Barnabas Health Behavioral Health Center and Community Medical Center Community Health Needs Assessment

November 2025

RWJBarnabas HEALTH | Behavioral Health Center   RWJBarnabas HEALTH | Community Medical Center

Acknowledgments

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Executive Summary

Introduction

In 2025, RWJBarnabas Health Behavioral Health Center (BHBHC) and Community Medical Center (CMC) undertook a joint community health needs assessment (CHNA) process with other RWJBarnabas Health facilities in Monmouth and Ocean Counties. The purpose of the CHNA was to identify and analyze community health needs and assets and prioritize those needs to inform strategies to improve community health. The CHNA fulfills the mandate for non-profit hospitals put forth by the Internal Revenue Service. The BHBHC / CMC primary service area (PSA) includes sixteen municipalities (Barnegat, Bayville, Beachwood, Forked River, Island Heights, Lakehurst, Lanoka Harbor, Lavallette, Little Egg Harbor, Manchester, Ocean Gate, Pine Beach, Seaside Heights, Seaside Park, Toms River, and Tuckerton) covering nineteen zip codes in Ocean County.

Joint BHBHC and CMC CHNA Focus Area Map, 2024

DATA SOURCE: Prepared by HRiA based on NJOGIS 2023 data

Methods

While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health. Data collection was conducted using a social determinants of health framework and a health equity lens. The CHNA process utilized a mixed-methods participatory approach that engaged agencies, organizations, and community residents through different avenues. Community engagement strategies were tailored to reach traditionally medically underserved populations. The CHNA process was guided by the RWJBarnabas Health Behavioral Health Center (BHBHC), Community Medical Center (CMC), Monmouth Medical Center (MMC), and Monmouth Medical Center Southern Campus (MMCSC) Joint CHNA Advisory Committee, as well as other community partners. Data collection methods included:

- Reviewing existing social, economic, and health data across Ocean and Monmouth Counties.
- Conducting a community survey with 1,233 BHBHC/CMC PSA residents, designed and administered by Health Resources in Action (HRiA).
- Facilitating four virtual focus groups with 22 participants from populations of interest, including Spanish-speaking Latino residents, Orthodox Jewish residents, psychiatric patients, and peer recovery specialists.

- Conducting ten key informant interviews with nine community stakeholders from a range of sectors.

Findings

The following provides a brief overview of the key findings that emerged from this assessment.

Population Characteristics

- **Demographics.** The RWJBarnabas Health Behavioral Health Center (BHBHC) and Community Medical Center (CMC) serve a population of 252,617 across parts of Ocean County. The overall population growth between 2014-2018 and 2019-2023 was 9.2% in Ocean County, with Island Heights (16.1%) and Barnegat (10.4%) experiencing the greatest increases, and Seaside Heights (-31.1%) experiencing the greatest decrease.[1]
- **Race/Ethnicity.** The BHBHC/CMC PSA has a notably higher proportion of White residents than New Jersey overall. In Ocean County, 85.0% are White, compared to 56.9% statewide. Notably, Ocean County has a large and growing Orthodox Jewish population, as Lakewood is home to the largest yeshiva (Orthodox Jewish school) in the world, outside of Israel. According to key informant interviews, and supported by some secondary data estimates, the majority of this population lives in Lakewood, but is increasing in nearby towns, including Toms River.[2]
- **Language**. In New Jersey, one-third of the population speaks a language other than English at home, compared to 13.1% in Ocean County. Lakehurst (13.8%), Toms River (13.7%), and Seaside Heights (13.6%) had the largest proportions.[3]

Community Social and Economic Environment

- **Community strengths and assets.** Focus group participants described their communities as "tight-knit" with a strong sense of community, explaining that people know their neighbors and can rely on them for support. Participants also highlighted the outdoor activities, including parks, beaches, and spaces for children to play. Top strengths identified by

CMC & BHBHC Survey Respondents Who Agreed/Strongly Agreed with the Statement, *"My community is a good place to raise a family,"* **2024**

CMC & BHBHC PSA	Asian	Black	Hispanic/ Latino	White
71.4%	83.3%	80.0%	75.8%	72.0%
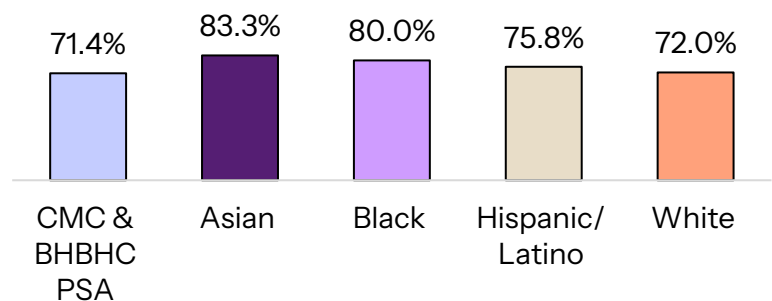
DATA SOURCE: Community Health Needs Assessment Survey, 2024

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[1] U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, 2014-18 & 2019-23

[2] Sheskin, I.M., Dashefsky, A. (2024). United States Jewish Population, 2023. In: Dashefsky, A., Sheskin, I.M. (eds) American Jewish Year Book 2023. American Jewish Year Book, vol 123. Springer, Cham.

[3] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

BHBHC/CMC PSA respondents to the Community Health Needs Assessment Survey in 2024 included that the community had safe outdoor places to walk and play (77.3%), had places for everyone to socialize (76.5%), and is a good place to raise a family (71.4%).[4]

- **Education.** NJ Department of Education data indicate that most (91.1%) New Jersey students in public schools graduated from high school.[5] In the BHBHC/CMC PSA, graduation rates were relatively consistent across public school districts, although some racial disparities were also apparent with Black students having lower graduation rates than White students in some school districts (including Barnegat Township, Manchester Township, and Pinelands Regional school districts).

- **Employment and Workforce.** The availability of stable employment was a concern noted by interviewees and focus group participants. Multiple participants described the "seasonality" of available work, especially along the shore, as a key factor in unstable employment patterns. Data from the Bureau of Labor Statistics show that unemployment rates in Ocean County over time are generally on par with New Jersey overall.[6]

> *"Employment has been difficult for me. I was working but had to stop due to health reasons. Now I'd like to work again, but it's hard to find a job that would allow me to work when my children are at school."*
> - Focus group participant

- **Income and Financial Security.** Interview and focus group participants noted the high cost of living including the price of rent, housing, childcare, food, transportation, and healthcare. Across the BHBHC/CMC PSA, there is variation in household financial well-being. The median household income in Ocean County ($86,411) was higher than New Jersey overall ($101,050).[7] There were notable differences across communities, ranging from a median household income of about $121,000 in Lanoka Harbor, Lavallette, and Pine Beach, compared to about $59,000 in Manchester and Seaside Heights – a two-fold difference. Less than half (41.0%) of survey respondents agreed that people in their community could afford basic needs like food, housing, and transportation.[8] In 2022, one-quarter of New Jersey households were characterized as Asset Limited, Income Constrained, Employed (ALICE), meaning that although employed, they did not earn enough to support their families.[9] In Ocean

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[4] Community Health Needs Assessment Survey, 2024

[5] New Jersey Department of Education, School Performance, 2023

[6] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014-2023

[7] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

[8] Community Health Needs Assessment Survey, 2024

[9] United For ALICE 2024, derived from American Community Survey, 2010-2022

County, over one-third (36%) of households lived below the ALICE threshold with wide variation across the BHBHC/CMC PSA, with about 60% of households in Manchester and Seaside Heights falling below the threshold, compared to 25% in Island Heights.

- **Food Insecurity and Healthy Eating.** Interviewees and focus group participants emphasized the high cost of living and its impact on residents' ability to pay for basic necessities, including food. As one interviewee noted, *"People are making a lot of tradeoffs and a lot of times we see food go first."* In 2020, 9.8% of Ocean County residents reported food insecurity, rising to 11.1% respectively in 2023.[10] Over half of survey respondents reported that nothing keeps them from eating healthy foods (50.9%), with food prices (32.6%) and lack of time (21.1%) being the top reasons given by respondents as barriers to maintaining a healthy diet. Participants highlighted the local organizations that are providing food-related services in partnerships with shelters, school systems, faith-based organizations, healthcare systems, and others as working to better reach community members across the community, although stigma was still seen as a barrier to services.

> *"Food insecurity is such a dynamic social issue. Most people are one paycheck or injury away from being in the food line."*
> - Key informant interviewee

- **Affordable Housing.** Housing was described as a substantial community health challenge in Ocean County by focus group and interview participants. One participant noted *"Housing is one of our biggest barriers to people being well in the community."* Echoing qualitative discussions, only 33.8% of BHBHC/CMC PSA survey respondents agreed that there was sufficient affordable and safe housing in their community, and over one in ten were concerned about their own housing stability in the next two months.[11]

> *"There's not enough infrastructure when the population grew quickly."*
> – Focus group participant

- **Green Space and the Built Environment.** Community survey data from 2024 indicate that 77.3% of survey respondents agreed or strongly agreed with the statement, "My community has safe outdoor places to walk and play."[12] When asked about the strengths of their communities, many focus group participants highlighted the

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[10] Feeding America, Map the Meal Gap, Food Insecurity in the United States, 2022
[11] Community Health Needs Assessment Survey, 2024
[12] Community Health Needs Assessment Survey, 2024

outdoor activities, including parks, beaches, and spaces for kids to play. They valued the recreational child-friendly areas in their neighborhoods: "*It's walkable and bikeable so our kids spend a lot of time outside. I love our community, I wouldn't move.*"

- **Transportation and Walkability.** Data from the 2019-2023 American Community Survey show that the majority of Ocean County (76.5%) residents commuted to work alone in a vehicle, somewhat higher than the statewide proportion (63.7%).[13] Multiple participants highlighted the importance of having a vehicle to drive in order to reach grocery stores, shopping centers, healthcare appointments, and to socialize with friends and family. Depending on the community, some participants were able to utilize public transportation while others noted that their area did not have easy access to public transportation options.

- **Violence Prevention and Safety.** Crime and violence were not major themes among the specific individuals who participated in the focus groups. A few participants noted that they valued the safety that they felt in their neighborhoods with one participant describing, *"It's safe here—it's not dangerous to walk at night",* while another noted that they felt a *"a strong sense of safety"* within their community. Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime and property crime were consistently lower in the BHBHC/CMC PSA than in the state overall (with the exception of Seaside Heights).[14]

- **Systemic Racism and Discrimination.** Participants raised concerns regarding the exclusion or marginalization of communities based on immigration status, language, sexual orientation, housing status, and income. Approximately one in three Latino survey respondents reported feeling discriminated against when receiving medical care based on their race/ethnicity (32.5%) and their language/speech (32.5%).[15]

Community Health Issues
- **Community Perceptions of Health.** Participants identified social and economic issues such as economic instability, food insecurity, lack of affordable housing and public transportation as key issues impacting the health and wellbeing of their communities. They also highlighted the challenges in accessing and affording healthcare services, along with the impact of chronic conditions such as obesity and diabetes. One of the main health issues emphasized by participants was the increase in mental health and substance use concerns, particularly among youth, and the need for accessible and affordable behavioral health services in their communities.

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[13] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
[14] NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024
[15] Community Health Needs Assessment Survey, 2024

Community survey respondents were presented with a list of issues and were asked to mark the top three health concerns or issues in their community overall. Respondents in the BHBHC/CMC PSA ranked cancer (39.5%), heart disease (35.6%), diabetes (26.6%), mental health (23.3%), and overweight/ obesity (22.0%) as the top five health issues in their communities. Survey respondents also identified top health concerns regarding youth and children in the community. Respondents ranked mental health issues (37.8%), followed by bullying (32.1%), and overweight/obesity (23.2%) as the top three health issues in their communities.[16]

- **Leading Causes of Death and Premature Mortality.** The most current mortality data from New Jersey's surveillance systems are available for 2021, the second year of the COVID-19 pandemic. The leading cause of death in Ocean County was heart disease (203.6 per 100,00), followed by cancer (155.3 per 100,000). Racial disparities were present with the highest age-adjusted mortality rates among Black residents in Ocean County.[17]

Age-Adjusted Rates for Top 5 Causes of Death per 100,000 Population, by State and County, 2017-2021

■ New Jersey □ Ocean County

Cause	New Jersey	Ocean County
Heart Disease	162.1	203.6
Cancer	137.0	155.3
Unintentional Injury	49.7	61.7
COVID-19	43.4	40.4
Chronic Lower Respiratory Diseases	25.8	33.2

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2023
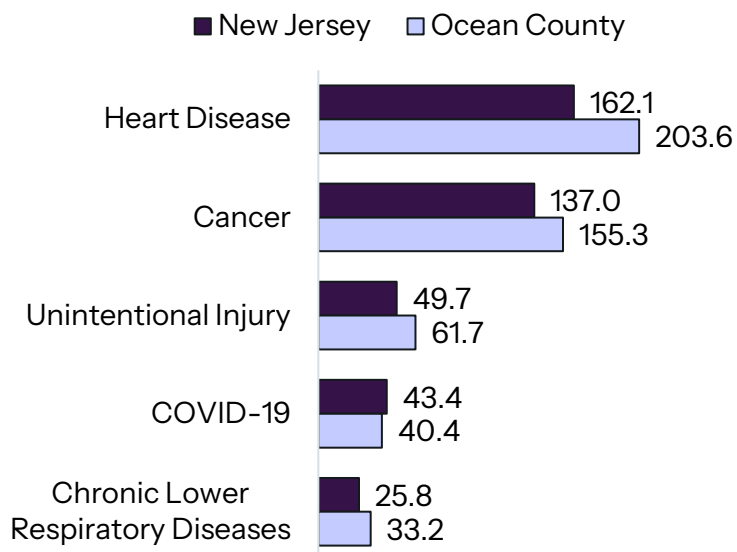
- **Chronic Disease.** Cancer, diabetes, and heart disease were the top three health concerns for the community as ranked by community health survey respondents. Cancer incidence rates in Ocean County (531.3 per 100,000) was somewhat higher than statewide (478.6 cases per 100,000).[18] While Latino community survey respondents were less likely to report recent screenings for breast, colon, and skin cancer, age-adjusted cancer mortality rates were actually lower for

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[16] Community Health Needs Assessment Survey, 2024

[17] Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

[18] Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Latinos compared to other racial/ethnic groups.[19] Over 80% of MMCSC PSA community survey respondents reported receiving a cholesterol screening in the past two years, and 90% reported a blood pressure check.[20] However, racial disparities were apparent, with only 60.9% of Latino respondents reporting cholesterol screening, and 63.0% reporting blood pressure checks. The heart disease mortality rate was higher in Ocean County (188.4 per 100,000) compared to New Jersey overall (146.7 per 100,000). Heart disease mortality rates were highest among Black (232.1 per 100,000), followed by White (194.3 per 100,000) residents of Ocean County.[21]

- **Mental Health and Behavioral Health.**
  Mental health was identified as a community concern in almost every interview and focus group. Participants identified depression (including postpartum depression), anxiety, stress, trauma, and suicidal ideation as mental health challenges for community residents, with an emphasis on the impact on youth

  "The overhaul needs to start with long-term housing – one year minimum. When a person knows they have a place to live, they can start to rebuild."
  – Key informant interview

  and adolescents. Among MMCSC PSA community survey respondents, 12.9% reported experiencing 10-19 days of poor mental health, and 12.9% reported 20-30 days of poor mental health in the last 30 days.[22] In Ocean County, 40.6% of admissions to substance use treatment were for heroin, followed by alcohol (38.1%).[23] Interview and focus group participants highlighted challenges when accessing mental and behavioral healthcare including limited provider or service availability, cost of care, stigma, cultural barriers, language barriers, and insurance issues, especially in finding providers and services that accept Medicaid and Medicare.

- **Infectious and Communicable Diseases.** The impact of the COVID-19 pandemic was a frequent topic of concern among participants in the previous 2022 CHNA-SIP process. In 2025, COVID-19 was no longer a top concern among most participants who were engaged in the assessment process. In New Jersey overall, as well as Ocean County, the case rate approximately doubled between 2020 and 2021.[24] Despite the increase in COVID-19 rates over time, the number of COVID-19 deaths decreased

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[19] Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

[20] Community Health Needs Assessment Survey, 2024

[21] Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

[22] Community Health Needs Assessment Survey, 2024

[23] Statewide Substance Use Overview Dashboard, Department of Human Services, Division of Mental Health and Addiction Services, 2024

[24] Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

each year due to the success of COVID-19 vaccinations and knowledge gained about how to treat severe cases. In 2020, 1,329 residents of Ocean County died from COVID-19. By 2023, the number of deaths had decreased to 87, which is a greater than ten-fold decrease. [25]

- **Maternal and Infant Health.** Maternal and infant health indicators are markers of inequity as most maternal and perinatal health complications are preventable with access to quality, adequate, timely care, and information, including comprehensive sexual education. Ocean County (5.8%) had lower proportions of low birthweight births than New Jersey overall (7.8%) in 2019-2023.[26] However, racial disparities were apparent, with 13.7% of Ocean County births of Black babies being low birthweight – even higher than the rate for Black babies in New Jersey overall (12.8%). In Ocean County, participants highlighted the high birth rates of communities, particularly in the Lakewood area. Participants emphasized the need for additional OBGYN care in their communities, along with a labor and delivery department. Participants also highlighted a need for maternal and infant health services that accept public insurance and have translators available for residents who may not speak English.

Healthcare Access
- **Access and Utilization of Healthcare Services.** Interviewees and focus group participants generally reported good relationships between healthcare providers and residents in their community. One interviewee noted that the healthcare is viewed as high-quality and competent care by the community, with a focus group participant noting that *"They've always seemed culturally respective and culturally aware."* Community survey respondents were asked about their participation in various health screenings and preventive services in the last two years. In the BHBHC/CMC PSA, 93.4% of respondents reported having an annual physical exam in the last two years, while 73.2% reported having a flu shot, and 78.3% received dental screening.[27] Latino respondents reported the lowest percentage of receiving a flu shot, with only 52.2%.

- **Barriers to Service Access.** Interview and focus group participants emphasized health insurance as a key barrier to accessing healthcare, especially in finding providers that accept Medicaid and Medicare. The lack of providers and services for mental and behavioral healthcare were also highlighted as a challenge, with participants sharing anecdotes of long waiting periods in order to receive appointments, especially for maternal and child health services. These sentiments were echoed among the BHBHC/CMC PSA community survey respondents who identified the inability to schedule an appointment at a convenient time (36.6%), long

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[25] Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
[26] Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
[27] Community Health Needs Assessment Survey, 2024

wait times (30.3%), and doctors not accepting new patients (25.6%) as the top barriers to accessing healthcare.

Community Vision and Suggestions for the Future

- **Increased availability of healthcare and social services to meet the needs of a growing population**. Community participants noted a need for more healthcare providers and services for the growing population, especially for mental and behavioral health services and maternal and child health services. Community survey respondents also identified difficulties scheduling an appointment at a convenient time, along with long wait times or providers not accepting new patients as the main barriers to accessing healthcare in the BHBHC / CMC service area. The need for additional services was also emphasized for other social services and programs outside of healthcare, including housing services. Participants hoped to see additional emergency and long-term shelter options for unhoused populations that provide the *"basic dignity and respect that they deserve"*, along with affordable housing options for community members.

> *"It would be great to have more funding to create more quality healthcare professionals for more availability and accessibility for the community."*
> – Focus group participant

- **Reduced stigma and increased integration of mental healthcare services within the community**. Community participants noted a need for additional mental health services within the community to meet the demand for services, especially for those using Medicare or Medicaid who face difficulties finding providers and services that accept their insurance. Community survey respondents identified mental health issues as the fourth top health concern in their community overall, and the number one health concern for children and youth in their community. Focus group and interview participants envisioned a community where there was no stigma associated with mental healthcare, and it was fully accepted and integrated within routine healthcare.

- **Stronger coordination and increased accessibility of substance use services**. Similar to mental health services, community participants echoed the need for reduced stigma and increased services for substance use in Ocean County. They noted a need for greater acceptance of medication assisted treatment, along with treatment facilities that provide patients with care for longer periods of time to allow for full recovery. Participants also highlighted the need for increased communication about resource availability and care navigators that are available outside of normal working hours.

> *"The rehabs are off by themselves like an island. There is a stigma with even being associated. It seems like communication and management need to be improved."*
> – Focus group participant

- **Development of additional opportunities for healthy living within communities**. Although community participants identified the outdoor activities (parks, beaches, etc.) as community assets, some participants from the Orthodox Jewish community and the Hispanic / Latino community also noted that they would like to see additional spaces for children and teens. Some focus group participants had concerns around the amount of time adolescents spend indoors and hoped to see options such as covered parks or indoor physical fitness opportunities as spaces that could be used in the winter. Others pointed out the limits of public transportation and appreciated the city bikes that they had seen in other areas as a potential alternative to the heavy traffic in some areas in Ocean County.

- **Strengthened community connections and support across residents and community groups**. Focus group participants envisioned a future where their community felt united and supportive of everyone, regardless of someone's background, identity, or experiences. This was echoed by interviewees who hoped to see improved communication and coordination between organizations, residents, and community groups, so that everyone had access to the same services and resources that are available.

Key Themes

The following section provides an overview of the key themes that emerged from the 2025 BHBHC/CMC CHNA process.

- **Preparing local resources and services for demographic shifts.** If demographic trends continue, Ocean County can expect to continue seeing population growth in the coming years, particularly children under 18. CHNA participants from some areas of Ocean County, particularly near Lakewood, viewed the infrastructure of the community as being unable to keep up with the population growth, noting a decrease in affordable housing, an increase in traffic congestion, and longer wait times for healthcare and other social services. Others highlighted the need for more providers for maternal and child health such as pediatrics, occupational therapy, and speech therapy, especially services that accept public insurance and offer translation services.

- **The high cost of living, especially regarding housing and food, directly impacted the health and wellbeing of community members.** Multiple participants described households having to make difficult decisions when deciding to pay for food, utilities, transportation, healthcare, prescriptions, and other necessities. Food insecurity was highlighted as a concern with one participant noting that many people are *"one paycheck or injury away from being in the food line,"* while others noted their appreciation for local food-related services. The high cost of living was also viewed as a particular concern in terms of housing affordability, with just 33.8% of BHBHC/CMC PSA survey respondents agreeing / strongly agreeing that there was enough safe and affordable housing in their community. Participants expressed concerns that the lack of affordable housing is more likely to impact some community members, such as older adults, veterans, immigrants, disabled individuals, and those navigating mental

health or substance use challenges. See below for additional information about vulnerable populations.

- **Health disparities were widespread among Black and Latino residents of Ocean County.** The health of Ocean County residents was correlated with their race and ethnicity. For example, cardiovascular disease and cancer mortality rates were notably higher for Black residents of Ocean County than for White residents. Emergency Department visits for asthma were five times higher for Black residents than for White residents of Ocean County. About a third of Latino community survey respondents in the BHBHC/CMC PSA reported feeling discriminated against when receiving medical care based on their race/ethnicity (32.5%) and their language/speech (32.5%).

- **The current environment and federal policies related to immigration and reduced social service funding have created a sense of fear and anxiety among individuals, communities, and organizations.** Economically vulnerable community members were most impacted by the stress associated with potential loss of social services (i.e., Medicaid/ Medicare benefits), including older adults, low-income households, veterans, and some immigrant communities. Multiple participants reported a decrease in immigrant community members seeking services due to fear of deportation or separation, with others noting the impact this has had on the physical and mental health of this community. Local organizations also emphasized their concerns about their ability to continue to provide necessary services to residents with the uncertainty of future funding. Prior to this recent elevation in fear and anxiety, however, participants also described their communities as "tight-knit" where people know their neighbors and can rely on them for support. Community members also valued the high level of collaboration and partnership across the different sectors and institutions that serve residents.

- **Mental health and substance use were emphasized as key community issues by participants.** Mental health and behavioral health was consistently highlighted by participants as key community concerns, especially among vulnerable populations (i.e. youth and young adults, veterans, immigrant communities, unhoused / housing insecure individuals). Mental health was identified as the fourth top health concern among BHBHC/CMC PSA survey respondents overall, and the number one concern for children and youth. Participants expressed that mental and behavioral health challenges were already prevalent in their communities, but that they had been exacerbated by the COVID-19 pandemic and the current political environment. As one interviewee noted, *"The times we are in is not helping at all, it's only adding to it with the anxiety and uncertainty."* Participants appreciated the more active role of healthcare systems in addressing mental and behavioral health in recent years, but emphasized the detrimental impact of stigma on access to services and the need for additional services that accept public health insurance. This was mirrored among BHBHC/CMC PSA survey respondents who identified the top barriers to mental health or substance use services for themselves or a family member as counselors/ services not accepting new patients (33.9%), cost of care (32.5%), wait times being too long (31.8%), and insurance problems (30.4%).

- **Housing and long-term treatment programs for serious mental illness and substance use were severely lacking in Ocean County.** The lack of emergency housing and residential treatment facilities for mental and behavioral health were described as a major issue in this region, particularly considering the persistently higher rate of overdose mortality in Ocean County compared to New Jersey overall. Homelessness was highlighted as a particular concern in Ocean County, with multiple participants noting the need for emergency and long-term shelter options in the area to support the unhoused individuals in their communities. Interviewees working in the healthcare system shared anecdotes of individuals who utilized the emergency rooms because they have nowhere to stay, along with having to send patients to other states for housing services after being discharged from the hospital, due to the limited local options within New Jersey. Hospital requirements for a safe discharge plan were noted as difficult to meet in Ocean County, the only New Jersey county without a homeless shelter. Participants also noted that facilities that *do* exist are not well-kept, and not safe (particularly for women), and lack wrap-around services that would support recovery from acute mental and behavioral health problems.

- **Lack of affordable health insurance coverage, provider shortages, and language barriers were described as challenges for community members in accessing healthcare services.** Although participants generally reported good relationships with their primary care providers, the long wait times, high cost of care, and insurance limitations were all highlighted as barriers to healthcare access. This was mirrored among BHBHC/CMC PSA survey respondents who identified the top barriers to healthcare access as having a hard time scheduling an appointment at a convenient time (36.6%), wait times at doctor's offices or clinics being too long (30.3%), and doctors not accepting new patients (25.6%). Participants viewed the rapid population growth as impacting the long wait times for appointments, especially for specialty care including physical therapy, occupational therapy, mental health specialists, and social workers. Multiple participants also noted the need for additional providers that accept public health insurance and offer translation services, as these were noted as additional barriers that residents face when accessing care.

Conclusions

Based on responses gathered from key informant interviews, focus group participants, and community survey respondents, as well as social, economic, and health data from surveillance systems, eleven major initial key themes for areas of need were identified for the RWJBarnabas Health service areas located in Monmouth and Ocean Counties (listed below in alphabetical order):
- Affordable Housing
- Chronic Disease Prevention and Management
- Community Cohesion
- Employment and Financial Security
- Food Insecurity and Healthy Eating
- Health and Racial Equity
- Healthcare Access
- Maternal & Child Health
- Mental Health

- Substance Use
- Systemic Racism and Discrimination

After a multistep prioritization process that entailed discussion with and voting by a broad group of local partners on the BHBHC, CMC, MMC, and MMCSC Joint Advisory Board, and discussion with and voting by BHBHC/CMC leaders, BHBHC and CMC will focus on the following priority areas:

- Mental and Behavioral Health (with subtopic of Substance Use)
- Chronic Disease Prevention & Management
- Healthcare Access (with a subtopic of Maternal & Child Health)
- Food Insecurity and Healthy Eating

BHBHC and CMC will address these priority action areas as part of ongoing community engagement efforts, with an overarching emphasis on Health & Racial Equity and Systemic Racism & Discrimination as cross-cutting themes and strategies to address health disparities.

Introduction

Community Health Needs Assessment Purpose and Goals

A community health needs assessment (CHNA) is a systematic process to identify and analyze health needs and assets and prioritize those needs to inform the implementation of strategies to improve community health. In 2025, RWJBarnabas Health Behavioral Health Center and Community Medical Center undertook a joint CHNA process with RWJBH's Monmouth Medical Center and Monmouth Medical Center Southern Campus, using a mixed-methods and participatory approach.

Barnabas Health Behavioral Health Center (BHBHC) is located in Toms River, New Jersey (NJ) and is part of the RWJBarnabas Health (RWJBH) system. RWJBH is a non-profit healthcare organization which includes 12 acute care hospitals, three acute care children's hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital (BHBHC), a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state's largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, long term care facilities, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. BHBHC offers a full continuum of behavioral healthcare services, substance abuse treatments, and comprehensive medical care. BHBHC is a freestanding 100-bed acute care psychiatric facility providing inpatient services and intensive outpatient programs for adults and older adults diagnosed with psychiatric and dual disorders. BHBHC is the licensed operator of 40 of these beds and manages the other 60 beds for its affiliate, Monmouth Medical Center Southern Campus.

Community Medical Center (CMC) is located in Toms River, New Jersey (NJ) and is part of the RWJBarnabas Health (RWJBH) system. RWJBH is a non-profit healthcare organization which includes 12 acute care hospitals, three acute care children's hospitals, a leading pediatric rehabilitation hospital, a freestanding acute behavioral health hospital, a clinically integrated network of ambulatory care centers, two trauma centers, a satellite emergency department, geriatric centers, the state's largest behavioral health network, ambulatory surgery centers, comprehensive home care and hospice programs, long term care facilities, fitness and wellness centers, retail pharmacy services, medical groups, diagnostic imaging centers, a clinically integrated network and collaborative accountable care organization. As one of the acute care hospitals within the system, CMC had nearly 25,200 inpatient admissions, 1,900 births, and nearly 160,960 outpatient visits for diagnostic and treatment services including approximately 77,000 emergency department visits.

This assessment process is built upon previous assessment and planning processes conducted by BHBHC and CMC. In developing the 2023-2025 Strategic Implementation Plan, BHBHC and CMC adopted overarching goals and objectives aimed at addressing four priority areas: Chronic Conditions, Mental Health, Substance Use, and Food Insecurity.

Since the last CHNA-SIP process, BHBHC, CMC, and their partners have established the Sadie Vickers RWJBarnabas Health-CMC Community Garden in South Toms River. They

have also coordinated food pantry deliveries for the underserved and provided physician educational programming to improve health in local communities. CMC also provided free health screenings (i.e. blood pressure, glucose, EKG monitoring, mammography, etc.) at a range of community events, along with free support groups for cancer patients. In terms of behavioral health, the proportion of patients accepting consultations and additional recovery support services increased from 65.5% to 86.0% over the course of three years, with strategies focused on training and educating providers and community partners about substance use prevention and services. CMC also worked to integrate mental and behavioral health services and expand the distribution of Naloxone, in which over 90% of the family members of patients who had experienced an opioid overdose received Naloxone by the third year of implementation. Since the last CHNA-SIP process, BHBHC has partnered with local mental health organizations to streamline smooth transitions of care of patients across organizations. BHBHC also provided community behavioral health outreach and education, including providing in-service behavioral healthcare at long-term care facilities. For a more detailed description of the CMC and BHBHC activities, accomplishments, and impact since 2022, see Appendix H. Outcomes and Results from Previous Implementation Plan.

In 2024, RWJBarnabas Health (RWJBH) contracted the services of **Health Resources in Action** (HRiA), a non-profit public health consultancy organization, to support, facilitate, conduct data analysis, and develop report deliverables for the joint BHBHC, CMC, MMC, and MMCSC CHNAs. In addition, RWJBH contracted HRiA to carry out similar assessments across the RWJBH system, administer a community health survey, and support strategic planning processes for all RWJBH facilities.

The BHBHC / CMC CHNA aims to gain a greater understanding of the issues faced by community residents served by this facility, how those issues are currently being addressed, and where there are gaps and opportunities to address these issues in the future. This report presents findings from the assessment process conducted from January to September 2025.

The specific goals of this CHNA are to:
- Systematically identify the needs, strengths, and resources of the community to inform future planning,
- Understand the current health status of the service area overall and its sub-populations within their social context,
- Engage the community to help determine the needs and opportunities for action, and
- Fulfill the IRS mandate for non-profit hospitals.

Area of Focus
This CHNA process aims to fulfill multiple purposes for a range of stakeholders and includes data from the geographic areas described here. The BHBHC / CMC primary service areas (PSA) are within Ocean County and include sixteen municipalities: Barnegat, Bayville, Beachwood, Forked River, Island Heights, Lakehurst, Lanoka Harbor, Lavallette, Little Egg Harbor, Manchester, Ocean Gate, Pine Beach, Seaside Heights, Seaside Park, Toms River, and Tuckerton (Figure 1). The BHBHC / CMC PSA includes the following zip codes: 08005, 08087, 08721, 08722, 08731, 08732, 08733, 08734, 08735, 08740, 08741, 08751, 08752, 08753, 08754, 08755, 08756, 08757, and 08759.

Figure 1. Joint BHBHC and CMC CHNA Focus Area Map, 2024
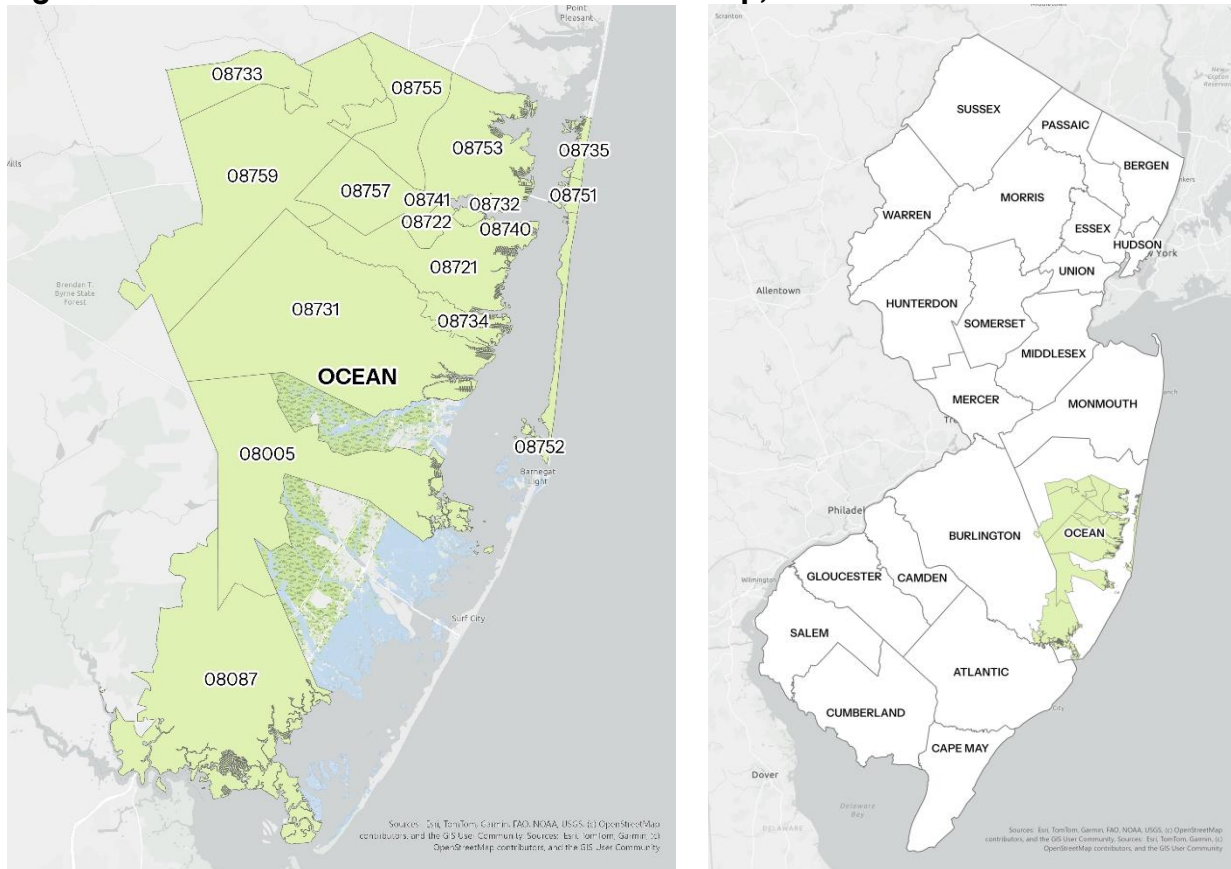
DATA SOURCE: NJ Office of Information Technology, Office of GIS (NJOGIS), 2023

Methods

The following section describes how data for the CHNA were compiled and analyzed, as well as the broader lens used to guide this process.

Social Determinants of Health Framework
While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health.

Upstream Approaches to Health
Having a healthy population requires more than delivering quality healthcare to residents. Where a person lives, learns, works, and plays has an enormous impact on health. Health is not only affected by people's genes and lifestyle behaviors, the intermediary social determinants of health, but also by upstream factors such as employment status, quality of housing, and economic policies.
 provides a visual representation of these relationships, depicting how individual lifestyle factors are influenced by structural social determinants of health, that shape a person's access to educational opportunities and income, which in turn are influenced by the socioeconomic and political context. Further, the health system moderates the relationship between the material and biopsychosocial factors and health and well-being.

Figure 2. Social Determinants of Health Framework
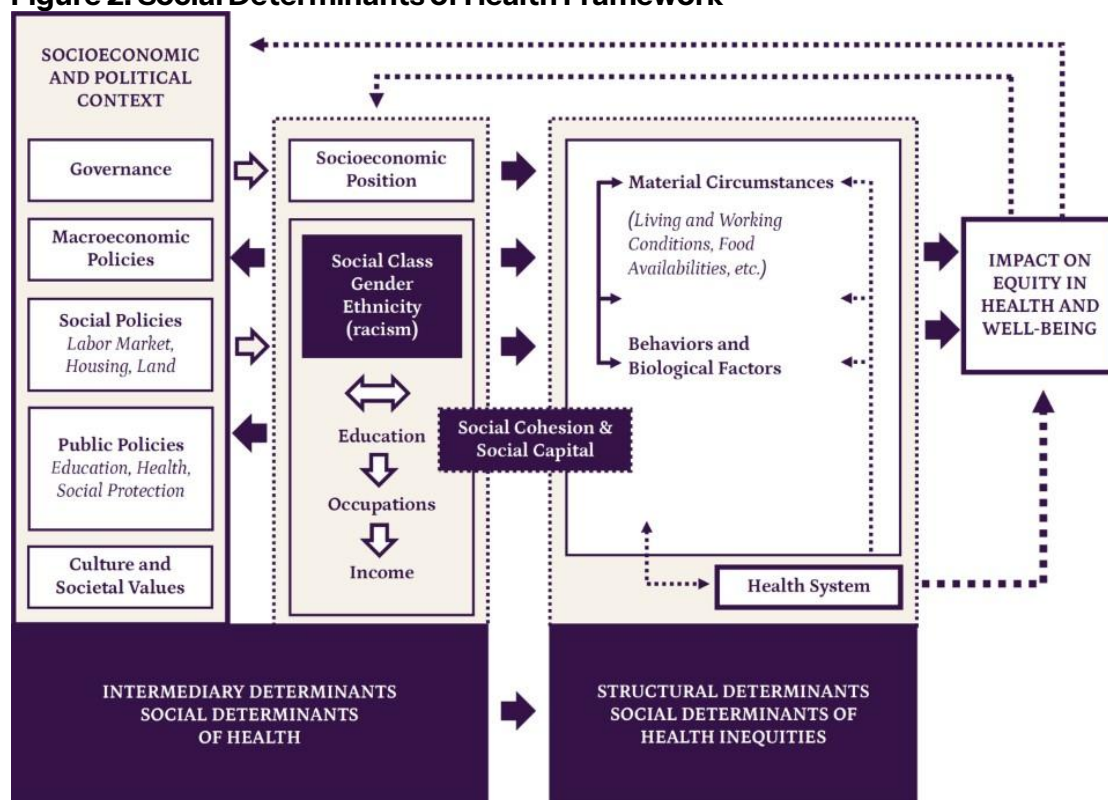
DATA SOURCE: World Health Organization, Commission on the Social Determinants of Health, A Conceptual Framework for Action on the Social Determinants of Health, 2010.

Further, healthcare insurers, regulators, and providers have recognized health-related social needs as those social factors that directly impact the health of individuals, such as economic strain and food availability. Healthcare sector partners can take steps to address and mitigate the impact of the health-related social factors on health through screening and referrals to social and community-based services.[28]

The data to which we have access is often a snapshot in time, but the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. To this end, much of this report is dedicated to discussing the social, economic, and community context in which residents live. We hope to describe the current health status of residents and the multitude of factors that influence health to enable the identification of priorities for community health planning, existing strengths and assets upon which to build, and areas for further collaboration and coordination.

Health Equity Lens
The influences of race, ethnicity, income, and geography on health patterns are often intertwined. In the United States, social, economic, and political processes ascribe social status based on race and ethnicity, which may influence opportunities for educational and occupational advancement and housing options, two factors that profoundly affect health. Institutional racism, economic inequality, discriminatory policies, and historical oppression of specific groups are a few of the factors that drive health inequities.

The present report describes health patterns for the BHBHC/CMC primary service area (PSA) population overall, as well as areas of need for specific subpopulations. Understanding factors that contribute to health patterns for these groups can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to thrive and live a healthy life.

Approach and Community Engagement Process
The CHNA aimed to engage agencies, organizations, and community residents through different avenues. The CHNA process was guided by strategic leadership from the RWJBarnabas Health Community Health Needs Assessment Steering Committee; the RWJBarnabas Health Behavioral Health Center (BHBHC), Community Medical Center (CMC), Monmouth Medical Center (MMC), and Monmouth Medical Center Southern Campus (MMCSC) Joint CHNA Advisory Committee; and the community overall.

RWJBarnabas Health System Engagement
This CHNA is part of a set of CHNAs being conducted across the entire RWJBarnabas Health system. Each of these CHNAs follows a consistent framework and includes a common base set of indicators, but the approach and engagement process are tailored for each community. The RWJBH Systemwide CHNA Steering Committee, as well as the system's Social Impact and Community Investment (SICI) leadership group—both with representation across all facilities—met throughout 2024 and provided input and feedback on the

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[28] Centers for Medicare & Medicaid Services, Social Drivers of Health and Health-Related Social Needs, 2024

assessment process, a set of common metrics across all system facilities, the content and dissemination approach of a community health survey (see next paragraph), and the planning process, including priority areas. A list of the RWJBH staff engaged can be found in the Acknowledgments section.

In early 2024, RWJBH staff made recommendations on the community health resident survey content to be changed or removed from an older version of the survey. They then reviewed and provided feedback on the revised 2024 survey, which was administered in Spring and Summer 2024. RWJBH staff also provided feedback on the community health survey mode of administration, tools, and the progress monitoring dashboard. HRiA provided bi-weekly progress updates and technical assistance to each facility lead to increase responses and ensure the representation of key population groups.

During the entire assessment and planning process, HRiA met with BHBHC and CMC leads, keeping them abreast of progress. BHBHC and CMC leads provided ongoing guidance, support, and feedback. Further, they were instrumental in organizing focus groups with community residents and/or connecting HRiA to stakeholders in the community.

BHBHC / CMC / MMC / MMCSC Joint CHNA Advisory Committee Engagement
A CHNA Advisory Committee was constituted to guide the process. The Advisory Committee included representatives from RWJBH, along with over 50 partners from health departments, nonprofit organizations, local businesses, academic institutions, and other organizations representing a range of relevant fields throughout the CHNA's focus areas in Monmouth and Ocean County. The CHNA Advisory Committee was engaged at critical intervals throughout this process. In January 2025, the Advisory Committee met for a kick-off meeting during which HRiA provided an overview of the assessment and strategic planning processes, and preliminary findings from the 2024 RWJBH community health survey (see survey details below). The presentations were followed by a brief Q&A and an in-depth discussion to elicit Advisory Committee members' suggestions about population groups, topic areas, and issues to focus on during the assessment process. After the meeting, Advisory Committee members were invited to participate in a survey to help identify what populations and sectors to engage in focus groups and key informant interviews. The results of this survey directly informed the development of an engagement plan to guide qualitative data collection. During the data collection process, Advisory Committee members also assisted with organizing focus groups with community residents, participating in key informant interviews, and/or connecting HRiA to stakeholders in the community.

A Key Findings and Preliminary Prioritization meeting was held on September 8th, 2025, and was attended by over 25 participants from the BHBHC / CMC / MMC / MMCSC Joint CHNA Advisory Committee, as well as additional hospital leadership. During this meeting, HRiA staff presented the findings from the CHNA process, including preliminary themes that emerged upon review of the qualitative, survey, and secondary data. Meeting participants had the opportunity to ask questions, discuss the key themes, and participate in a poll to recommend the top priorities for each of the facilities to consider when developing their respective Strategic Implementation Plans (SIP). As a second step in the prioritization process, HRiA met with a core group from each facility to finalize SIP priorities, considering ongoing programs, expertise, and capacity. A detailed description of the prioritization process can be found in the

Prioritization and Alignment Process and Priorities Selected for Planning section.

Community Engagement
Community engagement is described below under the primary data collection methods. Capturing and lifting up a range of voices, especially those not typically represented in these processes, was a core component of this initiative. Community engagement was done via virtual focus groups and surveys, both online and in person. By engaging the community through multiple methods and in multiple languages, this CHNA aimed to depict a full and multifaced picture of current community strengths and needs. Community engagement strategies were tailored to specifically reach traditionally medically underserved groups, including low-income, uninsured and underinsured, and racially minoritized populations.

Secondary Data: Review of Existing Data, Reports, and Analyses
Secondary data are data that have already been collected for other purposes. Examining secondary data helps us to understand trends and identify differences by sub-groups. It also helps guide where primary data collection can dive deeper or fill in gaps.

Secondary data for this assessment were drawn from a variety of national, state, and local sources, including the U.S. Census Bureau American Community Survey (ACS), the County Health Rankings 2024, the U.S. Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), the NJ Department of Health's State Health Assessment Data (NJSHAD), the NJ Department of Health Office of Vital Statistics and Registry, the NJ State Cancer Registry, the NJ Housing and Mortgage Finance Agency's NJ Counts, the United Ways of New Jersey ALICE (Asset Limited, Income Constrained, Employed), the National Survey of Children's Health, the New Jersey Hospital Discharge Data Collection System (NJDDCS), NJ SUDORS v.01232024, Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services, Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services, CDC's High School Youth Risk Behavior Survey, NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, New Jersey Department of Education, Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, the U.S. Department of Labor Bureau Statistics, Feeding America, Map the Meal Gap, CDC's ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), Point-In-Time Count, U.S. EPA, National Walkability Index, and NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting. Additionally, hospitalization data for the CMC and BHBHC PSAs were provided by the respective hospitals and culled by the RWJBH System data team. The data in Appendix G. Cancer Data was prepared by the RWJBH System data team based on the CDC's State Cancer Profiles and each hospital's tumor registry.

Secondary data were analyzed by the agencies that collected or received the data. Data were downloaded from the respective websites between January and March, 2025, and reflect the last year for which data were available at that time. Data are typically presented as frequencies (%) or rates per 100,000 population. The race and ethnicity categories used in this report are as reported by the respective agencies. When the narrative makes comparisons between towns, by subpopulation, or with New Jersey overall, these are lay comparisons and not statistically significant differences. Since the U.S. Census Bureau does

not recommend using the one-year ACS estimates for areas with fewer than 65,000 inhabitants, and many of the towns in the focus area fall below this population threshold, the U.S. Census Bureau ACS five-year estimates (2019-2023) were used to present the social and economic indicators. Sometimes, reporting agencies do not provide certain data points. This could be due to several reasons: the agency might not have the statistics, they might have suppressed the data because of low numbers, or the data might not have met statistical reliability standards. In any of these cases, we placed an asterisk (*) to indicate data were not available.

Primary Data Collection
Primary data are new data collected specifically for the CHNA. The goals of these data were to: 1) describe perceptions of the strengths and needs within the service area by key populations; 2) explore which issues were perceived to be most urgent; and 3) identify the gaps, challenges, and opportunities for addressing these issues more effectively. Primary data were collected using three different methods: key informant interviews, focus groups, and a community health survey. All qualitative discussions were conducted between April and June, 2025.

Qualitative Discussion: Key Informant Interviews and Focus Groups
The joint Advisory Committee and core team from the four healthcare institutions were instrumental in identifying leaders, providers, and residents across the Monmouth and Ocean County region to engage in deep dive discussions. To ensure that each institution's specific CHNA is as granular as possible and aligned with its primary service area, findings from focus groups and interviews were analyzed by county, rather than across the entire region. Given the primary service area of BHBHC and CMC, this CHNA report includes qualitative findings from residents, leaders, and providers from or familiar with Ocean County.

Key Informant Interviews
A total of eight key informant interview discussions were completed with nine individuals by Zoom. Interviews lasted from 45 to 60 minutes. They were semi-structured discussions that engaged institutional, organizational, and community leaders as well as frontline staff across sectors. Discussions explored interviewees' experiences addressing community needs and priorities for future alignment, coordination, and expansion of services, initiatives, and policies. Sectors represented in these interviews included: education, housing services, social services, mental / behavioral health services, and those who work with specific populations, including the immigrant community, veterans, and Orthodox Jewish community. See Appendix A: Organizations Represented in Key Informant Interviews and Focus Groups for a list of sectors and organizations represented and Appendix B: Key Informant Interview Guide for the guide used.

Focus Groups
A total of 22 community residents participated in four virtual focus groups on Zoom, conducted with specific populations of interest: Spanish-speaking Latino residents, mental / behavioral health patients, Orthodox Jewish community members, and peer recovery specialists. The first focus group was conducted in Spanish and the other three in English. Focus groups were up to 90-minute semi-structured conversations and aimed to delve deeply into the community's needs, strengths, and opportunities for the future and to gather

feedback on priorities for action. Please see Appendix C: Focus Group Guide for the focus group facilitator's guide.

Analyses
The collected qualitative information was coded and then analyzed thematically by HRiA data analysts to identify main categories and sub-themes. The analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Throughout the qualitative findings included in this report, the term "participants" is used to refer to key informant interview and focus group participants. Unique issues that emerged among a group of participants are specified as such. The frequency and intensity of discussions on a specific topic were the key indicators used for extracting the main themes. While differences between towns are noted where appropriate, analyses emphasized findings common across the focus area. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

<u>*RWJBH Community Health Needs Assessment Survey*</u>
A community health needs assessment survey was developed with the input of a broad range of partners and administered across a large section of central and northern New Jersey from May to September 2024. The survey was piloted and validated with RWJBH Steering Committee members and key partners, as well as community residents, to support several community health needs assessment and planning processes. The survey focused on the social determinants of health and health issues that impact the community: community priorities, assets and challenges, health status and concerns, healthcare access and barriers, and mental health and substance use. The survey was administered online and by hard copy in person. It was available in eight languages (English, Spanish, Portuguese, Arabic, simplified Chinese, Haitian Creole, Hindi, and Yiddish). A shorter version of the survey was available to facilitate outreach to low-literacy, hard-to-reach groups. These strategies were specifically tailored to reach medically underserved groups, including low-income and uninsured or underinsured community members, among others.

Extensive community outreach was conducted with assistance from RWJBH staff and partner organizations. A link to the online survey was displayed on partners' web pages and social media sites. Recruitment and marketing materials, including flyers and postcards with QR codes that linked to the survey, were distributed online, in medical facility common areas, and at community-wide events. A landing site was developed where partners could download the survey and the recruitment materials in eight languages. A dashboard was created for partners to view progress toward goals in real-time. In Monmouth and Ocean Counties, partners disseminated the survey link and the hardcopy version at in-person events (i.e. health fairs) and in organizations throughout the county, including the public libraries, local community organizations, and health clinics.

The sample presented here is based on 1,233 responses from the BHBHC/CMC PSA. Table 1 provides the sociodemographic characteristics of survey respondents. In this report, people who completed the survey are referred to as "respondents" (whereas those who were part of focus groups and interviews are referred to as "participants" for distinction).

Table 1: Characteristics of BHBHC & CMC PSA Survey Respondents (N=1233)

Age (n=1123)	
18 to 24	1.2%
25 to 44	16.4%
45 to 64	37.9%
65+	44.6%
Gender (n=852)	
Woman	76.2%
Man	22.7%
Transgender woman	*
Transgender man	*
Non-binary/gender queer (neither exclusively male or female)	*
Agender/I don't identify with any gender	*
Additional gender category	*
Marital Status (n=831)	
Married	17.1%
Single	23.5%
Separated/divorced/widowed	53.2%
Domestic partnership/civil union/living together	6.3%
Education (n=1079)	
Less than high school	*
Some high school	*
High school graduate or GED	18.8%
Some college	16.3%
Associate or technical degree/certification	19.7%
College graduate	25.9%
Post graduate or professional degree	18.0%

Income (n=694)	
Less than $10,000	*
$10,000 to $14,999	2.6%
$15,000 to $24,999	4.3%
$25,000 to $34,999	9.2%
$35,000 to $49,999	12.0%
$50,000 to $74,999	16.3%
$75,000 to $99,999	17.0%
$100,000 to $149,999	20.0%
$150,000 to $199,999	9.9%
$200,000 or more	7.4%
Race/Ethnicity (n=1141)	
Asian	3.2%
Black/African American	3.2%
Hispanic/Latino	5.8%
Middle Eastern/North African	*
Native American	1.2%
Native Hawaiian or Other Pacific Islander	0.0%
White/Caucasian	86.2%
Other Race/Ethnicities	3.9%
Sexual Orientation (n=820)	
Straight or heterosexual	93.8%
Gay or lesbian	2.7%
Bisexual, pansexual, or queer	2.8%
Asexual	*
Additional category	*

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers. Respondents who selected multiple race/ethnicities were assigned to each category selected. Asian includes respondents who selected East Asian and/or South Asian. Hispanic/Latino includes respondents who selected Latino/a or Hispanic of Caribbean descent and/or Latino/a or Hispanic of Mexican or Central or South American

descent. Highest level of educational attainment was calculated only for respondents aged 25 years or older.

Analyses
Frequencies were calculated for each survey question. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question, which varied. Survey data presents race and ethnicity categories as selected by respondents. The race and ethnicity categories are asked in a multiple-choice question that allows for several answers. To recognize respondents' multiple identities, the race and ethnicity categories are presented alone or in combination. For example, if someone selected "Asian" and "Black or African American" they would appear in both categories. Thus, as with other multiple-choice questions that allow for multiple responses, the percentages may not add to 100 percent.

The total sample size or number of respondents (N) are displayed in tables and graphs to assist with interpretation of results. For community survey data stratified by race/ethnicity and also showing results for the overall sample, Ns for the racial/ethnic groups will not sum to the overall N because (1) racial categories are not mutually exclusive and (2) the overall N includes respondents with other racial identities from those listed and missing values for race. We do not report an "Other" or "Multiracial" category in these results due to the lack of specificity in such a category and therefore lack of ability to address any health disparities that may be revealed in these results.

To protect respondents' privacy, an asterisk (*) is placed in any table cell with fewer than 10 responses.

Data Limitations
As with all data collection efforts, several limitations should be acknowledged when interpreting data. Numerous secondary data sources were drawn upon in creating this report and each source has its own set of limitations. Overall, it should be noted that different data sources use different ways of measuring similar variables (e.g., different questions to identify race and ethnicity). There may be a time lag for many data sources from the time of data collection to data availability, or changes in methodology that prevent year by year comparisons within data sources. Some data are not available by specific population groups (e.g., age) or at a more granular geographic level (e.g., town or municipality) due to small sub-sample sizes. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups.

The community health survey used a convenience sample. Since a convenience sample is a type of non-probability sampling strategy, there is potential selection bias in who participated or was asked to participate in the survey. Respondents' sociodemographic distribution does not represent the sociodemographic distribution of BHBHC and CMC PSA residents. For example, 76.2% of the sample identified as women, compared to about half of the BHBHC and CMC PSA's population. Community health survey data should not be used to extrapolate the prevalence of a given indicator to the population of the BHBHC and CMC PSA as a whole. However, a range of strategies such as multiple collection sites, access points, and survey administration modalities were used to minimize selection bias (e.g., extensive community outreach at public venues and key events, and availability of survey on

paper, among others) and multiple population groups – patients, RWJBH employees, the community at large, and a focus on population groups typically underrepresented in surveillance data (e.g., specific language and demographic groups) were engaged to try to yield a sample that was similar to the BHBHC and CMC PSA population.

Similarly, while interviews and focus groups provide valuable insights and important in-depth context, due to their non-random sampling methods and small sample sizes, results are not necessarily generalizable. Focus groups and interviews were conducted virtually, and therefore, while both video conference and telephone options were offered, some residents who lack reliable access to the internet and/or phones may have experienced difficulty participating. Further, qualitative data were collected between April and June, 2025, a period of significant transition and policy changes by the incoming federal administration. The changing landscape posed difficulties in engaging with some stakeholders and community members —particularly those belonging to or working with some of the most vulnerable populations—in CHNA activities, who were often fearful and focused on responding to immediate challenges. Of note, those who were able to engage were eager to participate and uplifted the value of partnerships, solidarity, and collaboration to build and strengthen communities (A more detailed account of this engagement process can be found in the Primary Data Collection section). This CHNA should be considered a snapshot of the current time, which is consistent with public health best practices. Moving forward, community engagement should continue to be prioritized to understand how the identified issues may evolve and what new issues or concerns may emerge over time.

Context for Comparisons to Previous CHNA
As appropriate, comparisons are made throughout this report between the previous and the current assessment. It is important to keep in mind that these comparisons may not be as relevant given that the previous CHNA was conducted during the height of the COVID-19 pandemic and that this CHNA was conducted during early 2025, a period of transition in the federal government. Changes in federal government at the national level can reshape policy priorities, funding streams, and regulatory frameworks. These factors can influence factors that directly affect residents' health and well-being and local organizations' capacity to serve them. As federal policies continue to evolve, it remains essential to continue to understand the assets, challenges, and priorities of diverse communities, especially those with a higher burden of health inequities. Of note, in times of change, assessing the community's resilience and strengths is critically important.

Population Characteristics

Population Overview

The RWJBarnabas Health Behavioral Health Center (BHBHC) and Community Medical Center (CMC) serve a population of 252,617 across parts of Ocean County (Table 2). In 2019-2023, the smallest municipality by population was Island Heights (1,691 residents), while the largest was Toms River (97,034 residents). The overall population growth between 2014-2018 and 2019-2023 was 9.2% in Ocean County, with Island Heights (16.1%) and Barnegat (10.4%) experiencing the greatest increases, and Seaside Heights (-31.1%) experiencing the greatest decrease. Additional population tables can be found in Appendix E. Additional Data Tables and Graphs.

Table 2. Total Population and Percent Change, by State, County and Town, 2014-2023

	2014-2018	2019-2023	% change
New Jersey	8,881,845	9,267,014	4.3%
Ocean County	591,939	646,434	9.2%
Barnegat	22,410	24,731	10.4%
Bayville	20,873	22,464	7.6%
Beachwood	11,210	11,002	-1.9%
Forked River	4,701	4,988	6.1%
Island Heights	1,457	1,691	16.1%
Lakehurst	2,683	2,666	-0.6%
Lanoka Harbor	8,624	8,028	-6.9%
Lavallette	2,161	1,836	-15.0%
Little Egg Harbor	20,848	21,092	1.2%
Manchester Township	43,373	45,527	5.0%
Ocean Gate	1,733	1,768	2.0%
Pine Beach	2,251	2,378	5.6%
Seaside Heights	2,891	1,992	-31.1%
Seaside Park	1,654	1,804	9.1%
Toms River	91,706	97,034	5.8%
Tuckerton	3,380	3,616	7.0%

DATA SOURCE: U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, 2014-2018 & 2019-2023

In 2019-2023, Ocean County had a somewhat higher percentage of those under 18 years old and those 65 and older, compared to the state (Table 3), though the towns in the BHBHC/CMC PSA generally had proportions of residents under age 18 similar or lower to that of New Jersey overall. Manchester Township (25.0%), Lavallette (19.0%), and Barnegat (16.4%) had the highest proportion of residents over age 75.

Table 3: Age Distribution, by State, County, and Town, 2019-2023

	Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 to 74 years	75 years and over
New Jersey	21.9%	8.4%	26.1%	26.9%	9.8%	7.0%
Ocean County	24.9%	7.3%	21.3%	24.2%	12.3%	10.1%
Barnegat	17.6%	6.3%	19.0%	25.9%	14.7%	16.4%
Bayville	22.5%	7.3%	23.5%	29.4%	11.1%	6.1%
Beachwood	20.1%	9.5%	23.3%	28.0%	12.8%	6.4%
Forked River	20.9%	6.5%	16.9%	31.1%	14.8%	9.8%
Island Heights	17.0%	7.0%	15.6%	28.7%	21.4%	10.2%
Lakehurst	20.7%	9.2%	28.6%	24.0%	12.8%	4.8%
Lanoka Harbor	16.7%	13.7%	22.6%	27.9%	14.9%	4.2%
Lavallette	14.1%	3.9%	9.6%	33.3%	20.3%	19.0%
Little Egg Harbor	16.9%	6.7%	18.5%	30.8%	13.7%	13.5%
Manchester	9.9%	3.2%	15.3%	23.8%	22.9%	25.0%
Ocean Gate	16.2%	11.8%	21.1%	26.4%	17.5%	7.0%
Pine Beach	16.6%	7.4%	15.7%	34.3%	21.5%	4.5%
Seaside Heights	13.9%	10.4%	18.2%	39.2%	12.8%	5.6%
Seaside Park	8.9%	5.4%	15.2%	27.5%	30.8%	12.1%
Toms River	21.8%	7.2%	23.7%	27.6%	10.1%	8.8%
Tuckerton	14.3%	6.6%	21.9%	28.4%	18.3%	10.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Racial, Ethnic, and Language Diversity

Racial and Ethnic Composition
The BHBHC/CMC PSA has a notably higher proportion of White residents than New Jersey overall. In Ocean County, 85.0% are White, compared to 56.9% statewide (Table 4). Lanoka Harbor (95.7%) and Lavallette (95.2%) had the highest proportion of White residents, while Lakehurst (69.0%) and Toms River (80.2%) had the lowest. Notably, Ocean County has a large and growing Orthodox Jewish population, as Lakewood is home to the largest yeshiva (Orthodox Jewish school) in the world, outside of Israel. An estimated 148,500 Jews live in Ocean County, making it the largest Jewish community in New Jersey, and the ninth largest Jewish community in the United States. According to key informant interviews, and supported by some secondary data estimates, the majority of this population lives in Lakewood, but is increasing in nearby towns, including Toms River.[29]

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[29] Sheskin, I.M., Dashefsky, A. (2024). United States Jewish Population, 2023. In: Dashefsky, A., Sheskin, I.M. (eds) American Jewish Year Book 2023. American Jewish Year Book, vol 123. Springer, Cham.

Table 4. Racial and Ethnic Distribution, by State, County, and Town, 2019-2023

	American Indian	Asian	Black	Hispanic	Native Hawaiian	White	Additional Race	2+ Races
New Jersey	0.5%	9.9%	13.0%	21.9%	0.0%	56.9%	9.2%	10.6%
Ocean County	0.4%	1.9%	3.0%	10.6%	0.0%	85.0%	3.5%	6.3%
Barnegat	0.0%	1.2%	2.7%	6.7%	0.2%	88.5%	0.6%	6.9%
Bayville	0.0%	0.7%	1.5%	10.3%	0.0%	87.3%	0.8%	9.8%
Beachwood	0.0%	1.1%	3.9%	14.3%	0.5%	82.2%	4.3%	7.9%
Forked River	0.6%	0.9%	0.7%	13.8%	0.0%	85.5%	6.3%	6.1%
Island Heights	0.0%	0.2%	2.0%	5.7%	0.0%	93.7%	0.4%	3.8%
Lakehurst	1.1%	4.9%	9.3%	17.5%	0.0%	69.0%	1.3%	14.4%
Lanoka Harbor	0.0%	0.0%	1.0%	4.8%	0.0%	95.7%	0.2%	3.2%
Lavallette	0.0%	0.7%	0.0%	2.6%	0.0%	95.2%	0.0%	4.1%
Little Egg Harbor	0.1%	1.3%	2.6%	5.6%	0.0%	88.5%	2.5%	5.0%
Manchester Township	0.1%	2.2%	4.9%	8.6%	0.0%	84.8%	2.0%	6.0%
Ocean Gate	0.0%	2.4%	1.1%	0.5%	0.0%	90.9%	0.0%	5.7%
Pine Beach	0.1%	1.6%	2.5%	7.7%	0.0%	89.1%	1.9%	4.8%
Seaside Heights	0.0%	1.3%	0.0%	16.5%	0.0%	81.7%	7.6%	9.4%
Seaside Park	0.0%	3.6%	2.4%	1.4%	0.0%	92.0%	0.2%	1.7%
Toms River	0.1%	3.7%	4.9%	11.6%	0.0%	80.2%	3.6%	7.4%
Tuckerton	0.0%	1.3%	3.4%	5.7%	0.0%	84.7%	0.9%	9.7%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023.

NOTE: All categories except Hispanic do not include Hispanic residents. American Indian includes American Indian and Alaska Native; Black includes Black or African American; Native Hawaiian includes Native Hawaiian and Other Pacific Islander.

Foreign-Born Population
Interview and focus group participants highlighted a growing immigrant population, including Haitian, Latino, and Ukrainian immigrants moving to the community. Participants noted that people move to neighborhoods where their relatives or other connections are already living, as described by one interviewee: *"It has organically created pockets of immigrant communities. The communities that have been settled have been settled for a long time which is helpful for resiliency."*

Participants highlighted that immigration status is a core factor that can impact all aspects of someone's life whether it's access to healthcare, social services, employment opportunities, and financial stability. They also emphasized the impact of the current political environment on the well-being of some immigrant communities. Multiple participants noted a noticeable decrease in immigrant communities accessing healthcare and other social services due to a heightened level of stress and fear of deportation. As one interviewee explained: *"We are having people walk about with deep trauma both personal and systematic and we're asking them to figure it out on their own. In this moment, you have the entire weight of the federal government, the most powerful government to ever exist, zone in on them."*

"Migration in and of itself is a traumatic experience no matter how you did it, but we don't look at it as a mental health crisis or a thing people should be struggling with..."
– Interviewee

Almost one-quarter of New Jersey residents were foreign-born in 2019-2023, compared to 8.0% in Ocean County (Figure 3). Most parts of the BHBHC/CMC PSA saw relatively little change in the proportion of their populations who were foreign-born between 2014-2018 and 2019-2023. However, Forked River (4.9%), Seaside Park (4.9%), and Manchester (3.0%) experienced some increase during this time (See Table 22 in Appendix E. Additional Data Tables and Graphs). Immigrants in Ocean County came primarily from Mexico (13.6%) and the Philippines (7.0%) (Table 5).

Figure 3. Percent of Population Foreign-Born, by State, County, and Town, 2019-2023
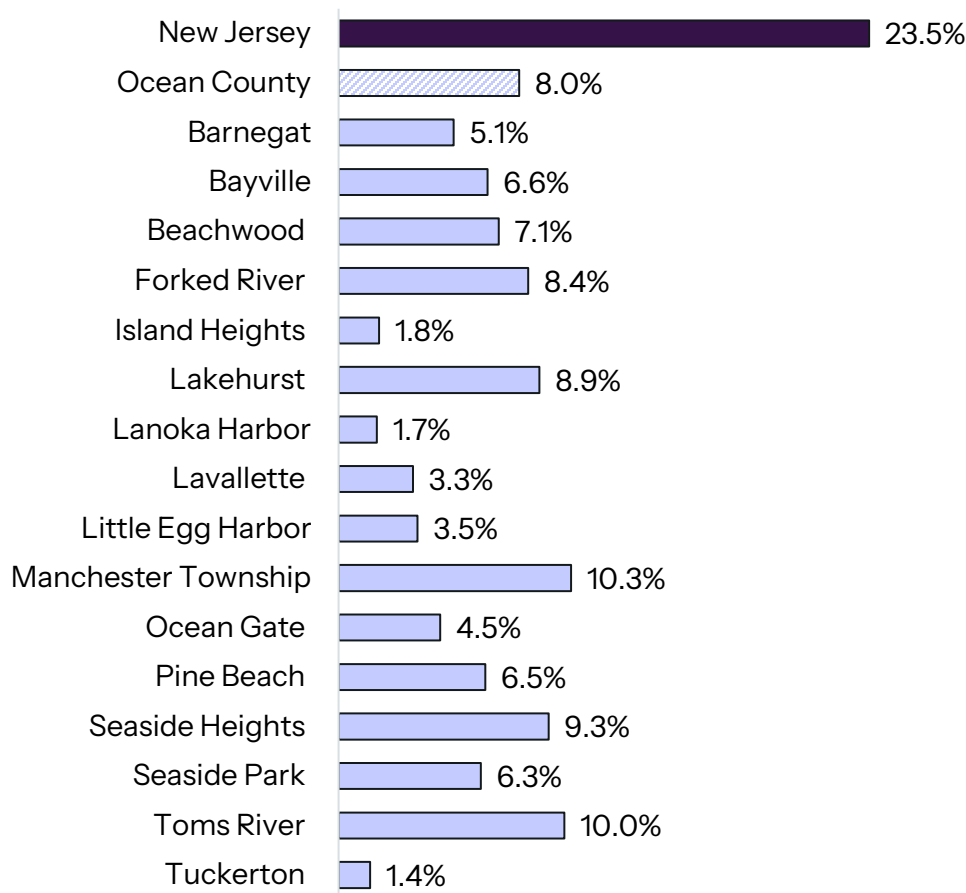
Location	Percent
New Jersey	23.5%
Ocean County	8.0%
Barnegat	5.1%
Bayville	6.6%
Beachwood	7.1%
Forked River	8.4%
Island Heights	1.8%
Lakehurst	8.9%
Lanoka Harbor	1.7%
Lavallette	3.3%
Little Egg Harbor	3.5%
Manchester Township	10.3%
Ocean Gate	4.5%
Pine Beach	6.5%
Seaside Heights	9.3%
Seaside Park	6.3%
Toms River	10.0%
Tuckerton	1.4%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 5: Top 5 Places of Birth of Foreign-Born Population, by State and County, 2019-2023

	New Jersey	Ocean County
1	India (12.6%)	Mexico (13.6%)
2	Dominican Republic (9.7%)	Philippines (7.0%)
3	Mexico (4.8%)	Italy (4.9%)
4	Ecuador (4.6%)	Dominican Republic (4.5%)
5	Colombia (4.4%)	Colombia (4.3%)

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Language Diversity

In New Jersey, one-third of the population speaks a language other than English at home, compared to 13.1% in Ocean County (Figure 4). Lakehurst (13.8%), Toms River (13.7%), and Seaside Heights (13.6%) had the largest proportions.

Figure 4. Percent Population Aged 5+ Speaking Language Other than English at Home, by State, County, and Town, 2019-2023
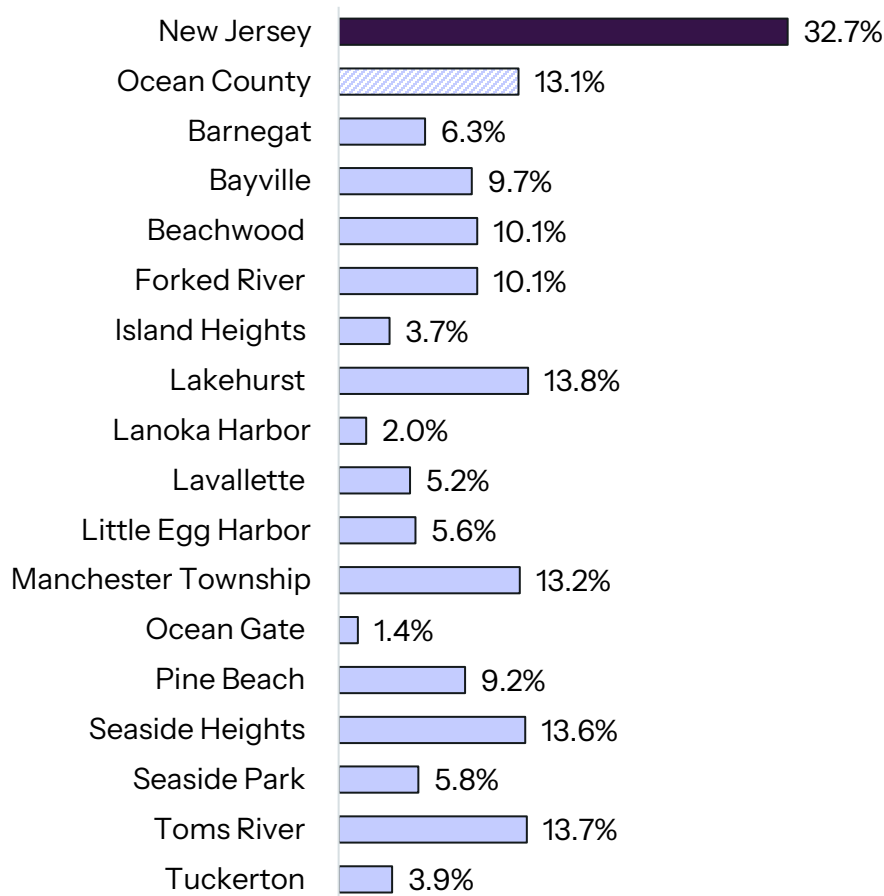
Location	Percent
New Jersey	32.7%
Ocean County	13.1%
Barnegat	6.3%
Bayville	9.7%
Beachwood	10.1%
Forked River	10.1%
Island Heights	3.7%
Lakehurst	13.8%
Lanoka Harbor	2.0%
Lavallette	5.2%
Little Egg Harbor	5.6%
Manchester Township	13.2%
Ocean Gate	1.4%
Pine Beach	9.2%
Seaside Heights	13.6%
Seaside Park	5.8%
Toms River	13.7%
Tuckerton	3.9%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Spanish is the most common language other than English spoken at home in Ocean County, with 5.9% of residents (Table 6). Seaside Heights (9.5%) and Beachwood (7.3%) had the highest proportion of residents speaking Spanish at home.

