



Community Health Needs Assessment Executive Summary

Caring for the Community

The mission of [Inspira Health Network](#) is to improve the lives of all that it serves and provide high quality care to meet the health needs of its communities. To succeed in these efforts, Inspira conducted a Community Health Needs Assessment (CHNA) to assess the health status of its community to address perceived needs related to health.

Working in collaboration with [The Cumberland/Salem Health and Wellness Alliance](#) (The Alliance), Inspira conducted its assessment in 2012, utilizing secondary data and conducting key informant interviews, focus groups, and surveys to identify the needs of the community. The Alliance paid particular attention to underserved and priority populations and included a range of public health experts in the process to assure the assessment was representative of the population at large.

The Communities We Serve

A semi-rural county, Cumberland County falls below New Jersey averages on a range of health and social indicators. Educational achievement is low in Cumberland County and its unemployment rate, 13.3 percent, is nearly four percent higher than the state average. Cumberland County per capita income and median household income are lower than the state average, and 14.6 percent of its residents are uninsured. The average age of residents is 36.5, two years younger than the state average. The county has a higher proportion of black residents than the State and Hispanics represent 27.1 percent of the population. The top reported causes of death include heart disease, cancer, stroke and diabetes.



Salem County has a higher proportion of white residents, although the Hispanic population has grown considerably in recent years. Salem County has an older population than Cumberland County, with more residents between the ages of 45 and 65 and over 65. Even with a relatively higher educational attainment, the County's unemployment rate is more than 20 percent higher than the state average and has a higher percentage of people who live below the poverty line. The top reported causes of death are heart disease, cancer and stroke.



Priorities



Based on community input, the Alliance determined priority health needs and developed strategies to address them. Needs were evaluated according to: the size of the problem, the severity of the problem, the impact of the problem on vulnerable populations, resources currently addressing

the problem, and estimated effectiveness of intervention strategies. Prioritized needs are:

- Teen pregnancy
- Substance abuse
- Healthcare resources
- Nutrition related illness
- Chronic disease



Tackling Priorities

Once priorities were finalized, Alliance members broke into five Committees, one addressing each priority. Each Committee enlisted community leaders with expertise on specific issue areas to create an implementation strategy that both improves upon current initiatives and creates new tactics for improved health.

Needs Not Directly Addressed

Some community needs are not directly addressed in the implementation strategy, but will be indirectly affected through the initiatives for prioritized needs are addressed. Unemployment, poverty, and crime are community concerns that are interwoven throughout the chosen prioritized needs listed above. Whenever possible, the Alliance selected strategy plans that would not only address the priority area, but also impact other community issues. Concerns of relationship and mental health, two community issues of importance, may not be addressed directly through strategies but are considered in the development of tactics to improve priority issues.

For more information about the Alliance and events going on in the community, visit

<http://www.gethealthycumberlandsalem.org>



INTRODUCTION

The Patient Protection and Affordable Care Act initiated an IRS Code requiring tax-exempt hospitals to complete a Community Health Needs Assessment (CHNA) once every three years. The CHNA must include input from the geographic area the hospital serves, and be representative of the community at large. The process must include input from a range of professionals with public health expertise. Accompany to the CHNA must be an implementation strategy that addresses community perceived health needs, paying special attention to underserved and priority populations.

In April of 2011, the [Cumberland/Salem Health and Wellness Alliance](#) (The Alliance), with support from the Robert Wood Johnson Foundation's New Jersey Health Initiatives, began conducting a CHNA. The Alliance, convened by [Inspira Health Network](#) (formerly South Jersey Healthcare), consists of experts from county health departments, community groups, and educational organizations. The Alliance works to provide all residents of Cumberland and Salem counties an increased awareness and understanding of healthy living. For a complete list of Alliance member organizations, view Appendix A.

Inspira Health Network serves Cumberland and Salem counties in southwestern New Jersey. Inspira Health Network has two locations, one in Vineland (Inspira Medical Center Vineland), which serves all of Cumberland County and a second in Elmer (Inspira Medical Center Elmer), which primarily serves residents on the east side of Salem County. (Appendix B.) For the purpose of this report, all of Salem County is included as a service area.

To complete the CHNA, the Alliance assessed a variety of data, from census information to community health rankings, and reviewed best practices of evidence-based programs in communities with similar geographic and demographic makeup. The Alliance conducted key informant interviews, focus groups, and a community survey to identify areas of greatest need in the counties.

The CHNA contains demographic and health status information on residents of Cumberland and Salem counties and community perceived areas of health need. Five priority areas are discussed in detail, with strategies that both the Alliance, as a community organization, and Inspira plan to initiate to improve the health of residents.

Some identified areas of need are not directly prioritized in the implementation strategy, but addressed within plans and programs specific to the five priority areas. Social concerns within

the community, such as unemployment and poverty, are linked to health needs and therefore strategies to address priorities will undoubtedly reflect these concerns. Whenever possible, the Alliance selected strategies that would not only address the chosen priority, but also other social determinants of health.

Similarly, priorities and strategies detailed in the assessment are subject to revision, as community needs and resources change. As the Alliance continues to oversee the three year implementation process, secondary strategies and approaches will be developed and executed, addressing more needs and creating widespread health and social improvements for the community.

The following report is the result of community participation and collaboration. The overall goal of data collection and intervention strategy is the improvement of the health of all Cumberland and Salem residents, paying special attention to health equity and the elimination of health disparities within the communities that Inspira serves.

The CHNA findings and implementation strategies can be found on Inspira's website, www.inspirahealthnetwork.org

DESCRIPTION OF SERVICE AREA

CUMBERLAND

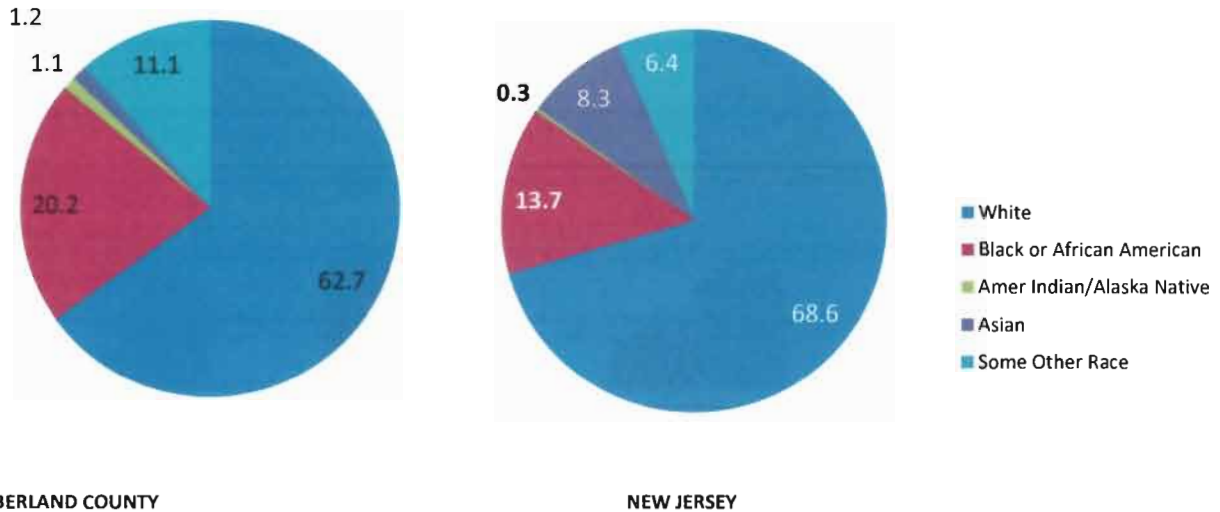
Located in southwestern New Jersey, Cumberland County does not reflect New Jersey's overall population demographics related to health and wellness. Cumberland County's economy was developed around four principal industries: glass making, food processing, textiles and maritime trades. In part due to the decline in the strength of these industries Cumberland County's health and access to care are lacking when compared to the rest of the state.

A semi-rural county, Cumberland is less densely populated than the state overall. The average age of residents in Cumberland County is 36.5, 2.5 years younger than the state average based on the 2010 census.

As can be seen in Figure 1, Cumberland County's population has a higher proportion of Black or African American residents, and fewer White and Asian residents, compared to the state overall. Hispanics, particularly Mexican and Puerto Rican populations, represent a higher proportion (27.1%) than the state, the rate (17.7%). Relative to state averages, Cumberland County has a higher percentage of disabled individuals overall and particularly among those 18 to 64 years of age.

RACE DISTRIBUTION¹

FIGURE 1



SOCIOECONOMICS

Social and economic factors strongly influence the health of individuals and the community. Studies repeatedly show a strong correlation between socioeconomic status and health outcomes. Understanding how a community compares to surrounding areas in terms of key social indicators such as educational attainment and crime rates as well as understanding the comparative economic status of a community is necessary to determine the types of community health programs needed.

Types of households are shown in Figure 2. The percentages of single female householders in this county, and children living in single female or male householder families, also are higher compared to state averages. Adults and children in single-parent households are at a higher risk for adverse health effects, including emotional and behavioral problems, compared to their peers. Children in such households are more likely to develop depression, smoke, and abuse alcohol or other substances. Consequently, these children experience increased risk of morbidity and mortality of all causes. Similarly, single parents suffer from lower perceived health and higher risk of mortality than married parents.

¹ Source: HRET of NJ, County Profiles 2012

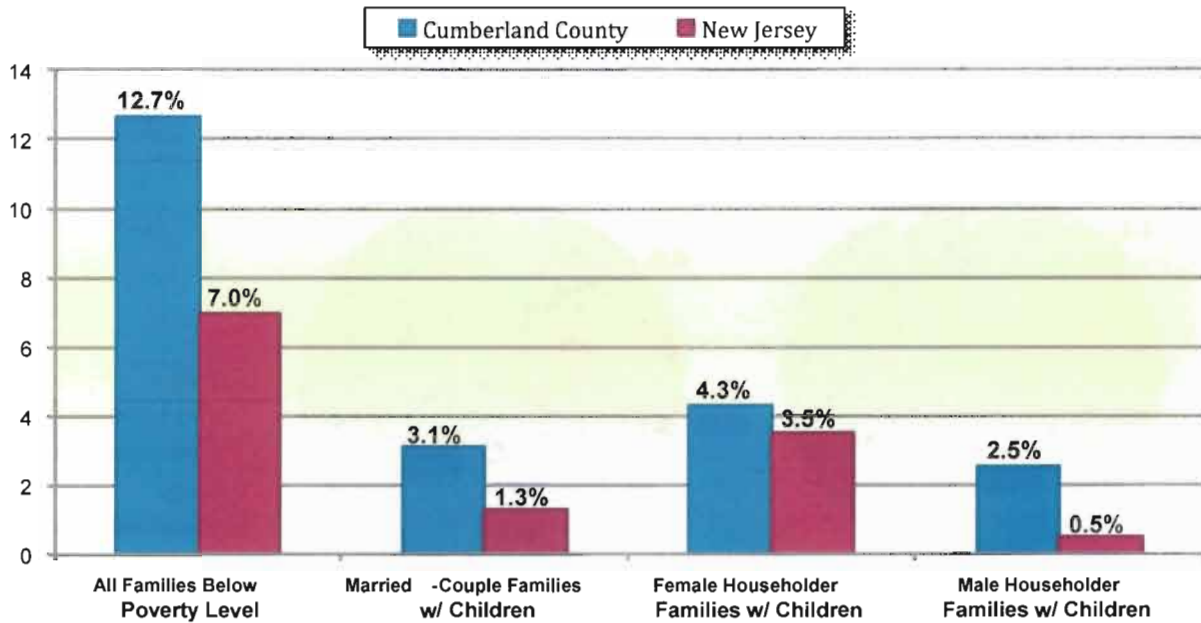


FIGURE 2

Educational achievement is low in Cumberland County with a higher percentage of residents who received a less than a ninth grade education, attended some high school or finished high school, and a lower percentage of those who attained college or higher degrees, compared to the state overall. Graduating high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates are also an important indicator of the performance of the educational system.

