inspira **HEALTH**®

Community Health Needs Assessment 2025-2027
Cumberland County

APRIL 2025

BREAKOUT REPORT

RUTGERS–CAMDEN
**Senator Walter Rand
Institute for Public Affairs**

Contents

Executive Summary CUMBERLAND COUNTY

This report summarizes the findings of the Community Health Needs Assessment (CHNA) for Inspira Health—specifically focusing on findings from Cumberland County. The CHNA was conducted by The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers University–Camden on behalf of Inspira Health.

The regional report documenting the overall CHNA process, methods, and findings can be found here. Separate reports with detailed findings for each county (Cumberland, Gloucester, and Salem) were generated and are available here.

We conducted the CHNA to fulfill the Internal Revenue Service (IRS) CHNA regulations for tax-exempt hospitals by characterizing community members' views on the health needs in their communities. For the purpose of this CHNA, community is defined as the three counties in the Inspira Health's service area (Gloucester, Cumberland, and Salem counties). Our focus on community voice means that the findings are framed by the community's self-reported perception and experience of health barriers and needs as well as assets and recommendations.

Broadly, the goal of conducting CHNAs is to provide actionable information for improving health at the community level. The main questions asked in the CHNA were:

1   What are the health-related **needs** of the populations within Inspira Health's service area?

**2**   What are the health-related **assets** within Inspira Health's service area?

3   What are gaps that are feasible to address with intervention or additional resources? What are the **solutions/recommendations** available or that could be implemented to address gaps/needs?

To achieve the goal of gathering contextualized, local information, WRI used a mixed-methods iterative strategy of data collection and analysis that combined existing publicly available-data with primary data collected from a survey with community members, focus groups with community members, and interviews with key regional health stakeholders. The interviews, focus groups, and surveys allowed us to hear directly from and those who live, work, and play in Cumberland, Gloucester, and Salem counties.

The Internal Revenue Service (IRS) CHNA regulations stipulate that many different methods of need prioritization are acceptable for CHNAs. WRI generated the top needs for this CHNA using the community voice from the focus groups, interviews, and survey around health issues facing the community, barriers to care in the community, and resources missing in the community. Top barriers were generated separately for each of the three counties, and for the three county service region. WRI also included data around assets and solutions and recommendations as reported by community members.

Community-report assets and **solutions/recommendations** were directly generated by the data from interviews with key stakeholders and focus groups with community members for each county and regionally. **Community-reported barriers/needs** were generated by a thorough review of all the data across interviews, focus groups, and interviews for each county and regionally. All primary data (interview, focus group, and survey data) included in this CHNA is self-reported *based on perceptions and experiences of community members*.

Community-reported assets across Cumberland County included the community centers and organizations in the county. Additionally, data spoke to the various partnerships across sectors in the area as an asset.
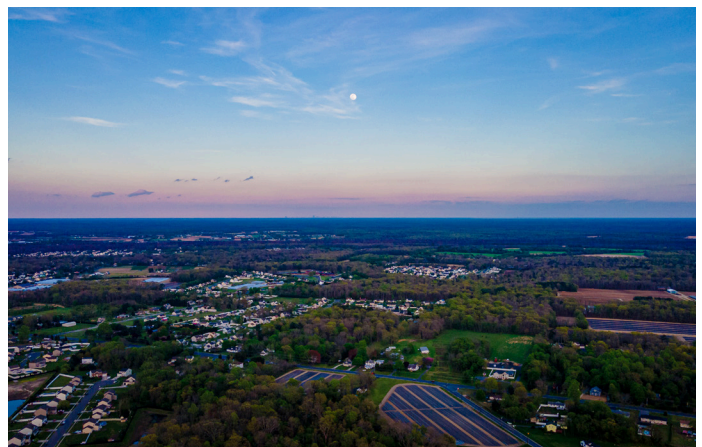
The Top 5 Cumberland County **Barriers/Needs** are:

A. **Cost of living.** This barrier refers to challenges in meeting basic needs (e.g., food, transportation, rent, etc.).

B. **Cost and availability of healthcare.** This barrier refers to the cost of medical expenses, prescriptions, insurance coverage and the absence of healthcare resources in the area.

