

# Camden

## Bergen and Lanning Square

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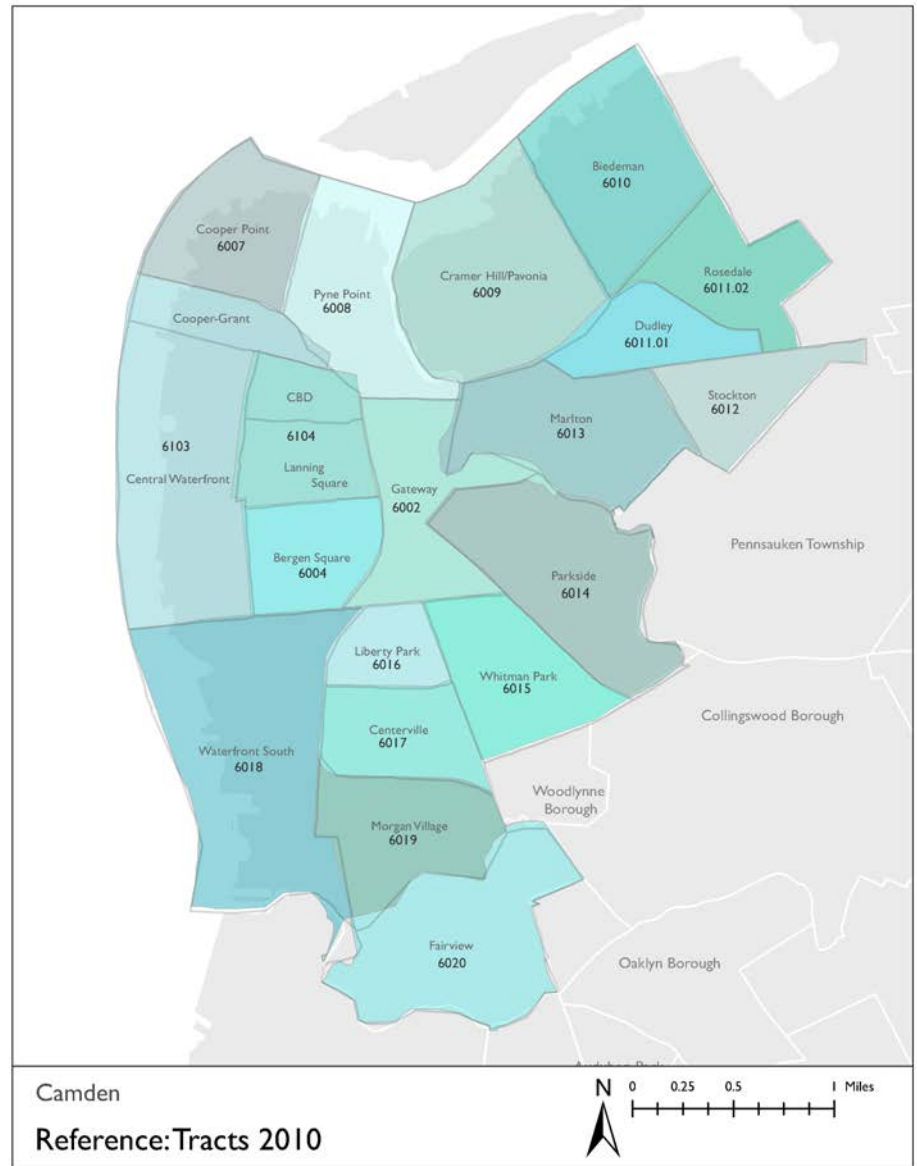
# Neighborhoods

## Lanning and Bergen Square

Lanning Square (census tract 6104) and Bergen Square (census tract 6004) are located in downtown Camden. Camden's waterfront district, which includes the Camden Aquarium, Susquehanna Center (formerly Tweeter Center), Campbell's ball field, Battleship NJ, and industrial uses, is just west. Interstate 676, a main thoroughfare that connects Camden with Philadelphia, is just east.

Once home to waterfront industrial workers, these neighborhoods are now at the heart of Camden's emerging post-industrial economy. Research, medical, educational, and tourism facilities surround the neighborhoods. Cooper University Hospital, a regional hospital, lies on the neighborhood's northern edge. Rutgers and other universities are just northwest. A considerable amount of money from the 2002 Municipal Rehabilitation and Economic Recovery Act was devoted to expanding these downtown job generators suggesting how important leaders think they are to growing Camden's service economy. More expansions are expected with a new Cancer Institute and a new dorm at Rutgers (Bautista, 2012). Cooper Medical School of Rowan University opened in 2012. The new Cooper Cancer Institute is planned to open in 2013 and there are plans for a College of Health Sciences (Cooper, 2012).

Cooper is engaged in redeveloping the neighborhood that surrounds it - Cooper Plaza. Cooper University Hospital partnered with community development and social services organizations (Habitat for Humanity, St. Joe's Carpenter Society, Center for Family Services, Greater Camden Partnership, and Cooper Lanning Civic Association) to develop a community plan in 2008. Their plan was approved and they received 1 million dollars for part one and are awaiting another million dollars for part II (Cooper, 2012; DCA, 2012; Crandell, 2012). Part I, the Cooper Plaza Housing and Economic Development Project, includes housing units, facades, "Clean and



Safe” program, art and health clinics (NJ DCA, 2012). The Clean and Safe Services cleans the neighborhood and the jobs go to Camden residents. Part II includes “funding for housing rehabilitation, expansion of St. Joe’s residential facade improvement program, an employer assisted housing program, clean and safe maintenance and security services, lot stabilization, installation of neighborhood surveillance cameras and streetscape improvements in the Cooper Plaza neighborhood” (Cooper, 2012). Cooper is working with Union Organization for Social Service to create an “apprentice training program” related to the new medical school at Rowan (Cooper, 2012). Cooper is also improving the adjacent Cooper Plaza historic neighborhood. In partnership with community development organizations like St. Joe’s Carpenter Society and NRTC funds from the state and NSP funds from the federal government, they are creating “worker housing” (Cooper, 2012).

Lanning-Bergen experienced tremendous post WWII decline as Camden’s waterfront jobs disappeared. Lanning Square’s proximity to the downtown business district and the potential to grow the waterfront, hospital, and educational institutions, has increased pressure to redevelop the neighborhood. A 2008 property survey found 577 vacant parcels out of 1,360 total parcels (both neighborhoods have been the subject of recent, often-contentious, redevelopment plans that involve relocating or displacing residents). Some projects involved a few housing developments while others included grand visions to transform the communities (City of Camden, 2008). Even as residents watch the redevelopment, they are concerned about their future in the neighborhoods. They recently went through contentious battles related to redevelopment with fears that they would be displaced. As the large job generators downtown expand, neighborhood residents worry about their future in the city (Osborne, 2010).



Cooper

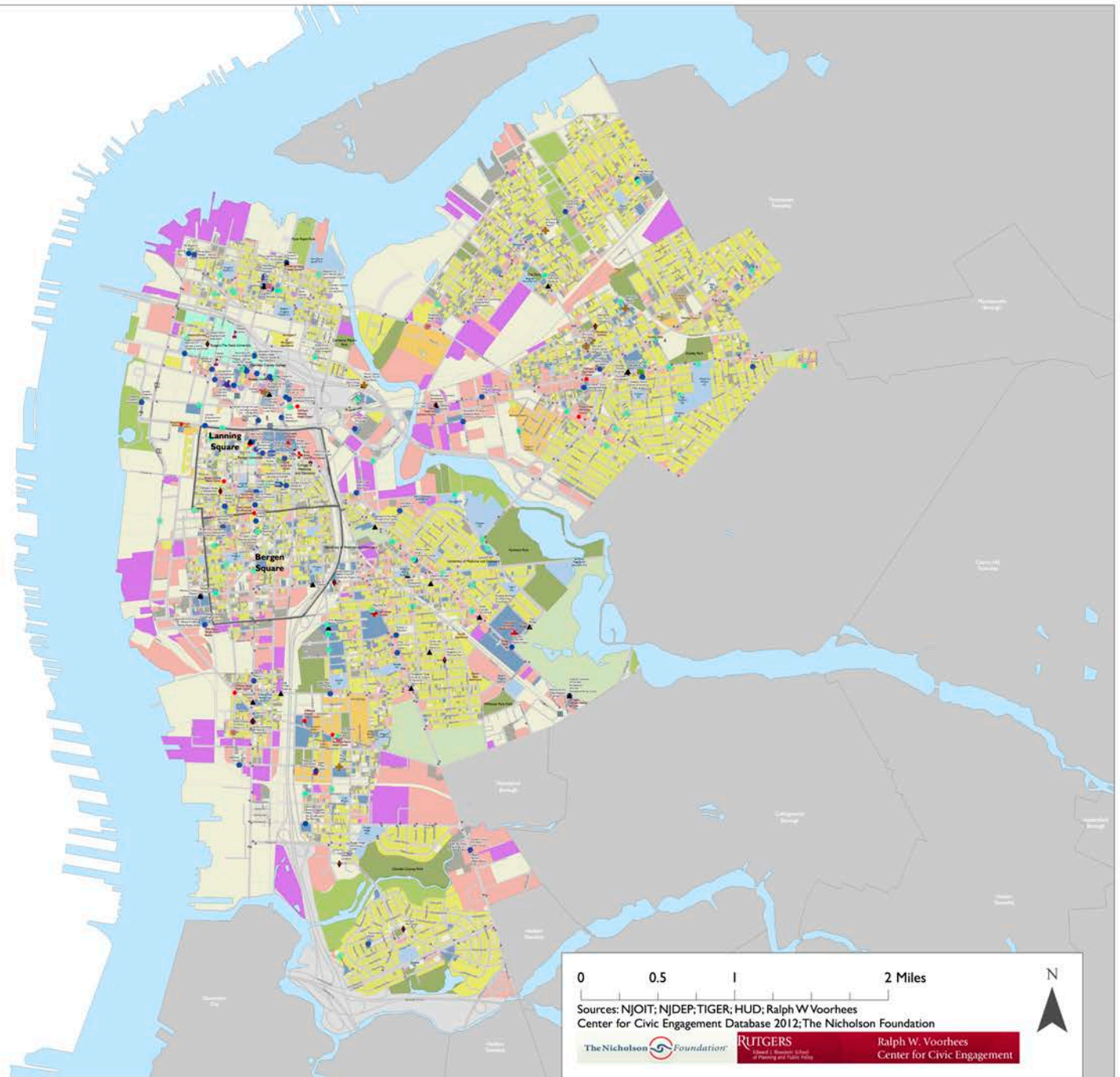


Cooper Expansion

# Camden Base Map

## Legend

- ★ Advocacy Organization
- CDC
- Child Care Center
- ✦ Church
- ▲ Church Affiliated Organization
- Family Success Center
- ✦ Library
- ◆ Neighborhood Organization
- Social Services Organization
- FQHC
- Health Services
- ✦ Hospital
- ✦ Public School
- ✦ Publicly Assisted Multi-Family Housing
- ✦ Public Housing
- River Line Station
- PATCO Station
- ✦ Bus Stop
- Focus Area
- Camden Board of Education
- Cemetery
- Church and Charitable Property
- University
- Commercial
- County Open Space
- Housing Authority
- Industrial
- Other School Property
- Parks
- Residential
- Vacant



0 0.5 1 2 Miles

Sources: NJOIT; NJDEP; TIGER; HUD; Ralph W Voorhees  
Center for Civic Engagement Database 2012; The Nicholson Foundation

The Nicholson Foundation

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Edward J. Bloustein School  
of Planning and Public Policy

Ralph W. Voorhees  
Center for Civic Engagement

**Table 1a. Characteristics of Lanning Square**

Characteristic	Total	% of Total	Characteristic	Total	% of Total
<b>Population</b>	5,573	100%	<b>Families (2010)</b>	794	100%
			Female-headed with Children	338	43%
<b>Age (2010)</b>			<b>Economic (2007-2011)</b>		
Under 5 years	346	6%	Median Household Income	\$24,583 (+/- \$8,342)	
5-19 years	1,085	20%	Persons below Poverty	1,448	47%
20-64 years	3,772	68%	Total Civilian Labor Force	1,102	100%
65-74 years	164	3%	Employed	979	89%
75+ years	206	4%	Unemployed	123	11%
<b>Race (2010)</b>			<b>Housing (2010)</b>		
White	1,180	21%	Total Units	1,554	100%
Black	2,899	52%	Vacant Housing Units	404	26%
Asian	57	1%	Owner Occupied	492	43%
Hispanic	1,991	36%	Renter Occupied	658	57%
<b>Household (2010)</b>	1,150	100%			
Multigenerational	112	10%			

<sup>i</sup> 2007-2011 American Community Survey 5-year estimates have large margins of error.

