inspira HEALTH®

Community Health Needs Assessment 2025-2027

Regional Report

APRIL 2025



PROCESS & OVERALL FINDINGS FOR CUMBERLAND, GLOUCESTER, AND SALEM COUNTIES

RUTGERS–CAMDEN
Senator Walter Rand Institute for Public Affairs

Contents

Executive Summary

This report provides a summary of the findings of the Community Health Needs Assessment (CHNA) for Inspira Health's service region, covering 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. Separate reports with detailed findings for each county (Cumberland, Gloucester, and Salem) were also 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 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 the region included both specific county nuances and overall regional assets. The largest asset in the region is depth and breadth of partnerships between institutions, many of which include specific Inspira Health backing and support. Programs and partnerships across the region are geared towards preventive care, and also aim to address the social determinants of health (e.g., vaccines, food access).

The Top 5 Regional 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 health care.** 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.** This barrier highlights the need for community connection and safe spaces where adults and youth can come together.

E. **Administrative barriers.** This barrier reflects staffing challenges, as well as bureaucratic challenges of meeting certain legislative requirements and grant funding expectations, particularly within the region's most rural communities.

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.

The Top 5 Gloucester 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. **Mental and behavioral health and substance use.** This barrier refers to challenges around access, coverage, and continuity of treatment for mental health and substance use care.

D. **Community connections and spaces, especially for special populations (e.g., older adults, youth).** This barrier highlights the need for community connection and safe spaces where adults and youth can come together.

E. **Health education.** This barrier reflected a need for clear and concise health information to make it to residents in ways that are accessible and approachable to them.

The Top 5 Salem County Barriers/Needs are:

A. **Cost of living and cost of health care.** This barrier refers to challenges in meeting basic needs (e.g., food, transportation, rent, etc.) and the cost of medical expenses, prescriptions, and insurance coverage.

B. **General infrastructure, especially transportation and healthcare infrastructure.** Overall, a large dearth of infrastructure limits residents access to healthcare, transportation, social connections, and other activities of daily living.

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.** This barrier highlights the need for community connection and safe spaces where adults and youth can come together.

E. **Food access and availability.** This barrier reflected the challenge for residents to meet basic food and grocery needs, particularly around access/distance to foods, and lack of healthy food options.

What the Barriers Mean/ Context for the Barriers
Across the region, barriers underscored the rising cost of living and affordability of basic needs. Cost of healthcare, as well as healthcare access issues, also arose as the barriers most noted in the data. While overall cost of living and basic needs (e.g., food, transportation, housing) were more deeply reflected in Cumberland and Gloucester counties, Salem County barriers overall highlighted a lack of infrastructure to support these needs—alongside housing, transportation, and employment. Across all counties, data spoke to a need for generating community connections and gathering in safe, and well-resourced community spaces for learning, healthcare, and socialization. The prevalence of chronic illness across the region also undergirds the need for preventive and follow-up care across physical and mental health conditions.

Across the region, barriers underscored the rising cost of living and affordability of basic needs. Cost of healthcare, as well as healthcare access issues, also arose as the barriers most noted in the data.

Community reported **solutions and recommendations** across the region focused on creating new infrastructures or shifting current infrastructure towards innovative healthcare models that work for the counties, embedding more direct services and programming directly within the community, focusing on whole-person and individualized care, advocacy for the region, and continuing and maintaining partnerships.

WRI + Inspira Project Teams

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

- Devon Ziminski, PhD | Senior Research Administrator & Principal Investigator
- Madeliene Alger, MA | Research Project Coordinator I
- Carla Villacis, MA | Research Project Coordinator I
- Amanda Ekelburg, MA | Research Project Coordinator II
- Fawaz Al Juaid | Student Research Assistant
- Angelina Cheng | Student Research Assistant
- Iuri Macedo Piovezan | Student Research Assistant

Inspira Health

- Donald Noblett | Administrative Director, Community Impact

Inspira Health Executive Management & Senior Leadership Team

- Amy B. Mansue | President and Chief Executive Officer
- Warren E. Moore | FACHE, Executive Vice President and Chief Operating Officer
- Matt Doonan Esq. | Senior Vice President and Chief Legal Officer
- Dave Johnson | Senior Vice President and Chief Innovations and Information Officer
- Anneliese McMenamin, SPHR, SHRM-SCP | Senior Vice President and Chief Human Resources Officer
- William D. Pelino, CPA, MBA | Senior Vice President and Chief Financial Officer
- Tony S. Reed, MD, PhD, MBA |Senior Vice President, Chief Quality, Safety & Experience Officer
- Kathleen Scullin-Marinelli |Senior Vice President of Marketing and Communications
- Lydia Stockman, RN, MHA, FACHE |Senior Vice President and Chief Administrative Officer, Inspira Medical Center
- Robin A. Walton | Senior Vice President of External Affairs and Chief Philanthropy Officer
- April M. Venable, MBA, FACHE|Senior Vice President, Operations Strategy & Transformation

Inspira Health Network, Board of Trustees

- Chair: Elizabeth (Betsy) A. Ryan, Esq.
- Vice Chair: Dawn Flitcraft
- Secretary: Robert Hickok
- Treasurer: Toni Pergolin
- President & CEO: Amy Mansue
- Board Members:
  - Karen Albanese
  - Virna Alexander
  - James Bonner, D.O.
  - Zenaida Cobián, Ed.D.
  - Jeffrey George
  - Melissa Hermanson
  - Dave Krishna
  - Michael McLaughlin
  - Donna Perez
  - Ronald Rossi
  - Michael Shevlin

Inspira Medical Centers, Board of Trustees

- Chair: Dawn Flitcraft
- Vice Chair: Herbert J. Konrad
- Secretary/Treasurer: Pamela S. Clark
- President & CEO: Amy Mansue
- Board Members:
  - James Bonner, D.O.
  - Zenaida Cobian, Ed.D.
  - Jeffrey George
  - Ronald Rossi
  - Elizabeth Ryan, Esq.
  - Shelley Schneider, Ed.D.
  - Michael DiMarino, M.D. (ex-officio, voting)
  - Brian Jerusik, D.O. (ex-officio, non-voting)
  - Erin Wright, M.D. (ex-officio, non-voting)
  - Andrew Zinn, M.D. (ex-officio, voting)

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 in the region. With that as a foundation, WRI convenes and engages stakeholders in making the 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.

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 Health Needs Assessment Goals

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

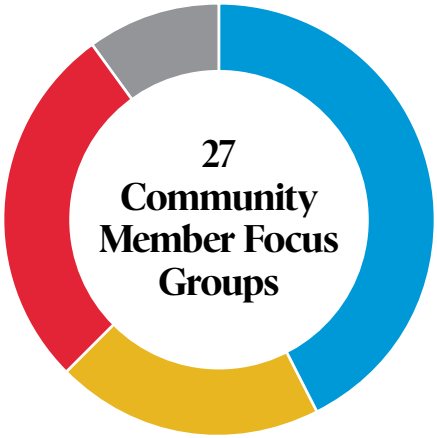
1. What are the health-related **needs** of the populations within Inspira Health's service area?
2. What are the health-related **assets** within Inspira Health's service area?
3. What are gaps that are feasible to address with intervention or additional resources? What are the **solutions/recommendations** available or that could be implemented to address gaps/needs?

Process and Methods

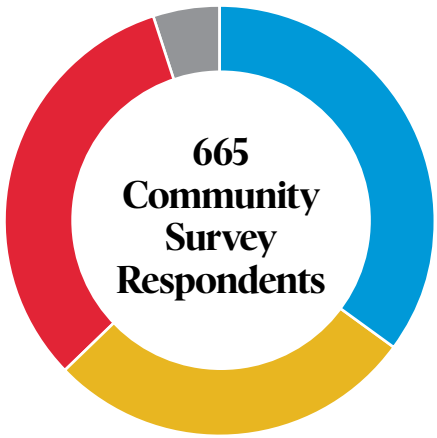
WRI conducted interviews with select leaders and staff of healthcare providers and social service agencies in Cumberland, Gloucester and Salem Counties, as well as focus groups and surveys with identified subsets of the community population in these counties. The interviews, focus groups and surveys allowed us to speak directly with those who work in the Cumberland, Gloucester, and/or Salem Counties' communities, and who deliver and provide services to the residents of these counties. Each of these tools allowed us to look beyond the numbers and contextualize the existing environment in each county. These tools permitted researchers to identify what is working well in the community and where there are gaps and redundancies in service delivery.

REGIONAL DATA COLLECTED:

- **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%)



- **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%)



- **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

WRI reached out to 27 individuals at least 3 times each by email or phone to gauge interest in an interview. WRI conducted 18 interviews with key representative stakeholders in each of the three counties and designated Inspira Health staff.

Participants in the interviews were health and social service representatives from the three counties and Inspira Health executives occupying various leadership roles. The identities of the interviewees are not disclosed in any reports. Interviewees are referred to by gender neutral pseudonyms to protect their identity. Each participant was offered a $25 VISA gift card as compensation for their time.

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 Rutgers University Institutional Review Board (IRB) protocol[1]. Interviews were conducted in person or virtually, based on the individual's preference. Interviews were recorded. The interviews were completed using a semi-structured research instrument. Areas of focus in the interviews included issues such as: strengths of the programming and obstacles or barriers to service delivery; interaction with community members; and communication and support from other county or local entities.

Top themes around community health assets, needs and solutions/recommendations were gleaned from the data. The software program NVivo14 was used in analysis.

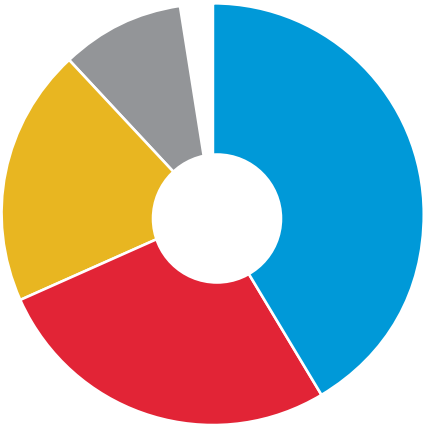
Areas of focus in the interviews included issues such as: strengths of the programming and obstacles or barriers to service delivery; interaction with community members; and communication and support from other county or local entities.

[1]The Institutional Review Board (IRB) at Rutgers University is based on the rules and regulations stipulated by federal agency regulations of human subjects research. Policy 90.2.11 outlines the Human Subjects Protection and the IRB at Rutgers, and can be found here. https://policies.rutgers.edu/B.aspx?BookId=12049&PageId=459404

Community Member Focus Groups

WRI facilitated 27 focus groups with 235 participants across the three counties. Demographic information was obtained for 214 of the 235 participants through a voluntary demographic form distributed at the beginning of each focus group.

FOCUS GROUP DEMOGRAPHICS (ACROSS ALL THREE COUNTIES) (N=214)



COUNTY OF RESIDENCE	PERCENTAGE (NUMBER)
Cumberland County	42.52% (91)
Salem County	27.57% (59)
Gloucester County	20.09% (43)
Other County	9.8% (21)
No Answer	2.34% (5)
TOTAL	**100% (214)**

*note that these percentages may tally to over 100% because respondents could select more than one option/selected all that applied.

DEMOGRAPHIC	REGIONAL	CUMBERLAND	GLOUCESTER	SALEM
Works for Inspira Health?				
Yes	3.74% (8)	5% (5)	2% (1)	0% (0)
No	95.79% (205)	95% (86)	98% (42)	98% (58)
No answer	0.47% (1)	—	—	2% (1)
Race/Ethnicity*				
American Indian or Alaskan Native	9.81% (21)	19% (17)	7% (3)	—
Asian	1.40% (3)	—	2% (1)	3% (2)
Black or African American	38.79% (83)	25% (23)	30% (13)	61% (36)
Hispanic/Latinx	14.02%(30)	11% (10)	7% (3)	19% (11)
White	40.19% (86)	51% (46)	58% (25)	15% (9)
Other	0.47% (1)	1% (1)	—	—
No answer	1.40% (3)	—	5% (2)	2% (1)
Age (years)				
Range (Min-Max)	18 - 92	20 - 92	18 - 86	22 - 75
Average	53	60	57	44

*Note that these percentages may tally to over 100% because respondents could select more than one option/selected all that applied.

Continued on next page.

DEMOGRAPHIC	REGIONAL	CUMBERLAND	GLOUCESTER	SALEM
Gender Identity*				
Man	28.16% (62)	24% (22)	23% (10)	36% (21)
Woman	69.19% (148)	73% (66)	77% (33)	63% (37)
None of these describe me	0.47% (1)	1% (1)	—	—
Prefer not to answer	0.93% (2)	1% (1)	—	2% (1)
Sexual Orientation*				
Straight/heterosexual	80.84% (173)	82% (75)	84% (36)	78% (46)
LGBTQIA+	2.80% (6)	2% (2)	2% (1)	3% (2)
None of these describe me	12.15% (26)	10% (9)	9% (4)	17% (10)
No answer	4.21% (9)	5% (5)	5% (2)	2% (1)

*Note that these percentages may tally to over 100% because respondents could select more than one option/selected all that applied.

Our focus groups consisted of a semi-structured guide and generally ranged in size from 1 to 15 participants, except for one focus group which consisted of 38 community members. Informed consent was obtained after the purpose of the focus group was explained and prior to the data collection process. One research team member facilitated the focus group and one to two additional research team members took detailed notes in addition to having the focus group audio recorded. Each participant was given a $25 VISA gift card as compensation for their time.

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.

WRI 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, people of color, individuals with disabilities, and veterans. The WRI research team worked with community partners to complete specific reach outs to engage individuals from the aforementioned populations.

Top themes around community health assets, needs and solutions/recommendations were gleaned from the data. The software program NVivo14 was used in analysis.

Community Member Survey

Six-hundred and sixty-five (665) survey responses were analyzed for the CHNA. Survey data was collected through paper copies and an online Qualtrics (survey) form, and both Spanish and English surveys were used. The survey had 52 questions and took approximately 20 – 30 minutes for respondents to complete. Survey participants could opt-in for compensation for their time by entering a raffle to win a $25 VISA gift card. Twenty-one participants were mailed a gift card after the survey data collection ended.

Six-hundred and sixty-five (665) survey responses were analyzed for the CHNA. Survey data was collected through paper copies and an online Qualtrics (survey) form, and both Spanish and English surveys were used.

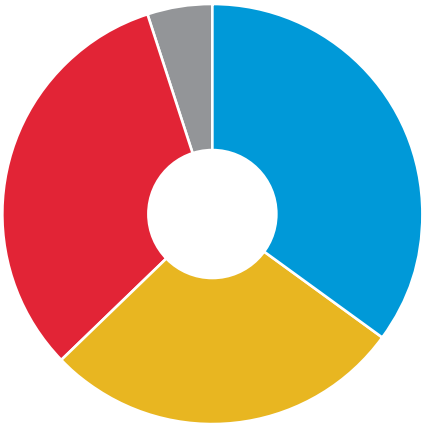
The research team utilized Qualtrics, a web-based survey platform, for the development and distribution of the electronic format of the Community Member Survey. Survey item formats included multiple choice, fill-in, Likert scale, and ranking. The survey was launched on May 30, 2024 and closed on September 30, 2024 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.

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 version 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. In addition, the research team utilized its experience working in Southern New Jersey to identify other pertinent topics to include in the survey. Topics included overall health needs, community health needs, awareness and use of Inspira programs, food insecurity, transportation insecurity, general mental and physical health questions, questions around healthcare access and use (e.g., of emergency room and urgent care), demographics, and other related topics.

