

***Bacharach***  
INSTITUTE FOR REHABILITATION

***2016 Community Health  
Needs Assessment***



**MISSION**

*Restoring independence and well-being through quality, caring, advocacy and accessible interdisciplinary services.*

*We will optimize quality of life through innovative community integrated services exceeding customer expectations.*

**VISION**

# INTRODUCTION

## What is a CHNA?

The Affordable Care Act mandated that all 501 (c) 3 hospitals would have to meet certain requirements to maintain their non-profit status, including preparing a Community Health Needs Assessment (CHNA) and an Implementation Strategy based upon the CHNA findings, at least every three years. The CHNA must include input from people who represent a variety of interests in the community, including public health experts, the population served, collaborating organizations and other community partnerships. The needs of the community should be determined by gathering and

analyzing pertinent data, interviewing persons served and identifying gaps and barriers.

## Why do we do a CHNA?

Preparing a CHNA allows an organization to thoughtfully and purposefully devote its assets to programs and services that will be of benefit to its population. It prevents investing in services that will not be utilized. It avoids duplication and redundancy. A CHNA is proactive rather than reactive; it identifies underlying conditions which, if changed, might lead to healthier communities.



# THE POPULATION WE SERVE

Bacharach Institute for Rehabilitation is located in the Pomona section of Galloway Township, in Atlantic County. 75 per cent of Bacharach's patients live in Atlantic County; 14 per cent live in Cape May County, and the remaining 11 per cent either live in southern Ocean County, Cumberland County, other counties in southern New Jersey or beyond. Our northernmost physical therapy center is in Manahawkin, Ocean County, and our southernmost center is at mile zero on the Garden State Parkway in North Cape May. Further west we have a center in Vineland, Cumberland County. In between there are 15 other satellite centers, two hearing centers and a sleep disorders center.

Most of our patients live or vacation in South Jersey. Because Atlantic, Cape May and Ocean counties have many miles of beautiful beaches along the Atlantic Ocean the hospitality industry in the summer months is one of the main economic drivers in South Jersey.

Thanks to our world-class beaches and because it is home to the second largest casino city in America, Atlantic City, the population of Atlantic County increases dramatically during the summer months.

In the rural western portions of Atlantic County, the population density is much lighter than it is along the shoreline. In the western portion of the county farming is common. In addition, at the dawn of the casino era Pinelands development restrictions created substantial growth in three Atlantic County communities: Galloway Township, Egg Harbor Township, and Hamilton Township. These three communities became the hometowns for thousands of people who worked in the casino industry and the many service industries.

Our service area encompasses the densely populated shore towns of Atlantic City, Ventnor, Margate and Longport; so-called bedroom communities on the mainland of Somers Point, Linwood, Northfield and Absecon; new-growth communities Galloway, Egg Harbor and Hamilton; rural farming communities such as Hammonton, Buena Boro and Beuna Vista, and sparsely populated rural towns including Weymouth Township, Estell Manor and Corbin City.

Atlantic County's ethnic diversity is as robust as its geographical diversity. Atlantic County is 15.9% Black or African American, and 17.7% Hispanic or Latino. Additionally, the casino industry has been a provider of entry level jobs to people new to this country for nearly four decades. 26.5% of the Atlantic County population speaks a language other than English at home. The many ancillary and supporting businesses seen in the hospitality industry also provide entry level jobs in restaurants, retail, maintenance, etc.

Atlantic County has not rebounded from the Great Recession of 2008 like the rest of the United States due to a number of factors. First, until that time Atlantic City had a virtual monopoly on East Coast gaming. But with the advent of competition in Pennsylvania, New York and Delaware there has been a marked decrease in market share of the patrons who previously had access only to the Atlantic City casino industry.

Second, the effects of a direct landfall by Hurricane Sandy in September 2012 were devastating and they persist to this day. Homes were lost, businesses were destroyed and people who lost jobs moved out of the area. Four years later, Atlantic County leads the state and the nation in home foreclosures.

