?
It is your choice whether you take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. In addition, you can choose to skip questions that you are not comfortable answering. If you do not want to enter the study or decide to stop taking part, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled. Please note, however, that once you have submitted your responses, you may no longer withdraw them as we will not know which ones yours are.

If you have questions about taking part in this study, you can contact the Principal Investigator: Kristin Curtis, MA, Senator Walter Rand Institute for Public Affairs at 856-225-6236 or **krcurtis@camden.rutgers.edu**.

If you have questions about your rights as a research subject, you can contact the IRB Director at: Arts and Sciences IRB (732) 235-2866 or the Rutgers Human Subjects Protection Program at (973) 972-1149 or email us at **humansubjects@ored.rutgers.edu.**

[For IN-PERSON Studies:]
We will provide you a copy of this consent form for your records.

By beginning this research, I acknowledge that I am 18 years of age or older and have read and understand the information. I agree to take part in the research, with the knowledge that I am free to withdraw my participation in the research without penalty.

[For ONLINE Studies:]
Please print a copy of this consent form for your records.

If you are 18 years of age or older, understand the statements above, and consent to take part in the study, click on the "I Agree" button to begin the research. If not, please click on the "I Do Not Agree" button which will exit you from this screen/program.

I Agree | I Do Not Agree

APPENDIX K:

IHN CHNA 2022-2024 COMMUNITY SURVEY (ENGLISH)

Embedded Data
SourceValue will be set from Panel or URL
MediumValue will be set from Panel or URL
CampaignValue will be set from Panel or URL
utm_sourceValue will be set from Panel or URL
utm_mediumValue will be set from Panel or URL
utm_campaignValue will be set from Panel or URL
utm_contentValue will be set from Panel or URL

Block: Section 1: Consent Form (1 Question)
Standard: Section 2: Health & Healthcare Access (18 Questions)
Standard: Section 2.1: COVID-19 (12 Questions)
Standard: Section 3: Demographics (10 Questions)
Standard: Section 4: Additional Health and Healthcare Access Questions (6 Questions)
Standard: Section 5: Additional Health Knowledge/Behaviors (10 Questions)
Standard: Section 6: Food Access/Security (4 Questions)
Standard: Section 7: Neighborhood Quality (9 Questions)
Standard: Section 8: Adverse Childhood Experiences (1 Question)
Standard: Section 9: Additional Demographics (9 Questions)

Branch: New Branch If
If Do you have any children (under the age of 18 years old) who live in the home? Yes Is Selected

Block: Section 10: Child Health (16 Questions)

SECTION 1| CONSENT FORM

Q1.1 **Consent Form-Participation in Anonymous Questionnaire: Community Health Needs Assessment for the Inspira Health Network**

You are invited to participate in a research study that is being conducted by Kristin Curtis, Assistant Director at The Senator Walter Rand Institute for Public Affairs at Rutgers University, Camden. The purpose of this research is to collect feedback on health issues and services from individuals who live in Cumberland, Gloucester, and Salem counties. If you choose to participate, you will answer questions about your health, health risk behaviors, preventive health practices, and access to health care, as well as community strengths and weaknesses. Nonprofit hospitals are required by federal law to collect data on community health needs every three years. The survey will take about 5 minutes to complete. After you complete the survey, if you wish to answer additional questions, those will take about 10 minutes. This research is anonymous, which means that we will not record any information that could be used to identify you. There will be no link between your identity and your responses on the survey. The research team and the Institutional Review Board at Rutgers University are the only parties that will see your responses, except as may be required by law. If a report of this study is shared, only group results will be stated. All study data will be kept for three years. There are no expected risks of participating in this study. You may receive no direct benefit from taking part in this study, but your feedback will be used to inform future health programming and services that may benefit your county. Participation in this study is voluntary. You may choose not to participate or to withdraw at any time during the survey without any penalty. Also, you may choose not to answer any questions that make you uncomfortable. If you have any questions about the study or study procedures, you may contact:

Kristin Curtis, Assistant Director, The Walter Rand Institute for Public Affairs Rutgers University, The State University of New Jersey, Camden 411 Cooper Street , Camden, NJ 08102 Phone: 856-225-6236; Email: kcurtis@camden.rutgers.edu

If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB: Institutional Review Board, Rutgers University, the State University of New Jersey Liberty Plaza | Suite 3200, 335 George Street, 3rd Floor, New Brunswick, NJ 08901 Phone: 732-235-2866; Email: uman-subjects@ored.rutgers.edu

If you are 18 years of age or older, understand the statements above, and will consent to participate in the study, click on the "I Agree" button to begin the survey. If not, please click on the "I Do Not Agree" button, which will exit this program.

- I Agree (1)
- I Do Not Agree (0)

SKIP TO: END OF SURVEY IF Q1.1 = I DO NOT AGREE

SECTION 2 | HEALTH & HEALTHCARE ACCESS

Q2.1 **What is the zip code of your home?**

Q2.2 **What county do you live in?**

- Cumberland County (1)
- Gloucester County (2)
- Salem County (3)
- Other (Please specify the County) (7)

DISPLAY THIS QUESTION: IF Q2.2 = CUMBERLAND COUNTY

Q2.2.1 Cumberland | **Please identify the town/city that you live in Cumberland County.**

- Bridgeton City (1)
- Commercial Township (2)
- Deerfield Township (3)
- Downe Township (4)
- Fairfield Township (5)
- Greenwich Township (6)
- Hopewell Township (7)
- Lawrence township (8)
- Maurice River Township (9)
- Millville City (10)
- Shiloh Borough (11)
- Stow Creek Township (12)
- Upper Deerfield Township (13)
- Vineland City (14)
- Other (Please specify) (15)

DISPLAY THIS QUESTION: IF Q2.2 = GLOUCESTER COUNTY

Q2.2.2 Gloucester | **Please identify the town/city that you live in Goucester County.**

- Clayton Borough (1)
- Deptford Township (2)
- East Greenwich Township (3)
- Elk Township (4)
- Franklin Township (5)
- Glassboro Borough (6)
- Greenwich Township (7)
- Harrison Township (8)
- Logan Township (9)
- Mantua Township (10)
- Monroe Township (11)
- National Park Borough (12)
- Newfield Borough (13)
- Paulsboro Borough (14)
- Pitman Borough (15)
- South Harrison Township (16)
- Swedesboro Borough (17)
- Washington Township (18)
- Wenonah Borough (19)
- West Deptford Township (20)
- Westville Borough (21)
- Woodbury City (22)
- Woodbury Heights Borough (23)
- Woolwich Township (24)
- Other (Please specify) (25)

DISPLAY THIS QUESTION: IF Q2.2 = SALEM COUNTY

Q2.2.3 Salem | **Please identify the town/city that you live in Salem County.**

- Alloway Township (1)
- Carneys Point Township (2)
- Elmer Borough (3)
- Elsinboro Township (4
- Lower Alloways Creek Township (5)
- Mannington Township (6)
- Oldmans Township (7)
- Penns Grove Borough (8)
- Pennsville Township (9)
- Pilesgrove Township (10)
- Pittsgrove Township (11)
- Quinton Township (12)
- Salem City (13)
- Upper Pittsgrove Township (14)
- Woodstown Borough (15)
- Other (Please specify) (16)

Q2.3 **Which of the following are health issues in your community? (Select all that apply)**

- Access to health care (1)
- Dental health (2)
- Mental health (3)
- Immunization / vaccination rates too low (4)
- Lack of insurance / under-insurance (5)
- Access to family planning / reproductive health (6)
- Maternal / infant health (7)
- Alcohol use (8)
- Tobacco (9)
- Vaping / Juuling (10)
- Drug use (prescription) (11)
- Drug use (illegal) (12)
- Adult overweight / obesity (13)
- Child overweight / obesity (14)
- Lack of healthy food (15)

- Too much unhealthy food (16)
- High blood pressure (Hypertension) (17)
- Heart disease (18)
- Lung disease (e.g., COPD) (19)
- COVID-19 (20)
- Asthma (21)
- Cancer (22)
- HIV / AIDS (23)
- Diabetes (24)
- Stroke (25)
- Access to services for senior citizens / older adults (26)
- Community safety (27)
- Domestic violence (28)
- Sexual assault / sexual violence (29)
- Sexually transmitted infections / diseases (STIs / STDs) (30)
- Homelessness / housing insecurity (31)
- Over-incarceration (too many people in jail / prison) (32)
- Feeling lonely (33)
- Lack of access to people and places (34)
- Other (Please specify) (35)

Q2.4 **What are the barriers that keep people in your community from accessing health care when they need it? (Select all that apply).**

- Lack of health insurance coverage (1)
- Limited health insurance coverage (2)
- Can't afford out of pocket costs (co-pays, prescriptions, etc.) (3)
- Hard to navigate / understand the health care system (4)
- Lack of trust in health care providers / health care system (5)
- Afraid of diagnosis / outcome of visit (6)
- Language barriers (7)
- Lack of primary care physicians / family doctors (8)
- Lack of specialists (9)
- Lack of transportation (10)
- Lack of child care (11)

- Lack of appointments that work with my schedule (12)
- Inability to take time off from work (13)
- Time limitations (such as waiting too long at appointments) (14)
- Law enforcement concerns (15)
- Immigration concerns (16)
- Neighborhood safety concerns (17)
- Other (Please specify) (18)

Q2.5 **Related to health, what are the resources or services you think are missing in the community? (Select all that apply).**

- Free / low cost medical care (1)
- Free / low cost dental care (2)
- Free / low cost eye care (3)
- Free / low cost prescriptions (4)
- Primary care providers (5)
- Pediatric (children's) medical providers (6)
- Medical specialists (7)
- Mental / behavioral health services (8)
- Substance abuse services (9)
- Bilingual services (10)
- Patient navigators (people to help you understand the healthcare system) (11)
- Social workers or case managers (12)
- Community support services (e.g. AA, NA, support groups, etc.) (13)
- Health education / information / outreach (14)
- Health screenings (e.g. cancer, STIs/STDs, chronic diseases) (15)
- Immunization / vaccination services (16)
- Women's health care (e.g. prenatal care, OB/GYN, reproductive health etc.) (17)
- Services for senior citizens / older adults (18)
- Veterans health care (19)
- Services for formerly incarcerated population (20)
- Public transportation routes to medical centers (hospital, clinic, Urgent Care, doctor's office) (21)
- Medical transportation services (e.g. AccessLink, LogistiCare / ModivCare) (22)
- Meal delivery services (23)

- Respite care (short-term, alternative care that provides temporary relief for caregivers) (24)
- End-of-life care (e.g. hospice or palliative care) (25)
- Other (Please specify) (26)

Q2.6 **Are there specific populations in your community that you think are NOT being adequately served by local health services? (Select all that apply).**

- American Indian / Alaska Native (1)
- Asian (2)
- Black / African American (3)
- Hispanic / Latino (4)
- Native Hawaiian / Pacific Islander (5)
- White (6)
- Non-native English speakers (7)
- Men (8)
- Women (9)
- LGBTQIA+ (10)
- Children / youth (11)
- Young adults (12)
- Seniors / older adults (13)
- Veterans (14)
- Homeless / housing insecure (15)
- Formerly incarcerated (16)
- Immigrant / refugee (17)
- Low income / poor (18)
- People living with HIV / AIDS (19)
- People with mental / behavioral health conditions (20)
- People with disabilities (21)
- Uninsured / underinsured (22)
- None of these (23)
- Other (Please specify) (24)

Q2.7 **When you are sick or need health care, what kind of place do you go to most often (include virtual visits such as telehealth or telemedicine)?**

- Clinic or healthcare center (1)
- Doctor's office (2)
- Hospital emergency room (3)
- Hospital outpatient department (4)
- Urgent Care (5)
- Other (Please specify) (6)
- I don't know (7)
- I prefer not to answer (8)

Q2.8 **About how long has it been since you last visited a doctor for a yearly checkup?**

- Within the past year (anytime less than 12 months ago) (1)
- Within the past 2 years (more than 1 year but less than 2 years ago) (2)
- Within the past 5 years (more than 2 years but less than 5 years ago) (3)
- 5 or more years ago (4)
- I have never visited a doctor for a routine checkup (5)
- I don't know (6)
- I prefer not to answer (7)

Q2.9 **What kind of health insurance do you have? (Select all that apply).**

- Medicare (1)
- Medicaid (2)
- Private health insurance (3)
- NJ FamilyCare (4)
- Military health care (TRICARE / VA / CHAMP-VA) (5)
- Medi-Gap (6)
- Indian Health Service (7)
- Other government program (8)
- Single service plan (e.g. dental, vision, prescriptions) (9)
- No coverage of any type (10)
- Other (Please specify) (11)
- I don't know (12)
- I prefer not to answer (13)

Q2.10 **Which of the following programs have you heard about? (Select all that apply).**

- Blood pressure, diabetes, cancer screenings at Inspira (1)
- Fitness Connection Physician Referred Exercise Program (PREP) (2)
- Nutrition Counseling at Inspira (3)
- Inspira Smoking and Tobacco Quit Center (4)
- Inspira Home Health and Hospice Services (5)
- Inspira Support Groups (cancer, bariatric) (6)
- Inspira Spirit of Women (7)
- Inspira LIFE Program (8)
- Inspira Training Programs (CPR, EMT, Paramedic, Basic Life Support) (9)
- Career Training - Garden Area Health Education Centers (AHEC) (10)
- Inspira Education Programs (healthy aging, childbirth, infant care, pregnancy) (11)
- IMPACT Family Success Centers (Forest / Laurel Lakes, Monarch) (12)
- IMPACT Parent Linking Program (13)
- IMPACT School Based Youth Services (14)
- IMPACT Early Intervention Program (15)
- Other (Please specify) (16)

- I have not heard of any of these programs (17)
- I don't know (18)
- I prefer not to answer (19)

Q2.11 **Has your family ever used any of these community resources? (Select all that apply)**

- Food bank (1)
- Food distribution programs (e.g. community food drives, Meals on Wheels) (2)
- SNAP (Supplemental Nutrition Assistance Program) (3)
- WIC (New Jersey Supplemental Nutrition Program for Women Infants and Children) (4)
- Other resources or organizations (please specify) (5)
- None (6)

Q2.12 **Where do you get information about health care? (Select all that apply)**

- Personal doctor or health care provider (1)
- Friends / relatives (2)
- Work (3)
- Health insurance company (4)