Although some participants noted that translation services have improved across some healthcare and social service organizations, others commented that language is still a barrier to accessing services in their communities. As one focus group participant noted *"It's all more difficult to navigate when you don't speak English."* Participants specifically noted difficulties in accessing bilingual services among social workers and behavioral health providers, as noted by one participant: *"There are so few behavioral health folks in that world who are bilingual. It's really hard to do those services with an interpreter."*

Table 6. Top 5 Languages Spoken at Home Other than English, by State, County, and Town, 2019-2023

	Spanish	German or other West Germanic languages	Other Indo-European languages	Russian, Polish, or other Slavic languages	French, Haitian, or Cajun
New Jersey	17.0%	0.4%	5.5%	1.7%	1.1%
Ocean County	5.9%	1.6%	1.6%	0.9%	0.3%
Barnegat	2.1%	0.2%	1.2%	0.5%	0.0%
Bayville	3.6%	0.1%	2.1%	1.2%	0.0%
Beachwood	7.3%	0.3%	1.0%	0.3%	0.8%
Forked River	5.2%	0.5%	3.4%	1.1%	0.0%
Island Heights	2.3%	0.2%	1.0%	0.0%	0.0%
Lakehurst	6.1%	0.8%	0.0%	0.0%	0.0%
Lanoka Harbor	1.1%	0.0%	0.2%	0.4%	0.0%
Lavallette	1.0%	0.0%	4.0%	0.0%	0.0%
Little Egg Harbor	2.2%	0.7%	1.4%	0.6%	0.1%
Manchester Township	4.6%	0.5%	2.3%	2.5%	0.2%
Ocean Gate	0.6%	0.0%	0.9%	0.0%	0.0%
Pine Beach	3.8%	0.3%	0.9%	0.3%	0.0%
Seaside Heights	9.5%	0.0%	0.9%	2.2%	0.0%
Seaside Park	0.5%	0.0%	5.2%	0.0%	0.2%
Toms River	6.9%	0.2%	2.3%	0.4%	0.5%
Tuckerton	1.5%	0.0%	1.0%	0.0%	0.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Community Social and Economic Environment
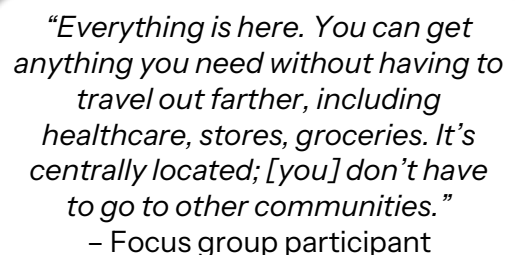
Income, work, education, and other social and economic factors are powerful social determinants of health. For example, jobs that pay a living wage enable workers to live in neighborhoods that promote health (e.g., built environments that facilitate physical activity, resident engagement, and access to healthy foods), and provide income and benefits to access health care. In contrast, unemployment, underemployment, and job instability make it difficult to afford housing, goods, and services linked with health and healthcare access, and contribute to stressful life events that affect multiple aspects of health.

Community Strengths and Assets
Understanding the resources and services available in a community—as well as their geographic distribution—helps to identify the assets that can be drawn upon to address community health, as well as any gaps that might exist. Interviewees and focus group participants mentioned numerous positive aspects of their communities.

Focus group participants described their communities as "tightknit" with a strong sense of community where people know their neighbors and can rely on them for support. Interviewees echoed this strong sense of community and partnership among community-based organizations in the county, noting that the local organizations are staffed by residents that live within the community and understand the culture and the needs of residents, especially among the Orthodox Jewish community in Ocean County. As one interviewee pointed out in reference to an Orthodox Jewish community-based organization, *"We have the trust of the community because we are so embedded… We need people who look like the clients, speak their language, and hire people from the community."*

Participants also highlighted the access to outdoor activities, such as parks, beaches, camping, and swimming, as assets of the community. They emphasized the convenience of being located near shopping, healthcare, schools, businesses, and social service organizations, along with the ability to reach other major city centers: *"The location is nice because you aren't too far from Manhattan or North Jersey or Philadelphia but still have a backyard and space and near the beach. There's tons and tons of kosher options which is really nice so depending on your lifestyle there's lots of options."*

> *"Everything is here. You can get anything you need without having to travel out farther, including healthcare, stores, groceries. It's centrally located; [you] don't have to go to other communities."*
> – Focus group participant

Community survey respondents agreed with these themes. The strengths identified by the greatest proportion of respondents were that their community had safe outdoor places to

walk and play (77.3%), and that their community was a good place to socialize (76.5%) and to raise a family (71.4%) (Figure 5).

Figure 5. CMC & BHBHC PSA Survey Respondents' Community Perceptions, Percent Who Agreed/Strongly Agreed, 2024

Legend: □ Strongly Disagree/ Disagree ■ Neither Agree or Disagree ■ Strongly Agree/ Agree

Statement	Strongly Disagree/ Disagree	Neither Agree or Disagree	Strongly Agree/ Agree
My community has safe outdoor places to walk and play.	10.2%	12.5%	77.3%
My community has places for everyone to socialize (e.g., library, churches, mosques, local clubs, senior meetings).	10.4%	13.1%	76.5%
My community is a good place to raise a family.	10.1%	18.6%	71.4%
In my neighborhood, there is not much violence, such as physical fights, gang activities, stealing, or assaults.	14.4%	17.0%	68.7%
It's easy to live a healthy lifestyle in my community.	14.5%	20.7%	64.8%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The number of respondents ranged from n=647 to n=766 for the shown questions.

Of note, responses to survey questions about community characteristics varied somewhat by race/ethnicity. For example, as can be observed in Figure 6, Asian and Black respondents were more likely than Latino and White respondents to agree or strongly agree that their community was a good place to raise a family.

Figure 6. Percent of CMC & BHBHC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "My community is a good place to raise a family," by Race/Ethnicity, (n=647), 2024
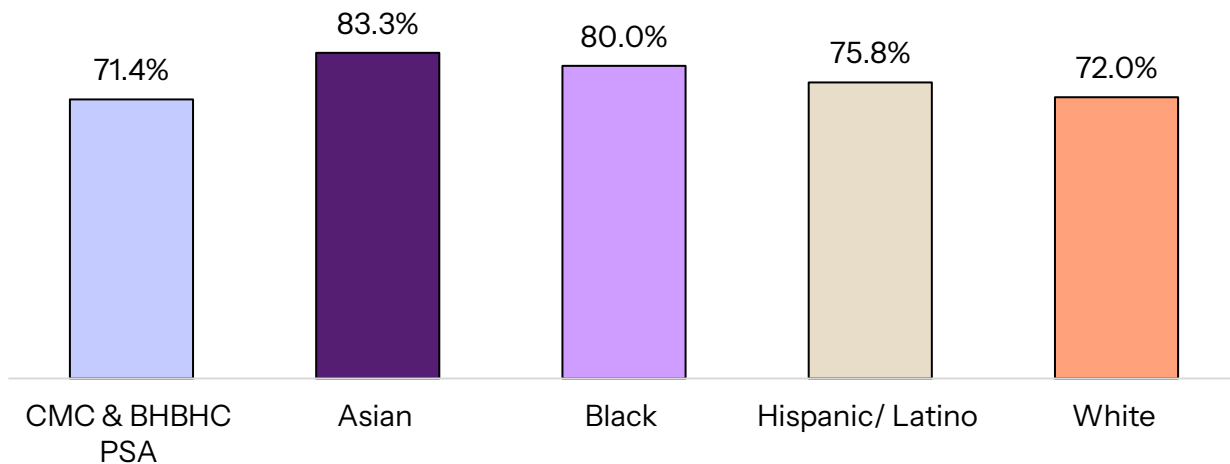
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Interviewees valued and emphasized the high level of collaboration and partnership across the different sectors and institutions that serve residents. They noted that the increase in the population of Ocean County has led to an increase in Jewish and non-Jewish community-based organizations who work together to serve residents. One interviewee described a "win-win" example where hospitals have been collaborating with community-based organizations to stock the pantry at the hospital with kosher options, which is an addition that has been highly appreciated by the community.

The medical, educational, and childcare resources available in Ocean County are visually presented in the map below. There are four acute care hospitals, 296 schools, and 165 childcare centers (Figure 7). More information on assets in New Jersey can be found in Figure 83 in Appendix E. Additional Data Tables and Graphs.

"We have the trust of the community because we are so embedded… We need people who look like the clients, speak their language, and hire people from the community."
– Key informant interviewee

Figure 7. Asset Map, by County and Town, 2024
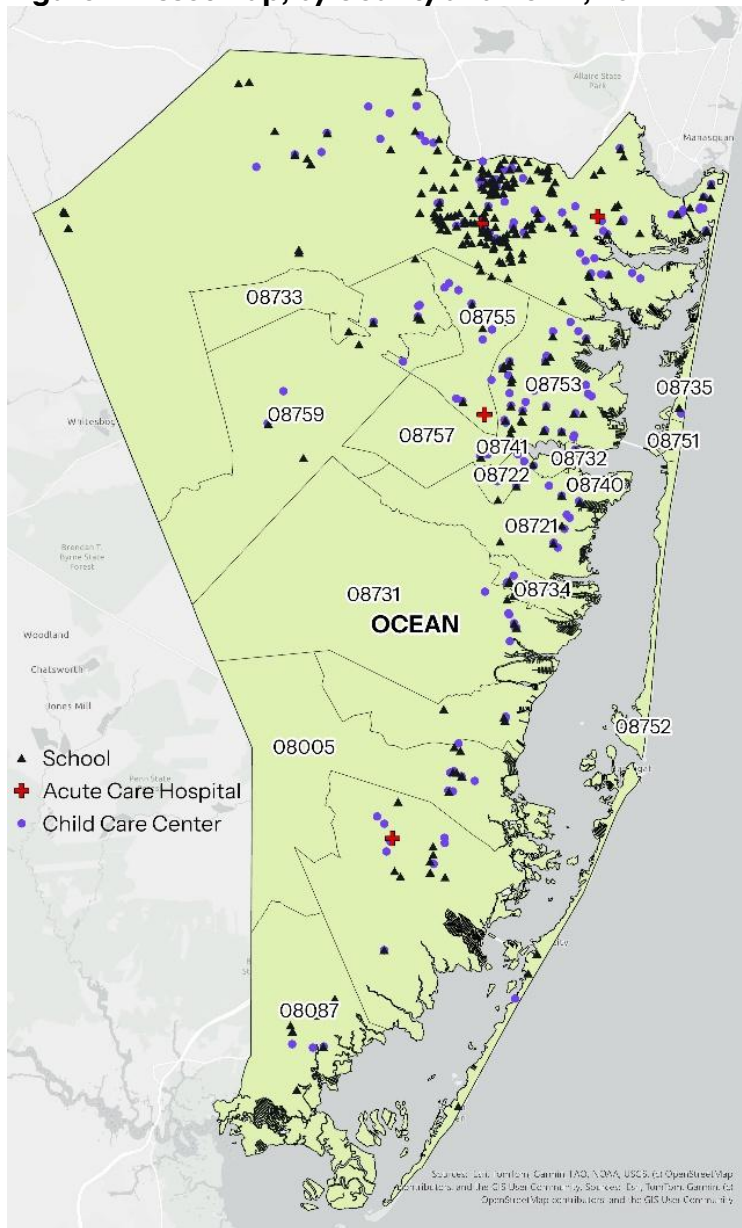
DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

Education

Educational attainment is an important measure of socioeconomic position that may reveal additional nuances about populations, in addition to measures of income, wealth, and poverty. NJ Department of Education data indicate that most (91.1%) New Jersey students in public schools graduated from high school (Table 7). In the BHBHC/CMC PSA, graduation rates were relatively consistent across public school districts. Ocean County Vocational Technical (97.9%) and Manchester Township (95.5%) outperformed New Jersey as a whole.

Some racial disparities were also apparent, for example with Black students having lower graduation rates than Whites in Barnegat Township, Manchester Township, and Pinelands

Regional school districts, while Central Regional and Ocean County Vocational Technical School Districts stand out for having very consistent graduation rates across racial/ethnic groups. More information on educational attainment in Monmouth County can be found in Table 24 and Table 25 of Appendix E. Additional Data Tables and Graphs.

Table 7. Four-Year Adjusted Cohort High School Graduation Rates, by Race/Ethnicity, by State and School District, 2019-2023

	Overall	Asian, Native Hawaiian, or Pacific Islander	Black or African American	Hispanic	White
New Jersey	91.1%	96.7%	86.7%	85.8%	95.0%
Barnegat Township School District	88.2%	*	78.8%	89.1%	88.8%
Central Regional School District	89.8%	*	87.5%	90.1%	90.0%
Manchester Township School District	95.5%	90.0%	85.2%	93.9%	99.2%
Ocean County Vocational Technical School District	97.9%	100.0%	*	100.0%	97.3%
Pinelands Regional School District	90.3%	*	70.0%	89.5%	90.7%
Southern Regional School District	89.7%	*	*	79.2%	90.9%
Toms River Regional School District	89.5%	92.3%	88.0%	84.6%	91.4%

DATA SOURCE: New Jersey Department of Education, School Performance, 2023
NOTE: Asterisk (*) indicates that data are not displayed to protect student privacy due to low numbers.

Interviewees familiar with the private and public school systems in Ocean County noted that the school systems lacked the resources and funding needed to serve their students. This included resources for mental health, substance use, and recreational and extracurricular activities. Interviewees familiar with the private schools in Ocean County described the education system as *"…something that is very different compared to other communities. When we talk about private school, it is not fancy college prep – it's for religious reasons. Most schools don't have a social worker on staff or a network that other schools might have."* Although a participant noted that some schools do have additional support staff such as social workers, participants overall noted a need for more resources dedicated to the education system in Ocean County, especially in mental health resources and extracurricular activities like sports and music for students.

Employment and Workforce

Employment can confer income, benefits, and economic stability – factors that promote health. The availability of stable employment was a concern noted by interviewees and focus group participants with participants describing the "seasonality" of available work, especially along the shore. One interviewee explained, *"We have the seasonality of work when it comes to the shore – it opens up after Memorial Day, a lot of folks find work and then that work goes away as soon as Labor Day hits. The need for work comes and goes. It's tricky in our counties."*

"Employment has been difficult for me. I was working but had to stop due to health reasons. Now I'd like to work again, but it's hard to find a job that would allow me to work when my children are at school."
– Focus group participant

Another interviewee noted that it is largely the immigrant community that is working within this service and tourism industry along the shore, highlighting that impacts to the immigrant community are directly tied to the stability of the broader community*: "That industry doesn't survive unless you have cheap labor… destabilizing those communities will lead to deep harm with everything around it."*

In 2022, one-quarter of New Jersey households were characterized as Asset Limited, Income Constrained, Employed (ALICE), meaning that although employed, they did not earn enough to support their families (Figure 8). In Ocean County, over one-third (36%) of households lived below the ALICE threshold. There was wide variation across the BHBHC/CMC PSA, with about 60% of households in Manchester and Seaside Heights falling below the threshold, compared to 25% in Island Heights. Between 2010 and 2022, the percentage of single-headed households with children living below the ALICE threshold increased by 18% in New Jersey, overall.

Figure 8. Percent of Households Living Below the ALICE Threshold, by State, County, and Town, 2022

Location	Percent
New Jersey	26%
Ocean County	36%
Barnegat	35%
Bayville	33%
Beachwood	34%
Forked River	44%
Island Heights	25%
Lakehurst	48%
Lanoka Harbor	27%
Lavallette	31%
Little Egg Harbor	43%
Manchester	59%
Ocean Gate	29%
Pine Beach	31%
Seaside Heights	61%
Seaside Park	47%
Toms River	42%
Tuckerton	44%
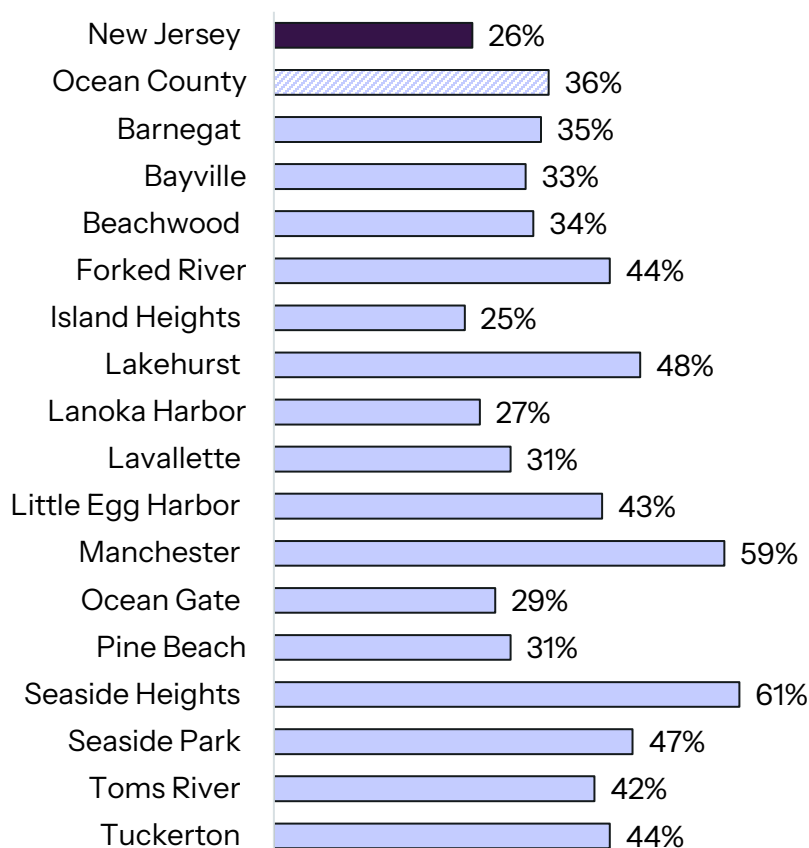
DATA SOURCE: United For ALICE 2024, derived from American Community Survey, 2010-2022
NOTE: The ALICE Threshold is calculated by United Way's United For ALICE initiative. ALICE stands for Asset Limited, Income Constrained, and Employed. Households living below the ALICE threshold represent households with working adults who cannot afford basic needs (childcare, transportation, housing, food, etc.).

Data from the Bureau of Labor Statistics show that unemployment rates in Ocean County over time are generally on par with New Jersey overall, and had been trending downward over the past decade before the COVID-19 pandemic, after which rates rose substantially (Figure 9). Fortunately, unemployment rates declined post-2020, and in 2023, they were only slightly higher than 2019 rates in Ocean County (4.2%). More detailed information can be found in Figure 86 in Appendix E. Additional Data Tables and Graphs.

Figure 9. Unemployment Rate, by State and County, 2014-2023

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
New Jersey	6.7%	5.7%	4.9%	4.5%	4.0%	3.5%	9.4%	6.7%	3.9%	4.4%
Ocean County	7.4%	6.1%	5.2%	4.7%	4.1%	3.6%	9.1%	6.3%	3.9%	4.2%
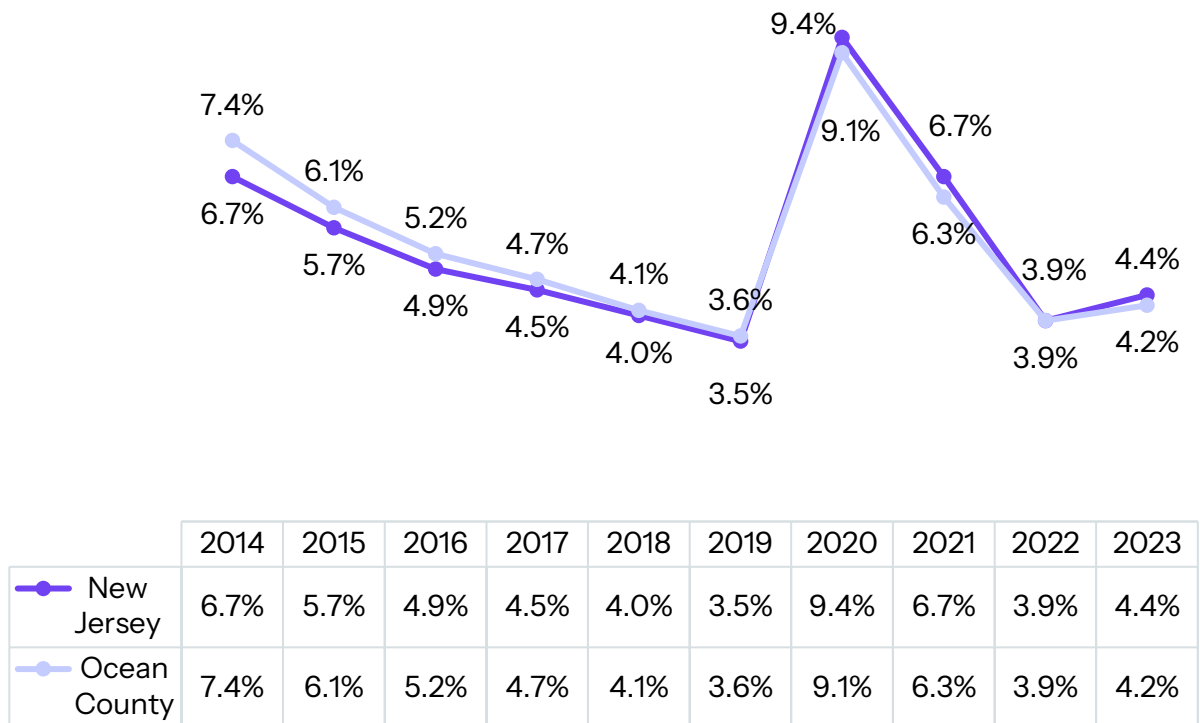
DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2014–2023

Between 2019-2023, unemployment rates varied by race/ethnicity in the BHBHC/CMC PSA. In Bayville (33.0%) and Seaside Park (62.1%) Black residents had notably higher unemployment rates than White (5.6% and 2.8%, respectively) residents. In Seaside Heights (31.9%), Island Heights (15.0%), and Forked River (14.0%), Latino residents had notably higher unemployment rates than White (0.9%, 2.0%, and 8.7%, respectively) residents. Unemployment rates by age and by gender can be found in Appendix E. Additional Data Tables and Graphs.

Table 8. Unemployment Rate, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian	Black or African American	Hispanic or Latino	White	Additional Race	2+ Races
New Jersey	6.2%	4.7%	9.0%	7.2%	5.3%	7.4%	8.2%
Ocean County	5.5%	7.0%	7.3%	7.0%	5.1%	4.4%	8.5%
Barnegat	8.2%	0.0%	8.8%	1.9%	8.2%	0.0%	13.3%
Bayville	7.1%	32.1%	33.0%	0.0%	5.6%	0.0%	0.0%
Beachwood	2.9%	0.0%	4.0%	6.8%	2.3%	10.5%	8.9%
Forked River	8.9%	0.0%	0.0%	14.0%	8.7%	0.0%	39.0%
Island Heights	3.2%	0.0%	0.0%	15.0%	2.0%	0.0%	34.4%
Lakehurst	5.8%	0.0%	12.0%	4.9%	5.8%	0.0%	0.0%
Lanoka Harbor	4.5%	-	0.0%	12.5%	4.0%	0.0%	20.5%
Lavallette	1.7%	0.0%	-	0.0%	1.9%	-	0.0%
Little Egg Harbor	3.5%	0.0%	0.0%	13.4%	3.4%	18.6%	0.0%
Manchester Township	6.1%	6.9%	7.5%	8.6%	5.5%	26.9%	1.3%
Ocean Gate	3.3%	-	-	0.0%	3.4%	-	0.0%
Pine Beach	3.5%	0.0%	0.0%	9.2%	3.9%	0.0%	0.0%
Seaside Heights	6.9%	38.5%	-	31.9%	0.9%	0.0%	38.7%
Seaside Park	5.0%	0.0%	62.1%	0.0%	2.8%	0.0%	0.0%
Toms River	4.9%	5.3%	0.6%	5.5%	5.0%	0.4%	8.2%
Tuckerton	8.3%	0.0%	0.0%	10.6%	9.1%	0.0%	8.3%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: A dash (-) means that data are suppressed.

Consistent with other data, many survey respondents did not believe that there are good employment opportunities in the area. Overall, slightly over half (51.3%) of BHBHC/CMC PSA respondents agreed that there were job opportunities in their area (Figure 10).

Figure 10. Percent of CMC & BHBHC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "There are job opportunities in my area," by Race/Ethnicity, (n=761), 2024

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data is suppressed.

Income and Financial Security

Income is a powerful social determinant of health that influences where people live and their ability to access resources that affect health and well-being.

Current economic challenges and financial insecurity were discussed in several interviews and focus groups. Participants noted the high cost of living including the price of rent, housing, childcare, food, transportation, and healthcare. Some participants described being unable to access employment opportunities without owning a vehicle or having to leave the workforce due to the cost of childcare. As one interviewee noted, "*Life is expensive and there aren't opportunities that have helped bridge the gap to live a well rounded life.*"

Some participants also highlighted the additional living costs among the Orthodox Jewish communities, pointing out that the need to pay for private school tuition for each child, along with the extra cost of kosher food for a family. As one interviewee mentioned, "*It just makes everything so much harder. All the studies that I read about the actual cost of living, none of that take it into account.*"

Across the BHBHC/CMC PSA, there is variation in household financial well-being. Data from the 2019-2023 American Community Survey show that the median household income in Ocean County ($86,411) was lower than New Jersey overall ($101,050). There were notable differences across communities, ranging from a median household income of about $121,000 in Lanoka Harbor, Lavallette, and Pine Beach, compared to about $59,000 in Manchester and Seaside Heights – a two-fold difference (Table 9).

Table 9. Median Household Income, by State, County, and Town, 2019-2023

	Median income (dollars)
New Jersey	$101,050
Ocean County	$86,411
Barnegat	$89,301
Bayville	$104,361
Beachwood	$102,043
Forked River	$87,455
Island Heights	$107,308
Lakehurst	$80,458
Lanoka Harbor	$121,033
Lavallette	$120,938
Little Egg Harbor	$89,441
Manchester	$58,612
Ocean Gate	$75,278
Pine Beach	$121,333
Seaside Heights	$58,988
Seaside Park	$83,333
Toms River	$94,964
Tuckerton	$78,934

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 11 shows additional details about the distribution of income across the BHBHC/CMC PSA. In Seaside Heights, one-third (32.7%) of residents earn less than $25,000 annually, while in Lavallette, 26.7% of households earn greater than $200,000 annually. See Table 28 in Appendix E. Additional Data Tables and Graphs for additional data by race/ethnicity).

Figure 11. Distribution of Household Income, by State, County, and Town, 2019-2023

Legend: ■ Less than $25k ■ $25k to $49k ■ $50k to $99k ■ $100k to $199k ■ $200k+

Location	Less than $25k	$25k to $49k	$50k to $99k	$100k to $199k	$200k+
New Jersey	11.9%	13.3%	24.3%	29.8%	20.7%
Ocean County	11.5%	16.5%	28.2%	30.2%	13.5%
Barnegat	11.3%	14.0%	31.1%	32.8%	10.9%
Bayville	8.2%	13.0%	26.4%	37.2%	15.2%
Beachwood	5.6%	17.9%	25.7%	36.5%	14.4%
Forked River	11.3%	14.1%	30.4%	31.7%	12.4%
Island Heights		11.5%	31.3%	34.7%	19.6%
Lakehurst	12.1%	12.4%	43.4%	26.8%	5.3%
Lanoka Harbor		8.7%	27.4%	43.6%	17.6%
Lavallette	6.3%	13.0%	26.1%	27.9%	26.7%
Little Egg Harbor	11.9%	14.8%	27.3%	34.2%	11.8%
Manchester Township	19.1%	25.4%	28.8%	20.7%	5.9%
Ocean Gate	15.1%	17.6%	30.8%	27.5%	9.0%
Pine Beach	7.6%		30.2%	40.4%	17.9%
Seaside Heights	32.7%	13.3%	30.5%	16.4%	7.1%
Seaside Park	15.4%	18.0%	25.4%	24.3%	17.0%
Toms River	10.4%	14.4%	27.5%	30.2%	17.5%
Tuckerton	9.5%	15.4%	40.6%	25.4%	9.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Data labels under 5.0% are not shown.

The percentage of residents living below the poverty level represents the most extreme level of financial insecurity. For context, the federal poverty line is the same across the country - regardless of cost of living – but changes by household size. In 2022, individuals living alone or considered a household of one would fall below the federal poverty line at an income level of $13,590, while the federal poverty level for a family of four was $27,750. Figure 12 presents data on the percentage of residents falling below the poverty line in the state, county, and town. In Ocean County, 10.4% of individuals lived below the poverty line, compared to 9.8% in New Jersey as a whole. A wide range existed in the BHBHC service area, with 0.9% in Island Heights compared to 34.4% in Seaside Heights. See additional data in Table 29, Figure 87, and Figure 88 located in Appendix E. Additional Data Tables and Graphs.

Figure 12. Individuals Below Poverty Level, by State, County, and Town, 2019–2023
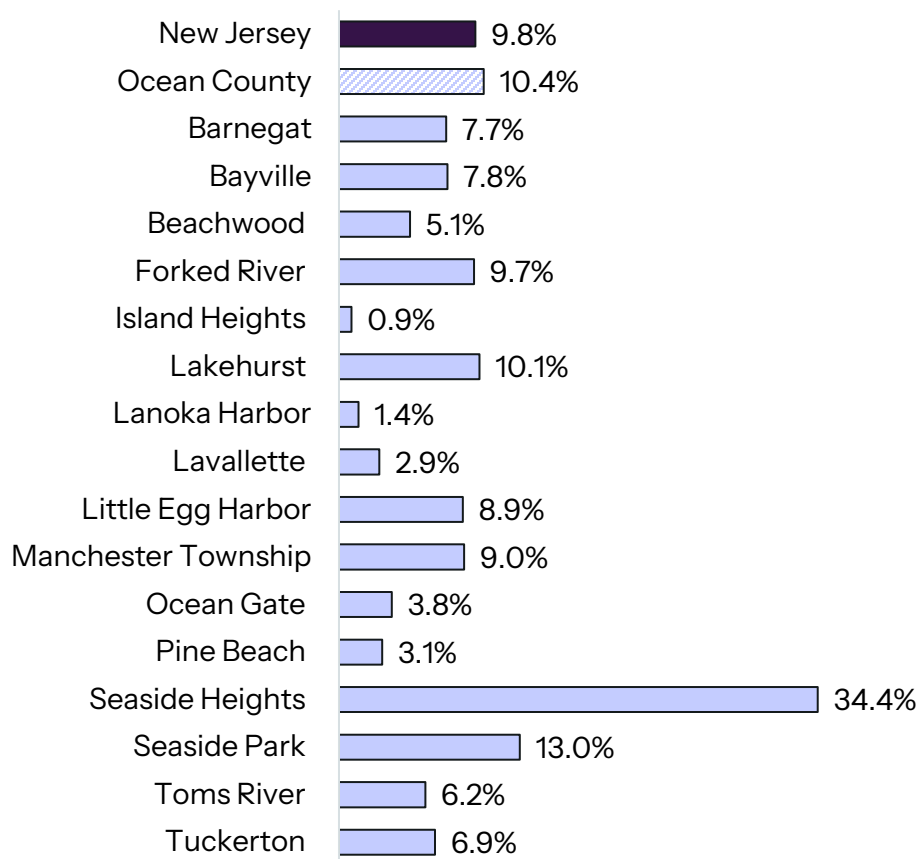
New Jersey	9.8%
Ocean County	10.4%
Barnegat	7.7%
Bayville	7.8%
Beachwood	5.1%
Forked River	9.7%
Island Heights	0.9%
Lakehurst	10.1%
Lanoka Harbor	1.4%
Lavallette	2.9%
Little Egg Harbor	8.9%
Manchester Township	9.0%
Ocean Gate	3.8%
Pine Beach	3.1%
Seaside Heights	34.4%
Seaside Park	13.0%
Toms River	6.2%
Tuckerton	6.9%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Less than half (41.0%) of survey respondents agreed that people in their community could afford basic needs like food, housing, and transportation (Figure 13). Among them, a greater proportion of Asian respondents agreed with this statement (54.6%), compared to other Latinos and Whites.

Figure 13. Percent of CMC & BHBHC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "People in my community can afford basic needs like food, housing, and transportation," by Race/Ethnicity, (n=766), 2024

CMC & BHBHC PSA	Asian	Black	Hispanic/ Latino	White
41.0%	54.6%	*	33.3%	41.2%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Food Insecurity and Healthy Eating

Food insecurity—not having reliable access to enough affordable, nutritious food— was a top-of-mind concern among many residents. Interviewees and focus group participants emphasized the high cost of living and its impact on residents' ability to pay for basic necessities, including food. As one interviewee noted, *"People are making a lot of tradeoffs and a lot of times we see food go first."*

> *"Food insecurity is such a dynamic social issue. Most people are one paycheck or injury away from being in the food line."*
> – Key informant interviewee

Focus group participants and interviewees acknowledged that food insecurity can impact a range of communities. Across the discussions, multiple groups were identified as more likely to be impacted by food insecurity, including low-income households, people of color, veterans, immigrant communities, children (especially of single parent households), college students, older adults, and homeless / housing insecure individuals. As one interviewee noted, *"Food insecurity is such a dynamic social issue. Most people are one paycheck or injury away from being in the food line."*

Some interviewees and focus group participants also highlighted the additional cost of needing to buy kosher food among the Orthodox Jewish community. As one interviewee described, *"Food is more expensive because we eat kosher food. It's harder to make nutritious choices when the food is expensive. We don't have access to the same cheap chicken or fish"*. This was also identified as a barrier when utilizing food pantries, as not all food-related services may carry kosher products.

While income constraints were viewed as the main barrier to affordable, nutritious food, participants also highlighted the limitations people may face due to transportation and time constraints. Without access to a vehicle or reliable public transportation, it can be difficult to travel to grocery stores or food pantries. One interviewee highlighted that the stress associated with being economically vulnerable adds an additional challenge, noting *"a lack of time doesn't allow for healthier habits or learning about them."*

Participants did highlight the local organizations that are providing food-related services in partnerships with shelters, school systems, faith-based organizations, healthcare systems, and others as working to better reach community members across the community. Some participants noted that there are still barriers to services, such as the stigma associated with food-related services. One interviewee described, specifically in relation to older adults and older adults, that *"There's a general attitude of 'I don't want to burden the system, I'm good'"*. Another interviewee noted that there has been a recent decrease in some immigrant communities accessing services due to the current political environment. They shared anecdotal stories of receiving calls from families who requested to have their information removed from social service systems or knowing that neighbors were picking up food for families who were fearful of accessing services directly.

Between 2019-2023, on average, 6.4% of Ocean County residents received supplementary food assistance, lower than the state average of 8.8% (Figure 14). The proportion of households receiving food assistance ranged from 0.0% in Island Heights to 27.9% in Seaside

Heights. Food assistance data by race/ethnicity can be seen in Table 30 and the percent of the population who are food insecure by state and county can be seen in Appendix E. Additional Data Tables and Graphs.

Figure 14. Households Receiving Food Stamps/SNAP, by State, County, and Town, 2019-2023
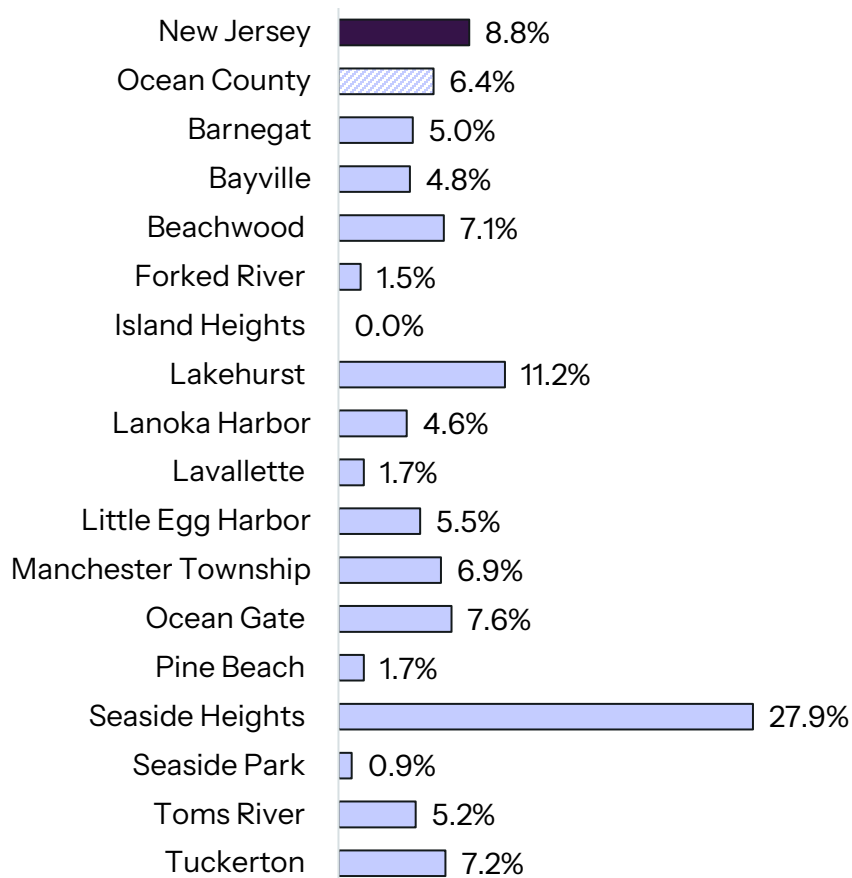
Location	Percent
New Jersey	8.8%
Ocean County	6.4%
Barnegat	5.0%
Bayville	4.8%
Beachwood	7.1%
Forked River	1.5%
Island Heights	0.0%
Lakehurst	11.2%
Lanoka Harbor	4.6%
Lavallette	1.7%
Little Egg Harbor	5.5%
Manchester Township	6.9%
Ocean Gate	7.6%
Pine Beach	1.7%
Seaside Heights	27.9%
Seaside Park	0.9%
Toms River	5.2%
Tuckerton	7.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 15 shows that food insecurity rose across New Jersey between 2020-2023. In 2020, 9.8% of Ocean County residents reported food insecurity, rising to 11.1% in 2023. One participant noted that many food insecure residents earn just enough income that they are ineligible for federal food assistance (i.e. SNAP, WIC, and school meals), making charitable assistance like food pantries their only available resource. The Feeding America report also revealed that 20.0% of Latino, and 20.0% of Black Ocean County residents were food insecure.[30] This was consistent with findings from the 2022 BHBHC and CMC CHNA-SIP process, in which addressing the rising proportion of food insecure residents was identified as a goal in the 2022 BHBHC and CMC Strategic Implementation Plan.

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[30] Feeding America, Map the Meal Gap, Food Insecurity in the United States, 2022

Figure 15. Percent Food Insecure, by State and County, 2020-2023

New Jersey —— Ocean County

9.8%
8.8%
10.7%
11.7%
10.6%
11.1%
8.3%
7.4%

2020　2021　2022　2023
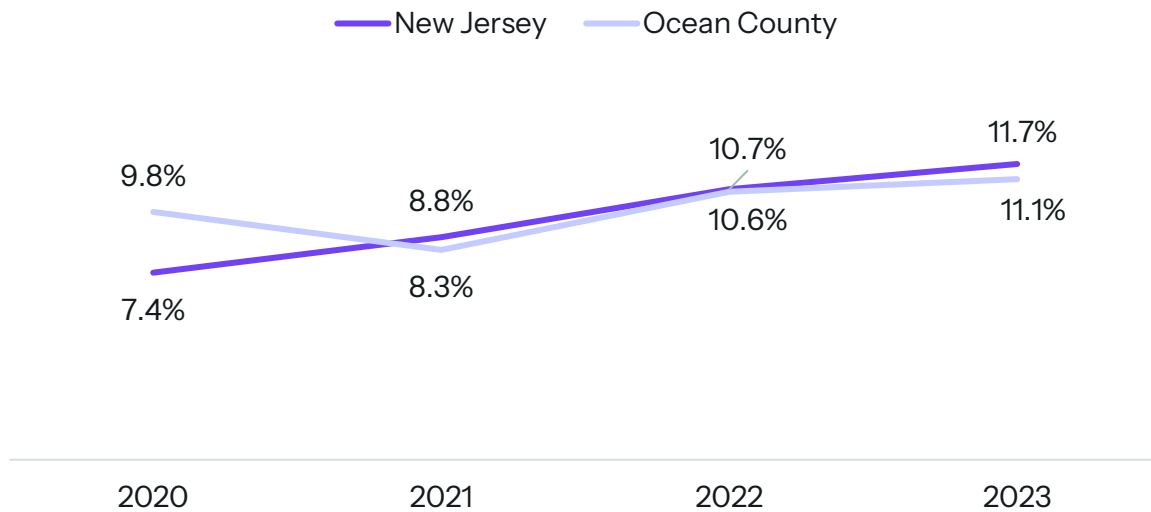
DATA SOURCE: Feeding America, Map the Meal Gap, 2020-2023

Community health survey data confirm that food security is an issue among respondents in the BHBHC/CMC PSA. About one-quarter (22.7%) of respondents reported that it was sometimes or often true that they worried their food would run out before they had money to buy more (Figure 16). In addition, 13.3% of respondents relied on food assistance. The situation appeared worse for Asian, Black, and Latino respondents. It should be noted that the proportion of survey respondents reporting food insecurity was higher than that reported in other national sources, like Feeding America. These differences are likely due to intentional recruitment at food banks for the community health survey, as well as differences in measurement methods, a decrease in people's purchasing power, or the ending of COVID-19 economic relief programs.

Figure 16. Household Food Situation over the Past 12 Months, Percent of CMC & BHBHC PSA Residents Reporting Often or Sometimes True, by Race/Ethnicity, 2024

We worried whether our food would run out before we got money to buy more.

CMC & BHBHC PSA (n=1013)	22.7%
Asian (n=28)	42.9%
Black (n=33)	39.4%
Hispanic/ Latino (n=45)	37.8%
White (n=822)	20.8%

The food that we bought just didn't last and we didn't have money to get more

CMC & BHBHC PSA (n=1013)	20.4%
Asian (n=28)	*
Black (n=33)	33.3%
Hispanic/ Latino (n=45)	37.8%
White (n=822)	18.1%

We rely on a community supper program, food pantry or meal assistance program to supplement our household

CMC & BHBHC PSA (n=1013)	13.3%
Asian (n=28)	*
Black (n=33)	*
Hispanic/ Latino (n=45)	*
White (n=822)	12.0%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data is suppressed.

Many schoolchildren have school food for lunch. Schools would provide an ideal opportunity to promote a healthy diet. Less than half of survey respondents (45.1%) agreed that the schools in their community offered healthy food choices for children. Agreement was fairly consistent across racial/ethnic groups (Figure 17).

Figure 17. Percent of CMC & BHBHC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "Schools in my community offer healthy food choices for children," by Race/Ethnicity, (n=647), 2024

46.1%	54.2%	50.0%	45.5%	45.5%
CMC & BHBHC PSA	Asian	Black	Hispanic/ Latino	White
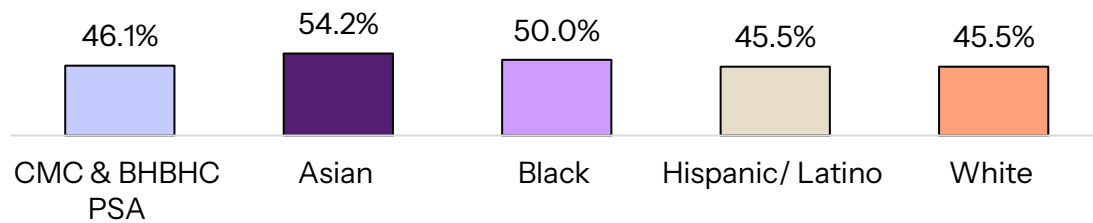
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Encouragingly, over half of survey respondents reported that nothing keeps them from eating healthy foods (50.9%). Food prices (32.6%) and lack of time (21.1%) were the top reasons given by respondents as barriers to maintaining a healthy diet (Table 10). The proportion of respondents indicating that the price of food kept them from a healthy diet was highest among Asian (40.0%) and Latino (36.4%) residents.

Table 10. Top 5 Reasons That Keep Respondents from Eating Foods That Are Part of a Healthy Diet among CMC & BHBHC PSA Residents, by Race/Ethnicity, 2024

	CMC & BHBHC PSA (n=923)	Asian (n=25)	Black (n=27)	Hispanic/ Latino (n=44)	White (n=747)
1	Nothing keeps me from eating healthy foods (50.9%)	Nothing keeps me from eating healthy foods (40.0%)	Nothing keeps me from eating healthy foods (51.9%)	Nothing keeps me from eating healthy foods (45.5%)	Nothing keeps me from eating healthy foods (51.5%)
2	Price of healthy foods (32.6%)	Price of healthy foods (40.0%)	*	Price of healthy foods (36.4%)	Price of healthy foods (32.9%)
3	Lack of time to buy or prepare healthy meals (21.1%)	*	*	Lack of time to buy or prepare healthy meals (22.7%)	Lack of time to buy or prepare healthy meals (21.6%)
4	Not in the mood for healthy foods (8.3%)	*	*	*	Not in the mood for healthy foods (8.6%)
5	Don't like the taste or healthy foods don't fill me up (7.2%)	*	*	*	Don't like the taste or healthy foods don't fill me up (7.1%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Housing

Housing Affordability

Safe and affordable housing is integral to life, health, and well-being. When most of a household's paycheck goes towards paying rent or mortgage, it is difficult to afford healthcare visits, healthy food, utility bills, and reliable transportation to and from work or school.

> *"There's not enough infrastructure when the population grew quickly."*
> – Focus group participant

Housing was described as a substantial community challenge in focus groups and interviews. As is true across the nation, affordable housing is scarce in Monmouth and Ocean County. Participants described an increase in construction and new development but also noted that this had not translated into more affordable housing for current residents. In particular, participants voiced concerns that the lack of quality affordable housing was more likely to impact veterans, immigrants, older adults, disabled individuals, those navigating mental health or substance use challenges, and economically vulnerable households. As one focus group participant summarized, *"They're building more housing, but rent keeps going up, which is pushing out the communities that already live here, such as Brazilians and Mexicans and people from other Latin American countries".* The Orthodox Jewish community was also highlighted as a population facing increasing housing costs. As one interviewee pointed out, *"Looking at the Orthodox Jewish community, people need to be in community where there's other people like them, where there's schools and synagogues. It's a country-wide issue, but it's compounded. There's so many people and they're all trying to come to one place and all the prices are too high and it makes it worse. Whatever happens in the general population is just compounded."*

Within the conversations around housing availability, homelessness was identified as a key issue in Ocean County. Multiple participants brought up the lack of a shelter in Ocean County as a critical component, noting that there first needs to be recognition of the need. As one interviewee highlighted, *"Homelessness is the biggest issue right now... they want to help but may not know how to help and that starts by admitting they are here".* Participants noted a lack of available emergency and long-term shelter options in the area, especially if individuals are also struggling with mental health and substance use challenges. Interviewees shared anecdotes of individuals who utilize the emergency rooms because they have nowhere to stay, along with having to send patients to other states for housing services after being discharged due to the limited options within New Jersey.

> *"The overhaul needs to start with long-term housing -- one-year minimum. When a person knows they have a place to live, they can start to rebuild."*
> – Focus group participant

Overall, only one-third (33.8%) of survey respondents in the BHBHC/CMC PSA agreed that there was sufficient affordable and safe housing in their community (Figure 18). This proportion was higher for White respondents (34.3%) than for Latino (27.8%) respondents.

Figure 18. Percent of CMC & BHBHC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "There is enough housing that I can afford that is safe and well-kept in my community," by Race/Ethnicity, (n=766), 2024
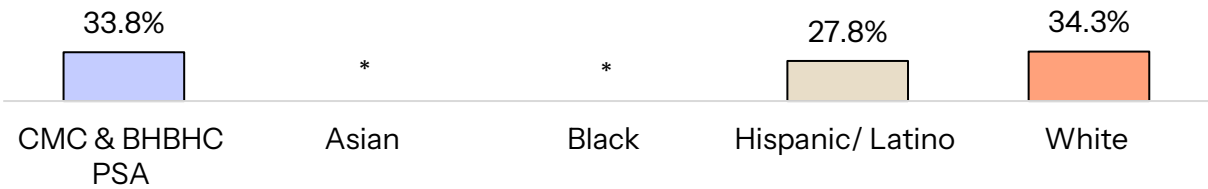
| CMC & BHBHC PSA | Asian | Black | Hispanic/ Latino | White |
| 33.8% | * | * | 27.8% | 34.3% |

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Echoing qualitative discussions, 11.6% of respondents were concerned about their housing stability in the next two months (data not shown). Comparison by race/ethnicity was not possible due to low endorsement of this question. According to the 2023 Point in Time study, in January 2023, there were a total of 556 residents of Ocean County (4.4%) experiencing homelessness (Table 11).

Table 11. Percent of Population Homeless, by County, January 23, 2024

	Number of Homeless Individuals	% of State Total Homeless Population
Ocean County	556	4.4%

DATA SOURCE: Point in Time 2024 Data Dashboard, Monarch Housing Associates, 2024

Housing Landscape
Low housing stock drives housing costs. In Ocean County, the homeowner vacancy rate (18.2%) was higher than the state average (7.9%) between 2019-2023 (Figure 89 in Appendix E. Additional Data Tables and Graphs). In Ocean County, 80.2% of housing units were owner-occupied in 2019-2023, higher than the statewide average of 63.7% (Figure 19). The proportion of owner-occupancy ranged from 40.2% in Seaside Heights to 96.4% in Pine Beach.

Figure 19. Home Occupancy, by State, County, and Town, 2019-2023
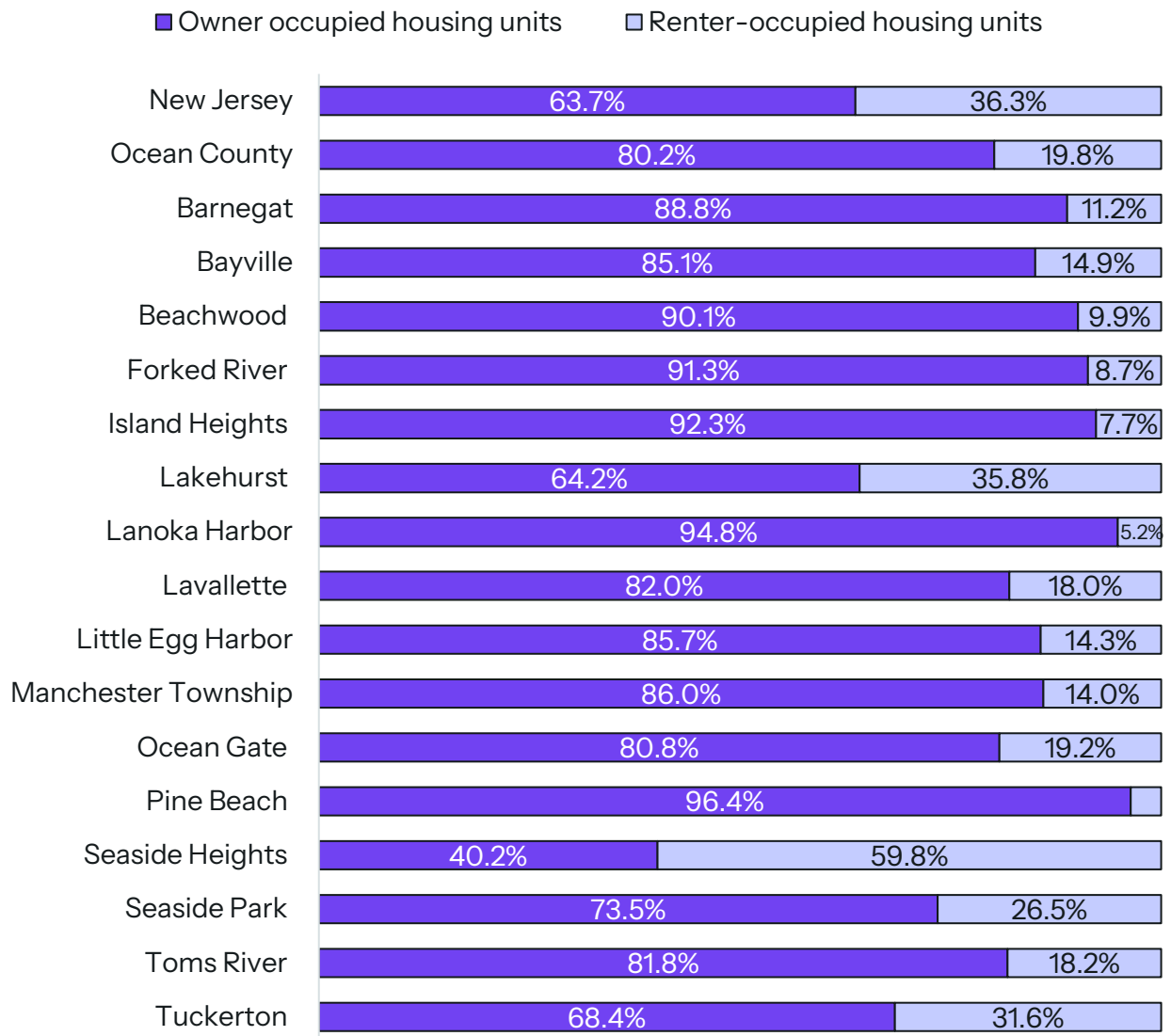
■ Owner occupied housing units □ Renter-occupied housing units

Location	Owner occupied	Renter-occupied
New Jersey	63.7%	36.3%
Ocean County	80.2%	19.8%
Barnegat	88.8%	11.2%
Bayville	85.1%	14.9%
Beachwood	90.1%	9.9%
Forked River	91.3%	8.7%
Island Heights	92.3%	7.7%
Lakehurst	64.2%	35.8%
Lanoka Harbor	94.8%	5.2%
Lavallette	82.0%	18.0%
Little Egg Harbor	85.7%	14.3%
Manchester Township	86.0%	14.0%
Ocean Gate	80.8%	19.2%
Pine Beach	96.4%	
Seaside Heights	40.2%	59.8%
Seaside Park	73.5%	26.5%
Toms River	81.8%	18.2%
Tuckerton	68.4%	31.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023.
NOTE: Data labels under 5.0% are not shown.

Monthly median housing costs for owner-occupied households with a mortgage ranged from $1,723 in Manchester to $3,427 in Seaside Park in 2019-2023 (Table 12). Monthly median housing costs for renter-occupied households ranged from $1,219 in Pine Beach to over $3,500 in Lavallette.

Table 12. Monthly Median Housing Costs, by State, County, and Town, 2019-2023

	Owner w/ Mortgage	Owner w/out Mortgage	Renter
New Jersey	$ 2,787	$ 1,205	$ 1,653
Ocean County	$ 2,306	$ 895	$ 1,702
Barnegat	$ 2,185	$ 1,020	$ 1,928
Bayville	$ 2,406	$ 928	$ 1,595
Beachwood	$ 2,075	$ 849	$ 2,236
Forked River	$ 1,962	$ 1,134	$ 2,071
Island Heights	$ 2,431	$ 1,179	$ 1,889
Lakehurst	$ 1,915	$ 781	$ 1,637
Lanoka Harbor	$ 2,236	$ 1,069	$ 1,504
Lavallette	$ 2,863	$ 1,166	$ 3,500+
Little Egg Harbor	$ 2,047	$ 921	$ 1,773
Manchester Township	$ 1,723	$ 632	$ 1,520
Ocean Gate	$ 2,010	$ 822	$ 1,724
Pine Beach	$ 2,036	$ 1,035	$ 1,219
Seaside Heights	$ 2,204	$ 978	$ 1,429
Seaside Park	$ 3,427	$ 1,500+	$ 1,402
Toms River	$ 2,362	$ 910	$ 1,672
Tuckerton	$ 2,225	$ 950	$ 1,741

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

NOTE: '$1500+' and '$3500+' indicate that the median falls in the highest interval of the open-ended distribution in their respective categories.

The average percentage of income spent on housing costs is an important measure of an area's availability of affordable housing. In 2019-2023, 35% of Ocean County owner-occupied households with a mortgage spent greater than 30% of their household income on housing costs, which was in line with the state average of 32.4% (Table 13). Renters experienced a higher housing burden than homeowners, with 59.2% of Ocean County renters spending 30% of more of their income on housing costs.

Table 13. Percent of Households whose Housing Costs are 30%+ of Household Income, by State, County, and Town, 2019-2023

	Owner w/ Mortgage	Owner w/out Mortgage	Renter
New Jersey	32.4%	22.0%	50.8%
Ocean County	35.0%	22.0%	59.2%
Barnegat	37.2%	25.4%	62.4%
Bayville	33.5%	13.2%	55.9%
Beachwood	31.9%	19.7%	65.7%
Forked River	40.9%	28.4%	35.1%
Island Heights	38.6%	10.6%	23.2%
Lakehurst	34.1%	11.1%	58.9%
Lanoka Harbor	23.1%	9.2%	74.1%
Lavallette	30.5%	19.7%	89.0%
Little Egg Harbor	36.1%	19.8%	57.7%
Manchester Township	35.3%	22.6%	46.0%
Ocean Gate	31.7%	27.7%	52.3%
Pine Beach	24.8%	25.3%	62.8%
Seaside Heights	45.0%	13.9%	64.4%
Seaside Park	53.7%	28.4%	64.3%
Toms River	31.0%	22.0%	52.7%
Tuckerton	30.3%	18.7%	73.4%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Internet Availability
Having internet access at home is essential for full participation in modern life—it enables access to education and information, employment opportunities, healthcare, government services, and social connections. Without it, individuals and families are at a significant disadvantage, especially in an increasingly digital world. Most households in the service area had internet access at home; however, there were disparities. Ocean County had a slightly lower proportion of households with an internet subscription (87.8%) compared to New Jersey overall (91.9%) in 2019-2022, ranging from 75.3% of households in Seaside Heights to 99.3% of households in Pine Beach (Figure 90).

Green Space and Built Environment
Neighborhood characteristics, including the availability of green space and the quality of the built environment, influence the public's health, particularly in relation to chronic diseases. Urban environments and physical spaces can expose people to toxins or pollutants, increasing the incidence of health conditions such as cancer, lead poisoning, and asthma. Physical space can also influence lifestyles. Playgrounds, green spaces, and trails, as well as bike lanes, and safe sidewalks and crosswalks, all encourage physical activity and social interaction, which can positively affect physical and mental health.

"There's a lot of outdoor stuff to do. We're near the water, and swimming, camping and being outdoors really helps my mental health."
– Focus group participant

When asked about the strengths of their communities, many focus group participants highlighted the access to outdoor activities, such as parks, beaches, camping, and swimming, as assets of the community. They valued the recreational areas in their neighborhoods: *"There are a lot of outdoor activities, especially in the summer."* According to the RWJF County Rankings, the vast majority of Ocean County residents (93%) had adequate access to a location for physical activity *(Figure 85 in Appendix E. Additional Data Tables and Graphs).*

Community survey data from 2024 indicate that 77.3% of survey agreed with the statement, "My community has safe outdoor places to walk and play." Figure 20 presents data for the overall sample and by race/ethnicity. Asian (83.3%) and White (79.0%) respondents were more likely than Black (65.0%) and Latino (63.6%) respondents to agree or strongly agree with that statement.

Figure 20. Percent of CMC & BHBHC Survey Respondents Who Agreed/Strongly Agreed with the Statement "My community has safe outdoor places to walk and play," by Race/Ethnicity, (n=647), 2024

CMC & BHBHC PSA	Asian	Black	Hispanic/ Latino	White
77.3%	83.3%	65.0%	63.6%	79.0%
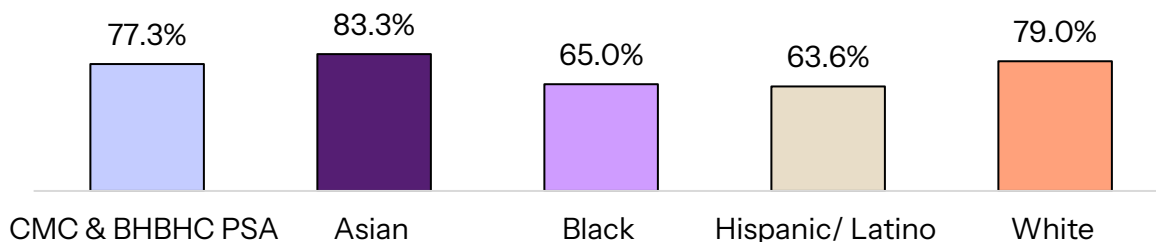
DATA SOURCE: Community Health Needs Assessment Survey, 2024

The CDC's Social Vulnerability Index (SVI) is a combined measure of factors (such as socioeconomic status, household composition, housing, and transportation) that may adversely affect residents' health and well-being. The SVI score represents the proportion of counties or census tracts that are equal to or lower than the area of interest in terms of social vulnerability. The higher the SVI, the more social vulnerability in that area, meaning that that community may need more resources to thrive. In 2022, the SVI for Ocean County was 0.5, meaning that half of counties in new Jersey were more vulnerable, and half were less vulnerable. Figure 21 shows a range of social vulnerability in the BHBHC/CMC PSA, even

between neighboring census tracts. Table 23 and Figure 84 in Appendix E. Additional Data Tables and Graphs present social vulnerability index data by state and county and social vulnerability index data by percentile ranking from 2022.

Figure 21. Social Vulnerability Index, by County and Census Tract, 2022
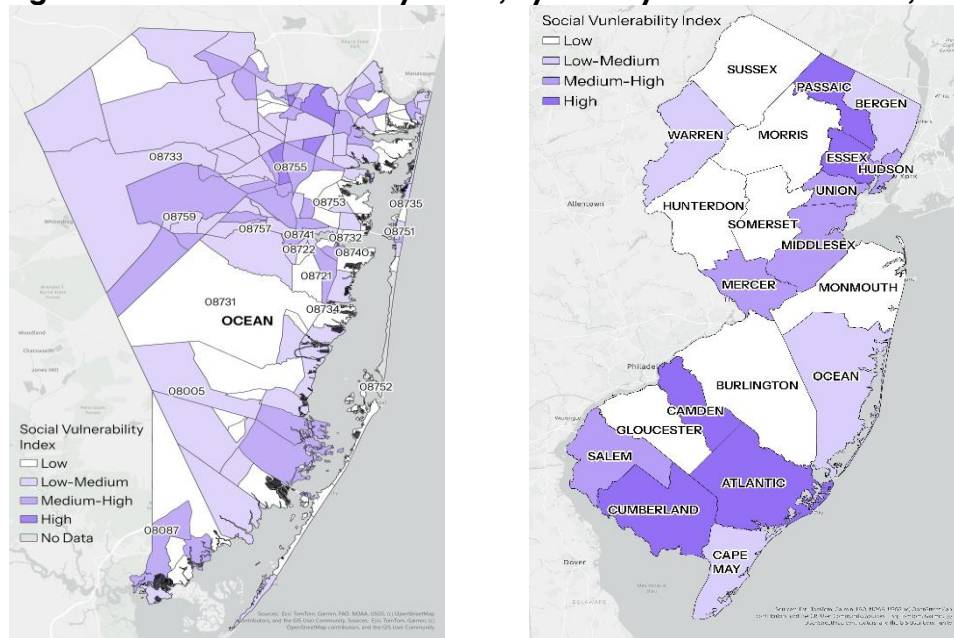
DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: Index categories are defined in the following way: Low 0-0.25; Low-medium 0.2501-0.5; Medium-high 0.5001-0.75; High 0.7501-1.0

Transportation and Walkability

Transportation is considered an important economic and social factor that can influence the livelihood of individuals. A reliable means of transportation is an important social determinant of health, as it is often required for a person to obtain employment, attend school, or even access medical care.

Focus group participants and interviewees noted that reliable, affordable transportation was an important part of daily life. Multiple participants highlighted the importance of having a vehicle to drive in order to reach grocery stores, shopping centers, healthcare appointments, and to socialize with friends and family. They also emphasized the impact of the population growth in Ocean County, noting that local development and infrastructure has not matched the needs of the growing population, leading to traffic being a key issue in the area. As one focus group participant described, *"Locally, the infrastructure hasn't been able to keep up with the growth. A very large issue is traffic because there's so much congestion on the roads and not enough space on the roads."* Participants noted long driving times to reach their destinations due to the traffic, while others highlighted the need for more public

"Public transportation is also a big issue. It was kind of a sleepy little town and the population grew but there isn't proper public transportation."
– Focus group participant

transportation options to meet the needs of the growing community. Across discussions about transportation, participants noted that older adults, people with disabilities or specialized health issues, and economically vulnerable households were more likely to face challenges accessing reliable, affordable transportation.

Data from the 2019-2023 American Community Survey show that the majority of Ocean County (76.5%) residents commuted to work alone in a vehicle, somewhat higher than the statewide proportion (63.7%) (Figure 22). Compared to other areas of New Jersey, the BHBHC/CMC PSA had negligible rates of commuting by means other than alone in a vehicle.

Figure 22. Means of Transportation to Work for Workers Aged 16+, by State, County, and Town, 2019-2023
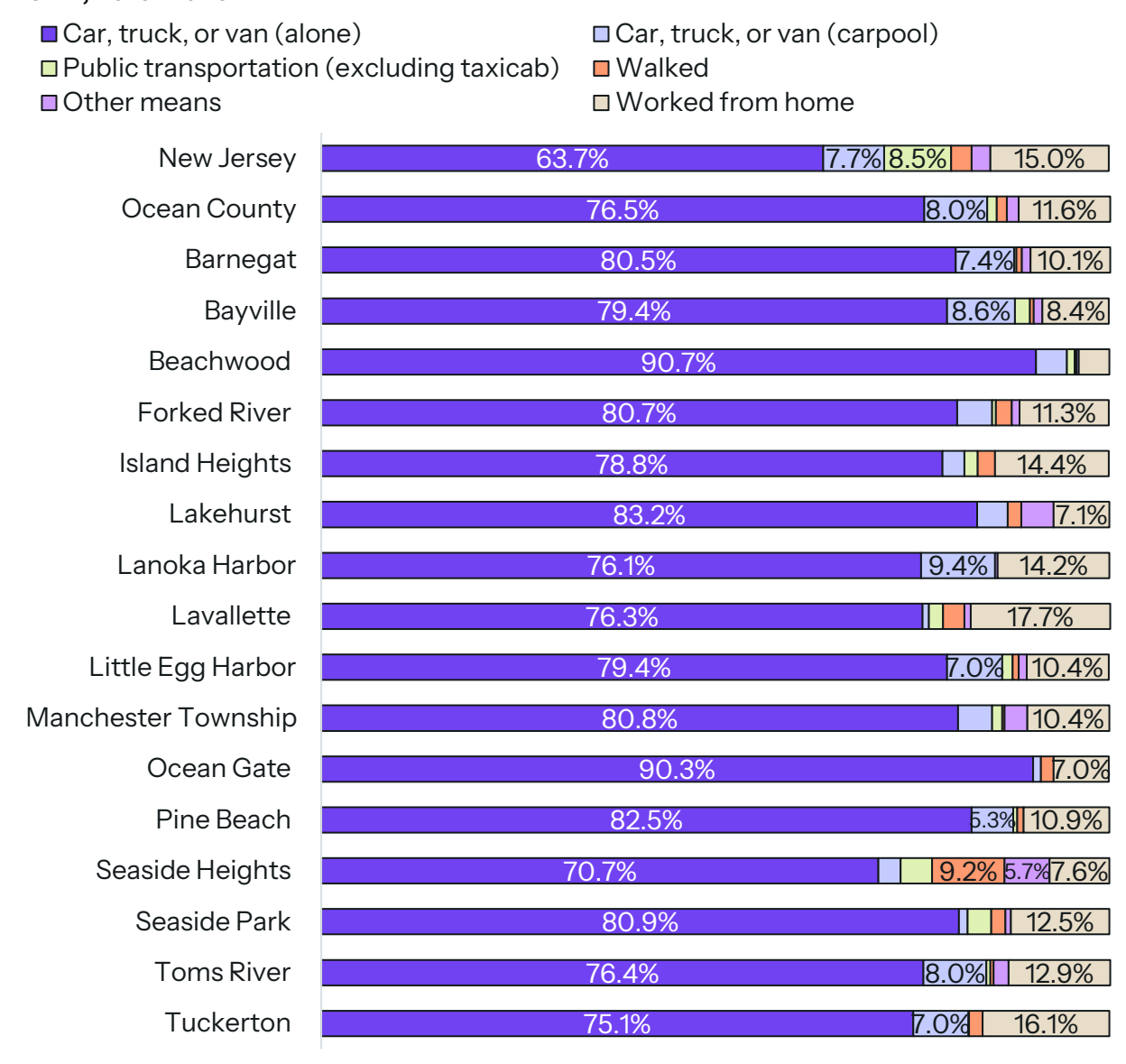
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Data labels under 5.0% are not shown.

Households without a vehicle may face barriers to accessing basic needs. Similar to other factors, having access to a private vehicle was not equally distributed across BHBHC/CMC PSA residents. In 2019-2023, only 3.9% of Ocean County owner-occupied households lacked access to a vehicle, compared to 3.7% statewide (Table 14). This ranged from 0.0% in Ocean Gate to 10.9% in Seaside Heights.

Table 14. Households (Renter vs. Owner-Occupied) Without Access to a Vehicle, by State, County, and Town, 2019-2023

	Owner-occupied	Renter-occupied
New Jersey	3.7%	24.6%
Ocean County	3.9%	14.0%
Barnegat	2.8%	4.5%
Bayville	1.5%	29.4%
Beachwood	4.1%	5.6%
Forked River	2.6%	10.6%
Island Heights	2.1%	0.0%
Lakehurst	3.1%	14.2%
Lanoka Harbor	0.7%	25.9%
Lavalette	5.7%	3.1%
Little Egg Harbor	2.0%	17.3%
Manchester Township	6.4%	30.2%
Ocean Gate	0.0%	51.0%
Pine Beach	2.8%	0.0%
Seaside Heights	10.9%	34.4%
Seaside Park	1.6%	1.6%
Toms River	3.9%	12.7%
Tuckerton	3.2%	21.9%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

A majority of BHBHC/CMC PSA respondents believed that their community provided transportation services for older adults and those with disabilities (60.1%), with the highest agreement among Black (60.9%) and White (60.4%) respondents (Figure 23). However, fewer respondents found public transportation easy to use for daily needs (19.5%) (data not shown) and comparison by race/ethnicity was not possible due to low endorsement of this question.

Figure 23. Percent of CMC & BHBHC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Transportation Availability, by Race/Ethnicity, (n=761), 2024
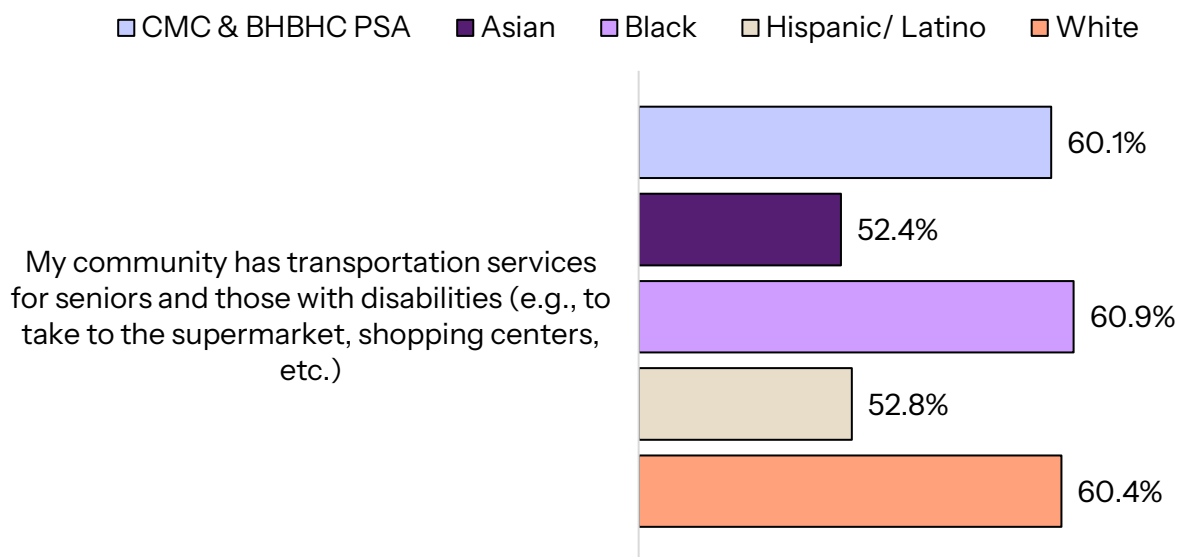
DATA SOU RCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data is suppressed due to low numbers.