**Table 1b. Characteristics of Bergen Square**

Characteristic	Total	% of Total	Characteristic	Total	% of Total
<b>Population</b>	3,237	100%	<b>Families (2010)</b>	739	100%
<b>Age (2010)</b>			Female-headed with Children	343	46%
Under 5 years	330	10%	<b>Economic (2007-2011)<sup>i</sup></b>		
5-19 years	837	26%	Median Household Income	\$19,912 (+/- \$5,410)	
20-64 years	1,832	57%	Persons below Poverty	1,891	61%
65-74 years	132	4%	Total Civilian Labor Force	1,291	100%
75+ years	106	3%	Employed	917	71%
<b>Race (2010)</b>			Unemployed	374	29%
White	520	16%	<b>Housing (2010)</b>		
Black	1,685	52%	Total Units	1,425	100%
Asian	9	0%	Vacant Housing Units	400	28%
Hispanic	1,516	47%	Owner Occupied	358	35%
<b>Households (2010)</b>	1,025	100%	Renter Occupied	667	65%
Multigenerational	117	11%			

<sup>i</sup> 2007-2011 American Community Survey 5-year estimates have large margins of error.

## Population

Between 2000 and 2010, Camden lost 3% of its population. Lanning Square was home to 5,573 people in 2010, a loss of 3% since 2000. Bergen Square meanwhile lost 17% of its 2000 population by 2010. Lanning is about half Black, 36% Hispanic and 21% White. Bergen has a smaller share of white residents and a larger share of Hispanic residents compared with Lanning. Both neighborhoods witnessed an increase in the share of white residents and a decrease in the share of black residents between 2000 and 2010 (US Bureau of the Census, 2000 and 2010).

**Table 2: Total Population of Focus Neighborhood, 2000 & 2010**

Tract	2000	2010	Percent Change
104	5,723	5,573	-2.6%
4	3,880	3,237	-16.6%
Neighborhoods	9,603	8,810	-8.3%
Camden	79,904	77,344	-3.2%

(US Census 2000, 2010)

**Table 3: Racial & Ethnic Representation in Focus Neighborhoods 2010**

Tract	White		Black		Hispanic	
	Count	Percent	Count	Percent	Count	Percent
104	1,180	21.2%	2,899	52.0%	1,991	35.7%
4	520	16.1%	1,685	52.1%	1,516	46.8%
Neighborhoods	1,700	19.3%	4,584	52.0%	3,507	39.8%
Camden	13,602	17.6%	37,180	48.1%	36,379	47.0%

(US Census 2000, 2010)

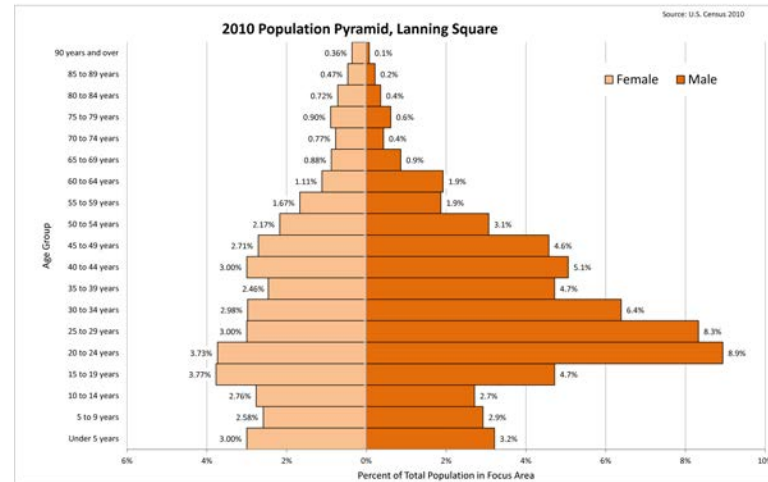
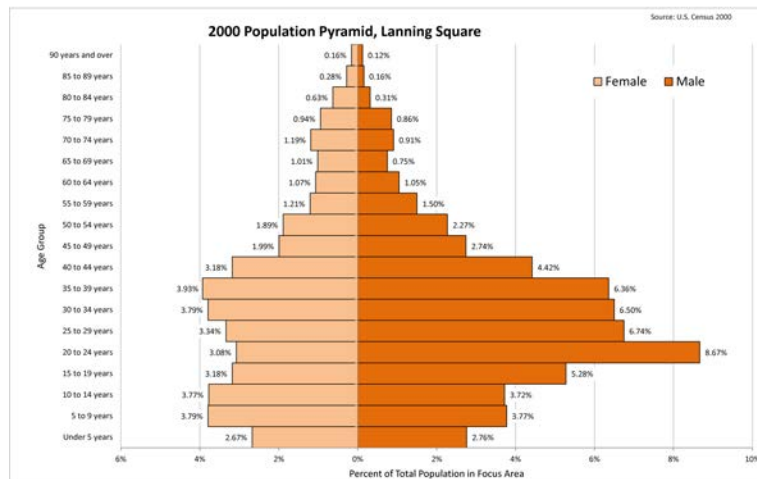
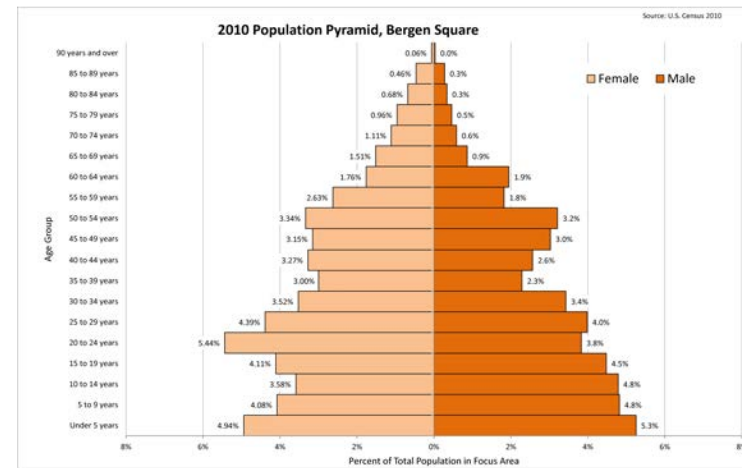
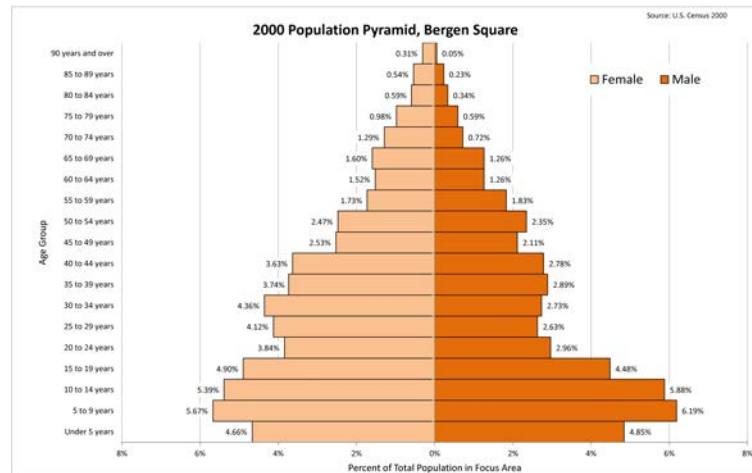
**Table 4: Changes to Neighborhood's Racial & Ethnic Composition, 2000 & 2010**

Tract	White		Black		Hispanic	
	2000	2010	2000	2010	2000	2010
104	17.7%	21.2%	59.6%	52.0%	33.8%	35.7%
4	13.3%	16.1%	58.5%	52.1%	40.5%	46.8%
Neighborhoods	15.9%	19.3%	59.1%	52.0%	36.5%	39.8%
Camden	16.8%	17.6%	53.3%	48.1%	38.8%	47.0%

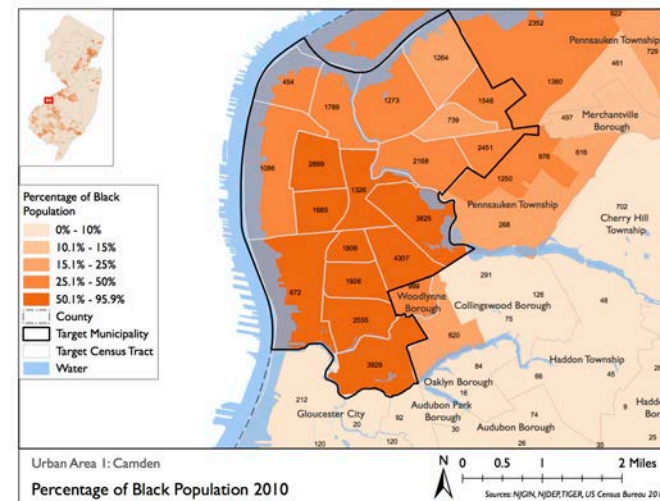
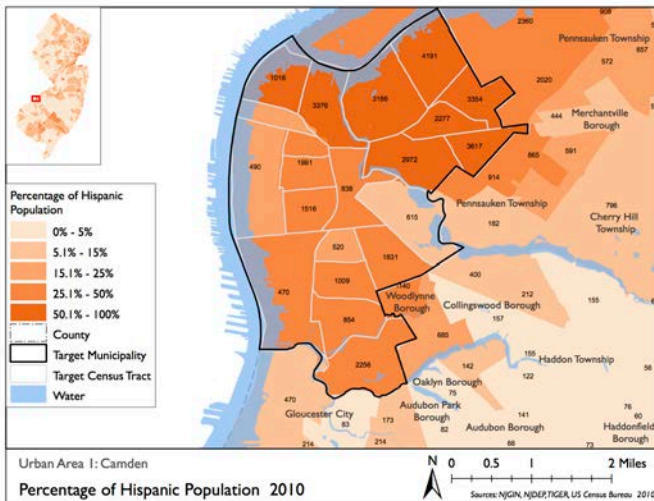
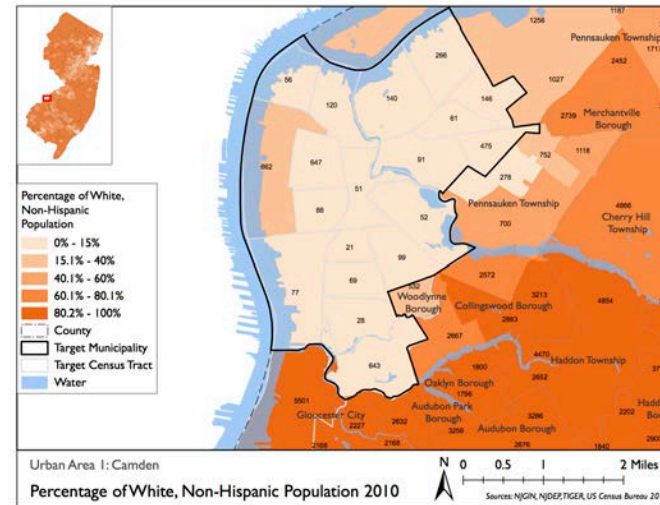
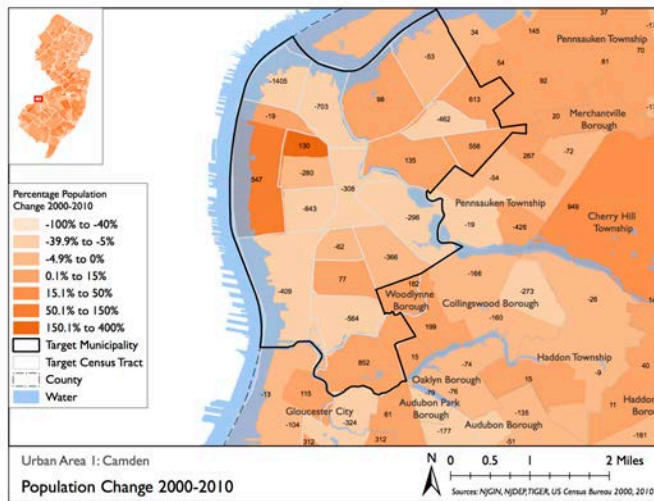
(US Census 2000, 2010)

There's an interesting pattern change in both sets of the population pyramids comparing 2000 and 2010. Looking at that pattern in Bergen, in 2000, at the younger ages, the number of people by gender appears to be equal but once young men reach their teen years, they disappear from the chart leaving a consistently lopsided pyramid heavily weighted towards women. The 2010 population pyramid shows a much more balanced gender division throughout the age ranges. They are clearly back in the neighborhood in 2010 and the change between the two time periods is dramatic. The pyramids for Lanning Square suggest where those men are. There is a city jail downtown in Lanning Square.