- Federal and International health information sources (e.g., U.S. Department of Health, CDC, WHO, etc) (5)
- New Jersey, County, or Local Department of Health (through their website or a Community Health Worker, Nurse, Health Educator, etc) (6)
- Independent internet sources (e.g., WebMD, Mayo Clinic, blogs) (7)
- Books / magazines / newspaper (8)
- Email / online news subscriptions (9)
- Podcasts (10)
- Mobile apps (e.g., News app, Google feed) (11)
- Social media (e.g., Facebook, Instagram, Twitter, TikTok, YouTube) (12)
- Television / Radio programs (13)
- Other (please specify) (14)
- I don't receive any health care information (15)
- I don't know (16)
- I prefer not to answer (17)

DISPLAY THIS QUESTION: IF Q2.12 = SOCIAL MEDIA (E.G., FACEBOOK, INSTAGRAM, TWITTER, TIKTOK, YOUTUBE)

Q2.12.1 **Which social media platform do you use to get health information? (Select all that apply)**

- Facebook (1)
- Instagram (2)
- Twitter (3)
- TikTok (4)
- YouTube (5)
- Other (please specify) (6)
- I don't use social media (7)
- I prefer not to answer (8)

Q2.13 **How did you hear about this survey?**

- A friend, relative, or acquaintance told me about it (1)
- My doctor or health provider told me about it (2)
- A palm card / flyer (3)
- At work (4)

- At a community organization (5)
- Social media ad (Facebook, Instagram, Twitter, etc) (6)
- Inspira's blog or newsletter (7)
- Inspira's website (8)
- Other (please specify) (9)

DISPLAY THIS QUESTION: IF Q2.13 = SOCIAL MEDIA AD (FACEBOOK, INSTAGRAM, TWITTER, ETC)

Q2.13.1 **Which social media platform did you see this survey in? (Select all that apply)**

- Facebook (1)
- Instagram (2)
- Twitter (3)
- LinkedIn (4)
- YouTube (5)
- Other (please specify) (6)

QC19.1 **Did you get a COVID vaccine?**

- Yes (**partially** vaccinated) (1)
- Yes (**fully** vaccinated) (2)
- Yes (**fully** vaccinated plus the **booster**) (3)
- No (4)
- I don't know (5)
- I prefer not to answer (6)

DISPLAY THIS QUESTION: IF QC19.1 = NO

QC19.1.1 **If you did NOT receive a COVID vaccine, why not? (select all that apply)**

- I can't go on my own (I have a physical limitation) (1)
- It's too far away (2)
- I don't have transportation (3)
- I don't know where to go to get vaccinated (4)
- I'm not eligible to get a COVID-19 vaccine (5)
- It is difficult to find or make an appointment (6)
- I don't have time off work (7)
- The hours of operation are inconvenient (8)
- The waiting time is too long (9)
- I am too busy to get vaccinated (10)
- It's difficult to arrange for childcare (11)
- I have a medical reason that makes me ineligible to get vaccinated (e.g. I had a severe allergy to vaccines in the past) (12)
- I'm concerned about the side effects (13)
- Vaccines don't work (14)
- I don't think I need it (15)
- I'm not concerned about COVID-19 (16)
- Vaccines do more harm than good (17)
- Other (please specify) (18)
- I don't know (19)

- I prefer not to answer (20)

DISPLAY THIS QUESTION: IF QC19.1 = YES (<STRONG>FULLY</STRONG> VACCINATED)

QC19.1.2 **Will you be getting the booster for the COVID-19 vaccine when you are eligible?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

QC19.2 **Has anyone in your household ever tested positive for COVID-19?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

QC19.3 **How concerned are you about members of your household getting sick with COVID-19?**

- Very concerned (1)
- Somewhat concerned (2)
- Not concerned (3)
- I don't know (4)
- I prefer not to answer (5)

QC19.4 **Have you or anyone in your household experienced emotional distress due to the pandemic?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

DISPLAY THIS QUESTION:IF QC19.4 = YES

QC19.4.1 **Do you know where to seek professional help (e.g. counseling, therapy, psychiatric services) if you wanted it?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

QC19.5 **How would you describe the current level of stress in your household due to COVID-19?**

- High: close to breaking point (1)
- Medium: stressful but we're managing (2)
- Low: we're good (3)
- I don't know (4)
- I prefer not to answer (5)

DISPLAY THIS QUESTION: IF Q2.3 = LACK OF ACCESS TO PEOPLE AND PLACES

Q2.3.1 **Did your lack of access to people and places increase due to COVID-19**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

QC19.6 **Where does your household go for information about the COVID-19 pandemic? (select all that apply)**

- Personal doctor or health care provider (1)
- Friends / relatives (2)
- Work (3)
- Health insurance company (4)
- Federal and International health information sources (e.g. U.S. Department of Health, CDC, WHO, etc) (5)
- New Jersey, County, or Local Department of Health (through their website or a Community Health Worker, Nurse, Health Educator, etc) (6)
- Independent internet sources (e.g. WebMD, Mayo Clinic, blogs) (7)
- Books/Magazines / newspaper (8)
- Email / online news subscriptions (9)
- Podcasts (10)
- Mobile apps (e.g. News app, Google feed) (11)
- Social media (e.g., Facebook, Instagram, Twitter, TikTok, YouTube) (please specify) (12)
- Television / Radio programs (13)
- Other (please specify) (14)
- I don't receive any information about COVID-19 (15)
- I don't know (16)
- I prefer not to answer (17)

DISPLAY THIS QUESTION: IF QC19.6 = SOCIAL MEDIA (E.G., FACEBOOK, INSTAGRAM, TWITTER, TIKTOK, YOUTUBE) (PLEASE SPECIFY)

QC19.6.1 **Which social media platform do you use to get information about the COVID-19 pandemic? (Select all that apply)**

- Facebook (1)
- Instagram (2)
- Twitter (3)
- TikTok (4)
- YouTube (5)
- Other (please specify) (6)
- I don't use social media (7)
- I prefer not to answer (8)

QC19.7 **What additional information would your household like to know about COVID-19? (Please select all that apply)**

- Signs and symptoms (1)
- How and/or when to get tested (2)
- Prevention (3)
- Treatment (4)
- Vaccine success / safety (5)
- Who can get the vaccine (6)
- Where I can find the vaccine (7)
- Vaccine booster success / safety (8)
- Who can get the booster (9)
- Where I can find the booster (10)
- Long-term effects (11)
- Recovery (12)
- Other (please specify) (13)
- We don't need additional information (14)
- I don't know (15)
- I prefer not to answer (16)

SECTION 3 | DEMOGRAPHICS

Q3.1 **What is your age?**

Q3.2 **Do you have any children (under the age of 18 years old) who live in the home?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

DISPLAY THIS QUESTION: IF Q3.2 = YES

Q3.2.1 **How many children (under the age of 18 years old) live in the home?**

None (0) ... More than 6 (7)

Q3.3 **Choose the race(s) / ethnicity that you identify with (Select all that apply)**

- American Indian or Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Hispanic / Latino/a / Latinx (4)
- Native Hawaiian or Pacific Islander (5)
- White (6)
- Other (please specify) (7)

Q3.4 **Please choose the answer that is closest to your annual household income**

- Less than $10,000 (1)
- $10,000 - $19,999 (2)
- $20,000 - $29,999 (3)
- $30,000 - $39,999 (4)
- $40,000 - $49,999 (5)
- $50,000 - $59,999 (6)
- $60,000 - $69,999 (7)
- $70,000 - $79,999 (8)

- $80,000 - $89,999 (9)
- $90,000 - $99,999 (10)
- $100,000 - $149,999 (11)
- $150,000 or more (12)

Q3.5 **In which of these places have you slept over the last year? (Select all that apply)**

- A place you own (1)
- A place you rent (2)
- A place you sublet / sublease (3)
- A motel or hotel room (not counting vacation or work stays) (4)
- Your family / friend's home (temporary stay for reasons other than visiting) (5)
- A car, van, or RV (6)
- A hospital or clinic (7)
- A rooming / boarding house (rent one room and share common areas like kitchens and bathrooms) (8)
- A shelter / emergency housing (9)
- Street sidewalk (10)
- Homeless encampment (11)
- Other (please specify) (12)
- I don't know (13)
- I prefer not to answer (14)

Q3.6 **Within the past year, have any of the following applied to you? (Select all that apply)**

- Kicked out / thrown out of home (1)
- Evicted from home (2)
- Stayed in shelter (3)
- Stayed in an abandoned building, car, encampment, or other place not meant as housing (4)
- Did not know where you were going to sleep, even for one night (5)
- Did not have a home (6)
- None of the above (7)
- I don't know (8)
- I prefer not to answer (9)

DISPLAY THIS QUESTION: IF Q3.6 = STAYED IN SHELTER

Q3.6.1 **Did any staff member at the shelter give you advice on how to find a permanent place to live?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

DISPLAY THIS QUESTION: IF Q3.6 = KICKED OUT / THROWN OUT OF HOME OR Q3.6 = EVICTED FROM HOME
OR Q3.6 = STAYED IN SHELTER
OR Q3.6 = STAYED IN AN ABANDONED BUILDING, CAR, ENCAMPMENT, OR OTHER PLACE NOT MEANT AS HOUSING
OR Q3.6 = DID NOT KNOW WHERE YOU WERE GOING TO SLEEP, EVEN FOR ONE NIGHT
OR Q3.6 = DID NOT HAVE A HOME

Q3.6.2 **How long were you / have you been without housing?**

- 3 months or less (1)
- 4-6 months (2)
- 7-11 months (3)
- 1-2 years (4)
- 3-5 years (5)
- 6-10 years (6)
- I don't know (7)
- I prefer not to answer (9)

Q3.7 ***Thank you for answering our questions! We would like to ask you more questions about health in your community. If you are willing to answer more questions, please click "NEXT" to continue. If you do not wish to continue, please click "STOP."***

- Next (1)
- Stop (0)

SKIP TO: END OF SURVEY IF Q3.7 = STOP
SKIP TO: END OF BLOCK IF Q3.7 = NEXT

SECTION 4 | ADDITIONAL HEALTH AND HEALTHCARE ACCESS QUESTIONS

Q4.1 **The following questions will ask you to rate different aspects of your health. Please choose the best response for each question.**

How would you rate your ….?

	Excellent (1)	Very Good (2)	Good (3)	Fair (4)	Poor (5)	I don't know (6)	I prefer not to answer (7)
Overall Health? (1)	○	○	○	○	○	○	○
Dental Health? (2)	○	○	○	○	○	○	○
Mental Health? (3)	○	○	○	○	○	○	○
Overall Diet? (4)	○	○	○	○	○	○	○

Q4.2 **In the last year, which of the following did you use to get to your medical appointments? (select all that apply)**

- ○ Walk/Bike (1)
- ○ Public Transportation (bus, train, etc.) (2)
- ○ Paying someone to take you (e.g. Uber, Lyft, taxi, acquaintance) (3)
- ○ Drive yourself (4)
- ○ Have a family member or friend take you (5)
- ○ Use a medical transportation service (e.g. AccessLink, LogistiCare / ModivCare) (6)
- ○ Senior citizen transportation (7)
- ○ Volunteer organization (8)
- ○ Use another form of medical transport (9)
- ○ Did not require transportation (only used telehealth) (10)
- ○ Did not have any medical appointments (11)
- ○ Other (please specify) (12)

- ○ I don't know (13)
- ○ I prefer not to answer (14)

Q4.3 **Currently, how far away do you live from the nearest hospital?**

- About 5 miles (1)
- About 10 miles (2)
- About 15 miles or more (3)
- I don't know (4)
- I prefer not to answer (5)

Q4.4 **Over the past year, on average, how long did it take you to travel to your medical appointments?**

- About 10 minutes or less (1)
- About 15 minutes (2)
- About 20 minutes or more (3)
- Did not travel to any medical appointments (telehealth) (4)
- Did not have any medical appointments (5)
- I don't know (6)
- I prefer not to answer (7)

Q4.5 **Was there a time in the past 12 months when cost prevented you from getting the health care, services, or medical equipment you needed?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

DISPLAY THIS QUESTION: IF Q4.5 = YES

Q4.5.1 **How did cost prevent you from getting the health care you needed? (Select all that apply)**

- I could not afford to go to a healthcare provider (1)
- I could not afford to buy medical equipment (e.g. glucose strips, wheelchair, CPAP) (2)
- I could not afford prescription medication (3)
- I could not afford to follow medical advice (e.g. following a specific diet) (4)
- Other (please specify) (5)
- I don't know (6)
- I prefer not to answer (7)

SECTION 5 | ADDITIONAL HEALTH KNOWLEDGE/BEHAVIORS

Q5.1 **Please indicate the health conditions for which you are receiving recommended screenings.**

Select N/A if it does not apply to you.

