LOURDES
HEALTH SYSTEM

Community Health Needs Assessment

Final Summary Report

-Camden, Burlington & Gloucester Counties-

2013

HOLLERAN

COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL SUMMARY REPORT

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COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL SUMMARY REPORT

I. EXECUTIVE SUMMARY

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

This CHNA Final Summary Report serves as a compilation of the overall findings of each research component. Detailed reports for each individual component were provided separately. The completion of the CHNA enabled Our Lady of Lourdes Medical Center and its partners to take an in-depth look at the greater community. The assessment was conducted to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health and population health management. The findings from the assessment were utilized by Our Lady of Lourdes to prioritize public health issues and develop a community health implementation plan focused on meeting community needs.

Research Components

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

- Secondary Statistical Data Profile of Camden, Burlington, and Gloucester counties
- Household Telephone Survey with 575 community residents
- Data Collection Sessions with 165 Camden City residents from diverse populations
- Key Informant Interviews with 153 community stakeholders
- Focus Group Discussions with 65 community residents

Key Community Health Issues

The following community health issues appeared in multiple research components:

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

II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

HOSPITAL & COMMUNITY PROFILE

Hospital Overview

Our Lady of Lourdes Medical Center is a regional referral center, known for providing the most sophisticated levels of care. For more than five decades, the medical center has been committed to enhancing the health and well-being of southern New Jersey's residents, particularly those most in need.

The 410-bed teaching hospital offers many specialty services, including: The New Jersey Heart Institute at Lourdes, one of the largest providers of cardiac services in the Delaware Valley; the Regional Perinatal Center for high-risk mothers and infants; the Lourdes Regional Rehabilitation Center; the Southern New Jersey Regional Dialysis Center; and the Center for Organ Transplantation. Lourdes is the only hospital in the state approved to perform kidney, pancreas and liver transplants

The Lourdes Wellness Center in Collingswood is a leader in integrative and holistic services, combining mainstream medicine, alternative therapies and spirituality to enhance a healthy lifestyle. Programs include community health education and wellness, integrative family medicine and the Lourdes Institute of Wholistic Studies.

Our Lady of Lourdes is also recognized by the American Hospital Association as a national leader in the provision of community outreach services. These award-winning programs include the Osborn Family Health Center, a primary-care clinic located in Camden and The Bridge, a peer support program for teenagers.

Clinical Centers of Excellence

- Bariatric Surgery
- Cardiac Services
- Dialysis
- Organ Transplantation
- Rehabilitation Center
- Women and Children's Services

Other Services

- Community Outreach
- Emergency Services
- Joint Replacement Center
- Senior Services
- Stroke

Community Overview

Our Lady of Lourdes defined their current service area based on an analysis of the geographic area where individuals utilizing Our Lady of Lourdes health services reside. Our Lady of Lourdes's service area is considered to be Camden, Burlington, and Gloucester counties which are located in the Southern part of New Jersey.

Camden County has a population of approximately 514,000. The City of Camden sits on the edge of Camden County just across the Delaware River from Philadelphia. The city has significantly higher poverty rates, unemployment rates, and crime rates compared to the surrounding county. Burlington County has a total population of approximately 449,000, and Gloucester County encompasses a total population of approximately 288,000.

METHODOLOGY

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

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

- Qualitative Data:
  - **Key Informant Interviews** were conducted with key community leaders. In total, 153 people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community.
  - 6 **Focus Groups** were held with 65 community members in May 2013.

Research Partner

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

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

Community engagement and feedback were an integral part of the CHNA process. Lourdes sought community input through focus groups with community members, Key Informant Interviews with community stakeholders and inclusion of community partners in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served by Lourdes including medically underserved, low income, and minority populations. Following the completion of the CHNA research, Lourdes prioritized community health issues and developed an implementation plan to address prioritized community needs.

III. SECONDARY DATA PROFILE OVERVIEW

BACKGROUND

One of the initial undertakings of the CHNA was a review of secondary data. Data that is obtained from existing resources is considered "secondary." The data presented in this report comes from the "2012 County Health Profile" report prepared by Health Research and Educational Trust of New Jersey (HRET). This report was prepared for members of the New Jersey Hospital Association and provides county-level data for Camden, Burlington, and Gloucester counties. This section serves as a summary of the key takeaways from the secondary data profile. A full report of all of the statistics is available through Lourdes.

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

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

KEY FINDINGS-SECONDARY DATA PROFILE-CAMDEN

The following indicators are worse in Camden County compared to the state of New Jersey.

Demographic & Household Indicators:

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

Access to Health Care

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

Safety:

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

Health Behaviors:

- More tobacco use
- Higher proportion of overweight/obese adults
- Fewer Females 50+ who have had a mammogram
- Fewer Adults 50+ who have had a blood stool test
- Fewer Medicare beneficiaries who have had a pneumonia vaccine
- Lower Percentage of Medicare beneficiaries who have had cancer screenings
- Lower Percentage of Medicare beneficiaries who have had diabetes screenings

Maternal & Infant Health:

- Higher teen pregnancy rates (ages 15-19)
- Higher percentage of births to unmarried mothers
- Higher rates of smoking and/or use of drugs during pregnancy
- Lower proportion of mothers receiving first trimester prenatal care
- Higher overall infant mortality rate

Communicable & Chronic Disease

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

Mortality Rates

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

KEY FINDINGS-SECONDARY DATA PROFILE-BURLINGTON

The following indicators are worse in Burlington County compared to the state of New Jersey.

Demographic & Household Indicators:

- Fewer with graduate/professional degrees
- Increased unemployment rates in recent years
- Increased TANF, SNAP and WIC recipients between 2007 and 2012

Access to Health Care:

- Lower total physician supply as well as number of internal medicine providers, pediatricians, and surgical specialists

Safety:

- Higher rates of reported child abuse
- Lower percentage of children tested for lead poisoning

Health Behaviors:

- More male tobacco use (cigarette use)
- More tobacco use among 25-44 year olds
- Heavy alcohol use among males
- Heavy alcohol use among 45-64 year olds
- Higher proportion of adults who are obese (not including those "overweight" per BMI)
- Higher percentage of Blacks who are overweight or obese per BMI

Maternal & Infant Health:

- More mothers who smoked during pregnancy

Communicable & Chronic Disease

- Higher rates of: Babesiosis, Lyme Disease, Influenza A, Ehrilichiosis
- Higher cancer incidence rates overall
- Higher breast cancer incidence rates
- Higher uterine cancer incidence rates among Blacks and Hispanics
- Higher prostate cancer incidence rates among Whites and Blacks
- Higher colon cancer incidence rates among Blacks and Hispanics
- Higher lung cancer incidence rates among Whites
- Higher lymphoma incidence rates among females and Hispanics
- Higher melanoma incidence rates among males and Whites

Mortality Rates

- Higher overall cancer mortality rates
- Higher prostate and colon cancer mortality rates among Blacks
- Higher lung cancer mortality rates among White males
- Higher mortality rates for diseases of the heart
- Higher mortality rates for stroke
- Higher mortality rates for chronic respiratory disease
- Higher mortality rates for Alzheimer's disease

KEY FINDINGS-SECONDARY DATA PROFILE-GLOUCESTER

The following indicators are worse in Gloucester County compared to the state of New Jersey.

Demographic & Household Indicators:

- Lower proportion of individuals with graduate or professional degrees
- Higher percentage of households who are cost-burdened

Access to Health Care

- Lower total physician supply
- Availability of providers for: primary care, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Cardiology, Surgical Specialists, Psychiatrists
- More emergency department visits among adults and the elderly
- More hospital admissions among the elderly
- More hospital admissions for ambulatory care sensitive conditions
- More Medicare beneficiaries with 30-day readmissions
- More substance abuse treatments admissions

Safety:

- Lower percentage of children tested for lead poisoning
- Higher rates of reported child abuse
- Higher rates of Domestic violence
- Higher overall crime rate
- Higher non-violent crime rate
- Number of adult arrests (larceny, theft, offenses against children and families)

Health Behaviors:

- Lower percentage of individuals who have never smoked in their lifetime
- Fewer adults 50+ who have had a blood stool test
- Fewer Medicare beneficiaries who have had an influenza vaccination
- Fewer Medicare beneficiaries who have had colorectal cancer screenings
- Fewer Medicare beneficiaries who have had eye exams as part of diabetes screening

Maternal & Infant Health:

- More mothers who smoke during pregnancy
- More mothers who use drugs during pregnancy
- More mothers who formula feed exclusively

Communicable & Chronic Disease

- Higher overall cancer incidence rates (all sites)
- More females with breast cancer (Black and Hispanic females)
- Higher incidence of uterine cancer among Black females
- Higher incidence of males with brain cancer
- Higher incidence of colorectal cancer among males, Blacks and Hispanics
- Higher incidence of lung cancer (all demographic groups)
- Higher incidence of skin cancer among males
- Higher percentage of adults with diabetes

Mortality Rates

- Higher overall age-adjusted mortality rate
- Higher mortality rates among Non-Hispanic Blacks
- More years of potential life lost (premature death)
- Higher drug-related mortality rate
- Higher overall cancer mortality rate
- Higher female breast cancer mortality rate (Whites and Blacks)
- Higher prostate cancer mortality rate (Whites)
- Higher colorectal cancer mortality rate (Both males and females, Whites)
- Higher mortality rate for: unintentional injuries, chronic respiratory disease, stroke, kidney disease, suicide, atherosclerosis, and aortic aneurysm

FINAL THOUGHTS-SECONDARY DATA PROFILE

Based on a review of the secondary data, areas of opportunity are outlined below. Many of the unfavorable indicators included above fit into the following health issue categories:

Areas of Opportunity-Camden

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

Areas of Opportunity-Burlington

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

Areas of Opportunity-Gloucester

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

IV. HOUSEHOLD TELEPHONE SURVEY OVERVIEW

BACKGROUND

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

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

Methodology

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

Participants

Interviews were conducted via telephone with 2,480 adults residing within specific zip codes in Burlington, Camden, and Gloucester Counties in New Jersey. A statistically valid sample of 575 respondents from the 37 zip codes Our Lady of Lourdes' service area was randomly selected from the total sample, allowing for comparisons across counties and hospitals.

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

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

Survey Tool

The survey was adapted from the Center for Disease Control Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS survey tool assesses health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. The customized survey tool consisted of approximately 100 factors selected from core sections and modules from the BRFSS tool. Depending upon respondents' answers to questions regarding cardiovascular disease, smoking, diabetes, etc., interviews ranged from approximately 15 to 30 minutes in length.

