![Virtua Health logo] **Here for good.**

Community Health Implementation Plan (CHIP) 2025-2028

Virtua Health completed a comprehensive Community Health Needs Assessment (CHNA) in collaboration with the South Jersey Health Collaborative, with the support of 35th Street Consulting, a New Jersey-based WBE and SBE. The 2025 CHNA was approved and adopted by the Board of Directors on [DATE], with the support of 35th Street Consulting, Virtua Health, and the South Jersey Health Collaborative Partners, who created the 2025 CHNA in alignment with established requirements for not-for-profit hospitals outlined in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The 2025 CHNA analyzed robust data gathered from secondary data sources, patient outcomes, community health indicators, and social drivers of health. In addition, the 2025 CHNA included primary data collection through interviews, a Key Stakeholder Survey, a Community Survey, and focus groups, gathering input from more than 1,700 community members and more than 10 different community organizations. The complete 2025 CHNA report is available for download at https://www.virtua.org/About/Community-Programs

Virtua Health. Here for good.

Virtua Health is an academic health system committed to helping the people of South Jersey be well, get well, and stay well by providing the complete spectrum of advanced, accessible, and trusted health care services. Virtua's 15,000 colleagues provide tertiary care, including renowned cardiology and transplant programs, complemented by a community-based care portfolio. In addition to five hospitals, two satellite emergency departments, 42 ambulatory surgery centers, and more than 400 other locations, Virtua brings health services directly into communities through Hospital at Home, physical therapy and rehabilitation, mobile screenings, and its paramedic program.

Virtua has 3,000 affiliated doctors and other clinicians, and its specialties include cardiovascular and gastrointestinal health, orthopedics, advanced surgery, and maternity. Virtua is academically affiliated with Rowan University, leading research, innovation, and immersive education at the Virtua Health College of Medicine & Life Sciences of Rowan University. Virtua is also affiliated with Penn Medicine for cancer care and neurosciences, and the Children's Hospital of Philadelphia for pediatrics. As a not-for-profit health system, Virtua is committed to the well-being of the community and provides innovative outreach programs that address social challenges affecting health, most notably the "Eat Well" food access initiative, which includes the unparalleled Eat Well Mobile Grocery Store. Discover more at virtua.org.

Our Hospitals

Virtua Marlton Hospital
90 Brick Road, Marlton, NJ 08053

Virtua Voorhees Hospital
100 Bowman Drive, Voorhees, NJ 08043

Virtua Willingboro Hospital
218A Sunset Road, Willingboro, NJ 08046

Virtua Our Lady of Lourdes Hospital
1600 Haddon Ave, Camden, NJ 08103

Virtua Mount Holly Hospital
175 Madison Ave, Mount Holly, NJ 08060

South Jersey Health Collaborative Partners

The South Jersey Health Collaborative, consisting of hospitals, health systems, and health departments within Burlington, Camden, and Gloucester counties, came together to undertake a comprehensive regional community health needs assessment (CHNA). The South Jersey Health Collaborative included the following partners: Cooper University Health Care, Jefferson Health – New Jersey, Virtua Health, and the County Public Health Departments from Burlington, Camden, and Gloucester counties.

The South Jersey Health Collaborative partners have worked together since 2013 to create a collective CHNA for the region, a rigorous and inclusive process conducted every three years in accordance with the Affordable Care Act. This collective action has generated robust, shared regional data and Community Health Improvement Plans to further the hospitals' commitment to community health and population health management.

This 2025 CHNA builds upon the hospitals' 2013, 2016, 2019, and 2022 collaborative regional reports in accordance with the timelines and requirements set out in the Affordable Care Act. A wide variety of methods and tools were used to analyze data collected from community members and other sources throughout the region, leveraging socially distanced in-person conversations, video conferencing, phone calls, and survey tools. The findings gathered through this collaborative, inclusive process will be used to guide community benefit initiatives at Virtua and will engage the South Jersey Health Collaborative agencies and other community partners to address identified needs.

Virtua Health Service Area

For the purposes of the 2025 CHNA and CHIP, South Jersey includes Burlington, Camden, and Gloucester Counties, located in the southwestern portion of New Jersey, known as part of the Delaware Valley.

Many parts of South Jersey are suburban and are home to residents who use one of the many iconic bridges across the Delaware River to commute to Philadelphia. This region is also defined by its rich agriculture and by its own distinctive cities, including Camden and Cherry Hill.

Together, the South Jersey Health Collaborative Partners serve the health needs of these diverse communities.

