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Senator Walter Rand Institute
for Public Affairs

2022-2024 Community Health Needs Assessment

COMMUNITY HEALTH NEEDS ASSESSMENT

2022-2024

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EXECUTIVE SUMMARY

BACKGROUND

The Community Health Needs Assessment (CHNA) for Atlantic County was conducted by The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers, The State University of New Jersey - Camden on behalf of AtlantiCare.

This CHNA focuses on understanding Atlantic County, New Jersey's community members' on the health needs[1]. Community perceptions of health barriers and opportunities frame the CHNA, with the goal to provide a comprehensive overview of health access, and nuanced understanding of issues and gaps that contribute to reduced health access or health inequity. A key consideration throughout the CHNA is the social determinant of health in Atlantic County communities, and how elements like easy and affordable access to healthy food, safety and transportation all contribute to physical, emotional, and mental well-being.

This CHNA documents the community context in which we conducted the community health needs assessment (Sections 2 and 2a), the process and methods we used to conduct the CHNA (Section 3, and Appendices A-S), the findings of the CHNA organized into six main themes (Section 4), documentation of how we integrated the community voice into the CHNA (Section 5), a plan for the dissemination of the current CHNA (Section 4), an explanation of how health needs were prioritized (Section 7), and an evaluation of how AtlantiCare has integrated the results of the previous CHNA (Section 8). The demographics of survey participants are included in the process and methods section (Section 3).

The Atlantic County and Atlantic City community context reveal the challenges of Atlantic County's rural and urban makeup, and traditional reliance on a dominant economic industry. As the County is diversifying its economy and social service organizations continue to serve its population, strides are underway to increase many of the County's lower than average health, economic, and well-being rankings/ratings.

The Atlantic County and Atlantic City community context reveal the challenges of Atlantic County's rural and urban makeup, and traditional reliance on a dominant economic industry.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA): PROCESS AND METHODS

The CHNA employed a mixed-methods iterative strategy of data collection that combined quantitative and qualitative analysis of primary data collected from community members with quantitative analysis of secondary data.

1 Hospitals are required to conduct a Community Health Needs Assessment every three years per the Internal Revenue Services requirements implemented under the Affordable Care Act for Charitable Hospital Organizations - Section 501(r)(3). Additional information can be found here: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Primary data was collected through a series of 15 focus groups, 9 with 79 community members and 6 with 46 community stakeholders (i.e., social service organization staff, county providers, AtlantiCare staff) and 10 interviews with 12 key stakeholders (i.e., AtlantiCare leadership, county officials). Focus groups and interviews were collected both in person and virtual, and arranged with participants as appropriate. This qualitative data was analyzed using thematic and analytic coding strategies that highlight themes from the data.

Primary data was also collected through the development, administration, and analysis of a community survey. The survey consisted of 88 items, formatted for electronic and paper distribution in both English and Spanish. The survey was launched on July 18, 2022 and closed on September 30, 2022 and was designed to complement the qualitative focus group and interview data to provide a comprehensive picture of the health status, needs, and resources as identified by residents of Atlantic County. Survey links and promotional materials were sent out via email, in-person, and through a targeted social media campaign to various partner organizations and Atlantic County residents from WRI and AtlantiCare. There were 642 survey responses that were deemed valid using our multi-check system. Data were analyzed using MATLAB, a scientific computing programming language. Data were exported from Qualtrics into Excel and then read into MATLAB. The research team wrote custom code to analyze the data.

Secondary data was analyzed from AtlantiCare emergency room data 2018-2021. Data were analyzed in MATLAB, a scientific computing programming language.

For community descriptions, secondary data was captured from a range of publicly available statistics on factors related to education, health, employment, food access, transportation, opioids, and crime, predominantly sourced from the U.S. Census Bureau.

Together, all of these data sources were analyzed and considered carefully in the CHNA write up. The data compiled here paint a comprehensive narrative of Atlantic County's health status, providing examples and metrics to illustrate the specifics of health barriers and opportunities, and provide insights for future resource allocation and developments.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA): FINDINGS

Through focus groups, interviews, and surveys, community members shared their concerns and thoughts about health in their communities. The greatest health needs in this CHNA are Connections to Health, Transportation, Mental/Behavioral Health, Substance Misuse, Access to Food, and Housing.

1. **Connections to Health**
   Across Atlantic County, access to health care was the top-ranked health issue. Connections to health manifested themselves in themes of availability of providers and specialty care providers, cost of care, the quality of care, and transportation. Specifically, gaps in connections to health include barriers like a high cost of health care, lack of Spanish-speaking providers, lower availability and quality of providers (e.g., general practitioners and speciality care providers), non-acceptance of insurance, digital access challenges with locating information, and a limited number of primary care physicians.

2. **Transportation**
   Transportation needs highlighted the dearth of public and private transportation options in the county, limiting residents' access to employment, food, social services, and medical appointments. Sometimes unreliable or infrequent transit options limited residents' ability to travel to needed destinations; far distances between needed services and long travel times also limited access to certain resources.

3. **Mental/Behavioral Health**
   Mental health was identified as the second most pertinent issue in Atlantic county by 43% of community members who participated in the survey. One-third of survey participants reported experiencing mental health conditions (e.g. anxiety, depression), and one in five participants said they had used AtlantiCare's behavioral health services. Participants across all focus groups and interviews also noted that mental health needs had increased since the pandemic.

4. **Substance Misuse**
   Substance misuse was a concern mentioned by providers and residents. The survey and discussions with providers and residents revealed that in addition to the use of illegal substances, participants also discussed the use of alcohol, tobacco, and nicotine through vaping. Substantial percentages of respondents said that illegal drug use (33%), alcohol use (32%), prescription drug use (21%), and vaping (21%) were concerns in their communities. Community members shared that available services were underfunded, over capacity, or not comprehensive.

5. **Access to Food**
   Discussions around access to food focused on the dearth of healthy grocer options in the county, and the often far distance to a grocery store (in comparison to local bodegas or corner stores offering less nutritious options). Data illustrated concerns of rising food costs and negative health impacts of unhealthy diets.

6. **Housing**
   Housing needs focused on challenges of affordable housing in the county, particularly as rents and costs of living continue to increase. Data also spoke to subpar housing conditions, a lack of availability of housing, and resource and safety barriers for people experiencing homelessness.

7. **Existing Strengths and Resources**
   Even though Atlantic County faces nuanced health and access challenges, there are many organizations working and resources available in these spaces. When participants were asked about their community's strengths, participants discussed specific county institutions, organizations, and programs. Participants highlighted the collaboration between these various groups in efforts toward building a healthier Atlantic County, and offering recommendations.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA): NEXT STEPS AND COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP)

Based on this Community Health Needs Assessment, AtlantiCare has proposed partnering with external organizations and community entities to achieve the following goals and strategies addressing these six identified community needs:

A. **Provide timely access to care** through work to decrease wait times for new patients; improve access and ease for making appointments; and increase capabilities in speciality areas such as cardiology, oncology and orthopedics.

B. **Increase affordability of care** by gaining understanding of patients' social needs, connecting them to related resources and benefits, and implementing interventions to prevent future needs such as financial coaching and up-to-date referral directories that community partners can use.

C. **Eliminate transportation barriers which impedes one's ability to access medical care and social services** by expanding the use of transportation supports such as ride share services and medical transport services; working to enhance internet access so that telehealth appointments are an option for individuals; working to advocate for additional transportation infrastructure in Atlantic County; creating mobile services that go into the communities.

D. **Ensure mental health care is accessible to every community member in a timely manner** through expansion of community-based programs as well as telepsych services, establishment of a Psychiatric Residence Clinic within our Federally Qualified Health Center, and expanded School-Based services within the county.

E. **Reduce the fatal consequences of substance misuse in Atlantic County** by expanding inpatient and outpatient treatment options; continuing to provide harm reduction resources; train clinical teams to treat substance use disorders; eliminate stigma around substance misuse and treatment; establish and expand community support for those in recovery for substance use disorders.

F. **Eliminate food insecurity through the provision of healthy food** by screening patients for food insecurity; ensuring the foods offered at AtlantiCare sites are healthy; and provide emergency internal and sustainable external interventions to help solve food insecurity.

G. **Ensure that all in our community have a place to call home** by screening patients for housing insecurity concerns, establishing housing partners, investing in more affordable housing projects, and expanding our down payment assistance program for employees to enable safe and affordable housing.

SECTION 1:

INTRODUCTION

This report provides a summary of the findings of the Community Health Needs Assessment (CHNA) for Atlantic County. The CHNA was conducted by The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers University-Camden on behalf of AtlantiCare.

We conducted the CHNA with one main goal: fulfilling the Internal Revenue Service (IRS)[1] requirements for tax-exempt hospitals by carefully characterizing community members' views on the health needs in their communities. For the purpose of this assessment, the community is defined as the one county in AtlantiCare's service area (Atlantic County). *Our focus on community voice means that our assessment of health needs is framed by the community's perception* of needs. Indeed, our most striking finding is the broad theme that the *community's definition of health* extends far beyond access to health providers and clinical health care to include the upstream determinants of health in their communities. These upstream determinants include things such as easy and affordable access to healthy food, safety and transportation. These community perceptions are consistent with recent research in population health which suggests that targeted interventions in these upstream determinants could provide cost-savings and improvements in health that are much larger than even the best improvements in the efficiency and delivery of direct clinical care (Homer, Milstein, Hirsch, and Fisher, 2016).

This report documents the community context in which we conducted the community health needs assessment (Sections 2a, 2b, and 2c), the process and methods we used to conduct the CHNA (Section 3, and Appendices A-S), the findings of the CHNA organized into six main themes (Section 4), documentation of how we integrated the community voice into the CHNA (Section 5), a plan for the dissemination of the current CHNA (Section 4), an explanation of how health needs were prioritized (Section 7), and an evaluation of how AtlantiCare has integrated the results of the previous CHNA (Section 8). The demographics of survey participants are included in the process and methods section (Section 3).

Note to community members: The Findings Section (Section 4) has the most useful information. This section was written with the goal of clearly communicating the community's perception of health needs. It is organized by several main themes, with visuals highlighting the important points. Most of the technical information, such as details of the statistical analysis, is in other sections.

1 Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3). Additional information can be found here: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

SECTION 2:
ATLANTIC COUNTY COMMUNITY CONTEXT

The information provided below provides recent data from publicly available sources that helps to contextualize Atlantic County's environment. These other sources illustrate how the community perspective findings (see Section 4: Findings) compares to state and national trends and benchmarks. Each county and municipality faces unique issues and opportunities compared to other counties and towns across the state, issues and opportunities which are best addressed through specific and dynamic resolutions in health care services.

Located about 100 miles south of New York City and 60 miles southeast of Philadelphia, Atlantic County was first settled in 1679, founded in 1837. The County Seat was established in Mays Landing in 1837, and the first Board of Freeholders was established that year in Mays Landing with representatives from four townships: Galloway, Hamilton, Egg Harbor and Weymouth.

Encompassing a total of 555.51 square miles of land area (the third largest county in NJ), Atlantic County hosts 23 municipalities and shares a population of 274,966 (U.S. Census Bureau, 2021a). Atlantic County has a population density of 479 individuals per square mile, higher than the national average of 92 individuals per square mile, but lower than the state average of 1,207. The largest municipality geographically is Hamilton Township (111.26 sq. miles) and population wise is Egg Harbor Township (43,323 residents). The smallest municipality geographically is Longport (0.38 sq. miles) and population wise is Corbin City with 492 residents.

The county is bounded on the north by the Mullica River; on the south by the Great Egg Harbor Bay and the Tuckahoe River; on the west by Camden and Gloucester Counties; and on the east by the Atlantic Ocean. Across the county's municipalities there is a combination of urban, suburban, and rural patterns of development. 12.7 percent of the County's population lives in a rural area (County Health Rankings & Roadmaps, 2021). There are 19,522 acres of federal public open space, 66,725 acres of state public open space, 7,435 acres of County open space, 6,612 acres of municipal open space; 14 miles of beach, 5.7 miles of boardwalk, and 49.5 miles of bikeways (Atlantic County, 2022).

The racial composition of Atlantic County is majority White (71.1%), followed by Hispanic/Latino (19.90%), Black (17.10%), Asian (8%), multiple races (2.9%), Native American (0.7%), Native Hawaiian (0.10%), and other (0.1%). In Atlantic County, close to 20% of the population are 65 years and older (U.S. Census Bureau, 2021b). The median age in Atlantic County is 42.2. A small percentage (5.2%) of the population is under 5 years of age, 26.1% are 5 -24 years of age, 24.1% are 25-44 years of age, 26.7% are 45-64 years of age, and almost 20% (19.2%) of the county's population is 65 years of age or older (U.S. Census Bureau, 2021b).

HOUSING

With oceanfront properties and misalignment of incomes and property values, Atlantic County faces considerable housing affordability challenges. According to the 2016 to 2020 American Community Survey, the percentage of housing cost that exceeds 30% of household income is 41.22%, higher than both state (36.78%) and national (30.35%) average (U.S. Census Bureau, 2020a). Owners occupy 66.9% of all homes in the area, leaving the rest to rent. Homes tend to be expensive, with the median price of $216,600 and median rent of $1,129. (United States Census, 2020).

Housing affordability in Atlantic County has been reaching record lows, with median house sale prices becoming 16% less affordable since 2021, and rental prices inflating over 18% during this time (ATTOM, 2022; Bakan, 2022; Zumper, 2022).

As of the first half of 2022, the foreclosure rate in Atlantic County is one in every 303 homes and ranks as the 18th highest of the more than 1,700 counties and county equivalents reviewed (Stebbins, 2022). The Atlantic City-Hammonton area experienced the second-highest rate of foreclosures among metro areas in the first half of 2022 with .33% of all homes being foreclosed upon (ATTOM, 2022).

HOMELESSNESS

Atlantic County has many residents who have or are currently experiencing homelessness. In the 2022 Monarch Housing Atlantic County Point-in-Time report, 343 individuals, in 323 households, were experiencing homelessness in Atlantic County (Monarch Housing Associates, 2022). Of those 343 individuals, 190 persons were currently staying in emergency shelters, 46 in transitional housing, and 107 were unsheltered. The overwhelming majority of individuals experiencing homelessness (86.1%) were located in Atlantic City on the night of the count.

The majority of individuals experiencing homelessness identified as Black/African American, non-Hispanic/Latino (38.5%), followed by White, non-Hispanic/Latino (36.7%), and Hispanic/Latino (19.4%). Adults aged 55 to 64 are most represented at 24% of the population currently experiencing homelessness. There are also subpopulations of homeless individuals that are important to note. The chronically homeless represented 34% of the homeless population, 15% were veterans, 11% were victims of domestic violence, and 8% were youth (24 years old or younger). A large portion (67%) of people experiencing homelessness reported having a disability, with 69.7% reporting mental health issues and 46.4% reporting a substance use disorder.

Survey respondents highlighted some of the circumstances and context around their current experiences of homelessness. Of those that responded, 16.9% reported that their current homeless period is a direct result of COVID-19. Furthermore, COVID-19 impacted these individuals most commonly through contracting COVID-19 (37.2%), followed by mental illness/anxiety/fear (33%). When asked about the primary factor that contributed to their homelessness, 17.4% attributed their homelessness to loss or reduction of job income, followed by drug or alcohol abuse (13%), then by being asked to leave a shared residence (11.9%).

INCOME, POVERTY, AND BASIC NEEDS

Atlantic County's 2021 median household income is $66,388 whereas the state's is $89,296 (United States Census, 2021). In Atlantic County, about 15.9% of the residents live in poverty compared to the 10.2% of all people living in New Jersey and the national average of 12.84% (United States Census, 2021). According to the American Community Survey, 19.9% of children under the age of 18 (higher than both the state average of 13.34% and national average of 17.48%), 12.3% of people ages 18 to 64, and 9.6% of the population 65 years and older live in poverty (U.S. Census Bureau, 2020b).

MEDIAN HOUSEHOLD INCOME - ATLANTIC COUNTY, 2013-2021[1]

	2013	2014	2015	2016	2017	2018	2019	2020	2021
Atlantic County	$54,235	$54,392	$54,461	$54,456	$57,514	$59,989	$62,110	$63,680	$66,388
New Jersey	$71,629	$72,062	$72,093	$73,702	$76,475	$79,363	$82,245	$85,245	$89,296

1 US Census Data, Median Income 2013-2020 http://www.census.gov/programs-surveys/acs/

POVERTY RATE - ATLANTIC COUNTY, 2012-2021[2]

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Atlantic County	14.6%	18%	15.5%	14.3%	14.4%	14.8%	12.9%	11.1%	13.5%	15.9%
New Jersey	10.8%	11.4%	11.1%	10.8%	10.4%	10.0%	9.5%	9.2%	9.7%	10.2%

According to the Robert Wood Johnson Foundation's 2022 County Health Rankings section highlighting income inequality, which utilizes a metric known as "county value" (defined as the ratio of households in the 80th percentile income level compared to those in the 20th percentile income level), New Jersey has a large income inequality gap within Southern New Jersey counties (higher county values indicate higher levels of income inequality). In Atlantic County, the highest income level was recorded at $127,941, and the lowest income level was $25,141, with the county having an overall county value of 5.1, which matches New Jersey's average county value of 5.1. In Atlantic County households with higher incomes had income 5.1 times that of households with lower incomes.

Food insecurity also presents basic needs challenges. 2020 and 2021 projected rates of food insecurity increased in Atlantic County compared to 2019. In 2019, the overall food insecurity rate was 10.9%, projected as 18% in 2020 and 16.2% in 2021. The child food insecurity rate in 2019 was 15.2, projected as 28.7% in 2020 and 25.1% in 2021 (Feeding America, 2021). SNAP benefit allotment in Atlantic County increased in March, April, and May 2020, with SNAP allotment increasing by $500,000 from April to May 2020. Atlantic County saw a 65% increase in March to July 2020 when compared to March-July 2019 in SNAP expenditures (Bolton, 2020).

The Food Environment Index, created by the University of Wisconsin Population Health Institute in partnership with the Robert Wood Johnson Foundation for the Robert Wood Johnson County Health Rankings, ranks counties from 0 (worst) to 10 (best) to allow for universal comparison. Scoring within the 90th percentile, New Jersey as a whole does well at a state level. Utilizing statistics from 2019, the Food Environment Index for Atlantic County in 2022 is 8.0, slightly below average for the state (Robert Wood Johnson Foundation County Health Rankings, 2022). Neighboring counties such as Cumberland, Cape May, and Salem all received a score below 8. Counties north and east of Atlantic such as Camden, Gloucester, Burlington, and Ocean all received scores higher than 8.5.

According to the County Health Rankings, 8% of Atlantic County households have limited access to healthy food due to limited grocer options. A portion (11%) of county households are food insecure due to income barriers as determined by "low income status" or income of less than or equal to 200 percent of the federal poverty threshold for the family size (Robert Wood Johnson Foundation County Health Rankings, 2022).

EDUCATION

Atlantic County has a high school graduation rate of 87.5%, similar to the national average (87.7%), but slightly lower than the state average (89.4%). However, only 28.78% of the population aged 25 and older have obtained a bachelor's level degree or higher, lower than both the state (40.73%) and national (32.92%) average (U.S. Census Bureau, 2020d).

Atlantic County is home to Stockton University and Atlantic Cape Community College. Across New Jersey, the two-year community college graduation rate spans from 11% to 47%. The average community college graduation rate is 38% at Ocean County College, 36% at Rowan College of South Jersey - Cumberland Campus, 30% at Rowan College of South Jersey - Gloucester Campus, 28% at Rowan College at Burlington

2 US Census Data, Median Income 2013-2020 http://www.census.gov/programs-surveys/acs/

County, and 20% at Atlantic Cape Community College and Camden County College.There are five institutions in Atlantic County that award certificates below a baccalaureate level (Atlantic Cape Community College, Stockton University, Prism Career Institute - West Atlantic City, Harris School of Business - Linwood Campus, Atlantic Beauty & Spa Academy LLC, Jolie Hair and Beauty Academy, LLC).

ECONOMY

The coastal region of Southern New Jersey and Atlantic County (in addition to Cape May and Ocean counties) has developed a distinct economy centered on the hospitality and tourism industry since the legalization of gambling in Atlantic City in 1978. The gambling industry added over 50,000 jobs between 1978 and 1995 and generated $6.7 billion dollars in revenue in 2016 (Perniciaro, 1995; Choose NJ, 2021). Both small and large private employers in the hospitality and service industries greatly contribute to the economy as the coastline is dotted with lodging, entertainment, shopping, and dining options for out-of-town tourists. Resorts, casinos, and hotels help provide employment to the 118,275 members of the labor force. Moreover, the Atlantic City International Airport and the Federal Aviation Administration William J. Hughes Technical Center are testaments to the county's developing aviation and technology industries. Construction, automotive, and personal care services are additional key industries.

Specifically, Atlantic County residents are most often employed by healthcare and social assistance sectors but are also notably employed by accommodation and food services as well as retail due to their proximity to the ocean and tourist attractions. Today, there are an estimated 28,980 (10.54% of population) Atlantic County residents who work in accommodation and food services, 18,120 (6.59% of population) in healthcare and social assistance, and 14,580 (5.30% of population) in retail (NJ Department of Labor and Workforce Development, 2021). The New Jersey Department of Labor projects increases in technical services, arts/entertainment, construction and real estate employment sectors and also expects decreases in finance, manufacturing, educational services, and information sectors through 2024.

In Atlantic County overall, there are 138,539 people in the civilian labor force, and the county has a labor force participation rate of 61.7%. Of people working, 77.7% are private wage and salary workers, 17.2% are government workers, 4.8% are self-employed, and 0.3% are unpaid family workers (United States Census, 2021).

ANNUAL AVERAGE UNEMPLOYMENT RATE - ATLANTIC COUNTY, 2012-2021[3]

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Atlantic County	12.8%	11.9%	10.5%	9.5%	7.4%	7.1%	5.7%	4.8%	17.2%	9.5%
New Jersey	9.4%	8.4%	6.7%	5.7%	4.9%	4.5%	4.0%	3.4%	9.5%	6.3%

The COVID-19 pandemic hit the hospitality, tourism, and service industries acutely, with many Atlantic County residents having hours drastically reduced or losing jobs affiliated with the area's casinos and hospitality businesses (Atmonavage and Munoz, 2021). In a survey from April and May 2020 from the Greater Atlantic City Chamber, 89% of businesses in Atlantic County had been negatively impacted by COVID-19. More than 70% lost sales and income; 74% applied for economic relief; and 59% had staff layoffs or adjustment of hours (Greater Atlantic City Chamber, 2020). The COVID-19 pandemic resulted in record high unemployment of 31.9% in June 2020, and unemployment rates fluctuated throughout 2020 to early 2022 (NJ Department of Labor and Workforce Development, 2021).

3 Department of Labor and Workforce Development 2012-2021 https://www.nj.gov/labor/labormarketinformation/employment-wages/unemployment-rates-labor-force-estimates/, last accessed Sep. 29, 2022.

Unemployment rates in Atlantic County are slowly reaching pre-pandemic levels, but are still higher than state unemployment levels, as the August 2022 unemployment rate was 4.9% compared to the state's 3.7%.

TRANSPORTATION

Atlantic County, well known for its resorts, casinos, and boardwalk, has a large share of residents who use alternative transportation modes daily. About 30 percent of its residents use public transportation (Bureau of Research, 2021). Among those who are in the labor force, 71% of people commute to work by driving alone, 7% carpool, and 4% use public transportation. The remaining percent are uncaptured, and may represent individuals who walked to work and/or use taxis/ride-sharing services (American Community Survey, 2021).

There is one main New Jersey Transit train line between Atlantic County and Philadelphia, however, the train line runs infrequently (anywhere from over every hour to up to almost two hours), similarly, the bus routes are sporadic, with varying issues of access and reliability depending on location.

In Atlantic County, 12.7% of the population's households have no vehicle, and the average distance to public transit/transportation is 0.27 of a mile. (The average distance to public transit across New Jersey is .28 of a mile; US News & World Report, 2022). 11.2% of workers commute over 60 minutes or more, and 20.3% of the workers commute over 20-30 minutes, averaging 28.6 minutes in total (US Census Bureau, 2021).

Based on a community assessment conducted in 2019 by the New Jersey Department of Children and Families (2019), transportation and the cost of transportation were identified as critical areas to be developed in the county, and 38.06% of community survey participants asserted transportation as a barrier to essential services such as health care, food, and work and educational opportunities. Like all regions of the country, Atlantic County currently faces high inflation rates that affect the cost of transportation for both public transportation and household vehicles.

CHILD CARE

Child care and development, maternal health, and newborn care are all integral factors to community health. Based on data from the NJ Department of Children and Families, Atlantic County had 87 early care centers in 2019, and in 2021 during the pandemic, Atlantic County still had 87 early care centers (NJ DFC, 2021). In Atlantic County there are 1.7 children under 5 for each licensed child care slot (The Annie E. Casey Foundation, 2018).

Atlantic County has a maximum potential service (MPS) rate of 0.5145, meaning Atlantic County's early care centers have the capacity to serve about 51% of children who may need care services. The MPS is a ratio of the capacity of early care centers, measured by the number of children under age six with both parents in the labor force (Rutgers University, 2021). The MPS rate for all of New Jersey is 0.694, and the four lowest MPS rates in New Jersey were in Ocean, Salem, Atlantic, and Cape May Counties.

Considering that the annual cost of full-time child care as a percentage of median household income is 30% percent in Atlantic County, many families have difficulty affording child care (New Jersey Policy Perspective, 2017; Kim & Joo, 2018). The cost of daycare per month in Atlantic County for infants is $863.43 (median price) and $988 (75th percentile price), for toddlers $740 (median price) and $840 (75th percentile price), and for preschoolers $720 (median price) and $800 (75th percentile price) (Kim & Joo, 2018).

Among children living in single parent households, 29% of children in Atlantic County live with one parent compared to 22% in New Jersey as a whole (Robert Wood Johnson Foundation County Health Rankings & Roadmaps, 2022).

HEALTH

In New Jersey in 2022, the Southern region of the state has the highest amount of medically underserved areas (MUAs) in the state, according to data from the Human Resources and Services Administration (HRSA, 2021a). HRSA designated MUAs as having too few primary care providers, high infant mortality, high poverty, and/or a high elderly population (HRSA, 2021b).

Atlantic County is ranked among the least healthy counties in New Jersey, falling under the lowest category (0% to 25%) in the Robert Wood Johnson Foundation County Health & Roadmaps Ranking Report for both health factors (e.g. adult obesity, food environment index, excessive drinking, sexually transmitted infections, teen births, number of primary physicians, and a range of social, economic and physical environment factors) and health outcomes (e.g. length of life and quality of life indicators) (2022). In terms of the number of primary care physicians, there is only 1 primary care physician for every 1,250 people in the county. In comparison, there is 1 primary care physician per 1,170 people statewide. Over the past decade, the mental health provider rate in Atlantic County has improved from 4,039:1 (ratio of population to mental health providers) in 2011 to 540:1 in 2022, indicating a significant increase in the number of mental health providers in the county. Nonetheless, this rate underperforms compared to the state average of 380:1 (Robert Wood Johnson Foundation County Health Rankings & Roadmaps, 2022). In Atlantic County, 16.3% of the population are foreign born (U.S. Census Bureau, 2021b). Among them, those without permanent residency or citizenship face significant barriers to receiving healthcare, an issue that is further exacerbated by the convoluted healthcare system. 11 percent of the population in Atlantic County are uninsured, adding to barriers in accessing and receiving healthcare services.

Based on collected data from New Jersey State Health Assessment Data, infant mortality is higher in Atlantic County than the state (overall 4.3 per every 1,000 birth), with 6.6 of every 1,000 births from 2015 to 2019 resulting in the death of the newborn (New Jersey's Public Health Data Resource, 2021). There are 12 designated birthing facilities and centers in the Southern New Jersey region compared to 15 and 26 in the central and northern regions of the state.

Exercise in Atlantic County is relatively common as 86% of residents report they have access to a means of exercise (Robert Wood Johnson Foundation County Health Rankings & Roadmaps, 2022). The County Health Rankings also assess the amount of particulate matter in the environment (particulate matter is a pollutant that can lead to decreased lung function and other negative health consequences), which is measured by the average daily density of fine particulate matter in the air to rate physical environmental health factors. According to 2018 data, Atlantic County has a daily density of 6.8 fine particulate matter, below the state's average of 8.1 (County Health Rankings, 2022).

Atlantic County is ranked among the least healthy counties in New Jersey

With regards to COVID-19, as of October 21, 2022, Atlantic County experienced 67,224 cases and 1,026 deaths (Atlantic City as of October 21, 2022; 7,823 cases and 143 deaths) (Atlantic County Division of Public Health, 2022). Vaccination rates are comparable between Atlantic City and Atlantic County, but both rates are well below New Jersey's one dose and fully vaccinated rates. 81 percent of the Atlantic County population had at least one dose as of October 2022, and 68% were fully vaccinated (78% of the population had one dose in Atlantic City, and 65% of the population is fully vaccinated in Atlantic City). Across New Jersey, 93% of

people have received one dose, and about 77% of the population is fully vaccinated (New Jersey COVID-19 Information Hub, 2022).

The main hospitals in Atlantic County are the AtlantiCare Regional Medical Center, Atlantic City Campus; AtlantiCare Regional Medical Center, Mainland Campus, Pomona; Shore Medical Center, Somers Point.

OLDER ADULT CARE

Atlantic County has a slightly larger population of individuals aged 65 and older compared to average population breakdowns across the U.S. and New Jersey. While the average older adult population in New Jersey matches national figures at 16.9% to 16.5%, Atlantic County has slightly more older adults (19.2%) in its population, amounting to nearly 50,000 people (American Community Survey, 2021). New Jersey has a comparatively high number of geriatric care providers that has increased from 35.3 and 43.2 per 100,000 adults between 2018 and 2021. Despite statewide care increases there are still concerns related to social isolation among older adults in Atlantic County.

The Elder Economic Security Standard Index (Elder Index), defined as the income insufficient to meet basic monthly expenses without borrowing, relying on family, or public assistance programs, revealed that 63% of Atlantic County residents ages 65 and older living alone in 2019 were experiencing economic insecurity (New Jersey Department of Human Services, 2021).

Atlantic County has an entire office under their Department of Human Services dedicated to aging services. The department provides general information, support groups, social activities, legal services, medical day care, and in-home modification/repair support for older adults.

DRUG AND OPIOID EPIDEMIC

The few years prior to the pandemic saw overdose numbers somewhat plateau (2,995 deaths in 2019), but overdoses reached a record number of 3,124 total drug deaths statewide in 2021. Out of the 3,000 overdose deaths in New Jersey in 2021, 2,551 were opioid overdose deaths that accounted for nearly 90% of all drug overdose deaths in the state (Yates, 2022, Abramson, 2021) 2022 has unfortunately remained no exception to these trends. From January 1, 2022 through July 31, 2022, there have been 1,970,248 opioid prescriptions, 8,691 naloxone administrations, and there have been 1,699 suspected overdose deaths. (NJ CARES, 2022).

Although substance use disorders and fatal and nonfatal overdoses affect people of all demographics and geographic locations, people of color are dying from opioid overdoses at higher rates across the country. By 2021, Blacks and Hispanics represented approximately 40% of all suspected drug-related deaths in New Jersey. Data recently collected and analyzed shows that from 2015 through December 5, 2021, drug-related deaths among Blacks rose 256% and deaths among Hispanics rose 189% compared to their white counterparts who experienced a 38% increase in drug-related deaths. Related to the national trends, the history of racist implementation of various drug policies, rates of incarceration, and inequitable access to health and treatment resources have contributed to these disparate rates.

Atlantic County has seen a fluctuation in suspected drug related overdose deaths from 2016 to 2021, showing marginal increases over the years. In 2020, Atlantic County had the highest drug-related deaths per capita (71.4 per 100,000) (Office of the Chief State Medical Examiner, 2022). Those between the age of 31 and 40 were those who most often experienced an overdose. In the past three years, Atlantic County has had 180 (2019), 216 (2020), and 188 (2021) drug related deaths (New Jersey Department of Law and Public Safety, 2021).

Similarly based on the data collected, Atlantic County has seen a fluctuation in naloxone administrations in recent years. Increasing to its highest point of 955 reported cases in 2017, there has been an unsteady decline since then, with the county reporting 820 deployments in 2019, 727 in 2020, and 789 in 2021. This trend was also observed in the statewide data; New Jersey reported its highest number of deployments in 2018 (16,082 deployments) and reported a subsequently decreasing number of deployments, with 15,189 deployments in 2019, 14,437 deployments in 2020, and 13,187 deployments in 2021 (New Jersey Office of the Chief Medical Examiner, 2022).

Among treatment facilities in Atlantic County, most patients arrive for misuse of heroin (55%) with alcohol as the second most prominent form of substance misuse (24%). Intensive outpatient care is the most common service for those seeking help and most patients (40%) enter through self-referrals. 53 percent of patients are discharged for completing their treatment plan and 25% quit or drop out over the same period of time. Mental health clearly plays a significant role in substance misuse as 70% of those admitted to county facilities are diagnosed with a co-occurring mental disorder. Of the total discharges in 2019, 40% were individuals seen more than once over the course of the year.

CRIME AND SAFETY

The Atlantic County Prosecutor lists 21 police departments in Atlantic County (Office of the Atlantic County Prosecutor, 2017). Law enforcement in the county has roughly one police department per 12,600 residents. Spread across the county, there is roughly 1 police department per 24 square miles. Atlantic County Jail resides in Mays Landing and typically houses 650 inmates (Atlantic County Government, 2021).

While the average of violent crime across the United States has remained largely static since 2010, New Jersey has seen considerable decreases in rapes, robbery, murder, and aggravated assault. In 2001, the state of New Jersey experienced 388 violent crimes per 100,000 people. In 2020 that number reduced to 195 per 100,000. The rate of violent crime in Atlantic County is 1.96 per 1,000 residents during a standard year (Federal Bureau of Investigation, 2021).

At a more local level, Egg Harbor Township Police have reported decreasing violent crime since 2016, with a slight bump in 2018. In 2020, there were 50 incidents of violent crime with 28 of those cases being resolved. Atlantic City police have historically had a lower percentage of crime solving rates. In 2020, Atlantic City had 309 violent crimes, 68 of which were solved. Galloway Township experienced a spike between 2019 and 2020 as total violent crimes climbed from 62 to 94. Resolved cases increased proportionally as 41 cases were cleared in 2019 and 71 were cleared in 2020. (Federal Bureau of Investigation, 2021).

The FBI Crime Data Explorer indicates a homicide rate of 3.7 per 100,000 in the state of New Jersey whereas the U.S. was 6.5 per 100,000 in 2020. Both saw a spike since 2019. Atlantic City reported 9 homicides in 2020, a lower number than the past 2 years but only solved 3 cases. Galloway Township had no reported homicides. Egg Harbor Township Police did not have any homicide cases in 2019 after 3 years of having a single homicide case. Of all municipalities in Atlantic County, Atlantic City had the highest homicide rate of 24 per 100,000 people in 2020. (Federal Bureau of Investigation, 2021)

Atlantic City has seen a recent rise in gun violence, much like national trends. In 2021, City Council members Moisse Delgado and Latoya Dunston called for additional state police support and presence. Mayor Marty Small Sr. opposes such a move and has instead encouraged families and local governments to fill the gaps and address root causes of crime (Brooks, 2021).

ATLANTIC CITY COMMUNITY CONTEXT

Occupying the central coastal region of the county, Atlantic City is neighbors with Brigantine and Ventnor City and is 60 miles from Philadelphia. The city is 17.21 square miles but composed of 10.76 square miles of surrounding land and 6.45 square miles of water. The city itself is home to 38,466 people as of 2021, most of whom are Hispanic/Latino (32.8%). 32.3 percent of residents are Black/African American, 25.9% are White, 16.2% are Asian, 5.6% are of two or more races, and 1.2% are indigenous. Atlantic City has a foreign-born population of about 31.6%, much higher than the US overall (14.4%).

POVERTY

The poverty rate in Atlantic City is a whopping 35.2%, which is higher than the county (15.9%) and state (10.2%). Low wages and high unemployment (16.46%) are among the key issues at the root of Atlantic City's current challenge; they are both cause and effect of the persistent poverty facing the city. The median household income in Atlantic City is $29,526 which is significantly lower than the county ($63,388) and state ($89,296), effectively illustrating the disproportionately low-income residents in the city earn.

ECONOMY

Atlantic City is a bustling city known for its oceanfront attractions and tourism industry. The city has been prone to boom-and-bust economies throughout its history and today struggles to maintain economic solvency. The economy in Atlantic City is dominated by its casino industry. Casino employment statistics show the decline in employment by the casinos, dropping from 26,450 in February 2020 to 21,686 in January 2021. (New Jersey Department of Law & Public Safety, 2021). It does seem, however, that the casino industry is coming back to about pre-pandemic levels as the Atlantic City casino industry saw modest growth in 2021. The industry experienced a 5% decline in revenue compared to 2019's revenue (New Jersey Business Magazine, 2022). Similar to the county as a whole, the city is moving towards diversifying its economy beyond hospitality and tourism, with expansions in the technology, aviation, and health and social service spaces underway.

EMPLOYMENT

Major sources of employment in Atlantic City include leisure and hospitality at one of the many casinos and resorts as well as government/municipal jobs. In terms of pay and labor compensation, the data is mixed with some professions earning more than average while other sectors earn less; however, between all occupations, residents of Atlantic City earn about 2 dollars per hour lower than the national average of similar jobs.

The unemployment rate fluctuated greatly throughout the pandemic, rising from 8.7% in March 2020 to 41.9% in April 2020, peaking at 43.9% in June 2020. By January 2021, the unemployment rate fell to 16.3%, and 8.5% in January 2022. By August 2022, the unemployment had fallen to pre-pandemic levels at 6.3% (U.S. Bureau of Labor Statistics, 2022). While unemployment in Atlantic City has recovered after the pandemic, it still remains higher than the state and national average.

HOUSING AND HOMELESSNESS

The median value of owner-occupied housing in Atlantic City is $150,000. In 2021, the property tax rate was the highest municipality in the county at 3.901% which amounts to $4,793 in the average tax bill ("Atlantic County", 2022). There are 20,419 total housing units in Atlantic City, which is the most among all municipalities in the county, yet only 28.2% of those housing units are occupied by owners. The median gross rent is $927, requiring residents to spend 37.67% (exceeding the 30% rule) of their monthly income

($2460.50) on rental, thus only leaving them the remaining $1533.50 to spend on all else (U.S. Census Bureau, 2021c).

Atlantic City is also among the five largest municipalities in the state with the highest percentage of children with elevated blood lead levels due to lead exposure, caused by subpar living conditions observed in housing built before the 1950's and 1980's, which can cause brain damage, slow development, and induce learning disabilities and behavioral challenges (New Jersey Department of Health, 2019). Furthermore, Atlantic City also has a disproportionately high number of people experiencing homelessness. The 2022 Atlantic County Point-in-Time Report indicates that homelessness in Atlantic City accounts for 86.1% of the county total (Monarch Housing Associates, 2022).

EDUCATION

Among residents 25 years old and older in Atlantic City, 73.7% have completed high school. Contrarily, only 18.2% have obtained a bachelor's degree. Both of these statistics are lower than the county and state average (U.S. Census Bureau, 2021d). Among those in grade school in Atlantic City, 69.2% come from economically disadvantaged households, indicating a median income that is 80% or less of the average median household income in New Jersey.

The percentage of computer ownership is 82.2% in Atlantic City, lower than county (92.2%), and state average (92.9%); additionally, only 70.70% of residents have internet access, lower than both the county (85.4%) and state average (87.9%) estimates of internet access (U.S. Census Bureau, 2020g).

FOOD ACCESS AND INSECURITY

According to the United States Department of Agriculture (USDA) Food Access Research Atlas many homes in the northeast portion of Atlantic City are effectively in a food desert as there is no supermarket within walking distance. Although there are corner stores and one Save-A-Lot, large scale retailers are not present in the city. In both neighboring towns (Ventnor City and Brigantine) there is an ACME supermarket. According to The Press of Atlantic City, "Each month, about 1,500 residents of Atlantic City visit soup kitchens partnered with the Community Food Bank of New Jersey — Southern Branch and 3,000 households participate in the organization's food pantries scattered throughout the city." In November 2021, the Casino Reinvestment Development Authority (CRDA) approved a 18.5 million project to build a ShopRite. The project was set to begin in summer 2022. As of the writing of this report in December 2022, no construction has started.

TRANSPORTATION

There are multiple public transit options in Atlantic City. Out of the roughly 11 square miles of land in Atlantic City, there are 13 bus routes and 1 rail service line. The Jitney buses provide a route along the boardwalk and are mainly used by tourists or those working along the beach. Casinos typically run shuttles for guests and the Atlantic City Rail Line is just outside the convention center, connecting Philadelphia to the city by way of Lindenwold. Other forms of transportation include rented bikes, Atlantic City tram cars, and taxis/ride sharing services. There are many parking lots for visitors or residents with a car; however, the cost of a car and gas is a barrier for many residents who have low incomes. Medical patients have access to emergency services, such as Exceptional Medical Transport, as well as non-emergency organizations like LogistiCare.

New Jersey Transit (in association with the corporation ICF Macro) conducted a South Jersey Bus Study in 2011 through an on-ride survey along 14 routes originating and ending in Atlantic City. According to the study, 81% of the riders on the surveyed routes were frequent travelers, meaning that they rode the bus 3 or more days a week. The majority of riders used the bus at least 5 days a week (67%), with 27% riding

five days a week, another 27% riding seven days a week, and 2% of the surveyed passengers were first time riders (ICF Macro, 2011). Among the riders, 53% were male and 47% were female. Over three quarters 78% of the passengers walk to their bus stop from their homes or places of employment. Twelve percent of riders used buses to reach their destinations, while less than 1% use the New Jersey Transit (NJT) train. Most of the bus trips are round trip work to home trips. More than half (56%) of the passengers do not have a car in their household, indicating community members' dependence on NJT for travel. The study determined that the passengers were more likely to have low incomes, have someone in their household who is unemployed, and do not own a car.

DRUGS AND OPIOID EPIDEMIC

Despite accounting for 14% (38,466 residents) of the total county population, 54% of overdoses occurred in Atlantic City from illicit drug use between 2019 and 2020. Specifically, 2,124 residents in Atlantic City have admitted to using primary drugs such as alcohol (378), cocaine (126), heroin(1,227), other opiates (92), marijuana (243), and other drugs (53). The same year, among substance abuse treatment facilities in the city, 1,227 (58%) patients were admitted for misuse of heroin, followed by 378 (18%) patients who abused alcohol, the second most prominent form of addictions (New Jersey Department of Human Services, 2020). Mirroring county, state, and national trends, fatal and non-fatal opioid overdoses (with fentanyl in particular) are on the rise in Atlantic City.

OLDER ADULT CARE

Atlantic City has slightly fewer than average older adult residents when compared to state and national averages. Only 15.1% of city residents are above the age of 65, amounting to around 5,706 senior residents. Most senior services are handled by the county government.

SECTION 2A:

ADDITIONAL COMMUNITY CONTEXT: STATE AND NATIONAL IMPACTS OF COVID-19 PANDEMIC (MARCH 2020 - NOVEMBER 2022)

"...After the Second World War, the world has experienced mass trauma, because the Second World War affected many, many lives. Now even with this COVID pandemic, with bigger magnitude, more lives have been affected. Almost the whole world is affected, each and every individual on the surface of the world actually has been affected. And when there is mass trauma, it affects communities for many years to come..."

WORLD HEALTH ORGANIZATION, DIRECTOR-GENERAL, TEDROS ADHANOM GHEBREYESUS | MARCH 5, 2021

OVERVIEW OF THE COVID-19 PANDEMIC IN THE UNITED STATES AND NEW JERSEY

The data collected for AtlantiCare's Health Needs Assessment (2022-2024) were gathered and synthesized during the COVID-19 pandemic. The immense challenges and shifts in daily life brought on by COVID-19 continue at the time of the writing of this report. January 2022 marked two years since the United States Department of Health and Human Services (DHHS) declared the COVID-19 outbreak a public health emergency in the United States (PHE, 2020). COVID-19 has resulted in over 97 million cases and 1,065,152 deaths and counting in the United States since March 2020 (CDC, 2022). In the same time period, New Jersey has experienced over 2.7 million cases and 34,858 deaths. The prior two and a half years have brought lockdowns, closures, economic instability, and dramatic spikes in unemployment in combination with the physical and emotional effects of the virus' spread.

COVID-19 VACCINE DEVELOPMENT & IMPLEMENTATION IN THE UNITED STATES

In December 2020, after a grueling nine months of the pandemic, the first two vaccines to be approved for emergency use authorization (EUA) against COVID-19 in the United States were the vaccines developed by Pfizer-BioNTech and Moderna. The Pfizer vaccine was approved by the U.S. Food and Drug Administration (FDA) for individuals age 16 years and older on December 11, 2020, followed by Moderna vaccine approval for persons age 18 years and older on December 18, 2020. The third vaccine, the single-shot Johnson and

Johnson Janssen's vaccine, was approved later on February 27, 2021 for emergency use for individuals aged 18 years and older. These vaccines offered a defense against the virus and were met with mixed feelings of anticipation, relief, joy, and hesitation.

After many months of uncertainty and trepidation throughout 2020, the introduction of the national vaccination program in 2021 saw case numbers, deaths, and hospitalizations decline in New Jersey, and Governor Murphy shared in spring 2021 that there is a "new light on the horizon" in terms of containing the virus. Yet, the rise of the Delta variant during summer 2021, described as a more contagious variant, and continued health and economic challenges muddied the path to recovery. According to CDC data, the Delta variant surged starting at the end of July 2021 and by the end of November 2021 accounted for 99.1% of coronavirus circulating in the United States. In the same month, the CDC recommended that everyone over 18 years old that received the Pfizer-BioNTech or Moderna vaccine should receive a COVID-19 booster shot 6 months after they are fully vaccinated (2021).

On December 15, 2021, the state announced Boost NJ Day, commemorating vaccination progress and over 2,000 vaccination sites (New Jersey Department of Health, 2021). This led to another reduction in case numbers, deaths, and hospitalizations in New Jersey, with over 13 million doses administered, and over 6 million fully vaccinated people by the end of January 2022 (New Jersey Department of Health, 2022). However, the resurgence of COVID-19 spurned once again in fall 2021 and winter 2022 through the Omicron variant, described as less potent, but more contagious. By the end of January 2022, the Omicron variant accounted for 99.5% of coronavirus circulating in the United States (CDC, 2022). Considering the constantly emerging mutations, New Jersey leadership continued to introduce ever-changing regulations to emphasize priorities of health, safety, and economic recovery for all residents. The holiday season, between the end of December 2021 and the beginning of January 2022, brought challenges with increased rates of exposure due to travel and the variant exposures. Thus, the need for testing grew exponentially, but the availability of tests inversely remained scarce in many locations and for some populations (Kausch, 2021). A White House brief announced on December 22, 2021 that the government would be distributing emergency at-home rapid tests (Kausch, 2021).

On December 15, 2021, the state announced Boost NJ Day, commemorating vaccination progress and over 2,000 vaccination sites

By May 2022, the CDC (2022) encouraged another round of immunization for those above the age of 50 and those who are immunocompromised; bringing the total number of booster shots to 2. Moreover, children as young as 6 months were approved to receive the Pfizer/BioNTech or the Moderna vaccine in June 2022. Children between 6 months and 5 years old must complete the vaccine regiment on a slightly different timeline than adults. The Moderna version consists of 2 doses over a 4 week period whereas the Pfizer-BioNTech vaccine is 3 doses over 11 weeks (Thomson, 2022).

Throughout spring and summer 2022, the Omicron subvariant morphed into other sub variants including BA.1, BA.2, BA.3., BA.4, and BA.5, all of which are capable of reinfecting people who previously had COVID-19. These sub variants exhibit similar symptoms to the original variant and Delta and Omicron offshoots. Even with these sub variants, by mid-2022 many households have received one or several of the government-issued emergency at-home rapid tests, and case numbers and deaths were on the decline throughout New Jersey, save for the occasional spike. Local and state mandates have continued to shift as regulations around social distancing and mask requirements are lifting in both public and private spaces.

During this time the U.S. Food and Drug Administration also approved bivalent COVID-19 vaccines that include a component of the original virus strain to provide broad protection against COVID-19 and a component of the omicron variant to provide better protection against COVID-19 caused by the omicron variant. The FDA authorized bivalent formulations of the Moderna and Pfizer-BioNTech COVID-19 vaccines for use as a single booster dose at least two months after completing primary or booster vaccination. As of October 12, 2022, the Moderna COVID-19 Vaccine, Bivalent is authorized for use as single booster dose in individuals 6 years of age and older and the Pfizer-BioNTech COVID-19 Vaccine, Bivalent is authorized for use as a single booster dose in individuals 5 years of age and older (FDA Emergency Preparedness and Response, 2022).

COVID-19 is shifting into an endemic virus that will involve continued vigilance and potentially annual vaccines. The devastating impacts of the pandemic remain ever present and necessitate the continued support and resources of community members, public and private agencies, and government officials as we rebuild and recover towards a healthier, more equitable future.

U.S. POLITICAL CHANGE AND DISRUPTION

The entire pandemic period has been shadowed by an era of heightened political polarization and displeasure with the modern political system, both shaping individual and local government public health responses (Maset, 2021). Using Gallup data, researchers found that political party support was the most important variable in explaining attitudes and behaviors around "levels of fear over COVID-19, social distancing, mask wearing, visiting work, and the scope of expected economic and social distribution," (Rothwell & Makridis, 2020, p. 2) even more so than local infection levels or other demographic variables. Additionally, geographic areas that voted for the democratic candidate in the 2016 presidential election were more likely to "live under mask mandates for workers or individuals, stay-at-home-orders, or limitations on social gatherings" (Makridis and Rothwell, 2020). The increased fear of the virus in more left-leaning states left a gap in some economic outcomes, with unemployment rates at 6.7% in right-leaning states versus 11.3% in left-leaning states, and vast differences in stay-at-home orders, testing availability, and mask mandates between states existed throughout the entire pandemic (Makridis and Rothwell, 2020).

There was also a presidential election during the middle of the pandemic, an incident only previously experienced during the 1918-1919 influenza outbreak during the midterms during the term of President Woodrow Wilson. According to the American Psychological Association, the 2020 election was a source of stress for more Americans than the 2016 presidential race, regardless of political affiliation (2020). According to FiveThirtyEight, the pandemic did not do much to sway people's voting and decision-making processes, other than the impact it had on the economy in certain localities causing people to lean one way or another. After a contentious 2020 election cycle, Joseph R. Biden Jr. was elected the 46th President of the United States, defeating former President Donald J. Trump with 81 million popular votes and 306 electoral college votes versus 74 million popular votes with 232 electoral college votes. Claims of voter fraud and doubts about election security proliferated in the months following the election, culminating in a violent and deadly attack on the United States Capitol Building on January 6, 2021. The violent insurrection temporarily delayed the ceremonial vote by the United States Senate to count the electoral votes from each state, but Joseph R. Biden, Jr., was declared the next President of the United States in the early morning hours of January 7, 2021.

By November 2021, political tensions in New Jersey remained heightened with statewide and governor elections as well, and Governor Phil Murphy was narrowly re-elected as Governor over opponent Jack Ciattarelli. Much of the rhetoric around the election focused on coronavirus mandates and how voters felt about increased or reduced public safety measures (Tully, 2021). In late 2021 and early 2022 political and public tensions continued around social distancing/ capacity restriction efforts, mask mandates, and vaccine/

booster requirements. Governor Phil Murphy signed Executive Order No. 292 on March 7, 2022, which lifted the COVID-19 Public Health Emergency in addition to the statewide school and daycare mask mandate.

Public officials continue to weigh costs and benefits while shifting mandates and requirements according to public health guidelines, and as mask mandates and vaccine requirements were lifted throughout the US in spring 2022, other issues started to gather attention. In May 2022, calls for policy action and political tensions rose following a racially-motivated mass shooting at a shopping center in Buffalo, New York, killing 10, closely followed by another mass shooting at an elementary school in Uvalde, Texas, killing 21. In late June, the Supreme Court in Dobbs v. Jackson Women's Health Organization, overturned Roe v. Wade, the precedent that guaranteed a women's right to abortion, resulting in large protests and led to 13 states enacting full bans on abortion (New York Times, 2022). With the November 2022 elections, the midterm elections saw a rise in extremist candidates. According to the Anti-Defamation League, 25% of what the organization identified as right-wing extremist candidates won their primary elections in early 2022 (ADL, 2022). Through 2021 and 2022, many states have also imposed stricter laws on voting accessibility. According to the Brennan Center, seven states, between January 1, 2022, and September 12, 2022, have enacted laws that would make it harder for voters to register, stay on voter rolls, or vote in that state for the midterm elections. The wave of voting restrictions has been fueled by the election denial claims that took place after the 2020 election (Brennan Center, 2022). The midterm elections continue to show an ever-growing tension between Americans on social issues and the integrity of the electoral system. With rising costs of living and mediocre views on the current president, the expectation for the elections broadly was that Republicans would take the House and Senate; however, Democrats fared better than expected in the election, flipping a Senate seat in Pennsylvania and holding some Democratic House seats. Abortion rights, rejection of election conspiracy theorists, and strong support for Democrats from voters under 30 played a role in diminishing the expected Republican 'red wave' (Langer et al., 2022).

RACIAL JUSTICE AND DISPARATE IMPACTS

The pandemic's onslaught collided with renewed racial reckoning across the United States spurred by the unjust deaths of Breonna Taylor, Ahmaud Arbery, and George Floyd in 2020. Calls for justice by groups such as Black Lives Matter led citizens and institutions across the nation to reevaluate our racialized systems and inequitable infrastructures embedded in the nation's past. Discrimination among the Asian American and Pacific Island (AAPI) community during the pandemic also rose, with multiple violent attacks on individuals and AAPI businesses reported during this time. These injustices remain as COVID-19-driven disparities across racial/ethnic and socioeconomic lines continue to highlight the ways in which health systems and public and private infrastructures allocate resources and lead to differential outcomes among citizens.

The Centers for Disease Control and Prevention (CDC) released U.S. data that estimated upwards of 385,000 COVID-19 deaths in 2020 and 457,000 subsequent deaths in 2021, and the data shows the disproportionate impact of COVID-19 on Americans of color. The "COVID-19 death rate was the highest among non-Hispanic American Indian or Alaska Native persons" (Ahmad, Cisweski, Miniño, & Anderson, 2021 and Erratum). COVID-19 killed young Hispanic men in New Jersey at four and a half times the rate of Hispanic women, twice the rate of young Black men, and seven times that of young White men (Yi, 2021a).

According to the New Jersey Policy Perspective (NJPP), "no matter how you measure it, Black and Latinx residents have been disproportionately harmed by the COVID-19 pandemic." Black and Latinx cases, hospitalization rates, and mortality rates outpaced other groups. Additionally, Hispanic and Latinx residents were three times more likely than White residents to report not having health insurance during this time (Holom-Trundy, 2020). Black residents were two times more likely than White residents to report not having health insurance (Holom-Trundy, 2020). And Black residents were "most likely (1.5 times more

than White residents) to report both delaying medical care and needing medical care for something other than COVID-19, but not getting it, in the past four weeks" (Holom-Trundy, 2020) during 2020.

The pandemic has crystallized existing economic and social inequities among racial and ethnic groups, much of which is driven by social determinants of health. Residents of color have seen the greatest rise in unemployment rates during the pandemic, with Black and Latinx individuals being three times more likely than White individuals to report not having enough to eat in the past week, to report being behind on rental payments, much more likely to report lacking health insurance, and more likely to report delaying medical care of needing medical care (for other reasons than COVID-19) and not getting it (Reynertson, 2020; Yi, 2021b). The combinations of lack of access to care and dangerous or unsafe working conditions have all contributed to the devastating and inequitable impacts of the pandemic on individuals and communities of color, resulting in "dual crises: residents of color having a greater likelihood of contracting the virus due to conditions beyond their control…while also facing the devastating impact on long term health and finances," creating even greater inequities post-COVID-19 (Reynertson, 2020).

Generally, women also have been especially hard-hit by the pandemic. According to a Senior Economist at the Federal Reserve, "through late April (of 2020) women had an unemployment rate that was 4% higher than men: 18% to 22% respectively (Birritteri, 2020)". Part of this is explained by the gender divide in occupation and industry: women are more often employed in the arts, entertainments, retail, and hospitality industries which were deemed non-essential and, unlike typically male-dominated industries such as construction and manufacturing, those industries were deemed essential and allowed to operate during the lockdowns.

Additionally, New Jersey residents with disabilities and their advocates have voiced displeasure and frustration with how they say the state has "failed their high risk community" during the pandemic (Meyers, 2020). According to the CDC, individuals with disabilities comprise over 24% of the state's population. Javier Robles, a Rutgers University professor and organizer of the New Jersey Disabilities COVID-19 Action Committee, noted "fixing discriminatory hospital policies and a need for the protective gear are the most pressing issues" (Meyers, 2020).

OPIOID CRISIS

The opioid crisis in the United States has continued to explode as a public health crisis. The COVID-19 pandemic led to an unprecedented surge of opioid-related deaths while stymying progress towards national recovery. Provisional data from the Centers for Disease Control and Prevention (CDC) indicated that the number of overdose deaths rose to 101,017 in the 12-month period ending in April 2021 (CDC). This was the highest ever recorded number for overdose deaths in a 12-month period and is close to a 26% increase in overdose deaths from April 2020 (CDC, 2022).

The number of overdose deaths continues to rise and reached 107,622 at the end of 2021, with these deaths primarily involving opioids (CDC, 2022). Overdoses regarding opioids increased from an estimated 70,029 in 2020 to 80,816 in 2021. The alarming increase in opioid-related death is driven by a variety of factors, including the ongoing unpredictability of the illicit drug supply (Walsh, 2021). Data revealed declines in opioid prescription deaths but increases in synthetic opioid-related deaths, particularly fentanyl, which is up to 50 times stronger than heroin and 100 times stronger than morphine (CDC, 2022). Notably, fentanyl is not only more readily available but is cheaper than heroin, which became more difficult to access during the pandemic. (Harrison, 2022). Shifts in drug availability and price may be an additional factor contributing to increased illicit opioid use deaths; someone may knowingly or unknowingly use a drug laced with overdose or death-inducing amounts of fentanyl.

Lockdowns, economic instability, and isolation during COVID-19 potentially increased risk for substance use/misuse (as well as challenges for potential relapses among other mental and behavioral disorders/illnesses). According to the CDC, in June 2020, 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19 (Abramson, 2021). Factors such as financial stress, isolation, loneliness, and grief continue to remain above pre-pandemic levels (Kaiser Family Foundation, 2021). These additional stressors and uncertainties, compounded with limited access to resources and treatment services and clinics may have contributed to rising opioid overdose and substance use/misuse throughout the pandemic and into today.

Furthermore, there remains concern about the worsening racial disparities in the overdose crisis. Several studies have outlined the surging pre-pandemic racial disparities in U.S. overdose mortality and the possible impacts of the COVID-19 pandemic on these sharp differences (NIH, 2021; Friedman et al., 2022). One study found that the rate of Black Americans dying from opioids and cocaine has increased by 575%, compared to 184% among White Americans (Cerdá et al., 2022). Additional data from the Families Against Fentanyl organization revealed that teen fentanyl deaths more than tripled since 2019 and increased more than five-fold among Black teens (2022). The Medical Director for the Mass General Hospital Substance Use Disorder Initiative, Sarah E. Wakeman, MD, said that "...many of these communities have already been devastated by the failed and racist war on drugs, leading to families separated through the child welfare system, people sent to prison, incarceration instead of treatment" (Walsh, 2021).

ECONOMIC IMPACT

Before the pandemic hit New Jersey, the state's economy had an expansive service-based industry, and the pandemic deeply affected Southern New Jersey's service economy in particular (NJDOL). According to a report from Stockton University, the COVID-induced recession of 2020 was far more damaging to the regional economy than the Great Recession of 2009 and Hurricane Sandy in 2012 (Stockton University - William J. Hughes Center for Public Policy, 2021). This same report estimates that the gross domestic product (GDP) of Southern New Jersey decreased by about 12% to 28% during the pandemic, losing as much as $5.1 billion from the economy during this time (Stockton University - William J. Hughes Center for Public Policy, 2021).

In April 2020, just over half of the February workforce (35% of all adults) lost their job, had hours reduced, took a pay cut, or were furloughed as a result of the coronavirus outbreak (Kaiser Family Foundation, 2020). This included three-fourths (76%) of those who were employed part-time, about two-thirds of hourly or contract workers (68%), and 65% of workers from lower-income households (those earning less than $40,000 annually). More than a year later, the workforce continued to feel the impacts of the pandemic. By March 2021, 44% of adults reported that someone in their household lost their job or income since February 2020 due to the pandemic, with Black and Hispanic households disproportionately comprising almost half of households impacted (Kaiser Family Foundation, 2020). Workers in the front-line industries are disproportionately likely to be low-wage, with about a fifth of low-wage workers employed in each of the entertainment, accommodation, food services (20%), and retail (19%) industries, and another tenth in service (5%) or construction (5%) industries (Kaiser Family Foundation, 2020). We also know that low-wage workers are more likely to be young adults, female (58% versus 47% for all workers), and disproportionately Hispanic or Black Non-Hispanic race/ethnicity when considering the population racial/ethnic layout nationally. Among those in front-line jobs, 17% are Black compared to 11.9% of all workers (Gould and Wilson, 2020). Moreover, many of these workers faced additional health risks, and often were not offered paid time off/sick leave or proper personal protective equipment (PPE) while on the job (Walter Rand Institute, 2020).

By Spring of 2022, the long term economic impacts of the pandemic began to be felt as other global issues exacerbated fiscal troubles for New Jersey residents. In May 2022, the inflation rate hit 8.6%, the highest it has been since 1981. Lawmakers and analysts at state and national levels anticipated the rise to be transitory and resolved with improved supply chains and a downturn in unemployment; nonetheless, prices of goods and services have risen while wages have remained stagnant and the unemployment rate returned to pre-pandemic levels (3.3% in New Jersey in September 2022, Bureau of Labor Statistics, 2022). A recent poll showed 73% of Americans said they are very concerned about the price of food and consumer goods and 69% are very concerned about the price of gas (Pew Research Center, 2022). New Jersey continues to see increases in costs as the consumer price index (a measure of the change in prices over time in a fixed market basket of goods and services) reported a 6.2% increase in September 2022 (0.4% higher than in August) with small increases in food and energy since August as well as continued increases in vehicles and medical care. In addition to domestic fiscal policy, the Biden administration has pointed to clogged supply chains and the continued war in Ukraine as reasons for gas and commodity price increases. Gas prices appeared to be decreasing during the summer of 2022, but another rise in prices is possible as the Organization of the Petroleum Exporting Countries (OPEC) cut oil production by up to 2 million barrels per day and raised the cost of oil globally during this time (Meredith, 2022). By September 2022, the inflation rate remained similar to the spring numbers at 8.2%, and higher costs of living continue to affect Americans' ability to meet basic needs (Wile, 2022).

BASIC NEEDS INSECURITIES

Access to basic needs were strained during the pandemic. Rates of hunger and poverty, which nationally had been on the decline, increased during this time (PBS Newshour, 2021). In 2020, according to the U.S. Census Bureau Household Pulse Survey, more than half of New Jersey residents (53%) reported loss of employment income since the pandemic's beginning and the majority of respondents (56%) reported difficulties paying for usual household expenses during the pandemic (Kapahi, 2020a; U.S. Census Bureau, 2019 & 2020a). By the end of 2021, the same survey revealed that 17% of New Jersey Residents continue to report loss of employment income, but 55% continue to report difficulties paying for usual household expenses (U.S. Census Bureau, 2021). These challenges are particularly acute for working families. In 2019, approximately one in ten families with children in New Jersey lived in poverty, and in 2020, families with children families were twice as likely (19%) to report that it was "very difficult" to cover usual expenses during the last seven days as households without children (9%) (Kapahi, 2020b; U.S. Census Bureau, 2019 & 2020b). By the end of 2021, 16% of families with children still reported that it was "very difficult" to cover usual expenses during the last seven days (U.S. Census Bureau, 2021). As noted in the above sections as well, the data also suggest the pandemic disproportionately affected people of color and households with low incomes compared to white and higher income households (Kapahi, 2020; U.S. Census Bureau, 2019, 2020, & 2021).

Access to nutritious food is a critical social determinant of health. In 2020, as many as 13.8 million households in the U.S. experienced food insecurity (10.5% of the population), with approximately 1.5 million households in New Jersey alone experiencing food insecurity[1] (U.S. Department of Agriculture, 2020; Kiefer, 2022). Despite Southern New Jersey being home to an abundance of farmland and agricultural hubs, residents of Southern New Jersey counties are continuously facing deep rooted food instability. The highest rates of

1 Food insecurity means having limited or uncertain access to adequate food, is associated with poorer health outcomes and higher odds of chronic illness.

food insecurity in NJ are disproportionately concentrated in Southern New Jersey where more than 12% of the total population and 17% of children face hunger (Community Food Bank of New Jersey; Food Research & Action Center, 2022a). Studies dating back to 2011 suggest that little progress has been made over the course of a decade as hardships in food security continue (Ver Pleog, Nulph, and Williams, 2011; Adomaitis, 2011; Kiefer, 2022).