KEY FINDINGS-TELEPHONE SURVEY OVERVIEW

The following section provides an overview of key findings from the Household Telephone Survey including highlights of important health indicators and health disparities. Areas of strength and opportunity are identified below by health topic. The findings are representative of the total service area of Our Lady of Lourdes.

Health Indicators

Areas of Strength

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

- **Depressive Disorder:** The proportion of residents who reported being told they have a depressive disorder (12.3%) is lower when compared to the United States (16.6%).
- **Dental Visits:** The proportion of residents who reported visiting a dentist in the past year (74.4%) is higher when compared to the United States (68.1%), but similar to New Jersey (74.7%).
- **Sweetened Drink Consumption:** The proportion of residents who did not drink soda or pop that contained sugar in the past 30 days (56.4%) is higher when compared to the United States (42.5%). Additionally, the proportion of residents who did not drink sweetened fruit drinks such as lemonade in the past 30 days (61.7%) is higher when compared to the United States (52.1%).

Areas of Opportunity

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

- **Healthy Days – Physical Health:** The proportion of residents who reported poor physical health for no days of the past 30 days (56.3%) is lower when compared to New Jersey (67.5%) and the United States (64.6%).

Areas of Disparity

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

- **Health Status:** Hispanic respondents are more likely than Non-Hispanic respondents to report their health as being fair or poor.
- **Physical Health:** Hispanic respondents are more likely than Non-Hispanic respondents to report 15-30 days of poor physical health in the past 30.
- **Limited Activity:** Hispanic respondents are more likely than Non-Hispanic respondents to report 15-30 days in which poor physical or mental health kept them from their usual activities in the past 30.
- **Dental Visits:** Non-Hispanic respondents are more likely than Hispanic respondents to report seeing a dentist within the past 12 months. Additionally, White respondents are

more likely than Black or African American respondents to report seeing a dentist within the past 12 months.

- **Exercise:** Non-Hispanic respondents are more likely than Hispanic respondents to report participating in physical activities during the past month outside of their regular job.
- **Fast Food Consumption:** Hispanic respondents are more likely than Non-Hispanic respondents to report eating at fast food restaurants such as McDonalds, Burger King, KFC, or Taco Bell daily.
- **Mental Health:** White respondents are more likely than Black or African American respondents to report 15-30 days of poor mental health in the past 30.

Health Care Access

Areas of Strength

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

- **Access:** The proportion of residents who reported having any kind of health care coverage (89.5%) is higher when compared to the United States (84.9%), but similar to New Jersey (88.5%).

Areas of Opportunity

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

- **Routine Checkup Visits:** The proportion of residents who reported having a routine checkup within the last year (71.2%) is lower when compared to New Jersey (77.0%), but similar to the United States (68.1%).

Areas of Disparity

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

- **Access:** White respondents are more likely than Black or African American respondents to report having some type of health care coverage.
- **Prohibitive Cost:** Hispanic respondents are more likely than Non-Hispanic respondents to report a time in the past 12 months of needing to see a doctor but not being able to due to cost. Additionally, Black or African American respondents are more likely than White respondents to report a time in the past 12 months that they needed to see a doctor but could not due to cost.
- **Type of Coverage:** Hispanic respondents are more likely than Non-Hispanic respondents to report coverage through Medicaid or NJ FamilyCare, while Non-Hispanic respondents are more likely than Hispanic respondents to report having coverage through a current or former job.

Chronic Health Conditions

Areas of Opportunity

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

- **Skin Cancer:** The proportion of residents who have been diagnosed with skin cancer (7.9%) is higher when compared to New Jersey (4.8%) but similar to the United States (5.7%).

Areas of Disparity

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

- **Asthma:** Hispanic respondents are more likely than Non-Hispanic respondents to report having been told they have asthma. Additionally, Black or African American respondents are more likely than White respondents to report having been told they have asthma.
- **Kidney Disease:** Hispanic respondents are more likely than Non-Hispanic respondents to report having been told they have kidney disease.
- **Hypertension:** White respondents are more likely than Black or African American respondents to report having been told they have high blood cholesterol.

Immunization and Screening

Areas of Strength

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

- **Cholesterol Awareness:** The proportion of residents who have had their blood cholesterol checked (87.5%) is higher when compared to New Jersey (83.3%) and the United States (79.4%).
- **Flu Vaccination:** The proportion of residents who reported receiving the flu shot or flu vaccine in the past 12 months (50.1%) is higher when compared to New Jersey (36.0%) and the United States (36.7%).
- **Pneumonia Vaccination:** The proportion of residents who reported receiving a pneumonia shot (32.3%) is higher when compared to New Jersey (24.6%), but similar to the United States (27.4%).
- **Mammogram:** The proportion of residents who have ever had a mammogram (76.3%) is higher when compared to New Jersey (68.1%) and the United States (67.7%).

Areas of Opportunity

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

- **Blood Stool Home Test:** The proportion of residents who have used a blood stool home test kit (27.4%) is lower when compared to the United States (38.7%), but similar to New Jersey (33.7%). Additionally, the proportion of residents that used a home test kit for blood stool 5 or more years ago (46.7%) is higher when compared to New Jersey (25.1%) and the United States (27.2%).

Areas of Disparity

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

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

DATA COLLECTION SESSIONS

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

Areas of Opportunity

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

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

FINAL THOUGHTS-TELEPHONE SURVEY OVERVIEW

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

Areas of Opportunity

- Access to Health Care
- Health Disparities
- Skin Cancer

V. KEY INFORMANT INTERVIEWS OVERVIEW

BACKGROUND

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

Holleran staff worked closely with Lourdes to identify key informant participants and to develop the Key Informant Survey Tool. A copy of the questionnaire can be found in Appendix C. The questionnaire focused on gathering qualitative feedback regarding perceptions of community needs and strengths across 3 key domains:

- Key Health Issues
- Health Care Access
- Challenges & Solutions

The online survey garnered 153 completed surveys collected during January and February 2013. A total of 113 Key Informants from Camden County, 54 Key Informants from Burlington County, and 37 from Gloucester County completed the survey. Note that informants could select more than one county based on which county/counties they primarily serve or are most familiar with. See Appendix D for a listing of key informant participants. The following section provides a summary of the Key Informant Interviews for Camden, Burlington, and Gloucester counties. It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives within Camden, Burlington, and Gloucester counties.

KEY THEMES-KEY INFORMANT INTERVIEWS-CAMDEN

Key Health Issues

The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top five health issues that they perceived as being the most significant. The five issues that were most frequently selected were:

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

The following table shows the breakdown of the percent of respondents who selected each health issue. Issues are ranked from top to bottom based on the number of participants who selected the health issue as one of their top five issues. The first column depicts the total percentage of respondents that selected the health issue as one of their top five. Respondents were also asked of those health issues mentioned, which one issue is most significant. The second column depicts the percentage of respondents that rated the issue as being the most significant of their top five.

Table 1: Ranking of Key Health Issues

Rank	Health issue	Percent of respondents who selected the issue	Percent of respondents who selected the issue as the most significant
1	Access to Health Care/Uninsured	76%	39%
2	Diabetes	71%	9%
3	Overweight/Obesity	69%	14%
4	Substance Abuse/Alcohol Abuse	67%	10%
5	Mental Health/Suicide	53%	9%
6	Heart Disease	42%	7%
7	Maternal/Infant Health	27%	2%
8	Cancer	25%	6%
9	Dental Health	21%	0%
10	Tobacco	19%	1%
11	Sexually Transmitted Diseases	12%	1%
12	Stroke	10%	0%

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

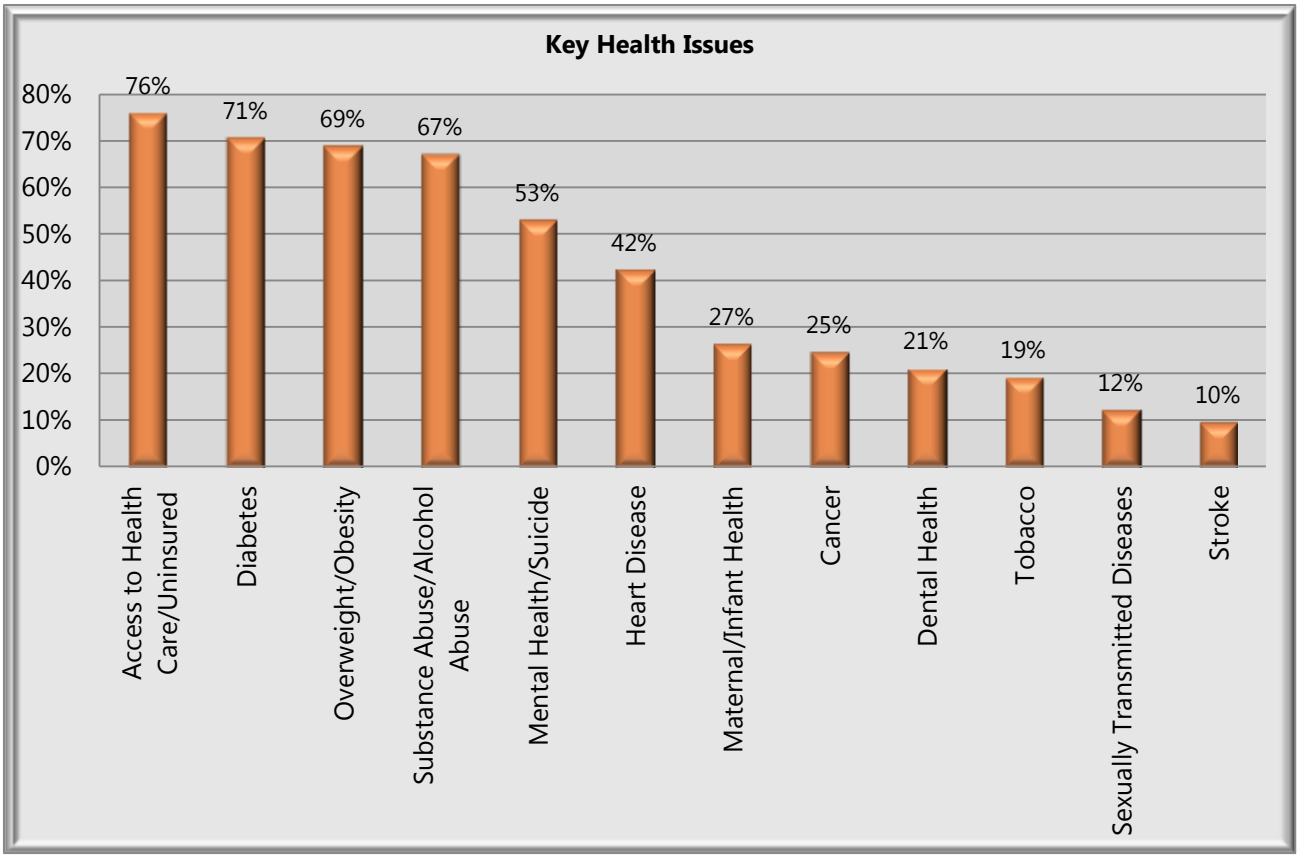

Figure 1: Ranking of key health issues

Health Care Access

Availability of Services

The second set of questions concerned the ability of local residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bilingual providers. Respondents were provided with statements such as: "Residents in the area are able to access a primary care provider when needed." They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are displayed in Table 2.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

