

**South Jersey Health Partnership  
2016 Community Health Needs Assessment**



**Cooper University Hospital**



Candor. Insight. Results.

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## South Jersey Health Partnership 2016 CHNA Executive Summary

### Our Community Health Needs Assessment and Implementation Plan Overview

#### Our Commitment to Community Health

Cooper University Health Care's mission is "*to serve, to heal, to educate.*" Cooper has been a leading health system in South Jersey since 1887. Cooper operates an academic, tertiary (specialist) care hospital; a leading cancer center; a children's hospital; three urgent care centers; and more than 100 outpatient offices throughout South Jersey and Pennsylvania.

Cooper University Hospital is a dynamic, integrated health care delivery system that provides comprehensive medical services to the residents of southern New Jersey. As the clinical campus of Cooper Medical School of Rowan University, Cooper University Hospital is dedicated to medical education and research excellence. Cooper University Physicians, the teaching faculty of the medical school, maintains more than 100 offices at 38 locations throughout southern New Jersey and in Pennsylvania.

Based on more than a century of commitment and achievements in the areas of patient care and community service, Cooper University Health Care provides a continuum of care in both primary and tertiary areas. Cooper offers everything from the most sophisticated, technologically advanced medicine at Cooper University Hospital in Camden to a full array of primary care, preventive care and wellness resources located throughout South Jersey.

Cooper has a long history in the City of Camden and is playing a leading role in its revitalization. Since 1887, Cooper University Health Care has been a committed partner with the Cooper Plaza and Lanning Square neighborhoods. Cooper continues to build partnerships with local civic associations, nonprofit organizations and government agencies on revitalization efforts and initiatives that support local children and their families.

#### Mission Statement

Our mission is to serve, to heal and to educate. We accomplish our mission through innovative and effective systems of care and by bringing people and resources together, creating value for our patients and the community.

#### Vision Statement

Cooper University Health Care will be the premier health care provider in the region, driven by our exceptional people delivering a world-class patient experience, one patient at a time, and through our commitment to educating the providers of the future.

## The 2016 SJHP Community Health Needs Assessment Process

### Regional Partnership

The 2016 CHNA was conducted by the South Jersey Health Partnership (SJHP), within four Southern New Jersey Counties: Burlington, Camden, Gloucester, and Ocean. Through a coordinated approach, the Partnership worked with county health departments and local community partners to gather feedback and conduct regional research and planning efforts to ensure community health improvement initiatives were aligned.

The 2016 SJHP CHNA included the following member hospitals:

- > Cooper University Hospital
- > Deborah Heart and Lung Center
- > Kennedy University Hospitals-Cherry Hill, Stratford, Washington Township
- > Lourdes Medical Center of Burlington County; Our Lady of Lourdes Medical Center
- > Virtua Marlton, Virtua Memorial, Virtua Voorhees

The CHNA was completed in cooperation with Burlington, Camden, Gloucester, and Ocean County Health Departments

### Methodology

The 2016 CHNA was conducted from February to October 2016, and used both primary and secondary research to illustrate and compare health trends and disparities across the region. Primary research solicited input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research identified demographic and health trends across geographic areas and populations.

The 2016 CHNA builds upon the hospitals' 2013 CHNAs and subsequent Community Health Improvement Plans and was conducted in a timeline to comply with requirements set forth in the Affordable Care Act, as well as to further the hospitals' commitment to community health and population health management. The findings will be used to guide community benefit initiatives and engage partners to address identified health needs.

Specific research methods:

- > A review of secondary health and socioeconomic indicators for the service area
- > An analysis and comparison of hospital utilization data
- > Partner Forums with community representatives and leaders to identify community health priorities and facilitate population health strategy collaboration
- > Focus Groups with health consumers

### Benchmarking

Secondary data for the SJHP service area are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable, to provide benchmark comparisons. State and national averages represent comparable year(s) of data to service area statistics, unless otherwise noted. Healthy People is a US Department of Health and Human Services health promotion and disease prevention initiative. Healthy People 2020 goals are national

goals created by the initiative to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

### **Leadership**

The 2016 SJHP CHNA was overseen by a Steering Committee of representatives from each member hospital and county health departments as follows:

Kimberly Barnes, Lourdes Health System  
 Christine Carlson-Glazer, MPH, Deborah Heart and Lung Center  
 Bageshree Cheulkar, MD, MPH, Virtua  
 Holly Funkhouser Cucuzzella, DrPH, MCHES, HO, Burlington Co. Health Department  
 Catherine Curley, PhD, RN, Cooper University Health Care  
 Sharon Dostmann, Esq., Cooper University Health Care  
 Peggy Dowd, Deborah Heart and Lung Center  
 Patricia Hearey, MPH, MCHES, Camden Co. Dept. of Health and Human Services  
 Christopher Hellwig, MPH, CHES, Burlington Co. Health Department  
 Maxwell Kursh, MS, Cooper University Health Care  
 Amanda Kimmel, MSW, Kennedy Health  
 Donna McArdle, Deborah Heart and Lung Center  
 Tanya McKeown, Kennedy Health  
 Debra Moran, MS, Virtua  
 Lisa Morina, Kennedy Health  
 John Pellicane, MBA, Camden Co. Dept. of Health and Human Services  
 Brunilda Price, MA, MPA, Coordinator, Ocean Co. Health Department  
 Daniel Regenye, Ocean Co. Health Department  
 Annemarie Ruiz, Gloucester Co. Health Department  
 Sister Maureen Shaughnessy, MA, SC, Lourdes Health System  
 Jennifer Horner Sneddon, DNP, MPH, APN-C, CIC, Virtua  
 Nancy Street, MS, MBA, PMP, LSSBB, Cooper University Health Care

### **Community Engagement**

Community engagement was an integral component of the 2016 SJHP CHNA. Partner Forums with key community leaders and focus groups with health consumers solicited wide participation from public health experts and representatives of medically underserved, low income, and minority populations. Additionally, representatives from each of the four study counties served on the CHNA committee to provide insight in data collection and planning.

### **Research Partner**

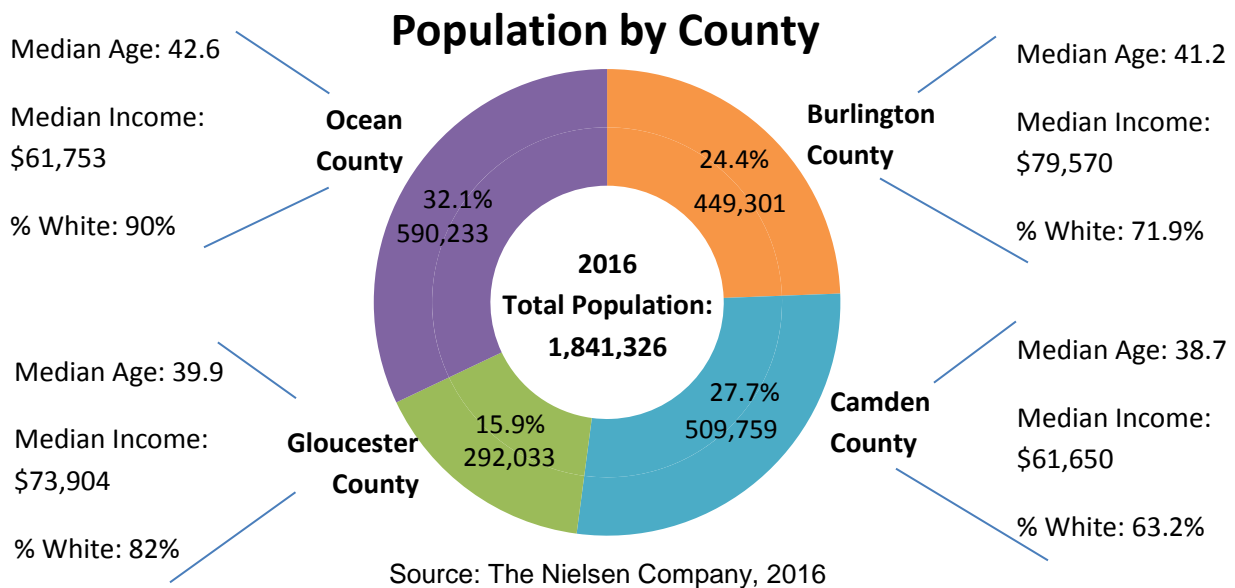
South Jersey Health Partnership's research partner, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy. Baker Tilly's expertise ensured the validity of the research and assisted in developing an Implementation Plan to address the highest health needs across the region.

### Our Community's Residents

The SJHP service area includes the Southern New Jersey Counties of Burlington, Camden, Gloucester, and Ocean and a total population of approximately 1.8 million. Ocean County comprises the largest population, and is projected to have the most population growth over the next five years (2.2%). The population of the other service counties will increase 1.5% or less.

The SJHP service area represents a diverse population. Burlington and Gloucester Counties are primarily White communities with similar or better socioeconomic indicators compared to the state. Camden County is the most racially and ethnically diverse of the four counties, and the most impacted by poorer social determinants of health. Ocean County is also a primarily White community with a prominent blue collar workforce.

**Social Determinants of Health:**  
Factors within the environment in which people live, work, and play that can affect health and quality of life



| Population Snapshots   |  |   |  |
|--|--|---|--|
| Burlington County  | Camden County  | Gloucester County   | Ocean County   |
| <ul style="list-style-type: none"> <li>&gt; Primarily White, and slightly older</li> <li>&gt; Highest median income; lowest poverty rates</li> <li>&gt; Lowest unemployment rate</li> <li>&gt; Highest educational attainment</li> </ul> | <ul style="list-style-type: none"> <li>&gt; Most racially/ethnically diverse</li> <li>&gt; Lowest median income; highest poverty rates</li> <li>&gt; Highest unemployment rate</li> <li>&gt; Lowest educational attainment</li> <li>&gt; Greatest socioeconomic disparity among racial/ethnic populations</li> </ul> | <ul style="list-style-type: none"> <li>&gt; Primarily White</li> <li>&gt; Similar economic indicators to the state</li> <li>&gt; More likely to attain a high school diploma; less likely to attain higher education</li> </ul> | <ul style="list-style-type: none"> <li>&gt; Primarily White and oldest population in NJ</li> <li>&gt; Second lowest median income; lower unemployment and poverty rates than the state</li> <li>&gt; Least likely to attain higher education; more likely to have a high school diploma</li> </ul> |

Social determinants of health are often the root cause of health disparity. Health disparities, as defined by Healthy People 2020, are “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” Identifying the potential for health disparities helps determine where resources are most needed to improve health.

Across the SJHP service area, data shows that Black/African American and Hispanic/Latino residents are impacted by poorer social determinants of health and healthy disparity. Median income, depicted in the table below, is one indicator of disparity. Black/African American and Hispanic/ Latino residents are also less likely to have health insurance and/or attain higher education.

#### Median Household Income by Race and Ethnicity

|  | Burlington County | Camden County | Gloucester County | Ocean County |
|--|-------------------|---------------|-------------------|--------------|
| White Median Income                      | \$81,803          | \$69,837      | \$76,455          | \$62,100     |
| Black/African American Income Difference | -\$12,805         | -\$27,234     | -\$18,655         | -\$10,221    |
| Hispanic/Latino Income Difference        | -\$11,287         | -\$31,292     | -\$18,494         | -\$5,319     |

Source: The Nielsen Company, 2016

Zip code of residence is also one of the most important predictors of health disparity; where residents live plays a part in determining their health.

The following zip codes within the SJHP service area are at greatest risk of health disparity based on social determinants of health and the presence of Medically Underserved Areas (MUAs), as designated by the Health Resources and Services Administration.

**Medically Underserved Areas:**  
Areas designated as having too few primary care providers, high infant mortality, high poverty, or a high elderly population

#### Zip Codes At Risk of Health Disparity

|                   |                       | Higher Poverty Rates | Higher Unemployment | Lower Educational Attainment | Higher Uninsured Rate | Medically Underserved Areas |
|-------------------|-----------------------|----------------------|---------------------|------------------------------|-----------------------|-----------------------------|
| Burlington County | 08068 Pemberton       | ✓                    | ✓                   |                              |                       | ✓                           |
|                   | 08015 Browns Mills    | ✓                    |                     | ✓                            |                       |                             |
|                   | 08562 Wrightstown     |                      | ✓                   |                              |                       | ✓                           |
|                   | 08640 Fort Dix        | ✓                    |                     |                              |                       |                             |
| Camden County     | 08102 Camden          | ✓                    | ✓                   | ✓                            | ✓                     | ✓                           |
|                   | 08103 Camden          | ✓                    | ✓                   | ✓                            | ✓                     | ✓                           |
|                   | 08104 Camden          | ✓                    | ✓                   | ✓                            | ✓                     | ✓                           |
|                   | 08105 Camden          | ✓                    | ✓                   | ✓                            | ✓                     | ✓                           |
| Gloucester County | 08093 Westville       | ✓                    | ✓                   | ✓                            |                       |                             |
|                   | 08014 Bridgeport      | ✓                    |                     |                              | ✓                     |                             |
|                   | 08028 Glassboro       | ✓                    |                     |                              |                       | ✓                           |
|                   | 08066 Paulsboro       | ✓                    | ✓                   |                              |                       |                             |
| Ocean County      | 08733 Lakehurst       | ✓                    | ✓                   | ✓                            |                       | ✓                           |
|                   | 08751 Seaside Heights | ✓                    |                     | ✓                            | ✓                     |                             |
|                   | 08701 Lakewood        | ✓                    |                     | ✓                            |                       |                             |

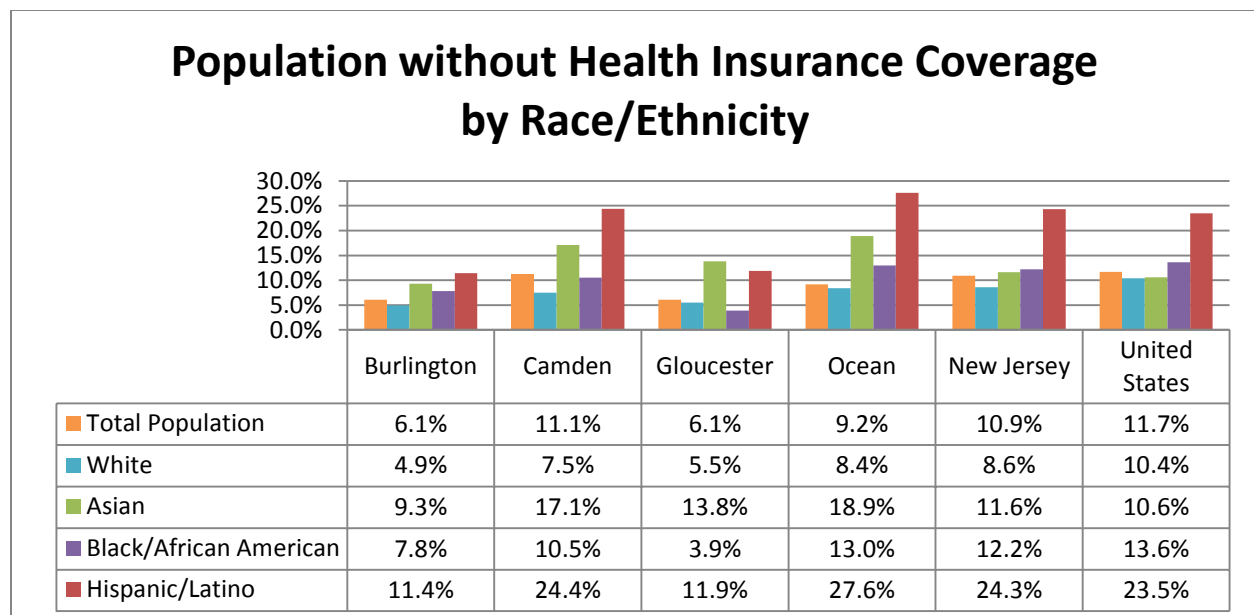
## Our Community's Health

### Overall Health Status

County Health Rankings are published annually through a joint collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, to measure and compare the health of counties across the nation. Health Outcomes is one of the rankings published by the collaboration, and is a key indicator of overall health status, measuring length of life and quality of life. The 2016 Health Outcomes Rankings for the SJHP service counties (out of the 21 counties in New Jersey) are as follows:



Health outcomes are influenced by a number of factors, including access to care and health behaviors. The percentage of uninsured residents declined in all SJHP service counties from 2013 to 2014, and fewer residents are uninsured when compared to the nation. However, the counties do not meet the Healthy People 2020 goal of having 100% of all residents insured. Minority racial ethnic groups have the highest uninsured rates.








Source: American Community Survey, 2014



Individual health behaviors impact overall health status and have been shown to contribute to or reduce the chance of chronic disease. Burlington County has some of the lowest rates of smoking, obesity, and physical inactivity among adults, and the lowest percentage of adults who self-report having “poor” or “fair” health. By contrast, Camden County has some of the highest rates of poor health behaviors among adults, and the highest percentage of adults who self-report having “poor” or “fair” health.

Approximately 30% of adults in the SJHP counties are obese. Adult obesity rates increased in all counties from 2009 to 2013, and exceed the statewide rate. Physical inactivity contributes to obesity; adults in all counties are more likely to be physically inactive compared to the state.

Adults in all counties, except Ocean, are also more likely to drink excessively compared to the state. Ocean County adults are more likely to smoke, exceeding the Healthy People 2020 (HP 2020) goal by nearly 5 points.

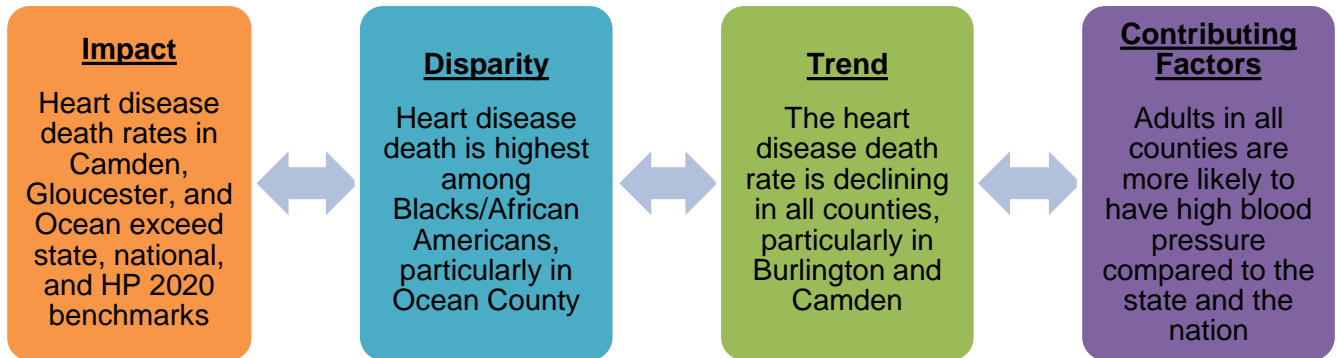
|  | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey | United States | HP 2020 |
|--|-------------------|---------------|-------------------|--------------|------------|---------------|---------|
| <br>Smoking Adults                                    | 14.2%             | 15.0%         | 15.0%             | 16.9%        | 15.1%      | 17.0%         | 12.0%   |
| <br>Excessive Drinking among Adults                  | 19.4%             | 17.7%         | 20.3%             | 16.1%        | 17.3%      | 17.0%         | 25.4%   |
| <br>Adult Obesity                                   | 27.8%             | 29.9%         | 29.7%             | 27.9%        | 26.3%      | 29.4%         | 30.5%   |
| <br>Physical Inactivity among Adults                | 23.5%             | 27.3%         | 25.3%             | 26.7%        | 24.1%      | 23.0%         | N/A     |
| <br>Self-Reported Health Status of “Fair” or “Poor” | 11.4%             | 15.7%         | 13.4%             | 14.1%        | 16.2%      | 18.0%         | N/A     |

Source: Centers for Disease Control & Prevention, 2012, 2013, 2014 & Healthy People 2020

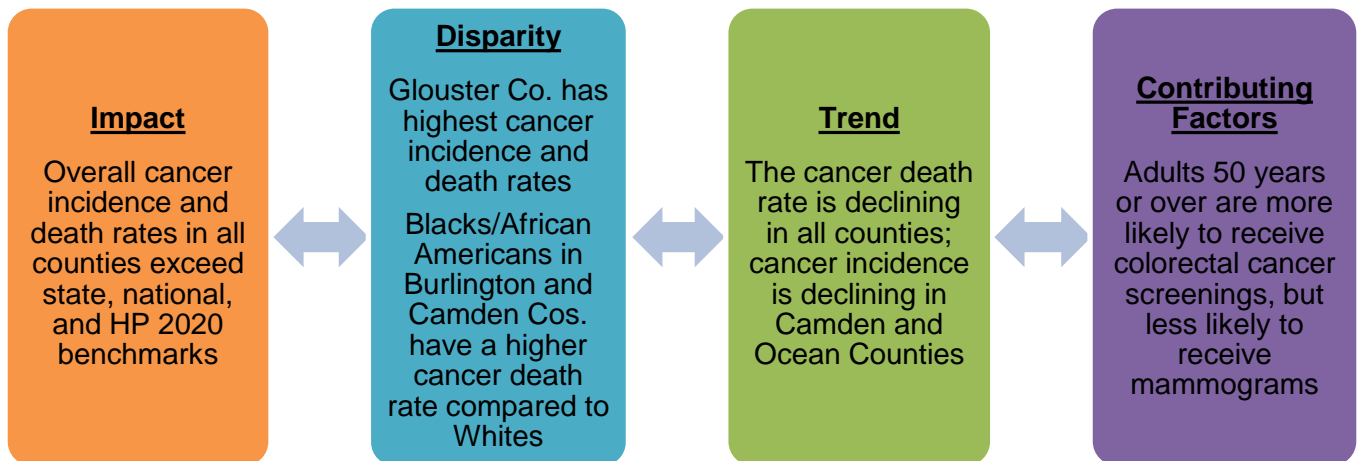
### Top Causes of Death

The top three causes of death across the nation, in rank order, are heart disease, cancer, and chronic lower respiratory disease. Death rates for all three causes are higher in SJHP service counties compared to state and/or national benchmarks with one exception: heart disease death in Burlington County. The following charts highlight key findings related to each cause of death.

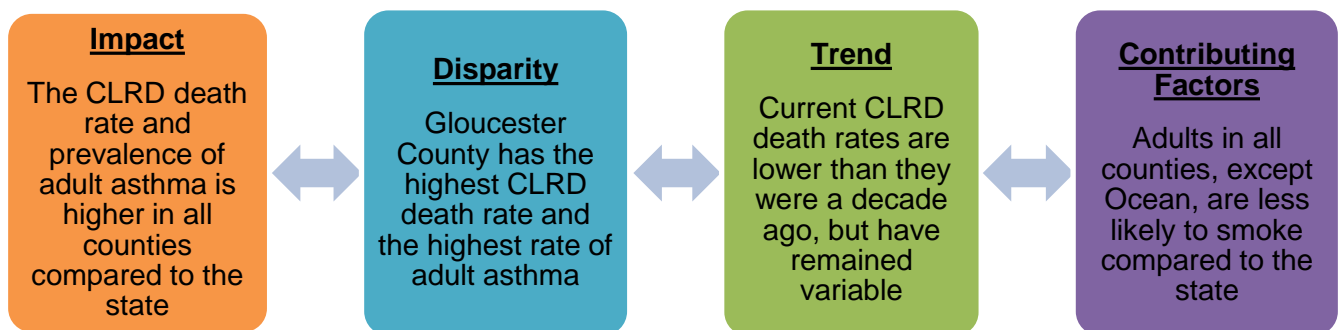
#### #1: Heart Disease



#### #2: Cancer



#### #3: Chronic Lower Respiratory Disease



**Behavioral Health**

The counties served by the SJHP experience more poor mental health days, higher suicide rates, and higher drug-induced death rates. The suicide rate exceeds the state rate, in all counties, except Gloucester. Rates in Burlington and Ocean Counties also exceed the Healthy People 2020 goal and are on the rise. The drug-induced death rate is higher in all counties compared to state and national rates and is increasing. Among residents seeking substance abuse treatment, heroin is the primary drug upon admission, followed by alcohol.

|   | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey | United States | HP 2020 |
|---|-------------------|---------------|-------------------|--------------|------------|---------------|---------|
| 30-Day Average for Poor Mental Health Days (Adults) | 3.4               | 3.7           | 3.6               | 3.8          | 3.4        | 3.7           | N/A     |
| Suicide per Age-Adjusted 100,000                    | 12.2              | 9.8           | 6.5               | 11.7         | 8.3        | 13.0          | 10.2    |
| Drug-Induced Death per Age-Adjusted 100,000         | 17.0              | 26.6          | 24.0              | 27.1         | 14.5       | 15.5          | N/A     |

Source: Centers for Disease Control and Prevention, 2014 & Healthy People 2020

Partner forum participants ranked mental health and substance abuse among the top three health needs in the community and identified the following barriers to accessing behavioral health services that contribute to health disparities across the region.

| <b>Key Barriers to Accessing Behavioral Health Services</b>   |
|---|
| <ul style="list-style-type: none"> <li>&gt; Lack of awareness of health and social services among residents and providers</li> <li>&gt; Lack of behavioral health services, including detox and rehab facilities, intensive case management, medication monitoring programs, psychiatrists, etc.</li> <li>&gt; Lack of integration of behavioral health in primary care settings</li> <li>&gt; Lack of recognition/treatment of behavioral health as a chronic disease</li> <li>&gt; Lack of medical transportation services within the community</li> <li>&gt; Low commercial reimbursement rates for behavioral health care</li> <li>&gt; Medicaid insurance limitations for behavioral health services, including providers, maximum lengths of stay and the number of available inpatient beds</li> <li>&gt; Stigma associated with receiving behavioral health services</li> </ul> |

**Health Care Utilization Trends**

South Jersey Health Partnership member hospital utilization data were analyzed across inpatient, outpatient, and emergency department settings to determine trends in how consumers access the healthcare delivery system; barriers to achieving optimal health; and opportunities

for community health improvement. The data showed that across the region, social determinants of health continue to be a key driver of high risk patients and health disparity. Behavioral health and substance abuse also continue to impact the health of the region as primary and comorbid conditions. The effect of both social determinants of health and behavioral health/substance abuse conditions is realized across all hospital settings, but particularly in the ED.

Across the region, residents in zip codes experiencing adverse social determinants of health have higher ED utilization, higher prevalence of chronic disease, and higher readmission rates. Specifically, in Burlington, Camden, and Gloucester Counties, 50% of patients who visited a SJHP member hospital ED 5 or more times in 2015 reside in 11 zip codes. All zip codes have a higher prevalence of chronic disease among residents. In addition, 10 zip codes experience adverse social determinants of health and contribute to 50% or more of readmissions within their respective county. The zip codes are noted in the table below by county.

It is important to note that hospital location can also impact utilization rates within specific zip codes. SJHP member hospitals are located in zip codes 08015, 08016, and 08060, 08103.

**Zip Codes with the Greatest Potential for Health Disparity\***

| Burlington County                | Camden County                  | Gloucester County                 |
|----------------------------------|--------------------------------|-----------------------------------|
| 08015 Browns Mills <sup>1</sup>  | 08105 Camden <sup>1,2</sup>    | 08094 Williamstown <sup>1,2</sup> |
| 08046 Willingboro <sup>1,2</sup> | 08104 Camden <sup>1,2</sup>    | 08080 Sewell <sup>2</sup>         |
| 08060 Mount Holly <sup>1,2</sup> | 08021 Clementon <sup>1,2</sup> | 08028 Glassboro <sup>1</sup>      |
| 08016 Burlington <sup>1,2</sup>  | 08103 Camden <sup>1,2</sup>    |                                   |

\*Ocean County is excluded due to low utilization at SJHP member hospitals

<sup>1</sup>Residents in these zip codes experience adverse social determinants of health

<sup>2</sup>Residents in these zip codes experience more readmissions

Insurance coverage is another indicator of social determinants of health. Medicaid, a health insurance program that assists low-income individuals, accounted for less than 15% of all ED patients across the region. However, 31% of Medicaid patients visited the ED more than once during the year, the highest of all payer types. Nearly 4% visited the ED 5 or more times.

Across the SJHP member hospitals, behavioral health and substance abuse conditions were the primary diagnoses for 4.1% of all inpatient visits and 5.5% of all ED visits. However, behavioral health and substance abuse conditions can also present as secondary diagnoses or comorbidities and inhibit disease management, particularly among patients with chronic conditions. Across all hospital inpatient settings, approximately 28% of patients with a primary chronic condition diagnosis had a behavioral health comorbidity; 20% had a substance abuse comorbidity. Patients with COPD were the most likely to have a behavioral health and/or substance comorbidity.

Patients seen at a SJHP member hospital for COPD were the most likely to have a behavioral health and/or substance abuse comorbidity

## Identified Priority Health Needs

As part of the 2016 CHNA, five partner forums were conducted with local health and human service providers and other community-based organizations to review research results from the CHNA and provide feedback on community health priorities. A voting system based on the criteria of scope, severity, and ability to impact was used to help participants prioritize local health needs. Priority lists from each forum were compared to develop a prioritized list of health needs across the region as follows:

1. Substance abuse
2. Chronic disease prevention and management
3. Mental health
4. Cancer
5. Maternal and child health

The SJHP hospital representatives held a facilitated meeting to discuss priority setting and goals. The SJHP CHNA Steering Committee considered data from the CHNA research in conjunction with input from community partners and public health representatives to adopt the following regional priority health needs (listed in alphabetical order).

- > Behavioral Health and Chronic Disease Comorbidities
- > Linkages to Care
- > Substance Abuse

### **Behavioral Health/Chronic Disease Comorbidities**

CHNA research shows that there is a higher prevalence of behavioral health and chronic diseases exists across the region, and there is an increasing number of residents managing both conditions. Committee members acknowledged that patients with these comorbid conditions are at higher risk for poorer health outcomes and present specific challenges to health care delivery.

### **Linkages to Care**

The 2016 CHNA showed that access to care for residents has improved with the expansion of health insurance, however, significant challenges exist for residents to “get linked” to care. Among other barriers to care including affordability, language and cultural competency, literacy limitations, knowledge of available services, care coordination, and transportation, newly insured residents are also unfamiliar with their health insurance benefits and how to navigate the health system to receive care.

### **Substance Abuse**

Primary and secondary data indicated that use and abuse of alcohol and illegal and prescription medications is increasing across the study area. SJHP members saw substance abuse as a vital issue to tackle within their community but recognized that few resources exist to reduce the onset of disease. The committee agreed that additional dialogue with community partners was needed to better understand the needs of the community and determine opportunities for collaboration.

### Needs Not Addressed

While additional disease specific and population specific needs were identified, the group found that other resources, such as the Southern New Jersey Perinatal Cooperative and disease specific resources were available (see resources identified in Partner Forums and Community Focus Groups and Appendix C) and the health systems would be more effective in utilizing the available resources in addressing the prioritized needs.

## Evaluating Our Impact on the Community 2014 - 2016

### Background

In 2013, Cooper University Hospital completed a Community Health Needs Assessment and developed a supporting three year (2014-2016) Community Health Improvement Plan (CHIP) to address identified health priorities. Health priorities included Access to Care, Chronic Health Conditions, and Mental Health & Substance Abuse. The strategies utilized to address the health priorities support our continued commitment to the health and well-being of the communities we serve.

### 2013 Health Priority Goals

Access to Care: Improve access to comprehensive, quality health services.

Chronic Health Conditions: Prevent and manage chronic disease through education, screening, nutrition and physical activity.

Mental Health & Substance Abuse: Increase awareness and coordination of services to improve access to mental health and substance abuse services.

### 2014-2016 Implemented Strategies

Cooper University Hospital serves as one of the members of the Camden Cooper Lanning Promise Neighborhood Initiative. Under the leadership of the Center for Family Services, the initiative creates community empowerment through events, health education outreach, free flu shots, health screenings, and other programs. In partnership with the Camden Cooper Landing Promise Neighborhood Initiative and other community organizations, Cooper developed and implemented a plan to address identified community health needs.

### Access to Care

Cooper University Hospital provided assistance to patients and community members in obtaining health insurance coverage. Specific strategies and programs implemented by Cooper included:

- > Partnered with a third party vendor to assist patients in completing applications for financial assistance. Assistance was available 24/7 in the Emergency Department and Monday thru Saturday at Cooper Hospital, Voorhees Surgery Center, 3 Cooper Plaza and Cooper Advanced Care Center (CACC).

- > Partnered with the Camden County Board of Social Services to provide on-site assistance for patients to apply for Medicaid and general assistance
- > Provided on-site assistance for patients applying for Medicaid or Charity Care. Payment arrangements were made for patients who did not qualify for financial assistance.
- > Increased access to information for patients and staff on the Cooper website and Cooper intranet portal. Introduced patient portal, My Cooper.
- > Collaborated with the Urban Health Institute and the Camden Coalition of Healthcare Providers to convene community events for the purpose of enrolling Camden residents who are uninsured/underinsured in an insurance program
- > Trained staff as Certified Application Counselors to assist patients in obtaining insurance to increase the number of people with a primary care provider and improve the ability of residents to navigate the health care system.
- > Cooper launched Urgent Care services in three locations, staffed with emergency department physicians to enhance access to care that is not emergency room appropriate.
- > Collaborated with CAMCare to 1) Expand outpatient access by providing coverage through hospitalist service, and 2) Streamline discharge process to improve access to CAMCare for appointments and reduce admissions
- > Developed a Patient Centered Medical Home pilot with Horizon Health Care Innovation, wherein care managers assist patients with securing appointments and navigating the system
- > Identified bilingual providers on the Cooper website and included a section on the website for Spanish/Korean speaking patients/families
- > Implemented dedicated schedule slots with primary care physicians to ensure available follow-up appointments for patients within two weeks after hospital discharge
- > Included the discharge nurse phone number on patient discharge instructions
- > Initiated follow-up appointments prior to patients leaving the hospital and/or made phone calls to patients within two business days of discharge to assist with scheduling follow-up appointments, questions regarding discharge instructions, medication issues, home care, complaints, compliments, and suggestions for improvement
- > Initiated open access scheduling in some primary care offices
- > Provided follow-up primary care appointments within seven days of discharge for admitted CACC patients
- > Utilized Emergency Department (ED) discharge coordinators and the CACC call center to schedule patients with no insurance and no primary care provider into specific sessions in the CACC Internal Medicine practice. Visits during these sessions include access to Cooper Patient Financial Services Enrollment Navigators and additional support via the CACC care management team.
- > Utilized ED discharge coordinators to provide assistance in coordinating and scheduling follow-up appointments with physicians and community services

An active community partner in health, Cooper has hosted or supported dozens of community health events designed to increase resident awareness of services and/or provide access to free clinical services. Cooper clinical services included free flu shots and screenings for

veterans, free cancer screenings, free cardiac screenings, free sports physicals, and preventative health screenings for first responders.

Cooper also developed a Guide to Community Health Resources for Burlington, Camden, and Gloucester Counties. The guide was offered free to residents and available through Cooper.org across the community. Its purpose was to help residents navigate health-related resources and services.

During this time period, the number of uninsured patients decreased, with a shift to an increase in Medicaid insured patients. Many of these programs will be continued into the future to maintain assistance with obtaining insurance and assisting in obtaining health care appointments.

### **Chronic Health Conditions**

The Cooper Advanced Care Center was established to improve primary care access for Camden's medically underserved population. The CACC implemented an innovative, multidisciplinary group visit model that includes team based care provided by a physician, nurse practitioner, pharmacist, behaviorist, nurse, and medical assistant. Patients with similar diagnoses, such as diabetes, meet together and learn best practices of care together. In addition to the group time, each patient has individual time with physicians and other clinicians. The behaviorist provides training and coaching on disease self-management techniques. Group visits conducted for diabetes at Cooper visits for 2014 – 2015 demonstrated a decrease in Hbg A1-C by 0.23%. Patients who participated in the group visits had higher rates of monitoring lipids, A1-C, and microalbuminuria.

Cooper also provided community education programs and support groups with the goal of reducing chronic disease and improving nutrition and weight management. Cooper partnered with the Camden County Department of Health and Camden City School District for many of these programs. Specific programs offered included:

- > A Matter of Balance: An award-winning, evidence-based program designed to manage falls and increase activity levels. This program is appropriate for those that are concerned about falling; and interested in improving balance, flexibility, and strength; and those that are restricting activities due to falling concerns.
- > Chronic Condition Management Workshops for Veterans: A free, six-week workshop designed to teach people with a chronic condition – such as arthritis, diabetes, pain, and more – the skills of living a healthy life. Topics include: Exercise and making smarter food choices; Managing pain, fatigue, frustration and medications; Communicating with healthcare professionals, family and friends; Making decisions about treatments; and Problem solving.
- > Healthy Eating and Cooking Demonstrations: Nutrition education programs with registered dietitians and cooking demonstrations by a professional chef provided to first responders, seniors, and youth groups.



- > Nutrition for Women: The Ripa Center for Women's Health and Wellness offers complimentary community classes, group nutrition classes and individualized nutrition counseling with a registered dietitian. Programs include prenatal nutrition, Weight Works: An 8-Week Lifestyle Modification Program for Women, The Health Beet, Eating on the Run, Walking Club, and Women's Weight Loss Club.

The Cooper Foundation partnered with the Cooper Lanning Civic Association, Camden Children's Garden and Cooper employees on the "Cooper Sprouts" community garden. Located on the corner of 7th Street and Newton Avenue, the garden is maintained by Cooper Plaza residents, Cooper employees, and Cooper Medical School of Rowan University students.

### **Mental Health & Substance Abuse**

Cooper University Hospital implemented standardized, systematic mental health screening among patients and developed a pilot for integrated behavioral health and primary care services to improve access to mental health care. All patients admitted to Cooper are screened for mental health-related issues. In addition, patients ages 12 or older are screened for suicide using the Columbia Suicide Severity Rating Scale (C-SSR). The integrated behavioral health model was implemented at two primary care settings. At these locations, a Master's level Social Worker and a consulting psychiatrist work with the practice to provide psychological therapy services and guidance on pharmacotherapy.

Cooper in conjunction with our collaborative partners has launched an initiative to address the gaps in behavioral health resources, in our four county areas, and identify partnership opportunities in service provision. Cooper hosted several free seminars and programs to improve the mental health of residents. Stress management seminars were attended by more than 100 residents and provided education regarding stress triggers and reduction strategies for cancer survivors and was open to all patients with chronic diseases. Sessions taught patients how to use meditation to cultivate well-being, mindful meditation to reduce stress and anxiety, and visualizations for inner peace and healing.

- The Cooper Urban Health Institute initiated a Suboxone clinic for local residents needing addiction remediation services, 100 clients are currently enrolled in the program.

Cooper also hosted or supported the following community events in collaboration with Camden County Board of Freeholders Addiction Awareness Task Force:

- > Camden County's Addiction Summit: Cooper supported the summit hosted in December 2015 to address the opiate and heroin crisis. Participants were also able to meet with Addiction Awareness Task Force professionals to learn what the partnership is doing to impact change in the community.
- > Overdose Prevention and Naloxone Education for Pharmacists: The free continuing education program was hosted by Cooper for pharmacists and other health care professionals

The above initiatives are ongoing and are expected to continue to address the behavioral health and substance abuse needs of the community.

## **Our Commitment to Community Health Improvement: Plan and Board Approval**

### **Cooper's Community Health Implementation Plan: December 21, 2016 through 2019**

The SJHP developed common goals to address each priority area and ensure community health improvement initiatives are aligned across the region. Cooper University Hospital's Community Health Implementation Plan, for the period 2016 to 2019, will specifically guide community benefit and population health improvement activities across its service area. The plan builds upon previous health improvement activities, while recognizing new health needs, regional priorities and goals, and a changing health care delivery environment to address the most pressing health needs.

#### **Priority Area: Behavioral Health/Chronic Disease Comorbidities**

Goal: Increase identification and treatment of behavioral health among individuals with chronic disease

#### Objectives:

- > Increase screening in primary care settings for behavioral health problems among patients with chronic conditions
- > Increase the proportion of adults with mental health issues who are properly diagnosed and receive treatment
- > Improve disease management for the co-conditions of behavioral health and chronic conditions

#### Strategies:

- > Identify and measure referral patterns for patients with chronic illness, that are positively evaluated for a behavioral health diagnosis
- > Provide chronic disease-specific community-based education and outreach, targeting underserved and at-risk populations
- > Provide community based disease self-management courses for individuals identified with chronic disease concerns in a variety of settings. Measurements include knowledge assessment of participants with pre and post education
- > Provide support groups for specific health conditions and target populations
- > Promote chronic disease management, particularly among residents with dual behavioral health and chronic disease diagnoses through the Cooper Advanced Care Center and Cooper primary care practices
- > Continue to partner with the South Jersey Behavioral Health Innovation Collaborative to evaluate and recommend improvements to the behavioral health system in Southern NJ

**Priority Area: Linkages to Care**

Goal: Increase the proportion of persons who have dedicated providers and are able to obtain services when needed in the right setting

Objectives:

- > Improve navigation of health care services to link individuals to appropriate care through use of care coordinators and health coaches
- > Enhance patient enrollment in a primary care medical home with scheduled preventative care visits and established care goals
- > Reduce the proportion of persons who are unable to obtain necessary medical care
- > Reduce usage of the Emergency Department for non-urgent medical needs

Strategies:

- > Provide timely scheduling with Cooper providers for post hospital discharge visits within 7 to 14 days
- > Enroll appropriate candidates in the Cooper Advanced Care Center to improve access to care for medically underserved populations
- > Conduct health care education through social media and other communication sources to improve resident understanding of navigating the health system, available sources of care, and appropriate care usage
- > Continue to offer insurance education and enrollment opportunities to increase the proportion of residents who understand their health care options and are insured
- > Collaborate with community agencies and health centers to improve access points and referrals for primary care

**Priority Area: Substance Abuse**

Goal: Develop partnerships to enhance education and treatment for substance abuse.