Moreover, the pandemic increased the number of food insecure individuals to more than 42 million people (up from 34 million people in 2019), including 13 million children (Feeding America, 2021). In New Jersey, a report by the Community FoodBank of New Jersey (CMFBNJ) projected food insecurity (unstable access to healthy foods) during the pandemic to increase over 56% of pre-pandemic levels for New Jerseyans, with a disproportionate increase (75%) in child food insecurity (2020). This same report expected New Jersey to experience about 10% higher rates of food insecurity than neighboring states like New York and Pennsylvania, and while six counties accounted for almost half of all increases in food insecurity (Monmouth, Ocean, Hudson, Essex, Middlesex, and Bergen), every county experienced increases, some nearly doubling their pre-pandemic levels (Stampas, 2020).

Moreover, the pandemic increased the number of food insecure individuals to more than 42 million people (up from 34 million people in 2019)

Another basic need, housing, has been greatly impacted by the pandemic. According to data from the New Jersey State Judiciary, there were "around 60,000 evictions pending across the state" in March 2021 (Guion, 2021). The president of the New Jersey Tenants Association, Matt Shapiro, said this number was most likely only a fraction of evictions that will be filed during the pandemic (Guion, 2021). On April 21, 2021, the New Jersey Courts released recommendations to reform how courts handle landlord-tenant matters and to address the impending flood of cases they will be asked to hear once a statewide moratorium on evictions is lifted (NJ Courts, 2021a; NJ Courts, 2021b). Governor Murphy signed another pair of bills in August 2021 stating New Jersey's eviction moratorium will end early for families above a certain income threshold and made confidential some landlord-tenant legal actions filed during the pandemic emergency (as of August 31, 2021) (Johnson, 2021). Renters making less than 80% of the area's median income were shielded from eviction through December 31, 2021, while those with income above 80% of the median saw the moratorium end on August 31, 2021. The bill also provided $750 million in aid for residents who have struggled to keep up with rent and utility bills during the coronavirus pandemic. By November 2021, judges continued to face a backlog of 52,000 landlord-tenant cases, and on January 1, 2022, New Jersey's moratorium on evictions was lifted (Conant, 2021). To prevent water and utility shut-offs during this transition, Governor Murphy signed a bill to extend the payment grace period until March 15, 2022 (Burns, 2021). Following the end of these moratoriums, many residents are struggling to pay rent and/or deferred utility bills.

Even homeowners are facing uncertainty in the current housing market. ATTOM, a real estate data aggregator, highlighted New Jersey, namely Bergen, Essex, Ocean, Passaic, Sussex, Union, Gloucester and Camden counties, as some of the most susceptible counties to housing decline based on affordability, unemployment, and other measures. With a stop on foreclosure moratoriums nationwide many people failed to pay back their mortgages, and are now facing steep payments. As reported by ATTOM, the top 50 highest foreclosure rates across U.S. counties in 2022 were in Cumberland County, NJ (one in 402 residential properties facing possible foreclosure); Cuyahoga County (Cleveland), OH (one in 426); Gloucester County, NJ (one in 484); Ocean County (Toms River), NJ (one in 496) and De Kalb County, IL (one in 510) (ATTOM

Data Solutions, 2022). Nationally, foreclosures are up 219% from where they were in 2021. In New Jersey, .24% of all housing in New Jersey was foreclosed totaling over 9,000 closures in the first half of 2022.

MENTAL HEALTH, COLLECTIVE GRIEF, & TRAUMA

The compounding unknowns and stressors during the pandemic impacted the mental health of New Jersey residents. Approximately 47% of Americans continue to say that worry and stress related to the threat of COVID-19 has played a negative role in their mental health, according to a COVID-19 Vaccine Monitor from Kaiser Family Foundation (Kearney, Hamel, and Brodie, 2021). In New Jersey, 46% of adults who responded to the Census Bureau's Household Pulse Survey between December 29, 2021 and January 10, 2022, reported having anxiety symptoms (United Census Bureau, 2022). Likewise, 42% of adults in New Jersey responded to the same survey that they experienced depression symptoms. The survey data also revealed the impact of job loss on mental health, with half of New Jersey residents who reported losing their job in the pandemic said they experienced anxiety or depression symptoms, compared with 34.2% who did not experience job loss (New Jersey Hospital Association, 2021). The Chief Medical Officer of the National Alliance on Mental Illness (NAMI), Ken Duckworth, said that "It's very clear through a very comprehensive CDC study, that that number is over two in five [Americans with] anxiety, depression, trauma". According to the NAMI helpline, there has been a substantial increase in people seeking help navigating the mental health care system for themselves or a loved one" (Powell, 2021). As COVID numbers decline and time goes on, Americans are returning to pre-pandemic activities; however, many individuals are still facing mental health challenges and/or concerns around new COVID-19 sub variants. A June 2022 poll conducted by the market research firm Ipsos indicated almost 42% of respondents have returned to a pre-COVID lifestyle despite 59% of all participants indicating a somewhat, very, or extreme degree of concern over a (subsequent) COVID-19 outbreak (Jackson, C., Newall, M., Diamond, J., Duran, J., & Rollason, C.). COVID-19 impacted children and adolescents deeply as well. A study reviewing data from January of 2020 to February of 2021 found that adolescents experienced more depressive and anxious symptoms compared to pre-pandemic rates. This increase has possible correlations with COVID-19 restrictions like physical and social distancing during the pandemic and the negative impacts of lack of socialization and stunted emotional and behavioral development during this time. Other factors like lack of routines and transition to online schooling have also contributed to youth mental health challenges (Samji, et al, 2022). While the pandemic continues to become ingrained in daily living, its mental health effects on adults and children are expected to remain as we collectively process, grieve, and transition our lives.

LOSS OF PARENT(S) AND CAREGIVER(S)

Related to mental health is the grief associated with losing a loved one, which has been particularly acute among children who have lost a parent or caregiver during this time. Data reveal that in the period from March 1, 2020, to October 30, 2021, an estimated 5.2 million children lost a parent or caregiver (Unwin et. al, 2022). This number continues to grow as U.S. data reveals an upward trend of over 184,000 children losing a parent or caregiver, an increase of 62% from the previous year (96,778) (Imperial College of London, 2022). One study revealed that globally, almost 64% of children who lost a parent or caregiver were aged 10-17, compared to almost 36% younger than age 10 (Unwin, et. al., 2022). Racial and ethnic disparities also emerged from the data as rates of COVID-19 deaths of parents and/or caregivers were higher for all racial and ethnic groups than for White children. Compared to White children, American Indian and/or Alaska Native children, Black children, Hispanic children, and Asian children were 4.5, 2.4, 1.8, and 1.1 times more likely, respectively, to lose a parent or caregiver during this time (Hillis, et. al., 2021). The highest burden of COVID-19–associated death of parents and caregivers occurred in the Southern U.S. for Hispanic children, in Southeastern states for Black children, and in states with tribal areas for American Indian and/or Alaska Native populations (Hillis, et. al., 2021).

The loss of a parent or caregiver has added to concerns about the detrimental impacts to the mental health of children, with children and other loved ones experiencing "pandemic grief" (Villarreal, 2021). Such a distressing event has led to increased rates of depression, post-traumatic stress disorder, trauma, confusion, and anger in children, and these challenges have compounded with increased isolation due to the pandemic (Villarreal, 2021; Hillis, 2021).

A joint report with the CDC report describes the potential immediate and long-term adverse effects on the children's health and wellbeing, including dropping out of school, difficulty meeting basic needs, low self-esteem, and an increase in sexual risk behaviors (CDC, 2021). Child protection systems, services, and resources have also been severely impacted by the pandemic; emphasizing the need for effective interventions and support for children experiencing loss during the pandemic.

REPRODUCTIVE HEALTH

On June 24th, 2022 the Supreme Court overturned the case of Roe v. Wade (Totenberg and McCammon, 2022). Often considered settled, the 1973 case protected a woman's right to abortion on the grounds of privacy described in the 14th Amendement. While the precedent set by the Supreme Court did not legalize nor codify abortion across the United States, it did entitle women to abortion access, the availability of which was decided by state legislation. As a medical procedure, the termination of pregnancy is now determined by state level government and has the potential to be entirely outlawed. The CDC last reported the total number of abortions in 2019 and claims 629,898 abortions were performed across the country. However, this data is voluntarily reported and omits several states, including California and Maryland, due to their non-participation in the calculation. The Guttmacher Institute instead contacts every abortion provider in the country privately and has estimated 916,460 in 2019 before increasing slightly to 930,160 in 2020 (Diamant and Mohamed, 2022). The total number of abortions performed in the U.S. has been declining since 1981. 2019 saw 11.4 abortions in the U.S. per 1,000 women ages 15 to 44 according to the CDC, excluding California, Maryland, New Hampshire and the District of Columbia.

In Justice Alito's 78 page opinion in the decision he outlined the need for abortion to be left up to the states and their citizens. Concurring with his colleague, Justice Thomas added his own opinion declaring the rationale used to overturn Roe v. Wade can be applied to other cases as well including Griswold, Lawrence, and Obergefell as they are now considered "demonstrably erroneous" should similar cases arise. Such review puts viability of same-sex marriage, contraception access, and private sexual acts in purview of the court to revisit or overturn. In response, President Joe Biden signed an executive action on July 8th requesting Health and Human services to protect access to medication abortion (termination of pregnancy using medication) and ensure women have access to emergency medical care and family planning. The executive action will also expand access of contraception by way of mandated insurance coverage and increase public education efforts to inform individuals of their sexual health options (Executive Order Number 14076, 2022).

Across the South and Midwest "trigger ban" laws have sprung into effect. These laws are an automatic prohibition on abortion following the Roe v. Wade reversal. Kentucky, Louisiana (though there is a temporary order sustaining the practice), South Dakota all immediately banned the procedure with Texas, Idaho, and Tennessee following soon thereafter. Moreover, laws passed prior and struck down by more localized courts are now becoming active. For example, gestational bans on abortion after 6 weeks as well as the criminalization of performing an abortion with punishment resulting in prison time. In 2019, 93% of all abortions performed were in the first trimester of gestation, or before 13 weeks, according to the CDC. As of July 2022, total bans on abortion apply to individuals living in Texas, Oklahoma, Arkansas, Mississippi, Alabama, Missouri, and South Dakota. Legislation from majority Republican chambers of Congress across

the country have pushed for more strict regulations on the procedure resulting in Democratic led states to adopt new policies to provide safehaven to women seeking abortion across state lines.

New Jersey has historically had strong abortion protections and despite the overturning of Roe v. Wade will continue such protections. The New Jersey Supreme court recognizes the right to abortion under the state constitution and therefore the right remains largely protected (Washburn, 2022). The state legislature passed the Reproductive Choice Act on January 13, 2022 and was later signed by Gov. Murphy. The bill permits all qualified healthcare professionals to perform abortions but does not compel insurers to cover the procedure. 75 sites across the state of New Jersey perform the operation and are expected to receive greater numbers of patients traveling from other states. On July 8, 2022, Gov. Murphy signed 2 bills which prohibit individuals from being extradited to another stated to be prosecuted for any "crime" related to abortion in another state as well as ensuring privacy of medical records and licenses of patients and doctors who receive and perform abortions (Livio, 2022). Under such legislation, state agencies are ordered not to comply with interstate investigations in the pursuit of abortion receiving individuals.

COVID-19 REFLECTIONS & LOOKING AHEAD

These last years have shone a light on racial inequities, political strife, and economic inequalities in our country, and how they intertwine (NewYorkTimes, 2021). At this point in the pandemic that is now endemic, racial, structural, and economic inequities have been exposed, and the community voices highlighted in this CHNA offer direct experience and context for building healthier counties. All of the components outlined in the above sections have played a part in the personal stories documented in the AtlantiCare Community Health Needs Assessment, revealing that there is much to be done if we are to face similar public health crises in the future.

COVID-19 played a disastrous role in Atlantic County since the beginning of the pandemic. In addition to skyrocketing unemployment, Atlantic County has experienced 67,224 cases and 1,026 deaths as of October 2022 (Atlantic City has had 7,823 cases and 143 deaths) (Atlantic County COVID-19 Daily Counts, 2022). The majority (81%) of residents have at least one dose of the vaccine and 68% have been fully vaccinated (in Atlantic City, 78% of the population has one dose and 65% are fully vaccinated), but this statistic is still well below the state average (In New Jersey, 93% of the population has one dose and 77% are fully vaccinated) while simultaneously being just above the national percentage of 79% of the population with one dose and is on par with the national percentage of the population (68%) who are fully vaccinated (New Jersey COVID-19 Information Hub, 2022).

Looking ahead, one of the most important tasks will be the restoration of public trust in our institutions and in the medical and scientific community, especially for those communities who have dealt with a long history of medical racism and difficult or little to no access to care. There is hope that this experience will prove the usefulness of public health alert systems, with thoughtful, planned responses to early reports of outbreak and preventive measures through things such as entry screening, broad-based testing, and more broader social acceptances of behaviors such as mask wearing. According to Dr. Anthony Fauci of the National Institute of Allergy and Infectious Disease (NIAID), collaborations across state lines will also be key.

The COVID-19 pandemic has demonstrated the continued prevalence and destructive impact of inequities; specifically, racialized systems, underequipped infrastructures, and economic inequalities, and how these entities often intertwine in producing disparate outcomes among individuals and community populations. None of these tasks are easy, and if the United States and New Jersey are to avoid another crisis akin to COVID-19, concerted steps must be taken by federal, state, and local government and community partners to support the well-being of all residents.

SECTION 3:

COMMUNITY HEALTH NEEDS ASSESSMENT: PROCESS AND METHODS

This section includes an overview of the methods used for data collection and analysis of the primary and secondary data research tools.

OVERVIEW OF METHODS

To obtain locally actionable information for improving health, this Community Health Needs Assessment employed a mixed-methods iterative strategy of data collection that combined quantitative and qualitative analysis of primary data collected from community members with quantitative analysis of secondary data. The two fundamentals of The Senator Walter Rand Institute for Public Affairs at Rutgers-Camden (WRI)'s approach were rigorous data analysis and community voice: to that end, we WRI used a variety of methods and tools to analyze the data collected from participants and sources identified through consultation with trusted community partners in each county.

In this section, we describe the process and methods associated with our four main areas of data collection and analysis: (1) Primary Data: Focus Groups and Interviews; (2) Primary Data: Community Survey; (3) Secondary Data: Emergency Room Data; (4) Secondary Data: Community Descriptors. **Please refer to Section 5. Community Voice, for details of how focus group, interview, and survey participants were recruited.**

It is also important to note that the CHNA was completed using a combination of virtual and in-person methods. There were in-person and virtual contacts and reach-outs to community organizations, some of whom did not respond. WRI worked to create a comprehensive training guide and virtual and in-person protocols to ensure that participants felt comfortable sharing information with the research team. WRI research team members followed four core principles when facilitating focus groups and interviews: flexibility, respect, listening, and no judgment.

Each of the focus groups and interviews (add that) were completed virtually (e.g., Zoom or Microsoft Teams or telephone - the communication method that the community members felt most comfortable using)., enabled some participants to use the chat feature and share their answers in a written format in addition to verbally. In-person focus groups followed the same guidelines, and were also modified as needed to comply with Rutgers University, state, and community organization's COVID-19 safety policies.

Every effort was made to ensure that participants were comfortable and answered questions in ways that were preferred. The WRI research team ensured that all information whether shared via the chat or verbally was captured.

Furthermore, we provided a space for flexibility as sometimes technology delayed the start of the focus group or participants arrived later than expected. The WRI research worked to ensure that the focus groups were planned and organized, but sometimes unforeseen circumstances occurred. Thus, the WRI research team was patient and flexible and worked to ensure that all participants could engage and share their perspectives. Together the WRI team worked to ensure that every single participant felt comfortable and heard. The WRI research team is grateful to each and every participant who took time out of their day to speak with us and to share their opinions, observations, and perspectives. Without them, this report would be much less robust.

PRIMARY DATA COLLECTION: FOCUS GROUPS AND INTERVIEWS

PURPOSE AND METHODOLOGY: FOCUS GROUPS

The WRI research team conducted 15 different focus groups with community members (n=9) and stakeholders (n=6) across the three counties. Out of the 15 focus groups conducted with community members, 2 were conducted with individuals who were Spanish speakers. All of the focus groups were completed either in-person or using Zoom or Microsoft Teams or telephone (we used the tool that the community members and stakeholders felt most comfortable using). Each participant was also mailed a $25.00 Visa gift card as a thank you for taking the time to participate.

The main objective was to gather community members' thoughts on health issues (such as access to care, health education, and communication) and any barriers residents confront in obtaining care. Additional areas of inquiry included the strengths of the health care service delivery system as well as its weaknesses and possible improvements. The focus group format allowed community members to express their opinions, suggestions, and recommendations in a confidential format. Because they live and work within AtlantiCare's service areas, community members' input is crucial to the community health needs assessment process.

To achieve this, we worked with AtlantiCare and other partners to set up focus groups with community members and service providers. The WRI research team recognizes that Atlantic County is unique and has a diverse population who reside, work, and play in those communities. The WRI research team ensured that populations that are overlooked or face inequities were included: individuals who do not speak English, older populations, individuals with disabilities, veterans. The WRI research team worked with community partners to complete specific reach outs to engage individuals from the aforementioned populations.

The WRI research team recognizes that Atlantic County is unique and has a diverse population who reside, work, and play in those communities.

The 9 focus groups with the community members were completed in person. There were a total of 79 community members from diverse racial, gender, ethnic, housing situations, living situations, and age backgrounds who participated. Also, 2 focus groups were completed with 24 community members who were presently unhoused or housing insecure to ensure that the priority need of housing was included. Further, 6 focus groups were completed virtually with 46 service providers across the county ranging from prevention services, mental health for adults and children; senior services and housing. There were 5 focus groups that were offered virtually, yet either no one attended and 2 of them were infiltrated by bots.

Focus groups produce a large amount of information in a short time period. In addition, focus groups elicit wide-ranging views on designated topics. The focus groups consisted of a semi-structured guide and ranged in size from 1 to 18 participants. Informed consent was obtained after the purpose of the focus group was explained and prior to the data collection process, following the approved IRB protocol. One research team member facilitated the focus group and one to two additional research team members took detailed notes. Following each focus group, the research team compiled a report.

PURPOSE AND METHODOLOGY: KEY STAKEHOLDER INTERVIEWS

The WRI Research Team completed 10 interviews with 12 participants across AtlantiCare leadership, county leadership, and health and criminal justice representatives. The interviews were completed using a semi-structured research instrument, and the goals of the interview were similar to goals of the focus groups. All 10 interviews were completed virtually (e.g, Zoom, Microsoft Teams, or by phone). The research project was explained to potential participants and informed consent was obtained prior to the data collection process, following the approved IRB protocol[1]. Research team members took comprehensive notes. Interview participants were asked to think about and share their perspectives on access to care, health education and communication, as well as the barriers residents face in obtaining care. Other areas of inquiry included the strengths of the health care service delivery system as well as its weaknesses and potential improvements.

Both the research instrument and the protocol for the interview were developed based on the grounded theory approach within the qualitative research framework. This method permits research study participants to answer the questions in the way that they feel comfortable (Glaser and Strauss, 1967; Strauss and Corbin, 1998). Furthermore, this method allows a free-flowing conversation between the interviewer and interviewee and allows the participant to detail and explain various viewpoints throughout the interview (Rubin and Rubin, 2012). Another benefit is that the interviewer is not constrained to the questions on the instrument and is permitted to ask appropriate follow-up questions, for instance, when clarity is needed.

ANALYSIS: FOCUS GROUPS AND INTERVIEWS

All focus group and interview reports were coded by two research team members to establish inter-rater reliability. Thematic and analytic coding strategies were employed (Clarke and Braun, 2013). The data from the focus group notes were grouped into units (e.g., county resources, challenges facing the county, and recommendations). Line-by-line coding was conducted by team members and then open coding was completed to identify the additional sub-themes within the aforementioned areas (Glaser and Strauss, 1967). To ensure inter-rater reliability, two research team members independently completed this coding (Marshall and Rossman, 1989). Discrepancies in the coding were resolved by a meeting between the coders and the principal investigator.

The interview and focus group data were examined using the NVivo 12 data management and analysis software. Researchers have argued that NVivo can be helpful with analysis when using the grounded theory approach to qualitative research (Hutchinson, Johnston, and Breckon, 2010). To illustrate, the coding process allowed the researcher(s) to track what is occurring in these data and to determine when the point of saturation was reached (i.e., no new themes are emerging) (Glaser and Strauss, 1967). In NVivo, once the themes were identified, a node was created and the data stored at that node (Bazeley, 2007). The data stored at the nodes allowed researchers to pull quotes and case studies to further explain the themes in this report. In the findings section, results are discussed in the aggregate to protect the identities of the participants.[2]

1 The Institutional Review Board (IRB) process at Rutgers University is based on the rules and regulations stipulated by federal agency regulation of human subjects research. All research must be completed in accordance with these guidelines. The Rutgers IRB has the authority to approve, require modifications in planned research prior to approval, or disapprove research. Approval was granted on June 23, 2022 (Protocol #2022000142).

2 Thus, we are in compliance with the regulations and approval granted for this research project by the Rutgers Institutional Research Board.

PRIMARY DATA COLLECTION: COMMUNITY SURVEYS

PURPOSE AND METHODOLOGY: COMMUNITY SURVEYS

The WRI Research Team also sought community engagement through the widespread dissemination of a community survey. The survey consisted of 88 items, formatted for electronic and paper distribution in both English and Spanish. The Spanish surveys were translated from English and then back-translated by translators on the research team. The participant response time was approximately 15 minutes for the electronic version and 30 minutes for the paper version.

The research team utilized Qualtrics, a web-based survey platform, for the development and distribution of the electronic format of the community survey. Survey item formats included multiple choice, fill-in, Likert scale, and ranking. The survey was launched on July 18, 2022 and closed on September 30, 2022, and was designed to complement the qualitative focus group and interview data to provide a comprehensive picture of the health status, needs, and resources as identified by residents of Atlantic County. There were 642 survey responses that were deemed valid using our multi-check system.

Survey questions covered 10 areas: Health and Healthcare Access; COVID-19; Demographics; Additional Health and Healthcare Access; Additional Health Knowledge/Behaviors; Food Access/Security; Neighborhood Quality; Adverse Childhood Experiences; Additional Demographics; and Mental Health. Optional sections were added for Older Adults and Caregivers.

Due to the survey length, the survey was organized so that the most essential questions were at the beginning. The research team conducted pre-tests of the survey with community members and implemented the feedback received through the pre-testing in the final iteration of the community survey. Survey items integrated feedback from AtlantiCare and community members, items from prior published Community Health Needs Assessments, and items from a number of national and state health information questionnaires including:

- National Health and Nutrition Examination Survey (NHANES) - Centers for Disease Control & Prevention
- Behavioral Risk Factor Surveillance System (BRFSS) - Centers for Disease Control & Prevention
- National Household Food Acquisition and Purchase Survey (FoodAPS) - United States Department of Agriculture
- National Health Information Survey (NHIS) - Centers for Disease Control & Prevention
- New Jersey Health & Well-Being Poll - Rutgers Center for State Health Policy
- National Coalition for Sexual Health (NCSH)

Throughout the process of developing the survey, the research team reviewed, modified, and implemented several measures to ensure that the survey items were relevant and easily understood by potential participants. The research team worked closely with the AtlantiCare representatives to develop and edit the topics, order, and wording of the survey items. The research team also included and/or modified questions based on information discussed during meetings with AtlantiCare representatives. In addition, the research team utilized its experience working in Southern New Jersey counties to identify other pertinent topics to include in the survey.

Additionally, questions were added to supplemental survey topic areas including the Additional Health and Healthcare Access; Additional Health Knowledge/Behaviors; Food Access/Security; Neighborhood Quality; Adverse Childhood Experiences; Additional Demographics; and optional Older Adult and Caregiver sections. The addition of an Adverse Childhood Experiences (ACEs) scale is an innovative component of this Community Health Needs Assessment and the second time that it has been included in AtlantiCare's CHNA. With this information, AtlantiCare will be on the front lines in possessing this data for their service area.

ANALYSIS: COMMUNITY SURVEY

Data were analyzed using MATLAB, a scientific computing programming language. Data were exported from Qualtrics into Excel and then read into MATLAB. The research team wrote custom code to analyze the data.

Unless otherwise indicated, responses to survey questions are presented as the percentage of community members (rather than the number) who selected an option after discarding "I prefer not to answer" or "I don't know" responses. The number of responses can vary from question to question, because each county had a different number of participants and some participants skipped some questions.

Because this survey was not a random sample of Atlantic County residents, the responses may be biased by the demographics of those who participated.

DEMOGRAPHICS: COMMUNITY SURVEY PARTICIPANTS

OVERVIEW

People who participated in the community survey were asked to self-report on several questions covering demographics and socioeconomic indicators. This section describes the results of these questions. **Please refer to Section 5. Community Voice, for details of how survey participants were recruited.**

LOCATION

Residents across Atlantic County participated in the survey. At least one resident responded from every one of Atlantic County's 23 municipalities. The top municipalities of participation included Atlantic City (123 participants), Egg Harbor Township (117 participants), and Galloway Township (79 participants). The table below provide the number of respondents from all municipalities.

COUNTY OF RESIDENCE

Total Number	642
Atlantic County (full-time)	608
Atlantic County (Part-time)	19
Other	15

PARTICIPANTS BY ATLANTIC COUNTY MUNICIPALITY

Number of Respondents	Municipality
123	Atlantic City
117	Egg Harbor Township
79	Galloway Township
46	Hamilton Township
33	Absecon
25	Somers Point
24	Hammonton
23	Egg Harbor City
23	Brigantine
22	Linwood
20	Pleasantville
19	Northfield
15	Ventnor
10	Mullica Township
7	Margate
6	Corbin City
4	Longport
4	Buena Vista Township
4	Buena Borough
3	Port Republic
3	Estell Manor
2	Weymouth Township
2	Folsom
17	Other (Outside County)

RACE/ETHNICITY

Participants selected all racial/ethnic categories with which they identified. Across the county, 71% of respondents identified as White, 14% of participants identified as Black or African American, and 8% identified as Latinx. Fewer participants identified as Asian (4%), American Indian/Alaska Native (3%), and Native Hawaiian or Pacific Islander (<1%). Other write-in responses for race/ethnicity included: eastern European, Afro-Caribbean and Colombian.

The racial composition of Atlantic County overall is majority White (71.1%), followed by Hispanic/Latino (19.90%), Black (17.10%), Asian (8%), multiple races (2.9%), Native American (0.7%), Native Hawaiian (0.10%), and other (0.1%) (U.S. Census Bureau, 2021b).

AGE

Participants in the survey ranged from **21 to 86 years old.** The median age of survey participants was 56.5 years old. The median age of participants of the survey was older than those living in Atlantic County as a whole (the median age in Atlantic County overall is 42.2.) Overall, 3% of the participants were more than 77 years old, 45% were ages 58-77, 25% were ages 41-57, 24% were ages 26-40, and 3% were under age 26.

In Atlantic County overall, a small percentage (5.2%) of the population is under 5 years of age, 26.1% are 5 -24 years of age, 24.1% are 25-44 years of age, 26.7% are 45-64 years of age, and almost 20% (19.2%) of the county's population is 65 years of age or older (U.S. Census Bureau, 2021b).

AGE

Median Age	56.5
>77	3%
58-77	45%
41-57	25%
26-40	24%
<26	3%

GENDER IDENTITY AND SEXUAL ORIENTATION

Across the community survey participants, 77% of participants identified as female, 22% identified as male, and fewer than 1% identified other (gender queer, non-binary, transgender, or other). Most (93%) of participants identified as heterosexual, with fewer numbers identifying as bisexual (3%) and gay or lesbian (3%). Another 3% identified as asexual, pansexual, exploring, or other.

SOCIOECONOMIC FACTORS

Across Atlantic County, the median household income of survey participants was $60,000 - $69,000. About 55% of participants responded that they spent 50% or more of their income on housing expenses. Atlantic County's overall median household income is $66,388 and the state's is $89,296 (United States Census, 2021).

Education is also an important economic factor. A large portion (65%) of survey participants reported having a bachelor's degree or higher. In Atlantic County overall, only 28.78% of the population aged 25 and older have obtained a Bachelor's level degree or higher (U.S. Census Bureau, 2020d).

Overall, 53% of community survey respondents reported full-time employment, 31% were retired, and 11% reported part-time employment. In Atlantic County overall, there are 138,539 people in the civilian labor force, and the county has a labor force participation rate of 61.7%. Of people working, 77.7% are private wage and salary workers, 17.2% are government workers, 4.8% are self-employed, and 0.3% are unpaid family workers (United States Census, 2021).

OTHER DEMOGRAPHIC VARIABLES

Overall, about 6% of respondents identified as veterans and 6% also identified as students. Many participants also had caregiving responsibilities. About 30% of respondents had children under 18 at home (similar to the overall Atlantic County 26.2% of households with one or more people under 18 years of age), and 40% had caregiving responsibilities for an adult with a chronic health condition sometime in the past 3 years.

For more in depth socioeconomic and demographic information on Atlantic County and Atlantic City, please refer to Section 2b: Community Context: Atlantic County & Atlantic City.

SECONDARY DATA: EMERGENCY DEPARTMENT DATA

PURPOSE AND METHODOLOGY: EMERGENCY DEPARTMENT DATA

The research team analyzed emergency department data for the four-year period from 2018-2021. The goal of this analysis was to provide AtlantiCare with actionable information about utilization of the emergency department (ED).

AtlantiCare provided the following data for every ED visit between 2018 and 2021: Medical Record Number (MRN); time and date of patient registration, treatment onset, and patient departure; patient age; patient gender; patient's primary, language; patient race/ethnicity; patient sexual orientation; veteran status; housing status; patient zip code and city of residence; health insurance; if an interpreter was called; admitting diagnosis; principal diagnosis; if the visit was COVID-related; location of visit; visit type; discharge disposition; arrival point; EMCode; and NYU's visit classification codes.

ANALYSIS: EMERGENCY DEPARTMENT DATA

Data were analyzed in MATLAB, a scientific computing programming language. The first step of analysis was to assign a random identifier in place of the medical record number. No data with Medical Record Numbers was saved on researcher computers. The research team wrote custom analysis code. The analysis focused on demographics of ED utilizers and how they differ as a function of frequency of visits. Many individuals visited the ED multiple times. When reporting on demographics of ED utilizers, we used the information reported by that individual on their first visit to the ED department during the four year period.

SECONDARY DATA: COMMUNITY DESCRIPTORS

In order to provide broad fact-based context for the community's perception of health needs, the research team also compiled publicly available secondary data. Secondary data collection commenced in September 2021 and was finalized in November 2022. The research team aggregated data on demographic statistics, socioeconomic variables, health indicators, and clinical care. Variables from these federal, state, county and municipality sources were organized into a database that included the data and metadata such as date, the level of granularity of the data, and the category of each variable, among other things. These data serve two purposes. First, they form the basis of the community profiles described in Section 2: Community Context. Second, they provide an additional quantitative source of data to characterize relationships between health needs and upstream determinants of health. WRI compiled data from a variety of sources; sources are cited in the text and figures and the references section.

SECTION 4:

COMMUNITY HEALTH NEEDS ASSESSMENT: FINDINGS

Through **focus groups, interviews**, and **surveys**, community members shared their **concerns** and thoughts about health in their communities. Throughout this Findings section, we at times also report the community's perspective on health alongside data from local, state, and national sources *(much of which is already outlined in Section 2b: Community Context: Atlantic County & Atlantic City).*

WRI's analysis revealed **six areas of health needs**:

1. Connections to Health
2. Transportation
3. Mental/Behavioral Health
4. Substance Misuse
5. Access to Food
6. Housing

WRI explains each theme, provides context for each with additional data, and also when applicable, highlights community suggestions for improvement.

FINDING 1: CONNECTIONS TO HEALTH

> Our area has a lot of health resources, but within those resources it's hard to gain access. There's access problems for social services programs, or specialties in healthcare. It's quite difficult to get a specialist medical appointment in this area within two months or sometimes within three. There's a lot here, you always hear about new places opening, but once they're opened, it's hard to gain access because they are usually filled."
>
> FOCUS GROUP PARTICIPANT

WRI's examination of the data revealed main themes related to connections to health and barriers to health access. Across Atlantic County, **access to health care was the top-ranked health issue, with 44% of residents overall listing access to care as a health issue in their communities**. Connections to health manifested themselves in themes of **availability of providers and specialty care providers, cost of care,** the **quality of care,** and **transportation**. Specifically, gaps in connections to health include barriers like a high cost of health care, lack of Spanish-speaking providers, lower availability and quality of providers, non-acceptance of insurance, digital access challenges with locating information, and not enough primary care physicians. Residents of Atlantic County find themselves in need of additional medical resources to improve the health of their community. *Please reference the table below for a summary of the key survey results for connections to health.*

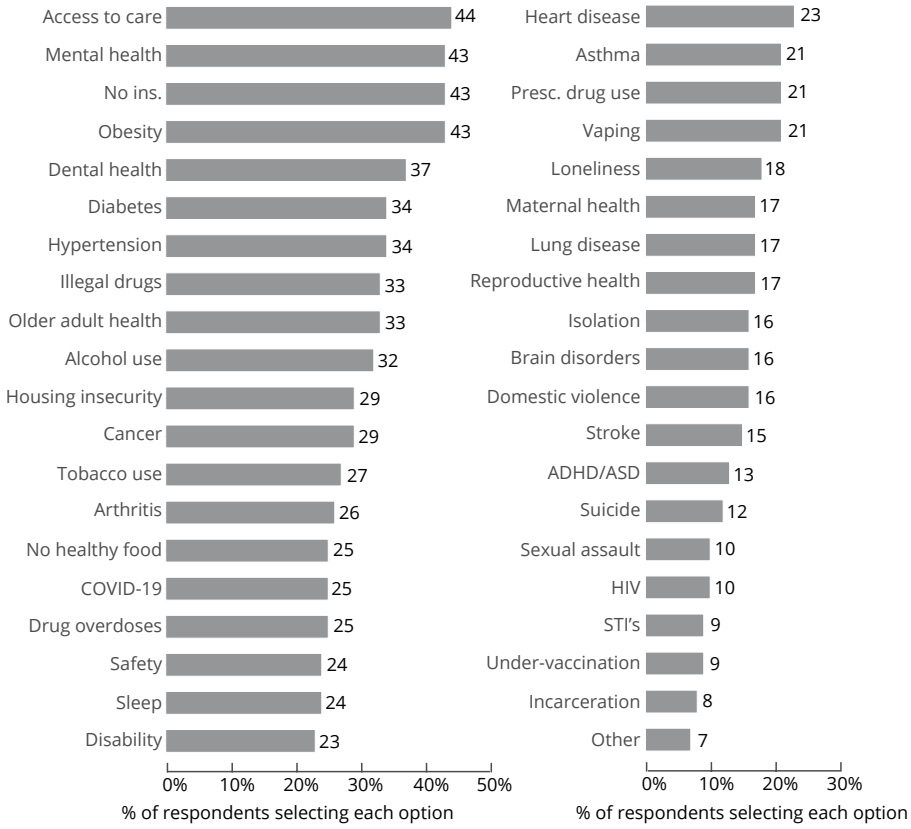
SURVEY RESPONSES: CONNECTIONS TO HEALTH

Which of the following are health issues in your community?	Rank out of 39[1]	% of survey respondents that selected this issue
Access to health care	#1	44%
Lack of insurance / under-insurance	#3	43%
Access to services for older adults	#9	33%

1 Survey respondents were asked to select which issues existed in their community, and then the issues were ranked based on number of responses

WHICH OF THE FOLLOWING ARE HEALTH ISSUES IN YOUR COMMUNITY?

Labels are abbreviated versions of full survey response options

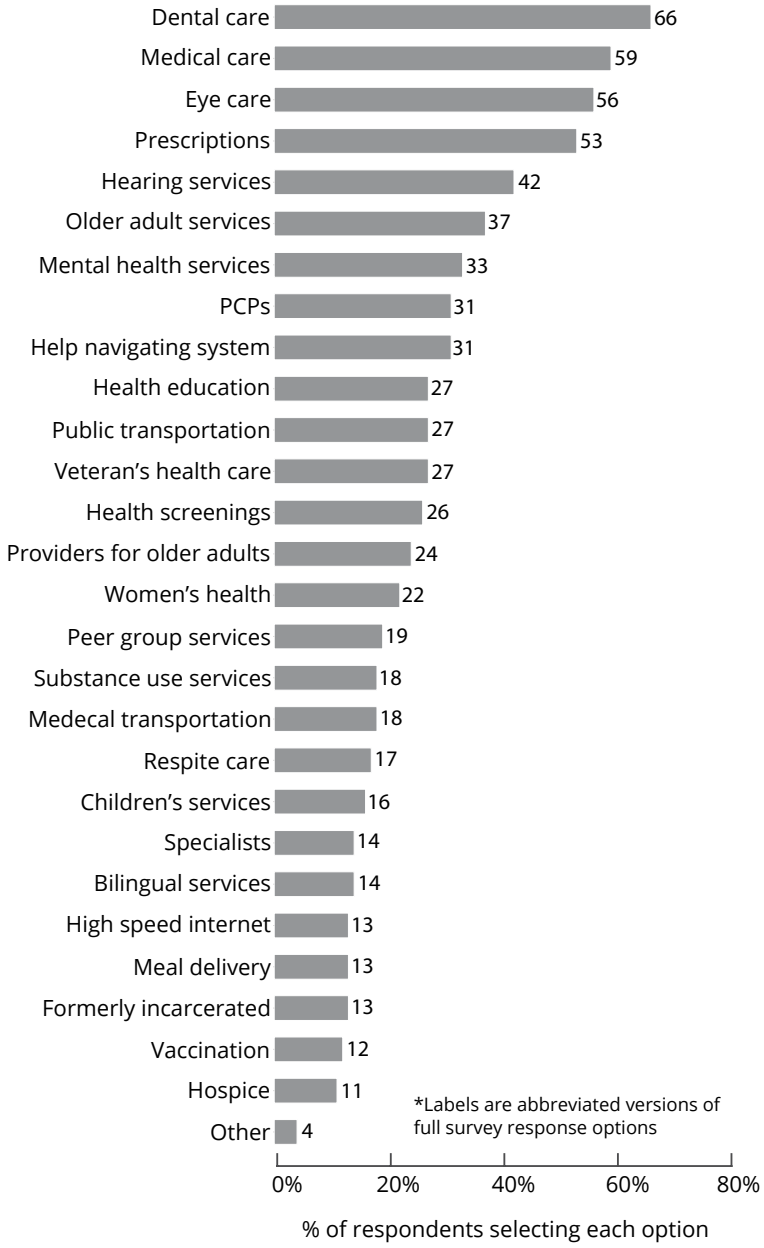


HEALTH SERVICES MISSING IN THE COMMUNITY

Related to health, what are the resources or services you think are missing in the community?	Rank out of 27[2]	% of survey respondents that selected this resource/service
Free / low cost dental care	#1	66%
Free / low cost medical care	#2	59%
Free / low cost eye care	#3	56%
Free / low cost prescriptions	#4	53%
Free / low cost auditory / hearing services (hearing aids, audiologist, etc.)	#5	42%
Services for older adults	#6	37%
Primary care providers / family doctors	#8	31%
Public transportation routes to medical centers (hospital, Urgent Care, doctor's office, etc)	#11	27%

2 Survey respondents were asked to select which resources or services were missing in their community, and then the resources/services were ranked based on number of responses

RELATED TO HEALTH, WHAT ARE THE RESOURCES OR SERVICES YOU THINK ARE MISSING FROM YOUR COMMUNITY?

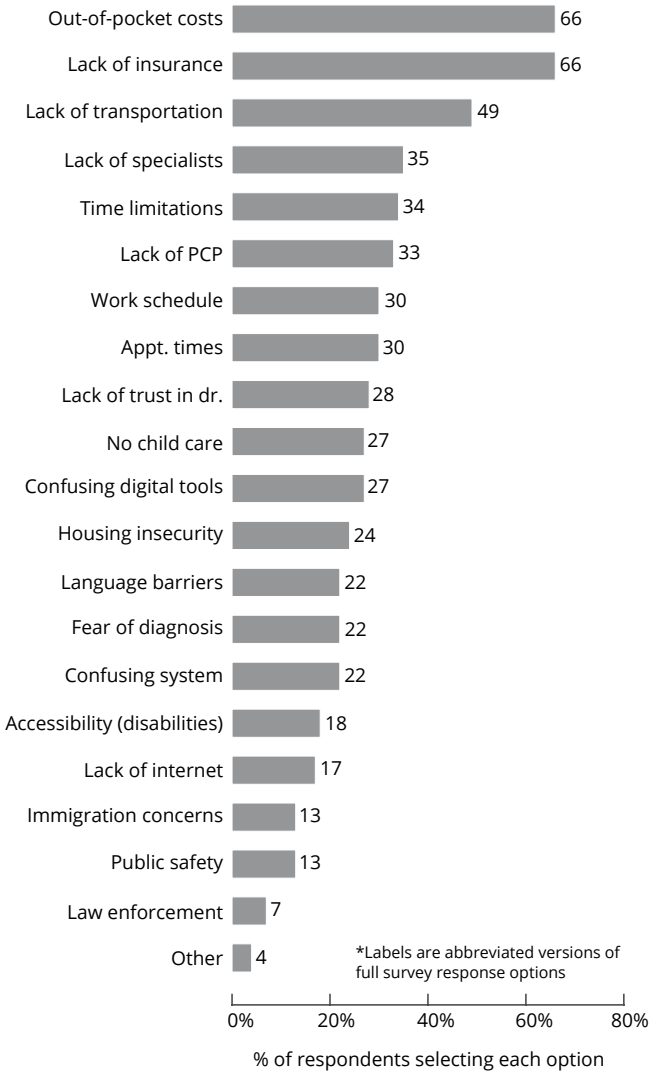


BARRIERS THAT KEEP PEOPLE IN YOUR COMMUNITY FROM ACCESSING HEALTH CARE

What are the barriers that keep people in your community from accessing health care when they need it?	Rank out of 20[3]	% of survey respondents that selected this barrier
Can't afford out of pocket costs (co-pays, prescriptions, etc.)	#1	66%
Limited or no health insurance coverage	#2	66%
Lack of transportation	#3	49%
Lack of specialists (for a specific condition or population)	#4	35%
Time limitations (waiting too long at appointments, etc)	#5	34%
Lack of primary care physicians / family doctors	#6	33%
Unable to take time off from work	#7	30%
Lack of appointments that work with my schedule	#8	30%
Lack of trust in health care providers / system	#9	28%
Not sure how to use the internet or digital tools for healthcare	#10	27%

3 Survey respondents were asked to select which barriers to health care existed in their community, and then the barriers were ranked based on number of responses

WHAT ARE THE BARRIERS THAT KEEP PEOPLE IN YOUR COMMUNITY FROM ACCESSING HEALTH CARE WHEN THEY NEED IT?



AVAILABILITY OF PROVIDERS

The data we collected illustrated a gap in county residents' ability to access providers generally, and providers that cater to specific health needs and/or populations specifically. Residents of Atlantic County were broadly concerned both about the availability of specialist care (35%) and primary care providers (33%). Another 30% of residents listed lack of available appointments as a barrier to accessing care. There is a dearth of physicians in the area, which causes massive difficulties in helping all patients receive care in a timely manner. Participants shared there that the lack availability of primary care physicians and specialists is a challenge. One participant noted "it's a five month wait to see a doctor and that forces people to use the Emergency Room (ER) and urgent cares" (Write-in Response from Survey Participant). Individuals who also have advanced medical issues or chronic conditions may also not have specialists available in the county. The reality for many locals requires travel outside of the county to avoid long wait times or see a doctor who is knowledgeable about their specific needs. One participant summarized it this way, "I've noticed that there aren't enough specialists in certain areas, or there's only one person who covers a specific disease. We could use more neurologists, urologists, gynecological oncologists just to name a few."

AVAILABILITY OF PROVIDERS FOR SPECIFIC POPULATIONS

SPANISH SPEAKING INDIVIDUALS/ LACK OF SPANISH SPEAKING PROVIDERS

There is a lack of translators, specifically in the case of spanish-speaking providers. In Atlantic County, 22% of participants reported that language was a barrier to receiving health care. This percentage was a little higher than what was reported by residents in some nearby counties from a separate 2022-2024 community health needs assessment (Gloucester County, 16%; Salem County, 19%), but much lower than the percentage of those in nearby Cumberland County (42%).

Individuals in the area expressed the services provided do not always meet the needs of the community when it comes to language or cultural understanding, as one participant explained,

> "A lot of cultural and generational differences too. Maybe with the parents not being english speaking they can't grasp the concepts, but there's also the cultural considerations like 'oh you're just not praying to god enough'. A lot of the kids' families don't understand it because they're like 'oh I went through this and just got through it, toughen up'."
>
> FOCUS GROUP PARTICIPANT

While some services are translated or interpreters are provided, especially in medical scenarios, there is still room for improvement according to participants. In addition, 25% of Atlantic County residents reported that immigrant populations were underserved in their communities, and 14% of respondents said that bilingual services were an important resource missing from their communities. Other participants expressed they didn't even know about services being offered due to the information not being disseminated in their first language, one participant expressing,

> "Internet usage may not be something immigrant populations are used to."
>
> FOCUS GROUP PARTICIPANT

Participants also discussed their fears of being able to advocate for themselves with their doctors while having limited language knowledge, a fear also echoed by primary English speaking participants.

OLDER ADULTS

As noted in the findings chart above (on pages 42 and 43), concerns around access to care and connections to resources/services among older adults arose in our data. A notable portion (37%) of participants said general services for older adults were a missing resource in their community, 24% mentioned medical providers for older adults specifically, and 21% said older adults were an underserved community. Additionally, community members reported a lack of adult care centers for senior community members. Specifically, participants noted that older individuals with disabilities were an underserved and overlooked population during the COVID-19 pandemic. One participant shared that, "older persons with disabilities must have someone to advocate for them or else they are unable to have access to the services they need. Many older people with disabilities no longer have parents or supportive family members who can serve in the role as advocate..." Although there is one center in Atlantic City, the center is not easily accessible to many due to transportation barriers. One community member also noted that many senior community members are less likely to use the internet to search for various services and resources; and consequently, resource information should be more widely available in frequented places such as doctors offices and supermarkets.

Participants we spoke with also specifically discussed gaps in care and/or providers for adults and youth who identify as LGBTQIA+, and for early intervention services for parents and teachers of young children. Participants shared areas around specific crisis resource centers, additional mental health services, and trauma informed education for these subpopulations.

DIGITAL ACCESS CHALLENGES

In discussions around connections to care, many participants referred to the continuing existing digital barrier. These barriers limit access from things to applying to jobs online, searching for local resources, to attending telehealth medical appointments. As one participant noted,

> "But again, another disparity is that people have to use their cell phones for getting care and resources, but not everyone has that. Yes most people have a phone, but not all of them have reliable internet. I personally can pre-register for all of my appointments ahead of time, but not everyone can and we need to be more conscious of that."
>
> INTERVIEW PARTICIPANT

Specifically, the rise of telehealth and web-based platforms for all types of care limits access for those without internet or devices, and those who are unfamiliar with these technologies.

About one in four participants (27%) said that confusion about digital tools was a barrier to health care in their communities, and about one in five participants (17%) said lack of high speed internet was a barrier to health care. Similar numbers (13%) said that access to high-speed internet was a resource missing in their communities.

Moreover, the immediate switch to telehealth medical appointments and completing forms and applications for jobs and social services online during COVID-19 was challenging for many residents. One person we spoke with noted,

> "Telehealth took off very quickly. I don't know how we did all those years without it. It was rudimentary in the beginning. There was a lot of fire wall stuff and issues, but everyone just did it."
>
> INTERVIEW PARTICIPANT

For many residents, such as for older adults and/or residents without consistent access to the internet, it was the first time they had to undergo such a process, making the learning curve incredibly steep. As one person noted,

> "You tell people 'go on the internet and apply,' and they don't got no internet. They don't know how to apply."
>
> FOCUS GROUP PARTICIPANT

Despite digital access barriers and unfamiliarity with certain technology platforms, many community survey respondents reported using telehealth services. One-quarter of participants say they get at least half of their health care virtually, and one-quarter of participants also said they had used AtlantiCare's Virtual Visit service. Only 9% of participants said they had accessed low cost or free internet service through a public place like a library or service agency.

COST OF CARE

Cost was the top barrier to health care access, with **66% of residents saying that out-of-pocket costs were a barrier to accessing health care.** When participants were asked to select resources or services missing from their community, the top five selections were all related to cost. In order, these were the cost of dental care, with two-thirds of residents saying that low-cost dental care was a resource missing from their community, followed by the cost of medical care (59% selecting), eye care (56% selecting), prescriptions (53% selecting) and auditory services (42% selecting). In addition, **45% of residents said that people with low income were underserved in their communities, and 26% of residents reported that cost had prevented them from getting needed health care in the last year**. Overall, cost remains an increasing and prohibitive concern for many residents of Atlantic County.

INSURANCE COVERAGE AND ACCESS

> "Cost is a big barrier. A lot of people don't have insurance and can't afford to see a doctor. Few medical facilities are located in minority neighborhoods."
>
> SURVEY PARTICIPANT

Although only 3% of respondents taking the survey reported that they or a family member was without insurance, concerns about insurance cost and limits were frequently mentioned by residents. For example, **43% of participants said that lack of insurance or under-insurance was a health issue in their communities,** and **two-thirds (66%) said that limited health insurance was a barrier to health care**.

Access to and use of insurance remains a challenge as different service providers and doctors accept different insurances and insurance may only cover certain procedures or doctor's visits. Lack of coverage then creates additional financial burdens for patients. As one participant we spoke with noted,

> "I think access is an issue, especially with children and adolescents and especially with their type of insurance and all that – it's not consistent. There are provider issues, funding issues, and things like that. We do a lot of mental health stuff on the grants and that's challenging. It's not always enough."
>
> INTERVIEW PARTICIPANT

Individuals without insurance face even larger barriers, as without insurance are often diagnosed later in less treatable stages of diseases and have worse health outcomes than their insured counterparts. Additionally, in terms of access to care, those without insurance are likely to receive less preventative care, receive less dental care, have difficulties with chronic pain management, and receive less behavioral health counseling. Another participant shared,

> "There's very few options for where to go, like halfway houses, a lot of people working in addiction services wish there were more opportunities for where to go. Many have Medicaid and no insurance. Many come from jail. That is a challenge too. We have trouble staying in contact with them. Any individuals coming from treatment, I would like to see a continuation of treatment. Once they leave, that is often it."
>
> FOCUS GROUP PARTICIPANT

QUALITY OF CARE

> "But in my mind, when you start putting mental health specialists, nutritionists, wellness coaches into your primary care – one stop shopping that takes care of your medical needs. They are starting that, and I really wish, hope, and pray that they truly buy into that model and see it through to incorporate everything."
>
> FOCUS GROUP PARTICIPANT

Across all types of health care, participants discussed concerns and challenges of long wait times, confusing referral processes, and the need for self-advocacy with healthcare providers and practitioners.

Time limitations, such as waiting too long for appointments, were selected as a barrier to accessing health care by 34% of residents. Other time concerns were inability to take time off of work (30%), and lack of child care (27%). Among focus group and interview participants, multiple participants reported waitlists far exceeding normal expectations, particularly among patients receiving primary and geriatric care. These waitlists can reach one year or more, especially in mental health fields. As one person shared,

> "I slid down the steps backwards. I went to the hospital – I didn't break anything – I had a physical therapist and they suggested I see a psychologist at the JFC. The wait was ONE YEAR. They called me a few weeks ago and asked if I still want to be on the waiting list."
>
> FOCUS GROUP PARTICIPANT

Staff working primarily with children and adolescents in a partial hospitalization program noted how many of the clients are on waitlists, one person sharing,

> "A lot of my clients are on waitlists for a psychiatrist and a lot of these people only take cash so that's a barrier and it could be months and months of waiting."
>
> FOCUS GROUP PARTICIPANT

As a result, the continuity of their care is often broken, potentially impacting treatment for patients. For some, especially children with behavioral concerns, professionals are not seen until after the crisis has passed.

Many community members also noted the lack of personalization from their healthcare providers and professionals. Some noted their experiences as "corporate" and there's a "one problem, one visit" mentality. Within the mental health spaces, residents we spoke with noted how therapy and counseling are not viewed holistically or from a psychiatric/clinical perspective, but just a reliance on medication, "basically pharmacology." Some of these concerns have fostered a sense of distrust of medical professionals, with some community members further alienated when their insurance fails to provide them with options to see alternative doctors in their area. Related, participants discussed needing to self-advocate for care and for proper management of their needs, sharing instances of being waived off or having their pains/concerns/questions dismissed by doctors.

TRANSPORTATION

> "I believe medical or regular transportation is a big issue for people. Getting around or finding rides to appointments, procedures or getting to and back from hospital."
>
> SURVEY PARTICIPANT

Transportation options have long hindered Atlantic County residents from accessing employment, food, social service resources, and medical appointments. Data from our survey and from interviews and focus groups illustrated how the lack of a robust public transit infrastructure, prohibitive costs of private transportation through personal cars or ride-sharing services, and sometimes infrequent or unreliable buses and services contribute to access barriers to medical appointments and health and wellness needs within the county. **Please see Finding 2 for a deeper look at how Transportation in Atlantic County is related to health access and connections to care**.

HEALTH RESOURCES, SERVICES, AND STRENGTHS

Overall, participants also discussed the need for Atlantic County and AtlantiCare to continually advertise the resources and services available. As one person shared,

> "The actual education to know what is available to them, it may not be advertised enough if they don't know what to look for. So just letting people know what services are there and who to go to."
>
> INTERVIEW PARTICIPANT

Many services across the county are available for individuals, and the direct and deliberate connections to these services need to be fostered and continually reinforced. With regards to sustainability of resources and programming, participants also spoke to the need for funding. One participant shared,

> "If programs like ours receive an increased amount of funding to help do the programs successfully that would help. With the report cards, we always get an F for funding because the other states have more funding. So that's a barrier. The schools need as much help as possible also."
>
> INTERVIEW PARTICIPANT

Over the course of interviews and focus groups participants highlighted some of the existing health care strengths in the county. A key topic of discussion was the progress made over the past several years in expansion and advancement of health care options and healthcare organizations like AtlantiCare. Several participants marveled at how far the community has come and the increase in the amount of health services provided, both in person and virtually. In addition, health care action during the pandemic was lauded by employees and residents, with one person sharing,

> "Generally, I think in regard to AtlantiCare as a whole I have been very impressed with their response to COVID-19, every aspect of it. I'm privy to some of the ICU data and hospitalization data, and we have performed tremendously well compared to the national average. I feel like our organization from the beginning has really done a great job, has been very cohesive, and very timely."
>
> INTERVIEW PARTICIPANT

As noted, despite various barriers to accessing and receiving healthcare, participants also spoke about the progress made in Atlantic County and the growth in services. As such, more than half (52%) of AtlantiCare community survey participants said they had received primary care at AtlantiCare, while nearly half (48%) had visited an AtlantiCare Urgent Care, and another 39% reported receiving some sort of diagnostic testing (e.g., X-ray, mammogram, CT scan, ultrasound) through AtlantiCare.

Participants gave accolades to medical professionals in the area, highlighting the dedication and focus of health care staff to the community. Clearly, while a great number of barriers exist in Atlantic County there are still strengths to their current healthcare network.

> "I can say that I think one of the biggest strengths is that the people working in this area are typically people from the area that are particularly passionate about its well-being and care. I think that leads to a huge strength because people come out in droves to work on each of these different topics."
>
> INTERVIEW PARTICIPANT

FINDING 2: TRANSPORTATION

> "There's stretches of roads where there's not even access to the buses. There's a shuttle that you have to pay for and it doesn't run all the time. I think transportation has always been an issue for our county, our county is so big that it's always been an issue."
>
> FOCUS GROUP PARTICIPANT

Reliable transportation is essential to accessing health care, employment, and other basic needs. Research suggests that for individuals with limited economic resources, transportation to provider visits and pharmacies may be a significant barrier to care that can alter health outcomes (Syed, Gerber, and Sharp, 2013).

To understand what transportation methods were currently used, we asked participants of the community survey to select all forms of transportation they had used to get health care in the past year. Most respondents (84%) reported that they had transported themselves at least once (drive, walk, or bike), but many also relied on others at some point for transportation, including family and friends (16%), public transportation (7%), paid service like a taxi, Uber or Lyft (6%) or medical transport (3%).

Related to low usage of public transportation and ride-sharing resources, community members and stakeholders across the AtlantiCare survey, focus groups, and interviews reported that public transportation was an important missing resource to accessing care across Atlantic County. About **half (49%) of participants reported that lack of transportation was a barrier to health care in their communities, making transportation the 3rd largest barrier in the AtlantiCare community survey** (after out-of-pocket costs and limited health insurance.) Several participants across the data collection shared that "lack of public transportation is a major problem in our county."

At nearly every focus group and interview, we heard from both residents and stakeholders across the county about transportation challenges. Concerns centered around the reliability of existing transportation services and increasing the availability of that transportation for use for health appointments, employment, and running errands.The focus groups and interviews highlighted how the dearth of and distance to grocery stores requires transportation, and many locals, many of whom are also low-income and do not have private transportation, rely on public transportation to access grocery stores and social services resources. Older adults we spoke with also noted the particular challenges of trying to access various services or run errands in the county, one participant sharing, "

> A lot of people are 55+ so they have mobility issues and we don't have services that go to them. I don't think there's any service outside of public transportation that would bring them here, we have the 54-40 shuttle that can take them."
>
> FOCUS GROUP PARTICIPANT

Community members shared concerns both about private transportation services as well as state-funded and other public transportation services, one person sharing that they didn't think there was any other service than the NJ Transit train and 54-40 shuttle. Over one-quarter (27%) of residents were concerned both about lack of public transportation to health facilities and just under one-fifth were concerned about lack of public and private medical transportation such as AccessLink and ModivCare (formerly LogistiCare) (18%). Another person shared,

> "In Atlantic City you don't need to drive within the city, but you have to go off the island for care and to get to the food stores but they don't have transportation."
>
> FOCUS GROUP PARTICIPANT

COST OF TRANSPORTATION

The cost of public and private transportation feeds into transportation challenges as well. Overall, **about one in four (28%)** participants reported that they had relied on someone else for transportation to the health care at least once during the past year, and those needing transportation help tended to be among the most vulnerable populations and those most likely to need health care. For example, participants whose household income was less than $50,000 were almost **four** times as likely to need transportation help as those whose household income was $100,000 or greater (46% vs 12%). Those reporting any chronic health conditions were **twice as likely** to need transportation help as those without any chronic health conditions (29% vs 14%).

Although most families reported being able to afford occasional taxi rides, those who require more frequent medical appointments noted transportation as a significant, often detrimental expense. Moreover, county residents needing transportation may face high costs to reach locations where they receive care, complicating the combination of limited transportation options and availability of care. One person we spoke with commented,

> "Treatment wise there are no available treatment facilities, people don't have insurance in this area. The treatment places are in Essex or Bergen County. The only way to get them up there is rideshare apps, and for one person that's almost $300."
>
> INTERVIEW PARTICIPANT

RELIABILITY AND FREQUENCY OF TRANSIT OPTIONS

> "I think transportation needs to be improved in my area. There are not a lot of options for those who do not own a car. Even connections from uptown to downtown are difficult."
>
> ATLANTIC CITY RESIDENT

For individuals who seek public transportation, options are limited. Multiple people highlighted the infrequency of transit options, one person noting

> "...I think one of the biggest barriers down here is that we are rural... when I lived in the city [Philadelphia] public transportation was always within a block or two and then you figured out where you were going. The current public transportation system is infrequent, and it leaves people, like mothers and children, having to walk miles for connecting transportation. It's a major barrier."
>
> FOCUS GROUP PARTICIPANT

Another participant spoke about how the Atlantic City Jitneys were shut down during the height of the pandemic, and how currently not all of the jitneys are back up and running to meet pre-pandemic needs, creating a mismatch between need and supply. The participant elaborated that you have to wait 30 to 45 minutes for a shuttle, and they are always packed.

Other forms of transportation that people rely on are medical transportation services but even these fail to always address their needs as

> "Clients have missed appointments because transportation didn't show up on time or not at all."
>
> FOCUS GROUP PARTICIPANT

Many residents use ModivCare shuttle services; however, participants spoke about the unreliability of these services as they sometimes do not arrive on time, only offer rides at very specific or wide intervals, or require reservations days to a week in advance, causing patients to miss or skip their appointments. Additionally, ModivCare and other similar medical transportation services can get backed up due to the high demand which can result in unreliable timing.

For older adults, even available transportation options have limitations. One participant explained the challenges with senior transportation and grocery shopping, noting,

> "...but as far as the groceries, the ACME on Tuesdays give a 5% [senior] discount. The ShopRite, I go there on Thursdays, they only give you an hour to shop when I go with my building, and they only allow 2-3 bags on the bus. When I finished shopping, the bus had left me. I went to the store manager to ask if it was possible to have one of the employees drive me back to Atlantic City, and he said no, but asked if he should call the police to escort me back. I said that was not an option..."
>
> FOCUS GROUP PARTICIPANT

People also shared that medical transportation services do not give out enough information about their programs to the residents, leading to a lack of awareness about or complications in accessing these services. Accordingly, a participant from one of the focus groups said that "there's a lot of complications with MotivCare too, like a lot of loops to jump through and fill out. There's a lot of times where I get confused, so I can't imagine what it's like when there's also a language barrier. It would be good if this stuff could be simplified." (Focus Group Participant). If these services are able to compile a resource sheet to advertise with information on how to access these services, sign up and who to contact, more residents might be able to use these services, particularly among older adults and individuals for whom English is a second language.

DISTANCE AND TRAVEL TIME

Another challenge that many individuals face is the lack of transportation infrastructure in a mostly rural county. Even though public transportation exists in Atlantic County, it is infrequent and if someone misses a specific time or connection for a bus, the next bus time or bus stop location is a substantial distance away. In the current public transportation network there are often no direct paths from one location to another and residents must take multiple means of transportation to get to a healthcare facility, to a store, or to work. One participant shared,

> "I live in Egg Harbor Township. There's stretches of some of these roads where there is no access to buses. There is a shuttle but you have to pay for it..."
>
> FOCUS GROUP PARTICIPANT

Transportation can also be a problem in terms of time, with nearly half of participants saying their average travel time to a medical appointment was more than 20 minutes. This distance and convoluted transportation

network can deter families from engaging with health care services or social service programming, with some participants indicating that even the distance between Atlantic City and other municipalities in the county made their attendance to programming or counseling unfeasible. Walking is a common method of mobility to nearby destinations, weather-permitting; nevertheless, further destinations, such as those related to medical appointments, require the use of taxis or ride-sharing services.

With regards to traveling long distances to find healthcare, one of the biggest issues is finding inpatient healthcare access (e.g., substance abuse treatment and mental health treatment). Many outpatient services are available at closer distances for patients to travel to; however, finding an inpatient provider (across various services) is a noted issue for some residents. One participant discussed the lack of inpatient facilities for substance misuse in Atlantic County, with clients sent for treatment in Monmouth County on a bus and being unable to travel to a closer facility, or travel back and forth between the counties. Another person shared,

> "Kids that need inpatient care just get sent home because they can't commute 50 miles. That is scary for kids and families being so geographically far."
>
> FOCUS GROUP PARTICIPANT

Some participants we spoke with also mentioned workarounds to distance, and how the rise of telehealth appointments opened access for some residents. One person noted,

> "It was hard on seniors for technology, but great for transportation issues. They did not need to come in person. It was another barrier we were able to use; those with transportation issues or who don't want to come at night, this was helpful."
>
> FOCUS GROUP PARTICIPANT

While Zoom programming and telehealth can certainly reach broader audiences or specific populations, there are populations who prefer in person services, and many programs and medical appointments and procedures that must remain in person and require transportation to access.

FINDING 3: MENTAL/BEHAVIORAL HEALTH

MENTAL HEALTH

> "Mental health. It has driven the addiction issues, homelessness, and a lot of other issues. It's bad right now. It's bad not only for some of the people who don't have resources, but it's everywhere. It's white collar, it's in our own communities, it's in our kids, it's just everywhere."
>
> INTERVIEW PARTICIPANT

Mental health was identified as the second most pertinent issue in Atlantic county by 43% of community members who participated in the survey. One-third of survey participants reported experiencing mental health conditions (e.g. anxiety, depression), and one in five participants said they had used AtlantiCare's behavioral health services. Participants across all focus groups and interviews also noted that mental health needs had increased since the pandemic. Findings also revealed that those who reported having chronic mental health conditions on average used 39% more AtlantiCare services in the past year than those who did not (5.1 vs 3.7 services).

> "We also see increased needs for care relating to depression and anxiety post COVID. We are seeing the increased need; some people are debating [about] long COVID having psychiatric complications along with the socioemotional implications of COVID [that] really changed our society."
>
> INTERVIEW PARTICIPANT

ISOLATION

The most noted contributor to the perceived rise in mental health needs was the increased isolation experienced by many since the pandemic. In Atlantic County, nearly half (44%) of participants reported feeling isolated from others over the prior week. Just over half of the participants feeling isolated also reported having a mental health condition (51%), but only one-quarter of those who were not socially isolated reported having a mental health condition. **This means that those who were socially isolated were twice as likely to have a chronic mental health condition than those who did not report feelings of isolation.**

Health providers noted that isolation impacted the community differently by age groups during focus groups and interviews. Isolation among older adults manifested more often in their lack of access to places where they could socialize or seek treatment. In contrast, pediatric service providers described the deterioration of social skills among teenagers following online schooling and prolonged virtual interactions during the pandemic. Moreover, challenges in teenagers' ability to navigate group-based activities such as in-person schooling further reinforced their desire to isolate.

