



A Picture of Health

2013 Community Health Needs Assessment

Atlantic County, New Jersey

AtlantiCare

Bacharach
INSTITUTE FOR REHABILITATION



ATLANTICARE VISION

AtlantiCare builds healthy communities.

ATLANTICARE MISSION

We deliver health and healing to all people through trusting relationships.

HOSPITAL LOCATIONS:

Atlantic City, New Jersey
Pomona, New Jersey



INSTITUTE FOR REHABILITATION

BACHARACH VISION

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

BACHARACH MISSION

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

HOSPITAL LOCATION:

Pomona, New Jersey

■ A PICTURE OF HEALTH

As leading healthcare providers in southeastern New Jersey, AtlantiCare and its partner, Bacharach Institute for Rehabilitation, are committed to delivering high-quality care and an outstanding patient experience to the thousands of individuals and families we serve every year. But, in addition to helping people get well, we also have another essential role in meeting the healthcare needs of our community: helping people stay well.

For this reason, our vision, mission and services are focused on delivering the elements necessary to achieve, maintain or return each member of the community to optimal health. Through the promotion of safe, equitable and quality healthcare — as well as healthy lifestyle behaviors — AtlantiCare and Bacharach proudly strive to enrich and improve people's well-being.

From the bustling city streets of the casino district to the sandy Pine Barrens, quaint coastal towns and rural farmlands, the communities we serve are as diverse as the people who reside in them. We also see great diversity in the healthcare needs of these growing regions, whether we are serving families with young children, active adults in the prime of life, or older residents who may be facing age-related issues or living with chronic diseases.

To better understand the highest-priority health concerns and areas of unmet needs among these different populations, AtlantiCare and Bacharach engaged in a comprehensive Community Health Needs Assessment for Atlantic County, New Jersey, in 2012.

In addition to health status, our primary and secondary research looked at a number of factors that are believed to influence health and personal lifestyle behaviors; for example, we explored the use of medical and physician services, barriers to and facilitators of healthcare, and socioeconomic variables, to name a few.

The results of our assessment, which are presented in this report, will assist us in our ongoing efforts to improve the health of adults and children residing throughout our service area by allowing us to:

- respond to identified needs and gaps in service through the development of evidence-based public health and clinical interventions;
- allocate health and wellness resources for maximum intervention and service efficacy and impact;
- determine appropriate and realistic targets to improve the health of our collective community; and
- form partnerships to strategically address the healthcare challenges for maximum impact.



■ METHODOLOGY

This Community Health Needs Assessment was conducted following a disciplined approach to collecting, analyzing and using local data to identify local barriers to the health and well-being of residents in Atlantic County, New Jersey. This data allows for the identification of community concerns, leads to the development of targeted action plans, and suggests the placement and application of necessary resources to ensure the maximum effectiveness in addressing the identified concerns.

Due to the complexity of our community's concerns, the diversity in its cultures and each culture's respective nuances, resident feedback can no longer be the only source used to determine healthcare needs and priorities, nor can resident feedback be the sole source to gauge whether improvement in health has occurred around a specific issue. For this assessment, data determined the development of our community's health needs in a priority order. This listing then was shared with community leaders, both those working within and outside the discipline of health, and with groups of community members to validate our findings and better understand key causes of community concerns. In addition, this feedback was used to determine the necessities for inclusion when developing targeted interventions.

The following steps were implemented to conduct the 2013 Atlantic County Community Health Needs Assessment:

Step 1: Partner Identification

Due to federal guidelines that call for all non-profit hospitals to conduct a community health needs assessment, and recognizing that multiple organizations serving the same community will need to complete the report, a partnership was formed between two of the three hospitals in Atlantic County to complete this assessment.

AtlantiCare Regional Medical Center and Bacharach Institute for Rehabilitation joined forces to identify and respond to community concerns. This partnership not only reduces duplicative efforts and unnecessary costs, but also ensures the allocation of limited resources to the identified concerns. In addition to Bacharach Institute for Rehabilitation, partners such as the Atlantic County Department of Public Health and United Way were consulted for direction and also to determine previously collected data as an additional effort to reduce duplicative efforts.

Step 2: Data Collection & Analysis

Data for this report was pulled together by AtlantiCare Regional Medical Center's Data Analytics team. To this team's knowledge, no known data gaps impact the ability of this report to reflect the community's needs. This team collected data from a variety of federal, state and local agencies and sources which include, but are not limited to:*

- 2012 County Health Rankings
- Healthy People 2020
- 2011 The Center for Disease Control's Behavioral Risk Factor Surveillance Survey Results for Atlantic County
- 2011 The Atlantic County Youth Risk Behavioral Survey
- 2010 United Way's Atlantic County Community Needs Assessment

**Please see the appendix for a full bibliography.*

Data then was trended and analyzed to determine data-driven community priorities and concerns. Concerns were identified based on available data according to the prevalence of the concern, the significance of the concern and the ability of the community to intervene effectively.

Step 3: Capturing Community Feedback

Following the collection of data, four community-based focused groups were conducted in the fall of 2012. The focus groups were conducted by a third party so that the integrity of the information captured was not compromised or influenced. Special attention was provided to ensure that the voices of low-income, medically underserved and minority populations were captured.

The third party worked with representatives from both AtlantiCare and Bacharach to determine the discussion guide to be consistently used in all groups. During the focus groups, participants were presented with community priorities and concerns. Focus group participants provided additional insight into the perceived barriers and facilitators of health.

In addition to the focus groups, community priorities also were shared with various community service agencies and community leaders within Atlantic County to further engage in dialogue from all perspectives around perceived barriers and facilitators. Community agencies and leaders engaged included:

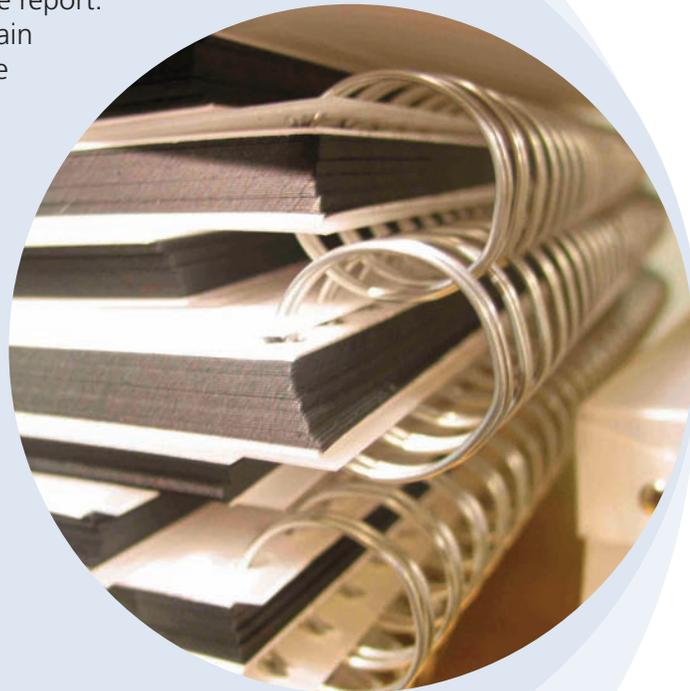
- Family Services Association
- United Way of Atlantic County
- The Atlantic County Department of Public Health
- The Atlantic City Health Department
- Southern Jersey Family Medicine (Federally Qualified Health Center)
- The City of Atlantic City
- The City of Pleasantville
- Atlantic City Housing Authority
- Pleasantville Housing Authority

Step 4: Communication of Results

This document is a summary of the findings that are reflected in the report. It is available for public use. Both AtlantiCare and Bacharach maintain hard copies of the report. An electronic version of the report can be found on both organizations' websites.

Step 5: Taking Action

The goal of this needs assessment is to identify community concerns so that appropriate, effective and collaborative responses can be determined. Both parties leading this report will take the findings back and coordinate with the proper community partners to determine impactful actions.



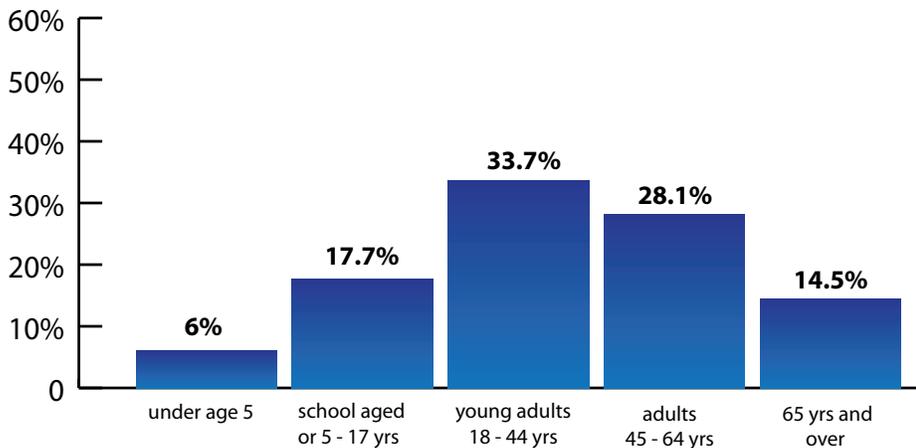
COMMUNITY DESCRIPTION

Population Demographics

Atlantic County is one of 21 counties in New Jersey. It is located in the southeastern corridor of the state. In 2011, an estimated 274,338 individuals resided in Atlantic County. The compound annual growth rate for the years 2000-2011 is 1.1 percent. This number is expected to decrease to 0.7 percent between the years 2011-2016. This rate is behind the 0.899 percent projected population growth nationwide.