	Yes (1)	No (2)	Not applicable (N/A) (3)	I don't know (4)	I prefer not to answer (5)
Breast Cancer (1)	○	○	○	○	○
Cervical Cancer (2)	○	○	○	○	○
Colorectal Cancer (3)	○	○	○	○	○
Lung Cancer (4)	○	○	○	○	○
Prostate Cancer (5)	○	○	○	○	○
Skin Cancer (6)	○	○	○	○	○
Hepatitis C (7)	○	○	○	○	○
STDs / STIs *(e.g., HIV, gonorrhea, chlamydia)* (8)	○	○	○	○	○

DISPLAY THIS QUESTION: IF Q5.1 = STDS / STIS (E.G., HIV, GONORRHEA, CHLAMYDIA) [YES]

Q5.1.1 **Where were you tested for STDs/STIs?**

- ○ Doctor's office (1)
- ○ Health Department / STI / STD Clinic (2)
- ○ Health Clinic or Health Center (3)
- ○ Hospital (4)
- ○ Other (please specify) (5) _____
- ○ I don't know (6)
- ○ I prefer not to answer (7)

Q5.2 **Within the past 12 months, did you get a flu vaccine?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

DISPLAY THIS QUESTION: IF Q5.2 = NO

Q5.2.1 **If you did NOT receive a flu vaccine, why not? (Select all that apply)**

- I could not afford it (1)
- I don't know where to go to get vaccinated (2)
- I can't go on my own (I have a physical limitation) (3)
- I don't have transportation (4)
- It's difficult to arrange for childcare (5)
- I have a medical reason that makes me ineligible to get vaccinated (e.g., I had a severe allergy to vaccines in the past). (6)
- I got it once & got sick because of it (7)
- I didn't have time to get it (8)
- I don't think I need it / I don't get sick (9)
- Vaccines don't work (10)
- Vaccines do more harm than good (11)
- Other (please specify) (12)
- I don't know (13)
- I prefer not to answer (14)

Q5.3 **Was there a time in the past 12 months when cost prevented you from getting the health care, services, or medical equipment you needed?**

- Asthma (1)
- Diabetes (2)
- Arthritis (3)
- Chronic pain (4)
- Anxiety (5)
- Depression (6)
- Other mental / behavioral health condition(s) (7)
- Cancer (8)

- Heart Disease (9)
- High Blood Pressure (Hypertension) (10)
- High Cholesterol (11)
- Lung Disease (e.g., COPD, emphysema) (12)
- Kidney Disease (13)
- Overweight / Obesity (14)
- Alcohol misuse/abuse (15)
- Drug misuse / abuse (16)
- Other (please specify) (17)
- None of these (18)
- I don't know (19)
- I prefer not to answer (20)

Q5.4 **Have you ever had a conversation with people close to you about what you would like to happen if you were so sick you could not make decisions about your healthcare?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

Q5.5 **Think back to last week. How often did you …**

	Never (1)	Once or twice (2)	Some days (3)	Most days (4)	Every day (5)	I don't know (6)	I prefer not to answer (7)
…eat fruits or vegetables (1)							
…eat a meal with your family (2)							
…eat fast food (3)							
…feel you lack companionship (4)							
…feel left out (5)							
…feel isolated from others (6)							

...feel stressed out (7)							
...exercise (8)							
...get enough sleep (9)							
...get enough leisure/relaxing time (10)							
...get too much "screen time" (on phone, tablet, tv, etc.) (11)							
...work too much (12)							
...use any tobacco products (e.g., cigarettes, cigars, dip, chew) (13)							
...use any electronic vaping products (14)							
...worry wheter food would run out before there was money to buy more (15)							

DISPLAY THIS QUESTION: IF Q5.5 = ...USE ANY TOBACCO PRODUCTS (E.G., CIGARETTES, CIGARS, DIP, CHEW) [EVERY DAY]

OR Q5.5 = ...USE ANY TOBACCO PRODUCTS (E.G., CIGARETTES, CIGARS, DIP, CHEW) [MOST DAYS]

OR Q5.5 = ...USE ANY TOBACCO PRODUCTS (E.G., CIGARETTES, CIGARS, DIP, CHEW) [SOME DAYS]

OR Q5.5 = ...USE ANY TOBACCO PRODUCTS (E.G., CIGARETTES, CIGARS, DIP, CHEW) [ONCE OR TWICE]

Q5.5.1 **If you have ever tried to quit using tobacco products, what methods have you tried? (Select all that apply).**

- Counseling (1)
- Nicotine patches (2)
- Nicotine gum or lozenges (3)
- Nicotine inhaler (4)
- Prescribed oral medication (5)
- E-cigarettes / Vapes / Juuls (6)
- None of these (7)
- I have never tried to quit smoking (8)
- Courses (9)
- Mobile Apps (10)
- Inspira Smoking and Tobacco Quit Center (12)
- Other (please specify) (13)

- I don't know (14)
- I prefer not to answer (15)

Q5.6 **Is there a gun/firearm in your home?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

DISPLAY THIS QUESTION: IF Q5.6 = YES

Q5.6.1 **Do you know how many guns/firearms are in your home?**

- Yes (please indicate how many) (1)

- I don't know (2)
- I prefer not to answer (3)

SECTION 6 | FOOD ACCESS/SECURITY

Q6.1 **About how far, in miles, is the nearest grocery store from your house?**

Q6.2 **Over the last 2 months, how did you normally get your groceries? (Select all that apply)**

- Walk or ride bike (1)
- Take public transportation (2)
- Drive yourself (3)
- Have a family member or friend take you (4)
- Paying someone to take you (e.g., Uber, Lyft, taxi, acquaintance) (5)
- Buy your groceries online (delivery) (6)
- Have a family member or friend deliver them (7)
- Other (please specify) (8)
- I don't know (9)
- I prefer not to answer (10)

Q6.3 **Within the past 2 months, where have you or someone in your household gotten groceries? (Select all that apply).**

- Grocery store (e.g., Acme, Shoprite, Aldi, Walmart) (1)
- Corner store / bodega (2)
- Convenience store (e.g., Wawa, 7-Eleven, Quick Stop) (3)
- Dollar store (4)
- Friends or family (5)
- Church / food pantry / soup kitchen (6)
- Online (7)
- Community food drive (8)
- Other (please specify) (9)
- I don't know (10)
- I prefer not to answer (11)

Q6.4 **What, if anything, prevents you from regularly cooking complete meals at home? (Select all that apply)**

- Lack of access to the ingredients to cook meals (1)
- Distance / difficulty reaching a place to buy the ingredients (2)
- Don't feel comfortable cooking meals (3)
- Don't have time to cook meals (4)
- Not physically able to cook meals (5)
- No place / equipment with which to cook meals (i.e., kitchen, stove, microwave, etc.) (6)
- Buying out works better for me (7)
- Nothing prevents me from cooking meals at home (8)
- Other (please specify) (9)
- I don't know (10)
- I prefer not to answer (11)

SECTION 7 | NEIGHBORHOOD QUALITY

Q7.1 **Do you live in a public housing unit / apartment / complex?**

- Yes (1)
- No (2)
- I don't know (3)
- I prefer not to answer (4)

Q7.2 **How would you rate the quality of your current housing?**

- Excellent (1)
- Good (2)
- Fair (3)
- Bad (4)
- Really bad (unacceptable) (5)

Q7.3 **Thinking about the neighborhood or community you live in, please rate each of the following:**

	Excellent (1)	Very Good (2)	Good (3)	Fair (4)	Poor (5)	I don't know (6)	I prefer not to answer (7)
As a place to buy fresh fruits and vegetables (1)							
As a place to walk or exercise (2)							
As a place to talk to or connect with others (3)							
As a place to live (4)							

Q7.4 **Please rate how much you agree or disagree with the following statements**

	Strongly agree (1)	Agree (2)	Neither agree or disagree (3)	Disagree (4)	Strongly disagree (5)	I don't know (6)	I prefer not to answer (7)
People around here are willing to help neighbors (2)	○	○	○	○	○	○	○
This is a close-knit neighborhood (8)	○	○	○	○	○	○	○
People in this neighborhood can be trusted (5)	○	○	○	○	○	○	○
People in this neighborhood generally don't get along with each other (3)	○	○	○	○	○	○	○
People in this neighborhood do not share the same values (4)	○	○	○	○	○	○	○

Q7.5 **How long have you lived in your current neighborhood?**

○ Approximately....(years) (1)

○ I don't know (2)

○ I prefer not to answer (3)

Q7.6 **Thinking about those closest to you outside you household, approximately how many...?**

	Indicate a number (1)
Family members live in your neighborhood (6)	○
Friends live in your neighborhood (7)	○
Friends live outside your neighborhood (8)	○

Q7.7 **Thinking about your neighborhood, could your neighbors be counted on to intervene in various ways?**

	Very likely (1)	Likely (2)	Neither likely or unlikely (3)	Unlikely (4)	Strongly disagree (5)	I don't know (6)	I prefer not to answer (7)
If kids were skipping school and hanging out on a street corner (1)	○	○	○	○	○	○	○
If kids were spray-painting grafitti on a local building (2)	○	○	○	○	○	○	○
If children were showing disrespect to an adult (3)	○	○	○	○	○	○	○
If a fight broke out in front of their house (4)	○	○	○	○	○	○	○
If the fire station closest to their home was threatened with budget cuts (5)	○	○	○	○	○	○	○

Q7.8 **Within the past year, have you seen any of the following activities in your neighborhood? (Select all that apply).**

- ○ Drug Dealing (1)
- ○ Gang Activity (2)
- ○ Illegal drug use / drug supplies (3)
- ○ Stabbing (4)
- ○ Shooting (5)
- ○ Domestic Violence (6)
- ○ None (7)
- ○ I don't know (8)
- ○ I prefer not to answer (9)

Q7.9 **How safe do you feel in the following places and situations? (Select N/A if it does not apply to you)**

	Very safe (1)	Safe (2)	Neither safe or unsafe (3)	Unsafe (4)	Very unsafe (5)	I don't know (6)	I prefer not to answer (7)	N/A (8)
In your home (1)	○	○	○	○	○	○	○	○
In your neighborhood (2)	○	○	○	○	○	○	○	○
At the closest clinic (3)	○	○	○	○	○	○	○	○
At the emergency room(4)	○	○	○	○	○	○	○	○
Using public transportation (5)	○	○	○	○	○	○	○	○
Riding a bicycle (6)	○	○	○	○	○	○	○	○
Driving your car (7)	○	○	○	○	○	○	○	○
Walking to a routine destination (E.g. school, work, store, etc.) (8)	○	○	○	○	○	○	○	○

SECTION 8 | ADVERSE CHILDHOOD EXPERIENCES

Q8.1 ***Please know that the following questions ask about potentially sensitive information. You are free to skip any question at any time. We are trying to determine ways to better help young people. There is research that highlights the link between childhood experiences and the impact of those experiences on health in adulthood. Please consider answering these questions as they relate to important public health issues.***

The following questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age...

	Yes (1)	No (2)	I don't know (3)	I prefer not to answer (4)
Were your parents ever separated or divorced? (12)	○	○	○	○
Did you ever live with a parent or guardian who died? (13)	○	○	○	○
Did you live with anyone who was depressed, mentally ill, or suicidal? (1)	○	○	○	○
Did you live with anyone who was a problem drinker or alcoholic? (2)	○	○	○	○
Did you live with anyone who used illegal street drugs or who abused prescription medications? (3)	○	○	○	○
Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? (4)	○	○	○	○
Were you ever in foster care? (5)	○	○	○	○
Did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? (6)	○	○	○	○
Did a parent or adult in your home ever hit, beat, kick, or physically hurt YOU in any way? Do not include spanking. (7)	○	○	○	○
Did a parent or adult in your home ever swear at YOU, insult YOU, or put YOU down? (8)	○	○	○	○
Did anyone at least 5 years older than you or an adult, ever touch YOU sexually? (9)	○	○	○	○

Did anyone at least 5 years older than you or an adult, try to MAKE YOU touch THEM sexually? (10)	○	○	○	○
Did anyone at least 5 years older than you or an adult, force you to have sex? (11)	○	○	○	○

SECTION 9 | ADDITIONAL DEMOGRAPHICS

Q9.1 **What is the highest level of school you have completed or the highest degree you have received?**

- Did not graduate high school (1)
- High school graduate (high school diploma or equivalent including GED) (2)
- Some college but no degree (3)
- Associate degree in college (4)
- Bachelor's degree in college (5)
- Master's degree (6)
- Doctoral or Professional degree (e.g., Ph.D., JD, MD) (7)
- I don't know (8)
- I prefer not to answer (9)

Q9.2 **Are you a full-time/part-time university or college student?**

- Yes (1)
- No (2)

Q9.3 **Are you a veteran?**

- Yes (1)
- No (2)

Q9.4 **How many people, including yourself, are living or staying at your home?**

- More than 6 (7)

Q9.5 **Are you currently employed? (Select all that apply)**

- Yes, full-time (1)
- Yes, part-time (2)
- Yes, self-employed / business owner (3)
- No, disabled (4)
- No, retired (5)
- No, unemployed (6)
- Other (please specify) (7)
- I don't know (8)
- I prefer not to answer (9)

Q9.6 **What is your current gender identity?**

- Male (1)
- Female (2)
- Transgender man (3)
- Transgender woman (4)
- Non binary (5)
- Other (please specify) (6)
- I don't know (7)
- I prefer not to answer (8)

Q9.7 **What do you consider to be your sexual orientation?**

- Lesbian, gay, or homosexual (1)
- Straight or heterosexual (2)
- Bisexual (3)
- Asexual (4)
- Other (please specify) (5)
- I don't know (6)
- I prefer not to answer (7)

Q9.8 **Approximately how much of your total household monthly income do you spend on housing expenses (including rent / mortgage, utilities, internet)?**

- 20% or less (1)
- About a third (2)
- About half (3)
- About 75% (4)
- Almost all of it (5)
- Other (6)
- I don't know (7)
- I prefer not to answer (8)

Q9.9 **At the end of a typical month, do you...?**

- Have money leftover after paying all your bills (1)
- Have enough money to pay your bills and sometimes have money leftover (2)
- Have enough money to pay your bills but not money leftover (3)
- Do not have enough money to pay your bills (4)
- I don't know (5)
- I prefer not to answer (6)

SECTION 10 | CHILD HEALTH

Q10.0 ***We would like to ask you more questions about the children's health in your community. The following questions will help us understand the health needs of children in your community. If you are willing to answer more questions, please click "NEXT" to continue. If you do not wish to continue, please click "STOP."***

- Next (1)
- Stop (0)

SKIP TO: END OF SURVEY IF Q10.0 = STOP

Q10.0.1 **Thank you for answering our questions! When answering the following child- health questions, please think about the child with the most health needs in your home.**

Q10.1 **How old is this child?**

▼ Under 1 year old (0) ... I prefer not to answer (19)

Q10.2 **What is this child's sex (assigned at birth)?**

- Male (1)
- Female (2)
- Other (please specify) (3)

Q10.3 **What is this child's race / ethnic background? (Select all that apply)**

- American Indian / Alaska Native (1)
- Asian (2)
- Black or African American (3)
- Hispanic / Latino/a / Latinx (4)
- Native Hawaiian or Pacific Islander (5)
- White (6)
- I don't know (7)
- I prefer not to answer (8)

Q10.4 **Which of the following health conditions are relevant to this child because they have been diagnosed or are at-risk of them? (Select all that apply)**

- Asthma (1)
- Allergic Rhinitis (2)
- Chronic Bronchitis (3)
- Eczema (4)
- Diabetes (5)
- Arthritis (juvenile) (6)
- Depression (7)
- Anxiety (8)
- Other Mental / Behavioral health condition(s) (9)
- Cancer (10)
- Chronic Pain (11)
- Congenital Heart Disease (12)
- High Blood Pressure (Hypertension) (13)
- High Cholesterol (14)
- Lung Disease (e.g., COPD, emphysema) (15)
- Kidney Disease (16)
- Overweight / Obesity (17)
- Alcohol misuse/abuse (18)
- Drug misuse / abuse (19)
- Other (please specify) (20)

- None of these (21)
- I don't know (22)
- I prefer not to answer (23)

Q10.5 **During the past 12 months, has this child had frequent or chronic difficulty with any of the following?**

- Breathing or other respiratory problems (e.g. wheezing, shortness of breath) (1)
- Difficulty walking, climbing the stairs, playing sports (2)
- Difficulty falling asleep or frequently waking up at night (3)
- Serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional health condition (4)
- None of the above (5)

Q10.6 **How would you rate this child's...?**

	Excellent (1)	Very good (2)	Good (3)	Fair (4)	Poor (5)	I don't know (6)	I prefer not to answer (7)
Overall health (1)	○	○	○	○	○	○	○
DENTAL health (2)	○	○	○	○	○	○	○
MENTAL health (3)	○	○	○	○	○	○	○
Overall diet (4)	○	○	○	○	○	○	○