Objectives:

- > Increase the number of individuals who receive treatment for substance abuse.
- > Develop addictions treatment programs with addictions specialists

Strategies:

- > Deliver educational training and materials to providers on appropriate opiate prescribing guidelines
- > Increase the number of primary care providers educated in the use of Suboxone protocols
- > Expand medication assisted treatment programs for addictions
- > Collaborate with the Camden County Board of Freeholders Addiction Awareness Task Force to increase community awareness of substance abuse risk factors and signs and symptoms

**Board Approval and Dissemination**

The CHNA Final Report and Implementation Plan were reviewed and adopted by the Cooper University Hospital Board of Directors on December 21, 2016 and made widely available to the public through the hospital's website (<http://www.cooperhealth.org/>).

Cooper University Hospital is committed to the community and to being a community partner within the South Jersey region. Since 1887, Cooper University Health Care has been a committed partner with the Cooper Plaza and Lanning Square neighborhoods. Cooper continues to build partnerships with local civic associations, nonprofit organizations and government agencies on revitalization efforts and initiatives that support local children and their families. Cooper will continue its work to improve the health and well-being of our residents, guided by the 2016 CHNA and our mission to serve, to heal and to educate. We accomplish our mission through innovative and effective systems of care and by bringing people and resources together, creating value for our patients and the community.

For more information regarding the Community Health Needs Assessment or to submit comments or feedback, contact Catherine Curley PhD, RN (curley-catherine@CooperHealth.edu).

## A Deeper Look: The Health of the Community

### Social Determinants of Health

The following section outlines key demographic indicators related to the social determinants of health. All reported demographic data are provided by © 2016 The Nielsen Company.

#### Population Overview

The SJHP service area population is primarily White, although Burlington and Camden Counties represent more racially and ethnically diverse areas. Consistent with the demographics of the service area, residents are more likely to speak English as their primary language when compared to all state residents. Camden County residents are the least likely to speak English as their primary language; Spanish is the county's second most common language (11.7%).

#### 2016 Population Overview

|                                  | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey | United States |
|----------------------------------|-------------------|---------------|-------------------|--------------|------------|---------------|
| White                            | 71.9%             | 63.2%         | 82.0%             | 90.0%        | 66.2%      | 70.7%         |
| Asian                            | 4.9%              | 5.8%          | 2.9%              | 2.0%         | 9.4%       | 5.4%          |
| Black or African American        | 17.1%             | 19.6%         | 10.5%             | 3.4%         | 13.8%      | 12.8%         |
| Hispanic or Latino (of any race) | 8.1%              | 16.3%         | 6.1%              | 9.3%         | 20.0%      | 17.8%         |
| Primarily English Speaking       | 87.5%             | 80.3%         | 91.8%             | 87.3%        | 69.6%      | 79.0%         |

#### Economic Indicators

Camden County is the only SJHP service county with a higher percentage of both families and families with children living in poverty compared to the state; the county is similar to the nation. Families in Burlington County are the least likely to live in poverty; both percentages are less than half of the statewide values.

#### 2016 Population by Poverty Status and Median Household Income

|                                   | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey | United States |
|-----------------------------------|-------------------|---------------|-------------------|--------------|------------|---------------|
| Families in poverty               | 4.1%              | 11.3%         | 6.7%              | 7.0%         | 8.4%       | 11.7%         |
| Families with children in poverty | 3.1%              | 8.9%          | 5.1%              | 5.1%         | 6.4%       | 8.9%          |
| Median Income                     | \$79,570          | \$61,650      | \$73,904          | \$61,753     | \$72,173   | \$55,551      |

Unemployment measures the percentage of the eligible workforce (residents age 16 years or over) who are actively seeking work, but have not obtained employment. Approximately 6-7% of the workforce in all counties is unemployed. Unemployment rates in Camden and Gloucester Counties exceed both state and national rates.

Ocean County has one of the lowest unemployment rates, but the highest percentage of eligible workers not actively seeking employment. The number of older adults residing in Ocean County (22.5% of residents are 65 years or over) contributes to the percentage of residents not seeking employment.

### 2016 Unemployed Population

|   | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey | United States |
|---|-------------------|---------------|-------------------|--------------|------------|---------------|
| Unemployment rate                         | 5.7%              | 7.3%          | 6.9%              | 5.7%         | 6.3%       | 5.6%          |
| Eligible residents not seeking employment | 32.1%             | 33.7%         | 33.0%             | 41.5%        | 34.0%      | 36.3%         |

Homeownership is a measure of housing affordability. All counties have a higher percentage of home owners and a lower median home value when compared to the state overall. Camden County has the lowest homeownership rate, despite also having the lowest median home value.

### 2016 Population by Household Type

|                   | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey | United States |
|-------------------|-------------------|---------------|-------------------|--------------|------------|---------------|
| Renter-occupied   | 22.2%             | 32.0%         | 19.8%             | 19.0%        | 34.9%      | 35.0%         |
| Owner-occupied    | 77.8%             | 68.0%         | 80.2%             | 81.0%        | 65.1%      | 65.0%         |
| Median home value | \$259,818         | \$205,645     | \$225,641         | \$273,802    | \$333,394  | \$192,432     |

### Education

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. All counties have an equivalent or lower percentage of residents with less than a high school diploma compared to the state overall. However, all counties also have a lower percentage of residents with at least a bachelor's degree compared to the state.

### 2016 Overall Population (25 Years of Over) by Educational Attainment

|                                    | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey | United States |
|------------------------------------|-------------------|---------------|-------------------|--------------|------------|---------------|
| Less than a high school diploma    | 7.5%              | 12.1%         | 8.6%              | 10.5%        | 11.6%      | 13.6%         |
| High school graduate               | 30.1%             | 32.0%         | 35.2%             | 37.0%        | 28.9%      | 27.9%         |
| Some college or associate's degree | 27.3%             | 26.9%         | 27.4%             | 26.6%        | 23.2%      | 29.2%         |
| Bachelor's degree or higher        | 35.0%             | 28.9%         | 28.8%             | 25.9%        | 36.4%      | 29.4%         |

Hispanic/Latino residents have notably lower educational attainment compared to the overall population. Hispanics/Latinos in both Camden and Ocean Counties are even less likely to attain higher education in comparison to the statewide percentage for Hispanics/Latinos. Only 10% to 12% of Hispanics/Latinos in either county have at least a bachelor's degree.

**2016 Hispanic/Latino Population by Educational Attainment**

|                                 | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey | United States |
|---------------------------------|-------------------|---------------|-------------------|--------------|------------|---------------|
| Less than a high school diploma | 18.9%             | 29.5%         | 27.0%             | 31.5%        | 29.0%      | 35.6%         |
| Bachelor's degree or higher     | 22.2%             | 10.4%         | 20.6%             | 11.7%        | 16.4%      | 13.9%         |

\*Educational attainment is not available for Blacks/African Americans or other racial groups

**Social Determinants of Health by Zip Code**

Social determinants impact health for all individuals within a community. Populations most at risk for health disparities are highlighted below by zip code to allow the South Jersey Health Partnership to focus its health improvement efforts where it can have the greatest impact. Zip codes are presented in descending order by "Families in Poverty."

Cells highlighted in **Yellow** are more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.

**Social Determinant of Health Indicators by Zip Code: Burlington County**

|                          | Black/<br>African<br>American | Hispanic/<br>Latino | English<br>Speaking | Families<br>in<br>Poverty | Families<br>w/<br>Children<br>in<br>Poverty | Single<br>Female<br>Household<br>w/<br>Children | Unemploy-<br>ment | Less<br>than HS<br>Diploma |
|--------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 08015 Browns Mills       | 16.6%                         | 12.8%               | 86.3%               | 9.2%                      | 6.8%  | 10.7%   | 7.0%              | 15.2%                      |
| 08640 Fort Dix           | 30.3%                         | 23.3%               | 70.5%               | 9.2%                      | 9.2%  | 10.1%   | 0.8%              | 1.5%                       |
| 08068 Pemberton          | 23.4%                         | 17.3%               | 86.1%               | 9.1%                      | 7.7%  | 10.6%   | 8.1%              | 10.8%                      |
| 08046 Willingboro        | 74.3%                         | 10.6%               | 84.6%               | 7.6%                      | 6.5%  | 10.5%   | 9.5%              | 10.4%                      |
| 08010 Beverly            | 29.4%                         | 13.5%               | 80.3%               | 7.2%                      | 6.3%  | 12.4%   | 9.5%              | 12.9%                      |
| 08052 Maple Shade        | 10.6%                         | 11.1%               | 87.1%               | 7.0%                      | 5.3%  | 11.1%   | 7.1%              | 8.5%                       |
| 08065 Palmyra            | 14.4%                         | 6.9%                | 91.1%               | 6.4%                      | 3.9%  | 9.2%  | 8.5%              | 8.7%                       |
| 08016 Burlington         | 30.6%                         | 8.9%                | 85.4%               | 5.6%                      | 5.0%  | 10.8%   | 6.7%              | 8.8%                       |
| 08562 Wrightstown        | 6.8%                          | 15.1%               | 90.1%               | 5.2%                      | 4.7%  | 12.2%   | 8.3%              | 13.5%                      |
| 08511 Cookstown          | 23.0%                         | 17.9%               | 85.3%               | 3.5%                      | 2.6%  | 6.5%  | 4.1%              | 13.1%                      |
| 08060 Mount Holly        | 23.3%                         | 12.5%               | 87.6%               | 3.2%                      | 2.8%  | 10.1%   | 6.5%              | 6.8%                       |
| 08515 Chesterfield       | 28.1%                         | 15.3%               | 84.6%               | 1.3%                      | 1.2%  | 3.5%  | 2.4%              | 9.3%                       |
| <b>Burlington County</b> | <b>17.1%</b>                  | <b>8.1%</b>         | <b>87.5%</b>        | <b>4.1%</b>               | <b>3.1%</b>                                 | <b>8.3%</b>                                     | <b>5.7%</b>       | <b>12.8%</b>               |
| <b>New Jersey</b>        | <b>13.8%</b>                  | <b>20.0%</b>        | <b>69.6%</b>        | <b>8.4%</b>               | <b>6.4%</b>                                 | <b>9.6%</b>                                     | <b>6.3%</b>       | <b>11.6%</b>               |

**Social Determinant of Health Indicators by Zip Code: Camden County**

|                          | Black/<br>African<br>American | Hispanic/<br>Latino | English<br>Speaking | Families<br>in<br>Poverty | Families<br>w/<br>Children<br>in<br>Poverty | Single<br>Female<br>Households<br>w/ Children | Unemploy-<br>ment | Less<br>than HS<br>Diploma |
|--------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 08102<br>Camden          | 30.8%                         | 62.2%               | 50.6%               | 42.1%                     | 32.7%                                       | 31.0%   | 11.2%             | 31.8%                      |
| 08104<br>Camden          | 62.7%                         | 36.0%               | 72.1%               | 41.8%                     | 35.8%                                       | 39.6%   | 13.9%             | 29.4%                      |
| 08103<br>Camden          | 59.0%                         | 32.3%               | 71.7%               | 40.1%                     | 35.0%                                       | 32.3%   | 10.2%             | 28.3%                      |
| 08105<br>Camden          | 26.5%                         | 68.7%               | 38.4%               | 33.0%                     | 27.6%                                       | 30.5%   | 12.5%             | 32.9%                      |
| 08107 Oaklyn             | 16.4%                         | 19.3%               | 78.0%               | 15.5%                     | 13.1%                                       | 14.1%   | 7.5%              | 13.4%                      |
| 08021<br>Clementon       | 28.5%                         | 15.7%               | 83.0%               | 13.7%                     | 10.6%                                       | 16.3%   | 7.9%              | 11.2%                      |
| 08110<br>Pennsauken      | 31.0%                         | 43.3%               | 56.9%               | 12.7%                     | 10.6%                                       | 15.3%   | 8.1%              | 22.8%                      |
| 08030<br>Gloucester      | 4.3%                          | 8.7%                | 90.4%               | 12.4%                     | 11.2%                                       | 12.3%   | 7.5%              | 15.6%                      |
| 08045<br>Lawnside        | 86.1%                         | 5.6%                | 88.3%               | 10.9%                     | 9.5%  | 13.8%   | 11.5%             | 10.3%                      |
| 08109<br>Merchantville   | 20.4%                         | 22.2%               | 74.5%               | 8.9%                      | 7.0%  | 11.5%   | 7.0%              | 13.4%                      |
| <b>Camden<br/>County</b> | <b>19.6%</b>                  | <b>16.3%</b>        | <b>80.3%</b>        | <b>11.3%</b>              | <b>8.9%</b>                                 | <b>12.6%</b>                                  | <b>7.3%</b>       | <b>12.1%</b>               |
| <b>New Jersey</b>        | <b>13.8%</b>                  | <b>20.0%</b>        | <b>69.6%</b>        | <b>8.4%</b>               | <b>6.4%</b>                                 | <b>9.6%</b>                                   | <b>6.3%</b>       | <b>11.6%</b>               |



**Social Determinant of Health Indicators by Zip Code: Gloucester County**

|                              | Black/<br>African<br>American | Hispanic/<br>Latino | English<br>Speaking | Families<br>in<br>Poverty | Families<br>w/<br>Children<br>in<br>Poverty | Single<br>Female<br>Households<br>w/ Children | Unemploy-<br>ment | Less<br>than HS<br>Diploma |
|------------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 08066<br>Paulsboro           | 30.1%                         | 9.7%                | 91.6%               | 19.4%                     | 18.4%                                       | 20.0%   | 11.0%             | 10.6%                      |
| 08093<br>Westville           | 12.8%                         | 11.5%               | 89.9%               | 16.3%                     | 13.4%                                       | 13.8%   | 9.9%              | 12.7%                      |
| 08014<br>Bridgeport          | 0.4%                          | 4.1%                | 91.7%               | 13.6%                     | 7.6%  | 6.1%  | 6.8%              | 10.4%                      |
| 08028<br>Glassboro           | 18.9%                         | 9.5%                | 90.7%               | 10.8%                     | 8.6%  | 13.3%   | 6.4%              | 8.1%                       |
| 08312<br>Clayton             | 18.0%                         | 7.3%                | 91.6%               | 9.8%                      | 5.7%  | 10.5%   | 5.1%              | 11.8%                      |
| 08328<br>Malaga              | 8.0%                          | 7.1%                | 91.3%               | 9.0%                      | 7.2%  | 7.5%  | 6.9%              | 14.8%                      |
| 08096<br>Woodbury            | 13.0%                         | 8.3%                | 89.2%               | 7.9%                      | 5.9%  | 10.3%   | 6.6%              | 9.7%                       |
| 08094<br>Williamstown        | 14.8%                         | 6.8%                | 91.2%               | 7.6%                      | 5.4%  | 8.5%  | 7.5%              | 11.8%                      |
| 08334<br>Newfield            | 7.0%                          | 10.7%               | 89.4%               | 6.8%                      | 4.7%  | 6.8%  | 7.7%              | 12.9%                      |
| <b>Gloucester<br/>County</b> | <b>10.5%</b>                  | <b>6.1%</b>         | <b>91.8%</b>        | <b>6.7%</b>               | <b>5.1%</b>                                 | <b>8.6%</b>                                   | <b>6.9%</b>       | <b>8.6%</b>                |
| <b>New Jersey</b>            | <b>13.8%</b>                  | <b>20.0%</b>        | <b>69.6%</b>        | <b>8.4%</b>               | <b>6.4%</b>                                 | <b>9.6%</b>                                   | <b>6.3%</b>       | <b>11.6%</b>               |

**Social Determinant of Health Indicators by Zip Code: Ocean County**

|                             | Black/<br>African<br>American | Hispanic/<br>Latino | English<br>Speaking | Families<br>in<br>Poverty | Families<br>w/<br>Children<br>in<br>Poverty | Single<br>Female<br>Households<br>w/ Children | Unemploy-<br>ment | Less<br>than HS<br>Diploma |
|-----------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 08701<br>Lakewood           | 5.5%                          | 17.5%               | 73.4%               | 25.3%                     | 22.4%                                       | 6.3%  | 4.4%              | 18.1%                      |
| 08733<br>Lakehurst          | 12.4%                         | 15.2%               | 81.1%               | 9.3%                      | 5.2%  | 11.8%   | 7.7%              | 14.0%                      |
| 08751<br>Seaside<br>Heights | 5.8%                          | 17.0%               | 86.4%               | 8.5%                      | 4.8%  | 17.2%   | 6.8%              | 20.0%                      |
| 08757 Toms<br>River         | 5.5%                          | 7.6%                | 88.3%               | 5.9%                      | 2.6%  | 3.7%  | 4.5%              | 18.0%                      |
| <b>Ocean<br/>County</b>     | <b>3.4%</b>                   | <b>9.3%</b>         | <b>87.3%</b>        | <b>7.0%</b>               | <b>5.1%</b>                                 | <b>6.2%</b>                                   | <b>5.7%</b>       | <b>10.5%</b>               |
| <b>New Jersey</b>           | <b>13.8%</b>                  | <b>20.0%</b>        | <b>69.6%</b>        | <b>8.4%</b>               | <b>6.4%</b>                                 | <b>9.6%</b>                                   | <b>6.3%</b>       | <b>11.6%</b>               |

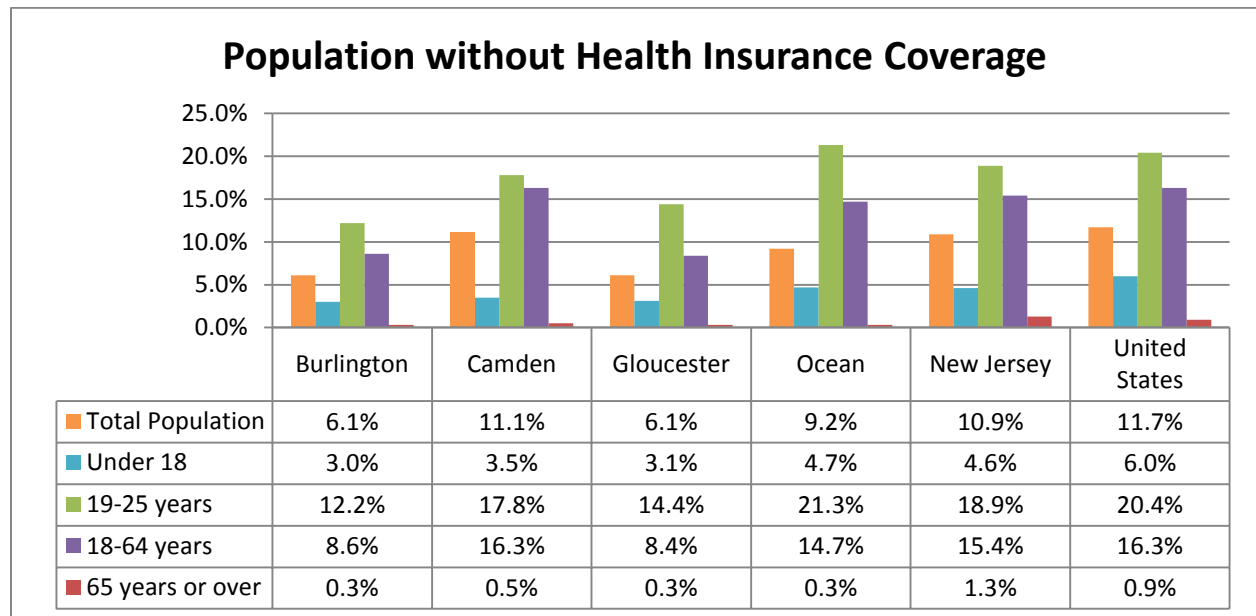
### Health Status and Indicators

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the four county service area (Burlington, Camden, Gloucester, and Ocean). The following analysis uses data compiled by secondary sources such as the County Health Rankings & Roadmaps program, New Jersey Department of Health, and the Centers for Disease Control and Prevention (CDC). A full listing of all public health data sources can be found in Appendix A.

#### Access to Health Services

Fewer residents within the SJHP counties are uninsured when compared to the nation, and only Camden County exceeds the statewide percentage for uninsured residents. The percentage of uninsured residents declined in all counties from 2013 to 2014. However, counties do not meet the Healthy People 2020 goal of having 100% of all residents insured. Uninsured rates are highest among young adults ages 19 to 25.

The percentage of uninsured residents declined in all counties from 2013 to 2014



Source: American Community Survey, 2014

#### Uninsured Rate Changes: 2013 to 2014

|                   | 2013 Uninsured Rate | 2014 Uninsured Rate |
|-------------------|---------------------|---------------------|
| Burlington County | 6.8%                | 6.1%                |
| Camden County     | 12.5%               | 11.1%               |
| Gloucester County | 9.0%                | 6.1%                |
| Ocean County      | 9.5%                | 9.2%                |

Source: American Community Survey, 2014

The following zip codes within the four service counties have an uninsured rate that is more than 2 points higher than the national rate (11.7%):

Zip code 08751 Seaside Heights has the highest uninsured rate (28.3%) across the region

**Uninsured Rates for Zip Codes Exceeding the Nation by at Least 2 Points**

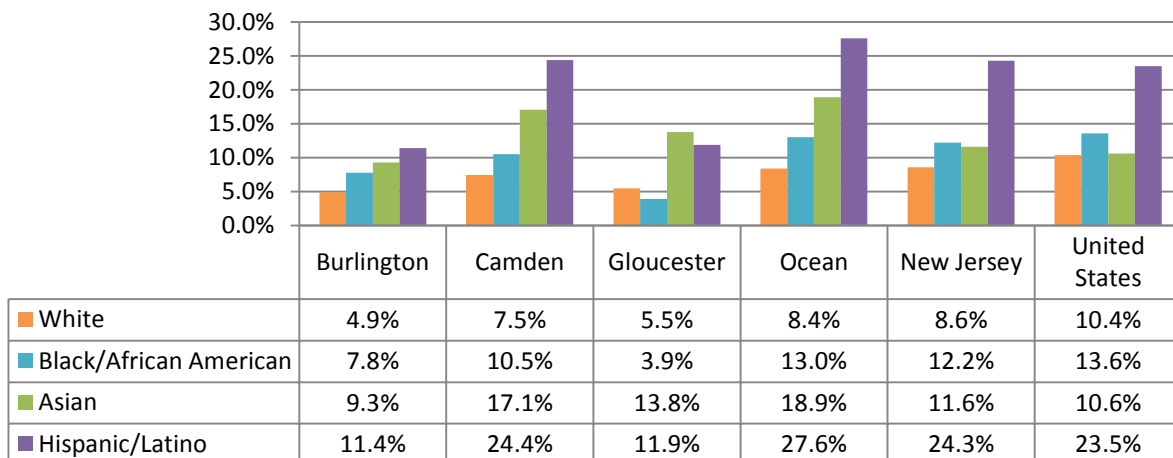
| Zip Code                             | Uninsured Rate | Number of People Affected |
|--------------------------------------|----------------|---------------------------|
| 08751 Seaside Heights, Ocean County  | 28.3%          | 1,216                     |
| 08105 Camden, Camden County          | 24.4%          | 7,145                     |
| 08110 Pennsauken, Camden County      | 19.5%          | 3,552                     |
| 08014 Bridgeport, Gloucester County  | 18.0%          | 133                       |
| 08328 Malaga, Gloucester County      | 17.0%          | 287                       |
| 08021 Clementon, Camden County       | 16.8%          | 7,484                     |
| 08102 Camden, Camden County          | 16.1%          | 1,206                     |
| 08103 Camden, Camden County          | 15.7%          | 2,019                     |
| 08104 Camden, Camden County          | 15.4%          | 3,672                     |
| 08312 Clayton, Gloucester County     | 15.3%          | 1,209                     |
| 08030 Gloucester City, Camden County | 14.0%          | 1,863                     |

Source: American Community Survey, 2010-2014

Minority racial and ethnic groups in all counties have lower health insurance rates compared to the White population. Asian and Hispanic/Latino populations are the most likely to be uninsured; Ocean County has the highest uninsured rates among these populations (18.9% and 27.6% respectively).

Hispanic/Latino residents have the highest uninsured rates among all racial/ethnic groups

**Population without Health Insurance Coverage by Race/Ethnicity**



Source: American Community Survey, 2014

Provider Access

Provider rates for primary care, dental care, and mental health care increased across New Jersey. Among SJHP service counties, provider rates increased for all provider types except primary care within Burlington and Ocean Counties.

Despite increases in the availability of providers, provider rates in Gloucester and Ocean Counties are lower than statewide rates. In Gloucester County, the largest deficit is the availability of mental health providers; the county rate is approximately 102 points lower than the statewide rate. In Ocean County, the largest deficit is the availability of primary care providers; the county rate is 38 points lower than the statewide rate.

The mental health provider rate in Gloucester County is approximately 102 points lower than the state

Burlington and Camden Counties have similar or better provider rates than the state as a whole, with the exception of dental providers. The dental provider rate in Burlington County is approximately 11 points lower than the statewide rate, while the dental provider rate in Camden County is approximately 8 points lower than the statewide rate.

**Provider Rate Changes per 100,000**

|                   | Primary Care |       | Dental |      | Mental |       |
|-------------------|--------------|-------|--------|------|--------|-------|
|                   | 2012         | 2013  | 2013   | 2014 | 2014   | 2015  |
| Burlington County | 88.0         | 84.7  | 70.1   | 70.9 | 152.6  | 237.0 |
| Camden County     | 101.3        | 103.3 | 72.9   | 74.2 | 225.6  | 248.3 |
| Gloucester County | 54.9         | 57.9  | 43.1   | 44.0 | 67.2   | 73.6  |
| Ocean County      | 48.9         | 47.7  | 62.2   | 63.1 | 121.0  | 127.9 |
| New Jersey        | 85.6         | 85.7  | 80.7   | 81.7 | 160.5  | 175.2 |

Source: United States Department of Health & Human Services, Health Resources and Services Administration & Centers for Medicare & Medicaid Services

None of the population in New Jersey lives in a health professional shortage area (HPSA), but several facilities within Camden and Ocean Counties are designated HPSAs for primary care, dental care, and mental health care:

- Camden County: Project H.O.P.E and Camcare Health Corporation
- Ocean County: Lakewood Resources and Referral Center and Ocean Health Initiatives

Populations across all four counties live in Medically Underserved Areas (MUAs):

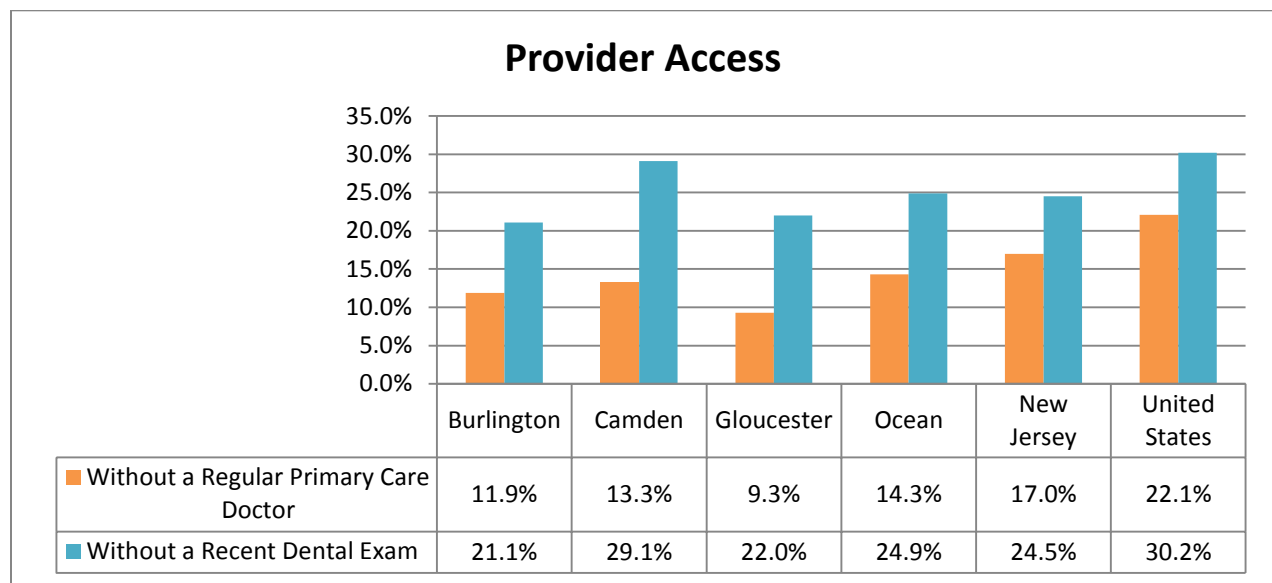
- Low income residents in New Hanover Twp., North Hanover Twp., Pemberton Boro./Twp., and Wrightstown Boro. within Burlington County
- Camden City (Census Tracts 6002, 6004, 6007-6013, 6016-6019, 6103, 6104)
- Low income residents in the area of Glassboro, Gloucester County (Census Tracts 5014.02-5014.04)
- Manchester Twp. and Lakewood Twp. in Ocean County

Ocean County has the lowest primary care provider rate and the highest percentage of adults without a regular primary care doctor. However, the percentage is lower when compared to state and national percentages.

Ocean County has the lowest primary care provider rate and the highest percentage of adults without a regular doctor

Camden County has the highest primary care and dental provider rates, but the second highest percentage of adults without a regular primary care doctor and the highest percentage of adults not receiving a dental exam within the past year. However, both percentages are lower than national rates and only the percentage of adults not receiving a dental exam exceeds the statewide rate.

All other counties have equivalent or better rates for adults without a regular primary care doctor or recent dental exam in comparison to the state and the nation.



Source: Centers for Disease Control and Prevention, 2006-2010 & 2011-2012  
 \*All indicators represent the adult (18 years or over) population

### Overall Health Status

South Jersey Health Partnership counties rank between 9<sup>th</sup> (Burlington) and 19<sup>th</sup> (Camden), out of 21 New Jersey counties, for health outcomes. Health outcomes are measured in relation to premature death (years of potential life lost before age 75) and quality of life.

### County Health Rankings: Health Outcomes

|                   | Health Outcomes Rank out of 21 NJ Counties |
|-------------------|--|
| Burlington County | 9  |
| Ocean County      | 11   |
| Gloucester County | 16   |
| Camden County     | 19   |

Source: County Health Rankings, 2016

Camden County ranks 19<sup>th</sup> out of 21 New Jersey counties for health outcomes. The county has the highest premature death rate, the highest percentage of adults who self-report having “poor” or “fair” health, and some of the highest 30-day averages for poor physical and mental health days.

The premature death rate in all four counties exceeds the state; Camden County exceeds the state by more than 2,000 points

Adults in all counties have a higher premature death rate than the statewide rate; Camden and Gloucester Counties also exceed the national rate. In addition, adults in all counties, except Burlington, have a higher average of poor physical and poor mental health days when compared to the state. Averages are similar or lower when compared to the nation.

**Overall Health Status Indicators**

|                   | Premature Death Rate per 100,000 | Adults with “Poor” or “Fair” Health Status | 30-Day Average Poor Physical Health Days | 30-Day Average Poor Mental Health Days |
|-------------------|----------------------------------|--|--|--|
| Burlington County | 5650.5                           | 11.4%                                      | 2.9                                      | 3.4                                    |
| Camden County     | 7727.2                           | 15.7%                                      | 3.5                                      | 3.7                                    |
| Gloucester County | 6870.5                           | 13.4%                                      | 3.4                                      | 3.6                                    |
| Ocean County      | 6246.7                           | 14.1%                                      | 3.6                                      | 3.8                                    |
| New Jersey        | 5548.3                           | 16.2%                                      | 3.2                                      | 3.4                                    |
| United States     | 6,600.0                          | 18.0%                                      | 3.8                                      | 3.7                                    |

Source: National Center for Health Statistics, 2011-2013 & Centers for Disease Control and Prevention, 2014

**Health Behaviors**

Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or reduce the chance of disease. The prevalence of these health behaviors is provided below, compared to New Jersey, the nation, and Healthy People 2020 goals, as available.

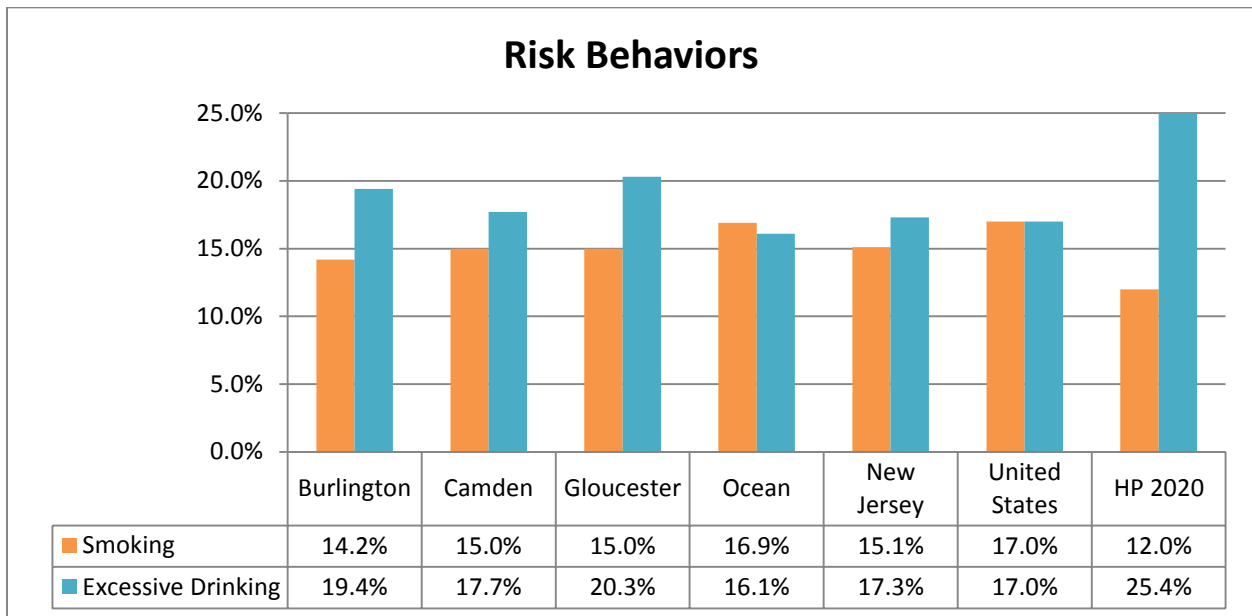
All counties exceed the HP 2020 goal for adult smokers, and adults in all counties except Ocean are more likely to drink excessively

Risk Behaviors

Adults in the SJHP service counties have similar or lower rates of smoking when compared to the state and/or the nation, but do not meet the Healthy People 2020 goal.

Ocean County has the highest rate of adult smokers, exceeding the state percentage by nearly 2 points.

Excessive drinking includes heavy drinking (2 or more drinks per day for men and 1 or more drinks per day for women) and binge drinking (five or more drinks on one occasion for men and four or more drinks on one occasion for women). Adults in all counties, except Ocean, are more likely to drink excessively compared to adults across the state and the nation, but meet the Healthy People 2020 goal (25.4%).



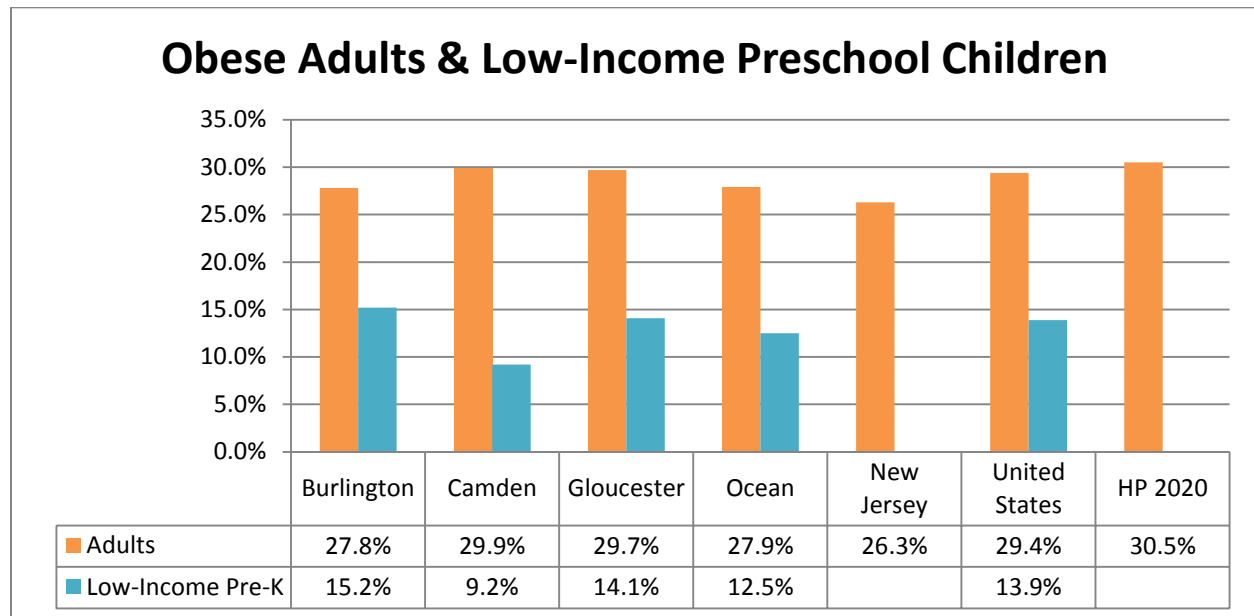
Source: Centers for Disease Control and Prevention, 2014 & Healthy People 2020

**Obesity**

The percentage of obese adults and children is a national epidemic. All SJHP service counties have a higher percentage of obese adults when compared to the state, but a lower or similar percentage when compared to the nation and Healthy People 2020. Adult obesity rates increased in all counties from 2009 to 2013; Gloucester and Camden experienced the greatest increases (3 points and 2.1 points respectively).

Adult obesity increased in all counties from 2009 to 2013; current percentages exceed the state

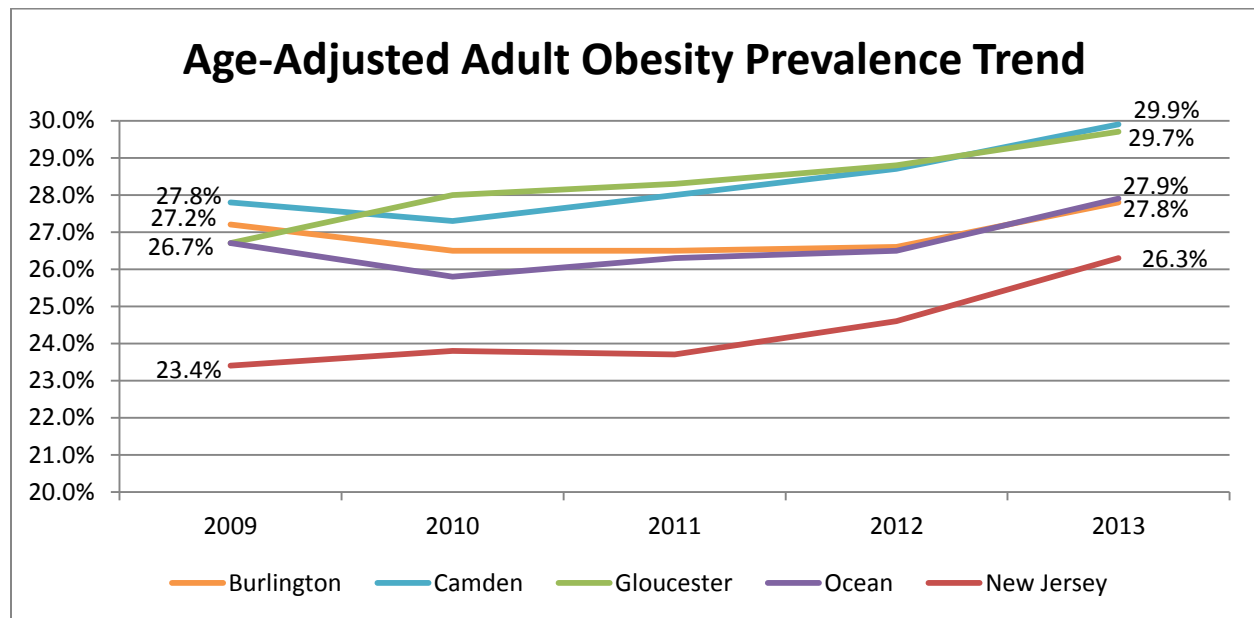
All SJHP service counties, except Burlington, have a lower or similar percentage of obese low-income preschool children compared to the nation. The percentage in Burlington County exceeds the national rate by 1.3 points. The children represented by this indicator are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the state or Healthy People 2020.



Source: Centers for Disease Control & Prevention, 2013; USDA Food Environment Atlas, 2011; Healthy People 2020

\*Obesity among low-income preschool children is not available for New Jersey or Healthy People 2020

\*\*Adult obesity data for service counties and New Jersey is age-adjusted



Source: Centers for Disease Control and Prevention, 2009-2013

\*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Food insecurity, defined as being without a consistent source of sufficient and affordable nutritious food, contributes to obesity rates. All SJHP service counties have a lower percentage of food insecure residents compared to the nation, and only Camden County exceeds the state rate. All counties also have

20.4% of children in Ocean County are food insecure, the highest of the four counties and higher than the state



a lower percentage of food insecure children compared to the nation, but Camden and Ocean Counties exceed the state rate by 0.5 points and 2.1 points respectively.