Violence Prevention and Safety
Among the specific individuals who participated in the focus groups and interviews, concerns around crime, violence, and safety were not major themes of discussion. However, violence and trauma are important public health issues affecting physical and mental health. People can be exposed to violence in many ways: they may be victims and suffer from premature death or injuries, or witness or hear about crime and violence in their community.

Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime (i.e., murder, rape, aggravated assault) in 2022 varied across municipalities in the BHBHC/CMC PSA (Figure 24). At 724.6 incidents per 100,000 residents, Seaside Heights had the highest reported rate in the area, while Lavallette had 0 reports. However, all municipalities besides Seaside Heights had lower rates of violent crime than New Jersey as a whole (217.0 per 100,000 residents).

Figure 24. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2022
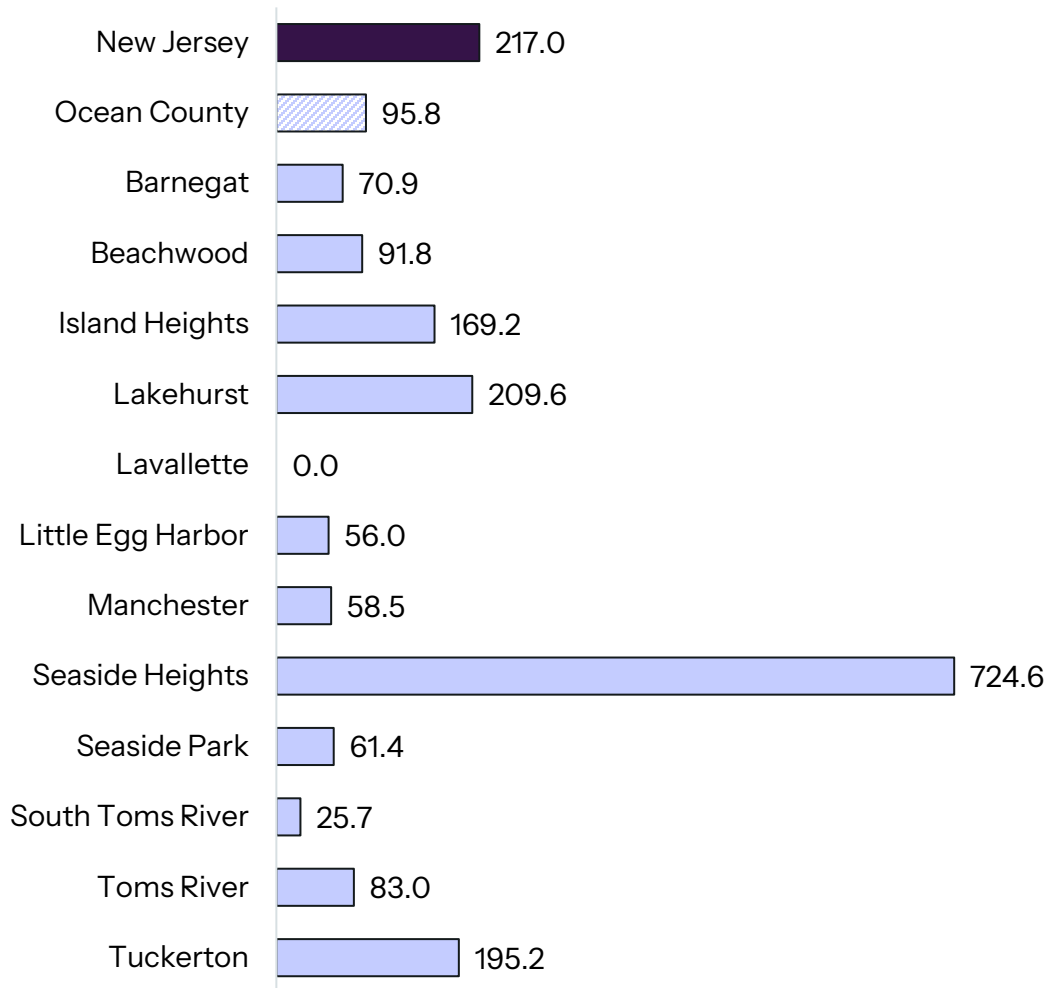
Location	Rate
New Jersey	217.0
Ocean County	95.8
Barnegat	70.9
Beachwood	91.8
Island Heights	169.2
Lakehurst	209.6
Lavallette	0.0
Little Egg Harbor	56.0
Manchester	58.5
Seaside Heights	724.6
Seaside Park	61.4
South Toms River	25.7
Toms River	83.0
Tuckerton	195.2

DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

Similarly, all municipalities in the BHBHC/CMC PSA had lower rates of property crime (i.e., burglary, larceny, and auto theft) than the statewide average of 1,429.5 per 100,000 residents in 2022, except for Seaside Heights (2,804.1). The lowest rate of reported property crime was in South Toms River (128.5) (Figure 25).

Figure 25. Property Crime Rate per 100,000 Population, by State, County and Town, 2022
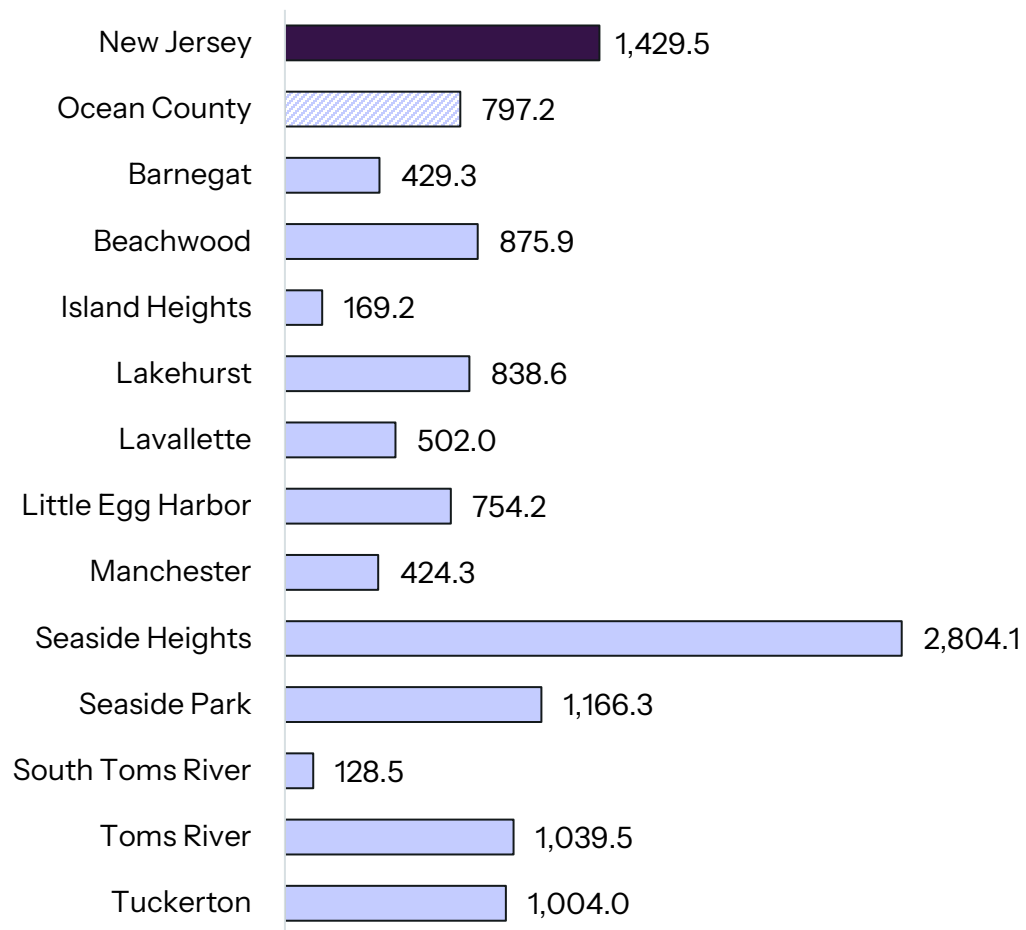
Location	Rate
New Jersey	1,429.5
Ocean County	797.2
Barnegat	429.3
Beachwood	875.9
Island Heights	169.2
Lakehurst	838.6
Lavallette	502.0
Little Egg Harbor	754.2
Manchester	424.3
Seaside Heights	2,804.1
Seaside Park	1,166.3
South Toms River	128.5
Toms River	1,039.5
Tuckerton	1,004.0

DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

About 7 in 10 respondents (68.7%) agreed that there was not much violence in their neighborhood, such as physical fights, gang activities, stealing, or assaults (Figure 26). Perceptions varied minimally by race. Half of the respondents agreed that there were few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online in their community (49.7%). Agreement was highest among Asian (59.1%) respondents and lowest among White (49.1%) respondents. Notably, bullying, child abuse and neglect, and violence and community safety were among the top community concerns for children and youth, endorsed by 32.1%, 15.0%, and 13.4% of respondents, respectively (see Figure 30 below).

Figure 26. Percent of CMC & BHBHC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, by Race/Ethnicity, (n=766), 2024

Legend: ☐ CMC & BHBHC PSA ■ Asian ☐ Black ☐ Hispanic/ Latino ■ White

In my neighborhood, there is not much violence, such as physical fights, gang activities, stealing, or assaults.
- CMC & BHBHC PSA: 68.7%
- Asian: 72.7%
- Black: 70.0%
- Hispanic/ Latino: 69.4%
- White: 69.2%

In my community, there are few issues with violence between people, like abuse within families, mistreatment of the elderly, or bullying in-person or online.
- CMC & BHBHC PSA: 49.7%
- Asian: 59.1%
- Black: 55.0%
- Hispanic/ Latino: 50.0%
- White: 49.1%

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Systemic Racism and Discrimination

The issues related to systemic racism, racial injustice, and discrimination were mentioned in some focus groups and interview discussions. In this context, participants raised concerns regarding the exclusion or marginalization of communities based on immigration status, language, housing status, religion, and income. As one interviewee noted about individuals who have experienced homelessness, *"I think for many folks, they've been made to feel like they don't fit within the larger community".* Other participants noted feeling *"pushed out"* from their communities, or unable to access some services effectively due to a lack of language accessibility. Among the Orthodox Jewish community, at least one focus group participant noted that antisemitism is an issue that the community is focused on addressing.

> *"There's a lot going on right now politically and it makes it really hard, especially being a woman right now. And I can only imagine someone else, someone who doesn't look like me, I can't imagine how hard that is."*
> – Focus group participant

Survey respondents who identified as people of color mentioned incidences of being discriminated against due to their race or nationality. Data from the 2024 community survey provide additional insight into experiences of discrimination when receiving healthcare. Almost one-third of Latino survey respondents reported feeling discriminated against when receiving medical care based on their race/ethnicity (32.5%) and their language/speech (32.5%) (Figure 27). Data were not available for Black or Asian respondents, due to low endorsement of this question.

Other forms of discrimination while receiving medical care also emerged from the survey. In the BHBHC/CMC PSA, 42.2% of respondents who identified as Lesbian, Gay, or Bisexual reported

feeling discriminated against when receiving medical care based on their sexual orientation (Figure 28).

Figure 27. Percent of CMC & BHBHC PSA Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care, by Sociodemographic Characteristic, by Race/Ethnicity, 2024
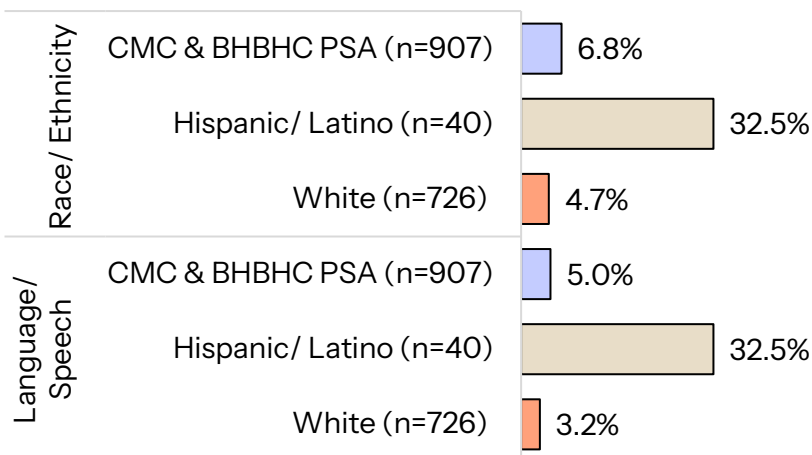
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data was suppressed due to low numbers.

Figure 28. Percent of CMC & BHBHC PSA Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care due to Sexual Orientation, by Sexual Orientation, 2024
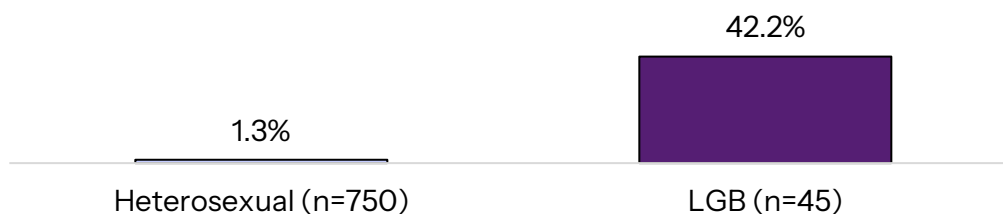
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The LGB category includes gay, lesbian, bisexual, pansexual, queer, or asexual.

Community Health Issues

Understanding community health issues is a critical step of the assessment process. The disparities underscored by these issues mirror the historical patterns of systemic, economic, and racial inequities experienced for generations across the United States.

Community Perceptions of Health
Understanding residents' perceptions of health helps provide insights into lived experiences, including key health concerns, and facilitators and barriers to addressing health conditions. Focus group participants and interviewees were asked about top concerns in their communities. Participants identified social and economic issues such as economic instability, food insecurity, lack of affordable housing and public transportation as key issues impacting the health and wellbeing of their communities. They also highlighted the challenges in accessing and affording healthcare services, along with the impact of chronic conditions such as obesity and diabetes. One of the main health issues emphasized by participants was the increase in mental health and substance use concerns and the need for accessible and affordable behavioral health services in their communities. This included a need for multilingual services, decreased stigma associated with mental and behavioral care, and additional providers and services, especially those that accept public health insurance. Many participants noted that the availability of resources and services across the board have not kept pace with the growing population size of Ocean County, leading to long wait times for healthcare and social services.

Community survey respondents were presented with a list of issues and were asked to mark the top three health concerns or issues they perceive in their community overall. Respondents in the BHBHC/CMC PSA ranked cancer (39.5%), heart disease (35.6%), diabetes (26.6%), mental health (23.3%), and overweight/obesity (22.0%) as the top five health issues in their communities (Figure 29).

Figure 29. Top Health Concerns in the Community Overall, CMC & BHBHC PSA Residents, (n=1214), 2024

Health Concern	Percentage
Cancer	39.5%
Heart disease	35.6%
Diabetes	26.6%
Mental health issues	23.3%
Overweight/obesity	22.0%
Aging-related health concerns	21.3%
Housing people can afford	18.2%
Substance use, abuse, or overdose	14.7%
Having enough health & social services	11.5%
Don't know	7.6%
Alcohol use, abuse, or overdose	6.7%
Lung disease	6.3%
High stress lifestyle	6.3%
Hunger or affordable healthy food	6.0%
Violence and community safety	5.1%
Unintentional injuries	4.6%
Asthma	4.0%
Racism and discrimination	3.5%
Smoking, vaping, or chewing tobacco	2.9%
Infectious or contagious diseases	2.6%
Poverty / job opportunities	2.6%
Other issue or concern not listed	2.4%
Adequate and quality education	1.2%
Sexually transmitted infections (STIs)	0.8%
Teen pregnancy	0.3%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

For community survey respondents who selected "other" top health concerns in your community, write-in responses included reference to specific diseases (e.g. tick-borne illnesses, long-COVID), access to specialty services (e.g. dental care, services for disabled and older adults, LGBTQ healthcare), environmental exposures (e.g., lead and asbestos removal, air and water quality), and climate change.

There were differences in top health issues by race/ethnicity (Table 15). Cancer was the top concern among Black, Latino, and White survey respondents, while heart disease was first among Asians. Aging-related concerns were a top concern only for White residents.

Table 15. Top Health Concerns in the Community Overall, CMC & BHBHC PSA Residents, by Race/Ethnicity, (n=1214), 2024

	CMC & BHBHC PSA (n=1214)	Asian (n=37)	Black (n=36)	Hispanic/ Latino (n=65)	White (n=969)
1	Cancer (39.5%)	Heart disease (40.5%)	Cancer (36.1%)	Cancer (32.3%)	Cancer (41.7%)
2	Heart disease (35.6%)	Diabetes (40.5%)	Heart disease (30.6%)	Overweight/ obesity (32.3%)	Heart disease (36.8%)
3	Diabetes (26.6%)	Overweight/ obesity (29.7%)	Housing people can afford (30.6%)	Diabetes (29.2%)	Diabetes (26.2%)
4	Mental health issues (23.3%)	*	*	Mental health issues (27.7%)	Mental health issues (24.3%)
5	Overweight/ obesity (22.0%)	*	*	Heart disease (20.0%)	Aging-related health concerns (23.2%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents. An asterisk (*) means that data is suppressed due to low numbers.

Survey respondents (all of which were adults over the age of 18) also identified top health concerns regarding youth and children in the community. Respondents ranked mental health issues (37.8%), followed by bullying (32.1%), overweight/obesity (23.2%), substance use, abuse, or overdose (19.0%), and child abuse and neglect (15.0%; not including "Don't know") as the top five health issues in their communities (Figure 30).

Figure 30. Top Health Concerns in the Community for Children and Youth, CMC & BHBHC PSA Residents, (n=1124), 2024
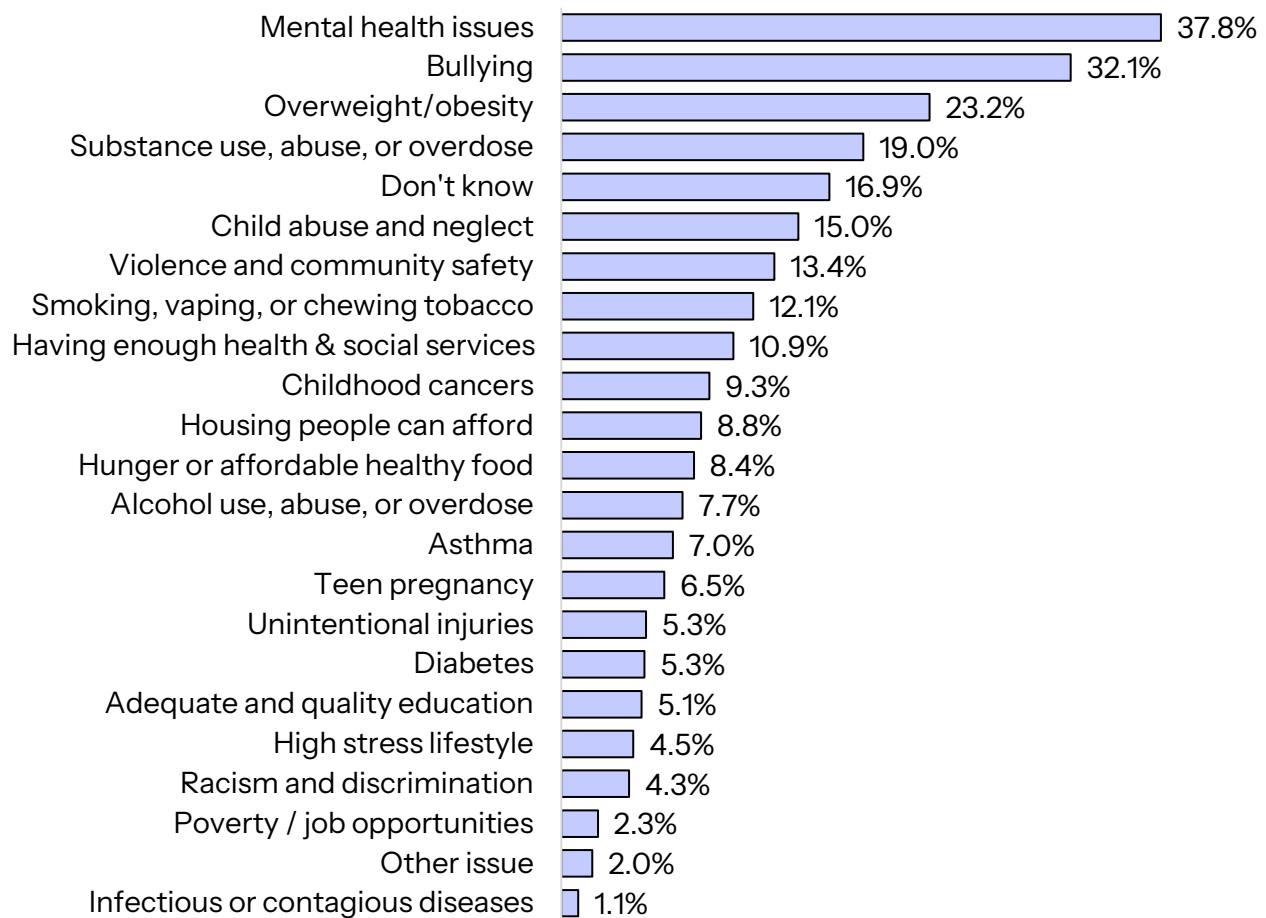
Concern	Percentage
Mental health issues	37.8%
Bullying	32.1%
Overweight/obesity	23.2%
Substance use, abuse, or overdose	19.0%
Don't know	16.9%
Child abuse and neglect	15.0%
Violence and community safety	13.4%
Smoking, vaping, or chewing tobacco	12.1%
Having enough health & social services	10.9%
Childhood cancers	9.3%
Housing people can afford	8.8%
Hunger or affordable healthy food	8.4%
Alcohol use, abuse, or overdose	7.7%
Asthma	7.0%
Teen pregnancy	6.5%
Unintentional injuries	5.3%
Diabetes	5.3%
Adequate and quality education	5.1%
High stress lifestyle	4.5%
Racism and discrimination	4.3%
Poverty / job opportunities	2.3%
Other issue	2.0%
Infectious or contagious diseases	1.1%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select the top three health issues or concerns in their community. Results are aggregated for all selections from all respondents.

For community survey respondents who selected "other" top health concerns for youth and children, write-in responses included concerns about social media use and extensive screen time, a lack of stable adult support and male role models for youth, opportunities and spaces to support positive youth development, support for neurodivergent children, affordable childcare, exposure to toxins and pollution, and climate change.

The number of responses limits comparisons by race/ethnicity. However, Latino and White respondents both ranked mental health issues, bullying, and overweight/obesity as the top three concerns for youth (Table 16). Latinos uniquely endorsed smoking, vaping, or chewing tobacco as a Top 5 issue (23.1%).

Table 16. Top Health Concerns in the Community for Children and Youth, CMC & BHBHC PSA Residents, by Race/Ethnicity, (n=1124), 2024

	CMC & BHBHC PSA (n=1124)	Asian (n=30)	Black (n=35)	Hispanic/ Latino (n=52)	White (n=909)
1	Mental health issues (37.8%)	*	Mental health issues (31.4%)	Mental health issues (40.4%)	Mental health issues (39.4%)
2	Bullying (32.1%)	*	*	Overweight/obesity (30.8%)	Bullying (33.8%)
3	Overweight/obesity (23.2%)	*	*	Bullying (28.9%)	Overweight/obesity (24.1%)
4	Substance use, abuse, or overdose (19.0%)	*	*	Smoking, vaping, or chewing tobacco (23.1%)	Substance use, abuse, or overdose (19.9%)
5	Don't know (16.9%)	*	*	*	Don't know (15.6%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Respondents were asked to select their top three health issues or concerns in their community. Results are aggregated for all selections from all respondents. An asterisk (*) means that data was suppressed due to low numbers.

Most survey respondents perceived their health to be good (42.6%) or very good (29.5%) (Figure 31). Proportionally more White respondents considered themselves to be in excellent and very good (36.1%) than those from other races/ethnicities, though low endorsement of these categories across racial/ethnic groups limited specific comparisons.

Figure 31. Self-Assessed Overall Health Status, CMC & BHBHC PSA Residents, by Race/Ethnicity, (n=1015), 2024
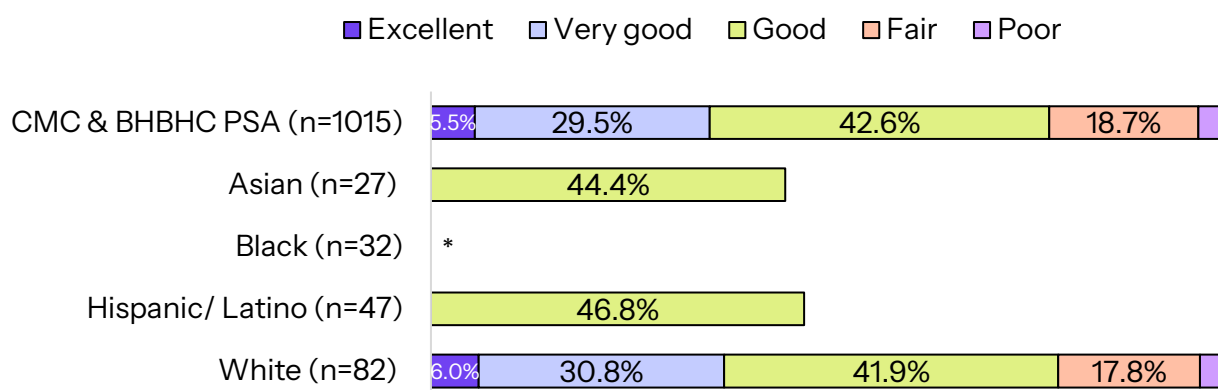
Legend: ■ Excellent □ Very good □ Good □ Fair □ Poor

Group	Excellent	Very good	Good	Fair	Poor
CMC & BHBHC PSA (n=1015)	5.5%	29.5%	42.6%	18.7%	
Asian (n=27)			44.4%		
Black (n=32)	*				
Hispanic/ Latino (n=47)			46.8%		
White (n=82)	6.0%	30.8%	41.9%	17.8%	

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data was suppressed due to low numbers. Data shown for Asian and Hispanic/Latino only shows results for Good, as other categories had their data suppressed due to low numbers. Results smaller than 5% are not shown.

Leading Causes of Death and Premature Mortality

Mortality rates help to measure the burden and impact of disease on a population, while premature mortality data (deaths before the age of 75 years) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted.

The most current mortality data from New Jersey's surveillance systems are available for 2021, the second year of the COVID-19 pandemic. Figure 32 shows the age-adjusted mortality rate per 100,000 residents for the top 10 causes of death by state and county in 2017-2021. The leading cause of death in Ocean County was heart disease (203.6 per 100,000 residents), followed by cancer (155.3 per 100,000). Of note, the mortality rates for heart disease, cancer, unintentional injury, chronic lower respiratory disease, septicemia, and kidney disease were higher in Ocean County than in the state overall. Unintentional injuries can stem from many different types of events and can include motor vehicle crashes and falls to name a few. In recent years, drug overdose has been a driver of unintentional injuries in the state.[31] More data on life expectancy, injury deaths, and injury-related hospitalizations can be found in Figure 92, Figure 93, and Figure 94 in Appendix E. Additional Data Tables and Graphs.

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[31] Healthy NJ 2020, https://www.nj.gov/health/chs/hnj2020/topics/injury-violence-prevention.shtml#ref

Figure 32. Top 10 Age-Adjusted Mortality Rates per 100,000, by State and County, 2017–2021
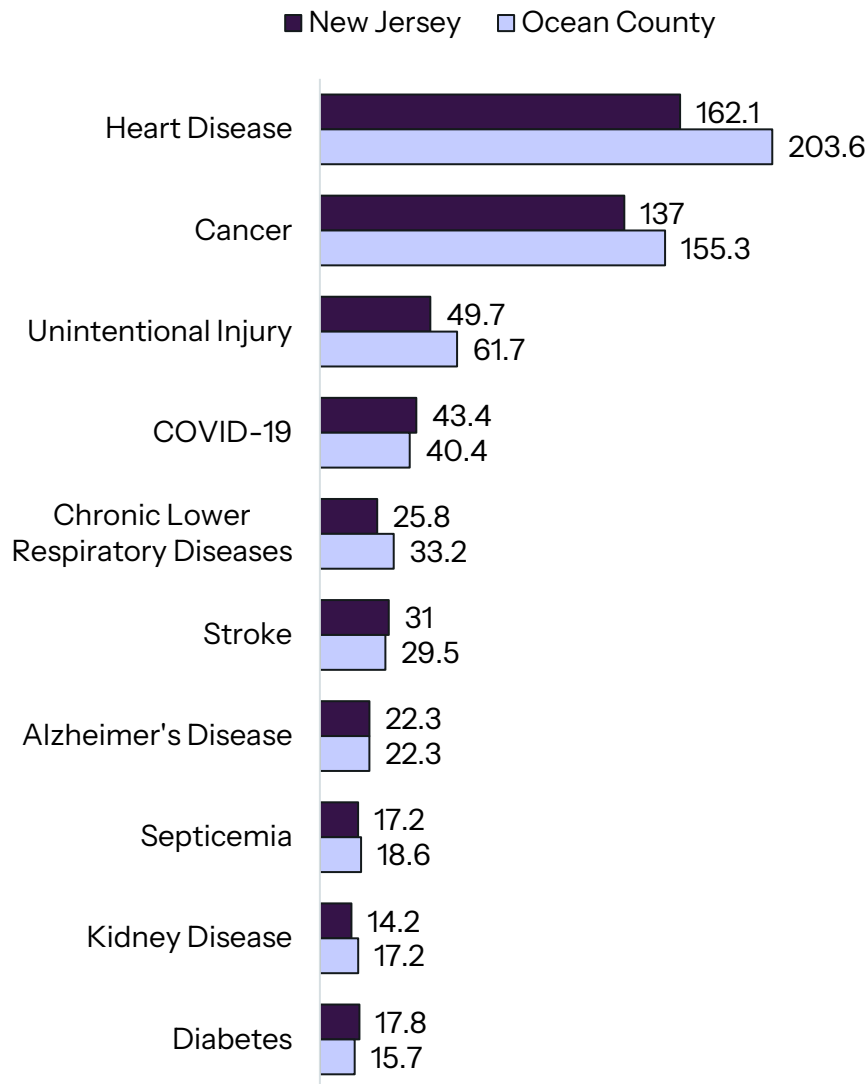
Legend: ■ New Jersey □ Ocean County

Cause	New Jersey	Ocean County
Heart Disease	162.1	203.6
Cancer	137	155.3
Unintentional Injury	49.7	61.7
COVID-19	43.4	40.4
Chronic Lower Respiratory Diseases	25.8	33.2
Stroke	31	29.5
Alzheimer's Disease	22.3	22.3
Septicemia	17.2	18.6
Kidney Disease	14.2	17.2
Diabetes	17.8	15.7

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Figure 33 presents the overall age-adjusted mortality rate per 100,000 residents in 2023. Ocean County (725.9) had a somewhat higher rate to New Jersey as a whole (636.9). Black residents had the highest age-adjusted mortality rate with 848.1 per 100,000 residents in Ocean County.

Figure 33. Age-Adjusted Mortality Rate per 100,000, by Race/Ethnicity, by State and County, 2023
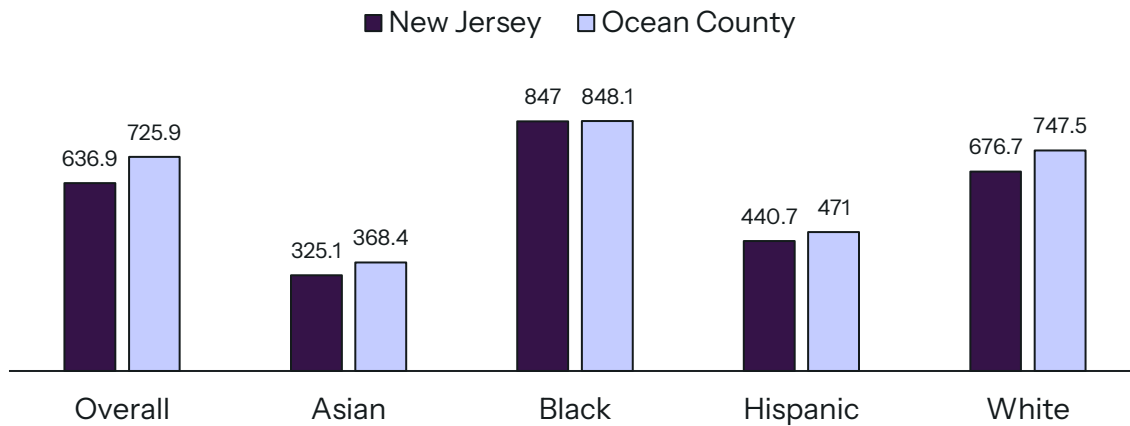
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Figure 34 shows premature mortality (deaths before age 75) rates per 100,000 population by state, county, and race/ethnicity. In 2023, the premature mortality rate in Ocean County (443.1 per 100,000) was higher than for the state (358.1 per 100,000). Black residents in Ocean County experienced a far higher premature mortality rate (572.3 per 100,000) than residents of other races/ethnicities.

Figure 34. Premature Mortality (Deaths Before Age 75) Rate per 100,000, by Race/Ethnicity, by State and County, 2023
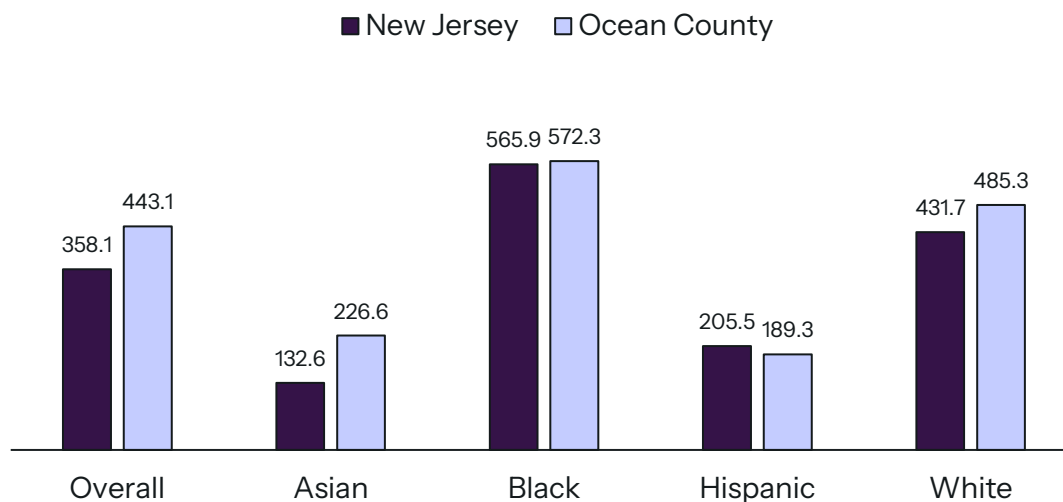
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

Overweight, Obesity, and Physical Activity

Obesity is a leading cause of preventable death in the United States and increases the likelihood of chronic conditions among adults and children. While overweight/obesity was identified as the fifth top health concern by community survey respondents, and the third top health concern among children and youth, it was not a prominent theme in conversations with focus group members or interviewees. One interviewee did describe an increase in obesity and other chronic conditions in Ocean County, citing barriers to routine, preventative care and nutrition education as key drivers in the increase.

Over half (52.8%) of survey respondents in the BHBHC/CMC PSA reported ever being told by a healthcare provider that they had a weight problem (Figure 35). This proportion varied by race/ethnicity and ranged from 45.5% of Asian to 73.1% of Black respondents. Figure 95 in Appendix E. Additional Data Tables and Graphs shows 31.7% of Ocean County residents self-reported being obese in 2021.

Figure 35. CMC & BHBHC PSA Survey Respondents Reporting Ever Being Told They Have a Weight Problem by a Healthcare Provider, by Race/Ethnicity, (n=875), 2024
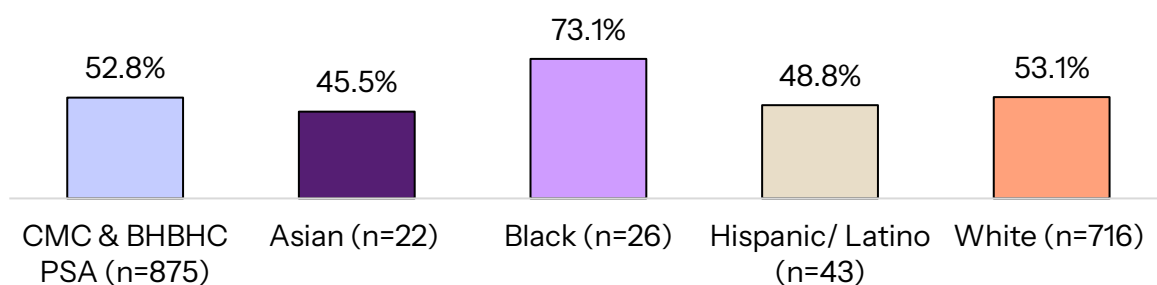
CMC & BHBHC PSA (n=875)	Asian (n=22)	Black (n=26)	Hispanic/ Latino (n=43)	White (n=716)
52.8%	45.5%	73.1%	48.8%	53.1%

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community survey respondents were asked if they had engaged in any physical activity in the past month. Three-quarters of BHBHC/CMC PSA respondents (74.1%) indicated that they did so, ranging only from 56.5% of Asian to 75.8% of White respondents (Figure 36).

Figure 36. CMC & BHBHC PSA Survey Respondents Reporting Any Physical Activity or Exercise in the Past Month, by Race/Ethnicity, (n=1513), 2024

CMC & BHBHC PSA (n=944)	Asian (n=23)	Black (n=29)	Hispanic/ Latino (n=44)	White (n=776)
74.1%	56.5%	69.0%	61.4%	75.8%
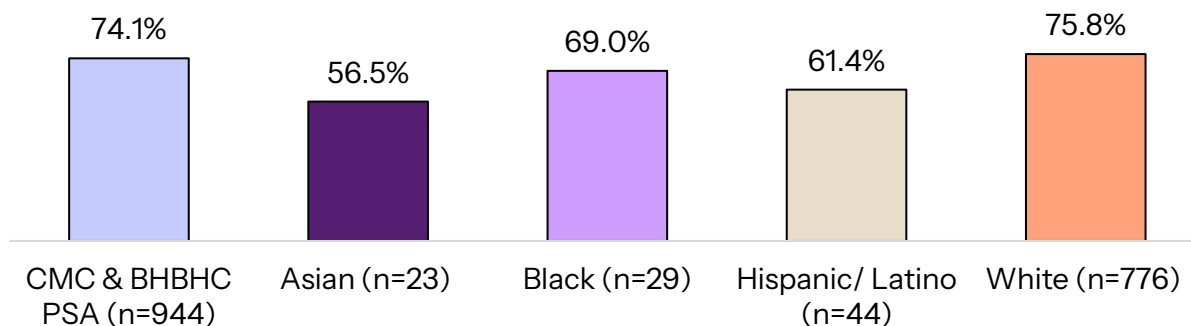
DATA SOURCE: Community Health Needs Assessment Survey, 2024

The built environment and availability of leisure time are two factors that affect physical activity. As mentioned in the section on community assets, focus group participants valued that there were beaches and parks to walk and play sports in their neighborhoods. Yet, many BHBHC/CMC PSA residents reported not spending time on physical activity. According to the Behavioral Risk Factor Survey, in 2022, the most recent year for which these surveillance data are available, 27.0% of Ocean County residents reported having no leisure time for physical activity, compared to 22.9% for New Jersey overall (Figure 37). Insufficient responses limited comparison by race/ethnicity for this indicator in the BHBHC/CMC PSA.

Figure 37. Percent of Adults Reporting No Leisure Time for Physical Activity, by State and County, 2022
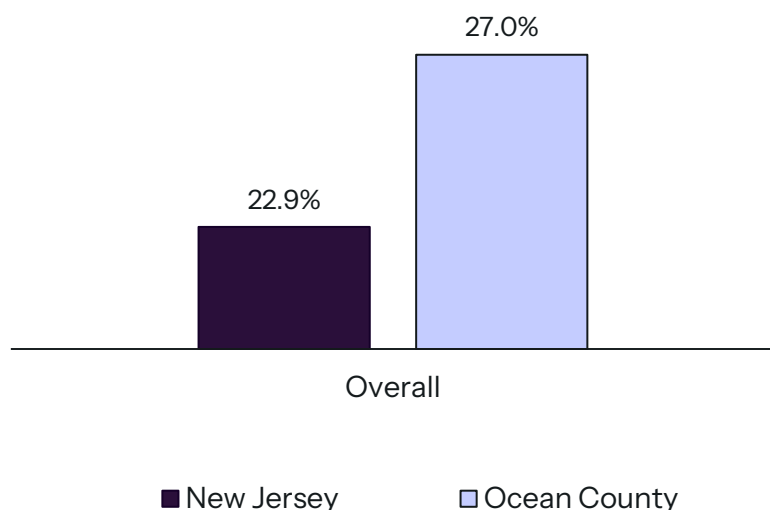
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Chronic Conditions
Chronic conditions, such as heart disease, diabetes, chronic obstructive pulmonary disease (COPD), and cancer, are some of the most prevalent conditions in the United States. Given the impact of chronic conditions on community members, reducing the incidence of chronic diseases through educational programs and evidence-based interventions was identified as a goal in the 2022 BHBHC and CMC CHNA-SIP process.

Chronic disease was mentioned as a community concern among participants, specifically in regards to the impact of diabetes and hypertension. They emphasized the importance of routine, preventative healthcare, along with the need for accessible healthy food and nutrition education. One interviewee described the significance of preventative care for chronic conditions: *"If you're not getting that preventative care, then you're more at risk for things down the line. Everyone should have a primary care home and not just wait for something terrible to happen… Every time they do wellness events where people come to get blood pressure, they always find people who didn't know they had really high blood pressure."* The following section describes health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions in Ocean County.

High Cholesterol and High Blood Pressure

High cholesterol and high blood pressure are significant risk factors for heart disease, stroke, and other chronic diseases. There are three steps to address these conditions: prevention, screening and diagnosis, and management. Prevention based on lifestyle and behavior was discussed earlier in the sections on food insecurity and healthy eating, and on overweight, obesity, and physical activity. This section focuses on diagnosis and management. Community survey respondents in 2024 were asked if they had ever received a cholesterol or blood pressure screening in the past two years. Eight in ten (82.6%) indicated that they had participated in a cholesterol screening, and nine in ten (90.4%) in a blood pressure screening (Figure 38). The results appeared to differ by race/ethnicity, however for cholesterol screening, the number of Asian, Black, and Latino respondents was low, limiting comparisons.

Figure 38. Percent of Community Survey Respondents Reporting Participation in Cholesterol and Blood Pressure Screening in the Past 2 Years, CMC & BHBHC PSA Residents, by Race/Ethnicity, 2024

Cholesterol screening	
CMC & BHBHC PSA (n=661)	82.6%
Asian (n=12)	91.7%
Black (n=20)	95.0%
Hispanic/ Latino (n=23)	60.9%
White (n=565)	83.5%

Blood pressure check	
CMC & BHBHC PSA (n=960)	90.4%
Asian (n=24)	91.7%
Black (n=27)	81.5%
Hispanic/ Latino (n=46)	63.0%
White (n=781)	92.3%
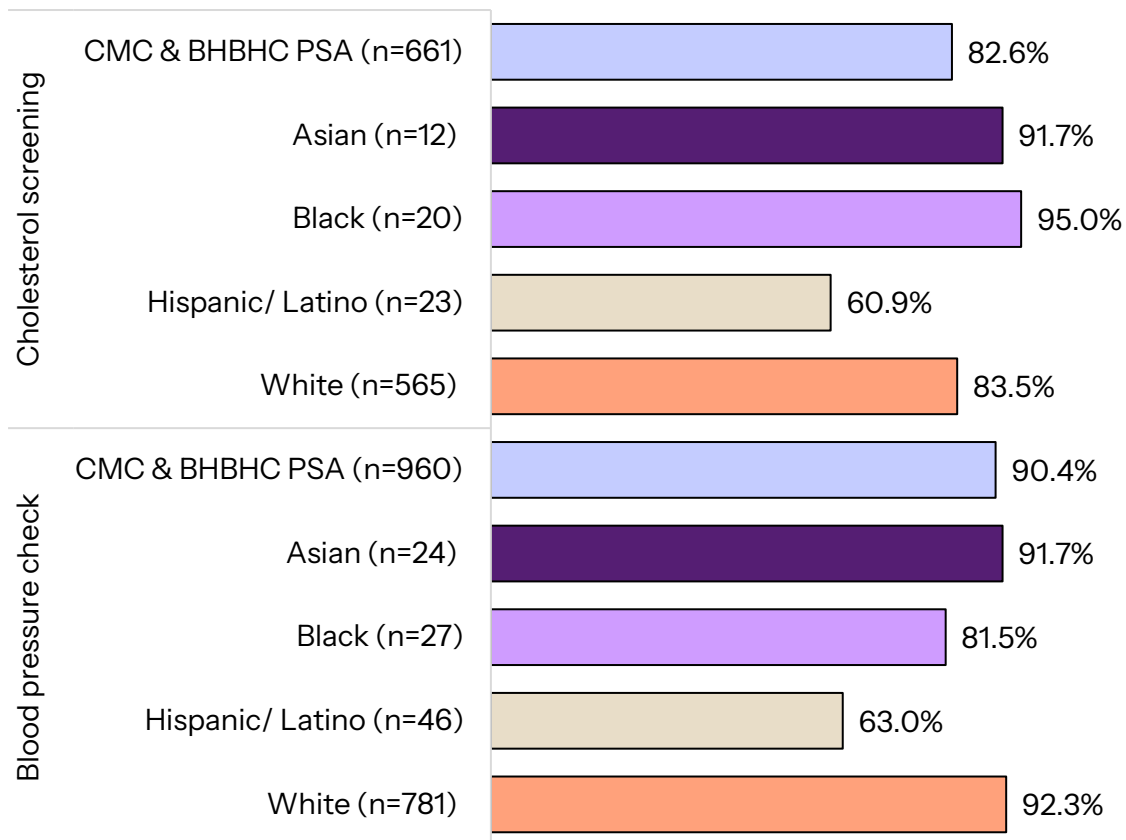
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Cholesterol screening is recommended for those assigned male at birth aged 35 years and older and those assigned female at birth aged 45 years and older.

About half of survey respondents reported being affected by high cholesterol and high blood pressure. Overall, 49.1% of BHBHC/CMC survey respondents reported ever being told by a healthcare provider that they had high blood pressure and 56.5% that they had high cholesterol (Figure 39). Fewer Latinos reported having been told they had high blood pressure (39.5%) or high cholesterol (44.2%) compared to Whites. These percentages should not be interpreted as the prevalence of the conditions among survey respondents, given that this survey used a convenience sample and there are inequities in access to a healthcare provider to obtain a diagnosis. For example, as seen above, there were differences in the proportion of residents that indicated being screened for these conditions, with proportionally fewer Latino residents being screened. There may also be differences due to confounding by age.

Figure 39. Percent of Community Survey Respondents Ever Told They Had High Blood Pressure or High Cholesterol by a Provider, CMC & BHBHC PSA Residents, by Race/Ethnicity, 2024
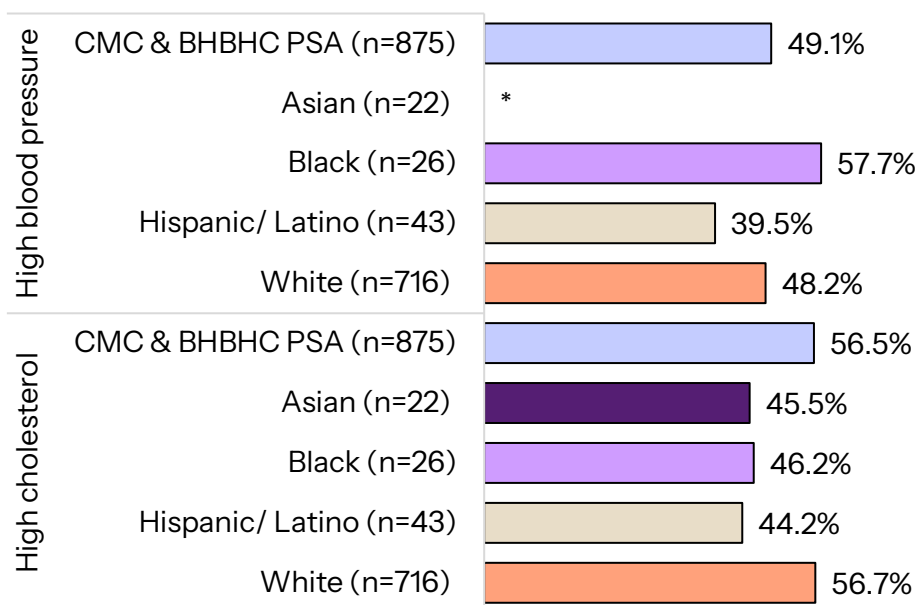
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data was suppressed due to low numbers.

Heart Disease
While focus group and interview participants did not directly discuss heart disease, it is the leading cause of death in Ocean County and closely associated with other conditions mentioned by residents such as diabetes and overweight/obesity. According to surveillance data, the rate of cardiovascular disease hospitalizations in 2023 (97.5 per 10,000 residents in Ocean County) was higher compared to New Jersey overall (77.4 per 10,000) (Figure 40). Disparities exist within Ocean County, with Black residents being hospitalized due to cardiovascular disease at higher rates (148.8 per 10,000).

Figure 40. Age-Adjusted Inpatient Hospitalizations due to Cardiovascular Disease as Primary Diagnosis per 10,000, by Race/Ethnicity, by State and County, 2023
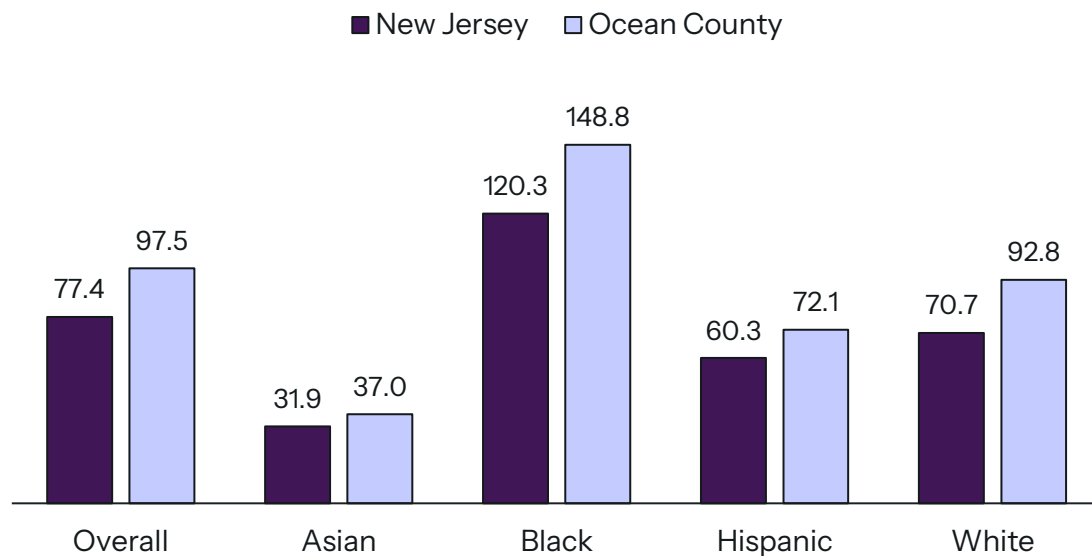
■ New Jersey □ Ocean County

	Overall	Asian	Black	Hispanic	White
New Jersey	77.4	31.9	120.3	60.3	70.7
Ocean County	97.5	37.0	148.8	72.1	92.8

DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Death certificate data show that in 2023 the heart disease mortality rate was higher in Ocean County (188.4 per 100,000) compared to New Jersey overall (146.7 per 100,000) (Figure 41). Heart disease mortality rates were highest among Black (232.1 per 100,000), followed by White (194.3 per 100,000) residents of Ocean County.

Figure 41. Age-Adjusted Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, by State and County, 2023
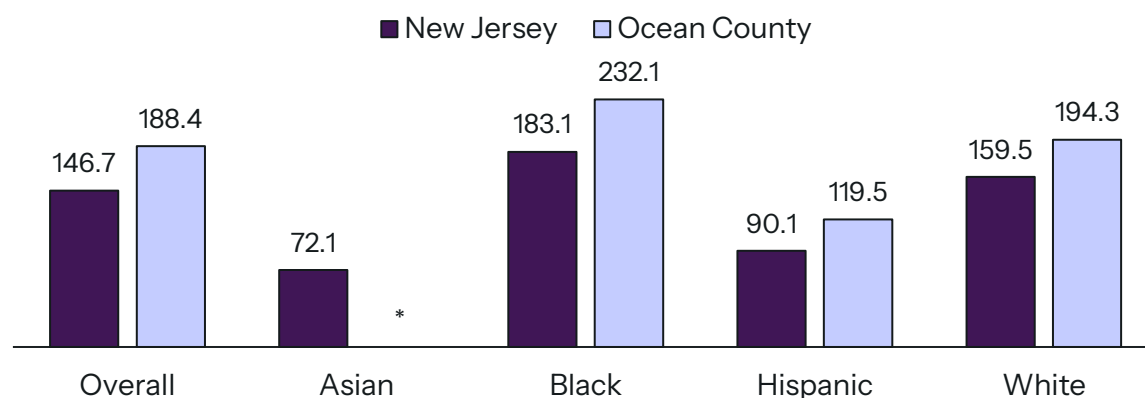
■ New Jersey □ Ocean County

	Overall	Asian	Black	Hispanic	White
New Jersey	146.7	72.1	183.1	90.1	159.5
Ocean County	188.4	*	232.1	119.5	194.3

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data are suppressed as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Overall, 18.9% of community survey respondents in the BHBHC/CMC PSA indicated receiving heart disease education in the past two years (data not shown). Comparison by race/ethnicity was not possible due to low endorsement of this question.

Overall, 27.1% of community survey respondents indicated ever having been told by a provider that they had a heart condition (data not shown). Comparison by race/ethnicity was not possible due to low endorsement of these questions.

Diabetes
Diabetes is itself a chronic disease and an underlying risk factors for other chronic diseases, such as heart disease and stroke. Figure 42 shows the percentage of adults who reported a diagnosis of diabetes overall and by race/ethnicity from 2018 to 2022, the most recent years that surveillance data are available and aggregated over time due to small numbers. Overall diabetes rates were lower in Ocean County (7.4%) than in New Jersey (9.0%) and comparable to the rate of diabetes in the previous 2022 BHBHC and CMC CHNA-SIP process at 7.6% in Ocean County. Community survey respondents identified diabetes as their third top health concern overall (Table 15).

Figure 42. Percent of Adults Reporting Diabetes Diagnosis, by Race/Ethnicity, by State and County, 2018-2022
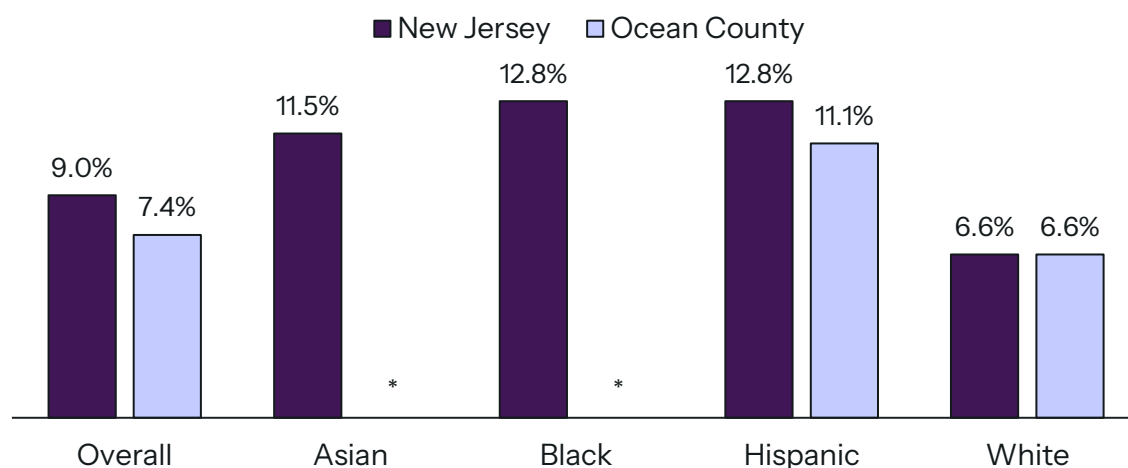
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Community survey respondents were asked about their participation in diabetes screening or blood sugar checks in the past two years. In the BHBHC/CMC PSA, 77.7% of respondents were screened for diabetes (Figure 43). Participation in diabetes screenings or blood sugar checks differed by race/ethnicity ranging from 56.5% among Latino to 87.5% among Asian respondents.

Figure 43. Percent of Community Survey Respondents Who Participated in Diabetes Screenings or Blood Sugar Checks in the Past 2 Years, CMC & BHBHC PSA Residents, by Race/Ethnicity, (n=960), 2024
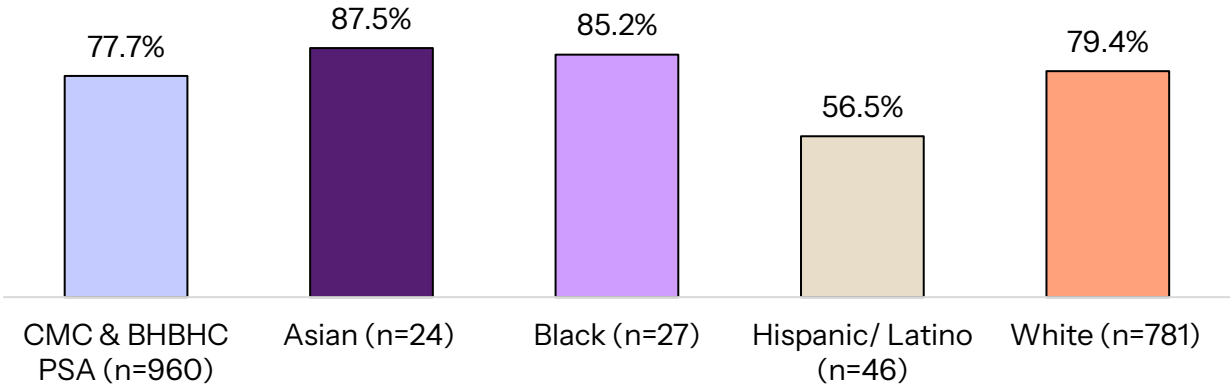
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Cancer
Even though cancer is the second leading cause of death in Ocean County and New Jersey overall, it was not a prominent theme discussed in interviews or focus groups. However, cancer was identified as the top concern among BHBHC/CMC PSA community survey respondents, and 20.7% of BHBHC/CMC PSA community survey respondents reported ever being told by a provider that they had cancer. Community survey respondents and quantitative data suggest that cancer is a major health issue in the BHBHC/CMC PSA.

Overall, there was a higher cancer incidence rate in Ocean County (531.3 per 100,000) in Ocean County compared to the state overall (Figure 44). The most common cancer type was prostate cancer (130.7 per 100,000), followed by breast cancer (74.8 per 100,000). Recent trends indicate that overall cancer incidence in Ocean County was stable from 2016-2020, although incidence rates rose during this period among kidney & renal pelvis cancer, liver & bile duct cancer, and pancreas cancer, while the incidence rate of ovary cancer decreased (see Appendix G. Cancer Data).

Figure 44: Age-Adjusted Invasive Cancer Incidence Rate per 100,000, by State and County, 2017-2021
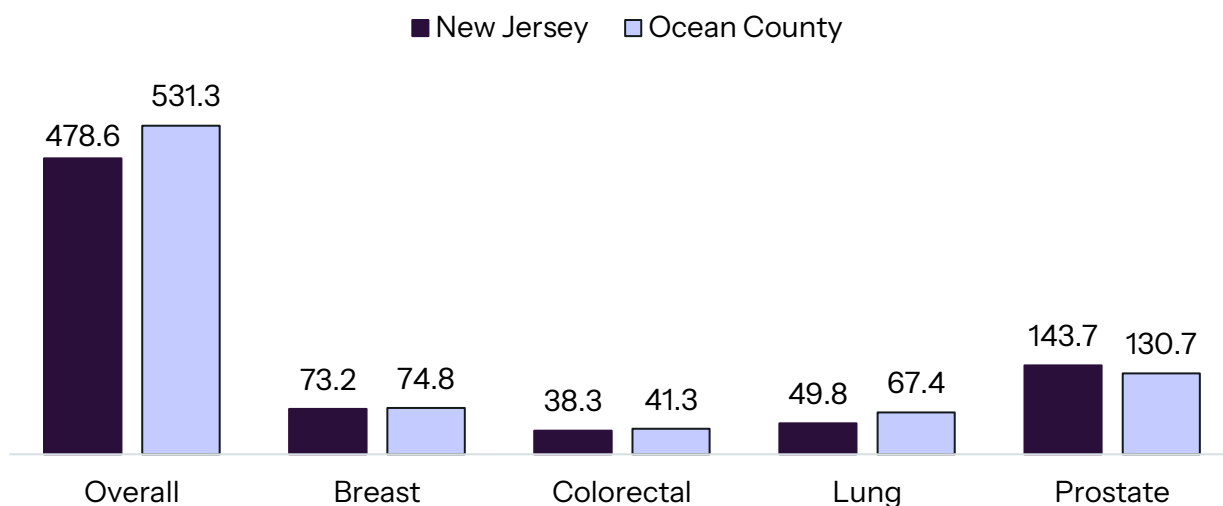
DATA SOURCE: New Jersey State Cancer Registry, 2024

According to hospital tumor registries, 12.9% and 15.8% of overall cancer cases at CMC were Stage 3 and Stage 4, respectively, in 2023. Over a third of respiratory system and intrathoracic organ cancer cases (36.0%) and lip and oral cavity cancer cases (40.0%) at CMC were Stage 4 (Appendix G. Cancer DataAppendix G. Cancer Data).

In 2017-2021, the age-adjusted death rate due to cancer per 100,000 residents was notably higher in Ocean County (155.3) compared to New Jersey overall (137.0) (Figure 45). The highest rates of cancer deaths were among Black residents (178.7 per 100,000) followed by White residents (159.6 per 100,000).

Figure 45. Age-Adjusted Deaths Due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021
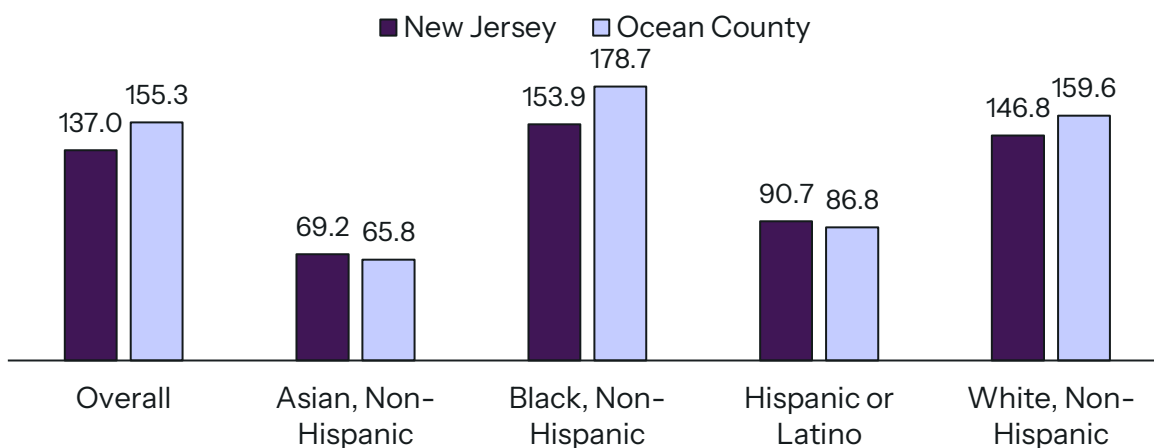
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

The cancers that claimed the most lives in Ocean County in 2017-2021 were lung and bronchus cancer (37.4 deaths per 100,000 population), followed by prostate cancer and then colorectal cancers (Figure 46). For additional data on deaths related to prostate cancer, see Figure 98 in Appendix E. Additional Data Tables and Graphs. Additional data on cancer mortality by race/ethnicity can be found in Appendix G. Cancer Data.

Figure 46. Age-Adjusted Deaths Due to Cancer per 100,000, by Cancer Site, State and County, 2017-2021
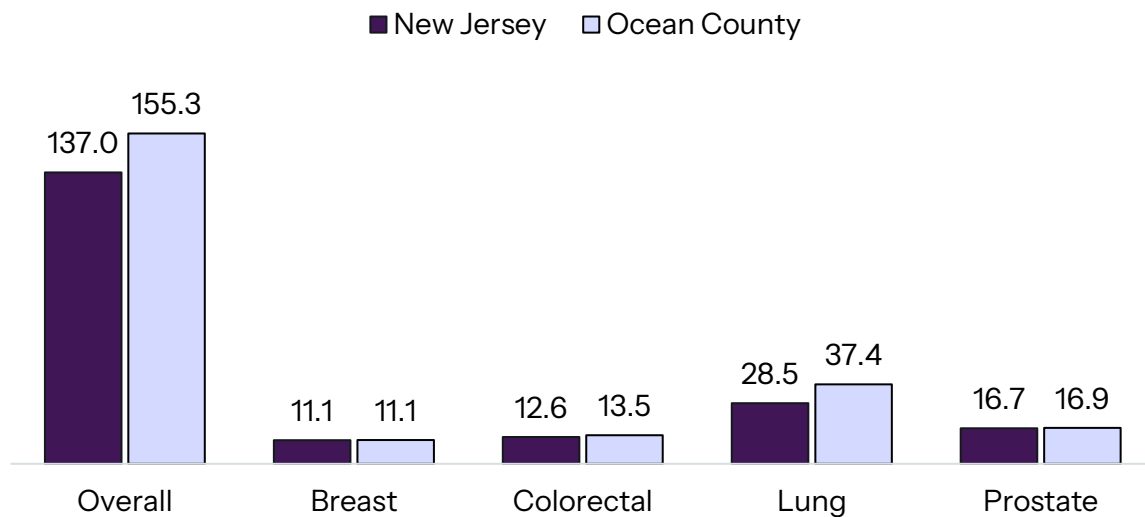
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Breast Cancer
Cancer registry data are presented in Figure 47 for the age-adjusted incidence rate of female breast cancer per 100,000 population in 2017-2021 across New Jersey and in Ocean County by race/ethnicity. The breast cancer incidence rate in Ocean County (137.5 per 100,000) was similar to the statewide rate (136.4). Breast cancer rates were highest among Black female residents (141.8), followed by White female residents (138.3). Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry, caution should be used when comparing rates among Hispanic/Latino residents to rates in the different racial groups. More information on breast cancer deaths can be found in Figure 97 in Appendix E. Additional Data Tables and GraphsAppendix E. Additional Data Tables and Graphs.

Figure 47: Age-Adjusted Rate of Female Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017–2021

New Jersey Ocean County

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	136.4	106	131.3	105.3	148.5
Ocean County	137.5	129.8	141.8	118.4	138.3
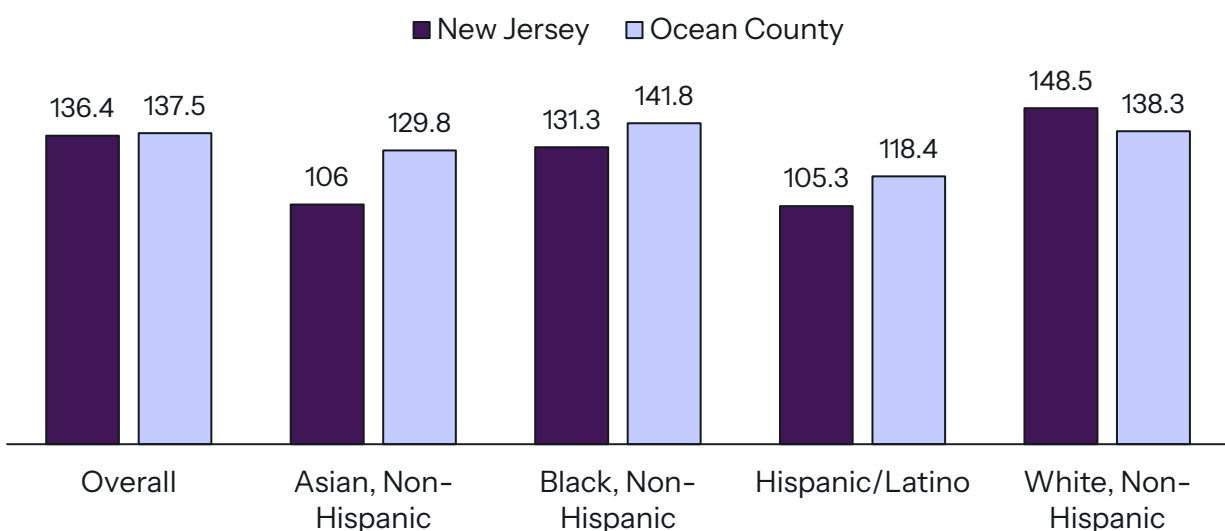
DATA SOURCE: New Jersey State Cancer Registry, 2024

Screening and early detection are critical to improved cancer-related outcomes. For breast cancer, the U.S. Preventive Services Task Force recommends mammograms or breast examination screenings for those assigned female at birth aged 40 to 74 years old. Overall, 79.8% of respondents fitting those characteristics in the BHBHC/CMC PSA reported that they had a mammography or breast exam in the past two years (Figure 48). The number of non-White respondents to this question was insufficient for meaningful comparisons by race/ethnicity.

Figure 48. Percent of Community Survey Respondents Who Had Mammography or Breast Exam Screening in the Past 2 Years, CMC & BHBHC PSA Residents, by Race/Ethnicity (n=465), 2024
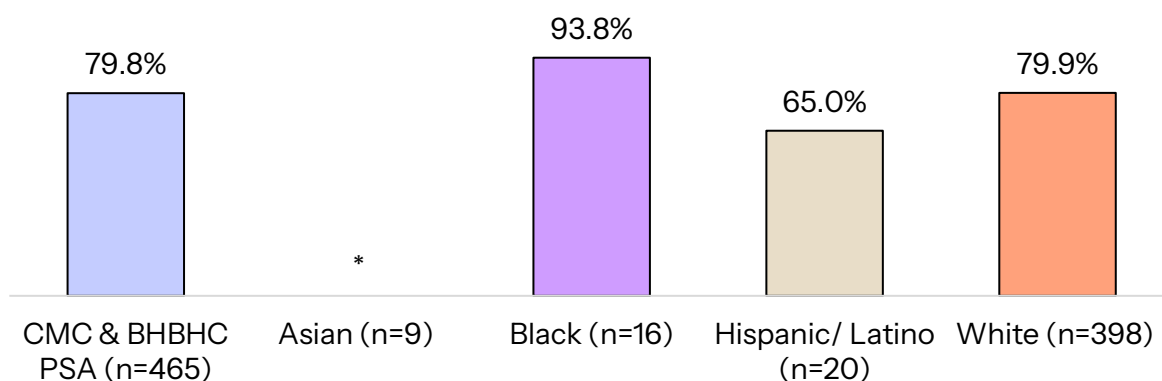
CMC & BHBHC PSA (n=465)	Asian (n=9)	Black (n=16)	Hispanic/ Latino (n=20)	White (n=398)
79.8%	*	93.8%	65.0%	79.9%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Mammograms or breast examination screenings are recommended for those

assigned female at birth aged 40 to 74 years old. An asterisk (*) means that data were suppressed due to low numbers.

HPV-Associated Cancers
Human papillomavirus (HPV) is a group of viruses that spread through vaginal, anal, and oral sex. HPV infections are prevalent among sexually active people. Whereas most infections resolve on their own, in some cases HPV can cause cancers such as throat (or oropharyngeal) cancer, anal cancer, penile cancer, vaginal cancer, and vulvar cancer. Throat was the most common HPV-associated cancer in Ocean County in 2017-2021 (13.5 per 100,000) (Table 17).

Table 17. Age-Adjusted Incidence Rate of HPV-Associated Cancers per 100,000, by State and County, 2017-2021

	Oral Cavity & Pharynx	Anus	Penis (Male)	Vagina (Female)	Vulva (Female)	Cervix Uterine Cavity
New Jersey	11.2	1.8	0.9	0.6	2.9	7.2
Ocean County	13.5	2.0	0.8	0.8	4.0	7.0

DATA SOURCE: New Jersey State Cancer Registry, 2025

Colon and Skin Cancer Screenings
Colon and skin cancers are relatively common and may not have noticeable symptoms in their early stages. Regular cancer screenings are one of the most effective means to detect and treat it early, when treatment is easier. Community survey respondents were asked about their participation in screenings for colon and skin cancer within the past two years. About half (51.9%) of respondents reported receiving a colon cancer screen (Figure 49) and 41.7% a skin cancer screen in the last two years (data not shown). Comparison by race/ethnicity was not possible due to low endorsement of these questions.

