# Monmouth Medical Center Community Health Needs Assessment

November 2025

PREPARED BY
HEALTH RESOURCES IN ACTION

RWJBarnabas HEALTH | Monmouth Medical Center

# Acknowledgements

The following partners led the Monmouth Medical Center Community Health Needs Assessment (CHNA):

**Monmouth Medical Center Executive Council and Senior Leadership**

- Eric Carney, President and Chief Executive Officer, MMC & MMCSC
- Philip Passes, Chief Administrative Officer, MMC & MMCSC
- Kenneth Granet, MD, FACP, Chief Medical Officer, MMC, and Executive Director, Community Health and Social Impact, MMC &MMCSC
- Joseph Jaeger, DrPH, Chief Academic Officer, MMC
- Ann Szapor, MBA, BSN, RN, NEA-BC, Chief Nursing Officer, MMC
- Shirley Hwang, Senior Vice President, Business Development, Southern Region
- Cory Lasker, Regional Vice President, Finance, MMC & MMCSC
- Caitlin Olson, Regional Vice President of Development, MMC & MMCSC
- Julie Chaudhuri, Vice President, Oncology Services, Southern Region
- Tanya Kenney, Vice President, Vogel Medical Campus, MMC
- Michael Perdoni, Vice President, Clinical Operations, MMC & MMCSC
- Alice Robinson, SHRM-SCP, Vice President, Human Resources
- Kirsten Windos, Vice President, Service Excellence, MMC & MMCSC
- Elizabeth Brennan, Assistant Vice President, Marketing & Communications, MMC & MMCSC
- Rahil Patel, MPA, Assistant Vice President Support Services, MMC & MMCSC
- Raymond Duarte, Director, Information Technology and Services, MMC & MMCSC
- Sylvia Jacobs, Director, People, Belonging, and Impact, MMC

**Joint CHNA Advisory Committee**

CHNA Leads

- Abby Masiello, MPH, CHES, Regional Director, Community Health Education and SICI, Monmouth Medical Center & Monmouth Medical Center Southern Campus
- Christine Belluardo, Administrative Director of Clinical Engagement, RWJBarnabas Health Behavioral Health Center
- Jessica Ruzow, MBA, Assistant Vice President, Clinical Operations, Community Medical Center
- Madison Karpe, Outreach Coordinator, Community Medical Center

Members at Large:

- Bahiyyah Abdullah, President, Toms River NAACP
- Denise Andino, Director of Maternal & Early Childhood Initiatives, VNA
- Michael Balka, Health Officer, Jersey Shore Regional Health Commission

- Tiffany Burton, Director of Cancer Education and Early Detection (CEED Prevention and Wellness), VNA
- Dr. Virginia Carreira, Head School District Nurse - Long Branch, Long Branch Public School District
- Tara Chalakani, CEO, Preferred Behavioral Health
- Officer Michael Conrad, Community Policing & Bike Unit, Lakewood Police
- Joseph Cuffari, VP Psychchiatric Emergency Services (PESS), RWJBarnabas Health
- Bill Dangler, President, Long Branch NAACP
- Achille Dejean, Executive Director, Mental Health Association of Monmouth County
- Suzanne Dyer, Executive Director, Parker Family Health Center
- Douglas Eagles, CEO, Boys & Girls Clubs of Monmouth County
- Officer Jeffrey Emmons, Community Policing & Bike Unit, Lakewood Police
- Stanley Evanowski, Administrative Director, RWJBarnabas Health Behavioral Health Center
- David Fitzgerald, Director, Ocean County Transportation/Ocean County Ride
- Christian Fuscarino, Executive Director, Garden State Equality
- Janelle Garcia, Vice President of Community Impact, Fulfill
- Marli Gelfand, MA, LPC, ACS, Assistant Vice President, Behavioral Health, Monmouth Medical Center
- Connie Greene, SVP, Institute for Prevention and Recovery, RWJBH Institute for Prevention and Recovery
- Derrick Griggs, Board of Trustees - CAC Chair, Monmouth Medical Center & Monmouth Medical Center Southern Campus
- Steve Heisman, Executive Director, Habcore
- Tova Herskovitz, Founder and Director, One Ocean County - Common Grounds Garden
- Sylvia Jacobs, Director People, Belonging, and Impact, Monmouth Medical Center
- Margy Jahn, Health Officer, Freehold Area Health Department
- Goldy Jaroslawicz, Director, Community Outreach, Lakewood Resource and Referral Center / CHEMED
- Dorothea Jones, Greater Bethel Church of God in Christ, Lakewood
- Pastor John Jones, Pastor, Greater Bethel Church of God in Christ, Lakewood
- Kanesha Jones, Former President, Central Jersey Club of the National Association of Negro Business and Professional Women's Club
- Donald Jump, Board Member, Community Medical Center
- Rabbi Yehudah Kaszirer, Director, Bikur Cholim of Lakewood
- Jan Kirsten, Vice President, Vice President, Ocean County College/21 Plus
- Mike Kowal, Health Officer, City of Long Branch Health Department
- Jeryl Krautle, Assistant Director Public Health Nursing, Monmouth County Health Department
- Angela Kulesz, President, Central Jersey Club of the National Association of Negro Business and Professional Women's Club
- Gretchen Insole, Executive Director, Ocean County YMCA
- Maria La Face, Director, Ocean County Office of Senior Services
- Lisa Lee, Director Active Transportation, EZRide
- Gary Lotano, Board Member, Community Medical Center
- Kayla J. MacNeil, Officer, Ocean County Fair Housing Officer

- Tracy Maksel, Director, Ocean County Department of Human Services
- Paul McCloud, Executive Director, Monmouth Family Health Center
- Christopher Merkel, Health Officer, Monmouth County Health Department
- Reverend Barbara Miles, Clergy & Sadie Vickers Resource Center
- Beatriz Oesterheld, Executive Director, Community Affairs Resource Center
- Michele O'Shaughnessy, Director, Monmouth County Division on Aging, Disabilities & Veterans Services
- David Perez, Social Worker, Long Branch Free Public Library
- Leeba Prager, Bikur Cholim of Lakewood
- Karen Rawls, Director People, Belonging, and Impact, Community Medical Center
- Daniel Regenye, Health Officer, Ocean County Health Department
- Daniel Rivera, Director of Operations, Boys & Girls Clubs of Monmouth County
- Betty Rod, Latinos Unidos
- Jorge Rod, Latinos Unidos
- Joann Rountree, Outreach Director, YMCA of Greater Monmouth County
- Ashley Scardigno, Director, Solider On
- Lynn Seaward, Director, Division of Behavioral Health and Mental Health Administrator, Monmouth County Department of Human Services
- Chaim Sender, Director People, Belonging, and Impact, Monmouth Medical Center Southern Campus
- Meredith Sheehan, Director, Ocean County Board of Social Services
- Triada Stampas, President & CEO, Fulfill
- Deanna Tiggs, MS, RN, AOCNS, Regional Director, Cancer Services, Monmouth Medical Center, Monmouth Medical Center Southern Campus, Community Medical Center
- Christopher Tomaszewicz, Monmouth County Health Department
- Kim Veith, CEO, Bright Harbor
- Anita Voogt, Associate VP Strategic Partnerships, Brookdale Community College & Long Branch City Council
- Raizy Weissmandl, Bikur Cholim of Lakewood
- Desiree Whyte, Assistant Director of Operations, Monmouth County Division of Behavioral Health
- George Zimmerman, Director, Ocean County Veterans

**RWJBarnabas Health Community Health Needs Assessment Steering Committee**

Committee Members

- Tamara Cunningham, Vice President, System Development, Co-Chair
- Barbara Mintz, MS, RDN, Senior Vice President, Social Impact and Community Investment Leadership, Co-Chair
- Lina Shihabuddin, MD, Accountable Care and Population Health
- Frank Ghinassi, PhD, ABPP, Senior Vice President, Behavioral Health
- Lauren Burke, Vice President, Cardiac and Neurosciences
- Mary O'Dowd, MPH, Executive Director for Health Systems and Population Health Integration, Rutgers, Community and Health Systems
- Balpreet Grewal-Virk, Senior Vice President, Community Health
- Suzette Robinson, MHA, Senior Vice President, Diversity and Inclusion

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- Indu Lew, Executive Vice President, System Leadership Coordination
- Deborah Larkin-Carney, RN, BSN, MBA, Senior Vice President, Quality
- Perry Halkitis, PhD, MS, MPH, Dean, School of Public Health, Rutgers University
- Susan Solometo, MBA, Senior Vice President, Oncology
- Patrick Knaus, Executive Vice President, Strategy
- Suzanne Spernal, DNP, APN-BC, RNC-OB, Women's and Children's Services

Facility Representation

- Barnabas Health Behavioral Health Center (BHBHC) – Christine Belluardo, Administrative Director of Clinical Engagement
- Cooperman Barnabas Medical Center (CBMC) – Margie Heller, Senior Vice President – Community Health & Global Strategic Partnerships
- Community Medical Center (CMC) – Jessica Ruzow, Assistant Vice President, Clinical Operations
- Clara Maass Medical Center (CMMC) – Clarissa Soto Vargas, Assistant Vice President, Community Health and Outreach
- Children's Specialized Hospital (CSH) – Megan Granozio, Director, Marketing and Public Relations
- Jersey City Medical Center (JCMC) – Whitney Bracco, Assistant Vice President, Hospital Outpatient Services and Social Impact and Kwaku Gyekye, Executive Director, Population Health
- Monmouth Medical Center (MMC) and Monmouth Medical Center, Southern Campus (MMCSC) – Abigail Thompson, Regional Director, Community Health and Social Impact & Community Investment
- Newark Beth Israel Medical Center (NBIMC) – Atiya Jaha-Rashidi, Chief Equity Officer and Vice President, Community Relations
- Robert Wood Johnson University Hospital (RWJUH) Hamilton – Diane Grillo, Vice President, Wellness Program
- Robert Wood Johnson University Hospital (RWJUH) New Brunswick – Mariam Merced, Director, Community Health
- Robert Wood Johnson University Hospital (RWJUH) Rahway – Christina Manata, Director, Physician Relations and Community Health Services
- Robert Wood Johnson University Hospital (RWJUH) Somerset – Serena Collado, Director, Community Health
- Trinitas Regional Medical Center – Rosemary Moynihan, Vice President, Mission Integration

**Technical Advisers:**

- Withum Smith & Brown (S. Mariani)
- Health Resources in Action (HRiA)

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**Questions**
For questions regarding Monmouth Medical Center or RWJBarnabas Health, please email BHPlanning@RWJBH.org.

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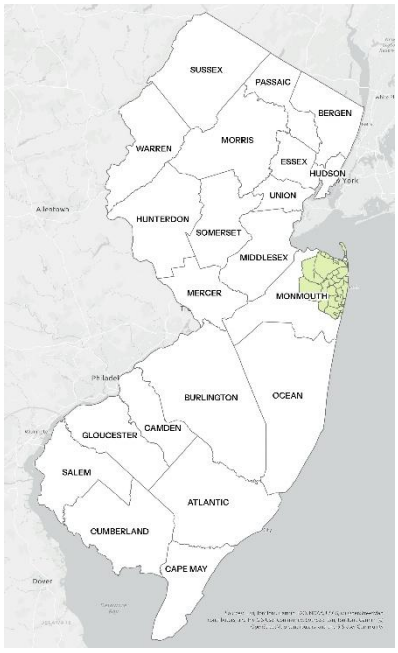
# Executive Summary

**Introduction**

In 2025, Monmouth Medical Center (MMC) 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. MMC's primary service area (PSA) includes 32 municipalities covering 30 zip codes in Monmouth County. These municipalities include Allenhurst, Asbury Park, Atlantic Highlands, Belford, Bradley Beach, Colts Neck, Deal, Eatontown, Fair Haven, Highlands, Holmdel, Interlaken, Leonardo, Lincroft, Little Silver, Long Branch, Middletown, Monmouth Beach, Navesink, Neptune, Neptune Twp, Oakhurst, Ocean Grove, Ocean Twp., Oceanport, Port Monmouth, Red Bank, Rumson, Shrewsbury, Tinton Falls, and West Long Branch.

**MMC 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 Monmouth County.
- Conducting a community survey with 1,004 MMC PSA residents, designed and administered by Health Resources in Action (HRiA).
- Facilitating 4 virtual focus groups with 31 participants from populations of interest, including Spanish-speaking Latino residents, parents, older adults, and peer recovery specialists.

- Conducting ten key informant interviews with 12 community stakeholders from a range of sectors.

**Findings**

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

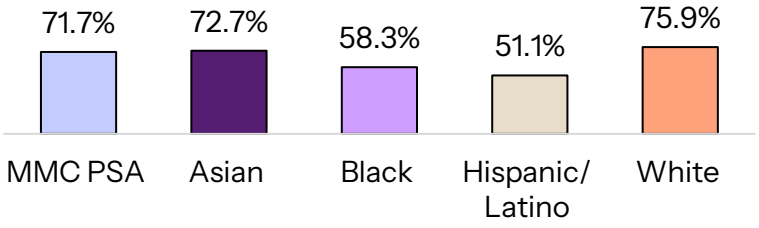
*Population Characteristics*

- **Demographics.** Monmouth Medical Center serves a population of 327,673 residents. The overall population in Monmouth County grew by 3.2% between 2014-2018 and 2019-2023.[1] Monmouth County (76.2%) has a higher proportion of White residents than New Jersey as a whole (56.9%), with 5.3% Asian, 6.2% Black, and 12.7% Latino residents. Towns across the MMC PSA varied in their racial/ethnic make-up: The communities with the highest proportion of Asian residents were Eatontown (12.9%) and Holmdel (12.0%), with Black residents Neptune (31.6%) and Asbury Park (29.0%), and with Latino residents Red Band (31.0%) and Asbury Park (24.7%).[2] In New Jersey, one-third of the population speaks a language other than English at home, compared to 18.2% in Monmouth County. The largest proportions were in Long Branch (35.5%), Asbury Park (30.8%), Red Bank (27.9%), and Eatontown (27.3%).[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 Monmouth County respondents to the Community Health Needs Assessment Survey in 2024 included that the community had safe outdoor places to walk and play (80.8%), had places for everyone to socialize (74.2%), and was a good place to raise a family (71.7%).[4] Results

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




DATA SOURCE: Community Health Needs Assessment Survey, 2024

[1] U.S. Census Bureau, American Community Survey, ACS 5-Year Estimates Subject Tables, 2014-18 & 2019-23
[2] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
[3] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
[4] Community Health Needs Assessment Survey, 2024

were not consistent across race/ethnicity with White and Asian respondents more likely than Black and Latino respondents to agree or strongly agree that their community was a good place to raise a family.

- **Partnerships and Community.** Interviewees valued the high level of collaboration and partnership across the different sectors and institutions that serve Monmouth County residents. One key informant described, *"There's a tapestry of nonprofits that are all diligently working to do the work they do, and we all reach out and tap into one another depending on the need."* However, interviewees also expressed concerns around how the current political environment is impacting federal funding for programs and services. They noted that local nonprofit organizations have experienced funding cuts and instability in recent months which is contributing to additional strain to keeping up with the demand for services within their communities.

- **Education.** NJ Department of Education data indicate that most (91.1%) New Jersey students in public schools graduated from high school.[5] In the MMC PSA, graduation rates were generally high, and exceeded those for New Jersey overall, with the exceptions of Asbury Park (75.6%) and Neptune Township (82.3%) School Districts. Some racial disparities were also apparent, with differing graduation rates by race/ethnicity in Neptune Township, Township of Ocean, and Red Bank Regional. Multiple focus group participants and interviewees noted that the COVID-19 pandemic has had a lasting impact on schools and students, highlighting learning delays and increased mental health challenges such as anxiety and depression. Across the discussions with focus group participants and interviewees, a range of programs and efforts within local schools to support students were highlighted including programs addressing bullying, substance use, healthy relationships, decision-making, suicide, and resilience / stress management.

- **Employment and Workforce.** The availability of stable employment was a concern noted by interviewees and focus group participants in Monmouth County. 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 Monmouth County over time are generally on par

> "*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."*
> -Focus group participant

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

with or slightly lower than New Jersey overall.[6] Between 2019-2023, unemployment rates varied by race/ethnicity in Monmouth County: the Black population had a notably higher unemployment rate (8.2%) compared to Asian (4.5%), Latino (5.1%), and White (5.0%) residents.

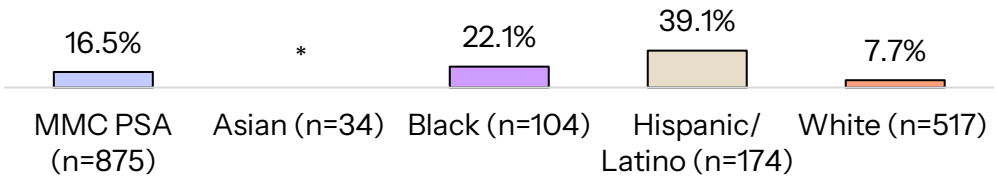
- **Income and Financial Security.** Interview and focus group participants noted the high cost of living including the price of rent, housing, childcare, food, transportation, and healthcare. The median household income in Monmouth County ($122,727) was higher than New Jersey overall ($101,050).[7] However, there were notable differences across communities, ranging from a median household income of about $71,000 in Asbury Park to over $250,000 annually in Rumson, more than a three-fold difference. In Monmouth County, 20% of individuals lived below the ALICE threshold, an indicator of the proportion of residents who are employed but not earning enough to support their families.[8] Similar to previous data, a wide range existed in the MMC PSA, with 7% in Fair Haven living below the ALICE threshold compared to 50% in Asbury Park.

- **Affordable Housing.** Housing was described as a substantial community health challenge in Monmouth County by focus group and interview participants. Affordable housing in Monmouth County, much like across the state and nation, was scarce and participants noted that it affected different population groups. Overall, only about one-third of MMC PSA community survey respondents agreed that there was sufficient affordable and safe housing in their community. Echoing qualitative discussions, in the MMC PSA, 16.5% of respondents were concerned about their housing stability in the next two months. This concern was highest among Latino respondents (39.1%) while only 7.7% of White respondents shared this concern.[9]

> *"It's a good thing that communities are being developed but that development isn't necessarily inclusive of the families we serve. As rent skyrockets, they can't keep pace, and they're forced out of the community."*
> – Key informant interviewee

[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] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
[9] Community Health Needs Assessment Survey, 2024

**MMC PSA Survey Respondents Reporting Concerns Regarding Their Housing Stability in the Next Two Months, by Race/Ethnicity, (n=875),**




DATA SOURCE: Community Health Needs Assessment Survey, 2024

- **Food Insecurity and Healthy Eating.** Community 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."* The proportion of Monmouth County residents reporting food insecurity rose from 7.4% in 2020 to 9.2% in 2023, with 17.0% of Latino and 22.0% of Black Monmouth County residents food insecure in 2023.[10] Although the majority of community survey respondents reported that nothing keeps them from eating healthy foods (47.0%), food prices (36.2%) and lack of time (24.9%) were the top reasons given as barriers to maintaining a healthy diet.

- **Green Space and the Built Environment.** When asked about the strengths of their communities, many focus group participants highlighted the 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."* Additionally, 80.8% of community survey respondents agreed or strongly agreed with the statement, "My community has safe outdoor places to walk and play." However, there were disparities by race/ethnicity, with White (85.6%) and Asian (77.3%) survey respondents being more likely to agree with the statement than Latino (64.4%) and Black (70.8%) survey respondents.[11]

- **Transportation and Walkability.** 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. Data from the 2019-2023 American Community Survey show that the majority of Monmouth County (66.8%) residents commuted to work alone in a vehicle, slightly higher than the statewide

[10] Feeding America, Map the Meal Gap, Food Insecurity in the United States, 2023
[11] Community Health Needs Assessment Survey, 2024

proportion (63.7%). Navesink had the highest proportion of residents commuting via public transportation (20.2%), Long Branch the highest commuting via carpool (23.5%), and Deal had the highest proportion who commuted by walking (11.4%).[12]

- **Violence Prevention and Safety.** Crime and violence were not major themes among the specific individuals who participated in the focus groups, although a few participants noted that they valued the safety that they felt in their neighborhoods. About 7 in 10 respondents (69.4%) agreed that there was not much violence in their neighborhood, such as physical fights, gang activities, stealing, or assaults. However, perceptions varied by race, with proportionately more White respondents (72.9%) agreeing, compared to only 44.6% of Black respondents.[13] Data from the Uniform Crime Reporting Unit in the State of New Jersey show that rates of violent crime in 2022 varied widely across municipalities in the MMC PSA.[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. More than one-third of Black (35.9%) and Latino (36.7%) community survey respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care. Additionally, Latino survey respondents reported feeling discriminated against when receiving medical care based on their culture and religious background (15.6%) and their language/speech (32.8%), and over 40% of LGBTQ+ respondents experienced discrimination due to their sexual orientation.[15]

> *"When people think Monmouth, they think Monmouth County – shore houses, money. As much as that is true, there's a lot of untrue to that. The further west, there's disparities, and even close to the shore, there's that idea of 'the other side of the tracks'."*
> – Focus group participant

*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,

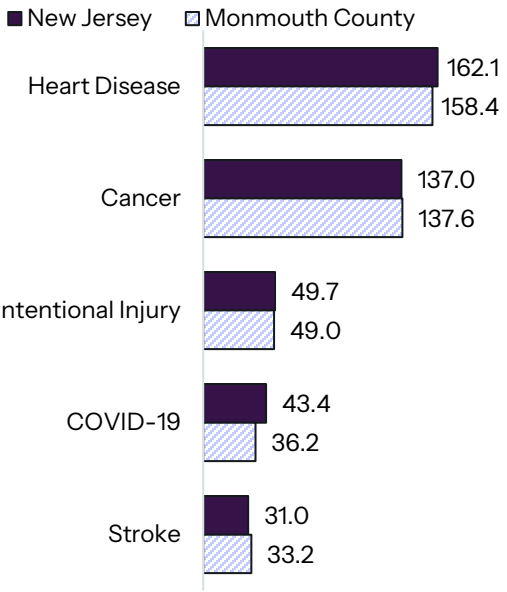
[12] U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
[13] Community Health Needs Assessment Survey, 2024
[14] NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024
[15] Community Health Needs Assessment Survey,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

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.

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 MMC PSA ranked cancer (37.9%), diabetes (31.1%), heart disease (29.1%), overweight/obesity (27.5%), and mental health (25.0%), 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 (44.3%), followed by bullying (34.8%), overweight/obesity (26.6%) 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 Monmouth County was heart disease (158.4 per 100,000 residents), followed by cancer (137.6 per 100,000). Unintentional injuries were the third leading cause of death in New Jersey and Monmouth County in 2021, followed by COVID-19. Racial disparities were present with the highest age-adjusted mortality rates among Black residents in Monmouth County.[17]

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




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 Monmouth County (529.3 cases of cancer per 100,000 residents) were somewhat higher than statewide

[16] Community Health Needs Assessment Survey, 2024
[17] Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

(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 Latinos compared to other racial/ethnic groups. Almost 80% of MMC PSA community survey respondents reported receiving a cholesterol screening in the past two years, and 86.6% reported a blood pressure check.[19] However, racial disparities were apparent, with only 59.0% of Latino and 64.6% of Black respondents reporting cholesterol screening, and 66.9% of Latino and 80.8% of Black respondents reporting blood pressure checks. While diabetes rates were lower in Monmouth County (8.0%) than in New Jersey (9.0%), rates were twice as high among Black residents of Monmouth County (16.6%).[20]

- **Mental Health and Behavioral Health.** Mental health was identified as a community concern in almost every interview and focus group. Participants identified anxiety, depression, stress, trauma, suicidal ideation, and eating disorders (among youth) as challenges for community residents. Participants viewed social media and technology as key contributors to the mental health challenges that youth are facing, linking these with an increase in online bullying, isolation, and loneliness among young people. Among MMC PSA community survey respondents, 11.1% reported experiencing 10-19 days of poor mental health, and 10.6% reported 20-30 days of poor mental health in the last 30 days.[21] In Monmouth County, 43% of admissions to substance use treatment were for alcohol, followed by heroin (36%).[22] 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, after receiving grant funding for outpatient behavioral health services, the MMC Behavioral Health Department went from treating 182 outpatients in 2023 to 1,706 outpatients in 2024, highlighting the ongoing need for services.

> *"We see more people requesting telehealth services. People were scared to come on-site because people would see them getting behavioral health services. Telehealth gives people the ability to see people in their own home, which has allowed a lot of people to get services."*
> – Key informant interviewee

[18] New Jersey State Cancer Registry, 2024

[19] Community Health Needs Assessment Survey, 2024

[20] Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2018-2022

[21] Community Health Needs Assessment Survey, 2024

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

- **Infectious and Communicable Diseases.** The impact of the COVID-19 pandemic was a frequent topic of concern among participants in the previous 2022 MMC 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 Monmouth County, the case rate of COVID-19 approximately doubled between 2020 and 2021. In 2021 and 2022, Monmouth County had a higher case rate per 100,000 than the state overall.[23] Despite the increase in COVID-19 rates over time, the number of COVID-19 deaths decreased each year due to the success of COVID-19 vaccinations and knowledge gained about how to treat severe cases. In 2020, 995 residents of Monmouth County died from COVID-19. By 2023, the number of deaths was 81, a greater than ten-fold decrease.[24]

- **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. The percentage of pregnant women receiving prenatal care in the first trimester was slightly higher in Monmouth County (79.9%) than New Jersey overall (74.1%). However, differences by race/ethnicity were apparent, with only 63.6% of Black women and 66.1% of Latina women in Monmouth County receiving first trimester prenatal care, compared to 85.6% of White women in Monmouth.[23]

*Healthcare Access*

- **Access and Utilization of Healthcare Services.** Interviewees and focus group participants generally reported good relationships between primary care providers and residents in their community. When speaking about the immigrant community, one interviewee noted, *"People are grateful for the level of expertise and range of services offered in the hospital nearby. The people there are professional, welcoming and receptive, and culturally sensitive to the people they're working with…. It's a huge thing to give to somebody."* Community survey respondents were asked about their participation in various health screenings and preventive services in the last two years. In the MMC PSA, 87.1% of respondents reported having an annual physical exam in the last two years, while 72.2% reported having a flu shot, and 74.1% received dental screening. Latino respondents reported the lowest percentage of participation in screenings with 71.1%, 53.0%, and 51.2% of respondents reporting having a physical exam, receiving a flu shot, and receiving a dental screening, respectively in the last two years.[25]

[23] Communicable Disease Reporting and Surveillance System (CRDSS), Communicable Disease Service, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
[24] New Jersey Department of Public Health, COVID-19 Dashboard, 2024
[25] Community Health Needs Assessment Survey, 2024

- **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. Some interviewees noted that language services have improved in healthcare settings, although some focus group participants still noted that they faced difficulties navigating healthcare systems when English was not their first language. These sentiments were echoed among the MMC PSA community survey respondents who identified the inability to schedule an appointment at a convenient time (30.2%), long wait times (27.2%), doctors not accepting new patients (26.9%), cost of care (26.4%), and insurance problems (25.2%) as the top barriers to accessing healthcare.[26]

> *"We have private insurance that my husband pays for, but our out of pocket is $1,200 per person and for things I find myself questioning is this really worth going to the doctor about? I worry for me and my kids and that's a big concern for me."*
> – Focus group participant

*Community Vision and Suggestions for the Future*

- ***More accessible and affordable healthcare services within Monmouth County.*** Community participants noted a need for expanded translation services, additional providers, and more affordable services and health insurance options. Community survey respondents 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. Additionally, focus group and interview participants emphasized the need for more healthcare providers that accept public health insurance, along with the need for translation services.

- ***Increased integration of mental and behavioral health services within the community.*** Community participants noted a need for additional mental and behavioral health services within the community to meet the demand for services. Focus group and interview participants emphasized the need for more resources and providers, with one participant describing their wish for a *"mental health urgent care"* co-located with medical services to provide community members with options for care outside of an emergency room department setting. Other participants noted a need for more communication between healthcare facilities and substance use treatment centers to streamline coordination of available resources

> *"The emerging challenge of mental health is something that can just steamroll everything. There's just such a need for that right now."*
> - Focus group participant

[26] Community Health Needs Assessment Survey, 2024

and services, along with the need for care navigators to connect residents to care outside of typical working hours.

- ***Increased economic stability and affordability of basic necessities (i.e. food, housing, etc.)*** Community participants emphasized the high cost of living, including rising food prices and a lack of affordable housing. About half of survey respondents disagreed with the statement, *"There is enough housing that I can afford that is safe and well-kept in my community."* and just over a third of survey respondents noted that the price of healthy food is a barrier to eating a healthy diet. Participants envisioned a future community where safe housing and healthy, nutritious food is affordable and accessible to all community members.

- ***Development of additional opportunities for healthy living in Monmouth County***. Although community participants identified the outdoor activities (parks, beaches, etc.) as community assets, they 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 participants from the Latino community hoped to see options such as covered parks or indoor physical fitness opportunities as spaces that could be used in the winter. Other participants highlighted the need for more opportunities for developing healthy eating habits, such as increasing access to local farmers' markets and free cooking classes for families and community members.

- ***Increased coordination and communication of available services and resources.*** Many interviewees highlighted the coordination of local services and resources as a strength of Monmouth County, yet some interviewees emphasized the need for continuing partnership and coordination given the uncertainty of the federal funding and policy landscape. One interviewee highlighted the role healthcare systems could potentially play in leading this partnership: *"Hospital systems are really good at networking across massive geographic regions and creating capacity to meet need. Helping transition that knowledge to do that to smaller community-based organizations for how we can model that at a grassroots level to ensure that we can continue that same support and services in the midst of a scarcer resource environment."*

- ***Strengthened community connections and support across residents and community groups.*** Participants envisioned a future where their community felt united and supportive of everyone regardless of someone's background or identity or experiences. As one interviewee noted, *"I'd like to see us in a place where we can have differences of opinions, we could have differences of political thoughts and yet all be valued and appreciated and accepted… I think it starts*

> *"I [would like to see] everyone accept themselves for who they are and get along and work together. It doesn't matter the color, their religion, who they voted for, it's okay that everybody is different but it's not okay to target them for that…If we could do that, we could build a better community."*
> – Focus group participant

*with listening to each other."* Participants noted that they would like to see more in-person events that bring people together to engage with one another and build a sense of community.

*Key Themes*

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

- **The communities that MMC service are diverse and health disparities exist.** In some townships, 20% of households earn less than $25,000 annually, while in others just miles away, 60% of households earn greater than $200,000 annually, illustrating the stark income inequality in this region. These differences are also reflected in the racial distribution between towns, with many of the wealthiest communities being almost exclusively White. Black residents in Monmouth County experienced a far higher premature mortality rate than residents of other races/ethnicities, and higher than the average premature mortality rate of Black residents in New Jersey overall. Emergency Department visits for asthma were seven times more common for Black residents than White residents of Monmouth County. Latino community survey respondents were consistently less likely than their peers to receive preventative health services such as annual check-ups, cancer screenings, and immunizations. Over 35% of Black and Latino community survey respondents reported feeling discriminated against when receiving medical care based on their race/ethnicity.

- **The current environment and federal policies related to immigration and reduced social service funding has created a sense of fear and anxiety among individuals, communities, and organizations.** Economically vulnerable community members are most impacted by the stress associated with potential loss of social services (i.e. Medicaid/Medicare benefits, etc.), including older adults, low-income households, veterans, and immigrant communities. Local organizations also emphasized their concerns around continuing to provide necessary services to residents with the uncertainty of future funding. Already in 2024, only 53% of Latino community survey respondents reported receiving a flu shot in the past 2 years, putting the entire Monmouth community at higher risk for disease spread, especially if the immunization rate continues to fall. Multiple participants reported a decrease in some immigrant communities accessing services due to fear of deportation or separation, with others noting the impact this has on the physical and mental health of this community.

- **There is a strong network of local organizations dedicated to serving community members.** Many interviewees highlighted the partnerships across local organizations as a key asset in Monmouth County, with one interviewee describing the community as a *"service-rich county."* One interviewee described, *"COVID taught us we can't do this work alone. We developed a lot of partnerships that are deep seated and lasting to this day. We feel like we've been through the trenches together. When you call, people will answer the phone."* Amid the positive sentiments about the community partnerships, some interviewees also expressed concerns around how recent funding cuts and

instability may impact their ability to meet the needs of the residents they serve, along with how it might impact the dynamics across partners.

- **Mental health and substance use were emphasized as key community issues by participants**. Mental 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, etc.). Mental health was identified as the fifth top health concern among MMC PSA survey respondents overall, and it was the number one concern for children and youth. Focus group and interview participants also viewed youth mental health as a particular concern, especially following the social isolation of COVID-19. Participants overall emphasized the need for additional mental health and substance use services to meet the needs of the community, especially services that accept public health insurance and offer language services.

- **The high cost of living, especially regarding housing and food, has a direct impact on 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. Affordable housing was a particular concern among participants, with some noting that although there had been an increase in construction and new development in Monmouth County, this had not translated into more affordable housing for current residents. Among MMC PSA survey respondents, just under one-third (31.6%) agreed or strongly agreed that there is enough safe and affordable housing in their community, a proportion that was lower among Black and Hispanic/Latino respondents (17.9% and 23.3%, respectively). The high cost of living also has an impact on residents' ability to access affordable, nutritious food, which was another key concern among participants who noted that food is often given up first when needing to make tradeoffs about where to spend a limited income. Participants highlighted the local organizations providing food-related services as having a positive impact on the community, although some noted that stigma can still serve as a barrier for whether residents access the available resources and services.

- **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 high cost of health insurance, along with the challenge of finding providers that accept public insurance, was highlighted by participants as a key barrier to accessing healthcare. Many participants also noted the long wait times for appointments, especially for mental and behavioral health services. This was mirrored in the community survey in which the top barriers identified by respondents in the MMC PSA included difficulties scheduling an appointment at a convenient time (30.2%), wait times are too long (27.2%), and doctors not accepting new patients (26.9%). Some participants also noted that the current political environment is an additional barrier for some immigrant communities who may be avoiding accessing services due to fear of being targeted. Participants also reported mixed experiences with language services when accessing healthcare, with some reporting that language services had improved

while others reported still facing challenges communicating or navigating healthcare systems.

*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 and 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 MMC/MMCSC leaders, MMC will focus on the following priority areas (listed below in alphabetical order):

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

MMC will address these priority action areas as part of ongoing community engagement efforts, with an overarching emphasis on Health and Racial Equity, Systemic Racism and Discrimination, and Economic Stability 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, Monmouth Medical Center undertook a joint CHNA process with RWJBarnabas Health's Monmouth Medical Center Southern Campus, Behavioral Health Center, and Community Medical Center, using a mixed-methods and participatory approach.

**Monmouth Medical Center (MMC)**, located in Long Branch, New Jersey, is part of the RWJBarnabas Health (RWJBH) system. RWJBH is a non-profit healthcare organization that 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. MMC is a 514-licensed-bed acute community hospital providing services, with over 23,000 admissions and delivering 5,900 births in 2024. The hospital also provided nearly 154,068 outpatient visits and more than 45,500 emergency visits in 2024.

This assessment process is built upon previous assessment and planning processes conducted by MMC and MMCSC. In developing the 2023-2025 Strategic Implementation Plan, MMC adopted overarching goals and objectives aimed at addressing four priority areas:

- Prevention and Treatment of Obesity & Associated Chronic Diseases such as Diabetes, Heart Disease, Cancer
- Reduce Substance Misuse
- Improve Access to Care for Behavioral Health Patients
- Food Insecurity

Since the last CHNA-SIP process, MMC and its partners have made progress towards addressing the four priority areas identified in the 2023-2025 Strategic Implementation Plan. In March 2022, Monmouth Medical Center opened up a wellness center called the LiveWell Center. This hub of community health and wellness aims to provide free health education and nutrition programs in a state-of-the-art environment where individuals can learn about chronic health conditions as well as health behaviors they can implement to improve outcomes. Programs are available for individuals of all ages. Since opening, the Center has served 18,034 individuals through over 1,200 programs. To improve nutrition education, MMC and its partners have also placed a trilingual (English/Spanish/Portuguese) nutritionist at strategic community locations (i.e., food pantries, The Diabetes Center, and Parker Family Health Center) to provide nutrition education to individuals who are diabetic, hypertensive, and/or seeking weight management support. In 2023 and 2024, this program served 3,132 individuals and secured grant funding to continue expanding outreach and support to community members. In regards to substance use, MMC expanded the scope of the Peer Recovery Program and partnered with

local school districts to increase referrals to Nicotine and Tobacco Recovery Services among youth from 592 referrals in 2022 to over 1,000 referrals in 2024. MMC also secured in-part grant funding to expand behavioral health services for adolescents, resulting in an increase from 182 outpatients in 2023 to over 1,700 in 2024. For a detailed description of the goals, strategies, outcomes and impacts from the previous 2022 MMC Strategic Implementation Plan, 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 Barnabas Health Behavioral Health Center (BHBHC), Community Medical Center (CMC), Monmouth Medical Center (MMC), and Monmouth Medical Center Southern Campus (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 MMC 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.

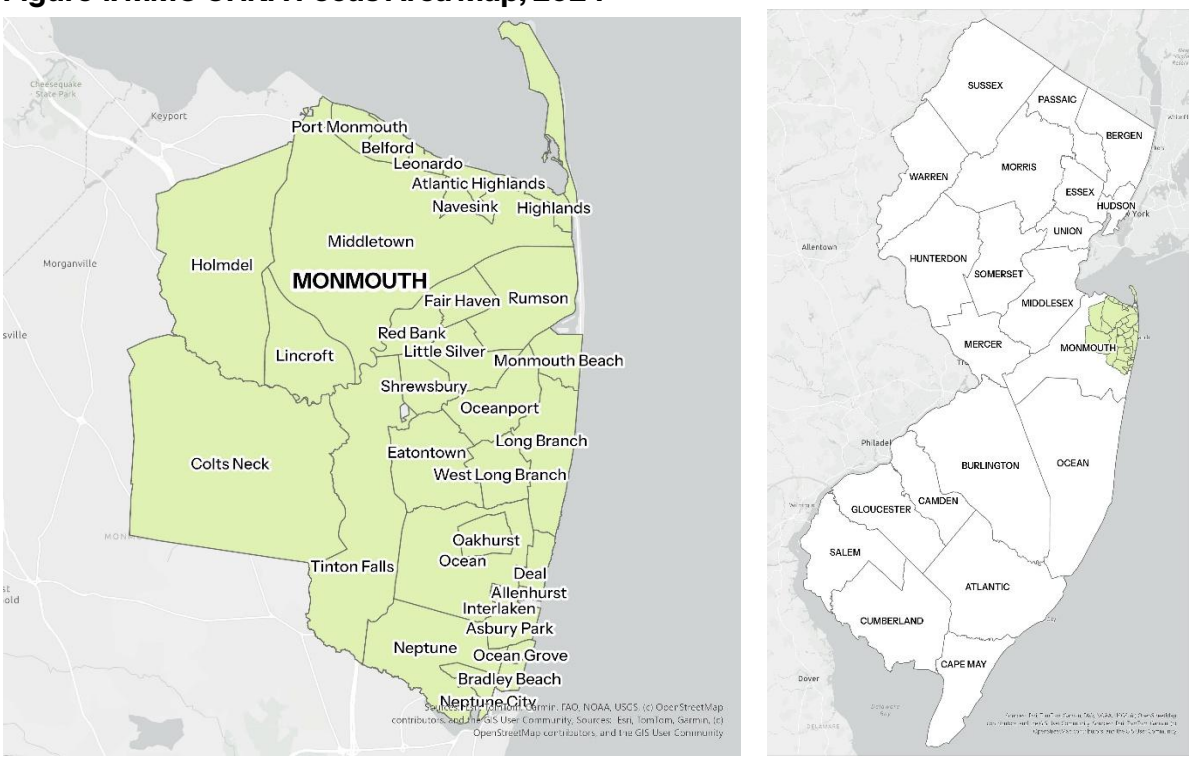
The specific goals of this CHNA are to:

- 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 MMC primary service area (PSA) includes 32 municipalities: Allenhurst, Asbury Park, Atlantic Highlands, Belford, Bradley Beach, Colts Neck, Deal, Eatontown, Fair Haven, Highlands, Holmdel, Interlaken, Leonardo, Lincroft, Little Silver, Long Branch, Middletown, Monmouth Beach, Navesink, Neptune, Neptune Township, Oakhurst, Ocean Grove, Ocean Township, Oceanport, Port Monmouth, Red Bank, Rumson, Shrewsbury, Tinton Falls, and West Long Branch (Figure 1). The MMC PSA includes the following zip codes: 07701, 07702, 07703, 07704, 07711, 07712, 07716, 07718, 07720, 07722, 07723, 07724, 07732, 07733, 07737, 07738, 07739, 07740, 07748, 07750, 07752, 07753, 07754, 07755, 07756, 07757, 07758, 07760, 07764, 07799.

**Figure 1. MMC 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.

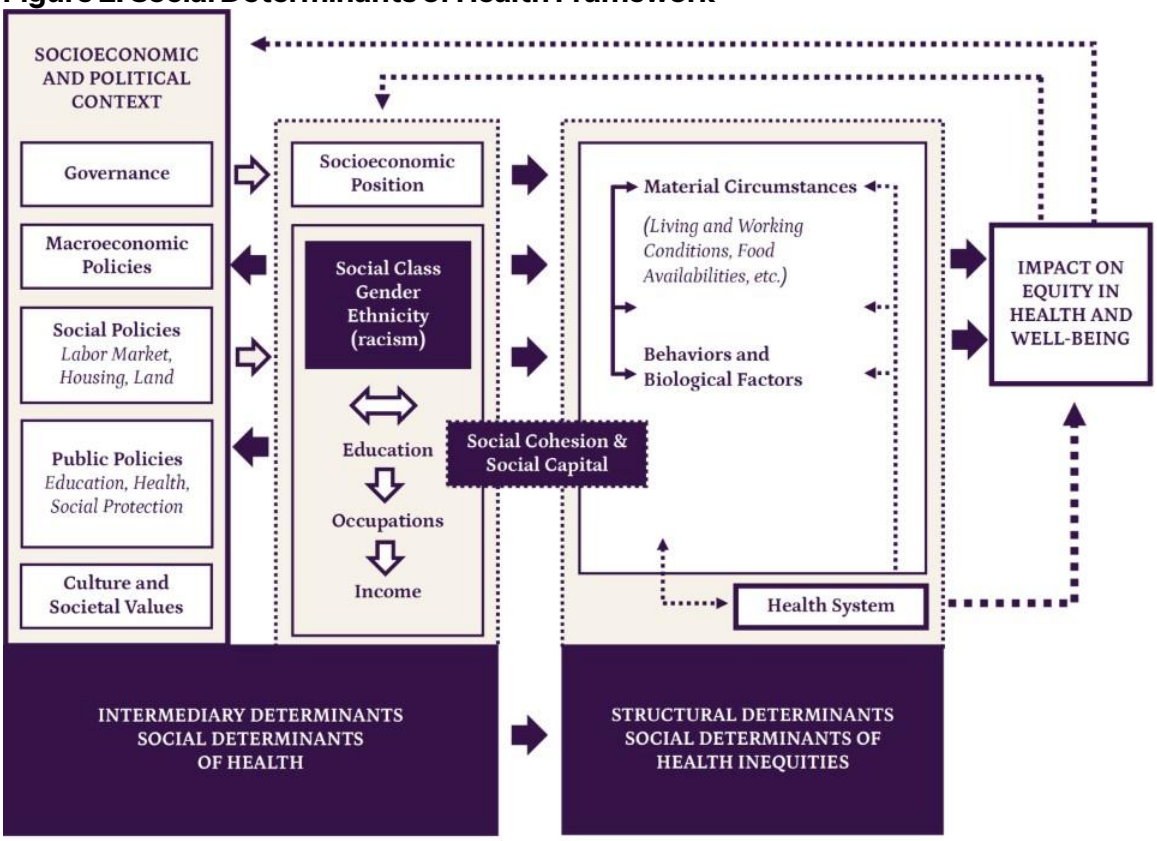
**Social Determinants of Health Framework**

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. Figure 2 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.[27]

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 MMC 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 assessment process, a set of common metrics across all system facilities, the content and dissemination approach of a

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

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 MMC leads, keeping them abreast of progress. MMC 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 Counties. 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, feasibility, and capacity. A detailed description of the prioritization process can be found in the Prioritization and Alignment Process and Priorities Selected for Planning section of this report.

*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 MMC PSA was 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 MMC's primary service area, this CHNA report includes qualitative findings from residents, leaders, and providers mainly from Monmouth County.

*Key Informant Interviews*

A total of ten key informant interview discussions were completed with 12 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 and behavioral health services, and those who work with specific populations, including the immigrant community, veterans, and youth. 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 31 community residents participated in 4 virtual focus groups on Zoom conducted with specific populations of interest: Spanish-speaking Latino residents, parents, older adults, 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.

*RWJBH Community Health Needs Assessment Survey*

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 1,004 responses from the MMC service area. 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 MMC PSA Respondents (N = 1004)**

| Age (n = 920) | |
|---|---|
| 18 to 24 | 2.4% |
| 25 to 44 | 23.6% |
| 45 to 64 | 36.9% |
| 65+ | 37.2% |
| **Gender (n = 784)** | |
| Woman | 75.0% |
| Man | 24.0% |
| Transgender woman | * |
| Transgender man | * |
| Non-binary/queer | * |
| Agender/I don't identify with any gender | * |
| Other self-identified gender identity | * |
| **Race/Ethnicity (n = 947)** | |
| American Indian and Alaska Native | * |
| Asian | 4.1% |
| Black/African American | 12.9% |
| Hispanic/Latino | 21.0% |
| Middle Eastern and North African | * |
| Native Hawaiian/Pacific Islander | * |
| White/Caucasian | 61.7% |
| Other self-identified race/ethnicity | 3.7% |
| **Sexual Orientation (n = 726)** | |
| Straight or heterosexual | 94.6% |
| Gay or lesbian | 2.5% |
| Bisexual, pansexual, or queer | 2.1% |
| Asexual | * |
| Additional category | * |

| Income (n = 457) | |
|---|---|
| Less than $10,000 | 3.5% |
| $10,000 to $14,999 | 3.3% |
| $15,000 to $24,999 | 3.3% |
| $25,000 to $34,999 | 4.6% |
| $35,000 to $49,999 | 7.0% |
| $50,000 to $74,999 | 10.9% |
| $75,000 to $99,999 | 18.6% |
| $100,000 to $149,999 | 19.3% |
| $150,000 to $199,999 | 11.8% |
| $200,000 or more | 17.7% |
| **Marital Status (n = 553)** | |
| Married | 54.3% |
| Single | 22.8% |
| Separated/divorced/widowed | 18.4% |
| Domestic partnership/civil union/living together | 4.5% |
| **Education (n = 861)** | |
| Less than high school | 2.1% |
| Some high school | 6.2% |
| High school graduate or GED | 14.9% |
| Some college | 17.7% |
| Associate or technical degree/certification | 12.1% |
| College graduate | 25.0% |
| Postgraduate/professional degree | 22.2% |

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 MMC PSA residents. For example, 75.0% of the sample identified as women, compared to about half of the MMC PSA population. Community health survey data should not be used to extrapolate the prevalence of a given indicator to the population of MMC 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 MMC 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 Monmouth Medical Center (MMC) serves a population of 327,673 across parts of Monmouth County (Table 2). In 2019-2023, the smallest municipality by population was Allenhurst (387 residents), while the largest was Middletown (66,849 residents). The population growth in Monmouth County between 2014-2018 and 2019-2023 was 3.2%. Among towns with populations over 10,000, the greatest population growth was in Eatontown, at 10.6%. Additional data 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% |
| Monmouth County | 623,387 | 643,615 | 3.2% |
| Allenhurst | 502 | 387 | -22.9% |
| Asbury Park | 15,674 | 15,239 | -2.8% |
| Atlantic Highlands | 4,289 | 4,409 | 2.8% |
| Belford | 1,908 | 2,039 | 6.9% |
| Bradley Beach | 4,223 | 4,264 | 1.0% |
| Colts Neck | 9,948 | 9,942 | -0.1% |
| Deal | 513 | 632 | 23.2% |
| Eatontown | 12,237 | 13,537 | 10.6% |
| Fair Haven | 5,943 | 6,182 | 4.0% |
| Highlands | 4,818 | 4,575 | -5.0% |
| Holmdel | 16,582 | 17,401 | 4.9% |
| Interlaken | 758 | 821 | 8.3% |
| Leonardo | 2,674 | 2,342 | -12.4% |
| Lincroft | 6,348 | 6,901 | 8.7% |
| Little Silver | 5,864 | 6,096 | 4.0% |
| Long Branch | 30,611 | 32,184 | 5.1% |
| Middletown | 65,475 | 66,849 | 2.1% |
| Monmouth Beach | 3,221 | 3,201 | -0.6% |
| Navesink | 1,426 | 1,904 | 33.5% |
| Neptune | 27,591 | 28,108 | 1.9% |
| Neptune City | 4,702 | 4,607 | -2.0% |
| Oakhurst | 3,451 | 3,811 | 10.4% |
| Ocean | 26,821 | 27,792 | 3.6% |
| Ocean Grove | 3,133 | 2,916 | -6.9% |
| Oceanport | 5,724 | 6,130 | 7.1% |
| Port Monmouth | 3,225 | 3,285 | 1.9% |
| Red Bank | 12,120 | 12,864 | 6.1% |
| Rumson | 6,805 | 7,265 | 6.8% |
| Shrewsbury | 4,088 | 4,162 | 1.8% |

| | 2014-2018 | 2019-2023 | %change |
|---|---|---|---|
| Tinton Falls | 17,731 | 19,252 | 8.6% |
| West Long Branch | 7,917 | 8,576 | 8.3% |

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

The age distribution of Monmouth County in 2019-2023 was similar to that of New Jersey overall (Table 3), with slightly higher percentages of those aged 45-74 years old, and a slightly lower percent of those aged 25-44. Fair Haven (31.3%) and Oakhurst (30.2%) had the largest proportions of their populations under age 18, while Deal (16.1%) and Tinton Falls (13.3%) had the largest proportions 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% |
| Monmouth County | 21.0% | 8.2% | 22.6% | 29.5% | 11.0% | 7.5% |
| Allenhurst | 12.9% | 6.7% | 25.1% | 33.3% | 11.6% | 10.3% |
| Asbury Park | 14.5% | 6.9% | 38.1% | 28.3% | 8.0% | 4.2% |
| Atlantic Highlands | 20.2% | 3.5% | 19.7% | 31.2% | 15.5% | 10.0% |
| Belford | 27.9% | 7.8% | 25.4% | 30.8% | 5.4% | 2.7% |
| Bradley Beach | 12.0% | 6.0% | 31.3% | 25.6% | 15.0% | 10.1% |
| Colts Neck | 20.7% | 8.6% | 15.9% | 36.2% | 14.3% | 4.3% |
| Deal | 15.2% | 21.5% | 15.7% | 15.5% | 16.0% | 16.1% |
| Eatontown | 18.5% | 6.8% | 23.8% | 32.4% | 10.0% | 8.2% |
| Fair Haven | 31.3% | 6.2% | 20.8% | 31.4% | 6.4% | 3.8% |
| Highlands | 14.3% | 1.9% | 30.0% | 28.5% | 13.1% | 12.3% |
| Holmdel | 22.9% | 6.9% | 16.4% | 32.9% | 10.6% | 10.3% |
| Interlaken | 18.0% | 4.3% | 14.6% | 33.4% | 18.1% | 11.7% |
| Leonardo | 22.4% | 9.4% | 23.5% | 27.6% | 11.7% | 5.5% |
| Lincroft | 25.6% | 6.7% | 19.9% | 30.3% | 8.9% | 8.4% |
| Little Silver | 23.6% | 6.4% | 17.7% | 33.9% | 8.3% | 10.2% |
| Long Branch | 20.6% | 13.9% | 27.0% | 21.8% | 10.0% | 6.9% |
| Middletown | 22.5% | 7.1% | 21.2% | 31.9% | 10.5% | 6.9% |
| Monmouth Beach | 10.8% | 6.9% | 12.4% | 39.2% | 18.5% | 12.1% |
| Navesink | 20.9% | 6.6% | 7.3% | 46.9% | 17.3% | 1.1% |
| Neptune | 17.3% | 8.9% | 23.1% | 30.1% | 11.8% | 8.6% |
| Neptune City | 18.5% | 9.4% | 28.4% | 29.4% | 9.6% | 4.7% |
| Oakhurst | 30.2% | 5.6% | 22.8% | 24.0% | 9.7% | 7.8% |
| Ocean | 22.8% | 6.4% | 23.8% | 25.5% | 12.6% | 8.8% |
| Ocean Grove | 2.9% | 3.6% | 16.7% | 42.4% | 24.6% | 9.7% |
| Oceanport | 24.5% | 5.7% | 16.6% | 30.6% | 13.1% | 9.7% |
| Port Monmouth | 16.1% | 11.9% | 19.0% | 35.9% | 12.8% | 4.4% |
| Red Bank | 21.1% | 4.5% | 31.0% | 22.3% | 12.3% | 8.8% |

| | Under 18 years | 18 to 24 years | 25 to 44 years | 45 to 64 years | 65 to 74 years | 75 years and over |
|---|---|---|---|---|---|---|
| Rumson | 26.4% | 10.2% | 16.1% | 31.3% | 9.8% | 6.5% |
| Shrewsbury | 25.8% | 5.7% | 21.6% | 23.7% | 10.4% | 12.9% |
| Tinton Falls | 17.7% | 8.1% | 21.5% | 27.1% | 12.3% | 13.3% |
| West Long Branch | 20.1% | 21.2% | 20.8% | 22.6% | 8.5% | 6.9% |

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*

Monmouth County (76.2%) has a notably higher proportion of White residents than New Jersey as a whole (56.9%), and this is reflected in many of the towns in the MMC PSA. In 2019-2023, the communities with the largest proportion of White residents were Little Silver (98.2%) and Navesink (97.5%). The communities with the highest proportion of Asian residents were Eatontown (12.9%) and Holmdel (12.0%), with Black residents Neptune (31.6%) and Asbury Park (29.0%), and with Latino residents Red Band (31.0%) and Asbury Park (24.7%).

**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% |
| Monmouth County | 0.5% | 5.3% | 6.2% | 12.7% | 0.0% | 76.2% | 4.2% | 7.6% |
| Allenhurst | 0.5% | 1.0% | 1.0% | 10.3% | 0.0% | 79.1% | 0.0% | 18.3% |
| Asbury Park | 1.9% | 1.9% | 29.0% | 24.7% | 0.2% | 46.5% | 11.1% | 9.4% |
| Atlantic Highlands | 0.5% | 1.2% | 0.7% | 5.9% | 0.0% | 89.8% | 2.1% | 5.8% |
| Belford | 0.0% | 0.4% | 0.7% | 8.9% | 0.0% | 84.3% | 0.0% | 14.6% |
| Bradley Beach | 0.0% | 6.0% | 0.7% | 16.5% | 0.0% | 81.1% | 8.5% | 3.8% |
| Colts Neck | 0.0% | 4.0% | 0.7% | 8.3% | 0.0% | 88.4% | 0.4% | 6.5% |
| Deal | 0.0% | 1.1% | 2.1% | 17.2% | 0.0% | 82.8% | 8.5% | 5.5% |
| Eatontown | 1.3% | 12.9% | 7.2% | 14.9% | 0.0% | 65.6% | 3.9% | 9.1% |
| Fair Haven | 0.0% | 0.4% | 2.8% | 2.1% | 0.0% | 94.3% | 0.0% | 2.4% |
| Highlands | 0.0% | 5.6% | 3.8% | 6.6% | 0.0% | 83.4% | 0.0% | 7.2% |
| Holmdel | 0.4% | 12.0% | 0.7% | 6.2% | 0.0% | 78.1% | 0.9% | 7.9% |
| Interlaken | 0.0% | 0.9% | 0.0% | 2.8% | 0.0% | 95.5% | 0.0% | 3.7% |
| Leonardo | 0.0% | 4.4% | 0.0% | 3.3% | 0.0% | 94.4% | 0.0% | 1.2% |

| | American Indian | Asian | Black | Hispanic | Native Hawaiian | White | Additional Race | 2+ Races |
|---|---|---|---|---|---|---|---|---|
| Lincroft | 0.0% | 3.9% | 1.2% | 6.5% | 0.0% | 87.6% | 1.9% | 5.5% |
| Little Silver | 0.0% | 0.6% | 0.0% | 1.5% | 0.0% | 98.2% | 0.0% | 1.2% |
| Long Branch | 2.5% | 2.1% | 13.5% | 23.1% | 0.0% | 57.7% | 11.8% | 12.4% |
| Middletown | 0.2% | 2.4% | 2.1% | 8.6% | 0.0% | 86.7% | 1.7% | 7.0% |
| Monmouth Beach | 0.0% | 2.9% | 0.6% | 7.7% | 0.0% | 88.8% | 3.6% | 4.1% |
| Navesink | 0.0% | 0.0% | 1.2% | 0.2% | 0.0% | 97.5% | 0.0% | 1.4% |
| Neptune | 0.2% | 3.0% | 31.6% | 17.6% | 0.1% | 49.7% | 6.9% | 8.4% |
| Neptune City | 9.3% | 0.4% | 18.4% | 15.6% | 0.0% | 64.1% | 3.3% | 4.4% |
| Oakhurst | 0.0% | 1.3% | 6.3% | 4.8% | 0.0% | 78.0% | 1.1% | 13.3% |
| Ocean | 0.0% | 3.2% | 10.3% | 12.9% | 0.7% | 71.0% | 4.7% | 10.1% |
| Ocean Grove | 0.0% | 2.2% | 0.7% | 9.1% | 0.0% | 88.0% | 6.8% | 2.3% |
| Oceanport | 0.0% | 2.5% | 0.6% | 4.7% | 0.0% | 88.8% | 0.0% | 8.1% |
| Port Monmouth | 0.0% | 1.6% | 4.6% | 11.9% | 0.0% | 84.8% | 3.7% | 5.4% |
| Red Bank | 4.5% | 1.4% | 7.1% | 31.0% | 0.0% | 63.7% | 12.2% | 11.1% |
| Rumson | 0.0% | 0.7% | 0.1% | 3.8% | 0.2% | 94.7% | 0.6% | 3.7% |
| Shrewsbury | 0.2% | 3.8% | 4.3% | 1.9% | 0.0% | 85.3% | 1.2% | 3.4% |
| Tinton Falls | 0.0% | 5.5% | 6.3% | 9.3% | 0.0% | 77.2% | 2.0% | 8.9% |
| West Long Branch | 0.1% | 1.1% | 5.5% | 7.0% | 0.0% | 83.7% | 4.1% | 5.5% |

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. A dash (-) means that there is no data available for that specific location.

*Foreign-Born Population*

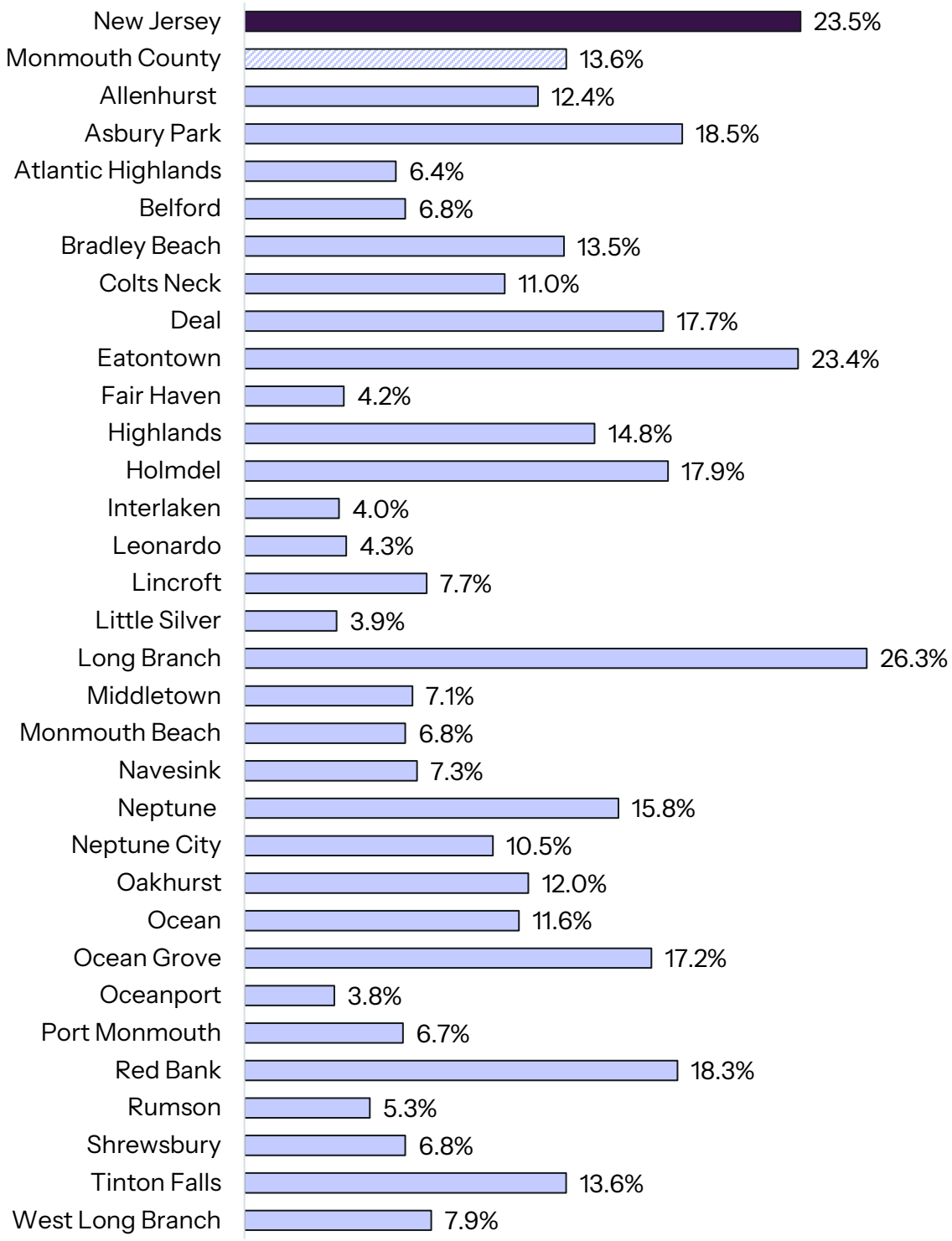
Interview and focus group participants highlighted a growing immigrant population, including Haitian, Hispanic, and Ukrainian immigrants moving to communities within Monmouth County. Participants noted that people move to neighborhoods where their relatives or other connections are already living, as 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 13.6% in Monmouth County. Eatontown (23.4%) and Long Branch (26.3%) had the highest proportions of foreign-born residents in 2019-2023, similar to the population in New Jersey overall (23.5%). Most parts of the MMC PSA saw relatively little change in the proportion of their populations who were foreign-born between 2014-2018 and 2019-2023. However, Allenhurst (11.0%) and Highlands (10.2%) both experienced increases, while Red Bank saw a 7.7% decrease. See Table 24 in Appendix E. Additional Data Tables and Graphs for percentage change in foreign-born population by state, county, and town). Immigrants in Monmouth County come primarily from Mexico (10.8%) and India (8.4%) (Table 5).

**Figure 3. Percent Foreign-Born Population, by State, County, and Town, 2019-2023**




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 | Monmouth County |
|---|---|---|
| 1 | India (12.6%) | Mexico (10.8%) |
| 2 | Dominican Republic (9.7%) | India (8.4%) |
| 3 | Mexico (4.8%) | Brazil (5.8%) |
| 4 | Ecuador (4.6%) | China (4.8%) |
| 5 | Colombia (4.4%) | Philippines (3.8%) |

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

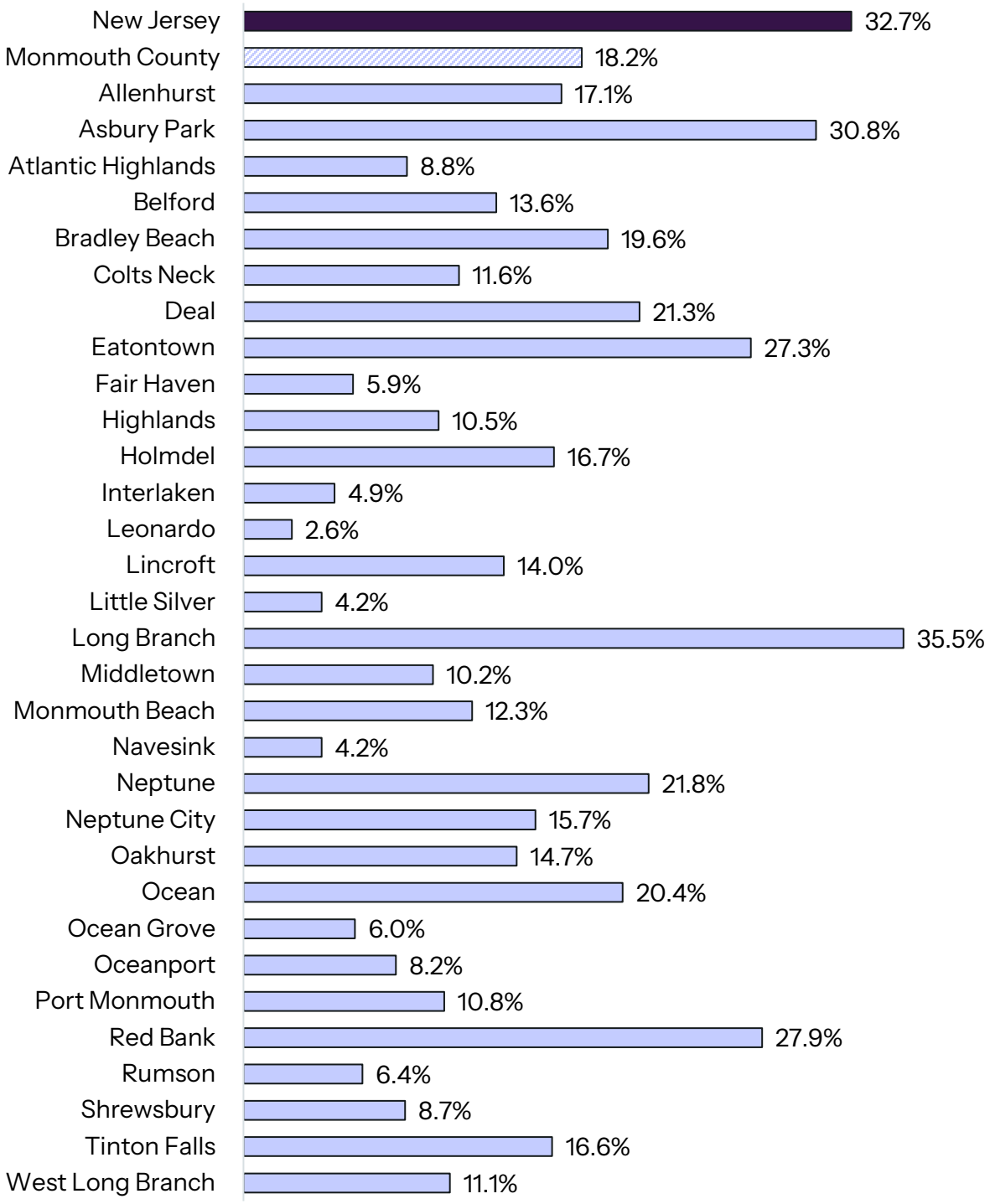
*Language Diversity*

In New Jersey, one-third of the population speaks a language other than English at home, compared to 18.2% in Monmouth County (Figure 4). The largest proportions were in Long Branch (35.5%), Asbury Park (30.8%), Red Bank (27.9%), and Eatontown (27.3%). In those communities, many individuals lacked proficiency in English. Out of the population who speak a language other than English at home, the proportion who lacked English proficiency was 53.0% in Long Branch, 44.2% in Asbury Park, 41.8% in Red Bank, and 42.2% in Eatontown (Figure 5).