C. **Chronic illnesses.** This need refers to the presence of various chronic illnesses/conditions, mental and physical (e.g., cardiovascular issues, mental health, substance use, tobacco use, diabetes, obesity, hypertension, functional difficulties, and chronic pain).

D. **Community connections and spaces, especially regarding safety.** This barrier highlights the need for community connection and safe spaces where adults and youth can come together.

E. **Compassionate care.** This barrier reflects the need for for attentive care from providers and the experience of stigma in care for certain populations, and the perceived difference in quality of care provided.

What the Barriers Mean/Context for the Barriers – Cumberland County: Data from Cumberland County highlighted the importance of making life more affordable for residents. While access to care and services remains a challenge, it has become evident that addressing affordability is the most pressing concern. Additionally, people expressed a desire to feel safe, both in their community and when they are receiving care.

Community–reported **solutions and recommendations** across Cumberland County included the need for more programs and resources that help people navigate existing resources and information, in both healthcare and social services. Data also spoke to the importance for services to be delivered by people who are from the communities in which they exist.

WRI + Inspira Project Teams

Senator Walter Rand Institute for Public Affairs at Rutgers University - Camden (WRI)

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Inspira Health

- Donald Noblett | Administrative Director, Community Impact

Team Organizations

ABOUT THE SENATOR WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS (WRI)

The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers–Camden has been a long-standing and trusted regional community partner for over 25 years. WRI honors former Senator Rand's dedication to Southern New Jersey and exists to produce and highlight community–focused research and evaluation leading to sound public policy and practice. With that as a foundation, WRI convenes and engages stakeholders in making connections across research, policy, and practice in support of Camden City and Southern New Jersey residents. Using social science research methods, WRI specializes in transforming data into actionable information across a variety of areas, including workforce development, education, transportation, and public/population health. WRI reinforces and amplifies Rutgers' research, teaching, and service goals 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. For additional information about WRI, visit https://rand.camden.rutgers.edu/

ABOUT INSPIRA HEALTH

Inspira Health is the region's leading network of health care providers, delivering the full continuum of primary, acute and advanced care services. Inspira Health is a charitable nonprofit health care organization committed to providing an exceptional experience for patients and their loved ones. Tracing its roots to 1899, the system comprises four hospitals, two comprehensive cancer centers, nine multi–specialty health centers and locations throughout South Jersey.

Inspira's surgical teams provide nationally accredited bariatric procedures and a wide array of robotic and minimally invasive surgeries. In partnership with Cooper University Healthcare, Inspira provides comprehensive neuroscience and cardiology services throughout the region. Inspira's extensive ambulatory services include urgent care; ambulatory surgery centers; physical and occupational therapy; comprehensive behavioral health; primary and specialty physician practices in Gloucester, Cumberland, Salem, Camden and Atlantic counties; and extensive outpatient imaging in partnership with Atlantic Medical Imaging (AMI). Additionally, Inspira EMS covers communities throughout South Jersey. Inspira's Population Health and Community Impact Departments proactively reach out to underserved communities and address social drivers of health that impact individuals and families in our region.

Together with its medical staff of more than 1,300 physicians and advanced practice providers, as well as more than 7,800 employees, Inspira Health provides evidence–based care to help each patient achieve the best possible outcome. And as a regional leader in physician training, Inspira Health mentors and provides extensive clinical opportunities for more than 280 medical residents and fellows in 16 nationally accredited programs. Accredited by DNV Healthcare, the system's clinical and support staff are focused on providing quality care as a High Reliability Organization. To learn more about Inspira Health, visit InspiraHealthNetwork.org or call 1–800–INSPIRA.

Community Context — Cumberland County

Located in the south-central part of New Jersey, Cumberland County is approximately 45 minutes from Philadelphia, Pennsylvania and Atlantic City, New Jersey, and two hours from New York City, New York, and Baltimore, Maryland. With a land area of 483.4 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 Delaware Bay. Cumberland County is one of the most rural counties in the State of New Jersey. The population per square mile is 318.9 while the state rate is 1,263 per square mile (U.S. Census, 2020). Nearly 25% of its population (representing approximately 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. It consists of a total of 14 municipalities: 3 cities, 10 townships, and 1 borough. The county seat is Bridgeton. From 2010 to 2022, the county's population decreased 1.75%, from 157,749 to 151,356 (U.S. Census, 2022).