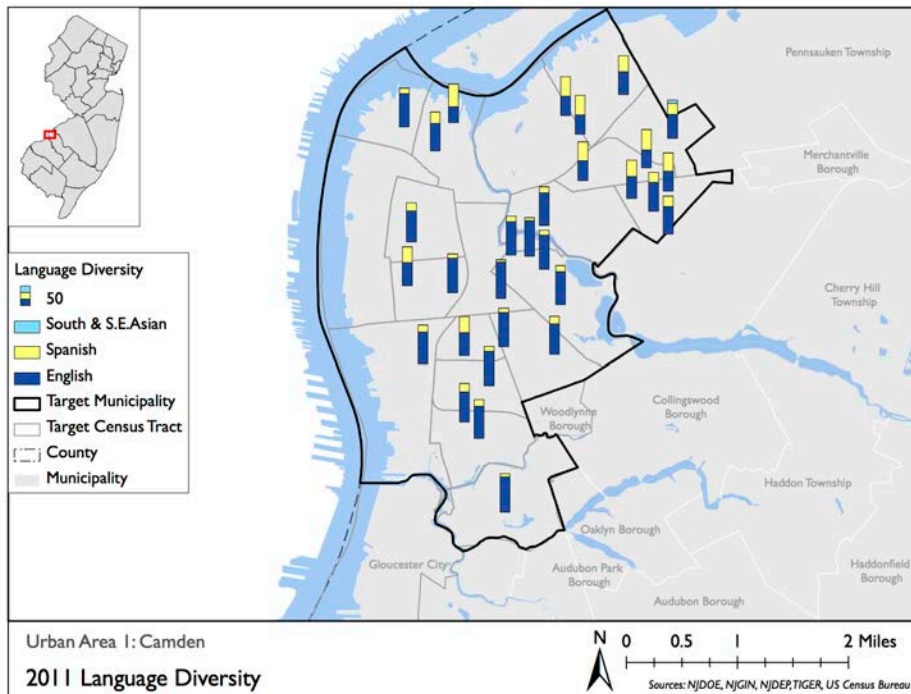




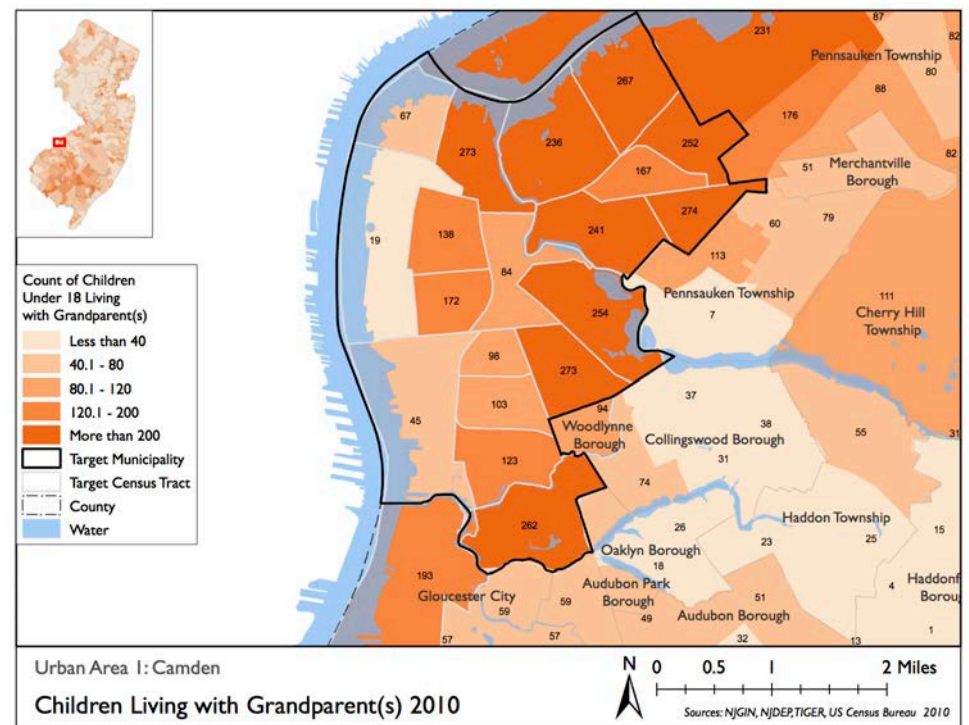
The maps below show the population characteristics of the Camden metropolitan area. They show a concentration of people of color in the city and white communities surrounding the city (U.S. Bureau of the Census, 2010).



To get a sense of recent immigration, in addition to Census data, we looked at the languages that people speak within the elementary schools. While East Camden has historically been the neighborhood with a high concentration of Latino residents, one of the two elementary schools in Bergen Square shows a large percentage of residents speaking Spanish. The elementary school in Lanning Square also has a sizable percentage of students who speak Spanish.



Many grandparents in Camden have children under 18 living with them. The numbers are higher in East and North Camden but Lanning and Bergen still have more than a 100 each.

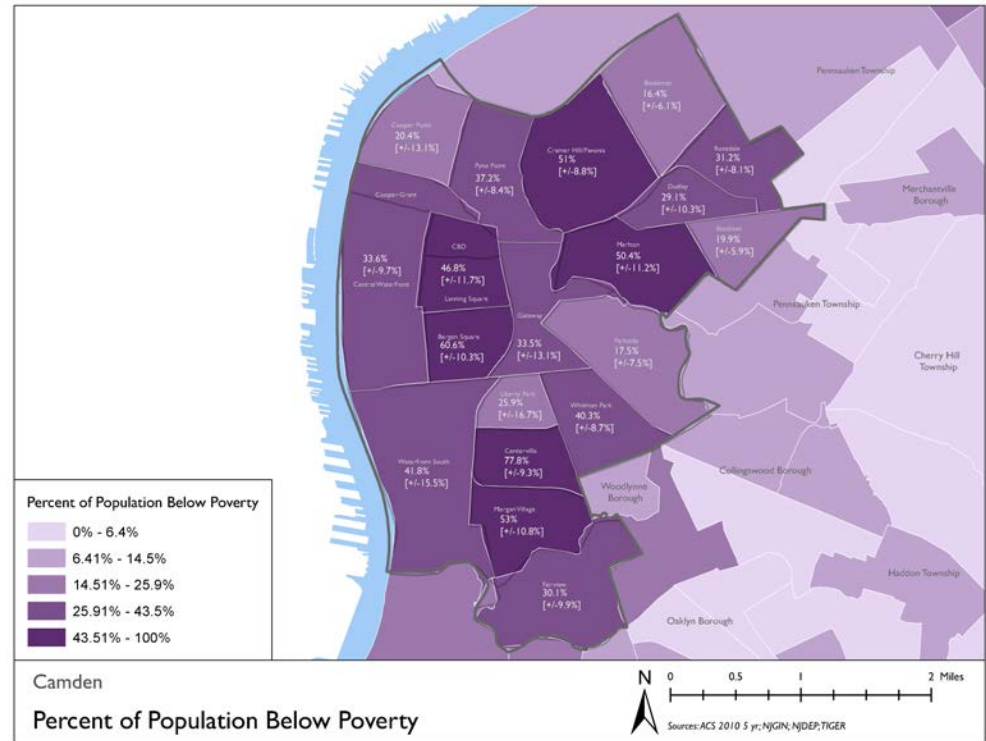




# Income

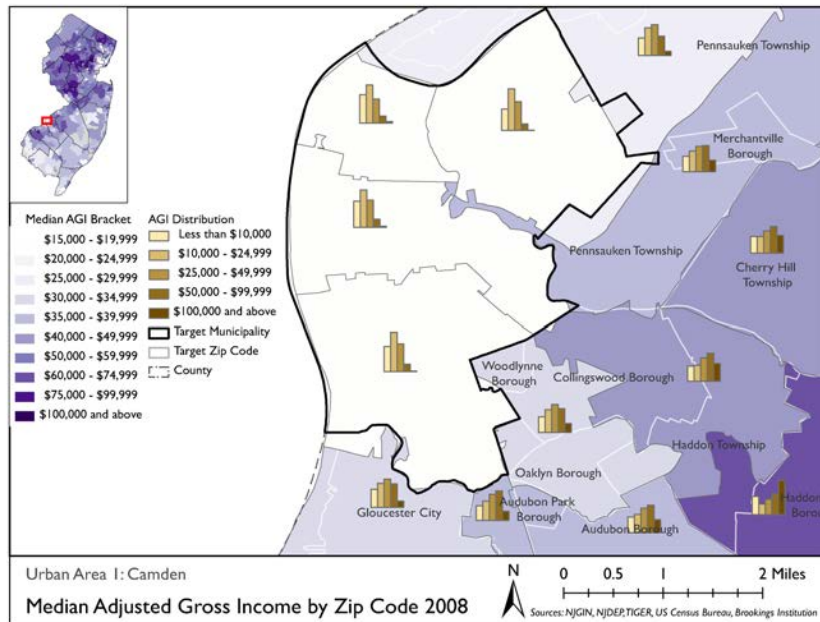
While Camden is home to many middle income residents, it also faces extreme and widespread poverty. Some middle and even higher income households live in Lanning-Bergen but there also many people with very low incomes. In 2010, 47 percent (+/- 12%) of people in Lanning Square and 61% in Bergen Square (+/- 10%) have incomes below the poverty line (ACS, 2010). The median household income in 2000 was \$22,013 in Lanning Square and \$21,130 in Bergen Square (U.S. Bureau of the Census, 2000, 2010).

The distribution of incomes shows how few upper incomes households there are and how households are concentrated in the lower income ranges. We can see this most usefully using IRS gross income tax data which is available most recently from 2008. The distribution is skewed far to the lower income categories showing that the majority of residents have a gross income far below \$49,000. This contrasts with surrounding suburban communities where residents may have higher job-related as well as investment



income (Brookings Institution).

Perhaps explaining some of the low incomes, nearly half of the families of Lanning Square and Bergen Square live in female-headed households (43% Lanning Square and 46% Bergen Square) (2010 Census). There is some multi-generational support; 10% of households in Lanning Square and 11% in Bergen Square live in homes with three or more generations. While these arrangements may suggest helpful intergenerational structures, they may also suggest that people lack the resources to live on their own. Living in overcrowded conditions can contribute to stress.



