AtlantiCare

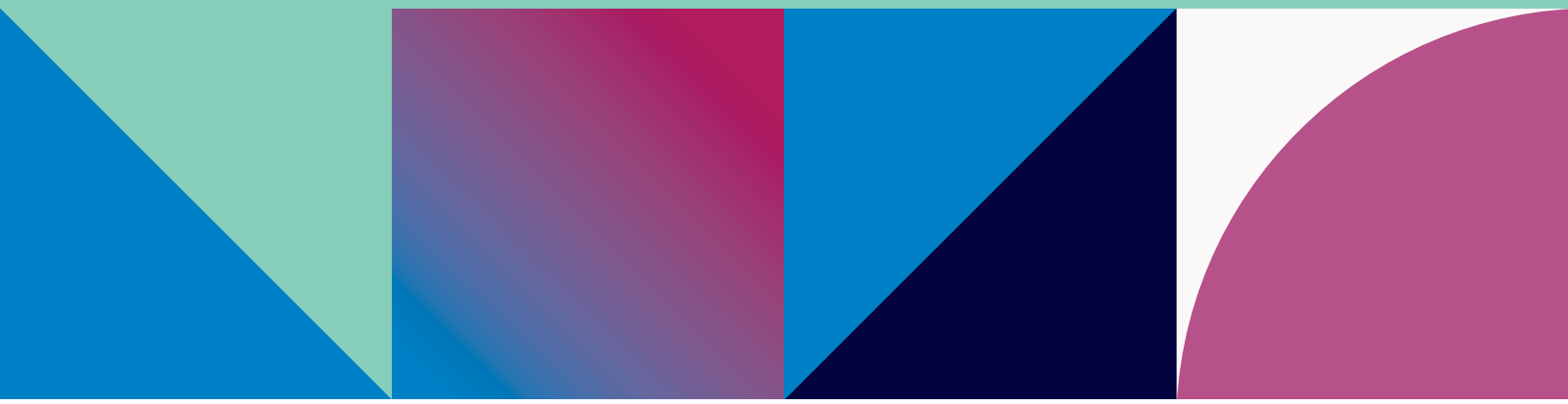
2025-2027 Community Health Needs Assessment

February 2026

RUTGERS–CAMDEN
Senator Walter Rand Institute for Public Affairs

AtlantiCare

2025-2027 Community Health Needs Assessment



WRI + AtlantiCare Project Teams

SENATOR WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS (WRI) AT RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - CAMDEN

Devon Ziminski, PhD | Senior Research Administrator & Principal Investigator

Madeliene Alger, MA | Research Project Coordinator I

Carla Villacis, MA | Research Project Coordinator I

Amanda Ekelburg, MA | Research Project Coordinator II

Oguz Ozalp, MA | Student Research Assistant

Iuri Macedo Piovezan, MA | Student Research Assistant

ATLANTICARE

Samantha Kiley, MPH, MBA | Vice President, Community Health & Social Impact

Nicole Solari | Community Health Outcomes & Data Specialist

ATLANTICARE SENIOR LEADERSHIP

Michael Charlton, MHL
President & Chief Executive Officer

Robyn Boniewicz
VP, Health Network

Helene Burns, DNP, RN, NEA-BC, FAONL, FAAN
Chief Nursing & Operations Executive

Christine Carson
Chief HR Officer

Edward Fog, MD
VP, Chief Medical Officer

Debra A. Fox, MBA
SVP, Chief Transformation Officer

Samantha Kiley, MPH, MBA
VP, Community Health & Social Impact

Hak J. Kim, MBA
EVP, Chief Financial Officer & President AtlantiCare Health Network

Matthew Levinson, MBA
VP External Affairs & Development

Joseph Lombardi, MD, MBA, FACS
Chief Physician Executive

Kevin McDonnell, CMPE, MBA
Chief Hospital Executive

Donna Michael-Ziereis, Esq.
EVP, Administration, Chief Legal Officer

Jill R. O'Keeffe, Esq.
VP, General Counsel

Jordan Ruch
Chief Information Officer

Sanjay Shetty, MD
Chief Medical Officer ARMC & Service Lines

Glen Ann Stoll, MBA
Chief of Staff & SVP of the AtlantiCare Foundation

Christopher P. Tascione, CPA, MBA, FHFMA, FACHE
VP, Finance & Corporate Controller

Robin Wyatt, MBA
Chief Marketing & Communications Officer

Barbara Young, MBA
VP, Chief Supply Chain Officer

Team Organizations

ABOUT THE SENATOR WALTER RAND INSTITUTE FOR PUBLIC AFFAIRS (WRI)

The Senator Walter Rand Institute for Public Affairs (WRI) at Rutgers–Camden has been a long-standing and trusted regional community partner for over 25 years. WRI honors former Senator Rand's dedication to Southern New Jersey and exists to produce and highlight community-focused research and evaluation leading to sound public policy and practice in the region. With that as a foundation, WRI convenes and engages stakeholders in making the connections across research, policy, and practice in support of Camden City and Southern New Jersey residents. Using social science research methods, WRI specializes in transforming data into actionable information across a variety of areas, including workforce development, education, transportation, and public/population health. WRI reinforces and amplifies Rutgers' research, teaching, and service goals by connecting the multidisciplinary expertise of faculty to regional problems, developing research and professional skills in students, and linking the resources of higher education to communities in Southern New Jersey.

Southern New Jersey and its eight counties—Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Ocean, and Salem—are incredibly diverse in population, environment, and terrain. From Atlantic to Camden City, rural areas to coastal shore, Southern New Jersey has so much to offer everyone who calls it home. But, it is not without challenges—South Jersey counties consistently fall to the bottom half of health rankings across the State, which speaks to a variety of community issues across the region, including housing, transportation, employment, public health, food insecurity, and education. WRI exists to serve Rutgers University, the region, and State, by bringing critical social and community issues in the Southern New Jersey region to the forefront with trusted data and research that supports sound decision-making in policy and practice that can impact those outcomes.

ABOUT ATLANTICARE

AtlantiCare is an award-winning integrated healthcare system based in Egg Harbor Township, New Jersey, whose team of more than 6,500 serves the community in over 110 locations in Atlantic, Burlington, Camden, Cape May, and Ocean counties of southern New Jersey, including Atlantic City. Committed to an innovative approach to providing the best care in the industry, AtlantiCare has a vision of building healthy communities that drives its mission of making a difference in health and healing, one person at a time.

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Executive Summary

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

WRI conducted the CHNA to fulfill the Internal Revenue Service (IRS) CHNA regulations for tax-exempt hospitals by characterizing community members' views on the health needs in their communities. For the purpose of this CHNA, *community* is defined as AtlantiCare's primary service area of Atlantic County. Our focus on community voice means that the findings are framed by the *community's self-reported perception and experience of health barriers and needs, as well as assets and recommendations*.

Broadly, the goal of conducting the CHNA is to provide actionable information for improving health at the community level. The main questions asked in the CHNA were:

1. What are the health-related **needs** of the populations within AtlantiCare's service area?
2. What are the health-related **assets** within AtlantiCare's service area?
3. What are gaps that are feasible to address with intervention or additional resources? What are the **solutions/recommendations** available or that could be implemented to address gaps/needs?

To achieve the goal of gathering contextualized, local information, WRI used a mixed-methods iterative strategy of data collection and analysis that combined existing publicly available-data with primary data collected from a survey with community members, focus groups with community members, and interviews with key health stakeholders. The interviews, focus groups, and surveys allowed us to hear directly from those who live, work, and play in Atlantic County.

The Internal Revenue Service (IRS) CHNA regulations stipulate that many different methods of need prioritization are acceptable for CHNAs. WRI generated the top needs for this CHNA using the community voice from the focus groups, interviews, and survey around health issues facing the community, barriers to care in the community, and resources missing in the community. Top barriers were generated for the service region. WRI also included data around assets and solutions and recommendations as reported by community members.

Community-report assets and **solutions/recommendations** were directly generated by the data from interviews with key stakeholders and focus groups with community members for Atlantic County. **Community-reported barriers/needs** were generated by a thorough review of all the data across interviews, focus groups, and interviews for Atlantic County. All primary data (interview, focus group, and survey data) included in this CHNA is self-reported based on *perceptions and experiences of community members*.

Community-reported assets across the county highlighted specific health care and overall well-being assets. Assets included AtlantiCare's responsiveness to recent healthcare trends, as evidenced by the creation of new medical units and the expansion of services (e.g., across surgery and psychiatric specialties, as well as substance use). The data also highlighted the breadth and depth of services provided by local community organizations, as well as the strengthening of partnerships between law enforcement and local institutions. The county has multiple anchor institutions across healthcare, government, education, and business that provide opportunities for local residents and offer many services.

The Top Barriers/Needs are:

A. ACCESSIBILITY OF HEALTH CARE

- Appointment Availability, Wait Times, and Getting to Care
- Health Care Costs and Varied Insurance Coverage
- Health Education and Guidance in Navigating the Continuum of Care

B. HEALTH CARE SPECIALISTS AND SERVICES FOR SPECIAL POPULATIONS

- Needed Health Care Specialists and Targeted Expertise
- Services for Special Populations
- Culturally Responsive Care for Special Populations

C. QUALITY OF HEALTH CARE AND COMPASSIONATE CARE

- Perceptions of Healthcare Staff
- Quality of Health Care
- Discrimination and Bias

D. HOUSING

- Housing Accessibility and Availability of Housing Resources
- Homelessness and Co-Occurring Substance Use and/or Mental Health Challenges
- Flow into Atlantic County and Cycling Through Systems

E. CLEAN AND SAFE COMMUNITY

- Clean Physical Environment
- Access to Healthy Foods
- Need for Community Enrichment and Support
- Community Safety

F. HOLISTIC CARE AND ALLOCATION OF RESOURCES

- Healthcare is Holistic Care
- Greater Dissemination of Existing Resources
- Distributing Resources Across the County and Prioritizing Local Community Members

Overview of the Barriers

Barriers across Atlantic County highlighted challenges in accessing doctors, long wait times for appointments, and often far distances to see providers. Insufficient insurance coverage resulted in higher healthcare costs for participants. Participants discussed the county's lack of specialists, particularly for pediatric care, maternal and infant care, and mental health care. Special populations of immigrants, older adults, children, people with disabilities, and pre-and post-partum parents arose as needing additional services not always offered across the county. Across healthcare and general social services, participants reported a need for more information and guidance on available resources, accessing specific services, and following up on next steps in healthcare.

The data highlighted the limited time that healthcare staff spent with patients and the challenges surrounding undiagnosed ailments or unresolved medical issues. The quality of care was discussed, with participants sharing both positive and negative experiences. Some participants shared experiences of discrimination and medical distrust throughout their care.

Affordability and housing availability were commonly discussed barriers in the data. Community residents discussed their views on their neighborhoods being unkempt and feeling unsafe at times. Challenges around providing resources and aid for people experiencing homelessness were also discussed, with particular focus on co-occurring mental illness and substance use.

Participants sought holistic healthcare that supported their overall well-being. Barriers discussed the challenges of providing and receiving both mental and physical healthcare, as well as access to safety, housing, food, and related resources. Data also highlighted the need to more widely distribute available health and well-being resources and ensure that resources are targeted towards local community residents.

Community-reported solutions and recommendations across the county focused on both health care recommendations and overall well-being recommendations. These comments reflect actionable ideas for AtlantiCare and the community. Solutions discussed include training healthcare staff to lead with empathy, deploying healthcare navigators in clinical settings, and increasing resources tailored to special populations (e.g., immigrants, older adults, children, individuals with physical and/or intellectual and developmental disabilities, and pre- and post-partum individuals). Solutions also include expanding community outreach through in-person events, distributing flyers, and hosting community events. Data also suggested creating resource hubs and co-locating medical and wellness services at a central location. Solutions and recommendations focused on continuing to address evolving needs while embracing existing partnerships and progress.

Community Health Needs Assessment Goals

The CHNA's goals are to provide actionable information for improving health at the community level.

1 What are the health-related **needs** of the populations within AtlantiCare's service area?

2 What are the health-related **assets** within AtlantiCare's service area?

3 What are gaps that are feasible to address with intervention or additional resources? What are the **solutions/recommendations** available or that could be implemented to address gaps/needs?

Process and Methods

WRI conducted interviews with select leaders and staff of healthcare providers and social service agencies in Atlantic County as well as focus groups and surveys with identified subsets of the community population in the county. The interviews, focus groups and surveys allowed us to speak directly with those who work and live in these communities. Each of these tools allowed us to look beyond the numbers and contextualize the existing environment in each county. These tools permitted researchers to identify what is working well in the community and where there are gaps and/or redundancies in service delivery.

DATA TOTALS

10

Key Stakeholder Interviews

20

Community Member Focus Groups

186 total focus group participants (153 for whom demographic information was reported)

509

Community Survey Respondents

Key Stakeholder Interviews

WRI reached out to 27 individuals at least 3 times each by email or phone to gauge interest in an interview. WRI conducted 10 interviews with key representative stakeholders in Atlantic County and designated AtlantiCare and partner staff.

Participants in the interviews were health and social service representatives and AtlantiCare executives occupying various leadership roles. Additional service providers in Atlantic County participated as well. There were 10 individuals who participated spanning the areas of healthcare, criminal justice, population health, food security, and housing. The identities of the interviewees are not disclosed in any reports. Interviewees are referred to by gender neutral pseudonyms to protect their identity. Each participant was offered a $40 Wal-Mart gift card as compensation for their time.

The purpose of the research project was explained to potential participants and informed consent was obtained prior to the data collection process, following the approved Rutgers University Institutional Review Board (IRB) protocol[1]. Interviews were conducted in person or virtually, based on the individual's preference. Interviews were recorded. The interviews were completed using a semi-structured research instrument. Areas of focus in the interviews included issues such as strengths of the programming and obstacles or barriers to service delivery; interaction with community members; and communication and support from other county or local entities.

Top themes around community health assets, needs and solutions/recommendations were gleaned from the data. The software program NVivo15 was used in analysis.

Community Member Focus Groups

Focus groups consisted of a semi-structured guide and generally ranged in size from 1 to 15 participants. The focus group's purpose was explained prior to the data collection process and all participants consented in order to participate. One research team member facilitated the focus group and one to two additional research team members took detailed notes in addition to having the focus group audio recorded. Each participant was given a $40 Wal-Mart gift card as compensation for their time.

The main objective was to gather the community members' thoughts on health issues (such as access to care, health education, and communication) and any barriers residents may confront in obtaining care. Additional areas of inquiry included the strengths of the health care service delivery system as well as its weaknesses and possible improvements.

WRI worked with AtlantiCare and other community-based partners to set up focus groups with community members and service providers. The WRI research team recognizes that Atlantic County is unique and has a diverse population who reside, work, and play across the county. The WRI research team ensured that populations that are overlooked or face inequities were included: individuals who do not speak English, older populations, people of color, individuals with disabilities, and veterans. The WRI research team worked with community partners to complete specific outreach to engage individuals from the aforementioned populations.

Top themes around community health assets, needs and solutions/recommendations were gleaned from the data. The software program NVivo15 was used in analysis.

[1] The Institutional Review Board (IRB) at Rutgers University is based on the rules and regulations stipulated by federal agency regulations of human subjects research. Policy 90.2.11 outlines the Human Subjects Protection and the IRB at Rutgers, and can be found here. https://policies.rutgers.edu/B.aspx?BookId=12049&PageId=459404

Demographics: Focus Group Participants

WRI facilitated 20 focus groups with 186 participants across Atlantic County. Demographic information was obtained for 82% (153 of the 186) participants through a voluntary demographic form distributed at the beginning of each focus group.

County Location

When asked, "What county do you live in?," 98% of participants (150 out of 153 lived in Atlantic County). Three participants selected "other" (Cumberland, New York, and blank).

AtlantiCare Staff or Patient

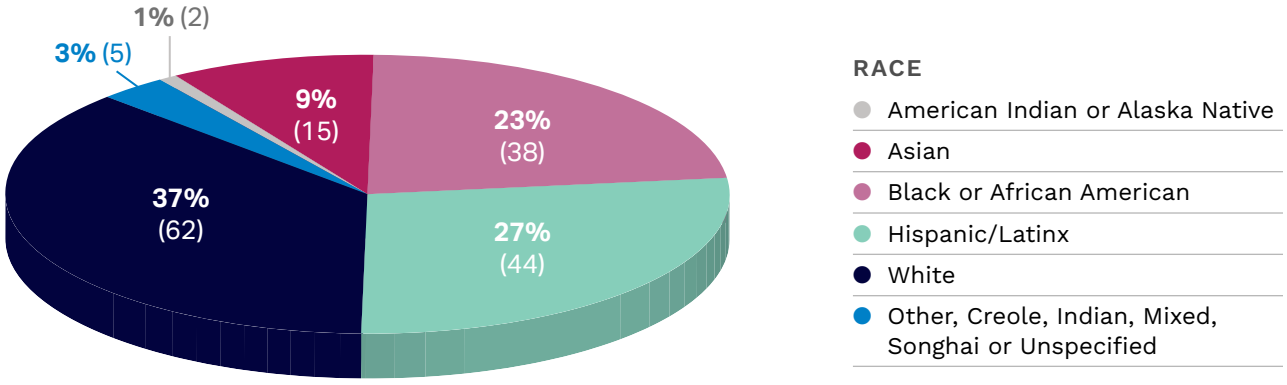
When asked, "Do you work for AtlantiCare?," only 4 (2.6%) said yes. The majority of focus group participants were not AtlantiCare team members (98% 147 out of 151).

Age

Focus group participants' ages ranged from 18-86 years old, with an average age of 48 years old.