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, 2024). The largest industry sectors are Education and Health Care and Social Assistance, which account for 25.7% of employment for those 16 years old and older. As of October 2024, unemployment in Cumberland County is 5.7%. (Unemployment Rate in Cumberland County, NJ, 2024). The county's unemployment rate is higher than New Jersey's rate (4.7%). There are three cities in Cumberland County that also have higher unemployment rates than the state - Bridgeton (6.3%), Millville (6.3%), and Vineland (5.5%) (Place Rankings - Data Commons, 2023).

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 2023 American Community Survey, Cumberland County is significantly behind the state's average in educational attainment. Statewide, 90.7% of the population possesses a high school diploma or higher, and 41.2% of the population have earned a bachelor's degree or higher. In contrast, only 79% of Cumberland County's population have a high school diploma or higher, and only 18.3% have earned a bachelor's degree or higher.

At 7.4 (out of 10), Cumberland County has the lowest Food Environment Index in the state, which indicates a lower availability of access to healthy foods and grocery stores compared to the state's 9.0 score (County Health Rankings and Roadmaps, 2024). The Food Environment Index scores range from 0 (worst) to 10 (best) (County Health Rankings and Roadmaps, 2024). Moreover, food insecurity affects 10% of the population, with 12% having limited access to healthy foods (County Health Rankings and Roadmaps, 2024).

In Cumberland County, 88% of individuals have access to exercise opportunities, compared to 96% of New Jersey citizens who have access to exercise opportunities (County Health Rankings and Roadmaps, 2024). Additionally, around 14% of adults and 5% of children do not have health insurance (County Health Rankings and Roadmaps, 2024). There is 1 primary care physician for every 2,560 residents in Cumberland County, 1 dentist for every 1,560 residents, and 1 mental health provider for every 760residents (County Health Rankings and Roadmaps, 2021). In New Jersey, there is 1 primary care physician for every 1,280 residents, 1 dentist for every 1,160 residents, and 1 mental health provider for every 340 residents (County Health Rankings and Roadmaps, 2021).

In Cumberland County, 78% of the population commutes to work by driving alone, reflecting a heavy reliance on personal vehicles for transportation. Among these commuters, 33% experience a journey lasting longer than 30 minutes, indicating that a substantial portion of the workforce faces extended travel times on a daily basis (County Health Rankings and Roadmaps, 2022).

# Data Collection Totals and Community-Reported Demographics

18 Key Stakeholder Interviews

- **Cumberland County Stakeholders**
  4 interviews (22.2%)
- **Gloucester County Stakeholders**
  1 interview (5.5%)
- **Salem County Stakeholders**
  3 interviews (16.7%)
- **Regional Stakeholders**
  10 interviews (55.6%)

27 Community Member Focus Groups
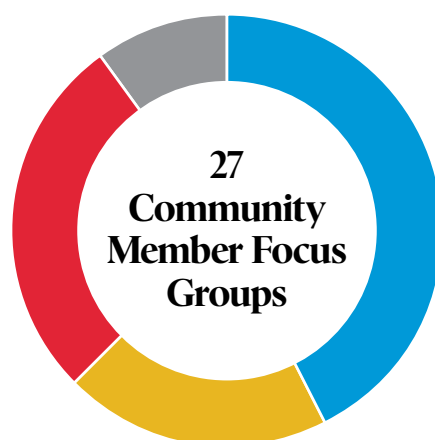
- **Cumberland County Community Members** 9 focus groups, 91 participants (42.52%)
- **Gloucester County Community Members** 7 focus groups, 43 participants (20.09%)
- **Salem County Community Members** 11 focus groups, 59 participants (27.57%)
- 21 other county participants (9.8%)