## Education

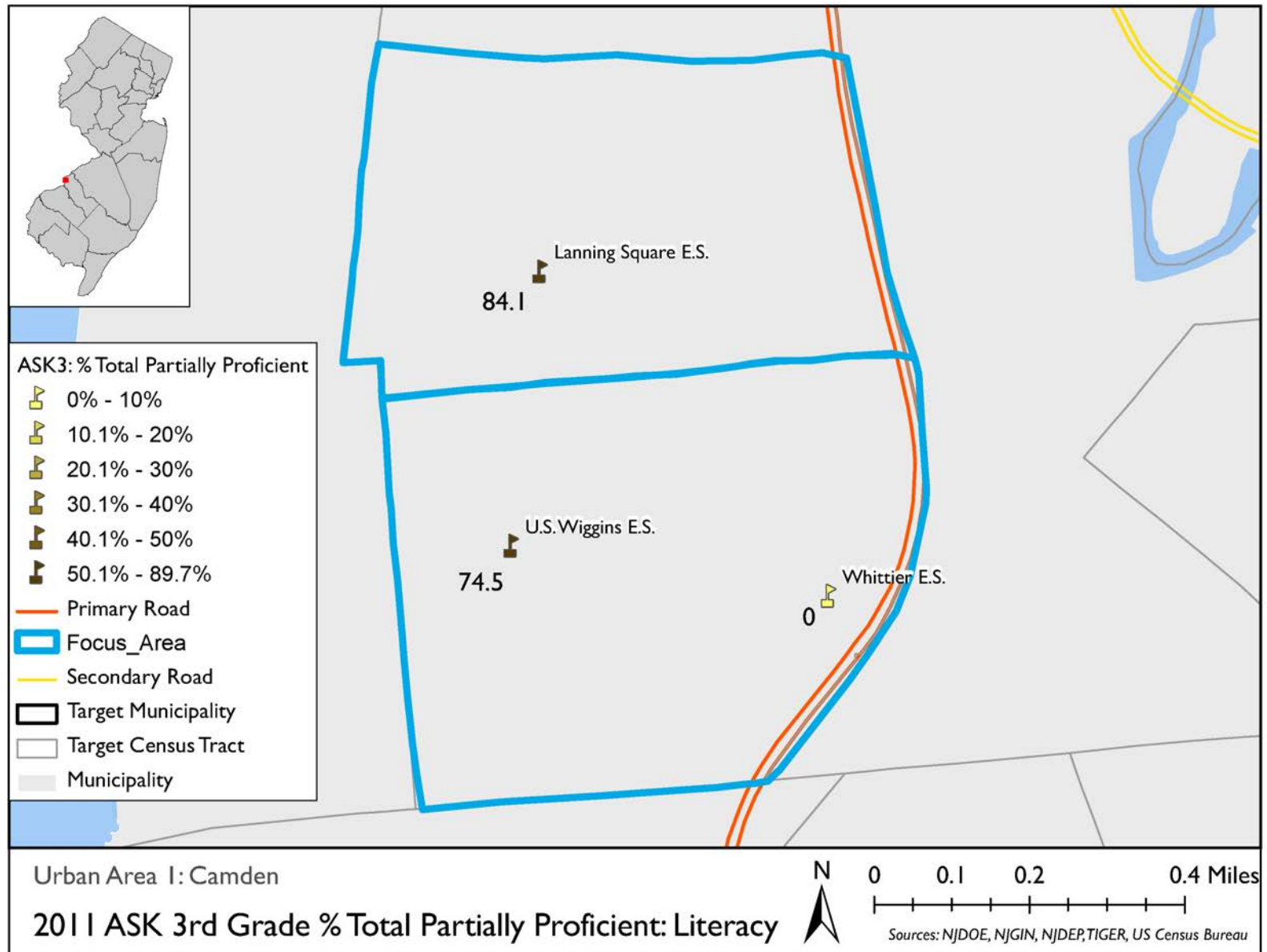
Lanning Square Elementary School, located between 5<sup>th</sup> Street and South Broadway on Royden Street, was closed in 2002 and the site, which is adjacent to the site for the new Cooper Medical School of Rowan University has been vacant since. Students have spent the past decade moving around to neighboring schools. After a particularly contentious political battle, the Camden Board of Education recently decided that it would allow a new charter school called the “Renaissance School” which will be part of KIPP Cooper Norcross Academy (Vargas, November 30, 2012). Norcross Foundation, Inc., established by State Assemblyman Donald Norcross and his brother George E. Norcross III, who play important roles in Camden’s power structure, is the charitable foundation of Cooper University Hospital and the Knowledge Is Power Program (KIPP). The foundation submitted a proposal to construct a privately run public “Renaissance” school, but the Camden School Board initially refused it in the wake of strong neighborhood opposition to charter schools (Vargas, September 25, 2012). More recently, the Center for Family Services in the Cooper Plaza and Cooper Lanning neighborhoods received a half million dollar federal Promise Neighborhood Planning Grant. The objective is to mirror the Harlem’s Children Zone by providing wrap around services and education from birth through college (Center for Neighborhood Services, 2012)

More than 80% of 3rd grade students at Lanning Square Elementary and Whittier Elementary and 75% at U.S. Wiggins score as partially proficient on the 3rd grade NJ literacy exam. Over 75% of families of students at Lanning Square and Whittier Elementary first language spoken at home is English. U.S. Wiggins student families first language spoken at home is 59% English and 41% Spanish. Both U.S. Wiggins and Whittier had relatively low student suspensions, at 5% and 3% respectively, while Lanning Square Elementary had a student suspension rate of 16%. Whittier Elementary also had a very high number of mobile students; 50% of their student population moved in and out of the school within the academic year. U.S Wiggins also had a high number of students with limited English proficiency.

**Table 5: School Characteristics 2010-11**

School	Grade Levels	Total School Population	% Partially Proficient 3rd Grade NJ Ask	First Language Spoken at Home	Students with Disabilities	Mobility	Limited English Proficiency	Student Suspensions
Lanning Square	Pre K-7	324	84%	English - 79.6% Spanish - 20.4%	16%	28%	0.90%	16%
U.S. Wiggins	Pre K-6	438	75%	English - 59% Spanish - 41% Adygei - .2%	16%	27%	21%	5%
Whittier	Pre K-5	204	87% (09/10)	English - 88.6% Spanish - 11.4%	23%	50%	0.50%	3%

(NJ Department of Education, 2011)



# Housing

Lanning and Bergen are home to 2,979 housing units. Camden has higher homeownership rates than in some of the other study areas. While many residents energetically work to improve their housing, blocks and neighborhoods, Bergen and Lanning Square have suffered tremendous disinvestment. Between 2000 and 2010, Lanning Square lost 8% of its housing stock (190 housing units) and Bergen Square lost 15% (242 housing units). As of 2010, more than a quarter, 26% (404 units) of Lanning's and 28% (398 units) of Bergen's, housing units were vacant (US Census 2000, 2010). Over the last decade, both of these neighborhoods have been the sites for ambitious redevelopment plans but little in the way of redevelopment has materialized (Camden Division of City Planning, 2005; 2008). Older redevelopment efforts demolished housing, leaving now grass-filled vacant lots, as redevelopment failed to materialize. More recent redevelopment planning processes created tremendous stress as residents feared displacement and relocation and attended meetings and organized themselves to avoid displacement (Lake et al, 2007).

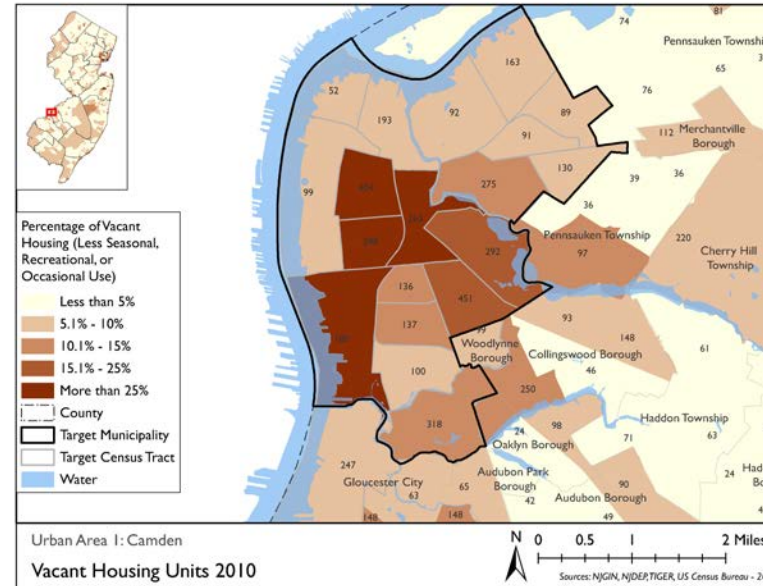
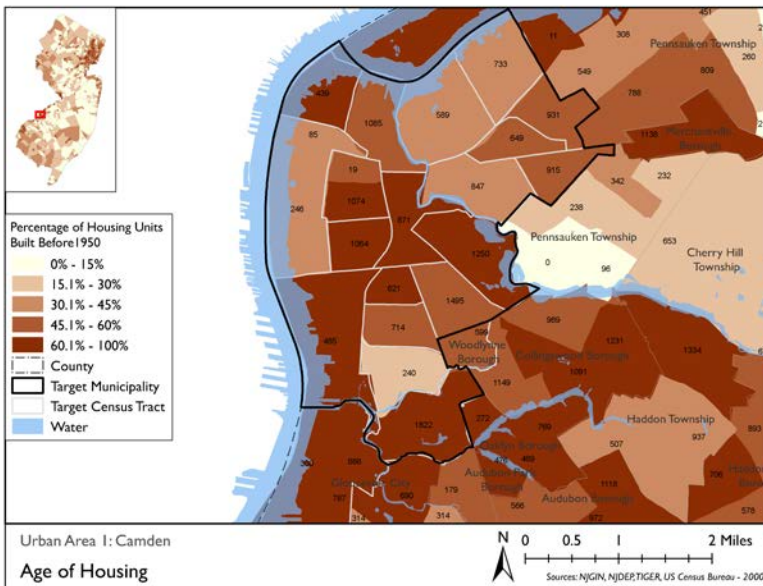
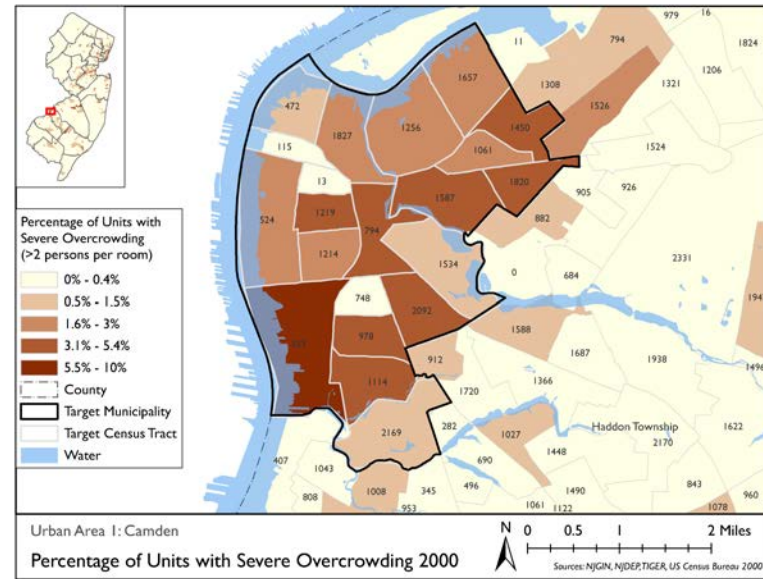
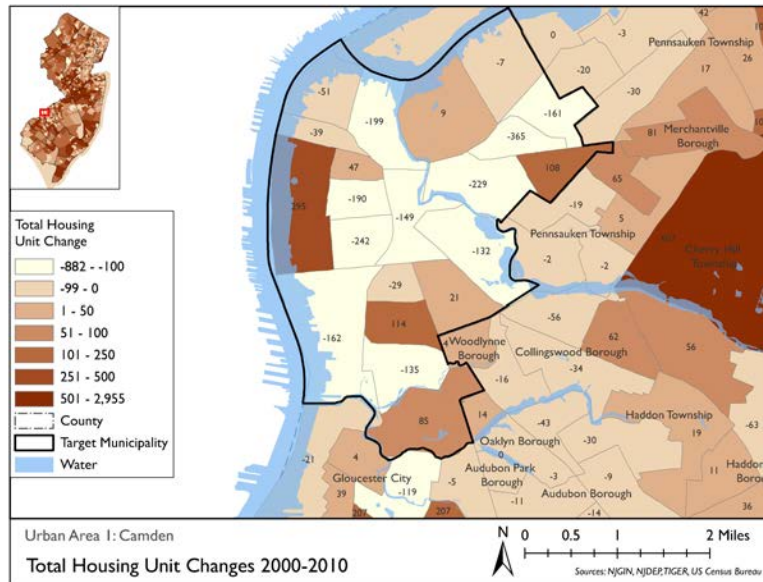
**Table 6: Housing Unit Changes in Focus Neighborhoods, 2000-2010**

Tract	Housing Units		
	2000	2010	Percent Change
104	1,697	1,554	-8.4%
4	1,667	1,425	-14.5%
Neighborhoods	3,364	2,979	-11.4%
Camden	29,769	28,358	-4.7%

(US Census 2000, 2010)

Cooper runs its own housing fairs, developed the Cooper Employer Assisted Housing program in 2011 to help its employees buy homes in Cooper Lanning, and is actively engaged in creating “worker” housing around the hospital downtown. As they say, “Cooper University Hospital understand the vital role homeownership plays with the stabilization of this vibrant neighborhood, and we encourage our employees to live where they work” (DCA, 2012). The city and state also run live where you work programs that provide additional resources. Cooper is working with a variety of community development corporations to improve facades, develop and redevelop housing in the Cooper Plaza/Lanning Square neighborhoods surrounding the hospital. St. Joe's Carpenter Society, Cramer Hill Community Development Corporation, M&M Development, and Habitat for Humanity are all working on this. NSP, NRTC, and other funding is making it possible (Cooper, 2012).