### Percentage of Food Insecure Residents

|                   | All Residents | Children |
|-------------------|---------------|----------|
| Burlington County | 11.1%         | 14.8%    |
| Camden County     | 13.7%         | 18.8%    |
| Gloucester County | 11.5%         | 16.9%    |
| Ocean County      | 11.0%         | 20.4%    |
| New Jersey        | 12.4%         | 18.3%    |
| United States     | 15.1%         | 23.7%    |

Source: Feeding America, 2013

Another measure of healthy food access is the number of fast food restaurants versus grocery stores. All counties have a higher rate of fast food restaurants compared to grocery stores. In addition, all counties, except Camden, have a lower rate of grocery stores than the state and the nation.

### Healthy Food Access & Environment

|                   | Fast Food Restaurants<br>per 100,000 | Grocery Stores<br>per 100,000 |
|-------------------|--------------------------------------|-------------------------------|
| Burlington County | 72.0                                 | 15.4                          |
| Camden County     | 70.9                                 | 31.0                          |
| Gloucester County | 57.2                                 | 14.6                          |
| Ocean County      | 70.8                                 | 17.9                          |
| New Jersey        | 76.6                                 | 30.5                          |
| United States     | 72.7                                 | 21.2                          |

Source: United States Census County Business Patterns, 2013

Access to exercise opportunities includes access to parks, gyms, community centers, pools, etc. Camden County has the highest percentage of residents with access to exercise opportunities, but the most physically inactive adults. Contrastingly, Burlington County residents have the lowest access to exercise opportunities, but are the most likely to be physically active.

**Physical Activity**

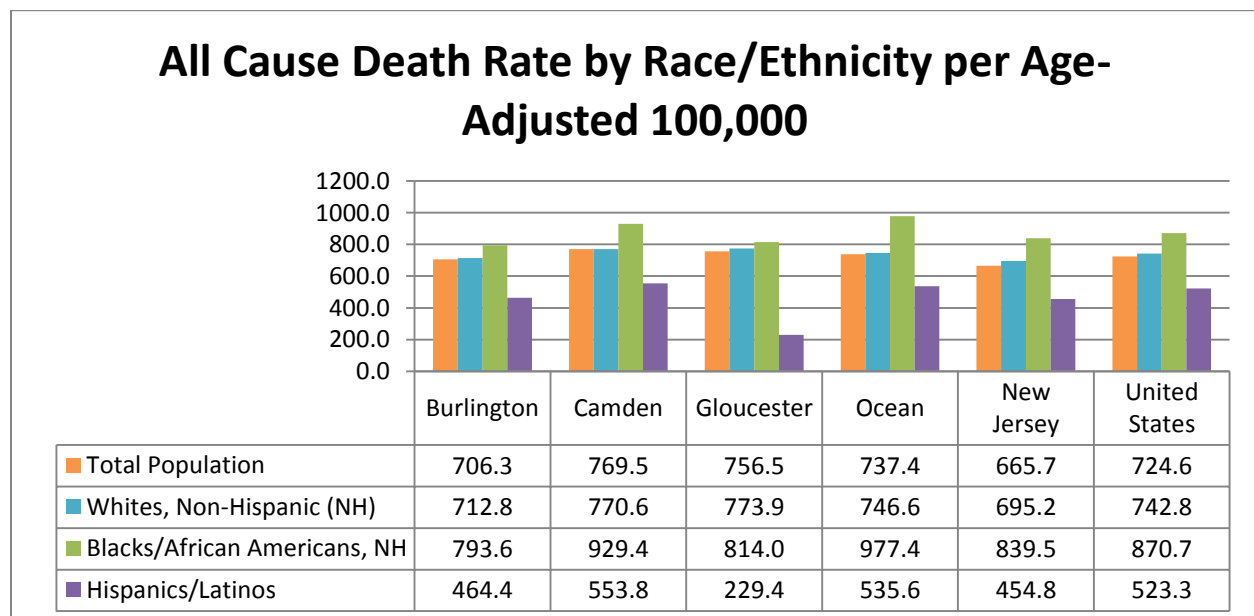
|                   | Percentage of Residents with Access to Exercise Opportunities | Percentage of Physically Inactive Adults |
|-------------------|---|--|
| Burlington County | 85.2%   | 23.5%                                    |
| Camden County     | 94.6%   | 27.3%                                    |
| Gloucester County | 88.5%   | 25.3%                                    |
| Ocean County      | 85.6%   | 26.7%                                    |
| New Jersey        | 94.5%   | 24.1%                                    |
| United States     | 84.0%   | 23.0%                                    |

Source: Business Analyst, Delorme Map Data, ESRI, & US Census Tigerline Files, 2014 & Centers for Disease Control and Prevention, 2012

**Mortality**

The 2014 all cause age-adjusted death rate is higher in SJHP service counties compared to the state, and higher in all counties, except Burlington, compared to the nation. Among racial and ethnic groups, the death rate is highest among Blacks/African Americans. In Ocean and Camden Counties, the death rate among Blacks/African Americans is 230.8 points and 158.8 points higher, respectively, than the rate among Whites.

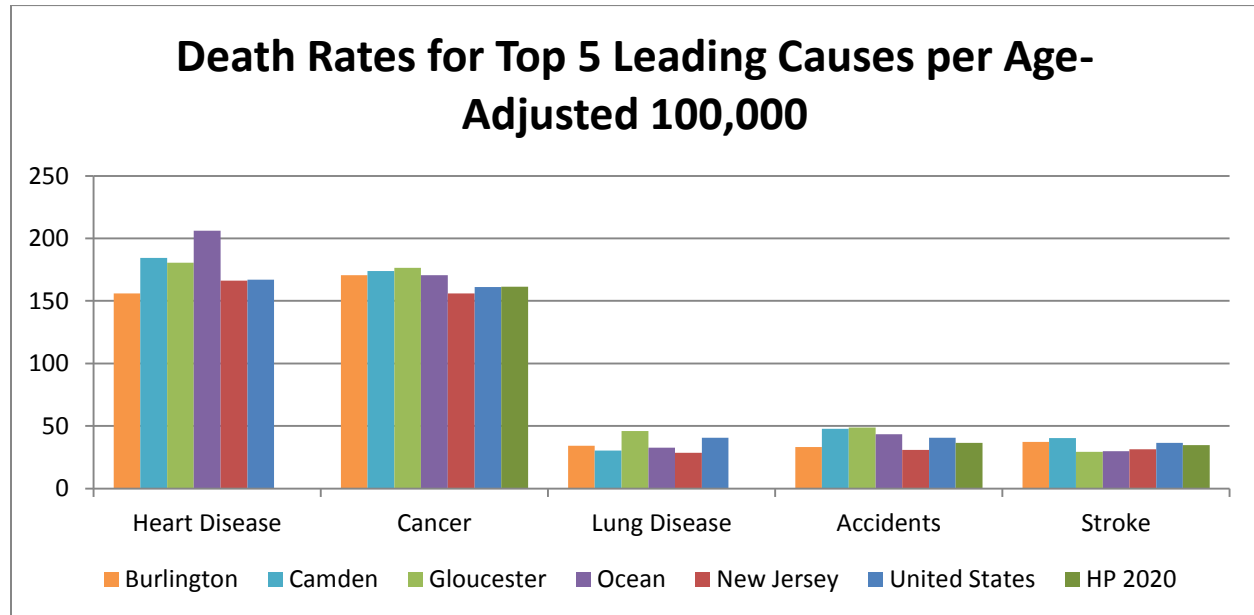
All counties have a higher rate of death compared to the state; death rates are highest among Blacks/African Americans



Source: Centers for Disease Control and Prevention, 2014

Death rates for the top five leading causes are generally higher among SJHP service counties compared to state and/or national benchmarks. Most notably, all counties exceed state and national benchmarks for cancer death. The following graph and table illustrate death rates by county.

All SJHP service counties exceed state and national benchmarks for cancer death



Source: Centers for Disease Control and Prevention, 2014 & Healthy People 2020

**Leading Cause Death Rates Exceeding State and National Benchmarks**

|                   | Causes with Higher Rates of Death than the State and the Nation | Rate of Death per Age-Adjusted 100,000 | Rate Difference in Comparison to the State | Rate Difference in Comparison to the Nation |
|-------------------|---|--|--|---|
| Burlington County | Cancer  | 170.5                                  | 14.4                                       | 9.3   |
|                   | Stroke  | 37.2                                   | 5.8  | 0.7   |
| Camden County     | Heart Disease   | 184.3                                  | 18.0                                       | 17.3  |
|                   | Cancer  | 173.9                                  | 17.8                                       | 12.7  |
|                   | Accidents   | 47.8                                   | 16.9                                       | 7.3   |
|                   | Stroke  | 40.2                                   | 8.8  | 3.7   |
| Gloucester County | Heart Disease   | 180.7                                  | 14.4                                       | 13.7  |
|                   | Cancer  | 176.4                                  | 20.3                                       | 15.2  |
|                   | Lung Disease  | 45.9                                   | 17.4                                       | 5.4   |
|                   | Accidents   | 48.8                                   | 17.9                                       | 8.3   |
| Ocean County      | Heart Disease   | 206.3                                  | 40.0                                       | 39.3  |
|                   | Cancer  | 170.7                                  | 14.6                                       | 9.5   |
|                   | Accidents   | 43.5                                   | 12.6                                       | 3.0   |

Source: Centers for Disease Control and Prevention, 2014

\*Cells highlighted in red represent a rate that is ≥15 points higher than state and/or national comparisons

Accidents, including motor vehicle accidents, are the fourth leading cause of death in the nation. According to a report by the National Safety Council, 26% of the nation’s car accidents are the result of cell phone use. The following table depicts 2013 and 2014 crashes related to cell phone use within the SJHP service counties.

**Crashes Related to Cell Phone Use (Hand Held or Hands Free)**

|                   | 2013          |               | 2014          |               |
|-------------------|---------------|---------------|---------------|---------------|
|                   | Total Crashes | Fatal Crashes | Total Crashes | Fatal Crashes |
| Burlington County | 113           | 2             | 125           | 0             |
| Camden County     | 213           | 0             | 219           | 1             |
| Gloucester County | 93            | 0             | 57            | 0             |
| Ocean County      | 138           | 0             | 131           | 0             |

Source: New Jersey Department of Transportation, 2013 & 2014

**Chronic Diseases**

Chronic disease rates are increasing across the nation and are the leading causes of death and disability. Chronic diseases are often preventable through reduced health risk behaviors like smoking and alcohol use, increased physical activity and good nutrition, and early detection of risk factors and disease.

Heart Disease and Stroke

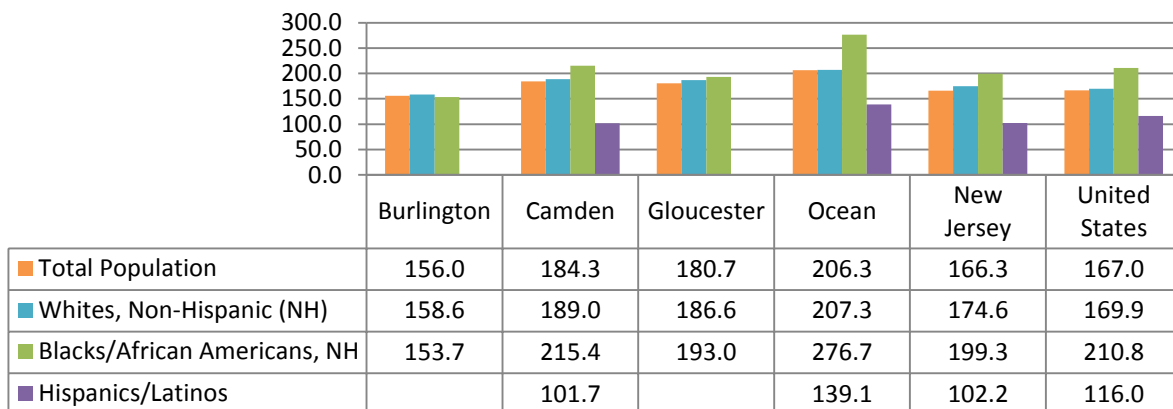
Heart disease is the leading cause of death in the nation.

All counties, except Burlington, have a higher heart disease death rate compared to the state and the nation. In

addition, all counties, except Burlington, have a higher rate of death among Blacks/African Americans compared to Whites and Hispanics/Latinos. The difference in death rates between racial groups is highest in Ocean County (69.4 points).

The heart disease death rate exceeds the state and the nation in all counties, except Burlington

**Heart Disease Death Rate by Race/Ethnicity per Age-Adjusted 100,000**

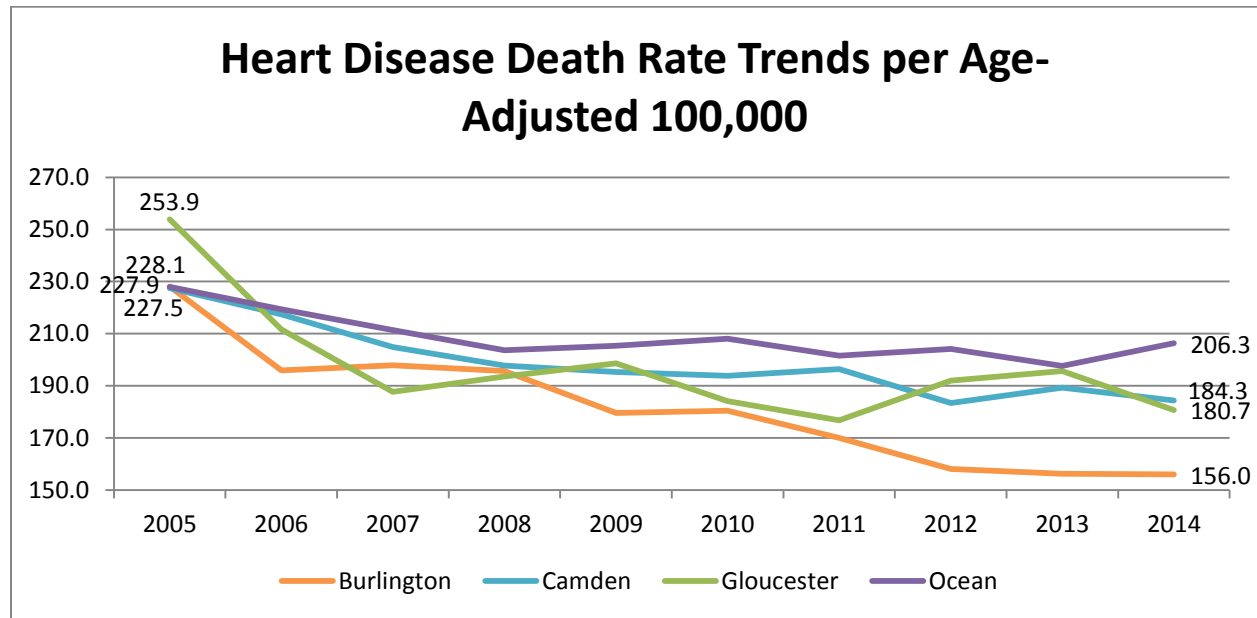


Source: Centers for Disease Control and Prevention, 2014

\*Death rates among Hispanics/Latinos are unreliable in Burlington and Gloucester Counties

Gloucester County experienced the greatest decline in heart disease death from 2005 to 2014 (73.2 points), followed closely by Burlington County (72.1 points). Camden and Ocean Counties had similar 2005 heart disease death rates to Burlington County; however, the rates only declined 43.2 points and 21.6 points respectively.

The heart disease death rate declined in all counties from 2005 to 2014; declines were greatest in Gloucester and Burlington Counties



Source: Centers for Disease Control and Prevention, 2005-2014

Coronary heart disease is characterized by the buildup of plaque inside the coronary arteries. Ocean County has the highest prevalence and death rates due to coronary heart disease; the death rate is nearly 38 points higher than the statewide rate. Camden and Gloucester Counties also have a higher rate of death due to coronary heart disease when compared to the state, the nation, and Healthy People 2020.

Ocean County has the highest prevalence and death rates due to coronary heart disease

**Coronary Heart Disease Prevalence and Death Rates**

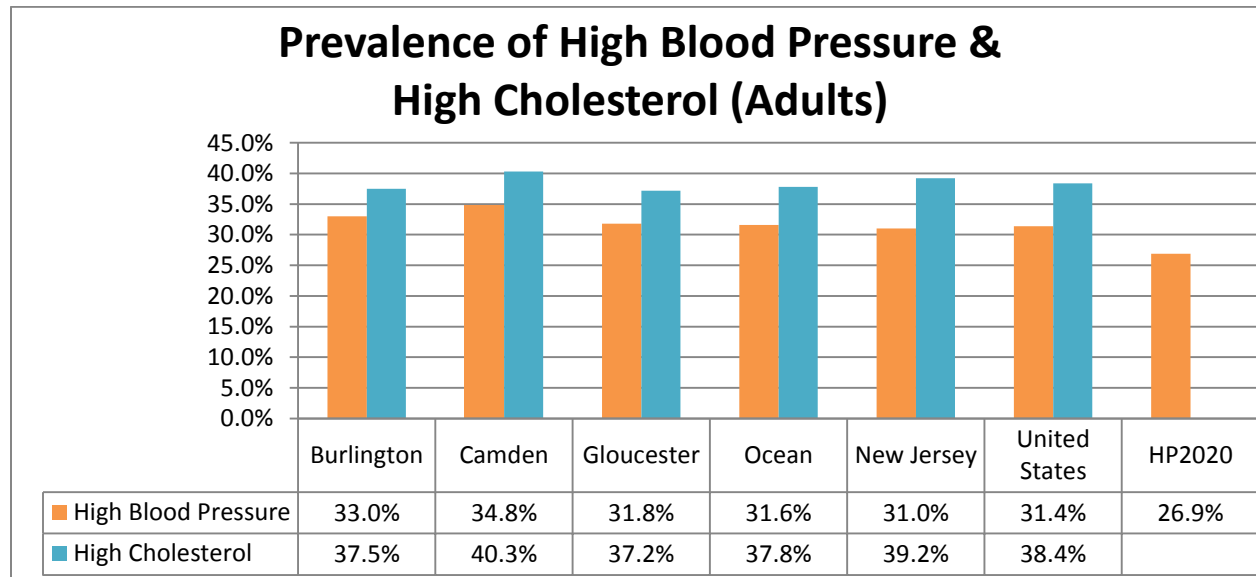
|                   | Prevalence* (Adults) | Death Rate per Age-Adjusted 100,000 |
|-------------------|----------------------|-------------------------------------|
| Burlington County | 4.0%                 | 87.7                                |
| Camden County     | 3.4%                 | 110.0                               |
| Gloucester County | 3.1%                 | 107.6                               |
| Ocean County      | 5.5%                 | 138.1                               |
| New Jersey        | 3.7%                 | 100.5                               |
| United States     | 4.1%                 | 98.8                                |
| HP 2020           | NA                   | 103.4                               |

Source: Centers for Disease Control and Prevention, 2013 & 2014 & New Jersey Department of Health, 2013

\*Prevalence includes coronary heart disease and angina

Heart disease is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. All SJHP service counties have a higher percentage of adults with high blood pressure when compared to state and national benchmarks; Camden County also has a higher percentage of adults with high cholesterol.

Adults in all counties are more likely to have high blood pressure compared to the state and the nation

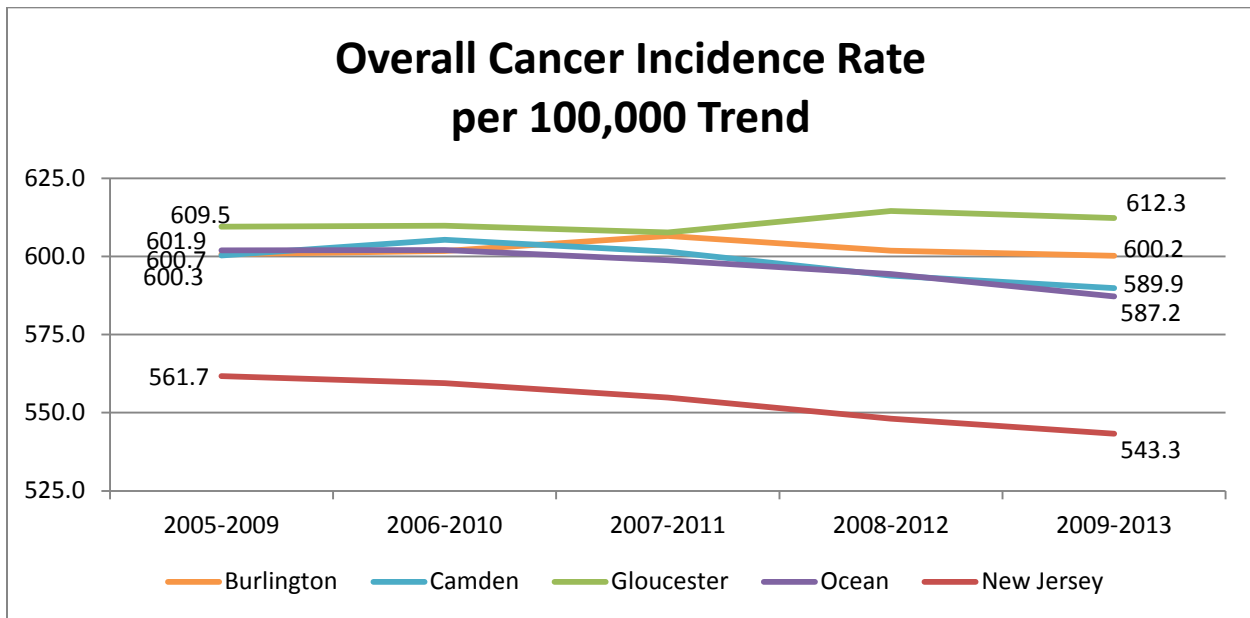


Source: Centers for Disease Control and Prevention, 2013; New Jersey Department of Health, 2013; Healthy People 2020

**Cancer**

Cancer is the second leading cause of death in the nation behind heart disease. The overall cancer incidence rate is higher in all SJHP service counties compared to the state and the nation. Gloucester and Burlington Counties have the highest overall incidence rates, exceeding the state rate by 69 points and 56.9 points respectively. Cancer incidence consistently declined in Camden and Ocean Counties from 2005-2009 to 2009-2013, but remained variable in Burlington and Gloucester Counties.

All counties have a higher incidence of cancer compared to the state and the nation; Gloucester and Burlington Counties have the highest rates



Source: New Jersey Department of Health, 2005-2009 – 2009-2013

Cancer screenings are essential for early diagnosis and preventing cancer death. Colorectal cancer screenings are recommended for adults age 50 years or over. Adults in the SJHP service counties are just as likely to have had a colorectal cancer screening when compared to the state and the nation.

Pap tests are recommended for women age 18 years or over to detect cervical cancer. Women in Burlington and Gloucester Counties are more likely to receive Pap tests when compared to women across the state and the nation, but women in Camden and Ocean Counties are less likely to receive them.

Mammograms are recommended for women age 50 years or over to detect breast cancer. Burlington County is the only county to have a higher rate of screening compared to the state and the nation.

#### Cancer Screenings

|                   | Ever had a Colorectal Cancer Screening (50 Years or Over) | Pap Test in Past Three Years (18 Years or Over) | Mammogram in Past Two Years (50 Years or Over) |
|-------------------|---|---|--|
| Burlington County | 68.4%   | 84.5%   | 84.4%  |
| Camden County     | 65.0%   | 74.4%   | 73.7%  |
| Gloucester County | 65.4%   | 79.9%   | 76.9%  |
| Ocean County      | 67.5%   | 74.4%   | 76.5%  |
| New Jersey        | 64.9%   | 78.5%   | 79.4%  |
| United States     | 67.3%   | 78.0%   | 77.0%  |

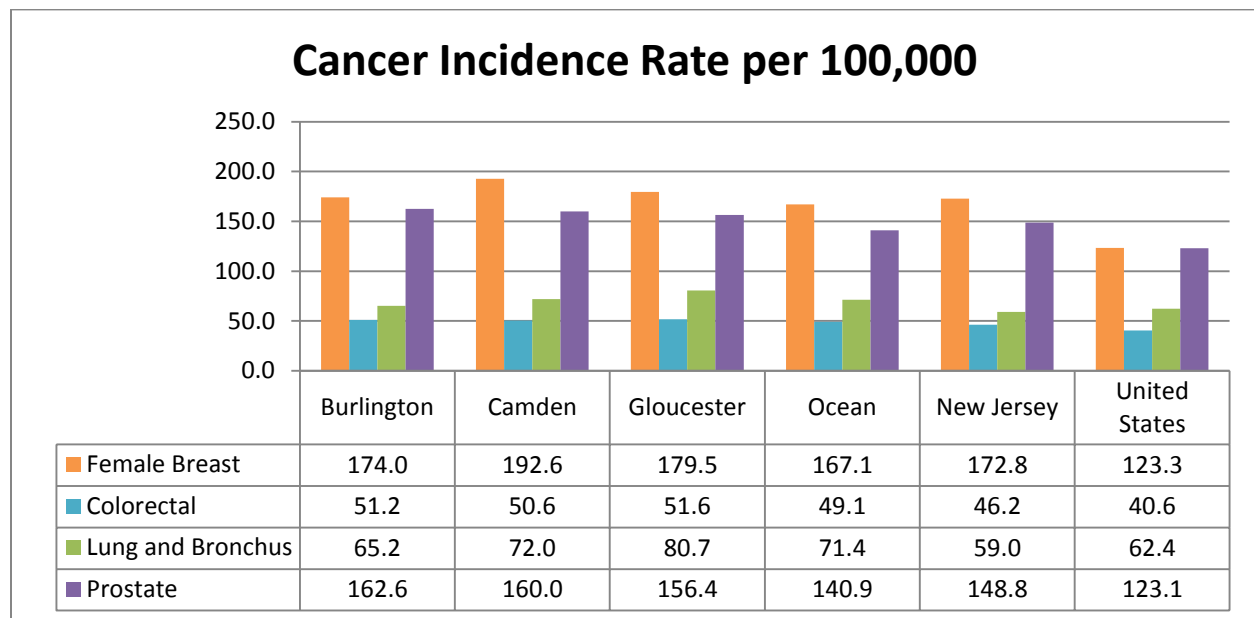
Source: Centers for Disease Control and Prevention, 2012 & New Jersey Department of Health, 2012

Presented below are the incidence rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male). All SJHP service counties have a higher

incidence of colorectal and lung cancer when compared to the state and the nation. In addition, all counties, except Ocean, have a higher rate of female breast and prostate cancer when compared to the state and the nation.

Camden County has the highest incidence and death rates due to female breast cancer and the lowest rate of mammography screening

Higher incidence rates can be linked to increased screenings. Colorectal cancer incidence is higher among all service counties although a similar percentage of adults receive colorectal cancer screenings. Female breast cancer incidence is also higher among the counties of Burlington, Camden, and Gloucester, but only Burlington County has a higher rate of mammography screening when compared to the state and the nation. Camden County has the highest incidence of female breast cancer and the lowest rate of mammography screening.

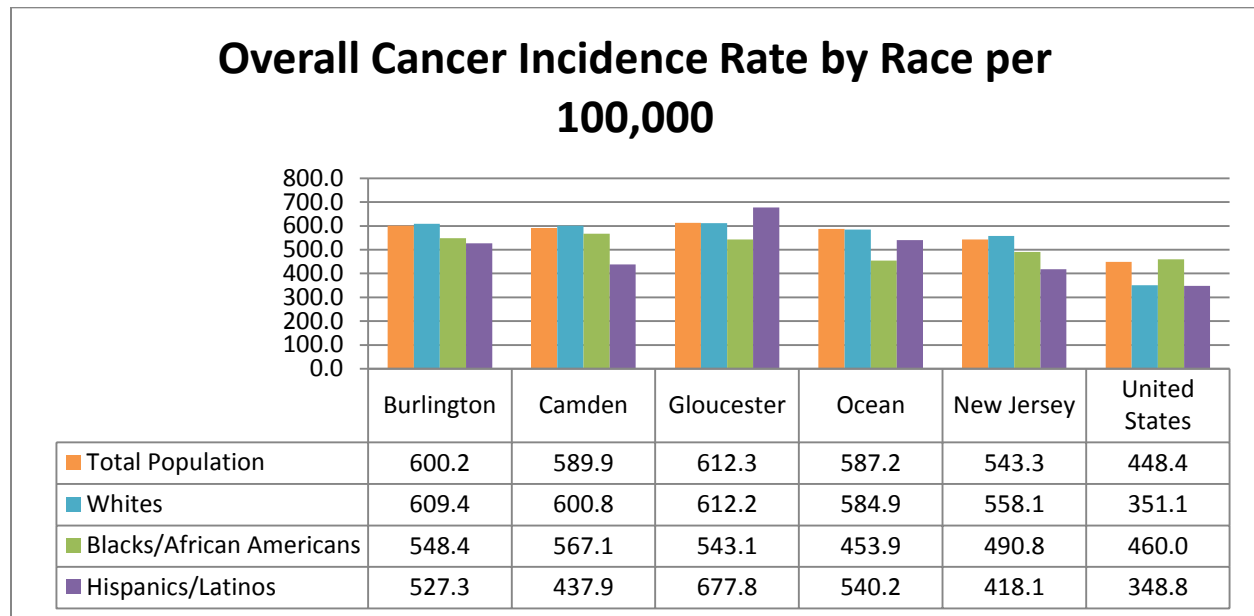


Source: New Jersey Department of Health, 2009-2013 & National Cancer Institute, 2009-2013

Across the state of New Jersey and all SJHP service counties, except Gloucester, overall cancer incidence is highest among Whites. Ocean County experiences the greatest difference in cancer incidence by race; the rate among Whites is 131 points higher than the rate among Blacks/African Americans. In Gloucester County, cancer incidence is highest among Hispanics/Latinos. The Gloucester County Hispanic/Latino cancer incidence rate exceeds the state and the nation by more than 250 points.

Cancer incidence is highest among Whites in all counties, except Gloucester





Source: New Jersey Department of Health, 2009-2013 & National Cancer Institute, 2009-2013

Age-adjusted cancer death rates for the same reporting period as cancer incidence (2009 to 2013) are measured below. The overall cancer death rate in all SJHP service counties is higher compared to the state, the nation, and the Healthy People 2020 goal, despite declining. The difference in overall death rate between the state and SJHP service counties is highest in Gloucester County (29.9 points) and Camden County (18.8 points).

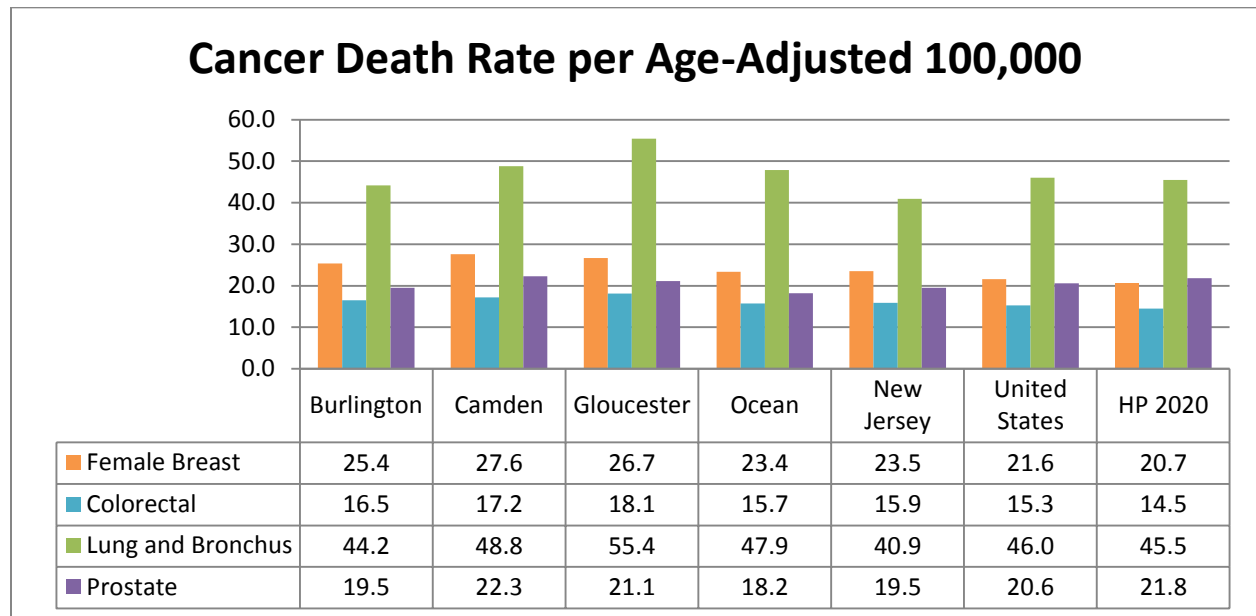
All counties have a higher cancer death rate compared to state and national benchmarks

Gloucester County has the highest cancer incidence and death rates among SJHP service counties

Gloucester County has the highest incidence and death rates due to cancer among the SJHP service counties. Camden County has one of the lowest cancer incidence rates, but one of the highest cancer death rates, indicating that while fewer people develop the condition, more people die from it.

Presented below are the death rates for the most commonly diagnosed cancers. Camden and Gloucester Counties have higher death rates for all cancer types compared to the state, the nation, and Healthy People 2020 goals. Ocean County has a higher death rate due to lung cancer and Burlington County has higher death rates due to female breast and colorectal cancer.

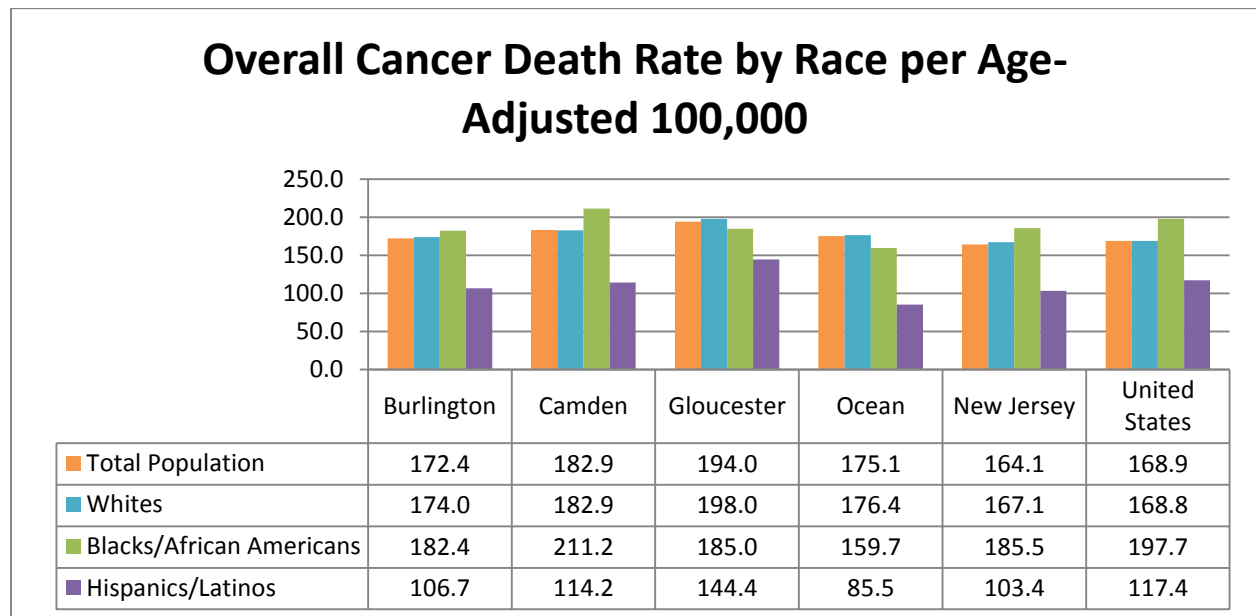
Camden County has one of the lowest cancer incidence rates, but one of the highest cancer death rates



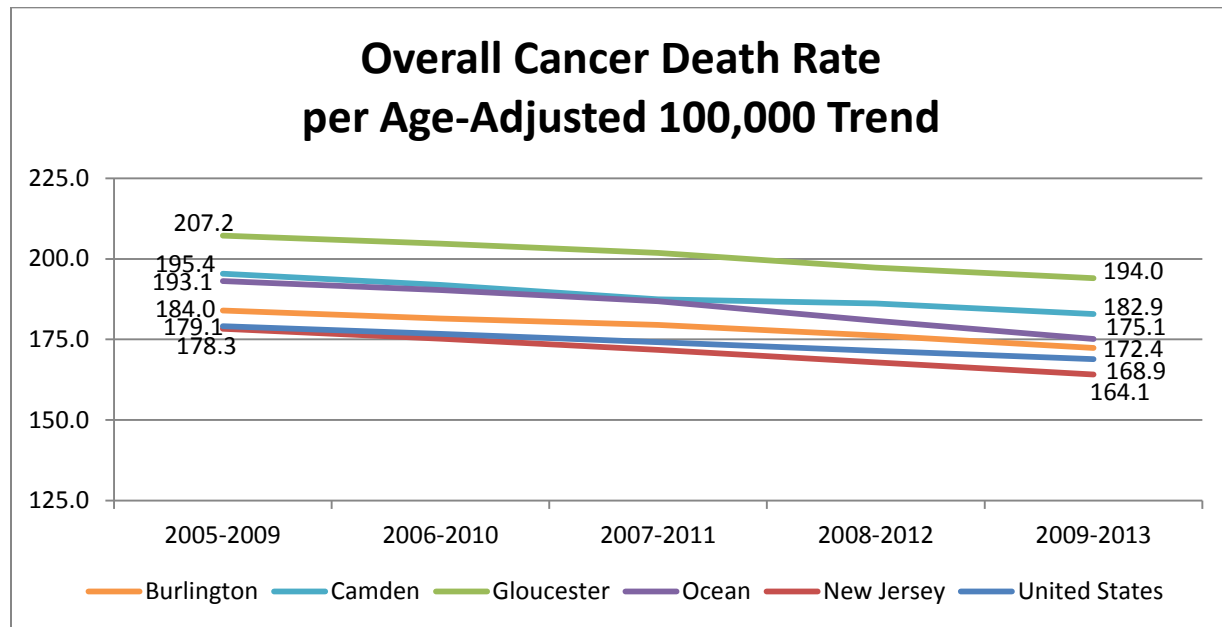
Source: Centers for Disease Control and Prevention, 2009-2013 & Healthy People 2020

Across New Jersey, the cancer death rate is highest among Blacks/African Americans indicating that while fewer Blacks/African Americans develop cancer, more of them die from the condition. Among SJHP service counties, Burlington and Camden Counties follow the state trend. In Gloucester and Ocean Counties, cancer death is highest among Whites.

Blacks/African Americans in Burlington and Camden Counties have a lower incidence of cancer compared to Whites, but a higher death rate



Source: Centers for Disease Control and Prevention, 2009-2013



Source: Centers for Disease Control and Prevention, 2005-2009 – 2009-2013

#### Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is the third most common cause of death in the nation. CLRD encompasses diseases like chronic obstructive pulmonary disorder, emphysema, and asthma.

All SJHP service counties have higher rates of asthma and CLRD death compared to the state

All counties have higher rates of adult asthma and CLRD death compared to statewide rates. Gloucester County has the highest rates, and also exceeds the nation. In addition, all counties, except Burlington, have a higher prevalence of adult COPD compared to state and national rates.

Smoking cigarettes contributes to the onset of CLRD. All counties, except Ocean, have a lower percentage of adult smokers when compared to the state. The percentage of smokers in Ocean County (16.9%) exceeds the state percentage by nearly 2 points.

Ocean County has the highest rates for adult smoking and COPD

#### Asthma Prevalence and CLRD Death Rates

|                   | Current Asthma Diagnosis (Adult) | Ever had a COPD Diagnosis (Adult) | CLRD Death Rate per Age-Adjusted 100,000 |
|-------------------|----------------------------------|-----------------------------------|--|
| Burlington County | 9.9%                             | 4.3%                              | 34.3                                     |
| Camden County     | 11.5%                            | 7.4%                              | 30.4                                     |
| Gloucester County | 11.8%                            | 7.0%                              | 45.9                                     |
| Ocean County      | 10.1%                            | 8.9%                              | 32.7                                     |
| New Jersey        | 9.0%                             | 5.9%                              | 28.5                                     |
| United States     | 9.0%                             | 6.5%                              | 40.5                                     |

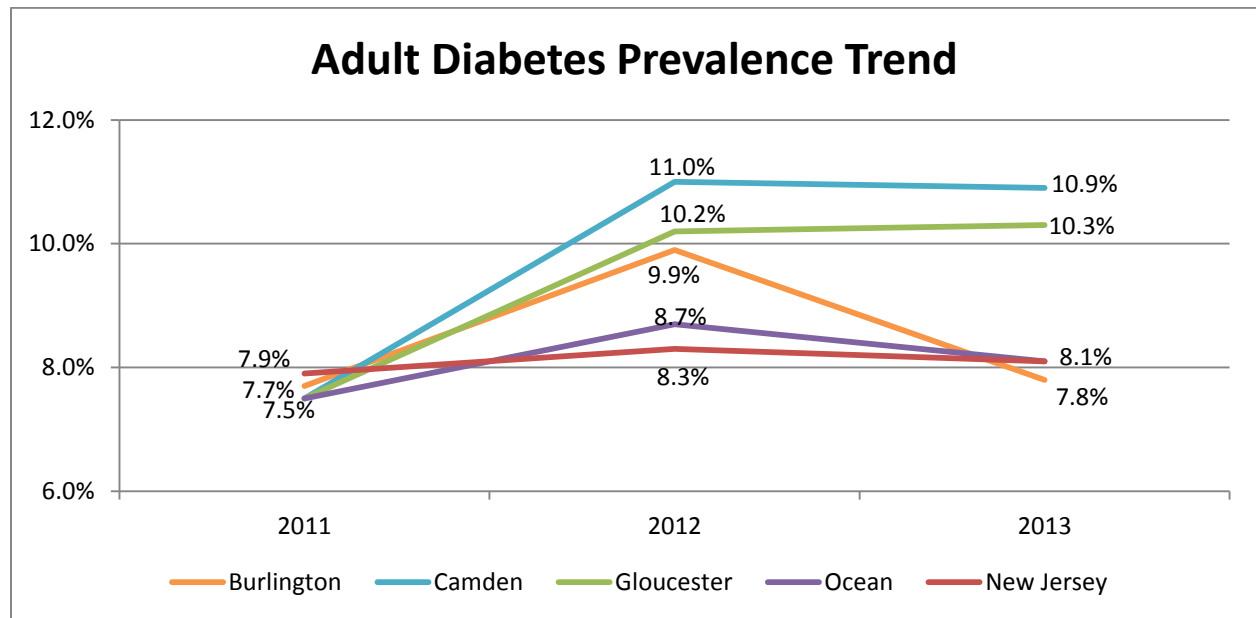
Source: Centers for Disease Control and Prevention, 2013 & New Jersey Department of Health, 2013

**Diabetes**

Diabetes is caused either by the body’s inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications. Type II diabetes, the most common form, is largely preventable through diet and exercise.