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."*

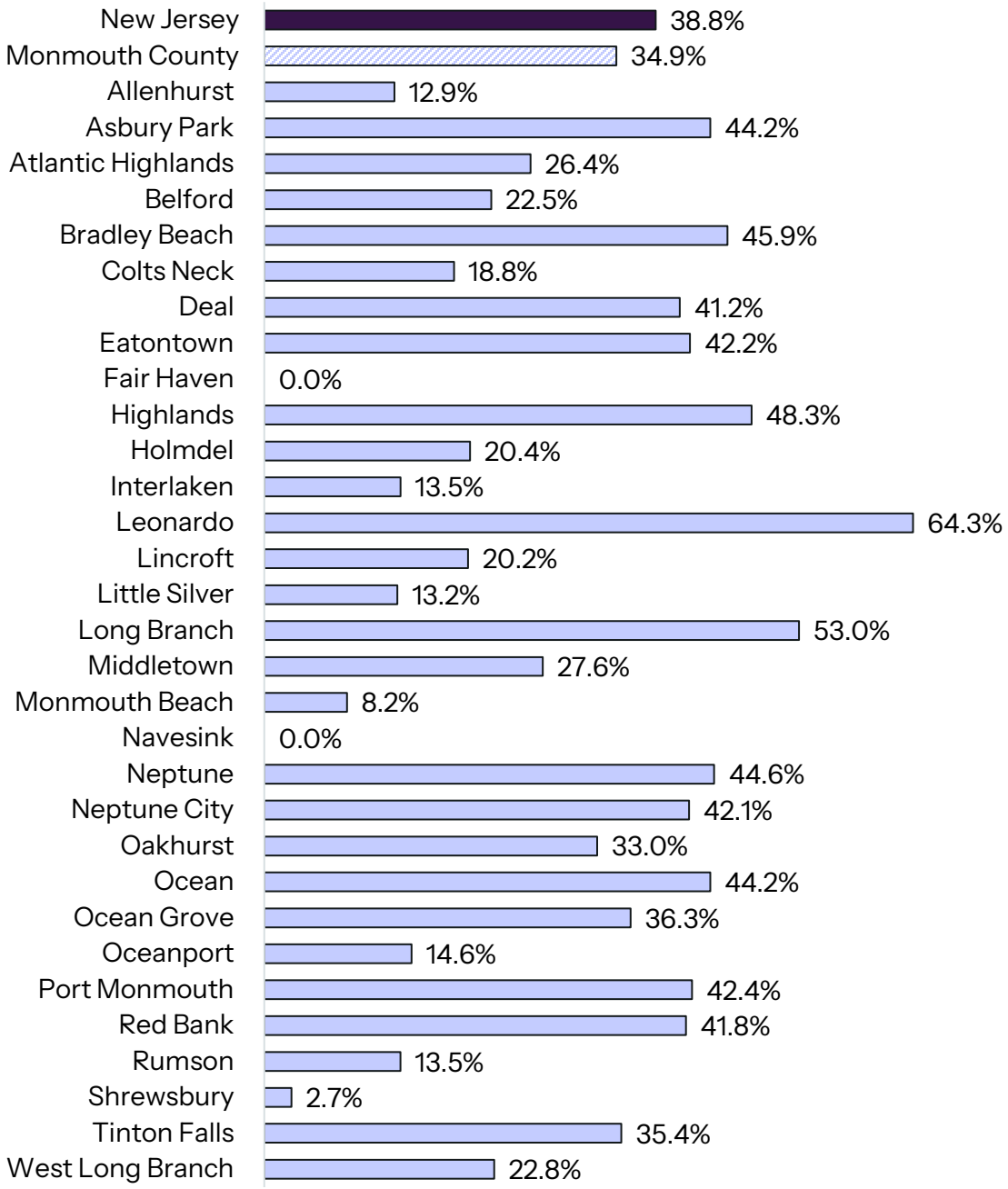
> *"I like that there is a strong Latino community here and people support each other, especially with language when one person isn't fluent and needs help communicating."*
> – Focus Group Participant

**Figure 4. Percent Population Aged 5+ Speaking Language Other than English at Home, by State, County, and Town, 2019-2023**




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

**Figure 5. Percent Population Lacking English Proficiency (Out of Population Who Speak a Language Other than English at Home), by State, County, and Town, 2019-2023**




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 the MMC PSA, with 7.7% of residents in Monmouth County (Table 6). Red Bank (24.7%) and Asbury Park (20.9%) have the largest proportions of Spanish-speaking households. Also notable are the

15.1% of Long Branch residents who speak an "Other" Indo-European language at home and the 7.0% of Asbury Park residents who speak French, Haitian, or Cajun at home.

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

| | Spanish | Other Indo-European languages | Russian, Polish, or other Slavic languages | Chinese (Mandarin, Cantonese) | French, Haitian, or Cajun |
|---|---|---|---|---|---|
| New Jersey | 17.0% | 5.5% | 1.7% | 1.4% | 1.1% |
| Monmouth County | 7.7% | 4.0% | 1.8% | 1.3% | 0.8% |
| Allenhurst | 0.0% | 13.5% | 0.8% | 0.0% | 0.0% |
| Asbury Park | 20.9% | 2.1% | 0.3% | 0.1% | 7.0% |
| Atlantic Highlands | 3.2% | 1.8% | 0.0% | 0.4% | 0.0% |
| Belford | 7.9% | 5.3% | 0.0% | 0.0% | 0.0% |
| Bradley Beach | 12.4% | 0.8% | 0.0% | 3.1% | 1.3% |
| Colts Neck | 4.4% | 1.5% | 2.0% | 2.1% | 0.0% |
| Deal | 9.3% | 1.1% | 1.9% | 0.0% | 1.0% |
| Eatontown | 7.7% | 5.6% | 1.5% | 0.5% | 0.7% |
| Fair Haven | 1.6% | 1.1% | 1.3% | 0.0% | 0.5% |
| Highlands | 4.4% | 0.5% | 0.6% | 3.2% | 0.5% |
| Holmdel | 1.6% | 3.8% | 2.2% | 5.8% | 0.7% |
| Interlaken | 0.5% | 1.6% | 2.5% | 0.0% | 0.0% |
| Leonardo | 0.7% | 0.0% | 0.0% | 1.0% | 0.2% |
| Lincroft | 3.1% | 4.9% | 2.5% | 2.0% | 0.0% |
| Little Silver | 0.4% | 1.0% | 0.5% | 0.0% | 1.3% |
| Long Branch | 16.7% | 15.1% | 1.0% | 0.2% | 0.7% |
| Middletown | 4.5% | 2.0% | 1.3% | 0.5% | 0.2% |
| Monmouth Beach | 3.4% | 3.9% | 0.8% | 2.3% | 0.5% |
| Navesink | 0.2% | 1.1% | 1.7% | 0.0% | 0.0% |
| Neptune | 12.6% | 1.5% | 1.0% | 0.0% | 3.8% |
| Neptune City | 8.8% | 0.7% | 0.0% | 0.0% | 5.6% |
| Oakhurst | 5.0% | 1.2% | 0.7% | 0.5% | 3.5% |
| Ocean | 8.9% | 3.9% | 0.9% | 0.3% | 3.4% |
| Ocean Grove | 3.3% | 1.0% | 0.3% | 0.0% | 0.2% |
| Oceanport | 1.4% | 3.3% | 1.0% | 0.0% | 1.0% |
| Port Monmouth | 5.4% | 0.0% | 0.0% | 0.3% | 0.5% |
| Red Bank | 24.7% | 0.9% | 0.1% | 0.7% | 0.4% |
| Rumson | 1.2% | 2.1% | 0.3% | 0.2% | 0.3% |
| Shrewsbury | 0.7% | 5.2% | 1.3% | 1.3% | 0.3% |
| Tinton Falls | 6.5% | 4.6% | 0.5% | 0.4% | 0.4% |
| West Long Branch | 2.5% | 5.6% | 1.0% | 0.0% | 0.1% |

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.

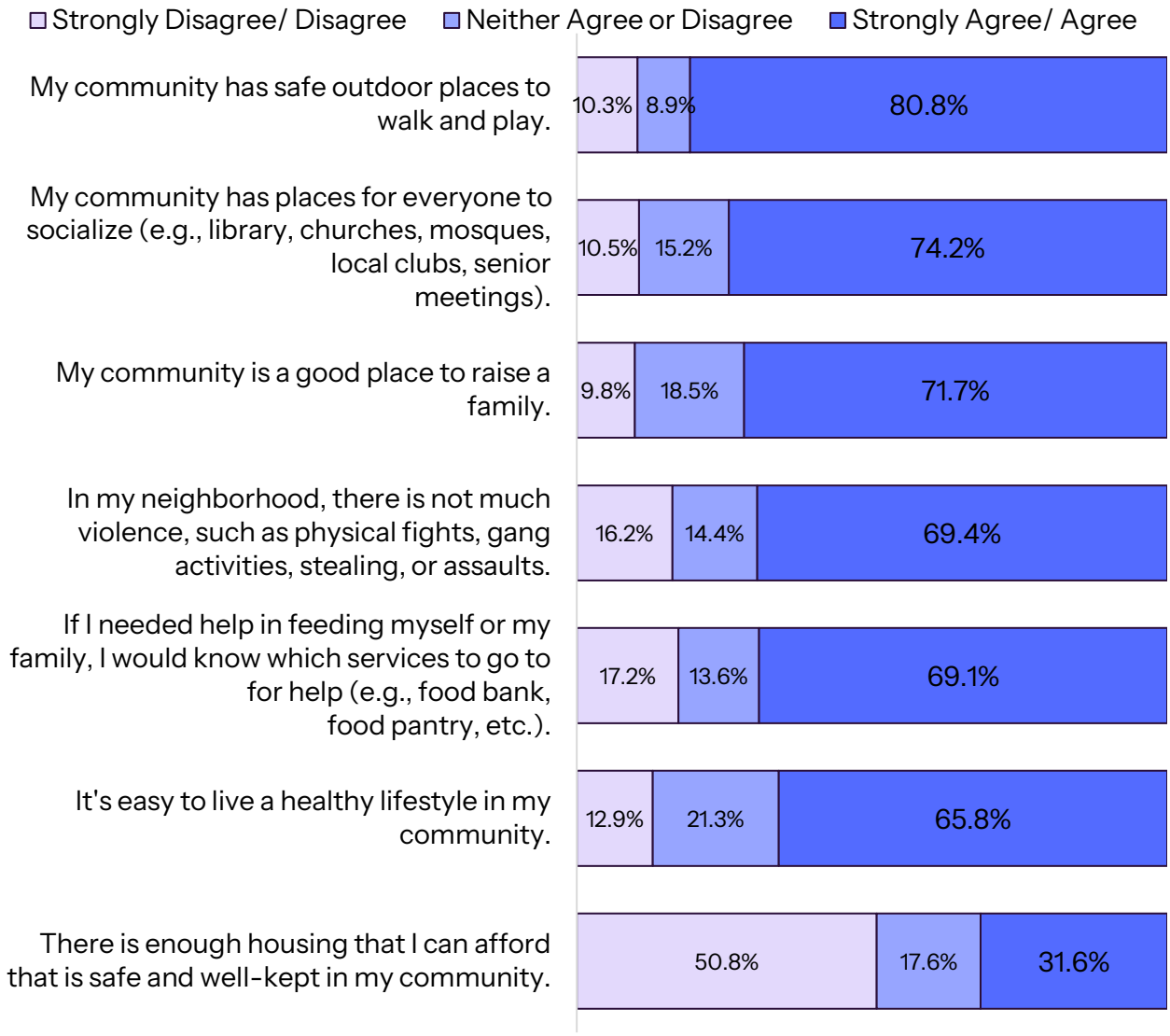
Focus group participants described their communities as *"tight-knit"* with a strong sense of community, explaining that people know their neighbors and can rely on them for support. They also noted that their communities are very diverse and multi-generational, with families that had lived in the neighborhoods for generations. Interviewees echoed this strong sense of community and partnership among community-based organizations in the county: *"If there's a town event, there's representation from the school, the town hall, the police department, the alliance, we all work together and show up."*

> *"The community is strong. Tree lightings, menorah lightings, summer programs, fireworks on July 4th... It's a place you feel like you can talk to your neighbors. It's a strong sense of safety."*
> – Focus group participant

Participants also highlighted the outdoor activities, including parks, beaches, and spaces for children to play. As one participant noted, *"It's walkable and bikeable so our kids spend a lot of time outside. I love our community, I wouldn't move."* Participants also emphasized the convenience of being located near shopping, healthcare, businesses, libraries, food banks, churches, and other services and resources.

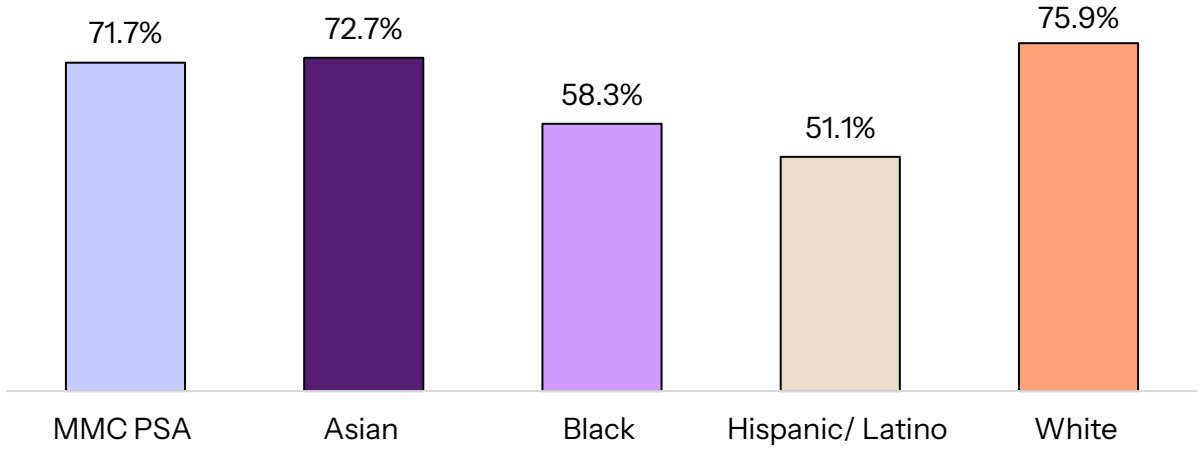
Community survey respondents agreed with these themes. The strengths identified by the greatest proportion of respondents were that their community had safe outdoor places to walk and play (80.8%), and that their community was a good place to socialize (74.2%) and to raise a family (71.7%) (Figure 6).

**Figure 6. Community Characteristics Rated by Level of Agreement by MMC PSA Survey Respondents, 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: The number of respondents ranged from n=427 to n=528 for the shown questions.
Of note, responses to survey questions about community characteristics varied by race/ethnicity. For example, as can be observed in Figure 7, White and Asian respondents were more likely than Black and Latino respondents to agree or strongly agree that their community was a good place to raise a family.

**Figure 7. Percent of MMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*My community is a good place to raise a family*," by Race/Ethnicity, (n=427), 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024

Interviewees valued the high level of collaboration and partnership across the different sectors and institutions that serve Monmouth County residents. One key informant described, *"We do have a lot of support when it comes to communities and other organizations. Everybody is very in line on the impact of the social determinants of health, it feels like less of a challenge of educating people. It's such a shift from pre-COVID – we weren't having those types of conversations. There's just better community organization."* Another said, *"There's a tapestry of nonprofits that are all diligently working to do the work they do, and we all reach out and tap into one another depending on the need."*

> *"COVID taught us we can't do this work alone. We developed a lot of partnerships that are deep-seated and lasting to this day. We feel like we've been through the trenches together. When you call, people will answer the phone. There are a lot of places where that doesn't happen."*
> – Key informant interviewee

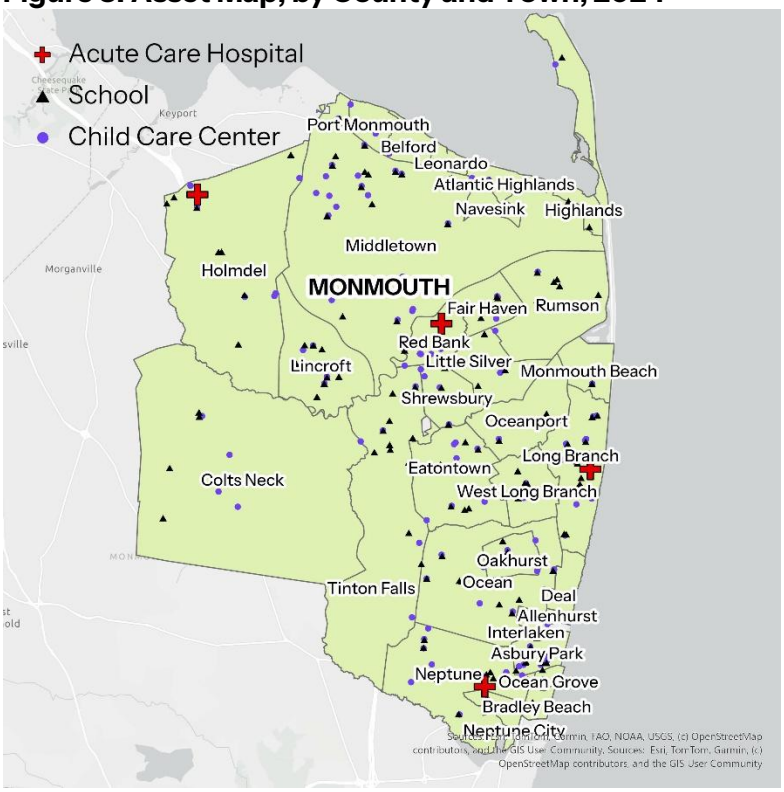
Interviewees also expressed concerns around how the current political environment is impacting federal funding for programs and services. They noted that local nonprofit organizations have experienced funding cuts and instability in recent months which is contributing to additional strain to keeping up with the demand for services within their communities. As one interviewee observed: *"When you see an increase in demand, that usually means an increase in giving. But now we're seeing an increase in demand but the funding goes down".*

Other interviewees echoed these concerns with the uncertainty of the current environment: *"Nonprofits in the past were more proactive in our initiatives. Due to the political environment, we're becoming a little more reactive. It's hard to operate, make decisions. You have patients and staff to be concerned about. It's hard to be innovative and make changes when you don't know what's going to happen tomorrow, today even."* This climate of uncertainty has even led one interviewee to note that they worry about how this will impact the level of partnership and

collaboration that the county has seen across organizations: *"We've been in a period of a growth mindset and as a result, we've been able to be much more collaborative. And as we start looking at a contraction, all of a sudden, the mindsets shift."* Despite these concerns, interviewees continued to express their dedication and resilience in continuing to provide resources and programs to the communities that they serve.

The medical, educational, and childcare resources available in the MMC PSA are visually presented in the map below (Figure 8). In this area, there are 4 acute care hospitals, 144 schools, and 125 childcare centers. More information on assets in New Jersey can be found in Figure 86 in Appendix E. Additional Data Tables and Graphs.

**Figure 8. 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 MMC PSA, graduation rates were generally high, and exceeded those for New Jersey overall, with the exceptions of Asbury Park (75.6%) and Neptune Township (82.3%) School Districts. Some racial disparities were also apparent, for example with different graduation rates by race/ethnicity in Neptune Township, Township of Ocean, and Red Bank Regional.

Long Branch Township and Monmouth Regional School Districts stand out for having very consistent graduation rates across racial/ethnic groups. Multiple school districts in the MMC PSA did not have sufficient representation across racial groups to make such comparisons. More information on educational attainment in Monmouth County can be found in Table 26 and Table 27 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% |
| Asbury Park School District | 75.6% | * | 84.6% | 70.7% | * |
| Henry Hudson Regional School District (Atlantic Highlands) | 100.0% | N | * | * | 100.0% |
| Holmdel Township School District | 99.1% | 100.0% | * | * | 98.7% |
| Long Branch Public School District | 94.5% | * | 93.5% | 94.1% | 95.7% |
| Middletown Township Public School District | 94.6% | 93.8% | * | 90.8% | 95.3% |
| Monmouth County Vocational School District | 99.7% | 100.0% | * | 96.3% | 100.0% |
| Monmouth Regional High School | 92.3% | 92.3% | 93.8% | 91.9% | 92.6% |
| Neptune Township School District | 82.3% | 90.0% | 85.2% | 75.4% | 89.6% |
| Township Of Ocean School District | 94.2% | 100.0% | 82.1% | 87.2% | 97.5% |
| Red Bank Regional School District | 94.3% | * | 93.8% | 88.3% | 98.9% |
| Rumson-Fair Haven Regional High School District | 97.0% | * | N | * | 97.1% |
| Shore Regional High School District (West Long Branch) | 96.0% | * | * | 100.0% | 95.2% |

DATA SOURCE: New Jersey Department of Education, School Performance, 2023
NOTE: An asterisk (*) means that data is not displayed to protect student privacy. An "N" means that no data is available to display.

Multiple focus group participants and interviewees noted that the COVID-19 pandemic has had a lasting impact on schools and students, highlighting learning delays and increased mental health challenges such as anxiety and depression. One interviewee observed, *"I feel like once we came back from COVID, schools have never been the same since March 13, 2020. It's a different world. It's like we opened up our doors to a new learning environment."* Focus group participants with

> *"Coming out of COVID, the academic issues is unbelievable. Those challenges become negative force multipliers that compounds things over time. Anxiety and depression are huge issues with the young people we serve."*
> - Key informant interviewee

students in local school systems also expressed concerns with the increased use of technology as part of today's education system, as one participant described: *"During the school year, they're required to be on a digital platform of some kind for extended periods of time… It's a very isolating type of situation, even when they're in the classroom, they're on computers and I find that that's not conducive to social interaction or problem solving in interacting with other people."*

Some focus group participants expressed positive experiences with the local school systems, especially with the resources and support offered for students with ADHD, autism, and speech delays. Participants generally described schools as pro-active in identifying and assessing students who may need additional support: *"The school immediately scheduled a meeting with two specialists that could work with my child and decide whether my child would need to go to a specialized school or just have extra support."* Others noted that receiving a formal diagnosis from a healthcare provider is often needed in order to receive additional supports through the school system, a process that could take many months: *"The time it takes to get an appointment for an evaluation is too long, and it's even longer if you need a translator."*

Across the discussions with focus group participants and interviewees, a range of programs and efforts within local schools to support students were highlighted including programs addressing bullying, substance use, healthy relationships, decision-making, suicide, and resilience / stress management.

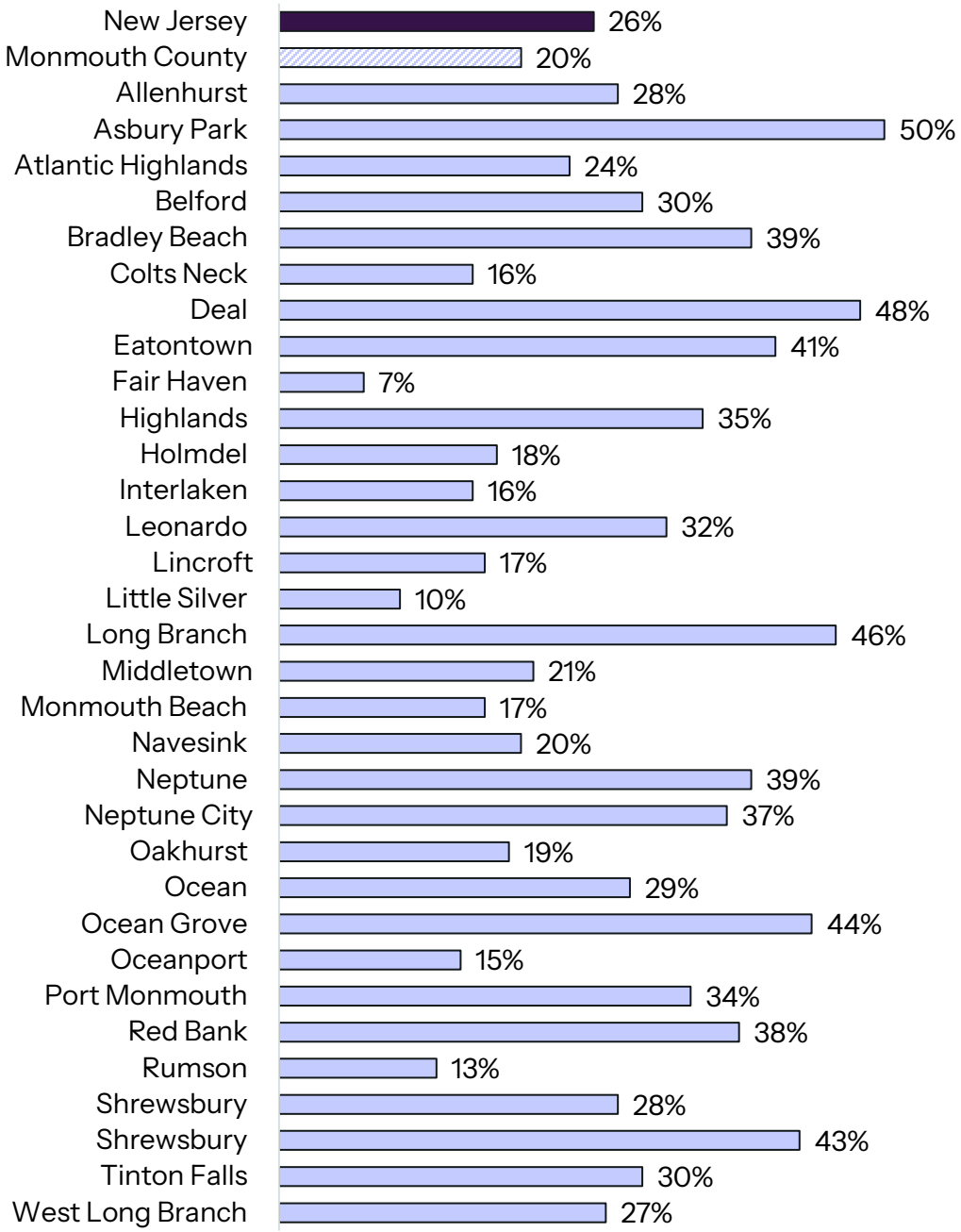
**Employment and Workforce**

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 in Monmouth County. Multiple participants described the "seasonality" of available work, especially along the shore, as a key factor in unstable employment patterns. 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."* 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 shore community: *"That industry doesn't survive unless you have cheap labor… destabilizing those communities will lead to deep harm with everything around it."*

> *"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

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 9). In Monmouth County, 20% of households lived below the ALICE threshold but there was wide variation across the MMC PSA. In Asbury Park and Long Branch, about half of households lived below the ALICE threshold. Between 2010 and 2022, the percentage of single-headed households with children living below the ALICE threshold increased by 18% in New Jersey, overall.

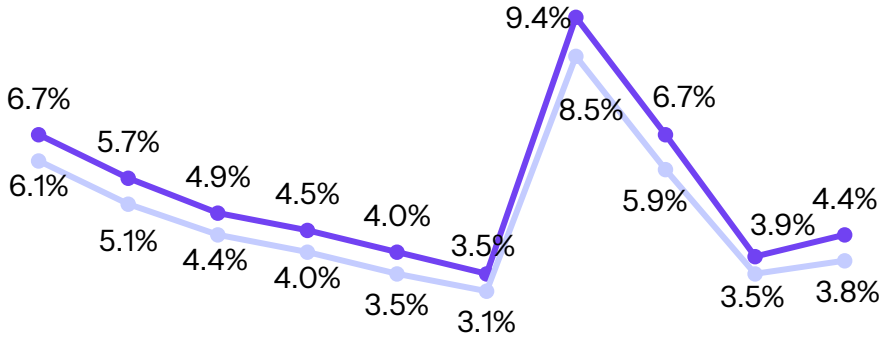
**Figure 9. Percent of Households Living Below the ALICE Threshold, by State, County, and Town, 2022**




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 Monmouth County over time are generally on par with or slightly lower than New Jersey overall, and had been trending downward over the past decade before the COVID-19 pandemic, after which rates rose substantially (Figure 10). Fortunately, unemployment rates declined post-2020, and in 2023, they were only slightly higher than 2019 rates in Monmouth County (3.8%). More detailed information can be found Figure 89 in Appendix E. Additional Data Tables and Graphs.

**Figure 10. 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% |
| Monmouth County | 6.1% | 5.1% | 4.4% | 4.0% | 3.5% | 3.1% | 8.5% | 5.9% | 3.5% | 3.8% |

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 MMC PSA. In Monmouth County, the Black population had a notably higher unemployment rate (8.2%) than Asian (4.5%), Latino (5.1%), and White (5.0%) residents (Table 8). Unemployment rates by age (Table 28) and by gender (Table 29) 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 | American Indian | Asian | Black | Hispanic | Native Hawaiian | White | Additional Race | 2+ Races |
|---|---|---|---|---|---|---|---|---|---|
| New Jersey | 6.2% | 7.3% | 4.7% | 9.0% | 7.2% | 7.7% | 5.2% | 7.4% | 8.2% |
| Monmouth County | 5.2% | 2.2% | 4.5% | 8.2% | 5.1% | 0.0% | 5.0% | 4.5% | 6.3% |
| Allenhurst | 14.4% | 0.0% | 0.0% | 0.0% | 0.0% | - | 16.5% | - | 9.4% |
| Asbury Park | 5.8% | 18.1% | 0.0% | 14.7% | 2.8% | 0.0% | 3.8% | 0.3% | 4.2% |
| Atlantic Highlands | 4.3% | 0.0% | 0.0% | 0.0% | 4.9% | - | 3.4% | 0.0% | 13.6% |

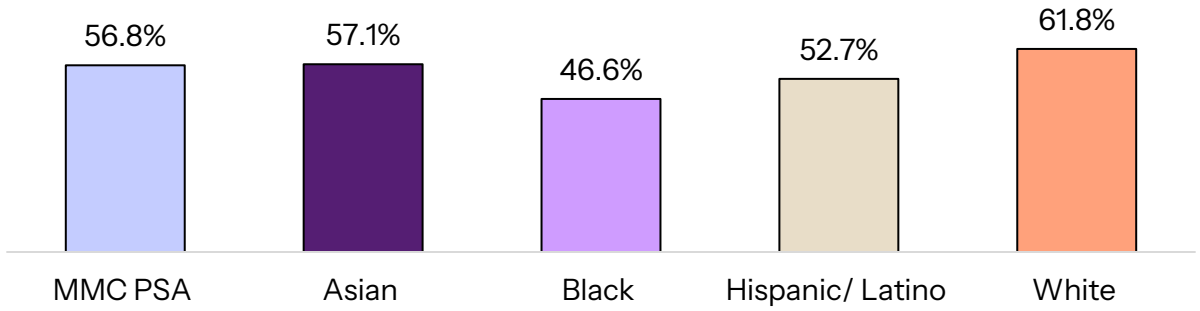
| | Overall | American Indian | Asian | Black | Hispanic | Native Hawaiian | White | Additional Race | 2+ Races |
|---|---|---|---|---|---|---|---|---|---|
| Belford | 9.9% | - | 0.0% | 0.0% | 29.9% | - | 6.9% | - | 25.8% |
| Bradley Beach | 2.1% | - | 0.0% | - | 12.1% | - | 0.7% | 0.0% | 29.6% |
| Colts Neck | 5.0% | - | 10.3% | 47.5% | 7.0% | - | 4.8% | 0.0% | 0.0% |
| Deal | 4.1% | - | 28.6% | 0.0% | 0.0% | - | 4.9% | 0.0% | 0.0% |
| Eatontown | 8.4% | 0.0% | 0.0% | 25.2% | 1.3% | - | 8.1% | 0.0% | 13.9% |
| Fair Haven | 3.2% | - | 0.0% | 0.0% | 0.0% | - | 3.4% | - | 0.0% |
| Highlands | 9.6% | - | 14.9% | 24.1% | 0.0% | - | 9.5% | - | 0.0% |
| Holmdel | 4.1% | 0.0% | 0.0% | 45.8% | 0.2% | - | 3.9% | 83.3% | 1.7% |
| Interlaken | 3.5% | - | - | - | 0.0% | - | 3.6% | - | 0.0% |
| Leonardo | 4.0% | - | 24.7% | - | 0.0% | - | 2.6% | - | - |
| Lincroft | 7.4% | - | 17.6% | 0.0% | 0.0% | - | 7.7% | 0.0% | 0.0% |
| Little Silver | 3.1% | - | 0.0% | - | 0.0% | - | 3.2% | - | - |
| Long Branch | 7.2% | 0.5% | 7.0% | 9.2% | 6.3% | - | 8.2% | 6.3% | 4.9% |
| Middletown | 5.9% | 0.0% | 8.3% | 8.4% | 4.3% | - | 5.7% | 5.0% | 9.2% |
| Monmouth Beach | 4.0% | - | 0.0% | 0.0% | 0.0% | - | 4.5% | 0.0% | 0.0% |
| Navesink | 8.6% | - | - | 0.0% | 0.0% | - | 8.9% | - | 0.0% |
| Neptune | 8.1% | 0.0% | 0.0% | 6.5% | 7.5% | 0.0% | 10.2% | 5.3% | 6.1% |
| Neptune City | 4.8% | 0.0% | - | 27.6% | 0.0% | - | 0.0% | 0.0% | 0.0% |
| Oakhurst | 5.5% | - | 0.0% | 0.0% | 11.3% | - | 5.9% | 50.0% | 2.9% |
| Ocean | 5.1% | 0.0% | 11.0% | 9.4% | 7.0% | 0.0% | 4.1% | 8.7% | 6.0% |
| Ocean Grove | 5.5% | - | 0.0% | 0.0% | 0.0% | - | 6.9% | 0.0% | 0.0% |
| Oceanport | 4.9% | - | 0.0% | 0.0% | 0.0% | - | 5.6% | - | 0.0% |
| Port Monmouth | 5.9% | - | 0.0% | 0.0% | 0.0% | - | 6.4% | 0.0% | 9.5% |
| Red Bank | 3.1% | 0.0% | 0.0% | 0.0% | 7.2% | - | 1.5% | 4.3% | 7.5% |
| Rumson | 4.8% | - | 28.6% | 60.0% | 0.0% | - | 4.9% | 0.0% | 0.0% |
| Shrewsbury | 5.0% | - | 7.6% | 0.0% | 19.7% | - | 3.2% | - | 31.1% |
| Tinton Falls | 7.0% | - | 5.6% | 16.9% | 8.3% | - | 5.4% | 0.0% | 11.0% |
| West Long Branch | 6.7% | - | 0.0% | 0.0% | 0.0% | - | 7.5% | 0.0% | 7.4% |

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. A dash (-) means that data is unavailable for the specific location.

Consistent with other data, many survey respondents did not believe that there are good employment opportunities in the area. Overall, slightly over half (56.8%) of MMC PSA respondents agreed that there were job opportunities in their area (Figure 11). White respondents were notably more positive, with 61.8% agreeing, compared to respondents from all other races/ethnicities.

**Figure 11. Percent of MMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*There are job opportunities in my area*," by Race/Ethnicity, (n=528), 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024

**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.*"

Across the MMC PSA, there is substantial variation in household financial well-being. Data from the 2019-2023 American Community Survey show that the median household income in Monmouth County ($122,727) was higher than New Jersey overall ($101,050). However, there were notable differences across communities, ranging from a median household income of about $71,000 in Asbury Park to over $250,000 annually in Rumson, more than a three-fold difference (Table 9).

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

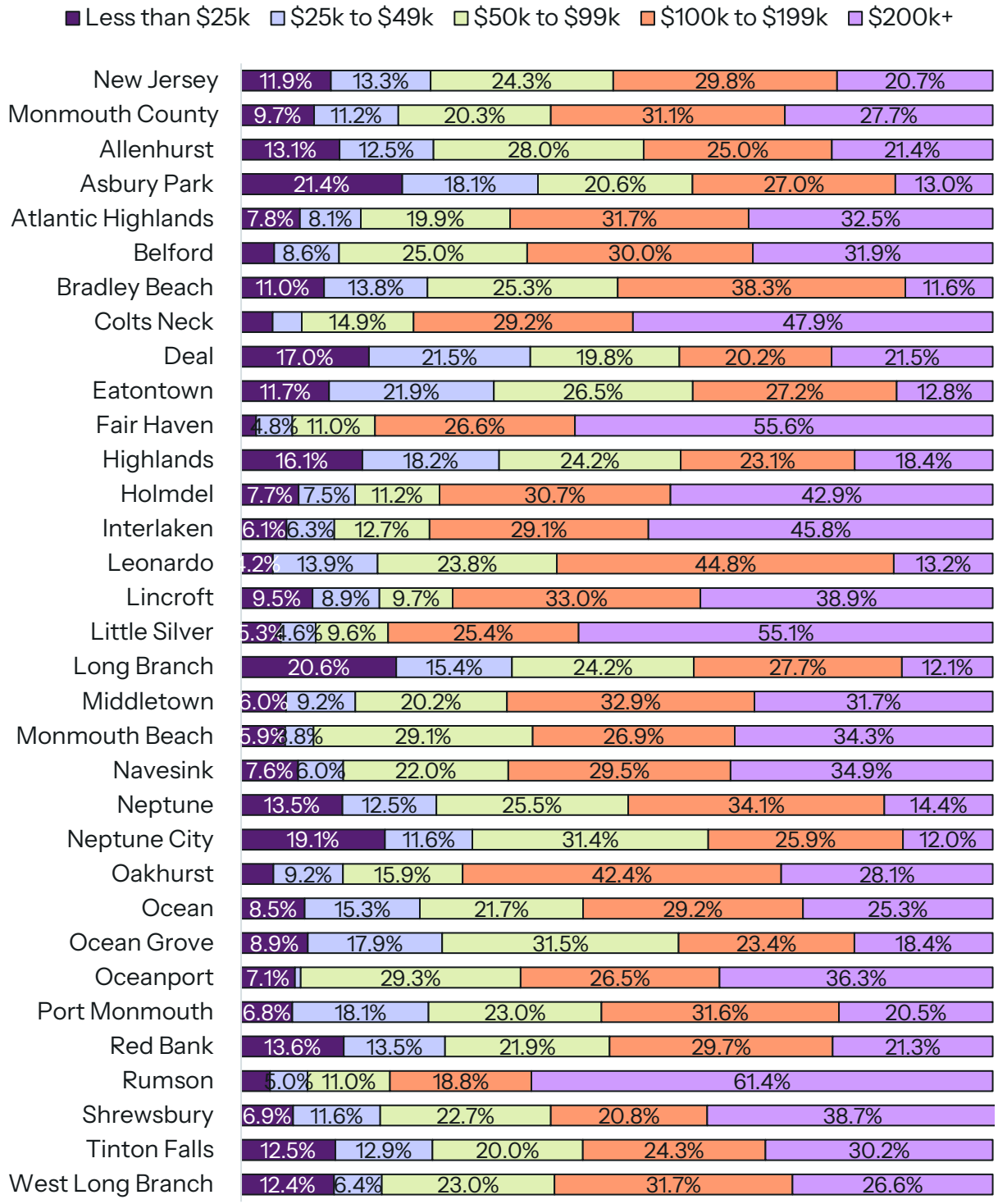
| | Median Income, In Dollars |
|---|---|
| New Jersey | $101,050.00 |
| Monmouth County | $122,727.00 |
| Allenhurst | $96,500.00 |
| Asbury Park | $71,080.00 |

| | Median Income, In Dollars |
|---|---|
| Atlantic Highlands | $125,438.00 |
| Belford | $121,406.00 |
| Bradley Beach | $94,722.00 |
| Colts Neck | $184,412.00 |
| Deal | $77,679.00 |
| Eatontown | $90,174.00 |
| Fair Haven | $237,132.00 |
| Highlands | $90,082.00 |
| Holmdel | $172,566.00 |
| Interlaken | $180,972.00 |
| Leonardo | $122,216.00 |
| Lincroft | $168,945.00 |
| Little Silver | $220,746.00 |
| Long Branch | $73,381.00 |
| Middletown | $141,723.00 |
| Monmouth Beach | $140,074.00 |
| Navesink | $145,708.00 |
| Neptune | $96,827.00 |
| Neptune City | $82,872.00 |
| Oakhurst | $142,727.00 |
| Ocean | $112,586.00 |
| Ocean Grove | $74,410.00 |
| Oceanport | $156,196.00 |
| Port Monmouth | $106,677.00 |
| Red Bank | $101,738.00 |
| Rumson | $250,000+ |
| Shrewsbury | $144,500.00 |
| Tinton Falls | $113,844.00 |
| West Long Branch | $123,661.00 |

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

Figure 12 shows additional details about the distribution of income across the MMC PSA. In Asbury Park, Long Branch, and Neptune City, about 20% of households earn less than $25,000 annually, while in Fair Haven, Little Silver, and Rumson, 55-60% of households earn greater than $200,000 annually, illustrating the stark income inequality in this region. Most towns did not have sufficient racial diversity to compare the distribution of household income by race/ethnicity Table 30 in Appendix E. Additional Data Tables and Graphs.

**Figure 12. Distribution of Household Income, by State, County, and Town, 2019-2023**

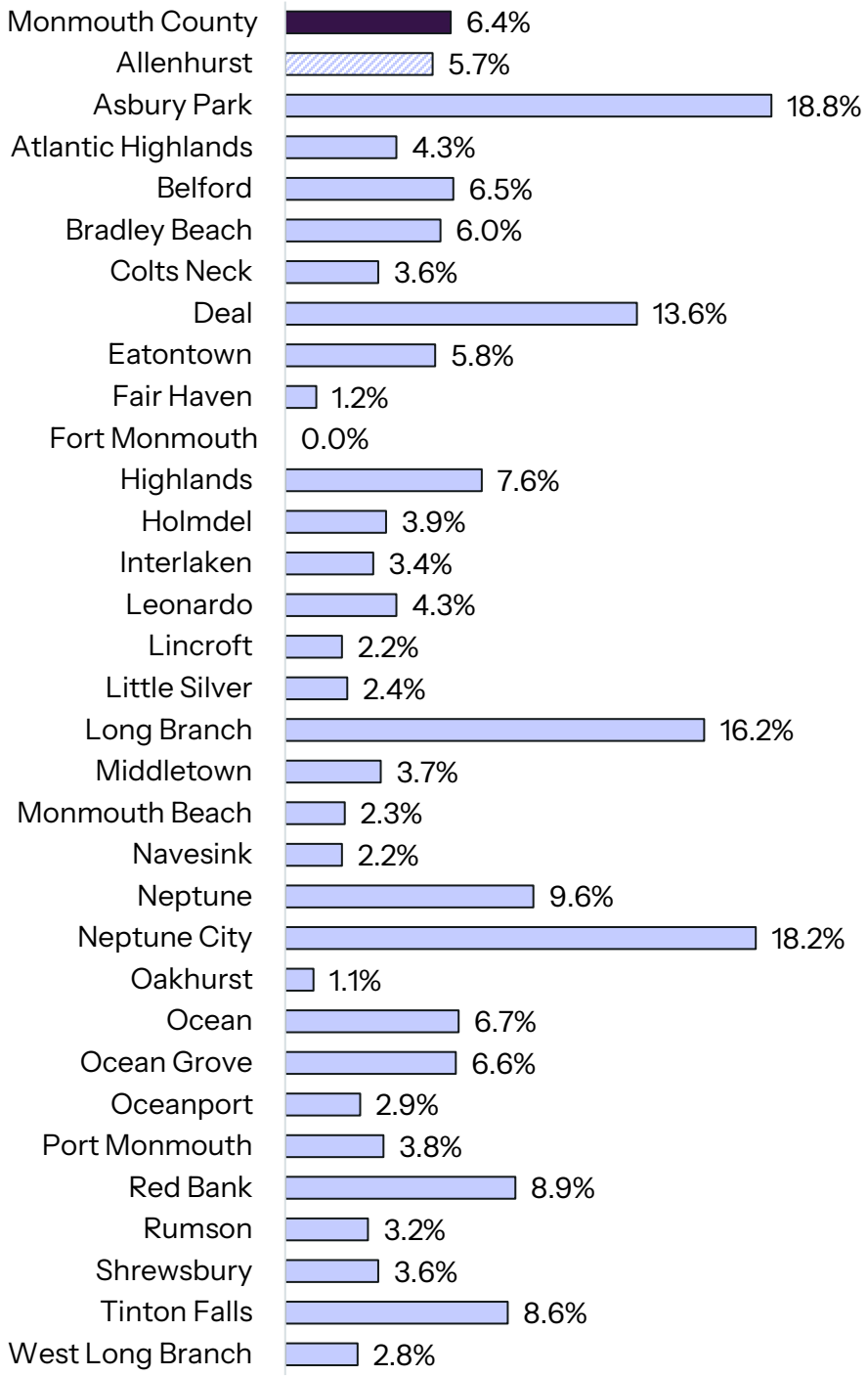



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: Data labels under 5.0% are not shown.

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 13 presents data on the percentage of residents falling below the poverty line in the state, county, and town. In Monmouth County, 6.4% of individuals lived below the poverty line, compared to 9.8% in New Jersey as a whole. Similar to previous data, a wide range existed in the MMC service area, with 1.1% in Oakhurst compared to 18.8% in Asbury Park and 18.2% in Neptune City. See additional data in Table 31, Figure 90, and Figure 91 located in Appendix E. Additional Data Tables and Graphs.

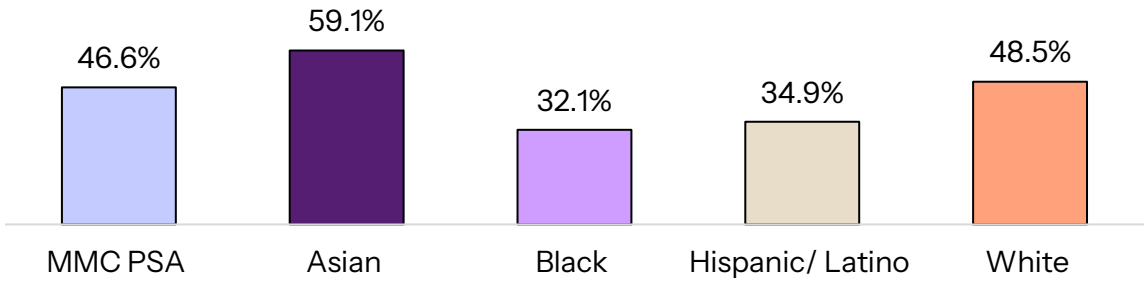
**Figure 13. Percent of Individuals Below Poverty Level, by State, County, and Town, 2019-2023**




DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

Less than half (46.6%) of survey respondents agreed that people in their community could afford basic needs like food, housing, and transportation (Figure 14). Among them, a greater proportion of Asian respondents agreed with this statement (59.1%), compared to other groups. In contrast, proportionally fewer Black (32.1%) and Latino (34.9%) respondents were in agreement.

**Figure 14. Percent of MMC 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=494), 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024

**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."* Others noted concerns around not just accessing enough food, but enough high-quality, nutritious food: *"Often times it costs more to eat healthier than it does to eat processed artificial foods."*

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

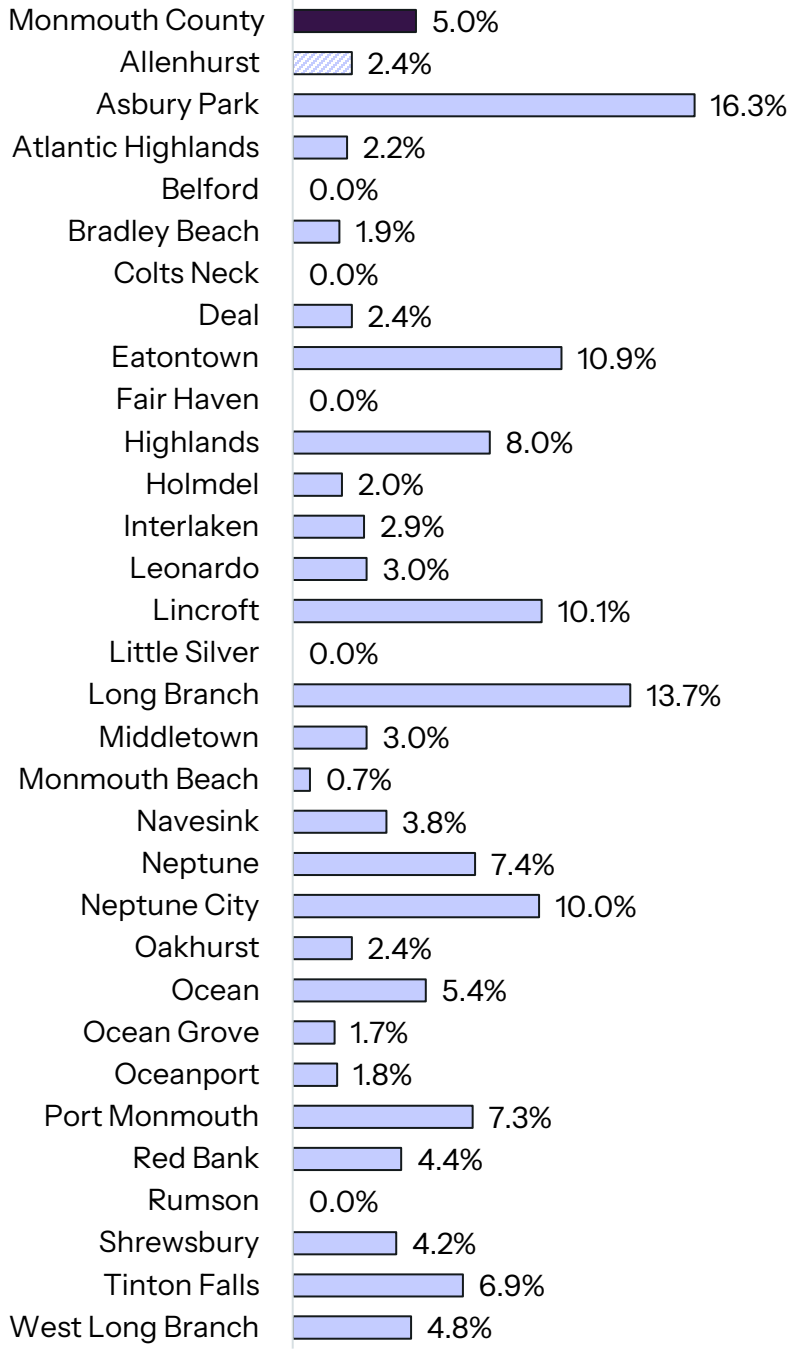
While income constraints were viewed as the main barrier to affordable, nutritious food, participants also highlighted the limitations people may face due to transportation and time constraints. Without access to a vehicle or reliable public transportation, it can be difficult to travel to grocery stores 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 county. 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, 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, 5.0% of residents in Monmouth County received supplementary food assistance, compared to 8.8% statewide (Figure 15). However, some local communities had much higher proportions of households receiving food assistance, notably 16.3% in Asbury Park, 13.7% in Long Branch, 10.9% in Eatontown, and 10.1% in Lincroft. Food assistance data by race/ethnicity can be seen in Table 32 in Appendix E. Additional Data Tables and Graphs.

**Figure 15. Percent of Households Receiving Food Stamps/SNAP, by State, County, and Town, 2019-2023**

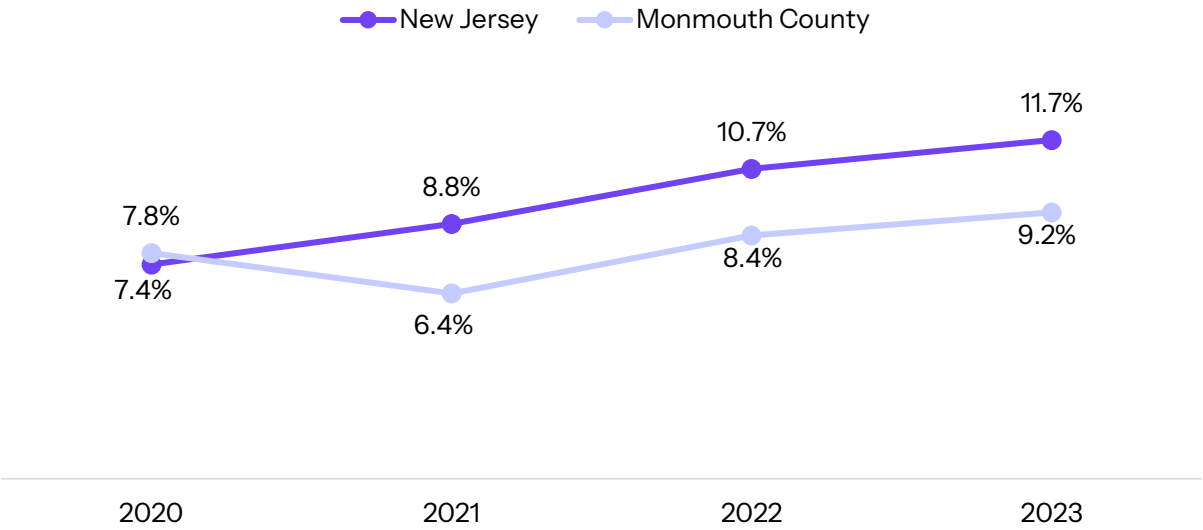



DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

Figure 16 shows that food insecurity rose across New Jersey between 2020-2023. In 2020, 7.4% of Monmouth County residents reported food insecurity, rising to 9.2% 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 revealed that 17.0% of Latino and 22.0% of Black Monmouth County residents were food insecure.[28] This was consistent with findings from the 2022 MMC CHNA-SIP process, in which addressing the rising proportion of food insecure residents was identified as a goal in the 2022 MMC Strategic Implementation Plan.

**Figure 16. Percent Food Insecure, by State and County, 2020-2023**

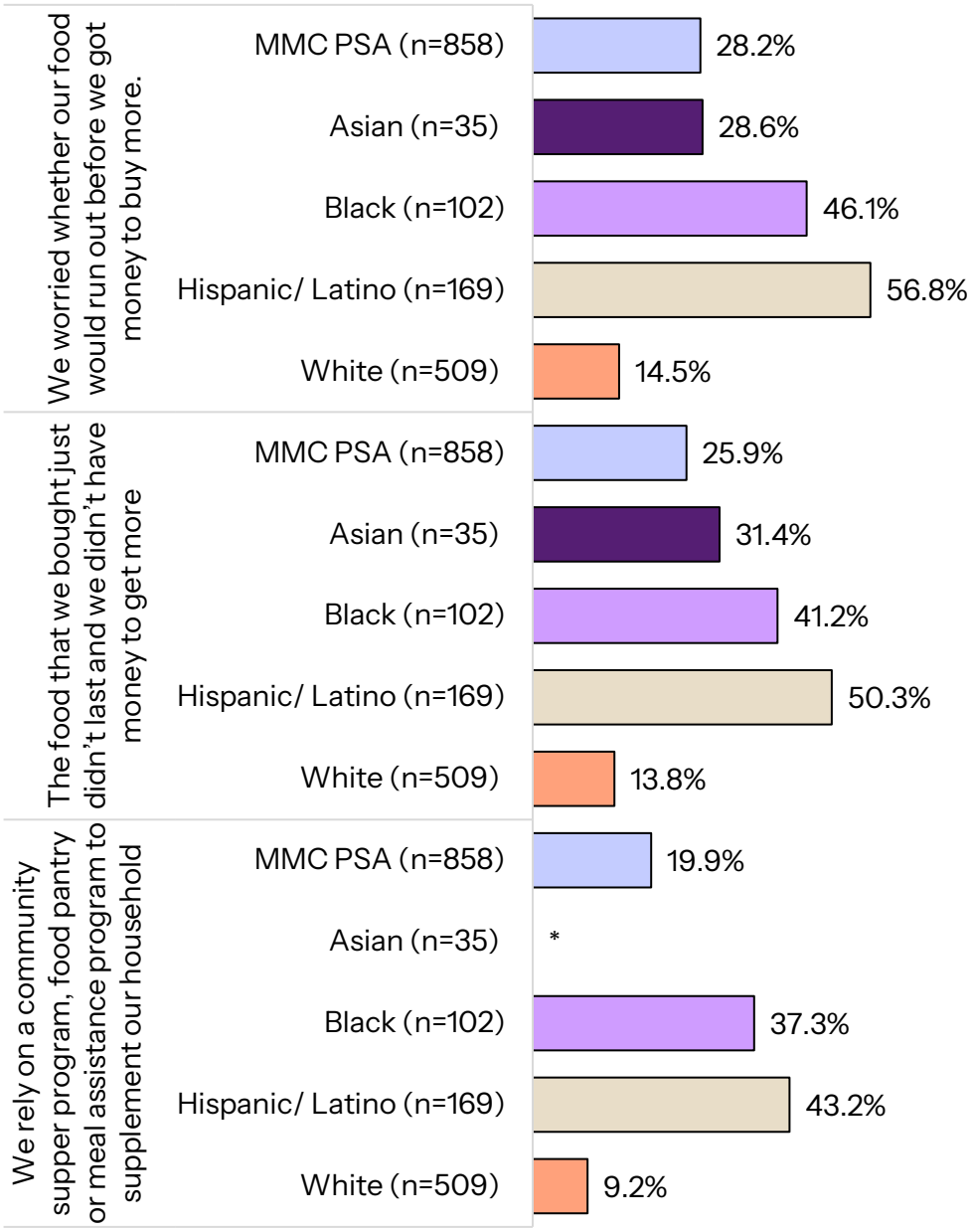



DATA SOURCE: Map the Meal Gap, Feeding America, 2023

Community health survey data confirm that food security is an issue among respondents in the MMC PSA. Over one-quarter (28.2%) 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 17). In addition, 19.9% of respondents relied on food assistance. The situation was more dire for Latino survey respondents; 56.8% of them worried that their food would run out before they had more money to buy more and 43.2% of them relied on a food assistance program. It should be noted that the proportion of survey respondents reporting food insecurity was higher than that reported in other national sources. For example, Feeding America found that in 2023, 9.2% of Monmouth County residents overall, 17.0% of Latino, and 22.0% of Black Monmouth County residents were food insecure.[29] These differences could be due to differences in sampling or measurement methods, a decrease in people's purchasing power, or the ending of COVID-19 economic relief programs.

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

**Figure 17. Household Food Situation over the Past 12 Months, Percent of MMC PSA Survey Respondents Reporting Often or Sometimes True, by Race/Ethnicity, 2024**

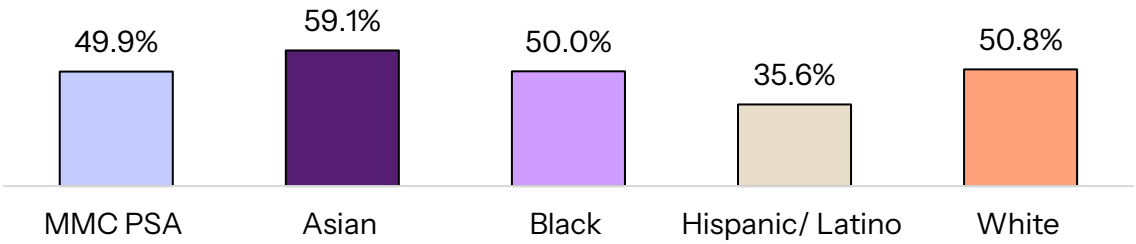



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) means that data were suppressed due to low numbers. N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because of missing race data and those who identified as more than one race or races not presented here.

Many schoolchildren have school food for lunch. Schools would provide an ideal opportunity to promote a healthy diet. Half of survey respondents agreed that the schools in their community offered healthy food choices for children. Among Latino respondents, only 35.6% agreed that schools offered healthy choices (Figure 18).

**Figure 18. Percent of MMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*Schools in my community offer healthy food choices for children*," by Race/Ethnicity, (n=427), 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024

Encouragingly, the majority of survey respondents reported that nothing keeps them from eating healthy foods (47.0%). Food prices (36.2%) and lack of time (24.9%) were the top reasons given 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 Latino (52.7%) and Black (40.0%) respondents. A participant with expertise in food insecurity noted that reliable transportation was a barrier to some residents to accessing food pantries, though it was not among the top five reasons reported by survey participants.

**Table 10. Top 5 Reasons That Keep Respondents from Eating Foods That Are Part of a Healthy Diet among MMC PSA Survey Respondents, by Race/Ethnicity, 2024**

| | MMC PSA (n=823) | Asian (n=33) | Black (n=100) | Hispanic/ Latino (n=165) | White (n=482) |
|---|---|---|---|---|---|
| 1 | Nothing keeps me from eating healthy foods (47.0%) | Nothing keeps me from eating healthy foods (54.6%) | Nothing keeps me from eating healthy foods (41.0%) | Price of healthy foods (52.7%) | Nothing keeps me from eating healthy foods (55.2%) |
| 2 | Price of healthy foods (36.2%) | Price of healthy foods (30.3%) | Price of healthy foods (40.0%) | Lack of time to buy or prepare healthy meals (32.7%) | Price of healthy foods (30.7%) |
| 3 | Lack of time to buy or prepare healthy meals (24.9%) | * | Lack of time to buy or prepare healthy meals (26.0%) | Nothing keeps me from eating healthy foods (25.5%) | Lack of time to buy or prepare healthy meals (22.8%) |
| 4 | Don't always know what foods are part of a healthy diet (11.4%) | * | Don't always know what foods are part of a healthy diet (13.0%) | Don't always know what foods are part of a healthy diet (20.6%) | Don't always know what foods are part of a healthy diet (8.3%) |
| 5 | Don't know how to buy or prepare healthy foods (7.8%) | * | * | Don't know how to buy or prepare healthy foods (13.3%) | Not in the mood for healthy foods (8.1%) |

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.

Housing was described as a substantial community challenge in focus groups and interviews. As is true across the nation, affordable housing in Monmouth County is scarce. Participants described an increase in construction and new development in Monmouth County 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".*

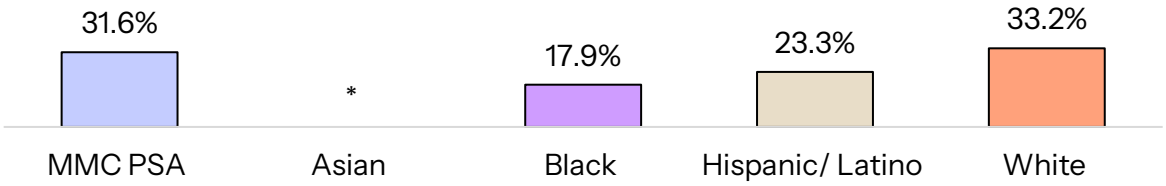
> *"It's a good thing that communities are being developed but that development isn't necessarily inclusive of the families we serve. As rent skyrockets, they can't keep pace, and they're forced out of the community."*
> – Interviewee

Participants noted that housing was out of reach for many community members, especially for those with limited financial means. As one interviewee described, *"When we go to a restaurant and the grocery stores and teachers, there's not a path for them to buy housing. People talk about the generational wealth, the generational poverty: The only way to get out of that is your home. That's what people invest in and that's what brings wealth into your family, but there's no starter homes for people to get there with the way people build in municipalities."* Another interviewee echoed this impact of local attitudes and regulations on the availability of affordable housing: *"There's no place to add housing or affordable housing, or the townships don't want that because they're afraid it will drive down property values."*

Within the conversations around housing availability, homelessness was identified as a key issue in Monmouth County. Participants noted a lack of available emergency and long-term shelter options for individuals facing homelessness, especially if they're 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, also noting that it is a continuous challenge to find housing for individuals who are released from local hospitals. As one interviewee summarized: *"Housing is one of our biggest barriers to people being well in the community."*

Overall, only one-third (31.6%) of survey respondents in the MMC PSA agreed that there was sufficient affordable and safe housing in their community (Figure 19). This proportion was lower for Black (17.9%) and Latino (23.3%) respondents.

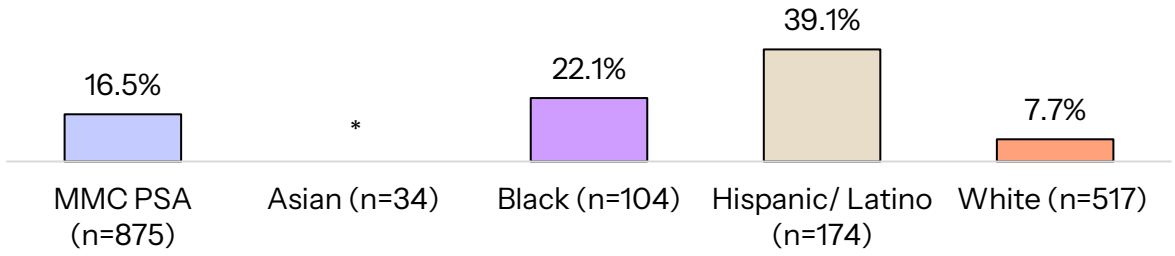
**Figure 19. Percent of MMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "*There is enough housing that I can afford that is safe and well-kept in my community*," by Race/Ethnicity, (n=494), 2024**




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

Echoing qualitative discussions, in the MMC PSA, 16.5% of respondents were concerned about their housing stability in the next two months (Figure 20). This concern was highest among Latino respondents (39.1%). In contrast, only 7.7% of White respondents shared this concern. According to the 2023 Point in Time study, in January 2023, there were a total of 497 residents of Monmouth County (3.9%) experiencing homelessness (Table 11).

**Figure 20. Percent of MMC PSA Survey Respondents Reporting Concerns Regarding Their Housing Stability in the Next Two Months, by Race/Ethnicity, (n=875), 2024**




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

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

| | Number of Homeless Individuals | % of State Total Homeless Population |
|---|---|---|
| Monmouth County | 497 | 3.9% |

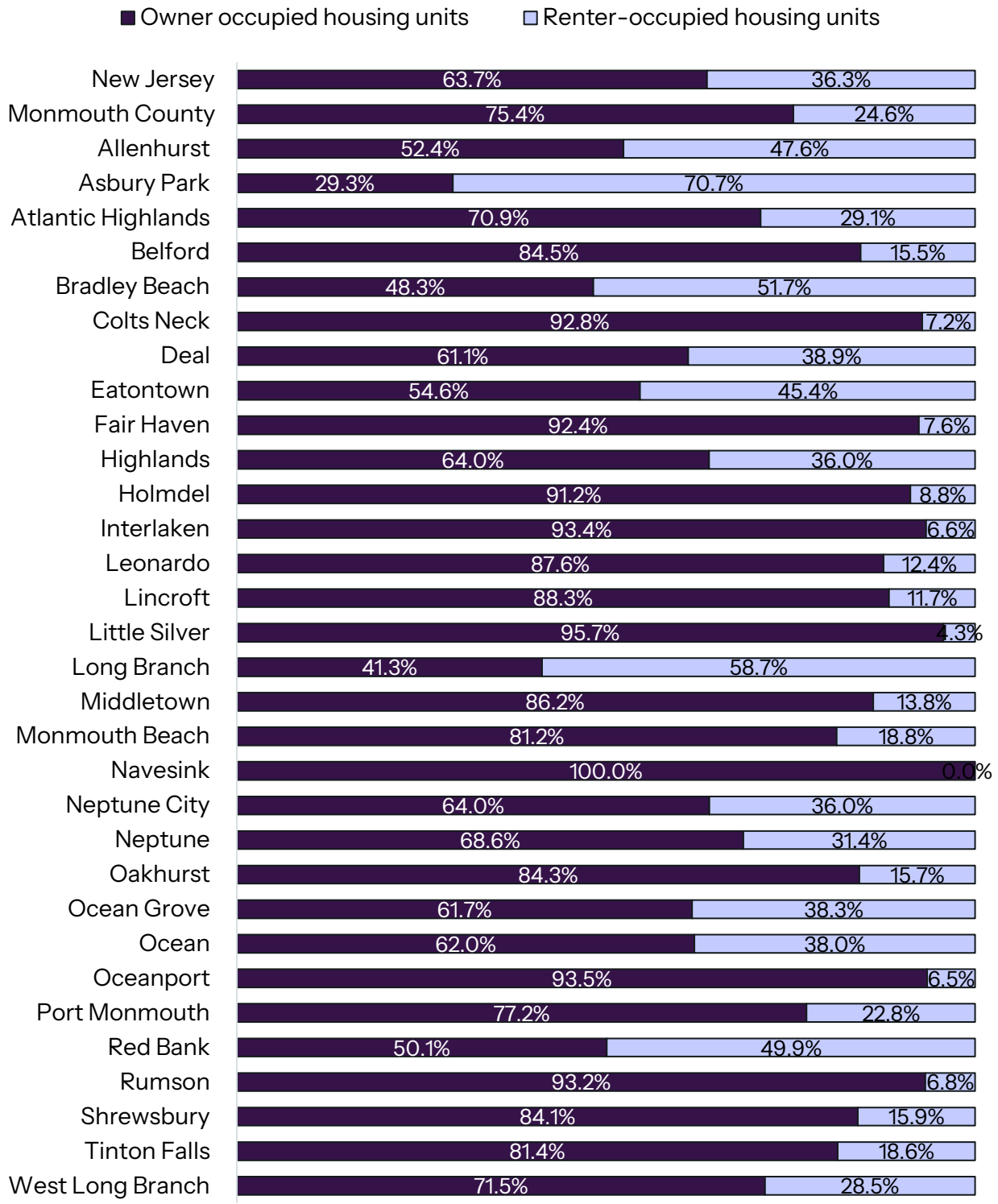
DATA SOURCE: Point in Time 2024 Data Dashboard, Monarch Housing Associates, 2024

*Housing Landscape*

Low housing stock drives housing costs. In Monmouth County, the homeowner vacancy rate (7.2%) was on par with the state average (7.9%) between 2019-2023 (Figure 92 in Appendix E. Additional Data Tables and Graphs). In Monmouth County, 75.4% of housing units were owner-occupied in 2019-2023, higher than the statewide average of 63.7% (Figure 21). The proportion of owner-occupancy ranged from only 29.3% in Asbury Park to 100% in Navesink.