665 Community Survey Respondents
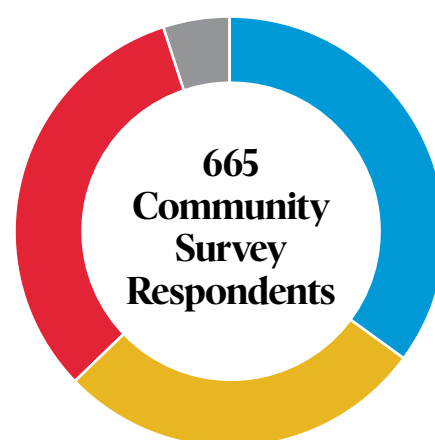
- **Cumberland County Community Members** 234 respondents (35%)
- **Gloucester County Community Members** 186 respondents (28%)
- **Salem County Community Members** 212 respondents (32%)
- **Other County Community Members** 33 respondents (5%)

Key Stakeholder Interviews

There were 4 Cumberland County stakeholder interviews conducted.

Community Member Focus Groups

There were 234 focus group participants (214 for whom demographic information was reported), and 42.52% (91) were from Cumberland County. **Additional focus group demographics can be seen in the Inspira CHNA 2025–2027 Background, Process + Regional Findings Report** here.

Community Member Survey

There were 665 community survey responses, 35% (234) of whom were from Cumberland County. The municipalities with the most survey responses in Cumberland County were Vineland (63), Bridgeton (50), and Millville (42). In Cumberland County, 91% (213) of respondents go to Inspira for health care. **Additional community survey demographics can be seen in the Inspira CHNA 2025–2027 Background, Process + Regional Findings Report** here.

Findings: Cumberland County

A note about the data.

Note that data (interview, focus group, and survey data) is self-reported based on perceptions and experiences of community members. The top needs selected in the survey by respondents and discussed by community members in focus groups and key stakeholders in the interviews reflect what is important to the participants at the time of the data collection. Many of the barriers are deeply interconnected and they reflect the perception of community members of individual and community health needs based on their experiences.

All survey responses will be reported with percentages as well as the number of survey takers who chose/selected that question choice, out of the total number of survey respondents to that question (e.g., 50% means 10 out of 20 survey takers selected that question choice).

The responses in this report are totals across Cumberland County.

A. Community-Reported Existing Assets

Interviews and focus groups with Cumberland County stakeholders and residents highlighted multiple assets that exist within the county that contribute to healthy communities. Specific assets mentioned were the community centers and organizations in the county. Additionally, data spoke to the various partnerships across sectors in the area as an asset.

Multiple sources of data commented on specific programs that were available and that were used across the county, including financial literacy classes, food and clothing distribution, supports for seniors, recreational activities, cooking classes for both adults and children, and the overall programming at Family Success Centers. Multiple community members shared the sense of community and belonging they gained from participating in these activities and programs.

One program that stood out in particular was the Vineland Inspira LIFE Center. Multiple participants spoke to the range of activities and services offered, (such as physical therapy and group shopping

trips) as well as the sense of community and belonging they gained from the center. In reference to the LIFE Center, one person shared, "Sometimes if it feels better than being—I'd rather be here to be honest with you, than to be home right now. Because I'm personally going through something right now. I feel better when I come here. If I want to associate, they let me, they help me. If I want to be left alone, they leave me alone. They watch you to see what your mood is, but they take care of us." (Cumberland County Community Member)

Overall, participants spoke to the numerous community centers, organizations, and programs available in Cumberland County. Through these entities, community members are able to access resources, and are also able to socialize with other people.

One person shared, "If it wasn't for this place and the people that work here, oh, my God. You know what I mean? I graduated because of these people...It's amazing the crafts that they do and the way that they are with the kids...We need more of these types of places." (Cumberland County Community Member)

Data from Cumberland County highlighted the partnerships between various organizations across the county as an asset. One stakeholder shared, "I would say both prosecutors' offices have been very good partners as far as—because I think a key piece of this, again, if you look at the overall health of a community, it's people coming together, and an important piece of that is law enforcement engaging with kids and families in a positive way." (Cumberland County Community Stakeholder)

B. Community-Reported Barriers/Needs

The top health needs identified across Cumberland County were cost of living, cost of health care, compassionate care, creating healthy and safe spaces/connections, and chronic illness.