Thirdly, initiatives to rebrand and revitalize the casino industry, the Atlantic City Alliance foremost among them, have largely failed. Instead, five casinos have closed or will close since 2014. Each casino job lost is calculated as 1.5 total jobs lost.



# POPULATION DEMOGRAPHICS ATLANTIC COUNTY

## Atlantic County Quick Facts

### Population 2015 estimate

	<b>Atlantic Co.</b>	<b>New Jersey</b>
	<b>274,219</b>	<b>8,958,013</b>
Persons under 5 years old, 2014	6.1%	6.0%
Persons under 18 years old, 2014	22.1%	22.5%
Persons 65 years and older, 2014	15.8%	14.7%
Female persons, 2014	51.6%	51.3%
Persons white alone, 2014	71.3%	73.0%
African-Americans, 2014	17.3%	14.8%
Asian persons, 2014	8.2%	9.4%
Native Hawaiian/Other Pacific Islander, 2014	0.0%	0.1%
Persons reporting two or more races, 2014	2.5%	2.1%
Persons of Hispanic/Latino origin, 2014	18.5%	19.7%
White persons, not Hispanic, 2014	58.6%	59.3%
Living in the same house 1 year & over, 2010 – 2014	88.7%	90.1%
Foreign born persons, 2014	15.5%	21.5%
Language other than English spoken at home, age 5+	26.5%	30.3%
High school graduates, percent of persons 25+, 2014	84.7%	88.4%
Bachelor's degree of higher, percent of persons 25+	24.4%	36.4%
Homeownership rate, 2014	69.6%	65.0%
Median value of owner-occupied housing units, 2014	\$230,200	\$319,900
Households, 2014	101,166	3,188,498
Persons per household, 2014	2.63	2.7
Per capita money income in the past 12 months, 2014	\$27,411	\$36,359
Median household income, 2014	54,392	72,062
Persons below poverty, percent, 2014	15%	9.9%
Children living in poverty, 2016	24%	16%
Veterans, 2014	16,202	416,037
Veterans as a percentage of total population, 2014	5.9%	4.6%
Unemployment, 2016*	10.4	6.6%
Living in rural areas, 2014	12.7%	5.3%
High school graduates, percent of persons 25 years+, 2014	85%	88%
Some college, percent of persons 25 years+, 2014	57%	66%
Violent crime, 2014	499	302
Injury deaths, 2014	67/100,000	42/100,000
Living with a disability, under age 65	9.0	6.5
Persons without health insurance, 2015	22% //15.1	18%//12.6
Uninsured children	7%	5%
Children eligible for free lunch	43%	29%
Premature age-adjusted mortality	374.5	288.9
Food insecurity	15%	13%
Limited access to healthy foods	11%	4%
Motor vehicle crash deaths per 100,000	12	7
Drug poisoning deaths per 100,000	16	9

# COMMUNITY DEMOGRAPHICS

6.1%

of the population is under 5 years of age, which is very similar to the national average of

6.0%

21.9%

of the population is under 18 years of age, also very close to the national average of

22.5%

15.8%

of the people in Atlantic County, approximately 45,000 are over age 65. *This is a slightly higher percentage than the state of New Jersey.*

56.7%

of seniors are women. 25.6% of all females over age 15 are separated, widowed or divorced.

15.1%

of Atlantic County residents live in poverty. In Atlantic City, that number is 35.8% and in Linwood the number is 1.9%, reflecting the wide economic diversity that exists in the county.

24%

of the children in Atlantic County live in poverty. 43% are eligible for free lunch.

61%

of single seniors in Atlantic County live below Elder Index.

12%

of the population did not have health insurance in the United States in 2015. In Atlantic County, the incidence is overall, but 23.0% in Pleasantville and 25.1% in Atlantic City.

12.6%

71.9%

Atlantic County's median household income is only of the state median household income.

29%

higher premature mortality than the state. Injury deaths are 59% higher. In 2016, 12.8% report living with a disability.

34.5%

of people over age 65 in Atlantic County report living with a disability.