Monthly median housing costs for owner-occupied households with a mortgage ranged from $2,300-$2,400 in Leonardo, Neptune, and Neptune City, to over $4,000 in multiple communities in 2019-2023 (Table 12). Monthly median housing costs for renter-occupied households ranged from $1,169 in Port Monmouth to over $3,500 in Holmdel and Little Silver.

**Figure 21. Home Occupancy, by State, County, and Town, 2019-2023**




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

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

| | Owner-occupied with a mortgage | Owner-occupied without a mortgage | Renter-occupied |
|---|---|---|---|
| New Jersey | $2,787 | $1,205 | $1,653 |
| Monmouth County | $3,037 | $1,312 | $1,771 |
| Allenhurst | $4,000+ | $1,194 | $1,433 |
| Asbury Park | $2,498 | $1,089 | $1,679 |
| Atlantic Highlands | $3,221 | $1,214 | $1,900 |
| Belford | $3,031 | $1,250 | $2,111 |
| Bradley Beach | $2,836 | $1,386 | $1,710 |
| Colts Neck | $4,000+ | 1,500+ | $2,972 |
| Deal | $4,000+ | 1,500+ | $1,422 |
| Eatontown | $2,785 | $1,130 | $1,599 |
| Fair Haven | $4,000+ | 1,500+ | $3,500 |
| Highlands | $2,797 | $1,222 | $1,848 |
| Holmdel | $3,772 | 1,500+ | $3,500+ |
| Interlaken | $3,024 | $1,391 | $3,417 |
| Leonardo | $2,320 | $918 | $1,439 |
| Lincroft | $3,928 | 1,500+ | $843 |
| Little Silver | $3,936 | 1,500+ | $3,500+ |
| Long Branch | $2,648 | $1,138 | $1,744 |
| Middletown | $3,077 | $1,336 | $1,510 |
| Monmouth Beach | $4,000+ | 1,500+ | $2,169 |
| Navesink | $3,261 | 1,500+ | - |
| Neptune City | $2,364 | $991 | $1,525 |
| Neptune | $2,350 | $1,165 | $1,700 |
| Oakhurst | $3,065 | $1,199 | $3,279 |
| Ocean Grove | $3,164 | 1,500+ | $1,212 |
| Ocean | $3,167 | $1,442 | $1,440 |
| Oceanport | $3,220 | $1,455 | $1,310 |
| Port Monmouth | $2,689 | $1,139 | $1,169 |
| Red Bank | $2,788 | $1,384 | $1,985 |
| Rumson | $4,000+ | 1,500+ | $2,351 |
| Shrewsbury | $3,598 | 1,500+ | $3,300 |
| Tinton Falls | $2,585 | $1,001 | $2,103 |
| West Long Branch | $2,850 | $1,299 | $1,936 |

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: '$1500+' and '$4000+' indicate that the median falls in the highest interval of the open-ended distribution in their respective categories. A dash (-) means that data is unavailable for that specific location.

The average percentage of income spent on housing costs is an important measure of an area's availability of affordable housing. In 2019-2023, 30.2% of Monmouth 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 52.9% of Monmouth County renters spending 30% of more of their income on housing costs.

**Table 13. Percent of Households Whose Housing Costs are 30% or More of Household Income, by State, County, and Town, 2019-2023**

| | Owner-occupied with a mortgage | Owner-occupied without a mortgage | Renter-occupied |
|---|---|---|---|
| New Jersey | 32.4% | 22.0% | 50.8% |
| Monmouth County | 30.2% | 22.5% | 52.9% |
| Allenhurst | 40.8% | 36.5% | 41.3% |
| Asbury Park | 29.1% | 22.1% | 54.5% |
| Atlantic Highlands | 15.5% | 13.4% | 41.5% |
| Belford | 36.6% | 10.9% | 42.5% |
| Bradley Beach | 52.6% | 22.1% | 40.9% |
| Colts Neck | 35.1% | 26.6% | 42.0% |
| Deal | 47.7% | 27.4% | 51.8% |
| Eatontown | 31.5% | 28.1% | 52.2% |
| Fair Haven | 32.8% | 17.9% | 42.4% |
| Highlands | 27.5% | 25.5% | 52.9% |
| Holmdel | 27.2% | 25.1% | 56.5% |
| Interlaken | 25.1% | 14.9% | 20.0% |
| Leonardo | 30.6% | 14.6% | 71.0% |
| Lincroft | 27.0% | 27.4% | 69.5% |
| Little Silver | 21.5% | 34.2% | -0.1% |
| Long Branch | 47.6% | 29.0% | 53.6% |
| Middletown | 26.9% | 18.4% | 60.3% |
| Monmouth Beach | 36.3% | 14.5% | 51.0% |
| Navesink | 36.4% | 17.0% | - |
| Neptune City | 53.0% | 16.1% | 43.0% |
| Neptune | 32.5% | 25.6% | 55.2% |
| Oakhurst | 20.6% | 27.0% | 63.2% |
| Ocean Grove | 39.1% | 36.1% | 47.8% |
| Ocean | 22.8% | 19.9% | 55.6% |
| Oceanport | 31.0% | 25.6% | 44.4% |
| Port Monmouth | 43.3% | 3.0% | 85.5% |
| Red Bank | 31.8% | 31.4% | 45.3% |
| Rumson | 24.6% | 26.4% | 46.6% |
| Shrewsbury | 24.2% | 31.4% | 91.5% |
| Tinton Falls | 29.8% | 21.7% | 60.6% |
| West Long Branch | 32.7% | 20.4% | 63.9% |

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

*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 (Figure 93), with Monmouth County overall having a slightly higher proportion of households with an internet subscription (93.2%) compared to New Jersey overall (91.9%).

**Green Space and Built Environment**

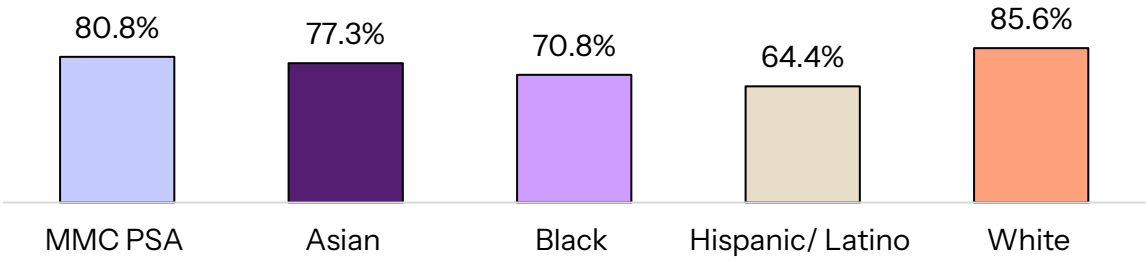
Neighborhood characteristics, including the availability of green space and the quality of the built environment, influence the public's health, particularly in relation to chronic diseases. Urban environments and physical spaces can expose people to toxins or pollutants, increasing the incidence of 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 are places for the kids to go and play basketball and do sports and other activities."*
> – Focus group participant

When asked about the strengths of their communities, many focus group participants highlighted the 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."* According to the RWJF County Rankings, the vast majority of MMC PSA residents (95% in Monmouth County) had adequate access to a location for physical activity (Figure 88 in Appendix E. Additional Data Tables and Graphs).

Community survey data from 2024 indicate that 80.8% of survey respondents agreed or strongly agreed with the statement, "My community has safe outdoor places to walk and play." Figure 22 presents data for the overall sample and by race/ethnicity. White (85.6%) respondents had the highest proportion of agreement with that statement.

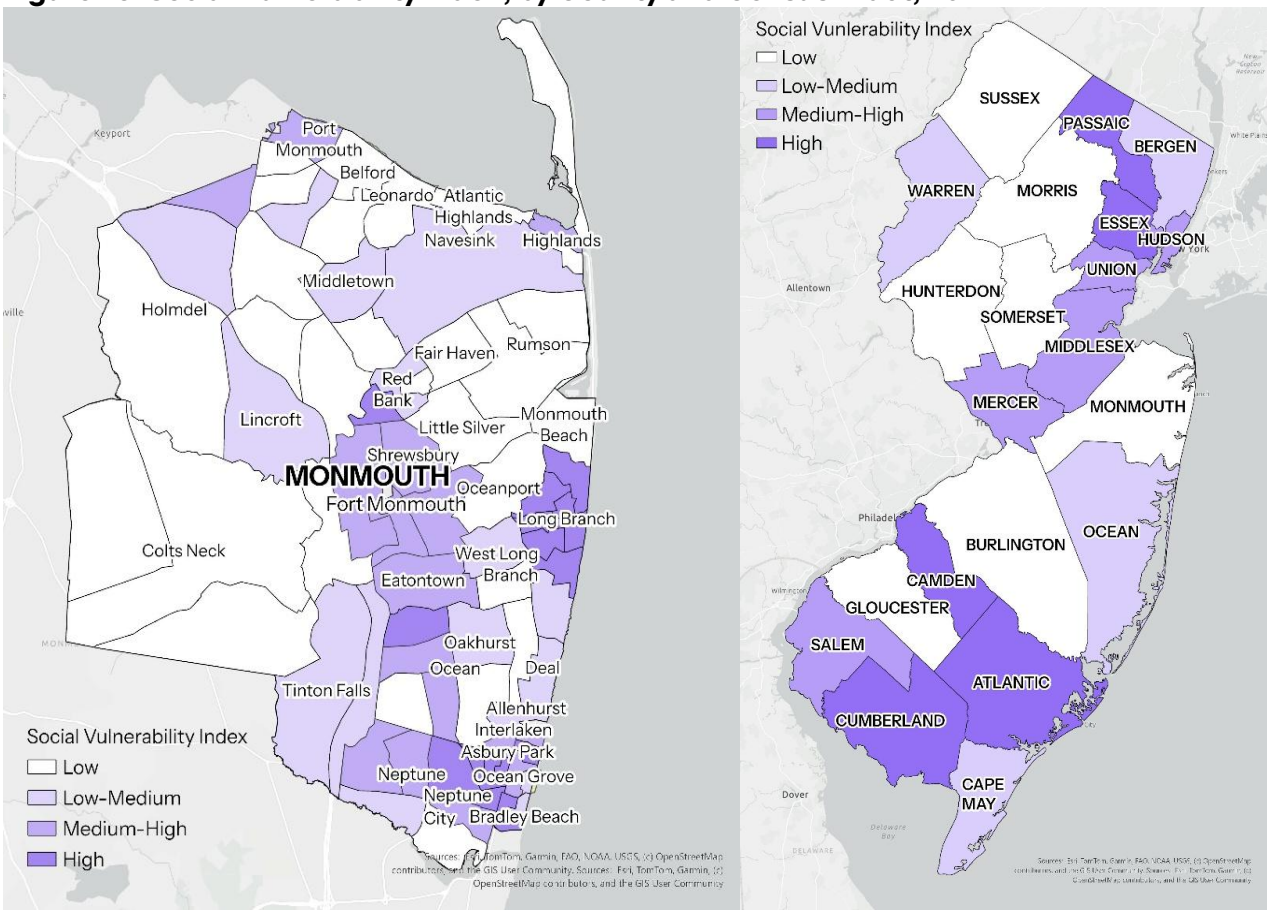
**Figure 22. Percent of MMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statement "My community has safe outdoor places to walk and play," by Race/Ethnicity, (n=427), 2024**



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 Monmouth was 0.2, meaning that 80% of counties in New Jersey were more vulnerable. Figure 23 shows a range of social vulnerability in the MMC PSA, even between neighboring census tracts. Table 25 and Figure 87 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 23: 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.

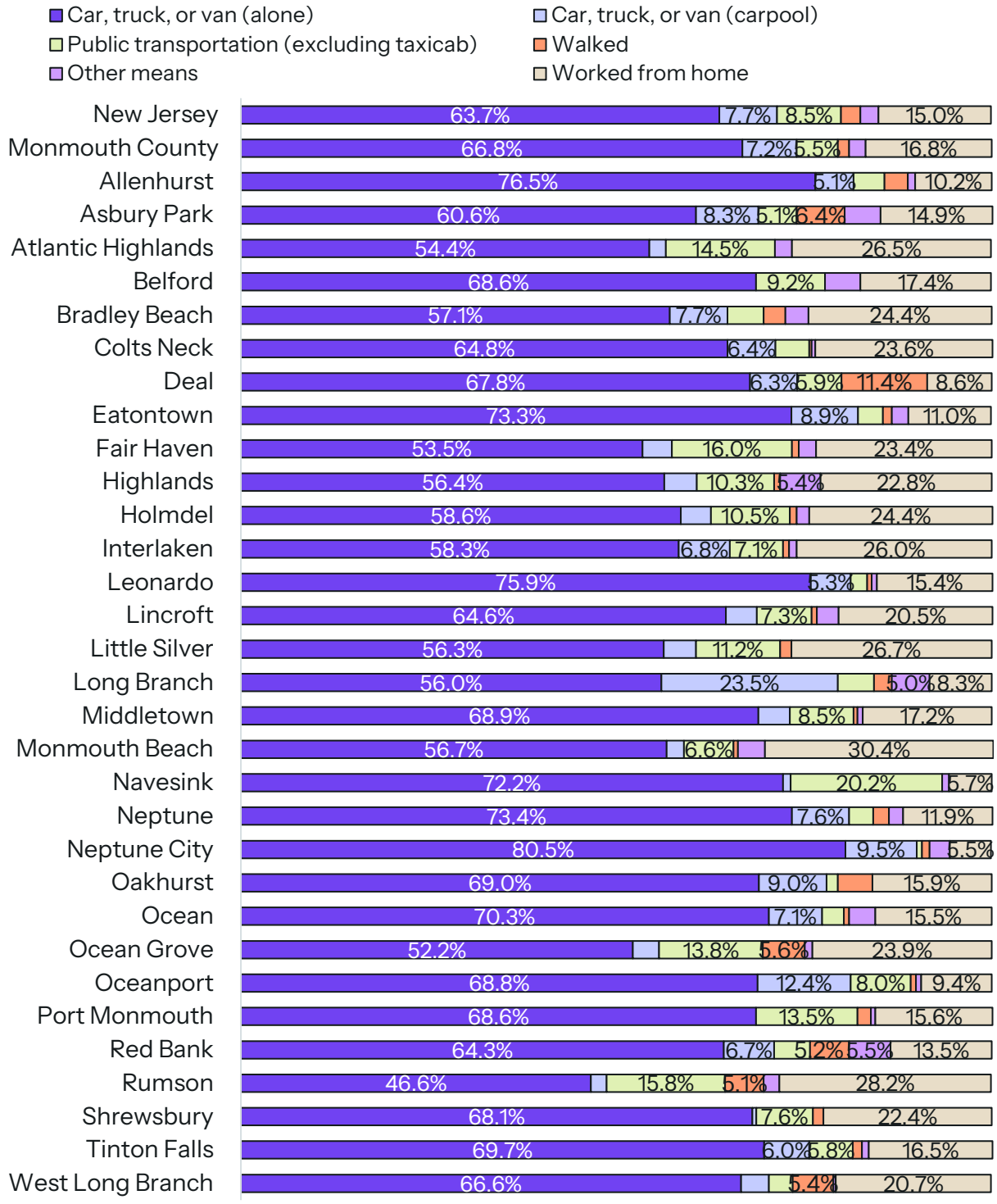
> *"You need to own a vehicle if you don't live directly on a bus line. There's been some ride share services but they're expensive to facilitate."*
> – Key informant interviewee

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. 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. As one person noted, *"I have a car now, but when I first moved here, I had to use the bus or taxis. There are very few buses and so the problem is that people spend so much time waiting at bus stops out in the cold in the winter."* Participants mentioned the availability of taxi or other ride-share services, but these were perceived as expensive to utilize often and, therefore, not a sustainable solution. Other participants mentioned having relied on neighbors or friends to get to appointments.

Consistent with qualitative data, the Walkability Index map showed many areas of great walkability in Monmouth County, particularly near Red Bank, Rumson, Long Branch, and communities along the shore. (See Figure 94. National Walkability Index, by State and Town, 2021 in Appendix E. Additional Data Tables and Graphs).

Data from the 2019-2023 American Community Survey show that the majority of Monmouth County (66.8%) residents commuted to work alone in a vehicle, slightly higher than the statewide proportion (63.7%) (Figure 24). Navesink had the highest proportion of residents commuting via public transportation (20.2%), Long Branch the highest commuting via carpool (23.5%), and Deal had the highest proportion who commuted by walking (11.4%).

**Figure 24. 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 MMC PSA residents, particularly for renter-occupied households. In 2019-2023 in Monmouth County, 18.4% of renter-occupied households lacked access to a vehicle, compared to 24.6% statewide (Table 14).

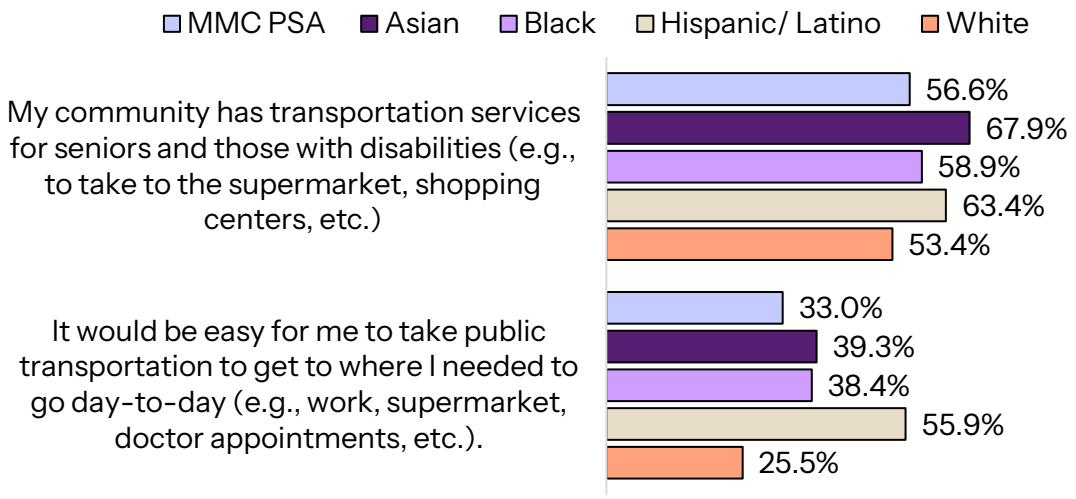
**Table 14. Households (Renter vs. Owner-Occupied) Without Access to a Vehicle, by State, County, and Town, 2019-2023**

| | Owner occupied | Renter occupied |
|---|---|---|
| New Jersey | 3.7% | 24.6% |
| Monmouth County | 2.6% | 18.4% |
| Allenhurst | 1.1% | 5.0% |
| Asbury Park | 7.2% | 21.9% |
| Atlantic Highlands | 2.1% | 10.5% |
| Belford | 0.0% | 0.0% |
| Bradley Beach | 0.5% | 6.0% |
| Colts Neck | 1.3% | 4.3% |
| Deal | 7.3% | 2.1% |
| Eatontown | 4.5% | 11.5% |
| Fair Haven | 2.9% | 0.0% |
| Highlands | 1.9% | 16.9% |
| Holmdel | 2.5% | 25.0% |
| Interlaken | 0.0% | 0.0% |
| Leonardo | 1.4% | 0.0% |
| Lincroft | 0.8% | 36.8% |
| Little Silver | 0.8% | 0.0% |
| Long Branch | 3.7% | 18.7% |
| Middletown | 1.9% | 18.2% |
| Monmouth Beach | 3.4% | 14.9% |
| Navesink | 0.0% | - |
| Neptune | 2.0% | 23.3% |
| Neptune City | 1.3% | 11.0% |
| Oakhurst | 0.0% | 0.0% |
| Ocean | 1.1% | 8.7% |
| Ocean Grove | 3.5% | 22.5% |
| Oceanport | 0.8% | 19.1% |
| Port Monmouth | 1.6% | 56.3% |
| Red Bank | 4.8% | 22.3% |
| Rumson | 1.4% | 0.0% |
| Shrewsbury | 1.6% | 45.1% |
| Tinton Falls | 8.2% | 39.2% |
| West Long Branch | 2.0% | 10.5% |

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: A dash(-) means that data is not available for that specific location.

A majority of MMC PSA respondents believed that their community provided transportation services for older adults and those with disabilities (56.6%), with the highest agreement among Asian (67.9%) and Latino respondents (63.4%) (Figure 25). However, fewer respondents found public transportation easy to use for daily needs (33.0%), with Latino respondents reporting the highest agreement (55.9%).

**Figure 25. Percent of MMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Transportation Availability, by Race/Ethnicity, (n=528), 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024

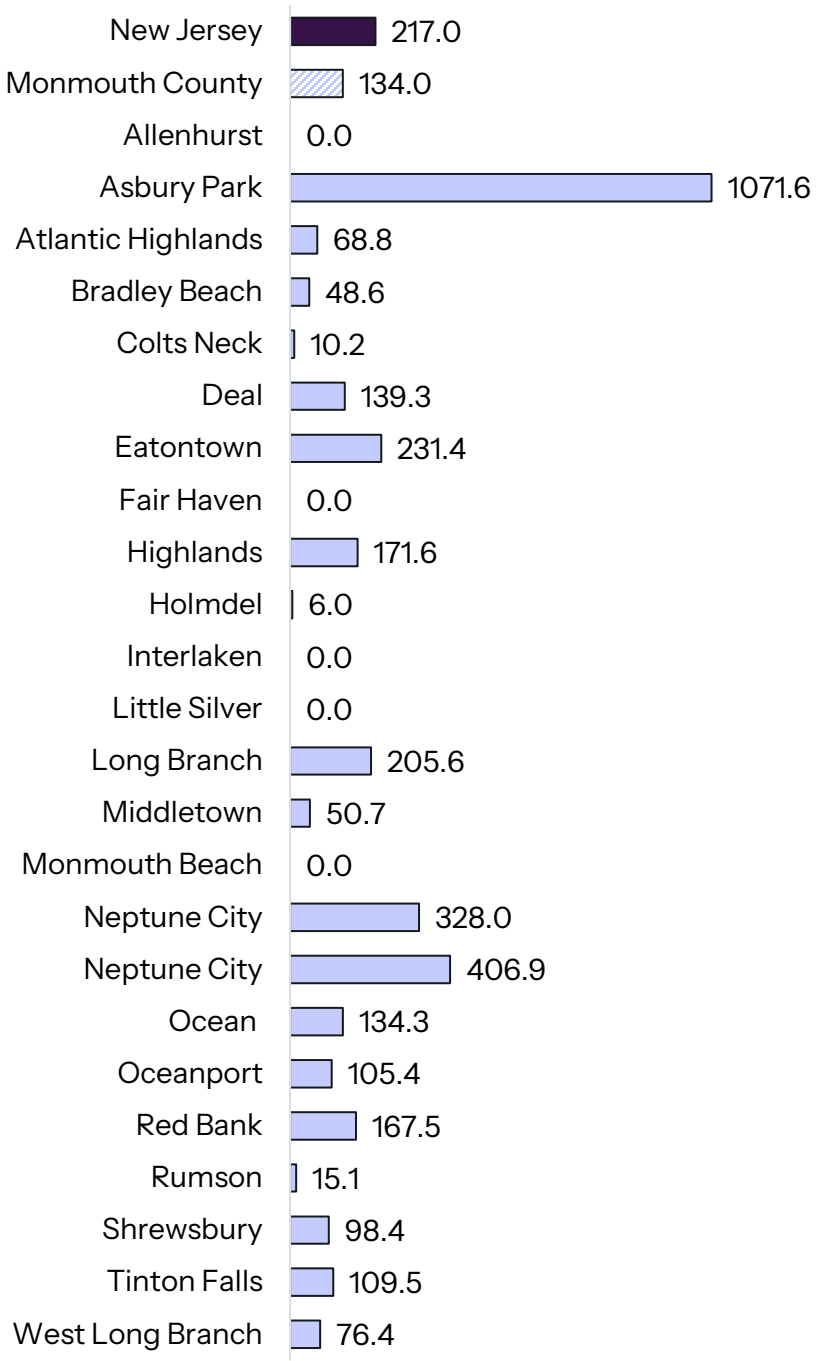
**Violence Prevention and Safety**

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. One interviewee summarized this impact by noting, *"Even if they're not directly victims of violence themselves, the fact that violence is occurring in their neighborhoods has a ripple effect – emotionally, psychologically."* This interviewee also noted that although community violence had been a concern in some communities within Monmouth County, it had improved in recent years.

On the other hand, 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 (i.e., murder, rape, aggravated assault) in 2022 varied widely across municipalities in the MMC PSA (Figure 26). While Monmouth County overall had a lower violent crime rate than the state, reports of violent crime were exponentially higher in Asbury Park (1071.6 per 100,000 population) compared to most other towns in the MMC PSA.

**Figure 26. Violent Crime Rate per 100,000 Population, by State, County, and Town, 2022**

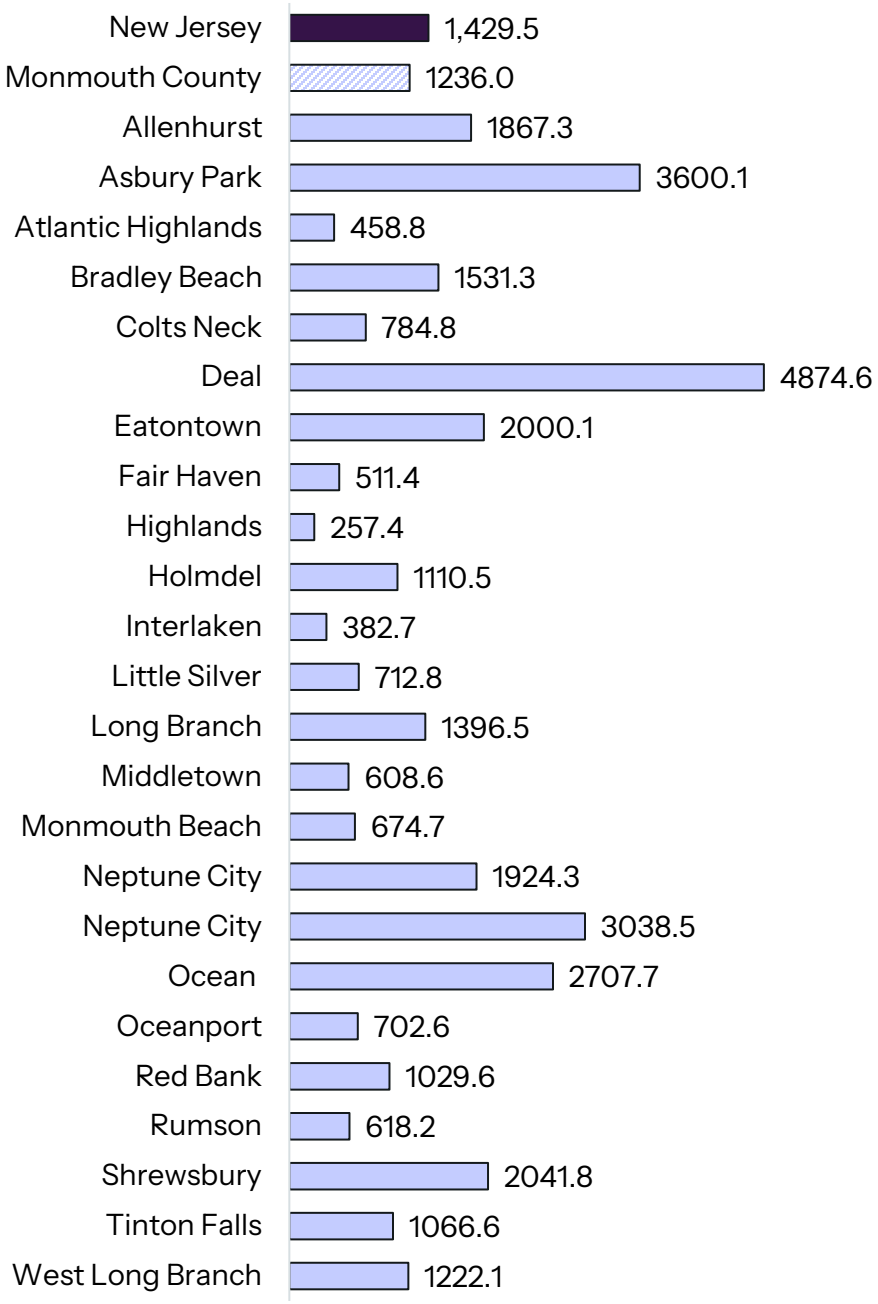



DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

Similarly, Monmouth County had a lower rate of property crime (i.e., burglary, larceny, and auto theft) than the statewide average of 1,429.5 per 100,000 residents in 2022. However, this average masks wide differences across towns. The highest rates of reported property crimes

per 100,000 population were in Deal (4,874.6), Asbury Park (3,600.1), and Neptune City (3,038.5), while the lowest was in Highlands (257.4) (Figure 27).

**Figure 27. Property Crime Rate per 100,000 Population, by State, County and Town, 2022**

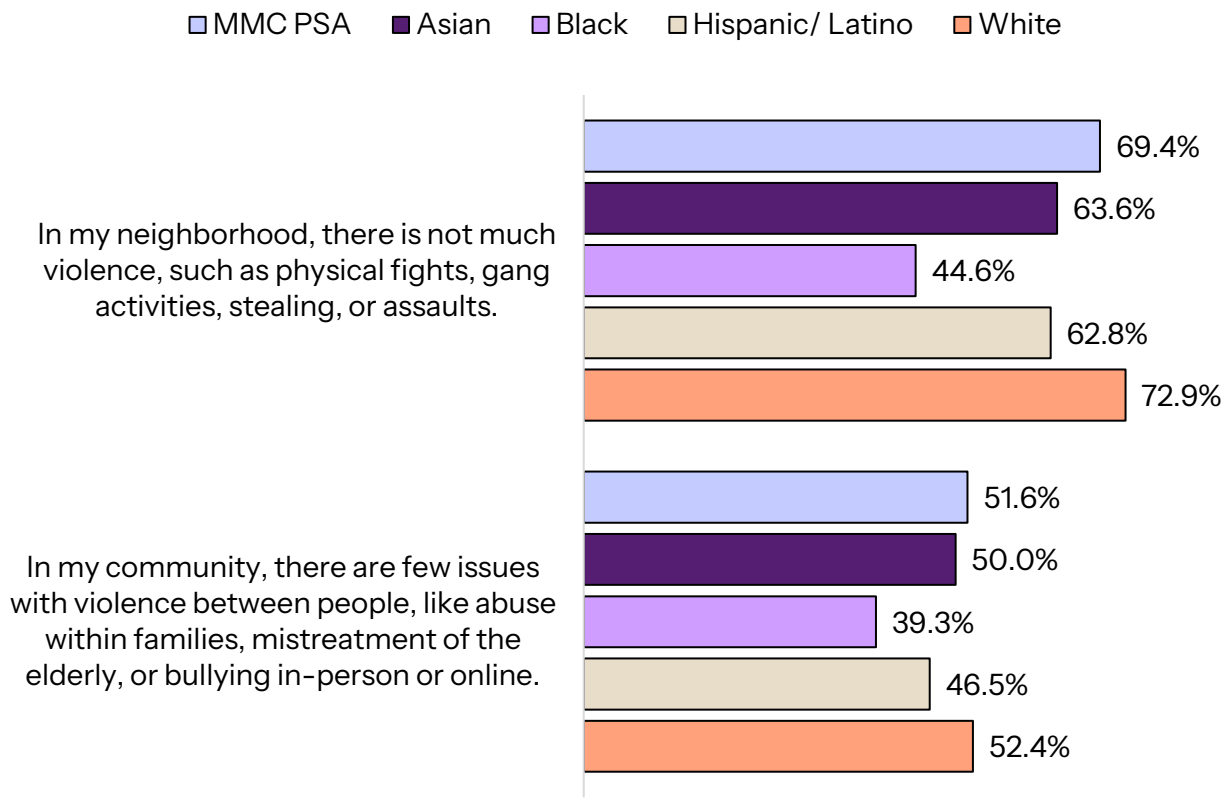



DATA SOURCE: NJ Department of Law & Public Safety, Office of the Attorney General, Uniform Crime Reporting, 2024

About 7 in 10 respondents (69.4%) agreed that there was not much violence in their neighborhood, such as physical fights, gang activities, stealing, or assaults. However,

perceptions varied by race, with proportionately more White (72.9%) respondents agreeing, compared to only 44.6% of Black respondents (Figure 28). Over half of the respondents agreed that there were few issues with violence between people, like abuse within families, mistreatment of elderly, or bullying in-person or online in their community (51.6%). Agreement was highest among White (52.4%) respondents and lowest among Black (39.3%) respondents. Notably, bullying and community violence were among the top community concerns for children and youth, endorsed by 34.8% and 14.1% of respondents, respectively (See Figure 32 below).

**Figure 28. Percent of MMC PSA Survey Respondents Who Agreed/Strongly Agreed with the Statements Related to Community Safety, by Race/Ethnicity, (n=494), 2024**




DATA SOUR CE: Community Health Needs Assessment Survey, 2024

**Systemic Racism and Discrimination**

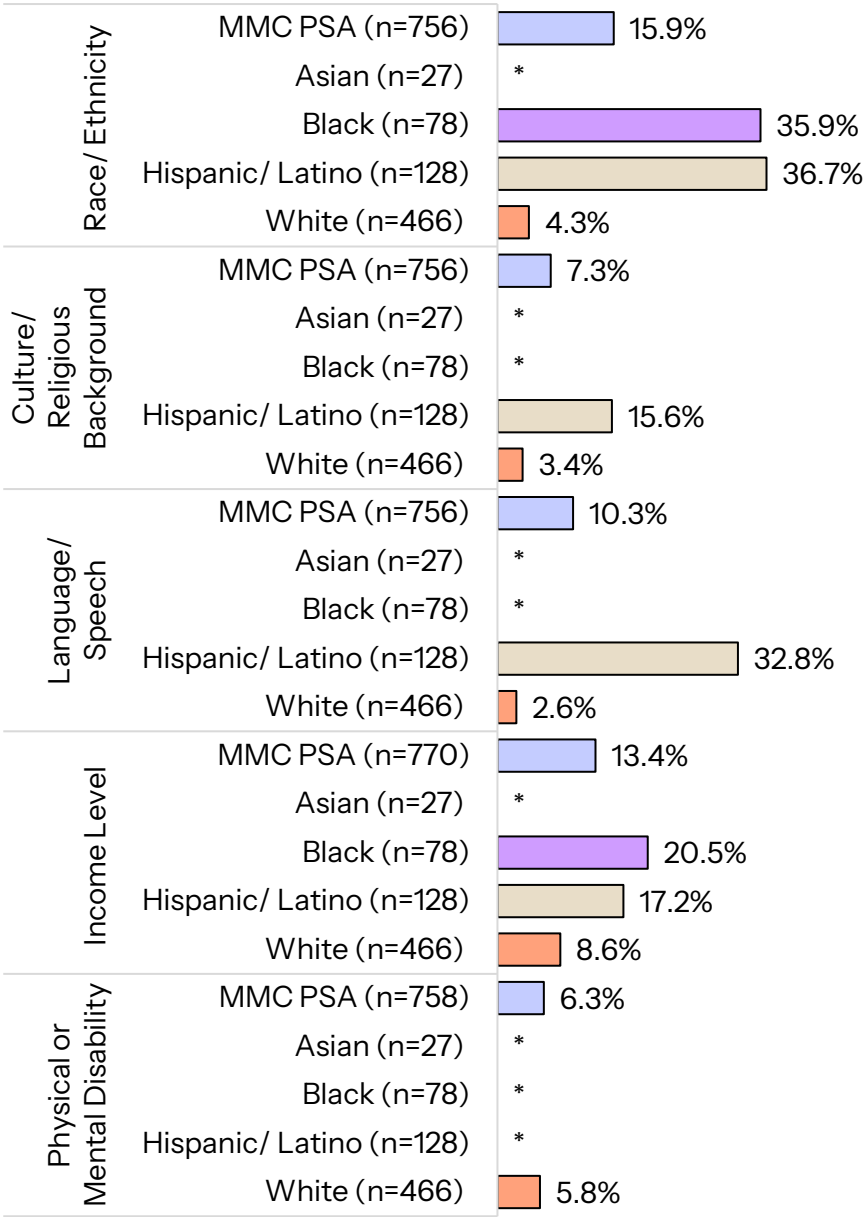
The issues related to systemic racism, racial injustice, and discrimination were mentioned in some focus groups and interview discussions. In this context, participants raised concerns regarding the exclusion or marginalization of communities based on immigration status, language, sexual orientation, housing status, 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. As one focus group participant emphasized, *"If you want to build trust or provide the best care you can, you have to be culturally literate."*

> *"When people think Monmouth, they think Monmouth County – shore houses, money. As much as that is true, there's a lot of untrue to that. The further west, there's disparities, and even close to the shore, there's that idea of 'the other side of the tracks'."*
> – Key informant interviewee

Another interviewee described focusing on providing services through a trauma informed context and looking directly to community members to lead the way in how services are conducted: *"The nonprofit sector has… the idea 'we need to go in to these communities and make these communities better' when really what I've found is almost the opposite. The answers to the problems and challenges are often found with the people that live here."* This interviewee emphasized the positive impact that can be had by trusting residents as leaders in communities.

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. More than one-third of Black (35.9%) and Latino (36.7%) respondents reported experiencing discrimination due to their race/ethnicity when receiving medical care (Figure 29). Additionally, Latino survey respondents reported feeling discriminated against when receiving medical care based on their culture and religious background (15.6%) and their language/speech (32.8%). Relatively high proportions of both Black (20.5%) and Latino (17.2%) respondents reported feeling discriminated against due to their income level.

**Figure 29. Percent of MMC PSA Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care, by Sociodemographic Characteristic, by Race/Ethnicity, 2024**

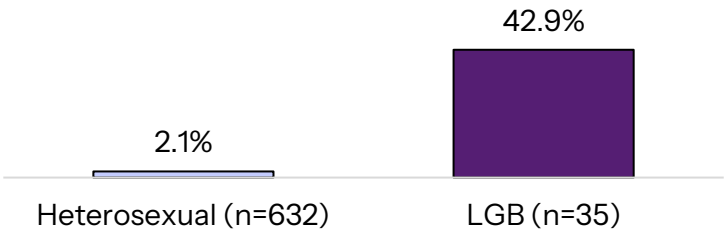



DATA SOURCE: Community Health Needs Assessment Survey, 2024

NOTE: Asterisk (*) means that data were suppressed due to low numbers. N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because of missing race data and those who identified as more than one race or races not presented here.

Other forms of discrimination while receiving medical care also emerged from the survey. Over 40% of LGBTQ+ respondents experienced discrimination due to their sexual orientation (Figure 30).

**Figure 30. Percent of MMC PSA Survey Respondents Reporting Experiences of Interpersonal Discrimination while Receiving Medical Care due to Sexual Orientation, by Sexual Orientation, (n=760), 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.

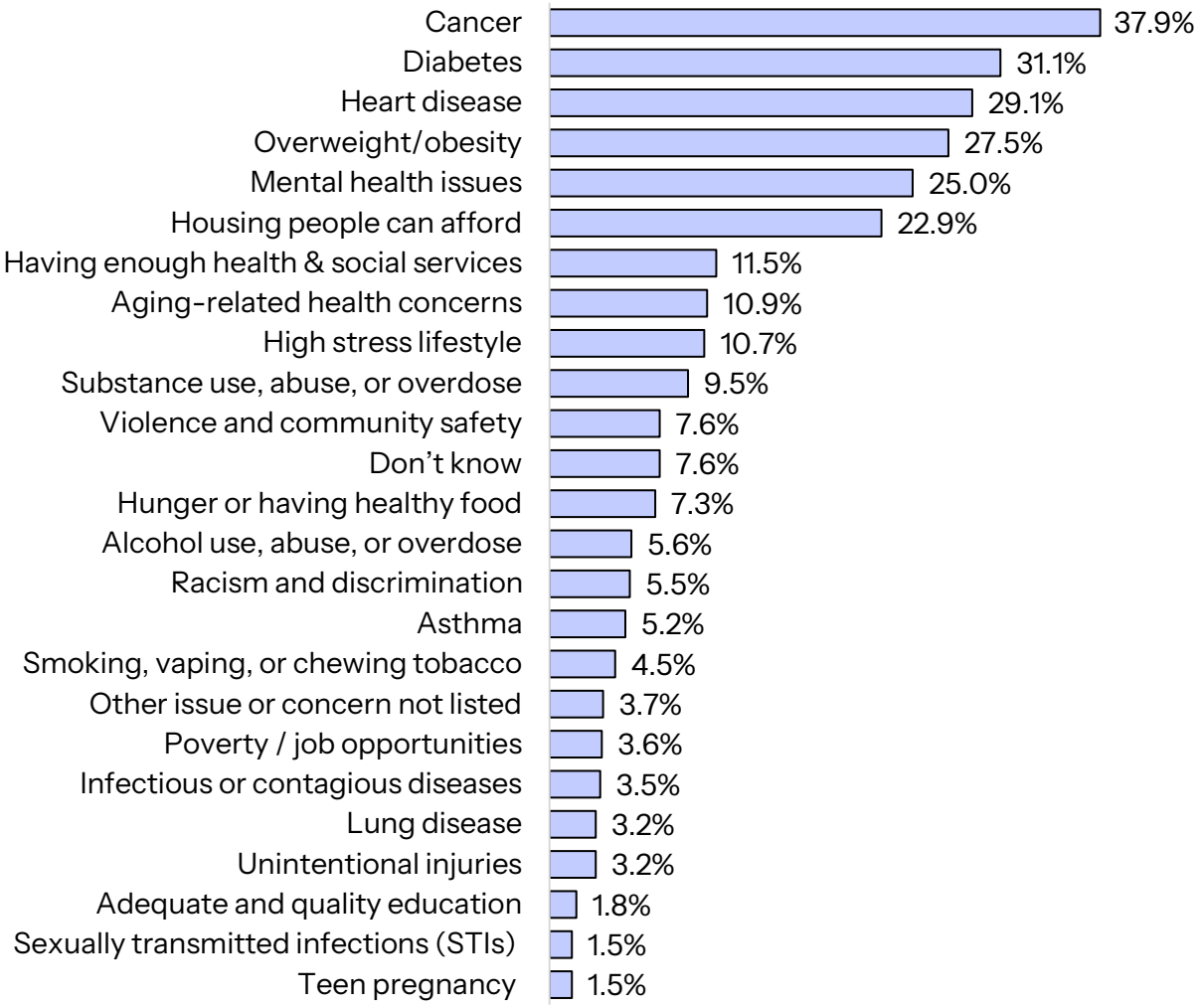
**Community Perceptions of Health**

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, particularly among youth, 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.

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 MMC PSA ranked cancer (37.9%), diabetes (31.1%), heart disease (29.1%),

overweight/obesity (27.5%), and mental health (25.0%), as the top five health issues in their communities (Figure 31).

**Figure 31. Top Health Concerns in the Community Overall, MMC PSA Survey Respondents, (n=976), 2024**




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 some differences in top health issues by race/ethnicity (Table 15). Diabetes was the top concern among Asian, Black, and Latino survey respondents, while cancer was the top

concern for White respondents, among whom diabetes was not among the top five. Mental health issues were identified as the third top concern among White respondents, and the fifth for Blacks and Latinos. Housing people can afford also ranked in the top five for all groups with enough respondents.

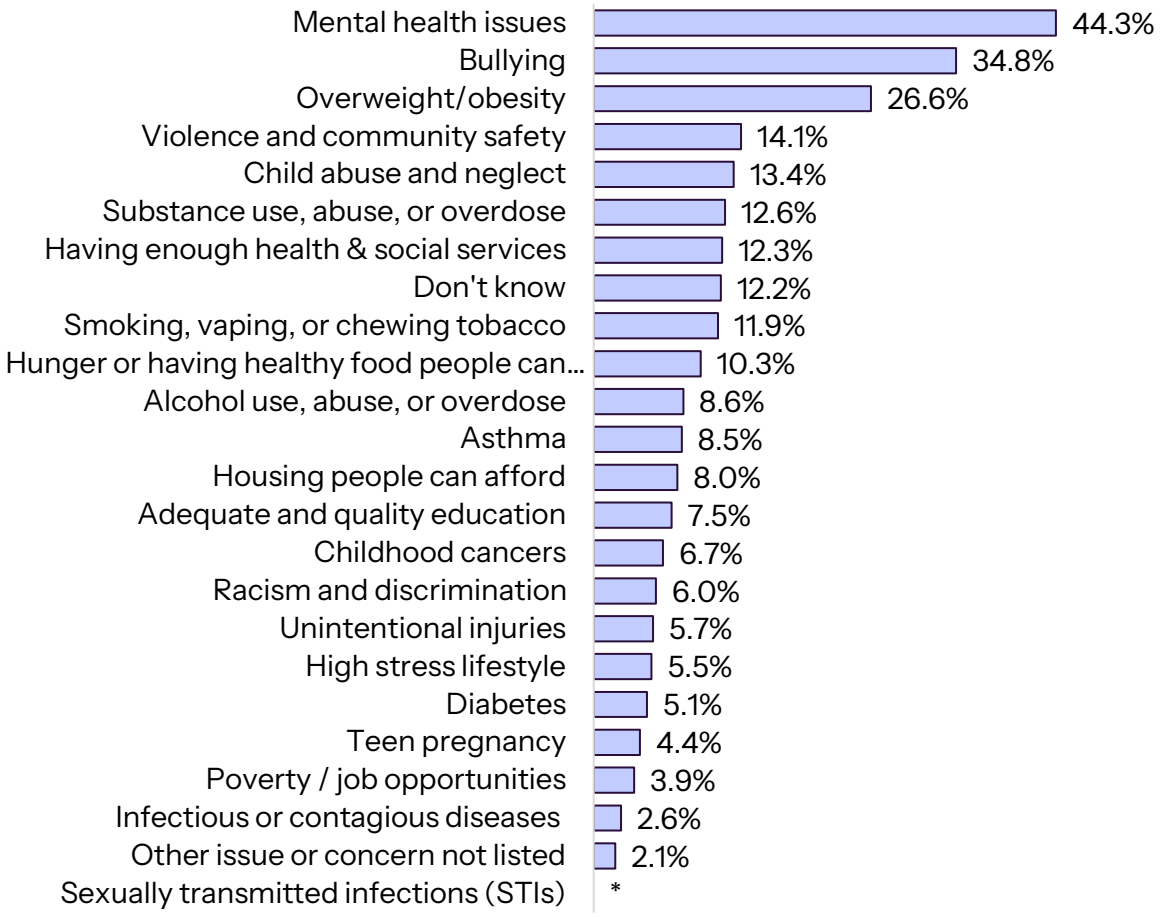
**Table 15. Top Health Concerns in the Community Overall, MMC PSA Survey Respondents, by Race/Ethnicity, (n=976), 2024**

| | Asian (n=39) | Black (n=114) | Hispanic/ Latino (n=191) | White (n=577) |
|---|---|---|---|---|
| 1 | Diabetes (35.9%) | Diabetes (46.5%) | Diabetes (47.1%) | Cancer (41.3%) |
| 2 | Cancer (33.3%) | Cancer (33.3%) | Cancer (31.9%) | Heart disease (33.1%) |
| 3 | * | Housing people can afford (30.7%) | Overweight/obesity (29.3%) | Mental health issues (29.1%) |
| 4 | * | Heart disease (29.8%) | Housing people can afford (18.3%) | Overweight/obesity (27.9%) |
| 5 | * | Mental health issues (27.2%) | Mental health issues (15.7%) | Housing people can afford (24.8%) |

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.
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Survey respondents also identified top health concerns regarding youth and children in the community. Respondents ranked mental health issues (44.3%), followed by bullying (34.8%), overweight/obesity (26.6%) as the top three health issues in their communities, with all other issues having less than 15% of respondents ranking them (Figure 32).

**Figure 32. Top Health Concerns in the Community for Children and Youth, MMC PSA Survey Respondents, (n=722), 2024**




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.
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

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.

Among survey respondents (all of which were adults over the age of 18), the ranking of children’s health concerns was relatively consistent by race/ethnicity (Table 16). Mental health concerns followed by bullying and overweight/obesity were identified as the top concern for

children and youth among all racial/ethnic groups with sufficient response sizes. Only Whites ranked having enough health and social services in the top five concerns.

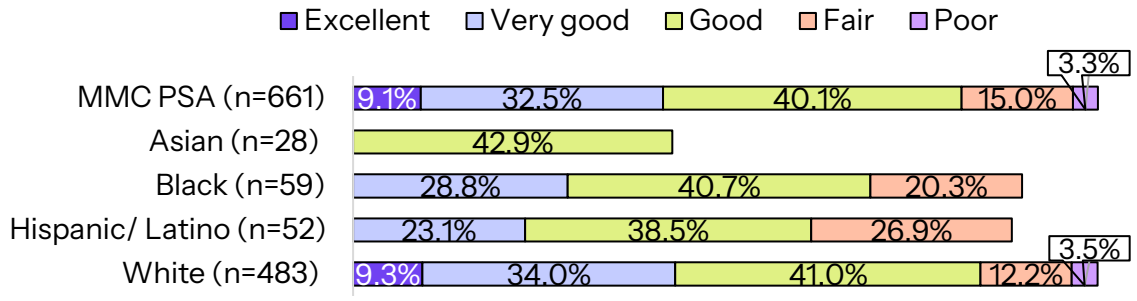
**Table 16. Top Health Concerns in the Community for Children and Youth, MMC PSA Survey Respondents, by Race/Ethnicity, (n=722), 2024**

| | Asian (n=31) | Black (n=66) | Hispanic/ Latino (n=63) | White (n=516) |
|---|---|---|---|---|
| 1 | Mental health issues (45.2%) | Mental health issues (39.4%) | Mental health issues (39.7%) | Mental health issues (47.3%) |
| 2 | * | Bullying (28.8%) | Bullying (28.6%) | Bullying (39.5%) |
| 3 | * | Overweight/obesity (28.8%) | Overweight/obesity (25.4%) | Overweight/obesity (27.9%) |
| 4 | * | Violence and community safety (19.7%) | Child abuse and neglect (15.9%) | Having enough health & social services (14.0%) |
| 5 | * | Child abuse and neglect (16.7%) | Violence and community safety (0.0%) | Child abuse and neglect (13.4%) |

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.
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Most survey respondents perceived their health to be good (40.1%) or very good (32.5%) (Figure 33). Proportionally more White respondents considered themselves to be in excellent (9.3%) and very good (34.0%) health, compared to those from other races/ethnicities.

**Figure 33. Self-Assessed Overall Health Status, MMC PSA Survey Respondents, by Race/Ethnicity, (n=661), 2024**



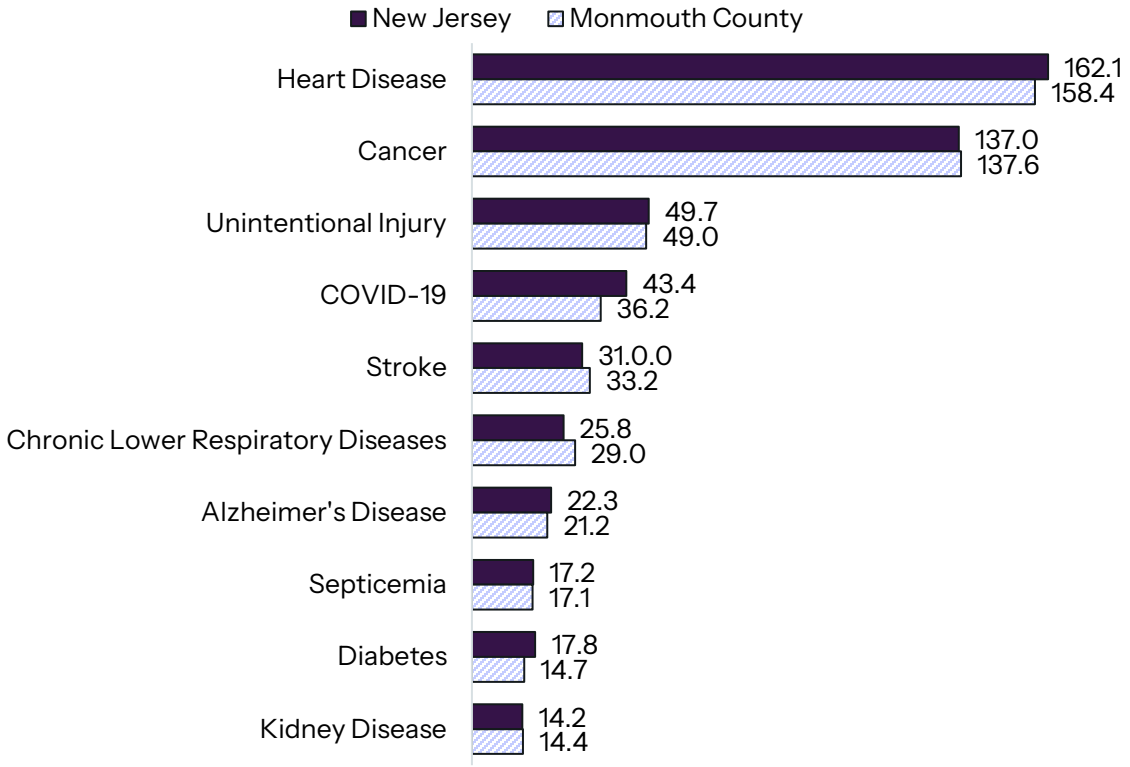

DATA SOURCE: Community Health Needs Assessment Survey, 2024.
NOTE: The Asian, Black and Hispanic/Latino categories do not add to 100% because some responses were suppressed due to n<10. N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because of missing race data and those who identified as more than one race or races not presented here.

**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 34 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 Monmouth County was heart disease (158.4 per 100,000 residents), followed by cancer (137.6 per 100,000). Unintentional injuries were the third leading cause of death in New Jersey and Monmouth County in 2021, followed by COVID-19. 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.[30] More data on life expectancy, injury deaths and injury-related hospitalizations can be found in Figure 95, Table 35, Table 36 in Appendix E. Additional Data Tables and Graphs.

**Figure 34. Top 10 Age-Adjusted Mortality Rates per 100,000, by State and County, 2017-2021**

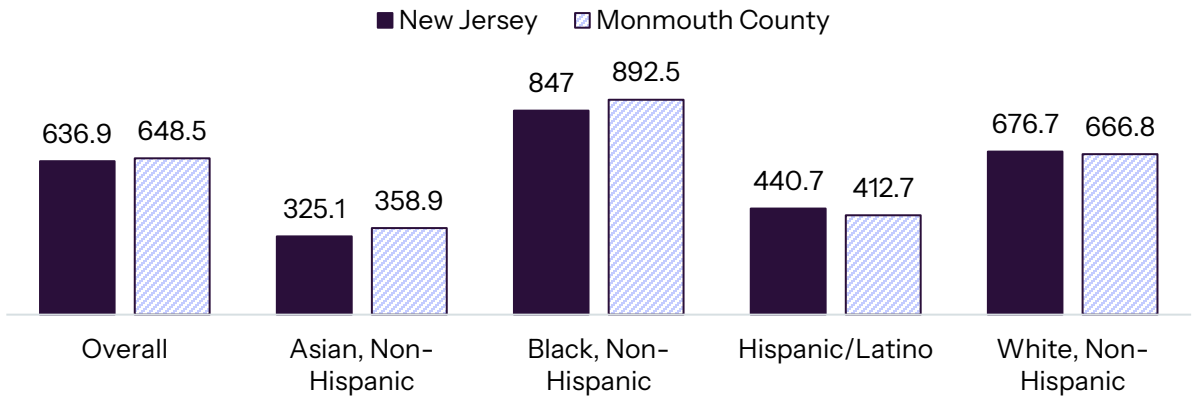



DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

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

Figure 35 presents the overall age-adjusted mortality rate per 100,000 residents in 2023. Monmouth County (648.5) had a similar rate to New Jersey as a whole (636.9). Black residents had the highest age-adjusted mortality rate with 892.5 per 100,000 residents in Monmouth County.

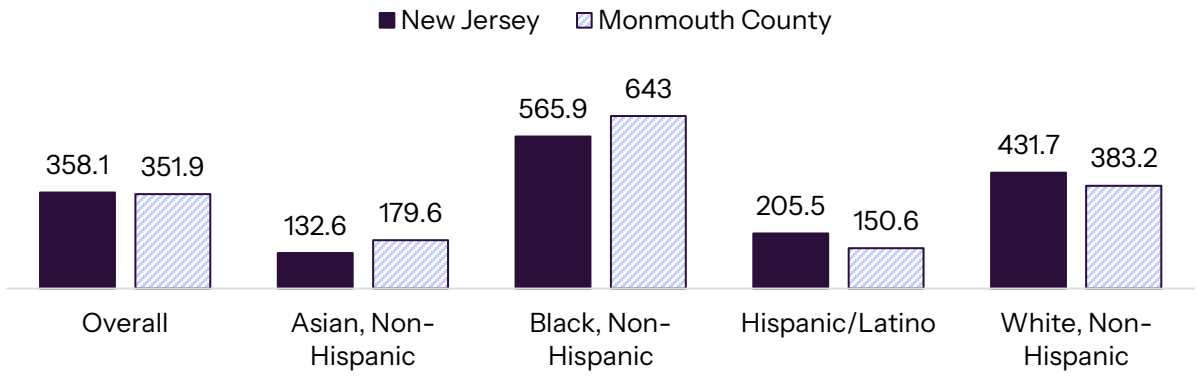
**Figure 35. Age-Adjusted Mortality Rate per 100,000, by Race/Ethnicity, by State and County, 2023**




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

Figure 36 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 Monmouth County was similar (351.9 per 100,000) to New Jersey (358.1). Black residents in Monmouth County experienced a far higher premature mortality rate (643.0 per 100,000) than residents of other races/ethnicities, and higher than the average premature mortality rate of Black residents in New Jersey overall (565.9 per 100,000).

**Figure 36. Premature Mortality (Deaths Before Age 75) Rate per 100,000, by Race/Ethnicity, by State and County, 2023**



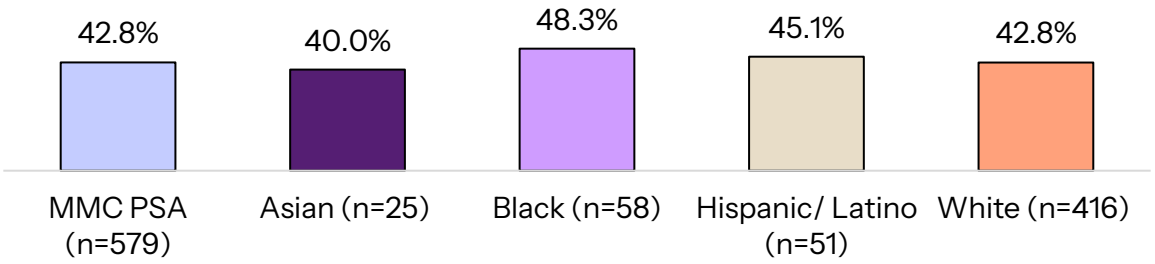

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024

**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. Notably, obesity and the associated chronic diseases were identified as a goal in the previous 2022 MMC CHNA-SIP process.

While overweight/obesity was identified as the fourth 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 participants or interviewees. One focus group discussion did include a conversation around how the built environment of their communities impacted food accessibility, where unhealthy food was more accessible than healthy food options, especially in areas where kids and adolescents spend time, like malls or school. They also noted that their communities weren't necessarily walkable, which created a more sedentary lifestyle for all ages. One participant described how this built environment can impact newly arrived immigrant families: *"I think we have a lot of people and kids coming from other cultures where they have all these fresh vegetables and they're stuck with French fries and hamburgers and that's what they associate with the American way - and those are designed to be appetizing and those kids go from eating a lot healthier to this type of food. Even grown ups, like this coffee I'm getting here is not what I expected; I'm putting on a lot of weight."*

Over 40% of survey respondents in the MMC PSA reported ever being told by a healthcare provider that they had a weight problem (Figure 37). This proportion varied minimally by race/ethnicity, ranging from 40.0% of Asian to 48.3% of Black respondents. Figure 96 in Appendix E. Additional Data Tables and Graphs shows 29.4% of Monmouth County residents self-reported being obese in 2021, which is consistent with the 2022 MMC CHNA-SIP process in which 29.3% of Monmouth County residents self-reported being obese.

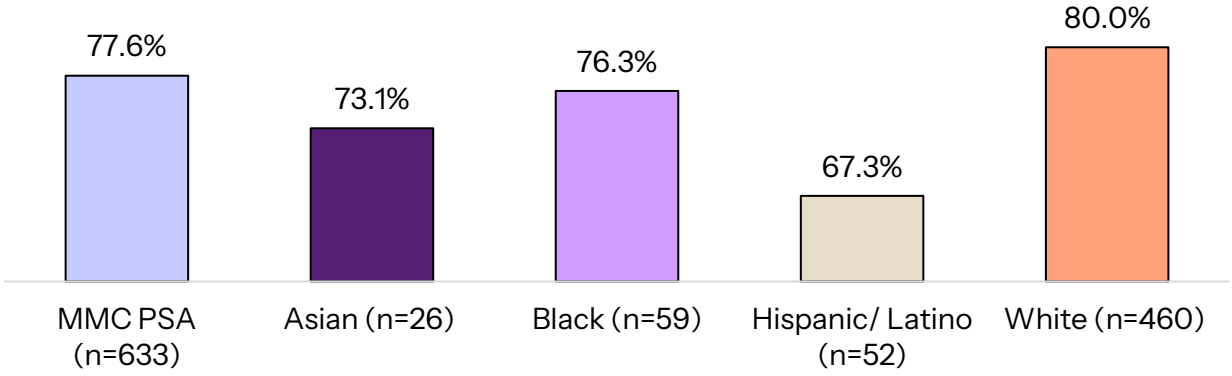
**Figure 37. MMC PSA Survey Respondents Reporting Ever Being Told They Have a Weight Problem by a Healthcare Provider, by Race/Ethnicity, (n=579), 2024**




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. A majority of MMC PSA respondents (77.6%) indicated that they did so, ranging from 67.3% of Latino to 80.0% of White respondents (Figure 38).

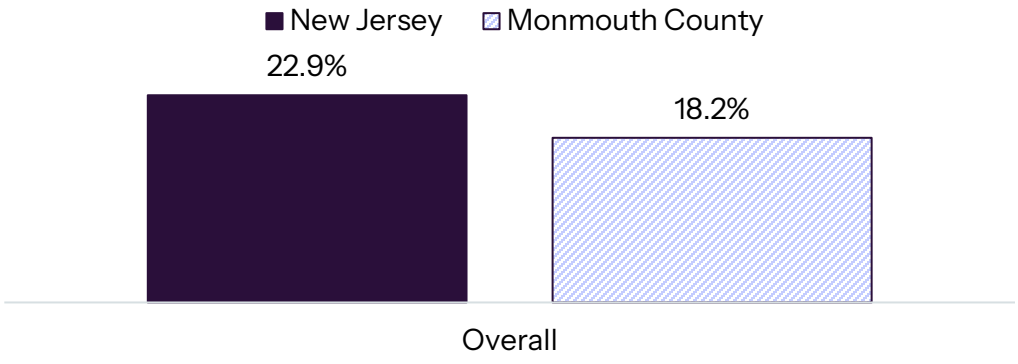
**Figure 38. MMC PSA Survey Respondents Reporting Any Physical Activity or Exercise in the Past Month, by Race/Ethnicity, (n=633), 2024**




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, some participants noted a need for more walkable community designs. According to the Behavioral Risk Factor Survey, in 2022, the most recent year for which these surveillance data are available, 18.2% of Monmouth County residents reported having no leisure time for physical activity, compared to 22.9% for New Jersey overall (Figure 39). This is a slight improvement from the 2022 MMC CHNA-SIP process in which 22.6% of Monmouth County residents reported no leisure time for physical activity in 2018. Insufficient responses limited comparison by race/ethnicity for this indicator in the MMC PSA. Figure 88 in Appendix E. Additional Data Tables and Graphs reports the percentage of the population with adequate access to a location for physical activity by state and county from 2020-2023.

**Figure 39. 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
NOTE: Asterisk (*) means that data are suppressed as the rate does not meet National Center for Health Statistics standards of statistical reliability for presentation.

**Chronic Conditions**

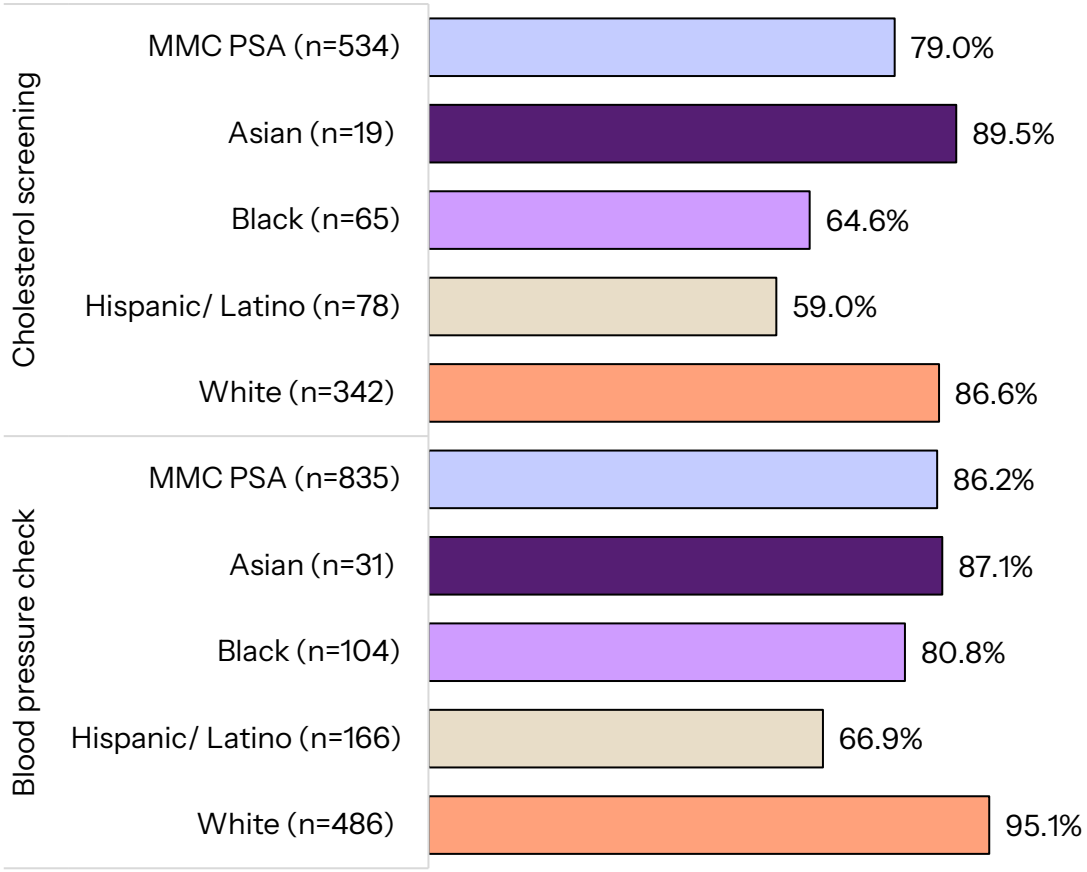
Chronic conditions, such as heart disease, diabetes, chronic obstructive pulmonary disease (COPD), and cancer are some of the most prevalent conditions in the United States. Given the impact of chronic conditions on community members, the prevention, early detection, and treatment of obesity and associated chronic diseases (such as diabetes, heart disease, and cancer) was identified as a goal in the 2022 MMC CHNA-SIP process.