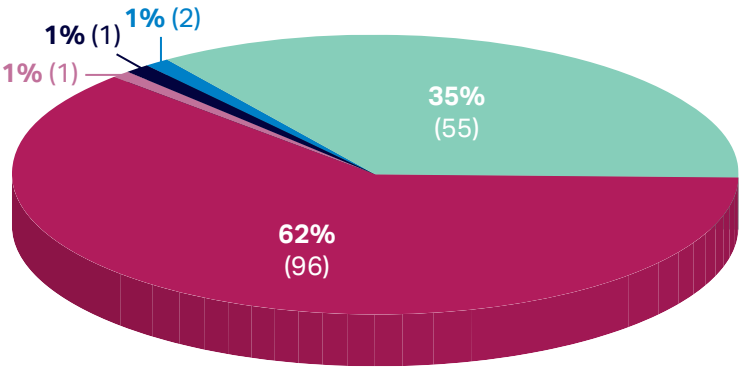
Race/Ethnicity

Out of 166 responses total—1% (2) were American Indian or Alaska Native, 9% (15) Asian, 23% (38) Black or African American, 27% (44) Hispanic/Latinx, 37% (62) White, and 3% (5) were other Creole, Indian, Mixed, Songhai and unspecified. **Note that these percentages may tally to over 100% because respondents could select more than one option/selected all that applied.*



Gender

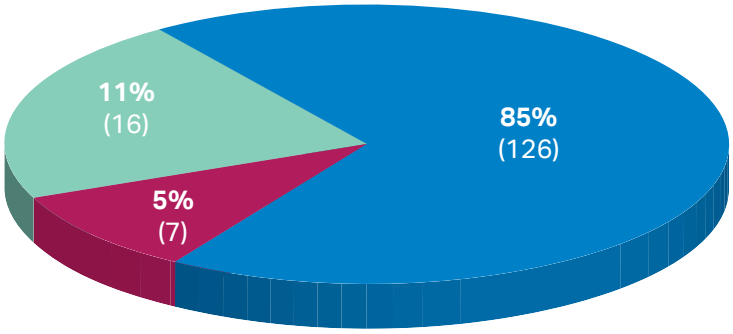
From our focus group participants, 1% (2) were questioning or exploring, <1% (1) transgender, <1% (1) non-binary, 35% (55) male, and 62% (96) were female. **Note that these percentages may tally to over 100% because respondents could select more than one option/selected all that applied.*



GENDER
- Male
- Female
- Non Binary
- Transgender
- Questioning or Exploring

Sexual Orientation

Out of 149 responses, 5% (7) were LGBTQIA+, 11% (16) said none of these describe me, and 85% (126) were straight/heterosexual.



SEXUAL ORIENTATION
- Heterosexsual/Straight
- LGBTQIA+
- None of these describe me

Community Member Survey

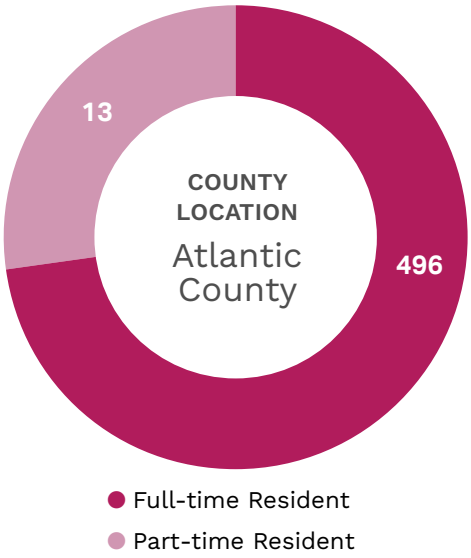
Five hundred and nine (509) survey responses were analyzed for the CHNA. Survey data was collected through paper copies and an online Qualtrics (survey) form. Spanish, Bengali, and English surveys were used. The survey had 37 questions and took approximately 10-15 minutes for respondents to complete. Survey participants could opt-in for compensation for their time by entering a mailing address at the end of the survey to be sent a $10 ShopRite gift card.

The research team utilized Qualtrics, a web-based survey platform, for the development and distribution of the electronic format of the Community Member Survey. Survey item formats included multiple choice, fill-in, Likert scale, and ranking. The survey was launched in mid-May 2025 and closed in early September 2025. The survey questions aligned with the qualitative focus group and interview question themes to provide a comprehensive picture of health trends and barriers in the county.

Due to the length of the survey, it was organized so that the most essential questions were at the beginning of the survey. The research team conducted pre-tests of the survey with community members and implemented the feedback received through the pre-testing in the final version of the community survey. Survey items integrated feedback from AtlantiCare, items from prior published Community Health Needs Assessments, and items from a number of national and state health information questionnaires. In addition, the research team utilized its experience working in southern New Jersey to identify other pertinent topics to include in the survey. Topics included overall health needs, community health needs, awareness and use of AtlantiCare programs, food insecurity, transportation insecurity, general mental and physical health questions, questions around healthcare access and use (e.g., of emergency room and urgent care), demographics, and other related topics.

Responses were analyzed in the statistical program SPSS and Microsoft Excel. Some participants responded to the survey who did not live within the Atlantic County service area. Their answers were not included in descriptions of responses for Atlantic County but they were included when responses were aggregated across counties. The number of responses can vary from question to question, because some participants skipped questions.

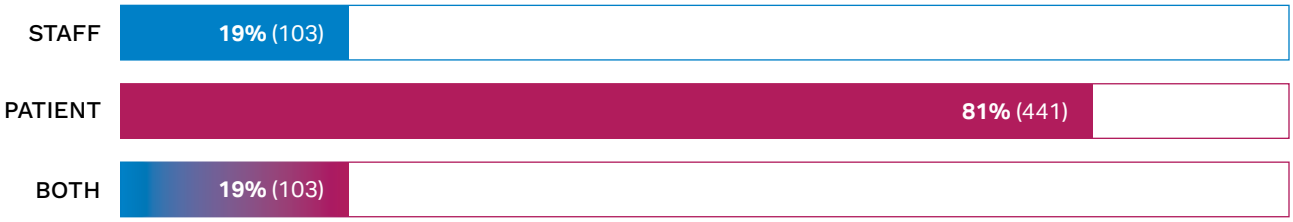
Demographics: Community Survey Respondents



TOP MUNICIPALITIES—(OUT OF 506)		
Atlantic City	31%	(156)
Galloway	12.6%	(64)
Egg Harbor Township	12.2%	(62)
Pleasantville	6.5%	(33)
Mays Landing	6.1%	(31)
Somers Point	4.3%	(22)
Hammonton	3.7%	(19)

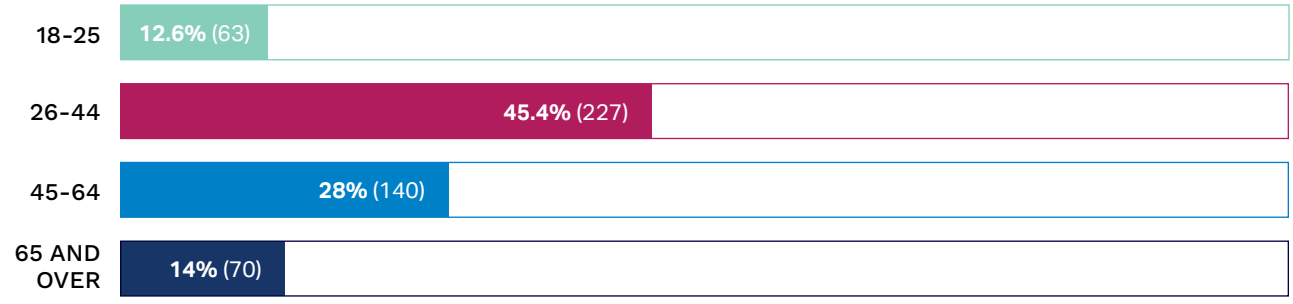
Do you work for AtlantiCare?

In total, 103 participants reported working for AtlantiCare, while 339 participants were community members. When asked, "Have you been to any AtlantiCare facilities for health care in the past 12 months?," most participants (86.6%, 440 of 509) declared going to an AtlantiCare facility or provider for care in the prior 12 months, of which almost a quarter (23%, 101 of 440) were staff. **Note that these percentages may tally to over 100% because respondents could be both patients and staff*



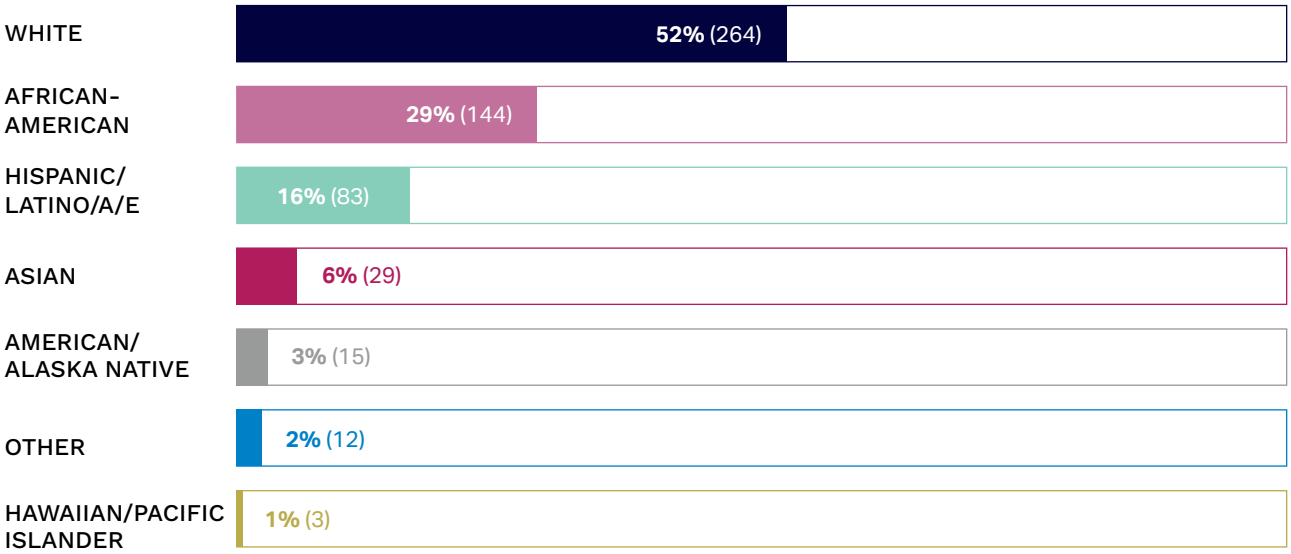
Age

Out of 500 respondents, the majority were ages 26 –44 years old (45%). About a quarter (28%) were 45-64 years old.



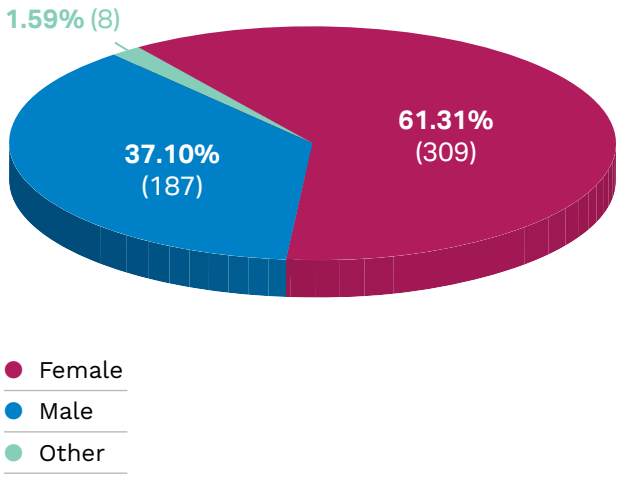
Race/Ethnicity

Out of 500 respondents, most were White (52%), followed by African-American/ Black (29%), and Hispanic/Latinx (16%).



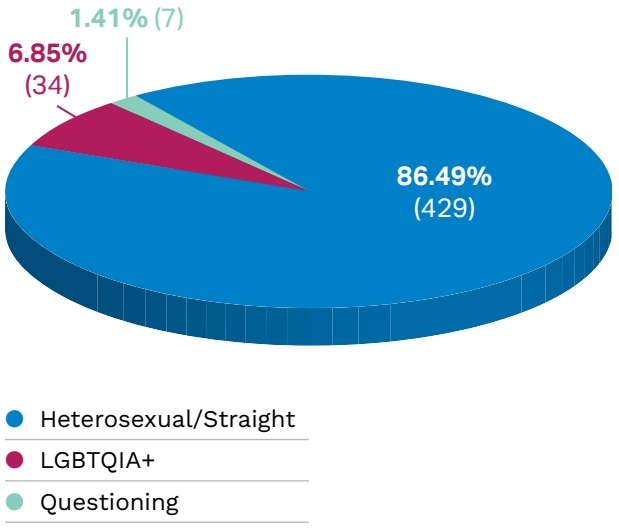
Gender

Most respondents identified as female (61%). About 40% of respondents identified as male, and 2% identified as transgender, genderqueer, nonbinary, and/ or other, out of 504 total.



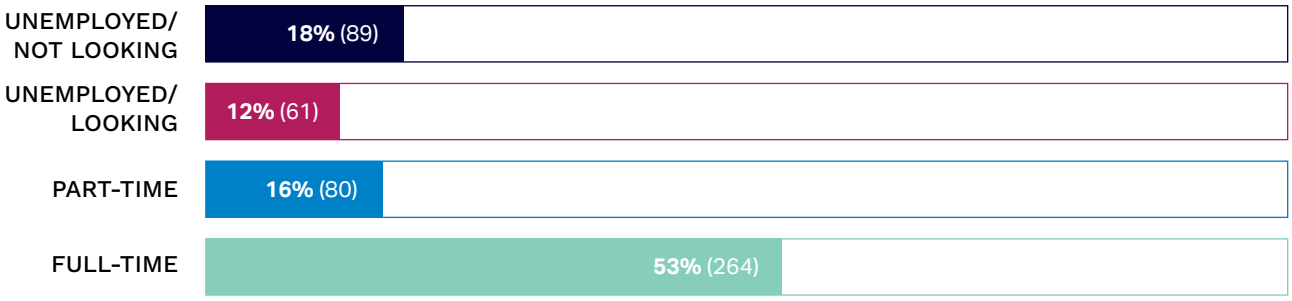
Sexual Orientation

Out of 470 responses, the majority identified as heterosexual/straight (91%).



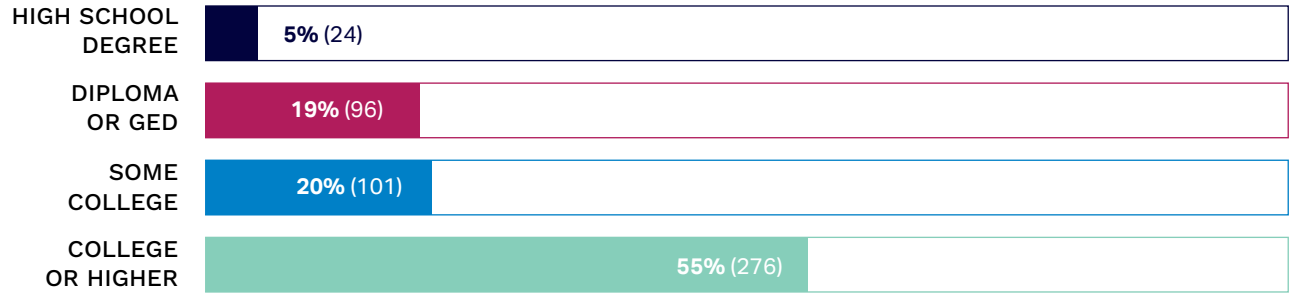
Work Status

Across 494 responses, just over half of individuals reported currently working full-time (53%).



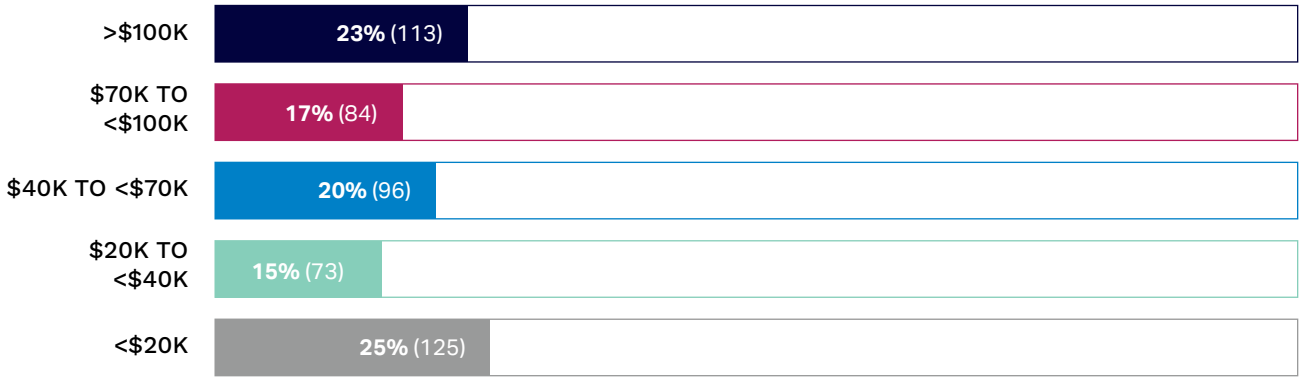
Education

Out of 497 responses, just over half of individuals (55%) reported having a college degree.



Household Income

Across 491 responses, respondents were about evenly split across having greater than $100,000 household incomes (23%) or less than $20,000 household incomes. About one-fifth of the sample each also reported incomes of $40,000-$70,000 (20%) or $70,000-$100,000 (17%).