15.4%

Unemployment varies seasonally. In August of 2016 the Atlantic County unemployment rate is 7.1%. It was as recently as April 2015. The August 2016 unemployment rate for the United States is

5.1%

12.5%

of households had used food stamps or SNAP benefits in the last 12 months.

43% of all single seniors and senior couples in New Jersey cannot cover their basic expenses.



= Atlantic County, NJ



= United States of America

## Health Rankings & Roadmaps, 2015

Every year the Robert Wood Johnson Foundation compiles health data for each county in the United States. Atlantic County consistently ranks very low in the annual New Jersey County Health Rankings and Roadmaps. In 2015, out of a total of 21 counties in New Jersey, Atlantic County was ranked 20th for overall health outcomes, 21st for length of life, 20th for health factors, 19th for health behaviors and 20th for social and economic factors.

### *Atlantic County Overall Rank in New Jersey: 18*

#### **Health Outcomes: Rank 18th**

*Measures Include:* Diabetes, HIV, premature mortality, infant mortality, child mortality

#### **Quality of Life: Rank 16**

*Measures Include:* Poor or fair health, poor physical health days, poor mental health days, low birthweight, premature death

#### **Health Factors: Rank 19**

*Measures Include:* Smoking, obesity, food environment, physical inactivity, access to exercise, excessive drinking, alcohol driving deaths, sexually transmitted infections, teen births, motor vehicle deaths, poisoning

#### **Health Care: Rank 17**

*Measures Include:* Uninsured adults, uninsured children, health care costs, could not see doctor due to cost, median household income, children eligible for free lunch

#### **Clinical Care: Rank 16**

*Measures Include:* Uninsured, primary care physicians, dentists, mental health providers, preventable hospital stays, diabetic monitoring, mammography screening

#### **Social & Economic Factors: Rank 20**

*Measures Include:* High school graduation, some college, unemployment, child poverty, income in equality, children in single-parent households, social associations, violent crime, injury deaths

## Community Partners

- Atlantic Cape Community College
- AtlantiCare
- Atlantic County Division of Public Health
- Atlantic County Government Intergenerational Services
- Atlantic County Transportation
- Galloway Township
- Shore Medical Center
- Stockton University; Stockton Center on Successful Aging

Within the 561 square miles of Atlantic County are many organizations that work closely with Bacharach Institute in one fashion or another. Bacharach has strong ties to both major Atlantic County hospitals, AtlantiCare Regional Medical Center and Shore Medical Center. They are the sources for approximately 75% of our inpatients. Bacharach also has close relationships with both Stockton University and Atlantic Cape Community College. In the case of ACCC, we host their nursing students during their clinical rehabilitation rotations. Our ties with Stockton include a wide range of programs and opportunities for their students, including clinical observation hours of either physical or occupational therapy, a requirement for admission to the Stockton health science graduate programs; clinical rotations of third year physical therapy graduate students, and open labs for first and second year physical therapy graduate students. We do the same for Stockton University speech and language pathology students.

We also host rotations of students from the Atlantic County Institute of Technology's Certified Health Aid program, and 2016 will be our second year of hosting a program for Philadelphia University Physician's Assistant students. The Philadelphia University PA students are part of a program at AtlantiCare.

Bacharach also works closely with Atlantic County Government, especially with its Division of Intergenerational Services. Together, we have created programs at Bacharach that help seniors to remain independent and self-sufficient in their homes. Two

programs in particular, an Arthritis Pool Exercise Program and a Cardiac Rehab Phase III Exercise Program are underwritten by the county for individuals who meet certain economic guidelines, such as being enrolled in Medicaid or the PAAD program. The programs are closely monitored by the county and the state of New Jersey, as funding comes through the Older Americans Act.

We collaborate with Atlantic County in another important undertaking – a consortium of transportation providers working to improve transportation countywide and reduce waste and redundancy. As part of the Regional Coordinated Human Service Transportation Plan, Bacharach participates in all aspects of review, planning and implementation of a coordinated approach to addressing transportation gaps in Atlantic County. We have been part of the consortium for at least ten years and have been the recipient of 5310 vehicle grants in support of our patient transportation initiative in the years 2009, 2010, 2011, 2012 and 2014.