Educational Attainment

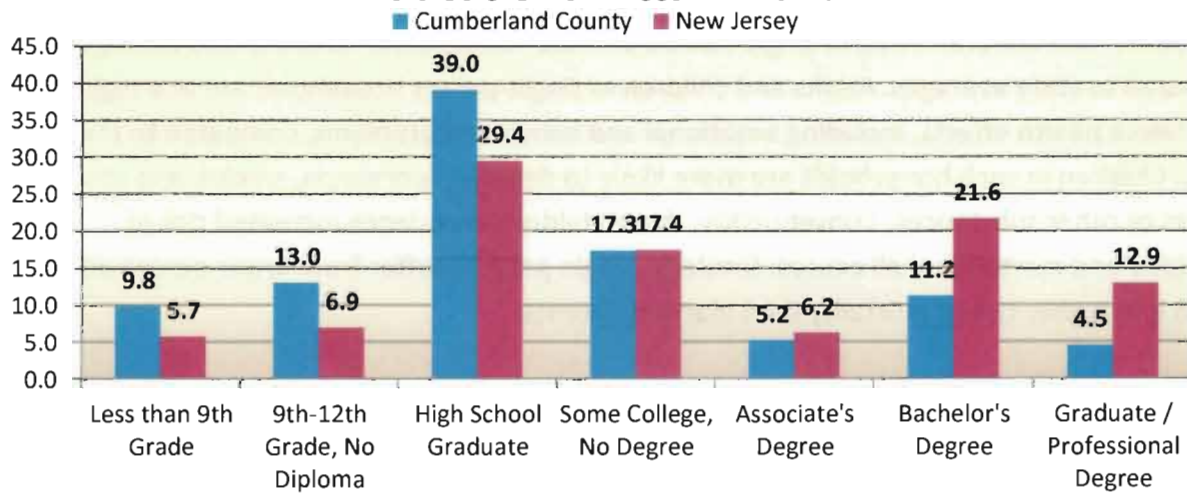


FIGURE 3

Adding to the socioeconomic pressure, a lower percentage of the population in this county is in the labor force. The county's unemployment rate, 13.3 is nearly 4% higher than the state rate of 9.5. Employed residents are more likely to be working in service,



production/transportation, manufacturing, education and healthcare. The unemployment rate is a key indicator of the local economy. Unemployment is when local businesses are not able to supply enough and/or appropriate jobs for local employees and/or when the labor force is not able to supply appropriate skills to employers.

A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

Cumberland County per capita income and median household income are lower than the state,

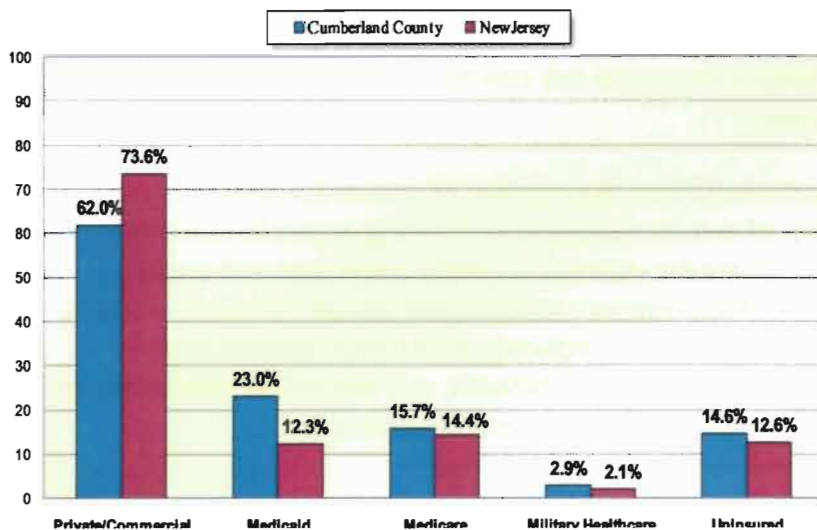


FIGURE 4

and the county has a proportionately higher number of low-income households. County residents receiving government assistance— including [Temporary Assistance for Needy Families \(TANF\)](#), [Supplemental Nutrition Assistance Program \(SNAP\)](#), [Emergency Assistance Payments \(EAP\)](#) and the [Supplemental Nutrition Assistance Program for Women, Infants and Children \(WIC\)](#) – increased up to 67%

between 2007 and 2009.

Residents of Cumberland County are less likely to be insured than residents of New Jersey at large. While the majority of residents have some insurance, illustrated by Figure 5, 14.6% are uninsured. Lack of insurance is closely linked to poor health care access in Cumberland County.

As such, the Alliance has selected Healthcare Resources as a priority area and will work over the coming years to educate employers, clinicians and residents about opportunities offered by the Affordable Care Act.

PUBLIC SAFETY AND SOCIAL ENVIRONMENT

The social environment and perception of safety in the community must be examined when seeking to assess the well-being of its residents. Successful programs will have the greatest impact on the families they serve when these factors are considered and understood.

In 2010 nearly one in ten children in Cumberland County were reportedly abused, that is more than twice the rate for the state². Child abuse and neglect can have enduring physical, intellectual, and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school.

Violence was identified as a concern in the Alliance survey, focus groups and interviews. While participants indicated that their own neighborhoods were safe, many reported that crime like child abuse, domestic violence, and other crimes impacted the quality of life in Cumberland County. These reports reflect what statistical data show, residents of Cumberland County are not as safe as residents throughout New Jersey. While the Alliance did not select violence for specific intervention in this reporting cycle, the impact of day to day anxiety about safety will be incorporated into interventions targeting the five selected factors. Additionally law enforcement professionals will be engaged on several sub committees to contribute their perspective as the process moves forward.

In 2009 there were more than two and a half times the number of arrests for domestic violence and more than three times the number of arrests related to restraining orders in Cumberland County than in New Jersey as a whole. Domestic violence is widely underreported and its impacts are not only related to the immediate trauma caused by the abuse. Domestic violence contributes to a number of chronic health problems, including depression, alcohol and substance abuse, sexually transmitted diseases such as HIV/AIDS, and often limits the ability of women to manage other chronic illnesses such as diabetes and hypertension.³

The county's overall crime rate and total non-violent crime rates (overall and for larceny theft), as well as juvenile arrests (for larceny-theft) and adult arrests (for driving under the influence and larceny-theft), are also considerably higher than the state averages.

² Source: N.J. Department of Children and Families, Child Abuse and Neglect Substantiations, 2006, 2008, 2010; U.S. Census Bureau, 2006 American Community Survey, 2008 American Community Survey, 2010 Census

³ http://www.futureswithoutviolence.org/userfiles/file/HealthCare/health_care.pdf

Prevention

Cumberland County has a higher percentage of residents who currently smoke every day than the state overall. Current smokers are more likely to be white males between the ages of 18 and 24 compared to the state. Nationally the reduction of smoking among adolescents has been linked to the overall reduction in lifelong addiction to tobacco.

In response to this issue in Cumberland County, Inspira Health Network has taken critical steps to support patient and staff smoking cessation. Classes are available at various locations across the county and in 2008 all campuses went smoke free. The Substance Abuse intervention identified by the Alliance as a top priority will incorporate screening and brief intervention training for physicians across the Inspira Health Network. These screening tools include tobacco use in addition to other substances. Evidence has shown that consistent messages from physicians can effectively support patients to quit or cut back their tobacco use.

Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma.

The rate of obesity among Cumberland County residents is higher than the state average. Females, Blacks and those age 45 to 64 in this county have higher overweight/obese rates. Cumberland County ranks at the bottom of New Jersey's 21 counties for obesity with over 30% of adults not participating in regular physical activity and over 16% of preschoolers identified as obese.

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal weight peers to be teased and stigmatized which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Finally, overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for early onset of the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis.

Currently, Inspira Health Network offers residents of Cumberland County [STEPS for Kids](#), a family-focused health improvement program for children with a BMI over the 85th percentile for their age. The program is led by a registered dietitian, licensed social worker, and exercise specialist who work with the child and his or her parents.

Adults who are sedentary have an increased risk of many serious health conditions. In addition to obesity, conditions associated with a sedentary lifestyle include heart disease, diabetes, colon cancer, and high blood pressure. Physical activity improves mood and promotes healthy sleep patterns.



HEALTH STATUS

The birth rate in Cumberland County is 2.4% higher than the state's rate. There is a lower rate of C-section births, however approximately 35% percent of first deliveries in Cumberland County are delivered through C-sections.

The percentage of women who seek prenatal care during the first trimester is significantly lower than the state. However, the percentage of infants who are exclusively breastfed at hospital discharge is higher than the state's rate.

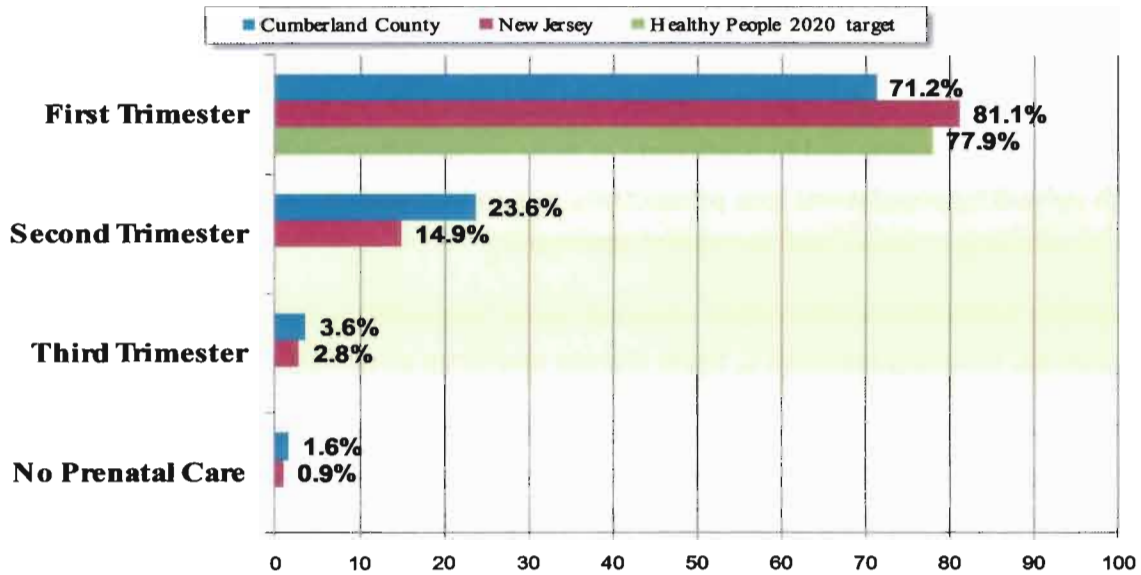


FIGURE 5

In 2007, the county’s rate of infant deaths per 1,000 live births was much higher the state’s rate by 5.9 percentage points (more than double). The county’s rate of neonatal deaths also was higher than the state rate by 5.2 percentage points. Poor health outcomes among the youngest residents of the county reflect the poverty, poor nutrition and lack of early prenatal care mothers live with.

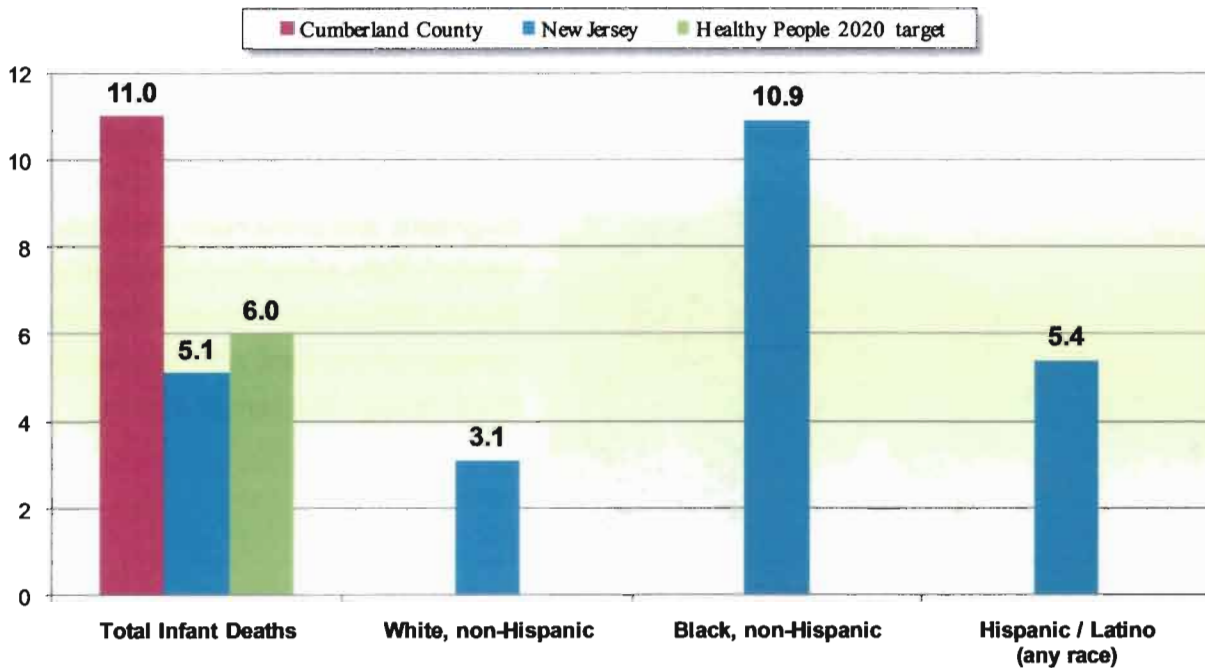


FIGURE 6

Cumberland County's residents were more likely to report fair/poor health than the state average, a trend reflected by the Alliance survey responses. An individual's subjective assessment of his or her health status is important because when a person feels healthy they are more likely to feel happy and to participate in their community socially and economically. Areas with unhealthy populations lose productivity due to lost work time. Healthy residents are essential for creating a vibrant and successful community.