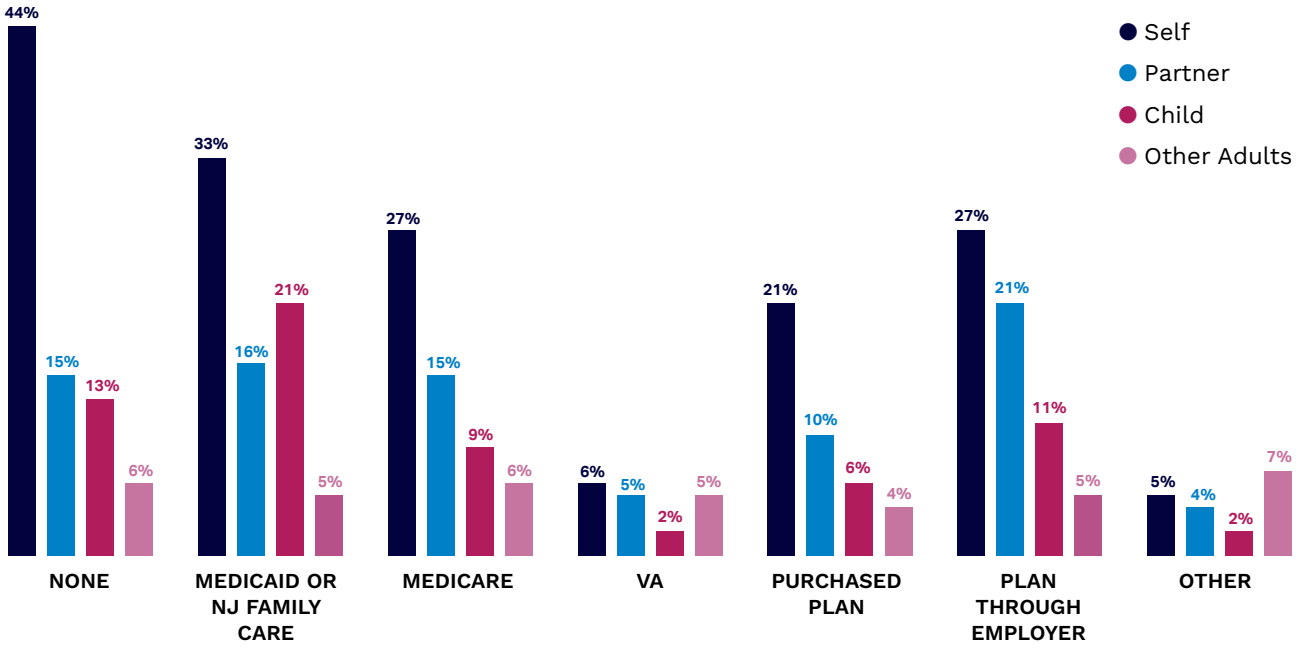


Householder Insurance Coverage

Respondents identified 377 people lacking insurance in their households. Most people were reported to be on Medicaid or NJ Family Care (639), and almost a fifth (20%) are children. Insurance through an employer was the second most common type of insurance (309). Almost 50% of respondents did not have insurance.

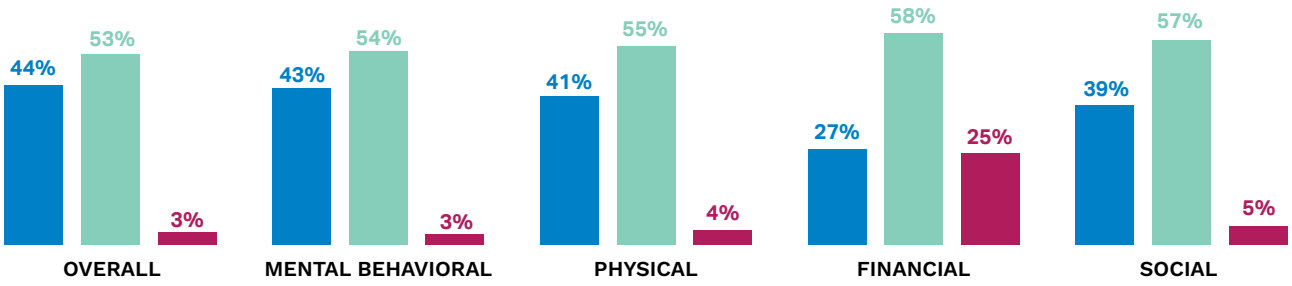
	Self	Partner	Child	Other Adults	Total across household (type of coverage)
NONE	213 (43.74%)	75 (15.40%)	61 (12.53%)	28 (5.75%)	377
MEDICAID OR NJ FAMILY CARE	162 (33.26%)	76 (15.61%)	101 (20.74%)	22 (4.52%)	361
MEDICARE	133 (27.31%)	72 (14.78%)	44 (9.03%)	29 (5.95%)	278
VA	28 (5.75%)	25 (5.13%)	12 (2.46%)	26 (5.34%)	91
PURCHASED PLAN	101 (20.74%)	48 (9.86%)	28 (5.75%)	18 (3.70%)	195
PLAN THROUGH EMPLOYER	132 (27.10%)	102 (20.94%)	53 (10.88%)	22 (4.52%)	309
OTHER	26 (5.34%)	19 (3.90%)	12 (2.46%)	32 (6.57%)	89

Percentages out of 509 total respondents who checked off option for all members of their households. Sum of totals by type of coverage exceeds 509 (greater than 100%) because respondents were allowed to report coverage for other members of their household.



Individual Health and Support

Out of 498 responses for overall health, most individuals reported good or fair health (53%). Over half of respondents also identified their mental/behavioral, physical, financial, and social health as good or fair. A quarter (25%) of respondents identified having poor financial health.

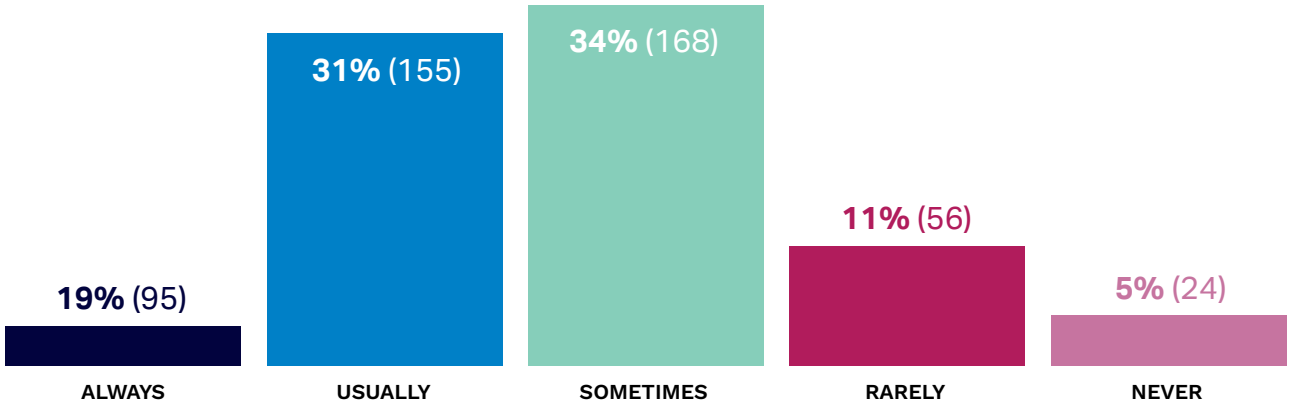


	Overall	Mental Behavioral	Physical	Financial	Social
1-2 (EXCELLENT OR VERY GOOD)	219 (44%)	214 (43%)	203 (41%)	131 (27%)	190 (39%)
3-4 (GOOD OR FAIR)	262 (53%)	265 (54%)	271 (55%)	289 (58%)	279 (57%)
5 (POOR)	17 (3%)	15 (3%)	20 (4%)	75 (25%)	25 (5%)

Individual Social and Emotional Support

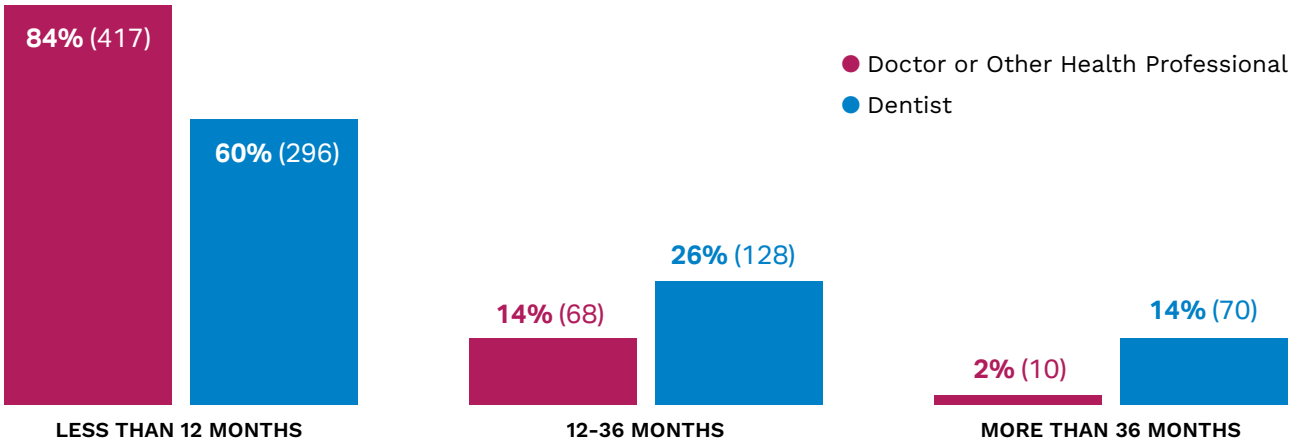
Out of 498 responses, about one third of respondents felt they sometimes (34%) or usually (31%) received the social and emotional support they need.

How often do you get the social and emotional support you need?



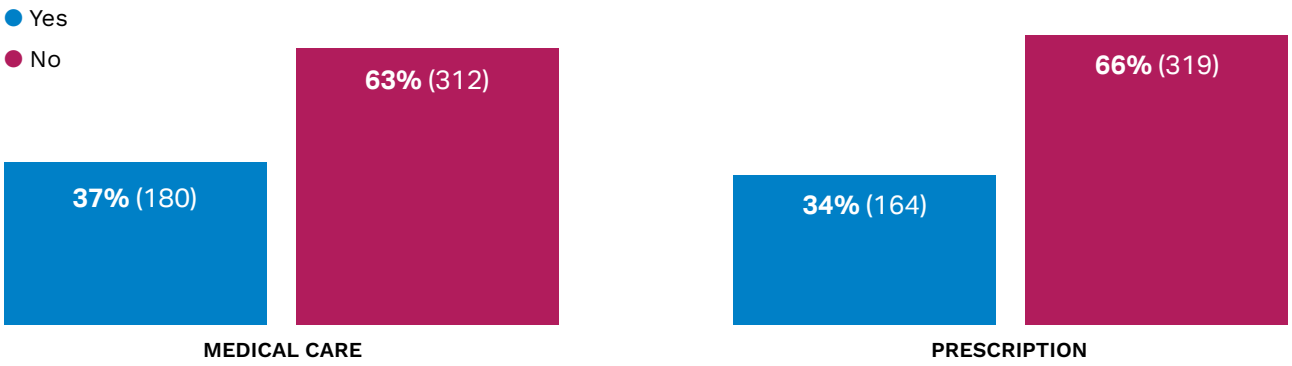
Time Since Last Health Care Visit

Out of 495 for doctor's visit, and 494 for dentist's visit, most individuals (84% and 60% respectively) had seen both within the past 12 months.



Delayed or Skipped Care in the Past 12 Months

Among 492 individuals surveyed for medical care and 483 for prescriptions, approximately one-third (37% and 34%, respectively) said they had delayed or skipped care during the past year.



Outreach and Distribution Strategy to Include Community Voice

Multiple steps were taken to ensure the community's voice was a key part of the CHNA. The survey and CHNA recruitment materials were distributed in English, Spanish, and Bengali.

Prospective interviewees and a main contact at potential focus group host organizations were contacted at least three (3) times by phone and/or email. WRI sent CHNA flyers promoting the survey and upcoming focus groups through email and in-person drop-off to organizations across the county. These organizations posted the flyers in their shared spaces and distributed them via their own email lists. WRI also distributed survey flyers at various public locations (e.g., community centers, libraries) throughout the county.

Outreach to these organizations was done through a collaborative effort between WRI and AtlantiCare. WRI reached out to its partner network in Atlantic County over email and phone to inform them of the CHNA and its potential impact on their communities. AtlantiCare designated staff liaisons to share the survey and recruitment materials with partner organizations and the offices of their affiliated providers.

CHNA recruitment materials were distributed through flyers and appeared on TV screens at AtlantiCare clinical locations throughout Atlantic County. AtlantiCare shared the survey link on their website and respective newsletters/email listservs over the course of the data collection period.

How Barriers/Needs Were Generated

The Internal Revenue Service (IRS) CHNA regulations stipulate that various methods of need prioritization are acceptable for CHNAs; one such method is using the community's perception of need. WRI prioritized the top needs for this CHNA using the community voice from the focus groups, interviews, and survey around health issues facing the community, barriers to care in the community, and resources missing in the community. WRI also generated assets, solutions, and recommendations as reported by community members. **Note that the data (interviews, focus groups, and survey data) are self-reported, based on the perceptions and experiences of community members.*

Community-reported assets and solutions/recommendations were directly generated from data collected through interviews with key stakeholders and focus groups involving community members.

Community-reported needs/barriers were generated through a thorough review of all data collected from interviews, focus groups, and the community survey. WRI reviewed the qualitative data (interviews and focus groups) for main themes related to areas of needs/barriers, and reviewed the top survey results around needs/barriers. The overlapping main topics from the focus groups, interviews, and survey then contributed to the list of the top needs across AtlantiCare's service area. The six highest-priority needs were identified from the data and are unranked.

The Top Barriers/Needs are:

A. ACCESSIBILITY OF HEALTH CARE

- Appointment Availability, Wait Times, and Getting to Care
- Health Care Costs and Varied Insurance Coverage
- Health Education and Guidance in Navigating the Continuum of Care

B. HEALTH CARE SPECIALISTS AND SERVICES FOR SPECIAL POPULATIONS

- Needed Health Care Specialists and Targeted Expertise
- Services for Special Populations
- Culturally Responsive Care for Special Populations

C. QUALITY OF HEALTH CARE AND COMPASSIONATE CARE

- Perceptions of Healthcare Staff
- Quality of Health Care
- Discrimination and Bias

D. HOUSING

- Housing Accessibility and Availability of Housing Resources
- Homelessness and Co-Occurring Substance Use and/or Mental Health Challenges
- Flow into Atlantic County and Cycling Through Systems

E. CLEAN AND SAFE COMMUNITY

- Clean Physical Environment
- Access to Healthy Foods
- Need for Community Enrichment and Support
- Community Safety

F. HOLISTIC CARE AND ALLOCATION OF RESOURCES

- Healthcare is Holistic Care
- Greater Dissemination of Existing Resources
- Distributing Resources Across the County and Prioritizing Local

Community Context: County Data

WRI reviewed publicly available data from the U.S. Census to provide context for the community in Atlantic City and Atlantic County.

Atlantic City

Atlantic City is located in South Jersey in Atlantic County. Known for its casinos, nightlife, and boardwalk, it is located approximately 1 hour away from Philadelphia, Pennsylvania, and 2 hours away from New York City (Atlantic City Casino Resorts, retrieved 2025). With a land area of 11.21 square miles, including 10.76 square miles of land and 6.45 square miles of water, Atlantic City is the 55th most populous city in New Jersey (2019 Census Gazetteer Files, n.d.; Ranking by Population, n.d.). Atlantic City is also an urban city with a population of around 38,497 (U.S. Census, 2020). The population per square mile is 3,577 (U.S. Census, 2020).

According to the Atlantic City Free Public Library, Atlantic City began as a summer home of the Lenni Lenape people, who called it Absegami, later evolving into Absecon Island (Atlantic City Timeline, n.d.). Although early colonial settlers largely ignored the area, Jeremiah Leeds established the first known year-round residence in 1783 (Atlantic City Timeline, n.d.). The idea to develop the island into a resort was spearheaded in the 1850s by Dr. Jonathan Putney, who helped bring a railroad to the area and guided its transformation into Atlantic City (Atlantic City Timeline, n.d.). In 1852, the construction of the Camden-Atlantic rail line was completed, where a civil engineer from Philadelphia, Richard B. Osborne, designed the city layout and proposed the name Atlantic City (Atlantic City Timeline, n.d.). In 1854, the city was incorporated, and Chalkey S. Leeds was elected its first mayor (Atlantic City Timeline, n.d.). The city flourished for a while, however, as air travel grew, Atlantic City declined by the 1960s (Atlantic City Timeline, n.d.). A revival began with the legalization of casino gambling in 1976, leading to a booming gaming industry that revived the city's economy (Atlantic City Timeline, n.d.). In the 2000s, efforts expanded to diversify attractions beyond casinos, including new developments like The Borgata and the Walk, with billions invested to rebrand the city as a modern, multi-faceted resort destination (Atlantic City Timeline, n.d.).

Today, the city's economy relies on entertainment services, retail trade, real estate development, distilling, and deep sea fishing (Atlantic City: Economy, n.d.). The Borgata Hotel Casino & Spa holds the title of top employer within the city, with over 6,000 employees (NJ.com, 2017). As of April 2025, the unemployment rate in Atlantic City stands at 9.10% (Atlantic City, NJ Unemployment Rate, 2025). The city's unemployment rate is higher than New Jersey's rate (4.7%).

Regarding its population, Atlantic City experienced a general decline, with the steepest drop occurring between 2016 and 2019. While a slight rebound appeared in 2022, the population level remained below that of 2010 at 38,487 people. This minor recovery may reflect improvements in local economic conditions, housing availability, or employment opportunities, though the overall trend suggests continued challenges in retaining or attracting residents (U.S. Census Bureau, 2022).

Atlantic City's median household income decreased significantly between 2010, when it was $30,875, and 2016, when it fell to its lowest point of $26,891, likely due to economic downturns or job losses. From 2016 to 2019, income levels gradually increased to $29,232, followed by a sharper rise through 2022, when median household income reached $34,780. This upward trend may indicate recovery in the local economy, new employment opportunities, or rising wages (U.S. Census Bureau, 2022).

Families with children under 18 years old consistently experienced higher poverty rates than the overall family population in Atlantic City. In 2010, the poverty rate for these families was 40.3 percent, rising sharply to 55.2 percent in 2016 and remaining elevated at 53.8 percent in 2022. By contrast, poverty among all families increased from 23.7 percent in 2010 to 32.5 percent in 2016, before improving slightly to 29.4 percent in 2022. These figures suggest that while broad economic recovery or targeted support programs may have benefitted the general population, families with young children continued to face disproportionately high levels of poverty (U.S. Census Bureau, 2022).