## Disability and Health

According to Healthy People 2020, [healthyPeople.gov](http://healthyPeople.gov), “individuals with disabilities represent 18.7% (about 56.7 million people) of the U.S. population.” According to the World Health Organization’s (WHO) model, the community often defines the abilities and health outcomes of a person with a disability. This includes both social interactions and the community environment.

The mission of Bacharach Institute for Rehabilitation is to serve toward a disabled population, whether individuals are temporarily or permanently disabled. We take great interest in ensuring that we serve these individuals to our best ability when they are patients, and prepare them to the best of our ability for life after discharge from our care.



People with disabilities are often not included in health data collection. Without data on people with disabilities it is not possible to reduce health disparities.

According to Healthy People 2020, “Emerging data indicate that individuals with disabilities as a group, experience health disparities in routine public health arenas such as health behaviors, clinical preventive services, and chronic conditions.” Persons with disabilities will have more trouble attending school, more difficulty finding a job, more difficulty traveling to a job, are more likely to engage in unhealthy behaviors and less likely to seek routine health care such as teeth cleaning and well visits.

# COMMUNITY FEEDBACK

A survey to participants on our email list was conducted in July, 2016 to measure the prevalence of disability in the community and of the perceived barriers to care for such individuals

**Q1. Have you ever been a patient at Bacharach Institute for Rehabilitation?**



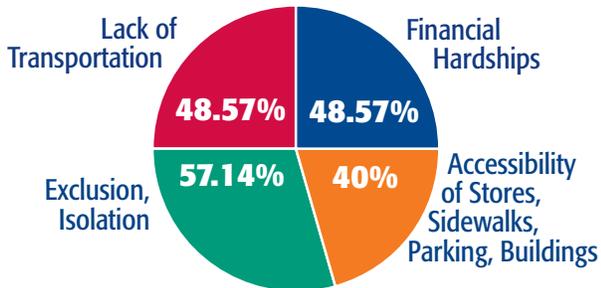
**Q2. Do you have a disability?**



**Q3. Does someone in your family have a disability?**



**Q4. What are the biggest challenges that persons with a disability must face? Choose 2.**



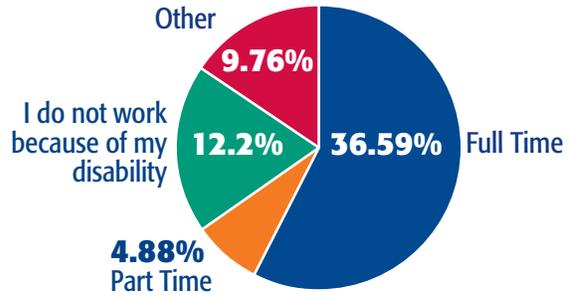
**Q5. What is your age?**



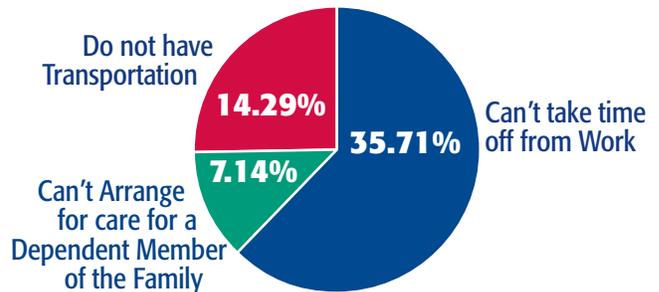
**Q6. Do you live in Atlantic County?**



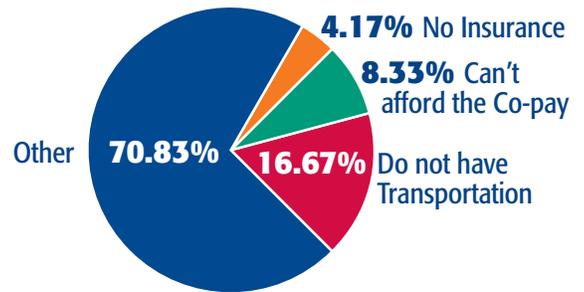
**Q7. Do you work?**



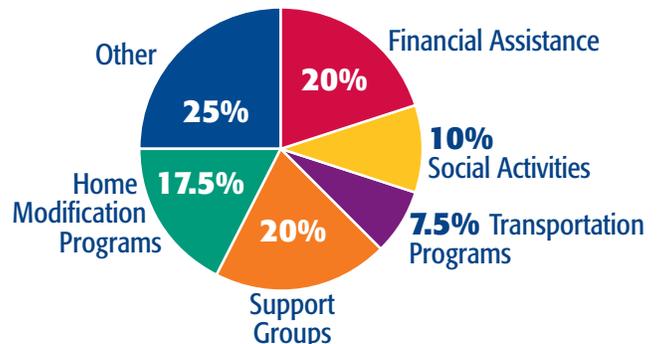
**Q8. What makes it difficult to get to a healthcare appointment?**



**Q9. What keeps you from making health care appointments?**



**Q10. What kinds of support for persons with disabilities should there be in our community?**



# BACHARACH PATIENT FOCUS GROUPS

One of the resources we used to gather community-based information about barriers to healthcare and wellness was a focus group.

Bacharach patients were invited to participate in a confidential focus group, led by Maria Ramundo, Ph.D., a staff psychologist. None of the members of the focus group were patients of Dr. Ramundo.