All of the counties experienced a sharp increase in adult diabetes prevalence from 2011 to 2012. In Burlington County, the prevalence rate decreased in 2013 below the state rate. In all other counties, the prevalence rate remained stable and higher than the state rate.

Adult diabetes prevalence increased in all counties from 2011 to 2012 and exceeds the state in all counties, except Burlington



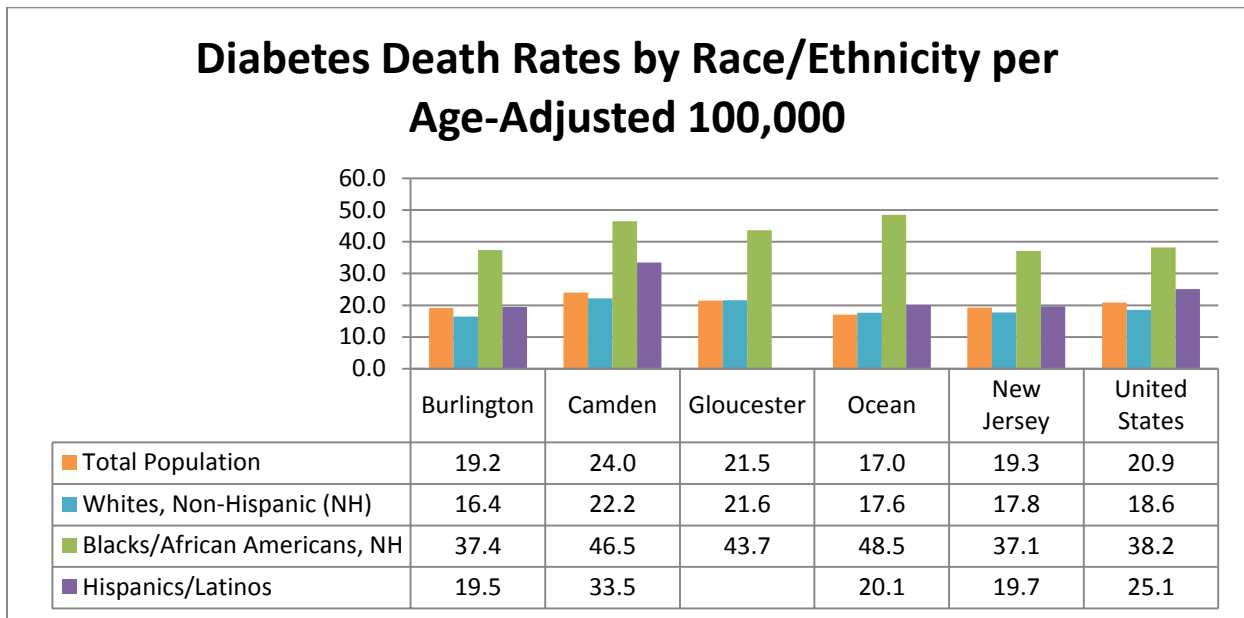
Source: New Jersey Department of Health, 2011-2013

All counties, except Camden, have a lower or comparable diabetes death rate when compared to the state and the nation. In addition, all SJHP service counties experienced an overall decline in the diabetes death rate. Gloucester County experienced the greatest rate decline (12.4 points).

The diabetes death rate declined in all counties from 2005 to 2014; Gloucester County experienced the greatest decline (12.4 points)

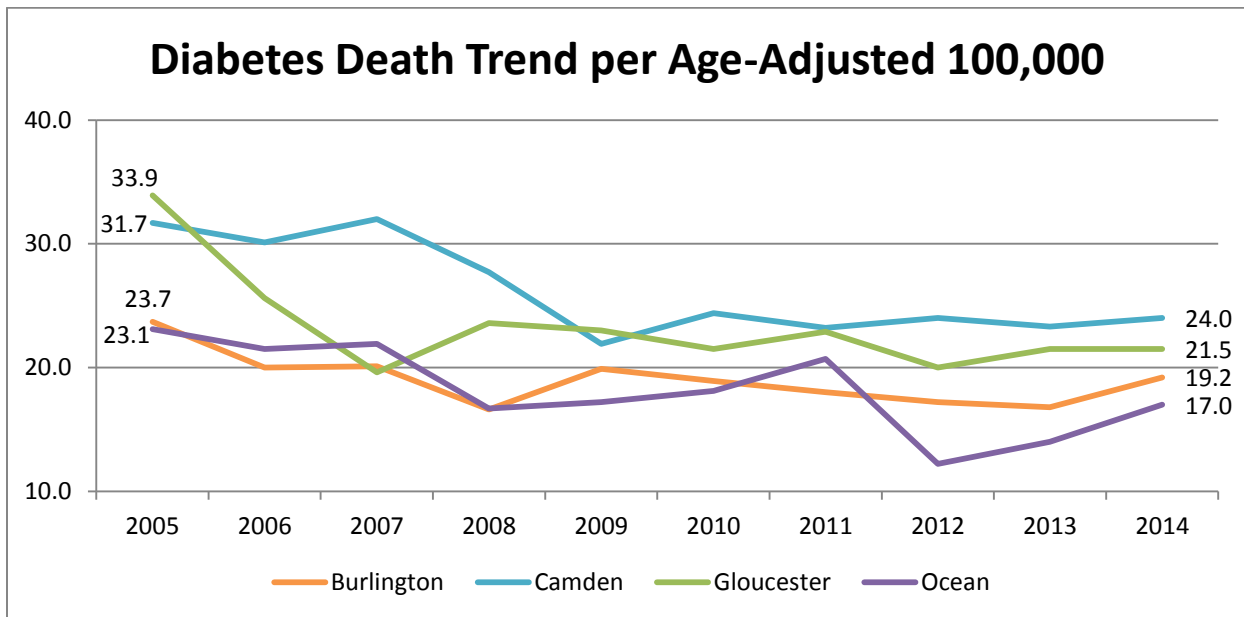
Diabetes death rates are higher among Blacks/African Americans compared to Whites and Hispanics/Latinos. In Burlington, Camden, and Gloucester Counties, the diabetes death rate among Blacks/African Americans is approximately double the rate among Whites. In Ocean County, the diabetes death rate among Blacks/African Americans is nearly triple the rate among Whites.

The diabetes death rate among Blacks/African Americans is double to triple the rate among Whites



Source: Centers for Disease Control and Prevention, 2014

\*Diabetes death data is not available for Hispanics/Latinos in Gloucester County



Source: Centers for Disease Control and Prevention, 2005-2014

The testing of blood sugar levels is essential to diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. The percentage of Medicare enrollees with diabetes who received a hA1c test in the past year is lower in all SJHP service counties, except Ocean, when compared to the nation; Camden and Gloucester Counties are also below the state.

#### Diabetic Monitoring (hA1c Test) among Medicare Enrollees (65-75 Years)

|                   | Percentage of Enrollees Receiving an Annual hA1c Test from a Provider |
|-------------------|---|
| Burlington County | 84.4%   |
| Camden County     | 82.2%   |
| Gloucester County | 83.3%   |
| Ocean County      | 85.9%   |
| New Jersey        | 84.2%   |
| United States     | 85.0%   |

Source: Dartmouth Atlas of Health Care, 2013

#### Senior Health

Seniors face a number of challenges related to health and well-being as they age. They are more prone to chronic disease, social isolation, and disability. The following table notes the percentage of Medicare Beneficiaries 65 years or over who have been diagnosed with a chronic condition.

#### Chronic Conditions

New Jersey Medicare Beneficiaries 65 years or over are more likely to have a chronic condition when compared to the nation, with the exception of COPD and depression. South Jersey Health Partnership service counties follow the state trend. Ocean County Beneficiaries have some of the highest prevalence rates of chronic disease, most notably 66.1% of Beneficiaries have high cholesterol and 70.3% of Beneficiaries have hypertension.

#### Chronic Conditions Among Medicare Beneficiaries 65 Years or Over

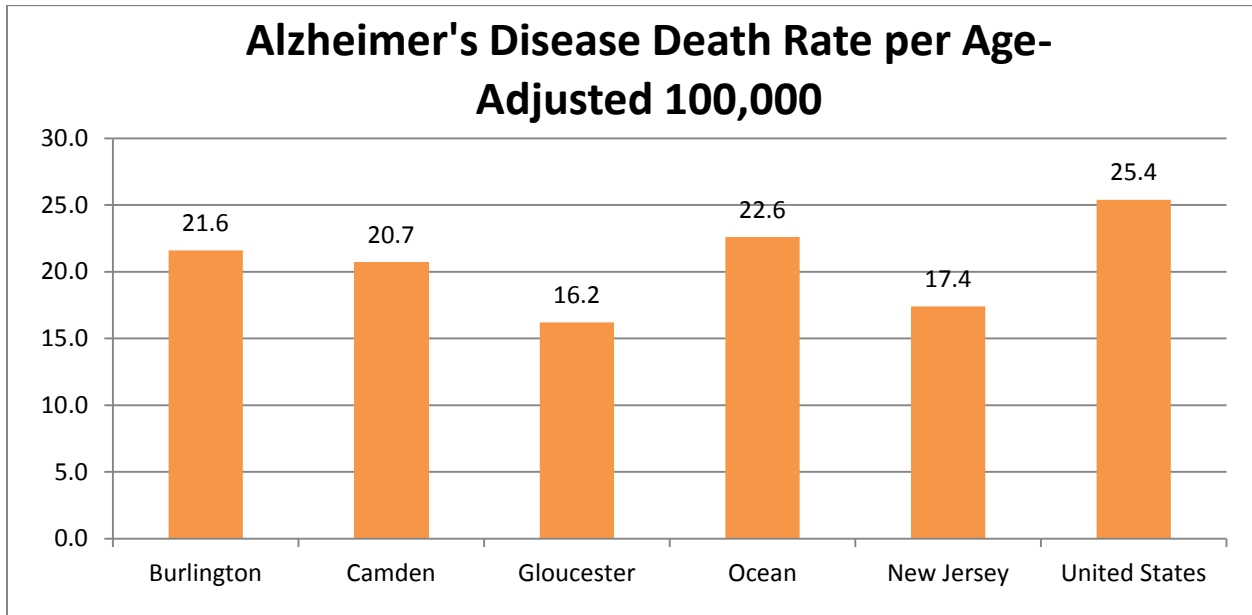
|                        | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey | United States |
|------------------------|-------------------|---------------|-------------------|--------------|------------|---------------|
| Alzheimer's Disease    | 11.9%             | 12.7%         | 13.8%             | 12.2%        | 12.5%      | 11.5%         |
| Arthritis              | 33.1%             | 32.9%         | 32.3%             | 38.1%        | 32.3%      | 30.7%         |
| Asthma                 | 5.7%              | 5.8%          | 5.5%              | 5.3%         | 5.2%       | 4.5%          |
| Cancer                 | 10.8%             | 10.2%         | 9.9%              | 11.4%        | 10.3%      | 8.9%          |
| COPD                   | 10.3%             | 10.3%         | 11.7%             | 15.2%        | 10.8%      | 11.0%         |
| Depression             | 12.4%             | 12.9%         | 11.3%             | 11.9%        | 11.7%      | 13.6%         |
| Diabetes               | 30.3%             | 31.3%         | 32.5%             | 35.2%        | 32.4%      | 27.1%         |
| Heart Failure          | 14.6%             | 14.9%         | 15.3%             | 18.3%        | 17.4%      | 14.6%         |
| High Cholesterol       | 56.3%             | 56.2%         | 57.5%             | 66.1%        | 56.7%      | 47.9%         |
| Hypertension           | 64.6%             | 63.9%         | 64.0%             | 70.3%        | 64.3%      | 58.4%         |
| Ischemic Heart Disease | 31.4%             | 33.7%         | 35.3%             | 41.5%        | 35.7%      | 29.3%         |
| Stroke                 | 5.4%              | 5.5%          | 5.3%              | 5.0%         | 4.9%       | 4.0%          |

Source: Centers for Medicare & Medicaid Services, 2014

**Alzheimer's Disease**

According to the National Institute on Aging, "Although one does not die of Alzheimer's disease, during the course of the disease, the body's defense mechanisms ultimately weaken, increasing susceptibility to catastrophic infection and other causes of death related to frailty."

A higher percentage of SJHP Medicare Beneficiaries age 65 years or over have Alzheimer's disease when compared to the national percentage; however, the death rate due to Alzheimer's disease is lower among all residents when compared to the national rate. The Gloucester County Alzheimer's disease death rate is also lower than the state rate.



Source: Centers for Disease Control and Prevention, 2014

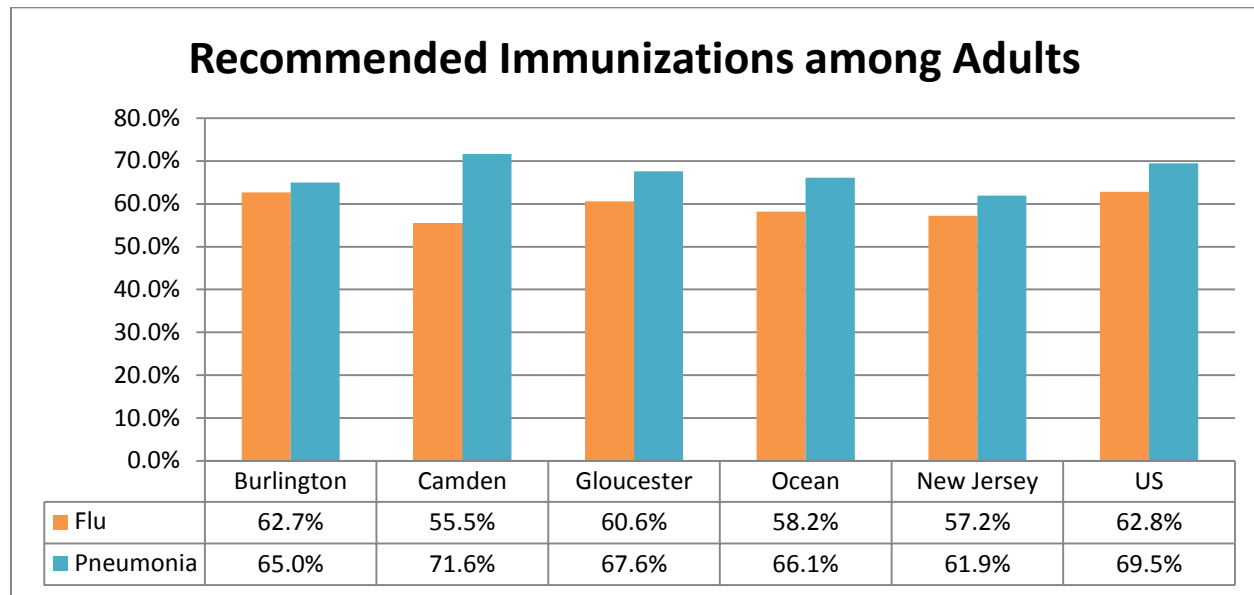
**Immunizations**

The Advisory Committee on Immunization Practices recommends all individuals age six months or older receive the flu vaccine. However, the vaccine is a priority for older adults.

The following graph illustrates the percentage of adults age 65 years or over who have received recommended immunizations for influenza and pneumonia. Adults in all service counties are just as likely or more likely to receive an annual flu vaccine when compared to the state rate, but only Burlington County meets the national rate.

Similarly, adults in all service counties are more likely to receive a pneumonia vaccine (ever) when compared to the state rate, but only Camden County exceeds the national rate.

Older adults are just as likely or more likely to receive flu and pneumonia vaccines when compared to the state



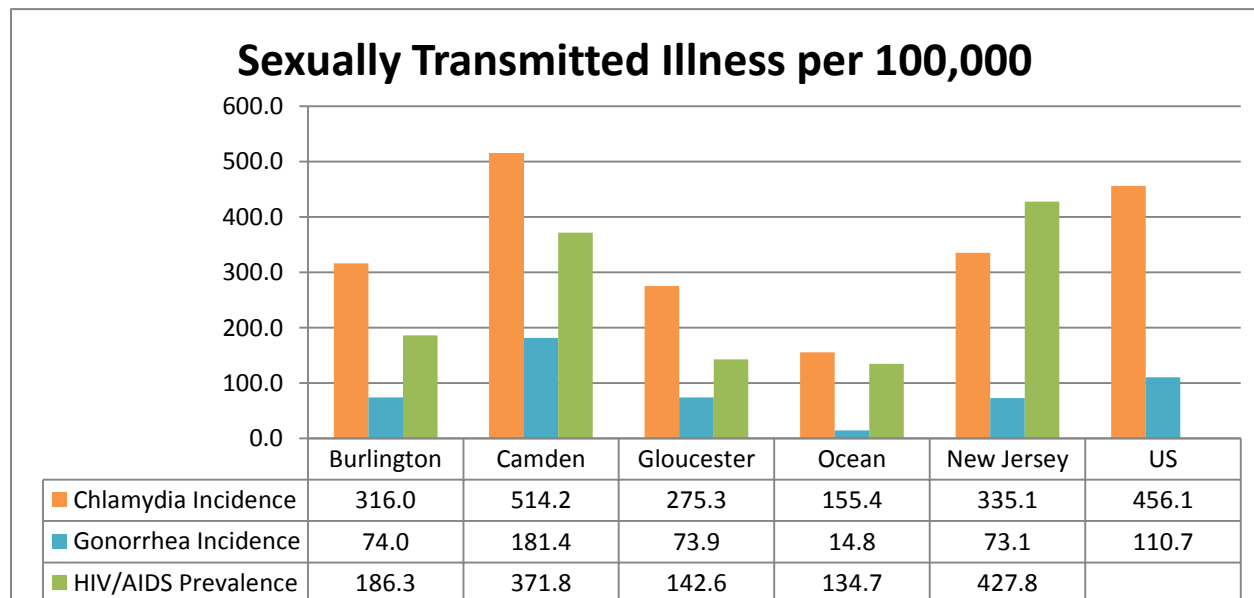
Source: Centers for Disease Control and Prevention, 2013 & New Jersey Department of Health, 2013

### Sexually Transmitted Illnesses

New Jersey has a lower incidence of chlamydia and gonorrhea compared to the nation. Incidence rates in Burlington, Gloucester and Ocean Counties are similar to or lower than state rates, while incidence rates in Camden County exceed state and national rates.

The incidence of chlamydia and gonorrhea in Camden County exceeds the state and the nation

All SJHP service counties have a lower prevalence of HIV/AIDS compared to the state. However, the rate in Camden County is at least double the rate in other counties.



Source: Centers for Disease Control and Prevention, 2014 & New Jersey Department of Health, 2014



## Behavioral Health

### Behavioral Health in the Emergency Department

The following tables depict the distribution of behavioral health patients in hospital emergency departments (ED) by county, age, and payer mix. Behavioral health diagnoses encompass both mental health and substance abuse conditions. Emergency department visits include visits to all hospitals within a given county.

From 2010 to 2014, the number of behavioral health visits and the behavioral health use rate increased in all counties, except Ocean. Camden County has the highest current behavioral health use rate. The rate measures the total behavioral health visits as a proportion of the total county population.

The behavioral health use rate in the ED increased in all counties, except Ocean. Camden County has the highest rate.

#### **Behavioral Health Patients in the ED (Primary Diagnosis) - Burlington County\***

|  | 2010  | 2011  | 2012  | 2013  | 2014  |
|--|-------|-------|-------|-------|-------|
| Total Behavioral Health Visits                               | 4,685 | 4,832 | 5,692 | 5,448 | 5,803 |
| Percentage of ED Visits Due to a Behavioral Health Diagnosis | 4.4%  | 4.5%  | 4.3%  | 4.3%  | 4.6%  |
| Behavioral Health Use Rate per 1,000                         | 10.4  | 10.8  | 12.6  | 12.1  | 12.9  |

#### **Behavioral Health Patients in the ED (Primary Diagnosis) - Camden County\***

|  | 2010   | 2011   | 2012   | 2013   | 2014   |
|--|--------|--------|--------|--------|--------|
| Total Behavioral Health Visits                               | 12,201 | 13,267 | 13,723 | 13,548 | 13,869 |
| Percentage of ED Visits Due to a Behavioral Health Diagnosis | 5.1%   | 5.2%   | 5.0%   | 4.9%   | 4.8%   |
| Behavioral Health Use Rate per 1,000                         | 23.8   | 25.9   | 26.7   | 26.4   | 27.1   |

#### **Behavioral Health Patients in the ED (Primary Diagnosis) - Gloucester County\***

|  | 2010  | 2011  | 2012  | 2013  | 2014  |
|--|-------|-------|-------|-------|-------|
| Total Behavioral Health Visits                               | 4,716 | 5,124 | 5,348 | 5,157 | 5,289 |
| Percentage of ED Visits Due to a Behavioral Health Diagnosis | 4.9%  | 5.0%  | 5.2%  | 5.2%  | 5.2%  |
| Behavioral Health Use Rate per 1,000                         | 16.4  | 17.7  | 18.5  | 17.8  | 18.2  |

#### **Behavioral Health Patients in the ED (Primary Diagnosis) - Ocean County\***

|  | 2010   | 2011   | 2012   | 2013   | 2014   |
|--|--------|--------|--------|--------|--------|
| Total Behavioral Health Visits                               | 10,218 | 10,939 | 10,371 | 10,393 | 10,268 |
| Percentage of ED Visits Due to a Behavioral Health Diagnosis | 4.9%   | 5.2%   | 4.8%   | 5.1%   | 5.2%   |
| Behavioral Health Use Rate per 1,000                         | 17.7   | 18.9   | 17.9   | 17.8   | 17.5   |

\*Source: New Jersey Hospital Association, 2010-2014

Adults ages 22 to 54 comprise the largest proportion of behavioral health visits across all counties. Gloucester County has the largest percentage of patients 21 years or younger (28.1%), while Ocean County has the largest percentage of patients 55 years or over (23.6%). The Ocean County finding is consistent with having a higher median age.

Among payer types, Medicaid – HMO & FFS and charity care/uninsured payers account for 38% (Burlington County) to 56% (Camden County) of all behavioral health visits. In all counties, except Burlington, Medicaid payers comprise the largest percentage of visits.

Medicaid and Charity Care/Uninsured payers account for 38% to 56% of all behavioral health visits

### Behavioral Health Patients in the Emergency Department by Age

| Age         | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey |
|-------------|-------------------|---------------|-------------------|--------------|------------|
| 0 – 12      | 4.2%              | 5.8%          | 5.3%              | 2.4%         | 4.0%       |
| 13 – 21     | 21.1%             | 15.7%         | 22.9%             | 15.8%        | 17.3%      |
| 22 – 54     | 55.4%             | 61.5%         | 57.0%             | 58.2%        | 60.2%      |
| 55 and over | 19.2%             | 16.9%         | 14.8%             | 23.6%        | 18.4%      |

Source: New Jersey Hospital Association, 2014

### Behavioral Health Patients in the Emergency Department by Payer Mix

| Payer Type             | Burlington County | Camden County | Gloucester County | Ocean County | New Jersey |
|------------------------|-------------------|---------------|-------------------|--------------|------------|
| Medicare – HMO & FFS   | 18.0%             | 15.6%         | 15.9%             | 25.9%        | 15.0%      |
| Medicaid – HMO & FFS   | 24.7%             | 40.1%         | 27.7%             | 30.0%        | 27.8%      |
| Blue Cross             | 11.7%             | 6.7%          | 9.1%              | 13.2%        | 10.2%      |
| Charity Care/Uninsured | 13.6%             | 16.0%         | 18.8%             | 18.5%        | 24.6%      |
| Commercial HMO         | 26.8%             | 15.8%         | 17.7%             | 9.0%         | 16.6%      |
| Commercial             | 1.0%              | 4.6%          | 9.4%              | 2.2%         | 3.8%       |
| Other                  | 4.2%              | 1.2%          | 1.4%              | 1.2%         | 2.0%       |

Source: New Jersey Hospital Association, 2014

### Inpatient Psychiatric Beds by County

|                   | Total Inpatient Psychiatric Beds |
|-------------------|----------------------------------|
| Burlington County | 55                               |
| Camden County     | 65                               |
| Gloucester County | 20                               |
| Ocean County      | 60                               |
| New Jersey        | 1,425                            |

Source: New Jersey Hospital Association, 2014

**Mental Health**

Adults in all counties, except Burlington, have a higher average of poor mental health days when compared to the state average; Ocean County has the highest average (3.8 days). Adults in all counties, except Ocean, are also more likely to have doctor diagnosed depression compared to adults across the state; however, only Camden County exceeds the national rate.

Ocean County has the highest average for poor mental health days, but the lowest rate of diagnosed depression

The suicide death rate exceeds the state rate, in all counties, except Gloucester. Rates in Burlington and Ocean Counties also exceed the Healthy People 2020 goal and are on the rise. The Gloucester County suicide rate increased 7 points from 2010 to 2013, but declined 7 points between 2013 and 2014.

Burlington and Ocean County suicide rates exceed HP 2020 and are on the rise

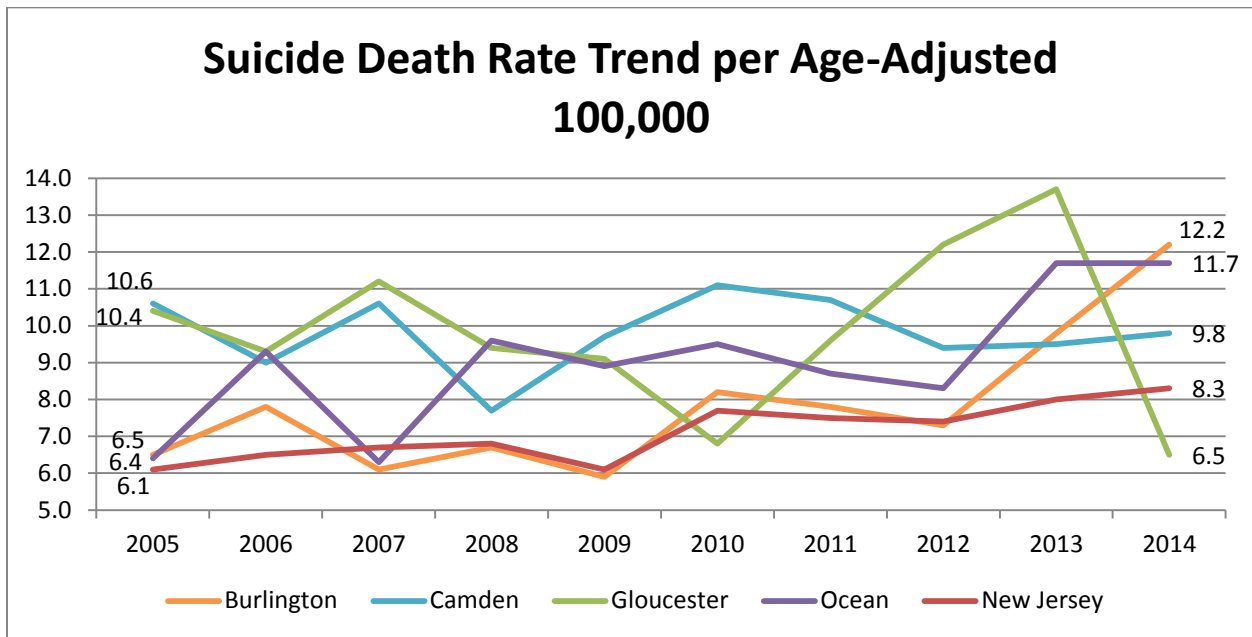
The mental and behavioral disorders death rate has been increasing across New Jersey and in all SJHP service counties over the past decade. Current rates in all counties, except Ocean, exceed the state rate; Gloucester County also exceeds the national rate.

The death rate due to mental and behavioral disorders is increasing in all counties

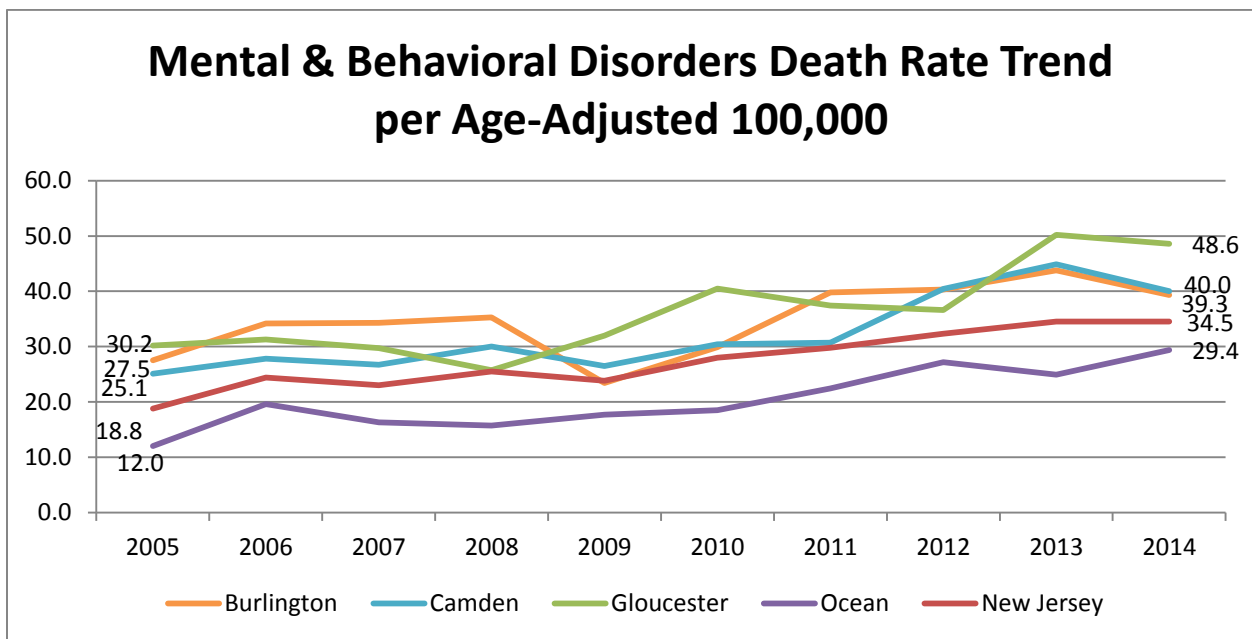
**Mental Health Measures**

|                   | Poor Mental Health Days (Adults) | Depression Diagnosis (Adults) | Suicide Rate per Age-Adjusted 100,000 | Mental & Behaviors Disorders Death rate per Age-Adjusted 100,000 |
|-------------------|----------------------------------|-------------------------------|---------------------------------------|--|
| Burlington County | 3.4                              | 15.8%                         | 12.2                                  | 39.3   |
| Camden County     | 3.7                              | 19.7%                         | 9.8                                   | 40.0   |
| Gloucester County | 3.6                              | 18.5%                         | 6.5                                   | 48.6   |
| Ocean County      | 3.8                              | 12.5%                         | 11.7                                  | 29.4   |
| New Jersey        | 3.4                              | 13.9%                         | 8.3                                   | 34.5   |
| United States     | 3.7                              | 18.7%                         | 13.0                                  | 40.9   |
| HP 2020           | NA                               | NA                            | 10.2                                  | NA   |

Source: Centers for Disease Control and Prevention, 2013 & 2014 & Healthy People 2020



Source: Centers for Disease Control and Prevention, 2005-2014



Source: Centers for Disease Control and Prevention, 2005-2014

Substance Abuse

Substance abuse includes both alcohol and drug abuse. Adults in all counties, except Ocean, are more likely to drink excessively compared to state and national rates. However, Ocean County is the only county to exceed the state rate for driving deaths due to DUI (30.4%).

The drug-induced death rate is higher in all SJHP service counties compared to the state and the nation, and increasing. Ocean County has the highest drug-

The drug-induced death rate is higher in all counties compared to the state and the nation and increasing

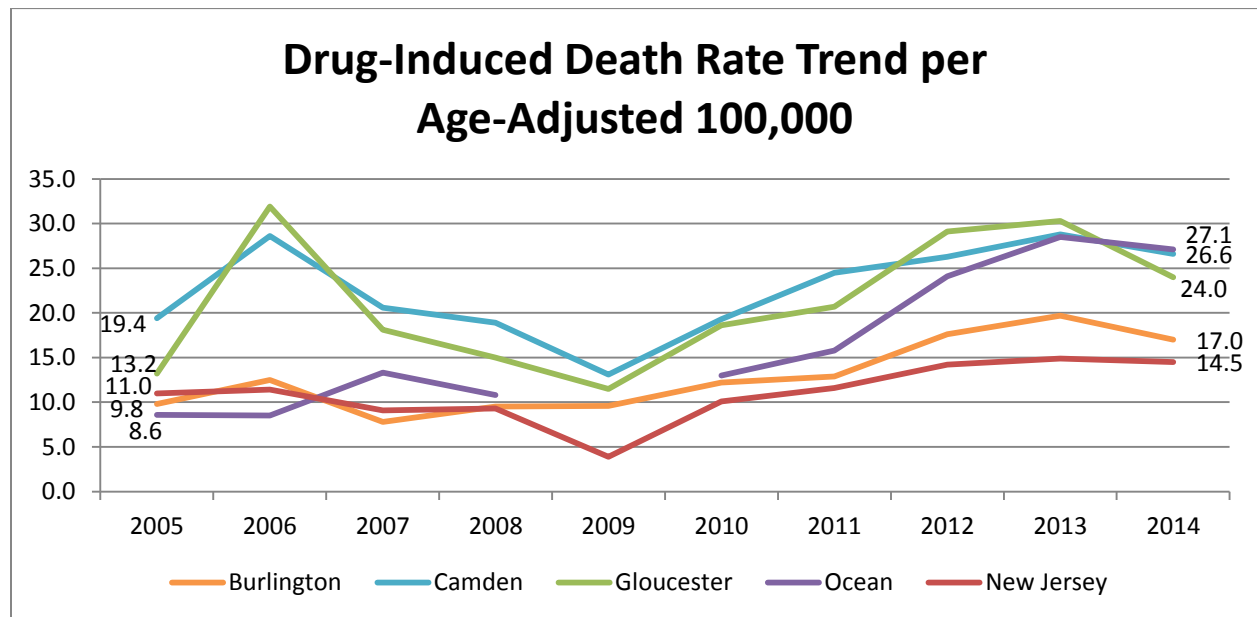
induced death rate and experienced the greatest increase between 2005 and 2014 (18.5 points).

New Jersey experienced a decline in drug-induced deaths between 2005 and 2009 before increasing from 2010 to 2014. Camden and Gloucester Counties experienced similar trends, reaching their lowest rate in the decade in 2009 before increasing.

**Substance Abuse Measures**

|                   | Excessive Drinking (Adults) | Percent of Driving Deaths due to DUI | Drug-Induced Death Rate per Age-Adjusted 100,000 |
|-------------------|-----------------------------|--------------------------------------|--|
| Burlington County | 19.4%                       | 22.0%                                | 17.0   |
| Camden County     | 17.7%                       | 18.9%                                | 26.6   |
| Gloucester County | 20.3%                       | 26.4%                                | 24.0   |
| Ocean County      | 16.1%                       | 30.4%                                | 27.1   |
| New Jersey        | 17.3%                       | 26.2%                                | 14.5   |
| United States     | 17.0%                       | 31.0%                                | 15.5   |
| HP 2020           | 25.4%                       | NA                                   | NA   |

Source: Centers for Disease Control and Prevention, 2014; Fatality Analysis Reporting System, 2010-2014; Healthy People 2020



Source: Centers for Disease Control and Prevention, 2005-2014  
 \*A 2009 rate is not reported for Ocean County due to a low death count

The following tables depict 2014 substance abuse treatment admissions for residents within each county, regardless of where they sought treatment in New Jersey. Data represent all admissions to treatment providers, not unique patients, unless otherwise noted.

The total number of substance abuse treatment admissions is highest in Ocean County and lowest in Burlington County. Based on 2016 population counts and the number of unique clients

in each county, the rate of substance abuse clients per 100,000 population is also higher in Ocean County, followed closely by Camden County.

Across all counties, heroin is the primary drug upon admission, followed by alcohol. The percentage of admissions due to heroin increased across all counties from 2013 to 2014. Counties with a higher percentage of heroin admissions also have a higher percentage of intravenous (IV) drug users.

### Substance Abuse Treatment Admissions by Primary Drug

|  | Burlington County |         | Camden County |         | Gloucester County |         | Ocean County |         |
|--|-------------------|---------|---------------|---------|-------------------|---------|--------------|---------|
|  | Count             | Percent | Count         | Percent | Count             | Percent | Count        | Percent |
| Alcohol                                  | 650               | 28%     | 1,153         | 24%     | 568               | 21%     | 1,325        | 23%     |
| Heroin                                   | 862               | 37%     | 1,868         | 38%     | 1,231             | 45%     | 3,034        | 52%     |
| Other opiates                            | 261               | 11%     | 411           | 8%      | 370               | 14%     | 636          | 11%     |
| Cocaine                                  | 129               | 6%      | 309           | 6%      | 130               | 5%      | 191          | 3%      |
| Marijuana                                | 335               | 15%     | 859           | 18%     | 307               | 11%     | 520          | 9%      |
| Other drugs                              | 62                | 3%      | 255           | 5%      | 101               | 4%      | 142          | 2%      |
| <b>Total Admissions</b>                  | <b>2,686</b>      |         | <b>5,214</b>  |         | <b>2,881</b>      |         | <b>6,565</b> |         |
| <b>IV Drug Users</b>                     | <b>29%</b>        |         | <b>30%</b>    |         | <b>37%</b>        |         | <b>44%</b>   |         |
| <b>Unduplicated Clients</b>              | <b>1,893</b>      |         | <b>3,766</b>  |         | <b>1,886</b>      |         | <b>4,381</b> |         |
| <b>Unduplicated Clients per 100,000*</b> | <b>421.3</b>      |         | <b>738.8</b>  |         | <b>645.8</b>      |         | <b>742.2</b> |         |

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

\*Based on 2016 population counts

### Substance Abuse Treatment Admissions Trend

|                   |      | Total Admissions | Unduplicated Clients | Heroin Admissions |
|-------------------|------|------------------|----------------------|-------------------|
| Burlington County | 2013 | 2,938            | 2,059                | 33%               |
|                   | 2014 | 2,686            | 1,893                | 37%               |
| Camden County     | 2013 | 5,830            | 4,093                | 36%               |
|                   | 2014 | 5,214            | 3,766                | 38%               |
| Gloucester County | 2013 | 3,402            | 2,236                | 40%               |
|                   | 2014 | 2,881            | 1,886                | 45%               |
| Ocean County      | 2013 | 7,285            | 4,976                | 40%               |
|                   | 2014 | 6,565            | 4,381                | 52%               |

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2013 & 2014

**Substance Abuse Treatment Admissions by Age at Admission**

|            | Burlington County |         | Camden County |         | Gloucester County |         | Ocean County |         |
|------------|-------------------|---------|---------------|---------|-------------------|---------|--------------|---------|
|            | Count             | Percent | Count         | Percent | Count             | Percent | Count        | Percent |
| Under 18   | 41                | 2%      | 69            | 1%      | 20                | 1%      | 61           | 1%      |
| 18 – 21    | 226               | 8%      | 436           | 8%      | 325               | 11%     | 657          | 10%     |
| 22 – 24    | 336               | 13%     | 597           | 11%     | 422               | 15%     | 1,043        | 16%     |
| 25 – 29    | 611               | 23%     | 1,028         | 20%     | 651               | 23%     | 1,401        | 21%     |
| 30 – 34    | 495               | 18%     | 879           | 17%     | 527               | 18%     | 1,199        | 18%     |
| 35 – 44    | 507               | 19%     | 1,126         | 22%     | 507               | 18%     | 1,135        | 17%     |
| 45 – 54    | 351               | 13%     | 819           | 16%     | 319               | 11%     | 807          | 12%     |
| 55 or over | 119               | 4%      | 259           | 5%      | 110               | 4%      | 262          | 4%      |

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

\*Note: Treatment admission data for youth 21 years or under only include youth funded by the New Jersey Division of Mental Health and Addiction Services and do not represent all youth receiving services

The following tables depict substance abuse treatment admissions by primary drug and municipality for each of the four counties. Note: Only municipalities with 50 or more admissions are included, and drugs categorized as “Unknown” are not included.

Across the counties, municipalities with the highest total number of substance abuse admissions often have adverse socioeconomic measures. The municipalities are denoted by a (\*). Most notably, approximately 33% of all admissions in Camden County are from residents who live in Camden City.