Additionally, many households with a mortgage in Atlantic City spent 35% or more of their income on housing between 2010 and 2019, indicating significant cost burdens. By 2022, the proportion of these highly burdened households slightly declined to 31.8%, potentially due to rising incomes or housing market adjustments. Meanwhile, the percentage of households spending 30 to 34.9% of income on housing remained low at 6.4% but increased modestly in 2022 to 8.7%, suggesting a shift toward moderate cost burdens (U.S. Census Bureau, 2022). However, from 2010 to 2022, more than a quarter of Atlantic City households without a mortgage spent 35% or more of their income on housing. Although this high-cost burden fluctuated slightly, it showed a modest decline by 2022. Concurrently, a gradual increase in households spending 30 to 34.9% of income on housing suggests a redistribution from severe to moderate housing cost burdens (U.S. Census Bureau, 2022).

From 2010 through 2019, Atlantic City's median housing prices declined steadily from $238,200 to $156,700, likely reflecting a weakened real estate market, diminished demand, or broader economic hardship. Although there was a slight recovery in 2022 at $174,200, home values remained considerably below 2010 levels, hinting at a fragile or incomplete market rebound (U.S. Census Bureau, 2022).

Finally, between 2019 and 2022, broadband access in Atlantic City households increased substantially from 15,500 to 16,500. This growth likely resulted from improved internet infrastructure, expanded service availability, or affordability initiatives. The increase also reflects growing digital needs related to remote work, virtual education, and telehealth services during the COVID-19 pandemic (U.S. Census Bureau, 2022).

Atlantic County

Atlantic County is located in South Jersey. Known for its casinos, coastal communities, farms, and boardwalk, it is located approximately 1 hour away from Philadelphia, Pennsylvania, and 2 hours away from New York City (Atlantic City Casino Resorts, n.d.). As of the 2022 census, it has a population of 275,638, making it the 15th most populated county in New Jersey (U.S. Census Bureau, 2022; New Jersey Counties by Population, 2025). Atlantic County also contains 555.51 square miles of land, and 116.32 square miles of water (2020 Census Gazetteer, n.d.). The county was originally established in 1837 from portions of Gloucester County, specifically the townships of Galloway, Hamilton, Weymouth, and Egg Harbor. Its history, however, stretches back thousands of years, as the area was originally inhabited by the Absegami, a branch of the Unalachtigo Lenape, who lived near the ocean and called the region Scheyichbi, meaning “land bordering the ocean” (Snyder, 1969). European settlement by Dutch, Swedish, and English colonists began in the 17th century and gradually displaced the indigenous population (Snyder, 1969) Over time, the area developed into a series of farming and shipbuilding communities, with Mays Landing eventually becoming the county seat due to its central location and active port (Government of Atlantic County, 2000). The creation of Atlantic City in the mid-19th century, spurred by the railroad, transformed the region into a booming seaside resort. The county’s development continued through legalized gambling in the late 20th century and the preservation of the Pine Barrens through the creation of the Pinelands National Reserve in 1978 (Government of Atlantic County, 2000). Atlantic County also contains 23 municipalities: 12 cities, 8 townships, and 3 boroughs, with Mays Landing as the county’s seat (Tooley, 2015).

As of 2023, around 130,000 people who reside in Atlantic County are part of the work force (Data USA, n.d.). As of 2023, the largest industries in the county were health care and social assistance (19,041 people), retail trade (15,280), and accommodation and food services (14,850), where the highest paying industries were utilities ($101,908), public administration ($81,343), and information ($76,181) (Data USA, n.d.). As per unemployment, 8.6% of inhabitants of Atlantic County are unemployed as of January 2025, where Atlantic City is the municipality with the highest rate of unemployment in the county (YCharts; DataCommons, n.d.).

Demographically, Atlantic County has experienced only slight population decline over the past decade. Between 2010 and 2022, the county's population decreased by 0.35%, or approximately 953 people, despite overall population growth in the state of New Jersey, which saw a 5.22% increase during the same period (U.S. Census Bureau, 2022). Racial and ethnic composition in the county has also shifted: while the White population remains the largest group, its share has steadily decreased. The Black or African American population, the second-largest group, has remained stable with minor fluctuations from around 17% in 2010 to 13% in 2022, while the Hispanic or Latino population has grown considerably, reaching 20% in 2022. Smaller racial groups, including Asian, American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander populations, have remained proportionally small but steady. Notably, the number of residents identifying as "Two or More Races" has significantly increased from around 5% to 11% in 2022, reflecting a trend toward greater racial diversity (U.S. Census Bureau, 2022).

In terms of age distribution, Atlantic County is experiencing a clear aging trend. Between 2010 and 2022, the proportion of residents under the age of 30 years old declined, while those aged 50 and older increased, especially those aged 60 years old and older. The population pyramid for the county demonstrates consistent growth among older adults and shrinkage among younger cohorts. These patterns suggest a demographic shift possibly driven by lower birth rates, outward migration of younger residents, and in-migration of older adults. This trend has implications for local policy and planning, especially in areas like health care, senior services, and labor force sustainability (U.S. Census Bureau, 2022).

Economically, the financial health of households in Atlantic County has improved overall. Median household income increased from $52,571 in 2010 to $77,248 in 2022, a nearly 47% rise in inflation-adjusted dollars (U.S. Census Bureau, 2022). However, income growth varied by race. White households saw a consistent increase to $84,685 by 2022, while Black or African American households experienced a more dramatic rise—from $32,884 to $59,342—although the gap remains significant. Hispanic or Latino households also saw a steady income increase to $60,721 in 2022. Smaller populations, including Asian and American Indian groups, also experienced income growth, though the data is more variable (U.S. Census Bureau, 2022).

Poverty levels in Atlantic County have shown gradual improvement since reaching elevated levels during the early to mid-2010s. For individuals under 18 years old, the poverty rate peaked at approximately 27% between 2013 and 2016, before declining to around 15% by 2022 (U.S. Census Bureau, 2022). Adults aged 18–64 saw a similar decline from 15% to under 13%, while poverty among seniors remained stable around 10% with a slight rise in 2022 (U.S. Census Bureau, 2022). By gender, women consistently faced higher poverty rates than men throughout the period, although the rates converged around 11% by 2022. Racial disparities in poverty also persisted, with Hispanic or Latino and "Some Other Race" groups showing the highest poverty rates. White non-Hispanic and Asian residents experienced lower rates overall, while Black or African American residents remained in the 20–25% range (U.S. Census Bureau, 2022).

Housing data reveals that affordability remains a concern in the county. Among households with a mortgage, the percentage spending 35% or more of their income on housing decreased from 45% in 2010 to 35% in 2022. For those without a mortgage, approximately 23% spent 35% or more of their income on housing in 2022, down slightly from previous years. Meanwhile, moderate housing burdens (30.0%–34.9% of income) remained stable but low (U.S. Census Bureau, 2022). Occupancy trends show that about 65–70% of housing remains owner-occupied, with renter-occupied housing holding steady at around 30%–35% since 2016. Vacant units have consistently represented 20–25% of housing stock. Median housing prices declined from $238,400 in 2010 to $214,900 in 2019, but then sharply increased to $289,200 by 2022, indicating a potential housing market rebound (U.S. Census Bureau, 2022).

Access to digital infrastructure has improved notably. The percentage of households with broadband access rose steadily from around 97,000 in 2016 to 107,000 in 2022, suggesting stronger digital inclusion across the county, which may be tied to pandemic-driven demand for connectivity (U.S. Census Bureau, 2022). About 91% of New Jersey residents ages 25 years old and older have completed high school, and 89% of Atlantic County residents have also completed high school (County Health Rankings, 2025).

Findings

A NOTE ABOUT THE DATA.

The data (interviews, focus groups, and survey data) are self-reported, based on the perceptions and experiences of community members.

The top needs selected by respondents in the survey and discussed by community members in focus groups and key stakeholder interviews reflect what was important to the participants at the time of data collection. Many of the barriers are deeply interconnected, and they reflect the perception of community members of individual and community health needs based on their experiences.

All survey responses will be reported with percentages as well as the number of survey takers who chose/selected that response choice, out of the total number of survey respondents to that question (e.g., 50% means 10 out of 20 survey takers selected that response choice).

A. Community-Reported Existing Assets

Assets

Participants highlighted many existing Atlantic County and AtlantiCare assets. Assets focused on available resources for older adults, the number of local community organizations, AtlantiCare's efforts to more deeply engage with community partners, stronger partnerships between law enforcement and local institutions, and responsiveness to recent health care trends.

Health Care Specific Assets

ATLANTICARE URGENT CARES AND EXISTING MEDICAL HEALTH PROGRAMS

Participants highlighted the multiple AtlantiCare and Atlantic County services they used and appreciated, as well as other local health resources. Participants mentioned that Atlantic County has multiple Federally Qualified Health Centers (FQHC). The AtlantiCare dental clinic, part of its Federally Qualified Health Center (FQHC), at the Medical Arts Pavilion in Atlantic City and Community Dental of Ventnor were praised.

Data from participants indicated that multiple participants viewed the AtlantiCare urgent cares as well-managed, professional, and helpful. As one person shared, “The availability is there, like for example, the urgent care is a good thing because it cuts down on the amount of time you may go to the emergency room. The urgent cares are fantastic. I think it’s a good part of the AtlantiCare system.” (Community Member)

Participants specifically mentioned the AtlantiCare Mobile Market, an AtlantiCare program offering healthy foods and cooking classes, Southern New Jersey Family Medical Centers (an FQHC) resource events and food giveaways, the AtlantiCare Cancer Center in Egg Harbor Township, and an AtlantiCare grief support group run in partnership with the Mental Health Association of Atlantic County and Angelic Health (Hospice Care).

Participants also mentioned the AtlantiCare Unite Us platform that social service agencies use to connect people to additional referrals and resources. They said this helps people understand which organizations they may already be connected with, and facilitates additional resource referrals (for housing vouchers, TANF, food stamps) and connections. Participants mentioned the ability to obtain medical transportation through their insurance and that the NJ 211 phone number can assist with bus tickets.

The Atlantic County Health Department employs health educators to attend community events and provide structured programming for residents. This programming may take place at an agency or a faith-based organization. The county also conducts its own community health assessment and develops a community health improvement plan.

EXPANDED ATLANTICARE HEALTH SERVICES

Data from the CHNA highlighted how AtlantiCare is expanding existing healthcare operations, thereby increasing the breadth and availability of healthcare services. Shared one participant,

> "I think that we've really grown to be offering varying populations access to services. I think we have a lot more human service-based organizations within the county. We have more opportunities because they're spread out amongst the county, giving access to people who might live in the western part as well. We could do a little more work there, but I mean, overall, I think that we've improved that." (Key Stakeholder)

Key stakeholders mentioned a recent county-wide public health coalition that AtlantiCare is a part of, where people can share information and take the lead on various initiatives in the coalition. Another person mentioned an upcoming ideas initiative of AtlantiCare staff members that will assess recent problems brought to their attention to have a more

> "formalized boots on the ground approach to trying to get to some solutions for things and to be able to be some of those eyes and ears and bring that back and say this is something that we didn't know was going on, but here's a pattern for it." (Key Stakeholder)

New behavioral health and psychiatry services include electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS) for major depressive disorder, allowing people to receive these treatments at AtlantiCare without having to travel out of the county. AtlantiCare also expanded various surgical specialties, including vascular surgery and cardiothoracic surgery.

AtlantiCare is also working on establishing specialty pipelines that will enable community residents and local students to transition into staff roles, filling specific positions. Agreements with Drexel College of Medicine, Rutgers University, and Stockton University have begun to support pipelines of medical and social work students into AtlantiCare. AtlantiCare is focusing on training and providing staff who align with community needs. One recent area where specialized supports were created was with AtlantiCare's Hospital-Based Violence Intervention (HVIP) program. AtlantiCare intentionally recruited and trained staff from a specific community population who could best serve in the HVIP roles and represent their community. Another area targeted with specific resources was LGBTQ+ health. AtlantiCare recruited a highly skilled physician and established an LGBTQ+-specific primary care medical clinic in Atlantic City to address some of the unique behavioral and physical health needs of LGBTQ+ individuals.

Leaders we spoke with highlighted how they communicate within their own units, discussing with frontline staff the trends they are seeing in the field. One participant provided an example of how frontline staff identify trends and how AtlantiCare can respond—by examining hospital and behavioral health data to determine who is accessing primary care and the emergency department.

> "[We're] looking at how many people are screening positive for suicidal ideations at our primary care or in the emergency department in the hospital? How many people are acknowledging that they have food insecurities when they're coming through, or difficulties with housing? Those are all things we screen for throughout our whole system. So, hitting those touchpoints and pulling that data helps us identify that, right? A great example of this is that we saw that there were high rates of depression in our maternal health services. And so then we were able to come together with our women's health partners and build a program that really looks at women's pregnancy and postpartum and tries to address some of those symptoms that they're having or some of the concerns that are arising after a difficult pregnancy or birth and build out services around that." (Key Stakeholder)

Overall Well-being Assets

DEDICATED COMMUNITY ORGANIZATIONS

Participants lauded many local organizations that provided services, connected them to resources, and shared goals to support the well-being of local residents. Organizations that received specific mentions in the data included (but are not limited to): Angels in Motion, Avanzar, Charity Care, the Chelsea Neighborhood Association, Jewish Family Service of Atlantic & Cape May Counties (JFS), John Brooks Recovery Center, Oasis Community Outreach, Oceanside Family Success Centers (I & II), Sister Jean's Kitchen, South Jersey AIDS Alliance, the Spanish Community Center, El Pueblo Unido de Atlantic City, and the Volunteers of America (Egg Harbor Township). Other organizations that got shoutouts include the Hispanic bodega Rosario's on Sovereign Avenue, which offers information to Spanish-speaking residents.

Participants highlighted how the organizations they worked for or received services from offered timely, responsive, and thorough guidance. A few specific health programs that received praise in the data included a local community garden, the Bridge Suboxone program, and the Family Success Center's program for individuals with substance use disorders, and the Atlantic County Peer Recovery Community Center. Oasis was highlighted for providing showers to residents, and many local churches were noted for offering laundry services and distributing clothing to residents. Syringe access programs were recently expanded by the South Jersey AIDS Alliance to support those who are using drugs while identifying risks for HIV, hepatitis, and related infectious diseases. The Family Success Centers (Oceanside I & II) were mentioned as providing cooking classes, yoga, and activities with children. Some substance use and health organizations collaborate with the South Jersey AIDS Alliance, Atlantic Prevention Resources, and a group called Positive Pursuit.

Key Stakeholders we spoke with indicated that recent efforts have been made to engage with communities and share information between AtlantiCare, local organizations, and community members. Key Stakeholders discussed the importance of conducting more intentional communication with community partners. Two participants noted,

> "I think we've been really making concerted efforts to engage community partners, having more regular meetings, having more regular communication... in between meetings too, right? Like just making sure the lines of communication are really strong and that they know they can call us anytime" (Key Stakeholder)

> "One thing I've noticed with this community, even more so than when I worked in New York or in Northern New Jersey, is that the community organizations really share a common goal, and therefore they do have lots of overlap. They communicate and they work together. And it's probably a function of the population being less dense and populated. I guess what I'm saying is I see AtlantiCare working with community organizations in different capacities in order to solve a problem that is impacting the development of the community as well as the walls of our hospitals." (Key Stakeholder)

OLDER ADULT RESOURCES

Extensive data demonstrate the presence of programming tailored to older adults. One participant mentioned that group senior trips to theaters and entertainment are offered through the Atlantic City Mayor's Office. Multiple people commented on the thorough and diverse activities (e.g., book and writing clubs, fitness programs, self-defense classes, film society, dances, educational programs, cooking classes) available through the Jewish Community Center and the Jewish Family Service (JFS) of Atlantic & Cape May Counties' Village program. The program also offers transportation rides, meal delivery, friendly visitors to home-bound older adults, and grocery shopping services within a 20-mile radius. Participants also mentioned AtlantiCare's LifeCenter older adult fitness program, which provides instruction tailored for older bodies, 10 weeks of movement and wellness classes, and nutrition information.

LAW ENFORCEMENT COLLABORATIONS

Data highlighted improved relationships and partnerships between law enforcement and county organizations, including AtlantiCare. One participant described the positive developments and partnerships within law enforcement and local institutions:

> "The integration between social and healthcare services with the justice system has been an overall improvement and has opened doors to public safety and the interaction of the criminal justice system and public health in a way that was not present when I started doing this work 14 years ago. What that involves are partnerships between the components of the criminal justice system, so courts, prosecution, and the defense, and law enforcement and experts, and providers outside of government, and law enforcement who can provide targeted services based on whatever the symptom may call for." (Key Stakeholder)

Participants also mentioned specific law enforcement-led programs that partner with county organizations. The Atlantic County Prosecutor's Office (ACPO) and the Atlantic City Police Department (ACPD) conduct outreach throughout the community to connect individuals experiencing housing insecurity with social services and other resources. The ACPO connects defendants with varying substance use treatment options, operating multiple programs under ACPO's Diversion Unit to provide alternative paths to incarceration and towards healing.

Multiple court diversion programs such as R*ecovery Court (formerly drug court), Mental Health Court, Alternative Prosecutor for Positive Outcomes (APPO), and the At-Risk Initiative (ARI)*, where individuals, often low-level, repeat offenders (e.g., for shoplifting, trespassing), can have charges downgraded or dismissed through complying through various behavioral, therapeutic, or substance use programs.

Other related diversion programs, such as the *Veterans Diversion Program, AC LEAD*, and *Opt for Help & Hope*, connect individuals directly to service providers for assistance e.g., connecting them to substance use treatment through AtlantiCare and the John Brooks Recovery Center.

The county's law enforcement approach was summarized as,

> "You're taking someone who's on a statutory and system-based path, which can only lead to a couple of options (e.g., acquittal, probation, or state prison). And, moreover, none of those options are tailored to address recidivism and public safety. And so through the partnerships that we've developed with outside organizations, we are finding success in addressing them." (Key Stakeholder)

ANCHOR INSTITUTIONS

Data spoke to the importance of the county's anchor institutions—AtlantiCare, Stockton University, Atlantic Cape Community College (ACCC), and casinos, for example, as providing economic opportunity and opportunities for growth that can contribute to well-being across the community. One participant expressed that there has been improved government cooperation since the new AtlantiCare CEO leadership and that AtlantiCare has had more access to various politicians to discuss the county's needs. Data also highlighted the benefits of the local casinos, the educational opportunities, and the environmental resources like the beach make the area a "beautiful place to live, play and grow" (Key Stakeholder). Participants noted growth around non-casino-based economic opportunities and things for the community, and family-friendly entertainment options (water park), and improvements in the local public school systems.