Of note, the percentages of colon cancer screenings found in the community health survey are lower than those in state health statistics. According to the New Jersey Behavioral Risk Factor Survey, an estimated 70.9% of 50-75 year-old adults in Ocean County self-reported being current with colorectal cancer screening recommendations in 2017-2020 (Figure 101 in Appendix E. Additional Data Tables and Graphs), defined as having had a take-home fecal immunochemical test or high-sensitivity fecal occult blood test within the past year, and/or a flexible sigmoidoscopy within the past 5 years with a take-home FIT/FOBT within the past 3 years, and/or a colonoscopy within the past ten years.

Figure 49. Percent of Community Respondents Screened for Colon Cancer in the Past Two Years, CMC & BHBHC PSA Residents, by Race/Ethnicity (n=650), 2024
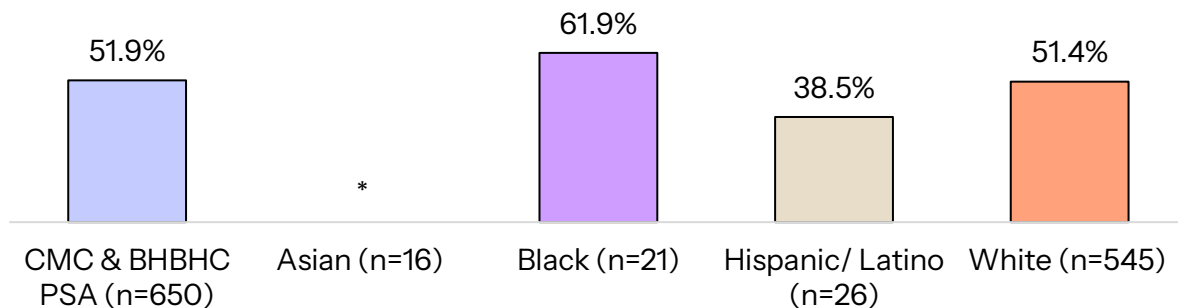
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Percentages are calculated among those recommended for screenings by the U.S. Preventive Services Task Force. Colon cancer screening is recommended for adults aged 45 to 75 years old. An asterisk (*) means that data were suppressed due to low numbers.

Chronic Obstructive Pulmonary Disease (COPD)
Chronic obstructive pulmonary disease (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. It is one of the main diseases in the grouping of chronic lower respiratory disease, the sixth leading cause of death in the state in 2017-2021 (Figure 32). In 2023, Ocean County had a notably higher rate of age-adjusted emergency department (ED) visits due to COPD (25.6 per 10,000) compared to New Jersey overall (15.2) (Figure 50). Hospital discharge rates for chronic ambulatory-care sensitive conditions, which include COPD, are presented in Appendix F. Hospitalization Data.

Figure 50. Age-Adjusted Rate of Emergency Department Visits and Inpatient Hospitalizations due to Chronic Obstructive Pulmonary Disease as Primary Diagnosis, per 10,000, by State and County, 2023
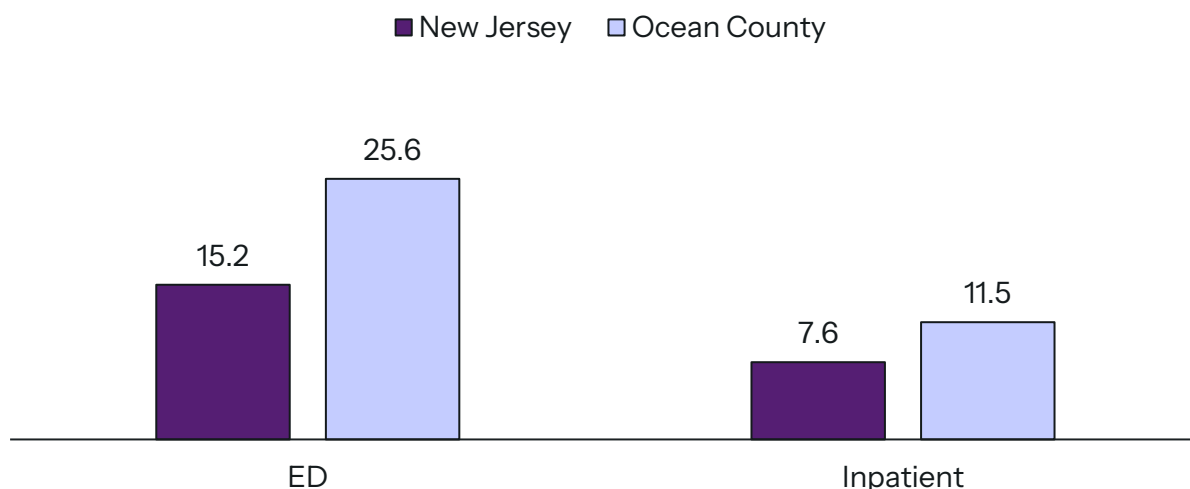
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Disability
Disabilities, such as hearing impairment, vision impairment, cognitive impairment, and impaired mobility, impact residents' daily lives. Residents who have some type of disability may have difficulty getting around, living independently, or completing self-care activities. Some focus group participants noted that the lack of public transportation can be a significant barrier for people with disabilities in accessing services and resources. As one participant highlighted, *"Anyone who doesn't drive has a harder time accessing healthcare. It can be really expensive if you take an Uber there. People with special needs or seniors – those people have a harder time."*

American Community Survey data from 2019-2023 show that the number of people with disabilities differs across the BHBHC/CMC PSA. In 2019-2023, 12.5% of Ocean County residents reported having a disability, compared to 10.6% statewide (Figure 51). Proportions by town varied substantially, with 24.3% of Manchester residents reporting a disability compared to only 7.9% of Island Heights residents. The proportion of individuals with a disability is likely higher among certain groups. For example, 46.1% of homeless persons in New Jersey reported having some type of disability in 2024, according to the New Jersey Counts report.[32] More information on the percent of residents with a disability by age can be found in Table 33 in Appendix E. Additional Data Tables and Graphs.

Figure 51. Percent of Persons with a Disability, by State, County, and Town, 2019-2023

Location	Percent
New Jersey	10.6%
Ocean County	12.5%
Barnegat	17.9%
Bayville	12.6%
Beachwood	9.9%
Forked River	11.4%
Island Heights	7.9%
Lakehurst	21.1%
Lanoka Harbor	12.1%
Lavallette	14.8%
Little Egg Harbor	15.5%
Manchester Township	24.3%
Ocean Gate	18.6%
Pine Beach	8.2%
Seaside Heights	13.3%
Seaside Park	10.0%
Toms River	12.7%
Tuckerton	21.5%
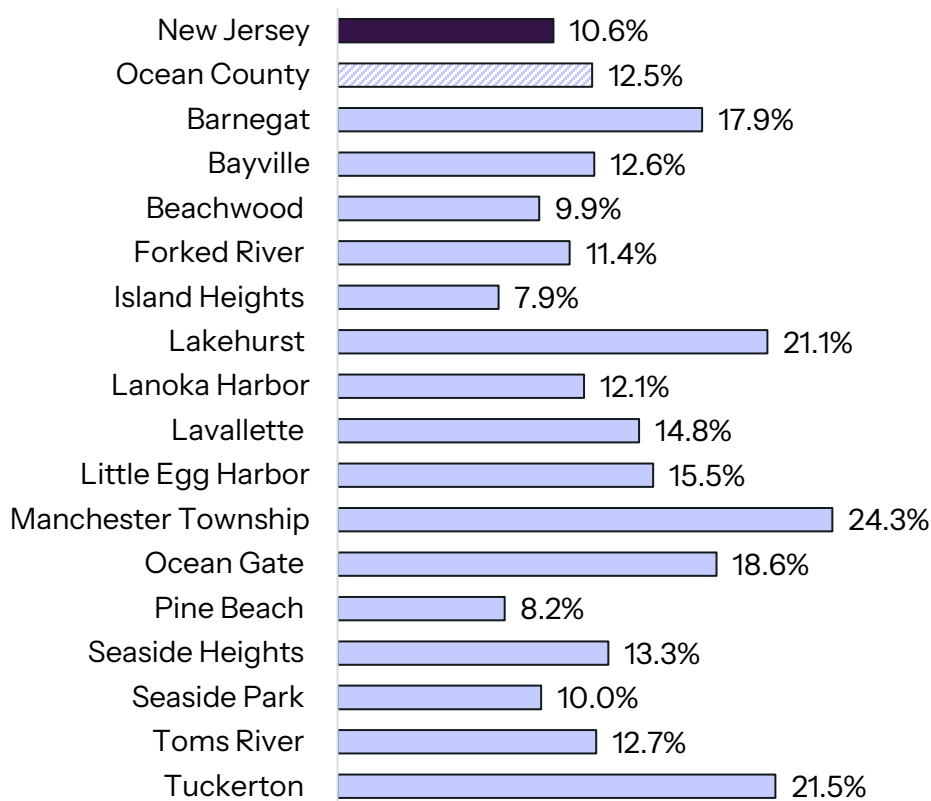
DATA SOURCE: U.S. Census, American Community Survey, 5-Year Estimates, 2019-2023

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[32] New Jersey 2024 Point-in-Time Count, Monarch Housing Associates, 2024

Mental Health and Behavioral Health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of these conditions. It is important to recognize that mental and physical health are intricately connected, and mental illness is among one of the leading causes of disability in the United States. Mental health disorders can affect individuals' mental health treatment, maintenance of physical health, and engagement in health promoting behaviors. People with depression, for example, have an increased risk of cardiovascular disease, diabetes, stroke, Alzheimer's disease, and osteoporosis. In the healthcare field, mental health and substance use are typically discussed under the larger framework of behavioral health.

Mental Health

Mental health was identified as a community concern in almost every interview and focus group. Participants identified depression (including postpartum depression), anxiety, stress, trauma, and suicidal ideation as mental health challenges for community residents. Multiple participants noted that these challenges were already prevalent in their communities, but they had been exacerbated by the COVID-19 pandemic and continue to be key issues in the present day. As one interviewee noted, *"The times we are in is not helping at all, it's only adding to it with the anxiety and uncertainty."*

> *"Coming out of COVID, people want to stay home more, [and there is] increased isolation, depression, and mental health issues."*
> – Key informant interviewee

Across the discussions, multiple groups were identified as more likely to be impacted by mental health challenges, including youth and adolescents, veterans, immigrant communities, people of color, and economically vulnerable communities. As one participant noted, *"You can't expect people to work on themselves if their basic needs are not getting met. If you don't know where your next meal is coming from, you can't work on yourself, your anxiety, your depression."* Youth and adolescents were also of particular concern among participants who viewed social media and technology as key contributors to the mental health challenges faced by young people: *"They get bullied online, go home, and get bullied on social media."*

Some participants also noted that cultural backgrounds can play a role in accessing mental health services. As one participant noted, *"I have been deterred from getting help because of fear of what that could look like if I tried to get help… There's a lot going on right now politically and it makes it really hard, especially being a woman right now. And I can only imagine someone else, someone who doesn't look like me, I can't imagine how hard that is."* Another interviewee highlighted the mental health of immigrant communities as a concern in the current moment, describing *"the stress every day to be in fear of deportation and separation" as* a significant challenge to some communities. This interviewee also noted that there is a need for a wider acknowledgment of the impacts of migration on mental health, noting that *"migration in and of itself is a traumatic experience no matter how you did it. But we don't look at it as a mental health crisis or a thing people should be struggling with their identity."*

> *"For some reason it's stigmatized almost as like a luxury item to get mental health care. It's like not seen as a necessity. I wish it was something just as we were encouraged to get annual physicals. I wish that it was encouraged for anybody to kind of have a mental health assessment annually."*
> – Key informant interviewee

Multiple participants emphasized the detrimental impact of stigma in regards to accessing mental health services. As one participant noted, *"If it's cancer or something, people understand that but if it's mental, there's so much judgement."* Participants described mixed experiences in workplaces, healthcare settings, and in interactions with law enforcement, with some having positive experiences and others feeling that they were treated differently due to their mental health diagnosis. In reference to interactions with law enforcement, one participant summarized: *"I've had really good experiences and the worst experiences. I think education is a huge piece when it comes to mental health. Just changing how you speak to someone in crisis makes a huge difference."*

Health insurance was highlighted as a key factor in access to mental health services. Participants expressed frustration with the limited number of mental health providers that accept Medicaid or Medicare. As one participant explained: *"I'm on Medicare and it's hard to find a place – what therapist will I end up with and how far away will they be? It's hard to find a good therapist and then will they take my insurance? It's a small fraction of people to work with."*

> *"It bothers me a lot, it [the limited providers accepting public health insurance] is a huge barrier to people to know my pool of picking a doctor is this small now... People are trying to get help out here."*
> – Focus group participant

Participants also noted that even with private health insurance, there's a shortage of psychiatrists and therapists, leading to long wait times for services. As one interviewee highlighted in reference to the challenges faced by veterans who may be more hesitant to access mental health services, *"They're jumping through hoops in their mind constantly already. And they shouldn't have to jump through more just to be able to get appropriate health care… I wish that mental health services were more accessible to everybody."* Notably, improving access to care for mental and behavioral health was also a goal in the 2022 BHBHC and CMC CHNA-SIP process, indicating that this is a continuing need within the community.

Quantitative data confirm participants' perceptions that mental health is a pressing community issue. Among BHBHC/CMC PSA community survey respondents, 12.9% reported experiencing 10-19 days of poor mental health, and 12.9% reported 20-30 days of poor mental health in the last 30 days (Figure 52). Additionally, 7.0% of survey respondents reported experiencing 10-19 days in which poor mental health limited their usual activities, and 6.1% reported 20-30 days in which poor mental limited their usual activities. Prevalence of depression can be found in Figure 102 in Appendix E. Additional Data Tables and Graphs.

Among BHBHC/CMC PSA community survey respondents, 12.9% reported experiencing 10-19 days of poor mental health, and 12.9% reported 20-30 days of poor mental health in the last 30 days (Figure 52). Additionally, 7.0% of survey respondents reported experiencing 10-19 days in

which poor mental health limited their usual activities, and 6.1% reported 20-30 days in which poor mental limited their usual activities. Prevalence of depression can be found in Figure 102 in the Appendix E. Additional Data Tables and Graphs.

Figure 52. Percent of CMC & BHBHC PSA Community Survey Respondents with Poor Mental Health in the Last 30 Days, 2024
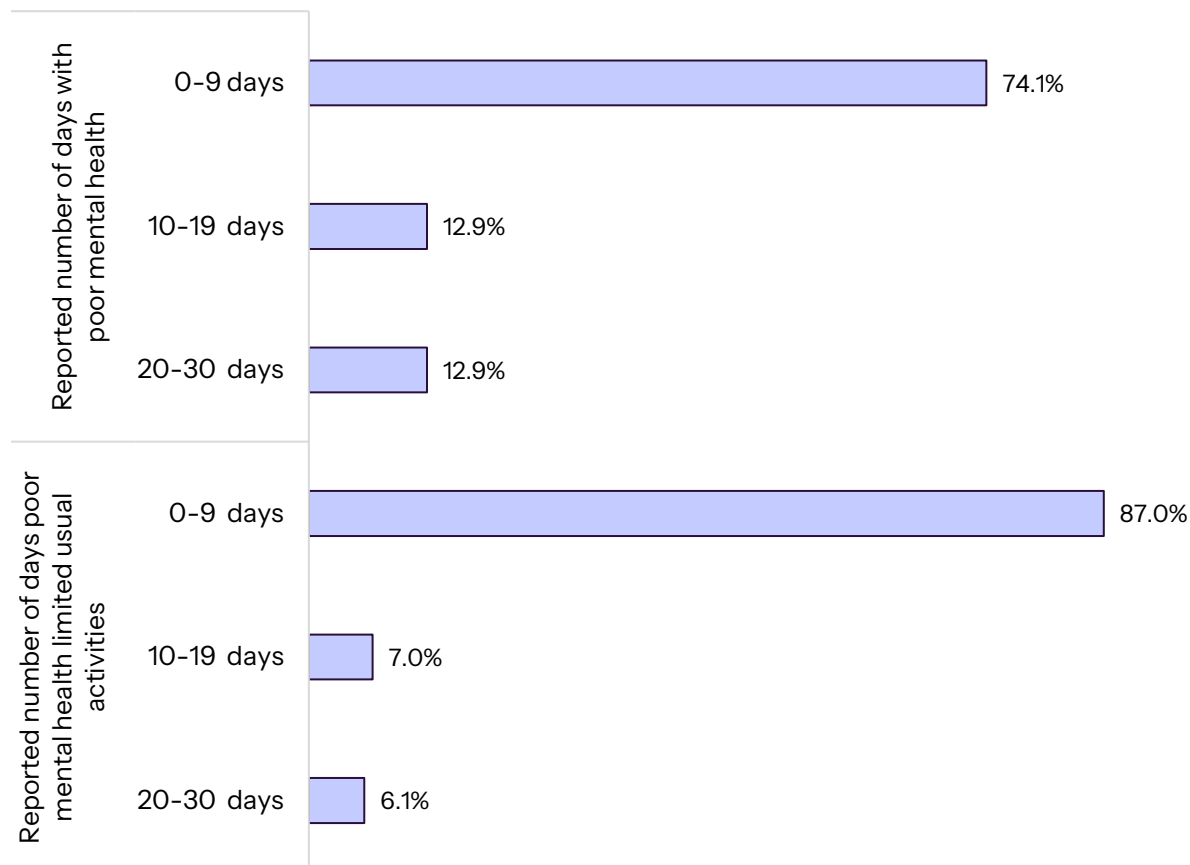
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" was answered by 788 respondents.
"During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?" was answered by 789 respondents.

Experiencing adverse childhood experiences (ACEs) is a strong risk factor for poor mental and physical health outcomes in childhood and in adulthood. While ACEs data at the county or town level is not readily available, the National Survey of Children's Health indicates that in 2022-2023, 15.6% of children in the state of New Jersey had experienced one ACE, and 6.7% had experienced two or more ACEs (Figure 53).

Figure 53. Percent of Children with Adverse Childhood Experiences (ACEs), by State, 2022-2023

■ No ACEs ■ 1 ACE ■ 2+ ACEs

| 77.7% | 15.6% | 6.7% |
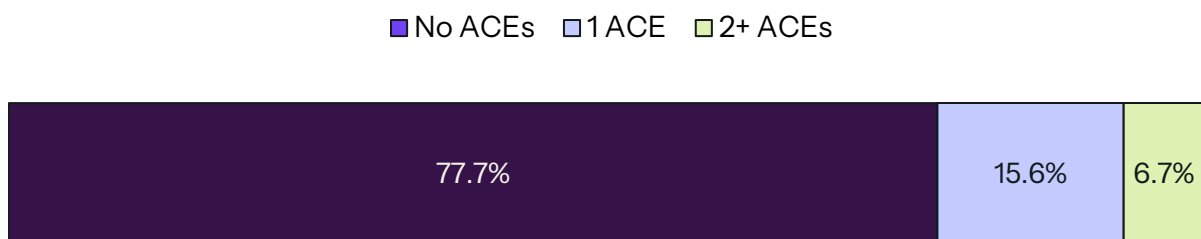
DATA SOURCE: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau, 2022-2023

Over one-quarter (26.0%) of BHBHC/CMC PSA survey respondents reported receiving mental health counseling in the past two years (data not shown). Comparison by race/ethnicity was not possible due to low endorsement of this question.

Hospital discharge data from 2021 show that Ocean County had similar rates of emergency department (ED) visits (166.3 per 10,000) and inpatient hospitalizations (67.5 per 10,000) due to mental health than New Jersey (164.4 and 59.4 per 10,000, respectively) (Figure 54). In comparison to the 2022 BHBHC and CMC CHNA-SIP process, the rate of emergency department visits due to mental health remained similar in Ocean County (163.7 per 10,000) in 2020, while the rate of inpatient hospitalizations due to mental health decreased since 2020 (76.1 per 10,000).

Figure 54. Age Adjusted Rate of Emergency Visits and Inpatient Hospitalizations due to Mental Health per 10,000, by State and County, 2023

■ New Jersey ■ Ocean County

	ED Visits	Inpatient Hospitalizations
New Jersey	164.4	59.4
Ocean County	166.3	67.5
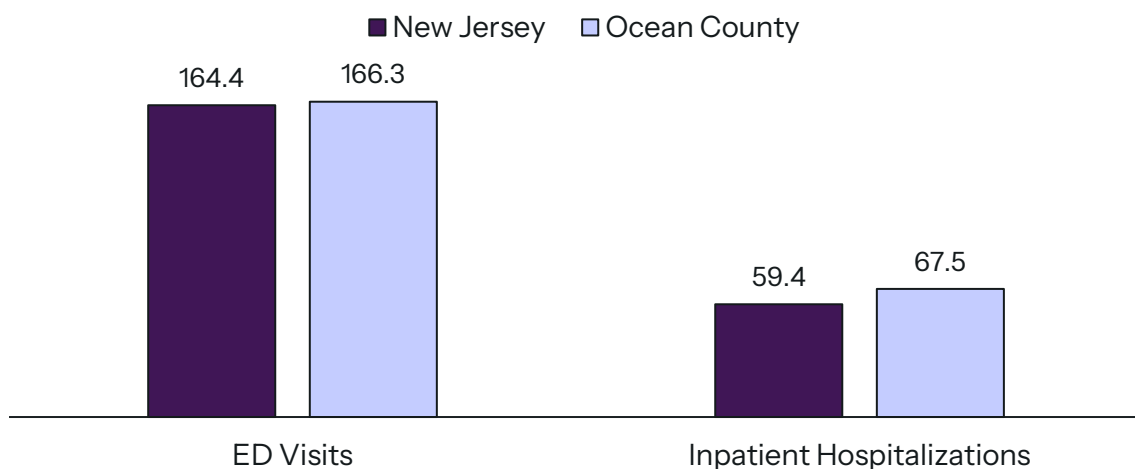
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Death Certificate Database data from 2021 indicate that age-adjusted suicide rates in Ocean County (9.0 per 100,000) were higher than in the state (7.3 per 100,000). White residents had the highest rate of suicide deaths in both geographies (Figure 55).

Figure 55: Age-Adjusted Rate of Suicide Deaths per 100,000, by Race/Ethnicity, by State and County, 2017– 2021
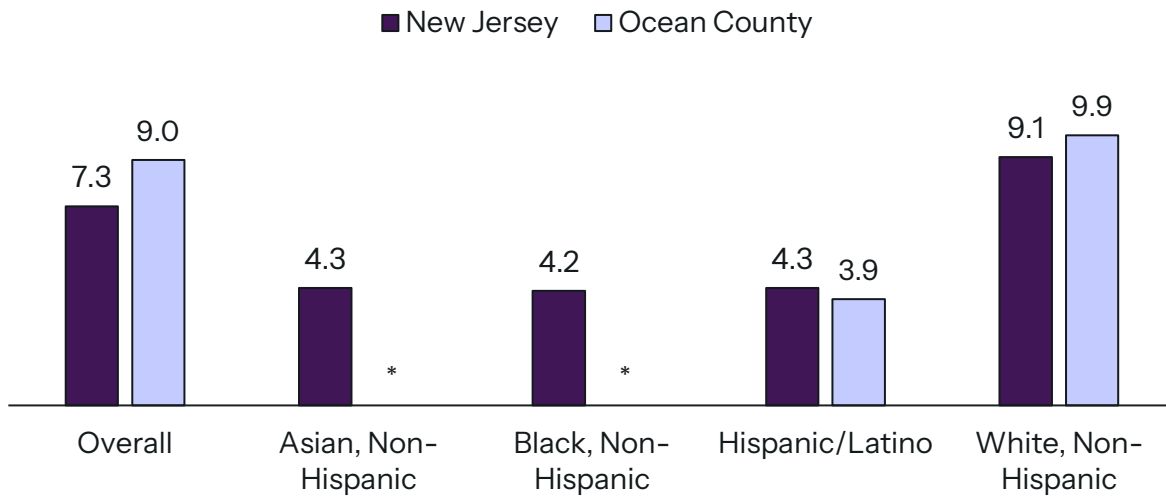
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
 NOTE: An asterisk (*) means that data is suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

According to hospital discharge data, rates of pediatric hospitalization due to mental health between 2017–2021 were similar in Ocean County (30.3 per 10,000) and statewide (28.5 per 10,000). Large disparities were apparent, with Black youth being hospitalized for mental health at rates of 89.0 per 10,000 in Ocean County, which is over two times as high as for Blacks in New Jersey and 3.5 times as high as the rate for their White counterparts in Ocean County (Figure 56).

Figure 56. Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by Race/Ethnicity, by State and County, 2019-2023
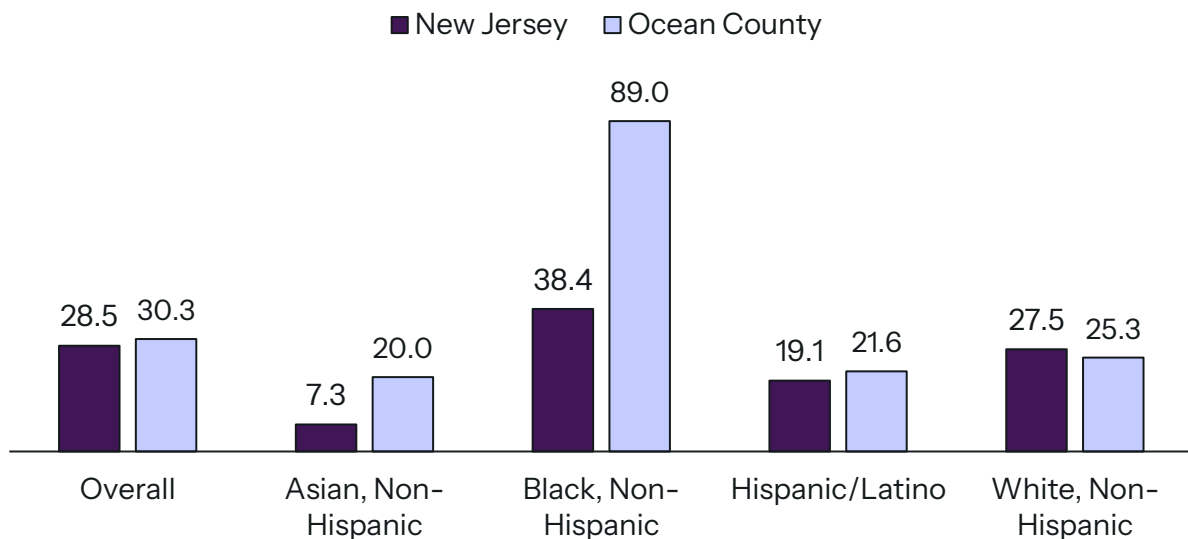
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: An asterisk (*) means that data is suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Pediatric hospitalizations due to mental health remained surprisingly consistent during the COVID-19 pandemic, but appeared to decline somewhat by 2023 in Ocean County as well as statewide (Figure 57).

Figure 57. Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by State and County, 2019-2023
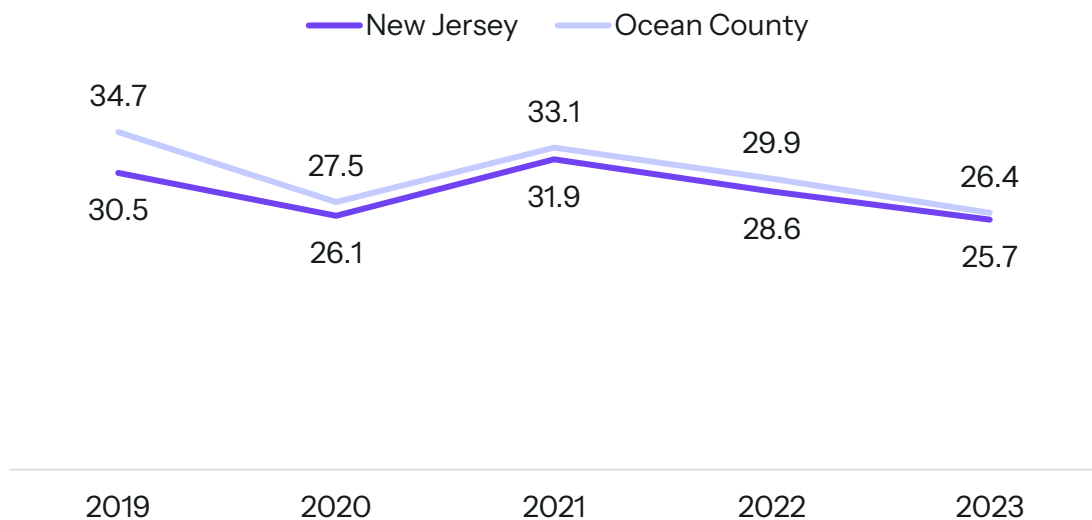
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Difficulty accessing mental health services was a theme in focus group and interview conversations, as described below. BHBHC/CMC PSA community survey respondents were asked about their experiences seeking help for mental health problems for themselves or a family member over the past two years. Overall, 34.2% of respondents reported that they or a family member needed mental health services in the past two years. Of these, 67.6% indicated that they could access these services, while 32.4% indicated that they could *not* (Figure 58). There were not enough respondents to these questions to report any variations by race/ethnicity.

Figure 58. Access to Mental Health Services for Respondent or a Family Member in the Past 2 Years, CMC & BHBHC PSA Survey Respondents, (n=284), 2024

☐ Needed mental health services but could not get them

☐ Needed mental health services and could get them

32.4%	67.6%
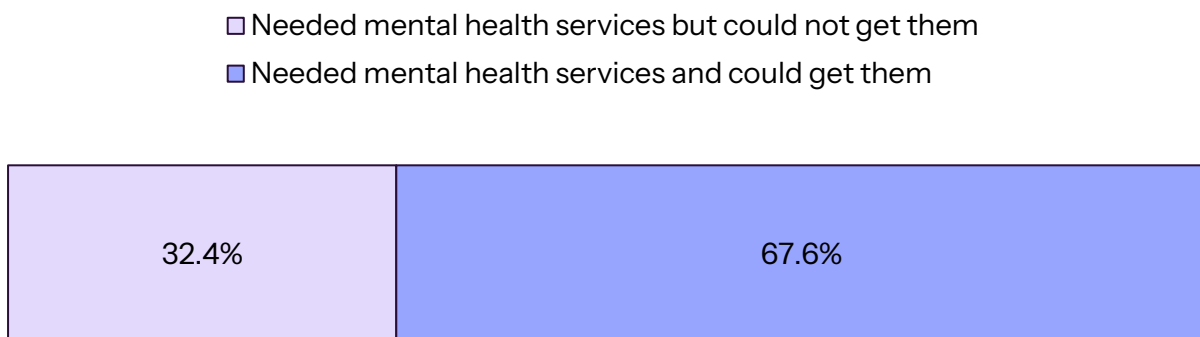
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Mental health workforce data show that Ocean County had a notably worse population to provider ratio than the state; there was one mental health provider per 504 Ocean County residents compared to one provider per 343 New Jersey residents (Figure 59).

Figure 59. Ratio of Population to Mental Health Provider, by State and County, 2023
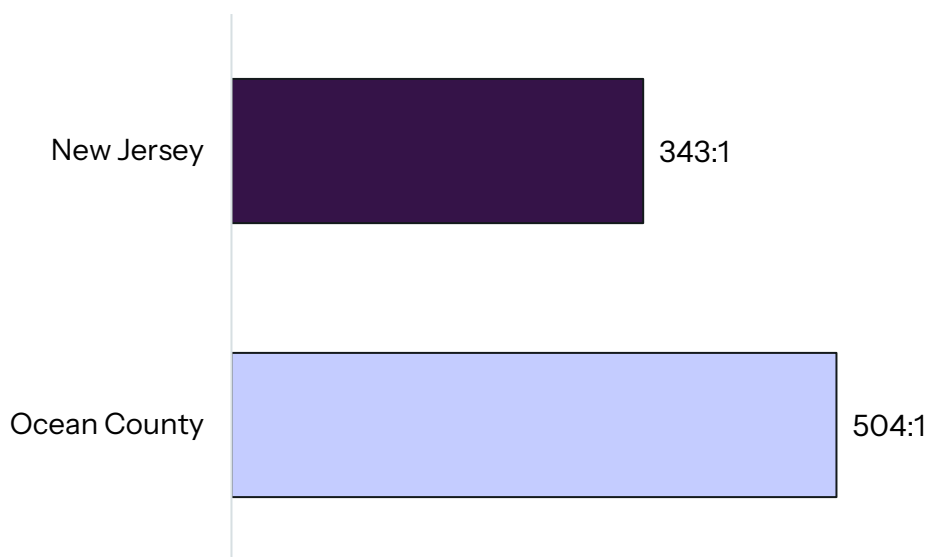
New Jersey — 343:1

Ocean County — 504:1

DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings, 2024

Substance Use

Problem substance use is the uncontrolled consumption of a substance, including alcohol, tobacco, or other psychoactive substances, despite harmful consequences. Substance misuse may impact health and affect social and economic well-being. Several interviewees and focus group participants identified substance use as a key concern, citing the use of alcohol, nicotine, marijuana, heroin, fentanyl, and xylazine in their communities.

> _"Everything off the street is laced now a days which the kids don't understand."_
> – Focus group participant

Substance use among youth and adolescents was of particular concern among interviewees and focus group participants. Multiple participants emphasized the accessibility of alcohol, nicotine, and marijuana products: _"With access to everything on the internet and the community - they have easy access to everything."_ One interviewee noted that the potency of the marijuana that youth are able to access is leading to symptoms of psychosis: _"They are smoking more potent marijuana. There are kids with easier access to it now that it's legalized. It's stronger than when I was a teenager. There are students having psychotic episodes… It is not the same drug as it was 15 years ago."_ Throughout these discussions, interviewees and focus group participants noted substance use prevention programs within local school systems as providing education and resources to both students and parents in order to reduce the impacts of substance use among adolescents.

Some participants noted that there have been some recent shifts in the attitudes and stigma associated with some aspects of substance use. In terms of harm reduction programs, one focus group participant noted, _"If you look at the recovery world years ago, a lot of us looked at harm reduction not as recovery because you are substituting one drug for another - but one more day of life is better than not. It took me a while to swallow that."_ Another participant noted that healthcare systems have played a more active role in substance use prevention and treatment, highlighting that healthcare providers are more open to working with peer recovery advocates and that _"The hospitals are being more of a front and spearheading the addiction and recovery field. Things are moving in the right direction, it's just never fast enough."_ Despite this sentiment from one participant, others still noted a need for more compassionate care for those facing substance use challenges, as summarized by one interviewee: _"We need more medication assisted treatment and providers who don't view it as a moral weakness."_

> _"The overhaul needs to start with long-term housing – one year minimum. When a person knows they have a place to live, they can start to rebuild."_
> – Focus group participant

Interviewees and focus group participants emphasized the need for additional treatment and recovery services. Multiple participants highlighted the need to be able to connect residents to treatment and recovery services at any time of day or night, not just during typical working hours_: "Addiction doesn't take the night off. It's terrible to see someone who wants the help but can't get [access to services] until eight in the morning. Then they say they tried to get help, but they didn't have the resources so they go and double-down on their drug use."_ Other participants noted the need for more providers and services that accept public insurance_: "I think the biggest hurdle is health insurance and getting into rehabs. They are not_

getting accepted because they don't have private insurance and there are only a few facilities in the state which take Medicare or Medicaid." One participant noted that there has been an increase in treatment centers that accept Medicaid, although these timing and health insurance barriers to substance use services were also highlighted by an interviewee as a particular concern among veterans: *"You often lose the momentum that they had in wanting to do it in the first place… the lag time of being able to make the connections really hurts because nine times out of ten, it was already a struggle to get them to want to try to do it in the first place."*

Figure 60 shows the age-adjusted rate of opioid-related overdose mortality per 100,000 from 2020 to 2023. During this period, there was a decrease in the opioid mortality rate in Ocean County from 37.8 per 100,000 to 28.5 per 100,000 residents. Notably, reducing substance misuse was an identified goal in the previous 2022 BHBHC and CMC CHNA-SIP process, with strategies focused on expanding Naloxone distribution and peer recovery programs, along with improving awareness and access to services in local communities for those with substance use disorder. Statewide, several legislative reforms were implemented between 2022 and 2024 to increase access to harm reduction supplies and resources across all counties in New Jersey with the intention to reduce opioid overdose deaths.[33]

Figure 60. Age-Adjusted Rate of Opioid-Related Overdose Mortality per 100,000, by State and County, 2020- 2023
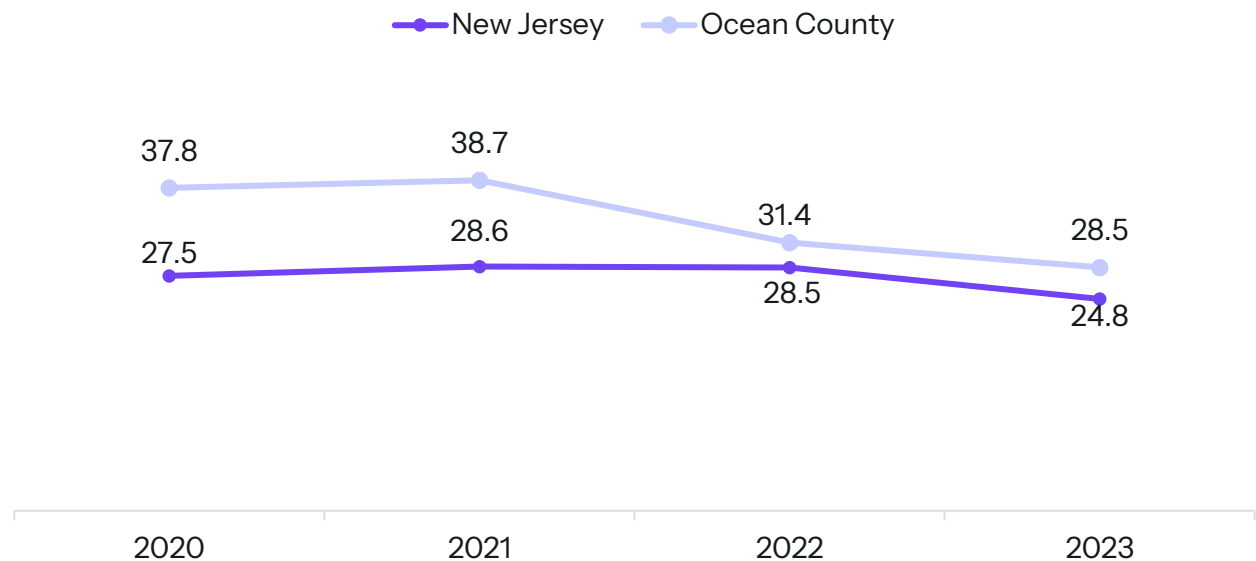
DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024, v.02202025.

Figure 61 shows the total number of opioid-related overdose deaths in Ocean County between 2013 and 2023. Ocean County shows a decline in mortality between 2021 and 2023. Additional

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[33] NJ Department of Health, 2022-2024 New Jersey Harm Reduction Centers Biennial Report, August 2025, https://nj.gov/health/hivstdtb/documents/nj-harm-reduction-centers-biennial-report-2022-2024.pdf

data on substance use mortality are presented in Appendix E. Additional Data Tables and Graphs.

Figure 61. Total Number of Opioid-Related Overdose Deaths by County, 2013-2023
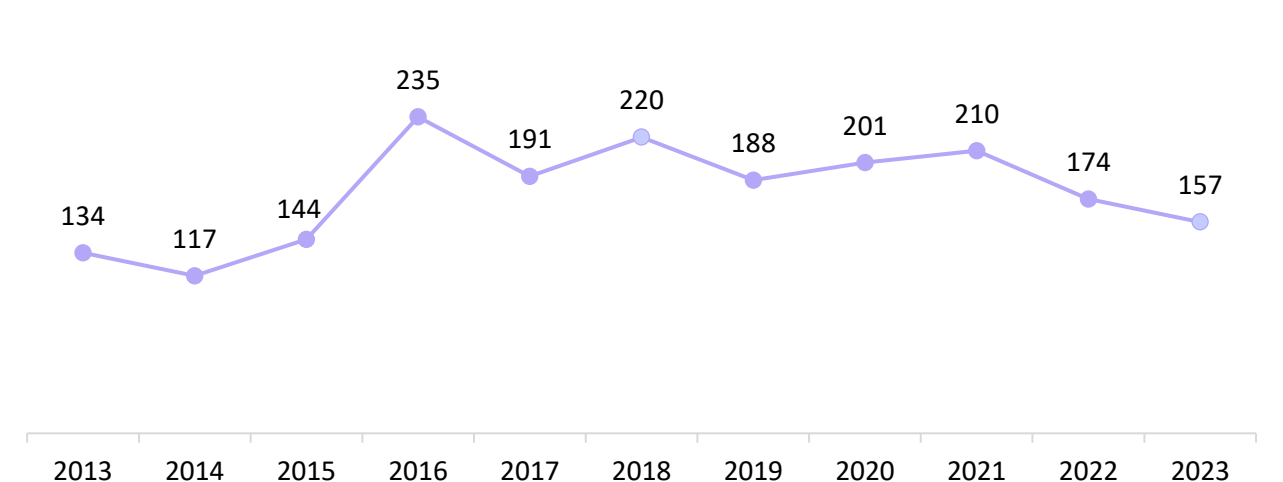
DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024, v.02202025.

Tobacco is among the most consumed substances. In 2022, the percentage of adults who reported currently smoking was identical between Ocean County and the state (10.9%) (Figure 62). Additional data on alcohol and opioid use may be found in Appendix E. Additional Data Tables and Graphs.

Figure 62. Percent of Adults Who Reported Current Smoking, by State and County, 2022
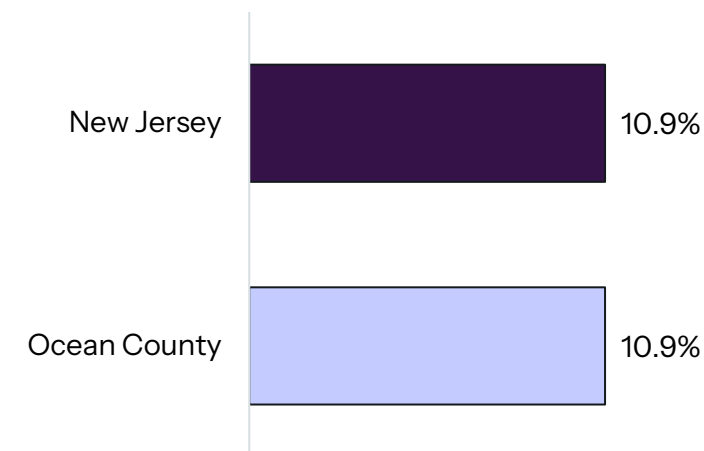
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health 2024

Community survey respondents were asked about their participation in any form of counseling for alcohol or drug use or smoking/vaping over the past two years. Overall, 2.0% of BHBHC/CMC PSA residents reported receiving alcohol/substance use counseling and 2.1%

reported receiving counseling to reduce smoking or vaping over the past two years (data not shown). Participation rates were too low to report differences by race/ethnicity.

Community survey respondents were asked about their access to substance use services/treatment for themselves or a family member over the past two years. Overall, 8.2% of respondents reported that they or a family member needed substance use services in the past two years. Of these, 70.1% indicated that they could access them, while 29.9% indicated that they could *not* (Figure 63). Endorsement of these questions was too low to report differences by race/ethnicity.

Figure 63. Access to Substance Use Services for Respondent or a Family Member in the Past 2 Years, CMC & BHBHC PSA Survey Respondents, (n=67), 2024
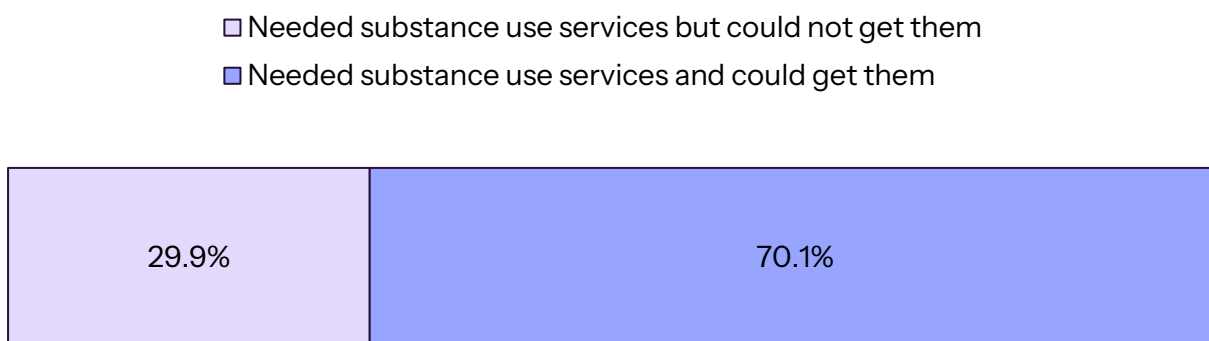
☐ Needed substance use services but could not get them
☐ Needed substance use services and could get them

29.9%	70.1%

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed due to low numbers.

Figure 64 shows the percentage of substance use treatment admissions by primary drug from 2019-2023. Admission rates in Ocean County and statewide were highest for alcohol and heroin use. In Ocean County, 40.6% of admissions were for heroin use, compared to 38.2% statewide.

Figure 64. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2019–2023
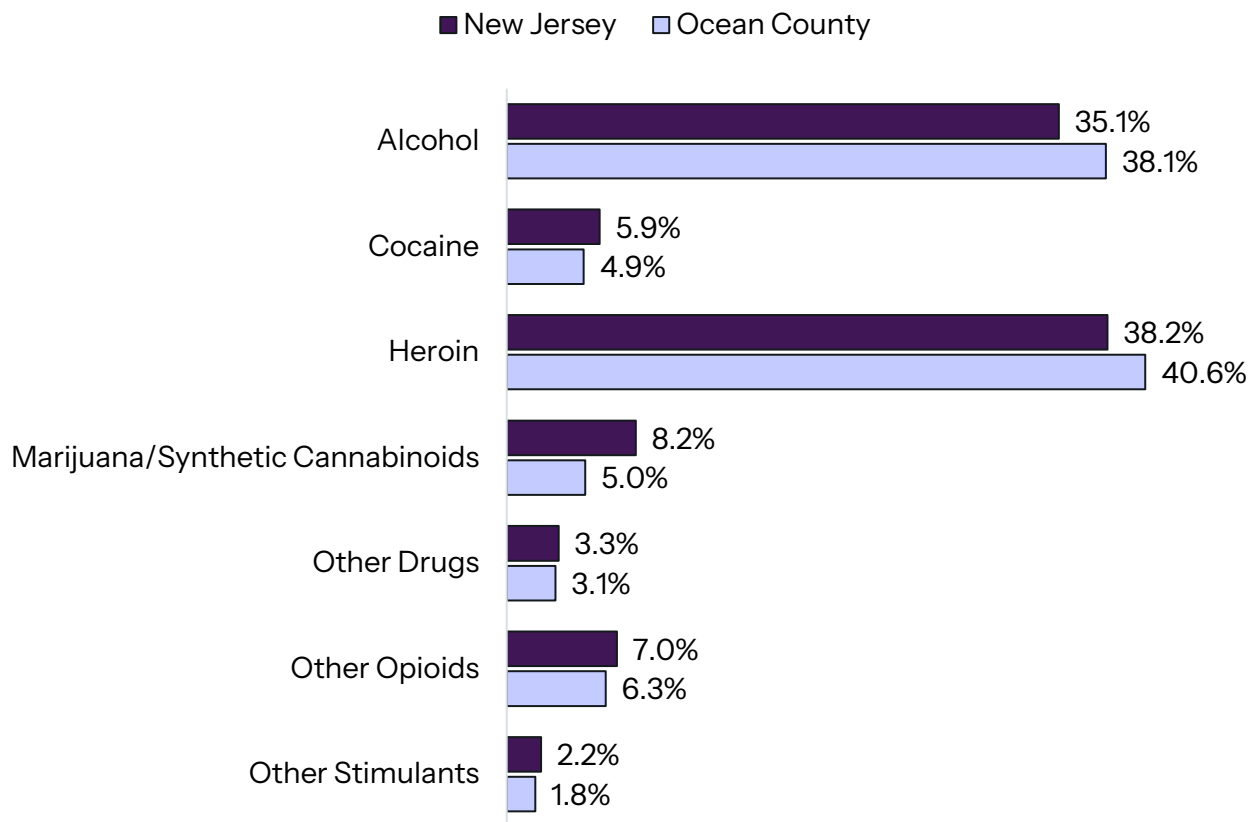
Legend: ■ New Jersey　□ Ocean County

Category	New Jersey	Ocean County
Alcohol	35.1%	38.1%
Cocaine	5.9%	4.9%
Heroin	38.2%	40.6%
Marijuana/Synthetic Cannabinoids	8.2%	5.0%
Other Drugs	3.3%	3.1%
Other Opioids	7.0%	6.3%
Other Stimulants	2.2%	1.8%

DATA SOURCE: Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services, 2024

Difficulties Accessing Mental Health and/or Substance Use Services
Interview and focus group participants highlighted challenges when accessing mental and behavioral healthcare including limited provider or service availability, cost of care, stigma / cultural barriers, language barriers, and insurance issues, especially in finding providers and services that accept Medicaid and Medicare. Notably, improving access to care for mental and behavioral health was also a goal in the 2022 BHBHC and CMC CHNA-SIP process, indicating that this is a continuing need within the community.

Community survey respondents were asked to list their top five reasons they had difficulty obtaining mental health or substance use services in the past two years. The main issues that residents who tried to obtain mental health services listed as barriers were: counselors or services not accepting new patients (33.9%), cost of care (32.5%), long wait times (31.8%), and insurance problems (30.4%) (Figure 65). Comparisons by race/ethnicity were not possible due to low endorsement of this question.

Figure 65. Barriers Faced by CMC & BHBHC PSA Survey Respondents when Trying to Access Mental Health or Substance Use Care for Themselves or a Family Member in the Past 2 Years, (n=286), 2024

Barrier	Percentage
Counselors or services not accepting new patients	33.9%
Cost of care	32.5%
Wait times are too long	31.8%
Insurance problems	30.4%
Fear or dislike of providers	18.5%
Stigma / shame	16.8%
Can't get time off to get care	11.5%
Fear of being hospitalized against my will	11.2%
Fear that my work/employer might find out	10.5%
Transportation problems	9.8%
Health information not kept confidential	6.3%
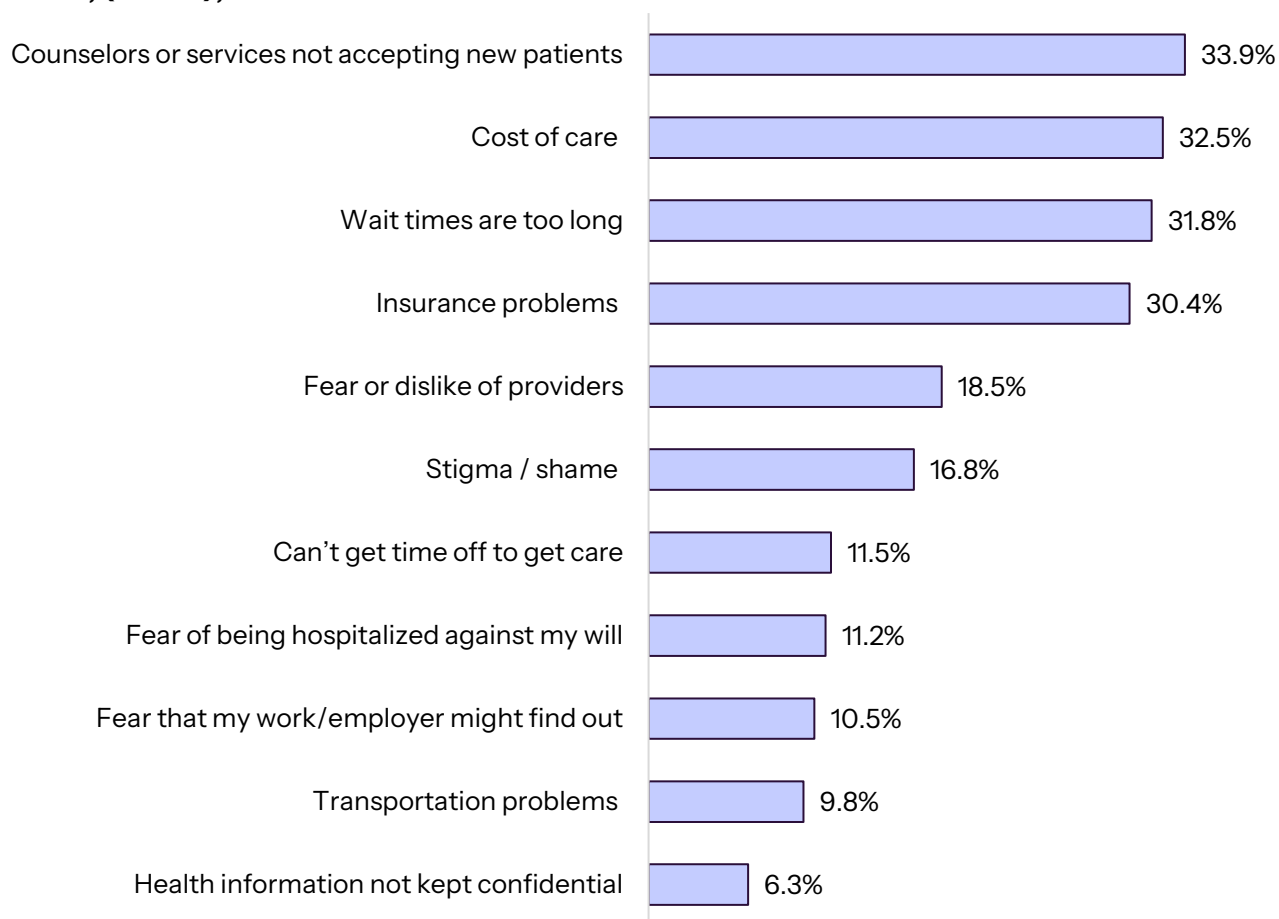
DATA SOURCE: Community Health Needs Assessment Survey, 2024

Environmental Health

A healthy environment is associated with a high quality of life and good health. Environmental factors are various and far-reaching and include exposure to hazardous substances in the air, water, soil, or food; natural disasters and climate change; and the built environment. This section describes both environmental health factors and the prevalence of conditions these factors can trigger.

Asthma

While asthma is a relatively common chronic condition and disproportionately affects communities of color, it was not mentioned in the focus groups and interviews as a top concern. However, 7.0% of community health survey respondents ranked asthma as the top concern for children and youth in the BHBHC/CMC PSA(Figure 30). Hospital discharge data shows the age-adjusted asthma emergency department (ED) visit rate per 10,000 population by race/ethnicity in the state overall and in Ocean County. In 2023, while Ocean County had a lower rate of ED visits for asthma overall (27.6 per 10,000) compared to the state (41.1 per 10,000), Black residents had over four times the rate for the county (Figure 66). Figure 108 in Appendix E.

Additional Data Tables and Graphs presents additional data on inpatient hospitalizations due to asthma.

Figure 66. Age-Adjusted Rate of Asthma Emergency Department Visits per 10,000, by Race/Ethnicity, by State and County, 2023
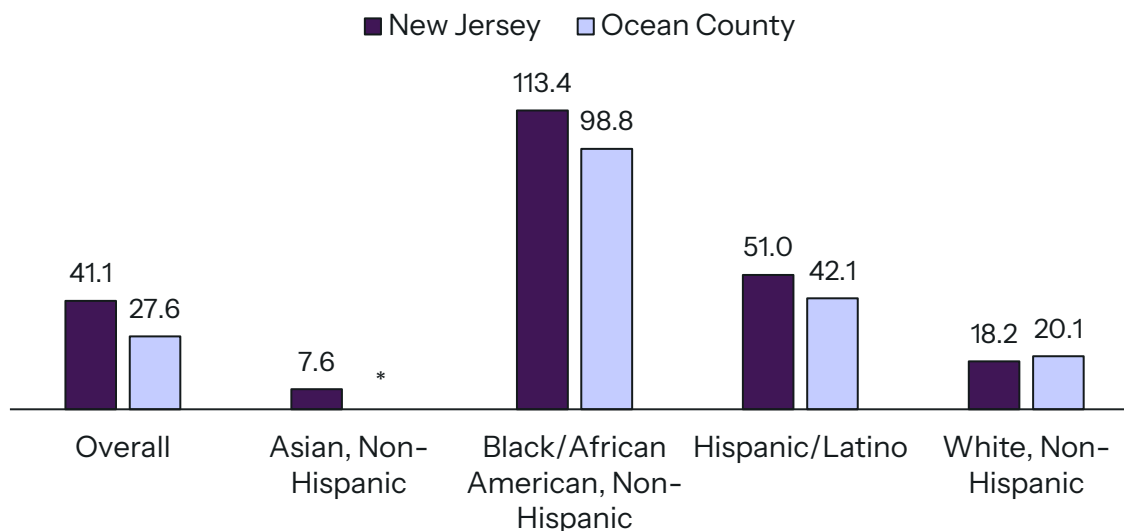
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: An asterisk (*) means data are not presented because rates do not meet National Center for Health Statistics standards of statistical reliability for presentation.

Community survey respondents were asked if they had ever been told by a healthcare provider that they had asthma. In the BHBHC/CMC PSA, 20.1% of respondents reported ever being told by a healthcare provider that they had asthma (data not shown). Comparisons by race/ethnicity were not possible due to low endorsement of this question.

Lead
In 1971, New Jersey banned the sale of lead-based paint and the federal government followed in 1978. Exposure to lead among young children, through touching lead dust or paint chips for example, can harm children's health, including causing potential damage to the brain and nervous system, slowed growth and development, and hearing and speech problems. Lead exposure can also happen when drinking water comes into contact with corroded lead-based plumbing.

Figure 67 shows that 48.9% of housing in Ocean County was built prior to 1979, compared to 63.6% statewide. This ranged from 31.1% in Barnegat to 79.1% in Ocean Gate. Lead contamination in water is of grave concern to children's health. Another concern among households is water quality, in which water violations were reported in Ocean County in 2022 (Table 34 in Appendix E. Additional Data Tables and Graphs).

Figure 67. Percent of Houses Built Prior to 1979, by State, County, and Town, 2019-2023

Location	Percent
New Jersey	63.6%
Ocean County	48.9%
Barnegat	31.1%
Bayville	47.3%
Beachwood	60.6%
Forked River	49.7%
Island Heights	69.6%
Lakehurst	78.4%
Lanoka Harbor	40.2%
Lavallette	61.2%
Little Egg Harbor	36.1%
Manchester Township	52.0%
Ocean Gate	79.1%
Pine Beach	73.1%
Seaside Heights	74.0%
Seaside Park	65.5%
Toms River	54.1%
Tuckerton	55.2%
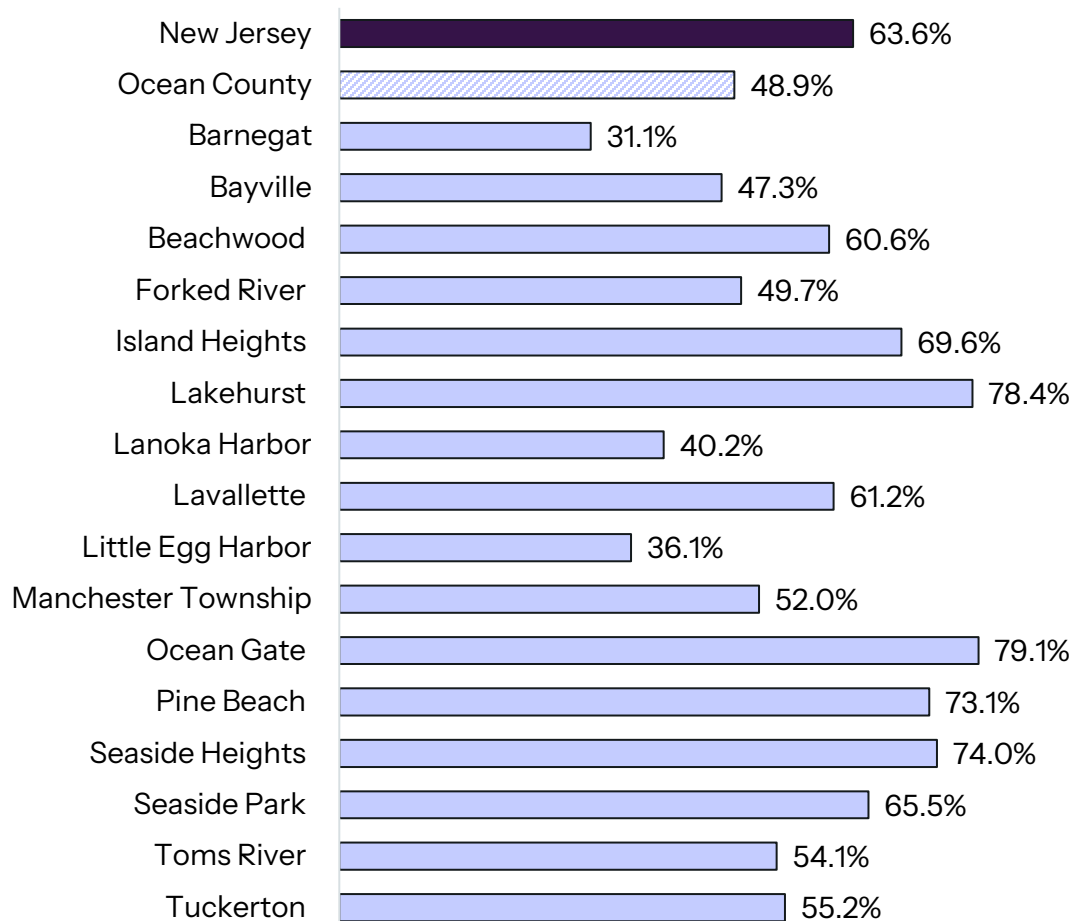
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates Subject Tables, 2019-2023

To prevent lead exposure, the state of New Jersey has implemented a number of protective measures, including surveillance and response. Since 1995, New Jersey has mandatory blood lead screenings for young children. In addition, the state requires lead-safe certification for pre-1978 rental properties, and coordinates educational programs for parents, property owners, and communities about lead hazards in homes, drinking water, and consumer products. The state's Childhood Lead Poisoning Prevention Program offers case management for affected children and environmental interventions to address lead hazards in homes, such as lead paint and contaminated soil. These efforts have paid off. New Jersey Department of Health data from 2022 show that the percentage of children under age 6 with elevated blood lead levels was lower in Ocean County (0.5%) compared to the state overall (1.9%), and that the proportion was steadily declining in both geographies since 2016 (Figure 68).

Figure 68. Percentage of Children Aged 1-5 with Elevated Blood Lead Levels, by State and County, 2016-2022
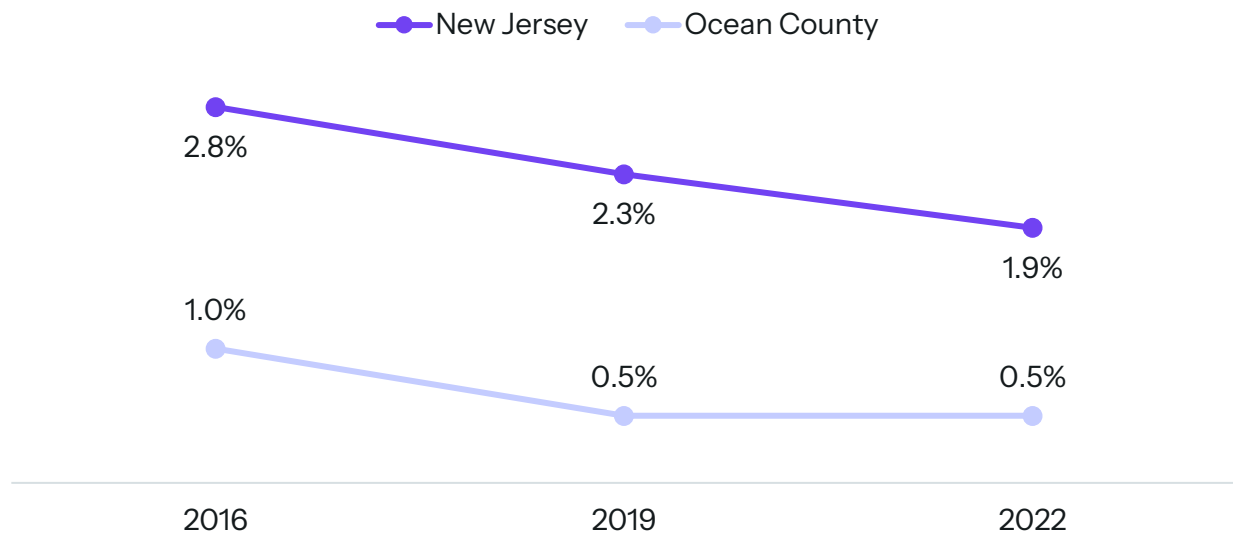
DATA SOURCE: Childhood Lead Exposure in New Jersey Annual Report Department of Public Health, Office of Local Public Health, Childhood Lead Program, State Fiscal Year 2016-2022
NOTE: The state of New Jersey defined elevated blood lead levels in children as at or above 5 ug/dL until 2023, and as at or above 3.5 ug/dL since 2024.

Infectious and Communicable Diseases
This section discusses COVID-19 and sexually transmitted infections.

COVID-19
The impact of the COVID-19 pandemic was a frequent topic of concern among participants in the previous 2022 BHBHC/CMC CHNA-SIP process. In 2025, COVID-19 was no longer a top concern among most participants who were engaged in the assessment process, however, the lasting impacts of the COVID-19 pandemic were mentioned in several focus group conversations and interviews. The COVID-19 pandemic has affected all sectors of life and created substantial challenges for many. Participants especially emphasized the continued impact of the pandemic on the mental well-being of youth and adolescents, stemming from isolation during the COVID-19 pandemic.

Table 18 shows the rate of COVID-19 cases per 100,000 population from 2020 to 2022. In New Jersey overall, as well as Ocean County, the case rate approximately doubled between 2020 and 2021. In 2021, Ocean County had a higher case rate per 100,000 than the state overall, while in 2022, Ocean's rate was slightly lower.

Table 18. Rate of COVID-19 Cases per 100,000, by State and County, 2020-2023

	2020	2021	2022	2023
New Jersey	6,332.8	12,701.0	12,899.6	3,000.7
Ocean County	6,504.2	13,718.5	12,032.1	3,404.6

DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Crude rate.

Despite the increase in COVID-19 rates over time, the number of COVID-19 deaths decreased each year (Figure 69) due to the success of COVID-19 vaccinations and knowledge gained about how to treat severe cases. In 2020, 1,329 residents of Ocean County died from COVID-19. By 2023, the number of deaths was 87, respectively, which is a greater than 15-fold decrease.

Figure 69. Number of COVID-19 Confirmed Deaths, by State and County, 2020-2023

	2020	2021	2022	2023
Ocean County	1,329	974	754	87
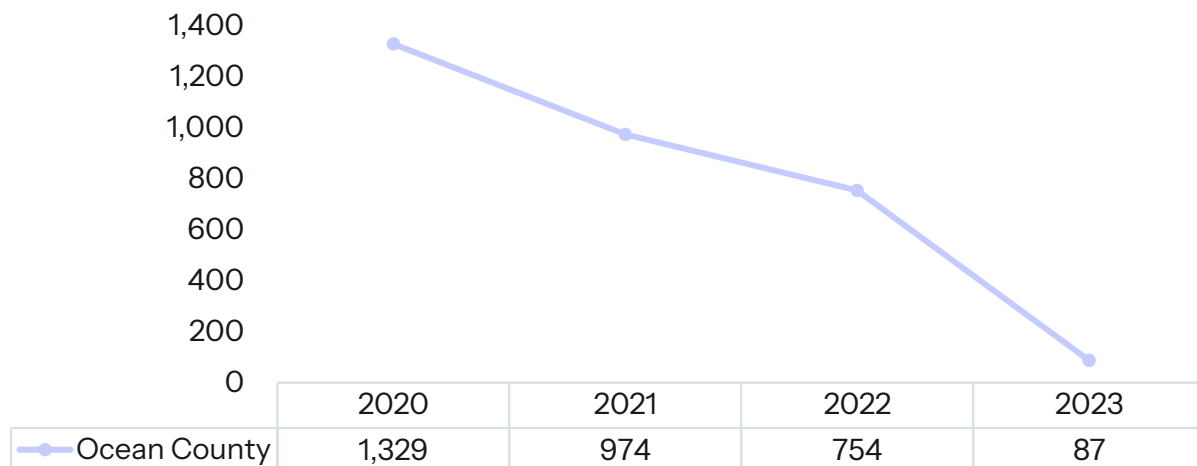
DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2024

Sexual Health and Sexually Transmitted Infections
Chlamydia was the most common sexually transmitted disease in the state and in Ocean County, though cases in Ocean (1,499.6 per 100,000) were substantially lower than for New Jersey as a whole (2,692.7) among females aged 15-24 in 2019-2023 (Table 19). Rates of gonorrhea and hepatitis C were also lower in Ocean County than statewide. More information on sexual health and sexually transmitted infections can be found in Table 35 in Appendix E. Additional Data Tables and Graphs.

Table 19: Incidence Rate of Chlamydia (Females Aged 15-24), Gonorrhea (Under Age 35), and Hepatitis C, per 100,000, by State and County, 2019-2023

	Chlamydia (Females 15-24)	Gonorrhea (Under 35)	Hepatitis C
New Jersey	2,692.7	201.8	53.6
Ocean County	1,499.6	51.8	52.4

DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

The average 5-year HIV incidence rate was notably lower in Ocean County (4.4 per 100,000) compared to New Jersey overall (13.9) (Figure 70).

Figure 70. HIV Incidence Rate per 100,000 Population (Age 13+), by Race/Ethnicity, by State and County, 2017-2021

■ New Jersey   □ Ocean County

	Overall	Asian	Black	Hispanic	White
New Jersey	13.9	3.8	44.3	27.1	4.2
Ocean County	4.4	*	*	12.6	2.9
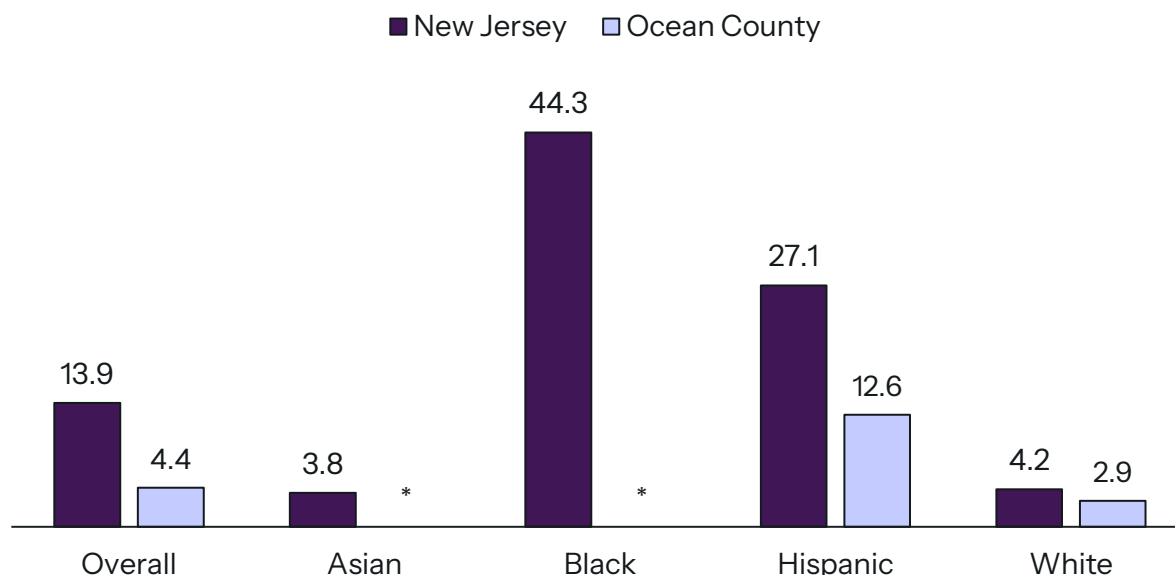
DATA SOURCE: Enhanced HIV/AIDS Reporting System; Division of HIV/AIDS, STD, and TB Services; New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation. The racial/ethnic categories are as presented by the data source.

Maternal and Infant Health
The health and well-being of mothers and/or other birthing people, infants, and children are important indicators of community health. In Ocean County, both interviewees and focus group participants highlighted the high birth rates of some communities, particularly in the Lakewood area, leading residents to travel to other nearby communities for care. One interviewee noted that this leads to both physical and mental health challenges for these residents traveling: *"I have employees that have given birth on route to the hospital, and thinking what that does to someone's mental health, there's such a fear of not getting to the hospital on time."*

Despite this challenge, one interviewee did highlight that there are women's health services easily accessible for residents looking to make appointments for routine services such as mammography. They also mentioned available services for postpartum depression and anxiety, although it was noted that there is a long waiting list. Other participants noted that more providers are needed for pediatrics, including speech therapy, neuropsychology, and complex pediatric medical needs as residents are travelling out of their communities (and sometimes out of state) to find appointments. Participants also highlighted a need for maternal and infant health services that accept public insurance and have translators available for residents who may not speak English.