Data were analyzed in the statistical program SPSS and Excel. Some participants 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

665 community survey responses



COUNTY LOCATION

COUNTY OF RESIDENCE	PERCENTAGE (NUMBER)
Cumberland County	35% (234)
Gloucester County	28% (186)
Salem County	32% (212)
Other County	5% (33)
	Camden: 16
	Atlantic: 5
	Burlington: 3

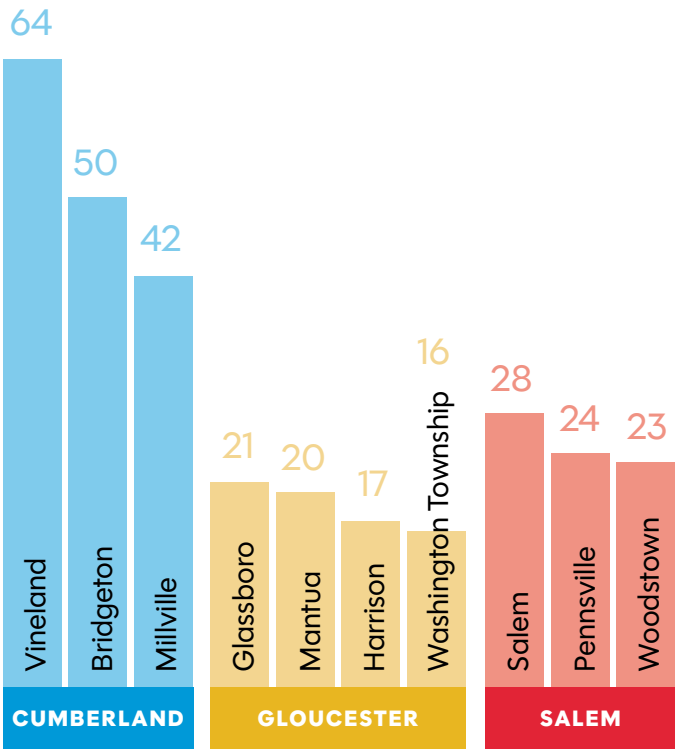
TOP ZIP CODES

08302	Bridgeton, Upper Deerfield Township	61
08079	Salem City, Mannington	53
08332	Millville	44
08098	Woodstown, Pilesgrove	36
08360	Vineland	35

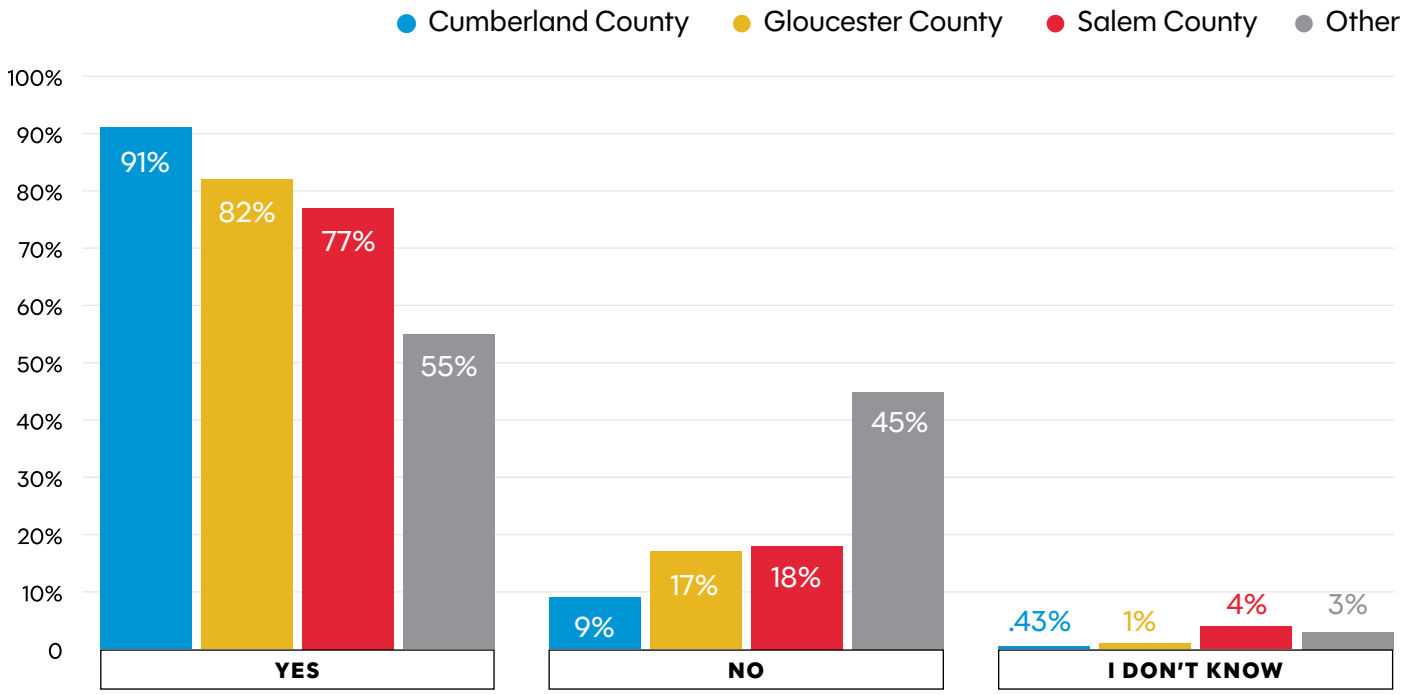
No zip code (blank) 28

Currently unhoused 24

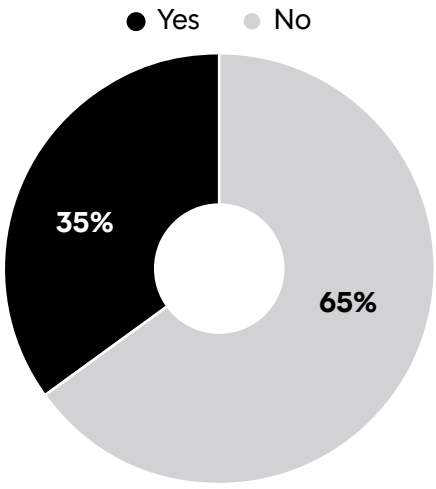
MUNICIPALITIES WITH THE MOST RESPONSES



DID YOU GO TO INSPIRA FOR HEALTH CARE? (N=663)

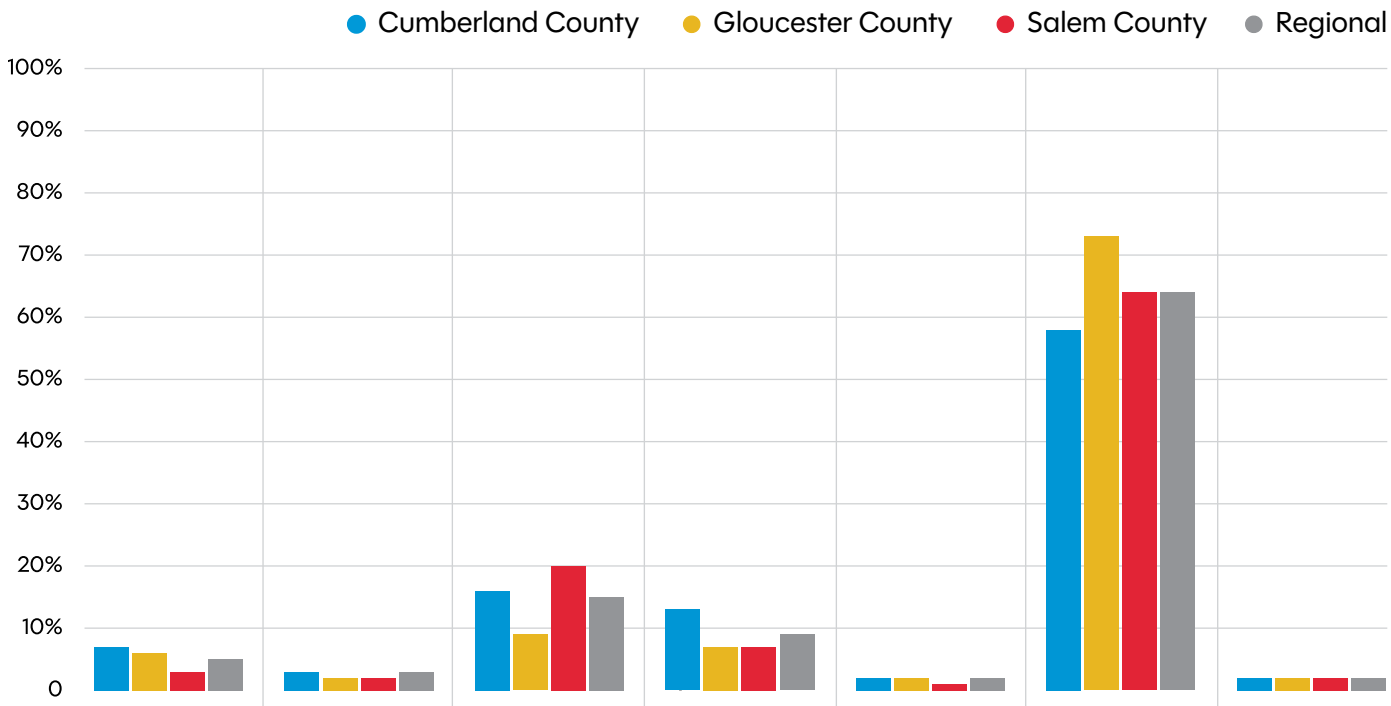


DO YOU WORK FOR INSPIRA HEALTH? (INSPIRA STAFF VS COMMUNITY MEMBERS) (N=664)



COUNTY	YES	NO
CUMBERLAND	40% (94)	60% (139)
GLOUCESTER	43% (80)	57% (106)
SALEM	20% (43)	80% (169)
REGIONAL	55% (18)	45% (15)

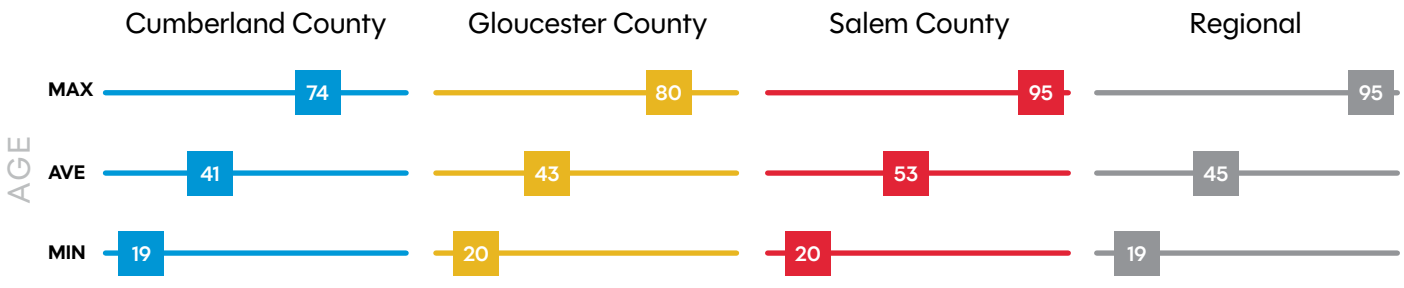
RACE/ ETHNICITY (N=617)



	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	HISPANIC / LATINO	NATIVE HAWAIIAN OR PACIFIC ISLANDER	WHITE	OTHER
Cumberland County	7% (17)	3% (9)	16% (42)	13% (34)	2% (4)	58% (151)	2% (4)
Gloucester County	6% (12)	2% (3)	9% (17)	7% (14)	2% (4)	73% (141)	2% (3)
Salem County	3% (7)	2% (5)	20% (43)	7% (14)	1% (3)	64% (137)	2% (4)
Regional	5% (36)	3% (17)	15% (102)	9% (62)	2% (11)	64% (429)	2% (11)

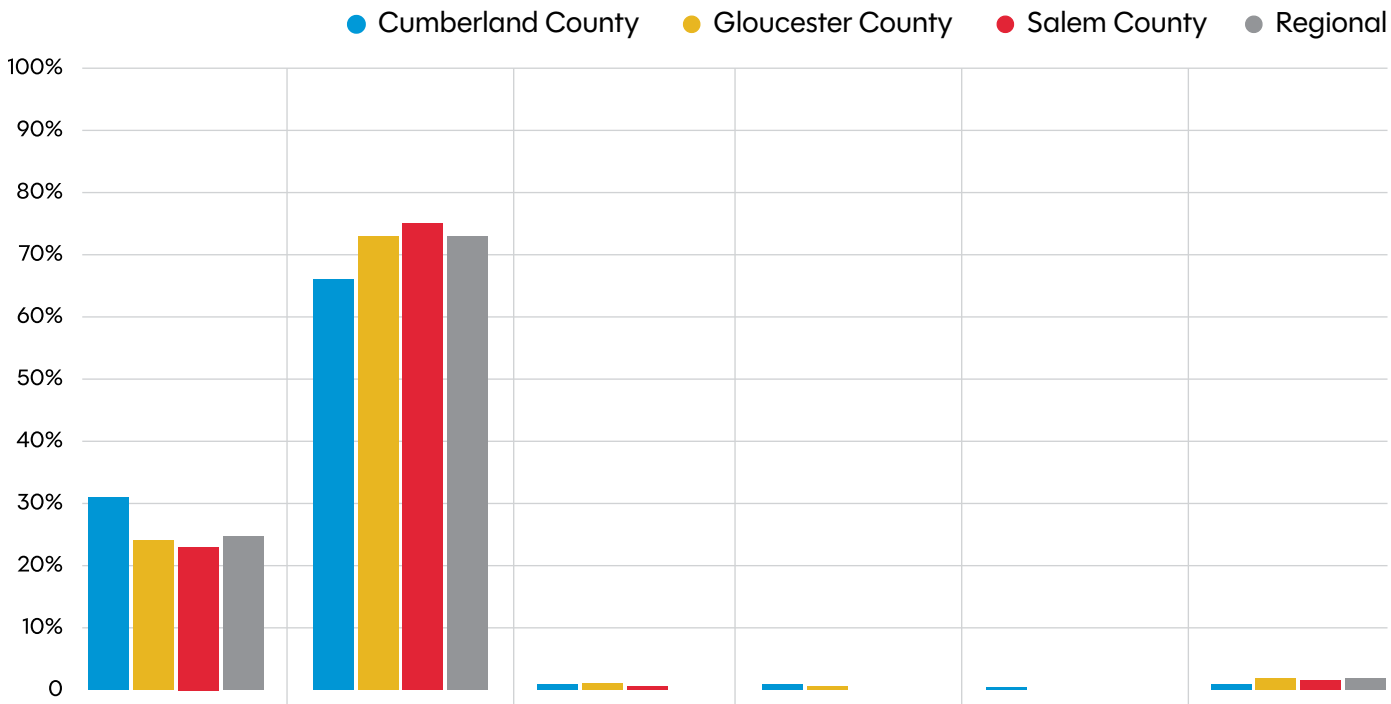
*Note that the total may exceed 100% because respondents could select multiple options.

AGE (N=665)



*Note that the total may exceed 100% because respondents could select multiple options.

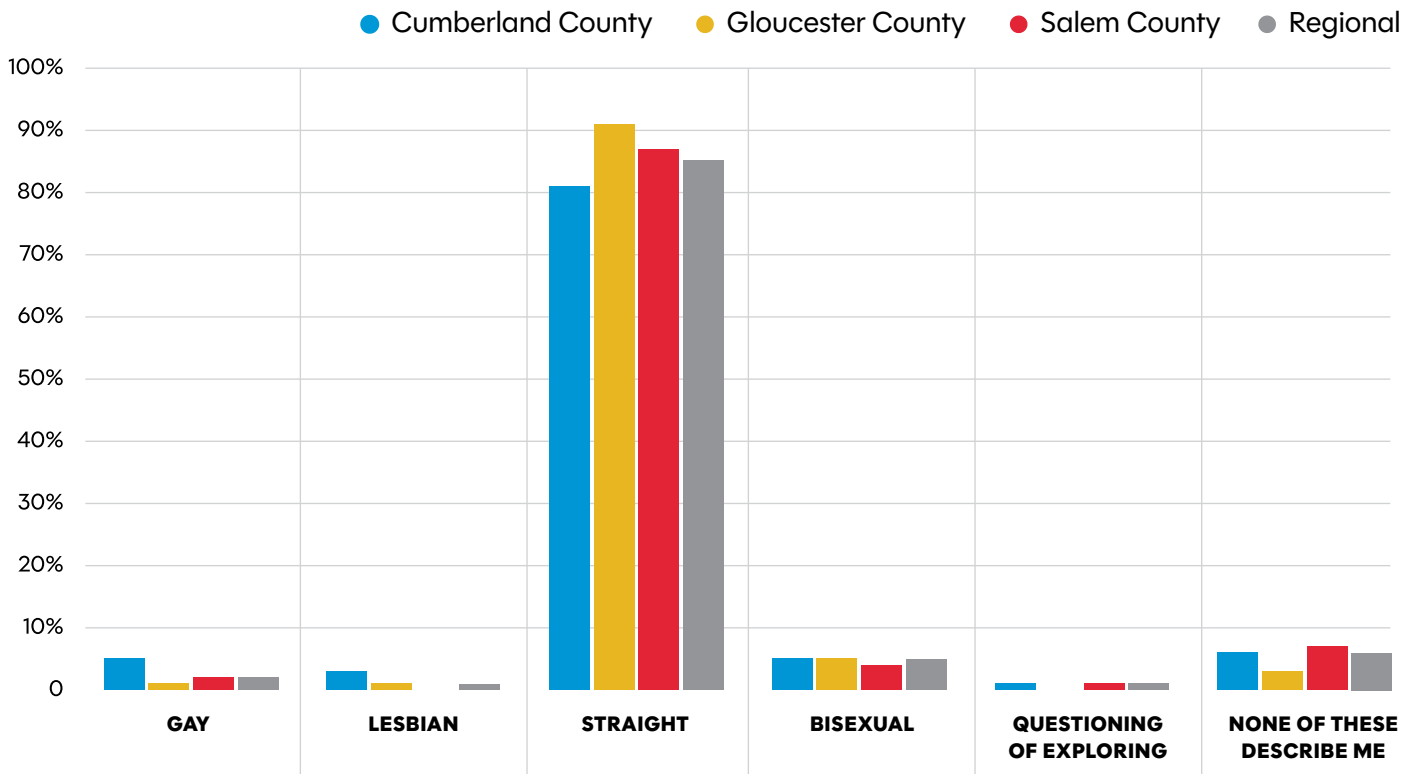
GENDER IDENTITY (N=656)