Table 2: Mean Responses for Health Care Access Factors

Factor	Mean Response	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	2.73	Disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.42	Disagree
Residents in the area are able to access a dentist when needed.	2.32	Disagree
There is a sufficient number of providers accepting Medicaid and medical assistance in the area.	2.30	Disagree
There is a sufficient number of bilingual providers in the area.	2.32	Disagree
There is a sufficient number of mental/ behavioral health providers in the area.	1.94	Strongly Disagree
Transportation for medical appointments is available to residents in the area when needed.	2.07	Disagree

Health care access appears to be a significant issue in the community. As illustrated in Table 2, very few informants strongly agree to any of the health care access factors. Most respondents would either 'Disagree', or 'Strongly Disagree' with community residents' ability to access care. Availability of mental/ behavioral health providers garnered the lowest mean response (1.94) compared to the other factors.

Barriers to Health Care Access

After rating availability of health care services, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected were:

- Lack of Health Insurance Coverage
- Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
- Inability to Navigate Health Care System

Table 3 shows the breakdown of the number and percent of respondents who selected each barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier. The third column in the table depicts the percentage of respondents that rated the barrier as being the most significant facing the community.

"What are the most significant barriers that keep people in the community from accessing health care when they need it?"

Table 3: Ranking of Barriers to Health Care Access

Rank	Barrier to Health Care Access	Number of respondents who selected the issue	Percent of respondents who selected the issue	Percent of respondents who marked it as the most significant barrier
1	Lack of Health Insurance Coverage	87	81%	23%
2	Inability to Pay Out of Pocket Expenses	85	79%	16%
3	Inability to Navigate Health Care System	83	78%	25%
4	Lack of Transportation	70	65%	5%
5	Basic Needs Not Met (Food/Shelter)	65	61%	9%
6	Language/Cultural Barriers	58	54%	1%
7	Time Limitations	57	53%	6%
8	Availability of Providers/Appointments	55	51%	11%
9	Lack of Trust	39	36%	4%
10	Lack of Child Care	34	32%	0%

Underserved Populations

Informants were then asked whether they thought there were specific populations who are not being adequately served by local health services. As seen in Figure 2, the majority of respondents (90%) indicated that there are underserved populations in the community.

"Are there specific populations in this community that you think are not being adequately served by local health services?"

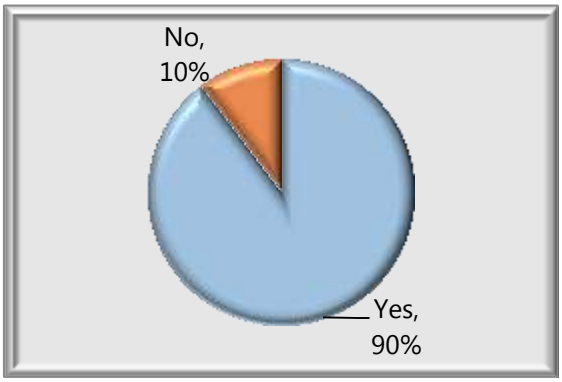

Figure 2: Key informant opinions regarding underserved populations

Those respondents were asked to identify which populations they thought were underserved. The results can be found in Table 4 below.

Table 4: Underserved Populations

	Underserved population	Number of respondents who selected the population
1	Uninsured/Underinsured	73
2	Low-income/Poor	67
3	Homeless	60
4	Black/African-American	37
5	Hispanic/Latino	37
6	Immigrant/Refugee	37
7	Seniors/Aging/Elderly	32
8	Disabled	26
9	Children/Youth	25
10	Young Adults	22
11	Individuals with Mental Health Issues	2
12	LGBT Community	1

Health Care for Uninsured/Underinsured

Next, the informants were asked to select where they think most uninsured and underinsured individuals go when they are in need of medical care. As shown in Figure 3, the majority of respondents (79%) indicated that uninsured and underinsured individuals go to the Hospital Emergency Department for medical care.

In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care?

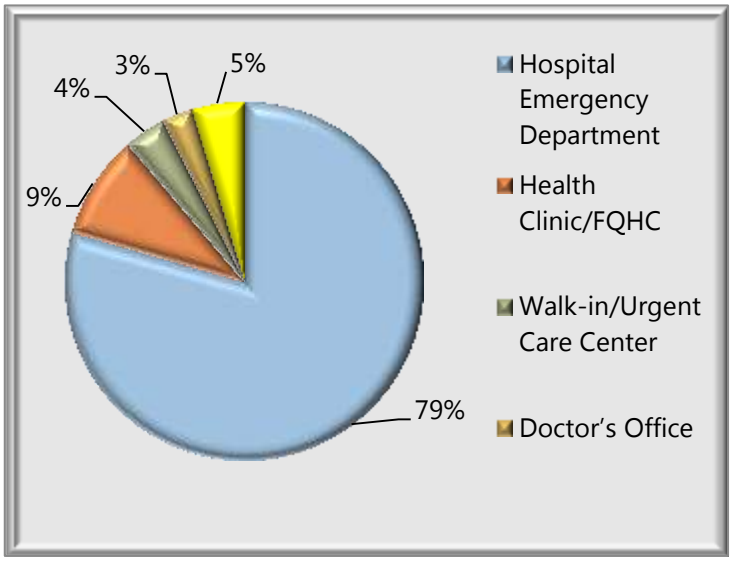

Figure 3: Key informant opinions of where uninsured individuals receive medical care

Resources Needed to Improve Access

Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community. Many respondents indicated that free and low cost medical and dental services are needed. In addition, informants want to see more mental health and substance abuse services. Transportation is also a concern. Table 5 includes a listing of the resources mentioned ranked in order of the number of mentions.

Table 5: Listing of Resources Needed in the Community

Rank	Resources Needed	Number of Mentions
1	Free/Low Cost Dental Care	67
2	Mental Health Services	67
3	Transportation	64
4	Free/Low Cost Medical Care	58
5	Substance Abuse Services	51
6	Health Education/Information/Outreach	47
7	Prescription Assistance	44
8	Primary Care Providers	33
9	Bilingual Services	28
10	Medical Specialists	28
11	Health Screenings	26
12	Recreation Opportunities	2

Challenges & Solutions

The final section of the survey focused on challenges to maintaining healthy lifestyles, perceptions of current health initiatives, and recommendations for improving the health of the community.

When asked what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy, participants suggested the following common challenges:

- Cost/Access
- Motivation/Effort
- Time/Convenience
- Education/Knowledge
- Safety/Crime/Poverty
- Cultural Barriers

Next, key informants were asked "What recommendations or suggestions do you have to improve health and quality of life in the community?" Several major themes emerged from the comments including the following:

- Increased Awareness/Education/Community Outreach
- Increased Collaboration/Coordination/Community Engagement
- Improved Access to Affordable Medical Care and Dental Care
- Improved Access to Affordable Exercise and Nutrition Programs
- Enhanced Mental Health and Substance Abuse Services

KEY THEMES-KEY INFORMANT INTERVIEWS-BURLINGTON

Key Health Issues

The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top health issues that they perceived as being the most significant. The issues that were most frequently selected were:

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

The following table shows the breakdown of the percent of respondents who selected each health issue. Issues are ranked from top to bottom based on number of participants who selected the health issue as one of their top five issues. The first column depicts the total percentage of respondents that selected the health issue as one of their top five. Respondents were also asked of those health issues mentioned, which one issue is the most significant. The second column depicts the percentage of respondents that rated the issue as being the most significant of their top five.

Table 1: Ranking of Key Health Issues

Rank	Health issue	Percent of respondents who selected the issue	Percent of respondents who selected the issue as the most significant
1	Access to Health Care/Uninsured	74%	36%
2	Overweight/Obesity	69%	13%
3	Diabetes	65%	6%
4	Substance Abuse/Alcohol Abuse	56%	13%
5	Mental Health/Suicide	56%	11%
6	Heart Disease	56%	9%
7	Cancer	39%	6%
8	Tobacco	30%	0%
9	Dental Health	15%	2%
10	Maternal/Infant Health	15%	2%
11	Stroke	15%	0%
12	Sexually Transmitted Diseases	7%	0%

Figure 1 shows the key informant rankings of all the key health issues. The bar depicts the total percentage of respondents that ranked the issue in their top five.