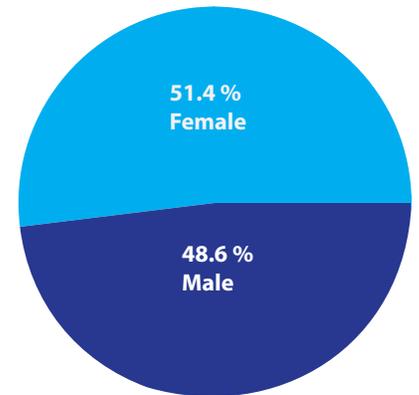
AGE

Of the individuals who reside in Atlantic County



GENDER

Of the individuals who reside in Atlantic County



Age and Gender:

Of the individuals who reside in Atlantic County:

- 6 percent are under age 5
- 17.7 percent are school aged or between 5 and 17 years of age
- 33.7 percent are considered young adults between the ages of 18 and 44
- 28.1 percent are between the ages of 45 and 64 years of age
- 14.5 percent of the population is 65 years of age or older
- 51.4 percent of the population is female
- 48.6 percent of the population is male

Household Income and Socioeconomic Information

In 2010 there were 126,647 total housing units and 101,645 total households in Atlantic County. The county's home ownership rate is 70.7 percent, slightly higher than that of the state at 66.9 percent. Multi-unit structures account for 31.8 percent of the county's households. The median home value in Atlantic County is \$264,400. This number is well under New Jersey's median home value of \$357,000. On average, 2.55 persons reside in each household.

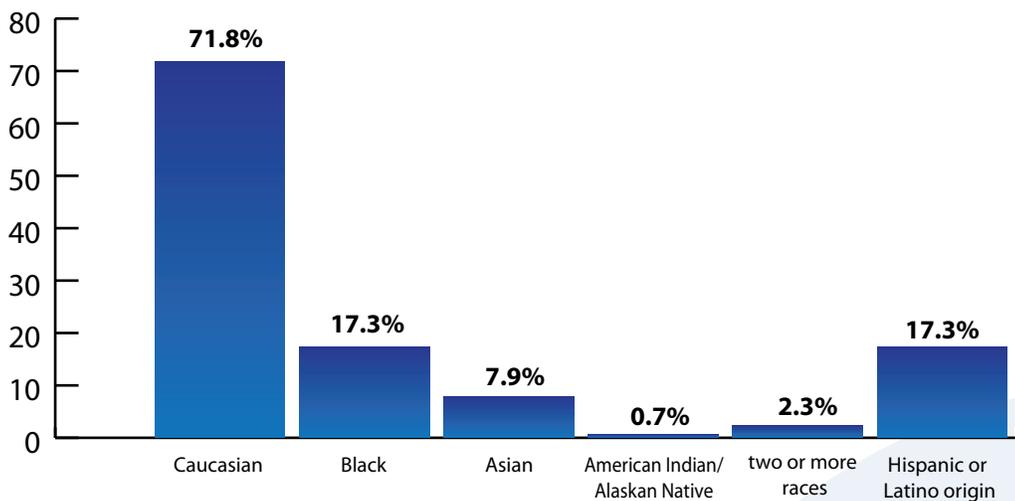
The median household income is \$54,766 in Atlantic County. This is under the median household income for the state of New Jersey at \$69,811. The per capita personal income is \$27,247, under New Jersey's per capita average of \$34,858. Almost 12 percent of residents live at or below the poverty level. This percentage is higher than the New Jersey rate of 9.1 percent, but less than that of the United States at 15.1 percent. Included in this statistic are the 20 percent of children who live in poverty within the county. This statistic ranks Atlantic County 16th of 21 counties in terms of the number of children living in poverty.

In 2010, 7 percent of the Atlantic County population self-reported as unemployed. In addition:

- 4 percent of the population had been unemployed for over a year
- 6 percent of the population was unable to work
- 49 percent of the population was employed for wages
- 27 percent of the population indicated that they were retired

In the third quarter of 2011, the number of persons indicating they were unemployed jumped to 12 percent, exceeding the state average of 9 percent. This increase can be attributed to the weak economy and volatility in the hospitality industry, the region's main source of employment.

Ethnicity, Race and Language



- 71.8 percent of the Atlantic County population is white
- 17.3 percent of the population is black — higher than the New Jersey average of 14.6 percent
- 7.9 percent of the population is Asian
- 0.7 percent is American Indian/Alaskan Native
- 2.3 percent of the population report two or more races
- 17.3 percent of persons report a Hispanic or Latino origin

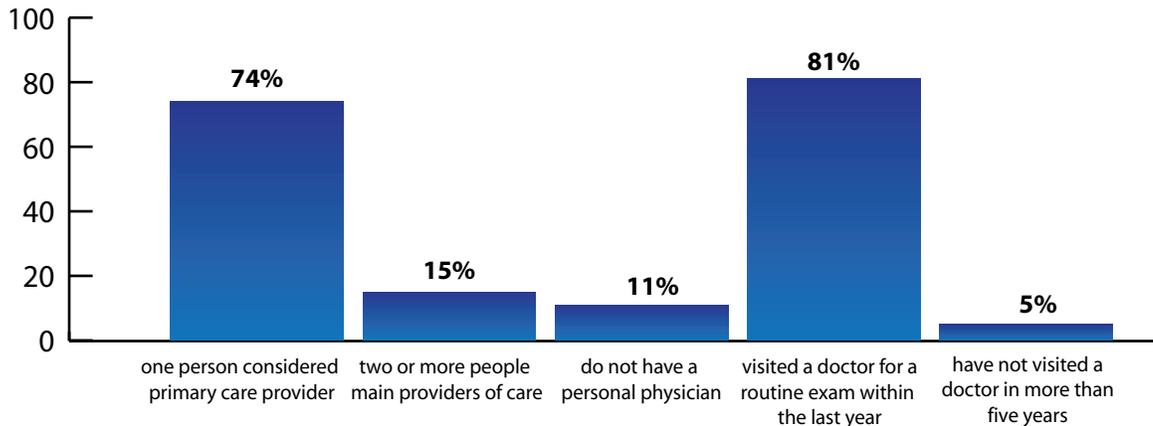
In Atlantic County, 15.4 percent of individuals are foreign born, and 23.7 percent of households speak a language other than English at home. The most common languages other than English are Spanish, Bengali, Vietnamese, Haitian Creole, Cantonese, Mandarin and Gujarati.

FINDINGS

Access to Care and Health Status

Primary Care Provider and Utilization

It is recommended for optimal and continuous medical care, a person should seek advice from their usual primary care provider. Healthy People 2020 calls for 83.9 percent of the population to have an identified primary care provider. Here is how Atlantic County compares:



- 74 percent of the population indicated they had one person they considered their primary care provider
- 15 percent of the population reported that they considered two or more people as their main providers of care
- 11 percent of residents said that they did not have a personal physician
- 81 percent of the population reported visiting a doctor for a routine exam within the last year
- 5 percent of the population said that they hadn't visited a doctor in more than five years

Health Insurance

In 2010, 91 percent of the population indicated having health insurance coverage. This percentage was slightly above the New Jersey average of 89 percent. This number dropped in the third quarter of 2011 to 78 percent. The Healthy People 2020 goal for health insurance coverage is 100 percent of the population. This goal is attributed to the individual mandate that will go into effect in 2014 as a part of the Affordable Care Act.

Health Status and Productive Days

According to 2010 data:

- 48 percent of Atlantic County residents reported their health status to be excellent or very good. This is lower than the overall New Jersey rating of 57 percent
- 21 percent indicated a fair or poor health status, which is higher than the state at 15 percent and the country at 17.1 percent

Poor physical health impeded the productivity of 27 percent of the county population for three or more days in a 30-day period. Poor mental health hindered the productivity of 18 percent of the population for the same number of days. The average number of unhealthy days in 2009 was 6.2 days per 30-day period. This figure was slightly greater than the median for all United States counties at 6.0.

Average Life Expectancy and Leading Causes of Death

The average life expectancy for Atlantic County is 75.5 years of age. This number is one year under the nationwide average. Atlantic County ranks 18th among New Jersey's 21 counties for premature death, with 8,188 years of potential life lost before the age of 75. This number is well above the average for the state of 5,987 and the national benchmark of 5,466.

The all causes of death rate for Atlantic County at 981.1 deaths per 100,000 persons is notably higher than the median national rate of 898.6.

The leading causes of death for adults in Atlantic County are:

Death Measure	Atlantic County Rate	U.S. Rate	Healthy People 2020 Target
Coronary heart disease	204.0	154.0	100.8
Lung cancer	69.3	52.6	45.5
Stroke	43.1	47.0	33.8
Breast cancer (female)	32.5	24.1	20.6
Unintentional injury	30.1	39.1	36.0
Motor vehicle injuries	18.9	14.6	12.4
Colon cancer	18.3	17.5	14.5
Homicide	6.2	6.1	5.5

Delayed Care

In 2010, 12 percent of Atlantic County residents delayed care because of cost concerns, even though they felt they needed it. This number jumped to 22 percent in the third quarter of 2011.

Hospital and Physician Supply

Atlantic County is home to two hospitals: AtlantiCare Regional Medical Center, which has two campuses located in Pomona and Atlantic City, and Shore Memorial Medical Center, which is located in Somers Point. In addition, Atlantic County is home to Bacharach Institute for Rehabilitation located in Pomona, which is the county's only rehabilitation hospital.