	MAN	WOMAN	NON-BINARY	TRANSGENDER	QUESTIONING OF EXPLORING	PREFER NOT TO ANSWER
●	31% (74)	66% (156)	0.84% (2)	0.84% (2)	0.42% (1)	0.84% (2)
●	24% (44)	73% (137)	1 (0.53%)	0.53% (1)	0% (0)	2% (4)
●	23% (46)	75% (149)	0.50% (1)	0% (0)	0% (0)	1.51% (3)
●	25% (166)	72% (470)	<1% (4)	<1% (4)	<1% (2)	2% (10)

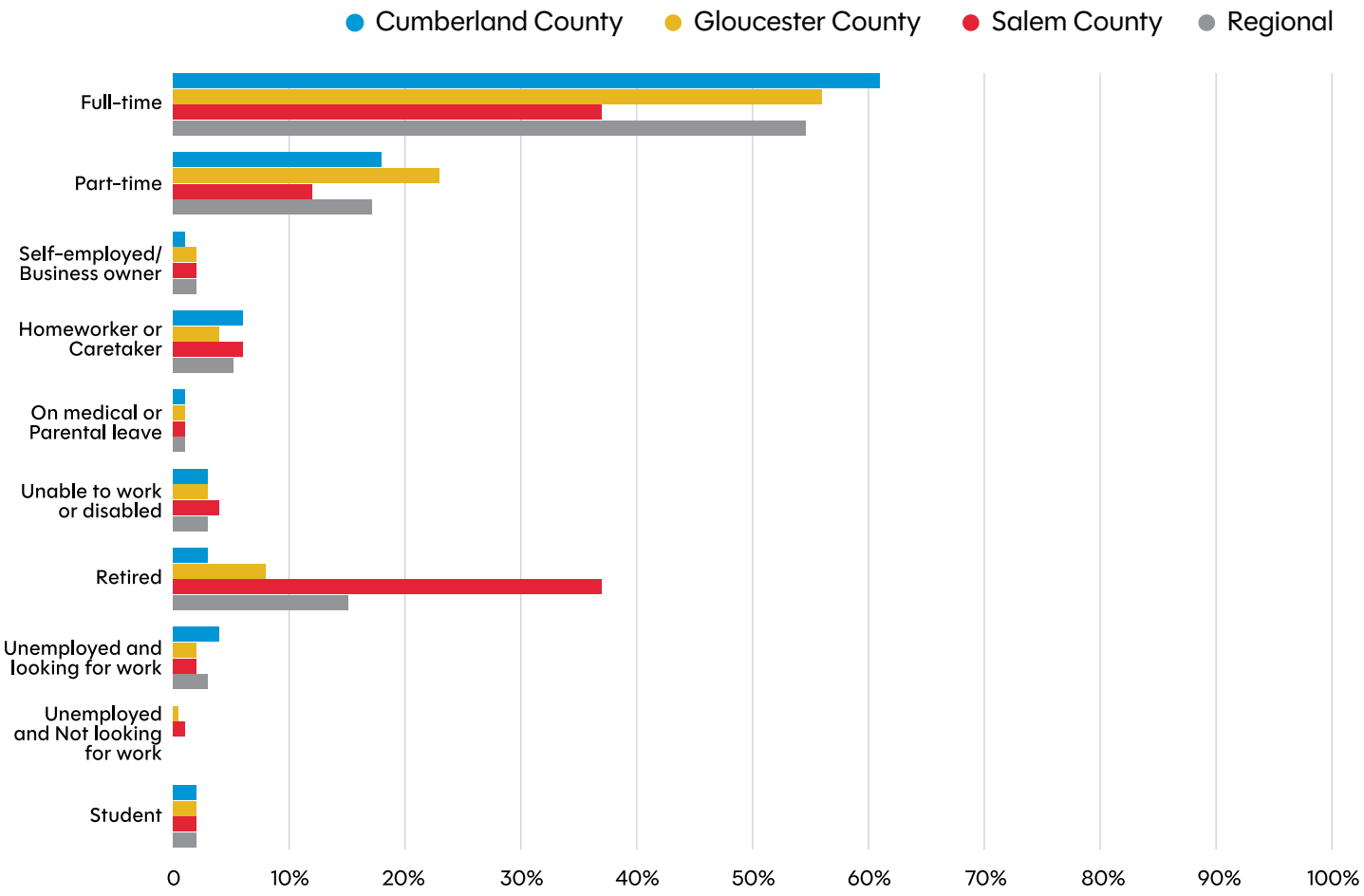
*Note that the total may exceed 100% because respondents could select multiple options.

SEXUAL ORIENTATION (N=645)



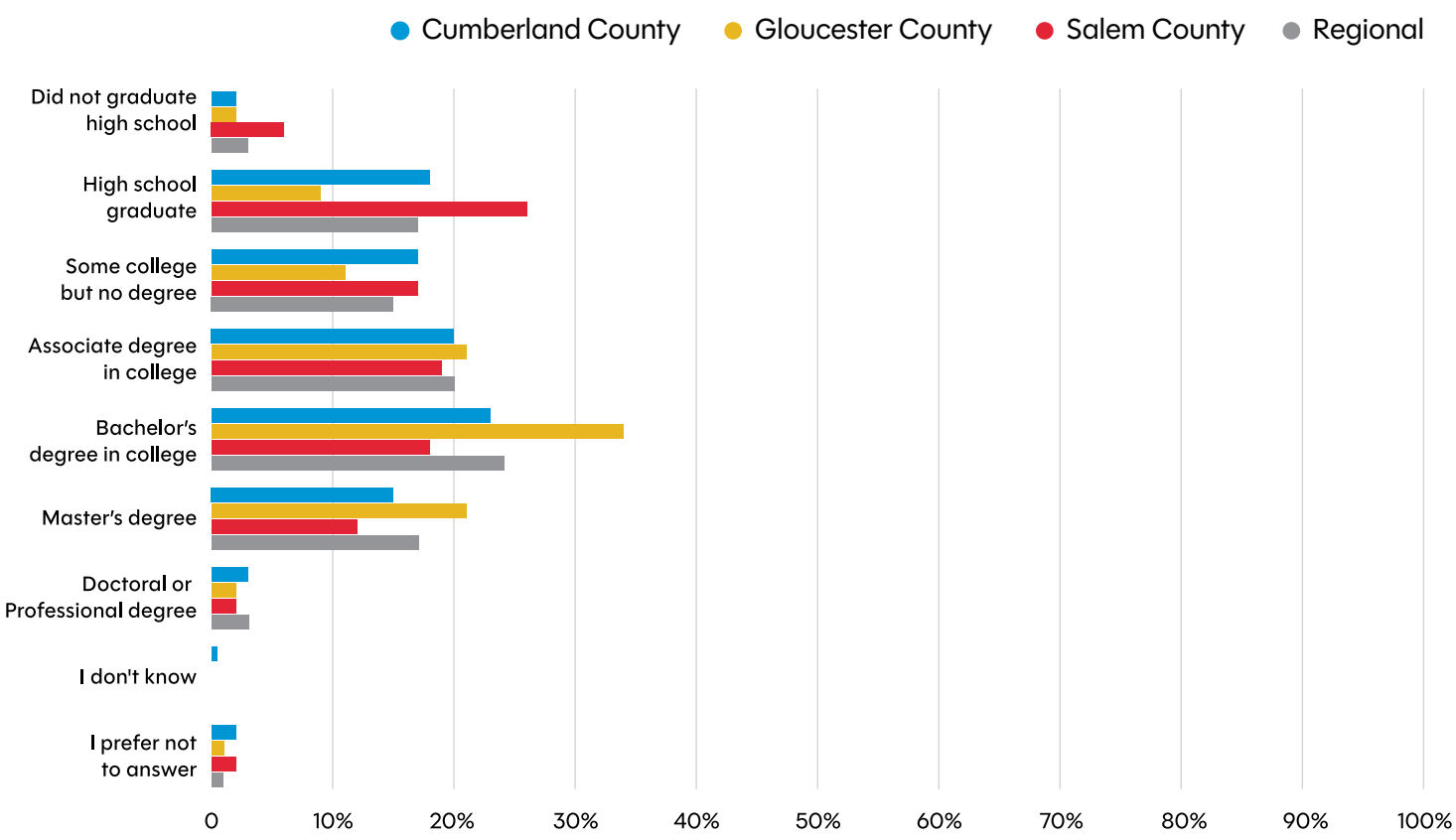
	GAY	LESBIAN	STRAIGHT	BISEXUAL	QUESTIONING OF EXPLORING	NONE OF THESE DESCRIBE ME
●	5% (12)	3% (7)	81% (186)	5% (11)	1% (2)	6% (13)
●	1% (1)	1% (2)	91% (168)	5% (9)	0% (0)	3% (5)
●	2% (3)	0% (0)	87% (172)	4% (8)	1% (1)	7% (14)
●	2% (16)	1% (9)	85% (550)	5% (30)	1% (4)	6% (36)

WORK STATUS (N=648)



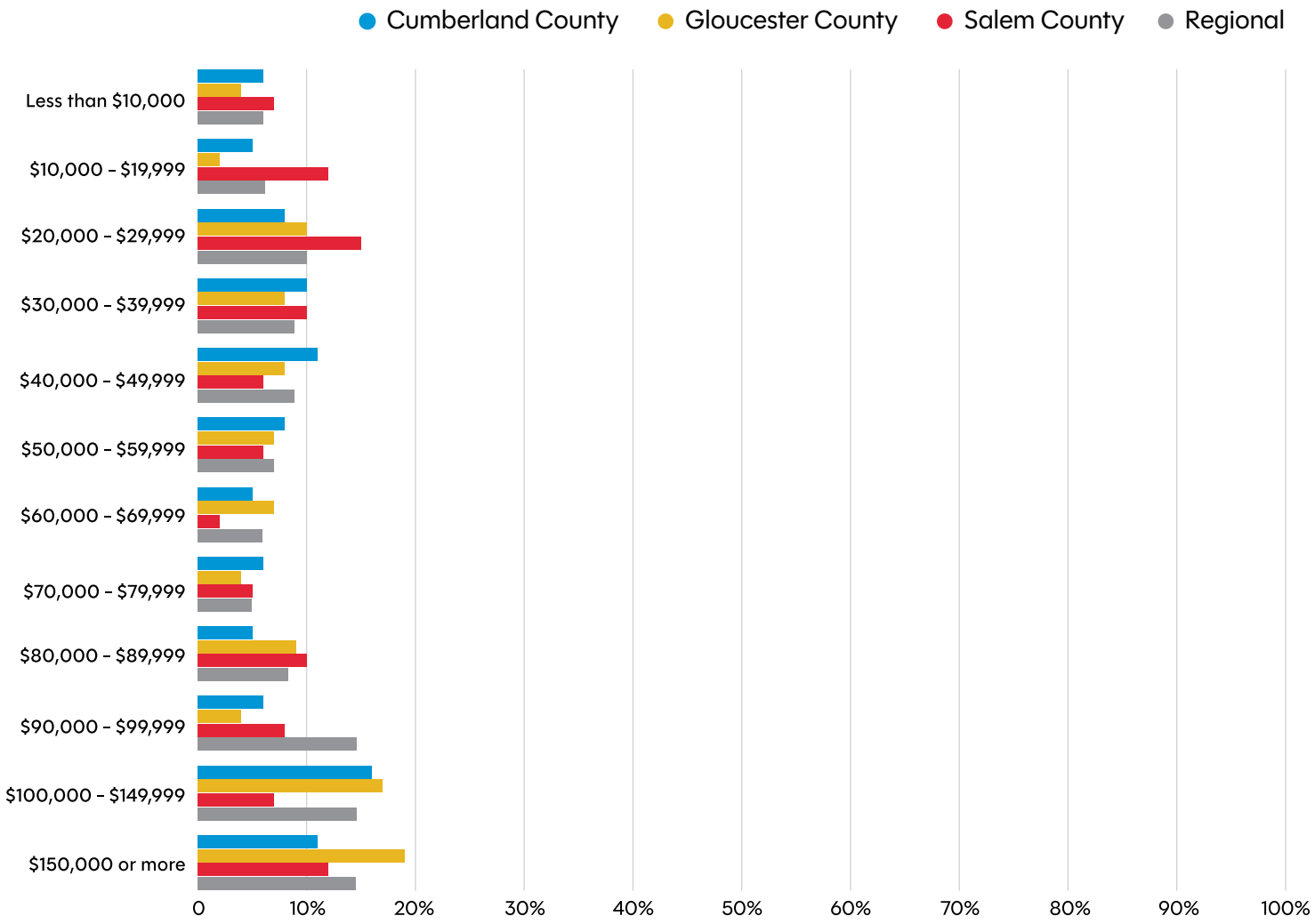
	Full-time	Part-time	Self-employed/ Buisness owner	Homeworker or Caretaker	On medical or Parental leave	Unable to work or disabled	Retired	Unemployed and looking for work	Unemployed and Not looking for work	Student
●	61% (143)	18% (42)	1% (3)	6% (13)	1% (2)	3% (7)	3% (8)	4% (10)	0.43% (1)	2% (4)
●	56% (104)	23% (42)	2% (4)	4% (7)	1% (1)	3% (5)	8% (14)	2% (4)	1% (1)	2% (3)
●	37% (72)	12% (23)	2% (4)	6% (11)	1% (1)	4% (7)	37% (72)	2% (4)	0% (0)	2% (3)
●	53% (344)	17% (109)	2% (12)	5% (31)	1% (6)	3% (20)	15% (94)	3% (20)	<1% (3)	2% (10)

EDUCATION (N=653)



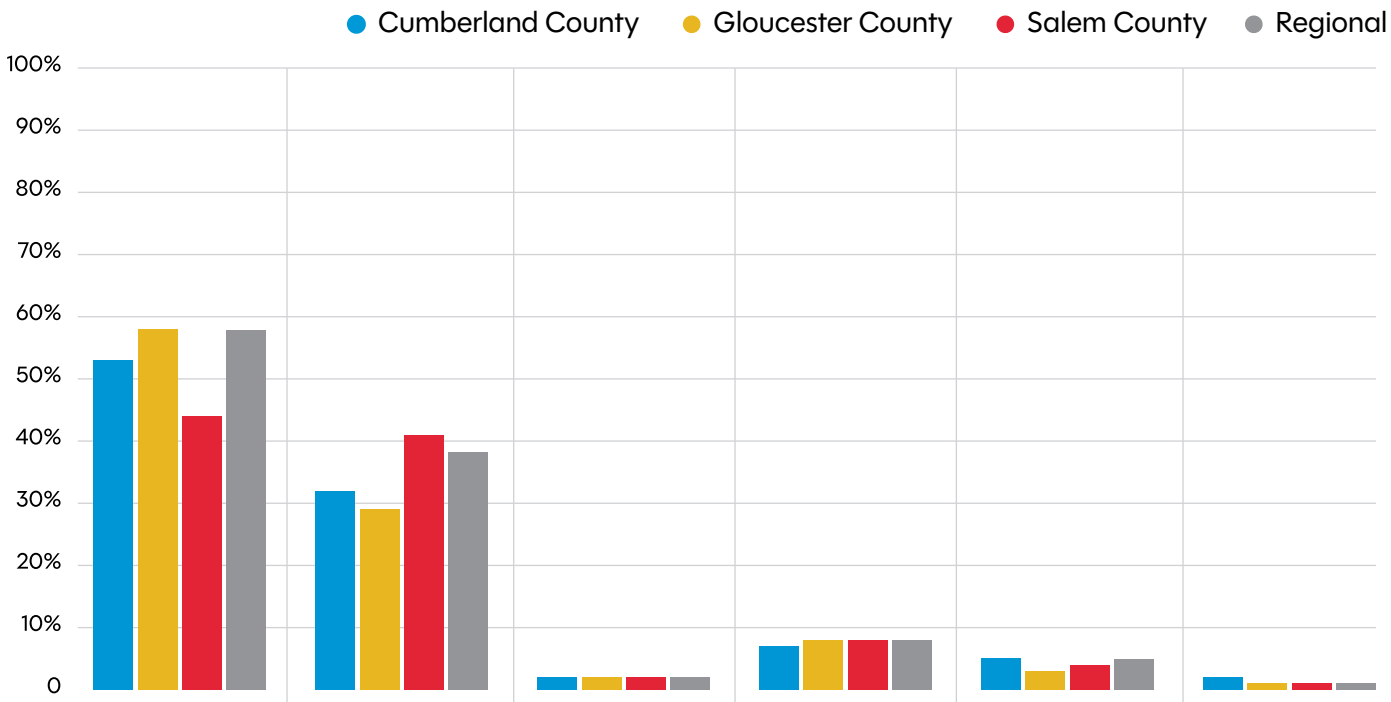
	Did not graduate high school	High school graduate	Some college but no degree	Associate degree in college	Bachelor's degree in college	Master's degree	Doctoral or Professional degree	I don't know	I prefer not to answer
●	2% (5)	18% (41)	17% (39)	20% (46)	23% (53)	15% (35)	3% (8)	0.43% (1)	2% (4)
●	2% (4)	9% (17)	11% (20)	21% (39)	34% (62)	21% (39)	2% (3)	0% (0)	1% (1)
●	6% (12)	26% (52)	17% (35)	19% (38)	18% (36)	12% (24)	2% (4)	0% (0)	2% (4)
●	3% (21)	17% (111)	15% (99)	20% (128)	24% (158)	17% (110)	3% (17)	<1% (1)	1% (8)