> "The people we talk to just know people online though, not face to face interactions which has put a big dent into their social skills and it makes them super anxious like we've had a lot of school avoidance. So we see the kids isolating and wanting to be online and have their interactions that way."
>
> FOCUS GROUP PARTICIPANT

Pediatric specialists were concerned about the developmental delays young children appeared to be experiencing after a year of staying at home. Many missed key opportunities to practice and reach behavioral and social milestones. Participants noted that school children exhibited poor conflict resolution skills on the playground and failed to read and interpret social cues. Moreover, some children developed anxiety, depression, and regressed in some of their social skills.

AVAILABILITY OF PROVIDERS

> "There are not enough psychologists/psychiatrists in our area. We must wait weeks or months for an appointment! How many mental health hospitals are in our area? How about long term mental health institutions? Especially for children/teens!"
>
> SURVEY PARTICIPANT

One-third of survey participants indicated that there was a need for more mental health services in their community. Participants across interviews, focus groups, and survey responses echoed an overall lack of mental health professionals and services in the area. Some participants felt that available services were concentrated in specific areas, specifically the shore. Most participants, though, identified insurance as their main challenge. Participants indicated that it was difficult to find psychologists and counselors who accepted their insurance. Furthermore, there were accounts that many psychiatrists do not take insurance at all, which prevents the introduction of psychotropics medications in treatment as well as the continuation of medication management. Many participants also expressed concern for members in their community who were not insured at all. Participants felt they would not be able to afford services at full price and requested providers to accept a wider list of insurance, including Medicaid and Medicare, or to provide other forms of financial assistance for mental health care.

When community members identified a provider who would accept their insurance, they encountered long waitlists of as much as four months to see a new provider. Community members added waitlists to the list of barriers they encountered when seeking outpatient services, while mental health providers noted that waitlists complicated the continuity of treatment for individuals transitioning between levels of care as well as timely diagnoses for school-aged children.

> "We are often faced with very long waits and that is not conducive to a smooth transitional hand off when you are engaged in a treatment process. I think that's an issue that is continuing to get worse as we see our children continuing to struggle with higher and higher levels of depression and anxiety. We are seeing such a great need for treatment services, and we are lacking. We really can't quickly link and engage the families directly to a support system within the community."
>
> FOCUS GROUP PARTICIPANT

In addition to the general perception of a dearth in mental health providers, participants also expressed concerns for the capacity of available providers to treat specific groups with the necessary competency and sensitivity. For instance, there were reports of providers lacking the experience to treat individuals seeking treatment for eating disorders and turning them away. Other participants noted that it was difficult to find psychiatric care, especially for children. Some of the other groups participants noted as underserved in this aspect included veterans, the homeless, recovering substance users, non-English speakers, children and individuals identifying as LGBTQIA+. Participants felt that experience and cultural competency would

facilitate more comprehensive treatment of individuals, as well as set the foundation for developing trusting relationships and more adequately meeting the needs of the diverse population in Atlantic county.

> "Services that build trust, understanding, and relationships. Not everyone has the time, knowledge, connections, or financial ability to navigate a stressful system, especially when their lives are already full of stress. Atlantic County needs services that recognize that and are built around meeting people where they are, addressing patient-defined needs, simplifying the experience, and growing trust."
>
> SURVEY PARTICIPANT

ACCESSING TREATMENT

> "Transportation takes a long time because the bus stops at many places. So, people's groceries go bad, people are late for doctor's appointment, and if transportation is bad then you can't get to people to socialize."
>
> FOCUS GROUP PARTICIPANT

Participants reported other challenges to reaching mental health care, noting in particular the lack of transportation options to reach services. Residents unable to find providers within their area have to travel to other municipalities for care or even outside of the state for specialized services. Older adults were perceived as particularly vulnerable due to the higher likelihood that they would experience limited mobility or isolation. Some participants suggested increasing the options for medical transportation or to offer mobile mental health services. Other suggestions included increasing mental health screenings and to organize teams of volunteers that can focus on outreach and combating loneliness.

Participants also reported that criteria for admission into treatment and the requirements for its maintenance have presented problems for some populations. Providers noted that some programs requested a previous history of treatment or hospitalization, which would be inaccessible for people unable to provide documentation or with little experience with mental health care. Feedback from community members showed that stigma around mental illness persists, leading people to feel "ashamed" of their struggles and less likely to seek treatment. Furthermore, inflexible terms around scheduling and frequency of appointments were viewed as a barrier to people with unstable living conditions, such as individuals struggling with housing. To address this, participants encouraged increased education about mental health and working to normalize open dialogue around mental health and treatment.

Regarding mental health treatment for children, providers and participants noted the lack of pediatric services available in their area, especially for psychiatric treatment. Many participants felt that schools should be integrating mental health education in their curricula more often. Some caregivers expressed satisfaction with the solutions identified and implemented by schools when their child needed additional services; yet, they noted that not enough early intervention services were offered and wished they were offered by school staff. Generally schools were viewed as potential partners in further preventing and communicating mental health concerns to parents. Providers who have worked to integrate mental health education in their communities said they have noticed greater trust towards available services over the last decade.

> Just touching base more on school systems, I think communities that have school systems that are more observant, involved, proactive in addressing issues, and responsive to parents' concerns would be part of a healthy community.
>
> FOCUS GROUP PARTICIPANT)

FINDING 4: SUBSTANCE MISUSE

SUBSTANCE MISUSE

> "There is a national crisis that remains unaddressed, fentanyl overdoses are the number one cause of death between 18-34 [years old]. While there are some traditional treatment centers, no one has addressed long-term treatment solutions to give people affected a real chance to recover. There needs to be a plan to create a safe sober living community, free from stigma. And that's not even mentioning the devastating effect it has on families who have a loved one suffering from substance use disorder."
>
> SURVEY PARTICIPANT

Substance misuse was a concern mentioned by providers and residents. Besides the use of illegal substances, participants also discussed the use of alcohol, tobacco, and nicotine through vaping. Substantial percentages of respondents said that illegal drug use (33%), alcohol use (32%), prescription drug use (21%), and vaping (21%) were concerns in their communities. Substance misuse was seen as connected with many other issues in the community, including gambling, house insecurity, food access, and unemployment. Twelve percent of participants also reported that they had chronic health conditions related to alcohol or drug misuse. Additionally, pediatric providers reported a concern with adolescents' use of substances ranging from nicotine products to marijuana to THC, sometimes leading to drug-induced psychosis. Over one-fifth of survey respondents (21%) saw vaping as an issue. A provider working in education estimated that the use of vapes might be close to a quarter of high schoolers.

AVAILABILITY OF TREATMENT

> "We started programs such as a County Diversion program and we have sent people to do outreach almost five days a week during day and evening hours. We have had staggering numbers with that, and overdoses are still going up."
>
> INTERVIEW PARTICIPANT

Some participants noted positive strides in addressing substance misuse in the community. Providers noted an improvement in connection to programs and collaboration efforts with community organizations over the past decade. For instance, one participant highlighted the program to train Atlantic county officers on the application of Narcan and provide them with supplies to carry around in their vehicles. Another participant felt there had been an increase in available providers in the area as well.

Substance misuse remains a visible, pervasive issue for residents though. One in five participants reported witnessing illicit drug usage in their community, and many residents (18%) requested more substance misuse treatment services. Community members shared that available services were underfunded, over capacity, or not comprehensive. Some providers noted that funding for this area has been lacking, which impacts the level of outreach that organizations can program. Despite some participants' opinions that the number of providers has increased, other participants shared cases in which patients had to be sent to treatment facilities outside the county. Participants also identified the need for more preventative and treatment management services such as preventive screenings, substance use assessments, and prenatal care for individuals battling addiction. Reports of drug use in adolescents were made within the context of already established mental health treatments, and providers said they struggled to find rehab centers that would accept adolescent patients.

> "It's also hard to find substance abuse resources for teenagers and adolescents. It often does seem that when a resource becomes available, they no longer are. Like they won't be taking adolescents anymore for some reason."
>
> FOCUS GROUP PARTICIPANT

Almost a fifth of participants identified a need for community support groups like AA, and others asked for more halfway houses and sober living facilities through which patients could continue their treatment. Ultimately, there was a sense that further support should be embedded in the community to help individuals dealing with addiction to find their roles in the community.

> "Safety is a major concern in Atlantic City. Most of the community would agree that substance use, and mental health are major problems. I think there is a lot of competition on how to solve that and I think AtlantiCare has gotten better on how to solve it, but I don't think anyone is really on the same page. People are competing for funding and publicity, but execution and outcome is lacking."
>
> INTERVIEW PARTICIPANT

TRANSITION OF CARE

> "A lot of the people have medicaid or no insurance and a lot of people come directly from jail so that is a challenge too. Trying to help them and stay in touch with them after they leave treatment because often they get treatment here then leave to stay at a halfway house. 4 weeks is often not enough and then you've just lost them, so that continuum of care can be difficult."
>
> INTERVIEW PARTICIPANT

Participants identified some challenges around the transition of services and availability of post-rehab support. Entrance into treatment programs and their duration are often dependent on what the patient's insurance is willing to cover. Participants explained that providers who accepted Medicaid were rare, leading to long waitlists at rehab programs for those with lower income. Additionally, insurance companies would place a limit to the number of times an individual could seek services before they declined to cover them anymore.

Rehab programs were also seen as too short in length to meet patients' full needs, which made halfway houses and sober-living facilities critical to the continuation of treatment according to participants. Providers mentioned that when an individual received care in another county, however, they would lose access to that individual once they moved on to a sober-facility, thus interrupting the continuation of care with the original provider and further assistance the provider may have planned. For instance, a participant highlighted AtlantiCare's partnership with recovery employers to help individuals with legal charges get their records expunged while also gaining employment that facilitates their re-entry into the community. Treatment for substance misuse is not linear or solved after one treatment; it requires continuous work from the individual in recovery, support from a trusted social network, and accessibility to services. Accessibility, availability, acceptance, and insurance for treatment help the individual in recovery and throughout the non-linear process of recovery.

NEIGHBORHOOD ENVIRONMENT

> "We would love to see the casinos go smoke free. They were smoke free for a year; it was a disgrace to see them go back to smoking. A lot of people don't want to work in the casinos because of smoking. We would like to partner with AtlantiCare on this. We have done outreach and not had a response."
>
> FOCUS GROUP PARTICIPANT

Challenges around drug misuse treatment are both systemic and personal. Aside from limitations related to insurance and lack of available providers, individuals' surroundings have an impact on their likelihood to re/engage in certain behaviors, especially with regards to the use of legalized substances. Many participants noted that smoking is still widely accepted inside the casinos dotted along the coast. Having previously banned smoking cigarettes indoors, the nightlife employers have since rolled back such policies. The environment created in Atlantic City casinos was noted to encourage bad habits, typically excessive smoking and drinking. Residents interviewed agreed the temporary ban on smoking during the pandemic had the potential for a positive impact on community health.

If the use of substances is a personal choice, then the misuse of legal and illegal substances is perceived as a bad personal choice. Upon reviewing participants' feedback about substance misuse in the community, the responsibility for recovery, and also relapsing, was split between institutional failure and a lack of personal dedication. In part, participants vocalized a desire for more outreach and education about substance misuse and the need for more accessibility to treatment options. Providers also shared the importance of viewing these treatment options as a continuation of care that could benefit for more cohesive transitions between services. Alongside these calls for systemic improvements, participants also noted the role of the users' personal responsibility. One provider recalled explaining the logic of the insurance limitations to the family of someone who had relapsed,

> "We have to explain to them that the insurance company has given them multiple chances so it's now up to them to do it on their own. It's up to them. They have to want to change, to actually hit rock bottom, in order for them to change. For example, you can get a child the best tutor in the world but if they are not putting in the work, then you are not going to get desirable results."
>
> FOCUS GROUP PARTICIPANT

Although treatment requires the engagement and commitment of the individual in recovery, healthy decisions can be more difficult if the environment is not conducive to them (Tucker, 2001). Individuals in recovery returning to their community without the proper support in place would be exposed to the conditions that facilitated their use of substances in the first place, which could range from stressors like poverty and abuse to a behavior being normalized by the surroundings (Tucker, 2001). Thus, it is important to question the degree to which stigma in the community translates into systemic limitations in treatments.

> "The opioid crisis too... we need to address opioid issues. AtlantiCare is noticing there are people who grew up in this county and never got the help they needed."
>
> INTERVIEW PARTICIPANT

FINDING 5: ACCESS TO FOOD

> "We have a lot of families in Atlantic County where children go to bed hungry at night."
>
> INTERVIEW PARTICIPANT

Many Atlantic County residents face hunger on a regular basis. The community members and stakeholders we spoke with and results from the community survey showed the expanse of food insecurity in the county, and highlighted the barriers to accessing food generally and healthy food specifically. The COVID-19 pandemic deepened existing problems regarding access to food and food security, with participants highlighting how their communities continue to be affected. One participant shared their experience, noting,

> "I personally have found that this island (and a lot of barrier islands like it) are a food desert. A shopping desert in general. When I need Kosher meats or other fruits, I go to Cherry Hill. How much longer are we going to be able to do that? There's nothing here. I can spend a fortune at ShopRite or the ACME but two days later and it's gone."
>
> FOCUS GROUP PARTICIPANT

AVAILABILITY & DISTANCE TO FOOD PANTRIES & GROCERY STORE(S)

> "For example, Atlantic City was a food desert without a supermarket for years. Families had to take public transportation to go to a supermarket on the mainland. To me, that's not meeting any of the basic needs to build a strong community."
>
> FOCUS GROUP PARTICIPANT

A critical component of food access is appropriate and reliable transportation to get to food, whether that is to a grocery store, convenience store, food bank, or somewhere else. Interviews and focus groups revealed how Atlantic County and Atlantic City residents often struggle to access food, and how the long distance and disparate modes of transportation is a large barrier to obtaining food. With limited reported infrastructure, residents without means of transportation find themselves struggling to keep food on the table. One participant we spoke with shared,

> "We still have a food desert; I know there was the groundbreaking last year on a supermarket but it's obviously still being built so I would say it's still an issue. All the things that go along with that leads into difficulties with healthy eating habits and secondary downstream effects on the public health of the community."
>
> FOCUS GROUP PARTICIPANT

Another participant expressed disdain around the lack of one (or multiple) consistent grocery option in Atlantic City in particular, sharing,

> "I think this is the second or third time a major grocery chain said they were going to move into Atlantic City to give access to fresh food and vegetables, and I think I just heard they're not coming."
>
> FOCUS GROUP PARTICIPANT

The AtlantiCare community survey data indicates that many people are too far to walk from their nearest grocery store, with **the average distance to a grocery store reported by participants as 4.43 miles** (of note, 38% of survey respondents reported that the nearest grocery store was more than 5 miles from their house). The average distance to a grocery store is 2.9 miles in Gloucester County, 5.7 miles in Cumberland County, 8.0 miles in Salem County, and 2.1 miles across the U.S. Although not insurmountable, the distance largely requires individuals to use public transit or a private vehicle when they require more food.

And one participant echoed this finding, noting,

> "There are no grocery stores. I go to ACME and ACME is [fine], but I don't have a car."
>
> FOCUS GROUP PARTICIPANT

Referencing the dearth of grocery stores, another participant pointed to the local Save-a-lot. Although a reputable vendor for food items, the prices there are high and the location of the store was still not in close proximity to the resident (nor to many other residents). Another person noted,

> "Where are you going to go to get food? We don't have a grocery store in Atlantic City. The Save-a -Lot isn't enough."
>
> FOCUS GROUP PARTICIPANT.

Residents we spoke with desired a reliable, cost-reasonable, large grocery store option to not only be built closer to the communities in which they live, but for the grocery store(s) to be accessible by transit options.

COST OF FOOD

> "It costs money to live a healthy lifestyle."
>
> INTERVIEW PARTICIPANT

Food affordability is an important determinant of food choice and access, driving dietary patterns, nutrition status, and overall health and environmental outcomes. Among individuals with lower incomes and those that live in under-resourced communities throughout Atlantic County, the rising cost of food remains a key barrier to accessing nutritious foods that make up healthy diets.

Bodegas and corner stores often sell less nutritious food at a lower price. Residents stated the short distance and lower cost at these stores has led to increased patronage simply due to economic factors. Rising food costs in grocery stores have further limited peoples' ability to buy food for themselves and their families. In Atlantic County, **more than 1 in 5 residents (22%) reported worrying in the past week that food would run out before they had money to buy more**. Another participant discussed the constant concern of making sure their family has enough to eat, discussing how they access a local food pantry,

> "I look for food resources sometimes when there isn't enough. If I don't, we don't eat. There is a food bank here in Egg Harbor. There are some that give specifically for children. They sometimes give things away from the stadium. Vegetables, fruit, and milk help us a lot. We're not very particular."
>
> FOCUS GROUP PARTICIPANT

Use of food programs, both public and private, is relatively common in the county. Across Atlantic County, **38% of survey participants used at least one food resource at any point in their life**, including 21% using food banks, 20% using Supplemental Nutrition Assistance Program (SNAP) NAP, 13% using Women, Infants, and Children (WIC), and 8% using free meal services such as older adult food packages or school meal programs. Another challenge related to accessing food generally, and healthy food specifically, is the limitations placed on people who use public assistance programs, as many of the requirements and regulations are restrictive and stress-inducing. As one person shared regarding SNAP benefits,

> "The complexities behind using these food stamps. It gets as nitpicky as 'you can't buy these apples, but you can buy these apples.' You can see the stress in the mother's face, the kid hanging off of the cart. That's something that I see often. Some stores put under the price, 'this is SNAP approved,' I know there's a few different programs I'm not sure if it's SNAP."
>
> FOCUS GROUP PARTICIPANT

Residents echoed their concerns and challenges related to food affordability and quality, sharing, "as we're getting older, I would love to see more access to fruits and vegetables at a place that people can afford. Something located here so you don't have to drive off the island." (Focus Group Participant).

ACCESS TO HEALTHY FOOD OPTIONS & OBESITY CONCERNS

> "If you can't drive, someone is stuck going to a corner store or bodega that does not provide healthy options and the only things available there aren't healthy. For children growing up in the community and only know those stores, that's a problem."
>
> INTERVIEW PARTICIPANT

Malnutrition and food insecurity remain rampant across the US, and accessing healthy food in particular is also challenging for many Atlantic County residents. Healthy foods and fresh ingredients are typically more expensive than convenience foods such as snacks and microwavable meals. By failing to meet both adolescent and/or adult dietary needs, unhealthy foods can increase the risk of chronic diseases such as heart disease, stroke, and diabetes, as well as affect individual well-being. **One-quarter (25%) of residents expressed concern that there was not enough healthy food in their communities**.

Participants also reported that child based programs in schools are not serving nutritious items that facilitate youth development. As one person noted,

> "One thing is childhood obesity, there's a lot of not great food options and if you don't come from good money you're getting fruit punch with pure sugar so I think that's an issue with health and childhood obesity."
>
> FOCUS GROUP PARTICIPANT

Other participants discussed the relationship between food access and childhood obesity, and the need for children to also have access to parks and extracurricular activities focused on physical activity.

When asked about health conditions of concern in their community, data from the community survey showed obesity in the top 5 health concerns, **with 43% of participants indicating concern about obesity, with a similar percentage (42%) indicating that they were overweight or obese themselves**. Residents were also concerned about chronic health conditions related to obesity: 34% of residents were concerned

about high blood pressure, 35% about diabetes, and 23% about heart disease in their communities. Many residents also directly experienced these as chronic health conditions themselves (50% indicated they have high blood pressure, 33% have diabetes, and 20% have heart disease).

Despite these concerns, participants on average shared positive things about their personal diets. The majority of survey respondents (64%) reported eating fruits and vegetables most days in the past week, with only 2% saying that they "never" ate fruits and vegetables. In contrast, only 4% of respondents said they ate fast food most days, and 42% said they never ate fast food.

Previous research suggests that preparing meals at home (as opposed to eating out) is associated with a healthier diet. When community participants were asked if there were obstacles to preparing meals at home, **about two-thirds reported that they faced no obstacles (68%)**. However, two broad categories of obstacles included lack of time and difficulty accessing food. Across Atlantic County, **one in four participants didn't have enough time to cook meals**. Smaller percentages reported feeling uncomfortable cooking (5%) or that they lacked ingredients to cook. Some focus group participants discussed the challenges of preparing meals at home when caring for multiple children or grandchildren, and in situations where their home or current living situation did not/does not have a stove or proper cooking materials.

EXISTING FOOD RESOURCES

> "We need to get together and address why we don't have a decent supermarket in Atlantic City."
>
> FOCUS GROUP PARTICIPANT

Food banks, soup kitchens, and related organizations are prevalent in Atlantic County, each providing various resources to residents who are aware of their programs and can access them. Community members we spoke with highlighted some aspects they found helpful about food access. Although not unanimous, individuals from focus groups mentioned the quality of the food distribution networks, with one person sharing,

> "Food distribution has been good. They focus on Atlantic City and Pleasantville, but also on the Western side [of Atlantic County]."
>
> FOCUS GROUP PARTICIPANT

Participants discussed the importance of programs needing to get their message out to people that their programs and resources exist, as many residents are not aware of available resources.

Discussion around the quality of food provided by these organizations led to an array of responses. Some participants described the items they received as nutritious, as one person shared,

> "the [foodbank] gave us the bean salad [recipe and ingredients] - it was nutritious - you can feed them [the kids] something good without sugar."
>
> FOCUS GROUP PARTICIPANT

These same organizations were also criticized for the poor quality of the food distributed to residents, as one community member shared,

> "All the big people are having galas and stuff, forget that - can you give us some food? Don't give us big cans of pork without a can opener and tell us it's supposed to last 8 to 9 months."
>
> FOCUS GROUP PARTICIPANT

Another person shared,

> "The frozen Wawa sandwiches - they [local organization] keep them in there for a long time and [then give it to us] it's slop. And you want to appreciate it, because it's food, but c'mon."
>
> FOCUS GROUP PARTICIPANT

Overall, participants expressed appreciation for available resources but also noted the mismatch that sometimes occurred between the food offered and how it could be used. For example, providing adult foods to people caring for babies, or providing foods that needed to be cooked to individuals that were currently unhoused or did not have access to a stove.

While the pandemic increased food insecurity across the region and in Atlantic County, staff from organizations we spoke with also noted how an influx of resources during the pandemic has since waned, but the need remains. As one person noted, they [the County] used to be

> "bringing [in] those food vendors, who would come in and bring those fresh fruits and vegetables, canned goods. We have an organization that provides the Kosher [meals], whereas they were dealing with pre-pandemic, they were able to feed over 10,000 people; post-pandemic it is 5,000 people. So those are people who are not getting those meals now. It was partners like that who we just lost. The residents lost because of COVID-19."
>
> INTERVIEW PARTICIPANT

FINDING 6: HOUSING

> "...Then using Maslow's hierarchy of needs I would have to say housing. If you don't have affordable or safe housing, you are not going to worry about your food or if you are going to a doctor or not – all of that is secondary."
>
> INTERVIEW PARTICIPANT

Housing issues are complex and interrelated. Increased demand and rising cost of living have led to rising housing costs, which have undermined equitable access to many neighborhoods and housing opportunities. When asked about housing during the focus groups, interviews, and through the AtlantiCare community survey, participants highlighted key areas such as affordable housing, the issue of homelessness, and unsafe housing across Atlantic County.

AFFORDABLE HOUSING

> "...when people have to pay 60 to 80 percent of their income on housing, what's left?"
>
> INTERVIEW PARTICIPANT

Existing challenges in Atlantic County related to housing affordability deepened during the pandemic as many residents experienced financial instability from job losses while housing and rent prices continued to rise. As one community member noted,

> "the pandemic really caused an increase in the expenses of households, it's quite frustrating though."
>
> FOCUS GROUP PARTICIPANT

Additionally, according to the National Low Income Housing Coalition, residents must be able to earn $56,280 annually in order to afford a modest 2-bedroom apartment in Atlantic County (n.d). The 2021 median household income in Atlantic County in 2021 was $66,388, indicating that many residents are on the cusp of being able to afford renting or owning a home; as such, **more than half of the AtlantiCare community survey participants (55%) reported that they spent more than half or more of their income on housing**. Residents we spoke with discussed the misalignment between incomes, cost of living, and cost of renting or owning a house within the county. As one person commented,

> "Like the rent is $1,000 and they expect you to be making $3,000. It's not fair - there is no equity in it."
>
> FOCUS GROUP PARTICIPANT

Another person shared,

> "rent is the exorbitant part. Paying rent is higher than what a mortgage would be for many people. There is competition and not enough [housing]."
>
> FOCUS GROUP PARTICIPANT

The high cost of housing is also associated with mental health. Data from the AtlantiCare community survey revealed that participants who spent more than 50% of their income on housing were 54% more likely to report having a chronic mental health condition than those who spent less than 50% of their income on housing (42% vs 27%).

Another indication of lack of affordable housing is the percentage of residents who use programs designed to defray housing costs. From the community survey, 16% of participants reported using assistance with their utility payments, and 10% reported using housing or rental assistance. Residents we spoke with noted the challenges around housing waiting lists and lottery systems to get placed into rent-managed or subsidized housing complexes. As one person noted,

> "there is a waiting list for everything, for any affordable housing or anything for older adults. There is one apartment complex whose waiting list is 6 years long, and I have clients that are 82 years old, and that is not even doable."
>
> FOCUS GROUP PARTICIPANT

HOUSING CONDITIONS AND AVAILABILITY OF HOUSING

Beyond the high costs of housing, participants discussed the dearth of available housing options, and the subpar conditions of many existing housing options. One participant discussed the conditions, saying,

> "the rooming houses - they are not adequate - they are unsafe, not ADA [Americans with Disabilities Act of 1990] compliant, not up to code. And because it is on a month to month basis, the county does not help anymore with that."
>
> FOCUS GROUP PARTICIPANT

Some of the participants expressed that vacant properties need to be redeveloped for community members, and not for outside businesses, with one person commenting,

> "you look around they have all these abandoned houses up for auction. Why can't the city take the houses and turn them into housing for us."
>
> FOCUS GROUP PARTICIPANT

Furthermore, some of the participants pointed out issues of leaking roofs, unsanitary communal space (e.g., hallway or stairway) conditions, and secondhand smoking in multi unit housing, and called on county municipalities to address this issue through higher safety standards.

PEOPLE EXPERIENCING HOMELESSNESS

> "Once you are homeless, it can be hard to put things together."
>
> INTERVIEW PARTICIPANT

Housing insecurity is a real, persistent, and growing concern among communities in Atlantic County. Overall, 29% of participants in the AtlantiCare CHNA Survey indicated that homelessness or housing insecurity was a health issue in their communities, and 24% said that homelessness and housing insecurity were a barrier to health care. **Nearly half of participants said that homeless or housing insecure individuals were**

underserved in their community (43%). Data from the survey also revealed that 8% of participants said they had lived insecurely at some point in the past year.[1]

One person commented on the pervasiveness of homelessness, and the interconnectedness of multiple social determinants of health, sharing,

> "They had to move out 30 people from under the boardwalk. When I was a much younger nurse, people did live under the boardwalk but for years people weren't living under the boardwalk. There's a whole core of individuals that are here in town that have been eluding care and connection. It's sad to see. And it's a problem for our economy... There are different parts of the boardwalk, but there is no place for them to really hang out. And then, at the end of the boardwalk, actually Ocean [street], down that way is less affected. But at the heart of Atlantic City in the middle there it's the worst I've ever seen. I've never seen so much sadness, despair, and poverty on display..."
>
> FOCUS GROUP PARTICIPANT

We also spoke with individuals who are currently unhoused, with many of them commenting on difficulties in accessing available resources. Stolen social security cards and birth certificates, and thefts of similar items make it hard for individuals to take a first step to get identification or assistance. One person shared,

> "The maggot motels on Blackhorse Pike are not safe, [they are] drug riddled, vermin infested. I am not real happy. I don't have Section 8 [housing voucher] because of the waiting list, [I'm] just trying to get on as a domestic violence person [survivor] and a senior. There is a recovery house process, and there is some kind of access program through AtlantiCare, but I have not been able to navigate the system. I just want the roadmap to navigate the system."
>
> FOCUS GROUP PARTICIPANT

Multiple participants discussed addressing homelessness with long-term, wrap-around solutions. Commented one participant,

> "When we think about public health, one of the main focuses we have in the Health and Human Services Department is the homeless population, working with the AtlantiCare members to address the issue of homelessness here which is a big problem, so we are working as a collaborative effort. That's been one way, they've been helping me out in getting me in contact with different services to get people services."
>
> INTERVIEW PARTICIPANT

Another person discussed rapid housing initiatives and the need to move towards preventative measures.

1 Participants who selected ANY of the options other than a place they own, rent, or sublet

NEIGHBORHOOD SAFETY

Through focus groups and interviews, many participants expressed their concern about safety in their communities, with **24% of participants reporting in the community survey that community safety was a health issue**, and 13% listing neighborhood safety as a barrier to health care in their communities. When asked about their personal experience, 35% of survey respondents said they had seen some illegal activity in their neighborhoods in the last year, including illegal drug use (18%), drug dealing (18%), robberies (13%), domestic violence (5%), and gang activity (5%).

Data from interviews and focus groups also highlighted safety concerns in local neighborhoods as a participant shared,

> "I look at my surroundings, I carry mace with me, especially when I get off of work. I go for walks in the morning, after that I go home. I am not just going to wander around."
>
> FOCUS GROUP PARTICIPANT

Participants from Atlantic City in particular shared experiences of ducking from gunshots, witnessing a shooting, and seeing shooting victims' bodies in their neighborhoods. Shared one participant,

> "My job - I work with the Councilwoman. I have to find out who is getting shot and killed. And I write down reports. I am 22 and this summer I watched someone get shot right in front of me."
>
> FOCUS GROUP PARTICIPANT

On the other hand, it is worth mentioning that many participants in interviews pointed out that their neighborhood is a safe place to live. Based on data from the survey, **66% of participants said their neighborhood was an excellent or very good place to live**, while 14% of participants said their neighborhood was a fair or poor place to live. During one of the interviews, when asked about the strengths and resources that already exist in the community, a participant commented,

> "I think recently we had a pretty significant amount of attention on us from the state level that helps to bring resources to the community - I think that in recent years especially."
>
> INTERVIEW PARTICIPANT

EXISTING STRENGTHS AND RESOURCES

"I can go from the beach from urban, to suburban, to rural areas. The added benefit is that we can target all of those areas with the same resources and that's our strength - that we are small enough to put our resources into that and create a healthy community."

INTERVIEW PARTICIPANT

Even though Atlantic County faces nuanced health and access challenges, there are many organizations working and resources available in these spaces. When participants were asked about their community's strengths, participants discussed specific county institutions, organizations, and programs. Participants also highlighted the collaboration between these various groups in efforts toward building a healthier Atlantic County, and offering recommendations.

INSTITUTIONS

"[What] Atlantic County has is, we actually do have a lot of nonprofits and resources. I mean, I think, when you know I worked in other communities in the past, it was a struggle to find, you know, agencies that could help. I think that in our situation there are a number of agencies."

INTERVIEW PARTICIPANT

Atlantic County is home to several organizations working to provide services to locals. Participants highlighted the efforts of many social services agencies that work both independently and together to provide resources, counseling, services, and programs to county residents across a variety of areas including food access, recovery services, and mental health. The Atlantic City Rescue Mission, Family Success Centers, the Atlantic City Housing Authority (ACHA), Adelaide's Place, Volunteers of America, Jewish Family Services, AtlantiCare HealthPlex, and the JTAC commission (To Join Together Atlantic County) were all specifically mentioned by participants as key local organizations and institutions helping community members. Faith based organizations were mentioned more than once and have helped people specifically in the area of food access, with one person sharing,

"We have some very strong, caring churches, if I looked at the map we could tell you town by town where the churches are. We know that often personal items are not included in the programs so I know the churches, like the Godmother's program, people can come in once a month for things that these people just can't purchase under assistance."

FOCUS GROUP PARTICIPANT

Participants also lauded the school systems, some of them offering extracurricular and integrated behavioral services. Participants discussed that these resources were not always as abundant in the eastern part of the county, noting,

> "Some schools have a good amount of extracurriculars for kids, but I feel like that depends on where they are. I see a decent amount of clients involved in a sport or club. Probably not as much for the little ones but I think that's typical the older the more activities you'll be involved in. When we go out to Atlantic City, Pleasantville, maybe a little bit less."
>
> FOCUS GROUP PARTICIPANT

CONNECTED NETWORK OF PROGRAMS AND SERVICES

> "We have recovery employers - where we work with a recovery system, say someone is in legal trouble with addiction they can go to recovery court through deferred prosecution where you go to sessions and channels and you get your record expunged and they have to get a job to complete this. AtlanticCare is a place where we will take you and not discriminate."
>
> INTERVIEW PARTICIPANT

There are many existing and expanding programs that provide residents with exceptional services. Success in the community has largely been predicated on strong personal connections and execution of well-structured plans. Leveraging social capital, new networks of organizations have connected to produce programs in greater size and quality than in years past. Participants we spoke with discussed the networks of people and organizations they relied on to start and connect programs. As one person shared,

> "I watched through the course of the years we integrated mental health education into the community. We built a sense of trust to engage with the services that are out there, and I think that is a real plus that I watched become very successful and popular over the last 15 years."
>
> FOCUS GROUP PARTICIPANT

Another person discussed organizing a new program around opioid use disorder support,

> "Where the law enforcement officers in Atlantic County carried Narcan in their vehicles. We started programs such as a County Diversion program and we have sent people to do outreach almost five days a week during day and evening hours."
>
> INTERVIEW PARTICIPANT

These programs and others highlight the continued development of programs and allocation of resources towards populations most in need.

COLLABORATION

> "There is an increase in some areas in willingness to collaborate since I started at AtlantiCare five years ago. Although, we do still have a long way to go with that."
>
> INTERVIEW PARTICIPANT

Although the theme of collaboration was at times contested among participants, there are clear examples of when collaboration made a markedly positive result on the community. To reach a larger audience,

participants recalled organizing with other groups and increasing capacity among other professionals with similar goals. Participants highlighted recent collaborative efforts to address various community challenges, one person noting,

> "We've doubled down more on one of our strategic initiatives, which we never had before. At the system level, there's a strategy for the health and wellbeing of our community. That was a big breakthrough... "
>
> INTERVIEW PARTICIPANT

Strengthening networks was nearly always lauded by those interviewed and was seen as a way to make great strides for community health and development. Another person applauded the efforts of local organizations to collaborate towards shared goals, saying,

> "Collaboration, and how it's good to go in with someone who is respected and known, that is something we've really been trying to do. It's so much stronger when you're collaborating with someone that's already there. We are stronger together."
>
> FOCUS GROUP PARTICIPANT

RECOMMENDATIONS

CHNA Participants offered recommendations to a wide variety of subject areas.

BRICK AND MORTAR

To many participants, a physical manifestation of investment meant greater development. To this point, a common suggestion was to construct new buildings to offer services or revamping decrepit housing for residents, not property developers. Adjusting current building operations was mentioned but predominantly revolved around current unsafe conditions in housing and smoking policies in casinos. Specifically, some participants rallied around the idea of offices for new specialists to better serve the health needs of the community. Additionally, a large, easily accessible, and cost-effective grocery store was desired in Atlantic City. Participants we spoke with desired to see growth in their communities and expressed that revitalized and new buildings for community members and services are essential to growth.

FUNDING

Challenges around lack of funding were discussed among participants, with many commenting how needs could be filled or additional services provided with additional private or public funds for their operations. With more money programs would be able to expand or continue and dedicated staff can be hired to assist in day to day operations. Requests for additional funding came predominantly from two sectors: education and healthcare. For healthcare advocates, ongoing partnership programs were seen as helpful but lacked the ability to sustain themselves without additional monetary support. Education-focused feedback instead requested integrated, additional programming.

PROGRAMING AND MARKETING

With or without supplemental funding, participants expressed a desire for additional programming to target specific concerns or community issues, such as larger opioid use disorder recovery programs, additional behavioral supports for youth, expanded rent-controlled housing options, and more frequent

transportation options. Moreover, participants shared how many programs or available resources were not communicated widely or effectively enough to their target community resident populations, resulting in underutilization.Shared one person,

> "There are a lot of success centers that are underutilized by the community. They could offer so much more in a community if people would just take advantage of it."
>
> FOCUS GROUP PARTICIPANT

Accessing some programs and opportunities has visible obstacles and barriers for certain populations such as non-English speaking individuals, older adults, people who do not have access to digital resources, and unhoused individuals. When participants were asked about eliminating barriers, participants pointed out the importance of spreading information to those who need the mentioned programs, one person commenting,

> "Information about health coverage and services are not widespread. Respondents are having wildly different experiences and are living in different pockets. There are not enough ways for information to get to people, especially Spanish speakers. Perhaps the information is out there but many people don't know how to access it."
>
> FOCUS GROUP PARTICIPANT

OVERVIEW: EMERGENCY DEPARTMENT ANALYSIS

ANALYZING DATA TO UNDERSTAND BEHAVIOR

We analyzed ED data to understand **how often** people visit Emergency Departments (EDs), **who** visits EDs, **where** they go to the ED and where they live, **why** they visit, and **how** COVID-19 affected ED usage over time.

HOW OFTEN DO PEOPLE USE THE ED?

Between 2018 and 2021, **158,632** people visited AtlantiCare Emergency Departments **380,081** times.

If every person utilized the ED in the same way, this would mean that the average utilizer visited the ED about **2.40 times in a 4-year period**, or about 0.60 times per year. However, not everyone utilizes the ED in the same way. To explore patterns in utilization, we divided people who visit the ED into 3 categories: **low-utilizers, high-utilizers, and super-utilizers**. Low utilizers are those who rarely use the ED.

CATEGORIZING ED UTILIZERS

Low-utilizers	High-utilizers	Super-utilizers
1 - 8 visits (up to 2 per year)	9-24 visits (up to 6 per year)	>25 visits (more than 6 per year)

Overall, the large majority of people who visit the ED **(96%)** are low-utilizers. Smaller numbers of visitors are high-utilizers (3.2%) or super-utilizers (less than one-half of one percent). However, even though these high- and super-utilizers only account for a small share of the **people** using the ED, they account for a much larger share of the **visits** to the ED.

For example, although top utilizers (high- and super-utilizers) account for **1 in every 30** people who visit the ED, these utilizers account for more than **1 in 4** visits. The top utilizer visited the ED 501 times over four years, or an average of **125 times per year** over the 4-year period. The average low-utilizer went to the ED less than one time per year. The average high-utilizer went to the ED 3 times per year, and the average super-utilizer went to the ED 11 times per year.

Later sections explore common characteristics of top-utilizers.

ED UTILIZATION PROFILE

	Low-utilizers	High-utilizers	Super-utilizers	Total
Number of People	152,990	5,027	615	**158,632**
% of people	96.44%	3.17%	0.39%	**100%**
Average number of visits per person	<1	3	11	

	Low-utilizers	High-utilizers	Super-utilizers	Total
Number of Visits	288,558	63,504	28,019	**380,081**
% of ED visits	76%	17%	7%	**100%**

WHO IS USING THE EMERGENCY DEPARTMENT?

This section provides a basic demographic profile of visitors to the ED and then describes demographic differences between low-utilizers and top-utilizers.

GENDER

Overall, ED visitors were slightly more likely to be female (51%) than male (49%). However, super-utilizers were much more likely to be male (55%) than female (45%).

AGE

The average age of all ED visitors was 39.5 years, and age increased with utilization. The average age of low-utilizers was 38.7, the average age of high-utilizers was 40.4, and the average age of super-utilizers was 45.5.

RACE AND ETHNICITY

Overall, ED records contained 6 categories for race. However, 26% of records were missing the race field. The top three categories were White (49%), followed by Black (24%) and multi-racial (1%). Less than 1% of ED visitors were in each of the other three categories in the data set (Pacific Islander, American Indian/Alaska Native, and Native Hawaiian). Compared to low-utilizers, high- and super-utilizers of the ED were more likely to be Black and less likely to be White. For example, 50% of low-utilizers were White, but only 34% of super-utilizers were White. In contrast, only 23% of low-utilizers were Black, but 48% of super-utilizers were Black.

For ethnicity, 21% of all ED visitors were Hispanic, while 76% were non-Hispanic and 3% did not report data. Compared to low utilizers, super-utilizers were slightly more likely to be non-Hispanic and slightly less likely to be Hispanic/Latino. For example, 76% of low-utilizers were non-Hispanic, but 80% of super-utilizers were non-Hispanic.

ED UTILIZATION BY RACE

Race	% of all ED visitors	Low-utilizers	High-utilizers	Super-utilizers
White	49%	50%	31%	34%
Black	24%	23%	45%	48%
Unreported	26%	26%	23%	18%
Multi-racial	1%	1%	1%	<1%
Other categories	<1%	<1%	<1%	<1%

LANGUAGE

ED visitors reported more than 50 different primary languages. Despite this variety, almost all ED visitors spoke English (91%) or Spanish (4.7%), while language data was missing for 2.4% of visitors to the ED. All other languages comprised less than 0.5% of ED visitors. Aside from English and Spanish, the next 10 most commonly spoken primary languages among people visiting the ED were Bengalis (416 people), Vietnamese (197 people), Chinese (180 people), French Creole (130 people), Urdu (120 people), Haitian Creole (112 people), Afrikaans (104 people), Arabic (103 people), Gujarati (96 people), and Hindi (53 people).

Compared to low-utilizers, super-utilizers were more likely to be English-speaking and less likely to be Spanish speaking. For example, 91% of low-utilizers were English-speaking, but 96% of super-utilizers were. In contrast, 5% of low-utilizers were Spanish speaking, whereas only 2% of super-utilizers were.

PAYING FOR ED CARE

Since insurance status for an individual can change over time, the unit of analysis for payments was the ED visit rather than the characteristics of an individual visitor. AtlantiCare tracked 15 different financial classes for ED visits. Overall, the top 11 financial classes for ED Visits were Managed Medicaid (39%), Blue Cross-Horizon (14%), Medicare (11%), Self-pay (11%), Medicaid-New Jersey (7%), Managed Medicare (6%), HMO (5%), Financial Assistance (3.5%), No-Fault (1.6%), Workers Compensation (1.3%), and Commercial (1%). The other 4 categories were each responsible for less than 1% of ED visits.

Patient financial class was strongly related to utilization. Compared to low-utilizers, super-utilizers were much more likely to be in the financial classes of Managed Medicaid, Medicaid-New Jersey, Managed Medicare, and Financial Assistance. About 24% of all visits were from high- and-super utilizers, but 34% of Managed Medicaid visits were from high- and super-utilizers. In contrast, only about 8% of Blue Cross-Horizon visits were from high- and super-utilizers.

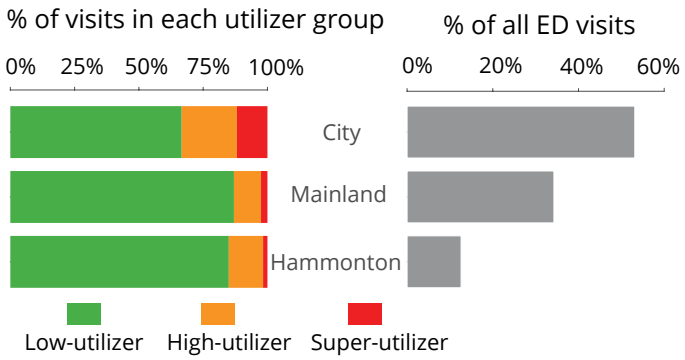
ED UTILIZATION BY PAYMENT CLASS

Primary Financial Class	% of all ED visits	% of visits by high- and super-utilizers
Managed Medicaid	39%	34%
Blue Cross-Horizon	14%	8%
Medicare	11%	24%
Self-Pay	9.2%	16%
Medicaid-New Jersey	6.5%	31%
Managed Medicare	6.2%	31%
HMO	5.0%	6.2%
Financial Assistance	3.5%	31%
No-Fault	1.6%	1.9%
Workers Compensation	1.3%	1.7%
Commercial	1.1%	1.3%

WHERE DO PEOPLE GO TO THE ED?

To determine where people utilized the ED, we calculated the total number of visits per year to each ED facility. There were three facilities in the data set: City, Mainland, and Hammonton. Overall, 53% of ED visits were to City, 34% to Mainland, and 13% to Hammonton. These are visualized as the gray bars in the right half of the ED Visits by Facility figure.

VISITS BY FACILITY



Utilization was not the same at each facility. For example, super-utilizers were much more likely to go to the City ED than the Hammonton ED. To visualize this, the Facility figure shows the percentage of low-, high- and super- utilizer visits in each location. Each bar adds up to 100%, and the color reflects the percentage of visits in each utilization category. For example, at the City location, 21% of visits were from high-utilizers (orange bar) and 12% were from super-utilizers (red bar), whereas in Hammonton, 13% of visits were from high-utilizers and only 2% were from super-utilizers.

WHERE DO ED VISITORS LIVE?

STATES

Overall, visitors to the ED had home addresses from 4,758 different zip codes and all 50 US states, Puerto Rico, the District of Columbia, and the U.S. Virgin Islands. Despite this variety, almost all ED visits (94%) were from people who lived in New Jersey. Only six additional states contributed more than 0.1% of visits. These included Pennsylvania (7,319 visits), New York (5,707 visits), Florida (1,260 visits), Maryland (860 visits), Virginia (515 visits), and Delaware (459 visits).

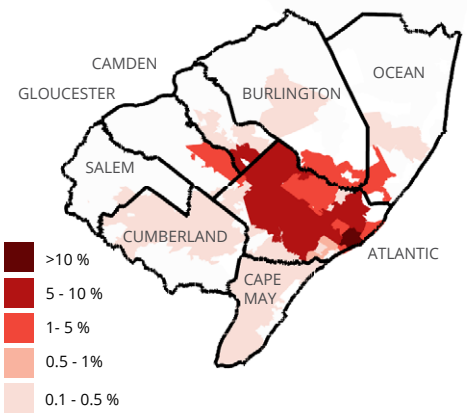
COUNTIES

Overall, 84% of ED visits were from people living in Atlantic County. Only 7 other counties were responsible for more than 0.05% of visits. These counties included six additional New Jersey counties and one Pennsylvania County: Ocean County (2.5% of visits); Camden County (1.8% of visits); Gloucester County (1.6% of visits); Cape May County (1.5% of visits); Cumberland County (1.1% of visits); Burlington County (0.7% of visits); and Philadelphia County, in PA (0.9% of visits). The remaining 6% of ED visits were from an additional 955 counties around the state and country.

ZIP CODES AND MUNICIPALITIES

Visitors to the ED had home addresses in 4,758 different zip codes. However, most ED visits came from residents living in just a few zip codes. Just 44 zip codes accounted for 90% of all ED visits. The map (ED Visits by Zip Code) shows all zip codes that contributed more than 0.1% of ED visits. Darker red colors show areas with more visits.

ED VISITS BY ZIP CODE



As the map shows, the most ED visits came from residents living all across Atlantic County, but especially concentrated in Atlantic City, Absecon, Pleasantville Hammonton, May's Landing and Egg Harbor. A full 30% of all ED visits came from residents of Atlantic City. Other ED visits came from those living in southern Ocean County, near Tuckerton and Barnegat, and southeast Gloucester and southeast Camden Counties, near Williamstown and Sicklerville, and from Cumberland County, near Vineland.

To further understand the role that AtlantiCare EDs play in meeting health needs in different communities, it is helpful to see how high- and super-utilization varies by zip code. If an unusually high percentage of visits are from these top-utilizers, this suggests that outreach targeted to those individuals might effectively reduce ED utilization. Indeed, the Top-Utilization table shows that some zip codes have more super-utilizers than other zip codes. The table shows, for the top 15 zip codes, the number of ED visits, as well as the percent of those visits from high- and super-utilizers. This percentage varied substantially. For example, more than 40% of visits from Atlantic County residents were from top-utilizers, but only 9% of visits from residents in Tuckerton were from top-utilizers.

TOP-UTILIZATION BY ZIP CODE

Zip code	City	County	Total # of ED Visits	% of visits from high- and super-utilizers
08401	Atlantic City	Atlantic	115,383	40.3%
08232	Pleasantville	Atlantic	30,361	24.6%
08205	Absecon	Atlantic	30,061	16.9%
08037	Hammonton	Atlantic	29,873	17.2%
08330	Mays Landing	Atlantic	27,702	17.6%
08234	Egg Harbor Township	Atlantic	25,700	16.7%
08215	Egg Harbor City	Atlantic	18,969	23.6%
08201	Absecon*	Atlantic	11,335	16.8%
08406	Ventnor City	Atlantic	7,144	18.7%
08203	Brigantine	Atlantic	5,713	16.1%
08087	Tuckerton	Ocean	5,551	8.9%
08094	Williamstown	Gloucester	3,879	12.0%
08244	Somer's Point	Atlantic	2,765	17.6%
08225	Northfield	Atlantic	2,656	11.3%
08360	Vineland	Cumberland	1,831	26.6%

Because many southern New Jersey municipalities have small populations, a single zip code can cover many municipalities. For the sake of space, each zip code here is matched with one municipality, but the zip code may cover multiple nearby municipalities.

WHY ARE PEOPLE UTILIZING THE ED?

VISIT TYPE

Overall, ED visits were coded into 14 different categories, but 99% of visits fit just four categories. Most visits (70%) were classified as Emergency, 21% were classified as REU (Rapid Evaluation Unit), 6% were categorized as AC Fast Track, and 3% were classified as Psych ER visits. However, compared to low-utilizers, high- and super- utilizers were more likely to have Emergency or Psych ER visits. For example, although 24% of all ED visits were classified as high- or super-utilizer visits, 37% of Psych ER visits and 30% of AC Fast Track Visits were part of this over-utilizer group.

PRIMARY DIAGNOSIS

In the US, the Department of Health and Human Services requires that organizations covered by HIPAA use a specific set of codes, the ICD-10-CM, to code medical diagnoses. There are 71,924 possible diagnoses in this coding system, divided into 22 different chapters. To provide insight into diagnosis patterns among ED visitors, we looked both at the most frequent specific diagnoses as well as how all visits were divided among the 22 different ICD-10-CM chapters.

Overall, the 380,081 visits to the ED were divided among 7,809 unique diagnosis codes. Despite this variety, some diagnosis codes were much more common than others. Just 1% of these diagnosis codes (n=87) accounted for 50% of ED Visits. The top 20 diagnosis codes for 2018-2021 are shown in the Diagnosis Code table. Many of these top codes were related to respiratory infections.

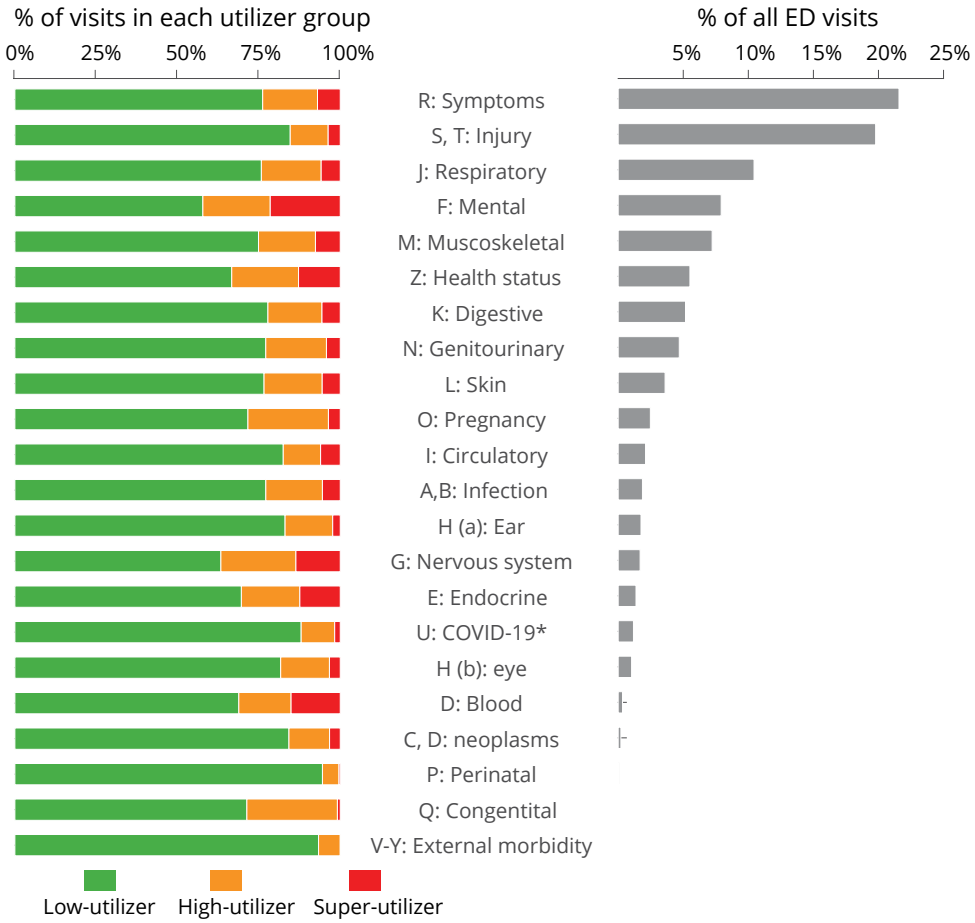
DIAGNOSIS CODE TABLE

Primary Diagnosis Code	Description	Number of ED Visits
J06.9	Acute upper respiratory infection, unspecified	9918
R07.9	Chest pain, unspecified	7091
N39.0	Urinary tract infection, site not specified	6039
F10.129	Alcohol abuse with intoxication, unspecified	5842
R07.89	Other chest pain	5748
R10.9	Unspecified abdominal pain	5183
S09.90XA	Unspecified injury of the head, initial encounter	4888
U07.1	2019-NCOV, acute respiratory disease	4457
R11.2	Nausea with vomiting, unspecified	4444
R51	Headache	4226
J02.9	Acute pharyngitis, unspecified	3938
R42	Dizziness and giddiness	3626
Z53.21	Procedure and treatment not carried out	3594
M54.5	Low back pain	3442
R55	Syncope and collapse	3299

Because there are many different codes for diagnoses that are similar, it is also useful to combine specific codes into groups based on their ICD-10-CM chapters. By far the two most common ICD-10 chapters for ED were "R" and "S/T" codes, which correspond to the chapters related to symptoms and injury. The gray bars in the Diagnosis: ED Visits by Category figure show the percentage of ED visits in each chapter. For example, 22% of all ED visits had a primary diagnosis in the "R" chapter of symptoms, and 20% of all visits had a primary diagnosis in the "S/T" chapter of injuries.[1]

1 To make the figure readable, the category labels in this figure are abbreviations for the more complicated ICD-10-CM codes, which can be found here: https://www.unboundmedicine.com/icd/index/ICD-10-CM/Chapters_and_Sections

ED VISITS BY CATEGORY[2]



Some diagnosis categories were far more likely to have super-utilizer visits than others. To visualize this, the colored bars in the Diagnosis: ED Visits by Category figure show the percentage of low-(green), high-(orange) and super(red)- utilizer visits in each primary diagnosis chapter. Bigger green bars mean that more visits with that diagnosis chapter were from low-utilizers, suggesting that these visits are less likely to be preventable. In contrast, a larger red bar means that a high percentage of visits in this diagnosis chapter are from people who visit the ED frequently. For example, Chapter F, corresponding to diagnoses related to mental, behavioral, and neurodevelopmental disorders, has the highest percentage of super-utilizer visits. Nearly 22% of visits in this chapter were from super-utilizers, compared to only 4% of visits in the Chapter S,T: Injuries category.

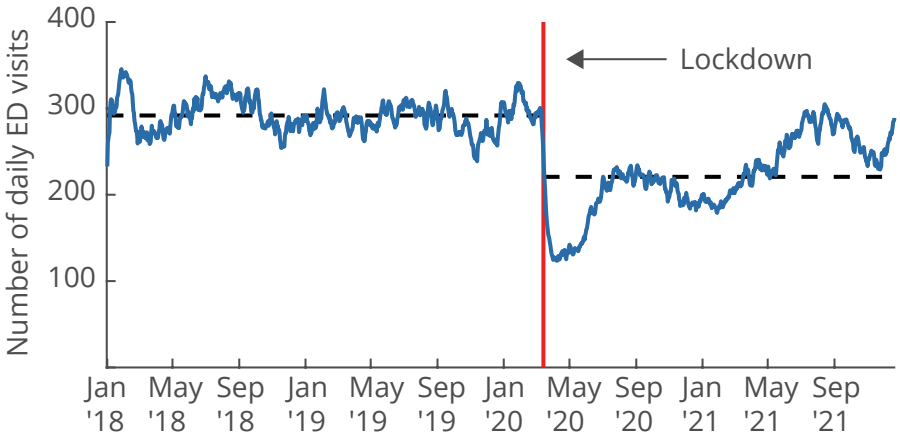
When a category has a high percentage of high- and super-utilizer visits (large red and orange bars), it means that addressing the health needs in that category for a small number of people could in theory prevent a large number of ED visits in that category. When a category has a large green bar, it means that this category of health need would have to be addressed in the entire geographic area's population to (in theory) reduce the number of ED visits.

2 Chapter U is reserved for emergency code use. In this data set, every "U" code was related to COVID-19.

ED UTILIZATION OVER TIME

On March 16, 2020, in an effort to slow the spread of COVID-19, Governor Phil Murphy issued Executive Order 109, which shut down most non-essential activity in New Jersey. The figure of average ED visits per day shows that the number of daily ED visits decreased sharply after Executive Order 109. Before March 16, 2020, there were 292 visits on an average day; after March 16, 2020 that number decreased to 221.

ED USAGE OVER TIME



SECTION 5: COMMUNITY VOICE

This section outlines community members who participated in the focus groups and the interviews as well as the outreach and distribution plan to recruit survey participants. Specific efforts were made to recruit community members that are challenging to engage (e.g., those that might be homebound).

INTERVIEWS: EXPERT AND COMMUNITY STAKEHOLDER PARTICIPATION

Participants in the interviews consisted of health, social service, and criminal justice representatives from across Atlantic County, and AtlantiCare executives occupying various leadership roles. There were 10 virtual interviews conducted through Zoom and 12 individuals participated. Topics discussed in the interviews spanned the areas of healthcare, criminal justice, population health, food security, and housing. The identities of the interviewees will not be disclosed in any reports. Interviewees will be referred to by gender-neutral pseudonyms to protect their identity.

FOCUS GROUPS: COMMUNITY OUTREACH AND ENGAGEMENT

Focus groups were organized with the goal of gaining input from traditionally underserved populations, including individuals of low socioeconomic status and racial and ethnic minorities. Members of these populations were strongly represented in the community focus groups (see Section 5: Table 1 below for the complete list of focus groups) through our collaborative efforts with service agencies such as the Oceanside Family Success Centers, Hammonton Family Success Center, Atlantic Prevention Services, Outpatient and Partial Hospitalization programs, Children's Mobile Response and Stabilization Services, Jewish Family Services, and AtlantiCare HealthPlex. 138 people participated in the focus groups. 15 focus groups were conducted in person, with 8 conducted virtually through Zoom or Microsoft Teams. We collaborated concurrently with agencies to organize 2 focus groups in Spanish, allowing us to get input directly from several individuals whose primary language was Spanish. As part of a culturally responsive approach, we had experienced Spanish speakers as facilitators conducting the focus groups in Spanish. Lastly, we also conducted several focus groups with staff and service providers from various organizations such as Atlantic Prevention Services, Child/Adolescent Outpatient and Partial programs, Children's Mobile Response and Stabilization Services, and Jewish Family Services. These individuals provided unique perspectives on the needs of the communities in which they serve, especially in terms of the needs that have arisen during the pandemic.

Out of caution for the safety of those involved and convenience surrounding individual schedules, some focus groups were done virtually via Zoom. We collaborated with staff from the various agencies and programs to conduct outreach with the potential participants, sent reminders ahead of the focus groups, and arranged for compensation. As mentioned earlier, we could not have obtained such rich data were it not for the efforts of our partners who went above and beyond to seek participants for the focus groups.

TABLE 1: FOCUS GROUP PARTICIPANTS

Organization	Date	Number of Participants	Description of Participants	In-Person or Virtual / Language
Child/Adolescent Partial Hospitalization Program	7/29/2022	6	Staff	Virtual (English)
Atlantic Prevention Services	8/4/2022	6	Staff	Virtual (English)
Child/Adolescent Outpatient Department	8/8/2022	9	Staff	Virtual (English)
Oceanside 2 Family Success Center - Acenda	8/10/2022	6	Community Members	In-Person (Spanish)
Oceanside 2 Family Success Center - Acenda	8/10/2022	13	Community Members	In-Person (English)
Oceanside 1 Family Success Center - Acenda	8/10/2022	8	Community Members	In-Person (English)
Oceanside 1 Family Success Center - Acenda	8/10/2022	2	Community Members	In-Person (Spanish)
Children's Mobile Response and Stabilization Services	8/24/2022	15	Staff	Virtual (English)
Hammonton Family Success Center - AtlantiCare	9/21/2022	18	Community Members	Virtual (English)
Oceanside II Family Success Center - Acenda	9/21/2022	7	Community Members	In-Person (English)
Jewish Family Services Staff	9/28/2022	8	Staff	In-Person (English)
AtlantiCare HealthPlex	9/28/2022	13	Community Members	In-Person (English)
AtlantiCare HealthPlex	9/30/2022	11	Community Members	In-Person (English)
Jewish Family Services Staff and Clients	9/30/2022	16	Staff	In-Person (English)

COMMUNITY SURVEY: OUTREACH AND DISTRIBUTION

To accommodate preferences between participants, we used both paper and electronic versions of the survey. The survey and all related promotional materials were available and distributed in both English and Spanish.

We employed several distribution strategies. First, survey links and promotional materials were sent out via email and in-person delivery to various partner organizations. Outreach to these organizations was done through a collaborative effort among WRI, AtlantiCare, and the Advisory Board Committee. WRI reached out to relevant organizations across Atlantic County via email and phone to inform them of the survey and its potential impact on their communities. AtlantiCare employees offered to share the survey link and promotional materials with partner organizations and the offices of their affiliated providers. The AtlantiCare Advisory Board Committee shared the link with their community partners and helped identify avenues to reach out to underrepresented groups such as placing palm cards in centers working with Spanish-speaking individuals and at clinics and medical tents offering the COVID-19 vaccine. Second, both WRI and AtlantiCare shared the survey link on their websites, social media, and respective newsletters multiple times over the course of the data collection period. Third, we worked with AtlantiCare's Marketing team to distribute the survey via targeted ads on social media to increase outreach to demographics with lower participation rates at the last CHNA (e.g., individuals who identify as a male between the ages of 18-

64, participants between the ages of 18-49 of all gender identities). Lastly, we worked with various partner organizations to distribute paper copies of the survey to better reach populations for whom technology may be a barrier, and later arranged for retrieval of the completed surveys either by mail delivery or in-person pick-up. Additionally, flyers and paper copies of the survey were distributed in various locations throughout the county.

Due to the anticipated reduced participation of housing-insecure participants in virtual and in-person focus groups, the survey was edited to include additional questions around housing, neighborhood connections, child health, and access to health information. Thus, when disseminated, the survey was able to capture additional community opinions on these specific issues. To alleviate participant burden and account for participants' limited time, as noted in the methodology section, the survey was organized to prioritize the main questions that would indicate the strongest health needs as perceived by residents of these counties.

VIRTUAL DATA COLLECTION CHALLENGES AND DATA CHECKS

Virtual data collection did present challenges such as potential participants lacking reliable internet connection or a secure space to join the focus groups. Also, virtually offered focus groups presented another barrier as at two virtual focus groups no participants attended after registering and another two of the focus groups were infiltrated by bots. The virtual format did have benefits - doing the focus groups virtually eliminated the need for participants to secure child care in order to participate and saved people travel time.

The virtual aspect of survey distribution posed considerations for data cleaning and survey authenticity. Bots are often created and sent out by programmers to flood online surveys with automated fabricated responses. Bot responses can be frequent, hard to catch, and can lead to a misinterpretation of data, therefore making it pertinent to separate bots from genuine responses. Using social media to distribute surveys increases the likelihood of the presence of bots as public platforms are easily accessible. Implementing a Completely Automated Turing Test to Tell Computers and Humans Apart (CAPTCHA), verifying email addresses, randomizing participant incentives, and using trap questions or honeypots can be used to help catch and avoid bots flooding the data. Certain software such as Qualtrics can also aid in recognizing bot responses. For example, the feature "ExpertReview" contributes to response quality control by flagging answers that were completed abnormally fast; "bot detection" is another feature that scores the likelihood of responses being from bots.

Because we experienced bot infiltration during this data collection during focus group and community survey data collection, WRI engaged in a thorough data review and check to ensure all data was accurate and representative of real people from Atlantic County.

A multi-pronged approach was developed to identify bot responses for the virtual focus groups and community survey, and for future data collection efforts, the strategy consisting of several recommended steps to approach cleaning potential bot-ridden data collected through Qualtrics.

SECTION 6: DISSEMINATION PLAN

This Community Health Needs Assessment report will be made widely available on the AtlantiCare website (https://www.atlanticare.org/for-our-community/programs/community-needs-assessment). Paper copies of the report will be made available for public inspection upon request and without charge at AtlantiCare facilities. AtlantiCare will be completing presentations to partner organizations, and the WRI research team is available to answer community questions or create visuals suitable for community needs. Prior Community Health Needs Assessment reports will remain widely available to the public, both on the AtlantiCare website and in paper form until AtlantiCare has made two subsequent Community Health Needs Assessment reports widely available to the public.