The ratio of the population to primary care physicians is 1,109:1. This ratio is far worse than that of the state at 808:1 and the national benchmark at 631:1.

Preventive Care

Research has demonstrated that participation in preventive screenings and medicine is an effective tool for maintaining good health. While participation remains under the Healthy People 2020 goals, participation rates have risen steadily.

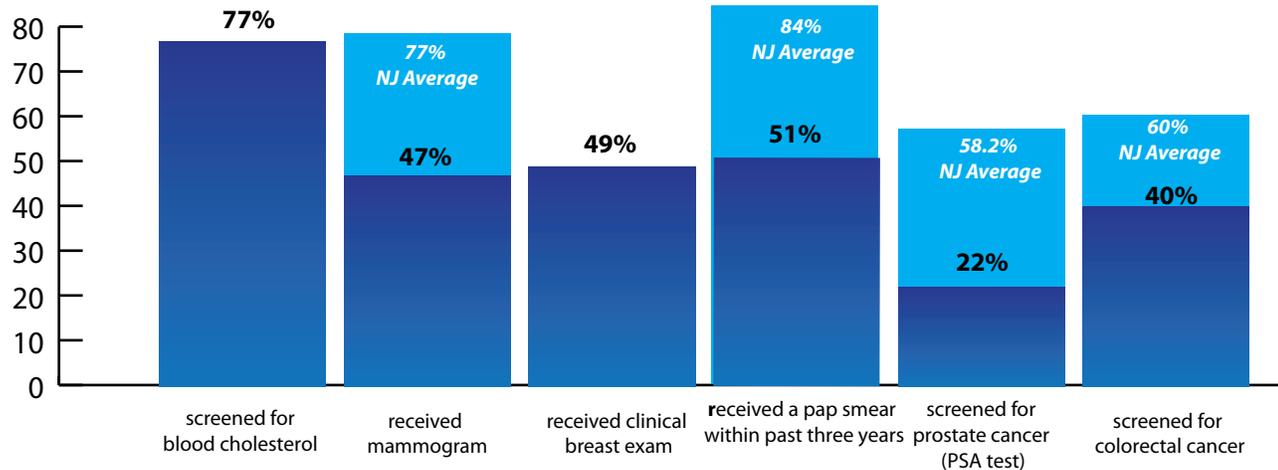


Flu Shot and Other Vaccinations

Forty-two percent of the population received a flu shot in 2010. The Healthy People 2020 goal for this is 80 percent of the general population. In addition, 28 percent of the population received a pneumonia vaccination in 2010.

Screenings: Blood Cholesterol, Mammography, Pap Smear, PSA, Colorectal Cancer

According to data collected and analyzed for this report:



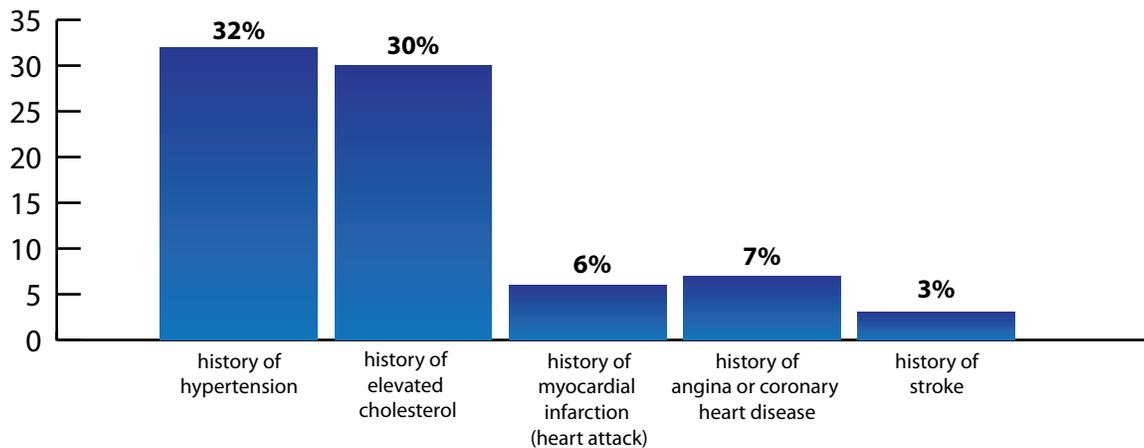
- 77 percent of the population reported having their blood cholesterol screened
- 47 percent of age-appropriate women received a mammogram, less than the New Jersey average of 77 percent of age-eligible women and the Healthy People 2020 target of 81 percent of the population
- 49 percent received a clinical breast exam
- 51 percent received a pap smear within the past three years, below the state average of 84 percent
- 22 percent of Atlantic County men have been screened for prostate cancer (PSA test), well below the New Jersey average of 58.2 percent for men 40 years and older
- 40 percent of Atlantic County residents had a colonoscopy or sigmoidoscopy to screen for colorectal cancer, below the state average of 60 percent of age-appropriate individuals

Chronic Diseases

Chronic diseases, such as heart disease and diabetes, are the leading causes of death and disability in the United States. Twenty-five percent of people living with a chronic disease suffer from some type of major limitation in daily living and experience diminished quality of life. Although they are the most common and costly health problems, chronic diseases are also the most preventable. Lifestyle factors, such as smoking, diet, and activity, can impact chronic disease risk.

Cardiovascular

With respect to cardiovascular health, the following percentages of Atlantic County residents reported having the related cardiovascular conditions:



- 32 percent of the population reported having hypertension (elevated blood pressure), and 25 percent of the population currently takes medication for hypertension
- 30 percent reported having elevated cholesterol
- 6 percent of the population indicated they have had a myocardial infarction (heart attack)
- 7 percent reported having angina or coronary heart disease
- 3 percent said they have had a stroke

Cancer

Six percent of Atlantic County residents reported having received a cancer diagnosis other than skin cancer. Another 6 percent reported having been diagnosed with skin cancer.

Four cancer sites represent 52.6 percent of all new cancer cases in the county, and 50.5 percent of all new cancer deaths. These cancer sites include:

Cancer Type	Cases	Deaths
Lung and bronchus	15.5%	29.7%
Prostate	14.1%	3.8%
Breast	12.9%	8.0%
Colorectal	10.1%	8.9%

Atlantic County ranks second in all cancer-related deaths out of the 21 counties in New Jersey. It is ranked first in deaths related to bladder, pancreatic and oral/pharynx cancers. It is ranked third in the state for the number of deaths related to lung/bronchus and breast cancer.

Diabetes

- 9 percent of Atlantic County residents reported being diagnosed with diabetes
- 1.5 percent reported being told that they were pre-diabetic
- Another 0.6 percent indicated that they had diabetes during pregnancy

Chronic Obstructive Pulmonary Disease (COPD)

- 7 percent of Atlantic County residents reported having chronic obstructive pulmonary disease (COPD)

Asthma

Of the survey respondents, 11 percent indicated that they had been given a diagnosis of asthma, which is slightly under the New Jersey average of 13 percent. Of those diagnosed, 7 percent reported that they still have asthma.

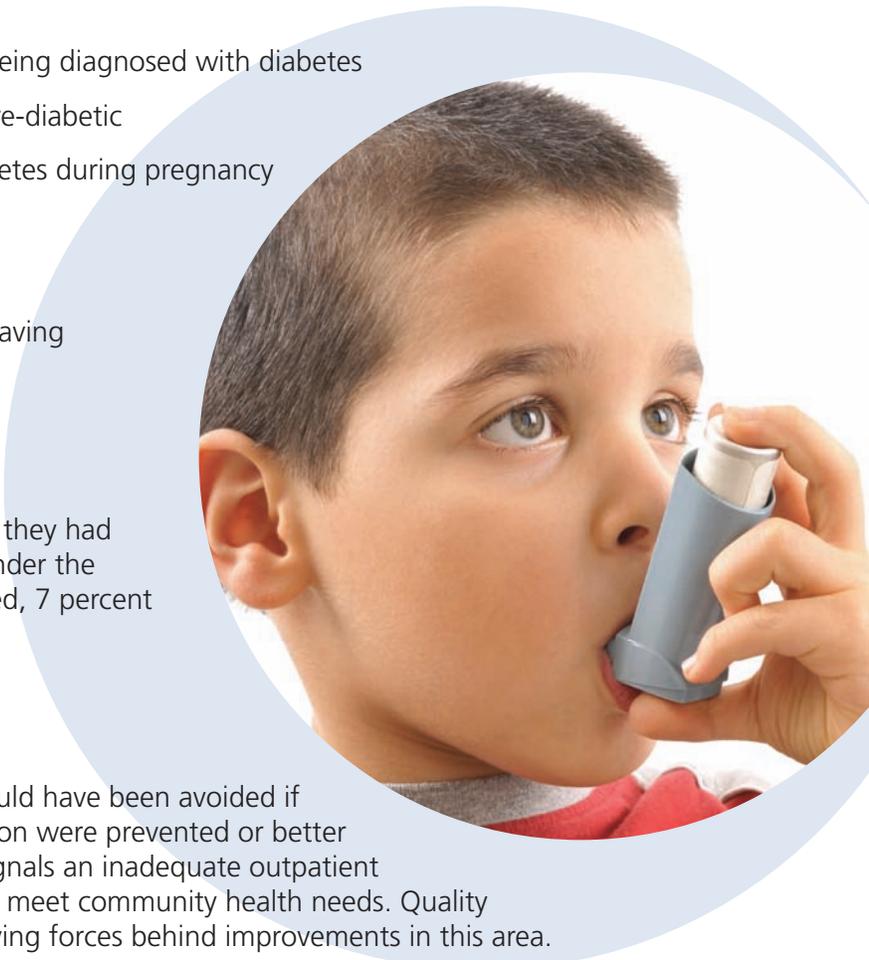
Avoidable Admissions

Avoidable admissions are hospital admissions that could have been avoided if the acute and chronic conditions causing the admission were prevented or better managed. A high number of avoidable admissions signals an inadequate outpatient treatment and disease-management infrastructure to meet community health needs. Quality measures outlined in the Affordable Care Act are driving forces behind improvements in this area.