Chronic disease was mentioned as a community concern among participants, specifically in regards to the impact of diabetes and hypertension in Monmouth County. They emphasized the importance of routine, preventative healthcare, along with the need for accessible healthy food and nutrition education. One interviewee described how chronic disease can especially impact economically vulnerable residents: *"You wait until you're in your 40s to see a doctor for the first time - that usually doesn't go so well. And the stresses: financial, housing, transportation, food insecurity, and then you add on to that the immigration enforcement whether you're undocumented or not."* The following section describes health data (e.g., screening, incidence, mortality, etc.) related to chronic conditions in MMC PSA.

*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. Over three-quarters (79.0%) indicated that they had participated in a cholesterol screening, and 86.2% in a blood pressure screening (Figure 40). The results differed by race/ethnicity. Only 59.0% of Latino and 64.6% of Black respondents reported being screened for cholesterol, compared to 86.6% of White and 89.5% of Asian respondents. Blood pressure checks also differed by race/ethnicity. Only 66.9% of Latino respondents indicated that they had participated in blood pressure screenings compared to 95.1% of White respondents.

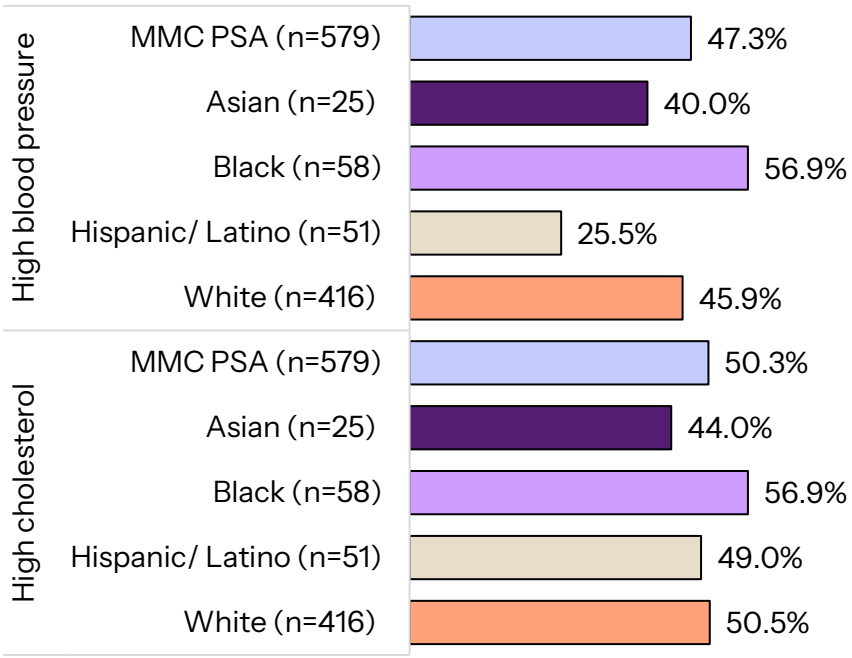
**Figure 40. Percent of Community Survey Respondents Reporting Participation in Cholesterol and Blood Pressure Screening in the Past 2 Years, MMC PSA Residents, by Race/Ethnicity, 2024**




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. 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. N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because of missing race data and those who identified as more than one race or races not presented here.

A high proportion of survey respondents reported being affected by high cholesterol and high blood pressure. Overall, 47.3% of survey respondents reported ever being told by a healthcare provider that they had high blood pressure and 50.3% that they had high cholesterol (Figure 41). Fewer Latino (25.5%) respondents reported having been told they had high blood pressure compared to Black respondents (56.9%). In terms of high cholesterol, percentages ranged from 44.0% of Asian to 56.9% of Black respondents. 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 41. Percent of Community Survey Respondents Ever Told They Had High Blood Pressure or High Cholesterol by a Provider, MMC PSA Residents, by Race/Ethnicity, 2024**

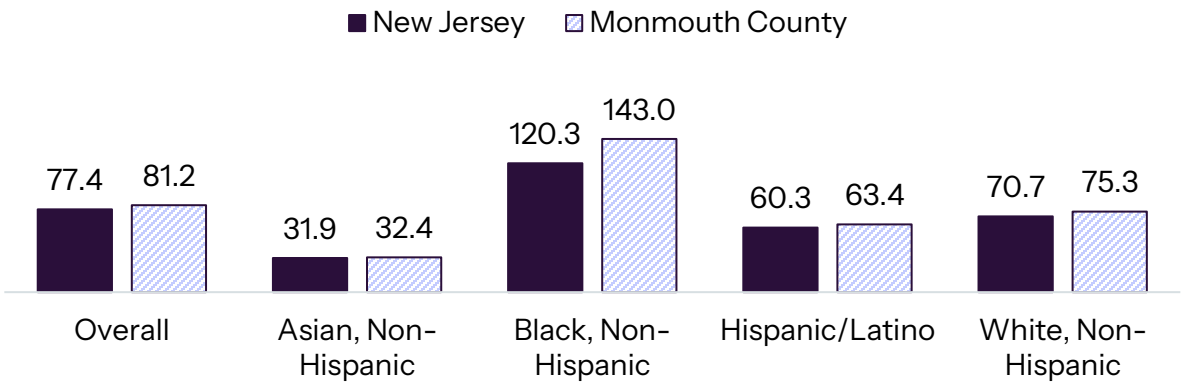



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because of missing race data and those who identified as more than one race or races not presented here.

*Heart Disease*

While focus group and interview participants did not directly discuss heart disease, it is the leading cause of death in Monmouth 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 (81.2 per 10,000 residents in Monmouth County) was only slightly higher compared to New Jersey overall (77.4 per 10,000) (Figure 42). Disparities exist with Black residents being hospitalized due to cardiovascular disease at higher rates (143.0 per 10,000 in Monmouth County).

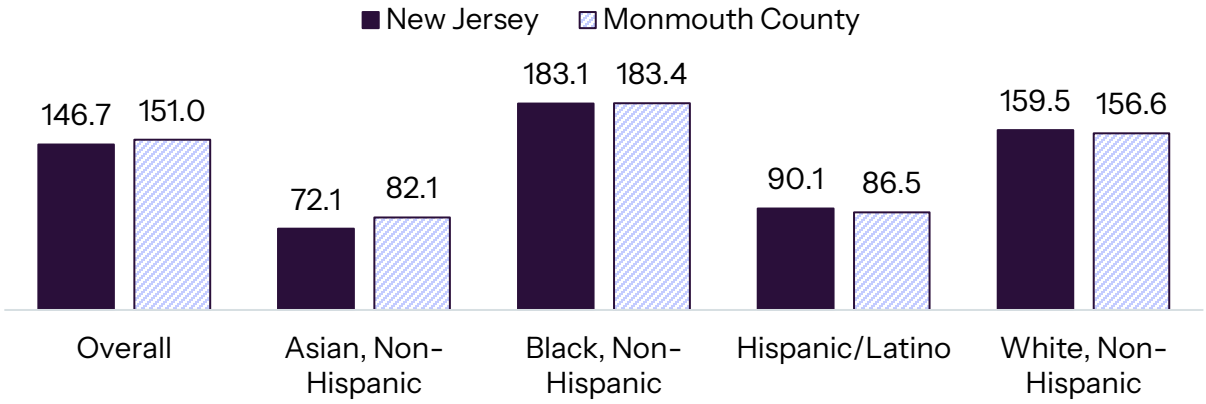
**Figure 42. Age-Adjusted Inpatient Hospitalizations due to Cardiovascular Disease as Primary Diagnosis per 10,000, by Race/Ethnicity, by State and County, 2023**




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

Death certificate data show that in 2023 the heart disease mortality rate was slightly higher in Monmouth County (151.0 per 100,000) compared to New Jersey overall (146.7) (Figure 43). Heart disease mortality rates were highest among Black (183.4 per 100,000), followed by White (156.6 per 100,000) residents of Monmouth County.

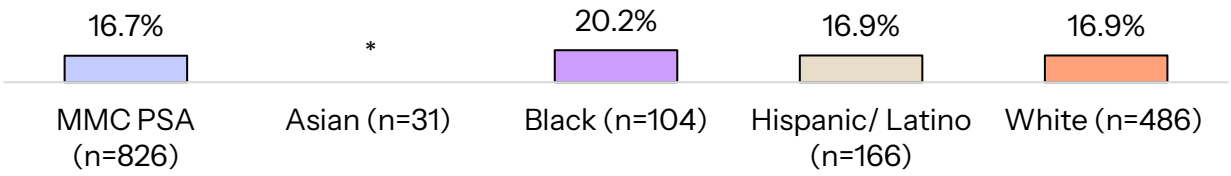
**Figure 43. Age-Adjusted Cardiovascular Disease Mortality per 100,000, by Race/Ethnicity, by State and County, 2023**




DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

Overall, 16.7% of community survey respondents in the MMC PSA indicated receiving heart disease education in the past two years (Figure 44). Participation in heart disease education only differed slightly by race/ethnicity, with 20.2% of Black respondents participating compared to 16.9% of both Latino and White respondents.

**Figure 44. Percent of Community Survey Respondents Participating in Heart Disease Education in the Past 2 Years, MMC PSA Residents, by Race/Ethnicity, (n=826), 2024**



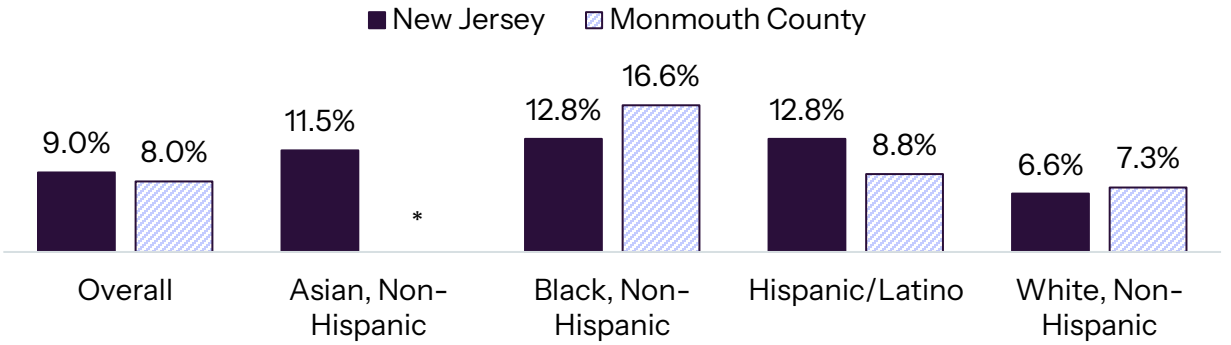

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

Overall, 22.6% of community survey respondents reported ever having been told by a provider that they had a heart condition and 4.0% that they had a stroke (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 factor for other chronic diseases, such as heart disease and stroke. Figure 45 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 Monmouth County (8.0%) than in New Jersey (9.0%). Diabetes rates were highest among Black residents of Monmouth County (16.6%). Community survey respondents identified diabetes as their third top health concern overall.

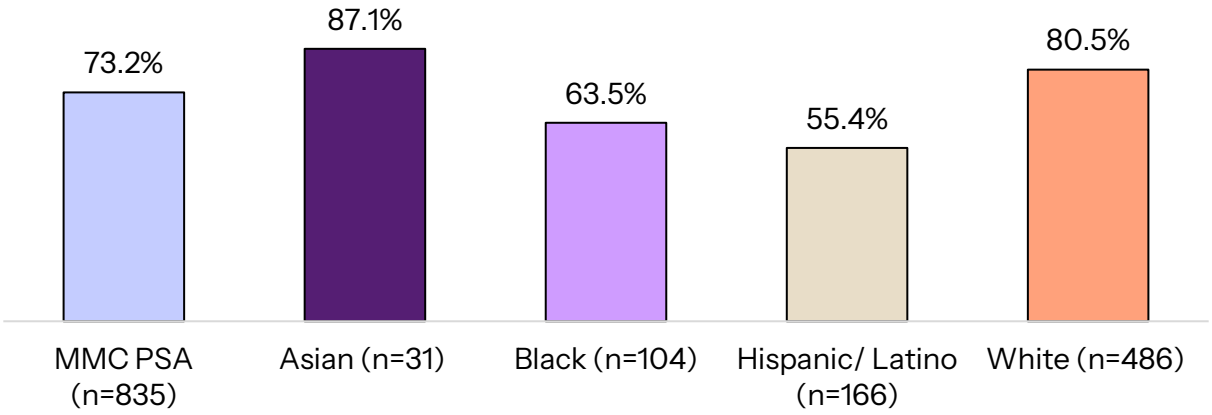
**Figure 45. Percent of Adults Reporting Diabetes Diagnosis, by Race/Ethnicity, by State and County, 2018-2022**




DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2018-2022
NOTE: Asterisk (*) means that data are suppressed.

Community survey respondents were asked about their participation in diabetes screening or blood sugar checks in the past two years. In the MMC PSA, 73.2% of respondents were screened for diabetes (Figure 46). Participation in diabetes screenings or blood sugar checks differed by race/ethnicity ranging from 55.4% among Latino to 87.1% among Asian respondents.

**Figure 46. Percent of Community Survey Respondents Who Participated in Diabetes Screenings or Blood Sugar Checks in the Past 2 Years, MMC PSA Residents, by Race/Ethnicity, (n=835), 2024**



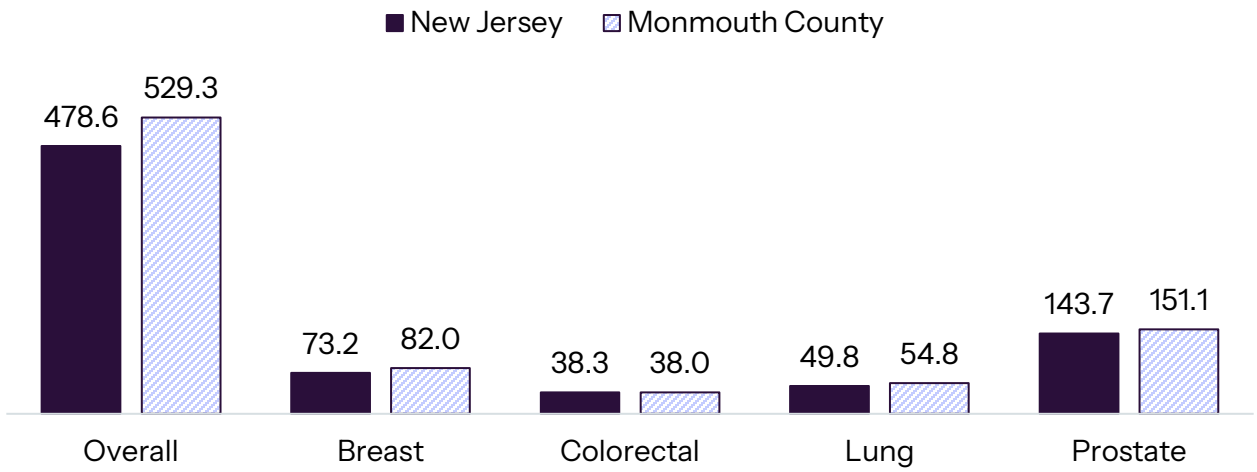

DATA SOURCE: Community Health Needs Assessment Survey, 2024

*Cancer*

Even though cancer is the second leading cause of death in Monmouth County and New Jersey overall, it was not a prominent theme discussed in focus groups. However, a couple of interviewees mentioned concern for late-stage cancer diagnoses among low-income and unhoused populations. Cancer was identified as the top concern among MMC community survey respondents (37.9% of respondents). Community survey respondents and quantitative data suggest that cancer is a major health issue in MMC PSA.

Overall, there were 529.3 cases of cancer per 100,000 residents in Monmouth County, according to the NJ State Cancer Profile; prostate (151.1 cases per 100,000 males), breast (82.0 cases per 100,000 females), and lung and bronchus (54.8 cases per 100,000 population) cancers were the most common types of cancer in 2017-2021 (Figure 47). Recent trends indicate that overall cancer incidence has been rising from 2016-2020 in Monmouth County with the incidence rate of kidney and renal pelvis cancer, leukemia, liver & bile cancer, pancreas cancer, and prostate cancer rising during this period while incidence rates have been declining among lung and bronchus cancer and ovarian cancer during this period(Appendix G. Cancer Data).

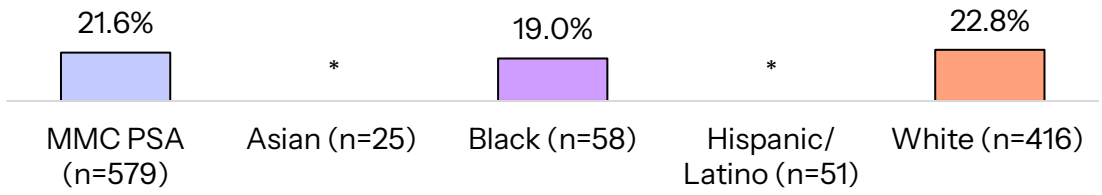
**Figure 47. Age-Adjusted Invasive Cancer Incidence Rate per 100,000, by Cancer Site, by State and County, 2017-2021**




DATA SOURCE: New Jersey State Cancer Registry, 2024

Among community survey respondents, 21.6% reported ever being told they had cancer by a provider (Figure 48).

**Figure 48. Percent of Community Survey Respondents Ever Told They Had Cancer by a Provider, MMC PSA Residents, by Race/Ethnicity (n=579), 2024**

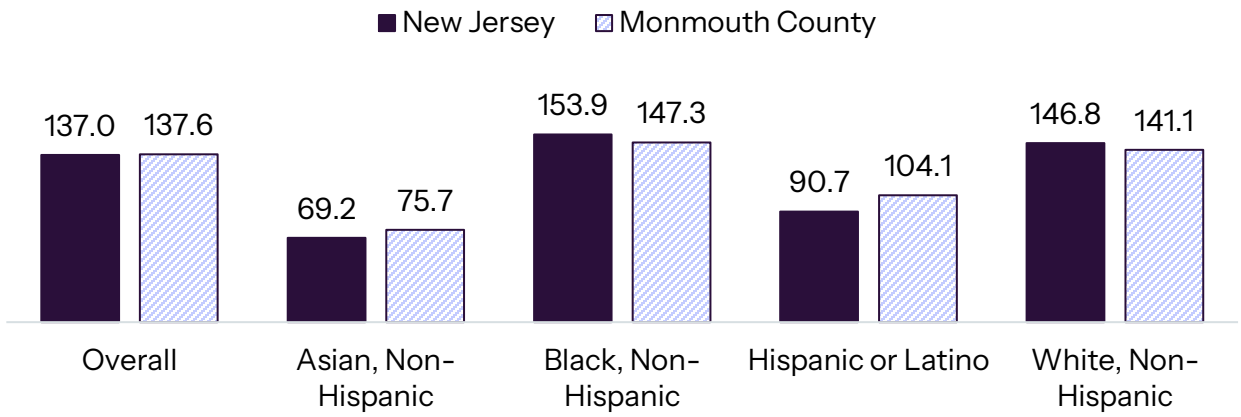



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

According to hospital tumor registries, 11.9% and 12.5% of cancer cases at MMC were Stage 3 and Stage 4, respectively. Lymph node cancers and lip oral cavity and respiratory system cancers made up more than a quarter of Stage 4 cancers (Appendix G. Cancer Data).

In 2017-2021, the age-adjusted death rate due to cancer per 100,000 residents was similar in Monmouth County (137.6) to New Jersey overall (137.0) (Figure 49). The highest rates of cancer deaths in Monmouth County were among Black residents (147.3 per 100,000) followed by White residents (141.1).

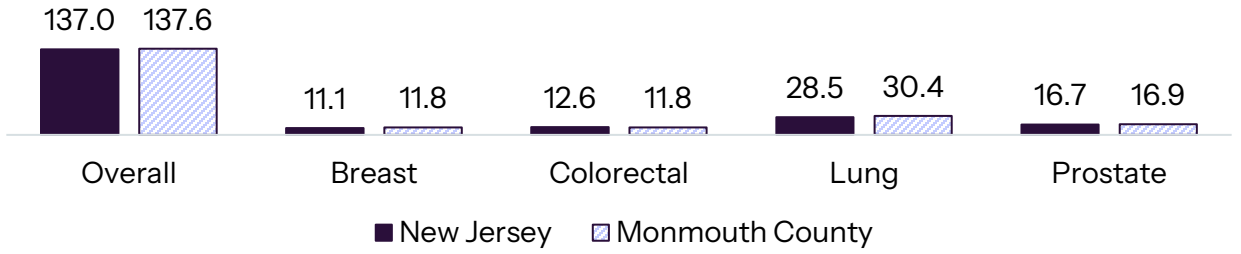
**Figure 49. Age-Adjusted Deaths Due to Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021**




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 the MMC PSA in 2017-2021 were lung and bronchus cancer (30.4 deaths per 100,000 population in Monmouth County), followed by prostate and colorectal cancers (Figure 50). For additional data on deaths related to prostate cancer, see Figure 98 in Appendix E. Additional Data Tables and Graphs. Additional data about cancer mortality by race/ethnicity can be found Appendix G. Cancer Data. Notably, cancer mortality rates in Monmouth County have remained stable from 2016-2020, with mortality rates decreasing during that period for multiple types of cancer (i.e. breast, cervix, colon & rectum, kidney, leukemia, lung & bronchus, melanoma, prostate, etc.) (see Appendix G. Cancer Data).

**Figure 50. Age-Adjusted Deaths Due to Cancer per 100,000, by Cancer Site, by State and County, 2017-2021**



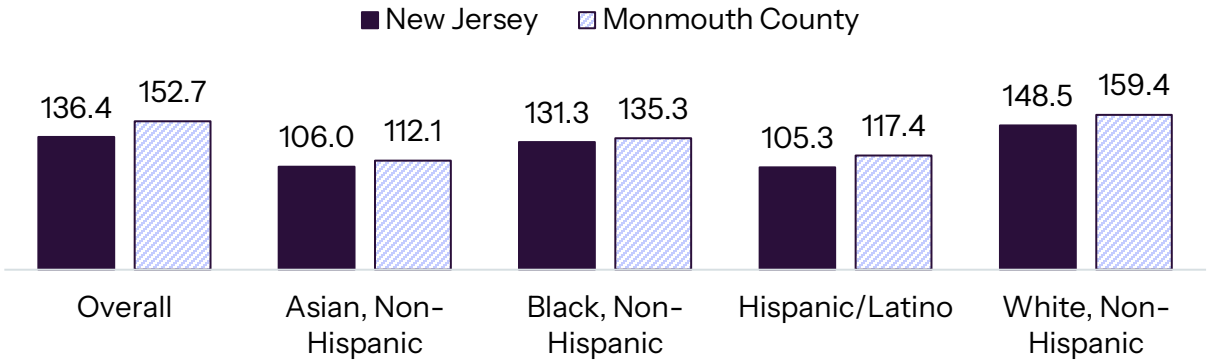

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

*Breast Cancer*

Cancer registry data are presented in Figure 51 for the age-adjusted incidence rate of female breast cancer per 100,000 population in 2017-2021 across New Jersey and in Monmouth County by race/ethnicity. The breast cancer incidence rate in Monmouth County (152.7) was higher than for New Jersey overall (136.4). Breast cancer rates were highest among White residents (159.4), followed by Black residents (135.3). Because race and Hispanic origin are not mutually exclusive in the New Jersey State Cancer Registry, caution should be used when

comparing rates among 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 Graphs.

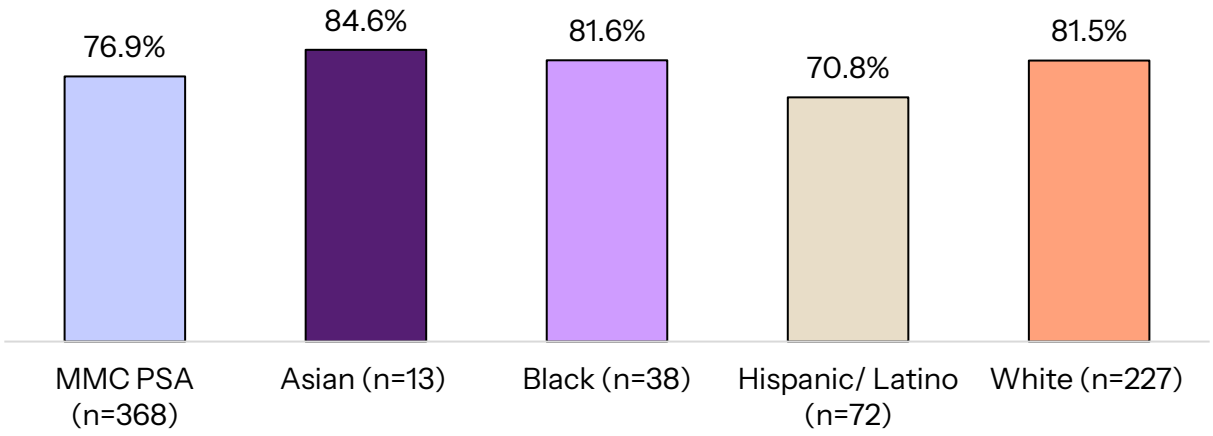
**Figure 51. Age-Adjusted Rate of Female Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021**




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, 76.9% of respondents fitting those characteristics in the MMC PSA reported that they had a mammography or breast exam in the past two years (Figure 52). There were some differences by race/ethnicity with Latina respondents reporting participating the least (70.8%) and Asian respondents the most (84.6%).

**Figure 52. Percent of Community Survey Respondents Who Had Mammography or Breast Exam Screening in the Past 2 Years, MMC PSA Residents, by Race/Ethnicity, (n=368) 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. Mammograms or breast examination screenings are recommended for those assigned female at birth aged 40 to 74 years old.

*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 Monmouth County in 2017-2021 (12.6 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 |
| Monmouth County | 12.6 | 2.0 | 0.6* | 0.6 | 2.4 | 6.9 |

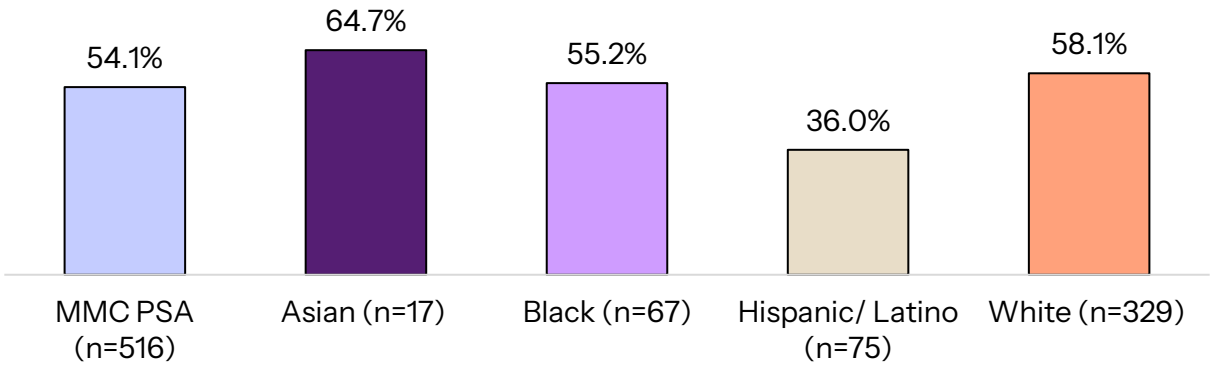
DATA SOURCE: New Jersey State Cancer Registry, 2017-2021
NOTE: Asterisk (*) means that the age-adjusted rate is not stable due to less than 15 cases.

*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. Over half (54.1%) of respondents reported receiving a colon cancer screen (Figure 53) and over one-third (36.1%) a skin cancer screen in the last two years (Figure 54). Latinos reported substantially lower colon cancer screening rates (36.0%) and Black (12.5%) and Latino (9.6%) respondents reported substantially lower skin cancer screening rates compared to Whites (52.1%).

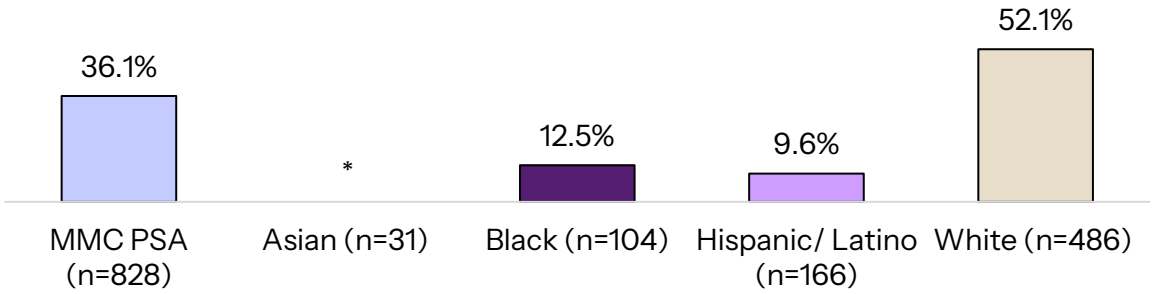
Of note, the percentages of colon cancer screenings found in the community health survey are lower than those in state health statistics. According to the New Jersey Behavioral Risk Factor Survey, an estimated 73.1% of 50-75 year-old adults in Monmouth County self-reported being current with colorectal 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 53. Percent of Community Respondents Screened for Colon Cancer in the Past Two Years, MMC PSA Residents, by Race/Ethnicity, (n=516), 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.

**Figure 54. Percent of Community Respondents Screened for Skin Cancer in the Past 2 Years, MMC PSA Residents, by Race/Ethnicity, (n=828), 2024**

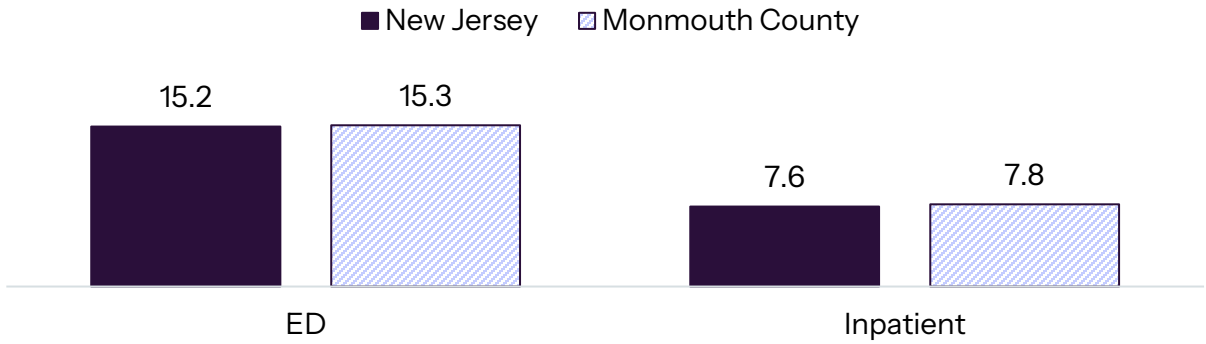



DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

*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 34). In 2023, Monmouth County (15.3) had a similar rate of age-adjusted emergency department (ED) visits due to COPD to New Jersey overall (15.2) (Figure 55). Hospital discharge rates for chronic ambulatory-care sensitive conditions, which include COPD, are presented in Appendix F. Hospitalization Data.

**Figure 55. 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**

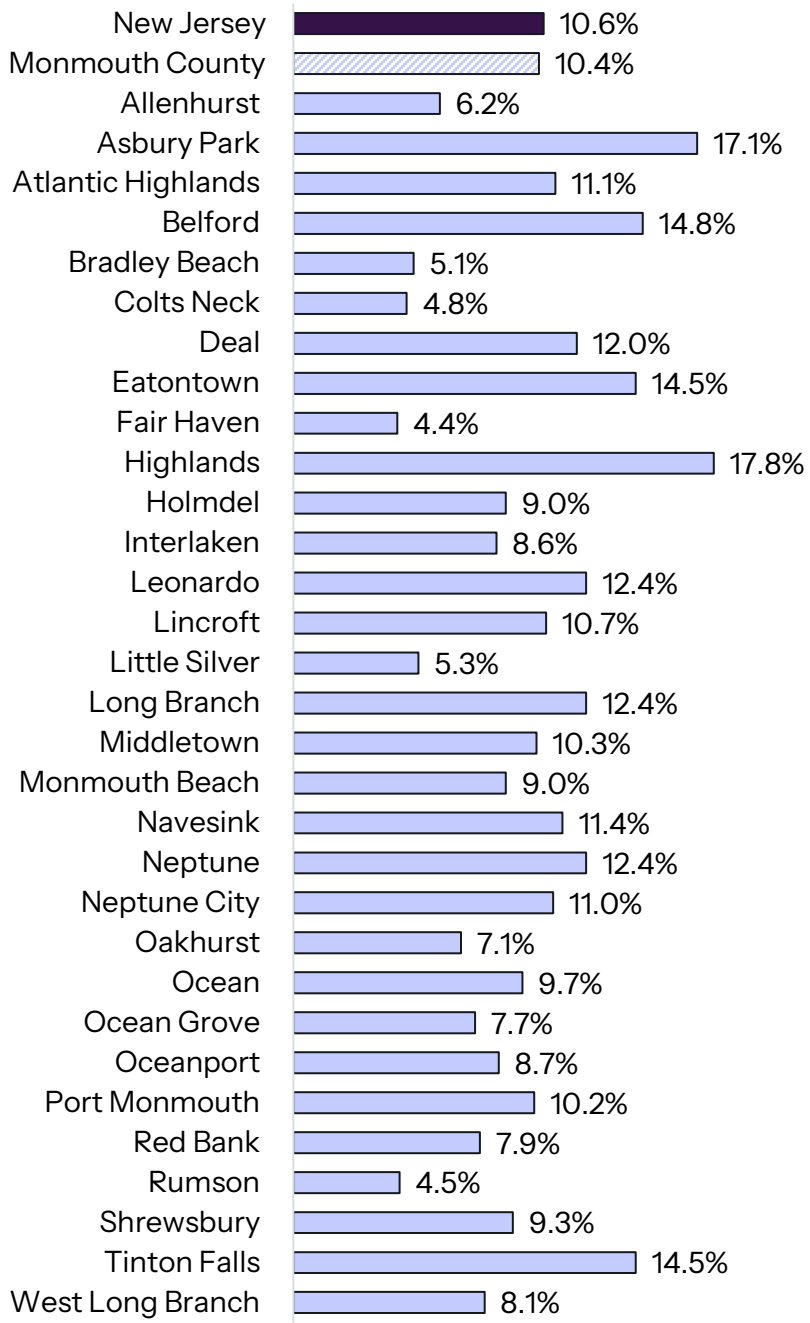
Disabilities, such as hearing impairment, vision impairment, cognitive impairment, and impaired mobility, impact residents' daily lives. Residents who have some type of disability may have difficulty getting around, living independently, or completing self-care activities. Interviewees highlighted that residents with disabilities face challenges in finding employment, housing, and adequate transportation to reach resources and services. One interviewee also highlighted the increasing need for mental health services for residents with disabilities, noting that an intellectual or developmental disability can add an additional challenge to navigating the behavioral healthcare system. They noted that there are programs in place to provide support for employment, supportive housing, day programs, and other resources for individuals and families, although the uncertainty of future funding in the current political environment has created a sense of anxiety both for families and organizations. In terms of employment opportunities, an interviewee described how it benefits not only the employee, but also the business and broader community to hire residents with disabilities who are looking for employment: "*If you walked into your local 7-Eleven and you saw a young person there with Down syndrome that was working there, that was doing a good job, you probably walk out of that 7-Eleven feeling pretty positively about that 7-Eleven.*"

> *"There's lots of biases and prejudices that they [individuals with disabilities] are up against but it keeps us going because they're just such enthusiastic, committed, dedicated individuals."*
> – Key informant interviewee

American Community Survey data from 2019-2023 show that the number of people with disabilities differs across the MMC PSA. In 2019-2023, 10.4% of Monmouth County residents reported having a disability, compared to a similar 10.6% statewide. Proportions by town varied substantially, with 17.8% of Highlands and 17.1% of Asbury Park residents reporting a disability compared to only 4.4% of Fair Haven and 4.5% or Rumson 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.[31] More information on the percent of residents with a disability by age can be found in Table 37 in Appendix E. Additional Data Tables and Graphs.

**Figure 56. Percent of Persons with a Disability, by State, County, and Town, 2019-2023**




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

[31] 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. Across the discussions, participants identified anxiety, depression, stress, trauma, suicidal ideation, and eating disorders (among youth) as 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 described, *"I don't think that that is a new buzzword that we're in a mental health crisis. I don't think COVID helped it. I don't think technology helped it. But I think it's always been there."*

> *"Post-COVID, if we really are post-COVID, we see individuals in our programs a lot more that are acquiring and needing mental health supports."*
> – Key informant interviewee

Youth mental health was of particular concern among interviewees and focus group participants, especially following the COVID-19 pandemic. As one focus group participant noted, *"I would've thought by now after the pandemic it would've calmed down, but it really doesn't seem as though the ability for students to handle large workloads and a lot of pressure [has calmed down]… I do see a tremendous amount of depression and anxiety in high school students."* Participants viewed social media and technology as key contributors to the mental health challenges that youth are facing, linking these with an increase in online bullying, isolation, and loneliness among young people. As one participant observed regarding adolescents, *"They're less confident in their ability to make connections and have relationships because they're so used to being behind a screen".* Another participant echoed this with, *"When it comes down to mental health, they don't have the opportunities here to socialize the way humans are meant to."*

Multiple participants also noted the role that social stigma plays as a barrier to residents accessing mental health services, while others included the caveat that the COVID-19 pandemic has helped reduce social stigma. For example, one interviewee noted that the younger generation is more accepting when it comes to mental health: *"One of the things that came out of COVID that was positive was being more open to talking about mental health. Kids and youth are open and less stigmatized by mental health and that gives me a lot of hope for the future… And that's why there's such limited access because people are wanting therapy rather than being mandated."* Another interviewee noted that the COVID-19 pandemic was a key driver in the expansion of telehealth services which has also had a positive impact on people accessing services: *"We see more people requesting telehealth services. People were scared to come on-site because people would see them getting behavioral health services. Telehealth gives people the ability to see people in their own home, which has allowed a lot of people to get services."*

> *"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

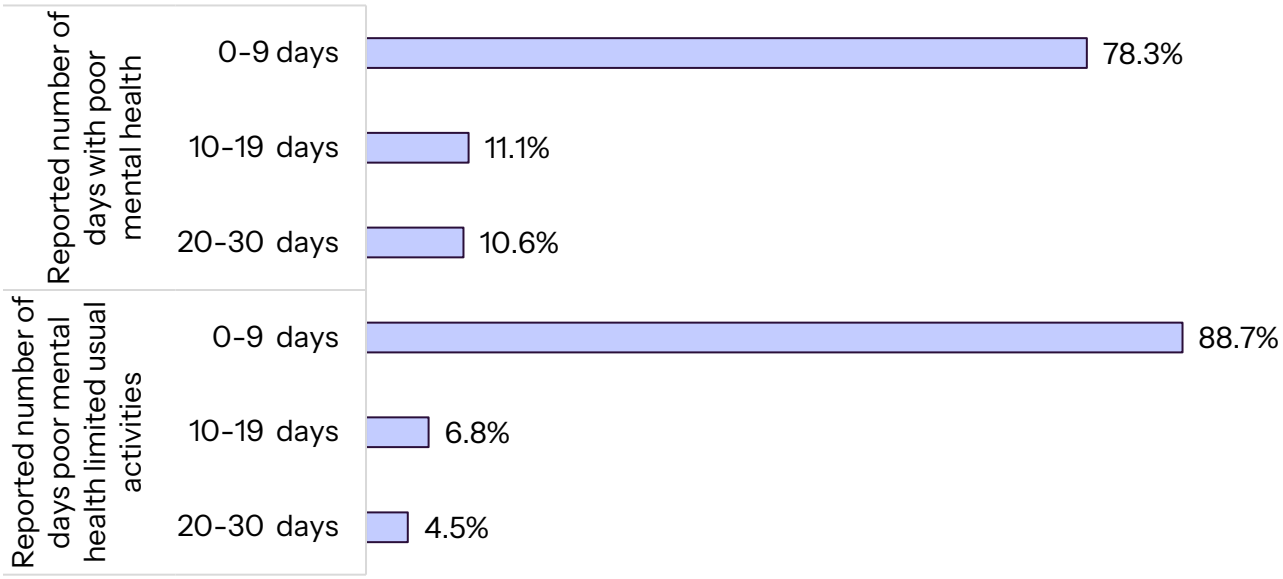
The mental health of immigrant communities was also highlighted as a concern in the current political environment. One interviewee described *"the stress every day to be in fear of deportation and separation" as* a significant challenge to some communities. This interviewee also noted that there is a 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 in their identity."* Others focused on access to services, noting that there are very few bilingual behavioral health providers in their areas and it can be especially challenging to utilize an interpreter for services: *"I think some things can get lost in translation. Not having an intermediary person allows a connection to be built between the provider and patient."*

In terms of access to mental health services, participants shared personal anecdotes of long waiting periods in order to receive appointments with mental health providers, especially when scheduling with psychiatrists, neurologists, and developmental pediatricians. As one participant described, *"My daughter is also diagnosed with ADHD and it took her 10 months to get her neuropsychological evaluation – we know how much ground can be lost with students who need extra support and a diagnosis to get the support they need."* One interviewee also highlighted the challenges faced by veterans who may be more hesitant to access mental health services, and then also face long wait times when they do decide to receive care: *"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 MMC 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. As described earlier, community survey respondents identified mental health issues as

the top health concern in their communities for children and youth and in the top five for the community overall. Among MMC PSA community survey respondents, 11.1% reported experiencing 10-19 days of poor mental health, and 10.6% reported 20-30 days of poor mental health in the last 30 days (Figure 57). Additionally, 6.8% of survey respondents reported experiencing 10-19 days in which poor mental health limited their usual activities, and 4.5% 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.

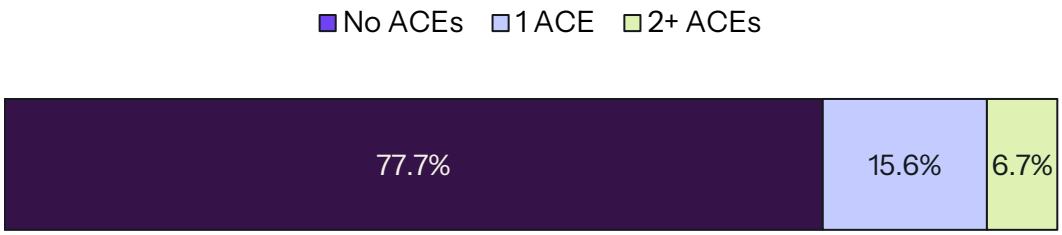
**Figure 57. Percent of MMC PSA Community Survey Respondents with Poor Mental Health in the Last 30 Days, 2024**




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 727 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 705 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 2021-2022, 19.5% of children in the state of New Jersey had experienced one ACE, and 12.5% had experiences 2 or more ACEs (Figure 58).

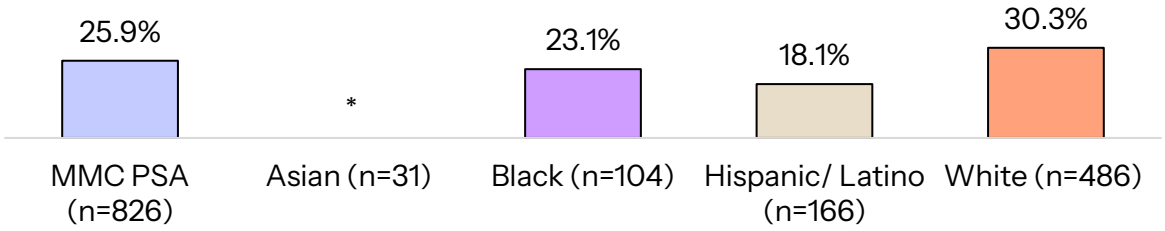
**Figure 58. Percent of Children with Adverse Childhood Experiences (ACEs), New Jersey, 2022-2023**




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

One-quarter (25.9%) of MMC PSA survey respondents reported receiving mental health counseling in the past two years. Rates of participation varied somewhat by race/ethnicity. Proportionally more White (30.3%) respondents reported receiving counseling in the last two years compared to Latino (18.1%) respondents (Figure 59).

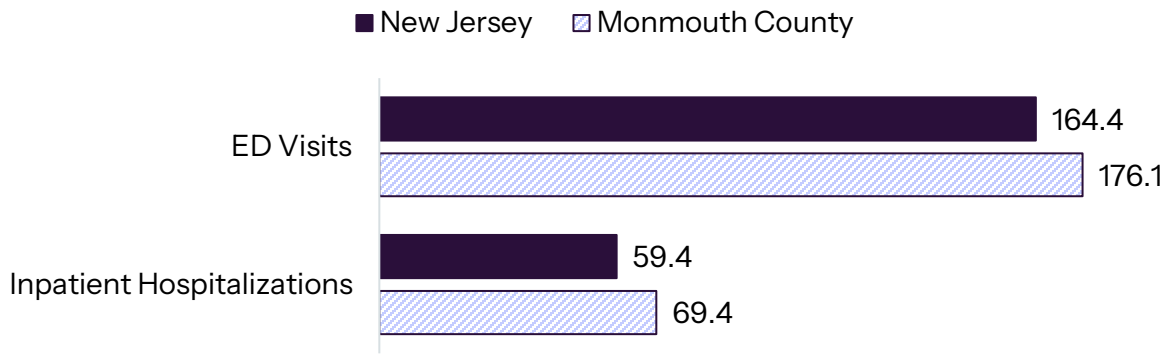
**Figure 59. Percent of MMC PSA Survey Respondents who Received Mental Health Counseling in the Past 2 Years, by Race/Ethnicity, (n=826), 2024**




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

Hospital discharge data from 2021 show that Monmouth County had slightly higher rates of emergency department (ED) visits (176.1 per 10,000) and inpatient hospitalizations (69.4 per 10,000) due to mental health than New Jersey (164.4 and 59.4 per 10,000, respectively) (Figure 60). In comparison to the 2022 MMC CHNA-SIP process, the rate of emergency department visits due to mental health in Monmouth County has increased since 2020 (158.5 per 10,000) while the inpatient hospitalization rate has decreased since 2020 (76.1 per 10,000).

**Figure 60. Age Adjusted Rate of Emergency Visits and 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

Death Certificate Database data from 2017-2021 indicate that age-adjusted suicide rates in Monmouth County (7.7 per 100,000) were slightly higher than in the state (7.3 per 100,000. White residents had the highest rate of suicide deaths in both geographies (Table 18).

**Table 18. Age-Adjusted Rate of Suicide Deaths per 100,000, by Race/Ethnicity, by State and County, 2017- 2021**

| | Overall | Asian, Non-Hispanic | Black, Non-Hispanic | Hispanic/Latino | White, Non-Hispanic |
|---|---|---|---|---|---|
| New Jersey | 7.3 | 4.3 | 4.2 | 4.3 | 9.1 |
| Monmouth County | 7.7 | 3.2 | 4.8 | 4.0 | 8.6 |

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

According to hospital discharge data, rates of pediatric hospitalization due to mental health between 2019-2023 were similar in Monmouth County (31.3 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 81.5 per 10,000 in Monmouth– over two times as high as for Blacks in New Jersey and almost three times as high as the rate for their White counterparts in Monmouth County (Table 19).

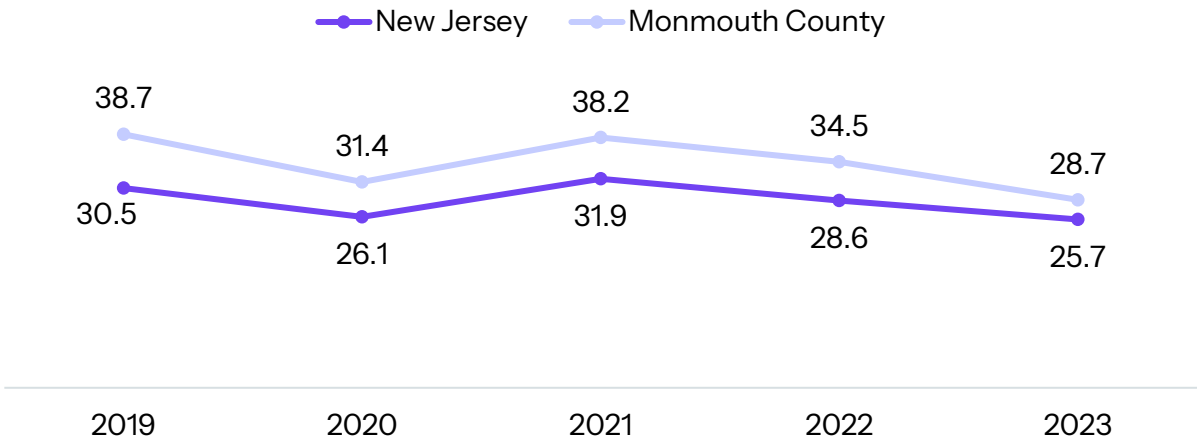
**Table 19: Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by Race/Ethnicity, by State and County, 2019-2023**

| | Overall | Asian, Non-Hispanic | Black, Non-Hispanic | Hispanic/Latino | White, Non-Hispanic |
|---|---|---|---|---|---|
| New Jersey | 28.5 | 7.3 | 38.4 | 19.1 | 27.5 |
| Monmouth County | 31.3 | 8.7 | 81.5 | 28.3 | 28.1 |

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

Pediatric hospitalizations due to mental health remained surprisingly consistent during the COVID-19 pandemic, but appeared to decline somewhat by 2023 in Monmouth County as well as statewide (Figure 61).

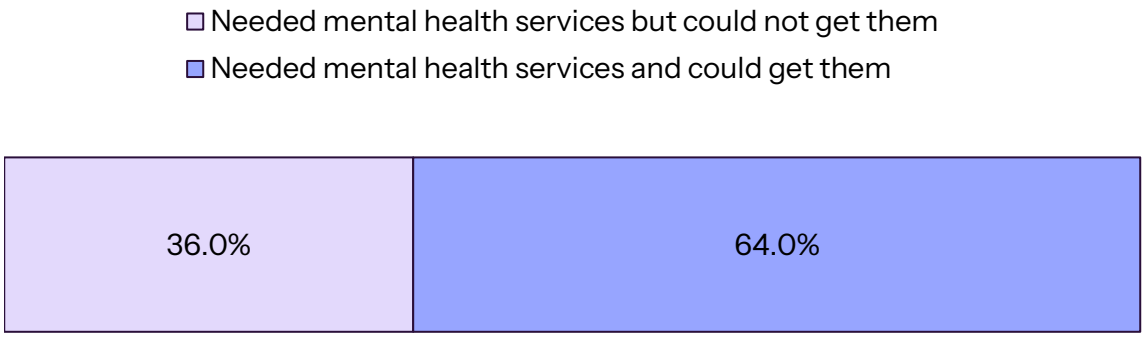
**Figure 61. Rate of Pediatric Hospitalizations (Ages 19 and Under) due to Mental Health per 10,000, by State and County, 2019-2023**




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. MMC 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, 36.0% of survey respondents reported that they or a family member needed mental health services in the past two years. Of these, 64.0% indicated that were able to access these services, while 36.0% indicated that they could *not* (Figure 62). There were not enough respondents to these questions to report any variations by race/ethnicity.

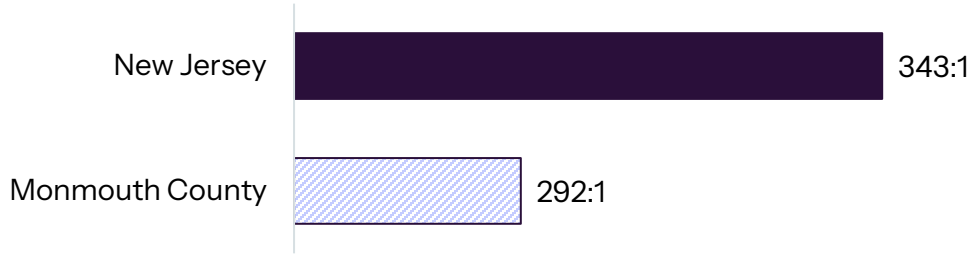
**Figure 62. Access to Mental Health Services for Respondent or a Family Member in the Past 2 Years, MMC PSA Survey Respondents, (n=200), 2024**




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

Mental health workforce data indicate that in 2023, Monmouth County had a better population-to-mental health provider ratio than the state; there was one mental health provider per 292 Monmouth County residents compared to one provider per 343 New Jersey residents (Figure 63).

**Figure 63. Ratio of Population to Mental Health Provider, by State and County, 2023**




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.

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 at convenience stores, with one parent noting, *"We took this program [and] I was shocked to find out how much is just in the local store."* One interviewee highlighted that youth are often unaware that these products are laced with other chemicals or substances, leading to hospitalization for substance use induced psychosis among youth. Other focus group participants highlighted that *"Everything off the street is laced nowadays, which the kids don't understand."* 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.

> *"They take it from an older sibling, they take it from their parents, they order it online… they can run into some of these little stores on the major highways… and they purchase things, but the other issue is what's inside of it?"*
> – Key informant interviewee

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 some positive momentum, 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."* Others noted the need for more bilingual behavioral health services, along with providers 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."* 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."*

> *"Sometimes people come for help but we can't get them into a treatment center immediately, and by the next day when we have the space for them, they have gone missing."*
> – Focus group participant

Figure 64 shows the age-adjusted unintentional overdose rate per 100,000 population in 2023. Monmouth County overall had a slightly lower rate (23.5 per 100,000) to New Jersey (29.6), as well as for White residents (23.1 versus 28.9 respectively). However, the mortality rate for Black residents was far higher, at 88.8 deaths per 100,000 residents, compared to 66.0 statewide. Additional data on alcohol and opioid use may be found in Appendix E. Additional Data Tables and Graphs.

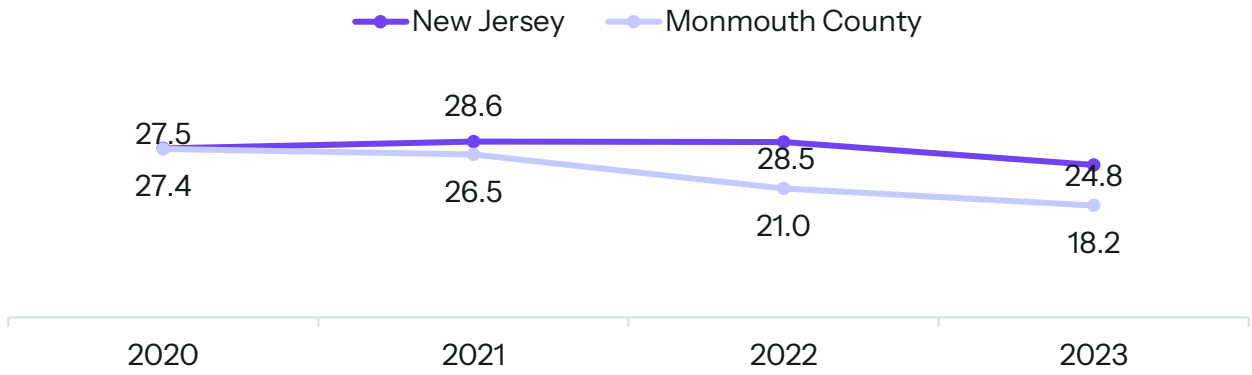
**Figure 64. Age-Adjusted Rate of Unintentional Overdose Mortality per 100,000, by Race/Ethnicity, by State and County, 2023**

| | Overall | Asian, Non-Hispanic | Black, Non-Hispanic | Hispanic/Latino | White, Non-Hispanic |
|---|---|---|---|---|---|
| New Jersey | 29.6 | 2.1 | 66.0 | 26.5 | 28.9 |
| Monmouth County | 23.5 | * | 88.8 | * | 23.1 |

DATA SOURCE: Statewide Substance Use Overview Dashboard, Division of Mental Health and Addiction Services Department of Human Services, 2024
NOTE: An asterisk (*) means that data is suppressed, as there were fewer than 20 observations.

Figure 65 shows the age-adjusted rate of opioid-related overdose mortality per 100,000 from 2020 to 2023. In both Monmouth County and New Jersey as a whole, there was a decrease in the overdose mortality rate during this period, down to 18.2 per 100,000 in Monmouth County and 24.8 per 100,000 in New Jersey. Notably, reducing substance misuse was an identified goal in the previous 2022 MMC CHNA-SIP process, with strategies focused on expanding peer recovery programs and improving awareness and access to services 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.[32]

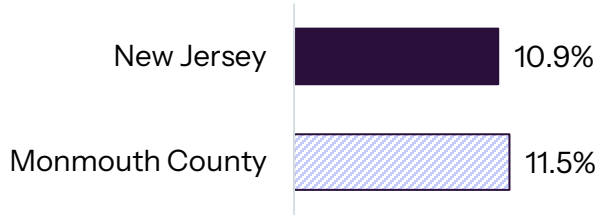
**Figure 65. Age-Adjusted Rate of Opioid-Related Overdose Mortality per 100,000, by State and County, 2020- 2023**




DATA SOURCE: NJ SUDORS v.02202025.

Tobacco is among the most consumed substances. In 2022, the percentage of adults who reported currently smoking was similar between Monmouth County (11.5%) and the state (10.9%) (Figure 66).

**Figure 66. 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

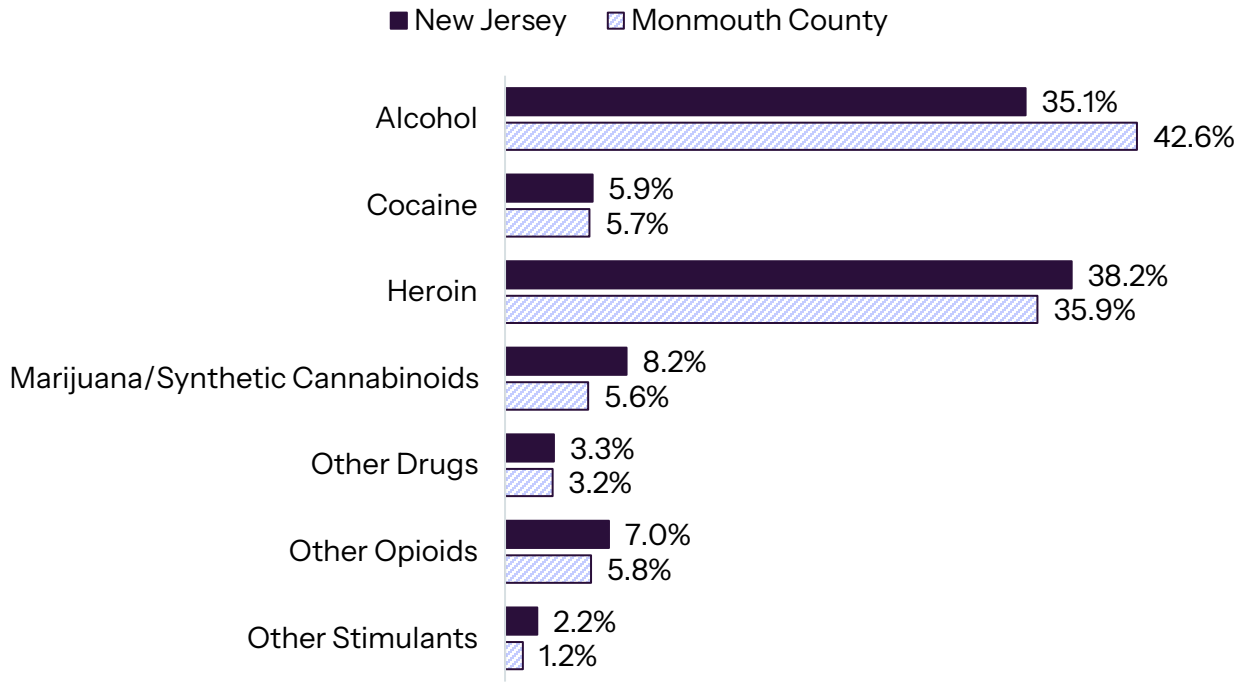
Community survey respondents were asked about their participation in any form of counseling for alcohol or drug use or smoking/vaping over the past two years. Overall, 1.9% of MMC PSA residents reported receiving alcohol/substance use counseling (data not shown) and 2.5%

[32] 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

reported receiving counseling to reduce smoking or vaping over the past two years. 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, 6.9% of survey respondents reported that they or a family member needed substance use services in the past two years. Of these, 76.3% of respondents indicated that they were able to get these services (data not shown). Response rates for these questions were too low to report differences by race/ethnicity.

Figure 67 shows the percentage of substance use treatment admissions by primary drug from 2019-2023. Admission rates in Monmouth County and statewide were highest for alcohol and heroin use. In Monmouth County, 42.6% of admissions were for alcohol, compared to 35.1% statewide. Additional information on substance use treatment admission from 2018-2022 can be found in Figure 106 in Appendix E. Additional Data Tables and Graphs.

**Figure 67. Percent of Substance Use Treatment Admissions by Primary Drug, by State and County, 2019-2023**




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

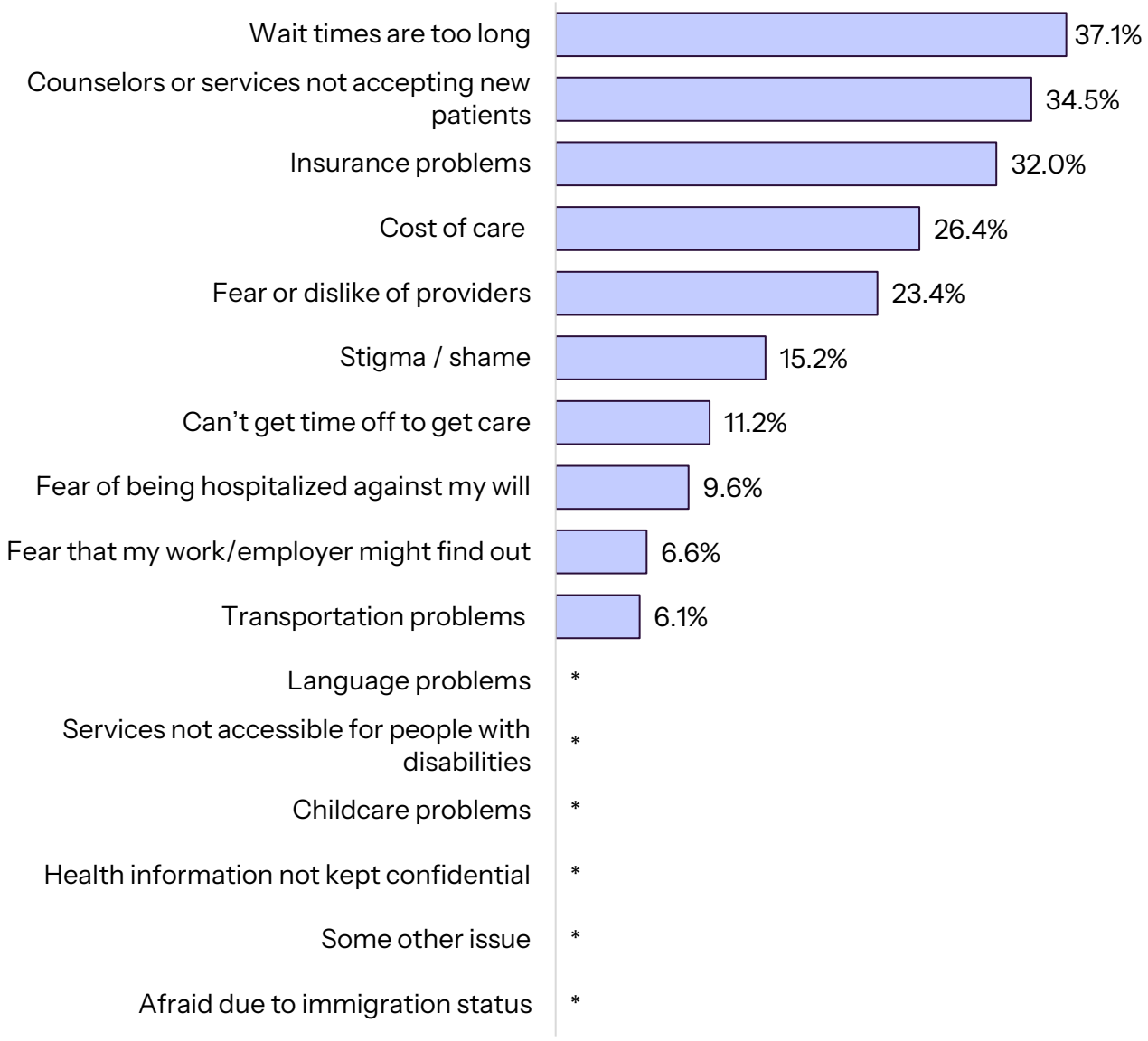
*Difficulties Accessing Mental Health and/or Substance Use Services*

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 MMC 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: long wait times (37.1%), counselors or services not accepting new patients (34.5%), insurance problems (32.0%), cost of care (26.4%), and fear/dislike of providers (23.4%) as the top five reasons (Figure 68).

**Figure 68. Barriers Faced by MMC 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=197), 2024**



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

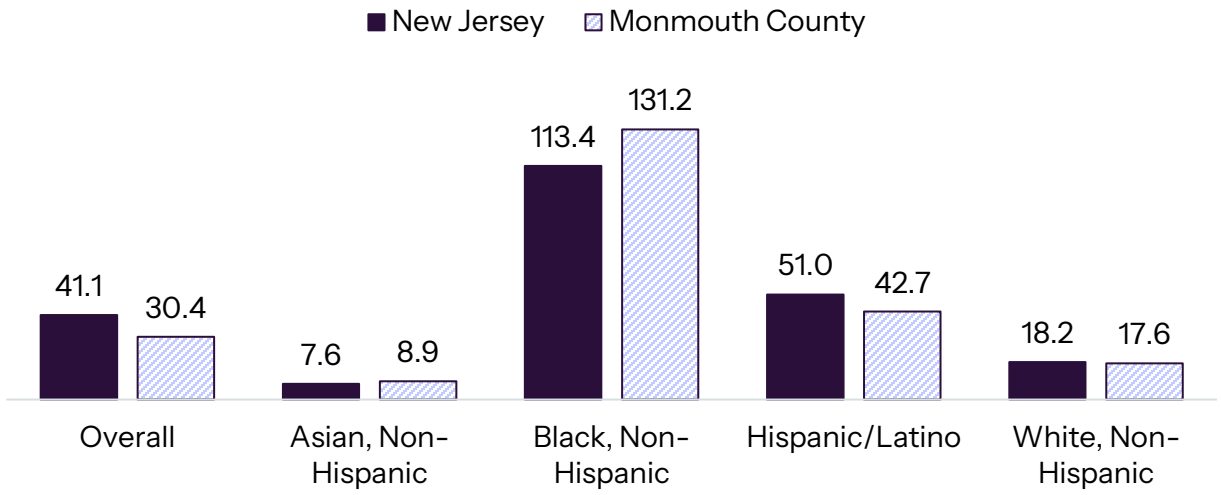
**Environmental Health**

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, 8.5% of community health survey respondents ranked asthma as the top concern for children and youth in the MMC PSA. 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 Monmouth County. In 2023, while Monmouth County had a lower rate of ED visits for asthma overall (30.4 per 10,000) compared to the state (41.1 per 10,000), Black residents had over four times the rate for the county (Figure 69). Figure 107 in Appendix E. Additional Data Tables and Graphs presents additional data on inpatient hospitalizations due to asthma.