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

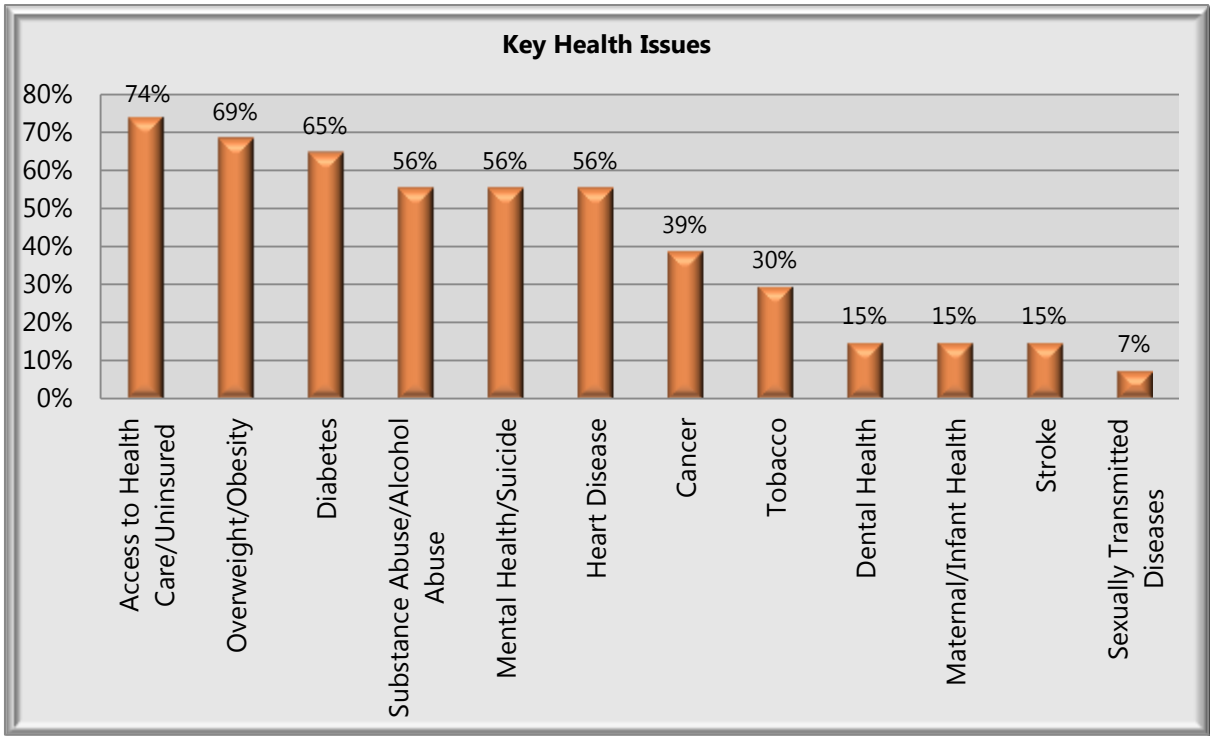

Figure 1: Ranking of key health issues

Health Care Access

Availability of Services

The second set of questions concerned the ability of local residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bilingual providers. Respondents were provided with statements such as: "Residents in the area are able to access a primary care provider when needed." They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are displayed in Table 2.

Health care access appears to be a significant issue in the community. As illustrated in Table 2 and Figure 2, very few informants strongly agree to any of the health care access factors. Most respondents 'Disagree', with community residents' ability to access care. Availability of mental/ behavioral health providers and availability of bilingual providers garnered the lowest mean responses (2.08) compared to the other factors.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

Table 2: Mean Responses for Health Care Access Factors

Factor	Mean Response	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	3.27	Neither agree nor disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.98	Disagree
Residents in the area are able to access a dentist when needed.	2.86	Disagree
There is a sufficient number of providers accepting Medicaid and medical assistance in the area.	2.12	Disagree
There is a sufficient number of bilingual providers in the area.	2.08	Disagree
There is a sufficient number of mental/ behavioral health providers in the area.	2.08	Disagree
Transportation for medical appointments is available to residents in the area when needed.	2.10	Disagree

Barriers to Health Care Access

After rating availability of health care services, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected were:

- Lack of Health Insurance Coverage
- Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
- Inability to Navigate Health Care System

Table 3 shows the breakdown of the number and percent of respondents who selected each barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier. The third column in the table depicts the percentage of respondents that rated the barrier as being the most significant facing the community.

"What are the most significant barriers that keep people in the community from accessing health care when they need it?"

Table 3: Ranking of Barriers to Health Care Access

Rank	Barrier to Health Care Access	Number of respondents who selected the issue	Percent of respondents who selected the issue	Percent of respondents who marked it as the most significant barrier
1	Lack of Health Insurance Coverage	40	80%	20%
2	Inability to Pay Out of Pocket Expenses	38	76%	18%
3	Inability to Navigate Health Care System	37	74%	22%
4	Lack of Transportation	34	68%	8%
5	Basic Needs Not Met	30	60%	8%
6	Availability of Providers/Appointments	25	50%	14%
7	Time Limitations	24	48%	8%
8	Language/Cultural Barriers	22	44%	2%
9	Lack of Trust	14	28%	0%
10	Lack of Child Care	12	24%	0%

Figure 3 shows a graphical depiction of the frequency of selected barriers to health care access.

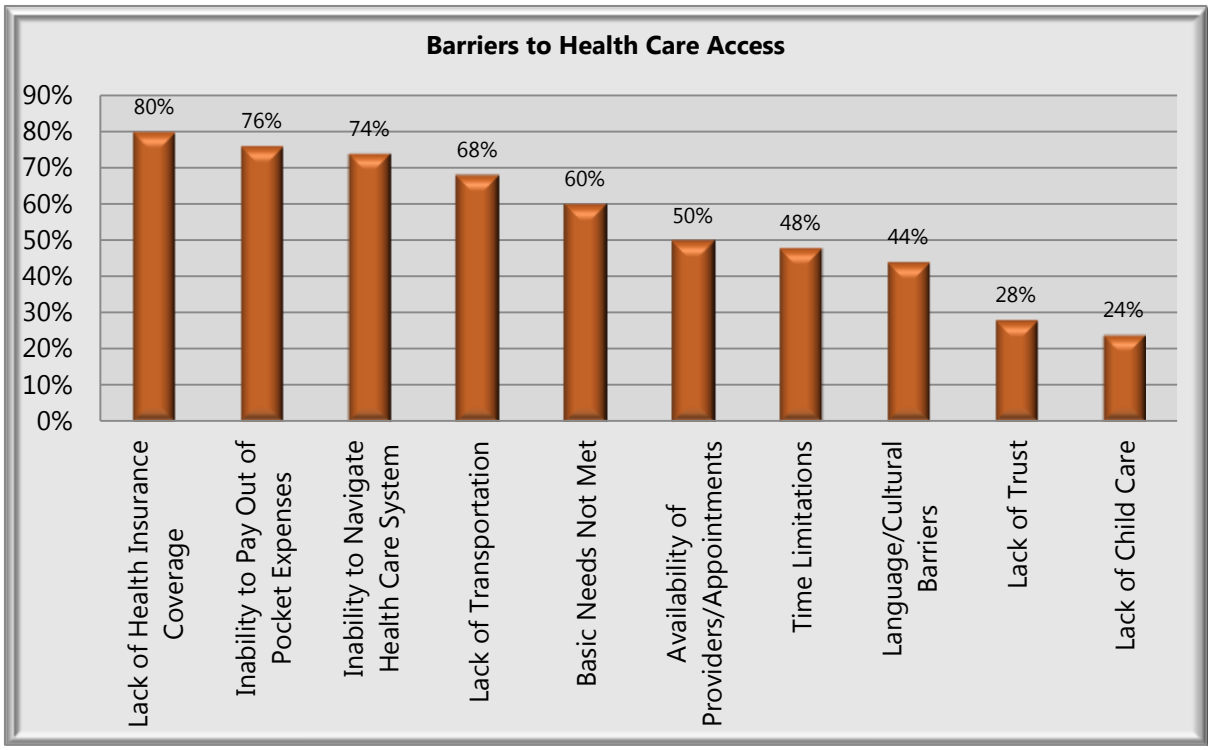

Figure 3: Ranking of barriers to health care access

Underserved Populations

Informants were then asked whether they thought there were specific populations who are not being adequately served by local health services. As seen in Figure 2, the majority of respondents (94%) indicated that there are underserved populations in the community.

"Are there specific populations in this community that you think are not being adequately served by local health services?"

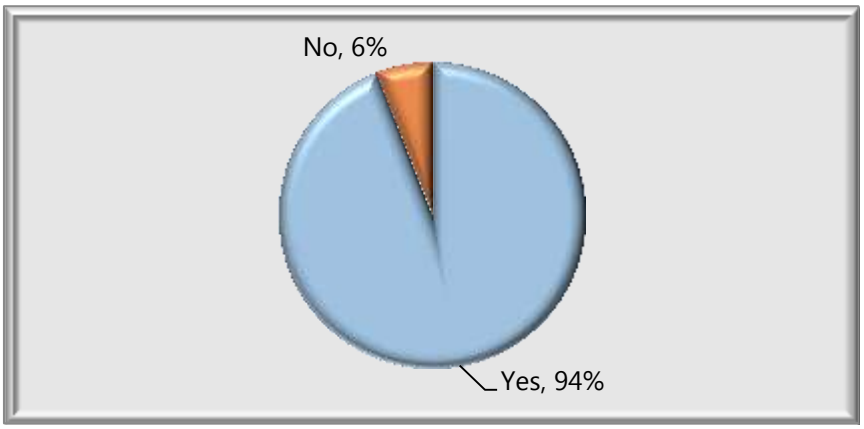

Figure 2: Key informant opinions regarding underserved populations

Those respondents were asked to identify which populations they thought were underserved. The results can be found in Table 4 below.

Table 4: Underserved Populations

	Underserved population	Number of respondents who selected the population
1	Uninsured/Underinsured	30
2	Low-income/Poor	28
3	Homeless	22
4	Hispanic/Latino	16
5	Immigrant/Refugee	16
6	Black/African-American	13
7	Seniors/Aging/Elderly	13
8	Disabled	9
9	Young Adults	6
10	Children/Youth	5
11	People w/ Mental/Substance Abuse Issues	3
12	LGBT Community	1

Health Care for Uninsured/Underinsured

Next, the informants were asked to select where they think most uninsured and underinsured individuals go when they are in need of medical care. As seen in Figure 3 the majority of respondents (86%) indicated that uninsured and underinsured individuals go to the Hospital Emergency Department for medical care.

In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care?