Virtua Health Hospital Locations

Source: https://www.njitalianheritage.org/
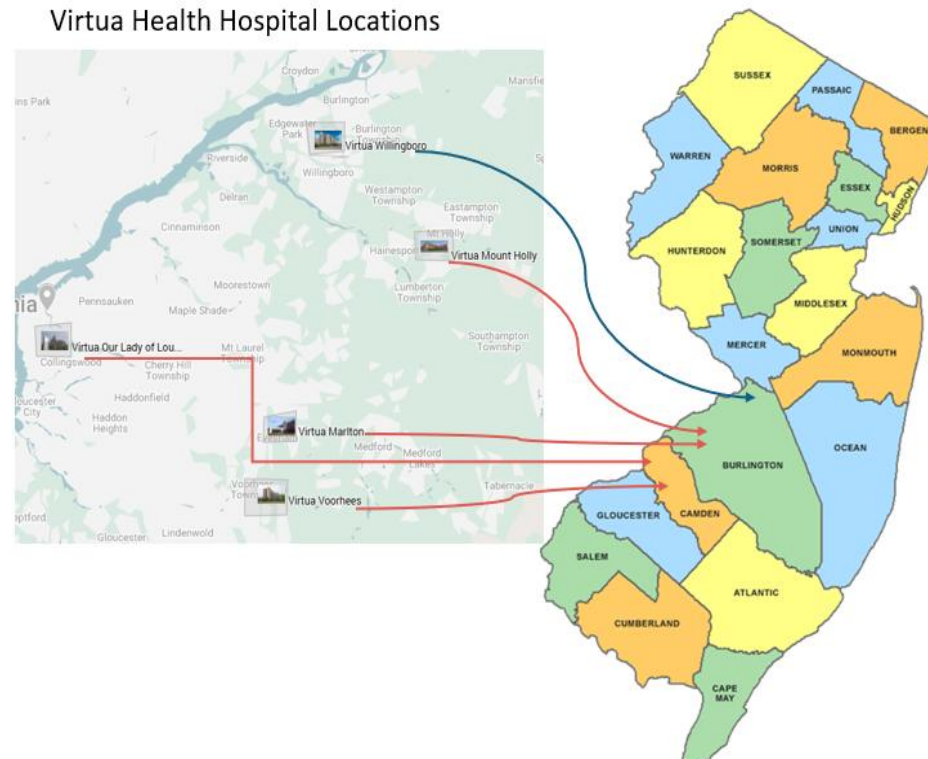
Determining Community Health Priorities

In 2024 and 2025, the South Jersey Health Collaborative – comprised of key representatives, Virtua Health, Cooper University Health Care, Jefferson Health, and the health departments of Burlington, Camden, and Gloucester Counties– worked alongside the 35th Street Consulting team to craft this CHNA. The data included in this report are designed to generate priority areas for action for Virtua Health, in alignment with priorities for collective action among the South Jersey Health Collaborative partner agencies. The priorities are Social Factors are Health, Long Lives with Healthy Bodies, Build Trust and Connection, Relief from Mental Strain and Cushioning of ACES for all Ages, with an overarching theme of "Consistent, Reliable Communication and Partnership," a theme that applies to both the South Jersey Health Collaborative Partners and within the Virtua Health Network.

To determine priorities, statistical data and primary qualitative data were analyzed. Statistical data includes health indicators and socioeconomic measures, which document health disparities and underlying inequities experienced by people living throughout Burlington, Camden, and Gloucester Counties, as well as a focus on people living in the City of Camden. Perspectives on data trends and direct feedback on community health priorities were collected via 13 one-on-one interviews, more than 226 key stakeholders through the Key Stakeholder Survey, a combined 1,470 residents through the Community Survey, including a subset of 173 respondents specifically from Virtua Health's outreach, and 5 focus groups, with 56 participants.

South Jersey Health Collaborative 2025 CHNA Priorities

Social Factors are Health

Themes to Consider:
• Continue and expand transportation solutions
• Housing security and support
• Hours of access
• ALICE population and employer partnerships
• Financial hardship
• Interest in having a centralized source of reliable information
• Literacy, education, and ID barriers for all ages
• Seek creative solutions to limit language barriers
• Consider local strengths and barriers (ex: urban/rural)
• Consider time, resource limitations among ALICE

Long Lives with Healthy Bodies

Themes to Consider:
• Learn from cancer improvements to address other chronic disease
• Screening, connection to care, maintenance of care is essential
• Consider impact of ACES, financial strain
• Consider, include, address populations at higher risk for negative outcomes
• Messaging about successful outcomes
• Streamline referral processes
• Creative partnerships to increase availability of screenings, maintenance and follow ups (ex: employers)

Build Trust and Connection

Themes to Consider:
• Relatable images motivates people, signals welcome
• Prioritize quality of "first touch" (phone, front desk, online)
• Identify, destigmatize ACES and trauma in patient interactions, education
• Streamline data collection and sharing to reduce barriers to access
• Go to where the people are (employers, schools, etc.)
• Consider literacy, education, ID limitations
• Language barriers
• Consider time, resource limitations among ALICE
• Your workmates are your clients too