In 2009, certain infectious diseases were reported more frequently in Cumberland County than the state overall, including hepatitis C, Lyme disease and strep pneumonia.

The rates of sexually transmitted diseases, including chlamydia and gonorrhea, also are significantly higher in this county than across the state. The prevalence rate of HIV/AIDS in Cumberland County is lower than the state's rate. Compared to the state, the proportion of Hispanics affected by this condition is higher.

Cumberland County residents are more likely to have chronic conditions such as asthma, diabetes, and congestive heart failure than the state averages. Incidence rates for all cancer sites combined are significantly higher among blacks in this county than in New Jersey as a whole. Uterine, ovarian and lung cancers affect a higher proportion of people in this county. Certain race and ethnic groups exhibit higher cancer incidence rates, including whites with uterine and ovarian cancers, blacks with breast cancer, and Hispanics with oral cancer.

Inspira Medical Centers provide comprehensive cancer care to residents of Cumberland County at the [Frank and Edith Scarpa Cancer Pavilion](#) at the Regional Medical Center in Vineland. For more than 14 years, Inspira has partnered with the [Fox Chase Cancer Center](#), one of the nation's premier cancer centers, providing leading-edge cancer care through clinical trials,



FRANK & EDITH SCARPA CANCER PAVILION

which study new cancer treatments and diagnostic and prevention methods. Inspira's fully accredited cancer program blends technology, convenience and compassionate care, offering peace of mind through the cancer journey.

HEALTH CARE DELIVERY

Cumberland County is a medically underserved county. The county's physician density per 100,000 population is 88.5% lower than the state's rate, including the total physician supply, facility-based physicians, and physicians of primary care, general internal medicine, pediatrics, obstetrics and gynecology, psychiatry and internal medicine and surgery specialties.

Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when they are sick which causes conditions to become more severe and complicated.

Emergency department (ED) visit rates for all age groups, and for mental or behavioral health conditions among adults and the elderly, are higher than the state's rates.

Hospital admissions for all age groups also were higher than state averages. Emergency Department (ED) visits by children and adults for primary care conditions are notably higher than state rates. Based on admissions data, the conditions most frequently diagnosed for children are ear infections, asthma and fever. The conditions most frequently diagnosed for adults are anxiety disorders, hypertension and alcohol dependence. Anecdotally, the director of Inspira Medical Center Vineland's ED ranks admission for issues related to substance abuse, poor diabetes management, and high risk behaviors as the top three factors contributing to the use of the ED in Cumberland County.

Figure 8 depicts population density in Cumberland and Salem Counties with ED utilization indicated by the red dots. As this map shows, population density is concentrated in a few areas in these counties with many municipalities housing fewer than 3000 residents. Hospitals are located in areas with high population density and residents in these areas have higher ED utilization than their more rural neighbors.

SALEM AND CUMBERLAND COUNTY POPULATION WITH EMERGENCY DEPARTMENT ADMISSIONS

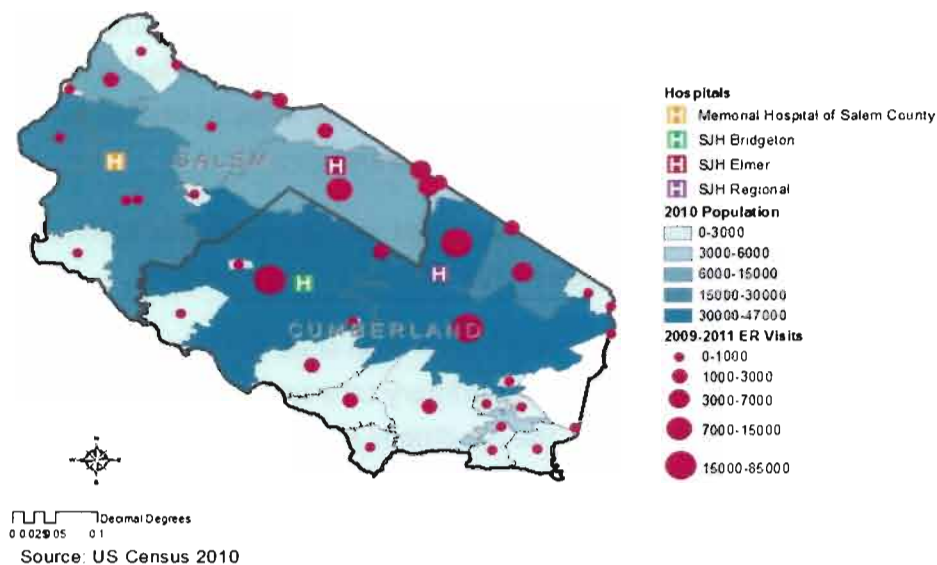


FIGURE 8

Child and adult hospital admissions for ambulatory care-sensitive (ACS) conditions also are higher in Cumberland County compared to the state. The most frequently reported ACS conditions for child admissions are bacterial pneumonia, asthma and dehydration volume depletion. The most frequently reported ACS conditions for adult admissions are dehydration volume depletion, diabetes and asthma. The rates for all-cause hospital admissions of Medicare beneficiaries also are higher.

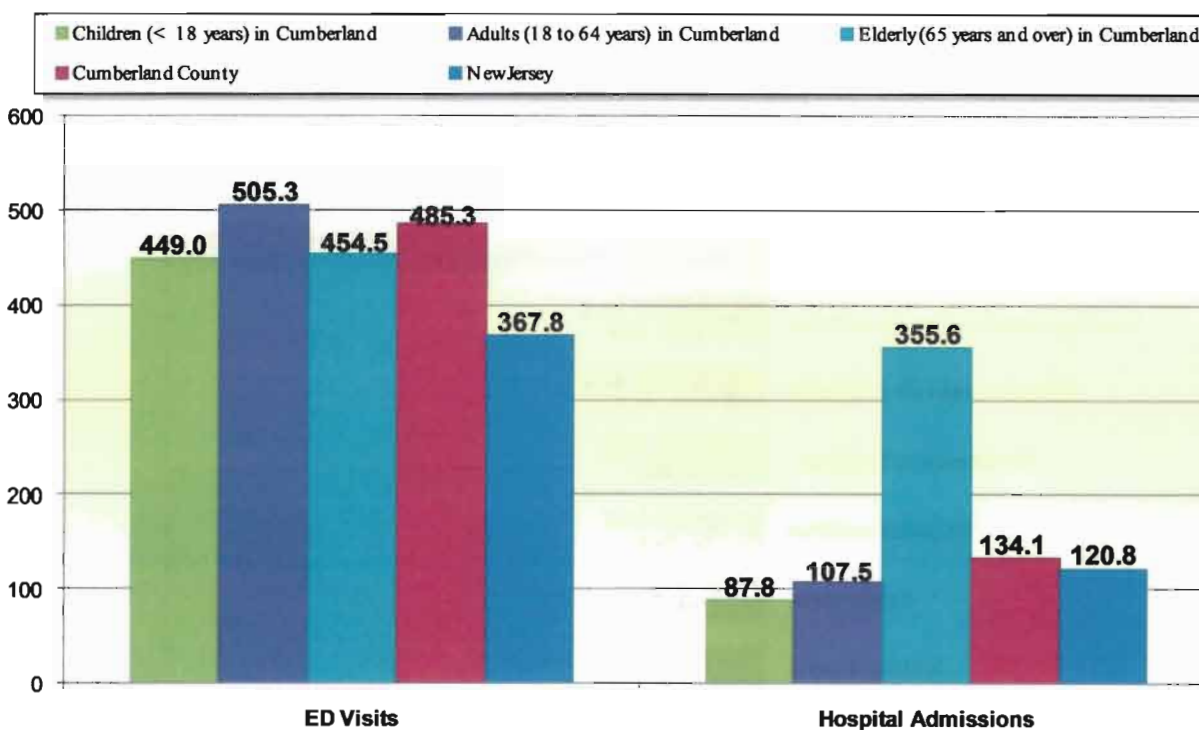


FIGURE 9

Cumberland County residents have much higher rates of substance abuse **treatment** than state averages, especially for alcohol, marijuana and cocaine.

MORTALITY

Measures of mortality are commonly used to understand the distribution of premature deaths and leading causes of death. This information enables communities to allocate resources to high-risk groups and promotes investigation and implementation of community-level prevention strategies.

While Cumberland County's overall mortality rate has decreased since 2005, it still remains higher than the state rate.

In 2007, the top reported causes of death included heart diseases, cancer, stroke, respiratory, unintentional injuries, diabetes and atherosclerosis. The mortality rates due to these diseases also were notably higher than state averages. Inspira Health Network and the Alliance partners have identified the need for comprehensive service provision to residents with chronic conditions as one of the five intervention areas. Plans are in place to expand the capacity and scope of the COACH (Collaborating Options Across the Healthcare Continuum), which provides an Inspira Health Network Nurse Coach to medically fragile patients and their families beginning at the discharge process. Nurse Coaches provide in-home medication reconciliation after discharge and assist in making arrangements for follow-up care.

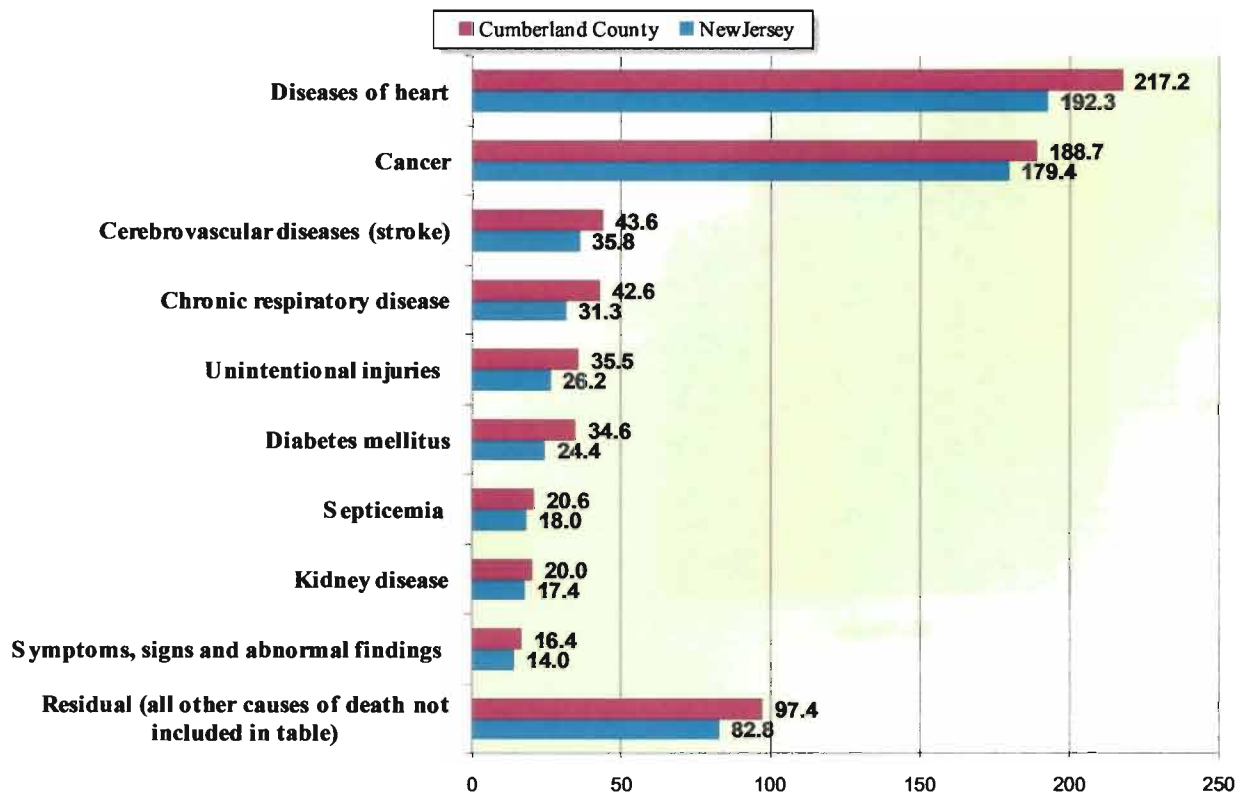


FIGURE 10

Overall, mortality rates for all cancer sites combined among males and whites are higher for the county than for New Jersey as a whole. Breast, colon, and lung/bronchus cancer deaths were among the most frequently reported in 2007. The rates among blacks with colon and lung/bronchus cancers, whites with lung/bronchus cancer, and males with lung/bronchus and oral cancers were higher than the state rates

COUNTY HEALTH RANKINGS

Cumberland County ranks number 21 out of all 21 New Jersey counties in overall health outcomes and 21 in overall health factors, according to the University of Wisconsin Population Health Institute’s County Health Rankings Annual Report 2011. The ranking for health outcomes is based on weighted measures of mortality and morbidity, and for health factors is based on weighted measures of health behaviors, clinical care, social and economic factors and physical environment. For more information about these rankings and a downloadable database, please go to www.countyhealthrankings.org/new-jersey.