SECTION 7: PRIORITIZATION

This section describes how health needs were prioritized for this assessment. The IRS regulations stipulate that many different prioritization methods are acceptable; one listed method is the community's perception of need. WRI prioritized needs solely using the community voice, and we used secondary data to frame the needs as assessed by the community. A main source of prioritization was the community response to three questions: health issues facing the community, barriers to care in the community, and resources missing in the community. The software used in qualitative analysis of focus groups and surveys (NVivo) returned major content themes. WRI integrated these themes with data from the community survey. These themes were largely consistent with the survey data. Thus, in this CHNA, the ranking of needs largely follows the community's ranking of issues facing the community, which was consistent with the themes that emerged in the focus groups and interviews. To that end, the priorities are:

1. Connections to Health
2. Transportation
3. Mental/Behavioral Health
4. Substance Misuse
5. Access to Food
6. Housing

SECTION 8: THEN AND NOW

EVALUATING THE PROGRESS MADE IN ADDRESSING PREVIOUS PRIORITY AREAS

FINDINGS FROM PRIOR ASSESSMENTS

At the conclusion of each CHNA, AtlantiCare is required to develop an Implementation Strategy to specifically state how, along with its community partners, it intends to meet some of the community's prioritized needs. While it is not realistic that all needs can be addressed, as part of each report, AtlantiCare has asked the community to assist us in prioritizing our interventions.

Below is a high-level summary of the prioritized needs by report year, and our efforts to date to mitigate these findings:

2013

Reported Community Need	Interventions to Address Stated Need
Care Coordination	**Embedded Case Managers:** Case managers were assigned to all Primary Care Plus practices to assist patients with chronic conditions and complex needs.
Cost of Care	**Expanded Clinic Offerings**: Expanded AtlantiCare's Federally Qualified Health Center (FQHC) to be able to treat more individuals with expanded services. Expanded services now include an anticoagulation clinic, substance use treatment, and pediatrics. The FQHC now sees patients in both Atlantic City and Galloway.
Access to Care	**AtlantiCare Access Center:** AtlantiCare's call center has expanded its hours to ensure that individuals are able to seek the care and navigation they need, beyond the traditional work day. **Extended Appointment Hours:** Many of AtlantiCare's primary and specialty care offices, in addition to Urgent Care, offer non-traditional appointment times to ensure that patients can access care when needed. **Expanded Primary & Specialty Care:** AtlantiCare's Physician Group has significantly expanded the number of primary and specialty providers that are available in this region. Significant investments in Cardiology, Oncology, and other specialties ensure that our community can access high-quality care locally.
Community Support of Healthy Lifestyles	**Healthy Lifestyle Programming:** AtlantiCare has launched several programs to assist individuals in starting and sustaining healthy lifestyle practices. Our efforts include: Growing Green A school and community gardening initiative Senior University An healthy lifestyle and education series geared to individuals 65 years and older Matters of Balance- A fall-prevention course Employee Workforce Initiatives On-site education and resources to encourage healthy behaviors

2016

Reported Community Need	Interventions to Address Stated Need
Behavioral Health/ Mental Health Prevention & Treatment	**Suicide Prevention:** In response to the poor mental health outcomes, AtlantiCare launched a Zero Suicide Initiative to educate our clinicians, patients, caregivers, and the broader community about the warning signs of suicide. This initiative also promoted local and national resources to assist, including the promotion of the National Suicide Hotline, a 24/7 resource. **Depression:** Depression screening was implemented system-wide to assist in identifying those accessing our services at greatest risk. When necessary, patients are referred for additional care and support.
Substance Use Disorders	**Healing Atlantic County:** An initiative aimed at reducing opioid-related deaths, was introduced to our community. Our efforts include: • 24/7 Peer Recovery Coaches • Expanded outpatient medication-assisted treatment services • Employment opportunities for individuals in recovery • Stigma reduction education for clinicians • Medication disposal • Prescription monitoring • Pain Management
Food Insecurity/ Access to Healthy Foods	**Pantry at the Plex:** a healthful food pantry was established at the William L. Gormely HealthPlex in Atlantic City for patients deemed food insecure. In addition to food, individuals can also obtain assistance in completing Supplementation Nutrition Assistance Program (SNAP) applications. **Summer Meals Lunch & Learn Series:** a partnership with the Community Food Bank of New Jersey, where nutritious meals are offered to children and their parents with limited resources during the summer months when school is not in session. Meals are complemented by yoga, art classes, and other enriching educational offerings as well. **Pop-Up Farm Markets:** Pop-up produce markets occur at the William L. Gormley HealthPlex at least two times a month, and periodically in the surrounding community, providing fresh fruits and vegetables, provided by the Community Food Bank of New Jersey to patients and Atlantic City residents.

2019-2020

Reported Community Need	Interventions to Address Stated Need
Behavioral Health	AtlantiCare has continued to invest in behavioral health. These investments included the offering of expanded treatment options like electroconvulsive therapy and the greater use of technology to include virtual therapy sessions. We've also now integrated social workers and behavioral health specialists into our primary care practices. In addition, through partnerships with local schools we've been able to expand our prevention efforts, to include school health specialists that are on-site within area schools to further reinforce and enhance student well-being and resiliency skills. Similar programs have also been implemented for adult populations in workplace settings.

Reported Community Need	Interventions to Address Stated Need
Substance Use	AtlantiCare has continued to combat rising opioid-related deaths and the stigma associated with substance use. Continued education and engagement efforts have occurred to debunk myths associated with substance use through professional workshops and informal staff presentations. We continue to expand our use of Peer Recovery Specialists and have even incorporated them into specialty service lines like Maternal-Fetal Medicine. Peers can also be found in our Emergency Rooms, and they also partner with Emergency Medical Services to access patients who decline being transported to the emergency room post-overdose. In the summer of 2021, AtlantiCare opened a Bridge Clinic at the AtlantiCare Regional Medical-City Campus to provide interim substance use treatment for patients until a longer-term recovery treatment plan can be established. This program started out providing services and support 3 days a week and will soon expand to 7 days a well. To complement this offering, AtlantiCare incentivized its Primary, Emergency, and Hospitalist Medicine providers to obtain their X-waiver, a certification enabling them to treat opioid use disorder via medication therapies. In total over 30 providers received their certification. Additionally, AtlantiCare expanded Narcan distribution in clinical and community settings to high-risk populations, and revisited protocols to ensure that patients with an underlying of diagnosis of substance use disorder were able to initiate treatment during their hospital stay.
Care for the Elderly	As of the drafting of this report, AtlantiCare will be welcoming John Brooks Recovery Center into its family of services to further grow our inpatient and outpatient treatment capabilities. AtlantiCare continues to explore ways to provide specialized experiences and care, especially for senior populations. AtlantiCare operates a Life Connection program that provides comprehensive medical and social services via an interdisciplinary team of professionals helping program participants delay or avoid long-term nursing home care. We continue to refine and look for ways to expand this program which currently exists in Atlantic City to meet care needs on the mainland.
Dental Services	In addition in the Life Connection program, in 2021 AtlantiCare opened a Geriatric Primary Care Clinic in Mays Landing, NJ. All members of the clinic's care team are experienced in meeting the needs of our most mature patients. The 2019 needs assessment identified a significant need for dental services in our community, especially in under or uninsured populations. There is a strong linkage between dental health and overall health, and as such AtlantiCare pursued opportunities to bring dental services to Atlantic City. While services won't be available until the Spring of 2023, we are proud to soon be able to offer these much-needed capabilities to a community that has long gone without in our newest facility- the AtlantiCare Medical Arts Pavilion. The dental clinic will be offered via a partnership and will feature 10 chairs that will serve both pediatric and adult populations.
Healthy Lifestyle Programming	**Stress and Resiliency:** Pre and post-pandemic AtlantiCare has continued to roll out programming to area students, our workforce, and our broader community to aid the management of stress. Meditation, mindfulness, and joy-evoking activities are regular offerings that we deploy in a variety or internal and community settings. AtlantiCare's health education team is pursuing certifications in social-emotional learning to better prepare our workforce to support our community's needs in the future.
Physical Activity	After disruptions in indoor physical activities in response to the pandemic, AtlantiCare was able to innovate to offer virtual and outdoor physical activities. In addition, it was able to expand its in-community and physician-referred fitness offerings. This includes partnering with schools to provide yoga for youth, offering free fitness classes in two community parks in Atlantic City, and discounted rates for individuals with diagnosed chronic conditions to participate in fitness training and healthy lifestyle programming.

Reported Community Need	Interventions to Address Stated Need
Addressing the Social Determinants of Health	Since our last assessment, AtlantiCare has begun screening patients for health-related social needs. Beginning with our case management team, and now expanding to our women's and behavioral health services lines, along with primary care, we are now looking at all factors that impact health outcomes. Housing and access to food are among the top needs expressed by patients.
Affordable Housing	AtlantiCare convened an internal committee to explore opportunities to address housing needs within our community. While this work is still ongoing, initial steps include offering homeownership and other financial educational opportunities. Webinars and even financial coaching are available to our staff and will soon be expanded to select patient populations. AtlantiCare also offers a Down Payment Assistance program to reduce barriers for our employees to purchase homes in Atlantic City. Throughout the pandemic, AtlantiCare played a key role in ensuring safe places to isolate and quarantine housing-insecure populations. AtlantiCare will leverage the lessons learned throughout this time to further support any housing opportunities.
Food Access	AtlantiCare continues to work on access to healthy foods and food insecurity. Since our last assessment, AtlantiCare opened a second food pantry. We now operate pantry sites in Atlantic City as part of our HealthPlex and in Hammonton as part of the Family Success Center. With social determinant screenings now being completed on select populations, we are able to connect patients who are food insecure with food from these pantries or other sites in the community. AtlantiCare continues to revisit ways in which we can meet patient's immediate needs with healthful food, and also set them up with longer-term supports, like SNAP benefits to mitigate future food security concerns.

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APPENDIX A

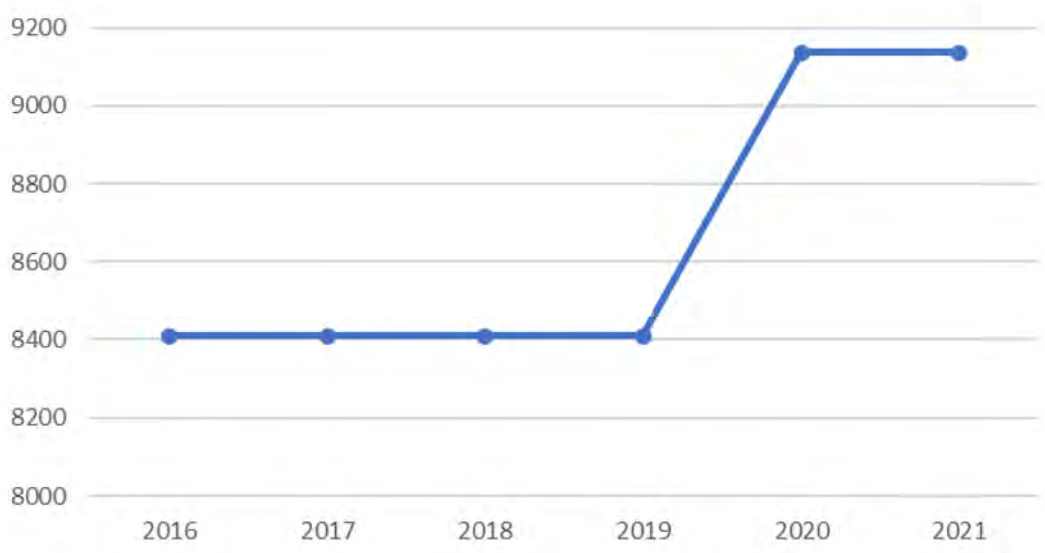
ATLANTIC MUNICIPALITY COMMUNITY CONTEXT

The following municipality profiles provide information about key social determinants of health for Atlantic County municipalities.

ABSECON

According to the 2021 U.S. Census, Absecon city has a total land area of 5.47 square miles with 9,137 residents living in the city. The population density was 1,607 per square mile in 2020. The city experienced population shrinkage between 2019 and 2020, decreasing by 3.81% in 2020. Of the 9,137 residents, there are 6,050 people (66.2%) above the age of 25, 465 (5.53%) of the population under 5 years; 1,431 (17.01%) above the age of 65. In 2019, over a quarter of residents (28.05%) graduated from college.

ABSECON POPULATION (2016-2021)

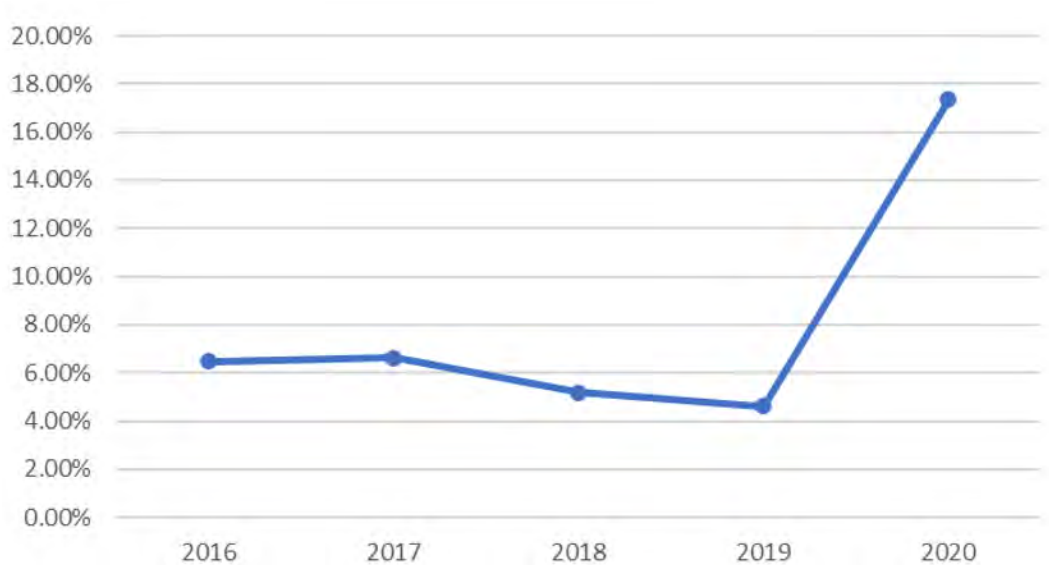


Source: United States Census Bureau, American Community Survey 5 Year Estimates

Absecon City is becoming more racially diverse. According to the 2020 U.S. Census, Black or African American increased from 10.1% in 2019 to 11.4% of the population in 2021. White American decreased from 71.2% to 65.3% of the population. The Asian population decreased from 5.5% to 5.0% of the population. The Hispanic or Latinx population increased from 12.2% to 16.8% of the population.

The economy in Absecon relies heavily on the travel industry. The unemployment rate rose to 17.33% in 2020 from 4.63% in 2019, showing the significant negative impact of COVID-19 hitting the economy of the city. However, the workforce witnessed an increase in 2020. It saw a 3.9% growth, from 4,212 to 4,437 between 2019 and 2020.

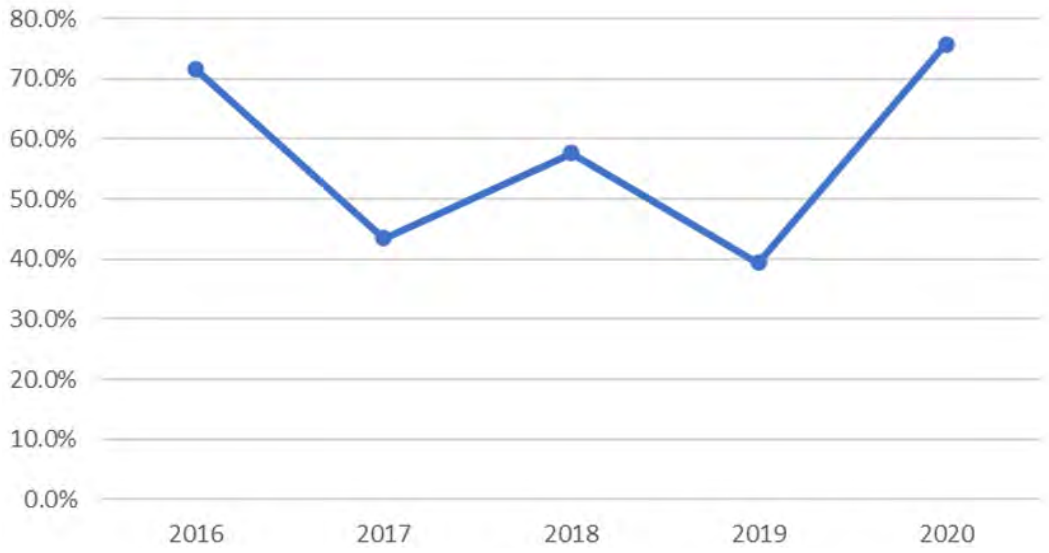
ABSECON UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In 2019, there were a total of 6,645 registered voters in Absecon City, of which 51.95% were registered as Democrats, and 48.05% were registered as Republicans. In 2020, there was a 6% increase in registration from 2019. Among those voters, 33.26% voted for Democrats and 29.65% for Republicans.

ABSECON VOTER TURNOUT (2016-2020)



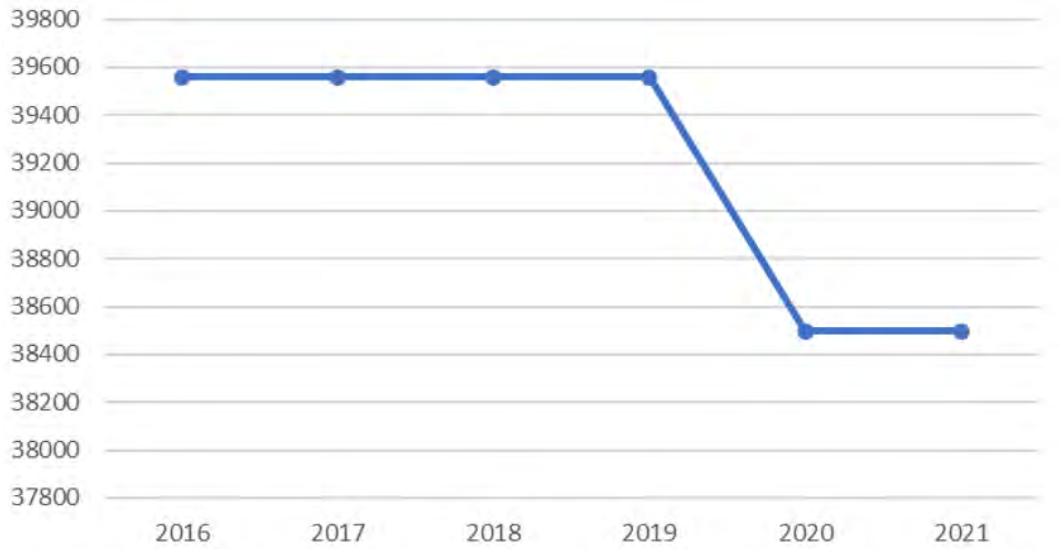
Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

ATLANTIC CITY

For a more in depth description of Atlantic City, please see section 2b, Community Context: Atlantic County & Atlantic City

Atlantic City is a coastal resort city. In 2020, the city had a population of 38,466 with a total area of 17.21 square miles, including 10.76 square miles of land. Based on the 2019 Census, 7.78% of the population is under 5 years, 64.9% is 25 years and over, and 12.7% is 65 years of age or older. According to the 2021 Census, the racial makeup of the county population is 33.7% Black or African American, 15.6% White, 16.5% Asian, and 31.1% Hispanic or Latinx. In 2021, 18.2% of residents graduated from college.

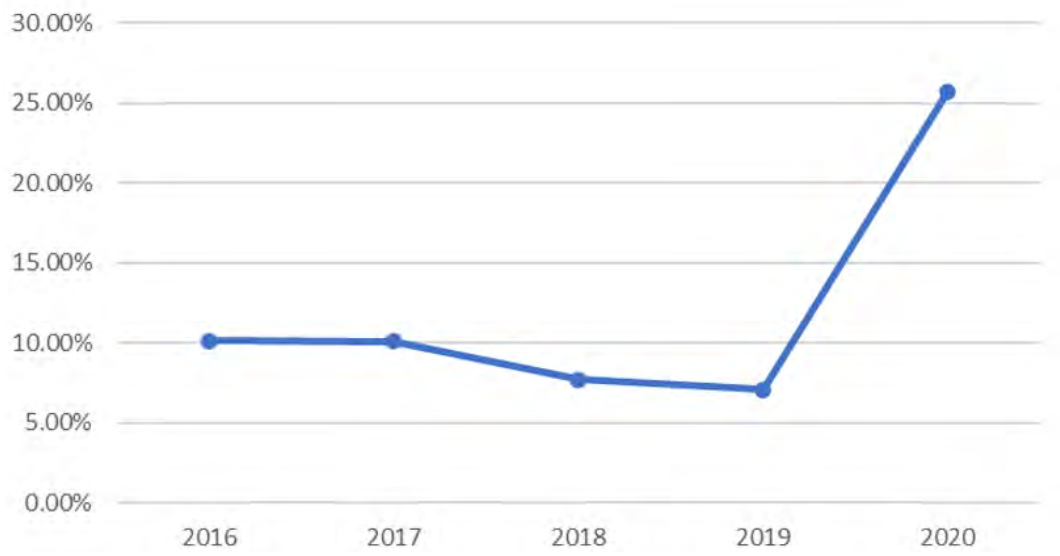
ATLANTIC CITY POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce of the city experienced a slight increase from 2019 to 2020. There were 15,995 residents employed in the labor force in the city in 2020. More than 4,000 residents lost their jobs during the onset of the pandemic, with unemployment rising from 7.09% to 25.71% between 2019 and 2020 on average.

ATLANTIC CITY UNEMPLOYMENT RATE (2016-2020)

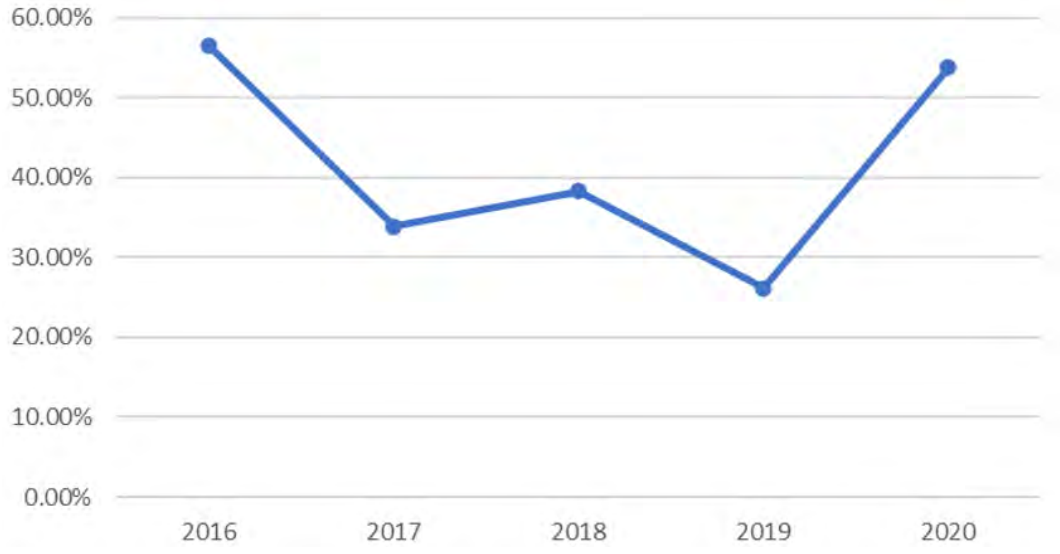


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

The city's violent crime rate experienced a rise from 89 to 309 per 100,000 between 2019 and 2020, a 247% increase. The nonviolent crime rate shared the upward trend, increasing from 948 to 1,013 per 100,000 between 2019 and 2020.

In 2020, there were a total of 25,271 registered voters in Atlantic City, which accounts for 67.27% of the population. Of the voters, 57.66% were registered as Democrats, and 10.38% were registered as Republicans. Atlantic City witnessed a dramatic growth in voter turnout, increasing from 26.16% in 2019 to 53.78% in 2020.

ATLANTIC CITY VOTER TURNOUT (2016-2020)

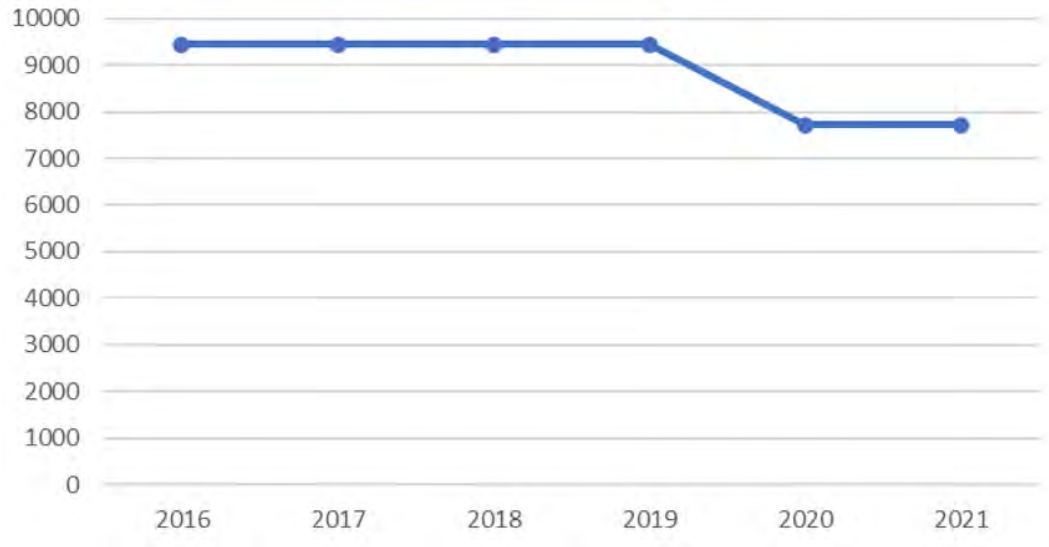


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

BRIGANTINE

As of the 2021 United States Census, the city's population was 7,716, reflecting a decline of 22.4% from 9,450 in 2019. The population density is 1,315 per square mile. Based on the 2019 Census, 4.01% of the population is under 5 years old, 95.5% is 25 years and over, and 21.76% is 65 years of age or older. The racial makeup of the county population is 0.3% Black or African American, 83.6% White, 6.0% Asian and 7.5% Hispanic or Latinx. In 2019, 36.7% of residents graduated from college.

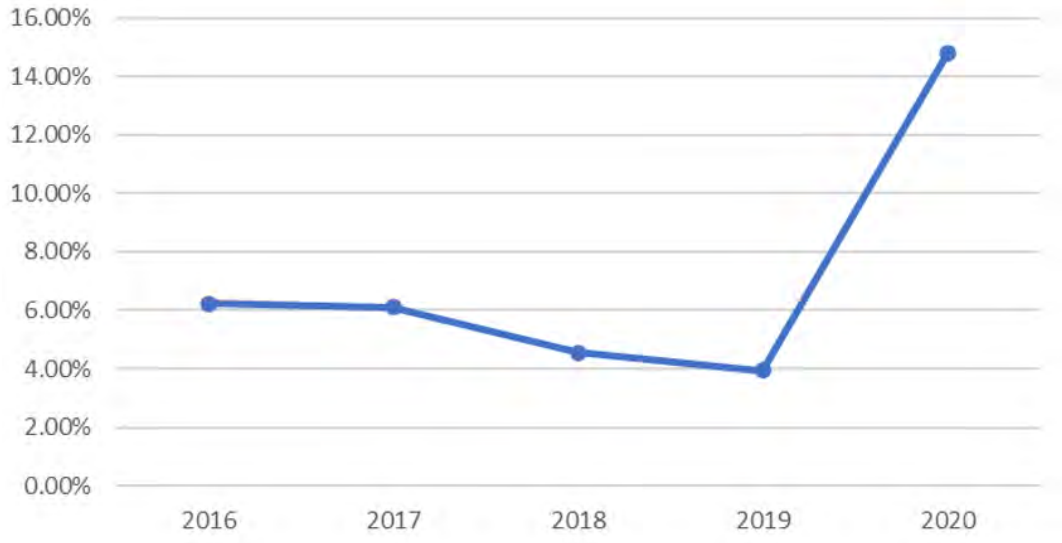
BRIGANTINE POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce shrunk from 4,300 to 4,182 between 2019 to 2020, witnessing a rise in unemployment rate from 3.93% in 2019 to 14.8% in 2020. 618 residents were unemployed in 2020.

BRIGANTINE UNEMPLOYMENT RATE (2016-2020)

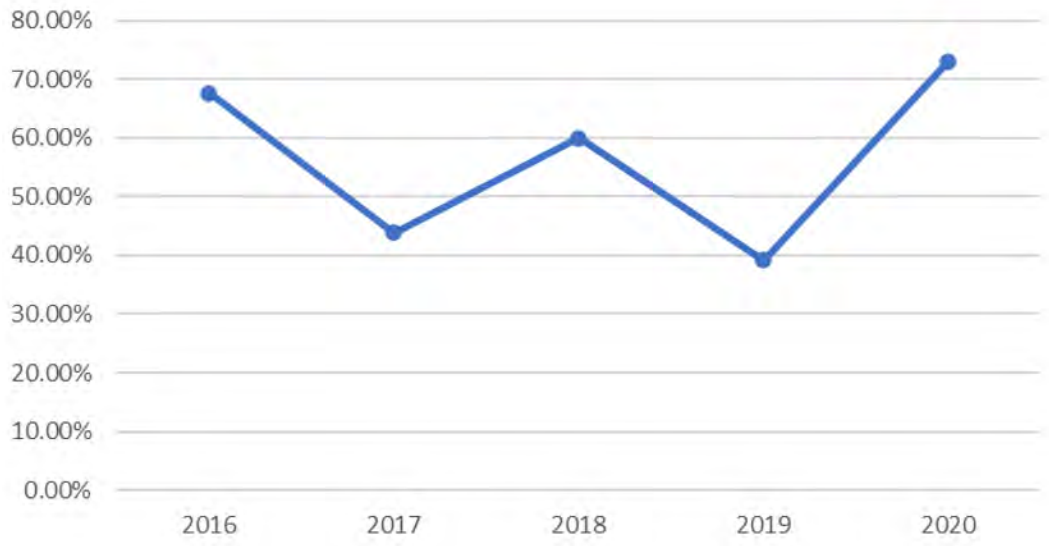


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In Brigantine City, the violent crime rate did not change between 2019 and 2020, which was 5 per 100,000. The nonviolent crime rate increased by 112%, from 74 per 100,000 in 2019 to 157 per 100,000 in 2020.

In 2020, there were a total of 7,332 registered voters in Brigantine City, which accounts for 85.48% of the population. Of the voters, 25.59% were registered as Democrats, 43.07% were registered as Republicans. Brigantine City witnessed a significant growth in voter turnout, increasing almost two times from 39.17% in 2019 to 73.06% in 2020.

BRIGANTINE VOTER TURNOUT (2016-2020)

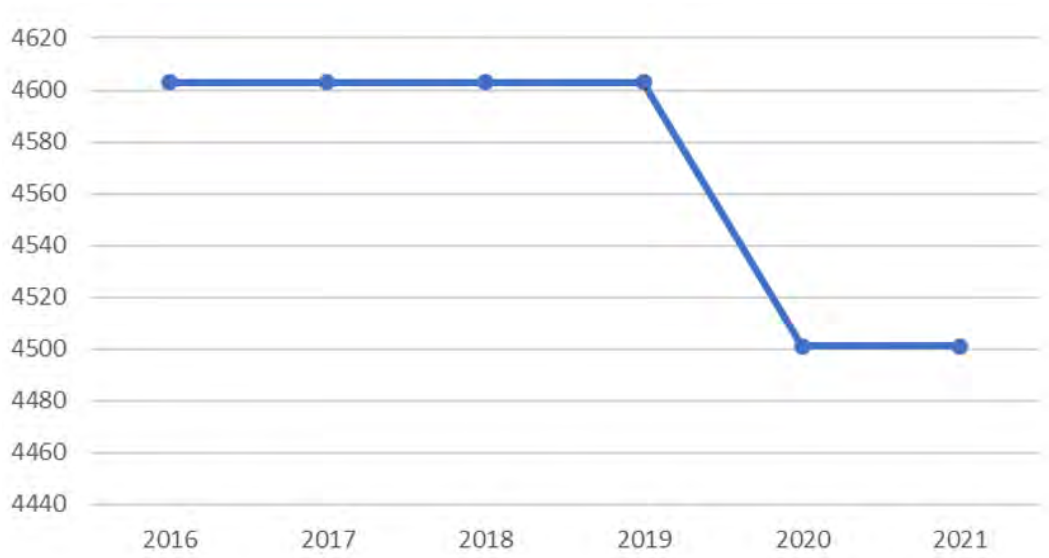


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

BUENA

Based on the 2021 United States Census, the city's population is 4,501. The population density is 564 per square mile. Between 2019 and 2020 the population declined from 4,603 to 4,501, a 0.758% decrease. Based on the 2019 Census, 6.58% of the population is under 5 years, 65.8% is 25 years and over, and 14.19% is 65 years of age or older. The racial makeup is 6.5% Black or African American, 57.1% White, 9.6% Asian and 23.6% Hispanic or Latinx of any race. In 2019, a quarter of residents (19.21%) graduated from college.

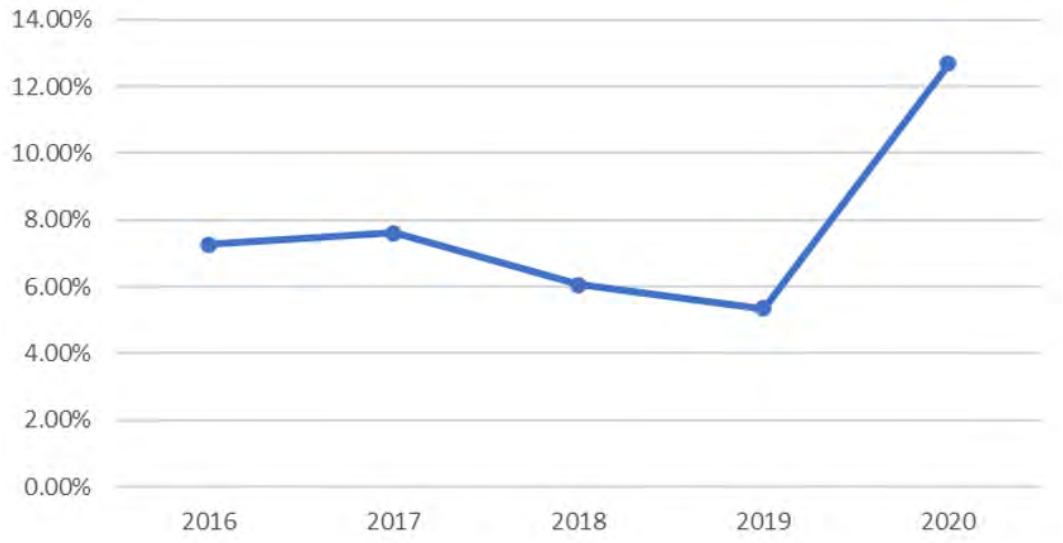
BUENA POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce experienced a slight shrink from 1,927 to 1,800 between 2019 and 2020, and unemployment increased from 5.35% in 2019 to 12.67% in 2020 with 228 residents losing their jobs.

BUENA UNEMPLOYMENT RATE (2016-2020)

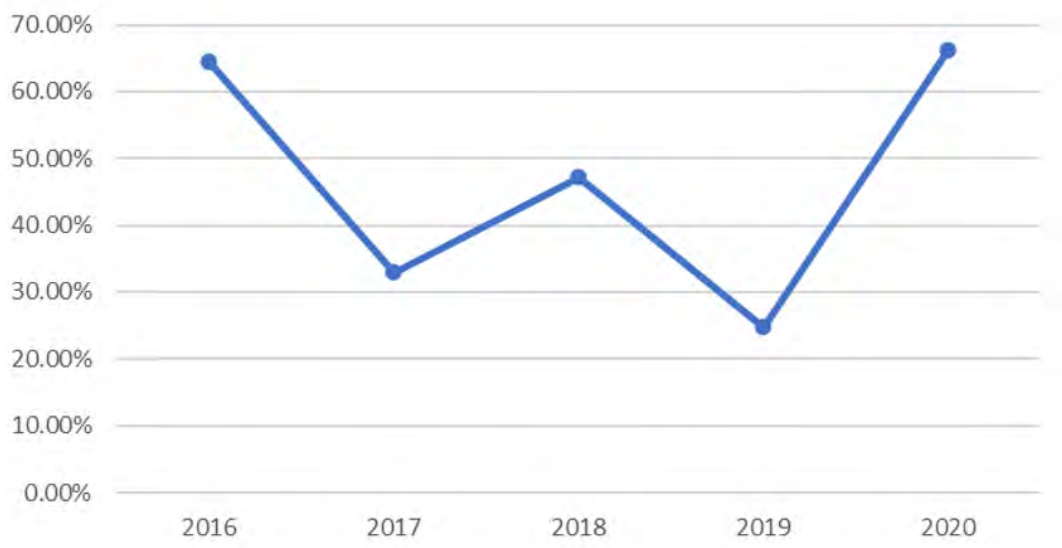


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In Buena, the violent crime rate remained stable, which was around 2 per 100,000 between 2019 and 2020. And the nonviolent crime rate saw a slight decline from 48 per 100,000 in 2019 to 39 per 100,000 in 2020.

In 2020, there were a total of 3,303 registered voters in Buena, which accounts for 77.41% of the population. Of the voters, 27.15% were registered as Democrats and 29.14% were registered as Republicans. Buena witnessed a three-times growth in voter turnout, increasing from 24.8% in 2019 to 66.24% in 2020.

BUENA VOTER TURNOUT (2016-2020)

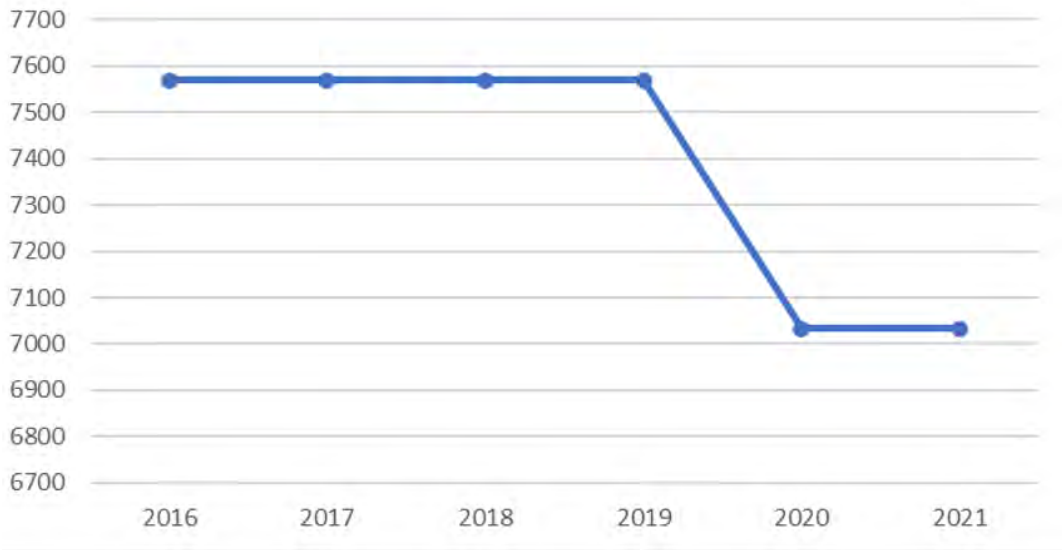


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

BUENA VISTA

As of the 2021 United States Census, the township's population is 7,033, a 7.1% decline from 7,570 in 2019. The population density is 41.08 per square mile. Based on the 2019 Census, 4.83% of the population is under 5 years, 72.67% is 25 years and over, and 16.41% is 65 years of age or older. According to the 2021 Census, the racial makeup of the population is 8.0% Black or African American, 70.9% White, 2.9% Asian, and 14.6% Hispanic or Latinx. In 2019, 13.32% of residents in the township graduated from college.

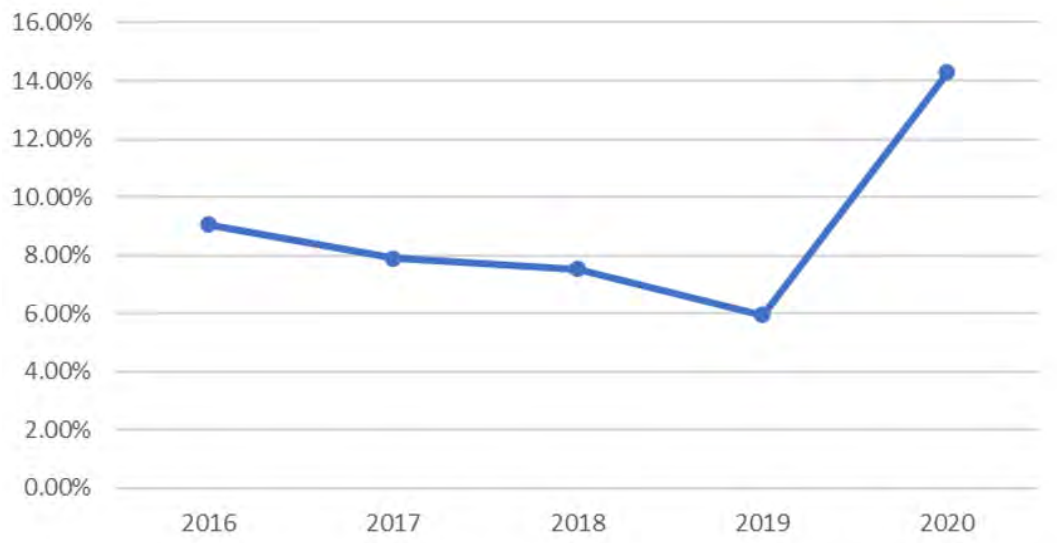
BUENA VISTA POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce of the city experienced a slight decrease from 3,221 to 3,052 between 2019 and 2020, a decline of 5.54%. The unemployment rate rose from 5.96% to 14.29% between 2019 and 2020. And 436 residents lost their jobs in 2020.

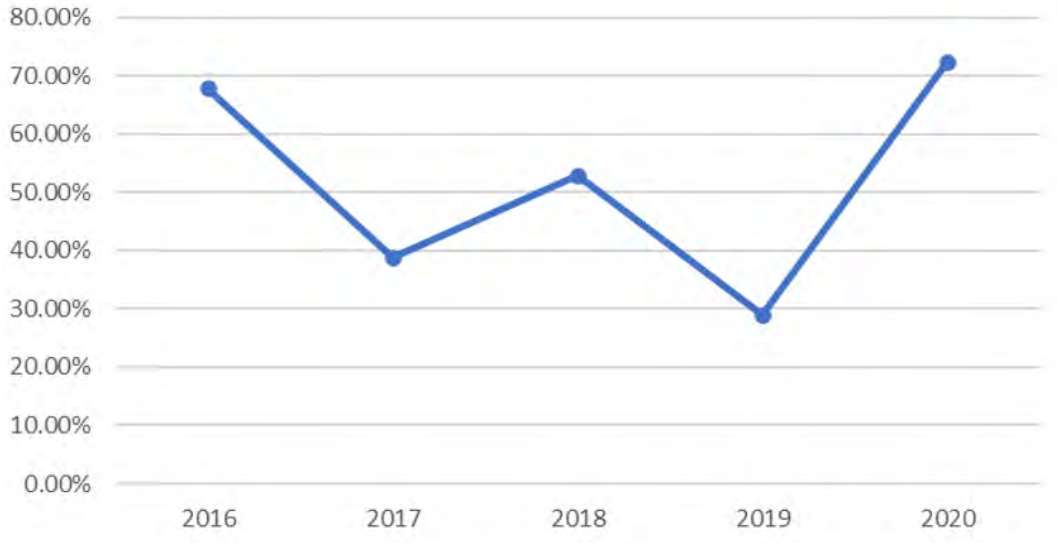
BUENA VISTA UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In 2020, there were a total of 5,764 registered voters in Buena Vista, which accounts for 79.82% of the population. Of the voters, 33.65% were registered as Democrats, and 28.76% were registered as Republicans. Buena Vista witnessed a three-times growth in voter turnout, increasing from 28.76% in 2019 to 72.28% in 2020.

BUENA VISTA VOTER TURNOUT (2016-2020)

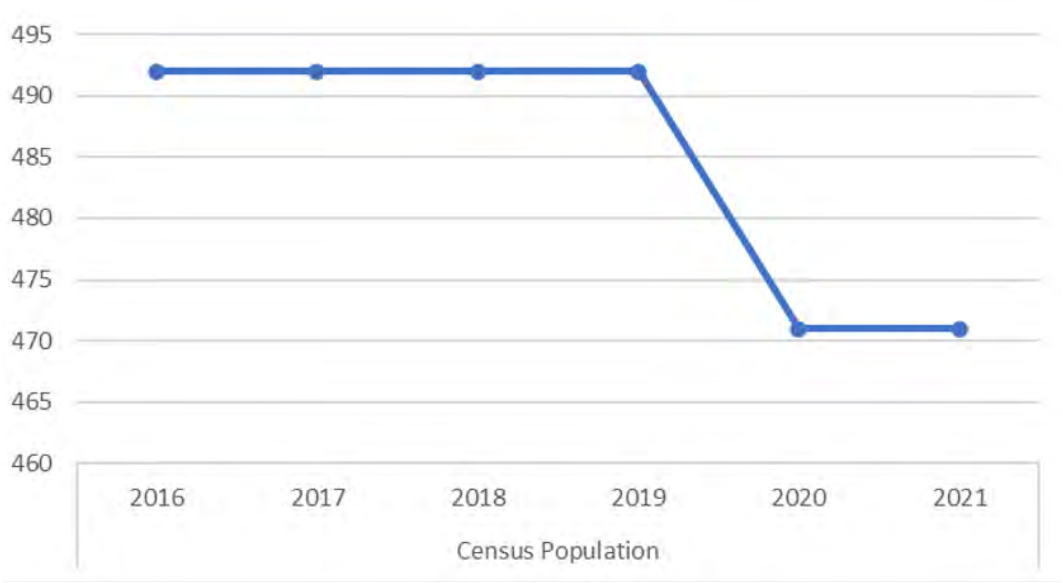


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

CORBIN CITY

Corbin City is home to a population of 471 people. The population density is 63 per square mile. Based on the 2019 Census, 7.11% of the population is under 5 years, 77.64% is 25 years and over, and 12.2% is 65 years of age or older. The racial makeup of the county population is 0.3% Black or African American, 97.4% White, 0.9% Asian, and 0.0% Hispanic or Latinx. Among residents, one third of them (31.94%) are college graduates.

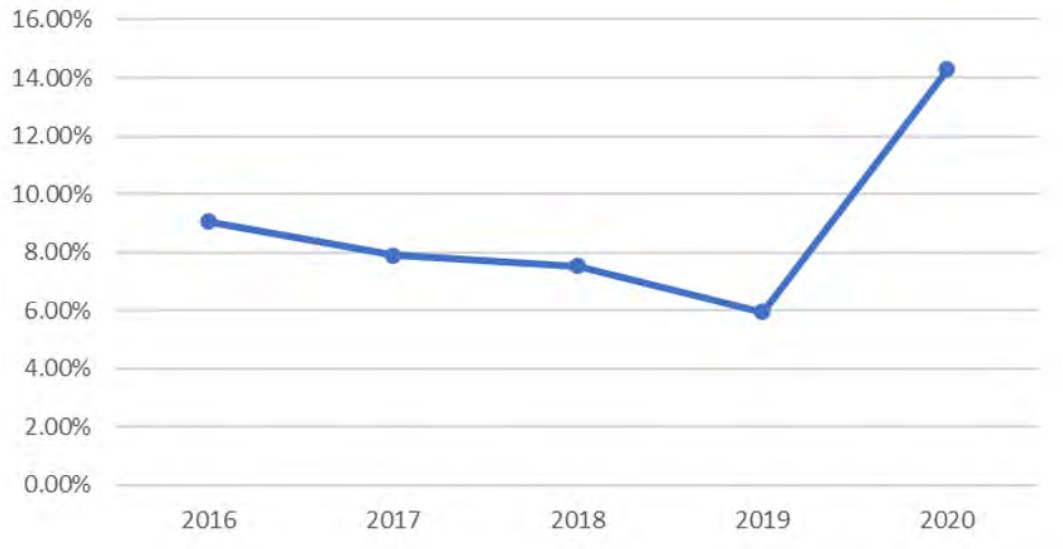
CORBIN CITY POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce of the city experienced a slight decline from 252 in 2019 to 236 in 2020. It witnessed a significant increase in its unemployment from 5.16% in 2019 to 11.44% in 2020. 27 people were reported to be unemployed in 2020.

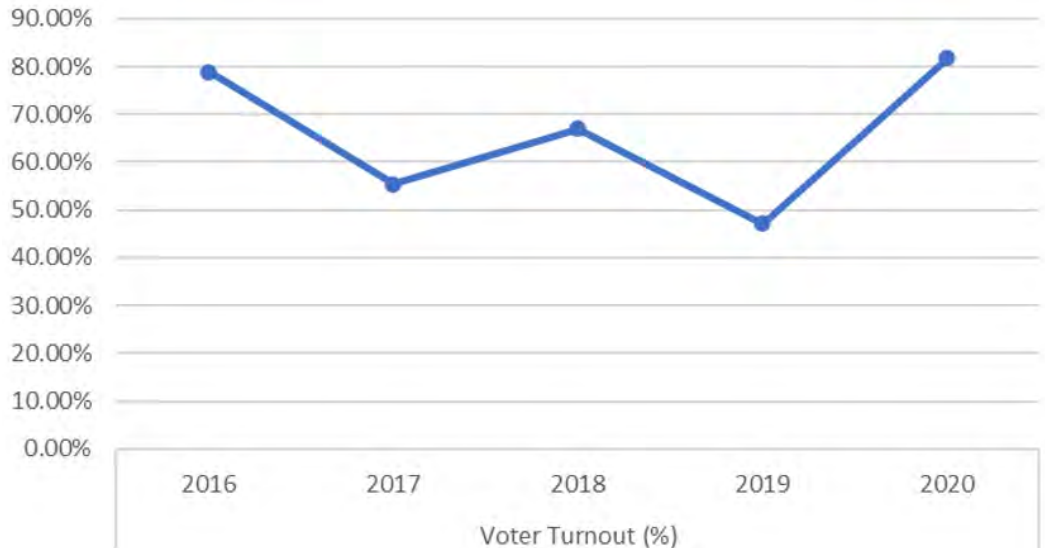
CORBIN CITY UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In 2020, there were a total of 409 registered voters in Corbin City, which accounts for 83.81% of the population. Of the voters, 22.25% were registered as Democrats, and 49.63% were registered as Republicans. And Corbin City witnessed their voter turnout double, increasing by 81.66% in 2020 from 47.06% in 2019.

CORBIN CITY VOTER TURNOUT (2016-2020)

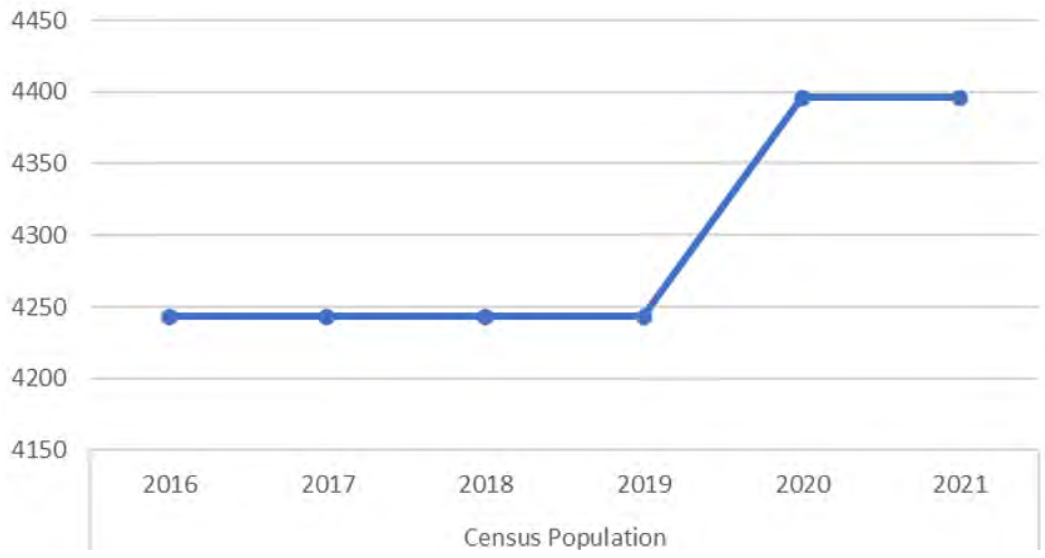


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

EGG HARBOR CITY

As of the 2021 United States Census, the city's population is 4,396. The population density is 67.05 per square mile. Based on the 2019 Census, 6.79% of the population is under 5 years, 62.35% is 25 years and over, and 11.81% is 65 years of age or older. According to the 2021 Census, Hispanics/Latinx make up the largest percentage of population at 27.4%. The remaining racial makeup is 27.8% black or African American, 41.0% White and 0.9% Asian. In 2019, one third of residents (31.6%) are college graduates.

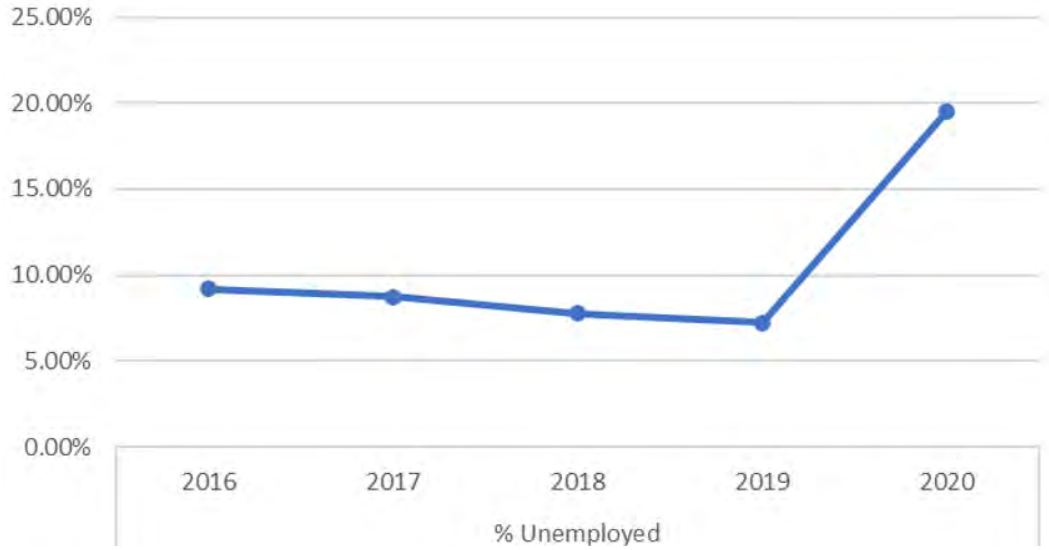
EGG HARBOR CITY POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The labor force of the city remained stable, averaging around 1,887 people employed between 2019 and 2020. Egg Harbor City's unemployment rate increased to 19.54% in 2020 from 7.24% in 2019, an increase of 12.3%. Among residents, 368 were reported to be unemployed in 2020.

EGG HARBOR CITY UNEMPLOYMENT RATE (2016-2020)

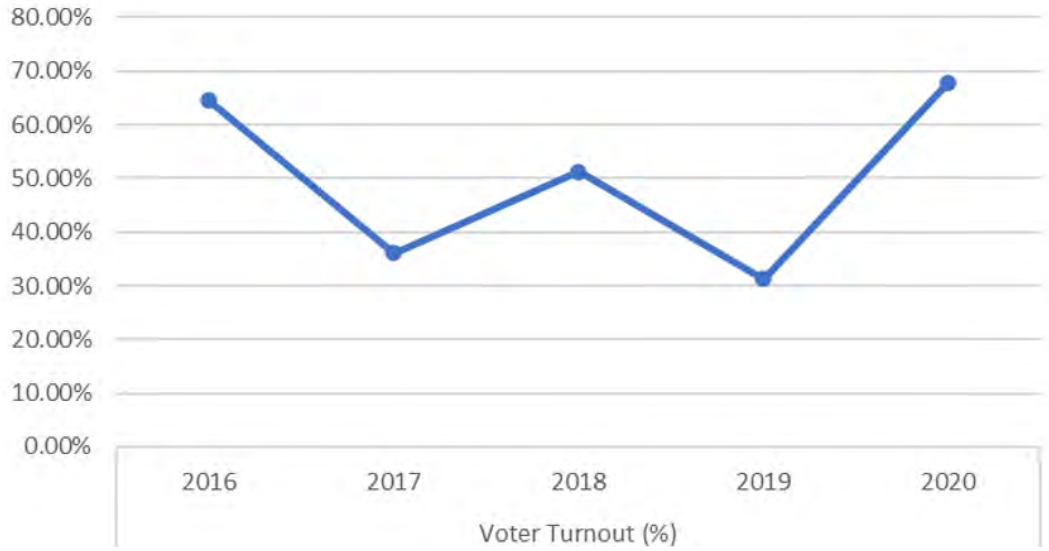


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In Egg Harbor City, the crime case rose between 2019 and 2020. The violent crime rate in the city increased slightly, from 4 to 15 per 100,000. And the nonviolent crime rate rose from 137 to 156 per 100,000 in 2020, a 13.9% increase.

In 2020, there were a total of 3,069 registered voters in Egg Harbor City, which accounts for 75.65% of the population. Of the voters, 42.21% were registered as Democrats and 21.77% were registered as Republicans. And Egg Harbor City witnessed its voter turnout double, increasing from 31.26% in 2019 to 67.84% in 2020.

EGG HARBOR CITY VOTER TURNOUT (2016-2020)

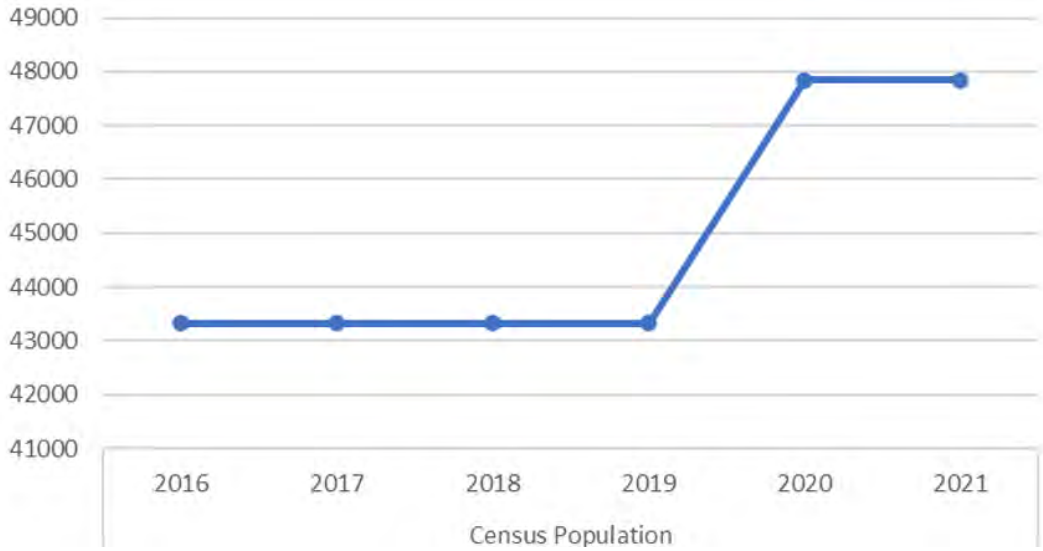


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

EGG HARBOR TOWNSHIP

According to the 2021 United States Census, Egg Harbor Township's population is 47,842, a 10.43% increase since 2019. The population density is 3,881 per square mile. Based on the 2019 Census, 6.31% of the population is under 5 years, and 10.78% is 65 years of age or older. According to the 2021 Census, Egg Harbor Township is becoming more racially diverse, the racial makeup of the county population is 7.3% Black or African American, 58.3% White, 13.0% Asian and 16.7% Hispanic or Latinx. In 2019, 16.24% of residents graduated from college.

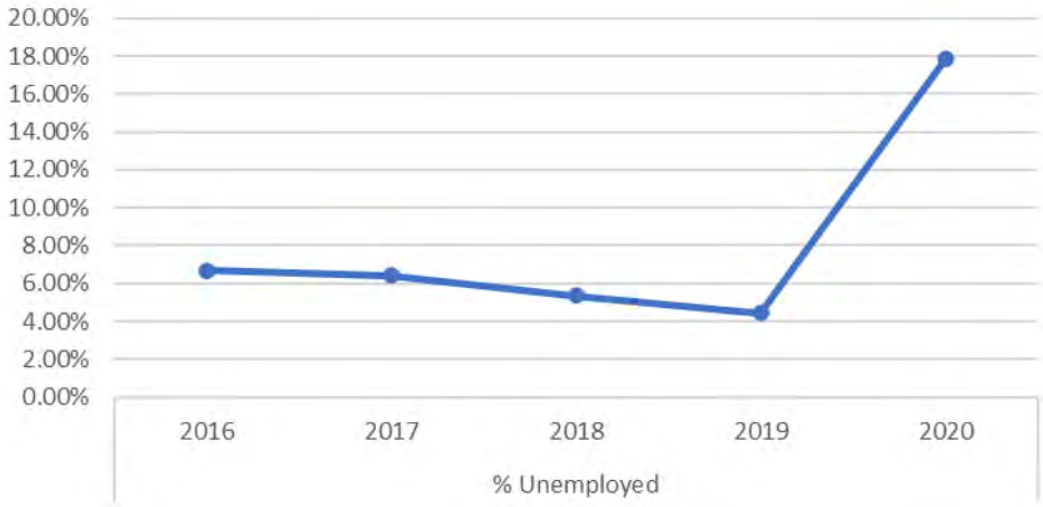
EGG HARBOR TOWNSHIP POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce of the township remained stable between 2019 and 2020 (20,450). However, it witnessed a significant increase in its unemployment. 3,664 residents lost their jobs in 2020, resulting in the unemployment rate reaching 17.82%, a 13.37% increase from 4.45% in 2019.

EGG HARBOR TOWNSHIP UNEMPLOYMENT RATE (2016-2020)

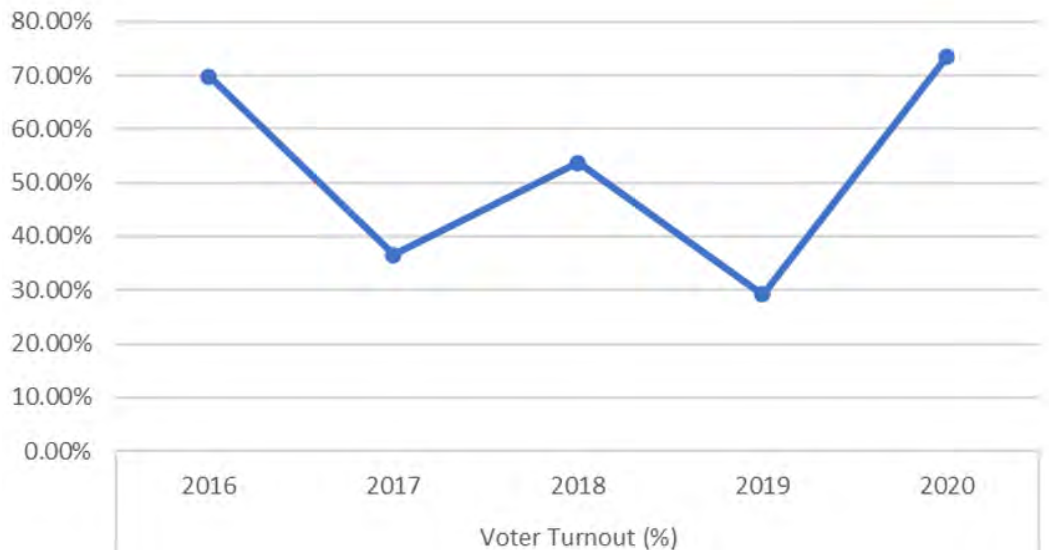


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In Egg Harbor Township, the violent crime rate increased slightly, from 9 to 50 per 100,000 between 2019 and 2020. And the nonviolent crime rate saw a sharp rise, increasing by 165% from 300 in 2019 to 795 per 100,000 in 2020.

In 2020, there were a total of 35,175 registered voters in Egg Harbor Township, which accounts for 83.54% of the population. Of the voters, 31.9% were registered as Democrats, 28.6% were registered as Republicans. Egg Harbor Township witnessed a significant growth in voter turnout, increasing from 29.21% in 2019 to 73.59% in 2020.