Relief from Mental Strain and Cushioning ACEs for all Ages

Themes to Consider:
• Stress/Overwhelm
• Stigma
• Signal trusted source of care particularly for vulnerable and marginalized populations
• Leverage, expand, utilize green spaces for activities
• Create and emphasize social opportunities for connection
• Educate providers and public about perinatal MH
• Inform, identify, address ACES and trauma in all ages
• Seek solutions to language barriers for people in need of MH or SUD care
• Collaborate to find solutions for connecting youth with MH support and care outside the ED

CONSISTENT, RELIABLE COMMUNICATION AND PARTNERSHIP

A preliminary prioritization process was conducted in a hybrid workshop facilitated by 35th Street Consulting with 15 representatives from Virtua Health, Cooper University Health, Virtua Health and Burlington, Camden, and Gloucester County Health departments.
Through this process, the following specific health needs were identified by the South Jersey Health Collaborative as shared priorities.
A summary of the 2025 CHNA data and the priorities were discussed with 33 community representatives at a Community Forum hosted at Virtua Health, Marlton, New Jersey on May 13, 2025. All 33 forum attendees agreed with the priorities listed here.

Community Health Implementation Plan (CHIP)

This implementation plan specifies community health needs listed below that Virtua Health, in collaboration with community partners, will address. The intent of this CHIP is to respond to our community needs and expectations with an implementation plan that can be effectively executed, leveraging hospital and network resources, as well as community partners. The implementation plan is designed to be flexible and should be updated as internal and external factors evolve. This includes new needs, resource availability, partnerships, and policy changes. An effective implementation plan should build on past successes while also adapting strategies and actions in response to any challenges that arise.

South Jersey Health Collaborative 2025 CHNA Priorities

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◄ CONSISTENT, RELIABLE COMMUNICATION AND PARTNERSHIP ►

Virtua Health acknowledges the wide range of issues that emerged from the CHNA process and determined it could effectively focus on those health needs that are the most pressing, under-addressed, and within its ability to influence. Virtua Health will continue to lead efforts in support of the prioritized needs related to Social Factors Are Health, Long Lives with Healthy Bodies, Build Trust and Connection, and Relief from Mental Strain and Cushioning ACES for all Ages. Virtua Health is committed to collaborating with our community partners, where possible, in addressing key contributing factors outside of the expertise and scope of the organization. Virtua Health remains open and willing to explore opportunities and partnerships across our service area to address issues impacting health and well-being.

Significant Health Needs that Will Not Be Addressed

Virtua Health is committed to providing whole health care through its wide array of services and specialties. Virtua Health acknowledges the wide range of health issues illuminated through the 2025 CHNA report. Virtua Health has robust services and a commitment to providing prevention, screening, treatment, and person-centered care, and can address the needs identified in the 2025 CHNA. Virtua Health is committed to being a lasting presence in the communities it serves. It values its role as a consistent and reliable partner to numerous organizations in social services, education, health, housing, economic development, and business sectors, committed to enhancing health and well-being for everyone through collaboration.

CHIP Planning and Stakeholder Engagement

The design and details of the 2025 CHIP reflected a collaborative process, facilitated by 35th Street Consulting. The following individuals participated in two or more collaborative working sessions to design the goal statements, objectives, and strategies included in this CHIP.

Name	Department/ Program	Name	Department/ Program
Deb Moran	Health Advancement and Community Programs	Bridget Reuter	Strategic Marketing
Bageshree Cheulkar	Community Health & Impact	Malik Bahar	Access Center
Daniel Master	Community health & Impact, Healthy Neighbor	Angie Collins	Access Center
Dionne Yamster	Healthy Neighbor	Marie Harmon	Access Center
April Schetler	Community Health Engagement and Eat Well Programs	Traci Mulvenna	Patient Registration and Billing
Melanie Ernest	Eat Well Programs	Madyson Helfrich	Patient Registration and Billing
Deanna Rajkowski	Community Health Engagement	Dawn Peluso	CASTLE Programs (Pediatric Behavioral Health)
Taylor Kelly	Inpatient Case Management	Amy Quick	Camden CASTLE
Gina Pimentel	Care Coordination- NJ QIP	Kerri Carns	Berlin CASTLE
Anette Gabay	Care Coordination- Community-Based Health Managers	Elizabeth Walker-Graham	Integrated Behavioral Health
Maryann Graham	VMG Practice Education & Clin Outcomes	Lindsay Carlson	ED Case Management
Tammye Ross	VMG Practice Transformation – Population Health	Jessica Velazquez	VMG Behavioral Health Operations
Barb Kane	VMG Primary Care Operations	Russ Micoli	Operations- Behavioral Health
Lisa Rosenberry	Operations NJ CEED, Mobile Cancer Services	Dr. John (Jay) Case	Clinical Operations- Behavioral Health
Stephanie Catano	Disease Prevention, Cancer screening	Taylor Mackle	Behavioral Health Care Management
Maria Emerson	Early Intervention Program and Pediatric Mobile Services	Angela Romeo	Inpatient Behavioral Health
Angela Barody	Operations Home Care	Bridget LeGrazie	Operations Oncology
Maureen Pisano	Operations- Emergency Services	Patrick Mosher	Operations Cardiology
Dr. Dennis Guest	Clinical Operations – Emergency Services	Jennifer Smith	Operations Neurology and Musculoskeletal
Maryann Everrett	IT- Nursing Informatics	Debra Gillen	Operations Neurology and Musculoskeletal
Julia Staas	IT- Integration	Nicole Lamborne	Clinical Operations Maternal Child Health
Vincent Berkery	Digital Transformation and Innovation	Lauen Ochs	Operations Maternal Child Health
Erica Carney	Virtual Care Transformation	Kevin Manley	Operations Nephrology
Kristin Bloom	Hospital at Home Clinical Operations	Cort Adelman	Government Relations
Karen Goldsmith	Hospital at Home and Care after Discharge	Michael Petruzzeli	Government Relations
Riya Bagi	Administrative Fellow		