HOUSEHOLD INCOME (N=611)



	Less than $10,000	$10,000 - $19,999	$20,000 - $29,999	$30,000 - $39,999	$40,000 - $49,999	$50,000 - $59,999	$60,000 - $69,999	$70,000 - $79,999	$80,000 - $89,999	$90,000 - $99,999	$100,000 - $149,999	$150,000 or more
●	6% (14)	5% (12)	8% (18)	10% (23)	11% (25)	8% (17)	5%(12)	6% (14)	5% (11)	6% (14)	16% (36)	11% (25)
●	4% (8)	2% (4)	10% (18)	8% (14)	8% (15)	7% (12)	7% (13)	4% (8)	9% (16)	4% (8)	17% (31)	19% (34)
●	7% (13)	12% (21)	15% (27)	10% (18)	6% (11)	6% (10)	2% (4)	5% (8)	10% (17)	8% (14)	7% (12)	12% (21)
●	6% (37)	6% (39)	10% (63)	9% (55)	9% (53)	7% (43)	6% (35)	5% (31)	8% (46)	14% (83)	14% (83)	14% (83)

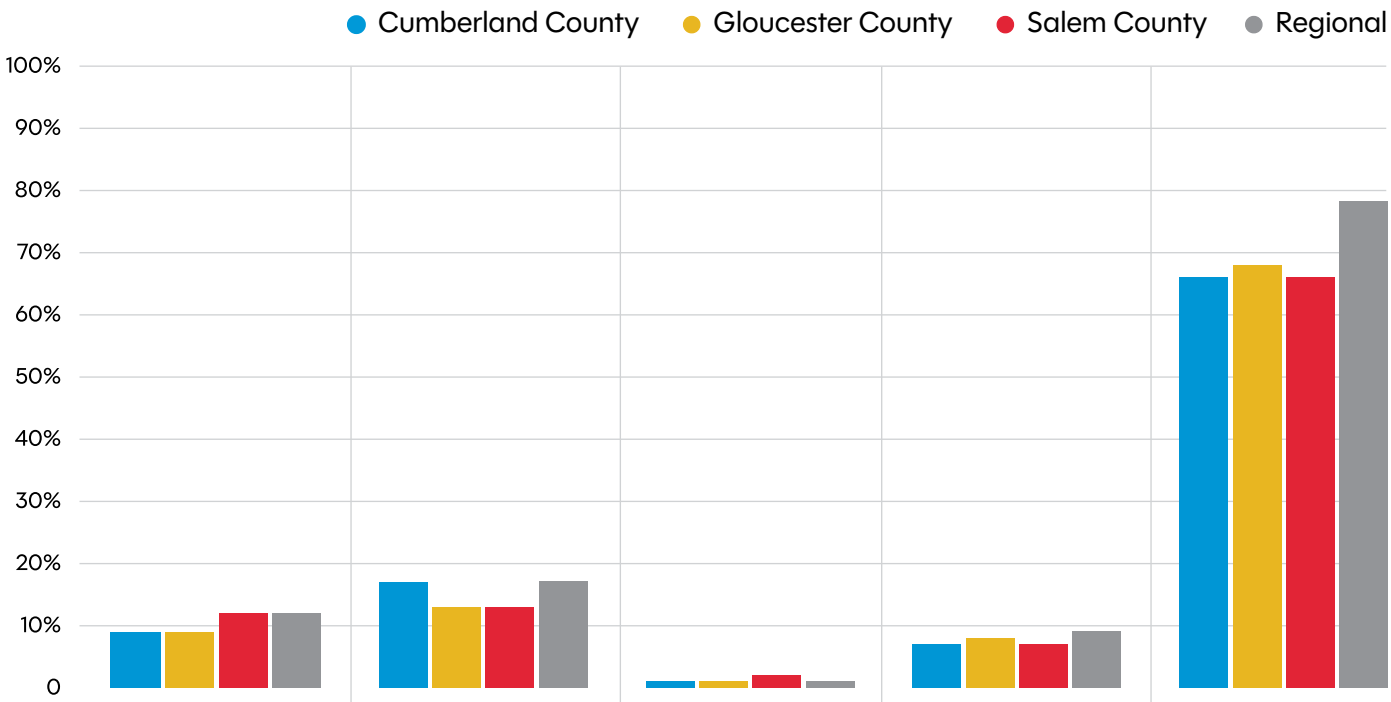
INSURANCE COVERAGE (N=614)



	PRIVATE HEALTH INSURANCE	MEDICARE OR MEDICAID	MILITARY RELATED HEALTHCARE	OTHER	NO COVERAGE	DON'T KNOW
●	53% (135)	32% (81)	2% (4)	7% (17)	5% (13)	2% (4)
●	58% (116)	29% (57)	2% (3)	8% (16)	3% (6)	1% (1)
●	44% (107)	41% (101)	2% (6)	8% (19)	4% (10)	1% (2)
●	58% (358)	38% (239)	2% (13)	8% (52)	5% (29)	1% (7)

*Note that the total may exceed because respondents could select multiple options.

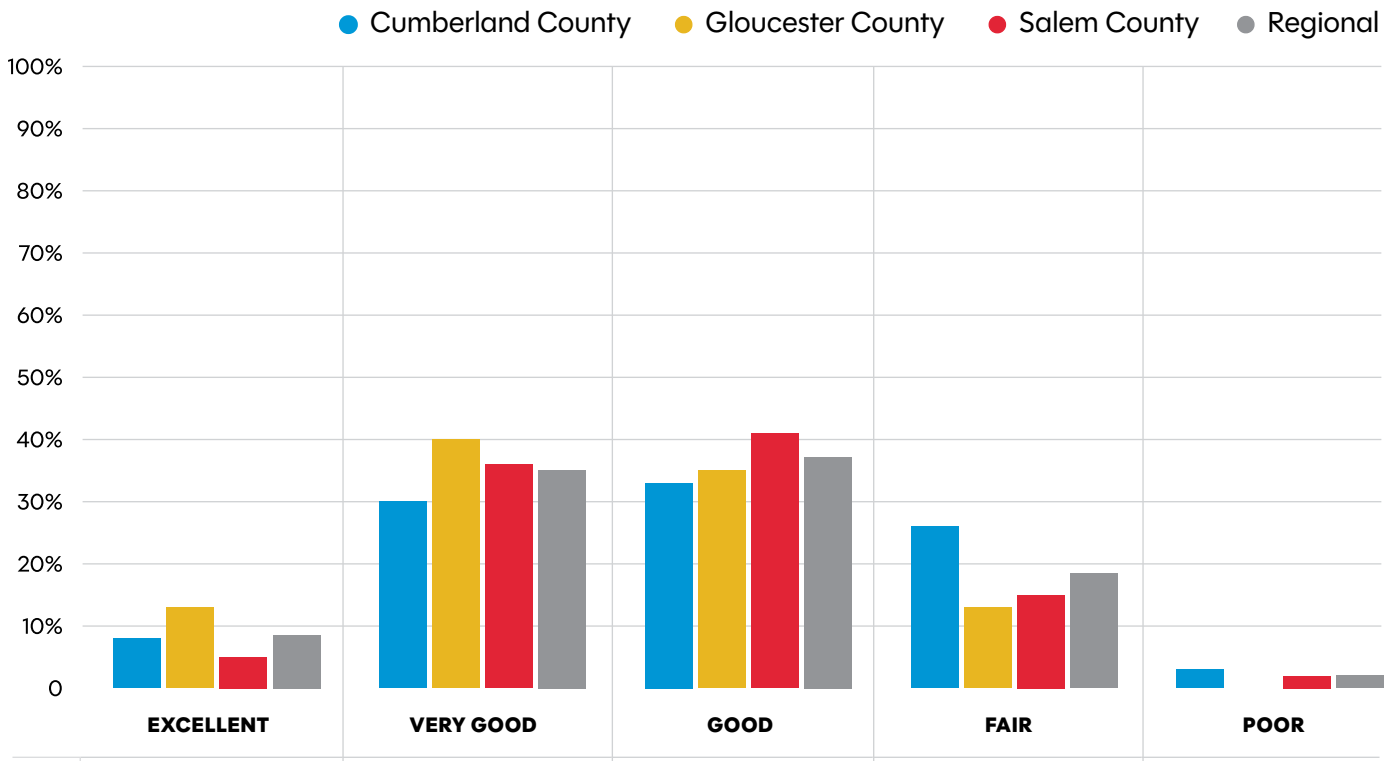
LACKING INSURANCE (IS ANYONE IN YOUR HOUSEHOLD CURRENTLY LACKING INSURANCE/ NOT COVERED BY INSURANCE?) (N=566)



	MYSELF	ANOTHER ADULT (18-65) YEARS OLD	ANOTHER ADULT OLDER THAN 65	A CHILD 17 YEARS OLD OR YOUNGER	EVERYONE HAS HEALTH INSURANCE
Cumberland County	9% (25)	17% (46)	1% (2)	7% (18)	66% (174)
Gloucester County	9% (20)	13% (28)	1% (3)	8% (18)	68% (148)
Salem County	12% (23)	13% (24)	2% (3)	7% (14)	66% (127)
Regional	12% (68)	17% (98)	1% (8)	9% (50)	79% (449)

*Note that the total may exceed because respondents could select multiple options.

OVERALL HEALTH (IN GENERAL, HOW WOULD YOU SAY YOUR OVERALL HEALTH IS?) (N=652)



	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
Cumberland County	8% (19)	30% (69)	33% (76)	26% (61)	3% (6)
Gloucester County	13% (23)	40% (73)	35% (64)	13% (24)	0% (0)
Salem County	5% (11)	36% (74)	41% (83)	15% (31)	2% (5)
Regional	9% (55)	35% (226)	37% (238)	19% (121)	2% (12)

*Note that the total may exceed because respondents could select multiple options.

Outreach and Distribution Strategy to Include Community Voice

Multiple steps were taken to ensure community voice was a key part of the CHNA process and data collection. The survey and all related promotional materials (for focus group and survey recruitment) were available and distributed in both English and Spanish.

For interviews and focus groups, all potential participants were contacted at least three (3) times by phone and/or email. Organizations put up flyers in their shared spaces advertising focus groups, and also distributed focus group opportunities on their own social media and email listservs.

Recruitment for the survey included palm cards with the survey link, outreach to community hubs (e.g., Family Success Centers and local libraries), dissemination through social media, and presence of the research team at community locations and events. Surveys were both distributed virtually through an anonymous link and administered in person at community locations and events in paper and QR codes/link forms.

Survey links and promotional materials (about the survey and focus groups) 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 and Inspira Health. WRI reached out to its partner network in Gloucester, Salem, and Cumberland counties via email and phone to inform them of the survey and focus groups 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.

Promotional materials and links and QR codes to the survey appeared on the TV screens at Inspira medical locations, and through palm cards in medical clinical centers across the region. Inspira shared the survey link on their websites, social media, and respective newsletters multiple times over the course of the data collection period. Inspira Health's Marketing team distributed the survey via targeted ads on social media to increase outreach. WRI and Inspira worked 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 by in-person pick-up/drop-off.

How Barriers/Needs were Generated

The Internal Revenue Service (IRS) CHNA regulations stipulate that many different methods of need prioritization are acceptable for CHNAs; one listed method is through using the community's perception of need. WRI prioritized 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. WRI also generated assets and solutions and recommendations as reported by community members. Note that data (interview, focus group, and survey data) is self-reported based on perceptions and experiences of 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. WRI reviewed the qualitative data (interviews and focus groups) for main themes around areas of need/barriers, and reviewed the top results from the survey around areas of need/barriers. The overlapping main topics from the focus groups, interviews, and survey then contributed to the list of the top five needs of each county and the region. The five top priority needs were generated from this data, and are not ranked within these top five needs.

The Top 5 Regional Barriers/Needs are:

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

B. **Cost and availability of health care.** 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.** This barrier highlights the need for community connection and safe spaces where adults and youth can come together.

E. **Administrative barriers.** This barrier reflects staffing challenges, as well as bureaucratic challenges of meeting certain legislative requirements and grant funding expectations, particularly within the region's most rural communities.

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 for costs such as food, rent, transportation, 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 attentive care from providers and the experience of stigma in care for certain populations, and the perceived difference in quality of care provided.

The Top 5 Gloucester County Barriers/Needs are:

A. **Cost of living.** This barrier refers to challenges in meeting basic needs (e.g., food, transportation, rent for costs such as food, rent, transportation, 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. **Mental and behavioral health and substance use.** This barrier refers to challenges around access, coverage, and continuity of treatment for mental health and substance use care.

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

E. **Health education.** This barrier reflected a need for clear and concise health information to make it to residents in ways that are accessible and approachable to them.

The Top 5 Salem County Barriers/Needs are:

A. **Cost of living and cost of health care.** This barrier refers to challenges in meeting basic needs (e.g., food, transportation, rent for costs such as food, rent, transportation, etc.) and the cost of medical expenses, prescriptions, and insurance coverage.

B. **General infrastructure, especially transportation and healthcare infrastructure.** Overall, a large dearth of infrastructure limits residents access to healthcare, transportation, social connections, and other activities of daily living.

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.** This barrier highlights the need for community connection and safe spaces where adults and youth can come together.

E. **Food access and availability.** This barrier reflected the challenge for residents to meet basic food and grocery needs, particularly around access/distance to foods, and lack of healthy food options.

Community Context: County Data

WRI analyzed publicly available data from the U.S. Census to contextualize the community context for each of the three counties. The county profiles for Cumberland, Gloucester, and Salem Counties provide insight into the social determinants of health (SDoH) 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 the county profiles provides important context, 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, Pennsylvania and Atlantic City, New Jersey, and 2 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).

Gloucester County

Located in the southwest part of New Jersey, Gloucester County is approximately 40 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 322 square miles, Gloucester County is the 11th largest county in the state, ranked 14th in population (New Jersey Counties by Population, 2024). Gloucester, named after the county of Gloucestershire in England, was founded in 1686 and used to include in its boundaries the current Atlantic and Camden Counties. The National Park in Gloucester County was the site of the Battle of Red Bank during the American Revolutionary War where Fort Mercer once stood. It now consists of a total of 24 municipalities: 1 city, 13 townships, and 10 boroughs, having Woodbury as the county's seat. Additionally, Gloucester County is nearly a 50% to 50% split between rural and urban areas of land. The population per square mile is 938.8 while the state rate is 1,263 per square mile (U.S. Census, 2020). Gloucester County also has 49,381 acres of farmland, with almost 600 farms where 93% specialize in crops and 7% in livestock, poultry, and other products (Census of Agriculture, 2017).