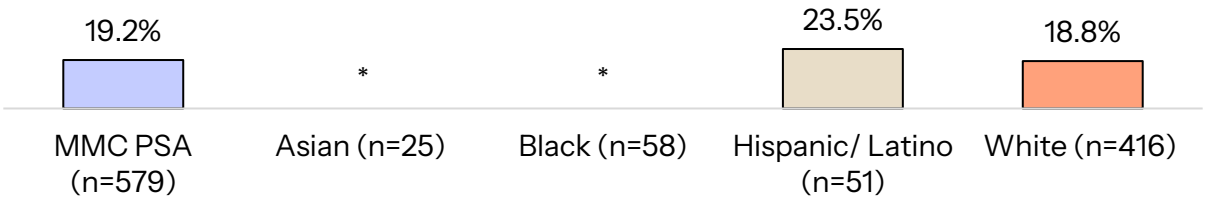
**Figure 69. Age-Adjusted Rate of Asthma Emergency Department Visits per 10,000, by Race/Ethnicity, by State and County, 2023**




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

In the MMC PSA, 19.2% of respondents reported ever being told by a healthcare provider that they had asthma (Figure 70). This proportion was 23.5% among Latino respondents compared to 18.8% among Whites.

**Figure 70. Percent of Community Health Survey Respondents in MMC PSA Ever Being Told by a Healthcare Provider that They Had Asthma, by Race/Ethnicity, (n=579), 2024**



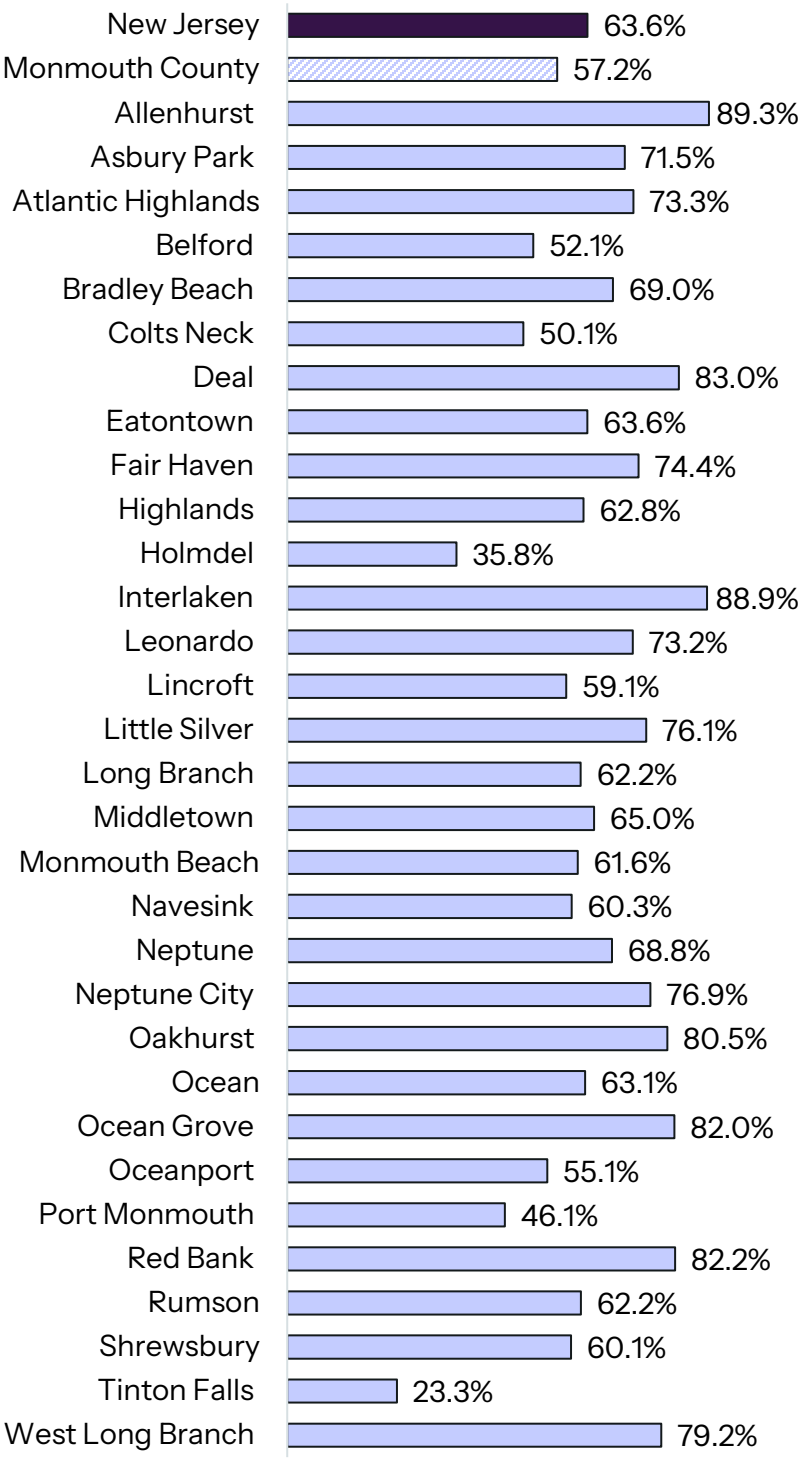

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data were suppressed due to low numbers.

*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 71 shows that 57.2% of housing in Monmouth County was built prior to 1979, compared to 63.6% statewide. This ranged from 23.3% in Tinton Falls to 89.3% in Allenhurst. 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 Monmouth County in 2022 (Table 38 in Appendix E. Additional Data Tables and Graphs).

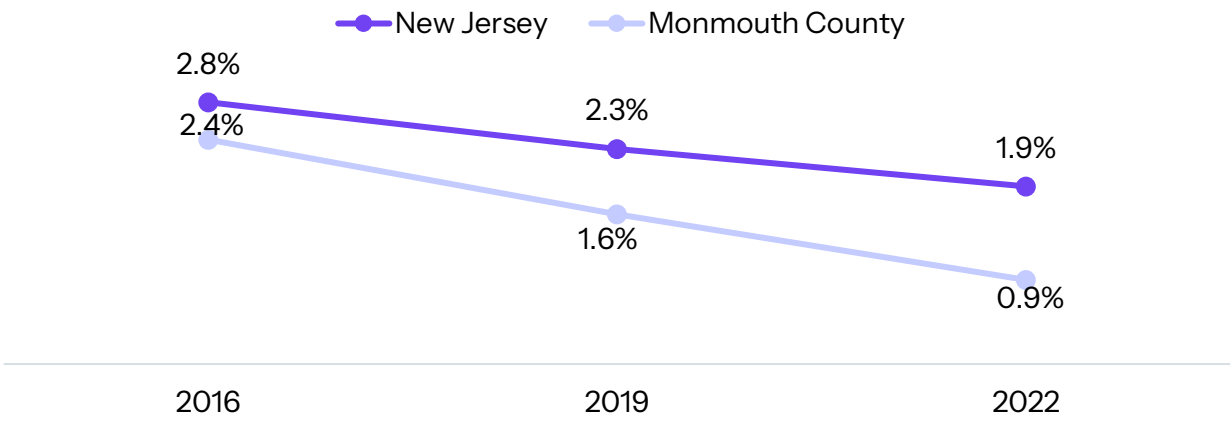
**Figure 71. Percent of Houses Built Prior to 1979, by State, County, and Town, 2019-2023**




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 Monmouth County (0.9%) compared to the state overall (1.9%), and that the proportion was steadily declining in both geographies since 2016 (Figure 72).

**Figure 72. 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 MMC 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 20 shows the rate of COVID-19 cases per 100,000 population from 2020 to 2022. In New Jersey overall, as well as Monmouth County, the case rate approximately doubled between

2020 and 2021. In 2021 and 2022, Monmouth County had a higher case rate per 100,000 than the state overall.

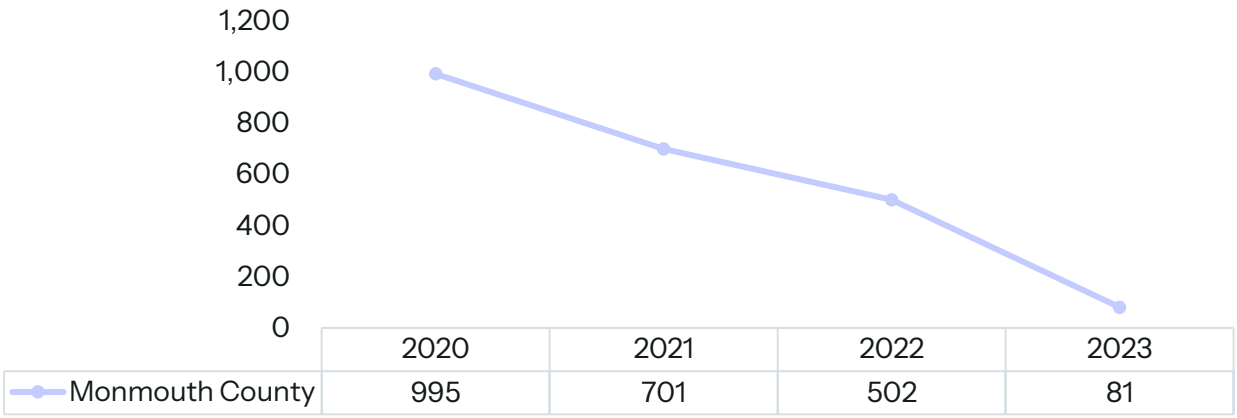
**Table 20. Rate of COVID-19 Cases per 100,000, by State and County, 2020-2022**

| | 2020 | 2021 | 2022 |
|---|---|---|---|
| New Jersey | 6,332.8 | 12,701.0 | 12,899.6 |
| Monmouth County | 6,220.2 | 14,422.5 | 13,071.8 |

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 73) due to the success of COVID-19 vaccinations and knowledge gained about how to treat severe cases. In 2020, 995 residents of Monmouth County died from COVID-19. By 2023, the number of deaths was 81 – a greater than ten-fold decrease.

**Figure 73. Number of COVID-19 Confirmed Deaths, by State and County, 2020-2023**

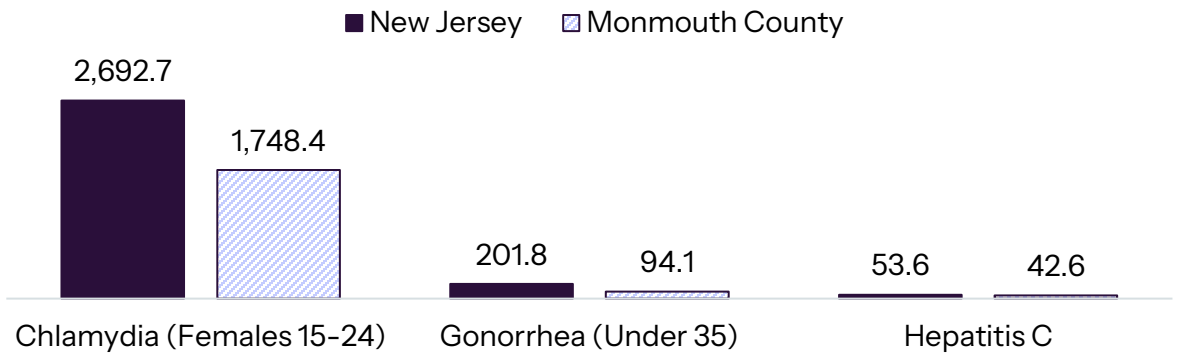



DATA SOURCE: New Jersey Department of Public Health, COVID-19 Dashboard, 2024

*Sexual Health and Sexually Transmitted Infections*

Chlamydia was the most common sexually transmitted disease in the state and in Monmouth County, though cases in Monmouth (1,748.4 per 100,000) were substantially lower than for New Jersey as a whole (2,692.7) among females aged 15-24 in 2019-2023 (Figure 74). Rates of gonorrhea and hepatitis C were also lower in Monmouth County than statewide. More information on sexual health and sexually transmitted infections can be found in Table 39 in Appendix E. Additional Data Tables and Graphs.

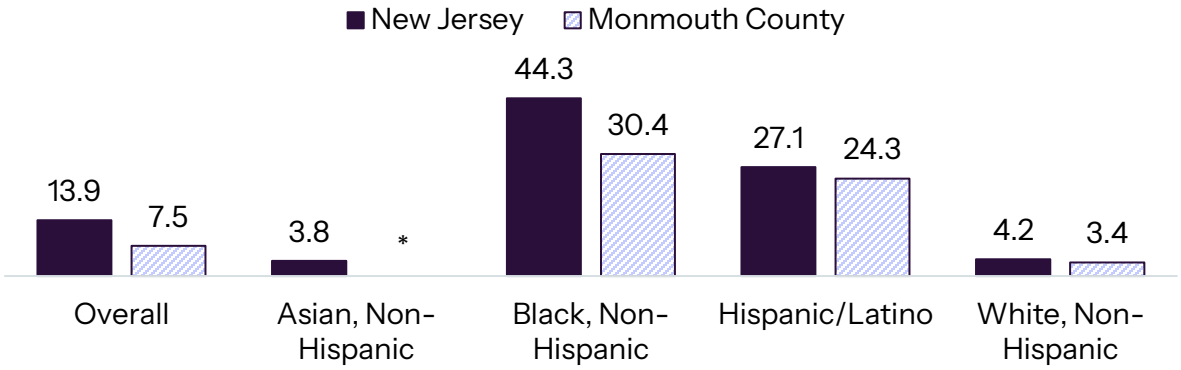
**Figure 74. Crude Incidence Rate of Chlamydia (Females Aged 15-24), Gonorrhea (Under Age 35), and Hepatitis C, per 100,000, by State and County, 2019-2023**




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 Monmouth County (7.5 per 100,000 residents) compared to New Jersey overall (13.9) (Figure 75). However, incidence rates were higher among Black (30.4 per 100,000) and Latino (24.3) residents of Monmouth County.

**Figure 75. HIV Incidence Rate per 100,000 Population (Age 13+), by Race/Ethnicity, by State and County, 2017-2021**

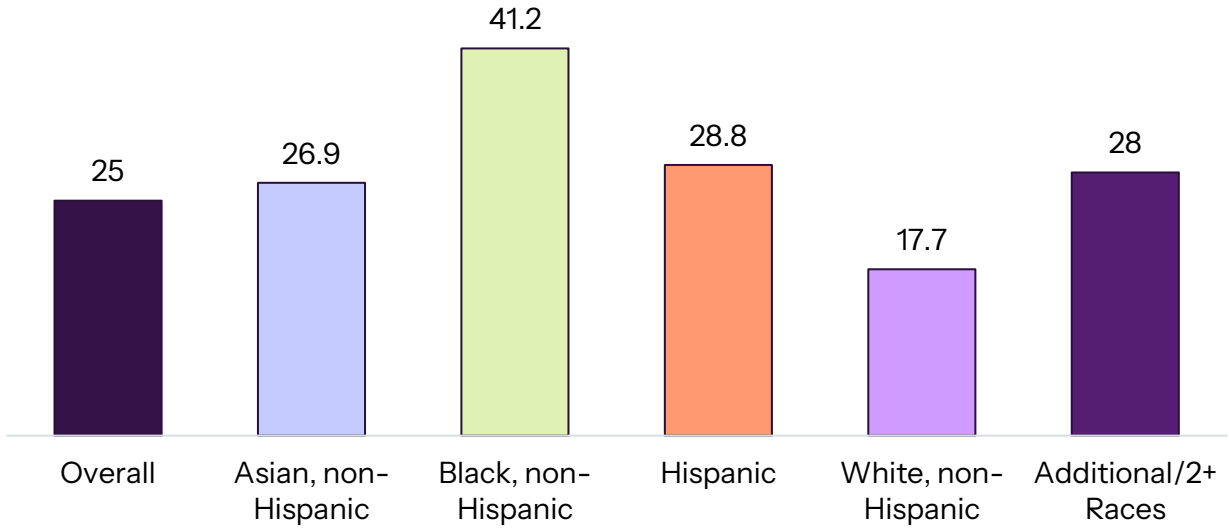



DATA SOURCE: Enhanced HIV/AIDS Reporting System; Division of HIV/AIDS, STD, and TB Services; New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data are suppressed, as the rate does not meet National Center for Health Statistics standards 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. 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 76).

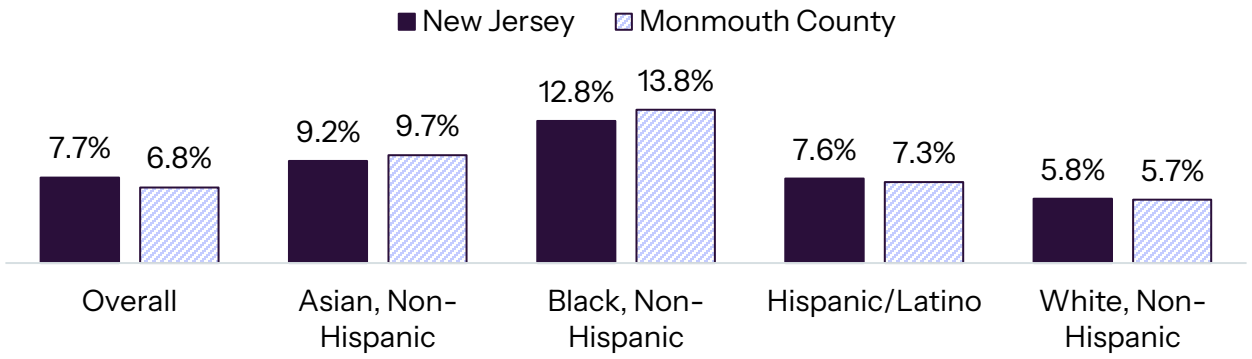
**Figure 76. Severe Maternal Morbidity (SMM) with Transfusion per 1,000 Delivery Hospitalizations by Race/Ethnicity, by State, 2023**




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 Monmouth County (6.8%) had a slightly lower proportion of low birthweight births than New Jersey overall (7.8%) in 2019-2023 (Figure 77). However, racial disparities were apparent, with 13.8% of Monmouth 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).

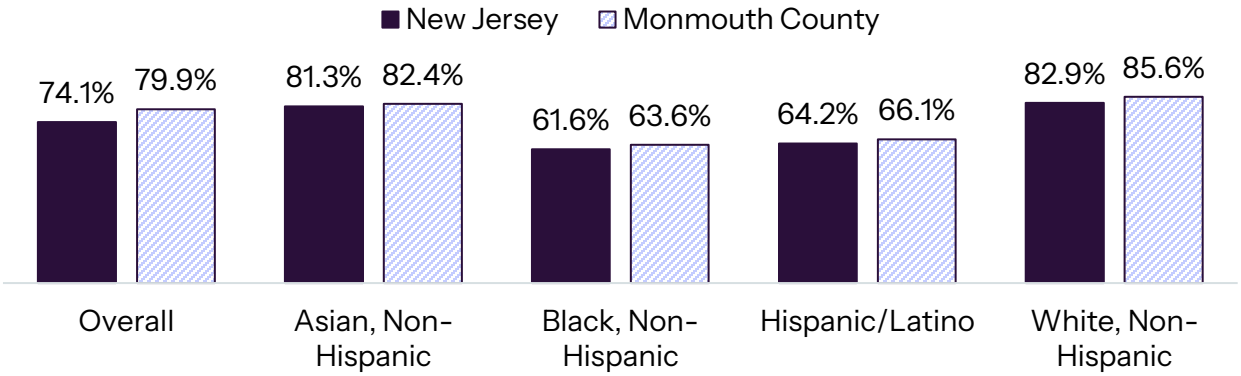
**Figure 77. Percent Low Birth Weight Births, by Race/Ethnicity, by State and County, 2019-2023**




DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Low birth weight is defined as less than 2,500 grams.

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 slightly higher in Monmouth County (79.9%) than New Jersey overall (74.1%) (Figure 78). However, differences by race/ethnicity were apparent, with only 63.6% of Black women and 66.1% of Latina women in Monmouth County receiving first trimester prenatal care, compared to 85.6% of White women in Monmouth.

**Figure 78. Percent of Live Births to Women Who Had Prenatal Care in First Trimester, by Race/Ethnicity, by State and County, 2018-2022**




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

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 MMC PSA participated in parenting classes to report any data.

# Healthcare Access

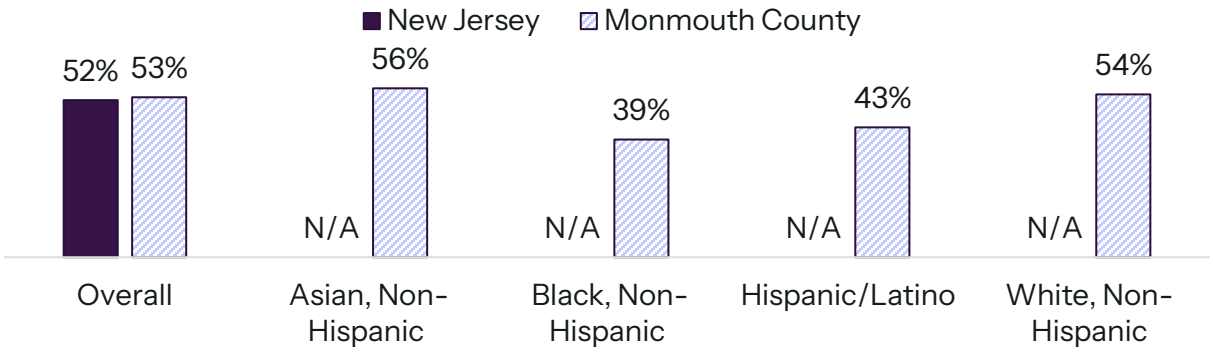
Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death. This section discusses the use of healthcare and other services, barriers to accessing these services, and the health professional landscape in 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 primary care providers and residents in their community. When speaking about the immigrant community, one interviewee noted, *"People are grateful for the level of expertise and range of services offered in the hospital nearby. The people there are professional, welcoming and receptive, and culturally sensitive to the people they're working with…. It's a huge thing to give to somebody."*

Over half of Monmouth County residents (53%) 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 79).

**Figure 79. 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: Stratification by race and ethnicity not available for State-level data.

Community survey respondents were asked what their top five sources of health information were. For MMC PSA survey respondents overall, these were healthcare providers (86.2%), online resources (40.9%), urgent care (24.0%), hospital emergency department (20.4%), and a family member (20.3%) (Table 21). Black respondents were more likely to report the hospital emergency department as a source, while White respondents also listed friends as a source.

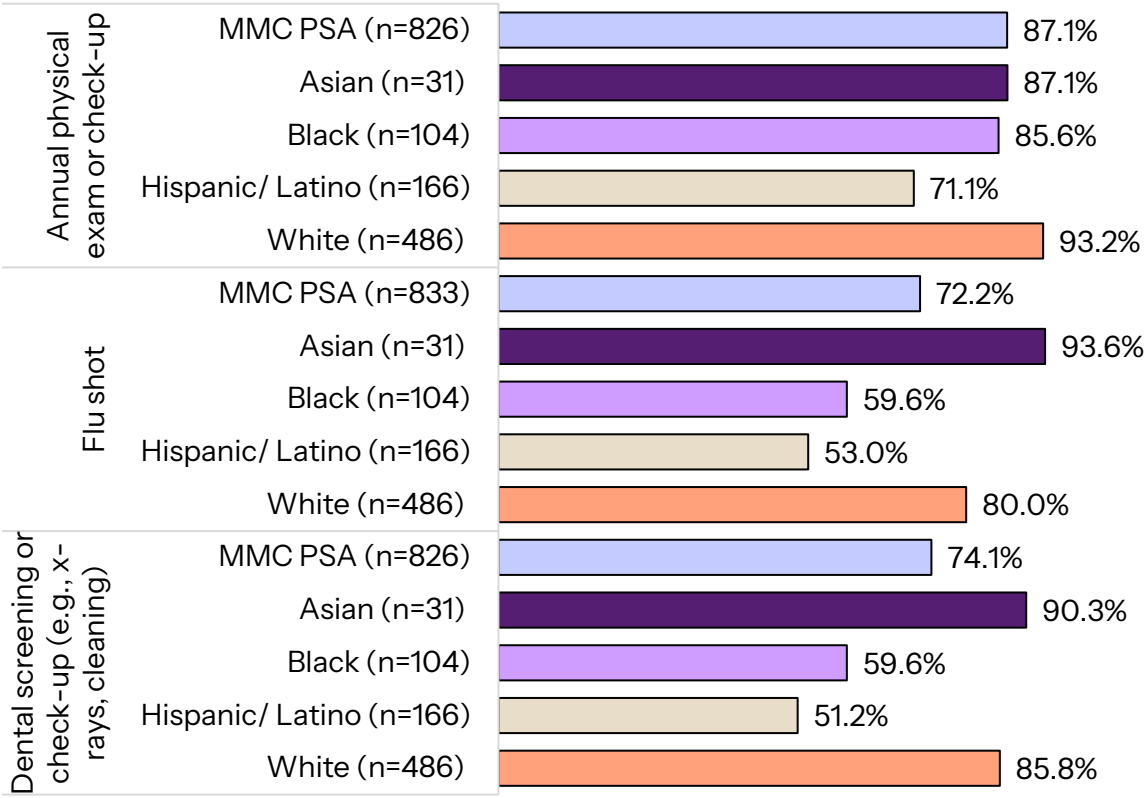
**Table 21. Top 5 Sources of Health Information among MMC PSA Survey Respondents, by Race/Ethnicity, 2024**

| | MMC PSA (n=592) | Asian (n=22) | Black (n=48) | Hispanic/ Latino (n=44) | White (n=448) |
|---|---|---|---|---|---|
| 1 | Health care provider (86.2%) | Health care provider (81.8%) | Health care provider (89.6%) | Health care provider (77.3%) | Health care provider (88.4%) |
| 2 | Online resources (40.9%) | * | Hospital emergency department (43.8%) | Online resources (47.7%) | Online resources (43.5%) |
| 3 | Urgent care (24.0%) | * | Online resources (41.7%) | Urgent care (31.8%) | Urgent care (23.9%) |
| 4 | Hospital emergency department (20.4%) | * | Urgent care (31.3%) | Hospital emergency department (27.3%) | Family member (20.8%) |
| 5 | Family member (20.3%) | * | * | * | Friends (19.9%) |

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

Respondents to the 2024 community survey were asked about their participation in various health screenings and preventive services in the last two years. Overall, 87.1% of survey respondents in the MMC PSA reported having an annual physical exam in the last two years, while 72.2% reported having a flu shot, and 74.1% received dental screening (Figure 80). Latino respondents reported the lowest percentage of participation in screenings with 71.1%, 53.0%, and 51.2% of respondents reporting having a physical exam, receiving a flu shot, and receiving a dental screening, respectively in the last two years.

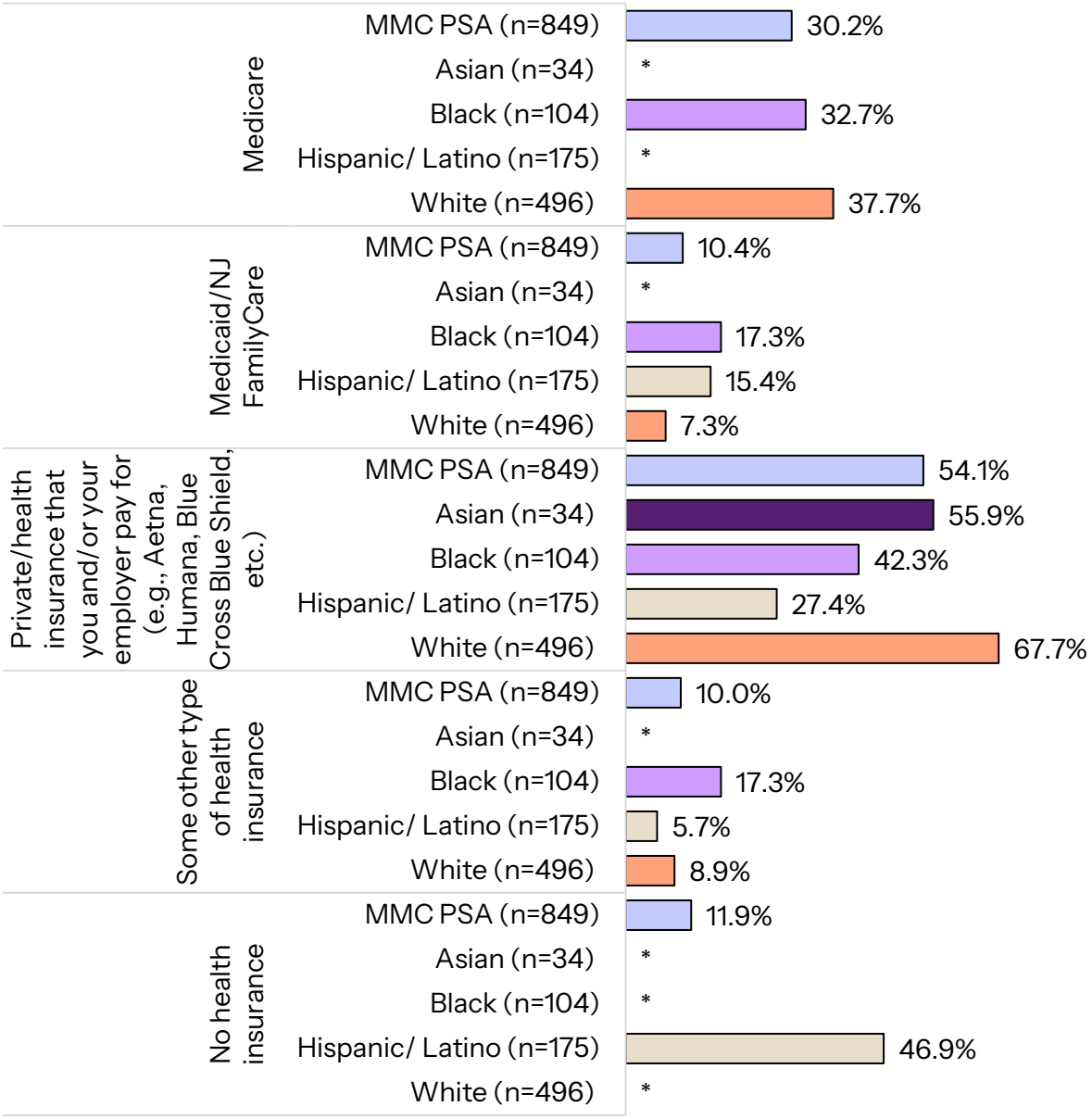
**Figure 80. Participation in Selected Preventive Services in the Past 2 Years, MMC PSA Respondents, by Race/Ethnicity, 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because of missing race data and those who identified as more than one race or races not presented here.

Community survey respondents were asked about their health insurance coverage. Overall, 30.2% of survey respondents in the MMC PSA reported having Medicare, 10.4% reported having Medicaid/NJ FamilyCare, 54.1% reported having private insurance, and 10.0% reported having some other type of insurance (Figure 81). The biggest racial/ethnic disparities in insurance coverage were among the uninsured residents, with 46.9% of Latino respondents reporting being uninsured compared to too few Asian, Black, or White respondents to report at all.

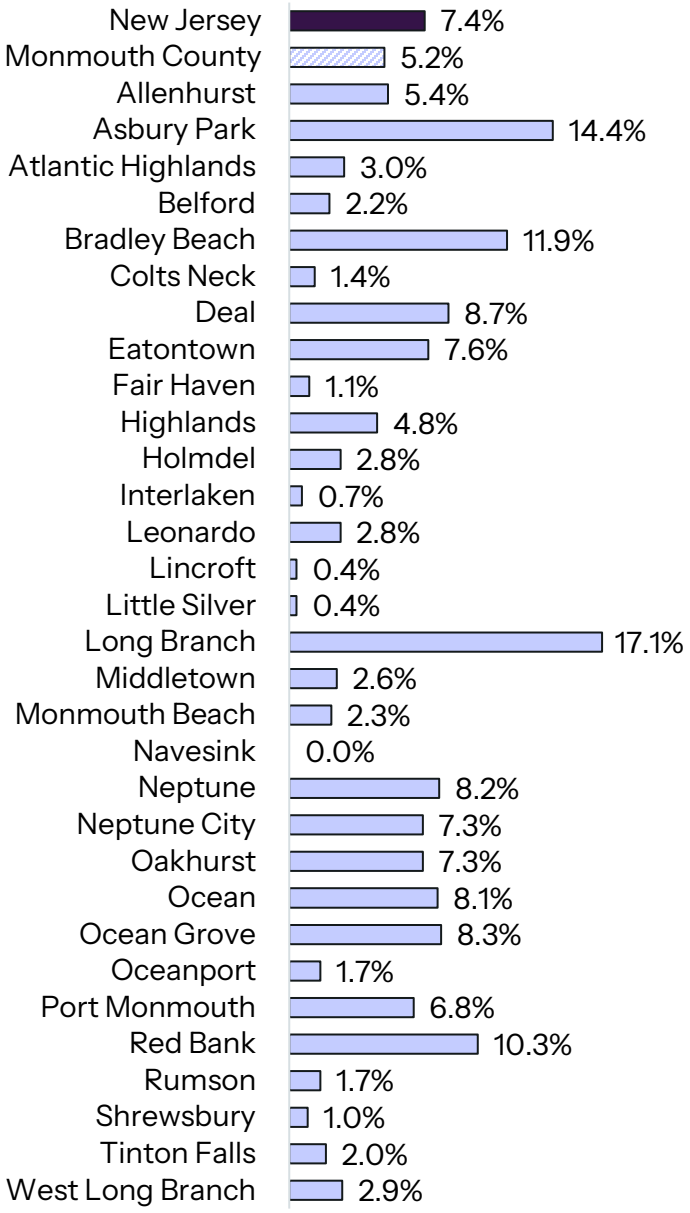
**Figure 81. Type of Health Insurance, MMC PSA Respondents, by Race/Ethnicity, 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Asterisk (*) means that data are suppressed. N values refer to the total number of respondents, not only those who responded affirmatively to that question. N's for racial groups do not sum to the total N because of missing race data and those who identified as more than one race or races not presented here.

U.S. Census data show the percentage of uninsured population from 2019-2023 (Figure 82). Monmouth County (5.2%) had a lower uninsured rate than New Jersey overall (7.4%). Proportions ranged from 0.0% in Navesink to 17.1% in Long Branch. More information on health insurance rates and uninsured populations can be found in Appendix E. Additional Data Tables and Graphs.

**Figure 82. Percent Uninsured, by State, County, and Town, 2019-2023**




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

**Barriers to Accessing Healthcare Services**

Interviewees and focus group participants shared that Monmouth County 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. As one focus group participant explained, *"We have private insurance that my husband pays for, but our out of pocket is $1,200 per person and for things I find myself questioning is this really worth going to the doctor about? I worry for me and my kids and that's a big concern for me."* Another participant noted that the high cost of care or lack of insurance can lead to families *"using the emergency room inappropriately"* and making it difficult to manage chronic conditions. This barrier was seen as particularly difficult for residents utilizing Medicaid or Medicare, as multiple focus group participants and interviewees emphasized the challenge of finding healthcare providers that accept public insurance.

Multiple focus group participants also highlighted long wait times as a main barrier to accessing healthcare. This was especially highlighted in reference to mental and behavioral healthcare appointments with participants noting long waits in order to get appointments with psychiatrists, therapists/counselors, neurologists, and pediatric specialists. Some participants shared anecdotal stories of waiting months for an evaluation appointment for their child in order for their school system to provide additional support and resources.

> *"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

Although some interviewees noted that language services have improved in healthcare settings, some focus group participants still noted that they faced difficulties navigating healthcare systems when English was not their first language. Multiple interviewees also mentioned a recent decrease in some immigrant communities accessing healthcare services due to the current political environment. As one interviewee described: *"One of the reasons why we don't see an increase in patients is because a lot of folks are scared to go out because of ICE… The demand is there but people are fearful to go and get the services, not knowing if they will be targeted. The political environment is affecting individuals going and getting the care they need. It's having a serious effect on mental health and primary care of individuals in the community."* Interviewees emphasized not only the impact on whether community members are accessing services, but also the broader mental health impacts related to the anxiety and stress among immigrant communities in the current political environment.

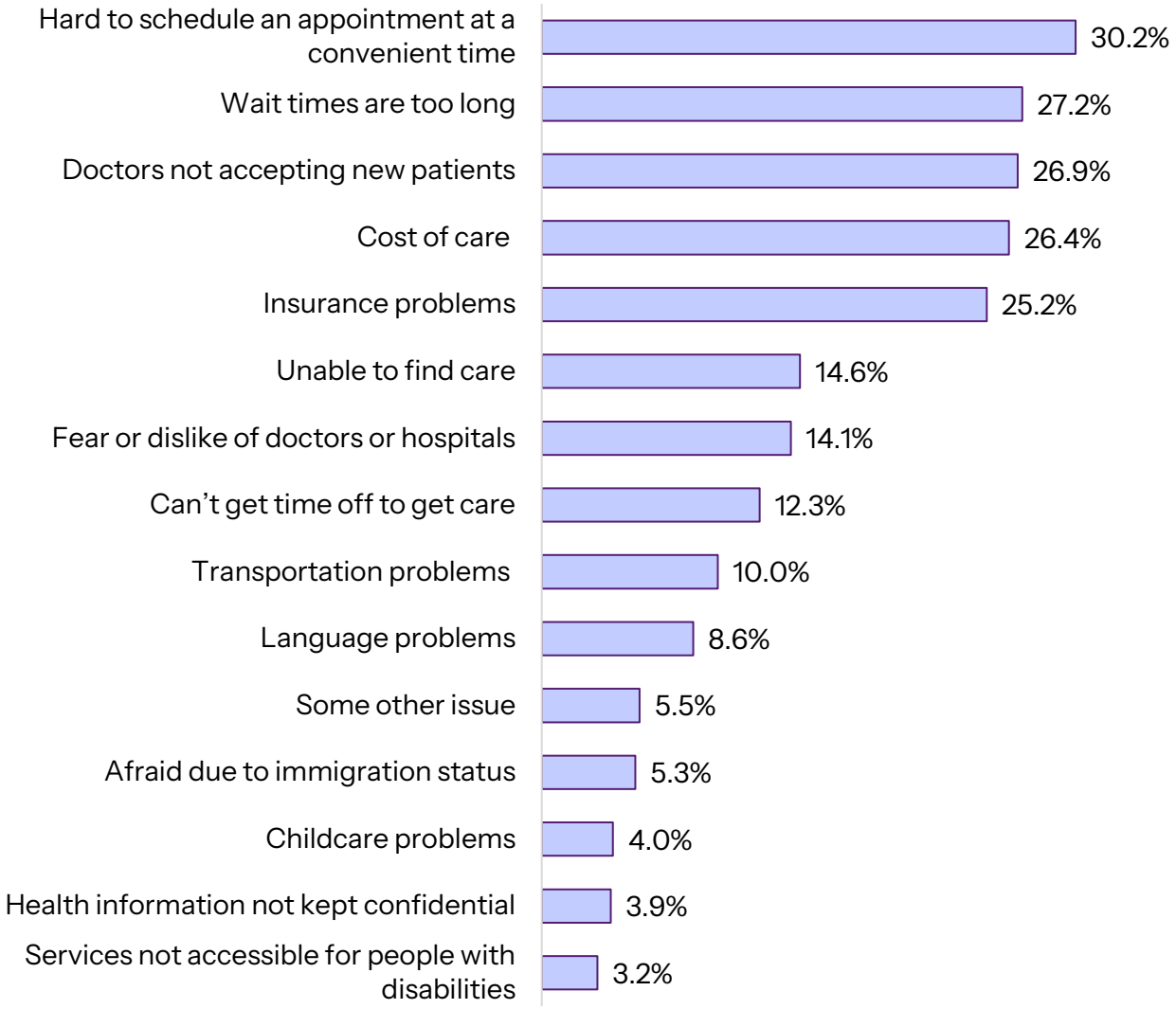
Data from the County Health Rankings show the ratio of population to primary care providers (PCP) in 2021. Monmouth County had a better ratio than the state overall, with one PCP per 912 residents (912:1) compared to 1279:1 statewide (Figure 83).

**Figure 83. Ratio of Population to Primary Care Provider, by State and County, 2021**


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 84). The top issues survey respondents identified overall were inability to schedule an appointment at a convenient time (30.2%), long wait times (27.2%), doctors not accepting new patients (26.9%), cost of care (26.4%), and insurance problems (25.2%).

**Figure 84. Health Care Access Barriers Reported by Community Health Survey Respondents in MMC PSA, (n=795), 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024

Table 22 below presents the top five challenges by racial/ethnic groups. Black and Latino respondents more commonly ranked cost of care as a barrier, and Latinos also cited language problems as a barrier (32.7%).

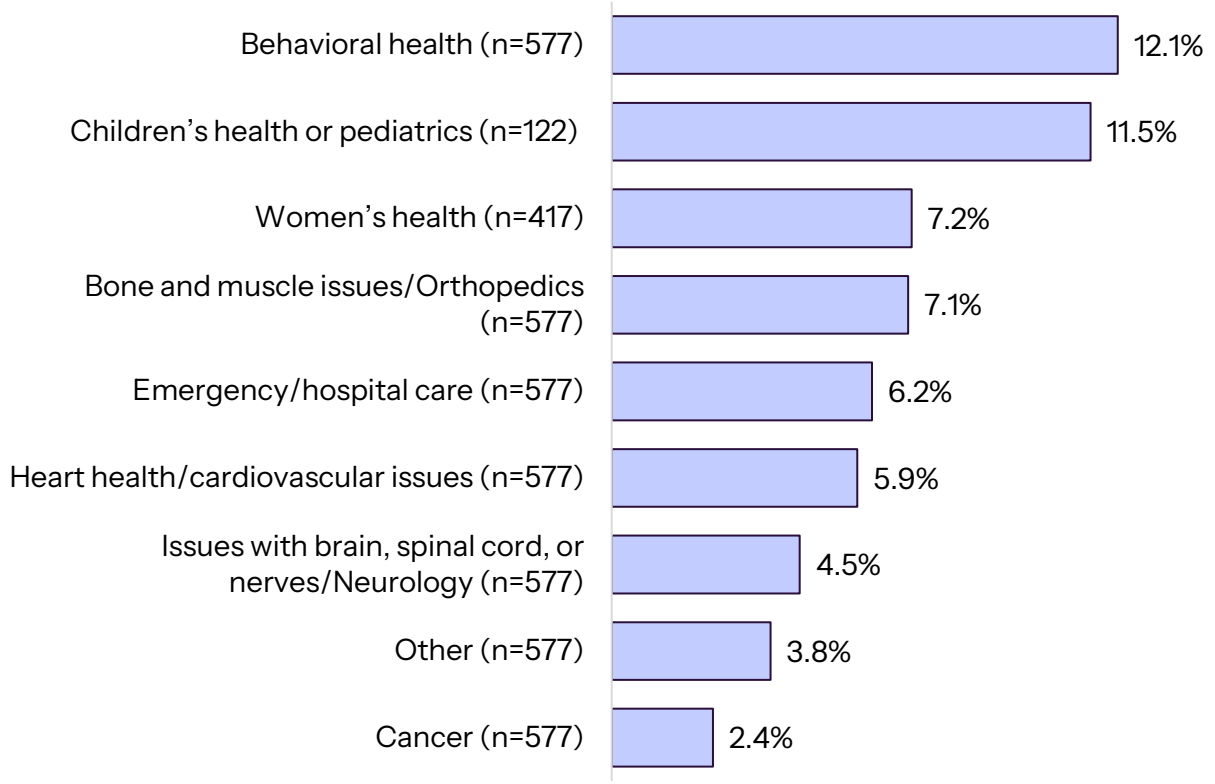
**Table 22. Top 5 Health Care Access Barriers, MMC PSA Respondents, by Race/Ethnicity, 2024**

| | MMC PSA (n=795) | Asian (n=33) | Black (n=93) | Hispanic/ Latino (n=159) | White (n=476) |
|---|---|---|---|---|---|
| **1** | Hard to schedule an appointment at a convenient time (30.2%) | Hard to schedule an appointment at a convenient time (30.3%) | Cost of care (26.9%) | Cost of care (39.6%) | Hard to schedule an appointment at a convenient time (32.1%) |
| **2** | Wait times are too long (27.2%) | * | Wait times are too long (21.5%) | Wait times are too long (38.4%) | Doctors not accepting new patients (29.4%) |
| **3** | Doctors not accepting new patients (26.9%) | * | Doctors not accepting new patients (21.5%) | Hard to schedule an appointment at a convenient time (34.6%) | Insurance problems (25.4%) |
| **4** | Cost of care (26.4%) | * | Insurance problems (21.5%) | Insurance problems (34.0%) | Wait times are too long (24.4%) |
| **5** | Insurance problems (25.2%) | * | Hard to schedule an appointment at a convenient time (19.4%) | Language problems (32.7%) | Cost of care (21.2%) |

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

Figure 85 shows the percentage of community survey respondents from the MMC PSA who reported needing specialist care and not being able to access it, by type of care. The greatest proportion of respondents facing difficulties in accessing care were for those needing behavioral health care (12.1%) and pediatric care (11.5%).

**Figure 85. Percent of Community Survey Respondents in MMC PSA Who Reported Needing Specialist Care and Not Being Able to Go, by Type of Care Needed, 2024**




DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Responses are only among survey respondents who reported needing specialty care. Percentages are calculated for "Children's health or pediatrics" only among respondents reporting having any children under age 18. Percentages are calculated for "Women's health" only among those assigned female at birth.

The largest barrier to seeking care for behavioral health (55.1%), cardiovascular health (56.0%), and orthopedics (50.0%) was provider availability (Figure 116 in Appendix E. Additional Data Tables and Graphs). Community respondents reported the largest barrier to seeking care from hospitals and/or emergency departments was cost (57.7%), and the biggest barriers for care for neurology were provider availability (55.0%) and insurance problems (55.0%). Unfortunately, insufficient responses were available to show data for children's health, women's health, or cancer.

# 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 social service sectors (e.g., housing, food insecurity, veteran, immigrant, and youth services, etc.), mental and behavioral health providers, education / school system staff, and Monmouth County residents at large belonging to specific population groups, including Spanish-speaking Latino community members, parents, older adults, and those working in substance use as peer recovery specialists. The following section summarizes the assessment participants' recommendations for future consideration.

***More accessible and affordable healthcare services within Monmouth County.*** Community participants noted a need for expanded translation services, additional providers, and more affordable services and health insurance options. Community survey respondents 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 (Figure 84). Additionally, focus group and interview participants emphasized the need for more healthcare providers that accept public health insurance, along with the need for translation services. As one focus group participant summarized: *"If I'm paying for insurance, I should be able to have a doctor that I can communicate with that will be able to provide me with the same level of care as any other person."*

***Increased integration of mental and behavioral health services within the community.*** Community participants noted a need for additional mental and behavioral health services within the community to meet the demand for services. Community survey respondents identified mental health issues as within the top 5 health concerns in their community overall, and the number one health concern for children and youth in their community (Figure 31 and Figure 32). Focus group and interview participants emphasized the need for more resources and providers, with one participant describing their wish for a *"mental health urgent care"* co-located with medical services to provide community members with options for care outside of an emergency room department setting. Other participants noted a need for more communication between healthcare facilities and substance use treatment centers to streamline coordination of available resources and services, along with the need for care navigators to connect residents to care outside of typical working hours.

> *"The emerging challenge of mental health is something that can just steamroll everything. There's just such a need for that right now."*
> - Focus group participant

***Increased economic stability and affordability of basic necessities (i.e. food, housing, etc.)*** Community participants emphasized the high cost of living, including rising food prices and a lack of affordable housing. About half of survey respondents disagreed with the statement, "There is enough housing that I can afford that is safe and well-kept in my community." (Figure 6) and just over a third of survey respondents noted that the price of healthy food is a barrier to eating a healthy diet (Table 10). Participants envisioned a future community where safe housing and healthy, nutritious food is affordable and accessible to all community members.

***Development of additional opportunities for healthy living in Monmouth County***. Although community participants identified the outdoor activities (parks, beaches, etc.) as community assets, they 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 participants from the Latino community hoped to see options such as covered parks or indoor physical fitness opportunities as spaces that could be used in the winter. Other participants highlighted the need for more opportunities for developing healthy eating habits, such as increasing access to local farmers' markets and free cooking classes for families and community members.

> *"It would be great to have a covered park with different activities, like a place to play basketball, another to play baseball, another with a movie theatre, an area for smaller kids, etc. In the winter, there is nowhere to take kids."*
> – Focus group participant

***Increased coordination and communication of available services and resources.*** Many interviewees highlighted the coordination of local services and resources as a strength of Monmouth County, yet some interviewees emphasized the need for continuing partnership and coordination given the uncertainty of the federal funding and policy landscape. One interviewee highlighted the role healthcare systems could potentially play in leading this partnership: *"Hospital systems are really good at networking across massive geographic regions and creating capacity to meet need. Helping transition that knowledge to do that to smaller community based organizations for how we can model that at a grassroots level to ensure that we can continue that same support and services in the midst of a scarcer resource environment."* Focus group participants also noted that although there are resources in the community, they are sometimes difficult to find, and it would be useful for community members to have a centralized way to identify programs and resources.

***Strengthened community connections and support across residents and community groups.*** Participants envisioned a future where their community felt united and supportive of everyone regardless of someone's background or identity or experiences. As one interviewee noted, *"I'd like to see us in a place where we can have differences of opinions, we could have differences of political thoughts and yet all be valued and appreciated and accepted… I think it starts with listening to each other."* Participants noted that they would like to see more in-person events that bring people together to engage with one another and build a sense of community. When asked what they would like to see in their community, one focus group participant described, *"It would be to provide community-based, in-person events for everyone to get together - adults, teens, kids - to interact face-to-face and remember our share humanity… if we could provide opportunity for people to share their community and get to know each other, it would help everyone of every age."*

> *"I [would like to see] everyone accept themselves for who they are and get along and work together. It doesn't matter the color, their religion, who they voted for, it's okay that everybody is different but it's not okay to target them for that…If we could do that, we could build a better community."*
> – Focus group participant

# Key Themes and Conclusions

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

**The communities that MMC service are diverse and health disparities exist.** In some townships, 20% of households earn less than $25,000 annually, while in others just miles away, 60% of households earn greater than $200,000 annually, illustrating the stark income inequality in this region. These differences are also reflected in the racial distribution between towns, with many of the wealthiest communities being almost exclusively White. These inequities in such close proximity were noted in community discussions as well. As one interviewee described, *"When people think Monmouth, they think Monmouth County – shore houses, money. As much as that is true, there's a lot of untrue to that. The further west, there's disparities, and even close to the shore, there's that idea of 'the other side of the tracks'."* Black residents in Monmouth County experienced a far higher premature mortality rate than residents of other races/ethnicities, and higher than the average premature mortality rate of Black residents in New Jersey overall. Emergency Department visits for asthma were seven times more common for Black residents than White residents of Monmouth County. Latino community survey respondents were consistently less likely than their peers to receive preventative health services such as annual check-ups, cancer screenings, and immunizations. Over 35% of Black and Latino community survey respondents reported feeling discriminated against when receiving medical care based on their race/ethnicity.

**The current environment and federal policies related to immigration and reduced social service funding has created a sense of fear and anxiety among individuals, communities, and organizations.** Economically vulnerable community members are most impacted by the stress associated with potential loss of social services (i.e. Medicaid/Medicare benefits, etc.), including older adults, low-income households, veterans, and immigrant communities. Local organizations also emphasized their concerns around continuing to provide necessary services to residents with the uncertainty of future funding. Multiple participants reported a decrease in some immigrant communities accessing services due to fear of deportation or separation, with others noting the impact this has on the physical and mental health of this community.

**There is a strong network of local organizations dedicated to serving community members.** Many interviewees highlighted the partnerships across local organizations as a key asset in Monmouth County, with one interviewee describing the community as a *"service-rich county."* Although some partnerships have been long standing, others attributed the COVID-19 pandemic for strengthening relationships across programs and services. As one interviewee described, *"COVID taught us we can't do this work alone. We developed a lot of partnerships that are deep seated and lasting to this day. We feel like we've been through the trenches together. When you call, people will answer the phone. There are a lot of places where that doesn't happen."* Amid the positive sentiments about the community partnerships, some interviewees also expressed concerns around how recent funding cuts and instability may

impact their ability to meet the needs of the residents they serve, along with how it might impact the dynamics across partners.

**Mental health and substance use were emphasized as key community issues by participants**. Mental 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, etc.). Mental health was identified as the fifth top health concern among MMC PSA survey respondents overall, and it was the number one concern for children and youth. Focus group and interview participants also viewed youth mental health as a particular concern, especially following the social isolation of COVID-19. Participants also highlighted concerns around substance use among youth, noting the accessibility of alcohol, nicotine, and marijuana products and the potential of these products to be laced with other chemicals or substances. Some noted that the stigma around accessing mental health and substance use services had reduced in recent years, while others noted that this still serves as a barrier for many residents. Participants overall emphasized the need for additional mental health and substance use services to meet the needs of the community, especially services that accept public health insurance and offer language services. This was mirrored among MMC PSA survey respondents, who identified the top barriers to mental health or substance use services for themselves or a family member as wait times being too long (37.2%), counselors /services not accepting new patients (34.5%), and insurance problems (32.0%). Participants emphasized the detrimental impacts of delays in connecting residents to care: *"Addiction doesn't take the night off. It's terrible to see someone who wants the help but can't get the work started 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 high cost of living, especially regarding housing and food, has a direct impact on 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. Affordable housing was a particular concern among participants, with some noting that although there had been an increase in construction and new development in Monmouth County, this had not translated into more affordable housing for current residents: *"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."* Among MMC PSA survey respondents, just under one-third (31.6%) agreed or strongly agreed that there is enough safe and affordable housing in their community, a proportion that was lower among Black and Hispanic/Latino respondents (17.9% and 23.3%, respectively). The high cost of living also has an impact on residents' ability to access affordable, nutritious food, which was another key concern among participants who noted that food is often given up first when needing to make tradeoffs about where to spend a limited income. Some communities 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 unhoused / housing insecure individuals. Participants highlighted the local organizations providing food-related services as having a positive impact on the community, although some noted that stigma can still serve as a barrier for whether residents access the available resources and services.

**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 high cost of health insurance, along with the challenge of finding providers that accept public insurance, was highlighted by participants as a key barrier to accessing healthcare. Many participants also noted the long wait times for appointments, especially for mental and behavioral health services. This was mirrored in the community survey in which the top barriers identified by respondents in the MMC PSA included difficulties scheduling an appointment at a convenient time (30.2%), wait times are too long (27.2%), and doctors not accepting new patients (26.9%). Some participants also noted that the current political environment is an additional barrier for some immigrant communities who may be avoiding accessing services due to fear of being targeted. As one interviewee described*, "One of the reasons why we don't see an increase in patients is because a lot of folks are scared to go out because of ICE… The demand is there but people are fearful to go and get the services not knowing if they will be targeted. The political environment is affecting individuals going and getting the care they need. It's having a serious effect on mental health and primary care of individuals in the community."* Participants also reported mixed experiences with language services when accessing healthcare, with some reporting that language services had improved while others reported still facing challenges communicating or navigating healthcare systems.

# 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 three top priority issues for future action and investment (Appendix B: Key Informant Interview Guide and Appendix C: Focus Group Guide). 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 Community Health Issues 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 and Child Health
- Mental Health
- Substance Use
- Systemic Racism and Discrimination

The recommendation was made to address Health & Racial Equity and Systemic Racism and 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. Preliminary polling results identified the following four potential priority areas (listed below in alphabetical order):

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

*Facility-Specific Key Findings & SIP Prioritization with MMC and MMCSC Leadership (Step 2)*
On September 30th, 2025, a 60-minute virtual Key Findings and Prioritization meeting took place with MMC and MMCSC 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 MMC & MMCSC facility-specific meeting discussed adding a cross cutting theme of Economic Stability, noting that this encompassed the impact of other themes such as Affordable Housing on the other priority areas. 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, MMC and MMCSC selected the following 4 priorities to focus on when developing their strategic implementation plans:

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

Health and Racial Equity and Systemic Racism & Discrimination, along with Economic Stability, 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, MMC and MMCSC 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 MMC and MMCSC priorities: Mental Health and Behavioral Health (with a subtopic of Substance Use); Chronic Disease Prevention and Management; Healthcare Access (with a subtopic of Maternal and Child Health); and Food Insecurity and Healthy Eating. Health and Racial Equity and Systemic Racism and Discrimination will be included as cross-cutting themes with strategies to address health disparities.

# Monmouth Medical Center Community Health Needs Assessment: Appendix

November 2025

PREPARED BY
HEALTH RESOURCES IN ACTION

RWJBarnabas HEALTH | Monmouth Medical Center

# Appendix

## Table of Contents

## 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, Monmouth County | Youth |
| Boys & Girls Club of Monmouth County | Youth |
| Community Affairs & Resource Center | Hispanic / Latinx Community |
| Family Resource Associates, Employability Program | Disability Services |
| FulFill | Food Insecurity |
| HABCore, Inc. Housing the Homeless | Housing |
| MMC Behavioral Health Services | Mental Health |
| Monmouth Family Health Center & Parker Family Health Center | Federally Qualified Health Centers |
| RWJBH Parent Programming | Parents |
| RWJBH Peer Recovery Specialists | Substance Use |

**Appendix B: Key Informant Interview Guide**

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

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 FACILITATOR:**

**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**

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

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

[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 Monmouth County

Acute Care Facilities Resource_Monmouth County

| FACILITY_TYPE | LIC# | LICENSED_NAME | ADDRESS | CITY | STATE | ZIP | COUNTY | TELEPHONE | FAXPHONE | LICENSED_OWNER |
|---|---|---|---|---|---|---|---|---|---|---|
| AMBULATORY CARE FACILITY | 25199 | STRESS CARE MEDICAL GROUP CORPORATION (NJ12599) | 500 PARK AVENUE MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 679-4500 | (732) 679-4549 | Stress Care Medical Group Corporation |
| AMBULATORY CARE FACILITY | 1511 | CENTRAL JERSEY WOUND TREATMENT CENTER (NJ1511) | 1001 WEST MAIN STREET, SUITE B EAST FREEHOLD, NJ 07728 | EAST FREEHOLD | NJ | 07728 | MONMOUTH | (732) 637-6300 | (732) 409-1364 | Centrastate Medical Center, Inc |
| AMBULATORY CARE FACILITY | 22464 | PRINCETON RADIOLOGY ASSOCIATES, PA (NJ22464) | 901 WEST MAIN STREET FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 462-4844 | (732) 462-9482 | Princeton Radiology Associates |
| AMBULATORY CARE FACILITY | 22709 | MIDDLETOWN MEDICAL IMAGING (NJ22709) | 1275 ROUTE 35 NORTH MIDDLETOWN, NJ 07748 | MIDDLETOWN | NJ | 07748 | MONMOUTH | (732) 275-0999 | (732) 275-0979 | Middletown Ventures Associates, Llc |
| AMBULATORY CARE FACILITY | 22832 | HEALTH VILLAGE IMAGING AT WALL (NJ22832) | 1975 HIGHWAY 34, BUILDING D WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 974-8060 | (732) 974-8038 | Health Village Imaging, L.L.C. |
| AMBULATORY CARE FACILITY | 22852 | UNIVERSITY RADIOLOGY GROUP, LLC (NJ22852) | 2128 KINGS HIGHWAY OAKHURST, NJ 07755 | OAKHURST | NJ | 07755 | MONMOUTH | (732) 493-8444 | (732) 493-4185 | University Radiology Group, Llc |
| AMBULATORY CARE FACILITY | 22906 | UNIVERSITY RADIOLOGY GROUP, LLC (NJ22906) | 2315 HIGHWAY 34, BLDG A, SUITE C MANASQUAN, NJ 08736 | MANASQUAN | NJ | 08736 | MONMOUTH | (732) 282-9120 | (732) 282-9123 | University Radiology Group, Llc |
| AMBULATORY CARE FACILITY | 22954 | UNIVERSITY RADIOLOGY GROUP, LLC (NJ22954) | 1043 WEST MAIN STREET FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 462-1900 | (732) 462-1848 | University Radiology Group, Llc |
| AMBULATORY CARE FACILITY | 23108 | HOLMDEL IMAGING, LLC (NJ23108) | 100 COMMONS WAY, SUITE 110 HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 671-6618 | (732) 671-7353 | Holmdel Imaging, Llc |
| AMBULATORY CARE FACILITY | 23176 | ATRIUM DIAGNOSTIC IMAGING (NJ23176) | 224 TAYLORS MILLS ROAD, SUITE 108 MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 431-7600 | (732) 431-1606 | Atrium Diagnostic Imaging, Llc |
| AMBULATORY CARE FACILITY | 23457 | PROFESSIONAL ORTHOPAEDIC ASSOCIATES (NJ23457) | 776 SHREWSBURY AVENUE SUITE 205 TINTON FALLS, NJ 07724 | TINTON FALLS | NJ | 07724 | MONMOUTH | (732) 530-4949 | (732) 345-8027 | Professional Orthopaedic Associates |
| AMBULATORY CARE FACILITY | 23955 | ATLANTIC MEDICAL IMAGING WALL TOWNSHIP (NJ23955) | 2399 NORTH HIGHWAY 34, UNIT B RAMSHORN EXECUTIVE CENTRE MANASQUAN, NJ 08736 | MANASQUAN | NJ | 08736 | MONMOUTH | (732) 292-9980 | (732) 292-9950 | Atlantic Medical Imaging |
| AMBULATORY CARE FACILITY | 24021 | SHREWSBURY DIAGNOSTIC IMAGING LLC (NJ24021) | 1131 BROAD STREET SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (732) 578-9640 | (732) 578-9649 | Monmouth Diagnostics Joint Venture Llc |
| AMBULATORY CARE FACILITY | 24076 | SLEEP DYNAMICS (NJ24076) | 2240 HIGHWAY 33, SUITE 114 NEPTUNE CITY, NJ 07753 | NEPTUNE CITY | NJ | 07753 | MONMOUTH | (732) 455-3030 | (732) 960-6611 | Sleep Dynamics, Llc |
| AMBULATORY CARE FACILITY | 24136 | SOLUTIONS HEALTH AND PREGNANCY CENTER (NJ24136) | 837 BROAD STREET SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (732) 747-5454 | (732) 747-4257 | Solutions Health And Pregnancy Center |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| AMBULATORY CARE FACILITY | 24187 | PRINCETON RADIOLOGY ASSOCIATES, PA (NJ24187) | 176 ROUTE 9 NORTH ENGLISHTOWN, NJ 07726 | ENGLISHTOWN | NJ | 07726 | MONMOUTH | (732) 577-2750 | (732) 536-0805 | Princeton Radiology Associates |
| AMBULATORY CARE FACILITY | 24295 | HUDSON LITHOTRIPSY LLC (NJ24295) | 331 NEWMAN SPRINGS RD - BLDG 1, 4TH FLR, STE 143 RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (800) 852-5695 | (800) 751-3655 | Hudson Lithotripsy, L.L.C. |
| AMBULATORY CARE FACILITY | 24296 | NOTTINGHAM SURGICAL SERVICES LLC (NJ24296) | 125 HALF MILE ROD, SUITE 200 RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (800) 852-5695 | (800) 751-3655 | Nottingham Surgical Services, Llc |
| AMBULATORY CARE FACILITY | 24303 | JERSEY SHORE IMAGING LLC (NJ24303) | 2100 CORLIES AVENUE NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 988-1234 | (732) 988-8769 | Jersey Shore Imaging Llc |
| AMBULATORY CARE FACILITY | 24429 | CARDIOLOGY ASSOCIATES OF OCEAN COUNTY (NJ24429) | 2414 HIGHWAY 35 NORTH MANASQUAN, NJ 08736 | MANASQUAN | NJ | 08736 | MONMOUTH | (732) 223-1170 | (732) 223-1199 | Cardiology Associates Of Ocean County |
| AMBULATORY CARE FACILITY | 24749 | UNIVERSITY RADIOLOGY-ATLANTIC LLC (NJ24749) | 48 NORTH GILBERT STREET TINTON FALLS, NJ 07753 | TINTON FALLS | NJ | 07753 | MONMOUTH | (732) 530-5750 | (732) 530-5848 | University Radiology-Atlantic Llc |
| AMBULATORY CARE FACILITY | 24878 | BEACON OF LIFE (NJ24878) | 1075 STEPHENSON AVENUE OCEANPORT, NJ 07757 | OCEANPORT | NJ | 07757 | MONMOUTH | (732) 592-3400 | (732) 592-5401 | Acutecare Health System, Llc |
| AMBULATORY CARE FACILITY | 24976 | SLEEP DYNAMICS (NJ24976) | 1000 HIGHWAY 35, SUITE 102 MIDDLETOWN, NJ 07748 | MIDDLETOWN | NJ | 07748 | MONMOUTH | (732) 455-3030 | (732) 960-6611 | Sd Middletown, L.L.C. |
| AMBULATORY CARE FACILITY | 25003 | SHORE HEART GROUP, PA (NJ25003) | 1 HIGHWAY 35 KEYPORT, NJ 07735 | KEYPORT | NJ | 07735 | MONMOUTH | (732) 360-6333 | 0 | Shore Heart Group, Pa |
| AMBULATORY CARE FACILITY | 25146 | MONMOUTH PAIN AND REHABILITATION, INC (NJ25146) | 1985 HIGHWAY 34 SOUTH, BUILDING A WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 345-1377 | (848) 469-8858 | Monmouth Pain And Rehabilitation, Inc |
| AMBULATORY CARE FACILITY | 25225 | ULANJ, LLC (NJ25225) | 3600 ROUTE 66, SUITE 150 NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (800) 852-5695 | (800) 761-3655 | Ulanj, Llc |
| AMBULATORY CARE FACILITY | 71370 | PLANNED PARENTHOOD OF NCSNJ (NJ71370) | 69 EAST NEWMAN SPRINGS ROAD SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (973) 879-1306 | (973) 539-0180 | Planned Parenthood Of Ncsnj |
| AMBULATORY CARE FACILITY | 25482 | HACKENSACK MERIDIAN IMAGING EATONTOWN (NJ25482) | 135 RT 35 EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (848) 308-4902 | | Hackensack Meridian Outpatient Services, Inc |
| AMBULATORY SURGICAL CENTER | 23258 | MANALAPAN SURGERY CENTER (NJ23325) | 50 FRANKLIN LANE SUITE 101 MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 617-5990 | (732) 617-5999 | Manalapan Surgery, Inc |
| AMBULATORY SURGICAL CENTER | 23479 | CENTER FOR BONE AND JOINT SURGERY (NJ23479) | 195 ROUTE 9 SOUTH, SUITE 210 MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 358-6500 | (732) 358-6501 | Northern Monmouth Regional Surgery Center Llc |
| AMBULATORY SURGICAL CENTER | 24068 | SURGICAL INSTITUTE, LLC (NJ24068) | 3613 ROUTE 33 NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 918-0061 | (732) 918-0050 | Surgical Institute, Llc |
| AMBULATORY SURGICAL CENTER | 24197 | SPECIALTY SURGERY OF MIDDLETOWN LLC (NJ24197) | 1270 ROUTE 35, SUITE 3 MIDDLETOWN, NJ 07748 | MIDDLETOWN | NJ | 07748 | MONMOUTH | (732) 671-5555 | (732) 527-3376 | Specialty Surgery Of Middletown Llc |
| AMBULATORY SURGICAL CENTER | 24225 | CENTER FOR AMBULATORY AND MINIMALLY INVASIVE SURGE (NJ24225) | 234 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 440-4900 | (732) 440-4502 | Center For Ambulatory And Minimally Invasive Surge |
| AMBULATORY SURGICAL CENTER | 24333 | CENTER FOR OUTPATIENT SURGERY, THE (NJ24333) | 1 EXECUTIVE DRIVE, SUITE 10 TINTON FALLS, NJ 07701 | TINTON FALLS | NJ | 07701 | MONMOUTH | (732) 333-8597 | (732) 212-1993 | The Woods O.R., Inc |
| AMBULATORY SURGICAL CENTER | 24484 | SURGICARE OF FREEHOLD (NJ24484) | 901 WEST MAIN STREET, SUITE 302, CN 5050 FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 303-1616 | (732) 303-1661 | Surgicare Of Freehold, Llc |