SALEM

DEMOGRAPHICS

A largely rural area located in the southwest corner of New Jersey along the border with Delaware, Salem County is the least densely populated county in the state. Historically agrarian, Salem distinguishes itself from other more urbanized NJ counties by featuring some of the largest wildlife areas in the state. The county’s natural features include six rivers, more than 34,000 acres of meadow and marshland, tidal and freshwater wetlands, 40 lakes and ponds, beaches, expansive woodlands, a critical underground aquifer, numerous streams, and important headwaters.

Salem County has an older population than other counties in NJ, with more residents in the groups between 45 and 65 and over 65. There are also a higher proportion of white residents, particularly those of German and Irish descent, compared to the state overall. While the county has fewer Asian, Hispanic and foreign-born populations, the Hispanic population has experienced considerable growth between 2000 and 2009.

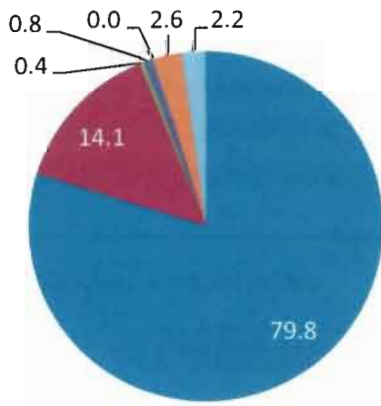


FIGURE 11.1

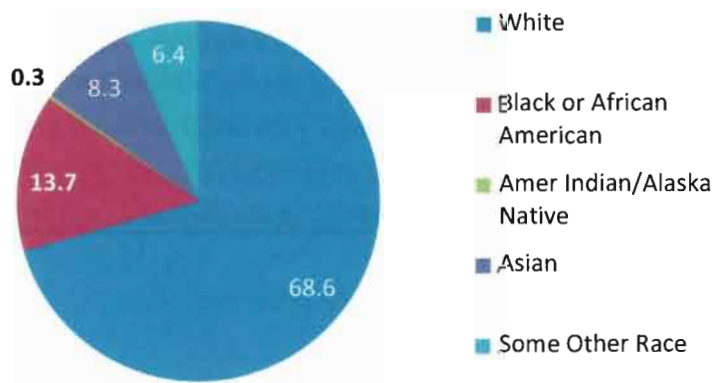


FIGURE 11.2

Relative to state averages, Salem County has a higher percentage of disabled individuals, overall and particularly among men and those with cognitive, ambulatory, self-care and independent living difficulties.

The percentages of households in Salem County with people over 64 years of age and single female householders are slightly higher than the state rates. In addition, the rate of children living in single householder families is higher than the state overall, particularly for children living in single female households.

SOCIOECONOMICS

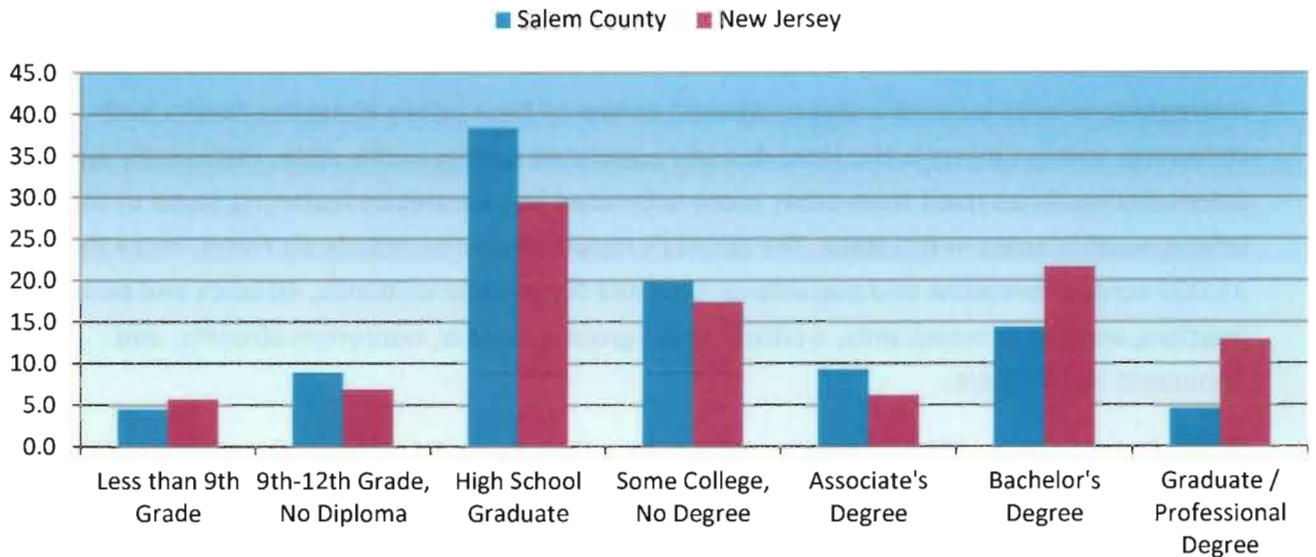


FIGURE 12

Salem County residents are more likely to have completed high school and have some college education or an Associate degree, compared to the state overall. However, even with this relatively higher educational attainment, the county’s unemployment rate is more than 20% higher than the state rate and has more than tripled during the past decade. Residents are more likely to be employed in service, production and manufacturing sectors, and less likely to have management or professional occupations.

“Unemployment is the issue that most impacts the residents in Salem County.”

UNEMPLOYMENT IN CIVILIAN LABOR FORCE

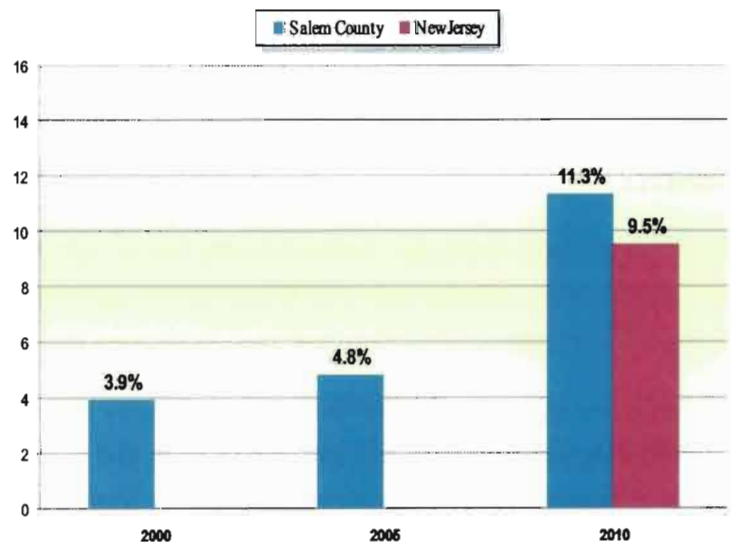


FIGURE 12

The County’s per capita income and median household income are lower than the state, and the county has a proportionately higher number of low-income households and owner occupied housing units. The county’s cost-burdened households overall increased considerably between 2000 and 2010. The percentage of cost-burdened households with income less than \$20,000 is higher than the state. The percentages of people below 200 percent federal poverty level (FPL) also are higher than the state average.

The number of county residents on government assistance programs – including [Temporary Assistance for Needy Families](#) (TANF), [Supplemental Nutrition Assistance Program](#) (SNAP), Emergency Assistance Payments (EAP) and the [Supplemental Nutrition Assistance Program for Women, Infants and Children](#) (WIC) – increased between 2007 and 2011. SNAP, in particular, experienced a 75% increase during this timeframe.

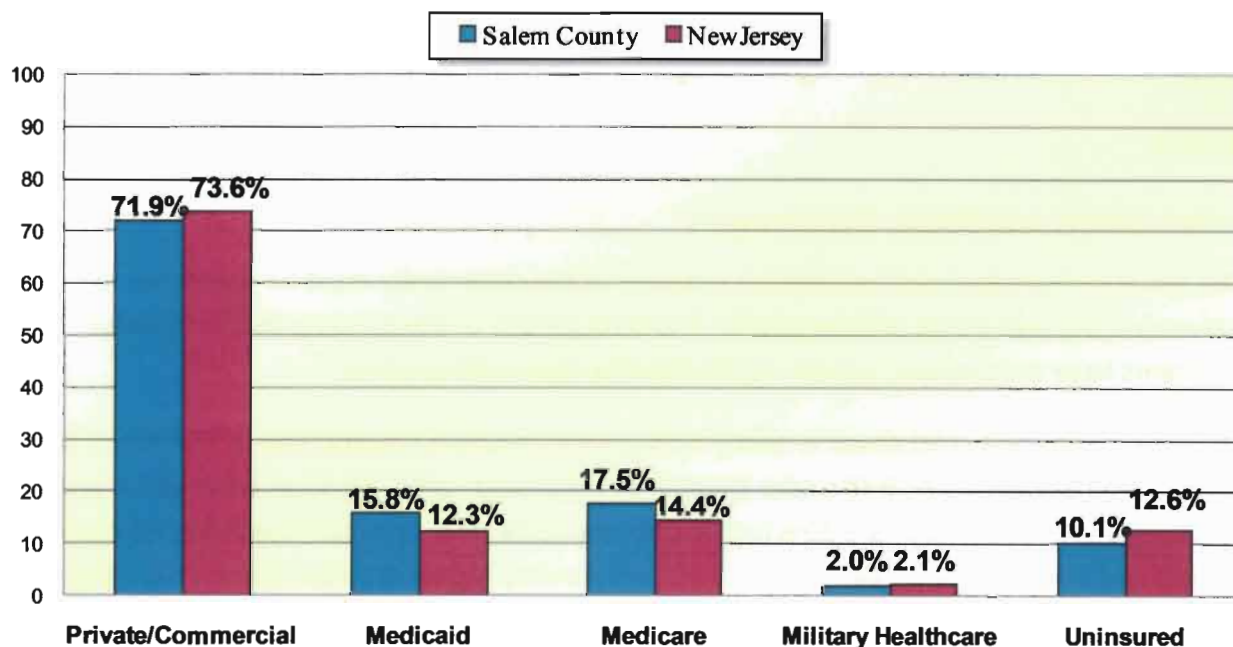


FIGURE 13

The percentages of the county residents covered by private insurance (direct purchase), public/government insurance (overall, Medicaid, Medicare) and combination of private and public insurance are higher than the state. In this county, a lower rate of people is uninsured, compared to the state overall, although this rate is higher for children and those between 100 and 150 percent Federal Poverty Level.

Salem County has the second highest rate of teen pregnancy in New Jersey. Teen pregnancy has been linked to low educational attainment, poverty, unemployment and poor health for both children and mothers. Salem County has a nearly 80% higher rate of pregnancy among teens

between the ages of 15 and 19, with black mothers representing a disproportionate number of these births.