During its colonial era, its main industry sector was agriculture and, due in part to the county's many creeks that lead to the Delaware River and Atlantic Ocean, smuggling was once a common activity. Today, the county relied on agri-business, manufacturing, heavy industry, commercial enterprise and innovative new technology companies, possessing some of the largest industries of the East Coast like ExxonMobil, K-Tron, Spectrum Design LLC, COIM, and Omega Engineering. As of 2023, Rowan University dominates the employment sector, having over 3500 employees, almost three times the number of employees from Inspira Medical Center, at 1200 (Major Employers in Gloucester County, 2023). The largest employment sector is Health Care & Social Assistance at 15%, closely followed by Educational Services at 12.2% (Gloucester County, NJ/ Data USA. (n.d.). As of 2024, the unemployment rate in Gloucester County is lower than the state's average of 4.8% (Department of Labor & Workforce Development, 2024).

According to the American Community Survey, Gloucester County is slightly behind the state's average in educational attainment. Since 2010, the county's high school education rates increased from 85.6% to 89.6%. New Jersey's also increased from 88% to 90.7%. Moreover, the percentage of residents with a bachelor's degree or higher rose from 28.2% to 35.7%. New Jersey's also grew from 35.4% to 43.5% during this time.

Gloucester County's Food Environment Index was 8.8 (out of 10), slightly lower than 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).

Across the 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 7% of adults and 2% of children do not have health insurance. There is 1 primary care physician for every 1,020 residents in Gloucester County, 1 dentist for every 2,240 residents, and 1 mental health provider for every 640 residents (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 Gloucester County, 77% of the population commutes to work by driving alone, reflecting a heavy reliance on personal vehicles for transportation. Among these commuters, 46% experience a journey lasting longer than 30 minutes, indicating that a substantial portion of the workforce faces extended travel times on a daily basis.

Salem County

Salem County is located in the southwestern part of New Jersey, about an hour from Philadelphia, Pennsylvania. 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 (QuickFacts: Salem County, New Jersey, 2020). Salem County is the most rural county in the State of New Jersey. The population per square mile is 195.4 while the state rate is 1,263 per square mile (U.S. Census, 2020). 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 66,058 to 65,117, an approximately 1.42% drop; whereas the state population increased from 8,791,894 to 9,290,841, a 5.67% increase (U.S Census Bureau, 2022).

As of 2022, the top employment sectors in Salem County are Healthcare and Education, 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 unemployment rate in September 2024 was 5.1%, higher than the state's rate of 4.1% (U.S. Bureau of Labor Statistics, 2024). There are 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 COVID-19 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 (2022) American Community Survey, Salem County residents are above the state average for high school but not college educational attainment. Statewide, 90.7% of the population possess a high school diploma or higher, and 91.3% of Salem County's population have a high school diploma or higher. Moreover, 43.5% of New Jersey's population earned a bachelor's degree or higher and 25% of the population in Salem County completed a Bachelor's degree or higher (U.S. Census Bureau, 2022).

Salem County's Food Environment Index was 7.9 out of 10 (compared to the state's 9.0 score out of 10). 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 8% having limited access to healthy foods (County Health Rankings and Roadmaps, 2024).

In Salem County, 67 % of individuals have access to exercise opportunities in Salem County, compared to 96% of New Jersey citizens who have access to exercise opportunities (County Health Rankings and Roadmaps, 2024). Moreover, around 8% of adults and 3% of children do not have health insurance (County Health Rankings and Roadmaps, 2021). There is 1 primary care physician for every 4,070 residents in Salem County, 1 dentist for every 3,260 residents, and 1 mental health provider for every 870 residents (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 Salem County, a significant majority of the population—81%—commutes to work by driving alone, reflecting a heavy reliance on personal vehicles for transportation. Among these commuters, 40% experience a journey lasting longer than 30 minutes, indicating that a substantial portion of the workforce faces extended travel times on a daily basis. This data highlights both the prevalence of individual car use and the potential challenges associated with lengthy commutes in the area. (County Health Rankings and Roadmaps, 2022).

Overall Regional Findings

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 the region, which include all responses across Cumberland, Gloucester, Salem, and survey takers from other counties outside the main three counties.

A. Community-Reported Existing Assets

The overall findings speak to the combined findings across the service region-wide data, which includes Cumberland, Gloucester, Salem Counties, and a small portion of participants from neighboring counties.

Data across the counties spoke to nuances within each county, as well as overall assets throughout the region. By far the largest asset in the region is depth and breadth of partners between institutions, many of which include specific Inspira Health backing and support. Programs and partnerships across the region are geared towards preventive care, and also aim to address the social determinants of health (e.g., vaccines, food access).

Public health infrastructure growth & connecting to community

Data spoke to the increased healthcare infrastructure in the region, including a dozen federal qualified health centers (FQHCs), strong county health departments, the opening of a men's health center in Williamstown (Gloucester County), and the recent transition from Salem Medical Center for Inspira Mannington Hospital. One key stakeholder spoke to the creation of the New Jersey Community Health Worker Hub. Another shared, "Another example I would say is, of course, all of the work we do at Inspira in the communities through our mobile units. Now the community health workers we have, and the role that they're applying which really excites me where they're participating in the screening. There is immediate follow-up and follow-through with patients who might walk away with some diagnosis or health issue" (Regional Stakeholder). Stakeholders discussed how community health worker teams were in charge of going out to different counties into our community, and just providing that information to patients and the general community.

Preventative care for various SDoH and targeting special populations

Regional efforts focused on targeting emerging public health trends, and provided resources to certain areas and populations as needed, responding in quick and flexible manners. As one person shared, "This year, [we] have been really focused on partnering with organizations to offer services in conjunction with their services, and so we're in a couple of substance use treatment facilities where we can do birth control consults or testing for STDs [Sexually Transmitted Diseases]" (Regional Stakeholder). The same person continued, "We've done some migrant camp work where we'll go to camps to do services and partnering with a collaborative down here to do that while they're offering other medical services. Really trying to think strategically about how can we reduce as many barriers as we can to access particularly vulnerable populations. That's something we're excited to keep working on" (Regional Stakeholder).

Preventative and intervention care spanned many issue areas, including:

Food security – One stakeholder discussed their focus on food security, partnering with the Salem Wellness Foundation and other entities in that county. Part of their strategy is to write additional grant funding that they can always supplement our Family Success Centers to be able to provide services.

Substance use – One stakeholder discussed their partnership with Pinnacle and Seabrook and the other definitive care organizations, through their partnership with Complete Care and Southern Jersey Family Medicine and Camden Coalition, they've been able to develop programs for substance use, and that regionally, there have been declining overdose rates.

Infant and maternal mortality – Another organization partners with private practice groups to do appropriate prenatal, antenatal, and postnatal counseling, and with the Camden Coalition and others to make sure that when a pregnant person comes in, they're connected to

a pediatrician. The organization itself does not hire pediatricians, and shared that to facilitate the partnership, "I don't hire a pediatrician. I don't have a single pediatrician that's employed by us, but we work with those in our community and our group between CompleteCare, between DuPont, between AdvoCare" (Regional Stakeholder).

Vaccines/ Viruses – Another organization worked with a series of CDC [Centers for Disease Control and Prevention] grants for COVID, and worked with about 38 organizations across the state that have helped to increase equitable access to vaccines.

Partnerships

As one key stakeholder shared, "I think the partnership with county government across all three counties has been the story, from the last CHNA till now. Instead of pointing fingers, I believe that we really are in cooperation with each other, knowing that we don't always agree, but we still have patients that we need to figure out" (Regional Stakeholder). Data across the counties discussed intensive partnerships and collaborations between Inspira Health, Acenda Integrated Health, the FQHCs, Complete Care, Camden Coalition, Gateway Community Action Partnership, Rowan College of South Jersey, local and county departments of health, and multiple non-profits.

Multiple participants we spoke with highlighted the partnerships and collaborations between their organizations, and how these collaborations are essential to increasing community health, especially because the organizations understand some of the challenges that come along with being in Southern Jersey, and there's a common understanding there's a need to coordinate.

> One person shared, "The ability to partner with community organizations has grown over the last five years. The willingness from Inspira has grown, but then the readiness of those other partner organizations has grown. The number of, I'll say joint ventures, but it's not in the business sense, it's more in the clinical and the practical sense, has increased dramatically, and to the point that we have not felt that overwhelming pressure to do everything, but rather be a part of and to support and to take the front and the lead where necessary, but then work with those community partners who are doing the work to the best of their ability." (Regional Stakeholder)

Engaging with people/keeping ear to the ground

Data spoke to the multiple ways that organizations kept their ear to the ground about what was going on and what is needed in their service areas. One organization shared how they have monthly listening sessions with organizations and rotate counties where they do the sessions, which are often held at one of the 200 out of 300 partners of that organization that are food pantries.

The stakeholder shared, "We need to have these listening sessions because we want to empower the voices of those that we're serving that may not have the power. What we do is we collect this data, as you're doing now, and we work with our programs and services, our health and nutrition teams, our member organization department. What can we do better?" (Regional Stakeholder). Another organization, based on their strategic plan, has a "program rounds" call every other month where all of the organizations, all of the program leads, all of the supervisors are engaging in an organization that comes to the table with ideas. They also have "innovation chats" on a quarterly basis. One person shared, "We have something where staff could actually propose a program around what they're seeing in community and present that to the team, and wherever possible we have funding, we can execute those particular programs or enhance what we have. There's innovative ways that the agency does that and to make sure that everybody's fully engaged and have that open door to the leadership of the organization, which is unique" (Regional Stakeholder). Others discussed living directly in the communities in which they work/serve, and also serving on various boards and committees of related-South Jersey organizations.

B. Community-Reported Barriers/Needs

The top main health needs identified across Inspira's three county service region are (a) cost of living, (b) cost and availability of health care, (c) chronic illnesses, (d) community connections and spaces, and (e) administrative barriers.

What the Barriers Mean/ Context for the Barriers

Across the region, barriers underscored the rising cost of living and affordability of basic needs. Cost of healthcare, as well as healthcare access issues, also arose as large barriers in the data. While overall cost of living and basic needs (e.g., food, transportation, housing) were more deeply reflected in Cumberland Gloucester counties, Salem County barriers overall highlighted a lack of infrastructure to support these needs—along with housing, transportation, and employment. Across all counties, data spoke to a need for generating community connections and gathering in safe, and well-resourced community spaces for learning, health care, and socialization. The prevalence of chronic illness across the region also undergirds the need for preventive and follow-up care across physical and mental health conditions.

A. Cost of living

As shown across the three counties, the high and increasing cost of living is a major barrier to overall well-being. Many individuals spoke about how their basic needs (e.g., food, shelter, employment, and transportation) were not always being met, and meeting these needs often took precedence over meeting specific health care needs. When asked about the top **community based health issues**, cost of living was the most common, with just under 80% (75.9%; 471 of 620) of survey takers selecting cost of living as a top barrier. Followed by 51.6% (320 of 620) available healthy food, 36.5% (226 of 620) individual and community safety education 225 of620, and 32.4% (201 of 620) environmental health and justice.

One stakeholder summarized the challenge of addressing overlapping needs with limited resources, "I think that usually, a huge group of patients, sometimes they're inquiring about food bank information where they can get assistance for food, or food stamps, or housing, or utility bills and stuff that they can, I guess, use for assistance. Because we have so many patients that are below the poverty level, you're going to come across a lot of patients that have one or two social determinants of health, and like I said, it can be anywhere from housing and security, to food insecurity, to just income. I think if there is a possibility to provide additional resources as far as food and whatnot, that will be helpful" (Regional Stakeholder).

When asked, "How often in the past 12 months were you worried or stressed about having enough money (for rent, bills, food, gas)?" across the region, 26.5% (166 of 626) survey responders said "sometimes," followed by 16.8% (105 of 626) who responded, "all the time;" 15.5% (97 of 626) who said "often;", and 21.2% (133 of 626) who said "rarely." When asked, "How often were you worried in past 12 months about having enough food to eat?," across the region, while 47.4% (298 of 629) said "never" followed by "rarely" (22.3%; 140 of 625), 18.1% (114 of 629) of survey respondents said "sometimes"; 5.6% (35 of 629) said "all the time," and 6.7% (42 of 629) said "often."

As one person shared, "With the economy, where it is now, those who are working two jobs that can barely make rent are the ones we're seeing the most in need...It's really those who are struggling. A single parent family struggling to pay for childcare and work really puts them in a bind. With the federal programs that have gone away, SNAP benefits and so forth, we have really seen an uptick in need." (Regional Stakeholder). About one-fifth of respondents had received government assistance in the past 12 months (20.2%; 125 of 618). And when asked about **missing community resources**, 32.6% of survey takers (197 of 604) identified *financial assistance services* (applying for vouchers, connecting to govt services, budgeting, and bill paying) as a top missing resource.

One person summarized the intertwined nature of cost/poverty and health care as:

> "The first thing that comes to mind is we got to end poverty. I know I'm preaching to the choir. That's the root cause of just affordable housing, healthcare, healthy food access. As we work together to move things upstream, we cannot do it alone. Having access, having awareness, we are the largest hunger relief organization in South Jersey. We really don't want to be in business, and I know that's a cliché, but our lines have not shortened since COVID. Our role is to help people have sustainable, healthy, fulfilling lives. It's all really around the partnerships and the community involvement." (Regional Stakeholder)

B. Cost and availability of healthcare

While reliability of, distance to, and availability of health care varied across the three counties - the high cost of health care was perceived as a critical barrier across the region. Taken together, when asked about **missing medical resources**, survey takers said the top missing medical resource was for low or lower cost of medical care 47.2% (287 of 607); followed by availability of appointments (42.8%; 260 of 607); lower costs of dental care (32.6%; 198 of 607); insurance/finding providers that take insurance (30.6%; 186 of 607); and lower cost of prescriptions (27.3%; 166 of 607) .

When asked, **"During the past 12 months, have you delayed or not gotten medical care because of cost?,"** almost one-third (30.6%) of all survey takers across the region said yes (197 of 643).

While New Jersey has high rates of insurance coverage, even those with insurance coverage encountered barriers of high copays or doctors and specialists in their area not accepting their insurance. Costs were not always incurred at the point of care, but often happened in the process of making time to get and traveling to care: (e.g., transportation, unpaid work time off, time and distance, childcare). For example, one person noted that, "Salem County is a very interesting situation because the insured individuals probably are taking their business to Christiana (in Wilmington, Delaware). Probably the Medicare or Medicaid [patients] are staying in Salem County, which again creates a very difficult position for us to be able to address the healthcare needs. If the only one in the area is in Delaware but now if you have Medicare or Medicaid, they won't cover you if you go. Then the next closest one in New Jersey is north and you don't have a car, that can be very challenging."

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 (28.6%; 158 of 553); cost/payment (cost of ridership, cost of gas, car insurance, accepted forms of payment) (20.4%; 113 of 553); reliability (17.1%; 95 of 553; and time/distance (16.7%; 92 of 553).

Programs that serve people with lower-incomes also often have additional barriers to receiving health care, directly and indirectly related to cost.

Another person explained, "there are a limited number of people that accept programs that are designed to support poor patients. We participate in the NJCEED [New Jersey Cancer Education and Early Detection], which is a great program, but there's one gynecologist / oncologist that accepts it. In order to refer a person to them, they either have to travel quite a bit or there's a wait to get into the appointment. By the time they get the appointment, their voucher for CEED has expired. They have to come back and get a new one. There's some really great resources at play that they don't go far enough or there's not an end user that can carry over the finish line because of these lack of staffing options and just the really limited number of healthcare providers in the area." (Regional Stakeholder)

Another person explained how Medicaid reimbursements also create tensions with private practice doctors, who they would like to partner with to reduce emergency department visits. Shared one person,

> "Our patient volume...60% or close to 70% of our patients are Medicaid. Now, when you have other hospitals, other entities in the community taking Medicaid, guess where they're coming from? Because we always took care of the Medicaid population. Now, you got other people splitting the pie off a little bit... I think that's where you see why some private docs don't like Federally Qualified Health Centers because the reimbursement rates are different because we have to see everybody. They can turn someone away and say, "No, I don't have to see you." That's the difference, and most private practices don't understand that. They get upset with us because, hey, that same Medicaid patient, they get $20 for, we get $35 for. We get a better rate because we have to see everyone. They don't. That whole stigma and working with private practices need to change because we would love to work with private docs too in the community. We can rotate them through our sites if they like to and be partners...." (Regional Stakeholder).