**Substance Abuse Treatment Admissions by Municipality – Burlington County**

|                          | Alcohol    |            | Cocaine/<br>Crack |            | Heroin     |            | Other<br>Opiates |            | Marijuana/<br>Hash |            | Other<br>Drugs |            | Total        |
|--------------------------|------------|------------|-------------------|------------|------------|------------|------------------|------------|--------------------|------------|----------------|------------|--------------|
|                          | N          | %          | N                 | %          | N          | %          | N                | %          | N                  | %          | N              | %          | N            |
| Burlington City*         | 67         | 10         | 19                | 15         | 58         | 7          | 10               | 4          | 67                 | 20         | 8              | 12         | 251          |
| Burlington Twp*          | 46         | 7          | 3                 | 2          | 80         | 9          | 19               | 7          | 31                 | 9          | 9              | 13         | 219          |
| Cinnaminson Twp          | 19         | 3          | 2                 | 2          | 36         | 4          | 12               | 5          | 4                  | 1          | 1              | 1          | 84           |
| Delran Twp               | 19         | 3          | 0                 | 0          | 24         | 3          | 6                | 2          | 8                  | 2          | 1              | 1          | 66           |
| Evesham Twp              | 25         | 4          | 9                 | 7          | 43         | 5          | 7                | 3          | 2                  | 1          | 1              | 1          | 99           |
| Maple Shade Twp*         | 26         | 4          | 9                 | 7          | 47         | 5          | 18               | 7          | 10                 | 3          | 1              | 1          | 130          |
| Medford Twp              | 19         | 3          | 0                 | 0          | 18         | 2          | 9                | 3          | 5                  | 1          | 0              | 0          | 65           |
| Moorestown Twp           | 14         | 2          | 3                 | 2          | 26         | 3          | 5                | 2          | 7                  | 2          | 2              | 3          | 62           |
| Mount Holly Twp          | 37         | 6          | 8                 | 6          | 40         | 5          | 15               | 6          | 20                 | 6          | 4              | 6          | 150          |
| Mount Laurel Twp         | 48         | 7          | 2                 | 2          | 35         | 4          | 20               | 8          | 20                 | 6          | 1              | 1          | 141          |
| Pemberton Boro*          | 30         | 5          | 5                 | 4          | 28         | 3          | 17               | 6          | 18                 | 5          | 1              | 1          | 117          |
| Pembertown Twp*          | 39         | 6          | 5                 | 4          | 67         | 8          | 18               | 7          | 23                 | 7          | 4              | 6          | 186          |
| Riverside Twp            | 17         | 3          | 1                 | 1          | 25         | 3          | 10               | 4          | 4                  | 1          | 2              | 3          | 79           |
| Southampton Twp          | 16         | 2          | 1                 | 1          | 9          | 1          | 12               | 5          | 6                  | 2          | 7              | 10         | 61           |
| Willingboro Twp*         | 51         | 8          | 19                | 15         | 36         | 4          | 21               | 8          | 33                 | 10         | 5              | 7          | 193          |
| <b>Burlington County</b> | <b>650</b> | <b>100</b> | <b>129</b>        | <b>100</b> | <b>862</b> | <b>100</b> | <b>263</b>       | <b>100</b> | <b>337</b>         | <b>100</b> | <b>68</b>      | <b>100</b> | <b>2,686</b> |

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

\*Municipalities have higher substance abuse admission counts and some of the poorest social determinants of health

**Substance Abuse Treatment Admissions by Municipality – Camden County**

|                      | Alcohol      |            | Cocaine/<br>Crack |            | Heroin       |            | Other<br>Opiates |            | Marijuana/<br>Hash |            | Other<br>Drugs |            | Total        |
|----------------------|--------------|------------|-------------------|------------|--------------|------------|------------------|------------|--------------------|------------|----------------|------------|--------------|
|                      | N            | %          | N                 | %          | N            | %          | N                | %          | N                  | %          | N              | %          | N            |
| Audubon Boro         | 17           | 1          | 1                 | 0          | 28           | 1          | 12               | 3          | 10                 | 1          | 4              | 2          | 81           |
| Bellmawr Boro        | 20           | 2          | 11                | 4          | 36           | 2          | 11               | 3          | 12                 | 1          | 2              | 1          | 102          |
| Berlin Boro          | 16           | 1          | 1                 | 0          | 29           | 2          | 9                | 2          | 3                  | 0          | 2              | 1          | 65           |
| Berlin Twp           | 27           | 2          | 3                 | 1          | 38           | 2          | 7                | 2          | 8                  | 1          | 2              | 1          | 92           |
| Camden City*         | 326          | 28         | 158               | 51         | 478          | 26         | 88               | 21         | 472                | 55         | 118            | 47         | 1,721        |
| Cherry Hill Twp      | 66           | 6          | 5                 | 2          | 99           | 5          | 29               | 7          | 18                 | 2          | 5              | 2          | 245          |
| Clementon Boro*      | 28           | 2          | 5                 | 2          | 70           | 4          | 13               | 3          | 19                 | 2          | 3              | 1          | 144          |
| Collingswood Boro    | 24           | 2          | 0                 | 0          | 53           | 3          | 4                | 1          | 8                  | 1          | 0              | 0          | 94           |
| Gloucester City*     | 30           | 3          | 7                 | 2          | 118          | 6          | 17               | 4          | 17                 | 2          | 14             | 6          | 221          |
| Gloucester Twp*      | 31           | 3          | 13                | 4          | 91           | 5          | 15               | 4          | 28                 | 3          | 3              | 1          | 200          |
| Haddon Twp           | 14           | 1          | 2                 | 1          | 25           | 1          | 1                | 0          | 3                  | 0          | 3              | 1          | 56           |
| Lindenwold Boro      | 35           | 3          | 11                | 4          | 52           | 3          | 10               | 2          | 25                 | 3          | 3              | 1          | 142          |
| Pennsauken Twp*      | 49           | 4          | 14                | 5          | 73           | 4          | 15               | 4          | 33                 | 4          | 11             | 4          | 212          |
| Pine Hill Boro       | 12           | 1          | 2                 | 1          | 36           | 2          | 7                | 2          | 17                 | 2          | 5              | 2          | 88           |
| Runnemede Boro       | 21           | 2          | 2                 | 1          | 47           | 3          | 7                | 2          | 7                  | 1          | 7              | 3          | 98           |
| Somerdale Boro       | 18           | 2          | 1                 | 0          | 16           | 1          | 6                | 1          | 1                  | 0          | 1              | 0          | 52           |
| Voorhees Twp         | 27           | 2          | 4                 | 1          | 30           | 2          | 4                | 1          | 9                  | 1          | 4              | 2          | 89           |
| Winslow Twp          | 44           | 4          | 10                | 3          | 41           | 2          | 25               | 6          | 35                 | 4          | 7              | 3          | 179          |
| <b>Camden County</b> | <b>1,153</b> | <b>100</b> | <b>309</b>        | <b>100</b> | <b>1,868</b> | <b>100</b> | <b>418</b>       | <b>100</b> | <b>860</b>         | <b>100</b> | <b>253</b>     | <b>100</b> | <b>5,214</b> |

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

**Substance Abuse Treatment Admissions by Municipality – Gloucester County**

|                          | Alcohol    |            | Cocaine/<br>Crack |            | Heroin       |            | Other<br>Opiates |            | Marijuana/<br>Hash |            | Other<br>Drugs |            | Total        |
|--------------------------|------------|------------|-------------------|------------|--------------|------------|------------------|------------|--------------------|------------|----------------|------------|--------------|
|                          | N          | %          | N                 | %          | N            | %          | N                | %          | N                  | %          | N              | %          | N            |
| Clayton Boro             | 23         | 4          | 6                 | 5          | 22           | 2          | 12               | 3          | 12                 | 4          | 6              | 6          | 87           |
| Deptford Twp             | 42         | 7          | 6                 | 5          | 91           | 7          | 26               | 7          | 24                 | 8          | 4              | 4          | 204          |
| Franklin Twp             | 22         | 4          | 2                 | 2          | 57           | 5          | 32               | 9          | 14                 | 5          | 1              | 1          | 134          |
| Glassboro Boro*          | 52         | 9          | 9                 | 7          | 67           | 5          | 15               | 4          | 35                 | 11         | 8              | 8          | 196          |
| Mantua Twp               | 21         | 4          | 6                 | 5          | 61           | 5          | 21               | 6          | 8                  | 3          | 4              | 4          | 131          |
| Monroe Twp               | 43         | 8          | 10                | 8          | 93           | 8          | 23               | 6          | 23                 | 7          | 7              | 7          | 217          |
| National Park Boro       | 9          | 2          | 3                 | 2          | 43           | 3          | 5                | 1          | 4                  | 1          | 2              | 2          | 69           |
| Paulsboro Boro           | 22         | 4          | 4                 | 3          | 27           | 2          | 10               | 3          | 22                 | 7          | 4              | 4          | 97           |
| Pitman Boro              | 16         | 3          | 5                 | 4          | 31           | 3          | 15               | 4          | 12                 | 4          | 6              | 6          | 86           |
| Washington Twp           | 56         | 10         | 10                | 8          | 94           | 8          | 49               | 13         | 34                 | 11         | 10             | 10         | 267          |
| Wenonah Boro             | 16         | 3          | 5                 | 4          | 45           | 4          | 8                | 2          | 2                  | 1          | 0              | 0          | 79           |
| West Deptford Twp        | 27         | 5          | 10                | 8          | 50           | 4          | 16               | 4          | 16                 | 5          | 7              | 7          | 136          |
| Westville Boro*          | 30         | 5          | 9                 | 7          | 54           | 4          | 13               | 4          | 16                 | 5          | 5              | 5          | 138          |
| Woodbury City*           | 26         | 5          | 17                | 13         | 81           | 7          | 18               | 5          | 30                 | 10         | 10             | 10         | 201          |
| <b>Gloucester County</b> | <b>568</b> | <b>100</b> | <b>132</b>        | <b>100</b> | <b>1,231</b> | <b>100</b> | <b>371</b>       | <b>100</b> | <b>307</b>         | <b>100</b> | <b>100</b>     | <b>100</b> | <b>2,881</b> |

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

\*Municipalities have higher substance abuse admission counts and some of the poorest social determinants of health



**Substance Abuse Treatment Admissions by Municipality – Ocean County**

|                              | Alcohol      |            | Cocaine/<br>Crack |            | Heroin       |            | Other<br>Opiates |            | Marijuana/<br>Hash |            | Other<br>Drugs |            | Total        |
|------------------------------|--------------|------------|-------------------|------------|--------------|------------|------------------|------------|--------------------|------------|----------------|------------|--------------|
|                              | N            | %          | N                 | %          | N            | %          | N                | %          | N                  | %          | N              | %          | N            |
| Barneгат Light Boro          | 35           | 3          | 3                 | 2          | 111          | 4          | 27               | 4          | 20                 | 4          | 7              | 5          | 224          |
| Beachwood Boro               | 40           | 3          | 3                 | 2          | 93           | 3          | 12               | 2          | 9                  | 2          | 1              | 1          | 173          |
| Berkeley Twp                 | 61           | 5          | 7                 | 4          | 98           | 3          | 34               | 5          | 25                 | 5          | 3              | 2          | 242          |
| Brick Twp                    | 177          | 13         | 29                | 15         | 426          | 14         | 106              | 16         | 59                 | 11         | 22             | 17         | 924          |
| Dover Twp                    | 210          | 16         | 39                | 20         | 436          | 14         | 121              | 19         | 99                 | 19         | 17             | 13         | 1,018        |
| Jackson Twp                  | 102          | 8          | 8                 | 4          | 210          | 7          | 38               | 6          | 48                 | 9          | 5              | 4          | 467          |
| Lacey Twp                    | 51           | 4          | 2                 | 1          | 150          | 5          | 31               | 5          | 20                 | 4          | 4              | 3          | 279          |
| Lakehurst Boro               | 3            | 0          | 2                 | 1          | 34           | 1          | 6                | 1          | 9                  | 2          | 2              | 2          | 59           |
| Lakewood Twp*                | 122          | 9          | 30                | 16         | 109          | 4          | 17               | 3          | 62                 | 12         | 6              | 5          | 371          |
| Little Egg Harbor<br>Twp     | 42           | 3          | 2                 | 1          | 130          | 4          | 23               | 4          | 20                 | 4          | 5              | 4          | 246          |
| Manchester Twp               | 53           | 4          | 7                 | 4          | 114          | 4          | 17               | 3          | 20                 | 4          | 6              | 5          | 246          |
| Ocean Twp                    | 34           | 3          | 8                 | 4          | 104          | 3          | 33               | 5          | 11                 | 2          | 7              | 5          | 215          |
| Point Pleasant Boro          | 39           | 3          | 11                | 6          | 99           | 3          | 10               | 2          | 7                  | 1          | 4              | 3          | 202          |
| Point Pleasant Beach<br>Boro | 13           | 1          | 2                 | 1          | 42           | 1          | 6                | 1          | 3                  | 1          | 1              | 1          | 78           |
| Seaside Heights<br>Boro*     | 40           | 3          | 6                 | 3          | 100          | 3          | 17               | 3          | 21                 | 4          | 3              | 2          | 206          |
| South Toms River<br>Boro*    | 46           | 3          | 3                 | 2          | 108          | 4          | 18               | 3          | 21                 | 4          | 5              | 4          | 230          |
| Stafford Twp                 | 53           | 4          | 4                 | 2          | 97           | 3          | 26               | 4          | 16                 | 3          | 7              | 5          | 241          |
| Tuckerton Boro               | 24           | 2          | 1                 | 1          | 70           | 2          | 21               | 3          | 6                  | 1          | 3              | 2          | 139          |
| <b>Ocean County</b>          | <b>1,325</b> | <b>100</b> | <b>191</b>        | <b>100</b> | <b>3,034</b> | <b>100</b> | <b>654</b>       | <b>100</b> | <b>520</b>         | <b>100</b> | <b>131</b>     | <b>100</b> | <b>6,565</b> |

Source: New Jersey Department of Human Services Division of Mental Health and Addiction Services, 2014

\*Municipalities have higher substance abuse admission counts and some of the poorest social determinants of health

**Maternal and Infant Health**

The birth rate is highest in Camden and Ocean Counties. Camden County also has the most racial and ethnicity diversity among births with 22.9% of births occurring among Blacks/African Americans and 22.5% of births occurring among Hispanics/Latinos.

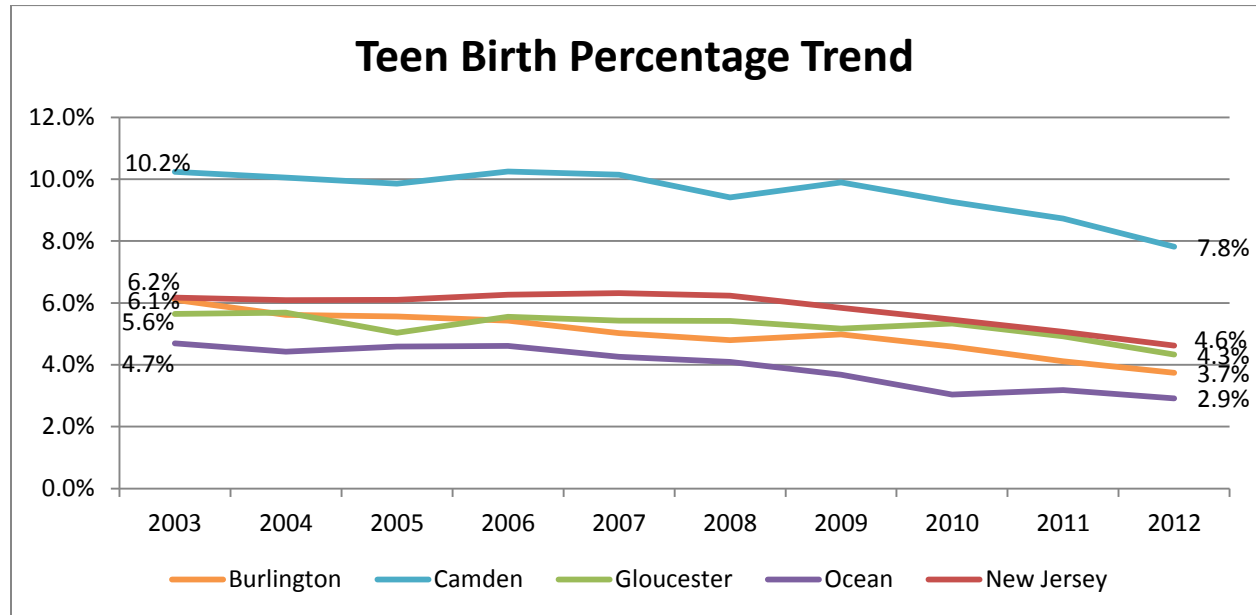
**2012 Births by Race and Ethnicity**

|                      | Total<br>Births | Birth<br>Rate per<br>1,000 | White Births | Black/African<br>American Births | Hispanic/Latino<br>(any race)<br>Births |
|----------------------|-----------------|----------------------------|--------------|----------------------------------|---|
| Burlington County    | 4,512           | 10.0                       | 62.1%        | 17.6%                            | 10.5%                                   |
| Camden County        | 6,345           | 12.4                       | 46.6%        | 22.9%                            | 22.5%                                   |
| Gloucester<br>County | 3,022           | 10.4                       | 74.3%        | 13.2%                            | 7.5%                                    |
| Ocean County         | 7,995           | 13.8                       | 83.1%        | 2.5%                             | 12.3%                                   |

Source: New Jersey Department of Health, 2012

The percentage of births to teenagers is declining in all counties. From 2003 to 2012, Burlington and Camden Counties experienced the greatest declines (2.4 points). All counties either meet or have a lower percentage of teen births compared to the nation (7.8%), and only Camden County exceeds the state rate (4.6%).

The percentage of births to teenage mothers is declining in all counties



Source: New Jersey Department of Health, 2003-2012

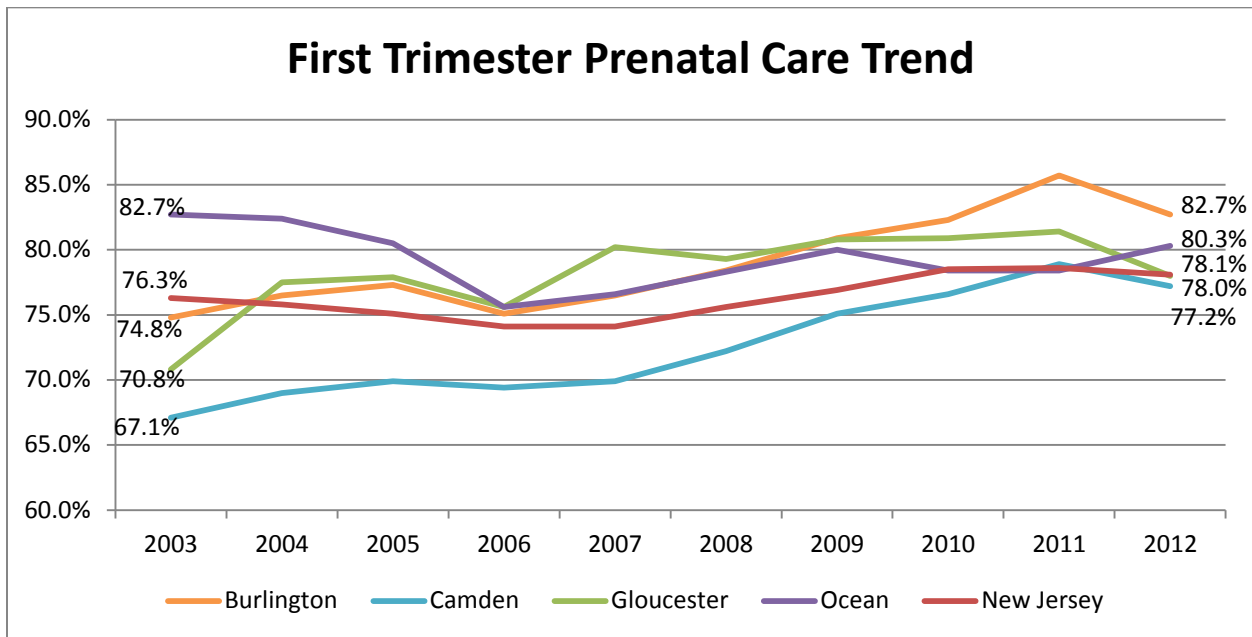
Prenatal care should begin during the first trimester to ensure a healthy pregnancy and birth. All counties have a similar or higher percentage of mothers receiving first trimester prenatal care compared to the state (78.1%) and Healthy People 2020 goal (77.9%). Camden County has the lowest percentage (77.2%).

All counties are either within reach of or meet the HP 2020 goal for mothers receiving first trimester prenatal care

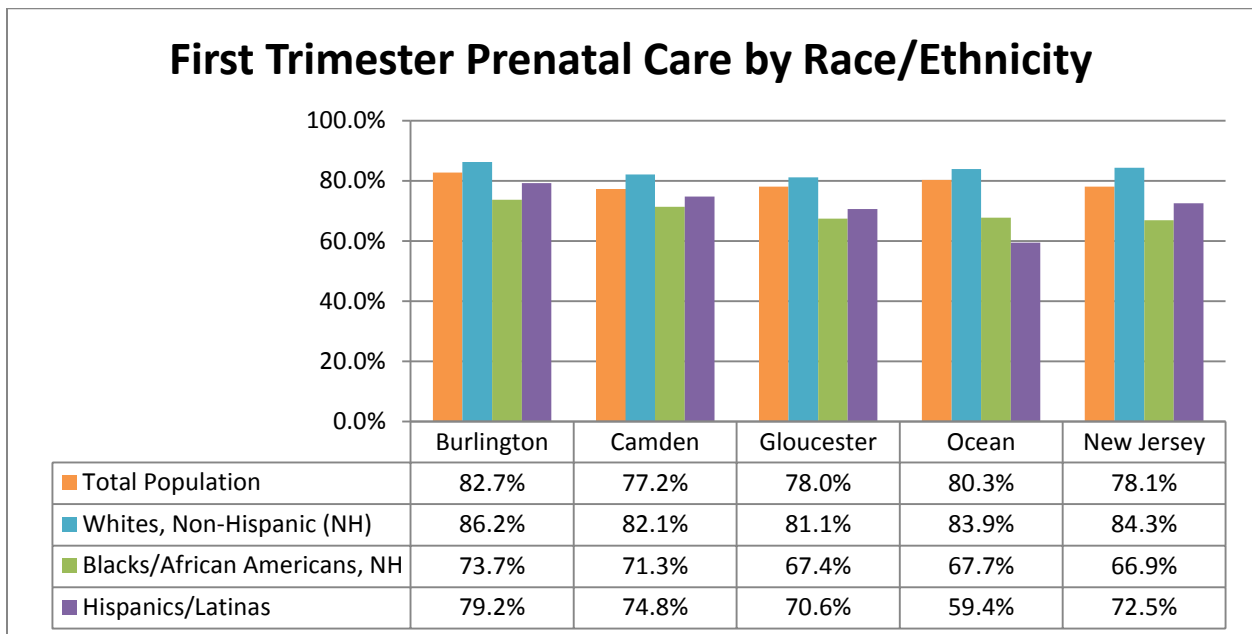
The percentage of mothers receiving first trimester prenatal care increased in all SJHP service counties, except Ocean, from 2003 to 2012. Ocean County experienced a decline in mothers receiving first trimester prenatal care between 2003 and 2006, but the percentage is now on the rise.

Black/African American and Hispanic/Latina women in all counties are less likely to receive first trimester prenatal care compared to White women. Ocean County experiences the greatest disparity with a rate difference between Whites and Blacks/African Americans and Hispanics/Latinas of 16 points and 25 points respectively.

Black/African American and Hispanic/Latina mothers are less likely to receive first trimester prenatal care



Source: New Jersey Department of Health, 2003-2012



Source: New Jersey Department of Health, 2012

The following municipalities within each county do not meet the Healthy People 2020 goal for mothers receiving first trimester prenatal care (77.9%) by more than 2 points. Municipalities are presented in ascending order by percentage of mothers receiving first trimester prenatal care.

**Municipalities That Do Not Meet the Healthy People 2020 Goal (77.9%) for Mothers Receiving Frist Trimester Prenatal Care**

| Burlington County  |       | Camden County      |       | Gloucester County |       | Ocean County              |       |
|--------------------|-------|--------------------|-------|-------------------|-------|---------------------------|-------|
| Municipality       | %     | Municipality       | %     | Municipality      | %     | Municipality              | %     |
| Burlington City    | 72.5% | Brooklawn Boro     | 55.6% | Westville Boro    | 62.2% | Seaside Heights Boro      | 59.5% |
| Willingboro Twp    | 72.6% | Lawnside Boro      | 65.2% | Woolwich Twp      | 65.9% | Point Pleasant Beach Boro | 66.7% |
| Edgewater Park Twp | 74.0% | Haddonfield Boro   | 68.3% | Swedesboro Boro   | 68.6% | Long Beach Twp (n=5)      | 71.4% |
| Delanco Twp        | 75.4% | Camden City        | 68.8% | Paulsboro Boro    | 70.9% | Lakehurst Boro            | 72.7% |
|                    |       | Merchantville Boro | 70.6% | Woodbury City     | 71.8% | South Toms River Boro     | 73.8% |
|                    |       | Collingswood Boro  | 72.0% | Logan Twp         | 72.7% |                           |       |
|                    |       | Gloucester City    | 72.6% | Deptford Twp      | 75.0% |                           |       |
|                    |       | Pennsauken Twp     | 73.4% | Greenwich Twp     | 75.6% |                           |       |
|                    |       | Stratford Boro     | 73.9% |                   |       |                           |       |

Source: New Jersey Department of Health, 2012

\*Only municipalities with 5 or more reported mothers are included. Counts less than 10 are noted.

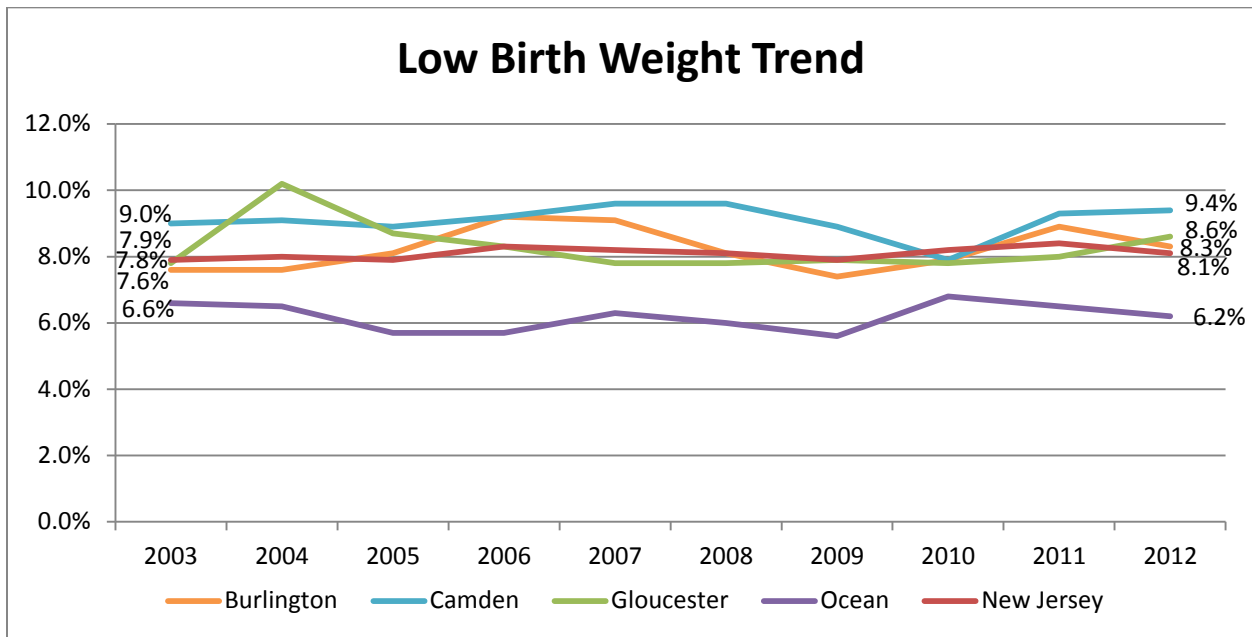
Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. Ocean County is the only county to meet the Healthy People 2020 goal (7.8%) for low birth weight babies. Camden and Gloucester Counties have the highest percentages at 9.4% and 8.6% respectively.

The low birth weight percentage has remained relatively stable in all SJHP service counties over the past decade; however, all counties, except Ocean, have a higher low birth weight percentage than in 2003.

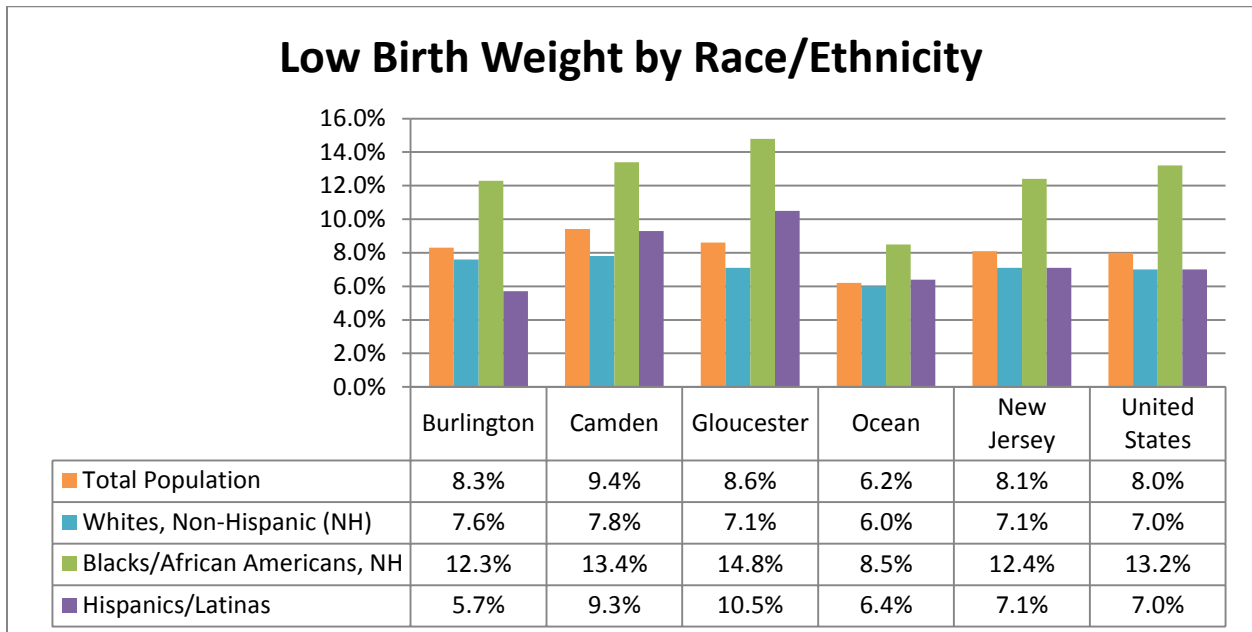
All counties, except Ocean, meet the HP 2020 goal for low birth weight babies and have a higher rate than at the beginning of the decade

Black/African American women in all counties and Hispanic/Latina women in Camden and Gloucester Counties are more likely to deliver low birth weight babies when compared to White women. Gloucester County experiences the greatest disparity with a rate difference between Whites and Blacks/African Americans and Hispanics/Latinas of 8 points and 3 points respectively.

Low birth weight percentages are highest among Blacks/African Americans



Source: New Jersey Department of Health, 2003-2012



Source: Centers for Disease Control and Prevention, 2012 & New Jersey Department of Health, 2012

The following municipalities within each county do not meet the Healthy People 2020 goal for low birth weight babies (7.8%) by more than 2 points. Municipalities are presented in descending order by percentage of low birth weight babies.

**Municipalities that Do Not Meet the Healthy People 2020 Goal (7.8%) for Low Birth Weight Babies**

| Burlington County |             | Camden County      |             | Gloucester County  |             |
|-------------------|-------------|--------------------|-------------|--------------------|-------------|
| Municipality      | %           | Municipality       | %           | Municipality       | %           |
| Bordentown City   | 18.4% (n=7) | Merchantville Boro | 14.7% (n=5) | Paulsboro Boro     | 12.7%       |
| Lumberton Twp     | 17.0%       | Waterford Twp      | 13.8%       | East Greenwich Twp | 11.3%       |
| Burlington City   | 13.7%       | Mount Ephraim Boro | 12.1% (n=8) | Monroe Twp         | 11.3%       |
| Westampton Twp    | 11.5%       | Camden City        | 11.5%       | Woodbury City      | 10.6%       |
| Willingboro Twp   | 11.0%       | Pennsauken Twp     | 11.4%       | Swedesboro Boro    | 10.0% (n=7) |
| Maple Shade Twp   | 10.8%       | Berlin Twp         | 11.1% (n=8) |                    |             |
| Mount Holly Twp   | 10.4%       | Lindenwold Boro    | 10.8%       |                    |             |
| Bordentown Twp    | 10.2%       | Bellmawr Boro      | 10.1%       |                    |             |
| Medford Twp       | 9.9%        | Gloucester Twp     | 10.1%       |                    |             |

Source: New Jersey Department of Health, 2012

\*Only municipalities with 5 or more reported mothers are included. Counts less than 10 are noted.

\*\*No municipalities within Ocean County have a low birth weight percentage greater than 9.8%

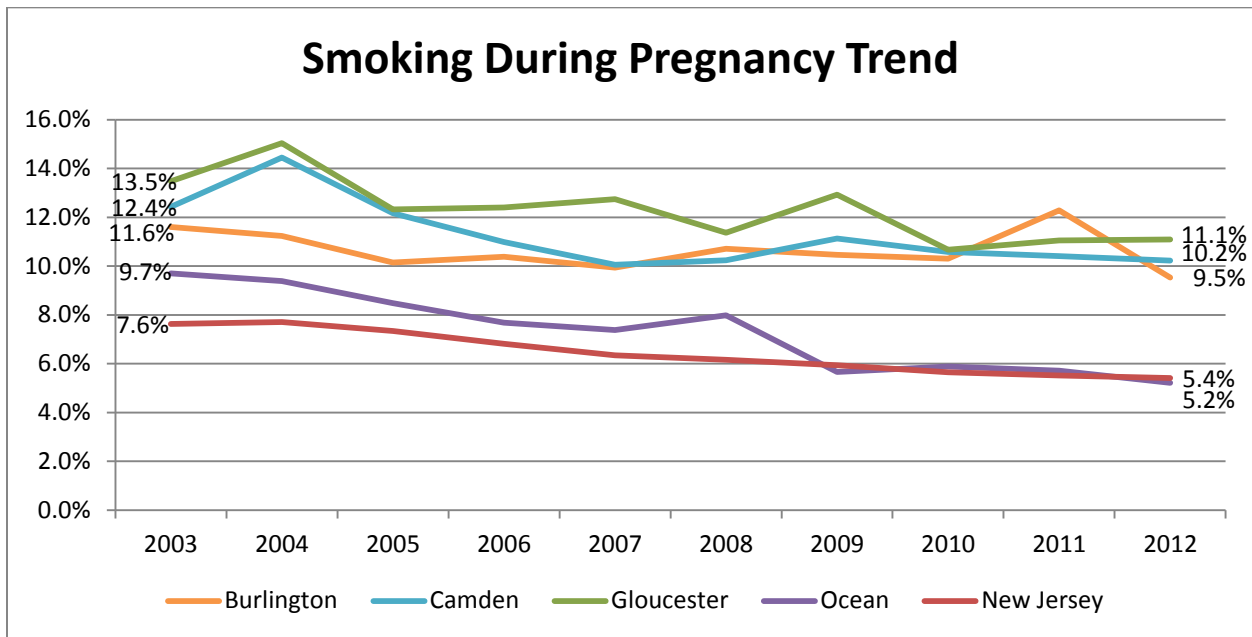
None of the counties meet the Healthy People 2020 goal (1.4%) for mothers who smoke during pregnancy, and all counties, except Ocean, exceed the statewide percentage. However, percentages in all counties decreased from 2003 to 2012.

Across New Jersey, Black/African American women are more likely to smoke during pregnancy compared to other racial and ethnic groups. Camden, Gloucester, and Ocean Counties follow a similar trend. In Burlington County, White women are the most

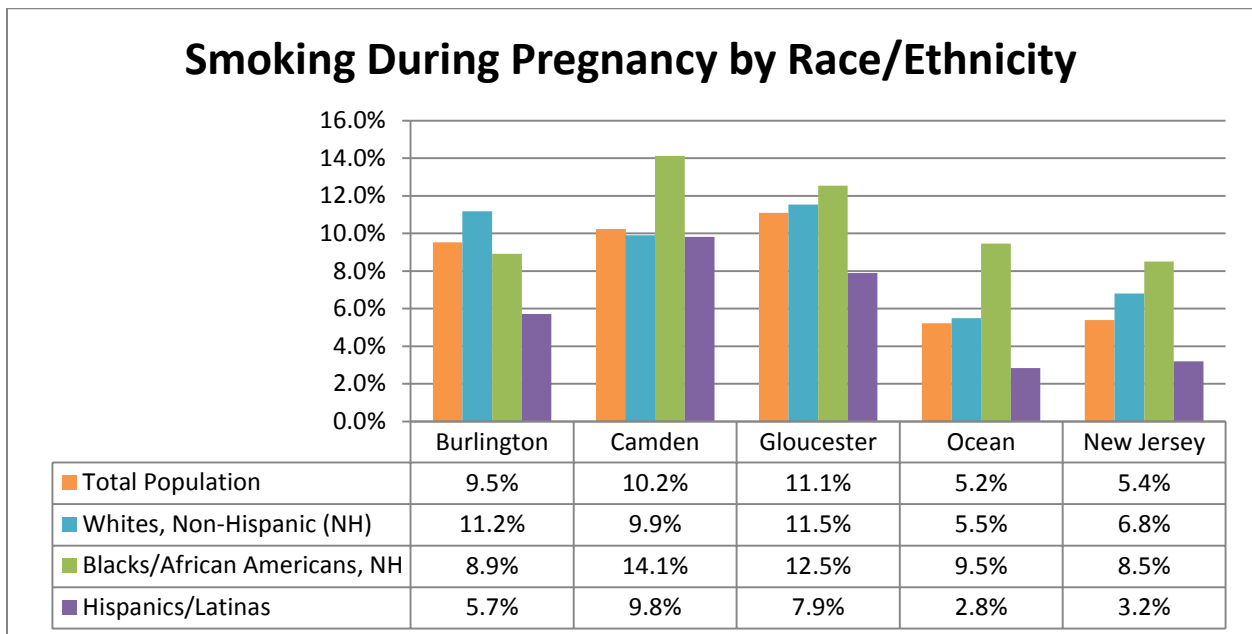
likely to smoke during pregnancy; they exceed Black/African American women by 2.3 points.

None of the counties meet the HP 2020 goal for mothers who smoke during pregnancy, but rates are declining

Black/African American women are the most likely to smoke during pregnancy in all counties, except Burlington.



Source: New Jersey Department of Health, 2003-2012



Source: New Jersey Department of Health, 2012

Nearly all municipalities within the service counties exceed the state and Healthy People 2020 goal for mothers who smoke during pregnancy. The following table identifies municipalities that exceed their respective county rate by more than 2 points to focus on areas of greatest disparity. Municipalities are presented in descending order by percentage of mothers who smoke during pregnancy.

**Municipalities that Exceed the County for Mothers Smoking during Pregnancy**

| Burlington County |             | Camden County   |             | Gloucester County |             | Ocean County          |             |
|-------------------|-------------|-----------------|-------------|-------------------|-------------|-----------------------|-------------|
| Municipality      | %           | Municipality    | %           | Municipality      | %           | Municipality          | %           |
| Wrightstown Boro  | 26.3% (n=5) | Brooklawn Boro  | 33.3% (n=6) | Newfield Boro     | 25.0% (n=5) | Seaside Heights Boro  | 27.0%       |
| Southampton Twp   | 22.6%       | Gloucester City | 21.9%       | Westville Boro    | 22.2%       | Tuckerton Boro        | 23.5% (n=8) |
| Mount Holly Twp   | 20.0%       | Camden City     | 16.8%       | Elk Twp           | 20.0% (n=8) | Ocean Gate Boro       | 22.7% (n=5) |
| Bordentown City   | 18.4% (n=7) | Runnemede Boro  | 16.5%       | Greenwich Twp     | 20.0% (n=9) | Little Egg Harbor Twp | 22.5%       |
| Riverside Twp     | 17.9%       | Oaklyn Boro     | 15.3% (n=9) | Paulsboro Boro    | 19.1%       | Stafford Twp          | 14.6%       |
| Burlington City   | 17.6%       |                 |             | Monroe Twp        | 15.3%       | Ocean Twp             | 14.5%       |
| Beverly City      | 16.7% (n=7) |                 |             | Woodbury City     | 14.1%       | Plumsted Twp          | 11.9% (n=8) |
| Florence Twp      | 16.2%       |                 |             | West Deptford Twp | 13.5%       | Berkeley Twp          | 11.8%       |
| Pemberton Twp     | 14.7%       |                 |             | Deptford Twp      | 13.4%       | Beachwood Boro        | 11.6%       |
| Shamong Twp       | 12.8% (n=5) |                 |             |                   |             | South Toms River Boro | 11.5% (n=7) |
|                   |             |                 |             |                   |             | Lacey Twp             | 11.4%       |
|                   |             |                 |             |                   |             | Manchester Twp        | 11.4%       |
|                   |             |                 |             |                   |             | Barneгат Twp          | 10.9%       |
|                   |             |                 |             |                   |             | Toms River Twp        | 7.5%        |

Source: New Jersey Department of Health, 2012

\*Only municipalities with 5 or more reported mothers are included. Counts less than 10 are noted.