The housing stock is older in the neighborhood which means elevated concerns about lead poisoning. The Royden Street community, shown in the photos below, demonstrates the active and engaged community residents who have demonstrated their citizenship by rebuilding their block and their homes (Lake et al, 2007).



## Crime

Non-violent crime including burglary, larceny, arson, and motor vehicle theft decreased 9% in 2012 compared with 2011, but 2012 was the deadliest year on record with 465 shootings and 67 homicides (Mast, 2012). In 2012, state officials broke up a heroin ring that appears to have been based out of the Lanning Square neighborhood (Gambardello, 2013). A few entities have mapped the murder locations over time. A 2006 map shows the Cooper-Lanning and Bergen neighborhoods as easily identifiable crime “hotspots” (Ratcliffe, 2006). The Courier Post maintains an online map that shows the locations of homicides between 2007 and 2010 with victim names and ages. In 2010, most are younger than 30. Each year shows concentrations of murders in Lanning and Bergen (Courier Post, online map). A Google Map that shows the location of murders in 2011 and 2012 shows about 18 in Bergen and Lanning Square (Google Map). Most of these murders took place mere blocks from Cooper Hospital.

To draw attention to this health crisis and to remember the victims, community leaders have erected crosses outside of Camden City Hall. Most of the homicides took place in four neighborhoods; Lanning Square was one of them (Simon, September 30, 2012). As violent crime is resulting in an unusually young death rate for Camden's youth, we list violence as one of the neighborhood's top health concerns. Community organization and healthcare staff are starting to put more attention on the connection between violence and well being. Cooper also address violence-based trauma through Cooper's Guidance, Preservation, and Support (GPS) program (Shelly, 2013). We return to this topic in the healthcare section below.



Photo credit: Paul Jargowsky, December 10, 2012

In terms of a crime response, to cut the city budget, the city plans to disband its police department and replace it with a non-union "Metro Division" of the Camden County Police (Chiaromonte, August 26, 2012). Cooper meanwhile includes safety in its neighborhood redevelopment efforts and is creating its own private security forces. "Key components of the Cooper Plaza plan in Camden...include streetscape improvements, facade renovations for homes on two key blocks, and the new Clean and Safe Cooper Plaza program. The latter is a public safety initiative that has brought on four employees...to help maintain a sense of security and pride in the Cooper Plaza neighborhoods" (Crandall, 2012: 8-9).

Crime related to another part of the economy, metals, is also a concern. People steal pipes and other metal from vacant housing but if the gas is still on, there is a risk of explosion. Most recently this reached the near crisis stage on the East Side. People are afraid that nearby properties will explode (Connors and Stamm, 2013). A few years ago, thieves stole appliances from a house under construction in Irvington and it exploded when workers entered the next day killing them.

## **Environment**

Camden residents struggle with many environment-related concerns. The Waterfront South community and many other residents in Camden have long been concerned about air and water quality. In the early 2000s, they worked with the state to conduct a study and found “relatively high particulate levels; and that some of this particulate matter contains significant quantities of toxic metals, such as arsenic, cadmium, lead, manganese and nickel” (NJ Department of Environmental Protection, 2005: 5). Following the report, there were steps to reduce particulate emissions but many of these concerns remain in Camden and in other urban areas. Cooper meanwhile is improving three parks around Cooper Hospital - 7th Street Median Park, Cooper Commons Park, and Triangle Park (Cooper, 2012). And Cooper works with Cooper Lanning Civic Association and others to create the Cooper Sprouts Garden on 7th and Newton Avenue. Camden Grows helps the organization and recently received a large USDA grant to do so, and it supports a farm stand (DCA, 2012).

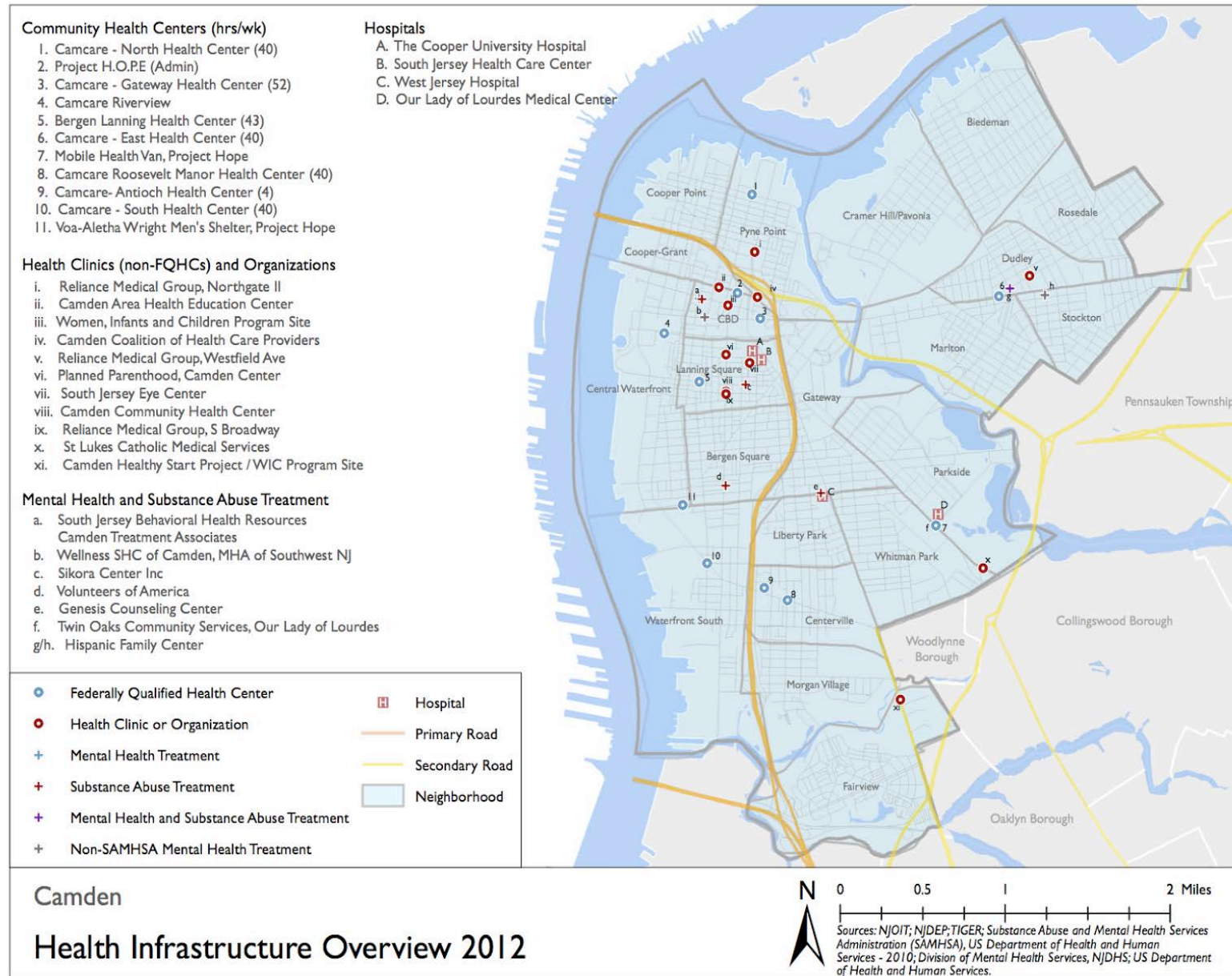
## **Health**

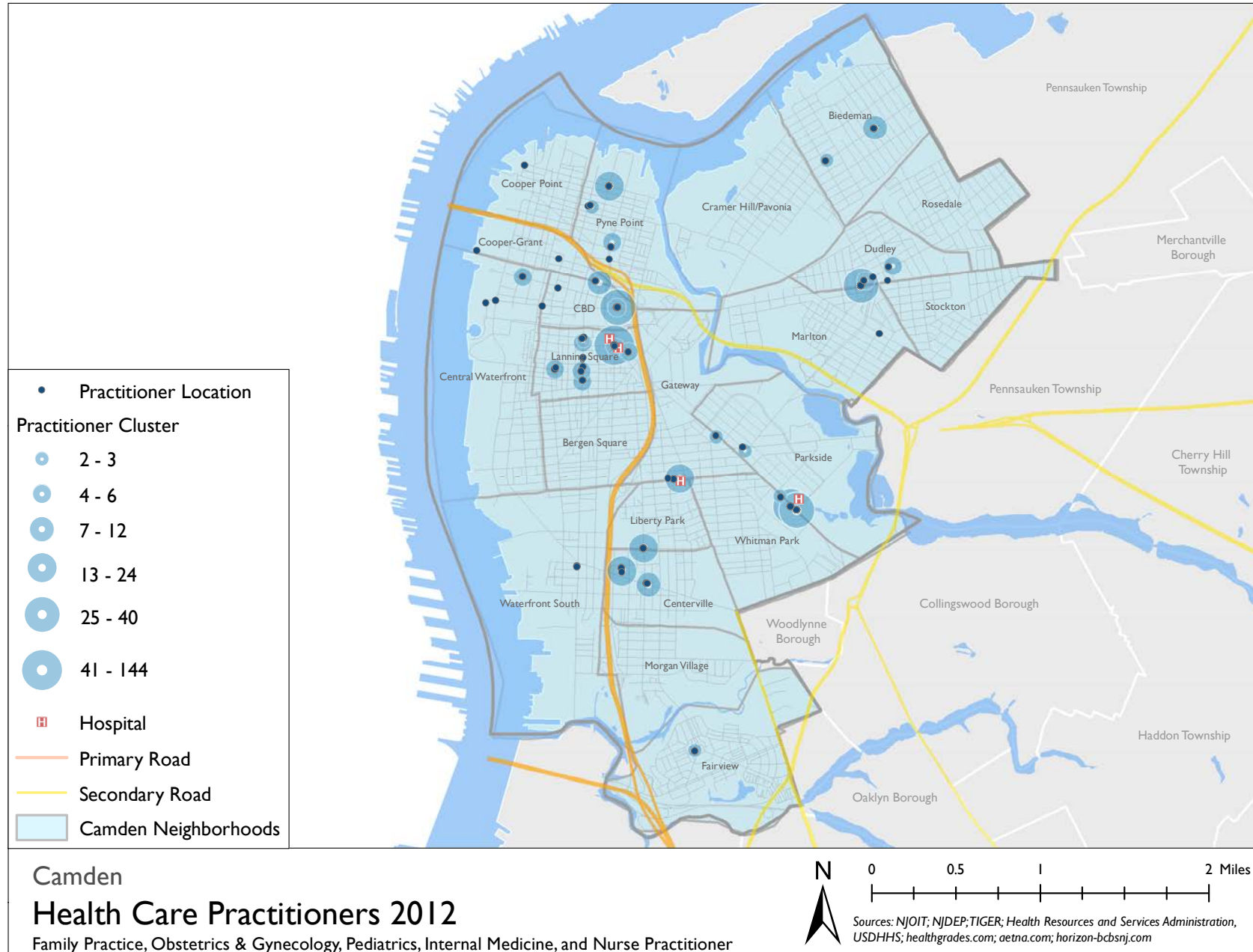
### **Health Issues**

Trying to capture the primary health concerns in Camden at the moment is a pretty daunting task. Camden residents struggle with diabetes, obesity, and high blood pressure and they struggle with violence, drug abuse, and the challenges involved in lacking regular access to medical care. Violence is emerging as a health issue that health providers are seeking to address. For many years it was seen as a public safety issue but people are starting to question whether there is a trauma for people who fear and/or are affected by this much repeated violence. Asthma is a leading health care concern. Housing conditions exacerbate respiratory illnesses with their poor circulation systems, presence of mold, lead, and asbestos (camconnect.org; camdenhealth.org). The housing stock is old, there has been lots of demolition, and over the years, to make up for its dwindling tax base, Camden has agreed to hold often unwanted regional things like a sewage treatment plant. It is also home to many industrial uses. “Studies show that Camden City residents have unusually high rates of respiratory diseases, especially asthma. People with asthma are particularly vulnerable to the effects of pollution. Camden City residents have elevated rates of cancer of the lung, esophagus, stomach, liver, kidney, and pancreas. Lung cancer rates are especially high compared to the state-wide rates” (Bryant and Wallace, 2010). As one interviewee pointed out, Camden has very complex patients with very complex needs with a healthcare system that is inadequate to provide for these needs (Interview, 2013). Despite the best of efforts of Camden health providers and the city’s non-profit organizations, there are many remaining challenges. Healthcare appointments often involve long waits and then are short which doesn’t meet the full needs of patients and there are few to no follow-up appointments. Language and/or educational barriers can make it difficult for patients to understand services. And there is a lack of patient engagement in the city’s healthcare system (Interview, 2013).