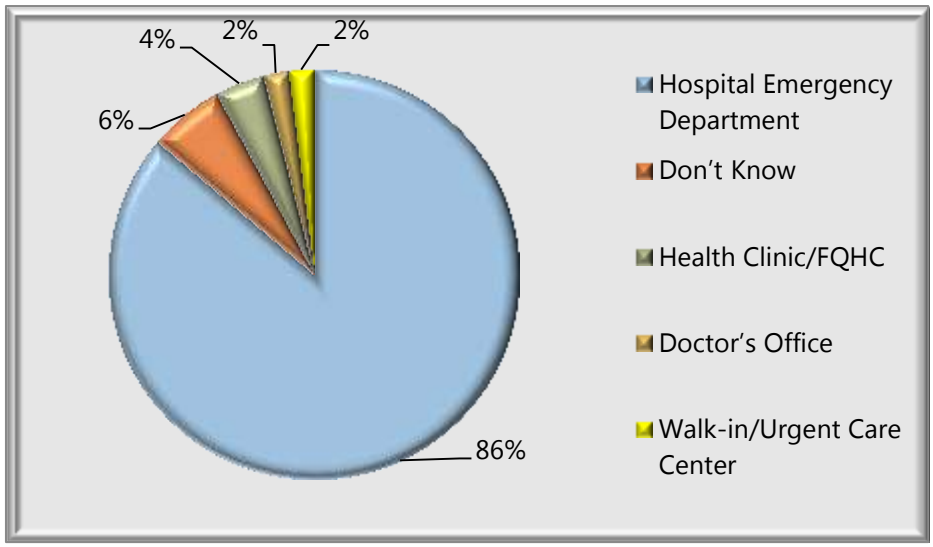

Figure 5: Key informant opinions of where uninsured/underinsured individuals receive medical care

Resources Needed to Improve Access

Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community.

Table 5: Listing of Resources Needed in the Community

Rank	Resources Needed	Number of Mentions
1	Transportation	31
2	Free/Low Cost Dental Care	30
3	Prescription Assistance	30
4	Free/Low Cost Medical Care	29
5	Mental Health Services	26
6	Substance Abuse Services	23
7	Health Education/Information/Outreach	21
8	Bilingual Services	16
9	Health Screenings	11
10	Primary Care Providers	12
11	Medical Specialists	8
12	Free/Low Cost Recreational Opportunities	2

Challenges & Solutions

The final section of the survey focused on challenges to maintaining healthy lifestyles, perceptions of current health initiatives, and recommendations for improving the health of the community. When asked what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy, participants suggested the following common challenges:

- Cost/Access
- Motivation/Effort
- Time/Convenience
- Education/Knowledge

Next, key informants were asked "What recommendations or suggestions do you have to improve health and quality of life in the community?" Several major themes emerged from the comments including the following:

- Increased Awareness/Education/Community Outreach
- Increased Collaboration/Coordination/Community Engagement
- Improved Access to Affordable Medical Care
- Improved Access to Affordable Exercise and Nutrition Programs
- Enhanced Mental Health and Substance Abuse Services
- Need For Patient Navigation and Support

KEY THEMES-KEY INFORMANT INTERVIEWS-GLOUCESTER

Key Health Issues

The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top five health issues that they perceived as being the most significant. The five issues that were most frequently selected were:

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

The following table shows the breakdown of the percent of respondents who selected each health issue. Issues are ranked from top to bottom based on number of participants who selected the health issue as one of their top five issues. The first column depicts the total percentage of respondents that selected the health issue as one of their top five. Respondents were also asked of those health issues mentioned, which one issue is the most significant. The second column depicts the percentage of respondents that rated the issue as being the most significant of their top five.

Table 1: Ranking of Key Health Issues

Rank	Health issue	Percent of respondents who selected the issue	Percent of respondents who selected the issue as the most significant
1	Overweight/Obesity	86%	22%
2	Diabetes	65%	5%
3	Access to Health Care/Uninsured	62%	27%
4	Substance Abuse/Alcohol Abuse	57%	8%
5	Mental Health/Suicide	54%	11%
6	Heart Disease	49%	14%
7	Cancer	35%	5%
8	Tobacco	30%	3%
9	Dental Health	24%	0%
10	Stroke	16%	0%
11	Sexually Transmitted Diseases	14%	0%
12	Maternal/Infant Health	5%	0%

Figure 1 shows the key informant rankings of all the key health issues. The bar depicts the total percentage of respondents that ranked the issue in their top five.

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

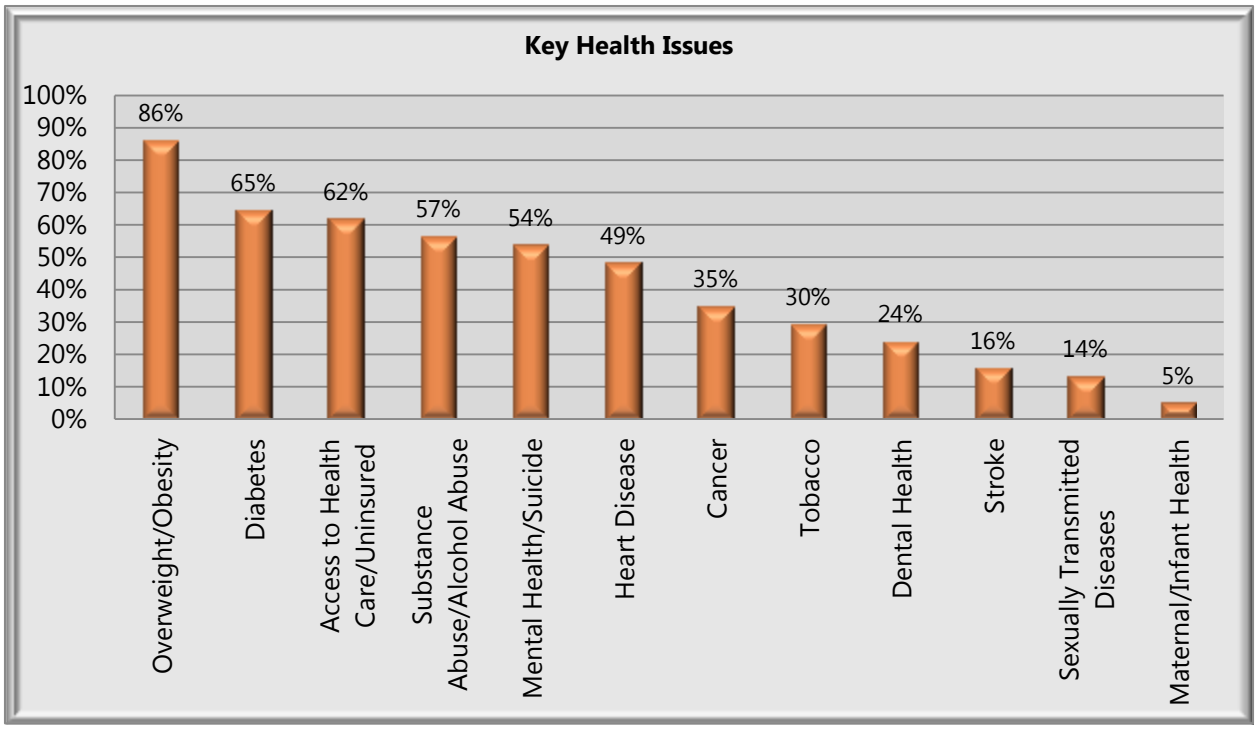

Figure 1: Ranking of key health issues

Health Care Access

Availability of Services

The second set of questions concerned the ability of local residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bilingual providers. Respondents were provided with statements such as: "Residents in the area are able to access a primary care provider when needed." They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are displayed in Table 2.

Health care access appears to be a significant issue in the community. As illustrated in Table 2, very few informants strongly agree to any of the health care access factors. Most respondents 'Disagree', with community residents' ability to access care. Availability of mental/ behavioral health providers garnered the lowest mean response (1.97) compared to the other factors.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

Table 2: Mean Responses for Health Care Access Factors

Factor	Mean Response	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	3.24	Neither agree nor disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.97	Disagree
Residents in the area are able to access a dentist when needed.	2.79	Disagree
There is a sufficient number of providers accepting Medicaid and medical assistance in the area.	2.35	Disagree
There is a sufficient number of bilingual providers in the area.	2.21	Disagree
There is a sufficient number of mental/ behavioral health providers in the area.	1.97	Strongly Disagree
Transportation for medical appointments is available to residents in the area when needed.	2.18	Disagree

Barriers to Health Care Access

After rating availability of health care services, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected were:

- Inability to Pay Out of Pocket Expenses (co-pays, prescriptions, etc.)
- Lack of Transportation
- Lack of Health Insurance Coverage

Table 3 shows the breakdown of the number and percent of respondents who selected each barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier. The third column in the table depicts the percentage of respondents that rated the barrier as being the most significant facing the community.

"What are the most significant barriers that keep people in the community from accessing health care when they need it?"

Table 3: Ranking of Barriers to Health Care Access

Rank	Barrier to Health Care Access	Number of respondents who selected the issue	Percent of respondents who selected the issue	Percent of respondents who marked it as the most significant barrier
1	Inability to Pay Out of Pocket Expenses	28	82%	18%
2	Lack of Transportation	25	74%	9%
3	Lack of Health Insurance Coverage	24	71%	24%
4	Inability to Navigate Health Care System	22	65%	12%
5	Basic Needs Not Met	18	53%	9%
6	Availability of Providers/Appointments	17	50%	18%
7	Language/Cultural Barriers	16	47%	0%
8	Time Limitations	13	38%	6%
9	Lack of Child Care	9	26%	0%
10	Lack of Trust	8	24%	3%

Figure 2 shows a graphical depiction of the frequency of selected barriers to health care access.