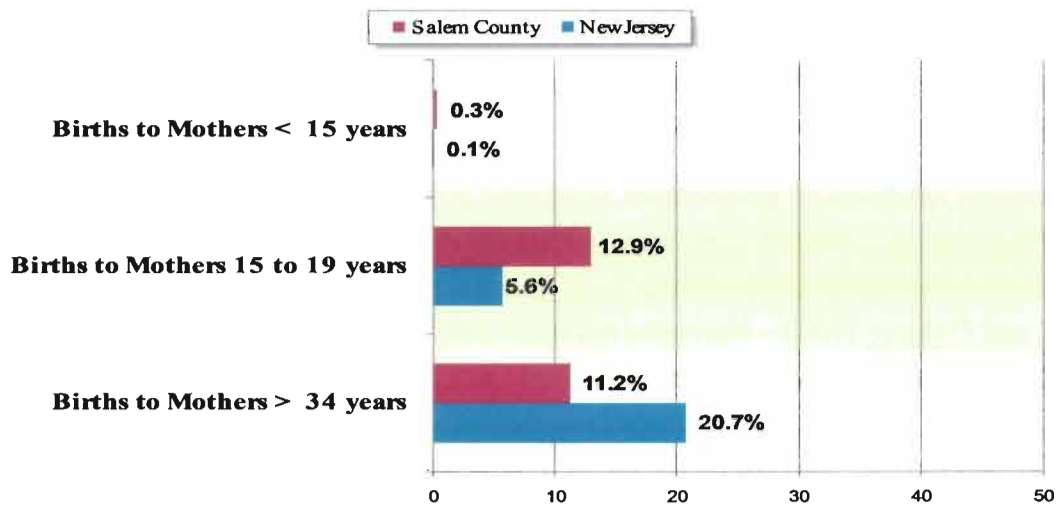


FIGURE 13

PUBLIC SAFETY AND SOCIAL ENVIRONMENT

The social environment and perception of safety in the community must be examined to determine the well-being of its residents. It is through this understanding that successful programs have the greatest impact on the families they seek to serve.

The rate of reported child abuse is nearly 40% greater in Salem County than in the rest of New Jersey, and the rate of children under [Division of Youth and Family Services](#) supervision and receiving in-home services, are 20% higher than the state rate. The total domestic violence arrests and offenses, particularly for assaults, are notably higher in Salem County than the state overall.

Violence was examined as a concern in the Alliance survey, focus groups and interviews. While participants indicated that their own neighborhoods were safe, many reported that crime like child abuse, domestic violence, and other crimes impacted the quality of life in Salem County. These reports reflect what statistical data show, that residents of Salem County are not as safe as residents throughout New Jersey. While the Alliance did not select Violence for specific intervention in this reporting cycle, the impact of day-to-day anxiety about safety will be incorporated into interventions targeting the five selected factors. Additionally, law enforcement professionals will be engaged on several sub committees to contribute their perspective as the process moves forward.

The county's overall crime rate and total non-violent crime rates (overall and for larceny theft), as well as juvenile arrests (for disorderly conducts) and adult arrests (for disorderly conduct) also are considerably higher than the state averages.

PREVENTION

Improving health outcomes in any community is most sustainable when poor health conditions and unhealthy behaviors are prevented through quality health care, screening and healthy behaviors. As a medically underserved county, Salem County residents have less access to and therefore report lower rates of use of preventative services than the state averages on almost all preventative measures reported. However, the rate of adults over 50 who have had a sigmoidoscopy or colonoscopy is higher than the state rate.

The percentage of children 6-29 months old that are screened for lead poisoning in Salem County is lower than the state's rate. Early screening for lead poisoning is critical to preventing the long-term cognitive impacts of lead exposure on a developing child's brain. Because the housing stock in Salem County is typically older, with homes built before 1978, testing of infants by their 12th month is a critical step in supporting healthy development.

"We have social support [in Salem County] but people need to know about it in order to use it"

Women and minorities in Salem County are more likely than their counterparts throughout New Jersey to engage in unhealthy behaviors. A higher percentage of Salem County residents who smoke every day compared to the state overall and over 60% of those who smoke daily are women. Current smokers with rates higher than the state averages are predominantly black and those between 25 to 44 years of age. The percentage of mothers who use tobacco while pregnant is also significantly higher in Salem County than for the state overall.

In response to this long-standing issue in Salem County, Inspira Health Network has taken critical steps to support patient and staff smoking cessation. Classes are available at various locations and in **2008** all campuses went smoke free. The Substance Abuse intervention identified by the Alliance as a top priority will incorporate screening and brief intervention training for physicians across the Inspira Health Network. These screening tools include tobacco use in addition to other substances. Evidence has shown that these consistent messages from physicians are effective in supporting patients to quit or cut back their tobacco use.

Smoking and drinking heavily are linked to chronic disease, low birth weight in infants, and other poor health outcomes Salem County residents face. Respondents to the Alliance survey

identified Substance Abuse as the number one issue impacting health in Salem County. Of particular concern is the growing opioid dependence among young people across Salem County. The percentage of binge drinkers is higher than the state. As with daily smokers, those who report heavy drinking with rates higher than the state averages are predominantly females, blacks and those between 18 to 24 and over 64 years of age.

Nutrition Related Illness was identified by Salem County residents as a high priority related to health in the county. This reflects statewide data, which shows that the overall rates of overweight and obesity among Salem County residents are higher than the state averages and are more prominent among females, whites and those between 25 and 44 years of age.

HEALTH STATUS

Research increasingly indicates that health during pregnancy impacts lifelong health for both mothers and children. Examining access to and use of health care during this critical period sheds light on the overall health status of communities. In Salem County the percentage of women who seek prenatal care during the first trimester is nearly 30% lower than the state average. High rates of second trimester entry suggest that wait times for an appointment may be a factor impacting entry to care. With fewer providers of care and barriers to access of care such as transportation and insurance, it is likely that women in Salem County wait longer for first prenatal visits than women in the rest of New Jersey.

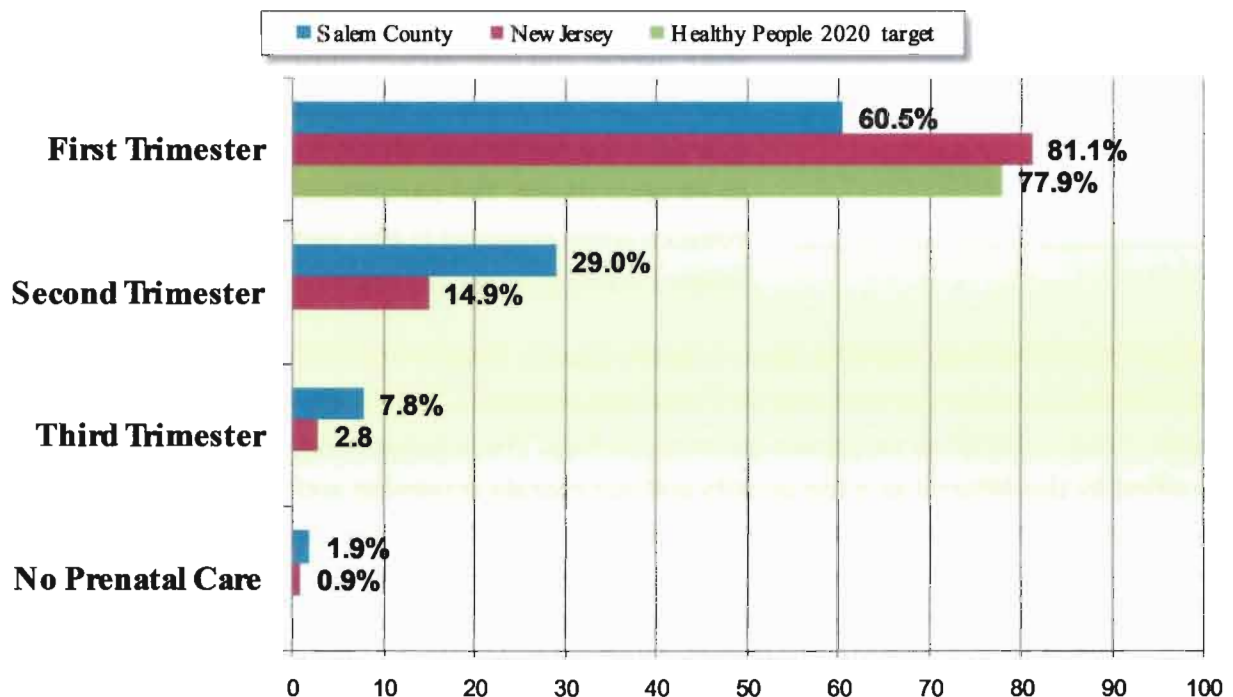


FIGURE 15

With a small and aging population the fact that birth rate in Salem County is slightly lower than the state’s rate is not surprising. As is the case throughout New Jersey C-section delivery is very high, with more than 36% of births delivered through C-sections. State agencies and physicians across New Jersey are working to identify safe and practical strategies to reduce this high rate to increase vaginal delivery, a less risky method of delivery for both mother and child. While current data show the percentage of infants who are exclusively formula feeding at hospital discharge is higher than the state’s rate in Salem County, Inspira Medical Center Elmer which serves the western portion of Salem County, was New Jersey’s first hospital to achieve the [WHO “Baby Friendly” designation](#). This designation and the care changes required to achieve and maintain it are designed to improve breastfeeding initiation and duration.

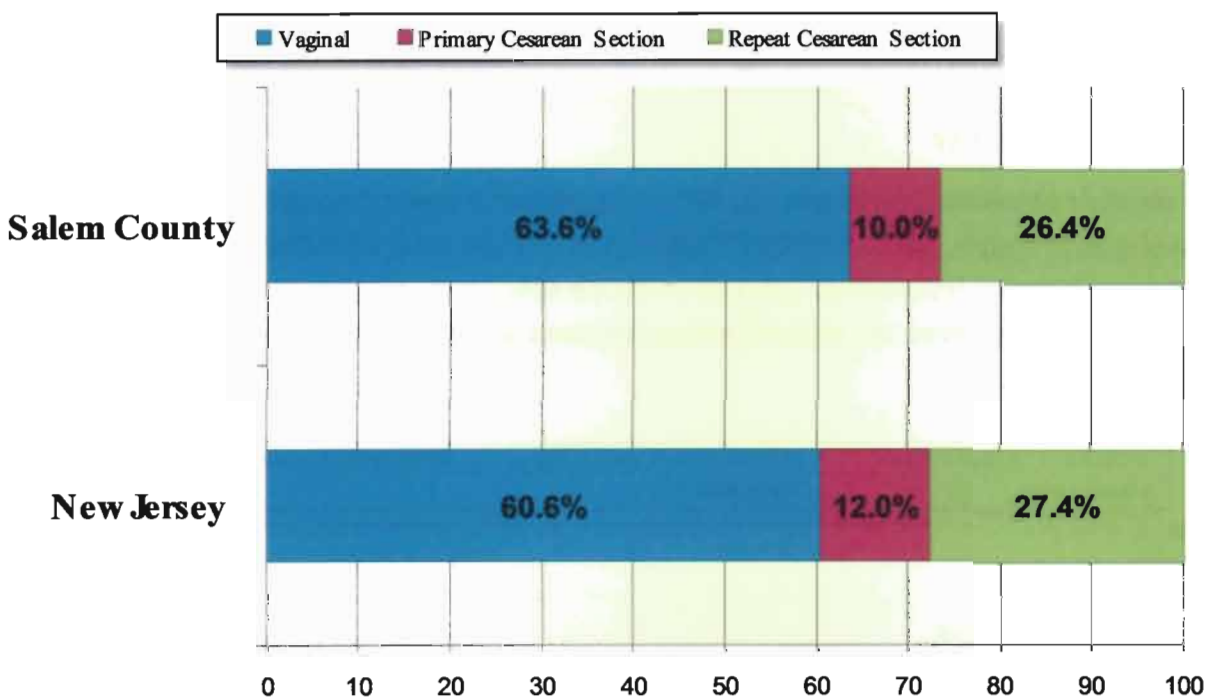


FIGURE 16

The percentage of Salem County residents reporting fair or poor health is significantly higher than the state overall. In 2009, certain infectious diseases were reported more frequently than the state overall, including hepatitis C, Lyme disease, RMS fever and strep pneumonia.⁴

The rate of sexually transmitted diseases in Salem County is slightly higher than the state for chlamydia and lower for gonorrhea and syphilis. The HIV/AIDS case-fatality rate and the overall HIV/AIDS prevalence rate are significantly lower than the state rates. Of the 163 Salem County residents currently living with this condition, the most affected groups are males, Blacks and

⁴ County Health Profiles 2012 – Salem County © HRET 17

those between 35 and 54 years of age. Compared to the state, the proportions of females, whites, and those between 35 to 44 years of age affected by this condition are considerably higher.