All counties meet the Healthy People 2020 goal for preterm births (11.4%), but only Ocean County has a lower rate than the state (9.5%). Ocean County is also the only county to experience a downward trend in preterm births. Burlington, Camden, and Gloucester County preterm birth trends have remained variable, and all three counties experienced recent increases, resulting in higher rates than at the beginning of the decade.

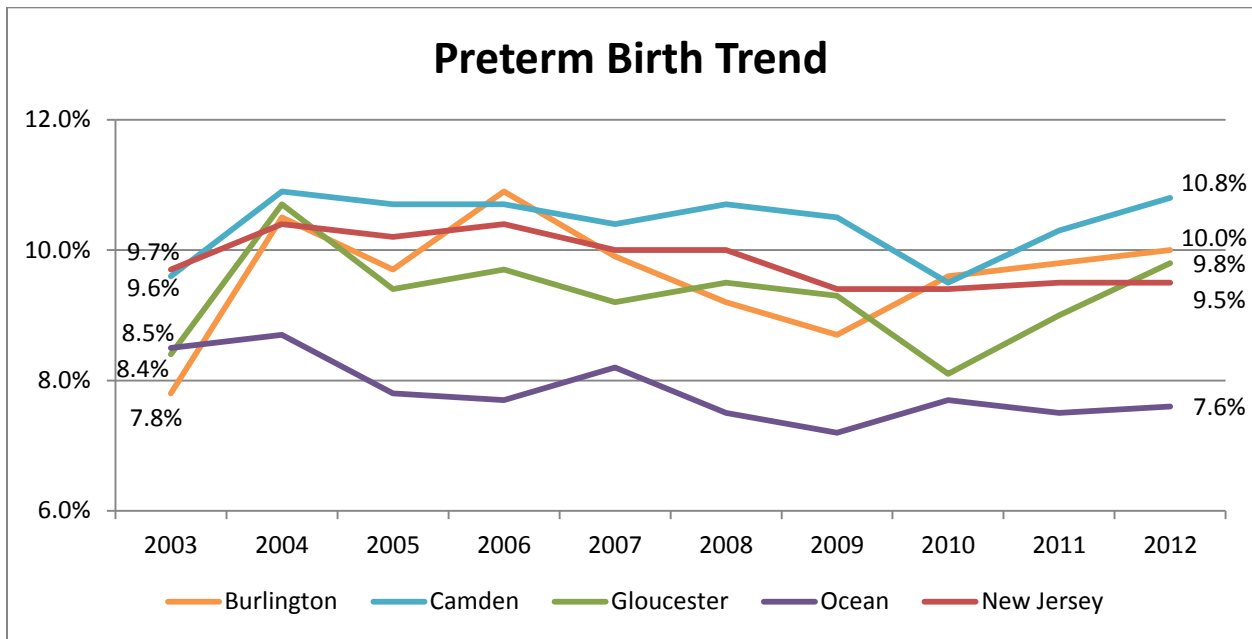
All counties meet the HP 2020 goal for preterm births; however, percentages in Burlington, Camden, and Gloucester Counties are increasing

Black/African American women are the most likely to deliver preterm babies. Gloucester and

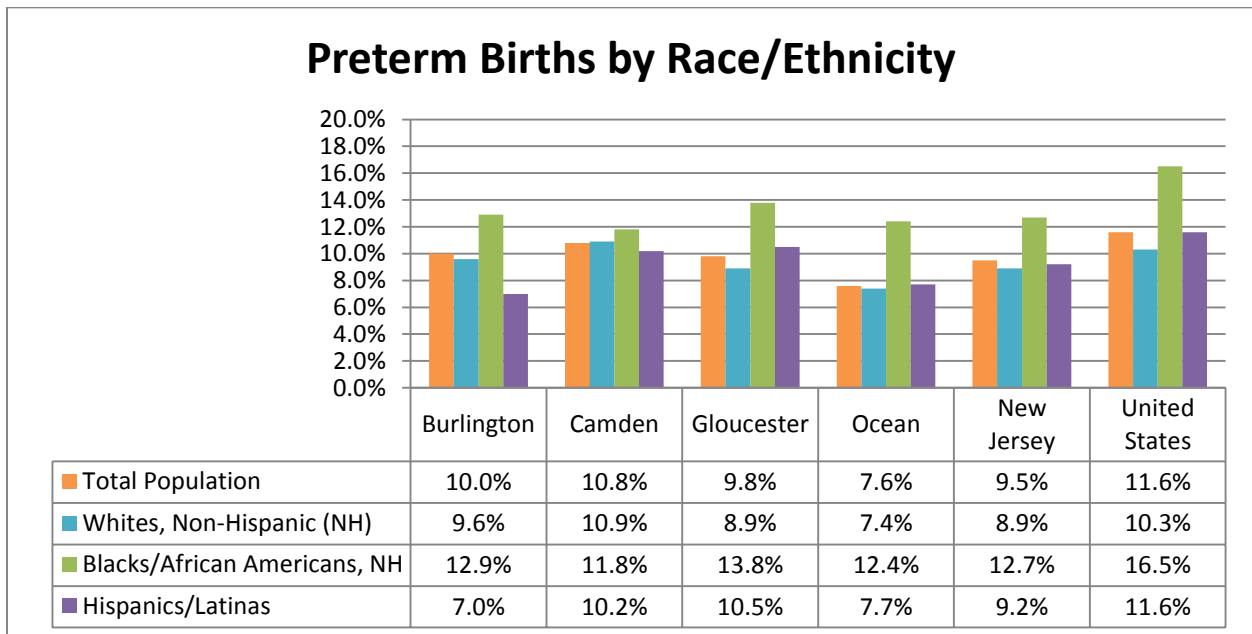
Black/African American women are the most likely to deliver preterm babies

Ocean County experience the greatest disparity with a rate difference between Whites and Blacks/African Americans of 5 points. Hispanic/Latina women in Gloucester County are also more likely to deliver preterm babies; they exceed Whites by 1.6 points.





Source: New Jersey Department of Health, 2003-2012



Source: Centers for Disease Control and Prevention, 2012 & New Jersey Department of Health, 2012

The following municipalities within each county do not meet the Healthy People 2020 goal for babies born preterm (11.4%) by more than 2 points. Municipalities are presented in descending order by percentage.

### Municipalities that Do Not Meet the Healthy People 2020 Goal (11.4%) for Preterm Births

| Burlington County |                | Camden County      |                | Gloucester County  |                | Ocean County         |                |
|-------------------|----------------|--------------------|----------------|--------------------|----------------|----------------------|----------------|
| Municipality      | %              | Municipality       | %              | Municipality       | %              | Municipality         | %              |
| New Hanover Twp   | 16.7%<br>(n=5) | Waterford Twp      | 17.1%          | Clayton Boro       | 16.2%          | Lakehurst Boro       | 18.2%<br>(n=6) |
| Westampton Twp    | 14.4%          | Haddon Twp         | 15.9%          | National Park Boro | 14.7%<br>(n=5) | Seaside Heights Boro | 16.2%<br>(n=6) |
| Hainesport Twp    | 14.3%<br>(n=8) | Mount Ephraim Boro | 13.6%<br>(n=9) | Paulsboro Boro     | 14.5%          |                      |                |
| Lumberton Twp     | 14.0%          |                    |                |                    |                |                      |                |
| Eastampton Twp    | 13.8%<br>(n=9) |                    |                |                    |                |                      |                |
| Burlington City   | 13.7%          |                    |                |                    |                |                      |                |

Source: New Jersey Department of Health, 2012

\*Only municipalities with 5 or more reported mothers are included. Counts less than 10 are noted.

The infant death rate in Burlington and Ocean Counties meets the Healthy People 2020 goal (6.0). The Ocean County rate did not exceed 4.6 per 100,000 over the past decade. Consistent trending data is not available for Burlington County after 2008 due to low death counts.

An infant death rate is not reported for Gloucester County during the 2003 to 2012 time span due to low death counts. Infant death counts have not exceeded 20 since 2005 (n=23).

Camden County is the only county to not meet the Healthy People 2020 goal for infant mortality. The county experienced a 3.1 point increase in the infant death rate from 2010 to 2011, before declining to its current rate. Current infant death rates by race and ethnicity are not reported due to low death counts (Whites = 16; Blacks/African Americans = 17; Hispanics/Latinas = 18).

### Infant Mortality per 1,000 Live Births

|                   | Rate | Death Count |
|-------------------|------|-------------|
| Burlington County | 5.5  | 25          |
| Camden County     | 9.0  | 57          |
| Gloucester County | NA   | 14          |
| Ocean County      | 3.4  | 27          |
| New Jersey        | 4.4  | 454         |
| United States     | 6.0  | NA          |
| HP 2020           | 6.0  | NA          |

Source: Centers for Disease Control and Prevention, 2012; New Jersey Department of Health, 2012; Healthy People 2020

### Southern New Jersey Perinatal Cooperative

The Southern New Jersey Perinatal Cooperative (SNJPC) was established in 1981 to improve maternal and child health in the South Jersey counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem. All hospitals providing maternity care in these counties, including all South Jersey Health Partnership member hospitals, except Deborah Heart and Lung Center, are members of the SNJPC. The Cooperative publishes annual maternal and child health data based on a regional hospital database.

In 2015, 18,523 births occurred in South Jersey counties, 66.3% were to residents in Burlington, Camden, and Gloucester Counties. Four percent of all births were to mothers under the age of 20 years, 1.1% were to mothers under 18 years. Births to teens under the age of 18 declined 71% from 2001 to 2015. Camden County had the most births to mothers under 20 years in 2015 (290 births), but Cumberland and Salem Counties had the highest percentage (6.7%).

Across the region in 2015, 305 (1.6%) babies were born with very low birth weight (<1500 grams). According to the SNJPC Achievement 2015 report, the following indicators are more prevalent among very low birth weight babies in the South Jersey region:

- Black/African American mother
- Lack of early prenatal care
- Tobacco use during pregnancy
- Plurality
- Maternal age 35 years or greater
- Hypertension in pregnancy/Pre-eclampsia

73% of White and Hispanic mothers exclusively breastfed at hospital discharge compared to 60% of Black/African American mothers

The percentage of mothers exclusively breastfeeding at the time of discharge from the hospital has been increasing in the South Jersey region since 2002. In 2015, 70.6% of women who gave birth at a SNJPC hospital exclusively breastfed their baby. However, there are differences in breastfeeding rates by race and ethnicity, as depicted in the following table taken from the Achievement 2015 report.

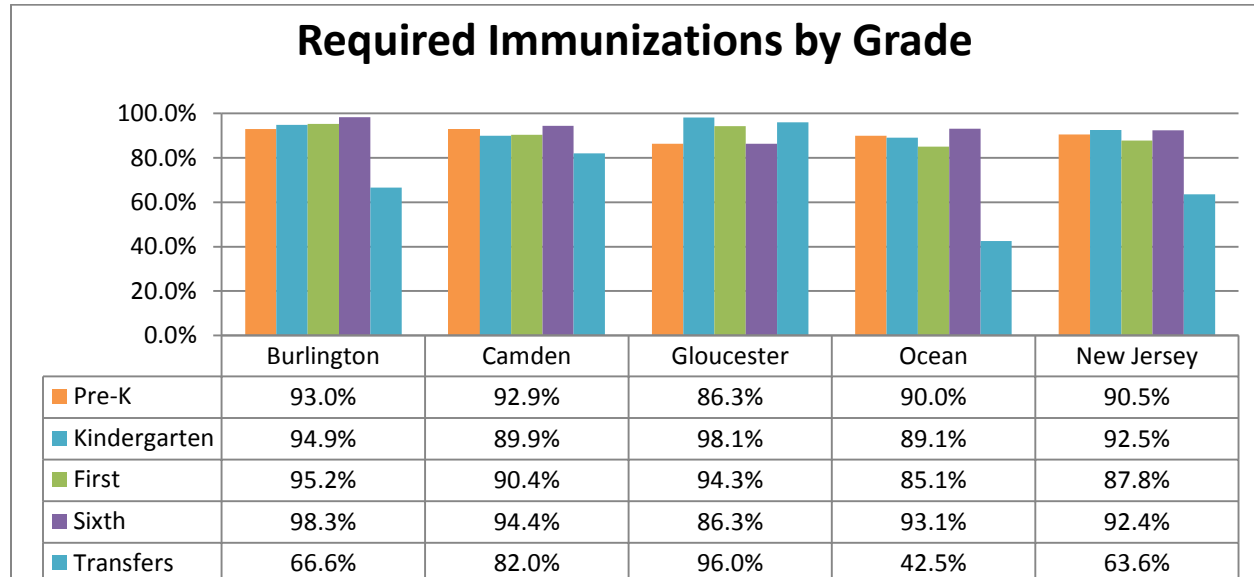
**Breastfeeding at Discharge by Race/Ethnicity**

| Year                    | Black        | White        | Hispanic    |
|-------------------------|--------------|--------------|-------------|
| 2007                    | 50.3%        | 64.8%        | 70.1%       |
| 2008                    | 50.3%        | 65.3%        | 69.6%       |
| 2009                    | 51.5%        | 66.8%        | 70.4%       |
| 2010                    | 50.8%        | 64.6%        | 70.6%       |
| 2011                    | 53.5%        | 66.5%        | 66.8%       |
| 2012                    | 57.5%        | 69.7%        | 73.0%       |
| 2013                    | 57.0%        | 70.9%        | 73.7%       |
| 2014                    | 59.9%        | 73.3%        | 74.0%       |
| 2015                    | 59.6%        | 73.0%        | 72.6%       |
| <b>Change over time</b> | <b>18.5%</b> | <b>12.5%</b> | <b>3.5%</b> |

**Child Health**

Immunizations

The combined percentage of students (Pre-K, Kindergarten, First, Sixth, and Transfers) who meet immunization requirements is higher in all counties, except Ocean, compared to the statewide percentage. The Ocean County percentage is five points lower than the state. Across, all counties, transfer students are the least likely to meet immunization requirements.



Source: New Jersey Department of Health, 2014-2015

Lead Screening and Poisoning

According to the New Jersey Department of Health, “Scientist’s have found that lead can disrupt the normal growth and development of a child’s brain and central nervous system. The first six years, in particular, the first three years of life, is the time when the human brain grows the fastest, and when the critical connections in the brain and nervous system that control thought, learning, hearing, movement, behavior and emotions are being formed.”

Lead poisoning is defined as a blood lead level of 10 micrograms per decileter of blood (µg/dL) or higher. The following table depicts children under the age of 6 who have been tested for lead poisoning and who have lead poisoning. Burlington and Gloucester Counties have the lowest screening rates and the lowest counts for children with lead poisoning (7).

**Lead Screening and Poisoning among Children <6 Years of Age**

|                   | Total Children | Percent Tested for Lead Poisoning | Number with Blood Lead Levels ≥10 µg/dL |
|-------------------|----------------|-----------------------------------|---|
| Burlington County | 31,546         | 9.5%                              | 7                                       |
| Camden County     | 40,195         | 13.3%                             | 42                                      |
| Gloucester County | 21,059         | 6.4%                              | 7                                       |
| Ocean County      | 46,657         | 23.7%                             | 16                                      |
| New Jersey        | 652,622        | 26.2%                             | 762                                     |

Source: New Jersey Department of Health, July 1, 2013 – June 30, 2014

Motor Vehicle Accidents

Motor vehicle accidents are the leading cause of death and disability among youth. Across New Jersey in 2014, there were 37,980 young driver (ages 16 to 20) crashes. Ocean County has the highest crash rate in the state (888 young driver crashes per 10,000 residents). Ocean and Gloucester Counties have the second and third highest proportion of crashes involving a young driver, respectively (approximately 18%).

**Young Driver (16 to 20 Years) Crashes**

|                   | Total Crashes | Total Young Driver Crashes | Proportion of Crashes Involving a Young Driver |
|-------------------|---------------|----------------------------|--|
| Burlington County | 11,555        | 1,905                      | 16.4%  |
| Camden County     | 13,192        | 1,839                      | 13.9%  |
| Gloucester County | 5,987         | 1,096                      | 18.3%  |
| Ocean County      | 16,281        | 3,003                      | 18.4%  |
| New Jersey        | 265,521       | 37,980                     | 14.3%  |

Source: New Jersey Division of Highway Traffic Safety, 2014

School Achievement

The following table depicts the percentage of students passing New Jersey state achievement tests by grade. Camden County is the only county to not meet or exceed state averages.

**Students Passing State Achievement Tests**

|                   | 4 <sup>th</sup> Grade | 8 <sup>th</sup> Grade | 11 <sup>th</sup> Grade |
|-------------------|-----------------------|-----------------------|------------------------|
| Burlington County | 77%                   | 79%                   | 87%                    |
| Camden County     | 65%                   | 70%                   | 82%                    |
| Gloucester County | 76%                   | 80%                   | 88%                    |
| Ocean County      | 76%                   | 79%                   | 87%                    |
| New Jersey        | 74%                   | 77%                   | 86%                    |

Source: KIDS COUNT Data Center, 2014

## Making the Connection: Healthcare Utilization Data

### Background

South Jersey Health Partnership member hospital utilization data were analyzed across the inpatient, outpatient, and emergency department settings to determine usage trends related to key community health needs. The data were analyzed by zip code and payer type, as applicable, and correlated with public health statistics and socio-economic measures to identify utilization patterns among high risk populations and to improve outcomes for patients.

The utilization data was provided by O'Conco Healthcare Consultants and all analyses were performed by Baker Tilly. Data are reported for calendar year 2015. Across the SJHP member hospitals, there were 621,732 inpatient, outpatient, and emergency department visits. The following table displays total case counts by hospital setting.

| Inpatient Visits | Outpatient Visits | Emergency Department Visits |
|------------------|-------------------|-----------------------------|
| 137,327          | 58,509            | 425,896                     |

Hospital utilization data is considered in conjunction with public health data. It is important to consider public health data with hospital utilization data as in a given year much of the population will not have contact with any of the hospitals' departments. Therefore, their health concerns are not measured by health provider utilization data.

Note: Deborah Heart and Lung Center does not operate an emergency department and is excluded from all emergency department analyses. However, Lourdes Medical Center of Burlington County operates an emergency department at the Deborah location, and data for this facility is included in all analyses.

### Chronic Condition Prevalence

The Agency for Healthcare Research and Quality (AHRQ) is a federal agency committed to improving the safety and quality of the healthcare system. According to AHRQ, approximately 45% of all Americans have a chronic condition and more than 66% of all deaths are due to one or more of the most common chronic conditions.

The following tables illustrate the top zip codes of residence within each SJHP service county for patients managing a chronic condition. The data represent the zip codes accounting for 50% or more of utilization across nine chronic conditions: Asthma, Behavioral Health, Cancer, Chronic Obstructive Pulmonary Disorder (COPD), Congestive Heart Failure (CHF), Coronary Heart Disease (CHD), Diabetes, Hypertension, and Substance Abuse. The condition may not be the primary reason for the visit, or the primary diagnosis code, but it is listed on the patient's record as an existing condition. The data are presented in order of zip codes with the highest percentages of chronic disease usage.

Recognizing the relationship between social determinants of health and health status, socioeconomic measures for the top originating zip codes for chronic condition prevalence are analyzed to identify the potential for high risk patients and health disparity.

### Burlington County

More than half of Burlington County hospital visits with a chronic condition are driven by residents who live in eight zip codes. Residents in four of the zip codes (08015, 08016, 08046, and 08060) experience adverse social determinants of health in comparison to the county as whole, including higher poverty rates, higher unemployment, and lower educational attainment. Another contributing factor to utilization within zip codes 08015, 08016, and 08060 is the location of SJHP member hospitals Deborah Heart and Lung Center, Lourdes Medical Center of Burlington County, and Virtua Memorial Hospital in the zip codes.

#### Zip Codes Accounting for 50% or More of Chronic Condition Prevalence in Burlington County across Inpatient, Outpatient, and Emergency Department Settings

| Zip Code  | Asthma       | Behavioral Health | Cancer       | COPD         | CHF          | CHD          | Diabetes     | Hyper-tension | Substance Abuse |
|---|--------------|-------------------|--------------|--------------|--------------|--------------|--------------|---------------|-----------------|
| 08046 Willingboro   | 14.1%        | 9.4%              | 10.1%        | 8.7%         | 10.6%        | 9.2%         | 13.2%        | 11.4%         | 10.9%           |
| 08016 Burlington  | 9.6%         | 9.4%              | 7.9%         | 10.0%        | 11.1%        | 9.4%         | 10.6%        | 9.1%          | 10.0%           |
| 08054 Mount Laurel  | 7.0%         | 9.0%              | 10.3%        | 7.2%         | 8.4%         | 9.5%         | 7.5%         | 8.7%          | 6.8%            |
| 08015 Browns Mills  | 11.3%        | 7.8%              | --           | 10.1%        | 7.6%         | 6.3%         | 9.8%         | 8.6%          | 9.8%            |
| 08053 Marlton   | 6.3%         | 9.0%              | 9.6%         | 7.9%         | 7.7%         | 8.8%         | 7.1%         | 8.4%          | --              |
| 08060 Mount Holly   | 7.4%         | 7.0%              | --           | --           | --           | --           | 6.8%         | 6.5%          | 8.5%            |
| 08075 Riverside   | --           | --                | 6.9%         | --           | --           | --           | --           | --            | 7.8%            |
| 08088 Vincentown  | --           | --                | 7.3%         | 7.2%         | 7.1%         | 7.6%         | --           | --            | --              |
| <b>Percentage of all Diagnoses in the county (sum of above zip codes)</b> | <b>55.7%</b> | <b>51.6%</b>      | <b>52.1%</b> | <b>51.1%</b> | <b>52.5%</b> | <b>50.8%</b> | <b>55.0%</b> | <b>52.7%</b>  | <b>53.8%</b>    |

#### Social Determinants of Health Indicators by Zip Code: Burlington County

|                          | Black/<br>African<br>American | Hispanic/<br>Latino | English<br>Speaking | Families<br>in<br>Poverty | Families<br>w/<br>Children<br>in<br>Poverty | Single<br>Female<br>Households<br>w/ Children | Unemploy-<br>ment | Less<br>than HS<br>Diploma |
|--------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 08046 Willingboro        | 74.3%                         | 10.6%               | 84.6%               | 7.6%                      | 6.5%  | 10.5%   | 9.5%              | 10.4%                      |
| 08016 Burlington         | 30.6%                         | 8.9%                | 85.4%               | 5.6%                      | 5.0%  | 10.8%   | 6.7%              | 8.8%                       |
| 08015 Browns Mills       | 16.6%                         | 12.8%               | 86.3%               | 9.2%                      | 6.8%  | 10.7%   | 7.0%              | 15.2%                      |
| 08060 Mount Holly        | 23.3%                         | 12.5%               | 87.6%               | 3.2%                      | 2.8%  | 10.1%   | 6.5%              | 6.8%                       |
| <b>Burlington County</b> | <b>17.1%</b>                  | <b>8.1%</b>         | <b>87.5%</b>        | <b>4.1%</b>               | <b>3.1%</b>                                 | <b>8.3%</b>                                   | <b>5.7%</b>       | <b>12.8%</b>               |
| <b>New Jersey</b>        | <b>13.8%</b>                  | <b>20.0%</b>        | <b>69.6%</b>        | <b>8.4%</b>               | <b>6.4%</b>                                 | <b>9.6%</b>                                   | <b>6.3%</b>       | <b>11.6%</b>               |

\*Cells highlighted in yellow represent a data point that is more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.

**Camden County**

More than half of Camden County hospital visits with a chronic condition are driven by residents who live in 10 zip codes. Residents in six of the zip codes (08021, 08104, 08105, 08110, 08103, and 08102) experience adverse social determinants of health in comparison to the county as whole. Camden City comprises four of the six zip codes. The city is a designated Medically Underserved Area and has some of the highest reported health disparities across the region.

**Zip Codes Accounting for 50% or More of Chronic Condition Prevalence in Camden County across Inpatient, Outpatient, and Emergency Department Settings**

| Zip Code  | Asthma       | Behavioral Health | Cancer       | COPD         | CHF          | CHD          | Diabetes     | Hyper-tension | Substance Abuse |
|---|--------------|-------------------|--------------|--------------|--------------|--------------|--------------|---------------|-----------------|
| 08021 Clementon   | 9.5%         | 10.2%             | 10.4%        | 11.6%        | 9.4%         | 9.7%         | 9.3%         | 8.8%          | 9.9%            |
| 08104 Camden  | 12.7%        | 6.6%              | 5.6%         | 6.0%         | 6.8%         | 5.4%         | 9.2%         | 7.7%          | 12.6%           |
| 08105 Camden  | 13.1%        | 6.4%              | 5.5%         | 4.2%         | 5.1%         | 5.0%         | 10.3%        | 7.3%          | 10.3%           |
| 08081 Sicklerville  | 6.3%         | 6.2%              | 8.2%         | 6.3%         | 6.0%         | 6.5%         | 6.3%         | 6.8%          | 5.3%            |
| 08012 Blackwood   | --           | 5.9%              | 7.3%         | 6.5%         | 5.9%         | 6.1%         | 5.3%         | 5.7%          | 4.4%            |
| 08043 Voorhees  | --           | 6.7%              | 5.3%         | 6.1%         | 7.4%         | 6.5%         | --           | 5.9%          | --              |
| 08110 Pennsauken  | 5.1%         | --                | 4.4%         | 4.6%         | 5.0%         | 4.6%         | 6.0%         | 4.9%          | --              |
| 08103 Camden  | 8.2%         | 4.7%              | --           | --           | --           | --           | 6.6%         | 4.9%          | 9.7%            |
| 08002 Cherry Hill   | --           | 5.3%              | 5.1%         | 5.0%         | 6.5%         | 6.0%         | --           | 5.0%          | --              |
| 08102 Camden  | --           | --                | --           | --           | --           | --           | --           | --            | 4.4%            |
| <b>Percentage of all Diagnoses in the county (sum of above zip codes)</b> | <b>54.9%</b> | <b>52.0%</b>      | <b>51.8%</b> | <b>50.3%</b> | <b>52.1%</b> | <b>49.8%</b> | <b>53.0%</b> | <b>57.0%</b>  | <b>56.6%</b>    |

**Social Determinants of Health Indicators by Zip Code: Camden County**

|                          | Black/<br>African<br>American | Hispanic/<br>Latino | English<br>Speaking | Families<br>in<br>Poverty | Families<br>w/<br>Children<br>in<br>Poverty | Single<br>Female<br>Households<br>w/ Children | Unemploy-<br>ment | Less<br>than HS<br>Diploma |
|--------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 08021<br>Clementon       | 28.5%                         | 15.7%               | 83.0%               | 13.7%                     | 10.6%                                       | 16.3%   | 7.9%              | 11.2%                      |
| 08104 Camden             | 62.7%                         | 36.0%               | 72.1%               | 41.8%                     | 35.8%                                       | 39.6%   | 13.9%             | 29.4%                      |
| 08105 Camden             | 26.5%                         | 68.7%               | 38.4%               | 33.0%                     | 27.6%                                       | 30.5%   | 12.5%             | 32.9%                      |
| 08110<br>Pennsauken      | 31.0%                         | 43.3%               | 56.9%               | 12.7%                     | 10.6%                                       | 15.3%   | 8.1%              | 22.8%                      |
| 08103 Camden             | 59.0%                         | 32.3%               | 71.7%               | 40.1%                     | 35.0%                                       | 32.3%   | 10.2%             | 28.3%                      |
| 08102 Camden             | 30.8%                         | 62.2%               | 50.6%               | 42.1%                     | 32.7%                                       | 31.0%   | 11.2%             | 31.8%                      |
| <b>Camden<br/>County</b> | <b>19.6%</b>                  | <b>16.3%</b>        | <b>80.3%</b>        | <b>11.3%</b>              | <b>8.9%</b>                                 | <b>12.6%</b>                                  | <b>7.3%</b>       | <b>12.1%</b>               |
| <b>New Jersey</b>        | <b>13.8%</b>                  | <b>20.0%</b>        | <b>69.6%</b>        | <b>8.4%</b>               | <b>6.4%</b>                                 | <b>9.6%</b>                                   | <b>6.3%</b>       | <b>11.6%</b>               |

\*Cells highlighted in yellow represent a data point that is more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.



### Gloucester County

More than half of Gloucester County hospital visits with a chronic condition are driven by residents who live in four zip codes. Residents in three of the zip codes (08094, 08096, and 08028) experience adverse social determinants of health in comparison to the county as whole. Zip code 08028 (Glassboro) has some of the highest poverty rates and is designated as a Medically Underserved Area for low-income residents.

#### Zip Codes Accounting for 50% or More of Chronic Condition Prevalence in Gloucester County across Inpatient, Outpatient, and Emergency Department Settings

| Zip Code  | Asthma       | Behavioral Health | Cancer       | COPD         | CHF          | CHD          | Diabetes     | Hypertension | Substance Abuse |
|---|--------------|-------------------|--------------|--------------|--------------|--------------|--------------|--------------|-----------------|
| 08094 Williamstown  | 24.7%        | 27.0%             | 22.9%        | 30.4%        | 24.4%        | 25.7%        | 27.2%        | 26.2%        | 26.6%           |
| 08080 Sewell  | 16.8%        | 18.1%             | 18.5%        | 18.0%        | 21.5%        | 21.4%        | 16.6%        | 18.8%        | 13.6%           |
| 08096 Woodbury  | --           | --                | 9.6%         | --           | 10.6%        | 10.0%        | 11.2%        | 10.0%        | 10.7%           |
| 08028 Glassboro   | 12.2%        | 10.1%             | --           | 9.5%         | --           | --           | --           | --           | --              |
| <b>Percentage of all Diagnoses in the county (sum of above zip codes)</b> | <b>53.7%</b> | <b>55.2%</b>      | <b>51.0%</b> | <b>57.9%</b> | <b>56.5%</b> | <b>57.1%</b> | <b>55.0%</b> | <b>55.0%</b> | <b>50.9%</b>    |

#### Social Determinants of Health Indicators by Zip Code: Gloucester County

|                          | Black/African American | Hispanic/Latino | English Speaking | Families in Poverty | Families w/ Children in Poverty | Single Female Households w/ Children | Unemployment | Less than HS Diploma |
|--------------------------|------------------------|-----------------|------------------|---------------------|---------------------------------|--------------------------------------|--------------|----------------------|
| 08094 Williamstown       | 14.8%                  | 6.8%            | 91.2%            | 7.6%                | 5.4%                            | 8.5%                                 | 7.5%         | 11.8%                |
| 08096 Woodbury           | 13.0%                  | 8.3%            | 89.2%            | 7.9%                | 5.9%                            | 10.3%                                | 6.6%         | 9.7%                 |
| 08028 Glassboro          | 18.9%                  | 9.5%            | 90.7%            | 10.8%               | 8.6%                            | 13.3%                                | 6.4%         | 8.1%                 |
| <b>Gloucester County</b> | <b>10.5%</b>           | <b>6.1%</b>     | <b>91.8%</b>     | <b>6.7%</b>         | <b>5.1%</b>                     | <b>8.6%</b>                          | <b>6.9%</b>  | <b>8.6%</b>          |
| <b>New Jersey</b>        | <b>13.8%</b>           | <b>20.0%</b>    | <b>69.6%</b>     | <b>8.4%</b>         | <b>6.4%</b>                     | <b>9.6%</b>                          | <b>6.3%</b>  | <b>11.6%</b>         |

\*Cells highlighted in yellow represent a data point that is more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.

### Ocean County

More than half of Ocean County hospital visits with a chronic condition are driven by residents who live in nine zip codes; however, utilization is primarily driven by residents living in zip codes 08759, 08533, and 08757. Residents in zip code 08757 (Toms River) experience adverse social determinants of health in comparison to the county as whole. Zip code 08759 (Manchester Township) is designated as a Medically Underserved Area.

Note: While Ocean County is served by SJHP member hospitals, none of the hospitals are located within the county. As a result, utilization reported by the member hospitals for Ocean County is lower than other SJHP service counties. Approximately 9,600 chronic condition diagnoses are reported for Ocean County residents compared to 216,000 in Camden County.

#### Zip Codes Accounting for 50% or More of Chronic Condition Prevalence in Ocean County across Inpatient, Outpatient, and Emergency Department Settings

| Zip Code  | Asthma       | Cancer       | COPD         | CHF          | CHD          | Diabetes     | Hyper-tension | Mental Health | Substance Abuse |
|---|--------------|--------------|--------------|--------------|--------------|--------------|---------------|---------------|-----------------|
| 08759 Manchester Township   | 20.6%        | 21.6%        | 34.2%        | 32.5%        | 28.2%        | 28.0%        | 29.6%         | 22.6%         | 14.4%           |
| 08533 New Egypt   | 20.3%        | 5.9%         | --           | --           | --           | 6.2%         | 8.7%          | 16.8%         | 12.0%           |
| 08757 Toms River  | --           | --           | 7.7%         | 11.4%        | 10.0%        | 9.8%         | 7.8%          | --            | 6.8%            |
| 08753 Toms River  | 7.8%         | --           | --           | 5.9%         | 6.9%         | 7.6%         | 6.0%          | 5.8%          | 8.4%            |
| 08050 Manahawkin  | --           | 9.9%         | 7.0%         | --           | --           | --           | --            | 6.6%          | 6.3%            |
| 08087 Tuckerton   | --           | 11.7%        | 6.6%         | --           | --           | --           | --            | --            | 6.8%            |
| 08005 Barnegat  | --           | 5.9%         | --           | --           | 6.6%         | --           | --            | --            | 6.3%            |
| 08731 Forked River  | 6.1%         | --           | --           | --           | --           | --           | --            | --            | --              |
| 08008 Beach Haven   | --           | 5.9%         | --           | --           | --           | --           | --            | --            | --              |
| <b>Percentage of all Diagnoses in the county (sum of above zip codes)</b> | <b>54.8%</b> | <b>60.9%</b> | <b>55.5%</b> | <b>49.8%</b> | <b>51.7%</b> | <b>51.6%</b> | <b>52.1%</b>  | <b>51.8%</b>  | <b>61.0%</b>    |

#### Social Determinants of Health Indicators by Zip Code: Ocean County

|                     | Black/<br>African<br>American | Hispanic/<br>Latino | English<br>Speaking | Families<br>in<br>Poverty | Families<br>w/<br>Children<br>in<br>Poverty | Single<br>Female<br>Households<br>w/ Children | Unemploy-<br>ment | Less<br>than HS<br>Diploma |
|---------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 08757 Toms River    | 5.5%                          | 7.6%                | 88.3%               | 5.9%                      | 2.6%  | 3.7%  | 4.5%              | 18.0%                      |
| <b>Ocean County</b> | <b>3.4%</b>                   | <b>9.3%</b>         | <b>87.3%</b>        | <b>7.0%</b>               | <b>5.1%</b>                                 | <b>6.2%</b>                                   | <b>5.7%</b>       | <b>10.5%</b>               |
| <b>New Jersey</b>   | <b>13.8%</b>                  | <b>20.0%</b>        | <b>69.6%</b>        | <b>8.4%</b>               | <b>6.4%</b>                                 | <b>9.6%</b>                                   | <b>6.3%</b>       | <b>11.6%</b>               |

\*Cells highlighted in yellow represent a data point that is more than 2% points higher than the county average. Exception: English Speaking cells are more than 2% point lower than the county average.

### Behavioral Health/Substance Abuse Medical Comorbidities

Across the SJHP member hospitals in 2015, behavioral health and substance abuse diagnoses accounted for 4.1% of all inpatient visits and 5.5% of all emergency department visits (i.e. they were the primary reason for the visit or the primary diagnosis).

#### Behavioral Health and Substance Abuse Primary Diagnoses as a Percentage of Total Inpatient and Emergency Department Visits

|  | Behavioral Health Diagnosis | Substance Abuse Diagnosis |
|--|-----------------------------|---------------------------|
| <b>Inpatient Setting</b>   |                             |                           |
| Total Behavioral Health/Substance Abuse Primary Diagnoses Across All Hospitals | 4,502                       | 1,137                     |
| Percentage of All Hospital Inpatient Cases                                     | 3.3%                        | 0.8%                      |
| <b>Emergency Department Setting</b>  |                             |                           |
| Total Behavioral Health/Substance Abuse Primary Diagnoses Across All Hospitals | 16,246                      | 7,234                     |
| Percentage of All Hospital Emergency Cases                                     | 3.8%                        | 1.7%                      |

Behavioral health and substance abuse conditions can also present as comorbidities, particularly among patients with chronic conditions. Across all SJHP member hospital inpatient settings in 2015, approximately 28% of patients with a primary chronic condition diagnosis had a behavioral health comorbidity; 20% had a substance abuse comorbidity. In the emergency department setting, approximately 6% of patients with a primary chronic condition diagnosis had a behavioral health and/or substance abuse comorbidity.

28% of patients seen at a SJHP member hospital in 2015 had a behavioral health comorbidity; 20% had a substance abuse comorbidity

#### Behavioral Health and Substance Abuse Secondary Diagnoses among Inpatient and Emergency Department Visits due to a Chronic Condition\*

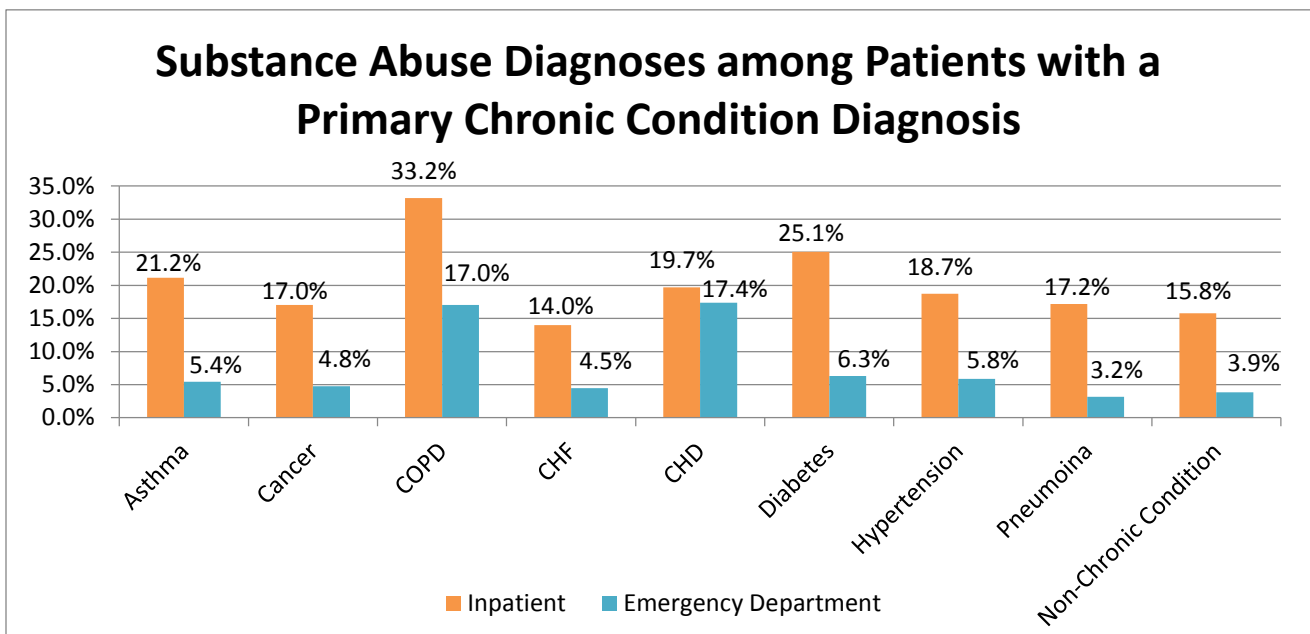
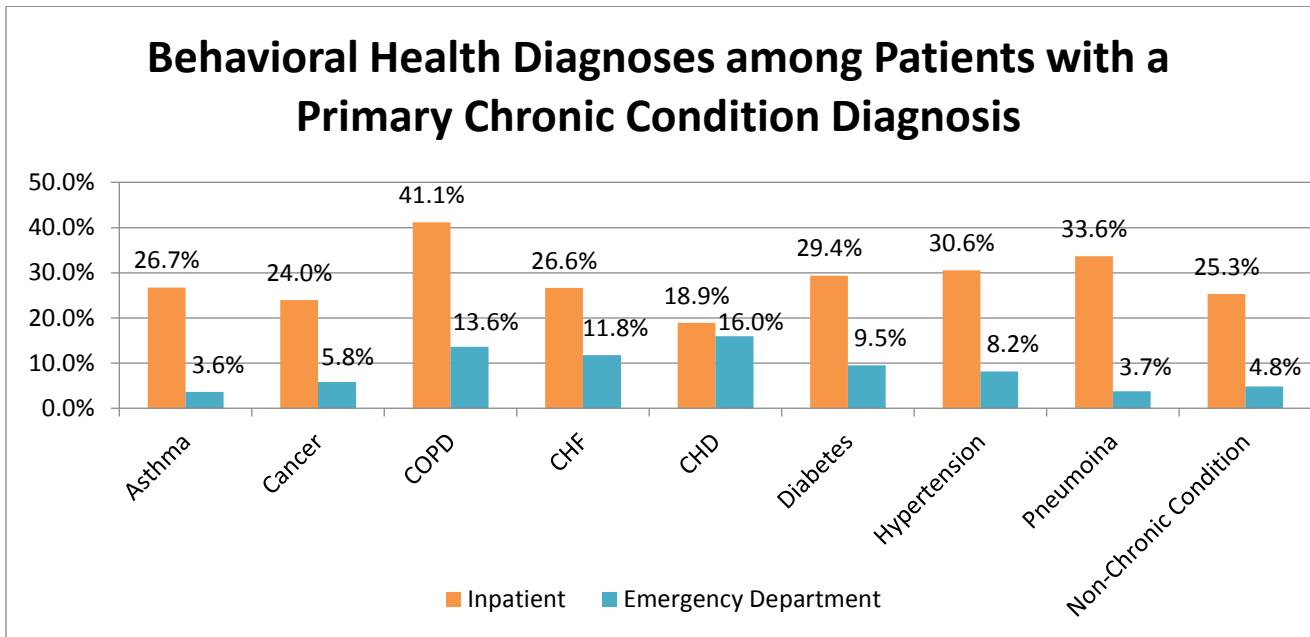
|                              | Behavioral Health Diagnosis | Substance Abuse Diagnosis |
|------------------------------|-----------------------------|---------------------------|
| Inpatient Setting            | 28.2%                       | 19.9%                     |
| Emergency Department Setting | 6.5%                        | 6.3%                      |

\*Chronic conditions include Asthma, Cancer, COPD, CHF, CHD, Diabetes, Hypertension, and Pneumonia

Chronic conditions can be more difficult to manage if a patient also has a behavioral health and/or substance abuse diagnosis. The following charts examine the prevalence of behavioral health and substance abuse diagnoses among patients seen in the inpatient or emergency setting with a chronic condition diagnosis. Note: the chronic condition was the primary diagnosis or reason for the visit, while behavioral health and substance abuse diagnoses were secondary conditions.