What the Barriers Mean/ Context for the Barriers
Data from Cumberland County highlighted the importance of making life more affordable for residents. While access to care and services remains a challenge, it has become evident that addressing affordability is the most pressing concern. Additionally, participants expressed a desire to feel safe, both in their community and when they are receiving care. In summarizing the

interconnecting challenges to well-being in Cumberland County, one stakeholder **shared, "I just think it's very compounding, but we know that if you build a community that you have access to jobs, you have jobs that have decent pay and health insurance and you have activities for children, you have activities for families, you start to build that foundation, and you hope that starts leading towards more of the healthier lifestyles." (Cumberland County Stakeholder)**

A. Cost of living

The high and increasing cost of living is a major barrier for people in Cumberland County. Many community residents shared that their basic needs—such as food, housing, sustainable employment, and transportation—were not consistently met. Data also highlighted how meeting basic needs of food and shelter often took priority over addressing specific and general health care needs. When asked about the top community based health issues, cost of living was the most common response, with 76.5% (179 of 235) of survey takers in Cumberland County selecting cost of living as a top barrier. Additionally, 53.4% of individuals selected available healthy food (125 of 234) and 31.2% of individuals selected housing (73 of 234) as top barriers. One person shared, "The rent is through the roof. What you pay for rent is only supposed to be 33% of your income. People are working their butts off, two people, and still not being able to pay these outrageous sky-high rents." (Cumberland County Community Member)

When asked, "How often in the past 12 months were you worried or stressed about having enough money (for rent, bills, food, gas)?" 24.3% (54 of 222) survey responders said "sometimes"; followed by 20.3% (45 of 222) who responded, "all the time"; and 20.3% (45 of 222) who said "rarely." One person shared how the high cost of living impeded addressing other needs and opportunities, saying, "People can't afford it. I'm a single mother, there's no way in hell, I live with my mom, but I take care of her too, and we split the bills, but there's no way possible I could give my kids what I give them now, or a nice place like we live in, I wouldn't be able to do that. My mom used to be able to do it once upon a time, you know what I mean?" (Cumberland County Community Member)

Almost one-fourth of respondents in Cumberland County had received government assistance in the past 12 months (24.4%; 54 of 221). When asked about missing community resources, 33.3% (78 of 234) identified financial assistance services (e.g., applying for vouchers, connecting to government services, budgeting, and bill paying) as a top missing community resource. Many individuals spoke to the need for more resources and assistance, particularly for housing. As one individual shared, "As for resources in Cumberland County, the hardest one to come by [is housing]. Food is pretty readily available. Housing is the hardest thing to come by. Every organization you reach out to, they're going to tell you the hardest thing to help with is housing. Once these people are on the street, there's no place for them to go and try to get housing. Even if you have children trying to get housing, there's

not enough help out here for it, let alone is there mother and daughter houses. Yes, you have [shelter name], but they're limited and they have very strict guidelines." (Cumberland County Community Member)

B. Cost and availability of health care

Cost
While issues related to the availability and accessibility of health care are pervasive In Cumberland County, the cost of health care was shown through the data to be one of the most critical issues facing the county. When asked about missing medical resources, 45.5% of respondents in Cumberland County (105 of 231) indicated the need for low or lower-cost medical care in general, followed by insurance/finding providers that take insurance 35.5% (82 of 231). Just under a third 32.5% (75 of 231) indicated the need for low or lower-cost dental care.

"We do have physicians, but people aren't accessing them. We may be limited with the number of providers we have. Obviously, more is better. We do have more providers now than we probably ever have, I think in Cumberland County. With the collaborations they made between Inspira, I think Inspira may be working with Jefferson, there's more access, but people aren't accessing them. More people aren't making [it] a priority, so probably health insurance is an issue." (Cumberland County Community Stakeholder)

When asked, "During the past 12 months, have you delayed or not gotten medical care because of cost?," almost one-third (30.7%) of survey takers in Cumberland County said yes (71 of 231). When asked, "During the past 12 months, have you delayed or not gotten prescription medicines because of cost?," 29.2% of survey takers in Cumberland County said yes (68 of 231). One stakeholder shared, "I know a lot of our seniors will talk about how they want shingles vaccines or they want different vaccines, but they really just can't afford it because even though they have Medicare, the way it falls into their benefits, it's still costly out-of-pocket." (Cumberland County Community Stakeholder)

Even with high rates of insurance coverage in New Jersey, people WRI spoke with encountered barriers of high copays or doctors and specialists in their area not accepting their insurance. For many people, costs are not incurred just at the point of care but often are incurred in the process of making time to get and travel to health care (e.g., transportation, unpaid work time off, time and distance, childcare).