Q10.7 **What type of insurance(s) does this child have? (Select all that apply)**

- ○ Medicaid (1)
- ○ Private health insurance (2)
- ○ NJ Family Care (4)
- ○ Other government insurance (3)
- ○ No coverage at all (4)
- ○ Other (please specify) (5)

  _____

- ○ I don't know (6)
- ○ I prefer not to answer (7)

Q10.8 **During the past 12 months, did your child see a doctor, nurse practitioner, or other health care professional for well-child check ups or physical exams (including telehealth / telemedicine)?**

- ○ Yes (1)
- ○ No (2)
- ○ Other (please specify) (3)

  _____

- ○ I don't know (4)
- ○ I prefer not to answer (5)

Q10.9 **During the 12 past months, how many times did this child visit the Emergency Room (ER)?**

- None (1)
- Once or more (2)
- I don't know (3)
- I prefer not to answer (4)

DISPLAY THIS QUESTION: IF Q10.9 = ONCE OR MORE

Q10.9 **What was the reason for this child going to the ER?**

Q10.10 **During the past 12 months, how many days approximately did this child miss school or daycare due to illness?**

Q10.11 **How many times has this child moved since they were born?**

Q10.12 ***Just like a section earlier in the survey, the following questions ask about potentially sensitive information. You are free to skip any question at any time. We are trying to determine ways to better help young people. There is research that highlights the link between childhood experiences and the impact of those experiences on health in adulthood. Please consider answering these questions about this child as they relate to important public health issues.***

	Yes (1)	No (2)	I don't know (3)	I prefer not to answer (4)
Has this child ever seen, heard, or been victim of violence in your neighborhood, community, or school? (e.g. targeted bullying, assault or other violent actions, war or terrorism) (12)				
Has this child experienced discrimination? (e.g. being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities?) (1)				

Has this child ever had problems with housing? (e.g. being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members) (2)				
Have you ever worried that this child did not have enough food to eat or that the food for your child would run out before you could buy more? (3)				
Has this child ever lived with a parent/caregiver who had a serious physical illness or disability? (4)				
Has this child ever been separated from their parent or caregiver due to foster care, or immigration? (5)				
Has this child ever lived with a parent or caregiver who died? (6)				

Q10.13 **As far as you know, how safe does your child feel in the following places and situations? (Select N/A if it does not apply to you)**

	Very safe (1)	Safe (2)	Neither safe or unsafe (3)	Unsafe (4)	Very unsafe (5)	I don't know (6)	I prefer not to answer (7)	N/A (8)
In your home (1)								
In your neighborhood (2)								
At the doctor's office (3)								
At school (4)								
On their way to school (7)								
Using public transportation (5)								
Riding a bicycle(6)								

Walking to a routine destination (e.g. school, work, store, etc.) (8)	●	●	●	●	●	●	●	●

APPENDIX L:

IHN CHNA 2022-2024 COMMUNITY SURVEY (SPANISH)

Embedded Data
SourceValue will be set from Panel or URL
MediumValue will be set from Panel or URL
CampaignValue will be set from Panel or URL
utm_sourceValue will be set from Panel or URL
utm_mediumValue will be set from Panel or URL
utm_campaignValue will be set from Panel or URL
utm_contentValue will be set from Panel or URL

Block: Section 1: Consent Form (1 Question)
Standard: Section 2: Health & Healthcare Access (18 Questions)
Standard: Section 2.1: COVID-19 (12 Questions)
Standard: Section 3: Demographics (10 Questions)
Standard: Section 4: Additional Health and Healthcare Access Questions (6 Questions)
Standard: Section 5: Additional Health Knowledge/Behaviors (10 Questions)
Standard: Section 6: Food Access/Security (4 Questions)
Standard: Section 7: Neighborhood Quality (9 Questions)
Standard: Section 8: Adverse Childhood Experiences (1 Question)
Standard: Section 9: Additional Demographics (9 Questions)

Branch: New Branch If
If Do you have any children (under the age of 18 years old) who live in the home? Yes Is Selected

Block: Section 10: Child Health (16 Questions)

SECTION 1| CONSENT FORM

Q1.1 **Formulario de Consentimiento- Participación en el Cuestionario Anónimo: Evaluación de Necesidades de Salud en la Comunidad para la Red de Salud de Inspira**

Le invitamos a participar en un estudio de investigación conducido por Kristin Curtis, Directora Asistente del Instituto de Relaciones Públicas Senador Walter Rand en la Universidad de Rutgers- Camden. El propósito de esta investigación es el de recoger las observaciones de los residentes de los condados de Cumberland, Gloucester, y Salem sobre temas y servicios de salud. Si usted participa, responderá preguntas acerca de su salud, comportamientos riesgosos para la salud, prácticas preventivas de salud, y acceso al cuidado médico, así como acerca de sus opiniones sobre los puntos fuertes, debilidades, barreras, y áreas que necesiten desarrollo en la comunidad. La encuesta tomará aproximadamente 5 minutos en completar. Si después de completar la encuesta decide contestar preguntas adicionales, estas le tomarían aproximadamente 10 minutos.

Esta investigación es anónima, lo que quiere decir que no guardaremos ninguna información que pueda identificarlo/la. No existirá ninguna conexión entre su identidad y sus respuestas en la investigación.

El equipo de investigación y la Junta de Revisión Institucional de la Universidad de Rutgers son los únicos grupos que tendrán permiso de ver los datos, con la excepción de que sea requerida por la ley. Si un reporte sobre este estudio es publicado, o si los resultados son presentados en una conferencia profesional, solo los resultados colectivos serán presentados. Todos los datos del estudio serán guardados por tres años.

No hay ningún riesgo anticipado en este estudio. Puede ser que no reciba ningún beneficio directo por tomar parte en este estudio. Sin embargo, sus respuestas ayudarán a guiar medidas que podrían beneficiar a su condado.

Su participación en este estudio es voluntaria. Usted puede elegir no participar, y puede dejar de contestar preguntas en cualquier momento sin ninguna penalización. Además, no tiene que contestar ninguna pregunta que le cause incomodidad.

Si tiene alguna pregunta sobre este estudio o sus métodos, puede contactar a:
Kristin Curtis, Directora Asistente, Instituto de Relaciones Públicas Senador Walter Rand Universidad de Rutgers, Universidad Estatal de Nueva Jersey, Camden 411 Cooper Street Camden, NJ 08102
Teléfono: 856-225-6236, Email: kcurtis@camden.rutgers.edu

Si tiene alguna pregunta acerca de sus derechos como sujeto de investigación, por favor contacte a un Administrador de la Junta en la Universidad de Rutgers, Junta de Revisión Institucional de Artes y Ciencias. Junta de Revisión Institucional Universidad de Rutgers, la Universidad Estatal de Nueva Jersey Liberty Plaza / Suite 3200, 335 George Street, 3rd Floor, New Brunswick, NJ 08901 Teléfono: 732-235-2866, Email: humansubjects@orsp.rutgers.edu

Si tiene 18 años o más, entiende la información previa, y consiente a participar en el estudio, oprima "Estoy de Acuerdo" para comenzar la encuesta. Si usted seleccionó "No estoy de acuerdo," vaya al Final de la Encuesta..

- Estoy de acuerdo (1))
- No estoy de acuerdo (0)

SKIP TO: END OF SURVEY IF Q1.1 = I DO NOT AGREE

SECTION 2 | HEALTH & HEALTHCARE ACCESS

Q2.1 **¿Cuál es su código postal?**

Q2.2 **¿En qué condado vive?**

- Cumberland County (1)
- Gloucester County (2)
- Salem County (3)
- Otro (por favor especifique) (7)

DISPLAY THIS QUESTION: IF Q2.2 = CUMBERLAND COUNTY

Q2.2.1 Cumberland | **Por favor identifique en cuál pueblo / ciudad vive en el condado de Cumberland.**

- Bridgeton City (1)
- Commercial Township (2)
- Deerfield Township (3)
- Downe Township (4)
- Fairfield Township (5)
- Greenwich Township (6)
- Hopewell Township (7)
- Lawrence township (8)
- Maurice River Township (9)
- Millville City (10)
- Shiloh Borough (11)
- Stow Creek Township (12)
- Upper Deerfield Township (13)
- Vineland City (14)
- Otro (por favor especifique) (15)

DISPLAY THIS QUESTION: IF Q2.2 = GLOUCESTER COUNTY

Q2.2.2 Gloucester | **Por favor identifique en cuál pueblo / ciudad vive en el condado de Gloucester.**

- Clayton Borough (1)
- Deptford Township (2)
- East Greenwich Township (3)
- Elk Township (4)
- Franklin Township (5)
- Glassboro Borough (6)
- Greenwich Township (7)
- Harrison Township (8)
- Logan Township (9)
- Mantua Township (10)
- Monroe Township (11)
- National Park Borough (12)
- Newfield Borough (13)
- Paulsboro Borough (14)
- Pitman Borough (15)
- South Harrison Township (16)
- Swedesboro Borough (17)
- Washington Township (18)
- Wenonah Borough (19)
- West Deptford Township (20)
- Westville Borough (21)
- Woodbury City (22)
- Woodbury Heights Borough (23)
- Woolwich Township (24)
- Otro (por favor especifique) (25)

DISPLAY THIS QUESTION: IF Q2.2 = SALEM COUNTY

Q2.2.3 Salem | **Por favor identifique en cuál pueblo / ciudad vive en el condado de Salem.**

- Alloway Township (1)
- Carneys Point Township (2)
- Elmer Borough (3)
- Elsinboro Township (4
- Lower Alloways Creek Township (5)
- Mannington Township (6)
- Oldmans Township (7)
- Penns Grove Borough (8)
- Pennsville Township (9)
- Pilesgrove Township (10)
- Pittsgrove Township (11)
- Quinton Township (12)
- Salem City (13)
- Upper Pittsgrove Township (14)
- Woodstown Borough (15)
- Otro (por favor especifique) (16)

Q2.3 **¿Cuáles son problemas de salud que ve en su comunidad? (Seleccione todos los que correspondan).**

- Acceso al cuidado médico (1)
- Salud dental (2)
- Salud mental (3)
- Inmunización / muy pocas personas que reciben vacunas (4)
- Falta de seguro médico o insuficiente cobertura (5)
- Acceso a métodos anticonceptivos / salud reproductiva (6)
- Salud infantil / materna (7)
- Uso del alcohol (8)
- Tabaco (9)
- Cigarrillos electrónicos (ej.: Juuls) (10)
- Uso de drogas (de prescripción) (11)
- Uso de drogas (ilegales) (12)
- Sobrepeso / obesidad en adultos (13)
- Sobrepeso / obesidad en niños (14)

- Falta de comida saludable (15)
- Exceso de comida no saludable (16)
- Alta presión arterial (Hipertensión) (17)
- Enfermedades del corazón (18)
- Enfermedades de los pulmones (ej.: EPOC) (19)
- COVID-19 (20)
- Asma (21)
- Cáncer (22)
- VIH / SIDA (23)
- Diabetes (24)
- Derrame cerebral (25)
- Acceso a servicios para los adultos de la tercera edad / adultos mayores (26)
- Seguridad en la comunidad (27)
- Violencia doméstica (28)
- Ataques sexuales / violencia sexual (29)
- Enfermedades/infecciones de transmisión sexual (ETS / ITS) (30)
- Falta de vivienda / inestabilidad de vivienda (31)
- Encarcelamiento en exceso (demasiadas personas en la cárcel / prisión) (32)
- Sensación de soledad (33)
- Falta de acceso a otras personas y lugares (34)
- Otro (por favor especifique) (35)

Q2.4 **¿Cuáles son las barreras que impiden que la gente de su comunidad consiga cuidado médico cuando lo necesitan? (Seleccione todas las que correspondan).**

- Falta de cobertura de seguro médico (1)
- Cobertura limitada de seguro médico (2)
- No puede cubrir los costos por cuenta propia (copago, prescripciones, etc.) (3)
- Dificultades navegando / entendiendo el sistema médico (4)
- Falta de confianza en los proveedores / sistemas de cuidado médico (5)
- Miedo de una diagnosis / el resultado de la visita (6)
- Barreras de lenguaje o culturales (7)
- Falta de médicos primarios / particulares / de familia (8)
- Falta de especialistas (9)
- Falta de transporte (10)

- No tienen con quien dejar a los niños (11)
- No hay citas convenientes (12)
- Se le hace imposible pedir libre del trabajo (13)
- Restricciones de tiempo (ej: esperas largas) (14)
- Preocupaciones sobre la policía (15)
- Preocupaciones de inmigración (16)
- Problemas de seguridad en el vecindario (17)
- Otro (por favor especifique) (18)

Q2.5 **En cuanto a la salud, ¿cuáles son los servicios o recursos que usted cree hagan falta en la comunidad? Seleccione todos los que correspondan.**

- Cuidado médico gratuito o de bajo costo (1)
- Cuidado dental gratuito o de bajo costo (2)
- Cuidado de los ojos gratuito o de bajo costo (3)
- Prescripciones gratuitas o de bajo costo (4)
- Doctores primarios / particulares / de familia (5)
- Proveedores médicos pediátricos (para niños) (6)
- Especialistas médicos (7)
- Servicios de salud mental o del comportamiento (8)
- Servicios de abuso de sustancias (9)
- Servicios bilingües (10)
- Navegadores de paciente (personas que le ayudan entender el sistema medico) (11)
- Trabajadores Sociales o Manejadores de Casos (12)
- Servicios de apoyo comunitarios (AA, NA, grupos de apoyo, etc.) (13)
- Educación / información / promoción de temas de salud (14)
- Chequeos de salud (ej.: cáncer, enfermedades sexuales, enfermedades crónicas) (15)
- Servicios de inmunización / vacunas (16)
- Cuidado de salud para mujeres (cuidado prenatal, obstetricia/ginecología métodos anticonceptivos, etc.) (17)
- Servicios para los adultos de tercera edad / adultos mayores (18)
- Cuidado de salud para veteranos de guerra (19)
- Servicios para la población previamente encarcelada (20)
- Rutas de transportación pública a centros médicos (hospitales, clínicas, Urgent Care, doctor) (21)
- Servicios de transportación medica (AccessLink, LogistiCare / ModivCare) (22)

- Servicios de comida a domicilio (23)
- Cuidado de relevo (cuidado alternativo breve que provee un descanso temporáneo para los cuidadores) (24)
- Cuidados para enfermos terminales (ej: hospicio or cuidados paliativos) (25)
- Otro (por favor especifique) (26)