Grave racial and ethnic disparities exist in maternal and infant health outcomes. Statewide, 17.7 White women experienced severe maternal morbidity per 1,000 deliveries in 2023, compared to 41.2 Black women (Figure 71).

Figure 71. Severe Maternal Morbidity (SMM) with Transfusion per 1,000 Delivery Hospitalizations by Race/Ethnicity, by State, 2023
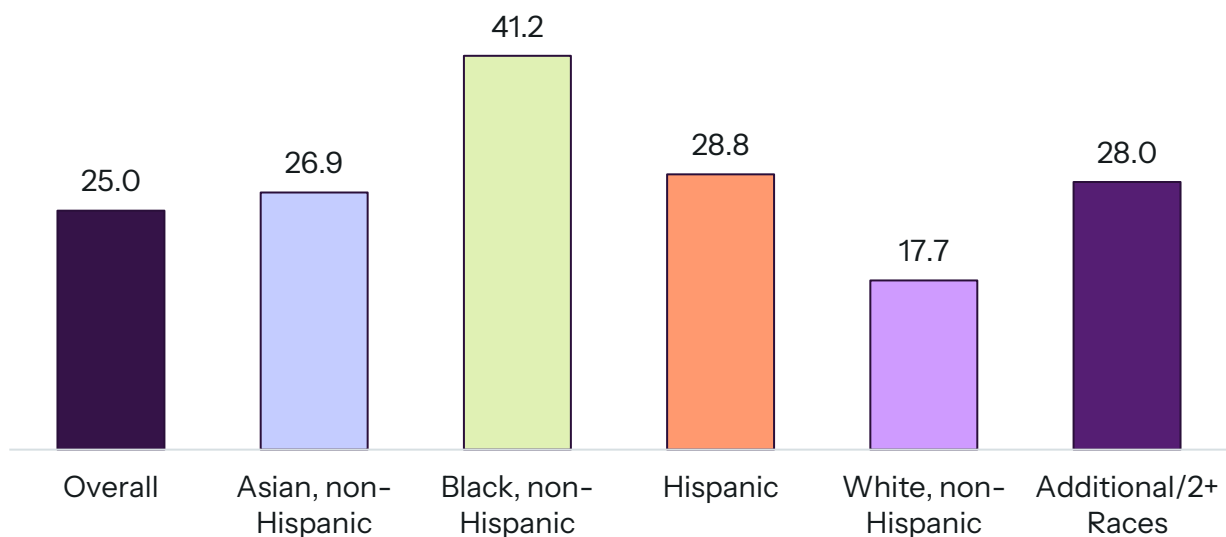
DATA SOURCE: New Jersey Electronic Birth Certificate Database (EBC), Office of Vital Statistics and Registry, New Jersey Department of Health; New Jersey Hospital Discharge Data Collections System (NJDDCS), Healthcare Quality and Informatics, New Jersey Department of Health.
NOTE: Severe maternal morbidity (SMM) is a composite outcome measure that indicates serious, potentially life-threatening maternal health problems

Birth data from the NJ Birth Certificate Database showed that Ocean County (5.6%) had a lower proportion of low birthweight births than New Jersey overall (7.8%) in 2019-2023 (Figure 72). However, racial disparities were apparent, with 13.7% of Ocean County births of Black babies being low birthweight – even higher than the rate for Black babies in New Jersey overall (12.8%). A similar pattern occurred for very low birth weight outcomes (Figure 110) and preterm births (Figure 112 in Appendix E. Additional Data Tables and Graphs).

Figure 72. Percent Low Birth Weight Births, by Race/Ethnicity, by State and County, 2019-2023
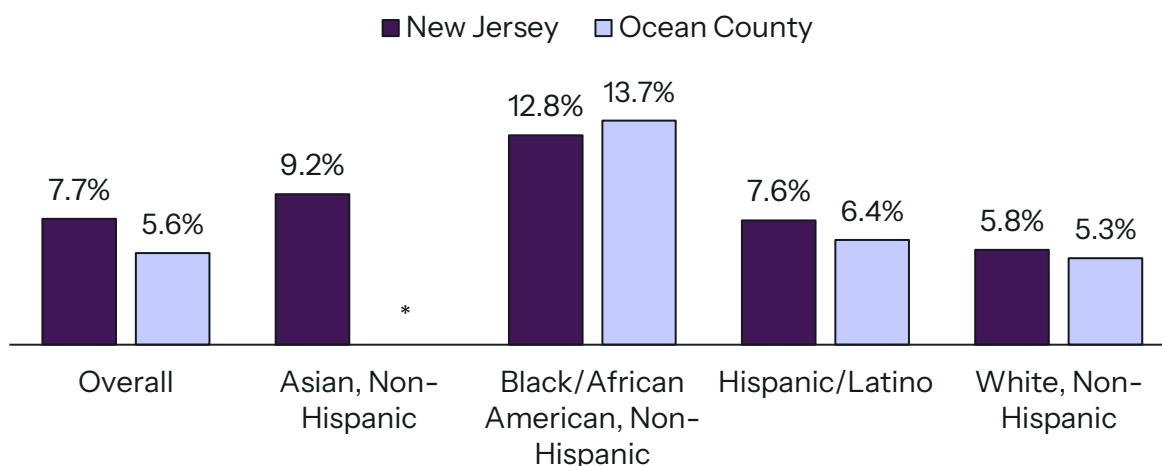
Legend: New Jersey, Ocean County

	Overall	Asian, Non-Hispanic	Black/African American, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	7.7%	9.2%	12.8%	7.6%	5.8%
Ocean County	5.6%	*	13.7%	6.4%	5.3%

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2025
NOTE: Low birth weight is defined as less than 2,500 grams. An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Prenatal care is a critical evidence-based strategy to prevent and manage pregnancy complications and reduce poor birth outcomes. The percentage of pregnant women receiving prenatal care in the first trimester was similar Ocean County (73.7%) to New Jersey overall (74.1%) (Figure 73). Racial disparities were not apparent from these data.

Figure 73. Percent of Pregnant Women Receiving Prenatal Care in the First Trimester, by Race/Ethnicity, by State and County, 2018-2022
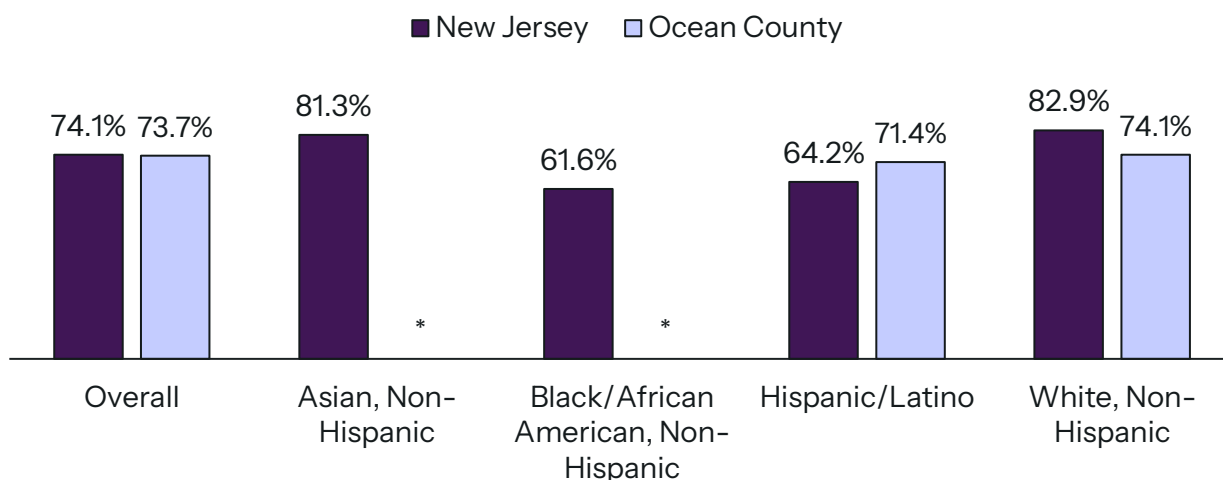
Legend: New Jersey, Ocean County

	Overall	Asian, Non-Hispanic	Black/African American, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	74.1%	81.3%	61.6%	64.2%	82.9%
Ocean County	73.7%	*	*	71.4%	74.1%

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Community survey respondents were asked about their participation in parenting classes over the past two years. Not enough respondents with children under 18 years of age from the BHBHC/CMC PSA participated in parenting classes to report any data.

Healthcare Access

Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death. This section discusses the use of healthcare and other services, barriers to accessing these services, and the health professional landscape in the region. Special attention in this section is given to access to interventions aimed at preventing the development of chronic diseases (e.g., diabetes, cancer, heart disease, etc.) and/or reducing the severity of those diseases.

Access and Utilization of Preventive Services
Interviewees and focus group participants generally reported good relationships between healthcare providers and residents in their community. One interviewee noted that the healthcare in Monmouth County is viewed as high-quality and competent care by the community, with a focus group participant noting that *"They've always seemed culturally respective and culturally aware."*

Over half of Ocean County residents who were enrolled in fee-for-service Medicare were vaccinated annually against the flu. Vaccination rates differed across race/ethnicity with Asian and White residents having a higher proportion of annual vaccinations than Black and Latino residents (Figure 74).

Figure 74. Percentage of Fee-for-Service (FFS) Medicare Enrollees that Had an Annual Flu Vaccination, by Race/Ethnicity, by State and County, 2021
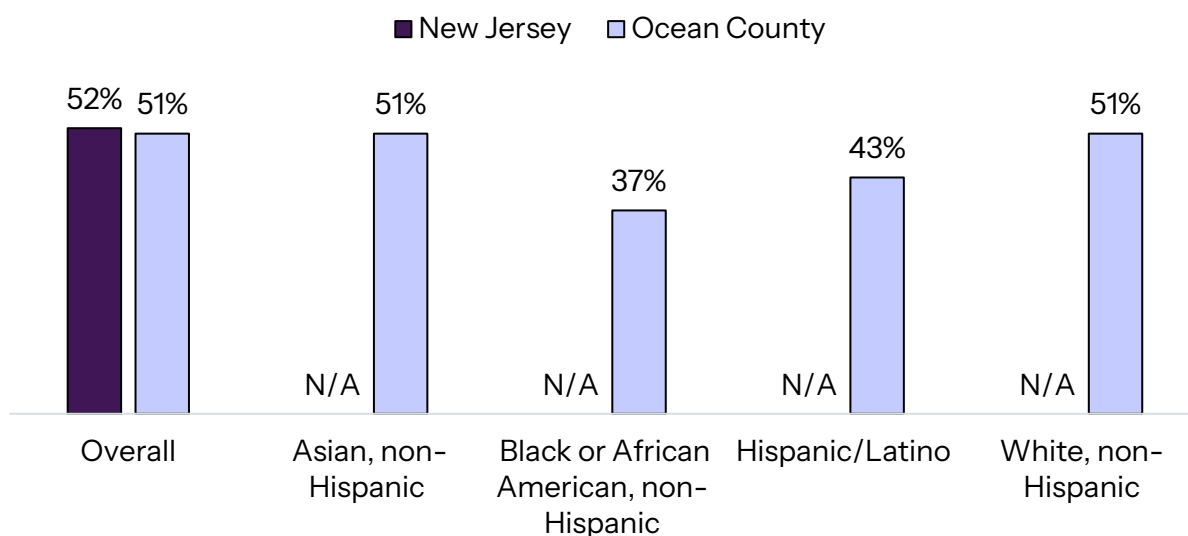
DATA SOURCE: Mapping Medicare Disparities Tool as cited in County Health Rankings, 2024
NOTE: Racial and ethnic stratifications not available at the state level.

Community survey respondents were asked what their top five sources of health information were. For the BHBHC/CMC PSA survey respondents overall, these were healthcare providers (87.0%), online resources (40.2%), family member (23.7%), urgent care (23.4%), and hospital emergency department (19.8%) (Table 20). The top two sources of health information were consistent across between Black, Latino, and White respondents.

Table 20. Top 5 Sources of Health Information among CMC & BHBHC PSA Survey Respondents, by Race/Ethnicity, 2024

	CMC & BHBHC PSA (n=894)	Asian (n=19)	Black (n=25)	Hispanic/ Latino (n=36)	White (n=742)
1	Health care provider (87.0%)	Health care provider (84.2%)	Health care provider (92.0%)	Health care provider (61.1%)	Health care provider (88.0%)
2	Online resources (40.2%)	*	Online resources (40.0%)	Online resources (41.7%)	Online resources (41.8%)
3	Family member (23.7%)	*	*	*	Urgent care (24.9%)
4	Urgent care (23.4%)	*	*	*	Family member (23.9%)
5	Hospital emergency department (19.8%)	*	*	*	Hospital emergency department (19.8%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: An asterisk (*) means that data were suppressed due to low numbers.

Community survey respondents were asked about their participation in various health screenings and preventive services in the last two years. Overall, 93.4% of survey respondents in the BHBHC/CMC PSA reported having an annual physical exam in the last two years, while 73.2% reported having a flu shot, and 78.3% received dental screening (Figure 75). Latino respondents reported the lowest percentage of receiving a flu shot (52.2%), but they were fairly similar to other racial groups in receiving an annual physical exam and dental screening.

Figure 75. Participation in Selected Preventive Services in the Past 2 Years, CMC & BHBHC PSA Residents, by Race/Ethnicity, 2024
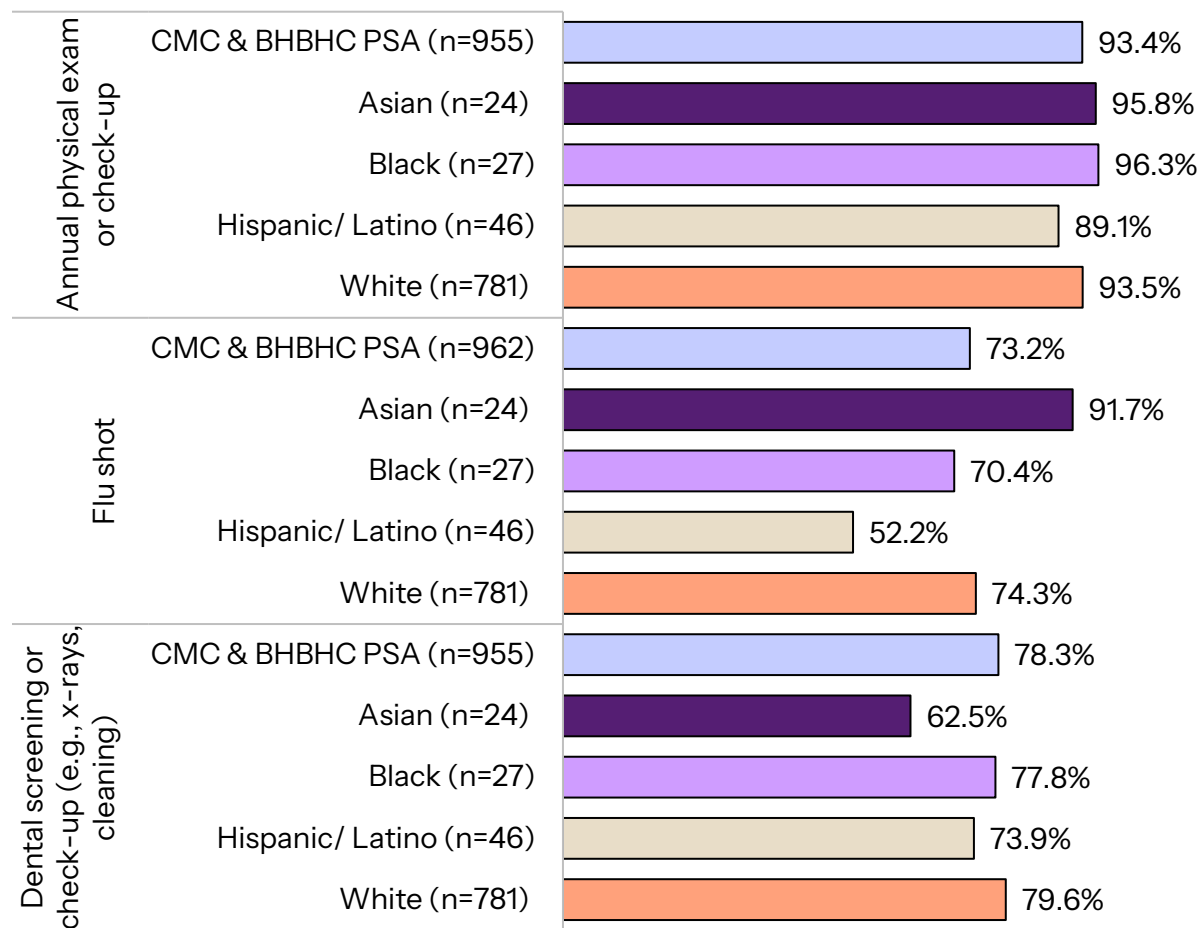
Annual physical exam or check-up

CMC & BHBHC PSA (n=955)	93.4%
Asian (n=24)	95.8%
Black (n=27)	96.3%
Hispanic/ Latino (n=46)	89.1%
White (n=781)	93.5%

Flu shot

CMC & BHBHC PSA (n=962)	73.2%
Asian (n=24)	91.7%
Black (n=27)	70.4%
Hispanic/ Latino (n=46)	52.2%
White (n=781)	74.3%

Dental screening or check-up (e.g., x-rays, cleaning)

CMC & BHBHC PSA (n=955)	78.3%
Asian (n=24)	62.5%
Black (n=27)	77.8%
Hispanic/ Latino (n=46)	73.9%
White (n=781)	79.6%

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Community survey respondents were asked about their health insurance coverage. Overall, 39.2% of survey respondents in the BHBHC/CMC PSA reported having Medicare, 7.0% reported having Medicaid/NJ FamilyCare, 62.7% reported having private insurance, and 10.5% reported having some other type of insurance (Figure 76). Endorsement of different insurance types was too low for meaningful comparisons by race/ethnicity.

Figure 76. Type of Health Insurance, CMC & BHBHC PSA Residents, by Race/Ethnicity, 2024
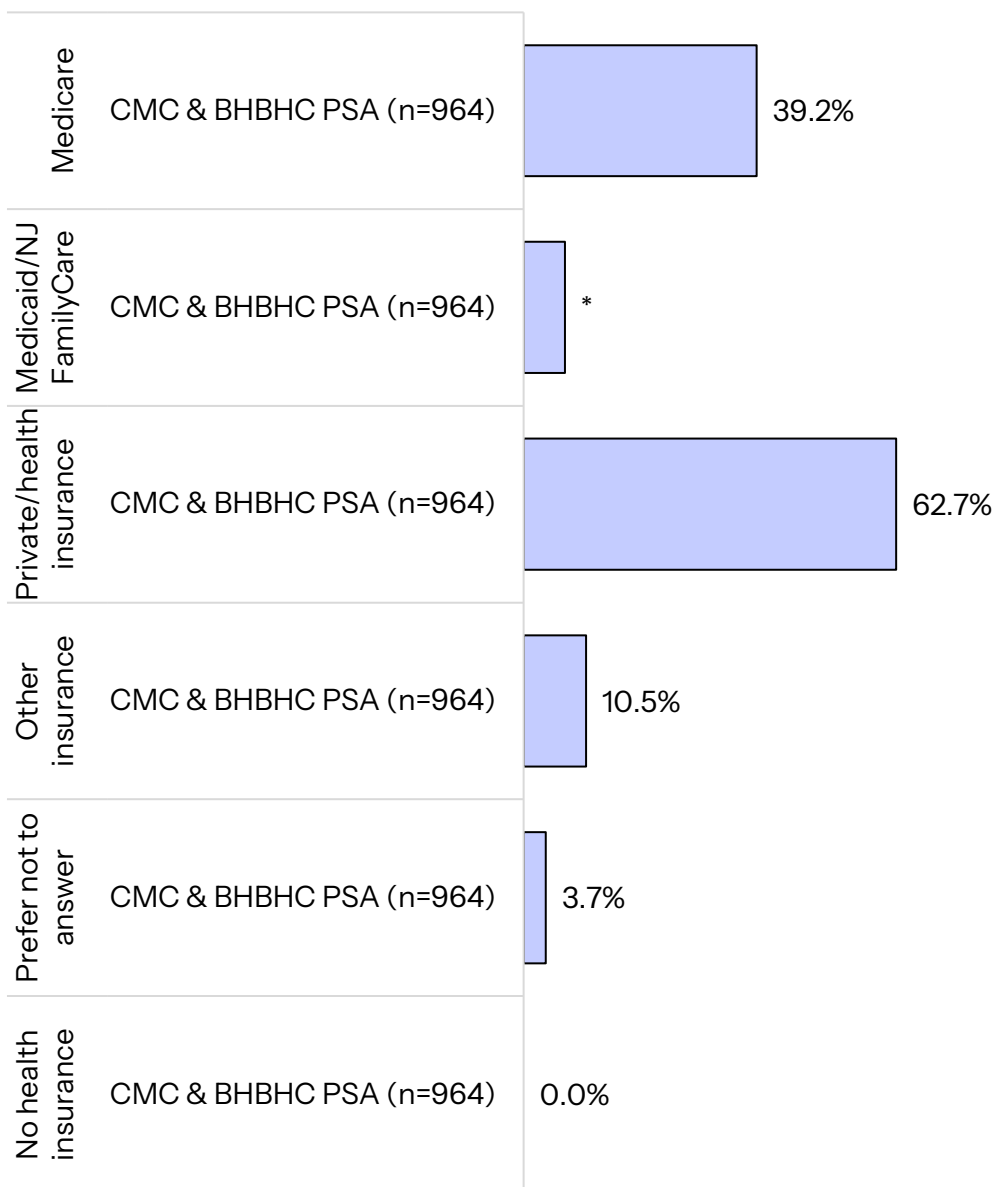
DATA SOU RCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

U.S. Census data show the percentage of uninsured population from 2019-2023 (Figure 77). Ocean County (4.2%) had a lower uninsured rate than New Jersey overall (7.4%). Proportions ranged from 0.3% in Lavallette to 8.2% in Lakehurst and Seaside, and 8.9% in Pine Beach. More information on health insurance rates and uninsured populations can be found in Appendix E. Additional Data Tables and Graphs.

Figure 77. Percent Uninsured, by State, County, and Town, 2019-2023

Location	Percent
New Jersey	7.4%
Ocean County	4.2%
Barnegat	3.0%
Bayville	3.6%
Beachwood	3.7%
Forked River	5.6%
Island Heights	2.1%
Lakehurst	8.2%
Lanoka Harbor	2.8%
Lavallette	0.3%
Little Egg Harbor	2.9%
Manchester Township	3.6%
Ocean Gate	4.8%
Pine Beach	8.9%
Seaside Heights	8.2%
Seaside Park	4.4%
Toms River	4.7%
Tuckerton	3.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Barriers to Accessing Healthcare Services
Interviewees and focus group participants shared that residents face barriers to accessing healthcare. Challenges such as cost of care, lack of providers, lack of insurance, language and transportation barriers were mentioned throughout the discussions, along with the impact of the current political environment on access to care.

Health insurance was highlighted in multiple focus groups and interviews as a key barrier to accessing healthcare. Although one interviewee noted that they have seen an increase in residents with health insurance due to the expanded options through the ACA, others noted that the cost is still high. One interviewee shared *"I had someone today who he had medication sent to him, but when he realized he had a copay, he told me he sent them back and said return to sender. He said 'I'm not taking it if I have to pay for it.' And I know for certain he should be taking those medications."* Multiple focus group participants and interviewees emphasized the challenge of finding healthcare providers that accept public insurance, especially for mental and behavioral health services. As one participant noted, *"I changed doctors because he didn't take Medicaid… The insurance thing is a huge problem for people. A huge deterrent. It's important, you shouldn't be dismissed due to your insurance."*

> *"Wait times are tough, along with the cost of care for long term medications and long term illnesses. People are making a lot of tradeoffs and a lot of times we see food go first."*
> – Key informant interviewee

Many focus group participants and interviewees highlighted the impact of the population growth in Ocean County and the need for increased resources, including healthcare services, to meet the need. Participants noted that the community has "*a shortage of providers, just not enough people to provide care,*" and this is leading to long wait times for appointments. One interviewee pointed to the difficulty in finding housing and school options in Ocean County as a barrier for providers taking job opportunities in the community: *"There's a group now trying to help doctors get set up with housing and school. We need to incentivize the doctors to come here."* Others noted the need for more specialists, including physical therapy, occupational therapy, mental health specialists, therapists, psychologists, psychiatrists, and social workers as key needs as the population has grown.

The increased need for maternal and infant health services was also highlighted by participants as a need resulting from the population growth. As one focus group participant explained, *"There's a huge population of children. I'm a mother also. But a lot of the services you might need for your child, like occupational therapy or speech therapy, most won't take insurance or certain insurance."* Participants shared anecdotal stories of long wait times or insurance barriers leading to parents driving out of state for pediatric specialties. As one participant described, *"Parents will do anything for their kids. They want the best for their child but it really takes a toll if someone has a chronically ill child and they're going to Philly once or twice a week."* Others highlighted the high birth rates of communities in Ocean County and a need for labor and delivery services at local hospitals.

> *"I have employees that have given birth on route to the hospital, and thinking what that does to someone's mental health, there's such a fear of not getting to the hospital on time."*
> – Focus group participant

Data from the County Health Rankings show the ratio of population to primary care providers (PCP) in 2021. Ocean County had a notably worse ratio than the state overall, with one PCP per 2,606 residents (2,606:1) compared to 1279:1 statewide (Figure 78).

Figure 78. Ratio of Population to Primary Care Provider, by State and County, 2021
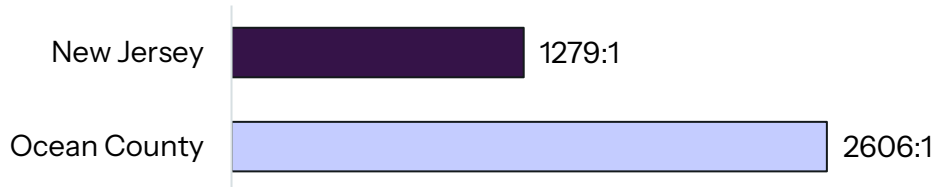
New Jersey	1279:1
Ocean County	2606:1

DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings, 2024

Community survey respondents were asked to identify the issues that made it harder for them or a family member to get medical care or treatment when needed. The full list of barriers is graphed below (Figure 79). The top issues survey respondents identified overall were inability to schedule an appointment at a convenient time (36.6%), long wait times (30.3%), doctors not accepting new patients (25.6%), cost of care (23.9%), and insurance problems (22.2%).

Figure 79. Health Care Access Barriers Reported by Community Health Survey Respondents in CMC & BHBHC PSA, (n= 921), 2024

Barrier	Percentage
Hard to schedule an appointment at a convenient time	36.6%
Wait times are too long	30.3%
Doctors not accepting new patients	25.6%
Cost of care	23.9%
Insurance problems	22.2%
Fear or dislike of doctors or hospitals	15.5%
Unable to find care	13.6%
Can't get time off to get care	9.3%
Transportation problems	8.1%
Health information not kept confidential	3.5%
Language problems	3.1%
Some other issue	2.9%
Childcare problems	2.0%
Services not accessible for people with disabilities	1.5%

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Table 21 presents the top five challenges for Latino and White community survey respondents, which were quite similar. Note that rankings for Asian and Black respondents were removed due to low endorsement response rates for this question.

Table 21. Top 5 Health Care Access Barriers, CMC & BHBHC PSA Residents, by Race/Ethnicity, 2024

	CMC & BHBHC PSA (n=921)	Hispanic/ Latino (n=43)	White (n=758)
1	Hard to schedule an appointment at a convenient time of day/evening/weekend (36.6%)	Hard to schedule an appointment at a convenient time of day/evening/weekend (48.8%)	Hard to schedule an appointment at a convenient time of day/evening/weekend (35.9%)
2	Wait times at doctor's office or clinic are too long (30.3%)	Cost of care (37.2%)	Wait times at doctor's office or clinic are too long (30.6%)
3	Doctors not accepting new patients (25.6%)	Wait times at doctor's office or clinic are too long (34.9%)	Doctors not accepting new patients (26.0%)
4	Cost of care (23.9%)	Doctors not accepting new patients (30.2%)	Cost of care (22.8%)
5	Insurance problems (22.2%)	Insurance problems (23.3%)	Insurance problems (22.7%)

DATA SOURCE: Community Health Needs Assessment Survey, 2024

Below is the percentage of community survey respondents from the BHBHC/CMC PSA who reported needing specialist care and not being able to access such care, by type of care (Figure 80). The greatest proportion of respondents facing difficulties in accessing care were for those needing behavioral health care (13.0%) and pediatric care (11.3%).

Figure 80: Percent of Community Survey Respondents in CMC & BHBHC PSA Who Reported Needing Specialist Care and Not Being Able to Go, by Type of Care Needed, 2024

Type of Care	Percent
Behavioral health (n=867)	13.0%
Children's health or pediatrics (n=115)	11.3%
Bone and muscle issues/Orthopedics (n=867)	8.3%
Women's health (n=621)	7.6%
Emergency/hospital care (n=867)	6.9%
Heart health/cardiovascular issues (n=867)	6.1%
Cancer (n=867)	4.3%
Issues with brain, spinal cord, or nerves/Neurology (n=867)	4.2%
Other (n=867)	2.2%
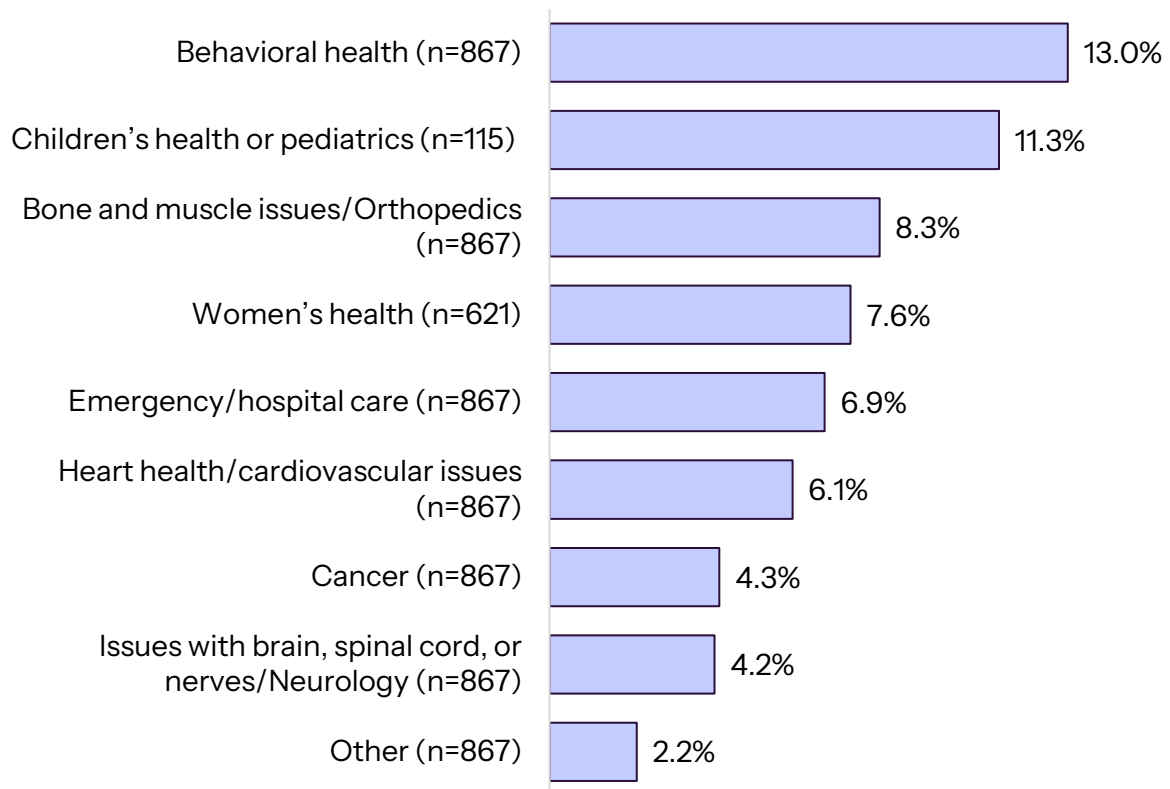
DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Responses are only among survey respondents who reported needing specialty care.

The largest barrier to seeking care for behavioral health (64.9%), women's health (55.3%) cardiovascular health (48.8%), neurology (70.6%), and orthopedics (43.1%) was provider availability (Figure 81). Unfortunately, insufficient responses were available to show data for children's health.

Figure 81. Factors Preventing Community Survey Respondents from Obtaining Specialist Care, CMC & BHBHC PSA Survey Respondents, by Provider Type, 2024
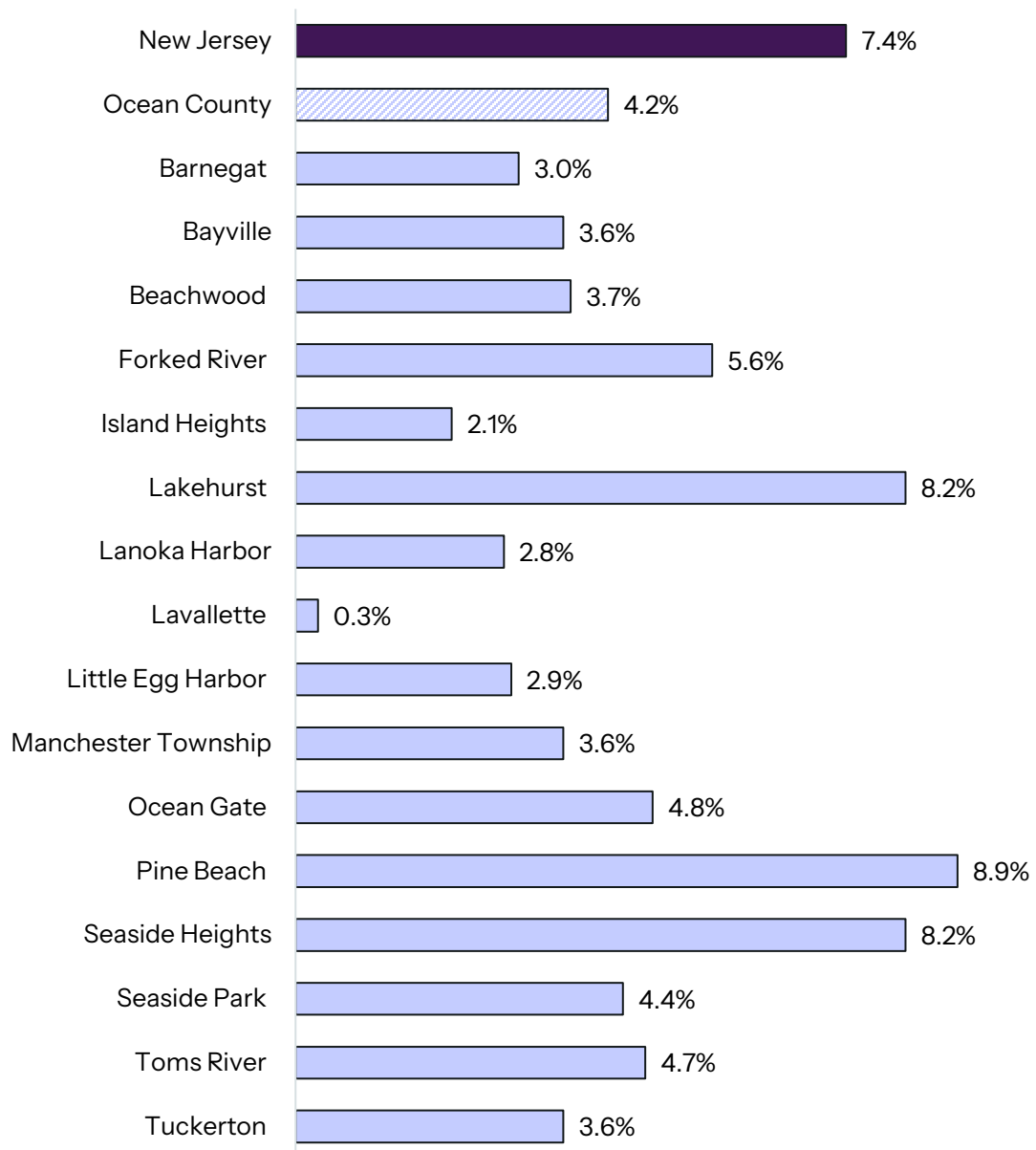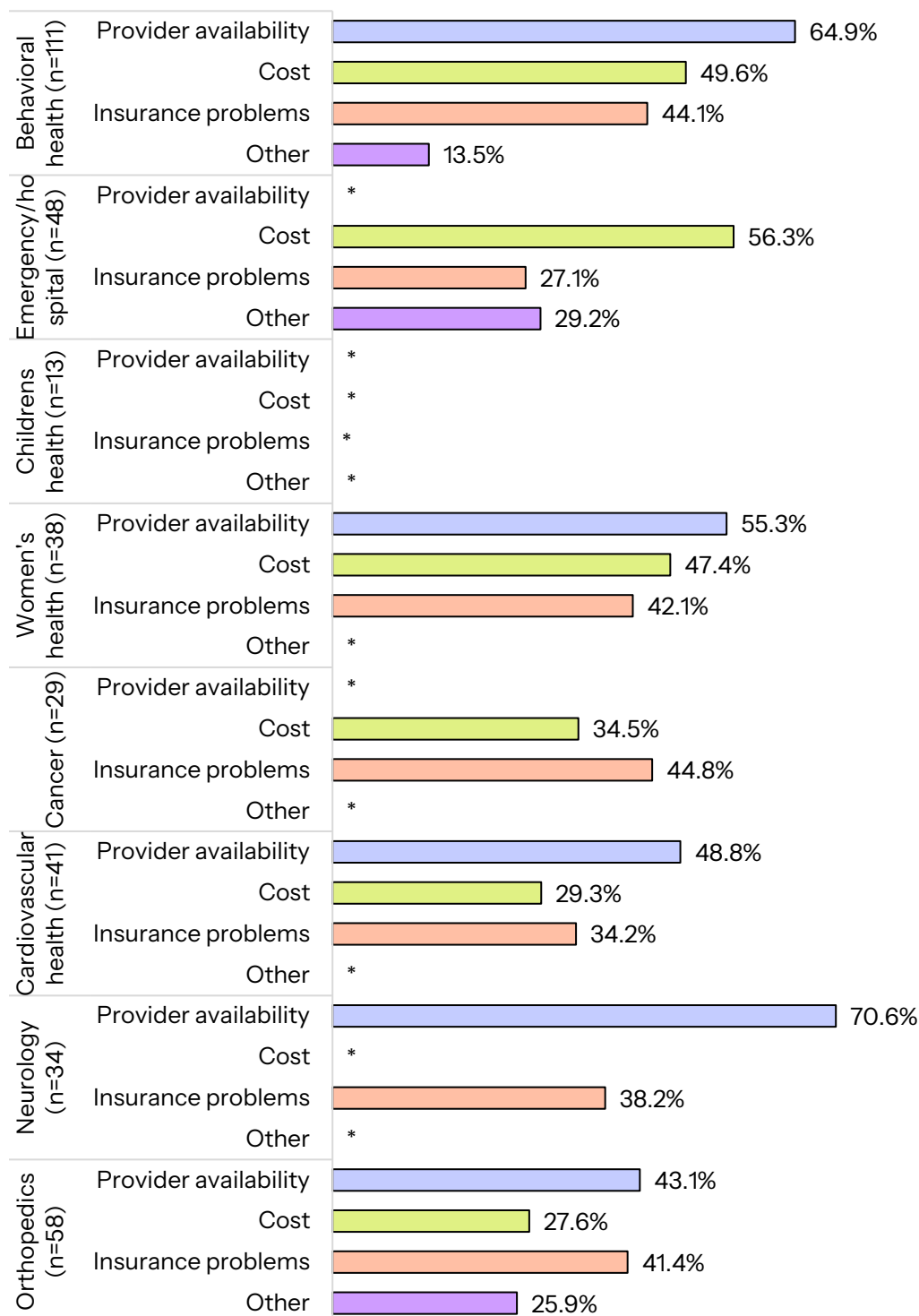

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Community Vision and Suggestions for the Future

Focus group and interview participants were asked for their suggestions for addressing community needs and their vision for the future of their communities. Community participants included organizational leaders from different health and social service sectors (e.g., housing, food insecurity, veteran's services, etc.), mental and behavioral health providers, educators, and residents at large belonging to specific population groups, including Spanish-speaking Latino residents, mental / behavioral health patients, Orthodox Jewish community members, and peer recovery specialists. Given BHBHC & CMC's primary service area, participants included individuals who lived or worked in Ocean County or were familiar with the community. The following section summarizes the assessment participants' recommendations for future consideration.

Increased availability of healthcare and social services to meet the needs of a growing population. Community participants noted a need for more healthcare providers and services for the growing population, especially for mental and behavioral health services and maternal and child health services. One participant noted that they hoped to see facilities identify ways to incentivize providers to work in the community to help reduce the long waiting lists for residents. Community survey respondents also identified difficulties scheduling an appointment at a convenient time, along with long wait times or providers not accepting new patients as the main barriers to accessing healthcare in the BHBHC / CMC service area (Figure 79). The need for additional services was also emphasized for other social services and programs outside of healthcare, including housing services. Participants hoped to see additional emergency and long-term shelter options for unhoused populations that provide the *"basic dignity and respect that they deserve"*, along with affordable housing options for community members.

> *"It would be great to have more funding to create more quality healthcare professionals for more availability and accessibility for the community."*
> – Focus group participant

Reduced stigma and increased integration of mental healthcare services within the community. Community participants noted a need for additional mental health services within the community to meet the demand for services, especially for those using Medicare or Medicaid who face difficulties finding providers and services that accept their insurance. Community survey respondents identified mental health issues as the fourth top health concern in their community overall, and the number one health concern for children and youth in their community (Figure 29 and Figure 30). Focus group and interview participants envisioned a community where there was no stigma associated with mental healthcare, and it was fully accepted and integrated within routine healthcare. One participant hoped to eventually have so many options for resources and services that *"it would be hard to choose which one".* Another noted that this community-level shift could include more education and training about mental health among first responders and medical staff, along with options for

earlier interventions where residents could walk-in for less serious mental health services before reaching a crisis.

Stronger coordination and increased accessibility of substance use services. Similar to mental health services, community participants echoed the need for reduced stigma and increased services for substance use in Ocean County. They noted a need for greater acceptance of medication assisted treatment, along with treatment facilities that provide patients with care for longer periods of time to allow for full recovery. Participants also highlighted the need for increased communication about resource availability and care navigators that are available outside of normal working hours: *"Addiction doesn't take the night off. It's terrible to see someone who wants the help but can't get [access to services] until eight in the morning. Then they say they tried to get help, but they didn't have the resources so they go and double-down on their drug use."*

> *"The rehabs are off by themselves like an island. There is a stigma with even being associated. It seems like communication and management need to be improved."*
> – Focus group participant

Development of additional opportunities for healthy living within communities. Although community participants identified the outdoor activities (parks, beaches, etc.) as community assets, some participants from the Orthodox Jewish community and the Hispanic / Latino community also noted that they would like to see additional spaces for children and teens. Some participants emphasized investing in sports leagues for youth, while others pointed out the benefits of art or theatre in terms of mental health. Some focus group participants had concerns around the amount of time adolescents spend indoors and hoped to see options such as covered parks or indoor physical fitness opportunities as spaces that could be used in the winter. Others pointed out the limits of public transportation and appreciated the city bikes that they had seen in other areas as a potential alternative to the heavy traffic in some areas in Ocean County.

Strengthened community connections and support across residents and community groups. Focus group participants envisioned a future where their community felt united and supportive of everyone, regardless of someone's background, identity, or experiences. This was echoed by interviewees who hoped to see improved communication and coordination between organizations, residents, and community groups, so that everyone had access to the same services and resources that are available. As one interviewee noted, *"[We need] better communication with the communities around us. We are bordered by five communities and [it would be better] if we were able to get everyone on the same page knowing that we are all on the same team and working to help support community and caring for one another."*

> *"I hope in the future we [the Latino community near Lakewood] will be more united and support each other."*
> – Focus group participant

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data; the community survey; and discussions with community residents and stakeholders, this assessment examined the current health status of the communities that BHBHC and CMC serve. Several key themes emerged from this synthesis:

Preparing local resources and services for demographic shifts. If demographic trends continue, Ocean County can expect to continue seeing population growth in the coming years, particularly children under 18. CHNA participants from some areas of Ocean County, particularly near Lakewood, viewed the infrastructure of the community as being unable to keep up with the population growth, noting a decrease in affordable housing, an increase in traffic congestion, and longer wait times for healthcare and other social services. Maternal and child health was a particular concern among residents who noted that the high birth rate in some communities, along with the lack of local labor & delivery services, was leading to residents traveling to receive maternity care. Others highlighted the need for more providers for maternal and child health such as pediatrics, occupational therapy, and speech therapy, especially services that accept public insurance and offer translation services.

The high cost of living, especially regarding housing and food, directly impacted the health and wellbeing of community members. Multiple participants described households having to make difficult decisions when deciding to pay for food, utilities, transportation, healthcare, prescriptions, and other necessities. Food insecurity was highlighted as a concern with one participant noting that many people are *"one paycheck or injury away from being in the food line,"* while others noted their appreciation for local food-related services. The high cost of living was also viewed as a particular concern in terms of housing affordability, with just 33.8% of BHBHC/CMC PSA survey respondents agreeing / strongly agreeing that there was enough safe and affordable housing in their community. Participants expressed concerns that the lack of affordable housing is more likely to impact some community members, such as older adults, veterans, immigrants, disabled individuals, and those navigating mental health or substance use challenges. See below for additional information about vulnerable populations.

Health disparities were widespread among Black and Latino residents of Ocean County. The health of Ocean County residents was correlated with their race and ethnicity. For example, cardiovascular disease and cancer mortality rates were notably higher for Black residents of Ocean County than for White residents. Emergency Department visits for asthma were five times higher for Black residents than for White residents of Ocean County. About a third of Latino community survey respondents in the BHBHC/CMC PSA reported feeling discriminated against when receiving medical care based on their race/ethnicity (32.5%) and their language/speech (32.5%).

The current environment and federal policies related to immigration and reduced social service funding have created a sense of fear and anxiety among individuals, communities, and organizations. Participants reported that economically vulnerable community members were most impacted by the stress associated with potential loss of social services (i.e., Medicaid/ Medicare benefits), including older adults, low-income households, veterans, and

some immigrant communities. Multiple participants reported a decrease in immigrant community members seeking services due to fear of deportation or separation, with others noting the impact this has had on the physical and mental health of this community. Local organizations also emphasized their concerns about their ability to continue to provide necessary services to residents with the uncertainty of future funding. Prior to this recent elevation in fear and anxiety, however, participants also described their communities as "tight-knit" where people know their neighbors and can rely on them for support. Community members also valued the high level of collaboration and partnership across the different sectors and institutions that serve residents.

Mental health and substance use were emphasized as key community issues by participants. Mental health and behavioral health was consistently highlighted by participants as key community concerns, especially among vulnerable populations (i.e. youth and young adults, veterans, immigrant communities, unhoused / housing insecure individuals). Mental health was identified as the fourth top health concern among BHBHC/CMC PSA survey respondents overall, and the number one concern for children and youth. Participants expressed that mental and behavioral health challenges were already prevalent in their communities, but that they had been exacerbated by the COVID-19 pandemic and the current political environment. As one interviewee noted, *"The times we are in is not helping at all, it's only adding to it with the anxiety and uncertainty."* Participants appreciated the more active role of healthcare systems in addressing mental and behavioral health in recent years, but emphasized the detrimental impact of stigma on access to services and the need for additional services that accept public health insurance. This was mirrored among BHBHC/CMC PSA survey respondents who identified the top barriers to mental health or substance use services for themselves or a family member as counselors/ services not accepting new patients (33.9%), cost of care (32.5%), wait times being too long (31.8%), and insurance problems (30.4%).

Housing and long-term treatment programs for serious mental illness and substance use were severely lacking in Ocean County. The lack of emergency housing and residential treatment facilities for mental and behavioral health were described as a major issue in this region, particularly considering the persistently higher rate of overdose mortality in Ocean County compared to New Jersey overall. Homelessness was highlighted as a particular concern in Ocean County, with multiple participants noting the need for emergency and long-term shelter options in the area to support the unhoused individuals in their communities. Interviewees working in the healthcare system shared anecdotes of individuals who utilized the emergency rooms because they have nowhere to stay, along with having to send patients to other states for housing services after being discharged from the hospital, due to the limited local options within New Jersey. Hospital requirements for a safe discharge plan were noted as difficult to meet in Ocean County, the only New Jersey county without a homeless shelter. Participants also noted that facilities that *do* exist are not well-kept, and not safe (particularly for women), and lack wrap-around services that would support recovery from acute mental and behavioral health problems.

Lack of affordable health insurance coverage, provider shortages, and language barriers were described as challenges for community members in accessing healthcare services. Although participants generally reported good relationships with their primary care providers, the long wait times, high cost of care, and insurance limitations were all highlighted as barriers

to healthcare access. This was mirrored among BHBHC/CMC PSA survey respondents who identified the top barriers to healthcare access as having a hard time scheduling an appointment at a convenient time (36.6%), wait times at doctor's offices or clinics being too long (30.3%), and doctors not accepting new patients (25.6%). Participants viewed the rapid population growth as impacting the long wait times for appointments, especially for specialty care including physical therapy, occupational therapy, mental health specialists, and social workers. Multiple participants also noted the need for additional providers that accept public health insurance and offer translation services, as these were noted as additional barriers that residents face when accessing care.

Prioritization and Alignment Process and Priorities Selected for Planning

Prioritization allows hospitals, organizations, and coalitions to target and align resources, leverage efforts, and focus on achievable goals and strategies for addressing priority needs. Priorities for this process were identified by examining data and themes from the CHNA findings utilizing a systematic, engaged approach. This section describes the approach and outcomes of the prioritization process.

Criteria for Prioritization
A high-level set of prioritization criteria were used across facilities in the RWJB system to guide conversations to define and refine priorities:
- **Burden**: How much does this issue affect health in the community?
- **Equity**: Will addressing this issue substantially benefit those most in need?
- **Impact**: Can working on this issue achieve both short-term and long-term changes? Is there an opportunity to enhance access/accessibility?
- **Systems Change**: Is there an opportunity to focus on/implement strategies that address policy, systems, and environmental change?
- **Feasibility**: Can we take steps to address this issue given the current infrastructure, capacity, and political will?
- **Collaboration/Critical Mass**: Are existing groups across sectors already working on or willing to work on this issue together?
- **Significance to Community**: Was this issue identified as a top need by a significant number of community members?

Prioritization and Alignment Process
The prioritization process was multifaceted and aimed to be inclusive, participatory, and data informed.

Input from Community Members and Stakeholders via Primary Data Collection
During each step of the primary data collection phase of the CHNA, assessment participants were asked for input. Key informant interviewees and focus group participants were asked about the most pressing concerns in their communities and the top three priority issues for future action and investment (see **Error! Reference source not found.** and **Error! Reference source not found.**). Community survey respondents were also asked to select up to four of the most important issues for future action in their communities, noted in the **Error! Reference source not found.** section of this report.

Based on responses gathered from key informant interviews, focus group participants, and community survey respondents, as well as social, economic, and health data from surveillance systems, eleven major initial key themes for areas of need were identified for the RWJBarnabas Health service areas located in Monmouth and Ocean Counties (in alphabetical order):

- Affordable Housing
- Chronic Disease Prevention and Management
- Community Cohesion
- Employment and Financial Security
- Food Insecurity and Healthy Eating
- Health and Racial Equity
- Healthcare Access
- Maternal & Child Health
- Mental Health
- Substance Use
- Systemic Racism and Discrimination

The recommendation was made to address Health & Racial Equity and Systemic Racism & Discrimination as cross-cutting themes that will be included in subsequent strategies to address health disparities, leaving nine key themes for consideration as potential priority areas.

Key Findings Presentation and SIP Preliminary Prioritization (Step 1)
On September 8, 2025, a 2-hour virtual Key Findings Presentation and SIP Preliminary Priority Polling meeting was held with the RWJBarnabas Health Joint Monmouth and Ocean Counties Advisory Committee to present and discuss the preliminary findings and conduct an initial poll on the recommended priorities for action.

During this meeting, attendees heard a data presentation on the key findings from the assessment. Meeting participants discussed the data as a group and offered their perspectives and feedback on the various issues. Participants noted that the themes presented resonated with their own experiences and perceptions.

Then, using the polling platform Mentimeter, meeting participants were asked to select up to four of the nine potential key themes identified from the data and based on the high-level prioritization criteria. These initial polling results elevated the following four issues from the key findings data:

- Mental Health
- Affordable Housing
- Healthcare Access
- Food Insecurity and Healthy Eating

Facility-Specific Key Findings & SIP Prioritization with BHBHC and CMC Leadership (Step 2):
On September 29th, 2025, a 60-minute virtual Key Findings and Prioritization meeting took place with CMC and BHBHC leadership and key partners. Following a brief presentation of the CHNA findings, facility leadership were asked to vote for up to four of the nine priorities identified from the data and based on the high-level prioritization criteria. These polling results were then compared with the polling results from the Joint Monmouth and Ocean Counties

Advisory Committee and a discussion was held to finalize the selected priorities for the Strategic Implementation Plans (SIP)s. The polling results across sessions aligned in elevating Mental Health, Access to Healthcare, and Food Insecurity & Healthy Eating as key priority areas for their communities. Although Affordable Housing was elevated in the initial polling of the Joint Monmouth and Ocean Counties Advisory Committee, participants within the BHBHC & CMC facility-specific meeting emphasized that it was an area of need in their communities but they faced significant challenges in terms of the feasibility of this as a priority area for the healthcare facilities. Other discussions included adding a subtopic of Maternal & Child Health within the priority area of Healthcare Access and combining the topics of Mental Health and Substance Use into one priority area due to the interconnectedness of these topics.

Priorities Selected for Planning
Based on the assessment findings as well as existing initiatives, expertise, capacity, and experience, CMC and BHBHC selected the following 4 priorities to focus on when developing their strategic implementation plans:
- Mental and Behavioral Health (with subtopic of Substance Use)
- Chronic Disease Prevention & Management
- Healthcare Access (with a subtopic of Maternal & Child Health)
- Food Insecurity and Healthy Eating

Health & Racial Equity and Systemic Racism and Discrimination were included as cross-cutting themes and strategies will be developed during planning to address health disparities.

It is noted that the needs prioritized and selected by the facilities for improvement planning are in line with the New Jersey State Health Improvement Plan 2020, which addresses strategies for improvement of Health Equity, Mental Health/Substance Use, Nutrition, Physical Activity, and Chronic Disease (additional focus areas include Birth Outcomes, Immunizations and Alignment of State and Community Health Improvement Planning). Further, actions for the prioritized areas support and are in line with the four broad Health New Jersey 2030 topic areas that represent the key elements that influence health: 1) Access to Quality Care; 2) Healthy Communities; 3) Health Families; and 4) Healthy Living.

In 2025, CMC and BHBHC will bring together stakeholders and subject matter experts for their planning processes and the development of their implementation plans that identify goals and strategies for addressing the CMC and BHBHC priorities: Mental and Behavioral Health (with subtopic of Substance Use); Chronic Disease Prevention & Management; Healthcare Access (with a subtopic of Maternal & Child Health); and Food Insecurity and Healthy Eating. Health & Racial Equity and Systemic Racism & Discrimination will be included as cross-cutting themes with strategies to address health disparities.

Barnabas Health Behavioral Health Center and Community Medical Center Community Health Needs Assessment: Appendix

November 2025

RWJBarnabas HEALTH | Behavioral Health Center   RWJBarnabas HEALTH | Community Medical Center

Appendix

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Appendix A: Organizations Represented in Key Informant Interviews and Focus Groups

Organization	Sector
American Friends Service Committee, Immigrant Rights Program	Immigrant Community
Association of Student Assistance Professionals, Ocean County	Youth
BHBHC Clinical Engagement	Mental Health
Community Affairs & Resource Center	Hispanic / Latinx Community
Female Community Leaders	Orthodox Jewish Community
FulFill	Food Insecurity
HABCore, Inc. Housing the Homeless	Housing
Lakewood Community Services Corporation	Orthodox Jewish Community
RWJBH Mental / Behavioral Health Patients	Mental Health
RWJBH Peer Recovery Specialists	Substance Use
Sadie Vickers Resource Center	Faith Community

Appendix B: Key Informant Interview Guide

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Health Resources in Action
Monmouth & Ocean County 2024-2025
Community Health Needs Assessment-Strategic Improvement Plan
Virtual Key Informant Interview Guide

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Goals of the key informant interview
- To determine perceptions of the strengths and needs of the community
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively
- To understand the priorities for action

[INSTRUCTIONS FOR FACIILTATOR:

THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT.

BEFORE THE INTERVIEW, TAILOR THE GUIDE BASED ON THE INTERVIEWEE'S AREA OF EXPERTISE USING THE SUGGESTED POOL OF QUESTIONS AT THE END.

IF RUNNING SHORT ON TIME, MAKE SURE TO ASK THE HIGHLIGHTED QUESTIONS.

REMINDER: THE THREE RWJB PRIORITIES ARE FOOD INSECURITY, MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT/ACCESS TO CARE]

I.   BACKGROUND (5 MINUTES)

- Hello, my name is _____, and I work for _____. Thank you for taking the time to talk with me today.

- The RWJBarnabas Health system is conducting community health assessments to gain a greater understanding of the needs of the community, how those needs are currently being addressed, and whether there might be opportunities to address these issues more effectively. This interview is part of a collective community health assessment led collaboratively by 4 facilities including Barnabas Health Behavioral Health Center, Community Medical Center, Monmouth Medical Center, and Monmouth Medical Center Southern Campus.

- As part of the community health assessment process, we are conducting interviews with leaders in the community and focus groups with residents to understand different people's perspectives on these issues. The findings from these conversations will inform decisions around future investments to improve the community.

- Our interview will last about 45 – 60 minutes. When we are done with the data collection, we will write a report on the key themes that came up during these discussions. We will

include quotes, but we will not share any names or identifying information. Nothing that you say here will be connected directly to you in our report. The final report will be publicly available through RWJBarnabas Health in late 2025 / early 2026.

- [NOTE IF TRANSCRIBING] We plan to transcribe these conversations just to ensure we have captured the main points of the discussion in case there are any interruptions in the note-taking. No one but the analysts at Health Resources in Action, who are writing the report, will be reviewing the transcription. Do you have any concerns with me turning on the transcription now?

- Do you have any questions before we begin?

II.   INTRODUCTION (5 MINUTES)

1.   Can you tell me a bit about yourself and the work that your organization does? What communities do you work in or serve?
[PROBE: What is your organization's mission/services? What communities do you work in? Who are your main clients/audiences?]

III.   COMMUNITY ASSETS AND CONCERNS (20 minutes)

Now, we're going to shift gears and talk about the community.

2.   What makes your community great? What are it's biggest strengths?

3.   What are some of the biggest problems or concerns in your community? What are neighbors worried about?

   a.   [PROBE ON SOCIAL DETERMINANTS OF HEALTH – FOOD INSECURITY / HEALTHY EATING; HOUSING AFFORDABILITY, ECONOMIC SECURITY/EMPLOYMENT; TRANSPORTATION; STIGMA/DISCRIMINATION, ETC.]

   b.   [IF NOT ADDRESSED ABOVE] What do you think are the most pressing *health* concerns in your community? (EX. MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT, SUBSTANCE USE, ETC.)

4.   How do these issues affect your/ residents' day-to-day life? [PROBE ON SDOH AND HEALTH ISSUES]

   a.   Are there groups in the community that are more impacted by these concerns than others? If yes, which groups? (PROBE: New Immigrants, Youth, Seniors, Low-Income Residents)

IV.   PRIORITIES (18 minutes) [Tailor section with questions from the Question Pool]

5. Can you tell me about some promising initiatives in your community to tackle the issues we've discussed?

6. Can you describe existing partnerships and collaborations that are helping to strengthen the community? What health issue are they tackling? Who are they serving? What have been the main accomplishments?

7. What are the gaps in existing services? Are there groups or populations that are not being reached?

8. What do you see as some of the biggest challenges for your community to tackle this issue or make improvements?

V.   VISION FOR THE FUTURE (10 MINUTES)

8. If you had one major takeaway call to action, need, or issue for us to address urgently, what would that be, and why? In other words, what change needs to happen to address the main issues in this community?

9. I'd like you to think about the future of your community. When you think about the community 3 years from now, what would you like to see? What's your vision?
   a. What are the next steps to help this vision become a reality?

VI.   CLOSING (2 MINUTES)
Thank you so much for your time and sharing your opinions.

That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today?

Thank you again. Your feedback is valuable, and we greatly appreciate your time.

Appendix C: Focus Group Guide

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Health Resources in Action
Monmouth & Ocean County 2024-2025
Community Health Needs Assessment-Strategic Improvement Plan
Virtual Focus Group Guide

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Goals of the focus group:
- To determine perceptions of the strengths and needs of the community
- To understand residents' current experiences and challenges
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

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[Instructions for facilitator:

- Before the focus group, tailor the guide based on the participants' area of expertise using the suggested pool of questions at the end.
- If running short on time, make sure to ask the highlighted questions.
- **THE THREE RWJB PRIORITIES ARE FOOD INSECURITY, MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT/ACCESS TO CARE**]

I. BACKGROUND (5 minutes)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization based in Boston that works throughout the US. I'd also like to introduce my colleague _____. They work with me on this project and are here to take notes during our discussion, so I can give you my full attention. Thank you for taking the time to talk with me today.

- The RWJBarnabas Health system is conducting community health assessments to gain a greater understanding of the needs of the community, how those needs are currently being addressed, and whether there might be opportunities to address these issues more effectively. This focus group is part of a collective community health assessment led collaboratively by 4 facilities including Barnabas Health Behavioral Health Center, Community Medical Center, Monmouth Medical Center, and Monmouth Medical Center Southern Campus.

- As part of the community health assessment process, we are conducting interviews with leaders in the community and focus groups with residents to understand different people's perspectives on these issues. The findings from these conversations will inform decisions around future investments to improve the community. We greatly appreciate your feedback, insight, and honesty.

- You are here because we want to hear from you. There are no right or wrong answers. We want to know your opinions, and those opinions might differ. This is fine. Please feel

free to share what you think, both positive and negative. If I ask a question that you don't feel comfortable answering it's okay for us to skip and move on to the next questions.

- This discussion will last about 60 minutes. [DEPENDING ON FORMAT OF FOCUS GROUP] Please turn on your video, if possible, so that we can all see each other speaking. As a reminder, please keep yourself on MUTE until you want to speak.

- When we are done collecting data, we will write a report on the key themes that came up during these discussions. We will include quotes, but we will not share any names or identifying information. Nothing that you say here will be connected directly to you in our report. The final report will be publicly available through RWJBarnabas Health in late 2025 / early 2026.

- [NOTE IF AUDIORECORDING/TRANSCRIBING] We'd like to audio record/transcribe this conversation to ensure we have captured the main points of the discussion. No one but the analysts at Health Resources in Action, who are writing the report, will be listening to the audio recordings/reading the transcript. Does anyone have any concerns with me turning the recorder/transcription on now? [Only turn transcript on if nobody objects]

- Does anyone have any questions before we begin?

II. INTRODUCTIONS (5 minutes)

First, let's spend some time getting to know one another. When I call your name, please unmute yourself and tell us:
      1) Your first name
      2) What city or town you live in
      3) One thing you love about where you live. [MODERATOR STARTS THEN ALL PARTICIPANTS INTRODUCE THEMSELVES]

III. COMMUNITY ASSETS AND CONCERNS (20 minutes)

Now, we're going to shift gears and talk about the community that you live in.

1. If someone was thinking about moving into your neighborhood, what would you say are the biggest strengths of your community – or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

2. What are some of the biggest problems or concerns in your community? What are neighbors worried about?

      a. [PROBE ON SOCIAL DETERMINANTS OF HEALTH – FOOD INSECURITY / HEALTHY EATING; HOUSING AFFORDABILITY, ECONOMIC SECURITY/EMPLOYMENT; TRANSPORTATION; STIGMA/DISCRIMINATION, ETC.]

b. [IF NOT ADDRESSED ABOVE] What do you think are the most pressing *health* concerns in your community? (EX. MENTAL HEALTH, CHRONIC DISEASE MANAGEMENT, SUBSTANCE USE, ETC.)

3. How do these issues affect your/ residents' day-to-day life? [PROBE ON SDOH AND HEALTH ISSUES]

a. Are there groups in the community that are more impacted by these concerns than others? If yes, which groups? (PROBE: New Immigrants, Youth, Seniors, Low-Income Residents)

IV. **PRIORITIES (14 minutes)** [You can use the question pool to tailor this section]

I've heard in our conversation today that NAME ISSUES are a top concern for the community. [NAME THE MAJOR 2-3 ISSUES MENTIONED IN THE DISCUSSION– FOOD INSECURITY/HEALTHY EATING; ACCESS TO HEALTHCARE; MENTAL HEALTH; BEHAVIORAL HEALTH; CHRONIC DISEASE; TRANSPORTATION; SOCIAL; ECONOMIC; ETC.]

4. Do you agree with this list as the major concerns/issues in your community? Is there a major issue that is missing?

Now let's talk about some of these issues in more detail [Moderator to select one major issue discussed.]

5. From your perspective, what are the main issues related to this [ISSUE]? What are the main factors affecting [ISSUE] in your community? [PROBE: Barriers and facilitators to access, Service Coordination, Social/Economic Factors, Discrimination, Etc.; Population groups most affected]

6. What do you see as some of the biggest challenges for your community to tackle this issue or make improvements?

7. What services or programs currently exist to address [ISSUE]?

8. What are the main gaps in existing services? Do the existing services work for everyone? [PROBE: Groups not being reached, neighborhoods less served, etc]

[REPEAT Q5-Q8 FOR 1-2 OTHER MAJOR ISSUES THAT WERE DISCUSSED]

V. VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT (14 minutes)

9. I'd like you to think ahead about the future of your community. When you envision the community 3 years from now, what change would you like to see happen?

10. What is one action or investment that should happen in the community to improve health and wellness? Why?

VI. CLOSING & GIFT CARDS (5 minutes)
Thank you so much for your time and for sharing your opinions with us. Your perspective about the communities you work with will be a great help in determining how to improve the systems that affect the health of this population.

Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

Thank you again. Your feedback is valuable, and we greatly appreciate your time and sharing your opinion. [TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS WILL RECEIVE GIFT CARD AND WHO TO CONTACT IF THEY HAVE QUESTIONS.]

Appendix D: Resource Inventory

Part 1: Acute and Long Term Care Facilities in Ocean County

Acute Care Facilities Resource_Ocean County

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
AMBULATORY CARE FACILITY	22208	LIVWELL HEALTHCARE (NJ22208)	40 BEY LEA ROAD SUITE B103 TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 364-9696	(732) 364-2225	Family Planning Center Of Ocean County, Inc.
AMBULATORY CARE FACILITY	22257	NJIN OF TOMS RIVER-EAST (NJ22257)	21 STOCKTON DRIVE TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 286-6333	(732) 505-0325	The New Jersey Imaging Network Llc
AMBULATORY CARE FACILITY	22570	TOMS RIVER X-RAY/CT/MRI CENTER (NJ22570)	154 HIGHWAY 37 WEST TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 244-0777	(732) 244-1428	Toms River X-Ray/Ct/Mri Center
AMBULATORY CARE FACILITY	23027	OCEAN HEALTH INITIATIVES (NJ23027OHI)	101 2ND STREET LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 363-6655	(732) 901-0663	Ocean Health Initiatives
AMBULATORY CARE FACILITY	23139	JERSEY ADVANCED MRI AND DIAGNOSTIC CENTER II (NJ23139)	1 KATHLEEN DRIVE SUITE 4 JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 901-6820	(732) 901-7550	Jersey Advanced Mri And Diagnostic Center
AMBULATORY CARE FACILITY	23227	GARDEN STATE RADIATION ONCOLOGY (NJ23216)	501 LAKEHURST ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 240-0053	(732) 240-9360	Garden State Radiation Oncology, L.L.C.
AMBULATORY CARE FACILITY	23274	UNIVERSITY RADIOLOGY, LLC (NJ23274)	833 LACEY ROAD, UNITS #2 AND #3 FORKED RIVER, NJ 08731	FORKED RIVER	NJ	08731	OCEAN	(609) 242-2334	(609) 242-2402	University Radiology Group, Llc
AMBULATORY CARE FACILITY	23343	UNIVERSITY RADIOLOGY GROUP, LLC (NJ23343)	3822 RIVER ROAD POINT PLEASANT, NJ 08742	POINT PLEASANT	NJ	08742	OCEAN	(732) 892-1200	(732) 892-1202	University Radiology Group, Llc
AMBULATORY CARE FACILITY	24017	SLEEP HEALTH LLC (NJ24017)	483 RIVER AVENUE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 364-3530	(732) 364-3531	Sleep Health Llc
AMBULATORY CARE FACILITY	24090	ATLANTIC MEDICAL IMAGING (NJ24090)	1430 HOOPER AVENUE TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 349-2867	(732) 349-3810	Atlantic Medical Imaging, Llc
AMBULATORY CARE FACILITY	24092	HEALTH VILLAGE IMAGING (NJ24092)	1301 ROUTE 72 WEST, SUITE 100 MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 660-9729	(609) 978-2076	Health Village Imaging, L.L.C.
AMBULATORY CARE FACILITY	24186	ATLANTIC MEDICAL IMAGING (NJ24186)	864 ROUTE 37 WEST, WEST HILLS PLAZA TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 240-2772	(732) 240-3795	Atlantic Medical Imaging
AMBULATORY CARE FACILITY	24252	SHORE POINT RADIATION ONCOLOGY CENTER (NJ24252)	900 ROUTE 70 EAST LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 901-7333	(732) 370-1294	Jersey Shore Brachytherapy, P.A.
AMBULATORY CARE FACILITY	24413	ATLANTIC MEDICAL IMAGING (NJ24413)	455 JACK MARTIN BOULEVARD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 840-6500	(732) 840-6459	Atlantic Medical Imaging
AMBULATORY CARE FACILITY	24836	HEALTH VILLAGE IMAGING AT JACKSON (NJ24836)	27 SOUTH COOKS BRIDGE ROAD JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 497-1200	(732) 284-3221	Health Village Imaging, L.L.C.
AMBULATORY CARE FACILITY	24990	SHORE HEART GROUP, PA (NJ24990)	115 EAST BAY AVENUE MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 971-3300	(609) 597-4656	Shore Heart Group, P.A.
AMBULATORY CARE FACILITY	25070	ADVANCED SPINE CARE AND PHYSICAL REHABILITATION LL (NJ25070)	728 BENNETTS MILLS ROAD, SUITE 1 JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 415-1401	(732) 415-1403	Northeast Spine & Sports Medicine
AMBULATORY CARE FACILITY	25071	NORTHEAST SPORTS MEDICINE GROUP, PC (NJ25071)	1104 ARNOLD AVENUE POINT PLEASANT, NJ 08742	POINT PLEASANT	NJ	08742	OCEAN	(732) 714-0070	(732) 714-0188	Northeast Spine And Sports Medicine
AMBULATORY CARE FACILITY	25106	AMI ATLANTICARE (NJ25106)	517 ROUTE 72 WEST MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 568-9149		Ami Atlanticare, L.L.C.