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| AMBULATORY SURGICAL CENTER | 24658 | COASTAL SURGERY CENTER LLC (NJ24658) | 3700 ROUTE 33, LL01 NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 280-5055 | (732) 361-2056 | Coastal Surgery Center Llc |
| AMBULATORY SURGICAL CENTER | 24974 | MEMORIAL SLOAN KETTERING MONMOUTH (NJ24974) | 480 RED HILL ROAD MIDDLETOWN, NJ 07748 | MIDDLETOWN | NJ | 07748 | MONMOUTH | (848) 225-6201 | | Memorial Hospital For Cancer & Allied Diseases |
| AMBULATORY SURGICAL CENTER | R24576 | MID ATLANTIC EYE CENTER, PC (NJ31C0001011) | 70 E FRONT STREET, 2nd Floor RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | 7327410858 | 7322190180 | Mid Atlantic Eye Center, Pc |
| AMBULATORY SURGICAL CENTER | R24551 | FREEHOLD SURGICAL CENTER, LLC (NJ31C0001013) | 500 WEST MAIN STREET FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 462-8707 | (732) 431-0558 | Freehold Surgical Center L.L.C. |
| AMBULATORY SURGICAL CENTER | R24531 | PHYSICIANS OF MONMOUTH LLC (NJ31C0001021) | 733 NORTH BEERS STREET, SUITE L4 HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | 7327390707 | 7327396722 | Physicians Of Monmouth |
| AMBULATORY SURGICAL CENTER | 24273 | ENDOSCOPY CENTER OF MONMOUTH COUNTY (NJ31C0001033) | 222 SCHANCK ROAD, SUITE 100 FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 845-0990 | (732) 845-0088 | Freehold Endoscopy Associates Llc |
| AMBULATORY SURGICAL CENTER | R24700 | OCEAN SURGICAL PAVILION,PC (NJ31C0001036) | 1907 HIGHWAY 35, SUITE 9 OAKHURST, NJ 07755 | OAKHURST | NJ | 07755 | MONMOUTH | (732) 517-8885 | (732) 517-0304 | Ocean Surgical Pavilion, Llc |
| AMBULATORY SURGICAL CENTER | R24593 | MONMOUTH SURGI CENTER PC (NJ31C0001041) | 370 STATE HIGHWAY 35 RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 530-1599 | (732) 530-9091 | Monmouth Surgi Center Pc |
| AMBULATORY SURGICAL CENTER | R24623 | ATLANTIC SURGERY CENTER (NJ31C0001061) | 300 HIGHWAY 35 SOUTH EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 222-7373 | (732) 222-7329 | Atlantic Surgery Center, Llc |
| AMBULATORY SURGICAL CENTER | R24636 | RETINA CONSULTANTS SURGERY CENTER (NJ31C0001079) | 39 SYCAMORE AVENUE LITTLE SILVER, NJ 07739 | LITTLE SILVER | NJ | 07739 | MONMOUTH | (732) 852-5533 | (732) 852-5534 | Retina Consultants Surgery Practice, L.L.C. |
| AMBULATORY SURGICAL CENTER | 22649 | CENTRAL JERSEY SURGERY CENTER (NJ31C0001118) | 97 CORBETT WAY EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 460-2777 | (732) 460-2787 | Central Jersey Surgery Center, Llc |
| AMBULATORY SURGICAL CENTER | 22616 | SHREWSBURY SURGERY CENTER, LLC (NJ31C0001126) | 655 SHREWSBURY AVENUE SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (732) 450-6000 | (732) 450-6010 | Shrewsbury Surgery Center |
| AMBULATORY SURGICAL CENTER | 24268 | ADVANCED ENDOSCOPY & SURGICAL CENTER (NJ31C0001154) | 142 ROUTE 35, SUITE 101 EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 935-0031 | (732) 935-0032 | Advanced Endoscopy & Surgical Center Llc |
| AMBULATORY SURGICAL CENTER | R24912 | BOGDAN SURGERY CENTER (NJ90092) | 112 PROFESSIONAL VIEW DRIVE BLDG 100 FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 577-9126 | (732) 577-9127 | Sergey Bogdan, Md |
| AMBULATORY SURGICAL CENTER | R24503 | ADVANCED SURGICAL TREATMENT CENTER (NJR24503) | 2420 HIGHWAY 34, SUITE B MANASQUAN, NJ 08736 | MANASQUAN | NJ | 08736 | MONMOUTH | (732) 223-2873 | (732) 223-5726 | Advanced Surgical Treatment Center, Llc |
| AMBULATORY SURGICAL CENTER | R24810 | TWO RIVERS SURGERY CENTER LLC (NJR24810) | 194 ROUTE 35 SOUTH RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 242-4000 | (732) 383-6815 | Two Rivers Surgery Center, L.L.C. |
| AMBULATORY SURGICAL CENTER ASC-ST | R24535 | RIVERSIDE PLASTIC SURGERY & SINUS CENTER (NJ31C0001145) | 70 EAST FRONT STREET, SUITE 3 RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 747-5300 | (732) 747-9922 | Riverside Plastic Surgery & Sinus Center |
| COMPREHENSIVE REHABILITATION HOSPITAL | 22922 | ENCOMPASS HEALTH REHAB HOSPITAL OF TINTON FALLS (NJ22922) | 2 CENTER PLZ TINTON FALLS, NJ 07724 | TINTON FALLS | NJ | 07724 | MONMOUTH | (732) 460-5320 | (732) 460-7446 | Mmc Encompass Health Rehabilitation Hospital, Llc |
| END STAGE RENAL DIALYSIS | 22232 | FREEHOLD DIALYSIS (NJ22232) | 300 CRAIG ROAD MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 303-1589 | (732) 303-1895 | Freehold Artificial Center Llc |

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| END STAGE RENAL DIALYSIS | 22462 | DIALYSIS CLINIC INC AT CENTRASTATE MEDICAL CENTER (NJ22462) | 901 WEST MAIN STREET FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 677-5200 | (732) 303-8880 | Dialysis Clinic, Inc. |
| END STAGE RENAL DIALYSIS | 22845 | NEPTUNE DIALYSIS CENTER (NJ22845) | 2180 BRADLEY AVENUE NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 775-2725 | (732) 775-0500 | Kidney Life, Llc |
| END STAGE RENAL DIALYSIS | 24812 | WALL TOWNSHIP HOME TRAINING (NJ24812) | 5100 BELMAR BOULEVARD, SUITE 1 WALL TOWNSHIP, NJ 07727 | WALL TOWNSHIP | NJ | 07727 | MONMOUTH | (732) 938-2780 | (732) 938-2654 | Ganois Dialysis, L.L.C. |
| END STAGE RENAL DIALYSIS | 24875 | MATAWAN DIALYSIS (NJ24875) | 764 HIGHWAY 34, SUITE A MATAWAN, NJ 07747 | MATAWAN | NJ | 07747 | MONMOUTH | (732) 583-1085 | (732) 566-3632 | Navarro Dialysis, L.L.C. |
| END STAGE RENAL DIALYSIS | 25138 | BELMAR DIALYSIS (NJ25138) | 1800 STATE ROUTE 34, SUITE 302 WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 681-8310 | (732) 681-5641 | Total Renal Care, Inc. |
| END STAGE RENAL DIALYSIS | 24996 | MERIDIAN-FRESENIUS DIALYSIS AT NEPTUNE (NJ312309) | 2441 STATE HWY 33 AT FORTUNATO PLACE NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 643-9260 | (732) 643-9265 | Fresenius Medical Care Jersey Shore, L.L.C. |
| END STAGE RENAL DIALYSIS | 24998 | MERIDIAN-FRESENIUS DIALYSIS AT RED BANK (NJ312325) | 48 EAST FRONT STREET RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 530-2239 | (732) 450-2754 | Fresenius Medical Care Red Bank, Llc |
| END STAGE RENAL DIALYSIS | 22290 | ATLANTIC ARTIFICIAL KIDNEY CENTER (NJ312537) | 6 INDUSTRIAL WAY WEST SUITE B EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 460-1414 | (732) 460-0080 | Kidney Life, Llc |
| END STAGE RENAL DIALYSIS | 41302 | HOLMDEL DIALYSIS (NJ41302) | 3053 STATE ROUTE 35 HAZLET, NJ 07730 | HAZLET | NJ | 07730 | MONMOUTH | (732) 203-0321 | (732) 203-0279 | Dva Renal Healthcare, Inc. |
| END STAGE RENAL DIALYSIS | 23175 | MIDDLETOWN DIALYSIS CENTER (NJ90031) | 500 STATE ROUTE 35 RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 576-9900 | (732) 576-9908 | Kidney Life, Llc |
| END STAGE RENAL DIALYSIS | 24842 | DIALYZE DIRECT NJ (NJ24842-1) | 3297 STATE ROUTE 66 NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 806-9995 | | Dialyze Holdings |
| FEDERALLY QUALIFIED HEALTH CENTERS | 80319 | COMMUNITY HEALTH CENTER OF ASBURY PARK (311840) | 1301 MAIN ST ASBURY PARK, NJ 07712 | ASBURY PARK | NJ | 07712 | MONMOUTH | (732) 774-6333 | (732) 774-0313 | Vna Of Central Jersey Community Health Center, Inc |
| FEDERALLY QUALIFIED HEALTH CENTERS | 23104 | MONMOUTH FAMILY HEALTH CENTER, INC (311845) | 270 BROADWAY LONG BRANCH, NJ 07740 | LONG BRANCH | NJ | 07740 | MONMOUTH | (732) 923-7100 | (732) 923-7104 | Monmouth Family Health Center, Inc |
| FEDERALLY QUALIFIED HEALTH CENTERS | 25099 | OCEAN HEALTH INITIATIVES, INC (NJ25099) | 20 JACKSON STREET, SUITE E FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 363-6655 | | Ocean Health Initiatives, Inc. |
| GENERAL ACUTE CARE HOSPITAL | 11301 | BAYSHORE MEDICAL CENTER (NJ11301) | 727 N BEERS ST HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 739-5900 | (732) 739-5887 | Hmh Hospitals Corporation |
| GENERAL ACUTE CARE HOSPITAL | 11302 | CENTRASTATE MEDICAL CENTER (NJ11302) | 901 WEST MAIN STREET FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 294-7012 | (732) 431-2069 | Centrastate Medical Center, Inc |
| GENERAL ACUTE CARE HOSPITAL | 11303 | JERSEY SHORE UNIVERSITY MEDICAL CENTER (NJ11303) | 1945 ROUTE 33 NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 775-5500 | (732) 776-4583 | Hmh Hospitals Corporation |
| GENERAL ACUTE CARE HOSPITAL | 11304 | MONMOUTH MEDICAL CENTER (NJ11304) | 300 SECOND AVENUE LONG BRANCH, NJ 07740 | LONG BRANCH | NJ | 07740 | MONMOUTH | (732) 222-5200 | (732) 923-7511 | Monmouth Medical Center |
| GENERAL ACUTE CARE HOSPITAL | 11305 | RIVERVIEW MEDICAL CENTER (NJ11305) | ONE RIVERVIEW PLAZA RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 741-2700 | (732) 224-8408 | Hmh Hospitals Corporation |
| HOME HEALTH AGENCY | 24173 | SEABROOK HOME HEALTH AGENCY (NJ24173) | 3000 ESSEX ROAD TINTON FALLS, NJ 07753 | TINTON FALLS | NJ | 07753 | MONMOUTH | (732) 643-2000 | (732) 643-2057 | Seabrook Village, Inc. |

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| HOME HEALTH AGENCY | 71303 | HACKENSACK MERIDIAN AT HOME MONMOUTH COUNTY (NJ317084) | 1340 CAMPUS PARKWAY, SUITE A3 NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 751-3700 | (732) 751-3701 | Hackensack Meridian Ambulatory Care, Inc. |
| HOSPICE CARE BRANCH | 24203 | VITAS HEALTHCARE CORPORATION ATLANTIC (NJ24203) | 1040 BROAD STREET, SUITE 300 SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (732) 389-0066 | (732) 544-3888 | Vitas Healthcare Atlantic |
| HOSPICE CARE BRANCH | 25329 | HOLISTICARE HOSPICE OF NEW JERSEY, LLC (NJ25329) | 46 NEWMAN SPRINGS ROAD EAST RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (848) 224-7210 | (848) 224-7211 | Holisticare Hospice Of New Jersey, Llc |
| HOSPICE CARE BRANCH | 25356 | VITALITY HOSPICE AND PALLIATIVE CARE (NJ25356) | 1670 ROUTE 34 NORTH, SUITE 3A WALL TOWNSHIP, NJ 07727 | WALL TOWNSHIP | NJ | 07727 | MONMOUTH | (877) 288-0042 | | Vitality Hospice Llc |
| HOSPICE CARE PROGRAM | 22440 | HACKENSACK MERIDIAN HOSPICE (NJ22440) | 1340 CAMPUS PARKWAY, SUITE A3 NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 751-3750 | (732) 751-3751 | Hackensack Meridian Ambulatory Care, Inc. |
| HOSPICE CARE PROGRAM | 22634 | VNA OF CENTRAL JERSEY HOME CARE & HOSPICE (NJ22634-2) | 23 MAIN STREET, SUITE D1 HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 493-2220 | (732) 784-9430 | Vna Health Group Of New Jersey, Llc |
| HOSPICE CARE PROGRAM | 24121 | VISITING NURSE ASSOCIATION OF CENTRAL JERSEY INC (NJ24121-1) | 23 MAIN STREET, SUITE D1, SUITE B HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 224-6900 | (732) 784-9430 | Visiting Nurse Assoc Of Central Jersey, Inc. |
| HOSPICE CARE PROGRAM | 25200 | DOVE HOSPICE SERVICES OF NEW JERSEY, LLC (NJ25200) | 198 ROUTE 9, STE 200 MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 405-3035 | (732) 405-3055 | Dove Hospice Services Of New Jersey, Llc |
| HOSPICE CARE PROGRAM | 23087 | EMBRACING HOSPICE CARE OF NEW JERSEY (NJ311556) | 3349 ROUTE 138, BUILDING D, SUITE F WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 974-2545 | (732) 974-1666 | Embracing Hospicecare Of New Jersey, Llc |
| HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF | 1115 | CENTER FOR SLEEP MEDICINE AT BAYSHORE MED CTR, THE (NJ1115) | 678 NORTH BEERS STREET HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 739-5900 | (732) 739-5887 | Hmh Hospitals Corporation |
| HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF | 1181 | RIVERVIEW MEDICAL CENTER OUTPATIENT BEHAVIORAL HEA (NJ1181) | 661 SHREWSBURY AVENUE SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (732) 530-2213 | (723) 224-8408 | Hmh Hospitals Corporation |
| HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF | 1202 | THE CENTER FOR SLEEP MEDICINE AT JERSEY SHORE UMC (NJ1202) | 3700 ROUTE 33, SUITE B NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 776-4900 | (732) 776-4583 | Hmh Hospitals Corporation |
| HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF | 1205 | JANE H BOOKER FAMILY HEALTH CENTER (NJ1205) | 1828 WEST LAKE AVENUE NEPTUNE, NJ 07754 | NEPTUNE | NJ | 07754 | MONMOUTH | (732) 776-4209 | (732) 776-4892 | Hmh Hospitals Corporation |
| HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF | 1315 | MERIDIAN REHABILITATION AT NEPTUNE (NJ1315) | 2100 ROUTE 33, SUITE 2 NEPTUNE, NJ 07754 | NEPTUNE | NJ | 07754 | MONMOUTH | (732) 776-4558 | (732) 776-4181 | Hmh Hospitals Corporation |
| HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF | 1389 | CENTER FOR WOUND HEALING AT BAYSHORE MEDICAL CENTE (NJ1389) | 735 NORTH BEERS STREET HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 497-1611 | (732) 497-1617 | Hmh Hospitals Corporation |
| HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF | 1409 | MMC LABORATORY & INFUSION CENTER (NJ1409) | 100 STATE ROUTE 36, SUITE #1M WEST LONG BRANCH, NJ 07764 | WEST LONG BRANCH | NJ | 07764 | MONMOUTH | (732) 923-7450 | (732) 923-7511 | Monmouth Medical Center |
| HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF | 1531 | CHILDREN'S SPECIALIZED HOSPITAL AT EATONTOWN (NJ1531) | 200 WYCKOFF ROAD - 2ND FLOOR EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 258-7000 | | 0Children'S Specialized Hospital |
| HOSPITAL-BASED, OFF-SITE AMBULATORY CARE FACILITY STHSPOFF | 1484 | HOPE TOWER (NJ24989) | 19 DAVIS AVENUE NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 776-4900 | (732) 776-4583 | Hmh Hosp Corp-Jersey Shore University Med Center |
| SURGICAL PRACTICE | R24656 | MOSS UROLOGIC SURGERY, LLC (NJR24656) | 2356 ROUTE 9S, SUITE B6 HOWELL, NJ 07731 | HOWELL | NJ | 07731 | MONMOUTH | (732) 886-2252 | (732) 886-2260 | Moss Urologic Surgery, L.L.C. |

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| SURGICAL PRACTICE | R24665 | MONMOUTH PLASTIC SURGERY PC (NJR24665) | 264 BROAD STREET RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 842-3737 | (732) 842-3110 | Monmouth Plastic Surgery Pc |
| SURGICAL PRACTICE | R24890 | REPRODUCTIVE SCIENCE CENTER OF NEW JERSEY PA (NJR24890) | 234 INDUSTRIAL WAY WEST, SUITE A104 EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 918-2500 | (732) 918-2504 | Reproductive Science Center Of New Jersey Pa |
| SURGICAL PRACTICE | R24897 | MAXILLOFACIAL SURGERY CENTER FOR EXCELLENCE LLC (NJR24897) | 276 BROAD STREET RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 530-1110 | (732) 530-3499 | Maxillofacial Surgery Center For Excellence, L.L.C |
| SURGICAL PRACTICE ASC-P-C | R24548 | JAMES F MC GUCKIN MD OF NJ,PA (NJR24548) | 20 GIBSON PLACE, SUITE 205 FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (215) 382-3680 | (215) 382-3683 | James F Mcguckin Md Of Nj, Pa |

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

# Long Term Care Facilities Resources_Monmouth County

| FACILITY_TYPE | LIC# | LICENSED_NAME | ADDRESS | CITY | STATE | ZIP | COUNTY | TELEPHONE | FAXPHONE | LICENSED_OWNER |
|---|---|---|---|---|---|---|---|---|---|---|
| ADULT DAY HEALTH SERVICES FACILITY | FNP72Z | ROYAL SENIOR CARE (FNP72Z) | 1041 (500) HIGHWAY 36 ATLANTIC HIGHLANDS, NJ 07716 | ATLANTIC HIGHLANDS | NJ | 07716 | MONMOUTH | (732) 291-0710 | | Five Star Day Care Llc |
| ADULT DAY HEALTH SERVICES FACILITY | 13001 | GOLDEN YEARS CARE (NJ13001) | 108 WOODWARD ROAD MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 851-6640 | (732) 446-6898 | Golden Years Care, Llc |
| ADULT DAY HEALTH SERVICES FACILITY | 13007 | WE CARE ADULT CARE, INC (NJ13007) | 552A HIGHWAY 35 SOUTH MAIL TO 552A HIGHWAY 35 SOUTH, RED BANK, NJ 07701 RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 741-7363 | (732) 741-9188 | We Care Adult Care, Inc |
| ADULT DAY HEALTH SERVICES FACILITY | 13009 | MONROE ADULT DAY CARE (NJ13009) | 24 DUGANS GROVE ROAD MILLSTONE TWP, NJ 08535 | MILLSTONE TWP | NJ | 08535 | MONMOUTH | (732) 851-6720 | (732) 851-7925 | 24 Dugans Grove Llc |
| ADULT DAY HEALTH SERVICES FACILITY | 13016 | CARING TREE ADULT MEDICAL DAYCARE (NJ13016) | 51 JAMES WAY EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 542-0363 | (732) 542-0372 | Caring Tree Adult Medical Daycare Llc |
| ADULT DAY HEALTH SERVICES FACILITY | 13018AD | NEPTUNE ADULT DAY HEALTH CENTER, INC (NJ13018) | 3405 ROUTE 33 NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 918-0663 | (732) 922-0759 | Neptune Adult Day Health Center, Inc. |
| ADULT DAY HEALTH SERVICES FACILITY | 13022 | MATAWAN ADULT DAY CARE (NJ13022) | 3996 COUNTY ROAD 516 MATAWAN, NJ 07747 | MATAWAN | NJ | 07747 | MONMOUTH | (732) 391-8100 | (732) 810-0291 | Matawan Adult Day Care Llc |
| ADULT DAY HEALTH SERVICES FACILITY | 556215 | ALL IN A DAY MEDICAL DAY CARE CENTER (NJ556215) | 104 PENSION ROAD ENGLISHTOWN, NJ 07726 | ENGLISHTOWN | NJ | 07726 | MONMOUTH | (732) 792-2273 | (732) 792-2322 | All In A Day Adult Medical Day Care, Llc |
| ADULT DAY HEALTH SERVICES FACILITY | 558100 | JERSEY SHORE ADULT DAY HEALTH CARE CENTER (NJ558100) | 600 MAIN STREET ASBURY PARK, NJ 07712 | ASBURY PARK | NJ | 07712 | MONMOUTH | (732) 869-9090 | (732) 988-2803 | First Healthcare Asbury Park Llc |
| ADULT DAY HEALTH SERVICES FACILITY | 558110 | YOUNG AT HEART OF EATONTOWN (NJ558110) | 139 GRANT AVENUE EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 578-1888 | (732) 935-7509 | Rivaaron Llc |
| ADULT DAY HEALTH SERVICES FACILITY | 558113 | GOLDEN AGE CARE (NJ558113) | 209 COMMERCIAL COURT MORGANVILLE, NJ 07751 | MORGANVILLE | NJ | 07751 | MONMOUTH | (732) 583-9999 | (732) 583-3883 | Golden Age Care, Llc |
| ADULT DAY HEALTH SERVICES FACILITY | 83010 | ALLAIRE CARE (NJ83010) | 1979 ROUTE 34 SOUTH WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 974-7666 | (732) 974-2261 | R.H.C. Adc, Inc |
| ADULT DAY HEALTH SERVICES FACILITY | AD13001 | SENIOR COMFORT ADULT MEDICAL DAY CARE (NJAD13001) | 3 PARAGON WAY, SUITE 150 FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 984-6380 | (732) 984-6424 | Senior Comfort Llc |
| ASSISTED LIVING RESIDENCE | 0L9278 | SUNRISE ASSISTED LIVING OF MARLBORO (0L9278) | 3A SOUTH MAIN STREET MARLBORO, NJ 07746 | MARLBORO | NJ | 07746 | MONMOUTH | (732) 409-6665 | (732) 409-6627 | Welltower Opco Group Llc |
| ASSISTED LIVING RESIDENCE | 7EKKEK | BRANDYWINE LIVING AT REFLECTIONS AT COLTS NECK (7EKKEK) | 3 MERIDIAN CIRCLE COLTS NECK, NJ 07722 | COLTS NECK | NJ | 07722 | MONMOUTH | (732) 303-3100 | (732) 303-3170 | Brandywine Assisted Living At Colts Neck Llc |
| ASSISTED LIVING RESIDENCE | C9LQB9 | BRANDYWINE LIVING AT HOWELL (C9LQB9) | 100 MERIDIAN PLACE HOWELL, NJ 07731 | HOWELL | NJ | 07731 | MONMOUTH | (732) 719-0100 | (732) 719-0120 | Brandywine Assisted Living At Howell Llc |
| ASSISTED LIVING RESIDENCE | COGCWM | SUNRISE ASSISTED LIVING OF LINCROFT (COGCWM) | 734 NEWMAN SPRINGS ROAD LINCROFT, NJ 07738 | LINCROFT | NJ | 07738 | MONMOUTH | (732) 212-1910 | (732) 212-1912 | Welltower Opco Group Llc |
| ASSISTED LIVING RESIDENCE | 13A003 | APPLEWOOD ESTATES ASSISTED LIVING RESIDENCE (NJ13A003) | ONE APPLEWOOD DRIVE FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 780-7370 | (732) 303-1240 | Center For Aging, Inc. |
| ASSISTED LIVING RESIDENCE | 13A010 | VILLAS, THE (NJ13A010) | 289 GORDONS CORNER ROAD MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 847-3920 | (732) 847-3921 | Hackensack Meridian Living At Manalapan Llc |
| ASSISTED LIVING RESIDENCE | 13A014 | SENIOR LIVING RESIDENCES MARLBORO (NJ13A014) | 62 COUNTY ROAD 520 MORGANVILLE, NJ 07751 | MORGANVILLE | NJ | 07751 | MONMOUTH | (732) 536-3000 | (732) 536-3303 | Marlboro Senior Housing, Llc |
| ASSISTED LIVING RESIDENCE | 13A015 | SUNNYSIDE MANOR (NJ13A015) | 2500 RIDGEWOOD ROAD WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 528-9311 | (732) 528-9026 | Sunnyside Manor, Inc. |
| ASSISTED LIVING RESIDENCE | 13A019 | CHELSEA AT SHREWSBURY, THE (NJ13A019) | 515 SHREWSBURY AVENUE SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (732) 747-7540 | | Csh Shrewsbury Licensee, Llc |

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|---|---|---|---|---|---|---|---|---|---|---|
| ASSISTED LIVING RESIDENCE | 13A020 | SUNRISE OF SHREWSBURY (NJ13A020) | 766 BROAD STREET SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (703) 273-7500 | (732) 383-2041 | Sunrise Of Shrewsbury Opco, Llc |
| ASSISTED LIVING RESIDENCE | 13A022 | VILLAS OF HOLMDEL, THE (NJ13A022) | 200 COMMONS WAY HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 751-3600 | | 0Hackensack Meridian Living At Holmdel, Llc |
| ASSISTED LIVING RESIDENCE | 13A303 | ARBOR TERRACE OF MIDDLETOWN (NJ13A303) | 1800 HIGHWAY 35 SOUTH MIDDLETOWN, NJ 07748 | MIDDLETOWN | NJ | 07748 | MONMOUTH | (732) 957-0083 | (732) 671-4814 | Crp Regal Pointe, Llc |
| ASSISTED LIVING RESIDENCE | 1EGWIO | WELLINGTON ESTATES (NJ1EGWIO) | 2018 HIGHWAY 35 SPRING LAKE, NJ 07762 | SPRING LAKE | NJ | 07762 | MONMOUTH | (732) 282-1014 | (732) 282-1050 | Wellington Estates, Llc |
| ASSISTED LIVING RESIDENCE | 55A000 | MIRA VIE AT TINTON FALLS (NJ55A000) | ONE HARTFORD DRIVE TINTON FALLS, NJ 07701 | TINTON FALLS | NJ | 07701 | MONMOUTH | (732) 933-4700 | (732) 933-0999 | Mira Vie At Tinton Falls Opco, Llc |
| ASSISTED LIVING RESIDENCE | 55A001 | BRIGHTON GARDENS OF MIDDLETOWN (NJ55A001) | 620 STATE HIGHWAY 35 SOUTH MIDDLETOWN, NJ 07748 | MIDDLETOWN | NJ | 07748 | MONMOUTH | (732) 275-0790 | (732) 275-0797 | Prime Care One, Llc |
| ASSISTED LIVING RESIDENCE | 55A002 | BRANDYWINE LIVING AT GOVERNOR'S CROSSING (NJ55A002) | 49 LASATTA AVENUE ENGLISHTOWN, NJ 07726 | ENGLISHTOWN | NJ | 07726 | MONMOUTH | (732) 786-1000 | (732) 786-0689 | Brandywine Assisted Living At Governor'S Crossing |
| ASSISTED LIVING RESIDENCE | 55a003 | COMPLETE CARE AT HOLMDEL LLC (NJ55A003) | 713 N BEERS STREET HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 335-4405 | (732) 847-3783 | Complete Care At Holmdel Llc |
| ASSISTED LIVING RESIDENCE | 55A004 | ATRIA TINTON FALLS (NJ55A004) | 44 PINE STREET TINTON FALLS, NJ 07753 | TINTON FALLS | NJ | 07753 | MONMOUTH | (732) 918-1960 | (732) 918-1952 | Wg Tinton Falls Sh, Llc |
| ASSISTED LIVING RESIDENCE | 55a005 | MONMOUTH CROSSING (NJ55A005) | 560 IRON BRIDGE ROAD FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 303-8600 | (732) 303-8683 | Centra State Assisted Living, Inc. |
| ASSISTED LIVING RESIDENCE | 55a006 | THE VILLAGE AT MEADOWBROOK (NJ55A006) | 40 FRENEAU AVENUE MATAWAN, NJ 07747 | MATAWAN | NJ | 07747 | MONMOUTH | (732) 566-0800 | (732) 441-3402 | Carnegie Post Acute Care At Princeton Llc |
| ASSISTED LIVING RESIDENCE | 55A007 | BRANDYWINE LIVING AT THE SYCAMORE (NJ55A007) | 5 MERIDIAN WAY SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (732) 212-2600 | (732) 212-2690 | Well Bl Opco Llc |
| ASSISTED LIVING RESIDENCE | 55A008 | SUNRISE ASSISTED LIVING OF WALL (NJ55A008) | 2600 ALLAIRE ROAD WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 282-1700 | (732) 282-1720 | Szr Wall Assisted Living, Llc |
| ASSISTED LIVING RESIDENCE | 55A009 | MATTISON CROSSING AT MANALAPAN AVENUE (NJ55A009) | 93 MANALAPAN AVENUE FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 303-8800 | (732) 303-7244 | Vop Mattison Crossing, Llc |
| ASSISTED LIVING RESIDENCE | 55A112 | BRANDYWINE LIVING AT WALL (NJ55A112) | 2021 HIGHWAY 35 WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 282-1910 | (732) 282-1914 | Brandywine Senior Living At Wall, Llc |
| ASSISTED LIVING RESIDENCE | 90115 | BAYSIDE MANOR (NJ90115) | 7 LAUREL AVENUE KEANSBURG, NJ 07734 | KEANSBURG | NJ | 07734 | MONMOUTH | (732) 471-1600 | (732) 471-1077 | Trc Realty Corporation |
| ASSISTED LIVING RESIDENCE | AL13001 | ARTIS SENIOR LIVING OF EATONTOWN (NJAL13001) | 147 GRANT AVENUE EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 380-7676 | (848) 456-4662 | Artis Senior Living Of Eatontown, Llc |
| ASSISTED LIVING RESIDENCE | AL13003 | SPRINGPOINT LIVING AT MANALAPAN (NJAL13003) | 199 WOODWARD ROAD MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 322-9313 | | 0Springpoint At Manalapan, Inc. |
| ASSISTED LIVING RESIDENCE | OSMOOY | MIRA VIE AT MANALAPAN (OSMOOY) | 445 ROUTE 9 SOUTH MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 972-6200 | (732) 536-9900 | Mira Vie At Manalapan Opco, Llc |
| ASSISTED LIVING RESIDENCE | Q4VDWW | ARBOR TERRACE SHREWSBURY (Q4VDWW) | 864 SHREWSBURY AVENUE TINTON FALLS, NJ 07724 | TINTON FALLS | NJ | 07724 | MONMOUTH | (732) 784-2400 | (732) 542-5978 | Crp Kensington, Llc |
| ASSISTED LIVING RESIDENCE | TSSN2I | CONTINUING CARE AT SEABROOK (TSSN2I) | 3002 ESSEX ROAD TINTON FALLS, NJ 07753 | TINTON FALLS | NJ | 07753 | MONMOUTH | (732) 643-2029 | (732) 643-2081 | Seabrook Village, Inc. |

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|---|---|---|---|---|---|---|---|---|---|---|
| ASSISTED LIVING RESIDENCE | AL13005 | BRIGHTVIEW EATONTOWN, LLC (NJAL13005) | 201 WYCKOFF ROAD EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (848) 208-7466 | (410) 347-0587 | Brightview Eatontown, Llc |
| ASSISTED LIVING RESIDENCE | ALR25345 | ALL AMERICAN ASSISTED LIVING AT TINTON FALLS (NJALR25345) | 1530 WEST PARK AVENUE FARMINGDALE, NJ 07727 | FARMINGDALE | NJ | 07727 | MONMOUTH | (732) 587-5400 | | 0Shi-Iv Tinton Falls Llc |
| COMPREHENSIVE PERSONAL CARE HOME | 82471 | ALLEGRIA ASSISTED LIVING (NJ82471) | 70 STOCKTON AVENUE OCEAN GROVE, NJ 07756 | OCEAN GROVE | NJ | 07756 | MONMOUTH | (732) 774-1316 | (732) 776-6313 | Ocean Grove Operating Llc |
| LONG TERM CARE FACILITY - HOME FOR THE AGED SNF/NF | 031304 | ATRIUM AT NAVESINK HARBOR, THE (NJ31304) | 40 RIVERSIDE AVENUE RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 842-3400 | (732) 842-4934 | Springpoint At The Atrium, Inc |
| LONG TERM CARE FACILITY SNF/NF | 061342 | COMPLETE CARE AT BAYSHORE LLC (61342) | 715 NORTH BEERS STREET HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 847-3000 | (732) 847-3001 | Complete Care At Bayshore Llc |
| LONG TERM CARE FACILITY SNF/NF | 13004 | WEDGWOOD GARDENS CARE CENTER (NJ13004) | 3419 HIGHWAY 9 FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 677-1200 | (732) 677-1298 | Wedgwood Gardens Care Center, Llc |
| LONG TERM CARE FACILITY SNF/NF | 13011 | JEWISH HOME FOR REHABILITATION AND NURSING, THE (NJ13011) | 1151 WEST MAIN STREET FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 202-1000 | (732) 303-7287 | Iewish Healthcare Center, Inc |
| LONG TERM CARE FACILITY SNF/NF | 13301 | COMPLETE CARE AT WALL LLC (NJ13301) | 1725 MERIDIAN TRAIL WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 312-1800 | (732) 312-1801 | Complete Care At Wall Llc |
| LONG TERM CARE FACILITY SNF/NF | 556200 | MEADOWBROOK RESPIRATORY AND NURSING CENTER (NJ556200) | 38 FRENEAU AVENUE MATAWAN, NJ 07747 | MATAWAN | NJ | 07747 | MONMOUTH | (732) 765-5600 | (732) 441-4171 | 38-40 Freneau Avenue Operating Company Llc |
| LONG TERM CARE FACILITY SNF/NF | 556213 | CAREONE AT WALL (NJ556213) | 2621 HIGHWAY 138 WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 556-1060 | (732) 556-1061 | Care One At Wall, L.L.C. |
| LONG TERM CARE FACILITY SNF/NF | 061217 | COMPLETE CARE AT MADISON, LLC (NJ61217) | 625 STATE HIGHWAY 34 MATAWAN, NJ 07747 | MATAWAN | NJ | 07747 | MONMOUTH | (732) 566-6400 | (732) 583-2483 | 625 State Highway 34 Operations Llc |
| LONG TERM CARE FACILITY SNF/NF | 061301 | ARNOLD WALTER NURSING & REHABILITATION CENTER (NJ61301) | 622 S LAUREL AVENUE HAZLET, NJ 07730 | HAZLET | NJ | 07730 | MONMOUTH | (732) 787-6300 | (732) 787-3036 | Holmdel Garden Group, Llc |
| LONG TERM CARE FACILITY SNF/NF | 061303 | ANCHOR CARE AND REHABILITATION CENTER (NJ61303) | 3325 HIGHWAY 35 HAZLET, NJ 07730 | HAZLET | NJ | 07730 | MONMOUTH | (732) 264-5800 | (732) 264-7995 | Hazlet Garden Group Llc |
| LONG TERM CARE FACILITY SNF/NF | 061304 | JERSEY SHORE POST ACUTE REHABILITATION AND NURSING (NJ61304) | 101 WALNUT STREET NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 774-3550 | (732) 775-7534 | Jersey Shore Postacute Rehab. And Nursing, Llc |
| LONG TERM CARE FACILITY SNF/NF | 061305 | GATEWAY CARE CENTER (NJ61305) | 139 GRANT AVE EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 542-4700 | (732) 935-7761 | Gateway Care Center Llc |
| LONG TERM CARE FACILITY SNF/NF | 061307 | MANOR, THE (NJ61307) | 689 WEST MAIN ST FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 431-5200 | (732) 409-2446 | Centrastate Healthcare Affiliates, Inc. |
| LONG TERM CARE FACILITY SNF/NF | 061310 | ASTER CREEK NURSING AND REHABILITATION CENTER (NJ61310) | 524 WARDELL ROAD TINTON FALLS, NJ 07753 | TINTON FALLS | NJ | 07753 | MONMOUTH | (732) 922-9330 | (732) 922-1043 | Tf Healthcare, Llc |
| LONG TERM CARE FACILITY SNF/NF | 061312 | CAREONE AT HOLMDEL (NJ61312) | 188 HIGHWAY 34 HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (732) 946-4200 | (732) 946-3999 | Hcc,Llc |
| LONG TERM CARE FACILITY SNF/NF | 061314 | ALLAIRE REHAB & NURSING (NJ61314) | 115 DUTCH LANE ROAD FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 431-7420 | (732) 592-4126 | Allaire Healthcare Group, Llc |
| LONG TERM CARE FACILITY SNF/NF | 061315 | CAREONE AT MIDDLETOWN (NJ61315) | 1040 STATE ROUTE 36 ATLANTIC HIGHLANDS, NJ 07716 | ATLANTIC HIGHLANDS | NJ | 07716 | MONMOUTH | (732) 291-3400 | (732) 291-4092 | King James Care Center Of Middletown, L.L.C. |
| LONG TERM CARE FACILITY SNF/NF | 061317 | CORAL HARBOR REHABILITATION AND HEALTHCARE CENTER (NJ61317) | 2050 SIXTH AVE NEPTUNE CITY, NJ 07753 | NEPTUNE CITY | NJ | 07753 | MONMOUTH | (732) 774-8300 | (732) 774-0908 | Coral Harbor Operator Llc |

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|---|---|---|---|---|---|---|---|---|---|---|
| LONG TERM CARE FACILITY SNF/NF | 061318 | COMPLETE CARE AT MONMOUTH, LLC (NJ61318) | 229 BATH AVENUE LONG BRANCH, NJ 07740 | LONG BRANCH | NJ | 07740 | MONMOUTH | (732) 229-4300 | (732) 571-0165 | 229 Bath Avenue, Inc. |
| LONG TERM CARE FACILITY SNF/NF | 061323 | ACCELA REHAB AND CARE CENTER AT MANALAPAN (NJ61323) | 104 PENSION ROAD MANALAPAN, NJ 07726 | MANALAPAN | NJ | 07726 | MONMOUTH | (732) 446-3600 | (732) 446-6164 | Pine Brook Care And Rehabilitation Center, Llc |
| LONG TERM CARE FACILITY SNF/NF | 061325 | REDBANK CENTER FOR REHABILITATION AND HEALING (NJ61325) | 100 CHAPIN AVENUE RED BANK, NJ 07701 | RED BANK | NJ | 07701 | MONMOUTH | (732) 741-8811 | (732) 741-0323 | 100 Chapin Inc. |
| LONG TERM CARE FACILITY SNF/NF | 061326 | COMPLETE CARE AT SHREWSBURY LLC (NJ61326) | 89 AVENUE AT THE COMMON SHREWSBURY, NJ 07702 | SHREWSBURY | NJ | 07702 | MONMOUTH | (732) 676-5800 | (732) 676-5801 | Complete Care At Shrewsbury Llc |
| LONG TERM CARE FACILITY SNF/NF | 061329 | SUNNYSIDE MANOR (NJ61329) | 2500 RIDGEWOOD ROAD WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 528-9311 | (732) 528-9026 | Sunnyside Manor, Inc. |
| LONG TERM CARE FACILITY SNF/NF | 061330 | PREFERRED CARE AT WALL (NJ61330) | 2350 HOSPITAL ROAD ALLENWOOD, NJ 08720 | ALLENWOOD | NJ | 08720 | MONMOUTH | (732) 683-8600 | (732) 919-0538 | Preferred Care Holdings, Llc |
| LONG TERM CARE FACILITY SNF/NF | 061331 | TOWER LODGE CARE CENTER (NJ61331) | 1506 GULLY ROAD WALL, NJ 07719 | WALL | NJ | 07719 | MONMOUTH | (732) 681-1400 | (732) 280-2966 | Tower Lodge Care Center Llc |
| LONG TERM CARE FACILITY SNF/NF | 061333 | LAUREL BAY HEALTH & REHABILITATION CENTER (NJ61333) | 32 LAUREL AVENUE KEANSBURG, NJ 07734 | KEANSBURG | NJ | 07734 | MONMOUTH | (732) 787-8100 | (732) 787-9042 | Beachview Care & Rehabilitation Center |
| LONG TERM CARE FACILITY SNF/NF | 061335 | IMPERIAL CARE CENTER (NJ61335) | 919 GREEN GROVE ROAD NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 922-3400 | | 0The Grove Healthcare & Rehabilitation Center Llc |
| LONG TERM CARE FACILITY SNF/NF | 061341 | KING MANOR CARE AND REHABILITATION CENTER (NJ61341) | 2303 WEST BANGS AVE NEPTUNE, NJ 07753 | NEPTUNE | NJ | 07753 | MONMOUTH | (732) 774-3500 | (732) 774-5481 | King Manor Rehab, Llc |
| LONG TERM CARE FACILITY SNF/NF | 061343 | APPLEWOOD ESTATES (NJ61343) | ONE APPLEWOOD DRIVE FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 780-7370 | (732) 780-0417 | Applewood Village, Inc |
| LONG TERM CARE FACILITY SNF/NF | 061344 | COMPLETE CARE AT OCEAN GROVE LLC (NJ61344) | 160 S MAIN ST OCEAN GROVE, NJ 07756 | OCEAN GROVE | NJ | 07756 | MONMOUTH | (732) 481-8300 | (732) 481-8301 | Complete Care At Ocean Grove Llc |
| LONG TERM CARE FACILITY SNF/NF | 62207 | DE LA SALLE HALL (NJ62207) | 810 NEWMAN SPRINGS RD LINCROFT, NJ 07738 | LINCROFT | NJ | 07738 | MONMOUTH | (732) 530-9470 | | 0De La Salle Hall, Inc. |
| LONG TERM CARE FACILITY SNF/NF | 62214 | JERSEY SHORE CENTER (NJ62214) | 3 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724 | EATONTOWN | NJ | 07724 | MONMOUTH | (732) 544-1557 | (732) 544-1559 | 3 Industrial Way East Operations Llc |
| LONG TERM CARE FACILITY SNF/NF | Q3VL3S | CONTINUING CARE AT SEABROOK (NJQ3VL3S) | 3002 ESSEX ROAD TINTON FALLS, NJ 07753 | TINTON FALLS | NJ | 07753 | MONMOUTH | (732) 643-2000 | (732) 643-2081 | Seabrook Village, Inc. |
| RESIDENTIAL DEMENTIA CARE HOME | 25316 | PEACEFUL PINES RESIDENCE LLC (NJ25316) | 1288 RT 34 ABERDEEN, NJ 07747 | ABERDEEN | NJ | 07747 | MONMOUTH | (732) 204-7321 | | 0Alcoeur Gardens At Aberdeen |
| RESIDENTIAL DEMENTIA CARE HOME | D35005 | MILLENNIUM MEMORY CARE AT MATAWAN LLC (NJD35005) | 447 MATAWAN AVENUE CLIFFWOOD, NJ 07721 | CLIFFWOOD | NJ | 07721 | MONMOUTH | (201) 529-4660 | (201) 529-5685 | Millennium Memory Care At Matawan Llc |
| RESIDENTIAL DEMENTIA CARE HOME | D35007 | MILLENNIUM MEMORY CARE AT OCEAN LLC (NJD35007) | 111 BOWNE ROAD OCEAN, NJ 07712 | OCEAN | NJ | 07712 | MONMOUTH | (732) 761-2777 | (201) 529-5685 | Millennium Memory Care At Ocean Llc |
| RESIDENTIAL DEMENTIA CARE HOME | D35027 | MILLENNIUM MEMORY CARE AT HOLMDEL LLC (NJD35027) | 92 STILLWELL ROAD HOLMDEL, NJ 07733 | HOLMDEL | NJ | 07733 | MONMOUTH | (201) 529-4660 | (201) 529-5685 | Millennium Memory Care At Holmdel Llc |
| RESIDENTIAL DEMENTIA CARE HOME | D35031 | MILLENNIUM MEMORY CARE AT FREEHOLD LLC (NJD35031) | 162 HUNT ROAD FREEHOLD, NJ 07728 | FREEHOLD | NJ | 07728 | MONMOUTH | (732) 523-5797 | | 0Millennium Memory Care At Freehold Llc |

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

**Part 2: Mental Health Services in Monmouth County**

**Outpatient**
CPC Integrated Health Aberdeen Counseling Center 1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

**Partial Care**
Monmouth Medical Center 75 North Bath Avenue Long Branch, NJ 07740

**Partial Care**
CPC Integrated Health 1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

***PRIMARY SCREENING CENTER for MONMOUTH***
Monmouth Medical Center 300 Second Avenue
Long Branch, NJ 07740
**HOTLINE:** (732) 923-6999

***Emergency Services - Affiliated w/Screening Center***
Centra State Medical Center 901 West Main Street Freehold, NJ 07728
(732) 294-2595

**Program of Assertive Community Treatment (PACT)**
CPC Integrated Health 270 Highway 35
Red Bank, NJ 07701 (732) 842-2000

**Self-Help/Wellness Center**
Freehold CWC
17 Bannard St., Suite 22
Freehold, NJ 07728
(732) 625-9485

**Short Term Care Facility (STCF)** Centra State Medical Center 901 West Main Street
Freehold, NJ 07728
(732) 294-2858

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

**Partial Care**
Riverview Medical Center Booker Behavioral Health
661 Shrewsbury Avenue
Shrewsbury, NJ 07702
(732) 345-3400

**Partial Care**
Jersey Shore Medical Center 1011 Bond Street
Asbury Park, NJ 07712
(732) 869-2760 732-345-3400

***Emergency Services - Affiliated w/Screening Center***
Jersey Shore University Medical Center 1945 Corlies Avenue, Route 33
Neptune, NJ 07753
(732) 776-4555

***Emergency Services - Affiliated w/Screening Center***
Riverview Medical Center 1 Riverview Plaza
Red Bank, NJ 07701 (732) 450-2870

**Residential Services** Easter Seal Society of NJ 615 Hope Road Victoria Plaza Eatontown, NJ 07712
(732) 380-0390

**Self-Help/Wellness Center**
C.A.R.E. CWC
80 Steiner Ave. Neptune City, NJ 07753 (732) 455-5358

**Short Term Care Facility (STCF)** Monmouth Medical Center/St. Barnabas 300 Second Avenue
Long Branch, NJ 07740 (732) 923-6901

**Supported Employment Services**
CPC Integrated Health Aberdeen Counseling Center
1088 Highway 34
Aberdeen, NJ 07747
(732) 290-1700

MONMOUTH COUNTY (Continued)

**Community Support Services**
Mental Health Association of Monmouth
119 Ave @ the Commons - Suite 5
Shrewsbury, NJ 07702
(732) 542-6422

**Community Support Services (CSS)**
Collaborative Support Programs of NJ
(CSP) 11 Spring Street
Freehold, NJ 07728
(732) 780-1175

**Community Support Services (CSS)**
Triple C Housing, Inc.
1520 US Hwy 130, Suite 201
North Brunswick, NJ 08902 (732) 658-6636

**Systems Advocacy** City of Asbury Park 1 Municipal Plaza
Asbury Park, NJ 07712 (732) 502-5731

**Voluntary Unit**
Centra State Medical Center 901 West Main Street Freehold, NJ 07728
(732) 294-2850

**Voluntary Unit**
Riverview Hospital
1 Riverview Plaza (Lower Level 1)
Red Bank, NJ 07701 (732) 530-2478

**Community Support Services**
Easter Seal Society of NJ
615 Hope Road - Building 3 - 1st Floor Eatontown, NJ 07724
(732) 380-0390

**Community Support Services**
Declarations
223 Taylors Mills Road Manalapan, NJ 07726
(732) 792-6990

**Community Support Services**
RHD Coastal Wellness 6 Industrial Way West Suite F-17
Eatontown, NJ 07724
(732) 361-5845

**Systems Advocacy**
Community Health Law Project 3301 Route 66, Building C. Suite 130
Neptune, NJ 07753
(732) 380-1012

**Voluntary Unit**
Monmouth Medical Center 300 Second Avenue
Long Branch, NJ 07740 (732) 923-6909

**Voluntary Unit**
Jersey Shore Medical Center Rosa II
1945 Rt. 33
Neptune, NJ 07753
(732) 776-4369

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

## Appendix E. Additional Data Tables and Graphs

***Population Overview***

**Table 23. 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% |
| Monmouth County | 21.0% | 8.2% | 22.6% | 29.5% | 11.0% | 7.5% |
| Allenhurst | 12.9% | 6.7% | 25.1% | 33.3% | 11.6% | 10.3% |
| Asbury Park | 14.5% | 6.9% | 38.1% | 28.3% | 8.0% | 4.2% |
| Atlantic Highlands | 20.2% | 3.5% | 19.7% | 31.2% | 15.5% | 10.0% |
| Belford | 27.9% | 7.8% | 25.4% | 30.8% | 5.4% | 2.7% |
| Bradley Beach | 12.0% | 6.0% | 31.3% | 25.6% | 15.0% | 10.1% |
| Colts Neck | 20.7% | 8.6% | 15.9% | 36.2% | 14.3% | 4.3% |
| Deal | 15.2% | 21.5% | 15.7% | 15.5% | 16.0% | 16.1% |
| Eatontown | 18.5% | 6.8% | 23.8% | 32.4% | 10.0% | 8.2% |
| Fair Haven | 31.3% | 6.2% | 20.8% | 31.4% | 6.4% | 3.8% |
| Highlands | 14.3% | 1.9% | 30.0% | 28.5% | 13.1% | 12.3% |
| Holmdel | 22.9% | 6.9% | 16.4% | 32.9% | 10.6% | 10.3% |
| Interlaken | 18.0% | 4.3% | 14.6% | 33.4% | 18.1% | 11.7% |
| Leonardo | 22.4% | 9.4% | 23.5% | 27.6% | 11.7% | 5.5% |
| Lincroft | 25.6% | 6.7% | 19.9% | 30.3% | 8.9% | 8.4% |
| Little Silver | 23.6% | 6.4% | 17.7% | 33.9% | 8.3% | 10.2% |
| Long Branch | 20.6% | 13.9% | 27.0% | 21.8% | 10.0% | 6.9% |
| Middletown | 22.5% | 7.1% | 21.2% | 31.9% | 10.5% | 6.9% |
| Monmouth Beach | 10.8% | 6.9% | 12.4% | 39.2% | 18.5% | 12.1% |
| Navesink | 20.9% | 6.6% | 7.3% | 46.9% | 17.3% | 1.1% |
| Neptune | 17.3% | 8.9% | 23.1% | 30.1% | 11.8% | 8.6% |
| Neptune City | 18.5% | 9.4% | 28.4% | 29.4% | 9.6% | 4.7% |
| Oakhurst | 30.2% | 5.6% | 22.8% | 24.0% | 9.7% | 7.8% |
| Ocean | 22.8% | 6.4% | 23.8% | 25.5% | 12.6% | 8.8% |
| Ocean Grove | 2.9% | 3.6% | 16.7% | 42.4% | 24.6% | 9.7% |
| Oceanport | 24.5% | 5.7% | 16.6% | 30.6% | 13.1% | 9.7% |
| Port Monmouth | 16.1% | 11.9% | 19.0% | 35.9% | 12.8% | 4.4% |
| Red Bank | 21.1% | 4.5% | 31.0% | 22.3% | 12.3% | 8.8% |
| Rumson | 26.4% | 10.2% | 16.1% | 31.3% | 9.8% | 6.5% |
| Shrewsbury | 25.8% | 5.7% | 21.6% | 23.7% | 10.4% | 12.9% |
| Tinton Falls | 17.7% | 8.1% | 21.5% | 27.1% | 12.3% | 13.3% |
| West Long Branch | 20.1% | 21.2% | 20.8% | 22.6% | 8.5% | 6.9% |

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

**Table 24. Percent Change in Foreign-Born Population, by State, County, and Town, 2014-2023**

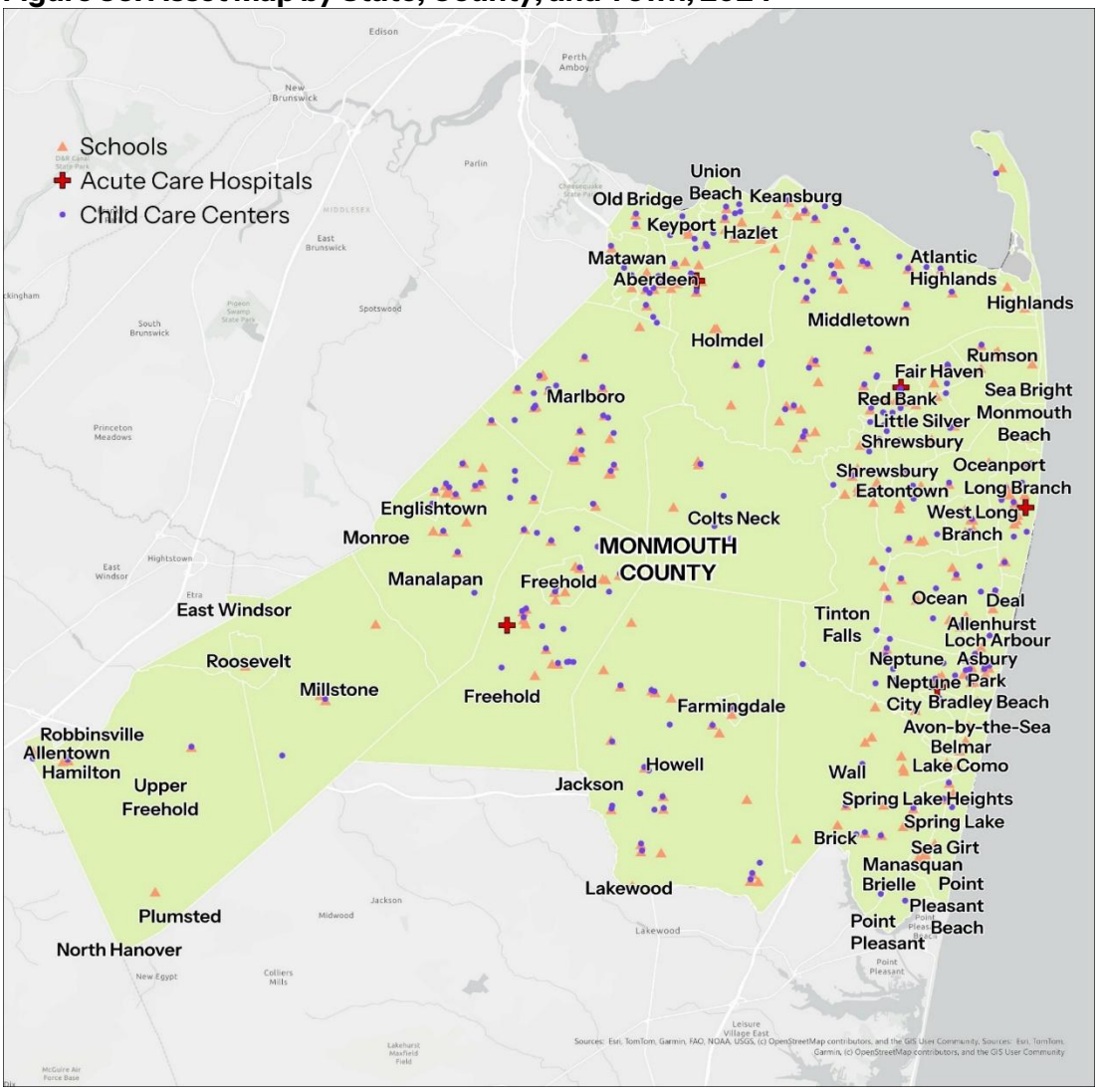
| | 2014-2018 | 2019-2023 | % change |
|---|---|---|---|

| | | | |
|---|---|---|---|
| New Jersey | 22.2% | 23.5% | 1.3% |
| Monmouth County | 13.3% | 13.6% | 0.3% |
| Allenhurst | 1.4% | 12.4% | 11.0% |
| Asbury Park | 19.3% | 18.5% | -0.8% |
| Atlantic Highlands | 8.6% | 6.4% | -2.2% |
| Belford | 6.3% | 6.8% | 0.5% |
| Bradley Beach | 8.7% | 13.5% | 4.8% |
| Colts Neck | 8.3% | 11.0% | 2.7% |
| Deal | 22.2% | 17.7% | -4.5% |
| Eatontown | 20.0% | 23.4% | 3.4% |
| Fair Haven | 3.5% | 4.2% | 0.7% |
| Highlands | 4.6% | 14.8% | 10.2% |
| Holmdel | 22.1% | 17.9% | -4.2% |
| Interlaken | 4.0% | 4.0% | 0.0% |
| Leonardo | 3.0% | 4.3% | 1.3% |
| Lincroft | 10.0% | 7.7% | -2.3% |
| Little Silver | 8.0% | 3.9% | -4.1% |
| Long Branch | 30.7% | 26.3% | -4.4% |
| Middletown | 7.1% | 7.1% | 0.0% |
| Monmouth Beach | 4.2% | 6.8% | 2.6% |
| Navesink | 5.7% | 7.3% | 1.6% |
| Neptune | 4.7% | 10.5% | 5.8% |
| Neptune City | 12.4% | 15.8% | 3.4% |
| Oakhurst | 6.9% | 12.0% | 5.1% |
| Ocean | 6.6% | 11.6% | 5.0% |
| Ocean Grove | 17.3% | 17.2% | -0.1% |
| Oceanport | 4.9% | 3.8% | -1.1% |
| Port Monmouth | 10.1% | 6.7% | -3.4% |
| Red Bank | 26.0% | 18.3% | -7.7% |
| Rumson | 5.4% | 5.3% | -0.1% |
| Shrewsbury | 5.5% | 6.8% | 1.3% |
| Tinton Falls | 10.5% | 13.6% | 3.1% |
| West Long Branch | 7.0% | 7.9% | 0.9% |

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

***Green Space and Built Environment***

**Figure 86. Asset Map by State, County, and Town, 2024**



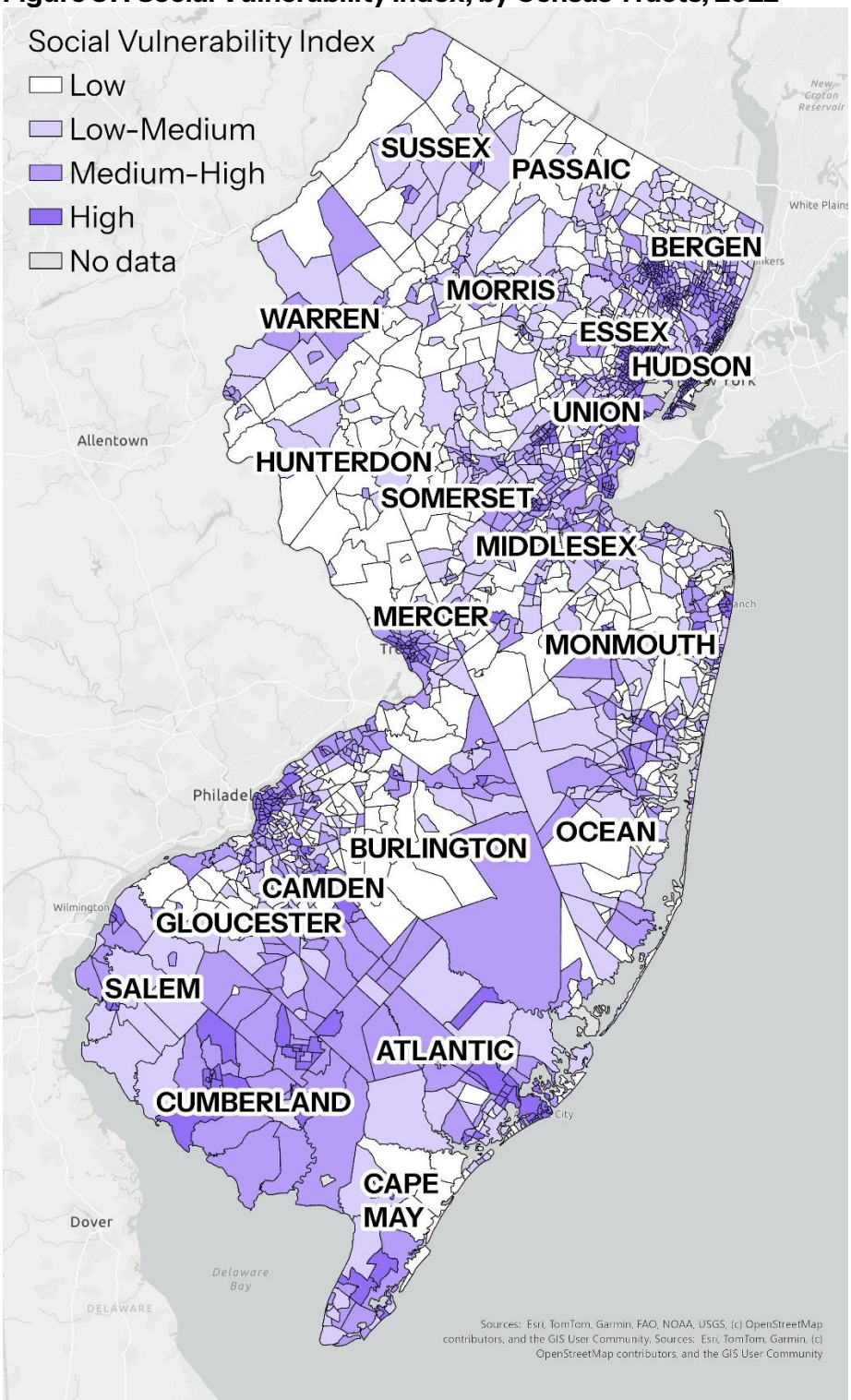

DATA SOURCE: NJ Department of Environmental Protection Bureau of GIS, Schools and Child Care Centers and Acute Care Hospitals, 2024

**Table 25. Social Vulnerability Index, by State and County, 2022**

| | Overall SVI |
|---|---|
| New Jersey | 0.5 |
| Monmouth County | 0.2 |

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 87. Social Vulnerability Index, by Census Tracts, 2022**




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 88. 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 26. 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% |
| Monmouth County | 94.2% | 50.6% |
| Allenhurst | 98.1% | 64.3% |
| Asbury Park | 90.3% | 44.4% |
| Atlantic Highlands | 97.6% | 55.4% |
| Belford | 94.4% | 38.7% |
| Bradley Beach | 92.0% | 65.2% |
| Colts Neck | 98.2% | 68.3% |
| Deal | 91.8% | 29.8% |
| Eatontown | 89.6% | 39.9% |
| Fair Haven | 98.1% | 81.0% |
| Highlands | 90.7% | 53.7% |
| Holmdel | 97.3% | 66.4% |
| Interlaken | 98.0% | 67.7% |
| Leonardo | 98.8% | 41.0% |
| Lincroft | 98.5% | 62.4% |
| Little Silver | 99.1% | 79.8% |
| Long Branch | 84.4% | 34.5% |
| Middletown | 95.7% | 50.2% |
| Monmouth Beach | 97.4% | 64.9% |
| Navesink | 83.8% | 57.5% |
| Neptune | 91.1% | 38.3% |
| Neptune City | 93.3% | 29.0% |
| Oakhurst | 96.0% | 49.0% |
| Ocean | 94.9% | 50.8% |
| Ocean Grove | 92.3% | 66.3% |
| Oceanport | 97.3% | 51.6% |
| Port Monmouth | 98.0% | 26.1% |
| Red Bank | 88.3% | 52.0% |
| Rumson | 98.7% | 77.7% |
| Shrewsbury | 96.3% | 65.0% |
| Tinton Falls | 97.5% | 53.6% |
| West Long Branch | 92.1% | 45.9% |

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

**Table 27. 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 Category, 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% |
| Monmouth County | 93.0% | 71.3% | 89.0% | 26.0% | 80.0% | 30.1% | 96.6% | 53.9% | 74.2% | 25.3% | 89.2% | 41.3% |
| Allenhurst | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 13.3% | 100.0% | 67.7% | - | - | 82.9% | 34.3% |
| Asbury Park | 96.7% | 89.5% | 86.3% | 13.4% | 79.7% | 19.3% | 97.0% | 69.5% | 70.9% | 6.8% | 90.7% | 34.0% |
| Atlantic Highlands | 64.7% | 51.0% | 100.0% | 36.7% | 94.7% | 61.6% | 98.2% | 55.7% | 100.0% | 50.9% | 100.0% | 57.7% |
| Belford | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 86.4% | 93.0% | 30.8% | - | - | 100.0% | 71.4% |
| Bradley Beach | 68.1% | 27.1% | 60.7% | 14.3% | 64.6% | 25.9% | 97.8% | 73.6% | 74.9% | 34.4% | 98.3% | 54.3% |
| Colts Neck | 85.1% | 81.6% | 98.4% | 73.4% | 96.1% | 62.7% | 99.0% | 67.8% | 100.0% | 100.0% | 94.0% | 62.3% |
| Deal | 100.0% | 20.0% | 92.3% | 0.0% | 74.6% | 26.9% | 95.2% | 31.4% | 65.0% | 0.0% | 87.0% | 87.0% |
| Eatontown | 80.0% | 46.1% | 98.0% | 29.7% | 68.3% | 23.1% | 94.0% | 44.5% | 77.5% | 18.7% | 95.6% | 26.4% |
| Fair Haven | 100.0% | 100.0% | 74.7% | 22.4% | 79.7% | 78.1% | 99.5% | 83.5% | - | - | 100.0% | 100.0% |
| Highlands | 47.8% | 42.1% | 85.6% | 20.6% | 57.4% | 15.1% | 97.3% | 58.4% | - | - | 44.4% | 31.8% |
| Holmdel | 99.6% | 83.3% | 78.9% | 11.6% | 90.0% | 60.7% | 97.7% | 65.1% | 95.7% | 95.7% | 88.7% | 45.9% |
| Interlaken | 100.0% | 100.0% | - | - | 73.3% | 40.0% | 98.5% | 68.9% | - | - | 95.0% | 40.0% |
| Leonardo | 67.4% | 67.4% | - | - | 100.0% | 0.0% | 99.7% | 41.2% | - | - | 100.0% | 0.0% |
| Lincroft | 86.1% | 56.9% | 95.1% | 0.0% | 91.4% | 66.9% | 99.8% | 62.8% | 100.0% | 100.0% | 86.1% | 60.3% |
| Little Silver | 100.0% | 100.0% | - | - | 100.0% | 62.3% | 99.1% | 79.8% | - | - | 100.0% | 100.0% |
| Long Branch | 86.7% | 41.4% | 81.9% | 23.5% | 67.7% | 11.9% | 89.4% | 43.7% | 73.4% | 16.9% | 82.5% | 22.8% |
| Middletown | 90.8% | 69.1% | 71.4% | 33.1% | 92.1% | 44.1% | 96.7% | 50.3% | 76.9% | 29.3% | 97.8% | 51.1% |

| | Asian, Non-Hispanic | | Black, Non-Hispanic | | Hispanic or Latino | | White, Non-Hispanic | | Additional Race Category, non-Hispanic | | 2+ Races | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Monmouth Beach | 100.0% | 100.0% | 100.0% | 50.0% | 73.3% | 59.5% | 98.6% | 63.9% | 100.0% | 0.0% | 100.0% | 100.0% |
| Navesink | - | - | 100.0% | 0.0% | 0.0% | 0.0% | 83.6% | 57.9% | - | - | 84.6% | 69.2% |
| Neptune | 96.9% | 72.5% | 90.6% | 21.6% | 67.8% | 16.0% | 96.8% | 50.7% | 63.8% | 14.3% | 75.5% | 22.9% |
| Neptune City | 100.0% | 100.0% | 92.9% | 6.0% | 51.2% | 7.4% | 98.2% | 36.5% | 100.0% | 0.0% | 100.0% | 34.0% |
| Oakhurst | 100.0% | 82.5% | 100.0% | 30.2% | 64.3% | 35.7% | 96.4% | 45.8% | 100.0% | 0.0% | 100.0% | 79.4% |
| Ocean | 90.7% | 50.4% | 96.7% | 24.1% | 72.5% | 25.8% | 98.3% | 58.0% | 81.2% | 13.7% | 79.8% | 45.6% |
| Ocean Grove | 100.0% | 40.0% | 100.0% | 0.0% | 41.0% | 19.5% | 97.7% | 72.5% | 33.3% | 9.6% | 43.2% | 43.2% |
| Oceanport | 100.0% | 85.5% | 78.4% | 0.0% | 100.0% | 69.1% | 97.6% | 51.3% | - | - | 91.3% | 40.7% |
| Port Monmouth | 100.0% | 87.5% | 100.0% | 0.0% | 100.0% | 13.5% | 97.7% | 26.6% | 100.0% | 0.0% | 100.0% | 23.2% |
| Red Bank | 84.8% | 84.8% | 93.3% | 34.7% | 58.3% | 14.5% | 98.4% | 65.6% | 54.0% | 14.4% | 70.3% | 26.8% |
| Rumson | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 36.4% | 98.6% | 79.1% | 100.0% | 100.0% | 100.0% | 29.0% |
| Shrewsbury | 79.7% | 72.4% | 93.3% | 93.3% | 100.0% | 50.0% | 97.0% | 65.5% | 100.0% | 0.0% | 100.0% | 51.3% |
| Tinton Falls | 100.0% | 80.2% | 98.2% | 35.6% | 95.0% | 63.6% | 97.8% | 51.4% | 100.0% | 88.4% | 95.2% | 63.0% |
| West Long Branch | 100.0% | 85.4% | 16.5% | 16.1% | 92.7% | 37.6% | 96.0% | 47.6% | 85.8% | 25.4% | 95.3% | 39.9% |