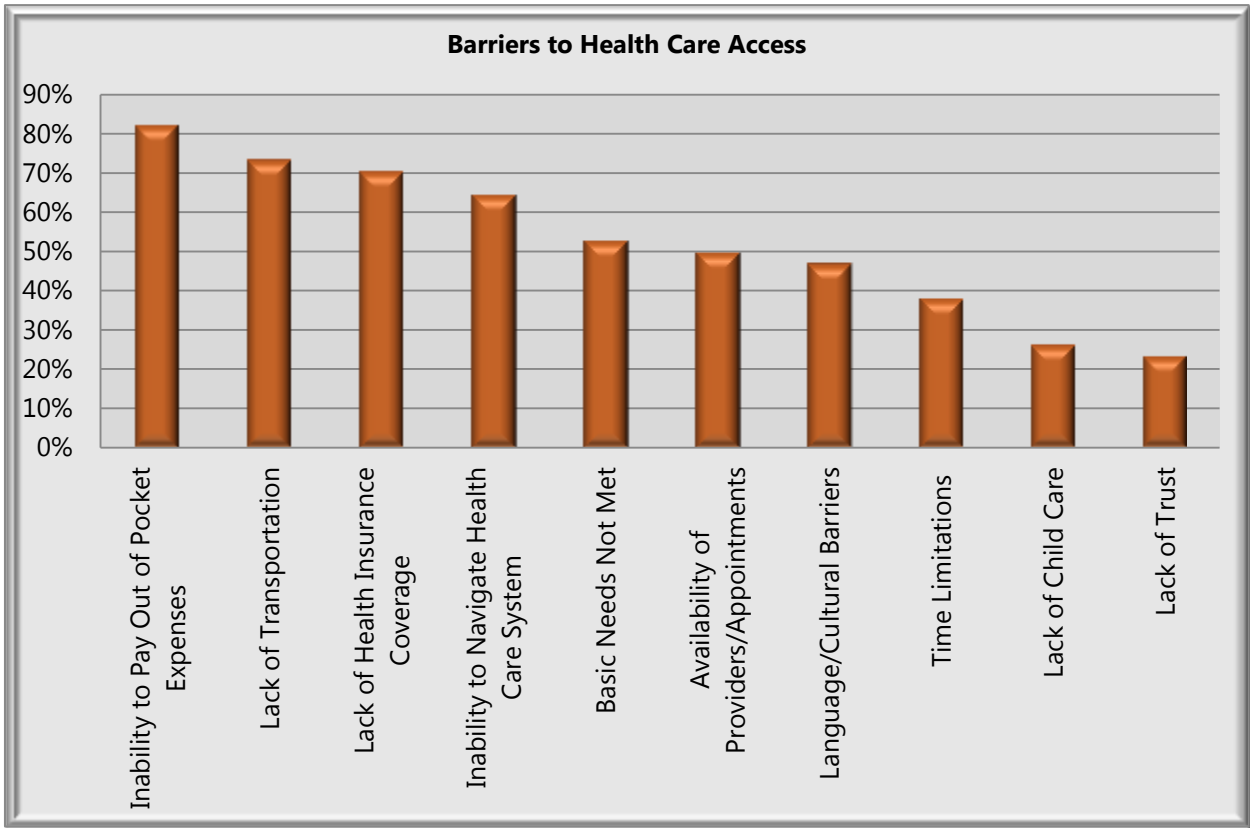

Figure 2: Ranking of barriers to health care access

Underserved Populations

Informants were then asked whether they thought there were specific populations who are not being adequately served by local health services. As seen in Figure 3, the majority of respondents (85%) indicated that there are underserved populations in the community.

"Are there specific populations in this community that you think are not being adequately served by local health services?"

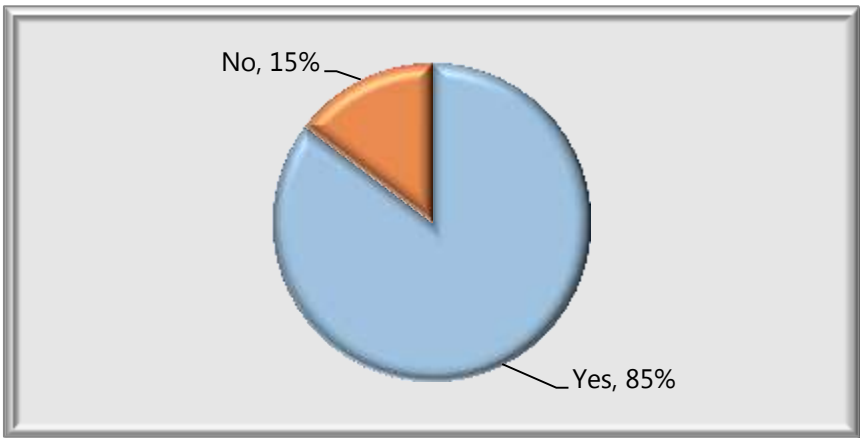

Figure 3: Key informant opinions regarding underserved populations

Those respondents were asked to identify which populations they thought were underserved. The results can be found in Table 4 below. Uninsured/underinsured, low-income/poor, and homeless individuals were considered underserved populations. In addition, racial/ethnic minorities and immigrant/refugee populations were also considered underserved populations.

Table 4: Underserved Populations

	Underserved population	Number of respondents who selected the population
1	Uninsured/Underinsured	20
2	Low-income/Poor	18
3	Hispanic/Latino	13
4	Homeless	13
5	Immigrant/Refugee	11
6	Black/African-American	9
7	Seniors/Aging/Elderly	8
8	Disabled	6
9	Children/Youth	5
10	Young Adults	3
11	Individuals with Mental Health Issues	1

Health Care for Uninsured/Underinsured

Next, the informants were asked to select where they think most uninsured and underinsured individuals go when they are in need of medical care. As shown in Figure 4, the majority of respondents (85%) indicated that uninsured and underinsured individuals go to the Hospital Emergency Department for medical care.

In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care?

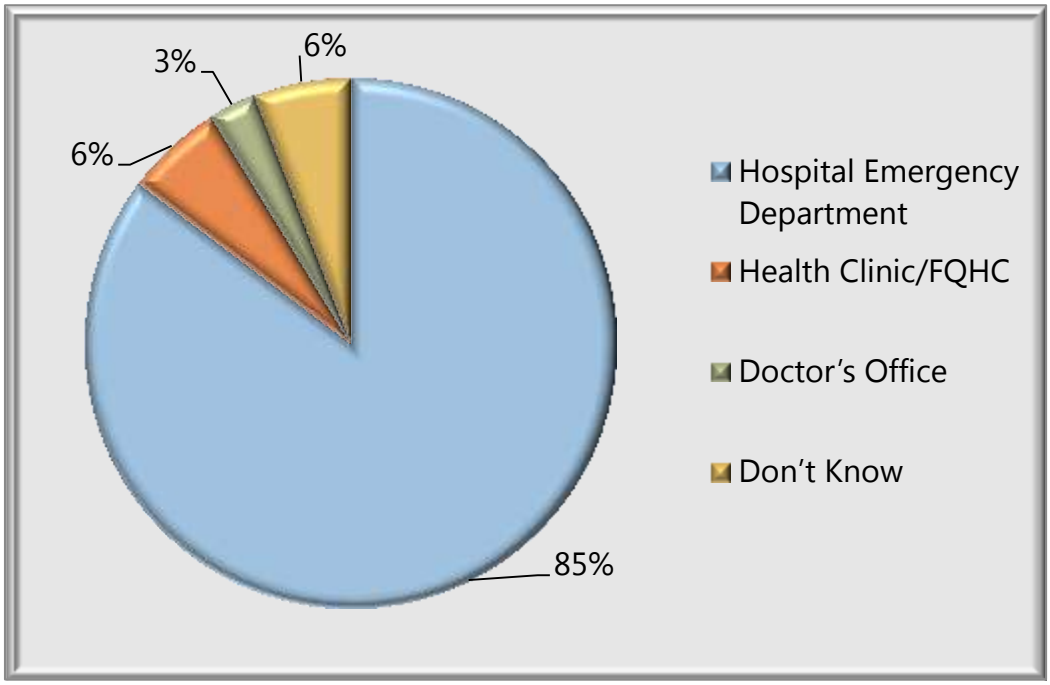

Figure 4: Opinions of where uninsured/underinsured individuals receive medical care

Resources Needed to Improve Access

Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community. Many respondents indicated that free and low cost medical and dental services are needed. Transportation was also a frequently mentioned need. Table 5 includes a listing of the resources mentioned ranked in order of the number of mentions.

Table 5: Listing of Resources Needed in the Community

Rank	Resources Needed	Number of Mentions
1	Free/Low Cost Dental Care	24
2	Transportation	21
3	Free/Low Cost Medical Care	19
4	Mental Health Services	17
5	Prescription Assistance	15
6	Bilingual Services	13
7	Health Education/Information/Outreach	13
8	Substance Abuse Services	12
9	Primary Care Providers	8
10	Health Screenings	7
11	Medical Specialists	7
12	Free/Low Cost Recreational Opportunities	3

Challenges & Solutions

The final section of the survey focused on challenges to maintaining healthy lifestyles, perceptions of current health initiatives, and recommendations for improving the health of the community.

When asked what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy, participants suggested the following common challenges:

- Cost/Access
- Motivation/Effort
- Time/Convenience
- Education/Knowledge

Next, key informants were asked "What recommendations or suggestions do you have to improve health and quality of life in the community?" Several major themes emerged from the comments including the following:

- Increased Awareness/Education/Community Outreach
- Increased Collaboration/Coordination
- Improved Access to Affordable Medical Care
- Improved Access to Affordable Exercise and Nutrition Programs
- Enhanced Mental Health and Substance Abuse Services

FINAL THOUGHTS-KEY INFORMANT INTERVIEWS

Many of the key informants expressed appreciation for the opportunity to share their thoughts and experiences and indicated interest and support for efforts to improve community health. Based on the feedback from the key informants, the following issues were identified as areas of opportunity for the local community. Issues are listed from top to bottom based on key informant rankings.

Areas of Opportunity-Camden

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

Areas of Opportunity-Burlington

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

Areas of Opportunity-Gloucester

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

VI. FOCUS GROUPS OVERVIEW

BACKGROUND

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

In total, 65 people participated in the Focus Groups. It is important to note that the results reflect the perceptions of a limited number of community members and may not necessarily represent all community members in Camden, Burlington, and Gloucester counties. The following section provides a summary of the focus group discussions.

KEY THEMES-FOCUS GROUPS

Access to Health Care

Several participants indicated that they or someone they know have had difficulty obtaining health care services. Participants were asked about barriers to accessing health care services in the community. Participants indicated that lack of insurance coverage and inability to pay were major barriers to accessing health care services in the community. Overall, lack of health insurance coverage did not appear to be as much as an issue in Burlington County compared to Camden and Gloucester. However, participants still expressed concern about increasing insurance premiums and difficulty affording out of pocket expenses (co-pays, deductibles, and prescription costs) related to health care.

Some individuals in the community are not offered health insurance through their jobs while others are unable to afford the health insurance that is offered. Participants explained that many people are falling through the gaps as they don't make enough to pay for insurance but not poor enough to qualify for assistance. Co-pays, deductibles, and prescription costs also present challenges in accessing health care. Participants also explained that it is difficult to understand insurance plans and medical billing procedures.

Participants mentioned that there are not enough providers especially specialty providers and mental health providers. There are often waiting lists for appointments. Waiting lists for specialists can sometimes be several months. Participants expressed frustration in trying to find providers that take their insurance. It can also be extremely difficult to find doctors who accept Medicare/Medical assistance, and many participants felt that people with Medicare/Medical assistance were not treated the same as people with private insurance.

Dental care and dental emergency care were difficult to access. Participants explained that low income children can get dental coverage through NJ Family Care but adults cannot. Some of the local dentistry schools offer reduced cost dental clinics but not everyone is aware of these services.