One stakeholder shared, "I think they're just not always aware or don't prioritize it. Maybe they work from 6:00 to 6:00 every day. They come home, they're not going to try to make a doctor's appointment at night somewhere, or even have night appointments. People may not have time off of work to go take care of themselves. I think it's an awareness. Obviously, I think it's financial, we're one of the poorest counties. Obviously, the more financially stable you are more likely you are to seek healthcare and treatment." (Cumberland County Community Stakeholder)

When asked specifically about the top barriers to getting to medical appointments, cost was the second largest response following availability of appointments. The response order was availability (36.2%; 80 of 221); cost/payment (e.g., cost of ridership, cost of gas, car insurance, accepted forms of payment) (23.5%; 52 of 221); and reliability (15.8%; 35 of 553).

While there are certain programs available to help mitigate direct and indirect health care costs, many people expressed that there are a multitude of barriers in accessing them. In reference to a community transportation service one person shared, "My appointment was yesterday morning. They said they would pick me up at eight o'clock. They called me after seven o'clock and said they were not going to pick me up because they didn't have a driver. I was embarrassed. I had to call the hospital and tell them that I didn't get picked up. Now I have to wait 'till October 1st for the next available appointment. They didn't give me enough notice that they couldn't take me. I couldn't get anybody else to take me." (Cumberland County Community Member)

Healthcare Availability
Availability of medical appointments was among the top missing needs for the area as well, according to 51.9% of Cumberland County survey respondents (120 of 231). Respondents who opted to go into an Urgent Care or Emergency Room instead of a primary care provider in the last 12 months listed appointment availability among their top reasons (Urgent Care– 45.1%, 37 of 82; ER [Emergency Room]– 23.7%, 14 of 59). Participants expressed their frustrations with long waits to get appointments and long waitlists for appointments. As one person shared, "... I guess they're just so backlogged. I've been trying to get into a place for six months now." (Cumberland County Community Member)

C. Chronic illnesses

When asked about top medical health issues, the top issues from survey takers in Cumberland County were related to chronic illness (e.g., cardiovascular issues, mental health, substance use, tobacco use, diabetes, obesity, hypertension, functional difficulties, chronic pain). Over forty percent (40.3%; 94 of 233) of survey takers selected cardiovascular diseases, 34.3% (80 of 233) selected mental illness and well–being; 28.3% (66 of 233) selected high blood pressure/hypertension; and 25.3% (59 of 233) selected diabetes. Other top responses were 39.5% (92 of 233) for cancer; 33.9% (79 of 233) for dental health; and 27% (63 of 233) for pediatric health.

Challenges associated with chronic illness diagnosis, care, and maintenance were also mentioned. For example, those with transportation barriers, keeping critical appointments can be difficult. One person shared, "That's another big issue, especially in the nursing facilities...There are a lot of seniors. They're supposed to go to dialysis. They don't come at all...That's dangerous if you don't show up for dialysis...That's really dangerous...They don't have enough drivers. We have so many different services...They're not reliable because they're so backed up. They don't have staff. Our seniors are getting sick." (Cumberland County Community Member)

When asked about missing community health resources, 32.9% (77 of 234) of survey takers said general mental health/behavioral health services; and 30.8% (72 of 234) said caregiver training and support services.