## Healthcare Organizational Infrastructure





Lanning and Bergen Square residents live about as close to major health institutions as is possible. The main healthcare providers for primary and preventative care in this area are FQHCs and the hospital networks. The Lanning Square neighborhood is home to Cooper Hospital and to the city's federally qualified health center. Cooper Hospital serves residents in neighborhoods all over Camden, but it's no surprise that there is a heavy concentration of patient visits from Lanning and Bergen Square, given their nearby location. Immediately around the hospital there are a number of health services. The South Jersey Eye Center, Planned Parenthood Camden Center, Mobile Health Van, and Services Empowering Rape Victims are all located in adjacent blocks. In the center of the neighborhood, there is the Camden Community Health Center and the Bergen Lanning Health Center. Cooper also reaches out into the neighborhood with a variety of partnerships and efforts. Cooper is a partner in the Promise Neighborhood effort to create a new school which would replace the Lanning Square school that was demolished in 2003. Cooper says that as part of the efforts, it helps with community events, provides free flu shots and hosts a baby shower at the hospital for community residents, among other things. With Norcross Foundation, Cooper Medical School, and Delaware Valley Volunteers of America, it also provides holiday food and gifts for residents in Cooper Plaza and Lanning Square (Cooper, 2012). Cooper has staff who address violence and Cooper Medical School of Rowan University is thinking about how they address violence as a health issue (Shelly, 2013b).

There is an extended system of hospital care in Camden consisting of Cooper, Lourdes, and Virtua Hospitals, all of which are clustered in the northern part of the city. These three hospitals formed the Camden Health Information Exchange (HIE), a collaborative data sharing network, in 2010. The objective of the HIE is to aid healthcare providers to improve care delivery. The HIE web-based technology connects communication among the 100 plus participating healthcare providers to real-time access of important medical information or clinical data on Camden patients. Through the collaboration, the HIE provides the following hospital data: ADT (admissions/discharge/transfer) transactions, lab results, radiology results, and discharge summaries. This collaboration aims to reduce unnecessary duplication and inefficiencies through fostering improved care coordination. Further, the data collected through the HIE can be used to identify patients for possible enrollment in the Coalition's Care Management and Care Transitions programs, which are used to improve the care transitions and care coordination of high cost, complex patients ([camdenhealth.org](http://camdenhealth.org)).

The Camden Area Health Education Center runs a few innovative programs including the mobile health van to provide services for the homeless who mainly stay in non-residential areas. AHEC works with Kennedy and their medical students who participate with the van as part of their clinical rotations to help them learn and provide care. They use cutting edge approaches including peer education through schools and religious institutions. They work on improving health by ensuring regular health access. The mobile health van has been in operation for twenty years. By using community connections, they target areas that they know have high homeless or at risk populations. In this way, they can respect the dignity of the users because most people at risk are unlikely to physically go to a clinic during the days because of transportation problems or they simply don't want to be seen going to a clinic. The mobile van operates during weekday evenings and weekends to maximize community exposure. They specifically target the homeless population, drug abusers, and sex workers. Through the van they operate a syringe access program, which is one of five programs operated throughout the state as a pilot program. It allows for users to exchange their used needles for clean, sterilized ones to help reduce the spread of HIV. The van also offers flu shots, STI screenings, and referrals to other operations in the city like Project HOPE and early prevention centers at Kennedy and Cooper Hospital. They coordinate with the urban treatment center to distribute methadone which is used to help manage addiction. The organization also runs a farmers market from June to October in two locations that sell flowers, fresh fruits and vegetables, and other ready-to-eat foods like sandwiches. They source from two farmers and honor WIC and SNAP (Interview with AHEC, 2012). The community response has been very positive. They are currently working with the Community Health Workers Institute to help develop a training curriculum to train health workers as part of the Affordable Care Act – this will help to tie community and healthcare operations by mobilizing staff within doctors' offices to

identify individuals who have fallen out of care (this was mentioned in Newark too as being of interest). This ties in with the Health Information Exchange program that seeks to monitor individuals' health and self-maintenance after they are treated at the hospitals. It represents another way that a joint social work/healthcare directive can help to stabilize individuals suffering from complex health problems and monitor them before they cycle through the hospital system multiple times for the same condition.

Local health care providers report repeat visitors as an ongoing challenge, with certain patients, sometimes referred to as “superusers,” returning multiple times a year, often for the same complaints that brought them there previously. A community leader explained that there are plenty of healthcare providers in Camden but people still tend to go to the emergency room since that is what they grew up doing (Interview, 2013). Compounding this problem is a lack of standards for communication between the multiple doctors who may be caring for the same patients, between hospitals and private practices, and even between specialists within the same hospital. This inhibits truly personalized care for complex health problems such as diabetes (Hernandez, June 12, 2012). The Camden Coalition of Healthcare Providers created the Camden Health Information Exchange (HIE), a comprehensive database of patient care, to address this problem. The Camden Coalition of Healthcare Providers operates the HIE.

## **Community Coalitions and Organizations that Provide Health Services**

### ***The Camden Coalition***

The Camden Coalition of Healthcare Providers is a comprehensive social service organization dedicated to improving health in Camden. In addition to improving healthcare, the organization seeks to address housing, access to good quality food, legal services, and a variety of other issues. They have almost taken the place of the older comprehensive community development organizations, streamlining the healthcare system in Camden ([camdenhealth.org](http://camdenhealth.org)). Their goal is to develop programs and provide coordination among healthcare providers, hospitals, and physician practices to reduce the number of patient hospital visits. By improving the quality of care and cutting unneeded admission costs, and therefore taking “superusers” and other high-cost hospital patients out of the system, the Coalition seeks to decrease the cost of health care overall and improve patient care.

Superusers tend to be people who are often dealing with social issues, such as substance abuse, mental health issues, homelessness, language barriers, and other social support issues, which cause them to have a hard time prioritizing their health needs and maintaining adequate medical maintenance. The majority of the patients in the program struggle with these social issues that isolate them from local avenues of social support, which are compounded with physical medical conditions, such as diabetes, hypertension, or severe asthma. For many who face social issues as well as medical issues, access to healthcare can be limited or even denied. Many past substance abusers, for example, find it difficult to receive healthcare outside of the hospital. Once they have been labeled as drug users, some healthcare organizations, such as acute rehab centers for patients with skilled nursing needs, will not admit them, even if they are no longer actively using drugs. Many homeless people, meanwhile, have a hard time prioritizing healthcare needs when they do not feel safe at night or have limited access to transportation. New immigrants may not know the language or health care system well enough to successfully navigate the various channels of care (Interview, 2013).

Jeffrey Brenner, executive director of the coalition, has been working at the head of this initiative for 10 years, recently helping to secure monetary awards under the Affordable Care Act to develop these programs to improve care and reduce healthcare costs. Brenner also advocates for in-home follow-ups after a patient is released from the hospital to stabilize the patient and ensure they don't return to the hospital unnecessarily (Gawande, January 24, 2011). The Camden Coalition grew out of meetings of interested healthcare professionals in 2002 who wanted to change the face of healthcare in Camden and evolved into a non-profit aimed at improving the quality and accessibility of healthcare in Camden. It does this by rethinking how hospitals, healthcare providers, and various stakeholders engage patients and how healthcare information is exchanged (Interview, 2013) The Health Information Exchange program is the result of a research project Jeffrey Brennan conducted to map "hotspots" of "superusers" in the city. They define superusers as people with recurring hospital visits who don't have primary care and/or insurance who represent a drain on hospital resources because of the cost of care that will never be recovered. Interventions are data driven through the health information exchange. They target patients who are in their 3rd admission or more in 6 months from Cooper, Lourdes, Virtua hospitals and the Coalition triages from this list. Registered nurses visit these identified patients, explain the program to them, and offer to enroll patients in the program which is completely voluntary (Interview, 2012).

The program runs in 90 day cycles and is intended to be a terminal program. The nurse works with patients to get them medically stable which may involve substance abuse programs or behavioral or mental counseling and connects them with primary healthcare providers. It also helps connect individuals to services that will help them navigate insurance since most patients are uninsured, underinsured, or receive Medicare or Medicaid. The ultimate goal is to connect patients with primary providers. The RN conducts weekly home visits until patients are stabilized, and then the team switches over to LPN and other staff to individually identify and treat patient needs. Home visits are less frequent until hopefully patients can navigate the healthcare system on their own with their primary healthcare providers.

The Coalition also works with the Center for Family Services on a hospital based intervention program to redirect the lives of youth involved in violent behaviors or have been the victims of violence. They receive daily reports from the hospitals on patient records and recurring visits. They recently started a new program to gather data to follow patients after program completion, because sometimes they are re-admitted. They started this a few months ago and began to gather this data. They are hoping within 6 months to have concrete data to understand recidivism rates. They are also working on a cross-site learning program to help other communities across the country implement a similar program in their healthcare systems (Interview with Camden Coalition, 2012).

### **CAMcare**

CAMcare is a federally funded federally qualified community healthcare organization started in the 1970s by a group of community activists and healthcare providers who seek to provide high quality preventative health care at 8 locations. They advertise with television commercials and brochures. CAMconnect participates in CamConnect, which allows them to gather and share information regarding patients in Camden. Because CAMcare provides a full array of services, it sees families through their life cycles - mom, dad, baby, children, and grandparents. Camden has a high rate of Emergency Room use. CAMcare has worked to decrease emergency room visits by working with hospitals to encourage patients to follow up with a primary healthcare provider. They have found this to be only somewhat effective since often patients may not. CAMcare's normal hours of operation are from 8am to 4:30pm and with grants they have expanded their hours two days a week from 4:30pm to 8:30pm. CAMcare provides additional services because they receive additional reimbursements and funding from other sources. They find some reimbursement challenges though. Most insurance will only reimburse for only one visit per day but the center provides multiple services in one location which creates a billing problem. Even if they have all of the specialty services at one location, they cannot run patients



from service to service. Insurance companies fear providers will over-use the specialty services. CAMcare would like to provide its patients with more specialty care and behavioral health services including mental, social, and sociological services because they feel that these have a major impact on healthcare in general. They feel that behavioral health could be partially responsible for the high use of the emergency rooms in Camden. This would require more space, money, time, and resources for CAMcare to provide these services (we heard this across most of the focus areas) (Interview, 2012).

### **Project H.O.P.E.**

Project H.O.P.E. at the Bergen Lanning Health Center (<http://www.projecthopecamden.org>) is one of five Federally Qualified Health Center (FQHC) homeless projects in New Jersey. They are a community health center that provides services to individuals in Camden who are homeless or at-risk homeless. The at-risk homeless include those who are underinsured, uninsured, in public housing, living with numerous people, or anything that could enhance their possibility of being homeless. Project HOPE began in 1993 under the Lourdes Hospital System. Project HOPE grew from a small group of individuals who gave sandwiches out to the homeless into an organization that provides a full-range of healthcare services. It offers primary care, the treatment and counseling for physical and mental health ailments, preventative care such as checkups, food for diabetics distribution, and other social services. It provides walk in STD testing. Project H.O.P.E. runs a mobile health van with a schedule that brings it downtown and into a variety of neighborhoods. It provides social workers, medical providers, screenings, referrals, testing, and other services. They have a fulltime outreach worker who goes around to various sites around the city to health-fairs, transit stops, events, etc... They get patients from referrals from other agencies. Quite often some other organization will be helping an individual with finding housing and realize that this individual also needs healthcare and they refer them to Project HOPE (Interview, 2012).