When asked, **"During the past 12 months, have you delayed or not gotten prescription medicines because of cost?,"** over one-quarter (27.1%; 177 of 652) of survey takers said yes. With regards to prescription costs, one person explained the importance of 340B[2] funding, saying, "One of our patients gets a reduced rate to use a pharmacy that's in our program if they use us, and the hospital has the same thing, but those funds are at risk now. There's a time coming where that might disappear. Our patients need their prescriptions, and they need it at the reduced rate...the fact that that's in jeopardy where the Feds and the state are looking at cutting it, we want to keep that on the radar." (Regional Stakeholder)

C. Chronic illnesses

The top chronic health issues discussed in the data were cardiovascular-related diseases, high blood pressure/hypertension, diabetes, obesity, asthma, and mental illness. When asked about top **medical health issues**, the top issues from survey takers across the region were related to 2 Section 340B of the Public Health Service Act requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to health care organizations that care for many uninsured and low-income patients chronic illness (e.g., cardiovascular issues, mental health, substance use, tobacco use, diabetes, obesity, hypertension). Almost forty percent (39.2%; 245 of 625) said cardiovascular diseases, 30.4% (190 of 625) said high blood pressure/hypertension; 34.4% (215 of 625) said mental illness and wellbeing; and 25.3% (158 of 625) diabetes. Other top responses, which could at times be chronic, were 38.2% (239 of 625) for cancer, and 31.8% (199 of 625) for dental health.

As one person shared, "Having patients coming in with no insurance or underinsured, sometimes they don't necessarily maybe come to us when they're being first diagnosed with some of this chronic conditions, so you're always going to see a huge influx of patients coming in with hypertension and diabetes. Then, of course, as they get treated and start care with us, a lot of the times, you do discover that they have food insecurity and that they have that lack in care or just getting help out there. Usually, what you're going to see a lot here is patients coming in with hypertension, with diabetes, with asthma, with COPD, and those chronic illnesses" (Regional Stakeholder).

[2] Section 340B of the Public Health Service Act requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to health care organizations that care for many uninsured and low-income patients

Challenges to sustained access to care around chronic illness were also mentioned. Shared one stakeholder, **"around chronic health issues, we have great acuity issues in Gloucester County, and we do see them a lot in Mullica Hill. When you think about numbers around diabetes, hypertension, cancer, and then follow-up on care, Salem and Cumberland are tougher. When you think about access to care, Salem and Cumberland are tougher. Gloucester is in a position where we have Inspira, we have Jefferson, we're on the borderline of Camden, so we have Virtua and Cooper are not too far away." (Regional Stakeholder)**

One person highlighted the challenges of addressing the whole person with limited resources, sharing, "The people that we serve, the top, we have the three measures that we're really focused on, and diabetes is one. You're going to see that no matter what you do, hemoglobin A1Cs, which we do check, and making sure that's under control, is tough. Because once you tell someone, 'Hey, you have diabetes, you need to eat right, you need to exercise, you need to do a couple things, you may need insulin,' they don't do it. We have to get them to the doctors and continue to do it. We do have the docs to see them, but do we have a dietician? No. Do we have an exercise program? We do not. The fact that we do have a lot of our patients fall into that category of being diabetic and not having the proper resources to basically help them, basically, we only talk to them and make a plan with them, a self-plan. 'Hey, what you're going to do is exercise every day.' Do they do it? No. You come in, 'Hey, did you exercise? Did you eat right? Did you–' None of that happens" (Regional Stakeholder).

D. Community connections and spaces

When asked about **community-based health issues**, 36.5% (226 of 620) answered individual safety (child maltreatment, domestic violence, sexual violence) and community safety (community violence, police, guns, etc), 26.3% (163 of 620) said recreation, 23.4% (145 of 620) said services for special populations and 16.5% (102 of 620) said social support/connections with other people. As one person shared, "Because you can't grow healthier communities without dealing with those fundamental issues around violence. We were at these camps last week and some of the women who are running the camp, were talking to me, they're like these kids can't play kickball in their neighborhood" (Regional Stakeholder).

The lack of social connection and desire for community programming and events was clear from the data across the region. When asked about **missing community health resources**, the top missing one (with the most responses) was 36.1% (218 of 604) community social support services/programs connection with other people (e.g., social club, hobby interest group).

Individuals we spoke with sought a sense of belonging/ community engagement, and a "third space" where they could connect with neighbors, formally and/or informally. For example, the loss of an Inspira workout center in Vineland in Cumberland County was deeply felt by community members. People also identified recreational services (27.3%; 165 of 604); community services programs for special populations (24.5%; 148 of 604), and violence support and community-safety related services as other **top missing community health resources** (21.4%; 129 of 604)

Part of increasing community connection is also through sharing information about health education and about community events and social gatherings. Following social connection, the **two next top missing community resources identified by survey takers across the region** were 32.5% (196 of 604) community health workers, and 30.8% (186 of 604) health education. 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.

Across all counties, data spoke to challenges in accessing existing services, a challenge that cuts across all counties and issue areas.

> As one person summarized, "Like transportation, right? People will be like, "Well, we have CATS [Cumberland Area Transit System] and we have Modivcare, I think." We have all of these resources, but then when people are on the ground saying, "But I can't access it because of X, Y, and Z," or, "This regulation says this," or "They're not available in that time." The way in which people can use them just because we have the services, I would say that's more of the challenge of connecting those two spaces where the resources exist, but people can't always utilize it." (Regional Stakeholder)

E. Administrative barriers

Across the region, multiple administrative and structural barriers were noted as critical to health.

Staffing. One of the main administrative barriers was the lack of staff - both specialized staff and adequate numbers of staff at health care locations. Shared one person, "Where we have struggled with staffing has been front desk or medical assistants. I know some of our partner organizations started the pandemic with five OBGYNs [Obstetrician/Gynecologist] and now have one OBGYN, and so it's like you're trying to fit people into very limited slots. They were limited already. Recruiting healthcare staff to this area, I think, is a real challenge and should be a priority"

(Regional Stakeholder). Stakeholders suggested that one of the reasons for struggles with staffing is competitive pay—as health care workers can work in nearby Philadelphia or Camden City/County for more money, and "in Salem County and even parts of Cumberland that are quite rural, you need someone that's interested in that to want to come and be here, but because we're not federally designated as a rural community, you don't have the financial incentives to bring people on board" (Regional Stakeholder).

One stakeholder noted that even incentives of a loan forgiveness program at some centers (e.g., the Federally Qualified Health Centers), are not offsetting shortages of OBGYNs, LCSWs [Licensed Clinical Social Workers], psychiatrists, and other specialists. Specific staffing challenges were noted with both physicians,

> "If you have one provider, you don't have any, because what ends up happening is that provider works Monday through Friday, a 40-hour week. Tuesday through Saturday, a 40-hour week. They end up being on call 24/7, 365. They can't take a vacation. They can't go to their kid's games. They can't support their spouse or significant other. They can't and they leave. It takes three to actually have a reasonable lifestyle for a physician, and so that's going to be a perpetual problem, but it is going to come up as one of the top problems in at least two of our three counties." (Regional Stakeholder)

And with support staff:

> "Physicians [shortage] was probably before COVID, after COVID, now, it's the support staff, with dental assistants, with nurses, with RNs [Registered Nurses], because think about it, they can go work at Walmart and make more than they work in the medical field. It's a crazy fluctuation of pay now and no one's happy with what they're making. They was like, "Hey, I think I deserve way more than the $25 an hour. I should be making $50." That's the landscape that we're in now. It's the workforce. It's a tough workforce. I've seen people go to lunch and not come back. Before COVID, I've never seen that." (Regional Stakeholder)

Existing infrastructures for hospital/health care centers requirements and funding. As noted in the cost of health care section, multiple stakeholders discussed the challenges of Medicaid reimbursement when crossing state-lines, "Being able to place somebody like discharging them from the hospital and getting them their needs and stuff like that is a remarkable challenge when you're crossing state lines, and not for nothing. It's a lot of the licensing process. It's a lot of those government factions that go into, but unless we believe that we can change government and change the democratic process in short order, they're difficult things to fix, and so we're never going to be able to sustain a hospital down here given the populations that we have" (Regional Stakeholder).

Specifically, stakeholders discussed the barriers of having large hospitals in the service area when smaller, outpatient clinics may be better suited for the population. As one person shared,

> "That's part of our challenge is Salem County needs a hospital of some kind. Right now, they've got two hospitals that both lose a tremendous amount of money and are marginally used. I have 30 inpatients at one building, 20 inpatients at the other building. EDs [Emergency Departments] are only modestly busy, while I have six-hour waits at my other two EDs. How do we make those more attractive and how do we make them more functional, and beneficial to the community? Is it the community needs more outpatient services and less hospital services, and what does that look like? That's our next great challenge wrapped up into the Salem County project. What's the right thing for those 60,000 citizens?" (Regional Stakeholder)

Data spoke to how to balance specialized care and its associated staffing and infrastructure with population numbers. Said one person, "When there's just not enough people really looking at, do we really need one of everything in every county? I think that's a fundamental issue. I think we certainly see that on the hospital side when there's not enough volume to be able to make sure you can keep up the skills of a surgeon, having an ICU [Intensive Care Unit] in a facility that doesn't have ICU patients is not doing anybody any justice" (Regional Stakeholder).

This person highlighted the critical role of partnerships to fill this gap, sharing how a Salem FQHC couldn't hire a certain specialist and so now they're working with the Cumberland FQHC to be able to provide services to their population. Another person suggested looking at micro-hospitals or the smaller hospital that allows health organizations/hospitals to shrink; however, based on the "legislation federally, you have to be 35 miles from one hospital to another and we don't have 35 miles between any hospitals in the state of New Jersey....The existing statute, the department will be the first to tell you that should be the case, but they don't have the statutory authority, or the statute requires them to have a hospital in every county, which doesn't make any sense anymore given the expense of what it costs to run a hospital in every county, as well as given the fact that most of the people who have any of those severe needs go out of the county anyway to get those services as they should."

Rural definitions and rural challenges. Across the region, data spoke to the specific nuances of rural barriers—both in attracting people to work, live, and play in the state's most rural places, and barriers to obtain and sustain funding. Regarding funding, one person shared that "outside the national incentive programs, the general issues with just recruiting providers, the funding is a little bit less than you would get in North Jersey. Salary-wise, the proximity to locations, so people want to be closer to the cities and all those things. There's often kind of, as I said, the economic disengagement in some of these areas" (Regional Stakeholder).

Another person said, "The challenges we have in South Jersey is that we are located and we're sandwiched in between lots of metropolitan areas, and so it makes it hard to fully advocate for us as a rural area, especially those areas as rural areas because of their proximity. Salem, for instance. However, its proximity to Wilmington, its proximity to Delaware, Philadelphia, Camden, puts it in a predicament where, federally, we don't meet some of the definitions. Even though we meet the state definition of rural, we don't meet the federal one more often than not. What ends up happening is that there's just federal grants and programs that we can't tap into, and we can't formally say, "Yes, we're rural, even though we know we are" (Regional Stakeholder).

See Appendix for Regional Community-Reported Needs (Barriers) from the Community Survey.

C. Community-Reported Solutions and Recommendations

> "If I had to say something to our government or Inspira, I would say look at the holistic piece of the person, a good physical person, a good mental state, a good spiritual state, you have a good healthy person, then you have a healthy community. If I had to say anything, I would say them being the professionals in those areas, what does that look like to them to get someone out to deal with the whole piece of a human being, mentally, physically, and spiritually?" (Gloucester County Community Member)

While the data informed the top barriers across Inspira's service area, data also highlighted recommendations and solutions offered by participants we spoke with.

Creating new infrastructures or shifting current infrastructures towards innovative healthcare models that work for these counties. Many stakeholders discussed the uniqueness of South Jersey and the need for both funding and shifting and flexible infrastructures to work with the three-county region. As one person noted, "I think a hefty investment into the structures and systems of the counties themselves would have such an impact on the public health outcomes without necessarily being a direct investment in health. Transportation, internet, even if there was some incentive for people to move into the area, like a tax break of some sort" (Regional Stakeholder). Shared one person, "We're talking about, if you look at Cumberland, Salem County, two of the poorest counties in the state of New Jersey. They're 210,000 people here. Half of them have insurance. The other half have other Medicare and Medicaid. Now you're talking about 100,000 people. When you start to look at the magnitude of how to move 100,000 people, this is a culture change. This is about how we provide all those infrastructure(s)" (Regional Stakeholder).

Directly related to the administrative barriers around rural designations, one person shared, "What we would love to see is the federal government talk about more of the population you're serving versus the location that you're actually—your census track. What they're often looking at for is that census track to say that you're actually located in a rural area versus that you're providing care to rural populations" (Regional Stakeholder).

Embed more within community for well-rounded services. As heavily discussed across the county reports, lack of and desire for community spaces, programs, and connections was a finding that cut across counties. Across all places and spaces, data suggested ways to create partnerships and meet people where they are—for health programming and social programming.

One organization shared how they partnered with another organization to offer an online portal or service for high-risk pregnant women to do lactation and different things for women and have an online portal that they can have access to. Another group shared how Inspira partners with local churches to screen for and connect with oncology patients. "For instance, my church, some of the parish individuals, there are programs at Inspira and workshops that individuals will go to if they're touched by cancer. Then, likewise, there are speakers and stuff like that in a church setting where patients may see a brochure or something and find the mental and spiritual support that they need while the hospital is taking care of the physical needs" (Regional Stakeholder).

Overall wellbeing/whole person care, and individualized care. Given the smaller populations across Inspira's service area, one person suggested, "I think we often get overwhelmed by the statistics of how bad things are, but when you really look at the numbers, it really is going to be a one-on-one that you're resolving and stabilizing and moving forward to then start the next one. I think that we have to look at globally what those policies are that need to be implemented in order to do that" (Regional Stakeholder). The participant gave the example from the prosecutor's office in Cumberland County which developed the infrastructure that has allowed or created the mechanism to identify when a child has an adverse childhood event so that next steps can be taken as soon as possible to support the child.

Participants also discussed the potential for preventative care models for overall well-being, a change to current health care infrastructure. One person had the idea,

> **"To make that person or our kids or our staff healthy people, again, when you have healthy people, not just in our communities, in our counties, in our states, in our country. When you have healthy people, you're going to have a healthy situation and a healthy environment. To me, that touches in a lot of ways, we're talking about food, we're talking about mental, we're talking about social, [another individual's name] was talking about the gym, we're talking about physically, when people are feeling better mentally, spiritually, and physically, they're acting better and we're**

> **getting better results.** Whatever that looks like to Inspira. Can they put something together so this is what we can do to touch all those points because we want to try and develop healthy people so they can live in a healthy community. Whatever that looks like to them, that's what I would suggest...Maybe you guys could put a price on it and sell it as a package but an affordable package. Like how they do with dogs, it's like a wellness program and you get all of these perks, but you just pay a small monthly fee as opposed to having insurance, but if you have all the things in one whole shebang, I think that would be maybe at $25 a month, but you have access to the health part, the mental and educational aspect of it." (Gloucester County Community Member)

Some health centers are already working on one-stop centers. Shared one stakeholder, "We tried to rebrand and come out as [name] health network, meaning that we have everything under one roof, which we do... We have all of our services. We have our own pharmacies in our buildings. We have LabCorp where you can get your labs drawn. We have dental, everything under one roof, so you don't have to go anywhere. We're a doctor's office that's supersized, but getting the word out is very tough. We've tried everything that you could do under the marketing umbrella, but what we find when we do surveys [with patients]... 'Hey, how'd you find out about us?' The number one for us is word of mouth" (Regional Stakeholder).

Continue partnerships and build new ones. Recommendations and suggested solutions focused on continuing to nourish partnerships, and to build new ones across the region. Additional recommendations focused on creating more partners, and repairing relationships with prior partnerships that may have fallen to the wayside. Recommendations focused on wanting healthcare providers and institutions to engage with community members and organizations in an authentic and long-term way. Data highlighted how larger organizations need to address prior and/or current poor relationships and potential discrimination among past leaders/organizational relationships. Commented one person, "Frankly, that's across the board and for different reasons. In pockets of Cumberland and Salem, it might be because the people of color feel like either them or someone in their family, may not have had a situation where they felt treated equitably in the past. It may be that they feel just not heard or seen in the community, or in dealing with Inspira. The view of, "Why do you all want to partner with us? What's this about?" For organizations, it's, "You never really came to the table before, what are we doing now?" There's that piece, but then there's also the history of when you relocate a community hospital like in Woodbury (Gloucester County)" (Regional Stakeholder).

Data spoke to the continued solution of coordinating activities, and sharing information widely to partners and organizations, especially in the most rural places, and making sure that people have both awareness of, and access to, those community connection opportunities and health resources.

Advocacy. Data spoke to the need for advocacy and leadership. Stakeholders discussed the recommendation to connect Inspira health priorities, and CHNA findings, to direct funding opportunities and to state legislator attention.