GOAL	Consideration of social factors will be included in wellness assessment, treatment, and health maintenance for everyone		
	Objectives	Community Needs	Disparities & Root Causes
Social Factors are Health	Expand screening, referrals, and completed connections for Social Drivers of Health (SDoH) each year	➡ Half or more of all renters across Burlington, Camden, and Gloucester Counties pay more than 30% of their income on housing. Paying more than 30% of household income on rent makes it challenging to afford other necessities, such as healthy food. (CHNA, P. 58) ➡ Despite similar prevalence of self-reported "heavy drinking" across all three counties, driving deaths due to alcohol impairment are much higher in Burlington and Gloucester, compared to Camden and NJ. (CHNA, P. 101) ➡ *"Trust is such an issue in the community today. Better that we're transparent that we don't have enough resources for everyone, and this is the lottery system we're going to use, instead of, 'prove to me that you're hungry, prove to me that you're homeless.' We don't trust the folks we serve, so why should they trust us?"* (CHNA, P. 133) ➡ *"People don't trust the system because the system has a tendency to brush people off or send them on a 'wild goose chase.' I believe in warm hand-offs."* (CHNA, P. 133) ➡ Higher education is linked to better health literacy, which is important for effectively navigating the health care system and understanding medical information. (CHNA, P. 47)	➡ *"Because of the pandemic, many people who have never been homeless before or struggled are in bad places."* (CHNA, P. 60) ➡ *"[Invest in] More drug/alcohol resources ie: mobile units traveling to different neighborhoods to address education, healthcare needs, and provided outreach."* (CHNA, P. 203) ➡ While poverty is generally low, nearly 1 in 4 South Jersey households meets the ALICE criteria and struggles to make ends meet. (CHNA, P. 32) ➡ 1 in 5 Community Survey respondents sought food assistance in 2024. (CHNA, P. 150) ➡ A disparity exists in the City of Camden, where 65% of adult residents have a high school diploma or less. (CHNA, P. 47) ➡ Fewer than 80% of high school students graduate on time in Willingboro, Camden City, and Lindenwold public school districts. (CHNA, PP. 49-50)
	Address transportation barriers through multiple modalities of connecting with patients	➡ ALICE households work near where they live and would benefit from place-based interventions; **Virtua Community Survey** respondents cited "working for the health system" as especially helpful to accessing medical care (CHNA, PP. 78, 196) ➡ Key Stakeholders cited transportation as a Top 3 barrier to connecting patients/clients with needed resources, and addressing transportation as a Top 3 priority towards improving the health and quality of life of the people [they] serve. (CHNA, PP. 139-140)	➡ The western side of all three counties is more walkable than the eastern, more rural areas of each county. This is consistent with the more densely populated, urban, and suburban communities adjacent to Philadelphia. These areas also have larger proportions of older adults (CHNA, PP. 25, 66) ➡ "Economic stability" and "Neighborhood and built environment" were cited by key stakeholders as the least robust social drivers of health dimensions across all three counties. (CHNA, P. 138)

2026-2028 CHIP Priority Area: Social Factors Are Health

The 2025 CHNA for Virtua Health identified the following themes within the Social Factors Are Health priority area. Themes were determined based on qualitative and quantitative data from the 2025 CHNA listed on page 6, and refined through a consensus-building process in collaboration with the South Jersey Health Collaborative Partners (Virtua Health, Jefferson Health – East Region, Cooper University Health, and the County Health Departments from Burlington, Camden, and Gloucester Counties in New Jersey)

Themes presenting opportunities for impact in the Social Factors Are Health Priority Area from the 2025 CHNA include:

- Continue and expand transportation solutions
- Housing security and support
- Hours of access
- ALICE population and employer partnerships
- Financial hardship
- Interest in having a centralized source of reliable information
- Literacy, education, and ID barriers for all ages
- Seek creative solutions to limit language barriers
- Consider local strengths and barriers (ex: urban/rural)
- Consider time, resource limitations among ALICE

PRIORITY AREA	SOCIAL FACTORS ARE HEALTH
GOAL	*Consideration of social factors will be included in wellness assessment, treatment, and health maintenance for everyone*

OBJECTIVES	STRATEGIES
Expand screening, referrals, and completed connections for Social Drivers of Health (SDoH) each year	▸ Leverage Unite Us platform to track SDoH referrals and completions
	▸ Increase partnerships and users for Unite Us platform
	▸ Optimize Unite Us into EMR/patient tracking
Address transportation barriers through multiple modalities of connecting with patients	▸ Measure the total number of visits provided outside of the clinic through community-based programming and Mobile Fleet
	▸ Expand Ride Health services
	▸ Identify new community partners for mobile or on-site healthcare offerings, across urban, suburban, and rural settings
	▸ Reach more ALICE employers each year, including Virtua employees

CONSISTENT, RELIABLE, COMMUNIICATION AND PARTNERSHIP

Identified Needs: 2026 Virtua Health CHIP Priority Area: Long Lives with Healthy Bodies

GOAL	Best practices in screening, treatment, and education for healthy living and disease prevention will increase access to appropriate care for everyone

	Objectives	Community Needs	Disparities & Root Causes
Long Lives with Healthy Bodies	Increase screening for chronic disease each year	➡ Diabetes death rates are increasing across all three counties, suggesting undiagnosed diabetes in the community. (CHNA, P.88) ➡ While smoking prevalence is similar across all counties to NJ, death rates from CLRD are higher. (CHNA, P.91) ➡ Working-age adults (19-44) have high uninsured rates across all three counties, which may discourage seeking preventive care services. (CHNA, P.76) ➡ From 2020 to 2022, only Gloucester County met the HP2030 goal of 80.5% first-trimester prenatal care. (CHNA, P.125) ➡ Despite the higher incidence, the rate of death due to [lung, prostate, female breast, and colon] cancer is about the same as or lower in South Jersey compared to the state and nation… [these cancers] are being identified at a treatable stage, and people are being connected to appropriate care. (CHNA, P. 93)	➡ Adults who identify as Black/African American die from diabetes at **twice the rate** of adults who identify as White in Burlington and Camden counties, and from heart disease at rates **roughly 20% higher** (CHNA, P.90) ➡ Top barriers to accessing health care: I could not afford my share of the cost, I did not know where to go for care, The wait was too long. (CHNA, P.149) ➡ Across every geography, Black/African American and Hispanic/Latinx people are less likely to access first-trimester prenatal care than white people. (CHNA, P. 125) ➡ Black/African American people in New Jersey are **5.3 times** as likely to die during childbirth or within the first year after giving birth compared to white people. (CHNA, P. 128) ➡ Opportunities to address barriers to prevention, screening, and treatment, as well as underlying risk factors such as smoking, can have a positive impact on cancer outcomes. (CHNA, P. 93)
	Increase the proportion of patients who maintain chronic disease care regimens each year	➡ Asthma and COPD prevalence are similar across all counties to NJ, but death rates from CLRD are higher. (CHNA, P. 91) ➡ *"We have a lot of inpatient [behavioral health] capacity but there's nowhere to discharge them to."* (CHNA, P. 133) ➡ *"We're relying on things that have always worked and they really don't work anymore. How do we bridge the gap between staying professional but being more engaging [on social media]?"* (CHNA, P. 133) ➡ *"There were so many unnecessary appointments that could have been condensed into fewer appointments if doctors would just collaborate."* (CHNA, P. 149) ➡ *"Ecosystems approach to care as opposed to these individual silos; this process is a step [collaborative CHNA] in that direction. That should be one of those core values: collectively serving the area."* (CHNA, P. 132)	➡ *"It's not infrequent that people's insurance will lapse if they miss one or two pieces of mail, and then it's 6 months before they're re-established. People are missing appointments and it's hard to get in touch because their phone is broken or they can't pay their bill. A lot comes back to financial."* (CHNA, P. 41) ➡ *"The 'Super Woman mentality' among Black women makes asking for help difficult…when we DO reach the African American community, they don't know we exist…they have accepted the status quo to some degree because it's their 'normal'… We reach people through word of mouth. If they're receiving care, they're telling their friends."* (CHNA, P. 126)