Q2.6 **¿Hay poblaciones específicas en su comunidad que usted crea NO están siendo atendidas apropiadamente por los servicios de salud locales? (Seleccione todas las que correspondan).**

- Nativo-americano/a o Nativo de Alaska (1)
- Asiático/a (2)
- Negro/a o Afro-Americano/a (3)
- Hispanos / Latinos / Latinx (4)
- Nativo/a Hawaiano/a o Isleño/a del Pacífico (5)
- Blanco / a (6)
- Hablantes no nativos en inglés (7)
- Varones (8)
- Mujeres (9)
- LGBTQIA+ (10)
- Niños / jóvenes (11)
- Jóvenes adultos (12)
- Personas de la tercera edad / adultos mayores (13)
- Veteranos de guerra (14)
- Personas sin hogar / inseguros de vivienda (15)
- Previamente encarceladas (16)
- Inmigrantes / refugiados (17)
- Personas pobres o de bajos recursos (18)
- Personas viviendo con VIH / SIDA (19)
- Personas con condiciones de salud mental / de comportamiento (20)
- Personal con discapacidades (21)
- Personas sin seguro/ insuficiente cobertura (22)
- Ninguna de éstas (23)
- Otro (por favor especifique) (24)

Q2.7 **Cuando está enfermo/a o necesita cuidado médico, ¿a qué lugar va usualmente? (Incluya visitas digitales o por teléfono)**

- Clínica o centro médico (1)
- Oficina del doctor (2)
- Sala de emergencias del hospital (3)
- Departamento ambulatorio del hospital (4)
- Cuidado de urgencias (5)
- Otro (por favor especifique) (6)
- No sé (7)
- Prefiero no responder (8)

Q2.8 **¿Hace cuánto tiempo que visitó a un doctor para un chequeo de rutina?**

- Dentro de este año pasado (hace menos de 12 meses) (1)
- Dentro de los pasados 2 años (hace más de 1 año pero menos de 2 años) (2)
- Dentro de los pasados 5 años (hace más de 2 años pero menos de 5 años) (3)
- 5 años o más (4)
- Nunca he visitado un doctor para un chequeo médico (5)
- No sé (6)
- Prefiero no responder (7)

Q2.9 **¿Qué tipo de seguro médico tiene? (Seleccione todos los que correspondan).**

- Medicare (1)
- Medicaid (2)
- Seguro médico privado (3)
- NJ FamilyCare (4)
- Seguro médico para militares (TRICARE/VA/CHAMP-VA) (5)
- Medi-Gap (6)
- Programa de Salud para Indígenas (7)
- Otro programa del gobierno (8)
- Plan de servicios individuales (ej.: dental, visión, prescripciones) (9)
- Ningún tipo de cobertura (10)
- Otro (por favor especifique) (11)
- No sé (12)
- Prefiero no responder (13)

Q2.10 **¿De cuál de los siguientes programas has oído hablar? (Seleccione todos los que correspondan).**

- Exámenes de presión arterial, diabetes y cáncer en Inspira (1)
- Fitness Connection Physician Referred Exercise Program (PREP) (2)
- Consejería Nutricional en Inspira (3)
- Inspira Smoking and Tobacco Quit Center (4)
- Servicios de salud del hogar y hospicio en Inspira (5)
- Grupos de apoyo en Inspira (cáncer, bariátrico) (6)
- Inspira Spirit of Women (7)
- Inspira Programa de LIFE (8)
- Programas de entrenamiento en Inspira (RCP, EMT, paramédico, Basic Life Supports) (9)
- Capacitación profesional - Garden Area Health Education Centers (AHEC) (10)
- Programas de Educación en Inspira (envejecimiento saludable, parto, cuidado infantil, embarazo) (11)
- IMPACT Family Success Centers (Forest /Laurel Lakes, Monarch) (12)
- IMPACT Parent Linking Program (13)
- IMPACT School Based Youth Services (14)
- IMPACT Early Intervention Program (15)
- Otro (por favor especifique) (16)

- No he oído hablar de ninguno de estos programas (17)
- No sé (18)
- Prefiero no responder (19)

Q2.11 **¿Alguna vez su familia ha utilizado alguno de estos recursos comunitarios? (Seleccione todos que correspondan)**

- Banco de comida (1)
- Servicios de comida a domicilio (e.g. community food drives, Meals on Wheels) (2)
- SNAP (Programa de Asistencia Nutricional Suplementaria) (3)
- WIC (Programa de Asistencia Nutricional Suplementaria de New Jersey para Mujeres, Infantes, y Niños) (4)
- Otro recurso u organización (por favor especifique) (5)
- Ninguna de éstas (6)

Q2.12 **¿Dónde consigue información acerca del cuidado de la salud? Seleccione todas las que correspondan.**

- Doctor o proveedor de cuidado médico (1)
- Amigos / Familiares (2)
- Lugar de trabajo (3)
- Compañía de seguro médico (4)
- Fuentes de información federal o internacional (ej: U.S. Departamento de Salud, CDC, WHO, etc) (5)
- Departamento de salud local, del Condado, o de New Jersey (a través de Trabajadores de Salud de la Comunidad, Enfermeros, Educadores de Salud, etc) (6)
- Fuentes independientes en el internet (ej: WebMD, Mayo Clinic, blogs) (7)
- Libros / revistas / periódicos (8)
- Correo electrónico / suscripción de noticias (9)
- Podcasts (10)
- Aplicaciones móviles (ej: News app, Google feed) (11)
- Redes sociales (ej: Facebook, Instagram, Twitter, TikTok, YouTube) (12)
- Televisión / Programas de radio (13)
- Otro (por favor especifique) (14)
- No recibo ninguna información de salud (15)
- No sé (16)
- Prefiero no responder (17)

DISPLAY THIS QUESTION: IF Q2.12 = SOCIAL MEDIA (E.G., FACEBOOK, INSTAGRAM, TWITTER, TIKTOK, YOUTUBE)

Q2.12.1 **¿Cuáles plataformas de redes sociales utiliza para obtener información de salud? (Seleccione todos los que correspondan)**

- Facebook (1)
- Instagram (2)
- Twitter (3)
- TikTok (4)
- YouTube (5)
- Otro (por favor especifique) (6)
- No utilizo redes sociales (7)
- Prefiero no responder (8)

Q2.13 **¿Cómo escuchó de esta encuesta?**

- Un amigo/a, familiar, o conocido me dijo sobre la encuesta (1)
- Mi doctor o proveedor médico me dijo sobre la encuesta (2)
- Por un papel o volante (3)
- En el trabajo (4)
- En una organización en mi comunidad (5)
- Por un anuncio en las redes sociales (Facebook, Instagram, Twitter, etc) (6)
- Por el blog, circular, o email de Inspira (7)
- Por la página web de Inspira (8)
- Otro (por favor especifique) (9)

DISPLAY THIS QUESTION: IF Q2.13 = SOCIAL MEDIA AD (FACEBOOK, INSTAGRAM, TWITTER, ETC)

Q2.13.1 **¿En cuál plataforma de redes sociales escuchó de esta encuesta? (Seleccione todos los que correspondan)**

- Facebook (1)
- Instagram (2)
- Twitter (3)
- LinkedIn (4)
- YouTube (5)
- Otro (por favor especifique) (6)

SECTION 2.1 | COVID-19

QC19.1 **¿Recibió una vacuna contra el COVID?**

- Sí (**parcialmente** vacunado) (1)
- Sí (**totalmente** vacunado) (2)
- Sí (totalmente vacunado/a más la **dosis de refuerzo / booster**) (3)
- No (4)
- No sé (5)
- Prefiero no responder (6)

DISPLAY THIS QUESTION: IF QC19.1 = NO

QC19.1.1 **Si NO recibió una vacuna contra el COVID, ¿por qué no? (seleccione todos los que correspondan)**

- No puedo ir solo (tengo una limitación física) (1)
- Está demasiado lejos para mi (2)
- No tengo transportacion (3)
- No sé a donde ir para vacunarme (4)
- No soy elegible para recibir una vacuna contra el COVID-19 (5)
- No hay citas convenientes (6)
- No tengo tiempo libre en el trabajo (7)
- Las horas de operación son inconvenientes (8)
- El tiempo de espera es demasiado largo (9)
- Estoy demasiado ocupado para vacunarme (10)
- No tengo nadie con quien dejar a los niños (11)
- Tengo una razón médica que me hace inelegible para vacunarme (ej: tuve una alergia grave a las vacunas en el pasado) (12)
- Me preocupan los efectos secundarios (13)
- Las vacunas no funcionan (14)
- No creo que la necesito (15)
- No estoy preocupado/a por el COVID-19 (16)
- Las vacunas hacen más daño que bien (17)
- Otro (por favor especifique) (18)

- No sé (19)
- Prefiero no responder (20)

DISPLAY THIS QUESTION: IF QC19.1 = YES (<STRONG>FULLY</STRONG> VACCINATED)

QC19.1.2 **Va a recibir la dosis de refuerzo (booster) para la vacuna contra el COVID-19 cuando sea elegible?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

QC19.2 **¿Alguien en su hogar ha recibido una prueba positiva del COVID-19 alguna vez?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

QC19.3 **¿Qué tan preocupado está de que los miembros de su hogar se enfermen con COVID-19?**

- Muy preocupado (1)
- Algo preocupado (2)
- No estoy preocupado (3)
- No sé (4)
- Prefiero no responder (5)

QC19.4 **¿Usted o alguien en su hogar ha experimentado angustia emocional debido a la pandemia?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

DISPLAY THIS QUESTION:IF QC19.4 = YES

QC19.4.1 **¿Sabe dónde buscar ayuda profesional (por ejemplo, consejería, terapia, servicios psiquiátricos) si lo desea?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

QC19.5 **¿Cómo describiría el nivel actual de estrés en su hogar debido a COVID-19?**

- Alto: cerca del punto de ruptura (1)
- Medio: estresante pero nos estamos manejando (2)
- Bajo: estamos bien (3)
- No sé (4)
- Prefiero no responder (5)

DISPLAY THIS QUESTION: IF Q2.3 = LACK OF ACCESS TO PEOPLE AND PLACES

Q2.3.1 **¿Su falta de acceso a personas y lugares ha sido mayor debido al COVID-19?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

QC19.6 **¿A dónde va su hogar para obtener información sobre la pandemia de COVID- 19? (seleccione todos los que correspondan)**

- Doctor o proveedor de cuidado médico (1)
- Amigos / Familiares (2)
- Trabajo (3)
- Compañía de seguro médico (4)
- Fuentes de información federal o internacional (ej: U.S. Departamento de Salud, CDC, WHO, etc) (5)
- Departamento de salud local, del Condado, o de New Jersey (a través de Trabajadores de Salud de la Comunidad, Enfermeros, Educadores de Salud) (6)
- Fuentes en el internet (ej: WebMD, Mayo Clinic, blogs) (7)
- Libros / revistas / periódicos (8)
- Correo electrónico / suscripción de noticias (9)
- Podcasts (10)
- Aplicaciones móviles (ej: News app, Google feed) (11)
- Redes sociales (ej: Facebook, Instagram, Twitter, TikTok, YouTube) (12)
- Televisión / Programas de radio (13)
- Otro (por favor especifique) (14)
- No recibo ninguna información sobre el COVID-19 (15)
- No sé (16)
- Prefiero no responder (17)

DISPLAY THIS QUESTION: IF QC19.6 = SOCIAL MEDIA (E.G., FACEBOOK, INSTAGRAM, TWITTER, TIKTOK, YOUTUBE) (PLEASE SPECIFY)

QC19.6.1 **¿Cuáles plataformas de redes sociales utiliza para obtener información sobre el COVID-19? (Seleccione todos los que correspondan)**

- Facebook (1)
- Instagram (2)
- Twitter (3)
- TikTok (4)
- YouTube (5)
- Otra (por favor especifique) (6)
- No utilizo redes sociales (7)
- Prefiero no responder (8)

QC19.7 **¿Qué información adicional le gustaría saber a su hogar sobre COVID-19?**

- Señales y síntomas (1)
- Cómo y/o cuándo hacerse la prueba (2)
- Prevención (3)
- Tratamiento (4)
- Exito / seguridad de las vacunas (5)
- Quién se puede vacunar (6)
- Dónde hay vacunas (7)
- Exito / seguridad de la dosis de refuerzo (booster) (8)
- Quién puede obtener la dosis de refuerzo (booster) (9)
- Dónde hay la dosis de refuerzo (booster) (10)
- Efectos a largo plazo (11)
- Recuperación (12)
- Otro (por favor especifique) (13)
- No necesitamos información adicional (14)
- No sé (15)
- Prefiero no responder (16)

SECTION 3 | DEMOGRAPHICS

Q3.1 **¿Cuántos años tiene?**

Q3.2 **¿Tiene niños (menores de 18 años) que vivan en el hogar?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

DISPLAY THIS QUESTION: IF Q3.2 = YES

Q3.2.1 **¿Cuántos niños (menores de 18 años) viven en el hogar?**

▼ Ninguno (0) ... Más de 6 (7)

Q3.3 **Escoja la raza(s) con la(s) que se identifique. Seleccione todas las que correspondan.**

- Nativo-americano/a o Nativo de Alaska (1)
- Asiático/a (2)
- Negro/a o Afro-Americano/a (3)
- Hispano/a / Latino/a / Latinx (4)
- Nativo/a Hawaiano/a o Isleño/a del Pacífico (5)
- Blanco/a (6)
- Otra (por favor especifique) (7)

Q3.4 **Por favor escoja la respuesta que sea la más cercana al ingreso anual de su hogar.**

- Menos de $10,000 (1)
- $10,000 a $19,999 (2)
- $20,000 a $29,999 (3)
- $30,000 a $39,999 (4)
- $40,000 a $49,999 (5)
- $50,000 a $59,999 (6)
- $60,000 a $69,999 (7)
- $70,000 a $79,999 (8)

- $80,000 a $89,999 (9)
- $90,000 a $99,999 (10)
- $100,000 a $149,999 (11)
- $150,000 o más (12)

Q3.5 **¿En cuál de los siguientes lugares durmió el año pasado? (Seleccione todos los que correspondan).**

- Un lugar del que usted es dueño (1)
- Un lugar que usted renta (2)
- Un lugar que usted subarrienda (3)
- Una habitación de motel u hotel (sin contar las estancias de vacaciones o de trabajo) (4)
- La casa de unos familiares o amigos (para una estadía temporánea por una razón otra que visita) (5)
- Un carro, una van, o un RV (6)
- Un hospital o clinica (7)
- Una casa de huéspedes / pensión (renta un cuarto y comparte las áreas comunes como las cocinas y los baños) (8)
- Albergue para personas sin hogar / vivienda de emergencia (9)
- La acera o pavimento cerca de una calle (10)
- Campamento de personas sin hogar (11)
- Otro (por favor especifique) (12)
- No sé (13)
- Prefiero no responder (14)