Participants were told that we would pose a series of questions about access to community programs and services and help in living independently and that we would tape record and transcribe their remarks, but that they would remain anonymous.

The focus group was comprised of 8 present or former Bacharach patients. All were residents of Atlantic County. All were white and all were over age 50. Seven were over age 65. Three were male and five were female.

The transcript of the focus group was analyzed to identify common themes regarding healthcare barriers in general and rehabilitation barriers in particular.

## FOCUS GROUP QUESTIONS

*What would you say are your current rehab goals?*

Are you looking to re-enter the workforce, change careers, regain a particular function or capability, or something else?

*We would like to hear about the ways that your inpatient stay was useful and helped you to reach your rehab goals?* In what way did the inpatient program prepare you to live independently in the community?

*Imagine that you are on a committee redesigning the process of transitioning from inpatient rehab to a community setting.* You and your committee can restructure any part of the transition process that you wish.

What will you and the committee be sure keep in your newly designed transition program? What are the ways that were most effective and useful in helping you to transition?

*How is the community accessible and accommodating to people with physical challenges?*

What sort of barriers exist in the community that make it difficult to live independently? Are the barriers all physical? Are there other barriers in the community that might be less obvious?

*Are there programs and services available to help people with physical challenges, such as special transportation, easy ways to modify your home, support services and programs provided by the county or other agencies?* What services are most common in Atlantic County? What services are hardest to come by?



*What services should be available in the community to improve life for people with physical challenges?*

Think about transportation services, healthcare availability, support groups, social activities, financial assistance, job training, vocational rehab, programs to return to school

*Bacharach's staff works very hard to help each patient regain the maximum functional potential possible in the amount of time that available.*

What have you learned after your rehabilitation stay that you wish you had known before your stay was over? What best prepared you for life in the community? What should every patient know about accessing resources and services in the community?