Participants we spoke with wanted to continue building on existing partnerships and strengthening them across the workforce, health, nonprofit, social services, local government, and law enforcement sectors.

B. Community-Reported Barriers/Needs

The top main health needs identified across AtlantiCare's service region are A. Accessibility of Health Care, B. Health Care Specialists and Services for Special Populations, C. Quality of Health Care and Compassionate Care, D. Housing, E. Clean and Safe Community and F. Holistic Care and Allocation of Resources.

Overview of the Barriers

Barriers across Atlantic County highlighted challenges in accessing doctors, long wait times for appointments, and often far distances to see providers. Insufficient insurance coverage resulted in higher healthcare costs for participants. Participants discussed the county's lack of specialists, particularly for pediatric care, maternal and infant care, and mental health care. Special populations of immigrants, older adults, children, and people with physical and/or intellectual and developmental disabilities, and pre- and post-partum parents arose as needing additional services not always offered across the county. Across healthcare and general social services, participants reported a need for more information and guidance on available resources, accessing specific services, and following up on next steps in healthcare.

The data highlighted the limited time that healthcare staff spent with patients and the challenges surrounding undiagnosed ailments or unresolved medical issues. The quality of care at AtlantiCare facilities was discussed as mixed, with participants sharing both positive and negative experiences. Some participants chronicled experiences of discrimination and medical distrust throughout their health care.

Affordability and housing availability were commonly discussed barriers in the data. Community residents shared their views on their neighborhoods being unkempt and feeling unsafe at times. Challenges around providing resources and aid for people experiencing homelessness were also discussed, with particular focus on co-occurring mental illness and substance use.

Participants sought holistic healthcare that supported their overall well-being. Barriers discussed the challenges of providing and receiving both mental and physical healthcare, as well as access to safety, housing, food, and related resources. Data also highlighted the need to more widely distribute available health and well-being resources and ensure that resources are targeted towards local community residents.

A. Accessibility of Health Care

APPOINTMENT AVAILABILITY, WAIT TIMES, AND GETTING TO CARE

Accessibility of healthcare was frequently cited as a top barrier for residents we spoke with in Atlantic County. This section details the primary systemic and financial hurdles community members face when attempting to access healthcare services, ranging from logistical challenges (e.g., low appointment availability, long wait times, distance and travel time to the doctor) to economic limitations (e.g., co-pay costs and lack of insurance coverage).

Community members experience difficulties securing timely appointments, leading to significant delays in necessary treatment and preventative screenings.

> “When you want to go to a doctor and you’re not feeling well, it’s, it’s difficult. I guess there are just not enough doctors in the country to be able to see people on a timely manner. You have to wait three and four months when you make an appointment. I’ve had that with a couple of different physicians and then when you’re seeing, sometimes it’s with a nurse practitioner, you can’t even get in to see the doctor and…I’m not saying there’s anything wrong with seeing a nurse practitioner, but sometimes you want to see the doctor and you can’t always do it.” (Community Member)

Nearly half of the participants reported issues with appointments. Nearly 44% (43.8%; 221 of 504) of respondents cited availability of appointments, finding appointments, and doctors having available appointments as one of their top individual needs. When asked specifically about the top barriers to receiving healthcare, "wait time to get an appointment" ranked highest (49.5%; 243 of 491), followed by "no appointments are available during the times that I can attend/no appointments available during convenient times for me" (38.1%; 187 of 491) and "wait times too long at the provider's office" (27.7%; 136 of 491). As one person shared,

> "When I tell you we had a bad experience there, cause my son, he had to go get an ear test done. And we came on the bus. They made us come back a couple of days later because he was in line for a 15-minute window and he was very nasty to us. And I'm like, are you serious? I came here on the bus. I had to wait outside for another bus to come. So, you can't take me outside now. OK. It's a 15-minute wait period. I said, 'I don't think it's fair for whoever takes public transportation' At least show some consideration." (Community Member)

> "But there's, there's big populations out here that are not even getting any care or assistance or feel that they can seek assistance. I know folks that, like she said, suffering and afraid to go to the hospital and trying to find some place that's on the books is hard for them. So that's a big issue, I think too. And the western end of our, of our community in the Atlantic County, like... If you're anywhere out in the Weymouth or Mizpah or even, you know, parts of Hamilton and you know, those areas have very limited. They don't even have the hospital, Kessler shut down. AtlantiCare has an urgent care. That's it. You know, you have to either go further west or go, like she said, into Galloway or Atlantic City. So, that's a big area." (Community Member)

Participants also expressed that overbooked doctors in primary care and urgent care offices led to overflows in local emergency departments, with staffing decisions often stemming from administrative and corporate limits on the number of patients/adding new patients, which are not always within the doctor's discretion when determining how often or when to see a patient.

Another concern community members raised was the difficulty getting to medical appointments due to distance and lack of transportation. When asked specifically about transportation as a barrier, one-third (32.3%; 154 of 477) of community members stated that a lack of transportation has kept them from attending medical appointments or obtaining their medication.

One person shared,

> "So something positive in the county, not Atlantic City. Out in English Creek at Carver Township, they have a shuttle [Cross County Connection's English Creek-Tilton Road Community Shuttle] that will run from one end to the other to drop people off for their doctor's appointments, to drop them off at ShopRite. Um, most people in that area have transportation, so it goes unused a lot. It's great that it's there, but it would be great to see it in the city. Maybe they could pick people up from the city and take them, you know, to [inaudible], ShopRite, [inaudible] or Walmart, right? Not everybody wants to pay for deliveries... I just wish they could bring one here [Atlantic City]. Like, I know they have LogistiCare and fare free and stuff, but that's very limited to your doctor's appointment. You got to wait a few hours, have a time block. And with this shuttle, it's like, it's like a New Jersey Transit. It runs on a schedule. You don't have to wait and sit and wait. Make an appointment. Forty-eight hours in advance, you know, this bus is running every 30 minutes and it's great for the people out there. And I guess because AtlantiCare has a health park right on that corner. So they try to bring as many people as possible. But again, I think they might be servicing the wrong area." (Community Member)

HEALTH CARE COSTS AND VARIED INSURANCE COVERAGE

While New Jersey offers many avenues to insurance coverage, even those with insurance encountered barriers such as high copays and/or primarily out-of-network providers in their area. Costs were not always incurred at the point of care; they often happened in the process of making time and traveling to care: (e.g., transportation, unpaid work time off, time and distance, childcare). For example, one person noted that,

> "One last thing, cost and deductibles for working people, working individuals and parents, even when you have insurance, [it's] astronomical. I went to pick up medication the other day for me and a child, it was $200.00 for medication that we take daily. I literally have to be like, 'Can you take this one [medication] back? Can you take this one back? Can you take this one back? We'll keep this one for now. We'll come back.' Right? Because who can go every couple of weeks and make $200.00 of co-pay, right? So, it's especially for chronic illnesses, for serious illnesses, it's tough." (Community Member)

When asked about barriers to healthcare, cost was ranked high on the list, with 28% (136 of 491) of community members stating that they "can't afford co-pays/deductibles," and 24% (120 of 491) community members stating that they "can't afford the medications that they will prescribe." Medical costs not covered by insurance were a top financial concern identified in the qualitative data. Moreover, of the 438 participants who reported both their income and insurance coverage, 210 (48%) indicated not having insurance, 162 (37%) indicated having Medicaid or NJ Family Care, and 129 (29%) indicated having Medicare. These participants reported a wide range of household incomes, suggesting that insurance challenges impact residents in the county regardless of their income.

Beyond AtlantiCare, participants lamented the overall healthcare infrastructure and the limits placed on their health by insurance companies. Said one participant,

> "Part of the problem in my opinion is establishing these big giant conglomerates. So you know, you get 3 options for a medical care. You know, you go to AtlantiCare, you go to Shore Memorial or you go to a clinic. The days of having some flexibility with that... You go to an AtlantiCare primary care physician and you need a cardiologist where they're sending you to the AtlantiCare cardiologist. Now you need an endocrinologist. Will they send you to the AtlantiCare endocrinologist? Now they don't accept your insurance. Now you have 0 [zero] doctors. So having these giant conglomerates is a bit of an issue also, and it doesn't give you a lot of opportunity to have a doctor that meets your needs. You have to fit into what they're providing as opposed to finding somebody that you're comfortable with." (Community Member)

HEALTH EDUCATION AND GUIDANCE IN NAVIGATING THE CONTINUUM OF CARE

Participants we spoke with expressed a desire for more health guidance. In the community survey, 21% (108 of 509) of respondents selected "health education/education/outreach" as one of their top five community needs. Participants reported difficulties in following medical recommendations and accessing appropriate initial and follow-up care at various levels. Community members reported feeling lost when referred to a specialist due to the perceived lack of available specialists, often further limited by variable insurance coverage. Mental health, substance use, and pediatric care were among the specialties residents struggled to connect with the most, and other specific areas mentioned included STIs/HPV, breast cancer, and depression.

> "They're in certain situations where they don't know how to ask because they don't know how to reach out for that help. So sometimes it's more beneficial when people go, "OK, do you know where to go from here?" It's just those simple questions of like a provider just saying, "OK, so like, do you know the next step?" And if they go, "No, I don't" that gives them that avenue of like, "I don't know what else I'm supposed to go." You have to start that communication for them, then somebody could advocate for themselves." (Community Member)

Participants desired streamlined communications with key, easy-to-understand takeaways for next steps following their medical procedures or doctors' appointments. Data highlighted how many participants struggled with the lack of information provided upon hospital release or following an appointment. Participants shared,

> "The lack of care outside of the hospital. When you're getting discharged. So it's like, you receive what you receive when you're there, but then when you're discharged, you're kind of just left on your own. You're not followed up with, you're not treated the way like, what do you do now? You're just going to end up right back in the hospital, right?" (Community Member)

> "And then when they discharged us, they gave us no information to go out into the world with. So it was me contacting other people and like, "All right, what's the next steps here? What do I have to do? Who do I have to contact?" And then neurologist, speech therapist, physical therapist, all this stuff. And then you're calling the doctors and you'll leave a message and then you're on your back." (Community Member)

Community members also expressed that they were often burdened with having to decode medical bills and ensure that the documentation was accurate. A patient who received a bill for necessary treatment marked as elective reported that the issue had gone unresolved for years and caused them undue stress. In another example, relatives of Latino patients with work-related injuries reported that their medical documentation would be missing critical information to file for employment compensation, requiring extra caution, especially when the patient did not speak English. Participants had the expectation that healthcare facilities have the responsibility to provide accurate documentation, guidance in care, and to liaise between them and insurance for correct billing of services.

B. Health Care Specialists and Services for Special Populations

NEEDED HEALTH CARE SPECIALISTS AND TARGETED EXPERTISE

Data highlighted insufficient access to specialists for medical and behavioral care for some people, as well as the need for services specifically tailored to meet the needs of specific groups.

When asked specifically about top barriers to health care, 18% (90 of 491) of community members chose "No specialists in my community for my condition." Data also revealed the degree of missing health services. Participants indicated that in regard to individual needs the following were among the highest priorities:

- low or lower cost dental care (38%, 192 of 504)
- having insurance/ finding providers that take my insurance (36%, 179 of 504)
- mental/behavioral health services (28%, 140 of 504)
- low or lower cost eye care (23%, 117 of 504)
- medical specialists (23%, 116 of 504)

One participant chronicled their challenges finding a specialist,

> "But when I have to see, I have to see two specialists and in like the last year and a half and one I had to wait like 5 months...Once you're in, you're in until you can get there. It takes like a little time. And I still, even if I want a primary down here because my primary is still in Cherry Hill, like somebody might tell me, oh, this is a good primary. I call up, they're not accepting patients or I call this one you can't see that doctor. I went to see, I figured, you know, I'm in the sun a lot. I'll go see a dermatologist, which I usually never see. And they tell me like the dermatologist can't see you, but you'll see the physician's assistant, but it'd be nice to see the doctor." (Community Member)

Additionally, participants raised concerns about the lack of maternal health resources in the area. When asked about special populations in need of additional services, 23% (108 of 469) of community members identified pregnant or postpartum individuals as a group requiring more resources and services.

As one participant explained,

> "Before I gave birth I was an addicted pregnant woman and there was very few resources out there for me. Um... I got on methadone, which was the right thing to do, but they like their resources.... They were terrible. I felt like they enabled me to keep on using street drugs. There was no consequences at all to the methadone program, but I did join a group that ended up helping me, like a nonprofit organization that ended up helping me. But yeah, I went through something very traumatic when I was pregnant. I felt like I had a lack of resources for my mental health and for my addiction for sure." (Community Member)

People also raised concerns about the lack of pediatric care in the area. Participants explained the difficulties associated with having to travel to other counties for pediatric care and pediatric specialists. One person noted,

> "I also have two children with chronic illnesses. They see a dermatology specialist who is at CHOP [Children's Hospital of Philadelphia]. So in the middle of the night when I have a crisis, I also have to drive to CHOP because we don't have access here. When he cannot wait, and I have to go here [Atlantic County] because it's closer. I literally have to play doctor. But my doctor hat on, my mom hat on, and explain to them what it is because I'm they're looking at me like 'why are you here'? We don't have pediatricians here. Yes, but I'm having an emergency. He's having an emergency. Inevitably, every time we end up having to go, we get transferred to CHOP, which is a lot is costly because now I have to pay for an ambulance. They won't let me take him. I have to follow in my own car. And it's hard for us parents who are down here. Some of us are by ourselves. It's a lot that the lack of continuum care is not there. The specialists are not there. The pediatricians are not there. You're already exhausted. You're already afraid for their health, right? And that connection is not there." (Community Member)

SERVICES FOR SPECIAL POPULATIONS

Community members we spoke with also highlighted the need for more services and programs for special populations—namely, immigrants, older adults, youth, and people with physical and/or with intellectual and developmental disabilities. When asked about the needs of the community, "community social support services/programs/connecting with other people" (44%, 149 of 506) and "community services/programs for special populations" (29%, 149 of 506) were ranked among the highest priorities for residents. Some examples provided by community members during the focus groups included language classes and job training opportunities for non-proficient English speakers, home care assistance and delivery services for older adults and homebound individuals, recreation options for young adults, coordinated reintegration services for delinquent youth, and support options for people living with intellectual and developmental disabilities.

In the survey when asked about the needs of special populations groups, they were ranked in the following order:

Special Population in Need (N=469)	Number	Percentage
People who are immigrants and/or undocumented	204	44.0%
People with physical disabilities	192	40.9%
Children (<18)	189	40.3%
People with intellectual/ developmental disabilities	184	39.2%
LGBTQIA+ individuals	168	35.8%
People formerly in jail / were incarcerated	159	33.9%
Older adults	153	32.6%
Veterans	122	26.0%
Pregnant or pre/postpartum people	108	23.0%
Teens/ Young Adults (14-24 years old)	98	20.9%
Members of tribal communities	97	20.7%
Specific racial or ethnic groups	42	9.0%
Other	13	2.8%

Shared one person,

> "I think some of the things that are missing in this area or that creates some challenges are kind of those more targeted or specific specialized programs, right? There are not a lot of options or opportunities in terms of resources for individuals who might have a need for specialized care, like eating disorders or some of those short and adolescent populations. Some of the trauma-related work, right? For someone who may be a victim of domestic violence. There is a program, but not like a lot of programs, right? So I think that is a general barrier across our area that there's a kind of cultural and community need in a couple of different areas, but not a lot of resources that are representative of those community needs that are available in this area. And so I think either people go without having them because they lack the resources to get to places that have them, or people are traveling outside of Atlantic County to try and attain those resources." (Key Stakeholder)

There are challenges when allocating resources to specialized populations and services. AtlantiCare has grown and trained internally to build up providers and resources to meet the needs of the community; however, while broader needs are often easier to fill, more specific, intensive needs (that also require providers with specific and intensive training) can be harder to fill, especially when considering balancing costs, potential patient numbers, and other considerations. As one Key Stakeholder described, AtlantiCare has influence as a major employer, enabling it to offer educational assistance and leadership development/staff development courses, which smaller nonprofits may not have the resources to provide. Roles to fill those needs at AtlantiCare or community organizations can be left nonexistent or unfilled for specific populations or illnesses. The participant continued,

> "Which does create some barriers and some gaps in access... for the niche market, it's much harder because you have to be able to figure out what's the right amount to make something from a business perspective viable to run, right? So you can't just train one or two people here or there for something like that, right? You have to have the staff that are able to do it, but that's not always, sometimes that's cost prohibitive, right? Like they're, they're sometimes mutually exclusive, the size and scaling that you need to make it effective versus the number of people you really need to put through trainings in order to make them cost effective to do. And I think that's some of where that comes in something like eating disorder as a focused intervention. It takes a lot of time and money and effort and knowledge to be able to get somebody through some of the programming to help them have the skills to be able to treat that population. Specializing

> in intellectual and developmental disabilities population, same thing. That is a lot of time and effort for a small bang for its buck sort of outcome. And I want to be really clear, right? Everything we do isn't for the financial gain, but we have to be able to make enough, generate enough revenue to support having services. So there has to be that balance." (Key Stakeholder)

CULTURALLY RESPONSIVE CARE FOR SPECIAL POPULATIONS (NON-ENGLISH SPEAKERS AND IMMIGRANTS)

The data highlighted challenges faced by non-English speakers in healthcare settings. Participants noted that many from immigrant and Spanish-speaking communities (the predominant immigrant populations in many parts of the county) are often unaware of potential services. As one person shared, "They [AtlantiCare] don't cast a wide enough net. So, they don't, they don't advertise it and they don't make them feel like they are included. So, then, they don't." (Community Member)

Immigrant populations also expressed a lack of trust, safety, and comfort in deciding whether to visit an AtlantiCare facility. Latino/x residents rely heavily on local organizations, such as the Spanish Community Center, to serve as translators and guardians of information when individuals are attending a medical appointment or making decisions. Data illustrated a definite and strong need for bilingual healthcare staff across the healthcare spectrum. Shared one person,

> "We are limited with our bilingual clinicians. There is a missing piece there to outreach, to hire more Spanish-speaking clinicians, doctors, or people who look like the Hispanic population. In our county, Latinos are over 20% of the population. In Atlantic City, we are probably close to 40% of the population. In Pleasantville, we are 70% of the population. The healthcare does not look like us, or they are not culturally competent. They gotta show that they are actually caring about the community, the whole community." (Community Member)

Given recent federal developments around immigration enforcement, community members we spoke with highlighted heightened fears about accessing health care during this time. Local organizations that serve immigrants have protocols in place in case U.S. Immigration and Customs Enforcement (ICE) agents arrive, and community members

expressed fear of how AtlantiCare would handle the situation if ICE agents were to arrive while at a facility.