Transportation can be a barrier in accessing health care. Participants talked about how the system is fragmented and not easily accessible throughout the three counties. In some cases, people forgo health care because of lack of transportation. The elderly are especially vulnerable. There are some medical shuttle transportation services available, but participants stated that it is not always reliable. Rides must be scheduled in advance and passengers must be self-sufficient getting on and off the shuttle.

When asked where uninsured and underinsured individuals go for health care, participants indicated that uninsured residents often utilize the Emergency Department for primary health care because the Emergency Department will not turn them away if they do not have insurance. Participants explained that Urgent Care Centers and Pharmacy Minute Clinics offer another option for care, but out of pocket costs are still an issue. Participants mentioned that it is often difficult to get a same day appointment for a sick visit with their primary care provider so sometimes they will just go to the pharmacy.

Key Health Issues

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

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

Mental & Behavioral Health

Mental and Behavioral Health/Substance Abuse issues and the need for mental health counseling and addiction services were frequently mentioned by participants. Participants explained that there a major gaps in the system and that the area is lacking in psychiatric care especially for children and the elderly. Participants commented that some people are reluctant to seek care because there is still a stigma around mental health though they felt awareness and acceptance is steadily increasing. Overall, participants felt that people with mental health issues do not know where to go to get help and that mental health services are difficult to navigate.

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

Nutrition, Physical Activity, & Obesity/Overweight Issues

Obesity/Overweight issues were discussed at length by participants. Attendees were especially concerned with childhood obesity. They felt that the schools are not doing enough to teach and support healthy behavior. Participants thought that physical activity should be emphasized in the schools and expressed concern that schools are cutting back on time for gym and recess. There are some recreation programs in the county to keep children active, but there are not enough and they can be expensive.

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

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

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

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

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

- Affordable/Accessible healthy food/produce
- Coupons/Vouchers for healthy food/produce
- School & Community Gardens
- Healthy Cooking Demonstrations/Classes
- Healthy Recipes & Healthy Cooking Tips
- Family-oriented Workshops for children and parents to learn together
- Access to wellness coaches, nutritionists, dieticians
- Partner with schools to provide nutrition education
- Educate children through exposure to farmers and fresh/local food
- Workplace & School wellness challenges
- Community-wide wellness challenges
- Free & Low Cost Recreation/Sports Programs
- Community Walking Clubs

Awareness of Health & Human Services

Participants repeatedly stated that people in the community are not aware of the health care services and options that are available to them. Participants felt that there was a lack of coordination of information and services in the community. Participants thought it would be helpful to have a county resource guide with lists of area resources. One participant mentioned that 2-1-1 is a toll-free information and referral hotline operated by United Way, but they stated that it can be difficult to keep so much information up-to-date. Participants also suggested that co-locating services through a 1-stop shop clinic could improve access and awareness. In addition, they encouraged the hospitals to partner with schools, faith-based community, libraries, and other networks to promote health information.

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

When asked for suggestions for other ways to disseminate information, some participants suggested that information could be shared through television public service announcements and community access programming. They also mentioned radio spots as well as local ad spots during previews. Attendees pointed out that they have become increasingly reliant on the internet for information. In fact, many participants learned about the focus group through email blasts from community email lists. Community agencies and groups have developed networks to distribute information electronically.

Challenges & Solutions

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

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

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

- Transportation Assistance
- Patient Navigation Services
- Prescription Assistance Programs
- Eldercare/Home Care Services
- Health Outreach (Wellness Fairs, Workshops, Health Screenings, Mobile Health Services)
- Nutrition & Exercise Programs
- Stress Management Programs
- Smoking Cessation Programs
- Support Groups
- Chronic Disease Management Programs

FINAL THOUGHTS-FOCUS GROUPS

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

Areas of Opportunity

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

VII. OVERALL ASSESSMENT FINDINGS & CONCLUSIONS

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

KEY COMMUNITY HEALTH ISSUES

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

The completion of the comprehensive community health needs assessment enabled Lourdes to take an in-depth look at its greater community. The results will be integrated into community planning activities, which will include the prioritization of the key health needs and the development of a hospital implementation plan. The aim of such implementation plans is to not only direct community benefit initiatives, but to move toward population health management. This model promotes a well-care model rather than a sick-care one and rewards organizations and individuals who take ownership of their health and yield positive outcomes. Healthy communities lead to lower healthcare costs, strong community partnerships and an overall enhanced quality of life. Lourdes is committed to the people it serves and the communities they live in.

APPENDIX A: SECONDARY DATA PROFILE REFERENCES

Primary Reference:

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

Source Citations:

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9. N.J. Department of Health and Senior Services, Division of Family Health Services, Maternal and Child Health Services, Child and Adolescent Health Program, 2010
10. N.J. Department of Children and Families, Child Abuse and Neglect Substantiations, 2010
11. N.J. Department of Children and Families, Division of Youth and Family Services, 2011
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18. N.J. Department of Health and Senior Services, Cancer Epidemiology Services, New Jersey State Cancer Registry, 2011

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

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APPENDIX B: HOUSEHOLD TELEPHONE STUDY STATISTICAL CONSIDERATIONS

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

08002	08033	08106	08078
08003	08034	08049	08080
08007	08035	08052	08081
08012	08043	08053	08094
08021	08045	08054	08096
08028	08102	08055	08097
08029	08103	08057	08107
08030	08104	08059	08108
08031	08105	08077	08109
			08110

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

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

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

It is common practice in survey research to statistically weight data sets to adjust for demographic imbalances. For example, in the current household survey, the number of females interviewed is above the actual proportion of females in the area (Sample: 69.6% female vs. Actual Population: 51.9% female). The data was statistically weighted to correct for this over-representation of females. The data set was weighted by age, gender, and race in order to more accurately represent the population. It should be noted that the national dataset (from the CDC) is also statistically weighted to account for similar imbalances.

APPENDIX C: KEY INFORMANT STUDY QUESTIONNAIRE

INTRODUCTION: In order to better understand the health of the communities they serve, Cooper, Kennedy, Lourdes, Inspira, and Virtua Health Systems along with local county health departments are partnering to conduct a comprehensive Community Health Needs Assessment. The Tri County Health Assessment Collaborative will evaluate community health needs in Burlington, Camden, and Gloucester Counties.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the survey questions, please consider the community and area of interest to be the county /counties you select below. Please select which county/counties you primarily serve or are most familiar with:

__Burlington County
__Camden County
__Gloucester County

KEY HEALTH ISSUES

1. What are the top **5** health issues you see in your community? (CHOOSE 5)

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

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

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

3. Please share any additional information regarding these health issues and your reasons for ranking them this way in the box below:

ACCESS TO CARE

4. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

	Strongly disagree←→Strongly agree
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐1 ☐2 ☐3 ☐4 ☐5
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐1 ☐2 ☐3 ☐4 ☐5
Residents in the area are able to access a dentist when needed.	☐1 ☐2 ☐3 ☐4 ☐5
There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐1 ☐2 ☐3 ☐4 ☐5
There is a sufficient number of bilingual providers in the area.	☐1 ☐2 ☐3 ☐4 ☐5
There is a sufficient number of mental/behavioral health providers in the area.	☐1 ☐2 ☐3 ☐4 ☐5
Transportation for medical appointments is available to area residents when needed.	☐1 ☐2 ☐3 ☐4 ☐5

5. What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

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

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

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

7. Please share any additional information regarding barriers to health care in the box below:

8. Are there specific populations in this community that you think are not being adequately served by local health services?

__ Yes __ No

9. **If yes**, which populations are underserved? (Select all that apply)

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

10. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

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

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

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

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

CHALLENGES & SOLUTIONS

13. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?

14. In your opinion, what is being done ***well*** in the community in terms of health and quality of life? (Community Assets/Strengths/Successes)

15. What recommendations or suggestions do you have to improve health and quality of life in the community?

CLOSING

Please answer the following demographic questions.

16. **Name & Contact Information:** (Note: Your name and organization is required to track survey participation. Your identify WILL NOT be associated with your responses.)

Name:
Title:
Organization:
Email Address:

17. Which one of these categories would you say BEST represents your community affiliation? (CHOOSE 1)

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

18. What is your gender? __ Male __ Female

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

☐	White/Caucasian
☐	Black/African American
☐	Hispanic/Latino
☐	Asian/Pacific Islander
☐	Other (specify):

20. The Tri County Health Assessment Collaborative (Cooper, Kennedy, Lourdes, Inspira, Virtua Health Systems and Burlington, Camden, and Gloucester County Health Departments) and its partners will be using the information gathered through these surveys to develop a community health implementation plan. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

APPENDIX D: KEY INFORMANT STUDY PARTICIPANT LIST -CAMDEN-

Name	Title	Organization
Akram Abed	Manager, Camden Metro Region	Rails-to-Trails Conservancy
Kathy Birmingham	Executive Director	Camden County Family Support Organization
Deb Bokas	Director Social Services	LMA/Osborn Family Health Center
Linda Brady-Chernow	RN	Medicaid
Jeffrey Brenner	Executive Director	Camden Coalition of Healthcare Providers
Lynn Brown	President/CEO	Planned Parenthood of Southern NJ
Rebecca Bryan	Director, Wellness Center	UrbanPromise Ministries, Inc.
Sade Bryant	Administrative Assistant	PBCIP
Sylania Burnett	Project Director	Camden Healthy Start
Cathy Butler, MA, CSW	Assistant Director	Southern NJ Perinatal Coop
Major Paul Cain	Kroc Center Administrator	The Salvation Army
Nelson Carrasquillo	General Coordinator	CATA (Farmworker Support)
Martha Chavis	Director, CHWI	Camden AHEC
Lynne Chesshire	RN/CM of ED	Our Lady of Lourdes Medical Center
T. Collier	RN/Co-Owner	Parkside Adolescent & Adult Medical Clinic
Shana Cornfield	Program Manager	The Food Trust
Marilyn Corradetti	Mental Health Administrator	Community Planning & Advocacy Council
Catherine Curley RN, PhD	Director, Neurosciences	Virtua