EGG HARBOR TOWNSHIP VOTER TURNOUT (2016-2020)

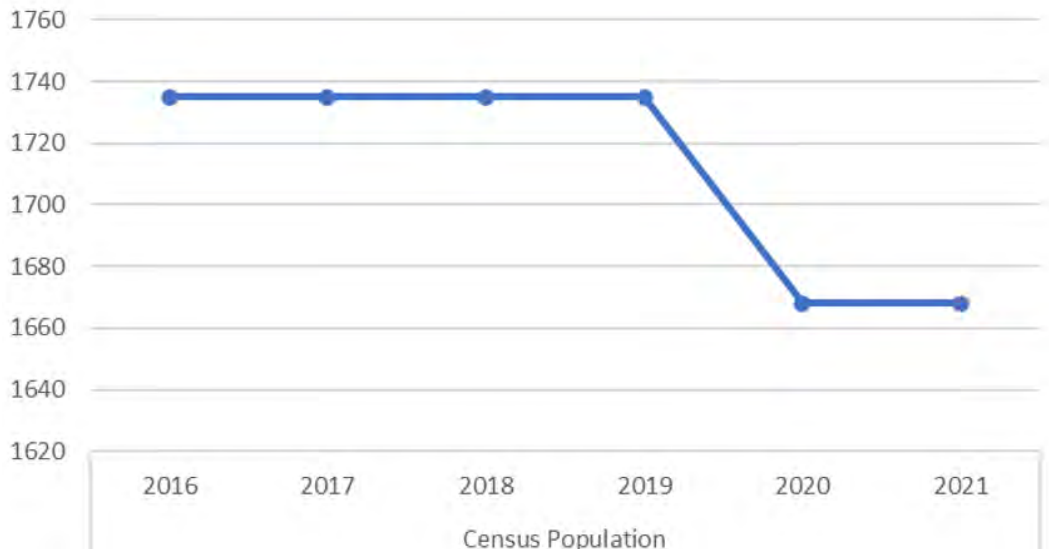


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

ESTELL MANOR

Estell Manor experienced a modest population decline, decreasing 4% between 2019 and 2021. According to the 2021 United States Census, the city's population is 1,668. The population density is 229.8 per square mile. Based on the 2019 Census, 4.27% of the population is under 5 years, and 11.07% is 65 years of age or older. Estell Manor doesn't have a large minority population. According to the 2021 Census, the racial makeup of the county population is 0.73% Black or African American, 93.6% White, 0.48% Asian and 3.51% Hispanic or Latinx. Among residents, around a quarter of them (28.79%) are college graduates.

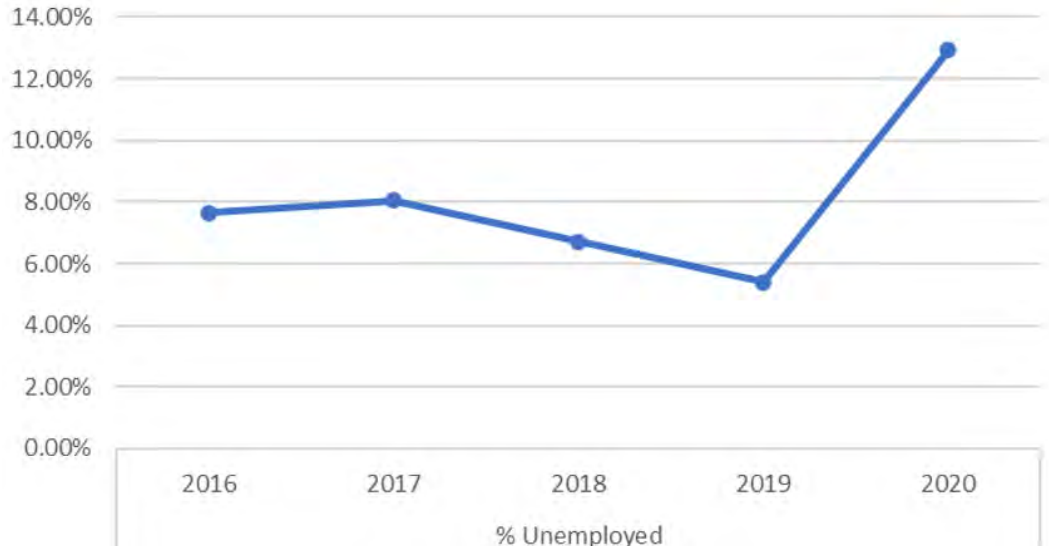
ESTELL MANOR POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce of the city dropped slightly, decreasing to 758 in 2020 from 795 in 2019. The city witnessed a significant increase in its unemployment during the pandemic period. Estell Manor exhibited a 12.93% unemployment rate in 2020, a 7.52% increase from 2019. And 98 residents were unemployed in 2020.

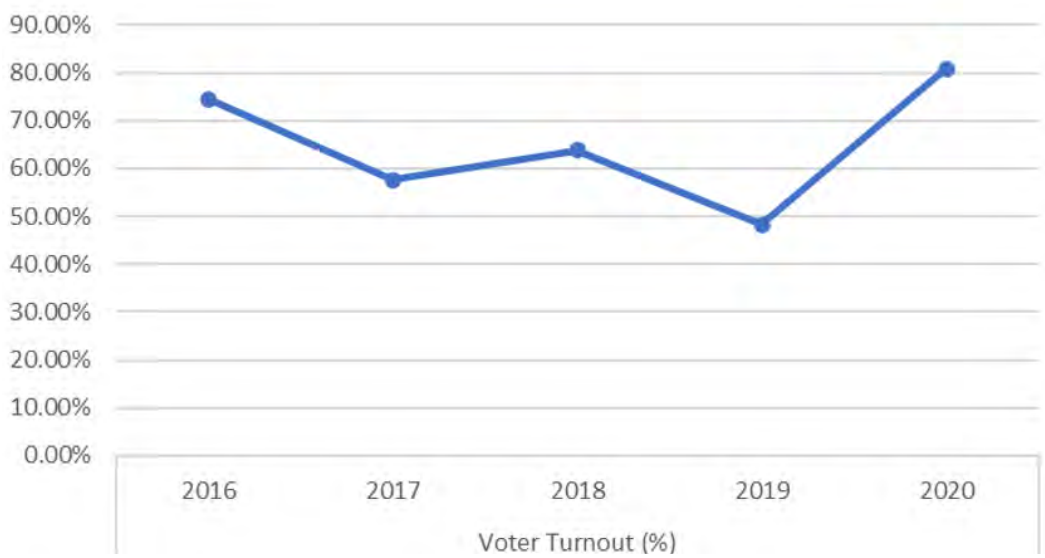
ESTELL MANOR UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In 2020, there were a total of 1,434 registered voters in Estell Manor City, a 5.2% increase from 2019. Of the voters, 19.12% were registered as Democrats and 40.01% were registered as Republicans in 2020. The voter turnout rose dramatically between 2019 and 2020, increasing from 48.28% to 80.82% in 2020.

ESTELL MANOR VOTER TURNOUT (2016-2020)

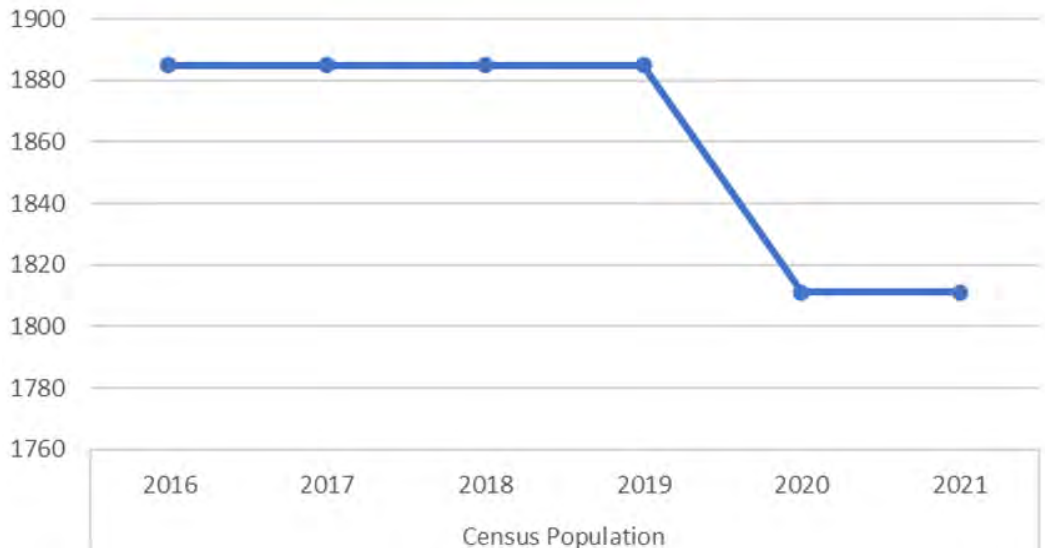


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

FOLSOM

The municipality's population in 2021 was 1,811, representing a 4.1 percent decline from 2019. The population density is 215 per square mile. 4.62% of the population is under 5 years, 65.8% is 25 years or over, and 11.14% is 65 years of age or older. According to the 2021 Census, the racial makeup of the county population was 2.55% Black or African American, 89.3% White, 0.56% Asian and 4.22% Hispanic or Latinx. Among residents, 22.65% of them are college graduates.

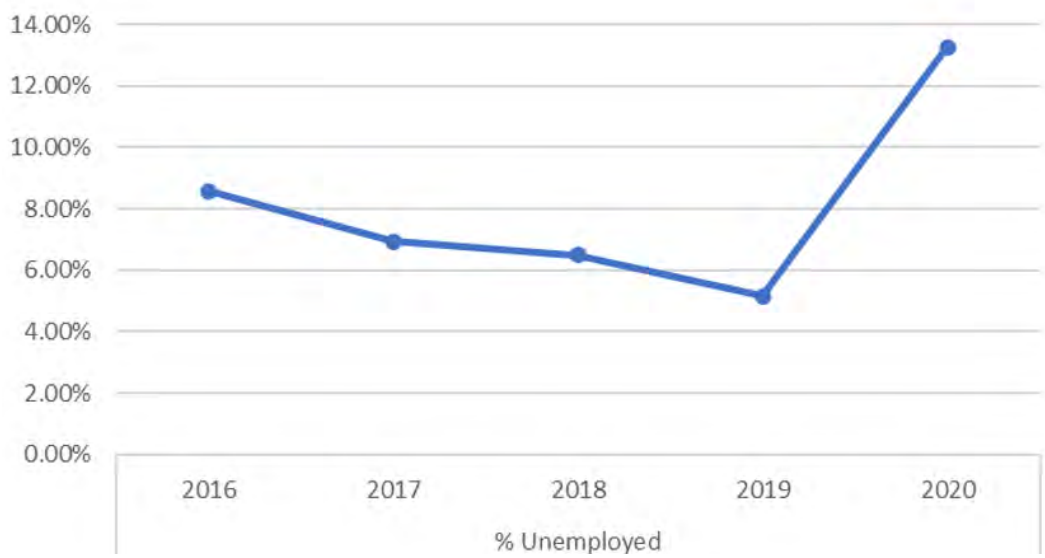
FOLSOM POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce of the city remained about the same between 2019 and 2020, averaging around 775. The unemployment rate rose from 5.15% to 13.26% between 2019 and 2020 with 100 residents of the borough unemployed in 2020.

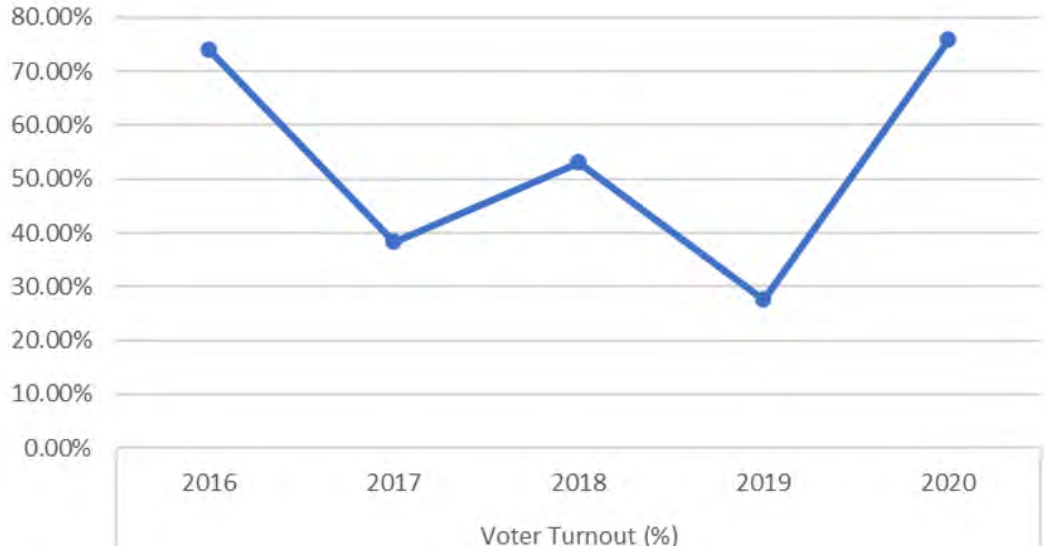
FOLSOM UMELPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

As of 2021, there were a total of 1,440 registered voters in Folsom, of which 22.9% were registered as Democrats, and 43.18% were registered as Republicans. The voter turnout rose dramatically, increasing from 22.6% in 2019 to 75.83% in 2020.

FOLSOM VOTER TURNOUT (2016-2020)

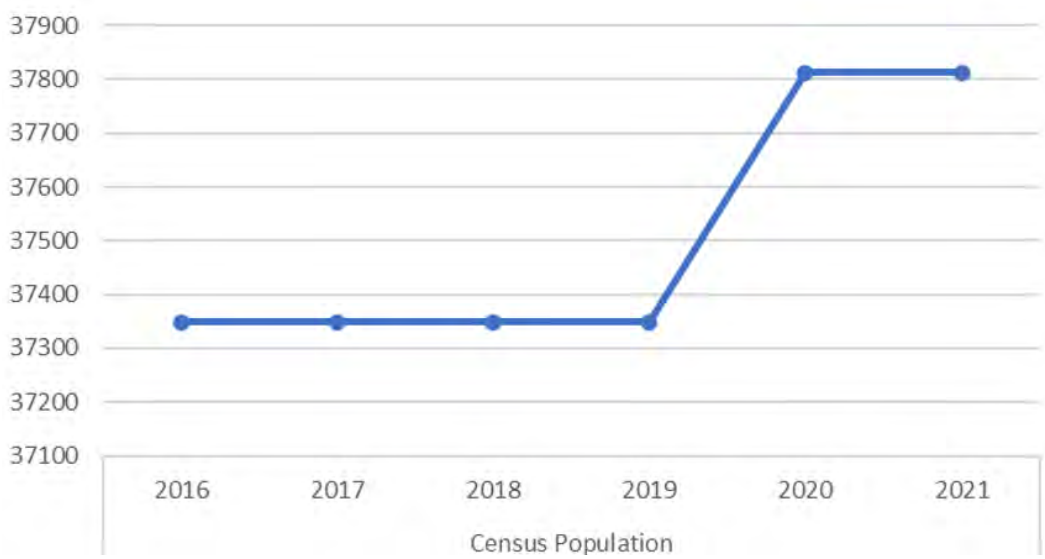


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

GALLOWAY

With 114.49 square miles of total area, Galloway Township is the largest municipality in New Jersey. As of the 2021 United States Census, Galloway's population is 37,813, reflecting a slight rise since 2019. The population density is 400 per square mile. Based on the 2019 Census, 4.94% of the population is under 5 years, 65.2% is 25 years and older, and 13.72% is 65 years of age or older. The racial makeup of the township population was 9.7% Black or African American, 67.3% White, 7.1% Asian, and 10.7% Hispanic or Latinx. The college graduates residing in the township accounted for almost one third of the total population (31.01%) in 2019.

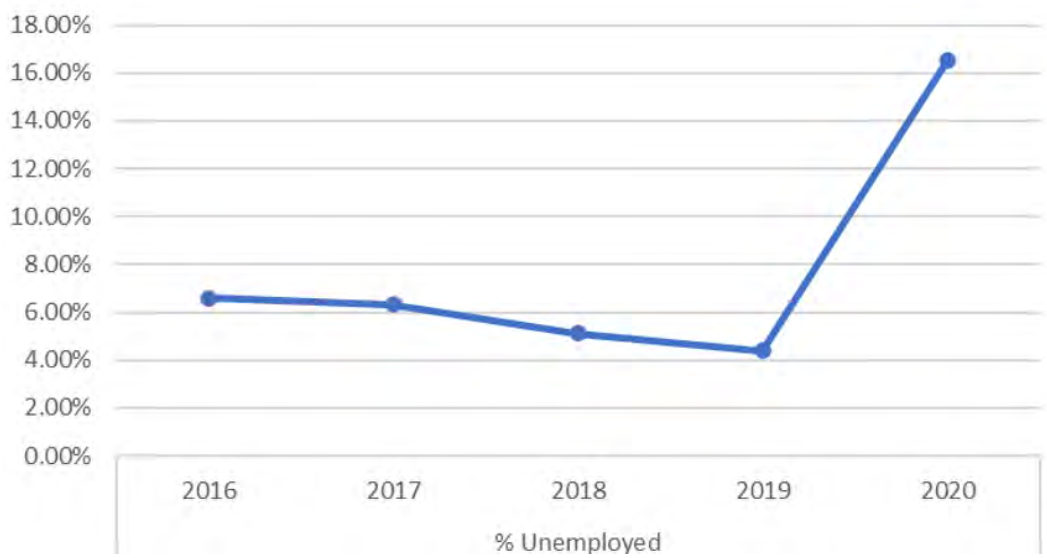
GALLOWAY POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

In 2020, 16,841 Galloway residents were employed. Galloway's unemployment rate rose from 4.39% to 16.5% in 2020. In Galloway Township, the violent crime rate was 9 per 100,000 while the nonviolent crime rate was 276 per 100,000 in 2019.

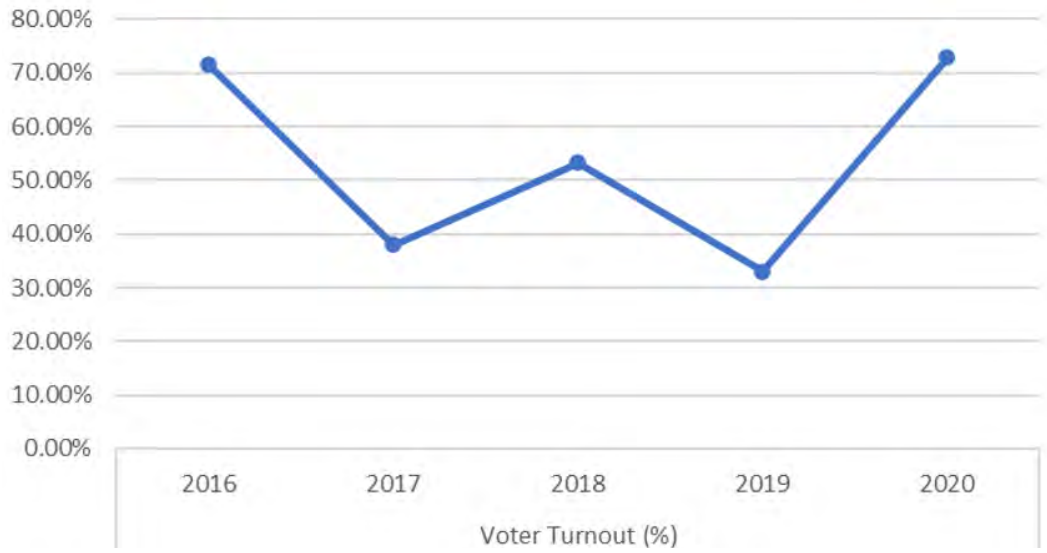
GALLOWAY UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In 2020, there were a total of 28,180 registered voters in Galloway, a 6.6% increase from 2019. Of the voters, 33.3% were registered as Democrats, 27.2% were registered as Republicans in 2020. And the voter turnout rose dramatically, increasing from 33.0% to 72.8% in 2020.

GALLOWAY VOTER TURNOUT (2016-2020)

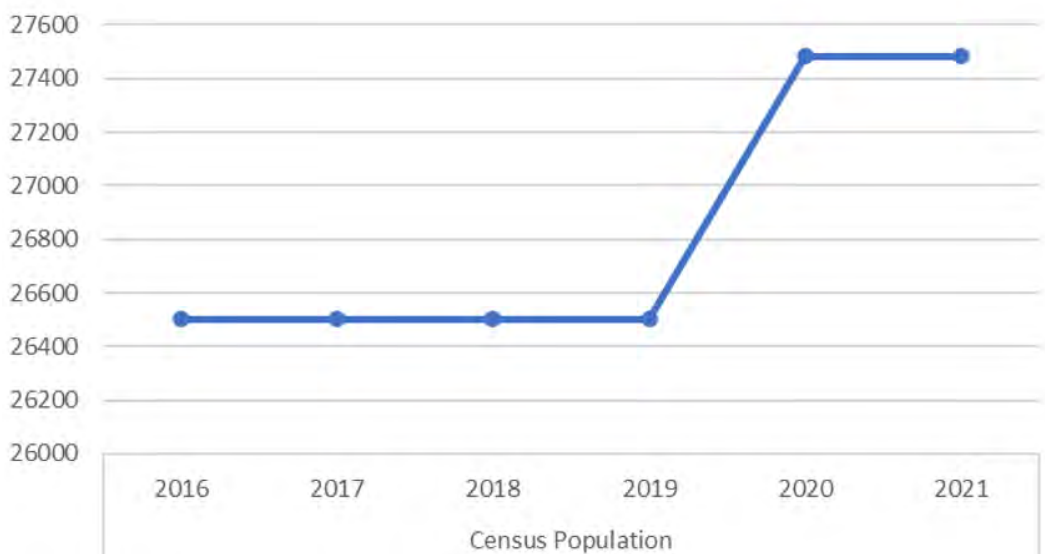


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

HAMILTON

With a total area of 110.9 square miles, Hamilton is the second-largest municipality in the state, behind Galloway Township. The 2021 United States Census counted 27,484 people in the township, representing a 3.70% drop from 26,503 in 2019. The population density is 233 per square mile. Within the population, 6.06% of the population is under 5 years, 64.6% is 25 years and older, and 10.52% is 65 years of age or older. The racial makeup is 13.5% African American, 60.5% White, 7.3% Asian, and 12.9% Hispanic or Latinx. And one third of the population (33.86%) residing in the township are college graduates.

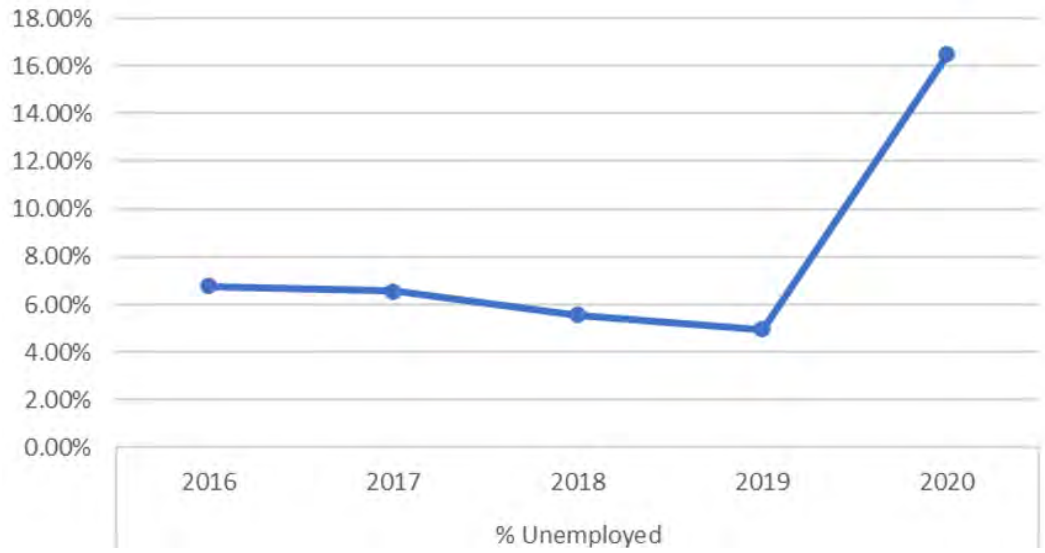
HAMILTON POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce in the township changed slightly, decreasing approximately 0.1% (73) from 2019 to 2020. The township unemployment rate increased to 16.49% in 2020, reflecting an 11.53% rise from 4.96% in 2019. Among residents, 2,038 were reported to be unemployed in 2020.

HAMILTON UNEMPLOYMENT RATE (2016-2020)

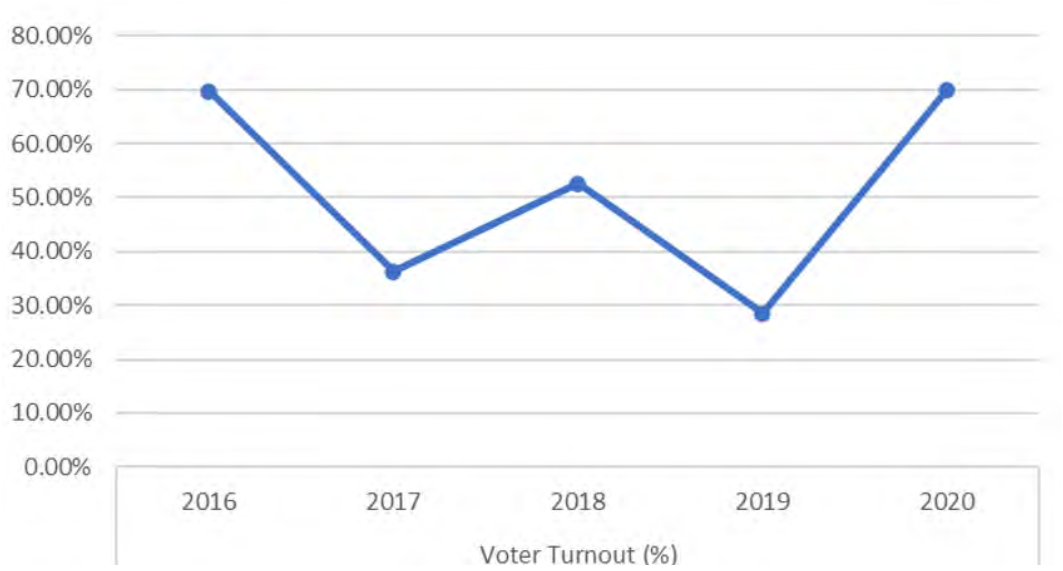


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

The crime rate in the township didn't change significantly between 2019 and 2020. The violent crime rate stayed flat, averaging around 28 per 100,000. The nonviolent crime rate saw a slight rise, increasing from 451 to 468 per 100,000 between 2019 and 2020.

As of 2021, there were a total of 21,017 registered voters in Hamilton township, of which 34.22% were registered as Democrats, and 25.79% were registered as Republicans. And the voter turnout rose sharply in 2020, increasing from 28.54% in 2019 to 69.92%.

HAMILTON VOTER TURNOUT (2016-2020)

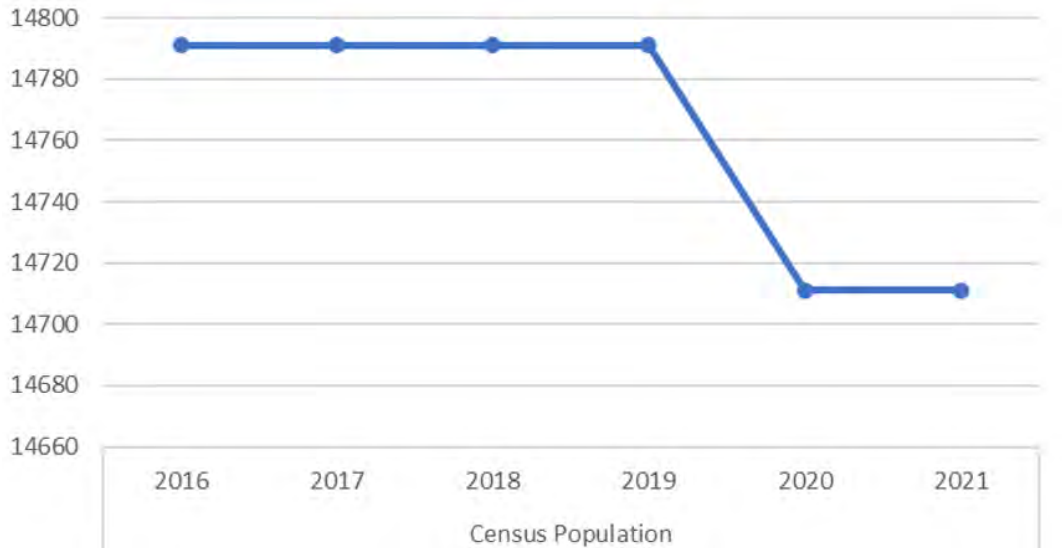


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

HAMMONTON

According to the United States Census, Hammonton's population is 14,711 in 2021, representing a fall of 20 (0.05%) from the 14,791 counted in 2019. The population density is 361.8 per square mile. The population consists of 6.29% under the age of 5, 66.7% is 25 years old, and over and 16% is 65 years older and over. The racial makeup is 3.6% African American, 72.7% White, 0.8% Asian, and 22.5% Hispanic or Latinx. In 2019, around a quarter of town residents (27.2%) had graduated from college.

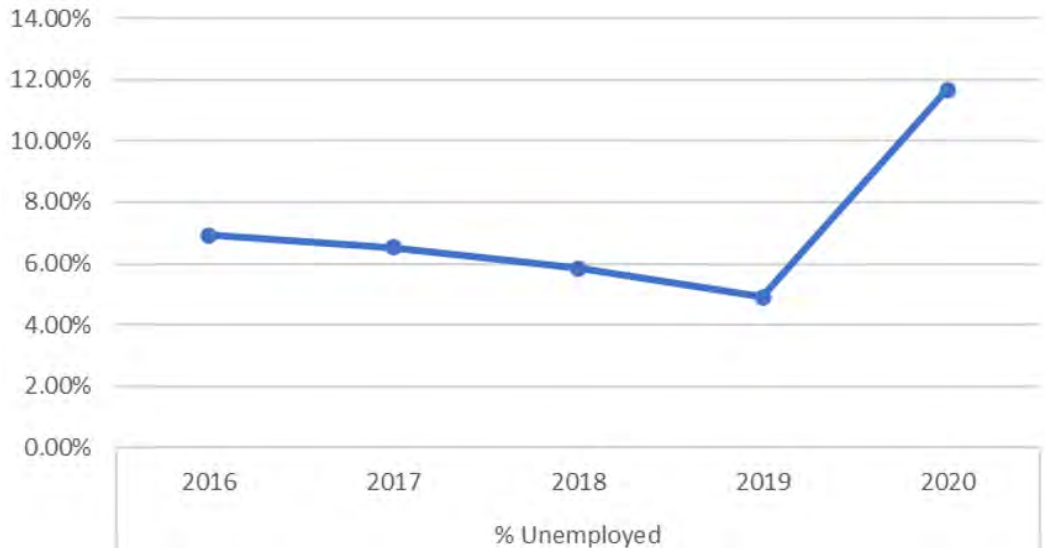
HAMMONTON POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The number of employees fluctuated throughout the pandemic in Hammonton. The labor force fell to 6,290 in 2020, a 7.4% decrease from 6,756 in 2019. Hammonton experienced a sharp rise in unemployment in 2020, rising from 4.91% in 2019 to 11.67% in 2020 with 734 employees losing their jobs during that time.

HAMMONTON UNEMPLOYMENT RATE (2016-2020)

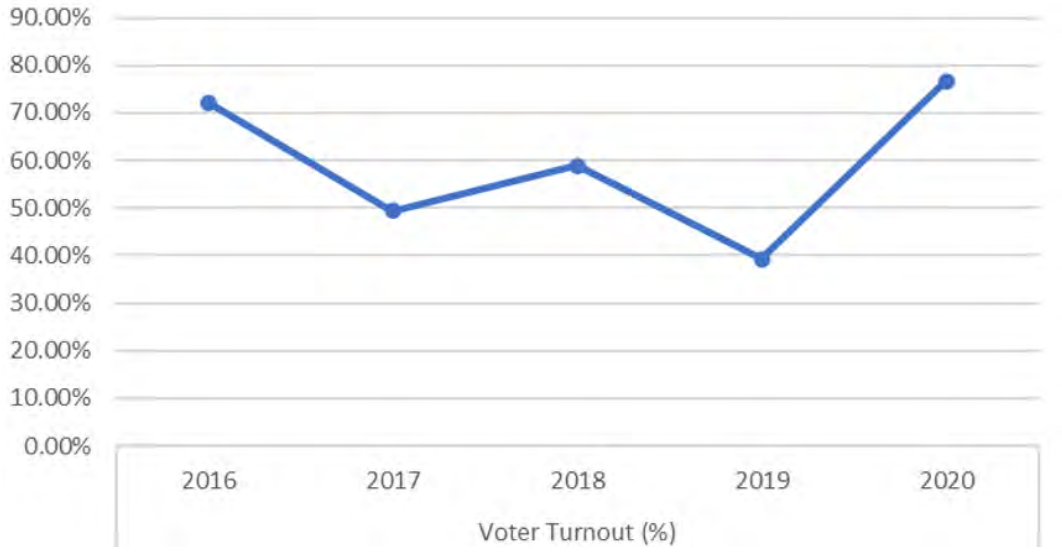


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

According to the FBI Uniform Crime Report, the violent crime rate rose from 15 to 23 per 100,000, a 53.3% increase between 2019 and 2020. And Hammonton witnessed a dramatic rise in nonviolent crime. The nonviolent crime rate rose 195% from 64 in 2019 to 189 per 100,000 in 2020.

In 2020, there were a total of 10,083 registered voters in Hammonton, accounting for 72.53% of the total population. It rose by 6.4% from 2019 (9,473). Of the voters, 72.53% were registered as Democrats, and 33.7% were registered as Republicans in 2020. The voter turnout rose dramatically in 2020, increasing from 39.3% to 76.7%.

HAMMONTON VOTER TURNOUT (2016-2020)

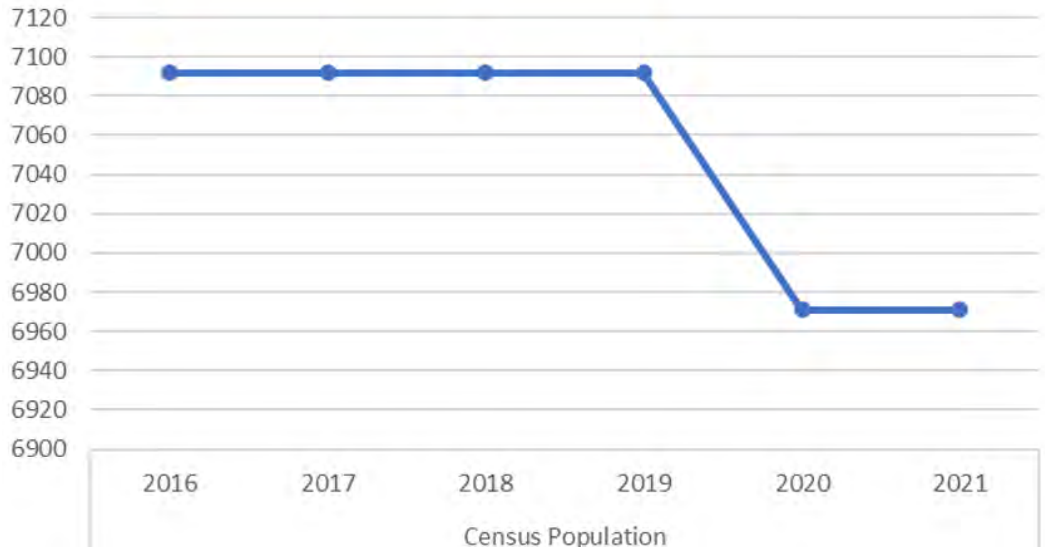


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

LINWOOD

According to the United States Census, the city has a total area of 3.81 square miles. As of 2021, the population in the city is 6,971, a 1.73% decline since 2019. The population density is 1,741 per square mile in the same period. The population is 4.55% under 5 years, 69.2% is 25 years and older, and 18.12% is 65 years of age or older. The racial makeup is 1.8% Black or African American, 85.2% White, 3.9% Asian, and 7.0% Hispanic or Latinx. Around an half of the population (51.37%) in the city graduated from college.

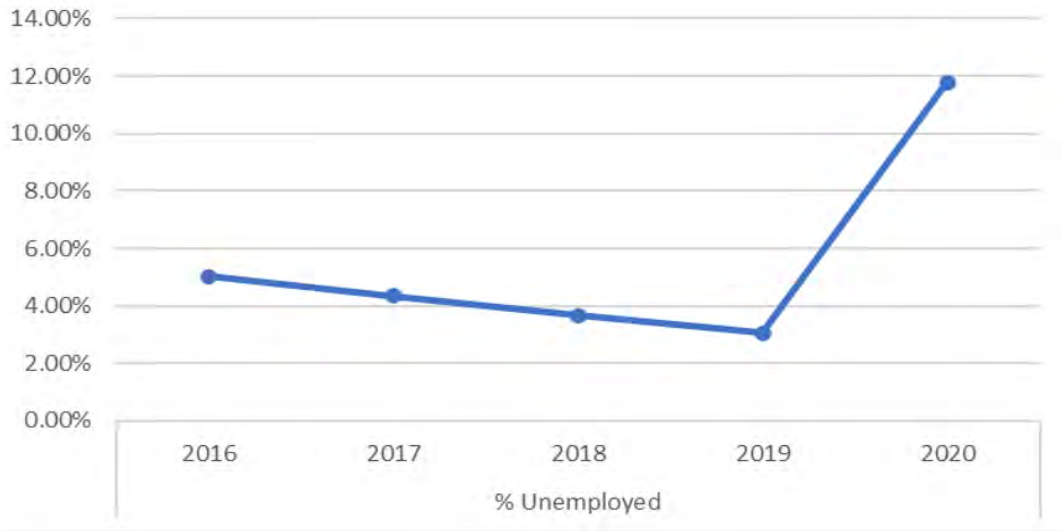
LINWOOD POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

In 2020, 3,003 Linwood City residents were employed, a 5.4% decline from 3,165 in 2019. The unemployment rate rose from 3.06% in 2019 to 11.79% in 2020 with 354 people unemployed. According to the FBI Uniform Crime Report, the violent crime rate in the city did not change between 2019 and 2020. However, Linwood experienced a dramatic drop in nonviolent crime. The nonviolent crime rate fell by 204% from 76 in 2019 to 25 per 100,000 in 2020.

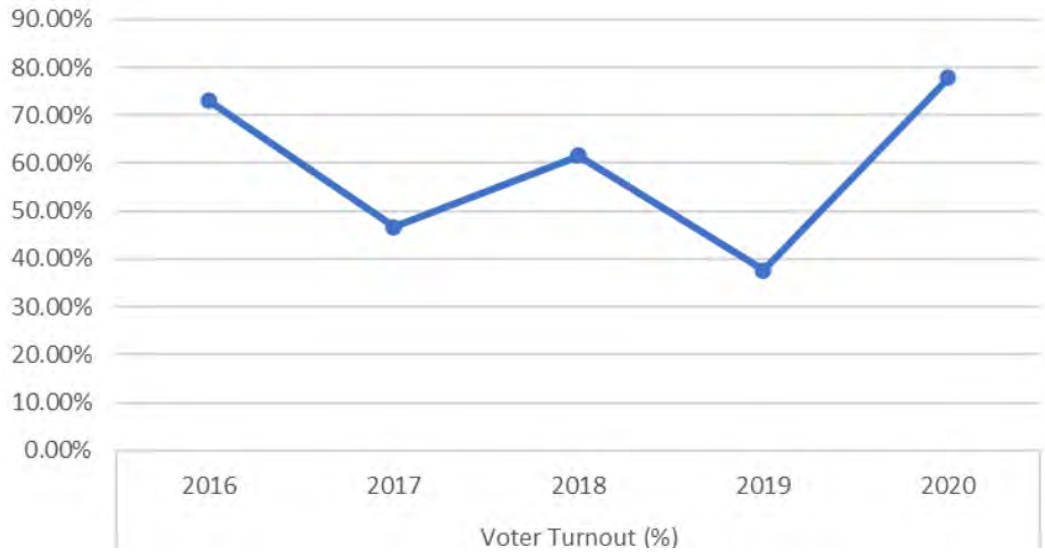
LINWOOD UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

As of 2021, there were a total of 6,042 registered voters in Linwood, accounting for 91.06% of the total population. Of the registered voters, 28.9% were registered as Democrats, 37.6% were registered as Republicans. And the voter turnout rose dramatically in 2020, increasing from 37.6% in 2019 to 77.7% .

LINWOOD VOTER TURNOUT (2016-2020)

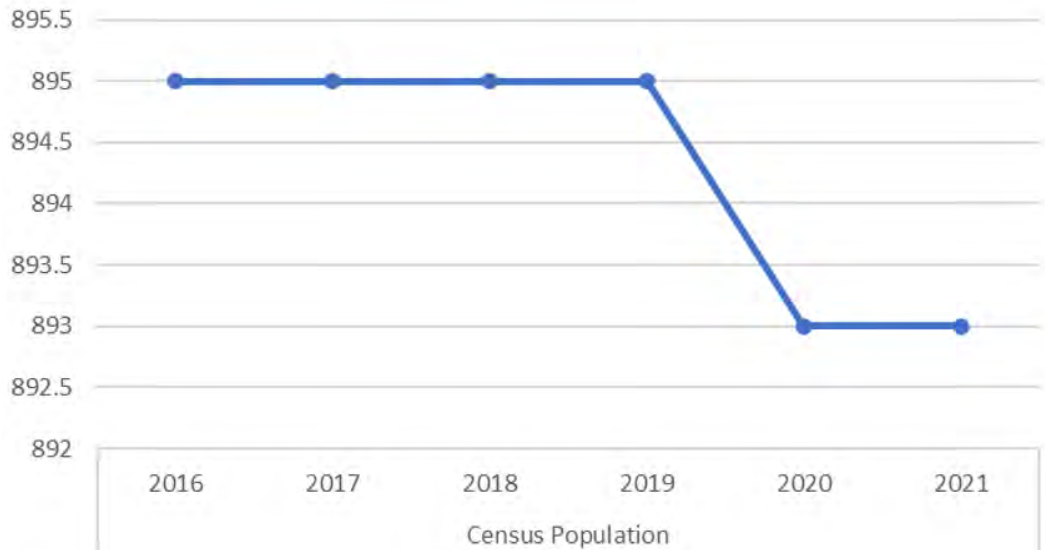


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

LONGPORT

In 2019, Longport had a population of 895 people. From 2019 to 2020 the population declined from 895 to 893, a 0.2% decrease. The population density is 2,113 per square mile in the same period. The population is 1.34% under 5 years, 81.9% is 25 years and older, and 37.65% is 65 years of age or older. According to the 2021 Census, the racial makeup of the county population is 0.0% Black or African American, 96.1% White, 1.9% Asian, and 1.0% Hispanic or Latinx. The majority of the population (56.89%) graduated from college in 2019.

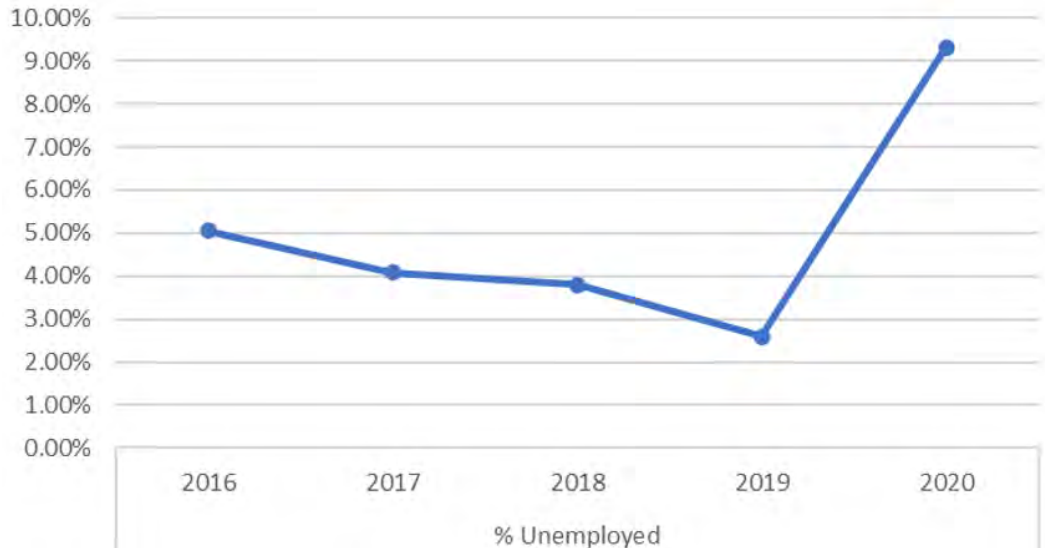
LONGPORT POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

From 2019 to 2020, employment in Longport declined at a rate of 7.45%, from 346 employees to 322 employees. Longport exhibited a 9.32% unemployment rate in 2020, reflecting a 6.7% increase from 2.6% in 2019. Among residents, 30 were reported to be unemployed in 2020.

LONGPORT UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

Longport has a low crime rate in the county. In Longport, the violent crime rate remained stable, which was 0 per 100,000 between 2019 and 2020. And the nonviolent crime rate saw a slight rise from 3 per 100,000 in 2019 to 8 per 100,000 in 2020.

In 2020, there were a total of 881 registered voters in Longport, a 14.6% increase from 769 in 2019. Of the voters, 26.6% were registered as Democrats, and 44.9% were registered as Republicans in 2020. The voter turnout rose dramatically from 2019 to 2020, increasing from 43.2% to 74.2%.

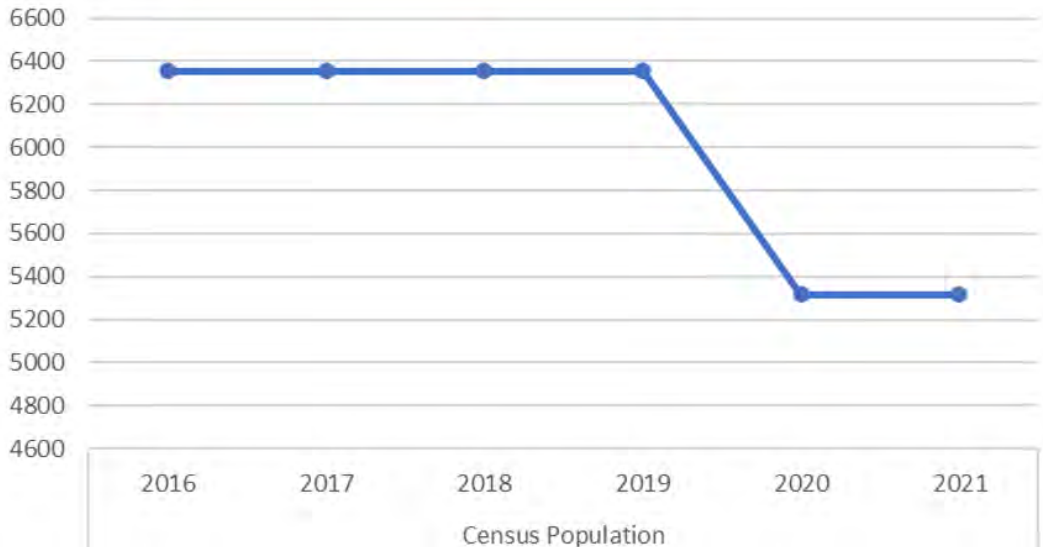
LONGPORT VOTER TURNOUT (2016-2020)

Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

MARGATE CITY

As of the 2021 United States Census, Margate's population is 5,317. From 2019 to 2020 the population of the city declined from 6,354 to 5,317, a 19.5% decrease. The population density is 4,085 per square mile. Based on the 2019 Census, 3.01% of the population is under 5 years, 76.42% is 25 years and over, and 37.71% is 65 years of age or older. The racial makeup is 1.2% Black or African American, 93.7% White, 1.0% Asian, and 2.7% Hispanic or Latinx. More than half of the population (52.37%) in the municipality graduated from college.

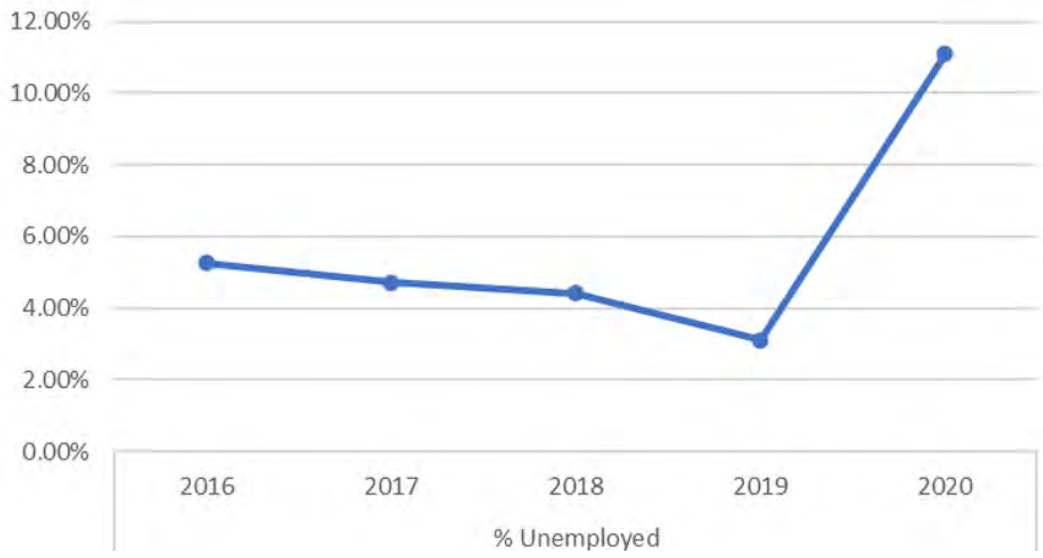
MARGATE CITY POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The labor force of the city fell to 2,453 in 2020, a 6.6% decrease from 2,615 in 2019. There were 272 unemployed residents in the city during the same period. The unemployment rate rose to 11.09% in 2020, a 7.9% increase from 2019.

MARGATE CITY UNEMPLOYMENT RATE (2016-2020)

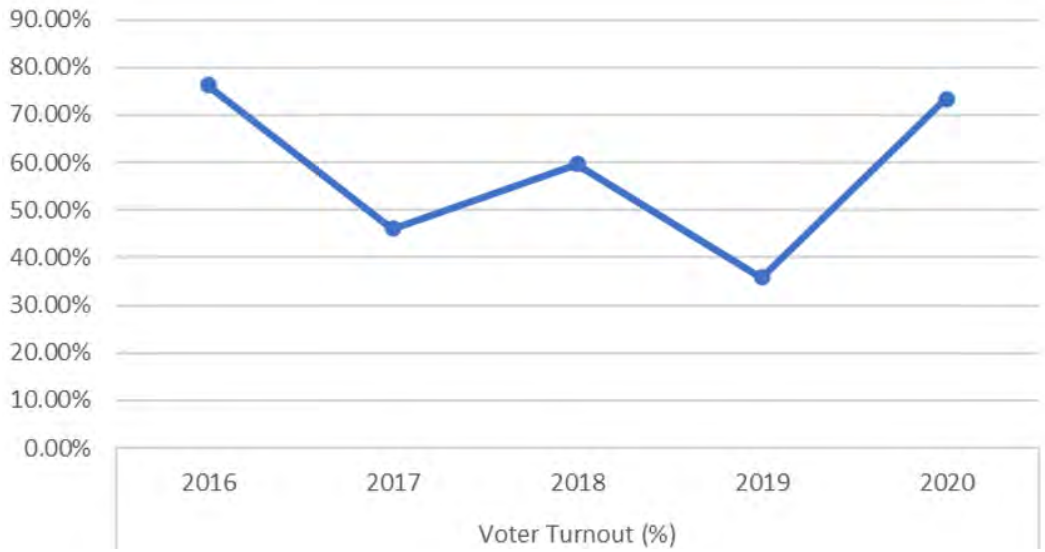


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

According to the FBI 2020 Uniform Crime Report, in Margate City, the violent crime rate increased slightly, from 1 to 5 per 100,000. Margate City experienced a significant rise in its nonviolent crime rate. The nonviolent crime rate increased to 129 per 100,000 in 2020, a 239% increase from 38 per 100,000 in 2019.

As of 2020, there were a total of 5,325 registered voters in Margate City, which accounts for 91.8% of the total population. Of the voters, 29.6% were registered as Democrats, 38.2% were registered as Republicans. Margate witnessed a significant growth in voter turnout, increasing from 35.9% in 2019 to 73.4% in 2020.

MARGATE CITY VOTER TURNOUT (2016-2020)

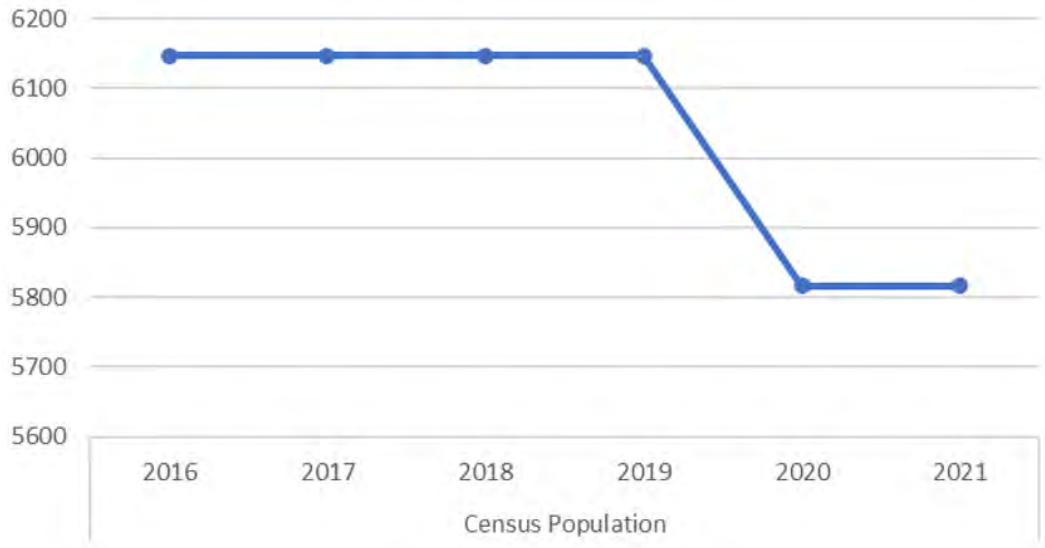


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

MULLICA TOWNSHIP

Mullica has a population of 5,816 and a total area of 56.38 square miles. The population density is 104 per square mile. It experienced a modest population decline from 6,147 in 2019 to 5,816 in 2021, decreasing by 5.7%. The population is 5.45% under 5 years, 71.39% is 25 years and older, and 13.31% is 65 years of age or older. The township's racial structure is 6.3% Black or African American,85.3% White, 0.0% Asian and 5.1% Hispanic or Latinx. More than one fifth of the population (22.69%) graduated from college.

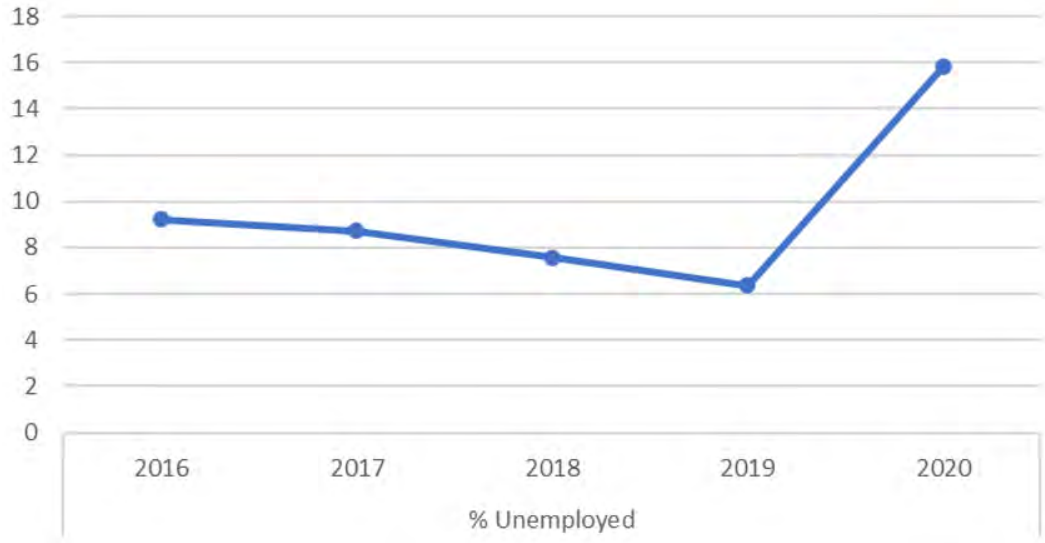
MULLICA TOWNSHIP POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The labor force of the township changed slightly and remained stable between 2019 and 2020 (2,253). Mullica's unemployment rate more than doubled in 2020 going from 6.36% in 2019 to 15.8% in 2020 with 356 people unemployed.

MULLICA TOWNSHIP UNEMPLOYMENT RATE (2016-2020)

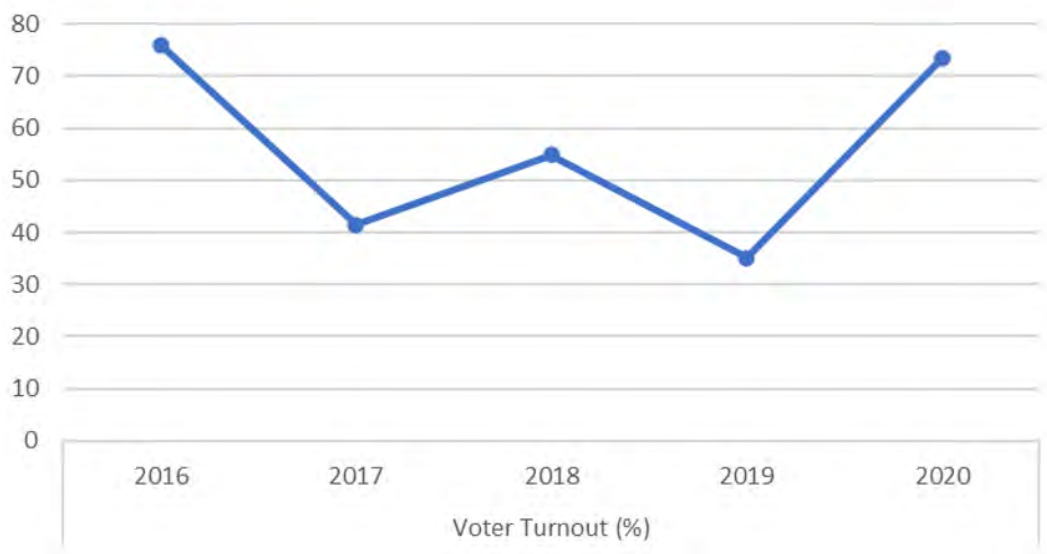


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

The crime rate is low in Mullica Township. The violent crime rate rose from 1 to 7 per 100,000 between 2019 and 2020 while the nonviolent crime rate increased from 32 to 100 per 100,000 during the same period.

In 2020, the number of registered voters in Mullica was 4,772, a 6.2% increase from 4,478 in 2019. Of the voters, 23.88% were registered as Democrats, and 37.46% were registered as Republicans in 2020. The voter turnout rose dramatically from 2019 to2020, increasing from 35.15% to 73.37%.

MULLICA TOWNSHIP VOTER TURNOUT (2016-2020)

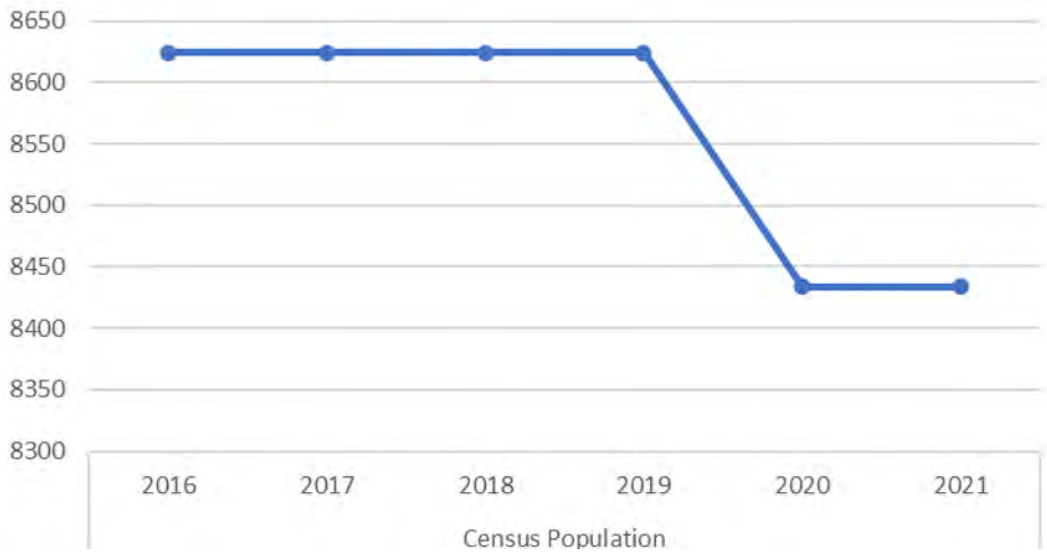


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

NORTHFIELD

As of the 2021 US Census, Northfield had a population of 8,434 people with a total area of 3.58 square miles. Its population experienced a slight fall (4.59%) from the official count of 8,624. The population density is 2,248 per square mile. Based on the 2019 Census, 4.84% of the population is under 5 years, 69.6% is 25 years and over, and 16.06% is 65 years of age or older. The racial makeup of the population is 2.45% Black or African American (198), 73.4% White (5935), 7.6% Asian (614), and 15.2% Hispanic or Latinx (1231). In 2019, one third of residents (36.6%) are college graduates.

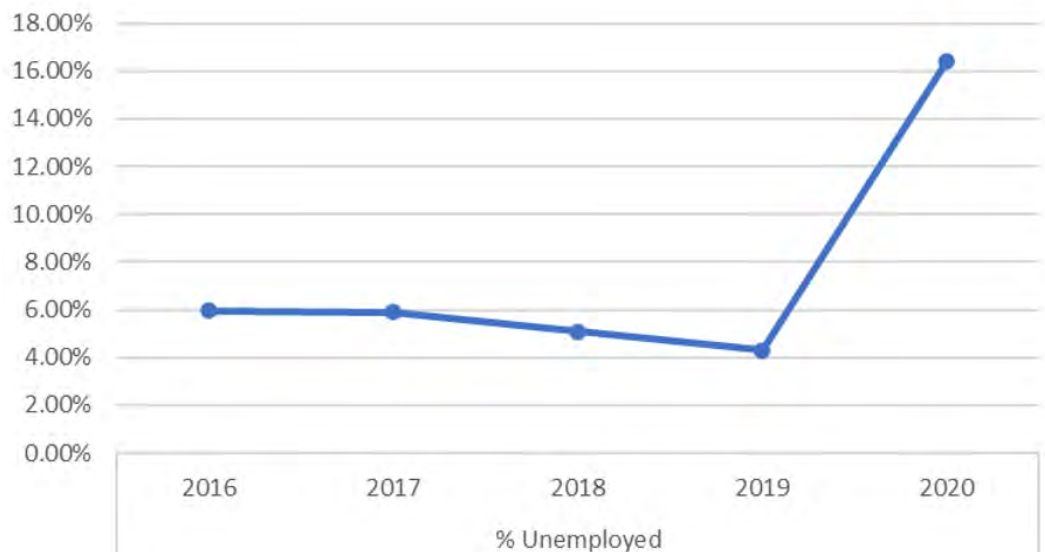
NORTHFIELD POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce of the city experienced a slight shrink from 3,849 to 3,769 between 2019 and 2020, a decline of 2.1%, and a significant rise in its unemployment between 2019 to 2020. The unemployment rate rose more than four times from 4.29% in 2019 to 16.42% in 2020 with 619 people unemployed.

NORTHFIELD UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In 2020, there were a total of 6,744 registered voters in Northfield, which accounts for 83.81% of the population. Of the voters, 29.61% were registered as Democrats, and 32.87% were registered as Republicans. Northfield witnessed a significant growth in voter turnout, increasing from 40.74% in 2019 to 78.43% in 2020.

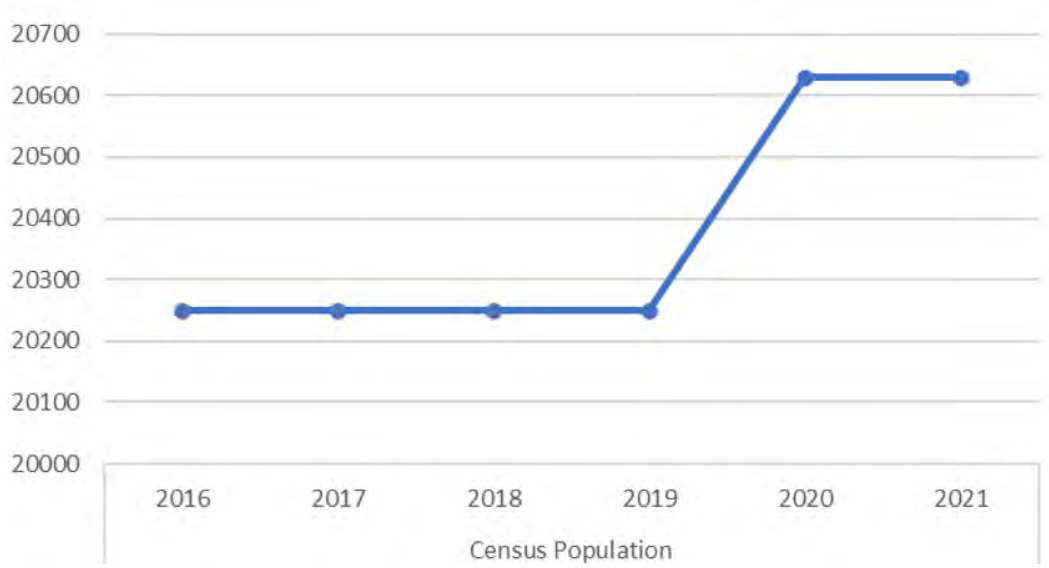
NORTHFIELD VOTER TURNOUT (2016-2020)

Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

PLEASANTVILLE

Pleasantville is home to 20,629 people in 2021. From 2019 to 2021, the population of the city saw a 1.8% decrease from 20,249. The population density is 3,507 per square mile. According to the 2019 Census, 8.35% of the population is under 5 years, 64.0% is 25 years and over, and 10.66% is 65 years of age or older. The racial makeup of the city population is 38.2% Black or African American, 6.8% White, 1.8% Asian, and 50.3% Hispanic or Latinx. The city has the second-largest Hispanic or Latinx population in Atlantic County. 13.2% of residents graduated from college.