AMBULATORY CARE FACILITY	25205	TRU OB GYN AND BIRTH CENTER (NJ25205)	1382 LANES MILL ROAD LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 994-4242	(732) 835-6411	Tru Ob/Gyn & Birth Center, Llc
AMBULATORY CARE FACILITY	25285	BEACON OF LIFE (NJ25285)	800 ROUTE 70 LAKEHURST, NJ 08733	LAKEHURST	NJ	08733	OCEAN	(732) 592-3401		Beacon Of Life
AMBULATORY CARE FACILITY	25343	EAST BRUNSWICK IMAGING CENTER, LLC (NJ25343)	1215 ROUTE 70, SUITE 1003 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 613-6300	(732) 613-6318	East Brunswick Imaging Center, Llc
AMBULATORY CARE FACILITY	25288	OCEAN INTEGRATED WELLNESS CENTER, LLC (NJ25288)	864 ROUTE 37 WEST TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 503-4079	(732) 503-4127	Nj Community Spine & Pain, Llc
AMBULATORY CARE FACILITY	25452	NJIN OF TOMS RIVER WEST (NJ25452)	1251 ROUTE 37 WEST, SUITE 180 TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(973) 508-6535		The New Jersey Imaging Network Llc
AMBULATORY CARE FACILITY - SATELLITE	24259	OHI MOBILE VAN (NJ24259)	101 2ND STREET LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 363-6655	(732) 901-0663	Ocean Health Initiatives, Inc
AMBULATORY CARE FACILITY - SATELLITE	25275	CENTER FOR HEALTH EDUCATION, MEDICINE AND DENTISTR (NJ25275)	1171 RIVER AVENUE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 364-6666	(732) 534-8072	Lakewood Resources And Referral Center (Lrrc)

AMBULATORY CARE FACILITY - SATELLITE	25440	CENTER FOR HEALTH EDUCATION, MEDICINE AND DENTISTRY (NJ25440)	275 SOUTH HOPE CHAPEL ROAD JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 364-6666		Lakewood Resource & Referral Center
AMBULATORY CARE FACILITY - SATELLITE	25374	CENTER FOR HEALTH EDUCATION, MEDICINE AND DENTISTRY (NJ25374)	1771 MADISON AVE, ROUTE 9 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 534-2144		Lakewood Resource And Referral Center, Inc.
AMBULATORY SURGICAL CENTER	24918	CHILDREN'S DENTAL SURGERY OF JACKSON (24918-1)	27 SOUTH COOKS BRIDGE ROAD, SUITE L2 JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 928-1099	(732) 833-1690	Children'S Dental Surgery Center Of Jackson, Llc
AMBULATORY SURGICAL CENTER	22660	PHYSICIANS' SURGICENTER, LLC (NJ22660)	1 PLAZA DRIVE, UNITS 2-4 TOMS RIVER, NJ 08757	TOMS RIVER	NJ	08757	OCEAN	(732) 818-0059	(732) 818-9997	Physicians' Surgi-Center, Llc
AMBULATORY SURGICAL CENTER	23141	SEASHORE SURGICAL INSTITUTE, LLC (NJ23141)	495 JACK MARTIN BOULEVARD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 836-9800	(732) 836-3077	Seashore Surgical Institute, Llc
AMBULATORY SURGICAL CENTER	23286	LAKEWOOD SURGERY CENTER, LLC (NJ23395)	1215 ROUTE 70 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 719-1800	(732) 719-1801	Lakewood Surgery Center Llc
AMBULATORY SURGICAL CENTER	R24502	NORTHEAST SURGI-CARE LLC (NJ24061)	475 ROUTE 70, SUITE 203 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 719-8806	(732) 987-5302	Northeast Surgicare Llc
AMBULATORY SURGICAL CENTER	24106	JASPER AMBULATORY SURGICAL CENTER, LLC (NJ24106)	74 BRICK BOULEVARD, BUILDING 3, SUITE 121 CPAVILION PROFESSIONAL CENTER BRICK, NJ 08723	BRICK	NJ	08723	OCEAN	(732) 262-0700	(732) 262-0400	Jasper Ambulatory Surgical Center, L.L.C.
AMBULATORY SURGICAL CENTER	24143	ATLANTICARE SURGERY CENTER-OCEAN COUNTY (NJ24143)	798 ROUTE 539, BUILDING A, SUITE 1 LITTLE EGG HARBOR TW, NJ 08087	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 296-1122	(609) 296-1142	Atlanticare Surgery Center, L.L.C.
AMBULATORY SURGICAL CENTER	24394	Northeast Surgi-Care, LLC (NJ24394)	475 ROUTE 70 Suite 202 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 730-3939	(732) 730-9119	Northeast Surgi-Care, Llc
AMBULATORY SURGICAL CENTER	24462	MANCHESTER SURGERY CENTER (NJ24462)	1100 ROUTE 70 WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 716-8116	(732) 849-1511	Manchester Surgery Center
AMBULATORY SURGICAL CENTER	R24521	NJ CATARACT AND LASER INSTITUTE LLC (NJ31C0001020)	101 PROSPECT STREET, SUITE 102 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 367-0699	(732) 367-0937	Cataract And Laser Institute
AMBULATORY SURGICAL CENTER	R24571	OCEAN COUNTY EYE ASSOCIATES (NJ31C0001078)	18 MULE ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 818-1200	(732) 349-6350	Ocean County Eye Associates, Pc
AMBULATORY SURGICAL CENTER	R24582	ENDOSCOPY CENTER OF OCEAN COUNTY (NJ31C0001082)	477 LAKEHURST ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 349-4422	(732) 349-5087	Endoscopy Center Of Ocean County, Llc
AMBULATORY SURGICAL CENTER	22909	OCEAN ENDOSURGERY CENTER (NJ31C0001095)	129 ROUTE 37 WEST, SUITE 1 TOMS RIVER, NJ	TOMS RIVER	NJ	08755	OCEAN	(732) 797-3960	(732) 797-3963	Ocean Endosurgery Center, L.L.C.

Facility Type	ID	Name	Address	City	State	Zip	County	Phone	Fax	Operator
			08755							
AMBULATORY SURGICAL CENTER	22372	SHORE OUTPATIENT SURGICENTER, LLC (NJ31C0001099)	360 ROUTE 70 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 942-9835	(732) 942-7496	Shore Outpatient Surgicenter, L.L.C.
AMBULATORY SURGICAL CENTER	22908	TOMS RIVER SURGERY CENTER, LLC (NJ31C0001153)	1430 HOOPER AVENUE TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 240-2277	(732) 240-5428	Toms River Surgery Center
AMBULATORY SURGICAL CENTER	R24511	BEY LEA AMBULATORY SURGICAL CENTER (NJ80012)	Po Box 397 Whiting, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 281-1020	(732) 849-1511	Bey Lea Ambulatory Surgical Center Llc
AMBULATORY SURGICAL CENTER	R24517	SURGICENTER, THE (NJ90055)	500 LAKEHURST ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 914-2233	(732) 914-8974	Surgicenter, Llc (The)
AMBULATORY SURGICAL CENTER	R24568	GARDEN STATE AMBULATORY SURGERY CENTER (NJ90072)	1 PLAZA DRIVE TOMS RIVER, NJ 08757	TOMS RIVER	NJ	08757	OCEAN	(732) 341-7010	(732) 341-5066	Garden State Ambulatory Surgerey Center, Pc
AMBULATORY SURGICAL CENTER	R24581	ENDOSCOPY CENTER OF TOMS RIVER LLC (NJ90078)	473 LAKEHURST ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 349-4422	(732) 349-5087	Endoscopy Center Of Toms River, Llc
AMBULATORY SURGICAL CENTER	R24544	COASTAL ENDOSCOPY CENTER (NJ90084)	175 GUNNING RIVER ROAD BLDG A UNIT 4 BARNEGAT, NJ 08005	BARNEGAT	NJ	08005	OCEAN	(609) 698-0700	(609) 698-0777	Coastal Endo, Llc
COMPREHENSIVE REHABILITATION HOSPITAL	21525	ENCOMPASS HEALTH REHAB HOSPITAL OF TOMS RIVER (NJ21525)	14 HOSPITAL DR TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 244-3100	(732) 818-4840	Encompass Health Rehab Hosp Of Toms River,Llc
COMPREHENSIVE REHABILITATION HOSPITAL	22219	JOHNSON REHABILITATION INSTITUTE AT OMC (NJ22219-1)	425 JACK MARTIN BOULEVARD, 2ND FLOOR, EAST WING BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 836-4530	(732) 836-4531	Hmh Hospitals Corporation
END STAGE RENAL DIALYSIS	22333	SOUTHERN OCEAN COUNTY DIALYSIS CENTER (NJ22333)	1301 ROUTE 72, SUITE 110 MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 597-1039	(609) 597-4925	Southern Ocean County Dialysis Clinic, Llc
END STAGE RENAL DIALYSIS	22820	FRESENIUS KIDNEY CARE BRICK BOULEVARD (NJ22820)	150 BRICK BOULEVARD BRICK, NJ 08723	BRICK	NJ	08723	OCEAN	(732) 477-2247	(732) 477-3479	Fresenius Medical Care Brick Boulevard, Llc
END STAGE RENAL DIALYSIS	23007	LAKEWOOD DIALYSIS SERVICES (NJ23007)	1328 RIVER AVENUE, SUITE 16 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 730-2222	(732) 730-2229	Lakewood Dialysis Services, Llc
END STAGE RENAL DIALYSIS	23371	RCG WHITING (NJ23371)	430 PINEWALD-KESWICK ROAD, ROUTE 530 WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 350-8405	(732) 350-8172	Whiting Dialysis Services L.L.C.
END STAGE RENAL DIALYSIS	24697	FRESENIUS MEDICAL CARE TOMS RIVER (NJ24697)	970 HOOPER AVENUE TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 286-6502	(732) 240-3154	Fresenius Medical Care Toms River, L.L.C.
END STAGE RENAL DIALYSIS	24920	OCEAN COUNTY DIALYSIS CENTER (NJ24920)	635 BAY AVENUE - SUITE 215 TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 341-2730	(732) 557-4186	Kamakee Dialysis L.L.C.
END STAGE RENAL DIALYSIS	24984	JACKSON TOWNSHIP DIALYSIS (NJ24984)	260 NORTH COUNTY LINE ROAD, SUITE 120 JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 364-2055	(732) 901-1905	Ronan Dialysis, Llc
END STAGE RENAL DIALYSIS	25124	MANAHAWKIN DIALYSIS (NJ25124)	601 WASHINGTON AVENUE, SUITE F MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 891-3070	(609) 891-3095	Wahconah Dialysis, Llc
END STAGE RENAL DIALYSIS	24999	MERIDIAN-FRESENIUS DIALYSIS AT BRICK (NJ312326)	1640 ROUTE 88, SUITE 102 BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 785-2690	(732) 785-2696	Fresenius Medical Care Ocean, L.L.C.
END STAGE RENAL DIALYSIS	41501	FMC JOHN J DEPALMA RENAL CENTER (NJ41501)	2A PLAZA DRIVE UNIT A1 TOMS RIVER, NJ 08757	TOMS RIVER	NJ	08757	OCEAN	(732) 505-0620	(732) 505-8399	Renal Institute Of Central Jersey, L.L.C.
FEDERALLY QUALIFIED HEALTH CENTERS	25011	OCEAN HEALTH INITIATIVES INC (1235598616)	798 COUNTY ROAD 539 LITTLE EGG HARBOR TW, NJ 08087	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(732) 363-6655	(732) 901-0663	Ocean Health Initiatives
FEDERALLY QUALIFIED HEALTH CENTERS	24941	OCEAN HEALTH INITIATIVES (24941A)	855 SOMERSET AVENUE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 363-6655	(732) 901-0663	Ocean Health Initiatives
FEDERALLY QUALIFIED HEALTH CENTERS	24191	CENTER FOR HEALTH EDUCATION MEDICINE AND DENTISTRY (311881)	1771 MADISON AVE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 364-2144	(732) 364-3559	Lakewood Resource And Referral Center

FEDERALLY QUALIFIED HEALTH CENTERS	24853CLO	OHI-MANCHESTER TOWNSHIP NEW ACCESS POINT (NJ24853)	686 STATE ROUTE 70 MANCHESTER TOWNSHIP, NJ 08733	MANCHESTER TOWNSHIP	NJ	08733	OCEAN	(732) 363-6655		Ocean Health Initiatives
FEDERALLY QUALIFIED HEALTH CENTERS	25048	OCEAN HEALTH INITIATIVES (NJ25048)	1610 ROUTE 88, SUITE 203 BRICK, NJ 08723	BRICK	NJ	08723	OCEAN	(732) 363-6655		Ocean Health Initiatives
GENERAL ACUTE CARE HOSPITAL	11501	COMMUNITY MEDICAL CENTER (NJ11501)	99 RT 37 WEST TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 557-8000	(732) 557-8087	Community Medical Center
GENERAL ACUTE CARE HOSPITAL	11502	MONMOUTH MEDICAL CENTER-SOUTHERN CAMPUS (NJ11502)	600 RIVER AVE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 363-1900	(732) 886-4406	Monmouth Medical Center
GENERAL ACUTE CARE HOSPITAL	11504	SOUTHERN OCEAN MEDICAL CENTER (NJ11504)	1140 RT 72 W MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 597-6011	(609) 978-8920	Hmh Hospitals Corporation
GENERAL ACUTE CARE HOSPITAL	11505	OCEAN UNIVERSITY MEDICAL CENTER (NJ310052)	425 JACK MARTIN BLVD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 840-2200	(732) 840-3284	Hmh Hospitals Corporation
HOME HEALTH AGENCY	71501	BAYADA HOME HEALTH CARE, INC (NJ317031)	401 LACEY ROAD WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 350-2355	(732) 350-1905	Bayada Home Health Care, Inc.
HOME HEALTH AGENCY	71502	VNA OF CENTRAL JERSEY HOME CARE & HOSPICE (NJ317067)	1433 HOOPER AVENUE TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 818-6872	(732) 784-9710	Vna Health Group Of New Jersey, L.L.C.
HOME HEALTH AGENCY	22366	HACKENSACK MERIDIAN AT HOME OCEAN COUNTY (NJ317075)	LAURELTON PLAZA, 1759 STATE HIGHWAY 88, SUITE 100 BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 206-8100	(732) 206-8101	Hackensack Meridian Ambulatory Care, Inc.
HOSPICE CARE BRANCH	22644	HOLY REDEEMER HOSPICE-NJ, SHORE (NJ22644)	1228 ROUTE 37 WEST TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 240-2449	(732) 288-7055	Holy Redeemer Visiting Nurse Agency, Inc
HOSPICE CARE BRANCH	22747	HACKENSACK MERIDIAN HOSPICE (NJ22747)	80 NAUTILUS DRIVE MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 489-0252	(609) 489-0371	Hackensack Meridian Ambulatory Care, Inc.
HOSPICE CARE BRANCH	24357	COMPASSIONATE CARE HOSPICE OF MARLTON LLC (NJ24357)	1130 HOOPER AVENUE TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 244-6380	(732) 244-6420	Compassionate Care Hospice Of Marlton, Llc
HOSPICE CARE BRANCH	24453	COMPASSUS-GREATER NEW JERSEY (NJ24453)	222 OAK AVENUE, UNIT 3 TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 722-5001	(800) 783-7854	Life Choice Hospice Of New Jersey, Llc
HOSPICE CARE BRANCH	25073	BAYADA HOSPICE (NJ25073)	10 ALLEN STREET, SUITE 1A TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(609) 387-6410	(609) 387-6414	Bayada Home Health Care, Inc.
HOSPICE CARE BRANCH	25235	ANGELIC HOSPICE (NJ25235)	74 BRICK BOULEVARD BUILDING#1 SUITE 201 TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 664-4909	(609) 939-1714	Atlantic Hospice Inc.
HOSPICE CARE BRANCH	25402	FELLOWSHIP GARDEN STATE HOSPICE (NJ25402)	509 COUNTY RD 530, ROOM 174 WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 849-4207		Fellowship Senior Living, Inc.
HOSPICE CARE PROGRAM	22746	VNA OF CENTRAL JERSEY HOME CARE & HOSPICE (NJ22746)	1433 HOOPER AVENUE TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 818-6800	(732) 784-9916	Vna Health Group Of New Jersey, Llc
HOSPICE CARE PROGRAM	24822	HOLISTICARE HOSPICE OF NEW JERSEY, LLC (NJ24822)	1268 ROUTE 37 WEST, UNIT #2 TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(908) 677-5492	(732) 349-0567	Care Hospice, Inc.
HOSPICE CARE PROGRAM	24834	CARESENSE HEALTH (NJ24834)	1935 SWARTHMORE AVENUE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(888) 444-8157	(215) 933-5631	Caresense Health, L.L.C.
HOSPICE CARE PROGRAM	25234	AFFINITY CARE OF NJ, LLC (NJ25234)	635 DUQUESNE BOULEVARD, SUITE 1 BRICK, NJ 08723	BRICK	NJ	08723	OCEAN	(732) 800-9494	(732) 399-8294	Affinity Care Of Nj, Llc
HOSPICE CARE PROGRAM	25352	CONSTELLATION HOSPICE (NJ25352)	Two Executive Dr. Suite 105 Marlton, NJ 08053	MARLTON	NJ	08053	OCEAN	(908) 783-4887	0	Constellation Health Services Nj Llc
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1114	OCEAN CARE CENTER (NJ1114)	1517 RICHMOND AVENUE, ROUTE 35 SOUTH POINT PLEASANT, NJ 08742	POINT PLEASANT	NJ	08742	OCEAN	(732) 295-6377	(732) 206-8241	Hmh Hospitals Corporation
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1441	MERIDIAN REHAB OUTPATIENT THERAPY AT MANAHAWKIN (NJ1441)	56 NAUTILUS DRIVE MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 978-3110	(609) 978-8985	Hmh Hospitals Corporation

HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1446	MERIDIAN REHAB OUTPATIENT THERAPY CENTER AT BRICK (NJ1446)	1686 ROUTE 88 BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 836-4368	(732) 836-4012	Hmh Hospitals Corporation
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1480	CENTER FOR SLEEP MEDICINE AT OCEAN UNIVERSITY MED (NJ1480)	1610 ROUTE 88, SECOND FLOOR BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 836-4295	(732) 836-4578	Hmh Hospitals Corp Ocean Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1499	COMMUNITY MEDICAL CENTER WOMEN'S IMAGING CENTER (NJ1499)	368 LAKEHURST ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 557-8000	(732) 557-8087	Community Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1513	CARDIOVASCULAR LAB AT COMMUNITY MEDICAL CENTER (NJ1513)	67 HIGHWAY 37 WEST, RIVERWOOD BLDG 1 TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 557-8000		Community Medical Center
HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF	1547	CHILDREN'S SPECIALIZED HOSPITAL AT TOMS RIVER (NJ1547)	1251 HIGHWAY 37 WEST TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 258-7000		Children'S Specialized Hospital
PSYCHIATRIC HOSPITAL	21501	SAINT BARNABAS BEHAVIORAL HEALTH CENTER (NJ21501)	1691 HIGHWAY 9 TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 914-1688	(732) 914-3854	Saint Barnabas Behavioral Health Center, Inc
SPECIAL HOSPITAL HOSP-LT	23142	SPECIALTY HOSPITAL OF CENTRAL JERSEY (NJ23142)	600 RIVER AVENUE, 4 WEST LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 806-3200	(732) 806-3308	Acutecare Health System, Llc
SURGICAL PRACTICE	R24706	DR MICHAEL ROSEN MD PC (NJR24706)	1114 HOOPER AVENUE TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 240-6396	(732) 240-3074	Michael Rosen, M.D., P.C.

Reference: New Jersey Department of Health, Health Facilities search downloaded July 31, 2025

Long Term Care Facilities Resource_Ocean County

FACILITY_TYPE	LIC#	LICENSED_NAME	ADDRESS	CITY	STATE	ZIP	COUNTY	TELEPHONE	FAXPHONE	LICENSED_OWNER
ADULT DAY HEALTH SERVICES FACILITY	15102	SILVER TIME ADULT DAY HEALTH CARE CENTER LLC (NJ15102)	600 MULE ROAD TOMS RIVER, NJ 08757	TOMS RIVER	NJ	08757	OCEAN	(848) 224-4285	(732) 234-5902	Silver Time Adult Day Health Care Center Llc
ADULT DAY HEALTH SERVICES FACILITY	080187	AMBASSADOR MEDICAL DAY CARE (NJ80187)	619 RIVER AVENUE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 367-1133	(732) 370-1087	Ambassador Hatzlacha Llc
ADULT DAY HEALTH SERVICES in a LONG-TERM CARE FACILITY	658333	SEACREST VILLAGE (NJ658333)	1001 CENTER STREET LITTLE EGG HARBOR TW, NJ 08087	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 296-9292	(609) 296-0508	Seacrest Village, Inc.
ADULT DAY HEALTH SERVICES in a LONG-TERM CARE FACILITY	658334	WHITING GARDENS ADULT DAY CARE (NJ658334)	3000 HILLTOP ROAD WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 849-4969	(732) 849-0918	Whiting Gardens Adult Day Care Llc
ASSISTED LIVING PROGRAM	15A101	SPRING OAK OF TOMS RIVER (NJ15A101)	2145 WHITESVILLE ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 905-9222	(732) 905-9442	The Residence At Lake Ridge, Llc
ASSISTED LIVING RESIDENCE	3EGDKS	ORCHARDS AT BARTLEY, THE (3EGDKS)	100 NORTH COUNTY LINE ROAD JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 730-1700	(732) 730-1738	Bartley Assisted Living Llc
ASSISTED LIVING RESIDENCE	15A112	SUNRISE ASSISTED LIVING OF JACKSON (NJ15A112)	390 NORTH COUNTY LINE ROAD JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 928-5600	(732) 928-5601	Ms Jackson Sh, Llc
ASSISTED LIVING RESIDENCE	15A113	TERRACES AT SEACREST VILLAGE, THE (NJ15A113)	281 MATHISTOWN ROAD LITTLE EGG HARBOR TW, NJ 08087	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 857-4141		Seacrest Assisted Living, Llc
ASSISTED LIVING RESIDENCE	15A115	HARMONY VILLAGE AT CAREONE JACKSON (NJ15A115)	11 HISTORY LANE JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 367-6600	(732) 905-9641	11 History Lane Operating Company, L.L.C.
ASSISTED LIVING RESIDENCE	15A116	ARTIS SENIOR LIVING OF BRICK (NJ15A116)	466 JACK MARTIN BOULEVARD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 475-7040	(732) 475-7351	Artis Senior Living Of Brick Township, Llc
ASSISTED LIVING RESIDENCE	65A000	BRIGHTON GARDENS OF LEISURE PARK (NJ65A000)	1400 ROUTE 70 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 370-0444	(732) 370-0429	Fs Leisure Park Tenant Trust
ASSISTED LIVING RESIDENCE	65A001	ASSISTED LIVING AT PINES VILLAGE (NJ65A001)	507 ROUTE 530 WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 849-0400	(732) 350-4456	Pines Village, Inc.
ASSISTED LIVING RESIDENCE	65a002	THE RESIDENCE AT STAFFORD (NJ65A002)	1275 ROUTE 72 MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 597-2500	(609) 597-9898	Stafford Opco, Llc
ASSISTED LIVING RESIDENCE	65a005	BRANDYWINE LIVING AT REFLECTIONS (NJ65A005)	1594 ROUTE 88 BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 785-3370	(732) 785-5502	Well Bl Opco Llc
ASSISTED LIVING RESIDENCE	65a006	SPRING OAK ASSISTED LIVING AT FORKED RIVER (NJ65A006)	601 NORTH MAIN STREET LANOKA HARBOR, NJ 08734	LANOKA HARBOR	NJ	08734	OCEAN	(609) 242-2661	(609) 242-7955	Spring Oak Assisted Living At Forked River Llc
ASSISTED LIVING RESIDENCE	65a007	MIRA VIE AT BRICK (NJ65A007)	458 JACK MARTIN BLVD. BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 206-9800	(732) 206-9801	Mira Vie At Brick Opco, Llc
ASSISTED LIVING RESIDENCE	65A008	BELLA TERRA BY MONARCH (NJ65A008)	2 KATHLEEN DRIVE JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 730-9500	(732) 730-1859	Monarch Bella Terra Tenant, Llc
ASSISTED LIVING RESIDENCE	65A111	LAKEWOOD COURTYARD, THE (NJ65A111)	52 MADISON AVENUE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 905-2055	(732) 905-4030	Lakewood Courtyard Assisted Living, L.L.C.
ASSISTED LIVING RESIDENCE	65A112	BRANDYWINE LIVING AT TOMS RIVER (NJ65A112)	1587 OLD FREEHOLD ROAD SUITE 2 TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 240-0043	(732) 240-4036	Brandywine Assisted Living At Toms River, Llc
ASSISTED LIVING RESIDENCE	65A113	SPRING OAK OF TOMS RIVER (NJ65A113)	2145 WHITESVILLE ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 905-9222	(732) 905-9442	The Residence At Lake Ridge, Llc
ASSISTED LIVING RESIDENCE	65A114	MIRA VIE AT TOMS RIVER (NJ65A114)	1657 SILVERTON ROAD TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 941-8100	(732) 941-8299	Mira Vie At Toms River Opco Llc
ASSISTED LIVING RESIDENCE	90119	COMPLETE CARE AT ARBORS HAVEN (NJ90119)	1700 ROUTE 37 WEST TOMS RIVER, NJ 08757	TOMS RIVER	NJ	08757	OCEAN	(732) 341-0880	(732) 341-0451	Complete Care At Arbors Haven, Llc
ASSISTED LIVING RESIDENCE	90143	BRANDYWINE LIVING AT THE GABLES (NJ90143)	515 JACK MARTIN BLVD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 836-1400	(732) 836-9600	Brandywine Gables Llc
ASSISTED LIVING RESIDENCE	YMOSFX	MAGNOLIA GARDENS (YMOSFX)	1935 LAKEWOOD ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 557-6500	(732) 557-6501	Magnolia Gardens South, Lp

COMPREHENSIVE PERSONAL CARE HOME	65C000	COMPLETE CARE AT BEY LEA, LLC (NJ65C000)	1351 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 240-0090	(732) 244-8551	Complete Care At Bey Lea, Llc
COMPREHENSIVE PERSONAL CARE HOME	65C003	LEISURE PARK SPECIAL CARE CENT (NJ65C003)	1400 ROUTE 70 LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 370-0444	(732) 370-1783	Fs Leisure Park Tenant Trust
HOSPITAL BASED - LONG TERM CARE FACILITY SNF/NF	22248L	CHILDRENS SPECIALIZED HOSPITAL TOMS RIVER (NJ22248L)	94 STEVENS ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 797-3800	(732) 797-3830	Children'S Specialized Hospital
HOSPITAL BASED - LONG TERM CARE FACILITY SNF/NF	10504L	SOUTHERN OCEAN MEDICAL CENTER (NJJWOWMI1)	1140 ROUTE 72 WEST MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 978-4182		Hmh Hospitals Corporation
HOSPITAL BASED - LONG TERM CARE SUB ACUTE FACILITY SNF	656100	COMMUNITY MEDICAL CENTER TCU (NJ656100)	99 ROUTE 37 WEST TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 557-8000	(732) 557-8087	Community Medical Center
LONG TERM CARE FACILITY	061528	HARROGATE (NJ61528)	400 LOCUST STREET LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 905-7070	(732) 905-0459	Harrogate
LONG TERM CARE FACILITY S/NF DP	656000	HAMILTON PLACE AT THE PINES AT WHITING (NJ62216)	507 ROUTE 530 WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 849-0400	(732) 350-0540	Keswick Pines, Inc.
LONG TERM CARE FACILITY SNF/NF	61517	ARISTACARE AT MANCHESTER (61517)	1770 TOBIAS AVENUE MANCHESTER, NJ 08759	MANCHESTER	NJ	08759	OCEAN	(732) 657-1800	(732) 657-6802	Aristacare At Manchester, Llc
LONG TERM CARE FACILITY SNF/NF	061501	CRYSTAL LAKE HEALTHCARE AND REHABILITATION (NJ61501)	395 LAKESIDE BLVD BAYVILLE, NJ 08721	BAYVILLE	NJ	08721	OCEAN	(732) 269-0500	(732) 269-1704	Crystal Spring Center, Llc
LONG TERM CARE FACILITY SNF/NF	061502	CREST POINTE REHABILITATION AND HEALTHCARE CENTER (NJ61502)	1515 HULSE ROAD PT PLEASANT, NJ 08742	PT PLEASANT	NJ	08742	OCEAN	(732) 295-9300	(732) 295-8781	Crest Pointe Operator, Llc
LONG TERM CARE FACILITY SNF/NF	061504	ATLANTIC COAST REHAB & HEALTH (NJ61504)	485 RIVER AVE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 364-7100	(732) 994-0138	Atlantic Coast Rehabilitation, Llc
LONG TERM CARE FACILITY SNF/NF	061511	ROSE GARDEN NURSING AND REHABILITATION CENTER (NJ61511)	1579 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 505-4477	(732) 349-8036	Ocean Convalescent Center, Inc.
LONG TERM CARE FACILITY SNF/NF	061515	LEISURE CHATEAU REHABILITATION (NJ61515)	962 RIVER AVE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 370-8600	(732) 370-1996	Leisure Chateau Acquisition, Llc
LONG TERM CARE FACILITY SNF/NF	061518	WILLOW SPRINGS REHABILITATION AND HEALTHCARE CTR (NJ61518)	1049 BURNT TAVERN ROAD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 840-3700	(732) 840-0572	Willow Springs Operator, Llc
LONG TERM CARE FACILITY SNF/NF	061519	CONCORD HEALTHCARE & REHABILITATION CENTER (NJ61519)	963 OCEAN AVE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 367-7444	(732) 367-7603	Concord Healthcare & Rehabilitation Center
LONG TERM CARE FACILITY SNF/NF	061520	MANAHAWKIN HEALTH AND REHABILITATION CENTER (NJ61520)	1211 RT 72 WEST MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 597-8500	(609) 597-3621	M.R. Of Manahawkin Llc
LONG TERM CARE FACILITY SNF/NF	061521	BARTLEY NURSING & REHAB (NJ61521)	175 BARTLEY RD JACKSON, NJ 08527	JACKSON	NJ	08527	OCEAN	(732) 370-4700	(732) 370-8872	Bartley Healthcare Nursing & Rehabilitation
LONG TERM CARE FACILITY SNF/NF	061522	SEACREST REHABILITATION AND HEALTHCARE CENTER (NJ61522)	1001 CENTER ST LITTLE EGG HARBOR TW, NJ 08087	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 296-9292	(609) 296-0508	Seacrest Operator, Llc
LONG TERM CARE FACILITY SNF/NF	061523	ARISTACARE AT WHITING (NJ61523)	23 SCHOOLHOUSE ROAD WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 849-4300	(732) 849-0090	Aristacare At Whiting, Llc
LONG TERM CARE FACILITY SNF/NF	061524	BARNEGAT REHABILITATION AND NURSING CENTER (NJ61524)	859 WEST BAY AVE BARNEGAT, NJ 08005	BARNEGAT	NJ	08005	OCEAN	(609) 698-1400	(609) 698-4384	Barnegat Nursing & Reahb Llc
LONG TERM CARE FACILITY SNF/NF	061526	COMPLETE CARE AT HOLIDAY CITY (NJ61526)	4 PLAZA DRIVE TOMS RIVER, NJ 08757	TOMS RIVER	NJ	08757	OCEAN	(732) 240-0900	(732) 240-0905	Complete Care At Holiday, Llc
LONG TERM CARE FACILITY SNF/NF	061529	COMPLETE CARE AT BEY LEA, LLC (NJ61529)	1351 OLD FREEHOLD ROAD TOMS RIVER, NJ 08753	TOMS RIVER	NJ	08753	OCEAN	(732) 240-0090	(732) 244-8551	Complete Care At Bey Lea, Llc
LONG TERM CARE FACILITY SNF/NF	061531	COMPLETE CARE AT GREEN ACRES (NJ61531)	1931 LAKEWOOD ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 286-2323	(732) 286-2191	Green Acres Rehab And Nursing, Llc
LONG TERM CARE FACILITY SNF/NF	061532	COMPLETE CARE AT LAURELTON, LLC (NJ61532)	475 JACK MARTIN BLVD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 458-6600	(732) 458-9456	Complete Care At Laurelton, Llc
LONG TERM CARE FACILITY SNF/NF	061533	CRESTWOOD MANOR (NJ61533)	50 LACEY ROAD WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 849-4900	(732) 849-8036	Springpoint At Crestwood, Inc
LONG TERM CARE FACILITY SNF/NF	061534	WHITING GARDENS REHABILITATION AND NURSING CENTER (NJ61534)	3000 HILLTOP ROAD WHITING, NJ 08759	WHITING	NJ	08759	OCEAN	(732) 849-4400	(732) 849-0918	Complete Care At Whiting Llc
LONG TERM CARE FACILITY SNF/NF	061535	HAMPTON RIDGE HEALTHCARE AND REHABILITATION (NJ61535)	94 STEVENS ROAD TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 286-5005	(732) 736-5363	Hampton Ridge Healthcare And Rehabilitation, Llc
LONG TERM CARE FACILITY SNF/NF	061536	FOUNTAINVIEW CARE CENTER (NJ61536)	527 RIVER AVENUE LAKEWOOD, NJ 08701	LAKEWOOD	NJ	08701	OCEAN	(732) 905-0700	(732) 364-4566	Shore Health Care Center, Inc.

LONG TERM CARE FACILITY SNF/NF	061537	COMPLETE CARE AT ARBORS (NJ61537)	1750 ROUTE 37 WEST TOMS RIVER, NJ 08757	TOMS RIVER	NJ	08757	OCEAN	(732) 914-0090	(732) 914-9377	Arbors Care Center
LONG TERM CARE FACILITY SNF/NF	656001	COMPLETE CARE AT BRICK LLC (NJ62217)	415 JACK MARTIN BLVD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 206-8000	(732) 206-1922	Complete Care At Brick Llc
LONG TERM CARE FACILITY SNF/NF	656002	SHORE GARDENS REHABILITATION AND NURSING CENTER (NJ656002)	231 WARNER STREET TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 942-0800	(732) 942-9288	Shore Gardens Rehabilitation And Nursing Center, L
LONG TERM CARE FACILITY SNF/NF	656003	COMPLETE CARE AT SHORROCK (NJ656003)	75 OLD TOMS RIVER ROAD BRICK, NJ 08723	BRICK	NJ	08723	OCEAN	(732) 451-1000	(732) 451-0877	Complete Care At Shorrock, Llc
LONG TERM CARE FACILITY SNF/NF	656004	MYSTIC MEADOWS REHABILITATION AND NURSING CENTER (NJ656004)	151 NINTH AVENUE LITTLE EGG HARBOR TW, NJ 08087	LITTLE EGG HARBOR TW	NJ	08087	OCEAN	(609) 294-3200	(609) 294-1961	Mystic Meadows Snf Llc
LONG TERM CARE FACILITY SNF/NF	656005	TALLWOODS CARE CENTER (NJ656005)	18 BUTLER BOULEVARD BAYVILLE, NJ 08721	BAYVILLE	NJ	08721	OCEAN	(732) 237-2220	(732) 237-2225	Riverfront Healthcare Associates, Inc.
LONG TERM CARE FACILITY SNF/NF	080413	SOUTHERN OCEAN CENTER (NJ80413)	1361 ROUTE 72 WEST MANAHAWKIN, NJ 08050	MANAHAWKIN	NJ	08050	OCEAN	(609) 978-0600	(609) 978-1635	1361 Route 72 West Operations Llc
PEDIATRIC DAY HEALTH SERVICES FACILITY	158337	MANCHESTER PEDIATRIC MEDICAL DAY CARE (NJ158337)	1770 TOBIAS AVENUE MANCHESTER, NJ 08759	MANCHESTER	NJ	08759	OCEAN	(732) 323-8400	(732) 323-8408	Manchester Pediatric Medical Day Care Llc
RESIDENTIAL DEMENTIA CARE HOME	D35000	ALCOEUR GARDENS AT TOMS RIVER (NJD35000)	1126 ROUTE 166 TOMS RIVER, NJ 08755	TOMS RIVER	NJ	08755	OCEAN	(732) 244-1931	(732) 244-2831	Alcoeur Gardens At Toms River Llc
RESIDENTIAL DEMENTIA CARE HOME	D35001	SERENITY GARDENS AT BRICK, LLC (NJD35001)	320 HERBERTSVILLE ROAD BRICK, NJ 08724	BRICK	NJ	08724	OCEAN	(732) 840-0940	(732) 840-0755	Alcoeur Gardens At Brick Llc

Reference: New Jersey Department of Health, Health Facilities search downloaded July 17, 2025

Part 2: Mental Health Services in Ocean County

Access Center
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 575-1111 or (877) 621-0445

County Mental Health Board
Ocean County Human Services
1027 Hooper Avenue - Bldg. 2
Toms River, NJ 08754-2191
(732) 506-5374

Early Intervention Support Services (EISS)
Bright Harbor Healthcare - Community Resource
for Emergency Support and Treatment (CREST)
409 Main Street
Toms River, NJ 08753
(732) 240-3760

Homeless Services (PATH)
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-4700

Intensive Family Support Services
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 606-9574

Involuntary Outpatient Commitment
Bright Harbor Healthcare
687 Route 9
Bayville, NJ 08721
(732) 349-3535

Outpatient
Preferred Behavioral Health of NJ
700 Airport Road
Lakewood, NJ 08701
(732) 367-4700

Access Center
Preferred Behavioral Health
700 Airport Road
Lakewood, NJ 08701
(732) 367-1602

STCF
St. Barnabas Behavioral Health Center
1691 Route 9
Toms River, NJ 08753
(732) 914-1688

Homeless Services (PATH)
Bright Harbor Healthcare
687 Route 9
Bayville, NJ 08721
(732) 269-4849

Intensive Outpatient Treatment & Support Services (IOTSS)
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 276-1510
(732) 330-8286 (after hours)

Integrated Case Management Services
Preferred Behavioral Health of NJ
725 Airport Road, Building 7G
Lakewood, NJ 08701
(732) 323-3664

Justice Involved Services
Preferred Behavioral Health of NJ
725 Airport Road, Suite 7G
Lakewood, NJ 08701
(732) 323-3664

Outpatient
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 349-5550

Outpatient
Bright Harbor Healthcare
81 Nautilas Drive
Manahawkin, NJ 08755
(609) 597-5327

Partial Care - Project Anchor
Bright Harbor Healthcare
687 Route 9
Bayville, NJ 08721
(732) 269-4849

PEER Respite Program
Legacy Treatment Services
(848) 221-3022

PRIMARY SCREENING CENTER for OCEAN
Monmouth Medical Center (PESS)
Southern Campus (Barnabas Health)
600 River Avenue
Lakewood, NJ 08701
HOTLINE: (732) 886-4474 or (866) 904-4474

Program of Assertive Community Treatment (PACT)
Northern Office
Bright Harbor Healthcare
122 Lien Street
Toms River, NJ 08753
(732) 606-9478 (PACT I)

Residential Intensive Support Team (RIST) Resources for
Human Development
317 Brick Blvd. Suite 200
Brick, NJ 08723
(732)920-5000

Residential Services
Preferred Behavioral Health of NJ
700 Airport Road
Lakewood, NJ 08701
(732) 286-7962 / (732) 367-4700

Self-Help/Wellness Center
Brighter Days CWC
268 Bennetts Mill Road
Jackson, NJ 08527
(732) 534-9960

Short Term Care Facility
Jersey Shore University Medical Center
1945 Corlies Avenue
Neptune, NJ 07754
(732) 776-4361

Partial Care
Preferred Behavioral Health of NJ - D.A.R.E.
700 Airport Road
Lakewood, NJ 08701
(732) 367-4700

Partial Care - Interact & Prime Time
 Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-8859

Partial Care - Project Recovery
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 349-5550

Program of Assertive Community Treatment (PACT)
Bright Harbor Healthcare
1057 Route 9
Bayville, NJ 08721
(732) 349-0515 (PACT II)

Residential Intensive Support Team (RIST)
Resource for Human Development
317 Brick Blvd.
Suite 200Brick, NJ 08723 0
(732)920-5000

Residential Intensive Support Team (RIST)
Ocean/Monmouth Program
Resource for Human Development (Coastal Wellness)
2040 Sixth Avenue – Suite C
Neptune City, NJ 07753
(732) 361-5845

Residential Services
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 505-9508 or (732) 281-1658

Self-Help/Wellness Center
Journey to Wellness
25 Shore Drive
Toms River, NJ 08753
(732) 914-1546

Short Term Care Facility
Monmouth Medical Center
Southern Campus (Barnabas Health)
1691 Route 9
Toms River, NJ 08753
(732) 914-3836

Supported Employment Services
Preferred Behavioral of Health
Group

725 Airport Road
Lakewood, NJ 08701

(732) 367-5439, (732) 367-4700 or (732) 551-5934

Community Support Services
Preferred Behavioral Health of NJ
725 Airport Road
Lakewood, NJ 08701
(732) 367-2665

Community Support Services
Triple C Housing, Inc.
 1 Distribution Way

Monmouth Junction, NJ 08852
(609) 299-3129

Systems Advocacy
Mental Health Association of Ocean County
226 Route 37 West, Unit #14

Toms River, NJ 08755
(732) 914-1546

Supported Education
 Preferred Behavioral Health Group
725 Airport Road,
Lakewood, NJ 08701
(732) 367-5439, ext. 5210 or (732) 367-4700

Community Support Services
RHD-Ocean
317 Brick Boulevard
Brick, NJ 08723
(732) 920-5000

Community Support Services
RHD – Ocean/Monmouth
2040 Sixth Avenue – Suite C
Neptune City, NJ 07753
(732) 361-5845

Community Support Services
Bright Harbor Healthcare
160 Route 9
Bayville, NJ 08721
(732) 281-1658

Systems Advocacy
Community Health Law Project
250 Washington Street, Suite 101
Toms River, NJ 08753
(732) 349-6714

Reference: Department of Human Services, Division of Mental Health and Addiction Services. Directory of Mental Health Services (DHMAS contracted providers only), updated March 2025 and downloaded July 31, 2025

Table 22. Percent Change in Foreign-Born Population, by State, County, and Town, 2014–2023

	2014–2018	**2019–2023**	**% change**
New Jersey	22.2%	23.5%	1.3%
Ocean County	7.9%	8.0%	0.1%
Barnegat	6.7%	5.1%	–1.6%
Bayville	6.3%	6.6%	0.3%
Beachwood	5.2%	7.1%	1.9%
Forked River	3.5%	8.4%	4.9%
Island Heights	2.4%	1.8%	–0.6%
Lakehurst	11.6%	8.9%	–2.7%
Lanoka Harbor	3.4%	1.7%	–1.7%
Lavallette	5.3%	3.3%	–2.0%
Little Egg Harbor	5.7%	3.5%	–2.2%
Manchester Township	7.3%	10.3%	3.0%
Ocean Gate	2.2%	4.5%	2.3%
Pine Beach	4.8%	6.5%	1.7%
Seaside Heights	24.5%	9.3%	–15.2%
Seaside Park	1.4%	6.3%	4.9%
Toms River	8.6%	10.0%	1.4%
Tuckerton	3.1%	1.4%	–1.7%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5–Year Estimates Subject Tables, 2019-2023

Figure 82. Percent Population Lacking English Proficiency (Out of Population Who Speak a Language Other than English at Home), by State, County, and Town, 2019-2023
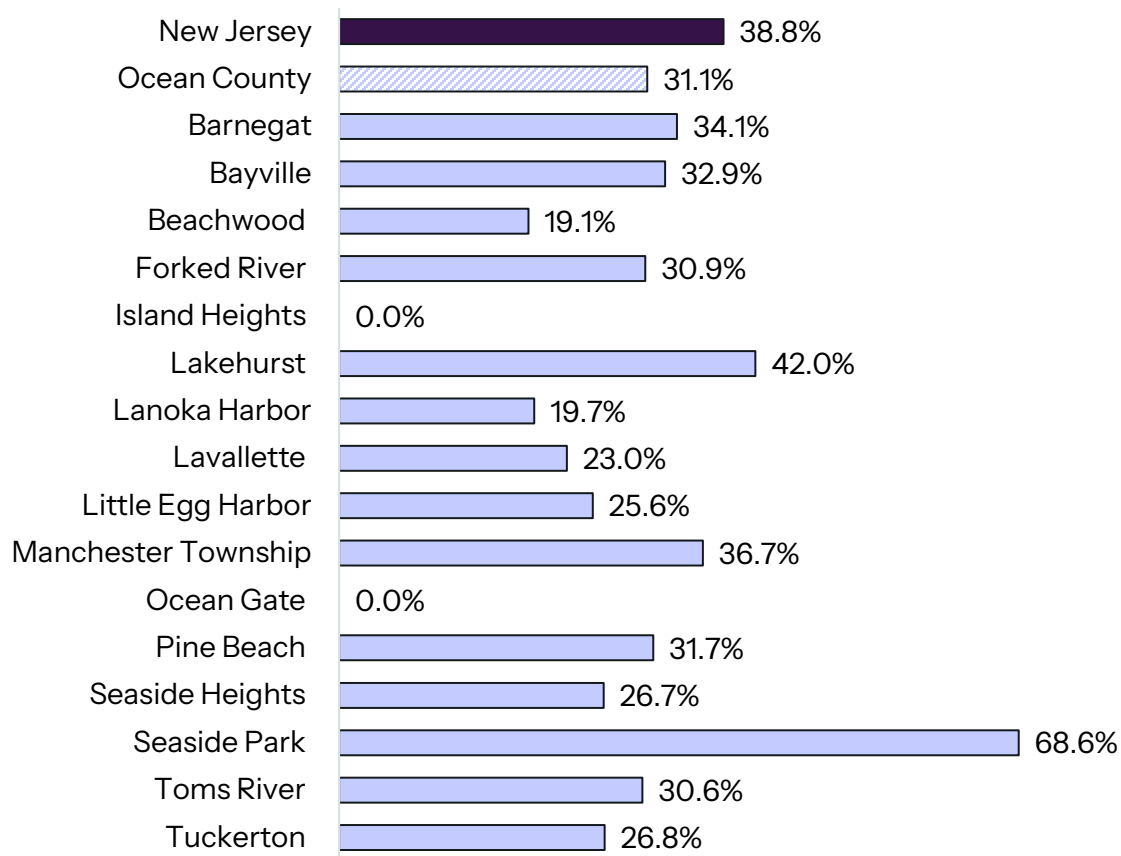
New Jersey	38.8%
Ocean County	31.1%
Barnegat	34.1%
Bayville	32.9%
Beachwood	19.1%
Forked River	30.9%
Island Heights	0.0%
Lakehurst	42.0%
Lanoka Harbor	19.7%
Lavallette	23.0%
Little Egg Harbor	25.6%
Manchester Township	36.7%
Ocean Gate	0.0%
Pine Beach	31.7%
Seaside Heights	26.7%
Seaside Park	68.6%
Toms River	30.6%
Tuckerton	26.8%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Green Space and Built Environment

Figure 83. Asset Map by State, County, and Town, 2024

DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024
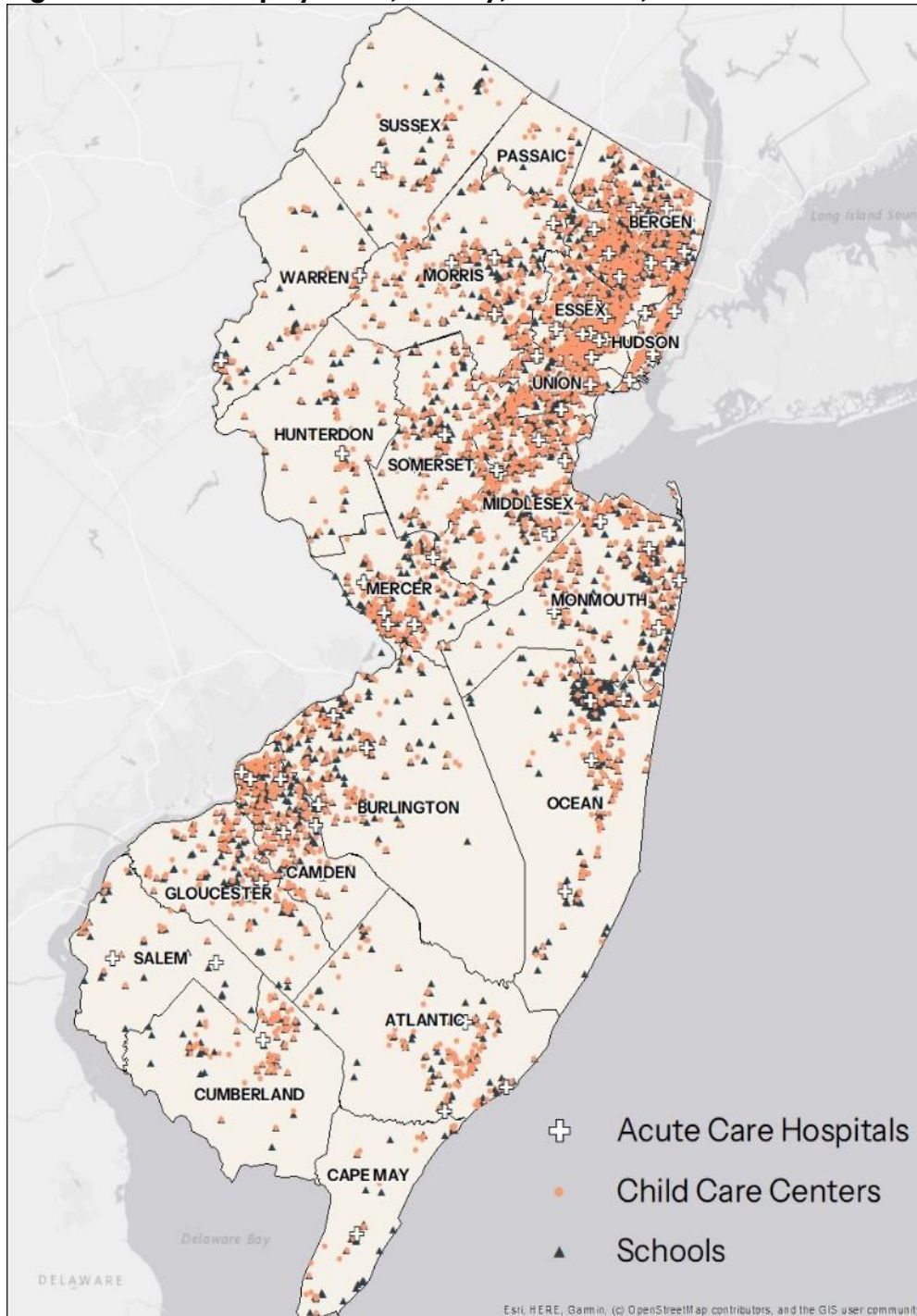
Table 23. Social Vulnerability Index, by State and County, 2022

	Overall SVI
New Jersey	0.5
Ocean County	0.45

DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract (or county) of interest in terms of social vulnerability. For example, a CDC/ATSDR SVI ranking of 0.85 signifies that 85% of tracts (or counties) in the state or nation are less vulnerable than the tract (or county) of interest and that 15% of tracts (or counties) in the state or nation are more vulnerable.

Figure 84. Social Vulnerability Index, by Census Tract, 2022
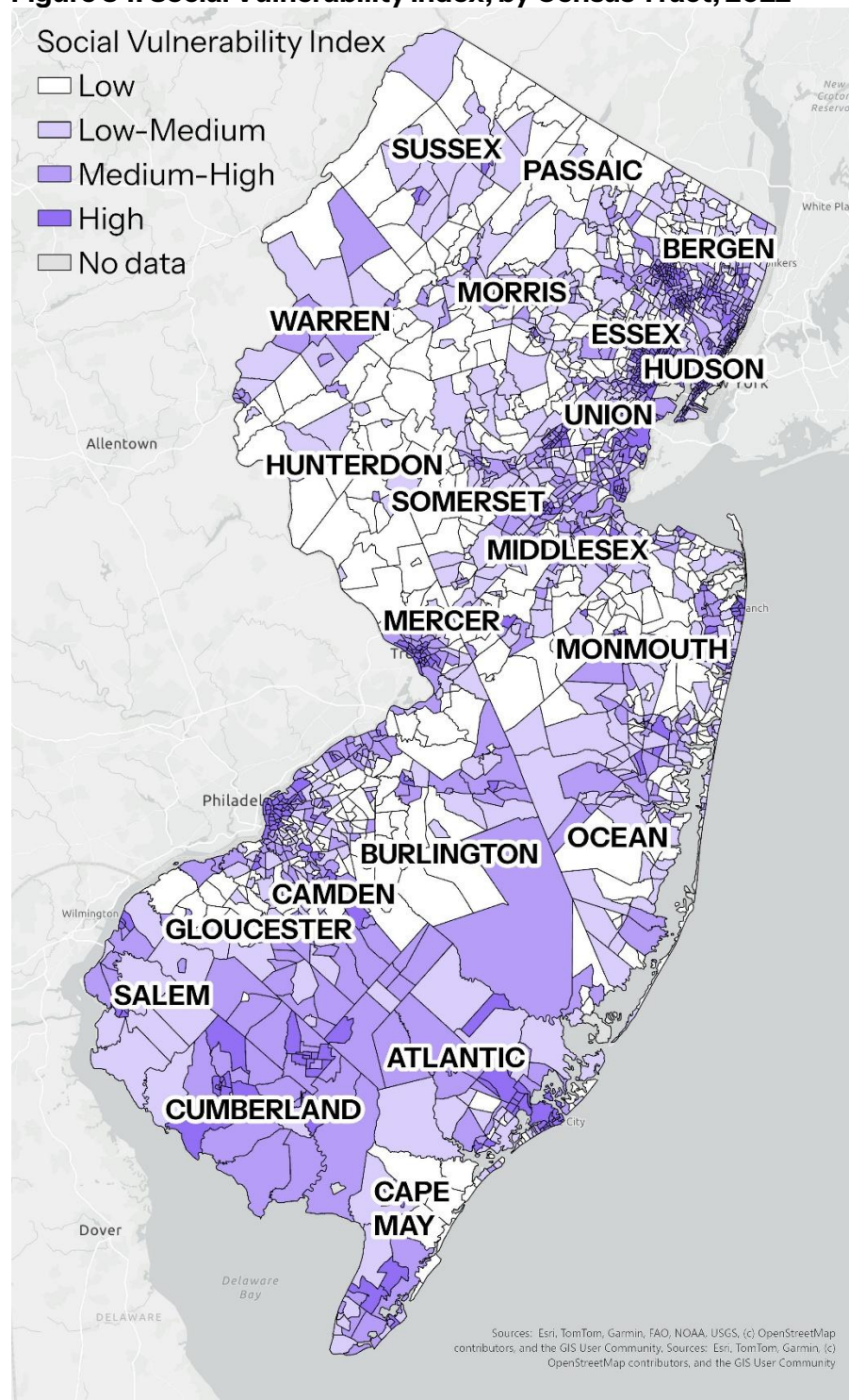
Social Vulnerability Index
- Low
- Low-Medium
- Medium-High
- High
- No data

DATA SOURCE: CDC, ATSDR's Geospatial Research, Analysis, & Services Program (GRASP), 2022
NOTE: A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract (or county) of interest in terms of social vulnerability. Index categories are defined in the following way: Low 0-0.25; Low-medium 0.2501-0.5; Medium-high 0.5001-0.75; High 0.7501-1.0.

Figure 85. Percent Population with Adequate Access to Location for Physical Activity, by State and County, 2020-2023
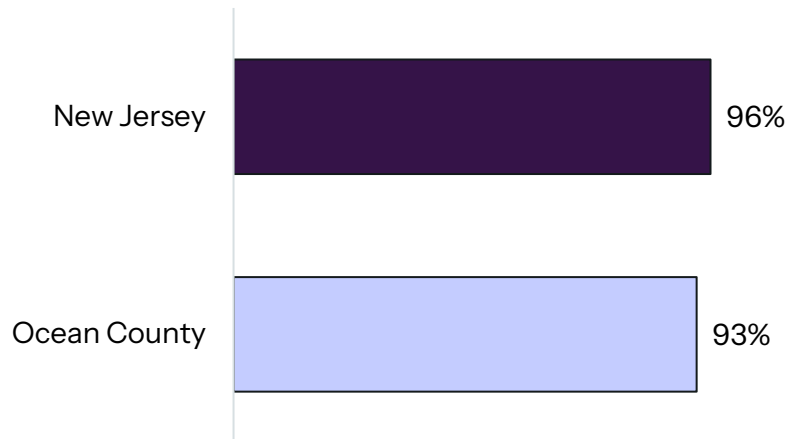
DATA SOURCE: ArcGIS Business Analyst and ArcGIS Online, YMCA, US Census TIGER/Line Shapefiles as cited in County Health Rankings 2024

Education

Table 24. Educational Attainment of Adults Aged 25+, by State, County, and Town, 2019–2023

	High school graduate or higher	Bachelor's degree or higher
New Jersey	90.7%	42.9%
Ocean County	93.3%	33.7%
Barnegat	13.0%	94.3%
Bayville	7.5%	92.6%
Beachwood	8.5%	94.4%
Forked River	5.8%	95.3%
Island Heights	22.8%	97.7%
Lakehurst	4.9%	87.5%
Lanoka Harbor	14.0%	92.2%
Lavallette	24.2%	97.8%
Little Egg Harbor	8.5%	94.0%
Manchester Township	9.0%	92.8%
Ocean Gate	9.5%	94.2%
Pine Beach	13.9%	97.0%
Seaside Heights	9.9%	82.9%
Seaside Park	27.0%	99.0%
Toms River	12.3%	93.4%
Tuckerton	8.8%	94.2%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 25. Educational Attainment of Adults Aged 25+ (HS+, BA/BS+), by Race/Ethnicity, by State, County, and Town, 2019-2023

	Asian, Non-Hispanic		Black, Non-Hispanic		Hispanic or Latino		White, Non-Hispanic		Additional Race, Non-Hispanic		2+ Races	
	HS	BA/BS+	HS	BA/BS+	HS	BA/BS+	HS	BA/BS+	HS	BA/BS+	HS	BA/BS+
New Jersey	92.8%	72.0%	89.9%	28.0%	76.2%	22.5%	95.4%	47.9%	71.3%	18.0%	84.4%	32.4%
Ocean County	92.8%	60.0%	89.0%	25.5%	80.6%	22.0%	94.8%	34.4%	75.7%	19.6%	88.1%	30.3%
Barnegat	84.8%	45.3%	91.7%	34.2%	88.0%	24.7%	94.6%	32.8%	59.4%	0.0%	93.5%	31.0%
Bayville	90.3%	62.1%	79.3%	21.1%	79.7%	21.6%	93.7%	27.0%	85.8%	29.9%	92.8%	15.8%
Beachwood	95.9%	69.9%	90.0%	26.6%	83.3%	17.0%	96.3%	29.4%	68.5%	17.2%	90.0%	23.4%
Forked River	100.0%	0.0%	97.1%	97.1%	63.6%	27.8%	97.1%	22.8%	65.0%	65.0%	100.0%	23.3%
Island Heights	100.0%	100.0%	100.0%	0.0%	100.0%	59.5%	97.5%	51.5%	100.0%	100.0%	100.0%	64.3%
Lakehurst	100.0%	27.5%	100.0%	0.0%	80.3%	8.1%	85.5%	15.9%	90.6%	9.4%	83.9%	33.9%
Lanoka Harbor	-	-	90.0%	58.8%	98.6%	58.3%	91.8%	33.8%	100.0%	100.0%	98.1%	12.7%
Lavallette	76.9%	76.9%	-	-	100.0%	66.0%	98.2%	56.0%	-	-	93.1%	58.3%
Little Egg Harbor	100.0%	81.6%	76.4%	0.0%	83.2%	4.8%	94.8%	28.0%	77.2%	5.6%	100.0%	36.8%
Manchester Township	95.2%	59.3%	92.2%	22.9%	85.2%	9.0%	93.3%	23.8%	89.0%	18.8%	83.7%	15.8%
Ocean Gate	100.0%	0.0%	-	-	100.0%	100.0%	93.8%	34.5%	-	-	100.0%	27.3%
Pine Beach	100.0%	0.0%	100.0%	100.0%	81.4%	35.1%	97.8%	52.3%	96.2%	23.1%	73.4%	29.7%
Seaside Heights	100.0%	100.0%	-	-	40.5%	8.7%	91.0%	36.2%	32.6%	0.0%	31.3%	22.4%
Seaside Park	100.0%	100.0%	97.1%	0.0%	100.0%	5.3%	99.0%	57.0%	100.0%	0.0%	100.0%	100.0%
Toms River	89.8%	57.7%	91.0%	27.4%	77.4%	18.2%	95.5%	37.2%	70.9%	14.6%	84.7%	25.5%
Tuckerton	68.8%	0.0%	100.0%	0.0%	87.3%	78.0%	94.4%	31.3%	100.0%	100.0%	91.4%	75.4%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Dash (–) means that data are suppressed. HS = High School degree or GED completed; BA/BS+ = Bachelor's degree or above obtained.

Employment and Workforce
Figure 86. Unemployment Rate, by State, County, and Town, 2019-2023
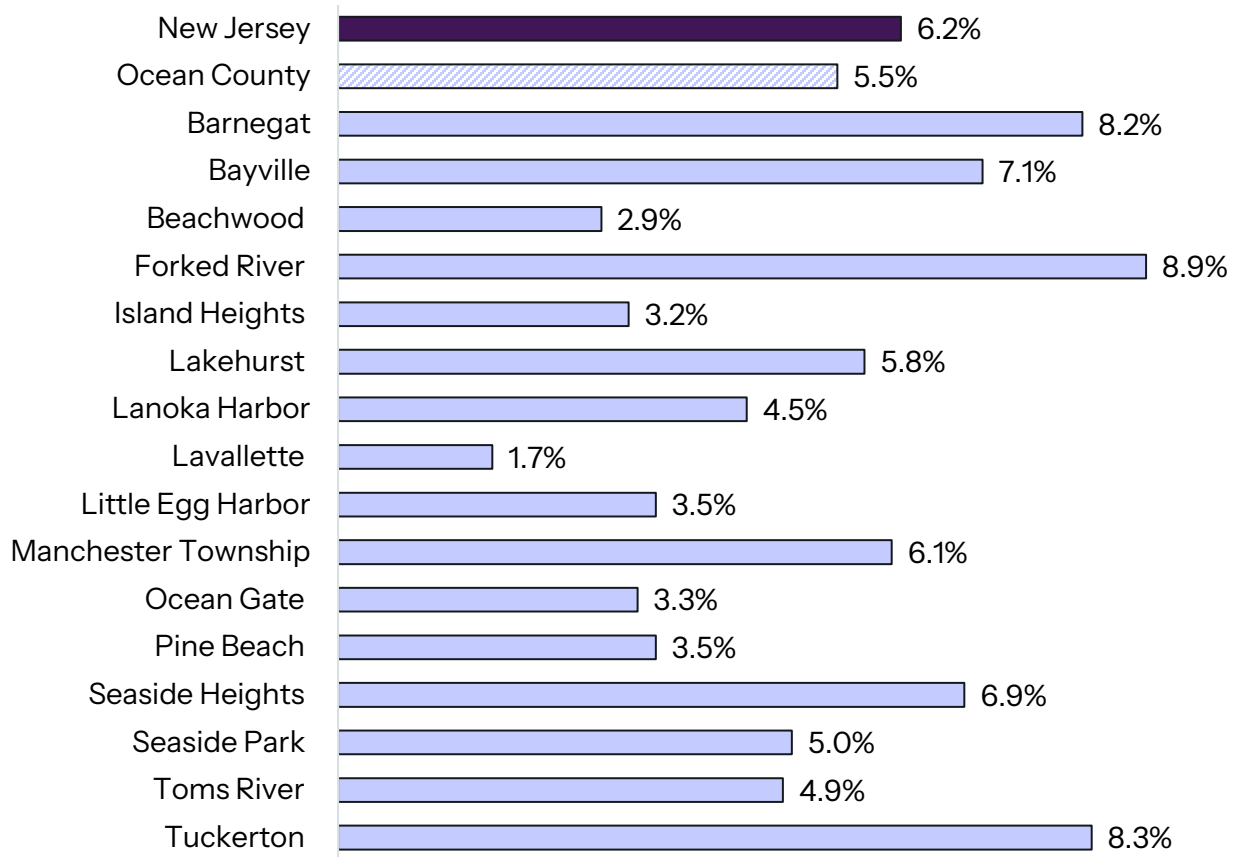
Location	Rate
New Jersey	6.2%
Ocean County	5.5%
Barnegat	8.2%
Bayville	7.1%
Beachwood	2.9%
Forked River	8.9%
Island Heights	3.2%
Lakehurst	5.8%
Lanoka Harbor	4.5%
Lavallette	1.7%
Little Egg Harbor	3.5%
Manchester Township	6.1%
Ocean Gate	3.3%
Pine Beach	3.5%
Seaside Heights	6.9%
Seaside Park	5.0%
Toms River	4.9%
Tuckerton	8.3%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 26. Unemployment Rate, by Age, by State, County, and Town, 2019–2023

	Overall	16 to 19 years	20 to 24 years	25 to 44 years	45 to 64 years	65+ years
New Jersey	6.2%	15.9%	11.6%	17.4%	14.9%	11.6%
Ocean County	5.5%	11.7%	6.8%	14.2%	17.0%	9.6%
Barnegat	8.2%	12.7%	5.0%	13.4%	42.8%	21.8%
Bayville	7.1%	13.7%	8.1%	23.7%	19.9%	16.2%
Beachwood	2.9%	0.0%	1.7%	10.3%	10.1%	4.3%
Forked River	8.9%	100.0%	0.0%	17.0%	9.0%	9.9%
Island Heights	3.2%	0.0%	9.5%	4.3%	8.3%	3.2%
Lakehurst	5.8%	0.0%	14.5%	21.8%	12.3%	0.0%
Lanoka Harbor	4.5%	18.7%	0.0%	25.3%	1.3%	0.0%
Lavallette	1.7%	0.0%	0.0%	0.0%	7.5%	4.3%
Little Egg Harbor	3.5%	14.4%	6.0%	9.6%	4.2%	7.9%
Manchester Township	6.1%	17.4%	3.1%	23.1%	13.5%	11.0%
Ocean Gate	3.3%	0.0%	12.1%	0.0%	13.4%	0.0%
Pine Beach	3.5%	33.3%	0.0%	50.0%	0.0%	6.9%
Seaside Heights	6.9%	100.0%	0.0%	28.2%	16.2%	0.0%
Seaside Park	5.0%	18.8%	3.3%	38.7%	7.4%	4.1%
Toms River	4.9%	6.0%	8.0%	13.1%	14.5%	10.5%
Tuckerton	8.3%	0.0%	24.3%	33.1%	27.2%	0.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019–2023

Table 27. Unemployment Rate, by Gender, by State, County, and Town, 2019-2023

	Overall	Male	Female
New Jersey	6.2%	5.7%	6.0%
Ocean County	5.5%	5.2%	5.2%
Barnegat	8.2%	7.9%	7.9%
Bayville	7.1%	7.7%	5.3%
Beachwood	2.9%	2.9%	3.1%
Forked River	8.9%	4.2%	6.2%
Island Heights	3.2%	2.2%	4.6%
Lakehurst	5.8%	6.6%	6.4%
Lanoka Harbor	4.5%	5.7%	1.9%
Lavallette	1.7%	2.7%	0.0%
Little Egg Harbor	3.5%	4.1%	0.9%
Manchester Township	6.1%	4.6%	6.8%
Ocean Gate	3.3%	4.5%	2.9%
Pine Beach	3.5%	3.2%	1.1%
Seaside Heights	6.9%	7.4%	0.0%
Seaside Park	5.0%	7.7%	1.5%
Toms River	4.9%	4.6%	4.8%
Tuckerton	8.3%	15.1%	5.4%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Income and Financial Security
Table 28. Median Household Income, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian	Black or African American	Hispanic or Latino	White	Additional Race	2+ Races
New Jersey	$101,050	$154,105	$68,457	$74,331	$113,091	$70,457	$84,641
Ocean County	$86,411	$112,813	$69,654	$76,731	$87,175	$75,889	$79,500
Barnegat	$89,301	-	$98,606	$78,750	$87,763	-	$91,735
Bayville	$104,361	$146,655	$97,446	$79,449	$104,829	$97,500	$78,155
Beachwood	$102,043	$166,346	$120,833	$83,841	$102,784	$93,750	$83,193
Forked River	$87,455	-	-	$101,625	$86,175	$130,512	$101,750
Island Heights	$107,308	-	-	-	$104,875	-	$109,615
Lakehurst	$80,458	$96,416	-	$80,750	$72,447	-	-
Lanoka Harbor	$121,033	-	-	$182,885	$121,798	-	$56,645
Lavallette	$120,938	-	-	$219,583	$113,750	-	$219,063
Little Egg Harbor	$89,441	$116,029	2,500-	$60,921	$93,952	$61,469	$65,727
Manchester Township	$58,612	$67,250	$81,649	$65,766	$56,504	$65,500	$59,518
Ocean Gate	$75,278	-	-	-	$75,833	-	-
Pine Beach	$121,333	-	-	$75,000	$124,250	-	-
Seaside Heights	$58,988	-	-	-	$62,083	-	$71,354
Seaside Park	$83,333	-	-	$97,955	$85,938	-	2,500-
Toms River	$94,964	$135,965	$85,750	$80,502	$96,391	$69,440	$77,570
Tuckerton	$78,934	-	-	$72,083	$73,818	-	$187,523

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Dash (-) means that data are suppressed.

Table 29. Individuals Below Poverty Level, by Race/Ethnicity, by State, County, and Town, 2019-2023

	Overall	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic or Latino	White, non-Hispanic	Additional Race	2+ Races
New Jersey	9.8%	5.7%	16.3%	16.1%	6.3%	17.9%	13.0%
Ocean County	10.4%	5.1%	12.6%	11.3%	10.4%	10.7%	10.6%
Barnegat	7.7%	0.0%	11.0%	1.2%	8.5%	0.0%	3.4%
Bayville	7.8%	0.7%	25.1%	4.7%	8.3%	0.0%	6.4%
Beachwood	5.1%	0.0%	2.5%	4.7%	4.7%	13.3%	8.8%
Forked River	9.7%	27.9%	2.9%	0.1%	11.3%	0.0%	0.0%
Island Heights	0.9%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%
Lakehurst	10.1%	0.0%	33.2%	16.1%	6.7%	17.1%	17.9%
Lanoka Harbor	1.4%	-	10.0%	0.8%	1.4%	0.0%	1.2%
Lavallette	2.9%	0.0%	-	0.0%	3.0%	-	0.0%
Little Egg Harbor	8.9%	2.1%	41.5%	21.2%	7.6%	21.1%	5.2%
Manchester Township	9.0%	8.7%	5.0%	14.9%	8.8%	4.2%	19.1%
Ocean Gate	3.8%	0.0%	0.0%	0.0%	4.2%	-	0.0%
Pine Beach	3.1%	100.0%	23.3%	0.5%	1.0%	2.3%	0.0%
Seaside Heights	34.4%	0.0%	-	26.8%	33.8%	46.4%	10.7%
Seaside Park	13.0%	16.9%	52.3%	3.8%	11.2%	0.0%	51.6%
Toms River	6.2%	2.0%	5.8%	4.8%	6.6%	2.0%	5.5%
Tuckerton	6.9%	0.0%	51.8%	7.9%	5.7%	0.0%	4.8%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Dash (-) means that data are suppressed.