There are also administrative barriers that prevent immigrants from receiving care. One person outlined their experience not able to receive services from the Rescue Mission (local shelter), sharing,

> "If you are Latino, if you are undocumented or mixed status or whatever - they can't bill for you, like you can't get, they can't get state, federal funds for you, you are out on the street. So, if it's a Rescue Mission, you gotta fit the criteria. That is very hard to fit. Like, cause when the Rescue Mission doesn't take anyone in need, that's when they go to the emergency room. And that's how you see the cycle and the overflowing..." (Community Member)

C. Quality of Health Care and Compassionate Care

Compassionate care refers to the patient's experience of care—including their perception of the quality of care and communication with healthcare staff. This barrier discusses participants experience of bias and discrimination and distrust of healthcare institutions.

PERCEPTIONS OF HEALTHCARE STAFF

There were varying perceptions on whether "better doctors" were practicing in the AtlantiCare system and Atlantic County compared to areas closer to New York, Philadelphia, or Wilmington. A concern among participants is that the care from doctors is no longer as personal as it used to be, often due to the presence of computers in doctors' offices. As one person shared,

> "Rather than look at you and talk to you, they are busy writing something on the computer. And eventually they do look up and they respond to what you're saying. But it's just the feeling that you get that it's not... you have that barrier between you and the physician." (Community Member)

Another participant shared that the lack of time doctors spend with each patient prevents doctors from accurately identifying illnesses and ailments in their patients. Others' perspectives were that there is a staff shortage among doctors, and there are challenges in retaining staff.

Participants appreciated doctors who advocated for them, maintained eye contact while speaking, showed respect, and spent sufficient time with each patient as needed. Participants expressed an overall need to better understand test results, the reasons

for treatment involving prescriptions, potential side effects of medications, and both alternative and preventive treatments, in order to feel better equipped and more comfortable following medical recommendations. Multiple participants lauded specific providers for their exceptional patient care experiences. One participant shared,

> "I am really glad that AtlantiCare is here. All of the health systems now are corporate health systems, unless you're seeing a volunteer medical organization. And when you read about the doctors who are at AtlantiCare, you see that they're starting to draw from Cooper Health Care (NJ), from Pennsylvania; Philly [Philadelphia] doctors are coming down here. So I do think that the system is becoming more integrated, but a lot of it is just a product of the corporate medical system that we have now." (Community Member)

QUALITY OF HEALTH CARE

Participants shared healthcare experiences, and many shared examples where they perceived their quality of care to be below average (e.g., prescribed the wrong medication), and at times, harmful or negligent. Participants outlined instances where they expressed feeling like a "guinea pig" or "experiment" in situations where it appeared doctors did not know how to appropriately address their medical situation.

Data from community members occasionally revealed a disconnect in medical information between care providers, which can lead to confusion in treatment and unnecessary duplicate procedures. Some participants shared instances in which healthcare staff did not have records of recently performed tests and asked patients to get them redone, resulting in additional time and potential costs for the patient. In some instances, participants reported having been prescribed multiple medications by different providers or medications that were not recommended by specialists treating their other conditions, expressing concern over the poor monitoring of their medical history and the lack of coordination among providers.

> "I had an experience with urgent care also, I think it was the one in Northfield. And it was really frightening because I had pneumonia and they gave me the wrong medication. And they should have looked at my chart and seen that what they were prescribing with other things that I have, they could not give that to me. Lucky for me when I got home, I always read the stuff that the literature they give you with the medicine. So I called my regular physician and told her and she's 'no, don't take that.' But there, you know, for me, I want to see my doctor that knows me, that I have confidence in. And you can't do that anymore when you're sick." (Community Member)

Related, participants shared experiences where they perceived that healthcare staff were unfamiliar with their medical histories. Participants desired that healthcare staff be mindful of medical histories and past experiences documented in a patient's chart. For example, one participant shared that they have a documented history of sexual trauma on their medical chart and experienced multiple panic attacks in the hospital. As an actionable recommendation, the participant suggested that,

> "There should be a system in place where, depending on people's medical histories, maybe there's a color-coded system, or maybe like, hey, bright red bullet points of like things to know about this patient. I just feel like we're in an age of technology like why isn't our medical information more centralized? I have so many different issues from over the years where I've had to explain to one doctor. And it's traumatic." (Community Member)

Participants we spoke with were open about their health care experiences at AtlantiCare. Experiences were shared directly from participants, covering a range of topics around pregnancy loss, child illness, substance use, and medical and sexual trauma. The data revealed a pattern of perceived subpar experiences with the AtlantiCare system and its providers, as well as distrust in the system. Participants shared medical experiences where they felt mistreated or where mistakes were potentially made, causing perceived incorrect care or delays in care. In the community survey, 25.4% (128 of 504) of respondents selected "needing more trust in the healthcare system" as a top five individual need. Related to this, multiple participants mentioned preferring nearby hospital networks and, at times, compared them to their experiences with AtlantiCare. As one participant mentioned,

> "Because the way you're sometimes treated, you are a number in a bed. It's different. The bedside manner is lacking. The way you're treated is kind of unfair...this has been for a long time...And while they're [AtlantiCare], building all these new buildings and expanding, you are still just a number in a bed. They want to figure it out, hurry up and get you out to...and to get the next bit of money." (Community Member)

DISCRIMINATION AND BIAS

Participants shared experiences of discrimination and bias throughout their health care treatments. Discrimination was noted particularly among older adults, people of color, people experiencing homelessness, and people using substances. When asked about experiences of healthcare discrimination in the community survey, most participants (69.9%; 343 of 491) reported not having experienced discrimination by a healthcare professional. About one-sixth said "yes" they had (14.1%; 69), and 12.2% (60 of 491) noted "sometimes".

One older adult shared that, after being turned away at a doctor's appointment for a check-up up she wasn't aware that she had "aged out of" and that she noticed a difference in care from her 60s into her 70s, with health care providers not being as interested in her care or her concerns being heard.

Other participants shared:

- "So and like what, four or five days ago I was in the hospital and, and I told him I was homeless. And it was like a whole thing, you know? They were different to me." (Community Member)
- "I've heard that people say, 'you don't look homeless.' Do I walk around with a backpack on my back? Or 'you're not disheveled, you don't look homeless.' What's a homeless person supposed to look like? It's already predetermined by your looks if you're homeless or not." (Community Member)
- "And as soon as they see that you're an addict, yeah, they treat you [poorly]. It's like the whole demeanor changes as soon as they find out. That is very true. So the stigma-free [talk] is [inaccurate]. I've seen them turn people away because they were on drugs or they were drunk and they needed help." (Community Member)

One participant shared that they are part of a stigma-free group—a group of organizations in Atlantic County that meets to discuss how they can collaborate to reduce stigma across agencies. The participant noted that some agencies were invested in planning, while others were not, sharing, "Like, OK, that whole agency, whether it's healthcare or not, OK, they're going to continue to stigma, stigmatize people because they don't want to do anything to fix it." (Key Stakeholder)

Overall, participants desired healthcare staff and processes that are empathetic, wanted staff to be knowledgeable about their medical histories, and institutions to be mindful of various barriers to healthcare access.

D. Housing

HOUSING ACCESSIBILITY AND AVAILABILITY OF HOUSING RESOURCES

The high cost of living in New Jersey and Atlantic County makes accessible and stable housing a challenge. Seventy-two percent (72%) of survey respondents selected cost of living (transportation, gas, housing, groceries) in their top five community issues (362 of 509).

When asked about their living situation, 77% of survey respondents (101 of 486) reported having housing, although 18% (86 of 486) stated they had housing at the time but were concerned about losing it in the future. Six percent of respondents did not currently have housing and were staying with others, or elsewhere, such as shelter or living outside (28 of 486). Regarding housing expenses, one-third (33%, 161 of 486) of respondents reported spending approximately half of their income on housing, and 18% (87 of 486) reported spending almost all of their income on housing. Forty percent (192 of 486) reported spending about a third or less of their income on housing.

Community members highlighted that safe, temporary, and permanent housing is a significant need, but it is also scarce and challenging for social service providers to offer. In the community survey, more than half of respondents (280 of 479, or 58.5%) reported that they did not believe there was enough affordable housing, and that their neighborhoods were safe and well-maintained. Additionally, 38% (362 of 509) of respondents identified housing availability as a community issue of concern.

Among respondents with stable housing, they reported various issues with their current housing situations. The most commonly reported housing issues included pests such as bugs, ants, or mice (34%; 165 of 481); challenges paying for utilities (34%; 162 of 481); and water leaks (25%; 118 of 481). Open-ended survey responses reported issues related to cooling and heating costs, broken appliances, landlord-neighbor conflicts, and stolen property, particularly among renters.

One participant summarized the area's housing challenges:

> "Many years ago, I think that the shelter, the Rescue Mission in Atlantic City, was a huge community partner and did provide that resource. And I don't know necessarily what happened with that, but I would argue that there's a gap there now that we struggle with. And that creates major barriers when folks are not appropriate to be hospitalized or in an inpatient setting. They're well enough to be in the community, but they lack housing and some of the other essential starting points to reach their desired destination. And housing is not just available. So there really needs to be some of those in the middle options. Transitional, temporary type of housing for people to be able to get those stepping stones and have a safe place to stay while they're working on longer-term options through vouchers or other kinds of low-income housing." (Key Stakeholder)

HOMELESSNESS AND CO-OCCURRING SUBSTANCE USE AND/OR MENTAL HEALTH CHALLENGES

There is a large need for mental health/ behavioral health and substance use providers in Atlantic County. Approximately 31% (156 of 506) of survey respondents identified mental and behavioral health services as a community need. People who are unhoused represent an acute need for substance use and mental health services, as many of these challenges are deeply intertwined. Participants we spoke with noted that some community members may lack awareness of substance use or mental health treatment options and how to access them, or may not understand what they are experiencing. Participants shared that making a first appointment can be nearly impossible when one is already struggling with a multitude of other issues, such as a lack of housing and hunger. Two participants shared,

> "They are not seeing ways out of their addiction because it's not being presented. They don't know that things like Narcotics Anonymous and Alcoholics Anonymous and all those other anonymous programs and other fellowships like that exist and are available." (Community Member)

> "The mental health issues that people are struggling with are preventing them from seeking out other external care as well" (Community Member)

Additionally, while there may be organizations offering assistance, participation in these programs might not be something individuals can do until they are personally ready. It can take multiple interactions between individuals and service providers to establish trust before someone may accept available services.

FLOW INTO ATLANTIC COUNTY AND CYCLING THROUGH SYSTEMS

Multiple participants expressed concern and frustration that people experiencing homelessness appeared to be sent to Atlantic City from other areas within and from outside Atlantic County. These individuals, lacking stable housing or follow-up care, often find themselves in repeated cycles at local transit centers, the AtlantiCare emergency department, and local jails. This influx can create strains on the County's service and health systems. One participant highlighted,

> "I feel like, especially in Atlantic County, Atlantic City is the only place that has a Rescue Mission. And so, places like Hammonton or other locations on the other side of the county, they'll get people a one-way ticket, 'Off to Atlantic City'. That's just a drop-off point. But they are just putting a bandage on the issue, and there's no real help. A lot of times we've seen in the emergency room, 'Oh, OK. There's nothing else we can do'. And they are put back out [to the street]. So, what's the plan there? That's a big thing that I've seen here. We get dumped in there. We get dumped from Ocean County too." (Community Member)

Many participants shared accounts of individuals cycling through periods of incarceration or treatment. During that time, they are evaluated and placed on medication that helps to alleviate mental health and/or substance use challenges; however, upon their release from said facility, they struggle to keep up with their health care needs. Without local, affordable, and easily accessible providers and housing, maintaining treatment can be challenging. One participant noted,

> "They get stuck in the Atlantic County Jail and they're stuck there for months and then they come back out and then they like try to figure it out - they're back on their meds, then they lose their meds or get off of them, whatever again and they're back into the jail system again. It just keeps going. There's not much help for the mental health people who are in Atlantic City." (Community Member)

E. Clean and Safe Community

CLEAN PHYSICAL ENVIRONMENTS

> "Wellness goes a long way. It's discouraging sometimes... it's little things that can make you feel better about yourself or the atmosphere that you live in and that will help your health." (Community Member).

Community members reflected on how the state of their physical environment impacted their well-being. The deterioration of streets, sidewalks, and building facades was viewed as both a safety hazard and a sign of neglect in particular areas. There was a sense that areas frequented by tourists received more attention and resources to appear attractive, while other neighborhoods, even within Atlantic City, did not receive the same degree of investment. Participants shared,

> "They don't want the people who live here to be in view of the people with all the money who are going to blow it in the casino, like...They definitely try to get them from where the tourists are coming... Like unless you're obviously a tourist, then you are sometimes treated as less than." (Community Member)

> "I saw something with the city. They were going to hire these people for a $200 stipend to help clean the neighborhood. I don't want to be going uptown cleaning a neighborhood, and mine is just as dirty, and all this stuff is around it. You know, it's not fair." (Community Member)

ACCESS TO HEALTHY FOODS

One notable way in which many community members expressed that their physical environment failed to support a healthy lifestyle was the lack of access to healthy foods. Across the county, participants reported that food stores offered a limited selection of fresh food and an abundance of processed food items. Participants discussed the risks associated with processed foods, including their contributions to diabetes, high blood pressure, heart disease, and cancer. However, they noted that the produce available near them was often of poor quality or too expensive.

> "Healthy, nutritious foods. If we could have a fresh produce store for every weed dispensary... you know, an affordable healthy grocery store, especially with some fresh live foods that's not wilting and rotting." (Community Member)

Although some participants reported visiting Walmart, ShopRite, and Save-A-Lot in the county, many without transportation struggled. Walking can be dangerous, as some of these locations are situated along major roads. Public transportation can be time-consuming, and taxis, Uber/delivery services can be expensive. One resident shared that taking an Uber to the grocery store was more costly than buying her family McDonald's for dinner. Residents of Atlantic City recalled failed plans to open a grocery store in the city and frustration towards resources being diverted away from local residents. Community members expressed:

> "And, you know, this is like our third grocery store. We had one called Thriftway. I remember they shut it down. I think it was a health food hazard or something. And it was still horrible. And I think we've had one more. You know, we've been through a lot trying to get grocery stores and I heard they were going to put an ACME close to here or a ShopRite. Maybe it was just word of mouth." (Community Member)

> "All these farms and all this food, they can go and scoop it up and distribute it. If you go from here on Route 40 all the way to the bridge, left and right, nothing but farms. But there's no reason that people in Atlantic County should be starving. You know, it's the government. They don't, they don't care. All they're worried about, I think it's the casino people going and coming. Right, let's make the visitors [comfortable]...because the casino is bringing the revenue, so they want to make their patrons comfortable. But again, these are the people who live here. These are the people who pay your taxes, that money should be going back into the people. And we shouldn't be penalizing the people of the City, making them wait for basic needs like food...We are the ones who make Atlantic City, the taxpayers, like they're even left behind." (Community Member)

NEED FOR COMMUNITY ENRICHMENT AND SUPPORT

Community members across the county reported that the availability of free or affordable recreational and educational options had decreased since the pandemic. Residents expressed that there were even fewer community enrichment activities outside of Atlantic City and particularly in the Western parts of the county. Much of the demand for recreational activities centered around youth, with parents concerned that their children were spending too much time on electronics, but that they had no affordable or age-appropriate alternatives nearby. One community member shared,

> "[My kids] feel fine spending the whole day in a dark room playing on the TV or PlayStation. No. For me as a mom, that's not OK. It frustrates me. So I said, 'No. Let's go. Let's go somewhere.' If it's something free, it doesn't exist. You can go out to eat. Um... What else? A park where they can play for a while—but mine are teenagers. It's not the same as taking little kids who go and throw themselves around on the playground. So where do I take them? I took them to watch the sunset at the bay. And honestly, we really need places where kids can keep their minds occupied." (Community Member)

Similarly, data showed that adults also crave opportunities for healthy recreation and connection. Participants expressed a desire for more guided exercise opportunities, cooking and diet classes, and comprehensive health education. Participants were appreciative of the free health screening events and felt that it was important for them to be paired with education about chronic illness and disease prevention.

It was evident that, for community members, interpersonal connections are key in nurturing the sense of a healthy community. Some participants wanted to see more public activities promoting healthy living while mingling with neighbors and gathering in places (e.g., "community hotspots"). Others sought to establish more connections with neighboring communities to encourage caring and investment throughout the entire county.

> "You need to partner with and help the communities...and you have to go into the neighborhoods and talk and deal with the people and stop making it look like it's Hollywood on the outskirts... Because the community is the people, is everybody that you see, everything. If you go to the same place every day, the same people you see every day. And that's your community. Those people are members of your community." (Community Member)

COMMUNITY SAFETY

Participants shared concerns about the presence of crime, including drug use, drug trafficking, and gun violence. Many participants also explicitly expressed concerns, frustration, and worry about people who are experiencing homelessness, in addition to mental health and/or substance use challenges. Approximately 24% (122 of 509) of survey respondents identified homelessness as a community issue.