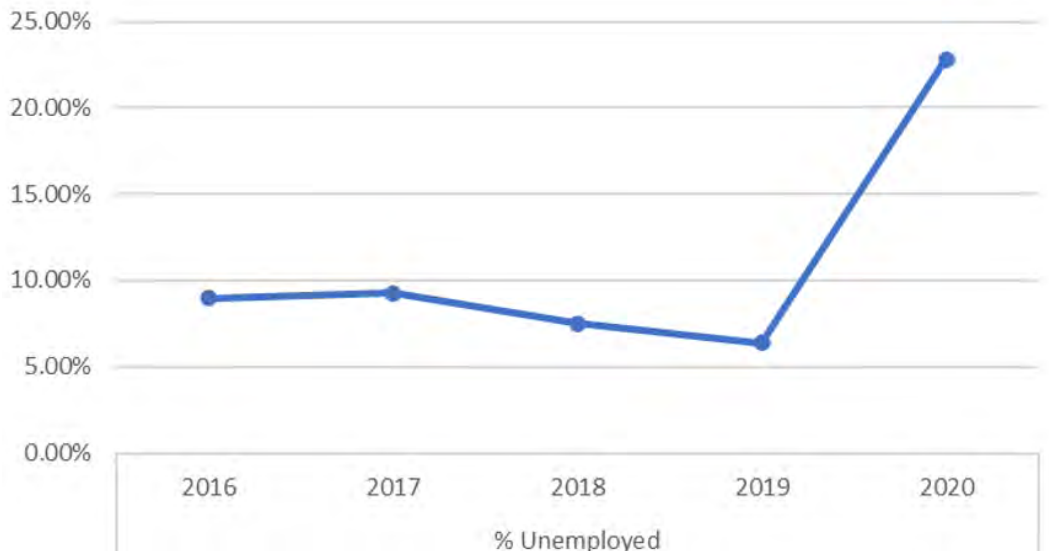
PLEASANTVILLE POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

In 2020, 9,170 residents were employed, a 4.8% rise from 8,749 in 2019. However, the unemployment rate of the city rose significantly from 6.4% in 2019 to 22.8% in 2020 with 2,090 people losing their jobs.

PLEASANTVILLE UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

According to the 2020 FBI Uniform Crime Report, crime rates have risen between 2019 and 2020. The violent crime rate doubled, from 12 to 27 per 100,000 between 2019 and 2020. Pleasantville City also experienced a significant rise in its nonviolent crime rate. The nonviolent crime rate increased to 266 per 100,000 in 2020, an 88.7% increase from 141 per 100,000 in 2019.

As of 2021, there were a total of 12,471 registered voters in Pleasantville, accounting for 62.17% of the total population. Of the registered voters, 54.64% were registered as Democrats, and only 6.97% were registered as Republicans. Voter turnout rose dramatically from2019 to 2020, increasing from 22.8% to 58.53% between 2019 and 2020.

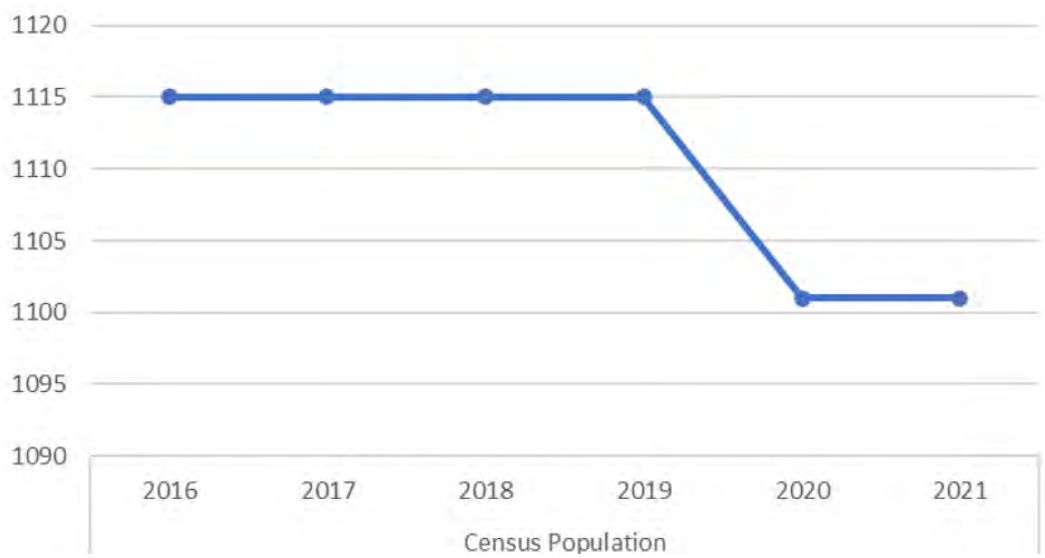
PLEASANTVILLE VOTER TURNOUT (2016-2020)

Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

PORT REPUBLIC

According to the 2020 US Census, the municipality's population is 1,101, reflecting a slight population decline from 1,115 in 2019. The population density is 141 per square mile. According to the 2019 Census, 5.29% of the population is under 5 years, 79.38% is 25 years and over, and 12.65% is 65 years of age or older.The racial makeup is 0.6% African American, 94.7% White, 1.1% Asian, and 0.2% Hispanic or Latinx. In 2019, around a quarter of town residents (42.22%) had graduated from college.

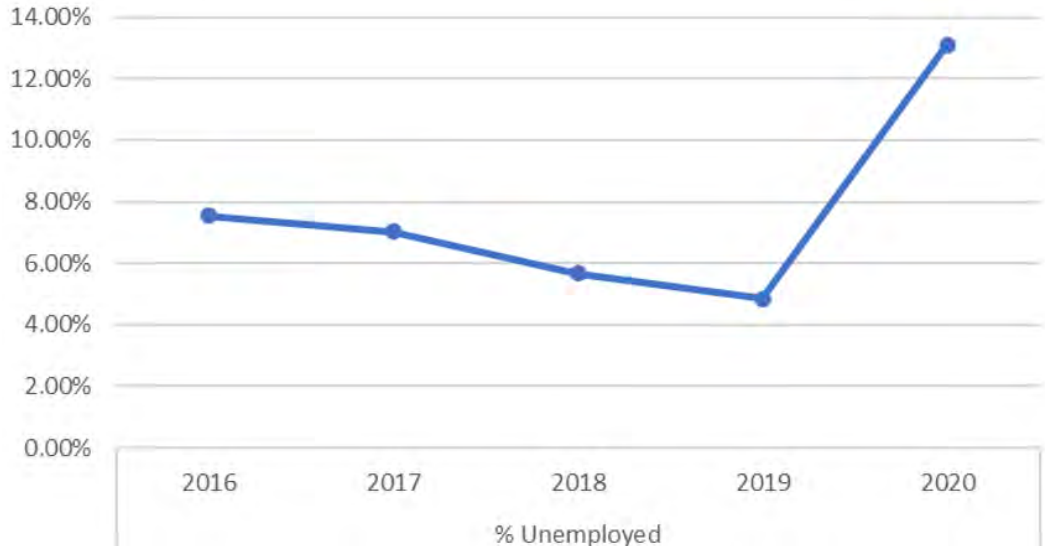
PORT REPUBLIC POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The labor force was 511 in 3020, a 4.9% decrease from 536 in 2019. Because of the outbreak of COVID-19, Port Republic witnessed a sharp increase in unemployment, from 4.85% in 2019 to 13.11% in 2020 with 67 people unemployed.

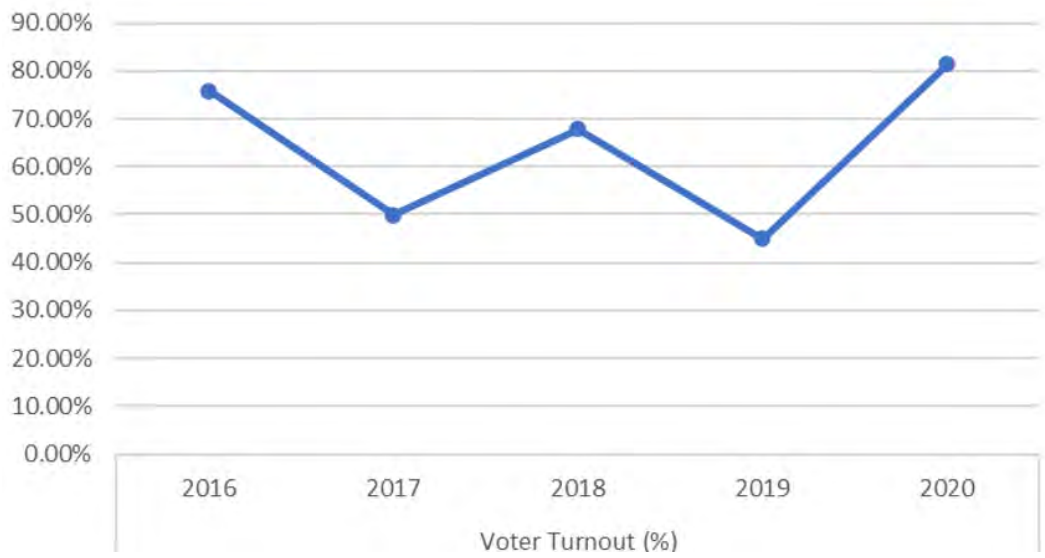
PORT REPUBLIC UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In 2020, there were a total of 958 registered voters in Port Republic, accounting for 91.15% of the total population. Of the voters, 23.4% were registered as Democrats, and 48.29% were registered as Republicans in 2020. Voter turnout nearly doubled, increasing from 44.98% in 2019 to 81.42% in 2020.

PORT REPUBLIC VOTER TURNOUT (2016-2020)

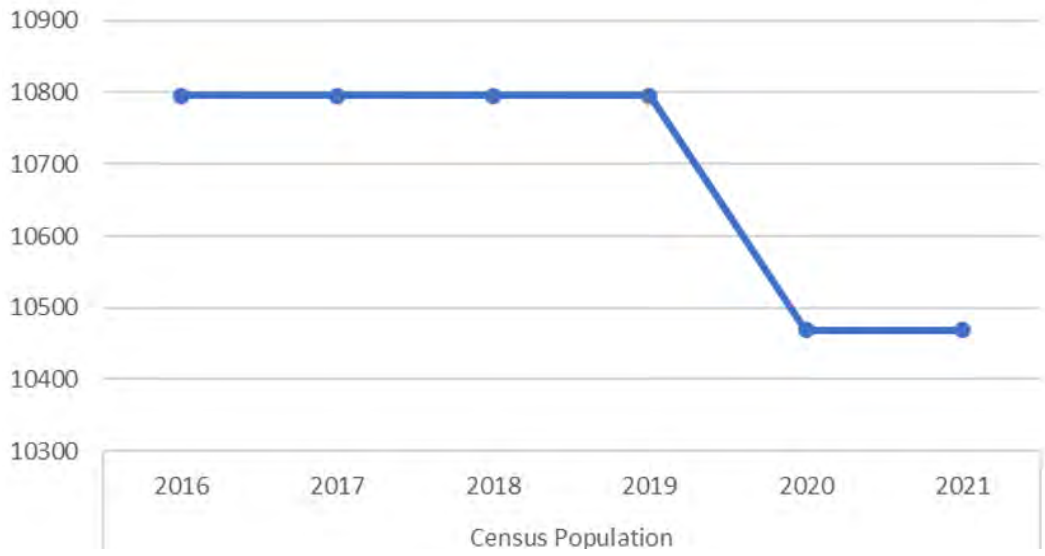


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

SOMERS POINT

Somers Point is the oldest settlement in Atlantic County. As of the 2021 United States Census, the city's population is 10,469 with a population density of 2,532 per square mile. From 2019 to 2020, the population of Somers Point fell from 10,795 to 10,469, a 3.02% decrease. Based on the 2019 Census, 5.97% of the population is under 5 years, 67.9% is 25 years and over, and 14.61% is 65 years of age or older. The racial makeup of the county population is 13.5% Black or African American, 66.8% White, 5.6% Asian, and 12.9% Hispanic or Latinx. As of 2019, around a quarter of Somers Point residents (26.77%) graduated from college.

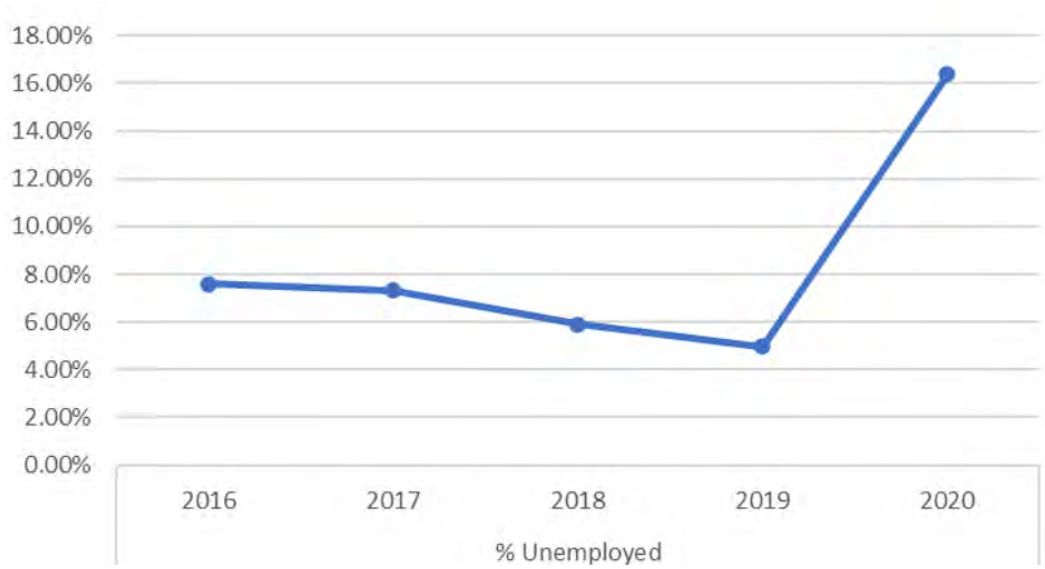
SOMERS POINT POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

In 2020, 4,792 Somers Point residents were employed, reflecting a decrease of 1.74% from 4,877 in 2019. The unemployment rate of the city rose dramatically to 16.36% in 2020 from 4.98% in 2019 with 784 people unemployed.

SOMERS POINT UNEMPLOYMENT RATE (2016-2020)

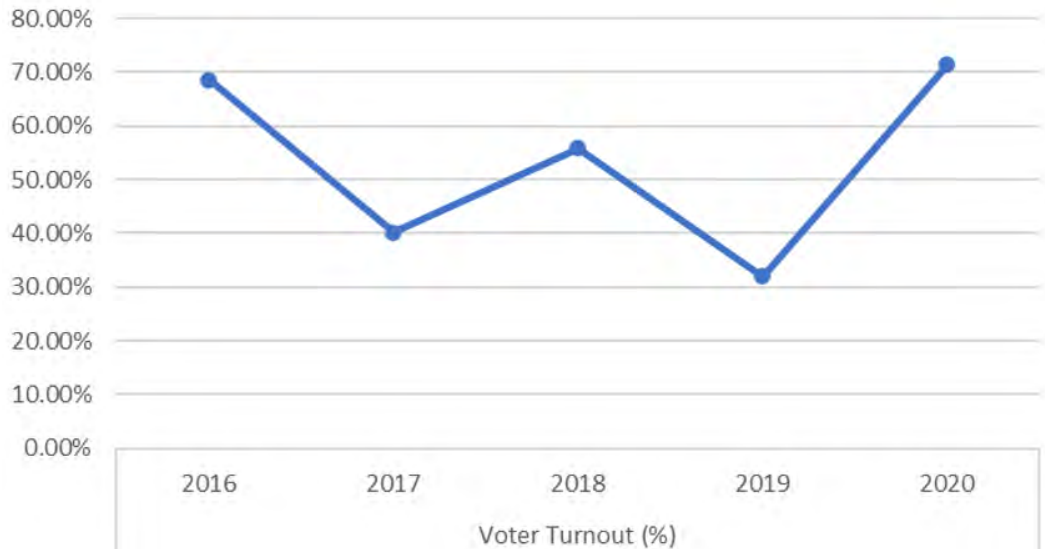


Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

According to the FBI Uniform Crime Report, the violent crime rate of the city rose sharply from 3 to 24 per 100,000 in 2020. The nonviolent crime rate rose by 116% to 220 per 100,000 in 2020 from 102 per 100,00 in 2019.

As of 2020, there were a total of 8,157 registered voters in Somers Point, which accounts for 80.34% of the population. Of the voters, 31.19% were registered as Democrats, 31.85% were registered as Republicans. The municipality witnessed a significant growth in voter turnout, increasing from 32.04% in 2019 to 71.4% in 2020.

SOMERS POINT VOTER TURNOUT (2016-2020)

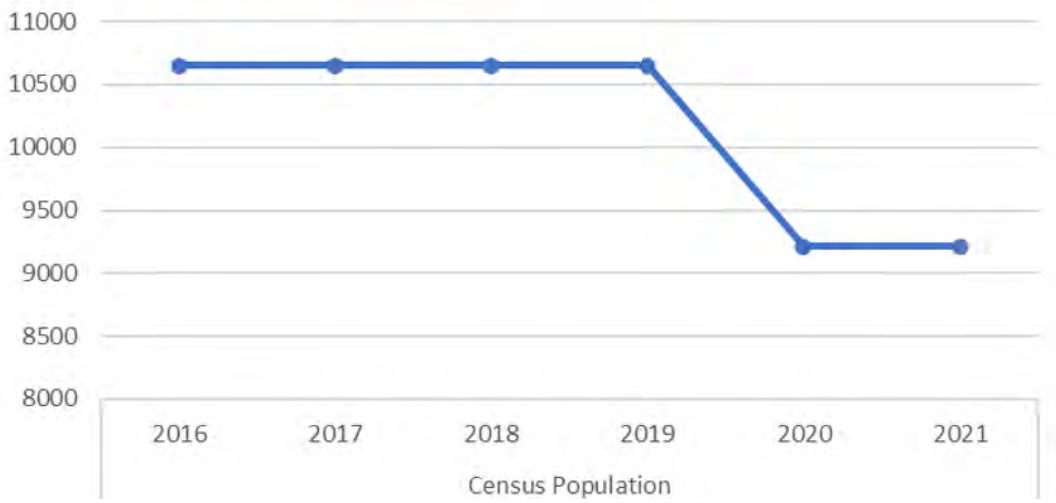


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

VENTNOR CITY

According to the 2021 US Census, the city's population was 9,210, reflecting a 13.5% decline from 10,650 in 2019. The population density is 5,037 per square mile. Based on the 2019 Census, 4.89% of the population is under 5 years, 72.08% is 25 years and over, and 19.91% is 65 years of age or older. The racial makeup is 4.5% African American, 69.1% White, 9.4% Asian, and 14.8% Hispanic or Latinx. In 2019, 33.58% of town residents graduated from college.

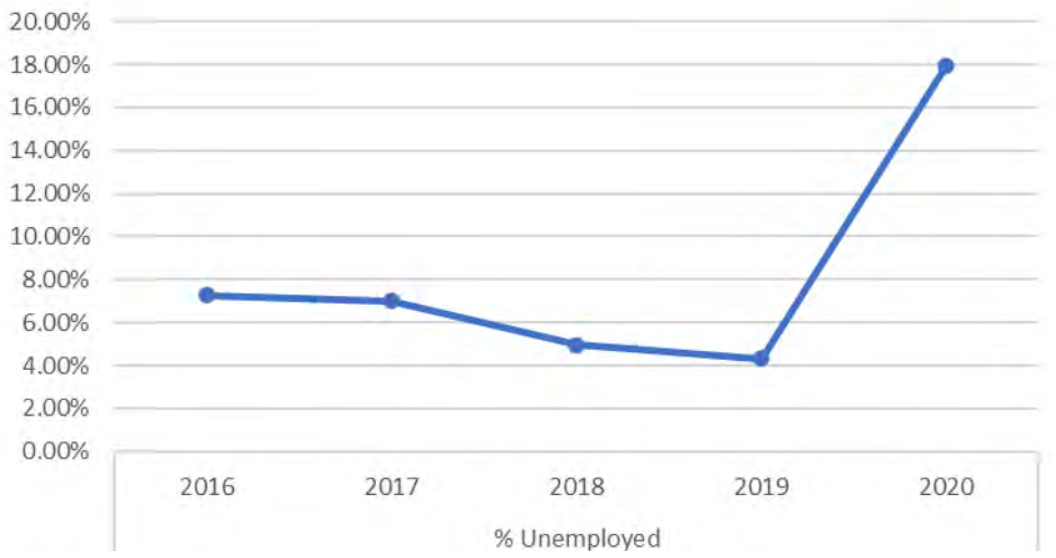
VENTNOR CITY POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The city's employee number continues to remain flat. The labor force was 4,515 in 2020. Because of COVID-19, Ventnor saw a sharp increase in unemployment, from 4.3% in 2019 to 17.96% in 2020. 811 employees lost their jobs during that time.

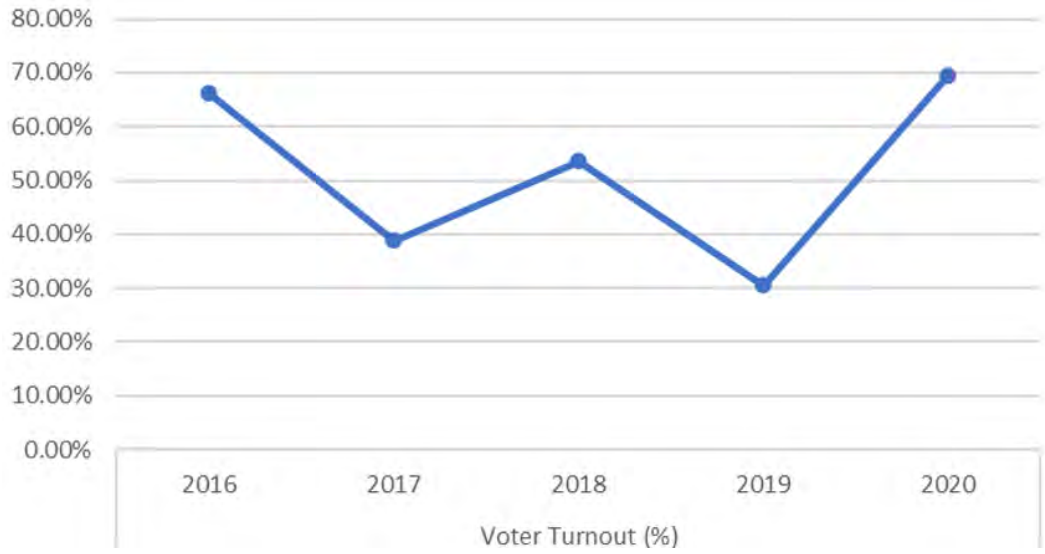
VENTNOR CITY UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In 2020, there were a total of 7,554 registered voters in Ventnor, a 5.6% increase from 7,154 in 2019. Of the voters, 33.27% were registered as Democrats, and 30.72% were registered as Republicans in 2020. Voter turnout rose more than doubled between 2019 and 2020, increasing from 30.5% to 69.5% in 2020.

VENTNOR CITY VOTER TURNOUT (2016-2020)

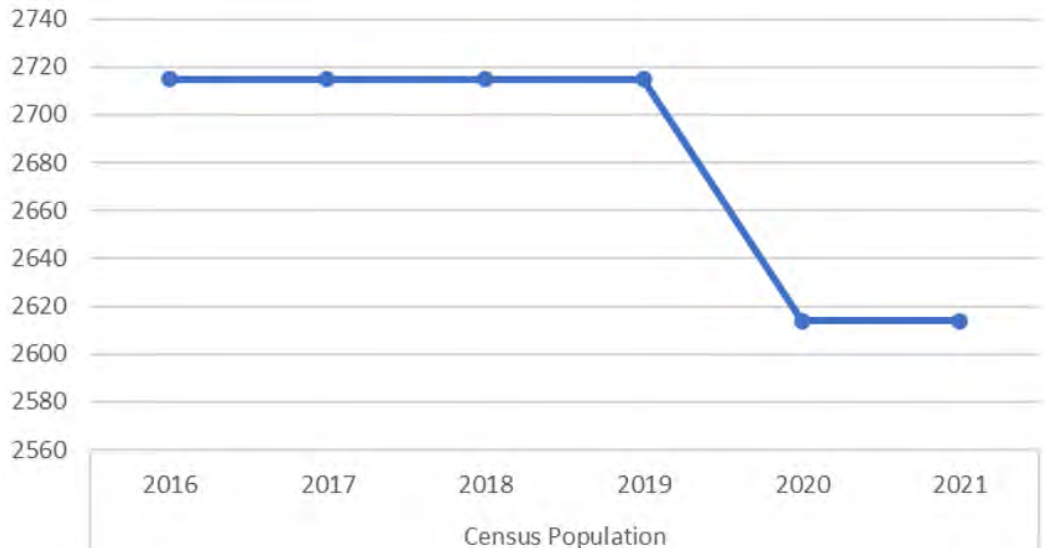


Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

WEYMOUTH

According to the 2021 United States Census, the population of Weymouth is 2,614, reflecting a 3.9% decline from 2,715 in 2020. The population density is 243 per square mile. Based on the 2019 Census, 3.79% of the population is under 5 years, 79.87% is 25 years and over, and 27.15% is 65 years of age or older. According to the 2021 Census, the racial makeup of the population is 8.3% Black or African American, 78.9% White, 0.1% Asian, and 7.4% Hispanic or Latinx. In 2019, around one fifth of residents (20.13%) are college graduates.

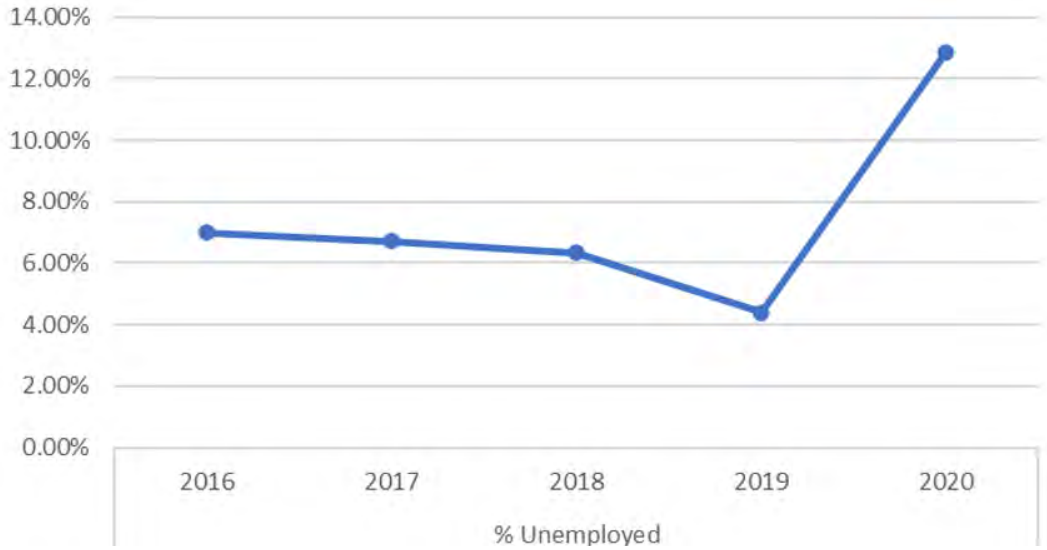
WEYMOUTH POPULATION (2016-2021)



Source: United States Census Bureau, American Community Survey 5 Year Estimates

The workforce of the city experienced a slight shrink from 1,253 in 2019 to 1,212 in 2020, a decline of 3.38%. The municipality witnessed a significant increase in its unemployment rate from 4.39% in 2019 to 12.87% in 2020 with 156 people losing their jobs.

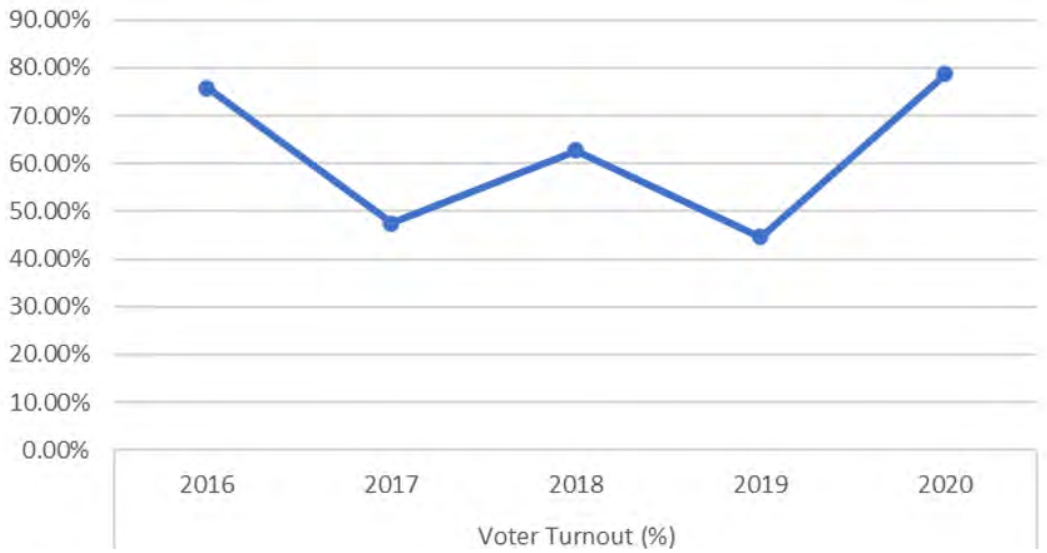
WEYMOUTH UNEMPLOYMENT RATE (2016-2020)



Source: New Jersey Department of Labor and Workforce Development and the US Bureau of Labor Statistics

In 2020, there were a total of 2,231 registered voters in Weymouth, which accounts for 77.71% of the total population. Of the voters, 29.01% were registered as Democrats, and 37.75% were registered as Republicans. Weymouth saw a sharp growth in voter turnout, increasing from 44.6% in 2019 to 78.71% in 2020.

WEYMOUTH VOTER TURNOUT (2016-2020)



Source: New Jersey Division of Elections and Atlantic County Superintendents of Elections

APPENDIX B
ADVISORY BOARD MEMBERSHIP

Charisse Fizer – AtlantiCare, VP, Clinical Operations & Chief Diversity Equity & Inclusion Officer

Terri Schieder – AtlantiCare, SVP, Strategic Planning & Business Development

Michael Epps – New Jersey Department of Community Affairs, Director, Atlantic City Initiatives Office

Erich Guetzlaff – Data Analyst, AtlantiCare

Taryn Headley – Project Intern, AtlantiCare Foundation

Marcia McCulley – AtlantiCare, Director, Oncology Service Line

Audrey Heist – AtlantiCare, Director, Wellness

Dylan Wulderk – AtlantiCare, Planning & Marketing Insight Consultant

Kara Janson – Atlantic County Public Health Department, Interim Health Officer

Christian Ragland – AtlantiCare, AVP, Diversity, Equity and Inclusion

Jarrod Barnes – City of Atlantic City, Director, Health & Human Services

Samantha Kiley – AtlantiCare, Executive Director, Community Health & Development

APPENDIX C

FOCUS GROUP GUIDE: COMMUNITY MEMBERS – ENGLISH

PRELIMINARIES FOR GROUP

INSTRUCTIONS FOR WRI RESEARCH TEAM MEMBERS (VIRTUAL PROTOCOL)

1. Prior to the start of the focus group, we will ensure that each participant signed the consent form via Qualtrics.

If yes, move onto next step.

If no, please pause and secure their email address and ask them to read it and "sign" it.

Remind them in a nutshell that their participation in this session is voluntary and confidential. Your name will not appear on any report and nothing you say today will be connected with you in our notes.

Focus Group Consent Form
https://rutgers.ca1.qualtrics.com/jfe/form/SV_bmaV5BnCRm8tdEG

2. The focus group will begin with some preliminary remarks, thanking the participants for their participation. The purpose of the focus group is to obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, other key health issues, and health education and communication, as well as the barriers residents confront in obtaining care. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the focus group has the potential to reveal usable information for improving the health care system for residents in Atlantic county. We will also remind the participants that this is to be an informal discussion that we will be guiding by asking questions. We will also tell them that they should feel free to volunteer information if there is something they believe is important that does not come up as a result of the questions we ask.

3. We will explain that we cannot prevent participants from telling people outside the group after its conclusion what was discussed in the group, but that we would like people to respect each other's privacy and not reveal things that others said. We will also explain that participants should be mindful that others might repeat what they say when they speak in the group.

4. Basic Ground Rules: Thanks and now we are ready to begin. First, I want to take a second and just go over some basic ground rules. We want to hear from all of you, so please do not be afraid to share your opinions and thoughts. But at the same time, please respect the other participants in the group. Please do not cut others off or talk over them. Most importantly, the topics discussed in this focus group should not be discussed outside of this virtual call. Please respect each other's point of view.

(Note to focus group facilitator: If you have not done this yet, before you ask the first question, please ask each of the participants to introduce themselves by the name they wish to be referred to)

FOCUS GROUP QUESTIONS

Icebreaker: Please share with us what does the term "healthy community," mean to you? In other words, what do you think makes the community a healthy place to live?

1. Let's start with the positives. What does this community have "going for it" with regard to meeting the healthcare needs of its residents?

2. In your opinion, tell us what you think are the most significant problems related to health in your community?
   a. Do you think that any one type of population is affected by the issue? (e.g., ages, race, and gender)
   b. How do these problems stand in the way of people staying healthy, getting healthy, or managing ongoing health conditions?

3. What gaps in services or resources are there relating to health?
   a. When identifying a gap, please also suggest what could fill this gap;-services, resources, education, better food, transportation? Are there other health related resources needed to help people in this area?
      i. Examples:
         - Services, support or information to manage a chronic condition or change health behaviors such as smoking, eating habits, diabetes, physical activity, or substance use?
         - Preventive services such as flu shots or immunizations?
         - Specialty healthcare services or providers?

4. Now, let's shift gears slightly and discuss the COVID-19 Pandemic. Could you talk about the impacts that this pandemic has had on your county/community?
   a. What do you think could be the impacts that will be felt the most by the community/county?

5. As the county plans for and starts to recover from the pandemic, what are the top 3-5 challenges facing the community on the road to recovery from the pandemic?
   a. What do you feel are the top 3-5 priorities for the community on the road to recovery from the pandemic?
   b. If AtlantiCare were to work on 1-2 community needs, what do you think should be the priority?

6. Is there anything else that you would like to share with us that we have not talked about?

Thank you for your time! The information you shared will be valuable as we continue with the CHNA. Take care and enjoy the rest of your day.

I think feeling safe is very important

Cape May county is in need of services for DD kids. Families have to leave the county in order to get services.

APPENDIX D

FOCUS GROUP GUIDE: COMMUNITY MEMBERS – SPANISH

PRELIMINARIES FOR GROUP

INSTRUCTIONS FOR WRI RESEARCH TEAM MEMBERS (VIRTUAL PROTOCOL)

1. Prior to the start of the focus group, we will ensure that each participant signed the consent form via Qualtrics.

If yes, move onto next step.

If no, please pause and secure their email address and ask them to read it and "sign" it.

Remind them in a nutshell that their participation in this session is voluntary and confidential. Your name will not appear on any report and nothing you say today will be connected with you in our notes. ("Su participación es voluntaria y confidencial. Su nombre no aparecerá en ningún reporte y nada de lo que diga hoy será relacionado a usted en nuestras notas.")

Focus Group Consent Form
https://rutgers.ca1.qualtrics.com/jfe/form/SV_bmaV5BnCRm8tdEG

2. The focus group will begin with some preliminary remarks, thanking the participants for their participation. The purpose of the focus group is to obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, other key health issues, and health education and communication, as well as the barriers residents confront in obtaining care. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the focus group has the potential to reveal usable information for improving the health care system for residents in Atlantic county. We will also remind the participants that this is to be an informal discussion that we will be guiding by asking questions. We will also tell them that they should feel free to volunteer information if there is something they believe is important that does not come up as a result of the questions we ask.

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(Note to focus group facilitator: If you have not done this yet, before you ask the first question, please ask each of the participants to introduce themselves by the name they wish to be referred to)

FOCUS GROUP QUESTIONS (SPANISH)

Icebreaker: Por favor díganos ¿qué entiende usted por una "comunidad saludable"? En otras palabras, ¿qué tipo de cosas hacen que la comunidad sea un lugar saludable para vivir?

1. Empecemos por lo positivo. ¿De qué manera esta comunidad cumple con las necesidades de salud de sus residentes?

2. En su opinión, díganos ¿cuáles cree que sean los problemas más importantes en cuanto a la salud de su comunidad?
    a. ¿Cree que haya un grupo en particular que se vea afectado por estos problemas? (por ejemplo, basado en edad, raza, género)
    b. ¿Cómo es que estos problemas no dejan que las personas se mantengan saludables, se vuelvan saludables, o que mantengan sus condiciones médicas bajo control?

3. ¿Qué le hace falta a los servicios de salud?
    a. Cuando identifique un área que haga falta, por favor también sugiera lo que se podría hacer para llenar este espacio: servicios, recursos, educación, mejor comida, transportación? Hay otros recursos relacionados a la salud que se necesiten para ayudar a otras personas en esta área?
        i. Ejemplos:
            - Servicios, información, o apoyo para controla una condición crónica o cambiar ciertos comportamientos de salud como el fumar, ábitos alimenticios, actividad física, o uso de sustancias?
            - Servicios de prevención como vacunas contra la gripe o immunizaciones?
            - Servicios o proveedores de salud especializados?

4. Ahora, vamos a enfocarnos en la pandemia de COVID-19. Nos puede hablar del impacto que esta pandemia ha tenido en su comunidad/condado?
    a. Cuáles cree que sean las consecuencias que más se sentirán en su comunidad/condado?

5. A medida que el condado planifica y se empieza a recuperar de la pandemia, cuáles son los 3-5 desafíos principales que afectan a su comunidad en este proceso?
    a. Cuáles son las 3-5 prioridades mayores en su comunidad durante el proceso de recuperación de la pandemia?
    b. Si AtlantiCare trabajara en 1-2 necesidades de la comunidad, ¿cuál crees que debería ser la prioridad?

6. Hay algo más que quiera conversarnos que no hayamos mencionado?

Gracias por su tiempo! La información que ah compartido será valiosa mientras continuamos con CHNA. Cuídese y que disfrute el resto de su día.

APPENDIX E
FOCUS GROUP QUESTIONS – ENGLISH

PURPOSE:

The purpose of the focus group is to obtain the valuable perspectives of key members of the community in the areas of **Affordable rental housing need**; Population demographics; Employment; **Existing housing**; **Financing and Income**; **Affordable homeownership need**; Existing housing; Financing and Income; **Senior/Service enhanced housing need**; and Community Safety.

THREE KEY PRIORITIES:

- Home Ownership
- Affordability
- Housing Quality

OVERALL HOUSING

What are the greatest needs our community is facing as it relates to housing?

AFFORDABILITY

Reference Affordable Housing as a need in Community Needs Assessment

- Affordable housing can mean a variety of things to different people. What does affordable housing mean to you?
- What are the most difficult barriers facing individuals in obtaining affordable housing?
- What can be done to make housing more affordable?
- If houses were more affordable, what would it enable you to do? How would you specifically benefit?

OWNERSHIP

Our community has lower than average home ownership rates.

- How do you think this impacts our community?
- What do you think prevents individuals from owning their own homes?
- What do you think is needed to enable more individuals in our community to purchase their own home?
- What do you think individuals need to maintain the home/ housing they own?

HOUSING QUALITY/ ENVIRONMENT

Now we are going to talk about the type of homes that exist in our community.

- What do you think of the conditions of the homes that currently exists in your neighborhood?
- Would you consider them of high-quality? If not, what would make the high-quality?
- Would you consider these homes safe?
- What is needed to improve the conditions of homes in your neighborhood?

AFFORDABLE HOMEOWNERSHIP NEED/ RENTAL HOUSING NEED

- What are greatest housing needs in [City where participant(s) live]?
- What are the most difficult barriers facing individuals in securing home ownership in [City where participant(s) live]?
- Who needs affordable housing?
  - Probe: Particular population (e.g., age, race, gender, or other individuals)

SENIOR/ SERVICE ENHANCED HOUSING NEED (COME BACK AT END IF NOT SPECIFICALLY MENTIONED)

- What housing with supportive services exists in the community for those with mental health or developmental disabilities?
- What housing with supportive services exists in the community for the older population (e.g., senior citizens)?
- What can the community do to help solve these barriers specifically for seniors?
- How do you think AtlantiCare could play a role in creating solutions to address the community's housing needs?
- Can those who provide essential services in the community afford to live here?

OTHER

- Could you detail what impact the COVID-19 Pandemic had on housing in Atlantic City? (e.g., this could include but is not limited to services being shut down or limited; loss of funding for services)
  - Probe: Atlantic County
- Do you see any future problems with Atlantic County housing?
- What is needed to more effectively recover from COVID-19 and its impacts?
- Is there anything else that you would like to share with us that we have not talked about?

APPENDIX F
PREGUNTAS DEL GRUPO DE ENFOQUE

PROPÓSITO:

El propósito de este grupo de enfoque es obtener las perspectivas valiosas de miembro claves de la comunidad en las áreas de **Necesidad de vivienda de alquiler asequible**; demografía de la población; empleo; **vivienda existente**; **financiación e ingresos**; **Necesidad de vivienda asequible**; vivienda existente; financiamiento e ingresos; **necesidad de vivienda mejorada para personas mayores/servicios**; y Seguridad Comunitaria.

TRES PRIORIDADES CLAVES:

- Propiedad de la Casa
- Asequible
- Calidad de la Vivienda

VIVIENDA GENERAL

¿Cuáles son las mayores necesidades que enfrenta nuestra comunidad en lo que respecta a la vivienda?

LA ASEQUIBILIDAD

Referir a la vivienda asequible como una necesidad en la evaluación de necesidades de la comunidad

- La vivienda asequible puede significar una variedad de cosas para diferentes personas. ¿Qué significa para usted la vivienda asequible?
- ¿Cuáles son las barreras más difíciles que enfrentan las personas para obtener una vivienda asequible?
- ¿Qué se puede hacer para que la vivienda sea más asequible?
- Si las casas fueran más asequibles, ¿qué le permitiría hacer? ¿Cómo se beneficiaría específicamente?

LA PROPIEDAD

Nuestra comunidad tiene tasas de propiedad de vivienda más bajas que el promedio.

- ¿Cómo crees que esto afecta a nuestra comunidad?
- ¿Qué crees que impide que las personas sean propietarias de sus propias casas?

- ¿Qué cree que se necesita para permitir que más personas en nuestra comunidad compren su propia casa?
- ¿Qué crees que necesitan las personas para mantener la casa / vivienda que poseen?

CALIDAD DE LA VIVIENDA / MEDIO AMBIENTE

Ahora vamos a hablar sobre el tipo de viviendas que existen en nuestra comunidad.

- ¿Qué opinas de las condiciones de las viviendas que existen actualmente en tu barrio?
- ¿Los considerarías de alta calidad? Si no, ¿qué haría que la alta calidad?
- ¿Considerarías que estos hogares son seguros?
- ¿Qué se necesita para mejorar las condiciones de los hogares en su vecindario?

NECESIDAD DE VIVIENDA ASEQUIBLE / NECESIDAD DE VIVIENDA DE ALQUILER

- ¿Cuáles son las mayores necesidades de vivienda en [Ciudad donde vive el/la participante(s)]?
  - Amplíe y pregunte también sobre el Condado de Atlantic.
- ¿Cuáles son las barreras más difíciles que enfrentan las personas para asegurar la propiedad de la vivienda en [Ciudad donde vive el/la participante(s)]??
  - Amplíe y pregunte también sobre el Condado de Atlantic.
- Quién necesita una vivienda asequible?
  - Población particular (por ejemplo, edad, raza, género u otras personas)

NECESIDAD DE VIVIENDA MEJORADA PARA PERSONAS MAYORES / SERVICIOS

- ¿Qué vivienda con servicios de apoyo existe en la comunidad para personas con discapacidades de salud mental o del desarrollo?
- ¿Qué vivienda con servicios de apoyo existe en la comunidad para la población mayor (por ejemplo, personas mayores)?
- ¿Qué puede hacer la comunidad para ayudar a resolver estas barreras específicamente para las personas mayores?
- ¿Qué puede hacer AtlantiCare en el futuro que no esté haciendo en este momento?
- ¿Pueden aquellos que brindan servicios esenciales en la comunidad permitirse vivir aquí?

OTRO

- ¿Podría detallar qué impacto tuvo la pandemia COVID-19 en la vivienda en Atlantic City? (por ejemplo, esto podría incluir, entre otros, el cierre o la limitación de los servicios; la pérdida de fondos para los servicios)
    - Condado Atlantic
- ¿Ve algún problema futuro con la vivienda del Condado de Atlantic?
- ¿Qué se necesita para recuperarse de manera más efectiva de COVID-19 y sus impactos?
- ¿Hay algo más que le gustaría compartir con nosotros de lo que no hemos hablado?
- ¿Ha afectado la gentrificación a Atlantic City y, de ser así, a cómo?
- ¿Cuántos nuevos desarrollos/barrios hay en Atlantic City?

APPENDIX G

CONSENT TO TAKE PART IN ANONYMOUS RESEARCH (FOCUS GROUP) – ENGLISH

Title of Study: Community Health Needs Assessment for AtlantiCare

Principal Investigator: Kristin Curtis, M.A.

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. Your alternative to taking part in the research is not to take part in it.

Who is conducting the study and what is it about?

You are invited to take part in a research study that is being conducted by Kristin Curtis, MA, who is the Assistant Director of the Senator Walter Rand Institute for Public Affairs at Rutgers University. The purpose of this research is to obtain valuable perspectives of residents in and key members of the service delivery community within AtlantiCare's service area about health-related needs, health practices, health care access, as well as community strengths, weaknesses, barriers, and areas for improvement.

Kristin Curtis may be reached at 856-225-6236 or at the Senator Walter Rand Institute for Public Affairs 411 Cooper Street Camden, NJ.

What will I be asked to do if I take part in the study?

Your participation will involve taking part in a focus group conducted by a member of the designated research team, assisted by notetakers from the research team. The focus group will take no more than 90 minutes. Questions will focus on your experience working with the health care system and with residents in the AtlantiCare's service area.

What are the risks of harm or discomforts I might experience if I take part in the study?

If you participate in the focus group, there are minimal risks in that participating in the focus group raises the risk that someone else in the group might reveal something you say in the discussion that you did not want them to tell anyone. Also, someone participating in the focus group may reveal that you took part in the discussion even though you did not want to tell anyone. To minimize this risk, at the beginning of the focus group we will emphasize the importance of keeping the participants and discussion confidential. You may also use a pseudonym (fake name) during the discussion. It is possible, but unlikely, that some of the topics discussed might upset you or someone else in the group. If that happens, you can leave if you prefer not to stay. However, your contribution will help produce valuable information about how to improve health care services in Atlantic county.

Are there any benefits to me if I choose to take part in this study?

The benefits of taking part in this study may be that your responses will guide actions that may benefit your county and your contribution will help produce valuable information about how to improve health care services in Atlantic county. However, it is possible that you may receive no direct benefit from taking part in this study.

Will I be paid to take part in this study?

You will receive a $25.00 Visa Gift Card to take part in this study.

How will information about me be kept private or confidential?

All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed.

- We will not collect any information that can identify you or other subjects. Interview notes will be stored in a locked cabinet controlled by the investigator. Responses may be converted to digital format and stored on a password-protected computer that can only be accessed by the study team. Paper copies will then be destroyed. We plan to delete the data in three years.

No information that can identify you will appear in any professional presentation or publication.

What will happen to information I provide in the research after the study is over?

After the study is over the information may be used by or distributed to investigators for other research without obtaining additional permission from you.

The research team and the Institutional Review Board at Rutgers University are the only parties that may see the data, except as may be required by law. If the findings of this research are professionally presented or published, only group results will be stated.

What will happen if I do not wish to take part in the study or I later decide not to stay in the study?

It is your choice whether you take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. In addition, you can choose to skip questions that you are not comfortable answering. If you do not want to enter the study or decide to stop taking part, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled. Please note, however, that once you have submitted your responses, you may no longer withdraw them as we will not know which ones yours are.

If you have questions about taking part in this study, you can contact the Principal Investigator: Kristin Curtis, MA, Senator Walter Rand Institute for Public Affairs at 856-225-6236 or **krcurtis@camden.rutgers.edu**.

If you have questions about your rights as a research subject, you can contact the IRB Director at:

Arts and Sciences IRB (732) 235-2866 or the Rutgers Human Subjects Protection Program at (973) 972-1149 or email us at **humansubjects@ored.rutgers.edu**.

[For IN-PERSON Studies:]

We will provide you a copy of this consent form for your records.

By beginning this research, I acknowledge that I am 18 years of age or older and have read and understand the information. I agree to take part in the research, with the knowledge that I am free to withdraw my participation in the research without penalty.

[For ONLINE Studies:]

Please print a copy of this consent form for your records.

If you are 18 years of age or older, understand the statements above, and consent to take part in the study, click on the "I Agree" button to begin the research. If not, please click on the "I Do Not Agree" button which will exit you from this screen/program.

- I Agree
- I Do Not Agree

APPENDIX H

CONSENTIMIENTO PARA PARTICIPAR EN UN ESTUDIO ANÓNIMO (GRUPO DE DISCUSIÓN)

Título del Estudio: Evaluación de las Necesidades de Salud Comunitarias para Inspira Health Network

Investigador Principal: Kristin Curtis, M.A.

Este formulario es parte del proceso de consentimiento informado para un estudio. Aquí le daremos información que le ayudará a decidir si desea participar en el estudio. No tiene ninguna obligación de participar en el estudio si no lo desea. Después de haber respondido a todas sus preguntas y de participar en el estudio de investigación, se le pedirá que firme este formulario de consentimiento. Se le dará una copia de la forma firmada para conservarla. Su alternativa a participar en la investigación es no participar en ella.

¿Quién conduce el estudio y de qué se trata?

Se le invita a participar en un estudio dirigido por Kristin Curtis, M.A., quien es la Directora Asistente del Senator Walter Rand Institute for Public Affairs en la Universidad de Rutgers-Camden. El propósito de este estudio es el de obtener las valiosas perspectivas de los residentes y miembros claves de la comunidad en la red de servicio de Inspira Health en lo que tiene que ver con la salud, las prácticas de salud, el acceso a la atención médica, así como también las ventajas, debilidades, barreras y áreas de mejoramiento de la comunidad.

Kristin Curtis puede ser contactada al 856-225-6236 o en el Senator Walter Rand Institute for Public Affairs localizado en la 411 Cooper Street, Camden, NJ, 08102.

¿Qué me pedirán que haga si participó en el estudio?

Su participación consistirá en formar parte de un grupo de discusión dirigido por un miembro de nuestro equipo, con la ayuda de otros miembros que tomarán notas. Los grupos de discusión no durarán más de 90 minutos. Las preguntas serán sobre su experiencia con el sistema de atención médica y con los residentes en el área de servicio de la red de Inspira Health.

¿Qué riesgos de daño o molestias puedo experimentar si participo en el estudio?

Si participa en el grupo de discusión, los riesgos son mínimos, ya que al participar en el grupo de discusión se corre el riesgo de que otra persona del grupo revele algo que usted dijo en la discusión y que no quería que otros supieran. Además, alguien que participe en el grupo de discusión puede revelar que usted participó en la discusión aunque no quisiera decírselo a nadie. Para minimizar este riesgo, al principio del

grupo de discusión haremos énfasis en la importancia de mantener la confidencialidad de los participantes y de la discusión. También puede utilizar un seudónimo (nombre falso) durante la discusión. Es posible, aunque poco probable, que algunos de los temas de discusión le molesten a usted o a otra persona del grupo. Si eso ocurre, puede retirarse si prefiere no quedarse. Sin embargo, su contribución ayudará a producir información valiosa sobre cómo mejorar los servicios de atención médica en los condados de Cumberland, Gloucester y Salem.

¿Hay algún beneficio para mí si decido participar en este estudio?

Los beneficios de participar en este estudio pueden ser que sus respuestas guiarán decisiones que podrían beneficiar a su condado, y su contribución ayudará a producir información valiosa sobre cómo mejorar los servicios de atención médica en los condados de Cumberland, Gloucester y Salem. Sin embargo, es posible que no reciba ningún beneficio directo por participar en este estudio.

¿Me pagarán por participar en este estudio?

Usted recibirá una tarjeta de regalo Visa de $25 por participar en este estudio.

¿Cómo se mantendrá mi privacidad o la confidencialidad de mi información?

Haremos todo lo posible para mantener sus respuestas confidenciales, pero se puede garantizar una confidencialidad completa.

- No recogeremos ninguna información que pueda identificar su identidad o la de otros participantes. Las notas de la entrevista serán guardadas en un archivo bajo llave con acceso solo del equipo del estudio. Las notas serán convertidas a un formato digital y guardadas en una computadora con contraseña a la cual solo el equipo del estudio puede entrar. Las copias en papel serán destruidas. Planeamos destruir la data dentro de tres años.

Ninguna información que pueda identificarle aparecerá en ninguna presentación o publicación profesional.

¿Qué ocurrirá con la información que salga de este estudio una vez finalizado?

Al finalizar el estudio, la información podrá ser utilizada o distribuida a los investigadores para otras investigaciones sin necesidad de obtener un permiso adicional de usted.

El equipo de investigación y la Junta Institucional de Revisión (IRB) de la Universidad de Rutgers son las únicas partes que pueden ver los datos, excepto en los casos en que lo exija la ley. Si los resultados de esta investigación se presentan o publican profesionalmente, sólo se indicarán los resultados del grupo.

¿Qué ocurrirá si no deseo participar en el estudio o si me quiero retirar?

Usted decide si participa en la investigación. Puede elegir participar, no participar, o cambiar de opinión y retirarse del estudio en cualquier momento. Además, puede optar por no responder a las preguntas si se siente incómodo. Si no quiere participar en el estudio o decide dejar de hacerlo, su relación con el

equipo del estudio no cambiará, y podrá hacerlo sin penalización y sin perder los beneficios a los que tenga derecho. Sin embargo, tenga en cuenta que, una vez que haya enviado sus respuestas, ya no podrá retirarlas, ya que no sabremos cuáles son las suyas.

Si tiene preguntas sobre la participación en este estudio, puede ponerse en contacto con la investigadora principal Kristin Curtis, MA, Senator Walter Rand Institute for Public Affairs, al 856-225-6236 o a **krcurtis@camden.rutgers.edu**.

Si tiene preguntas sobre sus derechos como participante en la investigación, puede ponerse en contacto con el Director del IRB en Arts and Sciences IRB (732) 235-2866 o el Programa de Protección de Sujetos Humanos de Rutgers al (973) 972-1149 o enviarnos un correo electrónico a **humansubjects@ored.rutgers.edu**.

[Para los estudios EN PERSONA].

Le entregaremos una copia de este formulario de consentimiento para sus archivos.

Al comenzar esta investigación, reconozco que tengo 18 años o más y que he leído y comprendido la información. Estoy de acuerdo en participar en la investigación, con el conocimiento de que soy libre de retirar mi participación del estudio sin penalización.

[Para los estudios en LÍNEA:]

Por favor, imprima una copia de este formulario de consentimiento para sus archivos.

Si tiene 18 años o más, entiende las declaraciones anteriores y acepta participar en el estudio, presione el botón "Acepto" para comenzar la investigación. En caso contrario, presione el botón "NO ESTOY DE ACUERDO" para salir de esta pantalla/programa.

- I Agree
- I Do Not Agree

APPENDIX I:

INTERVIEW QUESTIONS WITH DESIGNATED LAW ENFORCEMENT OFFICIALS, ATLANTICARE EXECUTIVES, AND HEALTH OFFICIALS AND FIELD WORKERS IN ATLANTIC COUNTY

Focus: To obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, other key health issues, and health education and communication, as well as the barriers residents confront in obtaining care. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the interview has the potential to reveal usable information for improving the health care system for residents in Atlantic county.

Thank you for taking time out of your busy schedule to help us learn more about your agency's efforts. This is important information that will help to inform AtlantiCare's Community Health Needs Assessment.

INSTRUCTIONS FOR WRI RESEARCH TEAM MEMBERS

Hello. Thank you for making the time to speak with us today. My name is **INTERVIEWER INSERT YOUR NAME HERE** and I am with the Senator Walter Rand Institute (WRI) at Rutgers-Camden. **[Introduce the note-taker too.]** We are working with AtlantiCare to obtain the valuable perspectives of key members of the service delivery community in the areas of access to care, other key health issues, and health education and communication, as well as the barriers residents confront in obtaining care. Additionally, other areas of inquiry will include the strengths of the health care service delivery system as well as its weaknesses and improvements that could be made. The information from the interview has the potential to reveal usable information for improving the health care system for residents in Atlantic county.

First, I need to make sure that you "signed" the Interview Consent Form for Needs Assessment via Qualtrics insert link and QR code

If yes, move onto next step.

If no, please pause and secure their email address and ask them to read it and "sign" it.

Remind them in a nutshell that their participation in this session is voluntary and confidential. Your name will not appear on any report and nothing you say today will be connected with you personally in our notes.

This interview should last approximately 60-75 minutes. Thank you for agreeing and taking time to participate in this interview today.

INTERVIEW QUESTIONS

Potential Topics (but not limited): Four core areas of focus are: what is your definition of health; barriers to health; current resources, and how AtlantiCare can help support the community in becoming healthier.

1. Let's start by discussing your definition of community or public health. Simply put, how do you define health?
    a. Probe: If a participant identifies more individual health focused needs, continue to ask for further information and examples.
    b. If the participant responds with information regarding health needs outside of individual health such as poverty, gun violence, violence, and so forth, continue to seek further information. If the participant mentions more macro factors such as the ones listed above or others, ask the participant to clarify or connect how these factors affect or are related to individual health.
    c. Based on the answers above, ask the participant, which of the needs identified do you think AtlantiCare could help to support?

2. Are there strengths or resources that already exist in the community that could be built upon to improve the health and well-being of residents? ***Ask for the top 3-5 strengths in region/ that they think are going well in community? Then ask about building on these?
    a. If so, please explain.

3. Now let's shift focus, what do you consider are the **top 3-5 challenges** in Atlantic county? Stated alternatively, what are some barriers that you think keep this county from being the healthiest county in the state of New Jersey?
    a. Probe: What policies or service gaps create or support these barriers?

4. Are there specific needs the residents of this county have which you would like to discuss?
    a. Probes: lead, opioid crisis, mental health access and treatment, prevention or early intervention services for youth?
    b. What resources need to be developed or increased in order to address the health needs?

5. Are there dynamics at play concerning individuals, community organizations, or governmental entities that are currently working in the Counties which positively or negatively affect community health?
    a. Could you detail if there are any health-related projects that are being successfully implemented in the community?
        i. How successfully are individuals, community organizations, and governmental entities working together to improve health in their counties?
            1. Zero in on organizations that are focused on health.
    b. Who else do you think could help support community health in AtlantiCare's service areas? Are there other stakeholders that should be at the table?

6. Let's now turn our attention and discuss the COVID-19 pandemic. Would you please share the impacts of the **COVID-19 pandemic** on your department and the work that you do at AtlantiCare?
    a. Tailor this question as needed for the department heads and doctors.
        i. ***Note asked for internal AtlantiCare stakeholders.
        ii. Assess in real-time if asked of other stakeholders.

7. And now, can you take a step back and detail the impacts the COVID-19 Pandemic has had on the county?
    a. Note this could run from areas to populations. be prepared to follow up as needed
    b. Depending on how this question is answered follow up as needed for more information.

8. What are the top 3-5 challenges facing the community on the **road to recovery** from the pandemic?
    a. What do you feel are the **top 3-5 priorities** for the community on the road to recovery from the pandemic?
    b. And in general?

9. Is there anything else that you would like to discuss that we have not mentioned already?

Thank you for your time! The information you shared will be valuable as we continue with the CHNA. Take care and enjoy the rest of your day.

APPENDIX J:

CONSENT TO TAKE PART IN ANONYMOUS RESEARCH (FOCUS GROUP)

Title of Study: Community Health Needs Assessment for AtlantiCare

Principal Investigator: Kristin Curtis, M.A.

This consent form is part of an informed consent process for a research study and it will provide information that will help you decide whether you want to take part in this study. It is your choice to take part or not. Your alternative to taking part in the research is not to take part in it.

Who is conducting the study and what is it about?

You are invited to take part in a research study that is being conducted by Kristin Curtis, MA, who is the Assistant Director of the Senator Walter Rand Institute for Public Affairs at Rutgers University. The purpose of this research is to obtain valuable perspectives of residents in and key members of the service delivery community within AtlantiCare's service area about health-related needs, health practices, health care access, as well as community strengths, weaknesses, barriers, and areas for improvement.

Kristin Curtis may be reached at 856-225-6236 or at the Senator Walter Rand Institute for Public Affairs 411 Cooper Street Camden, NJ.

What will I be asked to do if I take part in the study?

Your participation will involve taking part in a focus group conducted by a member of the designated research team, assisted by notetakers from the research team. The focus group will take no more than 90 minutes. Questions will focus on your experience working with the health care system and with residents in the AtlantiCare's service area.

What are the risks of harm or discomforts I might experience if I take part in the study?

If you participate in the focus group, there are minimal risks in that participating in the focus group raises the risk that someone else in the group might reveal something you say in the discussion that you did not want them to tell anyone. Also, someone participating in the focus group may reveal that you took part in the discussion even though you did not want to tell anyone. To minimize this risk, at the beginning of the focus group we will emphasize the importance of keeping the participants and discussion confidential. You may also use a pseudonym (fake name) during the discussion. It is possible, but unlikely, that some of the topics discussed might upset you or someone else in the group. If that happens, you can leave if you prefer not to stay. However, your contribution will help produce valuable information about how to improve health care services in Atlantic county.

Are there any benefits to me if I choose to take part in this study?

The benefits of taking part in this study may be that your responses will guide actions that may benefit your county and your contribution will help produce valuable information about how to improve health care services in Atlantic county. However, it is possible that you may receive no direct benefit from taking part in this study.

Will I be paid to take part in this study?

You will receive a $25.00 Visa Gift Card to take part in this study.

How will information about me be kept private or confidential?

All efforts will be made to keep your responses confidential, but total confidentiality cannot be guaranteed.

- We will not collect any information that can identify you or other subjects. Interview notes will be stored in a locked cabinet controlled by the investigator. Responses may be converted to digital format and stored on a password-protected computer that can only be accessed by the study team. Paper copies will then be destroyed. We plan to delete the data in three years.

No information that can identify you will appear in any professional presentation or publication.

What will happen to information I provide in the research after the study is over?

After the study is over the information may be used by or distributed to investigators for other research without obtaining additional permission from you.

The research team and the Institutional Review Board at Rutgers University are the only parties that may see the data, except as may be required by law. If the findings of this research are professionally presented or published, only group results will be stated.

What will happen if I do not wish to take part in the study or I later decide not to stay in the study?

It is your choice whether you take part in the research. You may choose to take part, not to take part or you may change your mind and withdraw from the study at any time. In addition, you can choose to skip questions that you are not comfortable answering. If you do not want to enter the study or decide to stop taking part, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled. Please note, however, that once you have submitted your responses, you may no longer withdraw them as we will not know which ones yours are.

If you have questions about taking part in this study, you can contact the Principal Investigator: Kristin Curtis, MA, Senator Walter Rand Institute for Public Affairs at 856-225-6236 or **krcurtis@camden.rutgers.edu**.

If you have questions about your rights as a research subject, you can contact the IRB Director at:

Arts and Sciences IRB (732) 235-2866 or the Rutgers Human Subjects Protection Program at (973) 972-1149 or email us at **humansubjects@ored.rutgers.edu**.

[For IN-PERSON Studies:]

We will provide you a copy of this consent form for your records.

By beginning this research, I acknowledge that I am 18 years of age or older and have read and understand the information. I agree to take part in the research, with the knowledge that I am free to withdraw my participation in the research without penalty.

[For ONLINE Studies:]

Please print a copy of this consent form for your records.

If you are 18 years of age or older, understand the statements above, and consent to take part in the study, click on the "I Agree" button to begin the research. If not, please click on the "I Do Not Agree" button which will exit you from this screen/program.

○ I Agree

○ I Do Not Agree

AGREEMENT TO PARTICIPATE

1. SUBJECT CONSENT:

I have read this entire consent form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form and this study have been answered. I agree to take part in this study.