Patients seen in the inpatient setting for a chronic condition were more likely to have a behavioral health and/or substance abuse comorbidity than patients seen in the emergency department with a chronic condition. In the inpatient setting, patients with COPD were the most likely to have a behavioral health and/or substance abuse comorbidity. In the emergency department, patients with CHD were the most likely to have a behavioral health and/or substance abuse comorbidity, followed by patients with COPD.

Approximately 20% to 40% of patients treated in the inpatient setting for a chronic condition had a behavioral health and/or substance abuse comorbidity



## Emergency Department Utilization

### Utilization by Payer Type

South Jersey Health Partnership member hospitals had a combined 425,896 visits to their emergency departments (ED) in 2015, representing 299,687 unique patients. More than half of the patients visiting the ED had commercial insurance; approximately 8% were uninsured.

**Emergency Department Usage by Payer Type**

|            | Unique ED Patients |                              | Percentage of Total ED Visits |
|------------|--------------------|------------------------------|-------------------------------|
|            | Count              | Percentage of Total Patients |                               |
| Commercial | 169,244            | 56.5%                        | 55.5%                         |
| Medicaid   | 42,222             | 14.1%                        | 16.2%                         |
| Medicare   | 45,144             | 15.1%                        | 16.3%                         |
| Uninsured  | 25,211             | 8.4%                         | 7.4%                          |
| Other      | 17,866             | 6.0%                         | 4.5%                          |

The following table illustrates the number of patients who were seen in the ED more than once during 2015 by payer type. Across the South Jersey region, Medicare and Medicaid patients accounted for a smaller percentage of total emergency department visits, but one-quarter to one-third of the patients visited the ED more than once during the year. By contrast, only 22.5% of patients with commercial insurance visited the ED more than once. Uninsured patients were the least likely to visit the ED on more than one occasion.

One-quarter to one-third of Medicare and Medicaid patients visited the ED more than once in 2015

**Emergency Department Visits by Number of Visits and Payer Type**

|              | Percent of Total Unique Patients |          |          |           |
|--------------|----------------------------------|----------|----------|-----------|
|              | Commercial                       | Medicaid | Medicare | Uninsured |
| 1            | 77.5%                            | 68.9%    | 73.7%    | 83.6%     |
| 2            | 14.4%                            | 18.2%    | 15.7%    | 11.6%     |
| 3            | 4.4%                             | 6.5%     | 5.3%     | 3.0%      |
| 4            | 1.8%                             | 2.9%     | 2.4%     | 0.9%      |
| 5            | 0.8%                             | 1.4%     | 1.1%     | 0.4%      |
| 6            | 0.4%                             | 0.8%     | 0.6%     | 0.2%      |
| 7            | 0.2%                             | 0.4%     | 0.4%     | 0.1%      |
| 8            | 0.1%                             | 0.3%     | 0.2%     | 0.1%      |
| 9            | 0.1%                             | 0.2%     | 0.1%     | 0.1%      |
| 10           | 0.1%                             | 0.1%     | 0.1%     | 0.0%      |
| More than 10 | 0.2%                             | 0.5%     | 0.4%     | 0.1%      |

### Emergency Department Frequent Flyers by Zip Code

The emergency department is often the primary source of care for high risk patients. These patients typically have unmet primary care needs, co-occurring physical and behavioral health conditions, and adverse social determinants of health impeding proactive disease management efforts. The following tables analyze the zip codes within each SJHP service county that accounted for 50% or more of unique patients who visited the ED five or more times within the year. Note: Ocean County is excluded due to low ED utilization at SJHP member hospitals.

#### Burlington County

More than half of Burlington County residents who visited a SJHP hospital ED five or more times within 2015 reside in four zip codes. Residents in all four of the zip codes experience adverse social determinants of health in comparison to the county as whole. Zip codes 08015 (Browns Mills) and 08046 (Willingboro) have the largest proportion of ED over-utilizers and some of the highest poverty and unemployment rates, and lowest educational attainment (less than a high school diploma).

#### **Zip Codes Accounting for 50% or More of Unique Patients Visiting the Emergency Department 5 or More Times: Burlington County**

|  | Number of Patients Visiting the ED 5 or More Times | Percent of Total Patients Visiting the ED 5 or More times |
|--|--|---|
| 08015 Browns Mills   | 332  | 18.7%   |
| 08046 Willingboro  | 233  | 13.2%   |
| 08060 Mount Holly  | 178  | 10.1%   |
| 08016 Burlington   | 167  | 9.4%  |
| <b>Total number of patients visiting the ED 5 or more times (sum of above zip codes)</b> | <b>910</b>   | <b>51.4%</b>  |

#### Camden County

More than half of Camden County residents who visited a SJHP hospital ED five or more times within 2015 reside in four zip codes. Residents in all four of the zip codes experience adverse social determinants of health in comparison to the county as whole. Residents in Camden City zip codes (08103, 08104, and 08105) experience as high as 42% poverty among families, 14% unemployment, and 33% low educational attainment (less than a high school diploma).

#### **Zip Codes Accounting for 50% or More of Unique Patients Visiting the Emergency Department 5 or More Times: Camden County**

|  | Number of Patients Visiting the ED 5 or More Times | Percent of Total Patients Visiting the ED 5 or More times |
|--|--|---|
| 08105 Camden   | 477  | 14.3%   |
| 08104 Camden   | 451  | 13.5%   |
| 08021 Clementon  | 420  | 12.6%   |
| 08103 Camden   | 352  | 10.5%   |
| <b>Total number of patients visiting the ED 5 or more times (sum of above zip codes)</b> | <b>1,700</b>                                       | <b>50.9%</b>  |

Gloucester County

More than half of Gloucester County residents who visited a SJHP hospital ED five or more times within 2015 reside in three zip codes. Residents in two of the zip codes (08094 and 08028) experience adverse social determinants of health in comparison to the county as whole. Zip code 08028 (Glassboro) has some of the highest poverty rates in the county and is a Medically Underserved Area for low-income residents. Zip code 08080 (Sewell) was identified as a driver of chronic condition prevalence within the hospital setting.

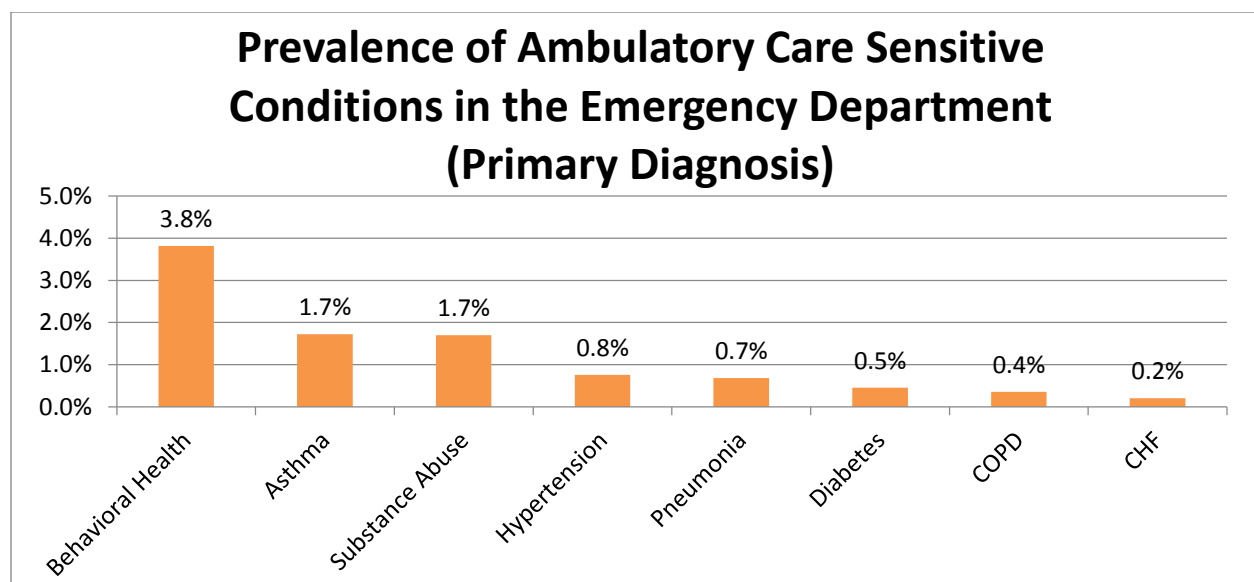
**Zip Codes Accounting for 50% or More of Unique Patients Visiting the Emergency Department 5 or More Times: Gloucester County**

|  | Number of Patients Visiting the ED 5 or More Times | Percent of Total Patients Visiting the ED 5 or More times |
|--|--|---|
| 08094 Williamstown   | 134  | 27.0%   |
| 08080 Sewell   | 95   | 19.2%   |
| 08028 Glassboro  | 80   | 16.1%   |
| <b>Total number of patients visiting the ED 5 or more times (sum of above zip codes)</b> | <b>309</b>   | <b>62.3%</b>  |

**Ambulatory Care Sensitive Conditions in the Emergency Department**

Ambulatory care is care provided on an outpatient basis and includes diagnosis, observation, consultation, treatment, intervention, etc. Ambulatory care sensitive (ACS) conditions are conditions that if effectively treated and managed in an outpatient setting, should not be the primary reason for a hospital visit. Ambulatory care sensitive utilization trends can identify access to care barriers and inform the need for community health management resources.

The following graph illustrates the prevalence of ACS conditions in the ED. The prevalence of ACS conditions is relatively low compared to the total number of ED visits; however, collectively, they accounted for 10% of all visits. Behavioral health and substance abuse conditions accounted for nearly 6% of all visits.



### Readmission Rates

The following table calculates 30-day readmission rates across all SJHP member hospital for select chronic conditions. Note: admissions only include cases in which the chronic condition is the primary diagnosis.

**Readmissions by Chronic Condition Diagnosis (Primary Diagnosis)**

|                   | Admissions | Readmissions | Readmission Rate |
|-------------------|------------|--------------|------------------|
| COPD              | 2,139      | 363          | 17.0%            |
| CHF               | 3,514      | 568          | 16.2%            |
| Diabetes          | 2,231      | 355          | 15.9%            |
| Cancer            | 4,785      | 657          | 13.7%            |
| CHD               | 1,670      | 187          | 11.2%            |
| Asthma            | 2,004      | 193          | 9.6%             |
| Substance Abuse   | 954        | 90           | 9.4%             |
| Hypertension      | 603        | 44           | 7.3%             |
| Behavioral Health | 4,125      | 285          | 6.9%             |

The following tables analyze the zip codes that accounted for 50% or more of total readmissions within each SJHP service county. All of the zip codes noted in the tables were previously identified as having a higher prevalence of chronic conditions among residents. Many of the zip codes were also identified as having higher ED utilization. These zip codes are noted with an (\*).

**Zip Codes Accounting for 50% or More of Readmissions: Burlington County**

|                    | Admissions | Readmissions | Readmission Rate | % of Total Readmissions in the County |
|--------------------|------------|--------------|------------------|---------------------------------------|
| 08054 Mount Laurel | 3,703      | 335          | 9.0%             | 10.3%                                 |
| 08016 Burlington*  | 3,097      | 331          | 10.7%            | 10.2%                                 |
| 08046 Willingboro* | 3,366      | 286          | 8.5%             | 8.8%                                  |
| 08053 Marlton      | 3,563      | 266          | 7.5%             | 8.2%                                  |
| 08060 Mount Holly* | 2,537      | 231          | 9.1%             | 7.1%                                  |
| 08088 Vincentown   | 2,246      | 215          | 9.6%             | 6.6%                                  |



**Zip Codes Accounting for 50% or More of Readmissions: Camden County**

|                    | Admissions | Readmissions | Readmission Rate | % of Total Readmissions in the County |
|--------------------|------------|--------------|------------------|---------------------------------------|
| 08021 Clementon*   | 5,652      | 514          | 9.1%             | 10.2%                                 |
| 08104 Camden*      | 3,505      | 342          | 9.8%             | 6.8%                                  |
| 08105 Camden*      | 3,625      | 325          | 9.0%             | 6.5%                                  |
| 08043 Voorhees     | 2,833      | 322          | 11.4%            | 6.4%                                  |
| 08012 Blackwood    | 3,439      | 304          | 8.8%             | 6.0%                                  |
| 08081 Sicklerville | 4,130      | 298          | 7.2%             | 5.9%                                  |
| 08103 Camden*      | 2,258      | 270          | 12.0%            | 5.4%                                  |
| 08002 Cherry Hill  | 2,757      | 267          | 9.7%             | 5.3%                                  |

**Zip Codes Accounting for 50% or More of Readmissions: Gloucester County**

|                     | Admissions | Readmissions | Readmission Rate | % of Total Readmissions in the County |
|---------------------|------------|--------------|------------------|---------------------------------------|
| 08094 Williamstown* | 3,604      | 317          | 8.8%             | 26.1%                                 |
| 08080 Sewell*       | 2,524      | 244          | 9.7%             | 20.1%                                 |
| 08096 Woodbury      | 1,322      | 127          | 7.5%             | 10.5%                                 |

**Zip Codes Accounting for 50% or More of Readmissions: Ocean County**

|                           | Admissions | Readmissions | Readmission Rate | % of Total Readmissions in the County |
|---------------------------|------------|--------------|------------------|---------------------------------------|
| 08759 Manchester Township | 452        | 48           | 10.6%            | 23.3%                                 |
| 08757 Toms River          | 180        | 18           | 10.0%            | 8.7%                                  |
| 08050 Manahawkin          | 134        | 16           | 11.9%            | 7.8%                                  |
| 08087 Tuckerton           | 159        | 16           | 10.1%            | 7.8%                                  |
| 08731 Forked River        | 92         | 15           | 16.3%            | 7.3%                                  |

**Conclusions**

South Jersey Health Partnership member hospital utilization data were analyzed across inpatient, outpatient, and emergency department settings to determine how consumers are accessing the healthcare delivery system; barriers to achieving optimal health; and opportunities for community health improvement. The data showed that across the region, social determinants of health continue to be a key driver of high risk patients and health disparity. Behavioral health and substance abuse also continue to impact the health of the region as primary and comorbid conditions. The effect of both social determinants of health and behavioral health/substance abuse conditions is realized across all hospital settings, but particularly in the ED.

Across the region, residents in zip codes experiencing adverse social determinants of health have higher ED utilization, higher prevalence of chronic disease, and higher readmission rates. Specifically, in Burlington, Camden, and Gloucester Counties, 50% of patients who visited a SJHP member hospital ED 5 or more times in 2015 reside in 11 zip codes. All zip codes have a higher prevalence of chronic disease among residents. In addition, 10 zip codes experience adverse social determinants of health and contribute to 50% or more of readmissions within their respective county. The zip codes are noted in the table below by county.

It is important to note that hospital location can also impact utilization rates within specific zip codes. Zip codes 08015, 08016, and 08060, 08103 are all locations of SJHP member hospitals.

#### Zip Codes with the Greatest Potential for Health Disparity\*

| Burlington County                | Camden County                  | Gloucester County                 |
|----------------------------------|--------------------------------|-----------------------------------|
| 08015 Browns Mills <sup>1</sup>  | 08105 Camden <sup>1,2</sup>    | 08094 Williamstown <sup>1,2</sup> |
| 08046 Willingboro <sup>1,2</sup> | 08104 Camden <sup>1,2</sup>    | 08080 Sewell <sup>2</sup>         |
| 08060 Mount Holly <sup>1,2</sup> | 08021 Clementon <sup>1,2</sup> | 08028 Glassboro <sup>1</sup>      |
| 08016 Burlington <sup>1,2</sup>  | 08103 Camden <sup>1,2</sup>    |                                   |

\*Ocean County is excluded due to low utilization at SJHP member hospitals

<sup>1</sup>Residents in these zip codes experience adverse social determinants of health

<sup>2</sup>Residents in these zip codes experience more readmissions

Insurance coverage is another indicator of social determinants of health. Medicaid, a health insurance program that assists low-income individuals, accounted for less than 15% of all ED patients across the region. However, 31% of Medicaid patients visited the ED more than once during the year, the highest of all payer types. Nearly 4% visited the ED 5 or more times.

Across the SJHP member hospitals, behavioral health and substance abuse conditions were the primary diagnoses for 4.1% of all inpatient visits and 5.5% of all ED visits. However, behavioral health and substance abuse conditions can also present as secondary diagnoses or comorbidities and inhibit disease management, particularly among patients with chronic conditions. Across all hospital inpatient settings, approximately 28% of patients with a primary chronic condition diagnosis had a behavioral health comorbidity; 20% had a substance abuse comorbidity. Patients with COPD were the most likely to have a behavioral health and/or substance comorbidity.

# The Community's Input

## Partner Organizations and Community Leaders

### Background

As part of the 2016 CHNA, five partner forums were conducted within the southern New Jersey counties, one each within Burlington, Gloucester, and Ocean Counties and two within Camden County. Camden partner forums were conducted in Camden City and in the southern portion of the county in recognition of the unique socioeconomic and health disparities within the city. The objective of the forums was to solicit feedback from representatives of key stakeholder groups about priority health needs, including identifying underserved populations, existing resources to address the priority needs, and barriers to accessing services. The forum also served to facilitate collaboration to address community health needs.

### Partner Forum Locations and Dates:

#### Southern Camden County

May 23, 2016, 8:30-11:00am

Virtua Health Education Center, 106 Carnie Blvd, Voorhees Township, NJ

Attendance: 50 partners

#### Camden City

May 24, 2016, 8:30-11:00am

Cooper University Health Care, 1 Federal Street, Camden, NJ

Attendance: 35 partners

#### Gloucester County

May 25, 2016, 8:30-11:00am

Kennedy Health & Wellness Building, 405 Hurffville Crosskeys Rd, Sewell, NJ

Attendance: 16 partners

#### Ocean County

May 26, 2016, 9:30-12:00pm

Rutgers Agricultural Building, 1623 Whitesville Rd, Tom's River, NJ

Attendance: 21 partners

#### Burlington County

June 3, 2016, 8:30-11:00am

Health and Human Services Offices, 795 Woodlane Road, Westampton, New Jersey

Attendance: 40 partners

## Facilitation

An overview of the 2016 CHNA research findings was presented to the partners. Participants were then asked to respond to a list of identified health needs as determined by the research and offer feedback on prioritizing issues.

### Identified Community Health Needs

- > Cancer
- > Chronic Disease Prevention & Management
- > Maternal & Child Health
- > Mental Health
- > Substance Abuse

Partners were asked to prioritize the identified health needs based on the following criteria, rating each need on a scale of 1 (low) to 4 (very high):

- > **Scope (How many people are affected?)**
  - Magnitude or burden of the issue (i.e. the number of people impacted)
  - High need among vulnerable populations
- > **Severity (How critical is the issue?)**
  - Degree to which health status is worse than state/national norms
  - Cost/Burden of the issue in the community (e.g. dollars, time, social)
  - Focus on eliminating health disparities
- > **Ability to Impact (Can we achieve the desired outcome?)**
  - Availability of resources/Community capacity
  - Community readiness to address the issue
  - Can “move the needle” to demonstrate measureable outcomes

Voting results were shared with the partners before breaking into small group discussions to further explore the issues. The subgroups discussed underserved populations, barriers to optimal health for residents, existing community assets, service delivery gaps, and opportunities for collaboration around the priority needs. An overview of participants’ responses from each partner forum is outlined below.

### Identifying Priority Needs

The following table depicts the prioritization of each of the identified health needs by partner forum participants, based on the criteria of scope, severity, and ability to impact. Across all partner forums, substance abuse, chronic disease management and prevention, and mental health ranked among the top three health needs within communities. Partners generally ranked chronic disease, substance abuse, and mental health as having similar scope and severity, but lower potential for impact based on current community resources and known best practices.

### Priority Health Need Rankings by Partner Forum

| Overall Ranking | Identified Health Need                  | Burlington County Ranking | Camden City Ranking | Gloucester County Ranking | Ocean County Ranking | S. Camden County Ranking |
|-----------------|---|---------------------------|---------------------|---------------------------|----------------------|--------------------------|
| 1               | Substance Abuse                         | 1                         | 2                   | 1                         | 1                    | 3                        |
| 2               | Chronic Disease Prevention & Management | 2                         | 1                   | 2                         | 3                    | 1                        |
| 3               | Mental Health                           | 3                         | 3                   | 3                         | 2                    | 2                        |
| 4               | Cancer                                  | 4                         | 5                   | 4                         | 4                    | 4                        |
| 5               | Maternal & Child Health                 | 5                         | 4                   | 5                         | 5                    | 5                        |

#### Small Group Discussion

Small group discussion was facilitated, based on the following questions, to identify community assets, service delivery gaps, and recommendations for hospital to address health needs.

Community assets identified by partners are included in Appendix A.

#### Existing Community Resources

- > What organizations are working on these issues?
- > What resources exist here that can help impact this issue?
- > Are there models of innovative partnerships around this issue?

#### Service Delivery Barriers/Gaps in Services

- > What do residents need to help them address this issue?
- > What additional services could help improve health around this issue?
- > What community inputs will be required?
- > What partners could help?

#### Recommendations to Hospitals/Opportunities for Collaboration

- > What are one to two recommendations on how health systems can impact these issues?
- > How can community partners work together to address these issues?

Across all communities, partners identified the following populations as being at higher risk of being underserved by health services and for adverse health outcomes:

- > Behavioral health patients
- > Homeless
- > Immigrants/Migrants/Undocumented
- > Incarcerated/Formerly Incarcerated
- > Individuals with chronic disabilities (physical and/or intellectual)
- > LGBTQ

- > Low-income
- > Military base personnel and their families
- > Minority racial/ethnic groups (Blacks/African Americans and Hispanics/Latinos)
- > Non-English speaking
- > Patients discharged from hospitals and in need of wrap-around social services
- > Patients with comorbidities (mental health/substance abuse and/or chronic condition(s))
- > Seniors
- > Transient populations
- > Uninsured/Underinsured
- > Veterans
- > Youth/Teenagers

The following section summarizes key findings from each partner forum.

### **Burlington County Key Findings**

#### Service Delivery Barriers/Gaps in Services

Burlington County experiences fewer socioeconomic and health disparities in comparison to other southern New Jersey counties. Residents are less likely to live in poverty, more likely to have attained higher education, and have greater access to health care. However, disparities still exist and include increasing obesity rates, higher incidence and mortality rates due to cancer, and increasing mental health and substance abuse needs. In addition, maternal and child health indicators continue to be an area of need among minority population groups, particularly Blacks/African Americans.

Partners identified the following barriers to accessing health services that contribute to health disparities within Burlington County:

- > Lack of access to health services as a result of fewer providers accepting Medicaid, out-of-pocket costs (e.g. copays and deductibles), language and literacy, and difficulty navigating the health care system
- > Lack of awareness of health and social services among residents and providers
- > Lack of behavioral health services, including detox facilities (only one facility identified in the county) and medication monitoring programs
- > Lack of bilingual and culturally competent providers
- > Lack of care coordination among providers, contributing to lack of continuity of care
- > Lack of culturally appropriate and targeted health education and service messaging
- > Lack of social service program capacity and funding to meet demands for services
- > Lack of transportation services within the community to medical and social service appointments
- > Medicaid insurance limitations for behavioral health services, including maximum lengths of stay and the number of available inpatient beds
- > Stigma associated with receiving services

Partners identified a number of missing services that could help improve health within the community:

- > A comprehensive directory of community resources and services
- > Child care services at community events to allow adults to participate in programming
- > Chronic disease prevention activities and education among children and adolescents
- > Community gardens to promote healthy eating education and behaviors
- > Farmers markets with flexible and convenient times for all residents
- > Healthy food options near military bases to address food deserts
- > Mobile health screening services
- > Participation by all community stakeholders (faith-based, providers, social service agencies, schools, elected officials, etc.) to address health issues
- > Support groups for individuals with cancer and other chronic conditions

#### Recommendations to Hospitals/Opportunities for Collaboration

##### Cancer:

- > Identify and share cancer-related resources with CONTACT of Burlington County to improve service referrals and awareness of resources
- > Identify health coaches/community members who have a current cancer diagnosis or have survived cancer to provide peer-to-peer support and education

##### Chronic Disease Prevention & Management:

- > Initiate mobile farmers markets that visit school, churches, youth sporting events, etc. and include health screenings and health education
- > Partner with celebrity chefs, grocery stores, libraries, and/or culinary schools to provide healthy cooking demonstrations and health education
- > Utilize high school students in need of community service hours to staff community outreach programs
- > Utilize social media (e.g. text messaging, Instagram, and Nixle) and local news sources (e.g. Beverly Bee) to improve health education messaging and service awareness

##### Maternal & Child Health:

- > Advocate to improve maternal and child health policies and legislation (e.g. breastfeeding, maternity leave, women's health funding in the state budget, etc.)
- > Improve communication among medical and social service providers regarding available services and increase inter-agency referrals
- > Improve health education and awareness messaging to incorporate social media, be culturally competent, and target vulnerable populations
- > Partner with the Department of Transportation to improve public transportation across the county, focusing on underserved and vulnerable populations

##### Mental Health & Substance Abuse:

- > Develop a directory of all behavioral health resources to increase awareness of services and referrals to health and social service agencies

- > Include non-traditional partners (e.g. Chamber of Commerce, elected officials, first responders, etc.) in all future behavioral health discussions
- > Partner with screening centers (e.g. Screening and Crisis Intervention Program at Lourdes Medical Center) to share resource information with residents and improve referrals across agencies

### **Camden City Key Findings**

#### Service Delivery Barriers/Gaps in Services

Partners stated that all of Camden City is underserved and at risk for poorer health outcomes as a result of worse socioeconomic indicators and lack of a built environment that supports health. Many Camden City residents struggle to meet their basic needs (e.g. food and shelter) and experience a higher incidence of post-traumatic stress due to violence and other adverse experiences. Children, in particular, are viewed as at higher risk for poorer health outcomes due to adverse childhood experiences.

According to the forum participants, Camden City residents also experience the following barriers to accessing health services:

- > Fear of the health system, disease outcomes, and social service providers
- > Lack of adequate health services as a result of few providers accepting Medicaid, provider hours and locations, and difficulty navigating the health care system
- > Lack of awareness of health and social services and participant eligibility criteria
- > Lack of bilingual and culturally competent providers
- > Lack of cancer services, including child services, screenings, and education
- > Lack of care coordination, both between medical providers and social service agencies
- > Lack of community engagement and trust inhibiting resident participation in initiatives to improve health and the built environment
- > Lack of mental health provider in the community and integration in primary care settings
- > Lack of quality interactions/relationships between patients and health care providers to support compassionate, respectful care and communication
- > Lack of support for families, particularly for grandparents raising grandchildren
- > Lack of transportation services within the community to medical and social service appointments
- > Social determinants of health, including poverty, education, housing, and public safety

Partners identified a number of missing services that could help improve health within the community:

- > A one-stop-shop for all health services that is shared with community partners
- > A patient referral system between social service agencies
- > Community advocates to conduct outreach and connect residents with services
- > Community and provider substance abuse training to identify early signs and symptoms and increase awareness of services



- > Community-based urgent care centers, clinics, and health educators
- > Comprehensive discharge planning for patients leaving the hospital and in need of wrap-around services (medical and social)
- > Home visits to improve patient compliance and identify social service needs
- > In-person translators in lieu of phone translation services
- > Insurance and worksite incentives to receive screenings (e.g. a paid “free” day)

### Recommendations to Hospitals/Opportunities for Collaboration

#### Cancer:

- > Explore free parking options for cancer appointments in the city; parking costs are a primary cause for patient no-show rates
- > Improve education among providers (emergency and primary care) regarding cancer resources, guidelines, and the impact of nutrition and physical activity on cancer care
- > Initiate a collaborative marketing campaign by health systems, health departments and FQHC’s to educate the community on resources and screening guidelines
- > Obtain more data for low cancer screening rates among Camden County residents to further understand the difference between rates for uninsured and insured residents
- > Train and develop patients navigators and translators, utilizing a volunteer program for post-graduate students in need of community service

#### Chronic Disease Prevention & Management:

- > Develop an all-in-one social services center, similar to the Social Work and Spiritual Care Department developed by the Children’s Hospital of Philadelphia
- > Embed a nurse managed health clinic in the community, similar to the Drexel University 11<sup>th</sup> Street Family Health Services
- > Improve patient menus and invest in healthy food outlets like the Fresh Carts Program to promote healthy food consumption in the hospitals and in low-income neighborhoods
- > Initiate a collaborative impact group within the community to coordinate social services

#### Maternal & Child Health:

- > Create a collaborative effort and build partnerships among social service agencies that are serving similar populations with similar funding sources
- > Develop a directory of resources that is accessible to all community members
- > Identify community advocates to distribute information and services
- > Provide a list of local agencies/clinics providing immunizations and physicals to schools
- > Work with community members to identify their top priorities and make sure they’re aligned with the needs assessment

#### Mental Health & Substance Abuse:

- > Develop a central repository of all behavioral health resources to increase awareness of services and referrals between health and social service agencies
- > Develop relationship-based, culturally competent community outreach workers to take services into the communities and better meet the needs of minority populations
- > Partner with school systems to provide both primary (prevention) and secondary (detection and treatment) mental health services to students and their parents

## **Gloucester County Key Findings**

### Service Delivery Barriers/Gaps in Services

Gloucester County has some of the lowest poverty rates and highest educational attainment rates among the four southern New Jersey counties, but experiences some of the worst health disparities. All reported provider rates are lower than statewide rates; the mental health provider rate is more than 100 points lower than the state rate. Gloucester County also has one of the highest rates of adult obesity and higher incidence and mortality rates for cancer, chronic lower respiratory disease, and diabetes. Across nearly all health indicators, particularly maternal and child health indicators, Blacks/African Americans and Hispanics/Latinos experience worse outcomes.

Partners identified the following barriers to accessing health services that contribute to health disparities within Gloucester County:

- > Lack of bilingual providers
- > Lack of funding to market social services to the community, contributing to a lack of awareness of available health and social services among residents
- > Lack of mental health integration in the primary care setting
- > Lack of mental health providers within the community, particularly psychiatrists and methadone maintenance programs. Providers are leaving the area for higher salaries.
- > Lack of resiliency among residents, particularly residents with behavioral health conditions, to identify and register for needed services
- > Lack of social service awareness among teachers, parents, and providers to refer residents and patients
- > Lack of staffing among social service agencies to support programs
- > Lack of state-level support/funding for county health departments
- > Lack of transportation services within the community to medical and social service appointments
- > Low commercial insurance reimbursement rates for behavioral health care and lack of behavioral health providers accepting Medicaid insurance
- > Social determinants of health, including housing and employment

Partners identified a number of missing services that could help improve health within the community:

- > Behavioral health education among providers, patients, and social service clients to identify signs and symptoms of conditions
- > Behavioral health telemedicine to address current provider shortages
- > Funding from the state to provide transportation services and improve access to care
- > Innovative Model for Preschool and Community Teaching (IMPACT)
- > In-home care for both mental and physical health needs
- > Service coordination among social service providers to prevent duplication of efforts
- > Services and providers that are culturally representative of the community
- > Services to address the needs of PTSD clients and veterans

Recommendations to Hospitals/Opportunities for Collaboration

## Chronic Disease Prevention &amp; Management:

- > Create formal community coalitions to enhance programs already in place across the county. Coalitions may be geographic and/or topic specific.
- > Educate hospital providers on existing social service programs and agencies to provide direct patient referrals
- > Provide hospital-level support (e.g. staffing and funding) for existing community services and outreach efforts instead of creating new programs and services

## Maternal &amp; Child Health:

- > Develop a partnership with methadone maintenance programs and detox/rehab that allows children to remain with addicted mothers in treatment
- > Develop mobile units for prenatal care, ultrasounds, and pregnancy testing and deploy in vulnerable neighborhoods and migrant worker farms
- > Provide bilingual midwives and OB/GYN doctors at all locations serving uninsured/underinsured residents

## Mental Health &amp; Substance Abuse:

- > Bring all current providers to the table to collaboratively and non-competitively address the community's shortage of providers and other barriers
- > Partner with residency programs to bring primary care providers directly to behavioral health organizations and address co-occurring chronic conditions
- > Train primary care providers to prescribe stabilizing medications and free up behavioral health providers to care for patients in crisis or in need of more advanced care

**Ocean County Key Findings**Service Delivery Barriers/Gaps in Services

Ocean County has lower poverty rates and higher educational attainment rates compared to the state and the nation. However, the county has some of the lowest provider rates for primary care and dental care and some of the worst health disparities among racial and ethnic populations. Across nearly all health indicators, Blacks/African Americans and Hispanics/Latinos experience worse outcomes. Ocean County also has the highest death rate due to heart disease and drug-induced causes.

Partners identified the following barriers to accessing health services that contribute to health disparities within Ocean County:

- > Cost of receiving care, even sliding scale fees, if uninsured, but employed
- > Insurance reimbursements for behavioral health services and limitations for length of stay and readmissions
- > Lack of awareness of eligibility criteria (e.g. insurance status and legal status) to receive medical and social services
- > Lack of awareness of services among residents and lack of awareness of the need for services until residents are in crisis

- > Lack of bilingual and culturally competent providers
- > Lack of collaboration among social service agencies that are providing similar programs
- > Lack of health care providers in minority communities
- > Lack of recognition of mental health and substance abuse as chronic diseases
- > Lack of services to meet the unique behavioral health needs of seniors
- > Lack of transportation services both within and outside of the county for medical and social services
- > Lack of trust among residents for medical and social service providers
- > Limitations in funding for available behavioral health programs due to the state's adoption of a managed care model

Partners identified a number of missing services that could help improve health within the community:

- > Behavioral health prevention and treatment services, including non-profit inpatient detox centers and medication management treatment (methadone)
- > Community-based health services that are available to residents on an ongoing and flexible basis, and in an environment that they are comfortable in (e.g. churches)
- > Computer training for seniors to improve their ability to identify and access services
- > Education addressing substance (e.g. marijuana and vaping) abuse consequences
- > Education programs for cancer and diabetes self-care
- > Free pregnancy testing
- > Medication management and reconciliation, particularly for seniors
- > State funding for transportation services to medical appointments

#### Recommendations to Hospitals/Opportunities for Collaboration

##### Chronic Disease Prevention & Management:

- > Advocate to Medicare to provide transportation funding for dialysis patients who require multiple appointments per week
- > Develop a set of questions to be asked of all hospital patients at the time of discharge to assess their need for wrap-around medical and social services
- > Provide navigators and/or care transition aides to assist in navigating the health care system, identifying wrap-around services, and transitioning patients back to their homes

##### Maternal & Child Health:

- > Develop a coalition of community partners to initiate collective impact focused on the many needs of the community (medical and social)
- > Host health fairs at community churches (e.g. Harmony Church, Macedoni Church, and Cathedral of the Air) and Federally Qualified Health Centers
- > Partner with military bases to provide medical appointments to women and children and initiate early prenatal care

##### Mental Health & Substance Abuse:

- > Advocate for higher reimbursement rates for behavioral health services

- > Develop a needle exchange program
- > Monitor the success of and potentially replicate the Barnabas Health Opiate Overdose Recovery Program, a two year grant-funded pilot program providing recovery services and case management to Narcan treated patients

## **Southern Camden County Key Findings**

### Service Delivery Barriers/Gaps in Services

Health disparities exist in Camden County both in comparison to state and national benchmarks and among racial/ethnic populations. The county has the highest uninsured rate among the four southern New Jersey counties and some of the highest rates of adult obesity, cancer, chronic lower respiratory disease, and diabetes. Camden County also has the highest percentage of adults diagnosed with depression, the highest behavioral health use rate in the Emergency Department, and the second highest drug-induced death rate. Across nearly all health indicators, Blacks/African Americans and Hispanics/Latinos experience worse outcomes.

Partners identified the following barriers to accessing health services that contribute to health disparities within Southern Camden County:

- > Lack of awareness among residents and providers of health and social services, and difficulty navigating the system
- > Lack of behavioral health services (providers, rehab, halfway houses, intensive case management, etc.); residents generally cannot access services until they are in crisis
- > Lack of bilingual and culturally competent providers
- > Lack of a central access point for all services (medical and social)
- > Lack of community engagement in initiatives to improve health; initiatives cannot be viewed as a “project” by residents
- > Lack of recognition of mental health and substance abuse as chronic diseases
- > Lack of service coordination and information sharing between providers and social service agencies
- > Lack of staffing among social service agencies to support programs
- > Lack of transportation services within the community to medical and social service appointments
- > Low insurance reimbursement rates for behavioral health care and lack of providers accepting all insurance types
- > Public safety and a deteriorating built environment
- > Social determinants of health, including insurance coverage and poverty
- > Stigma related to receiving behavioral health services

Partners identified a number of missing services that could help improve health within the community:

- > A coalition of community partners to collectively address and impact health needs
- > A comprehensive directory of community resources and services

- > Breastfeeding and other child care education provided at pediatric offices
- > Case management services similar to the City of Angels and Parent to Parent
- > Coordination among social service agencies providing services to the same clients
- > Detox/Rehab centers
- > In-home health services to improve access and service outreach

### Recommendations to Hospitals/Opportunities for Collaboration

#### Chronic Disease Prevention & Management:

- > Advocate as collective health systems to influence policy and drive change at a local level
- > Hire individuals (e.g. social workers and Emergency Department navigators) who will assure patients follow through with care instructions and receive needed social services
- > Provide additional community case workers to provide support in the homes of residents
- > Provide information to patients about community services at the time of discharge
- > Support efforts like Aunt Bertha to create a single source for all community resources

#### Maternal & Child Health:

- > Direct service communication and outreach to the matriarch of the family as she is the gatekeeper and decision maker
- > Engage school systems to increase education and outreach efforts to youth and parents
- > Identify community champions or advocates and work with these individuals to disseminate information and services and enact change. Head Start programs may be a starting point as a trusted organization in the community.
- > Initiate a medical home model (from the front desk to the back door) that incorporates lunch and learn sessions to learn about different community services
- > Rename the “postpartum visit” as a “mom and baby wellness visit” to avoid the stigma of depression associated with postpartum and increase show rates for these appointments

#### Mental Health & Substance Abuse:

- > Advocate for policy change to remove prohibitive costs associated with primary care physician licensure to provide behavioral health services
- > Advocate for regulatory change to promote prevention through recovery and Medicaid coverage of all prevention services
- > Develop a marketing campaign to advertise behavioral health services and assure that everyone has equal access to the same information
- > Develop a “no wrong door” approach to accessing behavioral health services
- > Develop a standard algorithm for assessment and entry into treatment services, similar to algorithms for asthma and diabetes
- > Initiate a care coordination, multi-disciplinary team to aide clients in their recovery
- > Increase behavioral health education and awareness among primary care providers, parents, schools, emergency department staff, etc.
- > Provide specialty behavioral health physicians within primary care offices

## Community Member Focus Groups

Facilitated meetings were held with residents across the four study counties. A total of 72 adults attended five sessions held in September 2016 in Burlington, Camden, Gloucester, and Ocean Counties and Camden City. Participants were recruited by South Jersey Health Partnership member organizations and were prescreened to have a chronic condition diagnosis.

Key themes were consistent across the five groups:

- 1) Having a positive relationship with their physician is a key factor in managing health.
- 2) Residents that participated in group activities or had close support maintained exercise and a healthy diet better than those who didn't.
- 3) Mental health of patients is discounted or not discussed as related to physical health.
- 4) Care coordination across health systems is fragmented; patients have trouble navigating the health systems.

## Living with Chronic Conditions

Participants in the sessions experienced various chronic conditions. The most prevalent conditions were diabetes and high blood pressure, followed by high cholesterol, arthritis, neuropathy and other pain, and obesity. Some in the groups had been diagnosed with chronic heart failure, chronic obstructive pulmonary disorder (COPD), or cancer.

Asked how their conditions affected their life, participants acknowledged that they were limited in some way by their condition. Some have made changes to improve diet and physical activity. "I changed my eating habits and I feel pretty good." "I quit smoking." "I do a lot of walking now, more than I ever did before." "I know how I'll feel afterwards if I don't watch what I eat." "I used to take my daughter to the park and sit on the bench eating a bag of snacks. Now, I'm running with her. I'm involved with her play. Every little movement counts." "I used to eat everything fried, even my vegetables. I was as big as a house. Now, I boil everything."