Name	Title	Organization
Migna Gonzalez	Social Worker	Early Childhood Development Center
Generosa Grana	Director, Cooper Cancer Institute	Cooper University Hospital
Joan Gray	Director of Ambulatory Services	Virtua
Matthew Grochowski	Registered Environmental Health Specialist	Camden County Health Dept.
Helen Hannigan	Chief Operating Officer	Family Health Initiatives
Mark Hebert	PHENS Coordinator	Camden County Health Dept.
Pilar Hogan Closkey	Executive Director	Saint Joseph's Carpenter Society
Daniel J. Hyman, DO	Head, Division of GIM	Cooper University Hospital
Lisa Jenkins	District Parent Advisory Council	Camden City Schools
Nancy Keleher	Director/Community Outreach	Cooper University Hospital
Tim Kerrihard	President and CEO	YMCA of Burlington & Camden
Renee Koubiadis	Assistant State Campaign Director	Citizens' Campaign
Marie Lawrence	Committeewoman, Ward 3	Township of Winslow
Gino Lewis	Director	Camden County Community Development
Milford Liss	Executive Director	Boys & Girls Club of Camden
Mary Love	Residential Coordinator	CFS/SERV
Patricia Madden	RN Emergency Department	Kennedy Health System
Andrea Marshall	Director of Education	Camden County Council on Alcoholism & Drug Abuse, Inc.
Scot McCray	Asst. Vice-President – Operations	CAMcare Health Corporation
Kendria McWilliams	CEO	Maryville Treatment Centers
Joshua Myers	Manager of Development and Information Technology	Project H.O.P.E., Inc.
Jana Nelson	Director	UMDNJ-School of Nursing
Nancy Nguyen	Branch Manager	BPSOS-Delaware Valley
Liza Nolan	Executive Director	Camden Community Development Association
Angel M. Osorio	Chief Executive Officer	District Council Collaborative Boards
Carmen D. Perez	Executive Director	Puerto Rican Unity for Progress

Name	Title	Organization
Barbara Pfeiffer	Director	Art Aware
Anthony Phoenix	CCHP Board Secretary/ CCOP Resident Healthcare Team Leader	CCHP, CCOP, Fairshare Resident Advisory Board Member
Teresa Price	Infection Prevention Manager	Virtua
Andres J Pumariega, M.D.	Chair, Psychiatry	Cooper Health System and CMSRU
Larry Ragone	Director of Development, Public Relations	South Jersey Eye Center
Bill Ragozine	Executive Director	Cross County Connection TMA
Mary Lynne Reynolds	Executive Director	Mental Health Association in Southwestern New Jersey
Sheila Roberts	President	Cooper Lanning Civic Association
Evelyn Rodriguez	Director, Oncology Outreach Programs	Cooper University Hospital
Lynn Rosner, M.Ed.	Certified Tobacco Treatment Specialist	Camden County Health Department
Joye Rozier	Coordinator	Burlington/Camden County Regional Chronic Disease Coalition
Merilee Rutolo	Vice President	Center For Family Services
Ann Sadler	Case Manager/Elders	RESPOND
Laura Sanchez	Special Projects Manager	Camden AHEC
Kelsey Sanderson	Volunteer & Community Partnerships Coordinator	Center For Family Services
Susan Santry	Corporate Director	Kennedy University Hospital, Inc.
Kristine Seitz	Prevention Specialist	CFS/SERV
Andrew Seligsohn	Associate Chancellor for Civic Engagement & Strategic Planning	Rutgers-Camden
Tom Sexton	Northeast Regional Director	Rails-to-Trails Conservancy
Nicole Sheppard	Senior Program Director	Center For Family Services
Ernest Smith	SEHS	Camden County Health Department
Keith Stewart	President	Lanning Square West

Name	Title	Organization
Karen Talarico	Executive Director	Cathedral Kitchen
William Thomspon	Vice President	Camden County College
Camy Trinidad	Executive Director	American Red Cross
Tracy Troiani	Marketing Manager	Bayada Nurses
Keish Tucker	Clinical Director	Archway Programs
Robin Waddell	Department Head	Rutgers Cooperative Extension
Stephen Walter	Unit Director, Communicable Disease Unit	Camden County Department of Health & Human Services
Merle Weitz	Director of Special Programs	Southern NJ Perinatal Cooperative
Dyanne Westerberg	Chair, Family & Community Medicine	CMSRU- Cooper
Plyshette Wiggins	Senior Director	American Cancer Society
Carol Wolff	Executive Director	Camden Area Health Education Center (AHEC)
Leah Ziskin, MD, MS	Adjunct Associate Professor	School of Public Health

KEY INFORMANT STUDY PARTICIPANT LIST
- BURLINGTON –

Name	Title	Organization
Dan Boas	Director	Burlington Co. Social Services
Mary Ann Boccolini	President & CEO	Samaritan Healthcare & Hospice
Sylvia Bookbinder	Public Health Systems Coordinator	NJ Department of Health
Jeanne Borkowski	Director	Burlington Co. Office on Aging
Linda Brady-Chernow, RN	RN	Medicaid
Cathy Butler, MA CSW	Assistant Director	Southern NJ Perinatal Cooperative
Pamela Comer	Nurse Case Manager	Virtua
Annette Conklin	Community Member	Camden Cancer Coalition
Joe Conlin	Coordinator	Prevention Plus of Burlington
Catherine Curley RN, PhD	Director, Neurosciences	Virtua
Maureen Donnelly	Safe Kids Southern NJ	Cooper University Hospital
Christine Ermert Bortner	Community Health Educator	Lourdes Wellness Center
Mary Ann Flatley	Director, Wellness	Medford Leas
Beth Gebhart	ED, Community Service	Lutheran Social Ministries of NJ
Generosa Grana	Director, Cooper Cancer Institute	Cooper Hospital
Kristi Howell-Ikeda	CEO	Burlington County Chamber
Loletha Johnson	Public Health Nurse	Burlington Co. Health Dept.
Nancy Keleher	Director, Community Outreach	Cooper University Hospital
Tim Kerrihard	President and CEO	YMCA of Burlington & Camden
Renee Koubiadis	Assistant State Campaign Director	Citizens' Campaign
Dr. Christopher Manno	Superintendent of Schools	Burlington Township School District
Harry Marmorstein	CEO	The Drenk Center
Angela Mateo Gonzalez	Executive Director	Servicios Latinos de Burlington Co.
Kendria McWilliams	CEO	Maryville Treatment Centers
Suzanne Menges	Senior Administrative Analyst	Burlington Co. Dept. of Human Services
Nancy Nguyen	Branch Manager	BPSOS-Delaware Valley
Teresa Price	Infection Prevention Manager	Virtua
Dawn Rademan	Director, Community Impact	United Way
Bill Ragozine	Executive Director	Cross County Connection TMA
Jose Ramos	Executive Director	Spanish American Social Cultural Assoc.
Mary Lynne Reynolds	Executive Director	Mental Health Association in Southwestern NJ
Joye Rozier	Coordinator	Burlington/Camden County Regional Chronic Disease Coalition
Susan Santry	Corporate Director	Kennedy University Hospital

Name	Title	Organization
Tom Sexton	Northeast Regional Director	Rails-to-Trails Conservancy
Frederick Thorne	Program Supervisor	Catholic Charities, Diocese of Trenton
Theresa Tobey	Executive Director	CONTACT of Burlington Co.
Camy Trinidad	Executive Director	American Red Cross
Tracy Troiani	Marketing Manager	Bayada Nurses
Dr. Bill Walker	Senior Vice President	MANNA Food Ministry of Sykesville Presbyterian Church
Merle Weitz	Director, Special Programs	Southern NJ Perinatal Cooperative
Plyshette Wiggins	Senior Director, Community	American Cancer Society
Carol Wolff	Executive Director	Camden Area Health Education Center (AHEC)

KEY INFORMANT STUDY PARTICIPANT LIST
- GLOUCESTER –

Name	Title	Organization
Linda Brady-Chernow	RN	Medicaid
Robin Brown	Director Adult Partial Care	NewPoint Behavioral Health Care
Cathy Butler, MA, CSW	Assistant Director	Southern NJ Perinatal Coop
Nelson Carrasquillo	General Coordinator	CATA (Farmworker Support)
Lisa Cerny	Director	Gloucester Co. Dept. of Human Services
T. Collier	RN/Co-owner	Parkside Medical Clinic
Maureen Donnelly	Safe Kids Southern New Jersey	Cooper University Hospital
Mary Ann Ellsworth	Public Health Nutritionist	New Jersey Department of Health
Ami Feller	Admissions	South Jersey Health Care Center
Generosa Grana	Director, Cooper Cancer Institute	Cooper Hospital
Jere Hoffner	Executive Director	United Way of Gloucester County
Luanne Hughes, MS, RD	FCHS Educator	Rutgers Cooperative Extension
Nancy Keleher	Director, Community Outreach	Cooper University Hospital
Lisa Little	Region 10 & New Jersey CEED	Underwood-Memorial Hospital
Mary Love	Residential Coordinator	CFS/SERV
Patricia Madden	Registered Nurse, Emergency	Kennedy Health System
Kimberly McKown-Strait	Executive Director	FamCare, Inc.
Kendria McWilliams	CEO	Maryville Treatment Centers
Madeline Mills, RN,CSN	Certified School Nurse	Woodbury City Public School
Nancy Nguyen	Branch Manager	BPSOS-Delaware Valley
Bill Ragozine	Executive Director	Cross County Connection TMA
Mary Lynne Reynolds	Executive Director	Mental Health Association in
Annmarie Ruiz	Health Officer	Gloucester County Dept. of Health
Susan Santry	Corporate Director	Kennedy University Hospital, Inc.
Marita Schroy	Registered Nurse/Certified	Underwood Memorial Hospital
Tom Sexton	Northeast Regional Director	Rails-to-Trails Conservancy
Tracy Troiani	Marketing Manager	Bayada Nurses
Keish Tucker	Clinical Director	Archway Programs
Merle Weitz	Director of Special Programs	Southern New Jersey Perinatal
Scott Woodside	Director for Student Health	Rowan University

APPENDIX E: FOCUS GROUP DISCUSSION GUIDES

Access to Health Care & Health Issues Discussion Guide

Access to Care

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

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

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

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

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

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

Health Issues

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

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

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

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

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

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

Health Education/Communication

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

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

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

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

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

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

Closing

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

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

Nutrition, Physical Activity, & Obesity Discussion Guide

Overweight/Obesity

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

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

2. In your opinion, are overweight and obesity a problem in the community? Why?

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

Physical Activity

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

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

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

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

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

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

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

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

Nutrition/Healthy Eating

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

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

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

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

Probes: Access to food, cost, time, knowledge

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

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

Health Education/Communication

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

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

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

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

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

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

Closing

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