Participants reported that they may avoid visiting local businesses where they know unhoused individuals reside. Some also shared that they are fearful of allowing their children to travel outside of their homes without an adult present. Said one community member,

> "A boardwalk, which was something so beautiful, has now turned into the home for the homeless and the mental. They go there, they sleep, they beg. It's become to the point, where they'll walk up to you. 'Can I have a dollar? Can I have this?.' They're at our local grocery stores. They're at our local doctor's offices. They're everywhere that you can think of. And it's not safe. I don't want to walk my kids around the city. And when I was younger, I could. I'm in my late 30s. When I was younger, I could walk around the city. It was somewhat safe. Now it's not..." (Community Member)

Community members also expressed frustration with the casual substance use and distribution that openly takes place on the streets of Atlantic City. One participant noted,

> "I grew up in this county. You have never seen Atlantic Ave like that. People are doing drugs right now on the steps; there are 18 drug dealers, 9 on this side, 9 on this side. And the police walk by and go see the man drinking a beer. So, they're desensitizing. They're making you see, and that separates us as a community, and a divided house will never stand. They let you see all that stuff and you say look at that crackhead, look at alcohol, look at that crazy guy. You see all this stuff and you don't want anything to do with them. Now, those people who need help, who's advocating? We should be like, get that man off the street." (Community Member)

One key stakeholder discussed the role of bail reform in New Jersey in shifting appearances of more or less crime. New Jersey's bail reform shifts the number of offenders going to jail for low-level offenses (e.g., for public drug use or petty shoplifting) by focusing on jail time for higher-level offenders. They shared,

> "I think you had a lot of people before who were committing low-level offenses, who had substance use problems and then they would be incarcerated for a certain period of time. And now that that's not happening, I think it gives this appearance that you have a lot more homeless and drug addicted individuals on the streets where before they were just incarcerated in county jail." (Key Stakeholder)

Participants also expressed safety concerns for people experiencing homelessness and co-occurring illnesses. Unwell individuals were reported to engage in dangerous behavior in public areas, such as walking through traffic and endangering both themselves and others. There was also criticism of the quality of the existing resources, citing reports of unclean or potentially unsafe shelter conditions. Summarized one Key Stakeholder,

> "I would say the unhoused are facing a lot more barriers to care and safety because especially in Atlantic City, not Atlantic County, I mean, we see it in the county as well, other areas, other cities. But here, here on the Island, well, and in Vineland and in Cape May, there's such a push to get the unhoused out of sight. So they, they're not allowed to sleep on a bench, they're not allowed to stay in a park, they're not allowed to go to sleep under a memorial. And those are the safe places that they have found. And they're, they're moving them constantly. So I do find my clients telling me how exhausted they are. They're not allowed to sleep at night. They keep them moving. They're on their feet all day. They have horrible sores on their feet because they're forced to walk all day to keep moving, right. So that is something that I'm seeing more is a lot of foot issues, a lot of like they're having trouble navigating because of injuries they're getting from that forced movement." (Key Stakeholder)

F. Holistic Care and Allocation of Resources

HEALTHCARE IS HOLISTIC CARE

Community members expressed concerns about overmedication and requested more emphasis on alternative treatments and preventive care. Data demonstrated participants' awareness of medication side effects, complications of taking multiple medications simultaneously, and the risks of opioids. Some people felt that providers neglected alternatives such as supplements and vitamins, which these participants perceived as more "naturally healthy" options. Some participants mentioned taking their blood panels to the vitamin store to get recommendations from "the vitamin guy" whom they perceived gave them more personalized attention and "helped [them] more than the medical community" (Community Member). Other residents advocated for providers to treat with well-guided nutrition and fitness before medications, or at least to have it incorporated more formally in their treatment and to prevent further complications.

> "You have three doctors and each one gives you a different pill. At the end of the day, you end up taking 20 pills and you don't even know what they're for or why. No, they don't talk to each other. There's no kind of coordination... I don't want to take a pill that's going to fix one thing and damage another." (Community Member)

Community members also described ways in which providers may inadvertently exacerbate other barriers they experience while seeking care. For instance, some reported that the classification of a medical appointment (e.g., follow-up vs wellness) limited what they could discuss during said appointment. They felt it was burdensome for the patient to have to schedule another appointment to discuss a new health issue when they were already at the doctor's office, as the patient would have to arrange for the time, transportation, and money if they had to return. Residents also expressed concern for homebound individuals, particularly older adults, who may have growing health concerns that go by unnoticed unless someone checks on them regularly and is persistent in their follow-up. For example, a participant described an older man who received home visits from a nurse. When the participant raised concerns about the man's feet, the nurse said she would schedule an appointment with a podiatrist, but the situation remained unresolved for months with no updates.

> "Your basic services are missing. They don't calibrate the blood pressure machines in places like Walmart. Try buying a blood pressure machine over the counter. They're all inaccurate. You know you can't even stop into your medical facility when you have dangerously high blood pressure. I mean stroke-range things. You should be able to stop into AtlantiCare and have your blood pressure read with via an assistant real quick. You know when you're in this...You cannot do that anymore. ....You have to have an appointment to have a service. You've gotta pay...I mean, come on. It's make an appointment, just come up to get my appointment." (Community Member)

GREATER DISSEMINATION OF EXISTING RESOURCES

Beyond accessing physical and mental health-related services and resources, many participants emphasized the need for a deeper understanding of the available resources for food, housing, legal services, employment, and related topics. Community members at times reported being aware of resources but were unsure of how to access them. For instance, a resident asked during a focus group about a program that provided free air conditioners to senior citizens. They had heard about it but were unsure if it still existed or where it was located. Financial assistance with medical bills and medical-related costs was a common need among individuals with limited insurance and transportation access.

Other residents inquired about obtaining identification for those without it, interpreting services, and legal assistance with malpractice complaints. Participants expressed awareness of a variety of resources, but the details of these resources often lacked contact information. Focus groups for this CHNA provided a meeting ground in which residents could refer each other to resources, but many argued that this information should be available beyond one-off meetings and should be shared widely through organized public channels. As one participant explained,

> "You know, like these individual communities that are supporting each other, that make a connection and say, 'Oh well, my guy will help you get to this.' But that's not accessible to everybody. So within the small community, if I'm part of his community and I know him and he helps me, then I'm golden. But if I'm not part of his community or I don't know him, I might be stuck. And there's a lot of folks that I think struggle because they're not a part of the community. You know, Atlantic County has a lot of rural areas." (Community Member)

DISTRIBUTING RESOURCES ACROSS THE COUNTY AND PRIORITIZING LOCAL COMMUNITY MEMBERS

Some community members expressed frustration that many resources were based in Atlantic City, diverting social service assistance and resources away from other parts of the county. Related, stakeholders discussed how the tourism sector in the county drives resources towards Atlantic City and also can limit the availability of certain resources for local residents. Participants shared,

> "I think we find some challenges trying to break into Atlantic City, for example, in terms of some of the resources that [could] be available there. And with it being a resort town, there are lots of limitations to where services can be and if they're in kind of the tourist district or not in the tourist district, right? There's a lot of, like, political and governmental parameters around some of those things." (Key Stakeholder)

> "There needs to be a place [or] places to go so that all of the action isn't centered in one town, you know, and then it also has to be done with an eye towards not being a single location for the rest of the state as well." (Key Stakeholder)

C. Community-Reported Solutions and Recommendations

Along with sharing perceived barriers in services, people we spoke with shared ideas and opportunities for addressing these gaps. The community-originated solutions highlighted in this section can support the next steps in advancing community health across Atlantic County. These comments reflect actionable ideas for AtlantiCare and the community. Solutions and recommendations fell into overall categories, including leading with empathy, deploying healthcare navigators, increasing resources for specific populations, engaging in tailored community outreach, creating multi-sector resource hubs, and capitalizing on existing partnerships and progress.

Health Care Specific Community-Reported Solutions and Recommendations

(Solutions Related to Barriers: A. Accessibility of Health Care, B. Health Care Specialists and Services for Special Populations, and C. Quality of Health Care and Compassionate Care)

LEADING WITH EMPATHY

Solutions to incorporate more empathy and trust in AtlantiCare services include embedding social workers and health care navigators in patient settings, providing culturally comprehensive and competent care, and entering situations without assumptions or judgments. As one person noted,

> "Having that understanding that there are avenues to help you be on, just being here in the hospital, and that benefits and creates a stronger connection with the community. Having that ability to understand that even if I go in for a simple broken arm, it could be just that I fell down, or somebody pushed me down, or somebody hit me. It goes into the whole avenue of like that simple question... Having the trauma care approach from the moment somebody steps into the hospital." (Community Member)

Data suggests providing additional training on cultural competency, crisis intervention, trauma-informed approaches, and anti-bias and discrimination for patients/clients among healthcare and social service providers, especially in organizations serving individuals who are often marginalized in society. One person summarized the recommendation to adopt a trauma-informed approach in their work:

> "I think it would be more information, and having people knowledgeable of what our services offer and having them understand the goals, and that sometimes the candidates are not always going to be perfect. And it requires a little bit of building on their side to build the person up and keep them motivated in their sight. Sometimes when they [clients] come to our office, they're... just trying to keep things afloat. Many of them have multiple challenges, from transportation to child care to housing, and just normal stressors that maybe they're a little higher than the general population. So I think having the people who work with us have a little bit more empathy for what we're working with and [how we're] trying to keep people motivated to continue through their goals even when the challenges and their barriers want to take them away from reaching it." (Key Stakeholder)

DEPLOYING HEALTH CARE NAVIGATORS

A common recommendation in the data was deploying staff who assist patients/clients in making health care decisions, assessing available treatment options (e.g., when searching for a dentist for a particular treatment), and navigating complex medical and social service information. Participants referred to these individuals as health care navigators, concierges, consultants, counselors, and advocates. One person said,

> "Or a sidekick, somebody there you know that has the training. It's some emotional support person that knows the 'doctor talk' and knows our talk—because for doctors their first cop out is going to be like 'I have serious stuff to learn. I can't learn about sensitivity, right?' That's what they're going to say. They need an assistant. So maybe more people in social work at the hospitals and more officially being [involved.] If they pay the social workers better, they might have more people." (Community Member)

Participants noted that existing partnerships across the county could come together to ensure that agency staff have the necessary understanding to connect people with services they are having trouble accessing (e.g., transportation or finding a food pantry). Participants discussed increasing partnerships and use of the AtlantiCare Unite Us platform that social service agencies use to connect people to additional referrals and resources. Participants appreciated the existing transportation options, including the Cross County Connections, English Creek Shuttle, Horizon Health transportation program, and a bus for Atlantic County residents aged 65 and above. Others suggested that AtlantiCare or a local government adopt a program to Horizon's transportation benefit, where the county subsidizes childcare and/or transportation services. Participants also suggested that grocery stores be located on bus routes or that bus routes stop at plazas with affordable grocery stores.

One person suggested streamlining the way health information is stored and maintained, suggesting that everyone could have a flash drive with their medical history. This way, if you visit an out-of-network doctor, you could share the flash drive or access the information through a cloud-based system that is accessible to doctors across networks.

INCREASING HEALTH CARE RESOURCES FOR SPECIFIC POPULATIONS

While barriers highlighted challenges for specific populations, multiple people offered suggestions about ways to improve AtlantiCare's connections with and service provision to these populations.

Older adults. Participants who were older adults themselves, caregivers of older adults, or people who worked with older adults suggested having more specific medical services that offer "check-in" and organizational assistance for older adults—someone to separate a client/patient's pills, bundle medications for delivery, check up on clients/patients with a daily or weekly phone call or visit, and provide customized, and exercise programs tailored to older adults.

Latinx and immigrant communities. Participants repeatedly suggested increasing the number of Spanish-speaking or bilingual healthcare providers across all medical domains. Having bilingual and culturally competent health care staff can increase trust and comfort for patients. One person explained the critical need for culturally responsive clinicians, noting

> "It's like when you go to the emergency room, you do get that assessment, like, 'Are you food insecure at home?" But it's like, it's very cold. There's no bedside manners. So, I'm not saying I'm poor. My mom wasn't saying that we didn't have food at home. You know, we are trained. Latinos are trained. So, you know people's income, right? Instead of making them ask you for the food, give them the food. Like, 'Oh, you are now here [at the hospital]. If you come back every Monday, there's [this resource.]. We have this. We have that.' Because Latinos are not gonna tell you that they are hungry. And their kids are not gonna tell you. So if you really want to include the Latino community, have people that look like them, so then maybe they do feel comfortable." (Community Member)

Children and children with special needs. Data highlighted ideas for increasing pediatricians in the areas, with one person suggesting increasing the schooling pipelines specifically for pediatric specialists from NJ universities and medical schools to hospitals and clinics in Atlantic City. Additional resources for children on the spectrum or neurodivergent are also needed.

Pregnant and pre/postpartum people. Participants described multiple challenges throughout their pregnancy, birthing, and parenting experiences. Many offered suggestions for expanding services and improving the quality of pre- and post-partum care in Atlantic County. One person shared,

> "I had my second son here at AtlantiCare, I had my first child, in [another] hospital, and they had a social worker on duty, a maternity ward, and they directed me to support groups and all that kind of thing. And I was in a postpartum support group for a year. So I asked, knowing that I had that experience, I went to have a baby here [at AtlantiCare] and I asked what kind of resources they have here. And they kind of like just looked at me like they didn't. There wasn't even any resources to give, nor was there really a person to give them." (Community Member)

One participant suggested giving out information to the hospital social workers to give to new parents (as, for HIPAA reasons, the hospital cannot provide information about parents/children to connect with outside groups).

People experiencing homelessness. One suggestion to reduce burdens on people experiencing homelessness was to support efforts to decriminalize homelessness, particularly in Atlantic City. Shared one person,

> "One thing would [be to] help prevent Atlantic City police from issuing tickets. If you fall asleep in public, they don't have money. You get these tickets, they pile up, they become warrants, and then you have to sit on that....How are you going to ticket somebody who has nothing? What am I going to pay $500.00 for that- 3 minutes I fell asleep? No, I'm going to blow that off because I have no money. And then it just further digs me down there. I'm so far down now, I'm like, how do I get out of it?" (Community Member)

People we spoke with, many of whom were experiencing homelessness as we spoke to them, frequently had local authorities follow them and discard their belongings. Individuals recommended have small storage lockers where they could keep their belongings without having them thrown away or stolen. Other suggestions included public services specifically for unhoused individuals, such as urgent care, bathrooms, lockers, and facilities for showering and laundry.

Multiple people recommended expanding vocational and work opportunities for people experiencing homelessness. One participant shared how the Volunteers of America paid people in a nearby shelter to clean up trash in Atlantic City.

> "Maybe if they offered that type of stuff for people, give people a better outlook instead of waking up miserable every day and [it's] something to look forward to make it more positive. Like you want to just put us in jail for sleeping. Like when you get those tickets, we need to go to court. I'd rather go to work, shackle me up to something, and be cleaning from this trash that nobody's been assigned to clean up around the casinos and on the boardwalk... And you know what? If they did that for people and opened up jobs like that, I guarantee that every one of us will be working." (Community Member)

Overall Well-being Community-Reported Solutions and Recommendations

Solutions Related to Barriers of: D. Housing, E. Clean and Safe Community, and F. Holistic Care and Allocation of Resources

ENGAGING IN FOCUSED COMMUNITY OUTREACH AND CONNECTIONS

Participants recommended that AtlantiCare and other large organizations increase community outreach and more widely disseminate available resources. Specifically, people suggested engaging in more targeted outreach to immigrant communities and people struggling with substance use and mental health. Community outreach days, led by large organizations, could give out food, resources, and offer on-site health screenings and testing. Other recommendations for casual community connections included,

> "I think would be great to have like coffee and talk, lunch and hang out. Some events like that where a couple, we just meet up at the boardwalk area. You want to ride your bike for an hour. This exercise. Like for AtlantiCare to sponsor an event. For like people that live in Atlantic City to talk with, like the community. Just eating, like coffee and meal." (Community Member)

Others recommended opening a park with permanent kiosks and vendors around it—where people can purchase snacks, sit on benches, and gather in the community. People also recommended re-creating or restarting community ambassadors to lead street cleanups.

Related suggestions included creating medical signage and flyers for related programming (e.g., food pantry, apprenticeship opportunities) in both paper and online formats, available in English and Spanish, and distributing them to locations where immigrant communities gather and feel comfortable. In-person outreach can include local laundromats, dispensaries, court buildings, hospitals, old adult centers, and schools. Participants emphasized the need for more intentional outreach to immigrant communities, particularly during the current political climate and amid federal actions that affect immigrant communities.

CREATING MULTI-SECTOR RESOURCE HUBS AND CO-LOCATING SERVICES

A common suggested solution was to create resource hubs/centers where medical aid, wellness programming, and community events occur at one location. Participants discussed the benefits of multi-purpose health, wellness, and resource centers versus having multiple standalone community-based organizations that individually connect with a health department or a hospital. Participants suggested creating resource hubs at local schools (in addition to local shelters and food pantries), where medical clinics/social services would be stationed. These hubs would sign people up for SNAP benefits, offer testing and screening, conduct dental cleanings or general wellness check-ups, and facilitate prescription pickups. Said one participant,

> "I also think some sort of community Resource Center is another one. We've had some unofficial community resource centers that have been around in the area, but not a lot of them that really kind of are official and really bring all those folks into kind of one place... I think that that would give some opportunity for folks to get some of their needs met in a more effective way. So I do think that there's probably some opportunities around how we unify that collaboration or, or maybe even just narrow the focus a little bit that hasn't been done anytime recently." (Key Stakeholder)

The data also included recommendations for transitional housing. People suggested revamping and remediating vacant lots and buildings into housing communities for special populations: veterans, people with severe and persistent mental illness, women with children, people who are using drugs, and people experiencing persistent homelessness. Participants suggested that social service agencies could enter these communities and offer food, sign residents up for insurance and social assistance, educate residents about mental health, finance, and job skills. Shared one stakeholder,

> "Think of any of the kinds of population health resources that happen - small pop up apartments, right? Whether they're in one facility or whether they're made out of the shipping containers, right? Or some of those things that just create some dignity to where people are living in an affordable way. Affordable housing doesn't necessarily exist down here, although I think we try and say it does. Pop-up showers, centers where there are lockers for people to store stuff so they can go have a job interview, drop-in centers, or community centers that have resources all in one place. Those aren't things that we really have or exist. And again, I think if you walk in the streets of Atlantic City, you'll see very similar things to what you'll see in Camden and Newark and Philadelphia. And yet we don't have those resources available. I think part of that is a lack of desire to acknowledge, want to acknowledge that that problem exists, and that we need to have a solution for it." (Key Stakeholder)

Participants recommended centralizing resources across public works, law enforcement, social service agencies, and health care to support partnerships and resource hubs. As one participant explained,

> "I don't know how far the chain goes, but offer some housing subsidy to new medical professionals to entice them to come to this area, offer more wellness clinics in the community, which takes pressure off. It works both ways. It'll take pressure off the medical system and it will also recruit new patients to the practices. But I think it will help to keep the community healthier if there's outreach and wellness clinics out there and then continue to offer, like here on the island, more activities and educate public education." (Key Stakeholder)

Participants noted the challenge to developing resource hubs is navigating political and governmental parameters around considerations regarding tourism districts and the "not in my backyard" (NIMBY) sentiment of people not wanting certain individuals or types of programs in place near where they live.