With 76 preventable hospital stays in total for ambulatory-care-sensitive conditions per 1,000 Medicare enrollees, Atlantic County admission rates are higher than statewide rates and significantly worse than top-decile levels for preventable admissions (PQI, 2010) for diabetes, asthma, COPD and congestive heart failure (CHF), as shown in the following graph, which outlines admissions per 10,000:

	Uncontrolled Diabetes	CHF	Asthma	COPD
Top Decile	2.86	9.91	44.94	14.36
Atlantic County	12.05	28.11	164.91	34.56
Total New Jersey	8.33	24.24	118.64	24.19

For purposes of this report, four chronic conditions were analyzed to identify specific communities that demonstrate high rates of avoidable admissions. This data is for all admissions coming from Atlantic County into any New Jersey hospital.



Chronic Obstructive Pulmonary Disease (COPD)

In 2010, the rate of admissions per 10,000 people was highest in the following large communities (population 5,000 +):

Town	Rate
Atlantic City	64.93
Somers Point	45.12
Pleasantville	36.76
Galloway	35.35
Egg Harbor City	34.82

The rate of admissions per 10,000 people was highest in the following small communities (population <5,000):

Town	Rate
Minotola	64.22
Buena	50.0
Port Republic	38.17

Uncontrolled Diabetes

In 2010, the rate of admissions per 10,000 people was highest in the following large communities (population 5,000 +):

Town	Rate
Pleasantville	35.22
Atlantic City	21.30
Absecon	17.67
Somers Point	16.92
Margate	11.71

The rate of admissions per 10,000 people was highest in the following small communities (population <5,000):

Town	Rate
Newtonville	103.36
Richland	28.57
Minotola	18.35

Congestive Heart Failure (CHF)

In 2010, the rate of admissions per 10,000 people was highest in the following large communities (population 5,000 +):

Town	Rate
Atlantic City	47.01
Pleasantville	45.95
Hammonton	35.89
Northfield	30.93
Mays Landing	26.59

The rate of admissions per 10,000 people was highest in the following small communities (population <5,000):

Town	Rate
Buena	100.0
Minotola	91.74
Richland	57.14

Asthma

In 2010, the rate of admissions per 10,000 people was highest in the following large communities (population 5,000 +):

Town	Rate
Pleasantville	350.72
Atlantic City	292.52
Hammonton	198.95
Egg Harbor City	164.96
Absecon	154.02

The rate of admissions per 10,000 people was highest in the following small communities (population <5,000):

Town	Rate
Buena	642.86
Minotola	403.67
Newtonville	206.72

Women's and Children's Health

Pregnancy and Birth Statistics

Atlantic County is ranked 20th of 21 counties for the percentage of women who receive early prenatal care. Only 65 percent of pregnant women in Atlantic County access care early in their pregnancy compared to the 76 percent of pregnant women in New Jersey. The Healthy People 2020 target for this is 77.9 percent of women seeking care within the first trimester.

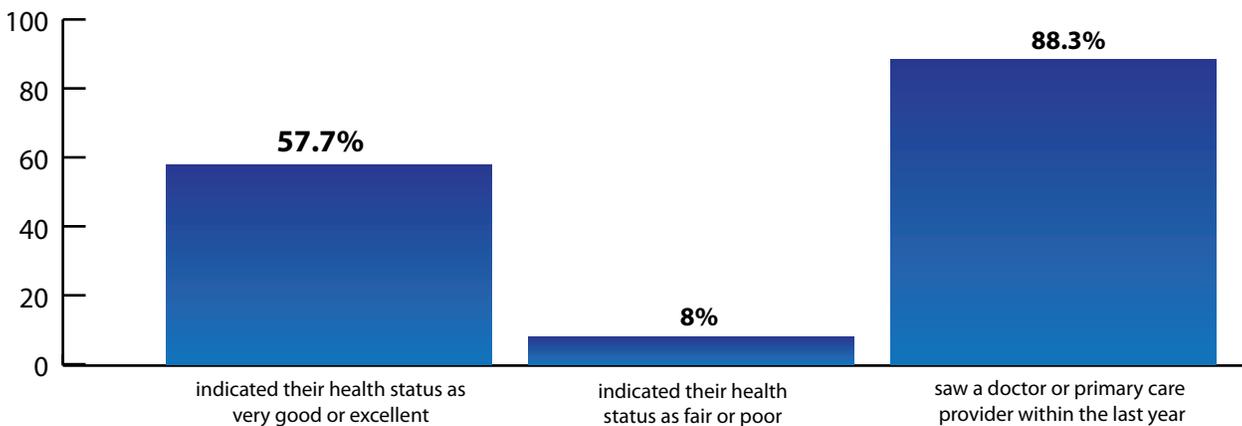
In addition:

- 9 percent of all county births were among girls between 10 and 19 years of age, slightly higher than the state rate of 6 percent
- Atlantic County ranked 16th among all 21 counties for its rate of teenage pregnancies
- 8.7 percent of all live births in Atlantic County had a low birth weight, higher than both the New Jersey state average of 8.3 percent and the national benchmark of 6 percent
- Atlantic County ranked 17th in the state for infant mortality, with 0.7 percent of all live births resulting in death. This ranking is higher than both the New Jersey average for infant deaths of 0.5 percent and the Healthy People 2020 target of 0.6 percent



Children's Health

Regarding general health for Atlantic County students:



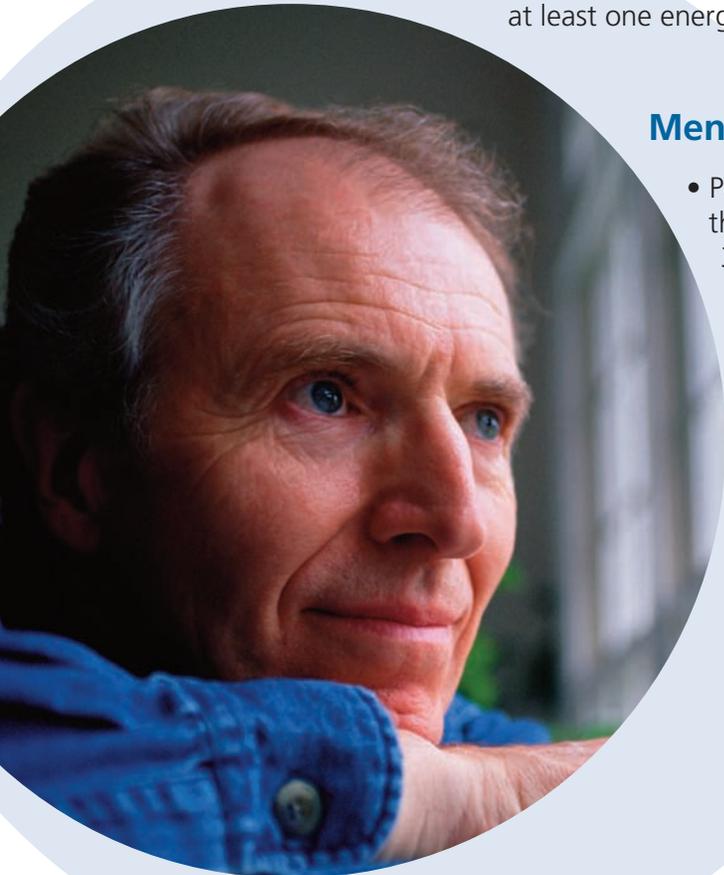
- 57.7 percent of Atlantic County students indicated their health status as very good or excellent
- 8 percent of students indicated a health status which was fair or poor
- 88.3 percent of students saw a doctor or primary care provider within the last year

In addition, children and adolescents are not unlike their adult counterparts in their health behaviors. According to the 2010 Atlantic County Youth Risk Behavior Surveillance System:

- Only 34.8 percent of Atlantic County high school students reported 60 minutes of activity five or more days per week
- 24 percent of students reported not doing any type of physical activity during a seven-day period
- 35.7 percent of Atlantic County high school students reported three or more hours of screen time (time spent inactively before a TV or computer); of this number, 11.2 percent reported more than five hours of screen time
- 23.9 percent of Atlantic County high school males reported being considered overweight or obese
- 29.5 percent of Atlantic County high school females reported being overweight or obese
- 14.1 percent of Atlantic County high school students reported not eating any fruits in a seven-day period
- Only 29.2 percent of Atlantic County high school students reported eating at least one or more pieces of fruit a day
- Only 9.3 percent reported consuming three or more glasses of milk per day
- 17.1 percent of Atlantic County high school students reported drinking one or more servings of soda per day
- Of special note, 27.1 percent of Atlantic County high school students have been given a diagnosis of asthma, significantly above the national percentage of 20.3 percent

In addition, new and emerging behavioral themes among adolescents are:

- Dating Violence — 12.7 percent of Atlantic County high school students reported being hit, slapped or physically hurt by their boyfriend or girlfriend during the past 12 months
- Energy Drinks — 20 percent of Atlantic County high school students reported drinking at least one energy drink in a seven-day period

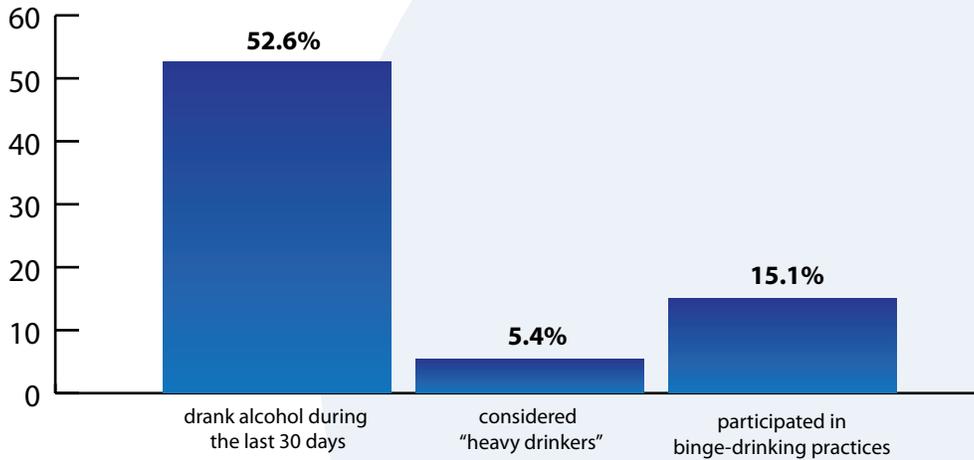


Mental Health

- Poor Mental health impeded the productivity of 18 percent of the Atlantic County population for three or more days in a 30-day period
- 3 percent of the population experienced three or more days during a given two-week period where they experienced little interest or pleasure in doing things
- 2 percent reported three or more days of feeling depressed, down or hopeless for the same time period
- 14 percent of our population reported being diagnosed with a depressive disorder

Alcohol and Tobacco Use

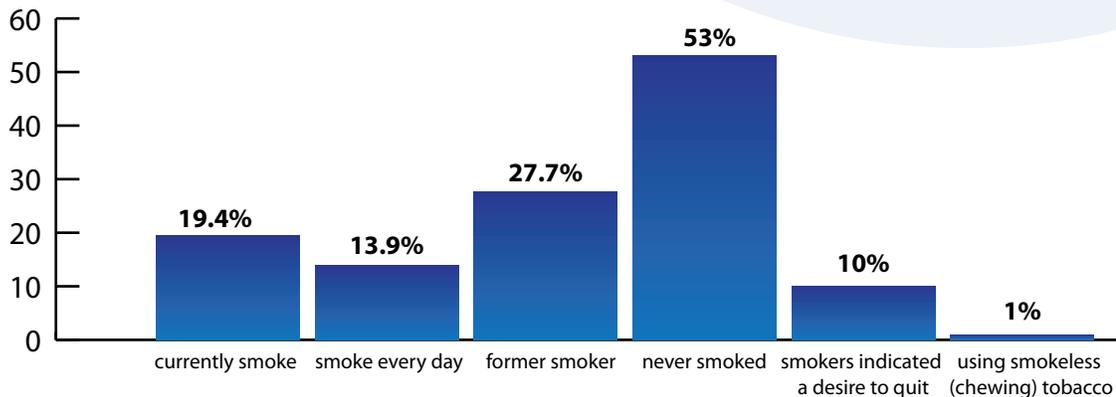
Alcohol Use



- 52.6 percent of respondents reported drinking alcohol during the last 30 days
- Of that number, 5.4 percent were considered "heavy drinkers," which is defined as a man who has two or more drinks per day or a woman who has more than one drink per day
- 15.1 percent of respondents have participated in binge-drinking practices

Tobacco Use

Smoking rates in Atlantic County are higher than the New Jersey smoking rate of 14 percent.



- 19.4 percent of residents reported that they currently smoke
- Of this number, 13.9 percent of respondents said they smoke every day and 5.5 percent smoke some days
- 27.7 percent are former smokers
- 53 percent of the population reported never smoking
- 10 percent of self-reported smokers indicated a desire to quit
- 1 percent of the population reported using smokeless (chewing) tobacco

Healthy Behaviors

Physical Activity

The 2008 Physical Activity Guidelines for Americans calls for adults to participate in at least 150 minutes of physical activity during any given week to maintain a healthy weight. In Atlantic County, 72.2 percent of community members reported participating in some sort of physical activity during a 30-day period, while 27.8 percent of the population didn't participate in any form of physical activity during the same time frame.

Contributing to this is the low number of recreational facilities compared to the population. Atlantic County has 13 recreational facilities per 100,000 residents. This number is less than the 15-per-100,000 rate of the state.

Nutrition

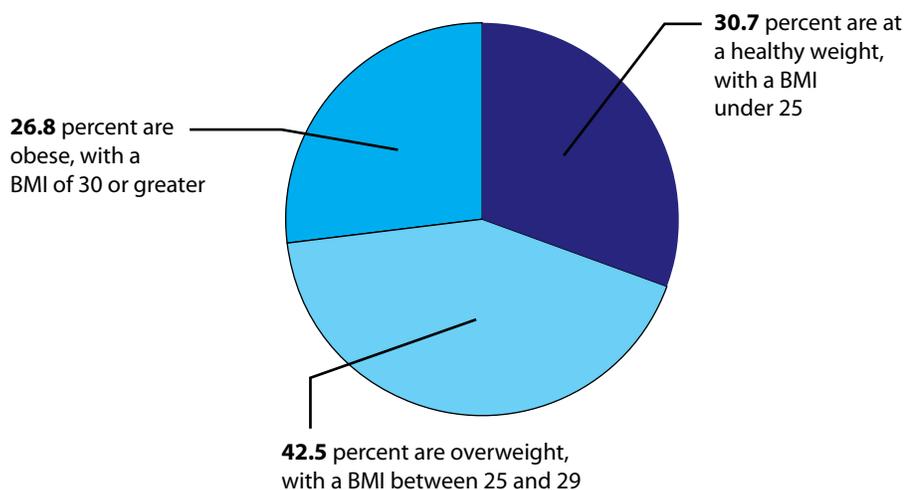
The U.S. Department of Agriculture recommends at least five servings of fruits and vegetables per day for Americans. This federal guideline promotes a diet rich in produce to help ensure that people receive the vitamins and minerals necessary to maintain wellness as well as a healthy weight.

In Atlantic County, according to our research:

- 29.1 percent of the population reported eating five or more servings of fruits and vegetables a day
- The remaining 70.9 percent of respondents did not consume the recommended amount of fruits and vegetables
- 14 percent of the population is considered low income and has limited access to healthy foods; this statistic is far worse than the New Jersey average of 4 percent or the benchmark of 0 percent of the population having limited access to nutritious foods
- 38 percent of all restaurants in Atlantic County are considered fast-food establishments

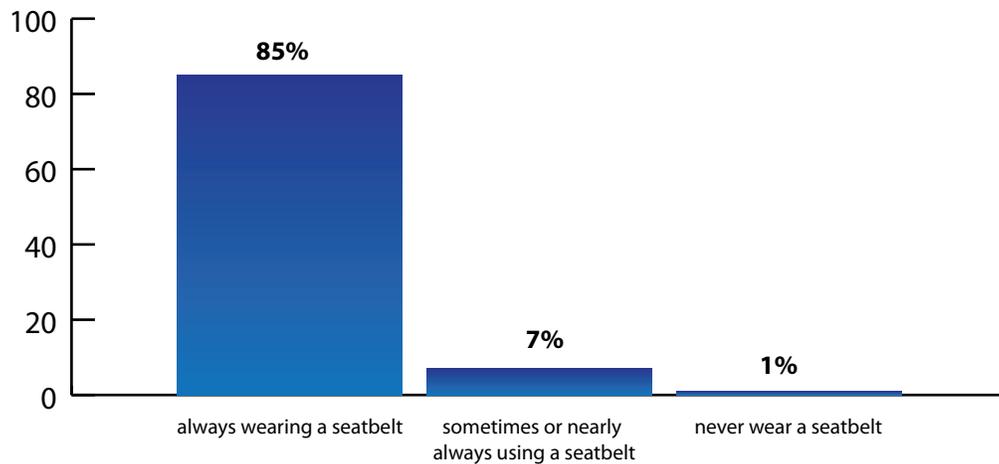


Obesity



- 30.7 percent of Atlantic County residents reported being at a healthy weight, defined as having a body mass index (BMI) under 25
- 42.5 percent of residents indicated they are overweight, BMI between 25 and 29
- 26.8 percent of the population is considered obese, BMI of 30 or greater

Seatbelt Usage



- 85 percent of Atlantic County residents reported always wearing a seatbelt to prevent automobile fatalities
- 7 percent of the population indicated sometimes or nearly always using a seatbelt
- 1 percent reported never wearing a seatbelt

■ FEEDBACK FROM COMMUNITY-BASED FOCUS GROUPS

As part of our primary research for the 2013 Community Health Needs Assessment, we held four community-based focus groups between September 30, 2012, and January 31, 2013. Thirty-three individuals — 12 males and 21 females — were recruited to take part in the focus-group research.