The percentage of Salem County residents with diabetes and asthma is higher than the state and along with obesity, diabetes is a high priority nutrition related illness identified by the Alliance survey respondents in Salem County.

Incidence rates for all cancer sites combined, particularly for males, Blacks and Hispanics are significantly higher in Salem than in New Jersey as a whole. Cervical, colon, liver, and lung cancers and melanomas affect a higher proportion of people in Salem County than the state overall. Whites with cervical, colon, liver and lung cancers and melanomas, and Blacks with prostate and colon cancers exhibit higher cancer incidence rates than the state overall.

HEALTHCARE DELIVERY

The county’s physician density per 100,000 in population is lower than the state, including the total physician supply, which includes physicians of primary care, pediatrics, general internal medicine, obstetrics/gynecology, internal medicine specialties, surgery specialties, facility based and psychiatry. However, the rate of family physicians is higher in Salem County than the state overall.

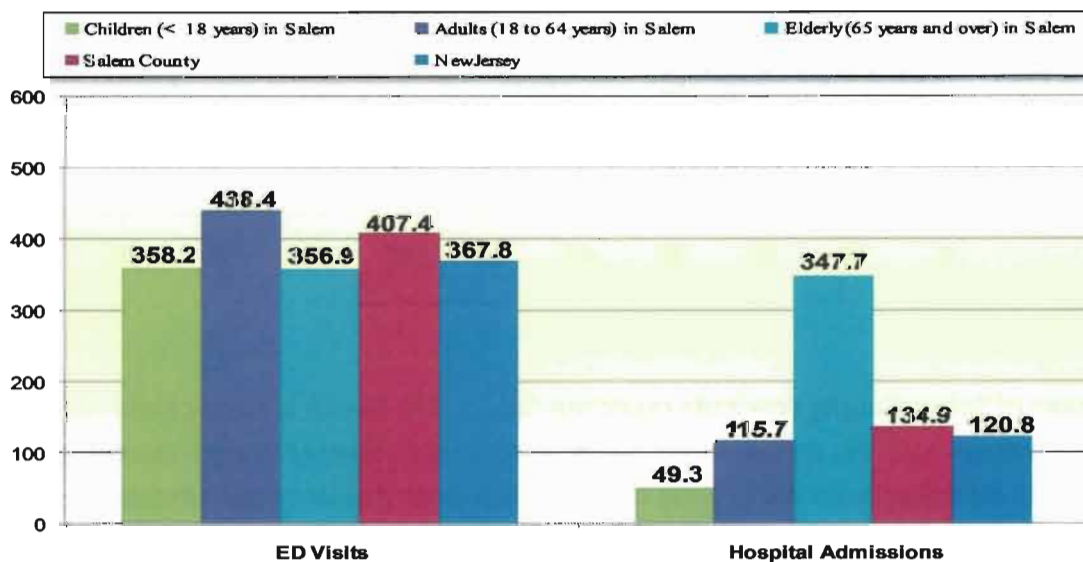


FIGURE 17

Emergency department (ED) visit rates for children and adults are higher than the state's rates. ED visits by children and adults for primary care conditions are notably higher than state rates. The most frequently reported primary care conditions for children's ED visits are otitis media, asthma, depression, anxiety and other mental disorders. The most frequently reported conditions for adult visits are anxiety, alcohol dependence and depression.

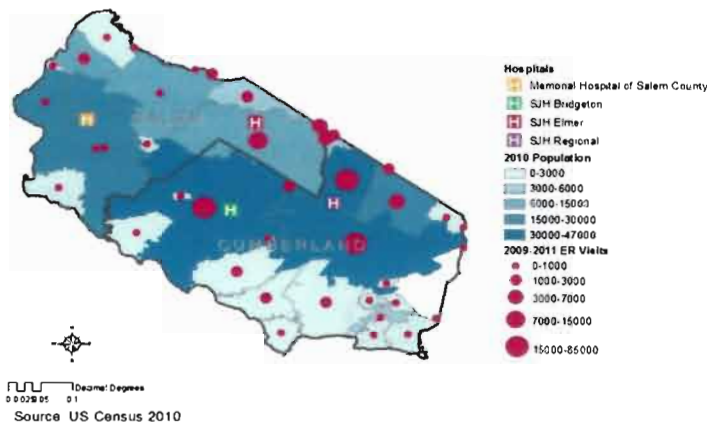


Figure 18

Figure 18 depicts population density in Salem and Cumberland Counties with ED utilization depicted by the red dots. As can be seen in this map, population density is concentrated in a few areas in these counties with many municipalities housing fewer than 3000 residents. Hospitals are located in areas with high population density and residents in these areas have higher ED utilization than their more rural neighbors.

SALEM AND CUMBERLAND COUNTY POPULATION WITH EMERGENCY DEPARTMENT ADMISSIONS

Hospital admissions overall and for adults and the elderly are higher than the state rate. Adult hospital admissions for ambulatory care-sensitive (ACS) conditions are also higher in Salem County than the state. The most frequently reported ACS conditions for adult admissions are dehydration volume depletion, diabetes, asthma and bacterial pneumonia.

The rates for all-cause hospital admissions and readmissions of Medicare FFS beneficiaries are significantly higher than the state overall.

The substance abuse treatments for all drugs, except heroin, also are higher than the state.

MORTALITY

Although Salem County’s overall mortality rate is higher than the state rate, it has decreased steadily since 2005. The years of potential life lost per 100,000 people less than 75 years of age are higher than the state.

In 2007, the top three reported causes of death in this county were heart diseases, cancer and stroke. The mortality rates due to these conditions, as well as chronic respiratory diseases, unintentional injuries, influenza/pneumonia, diabetes and kidney diseases were notably higher than state averages.

Overall, mortality rates for all cancer sites combined are higher for the county than for the state. Breast, prostate, colon and lung cancer deaths were among the most frequently reported in 2007. The rates among Whites with prostate and colon cancers, Blacks with lung cancer and females with lung cancer and lymphoma were higher than the state.

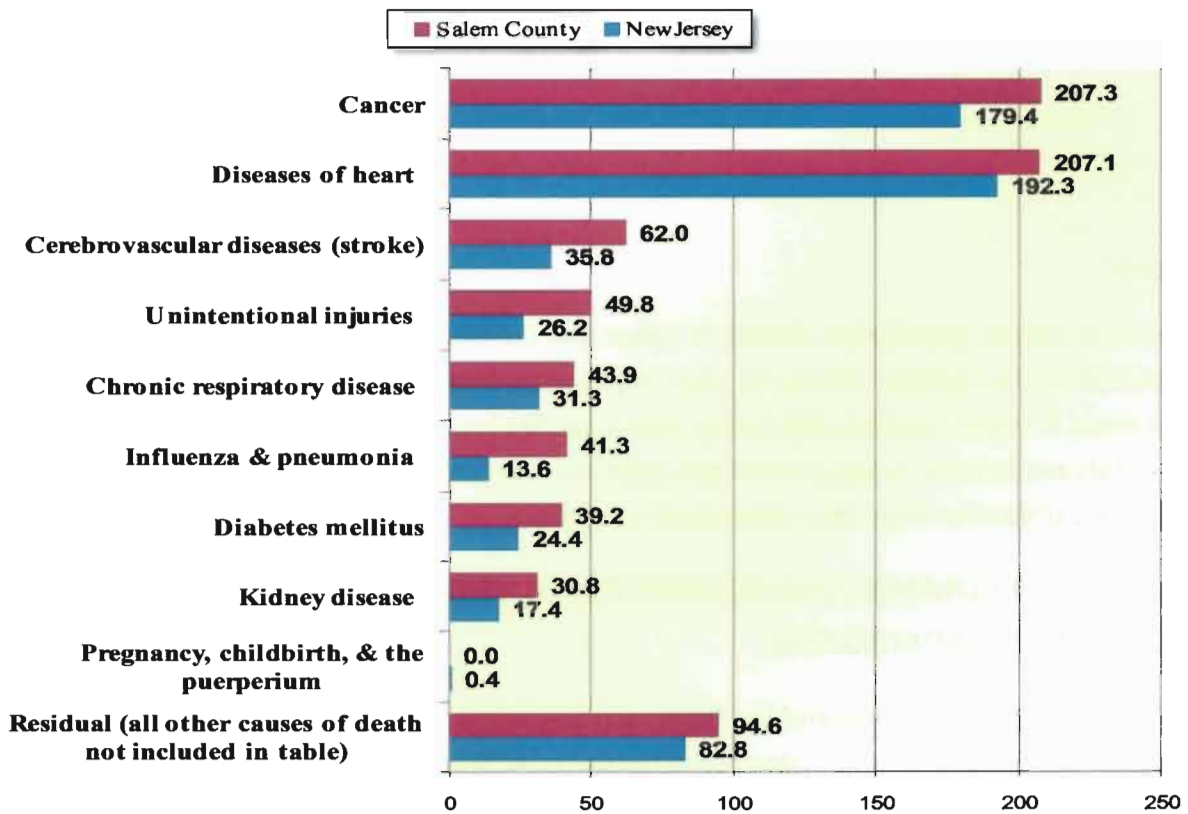


FIGURE 19

COUNTY HEALTH RANKINGS

Salem County ranks number 19 out of all 21 New Jersey counties in overall health outcomes and 18 in overall health factors, according to the [University of Wisconsin Population Health Institute's County Health Rankings annual report for 2011](#). The ranking for health outcomes is based on weighted measures of mortality and morbidity. The ranking for health factors is based on weighted measures of health behaviors, clinical care, social and economic factors and physical environment. For more information about these rankings and a downloadable database, please go to www.countyhealthrankings.org/new-jersey.

HEALTH NEEDS ASSESSMENT METHODOLOGY

QUANTITATIVE DATA: REVIEWING EXISTING SECONDARY DATA

The Alliance contracted with [Healthy Communities Institute](#) to implement a community health dashboard. This tool tracks secondary data from local, state, and national sources to identify the areas of need for each county. These data are available to the public on the Alliance website, and are updated upon the release of new data.

QUALITATIVE DATA

From April through August 2012, eight focus groups and seven key informant interviews were conducted to gauge perceptions of the community, their health concerns, and what programming, services, and/or initiatives are most needed to address these concerns.

FOCUS GROUPS

Eight focus groups were conducted with residents of Cumberland and Salem Counties, with four groups conducted in each county. Focus groups participants included the general public, county employees, college students, and vulnerable populations (unemployed.) Three focus

“There is a lot of talk that people do not know about services and that could be part of an issue but I think a lot of people feel that it is just too hard to eat healthy and don’t have time to exercise. I think there is a tremendous amount of apathy.”

groups were conducted with employees of the Salem Health Department and the City of Vineland, one focus group with people receiving services from Vineland One Stop, two groups with college students, and two groups with members of the Salem YMCA. The participation included approximately 100 individuals.

Focus group discussions explored participants’ perceptions of their community’s strengths and challenges, priority health concerns, perceptions of health care services, quality of life and suggestions for future programming and services to address these issues.

Focus groups were conducted in partnership with members of the Alliance. Whenever possible, the Alliance members led the focus groups with their constituents. Alliance members were trained to conduct focus groups to ensure consistency and all moderators were supplied with a guide of questions to that end. A moderator facilitated each focus group, recording the conversation and taking notes. A sample focus group can be found on Appendix C.

On average, focus groups lasted 60 minutes and included an average of 6-12 participants. Participants in the focus groups were recruited by community and social service organizations located throughout Cumberland and Salem Counties. As an incentive for participation, participants were offered a meal and received a ten-dollar Wal-Mart gift card. The goal was to talk to a diverse group of residents. The information collected was used to identify the most important issues to improve the well-being of residents in these counties.

*“Collaborations and partnerships,
we do that very well here.”*

INTERVIEWS

Key informant interviews were conducted with seven individuals representing community organizations, county government, educational institutions and social service agencies. All key informants were identified by members of the Alliance based on their expertise and involvement in the lives of county residents. A structured list of questions was used across all discussions to ensure consistency in the topics covered.

Discussions explored community perceptions of the interviewee’s organization, barriers to well-being for county residents, valuable resources and community leaders. Participants gave input on improving public health, prevention, and health care services. Family Health Initiatives, a consultant to the Alliance, recorded and transcribed each for analysis. Interviews lasted approximately 45 minutes.