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

***Employment and Workforce***

**Figure 89. Unemployment Rate, by State, County, and Town, 2019-2023**

| | Overall |
|---|---|
| New Jersey | 6.2% |
| Monmouth County | 5.2% |
| Allenhurst | 14.4% |
| Asbury Park | 5.8% |
| Atlantic Highlands | 4.3% |
| Belford | 9.9% |
| Bradley Beach | 2.1% |
| Colts Neck | 5.0% |
| Deal | 4.1% |
| Eatontown | 8.4% |
| Fair Haven | 3.2% |
| Highlands | 9.6% |
| Holmdel | 4.1% |
| Interlaken | 3.5% |
| Leonardo | 4.0% |
| Lincroft | 7.4% |
| Little Silver | 3.1% |
| Long Branch | 7.2% |
| Middletown | 5.9% |
| Monmouth Beach | 4.0% |
| Navesink | 8.6% |
| Neptune | 8.1% |
| Neptune City | 4.8% |
| Oakhurst | 5.5% |
| Ocean | 5.1% |
| Ocean Grove | 5.5% |
| Oceanport | 4.9% |
| Port Monmouth | 5.9% |
| Red Bank | 3.1% |
| Rumson | 4.8% |
| Shrewsbury | 5.0% |
| Tinton Falls | 7.0% |
| West Long Branch | 6.7% |

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2018-2022

**Table 28. Unemployment Rate, by Age, by State, County, and Town, 2019-2023**

| | Overall | 16 to 19 years | 20 to 24 years | 25 to 29 years | 30 to 34 years | 35 to 44 years | 45 to 54 years | 55 to 59 years | 60 to 64 years | 65 to 74 years | 75 years and over |
|---|---|---|---|---|---|---|---|---|---|---|---|
| New Jersey | 6.2% | 15.9% | 11.6% | 7.0% | 5.5% | 4.9% | 4.7% | 5.0% | 5.2% | 5.9% | 5.7% |
| Monmouth County | 5.2% | 10.0% | 10.8% | 5.5% | 4.1% | 3.9% | 3.8% | 6.1% | 4.1% | 5.9% | 4.9% |
| Allenhurst | 14.4% | 60.0% | 0.0% | 0.0% | 10.7% | 0.0% | 0.0% | 46.2% | 0.0% | 18.2% | 0.0% |
| Asbury Park | 5.8% | 9.6% | 19.0% | 6.4% | 4.0% | 4.6% | 1.7% | 9.4% | 2.7% | 12.7% | 0.0% |
| Atlantic Highlands | 4.3% | 10.5% | 18.4% | 36.1% | 5.1% | 0.0% | 1.4% | 0.0% | 0.0% | 0.0% | 0.0% |
| Belford | 9.9% | 0.0% | 0.0% | 31.4% | 0.0% | 8.2% | 0.0% | 40.0% | 0.0% | 0.0% | - |
| Bradley Beach | 2.1% | 68.5% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 3.5% | 3.8% | 0.0% | 0.0% |
| Colts Neck | 5.0% | 0.0% | 12.4% | 4.4% | 13.3% | 5.5% | 4.0% | 10.1% | 0.0% | 0.0% | 0.0% |
| Deal | 4.1% | 100.0% | 5.2% | 6.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 21.4% |
| Eatontown | 8.4% | 19.0% | 19.5% | 2.1% | 5.0% | 3.9% | 6.3% | 20.7% | 0.0% | 15.6% | 16.6% |
| Fair Haven | 3.2% | 6.6% | 17.1% | 9.8% | 0.0% | 2.0% | 1.9% | 0.0% | 2.4% | 8.1% | 0.0% |
| Highlands | 9.6% | 0.0% | 0.0% | 0.0% | 12.9% | 10.5% | 13.2% | 0.0% | 11.0% | 24.7% | 0.0% |
| Holmdel | 4.1% | 9.9% | 5.7% | 0.0% | 3.1% | 0.9% | 1.9% | 3.0% | 16.4% | 2.5% | 6.0% |
| Interlaken | 3.5% | 0.0% | 25.0% | 0.0% | 0.0% | 0.0% | 3.6% | 0.0% | 4.8% | 9.6% | 0.0% |
| Leonardo | 4.0% | 0.0% | 15.4% | 3.1% | 0.0% | 1.5% | 0.0% | 11.6% | 0.0% | 5.5% | 33.3% |
| Lincroft | 7.4% | 13.2% | 37.8% | 21.8% | 0.0% | 9.4% | 3.3% | 6.2% | 0.0% | 0.0% | 0.0% |
| Little Silver | 3.1% | 0.0% | 0.0% | 0.0% | 7.9% | 0.0% | 5.7% | 0.0% | 0.0% | 13.2% | 0.0% |
| Long Branch | 7.2% | 7.5% | 12.9% | 4.3% | 8.4% | 8.9% | 1.3% | 11.1% | 2.2% | 10.7% | 0.0% |
| Middletown | 5.9% | 14.9% | 12.1% | 7.1% | 1.6% | 3.6% | 5.4% | 9.0% | 3.5% | 7.1% | 2.5% |
| Monmouth Beach | 4.0% | 0.0% | 48.8% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 8.6% | 2.0% | 0.0% |
| Navesink | 8.6% | - | 28.6% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 40.3% | - |
| Neptune | 8.1% | 15.1% | 16.7% | 8.3% | 9.9% | 6.8% | 1.5% | 13.6% | 5.5% | 6.4% | 0.0% |
| Neptune City | 4.8% | 12.2% | 0.0% | 27.8% | 0.0% | 0.0% | 0.0% | 6.6% | 0.0% | 0.0% | 0.0% |
| Oakhurst | 5.5% | 0.0% | 8.1% | 29.3% | 0.0% | 4.0% | 0.0% | 0.0% | 8.5% | 6.2% | 0.0% |
| Ocean | 5.1% | 18.2% | 12.2% | 7.1% | 6.8% | 4.7% | 0.2% | 2.7% | 6.5% | 2.4% | 6.5% |
| Ocean Grove | 5.5% | 0.0% | 0.0% | 0.0% | 0.0% | 5.5% | 2.7% | 6.4% | 6.6% | 15.5% | 0.0% |
| Oceanport | 4.9% | 0.0% | 37.0% | 17.2% | 0.0% | 0.0% | 0.0% | 3.8% | 6.0% | 5.8% | 0.0% |
| Port Monmouth | 5.9% | 17.8% | 0.0% | 0.0% | 0.0% | 2.6% | 4.6% | 14.0% | 13.0% | 16.2% | 0.0% |
| Red Bank | 3.1% | 9.2% | 4.4% | 8.7% | 5.6% | 2.1% | 1.1% | 0.0% | 0.0% | 2.1% | 0.0% |
| Rumson | 4.8% | 0.0% | 11.5% | 1.4% | 0.0% | 3.0% | 1.9% | 12.0% | 0.0% | 10.3% | 0.0% |
| Shrewsbury | 5.0% | 30.3% | 12.1% | 5.8% | 0.0% | 1.3% | 2.5% | 10.4% | 8.9% | 0.0% | 0.0% |
| Tinton Falls | 7.0% | 4.5% | 20.0% | 3.7% | 4.6% | 0.6% | 5.2% | 17.2% | 0.6% | 14.2% | 0.0% |
| West Long Branch | 6.7% | 5.7% | 7.9% | 0.0% | 3.6% | 11.4% | 3.8% | 17.4% | 3.0% | 0.0% | 0.0% |

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

**Table 29. Unemployment Rate, by Gender, by State, County, and Town, 2019-2023**

| | Overall | Male | Female |
|---|---|---|---|
| New Jersey | 6.2% | 5.7% | 6.0% |
| Monmouth County | 5.2% | 5.1% | 4.9% |
| Allenhurst | 14.4% | 11.3% | 16.7% |
| Asbury Park | 5.8% | 6.6% | 4.2% |
| Atlantic Highlands | 4.3% | 6.9% | 2.0% |
| Belford | 9.9% | 13.8% | 7.6% |
| Bradley Beach | 2.1% | 1.2% | 0.0% |
| Colts Neck | 5.0% | 7.3% | 4.3% |
| Deal | 4.1% | 3.2% | 2.0% |
| Eatontown | 8.4% | 7.2% | 8.0% |
| Fair Haven | 3.2% | 1.2% | 5.0% |
| Highlands | 9.6% | 8.1% | 9.2% |
| Holmdel | 4.1% | 4.0% | 3.9% |
| Interlaken | 3.5% | 1.6% | 4.1% |
| Leonardo | 4.0% | 5.3% | 2.0% |
| Lincroft | 7.4% | 10.3% | 4.1% |
| Little Silver | 3.1% | 1.8% | 3.7% |
| Long Branch | 7.2% | 6.4% | 8.1% |
| Middletown | 5.9% | 5.6% | 5.4% |
| Monmouth Beach | 4.0% | 6.2% | 3.3% |
| Navesink | 8.6% | 0.0% | 8.0% |
| Neptune | 8.1% | 7.6% | 8.3% |
| Neptune City | 4.8% | 0.0% | 7.3% |
| Oakhurst | 5.5% | 3.7% | 8.6% |
| Ocean | 5.1% | 4.3% | 5.2% |
| Ocean Grove | 5.5% | 4.1% | 4.2% |
| Oceanport | 4.9% | 7.1% | 2.7% |
| Port Monmouth | 5.9% | 2.4% | 7.6% |
| Red Bank | 3.1% | 3.5% | 2.6% |
| Rumson | 4.8% | 4.2% | 4.9% |
| Shrewsbury | 5.0% | 2.9% | 5.0% |
| Tinton Falls | 7.0% | 5.8% | 6.6% |
| West Long Branch | 6.7% | 11.3% | 3.4% |

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

***Income and Financial Security***

**Table 30. Median Household Income, by Race/Ethnicity, by State, County, and Town, 2019-2023**

| | Overall | Asian | Black or African American | Hispanic or Latino origin (of any race) | White alone, not Hispanic or Latino | Some other race | 2+ Races |
|---|---|---|---|---|---|---|---|
| New Jersey | $101,050 | $154,105 | $68,457 | $74,331 | $113,091 | $70,457 | $84,641 |
| Monmouth County | $122,727 | $170,069 | $70,926 | $100,130 | $128,268 | $85,855 | $125,648 |
| Allenhurst | $96,500 | - | - | - | $95,667 | - | - |
| Asbury Park | $71,080 | $225,000 | $31,662 | $63,600 | $100,286 | $49,375 | - |
| Atlantic Highlands | $125,438 | $58,472 | 250,000+ | $123,654 | $135,174 | - | $123,045 |
| Belford | $121,406 | - | - | 250,000+ | $113,365 | - | 250,000+ |
| Bradley Beach | $94,722 | - | - | $47,023 | $109,792 | $70,500 | - |
| Colts Neck | $184,412 | $166,823 | - | $131,050 | $200,801 | - | - |
| Deal | $77,679 | - | - | - | $76,544 | - | - |
| Eatontown | $90,174 | $82,212 | - | $109,886 | $96,415 | $124,773 | $36,484 |
| Fair Haven | $237,132 | - | - | - | $240,927 | - | - |
| Highlands | $90,082 | $198,683 | - | - | $90,273 | - | 250,000+ |
| Holmdel | $172,566 | 250,000+ | - | $228,913 | $164,423 | - | $161,934.00 |
| Interlaken | $180,972 | - | - | - | $180,694 | - | - |
| Leonardo | $122,216 | - | - | - | $125,440 | - | - |
| Lincroft | $168,945 | $199,519 | - | 250,000+ | $176,534 | - | $96,016 |
| Little Silver | $220,746 | - | - | - | $221,557 | - | - |
| Long Branch | $73,381 | $85,313 | $51,721 | $63,782 | $83,051 | $53,553 | $91,738 |
| Middletown | $141,723 | $150,568 | $64,023 | $179,615 | $140,340 | $114,250 | $192,758 |
| Monmouth Beach | $140,074 | - | - | - | $139,138 | - | 250,000+ |
| Navesink | $145,708 | - | - | - | $145,828 | - | - |
| Neptune | $96,827 | $138,655 | $83,784 | $113,341 | $98,297 | $108,152 | $105,294 |
| Neptune City | $82,872 | - | $35,642 | - | $96,938 | - | - |
| Oakhurst | $142,727 | - | - | - | $144,470 | - | - |
| Ocean | $112,586 | $90,938 | $46,039 | $98,955 | $129,464 | - | $142,643 |
| Ocean Grove | $74,410 | - | - | - | $84,318 | - | - |

| | Overall | Asian | Black or African American | Hispanic or Latino origin (of any race) | White alone, not Hispanic or Latino | Some other race | 2+ Races |
|---|---|---|---|---|---|---|---|
| Oceanport | $156,196 | - | - | 250,000+ | $147,574 | - | 250,000+ |
| Port Monmouth | $106,677 | - | - | $147,969 | $107,439 | - | $141,875 |
| Red Bank | $101,738 | - | $91,667 | $54,688 | $116,691 | $69,590 | - |
| Rumson | 250,000+ | 250,000+ | - | - | 250,000+ | - | - |
| Shrewsbury | $144,500 | $215,909 | - | - | $151,442 | - | - |
| Tinton Falls | $113,844 | $179,688 | $61,189 | - | $113,934 | - | $175,568 |
| West Long Branch | $123,661 | - | - | $180,667 | $130,429 | $134,167 | $162,763 |

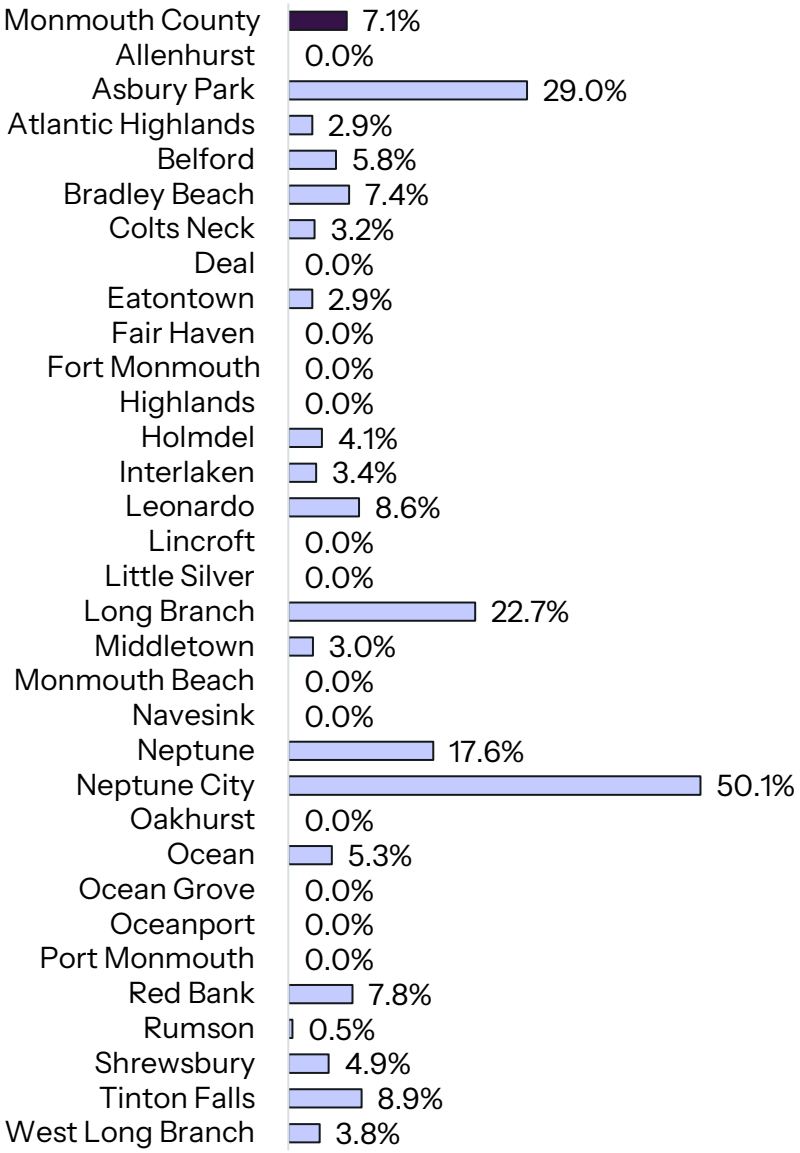
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: A dash (-) means that data is suppressed.

**Table 31. Percent of 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, non-Hispanic | 2+ Races |
|---|---|---|---|---|---|---|---|
| New Jersey | 9.8% | 5.7% | 16.3% | 16.1% | 6.3% | 17.9% | 13.0% |
| Monmouth County | 6.4% | 3.6% | 13.8% | 11.7% | 5.0% | 14.4% | 9.2% |
| Allenhurst | 5.7% | 0.0% | 0.0% | 0.0% | 7.4% | - | 0.0% |
| Asbury Park | 18.8% | 19.4% | 26.3% | 22.2% | 12.3% | 22.3% | 33.7% |
| Atlantic Highlands | 4.3% | 0.0% | 3.3% | 0.4% | 4.8% | 0.0% | 0.0% |
| Belford | 6.5% | 0.0% | 0.0% | 0.0% | 7.8% | - | 0.0% |
| Bradley Beach | 6.0% | 0.0% | 100.0% | 26.7% | 2.0% | 19.5% | 43.6% |
| Colts Neck | 3.6% | 0.0% | 1.6% | 9.7% | 3.3% | 0.0% | 3.6% |
| Deal | 13.6% | 0.0% | 53.8% | 11.9% | 13.2% | 24.1% | 0.0% |
| Eatontown | 5.8% | 0.9% | 8.3% | 1.3% | 6.9% | 0.0% | 8.7% |
| Fair Haven | 1.2% | 0.0% | 0.6% | 0.8% | 1.3% | - | 0.0% |
| Highlands | 7.6% | 9.4% | 21.0% | 33.4% | 5.7% | - | 23.7% |
| Holmdel | 3.9% | 7.1% | 36.8% | 2.4% | 3.4% | 0.0% | 2.1% |
| Interlaken | 3.4% | 0.0% | - | 0.0% | 3.6% | - | 0.0% |
| Leonardo | 4.3% | 0.0% | - | 15.6% | 4.1% | - | 44.4% |
| Lincroft | 2.2% | 13.9% | 95.1% | 0.0% | 0.6% | 0.0% | 0.0% |
| Little Silver | 2.4% | 0.0% | - | 0.0% | 2.5% | - | 0.0% |
| Long Branch | 16.2% | 11.8% | 24.0% | 16.5% | 13.1% | 24.1% | 16.3% |
| Middletown | 3.7% | 8.0% | 8.0% | 6.5% | 3.3% | 13.1% | 3.1% |
| Monmouth Beach | 2.3% | 0.0% | 0.0% | 0.0% | 2.7% | 0.0% | 0.0% |
| Navesink | 2.2% | - | 0.0% | 0.0% | 2.3% | - | 0.0% |
| Neptune | 9.6% | 7.8% | 11.6% | 21.1% | 4.0% | 16.3% | 11.6% |
| Neptune City | 18.2% | 100.0% | 40.4% | 45.5% | 4.8% | 0.0% | 0.0% |
| Oakhurst | 1.1% | 0.0% | 0.4% | 4.3% | 1.1% | 0.0% | 1.8% |
| Ocean | 6.7% | 7.1% | 8.5% | 13.8% | 4.9% | 31.5% | 7.9% |
| Ocean Grove | 6.6% | 27.7% | 21.1% | 1.9% | 6.5% | 2.5% | 0.0% |
| Oceanport | 2.9% | 0.0% | 24.3% | 0.0% | 3.3% | - | 0.0% |
| Port Monmouth | 3.8% | 50.0% | 0.0% | 0.0% | 3.7% | 0.0% | 0.0% |
| Red Bank | 8.9% | 0.0% | 16.6% | 12.1% | 6.6% | 8.8% | 15.7% |
| Rumson | 3.2% | 32.0% | 66.7% | 17.6% | 2.1% | 0.0% | 24.3% |
| Shrewsbury | 3.6% | 0.0% | 0.0% | 34.2% | 3.5% | 0.0% | 12.4% |
| Tinton Falls | 8.6% | 7.0% | 14.8% | 15.7% | 7.8% | 5.1% | 2.0% |
| West Long Branch | 2.8% | 0.0% | 0.4% | 0.2% | 2.2% | 0.0% | 15.3% |

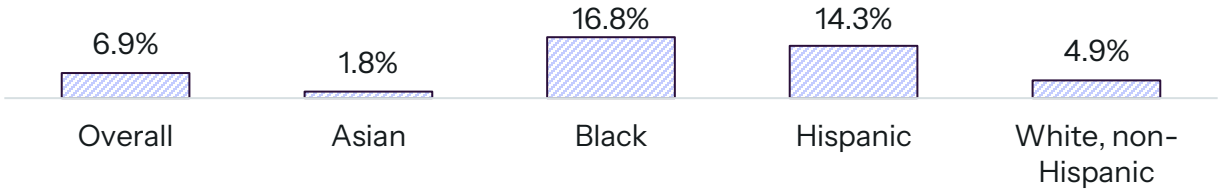
DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023
NOTE: A dash (-) means that data is suppressed.

**Figure 90. Percentage of Children Living Below the Poverty Line, by State, County, and Town, 2019-2023**




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

**Figure 91. Percent Children Living Below the Poverty Line, by Race/Ethnicity, by Monmouth County, 2018-2022**




DATA SOURCE: U.S. Census Bureau, Small Area Income & Poverty Estimates, reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation 2024

***Food Access and Food Insecurity***

**Table 32. Households Receiving Food Stamps/SNAP, by Race/Ethnicity of Householder, by State, County, and Town, 2019-2023**

| | Overall | Asian, non-Hispanic | Black or African American, non-Hispanic | Hispanic or Latino origin (of any race) | White, non-Hispanic | Additional Races, non-Hispanic | 2+ Races |
|---|---|---|---|---|---|---|---|
| New Jersey | 8.8% | 5.6% | 27.3% | 37.7% | 27.7% | 16.3% | 14.9% |
| Monmouth County | 5.0% | 3.9% | 22.9% | 20.3% | 50.0% | 9.0% | 8.4% |
| Allenhurst | 2.4% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Asbury Park | 16.3% | 1.8% | 55.9% | 25.5% | 15.8% | 14.6% | 10.8% |
| Atlantic Highlands | 2.2% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Belford | 0.0% | - | - | - | - | - | - |
| Bradley Beach | 1.9% | 0.0% | 0.0% | 10.5% | 89.5% | 0.0% | 0.0% |
| Colts Neck | 0.0% | - | - | - | - | - | - |
| Deal | 2.4% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Eatontown | 10.9% | 15.4% | 23.4% | 10.4% | 33.6% | 0.0% | 22.6% |
| Fair Haven | 0.0% | - | - | - | - | - | - |
| Highlands | 8.0% | 0.0% | 26.0% | 0.0% | 74.0% | 0.0% | 0.0% |
| Holmdel | 2.0% | 2.4% | 0.0% | 11.9% | 85.7% | 0.0% | 11.9% |
| Interlaken | 2.9% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Leonardo | 3.0% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Lincroft | 10.1% | 7.3% | 31.6% | 8.5% | 52.6% | 0.0% | 8.5% |
| Little Silver | 0.0% | - | - | - | - | - | - |
| Long Branch | 13.7% | 0.2% | 28.2% | 26.8% | 36.7% | 12.8% | 11.1% |
| Middletown | 3.0% | 4.0% | 11.6% | 17.1% | 65.1% | 9.8% | 7.6% |
| Monmouth Beach | 0.7% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Navesink | 3.8% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Neptune | 7.4% | 0.0% | 40.8% | 32.6% | 38.3% | 2.5% | 6.6% |
| Neptune City | 10.0% | 8.9% | 48.1% | 30.8% | 12.1% | 0.0% | 0.0% |
| Oakhurst | 2.4% | 0.0% | 0.0% | 0.0% | 72.4% | 27.6% | 0.0% |
| Ocean | 5.4% | 6.1% | 33.1% | 21.1% | 36.5% | 19.9% | 2.4% |
| Ocean Grove | 1.7% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |
| Oceanport | 1.8% | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 0.0% |

| | Overall | Asian, non-Hispanic | Black or African American, non-Hispanic | Hispanic or Latino origin (of any race) | White, non-Hispanic | Additional Races, non-Hispanic | 2+ Races |
|---|---|---|---|---|---|---|---|
| Port Monmouth | 7.3% | 0.0% | 0.0% | 19.8% | 80.2% | 0.0% | 19.8% |
| Red Bank | 4.4% | 0.0% | 22.2% | 55.3% | 22.6% | 50.2% | 0.0% |
| Rumson | 0.0% | - | - | - | - | - | - |
| Shrewsbury | 4.2% | 0.0% | 79.4% | 0.0% | 20.6% | 0.0% | 0.0% |
| Tinton Falls | 6.9% | 2.8% | 25.8% | 14.0% | 57.4% | 0.0% | 14.0% |
| West Long Branch | 4.8% | 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: A dash (-) means that data is suppressed.

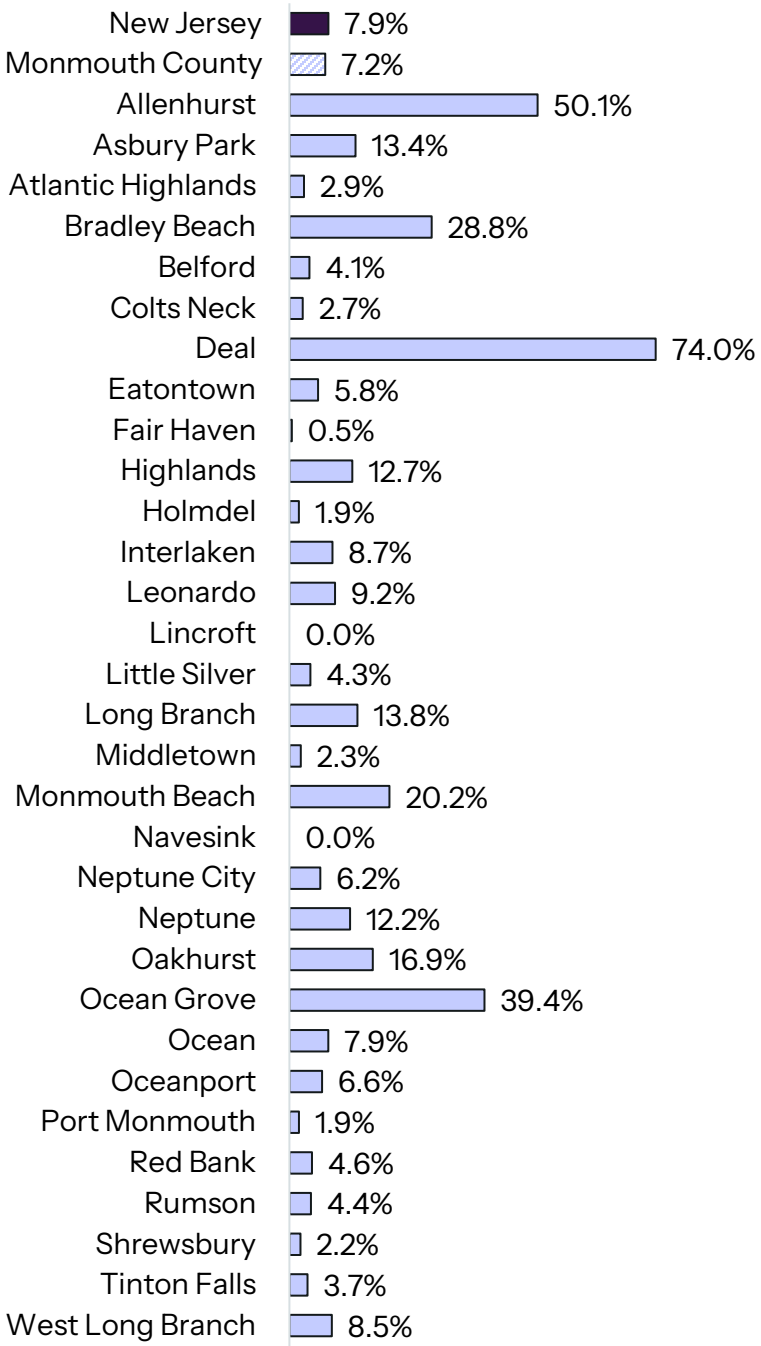
**Table 33. Food Desert Factor Score, by Designated Food Desert Communities, 2022**

| | | Population Weighted Average Food Desert Factor Score | Average Food Desert Low Access Score (supermarket) | Food Desert Population (2020) |
|---|---|---|---|---|
| **Monmouth County** | Asbury Park | 53.8 | 83.7 | 14,547 |
| | Red Bank | 55.6 | 23.9 | 1,508 |
| | Long Branch | 40.8 | 91.1 | 27,013 |

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 92. Homeowner Vacancy Rate, by State, County, and Town, 2019-2023**



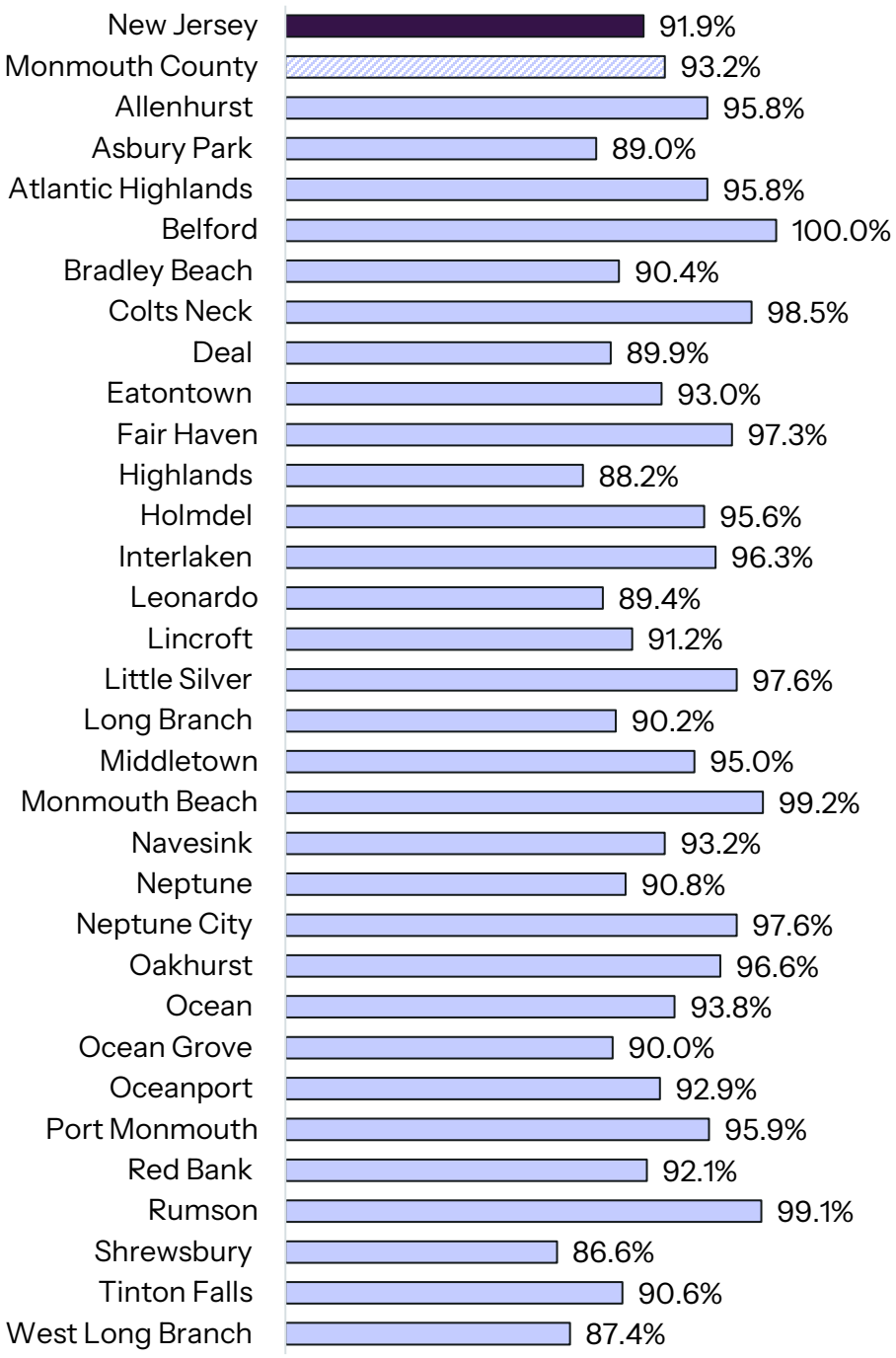

DATA SOURCE: U.S. Census Bureau. American Community Survey, ACS 5-Year Estimates Subject Tables, 2019-2023

**Table 34. 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% |
| Monmouth County | 98.3% | 1.2% | 0.5% |
| Allenhurst | 100.0% | 0.0% | 0.0% |
| Asbury Park | 94.6% | 3.4% | 2.0% |
| Atlantic Highlands | 99.6% | 0.0% | 0.4% |
| Belford | 100.0% | 0.0% | 0.0% |
| Bradley Beach | 97.2% | 2.1% | 0.7% |
| Colts Neck | 100.0% | 0.0% | 0.0% |
| Deal | 93.9% | 6.1% | 0.0% |
| Eatontown | 98.1% | 0.4% | 1.5% |
| Fair Haven | 100.0% | 0.0% | 0.0% |
| Highlands | 98.0% | 0.0% | 2.0% |
| Holmdel | 99.6% | 0.4% | 0.0% |
| Interlaken | 99.1% | 0.9% | 0.0% |
| Leonardo | 100.0% | 0.0% | 0.0% |
| Lincroft | 99.3% | 0.0% | 0.7% |
| Little Silver | 100.0% | 0.0% | 0.0% |
| Long Branch | 95.3% | 2.5% | 2.1% |
| Middletown | 99.4% | 0.4% | 0.3% |
| Monmouth Beach | 100.0% | 0.0% | 0.0% |
| Navesink | 100.0% | 0.0% | 0.0% |
| Neptune City | 95.8% | 3.1% | 1.1% |
| Neptune | 95.3% | 4.3% | 0.4% |
| Oakhurst | 95.2% | 4.8% | 0.0% |
| Ocean Grove | 96.4% | 2.9% | 0.7% |
| Ocean | 98.0% | 2.0% | 0.0% |
| Oceanport | 99.6% | 0.0% | 0.4% |
| Port Monmouth | 99.2% | 0.8% | 0.0% |
| Red Bank | 95.3% | 3.9% | 0.8% |
| Rumson | 100.0% | 0.0% | 0.0% |
| Shrewsbury | 96.6% | 3.4% | 0.0% |
| Tinton Falls | 98.8% | 1.1% | 0.1% |
| West Long Branch | 100.0% | 0.0% | 0.0% |

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

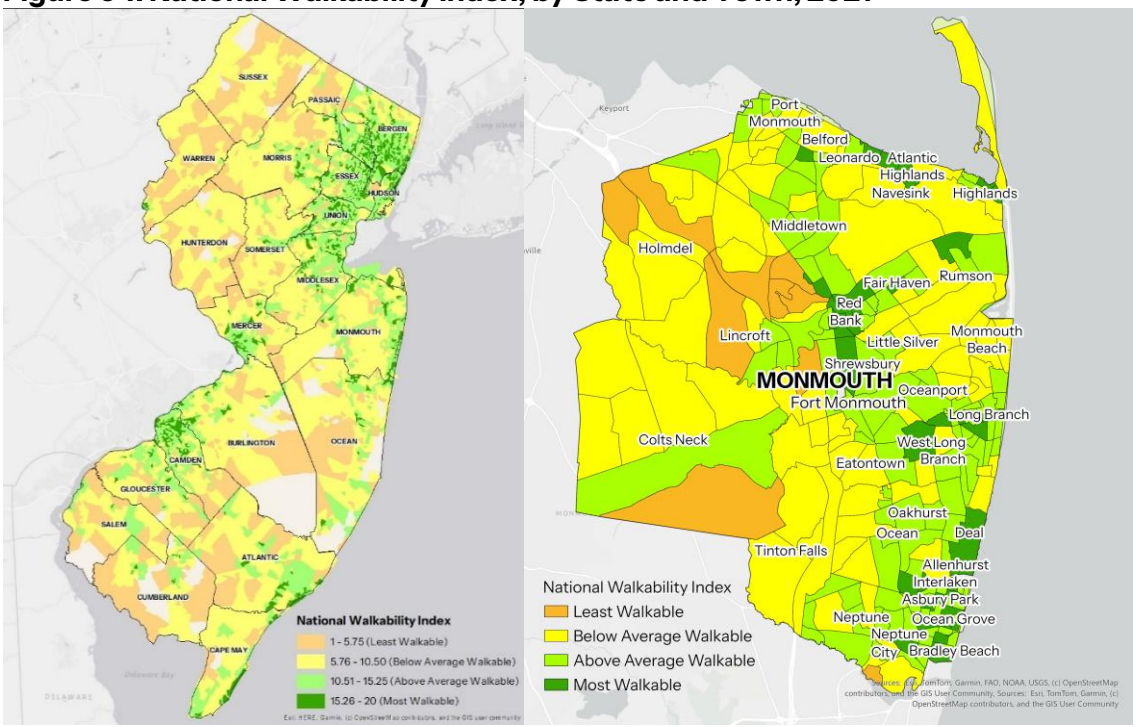
**Figure 93. Percent of Households with an Internet Subscription, by State, County, and Town, 2019-2023**




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

## ***Transportation***

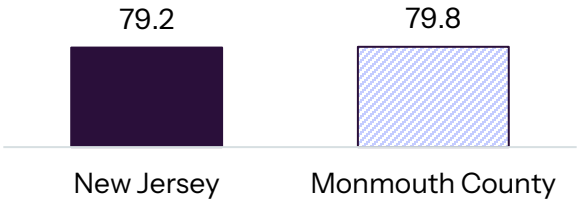
**Figure 94. National Walkability Index, by State and Town, 2021**




DATA SOURCE: U.S. EPA, National Walkability Index, 2021

## ***Leading Causes of Death and Premature Mortality***

**Figure 95. Life Expectancy in Years, by State and County, 2021**




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

**Table 35. Age-Adjusted Rate of Hospital Emergency Department Visits per 10,000 for Injury, Poisoning, and Other External Causes, by State, 2023**

| | Rate per 100,000 |
|---|---|
| New Jersey | 597.7 |
| Monmouth County | 633.7 |

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), 2024

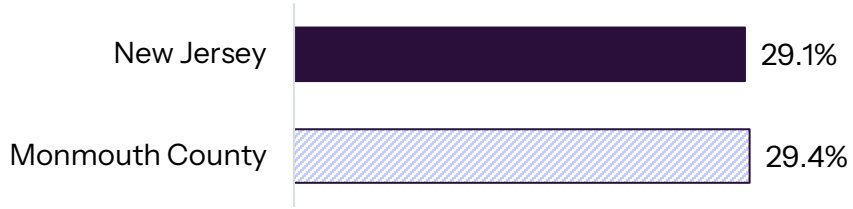
**Table 36. Injury Deaths per 100,000 Population, by State and County, 2017-2021**

| | Rate per 100,000 |
|---|---|
| New Jersey | 65.5 |
| Monmouth County | 61.7 |

DATA SOURCE: National Center for Health Statistics - Mortality Files as cited by County Health Rankings, 2024

***Obesity and Physical Activity***

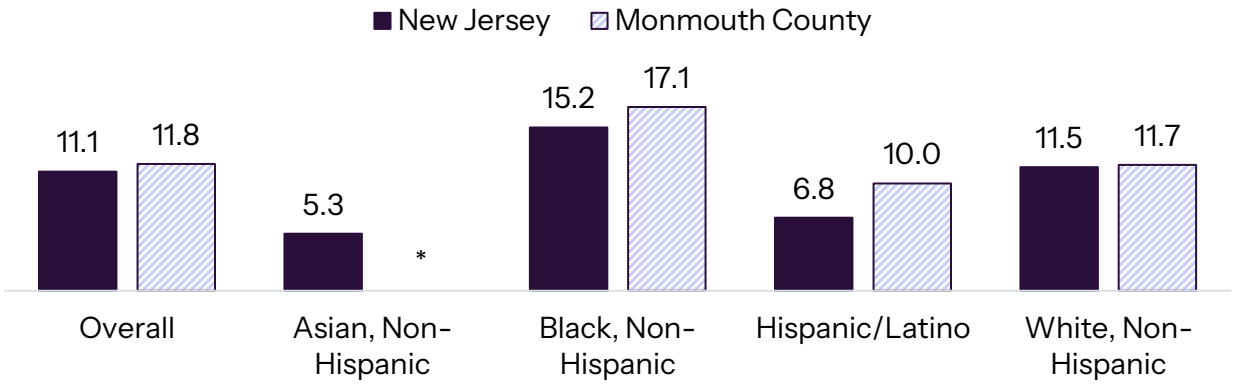
**Figure 96. Percent Adults Self-Reported Obese, by State and County, 2022**




DATA SOURCE: BRFSS Small Area Estimates as cited by County Health Rankings, 2024

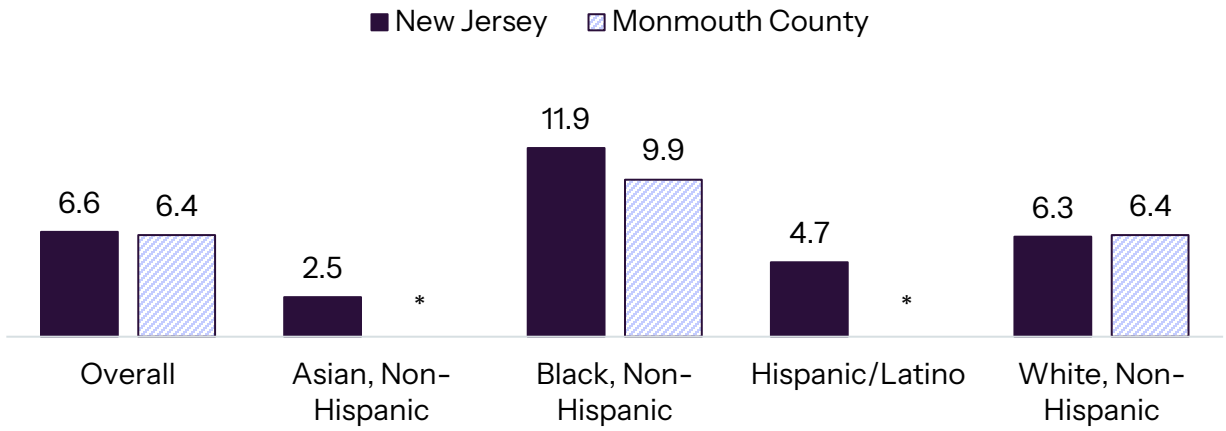
***Cancer and Chronic Disease***

**Figure 97. Age-Adjusted Rate of Deaths due to Breast Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021**



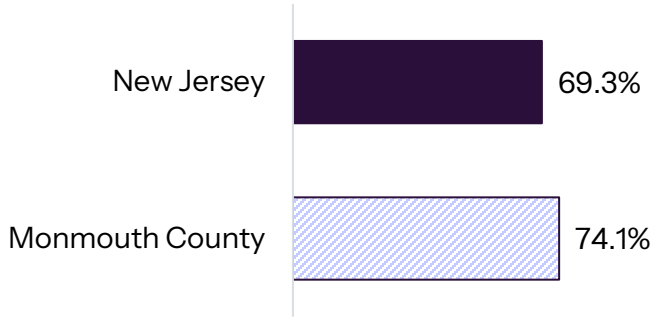

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data is suppressed.

**Figure 98. Age-Adjusted Rate of Deaths due to Prostate Cancer per 100,000, by Race/Ethnicity, by State and County, 2017-2021**



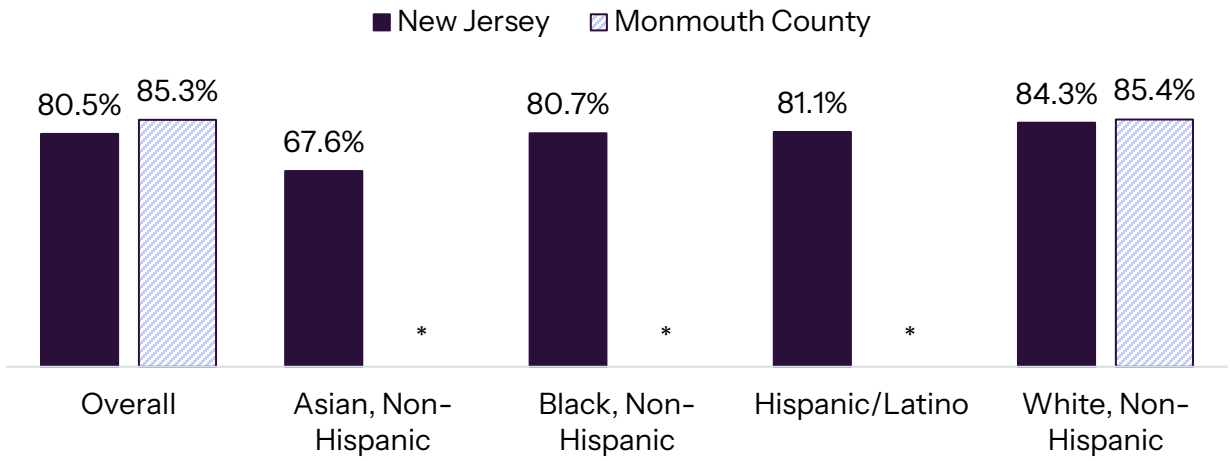

DATA SOURCE: Death Certificate Database, Office of Vital Statistics and Registry Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023
NOTE: Asterisk (*) means that data are suppressed.

**Figure 99. Percent with a Mammography Screening in the Past Two Years (Ages 40-74), by State and County, 2022**



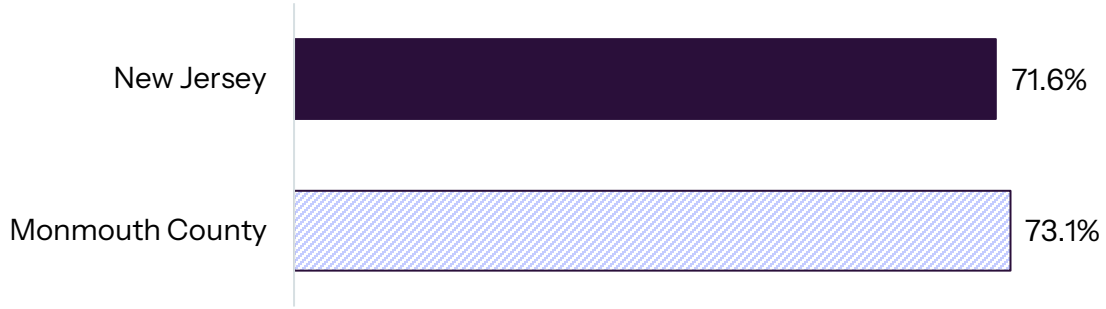

DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, New Jersey Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

**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***

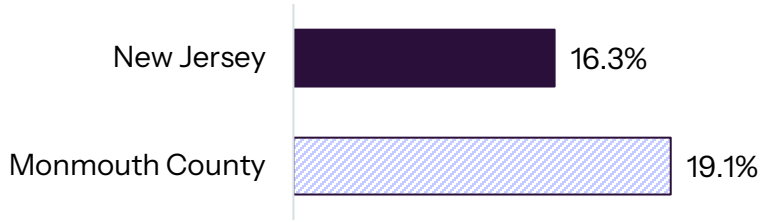
**Table 37. Percent with Disability, by Age, by State, County, and Town, 2019-2023**

| | 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% |
| Monmouth County | 0.5% | 4.5% | 6.1% | 8.4% | 18.0% | 41.9% |
| Allenhurst | 0.0% | 34.6% | 2.3% | 3.0% | 4.4% | 15.0% |
| Asbury Park | 0.0% | 19.6% | 7.9% | 18.1% | 32.4% | 52.0% |
| Atlantic Highlands | 0.0% | 4.5% | 12.7% | 8.9% | 11.3% | 32.3% |
| Belford | 0.0% | 6.6% | 12.2% | 14.0% | 56.9% | 69.6% |
| Bradley Beach | 0.0% | 8.8% | 2.0% | 5.5% | 0.3% | 20.8% |
| Colts Neck | 0.0% | 3.2% | 3.6% | 2.4% | 6.5% | 37.6% |
| Deal | 0.0% | 0.0% | 0.5% | 6.6% | 18.8% | 45.1% |
| Eatontown | 0.0% | 3.2% | 11.7% | 16.4% | 20.9% | 32.7% |
| Fair Haven | 0.0% | 0.8% | 6.3% | 4.3% | 7.8% | 25.5% |
| Highlands | 0.0% | 17.7% | 17.0% | 14.6% | 24.3% | 29.1% |
| Holmdel | 0.0% | 5.4% | 4.5% | 5.3% | 14.9% | 37.5% |
| Interlaken | 0.0% | 0.0% | 10.1% | 5.0% | 4.0% | 40.6% |
| Leonardo | 0.0% | 19.2% | 3.8% | 11.5% | 11.3% | 47.3% |
| Lincroft | 0.0% | 0.0% | 5.9% | 8.4% | 32.0% | 44.6% |
| Little Silver | 0.0% | 2.1% | 5.8% | 1.6% | 8.9% | 26.7% |
| Long Branch | 3.8% | 7.1% | 5.8% | 11.6% | 18.7% | 54.2% |
| Middletown | 0.0% | 3.7% | 4.5% | 8.7% | 22.2% | 41.1% |
| Monmouth Beach | 0.0% | 0.0% | 4.2% | 4.1% | 12.2% | 35.6% |
| Navesink | - | 0.0% | 0.0% | 10.5% | 28.6% | 100.0% |
| Neptune | 0.0% | 8.5% | 6.4% | 10.5% | 17.0% | 43.9% |
| Neptune City | 0.0% | 0.8% | 10.0% | 6.1% | 56.1% | 18.8% |
| Oakhurst | 0.0% | 9.2% | 10.7% | 3.9% | 1.6% | 28.7% |
| Ocean | 0.0% | 4.6% | 8.3% | 4.4% | 16.1% | 42.5% |
| Ocean Grove | 0.0% | 0.0% | 7.5% | 4.5% | 5.4% | 34.8% |
| Oceanport | 0.0% | 1.6% | 10.6% | 3.6% | 22.3% | 30.0% |
| Port Monmouth | 0.0% | 4.0% | 0.0% | 8.8% | 36.6% | 19.4% |
| Red Bank | 0.0% | 4.6% | 5.0% | 4.8% | 17.0% | 27.6% |
| Rumson | 0.0% | 0.0% | 4.9% | 3.3% | 8.0% | 23.5% |
| Shrewsbury | 0.0% | 4.0% | 8.6% | 3.2% | 6.6% | 47.3% |
| Tinton Falls | 0.0% | 0.7% | 3.7% | 9.6% | 17.5% | 60.1% |
| West Long Branch | 2.6% | 3.4% | 3.3% | 7.6% | 20.4% | 33.3% |

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

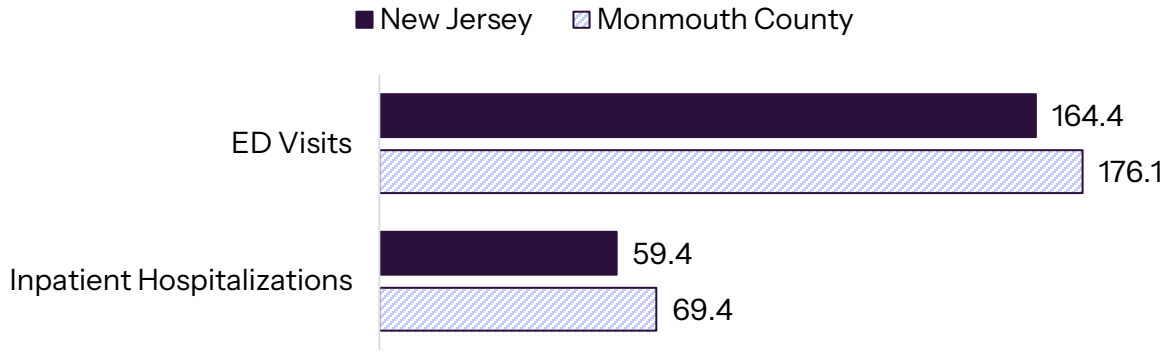
***Behavioral Health: Mental Health and Substance Use***

**Figure 102. Percent Adults Ever Diagnosed with Depression, 2020-2022**



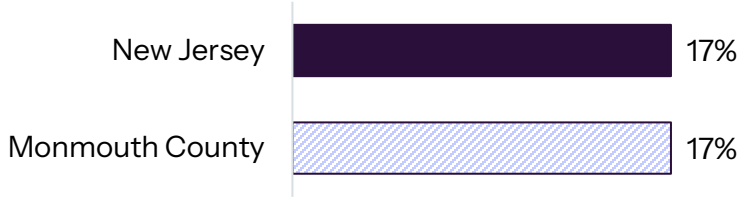

DATA SOURCE: Behavioral Risk Factor Survey, Center for Health Statistics, Department of Health, 2023

**Figure 103. Age-Adjusted Rate of Emergency Visits & Inpatient Hospitalizations due to Mental Health per 10,000, by State and County, 2023**



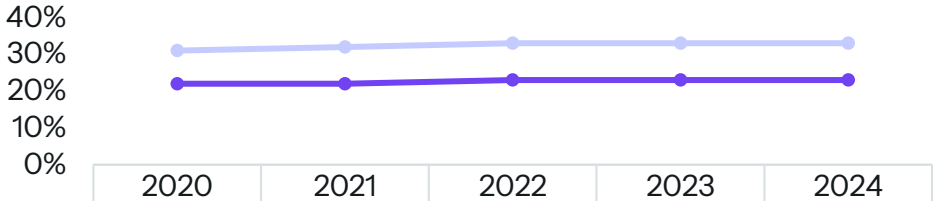

DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2023

**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).

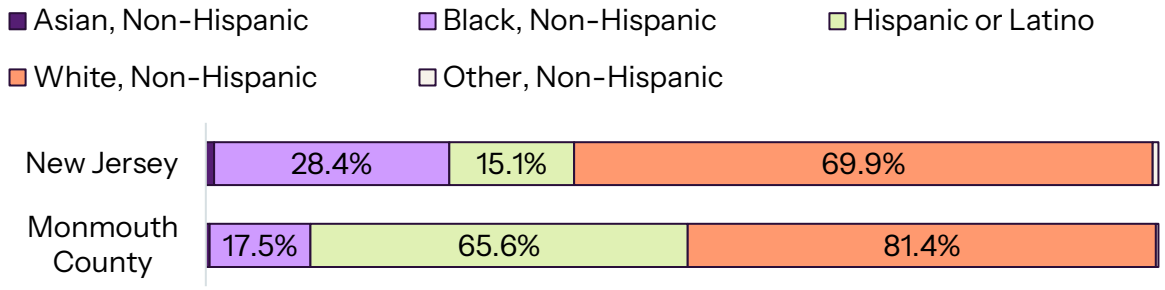
**Figure 105. Percent Driving Deaths with Alcohol Involvement, by State and County, 2020-2024**




| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| New Jersey | 22% | 22% | 23% | 23% | 23% |
| Monmouth County | 31% | 32% | 33% | 33% | 33% |

DATA SOURCE: Fatality Analysis Reporting System as cited by County Health Rankings, 2024

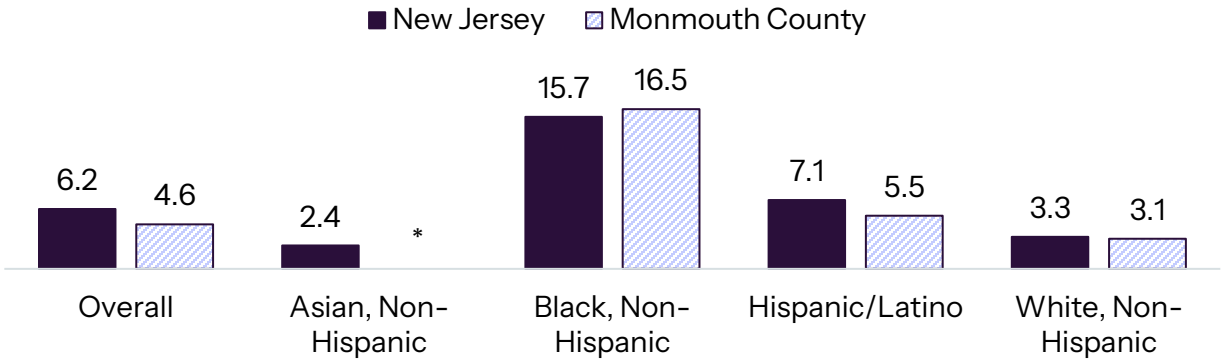
**Figure 106. Substance Use Treatment Admissions by Race/Ethnicity, by State and County, 2019-2023**




DATA SOURCE: Statewide Substance Use Overview Dashboard Department of Human Services, Division of Mental Health and Addiction Services, 2024
NOTE: Data labels under 5.0% are not shown.

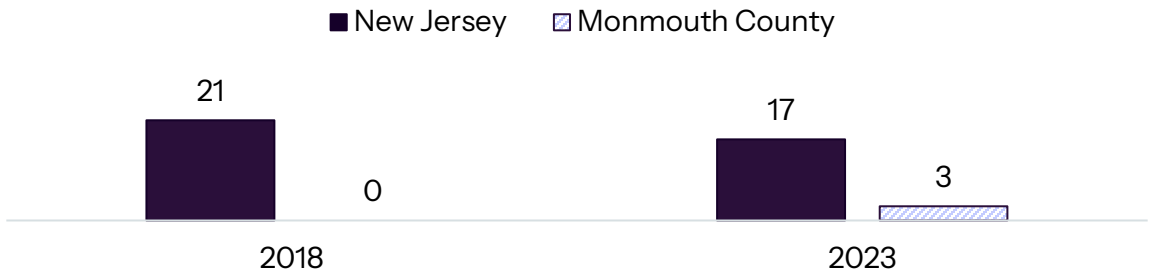
***Environmental Health***

**Figure 107. Age-Adjusted Asthma Inpatient Hospitalization Rate per 10,000 Population 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), 2024

**Figure 108. Days with Ozone Levels Exceeding the Federal Standard, by State and County, 2018 and 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) , U.S. Environmental Protection Agency (EPA), 2024
NOTE: The federal health-based standard for ozone in outdoor air is 0.070 parts per million (ppm) averaged over an 8-hour period.

**Table 38. Presence of Drinking Water Violations, by County, 2022**

| | Presence of Water Violation |
|---|---|
| Monmouth County | Yes |

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

***Infectious and Communicable Disease***

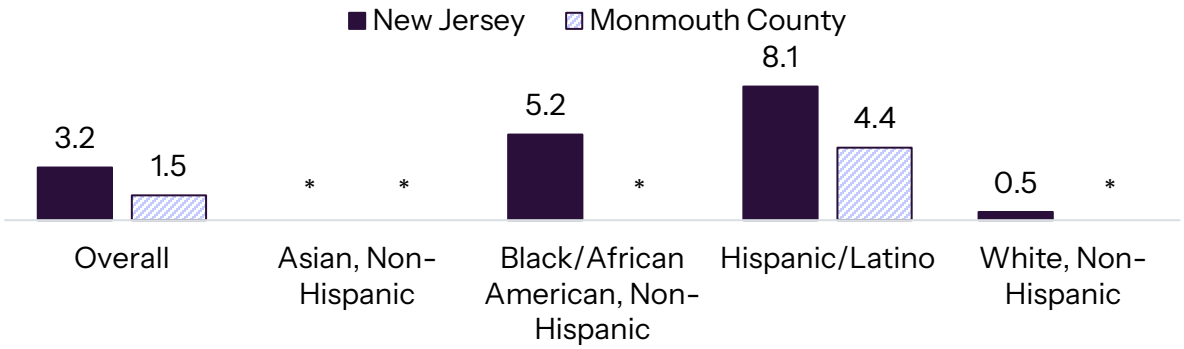
**Table 39. Crude Rate of Primary and Secondary Syphilis, per 100,000 Population, by Race/Ethnicity, by State and County, 2019-2023**

| | Overall | American Indian/Alaska Native, Non-Hispanic | Asian, Non-Hispanic | Black, Non-Hispanic | Hispanic/Latino | White, Non-Hispanic |
|---|---|---|---|---|---|---|
| New Jersey | 8.9 | * | 2.6 | 26.8 | 12.1 | 4.2 |
| Monmouth County | 6.1 | * | * | 18.3 | 13.1 | 4.2 |

DATA SOURCE: Communicable Disease Reporting and Surveillance System 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.

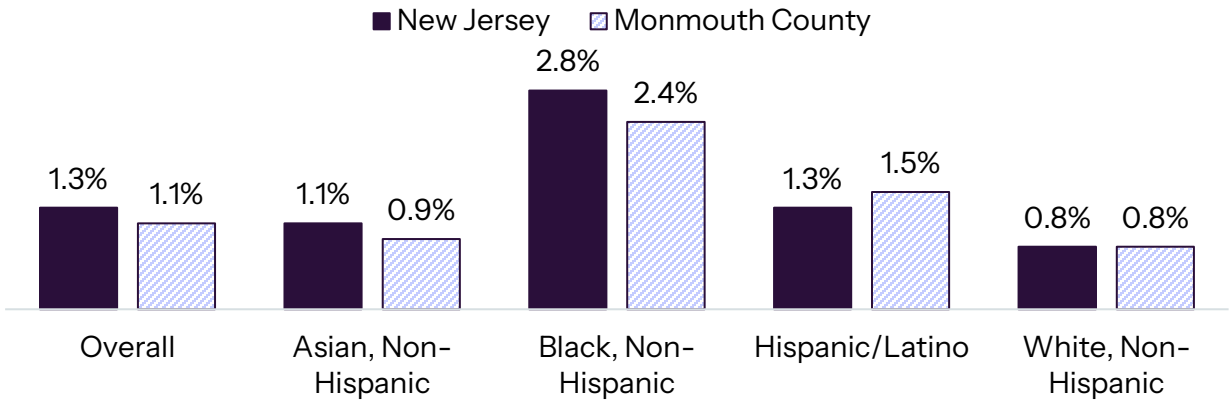
***Maternal and Infant Health***

**Figure 109. Live Births per 1,000 Female Population Aged 15-17, by State and County, 2020-2023**



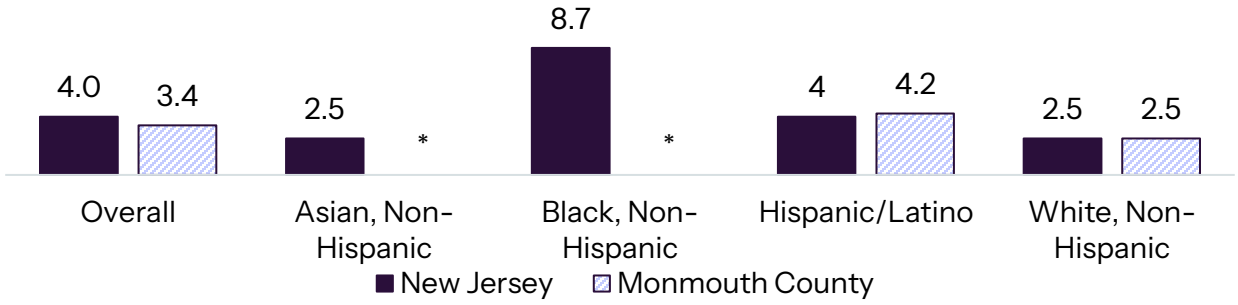

DATA SOURCE: Hospital Discharge Data Collection System (NJDDCS), Health Care Quality and Assessment Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

**Figure 110. Percent Very Low Birth Weight Births, by Race/Ethnicity, by State and County, 2018-2022**



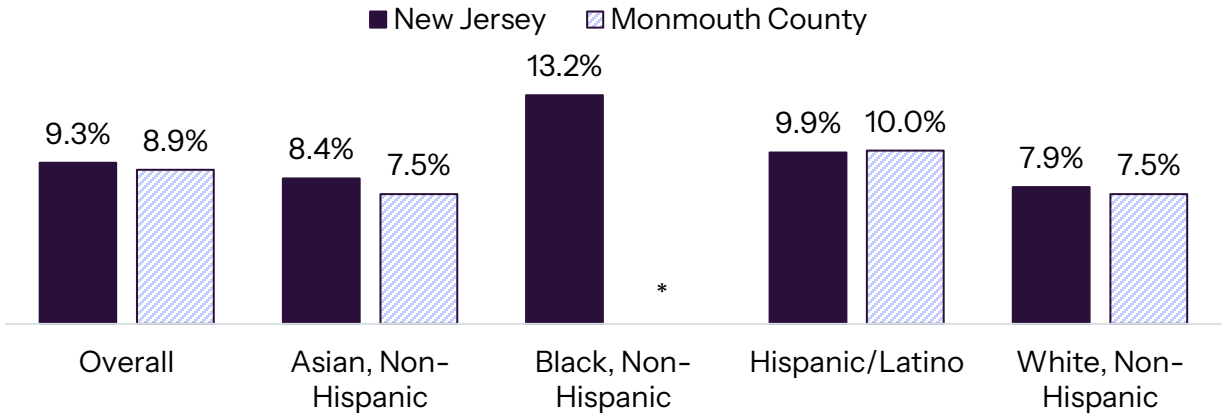

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Very low birth weight is defined as less than 1,500 grams.