All of the participants, who ranged in age from 21 to 81, were receiving or had received health services from AtlantiCare or Bacharach Institute for Rehabilitation at different locations throughout Atlantic County. The overall sample was mainly white (78.8 percent), older (81 percent \geq 50 years old) and female (63.6 percent). Thus, the focus group participants were not a representative sample of the Atlantic County population in any of those characteristics.

Participants of the focus groups relied on government (e.g., Medicare, Medicaid) health insurance (42.4 percent) more than private insurance (36.4 percent). Other participants had a combination of government and private insurance, veterans' healthcare, or no insurance.

In addition to completing a confidential questionnaire to capture demographic information, participants were asked to share their primary health concerns (health priorities) for comparison to the Atlantic County data-driven list of health priorities and to share verbal feedback with the focus group facilitator. Participants were asked to discuss their perceived barriers and facilitators to accessing health and wellness services, as well as their ideas on how to improve access to and usage of those services.

Self-reported demographic and health data and transcripts of the feedback session of each focus group were analyzed to identify common areas of concern or interest among the participants. As illustrated in the information to follow, the focus groups resulted in the identification of four health and health-service-related themes. These themes were used to illustrate the meaning of the areas of interest (i.e., access to care, health engagement, health-seeking behaviors and health priorities) from the point of view of the participants.

Access to Care

Barriers

- **Affordability** — Some participants described picking and choosing treatments because they lacked sufficient funds to cover all their recommended treatments, while others routinely postponed care to avoid paying out of pocket. Other people complained of needing to pay for a visit with their primary care provider only so they could be referred to a specialist.
- **Limited access** — Some of the participants who were elderly or disabled found it difficult to take care of their own health because they could not access healthy foods, health services or recreational facilities for exercise.
- **Long wait times** — Some focus group participants complained of long waits to see their primary care provider, but the consensus was there was an excessive wait to see specialists (in some cases over six months), forcing some people to seek healthcare outside the county. Specialists who treat complex cases seemed to be the most difficult to access (e.g., endocrinologist, rheumatologist, pediatric specialties).
- **Poor doctor-patient relationship** — This theme was characterized by a series of doctor-patient problems that eroded the relationship. For example, some participants seemed to be put off by long waits in the doctor's office or policies that prevent patients from returning to the practice if they have not been seen in over a year for any reason (even loss of health insurance). Another participant complained that her doctor's office was not equipped to accommodate her mobility problems. Other issues cited as contributing to poor doctor-patient relationships included perceived poor quality of care and recommending too many tests.
- **Insufficient time with the doctor** — Several participants made the observation that doctors didn't spend enough time during office visits. Visits often entailed the doctor coming into the room for only a few minutes and then writing a prescription for the symptoms, without exploring the cause of the symptoms. Many participants complained that providers treat the symptoms, not the person as a whole.
- **Difficulty navigating the healthcare system** — Some participants stated difficulties finding specialists within their insurance network. Others with multiple insurances had difficulties getting agreement from the insurers for primary payment.

Facilitators

- **Reminders and access to wellness visits** — Several participants wished that they had access to wellness visits where they could discuss their overall health status with a healthcare professional. They also expressed a desire to receive consistent reminders to take care of their own health.
- **Patient-doctor relationship** — Few participants found that having a close relationship with their primary care provider increased their chances of getting an appointment or being able to consult via telephone.
- **Insurance covering non-traditional services** such as gym memberships incentivized patients to exercise more frequently.
- **Accessibility** — The hospital being in their own community, or physically close, made healthcare easier to obtain. Some participants found it useful to have healthcare services in non-traditional settings such as grocery stores. Having all services (e.g., doctors, labs, pharmacy) under one roof also was identified as a significant facilitator.

Recommendations from Group Participants

- Assist individuals with problems affording healthcare to get insurance if they qualify and connect them with free services in the community when they do not.
- Include a health professional (e.g., nurse, physician assistant) who can spend time with the patient after the visit with the doctor. For this approach to work, the professional should have some constancy in the team so he/she gets to know his/her patients.
- Incentivize specialists to practice in Atlantic City to facilitate greater coverage in the area.
- Improve the doctor-patient relationship.
- Increase availability of specialty doctors.
- Improve office flow so patients do not have to wait.
- Make offices handicap accessible.
- Provide services in the places where busy individuals are likely to be found, such as grocery stores, the workplace and the home.
- Teach patients and their caregivers how to cook healthy food quickly.
- Expand the use of health coaches, who seem to have a significant positive impact on the health outcomes of the patients who have access to these services from an affordability and navigability perspective.

Health-Seeking Behaviors

Barriers

- Lack of time or unable to prioritize self
- Poor doctor-patient communication
- Preventive care — Routine care visits and practices are overlooked because of age, lack of time, insufficient information as to their importance, not covered by insurance and inability to pay out of pocket.
- Denial of the need for care — Some of the participants, especially when they were younger, described feeling invulnerable for this period of their lives.
- Social services not prepared to serve some people with chronic diseases — Some participants noted that some services such as food banks are not educated on the special needs of individuals with medical conditions such as diabetes.
- Lack of information and health education — Some participants believed people do not know about healthy choices in the community (e.g., ShopRite has a nutritionist). Similarly, not fully understanding the importance of preventive health behaviors such as vaccinations is a clear deterrent.
- Affordability — Lack of health insurance or insurance not covering specific services prevented some people from seeking healthcare.
- Personal barriers — Some members of the focus group stated having difficulty quitting an addiction (e.g., smoking), modifying their diet, or following recommended treatment plans. These participants seemed to desire the necessary changes to their lifestyles but lacked the internal resources to manage the change.
- Poor quality-of-care experiences — Some participants stated not returning to healthcare providers that they felt did not treat them well, including doctors not spending enough time with them during their visit.
- Delaying care — Some participants stated that they customarily waited until they could not tolerate the pain to see a doctor. Similarly, some of the participants stated they do not see a doctor regularly.

Facilitators

- Reminders and access to wellness visits
- Urgent care alternatives
- Health education from a certified professional

- Availability of appropriate recreational facilities
- Availability of alternative consultation sources (i.e., pharmacist, Internet, insurance nurse line) — Many participants described consulting about their health concerns on the Internet, or with a pharmacist or their insurance hotline.
- Accessibility — Having the healthcare facility in a convenient community setting helps to access services.
- Free services and screenings — Some participants found that blood pressure screenings and nutrition consultations helped them remain engaged in their healthcare services.
- Insurance coverage — Individuals with health insurance were more likely to engage in health-seeking behaviors.
- Relationship with healthcare professional and access to health coaches — Participants were more willing to attend their appointments and felt they got better care if they were always seen by the same doctor who was able to get to know them. All participants who have experience with health coaches reported positive outcomes, such as being able to ask questions about how to manage their health problems and assistance in navigating the healthcare system.
- Family support — Some participants reported that having their family involved in their care was helpful. They reported family members who were educated on their chronic health problems were able to assist by helping them to remember to take their medication, keep appointments and modify behaviors such as their eating habits. The family members were also more understanding of the multiple doctor visits when they understood the medical problems of their loved one.
- Free or low-cost classes, group activities and incentives — One such incentive was access to a nutritionist for dietetic education. Some recommendations were to have nutritionists in alternative sites such as grocery stores and to have doctors discuss nutritional issues. Improving school lunches and providing nutrition education to school students also were discussed.



HEALTHCARE PRIORITIES

To determine the level of agreement between the health priorities of AtlantiCare Regional Medical Center and Bacharach Institute for Rehabilitation with the focus group participants, a list of health concerns was elicited and ranked as part of each group.

This group-generated list was then compared to the data-driven list of health partners put out by the Atlantic County Department of Public Health. The participants were asked again to rank the health priorities from their perspective combining the two lists.

Some of the county's health priorities were mentioned by the groups, although the groups did not always rank them at the same level of priority as the county. Further, once the county list was presented to the group, some of the county priorities made it to the combined lists, again, not always at the same level.

The table at right shows the combined list of health priorities, the groups' and county lists, with their respective ranking and overall rank.

Health Priorities of the Focus Groups and Atlantic County

(Combined list with ranking and total rank)

Health Concern	Total Sum of Ranks
Heart disease	15
Affordable healthcare	10
Breast cancer	8
Lung cancer	7
Health education	5
Stroke	5
Mental healthcare	4
Addictions	3
Obesity	3
Diabetes	2
Arthritis	1
Availability of primary physician	1
Unintentional injury	1

ADDITIONAL FOCUS GROUP RECOMMENDATIONS

- The problem of limited access can be addressed in different ways. First, expanding transportation services to not just medical appointments, but also grocery stores and recreational centers, may help to keep community members engaged in the management of their own health.
- Some individuals seemed to want to be engaged in exercise but cannot because they do not know how to adjust their level of physical activity as their abilities decline. These individuals may benefit from consultation with physical therapists and other/or related professionals to help them adjust their exercise to safe levels.
- Access recommendations are offered to address "lack of time or unable to prioritize self." Two specific recommendations were to bring services closer to the people who are too busy to engage in preventive health behaviors. For example, bring the healthcare to their jobs, neighborhood grocery stores, etc. Alternatively, if the service cannot be brought closer to the person, then offer services in a one-stop-shop type of venue.
- Many participants brought up the issue of health education. While none of the participants seemed particularly naïve about their own healthcare, health education was brought up as a proxy to feel closer to the health professional. For example, many participants disclosed wishing their doctors took time to further explain their problems and treatment options. Similarly, participants seemed to want time with a healthcare professional to consult about their health status. Addressing this issue may help modify the health habits of the person and also strengthen the professional-patient relationship, and therefore the overall quality of the service delivered.