FOCUS GROUP AND INTERVIEW FINDINGS

Target areas of concern in Cumberland County were elderly services, substance abuse and mental health services, unemployment, gang violence and teen pregnancy. Salem County shared some similar concerns to Cumberland, but viewed transportation, parenting skills, small population, rural setting, drug use and teen pregnancy as target areas of concern. These factors were used to inform questions on the Alliance survey to determine how residents ranked each factor’s importance to the health of the community.

LIMITATIONS

While the focus groups and interviews provide valuable insights into the community’s perceptions of health, the results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment was conducted by moderators from community organizations, colleges and county offices. All moderators were members of the Alliance. As participants included students, county employees and individuals already involved in community programming, it is possible that the responses only provide one perspective of the issues discussed. Lastly, it is important to note that data were collected at

one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

COMMUNITY MEMBER SURVEY

The Alliance designed a survey instrument in order to identify health issues most critical for intervention from the perspective of the community at large. Between June and September 2012 the Alliance contracted with Health Department “Promotores”⁵, and worked through local agencies to complete nearly 1900 surveys of residents of Cumberland and Salem counties. Surveys were collected at community events, Federally Qualified Health Center waiting rooms, laundromats, health fairs, churches, and events geared to special populations including the elderly and other high risk underserved populations. Surveys were also conducted by visiting residents door to door. The survey was available in English and Spanish and interview formats were available for those with trouble seeing or reading. A sample survey can be found on Appendix D.

Questions were modeled after Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), Pregnancy Risk Assessment Monitoring System (PRAMS) and other community surveys. The survey was used to collect the perceptions and experiences of residents as they navigate the health and community resources available from the Inspira Health Network and other agencies.

A total of 1,882 surveys were analyzed and those with insufficient data or from residents of other counties were eliminated. A total of 1,107 Cumberland County residents completed the survey. A total of 41.1% of respondents were Hispanic or Latin. A special effort was made to collect surveys from this population in order to reflect the perspective of an often under sampled and underserved group in the county. Of all Cumberland County respondents, 79.1% were US born and 65.9% were female.

A total of 775 Salem County residents completed the survey. Of that total, 29.3% of respondents identified as Hispanic or Latino and 67.5% were female.

⁵ Promotores de Salud/Community Health Workers (CHWs) are volunteer community members and paid frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. Promotores de Salud/Community Health Workers (CHWs) generally share the ethnicity, language, socioeconomic status, and life experiences of the community members they serve. <http://minorityhealth.hhs.gov/templates/content.aspx?lvl=2&lvlid=207&ID=8930>



The majority of those surveyed by the Alliance were employed and insured. However, the sample included an over representation of insured residents, with 29.2% of Cumberland residents reportedly unemployed and 22.5% of Salem residents unemployed. Recent county data show a 14% uninsured population in Cumberland County and a 9% unemployment population in Salem County. The inclusion of additional residents without insurance was a priority for the Alliance to ensure that the process would highlight the needs

of those least able to access healthcare.

The sample population reflected the county's weight distribution with 70% having a BMI in the overweight or obese categories.

The low levels of educational attainment in Cumberland and Salem counties were also represented in the Alliance survey sample. Among Cumberland County residents, a third of the sample population had completed less than 12th grade, another third had completed high school or trade school and only 14% completed college or an advanced degree. Salem County, however, reported higher educational attainment, with roughly 35% of respondents completing college or receiving an advanced degree.

Survey results were analyzed to identify the factors most critical to the respondents in each county. The top 11 factors were reviewed by the Alliance in order to identify the five factors to be addressed in the current health improvement cycle.

Table 1 below depicts the factors identified by the survey respondents and considered by the Alliance membership to address in the next three years. Factors were created through an analysis of multiple questions from the Alliance survey.

Factors	Definitions
High Risk Behaviors	Teenage pregnancy, motor vehicle crash injuries, fire-arm related injuries, sexually transmitted infection, suicide
Nutrition Related Illness	Diabetes, Overweight/Obesity, Heart Disease, Stroke, High Blood Pressure, Youth Nutrition, Exercise/Fitness, Eating Well/Nutrition, Managing Weight
Substance Abuse	Smoking/Tobacco Use, Drug Abuse, Alcohol Abuse, Reckless/drunken driving
Healthcare Resources	Cost of Health Resources, Access to Medical Care, Health Insurance for Adults, Health Insurance for Children, Prenatal Care, Childhood Immunizations, Time to get an appointment, Rehabilitation Services, Primary Care Providers, Medical Specialists, Dental Care, Counseling for mental health, Culturally Appropriate Health Services
Chronic Disease	Cancer, Infectious Disease, Dental Problems, Respiratory/lung disease
Sexual Risk Behavior	STIs, Teen Pregnancy, HIV/AIDS
Community Resources	Lack of Community Support, Transportation, Lack of Recreational Services
Poverty	Low Income/Poverty, Homelessness, Affordable Housing, Employment/Career Opportunities
Violence	Violent Crime, Gang Activity, Discrimination/Racism, Child Abuse and Neglect, Rape/Sexual Assault, Domestic Violence, Fire-arm related injuries, Homicide
Relationship Health	Domestic Violence, Childcare and Parenting, Anger Management, Stress Management

FACTOR ANALYSIS

Sessions were held with the Alliance membership and each agency represented was given an equal number of votes and, using a forced ranking method, asked to select the five areas the group would work to address in the next three years. Criteria were provided to the committee members as they determined which factors would receive priority.

These criteria were:

- Size of the problem (The number of people impacted)
- Severity of the problem (The risk of morbidity and mortality associated with the problem)
- Impact of the problem on vulnerable populations
- Existing resources addressing the problem
- Relationship of the problem to other community issues
- Estimated effectiveness of intervention(s) under consideration

From this process, the five priority areas identified as critical to address in the next three years were identified, and refined into the following categories:

1. Substance Use (prescription drug abuse)
2. High Risk Behavior (Teen Pregnancy and Sexually Transmitted Infection)
3. Nutrition Related Illness (obesity)
4. Health Care Resources (Physician and consumer outreach for improved healthcare use)
5. Chronic Disease (diabetes and heart disease)

The interrelatedness of all of the factors made the group feel that selecting these five would result in improvements to all eleven.

Several common themes also surfaced as a result of the multiple discussions and were identified as key considerations in the development of strategies to address these needs in the community.

- Lack of Coordination
 - Multiple agencies working to address the same issues and not working together
- Lack of Knowledge
 - Available services are often under-utilized by the residents who need them.
 - Low health literacy among residents.
- Screening for health conditions is inconsistent and fragmented
 - Patients are not routinely screened for common health risks
 - Best practices have not been adopted universally by medical community in the counties

These themes will guide the Alliance strategies to address the five factors over the next three years.

Upon finalizing priority areas of need, the Alliance enlisted community organizations with expertise in the five specific concerns to develop strategies and action plans to improve upon the issues. (See Appendix B for complete list of organizations consulted.) Finalized strategies

detailing measurable short and long-term goals will be discussed in the Implementation Strategy.

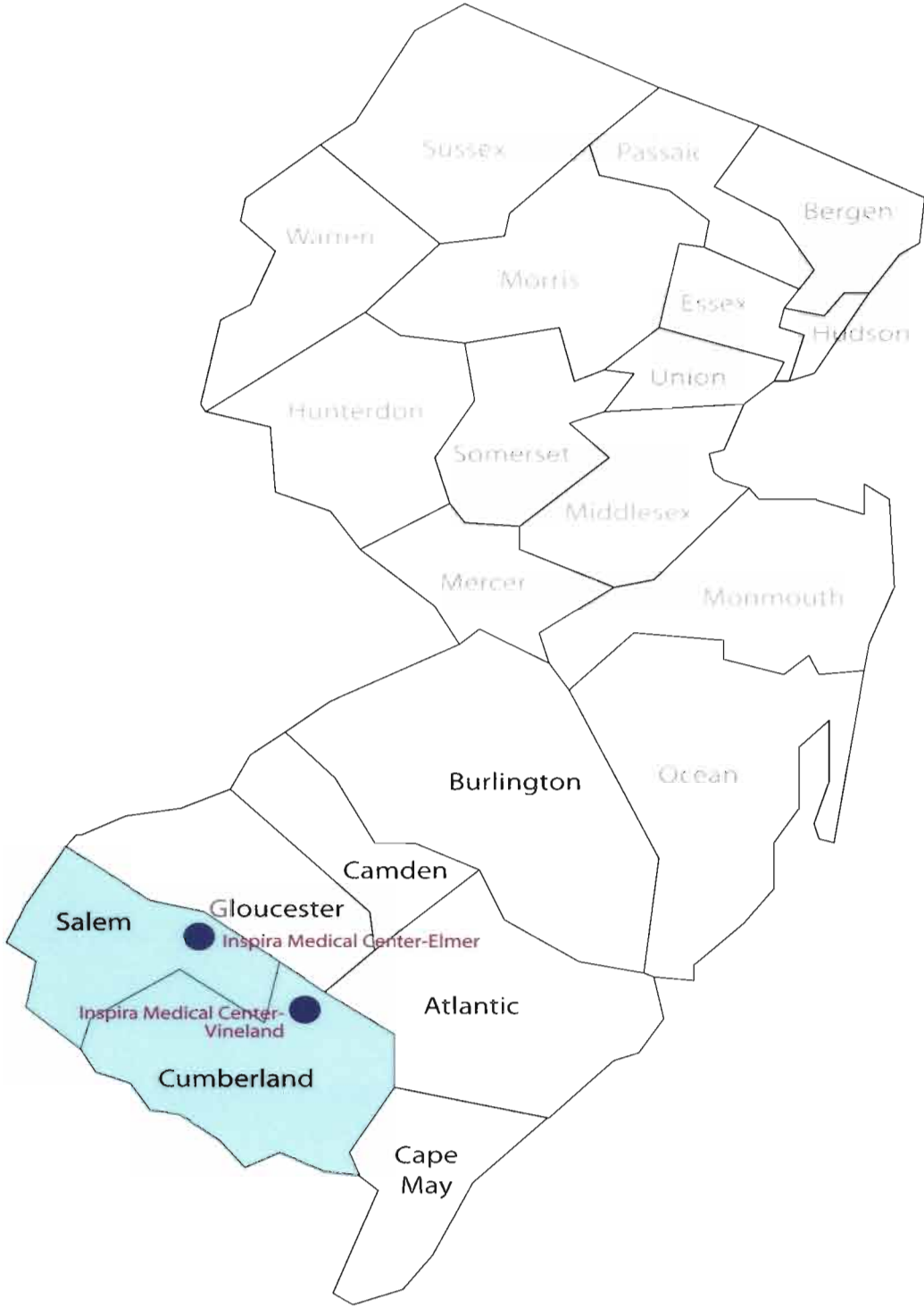
CONCLUSION

Over the next three years, Alliance agencies, Inspira Health Network and professionals in each target area will work together to engage the community in solutions that will improve the health and well-being of residents of Cumberland and Salem counties. Interventions and measures will be published on the Inspira Health Network's website and initiatives to encourage broad public engagement in the improvement of these critical health conditions will aid in long lasting change in these counties.

Appendix A: Cumberland/Salem Health & Wellness Alliance Members

- City of Vineland Health Department
- CompleteCare Health Network (**Cumberland, Gloucester**, Cape May FQHC)
- County of Cumberland
- Cumberland/Cape/Atlantic YMCA
- Cumberland County 4-H Youth Development Program, Rutgers
- Cumberland County College
- Cumberland County Guidance Center
- Cumberland County Technical Education Center (CCTEC)
- Cumberland County United Way
- County Offices of Education (**Cumberland, Salem, Gloucester** counties)
- Cumberland Development Corporation
- Cumberland County Department of Workforce Development
- Cumberland County Department of Health
- FamCare (**Cumberland, Salem, Gloucester** counties)
- Gateway Community Action Partnership (formerly Tri County) (**Cumberland, Salem, Gloucester** counties)
- Inspira Health Network **hospitals & affiliates** (Cumberland, Salem, Gloucester counties)
- Rutgers Food Innovation Center
- Salem County Department of Health
- The CEO Group

Appendix B: Map of Inspira Medical Center Locations



Appendix C: Additional Organizations Collaborating with the Alliance and Inspira on the CHNA

- Big Brothers Big Sisters of **Cumberland and Salem**
- County of Salem
- Cumberland County Office of Alcoholism and Drug Abuse Services
- Maryville Substance Abuse (**Cumberland, Salem**)
- Salem County Community College
- Salem County Department of Social Services
- Salem County United Way
- Salem Health & Wellness Alliance
- Salem YMCA
- South West Council (Substance Abuse) (**Cumberland, Salem, Gloucester**)
- Southern NJ Perinatal Cooperative/Family Health Initiatives
- South Jersey Family Medical Center (Salem County FQHC)
- Robert Wood Johnson Foundation/NJ Health Initiatives

Appendix D: Sample Focus Group Questions

Hello and thank you for coming today. The purpose of this focus group is to get your opinions about key community issues in Cumberland and Salem counties. The Alliance for a Healthy Cumberland and Salem Counties will use the results from this and other similar focus groups to identify the most pressing problems in your communities. The information collected will help to identify the most important issues to address to improve the well being of residents in these counties. Your opinions are very important!