Figure 87. Percentage of Children Living Below the Poverty Line, by State, County, and Town, 2019-2023
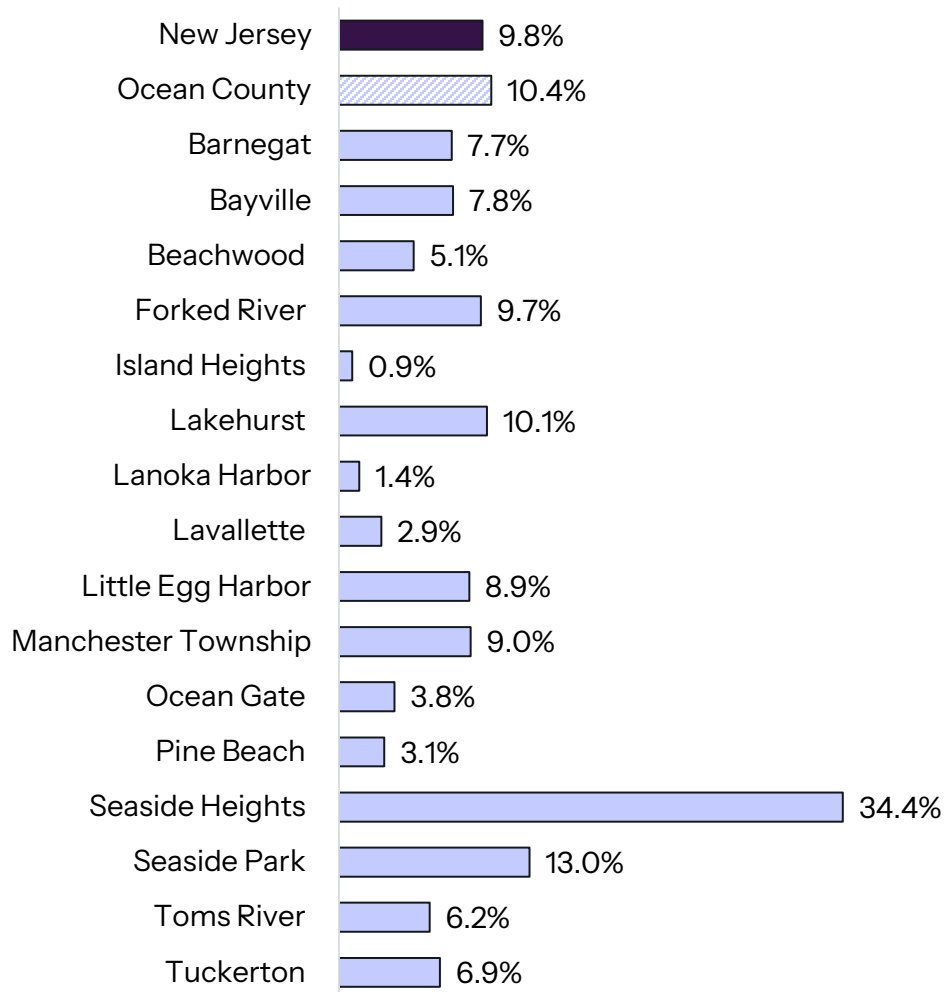
Location	Percentage
New Jersey	9.8%
Ocean County	10.4%
Barnegat	7.7%
Bayville	7.8%
Beachwood	5.1%
Forked River	9.7%
Island Heights	0.9%
Lakehurst	10.1%
Lanoka Harbor	1.4%
Lavallette	2.9%
Little Egg Harbor	8.9%
Manchester Township	9.0%
Ocean Gate	3.8%
Pine Beach	3.1%
Seaside Heights	34.4%
Seaside Park	13.0%
Toms River	6.2%
Tuckerton	6.9%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 88. Percent Children Living Below the Poverty Line, by Race/Ethnicity, by Ocean County, 2022
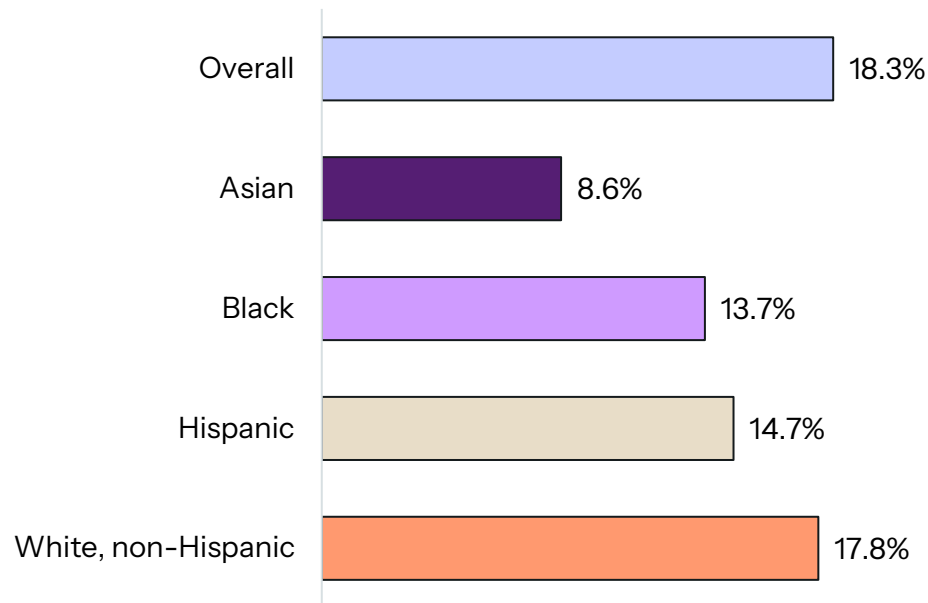
DATA SOURCE: U.S. Census Bureau, Small Area Income and Poverty Estimates, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2024

Food Access and Food Insecurity

Table 30. Households Receiving Food Stamps/SNAP, by Race/Ethnicity of Householder, by State, County, and Town, 2019-2023

	Overall	Asian	Black or African American	Hispanic or Latino	White	Additional Race	2+ Races
New Jersey	8.8%	5.6%	27.3%	37.7%	27.7%	16.3%	14.9%
Ocean County	6.4%	1.9%	5.7%	14.2%	76.2%	4.4%	6.3%
Barnegat	5.0%	4.2%	0.0%	11.0%	84.8%	0.0%	0.0%
Bayville	4.8%	0.0%	13.5%	0.0%	86.5%	0.0%	0.0%
Beachwood	7.1%	0.0%	3.2%	35.1%	64.9%	9.6%	0.0%
Forked River	1.5%	0.0%	0.0%	23.3%	76.7%	0.0%	0.0%
Island Heights	0.0%	-	-	-	-	-	-
Lakehurst	11.2%	0.0%	0.0%	28.3%	61.9%	11.5%	26.5%
Lanoka Harbor	4.6%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Lavallette	1.7%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Little Egg Harbor	5.5%	0.0%	15.1%	15.5%	69.4%	3.7%	3.5%
Manchester Township	6.9%	1.8%	3.5%	9.9%	83.9%	1.8%	2.8%
Ocean Gate	7.6%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Pine Beach	1.7%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
Seaside Heights	27.9%	0.0%	0.0%	30.3%	60.3%	9.3%	8.0%
Seaside Park	0.9%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%
Toms River	5.2%	0.8%	3.7%	13.5%	77.6%	3.5%	9.8%
Tuckerton	7.2%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Dashes (-) mean that data are suppressed.

Table 31. Food Desert Factor Score, by Designated Food Desert Communities, 2022

County	Municipality	Population Weighted Avg FDF Score	Avg Food Desert Low Access Score (supermarket)	Food Desert Population (2020)
Ocean County	Lakewood North	39.4	37.4	49,364
	Lakewood South	39.0	48.4	49,831

DATA SOURCE: New Jersey Economic Development Authority, 2022
NOTE: Food Desert Factor Score ranges from 0 to 100. Higher scores indicate more factors consistent with being a Food Desert Community.

__Housing__

Figure 89. Homeowner Vacancy Rate, by State, County, and Town, 2019-2023
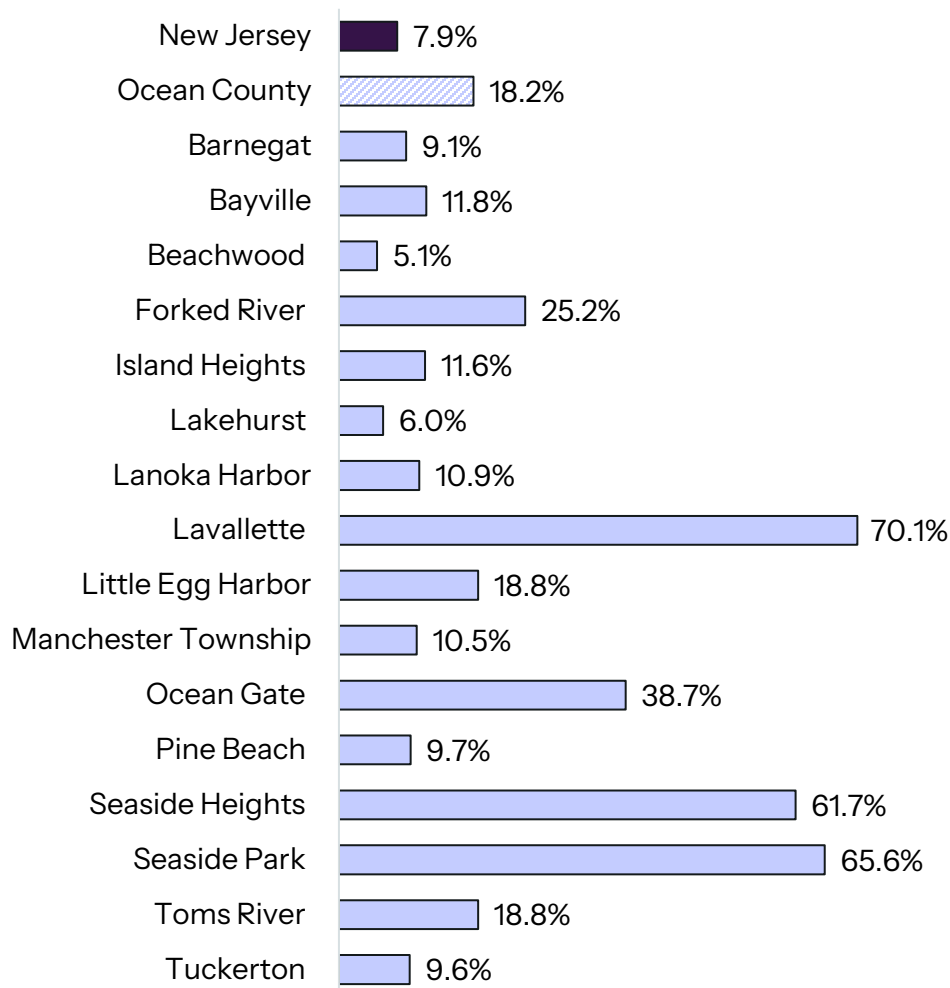
Location	Rate
New Jersey	7.9%
Ocean County	18.2%
Barnegat	9.1%
Bayville	11.8%
Beachwood	5.1%
Forked River	25.2%
Island Heights	11.6%
Lakehurst	6.0%
Lanoka Harbor	10.9%
Lavallette	70.1%
Little Egg Harbor	18.8%
Manchester Township	10.5%
Ocean Gate	38.7%
Pine Beach	9.7%
Seaside Heights	61.7%
Seaside Park	65.6%
Toms River	18.8%
Tuckerton	9.6%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Table 32. Household Occupants per Room, by State, County, and Town, 2019-2023

	1.00 or less	1.01 to 1.50	1.51 or more
New Jersey	96.3%	2.4%	1.3%
Ocean County	97.7%	1.8%	0.4%
Barnegat	100.0%	0.0%	0.0%
Bayville	98.9%	0.6%	0.5%
Beachwood	99.7%	0.3%	0.0%
Forked River	98.0%	2.0%	0.0%
Island Heights	100.0%	0.0%	0.0%
Lakehurst	99.9%	0.0%	0.1%
Lanoka Harbor	100.0%	0.0%	0.0%
Lavallette	99.7%	0.3%	0.0%
Little Egg Harbor	98.6%	0.4%	1.0%
Manchester Township	99.4%	0.5%	0.0%
Ocean Gate	100.0%	0.0%	0.0%
Pine Beach	100.0%	0.0%	0.0%
Seaside Heights	100.0%	0.0%	0.0%
Seaside Park	97.7%	0.0%	2.3%
Toms River	99.1%	0.9%	0.1%
Tuckerton	99.7%	0.3%	0.0%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 90. Households with Internet, by State, County, and Town, 2019-2023
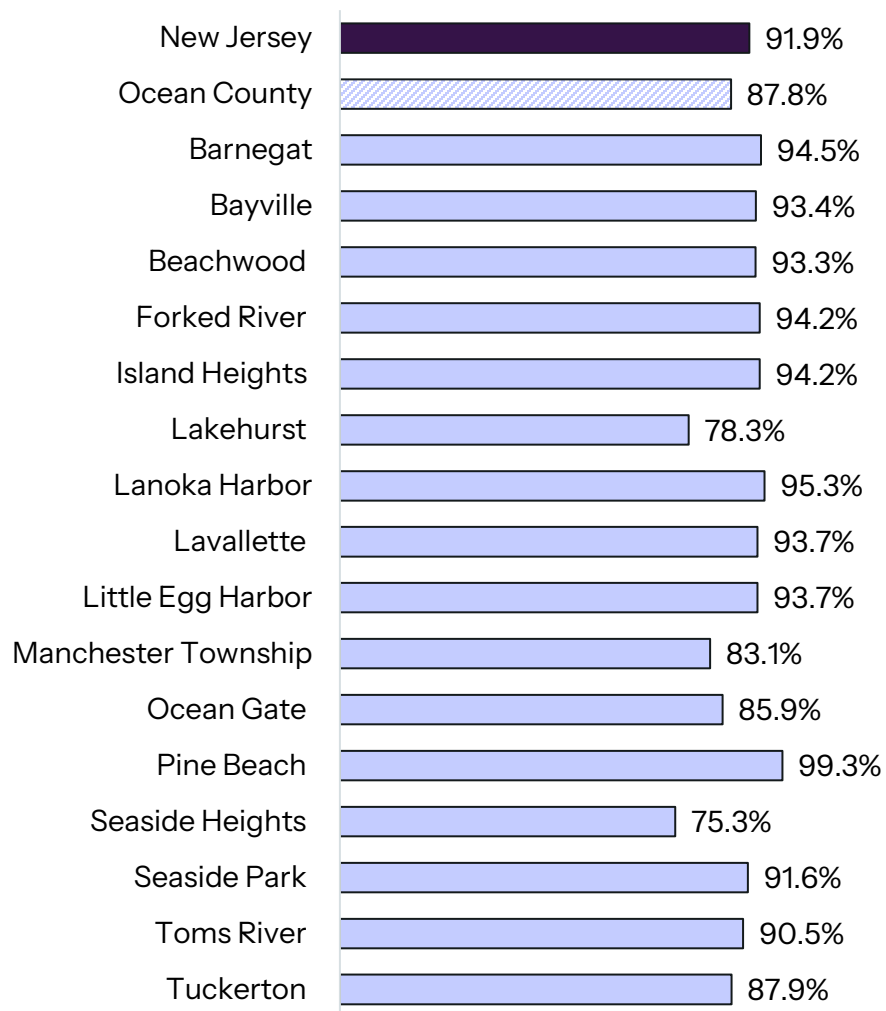
Location	Percentage
New Jersey	91.9%
Ocean County	87.8%
Barnegat	94.5%
Bayville	93.4%
Beachwood	93.3%
Forked River	94.2%
Island Heights	94.2%
Lakehurst	78.3%
Lanoka Harbor	95.3%
Lavallette	93.7%
Little Egg Harbor	93.7%
Manchester Township	83.1%
Ocean Gate	85.9%
Pine Beach	99.3%
Seaside Heights	75.3%
Seaside Park	91.6%
Toms River	90.5%
Tuckerton	87.9%

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Transportation

Figure 91. National Walkability Index, by State and Town, 2021
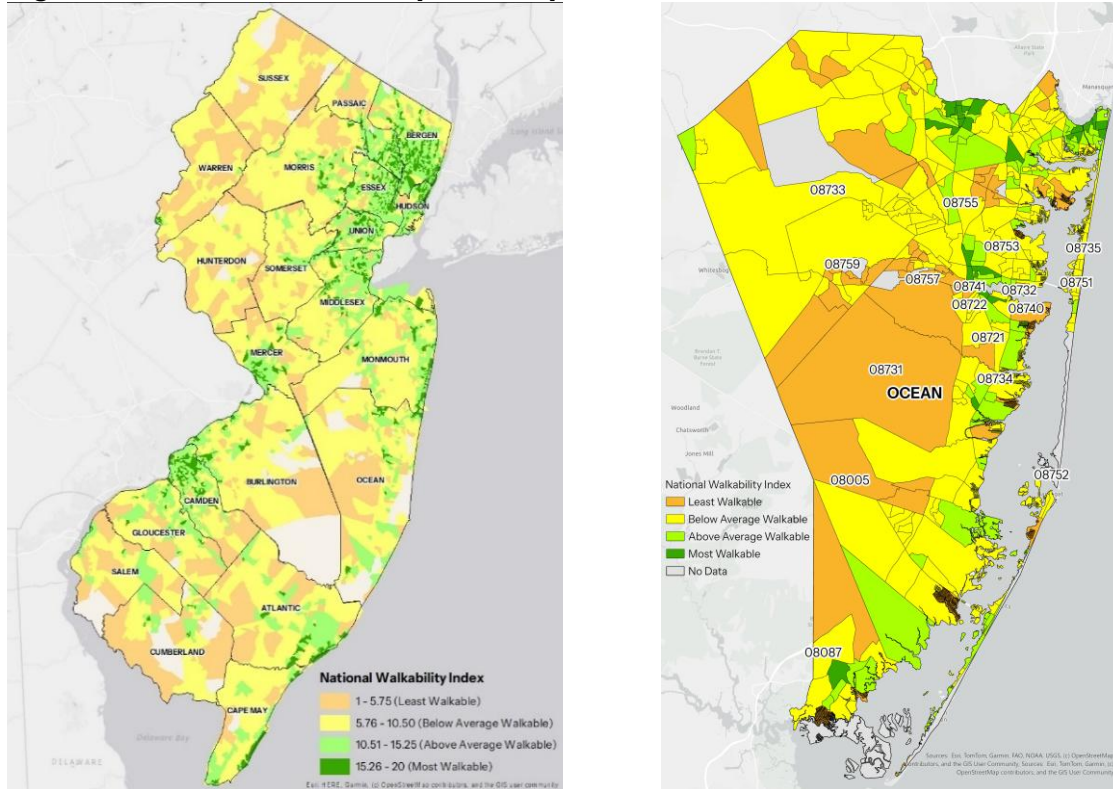
DATA SOURCE: U.S. EPA, National Walkability Index, 2021

__Leading Causes of Death and Premature Mortality__

Figure 92. Life Expectancy in Years, by State and County, 2021

New Jersey — 79.2

Ocean County — 78.1
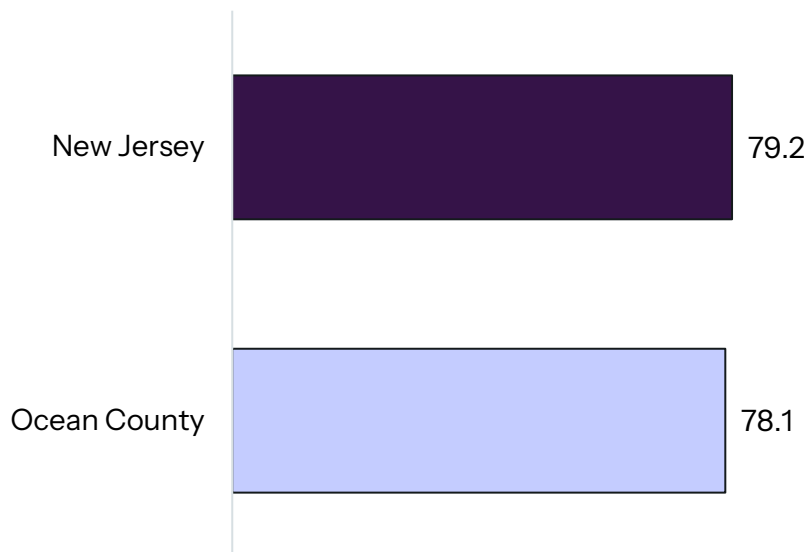
DATA SOURCE: National Center for Health Statistics – Natality and Mortality Files; Census Population Estimates Program 2024

Figure 93: Age-Adjusted Rate of Hospital Emergency Department Visits per 10,000 for Injury, Poisoning, and Other External Causes, by State, 2023
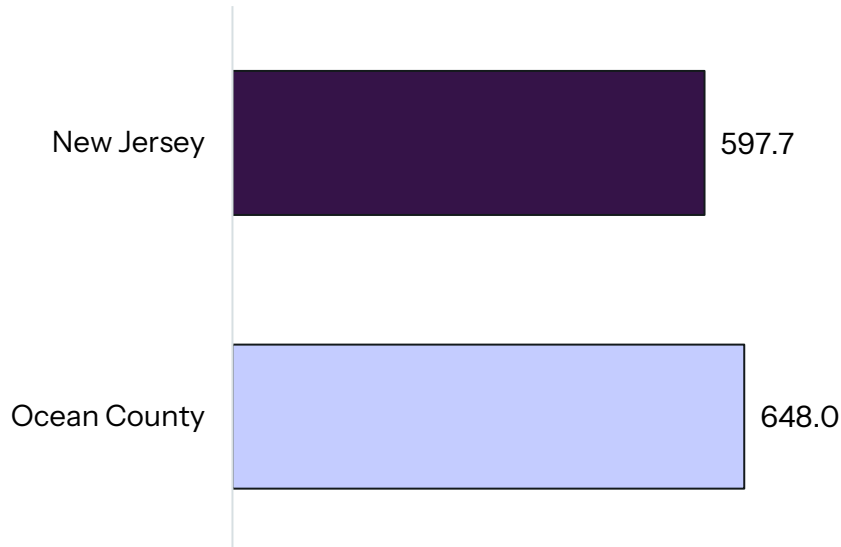
New Jersey — 597.7

Ocean County — 648.0

DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 94: Injury Deaths per 100,000 Population, by State and County, 2017-2021

New Jersey — 65.5

Ocean County — 72.8
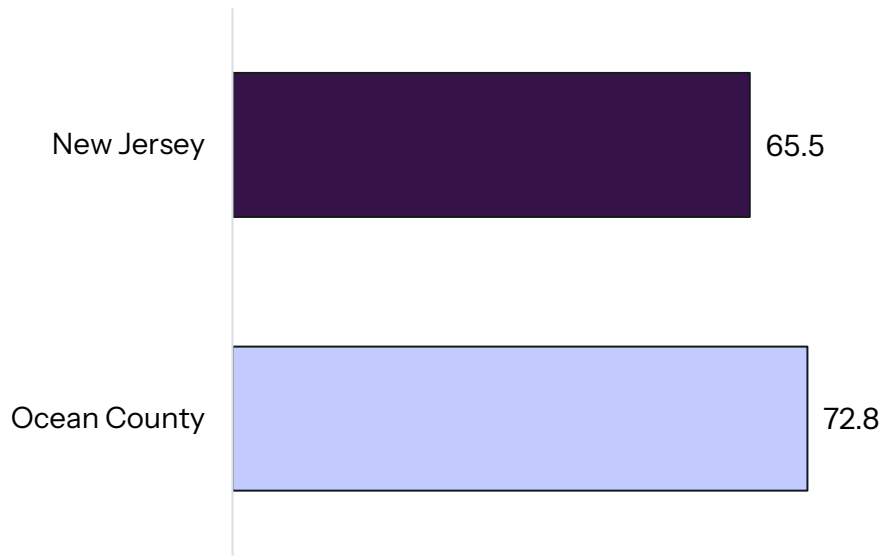
DATA SOURCE: National Center for Health Statistics – Mortality Files as cited by County Health Rankings, 2024

Obesity and Physical Activity

Figure 95. Percent Adults Self-Reported Obese, by State and County, 2022

New Jersey — 29.1%

Ocean County — 31.7%
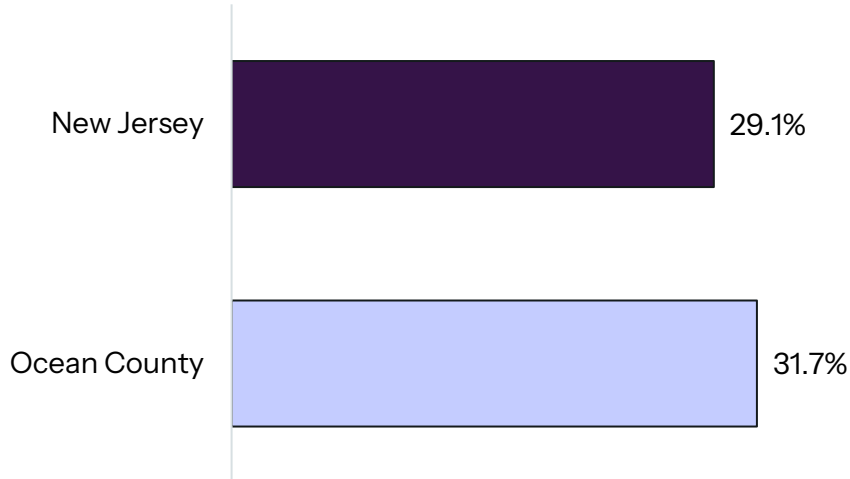
DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings, 2024

Cancer and Chronic Disease

Figure 96. Age-Adjusted Rate of Deaths due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021
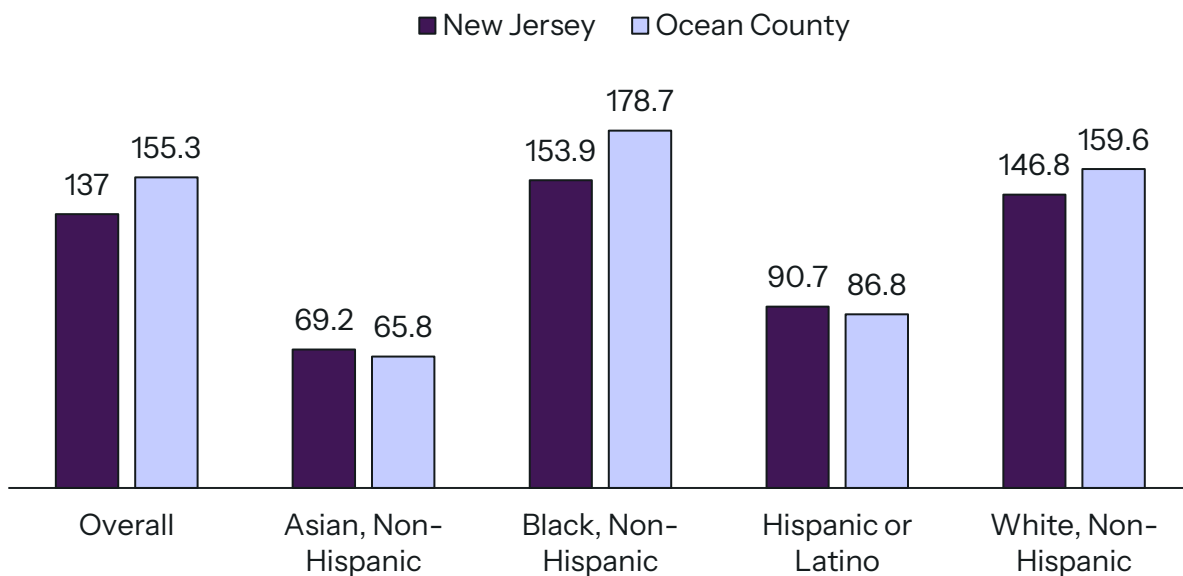
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 97. Age-Adjusted Rate of Deaths due to Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021
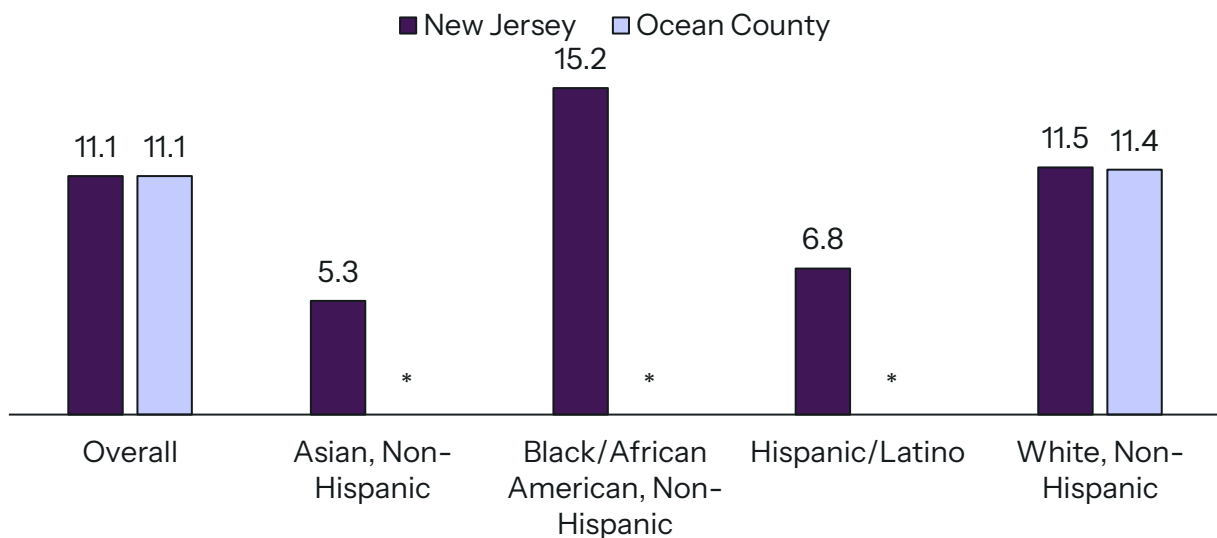
DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 98. Age-Adjusted Rate of Deaths due to Prostate Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021
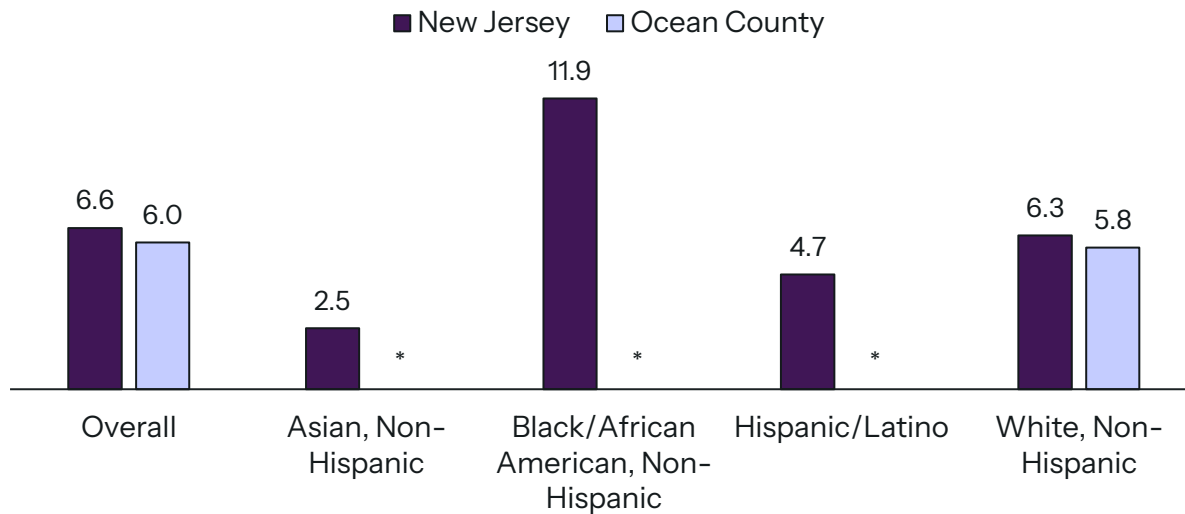
Legend: ■ New Jersey □ Ocean County

Category	New Jersey	Ocean County
Overall	6.6	6.0
Asian, Non-Hispanic	2.5	*
Black/African American, Non-Hispanic	11.9	*
Hispanic/Latino	4.7	*
White, Non-Hispanic	6.3	5.8

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: An asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 99. Percent with a Mammography Screening Within the Past Two Years (Age 40-74), by State and County, 2022
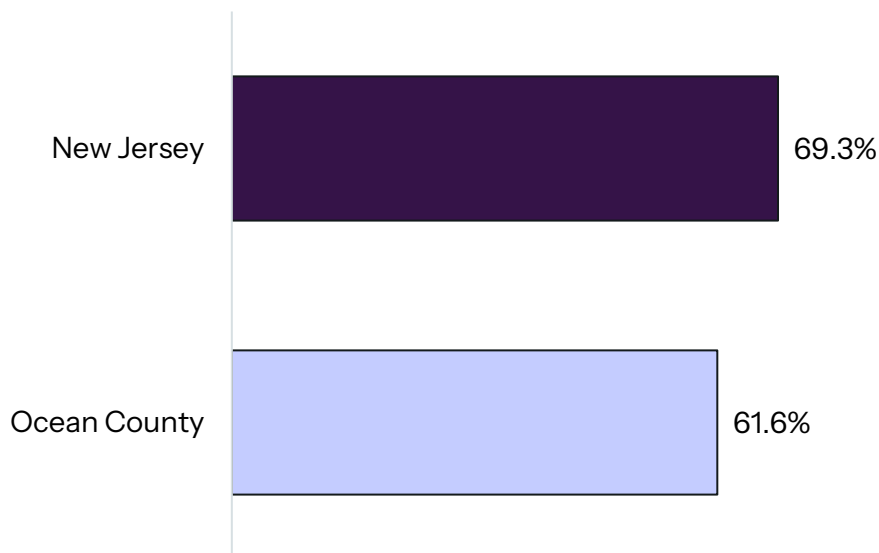
New Jersey	69.3%
Ocean County	61.6%

DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2022

Figure 100. Percent of Females Aged 21-65 Self-Reported to Have Had a Pap Test in Past Three Years, by Race/Ethnicity, by State and County, 2017-2020
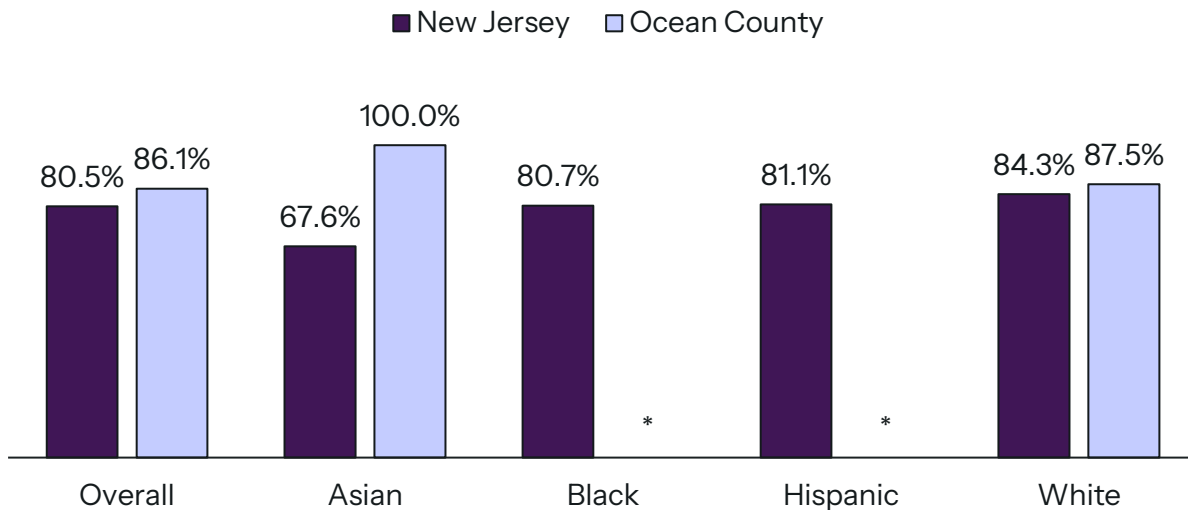
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 101. Percent of Adults 50+ Meeting Current Guidelines for Colorectal Cancer Screening, by State and County, 2020
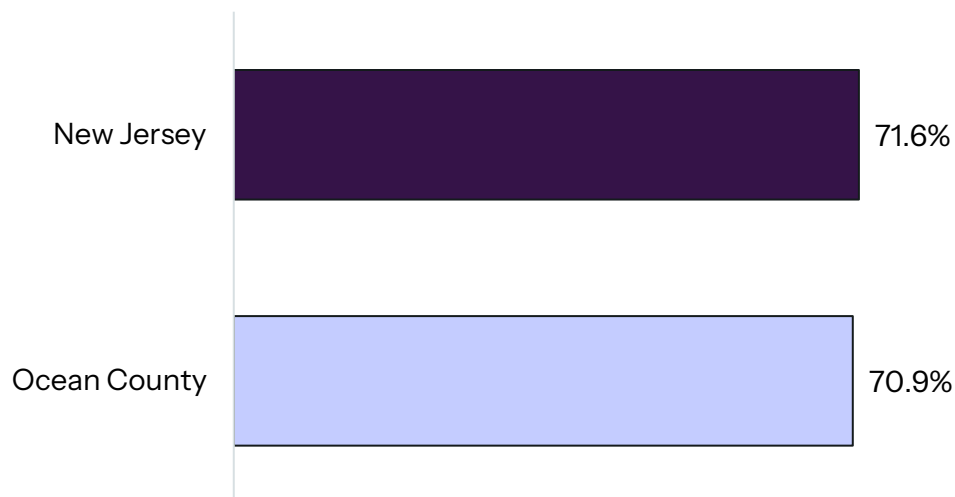
DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Disability

Table 33. Percent with Disability, by Age, by State, County, and Town, 2019-2023

	Under 5 years	5 to 17 years	18 to 34 years	35 to 64 years	65 to 74 years	75 years and over
New Jersey	0.4%	4.9%	5.7%	9.2%	20.1%	43.2%
Ocean County	0.4%	3.8%	5.8%	10.5%	22.5%	44.6%
Barnegat	0.0%	11.9%	9.8%	11.6%	21.6%	45.3%
Bayville	0.0%	7.9%	5.9%	11.4%	25.9%	46.5%
Beachwood	0.0%	4.2%	4.3%	10.5%	15.2%	35.9%
Forked River	0.0%	1.6%	2.6%	7.6%	15.5%	53.9%
Island Heights	0.0%	6.2%	2.1%	6.5%	9.7%	20.3%
Lakehurst	0.0%	17.5%	22.9%	15.8%	44.3%	31.0%
Lanoka Harbor	0.0%	0.0%	7.2%	11.2%	29.5%	32.6%
Lavallette	0.0%	0.0%	0.0%	5.0%	15.6%	50.7%
Little Egg Harbor	0.0%	10.0%	8.1%	10.6%	18.3%	45.5%
Manchester Township	0.0%	3.6%	10.3%	15.0%	28.5%	47.8%
Ocean Gate	0.0%	21.8%	2.0%	16.9%	28.8%	52.4%
Pine Beach	0.0%	0.0%	8.8%	5.8%	10.8%	48.6%
Seaside Heights	0.0%	3.8%	3.6%	15.2%	12.6%	47.7%
Seaside Park	0.0%	0.0%	10.7%	6.1%	5.6%	39.7%
Toms River	0.7%	3.1%	4.0%	12.1%	23.8%	48.0%
Tuckerton	0.0%	7.0%	17.1%	16.8%	39.2%	36.1%

DATA SOURCE: U.S. Census, American Community Survey, 5-Year Estimates, 2019-2023

Behavioral Health: Mental Health and Substance Use

Figure 102. Percent Adults Ever Diagnosed with Depression, 2020-2022
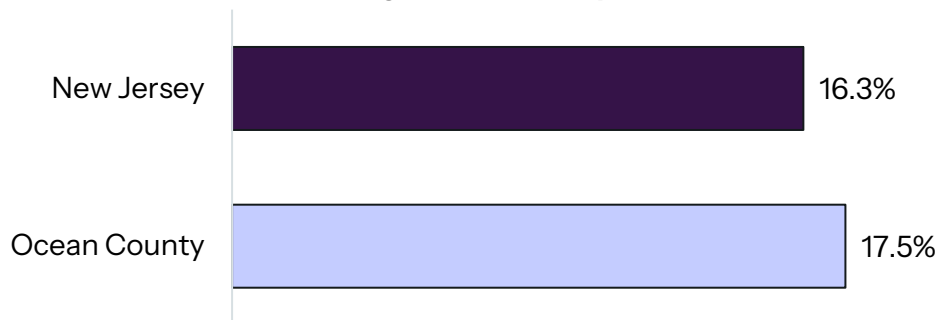
New Jersey 16.3%

Ocean County 17.5%

DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health, 2023

Figure 103. Age-Adjusted Rate of Emergency Visits & Inpatient Hospitalizations due to Mental Health per 10,000, by State and County, 2023
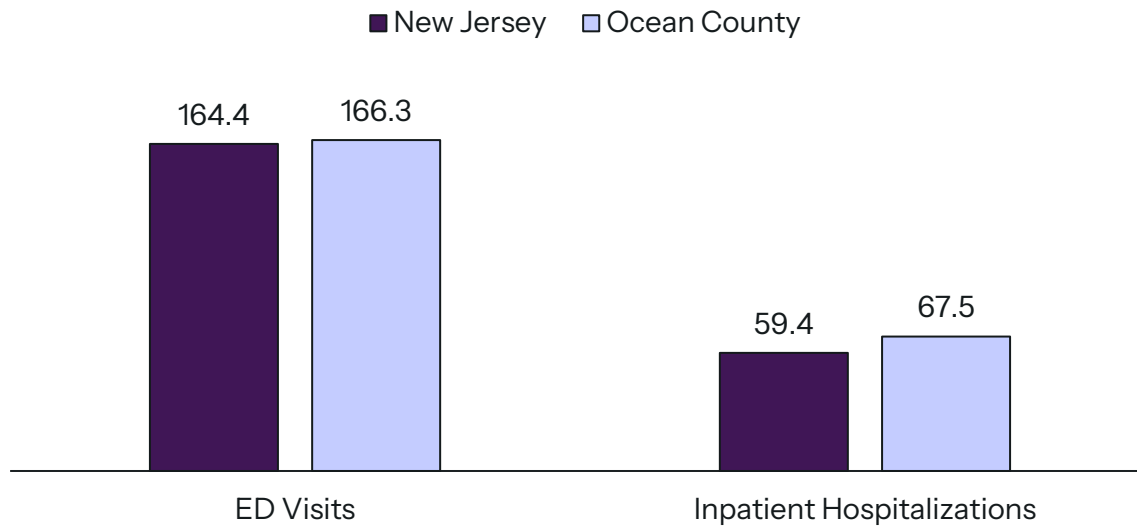
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Figure 104. Percent Adults Reported Excessive Drinking, by State and County, 2024
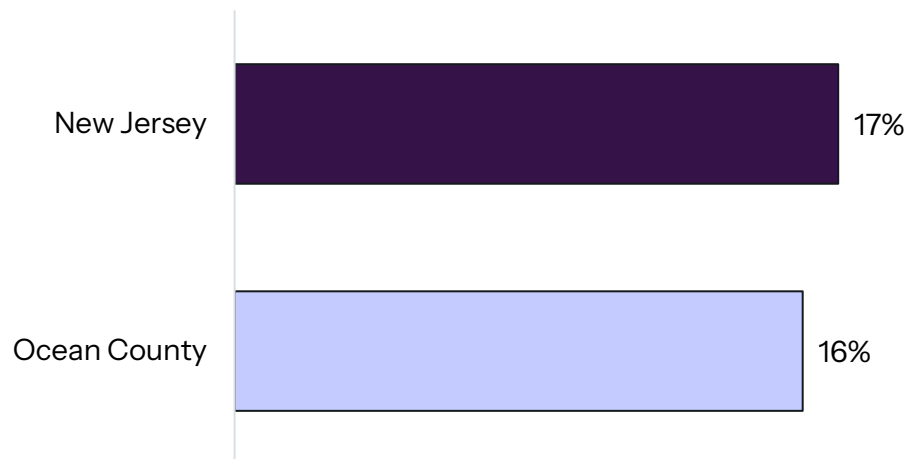
DATA SOURCE: Behavioral Risk Factor Surveillance System as cited by County Health Rankings, 2024
NOTE: Excessive drinking refers to heavy drinking (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week)) or binge drinking (4 or more drinks on one occasion within a two-hour window for women and 5 or more drinks on one occasion within a two-hour window for men).

Figure 105. Percent Driving Deaths with Alcohol Involvement, by State and County, 2020-2024

New Jersey — Ocean County

22%   22%
20%
26%   26%   26%
23%   23%   23%

2020   2021   2022   2023   2024
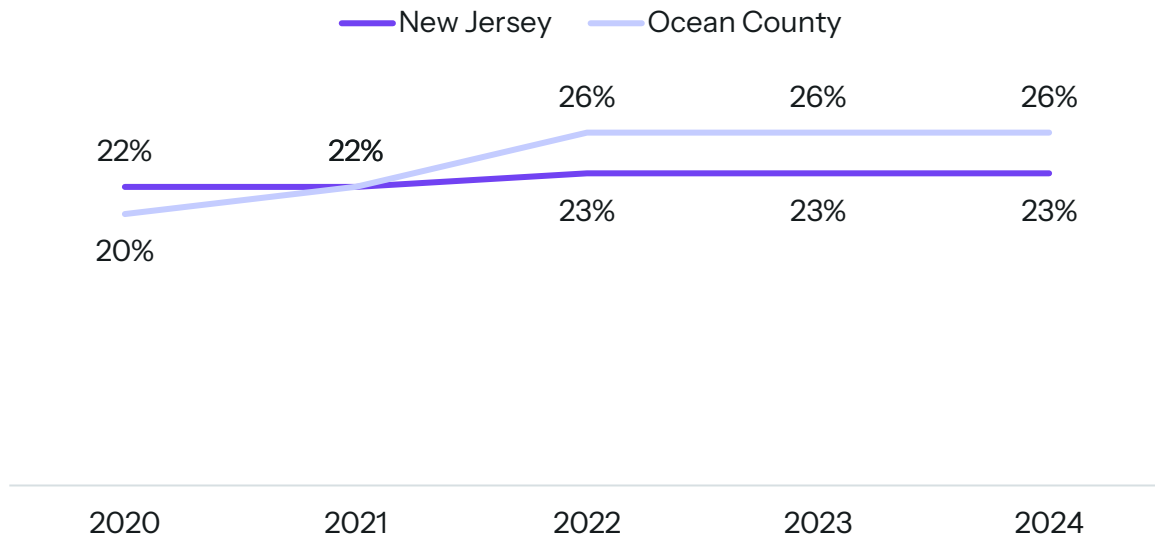
DATA SOURCE: Fatality Analysis Reporting System as cited by County Health Rankings, 2024

Figure 106. Age-Adjusted Rate of Overdose Mortality per 100,000, by State and County, 2020
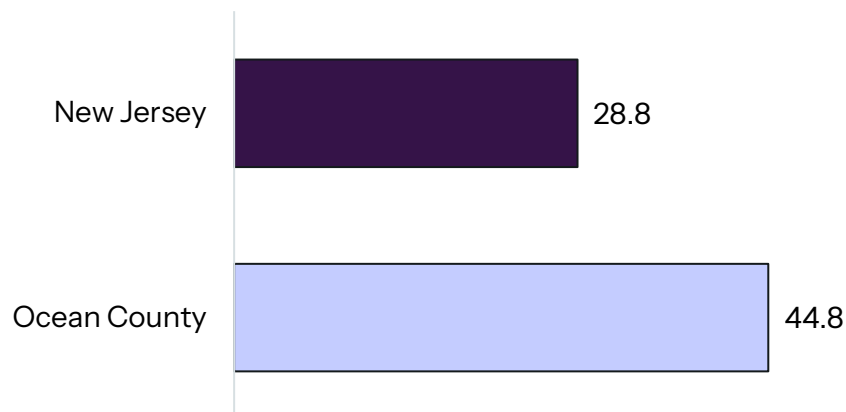
New Jersey   28.8

Ocean County   44.8

DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024

Figure 107. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2019-2023
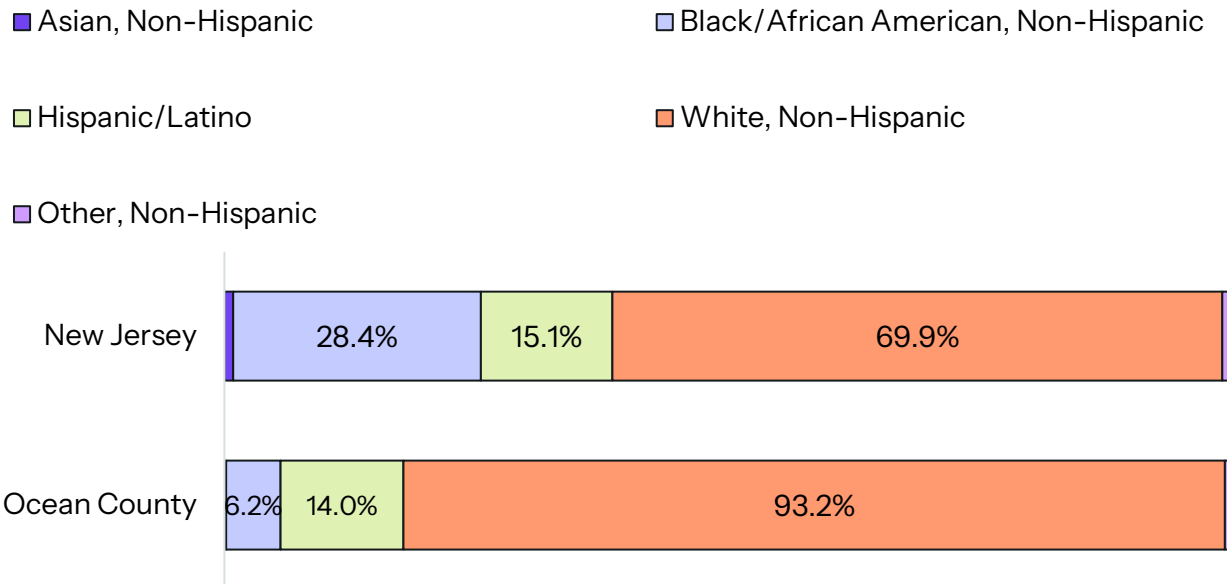
Legend:
- ■ Asian, Non-Hispanic
- ■ Black/African American, Non-Hispanic
- ■ Hispanic/Latino
- ■ White, Non-Hispanic
- ■ Other, Non-Hispanic

New Jersey	28.4%	15.1%	69.9%
Ocean County	6.2%	14.0%	93.2%

DATA SOURCE: Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services
NOTE: Data labels under 5.0% are not shown.

Environmental Health

Figure 108. Age-Adjusted Asthma Inpatient Hospitalization Rate per 10,000 Population by Race/Ethnicity, by State and County, 2023
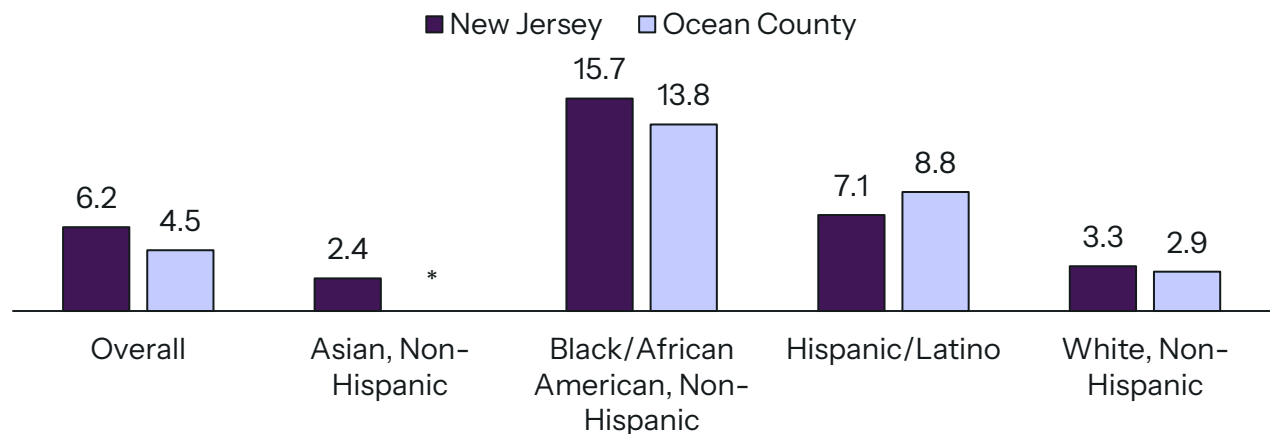
■ New Jersey   □ Ocean County

	Overall	Asian, Non-Hispanic	Black/African American, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	6.2	2.4	15.7	7.1	3.3
Ocean County	4.5	*	13.8	8.8	2.9

DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD) 2023
NOTE: The asterisk (*) means that data does not meet National Center for Health Statistics standards of statistically reliability for presentation (RSE >=23% and n<20).

Table 34. Presence of Drinking Water Violations, by County, 2022

	Presence of Water Violation
Ocean County	Yes

DATA SOURCE: Safe Drinking Water Information System as cited by County Health Rankings, 2024

Infectious and Communicable Disease

Table 35. Age-Adjusted Rate of Primary/Secondary Syphilis per 100,000, by Race/Ethnicity, by State and County, 2019-2023

	Overall	**Asian/Pacific Islander, Non-Hispanic**	**American Indian/Alaska Native, Non-Hispanic**	**Black/African American, Non-Hispanic**	**Hispanic/ Latino**	**White, Non-Hispanic**
New Jersey	8.9	2.6	*	26.8	12.1	4.2
Ocean County	3.0	*	*	*	*	2.2

DATA SOURCE: Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

NOTE: An asterisk (*) means that the rate does not meet the National Center for Health Statistics standards of statistical reliability for presentation.

Maternal and Infant Health

Figure 109. Live Births per 1,000 Female Population Aged 15-17, by State and County, 2020-2023
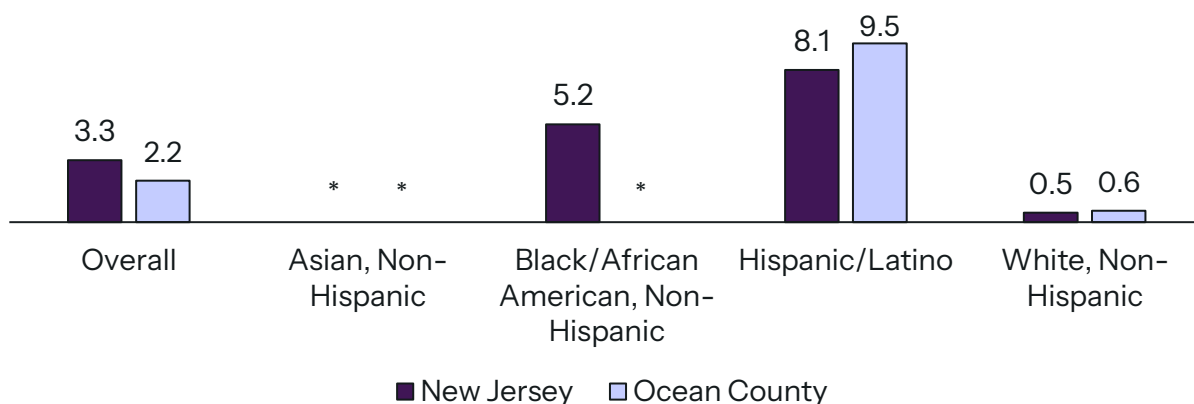
DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 110. Percent Very Low birth weight Births, by State and County, 2018-2022
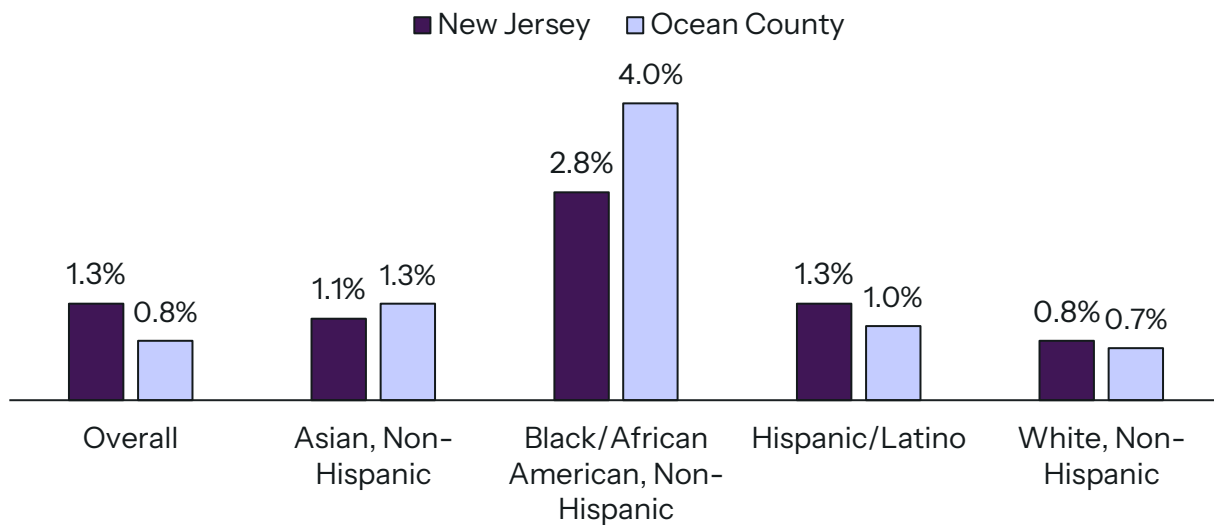
■ New Jersey ☐ Ocean County

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Very low birth weight is defined as less than 1,500 grams.

Figure 111. Infant Mortality Rate per 1,000 Births, by Race/Ethnicity, by State and County, 2021
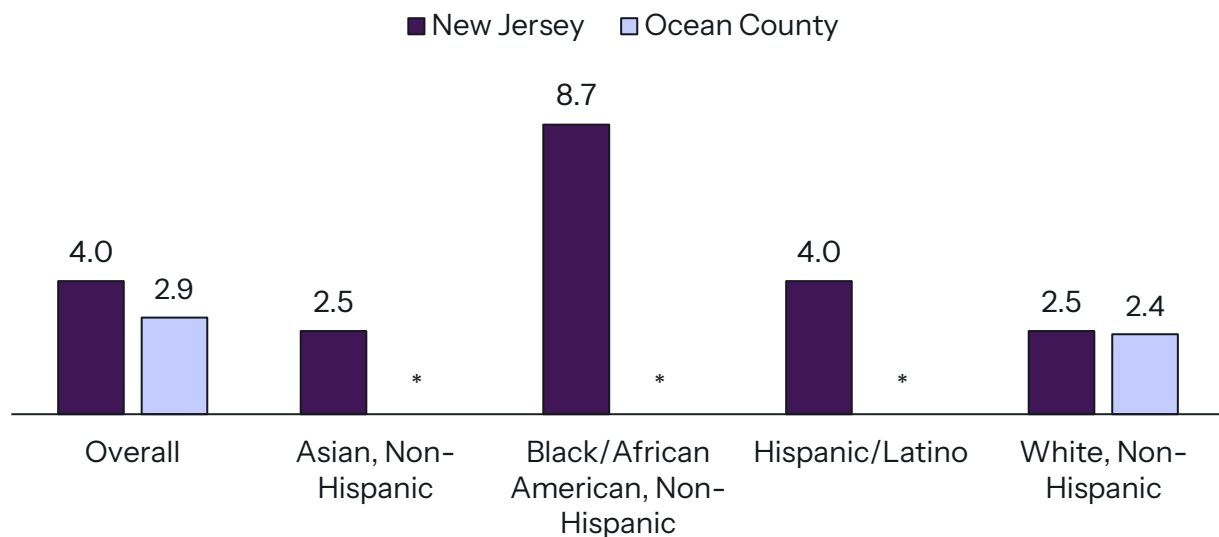
■ New Jersey ☐ Ocean County

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Figure 112. Percent Preterm Births, by State and County, 2021-2022
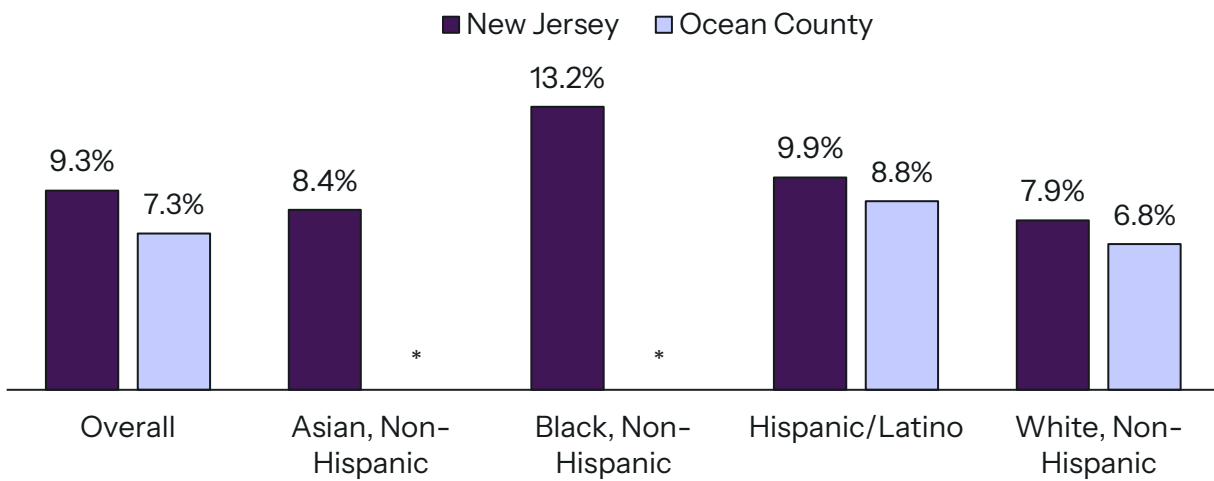
■ New Jersey   □ Ocean County

	Overall	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic
New Jersey	9.3%	8.4%	13.2%	9.9%	7.9%
Ocean County	7.3%	*	*	8.8%	6.8%

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Preterm births are defined as live births before 37 weeks of gestation based on obstetric estimate. Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

Table 36. Percent Immunized Children, by State, 2020

United States	70.5%
New Jersey	68.7%
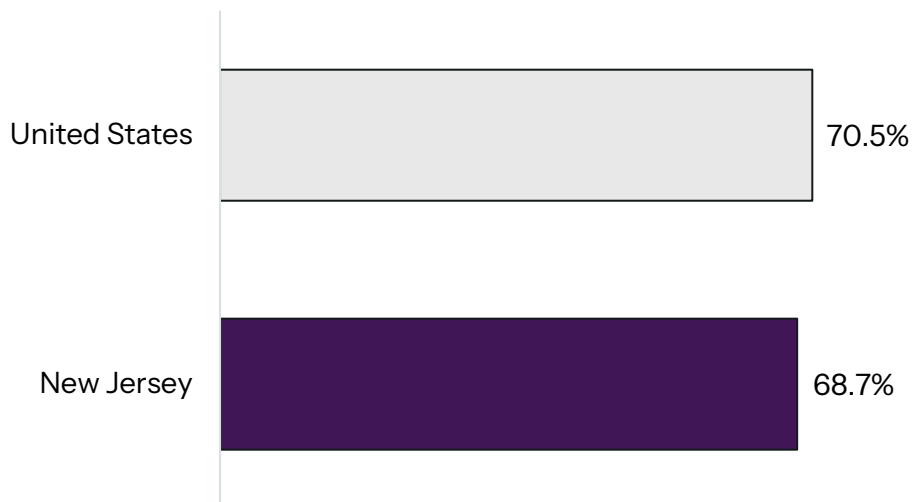
DATA SOURCE: National Immunization Survey, Center for Disease Control and Prevention via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 113. Percent of Live Births to Women Who Had No Prenatal Care, By Race/Ethnicity, by State and County, 2018-2022
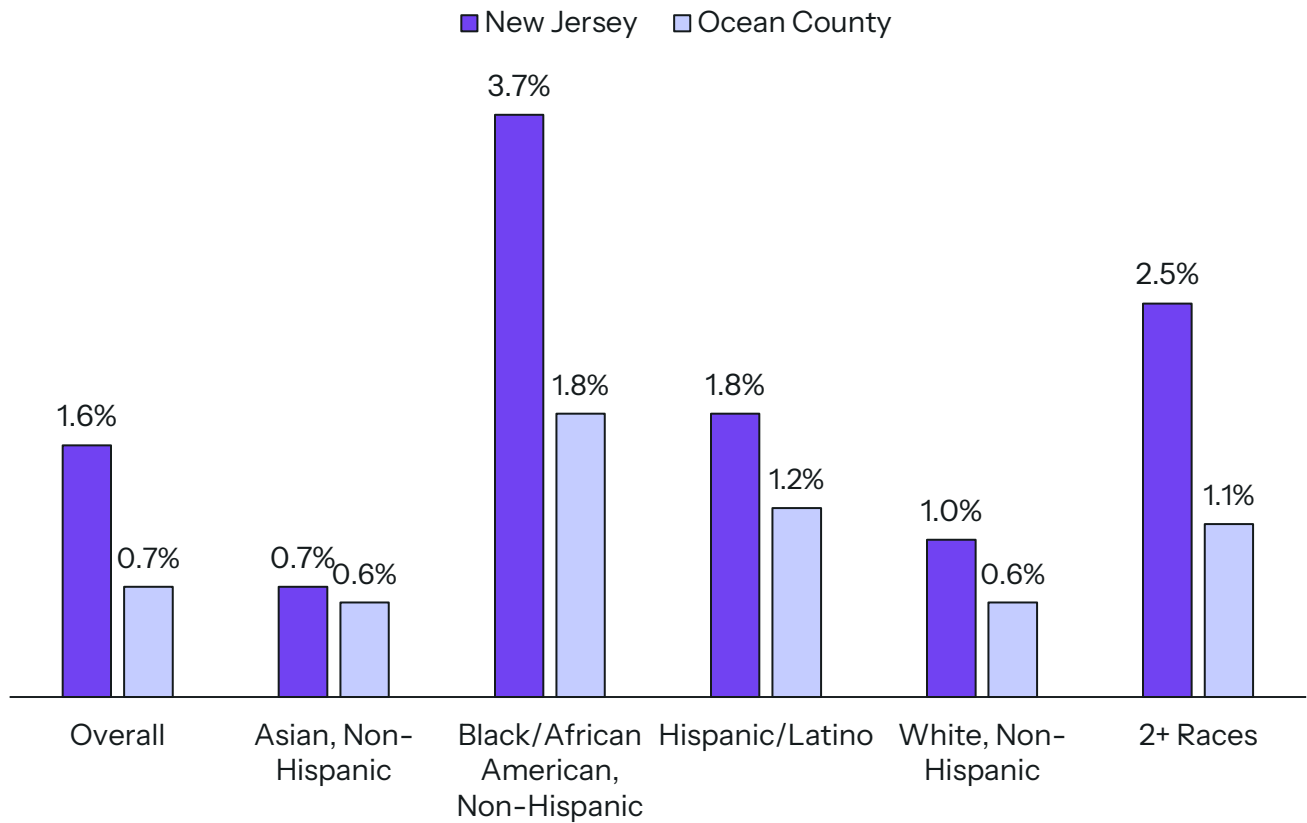
Legend: ■ New Jersey ■ Ocean County

Category	New Jersey	Ocean County
Overall	1.6%	0.7%
Asian, Non-Hispanic	0.7%	0.6%
Black/African American, Non-Hispanic	3.7%	1.8%
Hispanic/Latino	1.8%	1.2%
White, Non-Hispanic	1.0%	0.6%
2+ Races	2.5%	1.1%

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Figure 114. Percent of Population under 19 Uninsured, by Town, by State and County, 2019-2023
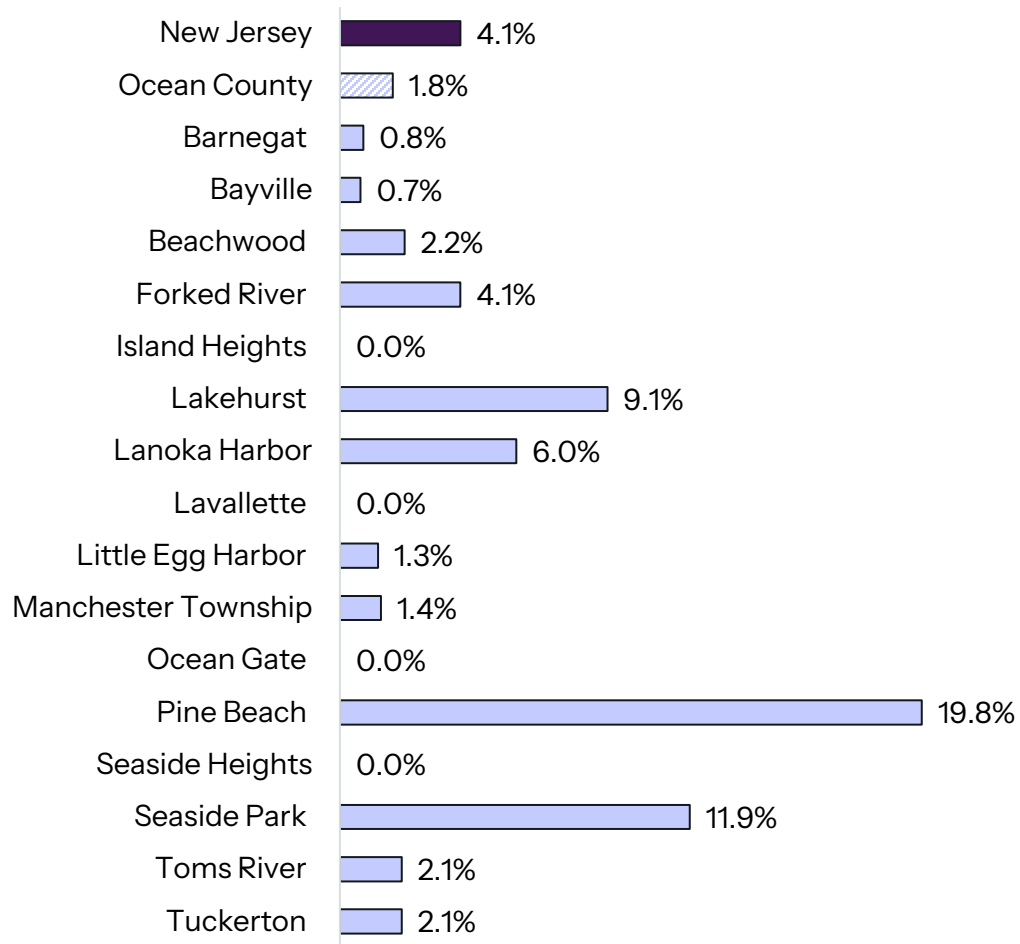
Town	Percent
New Jersey	4.1%
Ocean County	1.8%
Barnegat	0.8%
Bayville	0.7%
Beachwood	2.2%
Forked River	4.1%
Island Heights	0.0%
Lakehurst	9.1%
Lanoka Harbor	6.0%
Lavallette	0.0%
Little Egg Harbor	1.3%
Manchester Township	1.4%
Ocean Gate	0.0%
Pine Beach	19.8%
Seaside Heights	0.0%
Seaside Park	11.9%
Toms River	2.1%
Tuckerton	2.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Figure 115: Percent of Population with Private Health Insurance, by State, County, and Town, 2019-2023

Location	Percent
New Jersey	71.1%
Ocean County	67.9%
Barnegat	74.0%
Bayville	88.0%
Beachwood	72.7%
Forked River	71.2%
Island Heights	89.4%
Lakehurst	61.9%
Lanoka Harbor	87.1%
Lavallette	86.8%
Little Egg Harbor	75.9%
Manchester Township	66.6%
Ocean Gate	78.2%
Pine Beach	81.0%
Seaside Heights	51.4%
Seaside Park	81.0%
Toms River	76.1%
Tuckerton	73.3%
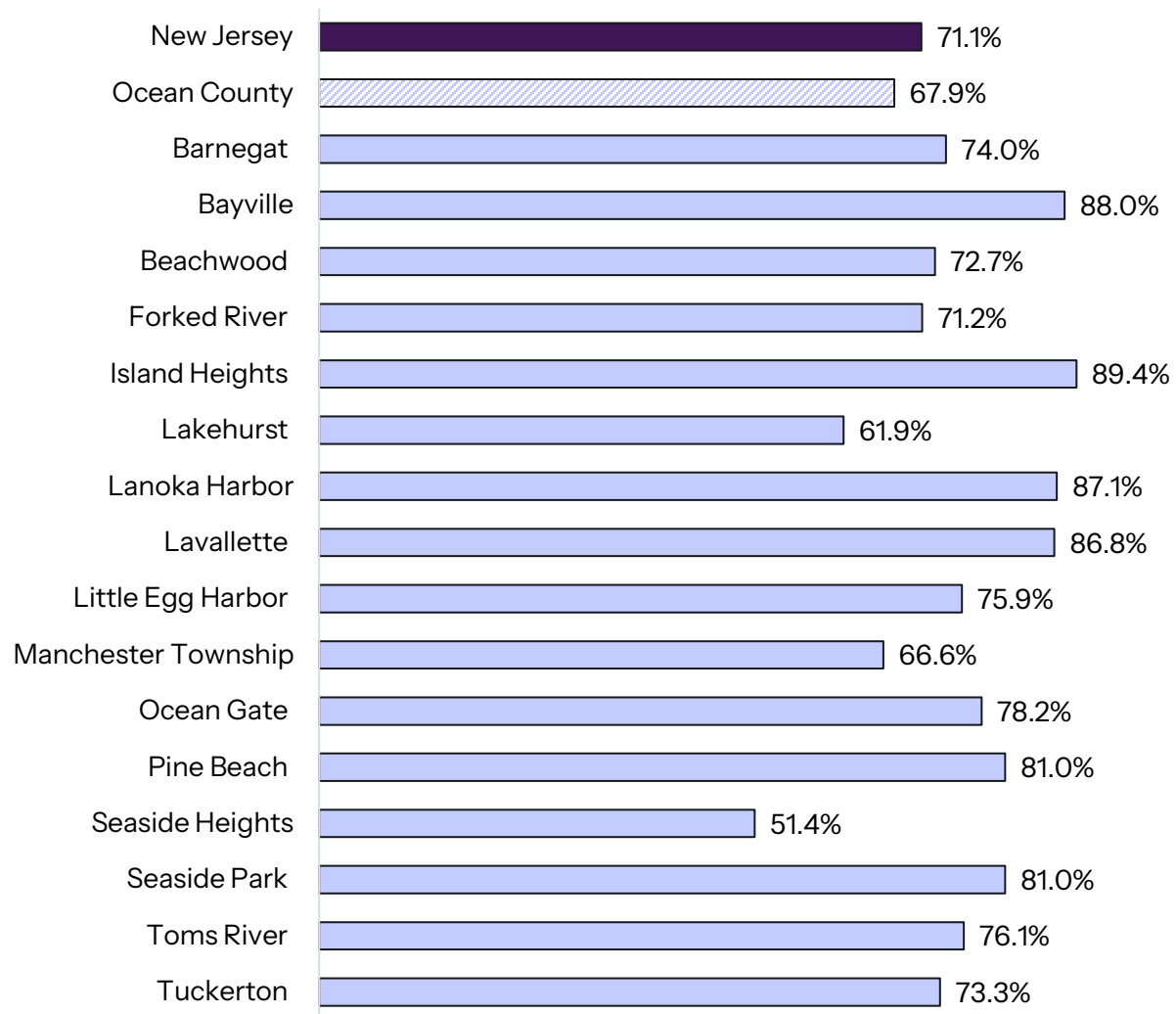
DATA SOURCE: Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