> "We also ensure that when we think about the CHNA, how do we ensure we are looking at policy on a state, and federal level and funding opportunities to ensure that we're engaging in the conversation and highlighting the issues that are within our service region and at Inspira. Frankly in the Southern region, in general, we are also looking to participate in policy initiatives that would help to respond to the needs of the priorities." (Regional Stakeholder)

One person shared how, with regards to food insecurity, the person knew that the Speaker of the State Assembly was going to be on their statewide anti-hunger tour. They set up for the Speaker to come to Gloucester County to not only participate and engage in the food pantry but also to highlight to them and the team our leader, our third, if you will, most powerful leader in the state our needs in South Jersey to highlight the great work being done and that additional resources are needed. The organization has responded to calls for comment on food insecurity and social determinants of health to the congressional social determinants of health caucus, and advocates for bills when they come up around SNAP and opportunities for telehealth. The person shared that these types of initiatives and connecting practice, research, and policy help "advance our priorities that come out of the CHNA." Data spoke of having strong partnerships for advocacy, meeting and talking with legislators, and connecting information and partnership back with the community.

Another organization recently launched an advocacy series within their organization "where individuals, all staff members at every level can learn about advocacy and how they can advocate in community, not only for themselves and their families, but also for the people that we're serving. We just started that last week with our government affairs" (Regional Stakeholder). While organizations spoke to different capacities and/or allowances to advocate, they discussed connecting with organizations that can and do, and learning with community members and organizations about how to advocate, and "If there are resources that they need and they are rural, strengthening the state, rural resources, making sure that their voices are being heard, and recognizing that equity cuts across lots of things" (Regional Stakeholder).

Focus on education and employment to address issues. Much of the regional data spoke to increasing both health and overall education, both to improve health and increase opportunities. Data spoke to having conversations around health and jobs in school, and to creating partnerships between schools and local organizations and employers to create a strong sense of community

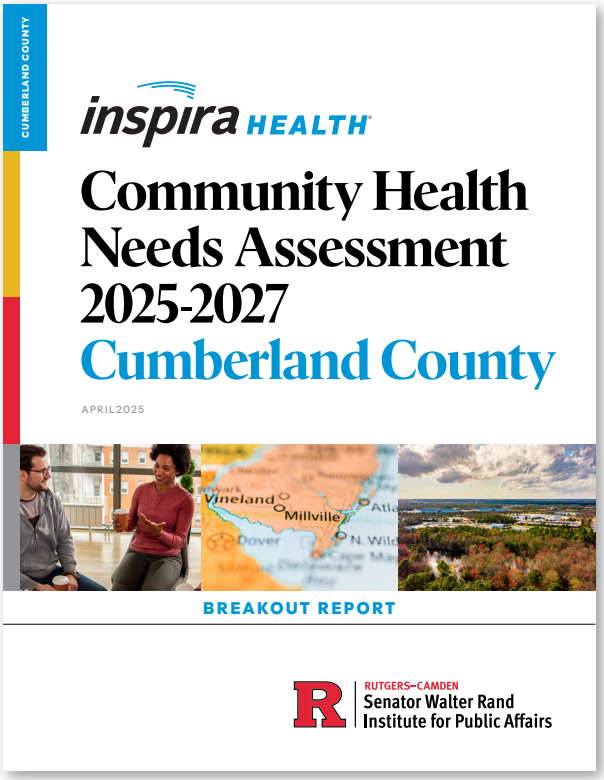
and opportunity for young people—a pipeline of health and education that will carry them through adulthood.

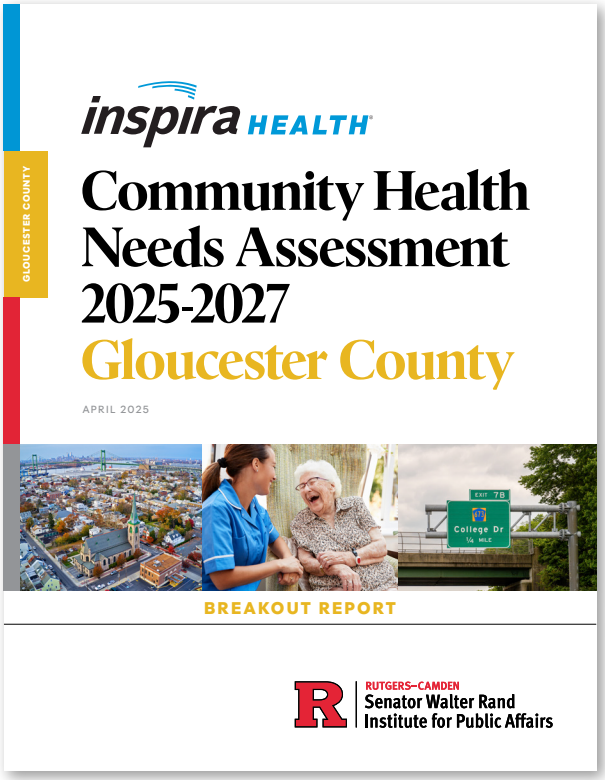
> As one person summarized, "I started out by saying there are so many issues. When you think about our future and our workforce, education, community violence, improved healthcare. If we don't really focus on how we teach our children and our communities to eat better. How we teach them to exercise and be more engaged, and recreational and extracurricular activities. How we teach them to understand it's okay to be vulnerable, and say, "I'm having mental health challenges," or to say, "I'm getting off of social media because it's impacting me." Or to understand the importance, if you will, of early getting in the habit and practice of focusing on their health, then we're not going to make much progress." (Regional Stakeholder)

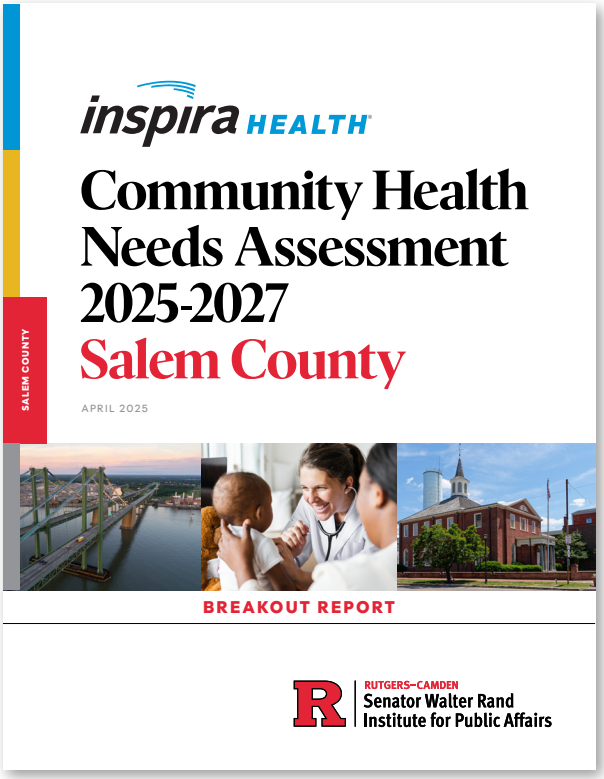
Deeply tied into the cost of living barriers across the counties, solutions focused on preparing and creating the workforce to stay in South Jersey, and to have a living wage. As one person shared, "It's connectivity to not only workforce but to ensuring that folks are moving into careers and not just jobs. Ensuring that we can help to stabilize our economy by ensuring that people have careers. When I think about the partnership they have with us, and also that they've created with several other entities, it's just a major asset" (Regional Stakeholder).

Another person suggested a loan forgiveness program (beyond those at FQHCs) for doctors or nursing staff would encourage employee growth.

Breakout Reports







Click on the report image to view.

Dissemination Plan

This research has important policy and practice implications around addressing barriers to health and improving quality of life across Inspira's three-county service area. Sharing the CHNA findings and its associated reports in a variety of mechanisms with community partners, including residents, community-based organizations and local policymakers, will ensure that the research reaches the community in the most effective ways.

This Community Health Needs Assessment report will be made widely available on the Inspira Health website. survey respondents were able to check a box on the survey if they would like to receive a copy of the report once finalized, and a copy of the report will be sent to those who selected "yes," and who provided an email address.

WRI will be completing a final report presentation to the Inspira Board of Trustees in Spring 2025, and Inspira Health will be completing presentations to partner organizations in Spring 2025. The WRI research team is available to answer community questions and/or create and conduct additional presentations suitable for community needs.

In addition to the reports submitted to Inspira Health, WRI and Inspira will be tailoring the findings into user-friendly and digestible tools (e.g., research brief executive summary, fact sheet, social media posts, blog posts) that can be shared widely in both physical and digital copies to a wide range of interested parties. The team may also work to disseminate the research through scholarly publications and aim to submit to present project findings at additional conferences and in community settings.

Then and Now — Progress on Past CHNAs and Moving Forward

Inspira Health remains deeply committed to responding to the needs of the communities we serve. Through our 2022-2024 Community Health Needs Assessment (CHNA), we identified the following key health concerns: COVID-19; Mental Health; Accessibility and Affordability of Care; Access to Children's Healthcare; and Food & Diet. This section reflects the progress we have made in addressing these priorities and outlines our ongoing efforts as we move into the 2025-2027 CHNA.

COVID-19

The COVID-19 pandemic had a profound impact on Cumberland, Gloucester, and Salem Counties. Inspira Health acted swiftly to address the community's needs, offering critical care, vaccinations, and specialized recovery programming. Between 2022 and 2024, Inspira administered 10,593 COVID-19 vaccinations and provided comprehensive support for over 200 patients through the COVID-19 Recovery Program. This multidisciplinary program, which started in 2020, combines expertise from cardiology, pulmonology, physical medicine and rehabilitation, and neurology to help patients overcome long-hauler symptoms. The services, which include breathing exercises, cognitive therapy, and physical therapy, have seen decreased admissions as the pandemic has subsided but continue to be available for those still struggling with the lingering effects of the virus.

Mental Health

Inspira Health made significant advancements in expanding mental and behavioral health services between 2022 and 2024. Inspira launched several new inpatient and outpatient programs to meet the growing demand for mental health and substance use support. A major accomplishment was the redesignation of Inspira Mannington beds to offer involuntary and voluntary consensual availability to patients, a service previously unavailable in the county. Between 2023 and 2024, this unit supported 490 admissions, with patient care days increasing from 604 in 2023 to 2,826 in 2024. Additionally, the Inspira Bridgeton Voluntary Inpatient Unit opened in 2024, providing a 19-bed facility that has since supported 434 admissions and 300 patient care days.

Inspira also opened the Inspira Health Center Woodbury Pavilion, an 18,500-square-foot facility featuring 20 private rooms and designed to foster therapeutic recovery. The center includes amenities like sensory/quiet rooms, an exercise room, and an open-air basketball court. In addition, our outpatient services continued to expand, providing over 121,000 behavioral health encounters in 2024 alone. The growth of our outpatient services has been greatly supported by the introduction of virtual therapy, a development spurred by COVID, which has notably reduced no-show rates. Between 2023 and 2024 Inspira opened Autism Diagnostic Centers in Woodbury and Bridgeton, providing early testing, diagnosis, and resources for children and adults with Autism Spectrum Disorder (ASD).

Inspira Health's programs, designed to support mental health, recovery, and prevention, have made a significant impact on the community. Between 2022 and 2024, we launched several programs, including the Law Enforcement-Assisted Diversion (LEAD) program, Inspira served 71 individuals; the Effective Mental and Behavioral Health Emergency Diversion (EMBHED) program, which assisted 119 individuals; the Behavioral and Addictions Response Team (BART), which reached over 20,000 individuals; and the New Jersey Hospital-Based Violence Intervention Program, implemented in Vineland and Mullica Hill, which provided resources to 107 victims of violence in 2024 alone. Additionally, Inspira continued work to address the opioid crisis by distributing 11,302 Deterra pouches and 2,123 Narcan kits, helping to save lives and prevent further harm.

Accessibility, Availability, and Affordability of Care

Inspira Health has remained steadfast in improving access to care across our region, working to address barriers to availability, affordability, and access. In 2022-2024, Inspira conducted 1,283 mobile health screenings, offering critical services such as blood pressure, glucose, cardiac screenings, and breast cancer screenings. Through a partnership with the AMI Foundation's Mobile Mammography Unit, Inspira hosted 13 events, providing 91 mobile breast screenings.

Our Community Health Worker (CHW) program, which began in Millville in 2021, expanded to Gloucester County by 2023. Close to 500 patients graduated from our CHW program between 2022-2024. CHWs have been instrumental in coordinating care, assisting patients with transportation, and connecting them with resources like healthy food, childcare, and housing. These efforts have led to significant improvements in health outcomes by bridging gaps in care and ensuring that individuals receive the services they need.

The Inspira Cancer Grant Transportation Program addressed transportation barriers for cancer patients by providing over 4,000 rides between 2022 and 2024, helping patients access life-saving treatments. Additionally, the New Jersey Cancer Education and Early Detection (NJCEED) Program conducted 3,881 cancer screenings across Cumberland, Salem, and Gloucester Counties for uninsured and underinsured individuals, offering critical early detection services during that time.

Inspira's Dispensary of Hope, launched in late 2022, has provided over 250 patients with nearly 800 prescriptions at no cost, ensuring that individuals without insurance or the means to pay for medications still have access to essential treatments.

Access to Children's Healthcare

Inspira Health has worked to expand access to healthcare for children, particularly in early intervention and specialized care. In 2023, Inspira opened our first Autism Diagnostic Center (ADC) in Woodbury, followed by a second location in Bridgeton in 2024. In 2023, the Woodbury ADC had 11 encounters, which increased to 790 in 2024. The Bridgeton ADC, which opened in late 2024, had 272 encounters in its first few months.

In partnership with Nemours Children's Health, Inspira has provided around-the-clock pediatric care, including neonatal services. This collaboration ensures that children receive coordinated and timely care locally, which is critical for their development and well-being.

In 2023, Inspira Medical Group expanded pediatric care in Salem, NJ, with the acquisition of its first pediatrics practice, now called Inspira Medical Group Pediatrics Salem. Furthermore, the launch of the Behavioral Health Adolescent Virtual Intensive Outpatient Program in 2024 allowed teens aged 11-16 to receive mental health treatment from home, providing a flexible and accessible solution for families.

Inspira's Early Intervention Program (EIP) supports children from birth to age three with developmental, neurobehavioral, and learning disabilities. Between 2022 and 2024, the program served 2,567 children, providing screenings and therapy in cognition, communication, motor function, and social skills. EIP collaborates with families to create individualized plans and offers services such as speech, physical, and occupational therapy, all delivered in the child's natural environment.

Food & Diet

Inspira Health made notable strides in addressing food insecurity through our Food Farmacy+ programs. In partnership with the Community Food Bank of New Jersey in Bridgeton and the Food Bank of South Jersey in Woodbury, the program served 1,593 households and 4,233 individuals in 2023-2024. A total of 368 DoorDash deliveries were made to support individuals facing transportation or mobility challenges, ensuring that food access was not restricted by barriers. Every Food Farmacy+ program participant is offered nutrition counseling as well.

Additionally, Inspira's support of the Woodbury School Food Pantry, which distributed over 304,000 pounds of food to 13,389 individuals, demonstrated our commitment to addressing the growing need for nutritious food. The monthly pop-up food pantry at Woodbury Junior-Senior High School, offers a dignified food shopping experience for the local community. Inspira is also exploring ways to expand the Food Farmacy+ program into Salem County, furthering Inspira's mission to combat food insecurity.

Looking Ahead

As we prepare our 2025-2027 CHNA Community Health Improvement Plan, Inspira Health will continue to build on the successes of our 2022-2024 initiatives. Inspira remains dedicated to engaging with community members, healthcare providers, and partners to ensure that Inspira is responsive to evolving needs. Through continued collaboration and innovation, Inspira aims to improve health outcomes and meet the needs of our diverse communities.

References

County Health Rankings and Roadmaps. (2023). *County health rankings & roadmaps: Cumberland County, NJ*. University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/health-data/new-jersey/cumberland?year=2024

County Health Rankings and Roadmaps. (2021). *County health rankings & roadmaps: Cumberland County, NJ*. University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/health-data/new-jersey/cumberland?year=2024

County Health Rankings and Roadmaps. (2024). *County health rankings & roadmaps: Cumberland County, NJ*. University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/health-data/new-jersey/cumberland?year=2024

County Health Rankings and Roadmaps. (2024). *County health rankings & roadmaps: Salem County, NJ*. University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/health-data/new-jersey/salem?year=2024

County Health Rankings and Roadmaps. (2022). *County health rankings & roadmaps: Salem County, NJ*. University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/health-data/new-jersey/salem?year=2024

County Health Rankings and Roadmaps. (2021). *County health rankings & roadmaps: Gloucester County, NJ*. University of Wisconsin Population Health Institute. https://www.countyhealthrankings.org/health-data/new-jersey/gloucester?year=2024

Department of Labor and Workforce Department, State of New Jersey. 2020 County Labor Force Estimates. Accessed from https://www.nj.gov/labor/lpa/employ/uirate/lfest_index.html

Gloucester County, NJ / Data USA. (n.d.). *Gloucester County, NJ - Economic profile*. Data USA. https://datausa.io/profile/geo/gloucester-county-nj.