Q3.6 **¿Durante el año pasado, alguno de los siguientes que le aplican a usted? (Seleccione todos los que correspondan).**

- Ha sido echado/a de su hogar (1)
- Ha sido desalojado de su hogar (2)
- Se ha quedado en un albergue para personas sin hogar (3)
- Se ha quedado en un edificio abandonado, un carro, o en otro lugar donde la gente no debería vivir (4)
- No sabía dónde iba a dormir, aún si solamente por una noche (5)
- No tenía un hogar (6)
- Ningunos de estos (7)
- No sé (8)
- Prefiero no responder (9)

DISPLAY THIS QUESTION: IF Q3.6 = STAYED IN SHELTER

Q3.6.1 **¿Algún miembro del personal del albergue le dio consejos sobre cómo encontrar un lugar permanente para vivir?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

DISPLAY THIS QUESTION: IF Q3.6 = KICKED OUT / THROWN OUT OF HOME OR Q3.6 = EVICTED FROM HOME
OR Q3.6 = STAYED IN SHELTER
OR Q3.6 = STAYED IN AN ABANDONED BUILDING, CAR, ENCAMPMENT, OR OTHER PLACE NOT MEANT AS HOUSING
OR Q3.6 = DID NOT KNOW WHERE YOU WERE GOING TO SLEEP, EVEN FOR ONE NIGHT
OR Q3.6 = DID NOT HAVE A HOME

Q3.6.2 **¿Cuánto tiempo estuvo / ha estado sin vivienda?**

- 3 meses o menos (1)
- 4-6 meses (2)
- 7-11 meses (3)
- 1-2 años (4)
- 3-5 años (5)
- 6-10 años (6)
- No sé (7)
- Prefiero no responder (9)

Q3.7 ***¡Gracias por contestar nuestras preguntas! Nos gustaría hacerle más preguntas sobre la salud en su comunidad. Si usted está de acuerdo con contestar más preguntas, por favor vaya a la página siguiente. Si no desea continuar, haga clic en "Alto / Pare".***

- Siguiente (1)
- Alto / Pare (0)

SKIP TO: END OF SURVEY IF Q3.7 = STOP
SKIP TO: END OF BLOCK IF Q3.7 = NEXT

SECTION 4 | ADDITIONAL HEALTH AND HEALTHCARE ACCESS QUESTIONS

Q4.1 **Las siguientes preguntas le pedirán que califique varios aspectos de su salud. Por favor escoja la mejor respuesta a cada pregunta.**

¿Cómo calificaría su...?

	Excelente (1)	Muy bueno (2)	Bueno (3)	Normal (4)	Malo (5)	No sé (6)	Prefiero no responder (7)
¿Salud en general? (1)	○	○	○	○	○	○	○
¿Salud DENTAL? (2)	○	○	○	○	○	○	○
¿Salud MENTAL? (3)	○	○	○	○	○	○	○
¿Dieta general? (4)	○	○	○	○	○	○	○

Q4.2 **¿Cómo se transporta a sus citas médicas normalmente? (Seleccione todos los que correspondan)**

- ○ Camina / Va en bicicleta (1)
- ○ Toma transporte público (bus, tren, etc.) (2)
- ○ Paga a alguien para que lo / a lleve (ej.: Uber, Lyft, taxi, conocido) (3)
- ○ Conduce usted mismo/a (4)
- ○ Un familiar o amigo le lleva libre de costo (5)
- ○ Usa un servicio de transportación medico (e.g. LogistiCare, AccessLink, LogistiCare / ModivCare) (6)
- ○ Transporte para ciudadanos de la tercera edad (7)
- ○ Organización de voluntarios (8)
- ○ Usa otro modo de transporte médico (9)
- ○ No requirió transporte (solo usó telesalud) (10)
- ○ No tuvo ninguna cita médica (11)
- ○ Otro (por favor especifique) (12)

  _____

- ○ No sé (13)
- ○ Prefiero no responder (14)

Q4.3 **Actualmente, ¿a qué distancia vive del hospital más cercano?**

- Alrededor de 5 millas (1)
- Alrededor de 10 millas (2)
- Alrededor de 15 millas o más (3)
- No sé (4)
- Prefiero no responder (5)

Q4.4 **Durante el año pasado, en promedio, ¿cuánto tiempo le tomó viajar a sus citas médicas?**

- Unos 10 minutos o menos (1)
- Unos 15 minutos (2)
- Unos 20 minutos o más (3)
- No viajó a ninguna cita médica (telesalud) (4)
- No tuvo ninguna cita médica (5)
- No sé (6)
- Prefiero no responder (7)

Q4.5 **¿Hubo un tiempo en los pasados 12 meses cuando el costo le impidió conseguir cuidado médico, servicios médicos o equipos médicos que usted necesitaba?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

DISPLAY THIS QUESTION: IF Q4.5 = YES

Q4.5.1 **¿En qué forma el costo le impidió de conseguir el cuidado médico usted necesitaba? (Seleccione todas las que correspondan).**

- No pude darme el lujo de ir al médico (1)
- No pude darme el lujo de comprar los equipos médicos (ej.: las tiras reactivas, silla de rueda, máquina CPAP) (2)
- No pude darme el lujo de las prescripciones médicas (3)
- No pude darme el lujo de seguir el consejo médico (ej.: seguir un dieta específico) (4)
- Otro (por favor especifique) (5)

- No sé (6)
- Prefiero no responder (7)

SECTION 5 | ADDITIONAL HEALTH KNOWLEDGE/BEHAVIORS

Q5.1 **Por favor indique las condiciones médicas para las que está recibiendo exámenes de detección recomendados. Seleccione N/A si no le aplica a usted.**

Seleccione N/A si no le aplica a usted.

	Sí (1)	No (2)	No aplica (N/A) (3)	No sé (4)	Prefiero no responder (5)
Cáncer de Seno (1)	○	○	○	○	○
Cáncer Cervical (2)	○	○	○	○	○
Cáncer Colorrectal (3)	○	○	○	○	○
Cáncer del Pulmón (4)	○	○	○	○	○
Cáncer del Próstata (5)	○	○	○	○	○
Cáncer de la piel (6)	○	○	○	○	○
Hepatitis C (7)	○	○	○	○	○
Enfermedades / infecciones de transmisión sexual (ETS/ ITS) (ej.: VIH, gonorrea, clamidia) (8)	○	○	○	○	○

DISPLAY THIS QUESTION: IF Q5.1 = STDS / STIS (E.G., HIV, GONORRHEA, CHLAMYDIA) [YES]

Q5.1.1 **¿Dónde le chequearon por enfermedades / infecciones de transmisión sexual (ETS / ITS)?**

- ○ Oficina del doctor (1)
- ○ Departamento de Salud / Clínica de ETS / ITS (2)
- ○ Clínica o Centro de Salud (3)
- ○ Hospital (4)
- ○ Otro (por favor especifique) (5)

  _____
- ○ No sé (6)
- ○ Prefiero no responder (7)

Q5.2 **En los últimos 12 meses, ¿se ha puesto la vacuna de la gripe?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

DISPLAY THIS QUESTION: IF Q5.2 = NO

Q5.2.1 **Si no se puso la vacuna de la gripe, ¿por qué no? (Seleccione todas las que correspondan).**

- No pude cubrir el costo (1)
- No sé a dónde ir para vacunarme (2)
- No puedo ir por mi cuenta (tengo una limitación física) (3)
- No tengo transportación (4)
- Es difícil arreglar que alguien se quede con los niños (5)
- Tengo una razón médica que me hace inelegible para vacunarme (ej: tuve una alergia grave a las vacunas en el pasado). (6)
- Me la puse una vez y me enfermé (7)
- No tuve tiempo de ponermela (8)
- No creo que la necesito / no me enfermo (9)
- Las vacunas no funcionan (10)
- Las vacunas hacen más daño que bien (11)
- Otro (por favor especifique) (12)

- No sé (13)
- Prefiero no responder (14)

Q5.3 **¿Con cuáles de las siguientes condiciones crónicas ha sido diagnosticado/a o está en riesgo de adquirir? (Seleccione todos los que correspondan).**

- Asma (1)
- Diabetes (2)
- Artritis (3)
- Dolor crónico (4)
- Ansiedad (5)
- Depresión (6)
- Problemas de salud mental/ salud de comportamiento (7)

- Cáncer (8)
- Enfermedades del corazón (9)
- Presión alta (hipertensión) (10)
- Colesterol alto (11)
- Enfermedades de los pulmones (ej.: EPOC, enfisema) (12)
- Enfermedades renales / del riñón (13)
- Sobrepeso / obesidad (14)
- Mal uso / abuso del alcohol (15)
- Mal uso / abuso de drogas (16)
- Otro (por favor especifique) (17)

- Ninguna de éstas (18)
- No sé (19)
- Prefiero no responder (20)

Q5.4 **¿Alguna vez ha hablado con sus seres queridos sobre lo que le quisiera hacer en caso de que estuviera tan enfermo que no pudiera tomar decisiones sobre su cuidado médico?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

Q5.5 **Pensando en la semana pasada, con que frecuencia …**

	Nunca (1)	Una o dos veces (2)	Algunos días (3)	La mayoría de los días (4)	Todos los días (5)	Ne Sé (6)	Prefiero no responder (7)
… comió frutas o vegetales (1)							
… comió con su familia (2)							
… comió comida rápida (3)							
… sentió que le faltaba compañía (4)							

… se sentió excluido (5)	●	●	●	●	●	●	●
… se sentió aislado de otra personas (6)	●	●	●	●	●	●	●
… se sentió estresado (7)	●	●	●	●	●	●	●
…hizo ejercicio (8)	●	●	●	●	●	●	●
… durmió suficiente (9)	●	●	●	●	●	●	●
… tuvo suficiente tiempo libre / para relajarse (10)	●	●	●	●	●	●	●
… estuvo demasiado tiempo frente a una pantalla (ej.: teléfono, tableta, televisión, etc.) (11)	●	●	●	●	●	●	●
… trabajó demasiado (12)	●	●	●	●	●	●	●
… usó algún producto de tabaco (ej.: cigarrillos, cigarros, tabaco de masticar) (13)	●	●	●	●	●	●	●
… usó algún producto vaporizador / cigarrillo electrónico (14)	●	●	●	●	●	●	●
…estuvo preocupado de que se le acabaría la comida antes de que hubiera dinero para comprar más (15)	●	●	●	●	●	●	●

DISPLAY THIS QUESTION: IF Q5.5 = ...USE ANY TOBACCO PRODUCTS (E.G., CIGARETTES, CIGARS, DIP, CHEW) [EVERY DAY]

OR Q5.5 = ...USE ANY TOBACCO PRODUCTS (E.G., CIGARETTES, CIGARS, DIP, CHEW) [MOST DAYS]

OR Q5.5 = ...USE ANY TOBACCO PRODUCTS (E.G., CIGARETTES, CIGARS, DIP, CHEW) [SOME DAYS]

OR Q5.5 = ...USE ANY TOBACCO PRODUCTS (E.G., CIGARETTES, CIGARS, DIP, CHEW) [ONCE OR TWICE]

Q5.5.1 **Si alguna vez ha intentado dejar de usar los productos de tabaco, ¿qué métodos ha tratado? (Seleccione todos los que correspondan).**

- Consejería (1)
- Parches de nicotina (2)
- Pastillas de nicotina o chicle de nicotina (3)
- Inhalador de nicotina (4)
- Prescripción para medicación oral (5)
- Vaporizadores o cigarrillos electrónicos (6)
- Ninguno de éstos (7)
- Nunca he intentado dejar de fumar (8)
- Cursos (9)
- Aplicaciones móviles (10)
- Inspira Smoking and Tobacco Quit Center (12)
- Otro (por favor especifique) (13)

- No sé (14)
- Prefiero no responder (15)

Q5.6 **¿Hay un arma de fuego / pistolas en su casa?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

DISPLAY THIS QUESTION: IF Q5.6 = YES

Q5.6.1 **¿Sabe cuántas armas de fuego / pistolas hay en su casa?**

- Sí (por favor indique cuántas hay) (1)
- No sé (2)
- Prefiero no responder (3)

SECTION 6 | FOOD ACCESS/SECURITY

Q6.1 **¿A qué distancia, en millas, está su tienda de alimentos más cercana?**

Q6.2 **En los últimos 2 meses, ¿cómo consiguió su despensa / alimentos? (Seleccione todos los que correspondan).**

- Camina / Va en bicicleta (1)
- Toma transporte público (2)
- Conduce usted mismo/a (3)
- Un familiar o amigo/a le lleva (4)
- Paga a alguien para que lo/a lleve (ej.: Uber, Lyft, taxi, conocido) (5)
- Compra sus alimentos por Internet (entrega a domicilio) (6)
- Hace que un familiar o amigo se los entregue (7)
- Otro (por favor especifique) (8)
- No sé (9)
- Prefiero no responder (10)

Q6.3 **En los últimos 2 meses, ¿dónde ha usted o alguien de su hogar comprado la despensa / comida? (Seleccione los que correspondan).**

- Supermercado (ej.: Acme, Shoprite, Aldi, Walmart) (1)
- Tienda / bodega (2)
- Tienda de abarrotes (ej: Wawa, 7-Eleven, Quick Stop) (3)
- Dollar Store (4)
- Amigos o familiares (5)
- Iglesia / centro de reparto de comida gratuita / comedores populares (6)
- Por Internet (7)
- Campaña comunitaria de alimentos (8)
- Otro (por favor especifique) (9)
- No sé (10)
- Prefiero no responder (11)

Q6.4 **¿Hay algo que le impida preparar comida en su casa regularmente? (Seleccione todas las que correspondan).**

- Falta de acceso a los ingredientes para preparar comidas (1)
- Distancia / dificultad para llegar a la tienda para comprar los ingredientes (2)
- No se siente cómodo/a cocinando (3)
- No tiene tiempo para cocinar (4)
- No es capaz físicamente de cocinar (5)
- No tiene un lugar / equipo para cocinar (ej.: cocina, hornilla, microondas, etc.) (6)
- Comer afuera se le hace más fácil (7)
- No hay nada que me previene preparar comida en casa (8)
- Otro (por favor especifique) (9)
- No sé (10)
- Prefiero no responder (11)

SECTION 7 | NEIGHBORHOOD QUALITY

Q7.1 **Vive en una unidad de vivienda pública / apartamento / complejo de apartamentos?**