Subject Name (printed): _____

Subject Signature:_____ Date:_____

2. SIGNATURE OF INVESTIGATOR/INDIVIDUAL OBTAINING CONSENT:

To the best of my ability, I have explained and discussed all the important details about the study including all of the information contained in this consent form.

Investigator/Person Obtaining Consent (printed):_____

Subject Signature: _____

Signature:_____ Date: _____

APPENDIX K:

AC CHNA 2022-2024 COMMUNITY SURVEY - ENGLISH

SECTION 0 | CONSENT FORM

Thank you for participating in the Community Health Needs Assessment for AtlantiCare. Your input will be used to improve health care access for your community and allocate resources to high-priority areas in Atlantic County. Any information you can provide is valuable and appreciated.

Please know that you can skip any questions you do not want to answer. You will be prompted to select the method of compensation when you have reached the end of the main portion of the survey.

Please proceed to the next page to review the consent form and select "I Agree" to continue to the survey.

Consent Form-Participation in Anonymous Questionnaire: Community Health Needs Assessment for AtlantiCare

You are invited to participate in a research study that is being conducted by Kristin Curtis, Assistant Director at The Senator Walter Rand Institute for Public Affairs at Rutgers University, Camden. The purpose of this research is to collect feedback on health issues and services from individuals who live in Atlantic County. If you choose to participate, you will answer questions about your health, health risk behaviors, preventive health practices, and access to health care, as well as community strengths and weaknesses. Nonprofit hospitals are required by federal law to collect data on community health needs every three years. The survey will take about 5 minutes to complete. After you complete the survey, if you wish to answer additional questions, those will take about 10 minutes.

This research is anonymous, which means that we will not record any information that could be used to identify you. There will be no link between your identity and your responses on the survey.

The research team and the Institutional Review Board at Rutgers University are the only parties that will see your responses, except as may be required by law. If a report of this study is shared, only group results will be stated. All study data will be kept for three years.

There are no expected risks of participating in this study. You may receive no direct benefit from taking part in this study, but your feedback will be used to inform future health programming and services that may benefit your county.

Participation in this study is voluntary. You may choose not to participate or to withdraw at any time during the survey without any penalty. Also, you may choose not to answer any questions that make you uncomfortable. If you have any questions about the study or study procedures, you may contact:

Kristin Curtis, Assistant Director, The Walter Rand Institute for Public Affairs Rutgers University, The State University of New Jersey, Camden 411 Cooper Street, Camden, NJ 08102
Phone: 856-225-6236; Email: **kcurtis@camden.rutgers.edu**

If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB: Institutional Review Board, Rutgers University, the State University of New Jersey Liberty Plaza / Suite 3200, 335 George Street, 3rd Floor, New Brunswick, NJ 08901 Phone: 732-235-2866; Email: human-subjects@ored.rutgers.edu

If you are 18 years of age or older, understand the statements above, and will consent to participate in the study, click on the "I Agree" button to begin the survey. If not, please click on the "I Do Not Agree" button, which will exit this program.

- I Agree
- I Do Not Agree

SKIP TO: END OF SURVEY IF CONSENT FORM-PARTICIPATION IN ANONYMOUS QUESTIONNAIRE: COMMUNITY HEALTH NEEDS ASSESSMENT FOR ATLA... = I DO NOT AGREE

SECTION 1 | HEALTH & HEALTHCARE ACCESS

Q1.1 **What county do you live in?**

- Atlantic County (full-time resident)
- Atlantic County (part-time resident)
- Other (Please specify the County)

DISPLAY THIS QUESTION:
IF WHAT COUNTY DO YOU LIVE IN? = ATLANTIC COUNTY (FULL-TIME RESIDENT)OR WHAT COUNTY DO YOU LIVE IN? = ATLANTIC COUNTY (PART-TIME RESIDENT)

Q1.1.1 **Please identify the town/city that you live in Atlantic County.**

- Absecon
- Atlantic City
- Brigantine
- Buena Borough
- Buena Vista Township
- Corbin City
- Egg Harbor City
- Egg Harbor Township

- Estell Manor
- Folsom
- Galloway Township
- Hamilton Township
- Hammonton
- Linwood
- Longport
- Margate
- Mullica Township
- Northfield
- Pleasantville
- Port Republic
- Somers Point
- Ventnor
- Weymouth Township
- Other (please specify)

Q1.2 **What is the zip code of your home? (Put a "0" if you do not have a place to stay)**

Q1.3 **Currently, do you work in the healthcare industry (as a provider, executive, or staff)?**

- Yes
- No

Q1.4 **Which of the following are health issues in your community? (Select all that apply).**

- Access to health care
- Lack of insurance / under-insurance
- Access to family planning / reproductive health
- Maternal / infant health
- Dental health
- Alcohol use

- Tobacco use
- Vaping / Juuling
- Drug use (prescription)
- Drug use (illegal)
- Drug overdoses
- Overweight / obesity
- Lack of access to healthy food
- Sleep issues
- Mental health
- Brain disorders (Alzheimer's, Parkinson's, dementia, etc)
- Developmental disorders (ASD, ADHD, cerebral palsy, etc)
- High blood pressure (Hypertension)
- Heart disease (angina pectoris, etc)
- Lung disease (pneumonia, COPD, etc)
- Asthma
- Cancer
- HIV / AIDS
- Diabetes
- Arthritis
- Stroke
- COVID-19
- Disability (physical, cognitive, or other)
- Access to services for older adults
- Low vaccination rates
- Community safety
- Domestic violence
- Sexual assault / sexual violence
- Sexually transmitted infections / diseases (STIs / STDs)
- Homelessness / housing insecurity
- Too many people in jail / prison

- Feeling lonely
- Lack of access to people and places
- Suicide
- Other (please specify)

Q1.5 **What are the barriers that keep people in your community from accessing health care when they need it? (Select all that apply).**

- Limited or no health insurance coverage
- Can't afford out of pocket costs (co-pays, prescriptions, etc.)
- Lack of primary care physicians / family doctors
- Lack of specialists (for a specific condition or population)
- Hard to understand the health care system
- Lack of trust in health care providers / system
- Afraid of diagnosis / outcome of visit
- Language barriers
- Lack of accessible care for people with disabilities (physical, hearing, vision, cognitive, etc)
- Not sure how to use the internet or digital tools for healthcare
- Lack of high-speed internet access
- Lack of transportation
- Lack of child care
- Lack of appointments that work with my schedule
- Unable to take time off from work
- Time limitations (waiting too long at appointments, etc)
- Law enforcement concerns
- Immigration concerns
- Neighborhood safety concerns
- Homelessness / housing insecurity
- Other (please specify)

Q1.6 **Related to health, what are the resources or services you think are missing in the community? (Select all that apply).**

- Free / low cost medical care
- Free / low cost dental care
- Free / low cost eye care
- Free / low cost auditory / hearing services (hearing aids, audiologist, etc.)
- Free / low cost prescriptions
- Primary care providers / family doctors
- Medical providers for children
- Medical providers for older adults
- Medical specialists (please specify)
- Mental / behavioral health services
- Substance use / misuse rehabilitation services
- Bilingual services
- Access to high-speed internet connection
- People to help you understand the healthcare system (social workers, patient navigators, etc)
- Peer group support services (AA, NA, support groups, etc.)
- Health education, information, outreach
- Health screenings (cancer, STIs/STDs, chronic diseases, etc)
- Vaccination services
- Women's health care (prenatal care, OB/GYN, reproductive health, etc)
- Services for older adults
- Veterans health care
- Services for formerly incarcerated population
- Public transportation routes to medical centers (hospital, Urgent Care, doctor's office, etc)
- Medical transportation services (AccessLink, LogistiCare / ModivCare, etc)
- Meal delivery services
- Respite care (short-term, alternative care that provides temporary relief for caregivers)
- End-of-life care (hospice or palliative care)

- Other (please specify)

Q1.7 **Are there specific populations in your community that you think are NOT being adequately served by local health services? (Select all that apply).**

- American Indian / Alaska Native
- Asian
- Black / African American
- Hispanic / Latino/x
- Native Hawaiian / Pacific Islander
- White
- Non-native English speakers
- Men
- Women
- LGBTQIA+
- Children / teenagers
- Young adults
- Older adults
- Veterans
- Homeless / housing insecure
- People who have been in jail / prison
- Immigrants or refugees
- Low income / poor
- People living with HIV / AIDS
- People in recovery from addiction
- People with mental / behavioral health conditions
- People with disabilities
- Long-term caregivers
- People living in isolation
- Uninsured / underinsured
- None of these

- Other (please specify)

SKIP TO: Q1.8 IF ARE THERE SPECIFIC POPULATIONS IN YOUR COMMUNITY THAT YOU THINK ARE NOT BEING ADEQUATELY SERVED B... = NONE OF THESE

Q1.7.1 **If you can, please specify which services are missing for these populations.**

Q1.8 **How do you get your health care most often: Virtually or in-person?**

- Virtually (Zoom, phone call, health portal, etc.)
- In-person
- Half virtually / half in-person
- Other

Q1.9 **When you are sick or need health care, what kind of place do you go to most often (including virtual visits)? (Select all that apply).**

- Clinic or healthcare center
- Doctor's office
- Hospital emergency room
- Hospital outpatient department
- Urgent Care
- Other (please specify)
- I don't know

Q1.10 **When did you last visit a doctor for a yearly checkup?**

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (more than 1 year but less than 2 years ago)
- Within the past 5 years (more than 2 years but less than 5 years ago)
- 5 or more years ago

- I have never visited a doctor for a routine checkup
- I don't know

Q1.11 **What kind of health insurance does your family have? (Select all that apply).**

- Medicare
- Medicaid
- Private insurance through employer
- Private insurance (through the insurance Marketplace (Obamacare), an insurance agency, etc)
- NJ FamilyCare
- Military health care (TRICARE / VA / CHAMP-VA)
- Medi-Gap
- Indian Health Service
- Charity Care
- Other government program
- Single service plan (dental, vision, prescriptions, etc)
- One or more people in my family are not insured
- Other (please specify)
- I don't know

DISPLAY THIS QUESTION:
IF WHAT KIND OF HEALTH INSURANCE DOES YOUR FAMILY HAVE? (SELECT ALL THAT APPLY). = ONE OR MORE PEOPLE IN MY FAMILY ARE NOT INSURED

Q1.11.1 **Who in your family is not insured? (Select all that apply).**

- Child
- Adult
- Older Adult

Q1.12 **Has anyone in your immediate family or care, including yourself, ever been diagnosed with or are at-risk of any of the following chronic conditions? (Select all that apply).**

- Respiratory issues (asthma, chronic bronchitis, etc)
- Diabetes
- Arthritis

- Cataracts
- Chronic pain
- Mental health conditions (anxiety, depression, bipolar disorder, etc)
- Brain disorders (Alzheimer's, Parkinson's, dementia, etc)
- Stroke
- Cancer
- Heart Disease
- High Blood Pressure (Hypertension)
- High Cholesterol
- Lung Disease (COPD, emphysema, etc)
- Kidney Disease
- Overweight / Obesity
- Alcohol use / misuse
- Drug and substance use / misuse (opioids, etc)
- Other (please specify)
- Other (please specify)
- None of these
- I don't know
- I prefer not to answer

Q1.13 **In the last 3 years, have you been a caregiver to other adult/s over 18 years old experiencing a chronic condition? It is okay if this adult no longer needs care or no longer lives in your household. If you took care of multiple adults over 18 years old, please select the option corresponding to the adult who has required the most care from you.**

- Yes, an adult between 18 and 65 years old
- Yes, an adult over 65 years old
- No

Q1.14 **Have you used any of the following services at AtlantiCare? (Select all that apply)**

- Audiology

- Behavioral Health Care
- Cancer Care
- Diagnostic Testing (X-ray, mammogram, CT scan, ultrasound, etc)
- Ear, Nose, and Throat Care
- Emergency or Trauma Care
- Endocrinology, Diabetes and Metabolism Care
- Heart Care
- Home Care
- Hospice Care
- Imaging Services
- Infection Disease Treatment
- LifeCenter (Fitness facility)
- Joint and Spine Care
- Neurology: Stroke, Headache, and Memory Care
- Pain Management
- Palliative Care
- Primary Care
- Pulmonology
- Occupational Health
- Rheumatology
- Telehealth (Virtual Visit)
- Surgery (please specify)

- Urgent Care
- Urology
- Vascular Care
- Women and Children's Services (Maternity, Family Planning, Neonatal, OB/GYN, etc)
- Wound Care
- Other (please specify)

- I have not heard of any of these programs

Q1.15 **Has your family ever used any of these community resources? (Select all that apply)**

- Food bank / food distribution
- Meals service (Meals on Wheels, senior feeding sites, school meal programs, etc)
- SNAP (Supplemental Nutrition Assistance Program)
- WIC (New Jersey Supplemental Nutrition Program for Women Infants and Children)
- Housing / Rental Assistance
- Utility Assistance
- Free Legal Aid
- Low Cost / Free internet access (through a library, service agency, low cost / free internet access program, etc)
- Other resources or organizations (please specify)
- None

Q1.16 **Have you ever had to travel outside Atlantic County to get care for any of the following conditions? (Select all that apply)**

- Communicable diseases (infections, malaria, tuberculosis, HIV, COVID-19, etc)
- Maternal and perinatal conditions (pregnancy, etc)
- Nutritional deficiencies
- Acute conditions (diarrhea, fever, flu, headaches, cough, etc)
- Injury (not work related)
- Surgery
- Sleep problems
- Work related condition / injury
- Chronic pain in your joints/arthritis (joints, back, neck)
- Diabetes or related complications
- Problems with your heart including unexplained pain in chest
- Problems with your mouth, teeth or swallowing
- Problems with your breathing
- High blood pressure/ hypertension

- Stroke/ sudden paralysis of one side of body
- Generalized pain (stomach, muscle or other nonspecific pain)
- Depression or anxiety
- Cancer
- I don't remember
- Other (please specify)

Q1.17 **Where do you get information about health care? (Select all that apply)**

- Personal doctor or health care provider
- Friends / relatives
- Work
- Health insurance company
- Federal and International health information sources (U.S. Department of Health, CDC, WHO, etc)
- Local, County, or NJ Department of Health (through their website, Community Health Worker, etc)
- Independent internet sources (WebMD, Mayo Clinic, blogs, etc)
- Books / magazines / newspaper
- Email / online news subscriptions
- Podcasts
- Mobile apps (News app, Google feed, etc)
- Social media
- Television / Radio programs
- Other (please specify)
- I don't receive any health care information
- I don't know

DISPLAY THIS QUESTION:
IF WHERE DO YOU GET INFORMATION ABOUT HEALTH CARE? (SELECT ALL THAT APPLY) = SOCIAL MEDIA

Q1.17.1 **Please check off the social media platforms you use most often (Select all that apply).**

- Facebook
- Instagram

- Twitter
- TikTok
- YouTube
- LinkedIn
- Other (please specify)
- I don't use social media

SECTION 2 | COVID-19 AND VACCINES

Q2.1 **Within the past 12 months, did you get the vaccine / booster for any of the following? (Select all that apply).**

- COVID-19 (main dose/s)
- COVID-19 (booster)
- Flu
- Pneumonia
- Shingles
- Whooping cough
- Tetanus
- Other (please specify)
- I did not get any vaccines
- I prefer not to answer

Q2.2 **In the next 12 months, do you intend to get the vaccine / booster for any of the following if you're eligible? (Select all that apply).**

- COVID-19 (main dose/s)
- COVID-19 (booster)
- Flu
- Pneumonia
- Shingles

- Whooping cough
- Tetanus
- Other (please specify)
- I do not intend to get any vaccines
- I prefer not to answer

Q2.3 **Related to vaccines, please indicate which of the following are reasons for which you would not be able / want to get any of the vaccines above? (Select all that apply).**

- I can't afford it
- I don't know where to get vaccinated
- I can't go on my own (I have a physical limitation or disability)
- I don't have transportation
- It's difficult to arrange for childcare
- It's against my religious beliefs
- I have a medical reason that makes me ineligible to get vaccinated (I had a severe allergy to vaccines in the past, etc).
- I got it once and got sick because of it
- I don't have time to get it
- I don't think I need it / I don't get sick
- Vaccines don't work
- Vaccines do more harm than good
- Other (please specify)
- I don't have any issues getting any of these vaccines
- I prefer not to answer

Q2.4 **How would you describe the current level of stress or concern about COVID-19 in your household?**

- High
- Medium
- Low

- I prefer not to answer

Q2.5 **What additional information would you like to know about COVID-19? (Please select all that apply).**

- Prevention/Symptoms
- Difference between types of COVID
- Treatment
- How to get the vaccine / booster
- Success and safety of vaccine / booster
- Long-term effects of COVID
- Recovery from COVID
- Other (please specify)
- I don't need additional information
- I prefer not to answer

SECTION 3 | DEMOGRAPHICS

Q3.1 **What is your age?**

Q3.2 **What was your sex assigned at birth?**

- Male
- Female
- Other
- I prefer not to answer

Q3.3 **What is your gender identity?**

- Male
- Female
- Transgender man
- Transgender woman

- Non-binary
- Questioning or exploring
- Other (please specify)
- I prefer not to answer

Q3.4 **What do you consider to be your sexual orientation?**

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- Pansexual
- Asexual
- Questioning or exploring
- Other (please specify)
- I prefer not to answer

Q3.5 **Do you have any children (under the age of 18) who live in the home?**

- Yes
- No

DISPLAY THIS QUESTION:
IF DO YOU HAVE ANY CHILDREN (UNDER THE AGE OF 18) WHO LIVE IN THE HOME? = YES

Q3.5.1 **How many children (under the age of 18 years old) live in the home?**

- 1
- 2
- 3
- 4
- 5
- 6 or more

Q3.6 **Please indicate the race(s) / ethnicity that you identify with (Select all that apply).**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic / Latino/a / Latinx
- Native Hawaiian or Pacific Islander
- White
- Other (please specify)
- I prefer not to answer

Q3.7 **Please choose the answer that is closest to your annual household income.**

- Less than $10,000
- $10,000 - $19,999
- $20,000 - $29,999
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $80,000 - $89,999
- $90,000 - $99,999
- $100,000 - $149,999
- $150,000 or more

Q3.8 **Approximately how much of your total household monthly income do you spend on housing expenses (including rent / mortgage, utilities, internet)?**

- 20% or less
- About a third
- About half

- About 75%
- Almost all of it
- Other
- I don't know

Q3.9 **Which of the following describes your housing situation over the 12 months? (Select all that apply).**

- A place you own, rent, or sublet
- A motel or hotel room (excluding vacation or work reasons)
- A relative or friend's home (excluding social visits)
- A nursing home, hospital, or clinic
- A shelter / emergency housing
- A car, public space (park, sidewalk, etc), or homeless encampment
- Other (please specify)

DISPLAY THIS QUESTION:
IF WHICH OF THE FOLLOWING DESCRIBES YOUR HOUSING SITUATION OVER THE 12 MONTHS? (SELECT ALL THAT APPLY). = A SHELTER / EMERGENCY HOUSING
OR WHICH OF THE FOLLOWING DESCRIBES YOUR HOUSING SITUATION OVER THE 12 MONTHS? (SELECT ALL THAT APPLY). = A CAR, PUBLIC SPACE (PARK, SIDEWALK, ETC), OR HOMELESS ENCAMPMENTOR WHICH OF THE FOLLOWING DESCRIBES YOUR HOUSING SITUATION OVER THE 12 MONTHS? (SELECT ALL THAT APPLY). = A MOTEL OR HOTEL ROOM (EXCLUDING VACATION OR WORK REASONS)

Q3.9.1 **How long were you / have you been without secure housing?**

- 3 months or less
- 4-6 months
- 7-11 months
- 1-2 years
- 3-5 years
- 6-10 years
- I don't know
- I prefer not to answer

Q3.10 **Are you worried about losing your current form of housing?**

- Yes
- No
- Somewhat
- I prefer not to answer

SECTION GC | COMPENSATION

GC1 **Thank you for participating in the Community Health Needs Assessment for AtlantiCare! You are eligible to a gift card as a thank you for your time. How will you be receiving your gift card?**

- There is an AtlantiCare staff member here who has offered to give me the gift card in person
- I wish to receive the gift card by mail
- I do not want a gift card

SKIP TO: Q0.0 IF THANK YOU FOR PARTICIPATING IN THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR ATLANTICARE! YOU ARE ELI... = THERE IS AN ATLANTICARE STAFF MEMBER HERE WHO HAS OFFERED TO GIVE ME THE GIFT CARD IN PERSON
SKIP TO: Q0.0 IF THANK YOU FOR PARTICIPATING IN THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR ATLANTICARE! YOU ARE ELI... = I DO NOT WANT A GIFT CARD

DISPLAY THIS QUESTION:
IF THANK YOU FOR PARTICIPATING IN THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR ATLANTICARE! YOU ARE ELI... = I WISH TO RECEIVE THE GIFT CARD BY MAIL

GC2 **In order to send you a gift card for compensation, we need your name and a mailing address. This information will remain confidential and will only be used by the Walter Rand Institute to mail you your gift card. Would you like to provide this information?**

- Yes, I will provide my name and a mailing address
- No, I will not provide my name and mailing address. I understand this means I will not receive a gift card for taking the survey.

DISPLAY THIS QUESTION:
IF IN ORDER TO SEND YOU A GIFT CARD FOR COMPENSATION, WE NEED YOUR NAME AND A MAILING ADDRESS. THIS... = YES, I WILL PROVIDE MY NAME AND A MAILING ADDRESS

GC3 **Please enter your name and mailing address. Gift cards will arrive via USPS in three to four weeks.**

- Name
- Full mailing address

Q0.0 **Thank you for your time. Your input will be used to improve health care access for people in Atlantic County.**
If you have time, we would like to ask you a bit more about health in your community. Would you be able to answer some more questions? You can stop at any time and any additional information you can provide would be of great help to addressing the health needs and challenges in your area?

- Yes, I can answer more questions
- No, please take me to the end of the survey

SKIP TO: END OF SURVEY IF THANK YOU FOR YOUR TIME. YOUR INPUT WILL BE USED TO IMPROVE HEALTH CARE ACCESS FOR PEOPLE IN ATLA... = NO, PLEASE TAKE ME TO THE END OF THE SURVEY

SECTION 4 | ADDITIONAL HEALTH AND HEALTHCARE ACCESS QUESTIONS

Q4.1 **In the last year, which of the following have you used to get to your medical appointments? (select all that apply).**

- Walk, bike, or drive yourself
- A family member or friend drives you free of charge
- Public Transportation (bus, train, etc.)
- Pay someone to take you (Uber, Lyft, taxi, acquaintance, etc)
- Use medical transportation service through AtlantiCare
- Use other form of medical transport (AccessLink, LogistiCare / ModivCare)
- Senior citizen transportation
- Other (please specify)
- Did not require transportation

Q4.2 **Currently, how far away do you live from the nearest hospital?**

- About 5 miles
- About 10 miles

- About 15 miles or more
- I don't know

Q4.3 **Over the past year, on average, how long did it take you to travel to your medical appointments?**

- About 10 minutes or less
- About 15 minutes
- About 20 minutes or more
- Did not travel to any medical appointments (used telehealth)
- Did not have any medical appointments
- I don't know

Q4.4 **Was there a time in the past 12 months when cost prevented you from getting the health care services, or medical equipment you needed?**

- Yes
- No

DISPLAY THIS QUESTION:
IF WAS THERE A TIME IN THE PAST 12 MONTHS WHEN COST PREVENTED YOU FROM GETTING THE HEALTH CARE SERVI... = YES

Q4.4.1 **How did cost prevent you from getting the health care you needed? (Select all that apply).**

- I could not afford to go to a healthcare provider
- I could not afford to buy medical equipment (e.g. glucose strips, wheelchair, CPAP)
- I could not afford prescription medication
- I could not afford to follow medical advice (e.g. following a specific diet)
- Other (please specify)

- I don't know

Q4.5 **When was the last time you saw a dentist?**

- In the last year
- In the last two years

- Over two years ago
- I don't know

Q4.6 **Have any of the following prevented you from seeing a dentist in the last two years? (Select all that apply).**

- No dental insurance
- Out-of-pocket costs
- Transportation
- Lack of dental providers
- Lack of dental specialists
- Language Services
- Time of appointments
- No need to see a dentist
- Other (please specify)

SECTION 5 | MENTAL HEALTH

Q5.1 **Do you know where to seek professional help (counseling, therapy, psychiatric services, etc) if you wanted it?**

- Yes
- No
- I prefer not to answer

Q5.2 **For the next series of questions, please indicate how you feel about the statement**

	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree
There is someone around when I am in need.					
There is someone with whom I can share my joys and sorrows.					
My family really tries to help me.					

I get the emotional help and support I need from my family.	●	●	●	●	●
I have someone who is a real source of comfort to me.	●	●	●	●	●
My friends really try to help me.	●	●	●	●	●
I can count on friends when things go wrong.	●	●	●	●	●
I can talk about my problems with my family.	●	●	●	●	●
I have friends with whom I can share my joys and sorrow.	●	●	●	●	●
There is someone in my life who cares about my feelings.	●	●	●	●	●
My family is willing to help me make decisions.	●	●	●	●	●
I can talk about my problems with my friends.	●	●	●	●	●
I tend to bounce back quickly after hard times.	●	●	●	●	●
I have a hard time making it through stressful events.	●	●	●	●	●
It is hard for me to snap back when something bad happens.	●	●	●	●	●

Q5.3 **In the last 30 days, how often have you...?**

	Never				Often
	1	2	3	4	5
...felt that you were unable to control the important things in your life?					
....felt confident about your ability to handle your personal problems?					
...felt that things were going your way?					
...felt difficulties were piling up so high that you could not overcome them?					

OPTIONAL MODULE 1 | OLDER ADULTS

Healthcare professionals prefer to start screening adults who are 65 years of age or older for certain conditions and additional support needs. Earlier, you indicated you were in that range. We would like to ask you some more questions about your health and any need of additional assistance completing tasks. Please know that you can skip any questions. Any information you can share will be helpful to better understand the needs of older adults in Atlantic County.

OA1 **What is your living situation?**

- I live alone
- I live with a relative
- I live in a senior care facility
- I live in a senior community
- Other (please specify)

OA2 **Please indicate if any of the following apply to you (Select all that apply).**

- Hearing problems
- Vision problems
- Dental problems
- Mild difficulty walking unassisted
- Use wheelchair, cane, walker
- Paralysis or limb amputation
- Cough continually
- Shortness of breath
- Mental health concerns (anxiety, depression, apathy, etc)
- Cognitive issues (increased forgetfulness, getting lost, confusion, etc)
- Brain disorders (Alzheimer's, Parkinson's, dementia, etc)
- None of the above

OA3 **Do you require assistance to complete day-to-day activities (bathing, dressing, toileting, moving around the house, etc)?**

- No, I don't need any assistance
- Yes, but I don't have someone who helps me regularly

- Yes, and I get this assistance from a relative or friend
- Yes, and I get this assistance at a nursing home
- Yes, and I get this assistance from a live-in nurse
- Other (please specify)

OA4 **Please indicate if you usually need assistance while doing the following activities:**

	I can do this independently	I can do this with some help	I can't do this / I need someone to do this for me
Visiting your neighbors			
Going shopping			
Cooking a meal			
Doing laundry			
Going for a walk (half a mile or longer)			
Carrying items 10 pounds or more (such as a heavy bag of groceries)			
Taking public transportation			

OPTIONAL MODULE 2 | CAREGIVERS

Healthcare professionals understand that individuals who provide partial or full-time care for other adults may experience changes in their own health. Earlier, you indicated you have been a caregiver to another adult over 18 with a chronic condition. We would like to ask you a few questions about the care you provided and how your role as a caregiver may have impacted your own life. If you took care of multiple adults over 18 years old, think about the adult who has required the most care from you as you answer these questions.

CG1 **What sort of care or support did this other adult require in the last 3 years?**

- Assistance and management of finances
- Meal planning and food preparation
- Personal care (cleaning, hygiene, getting dressed, etc)

- Medication management
- Mental health care
- Physical health care
- Transportation
- Companionship
- Other (please specify)

CG2 **Thinking about the last 3 years, how much difficulty have you had with the following as a result of your role as a caregiver for this adult?**

	None	Mild	Moderate	Severe	Extreme
Getting enough sleep					
Eating enough food					
Having enough energy to do all your planned chores					
Taking care of your physical or mental health					
Seeing friends and relatives as much as before your role as caregiver					
Paying for medication/treatments for your own health					
Financial problems due to loss of income, decreased time available for paid employment, or increased costs or expenses					
Knowing and providing the correct care for health problems for this person (knowing the best treatment, getting access to medicines, knowing how to protect yourself, as the caregiver, from getting the illness/disease, etc)					
Sharing feelings about care giving responsibility with others					
Being treated differently or poorly by you community, friends or family members due to the condition, illness, or death of this person					

CG3 **Think about the care you have given to this person over the last 3 years and think about your own health. Because of this care giving, has the level of medical care or consultation you seek for your own medical health changed?**

- I'm seeking more care than I used to
- I'm seeking about the same amount of care
- I'm seeking less care than I used to
- I don't know
- I prefer not to answer

SECTION 5 | ADDITIONAL HEALTH KNOWLEDGE/BEHAVIORS

Q5.1 **Have you ever had a conversation with people close to you about what you would like to happen if you were so sick you could not make decisions about your healthcare?**

- Yes
- Somewhat
- No

Q5.2 **Please indicate the health conditions for which you are receiving recommended screenings. (Select all that apply).**

- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- Lung Cancer
- Prostate Cancer
- Skin Cancer
- Hepatitis C
- STDs / STIs (HIV, gonorrhea, chlamydia, etc)
- Other (please specify)
- None of the above

DISPLAY THIS QUESTION:
IF PLEASE INDICATE THE HEALTH CONDITIONS FOR WHICH YOU ARE RECEIVING RECOMMENDED SCREENINGS. (SELECT... = STDS / STIS (HIV, GONORRHEA, CHLAMYDIA, ETC)

Q5.2.1 **Where were you tested for STDs/STIs? (Select all that apply).**

- Doctor's office
- Health Department / STI / STD Clinic
- Health Clinic or Health Center
- Hospital
- Other (please specify)
- I don't know
- I prefer not to answer

Q5.3 **Thinking back to the last week, how often did you …**

	Never	Once or twice	Some days	Most days	Every day
…eat fruits or vegetables					
…eat a meal with your family					
…eat fast food					
…get enough sleep					
…feel stressed out					
…feel you lack companionship					
…feel left out					
…feel isolated from others					
…work too much					
…exercise					
…get enough leisure/relaxing time					
…get too much "screen time" (on phone, tablet, tv, etc.)					

...use any tobacco products (cigarettes, cigars, dip, etc)					
...use any electronic vaping products					
...worry whether food would run out before there was money to buy more					

DISPLAY THIS QUESTION:
IF THINKING BACK TO THE LAST WEEK, HOW OFTEN DID YOU ... = ...USE ANY TOBACCO PRODUCTS (CIGARETTES, CIGARS, DIP, ETC) [EVERY DAY]
OR THINKING BACK TO THE LAST WEEK, HOW OFTEN DID YOU ... = ...USE ANY TOBACCO PRODUCTS (CIGARETTES, CIGARS, DIP, ETC) [MOST DAYS]
OR THINKING BACK TO THE LAST WEEK, HOW OFTEN DID YOU ... = ...USE ANY TOBACCO PRODUCTS (CIGARETTES, CIGARS, DIP, ETC) [SOME DAYS]
OR THINKING BACK TO THE LAST WEEK, HOW OFTEN DID YOU ... = ...USE ANY TOBACCO PRODUCTS (CIGARETTES, CIGARS, DIP, ETC) [ONCE OR TWICE]

Q5.3.1 **If you have ever tried to quit tobacco, what methods have you tried? (Select all that apply).**

- Nicotine replacement (patches, gum, inhaler, etc)
- Prescribed oral medication
- E-cigarettes / Vapes / Juuls
- Counseling or courses
- Mobile Apps
- Other (please specify)
- I have never tried to quit using tobacco
- I don't know

SECTION 6 | FOOD ACCESS/SECURITY

Q6.1 **About how far, in miles, is the nearest grocery store from your house**

Q6.2 **Within the past 2 months, where have you or someone in your household gotten groceries? (Select all that apply).**

- Grocery store (Acme, Shoprite, Aldi, Walmart, etc)
- Corner store / bodega

- Convenience store (Wawa, 7-Eleven, Quick Stop, etc)
- Dollar store
- Friends or family
- Church / food pantry / soup kitchen
- Online
- Community food drive
- Other (please specify)

Q6.3 **What, if anything, prevents you from regularly cooking complete meals at home? (Select all that apply).**

- Lack of access to the ingredients to cook meals
- Distance / difficulty reaching a place to buy the ingredients
- Don't feel comfortable cooking meals
- Don't have time to cook meals
- Not physically able to cook meals
- No place / equipment with which to cook meals (kitchen, stove, microwave, etc.)
- Buying out works better for me
- Nothing prevents me from cooking meals at home
- Other (please specify)

SECTION 7 | NEIGHBORHOOD QUALITY

Q7.1 **Within the past 2 months, where have you or someone in your household gotten groceries? (Select all that apply).**

	Excellent	Very Good	Good	Fair	Poor
As a place to buy fresh fruits and vegetables					
As a place to walk or exercise					

As a place to talk to or connect with others	○	○	○	○	○
As a place to live	○	○	○	○	○

Q7.2 **Within the past year, have you seen any of the following activities in your neighborhood? (Select all that apply).**

- ○ Drug Dealing
- ○ Gang Activity
- ○ Illegal drug use / drug supplies
- ○ Stabbing
- ○ Gun violence (shootings, etc)
- ○ Domestic Violence
- ○ Panhandling
- ○ Robberies
- ○ Other (please specify)

  _____

- ○ None

SECTION 8 | ADVERSE CHILDHOOD EXPERIENCES

Please know that the following questions ask about sensitive information such as abuse and suicide. You are free to skip any question at any time.

We are trying to determine ways to better help young people. Extensive research highlights the impact of childhood experiences on health in adulthood. Please consider answering these questions as they relate to important public health issues.

The following questions refer to the time period before you were 18 years old.

Q8.1 **Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?**

- ○ Yes
- ○ No

Q8.2 **Did you lose a parent through divorce, abandonment, death, or other reason?**

- Yes
- No

Q8.3 **Did you live with anyone who was depressed, mentally ill, or attempted suicide?**

- Yes
- No

Q8.4 **Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?**

- Yes
- No

Q8.5 **Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?**

- Yes
- No

Q8.6 **Did you live with anyone who went to jail or prison?**

- Yes
- No

Q8.7 **Did a parent or adult in your home ever swear at you, insult you, or put you down?**

- Yes
- No

Q8.8 **Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?**

- Yes
- No

Q8.9 **Did you feel that no one in your family loved you or thought you were special?**

- Yes
- No

Q8.10 **Did you experience unwanted sexual contact (such as molestation or rape)?**

- Yes
- No

SECTION 9 | ADDITIONAL DEMOGRAPHICS

Q9.1 **Are you currently employed? (Select all that apply).**

- Yes, full-time
- Yes, part-time
- Yes, self-employed / business owner
- No, disabled
- No, retired
- No, unemployed
- Other (please specify)

Q9.2 **What is the highest level of school you have completed or the highest degree you have received?**

- Did not graduate high school
- High school graduate (high school diploma or equivalent including GED)
- Trade school
- Some college but no degree
- Associate degree in college
- Bachelor's degree in college
- Master's degree
- Doctoral or Professional degree (Ph.D., JD, MD, etc)
- Prefer not to answer

Q9.3 **Are you a full-time/part-time university or college student?**

- Yes
- No

Q9.4 **Are you a veteran?**

- Yes
- No

APPENDIX L:

AC CHNA 2022-2024 COMMUNITY SURVEY - SPANISH

SECTION 0 | CONSENT FORM

Gracias por participar en la Evaluación de Necesidades de Salud de la Comunidad para AtlantiCare. Su opinión será utilizada para mejorar el acceso a la atención médica en su comunidad y asignar recursos a las áreas de alta prioridad en el condado de Atlantic. Cualquier información que pueda proporcionar es valiosa y apreciada.

Tenga en cuenta que puede saltarse cualquier pregunta que no desee responder. Le pediremos que escoja el método de compensación cuando haya llegado al final de la parte principal de la encuesta.

Continúe con la página siguiente para revisar el formulario de consentimiento y seleccione “Acepto” para continuar con la encuesta.

Formulario de Consentimiento- Participación en el Cuestionario Anónimo: Evaluación de Necesidades de Salud en la Comunidad para AtlantiCare

Le invitamos a participar en un estudio de investigación conducido por Kristin Curtis, Directora Asistente del Instituto de Relaciones Públicas Senador Walter Rand en la Universidad de Rutgers- Camden. El propósito de esta investigación es el de recoger las observaciones de los residentes del condado de Atlantic sobre temas y servicios de salud. Si usted participa, responderá preguntas acerca de su salud, comportamientos riesgosos para la salud, prácticas preventivas de salud, y acceso al cuidado médico, así como acerca de sus opiniones sobre los puntos fuertes, debilidades, barreras, y áreas que necesiten desarrollo en la comunidad. La encuesta tomará aproximadamente 5 minutos en completar. Si después de completar la encuesta decide contestar preguntas adicionales, estas le tomarían aproximadamente 10 minutos.

Esta investigación es anónima, lo que quiere decir que no guardaremos ninguna información que pueda identificarlo/la. No existirá ninguna conexión entre su identidad y sus respuestas en la investigación.

El equipo de investigación y la Junta de Revisión Institucional de la Universidad de Rutgers son los únicos grupos que tendrán permiso de ver los datos, con la excepción de que sea requerida por la ley. Si un reporte sobre este estudio es publicado, o si los resultados son presentados en una conferencia profesional, solo los resultados colectivos serán presentados. Todos los datos del estudio serán guardados por tres años.

No hay ningún riesgo anticipado en este estudio. Puede ser que no reciba ningún beneficio directo por tomar parte en este estudio. Sin embargo, sus respuestas ayudarán a guiar medidas que podrían beneficiar a su condado.

Su participación en este estudio es voluntaria. Usted puede elegir no participar, y puede dejar de contestar preguntas en cualquier momento sin ninguna penalización. Además, no tiene que contestar ninguna pregunta que le cause incomodidad.

Si tiene alguna pregunta sobre este estudio o sus métodos, puede contactar a:

Kristin Curtis, Directora Asistente, Instituto de Relaciones Públicas Senador Walter Rand Universidad de Rutgers, Universidad Estatal de Nueva Jersey, Camden 411 Cooper Street Camden, NJ 08102

Teléfono: 856-225-6236, Email: **kcurtis@camden.rutgers.edu**

Si tiene alguna pregunta acerca de sus derechos como sujeto de investigación, por favor contacte a un Administrador de la Junta en la Universidad de Rutgers, Junta de Revisión Institucional de Artes y Ciencias. Junta de Revisión Institucional Universidad de Rutgers, la Universidad Estatal de Nueva Jersey Liberty Plaza / Suite 3200, 335 George Street, 3rd Floor, New Brunswick, NJ 08901 Teléfono: 732-235-2866, Email: **humansubjects@orsp.rutgers.edu**

Si tiene 18 años o más, entiende la información previa, y consiente a participar en el estudio, oprima "Estoy de Acuerdo" para comenzar la encuesta. Si usted seleccionó "No estoy de acuerdo," vaya al Final de la Encuesta.

- ○ Estoy de acuerdo
- ○ No estoy de acuerdo

SKIP TO: END OF SURVEY IF CONSENT FORM-PARTICIPATION IN ANONYMOUS QUESTIONNAIRE: COMMUNITY HEALTH NEEDS ASSESSMENT FOR ATLA... = I DO NOT AGREE

SECTION 1 | HEALTH & HEALTHCARE ACCESS

Q1.1 **¿En qué condado vive?**

- ○ Atlantic County (residente todo el a)
- ○ Atlantic County (residente parte del año)
- ○ Otro (por favor especifique)

DISPLAY THIS QUESTION:
IF WHAT COUNTY DO YOU LIVE IN? = ATLANTIC COUNTY (FULL-TIME RESIDENT)OR WHAT COUNTY DO YOU LIVE IN? = ATLANTIC COUNTY (PART-TIME RESIDENT)

Q1.1.1 **Por favor identifique el pueblo / ciudad en el que vive en el condado de Cumberland.**

- ○ Absecon
- ○ Atlantic City
- ○ Brigantine
- ○ Buena Borough
- ○ Buena Vista Township

- Corbin City
- Egg Harbor City
- Egg Harbor Township
- Estell Manor
- Folsom
- Galloway Township
- Hamilton Township
- Hammonton
- Linwood
- Longport
- Margate
- Mullica Township
- Northfield
- Pleasantville
- Port Republic
- Somers Point
- Ventnor
- Weymouth Township
- Otro (por favor especifique)

Q1.2 **¿Cuál es el código postal de su casa? (ponga 0 si no tiene un lugar para vivir)**

Q1.3 **¿Actualmente, trabaja en la industria de servicios médicos (como proveedor, ejecutivo, o personal)?**

- Sí
- No

Q1.4 **¿Cuáles de los éstos son problemas de salud que ve en su comunidad? (Seleccione todos los que correspondan).**

- Acceso al cuidado médico
- Falta de seguro médico o insuficiente cobertura

- Acceso a métodos anticonceptivos / salud reproductiva
- Salud infantil / maternal
- Salud dental
- Uso del alcohol
- Tabaco
- Cigarrillos electrónicos (ej.: Juuls)
- Uso de drogas (de prescripción)
- Uso de drogas (ilegales)
- Sobredosis
- Sobrepeso / obesidad
- Falta de comida saludable
- Problemas para dormir
- Salud mental
- Trastornos cerebrales (Alzheimer, Parkinson, demencia, etc.)
- Trastornos del desarrollo (TEA, TDAH, parálisis cerebral, etc.)
- Presión arterial alta (Hipertensión)
- Enfermedades del corazón (angina de pecho, etc)
- Enfermedades de los pulmones (neumonía, EPOC, etc)
- Asma
- Cáncer
- VIH / SIDA
- Diabetes
- Artritis
- Derrame cerebral
- COVID-19
- Discapacidad (física, cognitiva, u otra)
- Acceso a servicios para los adultos de la tercera edad
- Muy pocas personas reciben vacunas
- Seguridad en la comunidad
- Violencia doméstica

- Ataques sexuales / violencia sexual
- Enfermedades/infecciones de transmisión sexual (ETS / ITS)
- Falta de vivienda / inestabilidad de vivienda
- Demasiadas personas en la cárcel / prisión
- Sensación de soledad
- Falta de acceso a otras personas y lugares
- Suicidio
- Otro (por favor especifique)

Q1.5 **¿Cuáles son las barreras que impiden que la gente de su comunidad consiga cuidado médico cuando lo necesitan? (Seleccione todas las que correspondan).**

- Cobertura limitada o falta de seguro médico
- No puede cubrir los costos que corren por cuenta propia (copago, prescripciones, etc.)
- Falta de médicos primarios / particulares / de familia
- Falta de especialistas (para una condición médica específica o para una población)
- Dificultades entendiendo el sistema médico
- Falta de confianza en los proveedores / sistemas de cuidado médico
- Miedo de una diagnosis / el resultado de la visita
- Barreras de lenguaje
- Falta de atención accesible para las personas con discapacidad (física, auditiva, visual, cognitiva, etc.)
- Falta de conocimiento de cómo usar Internet / herramientas digitales para la atención médica
- Falta de internet de alta velocidad
- Falta de transporte
- No tienen con quien dejar a los niños
- No hay citas que funcionen con mi horario
- No puede pedir libre del trabajo
- Restricciones de tiempo (esperas largas, etc)
- Preocupaciones sobre la policía
- Preocupaciones de inmigración
- Problemas de seguridad en el vecindario o barrio

- Falta de vivienda / inseguridad en la vivienda
- Otro (por favor especifique)

Q1.6 **En cuanto a la salud, ¿cuáles son los servicios o recursos que usted cree hagan falta en la comunidad? Seleccione todos los que correspondan.**

- Cuidado médico gratuito o de bajo costo
- Cuidado dental gratuito o de bajo costo
- Cuidado de los ojos gratuito o de bajo costo
- Servicios auditivos gratuitos o de bajo costo (audífonos, audiólogos, etc.)
- Prescripciones gratuitas o de bajo costo
- Doctores primarios / particulares / de familia
- Proveedores médicos para niños
- Proveedores médicos para adultos de tercera edad
- Especialistas médicos (por favor especifíque)
- Servicios de salud mental o del comportamiento
- Servicios de rehabilitación contra el abuso de sustancias
- Servicios bilingües
- Acceso a conexión de Internet de alta velocidad
- Gente que ayude a entender el sistema medico (trabajadores sociales, navegadores para pacientes, etc)
- Servicios de apoyo comunitarios (AA, NA, grupos de apoyo, etc.)
- Educación / información / promoción de temas de salud
- Chequeos de salud (cáncer, enfermedades sexuales, enfermedades crónicas, etc)
- Servicios de vacunas
- Cuidado de salud para mujeres (cuidado prenatal, obstetricia/ginecología métodos anticonceptivos, etc.)
- Servicios para los adultos de tercera edad
- Cuidado de salud para veteranos de guerra
- Servicios para la población previamente encarcelada
- Rutas de transportación pública a centros médicos (hospitales, clínicas, Urgent Care, doctor, etc)

- Servicios de transportación medica (AccessLink, LogistiCare / ModivCare)
- Servicios de comida a domicilio
- Cuidado de relevo (alternativa de cuidado para darle un descanso breve a aquellos que cuidan de otros)
- Cuidados para enfermos terminales (hospicio or cuidados paliativos)
- Otro (por favor especifique)

Q1.7 **¿Hay poblaciones específicas en su comunidad que usted crea NO están siendo atendidas apropiadamente por los servicios de salud locales? (Seleccione todas las que correspondan).**

- Nativo-americano/a o Nativo de Alaska
- Asiático/a
- Negro/a o Afro-Americano/a
- Hispanos / Latinos / Latinx
- Nativo/a Hawaiano/a o Isleño/a del Pacífico
- Blanco / a
- Hablantes no nativos en inglés
- Varones
- Mujeres
- LGBTQIA+
- Niños / adolescentes
- Jóvenes adultos
- Personas de la tercera edad
- Veteranos de guerra
- Personas sin hogar / inseguros de vivienda
- Personas previamente encarcelada
- Inmigrantes / refugiados
- Personas pobres o de bajos recursos
- Personas viviendo con VIH / SIDA
- Personas en recuperación de la adicción
- Personas con condiciones de salud mental / de comportamiento

- Personal con discapacidades
- Cuidadores a largo plazo
- Personas que viven aisladas
- Personas sin seguro/ insuficiente cobertura
- Ninguna de éstas
- Otro (por favor especifique)

SKIP TO: Q1.8 IF ARE THERE SPECIFIC POPULATIONS IN YOUR COMMUNITY THAT YOU THINK ARE NOT BEING ADEQUATELY SERVED B... = NONE OF THESE

Q1.7.1 **Si puede, por favor especifique qué servicios faltan para estas poblaciones.**

Q1.8 **¿Cómo obtiene su atención médica la mayoría del tiempo: virtualmente o en persona?**

- Virtualmente (Zoom, llamada telefónica, portal de salud, etc.)
- En persona
- Mitad virtualmente / mitad en persona
- Otro

Q1.9 **Cuando está enfermo/a o necesita cuidado médico, ¿a qué lugar va usualmente? (Incluya visitas digitales o por teléfono)**

- Clínica o centro médico
- Oficina del doctor
- Sala de emergencias del hospital
- Departamento ambulatorio del hospital
- Cuidado de urgencias (UrgentCare)
- Otro (por favor especifique)
- No sé

Q1.10 **¿Hace cuánto tiempo que visitó a un doctor para un chequeo de rutina?**

- Dentro de este año pasado (hace menos de 12 meses)
- Dentro de los pasados 2 años (hace más de 1 año pero menos de 2 años)
- Dentro de los pasados 5 años (hace más de 2 años pero menos de 5 años)
- 5 años o más
- Nunca he visitado un doctor para un chequeo médico
- No sé

Q1.11 **¿Qué tipo de seguro médico tiene su familia? (Seleccione todos los que correspondan).**

- Medicare
- Medicaid
- Seguro médico privado por medio de su trabajo
- Seguro privado (a través del Marketplace de seguros (Obamacare), una agencia de seguros, etc)
- NJ FamilyCare
- Seguro médico para militares (TRICARE/VA/CHAMP-VA)
- Medi-Gap
- Programa de Salud para Indígenas
- Charity Care
- Otro programa del gobierno
- Planes de servicios específicos (dental, visión, prescripciones, etc)
- Una o más personas en mi familia no tienen cobertura médica
- Otro (por favor especifique)
- No sé

DISPLAY THIS QUESTION:
IF WHAT KIND OF HEALTH INSURANCE DOES YOUR FAMILY HAVE? (SELECT ALL THAT APPLY). = ONE OR MORE PEOPLE IN MY FAMILY ARE NOT INSURED

Q1.11.1 **¿Quién en su familia no tiene seguro? (Seleccione todos los que correspondan).**

- Niño/a
- Adulto
- Persona de tercera edad

Q1.12 **¿Alguien en su familia, incluyendose a usted, ha sido diagnosticado/a o está en riesgo de adquirir algunas de las siguiented enfermedades crónicas? (Seleccione todos los que correspondan).**

- Problemas respiratorios (asma, bronquitis crónica, etc)
- Diabetes
- Artritis
- Cataratas
- Dolor crónico
- Trastornos de salud mental (ansiedad, depresión,
- Trastornos cerebrales (Alzheimer, Parkinson, demencia, etc.)
- Derrame cerebral
- Cáncer
- Enfermedades del corazón
- Presión alta (hipertensión)
- Colesterol alto
- Enfermedades de los pulmones (EPOC, enfisema, etc)
- Enfermedades renales / del riñón
- Sobrepeso / obesidad
- Mal uso / abuso del alcohol
- Mal uso / abuso de drogas (opioides, etc)
- Otro (por favor especifique)
- Ninguna de éstas
- No sé
- Prefiero no responder

Q1.13 **En los últimos 3 años, ¿ha proveído cuidado esencial a otros adultos mayores de 18 años que sufren de una enfermedad crónica? Puede ser que este adulto ya no necesite de su cuidado o ya no viva en su hogar. Si ha atendido a varios adultos mayores de 18 años, seleccione la opción correspondiente al adulto que más haya necesitado de su cuidado.**

- Sí, un adulto entre 18 y 65 años
- Sí, un adulto mayor de 65 años
- No

Q1.14 **¿Ha utilizado cualquiera de los siguientes programas de AtlantiCare? (Seleccione todos los que correspondan).**

- Audiología
- Cuidado de salud del comportamiento
- Cuidado del cáncer
- Pruebas diagnósticas (rayos X, mamografía, tomografía computarizada, ultrasonido, etc.)
- Cuidado del oído, la nariz y la garganta
- Cuidado de emergencia o trauma
- Endocrinología, Diabetes y Cuidado del Metabolismo
- Cuidado del corazón
- Cuidado médico en el hogar
- Hospital para enfermos terminales
- Servicios de escaneo
- Tratamiento de enfermedades infecciosas
- LifeCenter (Gimnasio)
- Cuidado de las articulaciones y la columna vertebral
- Neurología: derrame cerebral, dolor de cabeza y cuidado de la memoria
- Tratamiento del dolor
- Cuidados paliativos
- Atención primaria
- Neumonología
- Salud Ocupacional
- Reumatología
- Telehealth (Visita Virtual)
- Cirugia (por favor especifique)
- Urología
- Cuidado vascular
- Servicios para mujeres y niños (maternidad, planificación familiar, neonatal, obstetra/ginecólogo, etc.)
- Cuidado de heridas

- Otro (por favor especifique)

- No he escuchado de ninguno de estos programas

Q1.15 **¿Alguna vez su familia ha utilizado alguno de estos recursos comunitarios? (Seleccione todos que correspondan)**

- Banco de comida
- Servicios de comida a domicilio (e.g. community food drives, Meals on Wheels)
- SNAP (Programa de Asistencia Nutricional Suplementaria)
- WIC (Programa de Asistencia Nutricional Suplementaria de New Jersey para Mujeres, Infantes, y Niños)
- Asistencia de Vivienda / Alquiler
- Asistencia de utilidad
- Ayuda legal gratuita
- Bajo costo / Acceso gratuito a Internet (a través de una biblioteca, agencia de servicios, programa de acceso a Internet de bajo costo / gratuito, etc.)
- Otro recurso u organización (por favor especifique

- Ninguna de éstas

Q1.16 **¿Alguna vez ha tenido que viajar fuera del condado de Atlantic para recibir atención para alguna de las siguientes aflicciones? (Seleccione todos los que correspondan)**

- Enfermedades transmisibles (infecciones, malaria, tuberculosis, VIH, COVID-19, etc)
- Condiciones maternas y perinatales (embarazo, etc)
- Malnutrición
- Malestares agudos (diarrea, fiebre, gripe, dolor de cabeza, tos, etc)
- Heridas (no relacionadas con el trabajo)
- Cirugía
- Problemas para dormir
- Heridas o malestares relacionados con el trabajo
- Dolor crónico en las articulaciones/artritis (articulaciones, espalda, cuello)
- Diabetes o complicaciones relacionadas

- Problemas con el corazón, incluyendo dolor inexplicable en el pecho
- Problemas con la boca, los dientes o tragando
- Problemas con la respiración
- Presión arterial alta / hipertensión
- Accidente cerebrovascular / parálisis repentina de un lado del cuerpo
- Dolor generalizado (dolor de estómago, muscular u otro dolor no específico)
- Depresión o ansiedad
- Cáncer
- No recuerdo
- Otro (por favor especifique)

Q1.17 **¿Dónde consigue su información acerca del cuidado de la salud? (Seleccione todas las que correspondan).**

- Doctor o proveedor de cuidado médico
- Amigos / Familiares
- Lugar de trabajo
- Compañía de seguro médico
- Fuentes de información federal o internacional (U.S. Departamento de Salud, CDC, WHO, etc)
- Departamento de salud local, del Condado, o de New Jersey (por medio de la página en internet, un trabajador de salud comunitaria, etc)
- Fuentes independientes en el internet (WebMD, Mayo Clinic, blogs, etc)
- Libros / revistas / periódicos
- Correo electrónico / suscripción de noticias por internet
- Podcasts
- Aplicaciones móviles (de noticias, Google feed, etc)
- Redes sociales (social media)
- Televisión / Programas de radio
- Otro (por favor especifique)
- No recibo ninguna información de salud
- No sé

DISPLAY THIS QUESTION:
IF WHERE DO YOU GET INFORMATION ABOUT HEALTH CARE? (SELECT ALL THAT APPLY) = SOCIAL MEDIA

Q1.17.1 **Por favor escoja las plataformas de redes sociales que usa con mayor frecuencia (Seleccione todos los que correspondan).**

- ○ Facebook
- ○ Instagram
- ○ Twitter
- ○ TikTok
- ○ YouTube
- ○ LinkedIn
- ○ Otro
- ○ No utilizo redes sociales

SECTION 2 | COVID-19 AND VACCINES

Q2.1 **En los últimos 12 meses, ¿se ha puesto la vacuna / refuerzo para cualquiera de los siguientes?**

- ○ COVID 19 (dosis principal)
- ○ COVID 19 (refuerzo o booster)
- ○ Gripe
- ○ Neumonía
- ○ Culebrilla
- ○ Tos ferina
- ○ Tétano
- ○ Otro (por favor especifique)
- ○ No recibí ninguna vacuna
- ○ Prefiero no responder

Q2.2 **En los próximos 12 meses, ¿splanea ponerse la vacuna / refuerzo para cualquiera de los siguientes si puede? (Seleccione todos los que correspondan)**

- COVID 19 (dosis principal)
- COVID 19 (refuerzo o booster)
- Gripe
- Neumonía
- Culebrilla o herpes zóster
- Tos ferina
- Tétano
- Otro (por favor especifique))
- No tengo intenciones de ponerme ninguna vacuna
- Prefiero no responder

Q2.3 **En cuanto a las vacunas, por favor indique cuáles de las siguientes serían razones por las que no podría o quisiera ponerse las vacunas anteriores. (Seleccione todas las que correspondan).**

- No puedo pagar por ellas
- No sé dónde ir para vacunarme
- No puedo ir por mi cuenta (tengo una limitación o discapacidad física)
- No tengo transportación
- Es difícil arreglar que alguien se quede con los niños
- Está en contra de mis creencias religiosas
- Tengo una razón médica que me hace inelegible para vacunarme (tuve una alergia grave a las vacunas en el pasado, etc).
- Me la puse una vez y me enfermé
- No tengo tiempo de ponermela
- No creo que la necesito / no me enfermo
- Las vacunas no funcionan
- Las vacunas hacen más daño que bien
- Otro (por favor especifique)

- ○ No tengo ningún problema con recibir ninguna de estas vacunas
- ○ Prefiero no responder

Q2.4 **¿Cómo describiría el nivel actual de estrés o preocupación en su hogar debido a COVID-19?**

- ○ Alto
- ○ Medio
- ○ Bajo
- ○ Prefiero no responder

Q2.5 **¿Qué información adicional le gustaría saber sobre COVID-19? (Seleccione todas las que correspondan).**

- ○ Prevención / síntomas
- ○ Diferencia entre tipos de COVID
- ○ Tratamiento
- ○ Quién puede obtener la vacuna / refuerzo (booster)
- ○ Exito y seguridad de las vacunas / refuerzos (booster)
- ○ Efectos a largo plazo de COVID
- ○ Recuperación de COVID
- ○ Otro (por favor especifique)

- ○ No necesito más información
- ○ Prefiero no responder

SECTION 3 | DEMOGRAPHICS

Q3.1 **¿Cuántos años tiene?**

Q3.2 **¿Cuál fue su sexo asignado al nacer?**

- ○ Masculino
- ○ Femenino

- Otro

- Prefiero no responder

Q3.3 **¿Con cuál identidad de género se identifica?**

- Masculino
- Femenino
- Hombre transgénero
- Mujer transgénero
- Género no-binario
- Cuestionando o explorando
- Otro (por favor especifique)

- Prefiero no responder

Q3.4 **¿Cómo describiría su orientación sexual?**

- Heterosexual
- Lesbiana, gay, u homosexual
- Bisexual
- Pansexual
- Asexual
- Cuestionando o explorando
- Otro (por favor especifique)

- Prefiero no responder

Q3.5 **¿Tiene niños (menores de 18 años) que viven en el hogar?**

- Sí
- No

DISPLAY THIS QUESTION:
IF DO YOU HAVE ANY CHILDREN (UNDER THE AGE OF 18) WHO LIVE IN THE HOME? = YES

Q3.5.1 **¿Cuántos niños (menores de 18 años) viven en el hogar?**

- 1
- 2
- 3
- 4
- 5
- 6 o más

Q3.6 **Escoja la raza(s) con la(s) que se identifique. (Seleccione todas las que correspondan).**

- Nativo-americano/a o Nativo de Alaska
- Asiático/a
- Negro/a o Afro-Americano/a
- Hispano/a / Latino/a / Latinx
- Nativo/a Hawaiano/a o Isleño/a del Pacífico
- Blanco/a
- Otro (por favor especifique)
- Prefiero no responder

Q3.7 **Por favor escoja la respuesta que sea la más cercana al ingreso anual de su hogar.**

- Menos de $10,000
- $10,000 - $19,999
- $20,000 - $29,999
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $80,000 - $89,999
- $90,000 - $99,999

- $100,000 - $149,999
- $150,000 o más

Q3.8 **Aproximadamente, ¿cuánto del ingreso total mensual de su hogar ocupa en gastos de vivienda (incluya el alquiler / hipoteca, servicios públicos / utilidades, Internet)?**

- 20% o menos
- Alrededor de un tercio
- Alrededor de la mitad
- Alrededor de 75%
- Casi todo del ingreso
- Other
- No sé

Q3.9 **¿Cuáles de las siguientes opciones describen su situación de vivienda en los últimos 12 meses? (Seleccione todas los que correspondan).**

- Un lugar que es suyo o renta
- Una habitación de motel u hotel (sin contar las estancias de vacaciones o de trabajo)
- La casa de familiares o amigos (sin contar las visitas sociales)
- Asilo para persona de tercera edad, hospital, o clínica
- Albergue para personas sin hogar / vivienda de emergencia
- Un carro, espacio público (parque, acera, etc), o campamento para personas sin hogar
- Otro (por favor especifique)
- No sé

DISPLAY THIS QUESTION:
IF WHICH OF THE FOLLOWING DESCRIBES YOUR HOUSING SITUATION OVER THE 12 MONTHS? (SELECT ALL THAT APPLY). = A SHELTER / EMERGENCY HOUSING
OR WHICH OF THE FOLLOWING DESCRIBES YOUR HOUSING SITUATION OVER THE 12 MONTHS? (SELECT ALL THAT APPLY). = A CAR, PUBLIC SPACE (PARK, SIDEWALK, ETC), OR HOMELESS ENCAMPMENT OR WHICH OF THE FOLLOWING DESCRIBES YOUR HOUSING SITUATION OVER THE 12 MONTHS? (SELECT ALL THAT APPLY). = A MOTEL OR HOTEL ROOM (EXCLUDING VACATION OR WORK REASONS)

Q3.9.1 **¿Cuánto tiempo estuvo / ha estado sin vivienda?**

- 3 meses o menos
- 4-6 meses
- 7-11 meses
- 1-2 años
- 3-5 años
- 6-10 años
- No sé
- Prefiero no responder

Q3.10 **¿Está preocupado/a de que pueda perder el lugar donde vive ahora? (Seleccione todos los que correspondan).**

- Sí
- No
- Un poco
- Prefiero no responder

SECTION GC | COMPENSATION

GC1 **¡Gracias por participar en la Evaluación de Necesidades de Salud comunitaria para AtlantiCare! Usted es elegible para una tarjeta de regalo como agradecimiento por su tiempo. ¿Cómo recibirá su tarjeta de regalo?**

- Hay un miembro de AtlantiCare aquí que ha ofrecido a darme la tarjeta en persona.
- Quiero recibir la tarjeta regalo por correo
- No quiero una tarjeta de regalo
- No sé

SKIP TO: Q0.0 IF THANK YOU FOR PARTICIPATING IN THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR ATLANTICARE! YOU ARE ELI... = THERE IS AN ATLANTICARE STAFF MEMBER HERE WHO HAS OFFERED TO GIVE ME THE GIFT CARD IN PERSON
SKIP TO: Q0.0 IF THANK YOU FOR PARTICIPATING IN THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR ATLANTICARE! YOU ARE ELI... = I DO NOT WANT A GIFT CARD

DISPLAY THIS QUESTION:
IF THANK YOU FOR PARTICIPATING IN THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR ATLANTICARE! YOU ARE ELI... = I WISH TO RECEIVE THE GIFT CARD BY MAIL

GC2 **Para mandarle la tarjeta de regalo, necesitamos su nombre y dirección. Esta información es confidencial y será utilizada solo por el Instituto Walter Rand para mandarle su tarjeta. ¿Le gustaría darnos esta información?**

- Sí, daré mi nombre y dirección
- No, no daré mi nombre y dirección. Entiendo que esto significa que no recibiré una tarjeta de regalo por completar la encuesta.

DISPLAY THIS QUESTION:
IF IN ORDER TO SEND YOU A GIFT CARD FOR COMPENSATION, WE NEED YOUR NAME AND A MAILING ADDRESS. THIS... = YES, I WILL PROVIDE MY NAME AND A MAILING ADDRESS

GC3 **Por favor indique su nombre y dirección. Las tarjetas llegarán por USPS dentro de tres a cuatro semanas.**

- Nombre
- Dirección completa

Q0.0 **Gracias por su tiempo. Sus respuestas serán utilizadas para mejorar el acceso al cuidado médico para las personas en el condado de Atlantic.**

Si tiene tiempo, nos gustaría preguntarle un poco más sobre la salud en su comunidad. ¿Podría responder unas preguntas más? Puede parar en cualquier momento y cualquier información adicional qur nos pueda dar sería de gran ayuda para abordar las necesidades y barreras de salud en su área.

- Sí, puedo contestar más preguntas
- No, por favor llévame al final de la encuesta

SKIP TO: END OF SURVEY IF THANK YOU FOR YOUR TIME. YOUR INPUT WILL BE USED TO IMPROVE HEALTH CARE ACCESS FOR PEOPLE IN ATLA... = NO, PLEASE TAKE ME TO THE END OF THE SURVEY

SECTION 4 | ADDITIONAL HEALTH AND HEALTHCARE ACCESS QUESTIONS

Q4.1 **En el último año, ¿Cuáles de los siguientes ha usado para llegar a sus citas médicas? (Seleccione todos los que correspondan)**

- Camina, va en bicicleta, o maneja su carro
- Un familiar o amigo le lleva libre de costo
- Transporte público (bus, tren, etc.)