- Many of the responses suggested a need to create programs or materials to improve health literacy (e.g., health education). Many of the responses to barriers under all themes might be mitigated through targeted programs to inform participants using a variety of venues.

■ DATA SOURCES

The following sources of demographic and public health data were used in the compilation of this report:

2010-2011 Behavioral Risk Factor Surveillance Survey: New Jersey Department of Health and Human Services

2012 County Health Rankings, University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

2012 Atlantic County, New Jersey Kids Count Data, Annie E. Casey Foundation, published by Advocates for Children in New Jersey

2010 Atlantic County Youth Risk Factor Surveillance Survey, Atlantic County Department of Public Health, Survey Administrator: Holleran Consulting

2011-2012 Vital Records, New Jersey Department of Health

2012 Language Line Data Usage Reports, AtlantiCare Regional Medical Center

2011 Atlantic County Cancer Burden Profile, American Cancer Society

2010 Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions, Atlantic County, New Jersey; Agency for Healthcare Research and Quality

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

2008 *Physical Activity Guidelines for Americans*, U.S. Department of Health and Human Services

■ ATLANTIC COUNTY SERVICES

Clinics, Hospitals and Medical Centers

AtlantiCare Regional Medical Center

Atlantic City (609) 344-4081
Pomona (609) 652-1000
Hammonton (609) 704-3360
www.atlanticare.org

Shore Medical Center

Somers Point (609) 653-3500
www.shoremedicalcenter.org

Atlantic County Division of Public Health

Northfield (609) 645-5933

Southern Jersey Family Medical Centers, Inc.

Hammonton (609) 567-0200
Pleasantville (609) 383-0880
Atlantic City (609) 572-0000
www.sjfmcc.org

Child Federation of Atlantic County

Pleasantville (609) 272-1711
John H. Cronin Dental Center
Northfield (609) 645-5814

Family Success Centers

Family Success Centers provide a comprehensive range of services and information and referral, including mental health, medical and dental, employment services, addiction counseling, economic and housing assistance, recreation, and additional programs designed to assist children and families in need.

Egg Harbor Township Family Success Center

Family Service Association
3050 Spruce Avenue, Egg Harbor Township
(609) 569-0376
www.fsasj.org

Pleasantville Family Success Center

Family Service Association
2 South Main Street, Pleasantville
(609) 272-8800
www.fsasj.org

Hammonton Family Center

Atlantic County Human Services
310 Bellevue Avenue, Hammonton
(609) 567-2900
www.atlanticare.org

Dr. Martin Luther King Jr. Family Success Center

AtlantiCare Behavioral Health
1700 Marmora Avenue, Atlantic City
(609) 344-3111
www.atlanticare.org

New York Avenue Family Success Center

AtlantiCare Behavioral Health
411 North New York Avenue, Atlantic City
(609) 441-0102
www.atlanticare.org

Spanish Community Center

3900 Ventnor Avenue, Atlantic City
(609) 345-1249
303 Sumner Street, Landisville
(856) 697-2967

Western Atlantic County Family Support Center

Dr. MLK Jr. Community Center
661 Jackson Road, Newtonville
(609) 561-1149
www.fsasj.org

Substance Abuse Information, Counseling and Treatment

OUTPATIENT TREATMENT & COUNSELING

Mental health, substance abuse counseling and recovery services for individuals and families

AtlantiCare Behavioral Health

(609) 646-9159

www.atlanticare.org

Family Service Association

Egg Harbor Township (609) 569-0239

Absecon (609) 652-1600

www.fsasj.org

Alcoholics Anonymous

Worldwide (800) 604-4357

www.aa.org

Narcotics Anonymous

Worldwide (800) 992-0401

www.na.org

RESIDENTIAL INPATIENT TREATMENT

Alcohol and drug addiction treatment, detox and recovery services for men, women and teens

John Brooks Recovery Center

Atlantic City (609) 345-4035

www.jbrcnj.org

Lighthouse at Mays Landing

Mays Landing (800) 852-8851

www.lhrecovery.com

Services for Youth and Families

To report suspected child abuse or neglect, please call 1-877-NJ Abuse (652-2873)

Atlantic County Department of Family and Community Development

is an umbrella organization dedicated to the well-being of all citizens of the county. This department strives to coordinate its efforts with those of state and city officials as well as other social service organizations. It attempts to solve the problems of TANF, Food Stamps and Medical recipients, also issues with housing and emergency assistance. (609) 345-6700 x 2701

AtlantiCare Behavioral Health

Child and Adolescent Services

(609) 646-9159

www.atlanticare.org

The Alcove Center for Grieving Children

Activity-based bereavement peer support groups for children and families who have lost a loved one

Northfield (609) 484-1133

www.thealcove.org

Atlantic County Juvenile Family Crisis Unit

Assists families who are experiencing difficulties managing the behavior of children aged 10-17

Northfield (609) 645-5862

www.aclink.org/intergenerational

Jewish Family Service (JFS)

A multi-service family counseling agency

Margate (609) 822-1108

www.jfsatlantic.org

Parents Anonymous

Free community-based peer support groups

www.pa-of-nj.org (800) THE-KIDS

Perform Care/Contracted Systems Admin.

Assessment and referral to a full range of treatment and support services for children with emotional and behavioral issues

(877) 652-7624

Children's Mobile Response

Rehabilitative interventions for youth to diffuse and resolve an immediate behavioral crisis

Statewide (877) 652-7624

Family Service Association (FSA)

Multi-service agency provides family counseling, children's partial care and case management services

Egg Harbor Township (609) 569-0239

Absecon (609) 652-1600

www.fsasj.org

Mental Health Association (MHA)

Advocacy, education and support services

Galloway (609) 652-3800

www.mhaac.info

Youth Advocate Program (YAP)

MERGE academic, employment and mentoring services for males age 14-24

(609) 345-7333

Atlantic Cape Family Support Organization

Assistance for families who have children with emotional and behavioral issues

www.acfamsupport.org (609) 485-0575

School-Based Youth Services

Atlantic City High School

AtlantiCare Behavioral Health

(609) 345-8336

Buena Regional High School

AtlantiCare Behavioral Health

(856) 697-2400 x8233

Cleary Middle School

AtlantiCare Behavioral Health

(856) 697-2400 x8483

Egg Harbor Township High School

Family Service Association

(609) 653-0100 x2680

Oakcrest High School

AtlantiCare Behavioral Health

(609) 909-2677

■ ATLANTIC COUNTY MAP



- 1 - AtlantiCare Regional Medical Center, Satellite Emergency Department, Hammonton
- 2 - AtlantiCare Regional Medical Center, Pomona
- 3 - AtlantiCare Regional Medical Center, Atlantic City
- 4 - Bacharach Institute for Rehabilitation, Pomona
- 5 - Shore Medical Center, Somers Point
- 6 - Southern Jersey Family Medical Centers, Inc., Hammonton
- 7 - Southern Jersey Family Medical Centers, Inc., Pleasantville
- 8 - Southern Jersey Family Medical Centers, Inc., Atlantic City
- 9 - Atlantic County Division of Public Health, Northfield



AtlantiCare

Bacharach
INSTITUTE FOR REHABILITATION

Atlantic County, New Jersey



BACHARACH INSTITUTE FOR REHABILITATION COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY

Adopted by the Bacharach Institute for Rehabilitation Board of Governors on December 10, 2013

INTRODUCTION

Bacharach Institute for Rehabilitation conducted a Community Health Needs Assessment in 2012 to comply with the requirements of Section 501(r) of the Internal Revenue Code. The assessment was conducted in partnership with neighboring AtlantiCare Regional Medical Center, an acute hospital serving the same geographic areas as Bacharach Institute for Rehabilitation, and with which Bacharach has an affiliation agreement.

The results of the assessment were published to Bacharach's website in August, 2013. The following implementation strategy outlines Bacharach Institute for Rehabilitation's plans to address the findings through 2015, while keeping in mind its mission of restoring independence and well-being through accessible interdisciplinary services.

In addition to the programs described in the implementation strategy, Bacharach provides acute hospital inpatient rehabilitation care to patients admitted for such care, regardless of ability to pay.

Bacharach Institute for Rehabilitation is an acute rehabilitation hospital. Unlike typical hospitals, Bacharach does not

have an emergency department, surgical suites, a childbirth and neonatal unit or intensive care unit. Bacharach's acute rehab patients come to us after stroke, brain injury, amputation, major multiple trauma, burns, congenital injury, and some other orthopedic or arthritic surgeries or conditions. The sort of outreach that would naturally originate at the hospital level – nutrition programs for expectant mothers offered by a hospital with a childbirth center – does not naturally align with the services provided by Bacharach.

Our patients arrive at our doors secondary, usually, to another hospital admission. In some cases that hospital stay has been lengthy, and the effects on the family, and finances, are extensive. Bacharach offers programs and strategies that will both dovetail with our mission and vision, and complement the strategies of acute community hospitals in our service area, without being redundant.

The timeline for our proposed plan is 2013 through 2015. Changes in healthcare are taking place at the speed of light. It will be necessary to closely monitor both the programs we implement and developments in healthcare processes during that period.