D. Community connections and spaces, especially regarding safety

Data in Cumberland County highlighted safety concerns and needs for safe spaces for adults and children to gather. When asked about community–based health issues, 36.3% (85 of 234) of survey takers answered individual safety (e.g., child maltreatment, domestic violence, sexual violence) and community safety (e.g., community violence, police, guns, etc.), 27.8% (65 of 234) said recreation, and 22.2% (52 of 234) said services for special populations. One person shared about their neighborhood, "If you come to my house, you'll always find me in the house. I don't associate with them outside because they just don't exude good characters to me. Just a matter of fact, just about two or three weeks ago, they had a party and a young man wound up getting shot four times. I don't want to go to places like that. I got to look over my shoulder. I'm not going to do it. It's church, doctor's visits, or the center. That's where you'll find me at. Once in a while, you'll find me at the grocery store trying to shop, but I want to get out of there as fast as I get in...I don't feel safe in there." (Cumberland County Community Member)

People spoke to the specific need to address the youth violence in the county. One stakeholder shared, "One of the challenges I think that we're facing is violence, is gang activity, is youth violence. We have, obviously, a smaller population down here, but I think when you look at some per capita rates, as you compare to Camden, Newark, Patterson, where we share in those statistics of problems with crime, problems with violence." (Cumberland County Community Stakeholder)

Individuals who spoke with WRI expressed the need for more community spaces. Many individuals expressed the need for places for people to connect and for safe places for children. As one stakeholder shared, **"Look, it's no secret that Cumberland and Salem are always the worst in health in the state. It's out there. It doesn't take a lot of info to be able to present that to somebody and say, "Look, here's a major need." Look, Bridgeton has zero opportunity for youth. There is no community center for these kids to go to. How do you expect to do anything?"** (Cumberland County Community Stakeholder)

The desire for safe environments for people to foster community connections was clear from the data. One community member shared, "One of the best things for any type of mental health is involvement in your community. It's so hard to find out what's going on around here. You either find out last minute or after it's done. Help us find a list of things that are going on in the community that has to do with self-care and mental health." (Cumberland County Community Member). Responses from the survey also highlighted this need: When asked about missing community health resources, 37.2% (87 of 234) said community social support services/programs connecting with other people (e.g., social club, hobby interest groups), and 26.9% (63 of 234) said recreational activities (e.g., outdoor activities, group exercise and activities). Many individuals spoke to the desire for community events and places to socialize and connect with others, and that while there are some spaces that exist (e.g. churches), more are desired.

In particular, several people expressed concern and frustration about the recent 2024 closing of an Inspira Fitness Center in Vineland. One person shared, "The fitness center, I've known so many people...that have used that fitness center for cardiac rehab. My own mother, many years ago went there when she had her quad bypass. It really makes me sad to think of all these people that have this facility, not just for being healthy, which I did long ago until I became caregiver for everybody in the world. They've lost somebody there that's trained, somebody there that could say, 'Oh, you're not lifting that weight properly, or let's check you out. Do we need to increase these weights, or do we need to slowly drop you back a little bit?' They've lost something really important, getting their heart back into shape." (Cumberland County Community Member)

E. Compassionate care

A key issue identified in Cumberland County was the need for more compassionate care in healthcare. Many individuals spoke about their experiences in differences in care, expressing that there were differences in the quality of healthcare, or that they were being treated differently based on insurance status, race, drug use history, and/or class/socioeconomic status. One way that people felt they were being discriminated against due to the type of insurance they had or their lack of insurance. As one person shared, "Because we're poor and homeless, it seems like, in my experience, anyhow, and with my bunkie that was above me, if there's a problem and a simple test, don't tell them a simple problem that the insurance covers, that they don't go no further and try to discover what's going on so we can end this before it gets worse till you, obviously, you die, maybe. If it was somebody that had that good insurance, that had plenty of loot, they get treated differently. I know that's a fact in my mind. You can say whatever you want. I'm not saying it's Inspira's fault. Maybe it's Inspira's system, or whatever, but, of course, being poor and homeless, all of a sudden, that concerns me." (Cumberland County Community Member). Additionally, 41.1% (96 of 234) of Cumberland County respondents reported feeling like a doctor or nurse did not listen to what they were saying at least sometimes.

People also spoke to the stigma that is present in healthcare surrounding mental health and substance use. One person shared, "Whether legit or not legit. They treat you like you are a piece of shit on the earth. I've witnessed that. It don't matter whether you're clean now, how long you've been in recovery. You have a drug history, you're a piece of shit and they treat you like that." (Cumberland County Community Member)

Community members explained how the quality of care can differ based on location, especially in reference to South Jersey versus North Jersey.