- Le paga a alguien para que le lleve (Uber, Lyft, taxi, un conocido, etc)
- Usa el servicio de transportación medico de AtlantiCare
- Usa un servicio de transportación medico (LogistiCare, AccessLink, LogistiCare / ModivCare, etc)
- Transporte para ciudadanos de la tercera edad
- Otro (por favor especifique)

- No necesitó transporte

Q4.2 **Actualmente, ¿a qué distancia vive del hospital más cercano?**

- Alrededor de 5 millas
- Alrededor de 10 millas
- Alrededor de 15 millas o más
- No sé

Q4.3 **Over the past year, on average, how long did it take you to travel to your medical appointments?**

- Unos 10 minutos o menos
- Unos 15 minutos
- Unos 20 minutos o más
- No viajó a ninguna cita médica (consulta por teléfono o virtual)
- No tuvo ninguna cita médica
- No sé

Q4.4 **¿Hubo un tiempo en los pasados 12 meses cuando el costo le impidió conseguir cuidado médico o equipos médicos que usted necesitaba?**

- Sí
- No

DISPLAY THIS QUESTION:
IF WAS THERE A TIME IN THE PAST 12 MONTHS WHEN COST PREVENTED YOU FROM GETTING THE HEALTH CARE SERVI... = YES

Q4.4.1 **¿De qué manera el costo del cuidado médico le impidió de conseguir lo que necesitaba? (Seleccione todas las que correspondan).**

- ○ No pude pagar para ir al médico
- ○ No pude comprar los equipos médicos (las tiras reactivas, silla de rueda, máquina CPAP)
- ○ No pude cubrir de las prescripciones de medicinas
- ○ No pude cubrir lo recomendó el médico (seguir un dieta específica, etc)
- ○ Otro (por favor especifique)

- ○ No sé

Q4.5 **¿Cuándo fue la última vez que fue a un dentista?**

- ○ En el último año
- ○ En los dos últimos años
- ○ Hace más de dos años
- ○ No sé

Q4.6 **¿Alguna de las siguientes razones le ha impedido ver a un dentista en los últimos dos años? (Seleccione todas las que corresponda).**

- ○ Falta de seguro dental
- ○ Gastos de bolsillo (no cubiertos por el seguro)
- ○ Transportación
- ○ Falta de proveedores dentales
- ○ Falta de especialistas dentales
- ○ Servicios lingüísticos
- ○ Horario de las citas
- ○ No tuvo necesidad de ver a un dentista
- ○ Otro (por favor especifique)

SECTION 5 | MENTAL HEALTH

Q5.1 **¿Sabe dónde buscar ayuda profesional (consejería, terapia, servicios psiquiátricos, etc) si lo desea?**

- Sí
- No
- Prefiero no responder

Q5.2 **For the next series of questions, please indicate how you feel about the statement**

	Fuertamente En Desacuerdo	En Desacuerdo	Neutral	De Acuerdo	Fuertamente Acuerdo
Hay alguien alrededor cuando estoy en necesidad.					
Hay alguien con quien puedo compartir mis alegrías y tristezas.					
Mi familia realmente trata de ayudarme.					
Mi familia me da la ayuda y el apoyo emocional que necesito.					
Tengo a alguien que es una verdadera fuente de consuelo para mí.					
Mis amigos realmente tratan de ayudarme.					
Puedo contar con amigos cuando las cosas van mal.					
Puedo hablar con mi familia sobre mis problemas.					
Tengo amigos con los que puedo compartir mis alegrías y tristezas.					
Hay alguien en mi vida que se preocupa por mis sentimientos.					
Mi familia está dispuesta a ayudarme a tomar decisiones.					
Puedo hablar con mis amigos sobre mis problemas.					
Tiendo a recuperarme rápidamente después de tiempos difíciles.					

Me cuesta superar eventos estresantes.	●	●	●	●	●
Es difícil para mí recuperarme cuando algo malo sucede.	●	●	●	●	●

Q5.3 **En los últimos 30 días, ¿con qué frecuencia...?**

	Nunca				A menudo
	1	2	3	4	5
...ha sentido que nun					
...ha tenido confianza en su capacidad de manejar sus problemas personales?					
...ha sentido que le iba bien en la vida?					
...ha sentido que las dificultades se acumulaban tanto que no ha podido superarlas?					

OPTIONAL MODULE 1 | OLDER ADULTS

Los profesionales médicos prefieren que los adultos de 65 años o más reciban exámenes de rutina para ciertas condiciones y apoyos que puedan necesitar. Antes en esta encuesta, usted indico que estaba en este grupo de adultos de 65 años o más. Nos gustaría hacerle algunas preguntas sobre su salud y cualquier otro tipo de asistencia que necesite. Puede saltarse cualquier pregunta que no quiera responder. Cualquier información que pueda compartir nos ayudará a entender las necesidades de las personas mayores en el condado de Atlantic.

OA1 **¿Cuál es su situación de vivienda?**

- ● Vivo solo
- ● Vivo con un familiar
- ● Vivo en un centro de cuidado para personas mayores
- ● Vivo en una comunidad de personas en la tercera edad
- ● Otro (por favor especifique)

OA2 **Indique si alguna de las siguientes condiciones le aplica a usted (Seleccione todas las que correspondan).**

- ○ Problemas de audición
- ○ Problemas de visión
- ○ Problemas dentales
- ○ Dificultad leve para caminar sin ayuda
- ○ Usa una silla de ruedas, bastón, andador
- ○ Parálisis o amputación de extremidades
- ○ Tose continuamente
- ○ Falta de aliento
- ○ Problemas de salud mental (ansiedad, depresión, apatía, etc)
- ○ Problemas cognitivos (pérdida de memoria, desorientación, confusión, etc)
- ○ Trastornos cerebrales (Alzheimer, Parkinson, demencia, etc.)
- ○ Ninguna de las anteriores

OA3 **¿Necesita ayuda para completar sus actividades diarias (bañarse, vestirse, ir al baño, moverse por la casa, etc)?**

- ○ No, no necesito ninguna ayuda
- ○ Sí, pero no tengo a nadie que me ayude regularmente
- ○ Sí, y recibo esta ayuda de un pariente o amigo
- ○ Sí, y recibo esta asistencia en un hogar de personas de tercera edad
- ○ Sí, y recibo esta asistencia de una enfermera en mi casa
- ○ Otro (por favor especifique)

OA4 **Por favor, indique si normalmente necesita ayuda mientras realiza las siguientes actividades:**

	Puedo hacer esto de forma independiente	Puedo hacer esto con un poco de ayuda	No puedo hacer esto / Necesito que alguien haga esto por mí
Visitando a sus vecinos	○	○	○
Yendo de compras	○	○	○
Cocinando la comida	○	○	○
Lavando la ropa	○	○	○
Caminando (media milla o más)	○	○	○
Llevando artículos de 10 libras o más (como una bolsa pesada de la tienda)	○	○	○
Tomando el transporte público	○	○	○

OPTIONAL MODULE 2 | CAREGIVERS

Los profesionales médicos saben que las personas que se encargan del cuidado de otro adulto a tiempo completo o medio pueden experimentar cambios en su propia salud. Antes en esta encuesta, usted indicó que ha estado a cargo del cuidado de otro adulto mayor de 18 años con una condición crónica. Nos gustaría hacerle algunas preguntas sobre la atención que ha proporcionado y cómo su rol de cuidador puede haber afectado su propia vida. Si ha cuidado a varios adultos mayores de 18 años, piense en el adulto que ha requerido la mayor atención de usted cuando responda a esta pregunstas.

CG1 **¿Qué tipo de atención o apoyo requirió este otro adulto en los últimos 3 años?**

- ○ Ayuda y gestión de finanzas
- ○ Planificación de meriendas y preparación de alimentos
- ○ Cuidado personal (limpieza, higiene, vestirse, etc.)
- ○ Administración de medicamentos
- ○ Cuidado de la salud mental
- ○ Cuidado de la salud física
- ○ Transportación

○ Compañía

○ Otro (por favor especifique)

CG2 **Pensando en los últimos 3 años, ¿cuánta dificultad ha tenido con lo siguiente como resultado de haber cuidado de este adulto?**

	Ninguno	Ligero	Moderado	Severo	Extremo
Durmiendo suficientemente	○	○	○	○	○
Comiendo suficiente	○	○	○	○	○
Teniendo suficiente energía para hacer todas sus tareas planificadas	○	○	○	○	○
Cuidando de su salud física o mental	○	○	○	○	○
Encontrandose con amigos y familiares con la misma frecuencia que antes de su rol como cuidador	○	○	○	○	○
Pagando por medicamentos / tratamientos para su propia salud	○	○	○	○	○
Problemas financieros debido a la pérdida de ingresos, menos tiempo disponible para su trabajo, o aumento de gastos	○	○	○	○	○
Sabiendo y dando el cuidado correcto para los problemas de salud de esta persona (sabiendo el mejor tratamiento, teniendo acceso a medicamentos, sabiendo cómo protegerse a sí mismo de contraer la enfermedad, etc)	○	○	○	○	○
Compartiendo sus sentimientos con los demás sobre su responsabilidad cuidando de otro adulto	○	○	○	○	○
Siendo tratado de mala manera o diferente por su comunidad, amigos, o familiares debido a la condición, enfermedad, o muerte de esta persona	○	○	○	○	○

CG3 **Piense en el cuidado que le ha dado a esta persona durante los últimos 3 años y piense en su propia salud. Debido a esta atención, ¿ha cambiado el nivel de atención médica o consulta que busca para su propia salud médica?**

- ○ Estoy buscando más cuidado médico que antes
- ○ Estoy buscando aproximadamente la misma cantidad de cuidado
- ○ Estoy buscando menos cuidado médico que antes
- ○ No sé
- ○ Prefiero no responder

SECTION 5 | ADDITIONAL HEALTH KNOWLEDGE/BEHAVIORS

Q5.1 **¿Alguna vez ha hablado con sus seres queridos sobre lo que suceder quisiera hacer en caso de que estuviera tan enfermo que no pudiera tomar decisiones sobre su cuidado médico?**

- ○ Sí
- ○ Un poco
- ○ No

Q5.2 **Por favor indique las condiciones médicas para las que está recibiendo exámenes de detección recomendados. (Seleccione todas las que apliquen).**

- ○ Cáncer de Seno
- ○ Cáncer Cervical
- ○ Cáncer Colorrectal
- ○ Cáncer del Pulmón
- ○ Cáncer del Próstata
- ○ Cáncer de la Piel
- ○ Hepatitis C
- ○ Enfermedades / infecciones de transmisión sexual (ETS/ITS) (VIH, gonorrea, clamidia, etc)
- ○ Otro (por favor especifique)
- ○ Ninguno de los anteriores

DISPLAY THIS QUESTION:
IF PLEASE INDICATE THE HEALTH CONDITIONS FOR WHICH YOU ARE RECEIVING RECOMMENDED SCREENINGS. (SELECT... = STDS / STIS (HIV, GONORRHEA, CHLAMYDIA, ETC)

Q5.2.1 **¿Dónde le chequearon por enfermedades / infecciones de transmisión sexual (ETS / ITS)?**

- Oficina del doctor
- Departamento de Salud / Clínica de ETS / ITS
- Clínica o Centro de Salud
- Hospital
- Otro (por favor
- Otro (por favor especifique)
- No sé
- I prefer not to answer

Q5.3 **Pensando en la semana pasada, con que frecuencia …**

	Nunca	Una o dos veces	Algunos días	La mayoría de días	Todos los días
… comió frutas o vegetales					
… comió con su familia					
… comió comida rápida					
… durmió lo suficiente					
… se sentió estresado					
… sentió que le faltaba compañía					
… se sentió excluido					
… se sentió aislado de otras personas					
… trabajó demasiado					
…hizo ejercicio					

... tuvo suficiente tiempo libre / para relajarse					
... estuvo demasiado tiempo frente a una pantalla (teléfono, tableta, televisión, etc.)					
... usó algún producto de tabaco (cigarrillos, cigarros, tabaco masticable, etc)					
... usó algún producto vaporizador / cigarrillo electrónico					
...estuvo preocupado de que se le acabaría la comida antes de que tuviera dinero para comprar más					

DISPLAY THIS QUESTION:
IF THINKING BACK TO THE LAST WEEK, HOW OFTEN DID YOU ... = ...USE ANY TOBACCO PRODUCTS (CIGARETTES, CIGARS, DIP, ETC) [EVERY DAY]
OR THINKING BACK TO THE LAST WEEK, HOW OFTEN DID YOU ... = ...USE ANY TOBACCO PRODUCTS (CIGARETTES, CIGARS, DIP, ETC) [MOST DAYS]
OR THINKING BACK TO THE LAST WEEK, HOW OFTEN DID YOU ... = ...USE ANY TOBACCO PRODUCTS (CIGARETTES, CIGARS, DIP, ETC) [SOME DAYS]
OR THINKING BACK TO THE LAST WEEK, HOW OFTEN DID YOU ... = ...USE ANY TOBACCO PRODUCTS (CIGARETTES, CIGARS, DIP, ETC) [ONCE OR TWICE]

Q5.3.1 **Si alguna vez ha tratado de parar el uso de tabaco, ¿qué métodos intentó? (Seleccione todos los que correspondan).**

- Reemplazo de nicotina (parches, masticables, inhalador, etc)
- Prescripción para medicación oral
- Vaporizadores o cigarrillos electrónicos
- Consejería o cursos
- Aplicaciones móviles (en el teléfono)
- Otro (por favor especifique)

- Nunca he tratado de parar el uso de tabaco
- No sé

SECTION 6 | FOOD ACCESS/SECURITY

Q6.1 **¿A qué distancia, en millas, está su tienda de alimentos más cercana?**

Q6.2 **En los últimos 2 meses, ¿dónde ha usted o alguien de su hogar comprado la despensa / comida? (Seleccione los que correspondan).**

- Supermercado (Acme, Shoprite, Aldi, Walmart, etc)
- Tienda / bodega
- Tienda de abarrotes (Wawa, 7-Eleven, Quick Stop, etc)
- Dollar Store
- Amigos o familiares
- Iglesia / despensa comunitaria / comedores
- Por Internet
- Campaña comunitaria de reparto de alimentos
- Otro (por favor especifique)

Q6.3 **¿Hay algo que le impida regularmente de preparar comidas en su casa? (Seleccione todas las que correspondan).**

- Falta de acceso a los ingredientes para cocinar
- Distancia / dificultad para llegar a la tienda para comprar los ingredientes
- No se siente cómodo/a cocinando
- No tiene tiempo para cocinar
- No es capaz físicamente de cocinar
- No tiene un lugar / equipo para cocinar (cocina, hornilla, microondas, etc.)
- Comer afuera se le hace más fácil
- No hay nada que me prevenga de preparar comida en casa
- Other (please specify)

SECTION 7 | NEIGHBORHOOD QUALITY

Q7.1 **Pensando en el vecindario o la comunidad donde usted vive, por favor califiquela en lo siguiente:**

	Excelente	Muy bueno	Bueno	Normal	Malo
Como lugar donde comprar frutas y vegetales frescos	○	○	○	○	○
Como lugar donde caminar o hacer ejercicio	○	○	○	○	○
Como lugar para hablar o conectarse con otras personas	○	○	○	○	○
Como lugar donde vivir	○	○	○	○	○

Q7.2 **En el último año, ¿ha visto alguna de las siguientes actividades en su vecindario? (Seleccione todo lo que corresponda).**

- ○ El tráfico de drogas
- ○ Actividad de pandillas
- ○ Consumo de drogas ilegales / suministros de drogas
- ○ Apuñalamiento
- ○ Violencia con armas de fuego (tiroteos, etc)
- ○ Violencia doméstica
- ○ Personas pidiendo dinero
- ○ Asaltos / Robos
- ○ Otro (por favor especifique)

  _____

- ○ Ninguno

SECTION 8 | ADVERSE CHILDHOOD EXPERIENCES

Por favor tenga en mente que las siguientes preguntas hablan de temas sensibles como el abuso y el suicidio. Puede saltarse cualquier pregunta en cualquier momento.

Estamos tratando de determinar formas para ayudar a los personas jóvenes. Muchos estudios hablan sobre el impacto de las experiencias de la niñez en su salud en la adultez. Por favor, considere responder estas preguntas ya que tienen que ver con temas importantes para la salud pública.

Las siguientes preguntas se refieren al periodo de su vida antes de que tuviera 18 años.

Q8.1 **¿Sentiste que no tenías suficiente para comer, tenías que usar ropa sucia o no tenías a nadie que te protegiera o cuidara de ti?**

- Sí
- No

Q8.2 **¿Perdió a uno de sus padres a causa de divorcio, abandono, muerte u otra razón?**

- Sí
- No

Q8.3 **¿Vivió con alguien que estaba deprimido, enfermo mental o intentó suicidarse?**

- Sí
- No

Q8.4 **¿Vivió con alguien que tuvo problemas del alcohol y/o drogas, incluyendo medicamentos recetados?**

- Sí
- No

Q8.5 **¿Sus padres o algún adulto en su casa alguna vez se golpearon o amenazaron con lastimarse?**

- Sí
- No

Q8.6 **¿Vivió con alguien que fue a la cárcel o prisión?**

- Sí
- No

Q8.7 **¿Alguna vez uno de sus padres o algún adulto en su casa le ha insultado o menospreciado?**

- Sí
- No

Q8.8 **¿Alguno de sus padres o algún adulto en su hogar alguna vez lo golpeó, pateó o lastimó físicamente de alguna manera?**

- Sí
- No

Q8.9 **¿Sintió que nadie en su familia lo quería o pensaba que era especial?**

- Sí
- No

Q8.10 **¿Experimentó contacto sexual no deseado (como el ser manoseado/a o violación?**

- Sí
- No

SECTION 9 | ADDITIONAL DEMOGRAPHICS

Q9.1 **Are you currently employed? (Select all that apply).**

- Si, de tiempo completo
- Si, de tiempo parcial
- Si, de trabajo autónomo / negocio propio
- No, discapacitado/a
- No, jubilado/a
- No, no estoy empleado/a
- Otro (por favor especifique)

Q9.2 **¿Cuál es el nivel escolar más alto que ha completado o el título más alto que ha recibido?**

- Graduado de escuela secundaria (diploma de bachillerato o el equivalente, incluyendo el GED)
- Escuela de oficio o vocacional
- Un tiempo en la universidad pero sin título
- Título técnico / Diplomado Asociado en una universidad
- Bachelor's o Licenciatura en una universidad

- Maestría
- Doctorado o Título profesional (Ph.D., JD, MD, etc)
- Prefiero no responder

Q9.3 **¿Es un estudiante de universidad, sea tiempo completo o medio?**

- Sí
- No

Q9.4 **¿Es un veterano de guerra?**

- Sí
- No

APPENDIX M:

AC CHNA 2022-2024 COMMUNITY SURVEY - MANDATORY SECTION - ENGLISH

Consent Form-Participation in Anonymous Questionnaire: Community Health Needs Assessment for AtlantiCare

You are invited to participate in a research study that is being conducted by Kristin Curtis, Assistant Director at The Senator Walter Rand Institute for Public Affairs at Rutgers University, Camden. The purpose of this research is to collect feedback on health issues and services from individuals who live in Atlantic County. If you choose to participate, you will answer questions about your health, health risk behaviors, preventive health practices, and access to health care, as well as community strengths and weaknesses. Nonprofit hospitals are required by federal law to collect data on community health needs every three years. The survey will take about 5 minutes to complete.

This research is anonymous, which means that we will not record any information that could be used to identify you. There will be no link between your identity and your responses on the survey.

The research team and the Institutional Review Board at Rutgers University are the only parties that will see your responses, except as may be required by law. If a report of this study is shared, only group results will be stated. All study data will be kept for three years. There are no expected risks of participating in this study. You may receive no direct benefit from taking part in this study, but your feedback will be used to inform future health programming and services that may benefit your county.

Participation in this study is voluntary. You may choose not to participate or to withdraw at any time during the survey without any penalty. Also, you may choose not to answer any questions that make you uncomfortable.

If you have any questions about the study or study procedures, you may contact:

Kristin Curtis, Assistant Director
The Walter Rand Institute for Public Affairs
Rutgers University, The State University of New Jersey, Camden
411 Cooper Street, Camden, NJ 08102
Phone: 856-225-6236; Email: **kcurtis@camden.rutgers.edu**

If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:

Institutional Review Board
Rutgers University, the State University of New Jersey;
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor, New Brunswick, NJ 08901
Phone: 732-235-2866; Email: **human-subjects@ored.rutgers.edu**

If you are 18 years of age or older, understand the statements above, and will consent to participate in the study, please mark "I Agree" and begin the survey. If not, please return your packet.

- I Agree
- I Do Not Agree

Q1.1 **What county do you live in?**

- Atlantic County (full-time resident)
- Atlantic County (part-time resident)
- Other (Please specify the County)

IF YOU LIVE IN ATLANTIC COUNTY, MARK WHICH MUNICIPALITY SPECIFICALLY…

Q1.1.1 **Please identify the town/city that you live in Atlantic County.**

- Absecon
- Atlantic City
- Brigantine
- Buena Borough
- Buena Vista Township
- Corbin City
- Egg Harbor City
- Egg Harbor Township
- Estell Manor
- Folsom
- Galloway Township
- Hamilton Township
- Hammonton
- Linwood
- Longport
- Margate
- Mullica Township
- Northfield

- Pleasantville
- Port Republic
- Somers Point
- Ventnor
- Weymouth Township
- Other (please specify)

Q1.2 **What is the zip code of your home? (Put a "0" if you do not have a place to stay)**

Q1.3 **Currently, do you work in the healthcare industry (as a provider, executive, or staff)?**

- Yes
- No

Q1.4 **Which of the following are health issues in your community? (Select all that apply).**

- Access to health care
- Lack of insurance / under-insurance
- Access to family planning / reproductive health
- Maternal / infant health
- Dental health
- Alcohol use
- Tobacco use
- Vaping / Juuling
- Drug use (prescription)
- Drug use (illegal)
- Drug overdoses
- Overweight / obesity
- Lack of access to healthy food
- Sleep issues
- Mental health
- Brain disorders (Alzheimer's, Parkinson's, dementia, etc)

- Developmental disorders (ASD, ADHD, cerebral palsy, etc)
- High blood pressure (Hypertension)
- Heart disease (angina pectoris, etc)
- Lung disease (pneumonia, COPD, etc)
- Asthma
- Cancer
- HIV / AIDS
- Diabetes
- Arthritis
- Stroke
- COVID-19
- Disability (physical, cognitive, or other)
- Access to services for older adults
- Low vaccination rates
- Community safety
- Domestic violence
- Sexual assault / sexual violence
- Sexually transmitted infections / diseases (STIs / STDs)
- Homelessness / housing insecurity
- Too many people in jail / prison
- Feeling lonely
- Lack of access to people and places
- Suicide
- Other (please specify)

Q1.5 **What are the barriers that keep people in your community from accessing health care when they need it? (Select all that apply).**

- Limited or no health insurance coverage
- Can't afford out of pocket costs (co-pays, prescriptions, etc.)
- Lack of primary care physicians / family doctors

- Lack of specialists (for a specific condition or population)
- Hard to understand the health care system
- Lack of trust in health care providers / system
- Afraid of diagnosis / outcome of visit
- Language barriers
- Lack of accessible care for people with disabilities (physical, hearing, vision, cognitive, etc)
- Not sure how to use the internet or digital tools for healthcare
- Lack of high-speed internet access
- Lack of transportation
- Lack of child care
- Lack of appointments that work with my schedule
- Unable to take time off from work
- Time limitations (waiting too long at appointments, etc)
- Law enforcement concerns
- Immigration concerns
- Neighborhood safety concerns
- Homelessness / housing insecurity
- Other (please specify)

Q1.6 **Related to health, what are the resources or services you think are missing in the community? (Select all that apply).**

- Free / low cost medical care
- Free / low cost dental care
- Free / low cost eye care
- Free / low cost auditory / hearing services (hearing aids, audiologist, etc.)
- Free / low cost prescriptions
- Primary care providers / family doctors
- Medical providers for children
- Medical providers for older adults

- Medical specialists (please specify)
- Mental / behavioral health services
- Substance use / misuse rehabilitation services
- Bilingual services
- Access to high-speed internet connection
- People to help you understand the healthcare system (social workers, patient navigators, etc)
- Peer group support services (AA, NA, support groups, etc.)
- Health education, information, outreach
- Health screenings (cancer, STIs/STDs, chronic diseases, etc)
- Vaccination services
- Women's health care (prenatal care, OB/GYN, reproductive health, etc)
- Services for older adults
- Veterans health care
- Services for formerly incarcerated population
- Public transportation routes to medical centers (hospital, Urgent Care, doctor's office, etc)
- Medical transportation services (AccessLink, LogistiCare / ModivCare, etc)
- Meal delivery services
- Respite care (short-term, alternative care that provides temporary relief for caregivers)
- End-of-life care (hospice or palliative care)
- Other (please specify)

Q1.7 **Are there specific populations in your community that you think are NOT being adequately served by local health services? (Select all that apply).**

- American Indian / Alaska Native
- Asian
- Black / African American
- Hispanic / Latino/x
- Native Hawaiian / Pacific Islander
- White

- Non-native English speakers
- Men
- Women
- LGBTQIA+
- Children / teenagers
- Young adults
- Older adults
- Veterans
- Homeless / housing insecure
- People who have been in jail / prison
- Immigrants or refugees
- Low income / poor
- People living with HIV / AIDS
- People in recovery from addiction
- People with mental / behavioral health conditions
- People with disabilities
- Long-term caregivers
- People living in isolation
- Uninsured / underinsured
- None of these
- Other (please specify)

IF YOU MARKED "NONE OF THESE" PLEASE SKIP QUESTION 1.7.1

Q1.7.1 **If you can, please specify which services are missing for these populations.**

Q1.8 **How do you get your health care most often: Virtually or in-person?**

- Virtually (Zoom, phone call, health portal, etc.)
- In-person

- Half virtually / half in-person
- Other

Q1.9 **When you are sick or need health care, what kind of place do you go to most often (including virtual visits)? (Select all that apply).**

- Clinic or healthcare center
- Doctor's office
- Hospital emergency room
- Hospital outpatient department
- Urgent Care
- Other (please specify)
- I don't know

Q1.10 **When did you last visit a doctor for a yearly checkup?**

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (more than 1 year but less than 2 years ago)
- Within the past 5 years (more than 2 years but less than 5 years ago)
- 5 or more years ago
- I have never visited a doctor for a routine checkup
- I don't know

Q1.11 **What kind of health insurance does your family have? (Select all that apply).**

- Medicare
- Medicaid
- Private insurance through employer
- Private insurance (through the insurance Marketplace (Obamacare), an insurance agency, etc)
- NJ FamilyCare
- Military health care (TRICARE / VA / CHAMP-VA)
- Medi-Gap

- Indian Health Service
- Charity Care
- Other government program
- Single service plan (dental, vision, prescriptions, etc)
- One or more people in my family are not insured
- Other (please specify)
- I don't know

IF ONE OR MORE MEMBERS OF YOUR FAMILY DO NOT HAVE INSURANCE, PLEASE RESPOND TO THE FOLLOWING QUESTION…

Q1.11.1 **Who in your family is not insured? (Select all that apply).**

- Child
- Adult
- Older Adult

Q1.12 **Has anyone in your immediate family or care, including yourself, ever been diagnosed with or are at-risk of any of the following chronic conditions? (Select all that apply).**

- Respiratory issues (asthma, chronic bronchitis, etc)
- Diabetes
- Arthritis
- Cataracts
- Chronic pain
- Mental health conditions (anxiety, depression, bipolar disorder, etc)
- Brain disorders (Alzheimer's, Parkinson's, dementia, etc)
- Stroke
- Cancer
- Heart Disease
- High Blood Pressure (Hypertension)
- High Cholesterol
- Lung Disease (COPD, emphysema, etc)

- Kidney Disease
- Overweight / Obesity
- Alcohol use / misuse
- Drug and substance use / misuse (opioids, etc)
- Other (please specify)
- Other (please specify)

- None of these
- I don't know
- I prefer not to answer

Q1.13 **In the last 3 years, have you been a caregiver to other adult/s over 18 years old experiencing a chronic condition? It is okay if this adult no longer needs care or no longer lives in your household. If you took care of multiple adults over 18 years old, please select the option corresponding to the adult who has required the most care from you.**

- Yes, an adult between 18 and 65 years old
- Yes, an adult over 65 years old
- No

Q1.14 **Have you used any of the following services at AtlantiCare? (Select all that apply)**

- Audiology
- Behavioral Health Care
- Cancer Care
- Diagnostic Testing (X-ray, mammogram, CT scan, ultrasound, etc)
- Ear, Nose, and Throat Care
- Emergency or Trauma Care
- Endocrinology, Diabetes and Metabolism Care
- Heart Care
- Home Care
- Hospice Care
- Imaging Services

- Infection Disease Treatment
- LifeCenter (Fitness facility)
- Joint and Spine Care
- Neurology: Stroke, Headache, and Memory Care
- Pain Management
- Palliative Care
- Primary Care
- Pulmonology
- Occupational Health
- Rheumatology
- Telehealth (Virtual Visit)
- Surgery (please specify)
- Urgent Care
- Urology
- Vascular Care
- Women and Children's Services (Maternity, Family Planning, Neonatal, OB/GYN, etc)
- Wound Care
- Other (please specify)
- I have not heard of any of these programs

Q1.15 **Has your family ever used any of these community resources? (Select all that apply)**

- Food bank / food distribution
- Meals service (Meals on Wheels, senior feeding sites, school meal programs, etc)
- SNAP (Supplemental Nutrition Assistance Program)
- WIC (New Jersey Supplemental Nutrition Program for Women Infants and Children)
- Housing / Rental Assistance
- Utility Assistance
- Free Legal Aid

- Low Cost / Free internet access (through a library, service agency, low cost / free internet access program, etc)
- Other resources or organizations (please specify)
- None

Q1.16 **Have you ever had to travel outside Atlantic County to get care for any of the following conditions? (Select all that apply)**

- Communicable diseases (infections, malaria, tuberculosis, HIV, COVID-19, etc)
- Maternal and perinatal conditions (pregnancy, etc)
- Nutritional deficiencies
- Acute conditions (diarrhea, fever, flu, headaches, cough, etc)
- Injury (not work related)
- Surgery
- Sleep problems
- Work related condition / injury
- Chronic pain in your joints/arthritis (joints, back, neck)
- Diabetes or related complications
- Problems with your heart including unexplained pain in chest
- Problems with your mouth, teeth or swallowing
- Problems with your breathing
- High blood pressure/ hypertension
- Stroke/ sudden paralysis of one side of body
- Generalized pain (stomach, muscle or other nonspecific pain)
- Depression or anxiety
- Cancer
- I don't remember
- Other (please specify)

Q1.17 **Where do you get information about health care? (Select all that apply)**

- Personal doctor or health care provider

- Friends / relatives
- Work
- Health insurance company
- Federal and International health information sources (U.S. Department of Health, CDC, WHO, etc)
- Local, County, or NJ Department of Health (through their website, Community Health Worker, etc)
- Independent internet sources (WebMD, Mayo Clinic, blogs, etc)
- Books / magazines / newspaper
- Email / online news subscriptions
- Podcasts
- Mobile apps (News app, Google feed, etc)
- Social media
- Television / Radio programs
- Other (please specify)
- I don't receive any health care information
- I don't know

IF YOU GET YOUR HEALTHCARE INFORMATION FROM SOCIAL MEDIA, PLEASE ANSWER THE FOLLOWING QUESTION…

Q1.17.1 **Please check off the social media platforms you use most often (Select all that apply).**

- Facebook
- Instagram
- Twitter
- TikTok
- YouTube
- LinkedIn
- Other (please specify)
- I don't use social media

Q2.1 **Within the past 12 months, did you get the vaccine / booster for any of the following? (Select all that apply).**

- COVID-19 (main dose/s)
- COVID-19 (booster)
- Flu
- Pneumonia
- Shingles
- Whooping cough
- Tetanus
- Other (please specify)
- I did not get any vaccines
- I prefer not to answer

Q2.2 **In the next 12 months, do you intend to get the vaccine / booster for any of the following if you're eligible? (Select all that apply).**

- COVID-19 (main dose/s)
- COVID-19 (booster)
- Flu
- Pneumonia
- Shingles
- Whooping cough
- Tetanus
- Other (please specify)
- I do not intend to get any vaccines
- I prefer not to answer

Q2.3 **Related to vaccines, please indicate which of the following are reasons for which you would not be able / want to get any of the vaccines above? (Select all that apply).**

- I can't afford it

- I don't know where to get vaccinated
- I can't go on my own (I have a physical limitation or disability)
- I don't have transportation
- It's difficult to arrange for childcare
- It's against my religious beliefs
- I have a medical reason that makes me ineligible to get vaccinated (I had a severe allergy to vaccines in the past, etc).
- I got it once and got sick because of it
- I don't have time to get it
- I don't think I need it / I don't get sick
- Vaccines don't work
- Vaccines do more harm than good
- Other (please specify)

- I don't have any issues getting any of these vaccines
- I prefer not to answer

Q2.4 **How would you describe the current level of stress or concern about COVID-19 in your household?**

- High
- Medium
- Low
- I prefer not to answer

Q2.5 **What additional information would you like to know about COVID-19? (Please select all that apply).**

- Prevention/Symptoms
- Difference between types of COVID
- Treatment
- How to get the vaccine / booster
- Success and safety of vaccine / booster
- Long-term effects of COVID

- Recovery from COVID
- Other (please specify)
- I don't need additional information
- I prefer not to answer

Q3.1 **What is your age?**

Q3.2 **What was your sex assigned at birth?**

- Male
- Female
- Other
- I prefer not to answer

Q3.3 **What is your gender identity?**

- Male
- Female
- Transgender man
- Transgender woman
- Non-binary
- Questioning or exploring
- Other (please specify)
- I prefer not to answer

Q3.4 **What do you consider to be your sexual orientation?**

- Straight or heterosexual
- Lesbian, gay, or homosexual
- Bisexual

- Pansexual
- Asexual
- Questioning or exploring
- Other (please specify)
- I prefer not to answer

Q3.5 **Do you have any children (under the age of 18) who live in the home?**

- Yes
- No

IF YOU HAVE CHILDREN UNDER THE AGE OF 18 LIVING IN YOUR HOME, PLEASE RESPOND TO THE FOLLOWING QUESTION...

Q3.5.1 **How many children (under the age of 18 years old) live in the home?**

- 1
- 2
- 3
- 4
- 5
- 6 or more

Q3.6 **Please indicate the race(s) / ethnicity that you identify with (Select all that apply).**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic / Latino/a / Latinx
- Native Hawaiian or Pacific Islander
- White
- Other (please specify)
- I prefer not to answer

Q3.7 **Please choose the answer that is closest to your annual household income.**

- Less than $10,000
- $10,000 - $19,999
- $20,000 - $29,999
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $80,000 - $89,999
- $90,000 - $99,999
- $100,000 - $149,999
- $150,000 or more

Q3.8 **Approximately how much of your total household monthly income do you spend on housing expenses (including rent / mortgage, utilities, internet)?**

- 20% or less
- About a third
- About half
- About 75%
- Almost all of it
- Other
- I don't know

Q3.9 **Which of the following describes your housing situation over the 12 months? (Select all that apply).**

- A place you own, rent, or sublet
- A motel or hotel room (excluding vacation or work reasons)
- A relative or friend's home (excluding social visits)
- A nursing home, hospital, or clinic
- A shelter / emergency housing

- A car, public space (park, sidewalk, etc), or homeless encampment
- Other (please specify)
- I don't know

IF YOU HAVE STAYED IN A MOTEL/HOTEL, SHELTER/EMERGENCY HOUSING, A CAR OR A PUBLIC SPACE/ HOMELESS ENCAMPMENT PLEASE ANSWER THE FOLLOWING QUESTION…

Q3.9.1 **How long were you / have you been without secure housing?**

- 3 months or less
- 4-6 months
- 7-11 months
- 1-2 years
- 3-5 years
- 6-10 years
- I don't know
- I prefer not to answer

Q3.10 **Are you worried about losing your current form of housing?**

- Yes
- No
- Somewhat
- I prefer not to answer

GC1 **Thank you for participating in the Community Health Needs Assessment for AtlantiCare! You are eligible to a gift card as a thank you for your time. How will you be receiving your gift card?**

- There is an AtlantiCare staff member here who has offered to give me the gift card in person
- I wish to receive the gift card by mail
- I do not want a gift card
- I don't know

IF YOU WOULD LIKE TO GET THE GIFT CARD BY MAIL, PLEASE RESPOND TO THE FOLLOWING QUESTION…

GC2 **In order to send you a gift card for compensation, we need your name and a mailing address. This information will remain confidential and will only be used by the Walter Rand Institute to mail you your gift card. Would you like to provide this information?**

- ○ Yes, I will provide my name and a mailing address
- ○ No, I will not provide my name and mailing address. I understand this means I will not receive a gift card for taking the survey.

IF YOU ARE ABLE TO GIVE YOUR NAME AND ADDRESS, PLEASE DO SO BELOW...

GC3 **Please enter your name and mailing address. Gift cards will arrive via USPS in three to four weeks.**

- ○ Name

- ○ Full mailing address

Thank you for your time. Your input will be used to improve health care access for people in Atlantic County.

APPENDIX N:

AC CHNA 2022-2024 COMMUNITY SURVEY - MANDATORY - SPANISH

Gracias por participar en la Evaluación de Necesidades de Salud de la Comunidad para AtlantiCare. Su opinión será utilizada para mejorar el acceso a la atención médica en su comunidad y asignar recursos a las áreas de alta prioridad en el condado de Atlantic. Cualquier información que pueda proporcionar es valiosa y apreciada.

Tenga en cuenta que puede saltarse cualquier pregunta que no desee responder. Le pediremos que escoja el método de compensación cuando haya llegado al final de la parte principal de la encuesta.

Continúe con la página siguiente para revisar el formulario de consentimiento y seleccione “Acepto” para continuar con la encuesta.

Formulario de Consentimiento- Participación en el Cuestionario Anónimo: Evaluación de Necesidades de Salud en la Comunidad para AtlantiCare
Le invitamos a participar en un estudio de investigación conducido por Kristin Curtis, Directora Asistente del Instituto de Relaciones Públicas Senador Walter Rand en la Universidad de Rutgers- Camden. El propósito de esta investigación es el de recoger las observaciones de los residentes del condado de Atlantic sobre temas y servicios de salud. Si usted participa, responderá preguntas acerca de su salud, comportamientos riesgosos para la salud, prácticas preventivas de salud, y acceso al cuidado médico, así como acerca de sus opiniones sobre los puntos fuertes, debilidades, barreras, y áreas que necesiten desarrollo en la comunidad. La encuesta tomará aproximadamente 5 minutos en completar. Si después de completar la encuesta decide contestar preguntas adicionales, estas le tomarían aproximadamente 10 minutos.

Esta investigación es anónima, lo que quiere decir que no guardaremos ninguna información que pueda identificarlo/la. No existirá ninguna conexión entre su identidad y sus respuestas en la investigación.

El equipo de investigación y la Junta de Revisión Institucional de la Universidad de Rutgers son los únicos grupos que tendrán permiso de ver los datos, con la excepción de que sea requerida por la ley. Si un reporte sobre este estudio es publicado, o si los resultados son presentados en una conferencia profesional, solo los resultados colectivos serán presentados. Todos los datos del estudio serán guardados por tres años.

No hay ningún riesgo anticipado en este estudio. Puede ser que no reciba ningún beneficio directo por tomar parte en este estudio. Sin embargo, sus respuestas ayudarán a guiar medidas que podrían beneficiar a su condado.

Su participación en este estudio es voluntaria. Usted puede elegir no participar, y puede dejar de contestar preguntas en cualquier momento sin ninguna penalización. Además, no tiene que contestar ninguna pregunta que le cause incomodidad.

Si tiene alguna pregunta sobre este estudio o sus métodos, puede contactar a:
Kristin Curtis, Directora Asistente, Instituto de Relaciones Públicas Senador Walter Rand
Universidad de Rutgers, Universidad Estatal de Nueva Jersey, Camden 411 Cooper Street Camden, NJ 08102
Teléfono: 856-225-6236, Email: **kcurtis@camden.rutgers.edu**

Si tiene alguna pregunta acerca de sus derechos como sujeto de investigación, por favor contacte a un Administrador de la Junta en la Universidad de Rutgers, Junta de Revisión Institucional de Artes y Ciencias.

Junta de Revisión Institucional Universidad de Rutgers, la Universidad Estatal de Nueva Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor, New Brunswick, NJ 08901
Teléfono: 732-235-2866, Email: humansubjects@orsp.rutgers.edu

Si tiene 18 años o más, entiende la información previa, y consiente a participar en el estudio, oprima "Estoy de Acuerdo" para comenzar la encuesta. Si usted seleccionó "No estoy de acuerdo," vaya al Final de la Encuesta.

- ○ Estoy de acuerdo
- ○ No estoy de acuerdo

Q1.1 **¿En qué condado vive?**

- ○ Atlantic County (residente todo el a)
- ○ Atlantic County (residente parte del año)
- ○ Otro (por favor especifique)

SI VIVE EN ATLANTIC COUNTY, MARQUE EN QUÉ CIUDAD ESPECÍFICAMENTE

Q1.1.1 **Por favor identifique el pueblo / ciudad en el que vive en el condado de Cumberland.**

- ○ Absecon
- ○ Atlantic City
- ○ Brigantine
- ○ Buena Borough
- ○ Buena Vista Township
- ○ Corbin City
- ○ Egg Harbor City
- ○ Egg Harbor Township
- ○ Estell Manor
- ○ Folsom
- ○ Galloway Township
- ○ Hamilton Township

- Hammonton
- Linwood
- Longport
- Margate
- Mullica Township
- Northfield
- Pleasantville
- Port Republic
- Somers Point
- Ventnor
- Weymouth Township
- Otro (por favor especifique)

Q1.2 **¿Cuál es el código postal de su casa? (ponga 0 si no tiene un lugar para vivir)**

Q1.3 **¿Actualmente, trabaja en la industria de servicios médicos (como proveedor, ejecutivo, o personal)?**

- Sí
- No

Q1.4 **¿Cuáles de los éstos son problemas de salud que ve en su comunidad? (Seleccione todos los que correspondan).**

- Acceso al cuidado médico
- Falta de seguro médico o insuficiente cobertura
- Acceso a métodos anticonceptivos / salud reproductiva
- Salud infantil / maternal
- Salud dental
- Uso del alcohol
- Tabaco
- Cigarrillos electrónicos (ej.: Juuls)
- Uso de drogas (de prescripción)

- Uso de drogas (ilegales)
- Sobredosis
- Sobrepeso / obesidad
- Falta de comida saludable
- Problemas para dormir
- Salud mental
- Trastornos cerebrales (Alzheimer, Parkinson, demencia, etc.)
- Trastornos del desarrollo (TEA, TDAH, parálisis cerebral, etc.)
- Presión arterial alta (Hipertensión)
- Enfermedades del corazón (angina de pecho, etc)
- Enfermedades de los pulmones (neumonía, EPOC, etc)
- Asma
- Cáncer
- VIH / SIDA
- Diabetes
- Artritis
- Derrame cerebral
- COVID-19
- Discapacidad (física, cognitiva, u otra)
- Acceso a servicios para los adultos de la tercera edad
- Muy pocas personas reciben vacunas
- Seguridad en la comunidad
- Violencia doméstica
- Ataques sexuales / violencia sexual
- Enfermedades/infecciones de transmisión sexual (ETS / ITS)
- Falta de vivienda / inestabilidad de vivienda
- Demasiadas personas en la cárcel / prisión
- Sensación de soledad
- Falta de acceso a otras personas y lugares
- Suicidio

- Otro (por favor especifique)

Q1.5 **¿Cuáles son las barreras que impiden que la gente de su comunidad consiga cuidado médico cuando lo necesitan? (Seleccione todas las que correspondan).**

- Cobertura limitada o falta de seguro médico
- No puede cubrir los costos que corren por cuenta propia (copago, prescripciones, etc.)
- Falta de médicos primarios / particulares / de familia
- Falta de especialistas (para una condición médica específica o para una población)
- Dificultades entendiendo el sistema médico
- Falta de confianza en los proveedores / sistemas de cuidado médico
- Miedo de una diagnosis / el resultado de la visita
- Barreras de lenguaje
- Falta de atención accesible para las personas con discapacidad (física, auditiva, visual, cognitiva, etc.)
- Falta de conocimiento de cómo usar Internet / herramientas digitales para la atención médica
- Falta de internet de alta velocidad
- Falta de transporte
- No tienen con quien dejar a los niños
- No hay citas que funcionen con mi horario
- No puede pedir libre del trabajo
- Restricciones de tiempo (esperas largas, etc)
- Preocupaciones sobre la policía
- Preocupaciones de inmigración
- Problemas de seguridad en el vecindario o barrio
- Falta de vivienda / inseguridad en la vivienda
- Otro (por favor especifique)

Q1.6 **En cuanto a la salud, ¿cuáles son los servicios o recursos que usted cree hagan falta en la comunidad? Seleccione todos los que correspondan.**

- Cuidado médico gratuito o de bajo costo
- Cuidado dental gratuito o de bajo costo

- Cuidado de los ojos gratuito o de bajo costo
- Servicios auditivos gratuitos o de bajo costo (audífonos, audiólogos, etc.)
- Prescripciones gratuitas o de bajo costo
- Doctores primarios / particulares / de familia
- Proveedores médicos para niños
- Proveedores médicos para adultos de tercera edad
- Especialistas médicos (por favor especifíque)
- Servicios de salud mental o del comportamiento
- Servicios de rehabilitación contra el abuso de sustancias
- Servicios bilingües
- Acceso a conexión de Internet de alta velocidad
- Gente que ayude a entender el sistema medico (trabajadores sociales, navegadores para pacientes, etc)
- Servicios de apoyo comunitarios (AA, NA, grupos de apoyo, etc.)
- Educación / información / promoción de temas de salud
- Chequeos de salud (cáncer, enfermedades sexuales, enfermedades crónicas, etc)
- Servicios de vacunas
- Cuidado de salud para mujeres (cuidado prenatal, obstetricia/ginecología métodos anticonceptivos, etc.)
- Servicios para los adultos de tercera edad
- Cuidado de salud para veteranos de guerra
- Servicios para la población previamente encarcelada
- Rutas de transportación pública a centros médicos (hospitales, clínicas, Urgent Care, doctor, etc)
- Servicios de transportación medica (AccessLink, LogistiCare / ModivCare)
- Servicios de comida a domicilio
- Cuidado de relevo (alternativa de cuidado para darle un descanso breve a aquellos que cuidan de otros)
- Cuidados para enfermos terminales (hospicio or cuidados paliativos)
- Otro (por favor especifique)

Q1.7 **¿Hay poblaciones específicas en su comunidad que usted crea NO están siendo atendidas apropiadamente por los servicios de salud locales? (Seleccione todas las que correspondan).**

- Nativo-americano/a o Nativo de Alaska
- Asiático/a
- Negro/a o Afro-Americano/a
- Hispanos / Latinos / Latinx
- Nativo/a Hawaiano/a o Isleño/a del Pacífico
- Blanco / a
- Hablantes no nativos en inglés
- Varones
- Mujeres
- LGBTQIA+
- Niños / adolescentes
- Jóvenes adultos
- Personas de la tercera edad
- Veteranos de guerra
- Personas sin hogar / inseguros de vivienda
- Personas previamente encarcelada
- Inmigrantes / refugiados
- Personas pobres o de bajos recursos
- Personas viviendo con VIH / SIDA
- Personas en recuperación de la adicción
- Personas con condiciones de salud mental / de comportamiento
- Personal con discapacidades
- Cuidadores a largo plazo
- Personas que viven aisladas
- Personas sin seguro/ insuficiente cobertura
- Ninguna de éstas
- Otro (por favor especifique)

SKIP TO: Q1.8 IF ARE THERE SPECIFIC POPULATIONS IN YOUR COMMUNITY THAT YOU THINK ARE NOT BEING ADEQUATELY SERVED B... = NONE OF THESE

Q1.7.1 **Si puede, por favor especifique qué servicios faltan para estas poblaciones.**

Q1.8 **¿Cómo obtiene su atención médica la mayoría del tiempo: virtualmente o en persona?**

- Virtualmente (Zoom, llamada telefónica, portal de salud, etc.)
- En persona
- Mitad virtualmente / mitad en persona
- Otro

Q1.9 **Cuando está enfermo/a o necesita cuidado médico, ¿a qué lugar va usualmente? (Incluya visitas digitales o por teléfono)**

- Clínica o centro médico
- Oficina del doctor
- Sala de emergencias del hospital
- Departamento ambulatorio del hospital
- Cuidado de urgencias (UrgentCare)
- Otro (por favor especifique)
- No sé

Q1.10 **¿Hace cuánto tiempo que visitó a un doctor para un chequeo de rutina?**

- Dentro de este año pasado (hace menos de 12 meses)
- Dentro de los pasados 2 años (hace más de 1 año pero menos de 2 años)
- Dentro de los pasados 5 años (hace más de 2 años pero menos de 5 años)
- 5 años o más
- Nunca he visitado un doctor para un chequeo médico
- No sé

Q1.11 **¿Qué tipo de seguro médico tiene su familia? (Seleccione todos los que correspondan).**

- Medicare
- Medicaid
- Seguro médico privado por medio de su trabajo
- Seguro privado (a través del Marketplace de seguros (Obamacare), una agencia de seguros, etc)
- NJ FamilyCare
- Seguro médico para militares (TRICARE/VA/CHAMP-VA)
- Medi-Gap
- Programa de Salud para Indígenas
- Charity Care
- Otro programa del gobierno
- Planes de servicios específicos (dental, visión, prescripciones, etc)
- Una o más personas en mi familia no tienen cobertura médica
- Otro (por favor especifique)
- No sé

SI UNA O MÁS PERSONAS DE SU FAMILIA NO TIENEN SEGURO MÉDICO, RESPONDA LA SIGUIENTE PREGUNTA…

Q1.11.1 **¿Quién en su familia no tiene seguro? (Seleccione todos los que correspondan).**

- Niño/a
- Adulto
- Persona de tercera edad

Q1.12 **¿Alguien en su familia, incluyendose a usted, ha sido diagnosticado/a o está en riesgo de adquirir algunas de las siguiented enfermedades crónicas? (Seleccione todos los que correspondan).**

- Problemas respiratorios (asma, bronquitis crónica, etc)
- Diabetes
- Artritis
- Cataratas
- Dolor crónico
- Trastornos de salud mental (ansiedad, depresión,
- Trastornos cerebrales (Alzheimer, Parkinson, demencia, etc.)

- Derrame cerebral
- Cáncer
- Enfermedades del corazón
- Presión alta (hipertensión)
- Colesterol alto
- Enfermedades de los pulmones (EPOC, enfisema, etc)
- Enfermedades renales / del riñón
- Sobrepeso / obesidad
- Mal uso / abuso del alcohol
- Mal uso / abuso de drogas (opioides, etc)
- Otro (por favor especifique)

- Ninguna de éstas
- No sé
- Prefiero no responder

Q1.13 **En los últimos 3 años, ¿ha proveído cuidado esencial a otros adultos mayores de 18 años que sufren de una enfermedad crónica? Puede ser que este adulto ya no necesite de su cuidado o ya no viva en su hogar. Si ha atendido a varios adultos mayores de 18 años, seleccione la opción correspondiente al adulto que más haya necesitado de su cuidado.**

- Sí, un adulto entre 18 y 65 años
- Sí, un adulto mayor de 65 años
- No

Q1.14 **¿Ha utilizado cualquiera de los siguientes programas de AtlantiCare? (Seleccione todos los que correspondan).**

- Audiología
- Cuidado de salud del comportamiento
- Cuidado del cáncer
- Pruebas diagnósticas (rayos X, mamografía, tomografía computarizada, ultrasonido, etc.)
- Cuidado del oído, la nariz y la garganta
- Cuidado de emergencia o trauma
- Endocrinología, Diabetes y Cuidado del Metabolismo

- Cuidado del corazón
- Cuidado médico en el hogar
- Hospital para enfermos terminales
- Servicios de escaneo
- Tratamiento de enfermedades infecciosas
- LifeCenter (Gimnasio)
- Cuidado de las articulaciones y la columna vertebral
- Neurología: derrame cerebral, dolor de cabeza y cuidado de la memoria
- Tratamiento del dolor
- Cuidados paliativos
- Atención primaria
- Neumonología
- Salud Ocupacional
- Reumatología
- Telehealth (Visita Virtual)
- Cirugia (por favor especifique)
- Urología
- Cuidado vascular
- Servicios para mujeres y niños (maternidad, planificación familiar, neonatal, obstetra/ginecólogo, etc.)
- Cuidado de heridas
- Otro (por favor especifique)
- No he escuchado de ninguno de estos programas

Q1.15 **¿Alguna vez su familia ha utilizado alguno de estos recursos comunitarios? (Seleccione todos que correspondan)**

- Banco de comida
- Servicios de comida a domicilio (e.g. community food drives, Meals on Wheels)
- SNAP (Programa de Asistencia Nutricional Suplementaria)

- WIC (Programa de Asistencia Nutricional Suplementaria de New Jersey para Mujeres, Infantes, y Niños)
- Asistencia de Vivienda / Alquiler
- Asistencia de utilidad
- Ayuda legal gratuita
- Bajo costo / Acceso gratuito a Internet (a través de una biblioteca, agencia de servicios, programa de acceso a Internet de bajo costo / gratuito, etc.)
- Otro recurso u organización (por favor especifique
- Ninguna de éstas

Q1.16 **¿Alguna vez ha tenido que viajar fuera del condado de Atlantic para recibir atención para alguna de las siguientes aflicciones? (Seleccione todos los que correspondan)**

- Enfermedades transmisibles (infecciones, malaria, tuberculosis, VIH, COVID-19, etc)
- Condiciones maternas y perinatales (embarazo, etc)
- Malnutrición
- Malestares agudos (diarrea, fiebre, gripe, dolor de cabeza, tos, etc)
- Heridas (no relacionadas con el trabajo)
- Cirugía
- Problemas para dormir
- Heridas o malestares relacionados con el trabajo
- Dolor crónico en las articulaciones/artritis (articulaciones, espalda, cuello)
- Diabetes o complicaciones relacionadas
- Problemas con el corazón, incluyendo dolor inexplicable en el pecho
- Problemas con la boca, los dientes o tragando
- Problemas con la respiración
- Presión arterial alta / hipertensión
- Accidente cerebrovascular / parálisis repentina de un lado del cuerpo
- Dolor generalizado (dolor de estómago, muscular u otro dolor no específico)
- Depresión o ansiedad
- Cáncer
- No recuerdo

- Otro (por favor especifique)

Q1.17 **¿Dónde consigue su información acerca del cuidado de la salud? (Seleccione todas las que correspondan).**

- Doctor o proveedor de cuidado médico
- Amigos / Familiares
- Lugar de trabajo
- Compañía de seguro médico
- Fuentes de información federal o internacional (U.S. Departamento de Salud, CDC, WHO, etc)
- Departamento de salud local, del Condado, o de New Jersey (por medio de la página en internet, un trabajador de salud comunitaria, etc)
- Fuentes independientes en el internet (WebMD, Mayo Clinic, blogs, etc)
- Libros / revistas / periódicos
- Correo electrónico / suscripción de noticias por internet
- Podcasts
- Aplicaciones móviles (de noticias, Google feed, etc)
- Redes sociales (social media)
- Televisión / Programas de radio
- Otro (por favor especifique)
- No recibo ninguna información de salud
- No sé

SI OBTIENE INFORMACIÓN SOBRE LA ATENCIÓN MEDICA DE LAS REDES SOCIALES, RESPONDA LA SIGUIENTE PREGUNTA....

Q1.17.1 **Por favor escoja las plataformas de redes sociales que usa con mayor frecuencia (Seleccione todos los que correspondan).**

- Facebook
- Instagram
- Twitter
- TikTok
- YouTube

- LinkedIn
- Otro
- No utilizo redes sociales

Q2.1 **En los últimos 12 meses, ¿se ha puesto la vacuna / refuerzo para cualquiera de los siguientes?**

- COVID 19 (dosis principal)
- COVID 19 (refuerzo o booster)
- Gripe
- Neumonía
- Culebrilla
- Tos ferina
- Tétano
- Otro (por favor especifique)
- No recibí ninguna vacuna
- Prefiero no responder

Q2.2 **En los próximos 12 meses, ¿splanea ponerse la vacuna / refuerzo para cualquiera de los siguientes si puede? (Seleccione todos los que correspondan)**

- COVID 19 (dosis principal)
- COVID 19 (refuerzo o booster)
- Gripe
- Neumonía
- Culebrilla o herpes zóster
- Tos ferina
- Tétano
- Otro (por favor especifique))

- No tengo intenciones de ponerme ninguna vacuna
- Prefiero no responder

Q2.3 **En cuanto a las vacunas, por favor indique cuáles de las siguientes serían razones por las que no podría o quisiera ponerse las vacunas anteriores. (Seleccione todas las que correspondan).**

- No puedo pagar por ellas
- No sé dónde ir para vacunarme
- No puedo ir por mi cuenta (tengo una limitación o discapacidad física)
- No tengo transportación
- Es difícil arreglar que alguien se quede con los niños
- Está en contra de mis creencias religiosas
- Tengo una razón médica que me hace inelegible para vacunarme (tuve una alergia grave a las vacunas en el pasado, etc).
- Me la puse una vez y me enfermé
- No tengo tiempo de ponermela
- No creo que la necesito / no me enfermo
- Las vacunas no funcionan
- Las vacunas hacen más daño que bien
- Otro (por favor especifique)

- No tengo ningún problema con recibir ninguna de estas vacunas
- Prefiero no responder

Q2.4 **¿Cómo describiría el nivel actual de estrés o preocupación en su hogar debido a COVID-19?**

- Alto
- Medio
- Bajo
- Prefiero no responder

Q2.5 **¿Qué información adicional le gustaría saber sobre COVID-19? (Seleccione todas las que correspondan).**

- Prevención / síntomas
- Diferencia entre tipos de COVID
- Tratamiento
- Quién puede obtener la vacuna / refuerzo (booster)
- Exito y seguridad de las vacunas / refuerzos (booster)
- Efectos a largo plazo de COVID
- Recuperación de COVID
- Otro (por favor especifique)
- No necesito más información
- Prefiero no responder

Q3.1 **¿Cuántos años tiene?**

Q3.2 **¿Cuál fue su sexo asignado al nacer?**

- Masculino
- Femenino
- Otro
- Prefiero no responder

Q3.3 **¿Con cuál identidad de género se identifica?**

- Masculino
- Femenino
- Hombre transgénero
- Mujer transgénero
- Género no-binario

- Cuestionando o explorando
- Otro (por favor especifique)
- Prefiero no responder

Q3.4 **¿Cómo describiría su orientación sexual?**

- Heterosexual
- Lesbiana, gay, u homosexual
- Bisexual
- Pansexual
- Asexual
- Cuestionando o explorando
- Otro (por favor especifique)
- Prefiero no responder

Q3.5 **¿Tiene niños (menores de 18 años) que viven en el hogar?**

- Sí
- No

SI TIENE NIÑOS MENORES DE 18 AÑOS VIVIENDO EN SU CASA, RESPONDA A LA SIGUIENTE PREGUNTA...

Q3.5.1 **¿Cuántos niños (menores de 18 años) viven en el hogar?**

- 1
- 2
- 3
- 4
- 5
- 6 o más

Q3.6 **Escoja la raza(s) con la(s) que se identifique. (Seleccione todas las que correspondan).**

- Nativo-americano/a o Nativo de Alaska

- Asiático/a
- Negro/a o Afro-Americano/a
- Hispano/a / Latino/a / Latinx
- Nativo/a Hawaiano/a o Isleño/a del Pacífico
- Blanco/a
- Otro (por favor especifique)
- Prefiero no responder

Q3.7 **Por favor escoja la respuesta que sea la más cercana al ingreso anual de su hogar.**

- Menos de $10,000
- $10,000 - $19,999
- $20,000 - $29,999
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $80,000 - $89,999
- $90,000 - $99,999
- $100,000 - $149,999
- $150,000 o más

Q3.8 **Aproximadamente, ¿cuánto del ingreso total mensual de su hogar ocupa en gastos de vivienda (incluya el alquiler / hipoteca, servicios públicos / utilidades, Internet)?**

- 20% o menos
- Alrededor de un tercio
- Alrededor de la mitad
- Alrededor de 75%
- Casi todo del ingreso

- Other
- No sé

Q3.9 **¿Cuáles de las siguientes opciones describen su situación de vivienda en los últimos 12 meses? (Seleccione todas los que correspondan).**

- Un lugar que es suyo o renta
- Una habitación de motel u hotel (sin contar las estancias de vacaciones o de trabajo)
- La casa de familiares o amigos (sin contar las visitas sociales)
- Asilo para persona de tercera edad, hospital, o clínica
- Albergue para personas sin hogar / vivienda de emergencia
- Un carro, espacio público (parque, acera, etc), o campamento para personas sin hogar
- Otro (por favor especifique)
- No sé

SI SE HA QUEDADO EN UN ALBERGUE PARA PERSONAS SIN HOGAR, UN HOTEL/MOTEL, O UN CARRO/ ESPACIO PÚBLICO EN EL AÑO PASADO, RESPONDA A LA SIGUIENTE PREGUNTA

Q3.9.1 **¿Cuánto tiempo estuvo / ha estado sin vivienda?**

- 3 meses o menos
- 4-6 meses
- 7-11 meses
- 1-2 años
- 3-5 años
- 6-10 años
- No sé
- Prefiero no responder

Q3.10 **¿Está preocupado/a de que pueda perder el lugar donde vive ahora? (Seleccione todos los que correspondan).**

- Sí
- No

- Un poco
- Prefiero no responder

GC1 **¡Gracias por participar en la Evaluación de Necesidades de Salud comunitaria para AtlantiCare! Usted es elegible para una tarjeta de regalo como agradecimiento por su tiempo. ¿Cómo recibirá su tarjeta de regalo?**

- Hay un miembro de AtlantiCare aquí que ha ofrecido a darme la tarjeta en persona.
- Quiero recibir la tarjeta regalo por correo
- No quiero una tarjeta de regalo
- No sé

SI DESEA RECIBIR LA TARJETA DE REGALO POR CORREO, RESPONDA A LA SIGUIENTE PREGUNTA…

GC2 **Para mandarle la tarjeta de regalo, necesitamos su nombre y dirección. Esta información es confidencial y será utilizada solo por el Instituto Walter Rand para mandarle su tarjeta. ¿Le gustaría darnos esta información?**

- Sí, daré mi nombre y dirección
- No, no daré mi nombre y dirección. Entiendo que esto significa que no recibiré una tarjeta de regalo por completar la encuesta.

SI PUEDE DAR SU NOMBRE Y DIRECCIÓN, INDÍQUELOS EN LA SIGUIENTE PREGUNTA…

GC3 **Por favor indique su nombre y dirección. Las tarjetas llegarán por USPS dentro de tres a cuatro semanas.**

- Nombre

- Dirección completa

Gracias por su tiempo. Sus respuestas serán utilizadas para mejorar el acceso al cuidado médico para las personas en el condado de Atlantic.

APPENDIX O:

COMMUNITY SURVEY FLYER (ENGLISH AND SPANISH) FOR ATLANTICARE CHNA COMMUNITY SURVEY

APPENDIX P:
EMERGENCY DEPARTMENT DATA VARIABLES

DATES 2018-2020

TABLE VARIABLE NAME

DEMOGRAPHIC UNIQUE ID NUMBER

Medical Record Number (MRN)

Encounter Number

Patient DOB

Patient Gender

Patient Race

Patient Ethnicity

Patient Language

Patient Zip Code

Housing Status

Employment Status

Primary Payer Options: UHC, Medicaid, Horizon Medicaid, Straight Medicaid,

Aetna, Medicaid, Medicare,

Private, Other

Secondary Payer

MEDICAL INFO ADMISSION DATE

Time of Day

Discharge Date

Reason(s) for Admission

Facility

Visit Type

Diagnoses

EM code--1, 2, 3, 4, 5, and critical

arrival point--ambulance, car, walk

Intepreter field

consults for the physican

screenings--check box (checked yes or no)

discharge summary (checked yes or no)

APPENDIX Q:
LIST OF SECONDARY DATA SOURCES

- New Jersey Juvenile Justice Commission
- New Jersey Department of Education
- New Jersey Labor & Workforce Development
- New Jersey Department of Health
- New Jersey Department of Transportation
- Annie E. Casey Foundation Kids Count Data Center
- New Jersey Center for Health Statistics the Centers for Disease Control
- Centers for Disease Control and Prevention (CDC)
- New Jersey Department of Children and Families
- New Jersey Department of Human Services
- New Jersey State Health Assessment Data
- FBI's Uniform Crime Report
- BJS's National Crime Victimization Survey
- United States Census
- United States Bureau of Labor Statistics
- Centers for Medicare and Medicaid Services
- US Department of Agriculture
- US Department of Health and Human Services
- US Housing and Urban Development
- Feeding America
- Institute for Health Metrics and Evaluation
- County Health Rankings and Roadmaps
- National Institutes of Health
- National Institute on Drug Abuse
- Robert Wood Johnson Foundation
- Kaiser Family Foundation
- Agency for Healthcare Research and Quality (AHRQ)
- Community Commons
- SJ Health Collaborative
- NJ Cares
- NJ Child Welfare Hub
- NJ State Cancer Registry
- Data Resources for Southern New Jersey Communities
- Rutgers New Jersey Data Book
- Rutgers NJ Child Welfare Data Hub
- Rutgers Libraries- New Jersey State and Local Governments: Statistics & Data
- New Jersey Data Book
- Census Reporter
- Data USA
- Kids Count Data Center
- State of New Jersey – Open Data Center
- City Health Dashboard

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ABOUT THE SENATOR WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS

The Senator Walter Rand Institute for Public Affairs (WRI) is a research center at Rutgers University-Camden that collaborates with community and university partners to conduct evaluations of programs and services, leverage data for action, and support the development of community-based initiatives. Using social science research methods ranging from data-motivated storytelling to complex statistical analysis, and guided by core values of curiosity and collaboration, the WRI specializes in transforming fractured data into actionable information. The WRI supports Rutgers' mission of research, teaching and service by connecting the multidisciplinary expertise of faculty to regional problems, developing research and professional skills in students, and linking the resources of higher education to communities in southern New Jersey.

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