- Sí (1)
- No (2)
- No sé (3)
- Prefiero no responder (4)

Q7.2 **¿Cómo calificaría la calidad de su vivienda actual?**

- Excelente (1)
- Buena (2)
- Normal (3)
- Mala (4)
- Muy mala (inaceptable) (5)

Q7.3 **Thinking about the neighborhood or community you live in, please rate each of the following:**

	Excelente (1)	Muy bueno (2)	Bueno (3)	Normal (4)	Malo (5)	No sé (6)	Prefiero no responder (7)
Como lugar donde comprar frutas y vegetales frescos (1)							
Como lugar donde caminar o hacer ejercicio (2)							
Como lugar para hablar o conectarse con otras personas (3)							
Como lugar donde vivir (4)							

Q7.4 **Por favor, indique cuánto está de acuerdo o en desacuerdo con las siguientes declaraciones**

	Muy de acuerdo (1)	De acuerdo (2)	Ni de acuerdo ni en desacuerdo (3)	En desacuerdo (4)	En muy desacuerdo (5)	No sé (6)	Prefiero no responder (7)
La gente de aquí está dispuesta a ayudar a los vecinos (2)	○	○	○	○	○	○	○
Este es un vecindario unido (8)	○	○	○	○	○	○	○
Puedo confiar en la gente de este vecindario (5)	○	○	○	○	○	○	○
Las personas en este vecindario generalmente no se llevan bien entre ellas (3)	○	○	○	○	○	○	○
Las personas en este vecindario no comparten los mismos valores (4)	○	○	○	○	○	○	○

Q7.5 **¿Cuánto tiempo ha vivido en su vecindario actual?**

○ Aproximadamente... (años) (1)

○ No sé (2)

○ Prefiero no responder (3)

Q7.6 **Pensando en los más cercanos a usted, ¿aproximadamente cuántos...?**

	Indique el número (1)
Miembro de su familia que viven en su vecindario (6)	○
Amistades que viven en su vecindario (7)	○
Amistades que viven fueran de su vecindario (8)	○

Q7.7 **Pensando en su vecindario, ¿usted podría contar con que sus vecinos intervengan en varias maneras?**

	Muy probable (1)	Probable (2)	Ni probable ni improbable (3)	Improbable (4)	Muy improbable (5)	No sé (6)	Prefiero no responder (7)
Si los niños faltaran a la escuela y pasaran el rato en la calle (1)	○	○	○	○	○	○	○
Si los niños estuvieran pintando grafitis con aerosol en un edificio local (2)	○	○	○	○	○	○	○
Si los niños le faltaran el respeto a un adulto (3)	○	○	○	○	○	○	○
Si una pelea empezara al frente de su casa (4)	○	○	○	○	○	○	○
Si la estación de bomberos más cercana a su casa fuera amenazada con cortes de presupuesto (5)	○	○	○	○	○	○	○

Q7.8 **En el último año, ¿ha visto alguna de las siguientes actividades en su vecindario? (Seleccione todo lo que corresponda).**

- ○ El tráfico de drogas (1)
- ○ Actividad de pandillas (2)
- ○ Consumo de drogas ilegales / suministros de drogas (3)
- ○ Apuñalamiento (4)
- ○ Tiroteo (5)
- ○ Violencia doméstica (6)
- ○ Ninguno (7)
- ○ No sé (8)
- ○ Prefiero no responder (9)

Q7.9 **¿Qué tan seguro se siente en los siguientes lugares y situaciones? (Seleccione N/A si no le aplica a usted)**

	Muy seguro (1)	Seguro (2)	Ni seguro ni en peligro (3)	En peligro (4)	Bastante en peligro (5)	No sé (6)	Prefiero no responder (7)	N/A (8)
En su casa (1)	○	○	○	○	○	○	○	○
En su vecindario (2)	○	○	○	○	○	○	○	○
En la clínica más cercana (3)	○	○	○	○	○	○	○	○
En la sala de emergencia (4)	○	○	○	○	○	○	○	○
Utilizando transportación publica (5)	○	○	○	○	○	○	○	○
Andando en bicicleta (6)	○	○	○	○	○	○	○	○
Manejando su carro (7)	○	○	○	○	○	○	○	○
Caminando a una destinación de rutina (ej: escuela, trabajo, tienda, etc.) (8)	○	○	○	○	○	○	○	○

SECTION 8 | ADVERSE CHILDHOOD EXPERIENCES

Q8.1 ***Le advertimos que las siguientes preguntas tienen que ver con información posiblemente sensible. Usted puede saltarse cualquier pregunta en cualquier momento. Estamos tratando de determinar formas para ayudar a los personas jóvenes. Hay estudios que resaltan la relación entre las experiencias de la niñez y su impacto en la salud en los adultos. Por favor, considere responder estas preguntas ya que tienen que ver con temas importantes para la salud pública.***

Las siguientes preguntas se refieren al periodo de su vida antes de que tuviera 18 años. Pensando en la época antes de que tuviera 18 años...

	Sí (1)	No (2)	No sé (3)	Prefiero no responder (4)
¿Sus padres estuvieron separados o divorciados? (12)	○	○	○	○
¿Vivió con un padre / madre o guardián legal que haya muerto? (13)	○	○	○	○
¿Vivió con alguien que estuviera deprimido/a, enfermo/a mentalmente, o en riesgo de suicidio? (1)	○	○	○	○
¿Vivió con alguien que tuviera un problema de alcohol o alcoholismo? (2)	○	○	○	○
¿Vivió con alguien que usara drogas ilegales o que abusara de medicamentos recetados? (3)	○	○	○	○
¿Vivió con alguien que haya estado o que haya sido sentenciado a pasar tiempo en prisión, cárcel, u otro centro correccional? (4)	○	○	○	○
¿Estuvo en cuidado temporal / colocación familiar (foster care)? (5)	○	○	○	○
¿Sus padres o los adultos en el hogar se cacheteaban, golpeaban, pateaban, puñeteaban, o pegaban entre sí? (6)	○	○	○	○
¿Alguna vez un padre / madre o adulto en su hogar lo golpeó, pateó o lastimó físicamente de alguna manera? No incluya nalgadas. (7)	○	○	○	○
¿Alguna vez un padre / madre o adulto en su hogar le juró, lo insultó o lo menospreció? (8)	○	○	○	○

¿Alguien al menos 5 años mayor que usted o un adulto, alguna vez le tocó sexualmente? (9)	○	○	○	○
¿Alguien al menos 5 años mayor que usted o un adulto, intentó a obligarle a tocarlos? (10)	○	○	○	○
¿Alguien al menos 5 años mayor que usted o un adulto, le obligó a tener relaciones sexuales? (11)	○	○	○	○

SECTION 9 | ADDITIONAL DEMOGRAPHICS

Q9.1 **¿Cuál es el nivel escolar más alto que ha completado o el título más alto que ha recibido?**

- No me gradué de la secundaria o bachillerato (1)
- Graduado de escuela secundaria (diploma de bachillerato o el equivalente, incluyendo el GED) (2)
- Un tiempo en la universidad pero sin título (3)
- Título técnico / Diplomado Asociado en una universidad (4)
- Bachelor's o Licenciatura en una universidad (5)
- Maestría (6)
- Doctorado o Título profesional (ej: Ph.D., JD, MD) (7)
- No sé (8)
- Prefiero no responder (9)

Q9.2 **¿Es un estudiante de universidad?**

- Sí (1)
- No (2)

Q9.3 **¿Es un veterano de guerra?**

- Sí (1)
- No (2)

Q9.4 **¿Cuántas personas, incluyéndose a usted mismo, viven o se están quedando en su hogar?**

- Más de 6 (7)

Q9.5 **¿En este tiempo está empleado/a? (Seleccione todas las que correspondan)**

- Si, de tiempo completo (1)
- Si, de tiempo parcial (2)
- Si, de trabajo autónomo / negocio propio (3)
- No, discapacitado/a (4)
- No, jubilado/a (5)
- No, no estoy empleado/a (6)
- Otro (por favor especifique) (7)
- No sé (8)
- Prefiero no responder (9)

Q9.6 **¿Con cuál identidad de género se identifica ahora?**

- Masculino (1)
- Femenino (2)
- Hombre transgénero (3)
- Mujer transgénero (4)
- Género no-binario (5)
- Otro (por favor especifique) (6)
- No sé (7)
- Prefiero no responder (8)

Q9.7 **¿Cómo describiría su orientación sexual?**

- Lesbiana, gay, o homosexual (1)
- Heterosexual (2)
- Bisexual (3)
- Asexual (4)
- Otra (por favor especifique) (5)
- No sé (6)
- Prefiero no responder (7)

Q9.8 **Aproximadamente, ¿cuánto del ingreso mensual total de su hogar gasta en gastos de vivienda (incluya el alquiler / hipoteca, servicios públicos / utilidades, Internet)?**

- 20% o menos (1)
- Alrededor de un tercio (2)
- Alrededor de la mitad (3)
- Alrededor de 75% (4)
- Casi todo del ingreso (5)
- No sé (7)
- Prefiero no responder (8)

Q9.9 **Al final de un mes típico, usted ...?**

- Tiene dinero que le sobra después de pagar todas las cuentas (1)
- Tiene suficiente dinero para pagar las cuentas y a veces tiene dinero sobrante (2)
- Tiene suficiente dinero para pagar las cuentas pero sin dinero sobrante (3)
- No tiene suficiente dinero para pagar sus cuentas (4)
- No sé (5)
- Prefiero no responder (6)

SECTION 10 | CHILD HEALTH

Q10.0 ***Nos gustaría hacerle más preguntas sobre la salud de los niños en su comunidad. Las siguientes preguntas nos ayudarán a entender las necesidades de salud de los niños en su comunidad. Si desea responder a más preguntas, haga clic en "Siguiente" para continuar. Si no desea continuar, haga clic en "Alto / Stop."***

- Siguiente (1)
- Alto / Pare (0)

SKIP TO: END OF SURVEY IF Q10.0 = STOP

Q10.0.1 **Gracias por responder a nuestras preguntas! Al responder a las próximas preguntas sobre la salud infantil, por favor piense en el/la niño/a con más necesidades de salud en su hogar..**

Q10.1 **¿Cuantos años tiene este niño/a?**

▼ Menos de 1 año (0) ... Prefiero no responder (19)

Q10.2 **¿Cuál es el sexo del niño/a (asignado al nacer)?**

- Masculino (1)
- Femenino (2)
- Otro (especifique por favor) (3)

Q10.3 **¿Cuál es la raza(s) de este niño? (Seleccione todos los que correspondan)**

- Nativo-americano/a o Nativo de Alaska (1)
- Asiático/a (2)
- Negro/a o Afro-Americano/a (3)
- Hispano/a, Latino/a, Latinx (4)
- Nativo/a Hawaiano/a o Isleño/a del Pacífico (5)
- Blanco/a (6)
- No sé (7)
- Prefiero no responder (8)

Q10.4 **¿Cuáles de las siguientes condiciones de salud son relevantes para este niño/a debido a que haya sido diagnosticado/a con ellas o está en riesgo de ellas? (Seleccione todos los que correspondan)**

- Asma (1)
- Rinitis alérgica (2)
- Bronquitis crónica (3)
- Eczema (4)
- Diabetes (5)
- Artritis (juvenil) (6)
- Depresión (7)
- Ansiedad (8)
- Otras condiciones mentales / del comportamiento (9)
- Cáncer (10)
- Dolor crónico (11)
- Cardiopatía congénita (12)
- Presión alta (hipertensión) (13)
- Colesterol alto (14)
- Enfermedad del pulmón (ej.: EPOC, enfisema) (15)
- Enfermedad renal / de los riñones (16)
- Sobrepeso / obesidad (17)
- Mal uso / abuso del alcohol (18)
- Mal uso / abuso de drogas (19)
- Otro (por favor especifique) (20)
- Ninguna de éstas (21)
- No sé (22)
- Prefiero no responder (23)

Q10.5 **Durante los últimos 12 meses, ¿este niño ha tenido dificultades frecuentes o crónicas con alguno de los siguientes?**

- Problemas respiratorios (ej: jadea, dificultad para respirar) (1)
- Dificultad para caminar, subir las escaleras, o jugar deportes (2)
- Dificultad para quedarse dormido/a o se despiertarse con frecuencia en la noche (3)
- Dificultad grave para concentrarse, recordar o tomar decisiones debido a una condición de salud física, mental o emocional (4)
- Ninguna de éstas (5)

Q10.6 **¿Cómo calificaría los siguientes aspectos de este niño/a?**

	Excelente (1)	Muy bueno (2)	Bueno (3)	Normal (4)	Malo (5)	No sé (6)	Prefiero no responder (7)
Salud general (1)	○	○	○	○	○	○	○
Salud DENTAL (2)	○	○	○	○	○	○	○
Salud MENTAL (3)	○	○	○	○	○	○	○
Dieta general (4)	○	○	○	○	○	○	○

Q10.7 **¿Que tipo de seguro o cobertura médica tiene este niño/a? (Seleccione todas las que correspondan)**

- ○ Medicaid (1)
- ○ Seguro Privado (2)
- ○ NJ Family Care (4)
- ○ Otro programa del gobierno (3)
- ○ Ningún tipo de cobertura (4)
- ○ Otro (por favor especifique) (5)

- ○ No sé (6)
- ○ Prefiero no responder (7)

Q10.8 **Durante los últimos 12 meses, ¿su hijo/a vio a un médico, enfermera practicante, u otro profesional de salud para chequeos o exámenes físicos infantiles (incluyendo citas por teléfono)?**

- ○ Sí (1)
- ○ No (2)
- ○ Otro (por favor especifique) (3)

- ○ No sé (4)
- ○ Prefiero no responder (5)

Q10.9 **Durante los últimos 12 meses, ¿cuántas veces visitó este niño/a la sala de emergencias (ER)?**

- Ninguna (1)
- Una vez o más (2)
- No sé (3)
- Prefiero no responder (4)

DISPLAY THIS QUESTION: IF Q10.9 = ONCE OR MORE

Q10.9 **¿Cuál fue la razón por la que este niño/a fue a la sala de emergencias (ER)?**

Q10.10 **Durante los últimos 12 meses, ¿cuántos días aproximadamente faltó este niño/a a la escuela o a la guardería debido a una enfermedad?**

Q10.11 **¿Cuántas veces se ha mudado este niño/a desde que nació?**

Q10.12 ***Al igual que en una sección anterior en la encuesta, las siguientes preguntas tienen que ver con información sensible. Puede saltarse cualquier pregunta en cualquier momento. Estamos tratando de determinar formas de ayudar a los jóvenes. Hay estudios que resaltan la relación entre las experiencias de la niñez y el impacto de esas experiencias en la salud en la adultez. Por favor considere responder estas preguntas sobre este niño/a ya que tienen que ver con temas importantes para la salud pública..***