Review rules of the group:

- First, and most important. We need to make sure everyone participates. Please allow everyone an opportunity to talk. Also, we value your time and do not want to go over our allotted time. I may have to interrupt so that we can cover everything.
- Number two. We will be recording this session so that we can make sure we have an accurate record of what is discussed. Therefore, it is important that everyone talks, but never at the same time so that we can hear everyone clearly.
- Third, be respectful of each other. Feel free to voice opposing opinions, but do so respectfully.
- Last thing. Please turn off your cell phones or at least put them on vibrate. If you need to leave the room for any reason, please do so quietly so as not to disturb the discussion.

Any questions?

1. What are some community strengths or positive aspects of Cumberland and Salem (be specific based on the residence of the participants) counties? (7 minutes)
 - a. Do all community members have access to these? If not, which community members and groups are less likely to have access to them?
2. What do you see as the most important problems in the two counties? (7 minutes)
3. From your perspectives, considering things like drunk driving and unsafe sex, what behaviors negatively affect the health of residents? (7 minutes)

4. What are the most important characteristics of the health care system that influence the health of residents? Consider such things as availability, affordability, and appropriateness. (10 minutes)

5. How would you rate the overall quality of life in your community? (10 minutes)
 - a. What factors do you think have the greatest influence on the overall quality of life for the residents of these areas? You can consider factors such as job opportunities, education, housing, safety, community support, etc.

 - b. Are there certain circumstances that make it harder to have a good quality of life? For example, raising children, being elderly, having a disability, lack of social support, or not having a car?

6. If the community were going to tackle some of these issues, which would be your first 3 issues to begin with? (7 minutes)

7. From your perspective, how can the residents improve quality of life in their community? (7 minutes)
 - a. What are residents already doing to improve their quality of life?

8. We are almost out of time. What other things, that have not already been mentioned, should be considered regarding community improvement? (5 minutes)

Well we have reached the end of our time. Thank you for participating and sharing your opinions. They will all be helpful as we put our results together.

Appendix D: Cumberland and Salem Alliance Sample Survey

Demographics

1. Gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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2. Age:

<input type="checkbox"/> Under 18	<input type="checkbox"/> 55-65
<input type="checkbox"/> 18-24	<input type="checkbox"/> 66-75
<input type="checkbox"/> 25-35	<input type="checkbox"/> 76-85
<input type="checkbox"/> 36-45	<input type="checkbox"/> Over 85
<input type="checkbox"/> 46-55	

3. Race (Select all that apply):
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Pacific Islander
 - White
 - Other (*Please specify*) _____

4. Ethnicity:

<input type="checkbox"/> Yes, Hispanic or Latino/a	<input type="checkbox"/> No, not Hispanic or Latino/a
--	---

5. What is your marital status?

<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
<input type="checkbox"/> Single/never married	

6. What County do you live in?

<input type="checkbox"/> Cumberland	<input type="checkbox"/> Salem	<input type="checkbox"/> Other _____
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7. What is your zip code?

8. What is the highest degree or level of school you have completed?

<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> 12 th grade or less, no diploma	<input type="checkbox"/> High School Diploma, GED	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Graduate degree professional degree
<input type="checkbox"/> Some college, no degree	<input type="checkbox"/> Technical or trade school certificate	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Master's degree	

9. Do you or anyone in your household prefer to use a language other than English?

- Yes What language? _____
- No
- Don't know

10. Were you born in the United States?

- Yes
- No
- Don't know

11. Do you have health insurance?

- Yes
- No

12. What is your weight?

 ___ lbs ___ Don't know

13. What is your height in feet and inches?

 ___ ft ___ in ___ Don't know

14. In the past 30 days, how many days were you not able to work or do daily activities because of poor physical or mental health?

- None
- 1-2 days
- 3-4 days
- 5-6 days
- 7-10 days
- 11 or more

15. Within the past year did you use or receive any of the following mental health services?

No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	Crisis Care
<input type="checkbox"/>	<input type="checkbox"/>	Hospitalization
<input type="checkbox"/>	<input type="checkbox"/>	Counseling/Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

16. Which of the following best describes your use of tobacco products?
- Never smoked
 - Smoke daily
 - Smoke occasionally
 - Don't smoke now, but I used to
 - Tried it a few times but I never smoked regularly
 - Don't know
17. During the past 30 days, on how many days did you have at least one drink of alcohol?
- Never
 - 1-7 days
 - 8-14 days
 - 15-21 days
 - 22-30 days
18. During a normal week, outside of your job, how many times do you participate in deliberate exercise (walking, running, gardening, fitness classes, weight lifting, etc.) for at least 30 minutes?
- Never
 - 1-2 days
 - 3-5 days
 - More than 5 days
19. During the past 12 months, have you had a seasonal flu vaccine?
- Yes
 - No
 - Don't Know
20. How often do you buckle your safety belt when driving or riding in a car?
- Never
 - Rarely
 - Sometimes
 - Almost Always
 - Always
21. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following conditions? Please select all that apply.
- Asthma
 - Cancer
 - Angina/Heart Disease
 - Depression or Anxiety
 - Diabetes (not during pregnancy)
 - High Blood Pressure
 - High Cholesterol
 - Overweight/Obesity
 - Osteoporosis
 - Other _____
22. Was there a time in the past 12 months when you needed to see a doctor but could not (if you were able to see a doctor select "N/A")

	No	Yes	Don't Know	N/A
Because of the cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because there was no provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because the provider would not take your insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you could not be seen in a timely manner (could not get an appointment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you did not have transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you did not have childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. During the past 12 months, was there a time you needed prescription medicines but did not get them because you could not afford it? (if you were able to fill all your prescriptions select "N/A")

	No	Yes	Don't Know	N/A
Because you had no insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because your insurance didn't cover what you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because the deductible/co-pay was too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because the pharmacy would not take your insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you had problems with Medicare part D coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you could not get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you did not have transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because you did not know where to go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Do you have children under the age of 18 or are you responsible for the care of a child or children under the age of 18 more than 2 days a week?

- Yes
- No (If no skip to question 29)

25. How often do you buckle your child(ren) into a safety seat or seat belt when riding in a car?

- Never
- Rarely

- Sometimes
- Almost Always
- Always
- Does not apply

26. On an average day, how many hours does/do your child(ren) watch TV?
- My child(ren) does/do not watch TV on an average day
 - Less than 1 hour per day
 - 1-2 hours per day
 - 3-4 hours per day
 - 5 or more hours per day
 - Not Applicable

27. How many hours a day do your kids play outside?
 _____ hours

28. Please select the FIVE MOST IMPORTANT HEALTH TOPICS you think your CHILD/CHILDREN need more information about.

- Diabetes Management
- Asthma management
- Mental health issues
- Dental hygiene
- Reckless Driving\Speeding
- Sexual Intercourse
- Suicide Prevention
- Nutrition\Exercise
- Tobacco use
- Alcohol use
- Sexually transmitted infections
- Violence prevention
- Teenage pregnancy
- Drug abuse
- Anger management
- None
- Other _____

29. Who can help you if a problem comes up? (For example, who would help you if you needed to borrow \$50 or if you got sick?) Check all that apply

- My husband or partner
- My mother, father, or in-laws
- Other family member or relative
- A friend
- Religious community
- Someone else
- No one would help me

30. Do you have the kinds of help listed below if you need them?

	No	Yes
Someone to loan me \$50	<input type="checkbox"/>	<input type="checkbox"/>
Someone to help me if I were sick and needed to be in bed	<input type="checkbox"/>	<input type="checkbox"/>

Someone to take me to the clinic or doctor's office if I needed a ride

Someone to talk with about my problems

31. Do you feel your neighborhood is safe?

- Yes
- No
- Don't know

32. In your opinion, which FIVE COMMUNITY ISSUES most affect the quality of life in your community? Please select ONLY 5.

- Low Income/Poverty
- Dropping out of school
- Lack of community support
- Violent Crime
- Lack of culturally appropriate health services
- Bioterrorism
- Cost of health services
- Pollution
- Access to medical care
- Homelessness
- Affordable Housing
- Transportation
- Clean water for drinking
- Lack of primary healthcare providers
- Lack of medical specialists
- Neglect and abuse
- Lack of counseling/mental health services/support groups
- Availability of healthy, affordable food
- Gang activity
- Lack of recreational services
- Employment\Career Opportunity
- Discrimination\Racism
- Single Parent Homes
- Availability of child care
- Lack of/Inadequate Health Insurance
- Other _____

33. In your opinion, what are the FIVE MOST IMPORTANT PROBLEMS that affect overall health in your community? Please select ONLY 5.

- Cancer
- Infectious disease i.e. hepatitis TB etc.
- Child abuse/neglect
- Mental health problems
- Dental problems
- Motor vehicle crash injuries
- Diabetes
- Overweight/Obesity
- Rape/Sexual Assault
- Domestic violence
- Respiratory/lung disease

- Fire-arm related injuries
- Sexually transmitted infections
- Heart disease
- Stroke
- Suicide
- High Blood Pressure
- Teenage pregnancy
- HIV/AIDS
- Infant death
- Homicide/violent crime
- Other _____

34. In your opinion, what are the FIVE MOST IMPORTANT BEHAVIORS that affect overall health in your community? Please select ONLY 5.

- Lack of exercise/poor physical fitness
- Smoking/tobacco use
- Suicide
- Not using seatbelts
- Not getting immunizations ("shots")
- Not getting prenatal (pregnancy) care
- Lack of parenting skills
- Drug abuse
- Alcohol abuse
- Having unsafe sex
- Not going to the dentist
- Not going to the doctor for yearly checkups and screening
- Reckless/drunk driving
- Violence
- Other _____

35. In your opinion, which FIVE SERVICES THAT NEED THE MOST IMPROVEMENT in your community? Please select ONLY 5.

- Positive teen activities
- Cost of health services
- Access to medical care
- Better/More healthy food options
- Health Insurance for Adults
- Health Insurance for Children
- Prenatal (pregnancy) care
- New parent support
- Childhood Immunizations
- Senior Care
- Time it takes to get an appointment
- Rehabilitation services
- Primary care providers
- Medical specialists
- Transportation options
- Support for previously incarcerated persons
- Child care options

- Dental Care
- Healthy family activities
- Counseling/Mental Health Services/Support Groups
- Services for disabled persons and their families
- Culturally appropriate health services
- None
- Other _____

36. Where do you get most of your information about health?

- Newspapers/magazines
- Television/Radio
- Website(Internet)
- Community member
- Healthcare Provider
- Family/Friends
- School
- Church
- Other _____

37. In your opinion, WHICH FIVE HEALTH TOPICS do people in your community need more information about? Please select ONLY 5.

- Quitting smoking/Smoking prevention
- Drug abuse
- Alcohol abuse
- Alzhiemers' disease
- Preventing pregnancy and sexually transmitted infections
- Exercising/Fitness
- Eating Well/Nutrition
- Suicide prevention
- Obesity/Overweight
- Autism
- Driving safely
- Crime prevention
- Domestic violence prevention
- Lead poisoning
- Using seatbelts
- Using child safety seats
- Elder care
- Child care/Parenting
- Anger management
- Rape/Sexual abuse prevention
- HIV/AIDS
- Dental care
- Managing weight
- Stress management
- Caring for family members with special needs/disabilities
- Stroke prevention and care
- Other _____

38. How would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

39. What is the most important thing, positive or negative, impacting your personal health currently?

40. What would be most helpful in supporting your personal health?

Thank you for your participation in our survey! We greatly value your time and opinion. As a token of our appreciation, please return this completed survey to one of our representatives to receive a gift.