Figure 116. Ratio of Population to Mental Health Provider, by State and County, 2023
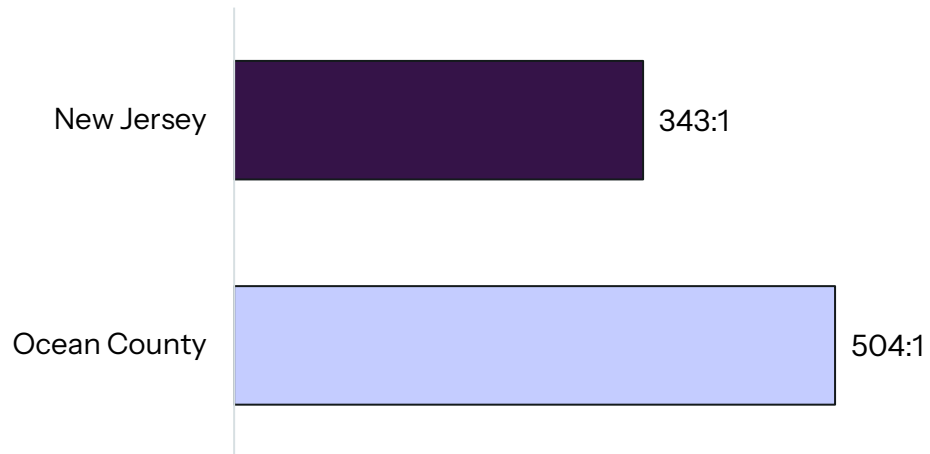
New Jersey 343:1

Ocean County 504:1

DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings, 2024

Figure 117. Ratio of Population to Dentist, by State and County, 2022
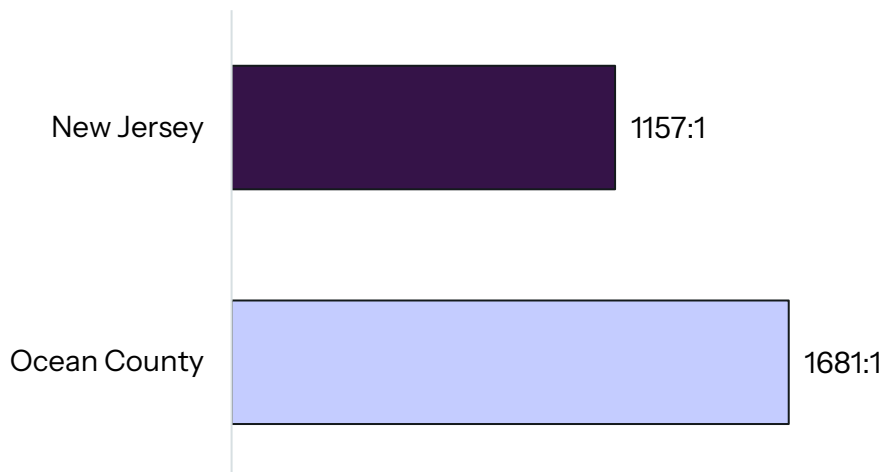
New Jersey 1157:1

Ocean County 1681:1

DATA SOURCE: Area Health Resource File/National Provider Identifier Downloadable File as cited by County Health Rankings, 2024

Figure 118. Percentage of Adults Reporting Ever Receiving a Pneumococcal Vaccination, 65 and Older, by State and County, 2020-2022
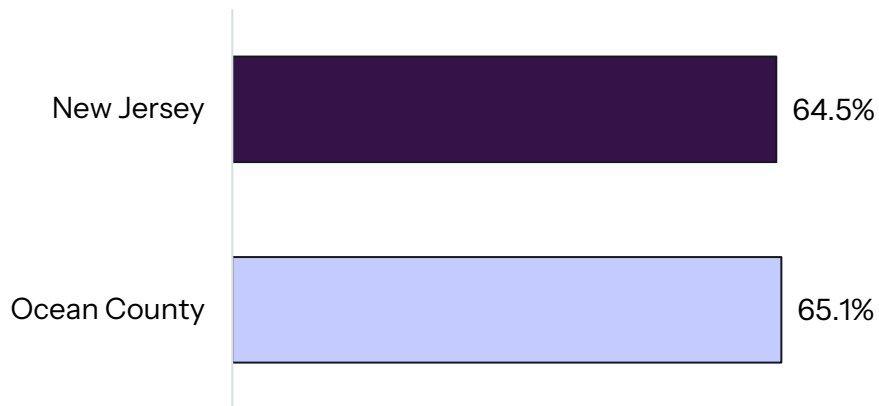
New Jersey	64.5%
Ocean County	65.1%

DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

Appendix F. Hospitalization Data

Table 37. Emergency Room Treat and Release Rates per 1,000 Population, by Age, State, County, and Primary Service Area (PSA), 2022

Age	New Jersey	Ocean County	CMC PSA
Total	304.6	300.6	345.2
Under 18	67.4	218.6	326.6
18–64	185.6	318.3	350.0
65 and over	51.6	347.9	346.7

DATA SOURCE: RWJBarnabas Health System, 2022

Table 38. Emergency Room Treat and Release Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

Race/Ethnicity	New Jersey	Ocean County	CMC PSA
Total	304.6	300.6	345.2
Asian	90.7	175.6	141.6
Black	546.9	610.1	559.4
Hispanic	373.3	409.5	402.2
White	219.3	272.8	311.2

DATA SOURCE: RWJBarnabas Health System, 2022

Table 39. Hospital Admission Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022

	Race/Ethnicity	Total	Acute	Chronic	Diabetic
New Jersey	Total	8.1	3.8	2.5	1.8
	Asian	1.6	2.2	1.5	0.9
	Black	13.1	5.0	4.3	3.9
	Hispanic	5.8	2.7	1.5	1.6
	White	8.2	4.1	2.6	1.5
Ocean County	Total	10.3	5.3	3.2	1.9
	Asian	4.4	1.2	1.8	1.5
	Black	11.3	5.0	3.1	3.3
	Hispanic	5.7	2.8	1.2	1.6
	White	10.8	5.6	3.4	1.8
CMC PSA	Total	14.0	6.6	4.6	2.7
	Asian	4.6	1.3	2.1	1.3
	Black	11.0	4.2	4.1	2.8
	Hispanic	7.0	3.2	2.0	1.8
	White	14.4	6.9	4.8	2.7

DATA SOURCE: RWJBarnabas Health System, 2022

Table 40. Hospital Admission Rates per 1,000 Population, by Condition, by State, County, and Primary Service Area, 2022

	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	75.8	1.1	10.7	10.7	3.4	1.5
Ocean County	94.8	1.4	15.1	14.4	1.8	1.2
CMC PSA	114.6	1.9	8.4	20.4	2.0	1.7

DATA SOURCE: RWJBarnabas Health System, 2022

Table 41. Hospital Admission Rates per 1,000 Population, by Age, Race/Ethnicity, State, County, and Primary Service Area, 2022

	Age	Race/Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
New Jersey	Total	Total	75.8	1.1	10.7	10.7	3.4	1.5
		Asian	30.8	0.1	8.6	3.6	0.9	0.2
		Black	103.3	1.8	11.3	15.7	6.1	2.4
		Hispanic	57.0	1.5	13.1	5.5	2.3	1.1
		White	77.5	0.9	8.4	12.2	3.1	1.5
	Under 18	Total	2.8	0.0	0.1	0.0	0.3	0.0
		Asian	1.4	0.0	0.0	0.0	0.1	0.0
		Black	4.3	0.0	0.1	0.0	0.6	0.0
		Hispanic	3.9	0.0	0.2	0.1	0.3	0.0
		White	1.7	0.0	0.0	0.0	0.3	0.0
	18–64	Total	39.5	1.1	10.6	3.6	2.6	1.4
		Asian	17.4	0.1	8.6	1.2	0.7	0.2
		Black	65.8	1.8	11.2	7.9	5.1	2.2
		Hispanic	38.8	1.5	12.9	2.5	1.8	1.1
		White	33.1	0.9	8.4	3.1	2.3	1.4
	65 and over	Total	33.4	0.0	0.0	7.1	0.4	0.1
		Asian	12.0	0.0	0.0	2.4	0.1	0.0
		Black	33.3	0.0	0.0	7.8	0.5	0.2
		Hispanic	14.3	0.0	0.0	3.0	0.2	0.0
		White	42.7	0.1	0.0	9.1	0.5	0.2
Ocean County	Total	Total	94.8	1.4	15.1	14.4	1.8	1.2
		Asian	49.5	0.2	8.1	6.2	0.7	0.2
		Black	99.2	2.5	11.4	13.2	4.0	1.5
		Hispanic	55.7	1.1	13.9	5.5	1.0	0.7
		White	98.4	1.4	14.7	15.7	1.7	1.3
	Under 18	Total	8.2	0.0	0.2	0.1	0.5	-
		Asian	3.1	-	-	-	1.9	-
		Black	13.7	-	-	0.2	1.1	-
		Hispanic	9.6	-	0.6	0.0	0.2	-
		White	7.2	0.0	0.1	0.1	0.5	-
	18–64	Total	81.5	2.5	28.7	6.9	2.5	2.0
		Asian	43.5	0.3	13.9	3.5	0.5	0.3
		Black	102.4	4.0	18.2	11.2	5.6	2.2
		Hispanic	65.7	1.9	23.6	4.2	1.5	1.2
		White	81.2	2.6	28.7	7.2	2.4	2.1

	Age	Race /Ethnicity	Total	Obesity	Obstetrics	Cardiac	Mental Health	Substance Use
	65 and over	Total	218.2	0.5	-	47.0	1.4	0.7
		Asian	92.2	-	-	16.1	0.4	-
		Black	261.6	0.4	-	50.2	2.0	0.8
		Hispanic	160.1	0.2	-	34.4	0.8	0.2
		White	220.2	0.5	-	48.0	1.4	0.7
CMC PSA	Total	Total	114.6	1.9	8.4	20.4	2.0	1.7
		Asian	45.0	0.2	6.7	6.2	0.8	0.0
		Black	92.0	2.8	10.1	12.2	3.4	2.0
		Hispanic	57.3	1.8	11.2	7.8	0.7	0.8
		White	116.6	1.8	6.8	21.7	2.0	1.7
	Under 18	Total	10.3	0.0	0.3	0.2	0.9	0.0
		Asian	2.9	0.0	0.0	0.0	2.9	0.0
		Black	21.8	0.0	0.0	0.5	1.0	0.0
		Hispanic	8.9	0.0	0.6	0.1	0.1	0.0
		White	8.8	0.0	0.2	0.2	0.9	0.0
	18-64	Total	79.1	3.3	15.5	9.4	2.4	2.7
		Asian	35.2	0.3	10.7	3.6	0.3	0.0
		Black	83.8	4.1	14.9	10.3	4.5	3.0
		Hispanic	61.2	3.0	18.4	5.2	0.8	1.3
		White	74.6	3.1	12.8	9.5	2.3	2.8
	65 and over	Total	238.7	0.5	0.0	51.9	1.9	0.8
		Asian	107.0	0.0	0.0	18.7	0.7	0.0
		Black	244.9	0.0	0.0	41.2	0.8	0.0
		Hispanic	172.1	0.0	0.0	43.9	1.2	0.4
		White	236.0	0.5	0.0	51.7	1.9	0.8

DATA SOURCE: RWJBarnabas Health System, 2022
NOTE: Dash (-) means that data were suppressed by the reporting agency.

Appendix G. Cancer Data

APPENDIX G1: CANCER INCIDENCE RATE REPORT: CANCER PATIENT ORIGIN

OCEAN COUNTY 2023

Over eighty eight percent of CMC's cancer inpatients and 77.6 % of cancer outpatients resided in the Primary Service Area. In total, 96.5% of inpatients and 97.0% of outpatients resided in Ocean County. Manchester (08759) and Toms River (08757) represent the largest segment of CMC's inpatient cancer patients. Similarly, the same zip codes represent the largest segments of CMC's outpatient cancer patients. The health factors and outcomes explored in the CHNA bear relevance to the oncology services and its review of specific cancer needs for the community.

CANCER PATIENT ORIGIN	2023 CMC IP PATIENTS	%	2023 CMC OP PATIENTS	%
Ocean County	2,407	96.5%	2,348	97.0%
Primary Service Area	2,198	88.1%	1,878	77.6%
Secondary Service Area	207	8.3%	468	19.3%
Out of Service Area (NJ)	63	2.5%	62	2.6%
Out of State	26	1.0%	13	0.5%
TOTAL	**2,494**	**100.0%**	**2,421**	**100.0%**
Manchester (08759)	618	24.8%	506	20.9%
Toms River (08757)	567	22.7%	458	18.9%

Source; Decision Support; IP volume includes cases with ICD10 principal or secondary codes C00 thru D49.9 (Neoplasms); OP volume includes cases with ICD10 principal or secondary codes Z51.0 or Z51.11 (Chemo and Radiation Therapy).

APPENDIX G2: CANCER INCIDENCE RATE REPORT: OCEAN COUNTY 2016-2020

Cancer Site	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trend
All Cancer Sites	532.8	4,817	stable	1.5
Bladder	27.6	276	stable	5.2
Brain & ONS	8.2	60	stable	0.2
Breast	135.2	616	stable	0.9
Cervix	7	23	stable	-1.3
Colon & Rectum	41.7	378	stable	-1.6
Esophagus	6	57	stable	-0.3
Kidney & Renal Pelvis	17.9	156	rising	1.6
Leukemia	17.3	157	stable	0.8
Liver & Bile Duct	8.9	86	rising	3.6
Lung & Bronchus	69.8	702	stable	0.7
Melanoma of the Skin	31.6	274	stable	-0.2
Non-Hodgkin Lymphoma	22.1	202	stable	0.6
Oral Cavity & Pharynx	13.9	124	stable	2.6
Ovary	11.1	52	falling	-1.3
Pancreas	16.8	162	rising	1.6
Prostate	127.7	563	stable	6.6
Stomach	5.9	54	stable	-0.8
Thyroid	23.4	146	stable	0.1
Uterus (Corpus & Uterus, NOS)	33	163	stable	0.3

The Source for G2 and following tables G3, G4, G5 and G6 is : https://statecancerprofiles.cancer.gov

APPENDIX G3: CANCER INCIDENCE DETAILED RATE REPORT: OCEAN COUNTY 2016-2020 SELECT CANCER SITES: RISING INCIDENCE RATES

		Kidney & Renal Pelvis	Liver & Bile Duct	Pancreas
INCIDENCE RATE REPORT FOR OCEAN COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	17.9	8.9	16.8
	Average Annual Count	156	86	162
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.6	3.6	1.6
White Non-Hispanic, All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	18.2	8.7	17
	Average Annual Count	143	77	151
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.6	3.5	1.6
Black (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	16.7	*	17.3
	Average Annual Count	4	3 or fewer	4
	Recent Trend	*	*	*
	Recent 5-Year Trend (‡) in Incidence Rates	*	*	*
Asian or Pacific Islander (includes Hispanic), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	*	*	7.5
	Average Annual Count	3 or fewer	3 or fewer	14
	Recent Trend	*	*	stable
	Recent 5-Year Trend (‡) in Incidence Rates	*	*	-1
Hispanic (any race), All Ages	Age-Adjusted Incidence Rate(†) - cases per 100,000	17	11.1	16.6
	Average Annual Count	7	5	6
	Recent Trend	*	*	stable
	Recent 5-Year Trend (‡) in Incidence Rates	*	*	0.3
MALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	25.7	13.5	19.5
	Average Annual Count	103	59	83
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend (‡) in Incidence Rates	1.9	3	2
FEMALES	Age-Adjusted Incidence Rate(†) - cases per 100,000	11.4	5.2	14.6
	Average Annual Count	53	27	79
	Recent Trend	stable	rising	stable
	Recent 5-Year Trend (‡) in Incidence Rates	0.9	5.3	0.9

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area- sex -race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

APPENDIX G4: CANCER MORTALITY RATE REPORT: OCEAN COUNTY 2016-2020

MORTALITY RATE REPORT: OCEAN COUNTY 2016-2020					
Cancer Site	**Met Healthy People Objective of ***?**	**Age-Adjusted Mortality Rate - cases per 100,000**	**Average Annual Count**	**Recent Trend**	**Recent 5-Year Trend**
All Cancer Sites	No	157.8	1,573	falling	-1.5
Bladder	***	4.9	52	stable	-0.3
Brain & ONS	***	4.7	40	stable	0.2
Breast	No	20.9	109	falling	-2.3
Cervix	Yes	1.9	8	stable	-1.5
Colon & Rectum	Yes	13.8	136	falling	-2.6
Esophagus	***	4.4	43	stable	-0.2
Kidney & Renal Pelvis	***	2.8	28	falling	-1.4
Leukemia	***	7.1	72	falling	-0.9
Liver & Bile Duct	***	6.6	65	rising	2.5
Lung & Bronchus	No	38.7	395	falling	-3.3
Melanoma of the Skin	***	2.3	22	falling	-1.3
Non-Hodgkin Lymphoma	***	5	51	falling	-1.6
Oral Cavity & Pharynx	***	2.1	20	falling	-1.2
Ovary	***	6.4	36	falling	-2.1
Pancreas	***	12.7	126	rising	0.5
Prostate	Yes	14.9	66	falling	-3.5
Stomach	***	2.3	22	falling	-4.1
Thyroid	***	0.6	6	*	*
Uterus (Corpus & Uterus, NOS)	***	5.5	29	rising	1.4

*** No Healthy People 2030 Objective for this cancer.

* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area- sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

APPENDIX G5: CANCER MORTALITY DETAILED RATE REPORT: OCEAN COUNTY 2016-2020

		Liver & Bile Duct	Pancreas	Uterus (Corpus & Uterus, NOS)
MORTALITY RATE REPORT FOR OCEAN COUNTY 2016-2020 All Races (includes Hispanic), All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	6.6	12.7	5.5
	Average Annual Count	65	126	29
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend in Death Rates	2.5	0.5	1.4
White Non-Hispanic, All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	6.4	13	5.1
	Average Annual Count	58	119	26
	Recent Trend	rising	rising	rising
	Recent 5-Year Trend in Death Rates	2.6	0.5	1.3
Black (includes Hispanic), All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	*	16	*
	Average Annual Count	3 or fewer	3	3 or fewer
	Recent Trend	*	*	*
	Recent 5-Year Trend in Death Rates	*	*	*
Asian or Pacific Islander (includes Hispanic), All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	*	*	*
	Average Annual Count	3 or fewer	3 or fewer	3 or fewer
	Recent Trend	*	*	*
	Recent 5-Year Trend in Death Rates	*	*	*
Hispanic (any race), All Ages	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	8.2	9	*
	Average Annual Count	3	3	3 or fewer
	Recent Trend	*	*	*
	Recent 5-Year Trend in Death Rates	*	*	*
MALES	Met Healthy People Objective	***	***	n/a
	Age-Adjusted Death Rate - per 100,000	9.4	15.1	n/a
	Average Annual Count	40	64	n/a
	Recent Trend	rising	stable	n/a
	Recent 5-Year Trend in Death Rates	2.4	0.4	n/a
FEMALES	Met Healthy People Objective	***	***	***
	Age-Adjusted Death Rate - per 100,000	4.4	10.8	5.5
	Average Annual Count	25	62	29
	Recent Trend	rising	stable	rising
	Recent 5-Year Trend in Death Rates	2.4	0.5	1.4

*** No Healthy People 2030 Objective for this cancer.
* Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

APPENDIX G6 : CANCER INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
All Cancer Sites: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	481.9	53,389	falling	-0.5
US (SEER+NPCR)	442.3	1,698,328	stable	-0.3
Cape May County	559	900	stable	-0.4
Gloucester County	533.7	1,930	stable	-0.2
Ocean County	532.8	4,817	stable	1.5
Monmouth County	526.4	4,389	rising	1
Burlington County	519.4	3,025	stable	-0.3
Camden County	517.6	3,187	stable	-0.3
Sussex County	512	979	falling	-0.5
Salem County	510.2	436	stable	0
Warren County	507.5	740	stable	-0.4
Cumberland County	504	891	stable	0.1
Mercer County	491.4	2,165	falling	-0.5
Atlantic County	490.4	1,755	falling	-0.7
Morris County	484.4	3,134	falling	-0.6
Hunterdon County	474.7	836	stable	-0.2
Bergen County	465.8	5,678	stable	-0.4
Passaic County	455.7	2,624	falling	-0.6
Somerset County	453	1,882	falling	-0.6
Middlesex County	452.9	4,432	falling	-0.7
Essex County	452.5	4,014	stable	-0.3
Union County	446.4	2,875	falling	-1
Hudson County	398.2	2,679	stable	0.3
Bladder: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	22	2,487	falling	-1.1
US (SEER+NPCR)	18.9	74,016	falling	-2
Cape May County	29.8	50	falling	-4.1
Ocean County	27.6	276	stable	5.2
Hunterdon County	25.6	46	stable	0.2
Sussex County	25.5	49	stable	-0.3
Monmouth County	25.1	216	stable	-0.2
Gloucester County	24.7	89	falling	-5.2
Burlington County	24.5	146	stable	-0.3

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
County				
Cumberland County	24	43	stable	-0.4
Salem County	23.9	22	stable	0.2
Warren County	23.9	37	stable	-1
Atlantic County	23.1	85	falling	-4.5
Morris County	22.8	152	falling	-1.4
Camden County	22	136	stable	-1.2
Middlesex County	21.4	210	falling	-1.1
Mercer County	21.2	94	falling	-3.2
Bergen County	20.9	266	falling	-1.5
Passaic County	20.2	118	stable	-1.3
Somerset County	19.7	82	stable	-1.1
Union County	18.9	122	falling	-2
Essex County	16.8	147	falling	-1.4
Hudson County	15.5	99	falling	-1.8
Brain & ONS: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	6.8	689	falling	-0.4
US (SEER+NPCR)	6.4	22,602	falling	-0.7
Gloucester County	8.4	27	stable	1.2
Ocean County	8.2	60	stable	0.2
Somerset County	7.9	29	stable	-0.2
Cape May County	7.7	11	stable	-1
Monmouth County	7.5	57	stable	-0.8
Bergen County	7.4	80	stable	-0.2
Sussex County	7.3	12	stable	-1.4
Burlington County	7.2	38	stable	0.7
Passaic County	7.2	38	stable	-0.2
Mercer County	6.9	28	stable	-0.5
Hunterdon County	6.8	11	stable	-0.9
Camden County	6.8	39	stable	-0.7
Salem County	6.7	5	*	*
Morris County	6.5	39	falling	-3.4
Middlesex County	6.3	58	stable	-0.8
Warren County	6.2	8	stable	1.1
Atlantic County	6	20	stable	-1.7

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cumberland County	5.8	9	stable	-1.5
Union County	5.7	34	stable	-0.9
Hudson County	5.7	39	stable	-0.6
Essex County	5.6	47	stable	-0.3
Breast: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	137.1	7,854	rising	0.6
US (SEER+NPCR)	127	249,750	rising	0.5
Burlington County	151	454	rising	1.4
Monmouth County	150.9	650	stable	0.3
Morris County	146.7	483	stable	0.2
Hunterdon County	146.2	130	stable	0.5
Gloucester County	145.4	279	rising	1.8
Bergen County	144	896	rising	0.9
Cape May County	143.9	112	stable	0.2
Somerset County	142.5	309	stable	0.2
Sussex County	141	139	stable	0
Camden County	138.7	450	stable	0.6
Ocean County	135.2	616	stable	0.9
Passaic County	134.9	402	rising	1.5
Mercer County	132.7	302	stable	0
Union County	132.6	451	stable	0.3
Warren County	132.3	99	stable	-0.2
Essex County	130.6	625	rising	1.4
Atlantic County	130.3	239	stable	0.2
Middlesex County	128.5	651	stable	-0.1
Salem County	122.7	53	stable	0.5
Cumberland County	120.8	111	stable	0.8
Hudson County	112.5	403	stable	0.5
Cervix: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	7.4	365	falling	-1.7
US (SEER+NPCR)	7.5	12,553	stable	-0.4
Cumberland County	10.9	9	stable	-2
Cape May County	9.5	5	stable	1
Passaic County	9.5	24	stable	-1.5

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Essex County	9.1	40	stable	3
Hudson County	8.3	29	falling	-2.4
Atlantic County	8.1	12	stable	-1.7
Union County	8	25	stable	-0.8
Middlesex County	7.9	37	stable	-1.1
Mercer County	7.6	15	stable	6.1
Burlington County	7.4	18	stable	-1
Camden County	7.4	21	falling	-2.4
Ocean County	7	23	stable	-1.3
Gloucester County	6.8	11	stable	-1
Warren County	6.8	3	stable	-1.2
Morris County	6.7	19	stable	-0.9
Hunterdon County	6.3	4	stable	21.6
Monmouth County	6.2	22	stable	-1.4
Somerset County	5.8	11	stable	2.3
Bergen County	5.3	30	stable	-1.3
Sussex County	5.1	4	falling	-3.7
Salem County	*	3 or fewer	*	*
Colon & Rectum: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	38.7	4,270	falling	-1.5
US (SEER+NPCR)(1)	36.5	138,021	falling	-1.1
Cape May County(7)	45.1	71	stable	-0.2
Gloucester County(7)	44.3	158	falling	-2.5
Salem County(7)	44.1	36	falling	-1.9
Sussex County(7)	43.8	82	stable	0
Camden County(7)	43.2	263	stable	-2
Cumberland County(7)	42.7	74	stable	-1.6
Warren County(7)	42.5	62	stable	0
Ocean County(7)	41.7	378	stable	-1.6
Burlington County(7)	40.6	234	falling	-2.4
Passaic County(7)	39.6	227	stable	-0.5
Essex County(7)	38.7	340	stable	-1.1
Monmouth County(7)	38.6	319	stable	-1.8
Atlantic County(7)	38.5	136	falling	-3.4

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Bergen County(7)	37.3	460	stable	-0.4
Hudson County(7)	37	247	falling	-2.7
Morris County(7)	36.5	239	stable	0.4
Union County(7)	36.3	232	falling	-3
Middlesex County(7)	36.1	353	falling	-2.9
Mercer County(7)	35.1	154	falling	-3.3
Hunterdon County(7)	34.9	61	falling	-2.3
Somerset County(7)	34.7	145	falling	-2.8
Esophagus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	4.2	486	falling	-1.2
US (SEER+NPCR)(1)	4.5	17,922	stable	-0.1
Cape May County(7)	6.3	11	stable	0.8
Ocean County(7)	6	57	stable	-0.3
Warren County(7)	5.6	9	stable	0
Hunterdon County(7)	5.6	11	stable	-0.8
Gloucester County(7)	5.4	20	stable	1.4
Camden County(7)	5.3	34	stable	-0.7
Cumberland County(7)	5.3	9	stable	0
Sussex County(7)	5.2	11	stable	-1.1
Atlantic County(7)	4.9	18	stable	-1.5
Morris County(7)	4.6	31	stable	-0.3
Monmouth County(7)	4.5	39	stable	-1
Burlington County(7)	4.3	26	stable	-1.4
Passaic County(7)	4.1	24	stable	-0.8
Mercer County(7)	3.8	17	falling	-3.2
Middlesex County(7)	3.7	38	stable	-1.5
Union County(7)	3.4	22	stable	-1.7
Bergen County(7)	3.4	42	falling	-1.8
Essex County(7)	3.4	30	falling	-3.1
Hudson County(7)	3	21	stable	-2.1
Somerset County(7)	2.8	12	stable	-1.1
Salem County(7)	*	3 or fewer	*	*
Kidney & Renal Pelvis: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	16.2	1,785	stable	0.6

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
US (SEER+NPCR)(1)	17.2	65,490	rising	1.2
Salem County(7)	21	17	stable	1.3
Camden County(7)	19	116	stable	0.2
Burlington County(7)	18.8	109	stable	-0.2
Mercer County(7)	18.6	81	rising	2.5
Cape May County(7)	18.4	28	stable	1.8
Gloucester County(7)	18.2	68	stable	0.3
Ocean County(7)	17.9	156	rising	1.6
Warren County(7)	17.6	25	stable	1
Cumberland County(7)	17	30	falling	-6.6
Atlantic County(7)	16.5	58	stable	-0.2
Bergen County(7)	16.3	200	stable	0.6
Monmouth County(7)	15.8	132	rising	1.1
Middlesex County(7)	15.8	155	stable	0.3
Hunterdon County(7)	15.6	26	stable	0.3
Passaic County(7)	15.4	90	stable	0.7
Morris County(7)	15.3	99	stable	0.8
Sussex County(7)	15	30	stable	-0.5
Union County(7)	14.5	93	stable	0.6
Essex County(7)	14	124	stable	0.7
Hudson County(7)	13.7	94	rising	1
Somerset County(7)	13.3	56	stable	0
Leukemia: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	15.8	1,686	rising	1
US (SEER+NPCR)(1)	13.9	51,518	falling	-1.9
Sussex County(7)	23.3	39	rising	3.6
Monmouth County(7)	18.7	149	rising	1.8
Hunterdon County(7)	18.2	31	stable	0.3
Morris County(7)	17.9	111	rising	1.5
Mercer County(7)	17.4	74	rising	2.1
Gloucester County(7)	17.3	59	stable	1
Ocean County(7)	17.3	157	stable	0.8
Warren County(7)	16.6	23	stable	1.4
Burlington County(7)	16.3	92	stable	1

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
County				
Middlesex County(7)	16	147	stable	0.3
Cape May County(7)	15.5	24	stable	-0.6
Camden County(7)	15.2	90	stable	0.6
Bergen County(7)	15	176	stable	-2.4
Somerset County(7)	14.8	59	stable	-0.2
Union County(7)	14.7	91	stable	0.3
Essex County(7)	14.1	123	stable	0.8
Cumberland County(7)	13.9	24	stable	-8.9
Atlantic County(7)	13.8	47	stable	0
Passaic County(7)	13.6	75	stable	-9.3
Hudson County(7)	12.6	83	stable	0.6
Salem County(7)	11.9	9	stable	-1
Liver & Bile Duct: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	8	935	stable	0.5
US (SEER+NPCR)(1)	8.6	34,900	stable	0
Cumberland County(7)	11.9	21	rising	4.1
Cape May County(7)	11	19	rising	4.5
Atlantic County(7)	10.5	40	stable	2.2
Camden County(7)	9.2	61	stable	-4.4
Hudson County(7)	9	62	rising	2.8
Ocean County(7)	8.9	86	rising	3.6
Salem County(7)	8.7	8	rising	4
Essex County(7)	8.3	77	stable	1.1
Mercer County(7)	8.2	38	rising	1.8
Passaic County(7)	7.8	47	stable	0.9
Bergen County(7)	7.7	98	rising	1.4
Middlesex County(7)	7.7	78	rising	2.1
Sussex County(7)	7.6	16	stable	1.9
Union County(7)	7.5	50	rising	2.3
Burlington County(7)	7.5	46	rising	2.1
Gloucester County(7)	7.3	28	rising	1.7
Monmouth County(7)	7.2	63	rising	2
Morris County(7)	7	47	rising	2.2
Warren County(7)	6.9	10	stable	1.5

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Somerset County(7)	6.4	28	rising	2.2
Hunterdon County(7)	5.3	10	rising	2.2
Lung & Bronchus: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	51.3	5,849	falling	-1.9
US (SEER+NPCR)(1)	54	215,307	falling	-1.8
Salem County(7)	77.9	70	stable	1.4
Cape May County(7)	70.8	125	stable	-0.8
Ocean County(7)	69.8	702	stable	0.7
Gloucester County(7)	68.8	251	falling	-4.9
Cumberland County(7)	66.2	120	falling	-0.9
Warren County(7)	63.9	96	stable	-0.6
Atlantic County(7)	63.5	236	falling	-1.5
Camden County(7)	60.4	382	falling	-1.4
Burlington County(7)	57.4	346	falling	-1.1
Sussex County(7)	57	113	falling	-1.4
Monmouth County(7)	55.6	480	falling	-1.5
Mercer County(7)	50.5	228	falling	-1.5
Middlesex County(7)	45.9	453	falling	-2
Bergen County(7)	45.4	576	falling	-1.6
Morris County(7)	44.4	295	falling	-1.9
Passaic County(7)	43.4	254	falling	-1.9
Essex County(7)	42.9	379	falling	-2.2
Somerset County(7)	39.6	166	falling	-1.9
Hudson County(7)	39.2	257	falling	-2.4
Hunterdon County(7)	38.6	72	falling	-12.5
Union County(7)	37.9	245	falling	-5.8
Melanoma of the Skin: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	21	2,295	stable	0.4
US (SEER+NPCR)(1)	22.5	83,836	stable	1.5
Cape May County(7)	50.1	79	stable	1.9
Hunterdon County(7)	34.7	61	stable	1.6
Ocean County(7)	31.6	274	stable	-0.2
Monmouth County(7)	29.9	245	stable	-1.3
Sussex County(7)	28.6	53	stable	0.4

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Gloucester County(7)	28.2	99	stable	1
Atlantic County(7)	26.9	94	rising	1.7
Morris County(7)	26.1	166	stable	0.3
Warren County(7)	25.7	37	stable	0.6
Burlington County(7)	25.6	146	stable	0.6
Somerset County(7)	24.8	102	stable	0.4
Salem County(7)	23.7	20	stable	-0.5
Camden County(7)	22.6	135	stable	0.5
Mercer County(7)	21.8	96	stable	0.4
Cumberland County(7)	17.5	30	stable	1.6
Bergen County(7)	16.8	202	falling	-1.5
Middlesex County(7)	15.4	149	falling	-5.5
Union County(7)	14.2	92	stable	-1.5
Passaic County(7)	12.3	70	stable	-0.3
Essex County(7)	10.4	92	stable	-0.6
Hudson County(7)	7.7	53	stable	-0.7
Non-Hodgkin Lymphoma: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	21.3	2,323	stable	0
US (SEER+NPCR)(1)	18.6	70,394	falling	-1.3
Monmouth County(7)	24.2	200	stable	1.7
Morris County(7)	23.6	151	stable	-0.1
Sussex County(7)	23.5	44	stable	-0.3
Warren County(7)	23.3	34	stable	-0.4
Somerset County(7)	22.8	93	stable	0.3
Bergen County(7)	22.6	271	stable	0.2
Mercer County(7)	22.5	97	stable	0
Camden County(7)	22.3	135	stable	0.3
Ocean County(7)	22.1	202	stable	0.6
Burlington County(7)	21.8	125	stable	-0.2
Middlesex County(7)	21.5	207	stable	-0.1
Cumberland County(7)	20.8	36	stable	0.2
Passaic County(7)	20.6	117	stable	0.4
Atlantic County(7)	20.6	73	stable	-0.2
Gloucester County(7)	20.5	72	stable	-4.8

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Union County(7)	18.8	120	stable	-0.3
Hunterdon County(7)	18.5	34	stable	-0.8
Essex County(7)	17.8	154	falling	-1.8
Salem County(7)	17.2	15	stable	-0.9
Hudson County(7)	17.1	113	stable	-0.5
Cape May County(7)	16.9	28	stable	-0.4
Oral Cavity & Pharynx: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.4	1,298	rising	0.9
US (SEER+NPCR)	11.9	46,507	stable	0
Cape May County	15.8	25	stable	0.5
Salem County	15	14	stable	0.7
Cumberland County	14.5	26	rising	2.2
Sussex County	14.2	27	stable	1.5
Ocean County	13.9	124	stable	2.6
Atlantic County	12.8	48	rising	1.4
Monmouth County	12.8	110	stable	0.8
Camden County	12.6	79	rising	1.6
Warren County	12.3	18	stable	2
Gloucester County	12	45	stable	0.9
Middlesex County	11.6	115	rising	1.9
Morris County	11.4	75	stable	1.6
Burlington County	11.2	68	stable	1.1
Somerset County	11.1	48	stable	0.4
Passaic County	11	65	stable	2.3
Hunterdon County	10.9	21	stable	1.3
Mercer County	10.7	49	rising	8.2
Essex County	10.7	96	stable	-2.3
Bergen County	9.8	123	stable	0.2
Hudson County	9.4	66	stable	-0.7
Union County	8.6	55	stable	0
Ovary: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	11.3	654	falling	-2
US (SEER+NPCR)	10.1	19,863	falling	-3.3
Warren County	15	11	stable	0.9

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Cape May County	14.7	11	stable	-0.2
Somerset County	12.6	27	falling	-2
Mercer County	12.3	29	stable	-0.9
Atlantic County	12.3	22	stable	-2.4
Cumberland County	11.9	11	stable	-1.2
Burlington County	11.8	35	stable	-0.9
Hudson County	11.8	42	stable	-0.8
Union County	11.6	39	falling	-1.9
Camden County	11.6	38	falling	-2.1
Hunterdon County	11.5	10	falling	-2.5
Sussex County	11.2	11	falling	-3.1
Middlesex County	11.2	58	falling	-2.3
Ocean County	11.1	52	falling	-1.3
Essex County	10.9	51	falling	-1.7
Bergen County	10.7	68	stable	-1
Monmouth County	10.6	47	falling	-2
Gloucester County	10.5	20	falling	-2.9
Passaic County	10.4	32	falling	-2.5
Morris County	10.2	36	falling	-3.1
Salem County	*	3 or fewer	*	*
Pancreas: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	14.8	1,687	rising	1.2
US (SEER+NPCR)(1)	13.2	52,045	rising	1
Ocean County(7)	16.8	162	rising	1.6
Salem County(7)	16.7	15	stable	1.8
Camden County(7)	16.4	103	rising	1.4
Cumberland County(7)	16.4	30	stable	1.6
Sussex County(7)	15.7	30	rising	3.1
Atlantic County(7)	15.6	58	rising	1.4
Burlington County(7)	15.6	92	rising	1.7
Gloucester County(7)	15.4	57	stable	1.1
Mercer County(7)	15.3	69	rising	1.9
Morris County(7)	15.2	102	rising	1.5
Warren County(7)	14.9	22	stable	-13.4

County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Essex County(7)	14.7	130	stable	0.8
Monmouth County(7)	14.6	127	rising	1.1
Bergen County(7)	14.3	182	stable	0.4
Passaic County(7)	14.2	84	stable	0.6
Hudson County(7)	14.2	93	stable	3.3
Hunterdon County(7)	14.1	26	stable	1.7
Somerset County(7)	13.4	59	rising	1.4
Middlesex County(7)	13.4	134	stable	0.9
Union County(7)	13.3	86	stable	0.4
Cape May County(7)	13	23	stable	0
Prostate: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	143.3	7,783	stable	3.6
US (SEER+NPCR)	110.5	212,734	rising	2.5
Essex County	167.5	690	stable	4.7
Burlington County	165.9	480	stable	2.8
Mercer County	158.4	337	falling	-1.9
Cape May County	158	135	falling	-1.5
Gloucester County	156.5	284	falling	-1.5
Union County	154.8	478	rising	5
Camden County	151.9	456	falling	-1.6
Monmouth County	150.2	636	rising	6.3
Cumberland County	148.6	128	stable	-0.2
Passaic County	145.8	405	falling	-2.2
Morris County	142.4	463	falling	-2.6
Salem County	142.2	63	stable	-1.6
Bergen County	137.3	823	stable	-1.6
Somerset County	136	277	falling	-2.2
Middlesex County	135.1	645	rising	4.8
Hunterdon County	130	124	rising	7.5
Atlantic County	127.9	231	falling	-2.2
Ocean County	127.7	563	stable	6.6
Sussex County	124.7	128	falling	-3.7
Warren County	120	92	falling	-3.1
Hudson County	114.1	344	stable	1.3

INCICE RATE REPORT: ALL COUNTIES 2016-2020				
County	**Age-Adjusted Incidence Rate - cases per 100,000**	**Average Annual Count**	**Recent Trend**	**Recent 5-Year Trending Incidence Rates**
Stomach: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	7.5	832	falling	-1
US (SEER+NPCR)(1)	6.2	23,883	falling	-1
Passaic County(7)	10.4	59	stable	-0.1
Essex County(7)	9.2	81	falling	-1.3
Cumberland County(7)	8.8	15	stable	-1.5
Union County(7)	8.8	56	stable	-0.9
Hudson County(7)	8.4	56	falling	-1.9
Camden County(7)	8.3	51	stable	0.4
Bergen County(7)	8.2	101	stable	-0.7
Atlantic County(7)	7.7	28	stable	-0.8
Middlesex County(7)	7	69	falling	-2.2
Somerset County(7)	7	29	stable	-1.3
Monmouth County(7)	6.8	59	stable	6.5
Mercer County(7)	6.8	30	stable	-0.9
Sussex County(7)	6.6	13	stable	-0.6
Burlington County(7)	6.5	39	stable	-0.2
Gloucester County(7)	6	22	stable	-1.7
Morris County(7)	6	39	falling	-1.7
Ocean County(7)	5.9	54	stable	-0.8
Warren County(7)	5.7	9	stable	-0.1
Salem County(7)	5.3	4	stable	-0.5
Hunterdon County(7)	5.3	10	stable	0.1
Cape May County(7)	5.2	9	stable	-1.7
Thyroid: All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey(7)	17.5	1,673	falling	-2.2
US (SEER+NPCR)(1)	13.3	44,551	falling	-2.3
Monmouth County(7)	24.3	165	stable	0.2
Ocean County(7)	23.4	146	stable	0.1
Gloucester County(7)	21.7	67	rising	3.1
Warren County(7)	20.6	25	rising	2.2
Salem County(7)	20	13	stable	2.8
Hunterdon County(7)	19.2	26	rising	4.6
Bergen County(7)	18.8	191	stable	-0.6

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Camden County(7)	18.6	100	falling	-6.1
Mercer County(7)	18.3	73	falling	-14.3
Burlington County(7)	17.8	88	falling	-3.8
Middlesex County(7)	17.1	151	stable	-1.7
Morris County(7)	16.9	91	stable	-2.6
Sussex County(7)	16.8	26	rising	3.4
Atlantic County(7)	16.2	46	stable	0.2
Somerset County(7)	16.1	57	falling	-6.1
Passaic County(7)	15	79	stable	-1.1
Cape May County(7)	14.9	15	stable	-3.2
Union County(7)	14.8	87	stable	3.8
Hudson County(7)	13.7	98	stable	-0.6
Essex County(7)	13.1	111	stable	-0.4
Cumberland County(7)	11.2	18	stable	-0.4
Uterus (Corpus & Uterus, NOS): All Races (includes Hispanic), Both Sexes, All Ages				
New Jersey	31.9	1,967	rising	0.8
US (SEER+NPCR)	27.4	56,871	rising	1.2
Warren County	39.2	31	stable	1.4
Cumberland County	38	36	stable	1.6
Hunterdon County	37.7	37	rising	4.5
Sussex County	36.6	40	stable	0.4
Camden County	35.9	124	stable	0
Mercer County	33.1	83	rising	1.5
Ocean County	33	163	stable	0.3
Middlesex County	32.5	175	stable	0.6
Monmouth County	31.8	147	stable	0
Cape May County	31.7	27	stable	-12.7
Burlington County	31.7	103	stable	1.1
Essex County	31.6	160	rising	1.6
Morris County	31.4	113	stable	0.4
Union County	31.1	113	stable	1.1
Atlantic County	31	62	stable	-8
Somerset County	30.9	73	stable	0.1
Gloucester County	30.9	64	stable	1

INCIDENCE RATE REPORT: ALL COUNTIES 2016-2020				
County	Age-Adjusted Incidence Rate - cases per 100,000	Average Annual Count	Recent Trend	Recent 5-Year Trending Incidence Rates
Hudson County	30	112	rising	1.4
Bergen County	29.3	199	stable	0.1
Salem County	28.5	14	stable	0.3
Passaic County	28.5	91	stable	0.2

APPENDIX G7: COMMUNITY MEDICAL CENTER - TUMOR REGISTRY SUMMARY

In 2023, CMC's tumor registry data showed that 12.9% and 15.8% of overall cases were Stage 3 and Stage 4 respectively. The following primary sites were made up of more than 25% of Stage 4 cases: Lip Oral Cavity (40.0%) followed by Respiratory Systems (36.0%)

Please note that case volume counts smaller than 10 are suppressed. Staging percentages are calculated on analytic cases only.

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
BREAST		**355**	**7.6%**	**4.8%**	**12.4%**
DIGESTIVE ORGANS		**335**	**23.8%**	**23.8%**	**47.6%**
	ANUS AND ANAL CANAL	18	50.0%	25.0%	75.0%
	COLON	115	29.2%	18.8%	47.9%
	ESOPHAGUS	15	11.1%	22.2%	33.3%
	LIVER AND INTRAHEPATIC BILE DUCTS	35	11.1%	29.6%	40.7%
	OTHER AND UNSPECIFIED PARTS OF BILIARY TRACT	12	0.0%	10.0%	10.0%
	PANCREAS	47	14.3%	57.1%	71.4%
	RECTOSIGMOID JUNCTION	■	33.3%	0.0%	33.3%
	RECTUM	41	42.4%	15.2%	57.6%
	SMALL INTESTINE	■	0.0%	20.0%	20.0%
	STOMACH	30	20.8%	20.8%	41.7%
EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM		**69**	**0.0%**	**0.0%**	**0.0%**
	BRAIN	26	0.0%	0.0%	0.0%
	EYE AND ADNEXA	■	0.0%	0.0%	0.0%
	MENINGES	36	0.0%	0.0%	0.0%
	SPINAL CORD, CRANIAL NERVES, AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM	■	0.0%	0.0%	0.0%
FEMALE GENITAL ORGANS		**143**	**16.0%**	**11.8%**	**27.7%**
	CERVIX UTERI	11	40.0%	30.0%	70.0%
	CORPUS UTERI	87	12.5%	6.3%	18.8%
	OVARY	22	16.7%	22.2%	38.9%
	VAGINA	■	33.3%	0.0%	33.3%
	VULVA	14	20.0%	20.0%	40.0%
HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS		**79**	**0.0%**	**17.6%**	**17.6%**
	HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS	79	0.0%	17.6%	17.6%
LIP, ORAL CAVITY AND PHARYNX		**35**	**15.0%**	**40.0%**	**55.0%**
LYMPH NODES		**51**	**40.0%**	**23.3%**	**63.3%**
	LYMPH NODES	51	40.0%	23.3%	63.3%
MALE GENITAL ORGANS		**164**	**5.5%**	**5.5%**	**11.0%**
	PROSTATE GLAND	158	5.8%	5.8%	11.5%
RESPIRATORY SYSTEM AND INTRATORACIC ORGANS		**298**	**16.9%**	**36.0%**	**53.0%**
	BRONCHUS AND LUNG	274	18.2%	37.9%	56.1%
	LARYNX	14	7.1%	14.3%	21.4%
RETROPERITONEUM AND PERITONEUM		■	**50.0%**	**0.0%**	**50.0%**
SKIN		**162**	**5.8%**	**4.3%**	**10.1%**
THYROID AND OTHER ENDOCRINE GLANDS		**27**	**5.0%**	**0.0%**	**5.0%**
	THYROID GLAND	20	6.3%	0.0%	6.3%
UNKNOWN PRIMARY SITE		**21**	**0.0%**	**0.0%**	**0.0%**

MainSite	SubSite	Cases (both analytic and non-analytic) - 2023	% Stage 3	% Stage 4	Total % Stage 3 & 4
URINARY TRACT		**112**	**8.6%**	**14.3%**	**22.9%**
	BLADDER	67	2.3%	6.8%	9.1%
	KIDNEY	35	23.8%	19.0%	42.9%
Grand Total		**1868**	**12.9%**	**15.8%**	**28.7%**

Appendix H. Outcomes and Results from Previous Implementation Plan

Priority 1: Chronic Disease

Priority Area 1: Chronic Disease					
Goal: Serve as the leading resource for Ocean County communities for reducing the incidence of chronic diseases through educational and awareness programs and evidence-based interventions.					
Outcome Indicators			**Baseline**	**Target**	**Tracking/Outcome**
• Number of CHF (Heart Failure/Congestive Heart Failure) (a, b, d, i, m, p)			18.73	17.79	20.09%
• Number of Acute MI (Myocardial Infarction) (a, b, d, i, m, p)			11.62	11.04	12.37%
• Decrease in CHF mortality rates for heart failure (a, b, d, i, m, p)			5.00	4.75	1.36
• Outreach Health Screenings: Collaboration with community partners to provide early identification with educational information promotion: **Heart Disease, Diabetes, Hypertension and Cancer** (a, b, c, j, k, l, o)			65	80	180
• Promote the educational awareness for Chronic Disease by utilizing Advanced Body Composition Assessment/ DXA System (i)			0	25	29
Strategies/Initiatives	**Person(s) Responsible**	**Timeline (Y1, Y2, Y3)**	**Hospital Contribution**	**Other Source**	**Successes/Challenges**

a. Provide **Free Health Screening Events:**
  − BP
  − Glucose
  − EKG Monitoring
  − BMI (Handheld Device)- Nutrition
  − Balance Screenings
 	
• Identify need and opportunities within the community
• Increase collaboration with Internal and Community partners/Organizations to ensure that we are reaching vulnerable populations with screening and education efforts
	Community Outreach: Kristine Field, Director Community Outreach
	
	Cardiology: Stephanie Cron RN- AVP
	
	Balance: Ray Howard, PT
	
	Nutrition: Tom Yanisko Terri Risley, RD
	
	Ancillary Services: Kelley Weidner, AVP
		Y1, Y2, Y3	**Staff Time**
			
			Staff Training
			
			Screening Equipment Supplies Informational Handouts
					Balance Screenings: Less screenings due to no longer having Outpatient Services
					2023: 35 screenings at Holiday City Health Fair
					2025: 10 screenings at Harrogate Senior Living

Priority Area 1: Chronic Disease					
Goal: Serve as the leading resource for Ocean County communities for reducing the incidence of chronic diseases through educational and awareness programs and evidence-based interventions.					
Strategies/Initiatives	**Person(s) Responsible**	**Timeline (Y1, Y2, Y3)**	**Hospital Contribution**	**Other Source**	**Successes/Challenges**
b. Provide **Health Education on Prevention***: Nutrition and Glucose screenings	**Ancillary Services**: Kelley Weidner, AVP Karen Hodge (Diabetes) Terri Risley (Nutrition)	Y1, Y2, Y3	Staff time	NJ CEED	
c. Provide **Health Education and Staff to Schedule**: (**LDCT**) Low Dose Lung Screenings and Mammography, Onsite at Community Health Events: • Low Dose Lung S*creenings (LDCT)* • Mammography Screening	**Radiology**: Kelley Weidner, AVP Bill Goodman **Oncology:** Jatinder Singh, Director Laura Gallo Deanna Tiggs	Y1, Y2, Y3	Staff time Technology & connection		2023 Low Dose Lung Screenings (LDCT) = 302 2023 mammography screening = 29 2024 Low Dose Lung Screenings (LDCT) = 368 2024 mammography screening = 192 YTD Sept 2025 Low Dose Lung Screening (LDCT) = 313 YTD Sept 2025 mammography screening = 117
d. Conduct **Free Smoking Cessation Programs** and **Provide Referrals**	**Institute for Prevention & Recovery:** Monica Hanna	Y1, Y2, Y3	Staff Informational materials		

e. Provide **Free Oncology Support Groups** on health and wellness	**Oncology:** Jatinder Singh Laura Gallo Deanna Tiggs Social Workers and Navigator	Y1, Y2, Y3	Staff time Informational materials		2023 Oncology Support Groups = 72 Health/Wellness Supportive Programs = 75 2024 Oncology Support Groups = 85 Health/Wellness Supportive Programs = 57 YTD Sept 2025 Oncology Support Groups = 77 Health/Wellness Supportive Programs = 29
f. Provide **Free Oncology Virtual Exercise classes**	**Oncology:** Jatinder Singh Laura Gallo Deanna Tiggs	Y1, Y2, Y3	Staff time Informational materials		Final 2023 virtual exercise classes = 114 Final 2024 virtual exercise classes = 94 YTD Sept 2025 virtual exercise classes = 61
g. Provide **Free Massage** and **Reiki Healing** services for Oncology patients	**Oncology:** Jatinder Singh Laura Gallo Deanna Tiggs	Y1, Y2, Y3	Staff time	CMC Foundation (Massage) and Volunteers (Reiki)	2023 massage = 98 2023 Reiki = 38 2024 massage = 171 2024 Reiki = 36 practitioner was available 7/2024-12/2024 YTD Sept 2025 massage = 213 YTD Sept 2025 Reiki = 73 practitioner was available 1/2025-5/2025

h.	Provide **Free Wig Services** for Oncology patients.	**Oncology:** Jatinder Singh Laura Gallo Deanna Tiggs	Y1, Y2, Y3	Staff time Material costs	CMC Foundation	Final 2023 wig program = 52 Final 2024 wig program = 36 YTD Sept 2025 wig program =25

Priority Area 1: Chronic Disease					
Goal: Serve as the leading resource for Ocean County communities for reducing the incidence of chronic diseases through educational and awareness programs and evidence-based interventions.					
Strategies/Initiatives	**Person(s) Responsible**	**Timeline (Y1, Y2, Y3)**	**Hospital Contribution**	**Other Source**	**Successes/Challenges**
i. Promote educational awareness for chronic disease by utilizing Advanced Body Composition Assessment/**DXA System,** as a screening tool for chronic disease. **Visceral Fat Assessment:** Identify excess visceral fat, which is strongly associated with an increased risk of developing heart disease, stroke, dementia, asthma, diabetes mellitus, insulin resistance, metabolic syndrome, fatty liver, and several forms of cancer. Body composition measurement will allow healthcare providers to monitor the effects of diet and exercise in a precise manner utilizing accurate segmental body fat data to: • Evaluate and monitor health risks related to body fat distribution and bone density. • Support decisions on health outcomes, nutrition plans and training regimens. • Measurements are fast and non-invasive.	**Radiology**: Kelley Weidner, AVP Kym Macaron Kristine Field, Director of Community Outreach. **Location:** Comprehensive Breast Center, Barnegat	Y2, Y3	Staffing and Cost of scan		2023 Outreach Events Attended = 9 2024 Outreach Events Attended = 8 2025 Outreach Events Attended = 8
j. Explore partnership with gastroenterologist specialists to offer *Free Consults* and *screenings*	**Oncology:** Jatinder Singh Laura Gallo Deanna Tiggs	Y3	Staffing and Clinic Space	NJCEED Grant Funding	YTD September 2025 = Unable to identify a local Gastroenterologist to partner for free consults/ screenings. Potential opportunity with the onboarding of new physicians.
k. Conduct *Free* **Cardiac** and **Concussion** screening events for youth sports	**Community Outreach:** Stephanie Cron RN, AVP Kristine Field	Y1, Y2, Y3	Staffing, Clinic Space and Informational materials	RWJBH Matthew J. Morahan Center and CMC Foundation	

Priority Area 1: Chronic Disease					
Goal: Serve as the leading resource for Ocean County communities for reducing the incidence of chronic diseases through educational and awareness programs and evidence-based interventions.					
Strategies/Initiatives	**Person(s) Responsible**	**Timeline (Y1, Y2, Y3)**	**Hospital Contribution**	**Other Source**	**Successes/Challenges**
l. Conduct *Free Skin Cancer Screening* events in partnership with dermatology specialists	**Oncology:** Jatinder Singh Laura Gallo Deanna Tiggs	Y2, Y3	Staff Time Sunscreen	American Cancer Society	Final 2023 = Identified dermatologist interested to perform skin screening in Ocean County Final 2024 = 21 patients YTD Sept 2025 = 22
m. Conduct **Free Support Groups: Eating Disorders**	**Nutrition:** Tom Yanisko Terri Risley	Y2, Y3	Staff Time and Meeting space/ Zoom		
n. Conduct **Free Support Groups: Diabetes** • Including coping mechanisms for wellbeing	**Diabetes:** Kelley Weidner AVP Karen Hodge Angela Wei	Y2, Y3	Staff Time and Meeting space/ Zoom		
o. Conduct *Free* Screenings for **Foot Health**	**Center for Diabetes:** Kelley Weidner, AVP Karen Hodge Angela Wei	Y2, Y3	Staff Time (Podiatry Residents, Vincent Migliori, MD)		
p. Conduct **Free Support groups for Cardiac Rehab** patients and patients experiencing other **chronic diseases**	**Cardiology:** Stephanie Cron, AVP **Nutrition:** Tom Yanisko Terri Risley	Y2, Y3	Staff Time and Meeting Space/ Zoom		

Priority Area 1: Chronic Disease	
Goal: Serve as the leading resource for Ocean County communities for reducing the incidence of chronic diseases through educational and awareness programs and evidence-based interventions.	

Monitoring/Evaluation Approach	Approaches Used
- Attendance rosters for outreach events - Screening records - Increasing number of community partners and resources (by specialty and populations served) - Track educational sessions conducted in the community. - Number of community requests for hospital education and awareness sessions	

Potential Partners		Partners Engaged
- American Cancer Society - American Heart Association - Cancer Institute of NJ - Federally Qualified Health Centers (FQHC's) - NJ Cancer Education and Early Detection (NJCEED) - Ocean County Board of Social Services - Ocean County Health Department	- Ocean County Senior Services - Ocean Monmouth Health Alliance - Professional Associations (e.g., Dermatology)0	*YTD September 2025* - Crestwood Village 5, Whiting - River Pointe Men's Club, Manchester - Leisure Knolls, Manchester - JBJ Soul Kitchen, Toms River - Holy Family Church, Lakewood - Sadie Vickers Community Resource Center - Crestwood Village 2, Manchester - Toms River Senior Center - Dermatologist, Dr. Robert Lee, Toms River - IM Medical Clinic - Hope Cathedral, Jackson - Seacrest Pines, Barnegat

Priority 2: Mental Health

Priority Area 2: Mental Health Goal 2: Enhance the well-being of community members by addressing the SDOH that contribute to Mental Health concerns and partnering with community health facilities and non-traditional Mental Health service providers to facilitate access, reduce stigma, prevent readmissions, and reduce the length of stay for psychiatric hospitalizations.					
Outcome Indicators			**Baseline**	**Target**	**Tracking/Outcome**
• Decreased readmission rate in all BHBHC Units (a, b, d, f, g)			10.78	5% decrease	2023: 9.54 2024: 11.16 2025YTD: 11.02
• Average length of stay in all BHBHC units (d, f)			9.3 days	5% decrease	2023: 8.98 2024: 7.88 2025YRD: 8.04
• Increase number of patients attending post hospital appointments - NJ QIP (d, c, f)			30%	10% increase	2023: 45% (BHBHC), 78% (CMC) 2024: 51% (BHBHC), 67% (CMC) 2025: 39% (BHBHC), 55% (CMC)
• Increase the number of post--hospital contacts made to pts. by BHS- NJ QIP (f)			46%	5% increase	2023: 57% (BHBHC), 33% (CMC) 2024: 70% (BHBHC), 32% (CMC) 2025: 74% (BHBHC), 26% (CMC)
Strategies/Initiatives	**Person(s) Responsible**	**Timeline (Y1, Y2, Y3)**	**Hospital Contribution**	**Other Source**	**Successes/Challenges**
a. Expand the Intensive Outpatient Program (IOP) from 3 to 5 days/week, double sessions in morning, and add evening IOP (virtual and in person) for those age 18+ (CMC referrals from ED/Crisis Center)	**Social Work**: Stan Evanowski	Y1, Y2, Y3	Staff Time		Expanded to 5 days a week however volume did not match need so went back to 3 days a week for IOP. Evening IOP not established at this time
b. Provide Behavioral Health in-services to long term care facilities at their sites in the Ocean County area both virtually and in person (serving those covered by Medicaid/Medicare and private insurance)	**Social Work**: Stan Evanowski	Y1, Y2, Y3	Staff Time		In-services to long term care facilities took place at several sites in Ocean County.
c. Convene monthly meetings with Mental Health organizations (Bright Harbor and Preferred Behavioral Health) to facilitate dialogue and collaboration for seamless referrals and transitions to care	**Social Work**: Stan Evanowski	Y1, Y2, Y3	Staff Time		Admin Director of Social Work spoke regularly with MH organizations to advocate for our patients for smooth transitions of care when possible.

d. Continue the use of Discharge Coordinators who, in collaboration with Social Work, Nursing, and Psychiatric providers, address and appropriately reduce length of stay and improve transitions to care	**Unit Directors at BHBHC and Social Work:** Stan Evanowski	Y1, Y2, Y3	Staff Time		

Priority Area 2: Mental Health						
Goal 2: Enhance the well-being of community members by addressing the SDOH that contribute to Mental Health concerns and partnering with community health facilities and non-traditional Mental Health service providers to facilitate access, reduce stigma, prevent readmissions, and reduce the length of stay for psychiatric hospitalizations.						
Strategies/Initiatives	**Person(s) Responsible**	**Timeline** (Y1, Y2, Y3)	**Hospital** Contribution	**Other** Source	**Successes/Challenges**	
e. Continue to collaborate on training provided to First Responders/EMS and Police Departments in Ocean counties to facilitate understanding of and appropriate response to those in psychiatric crisis (de-escalation techniques, etc.)	**Crises and Emergency Services**: Joe Cuffari, VP	Y1, Y2, Y3	Staff Time			
f. Reinforce the role of the NJ QIP (Quality Improvement Program) Specialist in engaging managed Medicaid patients in post-discharge referral and after care.	**QIP Behavioral Health Program**: Belynda Delgado, Director	Y1, Y2, Y3	Staff Time	CMC		
g. Continue education on and reinforcement of non-readmission options (free crises diversionary programs, early intervention support services program) for Psychiatric Emergency Screening Services (PESS) unit (Crises Teams and ED).	**Crises and Emergency Services**: Joe Cuffari, VP	Y1, Y2, Y3	Staff Time	CMC		
h. Advocate for the flexible use of inpatient capacity to better serve youth (ongoing)	**Patient Care**: Nicole Powasnick, CNO, VP	Y1, Y2, Y3	Staff Time		N/A	
Monitoring/Evaluation Approach						**Approaches Used**
• Monthly reports • Data collected from NJ QIP and CMC						

Priority Area 2: Mental Health Goal: Enhance the well-being of community members by addressing the SDOH that contribute to Mental Health concerns and partnering with community health facilities and non-traditional Mental Health service providers to facilitate access, reduce stigma, prevent readmissions, and reduce the length of stay for psychiatric hospitalizations.	
Partners/Resources	**Partners Engaged**
Top Long-Term Care Facilities: • Aristicare (Manchester, Whiting) • Gateway • Crystal Lake • Bartley • Tallwoods • Bright Harbor Healthcare • Preferred Behavioral Health • The Center • Princeton House • Taylor Care	

Priority 3: Substance Use

Priority Area 3: Substance Use					
Goal: Prevent substance use initiation and promote access to evidence-based approaches for all individuals at risk or affected by substance use disorder.					
Outcome Indicators		**Baseline**	**Target**	**Tracking/Outcome**	
• Number of available patients referred to peer recovery program who accept initial consultation (i, j)		93.4%	95%	Y1: 93.1% Y2: 93.0.0% Y3: 95.9%	
• Number of available patients who accept initial consultation and accept additional recovery support services (i, j)		71.1%	80%	Y1: 65.5% Y2: 79.3% Y3: 86.0%	
• Percentage of patients/family members who receive a Naloxone Kit after Naloxone reversal (g)		20.6%	75%	Y1: 32.3% Y2: 78.6% Y3: 91.6%	
• Number of community stakeholders (internal and external) who are educated about substance use prevention and recovery support services (a, c)		3,000	5,000	Y1: 2,620 Attendees Y2: 2,597 Attendees Y3: 891 Attendees	
Strategies/Initiatives	**Person(s) Responsible**	**Timeline (Y1, Y2, Y3)**	**Hospital Contribution**	**Other Source**	**Successes/Challenges**
a. Support DART Prevention Coalition, Communities That Care/Toms River Prevention Coalition	**IFPR** (Institute for Prevention and Recovery): Michael Capko Keri Britske (CTC)	Y1, Y2, Y3	Staff time		Y1 – 48 meetings with 2,554 attendees Y2 –101 meetings with 1,947 attendees Y3 – 46 meetings with 722 attendees
b. Educate RWJBH health care providers to increase capacity for MOUD prescribing	**Tackling Addiction Taskforce:** Nick Beam (**IFPR**)	Y1, Y2, Y3	Staff time		Y1 – 43 providers trained Y2 – 75 providers trained Y3 – 50 providers trained
c. Educate the community through IFPR Youth vaping and marijuana prevention program	**IFPR:** Michael Capko Roberta Rapisardi	Y1, Y2, Y3	Staff time		Y1 – 3 presentations with 66 youth trained Y2 – 7 presentations with 138 youth or adults trained Y3 – 2 presentations with 50 youth trained

d. Educate health care provider affiliated with the PROUD Center at CMC on substance use services	**IFPR:** Michael Capko Roberta Rapisardi	Y1, Y2, Y3	Staff time		Leadership at CMC PROUD Center changed last year and our staff struggles to get in contact regarding some of the LGBTQ services. Y2/Y3 – We provided our developed Prevention Strategies for the Health and Wellness of LGBTQ+ Youth to the RWJBH Corporate DEI team to review. Our team did not pursue initiatives with the PROUD Center at CMC while we were in program review to identify if our strategies aligned with RWJBH Corporate's policies in reference to the new executive orders.
e. Leverage and support Ocean County Health Department partnership with high traffic public areas to educate staff on overdose prevention	**IFPR:** Stephanie DeRosa-Hillman Angela Cicchino	Y1, Y2, Y3	Staff time		Y1 – The Overdose Response Plan was shared with SOCIAL Network members inviting those who were interested in becoming involved Overdose Plan Activations and Data are shared with SOCIAL's Steering Committee members on an ongoing basis as well as educational and resource materials for the community. SOCIAL hosted a Lunch & Learn session for faith leaders and community partners in June 2023; presented by the Health Department Drugs 101: Drug Trends for Ocean County and the Importance of Narcan. Narcan training and kits were provided to participants as well as the Overdose Spike Community Resource Toolkit. Additionally, multiple community partners and treatment providers hosted resource tables.

						Spike alerts, along with the Resource Toolkit and marketing resource materials are shared in the SOCIAL newsletter on an ongoing basis Staff participate in Health Department Older Adult Resource fairs providing educational materials, and safe medication disposal kits Y2/Y3 – Overdose Plan activations and data are shared with SOCIAL's Steering Committee members on an ongoing basis as well as educational and resource materials for the community. Spike alerts, along with the Resource Toolkit and marketing resource materials are shared in the SOCIAL newsletter. Staff participate in multiple community outreach events, health fairs, and agency days providing educational materials, safe medication disposal kits, and blessing bags.
f. Educate EMS on how to connect individuals reversed in the field who decline transport to the hospital on resources available for recovery	**IFPR:** Michael Litterer	Y1, Y2, Y3	Staff time			Y1 – Supported Steve Cohen from our system mobile health unit (EMS) for them to provide all their EMS the 5 minutes to help https://www.nj.gov/health/ems/ems-toolbox/ Sent two PRP Managers to become TOT for 5 minutes to help. Y2 – Successfully secured enhancement funding from the state DMHAS to focus on expanding our work with EMS to develop a way to provide patients who refuse transport access to recovery supports.

Priority Area 3: Substance Use Goal: Prevent substance use initiation and promote access to evidence-based approaches for all individuals at risk or affected by substance use disorder.					
Strategies/Initiatives	Person(s) Responsible	Timeline (Y1, Y2, Y3)	Hospital Contribution	Other Source	Successes/Challenges
g. Expand distribution of Naloxone Kits in CMC ED by recovery specialists: Partnership with IFPR and Rutgers	**IFPR:** Kevin Lecorchick	Y1, Y2, Y3	Staff time		Y1 – 49 kits given Y2 – 76 kits given Y3 – 126 kits given
h. Participate in opioid tiered response plan in conjunction with the Ocean County Health Department	**RWJBH:** Dr. Teri Kubiel	Y1, Y2, Y3	Staff time		Y1 – Quarterly Meetings attended Daily Opioid Overdoses exceeding 5 in a 24-hour time period communicated to CMC, MMCSC and BH Leadership Team Demographic information tracked Y2 – 1st Quarter Meeting attended Daily Opioid Overdoses exceeding 5 in a 23-hour time period communicated to CMC, MMCSC and BH Leadership Team Demographic information tracked and trended
i. Connect patients with substance use disorder to peer recovery specialists	**IFPR:** Eric McIntire	Y1, Y2, Y3	Staff time		Y1 – 2,700 patients Y2 – 2,363 patients Y3 – 1,852 patients
j. Connect patients with substance use disorder to patient navigators	**IFPR:** Eric McIntire	Y1, Y2, Y3	Staff time		Y1 – 348 patients Y2 – 308 patients Y3 – 235 patients
k. Connect patients with IFPR Nicotine recovery and tobacco cessation program	**IFPR:** Monica Hanna	Y1, Y2, Y3	Staff time		Y1 – 5,505 patients referred Y2 – 5,903 patients referred Y3 – 5,303 patients referred
l. Ensure individuals are screened for alcohol use disorder/binge drinking in ED/clinical care utilizing the NIDA quick screen tool	**IFPR:** Eric McIntire	Y1, Y2, Y3	Staff time		Y1 – Over 24,000 patients were screened using the NIDA Quick Screen with approx. 825 screening positive for daily/almost daily alcohol use. Majority of this data was pulled from after CMC went live on Epic in April. Y2 – TAPS Report developed 69,957 patients screened with TAPS Y3 –53,847 patient screened with TAPS

m. Facilitate integration of mental health and substance use services at CMC	**IFPR:** Eric McIntire	Y1, Y2, Y3	Staff time		Y1- We worked to support the development of the RWJBH QIP Behavioral Specialist program which used the model PRP established. The team of BH QIP specialists supports ED patients with BH needs. We also worked to support the process to get the PHQ2/9 built into Epic alongside TAPS. PRP also piloted SDOH screening that the BH specialists now utilize. We also provide mental health first aide training and clinical supervision that help enhance the capacity to serve patients with co-occurring. Y2/Y3 – Incorporated a monthly interdisciplinary meeting with behavioral health specialists, community health workers, social workers and case managers.
Monitoring/Evaluation Approach					**Approaches Used**
• Quarterly check-ins with partners • Monthly reports					
Potential Partners					**Partners Engaged**
• DART Prevention Coalition (IFPR) • Toms River Communities That Care (IFPR) • SOCIAL (Southern Ocean County Interfaith Advocacy and Leadership) Network (IFPR) • Ocean County Health Department	• PROUD Center (CMC) • EMS (Ocean County) • Nicotine and Tobacco Recovery Program (IFPR, Ocean County)		• Peer recovery specialists (IFPR) • Patient Navigators IFPR) • Tackling Addiction Taskforce (IFPR)		

Priority 4: Food Insecurity

Priority Area 4: Food Insecurity Goal: Enhance access to and use of healthy food for communities, families, and other food insecure populations in need.						
Outcome Indicators				**Baseline**	**Target**	**Tracking/Outcome**
• Number of meals prepared and distributed to underserved populations (b, d)				22.506	25.000	72,372
• Number of course participants (c)				TBD		4,540
• Total food weight collected in food drives (a)				TBD		32,785
Strategies/Initiatives		**Person(s) Responsible**	**Timeline (Y1, Y2, Y3)**	**Hospital Contribution***	**Other Source**	**Successes/Challenges**
a. Host annual **Food Drive** in the **Spring/ Summer** when food pantries are low in stock to provide proper nutrition to Ocean County Families in need.		**Hospitality**: Tom Yanisko	Y1, Y2, Y3			2023 Sadie Vickers = 30 Boxes of Fresh Produce, 30 Loaves Bread, 30 dozen Eggs, 30 Quarts Yogurt 2024 Sadie Vickers = 60 boxes The Barn = 60 boxes The Barn = 60 warm meals packaged Grace and Peace Church = 60 boxes 2025 = Provide weekly feedings at Somebody Cares
b. Identify and work with community partners to expand current food insecure initiatives.		**Hospitality**: Tom Yanisko	Y1, Y2, Y3			See Above
c. Provide community education on nutrition, healthy foods, and their impact on chronic disease.		**Dietary**: Terri Risley	Y1, Y2, Y3			Not staffed to do Clinical Nutrition outside of the hospital due to very high patient census and increased outpatient hospital consultations 2024 Outreach Events Attended = 2 2025 Outreach Events Attended = 3

d. Identify and establish **Kitchen Partnerships**: • Churches • Civic organizations • Restaurant(s) • Other: To help with meal prep/food distribution in food insecure communities	**Hospitality**: Tom Yanisko	Y1, Y2, Y3			Partnered with Sadie Vickers to grow vegetables to give to community members

Monitoring/Evaluation Approach	Approaches Used
• The Barn at Whiting: Tracking dissemination of prepared meals distributed/on-site observations that document meals distributed • Track number of nutritional classes/outreach activities provided in the community/partners • Attendance rosters • Weight collected in food drives	30 lbs. of vegetables collected rom Sadie Vickers/CMC Community Garden

Priority Area 4: Food Insecurity	
Goal: Enhance access to and use of healthy food for communities, families, and other food insecure populations in need.	
Potential Partners	**Partners Engaged**
- Local farms - The Barn - Local Food pantry - Meals on Wheels - Sadie Vickers Community Health Center - The Ocean County Board of Social Services	- Somebody Cares - Jersey Shore Chefs Association - Sadie Vickers Resource Center - The Barn - Grace and Peace Church