Participants agreed it is hard to maintain healthful lifestyles. "When my sugar is high, I just want to go to bed." "By the time I'm done with everything I need to do at home and to care for my daughter, I'm out of breath." "I'm exhausted." "I'm tired all the time. I know it's my weight. I have to get energy and motivated." Pain, depression, and busy lifestyles keep people from exercising every day. Many struggle to find motivation to improve their health. Children and grandchildren are mentioned repeatedly as motivators to improve health.

Many participants described their feelings about their health as "frustrated." "I feel frustrated that I have to get up and stretch everything out just to keep my back from hurting. There are days that I just don't feel like doing it." Others are frustrated that they have to take medication daily or limit foods they enjoy. "As soon as I fight one thing, here comes another. It's a continuous battle." "I feel frustrated, angry, depressed. I'm not a person to sit around, but that's what I've been doing."

Depression is common among participants. "Being sick affects your body, and mind." Maintaining health is a "constant battle." "One condition snowballs into another." "It's a big

change when you're used to taking care of yourself and now need to rely on others." "I feel ashamed when people see me." "It affects your self-esteem." Some feel isolated because of their conditions. "I wonder how long I have. I read the obituaries every day."

Asked what factors help them lead a healthier life, participants most valued having family support and a good relationship with their physician. Participating in group activities like walking clubs or a senior center were seen as positive influences. Support groups and initiatives to coordinate care were valuable to participants who accessed those services.

### **Would you describe your community as healthy?**

Asked if they would describe their community as "healthy," residents were divided. "There is a lot of talk about health here, but I don't think people are that healthy." "We need more health education in schools, particularly at the elementary level, to instill lifelong healthy behaviors. By the time people start to be conscious about their health, it's too late."

Participants in all groups could name health promotion activities that occurred in their communities. Local venues for recreation are accessible across the region, including parks, YMCAs, gyms, senior centers, and wellness programs. About half of the participants had engaged in some activity associated with the hospitals or local health department. Most notable were walking clubs, health conferences, screenings, and newsletters. Local hospitals were seen as providing quality health services.

Barriers that keep people from exercising and eating healthy also exist in communities. Neighborhood safety, lack of knowledge of programs and services, busy lifestyles, and transportation limits were listed as barriers for individuals to optimize health.

Some saw the health system as being disjointed, particularly in providing resources and well care. "Doctors aren't aware of what resources exist in the community." "They [doctors] don't spend enough time with you to treat you individually."

### **Physical and Mental Health**

Many respondents listed depression as a chronic condition that they suffer from. Participants described feeling depressed because they are not able to do what they used to do or feel overburdened from being sick. Many said their physician did not ask about their mental health when treating their physical health. They also did not feel comfortable to talk about their mental health with family or friends.

"Mental health is a big thing that is not being handled in health care, and it leads to so many things. Health care should focus on mental health and stop shying away from it. Right now, it seems like an embarrassment to have an issue. If they pushed that it was okay to have these issues, people wouldn't get to the level of depression they are."

### **Physician Relations**

Participants agreed that a positive relationship with their physician is paramount in maintaining health. Positive attributes for physicians include "listening to me;" "recognizing me;" "seeing me



as a person first, then a patient;” “asking how my mental health is;” “being proactive with test results,” “looking at me, not the computer, during my visit.”

Some residents viewed the health system as non-responsive. Physician offices “don’t return calls;” “doctors have too many patients to spend enough time with each one;” “they put everyone in a pile and write the same prescription, even though it doesn’t work for some.”

Participants experienced long waiting times in the office while time in the exam room had decreased. Residents were cognizant that insurance plays a large part in who they can choose as their providers, and what treatment the provider prescribes. Residents with Medicaid have the longest wait times and are most limited in providers that accept their insurance.

### **Health resources**

With shorter appointments and more complex diagnoses, patients do not always receive all the information they would like from their providers. Residents use the internet to learn more about their health conditions and treatments. Trusted resources include WebMD, Mayo Clinic, and hospital websites. They also receive newsletters from health systems and insurance companies, which they think are valuable. Many have signed up to receive disease-specific newsletters. Delivery preferences vary from email to Facebook to direct mail. Residents also receive health information at pharmacies, grocery stores, malls, libraries, and faith settings.

### **Barriers to Accessing Care**

Cost and transportation are the biggest barriers to care for residents. Copays, deductibles, and prescriptions keep residents from accessing care when they need it. Transportation is equally challenging in rural and metro settings. AccessLINK is a service available in Camden, but even at \$2 per trip, residents say “It’s expensive to go everywhere you need to go and they require 24-hour’s notice.” Residents in outlying towns have few public transportation options.

It’s not uncommon for residents to skip pills because don’t have a prescription plan or can’t afford copays. They may also delay or cancel appointments due to copays. “I’m employed and living on my own. My copays may only be \$20, but if I have four appointments, I might only be able to pay for two. I have to push back my appointments or skip them.”

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## Appendix B: Partner Forum Attendees

Five partner forums were conducted with a total of 162 community representatives. The representatives, and their organization, included:

### Burlington County

| Community Representative | Organization                                   |
|--------------------------|--|
| Agatha Reidy             | Virtua   |
| Bageshree Cheulkar       | Virtua   |
| Barbara Biglin           | Burlington County Department of Human Services |
| Barbara Heinz            | Mom's Quit Connection                          |
| Cathy Curley             | Cooper University Hospital                     |
| Cheryl Rahilly           | Masonic Village at Burlington                  |
| Christine Carlson-Glazer | Deborah Heart & Lung Center                    |
| Daniela Fumu             | Camden County Health Department                |
| David Patriarca          | Pemberton Township Mayor                       |
| Dawn Britton             | Virtua   |
| Dipal Patel              | Virtua   |
| Donna McArdle            | Deborah Heart & Lung Center                    |
| Elizabeth Walker-Graham  | Virtua   |
| Gwendolyn Hughes         | Lourdes Health System                          |
| Healthier Andolsen       | Burlington County Library                      |
| Jenise Rolle             | Center for Family Services                     |
| Jennifer Canada          | Burlington County Community Action Program     |
| Jerry Kilkenny           | Burlington County Transportation               |
| Joan Lombardi            | Virtua   |
| Joanne Rosen             | Samaritan                                      |
| June DePonte-Sernak      | American Red Cross                             |
| Karen Isky               | American Lung Association                      |
| Kathy Taylor             | Masonic Village                                |
| Kelly Donnelly           | Burlington County Animal Shelter               |
| Kim Burnes               | Lourdes Health System                          |
| Kimberly Mattson         | Burlington County Health Department            |
| Laurie Navin             | March of Dimes                                 |
| Linda Cushing            | Burlington County Department of Human Services |
| Linda Davis              | YMCA of Burlington County                      |
| Linda Graf               | Moorestown Visiting Nurse Association          |
| Lindsay Borcsik          | Lourdes Health System                          |
| Mary Hankenson           | Holy Redeemer                                  |
| Olujimisola Adelani      | 87 MDG Joint Base                              |
| Peggy Cooch              | Virtua   |
| Peggy Dowd               | Deborah Heart & Lung Center                    |
| Sandy Bennis             | Moorestown Visiting Nurse Association          |
| Shirla Simpson           | Burlington County Department of Human Services |
| Suzanne Menges           | Burlington County Department of Human Services |
| Tracy Little             | New Jersey SNAP-ED                             |
| Wendy Moluf              | Rowan College of Burlington County             |

**Camden City**

| <b>Community Representative</b> | <b>Organization</b>                                     |
|---------------------------------|---|
| Brandy Williams                 | Camden AHEC   |
| Caryelle Lasher                 | Camden County Department of Health and Human Services   |
| Chandler Hart-McGonigle         | Camden Promise Zone                                     |
| Chaya Bleier                    | Abigail House   |
| Chris Winn                      | Cooper University Health Care                           |
| Christin Kwasny                 | National Kidney Foundation                              |
| Debra Moran                     | Virtua  |
| Dianne Browne                   | Camden Healthy Start                                    |
| Doug Shirley                    | Cooper University Health Care                           |
| Esther Gross                    | Morgan Village Circle Community Development Corporation |
| Evelyn Robles-Rodriguez         | Cooper University Health Care                           |
| Julianne Morris                 | Cooper University Health Care                           |
| Joan Gram                       | Virtua  |
| Kathleen Jackson                | Rutgers School of Nursing Camden                        |
| Lorin Clay                      | Southern New Jersey Perinatal Cooperative               |
| Lorraine Sweeney                | Cooper University Health Care                           |
| Luisa Medrano                   | Catholic Charities Diocese of Camden                    |
| Lynn Rosner                     | Camden County Department of Health and Human Services   |
| MaryAnn Rahman                  | Camden County   |
| Nancy Street                    | Cooper University Health Care                           |
| Patricia Hearey                 | Camden County Department of Health and Human Services   |
| Rachel N'Diaye                  | National Kidney Foundation                              |
| Rebecca Bryan                   | Urban Promise Ministries                                |
| Renee Wickersty                 | Camden County Board of Education                        |
| Rev. Floyd White                | Woodland Avenue Presbyterian Church                     |
| Robin Waddell                   | NJ SNAP-Ed Rutgers Co-Op Experiment                     |
| Sara Kucharski                  | Camden County Department of Health and Human Services   |
| Sharon Dastmann                 | Cooper University Health Care                           |
| Shawn Gibson                    | Planned Parenthood                                      |
| Sister Maureen Shaughnessy      | Lourdes Health System                                   |
| Soley Berrios                   | Camden Coalition of Healthcare Providers                |
| Tierra Wallace                  | Cooper University Health Care                           |
| Tondalya DeShields              | Cooper University Health Care                           |
| Valeria Galarza                 | Cooper's Ferry Partnership                              |
| Yvette Alvarez                  | WIC (Women, Infants, Children)                          |

**Gloucester County**

| <b>Community Representative</b> | <b>Organization</b>                                       |
|---------------------------------|---|
| Annmarie Ruiz                   | Gloucester County Health Department                       |
| Barbara Wallace                 | Mayor, Washington Township                                |
| Bea Frost                       | American Red Cross  |
| Bridget DeFiccio                | Robin's Nest, Inc.  |
| Cari Burke                      | Robin's Nest, Inc.  |
| Donna Fanticola                 | United Way of Gloucester County                           |
| Elizabeth Schaaf                | Lourdes Hospital – Camden                                 |
| Emily Paul                      | CompleteCare Health Network                               |
| JoAnne Dunagan                  | New Point Behavioral Health Center                        |
| Jody Simon                      | Robin's Nest, Inc.  |
| John Zukauskas                  | New Point Behavioral Health Center                        |
| Karen Dickel                    | Gloucester County Commission for Women                    |
| Luanne Hughes                   | Rutgers Co-op Experiment                                  |
| Melissa Walczak                 | YMCA Gloucester County                                    |
| Robert Bamford                  | Gloucester County Department of Health and Human Services |
| Suzanne VanDerwerken            | Inspira Family Medicine Residency                         |

**Ocean County Partner Forum**

| <b>Community Representative</b> | <b>Organization</b>                       |
|---------------------------------|---|
| Brunilda Price                  | Ocean County Health Department            |
| Carla Tisdale-Walker            | Deborah Hospital Foundation               |
| Charlene Harding                | Barnabas Health                           |
| Christine Carlson-Glazer        | Deborah Heart and Lung Center             |
| Connie Fahim                    | O.C.E.A.N., Inc.                          |
| Dana O'Connor                   | Long Beach Island Health Department       |
| Debra Levinson                  | Ocean Monmouth Health Alliance            |
| Donna McArdle                   | Deborah Heart and Lung Center             |
| Ella Boyd                       | Ocean County Health Department            |
| Jackie Rohan                    | Ocean County Office for Senior Services   |
| Jennifer Crawford               | Ocean County Health Department            |
| Kimberly Tozzi                  | Ocean Health Initiatives                  |
| Leslie Terjesen                 | Ocean County Health Department            |
| Lynn McGrath                    | Deborah Heart and Lung Center             |
| Marcia Griffin                  | New Life Christian Center                 |
| Michael Blatt                   | Ocean County Department of Human Services |
| Michael Capko                   | Barnabas Health                           |
| Patricia High                   | Ocean County Health Department            |
| Peggy Dowd                      | Deborah Heart and Lung Center             |
| Rita Zenna                      | Deborah Heart and Lung Center             |
| Roberto Flecha                  | Seashore Family Services of New Jersey    |

**Southern Camden County**

| <b>Community Representative</b> | <b>Organization</b>   |
|---------------------------------|---|
| Amy Verbofsky                   | Delaware Valley Regional Planning Committee                 |
| Andrea Marshall                 | Camden County Council on Alcoholism and Drug Abuse          |
| Anthony Davis                   | Mental Health Association in Southwestern New Jersey        |
| Arlene Kreider                  | S.C.U.C.S., Inc.  |
| Bageshree Cheulkar              | Virtua  |
| BettyAnn Cowling-Carson         | Camden County   |
| Claudia Funaro                  | Camden County Health Department                             |
| Dawn Britton                    | Virtua  |
| Deborah Bokas                   | Osborn Family Health Center                                 |
| Debra Moran                     | Virtua  |
| Diane Costanzo                  | Virtua  |
| Diane Trump                     | Virtua  |
| Dipal Patel                     | Virtua  |
| Donna Berry                     | Virtua  |
| Felicia Nesmith-Cunningham      | Kennedy Family Health Services                              |
| Jamie O'Brien                   | Center for Family Services Navigator Exchange               |
| Jaya Valpuri                    | Gateway WIC   |
| Jeanne Borrelli                 | Camden County   |
| Jenise Rolle                    | Center for Family Services                                  |
| Jenn Tiernan-Palerm             | Virtua  |
| Jennifer Horner                 | Virtua  |
| Jennifer Keefer                 | Rutgers University  |
| John Pellicane                  | Camden County Health Department                             |
| Kathy Quinn                     | With You in Wellness  |
| Keish Tucker                    | Archway Programs  |
| Kendria McWilliams              | Mayville  |
| Kimberly Briggs                 | Virtua  |
| Koren Norwood                   | Camden County Health Department                             |
| Krista Briglia                  | United Way  |
| Lebo Edge                       | CAMcare Health Corporation                                  |
| Marilyn Mock                    | Fair Share Northgate II                                     |
| Marlana Cannata                 | Kennedy Health  |
| Mary Kate Kennedy               | 1 Link 4 Senior Care  |
| Matthew Grochowski              | Camden County Health Department                             |
| Maureen Bergeron                | Camden County Health Department                             |
| Maureen Donnelly                | Cooper Health / Safe Kids Southern New Jersey               |
| Merle Weitz                     | Southern New Jersey Perinatal Cooperative                   |
| Niurca Louis                    | Robin's Nest, Inc.  |
| Pamela Gray                     | Center for Family Services                                  |
| Patricia Hearey                 | Camden County Department of Health and Human Services       |
| Plyshette Wiggins               | Burlington Camden County Regional Chronic Disease Coalition |
| Ron DeFeo                       | Center for Family Guidance Health Network                   |
| Ronni Whyte                     | Kennedy Health  |
| Rosy Arroyo                     | Community Planning Advocacy Council                         |
| Ruth Gubernick                  | RSG Consulting  |
| Shellie Buckman                 | S.C.U.C.S., Inc.  |
| Stephanie Patnzio               | Virtua  |
| Tanya McKeown                   | Kennedy Health  |
| Yeidy Marrero                   | Fair Share Northgate II                                     |
| Yvette Alvarez                  | WIC (Women, Infants, Children)                              |

## Appendix C: Identified Community Assets

The following community assets and potential partners in addressing priority health needs were identified by partner forum attendees.

### Burlington County

| Priority Health Need: Cancer  |  |
|---|--|
| 211 United Way Call Center  | Federally Qualified Health Centers         |
| American Lung Association   | Lighthouse Hospice                         |
| Bayada Hospice  | Moorestown Visiting Nurse Association      |
| Burlington County Health Department   | Our Lady of Lourdes Cancer Center          |
| Compassionate Care Hospice  | Samaritan Hospice                          |
| Cooper University Hospital  | Susan G Komen Central and South Jersey     |
| Cooper University Hospital Cancer Education & Early Detection (CEED)            | Virtua/Penn Medicine                       |
| Deborah Heart and Lung Center   |  |
| Priority Health Need: Chronic Disease Prevention & Management                   |  |
| American Heart Association  | Grocery Stores                             |
| Beverly Bee   | Lourdes Health System                      |
| Burlington County Health Department   | Nixle Social Media                         |
| Burlington County Library   | Parent Teacher Association                 |
| Deborah Heart and Lung Center   | Pemberton Library                          |
| Emergency Medical Services  | School Districts                           |
| Faith-Based Organizations   | South Jersey Food Bank & Mobile Units      |
| Farmers Markets   | Virtua (Diabetes Education)                |
| Priority Health Need: Maternal & Child Health                                   |  |
| Burlington County Alternative High School                                       | March of Dimes                             |
| Burlington County Community Action Program                                      | Moms Quit                                  |
| Burlington County Health Department   | Providence House                           |
| CAMCare   | South Jersey Food Bank                     |
| Covenant House  | South Jersey Perinatal Cooperative         |
| Good Counsel  | SNAP-ED                                    |
| Head Start  | WIC (Women, Infants, Children)             |
| Priority Health Need: Mental Health & Substance Abuse                           |  |
| American Red Cross  | Moorestown Visiting Nurse Association      |
| Burlington County Department of Human Services<br>Division of Behavioral Health | Mom 2 Mom New Jersey                       |
| Burlington County Drug Abuse  | New Jersey Children's System of Care       |
| Burlington County Municipal Alliance Network                                    | Oaks Integrated Care                       |
| Catholic Charities  | Opioid Overdose Prevention Program         |
| Center for Family Services  | Rowan College of Burlington                |
| Children's Mobile Response and Stabilization                                    | School Districts                           |
| Disaster Response Crisis Counselor Program                                      | Traumatic Loss Coalition                   |
| Law Enforcement (Crisis Intervention Training)                                  | Virtua                                     |
| Legacy Treatment Services   | Voluntary Organizations Active in Disaster |
| Lourdes Health System   |  |



**Camden City**

| <b>Priority Health Need: Cancer</b>                                      |  |
|--|--|
| American Cancer Society  | Dentists   |
| Aunt Bertha Resource Guide   | Fifis Family                                     |
| Avon   | Kennedy Health                                   |
| CAMCare  | Komen Foundation                                 |
| Camden County Department of Health and Human Services (CCDHHS)           | Lourdes Health System                            |
| CCDHHS Bellmawr Regional Health Center                                   | MD Anderson Cancer Center                        |
| Clark Family   | Planned Parenthood                               |
| Cooper University Hospital Cancer Education & Early Detection (CEED)     | Project Hope                                     |
| Cooper University Health Care  | Spiegler Foundation – Melanoma South Jersey      |
| Dental Programs at Local Universities                                    | Virtua   |
| <b>Priority Health Need: Chronic Disease Prevention &amp; Management</b> |  |
| Aunt Bertha Resource Guide   | Delaware Valley Reg. Planning Commission         |
| Better Tomorrows   | Farmers Against Hunger                           |
| Camden Citywide Diabetes Collaborative                                   | Healing 10 Coalition                             |
| Camden Coalition of Healthcare Providers                                 | National Kidney Foundation                       |
| Campbell Soup  | New Jersey Conservation Foundations              |
| Cathedral Kitchen  | Rails to Trails                                  |
| Center for Family Services   | South Jersey Food Bank                           |
| Cooper University Health Care  | Urban Promise                                    |
| Coopers Ferry Partnership  | YMCA   |
| <b>Priority Health Need: Maternal &amp; Child Health</b>                 |  |
| Air Quality Flag Program   | Planned Parenthood                               |
| Aunt Bertha Resource Guide   | Public Schools                                   |
| CCDHHS   | Rutgers University                               |
| Catholic Charities   | South Jersey Eye Clinic                          |
| Dentists   | Southern New Jersey Perinatal Cooperative        |
| Hispanic Family Center   | Women, Infants, & Children                       |
| Oral Health Impact Project   |  |
| <b>Priority Health Need: Mental Health &amp; Substance Abuse</b>         |  |
| Abigail Nursing  | Lourdes Health System                            |
| Aunt Bertha Resource Guide   | Lourdes Institute of Wholistic Studies           |
| Camden Area Health Education   | Osborn Family Health Center                      |
| Camden Coalition   | Public Housing: Branch Village & Roosevelt Manor |
| CCDHHS   | The Bridge                                       |
| Castle Program   | The Creative Arts Morgan Village Academy         |
| Genesis Counseling Center  | Virtua System                                    |

**Gloucester County**

| <b>Priority Health Need: Chronic Disease Prevention &amp; Management</b> |  |
|--|--|
| American Red Cross   | Inspira Health Network                                     |
| CATA Farmworkers   | Kennedy Health   |
| Community Colleges   | Region 10 Cancer and Chronic Disease Coalition             |
| CompleteCare Health Network  | Rowan University Department of Health and Exercise Science |
| Gloucester County Health Department                                      | Rutgers Family and Community Health Sciences               |
| Gloucester County Planning Department                                    | YMCA of Gloucester County                                  |
| <b>Priority Health Need: Maternal &amp; Child Health</b>                 |  |
| CAMCare  | Robins' Nest   |
| CompleteCare Health Network  | Southern New Jersey Perinatal Cooperative                  |
| Inspira Health Network   | Virtua   |
| Kennedy Health   | Women, Infants, & Children                                 |
| <b>Priority Health Need: Mental Health &amp; Substance Abuse</b>         |  |
| Gloucester County Veterans Helping Veterans Program                      | NewPoint Behavioral Health Care                            |
| Inspira Health Network   | People for People Foundation                               |
| Kennedy Health   | Services to Overcome Drug Abuse Among Teenagers, Inc.      |
| Marryville Addiction Treatment Center                                    |  |

**Ocean County**

| <b>Priority Health Need: Chronic Disease Prevention &amp; Management</b> |   |
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| Deborah Heart and Lung Center  | New Jersey Cancer Education and Early Detection       |
| Federally Qualified Health Centers: Ocean Health Initiatives & CHEMED    | Ocean County Health Department                        |
| Healthy Bones Move Today   | Ocean County Office of Senior Services                |
| Live Healthy Ocean County  | Pink Campaign   |
| Meals on Wheels  | Take Control of Yourself                              |
| <b>Priority Health Need: Maternal &amp; Child Health</b>                 |   |
| Acute Care Hospitals with Prenatal Care                                  | O.C.E.A.N., Inc. Head Start Child Development Program |
| Federally Qualified Health Centers: Ocean Health Initiatives & CHEMED    |   |
| <b>Priority Health Need: Mental Health &amp; Substance Abuse</b>         |   |
| Barnabas Health  | Seashore Family Services of New Jersey                |
| Opiate Overdose Recovery Program   |   |

### Southern Camden County

| <b>Priority Health Need: Chronic Disease Prevention &amp; Management</b>   |   |
|--|---|
| Campbell Healthy Community Initiative  | Food Trust Healthy Corner Store Initiative                    |
| CAMCare  | Integrative Health  |
| Camden City Health Department  | Senior Citizens United Community Services                     |
| Center for Family Services   | United Way  |
| Delaware Valley Regional Planning Commission   | Virtua  |
| Food Bank of South Jersey  |   |
| <b>Priority Health Need: Maternal &amp; Child Health</b>   |   |
| Camden City Healthy Start  | Nurse Family Partnership                                      |
| Camden County Board of Social Services   | Postpartum Wellness Initiative                                |
| Camden County Developmental Disability Resources   | Safe Kids Southern New Jersey                                 |
| Immunization Registry  | Smoking Cessation Programs                                    |
| Improving Pregnancy Outcomes Initiative  | Southern New Jersey Perinatal Cooperative                     |
| Lead Coalition   | Southern New Jersey Regional Early Intervention Collaborative |
| New Jersey Parent Link   |   |
| <b>Priority Health Need: Mental Health &amp; Substance Abuse</b>   |   |
| 211 United Way Call Center   |   |
| Mental Health Association in Southwestern New Jersey – Phone numbers for the mental health services listed below are provided on the Association’s website ( <a href="http://www.mhaswnj.org/wp-content/uploads/2014/01/2015-REVISED-CAMDEN-COUNTY.pdf">http://www.mhaswnj.org/wp-content/uploads/2014/01/2015-REVISED-CAMDEN-COUNTY.pdf</a> )   |   |
| <b>Adult Mental Health Services</b>  |   |
| <u>Inpatient</u>   |   |
| <ul style="list-style-type: none"> <li>• Ancora Psychiatric Hospital</li> <li>• Camden County Health Services Psychiatric               <ul style="list-style-type: none"> <li>• Hospital in Blackwood (Lakeland)                   <ul style="list-style-type: none"> <li>• Cooper Hospital</li> </ul> </li> <li>• Hampton Behavioral Health Center</li> <li>• Kennedy Hospital in Cherry Hill</li> </ul> </li> </ul> |   |
| <u>Outpatient</u>  |   |
| <ul style="list-style-type: none"> <li>• Center for Family Guidance</li> <li>• Genesis Counseling Center</li> <li>• South Jersey Behavioral Health               <ul style="list-style-type: none"> <li>• The Starting Point, Inc.</li> </ul> </li> </ul>  |   |
| <u>Case Management</u>   |   |
| <ul style="list-style-type: none"> <li>• Oaks Integrated Care</li> </ul>   |   |

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| <p><b>Adult Mental Health Services</b><br/><u>Partial Care</u></p> <ul style="list-style-type: none"> <li>• Archway Programs, Inc.</li> <li>• Center for Family Guidance <ul style="list-style-type: none"> <li>• Daybreak (Atco)</li> <li>• Harmony Place</li> </ul> </li> <li>• Kennedy Hospital in Cherry Hill <ul style="list-style-type: none"> <li>• Oaks Integrated Care <ul style="list-style-type: none"> <li>• Unity Place, Inc.</li> </ul> </li> <li>• Rutgers Behavioral Health</li> </ul> </li> <li>• Wiley Behavioral Management Services <ul style="list-style-type: none"> <li>• South Jersey Behavioral Health</li> </ul> </li> </ul>  |
| <p><b>Alcohol &amp; Substance Abuse Services</b></p> <ul style="list-style-type: none"> <li>• Addictions Hotline of NJ <ul style="list-style-type: none"> <li>• NJ CONNECT</li> <li>• Salvation Army</li> </ul> </li> <li>• Genesis Counseling Center <ul style="list-style-type: none"> <li>• Hispanic Family Center <ul style="list-style-type: none"> <li>• Lighthouse</li> </ul> </li> </ul> </li> <li>• Maryville-Glassboro Outpatient <ul style="list-style-type: none"> <li>• Message of Hope</li> <li>• Rutgers Behavioral Health</li> <li>• Narcotics Anonymous of NJ</li> </ul> </li> <li>• Princeton House-Intensive Outpatient <ul style="list-style-type: none"> <li>• Seabrook House (inpatient) <ul style="list-style-type: none"> <li>• The Starting Point, Inc. <ul style="list-style-type: none"> <li>• SODAT</li> </ul> </li> </ul> </li> </ul> </li> <li>• Women of Hope Resource Center</li> </ul> |
| <p><b>Emergency Mental Health Services:</b></p> <ul style="list-style-type: none"> <li>• CONTACT 24 hour crisis line <ul style="list-style-type: none"> <li>• Division of Youth and Family Services Mobile Response Team</li> </ul> </li> <li>• Oaks Integrated Care Crisis Screening Centers @ Our Lady of Lourdes and Kennedy Hospital in Cherry Hill</li> </ul>  |
| <p><b>Hispanic Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• Hispanic Family Center of Southern NJ</li> <li>• Nueva Vida Behavioral Health Center</li> </ul>  |
| <p><b>Homeless Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• COSTAR Drop in Center in Camden</li> <li>• Oaks Integrated Care Path Program</li> <li>• Early Intervention Support Services</li> </ul>   |
| <p><b>Individual, Family &amp; Youth Counseling</b></p> <ul style="list-style-type: none"> <li>• Catholic Charities</li> <li>• Center for Family Guidance</li> <li>• Center for Family Services <ul style="list-style-type: none"> <li>• Hispanic Family Center</li> </ul> </li> <li>• Jewish Family &amp; Children's Services</li> </ul>   |

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| <p style="text-align: center;"><b>Information &amp; Referral</b></p> <ul style="list-style-type: none"> <li>• Camden County Human Services Hotline <ul style="list-style-type: none"> <li>• Child Care Help Line</li> <li>• Child Support Services</li> </ul> </li> <li>• CONTACT 24-hour telephone counseling <ul style="list-style-type: none"> <li>• Division of Youth and Family Services <ul style="list-style-type: none"> <li>• Domestic Violence</li> <li>• Family Help Line (stressed parents)</li> </ul> </li> </ul> </li> <li>• First Call for Help (referrals; emergency shelter) <ul style="list-style-type: none"> <li>• Gambling Hotline</li> <li>• Health &amp; Senior Services <ul style="list-style-type: none"> <li>• NAMI</li> </ul> </li> </ul> </li> </ul>  |
| <p style="text-align: center;"><b>Legal Services</b></p> <ul style="list-style-type: none"> <li>• Camden Regional Legal Services <ul style="list-style-type: none"> <li>• County Health Law Project</li> </ul> </li> <li>• Mental Health &amp; Guardianship Advocacy <ul style="list-style-type: none"> <li>• Public Defender-Camden</li> </ul> </li> </ul>   |
| <p style="text-align: center;"><b>Mental Health Self-Help Groups</b></p> <ul style="list-style-type: none"> <li>• NAMI</li> <li>• The Post Program (boarding home)</li> <li>• Self-Help Center Consumer Group</li> <li>• Self-Help Clearing House (info and referral)</li> <li>• Wellness Self-Help Center of Camden City</li> <li>• Oaks Integrated Services (New Beginnings) <ul style="list-style-type: none"> <li>• Donald May Center</li> </ul> </li> </ul>  |
| <p style="text-align: center;"><b>Senior Services/Social Services</b></p> <ul style="list-style-type: none"> <li>• Camden City on Aging <ul style="list-style-type: none"> <li>• Division of Senior Services <ul style="list-style-type: none"> <li>• Health &amp; Senior Services</li> </ul> </li> </ul> </li> <li>• Hispanic Family Center of Southern NJ <ul style="list-style-type: none"> <li>• Meals on Wheels</li> <li>• NJ Medical Assistance Hotline</li> <li>• Nutrition Program Salvation Army</li> </ul> </li> <li>• Pharmaceutical Assistance to the Aged &amp; Disabled (PAAD) <ul style="list-style-type: none"> <li>• Princeton House (Partial Care) <ul style="list-style-type: none"> <li>• Reassurance Contact</li> </ul> </li> </ul> </li> </ul>  |
| <p style="text-align: center;"><b>Services for Individuals with Disabilities</b></p> <ul style="list-style-type: none"> <li>• 360 Translations</li> <li>• The ARC of Camden County <ul style="list-style-type: none"> <li>• Center for Family Services</li> </ul> </li> <li>• Division of Deaf &amp; Hard of Hearing</li> <li>• Division of Developmental Disabilities <ul style="list-style-type: none"> <li>• Division of Medical Assistance</li> </ul> </li> <li>• Good Neighbors, Community Living for people with disabilities <ul style="list-style-type: none"> <li>• National Office of the American Council of the Blind <ul style="list-style-type: none"> <li>• Medical Assistance Hotline <ul style="list-style-type: none"> <li>• Medicare</li> </ul> </li> <li>• Sign Language Services, LLC</li> <li>• Social Security Administration</li> </ul> </li> </ul> </li> </ul> |

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| <p style="text-align: center;"><b>Social Services</b></p> <ul style="list-style-type: none"> <li>• American Red Cross</li> <li>• Big Brothers &amp; Big Sisters</li> <li>• Camden Co. Board of Social Services</li> <li>• Camden Co. Adult Services (Protective/Housing) <ul style="list-style-type: none"> <li>• Camden Co. Family Services</li> <li>• Camden Co. Transportation (limited)</li> </ul> </li> <li>• Camden Co. Dept. of Health &amp; Human Services <ul style="list-style-type: none"> <li>• Camden Co. Office of Economic Opportunity <ul style="list-style-type: none"> <li>• Communicable Diseases Unit <ul style="list-style-type: none"> <li>• HIV Testing</li> </ul> </li> </ul> </li> </ul> </li> <li>• Community Planning &amp; Advocacy Council &amp; Human Services Coalition (CPAC/HSC) <ul style="list-style-type: none"> <li>• Dept. of Human Services (Food Stamps) <ul style="list-style-type: none"> <li>• Dooley House</li> </ul> </li> <li>• Low Income Home Energy Assistance <ul style="list-style-type: none"> <li>• Medical Assistance Hotline <ul style="list-style-type: none"> <li>• Medicare</li> </ul> </li> <li>• Samaritan Hospice</li> <li>• Salvation Army-Camden</li> <li>• Veteran's Affairs</li> </ul> </li> </ul> </li> </ul> |
| <p style="text-align: center;"><b>Vocational &amp; Educational Services</b></p> <ul style="list-style-type: none"> <li>• CAMWERCs (pre-employment counseling for ages 16-20) <ul style="list-style-type: none"> <li>• Division of Vocational Rehabilitation Services <ul style="list-style-type: none"> <li>• Works Rite (supported employment)</li> <li>• LEARN-Supported Education</li> </ul> </li> </ul> </li> </ul>   |
| <p style="text-align: center;"><b>Women's Services</b></p> <ul style="list-style-type: none"> <li>• Camden County Women's Center (counseling/battered women) <ul style="list-style-type: none"> <li>• Services Empowering Rape Victims <ul style="list-style-type: none"> <li>• Adoption Information</li> </ul> </li> </ul> </li> <li>• Catastrophic Illness in Children Relief Fund <ul style="list-style-type: none"> <li>• First Way <ul style="list-style-type: none"> <li>• Foster Care Information</li> <li>• So. NJ Perinatal Cooperative</li> </ul> </li> </ul> </li> <li>• NJ Family Care/KidCare Health Insurance <ul style="list-style-type: none"> <li>• Planned Parenthood-Camden <ul style="list-style-type: none"> <li>• Safe Haven for Infants</li> </ul> </li> <li>• CFS (Women's Referral Central)</li> </ul> </li> <li>• Renfrew Center (Eating Disorders – Ages 12+) <ul style="list-style-type: none"> <li>• Day Services and Residential Program</li> </ul> </li> </ul>   |
| <p style="text-align: center;"><b>Youth &amp; Children's Services</b></p> <p style="text-align: center;"><u>Emergency Services</u></p> <ul style="list-style-type: none"> <li>• Division of Youth &amp; Family Services</li> <li>• Oaks Integrated Care Crisis Line <ul style="list-style-type: none"> <li>• Suicide Prevention Line</li> </ul> </li> </ul> <p style="text-align: center;"><u>Partnership for Children</u></p> <ul style="list-style-type: none"> <li>• PerformCare</li> <li>• Camden Co. Partnership for Children <ul style="list-style-type: none"> <li>• Family Support Organization</li> </ul> </li> </ul>  |

**Youth & Children's Services**Youth & Family Support Services

- The Bridge (13-18 years)
- Center for Family Services
- Division of Family Development
  - Dooley House
  - Kinship Navigator Program
  - NJ Office of the Child Advocate
- Office of Youth Service Camden (counseling)
- Oaks Integrated Care (youth case management)

Outpatient & Evaluation

- Bancroft NeuroHealth (Admissions)
- Castle Program @ Virtua (4-16 years)
  - Center for Family Guidance
  - Center for Family Services
  - Genesis Counseling Center
- Hampton Behavioral Health Center
  - Hispanic Family Center
- Kennedy Hospital in Cherry Hill
  - The Starting Point
- Youth Consultation Services (YCS) (counseling for ages infant-21 and dual diagnosis DDMI for ages 5-17 years)

Inpatient Psychiatric Services

- Hampton Behavioral Health Center
- Kennedy Hospital in Cherry Hill
- Youth Consultation Services (YCS)

Residential Treatment

- Bancroft NeuroHealth
- Youth Consultation Services (YCS)
- The Center for Family Services

Partial Care

- Archway Challenge Program (11-17 years)
  - Kennedy Hospital in Cherry Hill
  - Princeton House (Moorestown)
- Virtua Castle Program Day (5-15 years)
- Youth Consultation Services (YCS)

Residential/Out of Home Placement

- The Center for Family Services
- YCS Therapeutic Foster Care

Camden County Public Schools

- Child Study Team Supervisor
- Superintendent of Schools

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| <p align="center"><b>Youth &amp; Children's Services</b></p> <p><u>Private Schools Providing Special Education for Emotionally Disabled Youth</u></p> <ul style="list-style-type: none"> <li>• Archway Program School (3-21 years) <ul style="list-style-type: none"> <li>• Bancroft NeuroHealth</li> </ul> </li> <li>• Brookfield Academy (13-18 years) <ul style="list-style-type: none"> <li>• Yale School (7-18 years)</li> </ul> </li> <li>• Camden Center for Youth Development (juvenile resource center)</li> </ul>   |
| <p>Camden County Health &amp; Human Services Alcohol &amp; Substance Abuse Services – Phone numbers for the substance abuse services listed below are provided on the department's website (<a href="http://www.camdencounty.com/health/health-human-services/alcohol-amp-substance-abuse">http://www.camdencounty.com/health/health-human-services/alcohol-amp-substance-abuse</a>)</p>  |
| <p align="center"><b>Alcohol and Substance Abuse Unit</b> (information &amp; drug treatment referrals)</p>  |
| <p align="center"><b>Municipal Alliance Program</b> (services to expand the prevention and education components of the Comprehensive Alcoholism and Drug Abuse Plan of Camden County)</p>   |
| <p align="center"><b>Information &amp; Resources</b></p> <ul style="list-style-type: none"> <li>• NJ Governor's Council on Alcohol and Drug Abuse <ul style="list-style-type: none"> <li>• National Alliance for the Mentally Ill (NAMI)</li> <li>• National Council on Alcohol &amp; Drug Dependence</li> </ul> </li> <li>• Mental Health Association of Southwestern New Jersey</li> <li>• New Jersey Department of Mental Health and Addiction Services (MHASWNJ) <ul style="list-style-type: none"> <li>• New Jersey Prevention Network (NJPN) <ul style="list-style-type: none"> <li>• Phoenix House Foundation</li> </ul> </li> </ul> </li> <li>• Substance Abuse &amp; Mental Health Services Administration (SAMSHA) <ul style="list-style-type: none"> <li>• Take Action Against Substance Abuse and Gun Violence</li> </ul> </li> </ul> |
| <p align="center"><b>Intoxicated Driver Resources</b></p> <ul style="list-style-type: none"> <li>• Chance to Change</li> <li>• NJ Division of Addiction Services INTOXICATED DRIVER PROGRAM (IDP) <ul style="list-style-type: none"> <li>• NJ Division of Mental Health &amp; Addiction Services</li> </ul> </li> </ul>   |
| <p align="center"><b>Alcohol and Substance Abuse Treatment and Recovery Support Resources</b></p> <ul style="list-style-type: none"> <li>• Addictions Hotline of New Jersey</li> </ul>  |
| <p align="center"><b>Prevention and Education Service</b></p> <ul style="list-style-type: none"> <li>• Camden County Council on Alcohol and Substance Abuse</li> </ul>  |
| <p align="center"><b>Inpatient Services (Detox &amp; Residential)</b></p> <ul style="list-style-type: none"> <li>• Hendricks House (Halfway-House) <ul style="list-style-type: none"> <li>• Legacy Treatment Services</li> </ul> </li> <li>• New Hope Foundation (Detox/Short-term Residential Rehabilitation)</li> <li>• Seabrook House (Detox, Short-term Residential Services, Outpatient/Alcohol/Drugs)</li> </ul>  |
| <p align="center"><b>Outpatient Services</b></p> <ul style="list-style-type: none"> <li>• Center for Family Services</li> <li>• Genesis Counseling Center, Inc. <ul style="list-style-type: none"> <li>• Hispanic Family Center</li> </ul> </li> <li>• Kennedy Memorial Hospitals <ul style="list-style-type: none"> <li>• Family First <ul style="list-style-type: none"> <li>• Message of Hope</li> <li>• My Father's House</li> </ul> </li> </ul> </li> <li>• Princeton House Behavioral Health</li> <li>• Rehab After Work/Rehab After School <ul style="list-style-type: none"> <li>• SODAT of NJ, Inc.</li> </ul> </li> <li>• Twin Oaks (MICA/Counseling-Referrals) <ul style="list-style-type: none"> <li>• Unity Place I</li> </ul> </li> <li>• Women of Hope Resource Center (women only)</li> </ul>                                     |



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| <p style="text-align: center;"><b>Outpatient Medication Assisted Therapy Services</b></p> <ul style="list-style-type: none"><li>• Delaware Valley Medical</li><li>• Urban Treatment Associates Inc.</li></ul>   |
| <p style="text-align: center;"><b>Recovery Supports</b></p> <ul style="list-style-type: none"><li>• Al-Anon and Alateen of New Jersey<ul style="list-style-type: none"><li>• Alcoholics Anonymous</li></ul></li><li>• Living Proof Recovery Center, Center for Family Services<ul style="list-style-type: none"><li>• Narcotics Anonymous (South Jersey)<ul style="list-style-type: none"><li>• Nar-Anon New Jersey</li></ul></li></ul></li></ul> |
| <p style="text-align: center;"><b>Camden County's CRISIS Center</b></p> <ul style="list-style-type: none"><li>• Twin Oaks Community Services</li></ul>  |