# PATIENT FOCUS GROUPS - COMMON THEMES

*There were five common themes emerging from the responses.*

## **Rehab Goals**

Respondents almost universally wished to return to their level of independence and activity prior to the event that precipitated rehabilitation

## **Skill Levels of Clinicians**

Respondents found the level of skill displayed by therapists and clinical staff to be impressive and unexpected

## **Insurance Barriers**

It was commonly agreed that insurance providers placed barriers on patient preference as to the care setting

## **Resources**

Respondents expressed frustration that they did not know how to access existing resources in the county and in the community

## **Financial Barriers**

The cost of care, and the cost of services and products needed after rehabilitation were a source of concern

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## REHAB GOALS



In nearly every case, the rehab goal was to return to the lifestyle enjoyed before the event that led to a rehabilitation stay

*“Just be able to do my regular activities”*

*“We just want to get back to life the way it was.”*

*“Get back home and be independent.”*

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## SKILL LEVEL OF CLINICIAN



Respondents who were unfamiliar with medical rehabilitation expressed surprise at the intensity and complexity of their therapy. Often the appreciation for the education and skill of the clinicians is

accompanied by statements of gratitude as well as a hope for compassion on the part of those who are more fortunate.

*“They make you want to do more because they are there to support you.”*

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## RESOURCES



The lack of resources, or more accurately the lack of knowledge about how to access resources was a common concern. It was coupled with a lack of knowledge about which resources are available, and with the realization

that “you often don’t know what you need until you need it.” The resources identified ran the gamut from transportation to meals, to home health aides to home modification products and services. They included advocacy resources, financial resources, support organizations, church organizations as well as healthcare organizations.

*“Most of us don’t know what we need until we are in the situation. The hospital or facility should be able to help us like if you need the number for bus service.”*

## ADVOCACY



The respondents were looking for guidance and counseling as part of the transition to independent living. Time and again they indicated that they were not knowledgeable about community resources, nor did they know

how to access resources.

*“The logistics! If you’re on a fixed income and you need a ramp to get into your home somebody’s got to do all this. There have to be resources for somebody who doesn’t have anything.”*

*“Since I have been injured I am really interested in seeing something done for people who have no one at home.”*

*“Probably most of us have not had this level of disability before, being new to us we don’t know how to reach out unless Bacharach or my church would have the information so the more communication between my community and the healthcare facilities in our area the better.”*

## INSURANCE BARRIERS



Insurance was widely viewed as the reason behind problems such as: not qualifying for the facility of choice, being sent home too soon, being denied access to inpatient services, and not qualifying for medical equipment.

*“This (Bacharach) was my first choice but because of my classification of need, I couldn’t come here. Where I went wasn’t real good, but it wasn’t terrible.”*

*“Sometimes when they push you out too soon, you don’t get enough (care).”*

*Barriers to accessing community resources ranked MOST important to LEAST important*

- Insurance barriers
- Don’t know how to find resources
- Don’t know what services are available
- Don’t know how to get help, who to call
- Accessibility in the community
- Lack of transportation
- Financial barriers
- Language barriers
- Some people do not have a doctor
- People are not compassionate

### *Other Barriers*

Language barriers, fear of disobeying the physician, waiting lists and transportation were also mentioned as barriers to resources in the community.

# METHODOLOGY

The Community Health Needs Assessment was conducted using data from federal, state and county agencies; conducting an online survey sent to our mailing list, and meeting with a CHNA committee which included community stakeholders.

The Atlantic County Division of Public Health and the City of Atlantic City Health Department developed a four-page survey tool with the goal of learning about Atlantic County residents' perception of the barriers to access to healthcare, and barriers to habits of a healthy lifestyle within Atlantic County.

A detailed summary of the report includes a section on Barriers and Interventions.

## Data Sources

2015 County Health Rankings and Roadmap, Robert Wood Johnson Foundation

Atlantic County Community Health Improvement Plan 2014-2018

New Jersey Foundation Aging, 2014 New Jersey Elder Economic Security Index

United States Census Bureau, Census.gov

Healthy People 2020, U.S. Department of Health and Human Services

Atlantic County Division of Public Health 2015 Youth Risk Behavior Survey, Hollaran Consulting

American Community Survey Summary Atlantic County, 2010-2014

South Jersey FY 2015 Regional Coordination Human Services Transportation Plan, LSC Transportation Consultants

Shore Medical Center Community Health Needs Assessment, 2013

U.S. Bureau of Labor Statistics

U. S. Census Bureau, American Fact Finder: Selected Social Characteristics in the US