2026-2028 CHIP Priority Area: Long Lives with Healthy Bodies

The 2025 CHNA for Virtua Health identified the following themes within the Long Lives with Healthy Bodies priority area. Themes were determined based on qualitative and quantitative data from the 2025 CHNA listed on page 6, and refined through a consensus-building process in collaboration with the South Jersey Health Collaborative Partners (Virtua Health, Jefferson Health – East Region, Cooper University Health, and the County Health Departments from Burlington, Camden, and Gloucester Counties in New Jersey)

Themes presenting opportunities for impact in the Long Lives with Healthy Bodies Priority Area from the 2025 CHNA include:

▶ Learn from cancer improvements to address other chronic diseases
▶ Consider the impact of ACEs, financial strain
▶ Consider, include, and address populations at higher risk for negative outcomes

▶ Messaging about successful outcomes
▶ Streamline referral processes
▶ Creative partnerships to increase availability of screenings, maintenance, and follow-ups (ex: employers)

PRIORITY AREA	LONG LIVES WITH HEALTHY BODIES
GOAL	*Best practices in screening, treatment, and education for healthy living and disease prevention will increase access to appropriate care for everyone*
OBJECTIVES	**STRATEGIES**
Increase screening for chronic disease each year	▶ Develop and improve partnerships with employers and community-based agencies to increase access to screening,
	▶ Utilize Mobile Fleet to meet ALICE workers where they are
	▶ Partner with the Community-Based Programs Office to improve collaboration between service lines towards holistic patient care
Increase the proportion of patients who maintain chronic disease care regimens each year	▶ Leverage Community Health Workers to improve communication about conditions, information, and engage caregivers/family members in care management education
	▶ Use existing systems (VMG, HEDIS, EPIC, and others) to improve quality and efficiency between departments to improve patient care
	▶ Continue to promote and grow the "Care After Discharge" Program to improve post-discharge outcomes and reduce readmissions

CONSISTENT, RELIABLE, COMMUNICATION AND PARTNERSHIP

GOAL	Systems, messages, services, and spaces will remove unintentional barriers to accessing care and promote an environment where human connection can be found confidently and safely	

	Objectives	Community Needs	Disparities & Root Causes
Build Trust and Connection	Improve patient experience and care coordination by leveraging technology to increase "human interaction" time each year	➡ Since the onset of the COVID-19 pandemic, **Virtua Community Survey** respondents cite increased comfort with the use of virtual tools. (CHNA, P. 201) ➡ Adults cite online patient portals for communication among the most helpful tools in accessing healthcare services (CHNA, P. 149) ➡ Referrals from trusted community organizations is cited by Community Survey respondents as helpful to seeking care and services. (CHNA, P. 152). ➡ *"We're relying on things that have always worked and they really don't work anymore. How do we bridge the gap between staying professional but being more engaging [on social media]?"* (CHNA, P. 133)	➡ Nearly half (45.6%) of the people living in the City of Camden speak a language other than English at home. Across Camden County, 1 in 5 people speak a language other than English at home. (CHNA, P. 27) ➡ In Camden City, fewer than 90% of households have a computer device of any kind or an internet subscription. ALICE households across all 3 counties are even less likely. (CHNA, PP. 52-53) ➡ The proportion of children under 18 has decreased in all communities; the percentage of the population over age 65 has increased, likely due to existing residents remaining in place and growing older. (CHNA, P. 23) ➡ Investing in maternal, child, and youth health, starting as early as elementary school, can set the foundation for long-term health outcomes. (CHNA, P. 166)
	Expand the types of training to include more topics and broader staff participation each year	➡ *"When providers and staff felt confident in their jobs, they provided better care."* (CHNA, P. 149) ➡ *"[Invest in] Training, for persons hired and for those who train. Compassionate, knowledgeable, professional and the ability to be accountable for their actions or lack thereof when attaining viable staff, should be paramount requirements."* (CHNA, P. 203) ➡ *"We're relying on things that have always worked and they really don't work anymore. How do we bridge the gap between staying professional but being more engaging [on social media]?"* (CHNA, P. 133) ➡ Primary care doctors are cited by Community Survey respondents as their most trusted source for information and advice regarding [their] personal health choices and healthcare in general. (CHNA, P. 206)	➡ ACEs are a driving force in older adults seeking screening for dementia. (CHNA, P. 156) ➡ People desire to feel seen – welcoming artwork, correct naming/pronouns, a genuinely listening ear. (CHNA, P. 156) ➡ A majority of **Virtua Community Survey** respondents are employed within healthcare. (CHNA, P. 187) They are a first-line target audience for evidence-based health messaging, who can then become *community messengers*. ➡ Focus group participants asserted experiencing clear sense of differences in quality of care based on race, ethnicity, LGBTQ+ status. (CHNA, P. 156)