> As one person shared, "The people in rural South Jersey pay just as much as the people in fancy places like North Jersey...It's the same money, so why are we not getting the same services?" (Cumberland County Community Member)

Many individuals expressed concern with the growing role of technology in depersonalizing interactions with clinicians and in healthcare overall. While technology has numerous benefits and advantages, many expressed that they felt there has been an overreliance on technology and that it has replaced effective assistance and compassionate care. Additionally, for many people, the use of technology can be an accessibility issue if they don't have access to a laptop or phone.

One person shared, **"I mean doctors, they want you to sign up, you got to come with a password and you can't use cash. It's overwhelming for us and everything you do, 'Oh, email, fax me.' Nobody talks anymore or sits in with a piece of paper. It's a communication problem here. It's hard to live in this world."** (Cumberland County Community Member)

Related to the technology-driven healthcare approach, data also spoke to the need for other avenues to help connect people to healthcare, and to help relay healthcare information. When asked about missing community health resources, 37.6% (88 of 234) of survey takers in Cumberland County said community health workers/ health advocates, and 29.5% (69 of 234) said health education/information/outreach. Data spoke to the need to get information to community members through channels and avenues that are accessible and approachable to them. Community health workers are one avenue to help spread information about health, diet, and where programs are happening and how to get to them. One person shared, "About mental health, I think there should be more resources or raising more awareness, because we do have mental health and general health resources, but I think it's not being promoted enough so that people learn about it. For example, since we work here [a health facility], we always get messages like, 'You know if you need to talk to a therapist, a psychiatrist, if you need any doctors, we can get them for you.' That's good for us, but I've seen people in the community who don't work in places like this, they don't know there are resources like this, and they don't know whether they can talk to someone. It's also hard for them in terms of money, because you know that seeing a psychiatrist or a doctor is not cheap. I know there are resources, I've seen it, but I think they should be promoted more so that people know they exist, that they can take care of themselves, and that there's help." (Cumberland County Community Member)

The desire for a more compassionate, humanistic approach to healthcare was clear from the data. Overall, people expressed a desire to feel seen, heard, and treated with compassion. One person described their experience, "I had gallstone pancreatitis, which is excruciatingly painful like really painful. I was just bawling, asking for some kind of help. I wasn't looking for drugs. I wasn't looking for—I just want to be out of the pain. Something, just do something for me. They couldn't care less if you're sitting in the hallway, you basically don't exist until you're—It's not even like, okay, you're put in the hallway and you can just deal with what you're given. It's just the way they treat you. They're not very compassionate people there." (Cumberland County Community Member)

See full Cumberland County and Regional Top Self-Reported Needs (Barriers) from the Community Survey in the Inspira CHNA 2025-2027 Background, Process + Regional Findings Report [here](#).

C. Community-Reported Solutions and Recommendations

Data from Cumberland County residents and key stakeholders offered multiple solutions and recommendations to address existing barriers within the county. Individuals that WRI spoke with emphasized the need for more programs and resources that help people navigate existing resources and information, in both healthcare and social services. As highlighted in the barriers section, many people explained that resources and services do exist, but they are difficult to find and navigate.

> One person shared, "Maybe we need a central place in every community, that's [an] information center. For instance, this building. People live near here...if they just know that this building has pamphlets, has flyers, somebody here...One person can be the navigator for this community. Again, that's a start and it can grow into something more." (Cumberland County Community Member)

Data also spoke to the importance for services to be delivered by people who are from the communities in which they exist. One stakeholder shared,

"I think one big part of it is making sure that as organizations come in, they make it a point to hire people from the community. One, they're putting financial resources into the community, but then also they're using the benefit of the 20, 30, 40, 50 years of trust that these people have built in their community which no degree can provide. The heart that they have for their community, if they've been there for that long, they care and they want to see it change. I think that's a key piece...Two, they can speak to these kids in a way that I never could, as much as I would care, et cetera. Me sitting across from one of these kids or a group of these kids is going to sound so different than if he does, and he can speak in such a different way... especially the kids and youth that they can have those frank conversations with." (Cumberland County Community Stakeholder)

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