**Figure 111. Infant Mortality Rate per 1,000 Births, by Race/Ethnicity, by State and County, 2021**




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 Race/Ethnicity, by State and County, 2022**



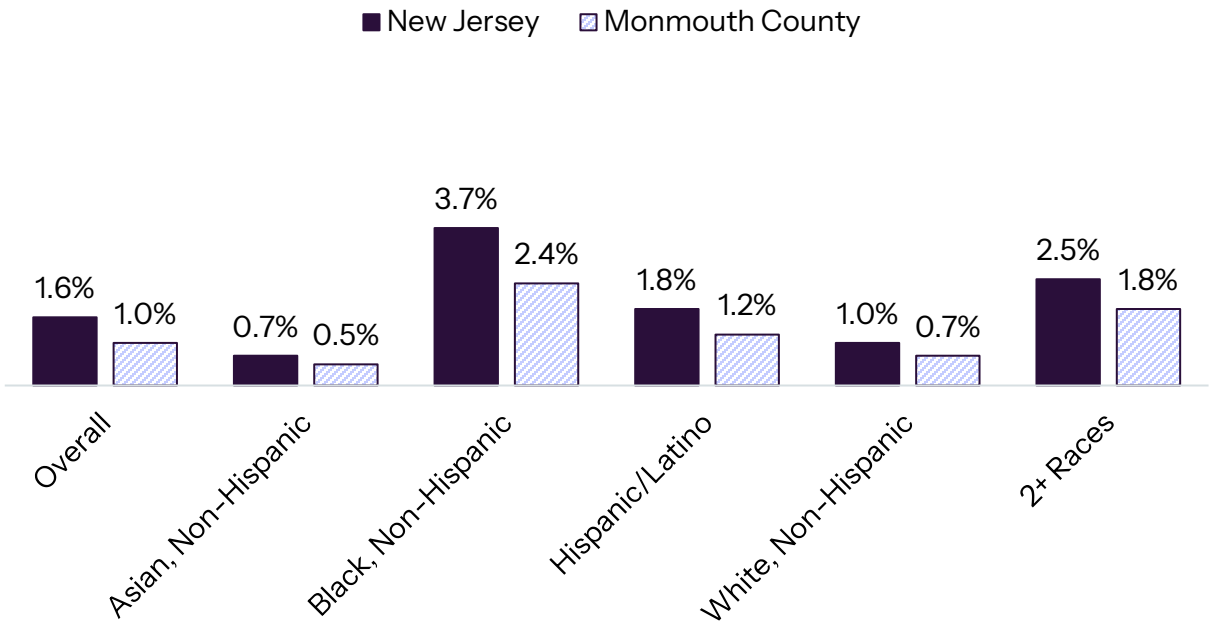

DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, New Jersey Department of Health, 2024
NOTE: Preterm births are defined as live births before 37 weeks of gestation based on obstetric estimate. Asterisk (*) means that data are suppressed.

**Table 40. Percent Immunized Children, by Country and State, 2020**

| | Overall |
|---|---|
| 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

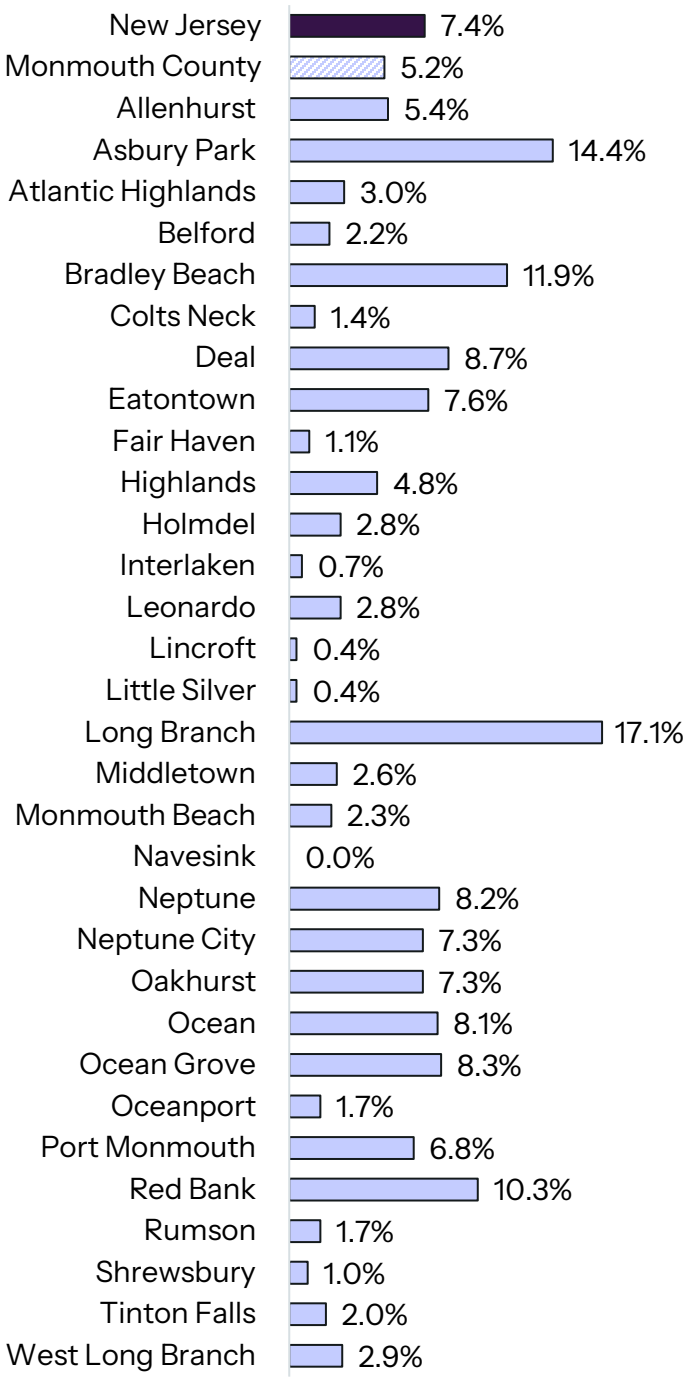
**Figure 113. Percent of Live Births to Women Who Had No Prenatal Care, by Race/Ethnicity, by State and County, 2018-2022**




DATA SOURCE: Birth Certificate Database, Office of Vital Statistics and Registry, Department of Health via New Jersey State Health Assessment Data (NJSHAD), 2024

***Access to Care***

**Figure 114. Percent of Population under 19 Uninsured, by Town, by State and County, 2019-2023**



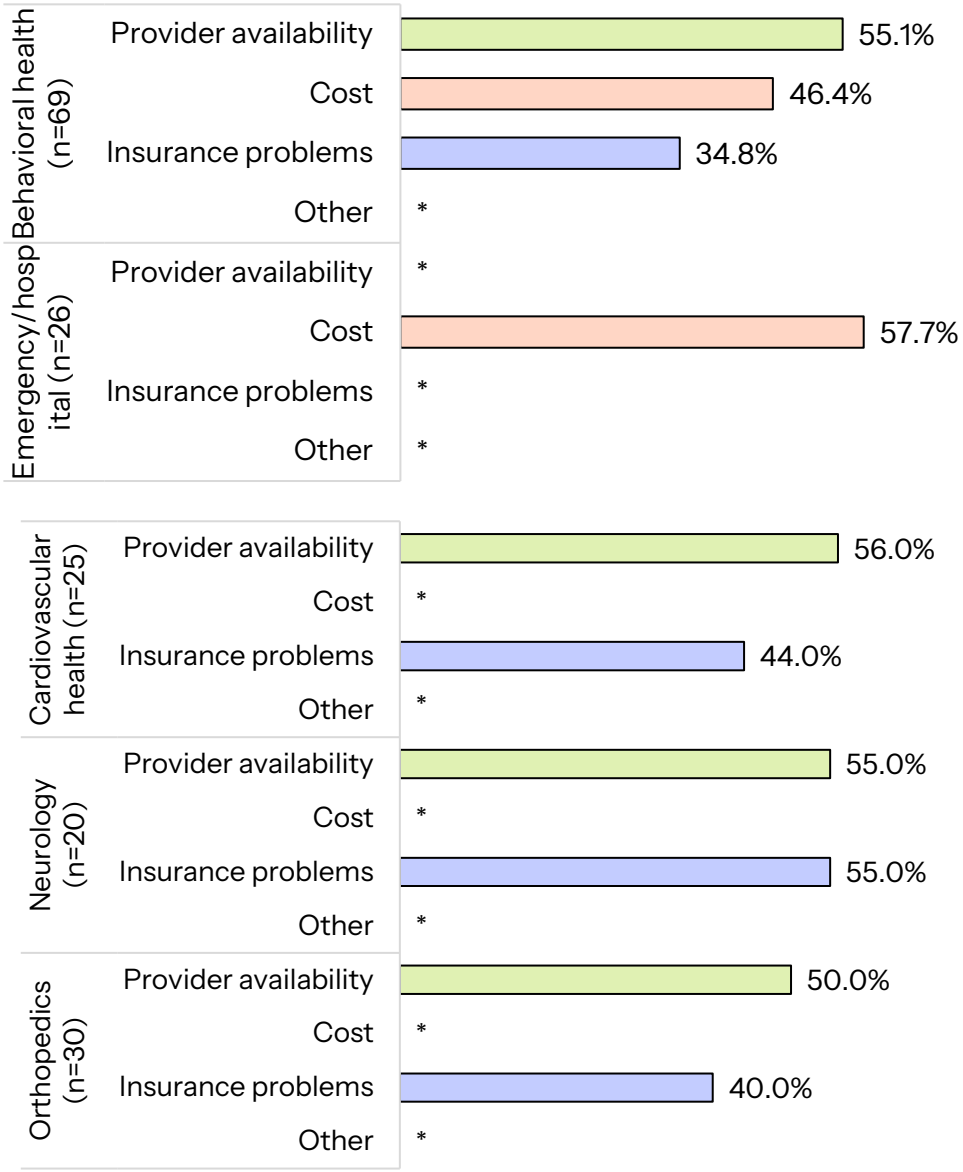

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

**Table 41. Percent of Population with Private Health Insurance, by State, County, and Town, 2019-2023**

| | Percent |
|---|---|
| New Jersey | 71.1% |
| Monmouth County | 80.1% |
| Allenhurst | 65.6% |
| Asbury Park | 57.0% |
| Atlantic Highlands | 82.7% |
| Belford | 90.5% |
| Bradley Beach | 74.5% |
| Colts Neck | 90.5% |
| Deal | 65.8% |
| Eatontown | 75.9% |
| Fair Haven | 95.8% |
| Highlands | 72.9% |
| Holmdel | 85.5% |
| Interlaken | 90.5% |
| Leonardo | 81.7% |
| Lincroft | 90.1% |
| Little Silver | 91.4% |
| Long Branch | 55.9% |
| Middletown | 87.7% |
| Monmouth Beach | 86.3% |
| Navesink | 91.4% |
| Neptune | 72.8% |
| Neptune City | 70.8% |
| Oakhurst | 72.5% |
| Ocean | 75.7% |
| Ocean Grove | 73.1% |
| Oceanport | 88.6% |
| Port Monmouth | 73.4% |
| Red Bank | 65.2% |
| Rumson | 89.8% |
| Shrewsbury | 86.0% |
| Tinton Falls | 78.9% |
| West Long Branch | 87.5% |

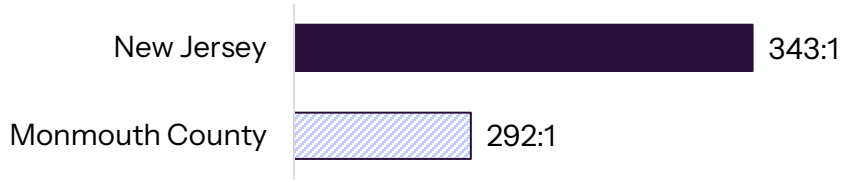
DATA SOURCE: Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

**Figure 115. Factors Preventing Community Survey Respondents from Obtaining Specialist Care, MMC PSA Survey Respondents, by Provider Type, 2024**



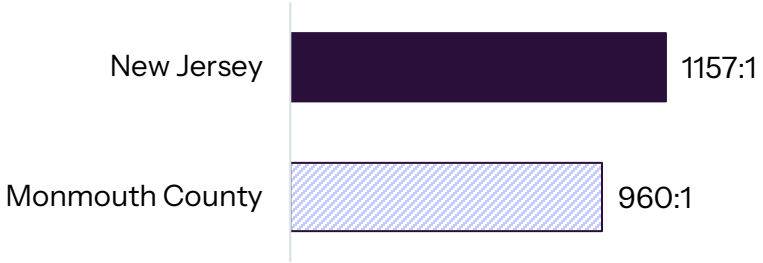

DATA SOURCE: Community Health Needs Assessment Survey, 2024
NOTE: Responses are only among survey respondents who reported needing specialty care. Percentages are calculated for "Children's health or pediatrics" only among respondents reporting having any children under age 18. Percentages are calculated for "Women's health" only among those assigned female at birth. Asterisk (*) means that data were suppressed due to low numbers.

**Figure 116. Ratio of Population to Mental Health Provider, by State and County, 2023**



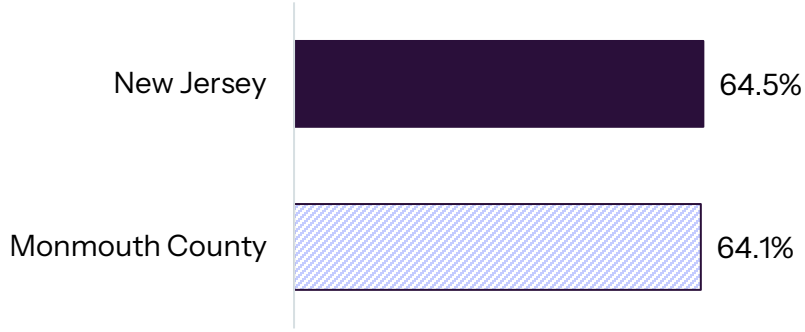

DATA SOURCE: CMS, National Provider Identification as cited by County Health Rankings, 2024

**Figure 117. Ratio of Population to Dentist, by State and County, 2022**




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**




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 42. Emergency Room Treat and Release Rates per 1,000 Population, by Age, State, County, and Primary Service Area (PSA), 2022**

| Age | New Jersey | Monmouth County | MMC PSA |
|---|---|---|---|
| Total | 304.6 | 280.5 | 322.2 |
| Under 18 | 67.4 | 278.5 | 329.6 |
| 18-64 | 185.6 | 272.7 | 311.7 |
| 65 and over | 51.6 | 306.9 | 347.9 |

DATA SOURCE: RWJBarnabas Health System, 2022

**Table 43. Emergency Room Treat and Release Rates per 1,000 Population, by Race/Ethnicity, State, County, and Primary Service Area, 2022**

| Race/Ethnicity | New Jersey | Monmouth County | MMC PSA |
|---|---|---|---|
| Total | 304.6 | 280.5 | 322.2 |
| Asian | 90.7 | 101.3 | 137.4 |
| Black | 546.9 | 713.6 | 673.9 |
| Hispanic | 373.3 | 406.6 | 596.7 |
| White | 219.3 | 231.4 | 218.2 |

DATA SOURCE: RWJBarnabas Health System, 2022

**Table 44. 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 |
| Monmouth County | Total | 8.5 | 4.4 | 2.5 | 1.7 |
| | Asian | 3.1 | 1.5 | 0.9 | 0.8 |
| | Black | 18.1 | 7.0 | 5.5 | 5.5 |
| | Hispanic | 5.8 | 2.7 | 1.4 | 1.8 |
| | White | 8.4 | 4.5 | 2.5 | 1.4 |
| MMC PSA | Total | 8.5 | 4.0 | 2.6 | 1.8 |
| | Asian | 3.2 | 1.2 | 1.3 | 0.7 |
| | Black | 16.5 | 5.9 | 5.1 | 5.4 |
| | Hispanic | 7.6 | 3.2 | 2.0 | 2.4 |
| | White | 7.3 | 3.8 | 2.2 | 1.2 |

DATA SOURCE: RWJBarnabas Health System, 2022

**Table 45. 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 |
| Monmouth County | 82.2 | 1.0 | 9.8 | 12.8 | 3.9 | 1.5 |
| MMC PSA | 87.0 | 0.9 | 10.8 | 13.7 | 5.2 | 2.0 |

DATA SOURCE: RWJBarnabas Health System, 2022

**Table 46. 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 |
| Monmouth County | Total | Total | 82.2 | 1.0 | 9.8 | 12.8 | 3.9 | 1.5 |
| | | Asian | 35.4 | 0.3 | 6.3 | 4.8 | 0.8 | 0.2 |
| | | Black | 150.4 | 2.2 | 11.7 | 25.9 | 10.7 | 2.8 |
| | | Hispanic | 58.3 | 0.8 | 15.0 | 5.4 | 3.3 | 1.5 |
| | | White | 81.5 | 1.0 | 8.6 | 13.5 | 3.5 | 1.5 |
| | Under 18 | Total | 11.9 | 0.0 | 0.2 | 0.1 | 1.6 | 0.0 |
| | | Asian | 8.0 | - | - | - | 0.5 | - |
| | | Black | 19.4 | - | 0.7 | 0.6 | 4.9 | - |
| | | Hispanic | 13.7 | - | 0.8 | 0.2 | 1.8 | - |
| | | White | 10.0 | 0.0 | 0.0 | 0.1 | 1.2 | 0.0 |
| | 18-64 | Total | 66.0 | 1.6 | 16.2 | 6.5 | 5.2 | 2.3 |
| | | Asian | 27.2 | 0.4 | 9.7 | 2.3 | 1.0 | 0.3 |
| | | Black | 152.9 | 3.6 | 19.2 | 18.8 | 15.1 | 4.3 |
| | | Hispanic | 70.7 | 1.3 | 24.6 | 4.5 | 4.4 | 2.4 |
| | | White | 59.2 | 1.5 | 14.4 | 6.1 | 4.7 | 2.3 |
| | | Total | 205.7 | 0.3 | - | 45.7 | 2.1 | 0.7 |

| | Age | Race /Ethnicity | Total | Obesity | Obstetrics | Cardiac | Mental Health | Substance Use |
|---|---|---|---|---|---|---|---|---|
| | 65 and over | Asian | 96.3 | - | - | 19.5 | 0.7 | - |
| | | Black | 313.9 | 0.3 | - | 83.9 | 2.7 | 1.1 |
| | | Hispanic | 152.2 | 0.2 | - | 35.2 | 1.0 | 0.5 |
| | | White | 201.4 | 0.3 | - | 44.6 | 2.1 | 0.7 |
| MMC PSA | Total | Total | 87.0 | 0.9 | 10.8 | 13.7 | 5.2 | 2.0 |
| | | Asian | 44.0 | 0.2 | 9.2 | 5.4 | 1.3 | 0.2 |
| | | Black | 140.3 | 2.0 | 10.6 | 25.9 | 10.6 | 2.9 |
| | | Hispanic | 77.9 | 0.7 | 21.3 | 7.6 | 5.6 | 2.2 |
| | | White | 77.2 | 0.7 | 8.3 | 12.8 | 4.2 | 1.8 |
| | Under 18 | Total | 12.6 | 0.0 | 0.3 | 0.2 | 2.0 | 0.0 |
| | | Asian | 3.7 | 0.0 | 0.0 | 0.0 | 0.7 | 0.0 |
| | | Black | 16.9 | 0.0 | 0.7 | 0.5 | 4.9 | 0.0 |
| | | Hispanic | 20.7 | 0.0 | 1.3 | 0.3 | 3.1 | 0.0 |
| | | White | 8.6 | 0.0 | 0.0 | 0.1 | 1.0 | 0.0 |
| | 18-64 | Total | 70.1 | 1.4 | 17.6 | 7.2 | 7.1 | 2.9 |
| | | Asian | 29.6 | 0.4 | 14.0 | 1.6 | 1.6 | 0.4 |
| | | Black | 138.8 | 3.1 | 16.8 | 17.6 | 14.5 | 4.2 |
| | | Hispanic | 94.3 | 1.2 | 34.0 | 6.5 | 7.5 | 3.4 |
| | | White | 53.0 | 1.1 | 13.7 | 5.8 | 5.7 | 2.6 |
| | 65 and over | Total | 222.0 | 0.2 | 0.0 | 49.5 | 2.8 | 1.0 |
| | | Asian | 132.1 | 0.0 | 0.0 | 23.7 | 0.7 | 0.0 |
| | | Black | 304.3 | 0.4 | 0.0 | 89.7 | 3.1 | 1.5 |
| | | Hispanic | 185.7 | 0.0 | 0.0 | 48.8 | 1.3 | 0.9 |
| | | White | 209.9 | 0.2 | 0.0 | 44.8 | 2.8 | 1.0 |

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 MONMOUTH COUNTY 2023

Over sixty five percent of MMC's cancer inpatients and 69.3% of cancer outpatients resided in the Primary Service Area. In total, 78.8% of inpatients and 85.7% of outpatients resided in Monmouth County. Long Branch (07740) and Asbury Park (07712) represent the largest segment of MMC's inpatient cancer patients. Similarly, Long Branch (07740) and Asbury Park (07712) represent the largest segments of MMC'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 MMC IP PATIENTS | % | 2023 MMC OP PATIENTS | % |
|---|---|---|---|---|
| Monmouth County | 975 | 78.8% | 2,111 | 85.7% |
| Primary Service Area | 809 | 65.3% | 1,705 | 69.3% |
| Secondary Service Area | 189 | 15.3% | 416 | 16.9% |
| Out of Service Area (NJ) | 211 | 17.0% | 331 | 13.4% |
| Out of State | 29 | 2.3% | 10 | 0.4% |
| **TOTAL** | **1,238** | **100.0%** | **2,462** | **100.0%** |
| Long Branch (07740) | 221 | 17.9% | 371 | 15.1% |
| Asbury Park (07712) | 116 | 9.4% | 305 | 12.4% |

*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: MONMOUTH COUNTY 2016-2020

| INCIDENCE RATE REPORT FOR MONMOUTH 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 | 526.4 | 4,389 | rising | 1 |
| Bladder | 25.1 | 216 | stable | -0.2 |
| Brain & ONS | 7.5 | 57 | stable | -0.8 |
| Breast | 150.9 | 650 | stable | 0.3 |
| Cervix | 6.2 | 22 | stable | -1.4 |
| Colon & Rectum | 38.6 | 319 | stable | -1.8 |
| Esophagus | 4.5 | 39 | stable | -1 |
| Kidney & Renal Pelvis | 15.8 | 132 | rising | 1.1 |
| Leukemia | 18.7 | 149 | rising | 1.8 |
| Liver & Bile Duct | 7.2 | 63 | rising | 2 |
| Lung & Bronchus | 55.6 | 480 | falling | -1.5 |
| Melanoma of the Skin | 29.9 | 245 | stable | -1.3 |
| Non-Hodgkin Lymphoma | 24.2 | 200 | stable | 1.7 |
| Oral Cavity & Pharynx | 12.8 | 110 | stable | 0.8 |
| Ovary | 10.6 | 47 | falling | -2 |
| Pancreas | 14.6 | 127 | rising | 1.1 |
| Prostate | 150.2 | 636 | rising | 6.3 |
| Stomach | 6.8 | 59 | stable | 6.5 |
| Thyroid | 24.3 | 165 | stable | 0.2 |
| Uterus (Corpus & Uterus, NOS) | 31.8 | 147 | stable | 0 |

The Source for G2 and following tables G3, G4, G5 and G6 is : https://statecancerprofiles.cancer.gov

**APPENDIX G3: CANCER INCIDENCE DETAILED RATE REPORT: MONMOUTH COUNTY 2016-2020**

**SELECT CANCER SITES: RISING INCIDENCE RATES**

| | | All Cancer Sites | Kidney & Renal Pelvis | Leukemia | Liver & Bile Duct | Pancreas | Prostate |
|---|---|---|---|---|---|---|---|
| INCIDENCE RATE REPORT FOR MONMOUTH COUNTY 2016-2020 All Races (includes Hispanic), All Ages | Age-Adjusted Incidence Rate(†) - cases per 100,000 | 526.4 | 15.8 | 18.7 | 7.2 | 14.6 | 150.2 |
| | Average Annual Count | 4389 | 132 | 149 | 63 | 127 | 636 |
| | Recent Trend | rising | rising | rising | rising | rising | rising |
| | Recent 5-Year Trend (‡) in Incidence Rates | 1 | 1.1 | 1.8 | 2 | 1.1 | 6.3 |
| White Non-Hispanic, All Ages | Age-Adjusted Incidence Rate(†) - cases per 100,000 | 544.1 | 16.4 | 18.9 | 6.6 | 14.5 | 145.9 |
| | Average Annual Count | 3746 | 113 | 126 | 48 | 106 | 524 |
| | Recent Trend | stable | rising | rising | rising | rising | falling |
| | Recent 5-Year Trend (‡) in Incidence Rates | 0.9 | 1 | 1.5 | 2.1 | 1.2 | -1.7 |
| Black (includes Hispanic), All Ages | Age-Adjusted Incidence Rate(†) - cases per 100,000 | 478.2 | 14.4 | 14 | 12.8 | 17.5 | 216.2 |
| | Average Annual Count | 250 | 8 | 7 | 7 | 9 | 50 |
| | Recent Trend | stable | stable | stable | stable | stable | rising |
| | Recent 5-Year Trend (‡) in Incidence Rates | -0.5 | 1.9 | 2.9 | 1.9 | -1 | 11.7 |
| Asian or Pacific Islander (includes Hispanic), All Ages | Age-Adjusted Incidence Rate(†) - cases per 100,000 | 312.8 | 11.5 | 11.1 | * | 10.8 | 80.3 |
| | Average Annual Count | 130 | 5 | 4 | 3 or fewer | 4 | 16 |
| | Recent Trend | stable | * | * | * | * | stable |
| | Recent 5-Year Trend (‡) in Incidence Rates | 0.9 | * | * | * | * | 0.9 |
| Hispanic (any race), All Ages | Age-Adjusted Incidence Rate(†) - cases per 100,000 | 440.1 | 12.8 | 16.1 | 11.2 | 15.3 | 138.7 |
| | Average Annual Count | 206 | 6 | 8 | 5 | 7 | 28 |
| | Recent Trend | stable | stable | stable | * | * | falling |
| | Recent 5-Year Trend (‡) in Incidence Rates | -1 | 2.1 | 0.6 | * | * | -4.9 |
| MALES | Age-Adjusted Incidence Rate(†) - cases per 100,000 | 578.9 | 22.5 | 23.9 | 10.5 | 17.6 | 150.2 |
| | Average Annual Count | 2233 | 88 | 87 | 42 | 67 | 636 |
| | Recent Trend | rising | rising | rising | stable | stable | rising |
| | Recent 5-Year Trend (‡) in Incidence Rates | 2.2 | 1.5 | 1.9 | -4.8 | 1.1 | 6.3 |
| FEMALES | Age-Adjusted Incidence Rate(†) - cases per 100,000 | 491.4 | 10.2 | 14.5 | 4.6 | 12.4 | n/a |
| | Average Annual Count | 2156 | 45 | 63 | 21 | 60 | n/a |
| | Recent Trend | stable | stable | stable | stable | stable | n/a |
| | Recent 5-Year Trend (‡) in Incidence Rates | 0 | 0.3 | 1.5 | 1.8 | 1 | n/a |

** 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: MONMOUTH COUNTY 2016-2020

| MORTALITY RATE REPORT: MONMOUTH 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 | 139.8 | 1,200 | stable | -0.8 |
| Bladder | *** | 4.4 | 39 | stable | -0.4 |
| Brain & ONS | *** | 4.7 | 39 | stable | 0.6 |
| Breast | No | 20.4 | 96 | falling | -2.3 |
| Cervix | Yes | 1.2 | 5 | falling | -3.4 |
| Colon & Rectum | Yes | 11.5 | 98 | falling | -3.7 |
| Esophagus | *** | 3.2 | 28 | falling | -2.7 |
| Kidney & Renal Pelvis | *** | 2.7 | 24 | falling | -2.3 |
| Leukemia | *** | 6 | 49 | falling | -1.2 |
| Liver & Bile Duct | *** | 5.1 | 45 | stable | 0.3 |
| Lung & Bronchus | No | 32.4 | 278 | falling | -3.6 |
| Melanoma of the Skin | *** | 2.8 | 23 | falling | -1.2 |
| Non-Hodgkin Lymphoma | *** | 5.3 | 46 | falling | -3.4 |
| Oral Cavity & Pharynx | *** | 1.7 | 15 | falling | -3.1 |
| Ovary | *** | 5.9 | 27 | falling | -2.3 |
| Pancreas | *** | 10.5 | 91 | stable | -0.4 |
| Prostate | No | 17.5 | 59 | falling | -3.5 |
| Stomach | *** | 2.2 | 19 | falling | -4.3 |
| Thyroid | *** | * | 3 or fewer | * | * |
| Uterus (Corpus & Uterus, NOS) | *** | 4.9 | 25 | stable | 0.3 |

*** *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 (Highest Volume): MONMOUTH COUNTY 2016-2020

| | | Lung & Bronchus | Colon & Rectum | Breast |
|---|---|---|---|---|
| MORTALITY RATE REPORT FOR MONMOUTH COUNTY 2016-2020 All Races (includes Hispanic), All Ages | Met Healthy People Objective | No | Yes | No |
| | Age-Adjusted Death Rate - per 100,000 | 32.4 | 11.5 | 20.4 |
| | Average Annual Count | 278 | 98 | 96 |
| | Recent Trend | falling | falling | falling |
| | Recent 5-Year Trend in Death Rates | -3.6 | -3.7 | -2.3 |
| White Non-Hispanic, All Ages | Met Healthy People Objective | No | Yes | No |
| | Age-Adjusted Death Rate - per 100,000 | 34.1 | 11.2 | 20.5 |
| | Average Annual Count | 249 | 81 | 82 |
| | Recent Trend | falling | falling | falling |
| | Recent 5-Year Trend in Death Rates | -3.4 | -3.8 | -2.3 |
| Black (includes Hispanic), All Ages | Met Healthy People Objective | No | No | No |
| | Age-Adjusted Death Rate - per 100,000 | 31.1 | 18.7 | 25.1 |
| | Average Annual Count | 16 | 10 | 8 |
| | Recent Trend | falling | falling | stable |
| | Recent 5-Year Trend in Death Rates | -3.1 | -1.8 | -1.3 |
| Asian or Pacific Islander (includes Hispanic), All Ages | Met Healthy People Objective | Yes | *** | *** |
| | Age-Adjusted Death Rate - per 100,000 | 19 | * | * |
| | Average Annual Count | 7 | 3 or fewer | 3 or fewer |
| | Recent Trend | * | * | * |
| | Recent 5-Year Trend in Death Rates | * | * | * |
| Hispanic (any race), All Ages | Met Healthy People Objective | Yes | Yes | No |
| | Age-Adjusted Death Rate - per 100,000 | 15.1 | 11.3 | 16.5 |
| | Average Annual Count | 6 | 5 | 4 |
| | Recent Trend | * | * | * |
| | Recent 5-Year Trend in Death Rates | * | * | * |
| MALES | Met Healthy People Objective | No | No | n/a |
| | Age-Adjusted Death Rate - per 100,000 | 34.6 | 13.9 | n/a |
| | Average Annual Count | 126 | 52 | n/a |
| | Recent Trend | falling | falling | n/a |
| | Recent 5-Year Trend in Death Rates | -4.4 | -4 | n/a |
| FEMALES | Met Healthy People Objective | No | No | No |
| | Age-Adjusted Death Rate - per 100,000 | 30.9 | 9.5 | 20.4 |
| | Average Annual Count | 152 | 46 | 96 |
| | Recent Trend | falling | falling | falling |
| | Recent 5-Year Trend in Death Rates | -2.8 | -3.6 | -2.3 |

*** *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

| 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 |
| 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 |
| Cumberland County | 24 | 43 | 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 |
| 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 |
| Cumberland County | 5.8 | 9 | stable | -1.5 |
| Union County | 5.7 | 34 | 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 |
| 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 |
| Essex County | 9.1 | 40 | stable | 3 |
| Hudson County | 8.3 | 29 | falling | -2.4 |
| Atlantic County | 8.1 | 12 | 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 |
| 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 |
| 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 |

| 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) | 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 |
| 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 |

| 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 |
| 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 |
| 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 |

| 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) | 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 |
| 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 |

| 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 |
| 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 |
| 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 |

| 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 |
| 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 |
| 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 | | | | |

| 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 |
| 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 |
| 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 |

| 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 | 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 |
| 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 |

| 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) | 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 |
| 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 |

| 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) | 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 |
| 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 |

| 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) | 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 |
| 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: MONMOUTH MEDICAL CENTER – TUMOR REGISTRY SUMMARY

In 2023, MMC's tumor registry data showed that 11.9% and 12.5% 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: Lymph Nodes (31.6%), followed by Lip Oral Cavity and Respiratory Systems (27.3%).

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** | | **286** | **4.8%** | **3.1%** | **7.9%** |
| | BREAST | 286 | 4.8% | 3.1% | 7.9% |
| **CONNECTIVE, SUBCUTANEOUS AND OTHER SOFT TISSUES** | | | **20.0%** | **0.0%** | **20.0%** |
| **DIGESTIVE ORGANS** | | **186** | **22.9%** | **17.9%** | **40.7%** |
| | ANUS AND ANAL CANAL | 10 | 0.0% | 0.0% | 0.0% |
| | COLON | 65 | 16.4% | 23.6% | 40.0% |
| | ESOPHAGUS | 11 | 37.5% | 25.0% | 62.5% |
| | LIVER AND INTRAHEPATIC BILE DUCTS | 19 | 20.0% | 20.0% | 40.0% |
| | PANCREAS | 23 | 17.6% | 29.4% | 47.1% |
| | RECTOSIGMOID JUNCTION | | 33.3% | 33.3% | 66.7% |
| | RECTUM | 32 | 34.6% | 3.8% | 38.5% |
| | SMALL INTESTINE | | 33.3% | 0.0% | 33.3% |
| | STOMACH | 14 | 27.3% | 9.1% | 36.4% |
| **EYE, BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM** | | **42** | **0.0%** | **0.0%** | **0.0%** |
| | BRAIN | 12 | 0.0% | 0.0% | 0.0% |
| | MENINGES | 25 | 0.0% | 0.0% | 0.0% |
| **FEMALE GENITAL ORGANS** | | **114** | **17.4%** | **9.8%** | **27.2%** |
| | CERVIX UTERI | 14 | 15.4% | 23.1% | 38.5% |
| | CORPUS UTERI | 75 | 14.8% | 4.9% | 19.7% |
| | VULVA | 11 | 25.0% | 12.5% | 37.5% |
| **HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS** | | **88** | **0.0%** | **5.9%** | **5.9%** |
| | HEMATOPOIETIC AND RETICULOENDOTHELIAL SYSTEMS | 88 | 0.0% | 5.9% | 5.9% |
| **LIP, ORAL CAVITY AND PHARYNX** | | **25** | **27.3%** | **27.3%** | **54.5%** |
| **LYMPH NODES** | | **48** | **21.1%** | **31.6%** | **52.6%** |
| | LYMPH NODES | 48 | 21.1% | 31.6% | 52.6% |
| **MALE GENITAL ORGANS** | | **160** | **12.1%** | **10.3%** | **22.4%** |
| | PROSTATE GLAND | 159 | 11.3% | 10.4% | 21.7% |
| **OTHER AND ILL-DEFINED SITES** | | | **0.0%** | **100.0%** | **100.0%** |
| **RESPIRATORY SYSTEM AND INTRATORACIC ORGANS** | | **159** | **13.6%** | **27.3%** | **40.9%** |
| | BRONCHUS AND LUNG | 145 | 14.0% | 28.9% | 43.0% |
| **RETROPERITONEUM AND PERITONEUM** | | | **50.0%** | **0.0%** | **50.0%** |
| **SKIN** | | **27** | **5.0%** | **20.0%** | **25.0%** |
| | SKIN | 27 | 5.0% | 20.0% | 25.0% |
| **THYROID AND OTHER ENDOCRINE GLANDS** | | **31** | **0.0%** | **0.0%** | **0.0%** |
| | OTHER ENDOCRINE GLANDS AND RELATED STRUCTURES | 15 | 0.0% | 0.0% | 0.0% |
| | THYROID GLAND | 16 | 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** | | **76** | **11.7%** | **10.0%** | **21.7%** |
| | BLADDER | 47 | 13.5% | 5.4% | 18.9% |
| | KIDNEY | 25 | 10.0% | 20.0% | 30.0% |
| **Grand Total** | | **1258** | **11.9%** | **12.5%** | **24.4%** |

Monmouth Medical Center | RWJBarnabas HEALTH

# 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

# IMPLEMENTATION PLAN 2023-2025 RESULTS

# Introduction

In 2022, Monmouth Medical Center (MMC) undertook a community health needs assessment (CHNA) process. The purpose of the CHNA was to identify and analyze community health needs, assets, and priorities that inform future health planning and fulfill the community health needs assessment mandate for non-profit institutions put forth by the IRS. MMC collaborated with three other RWJBH hospitals—Monmouth Medical Center Southern Campus (MMCSC), Community Medical Center (CMC), and Barnabas Health Behavioral Health Center (BHBHC)—to bring together community partners across the region for a joint CHNA Advisory Committee to provide input on this process. The CHNA can be accessed at https://www.rwjbh.org/documents/community-health-needs-assessment/MMC-CHNA-2022.pdf.

Through the CHNA process, health need priorities were chosen based on the Medical Center's capacity, resources, competencies, and the needs specific to the populations it serves. The Implementation Plan addresses the manner in which MMC will address each priority need and the expected outcome for the evaluation of its efforts. The implementation plan which follows is based on the four selected priority areas*:

- Prevention and Treatment of Obesity & Associated Chronic Diseases such as Diabetes, Heart Disease, Cancer
- Reduce Substance Misuse
- Improve Access to Care for Behavioral Health Patients
- Food Insecurity

The CHNA process was guided by strategic leadership from the RWJBH System-wide CHNA Steering Committee, a joint Monmouth-Ocean County CHNA Advisory Committee comprised of 86 members from diverse backgrounds and organizations (facilitated by Monmouth Medical Center, Monmouth Medical Center Southern Campus, Community Medical Center, and Barnabas Health Behavioral Health Center), and the community overall.

**The four focus areas do not represent the full extent of the Medical Center's community benefit activities or its support of the community's health needs. Other needs identified through the CHNA may be better addressed by other agencies/organizations or deferred to another timeframe.*

## Goal 1: Prevention, Early Detection and Treatment of Obesity & Associated Chronic Diseases such as Diabetes, Heart Disease & Cancer

**Key CHNA Findings:**

- In 2020, the leading causes of death across New Jersey, Monmouth County, were heart disease, cancer, and COVID-19.
- Heart Disease is the leading cause of death in Monmouth County.
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- Being overweight/obesity were the top two health issues reported at 31.3%.
- Obesity is the second leading cause of preventable death in the US. It was reported as a major concern in the community by survey respondents.
- Monmouth County experienced higher rates of ED visits due to COPD compared to the state's overall rate.

| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 1.1 | Increase provision of community health education programs, including health fairs, and blood pressure screening for individuals across the lifespan that cover chronic disease topics at the LiveWell Center and in the community. | • # of educational events<br>• # served | Community Health and Social Impact and Community Investment Department | 2022<br>82 programs provided w/2,854 served<br><br>**2023**<br>131 programs w/4,250 served (Includes all) using this for outcome reporting for the IP<br><br>**2024**<br>162 programs w/6,248 people served<br><br>**2025 (Q1-Q2)**<br>106 programs w/$2,051 served |
| 1.2 | Provide community health education programs to reduce incidence of chronic disease at Long Branch Housing Authority on quarterly basis. | • # of educational events<br>• # served | Community Health and Social Impact and Community Investment Department | 2022<br>2 sessions w/30 people served<br><br>**2023**<br>3 sessions w/21 served<br><br>**2024**<br>3 sessions w/69 served<br><br>**2025 (Q1-Q2)**<br>1 session w/20 served |

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Monmouth Medical Center | RWJBarnabas HEALTH

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| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 1.3 | Provide nutrition education programs (lectures and cooking demonstrations) at the LiveWell Center and in the community. | • # of educational events<br>• # served | Community Health and Social Impact and Community Investment Department | 2022<br>115 sessions w/1,130 people served<br><br>**2023**<br>195 w/3,251 served<br><br>**2024**<br>164 programs w/2,448 served<br><br>**2025 (Q1-Q2)**<br>99 programs w/1,556 served |

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Monmouth Medical Center | RWJBarnabas HEALTH

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| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 1.4 | Increase sessions of weight management lectures for adults. | • # of educational events<br>• # served | Community Health and Social Impact and Community Investment Department | 2022 Q1 -Q2<br>4 sessions w/15 people served (began in October)<br><br>**2023**<br>9 sessions w/77 people served<br><br>**2024**<br>7 sessions w/55 served<br><br>**2025 (Q1-Q2)**<br>3 sessions w/16 served |
| 1.5 | Continue to provide movement programs across the lifespan at the LiveWell Center. | • # of movement programs<br>• # served | Community Health and Social Impact and Community Investment Department | 2022<br>30 programs w/128 individuals served<br><br>**2023**<br>109 programs w/1,109 served<br><br>**2024**<br>111 programs w/1,266 served<br><br>**2025 (Q1-Q2)**<br>55 programs w/921 served |

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| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 1.6 | Expand Better Health program in Monmouth County. | • 20% increase in members<br>• Run 4 Better Health Exclusive Events at the LiveWell Center | Community Health and Social Impact and Community Investment Department | 2022<br>1 event<br>153 members enrolled<br><br>**2023**<br>4 events<br>306 members enrolled (50% increase)<br><br>**2024**<br>125 members enrolled; total of 424 (28.5% increase)<br><br>**2025 (Q1-Q2)**<br>62 new members added; total of 487 (15% increase) |

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| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 1.7 | Develop collection of Instagram reels related to chronic disease topics (e.g. heart health, blood pressure, cancer, stroke, sleep, nutrition, exercise, injury prevention, etc.) featuring key experts from MMC and BHMG (e.g. physicians, nurses, RDs). | • # of reels created<br>• # of views on each reel<br>• # of educational posts created<br>• # of likes on educational posts | Community Health and Social Impact and Community Investment Department | 2022<br>9 reels w/ 24,867 likes<br><br>4 posts w/200 likes<br><br>**2023**<br>29 reels w/ 30,352 views<br>1 post w/ 56 likes<br><br>**2024**<br>56 reels w/63,570 views<br><br>**2025 (Q1-Q2)**<br>18 reels w/21,033 views<br>*applicable reels and views split between MMC & MMCSC* |
| 1.8 | Increase educational programs related to the preventable childhood injuries as part of our work as the SafeKids Coalition of Monmouth and Ocean County (e.g. kitchen safety, pedestrian safety, water safety, bicycle safety, etc.) with a focus on underserved communities. | • # of children and adults reached via educational events | Community Health and Social Impact and Community Investment Department | 2022<br>5,722 children and adults<br><br>**2023**<br>78 programs w/3,131 children and adults (Monmouth County only)<br><br>**2024**<br>99 programs w/6,085 served<br><br>**2025 (Q1-Q2)**<br>57 programs w/2,804 served |

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|---|---|---|---|---|
| 1.9 | Increase completion of Low Dose Chest CT for Lung Cancer Screening for patients at high-risk for developing lung cancer. | • # of patients that complete a low-dose chest CT for lung cancer screening<br>• 2022 Baseline = 367<br>• 2023 Target = 386 | Oncology Services | Increase test completion by 5% each year<br>• 2022 baseline = 367<br>• 2023 = 369<br>• 2024 = 418<br>• 2025 (Q1-Q2) = 183 |
| 1.10 | Continue to provide community outreach emphasizing importance of screening and early detection for populations at risk.<br><br>Navigate uninsured/underinsured patients for breast cancer screening. | # of uninsured/underinsured patients navigated to breast cancer screening<br>2022 Baseline Navigated = 623<br>2023 Target = 655<br><br># of uninsured/underinsured patients completed breast cancer screening<br>2022 Baseline Completed = 575<br>2023 Target = 604 | Oncology Services | Increase patients navigated for screening by 5% each year<br>• 2022 baseline = 623<br>• 2023 target = 464<br>• 2024 = 694<br>• 2025 (Q1-Q2) = 238<br><br>Increase number of screenings completed by 5% each year<br>• 2022 baseline = 575<br>• 2023 target = 436<br>• 2024 = 682<br>• 2025 (Q1-Q2) = 217 |

Monmouth Medical Center | RWJBarnabas HEALTH

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| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 1.11 | Provide outreach and education on the importance of early detection for breast cancer.<br><br>Reduce health disparities for black women related to breast cancer screening. | # of completed breast cancer screenings<br>2022 Baseline Completed = 1158<br>2023 Target = 1220 | Oncology Services | Increase number of screenings completed by 5% each year<br>• 2022 baseline = 1158<br>• 2023 = 1,078<br>• 2024 = 1,101<br>• 2025 (Q1-Q2) = 492 |
| 1.12 | Establish colorectal cancer screening program partnering with NJCEED to provide Gastroenterology consultation appointments and screening colonoscopies for uninsured/underinsured patients. | # of screening colonoscopies completed | Oncology Services | • 2023 = 15 colonoscopies<br>• 2024 = 0 (this program may be discontinued due to lack of physician staff)<br>• 2025 = discontinued due to lack of physician staff availability |

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| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 1.13 | Grow MMC's Regional Oncology Support Community.<br><br>Establish art therapy program for members of the Oncology Support Community. | • # of programs provided<br>• # participants in Oncology Support Community Programs<br>• # sites where paper calendars are circulated<br>• Promote program through 3 Instagram reels<br>• # of distinctive art therapy programs held | Oncology Services<br><br>Community Health and Social Impact and Community Investment Department | 2022 (YTD 7/30)<br>• Adult participants in Oncology Support Community Programs at MMC: 287<br><br>**2023**<br>181 programs<br>418 participants<br>66 distribution sites<br>0 reels<br>1 art therapy program<br><br>**2024**<br>64 programs<br>213 participants<br>44 distribution sites<br>0 reels<br>1 art therapy program<br>**data split between MMC & MMCSC*<br><br>**2025 (Q1-Q2)**<br>56 programs<br>103 participants<br>59 distribution sites<br>0 reels<br>2 art therapy programs<br>**data split between MMC & MMCSC* |

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|---|---|---|---|---|
| 1.14 | Increase # of pediatric and adult patients seen at the MMC Diabetes Center for 1:1 nutrition education. | • ↑ # of pediatric and adult patients – completed visits | The Diabetes Center | 2022<br>1000 patient completed visits<br><br>**2023**<br>986<br><br>**2024**<br>779<br><br>**2025 (Q1-Q2)**<br>485<br><br>**please note that pediatric patients are now seen at the Anne Vogel Family Care and Wellness Center; 2025 numbers are adults only* |

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|---|---|---|---|---|
| 1.15 | Improve participation and outcomes for patients taking part in the Outpatient Diabetic Self Management Program. | • ↑ # of patient consults<br>80 % of participants will achieve within a 6 month period<br>• A1c reduction of 1% or ><br>• Participation in 10 hours of comprehensive diabetic management education<br>• ↑ in knowledge on the 10 content areas of DSM as measured by pre/post surveys | The Diabetes Center | 2022<br>1000 patient consults<br>A1c reduction of 1% > : 74% of participants<br>No classes held in 2022<br><br>**2023**<br>986 visits<br>A1c reduction of 1%>; 74% of participants<br>DSM classes resumed 10/2023 with 90% class participation & completion in 2 series<br>ADA recert completed 2023<br><br>**2024**<br>779 visits<br>A1c reduction of 1%>; 81% of participants<br>DSM classes with 75% class participation & completion in 6 series<br>ADA recert completed 2023<br><br>**2025 (Q1-Q2)**<br>485 visits<br>A1c reduction of 1%> January – June 2025: 72% of patients (all adults w/ type 1 and type 2)<br>DSM classes not currently running due to staffing challenges |

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|---|---|---|---|---|
| 1.16 | Increase # of pediatric and adult patients seen at the Diabetes Center seen for 1:1 nutrition education in the Spanish language. | • ↑ # of pediatric and adult patients – completed visits | The Diabetes Center<br><br>Community Health and Social Impact and Community Investment Department | 2022<br>186 pediatric and 137 adult patient completed visits<br>**2023**<br>74 pediatric & 173 adult patients Completed visits. Increase in gestational diabetes and Spanish speaking patients<br><br>**2024**<br>218 adult patients (pre & type 2) & gestational diabetes completed visits. Spanish and Potuguese speaking patients.<br><br>**2025 (Q1-Q2)**<br>171 pregnant patients all of whom have type 1 or type 2 gestational diabetes; services in Spanish and Portuguese |
| 1.17 | Increased number of hypertensive patients at the Parker Family Health Center who receive nutrition education | • ↑ # of adult patients – completed visits | The Diabetes Center<br><br>Community Partner | **2023**<br>172 patients<br><br>**2024**<br>246 patients<br><br>**2025 (Q1-Q2)**<br>109 patients |

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|---|---|---|---|---|
| 1.18 | Collaborate with Women's Health Service line to provide preparation for breastfeeding class in English and Spanish at the LiveWell Center. | • # of educational events<br>• # served | Women's Health Services | 2022<br>1 event offered w/5 attendees<br><br>**2023**<br>12 classes w/170 attendees<br><br>**2024**<br>9 programs w/263 attendees<br><br>**2025 (Q1-Q2)**<br>7 programs w/230 participants |

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|---|---|---|---|---|
| 1.19 | Provide ongoing communication, education, and monitoring of patients to identify early changes in health status. | • ↑ # of new patients enrolled in Healthy Lives Program<br>• ↑ # of completed patient follow-up appointments | Cardiac Services | 2022<br>New Patients = 89<br>Follow-up appointments = 2,244<br>COPD New Patients = 7<br>COPD follow-up appointments = 94<br><br>**2023**<br>New Patients = 112<br>Follow-up appointments = 2,307<br>COPD New Patients = 15<br>COPD follow-up appointments = 95<br><br>**2024**<br>New Patients = 111<br>Follow-up appointments = 2,143<br>COPD New Patients = 12<br>COPD follow-up appointments = 47<br><br>**2025 (Q1-Q2)**<br>New Patients = 60<br>Follow-up appointments = 1,098<br>COPD New Patients = 2<br>COPD follow-up appointments = 17 |

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## Goal 1: Prevention, Early Detection and Treatment of Obesity & Associated Chronic Diseases such as Diabetes, Heart Disease & Cancer

**Key CHNA Findings:**

- In 2020, the leading causes of death across New Jersey, Monmouth County, were heart disease, cancer, and COVID-19.
- Heart Disease is the leading cause of death in Monmouth County.
- Cancer is the second leading cause of death in Monmouth County with a cancer rate of 138.7 per 100,000.
- Being overweight/obesity were the top two health issues reported at 31.3%.
- Obesity is the second leading cause of preventable death in the US. It was reported as a major concern in the community by survey respondents.
- Monmouth County experienced higher rates of ED visits due to COPD compared to the state's overall rate.

| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 1.20 | Improve care transitions for patients with chronic cardiovascular disease through the use of multidisciplinary team rounding, APN assessment during hospital admission, and standardized clinical pathway order sets. | ↓ Medicare 30-day readmission rate/100 people for:<br>• AMI to 14.7<br>• Heart Failure to 19.7<br>• COPD to 18.3<br>• PN to 15.2 | Cardiac Services Quality Resources | 2022<br>AMI 6.67<br>Heart Failure 9.86<br>COPD 26.92<br>PN 13.89<br><br>**2023**<br>AMI 17.65<br>Heart Failure 12.99<br>COPD 7.14<br>PN 10.31<br><br>**2024**<br>AMI = 5.88<br>Heart Failure = 10.68<br>COPD = 22.86<br>PN = 10.66<br><br>**2025 (May 2025 due to data lags)**<br>AMI = 28.5<br>Heart Failure = 25.08<br>COPD = 44.80<br>PN = 6.63 |

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- Obesity is the second leading cause of preventable death in the US. It was reported as a major concern in the community by survey respondents.
- Monmouth County experienced higher rates of ED visits due to COPD compared to the state's overall rate.

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|---|---|---|---|---|
| 1.21 | Provide cultural competency education to MMC employees to improve racial/ethnic disparities in communication. | • ↑ Increase the % of employees completing the training<br>• Equity talks on quarterly basis (Diversity, Equity, and Inclusion)<br>• Medical education residency group presentations on quarterly basis (4 separate groups, multiple sessions per group)<br>• Deploy "Interact for Impact" worksheets to staff 6 times a year | DEI Department | 2022 Baseline<br>552 new hires<br><br>**2023**<br>460 new hires<br>9 equity talks<br>4 medical education<br>7 Interact worksheets<br><br>**2024**<br>662 new hires<br>8 equity talks<br>6 medical & clinical education<br>2 Interact worksheets (discontinued format after developer left organization)<br><br>**2025 (Q1-Q2)**<br>382 new hires<br>7 equity talks<br>2 medical education<br>Interact Worksheets discontinued |

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## Goal 2: Reduce Substance Misuse

- The opioid epidemic and non-medical Rx drug use continues to rise. From 2017 to 2021, medication-assisted therapy planned in treatment increased by 88% in Monmouth County and 105% statewide (DMHAS, 2018; 2022).
- Across Monmouth County, substance use treatment admission rates were highest for alcohol and heroin (CHNA, 2022). In Monmouth County, two-fifths of admissions to SUD treatment services were for alcohol and another two-fifths for heroin misuse.
- Binge drinking rates in were higher in Monmouth County overall (20.6%) than state-wide (16.9%) from 2017-2020 (CHNA, 2022).
- Between 2019 and 2021, naloxone administrations increased by 22% in Monmouth County (NJDOH, 2022).
- Confirmed drug-induced deaths increased between 2015 and 2019 by 52% in Monmouth County and 84% statewide (OCSME, 2022).
- 9.8% county residents are smokers (NJSHAD, 2020). Tobacco use remains the leading cause of preventable disease, disability, a nd death. E-cigarette use among middle and high school students has increased alarmingly since 2017. The 2019 New Jersey Student Health Survey found th at 27.6% of NJ high school students currently used an electronic vapor product and 3.8% smoked cigarettes (NJ Student Health Survey, 2019) and 2013.

| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 2.1 | Expand Monmouth Medical Center's Peer Recovery Program (PRP) beyond those individuals reversed from an opioid overdose to include any individuals who accept follow-up care to address substance use disorder. | • ↑ # and % of individuals who receive emergency care for substance use disorder who subsequently accept follow-up care through the PRP | Institute for Prevention and Recovery | 2022<br>• 70.5% (773 of 1,097 individuals)<br>2023<br>• 64.5% (630 of 977 individuals)<br>2024<br>• 75.5% (674 of 893 individuals)<br>2025 (Q1-Q2)<br>• 84.9% (410 of 483 individuals) |
| 2.2 | Track recovery status of individuals who received follow-up care through PRP. | • ↑ # and % of individuals in recovery at 6 and 12 month intervals | Institute for Prevention and Recovery | 2022<br>• 1.9% (8 of 432 individuals)<br>2023<br>• 2.4% (11 of 456 individuals)<br>2024<br>• 1.4% (5 of 364 individuals)<br>2025 (Q1-Q2)<br>• 1.5% (5 of 332 individuals) |
| 2.3 | Improve awareness and access to services to support those suffering from substance use disorder and their families. | • ↑ # of individuals attending the All Recovery Support Group | Institute for Prevention and Recovery | 2022<br>• 4,169 attendees<br>2023<br>• 1,866 attendees<br>2024<br>• 630 attendees<br>2025 Q1-Q2)<br>• 174 attendees |

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| 2.4 | Conduct screening for and provide education regarding alcohol use. | • ↑ # of patients with an AUDIT score of 8-15 who receive education from a Recovery Specialist | Institute for Prevention and Recovery | 2022<br>• 176 patients<br>2023<br>• 60 patients<br>2024<br>• 97 patients<br>2025 (Q1-Q2)<br>• 108 patients |
| 2.5 | Prevent initiation of tobacco use among youth and young adults and to promote cessation and tobacco users to quit. | • ↑ # of schools that implemented non-clinical educational program (ASPIRE)<br>• # of referrals to Nicotine and Tobacco Recovery Services<br>• ↑ # of educational events and # served | Institute for Prevention and Recovery | 2022<br>• 0 schools implemented ASPIRE<br>• 592 referrals to Nicotine and Tobacco Recovery Services<br>• 26 educational events & 480 served<br>2023<br>• 0 schools implemented ASPIRE<br>• 919 referrals to Nicotine and Tobacco Recovery Services<br>• 20 educational events & 665 served<br>2024<br>• 0 schools implemented ASPIRE<br>• 1,108 referrals to Nicotine and Tobacco Recovery Services<br>• 52 educational events & 814 served<br>2025 (Q1-Q2)<br>• 0 schools implemented ASPIRE<br>• 875 referrals to Nicotine and Tobacco Recovery Services<br>• 22 educational events & 364 served |

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## Goal 3: Improve Access to Care for Behavioral Health Patients

- Individuals with a behavioral health condition are at greater risk of developing a wide range of physical health problems (e.g., chronic diseases). Average life expectancy for a person with serious mental illness is up to 25 years less than those without.
- Suicide and suicidal ideation is one if most pressing issues with particular concern in the decrease in age of onset. Data from 2016-2020 indicate that overall suicide rate in Monmouth County (8.4 per 100,000 population) is higher than the state (7.8 per 100,000 population) CHNA, 2022).
- Overall, Monmouth County saw an increase in use of the ED for mental health (158.5 per 100,000 residents). Monmouth County saw emergency room treat & release rates for behavioral health at a rate of 19.1 per 1,000 residents (CHNA, 2022, fig 141).
- In 2019, MMC saw admissions for mental health at a rate of 5.8 per 1,000 residents (CHNA, 2022, fig 154). Between 2017-2019, Monmouth County saw a higher rate of individuals who were discharged from in-patient care and diagnoses with a mental health disorder (8.8 per 1,000) than the state average (7.3 per 1,000) (CHNA, 2022, fig 156).
- Pediatric hospitalizations due to mental health are higher in Monmouth County than statewide The hospitalization rate for men tal health issues among non-Hispanic Black children in Monmouth County (77.2 per 100,000) is more than two times the rate of hospitalizations among non-Hispanic Black children statewide (37.4 per 100,000).

| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 3.1 | Expand community-based services for children and adolescents. | • Establish expanded services for patient population in MMC's catchment area | Behavioral Health Services | **2023**<br>Inpatient totals: 432<br>Outpatient totals: 182<br><br>**2024**<br>Inpatient totals: 616<br>Outpatient totals: 1706<br><br>**2025 YTD June 30th**<br>Inpatient totals: 363<br>Outpatient totals: 2028 |
| 3.2 | Increase community-based conversations on mental health. | • # of educational events<br>• # served | Behavioral Health Services<br><br>Community Health and Social Impact and Community Investment Department | 2022<br>2 events; 393 served<br><br>**2023** 33 events w/926 served<br><br>**2024** 49 programs w/1895 served<br><br>**2025 YTD June 30th** 25 programs w/983 served |
| 3.3 | Behavioral Health Department to develop collection of Instagram reels related to behavioral health topics (e.g. suicide, gun violence, managing grief, bullying, body image, etc.) with Community Health Department. | • # of reels created<br>• # of views on each reel<br>• # of educational posts created<br>• # of likes on educational posts | Behavioral Health Services<br><br>Community Health and Social Impact and Community Investment Department | **2023** 2 reels w/1645 views<br><br>**2024** 2 reels w/ 6,173 views<br>*split between MMC & MMCSC*<br><br>**2025 YTD June 30th** 1 reel w/790 views |

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| 3.3 | Increase provision of mental health first aid training including for police officers. | • # of educational events<br>• # served | Behavioral Health Services | **2023** 5 events w/140 trained<br>**2024** discontinued due to funding<br>**2025** discontinued due to funding |
| 3.4 | To meet NJ QIP state targets to reduce inpatient psychiatric readmissions, increase follow-up after mental health, substance abuse, alcohol or mental health after ED visits, and the initiation & engagement for automatic referrals to IFPR peer recovery specialists for treatment. | BH1: 30-Day All-Cause Unplanned Readmission Following Psychiatric Inpatient Hospitalization<br><br>BH2: Follow-Up After Hospitalization for Mental Illness - 30-Days Post Discharge<br><br>BH3: Follow-Up After Emergency Department (ED) Visits for Alcohol and Other Drug - 30-Days<br><br>BH4: Follow-Up After ED Visits for Mental Illness 30-Days<br><br>BH5: Initiation of Alcohol and Other Drug Abuse or Dependence Treatment<br><br>BH6: Engagement in Alcohol and Other Drug Abuse or Dependence Treatment<br><br>BH7: Preventative Care: Depression Screening & Follow Up<br><br>BH8: Substance Use Screening and Intervention Composite | Behavioral Health Services<br><br>Quality Resources | **2022 Outcomes (baseline)**<br>BH1 –4.5% met<br><br>BH2 – 68.22% met<br><br>BH3 – 51.61% met<br><br>BH4 – 80.41% met<br><br>BH5 – 59.40% met<br><br>BH6 – 29.19% met<br><br>BH7NLB – 41.4% met<br><br>BH7LB – 41.4%<br><br>BH8NLB– 77% met<br><br>BH8LB – 77.1% met |

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| 3.5 | Provide education for suicide awareness (e.g. prevention, intervention, identify risk factors, and warning signs). | • # of educational events<br>• # served | Behavioral Health Services<br><br>Community Health and Social Impact and Community Investment Department | 2022 (YTD 9/8)<br>1 event: Role of a Trusted Adult w/Society of Teen Suicide scheduled for 10 served<br><br>**2023**<br>1 event: DMHAS/9888 Suicide Prevention w/967 served<br><br>**2024**<br>1 event and 2 reels: Suicide Prevention Panel by Marli Gelfand w/55 served; 2 reels with 2,637 views<br><br>**2025 (Q1-Q2)**<br>3 events w/65 served |
| 3.6 | Provide nutrition and movement programs for youth up to the age of 21 involved with MonmouthCares at the LiveWell Center on a quarterly basis. | • # of educational events<br>• # served<br>• knowledge and skill improvement survey | Community Health and Social Impact and Community Investment Department | **2023**<br>Establish baseline and schedule set for 2024<br><br>**2024** 4 sessions (nutrition and movement portion each session) with 81 served<br><br>**2025 (Q1-Q2)** 2 sessions (nutrition and movement portion each session) with 40 served |

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|---|---|---|---|---|
| 3.7 | Increase activities for Better Health Members to decrease isolation and loneliness during aging. | • # of educational events<br>• # served<br>• program surveys | Community Health and Social Impact and Community Investment Department | 2022<br>12 events w/98 individuals served<br><br>**2023**<br>15 events and 101 served<br><br>**2024**<br>4 programs and 42 served<br>**Note: These were only programs advertised as "Better Health Exclusive." Shift away from this terminology in 2024 to be more inclusive.*<br><br>**2025 (Q1-Q2)**<br>3 programs and 44 served<br>**Note: These were only programs advertised as "Better Health Exclusive." Shift away from this terminology in 2024 to be more inclusive.* |

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- Pediatric hospitalizations due to mental health are higher in Monmouth County than statewide The hospitalization rate for men tal health issues among non-Hispanic Black children in Monmouth County (77.2 per 100,000) is more than two times the rate of hospitalizations among non-Hispanic Black children statewide (37.4 per 100,000).

| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 3.8 | Maintain and increase provision of support groups at the LiveWell Center in Eatontown. | • # of support groups held<br>• # served | Community Health and Social Impact and Community Investment Department | **2023** 8 groups with 1035 served<br><br>**2024** 9 groups with 976 served<br><br>**2025 (Q1-Q2)**<br>6 groups with 361 served<br>*two support groups moved back to MMC to better serve patients who were more acute + one support group discontinued due to loss of facilitator* |
| 3.9 | Develop collection of Instagram reels related to perinatal mood and anxiety disorder topics with PMAD. | • # of reels created<br>• # of views on each reel<br>• # of educational posts created<br>• # of likes on educational posts | Women's Health Services<br><br>Community Health and Social Impact and Community Investment Department | **2023** 1 reel with 1,752 views<br><br>**2024** 1 reel 8,180 views<br><br>**2025 (Q1-Q2)**<br>0 reels |

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## Goal 3: Improve Access to Care for Behavioral Health Patients

- Individuals with a behavioral health condition are at greater risk of developing a wide range of physical health problems (e.g., chronic diseases). Average life expectancy for a person with serious mental illness is up to 25 years less than those without.
- Suicide and suicidal ideation is one if most pressing issues with particular concern in the decrease in age of onset. Data from 2016-2020 indicate that overall suicide rate in Monmouth County (8.4 per 100,000 population) is higher than the state (7.8 per 100,000 population) CHNA, 2022).
- Overall, Monmouth County saw an increase in use of the ED for mental health (158.5 per 100,000 residents). Monmouth County saw emergency room treat & release rates for behavioral health at a rate of 19.1 per 1,000 residents (CHNA, 2022, fig 141).
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| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 3.10 | Increase programs for young and growing families on topics including: baby basics, grandparenting, and identifying PMADs to address maternal behavioral health outcomes. | • # of educational events<br>• # served | Women's Health Services<br><br>Community Health and Social Impact and Community Investment Department | **2023** 4 programs with 20 served<br><br>**2024** 13 programs w/297 served<br>**Note: Includes preparing for breastfeeding numbers and car seat Q&A program*<br><br>**2025 (Q1-Q2)** 8 programs w/276 served |
| 3.11 | Updated 2024: Distribute Monmouth County Resource Guides at key locations in the community to navigate individuals in need to resources. | • # of resource guides distributed | Community Health and Social Impact and Community Investment Department | **2023** 224 guides distributed<br><br>**2024** 233 guides distributed<br><br>**2025 (Q1-Q2)** 120 guides distributed |
| 3.12 | Increase collaboration with Monmouth County Behavioral Health Department by attending ~~bi-monthly PAC meetings~~ Monmouth County ACTS meetings. | • # of meetings attended<br>• # of partners engaged with | Community Health and Social Impact and Community Investment Department<br><br>Monmouth County Behavioral Health Services | **2023** 2 meetings attended in 2023 (began mid-year)<br><br>**2024** 4 meetings attended<br><br>**2025 (Q1-Q2)** 2 meetings attended |
| 3.13 | Coordinate placement of county place-based social worker at LiveWell Center on monthly basis with the Monmouth County Behavioral Health Department. | • # of sessions offered<br>• # served | Community Health and Social Impact and Community Investment Department<br><br>Monmouth County Behavioral Health Services | **2023** 2 sessions offered with 5 served (began in November 2023)<br><br>**2024** discontinued in 2024 due to poor attendance<br><br>**2025** discontinued in 2024 due to poor attendance |

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## Goal 4: Address Food Insecurity, a Key Social Determinant of Health

***Key CHNA Findings:***

- Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. Food insecurity is associated with numerous adverse social and health outcomes and is increasingly considered a critical public health issue.
- 48,120 Monmouth County residents are food insecure.
- 24.0% of children in Monmouth County were eligible for free or reduced-price lunch.
- 50% of county residents are below SNAP, Other Nutrition Programs threshold of 185% poverty.
- Barriers to accessing food include: rising food costs, language barrier for Spanish-speaking residents, veteran status, stigma, transportation, and geography.

| | Strategy/Initiative | Indicator/Metric | Responsible Staff*/Resources | Tracking/Outcome |
|---|---|---|---|---|
| 4.1 | Provide nutrition education for underserved communities at strategic community locations (e.g. income-restricted housing sites, area food pantries, Fulfill's pop-up nutrition sites, congregate nutrition sites, Solider On, etc.). | • # of programs<br>• # of people served | Community Health and Social Impact and Community Investment Department | **2022**<br>5 events with 229 people served<br><br>**2023** - 41 events, 1,172 people served<br>**2024** 51 programs w/1,245 served<br>**2025 (Q1-Q2)** 26 programs w/450 served |
| 4.2 | Continue and expand operation of a Green Market at the LiveWell Center<br>- Increase access to affordable produce<br>- Donate unsold items to food distribution sites | • # of markets held<br>• # of patrons<br>• Amount of food donated to local food distribution sites | Community Health and Social Impact and Community Investment Department | 2022<br>- 6 markets<br>- 213 patrons<br>- $750 of unsold produce donated<br><br>**2023**<br>14 markets, 471 customers, $2143 of unsold produce donated<br><br>**2024** 8 Markets, 213 Served, $1,669.75 worth of produce donated<br>*The market was moved to every other week due to construction on-site*<br><br>**2025 YTD July 31st**<br>1 market July, 17 served through donations, ~$136 worth of produce donated<br>*The market was moved to a "pop-up" style due to continued and more complex construction on-site* |

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|---|---|---|---|---|
| 4.3 | Updated 2024: Establish rotation of SNAP Connector at MMC, LiveWell Center, and Monmouth County locations. | • # of sessions held<br>• # of people served | Community Health and Social Impact and Community Investment Department | **2023** replaced by place-based-social worker and switched to program supported by corporate<br><br>**2024** Azucena, MMC's SNAP Navigator, started in November 2024 and first went out to the community in early 2025<br><br>**2025 (Q1-Q2)**161 new applications filed and 11 recertifications assisted |
| 4.4 | Establish community garden bed at the Eatontown Community Garden site and donate crops to Eatontown Food Pantry. | • Pounds of produce donated | Community Health and Social Impact and Community Investment Department | **2023** 325 pounds of produce donated<br><br>**2024** discontinued due to lack of staffing<br><br>**2025** discontinued due to lack of staffing |

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