Many of Project HOPE's clientele hold jobs but make very low wages, which causes them to be homeless or at-risk to be homeless. This means regular business hours would not be accessible for them; this is why Project HOPE offers hours outside of the regular business hours. Also, they allow walk-in visits so clientele are not restricted by appointments. Project HOPE has a mobile health van. Since early 2011, the mobile health van is not on the regular schedule as it was before because of lack of funding. The mobile health van used to have a regular schedule with regular locations in different key spots of the community (transit stops, community centers, etc...). It was highly utilized. What was significant was that since the homeless population typically has a great distrust of social services and federally funded programs, this mobile health van acted as a "giant icebreaker" in that it was a successful way of going into communities and connecting individuals to their healthcare options. Right now the van is used for health events for health screenings, preventative healthcare, and healthcare education (Interview, 2012).

The organization attempts to make sure patients are able to see the same doctor each time so that relationships can be built. A huge part of this relationship is to help individuals move past the facade of the healthcare system and to communicate the importance of preventative proactive healthcare: this includes monitoring BMI, diabetes, cancer screening and so on. They monitor everything because they must report to federal government. They feel that they could better serve the population by offering more specialized services such as mammograms and dental care. While CAMcare already offers dental care for about \$5, Project HOPE would like to be able to offer dental care to those who can't even afford \$5 (Interview, 2012).

### **Volunteers of America Delaware Valley**

Volunteers of America Delaware Valley operates a number of organizations in Camden and is part of the larger umbrella of VOA, which is one of the nation's largest charitable organizations. The Anna M. Sample House Complex is a 65 bed transitional housing shelter that helps homeless women re-enter society as self-

sufficient members of the community. All patients are accepted through referrals provided mostly by the local borough of social services of Gloucester or through the hospital system (Cooper, Lourdes). The complex is open all day, all year long. Patients come from Gloucester and Camden counties but only through a referral basis. The local borough of social services provides a per diem fund for each patient which is redeemable within a twelve month period from the date of initial referral for patients to complete the program. As condition of payment for services provided at the complex, the women must agree to participate in a workforce program sponsored by the borough of social services requirement. The time limit on participation makes it difficult though to re-use the program if residents experience recurring homelessness. Once a patient is accepted, however, they may stay as long as they need until they are deemed self-sustaining. Lourdes' crisis center also serves as a base for referrals and the complex recommends the services at the crisis center for residents to use. A staff member serves as the outreach coordinator to canvas the streets to encourage homeless people to seek referrals from the borough of social services. The organization has targeted neighborhoods within the two counties it serves and goes to the places where they know a homeless population exists. The organization works in collaboration with other agencies within the community including the Hispanic Family Center, Center for Family Services, Co-Star Unity and the VOADV substance abuse facility. Each individual accepted into the program is provided with a case manager who conducts an assessment of individual needs in collaboration with the board of social services. This case manager mostly manages behavioral health outcomes but VOADV has a relationship with Cooper hospital for patients to get physicals, TB shots, and other physical health screenings and care. There is no on-site medical facility. Currently in the works is an expanded program with Cooper that will provide direct health services as well as transportation to and from the complex to the hospital. The services provided on-site include money management, substance abuse, mental health, resume building, and employment training (Interview, 2012).

### ***The Center for Family Services, Inc.***

The Center for Family Services, Inc. (<http://www.centerffs.org>) is an organization with a long history supporting the families of Camden that provides several services intended to target behaviors that inhibit the emotional and physical support functions of families. Their array of services includes behavioral counseling, family support, violence prevention, substance abuse treatment, and trauma services. The Center employs a small group of core employees, while volunteers support most of its activities. The Center for Family Services is the result of a merger of three organizations in 2000. At the time of integration, the individual organizations were well known individually, but the board worked on an aggressive re-branding campaign to promote their new services and advertise their outreach. The organization has an extensive mailing list and online newsletter. There is a recognition that access to social services and medical care can be limited by a number of factors including cultural mistrust, chaotic lifestyles, and transportation limitations that make visiting an office or clinic undesirable. As a result, the organization focuses on making in home visits for many of their services. Some treatments, like those for substance abuse, are conducted in office, but many of the behavioral treatments are conducted in the family home. Many of the families who benefit from the services are targeted through a contracting agency, like DYFS, but one of the other main goals of the organization is to reach out to families before they "fall into the system". Other agencies with whom CFFS works with include the Division of Addiction Services, Juvenile Justice Division, Camden and Gloucester Youth Services Commission, Division of Community Affairs, Division of Women, the Attorney General's Office, and local domestic violence shelters.

The goal is to keep individuals in their own homes while providing education about healthy lifestyles and health prevention steps a family may take at home, whether it is to combat a mental health issue, violence, or nutrition. Each service has connections to broader community organizations, and the staff work to help residents connect with and access the services and resources they need. There are multiple layers of counseling provided by the staff that seek to integrate the individual into a larger "family" that brings together community connections. Rather than focus on specific problems and the remedies for mental or social issues, they look at the levels of need of a particular person that influence more basic human needs like homelessness or hunger first.

Currently, there is a new Family Success Center that opened on Broad Street that works with the Division of Children and Family. CFFS is also working to develop the Promise Neighborhood in Cooper/Lanning with Cooper Hospital through the school system. This would support a birth to college initiative for every child in the neighborhood and effort is being spent now trying to identify existing services and how they can be more concentrated through a virtual network. Funding for all components of the organization is limited and is often a challenge. Since the staff work so closely with government organizations, it is not uncommon for them to move into the state agencies (Interview, 2012).

### **Camden Center for Law & Social Justice**

The Camden Center for Law & Social Justice helps low income residents with immigration and domestic violence issues, among other things <http://www.cclsj.org/about-us/>

### **STOP (Stop Trauma on People)**

The organization was founded by Father Jeff Puttoff. STOP was responsible for the crosses outside of city hall. They are trying to raise a discussion about the deaths as more complicated than a violence issue. They see it as having economic, social, and public health. The organization counted the number of people who were killed in homicides between 1995 and 2012 - 710 in all and will put up 710 crosses to raise awareness (Shelly, 2013). There is concern that the violence and lack of safety creates a situation of constant threat which takes a toll on youth and families in the city.

## **Outstanding Health Needs**

There are a variety of insurance and non-insurance barriers to healthcare in Camden. People who are underinsured or uninsured have trouble accessing care, especially accessing follow-up specialty healthcare that sometimes have stricter health insurance requirements and/or are more expensive. People may apply for charity care and/or have to pay a co-payment (Interview, 2013). There are some clinics in Camden that offer great services but because people cannot afford the sliding scale fees or co-pays, they often forgo the services which means follow-ups do not happen. This, in turn, means that patients do not keep up with necessary healthcare services or perhaps do not take the necessary drugs to maintain their health. Cathedral Kitchen runs a dental clinic and they try to avoid these problems by making special arrangements with specialty dentists for when their clients need more complex care such as root canals. However, they only refer when it is a serious situation because they do not want to wear out their welcome (Interview, 2013). Additionally, those who are underinsured or uninsured are unable to cover the additional support to keep medically stable people at home rather than becoming “superusers.” Further, since most of the mainstream medical community in Camden locates its specialty services outside of Camden, receiving adequate healthcare is difficult, especially when relying on public transportation (Interview, 2013).

### **Mental Health Services**

There is a great unmet demand for mental health services in Camden and for integrating mental and physical healthcare systems. Camden’s mental health services are very much used and have waiting lists. An interviewee explained that nearly everyone the organization encounters needs some sort of mental health

service. However, that interviewee also indicated that while there are a few great psychiatric services in Camden, such as South Jersey Behavioral Health, Hispanic Family Center, Nueva Vida, and Twin Oaks, they are unable to adequately serve Camden's need for mental health services because of the long waiting lists (Interviews, 2013). One interviewee explained that often the needs of their clientele are beyond what a social worker is able to do so they will refer clientele to a psychologist but the long waiting lists make using those resources difficult. One organization's client had been on a waiting list for ten weeks to see a psychologist (Interview, 2013). Often, people with long-term chronic issues are receiving mental health services for long periods of time, while people with immediate acute issues are unable to access mental health services (Interview, 2013).

While mental health providers are great in Camden, there are simply not enough to serve Camden's demand (Interview, 2013). Camden has plenty of great hospitals but they primarily address physiology issues and there is definitely a need for more support around mental health services (Interviews, 2013). Since there are not enough mental health providers, people seek mental health services outside of Camden, which causes increased access issues for the urban poor because many have no ability to get to services outside of the city. Some have no car; some services are not accessible via public transit, and some cannot afford public transit. Additionally, because most mental health services are offered during working hours, a lot of people forgo receiving the proper care because they cannot take the time off of work. There needs to be nighttime and weekend hours to properly serve the urban poor (Interview, 2013).

Interviewees noted that in resolving the long wait lists, the existing mental health services could do a much better job of communicating with primary care services (Interview, 2013). Most other interviewees note that the insurance and cost issues also need to be addressed. A lot of psychologists do not see patients who are uninsured or underinsured. An interviewee indicated that while some mental health providers offer sliding fees, there is definitely a gap in what kind of outside services Medicaid patients and underinsured patients can receive (Interview, 2013). Co-payments and sliding fees are an issue since so many people cannot even afford minimum payments (Interview, 2013). Due to this, it is a real challenge for social workers to find mental health services for their clientele (Interview, 2013). Often, patients are handed a list of providers that accept their insurance, but when they call, they may find out that providers no longer accept it. This contributes to the long waits for the few providers who do.

## **Crime**

There was general agreement among interviewees that crime in Camden affects community health. The high crime rate affects all aspects of the quality of life. It over stresses the city and its ability to provide services (Interview, 2013). It probably has increased the number of hospital visits (Interview, 2013). It makes it scary to walk out of house and causes stress and wear and tear on people, anxiety and depression. Almost everyone in Camden knows someone who has been murdered (Interview, 2013). One interviewee explained that crime has a lasting impact on the health of Camden's youth. It is difficult for youth to get enough physical activity because it isn't safe enough for them to go outside. When adults are repeatedly traumatized they tend to disassociate from their body and become numb and block all emotions. What needs to happen is to offer experiences that bring people who have experienced adverse trauma back to their bodies (Interview, 2013). Mental health and trauma informed behavioral services are Camden's greatest needs (Interview, 2013).

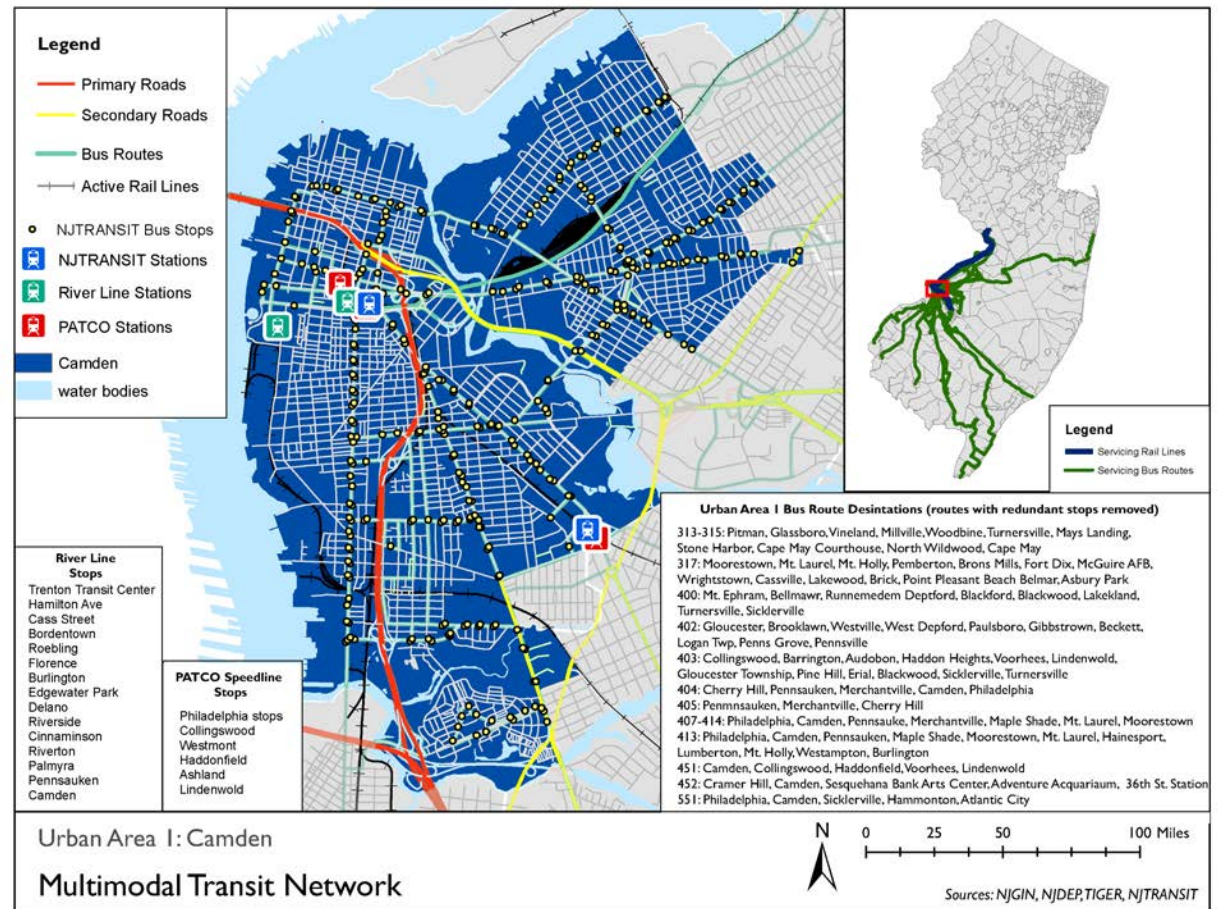
## **Fresh Food**

Camden has a lack of access to healthy food and easy access to unhealthy food such as chips and sugary drinks (Interview, 2013).