Major Employers in Gloucester County. (2023). *Top employers in Gloucester County*. Gloucester County Chamber of Commerce. https://www.gloucestercountynj.gov/DocumentCenter/View/6845/Major-Employers-in-Glouces ter-County-2023-pdf.

New Jersey Counties by Population. (2020). *New Jersey county population rankings*. New Jersey Department of State. https://www.nj.gov/labor/labormarketinformation/assets/PDFs/dmograph/est/2020_county_highlights.doc#:~:text=Bergen%20(population%20930%2C394)%20was%20still,had%20less%20th an%20100%2C000%20residents.

Place Rankings - Data Commons. (2023). *Municipality rankings: Cumberland County, NJ*. U.S. Census Bureau. https://datacommons.one.org/ranking/Count_Person/City/geoId/42041?h=wikidataId%2FQ5167036.

QuickFacts: Salem County, New Jersey. (2020). *Salem County, NJ population and housing statistics*. U.S. Census Bureau. https://www.census.gov/quickfacts/fact/table/salemcountynewjersey/PST045223.

Senator Walter Rand Institute for Public Affairs. (2021). *Cumberland County employment data*. Rutgers University. https://www.r wu.edu.

Senator Walter Rand Institute for Public Affairs. (2019). Community Health Needs Assessment: South Jersey Health Collaborative. Senator Walter Rand Institute for Public Affairs. https://rand.camden.rutgers.edu/community-health-needs-assessment.

Senator Walter Rand Institute for Public Affairs. (2019). *Food access and health in New Jersey*. Rutgers University. https://www.r wu.edu.

Senator Walter Rand Institute for Public Affairs. (2020). Salem County Needs Assessment 2020. County Human Services Advisory Council, New Jersey Department of Children and Families, https://www.nj.gov/dcf/about/divisions/opma/docs/Salem%20County%20Needs%20Assessment%20Report%202020.pdf

Senator Walter Rand Institute for Public Affairs. (2022). Inspira Health Community Health Needs Assessment, 2022-2024. Senator Walter Rand Institute for Public Affairs. https://www.inspirahealthnetwork.org/sites/default/files/WRI_Inspira_Health_CHNA_2022-2024_FINAL.pdf

United States Department of Labor, Bureau of Labor Statistics. (2021). Standard Report: Gloucester County. Accessed from https://cares.page.link/bx8r

U.S. Census Bureau. (2020). *Cumberland County, NJ population and housing statistics*. U.S. Census Bureau. https://www.census.gov.

U.S. Census Bureau. (2023). *Cumberland County, NJ census data.* U.S. Census Bureau. https://www.census.gov.

U.S. Census Bureau. (2022). *Salem County, NJ population statistics.* U.S. Census Bureau. https://www.census.gov.

U.S. Census Bureau. (2022). *Gloucester County, NJ population statistics.* U.S. Census Bureau. https://www.census.gov

United States Department of Agriculture Economic Research Service (2015). Food Environment Atlas Data. Retrieved from https://www.ers.usda.gov/data-products/food-environment-atlas/data-access-and-documentation-downloads.

U.S. Department of Agriculture. (2019). *Salem County food deserts*. U.S. Department of Agriculture Economic Research Service. https://www.ers.usda.gov/.

U.S. Department of Labor. (2022). *Unemployment rate trends in Cumberland County*. U.S. Department of Labor. h ttps://www.dol. gov. United States Department of Labor, Bureau of Labor Statistics. (2024). Unemployment Rate in Salem County, NJ. Accessed from https://fred.stlouisfed.org/series/NJSALE5URN.

U.S. Department of Labor. (2021). *Unemployment rates in Gloucester County, NJ*. U.S. Department of Labor. https://www.dol. gov.

U.S. Department of Labor & Workforce Development. (2024). *New Jersey labor force statistics*. New Jersey Department of Labor. https://www.nj.gov/labor.

Unemployment Rate in Cumberland County, NJ. (2024). *Unemployment rates in Cumberland County*. U.S. Department of Labor. https://www.dol.gov.

Unemployment Rate in Cumberland County, NJ. (2024). Stlouisfed.org. https://fred.stlouisfed.org/series/NJCUMB2URN

U.S. Census Bureau, U.S. Department of Commerce. (2023). Selected Social Characteristics in the United States. American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP02. Retrieved December 16, 2024, from https://data.census.gov/table/ACSDP1Y2023.DP02?q=DP02&g=050XX00US34011.

Appendix

Regional Community-Reported Needs (Barriers) from the Community Survey

Note that in determination of top 5 barriers for each county and the service region, all collected data (e.g., interview, focus group and survey data) was taken into consideration and reviewed to determine the barriers.

Which of the following medical health issues are most important to you at this time? (Select the top 5 issues to you).

	CUMBERLAND COUNTY	GLOUCESTER COUNTY	SALEM COUNTY	REGIONAL
Brain disorders (e.g. Parkinson's, Alzheimer's, dementia)	19.7% (46)	19.4% (36)	19.9% (41)	19.7% (123)
Cancer	39.5% (92)	34.9% (65)	39.8% (82)	38.2% (239)
Cardiovascular diseases (heart diseases, stroke, etc.)	40.3% (94)	35.5% (66)	41.3% (85)	39.2% (245)
Chronic lung disease (e.g., COPD, chronic bronchitis, long COVID, asthma)	57 (24.5%)	39 (21.0%)	42 (20.4%)	22.1% (138)
Child (pediatric) health	27.0% (63)	29.0% (54)	18.4% (38)	24.8% (155)
Dental health	33.9% (79)	29.6% (55)	31.6% (65)	31.8% (199)
Developmental/intellectual disorders/ learning disability (e.g. autism, cerebral palsy, ADHD)	21.0% (49)	23.1% (43)	13.6% (28)	19.2% (120)
Diabetes	25.3% (59)	21.5% (40)	28.6% (59)	25.3% (158)
High cholesterol	15.9% (37)	17.2% (32)	25.2% (52)	19.4% (121)
High blood pressure/ Hypertension	28.3% (66)	(25.3% (47)	37.4% (77)	30.4% (190)
Kidney disease	12.0% (28)	8.1% (15)	9.2% (19)	9.9% (62)
Liver disease	8.6% (20)	6.5% (12)	3.4% (7)	6.2% (39)
Maternal / infant health (labor and delivery, includes teenage pregnancy etc)	12.4% (29)	23.1% (43)	16.0% (33)	16.8% (105)
Mental illness and wellbeing (mood disorders e.g., depression, OCD, anxiety)	34.3% (80)	38.7% (72)	30.6% (63)	34.4% (215)
Obesity	22.7% (53)	18.8% (35)	20.4% (42)	20.8% (130)

Continued on next page.

	CUMBERLAND COUNTY	GLOUCESTER COUNTY	SALEM COUNTY	REGIONAL
Palliative care (end of life care) and hospice	4.3% (10)	6.5% (12)	2.9% (6)	4.5% (28)
Physical disability (vision impairment, loss of hearing, etc)	6.0% (14)	4.3% (8)	11.2% (23)	47.2% (45)
Respiratory Illness (e.g. RSV, flu, pneumonia, acute bronchitis, COVID-19)	9.0% (21)	10.8% (20)	11.7% (24)	10.4% (65)
Sexual, reproductive, and gender-related health (birth control, family planning, annual exams, gender affirming care, (STIs / STDs, HIV/ AIDS)	14.6% (34)	23.7% (44)	12.6% (26)	16.7% (104)
Substance use and substance use disorders/ addiction (this includes, alcohol, opiate, and other substance uses)	8.2% (19)	12.4% (23)	10.2% (21)	10.1% (63)
Tobacco use	14.3% (10)	1.6% (3)	1.9% (4)	2.7% (17)
Other	4.3% (10)	5.9% (11)	3.9% (8)	4.7% (29)
TOTAL	**233**	**186**	**206**	**625**

Which of the following community-based health issues are most important to you at this time? (Select the top 5 resources).

	CUMBERLAND COUNTY	GLOUCESTER COUNTY	SALEM COUNTY	REGIONAL
Amount of people in jail	11.5% (27)	5.4% (10)	5.5% (11)	7.7% (48)
Available healthy food	53.4% (125)	47.8% (89)	53.0% (106)	51.6% (320)
Communicable diseases (STIs, COVID-19, etc.)	27.8% (65)	22.0% (41)	19.0% (38)	23.2% (144)
Cost of living (transportation, gas, groceries, housing)	76.5% (179)	76.9% (143)	74.5% (149)	75.9% (471)
Education	45.3% (106)	33.9% (63)	28.0% (56)	36.3% (225)
Environmental health and justice (lead, pollution, water safety, climate events, etc.)	26.5% (62)	40.9% (76)	31.5% (63)	32.2% (201)
Housing availability	31.2% (73)	29.6% (55)	31.0% (62)	30.7% (190)
Homelessness	24.8% (58)	21.5%(40)	18.5% (37)	21.8% (135)
Individual Safety (e.g., child maltreatment, domestic violence/ sexual assault) and Community Safety (community violence, police, guns etc)	36.3% (85)	43.5% (81)	30.0% (60)	36.5% (226)
Recreation (outdoor spaces , sports programs, exercise)	27.8% (65)	26.9% (50)	24.0% (48)	26.3% (163)

Continued on next page.

	CUMBERLAND COUNTY	GLOUCESTER COUNTY	SALEM COUNTY	REGIONAL
Services for special populations (please specify e.g. older adults, LGBTQIA, tribal, disability (physical, intellectual, developmental), immigrants/undocumente d, specific racial or ethnic group, etc), veterans, children, teens, Pregnant or postpartum people, formerly in jail)	22.2% (52)	26.9% (50)	21.5% (43)	23.4% (145)
Social support / connections with other people	15.0% (35)	19.4% (36)	15.5% (31)	16.5% (102)
Substance use and recovery (this includes alcohol, opiate, and other substance uses)	12.0% (28)	21.0% (39)	15.0% (30)	15.6% (97)
Tobacco use	4.3% (10)	9.1% (17)	8.5% (17)	7.1% (44)
Transportation	13.2% (31)	9.7% (18)	18.0% (36)	13.7% (85)
Unemployment/ jobs	22.2% (52)	25.3% (47)	18.5% (37)	21.9% (136)
Other	2.1% (5)	0.0% (0)	2.5% (5)	1.6% (10)
TOTAL	**234**	**186**	**200**	**620**

What medical health resources are you missing or needing more of? These would be things that hospitals or doctors near you could provide. (Select the top 5 resources).

	CUMBERLAND COUNTY	GLOUCESTER COUNTY	SALEM COUNTY	REGIONAL
Availability of appointments (finding appointments/having available appointments)	51.9% (120)	38.9% (72)	35.6% (68)	42.8% (260)
Closer (distance wise) providers	29.0% (67)	18.4% (34)	34.6% (66)	7.5% (167)
Insurance/ finding providers that take insurance	35.5% (82)	26.5% (49)	28.8% (55)	30.6% (186)
Health screenings (e.g. cancer, STIs/ STDs, chronic diseases)	23.4% (54)	26.5% (49)	22.5% (43)	24.1% (146)
Immunization / vaccination services	16.9% (39)	13.0% (24)	12.6% (24)	14.3% (87)
Low or lower cost medical care in general	45.5% (105)	45.9% (85)	50.8% (97)	47.3% (287)
Low or lower cost dental care	32.5% (75)	30.3% (56)	35.1% (67)	32.6% (198)
Low or lower cost eye care	19.5% (45)	25.9% (48)	24.1% (46)	22.9% (139)
Low or lower cost prescriptions	19.5% (45)	37.3% (69)	27.2% (52)	27.3% (166)
Medical translation services	6.5 (15)	8.1% (15)	8.4% (16)	7.6% (46)
Medical specialists	19.5% (45)	421.6% (40)	22.0% (42	20.9% (127)
Medical transportation services / Transportation to health care (e.g. AccessLink, LogistiCare / ModivCare)	11.3% (26)	12.4% (23)	10.5% (20)	11.4% (69)

Continued on next page.

	CUMBERLAND COUNTY	GLOUCESTER COUNTY	SALEM COUNTY	REGIONAL
Mental / behavioral health services	26.4% (61)	33.5% (62)	19.9% (38)	26.5% (161)
More trust in the health care system	23.8% (55)	22.2% (41)	16.8% (32)	21.1% (128)
Patient navigators (people to help you understand the healthcare system)	14.3% (33)	16.8% (31)	14.1% (27)	14.9% (91)
Palliative care (end of life care) and hospice	5.6% (13)	7.0% (13)	3.7% (7)	5.4% (33)
Pediatric (children's) medical providers	13.4% (31)	9.2% (17)	7.9% (15)	10.4% (63)
Specific medical services for special group—please specify (e.g.) for (please specify e.g. older adults, LGBTQIA, tribal, disability (physical, intellectual, developmental, immigrants/undocumented, specific racial or ethnic group, etc), veterans, children, teens, Pregnant or postpartum people, formerly in jail)	11.3% (26)	14.6% (27)	10.5% (20)	12.0% (73)
Substance use services (alcoholism, opiates, methamphetamines, DUI, etc.)	8.7% (20)	7.6% (14)	9.4% (18)	8.6% (52)
Telehealth options	16.5% (38)	16.8% (31)	14.1% (27)	15.8% (96)
Other (please specify)	3.0% (7)	3.2% (6)	4.2%((8)	3.5% (21)
TOTAL	**231**	**185**	**191**	**607**

What community-based health resources are you missing or needing more of? (Select the top 5 resources).

	CUMBERLAND COUNTY	GLOUCESTER COUNTY	SALEM COUNTY	REGIONAL
Bilingual services (English as Second Language)	20.5% (48)	9.1% (17)	9.8% (18)	13.7% (83)
Caregiver training and support services	30.8% (72)	23.7% (44)	22.3% (41)	25.9% (157)
Community Health Workers/ health advocates	37.6% (88)	34.9% (65)	23.4% (43)	32.5% (196)
Community social support services/ programs connecting with other people (e.g. social club, hobby interest group)	37.2% (87)	34.9% (65)	35.9% (66)	36.1% (218)

Continued on next page.

	CUMBERLAND COUNTY	GLOUCESTER COUNTY	SALEM COUNTY	REGIONAL
Community services/programs for special population (please specify e.g. older adults, LGBTQIA, tribal, disability (physical, intellectual, developmental, immigrants/ undocumented, specific racial or ethnic group, etc), veterans, children, teens, pregnant or postpartum people, formerly in jail)	24.4% (57)	26.9% (50)	22.3% (41)	24.5% (148)
Education or job-related services (tutors, resumes, applications, etc)	21.8% (51)	19.9% (37)	14.1% (26)	18.9% (114)
Financial Assistance services (applying for vouchers, connecting to government services, budgeting, and bill paying)	33.3% (78)	29.0% (54)	35.3% (65)	32.6% (197)
General mental / behavioral health services	32.9% (77)	41.4% (77)	26.6% (49)	33.6% (203)
Health education / information / outreach	29.5% (69)	37.1% (69)	26.1% (48)	30.8% (186)
Housing services (e.g., rental assistance, applying for housing, loans, etc)	25.6% (60)	23.7% (44)	25.0% (46)	24.8% (150)
Meal delivery, food, or cooking services	21.8% (51)	19.9% (37)	22.8% (42)	21.5% (130)
Public transportation assistance and routes (services) to medical centers (hospital, clinic, Urgent Care, doctor's office)	18.4% (43)	19.9% (37)	34.8% (64)	23.8% (144)
Recreational services (outdoor activities, group exercise and activities)	26.9% (63)	24.7% (46)	30.4% (56)	27.3% (165)
Respite care (short-term, alternative care that provides temporary relief for caregivers)	15.8% (37)	15.1% (28)	17.9% (33)	16.2% (98)
Substance use services (alcohol, opiates, methamphetamines, DUI, etc.)	12.0% (28)	16.1% (30)	12.0% (22)	13.2% (80)
Violence support and community safety -related services (e.g., group programs, counseling for domestic violence, community violence, child maltreatment)	17.1% (40)	27.4% (51)	20.7% (38)	21.4% (129)
Other (please specify)	3.4% (8)	3.2% (6)	7.1% (13)	4.4% (27)
TOTAL	**234**	**186**	**184**	**604**

INSPIRA HEALTH

Community Health Needs Assessment 2025-2027 Regional Report

inspira HEALTH

RUTGERS–CAMDEN
Senator Walter Rand
Institute for Public Affairs