The data also recommended that resource centers are accessible by public transportation and that hubs are evenly distributed across the county. Participants recommended inducing ride-sharing partnerships with local taxis or local transportation services. People we spoke with specifically mentioned that while existing centers are extremely helpful, existing and future centers and resource hubs need to operate 24 hours a day.

BUILDING ON EXISTING INITIATIVES

Moving forward, participants discussed utilizing reporting data to gain a deeper understanding of the state of local communities. This includes reviewing Point in Time Homeless Counts, the Kids Count data, and local CHNAs—especially regarding identifying the year-to-year trends in the CHNA and following up on the trends and how they change year to year. One person also suggested leaning into community scorecards to gauge the health of the community.

These suggestions build on existing assets and provide additional recommendations to enhance the work already underway across the county. As one participant shared,

> "Well, we're actually working on our community health improvement plan. So what we came up with, with our partners and our internal staff that are part of that process, was transportation, access to care and services, and access to healthy foods. So we're working on those right now...Those topics are really quite broad really, you know... When it comes to transportation, we're not looking to increase the opportunities. We're looking to expand the understanding of what is available to maybe then direct how people do get services where they offer them." (Key Stakeholder)

Participants we spoke with highlighted the need for AtlantiCare to continue partnering with existing community-based organizations and fostering new collaborations among these organizations and with AtlantiCare. Key stakeholders discussed their goal of ensuring patients have a positive experience and interactions within the AtlantiCare system, and then to be able to directly link someone to an AtlantiCare or community social service so that they do not have to be brought back to the medical clinic/ emergency department for repeated visits, but are connected with resources that can help with health and overall stability. Data highlighted that AtlantiCare's key Stakeholders desired to continue finding ways to connect patients and clients with services that support their overall well-being.

Dissemination Plan

This research has important policy and practice implications around addressing barriers to health and improving quality of life across AtlantiCare's service area. WRI and AtlantiCare will be sharing the CHNA findings with a range of audiences, including residents, community-based organizations, and local policymakers.

This Community Health Needs Assessment report will be made widely available on the AtlantiCare and WRI websites in early 2026. Survey respondents were able to check a box on the survey if they would like to receive a copy of the report once finalized, and a copy of the report will be sent to those who selected "yes," and who provided an email address. The report will also be sent to all individuals WRI reached out to for potential interviews and focus group hosting. WRI will also plan to send the report to a list of WRI contacts in the county (e.g., local officials, other Atlantic County organizations).

WRI will present its final report to the Board of Directors on December 11, 2025. The WRI research team is available to answer community questions and/or create and conduct additional presentations suitable for community needs.

Please contact wrand@camden.rutgers.edu if you'd like a special briefing on the findings of this report.

Then and Now: Progress on Past CHNAs and Moving Forward

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

Below is a high-level summary of the prioritized needs from the report period 2022-2024, and AtlantiCare's efforts to date to address these findings:

Report Year	Reported Community Need	Interventions to Address Stated Need
2022-2024 CHNA Report (released in 2023)	**Connections to Health**	In our 2023 assessment, Connections to Health was comprised of the following themes: access to primary care and specialty providers; the cost of care; and the quality of the care provided. To address access to primary care providers, AtlantiCare brought online appointment scheduling and expanded its virtual provider capabilities. This allows patients to have the option for online appointments in addition to physically visiting their primary care provider. In terms of specialists, AtlantiCare has expanded its specialty care network, which now includes increased numbers of cardiologists, endocrinologists, oncologists, surgeons, and neurologists. We also launched our first-ever dental clinic, expanding access to dental care. Dental care was specifically mentioned in our last assessment as a service that is cost-prohibitive to receive. Expanding our federally qualified health center (FQHC) services has helped us address the issue of affordability. By increasing screening for social determinants of health and connecting individuals to resources that meet both social and medical needs, we can better address concerns about costs. AtlantiCare prioritizes quality by regularly monitoring, benchmarking, and fostering a culture of safety and ongoing learning to continually improve patient care.
	Transportation	To address the lack of transportation in our region, AtlantiCare expanded its services to help patients reach their medical appointments. These efforts include rideshare options and enhanced internal transportation through the Cancer Center, Behavioral Health, and the Federally Qualified Health Center. In addition, the introduction of Cross County Connection shuttles, now operating routes along English Creek–Tilton Road and Routes 54–40, further helps close transportation gaps.

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Report Year	Reported Community Need	Interventions to Address Stated Need
2022-2024 CHNA Report (released in 2023)	**Mental Health & Behavioral Health**	AtlantiCare continues to expand its clinical capabilities in Behavioral Health. Since our last assessment, our Hammonton location has achieved certification as a Community Behavioral Health Clinic, ensuring that individuals in need of mental health or substance use services can access care regardless of their ability to pay. Additionally, AtlantiCare continues to provide walk-in urgent mental health services at its Atlantic City site on Hartford Avenue and has introduced a Wellness Center at its Federally Qualified Health Center in Atlantic City, offering expanded mental health services. These enhancements complement advanced treatment options now available, including Transcranial Magnetic Stimulation (TMS) and Electroconvulsive Therapy (ECT).
	Substance Use	Following our 2023 assessment, AtlantiCare acquired John Brooks Recovery Center, expanding our ability to deliver comprehensive residential and outpatient addiction treatment services. We also introduced a Bridge Clinic at our Atlantic City Campus to assist individuals who are ready to begin treatment while awaiting placement or transition to their next level of care. In addition, we have enhanced the use of peer recovery specialists (PRS), enabling real-time connections to care and community resources for those living with substance use disorders. Beyond treatment services, the continued availability of Narcan remains a critical resource, saving lives throughout our community.

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Report Year	Reported Community Need	Interventions to Address Stated Need
2022-2024 CHNA Report (released in 2023)	**Access to Food**	AtlantiCare operates two health-focused food pantries located in Atlantic City and Hammonton, in partnership with the Community Food Bank of New Jersey, Southern Division. These pantries collectively receive more than 6,500 visits annually. Beyond these locations, we continue to deliver targeted solutions for specific populations within our community. These efforts include food boxes distributed through our school-based service sites to support families, meals at discharge for patients leaving our facilities, a Senior Connections program in Atlantic City that provides nutritious meals to older adults, and a summer meals program designed to assist children and families during the summer months. Our most significant investment since the last assessment has been the launch of the Mobile Market, which currently serves Atlantic City. This initiative offers affordable groceries, including fresh fruits and vegetables, lean meats, and dairy, and accepts SNAP benefits to help stretch limited food budgets. The Mobile Market now operates at six sites across Atlantic City. We remain committed to pursuing innovative and impactful strategies to address food insecurity—whether through strong partnerships or independent initiatives. We deeply appreciate the ongoing investments from the NJ Economic Development Authority and the invaluable collaborations with C.R.O.P.S. and many others, which have enabled us to expand our efforts and better serve the Atlantic City community.
	Housing	Housing remains a complex challenge. Since our last assessment, AtlantiCare has formed several partnerships to advance housing development. While large-scale projects take time to materialize, our collaboration with the Midtown CDC has already begun rehabilitating units for homeownership in Atlantic City. AtlantiCare continues to actively engage in conversations to further initiate housing projects to increase the number of units available for those most in need within our community. In addition to housing production, AtlantiCare will soon become a provider of Housing Counseling Services, now recognized as a covered benefit under Medicaid in New Jersey. We are proud to join other organizations delivering these vital services within our service area. AtlantiCare also actively partners with many organizations to address homelessness. These partnerships continue to result in better coordination of care, connecting housing-insecure individuals to available resources, providing medical care to this population, and ensuring that there are adequate shelter facilities.

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Appendix

Community-Reported Issues, Needs, and Barriers from the Community Survey

Note that in determining the top barriers for the service region, all collected data (e.g., interview, focus group, and survey data) were taken into consideration and reviewed.

TOP HEALTH ISSUES, NEEDS, AND BARRIERS

KEY Top 1 -3 Top 4 -5

Which of the following medical health issues are most important to you at this time? (Select the top 5 issues to you).

INDIVIDUAL HEALTH ISSUES Valid N= 509	Responses N	Percent of 509 Cases
Brain & neurological disorders (e.g., Parkinson's, Alzheimer's, dementia)	179	35.2%
Blood disorders & cancer	161	31.7%
Cardiovascular-related conditions (e.g., high cholesterol, high blood pressure, hypertension, heart diseases, stroke, etc.)	265	52.2%
Child (pediatric) health	147	28.9%
Dental health	202	39.8%
Developmental/intellectual disorders/ learning disability (e.g. autism, cerebral palsy)	76	15.0%
Diabetes	148	29.1%
Kidney or liver disease	88	17.3%
Maternal / infant health (e.g., labor and delivery, including teenage pregnancy)	76	15.0%
Mental illness and well-being (mood disorders, e.g., depression, OCD, anxiety)	204	40.2%
Obesity	102	20.1%
Palliative care (end-of-life care) and hospice	22	4.3%
Physical disability (vision impairment, loss of hearing, etc.)	65	12.8%
Acute respiratory illnesses & lung disease (e.g. COPD, chronic bronchitis, asthma, RSV, flu, pneumonia, acute bronchitis, COVID-19)	76	15.0%
Sexual, reproductive, and gender-related health (birth control, family planning, annual exams, gender-affirming care, STIs / STDs, HIV/AIDS)	110	21.7%
Substance use and substance use disorders/ addiction (e.g., alcohol, opiate, tobacco, and other substance uses)	74	14.6%
Other (please specify)*	16	3.1%

**Text entry: arthritis, autoimmune disorders, chronic pain, dental care for special needs, dermatology, emergency care, endocrinology, lupus, digestive conditions, fatigue, high cost of care.*

Which of the following community-based health issues are most important to you at this time? (Select the top 5 resources).

COMMUNITY HEALTH ISSUES Valid N= 509	Responses N	Percent of 509 Cases
Amount of people in jail	70	13.8%
Available healthy food	306	60.2%
Communicable diseases (STIs, COVID-19, etc.)	133	26.2%
Cost of living (transportation, gas, groceries, housing)	362	71.3%
Education	204	40.2%
Environmental health and justice (lead, pollution, water safety, climate events, etc.)	187	36.8%
Housing availability	191	37.6%
Homelessness	122	24.0%
Individual Safety (e.g., child maltreatment, domestic violence/sexual assault, suicide)	117	23.0%
Community Safety (e.g., community violence, police, guns)	148	29.1%
Recreation (outdoor spaces, sports programs, exercise)	73	14.4%
Social support / connections with other people	87	17.1%
Substance use and recovery (this includes alcohol, opiate, and other substance uses)	79	15.6%
Tobacco use	30	5.9%
Transportation	53	10.4%
Unemployment/ jobs	90	17.7%
Other (please specify)*	6	1.2%

**Text entry: access to medicine, clean environment, mental health awareness, neurodiversity assistance within the community, vaccines (lack of herd immunity).*

KEY Top 1 -3 Top 4 -5

What medical health resources are you missing or needing more of? These would be things that hospitals or doctors near you could provide. (Select the top 5 resources).

INDIVIDUAL RESOURCE NEEDS Valid N= 504	Responses N	Percent of 504 Cases
Availability of appointments (finding appointments/having available appointments)	221	43.8%
Having insurance/ finding providers that take my insurance	179	35.5%
Health screenings (e.g. cancer, STIs/STDs, chronic diseases)	146	29.0%
Immunization / vaccination services	88	17.5%
Low or lower cost medical care and prescriptions	221	43.8%
Low or lower cost dental care	192	38.1%
Low or lower cost eye care	117	23.2%
Medical translation services	48	9.5%
Medical specialists	116	23.0%
Medical transportation services / Transportation to health care (e.g. AccessLink, LogistiCare / ModivCare)	80	15.9%
Mental / behavioral health services	140	27.8%
More trust in the health care system	128	25.4%
Patient navigators (people to help you understand the healthcare system)	61	12.1%
Palliative care (end of life care) and hospice	20	4.0%
Pediatric (children's) medical providers	57	11.3%
Providers near me (distance wise)	68	13.5%
Substance use services (alcoholism, opiates, methamphetamines, DUI, etc.)	38	7.5%
Telehealth options	71	14.1%
Other (please specify)*	19	3.8%

**Text-entry: Access to family planning/pre-natal care, reduced costs, and/or Including navigating the necessary services, Dental Care for the Special Needs patient and cohesive specialty care for the special needs patient. Similar to AtlantiCares support services for the LGBT community, Doctors that treat those with disabilities both intellectual and physical, Medical professionals that are sensitive to the dire medical needs of those who are afflicted, Neurodiversity providers, specialists. Special needs advocate team, Patient support groups, Pediatric dentist that take Medicaid, Providers with more knowledge on uncommon conditions, testing coverage*

KEY Top 1 -3 Top 4 -5

What community-based health resources are you missing or needing more of? (Select the top 5 resources).

COMMUNITY RESOURCE NEEDS Valid N= 506	Responses N	Percent of 506 Cases
Bilingual services (English as Second Language)	79	15.6%
Caregiver training and support services (include respite care - short-term, alternative care that provides temporary relief for caregivers)	157	31.0%
Community Health Workers/ health advocates	149	29.4%
Community social support services/ programs connecting with other people (e.g. social club, hobby interest group)	223	44.1%
Community services/programs for special population (please specify e.g. older adults, LGBTQIA, tribal, disability (physical, intellectual, developmental, immigrants/undocumented, specific racial or ethnic group, etc), veterans, children, teens, pregnant or postpartum people, formerly in jail)*	149	29.4%
Education or job-related services (tutors, resumes, applications, etc)	138	27.3%
Financial Assistance services (connecting to government services, budgeting, and bill paying)	205	40.5%
Mental / behavioral health services	156	30.8%
Health education / information / outreach	108	21.3%
Housing services (e.g., rental assistance, applying for housing, loans, etc)	147	29.1%
Meal delivery, food, or cooking services	90	17.8%
Transportation assistance and routes (services) to medical centers (hospital, clinic, Urgent Care, doctor's office)	110	21.7%
Recreational services (outdoor activities, group exercise and activities)	109	21.5%
Substance use services (alcohol, opiates, methamphetamines, DUI, etc.)	49	9.7%
Violence support and community safety -related services (e.g., group programs, counseling for domestic violence, community violence, child maltreatment)	72	14.2%

**Text-entry special pops: services for chronic pain and depression, at therapy, LGBTQIA+, older adults, postpartum people, services for new immigrants, special needs adults*

***Text-entry Other: affordable housing, free senior membership to AtlantiCare gym/pool, home-based services (e.g. decluttering) for people with ADHD, low cost care/insurance, PCPs, neurodiversity team, free private rooms for meetings.*

KEY Top 1 -3 Top 4 -5

What, if anything, prevents you from accessing healthcare? (Select all that apply)

TOP BARRIERS TO HEALTHCARE Valid N= 491	Responses N	Percent of 491 Cases
No appointments are available during the times that I can attend/no appointments available during convenient times for me	187	38.1%
Wait time is too long to get an appointment	243	49.5%
Wait times too long at the provider's office	136	27.7%
Doctor's/ providers don't speak my language	56	11.4%
Can't afford co-pays/ deductibles	136	27.7%
Can't afford the medications that they will prescribe	120	24.4%
Can't take time off of work	115	23.4%
No transportation available to get me to appointments	81	16.5%
No specialist in my community for my condition	90	18.3%
Doctor/ Provider not sensitive to my needs or lifestyle	64	13.0%
Distrust of the medical system/ my doctors	69	14.1%
No one to care for my child (ren)	30	6.1%
I am afraid of what I might find out/what the provider might tell me	79	16.1%
I can't find a provider who is aware of my cultural or religious beliefs	20	4.1%
Other*	35	7.1%

**Text-entry: Don't have time to call during day. Need ability to make appointments virtually, Dr generally do not spend time w me to assess all aspects of my wellbeing just want to know 1 reason for dr apt than refer to another dr not a entire assessment of all my needs or a plan of care set up to address next steps, no health insurance, Insurance tied to work makes it harder for citizens to have basic medical needs. Universal healthcare for all would allow more people to receive the healthcare needed, Lack of special home based service covered by insurance, Nearby specialists don't take my insurance, Neurodiverse specialists that take the time to understand my adult. Special needs advocate team, Not available information video about how to get benefits, Professionals to explain the office visits while you're there, Unprofessional staff, the staff canceling appointments at the last minute ,you appointment takes almost 2 hours; 1 in the waiting room another 30 in the back, 15 from the physician.*

KEY Top 1 -3 Top 4 -5

Generally, which special populations need additional health-related services or resources? (Select all that apply)

SPECIAL POPULATION IN NEED Valid N= 469	Responses N	Percent of 469 Cases
Children (<18)	189	40.3%
LGBTQIA+ individuals	168	35.8%
Members of tribal communities	97	20.7%
People who are immigrants and/or undocumented	204	43.5%
People formerly in jail / were incarcerated	159	33.9%
People with physical disabilities	192	40.9%
People with intellectual/ developmental disabilities	184	39.2%
Pregnant or postpartum people	108	23.0%
Older adults	153	32.6%
Teens/ Young Adults (14-24 years old)	98	20.9%
Veterans	122	26.0%
Specific racial or ethnic groups. Specify which*	42	9.0%
Other*	13	2.8%
I can't find a provider who is aware of my cultural or religious beliefs	20	4.1%
Other*	35	7.1%

**Text-entry Race: Black/African-American people, Hispanic/Latinos, Middle Eastern, Hebrew Israelites, immigrants.*

***Text-entry Other: people with substance use disorders, deaf/hard of hearing (ASL interpreting), homeless, low income, neurodiverse people (specialists and advocates), surgical services for children*

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