# Transportation

Camden is an accessible city from the perspective of the South Jersey/Philadelphia region. Various transit agencies transport passengers from Camden, including NJ Transit, SEPTA, and Delaware River Port Authority. For Camden commuters, the Walter Rand Transportation Center is a major transit hub located just north of Lanning Square in the Broadway neighborhood that services train and bus routes. For those working in Philadelphia, a PATCO train ride is a 10-15 minute trip. For local bus commuters, NJ Transit operates many bus routes with stops throughout the Camden County area. Camden is one end of the River Line light rail service (the other end is Trenton), and gives residents access to numerous south Jersey towns situated along the state border. For tourists of Camden's waterfront attractions, including the Susquehanna Bank Center and the Adventure Aquarium, the RiverLink ferry service operates in half hour increments and takes passengers between Camden's waterfront and Penn's Landing in Philadelphia.

In the focus neighborhoods there are a couple of public transportation options. On the northern border of Lanning Square and southern border of the CBD there are nearby PATCO and River Line stops. However south of the CBD there are no rail options. The bus is a more viable option for residents. Bus stops are almost entirely on South Broadway in Lanning and Bergen Square. The exceptions are stops near the South Jersey Health Care Center, UMDNJ and The Cooper University Hospital in Lanning Square and on Dr. Charles Brimm Boulevard in Bergen Square. Having the majority of bus stops on South Broadway is advantageous with South Broadway running down the middle of the two neighborhoods. This only makes it a 2-4 block walk to a bus stop for most residents. It is also important that almost all of the health service providers in the two neighborhoods are near bus stops, with the exception of Bergen Lanning Health Center (bus stops are located 5 blocks away) and the South Jersey Eye Center (bus stops are located 3 blocks away). One interviewee explained that because the major healthcare facilities are located along bus routes in a small geographic area, healthcare is very accessible in terms of



transportation and it's what happens once you get to the healthcare facility that determines the level of accessibility (Interview, 2013). However the convenience of the bus service is almost entirely dependent on the scheduling of the buses and the frequency of stops at a certain stop in a day as well as the destinations of the bus routes. Another interviewee pointed out that even though Camden is only about 9 square miles, public transportation takes a long time, is unpredictable and has many delays (Interview, 2013).

For the mobility impaired, public transportation options are considered to be indirect and not easily accessible. This makes using public transit as a means for accessing healthcare especially difficult for the mobility impaired and otherwise disabled (Interviews, 2013). There are transportation alternatives for the mobility impaired offered through the Camden County Board of Social Services and Medicaid but there are problems with reliability and understanding how to use the resource. Trans vans for the mobility impaired either don't pick up or pick up late and they take a patient to an appointment and leave the patient there for a long time. Highlighting the physical barriers for using transit alternatives for accessing healthcare, an interviewee explained that in regards to major mobility impairments such as the morbidly obese, these trans vans are not staffed or equipped to properly care for the patients (Interview, 2013). Additionally, since Camden's mainstream medical community does not operate its specialty follow-up services in Camden, public transportation alternatives pose a challenge for people who have to travel to receive the adequate healthcare services (Interview, 2013). Generally people are less mobile if they don't have their own car (Interview, 2013)

## Community Organizations and Infrastructure

There are also numerous faith-based organizations that provide services to the community such as soup kitchens, youth development/after school programs, and homelessness prevention. Many of the community organizations focus more on homelessness, addiction counseling, youth development, and emergency food provisions than on health care.

### **Broadway Family Center** (<http://www.broadwayfamilycenter.com>)

The center supports health education through interactive field trips to various community organizations throughout Camden and guest speakers who provide information to parents on healthcare topics.

### **Cathedral Kitchen** (<http://www.cathedralkitchen.org/>)

Cathedral Kitchen, which has been working in Camden since 1976, is the largest emergency food provider in Camden and serves 375 meals a day in its dining room. Cathedral Kitchen addresses health issues by providing its clientele with healthier meals. They used to serve soda because it was provided cheap from the NJ food bank; however, they no longer do that. They also are using fresh ingredients to make meals healthier. They have an executive chef who really works to make the meals delicious so that clients will eat it. Its clientele encompasses the homeless, the at-risk homeless, and it also serves a fair number of the working poor. Cathedral Kitchen's clientele have identified issues such as a lack of affordable housing, job opportunities, job training opportunities, and affordable specialty healthcare services such as dental care. Cathedral Kitchen runs a free dental care clinic with volunteer dentists 2 days a week. Appointments are necessary and there is a waiting list. Also, because people were coming in from outside of Camden and taking advantage of the services, Cathedral Kitchen began to collect information on people seeking the dental services. The only thing they ask patients to pay for are dentures to ensure that they are used. Since Cathedral Kitchen has a close relationship with a denture manufacturer who only charges Cathedral Kitchen the cost of making the dentures, Cathedral Kitchen only has to charge the patients that amount which is about \$300, as opposed to the normal cost at a dentist of \$5,000. They allow patients to set up payment plans, but before they order the dentures, everything must be paid (Interview, 2013).

### **Camden Area Health Education Center, Inc (AHEC)** (<http://www.camden-ahec.org>)

This organization runs a mobile health van in mostly non-residential areas to target homeless populations. They provide basic health services like health screenings, flu shots, and STI screenings, and sponsor a farmer's market. They offer a needle exchange to provide clients with clean needles as a preventative measure to reduce the spread of HIV. Through a key partnership with Kennedy, the organization supports a chronic disease self-management program and peer education.

### **Camden County Habitat for Humanity** (<http://habitatcamden.org>)

Camden County Habitat for Humanity promotes community revitalization increasing opportunities for home ownership.

### **Center for Family Services** (<http://www.centerffs.org/>)

Cooper works with CFS on the backpack program to give children school supplies and backpacks (NJ DCA, 2012). Through extensive collaboration efforts, CFS provides in-home counseling, education, and medical services with a focus on building strong family and community connections.

### **Cooper Lanning Civic Association**

Cooper Lanning runs after school programs for youth (6-14 years.) They work with local law enforcement through a Community Town Watch and additionally provide opportunities for community members and college students to volunteer in community service and building projects.

### **Faith Tabernacle Church** (<http://www.faithtabernacleclg.org/>)

Community services provided by this ministry include monthly food and clothes outreach as well as weekly addiction counseling.

### **Greater Camden Partnership**

The GCP works to bring together actors from the public, non-profit and private sectors to create and implement sustainable and socially responsible revitalization projects in Camden.

### **Lanning Square West Residents in Action**

Lanning Square West Residents in Action banded together to help push drugs out of their neighborhood. Local groups have also taken measures to improve the appearance of these neighborhoods and protect their natural assets. For instance, the Camden Shade Tree Advisory Board, in conjunction with the NJ Tree Foundation, Cooper Lanning Civic Association, and residents of the 300 block of Royden Street, planted 21 trees in Lanning Square in 2011.

### **The Neighborhood Center** (<http://www.ncicamden.org>)

The Neighborhood Center is centered around childcare, child development activities and after school programs. Additionally, there is a strong focus on its “Community and Production Garden”, in which residents learn about vegetable cultivation. The produce grown goes toward the soup kitchen operations and families who participate in the program.

### **Neighborhood Housing Services** (<http://www.nhscamden.org/NHSC/Home.html>)

*NHS is a housing counseling agency that provides homebuyer education and credit-counseling to individuals pursuing homeownership.*

### **Puerto Rican Unity for Progress** (<http://www.prupnj.org/>)

PRUP runs case management programs aimed at improving access to economic and social opportunities for low income people, especially in the Hispanic communities. These programs cover the areas of employment, education & training, housing, entitlements, and legal assistance. Additionally, PRUP has a breast cancer awareness and prevention services, assisting women without insurance to receive free mammograms.

### **Seeds of Hope Ministries** (<http://www.seedsofhopeministries.org>)

Seeds of Hope Ministries is a faith-based organization that oversees the activities of three services that target specific at-risk populations in Camden. These services include South Jersey Aftercare, offering prisoner reentry services, My Father's Hands, a group caring for Camden's homeless population, and She Has a Name, which provides female-centered support for the ill effects of prostitution and drug abuse. Seeds of Hope programs are primarily administered through a team of local volunteers, and supported through charitable donations. The main center is located just south of Bergen Square but has a wide reach in providing services.



**UrbanPromise** (<http://www.urbanpromiseusa.org>)

UrbanPromise was launched 25 years ago as a youth ministry by religious organizations in nearby Moorsetown who were dedicated to helping youth in Camden. It started as a summer program, grew into an afterschool program, and then evolved into a kindergarten through 12th grade school with a 4 million dollar budget. The mission of Urban Promise is to “equip Camden children and young adults with the skills necessary for academic achievement, life management, spiritual growth, and leadership” (<http://www.urbanpromiseusa.org/mission>). UrbanPromise launched the Wellness Center, a new program to address healthcare in Camden, this past Fall to address the health disparities and impact of growing up with violence. The wellness center is still working to craft itself but it will include a combination of physical and behavioral health services and will also focus on nutrition and physical activity. Further, it will have its services be trauma informed. The Wellness program has taught four grades of health classes, which focus on empowering healthy relationships and educating youth about birth control. The Wellness Center has also had a volunteer counselor come in to counsel a student and wants to expand those efforts. They are working on possibly partnering with Genesis Counseling to provide mental health services to students in UrbanPromise’s high school. The Wellness Center is in the process of developing a program for this summer that addresses healthcare education for youth. The summer program will focus on altering behavior to adopt more healthy habits. It will include a cooking course and non-competitive physical activity such as dance and yoga. They are making their physical activity non-competitive as a way of getting rid of the stress of competition and as a way getting everyone moving. This is based on the Catch Program from Texas (Interview, UrbanPromise, 2013; Mast, 2013 Jan 12).

**Volunteers of America, Delaware Valley** (<http://www.voadv.org>)

The Addiction Treatment Program provides long and short term treatment to men suffering from substance abuse. There is also an outpatient program that provides additional support in a group setting. Each patient is monitored by a case manager who coordinates the multiple layers of care, including treatment for substance abuse, mental health, and/or other co-occurring disorders as well as health education and vocational training. The center is located in Bergen Square.

**Aletha R. Wright “Vision of Hope” Center**

The Aletha R. Wright “Vision of Hope” Center is a transitional living program for homeless men, located in the southwest part of Bergen Square by the commercial shipping district. Its mission is similar to the women’s shelter, providing job training, counseling, and housing assistance to the program participants.

**Anna M. Sample House Complex**

The Anna M. Sample House is a transitional housing program for women and families who are homeless or facing another type of emergency. It provides shelter and supervision along with case management and programs that impart skills and knowledge to people. This referral-based program integrates workforce development with counseling to manage behavioral health outcomes. The program has a collaborative relationship with Lourdes and Cooper hospitals to provide physicals, health screenings, and other medical care. The center is located in the western half of Lanning Square.

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