2026-2028 CHIP Priority Area: Build Trust and Connection

The 2025 CHNA for Virtua Health identified the following themes within the Build Trust and Connection priority area. Themes were determined based on qualitative and quantitative data from the 2025 CHNA listed on page 6, and refined through a consensus-building process in collaboration with the South Jersey Health Collaborative Partners (Virtua Health, Jefferson Health – East Region, Cooper University Health, and the County Health Departments from Burlington, Camden, and Gloucester Counties in New Jersey)

Themes presenting opportunities for impact in the Build Trust and Connection Priority Area from the 2025 CHNA include:

- Relatable images motivate people, signals welcome
- Prioritize quality of "first touch" (phone, front desk, online)
- Identify, destigmatize ACEs and trauma in patient interactions, education
- Language barriers
- Your workmates are your clients too

- Consider literacy, education, ID limitations
- Go to where the people are (employers, schools, etc.)
- Streamline data collection and sharing to reduce barriers to access
- Consider time, resource limitations among ALICE

PRIORITY AREA	BUILD TRUST AND CONNECTION
GOAL	*Systems, messages, services, and spaces will remove unintentional barriers to accessing care and promote an environment where human connection can be found confidently and safely*
OBJECTIVES	**STRATEGIES**
Improve patient experience and care coordination by leveraging technology to increase "human interaction" time each year	▸ Leverage tools, such as AI, the availability of iPads, and Wi-Fi/cellular communication to integrate assistive aids (translation, patient support network, additional providers, "My Story", etc.) into the patient care interaction ▸ Integrate tech tools to streamline connections to care, reducing wait times, increasing efficacy, and removing time and transportation barriers
Expand the types of training to include more topics and broader staff participation each year	▸ Explore innovative methods to remove barriers to staff participation in existing trainings (online trainings, scheduling, including CEUs, etc.) ▸ Intentionally increase the availability of trainings for providers, staff, supportive services, and others, particularly those with whom patients have their first touch, in all customer service, trauma-informed, and other related training opportunities

CONSISTENT, RELIABLE, COMMUNITCATION AND PARTNERSHIP

GOAL	Stigma, traumatic experiences, and daily life stressors will not prevent people from accessing the care they need		
	Objectives	**Community Needs**	**Disparities & Root Causes**
Relief from Mental Strain and Cushioning of ACEs	Launch updated, customized messaging about mental health, ACEs, and stigma for the public each year	➡ Roughly 1 in 5 South Jersey adults report a diagnosis of depression or chronic poor mental health. (CHNA, P. 97) ➡ Roughly 1 in 10 older adults (ages 65+) live alone across South Jersey. While this may indicate a choice made in good health, it also poses a risk for social isolation. Older adults who live alone are at increased risk of cognitive decline, mental health issues, and physical health complications. (CHNA, P. 110) ➡ Teens in South Jersey are more likely to be involved in school, work, or other structured activities compared to their peers nationwide. This kind of engagement not only prepares young people for future success but also supports their mental well-being. Among the 15 Pennsauken High School students who participated in a focus group on April 1, 2025, all were enrolled in both high school and career training programs, and 13 held after-school jobs. (CHNA, P. 117)	➡ *"It's hard to get in or behavioral health providers are private pay only and we have a lot of Medicaid patients."* (CHNA, P. 97) ➡ *"On the older adult side of things, you can give reassuring and good news to people that you don't have Alzheimer's… you've had depression, trauma. I'm shocked by how many people would prefer to hear Alzheimer's than depression."* (CHNA, P. 110) ➡ **Resources** for screening, diagnosis, and treatment for behavioral health and neurological testing are still **extremely limited in languages other than English**. (CHNA, P. 99)
	Increase internal coordination of behavioral health data, resources, and information sharing each year	➡ *"We have a lot of inpatient [behavioral health] capacity but there's nowhere to discharge them to."* (CHNA, P. 133) ➡ *"People don't trust the system because the system has a tendency to brush people off or send them on a 'wild goose chase.' I believe in warm hand-offs."* (CHNA, P. 133) ➡ *"Sometimes people are so overwhelmed that they don't know where to start; people feel stuck and they stand still and let the chips fall where they may."* (CHNA, P. 132)	➡ *"The Pandemic did bring mental health into our living rooms, to our kitchen tables but now people **who had been avoiding treatment** are trying to enter into this system that's already overloaded."* (CHNA, P. 133)
	Ensure training regarding BH, ACEs and trauma-informed care is available every year	➡ *"[Invest in] Training, for persons hired and for those who train. Compassionate, knowledgeable, professional and the ability to be accountable for their actions or lack thereof when attaining viable staff, should be paramount requirements."* (CHNA, P. 203) ➡ In 2021, 2 in 5 youth reported feeling sad or hopeless, and 1 in 10 reported attempting suicide. (CHNA, P. 116) ➡ Youth are increasing self-harm to get parents to take them for mental health. (CHNA, P. 156)	➡ Only 37% of executive leadership/board roles, and half of management roles ie., decision-making roles, in partner organizations serving LGBTQ+, racial/ethnic minorities, and/or immigrant populations reflect the race, gender identity, and language of the population they serve. (CHNA, P. 137)