BACHARACH INSTITUTE FOR REHABILITATION IMPLEMENTATION STRATEGY

1. Hospital Mission and Vision Statement
2. Community served by Bacharach Institute
3. Community health needs identified by the Community Needs Assessment
4. Implementation Strategies 2013 – 2015
5. Needs beyond Bacharach's Mission or Service Programs
6. Collaborations

1

BACHARACH INSTITUTE FOR REHABILITATION MISSION STATEMENT

Bacharach is committed to “Restoring independence and well-being through quality, caring, advocacy, and accessible interdisciplinary services.” With many types of care in our continuum, including acute hospital care, sub-acute long term

care, day rehabilitation, home therapy and outpatient therapy, Bacharach provides robust interdisciplinary services and streamlined transitions from one service setting to another as dictated by the needs of the patient.

2

2012 COMMUNITY SERVED OBSERVATIONS FROM THE 2012 CHNA:

Bacharach draws about two thirds of its patients from Atlantic County in every care setting: acute rehab hospital, sub-acute rehab, day rehab, home therapy and outpatient services. While we have outpatient physical and occupational therapy centers in four southern New Jersey counties, Atlantic, Cape May, Cumberland and Ocean, Atlantic County continues to be our primary service area. Cape May county, southern Ocean county and eastern Cumberland county make up our secondary service area.

In 2012, Atlantic County was home to about 275,000 people. Cape May County had 96,000, Cumberland 158,000 and Ocean County 580,000. During that year, Bacharach’s 50 acute rehab beds and 29 sub-acute beds had close to 2,000 inpatients.

67% of our inpatients reside in Atlantic County, 63% of our Renaissance Pavilion patients live in Atlantic County, and 67% of our outpatients live in Atlantic County. Across our service lines, about 16% of our patients live in Cape May County, and about 10% are from Ocean County.

Including our two hearing centers, our sleep disorders center and our 15 satellite

outpatient physical and occupational therapy centers, as well as at our main campus, we served over 13,000 outpatients and provided well over 100,000 outpatient therapy visits.

These included outpatient visits to our doctors of physical medicine, our cardiac rehab department, speech and language therapy, psychology and neuropsychology, as well as physical therapy and occupational therapy. Day rehab visits are considered outpatient visits.

In addition, we have an outpatient pediatrics program which offers pediatric physical, occupational and speech therapy, and our hearing centers have audiologists who specialize in pediatrics and pediatric hearing tests. Our pediatric patients come to as young as newborns and through the teens.

Most pediatric patients are seen at our main campus, but we treat some pediatric patients at our physical therapy centers as well. Under some special circumstances Bacharach Institute for Rehabilitation is licensed to treat adolescents, over 16 years of age, as inpatients.

3

COMMUNITY HEALTH NEEDS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT

Using both primary and secondary data resources, and conducting four area focus groups, themes begin to emerge regarding the weaknesses in health services and programs. Data shows Atlantic County's low health ranking among the 21 counties in New Jersey; focus groups underscore the ranking with their descriptions of the barriers to care. These include affordability and limited access to medical care, lack of primary care physicians and of specialists. Barriers may also include lack of access to other settings that are integral to healthy lifestyle, such as to a gym, to a grocery store, or to recreational facilities for exercise.

One of the "facilitators" to healthy behaviors is accessibility. Proximity to recreation areas, fresh food and produce and conveniently located doctors' offices would all contribute to healthy behaviors.

When proximity is ruled out, the solution is the availability of transportation to facilitate easy access.

The focus group discussions distilled four significant health related themes:

- **Access to care** - Doctors' offices, other health settings, healthy food settings, recreation settings
- **Health engagement** - Relationships with healthcare provider, feedback from coaches, encouragement
- **Health-seeking behaviors** - Access to screenings, flu-shots, healthy food, places to exercise
- **Health priorities** - Heart disease, affordable healthcare, cancer, health education, stroke

4

IMPLEMENTATION STRATEGIES 2013 - 2015

Bacharach Institute for Rehabilitation has been in the business of restoring independence and well-being since 1924. It has also been a provider of ongoing community benefit services and programs including health education at seminars, screenings and health fairs; by offering support groups for stroke, amputation, spinal cord injury and arthritis.

Bacharach also provides health education to students of many disciplines including: nursing, physical therapy, occupational therapy, speech and language therapy, who in turn become healthcare professionals and providers.

A critical community benefit program Bacharach offers is the free transportation program which fills gaps in service provided by public transportation programs.

Bacharach has been providing transportation to outpatient services since 1988. Patients seeking services at Bacharach are likely to be elderly, low-income, disabled, or some combination of all three. For many, the most daunting part of the therapy process is figuring out how to get there. While Atlantic County has a robust and thriving transportation program, funding for it drops each year, and it becomes harder and harder to meet the demand. Bacharach's small and nimble fleet is able to step in and fill the gaps in service that would otherwise leave patients at home without transportation to necessary services.

For nearly 5 years, Bacharach has collaborated with Atlantic County, Atlantic City, Caring, Inc., Access Link and New Jersey Transit on a program called Trans Atlantic. The partnership was born

out of frustration that all of the participants were inefficiently transporting Atlantic County riders, and that in many cases were transporting the same riders. We noted that we share many of the same destinations – such as hospitals and medical complexes and also determined that there must be a better way to share services and create efficiencies.

The transportation collaborative has led to grant funding through New Jersey 5310 which will supply vehicles to Bacharach's transportation program. Ultimately, the vehicles will help to reign in the cost of providing the transportation program.

It has also led to discussions about creating a central dispatch for all of the stakeholders, and becoming more inclusive of riders who do not seek our services.

The 2012 CHNA identified healthcare accessibility access as one of four high priority health needs.

A. STRATEGIC INITIATIVES

Bacharach will strive to see that no patient is denied medical rehabilitation services due to a lack of transportation.

We will:

- Provide free transportation to outpatient therapies within a 20 – mile radius for patients without other transportation options
- Work with TransAtlantic partners to identify efficiencies and eliminate duplication of services
- Write grants and seek funding for vehicles whenever possible to keep the program viable
- Prioritize transportation for low-income, disabled and elderly patients
- Educate stakeholders such as primary care physicians, nurse practitioners and case managers
- Collaborate with community partners

B. OTHER COMMUNITY NEEDS ADDRESSED BY HOSPITAL PROGRAMS

Bacharach offers a wide variety of community benefit programs other than those listed in the initiatives above. Bacharach supports continuing education for its employees and also promotes in-house education for staff in the form of physician lectures and guest speakers conversant with new technologies in therapy products and applications.

To the community, we offer seminars from physicians on many topics including sleep disorders, hearing screenings, balance problems, lymphedema and fall prevention. Bacharach provides meeting space to many groups such as a Stroke support group, a Brain Injury support group, a Spinal Cord Injury support group and an Amputee support group. We offer speakers and education on hearing loss and hearing instruments. Experts on Bacharach staff appear on television and on radio to share information about services and programs as well as to discuss prevention and making healthy and safe choices.

All told, Bacharach provides approximately \$1 million annually in charity care for those in need of acute inpatient rehabilitation who are without the means to pay.

C. PLANNED COLLABORATIONS WITH OTHER ORGANIZATIONS

- Atlantic County Transportation, and TransAtlantic
- AtlantiCare Health System
- Jewish Family Service
- Southern Regional Emergency Preparedness Consortium
- TD Bank Charitable Foundation
- South Jersey Industries Social Investment Program
- Walmart Foundation
- Ruth Newman Shapiro Heart and Cancer Fund

D. ANTICIPATED IMPACTS ON HEALTH NEEDS

- Providing free transportation reduces appointment cancellation rate, ensures access to care, improves patient outcomes
- Community education promotes healthy behaviors and informed decisions
- Continuing education of staff ensures highest level of skill in all care providers, leading to optimal outcomes and functional capability
- Support groups promote self-esteem and independence, offer coping skills and strategies; offer access to outside services and programs
- Seamless access to care reduces cost of care as patients recover in a timely fashion without delays and setbacks

5

NEEDS BEYOND THE HOSPITAL'S MISSION OR SERVICE PROGRAMS

Atlantic County has a large and varied population with a variety of needs, as is well documented in the Community Health Needs Assessment. Many of the proactive programs and services that would be of benefit to this population are already in place or under consideration by the two acute care hospital systems in the county, AtlantiCare and Shore Medical Center.

Both offer a myriad of screenings, support groups and health education classes including blood pressure screenings, childbirth and parenting classes, wellness

classes, smoking cessation, physician presentations, weight-loss clinics, joint replacement preparation, and so on. They are large community hospitals with ample resources and are committed to disease prevention and education in our county.

What they do not offer, is a transportation program that fills the gaps in public transportation options. Bacharach has chosen to direct our limited community benefit funds toward meeting this very important need for people at a very critical point in time.

6

COLLABORATIONS

To prepare the CHNA, Bacharach partnered with AtlantiCare and the Richard Stockton College of New Jersey.

Bacharach Institute for Rehabilitation and Atlantic Regional Medical Center (ARMC), Mainland Division are both located on the campus of The Richard Stockton College in Pomona New Jersey. Bacharach has an affiliation agreement with AtlantiCare, the overarching health system to which Atlantic Regional Medical Center belongs. The affiliation agreement allows Bacharach to provide services such as physical therapy for AtlantiCare and for AtlantiCare to provide services for our patients such as respiratory and laboratory care. The two hospitals have collaborated

for many years in many ways, including the preparation of the 2012 CNHA.

In addition, faculty from The Richard Stockton College partnered with us in preparing the CHNA. They conducted the Community-Based Focus Groups and collected and analyzed the data gathered from the groups. The Richard Stockton College offers physical, occupational and speech therapy degree programs.

Input from Atlantic County Government was also most helpful including Intergenerational Services, the Transportation Department and the Division of Public Health.