	Sí (1)	No (2)	No sé (3)	Prefiero no responder (4)
¿Alguna vez este niño/a ha visto, escuchado o ha sido víctima de violencia en su vecindario, comunidad o escuela? (ej: acoso o bullying, asalto u otras acciones violentas, guerra o terrorismo) (12)				
¿Este niño/a ha experimentado discriminación? (ej: ha sido molestado o hecho sentir inferior o excluido debido a su raza, origen étnico, identidad de género, orientación sexual, religión, diferencias de aprendizaje, o discapacidades?) (1)				

¿Alguna vez este niño/a ha tenido problemas con la vivienda? (ej: ha estado sin hogar, no ha tenido un lugar estable para vivir, se ha mudado más de dos veces en un período de seis meses, ha pasado por desalojo o ejecución hipotecaria, o ha tenido que vivir con varias familias o miembros de la familia) (2)				
¿Alguna vez le ha preocupado que este niño/a no tuviera suficiente comida para comer o que la comida para su niño/a se agotara antes de que usted pudiera comprar más? (3)				
¿Alguna vez este niño/a ha vivido con un padre / madre / cuidador que tuviera una enfermedad física o discapacidad grave? (4)				
¿Alguna vez este niño ha sido separado de sus padres o cuidadores debido al cuidado temporal (foster care) o inmigración? (5)				
¿Alguna vez este niño ha vivido con un padre / madre o cuidador que haya muerto? (6)				

Q10.13 **As far as you know, how safe does your child feel in the following places and situations? (Select N/A if it does not apply to you)**

	Muy seguro (1)	Seguro (2)	Ni seguro ni en peligro (3)	En peligro (4)	Bastante en peligro (5)	No sé (6)	Prefiero no responder (7)	N/A (8)
En su casa (1)								
En su barrio (2)								
En la oficina del doctor (3)								
En la escuela (4)								
Camino a la escuela (7)								
Utilizando transportación pública (5)								

Andando en bicicleta (6)	●	●	●	●	●	●	●	●
Caminando a una destinación de rutina (e.g. escuela, trabajo, tienda, etc.) (8)	●	●	●	●	●	●	●	●

APPENDIX M

EMERGENCY DEPARTMENT VARIABLES LIST

Dates	2018-2020	
Table	**Variable Name**	
Demographic	Unique ID Number	
	Medical Record Number (MRN)	
	Encounter Number	
	Patient DOB	
	Patient Gender	
	Patient Race	
	Patient Ethnicity	
	Patient Language	
	Patient Zip Code	
	Housing Status	
	Employment Status	
	Primary Payer	Options: UHC, Medicaid, Horizon Medicaid, Straight Medicaid, Aetna, Medicaid, Medicare, Private, Other
	Secondary Payer	
Medical Info	Admission Date	
	Time of Day	
	Discharge Date	
	Reason(s) for Admission	
	Facility	
	Visit Type	
	Diagnoses	
	EM code--1, 2, 3, 4, 5, and critical	

	arrival point--ambulance, car, walk	
	Interpreter field	
	consults for the physician	
	screenings--check box (checked yes or no)	
	discharge summary (checked yes or no)	

APPENDIX N

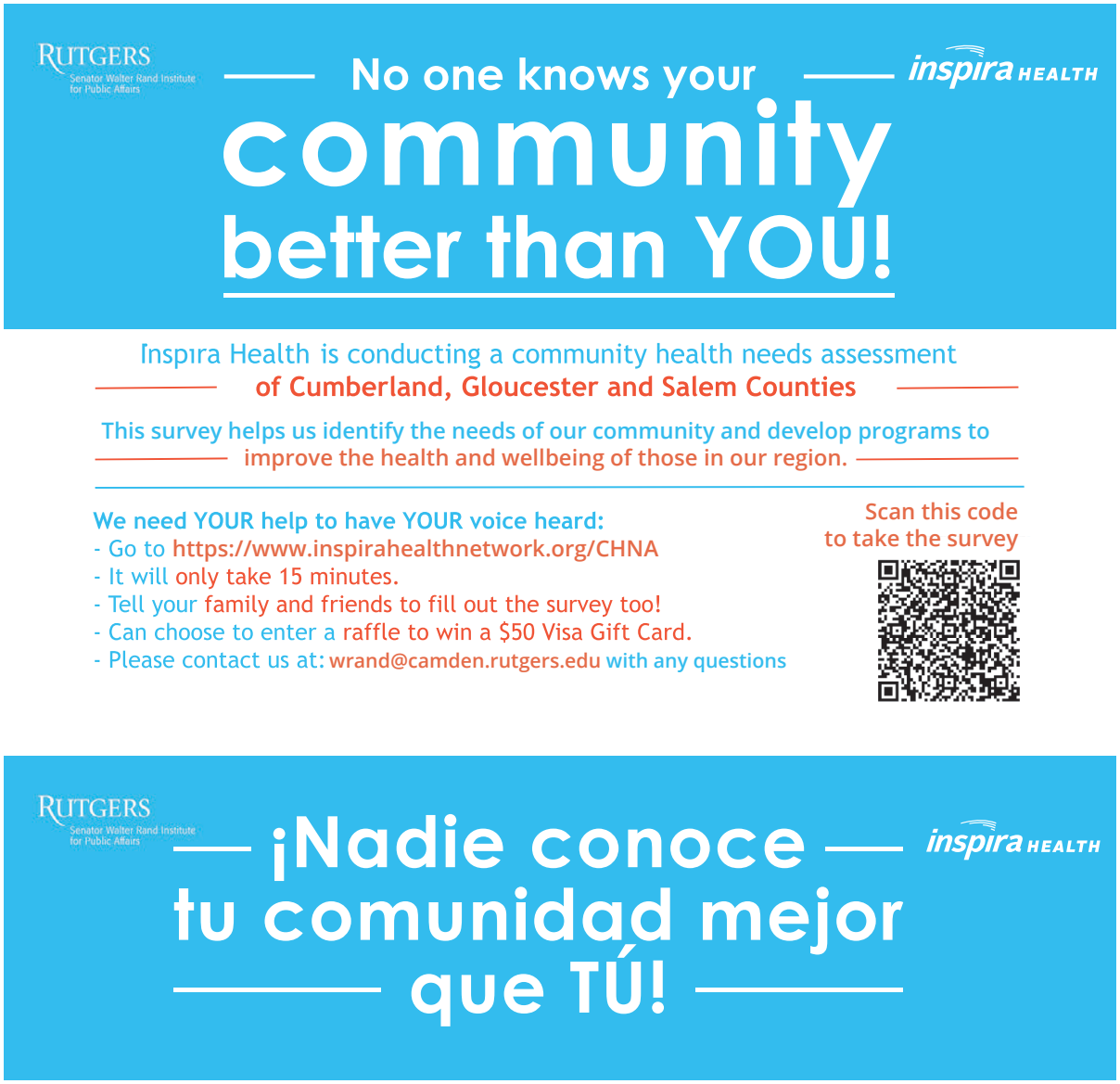
LIST OF SECONDARY DATA SOURCES

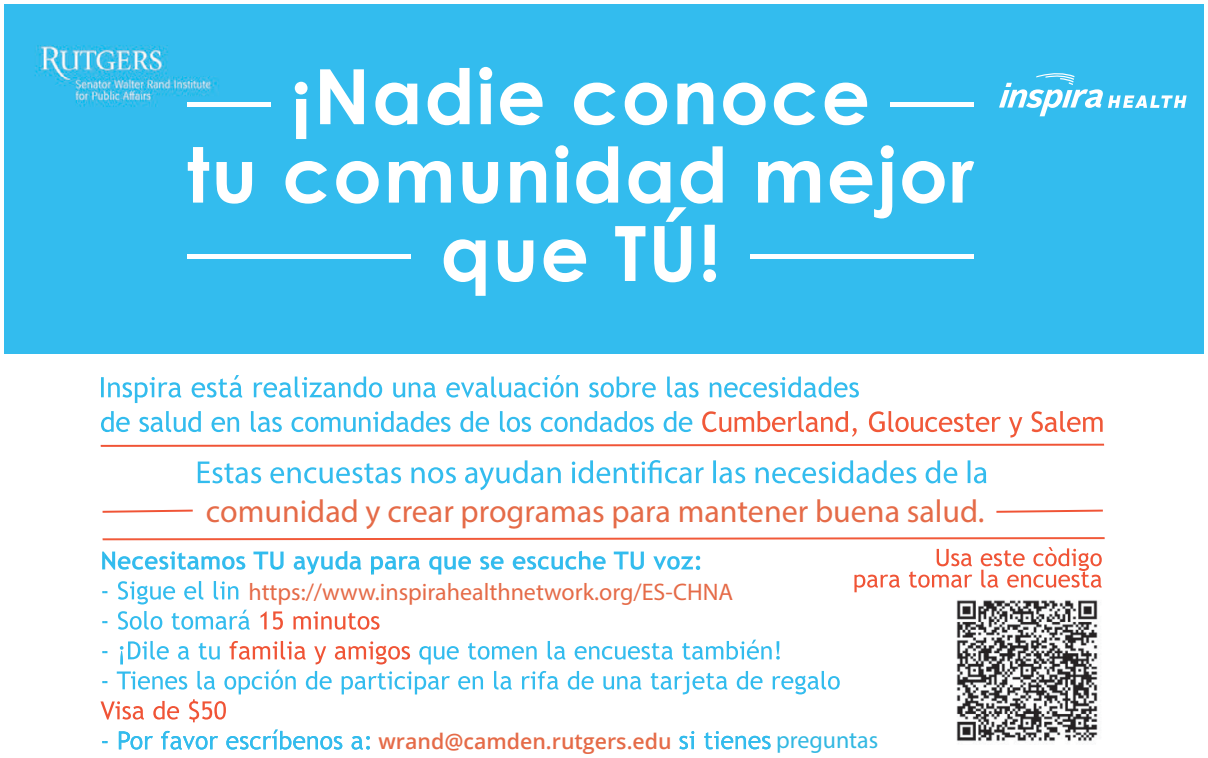
Appendix J: List of Secondary Data Sources

- New Jersey Juvenile Justice Commission
- New Jersey Department of Education
- New Jersey Labor & Workforce Development
- New Jersey Department of Health
- New Jersey Department of Transportation
- Annie E. Casey Foundation Kids Count Data Center
- New Jersey Center for Health Statistics the Centers for Disease Control
- Centers for Disease Control and Prevention (CDC)
- New Jersey Department of Children and Families
- New Jersey Department of Human Services
- New Jersey State Health Assessment Data
- FBI's Uniform Crime Report
- BJS's National Crime Victimization Survey
- United States Census
- United States Bureau of Labor Statistics
- Centers for Medicare and Medicaid Services
- US Department of Agriculture
- US Department of Health and Human Services
- US Housing and Urban Development
- Feeding America
- Institute for Health Metrics and Evaluation
- County Health Rankings and Roadmaps
- National Institutes of Health
- National Institute on Drug Abuse
- Robert Wood Johnson Foundation
- Kaiser Family Foundation
- Agency for Healthcare Research and Quality (AHRQ)
- Community Commons
- SJ Health Collaborative
- NJ Cares
- NJ Child Welfare Hub
- NJ State Cancer Registry
- Data Resources for Southern New Jersey Communities
- Rutgers New Jersey Data Book
- Rutgers NJ Child Welfare Data Hub
- Rutgers Libraries- New Jersey State and Local Governments: Statistics & Data
- New Jersey Data Book
- Census Reporter
- Data USA
- Kids Count Data Center
- State of New Jersey – Open Data Center
- City Health Dashboard

APPENDIX O - P

COMMUNITY SURVEY FLYERS





APPENDIX Q - R

COMMUNICATIONS AND ADVERTISING FOR THE COMMUNITY SURVEY

https://www.thedailyjournal.com/story/news/2022/01/24/community-members-invited-participate-community-health-survey/6625032001/

Daily Journal

NEWS

Cumberland, Gloucester & Salem county residents invited to participate in health survey

From Staff Reports

Published 5:00 a.m. ET Jan. 24, 2022

Food Insecurity? Obesity? Substance Abuse?

What are the key health issues in your community?

Residents of Cumberland, Gloucester and Salem counties are invited to participate in Community Health Needs Assessment survey.

Participants will answer questions about their health, health risk behaviors, preventive health practices, and access to health care, as well as community strengths and weaknesses.

This research is anonymous, which means there will be no link between participant's identities and their responses on the survey.

The survey is free and only takes about five minutes.

There's also an optional portion, which will take about 10 minutes.

Why should you participate?

The purpose of this research, which is conducted by Kristin Curtis, assistant director at The Senator Walter Rand Institute for Public Affairs at Rutgers University, Camden, is to collect feedback on health issues and services from individuals who live in Cumberland, Gloucester and Salem counties.

The answers provided will be analyzed and used by Inspira Health to design services that address key issues facing the communities.

Every three years, Inspira participates in a Community Health Needs Assessment as required by the Patient Protection and Affordable Care Act.

To improve health outcomes and overall wellbeing, Inspira implements strategies consistent with the CHNA results to address the community's perceived health needs.

Inspira Medical Center Vineland in Cumberland County; Inspira Medical Center Elmer in Salem County and Inspira Health Center Woodbury in Gloucester County conduct a Community Health Needs Assessment in each of their respective counties.

To take the survey, visit https://www.inspirahealthnetwork.org/community-programs/community-health-needs-assessment.

For information about the study or study procedures, call (856) 225-6236 or email kcurtis@camden.rutgers.edu.

Send community news and event items to lvoit@gannett.com. Help support local journalism with a subscription to The Daily Journal/Courier Post/Burlington County Times.

https://www.thedailyjournal.com/story/news/2022/01/24/community-members-invited-participate-community-health-survey/6625032001/

APPENDIX S

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ABOUT THE SENATOR WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS

The Senator Walter Rand Institute for Public Affairs (WRI) is a research center at Rutgers University-Camden that collaborates with community and university partners to conduct evaluations of programs and services, leverage data for action, and support the development of community-based initiatives. Using social science research methods ranging from data-motivated storytelling to complex statistical analysis, and guided by core values of curiosity and collaboration, the WRI specializes in transforming fractured data into actionable information. The WRI supports Rutgers' mission of research, teaching and service by connecting the multidisciplinary expertise of faculty to regional problems, developing research and professional skills in students, and linking the resources of higher education to communities in southern New Jersey.

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