2026-2028 CHIP Priority Area: Relief from Mental Strain and Cushioning ACES for All Ages

The 2025 CHNA for Virtua Health identified the following themes within the Relief from Mental Strain and Cushioning ACES for All Ages priority area. Themes were determined based on qualitative and quantitative data from the 2025 CHNA listed on page 6, and refined through a consensus-building process in collaboration with the South Jersey Health Collaborative Partners (Virtua Health, Jefferson Health – East Region, Cooper University Health, and the County Health Departments from Burlington, Camden, and Gloucester Counties in New Jersey)

Themes presenting opportunities for impact in the Relief from Mental Strain and Cushioning ACES for All Ages Priority Area from the 2025 CHNA include:

- Stress/ Overwhelm
- Stigma
- Signal Virtua is trustworthy, particularly for vulnerable and marginalized populations
- Leverage, expand, utilize green spaces for activities
- Collaborate to find solutions for connecting youth with MH support and care outside the ED
- Educate providers and the public about perinatal MH
- Inform, identify, and address ACEs and trauma in all ages
- Seek solutions to language barriers for people in need of MH or SUD care
- Create and emphasize social opportunities for connection

PRIORITY AREA	RELIEF FROM MENTAL STRAIN AND CUSHIONING ACES FOR ALL AGES
GOAL	*Stigma, traumatic experiences, and daily life stressors will not prevent people from accessing the care they need*
OBJECTIVES	**STRATEGIES**
Launch updated, customized messaging about mental health, ACEs, and stigma for the public each year	Leverage doulas, CHWs, and others to share messaging and communication *for all ages and population groups*
	Establish regular coordination between marketing and BH to identify impactful stories, resources, and results that promote Virtua's approach to whole person health, stigma
Increase internal coordination of behavioral health data, resources, and information sharing each year	Leverage findings from the Collaborative Care Model at VMG to improve data collection, utilization, and expand access to BH
	Create pathways using EPIC to expand ED utilization data to better identify BH readmits for any reason
Ensure training regarding BH, ACEs and trauma-informed care is available every year	Use VLS to launch stigma-reduction education for clinicians, staff
	Ensure providers and staff participate in trauma-informed care and/or ACEs identification training regularly
	Use data gathered from BH screenings to help providers from multiple departments understand how to identify ACEs, trauma impacting health outcomes in patients of all ages

CONSISTENT, RELIABLE, COMMUNICATION AND PARTNERSHIP

Alignment with Healthy New Jersey Statewide Priority Topics

The health needs identified in the Community Health Needs Assessment (CHNA) were confirmed by community stakeholders and refined through collaborative discussions. Local concerns were then aligned with the statewide health priority topics outlined in the Healthy New Jersey Statewide Plan. This approach ensures that priority areas reflect local issues and community-generated strategies for action, while also establishing a connection to statewide initiatives. The table below displays the Healthy New Jersey Statewide Plan priority topics and shows how these issues align with the priorities described in the 2026 Virtua Health CHIP.

Healthy New Jersey 2030 Priority Topics	VIRTUA HEALTH PRIORITIES
Access to Quality Care	Social Factors are Health; Build Trust and Connection; Long Lives with Healthy Bodies; Relief from Mental Strain and Cushioning ACES for all Ages
Healthy Communities	Social Factors are Health; Build Trust and Connection
Healthy Families	Long Lives with Healthy Bodies; Relief from Mental Strain and Cushioning ACES for all Ages; Social Factors are Health; Build Trust and Connection
Healthy Living	Long Lives with Healthy Bodies; Relief from Mental Strain and Cushioning ACES for all Ages; Build Trust and Connection
CONSISTENT, RELIABLE, COMMUNICATION, AND PARTNERSHIP	

Adoption of Implementation Strategy

After reviewing the 2026-2028 CHIP for addressing the priority needs identified in the 2025 CHNA, the Virtua Health Board of Directors voted to approve this CHIP in December 2025.

Next Steps

Community health improvement requires collaboration among community-based organizations, policy makers, funders, and many other partners. Virtua Health's Improvement Plan is an active document, designed to serve as a guide to coordinate community resources and to measure progress. Virtua Health invites opportunities for partnership and collaboration as we seek to serve everyone everywhere. For more information about Virtua Health's CHIP and community benefit activities, or to get involved, please visit our website at https://www.virtua.org/About/Community-Programs

Our Research Partner:

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We specialize in transforming data into actionable insights that enhance the health and well-being of individuals, communities, and institutions through practical, localized strategies.

Our expertise lies in turning research findings into action through strategic planning, policy change, and collective impact initiatives.